SHARP HEALTH PLAN
make life better.

2020 Formulary

List of covered prescription drugs

This drug list applies to all Individual HMO products and the following Small Group HMO products: Sharp Bronze 60 HDHP HMO 6900/0/0 + Child Dental (PeVC), Sharp Bronze 60 HMO 6300/65/40% + Child Dental (PrVC), Sharp Performance Bronze 60 HMO 6300/65 + Child Dental, Sharp Performance Bronze 60 HMO 6300/65 + Child Dental, Sharp Premier Bronze 60 HDHP HMO 6900/0 + Child Dental, Sharp Premier Bronze 60 HDHP HMO 6900/0% + Child Dental, Sharp Performance Silver 70 HMO 2250/50 + Child Dental, Sharp Performance Silver 70 HMO 2250/50 + Child Dental, Sharp Premier Silver 70 HDHP HMO 2500/20% + Child Dental, Sharp Premier Silver 70 HDHP HMO 2500/20% + Child Dental, Sharp Premier Silver 70 HMO 2250/50 + Child Dental, Sharp Premier Silver 70 HMO 2250/50 + Child Dental, Sharp Silver 70 HDHP HMO 2500/20%/20% + Child Dental (PeVC), Sharp Silver 70 HMO 2250/50/20% + Child Dental (PeVC/300), Sharp Silver 70 HMO 2250/50/20% + Child Dental (PrVC/20%), Sharp Gold 80 HMO 250/25/20% + Child Dental (PrVC), Sharp Gold 80 HMO 250/25/600 + Child Dental (PeVC), Sharp Performance Gold 80 HMO 250/25 + Child Dental, Sharp Performance Gold 80 HMO 250/25 + Child Dental, Sharp Premier Gold 80 HMO 250/25 + Child Dental, Sharp Premier Gold 80 HMO 250/25 + Child Dental, Sharp Performance Platinum 90 HMO 0/15 + Child Dental, Sharp Performance Platinum 90 HMO 0/15 + Child Dental, Sharp Platinum 90 HMO 0/15/10% + Child Dental (PrVC), Sharp Platinum 90 HMO 0/15/250 + Child Dental (PeVC), Sharp Premier Platinum 90 HMO 0/15 + Child Dental, Sharp Premier Platinum 90 HMO 0/15 + Child Dental

List of covered prescription drugs for **Individual, family & employer-sponsored coverage through Covered California and Individual and family coverage directly 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This document is subject to change and all previous versions are no longer in effect.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 12/1/2020.

SHARP HEALTH PLAN
make life better.

Table of Contents

Introduction i - xiii

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? vi

What is PA**? vi

What is Quantity Limit? vi

What is Step Therapy? vi

What is MO? vii

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 viii
Questions? viii
Exclusions and Limitations to the
Outpatient prescription Drug Benefit viii
Nondiscrimination Notice xi
Language Assistance Services xii
List of Prescription Drugs 1-162
Index 163-245
Step Therapy Criteria 246-250

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 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.

For example, here is how this would be listed on the Formulary:

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

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

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

What is a Drug Tier?

Each covered drug is assigned to a Drug Tier. The Drug Tier is a group of drugs that indicates what your Copayment or Coinsurance is for each drug. A Deductible may also apply. For information about your Copayments, Coinsurance and/or Deductible, please consult your benefits information available online by visiting sharphealthplan.com/login and log in to your *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
1	Tier 1	Most Generic drugs and low-cost preferred Brand-Name drugs.
2	Tier 2	Non-preferred Generic drugs, preferred Brand-Name drugs, and any other drugs recommended by the Pharmacy and Therapeutics Committee based on safety, efficacy, and cost.
3	Tier 3	Non-preferred Brand-Name drugs or drugs that are recommended by the Pharmacy and Therapeutics Committee based on drug safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.
4	Tier 4	Drugs that are biologics, drugs that the Food and Drug Administration (FDA) or drug manufacturer requires to be distributed through a specialty pharmacy, drugs that require the enrollee to have special training or clinical monitoring for self-administration, or drugs that cost the health plan (net of rebates) more than six hundred dollars ($600) for a one-month (30-day) supply.
PV	PV	Select drugs covered with no Copayment, including certain generic and over-the-counter contraceptives for women.
MB	MB	Drugs covered under the Medical Benefit. Please refer to your Medical Benefit coverage information.

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. Nonformulary Drugs that are approved for coverage and meet the Tier 4 description will be subject to the Tier 4 Cost Share.

Where Can I Fill My Prescription Drug?

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

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

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

What is Therapeutic Interchange?

Sharp Health Plan employs therapeutic interchange as part of its prescription drug benefit. Therapeutic interchange is

the practice of replacing (with the Prescribing Provider's approval) a Prescription Drug originally prescribed for a patient with a Prescription Drug that is 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: Զանգահարեք 1-800-359-2002 (TTY (հեռատիպ)՝ 711).

فارسی (Farsi):
توجه :اگر به زبان فارسی گفتگو می کنید، تسهیالت زبانی بصورت رایگان برای شما تماس بگیرید (TTY:711) 1-800-359-2002 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。

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

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

ខ្មែរ (Mon Khmer, Cambodian):
ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ 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: ถ้าคณพดภาษาไทยคณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-359-2002 (TTY:711).

Table of Contents

ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION..... 2
ANESTHETICS - DRUGS FOR NUMBING 12
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS..... 13
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES..... 31
ANTIMYASTHENIC/CHOLINERGIC AGENTS..... 31
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER..... 32
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES 43
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS 44
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS 64
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES..... 94
ENDOCRINE AND METABOLIC AGENTS - MISC. 117
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS..... 118
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS 118
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS 125
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS..... 127
HEMATOPOIETIC AGENTS..... 131
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM 131
MEDICAL DEVICES..... 137
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS 139
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS 144
OTHER 147
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS..... 147
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS 154
Index..... 163

SHARP CA 4T PRINT eff 12/01/2020

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
celecoxib cap 50 mg	1	MO
celecoxib cap 100 mg	1	MO
celecoxib cap 200 mg	1	MO
GOUT - DRUGS TO TREAT GOUT		
allopurinol sodium for inj 500 mg	MB	
allopurinol tab 100 mg	1	MO
allopurinol tab 300 mg	1	MO
colchicine tab 0.6 mg	1	
colchicine w/ probenecid tab 0.5-500 mg	1	MO
febuxostat tab 40 mg	1	ST, MO; PA**
febuxostat tab 80 mg	1	ST, MO; PA**
probenecid tab 500 mg	1	MO
NON-OPIOID ANALGESICS		
butalbital-acetaminophen tab 50-325 mg (Tencon)	1	QL (48 tabs / 25 days)
butalbital-acetaminophen-caffeine cap 50-300-40 mg	1	QL (48 caps / 25 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1	QL (48 caps / 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)
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
diclofenac potassium tab 50 mg	1	MO
diclofenac sodium tab delayed release 25 mg	1	MO
diclofenac sodium tab delayed release 50 mg	1	MO
diclofenac sodium tab delayed release 75 mg	1	MO
diclofenac sodium tab er 24hr 100 mg	1	MO
etodolac cap 200 mg	1	MO
etodolac cap 300 mg	1	MO
etodolac tab 400 mg	1	MO
etodolac tab 500 mg	1	MO
etodolac tab er 24hr 400 mg	1	MO
etodolac tab er 24hr 500 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
etodolac tab er 24hr 600 mg	1	MO
fenoprofen calcium tab 600 mg	1	MO
flurbiprofen tab 50 mg	1	MO
flurbiprofen tab 100 mg	1	MO
ibuprofen susp 100 mg/5ml	1	
ibuprofen tab 400 mg	1	MO
ibuprofen tab 600 mg	1	MO
ibuprofen tab 800 mg	1	MO
ketoprofen cap 50 mg	1	MO
ketoprofen cap 75 mg	1	MO
ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)	MB	
ketorolac tromethamine inj 15 mg/ml	MB	
ketorolac tromethamine inj 30 mg/ml	MB	
ketorolac tromethamine tab 10 mg	1	QL (20 tabs / 25 days)
meclofenamate sodium cap 50 mg	1	MO
meclofenamate sodium cap 100 mg	1	MO
mefenamic acid cap 250 mg	1	MO
meloxicam tab 7.5 mg	1	MO
meloxicam tab 15 mg	1	MO
nabumetone tab 500 mg	1	MO
nabumetone tab 750 mg	1	MO
naproxen tab 250 mg	1	MO
naproxen tab 375 mg	1	MO
naproxen tab 500 mg	1	MO
oxaprozin tab 600 mg	1	MO
piroxicam cap 10 mg	1	MO
piroxicam cap 20 mg	1	MO
sulindac tab 150 mg	1	MO
sulindac tab 200 mg	1	MO
tolmetin sodium cap 400 mg	1	MO
tolmetin sodium tab 200 mg	1	MO
tolmetin sodium tab 600 mg	1	MO
NSAIDS, COMBINATIONS		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	MO
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	MO
OPIOID AGONIST/ANTAGONIST		
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (90 units / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (90 units / 25 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (90 units / 25 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (60 units / 25 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	QL (90 tabs / 25 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	QL (90 tabs / 25 days)
ZUBSOLV SUB 0.7-0.18 ***(buprenorphine hcl-naloxone hcl dihydrate)***	2	QL (90 units / 25 days)
ZUBSOLV SUB 1.4-0.36 ***(buprenorphine hcl-naloxone hcl dihydrate)***	2	QL (90 units / 25 days)
ZUBSOLV SUB 2.9-0.71 ***(buprenorphine hcl-naloxone hcl dihydrate)***	2	QL (90 units / 25 days)
ZUBSOLV SUB 5.7-1.4 ***(buprenorphine hcl-naloxone hcl dihydrate)***	2	QL (90 units / 25 days)
ZUBSOLV SUB 8.6-2.1 ***(buprenorphine hcl-naloxone hcl dihydrate)***	2	QL (60 units / 25 days)
ZUBSOLV SUB 11.4-2.9 ***(buprenorphine hcl-naloxone hcl dihydrate)***	2	QL (30 units / 25 days)
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	ST, QL (2700 ml / 25 days); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-15 mg	1	ST, QL (400 tabs / 25 days); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-30 mg	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-60 mg	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	QL (48 caps / 25 days)
butorphanol tartrate inj 1 mg/ml	MB	
butorphanol tartrate inj 2 mg/ml	MB	
butorphanol tartrate nasal soln 10 mg/ml	1	QL (2 bottles / 25 days)
codeine sulf tab 60mg	1	ST, QL (42 tabs / 25 days); Subject to initial 7-day limit

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
codeine sulfate tab 30 mg	1	ST, QL (42 tabs / 25 days); Subject to initial 7-day limit
EMBEDA CAP 20-0.8MG ***(morphine-naltrexone)***	2	ST, QL (60 caps / 25 days)
EMBEDA CAP 30-1.2MG ***(morphine-naltrexone)***	2	ST, QL (60 caps / 25 days)
EMBEDA CAP 50-2MG ***(morphine-naltrexone)***	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 60-2.4MG ***(morphine-naltrexone)***	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 80-3.2MG ***(morphine-naltrexone)***	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 100-4MG ***(morphine-naltrexone)***	2	ST, PA; High Strength Requires PA
fentanyl citrate lozenge on a handle 200 mcg	1	PA, QL (120 lozenges / 25 days)
fentanyl citrate lozenge on a handle 400 mcg	1	PA, QL (120 lozenges / 25 days)
fentanyl citrate lozenge on a handle 600 mcg	1	PA, QL (120 lozenges / 25 days)
fentanyl citrate lozenge on a handle 800 mcg	1	PA, QL (120 lozenges / 25 days)
fentanyl citrate lozenge on a handle 1200 mcg	1	PA, QL (120 lozenges / 25 days)
fentanyl citrate lozenge on a handle 1600 mcg	1	PA, QL (120 lozenges / 25 days)
fentanyl td patch 72hr 12 mcg/hr	1	ST, QL (10 patches / 25 days)
fentanyl td patch 72hr 25 mcg/hr	1	ST, QL (10 patches / 25 days)
fentanyl td patch 72hr 50 mcg/hr	1	ST, PA; High Strength Requires PA
fentanyl td patch 72hr 75 mcg/hr	1	ST, PA; High Strength Requires PA
fentanyl td patch 72hr 100 mcg/hr	1	ST, PA; High Strength Requires PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	ST, QL (2700 ml / 25 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 5-325 mg	1	ST, QL (240 tabs / 25 days); Subject to initial 7-day limit

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydrocodone-acetaminophen tab 7.5-325 mg	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 10-325 mg	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
hydrocodone-ibuprofen tab 10-200 mg	1	ST, QL (50 tabs / 25 days); Subject to initial 7-day limit
hydrocodone-ibuprofen tab 10-200 mg (Xylon)	1	ST, QL (50 tabs / 25 days); Subject to initial 7-day limit
HYDROMORPHON SUP 3MG	3	ST, QL (120 suppositories / 25 days); Subject to initial 7-day limit
hydromorphone hcl inj 1 mg/ml	MB	
hydromorphone hcl inj 2 mg/ml	MB	
hydromorphone hcl inj 4 mg/ml	MB	
hydromorphone hcl preservative free (pf) inj 10 mg/ml	MB	
hydromorphone hcl tab 2 mg	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
hydromorphone hcl tab 4 mg	1	ST, QL (150 tabs / 25 days); Subject to initial 7-day limit
hydromorphone hcl tab 8 mg	1	ST, QL (60 tabs / 25 days); Subject to initial 7-day limit
hydromorphone hcl tab er 24hr 8 mg	1	ST, QL (30 tabs / 25 days)
hydromorphone hcl tab er 24hr 12 mg	1	ST, QL (30 tabs / 25 days)
hydromorphone hcl tab er 24hr 16 mg	1	ST, QL (30 tabs / 25 days)
hydromorphone hcl tab er 24hr 32 mg	1	ST, PA; High Strength Requires PA
methadone hcl conc 10 mg/ml	1	QL (30 ml / 25 days); (indicated for opioid addiction)
methadone hcl conc 10 mg/ml (Methadone Hcl Intensol)	1	ST, QL (60 mL / 25 days); (generic of Methadone Intensol, indicated for pain)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
methadone hcl inj 10 mg/ml	MB	
methadone hcl soln 5 mg/5ml	1	ST, QL (450 ml / 25 days)
methadone hcl soln 10 mg/5ml	1	ST, QL (300 mL / 25 days)
methadone hcl tab 5 mg	1	ST, QL (90 tabs / 25 days)
methadone hcl tab 10 mg	1	ST, QL (60 tabs / 25 days)
methadone hcl tab for oral susp 40 mg	1	QL (9 tabs / 25 days)
methadone hcl tab for oral susp 40 mg (Methadose)	1	QL (9 tabs / 25 days)
MORPHINE SUL INJ 2MG/ML	MB	
MORPHINE SUL INJ 4MG/ML	MB	
MORPHINE SUL INJ 5MG/ML	MB	
MORPHINE SUL INJ 150/30ML	MB	
morphine sulfate beads cap er 24hr 30 mg	1	ST, QL (30 caps / 25 days)
morphine sulfate beads cap er 24hr 45 mg	1	ST, QL (30 caps / 25 days)
morphine sulfate beads cap er 24hr 60 mg	1	ST, QL (30 caps / 25 days)
morphine sulfate beads cap er 24hr 75 mg	1	ST, QL (30 caps / 25 days)
morphine sulfate beads cap er 24hr 90 mg	1	ST, QL (30 caps / 25 days)
morphine sulfate beads cap er 24hr 120 mg	1	ST, PA; High Strength Requires PA
morphine sulfate cap er 24hr 10 mg	1	ST, QL (60 caps / 25 days)
morphine sulfate cap er 24hr 20 mg	1	ST, QL (60 caps / 25 days)
morphine sulfate cap er 24hr 30 mg	1	ST, QL (60 caps / 25 days)
morphine sulfate cap er 24hr 50 mg	1	ST, QL (30 caps / 25 days)
morphine sulfate cap er 24hr 60 mg	1	ST, QL (30 caps / 25 days)
morphine sulfate cap er 24hr 80 mg	1	ST, QL (30 caps / 25 days)
morphine sulfate cap er 24hr 100 mg	1	ST, PA; High Strength Requires PA
morphine sulfate inj 8 mg/ml	MB	
morphine sulfate inj 10 mg/ml	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
morphine sulfate inj pf 0.5 mg/ml	MB	
morphine sulfate inj pf 1 mg/ml	MB	
morphine sulfate iv soln 1 mg/ml	MB	
morphine sulfate iv soln pf 4 mg/ml	MB	
morphine sulfate iv soln pf 8 mg/ml	MB	
morphine sulfate iv soln pf 10 mg/ml	MB	
morphine sulfate oral soln 10 mg/5ml	1	ST, QL (900 ml / 25 days); Subject to initial 7-day limit
morphine sulfate oral soln 20 mg/5ml	1	ST, QL (675 mL / 25 days); Subject to initial 7-day limit
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	ST, QL (135 mL / 25 days); Subject to initial 7-day limit
morphine sulfate suppos 5 mg	1	ST, QL (180 suppositories / 25 days); Subject to initial 7-day limit
morphine sulfate suppos 10 mg	1	ST, QL (180 suppositories / 25 days); Subject to initial 7-day limit
morphine sulfate suppos 20 mg	1	ST, QL (120 supp / 25 days); Subject to initial 7-day limit
morphine sulfate suppos 30 mg	1	ST, QL (90 supp / 25 days); Subject to initial 7-day limit
morphine sulfate tab 15 mg	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
morphine sulfate tab 30 mg	1	ST, QL (90 tabs / 25 days); Subject to initial 7-day limit
morphine sulfate tab er 15 mg	1	ST, QL (90 tabs / 25 days)
morphine sulfate tab er 30 mg	1	ST, QL (90 tabs / 25 days)
morphine sulfate tab er 60 mg	1	ST, PA; High Strength Requires PA
morphine sulfate tab er 100 mg	1	ST, PA; High Strength Requires PA
morphine sulfate tab er 200 mg	1	ST, PA; High Strength Requires PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
nalbuphine hcl inj 10 mg/ml	MB	
nalbuphine hcl inj 20 mg/ml	MB	
NUCYNTA ER TAB 50MG ***(tapentadol hcl)***	2	ST, QL (60 tabs / 25 days)
NUCYNTA ER TAB 100MG ***(tapentadol hcl)***	2	ST, QL (60 tabs / 25 days)
NUCYNTA ER TAB 150MG ***(tapentadol hcl)***	2	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 200MG ***(tapentadol hcl)***	2	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 250MG ***(tapentadol hcl)***	2	ST, PA; High Strength Requires PA
NUCYNTA TAB 50MG ***(tapentadol hcl)***	2	ST, QL (120 tabs / 25 days); Subject to initial 7-day limit
NUCYNTA TAB 75MG ***(tapentadol hcl)***	2	ST, QL (90 tabs / 25 days); Subject to initial 7-day limit
NUCYNTA TAB 100MG ***(tapentadol hcl)***	2	ST, QL (60 tabs / 25 days); Subject to initial 7-day limit
oxycodone hcl cap 5 mg	1	ST, QL (180 caps / 25 days); Subject to initial 7-day limit
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	ST, QL (90 mL / 25 days); Subject to initial 7-day limit
oxycodone hcl soln 5 mg/5ml	1	ST, QL (900 ml / 25 days); Subject to initial 7-day limit
oxycodone hcl tab 5 mg	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
oxycodone hcl tab 10 mg	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
oxycodone hcl tab 15 mg	1	ST, QL (120 tabs / 25 days); Subject to initial 7-day limit
oxycodone hcl tab 20 mg	1	ST, QL (90 tabs / 25 days); Subject to initial 7-day limit
oxycodone hcl tab 30 mg	1	ST, QL (60 tabs / 25 days); Subject to initial 7-day limit

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
oxycodone hcl tab er 12hr deter 10 mg	1	ST, QL (60 tabs / 25 days)
oxycodone hcl tab er 12hr deter 15 mg	1	ST, QL (60 tabs / 25 days)
oxycodone hcl tab er 12hr deter 20 mg	1	ST, QL (60 tabs / 25 days)
oxycodone hcl tab er 12hr deter 30 mg	1	ST, QL (60 tabs / 25 days)
oxycodone hcl tab er 12hr deter 40 mg	1	ST, PA; High Strength Requires PA
oxycodone hcl tab er 12hr deter 60 mg	1	ST, PA; High Strength Requires PA
oxycodone hcl tab er 12hr deter 80 mg	1	ST, PA; High Strength Requires PA
oxycodone w/ acetaminophen soln 5-325 mg/5ml	1	ST, QL (1800 ml / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 2.5-325 mg	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 5-325 mg	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 5-325 mg (Endocet)	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 7.5-325 mg	1	ST, QL (240 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)	1	ST, QL (240 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 10-325 mg	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 10-325 mg (Endocet)	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
oxycodone-aspirin tab 4.8355-325 mg	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
oxycodone-ibuprofen tab 5-400 mg	1	ST, QL (28 tabs / 25 days); Subject to initial 7-day limit
oxymorphone hcl tab 5 mg	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
oxymorphone hcl tab 10 mg	1	ST, QL (90 tabs / 25 days); Subject to initial 7-day limit
oxymorphone hcl tab er 12hr 5 mg	1	ST, QL (60 tabs / 25 days)
oxymorphone hcl tab er 12hr 7.5 mg	1	ST, QL (60 tabs / 25 days)
oxymorphone hcl tab er 12hr 10 mg	1	ST, QL (60 tabs / 25 days)
oxymorphone hcl tab er 12hr 15 mg	1	ST, QL (60 tabs / 25 days)
oxymorphone hcl tab er 12hr 20 mg	1	ST, PA; High Strength Requires PA
oxymorphone hcl tab er 12hr 30 mg	1	ST, PA; High Strength Requires PA
oxymorphone hcl tab er 12hr 40 mg	1	ST, PA; High Strength Requires PA
tramadol hcl tab 50 mg	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit
tramadol hcl tab er 24hr 100 mg	1	ST, QL (30 tabs / 25 days)
tramadol hcl tab er 24hr 200 mg	1	ST, PA; High Strength Requires PA
tramadol hcl tab er 24hr 300 mg	1	ST, PA; High Strength Requires PA
tramadol-acetaminophen tab 37.5-325 mg	1	ST, QL (40 tabs / 25 days); Subject to initial 7-day limit
XARTEMIS XR TAB 7.5-325 ***(oxycodone w/ acetaminophen)***	3	QL (120 tabs / 25 days)
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG ***(buprenorphine hcl)***	2	ST, QL (60 films / 25 days)
BELBUCA MIS 150MCG ***(buprenorphine hcl)***	2	ST, QL (60 films / 25 days)
BELBUCA MIS 300MCG ***(buprenorphine hcl)***	2	ST, QL (60 films / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BELBUCA MIS 450MCG ***(buprenorphine hcl)***	2	ST, QL (60 films / 25 days)
BELBUCA MIS 600MCG ***(buprenorphine hcl)***	2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 750MCG ***(buprenorphine hcl)***	2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 900MCG ***(buprenorphine hcl)***	2	ST, PA; High Strength Requires Prior Auth
buprenorphine hcl inj 0.3 mg/ml (base equiv)	MB	
buprenorphine hcl sl tab 2 mg (base equiv)	1	QL (90 tabs / 25 days); Must obtain approval after the first 30 day supply
buprenorphine hcl sl tab 8 mg (base equiv)	1	QL (90 tabs / 25 days); Must obtain approval after the first 30 day supply
SUBLOCADE INJ 100/0.5 ***(buprenorphine)***	MB	
SUBLOCADE INJ 300/1.5 ***(buprenorphine)***	MB	
SALICYLATES		
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
aspirin tab delayed release 81 mg (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
diflunisal tab 500 mg	1	MO
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
LIDO/DEXTROS INJ 5-7.5%	MB	
lidocaine hcl local inj 0.5%	MB	
lidocaine hcl local inj 1%	MB	
lidocaine hcl local inj 2%	MB	
lidocaine hcl local preservative free (pf) inj 0.5%	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lidocaine hcl local preservative free (pf) inj 1%	MB	
lidocaine hcl local preservative free (pf) inj 1.5%	MB	
lidocaine hcl local preservative free (pf) inj 2%	MB	
lidocaine hcl local preservative free (pf) inj 4%	MB	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	MB	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	MB	
chloramphenicol sodium succinate for iv inj 1 gm	MB	
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1	
gentamicin in saline inj 0.8 mg/ml	MB	
gentamicin in saline inj 1 mg/ml	MB	
gentamicin in saline inj 1.2 mg/ml	MB	
gentamicin in saline inj 1.6 mg/ml	MB	
gentamicin in saline inj 2 mg/ml	MB	
gentamicin sulfate inj 10 mg/ml	MB	
gentamicin sulfate inj 40 mg/ml	MB	
MONUROL PAK GRANULES ***(fosfomycin tromethamine)***	3	
neomycin sulfate tab 500 mg	1	
paromomycin sulfate cap 250 mg	1	
streptomycin sulfate for inj 1 gm	MB	
SULFADIAZINE TAB 500MG	3	
tinidazole tab 250 mg	1	
tinidazole tab 500 mg	1	
tobramycin nebu soln 300 mg/5ml	4	SP, PA, QL (280 mL / 28 days)
tobramycin sulfate for inj 1.2 gm	MB	
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	MB	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	MB	
tobramycin sulfate inj 10 mg/ml (base equivalent)	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	MB	
ANTI-INFECTIVES - MISCELLANEOUS		
ALINIA SUS 100/5ML ***(nitazoxanide)***	3	QL (540mL / 25 days)
ALINIA TAB 500MG ***(nitazoxanide)***	3	QL (20 tabs / 25 days)
atovaquone susp 750 mg/5ml	1	
AZACTAM/DEX INJ 1GM ***(aztreonam-dextrose)***	MB	
AZACTAM/DEX INJ 2GM ***(aztreonam-dextrose)***	MB	
aztreonam for inj 1 gm	MB	
aztreonam for inj 2 gm	MB	
CAYSTON INH 75MG ***(aztreonam lysine)***	4	SP, PA, QL (84 vials / 28 days)
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
clindamycin phosphate inj 9 gm/60ml	MB	
clindamycin phosphate inj 300 mg/2ml	MB	
clindamycin phosphate inj 600 mg/4ml	MB	
clindamycin phosphate inj 900 mg/6ml	MB	
dapsone tab 25 mg	1	MO
dapsone tab 100 mg	1	MO
daptomycin for iv soln 500 mg	MB	
DARAPRIM TAB 25MG ***(pyrimethamine)***	3	PA
doripenem for iv infusion 250 mg	MB	
doripenem for iv infusion 500 mg	MB	
EMVERM CHW 100MG ***(mebendazole)***	3	QL (12 tabs / 365 days)
ertapenem sodium for inj 1 gm (base equivalent)	MB	
imipenem-cilastatin intravenous for soln 250 mg	MB	
imipenem-cilastatin intravenous for soln 500 mg	MB	
INVANZ INJ 1GM ***(ertapenem sodium)***	MB	
ivermectin tab 3 mg	1	
linezolid for susp 100 mg/5ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	MB	
linezolid iv soln 600 mg/300ml (2 mg/ml)	MB	
linezolid tab 600 mg	1	
meropenem iv for soln 1 gm	MB	
meropenem iv for soln 500 mg	MB	
methenamine hippurate tab 1 gm	1	
metronidazole cap 375 mg	1	
metronidazole in nacl 0.79% iv soln 500 mg/100ml	MB	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
nitrofurantoin macrocrystalline cap 25 mg	1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin macrocrystalline cap 50 mg	1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin macrocrystalline cap 100 mg	1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin susp 25 mg/5ml	1	PA; High Risk Medications require PA for members age 70 and older
pentamidine isethionate for nebulization soln 300 mg	1	
pentamidine isethionate for soln 300 mg	MB	
polymyxin b sulfate for inj 500000 unit	MB	
praziquantel tab 600 mg	1	QL (24 tabs / 365 days)
PRIMSOL SOL 50MG/5ML ***(trimethoprim hcl)***	2	
SIVEXTRO INJ 200MG ***(tedizolid phosphate)***	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SIVEXTRO TAB 200MG ***(tedizolid phosphate)***	3	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	MB	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
trimethoprim tab 100 mg	1	
vancomycin hcl cap 125 mg (base equivalent)	1	QL (80 caps / 10 days)
vancomycin hcl cap 250 mg (base equivalent)	1	QL (80 caps / 10 days)
vancomycin hcl for iv soln 1 gm (base equivalent)	MB	
vancomycin hcl for iv soln 5 gm (base equivalent)	MB	
vancomycin hcl for iv soln 10 gm (base equivalent)	MB	
vancomycin hcl for iv soln 500 mg (base equivalent)	MB	
vancomycin hcl for iv soln 750 mg (base equivalent)	MB	
XIFAXAN TAB 200MG ***(rifaximin)***	2	QL (9 tabs / 25 days)
XIFAXAN TAB 550MG ***(rifaximin)***	2	PA, MO
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
amphotericin b for iv soln 50 mg	MB	
BIO-STATIN CAP 500000 ***(nystatin)***	2	
BIO-STATIN CAP 1000000 ***(nystatin)***	2	
CRESEMBA CAP 186 MG ***(isavuconazonium sulfate)***	3	
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	MB	
fluconazole in nacl 0.9% inj 400 mg/200ml	MB	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
FLUCONAZOLE/ INJ NACL 100	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
itraconazole cap 100 mg	1	PA
itraconazole oral soln 10 mg/ml	1	PA
NOXAFIL SUS 40MG/ML ***(posaconazole)***	2	PA, MO
nystatin oral powder (Bio-statin)	1	
nystatin tab 500000 unit	1	
posaconazole tab delayed release 100 mg	3	PA, MO
terbinafine hcl tab 250 mg	1	PA
voriconazole for susp 40 mg/ml	2	PA
voriconazole tab 50 mg	2	PA
voriconazole tab 200 mg	2	PA
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
chloroquine phosphate tab 250 mg	1	MO
chloroquine phosphate tab 500 mg	1	MO
COARTEM TAB 20-120MG ***(artemether-lumefantrine)***	3	
mefloquine hcl tab 250 mg	1	MO
primaquine phosphate tab 26.3 mg (15 mg base)	1	
quinine sulfate cap 324 mg	1	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate soln 20 mg/ml (base equiv)	1	SP, QL (900 mL / 30 days)
abacavir sulfate tab 300 mg (base equiv)	1	SP, QL (60 tabs / 30 days)
APTIVUS CAP 250MG ***(tipranavir)***	2	SP, QL (120 caps / 30 days)
APTIVUS SOL ***(tipranavir)***	2	SP, QL (285 mL / 28 days)
atazanavir sulfate cap 150 mg (base equiv)	1	SP, QL (30 caps / 30 days)
atazanavir sulfate cap 200 mg (base equiv)	1	SP, QL (60 caps / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
atazanavir sulfate cap 300 mg (base equiv)	1	SP, QL (30 caps / 30 days)
CRIXIVAN CAP 200MG ***(indinavir sulfate)***	2	SP, QL (450 caps / 30 days)
CRIXIVAN CAP 400MG ***(indinavir sulfate)***	2	SP, QL (180 caps / 30 days)
didanosine delayed release capsule 200 mg	1	SP, QL (30 caps / 30 days)
didanosine delayed release capsule 250 mg	1	SP, QL (30 caps / 30 days)
didanosine delayed release capsule 400 mg	1	SP, QL (30 caps / 30 days)
EDURANT TAB 25MG ***(rilpivirine hcl)***	2	SP, QL (60 tabs / 30 days)
efavirenz cap 50 mg	1	SP, QL (90 caps / 30 days)
efavirenz cap 200 mg	1	SP, QL (90 caps / 30 days)
efavirenz tab 600 mg	1	SP, QL (30 tabs / 30 days)
emtricitabine caps 200 mg	1	SP, QL (30 caps / 30 days)
EMTRIVA CAP 200MG ***(emtricitabine)***	2	SP, QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML ***(emtricitabine)***	2	SP, QL (680 ml / 28 days)
fosamprenavir calcium tab 700 mg (base equiv)	1	SP, QL (120 tabs / 30 days)
FUZEON INJ 90MG ***(enfuvirtide)***	MB	
INTELENCE TAB 25MG ***(etravirine)***	2	SP, QL (120 tabs / 30 days)
INTELENCE TAB 100MG ***(etravirine)***	2	SP, QL (120 tabs / 30 days)
INTELENCE TAB 200MG ***(etravirine)***	2	SP, QL (60 tabs / 30 days)
INVIRASE CAP 200MG ***(saquinavir mesylate)***	2	SP, QL (300 caps / 30 days)
INVIRASE TAB 500MG ***(saquinavir mesylate)***	2	SP, QL (120 tabs / 30 days)
ISENTRESS CHW 25MG ***(raltegravir potassium)***	2	SP, QL (180 tabs / 30 days)
ISENTRESS CHW 100MG ***(raltegravir potassium)***	2	SP, QL (180 tabs / 30 days)
ISENTRESS HD TAB 600MG ***(raltegravir potassium)***	2	SP, QL (60 tabs / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ISENTRESS POW 100MG ***(raltegravir potassium)***	2	SP, QL (60 packets / 30 days)
ISENTRESS TAB 400MG ***(raltegravir potassium)***	2	SP, QL (120 tabs / 30 days)
lamivudine oral soln 10 mg/ml	1	SP, QL (900 ml / 30 days)
lamivudine tab 150 mg	1	SP, QL (60 tabs / 30 days)
lamivudine tab 300 mg	1	SP, QL (30 tabs / 30 days)
LEXIVA SUS 50MG/ML ***(fosamprenavir calcium)***	2	SP, QL (1575 mL / 28 days)
nevirapine susp 50 mg/5ml	1	SP, QL (1200 mL / 30 days)
nevirapine tab 200 mg	1	SP, QL (60 tabs / 30 days)
nevirapine tab er 24hr 100 mg	1	SP, QL (90 tabs / 30 days)
nevirapine tab er 24hr 400 mg	1	SP, QL (30 tabs / 30 days)
NORVIR POW 100MG ***(ritonavir)***	2	SP, QL (360 packets / 30 days)
NORVIR SOL 80MG/ML ***(ritonavir)***	2	SP, QL (480 mL / 30 days)
PREZISTA SUS 100MG/ML ***(darunavir ethanolate)***	2	SP, QL (400 ml / 30 days)
PREZISTA TAB 75MG ***(darunavir ethanolate)***	2	SP, QL (300 tabs / 30 days)
PREZISTA TAB 150MG ***(darunavir ethanolate)***	2	SP, QL (180 tabs / 30 days)
PREZISTA TAB 600MG ***(darunavir ethanolate)***	2	SP, QL (60 tabs / 30 days)
PREZISTA TAB 800MG ***(darunavir ethanolate)***	2	SP, QL (30 tabs / 30 days)
RETROVIR INJ 10MG/ML ***(zidovudine)***	MB	
REYATAZ POW 50MG ***(atazanavir sulfate)***	2	SP, QL (180 packets / 30 days)
ritonavir tab 100 mg	1	SP, QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML ***(maraviroc)***	2	SP, QL (1840 mL / 30 days)
SELZENTRY TAB 25MG ***(maraviroc)***	2	SP, QL (240 tabs / 30 days)
SELZENTRY TAB 75MG ***(maraviroc)***	2	SP, QL (60 tabs / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SELZENTRY TAB 150MG ***(maraviroc)***	2	SP, QL (60 tabs / 30 days)
SELZENTRY TAB 300MG ***(maraviroc)***	2	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)
tenofovir disoproxil fumarate tab 300 mg	1	SP, QL (30 tabs / 30 days)
TIVICAY PD TAB 5MG ***(dolutegravir sodium)***	2	SP, QL (360 tabs / 30 days)
TIVICAY TAB 10MG ***(dolutegravir sodium)***	2	SP, QL (240 tabs / 30 days)
TIVICAY TAB 25MG ***(dolutegravir sodium)***	2	SP, QL (60 tabs / 30 days)
TIVICAY TAB 50MG ***(dolutegravir sodium)***	2	SP, QL (60 tabs / 30 days)
TROGARZO INJ 150MG/ML ***(ibalizumab-uiyk)***	MB	
TYBOST TAB 150MG ***(cobicistat)***	2	SP, QL (30 tabs / 30 days)
VIDEX EC CAP 125MG ***(didanosine)***	2	SP, QL (30 caps / 30 days)
VIDEX SOL 2GM ***(didanosine)***	2	SP, QL (1200 ml / 30 days)
VIDEX SOL 4GM ***(didanosine)***	2	SP, QL (1200 ml / 30 days)
VIRACEPT TAB 250MG ***(nelfinavir mesylate)***	2	SP, QL (300 tabs / 30 days)
VIRACEPT TAB 625MG ***(nelfinavir mesylate)***	2	SP, QL (120 tabs / 30 days)
VIREAD POW 40MG/GM ***(tenofovir disoproxil fumarate)***	2	SP, QL (240 gm / 30 days)
VIREAD TAB 150MG ***(tenofovir disoproxil fumarate)***	2	SP, QL (30 tabs / 30 days)
VIREAD TAB 200MG ***(tenofovir disoproxil fumarate)***	2	SP, QL (30 tabs / 30 days)
VIREAD TAB 250MG ***(tenofovir disoproxil fumarate)***	2	SP, QL (30 tabs / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZERIT SOL 1MG/ML ***(stavudine)***	2	SP, QL (2400 ml / 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)
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	1	SP, QL (30 tabs / 30 days)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	1	SP, QL (60 tabs / 30 days)
BIKTARVY TAB ***(bictegravir-emtricitabine-tenofovir alafenamide fumarate)***	2	SP, QL (30 tabs / 30 days)
CIMDUO TAB 300-300 ***(lamivudine-tenofovir disoproxil fumarate)***	2	SP, QL (30 tabs / 30 days)
COMPLERA TAB ***(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)***	2	SP, QL (30 tabs / 30 days)
DESCOVY TAB 200-25MG ***(emtricitabine-tenofovir alafenamide fumarate)***	2	SP, QL (30 tabs / 30 days)
DOVATO TAB 50-300MG ***(dolutegravir sodium-lamivudine)***	2	SP, QL (30 tabs / 30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	SP, QL (30 tabs / 30 days); EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	SP, QL (30 tabs / 30 days); EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	SP, QL (30 tabs / 30 days); Covered for PrEP/PEP only; $0 Copay for PrEP and PEP
EVOTAZ TAB 300-150 ***(atazanavir sulfate-cobicistat)***	2	SP, QL (30 tabs / 30 days)
GENVOYA TAB ***(elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)***	2	SP, QL (30 tabs / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KALETRA TAB 100-25MG ***(lopinavir-ritonavir)***	2	SP, QL (240 tabs / 30 days)
KALETRA TAB 200-50MG ***(lopinavir-ritonavir)***	2	SP, QL (120 tabs / 30 days)
lamivudine-zidovudine tab 150-300 mg	1	SP, QL (60 tabs / 30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	SP, QL (390 mL / 30 days)
ODEFSEY TAB ***(emtricitabine-rilpivirine-tenofovir alafenamide fumarate)***	2	SP, QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150 ***(darunavir-cobicistat)***	2	SP, QL (30 tabs / 30 days)
STRIBILD TAB ***(elvitegravir-cobicistat-emtricitabine-tenofovir df)***	2	SP, QL (30 tabs / 30 days)
SYMFI LO TAB ***(efavirenz-lamivudine-tenofovir disoproxil fumarate)***	2	SP, QL (30 tabs / 30 days)
SYMFI TAB ***(efavirenz-lamivudine-tenofovir disoproxil fumarate)***	2	SP, QL (30 tabs / 30 days)
TEMIXYS TAB 300-300 ***(lamivudine-tenofovir disoproxil fumarate)***	2	SP, QL (30 tabs / 30 days)
TRIUMEQ TAB ***(abacavir-dolutegravir-lamivudine)***	2	SP, QL (30 tabs / 30 days)
TRUVADA TAB 100-150 ***(emtricitabine-tenofovir disoproxil fumarate)***	2	SP, QL (30 tabs / 30 days)
TRUVADA TAB 133-200 ***(emtricitabine-tenofovir disoproxil fumarate)***	2	SP, QL (30 tabs / 30 days)
TRUVADA TAB 167-250 ***(emtricitabine-tenofovir disoproxil fumarate)***	2	SP, QL (30 tabs / 30 days)
TRUVADA TAB 200-300 ***(emtricitabine-tenofovir disoproxil fumarate)***	2	SP, QL (30 tabs / 30 days); Covered for PrEP/PEP only; $0 Copay for PrEP and PEP
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine cap 250 mg	1	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg	1	
isoniazid inj 100 mg/ml	MB	
isoniazid syrup 50 mg/5ml	1	MO
isoniazid tab 100 mg	1	MO
isoniazid tab 300 mg	1	MO
PASER GRA 4GM ***(aminosalicylic acid)***	3	
PRIFTIN TAB 150MG ***(rifapentine)***	2	
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RIFAMATE CAP ***(isoniazid & rifampin)***	2	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
rifampin for inj 600 mg	MB	
RIFATER TAB ***(isoniazid-rifampin w/ pyrazinamide)***	2	
SIRTURO TAB 20MG ***(bedaquiline fumarate)***	3	
SIRTURO TAB 100MG ***(bedaquiline fumarate)***	3	
TRECATOR TAB 250MG ***(ethionamide)***	2	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir cap 200 mg	1	
acyclovir sodium for inj 500 mg	MB	
acyclovir sodium iv soln 50 mg/ml	MB	
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	
adefovir dipivoxil tab 10 mg	4	SP
BARACLUDE SOL ***(entecavir)***	3	SP
cidofovir iv inj 75 mg/ml	MB	
entecavir tab 0.5 mg	4	SP
entecavir tab 1 mg	4	SP
EPIVIR HBV SOL 5MG/ML ***(lamivudine (hbv))***	2	SP
famciclovir tab 125 mg	1	
famciclovir tab 250 mg	1	
famciclovir tab 500 mg	1	
lamivudine tab 100 mg (hbv)	1	SP
oseltamivir phosphate cap 30 mg (base equiv)	1	QL (40 caps / 90 days)
oseltamivir phosphate cap 45 mg (base equiv)	1	QL (20 caps / 90 days)
oseltamivir phosphate cap 75 mg (base equiv)	1	QL (20 caps / 90 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL (360 mL / 90 days)
RELENZA MIS DISKHALE ***(zanamivir)***	2	QL (2 inhalers / 90 days)
ribavirin for inhal soln 6 gm	1	
rimantadine hydrochloride tab 100 mg	1	
valacyclovir hcl tab 1 gm	1	
valacyclovir hcl tab 500 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
valganciclovir hcl for soln 50 mg/ml (base equiv)	4	QL (1000 mL / 30 days), MO
valganciclovir hcl tab 450 mg (base equivalent)	4	QL (102 tabs / 30 days), MO
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
cefaclor for susp 125 mg/5ml	1	
cefaclor for susp 250 mg/5ml	1	
cefaclor for susp 375 mg/5ml	1	
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cefadroxil tab 1 gm	1	
cefazolin sodium for inj 1 gm	MB	
cefazolin sodium for inj 10 gm	MB	
cefazolin sodium for inj 20 gm	MB	
cefazolin sodium for inj 500 mg	MB	
cefazolin sodium for iv soln 1 gm	MB	
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefditoren pivoxil tab 200 mg (base equivalent)	1	
cefditoren pivoxil tab 400 mg (base equivalent)	1	
cefepime hcl for inj 1 gm	MB	
cefepime hcl for inj 2 gm	MB	
cefixime cap 400 mg	1	
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	
cefotaxime sodium for inj 1 gm	MB	
cefotaxime sodium for inj 2 gm	MB	
cefotaxime sodium for inj 10 gm	MB	
cefotaxime sodium for inj 500 mg	MB	
cefotetan disodium for inj 1 gm	MB	
cefotetan disodium for inj 2 gm	MB	
cefotetan disodium for inj 10 gm	MB	
cefoxitin sodium for inj 10 gm	MB	
cefoxitin sodium for iv soln 1 gm	MB	
cefoxitin sodium for iv soln 2 gm	MB	
cefpodoxime proxetil for susp 50 mg/5ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
cefpodoxime proxetil for susp 100 mg/5ml	1	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
ceftazidime for inj 1 gm (Tazicef)	MB	
ceftazidime for inj 2 gm	MB	
ceftazidime for inj 6 gm (Tazicef)	MB	
ceftazidime for iv soln 1 gm (Tazicef)	MB	
ceftazidime for iv soln 2 gm (Tazicef)	MB	
ceftibuten cap 400 mg	1	
ceftibuten for susp 180 mg/5ml	1	
CEFTIN SUS 125/5ML ***(cefuroxime axetil)***	2	
CEFTIN SUS 250/5ML ***(cefuroxime axetil)***	2	
ceftriaxone sodium for inj 1 gm	MB	
ceftriaxone sodium for inj 2 gm	MB	
ceftriaxone sodium for inj 10 gm	MB	
ceftriaxone sodium for inj 250 mg	MB	
ceftriaxone sodium for inj 500 mg	MB	
ceftriaxone sodium for iv soln 1 gm	MB	
ceftriaxone sodium for iv soln 2 gm	MB	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	1	
cefuroxime sodium for inj 7.5 gm	MB	
cefuroxime sodium for inj 750 mg	MB	
cefuroxime sodium for iv soln 1.5 gm	MB	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	
cephalexin tab 500 mg	1	
SUPRAX CHW 100MG ***(cefixime)***	2	
SUPRAX CHW 200MG ***(cefixime)***	2	
SUPRAX SUS 500/5ML ***(cefixime)***	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin iv for soln 500 mg	MB	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
DIFICID TAB 200MG ***(fidaxomicin)***	2	PA
ERYTHROCIN INJ 500MG ***(erythromycin lactobionate)***	MB	
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin ethylsuccinate tab 400 mg (E.e.s. 400)	1	
erythromycin stearate tab 250 mg (Erythrocin Stearate)	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg (Ery-tab)	1	
erythromycin tab delayed release 333 mg (Ery-tab)	1	
erythromycin tab delayed release 500 mg (Ery-tab)	1	
erythromycin w/ delayed release particles cap 250 mg	1	
PCE TAB 333MG EC ***(erythromycin base (coated))***	3	
PCE TAB 500MG EC ***(erythromycin base (coated))***	3	
ZMAX SUS 2GM ***(azithromycin)***	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO (10%) SUS 500MG/5 ***(ciprofloxacin)***	3	
ciprofloxacin 200 mg/100ml in d5w	MB	
ciprofloxacin 400 mg/200ml in d5w	MB	
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	1	
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	
ciprofloxacin iv soln 200 mg/20ml (1%)	MB	
ciprofloxacin iv soln 400 mg/40ml (1%)	MB	
ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)	1	
ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)	1	
FACTIVE TAB 320MG ***(gemifloxacin mesylate)***	3	
levofloxacin in d5w iv soln 250 mg/50ml	MB	
levofloxacin in d5w iv soln 500 mg/100ml	MB	
levofloxacin in d5w iv soln 750 mg/150ml	MB	
levofloxacin iv soln 25 mg/ml	MB	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	MB	
moxifloxacin hcl tab 400 mg (base equiv)	1	
ofloxacin tab 300 mg	1	
ofloxacin tab 400 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HEPATITIS C		
EPCLUSA TAB 400-100 ***(sofosbuvir-velpatasvir)***	4	SP, PA, QL (28 tabs / 28 days)
HARVONI PAK ***(ledipasvir-sofosbuvir)***	4	SP, PA, QL (28 pellets / 28 days)
HARVONI PAK 45-200MG ***(ledipasvir-sofosbuvir)***	4	SP, PA, QL (28 pellets / 28 days)
HARVONI TAB 45-200MG ***(ledipasvir-sofosbuvir)***	4	SP, PA, QL (28 tabs / 28 days)
HARVONI TAB 90-400MG ***(ledipasvir-sofosbuvir)***	4	SP, PA, QL (28 tabs / 28 days)
PEGASYS INJ ***(peginterferon alfa-2a)***	MB	
PEGASYS INJ 180MCG/M ***(peginterferon alfa-2a)***	MB	
PEGASYS INJ PROCLICK ***(peginterferon alfa-2a)***	MB	
REBETOL SOL 40MG/ML ***(ribavirin (hepatitis c))***	4	SP, PA
RIBASPHERE TAB 400MG ***(ribavirin (hepatitis c))***	1	SP, PA
ribavirin cap 200 mg	1	SP, PA
ribavirin cap 200 mg (Ribasphere)	1	SP, PA
ribavirin tab 200 mg	1	SP, PA
ribavirin tab 200 mg (Ribasphere)	1	SP, PA
ribavirin tab 600 mg (Ribasphere)	1	SP, PA
SOVALDI PAK 150MG ***(sofosbuvir)***	4	SP, ST, PA, QL (28 pellets / 28 days)
SOVALDI PAK 200MG ***(sofosbuvir)***	4	SP, ST, PA, QL (28 pellets / 28 days)
SOVALDI TAB 200MG ***(sofosbuvir)***	4	SP, ST, PA, QL (28 tabs / 28 days)
SOVALDI TAB 400MG ***(sofosbuvir)***	4	SP, ST, PA, QL (28 tabs / 28 days)
VOSEVI TAB ***(sofosbuvir-velpatasvir-voxilaprevir)***	4	SP, PA, QL (28 tabs / 28 days)
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
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 & sulbactam sodium for inj 1.5 (1-0.5) gm	MB	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	MB	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	MB	
ampicillin cap 500 mg	1	
ampicillin sodium for inj 1 gm	MB	
ampicillin sodium for inj 2 gm	MB	
ampicillin sodium for inj 125 mg	MB	
ampicillin sodium for inj 250 mg	MB	
ampicillin sodium for inj 500 mg	MB	
ampicillin sodium for iv soln 1 gm	MB	
ampicillin sodium for iv soln 2 gm	MB	
ampicillin sodium for iv soln 10 gm	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AUGMENTIN SUS 125/5ML ***(amoxicillin & pot clavulanate)***	2	
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
nafcillin sodium for inj 1 gm	MB	
nafcillin sodium for inj 2 gm	MB	
nafcillin sodium for iv soln 1 gm	MB	
nafcillin sodium for iv soln 2 gm	MB	
nafcillin sodium for iv soln 10 gm	MB	
oxacillin sodium for inj 1 gm (base equivalent)	MB	
oxacillin sodium for inj 2 gm (base equivalent)	MB	
oxacillin sodium for iv soln 10 gm (base equivalent)	MB	
penicillin g potassium for inj 5000000 unit	MB	
penicillin g potassium for inj 20000000 unit	MB	
penicillin g potassium for inj 20000000 unit (Pfizerpen)	MB	
penicillin g sodium for inj 5000000 unit	MB	
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	MB	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	MB	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	MB	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	MB	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate cap 100 mg (Morgidox 1x100mg)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
doxycycline hyclate for inj 100 mg	MB	
doxycycline hyclate for inj 100 mg (Doxy 100)	MB	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 100 mg	1	
doxycycline hyclate tab delayed release 75 mg	1	
doxycycline hyclate tab delayed release 100 mg	1	
doxycycline hyclate tab delayed release 150 mg	1	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg (Avidoxy)	1	
doxycycline monohydrate tab 150 mg	1	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	
tetracycline hcl cap 250 mg	1	
tetracycline hcl cap 500 mg	1	
VIBRAMYCIN SYP 50MG/5ML ***(doxycycline calcium)***	3	
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
ANTICONVULSANTS - MISC.		
BRIVIACT SOL 10MG/ML ***(brivaracetam)***	3	MO
BRIVIACT TAB 10MG ***(brivaracetam)***	3	MO
BRIVIACT TAB 25MG ***(brivaracetam)***	3	MO
BRIVIACT TAB 50MG ***(brivaracetam)***	3	MO
BRIVIACT TAB 75MG ***(brivaracetam)***	3	MO
BRIVIACT TAB 100MG ***(brivaracetam)***	3	MO
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
busulfan inj 6 mg/ml	MB	
carmustine for inj 100 mg	MB	
cyclophosphamide cap 25 mg	1	OAC
cyclophosphamide cap 50 mg	1	OAC
cyclophosphamide for inj 1 gm	MB	
cyclophosphamide for inj 2 gm	MB	
cyclophosphamide for inj 500 mg	MB	
dacarbazine for inj 100 mg	MB	
dacarbazine for inj 200 mg	MB	
EMCYT CAP 140MG ***(estramustine phosphate sodium)***	4	OAC
GLEOSTINE CAP 5MG ***(lomustine)***	4	OAC
GLEOSTINE CAP 10MG ***(lomustine)***	4	OAC
GLEOSTINE CAP 40MG ***(lomustine)***	4	OAC
GLEOSTINE CAP 100MG ***(lomustine)***	4	OAC
GLIADEL WAF 7.7MG ***(carmustine in polifeprosan)***	MB	
HEXALEN CAP 50MG ***(altretamine)***	2	OAC
ifosfamide for inj 1 gm	MB	
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	MB	
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	MB	
LEUKERAN TAB 2MG ***(chlorambucil)***	2	OAC
melphalan hcl for inj 50 mg (base equiv)	MB	
melphalan tab 2 mg	1	OAC
TEMODAR INJ 100MG ***(temozolomide)***	MB	
temozolomide cap 5 mg	4	SP, PA; OAC
temozolomide cap 20 mg	4	SP, PA; OAC
temozolomide cap 100 mg	4	SP, PA; OAC
temozolomide cap 140 mg	4	SP, PA; OAC
temozolomide cap 180 mg	4	SP, PA; OAC
temozolomide cap 250 mg	4	SP, PA; OAC
ANTHRACYCLINES		
daunorubicin hcl iv soln 20 mg/4ml (base equiv)	MB	
doxorubicin hcl for inj 10 mg	MB	
doxorubicin hcl for inj 50 mg	MB	
doxorubicin hcl inj 2 mg/ml	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	MB	
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)	MB	
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)	MB	
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	MB	
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	MB	
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	MB	
ANTIBIOTICS		
bleomycin sulfate for inj 15 unit	MB	
bleomycin sulfate for inj 30 unit	MB	
mitomycin for iv soln 5 mg	MB	
mitomycin for iv soln 20 mg	MB	
mitomycin for iv soln 40 mg	MB	
ANTIMETABOLITES		
ALIMTA INJ 100MG ***(pemetrexed disodium)***	MB	
ALIMTA INJ 500MG ***(pemetrexed disodium)***	MB	
ARRANON INJ 5MG/ML ***(nelarabine)***	MB	
azacitidine for inj 100 mg	MB	
capecitabine tab 150 mg	4	SP, PA, QL (120 tabs / 30 days); OAC
capecitabine tab 500 mg	4	SP, PA, QL (300 tabs / 30 days); OAC
cladribine iv soln 10 mg/10ml (1 mg/ml)	MB	
clofarabine iv soln 1 mg/ml	MB	
cytarabine inj 20 mg/ml	MB	
cytarabine inj pf 20 mg/ml	MB	
cytarabine inj pf 100 mg/ml	MB	
decitabine for inj 50 mg	MB	
floxuridine for inj 0.5 gm	MB	
fludarabine phosphate for inj 50 mg	MB	
fludarabine phosphate inj 25 mg/ml	MB	
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	MB	
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	MB	
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	MB	
fluorouracil iv soln 500 mg/10ml (50 mg/ml) (Adrucil)	MB	
gemcitabine hcl for inj 1 gm	MB	
gemcitabine hcl for inj 2 gm	MB	
gemcitabine hcl for inj 200 mg	MB	
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	MB	
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	MB	
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	MB	
mercaptopurine tab 50 mg	1	OAC
methotrexate sodium for inj 1 gm	MB	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	MB	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	MB	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	MB	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	MB	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	MB	
NIPENT INJ 10MG ***(pentostatin)***	MB	
TABLOID TAB 40MG ***(thioguanine)***	2	OAC
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG ***(paclitaxel protein-bound particles)***	MB	
docetaxel for inj conc 20 mg/ml	MB	
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	MB	
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	MB	
DOCETAXEL INJ 20/0.5ML	MB	
DOCETAXEL INJ 80MG/2ML	MB	
DOCETAXEL INJ NON-ALCO	MB	
docetaxel soln for iv infusion 20 mg/2ml	MB	
docetaxel soln for iv infusion 80 mg/8ml	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
docetaxel soln for iv infusion 160 mg/16ml	MB	
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	MB	
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	MB	
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	MB	
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	MB	
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate inj 1 mg/ml	MB	
vincristine sulfate iv soln 1 mg/ml	MB	
vincristine sulfate iv soln 1 mg/ml (Vincasar Pfs)	MB	
vinorelbine tartrate inj 10 mg/ml (base equiv)	MB	
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	MB	
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX INJ 100MG ***(cetuximab)***	MB	
ERBITUX INJ 200MG ***(cetuximab)***	MB	
ERIVEDGE CAP 150MG ***(vismodegib)***	4	SP, PA, QL (30 caps / 30 days); OAC
FARYDAK CAP 10MG ***(panobinostat lactate)***	4	SP, PA, QL (6 caps / 21 days); OAC
FARYDAK CAP 15MG ***(panobinostat lactate)***	4	SP, PA, QL (6 caps / 21 days); OAC
FARYDAK CAP 20MG ***(panobinostat lactate)***	4	SP, PA, QL (6 caps / 21 days); OAC
GAZYVA INJ 25MG/ML ***(obinutuzumab)***	MB	
IBRANCE CAP 75MG ***(palbociclib)***	4	SP, PA, QL (21 caps / 28 days); OAC
IBRANCE CAP 100MG ***(palbociclib)***	4	SP, PA, QL (21 caps / 28 days); OAC
IBRANCE CAP 125MG ***(palbociclib)***	4	SP, PA, QL (21 caps / 28 days); OAC
IBRANCE TAB 75MG ***(palbociclib)***	4	SP, PA, QL (21 tabs / 28 days); OAC
IBRANCE TAB 100MG ***(palbociclib)***	4	SP, PA, QL (21 tabs / 28 days); OAC
IBRANCE TAB 125MG ***(palbociclib)***	4	SP, PA, QL (21 tabs / 28 days); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KADCYLA INJ 100MG ***(ado-trastuzumab emtansine)***	MB	
KADCYLA INJ 160MG ***(ado-trastuzumab emtansine)***	MB	
KEYTRUDA INJ 100MG/4M ***(pembrolizumab)***	MB	
KISQALI TAB 200DOSE ***(ribociclib succinate)***	4	SP, PA, QL (21 tabs / 28 days); 200 mg dose; OAC
KISQALI TAB 400DOSE ***(ribociclib succinate)***	4	SP, PA, QL (42 tabs / 28 days); 400 mg dose; OAC
KISQALI TAB 600DOSE ***(ribociclib succinate)***	4	SP, PA, QL (63 tabs / 28 days); 600 mg dose; OAC
LYNPARZA CAP 50MG ***(olaparib)***	4	SP, PA, QL (480 caps / 30 days); OAC
LYNPARZA TAB 100MG ***(olaparib)***	4	SP, PA, QL (120 tabs / 30 days); OAC
LYNPARZA TAB 150MG ***(olaparib)***	4	SP, PA, QL (120 tabs / 30 days); OAC
RYDAPT CAP 25MG ***(midostaurin)***	4	SP, PA, QL (224 caps / 28 days); OAC
ZEJULA CAP 100MG ***(niraparib tosylate)***	4	PA, QL (90 caps / 30 days); OAC
ZOLINZA CAP 100MG ***(vorinostat)***	4	SP, PA, QL (120 caps / 30 days); OAC
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tab 250 mg	4	SP, PA, QL (120 tabs / 30 days); OAC
anastrozole tab 1 mg	1	MO; OAC; $0 copay ages 35 and older for the primary prevention of breast cancer
bicalutamide tab 50 mg	1	OAC
DEPO-PROVERA INJ 400/ML ***(medroxyprogesterone acetate (antineoplastic))***	MB	
ELIGARD INJ 7.5MG ***(leuprolide acetate)***	MB	
ELIGARD INJ 22.5MG ***(leuprolide acetate (3 month))***	MB	
ELIGARD INJ 30MG ***(leuprolide acetate (4 month))***	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ELIGARD INJ 45MG ***(leuprolide acetate (6 month))***	MB	
ERLEADA TAB 60MG ***(apalutamide)***	4	SP, PA, QL (120 tabs / 30 days); OAC
exemestane tab 25 mg	1	MO; OAC; $0 copay ages 35 and older for the primary prevention of breast cancer
flutamide cap 125 mg	1	OAC
fulvestrant inj 250 mg/5ml	MB	
letrozole tab 2.5 mg	1	MO; OAC
leuprolide acetate inj kit 5 mg/ml	MB	
LUPR DEP-PED INJ 3M 30MG ***(leuprolide acetate (cpp) (3 month))***	MB	
LUPR DEP-PED INJ 7.5MG ***(leuprolide acetate (cpp))***	MB	
LUPR DEP-PED INJ 11.25MG ***(leuprolide acetate (cpp))***	MB	
LUPR DEP-PED INJ 11.25MG ***(leuprolide acetate (cpp) (3 month))***	MB	
LUPR DEP-PED INJ 15MG ***(leuprolide acetate (cpp))***	MB	
LYSODREN TAB 500MG ***(mitotane)***	2	OAC
megestrol acetate susp 40 mg/ml	1	OAC
megestrol acetate susp 625 mg/5ml	1	MO; OAC
megestrol acetate tab 20 mg	1	OAC
megestrol acetate tab 40 mg	1	OAC
nilutamide tab 150 mg	1	OAC
NUBEQA TAB 300MG ***(darolutamide)***	4	SP, PA, QL (120 tabs / 30 days); OAC
tamoxifen citrate tab 10 mg (base equivalent)	1	MO; OAC; $0 copay ages 35 and older for the primary prevention of breast cancer
tamoxifen citrate tab 20 mg (base equivalent)	1	MO; OAC; $0 copay ages 35 and older for the primary prevention of breast cancer
toremifene citrate tab 60 mg (base equivalent)	1	MO; OAC
XTANDI CAP 40MG ***(enzalutamide)***	4	SP, PA, QL (120 caps / 30 days); OAC
YONSA TAB 125MG ***(abiraterone acetate)***	4	SP, PA, QL (120 tabs / 30 days); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZYTIGA TAB 500MG ***(abiraterone acetate)***	4	SP, PA, QL (60 tabs / 30 days); OAC
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG ***(everolimus)***	4	SP, PA, QL (60 tabs / 30 days); OAC
AFINITOR DIS TAB 3MG ***(everolimus)***	4	SP, PA, QL (90 tabs / 30 days); OAC
AFINITOR DIS TAB 5MG ***(everolimus)***	4	SP, PA, QL (60 tabs / 30 days); OAC
AFINITOR TAB 10MG ***(everolimus)***	4	SP, PA, QL (30 tabs / 30 days); OAC
ALECENSA CAP 150MG ***(alectinib hcl)***	4	SP, PA, QL (240 caps / 30 days); OAC
BOSULIF TAB 100MG ***(bosutinib)***	4	SP, PA, QL (90 tabs / 30 days); OAC
BOSULIF TAB 400MG ***(bosutinib)***	4	SP, PA, QL (30 tabs / 30 days); OAC
BOSULIF TAB 500MG ***(bosutinib)***	4	SP, PA, QL (30 tabs / 30 days); OAC
CALQUENCE CAP 100MG ***(acalabrutinib)***	4	SP, PA, QL (60 caps / 30 days); OAC
CAPRELSA TAB 100MG ***(vandetanib)***	4	SP, PA, QL (60 tabs / 30 days); OAC
CAPRELSA TAB 300MG ***(vandetanib)***	4	SP, PA, QL (30 tabs / 30 days); OAC
COMETRIQ KIT 60MG ***(cabozantinib s-malate)***	4	SP, PA, QL (1 kit / 28 days); OAC
COMETRIQ KIT 100MG ***(cabozantinib s-malate)***	4	SP, PA, QL (1 kit / 28 days); OAC
COMETRIQ KIT 140MG ***(cabozantinib s-malate)***	4	SP, PA, QL (1 kit / 28 days); OAC
erlotinib hcl tab 25 mg (base equivalent)	4	SP, PA, QL (60 tabs / 30 days); OAC
erlotinib hcl tab 100 mg (base equivalent)	4	SP, PA, QL (30 tabs / 30 days); OAC
erlotinib hcl tab 150 mg (base equivalent)	4	SP, PA, QL (30 tabs / 30 days); OAC
everolimus tab 2.5 mg	4	SP, PA, QL (30 tabs / 30 days); OAC
everolimus tab 5 mg	4	SP, PA, QL (30 tabs / 30 days); OAC
everolimus tab 7.5 mg	4	SP, PA, QL (30 tabs / 30 days); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ICLUSIG TAB 15MG ***(ponatinib hcl)***	4	SP, PA, QL (60 tabs / 30 days); OAC
ICLUSIG TAB 45MG ***(ponatinib hcl)***	4	SP, PA, QL (30 tabs / 30 days); OAC
IDHIFA TAB 50MG ***(enasidenib mesylate)***	4	SP, PA, QL (30 tabs / 30 days); OAC
IDHIFA TAB 100MG ***(enasidenib mesylate)***	4	SP, PA, QL (30 tabs / 30 days); OAC
imatinib mesylate tab 100 mg (base equivalent)	4	SP, PA, QL (90 tabs / 30 days); OAC
imatinib mesylate tab 400 mg (base equivalent)	4	SP, PA, QL (60 tabs / 30 days); OAC
IMBRUVICA CAP 70MG ***(ibrutinib)***	4	SP, PA, QL (30 caps / 30 days); OAC
IMBRUVICA CAP 140MG ***(ibrutinib)***	4	SP, PA, QL (90 caps / 30 days); OAC
IMBRUVICA TAB 140MG ***(ibrutinib)***	4	SP, PA, QL (30 tabs / 30 days); OAC
IMBRUVICA TAB 280MG ***(ibrutinib)***	4	SP, PA, QL (30 tabs / 30 days); OAC
IMBRUVICA TAB 420MG ***(ibrutinib)***	4	SP, PA, QL (30 tabs / 30 days); OAC
IMBRUVICA TAB 560MG ***(ibrutinib)***	4	SP, PA, QL (30 tabs / 30 days); OAC
INLYTA TAB 1MG ***(axitinib)***	4	SP, PA, QL (240 tabs / 30 days); OAC
INLYTA TAB 5MG ***(axitinib)***	4	SP, PA, QL (120 tabs / 30 days); OAC
JAKAFI TAB 5MG ***(ruxolitinib phosphate)***	4	SP, PA, QL (60 tabs / 30 days); OAC
JAKAFI TAB 10MG ***(ruxolitinib phosphate)***	4	SP, PA, QL (60 tabs / 30 days); OAC
JAKAFI TAB 15MG ***(ruxolitinib phosphate)***	4	SP, PA, QL (60 tabs / 30 days); OAC
JAKAFI TAB 20MG ***(ruxolitinib phosphate)***	4	SP, PA, QL (60 tabs / 30 days); OAC
JAKAFI TAB 25MG ***(ruxolitinib phosphate)***	4	SP, PA, QL (60 tabs / 30 days); OAC
lapatinib ditosylate tab 250 mg (base equiv)	4	SP, PA, QL (180 tabs / 30 days); OAC
LENVIMA CAP 4MG ***(lenvatinib mesylate)***	4	SP, PA, QL (30 caps / 30 days); OAC
LENVIMA CAP 8 MG ***(lenvatinib mesylate)***	4	SP, PA, QL (60 caps / 30 days); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LENVIMA CAP 10 MG ***(lenvatinib mesylate)***	4	SP, PA, QL (30 caps / 30 days); OAC
LENVIMA CAP 12MG ***(lenvatinib mesylate)***	4	SP, PA, QL (90 caps / 30 days); OAC
LENVIMA CAP 14 MG ***(lenvatinib mesylate)***	4	SP, PA, QL (60 caps / 30 days); OAC
LENVIMA CAP 18 MG ***(lenvatinib mesylate)***	4	SP, PA, QL (90 caps / 30 days); OAC
LENVIMA CAP 20 MG ***(lenvatinib mesylate)***	4	SP, PA, QL (60 caps / 30 days); OAC
LENVIMA CAP 24 MG ***(lenvatinib mesylate)***	4	SP, PA, QL (90 caps / 30 days); OAC
LORBRENA TAB 25MG ***(lorlatinib)***	4	SP, PA, QL (90 tabs / 30 days); OAC
LORBRENA TAB 100MG ***(lorlatinib)***	4	SP, PA, QL (30 tabs / 30 days); OAC
MEKINIST TAB 0.5MG ***(trametinib dimethyl sulfoxide)***	4	SP, PA, QL (90 tabs / 30 days); OAC
MEKINIST TAB 2MG ***(trametinib dimethyl sulfoxide)***	4	SP, PA, QL (30 tabs / 30 days); OAC
NEXAVAR TAB 200MG ***(sorafenib tosylate)***	4	SP, PA, QL (120 tabs / 30 days); OAC
SPRYCEL TAB 20MG ***(dasatinib)***	4	SP, PA, QL (90 tabs / 30 days); OAC
SPRYCEL TAB 50MG ***(dasatinib)***	4	SP, PA, QL (30 tabs / 30 days); OAC
SPRYCEL TAB 70MG ***(dasatinib)***	4	SP, PA, QL (30 tabs / 30 days); OAC
SPRYCEL TAB 80MG ***(dasatinib)***	4	SP, PA, QL (30 tabs / 30 days); OAC
SPRYCEL TAB 100MG ***(dasatinib)***	4	SP, PA, QL (30 tabs / 30 days); OAC
SPRYCEL TAB 140MG ***(dasatinib)***	4	SP, PA, QL (30 tabs / 30 days); OAC
STIVARGA TAB 40MG ***(regorafenib)***	4	SP, PA, QL (84 tabs / 28 days); OAC
SUTENT CAP 12.5MG ***(sunitinib malate)***	4	SP, PA, QL (30 caps / 30 days); OAC
SUTENT CAP 25MG ***(sunitinib malate)***	4	SP, PA, QL (30 caps / 30 days); OAC
SUTENT CAP 37.5MG ***(sunitinib malate)***	4	SP, PA, QL (30 caps / 30 days); OAC
SUTENT CAP 50MG ***(sunitinib malate)***	4	SP, PA, QL (30 caps / 30 days); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TAFINLAR CAP 50MG ***(dabrafenib mesylate)***	4	SP, PA, QL (120 caps / 30 days); OAC
TAFINLAR CAP 75MG ***(dabrafenib mesylate)***	4	SP, PA, QL (120 caps / 30 days); OAC
TUKYSA TAB 50MG ***(tucatinib)***	4	SP, PA, QL (120 tabs / 30 days); OAC
TUKYSA TAB 150MG ***(tucatinib)***	4	SP, PA, QL (120 tabs / 30 days); OAC
TYKERB TAB 250MG ***(lapatinib ditosylate)***	4	SP, PA, QL (180 tabs / 30 days); OAC
VITRAKVI CAP 25MG ***(larotrectinib sulfate)***	4	SP, PA, QL (180 caps / 30 days); OAC
VITRAKVI CAP 100MG ***(larotrectinib sulfate)***	4	SP, PA, QL (60 caps / 30 days); OAC
VITRAKVI SOL 20MG/ML ***(larotrectinib sulfate)***	4	SP, PA, QL (300 mL / 30 days); OAC
VOTRIENT TAB 200MG ***(pazopanib hcl)***	4	SP, PA, QL (120 tabs / 30 days); OAC
XALKORI CAP 200MG ***(crizotinib)***	4	SP, PA, QL (60 caps / 30 days); OAC
XALKORI CAP 250MG ***(crizotinib)***	4	SP, PA, QL (60 caps / 30 days); OAC
ZELBORAF TAB 240MG ***(vemurafenib)***	4	SP, PA, QL (240 tabs / 30 days); OAC
ZYDELIG TAB 100MG ***(idelalisib)***	4	SP, PA, QL (60 tabs / 30 days); OAC
ZYDELIG TAB 150MG ***(idelalisib)***	4	SP, PA, QL (60 tabs / 30 days); OAC
ZYKADIA CAP 150MG ***(ceritinib)***	4	SP, PA, QL (90 caps / 30 days); OAC
ZYKADIA TAB 150MG ***(ceritinib)***	4	SP, PA, QL (90 tabs / 30 days); OAC
MISCELLANEOUS		
arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)	MB	
arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	MB	
bexarotene cap 75 mg	4	SP, PA; OAC
DROXIA CAP 200MG ***(hydroxyurea (sickle cell anemia))***	2	MO
DROXIA CAP 300MG ***(hydroxyurea (sickle cell anemia))***	2	MO
DROXIA CAP 400MG ***(hydroxyurea (sickle cell anemia))***	2	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydroxyurea cap 500 mg	1	OAC
MATULANE CAP 50MG ***(procarbazine hcl)***	2	OAC
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	MB	
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	MB	
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	MB	
ODOMZO CAP 200MG ***(sonidegib phosphate)***	4	SP, PA, QL (30 caps / 30 days); OAC
ONCASPAR INJ 750/ML ***(pegaspargase)***	MB	
PHOTOFRIN INJ 75MG ***(porfimer sodium)***	MB	
QUADRAMET INJ 1850MBQ ***(samarium sm 153 lexidronam)***	MB	
TICE BCG INJ ***(bcg live intravesical)***	MB	
tretinoin cap 10 mg	1	OAC
UVADEX INJ 20MCG/ML ***(methoxsalen (photopheresis))***	MB	
VISTOGARD PAK 10GM ***(uridine triacetate (emergency treatment))***	2	QL (20 packets / 5 days)
PLATINUM-BASED AGENTS		
carboplatin iv soln 50 mg/5ml	MB	
carboplatin iv soln 150 mg/15ml	MB	
carboplatin iv soln 450 mg/45ml	MB	
carboplatin iv soln 600 mg/60ml	MB	
carboplatin iv soln 1000 mg/100ml (Paraplatin)	MB	
cisplatin inj 50 mg/50ml (1 mg/ml)	MB	
cisplatin inj 100 mg/100ml (1 mg/ml)	MB	
cisplatin inj 200 mg/200ml (1 mg/ml)	MB	
oxaliplatin for iv inj 50 mg	MB	
oxaliplatin for iv inj 100 mg	MB	
oxaliplatin iv soln 50 mg/10ml	MB	
oxaliplatin iv soln 100 mg/20ml	MB	
PROTECTIVE AGENTS		
dexrazoxane hcl for inj 250 mg (base equivalent)	MB	
dexrazoxane hcl for inj 500 mg (base equivalent)	MB	
leucovorin calcium for inj 50 mg	MB	
leucovorin calcium for inj 100 mg	MB	
leucovorin calcium for inj 200 mg	MB	
leucovorin calcium for inj 350 mg	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
leucovorin calcium for inj 500 mg	MB	
leucovorin calcium tab 5 mg	1	OAC
leucovorin calcium tab 10 mg	1	OAC
leucovorin calcium tab 15 mg	1	OAC
leucovorin calcium tab 25 mg	1	OAC
mesna inj 100 mg/ml	MB	
MESNEX TAB 400MG ***(mesna)***	4	OAC
TOPOISOMERASE INHIBITORS		
CAMPTOSAR INJ 300/15ML ***(irinotecan hcl)***	MB	
etoposide cap 50 mg	1	OAC
etoposide inj 1 gm/50ml (20 mg/ml) (Toposar)	MB	
etoposide inj 100 mg/5ml (20 mg/ml)	MB	
etoposide inj 100 mg/5ml (20 mg/ml) (Toposar)	MB	
etoposide inj 500 mg/25ml (20 mg/ml) (Toposar)	MB	
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	MB	
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	MB	
irinotecan hcl inj 300 mg/15ml (20 mg/ml)	MB	
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	MB	
TENIPOSIDE INJ 50MG/5ML	MB	
topotecan hcl for inj 4 mg (base equiv)	MB	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG ***(venetoclax)***	4	SP, PA, QL (120 tabs / 30 days); OAC
VENCLEXTA TAB 50MG ***(venetoclax)***	4	SP, PA, QL (120 tabs / 30 days); OAC
VENCLEXTA TAB 100MG ***(venetoclax)***	4	SP, PA, QL (180 tabs / 30 days); OAC
VENCLEXTA TAB START PK ***(venetoclax)***	4	SP, PA, QL (1 pack / 28 days); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	MO
amlodipine besylate-benazepril hcl cap 5-10 mg	1	MO
amlodipine besylate-benazepril hcl cap 5-20 mg	1	MO
amlodipine besylate-benazepril hcl cap 5-40 mg	1	MO
amlodipine besylate-benazepril hcl cap 10-20 mg	1	MO
amlodipine besylate-benazepril hcl cap 10-40 mg	1	MO
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	MO
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	MO
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	MO
benazepril & hydrochlorothiazide tab 20-25 mg	1	MO
captopril & hydrochlorothiazide tab 25-15 mg	1	MO
captopril & hydrochlorothiazide tab 25-25 mg	1	MO
captopril & hydrochlorothiazide tab 50-15 mg	1	MO
captopril & hydrochlorothiazide tab 50-25 mg	1	MO
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	MO
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	MO
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	MO
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	MO
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	MO
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lisinopril & hydrochlorothiazide tab 20-25 mg	1	MO
moexipril-hydrochlorothiazide tab 7.5-12.5 mg	1	MO
moexipril-hydrochlorothiazide tab 15-12.5 mg	1	MO
moexipril-hydrochlorothiazide tab 15-25 mg	1	MO
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	MO
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	MO
quinapril-hydrochlorothiazide tab 20-25 mg	1	MO
trandolapril-verapamil hcl tab er 1-240 mg	1	MO
trandolapril-verapamil hcl tab er 2-180 mg	1	MO
trandolapril-verapamil hcl tab er 2-240 mg	1	MO
trandolapril-verapamil hcl tab er 4-240 mg	1	MO
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl tab 5 mg	1	MO
benazepril hcl tab 10 mg	1	MO
benazepril hcl tab 20 mg	1	MO
benazepril hcl tab 40 mg	1	MO
captopril tab 12.5 mg	1	MO
captopril tab 25 mg	1	MO
captopril tab 50 mg	1	MO
captopril tab 100 mg	1	MO
enalapril maleate tab 2.5 mg	1	MO
enalapril maleate tab 5 mg	1	MO
enalapril maleate tab 10 mg	1	MO
enalapril maleate tab 20 mg	1	MO
fosinopril sodium tab 10 mg	1	MO
fosinopril sodium tab 20 mg	1	MO
fosinopril sodium tab 40 mg	1	MO
lisinopril tab 2.5 mg	1	MO
lisinopril tab 5 mg	1	MO
lisinopril tab 10 mg	1	MO
lisinopril tab 20 mg	1	MO
lisinopril tab 30 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lisinopril tab 40 mg	1	MO
moexipril hcl tab 7.5 mg	1	MO
moexipril hcl tab 15 mg	1	MO
perindopril erbumine tab 2 mg	1	MO
perindopril erbumine tab 4 mg	1	MO
perindopril erbumine tab 8 mg	1	MO
quinapril hcl tab 5 mg	1	MO
quinapril hcl tab 10 mg	1	MO
quinapril hcl tab 20 mg	1	MO
quinapril hcl tab 40 mg	1	MO
ramipril cap 1.25 mg	1	MO
ramipril cap 2.5 mg	1	MO
ramipril cap 5 mg	1	MO
ramipril cap 10 mg	1	MO
trandolapril tab 1 mg	1	MO
trandolapril tab 2 mg	1	MO
trandolapril tab 4 mg	1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone tab 25 mg	1	MO
eplerenone tab 50 mg	1	MO
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate tab 1 mg	1	MO
doxazosin mesylate tab 2 mg	1	MO
doxazosin mesylate tab 4 mg	1	MO
doxazosin mesylate tab 8 mg	1	MO
prazosin hcl cap 1 mg	1	MO
prazosin hcl cap 2 mg	1	MO
prazosin hcl cap 5 mg	1	MO
terazosin hcl cap 1 mg (base equivalent)	1	MO
terazosin hcl cap 2 mg (base equivalent)	1	MO
terazosin hcl cap 5 mg (base equivalent)	1	MO
terazosin hcl cap 10 mg (base equivalent)	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	MO
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	MO
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	MO
amlodipine besylate-valsartan tab 5-160 mg	1	MO
amlodipine besylate-valsartan tab 5-320 mg	1	MO
amlodipine besylate-valsartan tab 10-160 mg	1	MO
amlodipine besylate-valsartan tab 10-320 mg	1	MO
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	MO
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	MO
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	MO
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	MO
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	MO
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	MO
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	MO
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	MO
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	MO
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	MO
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	MO
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	MO
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	MO
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	MO
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	MO
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	MO
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	MO
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	MO
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	MO
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	MO
telmisartan-amlodipine tab 40-5 mg	1	MO
telmisartan-amlodipine tab 40-10 mg	1	MO
telmisartan-amlodipine tab 80-5 mg	1	MO
telmisartan-amlodipine tab 80-10 mg	1	MO
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	MO
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	MO
telmisartan-hydrochlorothiazide tab 80-25 mg	1	MO
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	MO
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	MO
valsartan-hydrochlorothiazide tab 160-25 mg	1	MO
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	MO
valsartan-hydrochlorothiazide tab 320-25 mg	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil tab 4 mg	1	MO
candesartan cilexetil tab 8 mg	1	MO
candesartan cilexetil tab 16 mg	1	MO
candesartan cilexetil tab 32 mg	1	MO
eprosartan mesylate tab 600 mg	1	MO
irbesartan tab 75 mg	1	MO
irbesartan tab 150 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
irbesartan tab 300 mg	1	MO
losartan potassium tab 25 mg	1	MO
losartan potassium tab 50 mg	1	MO
losartan potassium tab 100 mg	1	MO
olmesartan medoxomil tab 5 mg	1	MO
olmesartan medoxomil tab 20 mg	1	MO
olmesartan medoxomil tab 40 mg	1	MO
telmisartan tab 20 mg	1	MO
telmisartan tab 40 mg	1	MO
telmisartan tab 80 mg	1	MO
valsartan tab 40 mg	1	MO
valsartan tab 80 mg	1	MO
valsartan tab 160 mg	1	MO
valsartan tab 320 mg	1	MO
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	MB	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	MB	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	MB	
amiodarone hcl tab 100 mg (Pacerone)	1	MO
amiodarone hcl tab 200 mg	1	MO
amiodarone hcl tab 200 mg (Pacerone)	1	MO
amiodarone hcl tab 400 mg	1	MO
disopyramide phosphate cap 100 mg	1	MO
disopyramide phosphate cap 150 mg	1	MO
dofetilide cap 125 mcg (0.125 mg)	1	SP, PA
dofetilide cap 250 mcg (0.25 mg)	1	SP, PA
dofetilide cap 500 mcg (0.5 mg)	1	SP, PA
flecainide acetate tab 50 mg	1	MO
flecainide acetate tab 100 mg	1	MO
flecainide acetate tab 150 mg	1	MO
lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)	MB	
lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)	MB	
lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)	MB	
lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)	MB	
lidocaine iv infusion in d5w inj 4 mg/ml	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lidocaine iv infusion in d5w inj 8 mg/ml	MB	
mexiletine hcl cap 150 mg	1	MO
mexiletine hcl cap 200 mg	1	MO
mexiletine hcl cap 250 mg	1	MO
MULTAQ TAB 400MG ***(dronedarone hcl)***	3	PA, MO
NEXTERONE INJ ***(amiodarone hcl in dextrose)***	MB	
NORPACE CAP 100MG CR ***(disopyramide phosphate)***	2	MO
NORPACE CAP 150MG CR ***(disopyramide phosphate)***	2	MO
procainamide hcl inj 100 mg/ml	MB	
propafenone hcl cap er 12hr 225 mg	1	MO
propafenone hcl cap er 12hr 325 mg	1	MO
propafenone hcl cap er 12hr 425 mg	1	MO
propafenone hcl tab 150 mg	1	MO
propafenone hcl tab 225 mg	1	MO
propafenone hcl tab 300 mg	1	MO
sotalol hcl (afib/afl) tab 80 mg	1	MO
sotalol hcl (afib/afl) tab 120 mg	1	MO
sotalol hcl (afib/afl) tab 160 mg	1	MO
SOTALOL HCL INJ 150/10ML	MB	
sotalol hcl tab 80 mg	1	MO
sotalol hcl tab 80 mg (Sorine)	1	MO
sotalol hcl tab 120 mg	1	MO
sotalol hcl tab 120 mg (Sorine)	1	MO
sotalol hcl tab 160 mg	1	MO
sotalol hcl tab 160 mg (Sorine)	1	MO
sotalol hcl tab 240 mg	1	MO
sotalol hcl tab 240 mg (Sorine)	1	MO
ANTILIPEMICS, BILE ACID RESINS		
cholestyramine light powder 4 gm/dose	1	MO
cholestyramine light powder 4 gm/dose (Prevalite)	1	MO
cholestyramine light powder packets 4 gm	1	MO
cholestyramine powder 4 gm/dose	1	MO
cholestyramine powder packets 4 gm	1	MO
colestipol hcl granule packets 5 gm	1	MO
colestipol hcl granules 5 gm	1	MO
colestipol hcl tab 1 gm	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe tab 10 mg	1	MO
ANTILIPEMICS, FIBRATES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	MO
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	MO
fenofibrate cap 50 mg	1	MO
fenofibrate cap 150 mg	1	MO
fenofibrate micronized cap 43 mg	1	MO
fenofibrate micronized cap 67 mg	1	MO
fenofibrate micronized cap 130 mg	1	MO
fenofibrate micronized cap 134 mg	1	MO
fenofibrate micronized cap 200 mg	1	MO
fenofibrate tab 48 mg	1	MO
fenofibrate tab 54 mg	1	MO
fenofibrate tab 145 mg	1	MO
fenofibrate tab 160 mg	1	MO
gemfibrozil tab 600 mg	1	MO
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	MO
ezetimibe-simvastatin tab 10-20 mg	1	MO
ezetimibe-simvastatin tab 10-40 mg	1	MO
ezetimibe-simvastatin tab 10-80 mg	1	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium tab 10 mg (base equivalent)	1	MO; $0 copay for members age 40 through 75
atorvastatin calcium tab 20 mg (base equivalent)	1	MO; $0 copay for members age 40 through 75
atorvastatin calcium tab 40 mg (base equivalent)	1	MO
atorvastatin calcium tab 80 mg (base equivalent)	1	MO
fluvastatin sodium cap 20 mg (base equivalent)	1	MO; $0 copay for members age 40 through 75
fluvastatin sodium cap 40 mg (base equivalent)	1	MO; $0 copay for members age 40 through 75

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	1	MO; $0 copay for members age 40 through 75
lovastatin tab 10 mg	1	MO; $0 copay for members age 40 through 75
lovastatin tab 20 mg	1	MO; $0 copay for members age 40 through 75
lovastatin tab 40 mg	1	MO; $0 copay for members age 40 through 75
pravastatin sodium tab 10 mg	1	MO; $0 copay for members age 40 through 75
pravastatin sodium tab 20 mg	1	MO; $0 copay for members age 40 through 75
pravastatin sodium tab 40 mg	1	MO; $0 copay for members age 40 through 75
pravastatin sodium tab 80 mg	1	MO; $0 copay for members age 40 through 75
rosuvastatin calcium tab 5 mg	1	ST, MO; $0 copay for members age 40 through 75; PA**
rosuvastatin calcium tab 10 mg	1	ST, MO; $0 copay for members age 40 through 75; PA**
rosuvastatin calcium tab 20 mg	1	MO
rosuvastatin calcium tab 40 mg	1	MO
simvastatin tab 5 mg	1	MO; $0 copay for members age 40 through 75
simvastatin tab 10 mg	1	MO; $0 copay for members age 40 through 75
simvastatin tab 20 mg	1	MO; $0 copay for members age 40 through 75
simvastatin tab 40 mg	1	MO; $0 copay for members age 40 through 75
simvastatin tab 80 mg	1	ST, MO; PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
niacin tab er 500 mg (antihyperlipidemic)	1	MO
niacin tab er 750 mg (antihyperlipidemic)	1	MO
niacin tab er 1000 mg (antihyperlipidemic)	1	MO
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
omega-3-acid ethyl esters cap 1 gm	1	PA, MO
VASCEPA CAP 0.5GM ***(icosapent ethyl)***	2	MO
VASCEPA CAP 1GM ***(icosapent ethyl)***	2	MO
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA INJ 140MG/ML ***(evolocumab)***	MB	
REPATHA PUSH INJ 420/3.5 ***(evolocumab)***	MB	
REPATHA SURE INJ 140MG/ML ***(evolocumab)***	MB	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg	1	MO
atenolol & chlorthalidone tab 100-25 mg	1	MO
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	MO
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	MO
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	MO
metoprolol & hydrochlorothiazide tab 50-25 mg	1	MO
metoprolol & hydrochlorothiazide tab 100-25 mg	1	MO
metoprolol & hydrochlorothiazide tab 100-50 mg	1	MO
nadolol & bendroflumethiazide tab 40-5 mg	1	MO
propranolol & hydrochlorothiazide tab 40-25 mg	1	MO
propranolol & hydrochlorothiazide tab 80-25 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl cap 200 mg	1	MO
acebutolol hcl cap 400 mg	1	MO
atenolol tab 25 mg	1	MO
atenolol tab 50 mg	1	MO
atenolol tab 100 mg	1	MO
betaxolol hcl tab 10 mg	1	MO
betaxolol hcl tab 20 mg	1	MO
bisoprolol fumarate tab 5 mg	1	MO
bisoprolol fumarate tab 10 mg	1	MO
BYSTOLIC TAB 2.5MG ***(nebivolol hcl)***	3	MO
BYSTOLIC TAB 5MG ***(nebivolol hcl)***	3	MO
BYSTOLIC TAB 10MG ***(nebivolol hcl)***	3	MO
BYSTOLIC TAB 20MG ***(nebivolol hcl)***	3	MO
carvedilol phosphate cap er 24hr 10 mg	1	MO
carvedilol phosphate cap er 24hr 20 mg	1	MO
carvedilol phosphate cap er 24hr 40 mg	1	MO
carvedilol phosphate cap er 24hr 80 mg	1	MO
carvedilol tab 3.125 mg	1	MO
carvedilol tab 6.25 mg	1	MO
carvedilol tab 12.5 mg	1	MO
carvedilol tab 25 mg	1	MO
labetalol hcl iv soln 5 mg/ml	MB	
labetalol hcl tab 100 mg	1	MO
labetalol hcl tab 200 mg	1	MO
labetalol hcl tab 300 mg	1	MO
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	MO
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	MO
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	MO
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	MO
metoprolol tartrate iv soln 5 mg/5ml	MB	
metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)	MB	
metoprolol tartrate tab 25 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
metoprolol tartrate tab 50 mg	1	MO
metoprolol tartrate tab 100 mg	1	MO
nadolol tab 20 mg	1	MO
nadolol tab 40 mg	1	MO
nadolol tab 80 mg	1	MO
pindolol tab 5 mg	1	MO
pindolol tab 10 mg	1	MO
propranolol hcl cap er 24hr 60 mg	1	MO
propranolol hcl cap er 24hr 80 mg	1	MO
propranolol hcl cap er 24hr 120 mg	1	MO
propranolol hcl cap er 24hr 160 mg	1	MO
propranolol hcl inj 1 mg/ml	MB	
propranolol hcl oral soln 20 mg/5ml	1	MO
propranolol hcl oral soln 40 mg/5ml	1	MO
propranolol hcl tab 10 mg	1	MO
propranolol hcl tab 20 mg	1	MO
propranolol hcl tab 40 mg	1	MO
propranolol hcl tab 60 mg	1	MO
propranolol hcl tab 80 mg	1	MO
timolol maleate tab 5 mg	1	MO
timolol maleate tab 10 mg	1	MO
timolol maleate tab 20 mg	1	MO
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	MO
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	MO
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	MO
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	MO
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	MO
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	MO
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	MO
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	MO
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	MO
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	MO
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate tab 2.5 mg (base equivalent)	1	MO
amlodipine besylate tab 5 mg (base equivalent)	1	MO
amlodipine besylate tab 10 mg (base equivalent)	1	MO
CARDENE IV SOL 20/200ML ***(nicardipine hcl in dextrose)***	MB	
CARDIZEM LA TAB 120MG ***(diltiazem hcl coated beads)***	2	MO
diltiazem hcl cap er 12hr 60 mg	1	MO
diltiazem hcl cap er 12hr 90 mg	1	MO
diltiazem hcl cap er 12hr 120 mg	1	MO
diltiazem hcl cap er 24hr 120 mg	1	MO
diltiazem hcl cap er 24hr 180 mg	1	MO
diltiazem hcl cap er 24hr 240 mg	1	MO
diltiazem hcl coated beads cap er 24hr 120 mg	1	MO
diltiazem hcl coated beads cap er 24hr 120 mg (Cartia Xt)	1	MO
diltiazem hcl coated beads cap er 24hr 180 mg	1	MO
diltiazem hcl coated beads cap er 24hr 180 mg (Cartia Xt)	1	MO
diltiazem hcl coated beads cap er 24hr 240 mg	1	MO
diltiazem hcl coated beads cap er 24hr 240 mg (Cartia Xt)	1	MO
diltiazem hcl coated beads cap er 24hr 300 mg	1	MO
diltiazem hcl coated beads cap er 24hr 300 mg (Cartia Xt)	1	MO
diltiazem hcl coated beads cap er 24hr 360 mg	1	MO
diltiazem hcl coated beads tab er 24hr 180 mg (Matzim La)	1	MO
diltiazem hcl coated beads tab er 24hr 240 mg (Matzim La)	1	MO
diltiazem hcl coated beads tab er 24hr 300 mg (Matzim La)	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
diltiazem hcl coated beads tab er 24hr 360 mg (Matzim La)	1	MO
diltiazem hcl coated beads tab er 24hr 420 mg (Matzim La)	1	MO
diltiazem hcl extended release beads cap er 24hr 120 mg	1	MO
diltiazem hcl extended release beads cap er 24hr 120 mg (Taztia Xt)	1	MO
diltiazem hcl extended release beads cap er 24hr 180 mg	1	MO
diltiazem hcl extended release beads cap er 24hr 180 mg (Taztia Xt)	1	MO
diltiazem hcl extended release beads cap er 24hr 240 mg	1	MO
diltiazem hcl extended release beads cap er 24hr 240 mg (Taztia Xt)	1	MO
diltiazem hcl extended release beads cap er 24hr 300 mg	1	MO
diltiazem hcl extended release beads cap er 24hr 300 mg (Taztia Xt)	1	MO
diltiazem hcl extended release beads cap er 24hr 360 mg	1	MO
diltiazem hcl extended release beads cap er 24hr 360 mg (Taztia Xt)	1	MO
diltiazem hcl extended release beads cap er 24hr 420 mg	1	MO
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	MB	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	MB	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	MB	
diltiazem hcl tab 30 mg	1	MO
diltiazem hcl tab 60 mg	1	MO
diltiazem hcl tab 90 mg	1	MO
diltiazem hcl tab 120 mg	1	MO
DILTIAZEM INJ 100MG	MB	
felodipine tab er 24hr 2.5 mg	1	MO
felodipine tab er 24hr 5 mg	1	MO
felodipine tab er 24hr 10 mg	1	MO
isradipine cap 2.5 mg	1	MO
isradipine cap 5 mg	1	MO
nicardipine hcl cap 20 mg	1	MO
nicardipine hcl cap 30 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
nicardipine hcl iv soln 2.5 mg/ml	MB	
nifedipine tab er 24hr 30 mg	1	MO
nifedipine tab er 24hr 30 mg (Afeditab Cr)	1	MO
nifedipine tab er 24hr 60 mg	1	MO
nifedipine tab er 24hr 60 mg (Afeditab Cr)	1	MO
nifedipine tab er 24hr 90 mg	1	MO
nifedipine tab er 24hr osmotic release 30 mg	1	MO
nifedipine tab er 24hr osmotic release 60 mg	1	MO
nifedipine tab er 24hr osmotic release 90 mg	1	MO
nimodipine cap 30 mg	1	
nisoldipine tab er 24hr 8.5 mg	1	MO
nisoldipine tab er 24hr 17 mg	1	MO
nisoldipine tab er 24hr 20 mg	1	MO
nisoldipine tab er 24hr 25.5 mg	1	MO
nisoldipine tab er 24hr 30 mg	1	MO
nisoldipine tab er 24hr 34 mg	1	MO
nisoldipine tab er 24hr 40 mg	1	MO
verapamil hcl cap er 24hr 100 mg	1	MO
verapamil hcl cap er 24hr 120 mg	1	MO
verapamil hcl cap er 24hr 180 mg	1	MO
verapamil hcl cap er 24hr 200 mg	1	MO
verapamil hcl cap er 24hr 240 mg	1	MO
verapamil hcl cap er 24hr 300 mg	1	MO
verapamil hcl cap er 24hr 360 mg	1	MO
verapamil hcl iv soln 2.5 mg/ml	MB	
verapamil hcl tab 40 mg	1	MO
verapamil hcl tab 80 mg	1	MO
verapamil hcl tab 120 mg	1	MO
verapamil hcl tab er 120 mg	1	MO
verapamil hcl tab er 180 mg	1	MO
verapamil hcl tab er 240 mg	1	MO
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
digoxin inj 0.25 mg/ml	MB	
digoxin oral soln 0.05 mg/ml	1	MO
digoxin tab 125 mcg (0.125 mg)	1	MO
digoxin tab 125 mcg (0.125 mg) (Digox)	1	MO
digoxin tab 250 mcg (0.25 mg)	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
digoxin tab 250 mcg (0.25 mg) (Digox)	1	MO
LANOXIN PED INJ 0.1MG/ML ***(digoxin)***	MB	
LANOXIN TAB 0.0625MG ***(digoxin)***	2	MO
LANOXIN TAB 0.1875MG ***(digoxin)***	2	MO
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
aliskiren fumarate tab 150 mg (base equivalent)	1	MO
aliskiren fumarate tab 300 mg (base equivalent)	1	MO
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide cap er 12hr 500 mg	1	MO
acetazolamide sodium for inj 500 mg	MB	
acetazolamide tab 125 mg	1	MO
acetazolamide tab 250 mg	1	MO
ALDACTAZIDE TAB 50/50 ***(spironolactone & hydrochlorothiazide)***	2	MO
amiloride & hydrochlorothiazide tab 5-50 mg	1	MO
amiloride hcl tab 5 mg	1	MO
bumetanide inj 0.25 mg/ml	MB	
bumetanide tab 0.5 mg	1	MO
bumetanide tab 1 mg	1	MO
bumetanide tab 2 mg	1	MO
chlorothiazide sodium for inj 500 mg	MB	
chlorothiazide tab 250 mg	1	MO
chlorothiazide tab 500 mg	1	MO
chlorthalidone tab 25 mg	1	MO
chlorthalidone tab 50 mg	1	MO
DIURIL SUS 250/5ML ***(chlorothiazide)***	3	MO
ethacrynate sodium for inj 50 mg	MB	
ethacrynic acid tab 25 mg	1	MO
furosemide inj 10 mg/ml	MB	
furosemide oral soln 8 mg/ml	1	MO
furosemide oral soln 10 mg/ml	1	MO
furosemide tab 20 mg	1	MO
furosemide tab 40 mg	1	MO
furosemide tab 80 mg	1	MO
hydrochlorothiazide cap 12.5 mg	1	MO
hydrochlorothiazide tab 12.5 mg	1	MO
hydrochlorothiazide tab 25 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydrochlorothiazide tab 50 mg	1	MO
indapamide tab 1.25 mg	1	MO
indapamide tab 2.5 mg	1	MO
methazolamide tab 25 mg	1	MO
methazolamide tab 50 mg	1	MO
methyclothiazide tab 5 mg	1	MO
metolazone tab 2.5 mg	1	MO
metolazone tab 5 mg	1	MO
metolazone tab 10 mg	1	MO
spironolactone & hydrochlorothiazide tab 25-25 mg	1	MO
spironolactone tab 25 mg	1	MO
spironolactone tab 50 mg	1	MO
spironolactone tab 100 mg	1	MO
torsemide tab 5 mg	1	MO
torsemide tab 10 mg	1	MO
torsemide tab 20 mg	1	MO
torsemide tab 100 mg	1	MO
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	MO
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	MO
triamterene & hydrochlorothiazide tab 75-50 mg	1	MO
triamterene cap 50 mg	1	MO
triamterene cap 100 mg	1	MO
MISCELLANEOUS		
clonidine hcl tab 0.1 mg	1	MO
clonidine hcl tab 0.2 mg	1	MO
clonidine hcl tab 0.3 mg	1	MO
clonidine td patch weekly 0.1 mg/24hr	1	MO
clonidine td patch weekly 0.2 mg/24hr	1	MO
clonidine td patch weekly 0.3 mg/24hr	1	MO
ENTRESTO TAB 24-26MG ***(sacubitril-valsartan)***	2	MO
ENTRESTO TAB 49-51MG ***(sacubitril-valsartan)***	2	MO
ENTRESTO TAB 97-103MG ***(sacubitril-valsartan)***	2	MO
guanfacine hcl tab 1 mg	1	MO
guanfacine hcl tab 2 mg	1	MO
hydralazine hcl inj 20 mg/ml	MB	
hydralazine hcl tab 10 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydralazine hcl tab 25 mg	1	MO
hydralazine hcl tab 50 mg	1	MO
hydralazine hcl tab 100 mg	1	MO
methyldopa tab 250 mg	1	MO
methyldopa tab 500 mg	1	MO
methyldopate hcl inj 250 mg/5ml	MB	
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
minoxidil tab 2.5 mg	1	MO
minoxidil tab 10 mg	1	MO
phenoxybenzamine hcl cap 10 mg	4	
ranolazine tab er 12hr 500 mg	1	ST, MO; PA**
ranolazine tab er 12hr 1000 mg	1	ST, MO; PA**
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
DILATRATE SR CAP 40MG ***(isosorbide dinitrate)***	3	MO
isosorbide dinitrate tab 5 mg	1	MO
isosorbide dinitrate tab 10 mg	1	MO
isosorbide dinitrate tab 20 mg	1	MO
isosorbide dinitrate tab 30 mg	1	MO
isosorbide dinitrate tab 40 mg	1	MO
isosorbide dinitrate tab er 40 mg	1	MO
isosorbide mononitrate tab 10 mg	1	MO
isosorbide mononitrate tab 20 mg	1	MO
isosorbide mononitrate tab er 24hr 30 mg	1	MO
isosorbide mononitrate tab er 24hr 60 mg	1	MO
isosorbide mononitrate tab er 24hr 120 mg	1	MO
NITRO-BID OIN 2% ***(nitroglycerin)***	3	MO
NITRO-DUR DIS 0.3MG/HR ***(nitroglycerin)***	2	MO
NITRO-DUR DIS 0.8MG/HR ***(nitroglycerin)***	2	MO
NITROGLYCER INJ 5MG/ML	MB	
nitroglycerin iv soln 100 mcg/ml in d5w	MB	
nitroglycerin iv soln 200 mcg/ml in d5w	MB	
nitroglycerin iv soln 400 mcg/ml in d5w	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
nitroglycerin sl tab 0.3 mg	1	MO
nitroglycerin sl tab 0.4 mg	1	MO
nitroglycerin sl tab 0.6 mg	1	MO
nitroglycerin td patch 24hr 0.1 mg/hr	1	MO
nitroglycerin td patch 24hr 0.1 mg/hr (Minitran)	1	MO
nitroglycerin td patch 24hr 0.2 mg/hr	1	MO
nitroglycerin td patch 24hr 0.2 mg/hr (Minitran)	1	MO
nitroglycerin td patch 24hr 0.4 mg/hr	1	MO
nitroglycerin td patch 24hr 0.4 mg/hr (Minitran)	1	MO
nitroglycerin td patch 24hr 0.6 mg/hr	1	MO
nitroglycerin td patch 24hr 0.6 mg/hr (Minitran)	1	MO
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	1	MO
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TAB 0.5MG ***(riociguat)***	4	SP, PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1.5MG ***(riociguat)***	4	SP, PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1MG ***(riociguat)***	4	SP, PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2.5MG ***(riociguat)***	4	SP, PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2MG ***(riociguat)***	4	SP, PA, QL (90 tabs / 30 days)
ambrisentan tab 5 mg	4	SP, PA, QL (30 tabs / 30 days)
ambrisentan tab 10 mg	4	SP, PA, QL (30 tabs / 30 days)
bosentan tab 62.5 mg	4	SP, PA, QL (60 tabs / 30 days)
bosentan tab 125 mg	4	SP, PA, QL (60 tabs / 30 days)
epoprostenol sodium for inj 0.5 mg	MB	
epoprostenol sodium for inj 1.5 mg	MB	
OPSUMIT TAB 10MG ***(macitentan)***	4	SP, PA, QL (30 tabs / 30 days)
ORENITRAM TAB 0.25MG ***(treprostinil diolamine)***	4	SP, PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORENITRAM TAB 0.125MG ***(treprostinil diolamine)***	4	SP, PA
ORENITRAM TAB 1MG ***(treprostinil diolamine)***	4	SP, PA
ORENITRAM TAB 2.5MG ***(treprostinil diolamine)***	4	SP, PA
ORENITRAM TAB 5MG ***(treprostinil diolamine)***	4	SP, PA
REMODULIN INJ 1MG/ML ***(treprostinil)***	MB	
REMODULIN INJ 2.5MG/ML ***(treprostinil)***	MB	
REMODULIN INJ 5MG/ML ***(treprostinil)***	MB	
REMODULIN INJ 10MG/ML ***(treprostinil)***	MB	
sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)	MB	
sildenafil citrate tab 20 mg	4	SP, PA, QL (90 tabs / 30 days)
tadalafil tab 20 mg (pah)	4	SP, PA, QL (60 tabs / 30 days)
TRACLEER TAB 32MG ***(bosentan)***	4	SP, PA, QL (112 tabs / 28 days)
TYVASO START SOL 0.6MG/ML ***(treprostinil)***	4	SP, PA, QL (28 ampules / 28 days)
UPTRAVI TAB 200/800 ***(selexipag)***	4	SP, PA, QL (1 pack / 28 days)
UPTRAVI TAB 200MCG ***(selexipag)***	4	SP, PA, QL (140 tabs / 28 days)
UPTRAVI TAB 400MCG ***(selexipag)***	4	SP, PA, QL (60 tabs / 30 days)
UPTRAVI TAB 600MCG ***(selexipag)***	4	SP, PA, QL (60 tabs / 30 days)
UPTRAVI TAB 800MCG ***(selexipag)***	4	SP, PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1000MCG ***(selexipag)***	4	SP, PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1200MCG ***(selexipag)***	4	SP, PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1400MCG ***(selexipag)***	4	SP, PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1600MCG ***(selexipag)***	4	SP, PA, QL (60 tabs / 30 days)
VENTAVIS SOL 10MCG/ML ***(iloprost)***	4	SP, PA, QL (270 ampules / 30 days)
VENTAVIS SOL 20MCG/ML ***(iloprost)***	4	SP, PA, QL (270 ampules / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTIANXIETY - DRUGS TO TREAT ANXIETY

ALPRAZOLAM CON 1 MG/ML ***(alprazolam)***	2	QL (300 mL / 25 days)
alprazolam orally disintegrating tab 0.5 mg	1	QL (150 tabs / 25 days)
alprazolam orally disintegrating tab 0.25 mg	1	QL (150 tabs / 25 days)
alprazolam orally disintegrating tab 1 mg	1	QL (150 tabs / 25 days)
alprazolam orally disintegrating tab 2 mg	1	QL (150 tabs / 25 days)
alprazolam tab 0.5 mg	1	QL (150 tabs / 25 days)
alprazolam tab 0.25 mg	1	QL (150 tabs / 25 days)
alprazolam tab 1 mg	1	QL (150 tabs / 25 days)
alprazolam tab 2 mg	1	QL (150 tabs / 25 days)
lorazepam conc 2 mg/ml	1	QL (150 mL / 25 days)
lorazepam tab 0.5 mg	1	QL (150 tabs / 25 days)
lorazepam tab 1 mg	1	QL (150 tabs / 25 days)
lorazepam tab 2 mg	1	QL (150 tabs / 25 days)
meprobamate tab 200 mg	1	
meprobamate tab 400 mg	1	
oxazepam cap 10 mg	1	QL (120 caps / 25 days)
oxazepam cap 15 mg	1	QL (120 caps / 25 days)
oxazepam cap 30 mg	1	QL (120 caps / 25 days)

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

APTIOM TAB 200MG ***(eslicarbazepine acetate)***	3	PA, MO
APTIOM TAB 400MG ***(eslicarbazepine acetate)***	3	PA, MO
APTIOM TAB 600MG ***(eslicarbazepine acetate)***	3	PA, MO
APTIOM TAB 800MG ***(eslicarbazepine acetate)***	3	PA, MO
carbamazepine cap er 12hr 100 mg	1	MO
carbamazepine cap er 12hr 200 mg	1	MO
carbamazepine cap er 12hr 300 mg	1	MO
carbamazepine chew tab 100 mg	1	MO
carbamazepine susp 100 mg/5ml	1	MO
carbamazepine tab 200 mg	1	MO
carbamazepine tab 200 mg (Epitol)	1	MO
carbamazepine tab er 12hr 100 mg	1	MO
carbamazepine tab er 12hr 200 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
carbamazepine tab er 12hr 400 mg	1	MO
CELONTIN CAP 300MG ***(methsuximide)***	3	MO
clobazam suspension 2.5 mg/ml	1	PA, MO
clobazam tab 10 mg	1	PA, MO
clobazam tab 20 mg	1	PA, MO
clonazepam tab 0.5 mg	1	
clonazepam tab 1 mg	1	
clonazepam tab 2 mg	1	
clorazepate dipotassium tab 3.75 mg	1	QL (180 tabs / 25 days)
clorazepate dipotassium tab 7.5 mg	1	QL (180 tabs / 25 days)
clorazepate dipotassium tab 15 mg	1	QL (180 tabs / 25 days)
diazepam conc 5 mg/ml (Diazepam Intensol)	1	QL (240 mL / 25 days)
diazepam inj 5 mg/ml	MB	
diazepam oral soln 1 mg/ml	1	QL (1200 mL / 25 days)
diazepam tab 2 mg	1	QL (120 tabs / 25 days)
diazepam tab 5 mg	1	QL (120 tabs / 25 days)
diazepam tab 10 mg	1	QL (120 tabs / 25 days)
DILANTIN CAP 30MG ***(phenytoin sodium extended)***	3	MO
divalproex sodium cap delayed release sprinkle 125 mg	1	MO
divalproex sodium tab delayed release 125 mg	1	MO
divalproex sodium tab delayed release 250 mg	1	MO
divalproex sodium tab delayed release 500 mg	1	MO
divalproex sodium tab er 24 hr 250 mg	1	MO
divalproex sodium tab er 24 hr 500 mg	1	MO
ethosuximide cap 250 mg	1	MO
ethosuximide soln 250 mg/5ml	1	MO
felbamate susp 600 mg/5ml	1	MO
felbamate tab 400 mg	1	MO
felbamate tab 600 mg	1	MO
fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)	MB	
fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)	MB	
FYCOMPA SUS 0.5MG/ML ***(perampanel)***	2	MO
FYCOMPA TAB 2MG ***(perampanel)***	2	MO
FYCOMPA TAB 4MG ***(perampanel)***	2	MO
FYCOMPA TAB 6MG ***(perampanel)***	2	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FYCOMPA TAB 8MG ***(perampanel)***	2	MO
FYCOMPA TAB 10MG ***(perampanel)***	2	MO
FYCOMPA TAB 12MG ***(perampanel)***	2	MO
gabapentin cap 100 mg	1	MO
gabapentin cap 300 mg	1	MO
gabapentin cap 400 mg	1	MO
gabapentin oral soln 250 mg/5ml	1	MO
gabapentin tab 600 mg	1	MO
gabapentin tab 800 mg	1	MO
lamotrigine orally disintegrating tab 25 mg	1	MO
lamotrigine orally disintegrating tab 50 mg	1	MO
lamotrigine orally disintegrating tab 100 mg	1	MO
lamotrigine orally disintegrating tab 200 mg	1	MO
lamotrigine tab 25 mg	1	MO
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 35 x 25 mg starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab 100 mg	1	MO
lamotrigine tab 150 mg	1	MO
lamotrigine tab 200 mg	1	MO
lamotrigine tab chewable dispersible 5 mg	1	MO
lamotrigine tab chewable dispersible 25 mg	1	MO
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 in sodium chloride iv soln 500 mg/100ml	MB	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	MB	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levetiracetam inj 500 mg/5ml (100 mg/ml)	MB	
levetiracetam oral soln 100 mg/ml	1	MO
levetiracetam tab 250 mg	1	MO
levetiracetam tab 500 mg	1	MO
levetiracetam tab 750 mg	1	MO
levetiracetam tab 1000 mg	1	MO
levetiracetam tab er 24hr 500 mg	1	MO
levetiracetam tab er 24hr 750 mg	1	MO
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	MO
oxcarbazepine tab 150 mg	1	MO
oxcarbazepine tab 300 mg	1	MO
oxcarbazepine tab 600 mg	1	MO
PEGANONE TAB 250MG ***(ethotoin)***	3	MO
phenobarbital elixir 20 mg/5ml	1	MO
phenobarbital tab 15 mg	1	MO
phenobarbital tab 16.2 mg	1	MO
phenobarbital tab 30 mg	1	MO
phenobarbital tab 32.4 mg	1	MO
phenobarbital tab 60 mg	1	MO
phenobarbital tab 64.8 mg	1	MO
phenobarbital tab 97.2 mg	1	MO
phenobarbital tab 100 mg	1	MO
phenytoin chew tab 50 mg	1	MO
phenytoin sodium extended cap 100 mg	1	MO
phenytoin sodium extended cap 200 mg	1	MO
phenytoin sodium extended cap 300 mg	1	MO
phenytoin sodium inj 50 mg/ml	MB	
phenytoin susp 125 mg/5ml	1	MO
pregabalin cap 25 mg	1	ST, MO; PA**
pregabalin cap 50 mg	1	ST, MO; PA**
pregabalin cap 75 mg	1	ST, MO; PA**
pregabalin cap 100 mg	1	ST, MO; PA**
pregabalin cap 150 mg	1	ST, MO; PA**
pregabalin cap 200 mg	1	ST, MO; PA**
pregabalin cap 225 mg	1	ST, MO; PA**
pregabalin cap 300 mg	1	ST, MO; PA**
pregabalin soln 20 mg/ml	1	ST, MO; PA**
primidone tab 50 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
primidone tab 250 mg	1	MO
tiagabine hcl tab 2 mg	1	MO
tiagabine hcl tab 4 mg	1	MO
tiagabine hcl tab 12 mg	1	MO
tiagabine hcl tab 16 mg	1	MO
topiramate sprinkle cap 15 mg	1	MO
topiramate sprinkle cap 25 mg	1	MO
topiramate tab 25 mg	1	MO
topiramate tab 50 mg	1	MO
topiramate tab 100 mg	1	MO
topiramate tab 200 mg	1	MO
valproate sodium inj 100 mg/ml	MB	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	MO
valproic acid cap 250 mg	1	MO
vigabatrin powd pack 500 mg	4	SP, PA, QL (180 packets / 30 days)
vigabatrin tab 500 mg	4	SP, PA, QL (180 tabs / 30 days)
VIMPAT INJ 200MG/20 ***(lacosamide)***	MB	
VIMPAT SOL 10MG/ML ***(lacosamide)***	3	MO
VIMPAT TAB 50MG ***(lacosamide)***	3	MO
VIMPAT TAB 100MG ***(lacosamide)***	3	MO
VIMPAT TAB 150MG ***(lacosamide)***	3	MO
VIMPAT TAB 200MG ***(lacosamide)***	3	MO
zonisamide cap 25 mg	1	MO
zonisamide cap 50 mg	1	MO
zonisamide cap 100 mg	1	MO
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride orally disintegrating tab 5 mg	1	MO
donepezil hydrochloride orally disintegrating tab 10 mg	1	MO
donepezil hydrochloride tab 5 mg	1	MO
donepezil hydrochloride tab 10 mg	1	MO
donepezil hydrochloride tab 23 mg	1	MO
ergoloid mesylates tab 1 mg	1	MO
galantamine hydrobromide cap er 24hr 8 mg	1	MO
galantamine hydrobromide cap er 24hr 16 mg	1	MO
galantamine hydrobromide cap er 24hr 24 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
galantamine hydrobromide oral soln 4 mg/ml	1	MO
galantamine hydrobromide tab 4 mg	1	MO
galantamine hydrobromide tab 8 mg	1	MO
galantamine hydrobromide tab 12 mg	1	MO
memantine hcl cap er 24hr 7 mg	1	PA, MO; PA applies for members less than 30 years of age
memantine hcl cap er 24hr 14 mg	1	PA, MO; PA applies for members less than 30 years of age
memantine hcl cap er 24hr 21 mg	1	PA, MO; PA applies for members less than 30 years of age
memantine hcl cap er 24hr 28 mg	1	PA, MO; PA applies for members less than 30 years of age
memantine hcl oral solution 2 mg/ml	1	PA, MO; PA applies for members less than 30 years of age
memantine hcl tab 5 mg	1	PA, MO; PA applies for members less than 30 years of age
memantine hcl tab 10 mg	1	PA, MO; PA applies for members less than 30 years of age
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP TITRATIO ***(memantine hcl)***	2	PA; PA applies for members less than 30 years of age
rivastigmine tartrate cap 1.5 mg (base equivalent)	1	PA, MO
rivastigmine tartrate cap 3 mg (base equivalent)	1	PA, MO
rivastigmine tartrate cap 4.5 mg (base equivalent)	1	PA, MO
rivastigmine tartrate cap 6 mg (base equivalent)	1	PA, MO
rivastigmine td patch 24hr 4.6 mg/24hr	1	PA, MO
rivastigmine td patch 24hr 9.5 mg/24hr	1	PA, MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
rivastigmine td patch 24hr 13.3 mg/24hr	1	PA, MO
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl tab 10 mg	1	QL (150 tabs / 25 days), MO; QL applies to members age 65 and older
amitriptyline hcl tab 25 mg	1	QL (60 tabs / 25 days), MO; QL applies to members age 65 and older
amitriptyline hcl tab 50 mg	1	QL (30 tabs / 25 days), MO; QL applies to members age 65 and older
amitriptyline hcl tab 75 mg	1	PA, MO; Members 70 and older subject to PA
amitriptyline hcl tab 100 mg	1	PA, MO; Members 70 and older subject to PA
amitriptyline hcl tab 150 mg	1	PA, MO; Members 70 and older subject to PA
amoxapine tab 25 mg	1	QL (90 tabs / 25 days), MO; QL applies to members age 65 and older
amoxapine tab 50 mg	1	QL (90 tabs / 25 days), MO; QL applies to members age 65 and older
amoxapine tab 100 mg	1	QL (90 tabs / 25 days), MO; QL applies to members age 65 and older
amoxapine tab 150 mg	1	QL (60 tabs / 25 days), MO; QL applies to members age 65 and older
bupropion hcl tab 75 mg	1	MO
bupropion hcl tab 100 mg	1	MO
bupropion hcl tab er 12hr 100 mg	1	MO
bupropion hcl tab er 12hr 150 mg	1	MO
bupropion hcl tab er 12hr 200 mg	1	MO
bupropion hcl tab er 24hr 150 mg	1	MO
bupropion hcl tab er 24hr 300 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
desipramine hcl tab 10 mg	1	QL (90 tabs / 25 days), MO; QL applies to members age 65 and older
desipramine hcl tab 25 mg	1	QL (90 tabs / 25 days), MO; QL applies to members age 65 and older
desipramine hcl tab 50 mg	1	QL (90 tabs / 25 days), MO; QL applies to members age 65 and older
desipramine hcl tab 75 mg	1	QL (60 tabs / 25 days), MO; QL applies to members age 65 and older
desipramine hcl tab 100 mg	1	QL (30 tabs / 25 days), MO; QL applies to members age 65 and older
desipramine hcl tab 150 mg	1	QL (30 tabs / 25 days), MO; QL applies to members age 65 and older
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	1	ST, MO; (generic of Pristiq) PA**
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	1	ST, MO; (generic of Pristiq) PA**
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	ST, MO; (generic of Pristiq) PA**
doxepin hcl cap 10 mg	1	QL (90 caps / 25 days), MO; QL applies to members age 65 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
doxepin hcl cap 25 mg	1	QL (90 caps / 25 days), MO; QL applies to members age 65 and older
doxepin hcl cap 50 mg	1	QL (90 caps / 25 days), MO; QL applies to members age 65 and older
doxepin hcl cap 75 mg	1	QL (60 caps / 25 days), MO; QL applies to members age 65 and older
doxepin hcl cap 100 mg	1	QL (30 caps / 25 days), MO; QL applies to members age 65 and older
doxepin hcl cap 150 mg	1	QL (30 caps / 25 days), MO; QL applies to members age 65 and older
doxepin hcl conc 10 mg/ml	1	QL (450 mL / 25 days), MO; QL applies to members age 65 and older
duloxetine hcl cap 20 mg	1	MO
duloxetine hcl cap 30 mg	1	MO
duloxetine hcl cap 60 mg	1	MO
EMSAM DIS 6MG/24HR ***(selegiline)***	3	PA, MO
EMSAM DIS 9MG/24HR ***(selegiline)***	3	PA, MO
EMSAM DIS 12MG/24H ***(selegiline)***	3	PA, 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
FETZIMA CAP 20MG ***(levomilnacipran hcl)***	3	ST, MO; PA**
FETZIMA CAP 40MG ***(levomilnacipran hcl)***	3	ST, MO; PA**
FETZIMA CAP 80MG ***(levomilnacipran hcl)***	3	ST, MO; PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FETZIMA CAP 120MG ***(levomilnacipran hcl)***	3	ST, MO; PA**
FETZIMA CAP TITRATIO ***(levomilnacipran hcl)***	3	ST; PA**
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; (generic Sarafem not covered)
fluoxetine hcl tab 20 mg	1	MO; (generic Sarafem not covered)
imipramine hcl tab 10 mg	1	QL (120 tabs / 25 days), MO; QL applies to members age 65 and older
imipramine hcl tab 25 mg	1	QL (120 tabs / 25 days), MO; QL applies to members age 65 and older
imipramine hcl tab 50 mg	1	QL (60 tabs / 25 days), MO; QL applies to members age 65 and older
imipramine pamoate cap 75 mg	1	QL (30 caps / 25 days), MO; QL applies to members age 65 and older
imipramine pamoate cap 100 mg	1	QL (30 caps / 25 days), MO; QL applies to members age 65 and older
imipramine pamoate cap 125 mg	1	PA, MO; Members 70 and older subject to PA
imipramine pamoate cap 150 mg	1	PA, MO; Members 70 and older subject to PA
maprotiline hcl tab 25 mg	1	MO
maprotiline hcl tab 50 mg	1	MO
maprotiline hcl tab 75 mg	1	MO
MARPLAN TAB 10MG ***(isocarboxazid)***	3	MO
mirtazapine orally disintegrating tab 15 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
mirtazapine orally disintegrating tab 30 mg	1	MO
mirtazapine orally disintegrating tab 45 mg	1	MO
mirtazapine tab 7.5 mg	1	MO
mirtazapine tab 15 mg	1	MO
mirtazapine tab 30 mg	1	MO
mirtazapine tab 45 mg	1	MO
nefazodone hcl tab 50 mg	1	MO
nefazodone hcl tab 100 mg	1	MO
nefazodone hcl tab 150 mg	1	MO
nefazodone hcl tab 200 mg	1	MO
nefazodone hcl tab 250 mg	1	MO
nortriptyline hcl cap 10 mg	1	QL (150 caps / 25 days), MO; QL applies to members age 65 and older
nortriptyline hcl cap 25 mg	1	QL (60 caps / 25 days), MO; QL applies to members age 65 and older
nortriptyline hcl cap 50 mg	1	QL (30 caps / 25 days), MO; QL applies to members age 65 and older
nortriptyline hcl cap 75 mg	1	PA, MO; Members 70 and older subject to PA
nortriptyline hcl soln 10 mg/5ml	1	QL (750 mL / 25 days), MO; QL applies to members age 65 and older
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
paroxetine hcl tab er 24hr 12.5 mg	1	MO
paroxetine hcl tab er 24hr 25 mg	1	MO
paroxetine hcl tab er 24hr 37.5 mg	1	MO
phenelzine sulfate tab 15 mg	1	MO
protriptyline hcl tab 5 mg	1	QL (90 tabs / 25 days), MO; QL applies to members age 65 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
protriptyline hcl tab 10 mg	1	QL (60 tabs / 25 days), MO; QL applies to members age 65 and older
sertraline hcl oral concentrate for solution 20 mg/ml	1	MO
sertraline hcl tab 25 mg	1	MO
sertraline hcl tab 50 mg	1	MO
sertraline hcl tab 100 mg	1	MO
tranylcypromine sulfate tab 10 mg	1	MO
trazodone hcl tab 50 mg	1	MO
trazodone hcl tab 100 mg	1	MO
trazodone hcl tab 150 mg	1	MO
trazodone hcl tab 300 mg	1	MO
trimipramine maleate cap 25 mg	1	QL (60 caps / 25 days), MO; QL applies to members age 65 and older
trimipramine maleate cap 50 mg	1	QL (60 caps / 25 days), MO; QL applies to members age 65 and older
trimipramine maleate cap 100 mg	1	QL (30 caps / 25 days), MO; QL applies to members age 65 and older
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	MO
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	MO
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	MO
venlafaxine hcl tab 25 mg (base equivalent)	1	MO
venlafaxine hcl tab 37.5 mg (base equivalent)	1	MO
venlafaxine hcl tab 50 mg (base equivalent)	1	MO
venlafaxine hcl tab 75 mg (base equivalent)	1	MO
venlafaxine hcl tab 100 mg (base equivalent)	1	MO
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	1	MO
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	1	MO
VIIBRYD KIT STARTER ***(vilazodone hcl)***	3	ST; PA**
VIIBRYD TAB 10MG ***(vilazodone hcl)***	3	ST, MO; PA**
VIIBRYD TAB 20MG ***(vilazodone hcl)***	3	ST, MO; PA**
VIIBRYD TAB 40MG ***(vilazodone hcl)***	3	ST, MO; PA**
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl cap 100 mg	1	MO
amantadine hcl syrup 50 mg/5ml	1	MO
amantadine hcl tab 100 mg	1	MO
APOKYN INJ 10MG/ML ***(apomorphine hydrochloride)***	MB	
benztropine mesylate inj 1 mg/ml	MB	
benztropine mesylate tab 0.5 mg	1	MO
benztropine mesylate tab 1 mg	1	MO
benztropine mesylate tab 2 mg	1	MO
bromocriptine mesylate cap 5 mg (base equivalent)	1	MO
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	MO
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	MO
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	MO
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	MO
carbidopa & levodopa tab 10-100 mg	1	MO
carbidopa & levodopa tab 25-100 mg	1	MO
carbidopa & levodopa tab 25-250 mg	1	MO
carbidopa & levodopa tab er 25-100 mg	1	MO
carbidopa & levodopa tab er 50-200 mg	1	MO
carbidopa tab 25 mg	1	MO
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	MO
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	MO
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	MO
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	MO
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	MO
entacapone tab 200 mg	1	MO
NEUPRO DIS 1MG/24HR ***(rotigotine)***	2	MO
NEUPRO DIS 2MG/24HR ***(rotigotine)***	2	MO
NEUPRO DIS 3MG/24HR ***(rotigotine)***	2	MO
NEUPRO DIS 4MG/24HR ***(rotigotine)***	2	MO
NEUPRO DIS 6MG/24HR ***(rotigotine)***	2	MO
NEUPRO DIS 8MG/24HR ***(rotigotine)***	2	MO
pramipexole dihydrochloride tab 0.5 mg	1	MO
pramipexole dihydrochloride tab 0.25 mg	1	MO
pramipexole dihydrochloride tab 0.75 mg	1	MO
pramipexole dihydrochloride tab 0.125 mg	1	MO
pramipexole dihydrochloride tab 1 mg	1	MO
pramipexole dihydrochloride tab 1.5 mg	1	MO
pramipexole dihydrochloride tab er 24hr 0.75 mg	1	MO
pramipexole dihydrochloride tab er 24hr 0.375 mg	1	MO
pramipexole dihydrochloride tab er 24hr 1.5 mg	1	MO
pramipexole dihydrochloride tab er 24hr 2.25 mg	1	MO
pramipexole dihydrochloride tab er 24hr 3 mg	1	MO
pramipexole dihydrochloride tab er 24hr 3.75 mg	1	MO
pramipexole dihydrochloride tab er 24hr 4.5 mg	1	MO
rasagiline mesylate tab 0.5 mg (base equiv)	1	MO
rasagiline mesylate tab 1 mg (base equiv)	1	MO
ropinirole hydrochloride tab 0.5 mg	1	MO
ropinirole hydrochloride tab 0.25 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ropinirole hydrochloride tab 1 mg	1	MO
ropinirole hydrochloride tab 2 mg	1	MO
ropinirole hydrochloride tab 3 mg	1	MO
ropinirole hydrochloride tab 4 mg	1	MO
ropinirole hydrochloride tab 5 mg	1	MO
selegiline hcl cap 5 mg	1	MO
selegiline hcl tab 5 mg	1	MO
tolcapone tab 100 mg	1	MO
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	MO
trihexyphenidyl hcl tab 2 mg	1	MO
trihexyphenidyl hcl tab 5 mg	1	MO
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
aripiprazole oral solution 1 mg/ml	1	MO
aripiprazole orally disintegrating tab 10 mg	1	MO
aripiprazole orally disintegrating tab 15 mg	1	MO
aripiprazole tab 2 mg	1	MO
aripiprazole tab 5 mg	1	MO
aripiprazole tab 10 mg	1	MO
aripiprazole tab 15 mg	1	MO
aripiprazole tab 20 mg	1	MO
aripiprazole tab 30 mg	1	MO
ARISTADA INJ 441MG/1. ***(aripiprazole lauroxil)***	MB	
ARISTADA INJ 662MG/2 ***(aripiprazole lauroxil)***	MB	
ARISTADA INJ 882MG/3 ***(aripiprazole lauroxil)***	MB	
ARISTADA INJ 1064MG ***(aripiprazole lauroxil)***	MB	
ARISTADA INJ INITIO ***(aripiprazole lauroxil)***	MB	
CHLORPROMAZINE HCL INJ 25 MG/ML	MB	
CHLORPROMAZINE HCL INJ 50 MG/2ML	MB	
chlorpromazine hcl tab 10 mg	1	MO
chlorpromazine hcl tab 25 mg	1	MO
chlorpromazine hcl tab 50 mg	1	MO
chlorpromazine hcl tab 100 mg	1	MO
chlorpromazine hcl tab 200 mg	1	MO
clozapine orally disintegrating tab 12.5 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
clozapine orally disintegrating tab 25 mg	1	
clozapine orally disintegrating tab 100 mg	1	
clozapine orally disintegrating tab 150 mg	1	
clozapine orally disintegrating tab 200 mg	1	
clozapine tab 25 mg	1	
clozapine tab 50 mg	1	
clozapine tab 100 mg	1	
clozapine tab 200 mg	1	
fluphenazine decanoate inj 25 mg/ml	MB	
fluphenazine hcl elixir 2.5 mg/5ml	1	MO
fluphenazine hcl inj 2.5 mg/ml	MB	
fluphenazine hcl oral conc 5 mg/ml	1	MO
fluphenazine hcl tab 1 mg	1	MO
fluphenazine hcl tab 2.5 mg	1	MO
fluphenazine hcl tab 5 mg	1	MO
fluphenazine hcl tab 10 mg	1	MO
haloperidol decanoate im soln 50 mg/ml	MB	
haloperidol decanoate im soln 100 mg/ml	MB	
haloperidol lactate inj 5 mg/ml	MB	
haloperidol lactate oral conc 2 mg/ml	1	MO
haloperidol tab 0.5 mg	1	MO
haloperidol tab 1 mg	1	MO
haloperidol tab 2 mg	1	MO
haloperidol tab 5 mg	1	MO
haloperidol tab 10 mg	1	MO
haloperidol tab 20 mg	1	MO
LATUDA TAB 20MG ***(lurasidone hcl)***	2	ST, MO; PA**
LATUDA TAB 40MG ***(lurasidone hcl)***	2	ST, MO; PA**
LATUDA TAB 60MG ***(lurasidone hcl)***	2	ST, MO; PA**
LATUDA TAB 80MG ***(lurasidone hcl)***	2	ST, MO; PA**
LATUDA TAB 120MG ***(lurasidone hcl)***	2	ST, MO; PA**
loxapine succinate cap 5 mg	1	MO
loxapine succinate cap 10 mg	1	MO
loxapine succinate cap 25 mg	1	MO
loxapine succinate cap 50 mg	1	MO
NUPLAZID TAB 17MG ***(pimavanserin tartrate)***	4	SP, PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
olanzapine for im inj 10 mg	MB	
olanzapine orally disintegrating tab 5 mg	1	MO
olanzapine orally disintegrating tab 10 mg	1	MO
olanzapine orally disintegrating tab 15 mg	1	MO
olanzapine orally disintegrating tab 20 mg	1	MO
olanzapine tab 2.5 mg	1	MO
olanzapine tab 5 mg	1	MO
olanzapine tab 7.5 mg	1	MO
olanzapine tab 10 mg	1	MO
olanzapine tab 15 mg	1	MO
olanzapine tab 20 mg	1	MO
paliperidone tab er 24hr 1.5 mg	1	MO
paliperidone tab er 24hr 3 mg	1	MO
paliperidone tab er 24hr 6 mg	1	MO
paliperidone tab er 24hr 9 mg	1	MO
perphenazine tab 2 mg	1	MO
perphenazine tab 4 mg	1	MO
perphenazine tab 8 mg	1	MO
perphenazine tab 16 mg	1	MO
quetiapine fumarate tab 25 mg	1	MO
quetiapine fumarate tab 50 mg	1	MO
quetiapine fumarate tab 100 mg	1	MO
quetiapine fumarate tab 200 mg	1	MO
quetiapine fumarate tab 300 mg	1	MO
quetiapine fumarate tab 400 mg	1	MO
quetiapine fumarate tab er 24hr 50 mg	1	MO
quetiapine fumarate tab er 24hr 150 mg	1	MO
quetiapine fumarate tab er 24hr 200 mg	1	MO
quetiapine fumarate tab er 24hr 300 mg	1	MO
quetiapine fumarate tab er 24hr 400 mg	1	MO
REXULTI TAB 0.5MG ***(brexpiprazole)***	3	ST, MO; PA**
REXULTI TAB 0.25MG ***(brexpiprazole)***	3	ST, MO; PA**
REXULTI TAB 1MG ***(brexpiprazole)***	3	ST, MO; PA**
REXULTI TAB 2MG ***(brexpiprazole)***	3	ST, MO; PA**
REXULTI TAB 3MG ***(brexpiprazole)***	3	ST, MO; PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
REXULTI TAB 4MG ***(brexpiprazole)***	3	ST, MO; PA**
risperidone orally disintegrating tab 0.5 mg	1	MO
risperidone orally disintegrating tab 0.25 mg	1	MO
risperidone orally disintegrating tab 1 mg	1	MO
risperidone orally disintegrating tab 2 mg	1	MO
risperidone orally disintegrating tab 3 mg	1	MO
risperidone orally disintegrating tab 4 mg	1	MO
risperidone soln 1 mg/ml	1	MO
risperidone tab 0.5 mg	1	MO
risperidone tab 0.25 mg	1	MO
risperidone tab 1 mg	1	MO
risperidone tab 2 mg	1	MO
risperidone tab 3 mg	1	MO
risperidone tab 4 mg	1	MO
SAPHRIS SUB 2.5MG ***(asenapine maleate)***	3	ST, MO; PA**
SAPHRIS SUB 5MG ***(asenapine maleate)***	3	ST, MO; PA**
SAPHRIS SUB 10MG ***(asenapine maleate)***	3	ST, MO; PA**
thioridazine hcl tab 10 mg	1	MO
thioridazine hcl tab 25 mg	1	MO
thioridazine hcl tab 50 mg	1	MO
thioridazine hcl tab 100 mg	1	MO
thiothixene cap 1 mg	1	MO
thiothixene cap 2 mg	1	MO
thiothixene cap 5 mg	1	MO
thiothixene cap 10 mg	1	MO
trifluoperazine hcl tab 1 mg (base equivalent)	1	MO
trifluoperazine hcl tab 2 mg (base equivalent)	1	MO
trifluoperazine hcl tab 5 mg (base equivalent)	1	MO
trifluoperazine hcl tab 10 mg (base equivalent)	1	MO
ziprasidone hcl cap 20 mg	1	MO
ziprasidone hcl cap 40 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ziprasidone hcl cap 60 mg	1	MO
ziprasidone hcl cap 80 mg	1	MO
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (90 caps / 25 days), MO
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (90 caps / 25 days), MO
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (30 caps / 25 days), MO
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (30 caps / 25 days), MO
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps / 25 days), MO
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps / 25 days), MO
amphetamine-dextroamphetamine tab 5 mg	1	QL (90 tabs / 25 days), MO
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (90 tabs / 25 days), MO
amphetamine-dextroamphetamine tab 10 mg	1	QL (90 tabs / 25 days), MO
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (90 tabs / 25 days), MO
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / 25 days), MO
amphetamine-dextroamphetamine tab 20 mg	1	QL (60 tabs / 25 days), MO
amphetamine-dextroamphetamine tab 30 mg	1	QL (30 tabs / 25 days), MO
atomoxetine hcl cap 10 mg (base equiv)	1	MO
atomoxetine hcl cap 18 mg (base equiv)	1	MO
atomoxetine hcl cap 25 mg (base equiv)	1	MO
atomoxetine hcl cap 40 mg (base equiv)	1	MO
atomoxetine hcl cap 60 mg (base equiv)	1	MO
atomoxetine hcl cap 80 mg (base equiv)	1	MO
atomoxetine hcl cap 100 mg (base equiv)	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 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
dexmethylphenidate hcl cap er 24 hr 25 mg	1	PA, QL (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
dexmethylphenidate hcl cap er 24 hr 30 mg	1	PA, QL (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
dexmethylphenidate hcl cap er 24 hr 35 mg	1	PA, QL (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
dexmethylphenidate hcl cap er 24 hr 40 mg	1	PA, QL (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
dexmethylphenidate hcl tab 2.5 mg	1	PA, QL (120 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
dexmethylphenidate hcl tab 5 mg	1	PA, QL (120 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
dexmethylphenidate hcl tab 10 mg	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
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (120 caps / 25 days), MO
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (120 caps / 25 days), MO
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (60 caps / 25 days), MO
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (1,200 mL / 25 days), MO
dextroamphetamine sulfate tab 2.5 mg (Zenzedi)	1	QL (120 tabs / 25 days), MO
dextroamphetamine sulfate tab 5 mg	1	QL (120 tabs / 25 days), MO
dextroamphetamine sulfate tab 7.5 mg (Zenzedi)	1	QL (120 tabs / 25 days), MO
dextroamphetamine sulfate tab 10 mg	1	QL (120 tabs / 25 days), MO
dextroamphetamine sulfate tab 15 mg (Zenzedi)	1	QL (60 tabs / 25 days), MO
dextroamphetamine sulfate tab 20 mg (Zenzedi)	1	QL (60 tabs / 25 days), MO
dextroamphetamine sulfate tab 30 mg (Zenzedi)	1	QL (30 tabs / 25 days), MO
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	ST, MO; PA**
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	ST, MO; PA**
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	ST, MO; PA**
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	ST, MO; PA**
methamphetamine hcl tab 5 mg	1	QL (150 tabs / 25 days), MO
methylphenidate hcl cap er 10 mg (cd)	1	PA, QL (60 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl cap er 20 mg (cd)	1	PA, QL (60 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl cap er 24hr 20 mg (la)	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
methylphenidate hcl cap er 24hr 30 mg (la)	1	PA, QL (60 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl cap er 24hr 40 mg (la)	1	PA, QL (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl cap er 24hr 60 mg (la)	1	PA, QL (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl cap er 30 mg (cd)	1	PA, QL (60 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl cap er 40 mg (cd)	1	PA, QL (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl cap er 50 mg (cd)	1	PA, QL (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl cap er 60 mg (cd)	1	PA, QL (30 caps / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl chew tab 2.5 mg	1	PA, QL (180 chew tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl chew tab 5 mg	1	PA, QL (180 chew tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl chew tab 10 mg	1	PA, QL (180 chew tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl soln 5 mg/5ml	1	PA, QL (1800 mL / 25 days), MO; PA Required for Age greater than or equal to age 19

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
methylphenidate hcl soln 10 mg/5ml	1	PA, QL (900 mL / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl tab 5 mg	1	PA, QL (180 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl tab 10 mg	1	PA, QL (180 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl tab 20 mg	1	PA, QL (90 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl tab er 10 mg	1	PA, QL (90 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl tab er 20 mg	1	PA, QL (90 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl tab er 24hr 18 mg	1	PA, QL (60 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl tab er 24hr 27 mg	1	PA, QL (60 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl tab er 24hr 36 mg	1	PA, QL (60 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl tab er 24hr 54 mg	1	PA, QL (30 tabs / 25 days), MO; PA Required for Age greater than or equal to age 19
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	QL (60 tabs / 25 days), MO
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	QL (60 tabs / 25 days), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	QL (60 tabs / 25 days), MO
methylphenidate hcl tab er osmotic release (osm) 54 mg	1	QL (30 tabs / 25 days), MO
VYVANSE CAP 10MG ***(lisdexamfetamine dimesylate)***	2	QL (60 caps / 25 days), MO
VYVANSE CAP 20MG ***(lisdexamfetamine dimesylate)***	2	QL (60 caps / 25 days), MO
VYVANSE CAP 30MG ***(lisdexamfetamine dimesylate)***	2	QL (60 caps / 25 days), MO
VYVANSE CAP 40MG ***(lisdexamfetamine dimesylate)***	2	QL (30 caps / 25 days), MO
VYVANSE CAP 50MG ***(lisdexamfetamine dimesylate)***	2	QL (30 caps / 25 days), MO
VYVANSE CAP 60MG ***(lisdexamfetamine dimesylate)***	2	QL (30 caps / 25 days), MO
VYVANSE CAP 70MG ***(lisdexamfetamine dimesylate)***	2	QL (30 caps / 25 days), MO
VYVANSE CHW 10MG ***(lisdexamfetamine dimesylate)***	2	QL (60 tabs / 25 days), MO
VYVANSE CHW 20MG ***(lisdexamfetamine dimesylate)***	2	QL (60 tabs / 25 days), MO
VYVANSE CHW 30MG ***(lisdexamfetamine dimesylate)***	2	QL (60 tabs / 25 days), MO
VYVANSE CHW 40MG ***(lisdexamfetamine dimesylate)***	2	QL (30 tabs / 25 days), MO
VYVANSE CHW 50MG ***(lisdexamfetamine dimesylate)***	2	QL (30 tabs / 25 days), MO
VYVANSE CHW 60MG ***(lisdexamfetamine dimesylate)***	2	QL (30 tabs / 25 days), MO
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
BELSOMRA TAB 5MG ***(suvorexant)***	2	ST; PA**
BELSOMRA TAB 10MG ***(suvorexant)***	2	ST; PA**
BELSOMRA TAB 15MG ***(suvorexant)***	2	ST; PA**
BELSOMRA TAB 20MG ***(suvorexant)***	2	ST; PA**
doxylamine succinate (sleep) tab 25 mg (Cvs Sleep-aid Nighttime)	1	
eszopiclone tab 1 mg	1	QL (15 tabs / 25 days)
eszopiclone tab 2 mg	1	QL (15 tabs / 25 days)
eszopiclone tab 3 mg	1	QL (15 tabs / 25 days)
HETLIOZ CAP 20MG ***(tasimelteon)***	4	PA, QL (30 caps / 30 days), MO
ramelteon tab 8 mg	1	QL (15 tabs / 25 days)
temazepam cap 7.5 mg	1	QL (15 caps / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
temazepam cap 15 mg	1	QL (15 caps / 25 days)
temazepam cap 22.5 mg	1	QL (15 caps / 25 days)
temazepam cap 30 mg	1	QL (15 caps / 25 days)
zaleplon cap 5 mg	1	QL (15 caps / 25 days)
zaleplon cap 10 mg	1	QL (15 caps / 25 days)
zolpidem tartrate tab 5 mg	1	QL (15 tabs / 25 days)
zolpidem tartrate tab 10 mg	1	QL (15 tabs / 25 days)
zolpidem tartrate tab er 6.25 mg	1	QL (15 tabs / 25 days)
zolpidem tartrate tab er 12.5 mg	1	QL (15 tabs / 25 days)
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
almotriptan malate tab 6.25 mg	1	QL (12 tabs / 25 days)
almotriptan malate tab 12.5 mg	1	QL (12 tabs / 25 days)
dihydroergotamine mesylate inj 1 mg/ml	MB	
eletriptan hydrobromide tab 20 mg (base equivalent)	1	QL (12 tabs / 25 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	1	QL (12 tabs / 25 days)
ergotamine w/ caffeine tab 1-100 mg	3	
frovatriptan succinate tab 2.5 mg (base equivalent)	1	QL (18 tabs / 25 days)
naratriptan hcl tab 1 mg (base equiv)	1	QL (12 tabs / 25 days)
naratriptan hcl tab 2.5 mg (base equiv)	1	QL (12 tabs / 25 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (18 tabs / 25 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL (18 tabs / 25 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (18 tabs / 25 days)
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL (18 tabs / 25 days)
sumatriptan nasal spray 5 mg/act	1	QL (24 sprays / 25 days)
sumatriptan nasal spray 20 mg/act	1	QL (12 sprays / 25 days)
sumatriptan succinate inj 6 mg/0.5ml	1	QL (12 vials / 25 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL (18 syringes / 25 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	1	QL (12 units / 25 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	1	QL (18 syringes / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sumatriptan succinate solution cartridge 6 mg/0.5ml	1	QL (12 units / 25 days)
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	1	QL (12 units / 25 days)
sumatriptan succinate tab 25 mg	1	QL (12 tabs / 25 days)
sumatriptan succinate tab 50 mg	1	QL (12 tabs / 25 days)
sumatriptan succinate tab 100 mg	1	QL (12 tabs / 25 days)
zolmitriptan orally disintegrating tab 2.5 mg	1	QL (12 tabs / 25 days)
zolmitriptan orally disintegrating tab 5 mg	1	QL (12 tabs / 25 days)
zolmitriptan tab 2.5 mg	1	QL (12 tabs / 25 days)
zolmitriptan tab 5 mg	1	QL (12 tabs / 25 days)
ZOMIG SPR 2.5MG ***(zolmitriptan)***	3	QL (12 sprays / 25 days)
ZOMIG SPR 5MG ***(zolmitriptan)***	3	QL (12 sprays / 25 days)
MISCELLANEOUS		
buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	
clomipramine hcl cap 25 mg	1	QL (150 caps / 25 days), MO; QL applies to members age 65 and older
clomipramine hcl cap 50 mg	1	QL (150 caps / 25 days), MO; QL applies to members age 65 and older
clomipramine hcl cap 75 mg	1	QL (90 caps / 25 days), MO; QL applies to members age 65 and older
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
GUANIDINE TAB 125MG	3	
lithium carbonate cap 150 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lithium carbonate cap 300 mg	1	MO
lithium carbonate cap 600 mg	1	MO
lithium carbonate tab 300 mg	1	MO
lithium carbonate tab er 300 mg	1	MO
lithium carbonate tab er 450 mg	1	MO
LITHIUM SOL 8MEQ/5ML	3	MO
NUEDEXTA CAP 20-10MG ***(dextromethorphan hbr-quinidine sulfate)***	2	PA, MO
pimozide tab 1 mg	1	MO
pimozide tab 2 mg	1	MO
pyridostigmine bromide oral soln 60 mg/5ml	1	
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	1	
REGONOL INJ 5MG/ML ***(pyridostigmine bromide)***	MB	
riluzole tab 50 mg	1	SP, MO
tetrabenazine tab 12.5 mg	4	SP, PA, QL (120 tabs / 30 days)
tetrabenazine tab 25 mg	4	SP, PA, QL (60 tabs / 30 days)
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AUBAGIO TAB 7MG ***(teriflunomide)***	4	SP, PA, QL (30 tabs / 30 days)
AUBAGIO TAB 14MG ***(teriflunomide)***	4	SP, PA, QL (30 tabs / 30 days)
AVONEX KIT 30MCG ***(interferon beta-1a)***	MB	
AVONEX PEN KIT 30MCG ***(interferon beta-1a)***	MB	
AVONEX PREFL KIT 30MCG ***(interferon beta-1a)***	MB	
BETASERON INJ 0.3MG ***(interferon beta-1b)***	MB	
COPAXONE INJ 20MG/ML ***(glatiramer acetate)***	MB	
COPAXONE INJ 40MG/ML ***(glatiramer acetate)***	MB	
dalfampridine tab er 12hr 10 mg	4	SP, PA, QL (60 tabs / 30 days)
dimethyl fumarate capsule delayed release 120 mg	4	SP, PA, QL (14 caps / 28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
dimethyl fumarate capsule delayed release 240 mg	4	SP, PA, QL (60 caps / 30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	SP, PA, QL (1 kit / 30 days)
GILENYA CAP 0.5MG ***(fingolimod hcl)***	4	SP, PA, QL (30 caps / 30 days)
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	MB	
glatiramer acetate soln prefilled syringe 40 mg/ml	MB	
PLEGRIDY INJ ***(peginterferon beta-1a)***	MB	
PLEGRIDY INJ PEN ***(peginterferon beta-1a)***	MB	
PLEGRIDY INJ STARTER ***(peginterferon beta-1a)***	MB	
PLEGRIDY PEN INJ STARTER ***(peginterferon beta-1a)***	MB	
REBIF INJ 22/0.5 ***(interferon beta-1a)***	MB	
REBIF INJ 44/0.5 ***(interferon beta-1a)***	MB	
REBIF REBIDO INJ 22/0.5 ***(interferon beta-1a)***	MB	
REBIF REBIDO INJ 44/0.5 ***(interferon beta-1a)***	MB	
REBIF REBIDO INJ TITRATN ***(interferon beta-1a)***	MB	
REBIF TITRTN INJ PACK ***(interferon beta-1a)***	MB	
TECFIDERA CAP 120MG ***(dimethyl fumarate)***	4	SP, PA, QL (14 caps / 28 days)
TECFIDERA CAP 240MG ***(dimethyl fumarate)***	4	SP, PA, QL (60 caps / 30 days)
TECFIDERA MIS STARTER ***(dimethyl fumarate)***	4	SP, PA, QL (1 kit / 30 days)
TYSABRI INJ 300/15ML ***(natalizumab)***	MB	

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

baclofen tab 5 mg	1	
baclofen tab 10 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 250 mg	1	PA
carisoprodol tab 350 mg	1	PA
chlorzoxazone tab 500 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
cyclobenzaprine hcl tab 5 mg	1	PA; High Risk Medications require PA for members age 70 and older
cyclobenzaprine hcl tab 10 mg	1	PA; High Risk Medications require PA for members age 70 and older
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
metaxalone tab 400 mg	1	PA; High Risk Medications require PA for members age 70 and older
metaxalone tab 800 mg	1	PA; High Risk Medications require PA for members age 70 and older
methocarbamol tab 500 mg	1	PA; High Risk Medications require PA for members age 70 and older
methocarbamol tab 750 mg	1	PA; High Risk Medications require PA for members age 70 and older
orphenadrine citrate inj 30 mg/ml	MB	
orphenadrine citrate tab er 12hr 100 mg	1	PA; High Risk Medications require PA for members age 70 and older
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
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
modafinil tab 100 mg	1	PA, MO
modafinil tab 200 mg	1	PA, MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium tab delayed release 333 mg	1	PA, MO
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	PV	$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG ***(varenicline tartrate)***	PV	$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG ***(varenicline tartrate)***	PV	$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5MG ***(varenicline tartrate)***	PV	$0 limited to 2 treatment cycles/year
CHANTIX TAB 1MG ***(varenicline tartrate)***	PV	$0 limited to 2 treatment cycles/year
disulfiram tab 250 mg	1	MO
disulfiram tab 500 mg	1	MO
naloxone hcl inj 0.4 mg/ml	MB	
naloxone hcl inj 4 mg/10ml	MB	
naloxone hcl soln cartridge 0.4 mg/ml	MB	
naloxone hcl soln prefilled syringe 2 mg/2ml	MB	
naltrexone hcl tab 50 mg	1	Must obtain approval after the first 30 day supply
NARCAN SPR ***(naloxone hcl)***	2	
nicotine polacrilex gum 2 mg	PV	$0 limited to 2 treatment cycles/year
nicotine polacrilex gum 4 mg	PV	$0 limited to 2 treatment cycles/year
nicotine polacrilex gum 4 mg (Nicorelief)	PV	$0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 2 mg	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 td patch 24hr 7 mg/24hr	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 (Sm Nicotine Transdermal S)	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 (Sm Nicotine Transdermal S)	PV	$0 limited to 2 treatment cycles/year

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
nicotine td patch 24hr 21 mg/24hr	PV	$0 limited to 2 treatment cycles/year
nicotine td patch 24hr 21 mg/24hr (Sm Nicotine Transdermal S)	PV	$0 limited to 2 treatment cycles/year
NICOTROL INH ***(nicotine)***	PV	QL (max 168 days / year); $0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML ***(nicotine)***	PV	QL (max 168 days / year); $0 limited to 2 treatment cycles/year
VIVITROL INJ 380MG ***(naltrexone)***	MB	

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

INTRAROSA SUP 6.5MG ***(prasterone vaginal)***	3	MO
methyltestosterone cap 10 mg	1	PA, MO
testosterone cypionate im inj in oil 100 mg/ml	MB	
testosterone cypionate im inj in oil 200 mg/ml	MB	
testosterone enanthate im inj in oil 200 mg/ml	MB	
testosterone td gel 10mg/act (2%)	1	PA, MO
testosterone td gel 25 mg/2.5gm (1%)	1	PA, MO

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

acarbose tab 25 mg	1	MO
acarbose tab 50 mg	1	MO
acarbose tab 100 mg	1	MO
miglitol tab 25 mg	1	MO
miglitol tab 50 mg	1	MO
miglitol tab 100 mg	1	MO

ANTIDIABETICS, AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG ***(pramlintide acetate)***	3	ST, MO; PA**
SYMLNPEN 120 INJ 1000MCG ***(pramlintide acetate)***	3	ST, MO; PA**

ANTIDIABETICS, BIGUANIDE

metformin hcl tab 500 mg	1	MO
metformin hcl tab 850 mg	1	MO
metformin hcl tab 1000 mg	1	MO
metformin hcl tab er 24hr 500 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
metformin hcl tab er 24hr 750 mg	1	MO
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	1	MO
glipizide-metformin hcl tab 2.5-500 mg	1	MO
glipizide-metformin hcl tab 5-500 mg	1	MO
glyburide-metformin tab 1.25-250 mg	1	PA, MO; High Risk Medications require PA for members age 70 and older
glyburide-metformin tab 2.5-500 mg	1	PA, MO; High Risk Medications require PA for members age 70 and older
glyburide-metformin tab 5-500 mg	1	PA, MO; High Risk Medications require PA for members age 70 and older
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
alogliptin benzoate tab 6.25 mg (base equiv)	1	MO
alogliptin benzoate tab 12.5 mg (base equiv)	1	MO
alogliptin benzoate tab 25 mg (base equiv)	1	MO
JANUVIA TAB 25MG ***(sitagliptin phosphate)***	2	ST, MO; PA**
JANUVIA TAB 50MG ***(sitagliptin phosphate)***	2	ST, MO; PA**
JANUVIA TAB 100MG ***(sitagliptin phosphate)***	2	ST, MO; PA**
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET TAB 0.8MG ***(bromocriptine mesylate (diabetes))***	3	MO
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
JANUMET TAB 50-500MG ***(sitagliptin-metformin hcl)***	2	ST, MO; PA**
JANUMET TAB 50-1000 ***(sitagliptin-metformin hcl)***	2	ST, MO; PA**
JANUMET XR TAB 50-500MG ***(sitagliptin-metformin hcl)***	2	ST, MO; PA**
JANUMET XR TAB 50-1000 ***(sitagliptin-metformin hcl)***	2	ST, MO; PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JANUMET XR TAB 100-1000 ***(sitagliptin-metformin hcl)***	2	ST, MO; PA**
JENTADUETO TAB XR ***(linagliptin-metformin hcl)***	3	ST, MO; JENTADUETO TAB XR 2.5-1000 MG; PA**
JENTADUETO TAB XR ***(linagliptin-metformin hcl)***	3	ST, MO; JENTADUETO TAB XR 5-1000 MG; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC INJ 2/1.5ML ***(semaglutide)***	2	ST, MO; PA**
TRULICITY INJ ***(dulaglutide)***	2	ST, MO; PA**; TRULICITY INJ 3 MG/0.5ML
TRULICITY INJ ***(dulaglutide)***	2	ST, MO; PA**; TRULICITY INJ 4.5 MG/0.5ML
TRULICITY INJ 0.75/0.5 ***(dulaglutide)***	2	ST, MO; PA**
TRULICITY INJ 1.5/0.5 ***(dulaglutide)***	2	ST, MO; PA**
VICTOZA INJ 18MG/3ML ***(liraglutide)***	2	ST, MO; PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33 ***(insulin glargine-lixisenatide)***	2	MO; PA**
XULTOPHY INJ 100/3.6 ***(insulin degludec-liraglutide)***	2	MO; PA**
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN ***(insulin glargine)***	2	MO
FIASP FLEX INJ TOUCH ***(insulin aspart (with niacinamide))***	2	MO
FIASP INJ 100/ML ***(insulin aspart (with niacinamide))***	2	MO
FIASP PENFIL INJ U-100 ***(insulin aspart (with niacinamide))***	2	MO
HUMULIN INJ 70/30 ***(insulin nph isophane & reg (human))***	3	MO
HUMULIN INJ 70/30KWP ***(insulin nph isophane & reg (human))***	3	MO
HUMULIN N INJ U-100 ***(insulin nph (human) (isophane))***	3	MO
HUMULIN N INJ U-100KWP ***(insulin nph (human) (isophane))***	3	MO
HUMULIN R INJ U-100 ***(insulin regular (human))***	3	MO
HUMULIN R INJ U-500 ***(insulin regular (human))***	2	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LEVEMIR INJ ***(insulin detemir)***	2	MO
LEVEMIR INJ FLEXTOUC ***(insulin detemir)***	2	MO
NOVOLIN INJ 70/30 ***(insulin nph isophane & reg (human))***	2	MO; RELION not covered
NOVOLIN INJ 70/30 FP ***(insulin nph isophane & reg (human))***	2	MO; RELION not covered
NOVOLIN N INJ 100 UNIT ***(insulin nph (human) (isophane))***	2	MO; RELION not covered
NOVOLIN N INJ U-100 ***(insulin nph (human) (isophane))***	2	MO; RELION not covered
NOVOLIN R INJ 100 UNIT ***(insulin regular (human))***	2	MO; RELION not covered
NOVOLIN R INJ U-100 ***(insulin regular (human))***	2	MO; RELION not covered
NOVOLOG INJ 100/ML ***(insulin aspart)***	2	MO
NOVOLOG INJ FLEXPEN ***(insulin aspart)***	2	MO
NOVOLOG INJ PENFILL ***(insulin aspart)***	2	MO
NOVOLOG MIX INJ 70/30 ***(insulin aspart protamine & aspart (human))***	2	MO
NOVOLOG MIX INJ FLEXPEN ***(insulin aspart protamine & aspart (human))***	2	MO
TRESIBA FLEX INJ 100UNIT ***(insulin degludec)***	2	MO
TRESIBA FLEX INJ 200UNIT ***(insulin degludec)***	2	MO
TRESIBA INJ 100UNIT ***(insulin degludec)***	2	MO
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl tab 15 mg (base equiv)	1	MO
pioglitazone hcl tab 30 mg (base equiv)	1	MO
pioglitazone hcl tab 45 mg (base equiv)	1	MO
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl tab 15-500 mg	1	MO
pioglitazone hcl-metformin hcl tab 15-850 mg	1	MO
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride tab 30-2 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
pioglitazone hcl-glimepiride tab 30-4 mg	1	MO
ANTIDIABETICS, MEGLITINIDE		
nateglinide tab 60 mg	1	MO
nateglinide tab 120 mg	1	MO
repaglinide tab 0.5 mg	1	MO
repaglinide tab 1 mg	1	MO
repaglinide tab 2 mg	1	MO
ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATION		
repaglinide-metformin hcl tab 1-500 mg	1	MO
repaglinide-metformin hcl tab 2-500 mg	1	MO
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
SYNJARDY TAB ***(empagliflozin-metformin hcl)***	2	ST, MO; SYNJARDY TAB 12.5-1000 MG; PA**
SYNJARDY TAB 5-500MG ***(empagliflozin-metformin hcl)***	2	ST, MO; PA**
SYNJARDY TAB 5-1000MG ***(empagliflozin-metformin hcl)***	2	ST, MO; PA**
SYNJARDY TAB 12.5-500 ***(empagliflozin-metformin hcl)***	2	ST, MO; PA**
SYNJARDY XR TAB ***(empagliflozin-metformin hcl)***	2	ST, MO; SYNJARDY TAB XR 12.5-1000 MG; PA**
SYNJARDY XR TAB 5-1000MG ***(empagliflozin-metformin hcl)***	2	ST, MO; PA**
SYNJARDY XR TAB 10-1000 ***(empagliflozin-metformin hcl)***	2	ST, MO; PA**
SYNJARDY XR TAB 25-1000 ***(empagliflozin-metformin hcl)***	2	ST, MO; PA**
XIGDUO XR TAB 2.5-1000 ***(dapagliflozin-metformin hcl)***	2	ST, MO; PA**
XIGDUO XR TAB 5-500MG ***(dapagliflozin-metformin hcl)***	2	ST, MO; PA**
XIGDUO XR TAB 5-1000MG ***(dapagliflozin-metformin hcl)***	2	ST, MO; PA**
XIGDUO XR TAB 10-500MG ***(dapagliflozin-metformin hcl)***	2	ST, MO; PA**
XIGDUO XR TAB 10-1000 ***(dapagliflozin-metformin hcl)***	2	ST, MO; PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG ***(empagliflozin-linagliptin)***	2	ST, MO; PA**
GLYXAMBI TAB 25-5 MG ***(empagliflozin-linagliptin)***	2	ST, MO; PA**
QTERN TAB 5-5MG ***(dapagliflozin-saxagliptin)***	2	ST, MO; PA**
QTERN TAB 10MG/5MG ***(dapagliflozin-saxagliptin)***	2	ST, MO; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB		
FARXIGA TAB 5MG ***(dapagliflozin propanediol)***	2	ST, MO; PA**
FARXIGA TAB 10MG ***(dapagliflozin propanediol)***	2	ST, MO; PA**
JARDIANCE TAB 10MG ***(empagliflozin)***	2	ST, MO; PA**
JARDIANCE TAB 25MG ***(empagliflozin)***	2	ST, MO; PA**
ANTIDIABETICS, SULFONYLUREA		
glimepiride tab 1 mg	1	MO
glimepiride tab 2 mg	1	MO
glimepiride tab 4 mg	1	MO
glipizide tab 5 mg	1	MO
glipizide tab 10 mg	1	MO
glipizide tab er 24hr 2.5 mg	1	MO
glipizide tab er 24hr 5 mg	1	MO
glipizide tab er 24hr 10 mg	1	MO
glyburide micronized tab 1.5 mg	1	PA, MO; High Risk Medications require PA for members age 70 and older
glyburide micronized tab 3 mg	1	PA, MO; High Risk Medications require PA for members age 70 and older
glyburide micronized tab 6 mg	1	PA, MO; High Risk Medications require PA for members age 70 and older
glyburide tab 1.25 mg	1	PA, MO; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
glyburide tab 2.5 mg	1	PA, MO; High Risk Medications require PA for members age 70 and older
glyburide tab 5 mg	1	PA, MO; High Risk Medications require PA for members age 70 and older
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
alendronate sodium oral soln 70 mg/75ml	1	MO
alendronate sodium tab 5 mg	1	MO
alendronate sodium tab 10 mg	1	MO
alendronate sodium tab 35 mg	1	MO
alendronate sodium tab 40 mg	1	
alendronate sodium tab 70 mg	1	MO
FOSAMAX + D TAB 70-2800 ***(alendronate sodium-cholecalciferol)***	3	ST, MO; PA**
FOSAMAX + D TAB 70-5600 ***(alendronate sodium-cholecalciferol)***	3	ST, MO; PA**
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	MB	
ibandronate sodium tab 150 mg (base equivalent)	1	MO
pamidronate disodium for inj 30 mg	MB	
pamidronate disodium for inj 90 mg	MB	
pamidronate disodium iv soln 3 mg/ml	MB	
pamidronate disodium iv soln 9 mg/ml	MB	
risedronate sodium tab 5 mg	1	MO
risedronate sodium tab 30 mg	1	
risedronate sodium tab 35 mg	1	MO
risedronate sodium tab 150 mg	1	MO
risedronate sodium tab delayed release 35 mg	1	MO
zoledronic acid inj conc for iv infusion 4 mg/5ml	MB	
zoledronic acid iv soln 5 mg/100ml	MB	
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl tab 30 mg (base equiv)	4	SP, PA, QL (60 tabs / 30 days)
cinacalcet hcl tab 60 mg (base equiv)	4	SP, PA, QL (60 tabs / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
cinacalcet hcl tab 90 mg (base equiv)	4	SP, PA, QL (120 tabs / 30 days)
CHELATING AGENTS		
CHEMET CAP 100MG ***(succimer)***	3	
deferiprone tab 500 mg	4	PA, MO
FERPRX 2-DAY TAB 1000MG ***(deferiprone)***	4	PA, MO
FERRIPROX SOL 100MG/ML ***(deferiprone)***	4	PA, MO
FERRIPROX TAB 500MG ***(deferiprone)***	4	PA, MO
FERRIPROX TAB 1000MG ***(deferiprone)***	4	PA, MO
penicillamine tab 250 mg	1	
sodium polystyrene sulfonate oral susp 15 gm/60ml	1	
sodium polystyrene sulfonate oral susp 15 gm/60ml (Kionex)	1	
sodium polystyrene sulfonate rectal susp 30 gm/120ml	1	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
ANNOVERA MIS ***(segesterone acetate-ethinyl estradiol)***	PV	QL (1 / 300 days), MO
BALCOLTRA TAB 0.1-20 ***(levonorgestrel-ethinyl estradiol-ferrous bisglycinate)***	PV	MO
DEPO-SQ PROV INJ 104 ***(medroxyprogesterone acetate (contraceptive))***	MB	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)	PV	MO
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	PV	MO
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	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 (Apri)	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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 estradiol tab 3-0.02 mg (Gianvi)	PV	MO
drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna)	PV	MO
drospirenone-ethinyl estradiol tab 3-0.02 mg (Nikki)	PV	MO
drospirenone-ethinyl estradiol tab 3-0.03 mg	PV	MO
drospirenone-ethinyl estradiol tab 3-0.03 mg (Ocella)	PV	MO
drospirenone-ethinyl estradiol tab 3-0.03 mg (Syeda)	PV	MO
drospirenone-ethinyl estradiol tab 3-0.03 mg (Zarah)	PV	MO
ELLA TAB 30MG ***(ulipristal acetate)***	PV	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35)	PV	MO
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e)	PV	MO
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	PV	MO
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	PV	QL (13 / 300 days), MO
KYLEENA IUD 19.5MG ***(levonorgestrel (iud))***	MB	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Fayosim)	PV	MO
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Rivelsa)	PV	MO
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	PV	MO
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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 (Quasense)	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 (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
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	PV	MO
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera)	PV	MO
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal)	PV	MO
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo)	PV	MO
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30-28)	PV	MO
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa)	PV	MO
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28)	PV	MO
levonorgestrel tab 1.5 mg (Take Action)	PV	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28)	PV	MO
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest)	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Myzilra)	PV	MO
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora-28)	PV	MO
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst)	PV	MO
LILETTA IUD 52MG ***(levonorgestrel (iud))***	MB	
LO LOESTRIN TAB 1-10-10 ***(norethindrone acetate-ethinyl estradiol-fe fum (biphasic))***	PV	MO
medroxyprogesterone acetate im susp 150 mg/ml	MB	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	MB	
MIRENA IUD SYSTEM ***(levonorgestrel (iud))***	MB	
NATAZIA TAB ***(estradiol valerate-dienogest)***	PV	MO
NEXPLANON IMP 68MG ***(etonogestrel)***	MB	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)	PV	MO
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Zenchent)	PV	MO
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35-28)	PV	MO
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	PV	MO
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera)	PV	MO
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35)	PV	MO
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Cyclafem 1/35)	PV	MO
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35)	PV	MO
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35)	PV	MO
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Pirmella 1/35)	PV	MO
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	PV	MO
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)	PV	MO
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	PV	MO
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Junel 1/20)	PV	MO
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)	PV	MO
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Larin 1.5/30)	PV	MO
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Microgestin 1.5/30)	PV	MO
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Junel Fe 1/20)	PV	MO
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)	PV	MO
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Mibelas 24 Fe)	PV	MO
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	PV	MO
norethindrone tab 0.35 mg	PV	MO
norethindrone tab 0.35 mg (Camila)	PV	MO
norethindrone tab 0.35 mg (Errin)	PV	MO
norethindrone tab 0.35 mg (Heather)	PV	MO
norethindrone tab 0.35 mg (Jolivette)	PV	MO
norethindrone tab 0.35 mg (Nora-be)	PV	MO
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Alyacen 7/7/7)	PV	MO
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Cyclafem 7/7/7)	PV	MO
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Dasetta 7/7/7)	PV	MO
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)	PV	MO
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Pirmella 7/7/7)	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Aranelle)	PV	MO
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)	PV	MO
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	PV	MO
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mono-linyah)	PV	MO
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mononessa)	PV	MO
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Previfem)	PV	MO
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Sprintec 28)	PV	MO
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	PV	MO
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	PV	MO
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-linyah)	PV	MO
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-sprintec)	PV	MO
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Trinessa)	PV	MO
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28)	PV	MO
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest)	PV	MO
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-ogestrel)	PV	MO
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg (Ogestrel)	PV	MO
PARAGARD IUD T380A ***(copper (iud))***	MB	
SKYLA IUD 13.5MG ***(levonorgestrel (iud))***	MB	
SLYND TAB 4MG ***(drospirenone)***	PV	MO
TAYTULLA CAP 1MG/20MC ***(norethin acet & estrad-fe)***	PV	MO
TWIRLA DIS 120-30 ***(levonorgestrel-ethinyl estradiol)***	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ENDOMETRIOSIS		
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
SYNAREL SOL 2MG/ML ***(nafarelin acetate)***	4	PA
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
CARBAGLU TAB 200MG ***(carglumic acid)***	4	PA, MO
CERDELGA CAP 84MG ***(eliglustat tartrate)***	4	SP, PA, QL (60 caps / 30 days)
CYSTADANE POW ***(betaine)***	4	PA, MO
CYSTAGON CAP 50MG ***(cysteamine bitartrate)***	4	SP, PA
CYSTAGON CAP 150MG ***(cysteamine bitartrate)***	4	SP, PA
KUVAN POW 100MG ***(sapropterin dihydrochloride)***	4	SP, PA
KUVAN POW 500MG ***(sapropterin dihydrochloride)***	4	SP, PA
KUVAN TAB 100MG ***(sapropterin dihydrochloride)***	4	SP, PA
nitisinone cap 2 mg	4	PA, MO
nitisinone cap 5 mg	4	PA, MO
nitisinone cap 10 mg	4	PA, MO
ORFADIN CAP 20MG ***(nitisinone)***	4	PA, MO
ORFADIN SUS 4MG/ML ***(nitisinone)***	4	PA, MO
sapropterin dihydrochloride powder packet 100 mg	4	SP, PA
sapropterin dihydrochloride powder packet 500 mg	4	SP, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	4	SP, PA, QL (600g / 30 days)
sodium phenylbutyrate tab 500 mg	4	SP, PA, QL (1200 tabs / 30 days)
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
CLIMARA PRO DIS WEEKLY ***(estradiol-levonorgestrel)***	2	MO
DEPO-ESTRADI INJ 5MG/ML ***(estradiol cypionate)***	MB	
DIVIGEL GEL 0.5MG ***(estradiol)***	3	PA, MO; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIVIGEL GEL 0.25MG ***(estradiol)***	3	PA, MO; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 0.75MG ***(estradiol)***	3	PA, MO; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 1.25MG ***(estradiol)***	3	PA, MO; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 1MG/GM ***(estradiol)***	3	PA, MO; High Risk Medications require PA for members age 70 and older
DUAVEE TAB 0.45-20 ***(conjugated estrogens-bazedoxifene)***	2	MO
ELESTRIN GEL 0.06% ***(estradiol)***	3	PA, MO; High Risk Medications require PA for members age 70 and older
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	MO
estradiol & norethindrone acetate tab 0.5-0.1 mg (Mimvey Lo)	1	MO
estradiol & norethindrone acetate tab 1-0.5 mg	1	MO
estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey)	1	MO
estradiol tab 0.5 mg	1	PA, MO; High Risk Medications require PA for members age 70 and older
estradiol tab 1 mg	1	PA, MO; High Risk Medications require PA for members age 70 and older
estradiol tab 2 mg	1	PA, MO; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
estradiol td patch twice weekly 0.1 mg/24hr	1	PA, MO; High Risk Medications require PA for members age 70 and older
estradiol td patch twice weekly 0.05 mg/24hr	1	PA, MO; High Risk Medications require PA for members age 70 and older
estradiol td patch twice weekly 0.025 mg/24hr	1	PA, MO; High Risk Medications require PA for members age 70 and older
estradiol td patch twice weekly 0.075 mg/24hr	1	PA, MO; High Risk Medications require PA for members age 70 and older
estradiol td patch twice weekly 0.0375 mg/24hr	1	PA, MO; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.1 mg/24hr	1	PA, MO; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.05 mg/24hr	1	PA, MO; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.06 mg/24hr	1	PA, MO; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.025 mg/24hr	1	PA, MO; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.075 mg/24hr	1	PA, MO; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	PA, MO; High Risk Medications require PA for members age 70 and older
estradiol vaginal cream 0.1 mg/gm	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
estradiol vaginal tab 10 mcg (Yuvafem)	1	MO
estradiol valerate im in oil 20 mg/ml	MB	
estradiol valerate im in oil 40 mg/ml	MB	
ESTROGEL GEL ***(estradiol)***	3	PA, MO; High Risk Medications require PA for members age 70 and older
estropipate tab 0.75 mg	1	PA, MO; High Risk Medications require PA for members age 70 and older
estropipate tab 1.5 mg	1	PA, MO; High Risk Medications require PA for members age 70 and older
estropipate tab 3 mg	1	PA, MO; High Risk Medications require PA for members age 70 and older
EVAMIST SPR 1.53MG ***(estradiol)***	3	PA, MO; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.3MG ***(esterified estrogens)***	3	PA, MO; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG ***(esterified estrogens)***	3	PA, MO; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG ***(esterified estrogens)***	3	PA, MO; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG ***(esterified estrogens)***	3	PA, MO; High Risk Medications require PA for members age 70 and older
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	MO
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)	1	MO
PREMARIN INJ 25MG ***(estrogens, conjugated)***	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PREMARIN TAB 0.3MG ***(estrogens, conjugated)***	3	PA, MO; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.9MG ***(estrogens, conjugated)***	3	PA, MO; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG ***(estrogens, conjugated)***	3	PA, MO; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG ***(estrogens, conjugated)***	3	PA, MO; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG ***(estrogens, conjugated)***	3	PA, MO; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG ***(estrogens, conjugated vaginal)***	3	MO
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
cortisone acetate tab 25 mg	1	
DEPO-MEDROL INJ 20MG/ML ***(methylprednisolone acetate)***	MB	
DEXAMETHASON CON 1MG/ML ***(dexamethasone)***	2	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone sod phosphate preservative free inj 10 mg/ml	MB	
dexamethasone sodium phosphate inj 4 mg/ml	MB	
dexamethasone sodium phosphate inj 10 mg/ml	MB	
dexamethasone sodium phosphate inj 20 mg/5ml	MB	
dexamethasone sodium phosphate inj 100 mg/10ml	MB	
dexamethasone sodium phosphate inj 120 mg/30ml	MB	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
fludrocortisone acetate tab 0.1 mg	1	MO
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
MEDROL TAB 2MG ***(methylprednisolone)***	2	
methylprednisolone acetate inj susp 40 mg/ml	MB	
methylprednisolone acetate inj susp 80 mg/ml	MB	
methylprednisolone sod succ for inj 40 mg (base equiv)	MB	
methylprednisolone sod succ for inj 125 mg (base equiv)	MB	
methylprednisolone sod succ for inj 1000 mg (base equiv)	MB	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	1	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	1	
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	
prednisolone syrup 15 mg/5ml (usp solution equivalent)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PREDNISONE CON 5MG/ML ***(prednisone)***	2	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	
SOLU-CORTEF INJ 100MG ***(hydrocortisone sod succinate)***	MB	
SOLU-CORTEF INJ 250MG ***(hydrocortisone sod succinate)***	MB	
SOLU-CORTEF INJ 500MG ***(hydrocortisone sod succinate)***	MB	
SOLU-CORTEF INJ 1000MG ***(hydrocortisone sod succinate)***	MB	
SOLU-MEDROL INJ 2GM ***(methylprednisolone sod succ)***	MB	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
GLUCAGON KIT 1MG ***(glucagon (rdna))***	2	
ORAL GLUCOSE REPLACEMENT ***(dextrose (diabetic use))***	2	
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
HUMATROPE INJ 5MG ***(somatropin)***	MB	
HUMATROPE INJ 6MG ***(somatropin)***	MB	
HUMATROPE INJ 12MG ***(somatropin)***	MB	
HUMATROPE INJ 24MG ***(somatropin)***	MB	
MISCELLANEOUS		
cabergoline tab 0.5 mg	1	
calcitonin (salmon) nasal soln 200 unit/act	1	MO
INCRELEX INJ 40MG/4ML ***(mecasermin)***	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	MB	
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	MB	
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	MB	
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	MB	
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	MB	
OSPHENA TAB 60MG ***(ospemifene)***	2	MO
PROLIA SOL 60MG/ML ***(denosumab)***	MB	
raloxifene hcl tab 60 mg	1	MO; $0 copay ages 35 and older for the primary prevention of breast cancer
SAMSCA TAB 15MG ***(tolvaptan)***	4	SP, PA
SAMSCA TAB 30MG ***(tolvaptan)***	4	SP, PA
SIGNIFOR INJ 0.3MG/ML ***(pasireotide diaspartate)***	MB	
SIGNIFOR INJ 0.6MG/ML ***(pasireotide diaspartate)***	MB	
SIGNIFOR INJ 0.9MG/ML ***(pasireotide diaspartate)***	MB	
SOMATULINE INJ 60/0.2ML ***(lanreotide acetate)***	MB	
SOMATULINE INJ 90/0.3ML ***(lanreotide acetate)***	MB	
SOMATULINE INJ 120/.5ML ***(lanreotide acetate)***	MB	
SOMAVERT INJ 10MG ***(pegvisomant)***	MB	
SOMAVERT INJ 15MG ***(pegvisomant)***	MB	
SOMAVERT INJ 20MG ***(pegvisomant)***	MB	
SOMAVERT INJ 25MG ***(pegvisomant)***	MB	
SOMAVERT INJ 30MG ***(pegvisomant)***	MB	
tolvaptan tab 30 mg	4	SP, PA
TYMLOS INJ ***(abaloparatide)***	MB	

PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	MO
calcium acetate (phosphate binder) tab 667 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FOSRENOL POW 750MG ***(lanthanum carbonate)***	3	MO
FOSRENOL POW 1000MG ***(lanthanum carbonate)***	3	MO
PHOSLYRA SOL ***(calcium acetate (phosphate binder))***	2	MO
sevelamer carbonate packet 0.8 gm	1	MO
sevelamer carbonate packet 2.4 gm	1	MO
sevelamer carbonate tab 800 mg	1	MO
VELPHORO CHW 500MG ***(sucroferric oxyhydroxide)***	3	MO
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
CRINONE GEL 4% VAG ***(progesterone (vaginal))***	2	
CRINONE GEL 8% VAG ***(progesterone (vaginal))***	2	
LUPANETA KIT 3.75-5 ***(leuprolide acetate & norethindrone acetate)***	MB	
LUPANETA KIT 11.25-5 ***(leuprolide acetate & norethindrone acetate)***	MB	
medroxyprogesterone acetate tab 2.5 mg	1	MO
medroxyprogesterone acetate tab 5 mg	1	MO
medroxyprogesterone acetate tab 10 mg	1	MO
norethindrone acetate tab 5 mg	1	MO
progesterone micronized cap 100 mg	1	MO
progesterone micronized cap 200 mg	1	MO
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
levothyroxine sodium tab 25 mcg	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 (Levoxyl)	1	MO
levothyroxine sodium tab 50 mcg (Unithroid)	1	MO
levothyroxine sodium tab 75 mcg	1	MO
levothyroxine sodium tab 75 mcg (Levoxyl)	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levothyroxine sodium tab 75 mcg (Unithroid)	1	MO
levothyroxine sodium tab 88 mcg	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 (Levoxyl)	1	MO
levothyroxine sodium tab 100 mcg (Unithroid)	1	MO
levothyroxine sodium tab 112 mcg	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 (Levoxyl)	1	MO
levothyroxine sodium tab 125 mcg (Unithroid)	1	MO
levothyroxine sodium tab 137 mcg	1	MO
levothyroxine sodium tab 137 mcg (Levoxyl)	1	MO
levothyroxine sodium tab 150 mcg	1	MO
levothyroxine sodium tab 150 mcg (Levoxyl)	1	MO
levothyroxine sodium tab 175 mcg	1	MO
levothyroxine sodium tab 175 mcg (Levoxyl)	1	MO
levothyroxine sodium tab 200 mcg	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 (Unithroid)	1	MO
liothyronine sodium iv soln 10 mcg/ml	MB	
liothyronine sodium tab 5 mcg	1	MO
liothyronine sodium tab 25 mcg	1	MO
liothyronine sodium tab 50 mcg	1	MO
methimazole tab 5 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
methimazole tab 10 mg	1	MO
propylthiouracil tab 50 mg	1	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
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
THYROLAR-1 TAB 60MG ***(liotrix (t3-t4))***	3	MO
THYROLAR-1/2 TAB 30MG ***(liotrix (t3-t4))***	3	MO
THYROLAR-1/4 TAB 15MG ***(liotrix (t3-t4))***	3	MO
THYROLAR-2 TAB 120MG ***(liotrix (t3-t4))***	3	MO
THYROLAR-3 TAB 180MG ***(liotrix (t3-t4))***	3	MO
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
desmopressin acetate inj 4 mcg/ml	MB	
desmopressin acetate nasal spray soln 0.01%	1	MO
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	MO
desmopressin acetate tab 0.1 mg	1	MO
desmopressin acetate tab 0.2 mg	1	MO
ENDOCRINE AND METABOLIC AGENTS - MISC.		
METABOLIC MODIFIERS		
MYALEPT INJ 11.3MG ***(metreleptin)***	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
BAXDELA TAB 450MG ***(delafloxacin meglumine)***	3	
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)	MB	
atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)	MB	
CUVPOSA SOL 1MG/5ML ***(glycopyrrolate)***	2	MO
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl inj 10 mg/ml	MB	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
glycopyrrolate inj 0.2 mg/ml	MB	
glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)	MB	
glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)	MB	
glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)	MB	
glycopyrrolate tab 1 mg	1	
glycopyrrolate tab 2 mg	1	
hyoscyamine sulfate sl tab 0.125 mg	1	MO
hyoscyamine sulfate sl tab 0.125 mg (Oscimin)	1	MO
hyoscyamine sulfate sl tab 0.125 mg (Symax-sl)	1	MO
hyoscyamine sulfate tab 0.125 mg	1	MO
hyoscyamine sulfate tab 0.125 mg (Oscimin)	1	MO
hyoscyamine sulfate tab disint 0.125 mg	1	MO
hyoscyamine sulfate tab disint 0.125 mg (Ed-spaz)	1	MO
hyoscyamine sulfate tab disint 0.125 mg (Nulev)	1	MO
hyoscyamine sulfate tab er 12hr 0.375 mg	1	MO
hyoscyamine sulfate tab er 12hr 0.375 mg (Oscimin Sr)	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
methscopolamine bromide tab 2.5 mg	1	PA; High Risk Medications require PA for members age 70 and older
methscopolamine bromide tab 5 mg	1	PA; High Risk Medications require PA for members age 70 and older
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO CAP 300-0.5 ***(netupitant-palonosetron)***	3	QL (2 caps / 21 days)
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 (2 packs / 21 days)
CESAMET CAP 1MG ***(nabilone)***	3	QL (18 caps / 21 days)
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)
granisetron hcl inj 0.1 mg/ml	MB	
granisetron hcl inj 1 mg/ml	MB	
granisetron hcl inj 4 mg/4ml (1 mg/ml)	MB	
granisetron hcl tab 1 mg	1	QL (12 tabs / 21 days)
meclizine hcl tab 12.5 mg	1	
meclizine hcl tab 25 mg	1	
metoclopramide hcl inj 5 mg/ml (base equivalent)	MB	
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	MB	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	MB	
ondansetron hcl oral soln 4 mg/5ml	1	QL (200 mL / 21 days)
ondansetron hcl tab 4 mg	1	QL (18 tabs / 21 days)
ondansetron hcl tab 8 mg	1	QL (18 tabs / 21 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ondansetron hcl tab 24 mg	1	QL (2 tabs / 21 days)
ondansetron orally disintegrating tab 4 mg	1	QL (18 tabs / 21 days)
ondansetron orally disintegrating tab 8 mg	1	QL (18 tabs / 21 days)
prochlorperazine edisylate inj 10 mg/2ml	MB	
prochlorperazine edisylate inj 50 mg/10ml	MB	
prochlorperazine maleate tab 5 mg (base equivalent)	1	MO
prochlorperazine maleate tab 10 mg (base equivalent)	1	MO
prochlorperazine suppos 25 mg	1	
prochlorperazine suppos 25 mg (Compro)	1	
promethazine hcl inj 25 mg/ml	MB	
promethazine hcl inj 50 mg/ml	MB	
promethazine hcl suppos 12.5 mg	1	
promethazine hcl suppos 12.5 mg (Promethegan)	1	
promethazine hcl suppos 25 mg	1	
promethazine hcl suppos 25 mg (Phenadoz)	1	
promethazine hcl suppos 25 mg (Promethegan)	1	
promethazine hcl suppos 50 mg (Promethegan)	1	
promethazine hcl syrup 6.25 mg/5ml	1	PA; High Risk Medications require PA for members age 70 and older
promethazine hcl tab 12.5 mg	1	PA; High Risk Medications require PA for members age 70 and older
promethazine hcl tab 25 mg	1	PA; High Risk Medications require PA for members age 70 and older
promethazine hcl tab 50 mg	1	PA; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SANCUSO DIS 3.1MG ***(granisetron)***	2	QL (2 patches / 21 days)
scopolamine td patch 72hr 1 mg/3days	1	
trimethobenzamide hcl cap 300 mg	1	
VARUBI INJ ***(rolapitant hcl)***	MB	
VARUBI TAB 90MG ***(rolapitant hcl)***	2	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
cimetidine hcl soln 300 mg/5ml	1	MO
cimetidine tab 200 mg	1	
cimetidine tab 300 mg	1	MO
cimetidine tab 400 mg	1	MO
cimetidine tab 800 mg	1	MO
famotidine for susp 40 mg/5ml	1	MO
famotidine in nacl 0.9% iv soln 20 mg/50ml	MB	
famotidine inj 20 mg/2ml	MB	
famotidine inj 40 mg/4ml	MB	
famotidine inj 200 mg/20ml	MB	
famotidine tab 20 mg	1	MO
famotidine tab 40 mg	1	MO
nizatidine cap 150 mg	1	MO
nizatidine cap 300 mg	1	MO
nizatidine oral soln 15 mg/ml	1	MO
ranitidine hcl inj 50 mg/2ml (25 mg/ml)	MB	
ranitidine hcl inj 150 mg/6ml (25 mg/ml)	MB	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium cap 750 mg	1	
budesonide delayed release particles cap 3 mg	1	
DIPENTUM CAP 250MG ***(olsalazine sodium)***	3	PA, MO
hydrocortisone enema 100 mg/60ml (Colocort)	1	
mesalamine cap dr 400 mg	1	MO
mesalamine enema 4 gm	1	
mesalamine suppos 1000 mg	1	
mesalamine tab delayed release 1.2 gm	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
mesalamine tab delayed release 800 mg	1	
sulfasalazine tab 500 mg	1	MO
sulfasalazine tab delayed release 500 mg	1	MO
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA CAP 8MCG ***(lubiprostone)***	2	MO
AMITIZA CAP 24MCG ***(lubiprostone)***	2	MO
LINZESS CAP 72MCG ***(linaclotide)***	2	MO
LINZESS CAP 145MCG ***(linaclotide)***	2	MO
LINZESS CAP 290MCG ***(linaclotide)***	2	MO
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl tab 0.5 mg (base equiv)	1	PA, MO
alosetron hcl tab 1 mg (base equiv)	1	PA, MO
LAXATIVES		
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit (Gavilyte-h)	PV	$0 copay for members age 50 through 74, otherwise not covered
CLENPIQ SOL ***(sodium picosulfate-magnesium oxide-anhydrous citric acid)***	PV	$0 copay for members age 50 through 74, otherwise not covered
GOLYTELY SOL ***(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)***	2	
lactulose (encephalopathy) solution 10 gm/15ml (Enulose)	1	MO
lactulose (encephalopathy) solution 10 gm/15ml (Generlac)	1	MO
lactulose solution 10 gm/15ml	1	MO
MOVIPREP SOL ***(peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)***	PV	$0 copay for members age 50 through 74; Tier 2 for all others
OSMOPREP TAB 1.5GM ***(sodium phosphate monobasic-sodium phosphate dibasic)***	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-g)	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (Gavilyte-c)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	PV	$0 copay for members age 50 through 74; Tier 1 for all others
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-n/flavor Pack)	1	
PLENVU SOL ***(peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)***	PV	$0 copay for members age 50 through 74, otherwise not covered
polyethylene glycol 3350 oral powder 17 gm/scoop	1	
PREPOPIK PAK ***(sodium picosulfate-magnesium oxide-anhydrous citric acid)***	PV	$0 copay for members age 50 through 74, otherwise not covered
SUPREP BOWEL SOL PREP KIT ***(sodium sulfate-potassium sulfate-magnesium sulfate)***	PV	$0 copay for members age 50 through 74; Tier 2 for all others
MISCELLANEOUS		
cromolyn sodium oral conc 100 mg/5ml	1	MO
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	
misoprostol tab 100 mcg	1	MO
misoprostol tab 200 mcg	1	MO
MOTOFEN TAB 1-0.025 ***(difenoxin w/ atropine)***	3	
MOVANTIK TAB 12.5MG ***(naloxegol oxalate)***	2	
MOVANTIK TAB 25MG ***(naloxegol oxalate)***	2	
SUCRAID SOL 8500/ML ***(sacrosidase)***	3	PA, QL (354 ml / 25 days), MO
sucralfate tab 1 gm	1	MO
ursodiol cap 300 mg	1	MO
ursodiol tab 250 mg	1	MO
ursodiol tab 500 mg	1	MO
PANCREATIC ENZYMES		
CREON CAP 3000UNIT ***(pancrelipase (lipase-protease-amylase))***	2	PA, MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CREON CAP 6000UNIT ***(pancrelipase (lipase-protease-amylase))***	2	PA, MO
CREON CAP 12000UNT ***(pancrelipase (lipase-protease-amylase))***	2	PA, MO
CREON CAP 24000UNT ***(pancrelipase (lipase-protease-amylase))***	2	PA, MO
CREON CAP 36000UNT ***(pancrelipase (lipase-protease-amylase))***	2	PA, MO
VIOKACE TAB 10440 ***(pancrelipase (lipase-protease-amylase))***	2	PA, MO
VIOKACE TAB 20880 ***(pancrelipase (lipase-protease-amylase))***	2	PA, MO
ZENPEP CAP 3000UNIT ***(pancrelipase (lipase-protease-amylase))***	2	PA, MO
ZENPEP CAP 5000UNIT ***(pancrelipase (lipase-protease-amylase))***	2	PA, MO
ZENPEP CAP 10000UNT ***(pancrelipase (lipase-protease-amylase))***	2	PA, MO
ZENPEP CAP 15000UNT ***(pancrelipase (lipase-protease-amylase))***	2	PA, MO
ZENPEP CAP 20000UNT ***(pancrelipase (lipase-protease-amylase))***	2	PA, MO
ZENPEP CAP 25000 ***(pancrelipase (lipase-protease-amylase))***	2	PA, MO
ZENPEP CAP 40000 ***(pancrelipase (lipase-protease-amylase))***	2	PA, MO
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
DEXILANT CAP 30MG DR ***(dexlansoprazole)***	3	ST, QL (90 caps / 365 days), MO; PA**
DEXILANT CAP 60MG DR ***(dexlansoprazole)***	3	ST, QL (90 caps / 365 days), MO; PA**
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL (90 caps / 365 days), MO
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	QL (90 caps / 365 days), MO
esomeprazole sodium for intravenous soln 20 mg (base equiv)	MB	
esomeprazole sodium for intravenous soln 40 mg (base equiv)	MB	
lansoprazole cap delayed release 15 mg	1	QL (90 caps / 365 days), MO
lansoprazole cap delayed release 30 mg	1	QL (90 caps / 365 days), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
omeprazole cap delayed release 10 mg	1	QL (90 caps / 365 days), MO
omeprazole cap delayed release 20 mg	1	QL (90 caps / 365 days), MO
omeprazole cap delayed release 40 mg	1	QL (90 caps / 365 days), MO
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (90 tabs / 365 days), MO
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (90 tabs / 365 days), MO
rabeprazole sodium ec tab 20 mg	1	QL (90 tabs / 365 days), MO
RECTAL,CORTICOSTEROIDS		
hydrocortisone perianal cream 1% (Procto-pak)	1	
hydrocortisone perianal cream 2.5% (Proctosol Hc)	1	
hydrocortisone perianal cream 2.5% (Proctozone-hc)	1	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl tab er 24hr 10 mg	1	MO
CARDURA XL TAB 4MG ***(doxazosin mesylate (bph))***	3	ST, MO; PA**
CARDURA XL TAB 8MG ***(doxazosin mesylate (bph))***	3	ST, MO; PA**
dutasteride cap 0.5 mg	1	MO
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	MO
finasteride tab 5 mg	1	MO
silodosin cap 4 mg	1	MO
silodosin cap 8 mg	1	MO
tadalafil tab 2.5 mg	1	PA, QL (30 tabs / 25 days), MO
tadalafil tab 5 mg	1	PA, QL (30 tabs / 25 days), MO
tamsulosin hcl cap 0.4 mg	1	MO
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
CONCEPTROL GEL 4% ***(nonoxynol-9)***	PV	
ENCARE SUP 100MG ***(nonoxynol-9)***	PV	
GYNOL II GEL 3% ***(nonoxynol-9)***	PV	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SHUR-SEAL GEL 2% ***(nonoxynol-9)***	PV	
TODAY SPONGE MIS ***(nonoxynol-9)***	PV	
VCF VAGINAL AER CONTRACP ***(nonoxynol-9)***	PV	
VCF VAGINAL MIS CONTRACP ***(nonoxynol-9)***	PV	
MISCELLANEOUS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
ELMIRON CAP 100MG ***(pentosan polysulfate sodium)***	3	
flavoxate hcl tab 100 mg	1	MO
phenazopyridine hcl tab 95 mg (Urinary Pain Relief)	1	
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	MO
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	MO
oxybutynin chloride syrup 5 mg/5ml	1	MO
oxybutynin chloride tab 5 mg	1	MO
oxybutynin chloride tab er 24hr 5 mg	1	MO
oxybutynin chloride tab er 24hr 10 mg	1	MO
oxybutynin chloride tab er 24hr 15 mg	1	MO
solifenacin succinate tab 5 mg	1	MO
solifenacin succinate tab 10 mg	1	MO
tolterodine tartrate cap er 24hr 2 mg	1	MO
tolterodine tartrate cap er 24hr 4 mg	1	MO
tolterodine tartrate tab 1 mg	1	MO
tolterodine tartrate tab 2 mg	1	MO
TOVIAZ TAB 4MG ***(fesoterodine fumarate)***	2	MO
TOVIAZ TAB 8MG ***(fesoterodine fumarate)***	2	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
trospium chloride cap er 24hr 60 mg	1	MO
trospium chloride tab 20 mg	1	MO
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG ***(clindamycin phosphate vaginal)***	2	
clindamycin phosphate vaginal cream 2%	1	
GYNAZOLE-1 CRE 2% ***(butoconazole nitrate (one dose))***	3	
metronidazole vaginal gel 0.75%	1	
metronidazole vaginal gel 0.75% (Vandazole)	1	
miconazole nitrate vaginal suppos 200 mg (Miconazole 3)	1	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ARGATRB/NACL INJ 50MG/50	MB	
ARGATROBAN INJ 125/125	MB	
argatroban inj 250 mg/2.5ml (concentrate for iv infusion)	MB	
ARGATROBAN INJ 250/250	MB	
ELIQUIS ST P TAB 5MG ***(apixaban)***	2	
ELIQUIS TAB 2.5MG ***(apixaban)***	2	MO
ELIQUIS TAB 5MG ***(apixaban)***	2	MO
enoxaparin sodium inj 30 mg/0.3ml	MB	
enoxaparin sodium inj 40 mg/0.4ml	MB	
enoxaparin sodium inj 60 mg/0.6ml	MB	
enoxaparin sodium inj 80 mg/0.8ml	MB	
enoxaparin sodium inj 100 mg/ml	MB	
enoxaparin sodium inj 120 mg/0.8ml	MB	
enoxaparin sodium inj 150 mg/ml	MB	
enoxaparin sodium inj 300 mg/3ml	MB	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	MB	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	MB	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	MB	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FRAGMIN INJ 2500/0.2 ***(dalteparin sodium)***	MB	
FRAGMIN INJ 5000/0.2 ***(dalteparin sodium)***	MB	
FRAGMIN INJ 7500/0.3 ***(dalteparin sodium)***	MB	
FRAGMIN INJ 10000/ML ***(dalteparin sodium)***	MB	
FRAGMIN INJ 12500UNT ***(dalteparin sodium)***	MB	
FRAGMIN INJ 15000UNT ***(dalteparin sodium)***	MB	
FRAGMIN INJ 18000UNT ***(dalteparin sodium)***	MB	
FRAGMIN INJ 95000UNT ***(dalteparin sodium)***	MB	
heparin sodium (porcine) inj 1000 unit/ml	MB	
heparin sodium (porcine) inj 5000 unit/ml	MB	
heparin sodium (porcine) inj 10000 unit/ml	MB	
heparin sodium (porcine) inj 20000 unit/ml	MB	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	MB	
PRADAXA CAP 75MG ***(dabigatran etexilate mesylate)***	3	MO
PRADAXA CAP 110MG ***(dabigatran etexilate mesylate)***	3	MO
PRADAXA CAP 150MG ***(dabigatran etexilate mesylate)***	3	MO
warfarin sodium tab 1 mg	1	MO
warfarin sodium tab 1 mg (Jantoven)	1	MO
warfarin sodium tab 2 mg	1	MO
warfarin sodium tab 2 mg (Jantoven)	1	MO
warfarin sodium tab 2.5 mg	1	MO
warfarin sodium tab 2.5 mg (Jantoven)	1	MO
warfarin sodium tab 3 mg	1	MO
warfarin sodium tab 3 mg (Jantoven)	1	MO
warfarin sodium tab 4 mg	1	MO
warfarin sodium tab 4 mg (Jantoven)	1	MO
warfarin sodium tab 5 mg	1	MO
warfarin sodium tab 5 mg (Jantoven)	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
warfarin sodium tab 6 mg	1	MO
warfarin sodium tab 6 mg (Jantoven)	1	MO
warfarin sodium tab 7.5 mg	1	MO
warfarin sodium tab 7.5 mg (Jantoven)	1	MO
warfarin sodium tab 10 mg	1	MO
warfarin sodium tab 10 mg (Jantoven)	1	MO
XARELTO STAR TAB 15/20MG ***(rivaroxaban)***	2	
XARELTO TAB 2.5MG ***(rivaroxaban)***	2	MO
XARELTO TAB 10MG ***(rivaroxaban)***	2	MO
XARELTO TAB 15MG ***(rivaroxaban)***	2	MO
XARELTO TAB 20MG ***(rivaroxaban)***	2	MO
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG ***(darbepoetin alfa)***	MB	
ARANESP INJ 25MCG ***(darbepoetin alfa)***	MB	
ARANESP INJ 40MCG ***(darbepoetin alfa)***	MB	
ARANESP INJ 60MCG ***(darbepoetin alfa)***	MB	
ARANESP INJ 100MCG ***(darbepoetin alfa)***	MB	
ARANESP INJ 150MCG ***(darbepoetin alfa)***	MB	
ARANESP INJ 200MCG ***(darbepoetin alfa)***	MB	
ARANESP INJ 300MCG ***(darbepoetin alfa)***	MB	
ARANESP INJ 500MCG ***(darbepoetin alfa)***	MB	
MIRCERA INJ 50MCG ***(methoxy polyethylene glycol-epoetin beta)***	MB	
MIRCERA INJ 75MCG ***(methoxy polyethylene glycol-epoetin beta)***	MB	
MIRCERA INJ 100MCG ***(methoxy polyethylene glycol-epoetin beta)***	MB	
MIRCERA INJ 200MCG ***(methoxy polyethylene glycol-epoetin beta)***	MB	
MIRCERA SOL 30/0.3ML ***(methoxy polyethylene glycol-epoetin beta)***	MB	
MIRCERA SOL 150/0.3 ***(methoxy polyethylene glycol-epoetin beta)***	MB	
NEULASTA INJ 6MG/0.6M ***(pegfilgrastim)***	MB	
NEULASTA KIT 6MG/0.6M ***(pegfilgrastim)***	MB	
NIVESTYM INJ 300/0.5 ***(filgrastim-aafi)***	MB	
NIVESTYM INJ 300MCG ***(filgrastim-aafi)***	MB	
NIVESTYM INJ 480/0.8 ***(filgrastim-aafi)***	MB	
NIVESTYM INJ 480MCG ***(filgrastim-aafi)***	MB	
PROMACTA TAB 12.5MG ***(eltrombopag olamine)***	4	SP, PA, QL (30 tabs / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROMACTA TAB 25MG ***(eltrombopag olamine)***	4	SP, PA, QL (30 tabs / 30 days)
PROMACTA TAB 50MG ***(eltrombopag olamine)***	4	SP, PA, QL (60 tabs / 30 days)
PROMACTA TAB 75MG ***(eltrombopag olamine)***	4	SP, PA, QL (60 tabs / 30 days)
RETACRIT INJ 2000UNIT ***(epoetin alfa-epbx)***	MB	
RETACRIT INJ 3000UNIT ***(epoetin alfa-epbx)***	MB	
RETACRIT INJ 4000UNIT ***(epoetin alfa-epbx)***	MB	
RETACRIT INJ 10000UNT ***(epoetin alfa-epbx)***	MB	
RETACRIT INJ 40000UNT ***(epoetin alfa-epbx)***	MB	
UDENYCA INJ 6MG/.6ML ***(pegfilgrastim-cbqv)***	MB	
MISCELLANEOUS		
anagrelide hcl cap 0.5 mg	1	MO
anagrelide hcl cap 1 mg	1	MO
cilostazol tab 50 mg	1	MO
cilostazol tab 100 mg	1	MO
HEMLIBRA INJ 30MG/ML ***(emicizumab-kxwh)***	MB	
HEMLIBRA INJ 60/0.4 ***(emicizumab-kxwh)***	MB	
HEMLIBRA INJ 105/0.7 ***(emicizumab-kxwh)***	MB	
HEMLIBRA INJ 150/ML ***(emicizumab-kxwh)***	MB	
icatibant acetate inj 30 mg/3ml (base equivalent)	MB	
pentoxifylline tab er 400 mg	1	MO
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	MB	
tranexamic acid tab 650 mg	1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	MO
BRILINTA TAB 60MG ***(ticagrelor)***	2	MO
BRILINTA TAB 90MG ***(ticagrelor)***	2	MO
clopidogrel bisulfate tab 75 mg (base equiv)	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
clopidogrel bisulfate tab 300 mg (base equiv)	1	
dipyridamole tab 25 mg	1	PA, MO; High Risk Medications require PA for members age 70 and older
dipyridamole tab 50 mg	1	PA, MO; High Risk Medications require PA for members age 70 and older
dipyridamole tab 75 mg	1	PA, MO; High Risk Medications require PA for members age 70 and older
prasugrel hcl tab 5 mg (base equiv)	1	MO
prasugrel hcl tab 10 mg (base equiv)	1	MO
ZONTIVITY TAB 2.08MG ***(vorapaxar sulfate)***	2	MO

HEMATOPOIETIC AGENTS

FOLIC ACID/FOLATES

folic acid tab 1 mg	1	MO

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM

BIOLOGIC DISEASE-MODIFYING AGENTS

ACTEMRA INJ 80MG/4ML ***(tocilizumab)***	MB	
ACTEMRA INJ 162/0.9 ***(tocilizumab)***	MB	
ACTEMRA INJ 200/10ML ***(tocilizumab)***	MB	
ACTEMRA INJ 400/20ML ***(tocilizumab)***	MB	
ENBREL INJ 25/0.5ML ***(etanercept)***	MB	
ENBREL INJ 25MG ***(etanercept)***	MB	
ENBREL INJ 50MG/ML ***(etanercept)***	MB	
ENBREL MINI INJ 50MG/ML ***(etanercept)***	MB	
ENBREL SRCLK INJ 50MG/ML ***(etanercept)***	MB	
HUMIRA INJ 10/0.1ML ***(adalimumab)***	MB	
HUMIRA INJ 10MG/0.2 ***(adalimumab)***	MB	
HUMIRA INJ 20/0.2ML ***(adalimumab)***	MB	
HUMIRA INJ 40/0.4ML ***(adalimumab)***	MB	
HUMIRA KIT 20MG/0.4 ***(adalimumab)***	MB	
HUMIRA KIT 40MG/0.8 ***(adalimumab)***	MB	
HUMIRA PEDIA INJ CROHNS ***(adalimumab)***	MB	
HUMIRA PEN INJ 40/0.4ML ***(adalimumab)***	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMIRA PEN INJ CD/UC/HS ***(adalimumab)***	MB	
HUMIRA PEN INJ PS/UV ***(adalimumab)***	MB	
HUMIRA PEN KIT CD/UC/HS ***(adalimumab)***	MB	
HUMIRA PEN KIT PS/UV ***(adalimumab)***	MB	
KEVZARA INJ 150/1.14 ***(sarilumab)***	MB	
KEVZARA INJ 200/1.14 ***(sarilumab)***	MB	
RINVOQ TAB 15MG ER ***(upadacitinib)***	4	SP, PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
SIMPONI ARIA SOL 50MG/4ML ***(golimumab)***	MB	
SIMPONI INJ 50/0.5ML ***(golimumab)***	MB	
SIMPONI INJ 100MG/ML ***(golimumab)***	MB	
SKYRIZI INJ 150DOSE ***(risankizumab-rzaa)***	MB	
STELARA INJ 45MG/0.5 ***(ustekinumab)***	MB	
STELARA INJ 90MG/ML ***(ustekinumab)***	MB	
TALTZ INJ 80MG/ML ***(ixekizumab)***	MB	
TREMFYA INJ 100MG/ML ***(guselkumab)***	MB	
XELJANZ TAB 5MG ***(tofacitinib citrate)***	4	SP, PA, QL (60 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ TAB 10MG ***(tofacitinib citrate)***	4	SP, PA, QL (60 tabs / 30 days); Preferred agent for Ulcerative Colitis
XELJANZ XR TAB 11MG ***(tofacitinib citrate)***	4	SP, PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ XR TAB 22MG ***(tofacitinib citrate)***	4	SP, PA, QL (30 tabs / 30 days); Preferred agent for Ulcerative Colitis

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

hydroxychloroquine sulfate tab 200 mg	1	MO
leflunomide tab 10 mg	1	MO
leflunomide tab 20 mg	1	MO
methotrexate sodium tab 2.5 mg (base equiv)	1	OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OTEZLA TAB 10/20/30 ***(apremilast)***	4	SP, PA, QL (55 tabs / 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 30MG ***(apremilast)***	4	SP, PA, QL (60 tabs / 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
IMMUNOGLOBULIN		
HYQVIA INJ 2.5-200 ***(immune globulin (human)-hyaluronidase (human recombinant))***	MB	
HYQVIA INJ 5-400 ***(immune globulin (human)-hyaluronidase (human recombinant))***	MB	
HYQVIA INJ 10-800 ***(immune globulin (human)-hyaluronidase (human recombinant))***	MB	
HYQVIA INJ 20-1600 ***(immune globulin (human)-hyaluronidase (human recombinant))***	MB	
HYQVIA INJ 30-2400 ***(immune globulin (human)-hyaluronidase (human recombinant))***	MB	
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5 ***(interferon gamma-1b)***	MB	
ALFERON N INJ 5MU/ML ***(interferon alfa-n3)***	MB	
ARCALYST INJ 220MG ***(rilonacept)***	MB	
INTRON A INJ 10MU ***(interferon alfa-2b)***	MB	
INTRON A INJ 18MU ***(interferon alfa-2b)***	MB	
INTRON A INJ 25MU ***(interferon alfa-2b)***	MB	
INTRON A INJ 50MU ***(interferon alfa-2b)***	MB	
POMALYST CAP 1MG ***(pomalidomide)***	4	SP, PA, QL (21 caps / 28 days); OAC
POMALYST CAP 2MG ***(pomalidomide)***	4	SP, PA, QL (21 caps / 28 days); OAC
POMALYST CAP 3MG ***(pomalidomide)***	4	SP, PA, QL (21 caps / 28 days); OAC
POMALYST CAP 4MG ***(pomalidomide)***	4	SP, PA, QL (21 caps / 28 days); OAC
REVLIMID CAP 2.5MG ***(lenalidomide)***	4	SP, PA, QL (28 caps / 28 days); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
REVLIMID CAP 5MG ***(lenalidomide)***	4	SP, PA, QL (28 caps / 28 days); OAC
REVLIMID CAP 10MG ***(lenalidomide)***	4	SP, PA, QL (28 caps / 28 days); OAC
REVLIMID CAP 15MG ***(lenalidomide)***	4	SP, PA, QL (28 caps / 28 days); OAC
REVLIMID CAP 20MG ***(lenalidomide)***	4	SP, PA, QL (21 caps / 28 days); OAC
REVLIMID CAP 25MG ***(lenalidomide)***	4	SP, PA, QL (21 caps / 28 days); OAC
THALOMID CAP 50MG ***(thalidomide)***	4	SP, PA, QL (28 caps / 28 days); OAC
THALOMID CAP 100MG ***(thalidomide)***	4	SP, PA, QL (28 caps / 28 days); OAC
THALOMID CAP 150MG ***(thalidomide)***	4	SP, PA, QL (56 caps / 28 days); OAC
THALOMID CAP 200MG ***(thalidomide)***	4	SP, PA, QL (56 caps / 28 days); OAC
IMMUNOSUPPRESSANTS		
AZASAN TAB 75 MG ***(azathioprine)***	3	MO
AZASAN TAB 100MG ***(azathioprine)***	3	MO
azathioprine tab 50 mg	1	MO
cyclosporine cap 25 mg	1	SP
cyclosporine cap 100 mg	1	SP
cyclosporine iv soln 50 mg/ml	MB	
cyclosporine modified cap 25 mg	1	SP
cyclosporine modified cap 25 mg (Gengraf)	1	SP
cyclosporine modified cap 50 mg	1	SP
cyclosporine modified cap 100 mg	1	SP
cyclosporine modified cap 100 mg (Gengraf)	1	SP
cyclosporine modified oral soln 100 mg/ml	1	SP
cyclosporine modified oral soln 100 mg/ml (Gengraf)	1	SP
everolimus tab 0.5 mg	1	SP
everolimus tab 0.25 mg	1	SP
everolimus tab 0.75 mg	1	SP
mycophenolate mofetil cap 250 mg	1	SP
mycophenolate mofetil for oral susp 200 mg/ml	1	SP
mycophenolate mofetil hcl for iv soln 500 mg (base equiv)	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
mycophenolate mofetil tab 500 mg	1	SP
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1	SP
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	1	SP
PROGRAF INJ 5MG/ML ***(tacrolimus)***	MB	
SANDIMMUNE SOL 100MG/ML ***(cyclosporine)***	3	SP
sirolimus oral soln 1 mg/ml	1	SP
sirolimus tab 0.5 mg	1	SP
sirolimus tab 1 mg	1	SP
sirolimus tab 2 mg	1	SP
tacrolimus cap 0.5 mg	1	SP
tacrolimus cap 1 mg	1	SP
tacrolimus cap 5 mg	1	SP
ZORTRESS TAB 1MG ***(everolimus (immunosuppressant))***	2	SP
VACCINES		
ACTHIB INJ ***(haemophilus b polysac conj vac)***	MB	
ADACEL INJ ***(tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))***	MB	
AFLURIA QUAD INJ 2020-21 ***(influenza virus vaccine split quadrivalent)***	MB	
BEXSERO INJ ***(meningococcal vac group b (recombant omv adjuvanted))***	MB	
BOOSTRIX INJ ***(tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))***	MB	
DAPTACEL INJ ***(diphtheria, acellular pertussis & tetanus toxoids)***	MB	
DIP/TET PED INJ 25-5LFU	MB	
ENGERIX-B INJ 10/0.5ML ***(hepatitis b vaccine (recomb))***	MB	
ENGERIX-B INJ 20MCG/ML ***(hepatitis b vaccine (recomb))***	MB	
FLUAD INJ 2020-21 ***(influenza virus vaccine types a & b surface antigen adjuvant)***	MB	
FLUAD QUADRI INJ 0.5ML ***(influenza virus vacc types a & b surf antigen adjuvant quad)***	MB	
FLUARIX QUAD INJ 2020-21 ***(influenza virus vaccine split quadrivalent)***	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FLUBLOK QUAD INJ 2020-21 ***(influenza virus vac recomb hemagglutinin (ha) quadrivalent)***	MB	
FLUCLVX QUAD INJ 2020-21 ***(influenza virus vaccine tissue-cultured subunit quadrivalent)***	MB	
FLULAVAL QUA INJ 2020-21 ***(influenza virus vaccine split quadrivalent)***	MB	
FLUMIST QUAD SUS 2020-21 ***(influenza virus vaccine live quadrivalent)***	MB	
FLUZONE HD INJ PF 20-21 ***(influenza virus vac split high-dose quad preservative free)***	MB	
FLUZONE QUAD INJ 2020-21 ***(influenza virus vaccine split quadrivalent)***	MB	
GARDASIL 9 INJ ***(human papillomavirus (hpv) 9-valent recombinant vaccine)***	MB	
HAVRIX INJ 720UNIT ***(hepatitis a vaccine)***	MB	
HAVRIX INJ 1440UNIT ***(hepatitis a vaccine)***	MB	
HEPLISAV-B INJ 20/0.5ML ***(hepatitis b vaccine recombinant adjuvanted)***	MB	
HEPLISAV-B INJ 20MCG ***(hepatitis b vaccine recombinant adjuvanted)***	MB	
HIBERIX SOL 10MCG ***(haemophilus b polysac conj vac)***	MB	
INFANRIX INJ ***(diphtheria, acellular pertussis & tetanus toxoids)***	MB	
IPOL INJ INACTIVE ***(poliovirus vaccine, ipv)***	MB	
KINRIX INJ ***(diph-tetanus tox ad-acell pertussis & polio virus, ipv vac)***	MB	
M-M-R II INJ ***(measles, mumps & rubella virus vaccines)***	MB	
MENACTRA INJ ***(meningococcal (a,c,y&w-135) polysaccharide conjugate vaccine)***	MB	
MENVEO INJ ***(meningococcal (a,c,y&w-135) oligosaccharide conjugate vac)***	MB	
PEDIARIX INJ 0.5ML ***(diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac)***	MB	
PEDVAX HIB INJ ***(haemophilus b polysac conj vac)***	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PENTACEL INJ ***(diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac)***	MB	
PNEUMOVAX 23 INJ 25/0.5 ***(pneumococcal vac polyvalent)***	MB	
PREVNAR 13 INJ ***(pneumococcal 13-valent conjugate vaccine)***	MB	
PROQUAD INJ ***(measles-mumps-rubella-varicella virus vaccines)***	MB	
RECOMBIVA HB INJ 5MCG/0.5 ***(hepatitis b vaccine (recomb))***	MB	
RECOMBIVA HB INJ 10MCG/ML ***(hepatitis b vaccine (recomb))***	MB	
RECOMBIVA-HB INJ 40MCG/ML ***(hepatitis b vaccine (recomb))***	MB	
ROTARIX SUS ***(rotavirus vaccine, live oral)***	PV	$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL ***(rotavirus vaccine, live oral pentavalent)***	PV	$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX INJ 50/0.5ML ***(zoster vaccine recombinant adjuvanted)***	MB	
TDVAX INJ 2-2 LF ***(tetanus-diphtheria toxoids (td))***	MB	
TENIVAC INJ 5-2LF ***(tetanus-diphtheria toxoids (td))***	MB	
TRUMENBA INJ ***(meningococcal group b vaccine (recombinant))***	MB	
TWINRIX INJ ***(hepatitis a (inactivated)-hepatitis b (recombinant) vaccines)***	MB	
VAQTA INJ 25/0.5ML ***(hepatitis a vaccine)***	MB	
VAQTA INJ 50UNT/ML ***(hepatitis a vaccine)***	MB	
VARIVAX INJ ***(varicella virus vaccine live)***	MB	
ZOSTAVAX INJ ***(zoster vaccine live)***	MB	

MEDICAL DEVICES

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CAYA DPR ***(diaphragm arc-spring)***	MB	
FC2 FEMALE MIS CONDOM ***(condoms - female)***	PV	
FEMCAP MIS 22MM ***(cervical caps)***	MB	
FEMCAP MIS 26MM ***(cervical caps)***	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FEMCAP MIS 30MM ***(cervical caps)***	MB	
OMNIFLEX DPR ***(diaphragms)***	MB	
WIDE-SEAL DPR KIT 60 ***(diaphragm wide seal)***	MB	
WIDE-SEAL DPR KIT 65 ***(diaphragm wide seal)***	MB	
WIDE-SEAL DPR KIT 70 ***(diaphragm wide seal)***	MB	
WIDE-SEAL DPR KIT 75 ***(diaphragm wide seal)***	MB	
WIDE-SEAL DPR KIT 80 ***(diaphragm wide seal)***	MB	
WIDE-SEAL DPR KIT 85 ***(diaphragm wide seal)***	MB	
WIDE-SEAL DPR KIT 90 ***(diaphragm wide seal)***	MB	
WIDE-SEAL DPR KIT 95 ***(diaphragm wide seal)***	MB	
DIABETIC SUPPLIES		
ACCU-CHEK BLOOD GLUCOSE TEST KITS ***(blood glucose monitoring supplies)***	MB	
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS ***(glucose blood)***	MB	
ALCOH-WIPE MIS 12"X12" ***(alcohol sheets)***	MB	
ALCOHOL PREP WIPES AND SWABS ***(alcohol swabs)***	MB	
BLOOD GLUCOSE CALIBRATION SOLUTION ***(blood glucose calibration)***	MB	
GLUCOSE URINE TEST STRIPS ***(glucose urine test-(glucose oxidase))***	MB	
INSULIN PEN NEEDLES ***(insulin pen needle)***	2	
INSULIN PEN NEEDLES/SYRINGES ***(insulin syringe/needle u-100)***	2	
KETONE URINE TEST STRIPS ***(urine glucose-ketones test)***	MB	
LANCETS ***(lancets)***	MB	
LANCING DEVICE	MB	
MISC LANCETS ***(lancets misc.)***	MB	
SHARPS CONTAINER ***(sharps container)***	MB	
URINE GLUCOSE MONITORING SUPPLIES ***(urine glucose monitoring supplies)***	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
URINE TEST STRIPS ***(multiple urine tests)***	MB	
MISCELLANEOUS		
ADULT RESPIRATORY MASK ***(spacer/aerosol-holding chambers)***	2	
ADULT RESPIRATORY MASK ***(spacer/aerosol-holding chambers)***	2	
HUMATROPEN MIS FOR 6MG ***(injection device)***	MB	
HUMATROPEN MIS FOR 12MG ***(injection device)***	MB	
HUMATROPEN MIS FOR 24MG ***(injection device)***	MB	
PEDIATRIC RESPIRATORY MASK ***(spacer/aerosol-holding chamber supplies - masks)***	2	
PEDIATRIC RESPIRATORY MASK ***(spacer/aerosol-holding chamber supplies - masks)***	2	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
FLUORABON DRO ***(sodium fluoride)***	PV	MO; $0 applies for ages 5 and under, otherwise not covered
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	MB	
magnesium sulfate inj 50%	MB	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	MB	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	MB	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	MB	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	MB	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	MB	
potassium bicarbonate effer tab 25 meq (K-effervescent)	1	MO
potassium chloride cap er 8 meq	1	MO
potassium chloride cap er 10 meq	1	MO
potassium chloride microencapsulated crys er tab 10 meq	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
potassium chloride microencapsulated crys er tab 15 meq (Klor-con M15)	1	MO
potassium chloride microencapsulated crys er tab 20 meq	1	MO
potassium chloride microencapsulated crys er tab 20 meq (Klor-con M20)	1	MO
potassium chloride oral soln 10% (20 meq/15ml)	1	MO
potassium chloride oral soln 20% (40 meq/15ml)	1	MO
potassium chloride tab er 8 meq (600 mg)	1	MO
potassium chloride tab er 8 meq (600 mg) (Klor-con 8)	1	MO
potassium chloride tab er 10 meq	1	MO
potassium chloride tab er 10 meq (Klor-con 10)	1	MO
potassium chloride tab er 20 meq (1500 mg)	1	MO
sodium chloride flush iv soln 0.9%	MB	
sodium chloride inj 2.5 meq/ml (14.6%)	MB	
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	PV	MO; $0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) (Fluoritab)	PV	MO; $0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) (Ludent)	PV	MO; $0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	PV	MO; $0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (Fluoritab)	PV	MO; $0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (Ludent)	PV	MO; $0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1	MO
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (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, otherwise not covered
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, otherwise not covered
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab)	PV	MO; $0 applies for ages 5 and under, otherwise not covered
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Nafrinse Drops)	PV	MO; $0 applies for ages 5 and under, otherwise not covered
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	PV	MO; $0 applies for ages 5 and under, otherwise not covered
sodium fluoride tab 1 mg f (from 2.2 mg naf)	1	MO
IV REPLACEMENT SOLUTIONS		
kcl 20 meq/l (0.15%) in nacl 0.9% inj	MB	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	MB	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	MB	
potassium chloride inj 2 meq/ml	MB	
sodium chloride iv soln 0.9%	MB	
sodium chloride iv soln 0.45%	MB	
sodium chloride iv soln 3%	MB	
sodium chloride iv soln 5%	MB	
sodium chloride preservative free (pf) inj 0.9%	MB	
VITAMINS		
calcitriol cap 0.5 mcg	1	MO
calcitriol cap 0.25 mcg	1	MO
calcitriol inj 1 mcg/ml	MB	
calcitriol oral soln 1 mcg/ml	1	MO
cholecalciferol cap 1.25 mg (50000 unit)	1	
CITRANATAL CAP HARMONY ***(prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha)***	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CITRANATAL CAP MEDLEY ***(prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha)***	2	
CITRANATAL MIS ***(prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)***	2	
CITRANATAL MIS 90 DHA ***(prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)***	2	
CITRANATAL MIS B-CALM ***(prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa & vit b6)***	2	
CITRANATAL PAK ASSURE ***(prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)***	2	
CITRANATAL PAK DHA ***(prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)***	2	
CITRANATAL TAB BLOOM ***(prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid)***	2	
CITRANATAL TAB RX ***(prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa)***	2	
cyanocobalamin inj 1000 mcg/ml	MB	
doxercalciferol cap 0.5 mcg	1	MO
doxercalciferol cap 1 mcg	1	MO
doxercalciferol cap 2.5 mcg	1	MO
doxercalciferol inj 4 mcg/2ml (2 mcg/ml)	MB	
ergocalciferol cap 1.25 mg (50000 unit)	1	MO
folic acid cap 0.8 mg	PV	QL (100 caps / 30 days), MO; $0 copay for ages 55 and under, otherwise not covered
folic acid tab 1 mg	1	MO
folic acid tab 400 mcg	PV	QL (100 tabs / 30 days); $0 copay for ages 55 and under, otherwise not covered
folic acid tab 800 mcg	PV	QL (100 tabs / 30 days), MO; $0 copay for ages 55 and under, otherwise not covered

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg (Niva-fol)	1	
paricalcitol cap 1 mcg	1	MO
paricalcitol cap 2 mcg	1	MO
paricalcitol cap 4 mcg	1	MO
paricalcitol iv soln 2 mcg/ml	MB	
paricalcitol iv soln 5 mcg/ml	MB	
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml (Multi-vit/iron/fluoride)	1	
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml (Multi-vitamin/fluoride/ir)	1	
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg (Multivitamin With Fluorid)	1	
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg (Multivitamin With Fluorid)	1	
pediatric multiple vitamins w/ fluoride chew tab 1 mg (Multivitamin With Fluorid)	1	
pediatric multiple vitamins w/ fluoride chew tab 1 mg (Mvc-fluoride)	1	
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml (Multi-vit/fluoride)	1	
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml (Multi-vit/fluoride)	1	
pediatric vitamins acd fluoride & fe drops 0.25-10 mg/ml (Tri-vit/fluoride/iron)	1	
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml (Tri-vit/fluoride)	1	
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml (Tri-vit/fluoride)	1	
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml (Vitamins A/c/d/fluoride)	1	
phytonadione tab 5 mg	1	
prenatal vit w/ iron carbonyl-fa tab 29-1 mg (Prenatabs Rx)	1	
prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg (Elite-ob)	1	
pyridoxine hcl tab 25 mg	1	
pyridoxine hcl tab 50 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
BLEPHAMIDE OIN S.O.P. ***(sulfacetamide sod-prednisolone)***	2	
BLEPHAMIDE SUS OP ***(sulfacetamide sod-prednisolone)***	2	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
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	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE SOL 1% ***(azithromycin (ophth))***	2	
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
bacitracin-polymyxin b ophth oint (Polycin)	1	
BESIVANCE SUS 0.6% ***(besifloxacin hcl)***	3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	1	
gentamicin sulfate ophth oint 0.3% (Gentak)	1	
gentamicin sulfate ophth soln 0.3%	1	
levofloxacin ophth soln 0.5%	1	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
NATACYN SUS 5% OP ***(natamycin)***	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin ophth soln 0.3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium ophth oint 10%	1	
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
trifluridine ophth soln 1%	1	
ZIRGAN GEL 0.15% ***(ganciclovir ophthalmic)***	3	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACUVAIL SOL 0.45% ***(ketorolac tromethamine (ophth))***	2	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	
dexamethasone sodium phosphate ophth soln 0.1%	1	
diclofenac sodium ophth soln 0.1%	1	
DUREZOL EMU 0.05% ***(difluprednate)***	2	
flurbiprofen sodium ophth soln 0.03%	1	
FML FORTE SUS 0.25% OP ***(fluorometholone (ophth))***	2	
FML OIN 0.1% OP ***(fluorometholone (ophth))***	2	
ILEVRO DRO 0.3% OP ***(nepafenac)***	2	
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	
loteprednol etabonate ophth susp 0.5%	1	
MAXIDEX SUS 0.1% OP ***(dexamethasone (ophth))***	2	
NEVANAC SUS 0.1% ***(nepafenac)***	2	
PRED MILD SUS 0.12% OP ***(prednisolone acetate (ophth))***	2	
PRED SOD PHO SOL 1% OP	2	
prednisolone acetate ophth susp 1%	1	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
ALOCRIL SOL 2% ***(nedocromil sodium (ophth))***	3	
ALOMIDE SOL 0.1% OP ***(lodoxamide tromethamine)***	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
azelastine hcl ophth soln 0.05%	1	
BEPREVE DRO 1.5% ***(bepotastine besilate)***	3	
cromolyn sodium ophth soln 4%	1	
EMADINE SOL 0.05% OP ***(emedastine difumarate)***	3	
epinastine hcl ophth soln 0.05%	1	
LASTACAFT SOL 0.25% ***(alcaftadine)***	2	
olopatadine hcl ophth soln 0.1% (base equivalent)	1	
olopatadine hcl ophth soln 0.2% (base equivalent)	1	
PAZEO DRO 0.7% ***(olopatadine hcl)***	2	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOL 0.1% ***(brimonidine tartrate)***	3	MO
apraclonidine hcl ophth soln 0.5% (base equivalent)	1	
AZOPT SUS 1% OP ***(brinzolamide)***	2	MO
betaxolol hcl ophth soln 0.5%	1	MO
BETIMOL SOL 0.5% ***(timolol)***	3	MO
BETIMOL SOL 0.25% ***(timolol)***	3	MO
BETOPTIC-S SUS 0.25% OP ***(betaxolol hcl (ophth))***	2	MO
bimatoprost ophth soln 0.03%	3	MO
brimonidine tartrate ophth soln 0.2%	1	MO
brimonidine tartrate ophth soln 0.15%	1	MO
carteolol hcl ophth soln 1%	1	MO
COMBIGAN SOL 0.2/0.5% ***(brimonidine tartrate-timolol maleate)***	2	MO
dorzolamide hcl ophth soln 2%	1	MO
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	1	MO
IOPIDINE SOL 1% OP ***(apraclonidine hcl)***	3	
latanoprost ophth soln 0.005%	1	MO
levobunolol hcl ophth soln 0.5%	1	MO
LUMIGAN SOL 0.01% ***(bimatoprost)***	2	ST, MO; PA**
metipranolol ophth soln 0.3%	1	MO
PHOSPHOLINE SOL 0.125%OP ***(echothiophate iodide)***	3	MO
pilocarpine hcl ophth soln 1%	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SIMBRINZA SUS 1-0.2% ***(brinzolamide-brimonidine tartrate)***	2	MO
timolol maleate ophth gel forming soln 0.5%	1	MO
timolol maleate ophth gel forming soln 0.25%	1	MO
timolol maleate ophth soln 0.5%	1	MO
timolol maleate ophth soln 0.5% (once-daily)	1	MO
timolol maleate ophth soln 0.25%	1	MO
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	1	MO
ZIOPTAN DRO 0.0015% ***(tafluprost)***	3	ST, MO; PA**
MISCELLANEOUS		
atropine sul sol 1% op	3	MO
CYSTARAN SOL 0.44% ***(cysteamine hcl)***	4	SP, PA, QL (4 bottles / 28 days)
LACRISERT MIS 5MG OP ***(artificial tear insert)***	3	
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	
proparacaine hcl ophth soln 0.5%	1	
RESTASIS EMU 0.05% ***(cyclosporine (ophth))***	2	MO
tropicamide ophth soln 0.5%	1	MO
tropicamide ophth soln 1%	1	MO
OTHER		
IRRIGATION SOLUTIONS		
irrigation solution, physiological (Physiolyte)	1	
irrigation solution, physiological (Physiosol Irrigation)	1	
ringer's solution for irrigation (Tis-u-sol)	1	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANAPHYLAXIS TREATMENT AGENTS		
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1	
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	(generic of Adrenaclick)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EPIPEN 2-PAK INJ 0.3MG ***(epinephrine (anaphylaxis))***	2	
EPIPEN-JR INJ 0.15MG ***(epinephrine (anaphylaxis))***	2	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25 ***(umeclidinium-vilanterol)***	2	QL (1 package / 25 days), MO
BEVESPI AER 9-4.8MCG ***(glycopyrrolate-formoterol fumarate)***	2	QL (1 package / 25 days), MO
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (6 boxes / 25 days), MO
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
INCRUSE ELPT INH 62.5MCG ***(umeclidinium bromide)***	2	QL (1 package / 25 days), MO
ipratropium bromide inhal soln 0.02%	1	QL (5 boxes / 25 days), MO
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	MO
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	MO
SPIRIVA AER 1.25MCG ***(tiotropium bromide monohydrate)***	2	QL (1 package / 25 days), MO
SPIRIVA CAP HANDIHLR ***(tiotropium bromide monohydrate)***	2	QL (1 package / 25 days), MO
SPIRIVA SPR 2.5MCG ***(tiotropium bromide monohydrate)***	2	QL (1 package / 25 days), MO
ANTIHISTAMINE COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL (1 package / 25 days)
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL (2 bottles / 25 days)
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	1	QL (2 bottles / 25 days)
brompheniramine tannate chew tab 12 mg	1	
carbinoxamine maleate soln 4 mg/5ml	1	
carbinoxamine maleate tab 4 mg	1	
CLARINEX SYP 0.5MG/ML ***(desloratadine)***	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
clemastine fumarate tab 2.68 mg	1	PA; High Risk Medications require PA for members age 70 and older
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
desloratadine tab 5 mg	1	
desloratadine tab orally disintegrating 2.5 mg	1	
desloratadine tab orally disintegrating 5 mg	1	
diphenhydramine hcl elixir 12.5 mg/5ml	1	
diphenhydramine hcl inj 50 mg/ml	MB	
hydroxyzine hcl im soln 25 mg/ml	MB	
hydroxyzine hcl im soln 50 mg/ml	MB	
hydroxyzine hcl syrup 10 mg/5ml	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine hcl tab 10 mg	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine hcl tab 25 mg	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine hcl tab 50 mg	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine pamoate cap 25 mg	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine pamoate cap 50 mg	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine pamoate cap 100 mg	1	PA; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	
levocetirizine dihydrochloride tab 5 mg	1	
olopatadine hcl nasal soln 0.6%	1	QL (1 container / 25 days)
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (2 inhalers / 25 days), MO
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (60 mL / 25 days), MO
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL (5 boxes / 25 days), MO
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL (5 boxes / 25 days), MO
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL (5 boxes / 25 days), MO
albuterol sulfate syrup 2 mg/5ml	1	MO
albuterol sulfate tab 2 mg	1	MO
albuterol sulfate tab 4 mg	1	MO
albuterol sulfate tab er 12hr 4 mg	1	MO
albuterol sulfate tab er 12hr 8 mg	1	MO
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	QL (300 mL / 25 days), MO
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	QL (300 mL / 25 days), MO
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	QL (300 mL / 25 days), MO
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	QL (45 mL / 25 days), MO
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	QL (2 inhalers / 25 days), MO
metaproterenol sulfate syrup 10 mg/5ml	1	MO
metaproterenol sulfate tab 10 mg	1	MO
metaproterenol sulfate tab 20 mg	1	MO
PERFOROMIST NEB 20MCG ***(formoterol fumarate)***	2	QL (2 boxes / 25 days), MO
STRIVERDI AER 2.5MCG ***(olodaterol hcl)***	2	QL (1 package / 25 days), MO
terbutaline sulfate inj 1 mg/ml	MB	
terbutaline sulfate tab 2.5 mg	1	MO
terbutaline sulfate tab 5 mg	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BIOLOGIC RESPONSE MODIFIERS		
NUCALA INJ 100MG ***(mepolizumab)***	MB	
NUCALA INJ 100MG/ML ***(mepolizumab)***	MB	
XOLAIR INJ 75/0.5 ***(omalizumab)***	MB	
XOLAIR INJ 150MG/ML ***(omalizumab)***	MB	
XOLAIR SOL 150MG ***(omalizumab)***	MB	
COLD/COUGH		
benzonatate cap 100 mg	1	
benzonatate cap 200 mg	1	
guaifenesin-codeine soln 100-10 mg/5ml (Cheratussin Ac)	1	
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	1	
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml (Hydromet)	1	
hydrocodone w/ homatropine tab 5-1.5 mg	1	
hydrocodone w/ homatropine tab 5-1.5 mg (Tussigon)	1	
NORTUSS-EX LIQ 200-20/5 ***(dextromethorphan-guaifenesin)***	2	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	
promethazine-dm syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (Promethazine Vc/codeine)	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
TUZISTRA XR SUS ***(codeine polistirex-chlorpheniramine polistirex)***	3	
LEUKOTRIENE MODIFIERS		
zileuton tab er 12hr 600 mg	2	MO
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
montelukast sodium chew tab 4 mg (base equiv)	1	MO
montelukast sodium chew tab 5 mg (base equiv)	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
montelukast sodium oral granules packet 4 mg (base equiv)	1	MO
montelukast sodium tab 10 mg (base equiv)	1	MO
zafirlukast tab 10 mg	1	MO
zafirlukast tab 20 mg	1	MO
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
cromolyn sodium soln nebu 20 mg/2ml	1	QL (2 boxes / 25 days), MO
MISCELLANEOUS		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	
DALIRESP TAB 250MCG ***(roflumilast)***	3	PA, MO
DALIRESP TAB 500MCG ***(roflumilast)***	3	PA, MO
ESBRIET CAP 267MG ***(pirfenidone)***	4	SP, PA, QL (270 caps / 30 days)
ESBRIET TAB 267MG ***(pirfenidone)***	4	SP, PA, QL (270 tabs / 30 days)
ESBRIET TAB 801MG ***(pirfenidone)***	4	SP, PA, QL (90 tabs / 30 days)
GLASSIA INJ ***(alpha1-proteinase inhibitor (human))***	MB	
KALYDECO PAK 25MG ***(ivacaftor)***	4	PA, QL (56 packets / 28 days), MO
KALYDECO PAK 50MG ***(ivacaftor)***	4	PA, QL (56 packets / 28 days), MO
KALYDECO PAK 75MG ***(ivacaftor)***	4	PA, QL (56 packets / 28 days), MO
KALYDECO TAB 150MG ***(ivacaftor)***	4	PA, QL (56 tabs / 28 days), MO; carton consists of 56 tablets
KALYDECO TAB 150MG ***(ivacaftor)***	4	PA, QL (60 tabs / 30 days), MO; packet consists of 60 tablets
ORKAMBI GRA 100-125 ***(lumacaftor-ivacaftor)***	4	PA, QL (56 packets / 28 days), MO
ORKAMBI GRA 150-188 ***(lumacaftor-ivacaftor)***	4	PA, QL (56 packets / 28 days), MO
ORKAMBI TAB 100-125 ***(lumacaftor-ivacaftor)***	4	PA, QL (112 tabs / 28 days), MO
ORKAMBI TAB 200-125 ***(lumacaftor-ivacaftor)***	4	PA, QL (112 tabs / 28 days), MO
PROLASTIN-C INJ 1000MG ***(alpha1-proteinase inhibitor (human))***	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
SYMDEKO TAB 50-75MG ***(tezacaftor-ivacaftor)***	4	PA, QL (56 tabs / 28 days), MO
SYMDEKO TAB 100-150 ***(tezacaftor-ivacaftor)***	4	PA, QL (56 tabs / 28 days), MO
TRIKAFTA TAB ***(elexacaftor-tezacaftor-ivacaftor)***	4	PA, QL (84 tabs / 28 days), MO
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
flunisolide nasal soln 25 mcg/act (0.025%)	1	QL (3 containers / 25 days)
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 container / 25 days)
OMNARIS SPR ***(ciclesonide (nasal))***	3	ST, QL (1 package / 25 days); PA**
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	1	QL (1 package / 25 days)
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELPT INH 50MCG ***(fluticasone furoate (inhalation))***	2	QL (1 package / 25 days), MO
ARNUITY ELPT INH 100MCG ***(fluticasone furoate (inhalation))***	2	QL (1 package / 25 days), MO
ARNUITY ELPT INH 200MCG ***(fluticasone furoate (inhalation))***	2	QL (1 package / 25 days), MO
budesonide inhalation susp 0.5 mg/2ml	1	QL (2 boxes / 25 days), MO
budesonide inhalation susp 0.25 mg/2ml	1	QL (3 boxes / 25 days), MO
budesonide inhalation susp 1 mg/2ml	1	QL (1 box / 25 days), MO
QVAR REDIHA AER 80MCG ***(beclomethasone dipropionate hfa)***	2	QL (2 packages / 25 days), MO
QVAR REDIHAL AER 40MCG ***(beclomethasone dipropionate hfa)***	2	QL (2 packages / 25 days), MO
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKU AER 100/50 ***(fluticasone-salmeterol)***	1	QL (1 package / 25 days), MO
ADVAIR DISKU AER 250/50 ***(fluticasone-salmeterol)***	1	QL (1 package / 25 days), MO
ADVAIR DISKU AER 500/50 ***(fluticasone-salmeterol)***	1	QL (1 package / 25 days), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADVAIR HFA AER 45/21 ***(fluticasone-salmeterol)***	2	QL (1 package / 25 days), MO
ADVAIR HFA AER 115/21 ***(fluticasone-salmeterol)***	2	QL (1 package / 25 days), MO
ADVAIR HFA AER 230/21 ***(fluticasone-salmeterol)***	2	QL (1 package / 25 days), MO
BREO ELLIPTA INH 100-25 ***(fluticasone furoate-vilanterol)***	2	QL (1 package / 25 days), MO
BREO ELLIPTA INH 200-25 ***(fluticasone furoate-vilanterol)***	2	QL (1 package / 25 days), MO
SYMBICORT AER 80-4.5 ***(budesonide-formoterol fumarate dihydrate)***	2	QL (1 package / 25 days), MO
SYMBICORT AER 160-4.5 ***(budesonide-formoterol fumarate dihydrate)***	2	QL (1 package / 25 days), MO
XANTHINES - DRUGS TO TREAT COPD		
aminophylline inj 25 mg/ml	MB	
ELIXOPHYLLIN ELX 80/15ML ***(theophylline)***	3	MO
THEO-24 CAP 100MG CR ***(theophylline)***	3	MO
THEO-24 CAP 200MG CR ***(theophylline)***	3	MO
THEO-24 CAP 300MG CR ***(theophylline)***	3	MO
THEO-24 CAP 400MG ER ***(theophylline)***	3	MO
theophylline soln 80 mg/15ml	1	MO
theophylline tab er 12hr 100 mg (Theochron)	1	MO
theophylline tab er 12hr 200 mg (Theochron)	1	MO
theophylline tab er 12hr 300 mg (Theochron)	1	MO
theophylline tab er 12hr 450 mg	1	MO
theophylline tab er 24hr 400 mg	1	MO
theophylline tab er 24hr 600 mg	1	MO
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
adapalene cream 0.1%	1	PA; PA applies for members age 35 and older
adapalene gel 0.1%	1	PA; PA applies for members age 35 and older
adapalene gel 0.3%	1	PA; PA applies for members age 35 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
adapalene-benzoyl peroxide gel 0.1-2.5%	1	
BENZIQ GEL 5.25% ***(benzoyl peroxide)***	2	
BENZIQ LS GEL 2.75% ***(benzoyl peroxide)***	2	
benzoyl peroxide liq 2.5% (Bp Wash)	1	
benzoyl peroxide liq 5.25% (Benziq Wash)	1	
benzoyl peroxide-erythromycin gel 5-3%	1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1%	1	QL (75g / 25 days)
clindamycin phosphate lotion 1%	1	QL (60mL / 25 days)
clindamycin phosphate soln 1%	1	QL (60mL / 25 days)
clindamycin phosphate swab 1%	1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	
EPIDUO FORTE GEL 0.3-2.5% ***(adapalene-benzoyl peroxide)***	3	
erythromycin gel 2%	1	QL (60g / 25 days)
erythromycin pads 2%	1	
erythromycin pads 2% (Ery)	1	
erythromycin soln 2%	1	QL (60mL / 25 days)
isotretinoin cap 10 mg	1	PA
isotretinoin cap 20 mg	1	PA
isotretinoin cap 30 mg	1	PA
isotretinoin cap 40 mg	1	PA
sulfacetamide sodium lotion 10% (acne)	1	
tretinoin cream 0.1%	1	PA; PA applies for members age 35 and older
tretinoin cream 0.05%	1	PA; PA applies for members age 35 and older
tretinoin cream 0.025%	1	PA; PA applies for members age 35 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
tretinoin cream 0.025% (Avita)	1	PA; PA applies for members age 35 and older
tretinoin gel 0.01%	1	PA; PA applies for members age 35 and older
tretinoin gel 0.05%	1	PA; PA applies for members age 35 and older
tretinoin gel 0.025%	1	PA; PA applies for members age 35 and older
tretinoin gel 0.025% (Avita)	1	PA; PA applies for members age 35 and older
tretinoin microsphere gel 0.1%	1	PA; PA applies for members age 35 and older
tretinoin microsphere gel 0.04%	1	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
FLUOROPLEX CRE 1% ***(fluorouracil (topical))***	3	
fluorouracil cream 0.5%	1	
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
imiquimod cream 5%	1	
PICATO GEL 0.05% ***(ingenol mebutate)***	3	
PICATO GEL 0.015% ***(ingenol mebutate)***	3	
DERMATOLOGY, ANTIBIOTICS		
BACTROBAN OIN NASAL 2% ***(mupirocin calcium)***	3	
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
IV PREP WIPE PAD	2	
mupirocin oint 2%	1	QL (30g / 25 days)
silver sulfadiazine cream 1%	1	
silver sulfadiazine cream 1% (Ssd)	1	
SULFAMYLON CRE 85MG/GM ***(mafenide acetate)***	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DERMATOLOGY, ANTIFUNGALS		
ciclopirox gel 0.77%	1	QL (120g / 25 days)
ciclopirox olamine cream 0.77% (base equiv)	1	QL (120g / 25 days)
ciclopirox olamine susp 0.77% (base equiv)	1	QL (120mL / 25 days)
ciclopirox shampoo 1%	1	QL (120mL / 25 days)
ciclopirox solution 8%	1	
clotrimazole cream 1%	1	QL (120g / 25 days)
clotrimazole soln 1%	1	QL (120mL / 25 days)
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (60gm / 25 days)
clotrimazole w/ betamethasone lotion 1-0.05%	1	QL (60mL / 25 days)
econazole nitrate cream 1%	1	QL (60g / 25 days)
ERTACZO CRE 2% ***(sertaconazole nitrate)***	3	QL (60g / 25 days)
EXELDERM CRE 1% ***(sulconazole nitrate)***	3	ST, QL (60g / 25 days); PA**
EXELDERM SOL 1% ***(sulconazole nitrate)***	3	ST, QL (60mL / 25 days); PA**
JUBLIA SOL 10% ***(efinaconazole)***	3	PA, QL (4mL / 21 days)
ketoconazole cream 2%	1	QL (120g / 25 days)
MENTAX CRE 1% ***(butenafine hcl)***	3	QL (60g / 25 days)
naftifine hcl cream 1%	1	QL (60g / 25 days)
naftifine hcl cream 2%	1	QL (60g / 25 days)
nystatin cream 100000 unit/gm	1	QL (120g / 25 days)
nystatin oint 100000 unit/gm	1	QL (120g / 25 days)
nystatin topical powder 100000 unit/gm	1	QL (120g / 25 days)
nystatin topical powder 100000 unit/gm (Nyamyc)	1	QL (120g / 25 days)
nystatin topical powder 100000 unit/gm (Nystop)	1	QL (120g / 25 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	QL (60g / 25 days)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	QL (60g / 25 days)
oxiconazole nitrate cream 1%	1	QL (60g / 25 days)
OXISTAT LOT 1% ***(oxiconazole nitrate)***	3	QL (60mL / 25 days)
sulconazole nitrate cream 1%	1	QL (60g / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl cream 5%	3	ST, QL (90 grams / 25 days); PA**
DERMATOLOGY, ANTIPSORIATICS		
acitretin cap 10 mg	1	
acitretin cap 17.5 mg	1	
acitretin cap 25 mg	1	
calcipotriene soln 0.005% (50 mcg/ml)	1	
calcitriol oint 3 mcg/gm	3	
COSENTYX INJ 150MG/ML ***(secukinumab)***	MB	
COSENTYX INJ 300DOSE ***(secukinumab)***	MB	
COSENTYX PEN INJ 150MG/ML ***(secukinumab)***	MB	
COSENTYX PEN INJ 300DOSE ***(secukinumab)***	MB	
methoxsalen rapid cap 10 mg	1	
tazarotene cream 0.1%	1	PA
TAZORAC CRE 0.05% ***(tazarotene)***	2	PA
TAZORAC GEL 0.1% ***(tazarotene)***	2	PA
TAZORAC GEL 0.05% ***(tazarotene)***	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo 2%	1	
selenium sulfide lotion 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
alclometasone dipropionate cream 0.05%	1	QL (120g / 25 days)
alclometasone dipropionate oint 0.05%	1	QL (120g / 25 days)
amcinonide cream 0.1%	1	QL (120g / 25 days)
amcinonide lotion 0.1%	1	QL (120mL / 25 days)
AMCINONIDE OIN 0.1%	2	QL (120g / 25 days)
betamethasone dipropionate augmented cream 0.05%	1	QL (120g / 25 days)
betamethasone dipropionate augmented gel 0.05%	1	QL (120g / 25 days)
betamethasone dipropionate augmented lotion 0.05%	1	QL (120mL / 25 days)
betamethasone dipropionate augmented oint 0.05%	1	QL (120g / 25 days)
betamethasone dipropionate cream 0.05%	1	QL (120g / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
betamethasone dipropionate lotion 0.05%	1	QL (120mL / 25 days)
betamethasone dipropionate oint 0.05%	1	QL (120g / 25 days)
betamethasone valerate aerosol foam 0.12%	1	QL (120g / 25 days)
betamethasone valerate cream 0.1% (base equivalent)	1	QL (120g / 25 days)
betamethasone valerate lotion 0.1% (base equivalent)	1	QL (120mL / 25 days)
betamethasone valerate oint 0.1% (base equivalent)	1	QL (120g / 25 days)
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	2	
clobetasol propionate cream 0.05%	1	QL (120g / 25 days)
clobetasol propionate foam 0.05%	1	QL (120g / 25 days)
clobetasol propionate gel 0.05%	1	QL (120g / 25 days)
clobetasol propionate lotion 0.05%	1	QL (120mL / 25 days)
clobetasol propionate oint 0.05%	1	QL (120g / 25 days)
clobetasol propionate shampoo 0.05%	1	QL (120mL / 25 days)
clobetasol propionate soln 0.05%	1	QL (120mL / 25 days)
clobetasol propionate spray 0.05%	1	QL (120mL / 25 days)
clocortolone pivalate cream 0.1%	1	QL (120g / 25 days)
desonide cream 0.05%	1	QL (120g / 25 days)
desonide lotion 0.05%	1	QL (120mL / 25 days)
desonide oint 0.05%	1	QL (120g / 25 days)
desoximetasone cream 0.05%	1	QL (120g / 25 days)
desoximetasone cream 0.25%	1	QL (120g / 25 days)
desoximetasone gel 0.05%	1	QL (120g / 25 days)
desoximetasone oint 0.05%	1	QL (120g / 25 days)
desoximetasone oint 0.25%	1	QL (120g / 25 days)
diflorasone diacetate cream 0.05%	3	QL (120g / 25 days)
diflorasone diacetate oint 0.05%	3	QL (120g / 25 days)
fluocinolone acetonide cream 0.01%	1	QL (120g / 25 days)
fluocinolone acetonide cream 0.025%	1	QL (120g / 25 days)
fluocinolone acetonide oil 0.01% (body oil)	1	QL (120mL / 25 days)
fluocinolone acetonide oil 0.01% (scalp oil)	1	QL (120mL / 25 days)
fluocinolone acetonide oint 0.025%	1	QL (120g / 25 days)
fluocinolone acetonide soln 0.01%	1	QL (120mL / 25 days)
fluocinonide cream 0.05%	1	QL (120g / 25 days)
fluocinonide gel 0.05%	1	QL (120g / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fluocinonide oint 0.05%	1	QL (120g / 25 days)
fluocinonide soln 0.05%	1	QL (120mL / 25 days)
fluticasone propionate cream 0.05%	1	QL (120g / 25 days)
fluticasone propionate lotion 0.05%	1	QL (120mL / 25 days)
fluticasone propionate oint 0.005%	1	QL (120g / 25 days)
halobetasol propionate cream 0.05%	1	QL (120g / 25 days)
halobetasol propionate oint 0.05%	1	QL (120g / 25 days)
hydrocortisone butyrate cream 0.1%	1	QL (120g / 25 days)
hydrocortisone butyrate oint 0.1%	1	QL (120g / 25 days)
hydrocortisone butyrate soln 0.1%	1	QL (120mL / 25 days)
hydrocortisone cream 1%	1	QL (120g / 25 days)
hydrocortisone cream 1% (Ala-cort)	1	QL (120g / 25 days)
hydrocortisone cream 2.5%	1	QL (120g / 25 days)
hydrocortisone lotion 2.5%	1	QL (120mL / 25 days)
hydrocortisone oint 2.5%	1	QL (120g / 25 days)
hydrocortisone valerate cream 0.2%	1	QL (120g / 25 days)
hydrocortisone valerate oint 0.2%	1	QL (120g / 25 days)
mometasone furoate cream 0.1%	1	QL (120g / 25 days)
mometasone furoate oint 0.1%	1	QL (120g / 25 days)
mometasone furoate solution 0.1% (lotion)	1	QL (120mL / 25 days)
prednicarbate cream 0.1%	1	QL (120g / 25 days)
prednicarbate oint 0.1%	1	QL (120g / 25 days)
triamcinolone acetonide cream 0.1%	1	QL (120g / 25 days)
triamcinolone acetonide cream 0.1% (Triderm)	1	QL (120g / 25 days)
triamcinolone acetonide cream 0.5%	1	QL (120g / 25 days)
triamcinolone acetonide cream 0.025%	1	QL (120g / 25 days)
triamcinolone acetonide lotion 0.1%	1	QL (120mL / 25 days)
triamcinolone acetonide lotion 0.025%	1	QL (120mL / 25 days)
triamcinolone acetonide oint 0.1%	1	QL (120g / 25 days)
triamcinolone acetonide oint 0.5%	1	QL (120g / 25 days)
triamcinolone acetonide oint 0.025%	1	QL (120g / 25 days)
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine hcl soln 4%	1	QL (50mL / 25 days)
lidocaine hcl urethral/mucosal gel 2%	5	
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	5	
lidocaine oint 5%	1	QL (50gm / 25 days)
lidocaine patch 5%	1	PA, QL (90 patches / 25 days)
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30gm / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lidocaine-prilocaine cream kit 2.5-2.5%	1	
SYNERA DIS 70-70MG ***(lidocaine-tetracaine)***	3	QL (2 patches / 25 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
CONDYLOX GEL 0.5% ***(podofilox)***	3	
DENAVIR CRE 1% ***(penciclovir)***	3	
diclofenac sodium gel 1%	1	QL (300g / 25 days)
diclofenac sodium gel 1%	1	QL (300g / 25 days)
EUCRISA OIN 2% ***(crisaborole)***	2	ST; PA**
lactic acid (ammonium lactate) cream 12%	1	
lactic acid (ammonium lactate) lotion 10%	1	
lactic acid (ammonium lactate) lotion 12%	1	
podofilox soln 0.5%	1	
RECTIV OIN 0.4% ***(nitroglycerin (intra-anal))***	3	
tacrolimus oint 0.1%	1	
tacrolimus oint 0.03%	1	
TARGRETIN GEL 1% ***(bexarotene (topical))***	4	SP, PA
VOLTAREN GEL 1% ***(diclofenac sodium (topical))***	1	QL (300g / 25 days)
DERMATOLOGY, ROSACEA		
azelaic acid gel 15%	1	
FINACEA AER 15% ***(azelaic acid)***	2	
metronidazole cream 0.75%	1	
metronidazole cream 0.75% (Rosadan)	1	
metronidazole gel 0.75%	1	
metronidazole gel 1%	1	
metronidazole lotion 0.75%	1	
MIRVASO GEL 0.33% ***(brimonidine tartrate (topical))***	3	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
crotamiton lotion 10% (Crotan)	1	
EURAX CRE 10% ***(crotamiton)***	3	
lindane shampoo 1%	1	
malathion lotion 0.5%	1	
permethrin cream 5%	1	
SKLICE LOT 0.5% ***(ivermectin (pediculicide))***	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
spinosad susp 0.9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL 0.01% ***(becaplermin)***	3	PA, QL (30g / 25 days)
sodium chloride irrigation soln 0.9%	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	1	MO
clotrimazole troche 10 mg	1	
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
nystatin susp 100000 unit/ml	1	
ORAVIG TAB 50MG ***(miconazole (mouth-throat))***	3	QL (14 tabs / 25 days)
pilocarpine hcl tab 5 mg	1	MO
pilocarpine hcl tab 7.5 mg	1	MO
triamcinolone acetonide dental paste 0.1%	1	
triamcinolone acetonide dental paste 0.1% (Oralone Dental Paste)	1	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid otic soln 2%	1	
CIPRO HC SUS OTIC ***(ciprofloxacin-hydrocortisone)***	3	
CIPRODEX SUS 0.3-0.1% ***(ciprofloxacin-dexamethasone)***	2	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
COLY-MYCIN S SUS OTIC ***(neomycin-colistin-hc-thonzonium)***	3	
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
ofloxacin otic soln 0.3%	1	

Index

A

abacavir sulfate soln 20 mg/ml (base equiv) 17
abacavir sulfate tab 300 mg (base equiv) 17
abacavir sulfate-lamivudine tab 600-300 mg 21
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg 21
abacavir-dolutegravir-lamivudine
see TRIUMEQ TAB 22
abaloparatide
see TYMLOS INJ 114
abiraterone acetate
see YONSA TAB 125MG 37
see ZYTIGA TAB 500MG 38
abiraterone acetate tab 250 mg .. 36
ABRAXANE INJ 100MG 34
acalabrutinib
see CALQUENCE CAP 100MG 38
acamprosate calcium tab delayed release 333 mg 93
acarbose tab 100 mg 94
acarbose tab 25 mg 94
acarbose tab 50 mg 94
ACCU-CHEK BLOOD GLUCOSE TEST KITS 138
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS 138
acebutolol hcl cap 200 mg 54
acebutolol hcl cap 400 mg 54
acetaminophen w/ codeine soln 120-12 mg/5ml 4
acetaminophen w/ codeine tab 300-15 mg 4
acetaminophen w/ codeine tab 300-30 mg 4
acetaminophen w/ codeine tab 300-60 mg 4
acetazolamide cap er 12hr 500 mg 59
acetazolamide sodium for inj 500 mg 59
acetazolamide tab 125 mg 59
acetazolamide tab 250 mg 59
acetic acid otic soln 2% 162
acetylcysteine inhal soln 10% ... 152
acetylcysteine inhal soln 20% ... 152
acitretin cap 10 mg 158
acitretin cap 17.5 mg 158
acitretin cap 25 mg 158
ACTEMRA INJ 162/0.9 131
ACTEMRA INJ 200/10ML 131
ACTEMRA INJ 400/20ML 131
ACTEMRA INJ 80MG/4ML 131
ACTHIB INJ 135
ACTIMMUNE INJ 2MU/0.5 133
ACUVAIL SOL 0.45% 145
acyclovir cap 200 mg 23
acyclovir sodium for inj 500 mg .. 23
acyclovir sodium iv soln 50 mg/ml 23
acyclovir susp 200 mg/5ml 23
acyclovir tab 400 mg 23
acyclovir tab 800 mg 23
ADACEL INJ 135
adalimumab
see HUMIRA INJ 10/0.1ML 131
see HUMIRA INJ 10MG/0.2 131
see HUMIRA INJ 20/0.2ML 131
see HUMIRA INJ 40/0.4ML 131
see HUMIRA KIT 20MG/0.4 131
see HUMIRA KIT 40MG/0.8 131
see HUMIRA PEDIA INJ CROHNS . 131
see HUMIRA PEN INJ 40/0.4ML ... 131
see HUMIRA PEN INJ CD/UC/HS .. 132
see HUMIRA PEN INJ PS/UV 132
see HUMIRA PEN KIT CD/UC/HS .. 132
see HUMIRA PEN KIT PS/UV 132
adapalene cream 0.1% 154
adapalene gel 0.1% 154
adapalene gel 0.3% 154
adapalene-benzoyl peroxide
see EPIDUO FORTE GEL 0.3-2.5% 155
adapalene-benzoyl peroxide gel 0.1-2.5% 155
adefovir dipivoxil tab 10 mg 23
ADEMPAS TAB 0.5MG 62
ADEMPAS TAB 1.5MG 62

ADEMPAS TAB 1MG 62
ADEMPAS TAB 2.5MG 62
ADEMPAS TAB 2MG 62
ado-trastuzumab emtansine
see KADCYLA INJ 100MG.....36
see KADCYLA INJ 160MG.....36
Adrucil
see ***fluorouracil iv soln 500 mg/10ml (50 mg/ml)***.....34
ADULT RESPIRATORY MASK 139
ADVAIR DISKU AER 100/50.....153
ADVAIR DISKU AER 250/50.....153
ADVAIR DISKU AER 500/50.....153
ADVAIR HFA AER 115/21 154
ADVAIR HFA AER 230/21 154
ADVAIR HFA AER 45/21 154
Afeditab Cr
see ***nifedipine tab er 24hr 30 mg***.....58
see ***nifedipine tab er 24hr 60 mg***.....58
AFINITOR DIS TAB 2MG.....38
AFINITOR DIS TAB 3MG.....38
AFINITOR DIS TAB 5MG.....38
AFINITOR TAB 10MG 38
AFLURIA QUAD INJ 2020-21.....135
AKYNZEO CAP 300-0.5.....119
Ala-cort
see ***hydrocortisone cream 1%***.160
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)..150
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml) 150
albuterol sulfate soln nebu 0.5% (5 mg/ml).....150
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) 150
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) 150
albuterol sulfate syrup 2 mg/5ml.....150
albuterol sulfate tab 2 mg 150
albuterol sulfate tab 4 mg 150
albuterol sulfate tab er 12hr 4 mg.....150
albuterol sulfate tab er 12hr 8 mg.....150
alcaftadine
see LASTACAFT SOL 0.25% 146
alclometasone dipropionate cream 0.05% 158
alclometasone dipropionate oint 0.05% 158
ALCOHOL PREP WIPES AND SWABS 138
alcohol sheets
see ALCOH-WIPE MIS 12.....138
alcohol swabs
see ALCOHOL PREP WIPES AND SWABS.....138
ALCOH-WIPE MIS 12 138
ALDACTAZIDE TAB 50/50.....59
ALECENSA CAP 150MG 38
alectinib hcl
see ALECENSA CAP 150MG.....38
alendronate sodium oral soln 70 mg/75ml 100
alendronate sodium tab 10 mg..100
alendronate sodium tab 35 mg..100
alendronate sodium tab 40 mg..100
alendronate sodium tab 5 mg....100
alendronate sodium tab 70 mg..100
alendronate sodium-cholecalciferol
see FOSAMAX + D TAB 70-2800..100
see FOSAMAX + D TAB 70-5600..100
ALFERON N INJ 5MU/ML.....133
alfuzosin hcl tab er 24hr 10 mg.125
ALIMTA INJ 100MG.....33
ALIMTA INJ 500MG.....33
ALINIA SUS 100/5ML.....14
ALINIA TAB 500MG 14
aliskiren fumarate tab 150 mg (base equivalent) 59
aliskiren fumarate tab 300 mg (base equivalent) 59
allopurinol sodium for inj 500 mg 2
allopurinol tab 100 mg 2
allopurinol tab 300 mg 2
almotriptan malate tab 12.5 mg..88
almotriptan malate tab 6.25 mg..88
ALOCRIL SOL 2% 146
alogliptin benzoate tab 12.5 mg (base equiv).....95
alogliptin benzoate tab 25 mg (base equiv).....95

alogliptin benzoate tab 6.25 mg (base equiv) 95
ALOMIDE SOL 0.1% OP.....146
alosetron hcl tab 0.5 mg (base equiv).....122
alosetron hcl tab 1 mg (base equiv) 122
alpha1-proteinase inhibitor (human)
see GLASSIA INJ 152
see PROLASTIN-C INJ 1000MG....152
ALPHAGAN P SOL 0.1%.....146
alprazolam
see ALPRAZOLAM CON 1 MG/ML....64
ALPRAZOLAM CON 1 MG/ML 64
alprazolam orally disintegrating tab 0.25 mg 64
alprazolam orally disintegrating tab 0.5 mg 64
alprazolam orally disintegrating tab 1 mg 64
alprazolam orally disintegrating tab 2 mg 64
alprazolam tab 0.25 mg.....64
alprazolam tab 0.5 mg.....64
alprazolam tab 1 mg.....64
alprazolam tab 2 mg.....64
Altavera
see ***levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg*** 103
altretamine
see HEXALEN CAP 50MG.....32
Alyacen 1/35
see ***norethindrone & ethinyl estradiol tab 1 mg-35 mcg***...104
Alyacen 7/7/7
see ***norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg***.....105
amantadine hcl cap 100 mg.....76
amantadine hcl syrup 50 mg/5ml76
amantadine hcl tab 100 mg 76
ambrisentan tab 10 mg 62
ambrisentan tab 5 mg 62
amcinonide cream 0.1%.....158
amcinonide lotion 0.1% 158
AMCINONIDE OIN 0.1%.....158
Amethia
see ***levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)*** 102
Amethyst
see ***levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg***.....104
amikacin sulfate inj 1 gm/4ml (250 mg/ml).....13
amikacin sulfate inj 500 mg/2ml (250 mg/ml) 13
amiloride & hydrochlorothiazide tab 5-50 mg.....59
amiloride hcl tab 5 mg.....59
aminophylline inj 25 mg/ml 154
aminosalicylic acid
see PASER GRA 4GM.....23
amiodarone hcl in dextrose
see NEXTERONE INJ 50
amiodarone hcl inj 150 mg/3ml (50 mg/ml) 49
amiodarone hcl inj 450 mg/9ml (50 mg/ml) 49
amiodarone hcl inj 900 mg/18ml (50 mg/ml) 49
amiodarone hcl tab 100 mg.....49
amiodarone hcl tab 200 mg.....49
amiodarone hcl tab 400 mg.....49
AMITIZA CAP 24MCG 122
AMITIZA CAP 8MCG.....122
amitriptyline hcl tab 10 mg 70
amitriptyline hcl tab 100 mg 70
amitriptyline hcl tab 150 mg 70
amitriptyline hcl tab 25 mg 70
amitriptyline hcl tab 50 mg 70
amitriptyline hcl tab 75 mg 70
amlodipine besylate tab 10 mg (base equivalent) 56
amlodipine besylate tab 2.5 mg (base equivalent) 56
amlodipine besylate tab 5 mg (base equivalent) 56
amlodipine besylate-atorvastatin calcium tab 10-10 mg.....55

amlodipine besylate-atorvastatin calcium tab 10-20 mg 55
amlodipine besylate-atorvastatin calcium tab 10-40 mg 55
amlodipine besylate-atorvastatin calcium tab 10-80 mg 56
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg 55
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg 55
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg 55
amlodipine besylate-atorvastatin calcium tab 5-10 mg 55
amlodipine besylate-atorvastatin calcium tab 5-20 mg 55
amlodipine besylate-atorvastatin calcium tab 5-40 mg 55
amlodipine besylate-atorvastatin calcium tab 5-80 mg 55
amlodipine besylate-benazepril hcl cap 10-20 mg 44
amlodipine besylate-benazepril hcl cap 10-40 mg 44
amlodipine besylate-benazepril hcl cap 2.5-10 mg 44
amlodipine besylate-benazepril hcl cap 5-10 mg 44
amlodipine besylate-benazepril hcl cap 5-20 mg 44
amlodipine besylate-benazepril hcl cap 5-40 mg 44
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 47
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 47
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 46
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 47
amlodipine besylate-valsartan tab 10-160 mg 47
amlodipine besylate-valsartan tab 10-320 mg 47
amlodipine besylate-valsartan tab 5-160 mg 47
amlodipine besylate-valsartan tab 5-320 mg 47
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg 47
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg 47
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg 47
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg 47
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg 47
amoxapine tab 100 mg 70
amoxapine tab 150 mg 70
amoxapine tab 25 mg 70
amoxapine tab 50 mg 70
amoxicillin & k clavulanate chew tab 200-28.5 mg 28
amoxicillin & k clavulanate chew tab 400-57 mg 28
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 28
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 28
amoxicillin & k clavulanate for susp 400-57 mg/5ml 29
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 29
amoxicillin & k clavulanate tab 250-125 mg 29
amoxicillin & k clavulanate tab 500-125 mg 29
amoxicillin & k clavulanate tab 875-125 mg 29
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg 29
amoxicillin & pot clavulanate see AUGMENTIN SUS 125/5ML.....30
amoxicillin (trihydrate) cap 250 mg 29
amoxicillin (trihydrate) cap 500 mg 29

amoxicillin (trihydrate) chew tab 125 mg 29
amoxicillin (trihydrate) chew tab 250 mg 29
amoxicillin (trihydrate) for susp 125 mg/5ml 29
amoxicillin (trihydrate) for susp 200 mg/5ml 29
amoxicillin (trihydrate) for susp 250 mg/5ml 29
amoxicillin (trihydrate) for susp 400 mg/5ml 29
amoxicillin (trihydrate) tab 500 mg 29
amoxicillin (trihydrate) tab 875 mg 29
amphetamine-dextroamphetamine cap er 24hr 10 mg 82
amphetamine-dextroamphetamine cap er 24hr 15 mg 82
amphetamine-dextroamphetamine cap er 24hr 20 mg 82
amphetamine-dextroamphetamine cap er 24hr 25 mg 82
amphetamine-dextroamphetamine cap er 24hr 30 mg 82
amphetamine-dextroamphetamine cap er 24hr 5 mg 82
amphetamine-dextroamphetamine tab 10 mg 82
amphetamine-dextroamphetamine tab 12.5 mg 82
amphetamine-dextroamphetamine tab 15 mg 82
amphetamine-dextroamphetamine tab 20 mg 82
amphetamine-dextroamphetamine tab 30 mg 82
amphetamine-dextroamphetamine tab 5 mg 82
amphetamine-dextroamphetamine tab 7.5 mg 82
amphotericin b for iv soln 50 mg .16
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm 29
ampicillin & sulbactam sodium for inj 3 (2-1) gm 29
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm 29
ampicillin cap 500 mg 29
ampicillin sodium for inj 1 gm 29
ampicillin sodium for inj 125 mg .29
ampicillin sodium for inj 2 gm 29
ampicillin sodium for inj 250 mg .29
ampicillin sodium for inj 500 mg .29
ampicillin sodium for iv soln 1 gm 29
ampicillin sodium for iv soln 10 gm 29
ampicillin sodium for iv soln 2 gm 29
anagrelide hcl cap 0.5 mg 130
anagrelide hcl cap 1 mg 130
anastrozole tab 1 mg 36
ANNOVERA MIS 101
ANORO ELLIPT AER 62.5-25 148
apalutamide
see ERLEADA TAB 60MG.....37
apixaban
see ELIQUIS ST P TAB 5MG 127
see ELIQUIS TAB 2.5MG.....127
see ELIQUIS TAB 5MG.....127
APOKYN INJ 10MG/ML 76
apomorphine hydrochloride
see APOKYN INJ 10MG/ML.....76
apraclonidine hcl
see IOPIDINE SOL 1% OP 146
apraclonidine hcl ophth soln 0.5% (base equivalent) 146
apremilast
see OTEZLA TAB 10/20/30 133
see OTEZLA TAB 30MG 133
aprepitant capsule 125 mg 119
aprepitant capsule 40 mg 119
aprepitant capsule 80 mg 119
aprepitant capsule therapy pack 80 & 125 mg 119
Apri
see ***desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg*** 101
APTIOM TAB 200MG 64
APTIOM TAB 400MG 64
APTIOM TAB 600MG 64

APTIOM TAB 800MG 64
APTIVUS CAP 250MG 17
APTIVUS SOL.....17
Aranelle
see ***norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg***.....106
ARANESP INJ 100MCG 129
ARANESP INJ 10MCG 129
ARANESP INJ 150MCG 129
ARANESP INJ 200MCG 129
ARANESP INJ 25MCG 129
ARANESP INJ 300MCG 129
ARANESP INJ 40MCG 129
ARANESP INJ 500MCG 129
ARANESP INJ 60MCG 129
ARCALYST INJ 220MG.....133
ARGATRB/NACL INJ 50MG/50 127
ARGATROBAN INJ 125/125.....127
argatroban inj 250 mg/2.5ml (concentrate for iv infusion)...127
ARGATROBAN INJ 250/250.....127
aripiprazole lauroxil
see ARISTADA INJ 1064MG.....78
see ARISTADA INJ 441MG/1. 78
see ARISTADA INJ 662MG/2 78
see ARISTADA INJ 882MG/3 78
see ARISTADA INJ INITIO.....78
aripiprazole oral solution 1 mg/ml
.....78
aripiprazole orally disintegrating tab 10 mg.....78
aripiprazole orally disintegrating tab 15 mg.....78
aripiprazole tab 10 mg.....78
aripiprazole tab 15 mg.....78
aripiprazole tab 2 mg.....78
aripiprazole tab 20 mg.....78
aripiprazole tab 30 mg.....78
aripiprazole tab 5 mg.....78
ARISTADA INJ 1064MG.....78
ARISTADA INJ 441MG/1.....78
ARISTADA INJ 662MG/2.....78
ARISTADA INJ 882MG/3.....78
ARISTADA INJ INITIO 78
armodafinil tab 150 mg.....92
armodafinil tab 200 mg.....92
armodafinil tab 250 mg.....92
armodafinil tab 50 mg.....92
ARNUITY ELPT INH 100MCG 153
ARNUITY ELPT INH 200MCG 153
ARNUITY ELPT INH 50MCG 153
ARRANON INJ 5MG/ML.....33
arsenic trioxide iv soln 10 mg/10ml (1 mg/ml).....41
arsenic trioxide iv soln 12 mg/6ml (2 mg/ml).....41
artemether-lumefantrine
see COARTEM TAB 20-120MG 17
artificial tear insert
see LACRISERT MIS 5MG OP.....147
asenapine maleate
see SAPHRIS SUB 10MG.....81
see SAPHRIS SUB 2.5MG.....81
see SAPHRIS SUB 5MG 81
Ashlyna
see ***levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)***.....102
aspirin chew tab 81 mg.....12
Aspirin Enteric Coated Ad
see ***aspirin tab delayed release 81 mg***.....12
aspirin tab delayed release 81 mg
.....12
aspirin-dipyridamole cap er 12hr 25-200 mg.....130
atazanavir sulfate
see REYATAZ POW 50MG.....19
atazanavir sulfate cap 150 mg (base equiv).....18
atazanavir sulfate cap 200 mg (base equiv).....18
atazanavir sulfate cap 300 mg (base equiv).....18
atazanavir sulfate-cobicistat
see EVOTAZ TAB 300-150 22
atenolol & chlorthalidone tab 100-25 mg.....53
atenolol & chlorthalidone tab 50-25 mg.....53
atenolol tab 100 mg.....54
atenolol tab 25 mg.....54
atenolol tab 50 mg.....54

atomoxetine hcl cap 10 mg (base equiv) 82
atomoxetine hcl cap 100 mg (base equiv) 82
atomoxetine hcl cap 18 mg (base equiv) 82
atomoxetine hcl cap 25 mg (base equiv) 82
atomoxetine hcl cap 40 mg (base equiv) 82
atomoxetine hcl cap 60 mg (base equiv) 82
atomoxetine hcl cap 80 mg (base equiv) 82
atorvastatin calcium tab 10 mg (base equivalent) 51
atorvastatin calcium tab 20 mg (base equivalent) 51
atorvastatin calcium tab 40 mg (base equivalent) 51
atorvastatin calcium tab 80 mg (base equivalent) 51
atovaquone susp 750 mg/5ml 14
atovaquone-proguanil hcl tab 250-100 mg 17
atovaquone-proguanil hcl tab 62.5-25 mg 17
atropine sul sol 1% op 147
atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml) 118
atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml) 118
AUBAGIO TAB 14MG 90
AUBAGIO TAB 7MG 90
AUGMENTIN SUS 125/5ML 30
Aviane
see ***levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg*** 103
Avidoxy
see ***doxycycline monohydrate tab 100 mg*** 31
Avita
see ***tretinoin cream 0.025%*** 156
see ***tretinoin gel 0.025%*** 156
AVONEX KIT 30MCG 90
AVONEX PEN KIT 30MCG 90
AVONEX PREFL KIT 30MCG 90
axitinib
see INLYTA TAB 1MG 39
see INLYTA TAB 5MG 39
azacitidine for inj 100 mg 33
AZACTAM/DEX INJ 1GM 14
AZACTAM/DEX INJ 2GM 14
AZASAN TAB 100MG 134
AZASAN TAB 75 MG 134
AZASITE SOL 1% 144
azathioprine
see AZASAN TAB 100MG 134
see AZASAN TAB 75 MG 134
azathioprine tab 50 mg 134
azelaic acid
see FINACEA AER 15% 161
azelaic acid gel 15% 161
azelastine hcl nasal spray 0.1% (137 mcg/spray) 148
azelastine hcl nasal spray 0.15% (205.5 mcg/spray) 148
azelastine hcl ophth soln 0.05% 146
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act ... 148
azithromycin
see ZMAX SUS 2GM 27
azithromycin (ophth)
see AZASITE SOL 1% 144
azithromycin for susp 100 mg/5ml 26
azithromycin for susp 200 mg/5ml 26
azithromycin iv for soln 500 mg .. 26
azithromycin powd pack for susp 1 gm 26
azithromycin tab 250 mg 26
azithromycin tab 500 mg 26
azithromycin tab 600 mg 26
AZOPT SUS 1% OP 146
aztreonam for inj 1 gm 14
aztreonam for inj 2 gm 14
aztreonam lysine
see CAYSTON INH 75MG 14
aztreonam-dextrose
see AZACTAM/DEX INJ 1GM 14
see AZACTAM/DEX INJ 2GM 14
Azurette

see ***desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)*** 101
B
bacitracin ophth oint 500 unit/gm 144
bacitracin-polymyxin b ophth oint 144
bacitracin-polymyxin-neomycin-hc ophth oint 1% 144
baclofen tab 10 mg 91
baclofen tab 20 mg 91
baclofen tab 5 mg 91
BACTROBAN OIN NASAL 2% 156
BALCOLTRA TAB 0.1-20 101
balsalazide disodium cap 750 mg 121
BARACLUDE SOL 23
BASAGLAR KWIKPEN 96
BAXDELA TAB 450MG 118
bcg live intravesical
see TICE BCG INJ 42
becaplermin
see REGRANEX GEL 0.01% 162
beclomethasone dipropionate hfa
see QVAR REDIHA AER 80MCG 153
see QVAR REDIHAL AER 40MCG .. 153
bedaquiline fumarate
see SIRTURO TAB 100MG 23
see SIRTURO TAB 20MG 23
BELBUCA MIS 150MCG 11
BELBUCA MIS 300MCG 11
BELBUCA MIS 450MCG 12
BELBUCA MIS 600MCG 12
BELBUCA MIS 750MCG 12
BELBUCA MIS 75MCG 11
BELBUCA MIS 900MCG 12
BELSOMRA TAB 10MG 87
BELSOMRA TAB 15MG 87
BELSOMRA TAB 20MG 87
BELSOMRA TAB 5MG 87
benazepril & hydrochlorothiazide tab 10-12.5 mg 44
benazepril & hydrochlorothiazide tab 20-12.5 mg 44
benazepril & hydrochlorothiazide tab 20-25 mg 44
benazepril & hydrochlorothiazide tab 5-6.25 mg 44
benazepril hcl tab 10 mg 45
benazepril hcl tab 20 mg 45
benazepril hcl tab 40 mg 45
benazepril hcl tab 5 mg 45
BENZIQ GEL 5.25% 155
BENZIQ LS GEL 2.75% 155
Benziq Wash
see ***benzoyl peroxide liq 5.25%*** 155
benzonatate cap 100 mg 151
benzonatate cap 200 mg 151
benzoyl peroxide
see BENZIQ GEL 5.25% 155
see BENZIQ LS GEL 2.75% 155
benzoyl peroxide liq 2.5% 155
benzoyl peroxide liq 5.25% 155
benzoyl peroxide-erythromycin gel 5-3% 155
benztropine mesylate inj 1 mg/ml 76
benztropine mesylate tab 0.5 mg 76
benztropine mesylate tab 1 mg ... 76
benztropine mesylate tab 2 mg ... 76
bepotastine besilate
see BEPREVE DRO 1.5% 146
BEPREVE DRO 1.5% 146
besifloxacin hcl
see BESIVANCE SUS 0.6% 144
BESIVANCE SUS 0.6% 144
betaine
see CYSTADANE POW 107
betamethasone dipropionate augmented cream 0.05% 158
betamethasone dipropionate augmented gel 0.05% 158
betamethasone dipropionate augmented lotion 0.05% 158
betamethasone dipropionate augmented oint 0.05% 158
betamethasone dipropionate cream 0.05% 158
betamethasone dipropionate lotion 0.05% 159
betamethasone dipropionate oint 0.05% 159

betamethasone valerate aerosol foam 0.12% 159
betamethasone valerate cream 0.1% (base equivalent) 159
betamethasone valerate lotion 0.1% (base equivalent) 159
betamethasone valerate oint 0.1% (base equivalent) 159
BETASERON INJ 0.3MG 90
betaxolol hcl (ophth)
see BETOPTIC-S SUS 0.25% OP .. 146
betaxolol hcl ophth soln 0.5% ... 146
betaxolol hcl tab 10 mg 54
betaxolol hcl tab 20 mg 54
bethanechol chloride tab 10 mg 126
bethanechol chloride tab 25 mg 126
bethanechol chloride tab 5 mg .. 126
bethanechol chloride tab 50 mg 126
BETIMOL SOL 0.25% 146
BETIMOL SOL 0.5% 146
BETOPTIC-S SUS 0.25% OP 146
BEVESPI AER 9-4.8MCG 148
bexarotene (topical)
see TARGRETIN GEL 1% 161
bexarotene cap 75 mg 41
BEXSERO INJ 135
bicalutamide tab 50 mg 36
bictegravir-emtricitabine-tenofovir alafenamide fumarate
see BIKTARVY TAB 21
BIKTARVY TAB 21
bimatoprost
see LUMIGAN SOL 0.01% 146
bimatoprost ophth soln 0.03% .. 146
Bio-statin
see ***nystatin oral powder*** 17
BIO-STATIN CAP 1000000 16
BIO-STATIN CAP 500000 16
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit 122
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 53
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 53
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 53
bisoprolol fumarate tab 10 mg 54
bisoprolol fumarate tab 5 mg 54
bleomycin sulfate for inj 15 unit . 33
bleomycin sulfate for inj 30 unit . 33
BLEPHAMIDE OIN S.O.P. 144
BLEPHAMIDE SUS OP 144
blood glucose calibration
see BLOOD GLUCOSE CALIBRATION SOLUTION 138
BLOOD GLUCOSE CALIBRATION SOLUTION 138
blood glucose monitoring supplies
see ACCU-CHEK BLOOD GLUCOSE TEST KITS 138
BOOSTRIX INJ 135
bosentan
see TRACLEER TAB 32MG 63
bosentan tab 125 mg 62
bosentan tab 62.5 mg 62
BOSULIF TAB 100MG 38
BOSULIF TAB 400MG 38
BOSULIF TAB 500MG 38
bosutinib
see BOSULIF TAB 100MG 38
see BOSULIF TAB 400MG 38
see BOSULIF TAB 500MG 38
Bp Wash
see ***benzoyl peroxide liq 2.5%*** 155
BREO ELLIPTA INH 100-25 154
BREO ELLIPTA INH 200-25 154
brexpiprazole
see REXULTI TAB 0.25MG 80
see REXULTI TAB 0.5MG 80
see REXULTI TAB 1MG 80
see REXULTI TAB 2MG 80
see REXULTI TAB 3MG 80
see REXULTI TAB 4MG 81
BRILINTA TAB 60MG 130
BRILINTA TAB 90MG 130
brimonidine tartrate
see ALPHAGAN P SOL 0.1% 146
brimonidine tartrate (topical)
see MIRVASO GEL 0.33% 161
brimonidine tartrate ophth soln 0.15% 146
brimonidine tartrate ophth soln 0.2% 146

brimonidine tartrate-timolol maleate
see COMBIGAN SOL 0.2/0.5%.....146
brinzolamide
see AZOPT SUS 1% OP 146
brinzolamide-brimonidine tartrate
see SIMBRINZA SUS 1-0.2% 147
brivaracetam
see BRIVIACT SOL 10MG/ML.....31
see BRIVIACT TAB 100MG 31
see BRIVIACT TAB 10MG 31
see BRIVIACT TAB 25MG 31
see BRIVIACT TAB 50MG 31
see BRIVIACT TAB 75MG 31
BRIVIACT SOL 10MG/ML 31
BRIVIACT TAB 100MG.....31
BRIVIACT TAB 10MG 31
BRIVIACT TAB 25MG 31
BRIVIACT TAB 50MG 31
BRIVIACT TAB 75MG 31
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily) 145
bromocriptine mesylate (diabetes)
see CYCLOSET TAB 0.8MG 95
bromocriptine mesylate cap 5 mg (base equivalent) 76
bromocriptine mesylate tab 2.5 mg (base equivalent) 76
brompheniramine tannate chew tab 12 mg 148
budesonide delayed release particles cap 3 mg 121
budesonide inhalation susp 0.25 mg/2ml 153
budesonide inhalation susp 0.5 mg/2ml 153
budesonide inhalation susp 1 mg/2ml 153
budesonide-formoterol fumarate dihydrate
see SYMBICORT AER 160-4.5.....154
see SYMBICORT AER 80-4.5 154
bumetanide inj 0.25 mg/ml.....59
bumetanide tab 0.5 mg 59
bumetanide tab 1 mg 59
bumetanide tab 2 mg 59
buprenorphine
see SUBLOCADE INJ 100/0.5 12
see SUBLOCADE INJ 300/1.5 12
buprenorphine hcl
see BELBUCA MIS 150MCG.....11
see BELBUCA MIS 300MCG.....11
see BELBUCA MIS 450MCG.....12
see BELBUCA MIS 600MCG.....12
see BELBUCA MIS 750MCG.....12
see BELBUCA MIS 75MCG.....11
see BELBUCA MIS 900MCG.....12
buprenorphine hcl inj 0.3 mg/ml (base equiv) 12
buprenorphine hcl sl tab 2 mg (base equiv) 12
buprenorphine hcl sl tab 8 mg (base equiv) 12
buprenorphine hcl-naloxone hcl dihydrate
see ZUBSOLV SUB 0.7-0.18..... 4
see ZUBSOLV SUB 1.4-0.36..... 4
see ZUBSOLV SUB 11.4-2.9..... 4
see ZUBSOLV SUB 2.9-0.71..... 4
see ZUBSOLV SUB 5.7-1.4..... 4
see ZUBSOLV SUB 8.6-2.1..... 4
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 4
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 3
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 4
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 4
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 4
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 4
bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....93
bupropion hcl tab 100 mg 70
bupropion hcl tab 75 mg 70
bupropion hcl tab er 12hr 100 mg 70
bupropion hcl tab er 12hr 150 mg 70
bupropion hcl tab er 12hr 200 mg 70

bupropion hcl tab er 24hr 150 mg 70
bupropion hcl tab er 24hr 300 mg 70
buspirone hcl tab 10 mg 89
buspirone hcl tab 15 mg 89
buspirone hcl tab 30 mg 89
buspirone hcl tab 5 mg 89
buspirone hcl tab 7.5 mg 89
busulfan inj 6 mg/ml 32
butalbital-acetaminophen tab 50-325 mg 2
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg 4
butalbital-acetaminophen-caffeine cap 50-300-40 mg 2
butalbital-acetaminophen-caffeine cap 50-325-40 mg 2
butalbital-acetaminophen-caffeine tab 50-325-40 mg 2
butalbital-aspirin-caffeine cap 50-325-40 mg 2
butenafine hcl
see MENTAX CRE 1% 157
butoconazole nitrate (one dose)
see GYNAZOLE-1 CRE 2%.....127
butorphanol tartrate inj 1 mg/ml . 4
butorphanol tartrate inj 2 mg/ml . 4
butorphanol tartrate nasal soln 10 mg/ml 4
BYSTOLIC TAB 10MG 54
BYSTOLIC TAB 2.5MG 54
BYSTOLIC TAB 20MG 54
BYSTOLIC TAB 5MG.....54
C
cabergoline tab 0.5 mg 113
cabozantinib s-malate
see COMETRIQ KIT 100MG 38
see COMETRIQ KIT 140MG 38
see COMETRIQ KIT 60MG 38
calcipotriene soln 0.005% (50 mcg/ml) 158
calcipotriene-betamethasone dipropionate oint 0.005-0.064% 159
calcitonin (salmon) nasal soln 200 unit/act 113
calcitriol cap 0.25 mcg 141
calcitriol cap 0.5 mcg 141
calcitriol inj 1 mcg/ml 141
calcitriol oint 3 mcg/gm 158
calcitriol oral soln 1 mcg/ml 141
calcium acetate (phosphate binder)
see PHOSLYRA SOL 115
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) 114
calcium acetate (phosphate binder) tab 667 mg 114
CALQUENCE CAP 100MG 38
Camila
see ***norethindrone tab 0.35 mg*** 105
CAMPTOSAR INJ 300/15ML.....43
candesartan cilexetil tab 16 mg ..48
candesartan cilexetil tab 32 mg ..48
candesartan cilexetil tab 4 mg 48
candesartan cilexetil tab 8 mg 48
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg 47
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg 47
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg 47
capecitabine tab 150 mg 33
capecitabine tab 500 mg 33
CAPRELSA TAB 100MG.....38
CAPRELSA TAB 300MG.....38
captopril & hydrochlorothiazide tab 25-15 mg 44
captopril & hydrochlorothiazide tab 25-25 mg 44
captopril & hydrochlorothiazide tab 50-15 mg 44
captopril & hydrochlorothiazide tab 50-25 mg 44
captopril tab 100 mg 45
captopril tab 12.5 mg 45
captopril tab 25 mg 45
captopril tab 50 mg 45
CARBAGLU TAB 200MG 107

carbamazepine cap er 12hr 100 mg 64
carbamazepine cap er 12hr 200 mg 64
carbamazepine cap er 12hr 300 mg 64
carbamazepine chew tab 100 mg 64
carbamazepine susp 100 mg/5ml 64
carbamazepine tab 200 mg 64
carbamazepine tab er 12hr 100 mg 64
carbamazepine tab er 12hr 200 mg 64
carbamazepine tab er 12hr 400 mg 65
carbidopa & levodopa orally disintegrating tab 10-100 mg ...76
carbidopa & levodopa orally disintegrating tab 25-100 mg ...76
carbidopa & levodopa orally disintegrating tab 25-250 mg ...76
carbidopa & levodopa tab 10-100 mg 76
carbidopa & levodopa tab 25-100 mg 76
carbidopa & levodopa tab 25-250 mg 76
carbidopa & levodopa tab er 25-100 mg 76
carbidopa & levodopa tab er 50-200 mg 76
carbidopa tab 25 mg 76
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 76
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg 76
carbidopa-levodopa-entacapone tabs 25-100-200 mg 76
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 77
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg 77
carbidopa-levodopa-entacapone tabs 50-200-200 mg 77
carbinoxamine maleate soln 4 mg/5ml 148
carbinoxamine maleate tab 4 mg 148
carboplatin iv soln 1000 mg/100ml 42
carboplatin iv soln 150 mg/15ml 42
carboplatin iv soln 450 mg/45ml 42
carboplatin iv soln 50 mg/5ml 42
carboplatin iv soln 600 mg/60ml 42
CARDENE IV SOL 20/200ML 56
CARDIZEM LA TAB 120MG.....56
CARDURA XL TAB 4MG.....125
CARDURA XL TAB 8MG.....125
carglumic acid
see CARBAGLU TAB 200MG 107
carisoprodol tab 250 mg 91
carisoprodol tab 350 mg 91
carmustine for inj 100 mg 32
carmustine in polifeprosan
see GLIADEL WAF 7.7MG.....32
carteolol hcl ophth soln 1% 146
Cartia Xt
see ***diltiazem hcl coated beads cap er 24hr 120 mg*** 56
see ***diltiazem hcl coated beads cap er 24hr 180 mg*** 56
see ***diltiazem hcl coated beads cap er 24hr 240 mg*** 56
see ***diltiazem hcl coated beads cap er 24hr 300 mg*** 56
carvedilol phosphate cap er 24hr 10 mg 54
carvedilol phosphate cap er 24hr 20 mg 54
carvedilol phosphate cap er 24hr 40 mg 54
carvedilol phosphate cap er 24hr 80 mg 54
carvedilol tab 12.5 mg.....54
carvedilol tab 25 mg.....54
carvedilol tab 3.125 mg.....54
carvedilol tab 6.25 mg.....54
CAYA DPR 137
CAYSTON INH 75MG.....14
Caziant
see ***desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg*** 101

cefaclor cap 250 mg 24
cefaclor cap 500 mg 24
cefaclor for susp 125 mg/5ml 24
cefaclor for susp 250 mg/5ml 24
cefaclor for susp 375 mg/5ml 24
cefadroxil cap 500 mg 24
cefadroxil for susp 250 mg/5ml ..24
cefadroxil for susp 500 mg/5ml ..24
cefadroxil tab 1 gm 24
cefazolin sodium for inj 1 gm 24
cefazolin sodium for inj 10 gm 24
cefazolin sodium for inj 20 gm 24
cefazolin sodium for inj 500 mg ..24
cefazolin sodium for iv soln 1 gm 24
cefdinir cap 300 mg.....24
cefdinir for susp 125 mg/5ml.....24
cefdinir for susp 250 mg/5ml.....24
cefditoren pivoxil tab 200 mg (base equivalent).....24
cefditoren pivoxil tab 400 mg (base equivalent).....24
cefepime hcl for inj 1 gm.....24
cefepime hcl for inj 2 gm.....24
cefixime
see SUPRAX CHW 100MG 26
see SUPRAX CHW 200MG 26
see SUPRAX SUS 500/5ML.....26
cefixime cap 400 mg 24
cefixime for susp 100 mg/5ml 24
cefixime for susp 200 mg/5ml 24
cefotaxime sodium for inj 1 gm ...24
cefotaxime sodium for inj 10 gm .24
cefotaxime sodium for inj 2 gm ...24
cefotaxime sodium for inj 500 mg 24
cefotetan disodium for inj 1 gm ..24
cefotetan disodium for inj 10 gm.24
cefotetan disodium for inj 2 gm ..24
cefoxitin sodium for inj 10 gm.....25
cefoxitin sodium for iv soln 1 gm 25
cefoxitin sodium for iv soln 2 gm 25
cefpodoxime proxetil for susp 100 mg/5ml 25
cefpodoxime proxetil for susp 50 mg/5ml 25
cefpodoxime proxetil tab 100 mg 25
cefpodoxime proxetil tab 200 mg 25
cefprozil for susp 125 mg/5ml 25
cefprozil for susp 250 mg/5ml 25
cefprozil tab 250 mg 25
cefprozil tab 500 mg 25
ceftazidime for inj 1 gm 25
ceftazidime for inj 2 gm 25
ceftazidime for inj 6 gm 25
ceftazidime for iv soln 1 gm 25
ceftazidime for iv soln 2 gm 25
ceftibuten cap 400 mg.....25
ceftibuten for susp 180 mg/5ml..25
CEFTIN SUS 125/5ML 25
CEFTIN SUS 250/5ML 25
ceftriaxone sodium for inj 1 gm ..25
ceftriaxone sodium for inj 10 gm 25
ceftriaxone sodium for inj 2 gm ..25
ceftriaxone sodium for inj 250 mg 25
ceftriaxone sodium for inj 500 mg 25
ceftriaxone sodium for iv soln 1 gm 25
ceftriaxone sodium for iv soln 2 gm 25
cefuroxime axetil
see CEFTIN SUS 125/5ML.....25
see CEFTIN SUS 250/5ML.....25
cefuroxime axetil tab 250 mg.....25
cefuroxime axetil tab 500 mg.....25
cefuroxime sodium for inj 7.5 gm25
cefuroxime sodium for inj 750 mg 25
cefuroxime sodium for iv soln 1.5 gm.....25
celecoxib cap 100 mg 2
celecoxib cap 200 mg 2
celecoxib cap 50 mg 2
CELONTIN CAP 300MG.....65
cephalexin cap 250 mg.....25
cephalexin cap 500 mg.....25
cephalexin cap 750 mg.....25
cephalexin for susp 125 mg/5ml.25
cephalexin for susp 250 mg/5ml.25
cephalexin tab 250 mg 25
cephalexin tab 500 mg 25
CERDELGA CAP 84MG 107
ceritinib

see ZYKADIA CAP 150MG 41
see ZYKADIA TAB 150MG 41
cervical caps
see FEMCAP MIS 22MM 137
see FEMCAP MIS 26MM 137
see FEMCAP MIS 30MM 138
CESAMET CAP 1MG.....119
cetuximab
see ERBITUX INJ 100MG 35
see ERBITUX INJ 200MG 35
cevimeline hcl cap 30 mg 162
CHANTIX PAK 0.5& 1MG.....93
CHANTIX PAK 1MG 93
CHANTIX TAB 0.5MG 93
CHANTIX TAB 1MG 93
Chateal
see ***levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg*** 103
CHEMET CAP 100MG.....101
Cheratussin Ac
see ***guaifenesin-codeine soln 100-10 mg/5ml***.....151
chlorambucil
see LEUKERAN TAB 2MG 32
chloramphenicol sodium succinate for iv inj 1 gm 13
chloroquine phosphate tab 250 mg 17
chloroquine phosphate tab 500 mg 17
chlorothiazide
see DIURIL SUS 250/5ML 59
chlorothiazide sodium for inj 500 mg 59
chlorothiazide tab 250 mg.....59
chlorothiazide tab 500 mg.....59
CHLORPROMAZINE HCL INJ 25 MG/ML 78
CHLORPROMAZINE HCL INJ 50 MG/2ML 78
chlorpromazine hcl tab 10 mg 78
chlorpromazine hcl tab 100 mg ...78
chlorpromazine hcl tab 200 mg ...78
chlorpromazine hcl tab 25 mg 78
chlorpromazine hcl tab 50 mg 78
chlorthalidone tab 25 mg 59
chlorthalidone tab 50 mg 59
chlorzoxazone tab 500 mg 91
cholecalciferol cap 1.25 mg (50000 unit) 141
cholestyramine light powder 4 gm/dose.....50
cholestyramine light powder packets 4 gm 50
cholestyramine powder 4 gm/dose 50
cholestyramine powder packets 4 gm 50
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) 51
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) 51
ciclesonide (nasal)
see OMNARIS SPR 153
ciclopirox gel 0.77% 157
ciclopirox olamine cream 0.77% (base equiv) 157
ciclopirox olamine susp 0.77% (base equiv) 157
ciclopirox shampoo 1% 157
ciclopirox solution 8% 157
cidofovir iv inj 75 mg/ml.....23
cilostazol tab 100 mg 130
cilostazol tab 50 mg 130
CIMDUO TAB 300-300 21
cimetidine hcl soln 300 mg/5ml 121
cimetidine tab 200 mg 121
cimetidine tab 300 mg 121
cimetidine tab 400 mg 121
cimetidine tab 800 mg 121
cinacalcet hcl tab 30 mg (base equiv).....100
cinacalcet hcl tab 60 mg (base equiv).....100
cinacalcet hcl tab 90 mg (base equiv).....101
CIPRO (10%) SUS 500MG/5 27
CIPRO HC SUS OTIC.....162
CIPRODEX SUS 0.3-0.1%.....162
ciprofloxacin
see CIPRO (10%) SUS 500MG/5 ...27
ciprofloxacin 200 mg/100ml in d5w 27

ciprofloxacin 400 mg/200ml in d5w 27
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml) 27
ciprofloxacin hcl ophth soln 0.3% (base equivalent) 144
ciprofloxacin hcl tab 100 mg (base equiv).....27
ciprofloxacin hcl tab 250 mg (base equiv).....27
ciprofloxacin hcl tab 500 mg (base equiv).....27
ciprofloxacin hcl tab 750 mg (base equiv).....27
ciprofloxacin iv soln 200 mg/20ml (1%) 27
ciprofloxacin iv soln 400 mg/40ml (1%) 27
ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq).....27
ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq).....27
ciprofloxacin-dexamethasone
see CIPRODEX SUS 0.3-0.1% 162
ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....162
ciprofloxacin-hydrocortisone
see CIPRO HC SUS OTIC 162
cisplatin inj 100 mg/100ml (1 mg/ml).....42
cisplatin inj 200 mg/200ml (1 mg/ml).....42
cisplatin inj 50 mg/50ml (1 mg/ml).....42
citalopram hydrobromide oral soln 10 mg/5ml 71
citalopram hydrobromide tab 10 mg (base equiv) 71
citalopram hydrobromide tab 20 mg (base equiv) 71
citalopram hydrobromide tab 40 mg (base equiv) 71
CITRANATAL CAP HARMONY 141
CITRANATAL CAP MEDLEY 142
CITRANATAL MIS 142
CITRANATAL MIS 90 DHA.....142
CITRANATAL MIS B-CALM 142
CITRANATAL PAK ASSURE.....142
CITRANATAL PAK DHA 142
CITRANATAL TAB BLOOM 142
CITRANATAL TAB RX 142
cladribine iv soln 10 mg/10ml (1 mg/ml).....33
CLARINEX SYP 0.5MG/ML.....149
clarithromycin for susp 125 mg/5ml.....26
clarithromycin for susp 250 mg/5ml.....26
clarithromycin tab 250 mg 26
clarithromycin tab 500 mg 26
clarithromycin tab er 24hr 500 mg 26
clemastine fumarate tab 2.68 mg 149
CLENPIQ SOL.....122
CLEOCIN SUP 100MG.....127
CLIMARA PRO DIS WEEKLY 107
clindamycin hcl cap 150 mg 14
clindamycin hcl cap 300 mg 14
clindamycin hcl cap 75 mg 14
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) 14
clindamycin phosphate foam 1% 155
clindamycin phosphate gel 1% .155
clindamycin phosphate inj 300 mg/2ml.....14
clindamycin phosphate inj 600 mg/4ml.....14
clindamycin phosphate inj 9 gm/60ml.....14
clindamycin phosphate inj 900 mg/6ml.....14
clindamycin phosphate lotion 1% 155
clindamycin phosphate soln 1% 155
clindamycin phosphate swab 1% 155
clindamycin phosphate vaginal
see CLEOCIN SUP 100MG 127
clindamycin phosphate vaginal cream 2%.....127

clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% 155
clindamycin phosphate-benzoyl peroxide gel 1-5% 155
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% 155
clobazam suspension 2.5 mg/ml .65
clobazam tab 10 mg 65
clobazam tab 20 mg 65
clobetasol propionate cream 0.05% 159
clobetasol propionate foam 0.05% 159
clobetasol propionate gel 0.05% 159
clobetasol propionate lotion 0.05% 159
clobetasol propionate oint 0.05% 159
clobetasol propionate shampoo 0.05% 159
clobetasol propionate soln 0.05% 159
clobetasol propionate spray 0.05% 159
clocortolone pivalate cream 0.1% 159
clofarabine iv soln 1 mg/ml 33
clomipramine hcl cap 25 mg 89
clomipramine hcl cap 50 mg 89
clomipramine hcl cap 75 mg 89
clonazepam tab 0.5 mg 65
clonazepam tab 1 mg 65
clonazepam tab 2 mg 65
clonidine hcl tab 0.1 mg 60
clonidine hcl tab 0.2 mg 60
clonidine hcl tab 0.3 mg 60
clonidine td patch weekly 0.1 mg/24hr 60
clonidine td patch weekly 0.2 mg/24hr 60
clonidine td patch weekly 0.3 mg/24hr 60
clopidogrel bisulfate tab 300 mg (base equiv) 131
clopidogrel bisulfate tab 75 mg (base equiv) 130
clorazepate dipotassium tab 15 mg 65
clorazepate dipotassium tab 3.75 mg 65
clorazepate dipotassium tab 7.5 mg 65
clotrimazole cream 1% 157
clotrimazole soln 1% 157
clotrimazole troche 10 mg 162
clotrimazole w/ betamethasone cream 1-0.05% 157
clotrimazole w/ betamethasone lotion 1-0.05% 157
clozapine orally disintegrating tab 100 mg 79
clozapine orally disintegrating tab 12.5 mg 78
clozapine orally disintegrating tab 150 mg 79
clozapine orally disintegrating tab 200 mg 79
clozapine orally disintegrating tab 25 mg 79
clozapine tab 100 mg 79
clozapine tab 200 mg 79
clozapine tab 25 mg 79
clozapine tab 50 mg 79
COARTEM TAB 20-120MG 17
cobicistat
see TYBOST TAB 150MG 20
codeine polistirex-chlorpheniramine polistirex
see TUZISTRA XR SUS 151
codeine sulf tab 60mg 4
codeine sulfate tab 30 mg 5
colchicine tab 0.6 mg 2
colchicine w/ probenecid tab 0.5-500 mg 2
colestipol hcl granule packets 5 gm 50
colestipol hcl granules 5 gm 50
colestipol hcl tab 1 gm 50
Colocort
see ***hydrocortisone enema 100 mg/60ml*** 121

COLY-MYCIN S SUS OTIC 162
COMBIGAN SOL 0.2/0.5% 146
COMETRIQ KIT 100MG 38
COMETRIQ KIT 140MG 38
COMETRIQ KIT 60MG 38
COMPLERA TAB 21
Compro
see ***prochlorperazine suppos 25 mg*** 120
CONCEPTROL GEL 4% 125
condoms - female
see FC2 FEMALE MIS CONDOM 137
CONDYLOX GEL 0.5% 161
conjugated estrogens-bazedoxifene
see DUAVEE TAB 0.45-20 108
COPAXONE INJ 20MG/ML 90
COPAXONE INJ 40MG/ML 90
copper (iud)
see PARAGARD IUD T380A 106
cortisone acetate tab 25 mg 111
COSENTYX INJ 150MG/ML 158
COSENTYX INJ 300DOSE 158
COSENTYX PEN INJ 150MG/ML 158
COSENTYX PEN INJ 300DOSE 158
CREON CAP 12000UNT 124
CREON CAP 24000UNT 124
CREON CAP 3000UNIT 123
CREON CAP 36000UNT 124
CREON CAP 6000UNIT 124
CRESEMBA CAP 186 MG 16
CRINONE GEL 4% VAG 115
CRINONE GEL 8% VAG 115
crisaborole
see EUCRISA OIN 2% 161
CRIXIVAN CAP 200MG 18
CRIXIVAN CAP 400MG 18
crizotinib
see XALKORI CAP 200MG 41
see XALKORI CAP 250MG 41
cromolyn sodium ophth soln 4% 146
cromolyn sodium oral conc 100 mg/5ml 123
cromolyn sodium soln nebu 20 mg/2ml 152
crotamiton
see EURAX CRE 10% 161
crotamiton lotion 10% 161
Crotan
see ***crotamiton lotion 10%*** 161
Cryselle-28
see ***norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg*** 106
CUVPOSA SOL 1MG/5ML 118
Cvs Sleep-aid Nighttime
see ***doxylamine succinate (sleep) tab 25 mg*** 87
cyanocobalamin inj 1000 mcg/ml 142
Cyclafem 1/35
see ***norethindrone & ethinyl estradiol tab 1 mg-35 mcg*** ... 104
Cyclafem 7/7/7
see ***norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg*** 105
cyclobenzaprine hcl tab 10 mg 92
cyclobenzaprine hcl tab 5 mg 92
cyclophosphamide cap 25 mg 32
cyclophosphamide cap 50 mg 32
cyclophosphamide for inj 1 gm 32
cyclophosphamide for inj 2 gm 32
cyclophosphamide for inj 500 mg 32
cycloserine cap 250 mg 22
CYCLOSET TAB 0.8MG 95
cyclosporine
see SANDIMMUNE SOL 100MG/ML 135
cyclosporine (ophth)
see RESTASIS EMU 0.05% 147
cyclosporine cap 100 mg 134
cyclosporine cap 25 mg 134
cyclosporine iv soln 50 mg/ml .. 134
cyclosporine modified cap 100 mg 134
cyclosporine modified cap 25 mg 134
cyclosporine modified cap 50 mg 134
cyclosporine modified oral soln 100 mg/ml 134
cyproheptadine hcl syrup 2 mg/5ml 149

cyproheptadine hcl tab 4 mg 149
CYSTADANE POW 107
CYSTAGON CAP 150MG.....107
CYSTAGON CAP 50MG.....107
CYSTARAN SOL 0.44%.....147
cysteamine bitartrate
see CYSTAGON CAP 150MG 107
see CYSTAGON CAP 50MG 107
cysteamine hcl
see CYSTARAN SOL 0.44% 147
cytarabine inj 20 mg/ml.....33
cytarabine inj pf 100 mg/ml.....33
cytarabine inj pf 20 mg/ml.....33
D
dabigatran etexilate mesylate
see PRADAXA CAP 110MG.....128
see PRADAXA CAP 150MG.....128
see PRADAXA CAP 75MG 128
dabrafenib mesylate
see TAFINLAR CAP 50MG.....41
see TAFINLAR CAP 75MG.....41
dacarbazine for inj 100 mg.....32
dacarbazine for inj 200 mg.....32
dalfampridine tab er 12hr 10 mg.90
DALIRESP TAB 250MCG 152
DALIRESP TAB 500MCG 152
dalteparin sodium
see FRAGMIN INJ 10000/ML 128
see FRAGMIN INJ 12500UNT.....128
see FRAGMIN INJ 15000UNT.....128
see FRAGMIN INJ 18000UNT.....128
see FRAGMIN INJ 2500/0.2.....128
see FRAGMIN INJ 5000/0.2.....128
see FRAGMIN INJ 7500/0.3.....128
see FRAGMIN INJ 95000UNT.....128
danazol cap 100 mg 107
danazol cap 200 mg 107
danazol cap 50 mg 107
dantrolene sodium cap 100 mg ...92
dantrolene sodium cap 25 mg 92
dantrolene sodium cap 50 mg 92
dapagliflozin propanediol
see FARXIGA TAB 10MG 99
see FARXIGA TAB 5MG.....99
dapagliflozin-metformin hcl
see XIGDUO XR TAB 10-1000 98
see XIGDUO XR TAB 10-500MG.....98
see XIGDUO XR TAB 2.5-1000 98
see XIGDUO XR TAB 5-1000MG.....98
see XIGDUO XR TAB 5-500MG 98
dapagliflozin-saxagliptin
see QTERN TAB 10MG/5MG 99
see QTERN TAB 5-5MG.....99
dapsone tab 100 mg.....14
dapsone tab 25 mg.....14
DAPTACEL INJ 135
daptomycin for iv soln 500 mg 14
DARAPRIM TAB 25MG 14
darbepoetin alfa
see ARANESP INJ 100MCG.....129
see ARANESP INJ 10MCG 129
see ARANESP INJ 150MCG.....129
see ARANESP INJ 200MCG.....129
see ARANESP INJ 25MCG 129
see ARANESP INJ 300MCG.....129
see ARANESP INJ 40MCG 129
see ARANESP INJ 500MCG.....129
see ARANESP INJ 60MCG 129
darifenacin hydrobromide tab er 24hr 15 mg (base equiv) 126
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) 126
darolutamide
see NUBEQA TAB 300MG.....37
darunavir ethanolate
see PREZISTA SUS 100MG/ML 19
see PREZISTA TAB 150MG.....19
see PREZISTA TAB 600MG.....19
see PREZISTA TAB 75MG.....19
see PREZISTA TAB 800MG.....19
darunavir-cobicistat
see PREZCOBIX TAB 800-150 22
dasatinib
see SPRYCEL TAB 100MG 40
see SPRYCEL TAB 140MG 40
see SPRYCEL TAB 20MG 40
see SPRYCEL TAB 50MG 40
see SPRYCEL TAB 70MG 40
see SPRYCEL TAB 80MG 40
Dasetta 1/35
see ***norethindrone & ethinyl estradiol tab 1 mg-35 mcg***...104
Dasetta 7/7/7

see ***norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg***.....105
daunorubicin hcl iv soln 20 mg/4ml (base equiv).....32
decitabine for inj 50 mg.....33
deferiprone
see FERPRX 2-DAY TAB 1000MG..101
see FERRIPROX SOL 100MG/ML...101
see FERRIPROX TAB 1000MG.....101
see FERRIPROX TAB 500MG.....101
deferiprone tab 500 mg.....101
delafloxacin meglumine
see BAXDELA TAB 450MG.....118
Delyla
see ***levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg*** 103
demeclocycline hcl tab 150 mg....30
demeclocycline hcl tab 300 mg....30
DENAVIR CRE 1%.....161
denosumab
see PROLIA SOL 60MG/ML.....114
DEPO-ESTRADI INJ 5MG/ML.....107
DEPO-MEDROL INJ 20MG/ML.....111
DEPO-PROVERA INJ 400/ML.....36
DEPO-SQ PROV INJ 104.....101
DESCOVY TAB 200-25MG.....21
desipramine hcl tab 10 mg.....71
desipramine hcl tab 100 mg.....71
desipramine hcl tab 150 mg.....71
desipramine hcl tab 25 mg.....71
desipramine hcl tab 50 mg.....71
desipramine hcl tab 75 mg.....71
desloratadine
see CLARINEX SYP 0.5MG/ML.....149
desloratadine tab 5 mg.....149
desloratadine tab orally disintegrating 2.5 mg.....149
desloratadine tab orally disintegrating 5 mg.....149
desmopressin acetate inj 4 mcg/ml.....117
desmopressin acetate nasal spray soln 0.01%.....117
desmopressin acetate nasal spray soln 0.01% (refrigerated).....117
desmopressin acetate tab 0.1 mg.....117
desmopressin acetate tab 0.2 mg.....117
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 101
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg.....101
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....101, 102
desonide cream 0.05%.....159
desonide lotion 0.05%.....159
desonide oint 0.05%.....159
desoximetasone cream 0.05%..159
desoximetasone cream 0.25%..159
desoximetasone gel 0.05%.....159
desoximetasone oint 0.05%.....159
desoximetasone oint 0.25%.....159
desvenlafaxine succinate tab er 24hr 100 mg (base equiv).....71
desvenlafaxine succinate tab er 24hr 25 mg (base equiv).....71
desvenlafaxine succinate tab er 24hr 50 mg (base equiv).....71
DEXAMETHASON CON 1MG/ML.....111
dexamethasone
see DEXAMETHASON CON 1MG/ML.....111
dexamethasone (ophth)
see MAXIDEX SUS 0.1% OP.....145
dexamethasone elixir 0.5 mg/5ml.....111
dexamethasone sod phosphate preservative free inj 10 mg/ml.....111
dexamethasone sodium phosphate inj 10 mg/ml.....111
dexamethasone sodium phosphate inj 100 mg/10ml.....111
dexamethasone sodium phosphate inj 120 mg/30ml.....111
dexamethasone sodium phosphate inj 20 mg/5ml.....111
dexamethasone sodium phosphate inj 4 mg/ml.....111

dexamethasone sodium phosphate ophth soln 0.1% 145
dexamethasone soln 0.5 mg/5ml 111
dexamethasone tab 0.5 mg 111
dexamethasone tab 0.75 mg 111
dexamethasone tab 1 mg 112
dexamethasone tab 1.5 mg 112
dexamethasone tab 2 mg 112
dexamethasone tab 4 mg 112
dexamethasone tab 6 mg 112
DEXILANT CAP 30MG DR 124
DEXILANT CAP 60MG DR 124
dexlansoprazole
see DEXILANT CAP 30MG DR 124
see DEXILANT CAP 60MG DR 124
dexmethylphenidate hcl cap er 24 hr 10 mg 83
dexmethylphenidate hcl cap er 24 hr 15 mg 83
dexmethylphenidate hcl cap er 24 hr 20 mg 83
dexmethylphenidate hcl cap er 24 hr 25 mg 83
dexmethylphenidate hcl cap er 24 hr 30 mg 83
dexmethylphenidate hcl cap er 24 hr 35 mg 83
dexmethylphenidate hcl cap er 24 hr 40 mg 83
dexmethylphenidate hcl cap er 24 hr 5 mg 83
dexmethylphenidate hcl tab 10 mg 83
dexmethylphenidate hcl tab 2.5 mg 83
dexmethylphenidate hcl tab 5 mg 83
dexrazoxane hcl for inj 250 mg (base equivalent) 42
dexrazoxane hcl for inj 500 mg (base equivalent) 42
dextroamphetamine sulfate cap er 24hr 10 mg 84
dextroamphetamine sulfate cap er 24hr 15 mg 84
dextroamphetamine sulfate cap er 24hr 5 mg 84
dextroamphetamine sulfate oral solution 5 mg/5ml 84
dextroamphetamine sulfate tab 10 mg 84
dextroamphetamine sulfate tab 15 mg 84
dextroamphetamine sulfate tab 2.5 mg 84
dextroamphetamine sulfate tab 20 mg 84
dextroamphetamine sulfate tab 30 mg 84
dextroamphetamine sulfate tab 5 mg 84
dextroamphetamine sulfate tab 7.5 mg 84
dextromethorphan hbr-quinidine sulfate
see NUEDEXTA CAP 20-10MG 90
dextromethorphan-guaifenesin
see NORTUSS-EX LIQ 200-20/5 .. 151
dextrose (diabetic use)
see ORAL GLUCOSE REPLACEMENT 113
diaphragm arc-spring
see CAYA DPR 137
diaphragm wide seal
see WIDE-SEAL DPR KIT 60 138
see WIDE-SEAL DPR KIT 65 138
see WIDE-SEAL DPR KIT 70 138
see WIDE-SEAL DPR KIT 75 138
see WIDE-SEAL DPR KIT 80 138
see WIDE-SEAL DPR KIT 85 138
see WIDE-SEAL DPR KIT 90 138
see WIDE-SEAL DPR KIT 95 138
diaphragms
see OMNIFLEX DPR 138
diazepam conc 5 mg/ml 65
diazepam inj 5 mg/ml 65
Diazepam Intensol
see ***diazepam conc 5 mg/ml*** 65
diazepam oral soln 1 mg/ml 65
diazepam tab 10 mg 65
diazepam tab 2 mg 65
diazepam tab 5 mg 65

diclofenac potassium tab 50 mg ... 2
diclofenac sodium (topical)
see VOLTAREN GEL 1% 161
diclofenac sodium gel 1% 161
diclofenac sodium ophth soln 0.1% 145
diclofenac sodium tab delayed release 25 mg 2
diclofenac sodium tab delayed release 50 mg 2
diclofenac sodium tab delayed release 75 mg 2
diclofenac sodium tab er 24hr 100 mg 2
diclofenac w/ misoprostol tab delayed release 50-0.2 mg 3
diclofenac w/ misoprostol tab delayed release 75-0.2 mg 3
dicloxacillin sodium cap 250 mg..30
dicloxacillin sodium cap 500 mg..30
dicyclomine hcl cap 10 mg 118
dicyclomine hcl inj 10 mg/ml 118
dicyclomine hcl oral soln 10 mg/5ml 118
dicyclomine hcl tab 20 mg 118
didanosine
see VIDEX EC CAP 125MG 20
see VIDEX SOL 2GM 20
see VIDEX SOL 4GM 20
didanosine delayed release capsule 200 mg 18
didanosine delayed release capsule 250 mg 18
didanosine delayed release capsule 400 mg 18
difenoxin w/ atropine
see MOTOFEN TAB 1-0.025.....123
DIFICID TAB 200MG 26
diflorasone diacetate cream 0.05% 159
diflorasone diacetate oint 0.05% 159
diflunisal tab 500 mg.....12
difluprednate
see DUREZOL EMU 0.05% 145
Digox
see ***digoxin tab 125 mcg (0.125 mg)***.....58
see ***digoxin tab 250 mcg (0.25 mg)***.....59
digoxin
see LANOXIN PED INJ 0.1MG/ML ...59
see LANOXIN TAB 0.0625MG 59
see LANOXIN TAB 0.1875MG 59
digoxin inj 0.25 mg/ml 58
digoxin oral soln 0.05 mg/ml 58
digoxin tab 125 mcg (0.125 mg) .58
digoxin tab 250 mcg (0.25 mg) ..58, 59
dihydroergotamine mesylate inj 1 mg/ml 88
DILANTIN CAP 30MG 65
DILATRATE SR CAP 40MG 61
diltiazem hcl cap er 12hr 120 mg 56
diltiazem hcl cap er 12hr 60 mg ..56
diltiazem hcl cap er 12hr 90 mg ..56
diltiazem hcl cap er 24hr 120 mg 56
diltiazem hcl cap er 24hr 180 mg 56
diltiazem hcl cap er 24hr 240 mg 56
diltiazem hcl coated beads
see CARDIZEM LA TAB 120MG 56
diltiazem hcl coated beads cap er 24hr 120 mg.....56
diltiazem hcl coated beads cap er 24hr 180 mg.....56
diltiazem hcl coated beads cap er 24hr 240 mg.....56
diltiazem hcl coated beads cap er 24hr 300 mg.....56
diltiazem hcl coated beads cap er 24hr 360 mg.....56
diltiazem hcl coated beads tab er 24hr 180 mg.....56
diltiazem hcl coated beads tab er 24hr 240 mg.....56
diltiazem hcl coated beads tab er 24hr 300 mg.....56
diltiazem hcl coated beads tab er 24hr 360 mg.....57
diltiazem hcl coated beads tab er 24hr 420 mg.....57
diltiazem hcl extended release beads cap er 24hr 120 mg 57

diltiazem hcl extended release beads cap er 24hr 180 mg 57
diltiazem hcl extended release beads cap er 24hr 240 mg 57
diltiazem hcl extended release beads cap er 24hr 300 mg 57
diltiazem hcl extended release beads cap er 24hr 360 mg 57
diltiazem hcl extended release beads cap er 24hr 420 mg 57
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml) 57
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml).....57
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml) 57
diltiazem hcl tab 120 mg 57
diltiazem hcl tab 30 mg 57
diltiazem hcl tab 60 mg 57
diltiazem hcl tab 90 mg 57
DILTIAZEM INJ 100MG.....57
dimethyl fumarate
see TECFIDERA CAP 120MG.....91
see TECFIDERA CAP 240MG.....91
see TECFIDERA MIS STARTER.....91
dimethyl fumarate capsule delayed release 120 mg.....90
dimethyl fumarate capsule delayed release 240 mg.....91
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg .91
DIP/TET PED INJ 25-5LFU 135
DIPENTUM CAP 250MG 121
diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac
see PENTACEL INJ 137
diphenhydramine hcl elixir 12.5 mg/5ml 149
diphenhydramine hcl inj 50 mg/ml 149
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml 123
diphenoxylate w/ atropine tab 2.5-0.025 mg 123
diph-tetanus tox ad-acell pertussis & polio virus, ipv vac
see KINRIX INJ 136
diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac
see PEDIARIX INJ 0.5ML 136
diphtheria, acellular pertussis & tetanus toxoids
see DAPTACEL INJ 135
see INFANRIX INJ.....136
dipyridamole tab 25 mg 131
dipyridamole tab 50 mg 131
dipyridamole tab 75 mg 131
disopyramide phosphate
see NORPACE CAP 100MG CR 50
see NORPACE CAP 150MG CR 50
disopyramide phosphate cap 100 mg.....49
disopyramide phosphate cap 150 mg.....49
disulfiram tab 250 mg 93
disulfiram tab 500 mg 93
DIURIL SUS 250/5ML.....59
divalproex sodium cap delayed release sprinkle 125 mg 65
divalproex sodium tab delayed release 125 mg.....65
divalproex sodium tab delayed release 250 mg.....65
divalproex sodium tab delayed release 500 mg.....65
divalproex sodium tab er 24 hr 250 mg.....65
divalproex sodium tab er 24 hr 500 mg.....65
DIVIGEL GEL 0.25MG 108
DIVIGEL GEL 0.5MG 107
DIVIGEL GEL 0.75MG 108
DIVIGEL GEL 1.25MG 108
DIVIGEL GEL 1MG/GM 108
docetaxel for inj conc 160 mg/8ml (20 mg/ml) 34
docetaxel for inj conc 20 mg/ml .34
docetaxel for inj conc 80 mg/4ml (20 mg/ml) 34
DOCETAXEL INJ 20/0.5ML.....34
DOCETAXEL INJ 80MG/2ML 34
DOCETAXEL INJ NON-ALCO 34
docetaxel soln for iv infusion 160 mg/16ml.....35

docetaxel soln for iv infusion 20 mg/2ml 34
docetaxel soln for iv infusion 80 mg/8ml 34
dofetilide cap 125 mcg (0.125 mg) 49
dofetilide cap 250 mcg (0.25 mg)49
dofetilide cap 500 mcg (0.5 mg) .49
dolutegravir sodium
see TIVICAY PD TAB 5MG 20
see TIVICAY TAB 10MG 20
see TIVICAY TAB 25MG 20
see TIVICAY TAB 50MG 20
dolutegravir sodium-lamivudine
see DOVATO TAB 50-300MG 21
donepezil hydrochloride orally disintegrating tab 10 mg 68
donepezil hydrochloride orally disintegrating tab 5 mg 68
donepezil hydrochloride tab 10 mg 68
donepezil hydrochloride tab 23 mg 68
donepezil hydrochloride tab 5 mg 68
doripenem for iv infusion 250 mg14
doripenem for iv infusion 500 mg14
dorzolamide hcl ophth soln 2% .146
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml.....146
DOVATO TAB 50-300MG.....21
doxazosin mesylate (bph)
see CARDURA XL TAB 4MG 125
see CARDURA XL TAB 8MG 125
doxazosin mesylate tab 1 mg 46
doxazosin mesylate tab 2 mg 46
doxazosin mesylate tab 4 mg 46
doxazosin mesylate tab 8 mg 46
doxepin hcl cap 10 mg.....71
doxepin hcl cap 100 mg.....72
doxepin hcl cap 150 mg.....72
doxepin hcl cap 25 mg.....72
doxepin hcl cap 50 mg.....72
doxepin hcl cap 75 mg.....72
doxepin hcl conc 10 mg/ml 72
doxepin hcl cream 5%.....158
doxercalciferol cap 0.5 mcg.....142
doxercalciferol cap 1 mcg.....142
doxercalciferol cap 2.5 mcg.....142
doxercalciferol inj 4 mcg/2ml (2 mcg/ml) 142
doxorubicin hcl for inj 10 mg 32
doxorubicin hcl for inj 50 mg 32
doxorubicin hcl inj 2 mg/ml 32
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml 33
Doxy 100
see ***doxycycline hyclate for inj 100 mg*** 31
doxycycline calcium
see VIBRAMYCIN SYP 50MG/5ML...31
doxycycline hyclate cap 100 mg..30
doxycycline hyclate cap 50 mg....30
doxycycline hyclate for inj 100 mg 31
doxycycline hyclate tab 100 mg..31
doxycycline hyclate tab 20 mg 31
doxycycline hyclate tab delayed release 100 mg.....31
doxycycline hyclate tab delayed release 150 mg.....31
doxycycline hyclate tab delayed release 75 mg.....31
doxycycline monohydrate cap 100 mg.....31
doxycycline monohydrate cap 50 mg.....31
doxycycline monohydrate for susp 25 mg/5ml 31
doxycycline monohydrate tab 100 mg.....31
doxycycline monohydrate tab 150 mg.....31
doxycycline monohydrate tab 50 mg.....31
doxycycline monohydrate tab 75 mg.....31
doxylamine succinate (sleep) tab 25 mg.....87
dronabinol cap 10 mg.....119
dronabinol cap 2.5 mg.....119
dronabinol cap 5 mg.....119
dronedarone hcl
see MULTAQ TAB 400MG 50

drospirenone
see SLYND TAB 4MG 106
drospirenone-ethinyl estradiol tab 3-0.02 mg 102
drospirenone-ethinyl estradiol tab 3-0.03 mg 102
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg 102
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg 102
DROXIA CAP 200MG 41
DROXIA CAP 300MG 41
DROXIA CAP 400MG 41
DUAVEE TAB 0.45-20.....108
dulaglutide
see TRULICITY INJ.....96
see TRULICITY INJ 0.75/0.5.....96
see TRULICITY INJ 1.5/0.5 96
duloxetine hcl cap 20 mg 72
duloxetine hcl cap 30 mg 72
duloxetine hcl cap 60 mg 72
DUREZOL EMU 0.05%.....145
dutasteride cap 0.5 mg.....125
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 125
E
E.e.s. 400
see ***erythromycin ethylsuccinate tab 400 mg*** 26
echothiophate iodide
see PHOSPHOLINE SOL 0.125%OP 147
econazole nitrate cream 1% 157
Ed-spaz
see ***hyoscyamine sulfate tab disint 0.125 mg***.....118
EDURANT TAB 25MG.....18
efavirenz cap 200 mg 18
efavirenz cap 50 mg 18
efavirenz tab 600 mg 18
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.....21
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....21
efavirenz-lamivudine-tenofovir disoproxil fumarate
see SYMFI LO TAB 22
see SYMFI TAB.....22
efinaconazole
see JUBLIA SOL 10% 157
ELESTRIN GEL 0.06% 108
eletriptan hydrobromide tab 20 mg (base equivalent) 88
eletriptan hydrobromide tab 40 mg (base equivalent) 88
elexacaftor-tezacaftor-ivacaftor
see TRIKAFTA TAB.....153
ELIGARD INJ 22.5MG.....36
ELIGARD INJ 30MG 36
ELIGARD INJ 45MG 37
ELIGARD INJ 7.5MG 36
eliglustat tartrate
see CERDELGA CAP 84MG 107
Elinest
see ***norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg*** 106
ELIQUIS ST P TAB 5MG.....127
ELIQUIS TAB 2.5MG 127
ELIQUIS TAB 5MG 127
Elite-ob
see ***prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg*** 144
ELIXOPHYLLIN ELX 80/15ML.....154
ELLA TAB 30MG 102
ELMIRON CAP 100MG 126
eltrombopag olamine
see PROMACTA TAB 12.5MG 129
see PROMACTA TAB 25MG.....130
see PROMACTA TAB 50MG.....130
see PROMACTA TAB 75MG.....130
elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide
see GENVOYA TAB.....22
elvitegravir-cobicistat-emtricitabine-tenofovir df
see STRIBILD TAB 22
EMADINE SOL 0.05% OP.....146
EMBEDA CAP 100-4MG 5
EMBEDA CAP 20-0.8MG 5
EMBEDA CAP 30-1.2MG 5

EMBEDA CAP 50-2MG 5
EMBEDA CAP 60-2.4MG..... 5
EMBEDA CAP 80-3.2MG..... 5
EMCYT CAP 140MG.....32
emedastine difumarate
see EMADINE SOL 0.05% OP 146
emicizumab-kxwh
see HEMLIBRA INJ 105/0.7 130
see HEMLIBRA INJ 150/ML.....130
see HEMLIBRA INJ 30MG/ML.....130
see HEMLIBRA INJ 60/0.4.....130
Emoquette
see ***desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg*** 101
empagliflozin
see JARDIANCE TAB 10MG.....99
see JARDIANCE TAB 25MG.....99
empagliflozin-linagliptin
see GLYXAMBI TAB 10-5 MG 99
see GLYXAMBI TAB 25-5 MG 99
empagliflozin-metformin hcl
see SYNJARDY TAB 98
see SYNJARDY TAB 12.5-500 98
see SYNJARDY TAB 5-1000MG 98
see SYNJARDY TAB 5-500MG 98
see SYNJARDY XR TAB 98
see SYNJARDY XR TAB 10-1000 98
see SYNJARDY XR TAB 25-1000 98
see SYNJARDY XR TAB 5-1000MG..98
EMSAM DIS 12MG/24H 72
EMSAM DIS 6MG/24HR 72
EMSAM DIS 9MG/24HR 72
emtricitabine
see EMTRIVA CAP 200MG 18
see EMTRIVA SOL 10MG/ML.....18
emtricitabine caps 200 mg 18
emtricitabine-rilpivirine-tenofovir alafenamide fumarate
see ODEFSEY TAB.....22
emtricitabine-rilpivirine-tenofovir disoproxil fumarate
see COMPLERA TAB 21
emtricitabine-tenofovir alafenamide fumarate
see DESCOVY TAB 200-25MG.....21
emtricitabine-tenofovir disoproxil fumarate
see TRUVADA TAB 100-150 22
see TRUVADA TAB 133-200 22
see TRUVADA TAB 167-250 22
see TRUVADA TAB 200-300 22
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg 21
EMTRIVA CAP 200MG.....18
EMTRIVA SOL 10MG/ML 18
EMVERM CHW 100MG 14
enalapril maleate & hydrochlorothiazide tab 10-25 mg.....44
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....44
enalapril maleate tab 10 mg.....45
enalapril maleate tab 2.5 mg.....45
enalapril maleate tab 20 mg.....45
enalapril maleate tab 5 mg.....45
enasidenib mesylate
see IDHIFA TAB 100MG.....39
see IDHIFA TAB 50MG 39
ENBREL INJ 25/0.5ML..... 131
ENBREL INJ 25MG 131
ENBREL INJ 50MG/ML..... 131
ENBREL MINI INJ 50MG/ML 131
ENBREL SRCLK INJ 50MG/ML..... 131
ENCARE SUP 100MG..... 125
Endocet
see ***oxycodone w/ acetaminophen tab 10-325 mg***.....10
see ***oxycodone w/ acetaminophen tab 2.5-325 mg***.....10
see ***oxycodone w/ acetaminophen tab 5-325 mg***.....10
see ***oxycodone w/ acetaminophen tab 7.5-325 mg***.....10
enfuvirtide
see FUZEON INJ 90MG 18
ENGERIX-B INJ 10/0.5ML..... 135
ENGERIX-B INJ 20MCG/ML..... 135
enoxaparin sodium inj 100 mg/ml 127
enoxaparin sodium inj 120 mg/0.8ml 127

enoxaparin sodium inj 150 mg/ml 127
enoxaparin sodium inj 30 mg/0.3ml 127
enoxaparin sodium inj 300 mg/3ml 127
enoxaparin sodium inj 40 mg/0.4ml 127
enoxaparin sodium inj 60 mg/0.6ml 127
enoxaparin sodium inj 80 mg/0.8ml 127
Enpresse-28
see ***levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg*** 103
Enskyce
see ***desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg*** 101
entacapone tab 200 mg 77
entecavir
see BARACLUDE SOL 23
entecavir tab 0.5 mg 23
entecavir tab 1 mg 23
ENTRESTO TAB 24-26MG 60
ENTRESTO TAB 49-51MG 60
ENTRESTO TAB 97-103MG.....60
Enulose
see ***lactulose (encephalopathy) solution 10 gm/15ml*** 122
enzalutamide
see XTANDI CAP 40MG.....37
EPCLUSA TAB 400-100.....28
EPIDUO FORTE GEL 0.3-2.5%.....155
epinastine hcl ophth soln 0.05% 146
epinephrine (anaphylaxis)
see EPIPEN 2-PAK INJ 0.3MG.....148
see EPIPEN-JR INJ 0.15MG 148
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) 148
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) 148
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) 147
EPIPEN 2-PAK INJ 0.3MG.....148
EPIPEN-JR INJ 0.15MG.....148
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml).....33
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml) 33
Epitol
see ***carbamazepine tab 200 mg***.64
EPIVIR HBV SOL 5MG/ML 23
eplerenone tab 25 mg 46
eplerenone tab 50 mg 46
epoetin alfa-epbx
see RETACRIT INJ 10000UNT.....130
see RETACRIT INJ 2000UNIT 130
see RETACRIT INJ 3000UNIT 130
see RETACRIT INJ 40000UNT.....130
see RETACRIT INJ 4000UNIT 130
epoprostenol sodium for inj 0.5 mg 62
epoprostenol sodium for inj 1.5 mg 62
eprosartan mesylate tab 600 mg.48
ERBITUX INJ 100MG.....35
ERBITUX INJ 200MG.....35
ergocalciferol cap 1.25 mg (50000 unit) 142
ergoloid mesylates tab 1 mg 68
ergotamine w/ caffeine tab 1-100 mg.....88
ERIVEDGE CAP 150MG.....35
ERLEADA TAB 60MG 37
erlotinib hcl tab 100 mg (base equivalent).....38
erlotinib hcl tab 150 mg (base equivalent).....38
erlotinib hcl tab 25 mg (base equivalent).....38
Errin
see ***norethindrone tab 0.35 mg*** 105
ERTACZO CRE 2%.....157
ertapenem sodium
see INVANZ INJ 1GM 14
ertapenem sodium for inj 1 gm (base equivalent) 14
Ery
see ***erythromycin pads 2%*** 155
Ery-tab

see ***erythromycin tab delayed release 250 mg*** 26
see ***erythromycin tab delayed release 333 mg*** 26
see ***erythromycin tab delayed release 500 mg*** 26
ERYTHROCIN INJ 500MG 26
Erythrocin Stearate
see ***erythromycin stearate tab 250 mg*** 26
erythromycin base (coated)
see PCE TAB 333MG EC 26
see PCE TAB 500MG EC 26
erythromycin ethylsuccinate for susp 200 mg/5ml 26
erythromycin ethylsuccinate for susp 400 mg/5ml 26
erythromycin ethylsuccinate tab 400 mg 26
erythromycin gel 2% 155
erythromycin lactobionate
see ERYTHROCIN INJ 500MG 26
erythromycin ophth oint 5 mg/gm 144
erythromycin pads 2% 155
erythromycin soln 2% 155
erythromycin stearate tab 250 mg 26
erythromycin tab 250 mg 26
erythromycin tab 500 mg 26
erythromycin tab delayed release 250 mg 26
erythromycin tab delayed release 333 mg 26
erythromycin tab delayed release 500 mg 26
erythromycin w/ delayed release particles cap 250 mg 26
ESBRIET CAP 267MG 152
ESBRIET TAB 267MG 152
ESBRIET TAB 801MG 152
escitalopram oxalate soln 5 mg/5ml (base equiv) 72
escitalopram oxalate tab 10 mg (base equiv) 72
escitalopram oxalate tab 20 mg (base equiv) 72
escitalopram oxalate tab 5 mg (base equiv) 72
eslicarbazepine acetate
see APTIOM TAB 200MG 64
see APTIOM TAB 400MG 64
see APTIOM TAB 600MG 64
see APTIOM TAB 800MG 64
esomeprazole magnesium cap delayed release 20 mg (base eq) 124
esomeprazole magnesium cap delayed release 40 mg (base eq) 124
esomeprazole sodium for intravenous soln 20 mg (base equiv) 124
esomeprazole sodium for intravenous soln 40 mg (base equiv) 124
esterified estrogens
see MENEST TAB 0.3MG 110
see MENEST TAB 0.625MG 110
see MENEST TAB 1.25MG 110
see MENEST TAB 2.5MG 110
estradiol
see DIVIGEL GEL 0.25MG 108
see DIVIGEL GEL 0.5MG 107
see DIVIGEL GEL 0.75MG 108
see DIVIGEL GEL 1.25MG 108
see DIVIGEL GEL 1MG/GM 108
see ELESTRIN GEL 0.06% 108
see ESTROGEL GEL 110
see EVAMIST SPR 1.53MG 110
estradiol & norethindrone acetate tab 0.5-0.1 mg 108
estradiol & norethindrone acetate tab 1-0.5 mg 108
estradiol cypionate
see DEPO-ESTRADI INJ 5MG/ML..107
estradiol tab 0.5 mg 108
estradiol tab 1 mg 108
estradiol tab 2 mg 108
estradiol td patch twice weekly 0.025 mg/24hr 109
estradiol td patch twice weekly 0.0375 mg/24hr 109

estradiol td patch twice weekly 0.05 mg/24hr 109
estradiol td patch twice weekly 0.075 mg/24hr 109
estradiol td patch twice weekly 0.1 mg/24hr 109
estradiol td patch weekly 0.025 mg/24hr 109
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) 109
estradiol td patch weekly 0.05 mg/24hr 109
estradiol td patch weekly 0.06 mg/24hr 109
estradiol td patch weekly 0.075 mg/24hr 109
estradiol td patch weekly 0.1 mg/24hr 109
estradiol vaginal cream 0.1 mg/gm 109
estradiol vaginal tab 10 mcg 110
estradiol valerate im in oil 20 mg/ml 110
estradiol valerate im in oil 40 mg/ml 110
estradiol valerate-dienogest
see NATAZIA TAB 104
estradiol-levonorgestrel
see CLIMARA PRO DIS WEEKLY ... 107
estramustine phosphate sodium
see EMCYT CAP 140MG 32
ESTROGEL GEL 110
estrogens, conjugated
see PREMARIN INJ 25MG 110
see PREMARIN TAB 0.3MG 111
see PREMARIN TAB 0.45MG 111
see PREMARIN TAB 0.625MG 111
see PREMARIN TAB 0.9MG 111
see PREMARIN TAB 1.25MG 111
estrogens, conjugated vaginal
see PREMARIN VAG CRE 0.625MG 111
estropipate tab 0.75 mg 110
estropipate tab 1.5 mg 110
estropipate tab 3 mg 110
eszopiclone tab 1 mg 87
eszopiclone tab 2 mg 87
eszopiclone tab 3 mg 87
etanercept
see ENBREL INJ 25/0.5ML 131
see ENBREL INJ 25MG 131
see ENBREL INJ 50MG/ML 131
see ENBREL MINI INJ 50MG/ML ... 131
see ENBREL SRCLK INJ 50MG/ML 131
ethacrynate sodium for inj 50 mg 59
ethacrynic acid tab 25 mg 59
ethambutol hcl tab 100 mg 22
ethambutol hcl tab 400 mg 22
ethionamide
see TRECATOR TAB 250MG 23
ethosuximide cap 250 mg 65
ethosuximide soln 250 mg/5ml .. 65
ethotoin
see PEGANONE TAB 250MG 67
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg 102
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 102
etodolac cap 200 mg 2
etodolac cap 300 mg 2
etodolac tab 400 mg 2
etodolac tab 500 mg 2
etodolac tab er 24hr 400 mg 2
etodolac tab er 24hr 500 mg 2
etodolac tab er 24hr 600 mg 3
etonogestrel
see NEXPLANON IMP 68MG 104
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr 102
etoposide cap 50 mg 43
etoposide inj 1 gm/50ml (20 mg/ml) 43
etoposide inj 100 mg/5ml (20 mg/ml) 43
etoposide inj 500 mg/25ml (20 mg/ml) 43
etravirine
see INTELENCE TAB 100MG 18
see INTELENCE TAB 200MG 18
see INTELENCE TAB 25MG 18
EUCRISA OIN 2% 161
EURAX CRE 10% 161
EVAMIST SPR 1.53MG 110
everolimus
see AFINITOR DIS TAB 2MG 38

see AFINITOR DIS TAB 3MG 38
see AFINITOR DIS TAB 5MG 38
see AFINITOR TAB 10MG.....38
everolimus (immunosuppressant)
see ZORTRESS TAB 1MG 135
everolimus tab 0.25 mg.....134
everolimus tab 0.5 mg.....134
everolimus tab 0.75 mg.....134
everolimus tab 2.5 mg.....38
everolimus tab 5 mg.....38
everolimus tab 7.5 mg.....38
evolocumab
see REPATHA INJ 140MG/ML.....53
see REPATHA PUSH INJ 420/3.5....53
see REPATHA SURE INJ 140MG/ML 53
EVOTAZ TAB 300-150.....22
EXELDERM CRE 1% 157
EXELDERM SOL 1% 157
exemestane tab 25 mg.....37
ezetimibe tab 10 mg.....51
ezetimibe-simvastatin tab 10-10 mg.....51
ezetimibe-simvastatin tab 10-20 mg.....51
ezetimibe-simvastatin tab 10-40 mg.....51
ezetimibe-simvastatin tab 10-80 mg.....51
F
FACTIVE TAB 320MG 27
Falmina
see ***levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg*** 103
famciclovir tab 125 mg.....23
famciclovir tab 250 mg.....23
famciclovir tab 500 mg.....23
famotidine for susp 40 mg/5ml.121
famotidine in nacl 0.9% iv soln 20 mg/50ml.....121
famotidine inj 20 mg/2ml.....121
famotidine inj 200 mg/20ml.....121
famotidine inj 40 mg/4ml.....121
famotidine tab 20 mg.....121
famotidine tab 40 mg.....121
FARXIGA TAB 10MG.....99
FARXIGA TAB 5MG 99
FARYDAK CAP 10MG.....35
FARYDAK CAP 15MG.....35
FARYDAK CAP 20MG.....35
Fayosim
see ***levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg***.....102
FC2 FEMALE MIS CONDOM 137
febuxostat tab 40 mg..... 2
febuxostat tab 80 mg..... 2
felbamate susp 600 mg/5ml.....65
felbamate tab 400 mg.....65
felbamate tab 600 mg.....65
felodipine tab er 24hr 10 mg.....57
felodipine tab er 24hr 2.5 mg.....57
felodipine tab er 24hr 5 mg.....57
FEMCAP MIS 22MM.....137
FEMCAP MIS 26MM.....137
FEMCAP MIS 30MM.....138
fenofibrate cap 150 mg.....51
fenofibrate cap 50 mg.....51
fenofibrate micronized cap 130 mg.....51
fenofibrate micronized cap 134 mg.....51
fenofibrate micronized cap 200 mg.....51
fenofibrate micronized cap 43 mg.....51
fenofibrate micronized cap 67 mg.....51
fenofibrate tab 145 mg.....51
fenofibrate tab 160 mg.....51
fenofibrate tab 48 mg.....51
fenofibrate tab 54 mg.....51
fenoprofen calcium tab 600 mg.... 3
fentanyl citrate lozenge on a handle 1200 mcg..... 5
fentanyl citrate lozenge on a handle 1600 mcg..... 5
fentanyl citrate lozenge on a handle 200 mcg..... 5
fentanyl citrate lozenge on a handle 400 mcg..... 5
fentanyl citrate lozenge on a handle 600 mcg..... 5
fentanyl citrate lozenge on a handle 800 mcg..... 5

fentanyl td patch 72hr 100 mcg/hr 5
fentanyl td patch 72hr 12 mcg/hr 5
fentanyl td patch 72hr 25 mcg/hr 5
fentanyl td patch 72hr 50 mcg/hr 5
fentanyl td patch 72hr 75 mcg/hr 5
FERPRX 2-DAY TAB 1000MG 101
FERRIPROX SOL 100MG/ML 101
FERRIPROX TAB 1000MG..... 101
FERRIPROX TAB 500MG 101
fesoterodine fumarate
see TOVIAZ TAB 4MG..... 126
see TOVIAZ TAB 8MG..... 126
FETZIMA CAP 120MG 73
FETZIMA CAP 20MG..... 72
FETZIMA CAP 40MG..... 72
FETZIMA CAP 80MG..... 72
FETZIMA CAP TITRATIO 73
FIASP FLEX INJ TOUCH 96
FIASP INJ 100/ML 96
FIASP PENFIL INJ U-100..... 96
fidaxomicin
see DIFICID TAB 200MG..... 26
filgrastim-aafi
see NIVESTYM INJ 300/0.5 129
see NIVESTYM INJ 300MCG 129
see NIVESTYM INJ 480/0.8 129
see NIVESTYM INJ 480MCG 129
FINACEA AER 15% 161
finasteride tab 5 mg 125
fingolimod hcl
see GILENYA CAP 0.5MG 91
flavoxate hcl tab 100 mg 126
flecainide acetate tab 100 mg 49
flecainide acetate tab 150 mg 49
flecainide acetate tab 50 mg 49
floxuridine for inj 0.5 gm..... 33
FLUAD INJ 2020-21 135
FLUAD QUADRI INJ 0.5ML 135
FLUARIX QUAD INJ 2020-21 135
FLUBLOK QUAD INJ 2020-21 136
FLUCLVX QUAD INJ 2020-21..... 136
fluconazole for susp 10 mg/ml.... 16
fluconazole for susp 40 mg/ml.... 16
fluconazole in nacl 0.9% inj 200 mg/100ml 16
fluconazole in nacl 0.9% inj 400 mg/200ml 16
fluconazole tab 100 mg 16
fluconazole tab 150 mg 16
fluconazole tab 200 mg 16
fluconazole tab 50 mg 16
FLUCONAZOLE/ INJ NACL 100 16
fludarabine phosphate for inj 50 mg 33
fludarabine phosphate inj 25 mg/ml 33
fludrocortisone acetate tab 0.1 mg 112
FLULAVAL QUA INJ 2020-21 136
FLUMIST QUAD SUS 2020-21 136
flunisolide nasal soln 25 mcg/act (0.025%) 153
fluocinolone acetonide (otic) oil 0.01% 162
fluocinolone acetonide cream 0.01% 159
fluocinolone acetonide cream 0.025% 159
fluocinolone acetonide oil 0.01% (body oil) 159
fluocinolone acetonide oil 0.01% (scalp oil) 159
fluocinolone acetonide oint 0.025% 159
fluocinolone acetonide soln 0.01% 159
fluocinonide cream 0.05% 159
fluocinonide gel 0.05% 159
fluocinonide oint 0.05% 160
fluocinonide soln 0.05% 160
FLUORABON DRO 139
Fluoritab
see ***sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)*** 140
see ***sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)*** 140
see ***sodium fluoride chew tab 1 mg f (from 2.2 mg naf)*** 140
see ***sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)*** 141

fluorometholone (ophth)
see FML FORTE SUS 0.25% OP....145
see FML OIN 0.1% OP.....145
FLUOROPLEX CRE 1%.....156
fluorouracil (topical)
see FLUOROPLEX CRE 1% 156
fluorouracil cream 0.5%.....156
fluorouracil cream 5%.....156
fluorouracil iv soln 1 gm/20ml (50 mg/ml).....33
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml) 33
fluorouracil iv soln 5 gm/100ml (50 mg/ml) 34
fluorouracil iv soln 500 mg/10ml (50 mg/ml) 34
fluorouracil soln 2%.....156
fluorouracil soln 5%.....156
fluoxetine hcl cap 10 mg 73
fluoxetine hcl cap 20 mg 73
fluoxetine hcl cap 40 mg 73
fluoxetine hcl cap delayed release 90 mg 73
fluoxetine hcl solution 20 mg/5ml 73
fluoxetine hcl tab 10 mg.....73
fluoxetine hcl tab 20 mg.....73
fluphenazine decanoate inj 25 mg/ml 79
fluphenazine hcl elixir 2.5 mg/5ml 79
fluphenazine hcl inj 2.5 mg/ml ...79
fluphenazine hcl oral conc 5 mg/ml 79
fluphenazine hcl tab 1 mg 79
fluphenazine hcl tab 10 mg 79
fluphenazine hcl tab 2.5 mg 79
fluphenazine hcl tab 5 mg 79
Flura-drops
see ***sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)***.....141
flurbiprofen sodium ophth soln 0.03% 145
flurbiprofen tab 100 mg 3
flurbiprofen tab 50 mg 3
flutamide cap 125 mg.....37
fluticasone furoate (inhalation)
see ARNUITY ELPT INH 100MCG..153
see ARNUITY ELPT INH 200MCG..153
see ARNUITY ELPT INH 50MCG....153
fluticasone furoate-vilanterol
see BREO ELLIPTA INH 100-25....154
see BREO ELLIPTA INH 200-25....154
fluticasone propionate cream 0.05% 160
fluticasone propionate lotion 0.05% 160
fluticasone propionate nasal susp 50 mcg/act.....153
fluticasone propionate oint 0.005% 160
fluticasone-salmeterol
see ADVAIR DISKU AER 100/50 ..153
see ADVAIR DISKU AER 250/50 ..153
see ADVAIR DISKU AER 500/50 ..153
see ADVAIR HFA AER 115/21.....154
see ADVAIR HFA AER 230/21.....154
see ADVAIR HFA AER 45/21.....154
fluvastatin sodium cap 20 mg (base equivalent) 51
fluvastatin sodium cap 40 mg (base equivalent) 51
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) 52
fluvoxamine maleate cap er 24hr 100 mg 89
fluvoxamine maleate cap er 24hr 150 mg 89
fluvoxamine maleate tab 100 mg 89
fluvoxamine maleate tab 25 mg ..89
fluvoxamine maleate tab 50 mg ..89
FLUZONE HD INJ PF 20-21 136
FLUZONE QUAD INJ 2020-21.....136
FML FORTE SUS 0.25% OP.....145
FML OIN 0.1% OP 145
folic acid cap 0.8 mg 142
folic acid tab 1 mg.....131, 142
folic acid tab 400 mcg 142
folic acid tab 800 mcg 143
folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg 143

fondaparinux sodium subcutaneous inj 10 mg/0.8ml 127
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml 127
fondaparinux sodium subcutaneous inj 5 mg/0.4ml 127
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml 127
formoterol fumarate
see PERFOROMIST NEB 20MCG ...150
FOSAMAX + D TAB 70-2800 100
FOSAMAX + D TAB 70-5600 100
fosamprenavir calcium
see LEXIVA SUS 50MG/ML 19
fosamprenavir calcium tab 700 mg (base equiv) 18
fosfomycin tromethamine
see MONUROL PAK GRANULES 13
fosfomycin tromethamine powd pack 3 gm (base equivalent) 13
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 44
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg 44
fosinopril sodium tab 10 mg 45
fosinopril sodium tab 20 mg 45
fosinopril sodium tab 40 mg 45
fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv) 65
fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv) 65
FOSRENOL POW 1000MG 115
FOSRENOL POW 750MG 115
FRAGMIN INJ 10000/ML 128
FRAGMIN INJ 12500UNT 128
FRAGMIN INJ 15000UNT 128
FRAGMIN INJ 18000UNT 128
FRAGMIN INJ 2500/0.2 128
FRAGMIN INJ 5000/0.2 128
FRAGMIN INJ 7500/0.3 128
FRAGMIN INJ 95000UNT 128
frovatriptan succinate tab 2.5 mg (base equivalent) 88
fulvestrant inj 250 mg/5ml 37
furosemide inj 10 mg/ml 59
furosemide oral soln 10 mg/ml ...59
furosemide oral soln 8 mg/ml 59
furosemide tab 20 mg 59
furosemide tab 40 mg 59
furosemide tab 80 mg 59
FUZEON INJ 90MG 18
FYCOMPA SUS 0.5MG/ML 65
FYCOMPA TAB 10MG.....66
FYCOMPA TAB 12MG.....66
FYCOMPA TAB 2MG 65
FYCOMPA TAB 4MG 65
FYCOMPA TAB 6MG 65
FYCOMPA TAB 8MG 66
G
gabapentin cap 100 mg 66
gabapentin cap 300 mg 66
gabapentin cap 400 mg 66
gabapentin oral soln 250 mg/5ml 66
gabapentin tab 600 mg 66
gabapentin tab 800 mg 66
galantamine hydrobromide cap er 24hr 16 mg 68
galantamine hydrobromide cap er 24hr 24 mg 68
galantamine hydrobromide cap er 24hr 8 mg 68
galantamine hydrobromide oral soln 4 mg/ml 69
galantamine hydrobromide tab 12 mg 69
galantamine hydrobromide tab 4 mg 69
galantamine hydrobromide tab 8 mg 69
ganciclovir ophthalmic
see ZIRGAN GEL 0.15% 145
GARDASIL 9 INJ.....136
gatifloxacin ophth soln 0.5% 144
Gavilyte-c
see ***peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm*** ...122
Gavilyte-g
see ***peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm*** ...122
Gavilyte-h

see ***bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit*** ..122
Gavilyte-n/flavor Pack
see ***peg 3350-kcl-sod bicarb-nacl for soln 420 gm*** 123
GAZYVA INJ 25MG/ML.....35
gemcitabine hcl for inj 1 gm.....34
gemcitabine hcl for inj 2 gm.....34
gemcitabine hcl for inj 200 mg....34
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv).....34
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv).....34
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv).....34
gemfibrozil tab 600 mg 51
gemifloxacin mesylate
see FACTIVE TAB 320MG.....27
Generlac
see ***lactulose (encephalopathy) solution 10 gm/15ml*** 122
Gengraf
see ***cyclosporine modified cap 100 mg*** 134
see ***cyclosporine modified cap 25 mg*** 134
see ***cyclosporine modified oral soln 100 mg/ml*** 134
Gentak
see ***gentamicin sulfate ophth oint 0.3%***.....144
gentamicin in saline inj 0.8 mg/ml 13
gentamicin in saline inj 1 mg/ml.13
gentamicin in saline inj 1.2 mg/ml 13
gentamicin in saline inj 1.6 mg/ml 13
gentamicin in saline inj 2 mg/ml.13
gentamicin sulfate cream 0.1%.156
gentamicin sulfate inj 10 mg/ml.13
gentamicin sulfate inj 40 mg/ml.13
gentamicin sulfate oint 0.1% 156
gentamicin sulfate ophth oint 0.3% 144
gentamicin sulfate ophth soln 0.3% 144
GENVOYA TAB 22
Gianvi
see ***drospirenone-ethinyl estradiol tab 3-0.02 mg*** 102
GILENYA CAP 0.5MG.....91
GLASSIA INJ.....152
glatiramer acetate
see COPAXONE INJ 20MG/ML.....90
see COPAXONE INJ 40MG/ML.....90
glatiramer acetate soln prefilled syringe 20 mg/ml.....91
glatiramer acetate soln prefilled syringe 40 mg/ml.....91
Glatopa
see ***glatiramer acetate soln prefilled syringe 20 mg/ml*** 91
GLEOSTINE CAP 100MG 32
GLEOSTINE CAP 10MG.....32
GLEOSTINE CAP 40MG.....32
GLEOSTINE CAP 5MG.....32
GLIADEL WAF 7.7MG 32
glimepiride tab 1 mg 99
glimepiride tab 2 mg 99
glimepiride tab 4 mg 99
glipizide tab 10 mg.....99
glipizide tab 5 mg.....99
glipizide tab er 24hr 10 mg 99
glipizide tab er 24hr 2.5 mg 99
glipizide tab er 24hr 5 mg 99
glipizide-metformin hcl tab 2.5-250 mg.....95
glipizide-metformin hcl tab 2.5-500 mg.....95
glipizide-metformin hcl tab 5-500 mg.....95
glucagon (rdna)
see GLUCAGON KIT 1MG 113
GLUCAGON KIT 1MG 113
glucose blood
see ACCU-CHEK BLOOD GLUCOSE TEST STRIPS.....138
GLUCOSE URINE TEST STRIPS.....138
glucose urine test-(glucose oxidase)
see GLUCOSE URINE TEST STRIPS 138
glyburide micronized tab 1.5 mg.99

glyburide micronized tab 3 mg 99
glyburide micronized tab 6 mg 99
glyburide tab 1.25 mg 99
glyburide tab 2.5 mg 100
glyburide tab 5 mg 100
glyburide-metformin tab 1.25-250 mg 95
glyburide-metformin tab 2.5-500 mg 95
glyburide-metformin tab 5-500 mg 95
glycopyrrolate
see CUVPOSA SOL 1MG/5ML.....118
glycopyrrolate inj 0.2 mg/ml.....118
glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml).....118
glycopyrrolate inj 1 mg/5ml (0.2 mg/ml).....118
glycopyrrolate inj 4 mg/20ml (0.2 mg/ml).....118
glycopyrrolate tab 1 mg 118
glycopyrrolate tab 2 mg 118
glycopyrrolate-formoterol fumarate
see BEVESPI AER 9-4.8MCG.....148
GLYXAMBI TAB 10-5 MG 99
GLYXAMBI TAB 25-5 MG 99
golimumab
see SIMPONI ARIA SOL 50MG/4ML 132
see SIMPONI INJ 100MG/ML 132
see SIMPONI INJ 50/0.5ML.....132
GOLYTELY SOL.....122
Goodsense Aspirin
see ***aspirin chew tab 81 mg***.....12
Goodsense Nicotine Polacr
see ***nicotine polacrilex lozenge 4 mg*** 93
granisetron
see SANCUSO DIS 3.1MG.....121
granisetron hcl inj 0.1 mg/ml ...119
granisetron hcl inj 1 mg/ml 119
granisetron hcl inj 4 mg/4ml (1 mg/ml).....119
granisetron hcl tab 1 mg 119
griseofulvin microsize susp 125 mg/5ml 17
griseofulvin microsize tab 500 mg 17
griseofulvin ultramicrosize tab 125 mg 17
griseofulvin ultramicrosize tab 250 mg 17
guaifenesin-codeine soln 100-10 mg/5ml 151
guanfacine hcl tab 1 mg 60
guanfacine hcl tab 2 mg 60
guanfacine hcl tab er 24hr 1 mg (base equiv) 84
guanfacine hcl tab er 24hr 2 mg (base equiv) 84
guanfacine hcl tab er 24hr 3 mg (base equiv) 84
guanfacine hcl tab er 24hr 4 mg (base equiv) 84
GUANIDINE TAB 125MG.....89
guselkumab
see TREMFYA INJ 100MG/ML.....132
GYNAZOLE-1 CRE 2% 127
GYNOL II GEL 3% 125
H
haemophilus b polysac conj vac
see ACTHIB INJ.....135
see HIBERIX SOL 10MCG.....136
see PEDVAX HIB INJ 136
halobetasol propionate cream 0.05% 160
halobetasol propionate oint 0.05% 160
haloperidol decanoate im soln 100 mg/ml 79
haloperidol decanoate im soln 50 mg/ml 79
haloperidol lactate inj 5 mg/ml...79
haloperidol lactate oral conc 2 mg/ml 79
haloperidol tab 0.5 mg 79
haloperidol tab 1 mg 79
haloperidol tab 10 mg 79
haloperidol tab 2 mg 79
haloperidol tab 20 mg 79
haloperidol tab 5 mg 79
HARVONI PAK.....28
HARVONI PAK 45-200MG 28

HARVONI TAB 45-200MG 28
HARVONI TAB 90-400MG 28
HAVRIX INJ 1440UNIT 136
HAVRIX INJ 720UNIT 136
Heather
see ***norethindrone tab 0.35 mg*** 105
HEMLIBRA INJ 105/0.7 130
HEMLIBRA INJ 150/ML 130
HEMLIBRA INJ 30MG/ML 130
HEMLIBRA INJ 60/0.4 130
heparin sodium (porcine) inj 1000 unit/ml 128
heparin sodium (porcine) inj 10000 unit/ml 128
heparin sodium (porcine) inj 20000 unit/ml 128
heparin sodium (porcine) inj 5000 unit/ml 128
heparin sodium (porcine) pf inj 5000 unit/0.5ml 128
hepatitis a (inactivated)-hepatitis b (recombinant) vaccines
see TWINRIX INJ 137
hepatitis a vaccine
see HAVRIX INJ 1440UNIT 136
see HAVRIX INJ 720UNIT 136
see VAQTA INJ 25/0.5ML 137
see VAQTA INJ 50UNT/ML 137
hepatitis b vaccine (recomb)
see ENGERIX-B INJ 10/0.5ML 135
see ENGERIX-B INJ 20MCG/ML 135
see RECOMBIVA HB INJ 10MCG/ML 137
see RECOMBIVA HB INJ 5MCG/0.5 137
see RECOMBIVA-HB INJ 40MCG/ML 137
hepatitis b vaccine recombinant adjuvanted
see HEPLISAV-B INJ 20/0.5ML 136
see HEPLISAV-B INJ 20MCG 136
HEPLISAV-B INJ 20/0.5ML 136
HEPLISAV-B INJ 20MCG 136
HETLIOZ CAP 20MG 87
HEXALEN CAP 50MG 32
HIBERIX SOL 10MCG 136
human papillomavirus (hpv) 9-valent recombinant vaccine
see GARDASIL 9 INJ 136
HUMATROPE INJ 12MG 113
HUMATROPE INJ 24MG 113
HUMATROPE INJ 5MG 113
HUMATROPE INJ 6MG 113
HUMATROPEN MIS FOR 12MG 139
HUMATROPEN MIS FOR 24MG 139
HUMATROPEN MIS FOR 6MG 139
HUMIRA INJ 10/0.1ML 131
HUMIRA INJ 10MG/0.2 131
HUMIRA INJ 20/0.2ML 131
HUMIRA INJ 40/0.4ML 131
HUMIRA KIT 20MG/0.4 131
HUMIRA KIT 40MG/0.8 131
HUMIRA PEDIA INJ CROHNS 131
HUMIRA PEN INJ 40/0.4ML 131
HUMIRA PEN INJ CD/UC/HS 132
HUMIRA PEN INJ PS/UV 132
HUMIRA PEN KIT CD/UC/HS 132
HUMIRA PEN KIT PS/UV 132
HUMULIN INJ 70/30 96
HUMULIN INJ 70/30KWP 96
HUMULIN N INJ U-100 96
HUMULIN N INJ U-100KWP 96
HUMULIN R INJ U-100 96
HUMULIN R INJ U-500 96
hydralazine hcl inj 20 mg/ml 60
hydralazine hcl tab 10 mg 60
hydralazine hcl tab 100 mg 61
hydralazine hcl tab 25 mg 61
hydralazine hcl tab 50 mg 61
hydrochlorothiazide cap 12.5 mg 59
hydrochlorothiazide tab 12.5 mg.59
hydrochlorothiazide tab 25 mg....59
hydrochlorothiazide tab 50 mg....60
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml 151
hydrocodone w/ homatropine tab 5-1.5 mg 151
hydrocodone-acetaminophen soln 7.5-325 mg/15ml 5
hydrocodone-acetaminophen tab 10-325 mg 6
hydrocodone-acetaminophen tab 5-325 mg 5

hydrocodone-acetaminophen tab 7.5-325 mg 6
hydrocodone-ibuprofen tab 10-200 mg 6
hydrocortisone butyrate cream 0.1% 160
hydrocortisone butyrate oint 0.1% 160
hydrocortisone butyrate soln 0.1% 160
hydrocortisone cream 1% 160
hydrocortisone cream 2.5% 160
hydrocortisone enema 100 mg/60ml 121
hydrocortisone lotion 2.5% 160
hydrocortisone oint 2.5% 160
hydrocortisone perianal cream 1% 125
hydrocortisone perianal cream 2.5% 125
hydrocortisone sod succinate
see SOLU-CORTEF INJ 1000MG ...113
see SOLU-CORTEF INJ 100MG.....113
see SOLU-CORTEF INJ 250MG.....113
see SOLU-CORTEF INJ 500MG.....113
hydrocortisone tab 10 mg 112
hydrocortisone tab 20 mg 112
hydrocortisone tab 5 mg 112
hydrocortisone valerate cream 0.2% 160
hydrocortisone valerate oint 0.2% 160
hydrocortisone w/ acetic acid otic soln 1-2%.....162
Hydromet
see ***hydrocodone w/ homatropine syrup 5-1.5 mg/5ml*** 151
HYDROMORPHON SUP 3MG 6
hydromorphone hcl inj 1 mg/ml... 6
hydromorphone hcl inj 2 mg/ml... 6
hydromorphone hcl inj 4 mg/ml... 6
hydromorphone hcl preservative free (pf) inj 10 mg/ml 6
hydromorphone hcl tab 2 mg 6
hydromorphone hcl tab 4 mg 6
hydromorphone hcl tab 8 mg 6
hydromorphone hcl tab er 24hr 12 mg 6
hydromorphone hcl tab er 24hr 16 mg 6
hydromorphone hcl tab er 24hr 32 mg 6
hydromorphone hcl tab er 24hr 8 mg 6
hydroxychloroquine sulfate tab 200 mg.....132
hydroxyurea (sickle cell anemia)
see DROXIA CAP 200MG.....41
see DROXIA CAP 300MG.....41
see DROXIA CAP 400MG.....41
hydroxyurea cap 500 mg.....42
hydroxyzine hcl im soln 25 mg/ml 149
hydroxyzine hcl im soln 50 mg/ml 149
hydroxyzine hcl syrup 10 mg/5ml 149
hydroxyzine hcl tab 10 mg 149
hydroxyzine hcl tab 25 mg 149
hydroxyzine hcl tab 50 mg 149
hydroxyzine pamoate cap 100 mg 149
hydroxyzine pamoate cap 25 mg 149
hydroxyzine pamoate cap 50 mg 149
hyoscyamine sulfate sl tab 0.125 mg.....118
hyoscyamine sulfate tab 0.125 mg 118
hyoscyamine sulfate tab disint 0.125 mg.....118
hyoscyamine sulfate tab er 12hr 0.375 mg.....118
HYQVIA INJ 10-800 133
HYQVIA INJ 2.5-200 133
HYQVIA INJ 20-1600 133
HYQVIA INJ 30-2400 133
HYQVIA INJ 5-400.....133
I
ibalizumab-uiyk
see TROGARZO INJ 150MG/ML.....20

ibandronate sodium iv soln 3 mg/3ml (base equivalent).....100
ibandronate sodium tab 150 mg (base equivalent).....100
IBRANCE CAP 100MG.....35
IBRANCE CAP 125MG.....35
IBRANCE CAP 75MG 35
IBRANCE TAB 100MG.....35
IBRANCE TAB 125MG.....35
IBRANCE TAB 75MG 35
ibrutinib
see IMBRUVICA CAP 140MG.....39
see IMBRUVICA CAP 70MG 39
see IMBRUVICA TAB 140MG.....39
see IMBRUVICA TAB 280MG.....39
see IMBRUVICA TAB 420MG.....39
see IMBRUVICA TAB 560MG.....39
ibuprofen susp 100 mg/5ml..... 3
ibuprofen tab 400 mg..... 3
ibuprofen tab 600 mg..... 3
ibuprofen tab 800 mg..... 3
icatibant acetate inj 30 mg/3ml (base equivalent).....130
ICLUSIG TAB 15MG 39
ICLUSIG TAB 45MG 39
icosapent ethyl
see VASCEPA CAP 0.5GM.....53
see VASCEPA CAP 1GM 53
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml).....33
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml).....33
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml).....33
idelalisib
see ZYDELIG TAB 100MG 41
see ZYDELIG TAB 150MG 41
IDHIFA TAB 100MG 39
IDHIFA TAB 50MG 39
ifosfamide for inj 1 gm.....32
ifosfamide iv inj 1 gm/20ml (50 mg/ml).....32
ifosfamide iv inj 3 gm/60ml (50 mg/ml).....32
ILEVRO DRO 0.3% OP.....145
iloprost
see VENTAVIS SOL 10MCG/ML.....63
see VENTAVIS SOL 20MCG/ML.....63
imatinib mesylate tab 100 mg (base equivalent).....39
imatinib mesylate tab 400 mg (base equivalent).....39
IMBRUVICA CAP 140MG.....39
IMBRUVICA CAP 70MG.....39
IMBRUVICA TAB 140MG.....39
IMBRUVICA TAB 280MG.....39
IMBRUVICA TAB 420MG.....39
IMBRUVICA TAB 560MG.....39
imipenem-cilastatin intravenous for soln 250 mg.....14
imipenem-cilastatin intravenous for soln 500 mg.....14
imipramine hcl tab 10 mg.....73
imipramine hcl tab 25 mg.....73
imipramine hcl tab 50 mg.....73
imipramine pamoate cap 100 mg 73
imipramine pamoate cap 125 mg 73
imipramine pamoate cap 150 mg 73
imipramine pamoate cap 75 mg..73
imiquimod cream 5%.....156
immune globulin (human)-hyaluronidase (human recombinant)
see HYQVIA INJ 10-800 133
see HYQVIA INJ 2.5-200 133
see HYQVIA INJ 20-1600.....133
see HYQVIA INJ 30-2400.....133
see HYQVIA INJ 5-400 133
INCRELEX INJ 40MG/4ML.....113
INCRUSE ELPT INH 62.5MCG.....148
indapamide tab 1.25 mg.....60
indapamide tab 2.5 mg.....60
indinavir sulfate
see CRIXIVAN CAP 200MG.....18
see CRIXIVAN CAP 400MG.....18
INFANRIX INJ 136
influenza virus vac recomb hemagglutinin (ha) quadrivalent
see FLUBLOK QUAD INJ 2020-21.136
influenza virus vac split high-dose quad preservative free
see FLUZONE HD INJ PF 20-21....136
influenza virus vacc types a & b surf antigen adjuvant quad

see FLUAD QUADRI INJ 0.5ML.....135
influenza virus vaccine live quadrivalent
see FLUMIST QUAD SUS 2020-21 136
influenza virus vaccine split quadrivalent
see AFLURIA QUAD INJ 2020-21 .135
see FLUARIX QUAD INJ 2020-21 .135
see FLULAVAL QUA INJ 2020-21..136
see FLUZONE QUAD INJ 2020-21 136
influenza virus vaccine tissue-cultured subunit quadrivalent
see FLUCLVX QUAD INJ 2020-21 .136
influenza virus vaccine types a & b surface antigen adjuvant
see FLUAD INJ 2020-21.....135
ingenol mebutate
see PICATO GEL 0.015% 156
see PICATO GEL 0.05%.....156
injection device
see HUMATROPEN MIS FOR 12MG139
see HUMATROPEN MIS FOR 24MG139
see HUMATROPEN MIS FOR 6MG .139
INLYTA TAB 1MG.....39
INLYTA TAB 5MG.....39
insulin aspart
see NOVOLOG INJ 100/ML 97
see NOVOLOG INJ FLEXPEN 97
see NOVOLOG INJ PENFILL 97
insulin aspart (with niacinamide)
see FIASP FLEX INJ TOUCH.....96
see FIASP INJ 100/ML 96
see FIASP PENFIL INJ U-100 96
insulin aspart protamine & aspart (human)
see NOVOLOG MIX INJ 70/30.....97
see NOVOLOG MIX INJ FLEXPEN....97
insulin degludec
see TRESIBA FLEX INJ 100UNIT 97
see TRESIBA FLEX INJ 200UNIT 97
see TRESIBA INJ 100UNIT 97
insulin degludec-liraglutide
see XULTOPHY INJ 100/3.6.....96
insulin detemir
see LEVEMIR INJ 97
see LEVEMIR INJ FLEXTOUC.....97
insulin glargine
see BASAGLAR KWIKPEN.....96
insulin glargine-lixisenatide
see SOLIQUA INJ 100/33.....96
insulin nph (human) (isophane)
see HUMULIN N INJ U-100.....96
see HUMULIN N INJ U-100KWP 96
see NOVOLIN N INJ 100 UNIT 97
see NOVOLIN N INJ U-100.....97
insulin nph isophane & reg (human)
see HUMULIN INJ 70/30 96
see HUMULIN INJ 70/30KWP.....96
see NOVOLIN INJ 70/30 97
see NOVOLIN INJ 70/30 FP.....97
insulin pen needle
see INSULIN PEN NEEDLES.....138
INSULIN PEN NEEDLES 138
INSULIN PEN NEEDLES/SYRINGES .138
insulin regular (human)
see HUMULIN R INJ U-100.....96
see HUMULIN R INJ U-500.....96
see NOVOLIN R INJ 100 UNIT 97
see NOVOLIN R INJ U-100.....97
insulin syringe/needle u-100
see INSULIN PEN NEEDLES/SYRINGES 138
INTELENCE TAB 100MG 18
INTELENCE TAB 200MG 18
INTELENCE TAB 25MG 18
interferon alfa-2b
see INTRON A INJ 10MU.....133
see INTRON A INJ 18MU.....133
see INTRON A INJ 25MU.....133
see INTRON A INJ 50MU.....133
interferon alfa-n3
see ALFERON N INJ 5MU/ML 133
interferon beta-1a
see AVONEX KIT 30MCG.....90
see AVONEX PEN KIT 30MCG 90
see AVONEX PREFL KIT 30MCG 90
see REBIF INJ 22/0.5.....91
see REBIF INJ 44/0.5.....91
see REBIF REBIDO INJ 22/0.5.....91
see REBIF REBIDO INJ 44/0.5.....91
see REBIF REBIDO INJ TITRATN....91
see REBIF TITRTN INJ PACK 91
interferon beta-1b

see BETASERON INJ 0.3MG 90
interferon gamma-1b
see ACTIMMUNE INJ 2MU/0.5 133
INTRAROSA SUP 6.5MG 94
INTRON A INJ 10MU 133
INTRON A INJ 18MU 133
INTRON A INJ 25MU 133
INTRON A INJ 50MU 133
Introvale
see ***levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg*** 103
INVANZ INJ 1GM 14
INVIRASE CAP 200MG.....18
INVIRASE TAB 500MG.....18
IOPIDINE SOL 1% OP 146
IPOL INJ INACTIVE 136
ipratropium bromide inhal soln 0.02% 148
ipratropium bromide nasal soln 0.03% (21 mcg/spray) 148
ipratropium bromide nasal soln 0.06% (42 mcg/spray) 148
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 148
irbesartan tab 150 mg.....48
irbesartan tab 300 mg.....49
irbesartan tab 75 mg.....48
irbesartan-hydrochlorothiazide tab 150-12.5 mg.....47
irbesartan-hydrochlorothiazide tab 300-12.5 mg.....47
irinotecan hcl
see CAMPTOSAR INJ 300/15ML 43
irinotecan hcl inj 100 mg/5ml (20 mg/ml).....43
irinotecan hcl inj 300 mg/15ml (20 mg/ml).....43
irinotecan hcl inj 40 mg/2ml (20 mg/ml).....43
irinotecan hcl inj 500 mg/25ml (20 mg/ml).....43
irrigation solution, physiological147
isavuconazonium sulfate
see CRESEMBA CAP 186 MG 16
ISENTRESS CHW 100MG 19
ISENTRESS CHW 25MG.....18
ISENTRESS HD TAB 600MG 19
ISENTRESS POW 100MG 19
ISENTRESS TAB 400MG 19
isocarboxazid
see MARPLAN TAB 10MG 73
isoniazid & rifampin
see RIFAMATE CAP 23
isoniazid inj 100 mg/ml 22
isoniazid syrup 50 mg/5ml 22
isoniazid tab 100 mg 22
isoniazid tab 300 mg 22
isoniazid-rifampin w/ pyrazinamide
see RIFATER TAB.....23
isosorbide dinitrate
see DILATRATE SR CAP 40MG 61
isosorbide dinitrate tab 10 mg 61
isosorbide dinitrate tab 20 mg 61
isosorbide dinitrate tab 30 mg 61
isosorbide dinitrate tab 40 mg 61
isosorbide dinitrate tab 5 mg 61
isosorbide dinitrate tab er 40 mg 61
isosorbide mononitrate tab 10 mg 61
isosorbide mononitrate tab 20 mg 61
isosorbide mononitrate tab er 24hr 120 mg 61
isosorbide mononitrate tab er 24hr 30 mg 61
isosorbide mononitrate tab er 24hr 60 mg 61
isotretinoin cap 10 mg 155
isotretinoin cap 20 mg 155
isotretinoin cap 30 mg 155
isotretinoin cap 40 mg 155
isradipine cap 2.5 mg 57
isradipine cap 5 mg 57
itraconazole cap 100 mg 17
itraconazole oral soln 10 mg/ml .17
IV PREP WIPE PAD 156
ivacaftor
see KALYDECO PAK 25MG 152
see KALYDECO PAK 50MG 152
see KALYDECO PAK 75MG 152
see KALYDECO TAB 150MG.....152
ivermectin (pediculicide)

see SKLICE LOT 0.5% 161
ivermectin tab 3 mg 14
ixekizumab
see TALTZ INJ 80MG/ML 132
J
JAKAFI TAB 10MG 39
JAKAFI TAB 15MG 39
JAKAFI TAB 20MG 39
JAKAFI TAB 25MG 39
JAKAFI TAB 5MG 39
Jantoven
see ***warfarin sodium tab 1 mg*** . 128
see ***warfarin sodium tab 10 mg*** 129
see ***warfarin sodium tab 2 mg*** . 128
see ***warfarin sodium tab 2.5 mg*** 128
see ***warfarin sodium tab 3 mg*** . 128
see ***warfarin sodium tab 4 mg*** . 128
see ***warfarin sodium tab 5 mg*** . 128
see ***warfarin sodium tab 6 mg*** . 129
see ***warfarin sodium tab 7.5 mg*** 129
JANUMET TAB 50-1000 95
JANUMET TAB 50-500MG 95
JANUMET XR TAB 100-1000 96
JANUMET XR TAB 50-1000 95
JANUMET XR TAB 50-500MG 95
JANUVIA TAB 100MG 95
JANUVIA TAB 25MG 95
JANUVIA TAB 50MG 95
JARDIANCE TAB 10MG 99
JARDIANCE TAB 25MG 99
JENTADUETO TAB XR 96
Jinteli
see ***norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg*** 110
Jolessa
see ***levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg*** 103
Jolivette
see ***norethindrone tab 0.35 mg*** 105
JUBLIA SOL 10% 157
Junel 1.5/30
see ***norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg*** 105
Junel 1/20
see ***norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg*** ... 105
Junel Fe 1.5/30
see ***norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg*** 105
Junel Fe 1/20
see ***norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg*** 105
K
KADCYLA INJ 100MG 36
KADCYLA INJ 160MG 36
KALETRA TAB 100-25MG 22
KALETRA TAB 200-50MG 22
KALYDECO PAK 25MG 152
KALYDECO PAK 50MG 152
KALYDECO PAK 75MG 152
KALYDECO TAB 150MG 152
Kariva
see ***desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)*** 101
kcl 20 meq/l (0.15%) in nacl 0.45% inj 141
kcl 20 meq/l (0.15%) in nacl 0.9% inj 141
kcl 40 meq/l (0.3%) in nacl 0.9% inj 141
K-effervescent
see ***potassium bicarbonate effer tab 25 meq*** 139
Kelnor 1/35
see ***ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg*** ... 102
ketoconazole cream 2% 157
ketoconazole shampoo 2% 158
KETONE URINE TEST STRIPS 138
ketoprofen cap 50 mg 3
ketoprofen cap 75 mg 3
ketorolac tromethamine (ophth)
see ACUVAIL SOL 0.45% 145
ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml) 3

ketorolac tromethamine inj 15 mg/ml 3
ketorolac tromethamine inj 30 mg/ml 3
ketorolac tromethamine ophth soln 0.4% 145
ketorolac tromethamine ophth soln 0.5% 145
ketorolac tromethamine tab 10 mg 3
KEVZARA INJ 150/1.14 132
KEVZARA INJ 200/1.14 132
KEYTRUDA INJ 100MG/4M 36
KINRIX INJ 136
Kionex
see ***sodium polystyrene sulfonate oral susp 15 gm/60ml*** 101
KISQALI TAB 200DOSE 36
KISQALI TAB 400DOSE 36
KISQALI TAB 600DOSE 36
Klor-con 10
see ***potassium chloride tab er 10 meq*** 140
Klor-con 8
see ***potassium chloride tab er 8 meq (600 mg)***.....140
Klor-con M15
see ***potassium chloride microencapsulated crys er tab 15 meq*** 140
Klor-con M20
see ***potassium chloride microencapsulated crys er tab 20 meq*** 140
Kurvelo
see ***levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg*** 103
KUVAN POW 100MG 107
KUVAN POW 500MG 107
KUVAN TAB 100MG.....107
KYLEENA IUD 19.5MG.....102
L
labetalol hcl iv soln 5 mg/ml.....54
labetalol hcl tab 100 mg.....54
labetalol hcl tab 200 mg.....54
labetalol hcl tab 300 mg.....54
lacosamide
see VIMPAT INJ 200MG/20 68
see VIMPAT SOL 10MG/ML.....68
see VIMPAT TAB 100MG 68
see VIMPAT TAB 150MG 68
see VIMPAT TAB 200MG 68
see VIMPAT TAB 50MG.....68
LACRISERT MIS 5MG OP 147
lactic acid (ammonium lactate) cream 12%.....161
lactic acid (ammonium lactate) lotion 10% 161
lactic acid (ammonium lactate) lotion 12% 161
lactulose (encephalopathy) solution 10 gm/15ml.....122
lactulose solution 10 gm/15ml . 122
lamivudine (hbv)
see EPIVIR HBV SOL 5MG/ML.....23
lamivudine oral soln 10 mg/ml ...19
lamivudine tab 100 mg (hbv).....23
lamivudine tab 150 mg.....19
lamivudine tab 300 mg.....19
lamivudine-tenofovir disoproxil fumarate
see CIMDUO TAB 300-300.....21
see TEMIXYS TAB 300-300 22
lamivudine-zidovudine tab 150-300 mg.....22
lamotrigine orally disintegrating tab 100 mg.....66
lamotrigine orally disintegrating tab 200 mg.....66
lamotrigine orally disintegrating tab 25 mg.....66
lamotrigine orally disintegrating tab 50 mg.....66
lamotrigine tab 100 mg.....66
lamotrigine tab 150 mg.....66
lamotrigine tab 200 mg.....66
lamotrigine tab 25 mg.....66
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit 66
lamotrigine tab 35 x 25 mg starter kit.....66
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit 66

lamotrigine tab chewable dispersible 25 mg 66
lamotrigine tab chewable dispersible 5 mg 66
lamotrigine tab er 24hr 100 mg...66
lamotrigine tab er 24hr 200 mg...66
lamotrigine tab er 24hr 25 mg 66
lamotrigine tab er 24hr 250 mg...66
lamotrigine tab er 24hr 300 mg...66
lamotrigine tab er 24hr 50 mg 66
lancets
see LANCETS 138
LANCETS.....138
lancets misc.
see MISC LANCETS 138
LANCING DEVICE 138
LANOXIN PED INJ 0.1MG/ML.....59
LANOXIN TAB 0.0625MG 59
LANOXIN TAB 0.1875MG 59
lanreotide acetate
see SOMATULINE INJ 120/.5ML...114
see SOMATULINE INJ 60/0.2ML...114
see SOMATULINE INJ 90/0.3ML...114
lansoprazole cap delayed release 15 mg 124
lansoprazole cap delayed release 30 mg 124
lanthanum carbonate
see FOSRENOL POW 1000MG.....115
see FOSRENOL POW 750MG.....115
lapatinib ditosylate
see TYKERB TAB 250MG.....41
lapatinib ditosylate tab 250 mg (base equiv) 39
Larin 1.5/30
see ***norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg*** 105
larotrectinib sulfate
see VITRAKVI CAP 100MG 41
see VITRAKVI CAP 25MG 41
see VITRAKVI SOL 20MG/ML.....41
LASTACAFT SOL 0.25%.....146
latanoprost ophth soln 0.005% .146
LATUDA TAB 120MG 79
LATUDA TAB 20MG.....79
LATUDA TAB 40MG.....79
LATUDA TAB 60MG.....79
LATUDA TAB 80MG.....79
ledipasvir-sofosbuvir
see HARVONI PAK 28
see HARVONI PAK 45-200MG.....28
see HARVONI TAB 45-200MG.....28
see HARVONI TAB 90-400MG.....28
Leena
see ***norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg*** 106
leflunomide tab 10 mg 132
leflunomide tab 20 mg 132
lenalidomide
see REVLIMID CAP 10MG.....134
see REVLIMID CAP 15MG.....134
see REVLIMID CAP 2.5MG.....133
see REVLIMID CAP 20MG.....134
see REVLIMID CAP 25MG.....134
see REVLIMID CAP 5MG 134
lenvatinib mesylate
see LENVIMA CAP 10 MG.....40
see LENVIMA CAP 12MG.....40
see LENVIMA CAP 14 MG.....40
see LENVIMA CAP 18 MG.....40
see LENVIMA CAP 20 MG.....40
see LENVIMA CAP 24 MG.....40
see LENVIMA CAP 4MG.....39
see LENVIMA CAP 8 MG.....39
LENVIMA CAP 10 MG 40
LENVIMA CAP 12MG 40
LENVIMA CAP 14 MG 40
LENVIMA CAP 18 MG 40
LENVIMA CAP 20 MG 40
LENVIMA CAP 24 MG 40
LENVIMA CAP 4MG 39
LENVIMA CAP 8 MG 39
Lessina
see ***levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg*** 103
letrozole tab 2.5 mg 37
leucovorin calcium for inj 100 mg 42
leucovorin calcium for inj 200 mg 42
leucovorin calcium for inj 350 mg 42
leucovorin calcium for inj 50 mg .42

leucovorin calcium for inj 500 mg 43
leucovorin calcium tab 10 mg.....43
leucovorin calcium tab 15 mg.....43
leucovorin calcium tab 25 mg.....43
leucovorin calcium tab 5 mg.....43
LEUKERAN TAB 2MG 32
leuprolide acetate
see ELIGARD INJ 7.5MG 36
leuprolide acetate & norethindrone acetate
see LUPANETA KIT 11.25-5.....115
see LUPANETA KIT 3.75-5 115
leuprolide acetate (3 month)
see ELIGARD INJ 22.5MG 36
leuprolide acetate (4 month)
see ELIGARD INJ 30MG 36
leuprolide acetate (6 month)
see ELIGARD INJ 45MG 37
leuprolide acetate (cpp)
see LUPR DEP-PED INJ 11.25MG....37
see LUPR DEP-PED INJ 15MG 37
see LUPR DEP-PED INJ 7.5MG 37
leuprolide acetate (cpp) (3 month)
see LUPR DEP-PED INJ 11.25MG....37
see LUPR DEP-PED INJ 3M 30MG ...37
leuprolide acetate inj kit 5 mg/ml 37
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) 150
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) 150
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) 150
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)...150
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv) 150
LEVEMIR INJ.....97
LEVEMIR INJ FLEXTOUC 97
levetiracetam in sodium chloride iv soln 1000 mg/100ml.....66
levetiracetam in sodium chloride iv soln 1500 mg/100ml.....66
levetiracetam in sodium chloride iv soln 500 mg/100ml.....66
levetiracetam inj 500 mg/5ml (100 mg/ml).....67
levetiracetam oral soln 100 mg/ml 67
levetiracetam tab 1000 mg 67
levetiracetam tab 250 mg 67
levetiracetam tab 500 mg 67
levetiracetam tab 750 mg 67
levetiracetam tab er 24hr 500 mg 67
levetiracetam tab er 24hr 750 mg 67
levobunolol hcl ophth soln 0.5% 146
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml).....150
levocetirizine dihydrochloride tab 5 mg.....150
levofloxacin in d5w iv soln 250 mg/50ml.....27
levofloxacin in d5w iv soln 500 mg/100ml.....27
levofloxacin in d5w iv soln 750 mg/150ml.....27
levofloxacin iv soln 25 mg/ml.....27
levofloxacin ophth soln 0.5%....144
levofloxacin oral soln 25 mg/ml..27
levofloxacin tab 250 mg.....27
levofloxacin tab 500 mg.....27
levofloxacin tab 750 mg.....27
levomilnacipran hcl
see FETZIMA CAP 120MG 73
see FETZIMA CAP 20MG 72
see FETZIMA CAP 40MG 72
see FETZIMA CAP 80MG 72
see FETZIMA CAP TITRATIO.....73
Levonest
see ***levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg*** 103
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg.....102
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....103
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....103

levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg 103
levonorgestrel (iud)
see KYLEENA IUD 19.5MG 102
see LILETTA IUD 52MG 104
see MIRENA IUD SYSTEM 104
see SKYLA IUD 13.5MG 106
levonorgestrel tab 1.5 mg 103
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 103, 104
levonorgestrel-ethinyl estradiol
see TWIRLA DIS 120-30 106
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg ...104
levonorgestrel-ethinyl estradiol-ferrous bisglycinate
see BALCOLTRA TAB 0.1-20 101
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 102
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) 102
Levora 0.15/30-28
see ***levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg*** 103
levothyroxine sodium
see SYNTHROID TAB 100MCG 117
see SYNTHROID TAB 112MCG 117
see SYNTHROID TAB 125MCG 117
see SYNTHROID TAB 137MCG 117
see SYNTHROID TAB 150MCG 117
see SYNTHROID TAB 175MCG 117
see SYNTHROID TAB 200MCG 117
see SYNTHROID TAB 25MCG 117
see SYNTHROID TAB 300MCG 117
see SYNTHROID TAB 50MCG 117
see SYNTHROID TAB 75MCG 117
see SYNTHROID TAB 88MCG 117
levothyroxine sodium tab 100 mcg 116
levothyroxine sodium tab 112 mcg 116
levothyroxine sodium tab 125 mcg 116
levothyroxine sodium tab 137 mcg 116
levothyroxine sodium tab 150 mcg 116
levothyroxine sodium tab 175 mcg 116
levothyroxine sodium tab 200 mcg 116
levothyroxine sodium tab 25 mcg 115
levothyroxine sodium tab 300 mcg 116
levothyroxine sodium tab 50 mcg 115
levothyroxine sodium tab 75 mcg 115, 116
levothyroxine sodium tab 88 mcg 116
Levoxyl
see ***levothyroxine sodium tab 100 mcg*** 116
see ***levothyroxine sodium tab 112 mcg*** 116
see ***levothyroxine sodium tab 125 mcg*** 116
see ***levothyroxine sodium tab 137 mcg*** 116
see ***levothyroxine sodium tab 150 mcg*** 116
see ***levothyroxine sodium tab 175 mcg*** 116
see ***levothyroxine sodium tab 200 mcg*** 116
see ***levothyroxine sodium tab 25 mcg*** 115
see ***levothyroxine sodium tab 50 mcg*** 115
see ***levothyroxine sodium tab 75 mcg*** 115
see ***levothyroxine sodium tab 88 mcg*** 116
LEXIVA SUS 50MG/ML 19
LIDO/DEXTROS INJ 5-7.5% 12
lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%) 49
lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%) 49

lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%) 49
lidocaine hcl laryngotracheal soln 4% 162
lidocaine hcl local inj 0.5% 12
lidocaine hcl local inj 1% 12
lidocaine hcl local inj 2% 12
lidocaine hcl local preservative free (pf) inj 0.5% 12
lidocaine hcl local preservative free (pf) inj 1% 13
lidocaine hcl local preservative free (pf) inj 1.5% 13
lidocaine hcl local preservative free (pf) inj 2% 13
lidocaine hcl local preservative free (pf) inj 4% 13
lidocaine hcl soln 4% 160
lidocaine hcl urethral/mucosal gel 2% 160
lidocaine hcl urethral/mucosal gel prefilled syringe 2% 160
lidocaine hcl viscous soln 2% 162
lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%) 49
lidocaine iv infusion in d5w inj 4 mg/ml 49
lidocaine iv infusion in d5w inj 8 mg/ml 50
lidocaine oint 5% 160
lidocaine patch 5% 160
lidocaine-prilocaine cream 2.5-2.5% 160
lidocaine-prilocaine cream kit 2.5-2.5% 161
lidocaine-tetracaine
see SYNERA DIS 70-70MG 161
LILETTA IUD 52MG 104
linaclotide
see LINZESS CAP 145MCG 122
see LINZESS CAP 290MCG 122
see LINZESS CAP 72MCG 122
linagliptin-metformin hcl
see JENTADUETO TAB XR 96
lindane shampoo 1% 161
linezolid for susp 100 mg/5ml 14
linezolid in sodium chloride iv soln 600 mg/300ml-0.9% 15
linezolid iv soln 600 mg/300ml (2 mg/ml) 15
linezolid tab 600 mg 15
LINZESS CAP 145MCG 122
LINZESS CAP 290MCG 122
LINZESS CAP 72MCG 122
liothyronine sodium iv soln 10 mcg/ml 116
liothyronine sodium tab 25 mcg 116
liothyronine sodium tab 5 mcg ..116
liothyronine sodium tab 50 mcg 116
liotrix (t3-t4)
see THYROLAR-1 TAB 60MG 117
see THYROLAR-1/2 TAB 30MG 117
see THYROLAR-1/4 TAB 15MG 117
see THYROLAR-2 TAB 120MG.....117
see THYROLAR-3 TAB 180MG.....117
liraglutide
see VICTOZA INJ 18MG/3ML 96
lisdexamfetamine dimesylate
see VYVANSE CAP 10MG 87
see VYVANSE CAP 20MG 87
see VYVANSE CAP 30MG 87
see VYVANSE CAP 40MG 87
see VYVANSE CAP 50MG 87
see VYVANSE CAP 60MG 87
see VYVANSE CAP 70MG 87
see VYVANSE CHW 10MG 87
see VYVANSE CHW 20MG 87
see VYVANSE CHW 30MG 87
see VYVANSE CHW 40MG 87
see VYVANSE CHW 50MG 87
see VYVANSE CHW 60MG 87
lisinopril & hydrochlorothiazide tab 10-12.5 mg 44
lisinopril & hydrochlorothiazide tab 20-12.5 mg 44
lisinopril & hydrochlorothiazide tab 20-25 mg 45
lisinopril tab 10 mg 45
lisinopril tab 2.5 mg 45
lisinopril tab 20 mg 45
lisinopril tab 30 mg 45
lisinopril tab 40 mg 46
lisinopril tab 5 mg 45

lithium carbonate cap 150 mg 89
lithium carbonate cap 300 mg 90
lithium carbonate cap 600 mg 90
lithium carbonate tab 300 mg 90
lithium carbonate tab er 300 mg .90
lithium carbonate tab er 450 mg .90
LITHIUM SOL 8MEQ/5ML 90
LO LOESTRIN TAB 1-10-10 104
lodoxamide tromethamine
see ALOMIDE SOL 0.1% OP 146
lomustine
see GLEOSTINE CAP 100MG.....32
see GLEOSTINE CAP 10MG 32
see GLEOSTINE CAP 40MG 32
see GLEOSTINE CAP 5MG 32
loperamide hcl cap 2 mg 123
lopinavir-ritonavir
see KALETRA TAB 100-25MG 22
see KALETRA TAB 200-50MG 22
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) 22
lorazepam conc 2 mg/ml.....64
lorazepam tab 0.5 mg.....64
lorazepam tab 1 mg.....64
lorazepam tab 2 mg.....64
LORBRENA TAB 100MG 40
LORBRENA TAB 25MG 40
lorlatinib
see LORBRENA TAB 100MG.....40
see LORBRENA TAB 25MG 40
Loryna
see ***drospirenone-ethinyl estradiol tab 3-0.02 mg*** 102
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 47
losartan potassium & hydrochlorothiazide tab 100-25 mg 47
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 47
losartan potassium tab 100 mg ...49
losartan potassium tab 25 mg 49
losartan potassium tab 50 mg 49
loteprednol etabonate ophth susp 0.5% 145
lovastatin tab 10 mg 52
lovastatin tab 20 mg 52
lovastatin tab 40 mg 52
Low-ogestrel
see ***norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg*** 106
loxapine succinate cap 10 mg 79
loxapine succinate cap 25 mg 79
loxapine succinate cap 5 mg 79
loxapine succinate cap 50 mg 79
lubiprostone
see AMITIZA CAP 24MCG 122
see AMITIZA CAP 8MCG 122
Ludent
see ***sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)*** 140
see ***sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)*** 140
see ***sodium fluoride chew tab 1 mg f (from 2.2 mg naf)*** 141
lumacaftor-ivacaftor
see ORKAMBI GRA 100-125 152
see ORKAMBI GRA 150-188 152
see ORKAMBI TAB 100-125 152
see ORKAMBI TAB 200-125 152
LUMIGAN SOL 0.01% 146
LUPANETA KIT 11.25-5 115
LUPANETA KIT 3.75-5 115
LUPR DEP-PED INJ 11.25MG 37
LUPR DEP-PED INJ 15MG 37
LUPR DEP-PED INJ 3M 30MG 37
LUPR DEP-PED INJ 7.5MG 37
lurasidone hcl
see LATUDA TAB 120MG.....79
see LATUDA TAB 20MG 79
see LATUDA TAB 40MG 79
see LATUDA TAB 60MG 79
see LATUDA TAB 80MG 79
Lutera
see ***levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg*** 103
LYNPARZA CAP 50MG 36
LYNPARZA TAB 100MG.....36
LYNPARZA TAB 150MG.....36
LYSODREN TAB 500MG 37

M
macitentan
see OPSUMIT TAB 10MG.....62
mafenide acetate
see SULFAMYLON CRE 85MG/GM.156
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 139
magnesium sulfate inj 50% 139
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml).....139
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml).....139
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml).....139
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml).....139
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml).....139
malathion lotion 0.5%.....161
maprotiline hcl tab 25 mg 73
maprotiline hcl tab 50 mg 73
maprotiline hcl tab 75 mg 73
maraviroc
see SELZENTRY SOL 20MG/ML.....19
see SELZENTRY TAB 150MG.....20
see SELZENTRY TAB 25MG 20
see SELZENTRY TAB 300MG.....20
see SELZENTRY TAB 75MG 20
Marlissa
see ***levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg*** 103
MARPLAN TAB 10MG.....73
MATULANE CAP 50MG.....42
Matzim La
see ***diltiazem hcl coated beads tab er 24hr 180 mg***.....56
see ***diltiazem hcl coated beads tab er 24hr 240 mg***.....56
see ***diltiazem hcl coated beads tab er 24hr 300 mg***.....56
see ***diltiazem hcl coated beads tab er 24hr 360 mg***.....57
see ***diltiazem hcl coated beads tab er 24hr 420 mg***.....57
MAXIDEX SUS 0.1% OP 145
measles, mumps & rubella virus vaccines
see M-M-R II INJ 136
measles-mumps-rubella-varicella virus vaccines
see PROQUAD INJ 137
mebendazole
see EMVERM CHW 100MG 14
mecasermin
see INCRELEX INJ 40MG/4ML.....113
meclizine hcl tab 12.5 mg.....119
meclizine hcl tab 25 mg.....119
meclofenamate sodium cap 100 mg 3
meclofenamate sodium cap 50 mg 3
MEDROL TAB 2MG.....112
medroxyprogesterone acetate (antineoplastic)
see DEPO-PROVERA INJ 400/ML....36
medroxyprogesterone acetate (contraceptive)
see DEPO-SQ PROV INJ 104 101
medroxyprogesterone acetate im susp 150 mg/ml 104
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml .104
medroxyprogesterone acetate tab 10 mg 115
medroxyprogesterone acetate tab 2.5 mg 115
medroxyprogesterone acetate tab 5 mg 115
mefenamic acid cap 250 mg 3
mefloquine hcl tab 250 mg.....17
megestrol acetate susp 40 mg/ml 37
megestrol acetate susp 625 mg/5ml 37
megestrol acetate tab 20 mg.....37
megestrol acetate tab 40 mg.....37
MEKINIST TAB 0.5MG.....40
MEKINIST TAB 2MG.....40
meloxicam tab 15 mg 3
meloxicam tab 7.5 mg 3
melphalan hcl for inj 50 mg (base equiv).....32
melphalan tab 2 mg 32

memantine hcl
see NAMENDA XR CAP TITRATIO ...69
memantine hcl cap er 24hr 14 mg 69
memantine hcl cap er 24hr 21 mg 69
memantine hcl cap er 24hr 28 mg 69
memantine hcl cap er 24hr 7 mg .69
memantine hcl oral solution 2 mg/ml 69
memantine hcl tab 10 mg 69
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack 69
memantine hcl tab 5 mg 69
MENACTRA INJ.....136
MENEST TAB 0.3MG.....110
MENEST TAB 0.625MG 110
MENEST TAB 1.25MG.....110
MENEST TAB 2.5MG.....110
meningococcal (a,c,y&w-135) oligosaccharide conjugate vac
see MENVEO INJ.....136
meningococcal (a,c,y&w-135) polysaccharide conjugate vaccine
see MENACTRA INJ 136
meningococcal group b vaccine (recombinant)
see TRUMENBA INJ 137
meningococcal vac group b (recombant omv adjuvanted)
see BEXSERO INJ 135
MENTAX CRE 1%.....157
MENVEO INJ 136
mepolizumab
see NUCALA INJ 100MG 151
see NUCALA INJ 100MG/ML 151
meprobamate tab 200 mg 64
meprobamate tab 400 mg 64
mercaptopurine tab 50 mg 34
meropenem iv for soln 1 gm 15
meropenem iv for soln 500 mg 15
mesalamine cap dr 400 mg 121
mesalamine enema 4 gm 121
mesalamine rectal enema 4 gm & cleanser wipe kit 121
mesalamine suppos 1000 mg 121
mesalamine tab delayed release 1.2 gm 122
mesalamine tab delayed release 800 mg 122
mesna
see MESNEX TAB 400MG 43
mesna inj 100 mg/ml 43
MESNEX TAB 400MG.....43
metaproterenol sulfate syrup 10 mg/5ml 150
metaproterenol sulfate tab 10 mg 150
metaproterenol sulfate tab 20 mg 150
metaxalone tab 400 mg.....92
metaxalone tab 800 mg.....92
metformin hcl tab 1000 mg 94
metformin hcl tab 500 mg 94
metformin hcl tab 850 mg 94
metformin hcl tab er 24hr 500 mg 94
metformin hcl tab er 24hr 750 mg 95
methadone hcl conc 10 mg/ml 6
methadone hcl inj 10 mg/ml 7
Methadone Hcl Intensol
see ***methadone hcl conc 10 mg/ml*** 6
methadone hcl soln 10 mg/5ml ... 7
methadone hcl soln 5 mg/5ml 7
methadone hcl tab 10 mg 7
methadone hcl tab 5 mg 7
methadone hcl tab for oral susp 40 mg 7
Methadose
see ***methadone hcl tab for oral susp 40 mg*** 7
methamphetamine hcl tab 5 mg..84
methazolamide tab 25 mg 60
methazolamide tab 50 mg 60
methenamine hippurate tab 1 gm 15
methimazole tab 10 mg.....117
methimazole tab 5 mg.....116
methocarbamol tab 500 mg 92
methocarbamol tab 750 mg 92

methotrexate sodium for inj 1 gm 34
methotrexate sodium inj 250 mg/10ml (25 mg/ml).....34
methotrexate sodium inj 50 mg/2ml (25 mg/ml).....34
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml).....34
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml).....34
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml).....34
methotrexate sodium tab 2.5 mg (base equiv) 132
methoxsalen (photopheresis)
see UVADEX INJ 20MCG/ML.....42
methoxsalen rapid cap 10 mg ...158
methoxy polyethylene glycol-epoetin beta
see MIRCERA INJ 100MCG.....129
see MIRCERA INJ 200MCG.....129
see MIRCERA INJ 50MCG.....129
see MIRCERA INJ 75MCG.....129
see MIRCERA SOL 150/0.3 129
see MIRCERA SOL 30/0.3ML 129
methscopolamine bromide tab 2.5 mg 119
methscopolamine bromide tab 5 mg 119
methsuximide
see CELONTIN CAP 300MG 65
methyclothiazide tab 5 mg 60
methyldopa tab 250 mg 61
methyldopa tab 500 mg 61
methyldopate hcl inj 250 mg/5ml 61
methylphenidate hcl cap er 10 mg (cd) 84
methylphenidate hcl cap er 20 mg (cd) 84
methylphenidate hcl cap er 24hr 20 mg (la) 84
methylphenidate hcl cap er 24hr 30 mg (la) 85
methylphenidate hcl cap er 24hr 40 mg (la) 85
methylphenidate hcl cap er 24hr 60 mg (la) 85
methylphenidate hcl cap er 30 mg (cd) 85
methylphenidate hcl cap er 40 mg (cd) 85
methylphenidate hcl cap er 50 mg (cd) 85
methylphenidate hcl cap er 60 mg (cd) 85
methylphenidate hcl chew tab 10 mg 85
methylphenidate hcl chew tab 2.5 mg 85
methylphenidate hcl chew tab 5 mg 85
methylphenidate hcl soln 10 mg/5ml 86
methylphenidate hcl soln 5 mg/5ml 85
methylphenidate hcl tab 10 mg ...86
methylphenidate hcl tab 20 mg ...86
methylphenidate hcl tab 5 mg 86
methylphenidate hcl tab er 10 mg 86
methylphenidate hcl tab er 20 mg 86
methylphenidate hcl tab er 24hr 18 mg 86
methylphenidate hcl tab er 24hr 27 mg 86
methylphenidate hcl tab er 24hr 36 mg 86
methylphenidate hcl tab er 24hr 54 mg 86
methylphenidate hcl tab er osmotic release (osm) 18 mg 86
methylphenidate hcl tab er osmotic release (osm) 27 mg 86
methylphenidate hcl tab er osmotic release (osm) 36 mg 87
methylphenidate hcl tab er osmotic release (osm) 54 mg 87
methylprednisolone
see MEDROL TAB 2MG 112
methylprednisolone acetate
see DEPO-MEDROL INJ 20MG/ML 111

methylprednisolone acetate inj susp 40 mg/ml 112
methylprednisolone acetate inj susp 80 mg/ml 112
methylprednisolone sod succ
see SOLU-MEDROL INJ 2GM..... 113
methylprednisolone sod succ for inj 1000 mg (base equiv) 112
methylprednisolone sod succ for inj 125 mg (base equiv) 112
methylprednisolone sod succ for inj 40 mg (base equiv) 112
methylprednisolone tab 16 mg .. 112
methylprednisolone tab 32 mg .. 112
methylprednisolone tab 4 mg 112
methylprednisolone tab 8 mg 112
methylprednisolone tab therapy pack 4 mg (21) 112
methyltestosterone cap 10 mg 94
metipranolol ophth soln 0.3% ... 147
metoclopramide hcl inj 5 mg/ml (base equivalent) 119
metoclopramide hcl orally disintegrating tab 5 mg (base eq) 119
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) 119
metoclopramide hcl tab 10 mg (base equivalent) 119
metoclopramide hcl tab 5 mg (base equivalent) 119
metolazone tab 10 mg 60
metolazone tab 2.5 mg 60
metolazone tab 5 mg 60
metoprolol & hydrochlorothiazide tab 100-25 mg 53
metoprolol & hydrochlorothiazide tab 100-50 mg 53
metoprolol & hydrochlorothiazide tab 50-25 mg 53
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) 54
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) 54
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) 54
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) 54
metoprolol tartrate iv soln 5 mg/5ml 54
metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml) 54
metoprolol tartrate tab 100 mg ... 55
metoprolol tartrate tab 25 mg 54
metoprolol tartrate tab 50 mg 55
metreleptin
see MYALEPT INJ 11.3MG 117
metronidazole cap 375 mg 15
metronidazole cream 0.75% 161
metronidazole gel 0.75% 161
metronidazole gel 1% 161
metronidazole in nacl 0.79% iv soln 500 mg/100ml 15
metronidazole lotion 0.75% 161
metronidazole tab 250 mg 15
metronidazole tab 500 mg 15
metronidazole vaginal gel 0.75% 127
mexiletine hcl cap 150 mg 50
mexiletine hcl cap 200 mg 50
mexiletine hcl cap 250 mg 50
Mibelas 24 Fe
see ***norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)*** 105
miconazole (mouth-throat)
see ORAVIG TAB 50MG 162
Miconazole 3
see ***miconazole nitrate vaginal suppos 200 mg*** 127
miconazole nitrate vaginal suppos 200 mg 127
Microgestin 1.5/30
see ***norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg*** 105
midodrine hcl tab 10 mg 61
midodrine hcl tab 2.5 mg 61
midodrine hcl tab 5 mg 61
midostaurin
see RYDAPT CAP 25MG 36
miglitol tab 100 mg 94
miglitol tab 25 mg 94
miglitol tab 50 mg 94

Mimvey
see ***estradiol & norethindrone acetate tab 1-0.5 mg*** 108
Mimvey Lo
see ***estradiol & norethindrone acetate tab 0.5-0.1 mg*** 108
Minitran
see ***nitroglycerin td patch 24hr 0.1 mg/hr*** 62
see ***nitroglycerin td patch 24hr 0.2 mg/hr*** 62
see ***nitroglycerin td patch 24hr 0.4 mg/hr*** 62
see ***nitroglycerin td patch 24hr 0.6 mg/hr*** 62
minocycline hcl cap 100 mg 31
minocycline hcl cap 50 mg 31
minocycline hcl cap 75 mg 31
minocycline hcl tab 100 mg 31
minocycline hcl tab 50 mg 31
minocycline hcl tab 75 mg 31
minoxidil tab 10 mg 61
minoxidil tab 2.5 mg 61
MIRCERA INJ 100MCG 129
MIRCERA INJ 200MCG 129
MIRCERA INJ 50MCG 129
MIRCERA INJ 75MCG 129
MIRCERA SOL 150/0.3 129
MIRCERA SOL 30/0.3ML 129
MIRENA IUD SYSTEM 104
mirtazapine orally disintegrating tab 15 mg 73
mirtazapine orally disintegrating tab 30 mg 74
mirtazapine orally disintegrating tab 45 mg 74
mirtazapine tab 15 mg 74
mirtazapine tab 30 mg 74
mirtazapine tab 45 mg 74
mirtazapine tab 7.5 mg 74
MIRVASO GEL 0.33%.....161
MISC LANCETS 138
misoprostol tab 100 mcg 123
misoprostol tab 200 mcg 123
mitomycin for iv soln 20 mg 33
mitomycin for iv soln 40 mg 33
mitomycin for iv soln 5 mg 33
mitotane
see LYSODREN TAB 500MG 37
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml).....42
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml).....42
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml).....42
M-M-R II INJ.....136
modafinil tab 100 mg 92
modafinil tab 200 mg 92
moexipril hcl tab 15 mg.....46
moexipril hcl tab 7.5 mg.....46
moexipril-hydrochlorothiazide tab 15-12.5 mg.....45
moexipril-hydrochlorothiazide tab 15-25 mg.....45
moexipril-hydrochlorothiazide tab 7.5-12.5 mg.....45
mometasone furoate cream 0.1% 160
mometasone furoate oint 0.1%.160
mometasone furoate solution 0.1% (lotion).....160
Mono-linyah
see ***norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg*** 106
Mononessa
see ***norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg*** 106
montelukast sodium chew tab 4 mg (base equiv) 151
montelukast sodium chew tab 5 mg (base equiv) 151
montelukast sodium oral granules packet 4 mg (base equiv).....152
montelukast sodium tab 10 mg (base equiv) 152
MONUROL PAK GRANULES 13
Morgidox 1x100mg
see ***doxycycline hyclate cap 100 mg*** 30
MORPHINE SUL INJ 150/30ML 7
MORPHINE SUL INJ 2MG/ML..... 7
MORPHINE SUL INJ 4MG/ML..... 7

MORPHINE SUL INJ 5MG/ML 7
morphine sulfate beads cap er 24hr 120 mg 7
morphine sulfate beads cap er 24hr 30 mg 7
morphine sulfate beads cap er 24hr 45 mg 7
morphine sulfate beads cap er 24hr 60 mg 7
morphine sulfate beads cap er 24hr 75 mg 7
morphine sulfate beads cap er 24hr 90 mg 7
morphine sulfate cap er 24hr 10 mg 7
morphine sulfate cap er 24hr 100 mg 7
morphine sulfate cap er 24hr 20 mg 7
morphine sulfate cap er 24hr 30 mg 7
morphine sulfate cap er 24hr 50 mg 7
morphine sulfate cap er 24hr 60 mg 7
morphine sulfate cap er 24hr 80 mg 7
morphine sulfate inj 10 mg/ml 7
morphine sulfate inj 8 mg/ml 7
morphine sulfate inj pf 0.5 mg/ml 8
morphine sulfate inj pf 1 mg/ml .. 8
morphine sulfate iv soln 1 mg/ml 8
morphine sulfate iv soln pf 10 mg/ml 8
morphine sulfate iv soln pf 4 mg/ml 8
morphine sulfate iv soln pf 8 mg/ml 8
morphine sulfate oral soln 10 mg/5ml 8
morphine sulfate oral soln 100 mg/5ml (20 mg/ml) 8
morphine sulfate oral soln 20 mg/5ml 8
morphine sulfate suppos 10 mg ... 8
morphine sulfate suppos 20 mg ... 8
morphine sulfate suppos 30 mg ... 8
morphine sulfate suppos 5 mg 8
morphine sulfate tab 15 mg 8
morphine sulfate tab 30 mg 8
morphine sulfate tab er 100 mg ... 8
morphine sulfate tab er 15 mg 8
morphine sulfate tab er 200 mg ... 8
morphine sulfate tab er 30 mg 8
morphine sulfate tab er 60 mg 8
morphine-naltrexone
see EMBEDA CAP 100-4MG 5
see EMBEDA CAP 20-0.8MG 5
see EMBEDA CAP 30-1.2MG 5
see EMBEDA CAP 50-2MG 5
see EMBEDA CAP 60-2.4MG 5
see EMBEDA CAP 80-3.2MG 5
MOTOFEN TAB 1-0.025 123
MOVANTIK TAB 12.5MG 123
MOVANTIK TAB 25MG 123
MOVIPREP SOL 122
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj 27
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) 145
moxifloxacin hcl ophth soln 0.5% (base equiv) 145
moxifloxacin hcl tab 400 mg (base equiv) 27
MULTAQ TAB 400MG 50
multiple urine tests
see URINE TEST STRIPS 139
Multi-vit/fluoride
see ***pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml*** 143
see ***pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml*** . 143
Multi-vit/iron/fluoride
see ***pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml*** 143
Multivitamin With Fluorid
see ***pediatric multiple vitamins w/ fluoride chew tab 0.25 mg*** 143
see ***pediatric multiple vitamins w/ fluoride chew tab 0.5 mg*** 143
see ***pediatric multiple vitamins w/ fluoride chew tab 1 mg*** .. 143

Multi-vitamin/fluoride/ir
see ***pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml*** 143
mupirocin calcium
see BACTROBAN OIN NASAL 2% . 156
mupirocin oint 2% 156
Mvc-fluoride
see ***pediatric multiple vitamins w/ fluoride chew tab 1 mg*** .. 143
MYALEPT INJ 11.3MG 117
mycophenolate mofetil cap 250 mg 134
mycophenolate mofetil for oral susp 200 mg/ml 134
mycophenolate mofetil hcl for iv soln 500 mg (base equiv) 134
mycophenolate mofetil tab 500 mg 135
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 135
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 135
Myzilra
see ***levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg*** 104
N
nabilone
see CESAMET CAP 1MG 119
nabumetone tab 500 mg 3
nabumetone tab 750 mg 3
nadolol & bendroflumethiazide tab 40-5 mg 53
nadolol tab 20 mg 55
nadolol tab 40 mg 55
nadolol tab 80 mg 55
nafarelin acetate
see SYNAREL SOL 2MG/ML 107
nafcillin sodium for inj 1 gm 30
nafcillin sodium for inj 2 gm 30
nafcillin sodium for iv soln 1 gm .. 30
nafcillin sodium for iv soln 10 gm 30
nafcillin sodium for iv soln 2 gm .. 30
Nafrinse
see ***sodium fluoride chew tab 1 mg f (from 2.2 mg naf)*** 141
Nafrinse Drops
see ***sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)*** 141
naftifine hcl cream 1% 157
naftifine hcl cream 2% 157
nalbuphine hcl inj 10 mg/ml 9
nalbuphine hcl inj 20 mg/ml 9
naloxegol oxalate
see MOVANTIK TAB 12.5MG 123
see MOVANTIK TAB 25MG 123
naloxone hcl
see NARCAN SPR 93
naloxone hcl inj 0.4 mg/ml 93
naloxone hcl inj 4 mg/10ml 93
naloxone hcl soln cartridge 0.4 mg/ml 93
naloxone hcl soln prefilled syringe 2 mg/2ml 93
naltrexone
see VIVITROL INJ 380MG 94
naltrexone hcl tab 50 mg 93
NAMENDA XR CAP TITRATIO 69
naproxen tab 250 mg 3
naproxen tab 375 mg 3
naproxen tab 500 mg 3
naratriptan hcl tab 1 mg (base equiv) 88
naratriptan hcl tab 2.5 mg (base equiv) 88
NARCAN SPR 93
NATACYN SUS 5% OP 145
natalizumab
see TYSABRI INJ 300/15ML 91
natamycin
see NATACYN SUS 5% OP 145
NATAZIA TAB 104
nateglinide tab 120 mg 98
nateglinide tab 60 mg 98
nebivolol hcl
see BYSTOLIC TAB 10MG 54
see BYSTOLIC TAB 2.5MG 54
see BYSTOLIC TAB 20MG 54
see BYSTOLIC TAB 5MG 54
Necon 0.5/35-28
see ***norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg*** 104

nedocromil sodium (ophth)
see ALOCRIL SOL 2%.....146
nefazodone hcl tab 100 mg 74
nefazodone hcl tab 150 mg 74
nefazodone hcl tab 200 mg 74
nefazodone hcl tab 250 mg 74
nefazodone hcl tab 50 mg 74
nelarabine
see ARRANON INJ 5MG/ML 33
nelfinavir mesylate
see VIRACEPT TAB 250MG.....20
see VIRACEPT TAB 625MG.....20
neomycin sulfate tab 500 mg 13
neomycin-colistin-hc-thonzonium
see COLY-MYCIN S SUS OTIC.....162
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml 145
neomycin-polymyxin-dexamethasone ophth oint 0.1% 144
neomycin-polymyxin-dexamethasone ophth susp 0.1% 144
neomycin-polymyxin-hc ophth susp 144
neomycin-polymyxin-hc otic soln 1% 162
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%162
neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml).....31
nepafenac
see ILEVRO DRO 0.3% OP 145
see NEVANAC SUS 0.1% 145
netupitant-palonosetron
see AKYNZEO CAP 300-0.5 119
NEULASTA INJ 6MG/0.6M 129
NEULASTA KIT 6MG/0.6M.....129
NEUPRO DIS 1MG/24HR.....77
NEUPRO DIS 2MG/24HR.....77
NEUPRO DIS 3MG/24HR.....77
NEUPRO DIS 4MG/24HR.....77
NEUPRO DIS 6MG/24HR.....77
NEUPRO DIS 8MG/24HR.....77
NEVANAC SUS 0.1%.....145
nevirapine susp 50 mg/5ml 19
nevirapine tab 200 mg 19
nevirapine tab er 24hr 100 mg....19
nevirapine tab er 24hr 400 mg....19
NEXAVAR TAB 200MG.....40
NEXPLANON IMP 68MG 104
NEXTERONE INJ.....50
niacin tab er 1000 mg (antihyperlipidemic).....53
niacin tab er 500 mg (antihyperlipidemic).....53
niacin tab er 750 mg (antihyperlipidemic).....53
nicardipine hcl cap 20 mg 57
nicardipine hcl cap 30 mg 57
nicardipine hcl in dextrose
see CARDENE IV SOL 20/200ML....56
nicardipine hcl iv soln 2.5 mg/ml 58
Nicorelief
see ***nicotine polacrilex gum 4 mg*** 93
nicotine
see NICOTROL INH 94
see NICOTROL NS SPR 10MG/ML...94
nicotine polacrilex gum 2 mg 93
nicotine polacrilex gum 4 mg 93
nicotine polacrilex lozenge 2 mg .93
nicotine polacrilex lozenge 4 mg .93
Nicotine Step 3
see ***nicotine td patch 24hr 7 mg/24hr***.....93
nicotine td patch 24hr 14 mg/24hr 93
nicotine td patch 24hr 21 mg/24hr 94
nicotine td patch 24hr 7 mg/24hr 93
NICOTROL INH 94
NICOTROL NS SPR 10MG/ML 94
nifedipine tab er 24hr 30 mg.....58
nifedipine tab er 24hr 60 mg.....58
nifedipine tab er 24hr 90 mg.....58
nifedipine tab er 24hr osmotic release 30 mg.....58
nifedipine tab er 24hr osmotic release 60 mg.....58
nifedipine tab er 24hr osmotic release 90 mg.....58

Nikki
see ***drospirenone-ethinyl estradiol tab 3-0.02 mg*** 102
nilutamide tab 150 mg 37
nimodipine cap 30 mg 58
NIPENT INJ 10MG.....34
niraparib tosylate
see ZEJULA CAP 100MG 36
nisoldipine tab er 24hr 17 mg 58
nisoldipine tab er 24hr 20 mg 58
nisoldipine tab er 24hr 25.5 mg ..58
nisoldipine tab er 24hr 30 mg 58
nisoldipine tab er 24hr 34 mg 58
nisoldipine tab er 24hr 40 mg 58
nisoldipine tab er 24hr 8.5 mg 58
nitazoxanide
see ALINIA SUS 100/5ML 14
see ALINIA TAB 500MG 14
nitisinone
see ORFADIN CAP 20MG.....107
see ORFADIN SUS 4MG/ML.....107
nitisinone cap 10 mg 107
nitisinone cap 2 mg 107
nitisinone cap 5 mg 107
NITRO-BID OIN 2% 61
NITRO-DUR DIS 0.3MG/HR.....61
NITRO-DUR DIS 0.8MG/HR.....61
nitrofurantoin macrocrystalline cap 100 mg 15
nitrofurantoin macrocrystalline cap 25 mg 15
nitrofurantoin macrocrystalline cap 50 mg 15
nitrofurantoin monohydrate macrocrystalline cap 100 mg 15
nitrofurantoin susp 25 mg/5ml ...15
NITROGLYCER INJ 5MG/ML.....61
nitroglycerin
see NITRO-BID OIN 2% 61
see NITRO-DUR DIS 0.3MG/HR 61
see NITRO-DUR DIS 0.8MG/HR 61
nitroglycerin (intra-anal)
see RECTIV OIN 0.4% 161
nitroglycerin iv soln 100 mcg/ml in d5w 61
nitroglycerin iv soln 200 mcg/ml in d5w 61
nitroglycerin iv soln 400 mcg/ml in d5w 61
nitroglycerin sl tab 0.3 mg 62
nitroglycerin sl tab 0.4 mg 62
nitroglycerin sl tab 0.6 mg 62
nitroglycerin td patch 24hr 0.1 mg/hr.....62
nitroglycerin td patch 24hr 0.2 mg/hr.....62
nitroglycerin td patch 24hr 0.4 mg/hr.....62
nitroglycerin td patch 24hr 0.6 mg/hr.....62
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....62
Niva-fol
see ***folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg*** 143
NIVESTYM INJ 300/0.5 129
NIVESTYM INJ 300MCG.....129
NIVESTYM INJ 480/0.8 129
NIVESTYM INJ 480MCG.....129
nizatidine cap 150 mg 121
nizatidine cap 300 mg 121
nizatidine oral soln 15 mg/ml ...121
nonoxynol-9
see CONCEPTROL GEL 4% 125
see ENCARE SUP 100MG 125
see GYNOL II GEL 3% 125
see SHUR-SEAL GEL 2%.....126
see TODAY SPONGE MIS 126
see VCF VAGINAL AER CONTRACP126
see VCF VAGINAL MIS CONTRACP126
Nora-be
see ***norethindrone tab 0.35 mg*** 105
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 104
norethin acet & estrad-fe
see TAYTULLA CAP 1MG/20MC 106
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg 104
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg 104
norethindrone & ethinyl estradiol tab 1 mg-35 mcg 104

norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg 104
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg 105
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....105
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg...105
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg .105
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg 105
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) ...105
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) 105
norethindrone acetate tab 5 mg 115
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg..110
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg.....110
norethindrone acetate-ethinyl estradiol-fe fum (biphasic)
see LO LOESTRIN TAB 1-10-10 ...104
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg..105
norethindrone tab 0.35 mg.....105
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg 105
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg..106
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 106
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 106
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 106
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg 106
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg 106
NORPACE CAP 100MG CR 50
NORPACE CAP 150MG CR 50
Nortrel 0.5/35 (28)
see ***norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg*** 104
Nortrel 1/35
see ***norethindrone & ethinyl estradiol tab 1 mg-35 mcg***...104
Nortrel 7/7/7
see ***norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg*** 105
nortriptyline hcl cap 10 mg 74
nortriptyline hcl cap 25 mg 74
nortriptyline hcl cap 50 mg 74
nortriptyline hcl cap 75 mg 74
nortriptyline hcl soln 10 mg/5ml 74
NORTUSS-EX LIQ 200-20/5.....151
NORVIR POW 100MG 19
NORVIR SOL 80MG/ML.....19
NOVOLIN INJ 70/30.....97
NOVOLIN INJ 70/30 FP 97
NOVOLIN N INJ 100 UNIT.....97
NOVOLIN N INJ U-100 97
NOVOLIN R INJ 100 UNIT.....97
NOVOLIN R INJ U-100 97
NOVOLOG INJ 100/ML 97
NOVOLOG INJ FLEXPEN.....97
NOVOLOG INJ PENFILL 97
NOVOLOG MIX INJ 70/30 97
NOVOLOG MIX INJ FLEXPEN 97
NOXAFIL SUS 40MG/ML 17
NUBEQA TAB 300MG 37
NUCALA INJ 100MG.....151
NUCALA INJ 100MG/ML.....151
NUCYNTA ER TAB 100MG 9
NUCYNTA ER TAB 150MG 9
NUCYNTA ER TAB 200MG 9
NUCYNTA ER TAB 250MG 9
NUCYNTA ER TAB 50MG 9
NUCYNTA TAB 100MG..... 9
NUCYNTA TAB 50MG..... 9
NUCYNTA TAB 75MG..... 9
NUEDEXTA CAP 20-10MG.....90
Nulev
see ***hyoscyamine sulfate tab disint 0.125 mg***.....118
NUPLAZID TAB 17MG.....79
Nyamyc

see ***nystatin topical powder 100000 unit/gm*** 157
nystatin
see BIO-STATIN CAP 1000000 16
see BIO-STATIN CAP 500000 16
nystatin cream 100000 unit/gm 157
nystatin oint 100000 unit/gm ...157
nystatin oral powder 17
nystatin susp 100000 unit/ml ...162
nystatin tab 500000 unit 17
nystatin topical powder 100000 unit/gm 157
nystatin-triamcinolone cream 100000-0.1 unit/gm-% 157
nystatin-triamcinolone oint 100000-0.1 unit/gm-% 157
Nystop
see ***nystatin topical powder 100000 unit/gm*** 157
O
obinutuzumab
see GAZYVA INJ 25MG/ML 35
Ocella
see ***drospirenone-ethinyl estradiol tab 3-0.03 mg*** 102
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) 114
octreotide acetate inj 1000 mcg/ml (1 mg/ml) 114
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) 114
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) 114
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) 114
ODEFSEY TAB 22
ODOMZO CAP 200MG 42
ofloxacin ophth soln 0.3%.....145
ofloxacin otic soln 0.3% 162
ofloxacin tab 300 mg.....27
ofloxacin tab 400 mg.....27
Ogestrel
see ***norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg***.....106
olanzapine for im inj 10 mg.....80
olanzapine orally disintegrating tab 10 mg 80
olanzapine orally disintegrating tab 15 mg 80
olanzapine orally disintegrating tab 20 mg 80
olanzapine orally disintegrating tab 5 mg 80
olanzapine tab 10 mg.....80
olanzapine tab 15 mg.....80
olanzapine tab 2.5 mg.....80
olanzapine tab 20 mg.....80
olanzapine tab 5 mg.....80
olanzapine tab 7.5 mg.....80
olaparib
see LYNPARZA CAP 50MG.....36
see LYNPARZA TAB 100MG 36
see LYNPARZA TAB 150MG 36
olmesartan medoxomil tab 20 mg 49
olmesartan medoxomil tab 40 mg 49
olmesartan medoxomil tab 5 mg .49
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 47
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 48
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg 48
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg 48
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 48
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg 48
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg 48
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 48
olodaterol hcl
see STRIVERDI AER 2.5MCG 150

olopatadine hcl
see PAZEO DRO 0.7% 146
olopatadine hcl nasal soln 0.6% 150
olopatadine hcl ophth soln 0.1% (base equivalent) 146
olopatadine hcl ophth soln 0.2% (base equivalent) 146
olsalazine sodium
see DIPENTUM CAP 250MG 121
omalizumab
see XOLAIR INJ 150MG/ML 151
see XOLAIR INJ 75/0.5 151
see XOLAIR SOL 150MG 151
omega-3-acid ethyl esters cap 1 gm 53
omeprazole cap delayed release 10 mg 125
omeprazole cap delayed release 20 mg 125
omeprazole cap delayed release 40 mg 125
OMNARIS SPR 153
OMNIFLEX DPR 138
ONCASPAR INJ 750/ML 42
ondansetron hcl inj 4 mg/2ml (2 mg/ml) 119
ondansetron hcl inj 40 mg/20ml (2 mg/ml) 119
ondansetron hcl oral soln 4 mg/5ml 119
ondansetron hcl tab 24 mg 120
ondansetron hcl tab 4 mg 119
ondansetron hcl tab 8 mg 119
ondansetron orally disintegrating tab 4 mg 120
ondansetron orally disintegrating tab 8 mg 120
OPSUMIT TAB 10MG 62
ORAL GLUCOSE REPLACEMENT 113
Oralone Dental Paste
see ***triamcinolone acetonide dental paste 0.1%*** 162
ORAVIG TAB 50MG 162
ORENITRAM TAB 0.125MG 63
ORENITRAM TAB 0.25MG 62
ORENITRAM TAB 1MG 63
ORENITRAM TAB 2.5MG 63
ORENITRAM TAB 5MG 63
ORFADIN CAP 20MG 107
ORFADIN SUS 4MG/ML 107
ORKAMBI GRA 100-125 152
ORKAMBI GRA 150-188 152
ORKAMBI TAB 100-125 152
ORKAMBI TAB 200-125 152
orphenadrine citrate inj 30 mg/ml 92
orphenadrine citrate tab er 12hr 100 mg 92
Orsythia
see ***levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg*** 103
Oscimin
see ***hyoscyamine sulfate sl tab 0.125 mg*** 118
see ***hyoscyamine sulfate tab 0.125 mg*** 118
Oscimin Sr
see ***hyoscyamine sulfate tab er 12hr 0.375 mg*** 118
oseltamivir phosphate cap 30 mg (base equiv) 23
oseltamivir phosphate cap 45 mg (base equiv) 23
oseltamivir phosphate cap 75 mg (base equiv) 23
oseltamivir phosphate for susp 6 mg/ml (base equiv) 23
OSMOPREP TAB 1.5GM 122
ospemifene
see OSPHENA TAB 60MG 114
OSPHENA TAB 60MG 114
OTEZLA TAB 10/20/30 133
OTEZLA TAB 30MG 133
oxacillin sodium for inj 1 gm (base equivalent) 30
oxacillin sodium for inj 2 gm (base equivalent) 30
oxacillin sodium for iv soln 10 gm (base equivalent) 30
oxaliplatin for iv inj 100 mg 42
oxaliplatin for iv inj 50 mg 42
oxaliplatin iv soln 100 mg/20ml .42
oxaliplatin iv soln 50 mg/10ml ...42
oxaprozin tab 600 mg 3

oxazepam cap 10 mg.....64
oxazepam cap 15 mg.....64
oxazepam cap 30 mg.....64
oxcarbazepine susp 300 mg/5ml (60 mg/ml) 67
oxcarbazepine tab 150 mg 67
oxcarbazepine tab 300 mg 67
oxcarbazepine tab 600 mg 67
oxiconazole nitrate
see OXISTAT LOT 1% 157
oxiconazole nitrate cream 1%...157
OXISTAT LOT 1%.....157
oxybutynin chloride syrup 5 mg/5ml 126
oxybutynin chloride tab 5 mg....126
oxybutynin chloride tab er 24hr 10 mg 126
oxybutynin chloride tab er 24hr 15 mg 126
oxybutynin chloride tab er 24hr 5 mg 126
oxycodone hcl cap 5 mg 9
oxycodone hcl conc 100 mg/5ml (20 mg/ml) 9
oxycodone hcl soln 5 mg/5ml 9
oxycodone hcl tab 10 mg..... 9
oxycodone hcl tab 15 mg..... 9
oxycodone hcl tab 20 mg..... 9
oxycodone hcl tab 30 mg..... 9
oxycodone hcl tab 5 mg..... 9
oxycodone hcl tab er 12hr deter 10 mg 10
oxycodone hcl tab er 12hr deter 15 mg 10
oxycodone hcl tab er 12hr deter 20 mg 10
oxycodone hcl tab er 12hr deter 30 mg 10
oxycodone hcl tab er 12hr deter 40 mg 10
oxycodone hcl tab er 12hr deter 60 mg 10
oxycodone hcl tab er 12hr deter 80 mg 10
oxycodone w/ acetaminophen
see XARTEMIS XR TAB 7.5-325 11
oxycodone w/ acetaminophen soln 5-325 mg/5ml.....10
oxycodone w/ acetaminophen tab 10-325 mg.....10
oxycodone w/ acetaminophen tab 2.5-325 mg.....10
oxycodone w/ acetaminophen tab 5-325 mg.....10
oxycodone w/ acetaminophen tab 7.5-325 mg.....10
oxycodone-aspirin tab 4.8355-325 mg.....10
oxycodone-ibuprofen tab 5-400 mg 11
oxymorphone hcl tab 10 mg.....11
oxymorphone hcl tab 5 mg.....11
oxymorphone hcl tab er 12hr 10 mg.....11
oxymorphone hcl tab er 12hr 15 mg.....11
oxymorphone hcl tab er 12hr 20 mg.....11
oxymorphone hcl tab er 12hr 30 mg.....11
oxymorphone hcl tab er 12hr 40 mg.....11
oxymorphone hcl tab er 12hr 5 mg 11
oxymorphone hcl tab er 12hr 7.5 mg.....11
OZEMPIC INJ 2/1.5ML.....96
P
Pacerone
see ***amiodarone hcl tab 100 mg*** 49
see ***amiodarone hcl tab 200 mg*** 49
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml) 35
paclitaxel iv conc 150 mg/25ml (6 mg/ml).....35
paclitaxel iv conc 30 mg/5ml (6 mg/ml).....35
paclitaxel iv conc 300 mg/50ml (6 mg/ml).....35
paclitaxel protein-bound particles
see ABRAXANE INJ 100MG 34
palbociclib
see IBRANCE CAP 100MG 35

see IBRANCE CAP 125MG 35
see IBRANCE CAP 75MG 35
see IBRANCE TAB 100MG 35
see IBRANCE TAB 125MG 35
see IBRANCE TAB 75MG 35
paliperidone tab er 24hr 1.5 mg ..80
paliperidone tab er 24hr 3 mg 80
paliperidone tab er 24hr 6 mg 80
paliperidone tab er 24hr 9 mg 80
pamidronate disodium for inj 30 mg 100
pamidronate disodium for inj 90 mg 100
pamidronate disodium iv soln 3 mg/ml 100
pamidronate disodium iv soln 9 mg/ml 100
pancrelipase (lipase-protease-amylase)
see CREON CAP 12000UNT 124
see CREON CAP 24000UNT 124
see CREON CAP 3000UNIT.....123
see CREON CAP 36000UNT 124
see CREON CAP 6000UNIT.....124
see VIOKACE TAB 10440 124
see VIOKACE TAB 20880 124
see ZENPEP CAP 10000UNT 124
see ZENPEP CAP 15000UNT 124
see ZENPEP CAP 20000UNT 124
see ZENPEP CAP 25000 124
see ZENPEP CAP 3000UNIT.....124
see ZENPEP CAP 40000 124
see ZENPEP CAP 5000UNIT.....124
panobinostat lactate
see FARYDAK CAP 10MG.....35
see FARYDAK CAP 15MG.....35
see FARYDAK CAP 20MG.....35
pantoprazole sodium ec tab 20 mg (base equiv) 125
pantoprazole sodium ec tab 40 mg (base equiv) 125
PARAGARD IUD T380A.....106
Paraplatin
see ***carboplatin iv soln 1000 mg/100ml*** 42
paricalcitol cap 1 mcg.....143
paricalcitol cap 2 mcg.....143
paricalcitol cap 4 mcg 143
paricalcitol iv soln 2 mcg/ml 143
paricalcitol iv soln 5 mcg/ml 143
paromomycin sulfate cap 250 mg13
paroxetine hcl tab 10 mg 74
paroxetine hcl tab 20 mg 74
paroxetine hcl tab 30 mg 74
paroxetine hcl tab 40 mg 74
paroxetine hcl tab er 24hr 12.5 mg 74
paroxetine hcl tab er 24hr 25 mg 74
paroxetine hcl tab er 24hr 37.5 mg 74
PASER GRA 4GM 23
pasireotide diaspartate
see SIGNIFOR INJ 0.3MG/ML 114
see SIGNIFOR INJ 0.6MG/ML 114
see SIGNIFOR INJ 0.9MG/ML 114
PAZEO DRO 0.7% 146
pazopanib hcl
see VOTRIENT TAB 200MG 41
PCE TAB 333MG EC 26
PCE TAB 500MG EC 26
PEDIARIX INJ 0.5ML.....136
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml 143
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg 143
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg 143
pediatric multiple vitamins w/ fluoride chew tab 1 mg 143
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml 143
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml 143
PEDIATRIC RESPIRATORY MASK 139
pediatric vitamins acd fluoride & fe drops 0.25-10 mg/ml 143
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml 143
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml 143
PEDVAX HIB INJ.....136
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 122

peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm 122
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid
see MOVIPREP SOL 122
see PLENVU SOL 123
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm ... 123
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 123
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate
see GOLYTELY SOL 122
PEGANONE TAB 250MG 67
pegaspargase
see ONCASPAR INJ 750/ML 42
PEGASYS INJ 28
PEGASYS INJ 180MCG/M 28
PEGASYS INJ PROCLICK 28
pegfilgrastim
see NEULASTA INJ 6MG/0.6M 129
see NEULASTA KIT 6MG/0.6M 129
pegfilgrastim-cbqv
see UDENYCA INJ 6MG/.6ML 130
peginterferon alfa-2a
see PEGASYS INJ 28
see PEGASYS INJ 180MCG/M 28
see PEGASYS INJ PROCLICK 28
peginterferon beta-1a
see PLEGRIDY INJ 91
see PLEGRIDY INJ PEN 91
see PLEGRIDY INJ STARTER 91
see PLEGRIDY PEN INJ STARTER ... 91
pegvisomant
see SOMAVERT INJ 10MG 114
see SOMAVERT INJ 15MG 114
see SOMAVERT INJ 20MG 114
see SOMAVERT INJ 25MG 114
see SOMAVERT INJ 30MG 114
pembrolizumab
see KEYTRUDA INJ 100MG/4M 36
pemetrexed disodium
see ALIMTA INJ 100MG 33
see ALIMTA INJ 500MG 33
penciclovir
see DENAVIR CRE 1% 161
penicillamine tab 250 mg 101
penicillin g potassium for inj 20000000 unit 30
penicillin g potassium for inj 5000000 unit 30
penicillin g sodium for inj 5000000 unit 30
penicillin v potassium for soln 125 mg/5ml 30
penicillin v potassium for soln 250 mg/5ml 30
penicillin v potassium tab 250 mg 30
penicillin v potassium tab 500 mg 30
PENTACEL INJ 137
pentamidine isethionate for nebulization soln 300 mg 15
pentamidine isethionate for soln 300 mg 15
pentosan polysulfate sodium
see ELMIRON CAP 100MG 126
pentostatin
see NIPENT INJ 10MG 34
pentoxifylline tab er 400 mg 130
perampanel
see FYCOMPA SUS 0.5MG/ML 65
see FYCOMPA TAB 10MG 66
see FYCOMPA TAB 12MG 66
see FYCOMPA TAB 2MG 65
see FYCOMPA TAB 4MG 65
see FYCOMPA TAB 6MG 65
see FYCOMPA TAB 8MG 66
PERFOROMIST NEB 20MCG 150
perindopril erbumine tab 2 mg 46
perindopril erbumine tab 4 mg 46
perindopril erbumine tab 8 mg 46
permethrin cream 5% 161
perphenazine tab 16 mg 80
perphenazine tab 2 mg 80
perphenazine tab 4 mg 80
perphenazine tab 8 mg 80
Pfizerpen
see ***penicillin g potassium for inj 20000000 unit*** 30
Phenadoz
see ***promethazine hcl suppos 25 mg*** 120

phenazopyridine hcl tab 95 mg .126
phenelzine sulfate tab 15 mg 74
phenobarbital elixir 20 mg/5ml ..67
phenobarbital tab 100 mg 67
phenobarbital tab 15 mg 67
phenobarbital tab 16.2 mg 67
phenobarbital tab 30 mg 67
phenobarbital tab 32.4 mg 67
phenobarbital tab 60 mg 67
phenobarbital tab 64.8 mg 67
phenobarbital tab 97.2 mg 67
phenoxybenzamine hcl cap 10 mg 61
phenylephrine hcl ophth soln 10% 147
phenylephrine hcl ophth soln 2.5% 147
phenytoin chew tab 50 mg 67
phenytoin sodium extended
see DILANTIN CAP 30MG.....65
phenytoin sodium extended cap 100 mg 67
phenytoin sodium extended cap 200 mg 67
phenytoin sodium extended cap 300 mg 67
phenytoin sodium inj 50 mg/ml ..67
phenytoin susp 125 mg/5ml 67
PHOSLYRA SOL 115
PHOSPHOLINE SOL 0.125%OP.....147
PHOTOFRIN INJ 75MG.....42
Physiolyte
see ***irrigation solution, physiological***.....147
Physiosol Irrigation
see ***irrigation solution, physiological***.....147
phytonadione tab 5 mg.....143
PICATO GEL 0.015%.....156
PICATO GEL 0.05% 156
pilocarpine hcl ophth soln 1% ...147
pilocarpine hcl tab 5 mg 162
pilocarpine hcl tab 7.5 mg 162
pimavanserin tartrate
see NUPLAZID TAB 17MG 79
pimozide tab 1 mg.....90
pimozide tab 2 mg.....90
pindolol tab 10 mg 55
pindolol tab 5 mg 55
pioglitazone hcl tab 15 mg (base equiv).....97
pioglitazone hcl tab 30 mg (base equiv).....97
pioglitazone hcl tab 45 mg (base equiv).....97
pioglitazone hcl-glimepiride tab 30-2 mg.....97
pioglitazone hcl-glimepiride tab 30-4 mg.....98
pioglitazone hcl-metformin hcl tab 15-500 mg.....97
pioglitazone hcl-metformin hcl tab 15-850 mg.....97
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm) 30
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm) 30
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) 30
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm) 30
pirfenidone
see ESBRIET CAP 267MG.....152
see ESBRIET TAB 267MG.....152
see ESBRIET TAB 801MG.....152
Pirmella 1/35
see ***norethindrone & ethinyl estradiol tab 1 mg-35 mcg***...104
Pirmella 7/7/7
see ***norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg*** 105
piroxicam cap 10 mg 3
piroxicam cap 20 mg 3
PLEGRIDY INJ 91
PLEGRIDY INJ PEN 91
PLEGRIDY INJ STARTER 91
PLEGRIDY PEN INJ STARTER.....91
PLENVU SOL 123
pneumococcal 13-valent conjugate vaccine
see PREVNAR 13 INJ 137
pneumococcal vac polyvalent
see PNEUMOVAX 23 INJ 25/0.5 ...137

PNEUMOVAX 23 INJ 25/0.5.....137
podofilox
see CONDYLOX GEL 0.5% 161
podofilox soln 0.5% 161
poliovirus vaccine, ipv
see IPOL INJ INACTIVE 136
Polycin
see ***bacitracin-polymyxin b ophth oint*** 144
polyethylene glycol 3350 oral powder 17 gm/scoop 123
polymyxin b sulfate for inj 500000 unit.....15
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....145
pomalidomide
see POMALYST CAP 1MG 133
see POMALYST CAP 2MG 133
see POMALYST CAP 3MG 133
see POMALYST CAP 4MG 133
POMALYST CAP 1MG.....133
POMALYST CAP 2MG.....133
POMALYST CAP 3MG.....133
POMALYST CAP 4MG.....133
ponatinib hcl
see ICLUSIG TAB 15MG.....39
see ICLUSIG TAB 45MG.....39
porfimer sodium
see PHOTOFRIN INJ 75MG.....42
Portia-28
see ***levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg*** 103
posaconazole
see NOXAFIL SUS 40MG/ML.....17
posaconazole tab delayed release 100 mg 17
potassium bicarbonate effer tab 25 meq 139
potassium chloride cap er 10 meq 139
potassium chloride cap er 8 meq 139
potassium chloride inj 2 meq/ml 141
potassium chloride microencapsulated crys er tab 10 meq 139
potassium chloride microencapsulated crys er tab 15 meq 140
potassium chloride microencapsulated crys er tab 20 meq 140
potassium chloride oral soln 10% (20 meq/15ml) 140
potassium chloride oral soln 20% (40 meq/15ml) 140
potassium chloride tab er 10 meq 140
potassium chloride tab er 20 meq (1500 mg) 140
potassium chloride tab er 8 meq (600 mg) 140
potassium citrate tab er 10 meq (1080 mg) 126
potassium citrate tab er 15 meq (1620 mg) 126
potassium citrate tab er 5 meq (540 mg) 126
PRADAXA CAP 110MG.....128
PRADAXA CAP 150MG.....128
PRADAXA CAP 75MG.....128
pramipexole dihydrochloride tab 0.125 mg.....77
pramipexole dihydrochloride tab 0.25 mg.....77
pramipexole dihydrochloride tab 0.5 mg.....77
pramipexole dihydrochloride tab 0.75 mg.....77
pramipexole dihydrochloride tab 1 mg.....77
pramipexole dihydrochloride tab 1.5 mg.....77
pramipexole dihydrochloride tab er 24hr 0.375 mg.....77
pramipexole dihydrochloride tab er 24hr 0.75 mg.....77
pramipexole dihydrochloride tab er 24hr 1.5 mg.....77

pramipexole dihydrochloride tab er 24hr 2.25 mg 77
pramipexole dihydrochloride tab er 24hr 3 mg 77
pramipexole dihydrochloride tab er 24hr 3.75 mg 77
pramipexole dihydrochloride tab er 24hr 4.5 mg 77
pramlintide acetate
see SYMLINPEN 60 INJ 1000MCG .. 94
see SYMLNPEN 120 INJ 1000MCG .. 94
prasterone vaginal
see INTRAROSA SUP 6.5MG 94
prasugrel hcl tab 10 mg (base equiv) 131
prasugrel hcl tab 5 mg (base equiv) 131
pravastatin sodium tab 10 mg 52
pravastatin sodium tab 20 mg 52
pravastatin sodium tab 40 mg 52
pravastatin sodium tab 80 mg 52
praziquantel tab 600 mg 15
prazosin hcl cap 1 mg 46
prazosin hcl cap 2 mg 46
prazosin hcl cap 5 mg 46
PRED MILD SUS 0.12% OP 145
PRED SOD PHO SOL 1% OP 145
prednicarbate cream 0.1% 160
prednicarbate oint 0.1% 160
prednisolone acetate (ophth)
see PRED MILD SUS 0.12% OP 145
prednisolone acetate ophth susp 1% 145
prednisolone sod phos orally disintegr tab 10 mg (base eq) 112
prednisolone sod phos orally disintegr tab 15 mg (base eq) 112
prednisolone sod phos orally disintegr tab 30 mg (base eq) 112
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) 112
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv) . 112
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) . 112
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv) . 112
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq) 112
prednisolone syrup 15 mg/5ml (usp solution equivalent) 112
prednisone
see PREDNISONE CON 5MG/ML ... 113
PREDNISONE CON 5MG/ML 113
prednisone oral soln 5 mg/5ml . 113
prednisone tab 1 mg 113
prednisone tab 10 mg 113
prednisone tab 2.5 mg 113
prednisone tab 20 mg 113
prednisone tab 5 mg 113
prednisone tab 50 mg 113
prednisone tab therapy pack 10 mg (21) 113
prednisone tab therapy pack 10 mg (48) 113
prednisone tab therapy pack 5 mg (21) 113
prednisone tab therapy pack 5 mg (48) 113
pregabalin cap 100 mg 67
pregabalin cap 150 mg 67
pregabalin cap 200 mg 67
pregabalin cap 225 mg 67
pregabalin cap 25 mg 67
pregabalin cap 300 mg 67
pregabalin cap 50 mg 67
pregabalin cap 75 mg 67
pregabalin soln 20 mg/ml 67
PREMARIN INJ 25MG 110
PREMARIN TAB 0.3MG 111
PREMARIN TAB 0.45MG 111
PREMARIN TAB 0.625MG 111
PREMARIN TAB 0.9MG 111
PREMARIN TAB 1.25MG 111
PREMARIN VAG CRE 0.625MG 111
Prenatabs Rx
see ***prenatal vit w/ iron carbonyl-fa tab 29-1 mg*** 143
prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid
see CITRANATAL TAB BLOOM 142
prenatal vit w/ iron carbonyl-fa tab 29-1 mg 143

prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg 144
prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha
see CITRANATAL MIS 142
see CITRANATAL MIS 90 DHA 142
see CITRANATAL PAK ASSURE 142
see CITRANATAL PAK DHA 142
prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa & vit b6
see CITRANATAL MIS B-CALM 142
prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha
see CITRANATAL CAP HARMONY .. 141
prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha
see CITRANATAL CAP MEDLEY 142
prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa
see CITRANATAL TAB RX 142
PREPOPIK PAK 123
Prevalite
see ***cholestyramine light powder 4 gm/dose*** 50
Previfem
see ***norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg*** 106
PREVNAR 13 INJ 137
PREZCOBIX TAB 800-150 22
PREZISTA SUS 100MG/ML 19
PREZISTA TAB 150MG 19
PREZISTA TAB 600MG 19
PREZISTA TAB 75MG 19
PREZISTA TAB 800MG 19
PRIFTIN TAB 150MG 23
primaquine phosphate tab 26.3 mg (15 mg base) 17
primidone tab 250 mg 68
primidone tab 50 mg 67
PRIMSOL SOL 50MG/5ML 15
probenecid tab 500 mg 2
procainamide hcl inj 100 mg/ml .50
procarbazine hcl
see MATULANE CAP 50MG 42
prochlorperazine edisylate inj 10 mg/2ml 120
prochlorperazine edisylate inj 50 mg/10ml 120
prochlorperazine maleate tab 10 mg (base equivalent) 120
prochlorperazine maleate tab 5 mg (base equivalent) 120
prochlorperazine suppos 25 mg 120
Procto-pak
see ***hydrocortisone perianal cream 1%*** 125
Proctosol Hc
see ***hydrocortisone perianal cream 2.5%*** 125
Proctozone-hc
see ***hydrocortisone perianal cream 2.5%*** 125
progesterone (vaginal)
see CRINONE GEL 4% VAG 115
see CRINONE GEL 8% VAG 115
progesterone micronized cap 100 mg 115
progesterone micronized cap 200 mg 115
PROGRAF INJ 5MG/ML 135
PROLASTIN-C INJ 1000MG 152
PROLIA SOL 60MG/ML 114
PROMACTA TAB 12.5MG 129
PROMACTA TAB 25MG 130
PROMACTA TAB 50MG 130
PROMACTA TAB 75MG 130
promethazine & phenylephrine syrup 6.25-5 mg/5ml 151
promethazine hcl inj 25 mg/ml . 120
promethazine hcl inj 50 mg/ml . 120
promethazine hcl suppos 12.5 mg 120
promethazine hcl suppos 25 mg 120
promethazine hcl suppos 50 mg 120
promethazine hcl syrup 6.25 mg/5ml 120
promethazine hcl tab 12.5 mg ... 120
promethazine hcl tab 25 mg 120
promethazine hcl tab 50 mg 120
Promethazine Vc/codeine
see ***promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml*** 151

promethazine w/ codeine syrup 6.25-10 mg/5ml 151
promethazine-dm syrup 6.25-15 mg/5ml 151
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml 151
Promethegan
see ***promethazine hcl suppos 12.5 mg*** 120
see ***promethazine hcl suppos 25 mg*** 120
see ***promethazine hcl suppos 50 mg*** 120
propafenone hcl cap er 12hr 225 mg 50
propafenone hcl cap er 12hr 325 mg 50
propafenone hcl cap er 12hr 425 mg 50
propafenone hcl tab 150 mg 50
propafenone hcl tab 225 mg 50
propafenone hcl tab 300 mg 50
proparacaine hcl ophth soln 0.5% 147
propranolol & hydrochlorothiazide tab 40-25 mg 53
propranolol & hydrochlorothiazide tab 80-25 mg 53
propranolol hcl cap er 24hr 120 mg 55
propranolol hcl cap er 24hr 160 mg 55
propranolol hcl cap er 24hr 60 mg 55
propranolol hcl cap er 24hr 80 mg 55
propranolol hcl inj 1 mg/ml 55
propranolol hcl oral soln 20 mg/5ml 55
propranolol hcl oral soln 40 mg/5ml 55
propranolol hcl tab 10 mg 55
propranolol hcl tab 20 mg 55
propranolol hcl tab 40 mg 55
propranolol hcl tab 60 mg 55
propranolol hcl tab 80 mg 55
propylthiouracil tab 50 mg 117
PROQUAD INJ 137
protriptyline hcl tab 10 mg 75
protriptyline hcl tab 5 mg 74
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml 151
pyrazinamide tab 500 mg 23
pyridostigmine bromide
see REGONOL INJ 5MG/ML 90
pyridostigmine bromide oral soln 60 mg/5ml 90
pyridostigmine bromide tab 60 mg 90
pyridostigmine bromide tab er 180 mg 90
pyridoxine hcl tab 25 mg 144
pyridoxine hcl tab 50 mg 144
pyrimethamine
see DARAPRIM TAB 25MG 14
Q
QTERN TAB 10MG/5MG 99
QTERN TAB 5-5MG 99
QUADRAMET INJ 1850MBQ 42
Quasense
see ***levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg*** 103
quetiapine fumarate tab 100 mg . 80
quetiapine fumarate tab 200 mg . 80
quetiapine fumarate tab 25 mg ... 80
quetiapine fumarate tab 300 mg . 80
quetiapine fumarate tab 400 mg . 80
quetiapine fumarate tab 50 mg ... 80
quetiapine fumarate tab er 24hr 150 mg 80
quetiapine fumarate tab er 24hr 200 mg 80
quetiapine fumarate tab er 24hr 300 mg 80
quetiapine fumarate tab er 24hr 400 mg 80
quetiapine fumarate tab er 24hr 50 mg 80
quinapril hcl tab 10 mg 46
quinapril hcl tab 20 mg 46
quinapril hcl tab 40 mg 46
quinapril hcl tab 5 mg 46

quinapril-hydrochlorothiazide tab 10-12.5 mg 45
quinapril-hydrochlorothiazide tab 20-12.5 mg 45
quinapril-hydrochlorothiazide tab 20-25 mg 45
quinine sulfate cap 324 mg 17
QVAR REDIHA AER 80MCG 153
QVAR REDIHAL AER 40MCG....153
R
rabeprazole sodium ec tab 20 mg 125
raloxifene hcl tab 60 mg....114
raltegravir potassium
see ISENTRESS CHW 100MG 19
see ISENTRESS CHW 25MG 18
see ISENTRESS HD TAB 600MG....19
see ISENTRESS POW 100MG....19
see ISENTRESS TAB 400MG....19
ramelteon tab 8 mg 87
ramipril cap 1.25 mg 46
ramipril cap 10 mg 46
ramipril cap 2.5 mg 46
ramipril cap 5 mg 46
ranitidine hcl inj 150 mg/6ml (25 mg/ml)....121
ranitidine hcl inj 50 mg/2ml (25 mg/ml)....121
ranolazine tab er 12hr 1000 mg ..61
ranolazine tab er 12hr 500 mg 61
rasagiline mesylate tab 0.5 mg (base equiv) 77
rasagiline mesylate tab 1 mg (base equiv)....77
REBETOL SOL 40MG/ML 28
REBIF INJ 22/0.5 91
REBIF INJ 44/0.5 91
REBIF REBIDO INJ 22/0.5 91
REBIF REBIDO INJ 44/0.5 91
REBIF REBIDO INJ TITRATN....91
REBIF TITRTN INJ PACK 91
Reclipsen
see ***desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg*** 102
RECOMBIVA HB INJ 10MCG/ML 137
RECOMBIVA HB INJ 5MCG/0.5 137
RECOMBIVA-HB INJ 40MCG/ML....137
RECTIV OIN 0.4% 161
REGONOL INJ 5MG/ML....90
regorafenib
see STIVARGA TAB 40MG 40
REGRANEX GEL 0.01% 162
RELENZA MIS DISKHALE....23
REMODULIN INJ 10MG/ML....63
REMODULIN INJ 1MG/ML 63
REMODULIN INJ 2.5MG/ML....63
REMODULIN INJ 5MG/ML 63
repaglinide tab 0.5 mg 98
repaglinide tab 1 mg 98
repaglinide tab 2 mg 98
repaglinide-metformin hcl tab 1-500 mg 98
repaglinide-metformin hcl tab 2-500 mg 98
REPATHA INJ 140MG/ML 53
REPATHA PUSH INJ 420/3.5 53
REPATHA SURE INJ 140MG/ML....53
RESTASIS EMU 0.05% 147
RETACRIT INJ 10000UNT 130
RETACRIT INJ 2000UNIT 130
RETACRIT INJ 3000UNIT 130
RETACRIT INJ 40000UNT 130
RETACRIT INJ 4000UNIT 130
RETROVIR INJ 10MG/ML 19
REVLIMID CAP 10MG 134
REVLIMID CAP 15MG 134
REVLIMID CAP 2.5MG 133
REVLIMID CAP 20MG 134
REVLIMID CAP 25MG 134
REVLIMID CAP 5MG 134
REXULTI TAB 0.25MG 80
REXULTI TAB 0.5MG 80
REXULTI TAB 1MG....80
REXULTI TAB 2MG....80
REXULTI TAB 3MG....80
REXULTI TAB 4MG....81
REYATAZ POW 50MG 19
Ribasphere
see ***ribavirin cap 200 mg***....28
see ***ribavirin tab 200 mg*** 28
see ***ribavirin tab 600 mg*** 28
RIBASPHERE TAB 400MG 28
ribavirin (hepatitis c)

see REBETOL SOL 40MG/ML.....28
see RIBASPHERE TAB 400MG.....28
ribavirin cap 200 mg 28
ribavirin for inhal soln 6 gm 24
ribavirin tab 200 mg.....28
ribavirin tab 600 mg.....28
ribociclib succinate
see KISQALI TAB 200DOSE.....36
see KISQALI TAB 400DOSE.....36
see KISQALI TAB 600DOSE.....36
rifabutin cap 150 mg 23
RIFAMATE CAP.....23
rifampin cap 150 mg 23
rifampin cap 300 mg 23
rifampin for inj 600 mg 23
rifapentine
see PRIFTIN TAB 150MG.....23
RIFATER TAB 23
rifaximin
see XIFAXAN TAB 200MG 16
see XIFAXAN TAB 550MG 16
rilonacept
see ARCALYST INJ 220MG 133
rilpivirine hcl
see EDURANT TAB 25MG 18
riluzole tab 50 mg 90
rimantadine hydrochloride tab 100 mg 24
ringer's solution for irrigation ...147
RINVOQ TAB 15MG ER 132
riociguat
see ADEMPAS TAB 0.5MG 62
see ADEMPAS TAB 1.5MG 62
see ADEMPAS TAB 1MG.....62
see ADEMPAS TAB 2.5MG 62
see ADEMPAS TAB 2MG.....62
risankizumab-rzaa
see SKYRIZI INJ 150DOSE.....132
risedronate sodium tab 150 mg.100
risedronate sodium tab 30 mg...100
risedronate sodium tab 35 mg...100
risedronate sodium tab 5 mg.....100
risedronate sodium tab delayed release 35 mg.....100
risperidone orally disintegrating tab 0.25 mg 81
risperidone orally disintegrating tab 0.5 mg 81
risperidone orally disintegrating tab 1 mg 81
risperidone orally disintegrating tab 2 mg 81
risperidone orally disintegrating tab 3 mg 81
risperidone orally disintegrating tab 4 mg 81
risperidone soln 1 mg/ml.....81
risperidone tab 0.25 mg 81
risperidone tab 0.5 mg 81
risperidone tab 1 mg 81
risperidone tab 2 mg 81
risperidone tab 3 mg 81
risperidone tab 4 mg 81
ritonavir
see NORVIR POW 100MG 19
see NORVIR SOL 80MG/ML.....19
ritonavir tab 100 mg 19
rivaroxaban
see XARELTO STAR TAB 15/20MG129
see XARELTO TAB 10MG.....129
see XARELTO TAB 15MG.....129
see XARELTO TAB 2.5MG.....129
see XARELTO TAB 20MG.....129
rivastigmine tartrate cap 1.5 mg (base equivalent) 69
rivastigmine tartrate cap 3 mg (base equivalent) 69
rivastigmine tartrate cap 4.5 mg (base equivalent) 69
rivastigmine tartrate cap 6 mg (base equivalent) 69
rivastigmine td patch 24hr 13.3 mg/24hr.....70
rivastigmine td patch 24hr 4.6 mg/24hr.....69
rivastigmine td patch 24hr 9.5 mg/24hr.....69
Rivelsa
see ***levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg*** 102

rizatriptan benzoate oral disintegrating tab 10 mg (base eq).....88
rizatriptan benzoate oral disintegrating tab 5 mg (base eq).....88
rizatriptan benzoate tab 10 mg (base equivalent).....88
rizatriptan benzoate tab 5 mg (base equivalent).....88
roflumilast
see DALIRESP TAB 250MCG.....152
see DALIRESP TAB 500MCG.....152
rolapitant hcl
see VARUBI INJ.....121
see VARUBI TAB 90MG.....121
ropinirole hydrochloride tab 0.25 mg.....77
ropinirole hydrochloride tab 0.5 mg.....77
ropinirole hydrochloride tab 1 mg.....78
ropinirole hydrochloride tab 2 mg.....78
ropinirole hydrochloride tab 3 mg.....78
ropinirole hydrochloride tab 4 mg.....78
ropinirole hydrochloride tab 5 mg.....78
Rosadan
see ***metronidazole cream 0.75%***.....161
rosuvastatin calcium tab 10 mg..52
rosuvastatin calcium tab 20 mg..52
rosuvastatin calcium tab 40 mg..52
rosuvastatin calcium tab 5 mg....52
ROTARIX SUS.....137
ROTATEQ SOL.....137
rotavirus vaccine, live oral
see ROTARIX SUS.....137
rotavirus vaccine, live oral pentavalent
see ROTATEQ SOL.....137
rotigotine
see NEUPRO DIS 1MG/24HR.....77
see NEUPRO DIS 2MG/24HR.....77
see NEUPRO DIS 3MG/24HR.....77
see NEUPRO DIS 4MG/24HR.....77
see NEUPRO DIS 6MG/24HR.....77
see NEUPRO DIS 8MG/24HR.....77
ruxolitinib phosphate
see JAKAFI TAB 10MG.....39
see JAKAFI TAB 15MG.....39
see JAKAFI TAB 20MG.....39
see JAKAFI TAB 25MG.....39
see JAKAFI TAB 5MG.....39
RYDAPT CAP 25MG.....36
S
sacrosidase
see SUCRAID SOL 8500/ML.....123
sacubitril-valsartan
see ENTRESTO TAB 24-26MG.....60
see ENTRESTO TAB 49-51MG.....60
see ENTRESTO TAB 97-103MG.....60
samarium sm 153 lexidronam
see QUADRAMET INJ 1850MBQ.....42
SAMSCA TAB 15MG.....114
SAMSCA TAB 30MG.....114
SANCUSO DIS 3.1MG.....121
SANDIMMUNE SOL 100MG/ML.....135
SAPHRIS SUB 10MG.....81
SAPHRIS SUB 2.5MG.....81
SAPHRIS SUB 5MG.....81
sapropterin dihydrochloride
see KUVAN POW 100MG.....107
see KUVAN POW 500MG.....107
see KUVAN TAB 100MG.....107
sapropterin dihydrochloride powder packet 100 mg.....107
sapropterin dihydrochloride powder packet 500 mg.....107
saquinavir mesylate
see INVIRASE CAP 200MG.....18
see INVIRASE TAB 500MG.....18
sarilumab
see KEVZARA INJ 150/1.14.....132
see KEVZARA INJ 200/1.14.....132
scopolamine td patch 72hr 1 mg/3days.....121
secukinumab
see COSENTYX INJ 150MG/ML....158
see COSENTYX INJ 300DOSE.....158

see COSENTYX PEN INJ 150MG/ML 158
see COSENTYX PEN INJ 300DOSE 158
segesterone acetate-ethinyl estradiol
see ANNOVERA MIS 101
selegiline
see EMSAM DIS 12MG/24H 72
see EMSAM DIS 6MG/24HR.....72
see EMSAM DIS 9MG/24HR.....72
selegiline hcl cap 5 mg 78
selegiline hcl tab 5 mg 78
selenium sulfide lotion 2.5%.....158
selexipag
see UPTRAVI TAB 1000MCG.....63
see UPTRAVI TAB 1200MCG.....63
see UPTRAVI TAB 1400MCG.....63
see UPTRAVI TAB 1600MCG.....63
see UPTRAVI TAB 200/800 63
see UPTRAVI TAB 200MCG.....63
see UPTRAVI TAB 400MCG.....63
see UPTRAVI TAB 600MCG.....63
see UPTRAVI TAB 800MCG.....63
SELZENTRY SOL 20MG/ML.....19
SELZENTRY TAB 150MG 20
SELZENTRY TAB 25MG.....20
SELZENTRY TAB 300MG 20
SELZENTRY TAB 75MG.....20
semaglutide
see OZEMPIC INJ 2/1.5ML 96
sertaconazole nitrate
see ERTACZO CRE 2% 157
sertraline hcl oral concentrate for solution 20 mg/ml.....75
sertraline hcl tab 100 mg 75
sertraline hcl tab 25 mg 75
sertraline hcl tab 50 mg 75
sevelamer carbonate packet 0.8 gm.....115
sevelamer carbonate packet 2.4 gm.....115
sevelamer carbonate tab 800 mg 115
sharps container
see SHARPS CONTAINER 138
SHARPS CONTAINER 138
SHINGRIX INJ 50/0.5ML.....137
SHUR-SEAL GEL 2% 126
SIGNIFOR INJ 0.3MG/ML.....114
SIGNIFOR INJ 0.6MG/ML.....114
SIGNIFOR INJ 0.9MG/ML.....114
sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)...63
sildenafil citrate tab 20 mg 63
silodosin cap 4 mg 125
silodosin cap 8 mg 125
silver sulfadiazine cream 1% 156
SIMBRINZA SUS 1-0.2%.....147
SIMPONI ARIA SOL 50MG/4ML.....132
SIMPONI INJ 100MG/ML.....132
SIMPONI INJ 50/0.5ML 132
simvastatin tab 10 mg.....52
simvastatin tab 20 mg.....52
simvastatin tab 40 mg.....52
simvastatin tab 5 mg.....52
simvastatin tab 80 mg.....52
sirolimus oral soln 1 mg/ml 135
sirolimus tab 0.5 mg 135
sirolimus tab 1 mg 135
sirolimus tab 2 mg 135
SIRTURO TAB 100MG 23
SIRTURO TAB 20MG 23
sitagliptin phosphate
see JANUVIA TAB 100MG 95
see JANUVIA TAB 25MG 95
see JANUVIA TAB 50MG 95
sitagliptin-metformin hcl
see JANUMET TAB 50-1000.....95
see JANUMET TAB 50-500MG.....95
see JANUMET XR TAB 100-1000 96
see JANUMET XR TAB 50-1000.....95
see JANUMET XR TAB 50-500MG ...95
SIVEXTRO INJ 200MG.....15
SIVEXTRO TAB 200MG.....16
SKLICE LOT 0.5% 161
SKYLA IUD 13.5MG 106
SKYRIZI INJ 150DOSE 132
SLYND TAB 4MG 106
Sm Nicotine Transdermal S
see ***nicotine td patch 24hr 14 mg/24hr***.....93
see ***nicotine td patch 24hr 21 mg/24hr***.....94

see ***nicotine td patch 24hr 7 mg/24hr*** 93
sodium chloride flush iv soln 0.9% 140
sodium chloride inj 2.5 meq/ml (14.6%) 140
sodium chloride irrigation soln 0.9% 162
sodium chloride iv soln 0.45% .. 141
sodium chloride iv soln 0.9% 141
sodium chloride iv soln 3% 141
sodium chloride iv soln 5% 141
sodium chloride preservative free (pf) inj 0.9% 141
sodium chloride soln nebu 0.9% 153
sodium chloride soln nebu 10% 153
sodium chloride soln nebu 3% .. 153
sodium chloride soln nebu 7% .. 153
sodium fluoride
see FLUORABON DRO 139
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) 140
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) 140
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) 140, 141
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) 141
sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf) 141
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf) 141
sodium fluoride tab 0.5 mg f (from 1.1 mg naf) 141
sodium fluoride tab 1 mg f (from 2.2 mg naf) 141
sodium phenylbutyrate oral powder 3 gm/teaspoonful 107
sodium phenylbutyrate tab 500 mg 107
sodium phosphate monobasic-sodium phosphate dibasic
see OSMOPREP TAB 1.5GM 122
sodium picosulfate-magnesium oxide-anhydrous citric acid
see CLENPIQ SOL 122
see PREPOPIK PAK 123
sodium polystyrene sulfonate oral susp 15 gm/60ml 101
sodium polystyrene sulfonate rectal susp 30 gm/120ml 101
sodium sulfate-potassium sulfate-magnesium sulfate
see SUPREP BOWEL SOL PREP KIT 123
sofosbuvir
see SOVALDI PAK 150MG 28
see SOVALDI PAK 200MG 28
see SOVALDI TAB 200MG 28
see SOVALDI TAB 400MG 28
sofosbuvir-velpatasvir
see EPCLUSA TAB 400-100 28
sofosbuvir-velpatasvir-voxilaprevir
see VOSEVI TAB 28
solifenacin succinate tab 10 mg 126
solifenacin succinate tab 5 mg .. 126
SOLIQUA INJ 100/33 96
SOLU-CORTEF INJ 1000MG 113
SOLU-CORTEF INJ 100MG 113
SOLU-CORTEF INJ 250MG 113
SOLU-CORTEF INJ 500MG 113
SOLU-MEDROL INJ 2GM 113
somatropin
see HUMATROPE INJ 12MG 113
see HUMATROPE INJ 24MG 113
see HUMATROPE INJ 5MG 113
see HUMATROPE INJ 6MG 113
SOMATULINE INJ 120/.5ML 114
SOMATULINE INJ 60/0.2ML 114
SOMATULINE INJ 90/0.3ML 114
SOMAVERT INJ 10MG 114
SOMAVERT INJ 15MG 114
SOMAVERT INJ 20MG 114
SOMAVERT INJ 25MG 114
SOMAVERT INJ 30MG 114
sonidegib phosphate
see ODOMZO CAP 200MG 42
sorafenib tosylate
see NEXAVAR TAB 200MG 40
Sorine
see ***sotalol hcl tab 120 mg*** 50
see ***sotalol hcl tab 160 mg*** 50
see ***sotalol hcl tab 240 mg*** 50

see ***sotalol hcl tab 80 mg*** 50
sotalol hcl (afib/afl) tab 120 mg .50
sotalol hcl (afib/afl) tab 160 mg .50
sotalol hcl (afib/afl) tab 80 mg ...50
SOTALOL HCL INJ 150/10ML.....50
sotalol hcl tab 120 mg 50
sotalol hcl tab 160 mg 50
sotalol hcl tab 240 mg 50
sotalol hcl tab 80 mg 50
SOVALDI PAK 150MG.....28
SOVALDI PAK 200MG.....28
SOVALDI TAB 200MG.....28
SOVALDI TAB 400MG.....28
spacer/aerosol-holding chamber supplies - masks
see PEDIATRIC RESPIRATORY MASK 139
spacer/aerosol-holding chambers
see ADULT RESPIRATORY MASK ..139
spinosad susp 0.9% 162
SPIRIVA AER 1.25MCG.....148
SPIRIVA CAP HANDIHLR.....148
SPIRIVA SPR 2.5MCG.....148
spironolactone & hydrochlorothiazide
see ALDACTAZIDE TAB 50/50 59
spironolactone & hydrochlorothiazide tab 25-25 mg 60
spironolactone tab 100 mg 60
spironolactone tab 25 mg 60
spironolactone tab 50 mg 60
Sprintec 28
see ***norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg*** 106
SPRYCEL TAB 100MG.....40
SPRYCEL TAB 140MG.....40
SPRYCEL TAB 20MG.....40
SPRYCEL TAB 50MG.....40
SPRYCEL TAB 70MG.....40
SPRYCEL TAB 80MG.....40
Sronyx
see ***levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg*** 103
Ssd
see ***silver sulfadiazine cream 1%*** 156
stavudine
see ZERIT SOL 1MG/ML.....21
stavudine cap 15 mg 20
stavudine cap 20 mg 20
stavudine cap 30 mg 20
stavudine cap 40 mg 20
STELARA INJ 45MG/0.5.....132
STELARA INJ 90MG/ML 132
STIVARGA TAB 40MG 40
streptomycin sulfate for inj 1 gm 13
STRIBILD TAB.....22
STRIVERDI AER 2.5MCG 150
SUBLOCADE INJ 100/0.5.....12
SUBLOCADE INJ 300/1.5.....12
succimer
see CHEMET CAP 100MG 101
SUCRAID SOL 8500/ML.....123
sucralfate tab 1 gm 123
sucroferric oxyhydroxide
see VELPHORO CHW 500MG 115
sulconazole nitrate
see EXELDERM CRE 1%.....157
see EXELDERM SOL 1%.....157
sulconazole nitrate cream 1% ...157
sulfacetamide sodium lotion 10% (acne) 155
sulfacetamide sodium ophth oint 10% 145
sulfacetamide sodium ophth soln 10% 145
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 144
sulfacetamide sod-prednisolone
see BLEPHAMIDE OIN S.O.P.....144
see BLEPHAMIDE SUS OP 144
SULFADIAZINE TAB 500MG 13
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml 16
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 16
sulfamethoxazole-trimethoprim tab 400-80 mg 16
sulfamethoxazole-trimethoprim tab 800-160 mg 16
SULFAMYLON CRE 85MG/GM 156

sulfasalazine tab 500 mg 122
sulfasalazine tab delayed release 500 mg 122
sulindac tab 150 mg 3
sulindac tab 200 mg 3
sumatriptan nasal spray 20 mg/act 88
sumatriptan nasal spray 5 mg/act 88
sumatriptan succinate inj 6 mg/0.5ml 88
sumatriptan succinate solution auto-injector 4 mg/0.5ml 88
sumatriptan succinate solution auto-injector 6 mg/0.5ml 88
sumatriptan succinate solution cartridge 4 mg/0.5ml 88
sumatriptan succinate solution cartridge 6 mg/0.5ml 89
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml 89
sumatriptan succinate tab 100 mg 89
sumatriptan succinate tab 25 mg 89
sumatriptan succinate tab 50 mg 89
sunitinib malate
see SUTENT CAP 12.5MG 40
see SUTENT CAP 25MG 40
see SUTENT CAP 37.5MG 40
see SUTENT CAP 50MG 40
SUPRAX CHW 100MG 26
SUPRAX CHW 200MG 26
SUPRAX SUS 500/5ML 26
SUPREP BOWEL SOL PREP KIT 123
SUTENT CAP 12.5MG 40
SUTENT CAP 25MG 40
SUTENT CAP 37.5MG 40
SUTENT CAP 50MG 40
suvorexant
see BELSOMRA TAB 10MG 87
see BELSOMRA TAB 15MG 87
see BELSOMRA TAB 20MG 87
see BELSOMRA TAB 5MG 87
Syeda
see ***drospirenone-ethinyl estradiol tab 3-0.03 mg*** 102
Symax-sl
see ***hyoscyamine sulfate sl tab 0.125 mg*** 118
SYMBICORT AER 160-4.5 154
SYMBICORT AER 80-4.5 154
SYMDEKO TAB 100-150 153
SYMDEKO TAB 50-75MG 153
SYMFI LO TAB 22
SYMFI TAB 22
SYMLINPEN 60 INJ 1000MCG 94
SYMLNPEN 120 INJ 1000MCG 94
SYNAREL SOL 2MG/ML 107
SYNERA DIS 70-70MG 161
SYNJARDY TAB 98
SYNJARDY TAB 12.5-500 98
SYNJARDY TAB 5-1000MG 98
SYNJARDY TAB 5-500MG 98
SYNJARDY XR TAB 98
SYNJARDY XR TAB 10-1000 98
SYNJARDY XR TAB 25-1000 98
SYNJARDY XR TAB 5-1000MG 98
SYNTHROID TAB 100MCG 117
SYNTHROID TAB 112MCG 117
SYNTHROID TAB 125MCG 117
SYNTHROID TAB 137MCG 117
SYNTHROID TAB 150MCG 117
SYNTHROID TAB 175MCG 117
SYNTHROID TAB 200MCG 117
SYNTHROID TAB 25MCG 117
SYNTHROID TAB 300MCG 117
SYNTHROID TAB 50MCG 117
SYNTHROID TAB 75MCG 117
SYNTHROID TAB 88MCG 117
T
TABLOID TAB 40MG 34
tacrolimus
see PROGRAF INJ 5MG/ML 135
tacrolimus cap 0.5 mg 135
tacrolimus cap 1 mg 135
tacrolimus cap 5 mg 135
tacrolimus oint 0.03% 161
tacrolimus oint 0.1% 161
tadalafil tab 2.5 mg 125
tadalafil tab 20 mg (pah) 63
tadalafil tab 5 mg 125
TAFINLAR CAP 50MG 41
TAFINLAR CAP 75MG 41
tafluprost

see ZIOPTAN DRO 0.0015% 147
Take Action
see ***levonorgestrel tab 1.5 mg***.103
TALTZ INJ 80MG/ML 132
tamoxifen citrate tab 10 mg (base equivalent).....37
tamoxifen citrate tab 20 mg (base equivalent).....37
tamsulosin hcl cap 0.4 mg.....125
tapentadol hcl
see NUCYNTA ER TAB 100MG..... 9
see NUCYNTA ER TAB 150MG..... 9
see NUCYNTA ER TAB 200MG..... 9
see NUCYNTA ER TAB 250MG..... 9
see NUCYNTA ER TAB 50MG..... 9
see NUCYNTA TAB 100MG 9
see NUCYNTA TAB 50MG 9
see NUCYNTA TAB 75MG 9
TARGRETIN GEL 1% 161
tasimelteon
see HETLIOZ CAP 20MG 87
TAYTULLA CAP 1MG/20MC.....106
tazarotene
see TAZORAC CRE 0.05%.....158
see TAZORAC GEL 0.05%.....158
see TAZORAC GEL 0.1%.....158
tazarotene cream 0.1%.....158
Tazicef
see ***ceftazidime for inj 1 gm***.....25
see ***ceftazidime for inj 6 gm***.....25
see ***ceftazidime for iv soln 1 gm***25
see ***ceftazidime for iv soln 2 gm***25
TAZORAC CRE 0.05% 158
TAZORAC GEL 0.05% 158
TAZORAC GEL 0.1% 158
Taztia Xt
see ***diltiazem hcl extended release beads cap er 24hr 120 mg***.....57
see ***diltiazem hcl extended release beads cap er 24hr 180 mg***.....57
see ***diltiazem hcl extended release beads cap er 24hr 240 mg***.....57
see ***diltiazem hcl extended release beads cap er 24hr 300 mg***.....57
see ***diltiazem hcl extended release beads cap er 24hr 360 mg***.....57
TDVAX INJ 2-2 LF.....137
TECFIDERA CAP 120MG 91
TECFIDERA CAP 240MG 91
TECFIDERA MIS STARTER 91
tedizolid phosphate
see SIVEXTRO INJ 200MG 15
see SIVEXTRO TAB 200MG 16
telmisartan tab 20 mg.....49
telmisartan tab 40 mg.....49
telmisartan tab 80 mg.....49
telmisartan-amlodipine tab 40-10 mg.....48
telmisartan-amlodipine tab 40-5 mg.....48
telmisartan-amlodipine tab 80-10 mg.....48
telmisartan-amlodipine tab 80-5 mg.....48
telmisartan-hydrochlorothiazide tab 40-12.5 mg.....48
telmisartan-hydrochlorothiazide tab 80-12.5 mg.....48
telmisartan-hydrochlorothiazide tab 80-25 mg.....48
temazepam cap 15 mg.....88
temazepam cap 22.5 mg.....88
temazepam cap 30 mg.....88
temazepam cap 7.5 mg.....87
TEMIXYS TAB 300-300.....22
TEMODAR INJ 100MG 32
temozolomide
see TEMODAR INJ 100MG.....32
temozolomide cap 100 mg.....32
temozolomide cap 140 mg.....32
temozolomide cap 180 mg.....32
temozolomide cap 20 mg.....32
temozolomide cap 250 mg.....32
temozolomide cap 5 mg.....32
Tencon
see ***butalbital-acetaminophen tab 50-325 mg***..... 2

TENIPOSIDE INJ 50MG/5ML.....43
TENIVAC INJ 5-2LF.....137
tenofovir disoproxil fumarate
see VIREAD POW 40MG/GM.....20
see VIREAD TAB 150MG.....20
see VIREAD TAB 200MG.....21
see VIREAD TAB 250MG.....21
tenofovir disoproxil fumarate tab 300 mg.....20
terazosin hcl cap 1 mg (base equivalent).....46
terazosin hcl cap 10 mg (base equivalent).....46
terazosin hcl cap 2 mg (base equivalent).....46
terazosin hcl cap 5 mg (base equivalent).....46
terbinafine hcl tab 250 mg.....17
terbutaline sulfate inj 1 mg/ml.150
terbutaline sulfate tab 2.5 mg...150
terbutaline sulfate tab 5 mg.....150
terconazole vaginal cream 0.4%
.....127
terconazole vaginal cream 0.8%
.....127
terconazole vaginal suppos 80 mg
.....127
teriflunomide
see AUBAGIO TAB 14MG.....90
see AUBAGIO TAB 7MG.....90
testosterone cypionate im inj in oil 100 mg/ml.....94
testosterone cypionate im inj in oil 200 mg/ml.....94
testosterone enanthate im inj in oil 200 mg/ml.....94
testosterone td gel 10mg/act (2%)
.....94
testosterone td gel 25 mg/2.5gm (1%).....94
tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)
see ADACEL INJ.....135
see BOOSTRIX INJ.....135
tetanus-diphtheria toxoids (td)
see TDVAX INJ 2-2 LF.....137
see TENIVAC INJ 5-2LF.....137
tetrabenazine tab 12.5 mg.....90
tetrabenazine tab 25 mg.....90
tetracycline hcl cap 250 mg.....31
tetracycline hcl cap 500 mg.....31
tezacaftor-ivacaftor
see SYMDEKO TAB 100-150.....153
see SYMDEKO TAB 50-75MG.....153
thalidomide
see THALOMID CAP 100MG.....134
see THALOMID CAP 150MG.....134
see THALOMID CAP 200MG.....134
see THALOMID CAP 50MG.....134
THALOMID CAP 100MG.....134
THALOMID CAP 150MG.....134
THALOMID CAP 200MG.....134
THALOMID CAP 50MG.....134
THEO-24 CAP 100MG CR.....154
THEO-24 CAP 200MG CR.....154
THEO-24 CAP 300MG CR.....154
THEO-24 CAP 400MG ER.....154
Theochron
see ***theophylline tab er 12hr 100 mg***.....154
see ***theophylline tab er 12hr 200 mg***.....154
see ***theophylline tab er 12hr 300 mg***.....154
theophylline
see ELIXOPHYLLIN ELX 80/15ML.154
see THEO-24 CAP 100MG CR.....154
see THEO-24 CAP 200MG CR.....154
see THEO-24 CAP 300MG CR.....154
see THEO-24 CAP 400MG ER.....154
theophylline soln 80 mg/15ml..154
theophylline tab er 12hr 100 mg
.....154
theophylline tab er 12hr 200 mg
.....154
theophylline tab er 12hr 300 mg
.....154
theophylline tab er 12hr 450 mg
.....154
theophylline tab er 24hr 400 mg
.....154
theophylline tab er 24hr 600 mg
.....154
thioguanine

see TABLOID TAB 40MG 34
thioridazine hcl tab 10 mg.....81
thioridazine hcl tab 100 mg.....81
thioridazine hcl tab 25 mg.....81
thioridazine hcl tab 50 mg.....81
thiothixene cap 1 mg.....81
thiothixene cap 10 mg.....81
thiothixene cap 2 mg.....81
thiothixene cap 5 mg.....81
THYROLAR-1 TAB 60MG 117
THYROLAR-1/2 TAB 30MG 117
THYROLAR-1/4 TAB 15MG 117
THYROLAR-2 TAB 120MG 117
THYROLAR-3 TAB 180MG 117
tiagabine hcl tab 12 mg.....68
tiagabine hcl tab 16 mg.....68
tiagabine hcl tab 2 mg.....68
tiagabine hcl tab 4 mg.....68
ticagrelor
see BRILINTA TAB 60MG 130
see BRILINTA TAB 90MG 130
TICE BCG INJ.....42
Tilia Fe
see ***norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg*** 105
timolol
see BETIMOL SOL 0.25%.....146
see BETIMOL SOL 0.5% 146
timolol maleate ophth gel forming soln 0.25% 147
timolol maleate ophth gel forming soln 0.5% 147
timolol maleate ophth soln 0.25% 147
timolol maleate ophth soln 0.5% 147
timolol maleate ophth soln 0.5% (once-daily).....147
timolol maleate tab 10 mg.....55
timolol maleate tab 20 mg.....55
timolol maleate tab 5 mg 55
tinidazole tab 250 mg.....13
tinidazole tab 500 mg.....13
tiotropium bromide monohydrate
see SPIRIVA AER 1.25MCG 148
see SPIRIVA CAP HANDIHLR 148
see SPIRIVA SPR 2.5MCG 148
tipranavir
see APTIVUS CAP 250MG 17
see APTIVUS SOL 17
Tis-u-sol
see ***ringer's solution for irrigation*** 147
TIVICAY PD TAB 5MG 20
TIVICAY TAB 10MG.....20
TIVICAY TAB 25MG.....20
TIVICAY TAB 50MG.....20
tizanidine hcl tab 2 mg (base equivalent).....92
tizanidine hcl tab 4 mg (base equivalent).....92
TOBRADEX OIN 0.3-0.1% 144
TOBRADEX ST SUS 0.3-0.05.....144
tobramycin nebu soln 300 mg/5ml 13
tobramycin ophth soln 0.3% 145
tobramycin sulfate for inj 1.2 gm 13
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv).....13
tobramycin sulfate inj 10 mg/ml (base equivalent) 13
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv) 13
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv) 14
tobramycin-dexamethasone
see TOBRADEX OIN 0.3-0.1%.....144
see TOBRADEX ST SUS 0.3-0.05 .144
tobramycin-dexamethasone ophth susp 0.3-0.1%.....144
tocilizumab
see ACTEMRA INJ 162/0.9 131
see ACTEMRA INJ 200/10ML 131
see ACTEMRA INJ 400/20ML 131
see ACTEMRA INJ 80MG/4ML 131
TODAY SPONGE MIS.....126
tofacitinib citrate
see XELJANZ TAB 10MG 132
see XELJANZ TAB 5MG 132
see XELJANZ XR TAB 11MG 132
see XELJANZ XR TAB 22MG 132
tolcapone tab 100 mg.....78

tolmetin sodium cap 400 mg 3
tolmetin sodium tab 200 mg 3
tolmetin sodium tab 600 mg 3
tolterodine tartrate cap er 24hr 2 mg 126
tolterodine tartrate cap er 24hr 4 mg 126
tolterodine tartrate tab 1 mg.....126
tolterodine tartrate tab 2 mg.....126
tolvaptan
see SAMSCA TAB 15MG.....114
see SAMSCA TAB 30MG.....114
tolvaptan tab 30 mg 114
topiramate sprinkle cap 15 mg....68
topiramate sprinkle cap 25 mg....68
topiramate tab 100 mg.....68
topiramate tab 200 mg.....68
topiramate tab 25 mg.....68
topiramate tab 50 mg.....68
Toposar
see ***etoposide inj 1 gm/50ml (20 mg/ml)*** 43
see ***etoposide inj 100 mg/5ml (20 mg/ml)*** 43
see ***etoposide inj 500 mg/25ml (20 mg/ml)*** 43
topotecan hcl for inj 4 mg (base equiv).....43
toremifene citrate tab 60 mg (base equivalent).....37
torsemide tab 10 mg 60
torsemide tab 100 mg 60
torsemide tab 20 mg 60
torsemide tab 5 mg 60
TOVIAZ TAB 4MG 126
TOVIAZ TAB 8MG 126
TRACLEER TAB 32MG.....63
tramadol hcl tab 50 mg 11
tramadol hcl tab er 24hr 100 mg.11
tramadol hcl tab er 24hr 200 mg.11
tramadol hcl tab er 24hr 300 mg.11
tramadol-acetaminophen tab 37.5-325 mg 11
trametinib dimethyl sulfoxide
see MEKINIST TAB 0.5MG.....40
see MEKINIST TAB 2MG 40
trandolapril tab 1 mg 46
trandolapril tab 2 mg 46
trandolapril tab 4 mg 46
trandolapril-verapamil hcl tab er 1-240 mg 45
trandolapril-verapamil hcl tab er 2-180 mg 45
trandolapril-verapamil hcl tab er 2-240 mg 45
trandolapril-verapamil hcl tab er 4-240 mg 45
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml).....130
tranexamic acid tab 650 mg.....130
tranylcypromine sulfate tab 10 mg 75
travoprost ophth soln 0.004% (benzalkonium free) (bak free) 147
trazodone hcl tab 100 mg.....75
trazodone hcl tab 150 mg.....75
trazodone hcl tab 300 mg.....75
trazodone hcl tab 50 mg.....75
TRECATOR TAB 250MG 23
TREMFYA INJ 100MG/ML 132
treprostinil
see REMODULIN INJ 10MG/ML 63
see REMODULIN INJ 1MG/ML.....63
see REMODULIN INJ 2.5MG/ML 63
see REMODULIN INJ 5MG/ML.....63
see TYVASO START SOL 0.6MG/ML 63
treprostinil diolamine
see ORENITRAM TAB 0.125MG.....63
see ORENITRAM TAB 0.25MG.....62
see ORENITRAM TAB 1MG 63
see ORENITRAM TAB 2.5MG 63
see ORENITRAM TAB 5MG 63
TRESIBA FLEX INJ 100UNIT.....97
TRESIBA FLEX INJ 200UNIT.....97
TRESIBA INJ 100UNIT 97
tretinoin cap 10 mg 42
tretinoin cream 0.025% 155, 156
tretinoin cream 0.05% 155
tretinoin cream 0.1% 155
tretinoin gel 0.01% 156
tretinoin gel 0.025% 156
tretinoin gel 0.05% 156

tretinoin microsphere gel 0.04% 156
tretinoin microsphere gel 0.1% . 156
triamcinolone acetonide cream 0.025% 160
triamcinolone acetonide cream 0.1% 160
triamcinolone acetonide cream 0.5% 160
triamcinolone acetonide dental paste 0.1% 162
triamcinolone acetonide lotion 0.025% 160
triamcinolone acetonide lotion 0.1% 160
triamcinolone acetonide nasal aerosol suspension 55 mcg/act 153
triamcinolone acetonide oint 0.025% 160
triamcinolone acetonide oint 0.1% 160
triamcinolone acetonide oint 0.5% 160
triamterene & hydrochlorothiazide cap 37.5-25 mg 60
triamterene & hydrochlorothiazide tab 37.5-25 mg 60
triamterene & hydrochlorothiazide tab 75-50 mg 60
triamterene cap 100 mg 60
triamterene cap 50 mg 60
Triderm
see ***triamcinolone acetonide cream 0.1%*** 160
trifluoperazine hcl tab 1 mg (base equivalent) 81
trifluoperazine hcl tab 10 mg (base equivalent) 81
trifluoperazine hcl tab 2 mg (base equivalent) 81
trifluoperazine hcl tab 5 mg (base equivalent) 81
trifluridine ophth soln 1% 145
trihexyphenidyl hcl oral soln 0.4 mg/ml 78
trihexyphenidyl hcl tab 2 mg 78
trihexyphenidyl hcl tab 5 mg 78
TRIKAFTA TAB 153
Tri-linyah
see ***norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg*** 106
trimethobenzamide hcl cap 300 mg 121
trimethoprim hcl
see PRIMSOL SOL 50MG/5ML 15
trimethoprim tab 100 mg 16
trimipramine maleate cap 100 mg 75
trimipramine maleate cap 25 mg . 75
trimipramine maleate cap 50 mg . 75
Trinessa
see ***norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg*** 106
Tri-sprintec
see ***norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg*** 106
TRIUMEQ TAB 22
Tri-vit/fluoride
see ***pediatric vitamins acd w/ fluoride soln 0.25 mg/ml*** 143
see ***pediatric vitamins acd w/ fluoride soln 0.5 mg/ml*** 143
Tri-vit/fluoride/iron
see ***pediatric vitamins acd fluoride & fe drops 0.25-10 mg/ml*** 143
Trivora-28
see ***levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg*** 104
TROGARZO INJ 150MG/ML 20
tropicamide ophth soln 0.5% 147
tropicamide ophth soln 1% 147
trospium chloride cap er 24hr 60 mg 127
trospium chloride tab 20 mg 127
TRULICITY INJ 96
TRULICITY INJ 0.75/0.5 96
TRULICITY INJ 1.5/0.5 96
TRUMENBA INJ 137

TRUVADA TAB 100-150 22
TRUVADA TAB 133-200 22
TRUVADA TAB 167-250 22
TRUVADA TAB 200-300 22
tucatinib
see TUKYSA TAB 150MG 41
see TUKYSA TAB 50MG 41
TUKYSA TAB 150MG 41
TUKYSA TAB 50MG 41
Tussigon
see ***hydrocodone w/ homatropine tab 5-1.5 mg*** 151
TUZISTRA XR SUS 151
TWINRIX INJ 137
TWIRLA DIS 120-30 106
TYBOST TAB 150MG 20
TYKERB TAB 250MG 41
TYMLOS INJ 114
TYSABRI INJ 300/15ML 91
TYVASO START SOL 0.6MG/ML 63
U
UDENYCA INJ 6MG/.6ML 130
ulipristal acetate
see ELLA TAB 30MG 102
umeclidinium bromide
see INCRUSE ELPT INH 62.5MCG. 148
umeclidinium-vilanterol
see ANORO ELLIPT AER 62.5-25 .. 148
Unithroid
see ***levothyroxine sodium tab 100 mcg*** 116
see ***levothyroxine sodium tab 112 mcg*** 116
see ***levothyroxine sodium tab 125 mcg*** 116
see ***levothyroxine sodium tab 200 mcg*** 116
see ***levothyroxine sodium tab 25 mcg*** 115
see ***levothyroxine sodium tab 300 mcg*** 116
see ***levothyroxine sodium tab 50 mcg*** 115
see ***levothyroxine sodium tab 75 mcg*** 116
see ***levothyroxine sodium tab 88 mcg*** 116
upadacitinib
see RINVOQ TAB 15MG ER 132
UPTRAVI TAB 1000MCG 63
UPTRAVI TAB 1200MCG 63
UPTRAVI TAB 1400MCG 63
UPTRAVI TAB 1600MCG 63
UPTRAVI TAB 200/800 63
UPTRAVI TAB 200MCG 63
UPTRAVI TAB 400MCG 63
UPTRAVI TAB 600MCG 63
UPTRAVI TAB 800MCG 63
uridine triacetate (emergency treatment)
see VISTOGARD PAK 10GM 42
Urinary Pain Relief
see ***phenazopyridine hcl tab 95 mg*** 126
urine glucose monitoring supplies
see URINE GLUCOSE MONITORING SUPPLIES 138
URINE GLUCOSE MONITORING SUPPLIES 138
urine glucose-ketones test
see KETONE URINE TEST STRIPS 138
URINE TEST STRIPS 139
ursodiol cap 300 mg 123
ursodiol tab 250 mg 123
ursodiol tab 500 mg 123
ustekinumab
see STELARA INJ 45MG/0.5 132
see STELARA INJ 90MG/ML 132
UVADEX INJ 20MCG/ML 42
V
valacyclovir hcl tab 1 gm 24
valacyclovir hcl tab 500 mg 24
valganciclovir hcl for soln 50 mg/ml (base equiv) 24
valganciclovir hcl tab 450 mg (base equivalent) 24
valproate sodium inj 100 mg/ml . 68
valproate sodium oral soln 250 mg/5ml (base equiv) 68
valproic acid cap 250 mg 68
valsartan tab 160 mg 49
valsartan tab 320 mg 49
valsartan tab 40 mg 49
valsartan tab 80 mg 49

valsartan-hydrochlorothiazide tab 160-12.5 mg 48
valsartan-hydrochlorothiazide tab 160-25 mg 48
valsartan-hydrochlorothiazide tab 320-12.5 mg 48
valsartan-hydrochlorothiazide tab 320-25 mg 48
valsartan-hydrochlorothiazide tab 80-12.5 mg 48
vancomycin hcl cap 125 mg (base equivalent) 16
vancomycin hcl cap 250 mg (base equivalent) 16
vancomycin hcl for iv soln 1 gm (base equivalent) 16
vancomycin hcl for iv soln 10 gm (base equivalent) 16
vancomycin hcl for iv soln 5 gm (base equivalent) 16
vancomycin hcl for iv soln 500 mg (base equivalent) 16
vancomycin hcl for iv soln 750 mg (base equivalent) 16
Vandazole
see ***metronidazole vaginal gel 0.75%*** 127
vandetanib
see CAPRELSA TAB 100MG 38
see CAPRELSA TAB 300MG 38
VAQTA INJ 25/0.5ML 137
VAQTA INJ 50UNT/ML 137
varenicline tartrate
see CHANTIX PAK 0.5& 1MG 93
see CHANTIX PAK 1MG.....93
see CHANTIX TAB 0.5MG.....93
see CHANTIX TAB 1MG.....93
varicella virus vaccine live
see VARIVAX INJ 137
VARIVAX INJ.....137
VARUBI INJ 121
VARUBI TAB 90MG 121
VASCEPA CAP 0.5GM 53
VASCEPA CAP 1GM 53
VCF VAGINAL AER CONTRACP.....126
VCF VAGINAL MIS CONTRACP.....126
Velivet
see ***desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg*** 101
VELPHORO CHW 500MG.....115
vemurafenib
see ZELBORAF TAB 240MG 41
VENCLEXTA TAB 100MG.....43
VENCLEXTA TAB 10MG.....43
VENCLEXTA TAB 50MG.....43
VENCLEXTA TAB START PK.....43
venetoclax
see VENCLEXTA TAB 100MG 43
see VENCLEXTA TAB 10MG 43
see VENCLEXTA TAB 50MG 43
see VENCLEXTA TAB START PK 43
venlafaxine hcl cap er 24hr 150 mg (base equivalent) 75
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) 75
venlafaxine hcl cap er 24hr 75 mg (base equivalent) 75
venlafaxine hcl tab 100 mg (base equivalent) 75
venlafaxine hcl tab 25 mg (base equivalent) 75
venlafaxine hcl tab 37.5 mg (base equivalent) 75
venlafaxine hcl tab 50 mg (base equivalent) 75
venlafaxine hcl tab 75 mg (base equivalent) 75
venlafaxine hcl tab er 24hr 150 mg (base equivalent) 76
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent) 75
venlafaxine hcl tab er 24hr 75 mg (base equivalent) 76
VENTAVIS SOL 10MCG/ML 63
VENTAVIS SOL 20MCG/ML 63
verapamil hcl cap er 24hr 100 mg 58
verapamil hcl cap er 24hr 120 mg 58
verapamil hcl cap er 24hr 180 mg 58
verapamil hcl cap er 24hr 200 mg 58

verapamil hcl cap er 24hr 240 mg 58
verapamil hcl cap er 24hr 300 mg 58
verapamil hcl cap er 24hr 360 mg 58
verapamil hcl iv soln 2.5 mg/ml ..58
verapamil hcl tab 120 mg 58
verapamil hcl tab 40 mg 58
verapamil hcl tab 80 mg 58
verapamil hcl tab er 120 mg 58
verapamil hcl tab er 180 mg 58
verapamil hcl tab er 240 mg 58
VIBRAMYCIN SYP 50MG/5ML 31
VICTOZA INJ 18MG/3ML.....96
VIDEX EC CAP 125MG.....20
VIDEX SOL 2GM.....20
VIDEX SOL 4GM.....20
vigabatrin powd pack 500 mg 68
vigabatrin tab 500 mg 68
VIIBRYD KIT STARTER 76
VIIBRYD TAB 10MG 76
VIIBRYD TAB 20MG 76
VIIBRYD TAB 40MG 76
vilazodone hcl
see VIIBRYD KIT STARTER.....76
see VIIBRYD TAB 10MG.....76
see VIIBRYD TAB 20MG.....76
see VIIBRYD TAB 40MG.....76
VIMPAT INJ 200MG/20 68
VIMPAT SOL 10MG/ML 68
VIMPAT TAB 100MG.....68
VIMPAT TAB 150MG.....68
VIMPAT TAB 200MG.....68
VIMPAT TAB 50MG 68
vinblastine sulfate inj 1 mg/ml ...35
Vincasar Pfs
see ***vincristine sulfate iv soln 1 mg/ml*** 35
vincristine sulfate iv soln 1 mg/ml 35
vinorelbine tartrate inj 10 mg/ml (base equiv) 35
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv).....35
VIOKACE TAB 10440.....124
VIOKACE TAB 20880.....124
Viorele
see ***desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)*** 101
VIRACEPT TAB 250MG 20
VIRACEPT TAB 625MG 20
VIREAD POW 40MG/GM 20
VIREAD TAB 150MG 20
VIREAD TAB 200MG 21
VIREAD TAB 250MG 21
vismodegib
see ERIVEDGE CAP 150MG 35
VISTOGARD PAK 10GM 42
Vitamins A/c/d/fluoride
see ***pediatric vitamins acd w/ fluoride soln 0.25 mg/ml*** 143
VITRAKVI CAP 100MG.....41
VITRAKVI CAP 25MG 41
VITRAKVI SOL 20MG/ML 41
VIVITROL INJ 380MG.....94
VOLTAREN GEL 1% 161
vorapaxar sulfate
see ZONTIVITY TAB 2.08MG 131
voriconazole for susp 40 mg/ml..17
voriconazole tab 200 mg 17
voriconazole tab 50 mg 17
vorinostat
see ZOLINZA CAP 100MG 36
VOSEVI TAB 28
VOTRIENT TAB 200MG.....41
VYVANSE CAP 10MG.....87
VYVANSE CAP 20MG.....87
VYVANSE CAP 30MG.....87
VYVANSE CAP 40MG.....87
VYVANSE CAP 50MG.....87
VYVANSE CAP 60MG.....87
VYVANSE CAP 70MG.....87
VYVANSE CHW 10MG.....87
VYVANSE CHW 20MG.....87
VYVANSE CHW 30MG.....87
VYVANSE CHW 40MG.....87
VYVANSE CHW 50MG.....87
VYVANSE CHW 60MG.....87
W
warfarin sodium tab 1 mg 128
warfarin sodium tab 10 mg 129
warfarin sodium tab 2 mg 128

warfarin sodium tab 2.5 mg 128
warfarin sodium tab 3 mg 128
warfarin sodium tab 4 mg 128
warfarin sodium tab 5 mg 128
warfarin sodium tab 6 mg 129
warfarin sodium tab 7.5 mg 129
Wera
see ***norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg*** 104
WIDE-SEAL DPR KIT 60 138
WIDE-SEAL DPR KIT 65 138
WIDE-SEAL DPR KIT 70 138
WIDE-SEAL DPR KIT 75 138
WIDE-SEAL DPR KIT 80 138
WIDE-SEAL DPR KIT 85 138
WIDE-SEAL DPR KIT 90 138
WIDE-SEAL DPR KIT 95 138
X
XALKORI CAP 200MG 41
XALKORI CAP 250MG 41
XARELTO STAR TAB 15/20MG 129
XARELTO TAB 10MG 129
XARELTO TAB 15MG 129
XARELTO TAB 2.5MG 129
XARELTO TAB 20MG 129
XARTEMIS XR TAB 7.5-325 11
XELJANZ TAB 10MG 132
XELJANZ TAB 5MG 132
XELJANZ XR TAB 11MG 132
XELJANZ XR TAB 22MG 132
XIFAXAN TAB 200MG 16
XIFAXAN TAB 550MG 16
XIGDUO XR TAB 10-1000 98
XIGDUO XR TAB 10-500MG 98
XIGDUO XR TAB 2.5-1000 98
XIGDUO XR TAB 5-1000MG 98
XIGDUO XR TAB 5-500MG 98
XOLAIR INJ 150MG/ML 151
XOLAIR INJ 75/0.5 151
XOLAIR SOL 150MG 151
XTANDI CAP 40MG 37
Xulane
see ***norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr*** 104
XULTOPHY INJ 100/3.6 96
Xylon
see ***hydrocodone-ibuprofen tab 10-200 mg*** 6
Y
YONSA TAB 125MG 37
Yuvafem
see ***estradiol vaginal tab 10 mcg*** 110
Z
zafirlukast tab 10 mg 152
zafirlukast tab 20 mg 152
zaleplon cap 10 mg 88
zaleplon cap 5 mg 88
zanamivir
see RELENZA MIS DISKHALE 23
Zarah
see ***drospirenone-ethinyl estradiol tab 3-0.03 mg*** 102
ZEJULA CAP 100MG 36
ZELBORAF TAB 240MG 41
Zenchent
see ***norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg*** 104
ZENPEP CAP 10000UNT 124
ZENPEP CAP 15000UNT 124
ZENPEP CAP 20000UNT 124
ZENPEP CAP 25000 124
ZENPEP CAP 3000UNIT 124
ZENPEP CAP 40000 124
ZENPEP CAP 5000UNIT 124
Zenzedi
see ***dextroamphetamine sulfate tab 15 mg*** 84
see ***dextroamphetamine sulfate tab 2.5 mg*** 84
see ***dextroamphetamine sulfate tab 20 mg*** 84
see ***dextroamphetamine sulfate tab 30 mg*** 84
see ***dextroamphetamine sulfate tab 7.5 mg*** 84
ZERIT SOL 1MG/ML 21
zidovudine
see RETROVIR INJ 10MG/ML 19
zidovudine cap 100 mg 21
zidovudine syrup 10 mg/ml 21
zidovudine tab 300 mg 21
zileuton tab er 12hr 600 mg 151

ZIOPTAN DRO 0.0015% 147
ziprasidone hcl cap 20 mg 81
ziprasidone hcl cap 40 mg 81
ziprasidone hcl cap 60 mg 82
ziprasidone hcl cap 80 mg 82
ZIRGAN GEL 0.15% 145
ZMAX SUS 2GM 27
zoledronic acid inj conc for iv infusion 4 mg/5ml 100
zoledronic acid iv soln 5 mg/100ml 100
ZOLINZA CAP 100MG 36
zolmitriptan
see ZOMIG SPR 2.5MG 89
see ZOMIG SPR 5MG 89
zolmitriptan orally disintegrating tab 2.5 mg 89
zolmitriptan orally disintegrating tab 5 mg 89
zolmitriptan tab 2.5 mg 89
zolmitriptan tab 5 mg 89
zolpidem tartrate tab 10 mg 88
zolpidem tartrate tab 5 mg 88
zolpidem tartrate tab er 12.5 mg . 88
zolpidem tartrate tab er 6.25 mg . 88
ZOMIG SPR 2.5MG 89
ZOMIG SPR 5MG 89
zonisamide cap 100 mg 68
zonisamide cap 25 mg 68
zonisamide cap 50 mg 68
ZONTIVITY TAB 2.08MG 131
ZORTRESS TAB 1MG 135
ZOSTAVAX INJ 137
zoster vaccine live
see ZOSTAVAX INJ 137
zoster vaccine recombinant adjuvanted
see SHINGRIX INJ 50/0.5ML 137
Zovia 1/35e
see ***ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg*** ... 102
ZUBSOLV SUB 0.7-0.18 4
ZUBSOLV SUB 1.4-0.36 4
ZUBSOLV SUB 11.4-2.9 4
ZUBSOLV SUB 2.9-0.71 4
ZUBSOLV SUB 5.7-1.4 4
ZUBSOLV SUB 8.6-2.1 4
ZYDELIG TAB 100MG 41
ZYDELIG TAB 150MG 41
ZYKADIA CAP 150MG 41
ZYKADIA TAB 150MG 41
ZYTIGA TAB 500MG 38

Step Therapy Criteria

Step Therapy Group	AMYLIN ANALOG 676-D
Drug Names	SYMLINPEN 120, SYMLINPEN 60
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of rapid-acting insulin or short-acting insulin, or pre-mixed insulin within the past 120 days

Step Therapy Group	ANTIPSYCHOTICS 657-D
Drug Names	LATUDA, REXULTI, SAPHRIS
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of generic aripiprazole, olanzapine, paliperidone, risperidone, quetiapine (regular or extended release), or ziprasidone within the past 180 days

Step Therapy Group	DESVENLAFAXINE/FETZIMA 1888-E
Drug Names	DESVENLAFAXINE ER, FETZIMA, FETZIMA TITRATION PACK
Step Therapy Criteria	Coverage will be provided if the patient has filled a prescription for a 30 day supply of a generic serotonin-norepinephrine reuptake inhibitor (SNRI) OR generic mirtazapine, generic bupropion, or a generic selective serotonin reuptake inhibitor (SSRI) within the past 120 days.

Step Therapy Group	DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS 1009-D
Drug Names	JANUMET, JANUMET XR, JANUVIA, JENTADUETO XR
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days

Step Therapy Group	DOXEPIN 1496-E
Drug Names	DOXEPIN HYDROCHLORIDE
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 7 day supply of a generic topical corticosteroid AND at least a 7 day supply of topical tacrolimus (Protopic) within the past 120 days.

Step Therapy Group	EUCRISA 3199-E
Drug Names	EUCRISA
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a one day supply of a medium or higher potency topical corticosteroid within the past 180 days.

Step Therapy Group	EXELDERM 1380-D
Drug Names	EXELDERM
Step Therapy Criteria	Coverage will be provided if the patient has filled a prescription for a 7 day supply of a generic topical antifungal agent within the past 120 days

Step Therapy Group	GLP- 1 AGONIST 676-D
Drug Names	OZEMPIC, TRULICITY, VICTOZA
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days
Step Therapy Group	GLP-1 AGONIST/LONG ACTING INSULIN COMBO 676-D
Drug Names	SOLIQUA 100/33, XULTOPHY 100/3.6
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days
Step Therapy Group	INTUNIV 781-D
Drug Names	GUANFACINE ER
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for an amphetamine-dextroamphetamine, dextroamphetamine, methamphetamine, lisdexamfetamine, methylphenidate or dexmethylphenidate product (at least a 30 day supply within the past 180 days)
Step Therapy Group	LYRICA 656-D
Drug Names	PREGABALIN
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for regular release generic gabapentin (at least a 30 day supply within the past 120 days)
Step Therapy Group	NASAL STEROID 380-D
Drug Names	OMNARIS
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for at least a 30 day supply of a generic nasal steroid within the past 180 days.
Step Therapy Group	OPIOID ER 2219-M
Drug Names	BELBUCA, EMBEDA, FENTANYL, HYDROMORPHONE HCL ER, HYDROMORPHONE HYDROCHLORI, METHADONE HCL, METHADONE HCL INTENSOL, MORPHINE SULFATE ER, NUCYNTA ER, OXYCODONE HCL ER, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL 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 2221-M
Drug Names	CODEINE SULFATE, HYDROMORPHONE HCL, MORPHINE SULFATE, NUCYNTA, OXYCODONE HCL, OXYCODONE HYDROCHLORIDE, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL
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.

Step Therapy Group	OPIOID IR COMBO PRODUCTS 1358-E
Drug Names	ACETAMINOPHEN/CODEINE, ENDOCET, HYDROCODONE BITARTRATE/AC, HYDROCODONE/ACETAMINOPHEN, HYDROCODONE/IBUPROFEN, OXYCODONE/ACETAMINOPHEN, OXYCODONE/ASPIRIN, OXYCODONE/IBUPROFEN, TRAMADOL HYDROCHLORIDE/AC, XYLON
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.

Step Therapy Group	PDPD HEP C
Drug Names	SOVALDI
Step Therapy Criteria	Must try Epclusa or Harvoni

Step Therapy Group	RANEXA 658-D
Drug Names	RANOLAZINE ER
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a beta blocker in combination with either a calcium channel blocker or long-acting nitrate (at least a 30 day supply within the past 365 days)

Step Therapy Group	ROSUVASTATIN 2530-F
Drug Names	ROSUVASTATIN CALCIUM
Step Therapy Criteria	Coverage will be provided if the member is less than 10 years of age or has filled a prescription for at least a 30 day supply of atorvastatin or simvastatin within the past 180 days. Step does not apply to members age 40-75 filling rosuvastatin 5mg and 10mg.

Step Therapy Group	SIMVA 80MG 981-D
Drug Names	SIMVASTATIN
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for 80mg strength of simvastatin (Zocor) (at least a 290 day supply within the past 365 days)

Step Therapy Group	SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR (SGLT2) AND SGLT2 COMBINATIONS 676-D
Drug Names	FARXIGA, GLYXAMBI, JARDIANCE, QTERN, SYNJARDY, SYNJARDY XR, XIGDUO XR
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days

Step Therapy Group	TGST BISPHOSPHONATES 377-D
Drug Names	FOSAMAX PLUS D
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic bisphosphonate product (at least a 28 day supply within the past 365 days)

Step Therapy Group	TGST BPH-ALPHA1 BLCK 606-D
Drug Names	CARDURA XL
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic Benign Prostatic Hyperplasia (BPH) agent (e.g., alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin) (at least a 30 day supply within the past 365 days)

Step Therapy Group	TGST PPI 383-D
Drug Names	DEXILANT
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic proton pump inhibitor (at least a 30 day supply within the past 180 days)

Step Therapy Group	TGST PROSTAGL ANALOG 613-D
Drug Names	LUMIGAN, ZIOPTAN
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic prostaglandin analogue (at least a 30 day supply within the past 365 days)

Step Therapy Group	TGST SLEEP AGENTS 382-D
Drug Names	BELSOMRA
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic nonbenzodiazepine hypnotic (at least a 30 day supply within the past 180 days)

Step Therapy Group	TGST SSRI 384-D
Drug Names	VIIBRYD, VIIBRYD STARTER PACK
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for a generic SSRI product (at least a 30 day supply within the past 365 days)

Step Therapy Group	TRUVADA 2664-D
Drug Names	EMTRICITABINE/TENOFOVIR D, TRUVADA
Step Therapy Criteria	Truvada will be covered for pre-exposure (PrEP) and post-exposure (PEP) prophylaxis only. The formulary alternative for treatment is Cimduo. Coverage will be provided if the request is less than a 30 day supply OR the member has not filled Truvada in the previous 120 days OR the member has filled Truvada previously but has not filled any other antiretroviral medication in the past 120 days.

Step Therapy Group	ULORIC 540-D
Drug Names	FEBUXOSTAT
Step Therapy Criteria	Coverage will be provided if the member has filled a prescription for allopurinol (at least a 30 day supply within the past 180 days)

SHARP®
HEALTH PLAN

Consider us your personal healthcare assistant®

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