

SHARP Health Plan

2026 Formulary

List of covered prescription drugs

Employer-sponsored plans from Sharp Health Plan

July 2026

This drug list applies to Large Group HMO and Large Group POS products, and the following Small Group HMO products that use a 3-Tier formulary: Bronze HDHP NG 1, CalChoice Bronze HDHP NG 3, CalChoice Bronze HMO NG 2, CalChoice Gold HMO NG 2, CalChoice Gold HMO NG 3, CalChoice Gold HMO NG 5, CalChoice Platinum HMO NG 1, CalChoice Platinum HMO NG 2, CalChoice Platinum HMO NG 3, CalChoice Silver HMO NG 1, CalChoice Silver HMO NG 2, CalChoice Silver HMO NG 3, Gold HMO NG 1, Gold HMO NG 2, Gold HMO NG 3, Gold HMO NG 4, Gold HMO NG 5, Gold HMO NG 6, Gold HMO NG 7, HDHP NG 1 L, HDHP NG 2 L, HDHP NG 3 L, HDHP NG 4 L, HDHP NG 5 L, HMO GF 1, HMO GF 2, HMO GF 3, HMO GF 4, HMO GF 5, HMO GF 6, HMO GF 7, HMO NG 10 L, HMO NG 11 L, HMO NG 12 L, HMO NG 13 L, HMO NG 14 L, HMO NG 15 L, HMO NG 16 L, HMO NG 17 L, HMO NG 18 L, HMO NG 19 L, HMO NG 20 L, HMO NG 21 L, HMO NG 22 L, HMO NG 23 L, HMO NG 24 L, HMO NG 25 L, HMO NG 26 L, HMO NG 27 L, HMO NG 28 L, HMO NG 29 L, HMO NG 30 L, HMO NG 31 L, HMO NG 32 L, HMO NG 33 L, HMO NG 34 L, HMO NG 35 L, HMO NG 36 L, HMO NG 37 L, HMO NG 38 L, HMO NG 39 L, HMO NG 40 L, HMO NG 41 L, HMO NG 42 L, HMO NG 43 L, HMO NG 44 L, HMO NG 5 L, HMO NG 6 L, HMO NG 7 L, HMO NG 8 L, HMO NG 9 L, Platinum HMO NG 1, Platinum HMO NG 2, Platinum HMO NG 3, Platinum HMO NG 4, Platinum HMO NG 7, Platinum HMO NG 8, POS NG 3 L, Sharp HealthCare HMO NG 1 L (Premium), Silver HMO NG 1, Silver HMO NG 2, Sharp HealthCare HMO NG 2 L (Basic), HMO GF 1 L, HMO GF 3 L, HMO GF 4 L, HMO GF 6 L, HMO GF 14 L, HMO GF 15 L, POS NG 3 L, POS NG 9 L, POS NG 10 L, POS NG 11 L, POS NG 12 L, POS NG 13 L, POS NG 14 L, POS NG 15 L, POS NG 16 L, POS NG 17 L, POS NG 18 L, POS NG 19 L, POS NG 20 L, HDHP POS 21 L, HDHP POS 22 L, HDHP POS 23 L, Platinum POS NG 1, Gold POS NG 1, Silver POS NG 1, Custom Employer Groups

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 This document is subject to change and all previous versions are no longer in effect.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 07/01/2026.

Table of Contents

INTRODUCTION	13
DEFINITIONS	13
HOW OFTEN DOES THE FORMULARY CHANGE?	15
WILL I BE NOTIFIED OF A FORMULARY CHANGE?	15
HOW DO I LOCATE A PRESCRIPTION DRUG ON THE FORMULARY?	16
HOW DO I KNOW IF THE DRUG LISTED ON THE FORMULARY IS A BRAND OR GENERIC DRUG?	16
WHAT IS A DRUG TIER?	17
ARE THERE ANY COVERAGE REQUIREMENTS OR LIMITS?	17
WHAT IS PRIOR AUTHORIZATION?	18
WHAT IS PA**?	18
WHAT IS QUANTITY LIMIT?	19
WHAT IS STEP THERAPY?	19
WHAT IS MO?	19
WHAT IS A SPECIALTY DRUG?	19
WHAT IS AN ORAL ANTI-CANCER DRUG?	19
WHAT IF A DRUG IS NOT LISTED ON THE FORMULARY? WHAT IS A FORMULARY EXCEPTION?	20
WHERE CAN I FILL MY PRESCRIPTION DRUG?	20
WHAT IS THERAPEUTIC INTERCHANGE?	20
WHAT IS GENERIC SUBSTITUTION?	20
YOU HAVE THE RIGHT TO APPEAL	21
APPEALS DUE TO DENIAL OF COVERAGE FOR A NONFORMULARY DRUG	21
ALL OTHER APPEALS	21
QUESTIONS	21
EXCLUSIONS AND LIMITATIONS TO THE OUTPATIENT PRESCRIPTION DRUG BENEFIT	21
NONDISCRIMINATION NOTICE	22
LANGUAGE ASSISTANCE SERVICES	23
STEP THERAPY CRITERIA	25
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	26
AMPHETAMINES	26
ANOREXIANTS NON-AMPHETAMINE	31
ANTI-OBESITY AGENTS	31
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - DRUGS TO TREAT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER	32
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)	33
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS	33
STIMULANTS - MISC	33
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES	38
ALLERGENIC EXTRACTS	38
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	38
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	38
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION	39

ANTIRHEUMATIC - ENZYME INHIBITORS	39
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	39
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	41
PYRIMIDINE SYNTHESIS INHIBITORS	41
ANALGESICS - NONNARCOTIC - DRUGS TO TREAT PAIN AND FEVER	41
ANALGESIC COMBINATIONS	41
SALICYLATES	41
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN	42
OPIOID AGONISTS	42
OPIOID COMBINATIONS	46
OPIOID PARTIAL AGONISTS	49
ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES	51
ANDROGENS	51
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS	51
INTRARECTAL STEROIDS	51
RECTAL COMBINATIONS	51
RECTAL STEROIDS	51
VASODILATING AGENTS	51
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	51
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	51
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS	52
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS	52
ANTI-INFECTIVE MISC. - COMBINATIONS	52
ANTIPROTOZOAL AGENTS	52
GLYCOPEPTIDES	52
LEPROSTATICS	52
LINCOSAMIDES	52
MONOBACTAMS	53
OXAZOLIDINONES	53
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS	53
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS	53
ANTIANGINALS-OTHER	53
NITRATES	53
ANTIANSIETY AGENTS - DRUGS TO TREAT ANXIETY	54
ANTIANSIETY AGENTS - MISC.	54
BENZODIAZEPINES	54
ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS	55
ANTIARRHYTHMICS TYPE I-A	55
ANTIARRHYTHMICS TYPE I-B	55
ANTIARRHYTHMICS TYPE I-C	55
ANTIARRHYTHMICS TYPE III	55
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE	56
ANTI-INFLAMMATORY AGENTS	56
BRONCHODILATORS - ANTICHOLINERGICS	56

LEUKOTRIENE MODULATORS	56
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	56
STEROID INHALANTS	56
SYMPATHOMIMETICS.....	57
XANTHINES.....	59
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS	59
COUMARIN ANTICOAGULANTS	59
DIRECT FACTOR XA INHIBITORS.....	59
THROMBIN INHIBITORS.....	60
ANTICONSULSANTS - DRUGS TO TREAT SEIZURES	60
AMPA GLUTAMATE RECEPTOR ANTAGONISTS	60
ANTICONSULSANTS - BENZODIAZEPINES	60
ANTICONSULSANTS - MISC.	60
CARBAMATES	63
GABA MODULATORS	64
HYDANTOINS.....	64
SUCCINIMIDES.....	64
VALPROIC ACID	64
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION	64
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	64
ANTIDEPRESSANT COMBINATIONS	65
ANTIDEPRESSANTS - MISC.....	65
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID	65
MONOAMINE OXIDASE INHIBITORS (MAOIS)	65
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	65
SEROTONIN MODULATORS.....	66
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	66
TRICYCLIC AGENTS	67
ANTIDIABETICS - DRUGS TO TREAT DIABETES	68
ALPHA-GLUCOSIDASE INHIBITORS	68
ANTIDIABETIC COMBINATIONS	68
BIGUANIDES	70
DIABETIC OTHER	70
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	70
INCRETIN MIMETIC AGENTS	70
INSULIN.....	71
INSULIN SENSITIZING AGENTS	72
MEGLITINIDE ANALOGUES	72
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	72
SULFONYLUREAS.....	72
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA.....	73
ANTIPERISTALTIC AGENTS.....	73
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING	73
ANTIDOTES - CHELATING AGENTS.....	73
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING	73

OPIOID ANTAGONISTS	73
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING	73
5-HT3 RECEPTOR ANTAGONISTS	73
ANTIEMETICS - ANTICHOLINERGIC	73
ANTIEMETICS - MISCELLANEOUS.....	74
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	74
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS.....	74
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS	74
IMIDAZOLE-RELATED ANTIFUNGALS	74
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES.....	74
ANTIHISTAMINES - ETHANOLAMINES	74
ANTIHISTAMINES - NON-SEDATING	75
ANTIHISTAMINES - PHENOTHIAZINES	75
ANTIHISTAMINES - PIPERIDINES	75
ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL	75
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS.....	75
ANTIHYPERLIPIDEMICS - COMBINATIONS	75
ANTIHYPERLIPIDEMICS - MISC.	75
BILE ACID SEQUESTRANTS.....	76
FIBRIC ACID DERIVATIVES.....	76
HMG COA REDUCTASE INHIBITORS.....	76
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	77
NICOTINIC ACID DERIVATIVES.....	77
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE	78
ACE INHIBITORS	78
AGENTS FOR PHEOCHROMOCYTOMA	79
ANGIOTENSIN II RECEPTOR ANTAGONISTS	79
ANTIADRENERGIC ANTIHYPERTENSIVES	79
ANTIHYPERTENSIVE COMBINATIONS	80
DIRECT RENIN INHIBITORS	82
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)	82
VASODILATORS	82
ANTIMALARIALS - DRUGS TO TREAT MALARIA.....	83
ANTIMALARIAL COMBINATIONS	83
ANTIMALARIALS - DRUGS TO TREAT MALARIA	83
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS.....	83
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS	83
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS	83
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS.....	83
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER	83
ALKYLATING AGENTS.....	83
ANTIMETABOLITES.....	84
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS.....	84
ANTINEOPLASTIC - EGFR INHIBITORS.....	84
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS	85

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	85
ANTINEOPLASTIC - IMMUNOMODULATORS	86
ANTINEOPLASTIC COMBINATIONS	86
ANTINEOPLASTIC ENZYME INHIBITORS.....	86
ANTINEOPLASTICS MISC.....	92
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS	92
MITOTIC INHIBITORS	92
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE	92
.....	92
ANTIPARKINSON ADJUNCTIVE THERAPY.....	92
ANTIPARKINSON ANTICHOLINERGICS	92
ANTIPARKINSON COMT INHIBITORS	92
ANTIPARKINSON DOPAMINERGICS	92
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	94
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES	94
ANTIMANIC AGENTS.....	94
ANTIPSYCHOTICS - MISC.....	94
BENZISOXAZOLES	95
BUTYROPHENONES.....	95
DIBENZAPINES.....	95
DIHYDROINDOLONES.....	96
PHENOTHIAZINES.....	96
QUINOLINONE DERIVATIVES.....	97
THIOXANTHENES.....	97
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS	98
ANTIRETROVIRALS	98
ANTIVIRAL COMBINATIONS	100
CMV AGENTS.....	100
HEPATITIS AGENTS.....	100
HERPES AGENTS	101
INFLUENZA AGENTS.....	101
MISC. ANTIVIRALS	101
BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS ...	101
ALPHA-BETA BLOCKERS	101
BETA BLOCKERS CARDIO-SELECTIVE.....	102
BETA BLOCKERS NON-SELECTIVE.....	102
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART	103
CONDITIONS	103
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART	
CONDITIONS.....	103
CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS	105
CARDIAC GLYCOSIDES.....	105
CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION	105
CONDITIONS	105
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS	105

IMPOTENCE AGENTS - DRUGS TO TREAT ERECTILE DYSFUNCTION	106
PROSTAGLANDIN VASODILATORS	106
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS.....	107
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS	107
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	107
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR	108
SINUS NODE INHIBITORS.....	108
TRANSTHYRETIN STABILIZERS	108
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)	108
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS	108
CEPHALOSPORINS - 1ST GENERATION	108
CEPHALOSPORINS - 2ND GENERATION.....	108
CEPHALOSPORINS - 3RD GENERATION	109
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	109
COMBINATION CONTRACEPTIVES - ORAL.....	109
COMBINATION CONTRACEPTIVES - TRANSDERMAL	116
COMBINATION CONTRACEPTIVES - VAGINAL.....	116
EMERGENCY CONTRACEPTIVES	116
PROGESTIN CONTRACEPTIVES - ORAL.....	117
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE	117
GLUCOCORTICOSTEROIDS.....	117
MINERALOCORTICIDS	119
COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS ...	119
ANTITUSSIVES - DRUGS TO TREAT COUGH	119
COUGH/COLD/ALLERGY COMBINATIONS	119
EXPECTORANTS - DRUGS TO TREAT COUGH	119
MISC. RESPIRATORY INHALANTS - DRUGS TO TREAT BREATHING DISORDERS	119
MUCOLYTICS - DRUGS TO TREAT COUGH.....	119
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS	119
ACNE PRODUCTS.....	119
ANTI-INFLAMMATORY AGENTS - TOPICAL	121
ANTIBIOTICS - TOPICAL.....	121
ANTIFUNGALS - TOPICAL.....	122
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	122
ANTIPSORIATICS.....	122
ANTISEBORRHEIC PRODUCTS	123
ANTIVIRALS - TOPICAL	123
BURN PRODUCTS	123
CORTICOSTEROIDS - TOPICAL	123
ECZEMA AGENTS.....	125
EMOLLIENTS.....	125
HAIR GROWTH AGENTS.....	125
IMMUNOMODULATING AGENTS - TOPICAL.....	125
IMMUNOSUPPRESSIVE AGENTS - TOPICAL.....	125
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS	125

LOCAL ANESTHETICS - TOPICAL	125
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL.....	126
ROSACEA AGENTS	126
SCABICIDES & PEDICULICIDES	126
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	126
DIGESTIVE ENZYMES.....	126
DIURETICS - DRUGS TO TREAT HEART CONDITIONS.....	127
CARBONIC ANHYDRASE INHIBITORS	127
DIURETIC COMBINATIONS	127
LOOP DIURETICS	127
POTASSIUM SPARING DIURETICS	128
THIAZIDES AND THIAZIDE-LIKE DIURETICS.....	128
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES.....	128
BONE DENSITY REGULATORS - DRUGS TO TREAT BONE LOSS	128
FERTILITY REGULATORS.....	128
GNRH/LHRH ANTAGONISTS	129
HORMONE RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS	129
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	129
METABOLIC MODIFIERS	129
MINERALOCORTICOID RECEPTOR ANTAGONISTS	130
POSTERIOR PITUITARY HORMONES	130
PROGESTERONE RECEPTOR ANTAGONISTS.....	130
PROLACTIN INHIBITORS.....	130
VASOPRESSIN RECEPTOR ANTAGONISTS	130
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	130
ESTROGEN COMBINATIONS.....	130
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	131
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS.....	132
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS	132
GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS	133
5-HT4 RECEPTOR AGONISTS	133
GALLSTONE SOLUBILIZING AGENTS	133
GASTROINTESTINAL ANTIALLERGY AGENTS	133
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS	133
GASTROINTESTINAL STIMULANTS	133
INFLAMMATORY BOWEL AGENTS	133
INTESTINAL ACIDIFIERS.....	134
IRRITABLE BOWEL SYNDROME (IBS) AGENTS	134
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS	134
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS	134
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS.....	134
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS.....	134
ALKALINIZERS	134

CYSTINOSIS AGENTS	134
IGA NEPHROPATHY (IGAN) AGENTS	134
PROSTATIC HYPERTROPHY AGENTS	135
URINARY STONE AGENTS	135
GOUT AGENTS - DRUGS TO TREAT GOUT	135
GOUT AGENT COMBINATIONS	135
GOUT AGENTS - DRUGS TO TREAT GOUT	135
URICOSURICS.....	135
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS	135
HEMATORHEOLOGIC AGENTS	135
PLASMA KALLIKREIN INHIBITORS	135
PLATELET AGGREGATION INHIBITORS	136
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS	136
AGENTS FOR GAUCHER DISEASE	136
AGENTS FOR SICKLE CELL DISEASE	136
FOLIC ACID/FOLATES	136
HEMATOPOIETIC GROWTH FACTORS.....	137
HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS	138
HEMOSTATICS - SYSTEMIC	138
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS	138
BARBITURATE HYPNOTICS	138
HYPNOTICS - TRICYCLIC AGENTS	138
NON-BARBITURATE HYPNOTICS	138
OREXIN RECEPTOR ANTAGONISTS	139
SELECTIVE MELATONIN RECEPTOR AGONISTS	139
LAXATIVES - DRUGS TO TREAT CONSTIPATION.....	139
LAXATIVE COMBINATIONS	139
LAXATIVES - MISCELLANEOUS.....	139
MACROLIDES - DRUGS TO TREAT INFECTIONS	140
AZITHROMYCIN	140
CLARITHROMYCIN.....	140
ERYTHROMYCINS	140
FIDAXOMICIN	140
MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING	140
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	140
PARENTERAL THERAPY SUPPLIES	141
RESPIRATORY THERAPY SUPPLIES	141
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES	142
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG.....	142
MIGRAINE COMBINATIONS.....	143
SEROTONIN AGONISTS	143
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION	144
FLUORIDE.....	144
PHOSPHATE	144

POTASSIUM	144
MISCELLANEOUS THERAPEUTIC CLASSES	145
CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING	145
IMMUNOMODULATORS - DRUGS TO TREAT CANCER	145
IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT	145
POTASSIUM REMOVING AGENTS - DRUGS TO LOWER POTASSIUM	146
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT	146
ANESTHETICS TOPICAL ORAL	146
ANTI-INFECTIVES - THROAT	146
STEROIDS - MOUTH/THROAT/DENTAL	146
THROAT PRODUCTS - MISC.	147
MULTIVITAMINS - DRUGS FOR NUTRITION	147
PRENATAL VITAMINS	147
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS	147
CENTRAL MUSCLE RELAXANTS	147
DIRECT MUSCLE RELAXANTS	148
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE	148
NASAL AGENT COMBINATIONS	148
NASAL ANTIALLERGY	148
NASAL ANTICHOLINERGICS	148
NASAL STEROIDS	148
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES	148
ALS AGENTS	148
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS	148
BETA-BLOCKERS - OPHTHALMIC	148
CYCLOPLEGIC MYDRIATICS	149
MIOTICS	149
OPHTHALMIC ADRENERGIC AGENTS	149
OPHTHALMIC ANTI-INFECTIVES	149
OPHTHALMIC IMMUNOMODULATORS	150
OPHTHALMIC STEROIDS	150
OPHTHALMICS - MISC.	150
PROSTAGLANDINS - OPHTHALMIC	151
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR	151
OTIC AGENTS - MISCELLANEOUS	151
OTIC ANTI-INFECTIVES	151
OTIC COMBINATIONS	151
OTIC STEROIDS	151
OXYTOCICS - DRUGS FOR PREGNANCY	151
OXYTOCICS - DRUGS FOR PREGNANCY	151
PENICILLINS - DRUGS TO TREAT INFECTIONS	152
AMINOPENICILLINS	152
NATURAL PENICILLINS	152
PENICILLIN COMBINATIONS	152
PENICILLINASE-RESISTANT PENICILLINS	152

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	152
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	152
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	153
AGENTS FOR CHEMICAL DEPENDENCY	153
ANTI-CATAPLECTIC AGENTS	153
ANTIDEMENTIA AGENTS - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS	153
COMBINATION PSYCHOTHERAPEUTICS	154
FIBROMYALGIA AGENTS	154
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS	155
MOVEMENT DISORDER DRUG THERAPY	155
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS	155
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS	156
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	156
SMOKING DETERRENTS	156
RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS	159
CYSTIC FIBROSIS AGENTS	159
PULMONARY FIBROSIS AGENTS	159
SULFONAMIDES - DRUGS TO TREAT INFECTIONS	159
SULFONAMIDES - DRUGS TO TREAT INFECTIONS	159
TETRACYCLINES - DRUGS TO TREAT INFECTIONS	159
TETRACYCLINES - DRUGS TO TREAT INFECTIONS	159
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS	160
ANTITHYROID AGENTS	160
THYROID HORMONES	160
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID	162
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS	162
H-2 ANTAGONISTS	162
MISC. ANTI-ULCER	162
PROTON PUMP INHIBITORS	162
ULCER DRUGS - PROSTAGLANDINS	163
ULCER THERAPY COMBINATIONS	163
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE	163
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	163
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS	164
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS	164
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS	164
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS	164
MISCELLANEOUS VAGINAL PRODUCTS	164
SPERMICIDES	164
VAGINAL ANTI-INFECTIVES	164
VAGINAL CONTRACEPTIVE - PH MODULATORS	164
VAGINAL ESTROGENS	164

VAGINAL PROGESTINS	165
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS	165
ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR ACUTE ALLERGIC REACTION	165
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS.....	165
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	165
VITAMINS - DRUGS FOR NUTRITION	165
OIL SOLUBLE VITAMINS	165
Index.....	166

INTRODUCTION

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

A Medical Benefit drug is a drug that is physician administered or is self-injectable. Medical Benefit drugs are covered under the Medical Benefit. Refer to the "WHAT ARE YOUR COVERED BENEFITS?" section of the 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 and self-injectable drugs covered under the medical benefit.
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.

"CARE Agreement" means a voluntary settlement agreement entered into by the parties. A CARE Agreement includes the same elements as a CARE Plan to support the respondent in accessing community-based services and supports.

“CARE Plan” means an individualized, appropriate range of community-based services and supports, which include clinically appropriate behavioral health care and stabilization medications, housing and other supportive services, as appropriate.

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

“Prescription Drug” or “drug” means a drug approved by the federal Food and Drug Administration (FDA) for sale to consumers that requires a prescription and is not provided for use on an inpatient basis. The term “drug” or “prescription drug” includes: (A) disposable devices that are medically necessary for the administration of a covered prescription drug, such as spacers and inhalers for the administration of aerosol outpatient prescription drugs; (B) syringes for self-injectable prescription drugs that are not dispensed in pre-filled syringes; (C) drugs, devices, and FDA-approved products covered under the prescription drug benefit of the product pursuant to sections 1367.002, 1367.25, and 1367.51 of the Health and Safety Code, including any such over-the-counter drugs, devices, and FDA-approved products; and (D) at the option of the health plan, any vaccines or other health care benefits covered under the Plan’s prescription drug benefit.

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

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

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

HOW OFTEN DOES THE FORMULARY CHANGE?

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

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

- Medical and scientific publications
- Relevant utilization experience
- Physician recommendations

WILL I BE NOTIFIED OF A FORMULARY CHANGE?

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

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

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

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

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

HOW DO I LOCATE A PRESCRIPTION DRUG ON THE FORMULARY?

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

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

You can find a Prescription Drug on the formulary by looking for its Generic or Brand-Name alphabetically in the Index, or by looking for it in the Formulary, where it is listed alphabetically under the therapeutic category and class to which it belongs. Sharp Health Plan uses the Medi-Span® classification system for therapeutic category and class. Medi-Span® maintains the Master Drug Data Base of drug information for professionals in the health sciences. The Master Drug Data Base provides pricing and descriptive drug information on name brand, generic, prescription and OTC medications and herbal products and is updated daily.

HOW DO I KNOW IF THE DRUG LISTED ON THE FORMULARY IS A BRAND OR GENERIC DRUG?

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

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

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

Here is how this is listed on the Formulary:

Drug Type	Listing on the Formulary
Brand-Name Drug and Generic-Name	FIBRICOR TAB 35MG (<i>fenofibric acid</i>)
Generic-Name that is covered on the Formulary	<i>fenofibric acid tab 35mg</i>
Generic Drug marketed with a Brand-Name	(Amiodarone Hcl Tab 100 mg) PACERONE

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

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

WHAT IS A DRUG TIER?

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

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

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

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

ARE THERE ANY COVERAGE REQUIREMENTS OR LIMITS?

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

Symbol	Meaning	Description
PA	Prior Authorization	Requires Prior Authorization by Sharp Health Plan based on specific clinical criteria. See “What is Prior Authorization?” below for additional information.
PA**	Prior Authorization if Step Therapy is not met	Requires Prior Authorization by Sharp Health Plan based on specific clinical criteria, if Step Therapy criteria has not been met.

QL	Quantity Limit	Coverage is limited to a specific quantity per Prescription and/or time period. Prior Authorization is required for other quantities.
ST	Step Therapy	Coverage depends on previous use of another drug. Prior Authorization may be required. See “What Is Step Therapy?” below for additional information.
MO	Mail Order	A maintenance drug that is available for up to a 90-day supply and is eligible to be filled through mail order.
SP	Specialty	A specialty drug that must be filled by a pharmacy in the Sharp Health Plan Specialty Pharmacy network and is limited to a 30-day supply per fill.
OAC	Oral Anti-Cancer	An orally administered anticancer medication. Notwithstanding any Deductible, the total amount of Copayments and Coinsurance does not exceed two hundred fifty dollars (\$250) for an individual Prescription of up to a 30-day supply.

WHAT IS PRIOR AUTHORIZATION?

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

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

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

WHAT IS PA**?

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

WHAT IS QUANTITY LIMIT?

Drugs with a QL symbol in the Coverage Requirements and Limits column of the Formulary are subject to Quantity Limits. Quantity Limits exist when drugs are limited to a determined number of doses based on criteria, including, but not limited to, safety, potential overdose hazard, abuse potential, or approximation of usual doses per month, not to exceed the FDA maximum approved dose. A Member's Prescribing Provider may submit a request for a quantity of medication that exceeds the Quantity Limit by following the Prior Authorization request procedure stated above. Medical Necessity for the quantity requested must be provided. Once all of the required supporting information has been received, the Prior Authorization request will be either approved or denied within 72 hours for non-urgent requests or within 24 hours in urgent or Exigent Circumstances.

WHAT IS STEP THERAPY?

Drugs with a ST symbol in the Coverage Requirements and Limits column of the Formulary are subject to Step Therapy. The Step Therapy program encourages safe and cost-effective medication use. Under this program, a "step" approach is required to receive coverage for certain drugs. This means that to receive coverage, you may need to first try a proven, cost-effective drug. Remember, treatment decisions are always between you and your doctor. There may be a situation when it is Medically Necessary for you to receive certain drugs without first trying an alternative drug. In these instances, your doctor may request a Step Therapy Exception by following the Prior Authorization process as described above. If Sharp Health Plan fails to respond to a completed Step Therapy Exception request within 72 hours of receiving a non-urgent request or within 24 hours of receiving a request based on Exigent Circumstances, the request is deemed granted, including refills. When a provider determines that the drug required under Step Therapy is inconsistent with good professional practice, the provider should submit their justification and clinical documentation supporting the provider's determination with a Step Therapy Exception Request, and the Plan will approve the Step Therapy Exception Request.

If a request for prior authorization or a step therapy exception is incomplete or relevant information necessary to make a coverage determination is not included, we will notify your provider within 72 hours of receipt, or within 24 hours of receipt if exigent circumstances exist, what additional or relevant information is needed to approve or deny the prior authorization or step therapy exception request, or to appeal the denial.

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 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 through Mail Order.

WHAT IS A SPECIALTY DRUG?

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

WHAT IS AN ORAL ANTI-CANCER DRUG?

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

WHAT IF A DRUG IS NOT LISTED ON THE FORMULARY? WHAT IS A FORMULARY EXCEPTION?

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

WHERE CAN I FILL MY PRESCRIPTION DRUG?

To find a pharmacy in our network, use our Pharmacy Locator tool. First, register for an account at 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 CVSpecialty.com to enroll. You can also take your Specialty drug prescription to a CVS retail pharmacy. Your Prescription will be sent to CVS Specialty® Pharmacy to be filled. You may return to your local CVS pharmacy to pick up your Prescription.

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

WHAT IS THERAPEUTIC INTERCHANGE?

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

WHAT IS GENERIC SUBSTITUTION?

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

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

YOU HAVE THE RIGHT TO APPEAL

If you do not agree with a coverage decision, you, your Authorized Representative or your provider 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 provider may request an external Exception Request review. Sharp Health Plan will ensure that a decision is made within 72 hours of receiving the required supporting information in routine circumstances or within 24 hours of receiving the required supporting information 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 provider 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 Plan does not cover the following Prescription Drugs, except as required by law:

1. When prescribed for cosmetic services. For purposes of this exclusion, cosmetic means drugs solely prescribed for the purpose of altering or affecting normal structure of the body to improve appearance rather than function.
2. When prescribed solely for the treatment of hair loss, sexual dysfunction, athletic performance, cosmetic purposes, anti-aging for cosmetic purposes, and mental performance. The exclusion does not apply to drugs for mental performance when they are Medically Necessary 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.
3. When prescribed solely for the purpose of losing weight, except when Medically Necessary for the treatment of Class III obesity. Enrollment in a comprehensive weight loss program, if covered by the Plan, may be required for a reasonable period of time prior to or concurrent with receiving the Prescription Drug.
4. When prescribed solely for the purpose of shortening the duration of the common cold.
5. Prescription Drugs available over-the-counter or for which there is an over-the-counter equivalent (the same active ingredient, strength, and dosage form as the Prescription Drug). This exclusion does not apply to:
 - Insulin,
 - Over-the-counter drugs as covered under preventive services, e.g., over-the-counter FDA-approved contraceptive drugs),

- Over-the-counter drugs for reversal of an opioid overdose, or
 - An entire class of Prescription Drugs when one drug within that class becomes available over-the-counter.
6. Replacement of lost or stolen drugs.
 7. Drugs when prescribed by non-contracting providers for non-covered procedures and which are not authorized by a plan or a plan provider, except when coverage is otherwise required in the context of Emergency Services and Care.

Some drugs are commercially available as both a Brand-Name version and a generic version. It is the policy of Sharp Health Plan that when a generic version is available, Sharp Health Plan does not cover the corresponding Brand-Name Drug. Sharp Health Plan requires the dispensing pharmacy to dispense the Generic Drug unless prior Authorization for the Brand-Name Drug is obtained. In a few cases, the Brand-Name Drug is included on the Formulary, but the generic equivalent is not. When that occurs, the Brand-Name Drug will be dispensed and you will be charged the Drug Tier 1 Cost Share. When an interchangeable biological product is available, the pharmacy may be required to fill your Prescription with the interchangeable biological product unless prior Authorization is obtained and the reference product is determined to be Medically Necessary.

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. A copy of the Nondiscrimination Notice can also be accessed at sharphealthplan.com/members/notices-and-disclosures.

Sharp Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters.
- Provides reasonable modifications for individuals with disabilities, and appropriate auxiliary aids and services, including qualified interpreters for individuals with disabilities and information in alternative formats, such as braille or large print, free of charge and in a timely manner, when such modifications, aids, and services are necessary to ensure accessibility and an equal opportunity to participate to individuals with disabilities.
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters and language assistance services, including electronic and written translated documents and oral interpretation, free of charge and in a timely manner, when such services are a reasonable step to provide meaningful access to an individual with limited English proficiency. If you need these services, contact Customer Care at 1-800-359-2002 (TTY 711).

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 and Section 1557 Nondiscrimination Coordinator at:

- Address: Sharp Health Plan Compliance Department, Attn: Director of Compliance and Regulatory Affairs Department, 8520 Tech Way, Suite 200, San Diego, CA 92123-1450
- Telephone: 1-800-359-2002 (TTY 711)
- Fax: 1-619-740-8572

- Email: shpcompliance@sharp.com

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/smartscreen/main.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/complaints/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: 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):

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

فارسی (Farsi):

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

Русский (Russian):

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

日本語 (Japanese):

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

عبرعلا (Arabic):

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

ਪੰਜਾਬੀ (Punjabi):

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

ខ្មែរ (Mon Khmer, Cambodian):

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-359-2002(TTY:711)។

Hmoob (Hmong):

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

हिंदी (Hindi):

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

ภาษาไทย (Thai):

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

STEP THERAPY CRITERIA

Step Therapy Group

Drug Names

OPIOID ER 2219-M

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

Step Therapy Criteria

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

Step Therapy Group

Drug Names

OPIOID IR COMBO PRODUCTS 1358-E

ACETAMINOPHEN/CAFFEINE/DI, ACETAMINOPHEN/CODEINE, ACETAMINOPHEN/CODEINE PHO, ENDOCET, HYDROCODONE BITARTRATE/AC, HYDROCODONE/IBUPROFEN, OXYCODONE/ACETAMINOPHEN, TRAMADOL HYDROCHLORIDE/AC, TREZIX

Step Therapy Criteria

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	PA, QL (270 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	PA, QL (270 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	PA, QL (270 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	PA, QL (270 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	PA, QL (270 tabs every 75 days), MO; PA Required for age greater than or equal to age 19

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	PA, QL (270 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	PA, QL (90 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	PA, QL (360 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	PA, QL (360 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	PA, QL (3600 mL every 75 days), MO; PA Required for age greater than or equal to age 19
(Dextroamphetamine Sulfate Oral Solution 5 mg/5ml) PROCENTRA	1	PA, QL (3600 mL every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
(Dextroamphetamine Sulfate Tab 2.5 mg) ZENZEDI	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dextroamphetamine sulfate tab 5 mg</i>	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
(Dextroamphetamine Sulfate Tab 5 mg) ZENZEDI	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
(Dextroamphetamine Sulfate Tab 7.5 mg) ZENZEDI	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 10 mg</i>	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
(Dextroamphetamine Sulfate Tab 10 mg) ZENZEDI	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 15 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
(Dextroamphetamine Sulfate Tab 15 mg) ZENZEDI	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 20 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
(Dextroamphetamine Sulfate Tab 20 mg) ZENZEDI	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>dextroamphetamine sulfate tab 30 mg</i>	1	PA, QL (90 tabs every 75 days), MO; PA Required for age greater than or equal to age 19

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Dextroamphetamine Sulfate Tab 30 mg) ZENZEDI	1	PA, QL (90 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate cap 10 mg</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate cap 20 mg</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate cap 30 mg</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate cap 40 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate cap 50 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate cap 60 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate cap 70 mg</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	1	PA, QL (90 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	1	PA, QL (90 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	1	PA, QL (90 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methamphetamine hcl tab 5 mg</i>	1	PA, QL (450 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
ANOREXIANTS NON-AMPHETAMINE		
<i>benzphetamine hcl tab 50 mg</i>	1	PA
<i>diethylpropion hcl tab 25 mg</i>	1	PA
<i>diethylpropion hcl tab er 24hr 75 mg</i>	1	PA
<i>phendimetrazine tartrate tab 35 mg</i>	1	PA
<i>phentermine hcl cap 15 mg</i>	1	PA
<i>phentermine hcl cap 30 mg</i>	1	PA
<i>phentermine hcl cap 37.5 mg</i>	1	PA
(Phentermine Hcl Tab 8 mg) LOMAIRA	1	PA
<i>phentermine hcl tab 37.5 mg</i>	1	PA
<i>phentermine hcl-topiramate cap er 24hr 3.75-23 mg</i>	1	PA
<i>phentermine hcl-topiramate cap er 24hr 7.5-46 mg</i>	1	PA
<i>phentermine hcl-topiramate cap er 24hr 11.25-69 mg</i>	1	PA
<i>phentermine hcl-topiramate cap er 24hr 15-92 mg</i>	1	PA
QSYMIA CAP 3.75-23 (<i>phentermine hcl-topiramate</i>)	2	PA
QSYMIA CAP 7.5-46MG (<i>phentermine hcl-topiramate</i>)	2	PA
QSYMIA CAP 11.25-69 (<i>phentermine hcl-topiramate</i>)	2	PA
QSYMIA CAP 15-92MG (<i>phentermine hcl-topiramate</i>)	2	PA
ANTI-OBESITY AGENTS		
<i>orlistat cap 120 mg</i>	1	PA
WEGOVY TAB 1.5MG (<i>semaglutide (weight management)</i>)	2	PA
WEGOVY TAB 4MG (<i>semaglutide (weight management)</i>)	2	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WEGOVY TAB 9MG (<i>semaglutide (weight management)</i>)	2	PA
WEGOVY TAB 25MG (<i>semaglutide (weight management)</i>)	2	PA, MO
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - DRUGS TO TREAT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	PA, QL (360 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	PA, QL (360 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	PA, QL (360 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	PA, QL (90 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	MO
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	MO
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	MO
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	MO
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	MO
QELBREE CAP 100MG ER (<i>viloxazine hcl (adhd)</i>)	2	QL (270 caps every 75 days), MO
QELBREE CAP 150MG ER (<i>viloxazine hcl (adhd)</i>)	2	QL (270 caps every 75 days), MO

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

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

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

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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	PA, QL (90 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	1	PA, QL (90 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate td patch 10 mg/9hr</i>	1	PA, QL (90 patches every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate td patch 15 mg/9hr</i>	1	PA, QL (90 patches every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate td patch 20 mg/9hr</i>	1	PA, QL (90 patches every 75 days), MO; PA Required for age greater than or equal to age 19
<i>methylphenidate td patch 30 mg/9hr</i>	1	PA, QL (90 patches every 75 days), MO; PA Required for age greater than or equal to age 19
<i>modafinil tab 100 mg</i>	1	PA, MO
<i>modafinil tab 200 mg</i>	1	PA, MO

ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES

ALLERGENIC EXTRACTS

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

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tobramycin nebu soln 300 mg/5ml</i>	1	SP, PA, QL (10 mL every 1 day)
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION		
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ LQ SOL 1MG/ML (<i>upadacitinib</i>)	2	SP, PA, QL (12 mL every 1 day); Preferred for Psoriatic Arthritis
RINVOQ TAB 15MG ER (<i>upadacitinib</i>)	2	SP, PA, QL (1 tab every 1 day); Preferred for Ankylosing Spondylitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis
RINVOQ TAB 30MG ER (<i>upadacitinib</i>)	2	SP, PA, QL (1 tab every 1 day); Preferred for Crohn's Disease, Ulcerative Colitis
RINVOQ TAB 45MG ER (<i>upadacitinib</i>)	2	SP, PA, QL (56 tabs every 56 days); Preferred for Crohn's Disease, Ulcerative Colitis
XELJANZ TAB 5MG (<i>tofacitinib citrate</i>)	2	SP, PA, QL (2 tabs every 1 day); Preferred for Rheumatoid Arthritis
XELJANZ TAB 10MG (<i>tofacitinib citrate</i>)	2	SP, PA, QL (2 tabs every 1 day)
XELJANZ XR TAB 11MG (<i>tofacitinib citrate</i>)	2	SP, PA, QL (1 tab every 1 day); Preferred for Rheumatoid Arthritis
XELJANZ XR TAB 22MG (<i>tofacitinib citrate</i>)	2	SP, PA, QL (1 tab every 1 day)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib cap 50 mg</i>	1	MO
<i>celecoxib cap 100 mg</i>	1	MO
<i>celecoxib cap 200 mg</i>	1	MO
<i>celecoxib cap 400 mg</i>	1	MO
<i>diclofenac potassium tab 50 mg</i>	1	MO
<i>diclofenac sodium tab delayed release 25 mg</i>	1	MO
<i>diclofenac sodium tab delayed release 50 mg</i>	1	MO
<i>diclofenac sodium tab delayed release 75 mg</i>	1	MO
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	MO
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	MO
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	MO
<i>etodolac cap 200 mg</i>	1	MO
<i>etodolac cap 300 mg</i>	1	MO
<i>etodolac tab 400 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>etodolac tab 500 mg</i>	1	MO
<i>etodolac tab er 24hr 400 mg</i>	1	MO
<i>etodolac tab er 24hr 500 mg</i>	1	MO
<i>etodolac tab er 24hr 600 mg</i>	1	MO
<i>flurbiprofen tab 50 mg</i>	1	MO
<i>flurbiprofen tab 100 mg</i>	1	MO
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	MO
(Ibuprofen Tab 400 mg) IBU	1	MO
<i>ibuprofen tab 600 mg</i>	1	MO
(Ibuprofen Tab 600 mg) IBU	1	MO
<i>ibuprofen tab 800 mg</i>	1	MO
(Ibuprofen Tab 800 mg) IBU	1	MO
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	1	PA, MO
<i>indomethacin cap 25 mg</i>	1	MO
<i>indomethacin cap 50 mg</i>	1	MO
<i>indomethacin cap er 75 mg</i>	1	MO
<i>indomethacin suppos 50 mg</i>	1	MO
<i>indomethacin susp 25 mg/5ml</i>	1	MO
<i>ketorolac tromethamine tab 10 mg</i>	1	
<i>meclofenamate sodium cap 50 mg</i>	1	MO
<i>meclofenamate sodium cap 100 mg</i>	1	MO
<i>mefenamic acid cap 250 mg</i>	1	MO
<i>meloxicam susp 7.5 mg/5ml</i>	1	MO
<i>meloxicam tab 7.5 mg</i>	1	MO
<i>meloxicam tab 15 mg</i>	1	MO
<i>nabumetone tab 500 mg</i>	1	MO
<i>nabumetone tab 750 mg</i>	1	MO
<i>naproxen sodium tab 275 mg</i>	1	MO
<i>naproxen sodium tab 550 mg</i>	1	MO
<i>naproxen tab 250 mg</i>	1	MO
<i>naproxen tab 375 mg</i>	1	MO
<i>naproxen tab 500 mg</i>	1	MO
<i>naproxen tab ec 375 mg</i>	1	MO
<i>naproxen tab ec 500 mg</i>	1	MO
<i>oxaprozin cap 300 mg</i>	1	MO
<i>oxaprozin tab 600 mg</i>	1	MO
<i>piroxicam cap 10 mg</i>	1	MO
<i>piroxicam cap 20 mg</i>	1	MO
<i>sulindac tab 150 mg</i>	1	MO
<i>sulindac tab 200 mg</i>	1	MO
<i>tolmetin sodium tab 600 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>OTEZLA TAB 10/20 (apremilast)</i>	2	SP, PA, QL (55 tabs every 28 days); Preferred for Psoriasis, Psoriatic Arthritis
<i>OTEZLA TAB 10/20/30 (apremilast)</i>	2	SP, PA, QL (55 tabs every 28 days); Preferred for Psoriasis, Psoriatic Arthritis
<i>OTEZLA TAB 20MG (apremilast)</i>	2	SP, PA, QL (2 tabs every 1 day); Preferred for Psoriasis, Psoriatic Arthritis
<i>OTEZLA TAB 30MG (apremilast)</i>	2	SP, PA, QL (2 tabs every 1 day); Preferred for Psoriasis, Psoriatic Arthritis
<i>OTEZLA XR TAB 75MG (apremilast)</i>	2	SP, PA, QL (1 tab every 1 day); Preferred for Psoriasis, Psoriatic Arthritis
<i>OTEZLA/XR TAB 28 DAY (apremilast)</i>	2	SP, PA, QL (41 tabs every 28 days); Preferred for Psoriasis, Psoriatic Arthritis
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg</i>	1	MO
<i>leflunomide tab 20 mg</i>	1	MO
ANALGESICS - NONNARCOTIC - DRUGS TO TREAT PAIN AND FEVER		
ANALGESIC COMBINATIONS		
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL (48 tabs every 25 days)
(Butalbital-Acetaminophen Tab 50-325 mg) TENCON	1	QL (48 tabs every 25 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs every 25 days)
(Butalbital-Acetaminophen-Caffeine Tab 50-325-40 mg) BAC	1	QL (48 tabs every 25 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (48 caps every 25 days)
SALICYLATES		
(Aspirin Chew Tab 81 mg) ASPIRIN CHILDRENS	PV	QL (100 tabs every 30 days); \$0 copay for members capable of pregnancy age 12-59 years at risk for preeclampsia, otherwise not covered
<i>aspirin tab delayed release 81 mg</i>	PV	QL (100 tabs every 30 days); \$0 copay for members capable of pregnancy age 12-59 years at risk for preeclampsia, otherwise not covered
<i>diflunisal tab 500 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>salsalate tab 750 mg</i>	1	MO
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN		
OPIOID AGONISTS		
<i>codeine sulfate tab 30 mg</i>	1	PA, QL (42 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	ST, QL (10 patches every 25 days); PA**
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	ST, QL (10 patches every 25 days); PA**
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	ST, QL (10 patches every 25 days); PA**
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA; High Strength Requires PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	PA; High Strength Requires PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA; High Strength Requires PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	PA; High Strength Requires PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA; High Strength Requires PA
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	ST, QL (60 caps every 25 days); PA**
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	1	ST, QL (60 caps every 25 days); PA**
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	1	ST, QL (60 caps every 25 days); PA**
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	1	ST, QL (60 caps every 25 days); PA**
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	1	ST, QL (60 caps every 25 days); PA**
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	1	PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	ST, QL (30 tabs every 25 days); PA**
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	ST, QL (30 tabs every 25 days); PA**
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	ST, QL (30 tabs every 25 days); PA**
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	ST, QL (30 tabs every 25 days); PA**
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	ST, QL (30 tabs every 25 days); PA**
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	PA; High Strength Requires PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	PA, QL (600 mL every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>hydromorphone hcl tab 2 mg</i>	1	PA, QL (180 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>hydromorphone hcl tab 4 mg</i>	1	PA, QL (150 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>hydromorphone hcl tab 8 mg</i>	1	PA, QL (60 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	ST, QL (120 tabs every 25 days); PA**
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	ST, QL (120 tabs every 25 days); PA**
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	ST, QL (120 tabs every 25 days); PA**
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	PA, QL (120 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	PA, QL (90 mL every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>meperidine hcl tab 50 mg</i>	1	PA, QL (18 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>methadone hcl conc 10 mg/ml</i>	1	QL (30 mL every 25 days); Indicated for opioid addiction
(Methadone Hcl Conc 10 mg/ml) METHADONE HYDROCHLORIDE I	1	PA, QL (30 mL every 25 days); Indicated for opioid addiction
<i>methadone hcl soln 5 mg/5ml</i>	1	ST, QL (450 ml every 25 days); PA**
<i>methadone hcl soln 10 mg/5ml</i>	1	ST, QL (300 mL every 25 days); PA**
<i>methadone hcl tab 5 mg</i>	1	ST, QL (90 tabs every 25 days); PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methadone hcl tab 10 mg</i>	1	ST, QL (60 tabs every 25 days); PA**
<i>methadone hcl tab for oral susp 40 mg</i>	1	QL (9 tabs every 25 days); Indicated for opioid addiction
(Methadone Hcl Tab For Oral Susp 40 mg) METHADOSE	1	QL (9 tabs every 25 days); Indicated for opioid addiction
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA; High Strength Requires PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL (900 mL every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	PA, QL (675 mL every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (135 mL every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>morphine sulfate tab 15 mg</i>	1	PA, QL (180 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>morphine sulfate tab 30 mg</i>	1	PA, QL (90 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>morphine sulfate tab er 15 mg</i>	1	ST, QL (90 tabs every 25 days); PA**
<i>morphine sulfate tab er 30 mg</i>	1	ST, QL (90 tabs every 25 days); PA**
<i>morphine sulfate tab er 60 mg</i>	1	PA; High Strength Requires PA
<i>morphine sulfate tab er 100 mg</i>	1	PA; High Strength Requires PA
<i>morphine sulfate tab er 200 mg</i>	1	PA; High Strength Requires PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxycodone hcl cap 5 mg</i>	1	PA, QL (180 caps every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (90 mL every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA, QL (900 mL every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl tab 5 mg</i>	1	PA, QL (180 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl tab 10 mg</i>	1	PA, QL (180 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl tab 15 mg</i>	1	PA, QL (120 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl tab 20 mg</i>	1	PA, QL (90 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl tab 30 mg</i>	1	PA, QL (60 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL (180 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL (90 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>tapentadol hcl tab 50 mg</i>	1	PA, QL (120 tabs every 25 days); Subject to initial 7-day limit; Subject to initial 3-day limit under age 19

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tapentadol hcl tab 75 mg</i>	1	PA, QL (90 tabs every 25 days); Subject to initial 7-day limit; Subject to initial 3-day limit under age 19
<i>tapentadol hcl tab 100 mg</i>	1	PA, QL (60 tabs every 25 days); Subject to initial 7-day limit; Subject to initial 3-day limit under age 19
<i>tramadol hcl oral soln 5 mg/ml</i>	1	PA, QL (1800 mL every 25 days); Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
<i>tramadol hcl tab 50 mg</i>	1	PA, QL (180 tabs every 25 days); Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
<i>tramadol hcl tab er 24hr 100 mg</i>	1	ST, QL (30 tabs every 25 days); PA**; Not available under age 12
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA; High Strength Requires PA; Not available under age 12
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA; High Strength Requires PA; Not available under age 12
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA; High Strength Requires PA; Not available under age 12
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA; High Strength Requires PA; Not available under age 12
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	ST, QL (2700 mL every 25 days); PA**; Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	ST, QL (400 tabs every 25 days); PA**; Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	ST, QL (360 tabs every 25 days); PA**; Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	ST, QL (180 tabs every 25 days); PA**; Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	ST, QL (300 caps every 25 days); PA**; Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
(Acetaminophen-Caffeine-Dihydrocodeine Cap 320.5-30-16 mg) TREZIX	1	ST, QL (300 caps every 25 days); PA**; Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (48 caps every 25 days); Not available under age 12
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL (48 caps every 25 days); Not available under age 12
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL (48 caps every 25 days); Not available under age 12
(Butalbital-Aspirin-Caff W/ Codeine Cap 50-325-40-30 mg) ASCOMP/CODEINE	1	QL (48 caps every 25 days); Not available under age 12
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (2700 mL every 25 days); If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-acetaminophen soln 10-300 mg/15ml</i>	1	ST, QL (2025 mL every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1	PA, QL (240 tabs every 25 days); If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	ST, QL (240 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL (240 tabs every 25 days); If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	ST, QL (180 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL (180 tabs every 25 days); If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	ST, QL (180 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL (180 tabs every 25 days); If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	ST, QL (50 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	ST, QL (50 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	ST, QL (50 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	ST, QL (360 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
(Oxycodone W/ Acetaminophen Tab 2.5-325 mg) ENDOCET	1	ST, QL (360 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	ST, QL (360 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
(Oxycodone W/ Acetaminophen Tab 5-325 mg) ENDOCET	1	ST, QL (360 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	ST, QL (240 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
(Oxycodone W/ Acetaminophen Tab 7.5-325 mg) ENDOCET	1	ST, QL (240 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	ST, QL (180 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
(Oxycodone W/ Acetaminophen Tab 10-325 mg) ENDOCET	1	ST, QL (180 tabs every 25 days); PA**; Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	ST, QL (40 tabs every 25 days); PA**; Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG (<i>buprenorphine hcl</i>)	2	ST, QL (60 films every 25 days); PA**
BELBUCA MIS 150MCG (<i>buprenorphine hcl</i>)	2	ST, QL (60 films every 25 days); PA**
BELBUCA MIS 300MCG (<i>buprenorphine hcl</i>)	2	ST, QL (60 films every 25 days); PA**
BELBUCA MIS 450MCG (<i>buprenorphine hcl</i>)	2	ST, QL (60 films every 25 days); PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BELBUCA MIS 600MCG (<i>buprenorphine hcl</i>)	2	PA; High Strength Requires PA
BELBUCA MIS 750MCG (<i>buprenorphine hcl</i>)	2	PA; High Strength Requires PA
BELBUCA MIS 900MCG (<i>buprenorphine hcl</i>)	2	PA; High Strength Requires PA
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	ST, QL (4 patches every month); PA**
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	ST, QL (4 patches every month); PA**
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	ST, QL (4 patches every month); PA**
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	PA; High Strength Requires PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	PA; High Strength Requires PA
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA, QL (120 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
ZUBSOLV SUB 0.7-0.18 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	
ZUBSOLV SUB 1.4-0.36 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	
ZUBSOLV SUB 2.9-0.71 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	
ZUBSOLV SUB 5.7-1.4 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	
ZUBSOLV SUB 8.6-2.1 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	
ZUBSOLV SUB 11.4-2.9 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES		
ANDROGENS		
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
<i>methyltestosterone cap 10 mg</i>	1	PA, MO
(Methyltestosterone Oral Tab 10 mg) METHITEST	1	PA, MO
NATESTO GEL 5.5MG (<i>testosterone</i>)	2	PA, MO
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	PA, MO
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	PA, MO
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	PA, MO
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA, MO
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	PA, MO
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	PA, MO
<i>testosterone td soln 30 mg/act</i>	1	PA, MO
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
INTRARECTAL STEROIDS		
<i>budesonide rectal foam 2 mg/act</i>	1	
CORTIFOAM AER 90MG (<i>hydrocortisone acetate (intrarectal)</i>)	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
RECTAL COMBINATIONS		
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
PROCTOFOAM AER HC 1% (<i>hydrocortisone acetate w/ pramoxine</i>)	2	
RECTAL STEROIDS		
<i>hydrocortisone perianal cream 1%</i>	1	
(Hydrocortisone Perianal Cream 1%) PROCTOCORT	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
(Hydrocortisone Perianal Cream 2.5%) PROCTO-MED HC	1	
(Hydrocortisone Perianal Cream 2.5%) PROCTOSOL HC	1	
(Hydrocortisone Perianal Cream 2.5%) PROCTOZONE-HC	1	
VASODILATING AGENTS		
<i>nitroglycerin oint 0.4%</i>	1	
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
<i>albendazole tab 200 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EMVERM CHW 100MG (<i>mebendazole</i>)	2	
<i>ivermectin tab 3 mg</i>	1	
<i>ivermectin tab 6 mg</i>	1	
<i>praziquantel tab 600 mg</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
IMPAVIDO CAP 50MG (<i>miltefosine</i>)	3	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
XIFAXAN TAB 550MG (<i>rifaximin</i>)	2	MO
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
(Sulfamethoxazole-Trimethoprim Susp 200-40 mg/5ml) SULFATRIM PEDIATRIC	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750 mg/5ml</i>	1	
<i>nitazoxanide tab 500 mg</i>	1	
GLYCOPEPTIDES		
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	1	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	1	
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	MO
<i>dapsone tab 100 mg</i>	1	MO
LINCOSAMIDES		
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
MONOBACTAMS		
CAYSTON INH 75MG (<i>aztreonam lysine</i>)	3	SP, PA
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	1	
<i>linezolid tab 600 mg</i>	1	
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	1	MO
<i>ranolazine tab er 12hr 1000 mg</i>	1	MO
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	1	MO
<i>isosorbide dinitrate tab 10 mg</i>	1	MO
<i>isosorbide dinitrate tab 20 mg</i>	1	MO
<i>isosorbide dinitrate tab 30 mg</i>	1	MO
<i>isosorbide mononitrate tab 10 mg</i>	1	MO
<i>isosorbide mononitrate tab 20 mg</i>	1	MO
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	MO
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	MO
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	MO
<i>nitroglycerin oint 2%</i>	1	MO
(Nitroglycerin Oint 2%) NITRO-BID	1	MO
<i>nitroglycerin sl tab 0.3 mg</i>	1	MO
<i>nitroglycerin sl tab 0.4 mg</i>	1	MO
<i>nitroglycerin sl tab 0.6 mg</i>	1	MO
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	MO
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	MO
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	MO
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	MO
ANTI-ANXIETY AGENTS - DRUGS TO TREAT ANXIETY		
ANTI-ANXIETY AGENTS - MISC.		
<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>hydroxyzine pamoate cap 100 mg</i>	1	
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
BENZODIAZEPINES		
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	QL (150 tabs every 25 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	QL (150 tabs every 25 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	1	QL (150 tabs every 25 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	1	QL (150 tabs every 25 days)
<i>alprazolam tab 0.5 mg</i>	1	QL (150 tabs every 25 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (150 tabs every 25 days)
<i>alprazolam tab 1 mg</i>	1	QL (150 tabs every 25 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tabs every 25 days)
<i>alprazolam tab er 24hr 0.5 mg</i>	1	QL (150 tabs every 25 days)
(Alprazolam Tab Er 24hr 0.5 mg) ALPRAZOLAM XR	1	QL (150 tabs every 25 days)
<i>alprazolam tab er 24hr 1 mg</i>	1	QL (150 tabs every 25 days)
(Alprazolam Tab Er 24hr 1 mg) ALPRAZOLAM XR	1	QL (150 tabs every 25 days)
<i>alprazolam tab er 24hr 2 mg</i>	1	QL (150 tabs every 25 days)
(Alprazolam Tab Er 24hr 2 mg) ALPRAZOLAM XR	1	QL (150 tabs every 25 days)
<i>alprazolam tab er 24hr 3 mg</i>	1	QL (90 tabs every 25 days)
(Alprazolam Tab Er 24hr 3 mg) ALPRAZOLAM XR	1	QL (90 tabs every 25 days)
<i>chlordiazepoxide hcl cap 5 mg</i>	1	QL (360 caps every 25 days)
<i>chlordiazepoxide hcl cap 10 mg</i>	1	QL (360 caps every 25 days)
<i>chlordiazepoxide hcl cap 25 mg</i>	1	QL (360 caps every 25 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL (180 tabs every 25 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (180 tabs every 25 days)
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (180 tabs every 25 days)
<i>diazepam conc 5 mg/ml</i>	1	QL (240 mL every 25 days)

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

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

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

ANTIARRHYTHMICS TYPE I-B

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

ANTIARRHYTHMICS TYPE I-C

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

ANTIARRHYTHMICS TYPE III

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (720 mL every 75 days), MO
BRONCHODILATORS - ANTICHOLINERGICS		
<i>ipratropium bromide hfa inhal aerosol 17 mcg/act</i>	1	QL (6 inhalers every 75 days), MO
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (938 mL every 75 days), MO
SPIRIVA CAP HANDIHLR (<i>tiotropium bromide</i>)	1	QL (90 caps every 75 days), MO
SPIRIVA RESP AER 1.25MCG (<i>tiotropium bromide</i>)	2	QL (3 inhalers every 75 days), MO
SPIRIVA RESP AER 2.5MCG (<i>tiotropium bromide</i>)	2	QL (3 inhalers every 75 days), MO
<i>umeclidinium br aero powd breath act 62.5 mcg/act (base eq)</i>	1	QL (90 blisters every 75 days), MO
YUPELRI NEB 175/3ML (<i>revefenacin</i>)	2	QL (270 mL every 75 days), MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	MO
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	MO
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	MO
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	MO
<i>zafirlukast tab 10 mg</i>	1	MO
<i>zafirlukast tab 20 mg</i>	1	MO
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast tab 250 mcg</i>	1	MO
<i>roflumilast tab 500 mcg</i>	1	MO
STEROID INHALANTS		
ASMANEX HFA AER 50MCG (<i>mometasone furoate (inhalation)</i>)	2	QL (3 inhalers every 75 days), MO
ASMANEX HFA AER 100 MCG (<i>mometasone furoate (inhalation)</i>)	2	QL (3 inhalers every 75 days), MO
ASMANEX HFA AER 200 MCG (<i>mometasone furoate (inhalation)</i>)	2	QL (3 inhalers every 75 days), MO
<i>beclomethasone diprop inhal aero soln 40 mcg/act (50/valve)</i>	1	QL (6 inhalers every 75 days), MO
<i>beclomethasone diprop inhal aers 100 mcg/act (80/delivery)</i>	1	QL (6 inhalers every 75 days), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (360 mL every 75 days), MO
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (540 mL every 75 days), MO
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (180 mL every 75 days), MO
<i>fluticasone furoate aerosol powder breath activ 50 mcg/act</i>	1	QL (3 inhalers every 75 days), MO
<i>fluticasone furoate aerosol powder breath activ 100 mcg/act</i>	1	QL (90 blisters every 75 days), MO
<i>fluticasone furoate aerosol powder breath activ 200 mcg/act</i>	1	QL (90 blisters every 75 days), MO
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	3	QL (6 inhalers every 75 days), MO
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	3	QL (6 inhalers every 75 days), MO
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	3	QL (6 inhalers every 75 days), MO
PULMICORT INH 90MCG (<i>budesonide (inhalation)</i>)	2	QL (9 inhalers every 75 days), MO
PULMICORT INH 180MCG (<i>budesonide (inhalation)</i>)	2	QL (6 inhalers every 75 days), MO
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG (<i>albuterol-budesonide</i>)	2	QL (9 inhalers every 75 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (6 inhalers every 75 days), MO
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (180 mL every 75 days), MO
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (1125 mL every 75 days), MO
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (1125 mL every 75 days), MO
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (1125 mL every 75 days), MO
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	MO
<i>albuterol sulfate tab 2 mg</i>	1	MO
<i>albuterol sulfate tab 4 mg</i>	1	MO
ANORO ELLIPT AER 62.5-25 (<i>umeclidinium-vilanterol</i>)	2	QL (180 blisters every 75 days), MO
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	QL (360 mL every 75 days), MO
BREO ELLIPTA INH 50-25MCG (<i>fluticasone furoate-vilanterol</i>)	2	QL (3 inhalers every 75 days), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BREO ELLIPTA INH 100-25 (<i>fluticasone furoate-vilanterol</i>)	2	QL (180 blisters every 75 days), MO
BREO ELLIPTA INH 200-25 (<i>fluticasone furoate-vilanterol</i>)	2	QL (180 blisters every 75 days), MO
BREZTRI AERO AER SPHERE (<i>budesonide-glycopyrrolate-formoterol fumarate</i>)	2	QL (3 inhalers every 75 days), MO
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (9 inhalers every 75 days), MO
(Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 mcg/act) BREYNA	1	QL (9 inhalers every 75 days), MO
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (9 inhalers every 75 days), MO
(Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 mcg/act) BREYNA	1	QL (9 inhalers every 75 days), MO
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (180 inhalations every 75 days), MO
(Fluticasone-Salmeterol Aer Powder Ba 100-50 mcg/act) WIXELA INHUB	1	QL (180 inhalations every 75 days), MO
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (180 inhalations every 75 days), MO
(Fluticasone-Salmeterol Aer Powder Ba 250-50 mcg/act) WIXELA INHUB	1	QL (180 inhalations every 75 days), MO
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (180 inhalations every 75 days), MO
(Fluticasone-Salmeterol Aer Powder Ba 500-50 mcg/act) WIXELA INHUB	1	QL (180 inhalations every 75 days), MO
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	QL (360 mL every 75 days), MO
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (1620 mL every 75 days), MO
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (900 mL every 75 days), MO
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (900 mL every 75 days), MO
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (900 mL every 75 days), MO
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (270 mL every 75 days), MO
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (6 inhalers every 75 days), MO
SEREVENT DIS AER 50MCG (<i>salmeterol xinafoate</i>)	2	QL (180 inhalations every 75 days), MO
STIOLTO AER 2.5-2.5 (<i>tiotropium bromide-olodaterol hcl</i>)	2	QL (3 inhalers every 75 days), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
STRIVERDI AER 2.5MCG (<i>olodaterol hcl</i>)	2	QL (3 inhalers every 75 days), MO
<i>terbutaline sulfate tab 2.5 mg</i>	1	MO
<i>terbutaline sulfate tab 5 mg</i>	1	MO
TRELEGY AER 100MCG (<i>fluticasone-umeclidinium-vilanterol</i>)	2	QL (3 inhalers every 75 days), MO
TRELEGY AER 200MCG (<i>fluticasone-umeclidinium-vilanterol</i>)	2	QL (3 inhalers every 75 days), MO

XANTHINES

<i>theophylline elixir 80 mg/15ml</i>	1	MO
(Theophylline Elixir 80 mg/15ml) ELIXOPHYLLIN	1	MO
<i>theophylline soln 80 mg/15ml</i>	1	MO
<i>theophylline tab er 12hr 100 mg</i>	1	MO
<i>theophylline tab er 12hr 200 mg</i>	1	MO
<i>theophylline tab er 12hr 300 mg</i>	1	MO
<i>theophylline tab er 12hr 450 mg</i>	1	MO
<i>theophylline tab er 24hr 400 mg</i>	1	MO
<i>theophylline tab er 24hr 600 mg</i>	1	MO

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

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

DIRECT FACTOR XA INHIBITORS

ELIQUIS CAP 0.15MG (<i>apixaban</i>)	2	MO
ELIQUIS ST P TAB 5MG (<i>apixaban</i>)	2	
ELIQUIS TAB 0.5MG (<i>apixaban</i>)	2	MO
ELIQUIS TAB 1.5MG (<i>apixaban</i>)	2	MO
ELIQUIS TAB 2.5MG (<i>apixaban</i>)	2	MO
ELIQUIS TAB 2MG (<i>apixaban</i>)	2	MO
ELIQUIS TAB 5MG (<i>apixaban</i>)	2	MO
<i>rivaroxaban for susp 1 mg/ml</i>	1	MO
<i>rivaroxaban tab 2.5 mg</i>	1	MO
XARELTO STAR TAB 15/20MG (<i>rivaroxaban</i>)	2	
XARELTO TAB 2.5MG (<i>rivaroxaban</i>)	2	MO
XARELTO TAB 10MG (<i>rivaroxaban</i>)	2	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XARELTO TAB 15MG (<i>rivaroxaban</i>)	2	MO
XARELTO TAB 20MG (<i>rivaroxaban</i>)	2	MO
THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	1	MO
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	1	MO
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	1	MO
ANTICONSULSANTS - DRUGS TO TREAT SEIZURES		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
<i>perampanel susp 0.5 mg/ml</i>	1	MO
<i>perampanel tab 2 mg</i>	1	MO
<i>perampanel tab 4 mg</i>	1	MO
<i>perampanel tab 6 mg</i>	1	MO
<i>perampanel tab 8 mg</i>	1	MO
<i>perampanel tab 10 mg</i>	1	MO
<i>perampanel tab 12 mg</i>	1	MO
ANTICONSULSANTS - BENZODIAZEPINES		
<i>clobazam suspension 2.5 mg/ml</i>	1	MO
<i>clobazam tab 10 mg</i>	1	MO
<i>clobazam tab 20 mg</i>	1	MO
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	QL (300 tabs every 25 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	QL (300 tabs every 25 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	QL (300 tabs every 25 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	1	QL (300 tabs every 25 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	1	QL (300 tabs every 25 days)
<i>clonazepam tab 0.5 mg</i>	1	QL (300 tabs every 25 days)
<i>clonazepam tab 1 mg</i>	1	QL (300 tabs every 25 days)
<i>clonazepam tab 2 mg</i>	1	QL (300 tabs every 25 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
NAYZILAM SPR 5MG (<i>midazolam (anticonvulsant)</i>)	2	
VALTOCO SPR 5MG (<i>diazepam (anticonvulsant)</i>)	2	
VALTOCO SPR 10MG (<i>diazepam (anticonvulsant)</i>)	2	
VALTOCO SPR 15MG (<i>diazepam (anticonvulsant)</i>)	2	
VALTOCO SPR 20MG (<i>diazepam (anticonvulsant)</i>)	2	
ANTICONSULSANTS - MISC.		
<i>brivaracetam oral soln 10 mg/ml</i>	1	MO
<i>brivaracetam tab 10 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>brivaracetam tab 25 mg</i>	1	MO
<i>brivaracetam tab 50 mg</i>	1	MO
<i>brivaracetam tab 75 mg</i>	1	MO
<i>brivaracetam tab 100 mg</i>	1	MO
<i>carbamazepine cap er 12hr 100 mg</i>	1	MO
<i>carbamazepine cap er 12hr 200 mg</i>	1	MO
<i>carbamazepine cap er 12hr 300 mg</i>	1	MO
<i>carbamazepine chew tab 100 mg</i>	1	MO
<i>carbamazepine chew tab 200 mg</i>	1	MO
<i>carbamazepine susp 100 mg/5ml</i>	1	MO
<i>carbamazepine tab 200 mg</i>	1	MO
<i>carbamazepine tab er 12hr 100 mg</i>	1	MO
<i>carbamazepine tab er 12hr 200 mg</i>	1	MO
<i>carbamazepine tab er 12hr 400 mg</i>	1	MO
<i>eslicarbazepine acetate tab 200 mg</i>	1	MO
<i>eslicarbazepine acetate tab 400 mg</i>	1	MO
<i>eslicarbazepine acetate tab 600 mg</i>	1	MO
<i>eslicarbazepine acetate tab 800 mg</i>	1	MO
<i>gabapentin cap 100 mg</i>	1	MO
<i>gabapentin cap 300 mg</i>	1	MO
<i>gabapentin cap 400 mg</i>	1	MO
<i>gabapentin oral soln 250 mg/5ml</i>	1	MO
<i>gabapentin tab 600 mg</i>	1	MO
<i>gabapentin tab 800 mg</i>	1	MO
<i>lacosamide oral solution 10 mg/ml</i>	1	MO
<i>lacosamide tab 50 mg</i>	1	MO
<i>lacosamide tab 100 mg</i>	1	MO
<i>lacosamide tab 150 mg</i>	1	MO
<i>lacosamide tab 200 mg</i>	1	MO
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	MO
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	MO
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	MO
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	MO
<i>lamotrigine tab 25 mg</i>	1	MO
(Lamotrigine Tab 25 mg) SUBVENITE	1	MO
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
(Lamotrigine Tab 25 mg (42) & 100 mg (7) Starter Kit) SUBVENITE STARTER KIT/ORA	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
(Lamotrigine Tab 35 X 25 mg Starter Kit) SUBVENITE STARTER KIT/BLU	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Lamotrigine Tab 84 X 25 mg & 14 X 100 mg Starter Kit) SUBVENITE STARTER KIT/GRE	1	
lamotrigine tab 100 mg	1	MO
(Lamotrigine Tab 100 mg) SUBVENITE	1	MO
lamotrigine tab 150 mg	1	MO
(Lamotrigine Tab 150 mg) SUBVENITE	1	MO
lamotrigine tab 200 mg	1	MO
(Lamotrigine Tab 200 mg) SUBVENITE	1	MO
lamotrigine tab chewable dispersible 5 mg	1	MO
lamotrigine tab chewable dispersible 25 mg	1	MO
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	
lamotrigine tab er 24hr 25 mg	1	MO
lamotrigine tab er 24hr 50 mg	1	MO
lamotrigine tab er 24hr 100 mg	1	MO
lamotrigine tab er 24hr 200 mg	1	MO
lamotrigine tab er 24hr 250 mg	1	MO
lamotrigine tab er 24hr 300 mg	1	MO
levetiracetam oral soln 100 mg/ml	1	MO
levetiracetam tab 250 mg	1	MO
levetiracetam tab 500 mg	1	MO
(Levetiracetam Tab 500 mg) ROWEEPRA	1	MO
levetiracetam tab 750 mg	1	MO
levetiracetam tab 1000 mg	1	MO
levetiracetam tab disintegrating soluble 250 mg	1	MO
levetiracetam tab disintegrating soluble 500 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
oxcarbazepine tab er 24hr 150 mg	1	MO
oxcarbazepine tab er 24hr 300 mg	1	MO
oxcarbazepine tab er 24hr 600 mg	1	MO
OXTELLAR XR TAB 150MG (oxcarbazepine)	2	MO
OXTELLAR XR TAB 300MG (oxcarbazepine)	2	MO
OXTELLAR XR TAB 600MG (oxcarbazepine)	2	MO

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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB 45-105MG (<i>dextromethorphan hydrobromide-bupropion hydrochloride</i>)	2	MO
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tab 75 mg</i>	1	MO
<i>bupropion hcl tab 100 mg</i>	1	MO
<i>bupropion hcl tab er 12hr 100 mg</i>	1	MO
<i>bupropion hcl tab er 12hr 150 mg</i>	1	MO
<i>bupropion hcl tab er 12hr 200 mg</i>	1	MO
<i>bupropion hcl tab er 24hr 150 mg</i>	1	MO
<i>bupropion hcl tab er 24hr 300 mg</i>	1	MO
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAP 20MG (<i>zuranolone</i>)	2	SP, PA, QL (2 caps every 1 day)
ZURZUVAE CAP 25MG (<i>zuranolone</i>)	2	SP, PA, QL (2 caps every 1 day)
ZURZUVAE CAP 30MG (<i>zuranolone</i>)	2	SP, PA, QL (1 cap every 1 day)
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
<i>phenelzine sulfate tab 15 mg</i>	1	MO
<i>tranylcypromine sulfate tab 10 mg</i>	1	MO
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide cap 30 mg</i>	1	MO
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	MO
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	MO
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	MO
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	MO
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	MO
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	MO
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	MO
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	MO
<i>fluoxetine hcl cap 10 mg</i>	1	MO
<i>fluoxetine hcl cap 20 mg</i>	1	MO
<i>fluoxetine hcl cap 40 mg</i>	1	MO
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	MO
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	MO
<i>fluoxetine hcl tab 10 mg</i>	1	MO
<i>fluoxetine hcl tab 20 mg</i>	1	MO
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	MO
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	MO
<i>fluvoxamine maleate tab 25 mg</i>	1	MO
<i>fluvoxamine maleate tab 50 mg</i>	1	MO
<i>fluvoxamine maleate tab 100 mg</i>	1	MO
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	MO

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	MO
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	MO
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	1	MO
<i>amitriptyline hcl tab 25 mg</i>	1	MO
<i>amitriptyline hcl tab 50 mg</i>	1	MO
<i>amitriptyline hcl tab 75 mg</i>	1	MO
<i>amitriptyline hcl tab 100 mg</i>	1	MO
<i>amitriptyline hcl tab 150 mg</i>	1	MO
<i>amoxapine tab 25 mg</i>	1	MO
<i>amoxapine tab 50 mg</i>	1	MO
<i>amoxapine tab 100 mg</i>	1	MO
<i>amoxapine tab 150 mg</i>	1	MO
<i>clomipramine hcl cap 25 mg</i>	1	MO
<i>clomipramine hcl cap 50 mg</i>	1	MO
<i>clomipramine hcl cap 75 mg</i>	1	MO
<i>desipramine hcl tab 10 mg</i>	1	MO
<i>desipramine hcl tab 25 mg</i>	1	MO
<i>desipramine hcl tab 50 mg</i>	1	MO
<i>desipramine hcl tab 75 mg</i>	1	MO
<i>desipramine hcl tab 100 mg</i>	1	MO
<i>desipramine hcl tab 150 mg</i>	1	MO
<i>doxepin hcl cap 10 mg</i>	1	MO
<i>doxepin hcl cap 25 mg</i>	1	MO
<i>doxepin hcl cap 50 mg</i>	1	MO
<i>doxepin hcl cap 75 mg</i>	1	MO
<i>doxepin hcl cap 100 mg</i>	1	MO
<i>doxepin hcl cap 150 mg</i>	1	MO
<i>doxepin hcl conc 10 mg/ml</i>	1	MO
<i>imipramine hcl tab 10 mg</i>	1	MO
<i>imipramine hcl tab 25 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>imipramine hcl tab 50 mg</i>	1	MO
<i>imipramine pamoate cap 75 mg</i>	1	MO
<i>imipramine pamoate cap 100 mg</i>	1	MO
<i>imipramine pamoate cap 125 mg</i>	1	MO
<i>imipramine pamoate cap 150 mg</i>	1	MO
<i>nortriptyline hcl cap 10 mg</i>	1	MO
<i>nortriptyline hcl cap 25 mg</i>	1	MO
<i>nortriptyline hcl cap 50 mg</i>	1	MO
<i>nortriptyline hcl cap 75 mg</i>	1	MO
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	MO
<i>protriptyline hcl tab 5 mg</i>	1	MO
<i>protriptyline hcl tab 10 mg</i>	1	MO
<i>trimipramine maleate cap 25 mg</i>	1	MO
<i>trimipramine maleate cap 50 mg</i>	1	MO
<i>trimipramine maleate cap 100 mg</i>	1	MO

ANTIDIABETICS - DRUGS TO TREAT DIABETES

ALPHA-GLUCOSIDASE INHIBITORS

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

ANTIDIABETIC COMBINATIONS

<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg</i>	1	MO
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>	1	MO
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg</i>	1	MO
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i>	1	MO
<i>dapagliflozin-saxagliptin tab 10-5 mg</i>	1	MO
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	MO
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	MO
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	MO
<i>glyburide-metformin tab 1.25-250 mg</i>	1	MO
<i>glyburide-metformin tab 2.5-500 mg</i>	1	MO
<i>glyburide-metformin tab 5-500 mg</i>	1	MO
GLYXAMBI TAB 10-5 MG (<i>empagliflozin-linagliptin</i>)	2	MO
GLYXAMBI TAB 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	MO
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	MO
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	MO
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	MO
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	1	MO
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	1	MO
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	1	MO
<i>sitagliptin phosphate-metformin hcl tab 50-500 mg</i>	1	MO
<i>sitagliptin phosphate-metformin hcl tab 50-1000 mg</i>	1	MO
SOLIQUA INJ 100/33 (<i>insulin glargine-lixisenatide</i>)	2	MO
SYNJARDY TAB (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY TAB 5-500MG (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY TAB 12.5-500 (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY XR TAB (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY XR TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY XR TAB 10-1000 (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY XR TAB 25-1000 (<i>empagliflozin-metformin hcl</i>)	2	MO
TRIJARDY XR TAB (<i>empagliflozin-linagliptin-metformin</i>)	2	MO
XIGDUO XR TAB 2.5-1000 (<i>dapagliflozin free base-metformin hcl</i>)	2	MO
XIGDUO XR TAB 5-500MG (<i>dapagliflozin free base-metformin hcl</i>)	2	MO
XIGDUO XR TAB 5-1000MG (<i>dapagliflozin free base-metformin hcl</i>)	2	MO
XIGDUO XR TAB 10-500MG (<i>dapagliflozin free base-metformin hcl</i>)	2	MO
XIGDUO XR TAB 10-1000 (<i>dapagliflozin free base-metformin hcl</i>)	2	MO
XULTOPHY INJ 100/3.6 (<i>insulin degludec-liraglutide</i>)	2	MO
ZITUVIMET TAB 50-500MG (<i>sitagliptin free base-metformin hcl</i>)	2	MO
ZITUVIMET TAB 50-1000 (<i>sitagliptin free base-metformin hcl</i>)	2	MO
ZITUVIMET XR TAB 50-500MG (<i>sitagliptin free base-metformin hcl</i>)	2	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZITUVIMET XR TAB 50-1000 (<i>sitagliptin free base-metformin hcl</i>)	2	MO
ZITUVIMET XR TAB 100-1000 (<i>sitagliptin free base-metformin hcl</i>)	2	MO
BIGUANIDES		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	MO
<i>metformin hcl tab 500 mg</i>	1	MO
<i>metformin hcl tab 850 mg</i>	1	MO
<i>metformin hcl tab 1000 mg</i>	1	MO
<i>metformin hcl tab er 24hr 500 mg</i>	1	MO
<i>metformin hcl tab er 24hr 750 mg</i>	1	MO
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE (<i>glucagon</i>)	2	
BAQSIMI TWO POW 3MG/DOSE (<i>glucagon</i>)	2	
<i>diazoxide susp 50 mg/ml</i>	1	MO
<i>glucagon for inj 1 mg</i>	1	
GVOKE HYPO 1 INJ 0.5/.1ML (<i>glucagon</i>)	2	
GVOKE HYPO 1 INJ 1/0.2ML (<i>glucagon</i>)	2	
GVOKE HYPO 2 INJ 0.5/.1ML (<i>glucagon</i>)	2	
GVOKE HYPO 2 INJ 1/0.2ML (<i>glucagon</i>)	2	
GVOKE KIT SOL 1/0.2ML (<i>glucagon</i>)	2	
GVOKE PFS INJ 1/0.2ML (<i>glucagon</i>)	2	
<i>mifepristone tab 300 mg</i>	1	SP, PA, QL (4 tabs every 1 day)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	1	MO
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	1	MO
<i>sitagliptin phosphate tab 25 mg (base equiv)</i>	1	MO
<i>sitagliptin phosphate tab 50 mg (base equiv)</i>	1	MO
<i>sitagliptin phosphate tab 100 mg (base equiv)</i>	1	MO
<i>sitagliptin tab 25 mg</i>	1	MO
<i>sitagliptin tab 50 mg</i>	1	MO
<i>sitagliptin tab 100 mg</i>	1	MO
ZITUVIO TAB 25MG (<i>sitagliptin</i>)	2	MO
ZITUVIO TAB 50MG (<i>sitagliptin</i>)	2	MO
ZITUVIO TAB 100MG (<i>sitagliptin</i>)	2	MO
INCRETIN MIMETIC AGENTS		
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	1	PA, MO
MOUNJARO INJ 2.5/0.5 (<i>tirzepatide</i>)	2	PA
MOUNJARO INJ 5MG/0.5 (<i>tirzepatide</i>)	2	PA, MO
MOUNJARO INJ 7.5/0.5 (<i>tirzepatide</i>)	2	PA, MO
MOUNJARO INJ 10MG/0.5 (<i>tirzepatide</i>)	2	PA, MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MOUNJARO INJ 12.5/0.5 (<i>tirzepatide</i>)	2	PA, MO
MOUNJARO INJ 15MG/0.5 (<i>tirzepatide</i>)	2	PA, MO
OZEMPIC INJ 2MG/3ML (<i>semaglutide</i>)	2	PA, MO
OZEMPIC INJ 4MG/3ML (<i>semaglutide</i>)	2	PA, MO
OZEMPIC INJ 8MG/3ML (<i>semaglutide</i>)	2	PA, MO
OZEMPIC TAB 1.5MG (<i>semaglutide</i>)	2	PA
OZEMPIC TAB 4MG (<i>semaglutide</i>)	2	PA, MO
OZEMPIC TAB 9MG (<i>semaglutide</i>)	2	PA, MO
RYBELSUS TAB 3MG (<i>semaglutide</i>)	2	PA, MO
RYBELSUS TAB 7MG (<i>semaglutide</i>)	2	PA, MO
RYBELSUS TAB 14MG (<i>semaglutide</i>)	2	PA, MO
TRULICITY INJ 0.75/0.5 (<i>dulaglutide</i>)	2	PA, MO
TRULICITY INJ 1.5/0.5 (<i>dulaglutide</i>)	2	PA, MO
TRULICITY INJ 3/0.5 (<i>dulaglutide</i>)	2	PA, MO
TRULICITY INJ 4.5/0.5 (<i>dulaglutide</i>)	2	PA, MO
INSULIN		
AFREZZA POW 4-8 UNIT (<i>insulin regular (human)</i>)	3	MO
AFREZZA POW 4-8-12 (<i>insulin regular (human)</i>)	3	MO
AFREZZA POW 4UNIT (<i>insulin regular (human)</i>)	3	MO
AFREZZA POW 8 UNIT (<i>insulin regular (human)</i>)	3	MO
AFREZZA POW 8-12UNIT (<i>insulin regular (human)</i>)	3	MO
AFREZZA POW 12 UNIT (<i>insulin regular (human)</i>)	3	MO
FIASP FLEX INJ TOUCH (<i>insulin aspart (with niacinamide)</i>)	2	MO
FIASP INJ 100/ML (<i>insulin aspart (with niacinamide)</i>)	2	MO
FIASP PENFIL INJ U-100 (<i>insulin aspart (with niacinamide)</i>)	2	MO
GLARGIN YFGN INJ 100U/ML	2	MO
GLARGIN YFGN SOL 100U/ML	2	MO
HUMULIN R INJ U-500KWP (<i>insulin regular (human)</i>)	2	MO
LANTUS INJ 100/ML (<i>insulin glargine</i>)	2	MO
LANTUS SOLOS INJ 100/ML (<i>insulin glargine</i>)	2	MO
NOVOLIN INJ 70/30 (<i>insulin nph isophane & reg (human)</i>)	2	MO; RELION not covered
NOVOLIN INJ 70/30 FP (<i>insulin nph isophane & reg (human)</i>)	2	MO; RELION not covered
NOVOLIN N INJ 100 UNIT (<i>insulin nph (human) (isophane)</i>)	2	MO; RELION not covered
NOVOLIN N INJ U-100 (<i>insulin nph (human) (isophane)</i>)	2	MO; RELION not covered
NOVOLIN R INJ 100 UNIT (<i>insulin regular (human)</i>)	2	MO; RELION not covered

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOVOLIN R INJ U-100 (<i>insulin regular (human)</i>)	2	MO; RELION not covered
NOVOLOG INJ 100/ML (<i>insulin aspart</i>)	2	MO; RELION not covered
NOVOLOG INJ FLEXPEN (<i>insulin aspart</i>)	2	MO; RELION not covered
NOVOLOG INJ PENFILL (<i>insulin aspart</i>)	2	MO; RELION not covered
NOVOLOG MIX INJ 70/30 (<i>insulin aspart protamine & aspart (human)</i>)	2	MO; RELION not covered
NOVOLOG MIX INJ FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>)	2	MO; RELION not covered
TOUJEO MAX INJ 300/ML (<i>insulin glargine</i>)	2	MO
TOUJEO SOLO INJ 300/ML (<i>insulin glargine</i>)	2	MO
TRESIBA FLEX INJ 100UNIT (<i>insulin degludec</i>)	2	MO
TRESIBA FLEX INJ 200UNIT (<i>insulin degludec</i>)	2	MO
TRESIBA INJ 100UNIT (<i>insulin degludec</i>)	2	MO
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	MO
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	MO
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	MO
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	1	MO
<i>nateglinide tab 120 mg</i>	1	MO
<i>repaglinide tab 0.5 mg</i>	1	MO
<i>repaglinide tab 1 mg</i>	1	MO
<i>repaglinide tab 2 mg</i>	1	MO
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
<i>dapagliflozin tab 5 mg</i>	1	MO
<i>dapagliflozin tab 10 mg</i>	1	MO
FARXIGA TAB 5MG (<i>dapagliflozin</i>)	2	MO
FARXIGA TAB 10MG (<i>dapagliflozin</i>)	2	MO
JARDIANCE TAB 10MG (<i>empagliflozin</i>)	2	MO
JARDIANCE TAB 25MG (<i>empagliflozin</i>)	2	MO
SULFONYLUREAS		
<i>glimepiride tab 1 mg</i>	1	MO
<i>glimepiride tab 2 mg</i>	1	MO
<i>glimepiride tab 4 mg</i>	1	MO
<i>glipizide tab 5 mg</i>	1	MO
<i>glipizide tab 10 mg</i>	1	MO
<i>glipizide tab 15 mg</i>	1	MO
<i>glipizide tab er 24hr 2.5 mg</i>	1	MO
<i>glipizide tab er 24hr 5 mg</i>	1	MO
<i>glipizide tab er 24hr 10 mg</i>	1	MO
<i>glyburide tab 1.25 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>glyburide tab 2.5 mg</i>	1	MO
<i>glyburide tab 5 mg</i>	1	MO
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl cap 2 mg</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox granules packet 90 mg</i>	1	SP, PA
<i>deferasirox granules packet 180 mg</i>	1	SP, PA
<i>deferasirox granules packet 360 mg</i>	1	SP, PA
<i>deferasirox tab 90 mg</i>	1	SP, PA
<i>deferasirox tab 180 mg</i>	1	SP, PA
<i>deferasirox tab 360 mg</i>	1	SP, PA
<i>deferasirox tab for oral susp 125 mg</i>	1	SP, PA
<i>deferasirox tab for oral susp 250 mg</i>	1	SP, PA
<i>deferasirox tab for oral susp 500 mg</i>	1	SP, PA
<i>deferiprone tab 500 mg</i>	1	SP, PA
<i>deferiprone tab 1000 mg</i>	1	SP, PA
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
VISTOGARD PAK 10GM (<i>uridine triacetate (emergency treatment)</i>)	2	QL (20 packets every 5 days)
OPIOID ANTAGONISTS		
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	QL (4 sprays every 25 days)
<i>naltrexone hcl tab 50 mg</i>	1	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl tab 1 mg</i>	1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	
<i>ondansetron hcl tab 4 mg</i>	1	
<i>ondansetron hcl tab 8 mg</i>	1	
<i>ondansetron hcl tab 24 mg</i>	1	
<i>ondansetron orally disintegrating tab 4 mg</i>	1	
<i>ondansetron orally disintegrating tab 8 mg</i>	1	
SANCUSO DIS 3.1MG (<i>granisetron</i>)	2	PA
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>meclizine hcl tab 50 mg</i>	1	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>trimethobenzamide hcl cap 300 mg</i>	1	
ANTIEMETICS - MISCELLANEOUS		
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	QL (60 caps every 25 days)
<i>dronabinol cap 5 mg</i>	1	QL (60 caps every 25 days)
<i>dronabinol cap 10 mg</i>	1	QL (60 caps every 25 days)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps every 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 caps every 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (6 capsules every 21 days)
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
<i>flucytosine cap 250 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 165 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	PA
<i>itraconazole oral soln 10 mg/ml</i>	1	PA
<i>ketoconazole tab 200 mg</i>	1	
<i>posaconazole susp 40 mg/ml</i>	1	MO
<i>voriconazole for susp 40 mg/ml</i>	1	
<i>voriconazole tab 50 mg</i>	1	
<i>voriconazole tab 200 mg</i>	1	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
ANTIHISTAMINES - ETHANOLAMINES		
<i>carbinoxamine maleate extended release susp 4 mg/5ml</i>	1	
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Carbinoxamine Maleate Soln 4 mg/5ml) CARBZAH	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>carbinoxamine maleate tab 6 mg</i>	1	
(Carbinoxamine Maleate Tab 6 mg) RYVENT	1	
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	
ANTIHISTAMINES - NON-SEDATING		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
(Promethazine Hcl Suppos 12.5 mg) PROMETHEGAN	1	
<i>promethazine hcl suppos 25 mg</i>	1	
(Promethazine Hcl Suppos 25 mg) PROMETHEGAN	1	
(Promethazine Hcl Suppos 50 mg) PROMETHEGAN	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG (<i>bempedoic acid</i>)	2	MO
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	MO
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	MO
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	MO
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	MO
NEXLIZET TAB 180/10MG (<i>bempedoic acid-ezetimibe</i>)	2	MO
ANTIHYPERLIPIDEMICS - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	MO
VASCEPA CAP 0.5GM (<i>icosapent ethyl</i>)	1	MO

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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	MO
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	MO

ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	1	MO
<i>benazepril hcl tab 10 mg</i>	1	MO
<i>benazepril hcl tab 20 mg</i>	1	MO
<i>benazepril hcl tab 40 mg</i>	1	MO
<i>captopril tab 12.5 mg</i>	1	MO
<i>captopril tab 25 mg</i>	1	MO
<i>captopril tab 50 mg</i>	1	MO
<i>captopril tab 100 mg</i>	1	MO
<i>enalapril maleate oral soln 1 mg/ml</i>	1	MO
<i>enalapril maleate tab 2.5 mg</i>	1	MO
<i>enalapril maleate tab 5 mg</i>	1	MO
<i>enalapril maleate tab 10 mg</i>	1	MO
<i>enalapril maleate tab 20 mg</i>	1	MO
<i>fosinopril sodium tab 10 mg</i>	1	MO
<i>fosinopril sodium tab 20 mg</i>	1	MO
<i>fosinopril sodium tab 40 mg</i>	1	MO
<i>lisinopril tab 2.5 mg</i>	1	MO
<i>lisinopril tab 5 mg</i>	1	MO
<i>lisinopril tab 10 mg</i>	1	MO
<i>lisinopril tab 20 mg</i>	1	MO
<i>lisinopril tab 30 mg</i>	1	MO
<i>lisinopril tab 40 mg</i>	1	MO
<i>moexipril hcl tab 7.5 mg</i>	1	MO
<i>moexipril hcl tab 15 mg</i>	1	MO
<i>perindopril erbumine tab 2 mg</i>	1	MO
<i>perindopril erbumine tab 4 mg</i>	1	MO
<i>perindopril erbumine tab 8 mg</i>	1	MO
<i>quinapril hcl tab 5 mg</i>	1	MO
<i>quinapril hcl tab 10 mg</i>	1	MO
<i>quinapril hcl tab 20 mg</i>	1	MO
<i>quinapril hcl tab 40 mg</i>	1	MO
<i>ramipril cap 1.25 mg</i>	1	MO
<i>ramipril cap 2.5 mg</i>	1	MO
<i>ramipril cap 5 mg</i>	1	MO
<i>ramipril cap 10 mg</i>	1	MO
<i>trandolapril tab 1 mg</i>	1	MO
<i>trandolapril tab 2 mg</i>	1	MO
<i>trandolapril tab 4 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metyrosine cap 250 mg</i>	1	SP, PA, QL (16 caps every 1 day)
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>azilsartan medoxomil tab 40 mg</i>	1	MO
<i>azilsartan medoxomil tab 80 mg</i>	1	MO
<i>candesartan cilexetil tab 4 mg</i>	1	MO
<i>candesartan cilexetil tab 8 mg</i>	1	MO
<i>candesartan cilexetil tab 16 mg</i>	1	MO
<i>candesartan cilexetil tab 32 mg</i>	1	MO
<i>irbesartan tab 75 mg</i>	1	MO
<i>irbesartan tab 150 mg</i>	1	MO
<i>irbesartan tab 300 mg</i>	1	MO
<i>losartan potassium tab 25 mg</i>	1	MO
<i>losartan potassium tab 50 mg</i>	1	MO
<i>losartan potassium tab 100 mg</i>	1	MO
<i>olmesartan medoxomil tab 5 mg</i>	1	MO
<i>olmesartan medoxomil tab 20 mg</i>	1	MO
<i>olmesartan medoxomil tab 40 mg</i>	1	MO
<i>telmisartan tab 20 mg</i>	1	MO
<i>telmisartan tab 40 mg</i>	1	MO
<i>telmisartan tab 80 mg</i>	1	MO
<i>valsartan oral soln 4 mg/ml</i>	1	MO
<i>valsartan tab 40 mg</i>	1	MO
<i>valsartan tab 80 mg</i>	1	MO
<i>valsartan tab 160 mg</i>	1	MO
<i>valsartan tab 320 mg</i>	1	MO
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine hcl tab 0.1 mg</i>	1	MO
<i>clonidine hcl tab 0.2 mg</i>	1	MO
<i>clonidine hcl tab 0.3 mg</i>	1	MO
<i>clonidine hcl tab 0.05 mg</i>	1	MO
<i>clonidine tab er 24hr 0.17 mg</i>	1	MO
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	MO
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	MO
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	MO
<i>doxazosin mesylate tab 1 mg</i>	1	MO
<i>doxazosin mesylate tab 2 mg</i>	1	MO
<i>doxazosin mesylate tab 4 mg</i>	1	MO
<i>doxazosin mesylate tab 8 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>guanfacine hcl tab 1 mg</i>	1	MO
<i>guanfacine hcl tab 2 mg</i>	1	MO
<i>methyldopa tab 250 mg</i>	1	MO
<i>methyldopa tab 500 mg</i>	1	MO
<i>prazosin hcl cap 1 mg</i>	1	MO
<i>prazosin hcl cap 2 mg</i>	1	MO
<i>prazosin hcl cap 5 mg</i>	1	MO
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	MO
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	MO
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	MO
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	MO
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	MO
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	MO
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	MO
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	MO
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	MO
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	MO
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	MO
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	MO
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	MO
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	MO
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	MO
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	MO
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	MO
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	MO
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	MO
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	MO
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	MO
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	MO
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	MO
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	MO
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	MO
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	MO
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	MO
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	MO
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	MO
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	MO
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	MO
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	MO
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	MO
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	MO
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	MO
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	MO
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	MO
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	MO
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	MO
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	MO
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	MO
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	MO
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	MO
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	MO
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	MO
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	MO
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	MO
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	MO
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	MO
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	MO
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	MO
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	MO
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	MO
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	MO
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	MO
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	MO
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	MO
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	MO
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	MO
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	MO
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	MO
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	MO
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	1	MO
<i>eplerenone tab 50 mg</i>	1	MO
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	1	MO
<i>hydralazine hcl tab 25 mg</i>	1	MO
<i>hydralazine hcl tab 50 mg</i>	1	MO
<i>hydralazine hcl tab 100 mg</i>	1	MO
<i>minoxidil tab 2.5 mg</i>	1	MO
<i>minoxidil tab 10 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
COARTEM TAB 20-120MG (<i>artemether-lumefantrine</i>)	3	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>chloroquine phosphate tab 250 mg</i>	1	MO
<i>chloroquine phosphate tab 500 mg</i>	1	MO
<i>hydroxychloroquine sulfate tab 100 mg</i>	1	MO
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	MO
<i>hydroxychloroquine sulfate tab 300 mg</i>	1	MO
<i>hydroxychloroquine sulfate tab 400 mg</i>	1	MO
<i>mefloquine hcl tab 250 mg</i>	1	MO
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
<i>pyrimethamine tab 25 mg</i>	1	
<i>quinine sulfate cap 324 mg</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	MO
<i>isoniazid tab 100 mg</i>	1	MO
<i>isoniazid tab 300 mg</i>	1	MO
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
SIRTURO TAB 20MG (<i>bedaquiline fumarate</i>)	3	
SIRTURO TAB 100MG (<i>bedaquiline fumarate</i>)	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>cyclophosphamide cap 25 mg</i>	1	OAC
<i>cyclophosphamide cap 50 mg</i>	1	OAC
GLEOSTINE CAP 10MG (<i>lomustine</i>)	3	SP; OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GLEOSTINE CAP 40MG (<i>lomustine</i>)	3	SP; OAC
GLEOSTINE CAP 100MG (<i>lomustine</i>)	3	SP; OAC
<i>lomustine cap 10 mg</i>	1	SP; OAC
<i>lomustine cap 40 mg</i>	1	SP; OAC
<i>lomustine cap 100 mg</i>	1	SP; OAC
<i>temozolomide cap 5 mg</i>	1	SP, PA; OAC
<i>temozolomide cap 20 mg</i>	1	SP, PA; OAC
<i>temozolomide cap 100 mg</i>	1	SP, PA; OAC
<i>temozolomide cap 140 mg</i>	1	SP, PA; OAC
<i>temozolomide cap 180 mg</i>	1	SP, PA; OAC
<i>temozolomide cap 250 mg</i>	1	SP, PA; OAC
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	1	SP, PA; OAC
<i>capecitabine tab 500 mg</i>	1	SP, PA; OAC
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	1	SP, PA; OAC
<i>mercaptopurine tab 50 mg</i>	1	OAC
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	OAC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG (<i>axitinib</i>)	2	SP, PA, QL (8 tabs every 1 day); OAC
INLYTA TAB 5MG (<i>axitinib</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC
LENVIMA CAP 4MG (<i>lenvatinib mesylate</i>)	2	SP, PA, QL (1 cap every 1 day); OAC
LENVIMA CAP 8 MG (<i>lenvatinib mesylate</i>)	2	SP, PA, QL (2 caps every 1 day); OAC
LENVIMA CAP 10 MG (<i>lenvatinib mesylate</i>)	2	SP, PA, QL (1 cap every 1 day); OAC
LENVIMA CAP 12MG (<i>lenvatinib mesylate</i>)	2	SP, PA, QL (3 caps every 1 day); OAC
LENVIMA CAP 14 MG (<i>lenvatinib mesylate</i>)	2	SP, PA, QL (2 caps every 1 day); OAC
LENVIMA CAP 18 MG (<i>lenvatinib mesylate</i>)	2	SP, PA, QL (3 caps every 1 day); OAC
LENVIMA CAP 20 MG (<i>lenvatinib mesylate</i>)	2	SP, PA, QL (2 caps every 1 day); OAC
LENVIMA CAP 24 MG (<i>lenvatinib mesylate</i>)	2	SP, PA, QL (3 caps every 1 day); OAC
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	1	SP, PA, QL (2 tabs every 1 day); OAC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	1	SP, PA, QL (1 tab every 1 day); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	1	SP, PA, QL (1 tab every 1 day); OAC
<i>gefitinib tab 250 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
TAGRISSO TAB 40MG (<i>osimertinib mesylate</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
TAGRISSO TAB 80MG (<i>osimertinib mesylate</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	2	SP, PA, QL (1 cap every 1 day); OAC
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	2	SP, PA, QL (1 cap every 1 day); OAC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	1	SP, PA, QL (4 tabs every 1 day); OAC
(Abiraterone Acetate Tab 250 mg) ABIRTEGA	1	SP, PA, QL (4 tabs every 1 day); OAC
<i>abiraterone acetate tab 500 mg</i>	1	SP, PA, QL (2 tabs every 1 day); OAC
<i>anastrozole tab 1 mg</i>	PV	MO; OAC, \$0 copay ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tab 50 mg</i>	1	OAC
ERLEADA TAB 60MG (<i>apalutamide</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC
ERLEADA TAB 240MG (<i>apalutamide</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
<i>exemestane tab 25 mg</i>	PV	MO; OAC, \$0 copay ages 35 and older for the primary prevention of breast cancer
<i>letrozole tab 2.5 mg</i>	1	MO; OAC
<i>megestrol acetate susp 40 mg/ml</i>	1	OAC
<i>megestrol acetate tab 20 mg</i>	1	OAC
<i>megestrol acetate tab 40 mg</i>	1	OAC
<i>nilutamide tab 150 mg</i>	1	OAC
NUBEQA TAB 300MG (<i>darolutamide</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	MO; OAC, \$0 copay ages 35 and older for the primary prevention of breast cancer

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	MO; OAC, \$0 copay ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	1	MO; OAC
XTANDI CAP 40MG (<i>enzalutamide</i>)	2	SP, PA, QL (4 caps every 1 day); OAC
XTANDI TAB 40MG (<i>enzalutamide</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC
XTANDI TAB 80MG (<i>enzalutamide</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
YONSA TAB 125MG (<i>abiraterone acetate micronized</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC
ANTINEOPLASTIC - IMMUNOMODULATORS		
<i>pomalidomide cap 1 mg</i>	1	SP, PA, QL (21 caps every 21 days); OAC
<i>pomalidomide cap 2 mg</i>	1	SP, PA, QL (21 caps every 21 days); OAC
<i>pomalidomide cap 3 mg</i>	1	SP, PA, QL (21 caps every 21 days); OAC
<i>pomalidomide cap 4 mg</i>	1	SP, PA, QL (21 caps every 21 days); OAC
POMALYST CAP 1MG (<i>pomalidomide</i>)	3	SP, PA; OAC
POMALYST CAP 2MG (<i>pomalidomide</i>)	3	SP, PA; OAC
POMALYST CAP 3MG (<i>pomalidomide</i>)	3	SP, PA; OAC
POMALYST CAP 4MG (<i>pomalidomide</i>)	3	SP, PA; OAC
ANTINEOPLASTIC COMBINATIONS		
LONSURF TAB 15-6.14 (<i>trifluridine-tipiracil</i>)	2	SP, PA, QL (100 tabs every 28 days); OAC
LONSURF TAB 20-8.19 (<i>trifluridine-tipiracil</i>)	2	SP, PA, QL (80 tabs every 28 days); OAC
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG (<i>alectinib hcl</i>)	2	SP, PA, QL (8 caps every 1 day); OAC
ALUNBRIG PAK (<i>brigatinib</i>)	2	PA, QL (1 tab every 1 day); OAC
ALUNBRIG TAB 30MG (<i>brigatinib</i>)	2	PA, QL (4 tabs every 1 day); OAC
ALUNBRIG TAB 90MG (<i>brigatinib</i>)	2	PA, QL (1 tab every 1 day); OAC
ALUNBRIG TAB 180MG (<i>brigatinib</i>)	2	PA, QL (1 tab every 1 day); OAC
AUGTYRO CAP 40MG (<i>repotrectinib</i>)	2	SP, PA, QL (8 caps every 1 day); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AUGTYRO CAP 160MG (<i>repotrectinib</i>)	2	SP, PA, QL (2 caps every 1 day); OAC
BOSULIF CAP 50MG (<i>bosutinib</i>)	2	SP, PA, QL (1 cap every 1 day); OAC
BOSULIF CAP 100MG (<i>bosutinib</i>)	2	SP, PA, QL (10 caps every 1 day); OAC
BOSULIF TAB 100MG (<i>bosutinib</i>)	2	SP, PA, QL (3 tabs every 1 day); OAC
BOSULIF TAB 400MG (<i>bosutinib</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
BOSULIF TAB 500MG (<i>bosutinib</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
BRAFTOVI CAP 75MG (<i>encorafenib</i>)	2	SP, PA, QL (6 caps every 1 day); OAC
BRUKINSA CAP 80MG (<i>zanubrutinib</i>)	2	SP, PA, QL (4 caps every 1 day); OAC
BRUKINSA TAB 160MG (<i>zanubrutinib</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
CABOMETYX TAB 20MG (<i>cabozantinib s-malate</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
CABOMETYX TAB 40MG (<i>cabozantinib s-malate</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
CABOMETYX TAB 60MG (<i>cabozantinib s-malate</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
CALQUENCE TAB 100MG (<i>acalabrutinib maleate</i>)	2	PA, QL (2 tabs every 1 day); OAC
<i>dasatinib tab 20 mg</i>	1	SP, PA, QL (3 tabs every 1 day); OAC
<i>dasatinib tab 50 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
<i>dasatinib tab 70 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
<i>dasatinib tab 80 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
<i>dasatinib tab 100 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
<i>dasatinib tab 140 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 2.5 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
(Everolimus Tab 2.5 mg) TORPENZ	1	SP, PA, QL (1 tab every 1 day); OAC
(Everolimus Tab 2.5 mg) YULITHIRA	1	SP, PA, QL (1 tab every 1 day); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>everolimus tab 5 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
(Everolimus Tab 5 mg) TORPENZ	1	SP, PA, QL (1 tab every 1 day); OAC
(Everolimus Tab 5 mg) YULITHIRA	1	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 7.5 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
(Everolimus Tab 7.5 mg) TORPENZ	1	SP, PA, QL (1 tab every 1 day); OAC
(Everolimus Tab 7.5 mg) YULITHIRA	1	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 10 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
(Everolimus Tab 10 mg) TORPENZ	1	SP, PA, QL (1 tab every 1 day); OAC
(Everolimus Tab 10 mg) YULITHIRA	1	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab for oral susp 2 mg</i>	1	SP, PA, QL (2 tabs every 1 day); OAC
<i>everolimus tab for oral susp 3 mg</i>	1	SP, PA, QL (3 tabs every 1 day); OAC
<i>everolimus tab for oral susp 5 mg</i>	1	SP, PA, QL (2 tabs every 1 day); OAC
GAVRETO CAP 100MG (<i>pralsetinib</i>)	2	SP, PA, QL (4 caps every 1 day); OAC
GOMEKLI CAP 1MG (<i>mirdametinib</i>)	2	SP, PA, QL (42 caps every 21 days); OAC
GOMEKLI CAP 2MG (<i>mirdametinib</i>)	2	SP, PA, QL (84 caps every 21 days); OAC
GOMEKLI TAB 1MG (<i>mirdametinib</i>)	2	SP, PA, QL (168 tabs every 21 days); OAC
IBRANCE CAP 100MG (<i>palbociclib</i>)	2	SP, PA, QL (21 caps every 21 days); OAC
IBRANCE CAP 125MG (<i>palbociclib</i>)	2	SP, PA, QL (21 caps every 21 days); OAC
IBRANCE TAB 75MG (<i>palbociclib</i>)	2	SP, PA, QL (21 tabs every 21 days); OAC
IBRANCE TAB 100MG (<i>palbociclib</i>)	2	SP, PA, QL (21 tabs every 21 days); OAC
IBRANCE TAB 125MG (<i>palbociclib</i>)	2	SP, PA, QL (21 tabs every 21 days); OAC
IBTROZI CAP 200MG (<i>taletrectinib adipate</i>)	2	SP, PA, QL (3 caps every 1 day); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	1	SP, PA, QL (4 tabs every 1 day); OAC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	1	SP, PA, QL (2 tabs every 1 day); OAC
JAKAFI TAB 5MG (<i>ruxolitinib phosphate</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
JAKAFI TAB 10MG (<i>ruxolitinib phosphate</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
JAKAFI TAB 15MG (<i>ruxolitinib phosphate</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
JAKAFI TAB 20MG (<i>ruxolitinib phosphate</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
JAKAFI TAB 25MG (<i>ruxolitinib phosphate</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
JAKAFI XR TAB 11MG (<i>ruxolitinib phosphate</i>)	2	SP, PA; OAC
JAKAFI XR TAB 22MG (<i>ruxolitinib phosphate</i>)	2	SP, PA; OAC
JAKAFI XR TAB 33MG (<i>ruxolitinib phosphate</i>)	2	SP, PA; OAC
JAKAFI XR TAB 44MG (<i>ruxolitinib phosphate</i>)	2	SP, PA; OAC
JAKAFI XR TAB 55MG (<i>ruxolitinib phosphate</i>)	2	SP, PA; OAC
KISQALI TAB 200DOSE (<i>ribociclib succinate</i>)	2	SP, PA, QL (21 tabs every 21 days); OAC
KISQALI TAB 400DOSE (<i>ribociclib succinate</i>)	2	SP, PA, QL (42 tabs every 21 days); OAC
KISQALI TAB 600DOSE (<i>ribociclib succinate</i>)	2	SP, PA, QL (63 tabs every 21 days); OAC
KOSELUGO CAP 10MG (<i>selumetinib sulfate</i>)	2	PA, QL (8 caps every 1 day); OAC
KOSELUGO CAP 25MG (<i>selumetinib sulfate</i>)	2	PA, QL (4 caps every 1 day); OAC
KRAZATI TAB 200MG (<i>adagrasib</i>)	2	PA, QL (6 tabs every 1 day); OAC
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	1	SP, PA, QL (6 tabs every 1 day); OAC
LUMAKRAS TAB 120MG (<i>sotorasib</i>)	2	SP, PA, QL (8 tabs every 1 day); OAC
LUMAKRAS TAB 240MG (<i>sotorasib</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC
LUMAKRAS TAB 320MG (<i>sotorasib</i>)	2	SP, PA, QL (3 tabs every 1 day); OAC
LYNPARZA TAB 100MG (<i>olaparib</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC
LYNPARZA TAB 150MG (<i>olaparib</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MEKINIST SOL 0.05/ML (<i>trametinib dimethyl sulfoxide</i>)	2	SP, PA, QL (38 mL every 1 day); OAC
MEKINIST TAB 0.5MG (<i>trametinib dimethyl sulfoxide</i>)	2	SP, PA, QL (3 tabs every 1 day); OAC
MEKINIST TAB 2MG (<i>trametinib dimethyl sulfoxide</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
MEKTOVI TAB 15MG (<i>binimetinib</i>)	2	SP, PA, QL (6 tabs every 1 day); OAC
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	1	SP, PA, QL (4 caps every 1 day); OAC
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	1	SP, PA, QL (4 caps every 1 day); OAC
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	1	SP, PA, QL (4 caps every 1 day); OAC
NINLARO CAP 2.3MG (<i>ixazomib citrate</i>)	2	SP, PA, QL (3 caps every 21 days); OAC
NINLARO CAP 3MG (<i>ixazomib citrate</i>)	2	SP, PA, QL (3 caps every 21 days); OAC
NINLARO CAP 4MG (<i>ixazomib citrate</i>)	2	SP, PA, QL (3 caps every 21 days); OAC
<i>pazopanib hcl tab 200 mg (base equiv)</i>	1	SP, PA, QL (4 tabs every 1 day); OAC
PIQRAY 200MG TAB DOSE (<i>alpelisib</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
PIQRAY 250MG TAB DOSE (<i>alpelisib</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
PIQRAY 300MG TAB DOSE (<i>alpelisib</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
RETEVMO TAB 40MG (<i>selpercatinib</i>)	2	SP, PA, QL (3 tabs every 1 day); OAC
RETEVMO TAB 80MG (<i>selpercatinib</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC
RETEVMO TAB 120MG (<i>selpercatinib</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
RETEVMO TAB 160MG (<i>selpercatinib</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
ROZLYTREK CAP 100MG (<i>entrectinib</i>)	2	SP, PA, QL (1 cap every 1 day); OAC
ROZLYTREK CAP 200MG (<i>entrectinib</i>)	2	SP, PA, QL (3 caps every 1 day); OAC
ROZLYTREK PAK 50MG (<i>entrectinib</i>)	2	SP, PA, QL (12 packets every 1 day); OAC
RYDAPT CAP 25MG (<i>midostaurin</i>)	2	SP, PA, QL (8 caps every 1 day); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SCEMBLIX TAB 20MG (<i>asciminib hcl</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
SCEMBLIX TAB 40MG (<i>asciminib hcl</i>)	2	SP, PA, QL (8 tabs every 1 day); OAC
SCEMBLIX TAB 100MG (<i>asciminib hcl</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	1	SP, PA, QL (4 tabs every 1 day); OAC
STIVARGA TAB 40MG (<i>regorafenib</i>)	2	SP, PA, QL (3 tabs every 1 day); OAC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	1	SP, PA, QL (1 cap every 1 day); OAC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	1	SP, PA, QL (1 cap every 1 day); OAC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	1	SP, PA, QL (1 cap every 1 day); OAC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	1	SP, PA, QL (1 cap every 1 day); OAC
TAFINLAR CAP 50MG (<i>dabrafenib mesylate</i>)	2	SP, PA, QL (4 caps every 1 day); OAC
TAFINLAR CAP 75MG (<i>dabrafenib mesylate</i>)	2	SP, PA, QL (4 caps every 1 day); OAC
TAFINLAR TAB 10MG (<i>dabrafenib mesylate</i>)	2	SP, PA, QL (30 tabs every 1 day); OAC
TRUQAP PAK 160MG (<i>capivasertib</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
TRUQAP PAK 200MG (<i>capivasertib</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
TRUQAP TAB 200MG (<i>capivasertib</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
TURALIO CAP 125MG (<i>pexidartinib hcl</i>)	2	SP, PA, QL (4 caps every 1 day); OAC
VITRAKVI CAP 25MG (<i>larotrectinib sulfate</i>)	2	SP, PA, QL (6 caps every 1 day); OAC
VITRAKVI CAP 100MG (<i>larotrectinib sulfate</i>)	2	SP, PA, QL (2 caps every 1 day); OAC
VITRAKVI SOL 20MG/ML (<i>larotrectinib sulfate</i>)	2	SP, PA, QL (10 mL every 1 day); OAC
XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>)	2	SP, PA, QL (3 tabs every 1 day); OAC
ZEJULA TAB 100MG (<i>niraparib tosylate</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
ZEJULA TAB 200MG (<i>niraparib tosylate</i>)	2	SP, PA, QL (1 tab every 1 day); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZEJULA TAB 300MG (<i>niraparib tosylate</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
ZYKADIA TAB 150MG (<i>ceritinib</i>)	2	SP, PA, QL (3 tabs every 1 day); OAC
ANTINEOPLASTICS MISC.		
<i>bexarotene cap 75 mg</i>	1	SP, PA; OAC
<i>hydroxyurea cap 500 mg</i>	1	OAC
<i>tretinoin cap 10 mg</i>	1	OAC
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium tab 5 mg</i>	1	OAC
(Leucovorin Calcium Tab 5 mg) LEDERLE LEUCOVORIN	1	OAC
<i>leucovorin calcium tab 10 mg</i>	1	OAC
<i>leucovorin calcium tab 15 mg</i>	1	OAC
<i>leucovorin calcium tab 25 mg</i>	1	OAC
<i>mesna tab 400 mg</i>	1	OAC
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	1	OAC
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	1	MO
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	1	MO
<i>benztropine mesylate tab 1 mg</i>	1	MO
<i>benztropine mesylate tab 2 mg</i>	1	MO
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	MO
<i>trihexyphenidyl hcl tab 2 mg</i>	1	MO
<i>trihexyphenidyl hcl tab 5 mg</i>	1	MO
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tab 200 mg</i>	1	MO
<i>tolcapone tab 100 mg</i>	1	MO
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	1	MO
<i>amantadine hcl soln 50 mg/5ml</i>	1	MO
<i>amantadine hcl tab 100 mg</i>	1	MO
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	MO
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	MO
<i>carbidopa & levodopa cap er 23.75-95 mg</i>	1	MO
<i>carbidopa & levodopa cap er 36.25-145 mg</i>	1	MO
<i>carbidopa & levodopa cap er 48.75-195 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carbidopa & levodopa cap er 61.25-245 mg</i>	1	MO
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	MO
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	MO
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	MO
<i>carbidopa & levodopa tab 10-100 mg</i>	1	MO
<i>carbidopa & levodopa tab 25-100 mg</i>	1	MO
<i>carbidopa & levodopa tab 25-250 mg</i>	1	MO
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	MO
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	MO
CREXONT CAP 35-140MG (<i>carbidopa-levodopa</i>)	2	MO
CREXONT CAP 52.5-210 (<i>carbidopa-levodopa</i>)	2	MO
CREXONT CAP 70-280MG (<i>carbidopa-levodopa</i>)	2	MO
CREXONT CAP 87.5-350 (<i>carbidopa-levodopa</i>)	2	MO
DHIVY TAB 25-100MG (<i>carbidopa-levodopa</i>)	3	MO
INBRIJA CAP 42MG (<i>levodopa</i>)	2	PA, QL (10 caps every 1 day), MO
NEUPRO DIS 1MG/24HR (<i>rotigotine</i>)	2	MO
NEUPRO DIS 2MG/24HR (<i>rotigotine</i>)	2	MO
NEUPRO DIS 3MG/24HR (<i>rotigotine</i>)	2	MO
NEUPRO DIS 4MG/24HR (<i>rotigotine</i>)	2	MO
NEUPRO DIS 6MG/24HR (<i>rotigotine</i>)	2	MO
NEUPRO DIS 8MG/24HR (<i>rotigotine</i>)	2	MO
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	MO
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	MO
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	MO
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	MO
<i>pramipexole dihydrochloride tab 1 mg</i>	1	MO
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	MO
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	MO
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	MO
<i>ropinirole hydrochloride tab 1 mg</i>	1	MO
<i>ropinirole hydrochloride tab 2 mg</i>	1	MO
<i>ropinirole hydrochloride tab 3 mg</i>	1	MO
<i>ropinirole hydrochloride tab 4 mg</i>	1	MO
<i>ropinirole hydrochloride tab 5 mg</i>	1	MO
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	MO
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	MO
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	MO
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	MO
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	MO
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	MO
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	MO
<i>selegiline hcl cap 5 mg</i>	1	MO
<i>selegiline hcl tab 5 mg</i>	1	MO
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES		
ANTIMANIC AGENTS		
<i>lithium carbonate cap 150 mg</i>	1	MO
<i>lithium carbonate cap 300 mg</i>	1	MO
<i>lithium carbonate cap 600 mg</i>	1	MO
<i>lithium carbonate tab 300 mg</i>	1	MO
<i>lithium carbonate tab er 300 mg</i>	1	MO
<i>lithium carbonate tab er 450 mg</i>	1	MO
<i>lithium oral solution 8 meq/5ml</i>	1	MO
ANTIPSYCHOTICS - MISC.		
<i>lurasidone hcl tab 20 mg</i>	1	MO
<i>lurasidone hcl tab 40 mg</i>	1	MO
<i>lurasidone hcl tab 60 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lurasidone hcl tab 80 mg</i>	1	MO
<i>lurasidone hcl tab 120 mg</i>	1	MO
<i>VRAYLAR CAP 0.5MG (cariprazine hcl)</i>	2	MO
<i>VRAYLAR CAP 0.75MG (cariprazine hcl)</i>	2	MO
<i>VRAYLAR CAP 1.5MG (cariprazine hcl)</i>	2	MO
<i>VRAYLAR CAP 3MG (cariprazine hcl)</i>	2	MO
<i>VRAYLAR CAP 4.5MG (cariprazine hcl)</i>	2	MO
<i>VRAYLAR CAP 6MG (cariprazine hcl)</i>	2	MO
<i>ziprasidone hcl cap 20 mg</i>	1	MO
<i>ziprasidone hcl cap 40 mg</i>	1	MO
<i>ziprasidone hcl cap 60 mg</i>	1	MO
<i>ziprasidone hcl cap 80 mg</i>	1	MO
BENZISOXAZOLES		
<i>paliperidone tab er 24hr 1.5 mg</i>	1	MO
<i>paliperidone tab er 24hr 3 mg</i>	1	MO
<i>paliperidone tab er 24hr 6 mg</i>	1	MO
<i>paliperidone tab er 24hr 9 mg</i>	1	MO
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	MO
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	MO
<i>risperidone orally disintegrating tab 1 mg</i>	1	MO
<i>risperidone orally disintegrating tab 2 mg</i>	1	MO
<i>risperidone orally disintegrating tab 3 mg</i>	1	MO
<i>risperidone orally disintegrating tab 4 mg</i>	1	MO
<i>risperidone soln 1 mg/ml</i>	1	MO
<i>risperidone tab 0.5 mg</i>	1	MO
<i>risperidone tab 0.25 mg</i>	1	MO
<i>risperidone tab 1 mg</i>	1	MO
<i>risperidone tab 2 mg</i>	1	MO
<i>risperidone tab 3 mg</i>	1	MO
<i>risperidone tab 4 mg</i>	1	MO
BUTYROPHENONES		
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	MO
<i>haloperidol tab 0.5 mg</i>	1	MO
<i>haloperidol tab 1 mg</i>	1	MO
<i>haloperidol tab 2 mg</i>	1	MO
<i>haloperidol tab 5 mg</i>	1	MO
<i>haloperidol tab 10 mg</i>	1	MO
<i>haloperidol tab 20 mg</i>	1	MO
DIBENZAPINES		
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1	MO
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	MO
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
<i>loxapine succinate cap 5 mg</i>	1	MO
<i>loxapine succinate cap 10 mg</i>	1	MO
<i>loxapine succinate cap 25 mg</i>	1	MO
<i>loxapine succinate cap 50 mg</i>	1	MO
<i>olanzapine orally disintegrating tab 5 mg</i>	1	MO
<i>olanzapine orally disintegrating tab 10 mg</i>	1	MO
<i>olanzapine orally disintegrating tab 15 mg</i>	1	MO
<i>olanzapine orally disintegrating tab 20 mg</i>	1	MO
<i>olanzapine tab 2.5 mg</i>	1	MO
<i>olanzapine tab 5 mg</i>	1	MO
<i>olanzapine tab 7.5 mg</i>	1	MO
<i>olanzapine tab 10 mg</i>	1	MO
<i>olanzapine tab 15 mg</i>	1	MO
<i>olanzapine tab 20 mg</i>	1	MO
<i>quetiapine fumarate tab 25 mg</i>	1	MO
<i>quetiapine fumarate tab 50 mg</i>	1	MO
<i>quetiapine fumarate tab 100 mg</i>	1	MO
<i>quetiapine fumarate tab 150 mg</i>	1	MO
<i>quetiapine fumarate tab 200 mg</i>	1	MO
<i>quetiapine fumarate tab 300 mg</i>	1	MO
<i>quetiapine fumarate tab 400 mg</i>	1	MO
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	MO
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	MO
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	MO
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	MO
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	MO
DIHYDROINDOLONES		
<i>molindone hcl tab 5 mg</i>	1	MO
<i>molindone hcl tab 10 mg</i>	1	MO
<i>molindone hcl tab 25 mg</i>	1	MO
PHENOTHIAZINES		
<i>chlorpromazine hcl conc 30 mg/ml</i>	1	MO

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

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

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

ANTIRETROVIRALS

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>etravirine tab 100 mg</i>	1	SP, QL (4 tabs every 1 day)
<i>etravirine tab 200 mg</i>	1	SP, QL (2 tabs every 1 day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	SP, QL (4 tabs every 1 day)
GENVOYA TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	2	SP, QL (1 tab every 1 day)
ISENTRESS CHW 25MG (<i>raltegravir potassium</i>)	2	SP, QL (6 tabs every 1 day)
ISENTRESS CHW 100MG (<i>raltegravir potassium</i>)	2	SP, QL (6 tabs every 1 day)
ISENTRESS HD TAB 600MG (<i>raltegravir potassium</i>)	2	SP, QL (2 tabs every 1 day)
ISENTRESS POW 100MG (<i>raltegravir potassium</i>)	2	SP, QL (2 packets every 1 day)
ISENTRESS TAB 400MG (<i>raltegravir potassium</i>)	2	SP, QL (4 tabs every 1 day)
<i>lamivudine oral soln 10 mg/ml</i>	1	SP, QL (32 mL every 1 day)
<i>lamivudine tab 150 mg</i>	1	SP, QL (2 tabs every 1 day)
<i>lamivudine tab 300 mg</i>	1	SP, QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	SP, QL (2 tabs every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	SP, QL (10 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	SP, QL (4 tabs every 1 day)
<i>maraviroc tab 150 mg</i>	1	SP, QL (2 tabs every 1 day)
<i>maraviroc tab 300 mg</i>	1	SP, QL (4 tabs every 1 day)
<i>nevirapine susp 50 mg/5ml</i>	1	SP, QL (40 mL every 1 day)
<i>nevirapine tab 200 mg</i>	1	SP, QL (2 tabs every 1 day)
<i>nevirapine tab er 24hr 400 mg</i>	1	SP, QL (1 tab every 1 day)
ODEFSEY TAB (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>)	2	SP, QL (1 tab every 1 day)
PREZCOBIX TAB 800-150 (<i>darunavir-cobicistat</i>)	3	SP, QL (1 tab every 1 day)
<i>rilpivirine hcl tab 25 mg (base equivalent)</i>	1	SP, QL (2 tabs every 1 day)
<i>ritonavir tab 100 mg</i>	1	SP, QL (12 tabs every 1 day)
SYM TUZA TAB (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	2	SP, QL (1 tab every 1 day)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	SP, QL (1 tab every 1 day)
TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>)	2	SP, QL (12 tabs every 1 day)
TIVICAY TAB 50MG (<i>dolutegravir sodium</i>)	2	SP, QL (2 tabs every 1 day)
TRIUMEQ PD TAB (<i>abacavir-dolutegravir-lamivudine</i>)	2	SP, QL (6 tabs every 1 day)
TRIUMEQ TAB (<i>abacavir-dolutegravir-lamivudine</i>)	2	SP, QL (1 tab every 1 day)
VIRACEPT TAB 250MG (<i>nelfinavir mesylate</i>)	3	SP, QL (300 tabs every 30 days)
VIRACEPT TAB 625MG (<i>nelfinavir mesylate</i>)	3	SP, QL (120 tabs every 30 days)
YEZTUGO TAB 300MG (<i>lenacapavir sodium</i>)	2	SP, QL (8 tabs every 4 days)
<i>zidovudine cap 100 mg</i>	1	SP, QL (6 caps every 1 day)
<i>zidovudine syrup 10 mg/ml</i>	1	SP, QL (64 mL every 1 day)
<i>zidovudine tab 300 mg</i>	1	SP, QL (2 tabs every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK (<i>nirmatrelvir-ritonavir</i>)	PV	
PAXLOVID TAB 150-100 (<i>nirmatrelvir-ritonavir</i>)	PV	QL (1 carton every 90 days)
PAXLOVID TAB 300-100 (<i>nirmatrelvir-ritonavir</i>)	PV	QL (1 carton every 90 days)
CMV AGENTS		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL (1000 mL every 30 days), MO
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL (4 tabs every 1 day), MO
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	1	SP
<i>entecavir tab 0.5 mg</i>	1	SP, QL (1 tab every 1 day)
<i>entecavir tab 1 mg</i>	1	SP, QL (1 tab every 1 day)
EPCLUSA PAK 150-37.5 (<i>sofosbuvir-velpatasvir</i>)	2	SP, PA, QL (1 packet every 1 day); For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG (<i>sofosbuvir-velpatasvir</i>)	2	SP, PA, QL (1 packet every 1 day); For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG (<i>sofosbuvir-velpatasvir</i>)	2	SP, PA, QL (2 tabs every 1 day); For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100 (<i>sofosbuvir-velpatasvir</i>)	2	SP, PA, QL (1 tab every 1 day); For genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK (<i>ledipasvir-sofosbuvir</i>)	2	SP, PA, QL (1 packet every 1 day); For genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG (<i>ledipasvir-sofosbuvir</i>)	2	SP, PA, QL (1 packet every 1 day); For genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG (<i>ledipasvir-sofosbuvir</i>)	2	SP, PA, QL (2 tabs every 1 day); For genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG (<i>ledipasvir-sofosbuvir</i>)	2	SP, PA, QL (1 tab every 1 day); For genotypes 1, 4, 5, 6
<i>lamivudine tab 100 mg (hbv)</i>	1	SP
MAVYRET PAK 50-20MG (<i>glecaprevir-pibrentasvir</i>)	3	SP, PA
MAVYRET TAB 100-40MG (<i>glecaprevir-pibrentasvir</i>)	3	SP, PA
<i>ribavirin cap 200 mg</i>	1	SP, PA
<i>ribavirin tab 200 mg</i>	1	SP, PA
SOVALDI PAK 150MG (<i>sofosbuvir</i>)	3	SP, PA
SOVALDI PAK 200MG (<i>sofosbuvir</i>)	3	SP, PA
SOVALDI TAB 200MG (<i>sofosbuvir</i>)	3	SP, PA
SOVALDI TAB 400MG (<i>sofosbuvir</i>)	3	SP, PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VOSEVI TAB (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	2	SP, PA, QL (1 tab every 1 day); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).
ZEPATIER TAB 50-100MG (<i>elbasvir-grazoprevir</i>)	3	SP, PA
HERPES AGENTS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	
RELENZA MIS DISKHALE (<i>zanamivir</i>)	2	
<i>rimantadine hydrochloride tab 100 mg</i>	1	
MISC. ANTIVIRALS		
LAGEVRIO CAP 200MG (<i>molnupiravir</i>)	PV	QL (40 caps every 90 days)
BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
ALPHA-BETA BLOCKERS		
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	MO
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	MO
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	MO
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	MO
<i>carvedilol tab 3.125 mg</i>	1	MO
<i>carvedilol tab 6.25 mg</i>	1	MO
<i>carvedilol tab 12.5 mg</i>	1	MO
<i>carvedilol tab 25 mg</i>	1	MO
<i>labetalol hcl tab 100 mg</i>	1	MO
<i>labetalol hcl tab 200 mg</i>	1	MO
<i>labetalol hcl tab 300 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>labetalol hcl tab 400 mg</i>	1	MO
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	1	MO
<i>acebutolol hcl cap 400 mg</i>	1	MO
<i>atenolol tab 25 mg</i>	1	MO
<i>atenolol tab 50 mg</i>	1	MO
<i>atenolol tab 100 mg</i>	1	MO
<i>betaxolol hcl tab 10 mg</i>	1	MO
<i>betaxolol hcl tab 20 mg</i>	1	MO
<i>bisoprolol fumarate tab 5 mg</i>	1	MO
<i>bisoprolol fumarate tab 10 mg</i>	1	MO
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	MO
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	MO
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	MO
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	MO
<i>metoprolol tartrate tab 12.5 mg</i>	1	MO
<i>metoprolol tartrate tab 25 mg</i>	1	MO
<i>metoprolol tartrate tab 37.5 mg</i>	1	MO
<i>metoprolol tartrate tab 50 mg</i>	1	MO
<i>metoprolol tartrate tab 75 mg</i>	1	MO
<i>metoprolol tartrate tab 100 mg</i>	1	MO
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	MO
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	MO
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	MO
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	MO
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol tab 20 mg</i>	1	MO
<i>nadolol tab 40 mg</i>	1	MO
<i>nadolol tab 80 mg</i>	1	MO
<i>pindolol tab 5 mg</i>	1	MO
<i>pindolol tab 10 mg</i>	1	MO
<i>propranolol hcl cap er 24hr 60 mg</i>	1	MO
<i>propranolol hcl cap er 24hr 80 mg</i>	1	MO
<i>propranolol hcl cap er 24hr 120 mg</i>	1	MO
<i>propranolol hcl cap er 24hr 160 mg</i>	1	MO
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	MO
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	MO
<i>propranolol hcl tab 10 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>propranolol hcl tab 20 mg</i>	1	MO
<i>propranolol hcl tab 40 mg</i>	1	MO
<i>propranolol hcl tab 60 mg</i>	1	MO
<i>propranolol hcl tab 80 mg</i>	1	MO
<i>sotalol hcl (afib/af) tab 80 mg</i>	1	MO
<i>sotalol hcl (afib/af) tab 120 mg</i>	1	MO
<i>sotalol hcl (afib/af) tab 160 mg</i>	1	MO
<i>sotalol hcl tab 80 mg</i>	1	MO
<i>sotalol hcl tab 120 mg</i>	1	MO
<i>sotalol hcl tab 160 mg</i>	1	MO
<i>sotalol hcl tab 240 mg</i>	1	MO
<i>timolol maleate tab 5 mg</i>	1	MO
<i>timolol maleate tab 10 mg</i>	1	MO
<i>timolol maleate tab 20 mg</i>	1	MO

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

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

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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	MO
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	MO
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	MO
<i>nimodipine cap 30 mg</i>	1	
<i>nimodipine oral soln 60 mg/20ml (3 mg/ml)</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	MO
<i>nisoldipine tab er 24hr 17 mg</i>	1	MO
<i>nisoldipine tab er 24hr 34 mg</i>	1	MO
<i>verapamil hcl cap er 24hr 100 mg</i>	1	MO
<i>verapamil hcl cap er 24hr 120 mg</i>	1	MO
<i>verapamil hcl cap er 24hr 180 mg</i>	1	MO
<i>verapamil hcl cap er 24hr 200 mg</i>	1	MO
<i>verapamil hcl cap er 24hr 240 mg</i>	1	MO
<i>verapamil hcl cap er 24hr 300 mg</i>	1	MO
<i>verapamil hcl cap er 24hr 360 mg</i>	1	MO
<i>verapamil hcl tab 40 mg</i>	1	MO
<i>verapamil hcl tab 80 mg</i>	1	MO
<i>verapamil hcl tab 120 mg</i>	1	MO
<i>verapamil hcl tab er 120 mg</i>	1	MO
<i>verapamil hcl tab er 180 mg</i>	1	MO
<i>verapamil hcl tab er 240 mg</i>	1	MO

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

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

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

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	MO
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	MO
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	MO
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	MO
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	MO
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	MO
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	MO
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	MO
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	MO
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	MO
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	MO
OPSYNVI TAB 10-20MG (<i>macitentan-tadalafil</i>)	2	SP, PA, QL (1 tab every 1 day)
OPSYNVI TAB 10-40MG (<i>macitentan-tadalafil</i>)	2	SP, PA, QL (1 tab every 1 day)
<i>sacubitril-valsartan tab 24-26 mg</i>	1	PA, MO
<i>sacubitril-valsartan tab 49-51 mg</i>	1	PA, MO
<i>sacubitril-valsartan tab 97-103 mg</i>	1	PA, MO
IMPOTENCE AGENTS - DRUGS TO TREAT ERECTILE DYSFUNCTION		
<i>sildenafil citrate tab 25 mg</i>	1	PA, QL (8 tabs every 21 days)
<i>sildenafil citrate tab 50 mg</i>	1	PA, QL (8 tabs every 21 days)
<i>sildenafil citrate tab 100 mg</i>	1	PA, QL (8 tabs every 21 days)
<i>tadalafil tab 2.5 mg</i>	1	PA, QL (1 tab every 1 day), MO
<i>tadalafil tab 5 mg</i>	1	PA, QL (1 tab every 1 day), MO
<i>tadalafil tab 10 mg</i>	1	PA, QL (8 tabs every 21 days)
<i>tadalafil tab 20 mg</i>	1	PA, QL (8 tabs every 21 days)
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	1	PA, QL (8 tabs every 21 days)
<i>vardenafil hcl tab 2.5 mg</i>	1	PA, QL (8 tabs every 21 days)
<i>vardenafil hcl tab 5 mg</i>	1	PA, QL (8 tabs every 21 days)
<i>vardenafil hcl tab 10 mg</i>	1	PA, QL (8 tabs every 21 days)
<i>vardenafil hcl tab 20 mg</i>	1	PA, QL (8 tabs every 21 days)
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG (<i>treprostinil diolamine</i>)	2	SP, PA
ORENITRAM TAB 0.125MG (<i>treprostinil diolamine</i>)	2	SP, PA
ORENITRAM TAB 1MG (<i>treprostinil diolamine</i>)	2	SP, PA
ORENITRAM TAB 2.5MG (<i>treprostinil diolamine</i>)	2	SP, PA
ORENITRAM TAB 5MG (<i>treprostinil diolamine</i>)	2	SP, PA
ORENITRAM TAB MONTH 1 (<i>treprostinil diolamine</i>)	2	SP, PA
ORENITRAM TAB MONTH 2 (<i>treprostinil diolamine</i>)	2	SP, PA
ORENITRAM TAB MONTH 3 (<i>treprostinil diolamine</i>)	2	SP, PA
TYVASO DPI POW 16-32-48 (<i>treprostinil</i>)	2	SP, PA, QL (9 cartridges every 1 day)
TYVASO DPI POW 16MCG (<i>treprostinil</i>)	2	SP, PA, QL (4 cartridges every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TYVASO DPI POW 32MCG (<i>treprostinil</i>)	2	SP, PA, QL (4 cartridges every 1 day)
TYVASO DPI POW 48MCG (<i>treprostinil</i>)	2	SP, PA, QL (4 cartridges every 1 day)
TYVASO DPI POW 64MCG (<i>treprostinil</i>)	2	SP, PA, QL (4 cartridges every 1 day)
TYVASO DPI POW 80MCG (<i>treprostinil</i>)	2	SP, PA, QL (4 cartridges every 1 day)
TYVASO DPI POW INST KIT (<i>treprostinil</i>)	2	SP, PA, QL (4 cartridges every 1 day)
TYVASO DPI POW MAIN KIT (<i>treprostinil</i>)	2	SP, PA, QL (8 cartridges every 1 day)
TYVASO RF KT SOL 0.6MG/ML (<i>treprostinil</i>)	2	SP, PA, QL (2.9 mL every 1 day)
TYVASO SOL 0.6MG/ML (<i>treprostinil</i>)	2	SP, PA, QL (2.9 mL every 1 day)
TYVASO ST KT SOL 0.6MG/ML (<i>treprostinil</i>)	2	SP, PA, QL (2.9 mL every 1 day)
YUTREPIA CAP 26.5MCG (<i>treprostinil sodium</i>)	2	SP, PA, QL (5 caps every 1 day)
YUTREPIA CAP 53MCG (<i>treprostinil sodium</i>)	2	SP, PA, QL (5 caps every 1 day)
YUTREPIA CAP 79.5MCG (<i>treprostinil sodium</i>)	2	SP, PA, QL (5 caps every 1 day)
YUTREPIA CAP 106MCG (<i>treprostinil sodium</i>)	2	SP, PA, QL (5 caps every 1 day)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	1	SP, PA, QL (1 tab every 1 day)
<i>ambrisentan tab 10 mg</i>	1	SP, PA, QL (1 tab every 1 day)
<i>bosentan tab 62.5 mg</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>bosentan tab 125 mg</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>bosentan tab for oral susp 32 mg</i>	1	SP, PA, QL (4 tabs every 1 day)
<i>macitentan tab 10 mg</i>	1	SP, PA, QL (1 tab every 1 day)
OPSUMIT TAB 10MG (<i>macitentan</i>)	2	SP, PA, QL (1 tab every 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate for suspension 10 mg/ml</i>	1	SP, PA, QL (224 mL every 30 days)
<i>sildenafil citrate tab 20 mg</i>	1	SP, PA, QL (12 tabs every 1 day)
<i>tadalafil tab 20 mg (pah)</i>	1	SP, PA, QL (2 tabs every 1 day)
(Tadalafil Tab 20 mg (Pah)) ALYQ	1	SP, PA, QL (2 tabs every 1 day)
TADLIQ SUS 20MG/5ML (<i>tadalafil (pulmonary hypertension)</i>)	2	SP, PA, QL (10 mL every 1 day)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI PACK TAB 200/800 (<i>selexipag</i>)	2	SP, PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG (<i>selexipag</i>)	2	SP, PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG (<i>selexipag</i>)	2	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG (<i>selexipag</i>)	2	SP, PA, QL (2 tabs every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
UPTRAVI TAB 800MCG (<i>selexipag</i>)	2	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG (<i>selexipag</i>)	2	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG (<i>selexipag</i>)	2	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG (<i>selexipag</i>)	2	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG (<i>selexipag</i>)	2	SP, PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG (<i>riociguat</i>)	2	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG (<i>riociguat</i>)	2	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1MG (<i>riociguat</i>)	2	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2.5MG (<i>riociguat</i>)	2	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG (<i>riociguat</i>)	2	SP, PA, QL (3 tabs every 1 day)
SINUS NODE INHIBITORS		
<i>ivabradine hcl tab 5 mg (base equiv)</i>	1	MO
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	1	MO
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG (<i>tafamidis</i>)	2	SP, PA, QL (1 cap every 1 day)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG (<i>vericiguat</i>)	2	MO
VERQUVO TAB 5MG (<i>vericiguat</i>)	2	MO
VERQUVO TAB 10MG (<i>vericiguat</i>)	2	MO
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefixime tab 400 mg</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
COMBINATION CONTRACEPTIVES - ORAL		
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) AZURETTE	PV	MO
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) KARIVA	PV	MO
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) PIMTREA	PV	MO
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) SIMLIYA	PV	MO
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) VIORELE	PV	MO
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) VOLNEA	PV	MO
(Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025mg-Mg) VELIVET	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) APRI	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) CYRED EQ	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ENSKYCE	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ISIBLOOM	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) JULEBER	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) KALLIGA	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) RECLIPSEN	PV	MO
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	PV	MO
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	PV	MO
(Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.03-0.451 mg) TYDEMY	PV	MO
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) JASMIEL	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) LO-ZUMANDIMINE	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) LORYNA	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) NIKKI	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) VESTURA	PV	MO
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg) SYEDA	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg) ZUMANDIMINE	PV	MO
(Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-35 mcg) KELNOR 1/35	PV	MO
(Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-35 mcg) VALTYA 1/35	PV	MO
(Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-35 mcg) ZOVIA 1/35	PV	MO
(Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-50 mcg) VALTYA 1/50	PV	MO
(Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 mg ð Est 0.01 mg) RIVELSA	PV	MO
(Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 mg ð Est 0.01 mg) ROSYRAH	PV	MO
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	PV	MO
(Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)) CAMRESE LO	PV	MO
(Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)) LOJAIMIESS	PV	MO
(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
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) CAMRESE	PV	MO
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) DAYSEE	PV	MO
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) JAIMIESS	PV	MO
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) SIMPESE	PV	MO
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	PV	MO
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) ICLEVIA	PV	MO
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) INTROVALE	PV	MO
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) JOLESSA	PV	MO
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) SETLAKIN	PV	MO
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) AFIRMELLE	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) AUBRA EQ	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) AVIANE	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) DELYLA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) FALMINA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) LESSINA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) VIENVA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ALTAVERA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) AYUNA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) CHATEAL EQ	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) KURVELO	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) MARLISSA	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) PORTIA-28	PV	MO
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	PV	MO
(Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30mg-Mcg) LEVONEST	PV	MO
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	PV	MO
(Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 mcg) AMETHYST	PV	MO
(Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 mcg) DOLISHALE	PV	MO
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	PV	MO
(Levonorgestrel-Ethinyl Estradiol-Fe Tab 0.1 mg-20 mcg (21)) JOYEAUX	PV	MO
(Levonorgestrel-Ethinyl Estradiol-Fe Tab 0.1 mg-20 mcg (21)) MINZOYA	PV	MO
LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))	PV	MO
NATAZIA TAB (estradiol valerate-dienogest)	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) BALZIVA	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) BRIELLYN	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) PHILITH	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) VYFEMLA	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg) NECON 0.5/35-28	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg) NORTREL 0.5/35 (28)	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg) WERA	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) ALYACEN 1/35	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) DASETTA 1/35	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) NORTREL 1/35	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) NYLIA 1/35	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 mg-35 mcg) WYMZYA FE	PV	MO
(Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 mg-35 mcg) XELRIA FE	PV	MO
(Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 mg-25 mcg) GALBRIELA	PV	MO
(Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 mg-25 mcg) KAITLIB FE	PV	MO
(Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 mg-Mcg) TILIA FE	PV	MO
(Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 mg-Mcg) TRI-LEGEST FE	PV	MO
(Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 mg-Mcg) XARAH FE	PV	MO
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) AUROVELA 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) JUNEL 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) LARIN 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) LOESTRIN 1/20-21	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) LUIZZA 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) MICROGESTIN 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) AUROVELA 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) HAILEY 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) JUNEL 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) LARIN 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) LOESTRIN 1.5/30-21	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) LUIZZA 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) AUROVELA FE 1/20	PV	MO

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24)) TAYSOFY	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) AUROVELA 24 FE	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) BLISOVI 24 FE	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) HAILEY 24 FE	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) JUNEL FE 24	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) LARIN 24 FE	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) TARINA 24 FE	PV	MO
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) ALYACEN 7/7/7	PV	MO
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) DASETTA 7/7/7	PV	MO
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) NORTREL 7/7/7	PV	MO
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) NYLIA 7/7/7	PV	MO
(Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 mg-Mcg) ARANELLE	PV	MO
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	PV	MO
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) ESTARYLLA	PV	MO
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) MILI	PV	MO
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) MONO-LINYAH	PV	MO
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) SPRINTEC 28	PV	MO
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) VYLIBRA	PV	MO
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	PV	MO
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-ESTARYLLA	PV	MO
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-MARZIA	PV	MO
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-MILI	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-SPRINTEC	PV	MO
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-VYLIBRA LO	PV	MO
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	PV	MO
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-ESTARYLLA	PV	MO
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-LINYAH	PV	MO
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-MILI	PV	MO
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-SPRINTEC	PV	MO
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-VYLIBRA	PV	MO
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) CRYSELLE	PV	MO
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) ELINEST	PV	MO
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) LOW-OGESTREL	PV	MO
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) TURQOZ	PV	MO
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	PV	MO
(Norelgestromin-Ethinyl Estradiol Td Ptwk 150-35 mcg/24hr) XULANE	PV	MO
(Norelgestromin-Ethinyl Estradiol Td Ptwk 150-35 mcg/24hr) ZAFEMY	PV	MO
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS (segesterone acetate-ethinyl estradiol)	PV	QL (1 ring every 300 days), MO; Quantity max 1 per fill; Quantity max 1 per 300 days
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	PV	QL (13 rings every 300 days), MO
(Etonogestrel-Ethinyl Estradiol Va Ring 0.12-0.015 mg/24hr) ELURYNG	PV	QL (13 rings every 300 days), MO
(Etonogestrel-Ethinyl Estradiol Va Ring 0.12-0.015 mg/24hr) ENILLORING	PV	QL (13 rings every 300 days), MO
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG (ulipristal acetate)	PV	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Levonorgestrel Tab 1.5 mg) OPTION 2	PV	MO
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab 0.35 mg	PV	MO
(Norethindrone Tab 0.35 mg) CAMILA	PV	MO
(Norethindrone Tab 0.35 mg) DEBLITANE	PV	MO
(Norethindrone Tab 0.35 mg) EMZAHH	PV	MO
(Norethindrone Tab 0.35 mg) ERRIN	PV	MO
(Norethindrone Tab 0.35 mg) HEATHER	PV	MO
(Norethindrone Tab 0.35 mg) INCASSIA	PV	MO
(Norethindrone Tab 0.35 mg) JENCYCLA	PV	MO
(Norethindrone Tab 0.35 mg) LYLEQ	PV	MO
(Norethindrone Tab 0.35 mg) LYZA	PV	MO
(Norethindrone Tab 0.35 mg) MELEYA	PV	MO
(Norethindrone Tab 0.35 mg) NORA-BE	PV	MO
(Norethindrone Tab 0.35 mg) NORLYROC	PV	MO
(Norethindrone Tab 0.35 mg) ORQUIDEA	PV	MO
(Norethindrone Tab 0.35 mg) SHAROBEL	PV	MO
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
GLUCOCORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg	1	
deflazacort susp 22.75 mg/ml	1	SP, PA, QL (54 mL every 30 days)
(Deflazacort Susp 22.75 mg/ml) JAYTHARI	1	SP, PA, QL (54 mL every 30 days)
(Deflazacort Susp 22.75 mg/ml) PYQUVI	1	SP, PA, QL (1.8 mL every 1 day)
deflazacort tab 6 mg	1	SP, PA, QL (2 tabs every 1 day)
(Deflazacort Tab 6 mg) JAYTHARI	1	SP, PA, QL (2 tabs every 1 day)
(Deflazacort Tab 6 mg) KYMBEE	1	SP, PA, QL (2 tabs every 1 day)
deflazacort tab 18 mg	1	SP, PA, QL (1 tab every 1 day)
(Deflazacort Tab 18 mg) JAYTHARI	1	SP, PA, QL (1 tab every 1 day)
(Deflazacort Tab 18 mg) KYMBEE	1	SP, PA, QL (1 tab every 1 day)
deflazacort tab 30 mg	1	SP, PA, QL (1 tab every 1 day)
(Deflazacort Tab 30 mg) JAYTHARI	1	SP, PA, QL (1 tab every 1 day)
(Deflazacort Tab 30 mg) KYMBEE	1	SP, PA, QL (1 tab every 1 day)
deflazacort tab 36 mg	1	SP, PA, QL (1 tab every 1 day)
(Deflazacort Tab 36 mg) JAYTHARI	1	SP, PA, QL (1 tab every 1 day)
(Deflazacort Tab 36 mg) KYMBEE	1	SP, PA, QL (1 tab every 1 day)
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
(Dexamethasone Tab Therapy Pack 1.5 mg (21)) HIDEX 6-DAY	1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
EMFLAZA SUS 22.75/ML (<i>deflazacort</i>)	3	SP, PA, QL (54 mL every 30 days)
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG (<i>methylprednisolone</i>)	3	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
<i>prednisolone tab 5 mg</i>	1	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab delayed release 1 mg</i>	1	
<i>prednisone tab delayed release 2 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
UCERIS TAB 9MG (<i>budesonide</i>)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MINERALOCORTICIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	MO
COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS		
ANTITUSSIVES - DRUGS TO TREAT COUGH		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	Not available under age 6
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	Not available under age 6
COUGH/COLD/ALLERGY COMBINATIONS		
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	Not available under age 12
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	Not available under age 12
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
EXPECTORANTS - DRUGS TO TREAT COUGH		
<i>potassium iodide oral soln 1 gm/ml</i>	1	
MISC. RESPIRATORY INHALANTS - DRUGS TO TREAT BREATHING DISORDERS		
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
MUCOLYTICS - DRUGS TO TREAT COUGH		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS		
ACNE PRODUCTS		
<i>adapalene cream 0.1%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>adapalene gel 0.1%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>adapalene gel 0.3%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	
<i>AKLIEF CRE 0.005% (trifarotene)</i>	2	PA
<i>BENZAC AC LIQ 5% WASH (benzoyl peroxide)</i>	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
benzoyl peroxide-erythromycin gel 5-3%	1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
(Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%) NEUAC	1	
clindamycin phosphate foam 1%	1	
(Clindamycin Phosphate Foam 1%) CLINDACIN	1	
clindamycin phosphate gel 1% (twice-daily)	1	
clindamycin phosphate lotion 1%	1	
clindamycin phosphate soln 1%	1	
clindamycin phosphate swab 1%	1	
(Clindamycin Phosphate Swab 1%) CLINDACIN ETZ PLEDGETS	1	
(Clindamycin Phosphate Swab 1%) CLINDACIN-P	1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	1	
clindamycin phosphate-tretinoin gel 1.2-0.025%	1	PA; PA Required for age greater than or equal to age 35
dapsone gel 5%	1	
dapsone gel 7.5%	1	
EPIDUO FORTE GEL 0.3-2.5% (adapalene-benzoyl peroxide)	2	
EPIDUO GEL 0.1-2.5% (adapalene-benzoyl peroxide)	2	
erythromycin gel 2%	1	
(Erythromycin Pads 2%) ERY	1	
erythromycin soln 2%	1	
isotretinoin cap 10 mg	1	PA
(Isotretinoin Cap 10 mg) ACCUTANE	1	PA
(Isotretinoin Cap 10 mg) AMNESTEEM	1	PA
(Isotretinoin Cap 10 mg) CLARAVIS	1	PA
(Isotretinoin Cap 10 mg) ZENATANE	1	PA
isotretinoin cap 20 mg	1	PA
(Isotretinoin Cap 20 mg) ACCUTANE	1	PA
(Isotretinoin Cap 20 mg) AMNESTEEM	1	PA
(Isotretinoin Cap 20 mg) CLARAVIS	1	PA
(Isotretinoin Cap 20 mg) ZENATANE	1	PA
isotretinoin cap 30 mg	1	PA
(Isotretinoin Cap 30 mg) ACCUTANE	1	PA
(Isotretinoin Cap 30 mg) AMNESTEEM	1	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Isotretinoin Cap 30 mg) CLARAVIS	1	PA
(Isotretinoin Cap 30 mg) ZENATANE	1	PA
<i>isotretinoin cap 40 mg</i>	1	PA
(Isotretinoin Cap 40 mg) ACCUTANE	1	PA
(Isotretinoin Cap 40 mg) AMNESTEEM	1	PA
(Isotretinoin Cap 40 mg) CLARAVIS	1	PA
(Isotretinoin Cap 40 mg) ZENATANE	1	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>tretinoin cream 0.1%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin cream 0.05%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin cream 0.025%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin gel 0.01%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin gel 0.05%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin gel 0.025%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin microsphere gel 0.1%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin microsphere gel 0.04%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin microsphere gel 0.08%</i>	1	PA; PA Required for age greater than or equal to age 35
WINLEVI CRE 1% (<i>clascoterone</i>)	2	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac epolamine patch 1.3%</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin oint 2%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIFUNGALS - TOPICAL		
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>ciclopirox solution 8%</i>	1	PA
(Ciclopirox Solution 8%) CICLODAN	1	PA
<i>clotrimazole cream 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>econazole nitrate cream 1%</i>	1	
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
<i>naftifine hcl cream 1%</i>	1	
<i>naftifine hcl cream 2%</i>	1	
<i>naftifine hcl gel 2%</i>	1	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
(Nystatin Topical Powder 100000 unit/gm) KLAYESTA	1	
(Nystatin Topical Powder 100000 unit/gm) NYSTOP	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	
<i>sulconazole nitrate cream 1%</i>	1	
<i>sulconazole nitrate solution 1%</i>	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene gel 1%</i>	1	SP, PA
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	1	PA
<i>acitretin cap 17.5 mg</i>	1	PA
<i>acitretin cap 25 mg</i>	1	PA
<i>calcipotriene oint 0.005%</i>	1	
(Calcipotriene Oint 0.005%) CALCITRENE	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methoxsalen rapid cap 10 mg</i>	1	
SOTYKTU TAB 6MG (<i>deucravacitinib</i>)	2	SP, PA, QL (1 tab every 1 day); Preferred for Psoriasis
<i>tazarotene cream 0.1%</i>	1	PA
<i>tazarotene cream 0.05%</i>	1	PA
<i>tazarotene gel 0.1%</i>	1	PA
<i>tazarotene gel 0.05%</i>	1	PA
VTAMA CRE 1% (<i>tapinarof</i>)	2	
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotion 2.5%</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	1	
<i>penciclovir cream 1%</i>	1	
BURN PRODUCTS		
<i>silver sulfadiazine cream 1%</i> (Silver Sulfadiazine Cream 1%) SSD	1	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone valerate aerosol foam 0.12%</i>	1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	
BRYHALI LOT 0.01% (<i>halobetasol propionate</i>)	2	
<i>clobetasol propionate cream 0.05%</i>	1	
<i>clobetasol propionate cream 0.025%</i>	1	
<i>clobetasol propionate emollient base cream 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotion 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate shampoo 0.05%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Clobetasol Propionate Shampoo 0.05%) CLODAN	1	
<i>clobetasol propionate soln 0.05%</i>	1	
<i>desonide cream 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>desoximetasone spray 0.25%</i>	1	
ENSTILAR AER (<i>calcipotriene-betamethasone dipropionate</i>)	2	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate lotion 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halcinonide soln 0.1%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate foam 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
<i>hydrocortisone acetate cream 2.5%</i>	1	
(Hydrocortisone Acetate Cream 2.5%) MICORT HC	1	
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
(Hydrocortisone Cream 1%) ALA-CORT	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
(Hydrocortisone Soln 2.5%) TEXACORT	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
(Triamcinolone Acetonide Cream 0.5%) TRIDERM	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
ECZEMA AGENTS		
CIBINQO TAB 50MG (<i>abrocitinib</i>)	2	SP, PA, QL (1 tab every 1 day)
CIBINQO TAB 100MG (<i>abrocitinib</i>)	2	SP, PA, QL (1 tab every 1 day)
CIBINQO TAB 200MG (<i>abrocitinib</i>)	2	SP, PA, QL (1 tab every 1 day)
OPZELURA CRE 1.5% (<i>ruxolitinib phosphate (topical)</i>)	2	PA
EMOLLIENTS		
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
HAIR GROWTH AGENTS		
<i>finasteride tab 1 mg</i>	1	PA
LITFULO CAP 50MG (<i>ritlecitinib tosylate</i>)	2	SP, PA, QL (1 cap every 1 day)
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus cream 1%</i>	1	PA
<i>tacrolimus oint 0.1%</i>	1	PA
<i>tacrolimus oint 0.03%</i>	1	PA
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
<i>podofilox gel 0.5%</i>	1	
<i>podofilox soln 0.5%</i>	1	
LOCAL ANESTHETICS - TOPICAL		
<i>ethyl chloride aerosol spray</i>	1	
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL every 25 days)
<i>lidocaine oint 5%</i>	1	QL (50 gm every 25 days)
<i>lidocaine patch 5%</i>	1	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Lidocaine Patch 5%) LIDOCAN	1	PA
(Lidocaine Patch 5%) TRIDACAINE II	1	PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm every 25 days)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2% (<i>crisaborole</i>)	2	
ZORYVE CRE 0.3% (<i>roflumilast (topical)</i>)	2	
ZORYVE CRE 0.05% (<i>roflumilast (topical)</i>)	2	
ZORYVE CRE 0.15% (<i>roflumilast (topical)</i>)	2	
ZORYVE MIS 0.3% (<i>roflumilast (topical)</i>)	2	
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	
FINACEA AER 15% (<i>azelaic acid</i>)	2	
<i>ivermectin cream 1%</i>	1	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
ORACEA CAP 40MG (<i>doxycycline (rosacea)</i>)	1	
SCABICIDES & PEDICULICIDES		
(Crotamiton Lotion 10%) CROTAN	1	
(Crotamiton Lotion 10%) PRURADIK	1	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
CREON CAP 6000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
CREON CAP 12000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
CREON CAP 24000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
CREON CAP 36000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
VIOKACE TAB 10440 (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
VIOKACE TAB 20880 (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZENPEP CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 5000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 10000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 15000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 20000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 25000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 40000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 60000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	1	MO
<i>acetazolamide tab 125 mg</i>	1	MO
<i>acetazolamide tab 250 mg</i>	1	MO
<i>dichlorphenamide tab 50 mg</i>	1	SP, PA, QL (4 tabs every 1 day)
(Dichlorphenamide Tab 50 mg) ORMALVI	1	SP, PA, QL (4 tabs every 1 day)
<i>methazolamide tab 25 mg</i>	1	MO
<i>methazolamide tab 50 mg</i>	1	MO

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	MO
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	MO
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	MO
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	MO
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	MO

LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i>	1	MO
<i>bumetanide tab 1 mg</i>	1	MO
<i>bumetanide tab 2 mg</i>	1	MO
<i>ethacrynic acid tab 25 mg</i>	1	MO
<i>furosemide oral soln 8 mg/ml</i>	1	MO
<i>furosemide oral soln 10 mg/ml</i>	1	MO
<i>furosemide tab 20 mg</i>	1	MO
<i>furosemide tab 40 mg</i>	1	MO
<i>furosemide tab 80 mg</i>	1	MO
<i>torseamide tab 5 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>toremide tab 10 mg</i>	1	MO
<i>toremide tab 20 mg</i>	1	MO
<i>toremide tab 100 mg</i>	1	MO
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tab 5 mg</i>	1	MO
<i>spironolactone susp 25 mg/5ml</i>	1	MO
<i>spironolactone tab 25 mg</i>	1	MO
<i>spironolactone tab 50 mg</i>	1	MO
<i>spironolactone tab 100 mg</i>	1	MO
<i>triamterene cap 50 mg</i>	1	MO
<i>triamterene cap 100 mg</i>	1	MO
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tab 25 mg</i>	1	MO
<i>chlorthalidone tab 50 mg</i>	1	MO
<i>hydrochlorothiazide cap 12.5 mg</i>	1	MO
<i>hydrochlorothiazide tab 12.5 mg</i>	1	MO
<i>hydrochlorothiazide tab 25 mg</i>	1	MO
<i>hydrochlorothiazide tab 50 mg</i>	1	MO
<i>indapamide tab 1.25 mg</i>	1	MO
<i>indapamide tab 2.5 mg</i>	1	MO
<i>metolazone tab 2.5 mg</i>	1	MO
<i>metolazone tab 5 mg</i>	1	MO
<i>metolazone tab 10 mg</i>	1	MO
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES		
BONE DENSITY REGULATORS - DRUGS TO TREAT BONE LOSS		
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	MO
<i>alendronate sodium tab 10 mg</i>	1	MO
<i>alendronate sodium tab 35 mg</i>	1	MO
<i>alendronate sodium tab 70 mg</i>	1	MO
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	MO
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	MO
<i>risedronate sodium tab 5 mg</i>	1	MO
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	MO
<i>risedronate sodium tab 150 mg</i>	1	MO
<i>risedronate sodium tab delayed release 35 mg</i>	1	MO
FERTILITY REGULATORS		
<i>clomiphene citrate tab 50 mg</i>	1	Only covered if member has infertility benefit
(Clomiphene Citrate Tab 50 mg) CLOMID	1	Only covered if member has infertility benefit

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Clomiphene Citrate Tab 50 mg) MILOPHENE	1	Only covered if member has infertility benefit
GNRH/LHRH ANTAGONISTS		
ORLISSA TAB 150MG (<i>elagolix sodium</i>)	2	
ORLISSA TAB 200MG (<i>elagolix sodium</i>)	2	
HORMONE RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS		
<i>raloxifene hcl tab 60 mg</i>	1	MO; \$0 copay ages 35 and older for the primary prevention of breast cancer
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML (<i>nafarelin acetate</i>)	3	
METABOLIC MODIFIERS		
<i>betaine powder for oral solution</i>	1	SP, PA
<i>calcitriol cap 0.5 mcg</i>	1	MO
<i>calcitriol cap 0.25 mcg</i>	1	MO
<i>calcitriol oral soln 1 mcg/ml</i>	1	MO
<i>carglumic acid soluble tab 200 mg</i>	1	SP, PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	SP, PA, QL (4 tabs every 1 day)
<i>doxercalciferol cap 0.5 mcg</i>	1	MO
<i>doxercalciferol cap 1 mcg</i>	1	MO
<i>doxercalciferol cap 2.5 mcg</i>	1	MO
GALAFOLD CAP 123MG (<i>migalastat hcl</i>)	2	SP, PA
<i>glycerol phenylbutyrate liquid 1.1 gm/ml</i>	1	SP, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	MO
<i>levocarnitine tab 330 mg</i>	1	MO
<i>nitisinone cap 2 mg</i>	1	SP, PA
<i>nitisinone cap 5 mg</i>	1	SP, PA
<i>nitisinone cap 10 mg</i>	1	SP, PA
<i>nitisinone cap 20 mg</i>	1	SP, PA
ORFADIN SUS 4MG/ML (<i>nitisinone</i>)	2	SP, PA
<i>paricalcitol cap 1 mcg</i>	1	MO
<i>paricalcitol cap 2 mcg</i>	1	MO
<i>paricalcitol cap 4 mcg</i>	1	MO
PHEBURANE MIS 483/GM (<i>sodium phenylbutyrate</i>)	2	SP, PA, QL (46.4 gm every 1 day)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	SP, PA
(Sapropterin Dihydrochloride Powder Packet 100 mg) JAVYGTOR	1	SP, PA
(Sapropterin Dihydrochloride Powder Packet 100 mg) ZELVYSIA	1	SP, PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	SP, PA
(Sapropterin Dihydrochloride Powder Packet 500 mg) JAVYGTOR	1	SP, PA
(Sapropterin Dihydrochloride Powder Packet 500 mg) ZELVYSIA	1	SP, PA
<i>sapropterin dihydrochloride tab 100 mg</i>	1	SP, PA
(Sapropterin Dihydrochloride Tab 100 mg) JAVYGTOR	1	SP, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	SP, PA, QL (26.6 gm every 1 day)
<i>sodium phenylbutyrate tab 500 mg</i>	1	SP, PA, QL (40 tabs every 1 day)
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG (<i>finerenone</i>)	2	PA, MO
KERENDIA TAB 20MG (<i>finerenone</i>)	2	PA, MO
KERENDIA TAB 40MG (<i>finerenone</i>)	2	PA, MO
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	MO
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	MO
<i>desmopressin acetate tab 0.1 mg</i>	1	MO
<i>desmopressin acetate tab 0.2 mg</i>	1	MO
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone tab 200 mg</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	1	
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan (hyponatremia) tab 15 mg</i>	1	SP, PA, QL (60 tabs every 30 days)
<i>tolvaptan (hyponatremia) tab 30 mg</i>	1	SP, PA, QL (30 tabs every 30 days)
<i>tolvaptan tab 15 mg</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>tolvaptan tab 30 mg</i>	1	SP, PA, QL (1 tab every 1 day)
<i>tolvaptan tab therapy pack 15 mg</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	1	SP, PA, QL (2 tabs every 1 day)
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ESTROGEN COMBINATIONS		
BIJUVA CAP 0.5-100 (<i>estradiol-progesterone</i>)	2	MO
BIJUVA CAP 1-100MG (<i>estradiol-progesterone</i>)	2	MO

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1	MO
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1	MO
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1	MO
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	MO
(Estradiol Td Patch Twice Weekly 0.1 mg/24hr) DOTTI	1	MO
(Estradiol Td Patch Twice Weekly 0.1 mg/24hr) LYLLANA	1	MO
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	MO
(Estradiol Td Patch Twice Weekly 0.05 mg/24hr) DOTTI	1	MO
(Estradiol Td Patch Twice Weekly 0.05 mg/24hr) LYLLANA	1	MO
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	MO
(Estradiol Td Patch Twice Weekly 0.025 mg/24hr) DOTTI	1	MO
(Estradiol Td Patch Twice Weekly 0.025 mg/24hr) LYLLANA	1	MO
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	MO
(Estradiol Td Patch Twice Weekly 0.075 mg/24hr) DOTTI	1	MO
(Estradiol Td Patch Twice Weekly 0.075 mg/24hr) LYLLANA	1	MO
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	MO
(Estradiol Td Patch Twice Weekly 0.0375 mg/24hr) DOTTI	1	MO
(Estradiol Td Patch Twice Weekly 0.0375 mg/24hr) LYLLANA	1	MO
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	MO
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	MO
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	MO
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	MO
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	MO
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	MO
<i>estrogens, conjugated tab 0.3 mg</i>	1	MO
<i>estrogens, conjugated tab 0.9 mg</i>	1	MO
<i>estrogens, conjugated tab 0.45 mg</i>	1	MO
<i>estrogens, conjugated tab 0.625 mg</i>	1	MO
<i>estrogens, conjugated tab 1.25 mg</i>	1	MO
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO (5%) SUS 250MG/5 (<i>ciprofloxacin</i>)	3	

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

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

5-HT4 RECEPTOR AGONISTS

<i>prucalopride succinate tab 1 mg (base equivalent)</i>	1	MO
<i>prucalopride succinate tab 2 mg (base equivalent)</i>	1	MO

GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol cap 300 mg</i>	1	MO
<i>ursodiol tab 250 mg</i>	1	MO
<i>ursodiol tab 500 mg</i>	1	MO

GASTROINTESTINAL ANTIALLERGY AGENTS

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

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

<i>lubiprostone cap 8 mcg</i>	1	PA, MO
<i>lubiprostone cap 24 mcg</i>	1	PA, MO

GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	

INFLAMMATORY BOWEL AGENTS

<i>balsalazide disodium cap 750 mg</i>	1	
<i>mesalamine cap dr 400 mg</i>	1	MO
<i>mesalamine cap er 24hr 0.375 gm</i>	1	MO
<i>mesalamine cap er 500 mg</i>	1	MO
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	MO
<i>mesalamine tab delayed release 800 mg</i>	1	
<i>sulfasalazine tab 500 mg</i>	1	MO
<i>sulfasalazine tab delayed release 500 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VELSIPITY TAB 2MG (<i>etrasimod arginine</i>)	2	SP, PA, QL (1 tab every 1 day); Preferred for Ulcerative Colitis
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	MO
(Lactulose (Encephalopathy) Solution 10 gm/15ml) ENULOSE	1	MO
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	PA, MO
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	PA, MO
LINZESS CAP 72MCG (<i>linaclotide</i>)	2	PA, MO
LINZESS CAP 145MCG (<i>linaclotide</i>)	2	PA, MO
LINZESS CAP 290MCG (<i>linaclotide</i>)	2	PA, MO
VIBERZI TAB 75MG (<i>eluxadoline</i>)	2	PA, MO
VIBERZI TAB 100MG (<i>eluxadoline</i>)	2	PA, MO
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG (<i>naloxegol oxalate</i>)	2	
MOVANTIK TAB 25MG (<i>naloxegol oxalate</i>)	2	
SYMPROIC TAB 0.2MG (<i>naldemedine tosylate</i>)	2	
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB 80MG (<i>elafibranor</i>)	2	SP, PA, QL (1 tab every 1 day)
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	MO
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	MO
<i>ferric citrate tab 1 gm (210 mg ferric iron)</i>	1	MO
<i>sevelamer carbonate packet 0.8 gm</i>	1	MO
<i>sevelamer carbonate packet 2.4 gm</i>	1	MO
<i>sevelamer carbonate tab 800 mg</i>	1	MO
<i>sevelamer hcl tab 400 mg</i>	1	MO
<i>sevelamer hcl tab 800 mg</i>	1	MO
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
ALKALINIZERS		
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG (<i>cysteamine bitartrate</i>)	2	SP, PA
CYSTAGON CAP 150MG (<i>cysteamine bitartrate</i>)	2	SP, PA
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB 200MG (<i>sparsentan</i>)	2	SP, PA, QL (2 tabs every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FILSPARI TAB 400MG (<i>sparsentan</i>)	2	SP, PA, QL (1 tab every 1 day)
VANRAFIA TAB 0.75MG (<i>atrasentan hcl</i>)	2	SP, PA, QL (1 tab every 1 day)
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	MO
<i>dutasteride cap 0.5 mg</i>	1	MO
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	MO
<i>finasteride tab 5 mg</i>	1	MO
<i>silodosin cap 4 mg</i>	1	MO
<i>silodosin cap 8 mg</i>	1	MO
<i>tamsulosin hcl cap 0.4 mg</i>	1	MO
URINARY STONE AGENTS		
<i>tiopronin tab 100 mg</i>	1	SP, PA
<i>tiopronin tab delayed release 100 mg</i>	1	SP, PA
(Tiopronin Tab Delayed Release 100 mg) VENXXIVA	1	SP, PA
<i>tiopronin tab delayed release 300 mg</i>	1	SP, PA
(Tiopronin Tab Delayed Release 300 mg) VENXXIVA	1	SP, PA
GOUT AGENTS - DRUGS TO TREAT GOUT		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	MO
GOUT AGENTS - DRUGS TO TREAT GOUT		
<i>allopurinol tab 100 mg</i>	1	MO
<i>allopurinol tab 200 mg</i>	1	MO
<i>allopurinol tab 300 mg</i>	1	MO
<i>colchicine cap 0.6 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
<i>febuxostat tab 40 mg</i>	1	MO
<i>febuxostat tab 80 mg</i>	1	MO
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	MO
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS		
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	MO
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP 110MG (<i>berotralstat hcl</i>)	2	PA, QL (1 cap every 1 day), MO
ORLADEYO CAP 150MG (<i>berotralstat hcl</i>)	2	PA, QL (1 cap every 1 day), MO
ORLADEYO PAK 72MG (<i>berotralstat hcl</i>)	2	PA, QL (1 packet every 1 day), MO
ORLADEYO PAK 96MG (<i>berotralstat hcl</i>)	2	PA, QL (1 packet every 1 day), MO
ORLADEYO PAK 108MG (<i>berotralstat hcl</i>)	2	PA, QL (1 packet every 1 day), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORLADEYO PAK 132MG (<i>berotralstat hcl</i>)	2	PA, QL (1 packet every 1 day), MO
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl cap 0.5 mg</i>	1	MO
<i>anagrelide hcl cap 1 mg</i>	1	MO
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	MO
<i>cilostazol tab 50 mg</i>	1	MO
<i>cilostazol tab 100 mg</i>	1	MO
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	MO
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	MO
<i>dipyridamole tab 50 mg</i>	1	MO
<i>dipyridamole tab 75 mg</i>	1	MO
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	MO
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	MO
<i>ticagrelor tab 60 mg</i>	1	MO
<i>ticagrelor tab 90 mg</i>	1	MO
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	2	SP, PA, QL (2 caps every 1 day)
<i>miglustat cap 100 mg</i>	1	SP, PA, QL (3 caps every 1 day)
(Miglustat Cap 100 mg) YARGESA	1	SP, PA, QL (3 caps every 1 day)
AGENTS FOR SICKLE CELL DISEASE		
SIKLOS TAB 100MG (<i>hydroxyurea (sickle cell disease)</i>)	2	
SIKLOS TAB 1000MG (<i>hydroxyurea (sickle cell disease)</i>)	2	
FOLIC ACID/FOLATES		
<i>folic acid cap 0.8 mg</i>	PV	QL (100 caps every 30 days), MO; \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Cap 0.8 mg) FA-8	PV	QL (100 caps every 30 days), MO; \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
<i>folic acid tab 1 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>folic acid tab 400 mcg</i>	PV	QL (100 tabs every 30 days); \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 400 mcg) FOLATE	PV	QL (100 tabs every 30 days); \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 400 mcg) GNP FOLIC ACID	PV	QL (100 tabs every 30 days); \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 400 mcg) YL FOLIC ACID	PV	QL (100 tabs every 30 days); \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
<i>folic acid tab 800 mcg</i>	PV	QL (100 tabs every 30 days), MO; \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 800 mcg) CVS FOLIC ACID	PV	QL (100 tabs every 30 days), MO; \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 800 mcg) KP FOLIC ACID	PV	QL (100 tabs every 30 days), MO; \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 800 mcg) QC FOLIC ACID	PV	QL (100 tabs every 30 days), MO; \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TAB 9MG (<i>eltrombopag choline</i>)	2	SP, PA, QL (2 tabs every 1 day)
ALVAIZ TAB 18MG (<i>eltrombopag choline</i>)	2	SP, PA, QL (3 tabs every 1 day)
ALVAIZ TAB 36MG (<i>eltrombopag choline</i>)	2	SP, PA, QL (3 tabs every 1 day)
ALVAIZ TAB 54MG (<i>eltrombopag choline</i>)	2	SP, PA, QL (2 tabs every 1 day)
DOPTELET SPR CAP 10MG (<i>avatrombopag maleate</i>)	2	SP, PA, QL (2 caps every 1 day)
DOPTELET TAB 20MG (<i>avatrombopag maleate</i>)	2	SP, PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>DOPTELET TAB 20MG (avatrombopag maleate)</i>	2	SP, PA, QL (1 carton every 5 days); 10 tab carton
<i>DOPTELET TAB 20MG (avatrombopag maleate)</i>	2	SP, PA, QL (1 carton every 5 days); 15 tab carton
<i>DOPTELET TAB 20MG (avatrombopag maleate)</i>	2	SP, PA, QL (2 cartons every 30 days); 30 tab carton
<i>eltrombopag olamine powder pack for susp 12.5 mg (base eq)</i>	1	SP, PA, QL (4 packets every 1 day)
<i>eltrombopag olamine powder pack for susp 25 mg (base equiv)</i>	1	SP, PA, QL (6 packets every 1 day)
<i>eltrombopag olamine tab 12.5 mg (base equiv)</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>eltrombopag olamine tab 25 mg (base equiv)</i>	1	SP, PA, QL (3 tabs every 1 day)
<i>eltrombopag olamine tab 50 mg (base equiv)</i>	1	SP, PA, QL (3 tabs every 1 day)
<i>eltrombopag olamine tab 75 mg (base equiv)</i>	1	SP, PA, QL (2 tabs every 1 day)

HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS

HEMOSTATICS - SYSTEMIC

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

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

BARBITURATE HYPNOTICS

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

HYPNOTICS - TRICYCLIC AGENTS

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

NON-BARBITURATE HYPNOTICS

<i>estazolam tab 1 mg</i>	1	QL (15 tabs every 25 days)
<i>estazolam tab 2 mg</i>	1	QL (15 tabs every 25 days)
<i>eszopiclone tab 1 mg</i>	1	QL (15 tabs every 25 days)
<i>eszopiclone tab 2 mg</i>	1	QL (15 tabs every 25 days)
<i>eszopiclone tab 3 mg</i>	1	QL (15 tabs every 25 days)
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	1	
<i>temazepam cap 7.5 mg</i>	1	QL (15 caps every 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>temazepam cap 15 mg</i>	1	QL (15 caps every 25 days)
<i>temazepam cap 22.5 mg</i>	1	QL (15 caps every 25 days)
<i>temazepam cap 30 mg</i>	1	QL (15 caps every 25 days)
<i>triazolam tab 0.25 mg</i>	1	QL (10 tabs every 25 days)
<i>triazolam tab 0.125 mg</i>	1	QL (10 tabs every 25 days)
<i>zaleplon cap 5 mg</i>	1	QL (15 caps every 25 days)
<i>zaleplon cap 10 mg</i>	1	QL (15 caps every 25 days)
<i>zolpidem tartrate tab 5 mg</i>	1	QL (15 tabs every 25 days)
<i>zolpidem tartrate tab 10 mg</i>	1	QL (15 tabs every 25 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL (15 tabs every 25 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL (15 tabs every 25 days)
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG (<i>suvorexant</i>)	2	PA
BELSOMRA TAB 10MG (<i>suvorexant</i>)	2	PA
BELSOMRA TAB 15MG (<i>suvorexant</i>)	2	PA
BELSOMRA TAB 20MG (<i>suvorexant</i>)	2	PA
QUVIVIQ TAB 25MG (<i>daridorexant hcl</i>)	2	PA
QUVIVIQ TAB 50MG (<i>daridorexant hcl</i>)	2	PA
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon tab 8 mg</i>	1	QL (15 tabs every 25 days)
<i>tasimelteon capsule 20 mg</i>	1	SP, PA, QL (1 cap every 1 day)
LAXATIVES - DRUGS TO TREAT CONSTIPATION		
LAXATIVE COMBINATIONS		
CLENPIQ SOL (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>)	PV	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
(Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln 236 gm) GAVILYTE-G	1	
(Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln 240 gm) GAVILYTE-C	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
(Peg 3350-Kcl-Sod Bicarb-Nacl For Soln 420 gm) GAVILYTE-N/FLAVOR PACK	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	PV	\$0 copay for members age 45 through 75
LAXATIVES - MISCELLANEOUS		
<i>lactulose oral crystal packet 10 gm</i>	1	MO
(Lactulose Oral Crystal Packet 10 gm) KRISTALOSE	1	MO
<i>lactulose oral crystal packet 20 gm</i>	1	MO
(Lactulose Oral Crystal Packet 20 gm) KRISTALOSE	1	MO
<i>lactulose solution 10 gm/15ml</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Lactulose Solution 10 gm/15ml) CONSTULOSE	1	MO
MACROLIDES - DRUGS TO TREAT INFECTIONS		
AZITHROMYCIN		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
CLARITHROMYCIN		
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
ERYTHROMYCINS		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
(Erythromycin Ethylsuccinate Tab 400 mg) E.E.S. 400	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
FIDAXOMICIN		
<i>fidaxomicin tab 200 mg</i>	1	
MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING		
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
CONDOMS MIS	PV	QL (36 condoms every 75 days), MO
DUREX MIS REALFEEL (<i>condoms non-latex lubricated - male</i>)	PV	QL (36 condoms every 75 days), MO
FC2 FEMALE MIS CONDOM (<i>condoms - female</i>)	PV	QL (36 condoms every 75 days)
MALE MIS CONDOM (<i>condoms latex lubricated - male</i>)	PV	QL (36 condoms every 75 days)
TRUSTEX MIS FLAVORS (<i>condoms latex non-lubricated - male</i>)	PV	QL (36 condoms every 75 days), MO

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EASIVENT MIS MASK LG (<i>spacer/aerosol-holding chambers</i>)	2	
EASIVENT MIS MASK MED (<i>spacer/aerosol-holding chambers</i>)	2	
EASIVENT MIS MASK SM (<i>spacer/aerosol-holding chambers</i>)	2	
FLEXICHAMBER MIS (<i>spacer/aerosol-holding chambers</i>)	2	
FLEXICHAMBER MIS MASK LRG (<i>spacer/aerosol-holding chamber supplies - masks</i>)	2	
FLEXICHAMBER MIS MASK SM (<i>spacer/aerosol-holding chamber supplies - masks</i>)	2	
HOLD CHAMBER MIS ADLT LG (<i>spacer/aerosol-holding chambers</i>)	2	
HOLD CHAMBER MIS MEDIUM (<i>spacer/aerosol-holding chambers</i>)	2	
HOLD CHAMBER MIS SMALL (<i>spacer/aerosol-holding chambers</i>)	2	
INSPIREASE MIS DD SYST (<i>spacer/aerosol-holding chambers</i>)	2	
MICROCHAMBER MIS (<i>spacer/aerosol-holding chambers</i>)	2	
MICROSPACER MIS (<i>spacer/aerosol-holding chambers</i>)	2	
OPTICHAMBER MIS DIA LG (<i>spacer/aerosol-holding chambers</i>)	2	
OPTICHAMBER MIS DIA MD (<i>spacer/aerosol-holding chambers</i>)	2	
OPTICHAMBER MIS DIA SM (<i>spacer/aerosol-holding chambers</i>)	2	
OPTICHAMBER MIS DIAMOND (<i>spacer/aerosol-holding chambers</i>)	2	
POCKET CHAMB MIS (<i>spacer/aerosol-holding chambers</i>)	2	
POCKET SPACE MIS (<i>spacer/aerosol-holding chambers</i>)	2	
PROCHAMBER MIS VHC (<i>spacer/aerosol-holding chambers</i>)	2	
RITEFLO MIS (<i>spacer/aerosol-holding chambers</i>)	2	
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
NURTEC TAB 75MG ODT (<i>rimegepant sulfate</i>)	2	
QULIPTA TAB 10MG (<i>atogepant</i>)	2	MO
QULIPTA TAB 30MG (<i>atogepant</i>)	2	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QULIPTA TAB 60MG (<i>atogepant</i>)	2	MO
UBRELVY TAB 50MG (<i>ubrogepant</i>)	2	
UBRELVY TAB 100MG (<i>ubrogepant</i>)	2	
MIGRAINE COMBINATIONS		
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs every 25 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs every 25 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs every 25 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs every 25 days)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 tabs every 25 days)
IMITREX INJ 4MG/0.5 (<i>sumatriptan succinate</i>)	3	QL (18 injections every 25 days)
IMITREX INJ 6MG/0.5 (<i>sumatriptan succinate</i>)	3	QL (12 injections every 25 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs every 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs every 25 days)
REYVOW TAB 50MG (<i>lasmiditan succinate</i>)	3	
REYVOW TAB 100MG (<i>lasmiditan succinate</i>)	3	
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs every 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs every 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tabs every 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs every 25 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (24 sprays (4 boxes) every 25 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 sprays (2 boxes) every 25 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 injections every 25 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 injections every 25 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs every 25 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs every 25 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs every 25 days)
TOSYMRA SOL 10MG (<i>sumatriptan</i>)	2	QL (18 units every 25 days)
ZEMBRACE SYM INJ 3/0.5ML (<i>sumatriptan succinate</i>)	2	QL (24 injections every 25 days)
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	1	QL (12 inhalers every 25 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL (12 bottles every 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs every 25 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs every 25 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs every 25 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs every 25 days)
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
FLUORIDE		
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	PV	MO; \$0 applies for ages 5 and under
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	PV	MO; \$0 applies for ages 5 and under
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	MO
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	PV	MO; \$0 applies for ages 5 and under
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	PV	MO; \$0 applies for ages 5 and under
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	1	MO
PHOSPHATE		
(Potassium Phosphate Monobasic Tab 500 mg) PHOSPHO-TRIN K500	1	MO
POTASSIUM		
<i>potassium chloride cap er 8 meq</i>	1	MO
<i>potassium chloride cap er 10 meq</i>	1	MO
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	MO
(Potassium Chloride Microencapsulated Crys Er Tab 10 meq) Klor-Con M10	1	MO
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	MO
(Potassium Chloride Microencapsulated Crys Er Tab 15 meq) Klor-Con M15	1	MO
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	MO
(Potassium Chloride Microencapsulated Crys Er Tab 20 meq) Klor-Con M20	1	MO
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	MO
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	MO
<i>potassium chloride powder packet 20 meq</i>	1	MO
(Potassium Chloride Powder Packet 20 meq) Klor-Con	1	MO
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	MO
(Potassium Chloride Tab Er 8 meq (600 mg)) Klor-Con 8	1	MO
<i>potassium chloride tab er 10 meq</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Potassium Chloride Tab Er 10 meq) Klor-Con 10	1	MO
potassium chloride tab er 15 meq	1	MO
potassium chloride tab er 20 meq (1500 mg)	1	MO
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING		
penicillamine cap 250 mg	1	SP
penicillamine tab 250 mg	1	SP
trientine hcl cap 250 mg	1	SP
IMMUNOMODULATORS - DRUGS TO TREAT CANCER		
lenalidomide cap 5 mg	1	SP, PA, QL (1 cap every 1 day); OAC
lenalidomide cap 10 mg	1	SP, PA, QL (1 cap every 1 day); OAC
lenalidomide cap 15 mg	1	SP, PA, QL (1 cap every 1 day); OAC
lenalidomide cap 20 mg	1	SP, PA, QL (21 caps every 21 days); OAC
lenalidomide cap 25 mg	1	SP, PA, QL (21 caps every 21 days); OAC
lenalidomide caps 2.5 mg	1	SP, PA, QL (1 cap every 1 day); OAC
THALOMID CAP 50MG (<i>thalidomide</i>)	2	SP, PA, QL (1 cap every 1 day); OAC
THALOMID CAP 100MG (<i>thalidomide</i>)	2	SP, PA, QL (4 caps every 1 day); OAC
IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT		
azathioprine tab 50 mg	1	MO
azathioprine tab 75 mg	1	MO
(Azathioprine Tab 75 mg) AZASAN	1	MO
azathioprine tab 100 mg	1	MO
(Azathioprine Tab 100 mg) AZASAN	1	MO
cyclosporine cap 25 mg	1	SP
cyclosporine cap 100 mg	1	SP
cyclosporine modified cap 25 mg	1	SP
(Cyclosporine Modified Cap 25 mg) GENGRAF	1	SP
cyclosporine modified cap 50 mg	1	SP
cyclosporine modified cap 100 mg	1	SP
(Cyclosporine Modified Cap 100 mg) GENGRAF	1	SP
cyclosporine modified oral soln 100 mg/ml	1	SP
everolimus tab 0.5 mg	1	SP
everolimus tab 0.25 mg	1	SP
everolimus tab 0.75 mg	1	SP

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>everolimus tab 1 mg</i>	1	SP
<i>mycophenolate mofetil cap 250 mg</i>	1	SP
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	SP
<i>mycophenolate mofetil tab 500 mg</i>	1	SP
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	SP
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	SP
<i>sirolimus oral soln 1 mg/ml</i>	1	SP
<i>sirolimus tab 0.5 mg</i>	1	SP
<i>sirolimus tab 1 mg</i>	1	SP
<i>sirolimus tab 2 mg</i>	1	SP
<i>tacrolimus cap 0.5 mg</i>	1	SP
<i>tacrolimus cap 1 mg</i>	1	SP
<i>tacrolimus cap 5 mg</i>	1	SP
<i>tacrolimus cap er 24hr 0.5 mg</i>	1	SP
<i>tacrolimus cap er 24hr 1 mg</i>	1	SP
<i>tacrolimus cap er 24hr 5 mg</i>	1	SP
POTASSIUM REMOVING AGENTS - DRUGS TO LOWER POTASSIUM		
<i>sodium polystyrene sulfonate powder</i>	1	
(Sodium Polystyrene Sulfonate Rectal Susp 30 gm/120ml) SPS	1	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	1	
(Sodium Polystyrene Sulfonate Susp 15 gm/60ml) KIONEX	1	
(Sodium Polystyrene Sulfonate Susp 15 gm/60ml) SPS	1	
VELTASSA POW 1GM (<i>patiomer sorbitex calcium</i>)	2	MO
VELTASSA POW 8.4GM (<i>patiomer sorbitex calcium</i>)	2	MO
VELTASSA POW 16.8GM (<i>patiomer sorbitex calcium</i>)	2	MO
VELTASSA POW 25.2GM (<i>patiomer sorbitex calcium</i>)	2	MO
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl viscous soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Triamcinolone Acetonide Dental Paste 0.1%) KOURZEQ	1	
(Triamcinolone Acetonide Dental Paste 0.1%) ORALONE DENTAL PASTE	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	1	MO
<i>pilocarpine hcl tab 5 mg</i>	1	MO
<i>pilocarpine hcl tab 7.5 mg</i>	1	MO
MULTIVITAMINS - DRUGS FOR NUTRITION		
PRENATAL VITAMINS		
(Prenat W/o A W/feum-Methfol-Fa-Dha Cap 27-0.6-0.4-300 mg) PNV-DHA	1	
(Prenatal Vit W/ Fe Fum-Methylfolate-Fa Tab 27-0.6-0.4 mg) PNV-SELECT	1	
(Prenatal Vit W/ Iron Carbonyl-Fa Tab 50-1.25 mg) ELITE-OB	1	
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen oral soln 5 mg/5ml</i>	1	
<i>baclofen oral soln 10 mg/5ml</i>	1	
<i>baclofen susp 25 mg/5ml</i>	1	
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 15 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	PA
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>methocarbamol tab 1000 mg</i>	1	
(Methocarbamol Tab 1000 mg) TANLOR	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 8 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 bottle every 25 days)
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 bottles every 25 days)
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1 bottle every 25 days)
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	MO
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	MO
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 bottles every 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 bottle every 25 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	QL (34 gm every 25 days)
XHANCE MIS 93MCG (<i>fluticasone propionate (nasal)</i>)	2	QL (2 bottles every 25 days)
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES		
ALS AGENTS		
RADICAVA ORS SUS 105/5ML (<i>edaravone</i>)	2	SP, PA, QL (75 mL every 30 days)
RADICAVA ORS SUS STARTER (<i>edaravone</i>)	2	SP, PA, QL (75 mL every 30 days)
<i>riluzole tab 50 mg</i>	1	MO
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS		
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	MO
BETOPTIC-S SUS 0.25% OP (<i>betaxolol hcl (ophth)</i>)	2	MO
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	MO
<i>carteolol hcl ophth soln 1%</i>	1	MO
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	MO
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	MO
<i>levobunolol hcl ophth soln 0.5%</i>	1	MO
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	MO
<i>timolol maleate ophth soln 0.5%</i>	1	MO
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	MO
<i>timolol maleate ophth soln 0.25%</i>	1	MO
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	MO
<i>timolol maleate preservative free ophth soln 0.25%</i>	1	MO
<i>timolol ophth soln 0.5%</i>	1	MO
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate ophth soln 1%</i>	1	MO
<i>cyclopentolate hcl ophth soln 1%</i>	1	MO
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
<i>tropicamide ophth soln 0.5%</i>	1	MO
<i>tropicamide ophth soln 1%</i>	1	MO
MIOTICS		
<i>pilocarpine hcl ophth soln 1%</i>	1	MO
<i>pilocarpine hcl ophth soln 1.25%</i>	1	MO
<i>pilocarpine hcl ophth soln 2%</i>	1	MO
<i>pilocarpine hcl ophth soln 4%</i>	1	MO
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1% OP (<i>brimonidine tartrate</i>)	2	MO
ALPHAGAN P SOL 0.15% OP (<i>brimonidine tartrate</i>)	2	MO
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>brimonidine tartrate ophth soln 0.1%</i>	1	MO
<i>brimonidine tartrate ophth soln 0.2%</i>	1	MO
<i>brimonidine tartrate ophth soln 0.15%</i>	1	MO
SIMBRINZA SUS 1-0.2% (<i>brinzolamide-brimonidine tartrate</i>)	2	MO
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6% (<i>besifloxacin hcl</i>)	2	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
<i>levofloxacin ophth soln 1.5%</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
<i>neomycin-bacitracin-zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>neomycin-polymyxin-garamycin op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP (<i>tobramycin (ophth)</i>)	3	
<i>trifluridine ophth soln 1%</i>	1	
XDEMYV DRO 0.25% (<i>lotilaner</i>)	2	PA
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP (<i>cyclosporine (ophth)</i>)	1	MO
RESTASIS MUL EMU 0.05% OP (<i>cyclosporine (ophth)</i>)	2	MO
VEVYE DRO 0.1% (<i>cyclosporine (ophth)</i>)	2	MO
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.2%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1% (<i>tobramycin-dexamethasone</i>)	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
OPHTHALMICS - MISC.		
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
<i>brinzolamide ophth susp 1%</i>	1	MO
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	MO
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP (<i>nepafenac</i>)	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.01%</i>	1	MO
<i>bimatoprost ophth soln 0.03%</i>	1	MO
<i>latanoprost ophth soln 0.005%</i>	1	MO
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	MO
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	MO
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	1	
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>ciprofloxacin-hydrocortisone otic susp 0.2-1%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTIC STEROIDS		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
OXYTOCICS - DRUGS FOR PREGNANCY		
OXYTOCICS - DRUGS FOR PREGNANCY		
<i>methylergonovine maleate tab 0.2 mg</i>	1	
(Methylergonovine Maleate Tab 0.2 mg)	1	
METHERGINE		

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PENICILLINS - DRUGS TO TREAT INFECTIONS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
NATURAL PENICILLINS		
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
AUGMENTIN SUS 125/5ML (<i>amoxicillin & pot clavulanate</i>)	3	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	MO
<i>medroxyprogesterone acetate tab 5 mg</i>	1	MO
<i>medroxyprogesterone acetate tab 10 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>megestrol acetate susp 625 mg/5ml</i>	1	MO
<i>norethindrone acetate tab 5 mg</i>	1	MO
(Norethindrone Acetate Tab 5 mg) GALLIFREY	1	MO
<i>progesterone cap 100 mg</i>	1	MO
<i>progesterone cap 200 mg</i>	1	MO

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

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tab delayed release 333 mg</i>	1	MO
<i>disulfiram tab 250 mg</i>	1	MO
<i>disulfiram tab 500 mg</i>	1	MO
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	1	

ANTI-CATAPLECTIC AGENTS

LUMRYZ PAK 6GM (<i>sodium oxybate</i>)	2	SP, PA, QL (1 packet every 1 day)
LUMRYZ PAK 7.5GM (<i>sodium oxybate</i>)	2	SP, PA, QL (1 packet every 1 day)
LUMRYZ PAK 9GM (<i>sodium oxybate</i>)	2	SP, PA, QL (1 packet every 1 day)
LUMRYZ PAK STARTER (<i>sodium oxybate</i>)	2	SP, PA, QL (1 packet every 1 day); 28-day starter pack
LUMRYZ PKG 4.5GM (<i>sodium oxybate</i>)	2	SP, PA, QL (1 packet every 1 day)
<i>sodium oxybate oral solution 500 mg/ml</i>	1	SP, PA, QL (18 mL every 1 day)
XYWAV SOL 0.5GM/ML (<i>calcium, magnesium, potassium, & sodium oxybates</i>)	2	PA, QL (18 mL every 1 day)

ANTIDEMENTIA AGENTS - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	MO
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	MO
<i>donepezil hydrochloride tab 5 mg</i>	1	MO
<i>donepezil hydrochloride tab 10 mg</i>	1	MO
<i>donepezil hydrochloride tab 23 mg</i>	1	MO
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	MO
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	MO
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	MO
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	MO
<i>galantamine hydrobromide tab 4 mg</i>	1	MO
<i>galantamine hydrobromide tab 8 mg</i>	1	MO
<i>galantamine hydrobromide tab 12 mg</i>	1	MO
<i>memantine hcl cap er 24hr 7 mg</i>	1	MO

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak</i>	1	
<i>milnacipran hcl tab 25 mg</i>	1	MO
<i>milnacipran hcl tab 50 mg</i>	1	MO
<i>milnacipran hcl tab 100 mg</i>	1	MO
<i>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS</i>		
<i>ADDYI TAB 100MG (flibanserin)</i>	3	PA, MO
<i>MOVEMENT DISORDER DRUG THERAPY</i>		
<i>AUSTEDO TAB 6MG (deutetrabenazine)</i>	2	SP, PA, QL (2 tabs every 1 day)
<i>AUSTEDO TAB 9MG (deutetrabenazine)</i>	2	SP, PA, QL (4 tabs every 1 day)
<i>AUSTEDO TAB 12MG (deutetrabenazine)</i>	2	SP, PA, QL (4 tabs every 1 day)
<i>INGREZZA CAP 40-80MG (valbenazine tosylate)</i>	2	SP, PA, QL (1 cap every 1 day)
<i>INGREZZA CAP 40MG (valbenazine tosylate)</i>	2	SP, PA, QL (1 cap every 1 day)
<i>INGREZZA CAP 60MG (valbenazine tosylate)</i>	2	SP, PA, QL (1 cap every 1 day)
<i>INGREZZA CAP 80MG (valbenazine tosylate)</i>	2	SP, PA, QL (1 cap every 1 day)
<i>tetrabenazine tab 12.5 mg</i>	1	SP, PA, QL (4 tabs every 1 day)
<i>tetrabenazine tab 25 mg</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS</i>		
<i>BAFIERTAM CAP 95MG (monomethyl fumarate)</i>	2	SP, PA, QL (4 caps every 1 day)
<i>cladribine tab therapy pack 10 mg (4 tabs)</i>	1	SP, PA, QL (20 tabs every 270 days)
<i>cladribine tab therapy pack 10 mg (5 tabs)</i>	1	SP, PA, QL (20 tabs every 270 days)
<i>cladribine tab therapy pack 10 mg (6 tabs)</i>	1	SP, PA, QL (20 tabs every 270 days)
<i>cladribine tab therapy pack 10 mg (7 tabs)</i>	1	SP, PA, QL (20 tabs every 270 days)
<i>cladribine tab therapy pack 10 mg (8 tabs)</i>	1	SP, PA, QL (20 tabs every 270 days)
<i>cladribine tab therapy pack 10 mg (9 tabs)</i>	1	SP, PA, QL (20 tabs every 270 days)
<i>cladribine tab therapy pack 10 mg (10 tabs)</i>	1	SP, PA, QL (20 tabs every 270 days)
<i>dalfampridine tab er 12hr 10 mg</i>	1	SP, PA, QL (2 tabs every 1 day)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	SP, PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	SP, PA, QL (2 caps every 1 day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	SP, PA, QL (60 caps every 30 days)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	1	SP, PA, QL (1 cap every 1 day)
<i>MAYZENT PAK STARTER (siponimod fumarate)</i>	2	SP, PA, QL (12 tablet starter pack)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MAYZENT PAK STARTER (<i>siponimod fumarate</i>)	2	SP, PA, QL (7 tabs every 4 days)
MAYZENT TAB 0.25MG (<i>siponimod fumarate</i>)	2	SP, PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG (<i>siponimod fumarate</i>)	2	SP, PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG (<i>siponimod fumarate</i>)	2	SP, PA, QL (1 tab every 1 day)
<i>teriflunomide tab 7 mg</i>	1	SP, PA, QL (1 tab every 1 day)
<i>teriflunomide tab 14 mg</i>	1	SP, PA, QL (1 tab every 1 day)
ZEPOSIA 7DAY CAP STR PACK (<i>ozanimod hcl</i>)	2	SP, PA, QL (7 caps every 7 days); Preferred for Ulcerative Colitis
ZEPOSIA CAP 0.92MG (<i>ozanimod hcl</i>)	2	SP, PA, QL (1 cap every 1 day); Preferred for Ulcerative Colitis
ZEPOSIA CAP STR KIT (<i>ozanimod hcl</i>)	2	SP, PA, QL (28 caps every 28 days); Preferred for Ulcerative Colitis
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>gabapentin (once-daily) tab 300 mg</i>	1	MO
<i>gabapentin (once-daily) tab 450 mg</i>	1	MO
<i>gabapentin (once-daily) tab 600 mg</i>	1	MO
<i>gabapentin (once-daily) tab 750 mg</i>	1	MO
<i>gabapentin (once-daily) tab 900 mg</i>	1	MO
<i>pregabalin tab er 24hr 82.5 mg</i>	1	MO
<i>pregabalin tab er 24hr 165 mg</i>	1	MO
<i>pregabalin tab er 24hr 330 mg</i>	1	MO
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
<i>pimozide tab 1 mg</i>	1	MO
<i>pimozide tab 2 mg</i>	1	MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) CVS NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) CVS NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) CVS NICOTINE POLACRILEX S	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) EQ NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Nicotine Polacrilex Lozenge 4 mg) EQ NICOTINE LOZENGES	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 4 mg) EQ NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 4 mg) GOODSENSE NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 4 mg) GOODSENSE NICOTINE POLACR	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 4 mg) KLS QUIT4	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 4 mg) NICOTINE MINI LOZENGE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Lozenge 4 mg) SM NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
nicotine td patch 24hr 7 mg/24hr	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 7 mg/24hr) CVS NICOTINE TRANSDERMAL	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 7 mg/24hr) EQ NICOTINE STEP 3	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 7 mg/24hr) GNP NICOTINE TRANSDERMAL	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 7 mg/24hr) NICOTINE STEP 3	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 7 mg/24hr) NICOTINE TRANSDERMAL SYST	PV	\$0 limited to 2 treatment cycles/year
nicotine td patch 24hr 14 mg/24hr	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 14 mg/24hr) CVS NICOTINE TRANSDERMAL	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 14 mg/24hr) EQ NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 14 mg/24hr) GNP NICOTINE TRANSDERMAL	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 14 mg/24hr) NICOTINE TRANSDERMAL SYST	PV	\$0 limited to 2 treatment cycles/year
nicotine td patch 24hr 21 mg/24hr	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 21 mg/24hr) CVS NICOTINE TRANSDERMAL	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 21 mg/24hr) EQ NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 21 mg/24hr) GNP NICOTINE TRANSDERMAL	PV	\$0 limited to 2 treatment cycles/year

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

RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS

CYSTIC FIBROSIS AGENTS

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

PULMONARY FIBROSIS AGENTS

<i>nintedanib esylate cap 100 mg (base equivalent)</i>	1	SP, PA, QL (2 caps every 1 day)
<i>nintedanib esylate cap 150 mg (base equivalent)</i>	1	SP, PA, QL (2 caps every 1 day)
OFEV CAP 100MG (<i>nintedanib esylate</i>)	2	SP, PA, QL (2 caps every 1 day)
OFEV CAP 150MG (<i>nintedanib esylate</i>)	2	SP, PA, QL (2 caps every 1 day)
<i>pirfenidone cap 267 mg</i>	1	SP, PA, QL (9 caps every 1 day)
<i>pirfenidone tab 267 mg</i>	1	SP, PA, QL (9 tabs every 1 day)
<i>pirfenidone tab 534 mg</i>	1	SP, PA, QL (3 tabs every 1 day)
<i>pirfenidone tab 801 mg</i>	1	SP, PA, QL (3 tabs every 1 day)

SULFONAMIDES - DRUGS TO TREAT INFECTIONS

SULFONAMIDES - DRUGS TO TREAT INFECTIONS

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

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
(Doxycycline Monohydrate Cap 100 mg) MONDOXYNE NL	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
(Doxycycline Monohydrate Tab 100 mg) AVIDOXY	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

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

THYROID HORMONES

<i>levothyroxine sodium tab 25 mcg</i>	1	MO
(Levothyroxine Sodium Tab 25 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 25 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 25 mcg) UNITHROID	1	MO
<i>levothyroxine sodium tab 50 mcg</i>	1	MO
(Levothyroxine Sodium Tab 50 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 50 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 50 mcg) UNITHROID	1	MO
<i>levothyroxine sodium tab 75 mcg</i>	1	MO
(Levothyroxine Sodium Tab 75 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 75 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 75 mcg) UNITHROID	1	MO
<i>levothyroxine sodium tab 88 mcg</i>	1	MO
(Levothyroxine Sodium Tab 88 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 88 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 88 mcg) UNITHROID	1	MO
<i>levothyroxine sodium tab 100 mcg</i>	1	MO
(Levothyroxine Sodium Tab 100 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 100 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 100 mcg) UNITHROID	1	MO
<i>levothyroxine sodium tab 112 mcg</i>	1	MO
(Levothyroxine Sodium Tab 112 mcg) LEVO-T	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(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) LEVO-T	1	MO
(Levothyroxine Sodium Tab 125 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 125 mcg) UNITHROID	1	MO
levothyroxine sodium tab 137 mcg	1	MO
(Levothyroxine Sodium Tab 137 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 137 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 137 mcg) UNITHROID	1	MO
levothyroxine sodium tab 150 mcg	1	MO
(Levothyroxine Sodium Tab 150 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 150 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 150 mcg) UNITHROID	1	MO
levothyroxine sodium tab 175 mcg	1	MO
(Levothyroxine Sodium Tab 175 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 175 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 175 mcg) UNITHROID	1	MO
levothyroxine sodium tab 200 mcg	1	MO
(Levothyroxine Sodium Tab 200 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 200 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 200 mcg) UNITHROID	1	MO
levothyroxine sodium tab 300 mcg	1	MO
(Levothyroxine Sodium Tab 300 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 300 mcg) UNITHROID	1	MO
liothyronine sodium tab 5 mcg	1	MO
(Liothyronine Sodium Tab 5 mcg) LIOMNY	1	MO
liothyronine sodium tab 25 mcg	1	MO
(Liothyronine Sodium Tab 25 mcg) LIOMNY	1	MO
liothyronine sodium tab 50 mcg	1	MO
(Liothyronine Sodium Tab 50 mcg) LIOMNY	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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYNTHROID TAB 300MCG (<i>levothyroxine sodium</i>)	2	MO
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID		
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	1	MO
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	MO
(Hyoscyamine Sulfate Elixir 0.125 mg/5ml) HYOSYNE	1	MO
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	MO
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	MO
(Hyoscyamine Sulfate Soln 0.125 mg/ml) HYOSYNE	1	MO
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	MO
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	MO
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine hcl soln 300 mg/5ml</i>	1	MO
<i>cimetidine tab 200 mg</i>	1	
<i>cimetidine tab 300 mg</i>	1	MO
<i>cimetidine tab 400 mg</i>	1	MO
<i>cimetidine tab 800 mg</i>	1	MO
<i>famotidine for susp 40 mg/5ml</i>	1	MO
<i>famotidine tab 20 mg</i>	1	MO
<i>famotidine tab 40 mg</i>	1	MO
<i>nizatidine cap 150 mg</i>	1	MO
<i>nizatidine cap 300 mg</i>	1	MO
<i>ranitidine hcl tab 150 mg</i>	1	MO
<i>ranitidine hcl tab 300 mg</i>	1	MO
MISC. ANTI-ULCER		
<i>sucralfate tab 1 gm</i>	1	MO
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	MO
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	1	MO
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	1	MO
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	MO
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	MO
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	MO
<i>lansoprazole cap delayed release 15 mg</i>	1	MO
<i>lansoprazole cap delayed release 30 mg</i>	1	MO
<i>omeprazole cap delayed release 10 mg</i>	1	MO
<i>omeprazole cap delayed release 20 mg</i>	1	MO
<i>omeprazole cap delayed release 40 mg</i>	1	MO
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	MO
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	MO
<i>rabeprazole sodium ec tab 20 mg</i>	1	MO
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	1	MO
<i>misoprostol tab 200 mcg</i>	1	MO
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
TALICIA CAP (<i>amoxicillin-rifabutin-omeprazole</i>)	2	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	MO
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	MO
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	MO
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	MO
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	MO
<i>oxybutynin chloride tab 2.5 mg</i>	1	MO
<i>oxybutynin chloride tab 5 mg</i>	1	MO
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	MO
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	MO
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	MO
<i>solifenacin succinate tab 5 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>solifenacin succinate tab 10 mg</i>	1	MO
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	MO
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	MO
<i>tolterodine tartrate tab 1 mg</i>	1	MO
<i>tolterodine tartrate tab 2 mg</i>	1	MO
<i>tropium chloride cap er 24hr 60 mg</i>	1	MO
<i>tropium chloride tab 20 mg</i>	1	MO
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB 75MG (<i>vibegron</i>)	2	MO
<i>mirabegron tab er 24 hr 25 mg</i>	1	MO
<i>mirabegron tab er 24 hr 50 mg</i>	1	MO
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	1	MO
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS		
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA SUP 6.5MG (<i>prasterone vaginal</i>)	3	MO
SPERMICIDES		
ENCARE SUP 100MG (<i>nonoxynol-9</i>)	PV	
GYNOL II GEL 3% (<i>nonoxynol-9</i>)	PV	
TODAY SPONGE MIS (<i>nonoxynol-9</i>)	PV	
VCF VAGINAL GEL CONTRACE (<i>nonoxynol-9</i>)	PV	
VCF VAGINAL MIS CONTRACP (<i>nonoxynol-9</i>)	PV	
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
(Miconazole Nitrate Vaginal Suppos 200 mg) MICONAZOLE 3	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXX GEL (<i>lactic acid-citric acid-potassium bitartrate</i>)	PV	
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.01%</i>	1	MO
IMVEXXY MAIN SUP 4MCG (<i>estradiol vaginal</i>)	2	MO

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

Index

- A**
- abacavir sulfate soln 20 mg/ml (base equiv)**... 98
- abacavir sulfate tab 300 mg (base equiv)** 98
- abacavir sulfate-lamivudine tab 600-300 mg**.. 98
- abacavir-dolutegravir-lamivudine**
see TRIUMEQ PD TAB 99
see TRIUMEQ TAB 99
- ABIGALE
see Estradiol & Norethindrone Acetate Tab 1-
0.5 mg 131
- ABIGALE LO
see Estradiol & Norethindrone Acetate Tab
0.5-0.1 mg 131
- abiraterone acetate micronized**
see YONSA TAB 125MG 86
- abiraterone acetate tab 250 mg** 85
- Abiraterone Acetate Tab 250 mg 85
- abiraterone acetate tab 500 mg** 85
- ABIRTEGA
see Abiraterone Acetate Tab 250 mg 85
- abrocitinib**
see CIBINQO TAB 100MG 125
see CIBINQO TAB 200MG 125
see CIBINQO TAB 50MG 125
- acalabrutinib maleate**
see CALQUENCE TAB 100MG 87
- acamprosate calcium tab delayed release 333
mg**..... 153
- acarbose tab 100 mg** 68
- acarbose tab 25 mg** 68
- acarbose tab 50 mg** 68
- ACCUTANE
see Isotretinoin Cap 10 mg 120
see Isotretinoin Cap 20 mg 120
see Isotretinoin Cap 30 mg 120
see Isotretinoin Cap 40 mg 121
- acebutolol hcl cap 200 mg** 102
- acebutolol hcl cap 400 mg** 102
- acetaminophen w/ codeine soln 120-12 mg/5ml**
..... 46
- acetaminophen w/ codeine tab 300-15 mg** 46
- acetaminophen w/ codeine tab 300-30 mg** 47
- acetaminophen w/ codeine tab 300-60 mg** 47
- acetaminophen-caffeine-dihydrocodeine cap
320.5-30-16 mg** 47
- Acetaminophen-Caffeine-Dihydrocodeine Cap
320.5-30-16 mg 47
- acetazolamide cap er 12hr 500 mg** 127
- acetazolamide tab 125 mg** 127
- acetazolamide tab 250 mg** 127
- acetic acid otic soln 2%** 151
- acetylcysteine inhal soln 10%** 119
- acetylcysteine inhal soln 20%** 119
- acitretin cap 10 mg** 122
- acitretin cap 17.5 mg** 122
- acitretin cap 25 mg** 122
- acyclovir cap 200 mg** 101
- acyclovir oint 5%** 123
- acyclovir susp 200 mg/5ml** 101
- acyclovir tab 400 mg** 101
- acyclovir tab 800 mg** 101
- adagrasib**
see KRAZATI TAB 200MG 89
- adapalene cream 0.1%** 119
- adapalene gel 0.1%** 119
- adapalene gel 0.3%** 119
- adapalene-benzoyl peroxide**
see EPIDUO FORTE GEL 0.3-2.5% 120
see EPIDUO GEL 0.1-2.5% 120
- adapalene-benzoyl peroxide gel 0.1-2.5%** 119
- adapalene-benzoyl peroxide gel 0.3-2.5%** 119
- ADDYI TAB 100MG 155
- adefovir dipivoxil tab 10 mg** 100
- ADEMPAS TAB 0.5MG 108
- ADEMPAS TAB 1.5MG 108
- ADEMPAS TAB 1MG 108
- ADEMPAS TAB 2.5MG 108
- ADEMPAS TAB 2MG 108
- AERCHMBR PLS MIS LRG MASK 141
- AERCHMBR PLS MIS MED MASK 141
- AERCHMBR PLS MIS SM MASK 141
- AERCHMBR Z- MIS STAT PLS 141
- AEROCHAMBER MIS CHAMBER 141
- AEROCHAMBER MIS MV 141
- AEROCHAMBER MIS PLUS 141
- AEROVENT MIS PLUS 141
- AFIRMELLE

see Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg	111
AFREZZA POW 12 UNIT	71
AFREZZA POW 4-8 UNIT	71
AFREZZA POW 4-8-12	71
AFREZZA POW 4UNIT	71
AFREZZA POW 8 UNIT	71
AFREZZA POW 8-12UNIT	71
AIRSUPRA AER 90-80MCG	57
AKLIEF CRE 0.005%	119
ALA-CORT see Hydrocortisone Cream 1%	124
albendazole tab 200 mg	51
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	57
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	57
albuterol sulfate soln nebu 0.5% (5 mg/ml)	57
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	57
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	57
albuterol sulfate syrup 2 mg/5ml	57
albuterol sulfate tab 2 mg	57
albuterol sulfate tab 4 mg	57
albuterol-budesonide see AIRSUPRA AER 90-80MCG	57
alclometasone dipropionate cream 0.05%	123
alclometasone dipropionate oint 0.05%	123
ALECENSA CAP 150MG	86
alectinib hcl see ALECENSA CAP 150MG	86
alendronate sodium oral soln 70 mg/75ml	128
alendronate sodium tab 10 mg	128
alendronate sodium tab 35 mg	128
alendronate sodium tab 70 mg	128
alfuzosin hcl tab er 24hr 10 mg	135
aliskiren fumarate tab 150 mg (base equivalent)	82
aliskiren fumarate tab 300 mg (base equivalent)	82
allopurinol tab 100 mg	135
allopurinol tab 200 mg	135
allopurinol tab 300 mg	135
almotriptan malate tab 12.5 mg	143
almotriptan malate tab 6.25 mg	143
alosetron hcl tab 0.5 mg (base equiv)	134

alosetron hcl tab 1 mg (base equiv)	134
alpelisib see PIQRAY 200MG TAB DOSE	90
see PIQRAY 250MG TAB DOSE	90
see PIQRAY 300MG TAB DOSE	90
ALPHAGAN P SOL 0.1% OP	149
ALPHAGAN P SOL 0.15% OP	149
alprazolam orally disintegrating tab 0.25 mg .	54
alprazolam orally disintegrating tab 0.5 mg ...	54
alprazolam orally disintegrating tab 1 mg	54
alprazolam orally disintegrating tab 2 mg	54
alprazolam tab 0.25 mg	54
alprazolam tab 0.5 mg	54
alprazolam tab 1 mg	54
alprazolam tab 2 mg	54
alprazolam tab er 24hr 0.5 mg	54
Alprazolam Tab Er 24hr 0.5 mg	54
alprazolam tab er 24hr 1 mg	54
Alprazolam Tab Er 24hr 1 mg	54
alprazolam tab er 24hr 2 mg	54
Alprazolam Tab Er 24hr 2 mg	54
alprazolam tab er 24hr 3 mg	54
Alprazolam Tab Er 24hr 3 mg	54
ALPRAZOLAM XR see Alprazolam Tab Er 24hr 0.5 mg	54
see Alprazolam Tab Er 24hr 1 mg	54
see Alprazolam Tab Er 24hr 2 mg	54
see Alprazolam Tab Er 24hr 3 mg	54
ALTAVERA see Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg.....	111
ALUNBRIG PAK.....	86
ALUNBRIG TAB 180MG	86
ALUNBRIG TAB 30MG	86
ALUNBRIG TAB 90MG	86
ALVAIZ TAB 18MG	137
ALVAIZ TAB 36MG	137
ALVAIZ TAB 54MG	137
ALVAIZ TAB 9MG	137
ALYACEN 1/35 see Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg	112
ALYACEN 7/7/7 see Norethindrone-Eth Estradiol Tab 0.5- 35/0.75-35/1-35 mg-Mcg	115
ALYQ see Tadalafil Tab 20 mg (Pah).....	107

amantadine hcl cap 100 mg	92	amlodipine besylate-atorvastatin calcium tab 5-20 mg	105
amantadine hcl soln 50 mg/5ml	92	amlodipine besylate-atorvastatin calcium tab 5-40 mg	105
amantadine hcl tab 100 mg	92	amlodipine besylate-atorvastatin calcium tab 5-80 mg	106
ambrisentan tab 10 mg	107	amlodipine besylate-benazepril hcl cap 10-20 mg	80
ambrisentan tab 5 mg	107	amlodipine besylate-benazepril hcl cap 10-40 mg	80
AMETHYST		amlodipine besylate-benazepril hcl cap 2.5-10 mg	80
see Levonorgestrel-Ethinyl Estradiol		amlodipine besylate-benazepril hcl cap 5-10 mg	80
(Continuous) Tab 90-20 mcg	112	.....	80
amiloride & hydrochlorothiazide tab 5-50 mg	127	amlodipine besylate-benazepril hcl cap 5-20 mg	80
amiloride hcl tab 5 mg	128	amlodipine besylate-benazepril hcl cap 5-40 mg	80
aminocaproic acid oral soln 0.25 gm/ml	138	amlodipine besylate-olmesartan medoxomil tab 10-20 mg	80
aminocaproic acid tab 1000 mg	138	amlodipine besylate-olmesartan medoxomil tab 10-40 mg	80
aminocaproic acid tab 500 mg	138	amlodipine besylate-olmesartan medoxomil tab 5-20 mg	80
amiodarone hcl tab 100 mg	55	amlodipine besylate-olmesartan medoxomil tab 5-40 mg	80
Amiodarone Hcl Tab 100 mg	16, 55	amlodipine besylate-valsartan tab 10-160 mg	80
amiodarone hcl tab 200 mg	55	amlodipine besylate-valsartan tab 10-320 mg	80
Amiodarone Hcl Tab 200 mg	55	amlodipine besylate-valsartan tab 5-160 mg	80
amiodarone hcl tab 400 mg	55	amlodipine besylate-valsartan tab 5-320 mg	80
amitriptyline hcl tab 10 mg	67	amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	80
amitriptyline hcl tab 100 mg	67	amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	80
amitriptyline hcl tab 150 mg	67	amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	80
amitriptyline hcl tab 25 mg	67	amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	80
amitriptyline hcl tab 50 mg	67	amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	80
amitriptyline hcl tab 75 mg	67	AMNESTEEM	
amlodipine besylate tab 10 mg (base equivalent)	103	see Isotretinoin Cap 10 mg	120
amlodipine besylate tab 2.5 mg (base equivalent)	103	see Isotretinoin Cap 20 mg	120
amlodipine besylate tab 5 mg (base equivalent)	103	see Isotretinoin Cap 30 mg	120
amlodipine besylate-atorvastatin calcium tab 10-10 mg	106	see Isotretinoin Cap 40 mg	121
amlodipine besylate-atorvastatin calcium tab 10-20 mg	106	amoxapine tab 100 mg	67
amlodipine besylate-atorvastatin calcium tab 10-40 mg	106	amoxapine tab 150 mg	67
amlodipine besylate-atorvastatin calcium tab 10-80 mg	106		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	105		
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	105		
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	105		
amlodipine besylate-atorvastatin calcium tab 5-10 mg	105		

amoxapine tab 25 mg	67	amphetamine-dextroamphetamine 3-bead cap	
amoxapine tab 50 mg	67	er 24hr 25 mg	26
amoxicil cap & clarithro tab & lansopraz cap dr		amphetamine-dextroamphetamine 3-bead cap	
500 & 500 & 30mg	163	er 24hr 37.5 mg	27
amoxicillin & k clavulanate for susp 200-28.5		amphetamine-dextroamphetamine 3-bead cap	
mg/5ml	152	er 24hr 50 mg	27
amoxicillin & k clavulanate for susp 250-62.5		amphetamine-dextroamphetamine cap er 24hr	
mg/5ml	152	10 mg	27
amoxicillin & k clavulanate for susp 400-57		amphetamine-dextroamphetamine cap er 24hr	
mg/5ml	152	15 mg	27
amoxicillin & k clavulanate for susp 600-42.9		amphetamine-dextroamphetamine cap er 24hr	
mg/5ml	152	20 mg	27
amoxicillin & k clavulanate tab 250-125 mg .	152	amphetamine-dextroamphetamine cap er 24hr	
amoxicillin & k clavulanate tab 500-125 mg .	152	25 mg	27
amoxicillin & k clavulanate tab 875-125 mg .	152	amphetamine-dextroamphetamine cap er 24hr	
amoxicillin & k clavulanate tab er 12hr 1000-		30 mg	27
62.5 mg	152	amphetamine-dextroamphetamine cap er 24hr	
amoxicillin & pot clavulanate		5 mg	27
see AUGMENTIN SUS 125/5ML	152	amphetamine-dextroamphetamine tab 10 mg	
amoxicillin (trihydrate) cap 250 mg	152	.....	27
amoxicillin (trihydrate) cap 500 mg	152	amphetamine-dextroamphetamine tab 12.5 mg	
amoxicillin (trihydrate) chew tab 125 mg	152	.....	28
amoxicillin (trihydrate) chew tab 250 mg	152	amphetamine-dextroamphetamine tab 15 mg	
amoxicillin (trihydrate) for susp 125 mg/5ml .	152	.....	28
amoxicillin (trihydrate) for susp 200 mg/5ml .	152	amphetamine-dextroamphetamine tab 20 mg	
amoxicillin (trihydrate) for susp 250 mg/5ml .	152	.....	28
amoxicillin (trihydrate) for susp 400 mg/5ml .	152	amphetamine-dextroamphetamine tab 30 mg	
amoxicillin (trihydrate) tab 500 mg	152	.....	28
amoxicillin (trihydrate) tab 875 mg	152	amphetamine-dextroamphetamine tab 5 mg .	27
amoxicillin-rifabutin-omeprazole		amphetamine-dextroamphetamine tab 7.5 mg	
see TALICIA CAP	163	.....	27
amphetamine sulfate tab 10 mg	26	ampicillin cap 500 mg	152
amphetamine sulfate tab 5 mg	26	anagrelide hcl cap 0.5 mg	136
amphetamine tab extended release		anagrelide hcl cap 1 mg	136
disintegrating 12.5 mg	26	anastrozole tab 1 mg	85
amphetamine tab extended release		ANNOVERA MIS	116
disintegrating 15.7 mg	26	ANORO ELLIPT AER 62.5-25	57
amphetamine tab extended release		apalutamide	
disintegrating 18.8 mg	26	see ERLEADA TAB 240MG	85
amphetamine tab extended release		see ERLEADA TAB 60MG	85
disintegrating 3.1 mg	26	apixaban	
amphetamine tab extended release		see ELIQUIS CAP 0.15MG	59
disintegrating 6.3 mg	26	see ELIQUIS ST P TAB 5MG	59
amphetamine tab extended release		see ELIQUIS TAB 0.5MG	59
disintegrating 9.4 mg	26	see ELIQUIS TAB 1.5MG	59
amphetamine-dextroamphetamine 3-bead cap		see ELIQUIS TAB 2.5MG	59
er 24hr 12.5 mg	26	see ELIQUIS TAB 2MG	59

see ELIQUIS TAB 5MG 59

apraclonidine hcl ophth soln 0.5% (base equivalent) 149

apremilast

see OTEZLA TAB 10/20 41

see OTEZLA TAB 10/20/30 41

see OTEZLA TAB 20MG 41

see OTEZLA TAB 30MG 41

see OTEZLA XR TAB 75MG 41

see OTEZLA/XR TAB 28 DAY 41

aprepitant capsule 125 mg 74

aprepitant capsule 40 mg 74

aprepitant capsule 80 mg 74

aprepitant capsule therapy pack 80 & 125 mg 74

APRI

see Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg 109

ARANELLE

see Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 mg-Mcg 115

arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) 57

aripiprazole oral solution 1 mg/ml 97

aripiprazole orally disintegrating tab 10 mg ... 97

aripiprazole orally disintegrating tab 15 mg ... 97

aripiprazole tab 10 mg 97

aripiprazole tab 15 mg 97

aripiprazole tab 2 mg 97

aripiprazole tab 20 mg 97

aripiprazole tab 30 mg 97

aripiprazole tab 5 mg 97

armodafinil tab 150 mg 33

armodafinil tab 200 mg 33

armodafinil tab 250 mg 33

armodafinil tab 50 mg 33

artemether-lumefantrine

see COARTEM TAB 20-120MG 83

asciminib hcl

see SCEMBLIX TAB 100MG 91

see SCEMBLIX TAB 20MG 91

see SCEMBLIX TAB 40MG 91

ASCOMP/CODEINE

see Butalbital-Aspirin-Caff W/ Codeine Cap 50-325-40-30 mg 47

asenapine maleate sl tab 10 mg (base equiv) . 96

asenapine maleate sl tab 2.5 mg (base equiv) 95

asenapine maleate sl tab 5 mg (base equiv) ... 95

ASHLYNA

see Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7) 110

ASMANEX HFA AER 100 MCG 56

ASMANEX HFA AER 200 MCG 56

ASMANEX HFA AER 50MCG 56

Aspirin Chew Tab 81 mg 41

ASPIRIN CHILDRENS

see Aspirin Chew Tab 81 mg 41

aspirin tab delayed release 81 mg 41

aspirin-dipyridamole cap er 12hr 25-200 mg. 136

atazanavir sulfate cap 150 mg (base equiv) 98

atazanavir sulfate cap 200 mg (base equiv) 98

atazanavir sulfate cap 300 mg (base equiv) 98

atenolol & chlorthalidone tab 100-25 mg 80

atenolol & chlorthalidone tab 50-25 mg 80

atenolol tab 100 mg 102

atenolol tab 25 mg 102

atenolol tab 50 mg 102

atogepant

see QULIPTA TAB 10MG 142

see QULIPTA TAB 30MG 142

see QULIPTA TAB 60MG 143

atomoxetine hcl cap 10 mg (base equiv) 32

atomoxetine hcl cap 100 mg (base equiv) 32

atomoxetine hcl cap 18 mg (base equiv) 32

atomoxetine hcl cap 25 mg (base equiv) 32

atomoxetine hcl cap 40 mg (base equiv) 32

atomoxetine hcl cap 60 mg (base equiv) 32

atomoxetine hcl cap 80 mg (base equiv) 32

atorvastatin calcium tab 10 mg (base equivalent) 76

atorvastatin calcium tab 20 mg (base equivalent) 76

atorvastatin calcium tab 40 mg (base equivalent) 76

atorvastatin calcium tab 80 mg (base equivalent) 76

atovaquone susp 750 mg/5ml 52

atovaquone-proguanil hcl tab 250-100 mg 83

atovaquone-proguanil hcl tab 62.5-25 mg 83

atrasentan hcl

see VANRAFIA TAB 0.75MG 135

atropine sulfate ophth soln 1% 149

AUBRA EQ

see Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg 111

AUGMENTIN SUS 125/5ML.....	152
AUGTYRO CAP 160MG	87
AUGTYRO CAP 40MG	86
AUROVELA 1.5/30	
see Norethindrone Ace & Ethinyl Estradiol Tab	
1.5 mg-30 mcg.....	113
AUROVELA 1/20	
see Norethindrone Ace & Ethinyl Estradiol Tab	
1 mg-20 mcg	113
AUROVELA 24 FE	
see Norethindrone Ace-Ethinyl Estradiol-Fe	
Tab 1 mg-20 mcg (24)	115
AUROVELA FE 1.5/30	
see Norethindrone Ace & Ethinyl Estradiol-Fe	
Tab 1.5 mg-30 mcg.....	114
AUROVELA FE 1/20	
see Norethindrone Ace & Ethinyl Estradiol-Fe	
Tab 1 mg-20 mcg.....	113
AUSTEDO TAB 12MG.....	155
AUSTEDO TAB 6MG	155
AUSTEDO TAB 9MG	155
AUVELITY TAB 45-105MG	65
AUVI-Q INJ 0.15MG	165
AUVI-Q INJ 0.1MG	165
AUVI-Q INJ 0.3MG	165
avatrombopag maleate	
see DOPTLET SPR CAP 10MG.....	137
see DOPTLET TAB 20MG	137, 138
AVIANE	
see Levonorgestrel & Ethinyl Estradiol Tab 0.1	
mg-20 mcg.....	111
AVIDOXY	
see Doxycycline Monohydrate Tab 100 mg	160
axitinib	
see INLYTA TAB 1MG	84
see INLYTA TAB 5MG	84
AYUNA	
see Levonorgestrel & Ethinyl Estradiol Tab	
0.15 mg-30 mcg.....	111
AZASAN	
see Azathioprine Tab 100 mg	145
see Azathioprine Tab 75 mg	145
azathioprine tab 100 mg	145
Azathioprine Tab 100 mg	145
azathioprine tab 50 mg	145
azathioprine tab 75 mg	145
Azathioprine Tab 75 mg	145

azelaic acid	
see FINACEA AER 15%.....	126
azelaic acid gel 15%	126
azelastine hcl nasal spray 0.1% (137 mcg/spray)	
.....	148
azelastine hcl ophth soln 0.05%	150
azelastine hcl-fluticasone prop nasal spray 137-	
50 mcg/act	148
azilsartan medoxomil tab 40 mg	79
azilsartan medoxomil tab 80 mg	79
azithromycin for susp 100 mg/5ml	140
azithromycin for susp 200 mg/5ml	140
azithromycin tab 250 mg	140
azithromycin tab 500 mg	140
azithromycin tab 600 mg	140
AZSTARYS CAP 26.1-5.2.....	33
AZSTARYS CAP 39.2-7.8.....	33
AZSTARYS CAP 52.3-10.....	33
aztreonam lysine	
see CAYSTON INH 75MG.....	53
AZURETTE	
see Desogest-Eth Estrad & Eth Estrad Tab 0.15-	
0.02/0.01 mg(21/5).....	109
B	
BAC	
see Butalbital-Acetaminophen-Caffeine Tab	
50-325-40 mg	41
bacitracin-polymyxin b ophth oint	149
bacitracin-polymyxin-neomycin-hc ophth oint	
1%	150
baclofen oral soln 10 mg/5ml	147
baclofen oral soln 5 mg/5ml	147
baclofen susp 25 mg/5ml	147
baclofen tab 10 mg	147
baclofen tab 15 mg	147
baclofen tab 20 mg	147
baclofen tab 5 mg	147
BAFIERTAM CAP 95MG	155
balsalazide disodium cap 750 mg	133
BALZIVA	
see Norethindrone & Ethinyl Estradiol Tab 0.4	
mg-35 mcg.....	112
BAQSIMI ONE POW 3MG/DOSE	70
BAQSIMI TWO POW 3MG/DOSE	70
BD INSULIN PEN NEEDLES - OTC.....	141
BD INSULIN SYRINGE - OTC.....	141
BD INSULIN SYRINGE - RX	141

beclomethasone diprop inhal aero soln 40 mcg/act (50/valve)	56	see ORLADEYO CAP 150MG	135
beclomethasone diprop inhal aers 100 mcg/act (80/delivery)	56	see ORLADEYO PAK 108MG	135
bedaquiline fumarate		see ORLADEYO PAK 132MG	136
see SIRTURO TAB 100MG	83	see ORLADEYO PAK 72MG	135
see SIRTURO TAB 20MG	83	see ORLADEYO PAK 96MG	135
BELBUCA MIS 150MCG	49	besifloxacin hcl	
BELBUCA MIS 300MCG	49	see BESIVANCE SUS 0.6%.....	149
BELBUCA MIS 450MCG	49	BESIVANCE SUS 0.6%	149
BELBUCA MIS 600MCG	50	betaine powder for oral solution	129
BELBUCA MIS 750MCG	50	betamethasone dipropionate augmented cream 0.05%	123
BELBUCA MIS 75MCG.....	49	betamethasone dipropionate augmented gel 0.05%	123
BELBUCA MIS 900MCG	50	betamethasone dipropionate augmented lotion 0.05%	123
BELSOMRA TAB 10MG	139	betamethasone dipropionate augmented oint 0.05%	123
BELSOMRA TAB 15MG	139	betamethasone dipropionate cream 0.05% ..	123
BELSOMRA TAB 20MG	139	betamethasone dipropionate lotion 0.05% ...	123
BELSOMRA TAB 5MG	139	betamethasone valerate aerosol foam 0.12%	123
bempedoic acid		.....	123
see NEXLETOL TAB 180MG	75	betamethasone valerate cream 0.1% (base equivalent)	123
bempedoic acid-ezetimibe		betamethasone valerate lotion 0.1% (base equivalent)	123
see NEXLIZET TAB 180/10MG	75	betamethasone valerate oint 0.1% (base equivalent)	123
benazepril & hydrochlorothiazide tab 10-12.5 mg	81	betaxolol hcl (ophth)	
benazepril & hydrochlorothiazide tab 20-12.5 mg	81	see BETOPTIC-S SUS 0.25% OP	148
benazepril & hydrochlorothiazide tab 20-25 mg	81	betaxolol hcl ophth soln 0.5%	148
.....	80	betaxolol hcl tab 10 mg	102
benazepril & hydrochlorothiazide tab 5-6.25 mg	80	betaxolol hcl tab 20 mg	102
.....	80	bethanechol chloride tab 10 mg	164
benazepril hcl tab 10 mg	78	bethanechol chloride tab 25 mg	164
benazepril hcl tab 20 mg	78	bethanechol chloride tab 5 mg	164
benazepril hcl tab 40 mg	78	bethanechol chloride tab 50 mg	164
benazepril hcl tab 5 mg	78	BETOPTIC-S SUS 0.25% OP	148
BENZAC AC LIQ 5% WASH	119	bexarotene cap 75 mg	92
benzonatate cap 100 mg	119	bexarotene gel 1%	122
benzonatate cap 200 mg	119	bicalutamide tab 50 mg	85
benzoyl peroxide		bictegravir-emtricitabine-tenofovir alafenamide fumarate	
see BENZAC AC LIQ 5% WASH	119	see BIKTARVY TAB	98
benzoyl peroxide-erythromycin gel 5-3%	120	BIJUVA CAP 0.5-100	130
benzphetamine hcl tab 50 mg	31	BIJUVA CAP 1-100MG	130
benztropine mesylate tab 0.5 mg	92	BIKTARVY TAB	98
benztropine mesylate tab 1 mg	92	bimatoprost ophth soln 0.01%	151
benztropine mesylate tab 2 mg	92		
bepotastine besilate ophth soln 1.5%	150		
berotralstat hcl			
see ORLADEYO CAP 110MG	135		

bimatoprost ophth soln 0.03%	151
binimetinib	
see MEKTOVI TAB 15MG	90
bismuth subcit-metronidazole-tetracycline cap	
140-125-125 mg	163
bisoprolol & hydrochlorothiazide tab 10-6.25	
mg	81
bisoprolol & hydrochlorothiazide tab 2.5-6.25	
mg	81
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	
.....	81
bisoprolol fumarate tab 10 mg	102
bisoprolol fumarate tab 5 mg	102
BLISOVI 24 FE	
see Norethindrone Ace-Ethinyl Estradiol-Fe	
Tab 1 mg-20 mcg (24)	115
BLISOVI FE 1.5/30	
see Norethindrone Ace & Ethinyl Estradiol-Fe	
Tab 1.5 mg-30 mcg.....	114
BLISOVI FE 1/20	
see Norethindrone Ace & Ethinyl Estradiol-Fe	
Tab 1 mg-20 mcg.....	114
bosentan tab 125 mg	107
bosentan tab 62.5 mg	107
bosentan tab for oral susp 32 mg	107
BOSULIF CAP 100MG	87
BOSULIF CAP 50MG	87
BOSULIF TAB 100MG	87
BOSULIF TAB 400MG	87
BOSULIF TAB 500MG	87
bosutinib	
see BOSULIF CAP 100MG	87
see BOSULIF CAP 50MG	87
see BOSULIF TAB 100MG	87
see BOSULIF TAB 400MG	87
see BOSULIF TAB 500MG	87
BRAFTOVI CAP 75MG	87
BREATHE EASE MIS LG MASK	141
BREATHE EASE MIS MED MASK.....	141
BREATHE EASE MIS SM MASK	141
BREO ELLIPTA INH 100-25	58
BREO ELLIPTA INH 200-25	58
BREO ELLIPTA INH 50-25MCG	57
BREYNA	
see Budesonide-Formoterol Fumarate Dihyd	
Aerosol 160-4.5 mcg/act	58
see Budesonide-Formoterol Fumarate Dihyd	
Aerosol 80-4.5 mcg/act	58
BREZTRI AERO AER SPHERE	58
BRIELLYN	
see Norethindrone & Ethinyl Estradiol Tab 0.4	
mg-35 mcg.....	112
brigatinib	
see ALUNBRIG PAK.....	86
see ALUNBRIG TAB 180MG	86
see ALUNBRIG TAB 30MG	86
see ALUNBRIG TAB 90MG	86
brimonidine tartrate	
see ALPHAGAN P SOL 0.1% OP	149
see ALPHAGAN P SOL 0.15% OP.....	149
brimonidine tartrate gel 0.33% (base	
equivalent)	126
brimonidine tartrate ophth soln 0.1%	149
brimonidine tartrate ophth soln 0.15%	149
brimonidine tartrate ophth soln 0.2%	149
brimonidine tartrate-timolol maleate ophth soln	
0.2-0.5%	148
brinzolamide ophth susp 1%	150
brinzolamide-brimonidine tartrate	
see SIMBRINZA SUS 1-0.2%	149
brivaracetam oral soln 10 mg/ml	60
brivaracetam tab 10 mg	60
brivaracetam tab 100 mg	61
brivaracetam tab 25 mg	61
brivaracetam tab 50 mg	61
brivaracetam tab 75 mg	61
bromfenac sodium ophth soln 0.07% (base	
equivalent)	150
bromfenac sodium ophth soln 0.075% (base	
equivalent)	151
bromfenac sodium ophth soln 0.09% (base	
equiv) (once-daily)	151
bromocriptine mesylate cap 5 mg (base	
equivalent)	92
bromocriptine mesylate tab 2.5 mg (base	
equivalent)	92
BRUKINSA CAP 80MG.....	87
BRUKINSA TAB 160MG.....	87
BRYHALI LOT 0.01%.....	123
budesonide	
see UCERIS TAB 9MG	118
budesonide (inhalation)	
see PULMICORT INH 180MCG	57

see PULMICORT INH 90MCG	57
budesonide delayed release particles cap 3 mg	
.....	117
budesonide inhalation susp 0.25 mg/2ml	57
budesonide inhalation susp 0.5 mg/2ml	57
budesonide inhalation susp 1 mg/2ml	57
budesonide rectal foam 2 mg/act	51
budesonide-formoterol fumarate dihyd aerosol	
160-4.5 mcg/act	58
Budesonide-Formoterol Fumarate Dihyd Aerosol	
160-4.5 mcg/act	58
budesonide-formoterol fumarate dihyd aerosol	
80-4.5 mcg/act	58
Budesonide-Formoterol Fumarate Dihyd Aerosol	
80-4.5 mcg/act.....	58
budesonide-glycopyrrolate-formoterol fumarate	
see BREZTRI AERO AER SPHERE.....	58
bumetanide tab 0.5 mg	127
bumetanide tab 1 mg	127
bumetanide tab 2 mg	127
buprenorphine hcl	
see BELBUCA MIS 150MCG.....	49
see BELBUCA MIS 300MCG.....	49
see BELBUCA MIS 450MCG.....	49
see BELBUCA MIS 600MCG.....	50
see BELBUCA MIS 750MCG.....	50
see BELBUCA MIS 75MCG.....	49
see BELBUCA MIS 900MCG.....	50
buprenorphine hcl sl tab 2 mg (base equiv)	50
buprenorphine hcl sl tab 8 mg (base equiv)	50
buprenorphine hcl-naloxone hcl dihydrate	
see ZUBSOLV SUB 0.7-0.18.....	50
see ZUBSOLV SUB 1.4-0.36.....	50
see ZUBSOLV SUB 11.4-2.9.....	50
see ZUBSOLV SUB 2.9-0.71.....	50
see ZUBSOLV SUB 5.7-1.4.....	50
see ZUBSOLV SUB 8.6-2.1.....	50
buprenorphine hcl-naloxone hcl sl film 12-3 mg	
(base equiv)	50
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg	
(base equiv)	50
buprenorphine hcl-naloxone hcl sl film 4-1 mg	
(base equiv)	50
buprenorphine hcl-naloxone hcl sl film 8-2 mg	
(base equiv)	50
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg	
(base equiv)	50

buprenorphine hcl-naloxone hcl sl tab 8-2 mg	
(base equiv)	50
buprenorphine td patch weekly 10 mcg/hr	50
buprenorphine td patch weekly 15 mcg/hr	50
buprenorphine td patch weekly 20 mcg/hr	50
buprenorphine td patch weekly 5 mcg/hr	50
buprenorphine td patch weekly 7.5 mcg/hr ...	50
bupropion hcl (smoking deterrent) tab er 12hr	
150 mg	156
bupropion hcl tab 100 mg	65
bupropion hcl tab 75 mg	65
bupropion hcl tab er 12hr 100 mg	65
bupropion hcl tab er 12hr 150 mg	65
bupropion hcl tab er 12hr 200 mg	65
bupropion hcl tab er 24hr 150 mg	65
bupropion hcl tab er 24hr 300 mg	65
bupirone hcl tab 10 mg	54
bupirone hcl tab 15 mg	54
bupirone hcl tab 30 mg	54
bupirone hcl tab 5 mg	54
bupirone hcl tab 7.5 mg	54
butalbital-acetaminophen tab 50-325 mg	41
Butalbital-Acetaminophen Tab 50-325 mg	41
butalbital-acetaminophen-caff w/ cod cap 50-	
300-40-30 mg	47
butalbital-acetaminophen-caff w/ cod cap 50-	
325-40-30 mg	47
butalbital-acetaminophen-caffeine tab 50-325-	
40 mg	41
Butalbital-Acetaminophen-Caffeine Tab 50-325-	
40 mg	41
butalbital-aspirin-caff w/ codeine cap 50-325-	
40-30 mg	47
Butalbital-Aspirin-Caff W/ Codeine Cap 50-325-	
40-30 mg.....	47
butalbital-aspirin-caffeine cap 50-325-40 mg .	41
butorphanol tartrate nasal soln 10 mg/ml	50
C	
cabergoline tab 0.5 mg	130
CABOMETYX TAB 20MG.....	87
CABOMETYX TAB 40MG.....	87
CABOMETYX TAB 60MG.....	87
cabozantinib s-malate	
see CABOMETYX TAB 20MG	87
see CABOMETYX TAB 40MG	87
see CABOMETYX TAB 60MG	87
calcipotriene oint 0.005%	122

Calcipotriene Oint 0.005%	122	<i>captopril tab 12.5 mg</i>	78
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	122	<i>captopril tab 25 mg</i>	78
<i>calcipotriene-betamethasone dipropionate</i>		<i>captopril tab 50 mg</i>	78
see ENSTILAR AER.....	124	<i>carbamazepine cap er 12hr 100 mg</i>	61
<i>calcitonin (salmon) nasal soln 200 unit/act</i> ...	128	<i>carbamazepine cap er 12hr 200 mg</i>	61
CALCITRENE		<i>carbamazepine cap er 12hr 300 mg</i>	61
see Calcipotriene Oint 0.005%	122	<i>carbamazepine chew tab 100 mg</i>	61
<i>calcitriol cap 0.25 mcg</i>	129	<i>carbamazepine chew tab 200 mg</i>	61
<i>calcitriol cap 0.5 mcg</i>	129	<i>carbamazepine susp 100 mg/5ml</i>	61
<i>calcitriol oral soln 1 mcg/ml</i>	129	<i>carbamazepine tab 200 mg</i>	61
<i>calcium acetate (phosphate binder) cap 667 mg</i> <i>(169 mg ca)</i>	134	<i>carbamazepine tab er 12hr 100 mg</i>	61
<i>calcium acetate (phosphate binder) tab 667 mg</i>	134	<i>carbamazepine tab er 12hr 200 mg</i>	61
<i>calcium, magnesium, potassium, & sodium</i> <i>oxybates</i>		<i>carbamazepine tab er 12hr 400 mg</i>	61
see XYWAV SOL 0.5GM/ML	153	<i>carbidopa & levodopa cap er 23.75-95 mg</i>	92
CALQUENCE TAB 100MG	87	<i>carbidopa & levodopa cap er 36.25-145 mg</i> ...	92
CAMILA		<i>carbidopa & levodopa cap er 48.75-195 mg</i> ...	92
see Norethindrone Tab 0.35 mg	117	<i>carbidopa & levodopa cap er 61.25-245 mg</i> ...	93
CAMRESE		<i>carbidopa & levodopa orally disintegrating tab</i> <i>10-100 mg</i>	93
see Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)	111	<i>carbidopa & levodopa orally disintegrating tab</i> <i>25-100 mg</i>	93
CAMRESE LO		<i>carbidopa & levodopa orally disintegrating tab</i> <i>25-250 mg</i>	93
see Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)	110	<i>carbidopa & levodopa tab 10-100 mg</i>	93
<i>candesartan cilexetil tab 16 mg</i>	79	<i>carbidopa & levodopa tab 25-100 mg</i>	93
<i>candesartan cilexetil tab 32 mg</i>	79	<i>carbidopa & levodopa tab 25-250 mg</i>	93
<i>candesartan cilexetil tab 4 mg</i>	79	<i>carbidopa & levodopa tab er 25-100 mg</i>	93
<i>candesartan cilexetil tab 8 mg</i>	79	<i>carbidopa & levodopa tab er 50-200 mg</i>	93
<i>candesartan cilexetil-hydrochlorothiazide tab</i> <i>16-12.5 mg</i>	81	<i>carbidopa tab 25 mg</i>	92
<i>candesartan cilexetil-hydrochlorothiazide tab</i> <i>32-12.5 mg</i>	81	<i>carbidopa-levodopa</i>	
<i>candesartan cilexetil-hydrochlorothiazide tab</i> <i>32-25 mg</i>	81	see CREXONT CAP 35-140MG	93
<i>capecitabine tab 150 mg</i>	84	see CREXONT CAP 52.5-210	93
<i>capecitabine tab 500 mg</i>	84	see CREXONT CAP 70-280MG	93
<i>capivasertib</i>		see CREXONT CAP 87.5-350	93
see TRUQAP PAK 160MG	91	see DHIVY TAB 25-100MG	93
see TRUQAP PAK 200MG	91	<i>carbidopa-levodopa-entacapone tabs 12.5-50-</i> <i>200 mg</i>	93
see TRUQAP TAB 200MG	91	<i>carbidopa-levodopa-entacapone tabs 18.75-75-</i> <i>200 mg</i>	93
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	81	<i>carbidopa-levodopa-entacapone tabs 25-100-</i> <i>200 mg</i>	93
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	81	<i>carbidopa-levodopa-entacapone tabs 31.25-</i> <i>125-200 mg</i>	93
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	81	<i>carbidopa-levodopa-entacapone tabs 37.5-150-</i> <i>200 mg</i>	93
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	81	<i>carbidopa-levodopa-entacapone tabs 50-200-</i> <i>200 mg</i>	93
<i>captopril tab 100 mg</i>	78		

carbinoxamine maleate extended release susp 4 mg/5ml	74	cefixime cap 400 mg	109
carbinoxamine maleate soln 4 mg/5ml	74	cefixime for susp 100 mg/5ml	109
Carbinoxamine Maleate Soln 4 mg/5ml	75	cefixime for susp 200 mg/5ml	109
carbinoxamine maleate tab 4 mg	75	cefixime tab 400 mg	109
carbinoxamine maleate tab 6 mg	75	cefpodoxime proxetil for susp 100 mg/5ml ...	109
Carbinoxamine Maleate Tab 6 mg	75	cefpodoxime proxetil for susp 50 mg/5ml	109
CARBZAH		cefpodoxime proxetil tab 100 mg	109
see Carbinoxamine Maleate Soln 4 mg/5ml .	75	cefpodoxime proxetil tab 200 mg	109
carglumic acid soluble tab 200 mg	129	cefprozil for susp 125 mg/5ml	108
cariprazine hcl		cefprozil for susp 250 mg/5ml	108
see VRAYLAR CAP 0.5MG	95	cefprozil tab 250 mg	108
see VRAYLAR CAP 0.75MG	95	cefprozil tab 500 mg	108
see VRAYLAR CAP 1.5MG	95	cefuroxime axetil tab 250 mg	109
see VRAYLAR CAP 3MG	95	cefuroxime axetil tab 500 mg	109
see VRAYLAR CAP 4.5MG	95	celecoxib cap 100 mg	39
see VRAYLAR CAP 6MG	95	celecoxib cap 200 mg	39
carisoprodol tab 350 mg	147	celecoxib cap 400 mg	39
carteolol hcl ophth soln 1%	148	celecoxib cap 50 mg	39
CARTIA XT		cenobamate	
see Diltiazem Hcl Coated Beads Cap Er 24hr		see XCOPRI PAK 100-150	63
120 mg	103	see XCOPRI PAK 12.5-25	63
see Diltiazem Hcl Coated Beads Cap Er 24hr		see XCOPRI PAK 150-200	63
180 mg	103	see XCOPRI PAK 50-100MG	63
see Diltiazem Hcl Coated Beads Cap Er 24hr		see XCOPRI TAB 100MG	63
240 mg	103	see XCOPRI TAB 150MG	63
see Diltiazem Hcl Coated Beads Cap Er 24hr		see XCOPRI TAB 200MG	64
300 mg	103	see XCOPRI TAB 25MG	63
carvedilol phosphate cap er 24hr 10 mg	101	see XCOPRI TAB 50MG	63
carvedilol phosphate cap er 24hr 20 mg	101	cephalexin cap 250 mg	108
carvedilol phosphate cap er 24hr 40 mg	101	cephalexin cap 500 mg	108
carvedilol phosphate cap er 24hr 80 mg	101	cephalexin cap 750 mg	108
carvedilol tab 12.5 mg	101	cephalexin for susp 125 mg/5ml	108
carvedilol tab 25 mg	101	cephalexin for susp 250 mg/5ml	108
carvedilol tab 3.125 mg	101	cephalexin tab 250 mg	108
carvedilol tab 6.25 mg	101	cephalexin tab 500 mg	108
CAYSTON INH 75MG	53	CERDELGA CAP 84MG	136
cefaclor cap 250 mg	108	ceritinib	
cefaclor cap 500 mg	108	see ZYKADIA TAB 150MG	92
cefaclor for susp 250 mg/5ml	108	cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	75
cefadroxil cap 500 mg	108	cevimeline hcl cap 30 mg	147
cefadroxil for susp 250 mg/5ml	108	CHARLOTTE 24 FE	
cefadroxil for susp 500 mg/5ml	108	see Norethindrone Ace-Eth Estradiol-Fe Chew	
cefadroxil tab 1 gm	108	Tab 1 mg-20 mcg (24)	114
cefdinir cap 300 mg	109	CHATEAL EQ	
cefdinir for susp 125 mg/5ml	109	see Levonorgestrel & Ethinyl Estradiol Tab	
cefdinir for susp 250 mg/5ml	109	0.15 mg-30 mcg	111
		chlordiazepoxide hcl cap 10 mg	54

<i>chlordiazepoxide hcl cap 25 mg</i>	54	<i>cimetidine tab 800 mg</i>	162
<i>chlordiazepoxide hcl cap 5 mg</i>	54	<i>cinacalcet hcl tab 30 mg (base equiv)</i>	129
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	162	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	129
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	154	<i>cinacalcet hcl tab 90 mg (base equiv)</i>	129
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	154	CIPRO (10%) SUS 500MG/5	133
<i>chloroquine phosphate tab 250 mg</i>	83	CIPRO (5%) SUS 250MG/5	132
<i>chloroquine phosphate tab 500 mg</i>	83	ciprofloxacin	
<i>chlorpromazine hcl conc 100 mg/ml</i>	97	see CIPRO (10%) SUS 500MG/5	133
<i>chlorpromazine hcl conc 30 mg/ml</i>	96	see CIPRO (5%) SUS 250MG/5	132
<i>chlorpromazine hcl tab 10 mg</i>	97	<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	149
<i>chlorpromazine hcl tab 100 mg</i>	97	<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	151
<i>chlorpromazine hcl tab 200 mg</i>	97	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	133
<i>chlorpromazine hcl tab 25 mg</i>	97	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	133
<i>chlorpromazine hcl tab 50 mg</i>	97	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	133
<i>chlorthalidone tab 25 mg</i>	128	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	151
<i>chlorthalidone tab 50 mg</i>	128	<i>ciprofloxacin-hydrocortisone otic susp 0.2-1%</i>	151
<i>chlorzoxazone tab 500 mg</i>	147	<i>citalopram hydrobromide cap 30 mg</i>	65
<i>cholestyramine light powder 4 gm/dose</i>	76	<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	65
Cholestyramine Light Powder 4 gm/dose	76	<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	65
<i>cholestyramine light powder packets 4 gm</i>	76	<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	65
Cholestyramine Light Powder Packets 4 gm	76	<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	65
<i>cholestyramine powder 4 gm/dose</i>	76	<i>cladribine tab therapy pack 10 mg (10 tabs)</i>	155
<i>cholestyramine powder packets 4 gm</i>	76	<i>cladribine tab therapy pack 10 mg (4 tabs)</i>	155
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	76	<i>cladribine tab therapy pack 10 mg (5 tabs)</i>	155
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	76	<i>cladribine tab therapy pack 10 mg (6 tabs)</i>	155
CIBINQO TAB 100MG	125	<i>cladribine tab therapy pack 10 mg (7 tabs)</i>	155
CIBINQO TAB 200MG	125	<i>cladribine tab therapy pack 10 mg (8 tabs)</i>	155
CIBINQO TAB 50MG	125	<i>cladribine tab therapy pack 10 mg (9 tabs)</i>	155
CICLODAN		CLARAVIS	
see Ciclopirox Solution 8%	122	see Isotretinoin Cap 10 mg	120
<i>ciclopirox gel 0.77%</i>	122	see Isotretinoin Cap 20 mg	120
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	122	see Isotretinoin Cap 30 mg	121
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	122	see Isotretinoin Cap 40 mg	121
<i>ciclopirox shampoo 1%</i>	122	<i>clarithromycin for susp 125 mg/5ml</i>	140
<i>ciclopirox solution 8%</i>	122	<i>clarithromycin for susp 250 mg/5ml</i>	140
Ciclopirox Solution 8%	122	<i>clarithromycin tab 250 mg</i>	140
<i>cilostazol tab 100 mg</i>	136	<i>clarithromycin tab 500 mg</i>	140
<i>cilostazol tab 50 mg</i>	136	<i>clarithromycin tab er 24hr 500 mg</i>	140
CIMDUO TAB 300-300	98	<i>clascoterone</i>	
<i>cimetidine hcl soln 300 mg/5ml</i>	162		
<i>cimetidine tab 200 mg</i>	162		
<i>cimetidine tab 300 mg</i>	162		
<i>cimetidine tab 400 mg</i>	162		

see WINLEVI CRE 1%	121
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)	75
clemastine fumarate tab 2.68 mg	75
CLENPIQ SOL	139
CLINDACIN	
see Clindamycin Phosphate Foam 1%	120
CLINDACIN ETZ PLEDGETS	
see Clindamycin Phosphate Swab 1%.....	120
CLINDACIN-P	
see Clindamycin Phosphate Swab 1%.....	120
clindamycin hcl cap 150 mg	52
clindamycin hcl cap 300 mg	52
clindamycin hcl cap 75 mg	52
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	53
clindamycin phosphate foam 1%	120
Clindamycin Phosphate Foam 1%	120
clindamycin phosphate gel 1% (twice-daily) .	120
clindamycin phosphate lotion 1%	120
clindamycin phosphate soln 1%	120
clindamycin phosphate swab 1%	120
Clindamycin Phosphate Swab 1%.....	120
clindamycin phosphate vaginal cream 2%	164
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	120
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	120
clindamycin phosphate-benzoyl peroxide gel 1-5%	120
clindamycin phosphate-tretinoin gel 1.2-0.025%	120
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	120
Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%	120
clobazam suspension 2.5 mg/ml	60
clobazam tab 10 mg	60
clobazam tab 20 mg	60
clobetasol propionate cream 0.025%	123
clobetasol propionate cream 0.05%	123
clobetasol propionate emollient base cream 0.05%	123
clobetasol propionate foam 0.05%	123
clobetasol propionate gel 0.05%	123
clobetasol propionate lotion 0.05%	123
clobetasol propionate oint 0.05%	123

clobetasol propionate shampoo 0.05%	123
Clobetasol Propionate Shampoo 0.05%	124
clobetasol propionate soln 0.05%	124
CLODAN	
see Clobetasol Propionate Shampoo 0.05% 124	
CLOMID	
see Clomiphene Citrate Tab 50 mg	128
clomiphene citrate tab 50 mg	128
Clomiphene Citrate Tab 50 mg.....	128, 129
clomipramine hcl cap 25 mg	67
clomipramine hcl cap 50 mg	67
clomipramine hcl cap 75 mg	67
clonazepam orally disintegrating tab 0.125 mg	60
clonazepam orally disintegrating tab 0.25 mg	60
clonazepam orally disintegrating tab 0.5 mg ..	60
clonazepam orally disintegrating tab 1 mg	60
clonazepam orally disintegrating tab 2 mg	60
clonazepam tab 0.5 mg	60
clonazepam tab 1 mg	60
clonazepam tab 2 mg	60
clonidine hcl tab 0.05 mg	79
clonidine hcl tab 0.1 mg	79
clonidine hcl tab 0.2 mg	79
clonidine hcl tab 0.3 mg	79
clonidine hcl tab er 12hr 0.1 mg	32
clonidine tab er 24hr 0.17 mg	79
clonidine td patch weekly 0.1 mg/24hr	79
clonidine td patch weekly 0.2 mg/24hr	79
clonidine td patch weekly 0.3 mg/24hr	79
clopidogrel bisulfate tab 300 mg (base equiv)	136
clopidogrel bisulfate tab 75 mg (base equiv)	136
clorazepate dipotassium tab 15 mg	54
clorazepate dipotassium tab 3.75 mg	54
clorazepate dipotassium tab 7.5 mg	54
clotrimazole cream 1%	122
clotrimazole soln 1%	122
clotrimazole troche 10 mg	146
clotrimazole w/ betamethasone cream 1-0.05%	122
clotrimazole w/ betamethasone lotion 1-0.05%	122
clozapine orally disintegrating tab 100 mg	96
clozapine orally disintegrating tab 12.5 mg	96
clozapine orally disintegrating tab 150 mg	96
clozapine orally disintegrating tab 200 mg	96

clozapine orally disintegrating tab 25 mg	96	CREON CAP 6000UNIT.....	126
clozapine tab 100 mg	96	CREXONT CAP 35-140MG	93
clozapine tab 200 mg	96	CREXONT CAP 52.5-210	93
clozapine tab 25 mg	96	CREXONT CAP 70-280MG	93
clozapine tab 50 mg	96	CREXONT CAP 87.5-350	93
COARTEM TAB 20-120MG	83	CRINONE GEL 4% VAG.....	165
codeine sulfate tab 30 mg	42	CRINONE GEL 8% VAG.....	165
colchicine cap 0.6 mg	135	crisaborole	
colchicine tab 0.6 mg	135	see EUCRISA OIN 2%	126
colchicine w/ probenecid tab 0.5-500 mg	135	cromolyn sodium ophth soln 4%	151
colesevelam hcl packet for susp 3.75 gm	76	cromolyn sodium oral conc 100 mg/5ml	133
colesevelam hcl tab 625 mg	76	cromolyn sodium soln nebu 20 mg/2ml	56
colestipol hcl granule packets 5 gm	76	Crotamiton Lotion 10%	126
colestipol hcl granules 5 gm	76	CROTAN	
colestipol hcl tab 1 gm	76	see Crotamiton Lotion 10%	126
COMBIPATCH DIS	131	CRYSELLE	
COMPACT SPAC MIS CHAMBER	141	see Norgestrel & Ethinyl Estradiol Tab 0.3 mg-	
COMPACT SPAC MIS LG MASK	141	30 mcg	116
COMPACT SPAC MIS MD MASK.....	141	CVS FOLIC ACID	
COMPACT SPAC MIS SM MASK	141	see Folic Acid Tab 800 mcg.....	137
COMPRO		CVS NICOTINE	
see Prochlorperazine Suppos 25 mg	97	see Nicotine Polacrilex Gum 2 mg	156
condoms - female		see Nicotine Polacrilex Gum 4 mg	157
see FC2 FEMALE MIS CONDOM	140	CVS NICOTINE GUM	
condoms latex lubricated - male		see Nicotine Polacrilex Gum 4 mg	157
see MALE MIS CONDOM.....	140	CVS NICOTINE LOZENGE	
condoms latex non-lubricated - male		see Nicotine Polacrilex Lozenge 2 mg.....	157
see TRUSTEX MIS FLAVORS	140	see Nicotine Polacrilex Lozenge 4 mg.....	157
CONDOMS MIS	140	CVS NICOTINE POLACRILEX	
condoms non-latex lubricated - male		see Nicotine Polacrilex Gum 2 mg	156
see DUREX MIS REALFEEL	140	see Nicotine Polacrilex Gum 4 mg	157
conjugated estrogens-basedoxifene		see Nicotine Polacrilex Lozenge 2 mg.....	157
see DUAVEE TAB 0.45-20	131	see Nicotine Polacrilex Lozenge 4 mg.....	157
conjugated estrogens-medroxyprogesterone		CVS NICOTINE POLACRILEX S	
acetate		see Nicotine Polacrilex Gum 2 mg	156
see PREMPHASE TAB.....	131	CVS NICOTINE TRANSDERMAL	
see PREMPRO TAB.....	131	see Nicotine Td Patch 24hr 14 mg/24hr	158
see PREMPRO TAB 0.3-1.5.....	131	see Nicotine Td Patch 24hr 21 mg/24hr	158
see PREMPRO TAB 0.45-1.5.....	131	see Nicotine Td Patch 24hr 7 mg/24hr	158
see PREMPRO TAB 0.625-5.....	131	cyclobenzaprine hcl tab 10 mg	147
CONSTULOSE		cyclobenzaprine hcl tab 5 mg	147
see Lactulose Solution 10 gm/15ml	140	cyclopentolate hcl ophth soln 1%	149
CORTIFOAM AER 90MG	51	cyclophosphamide cap 25 mg	83
CREON CAP 12000UNT.....	126	cyclophosphamide cap 50 mg	83
CREON CAP 24000UNT.....	126	cycloserine cap 250 mg	83
CREON CAP 3000UNIT.....	126	cyclosporine (ophth)	
CREON CAP 36000UNT.....	126	see RESTASIS EMU 0.05% OP	150

see RESTASIS MUL EMU 0.05% OP.....	150
see VEVYE DRO 0.1%.....	150
cyclosporine cap 100 mg	145
cyclosporine cap 25 mg	145
cyclosporine modified cap 100 mg	145
Cyclosporine Modified Cap 100 mg.....	145
cyclosporine modified cap 25 mg	145
Cyclosporine Modified Cap 25 mg.....	145
cyclosporine modified cap 50 mg	145
cyclosporine modified oral soln 100 mg/ml ...	145
cyproheptadine hcl syrup 2 mg/5ml	75
cyproheptadine hcl tab 4 mg	75
CYRED EQ	
see Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg.....	109
CYSTAGON CAP 150MG.....	134
CYSTAGON CAP 50MG.....	134
cysteamine bitartrate	
see CYSTAGON CAP 150MG.....	134
see CYSTAGON CAP 50MG.....	134
D	
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	60
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	60
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	60
dabrafenib mesylate	
see TAFINLAR CAP 50MG.....	91
see TAFINLAR CAP 75MG.....	91
see TAFINLAR TAB 10MG.....	91
dalfampridine tab er 12hr 10 mg	155
danazol cap 100 mg	51
danazol cap 200 mg	51
danazol cap 50 mg	51
dantrolene sodium cap 100 mg	148
dantrolene sodium cap 25 mg	148
dantrolene sodium cap 50 mg	148
dapagliflozin	
see FARXIGA TAB 10MG.....	72
see FARXIGA TAB 5MG.....	72
dapagliflozin free base-metformin hcl	
see XIGDUO XR TAB 10-1000.....	69
see XIGDUO XR TAB 10-500MG.....	69
see XIGDUO XR TAB 2.5-1000.....	69
see XIGDUO XR TAB 5-1000MG.....	69
see XIGDUO XR TAB 5-500MG.....	69

dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg	68
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	68
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	68
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg	68
dapagliflozin tab 10 mg	72
dapagliflozin tab 5 mg	72
dapagliflozin-saxagliptin tab 10-5 mg	68
dapsone gel 5%	120
dapsone gel 7.5%	120
dapsone tab 100 mg	52
dapsone tab 25 mg	52
daridorexant hcl	
see QUVIVIQ TAB 25MG.....	139
see QUVIVIQ TAB 50MG.....	139
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	163
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	163
darolutamide	
see NUBEQA TAB 300MG.....	85
darunavir tab 600 mg	98
darunavir tab 800 mg	98
darunavir-cobicistat	
see PREZCOBIX TAB 800-150.....	99
darunavir-cobicistat-emtricitabine-tenofovir alafenamide	
see SYMTUZA TAB.....	99
dasatinib tab 100 mg	87
dasatinib tab 140 mg	87
dasatinib tab 20 mg	87
dasatinib tab 50 mg	87
dasatinib tab 70 mg	87
dasatinib tab 80 mg	87
DASETTA 1/35	
see Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg.....	112
DASETTA 7/7/7	
see Norethindrone-Eth Estradiol Tab 0.5- 35/0.75-35/1-35 mg-Mcg.....	115
DAYSEE	
see Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7).....	111
DEBLITANE	

see Norethindrone Tab 0.35 mg	117	Desogest-Eth Estrad & Eth Estrad Tab 0.15-	
deferasirox granules packet 180 mg	73	0.02/0.01 mg(21/5)	109
deferasirox granules packet 360 mg	73	Desogest-Ethin Est Tab 0.1-0.025/0.125-	
deferasirox granules packet 90 mg	73	0.025/0.15-0.025mg-Mg.....	109
deferasirox tab 180 mg	73	Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30	
deferasirox tab 360 mg	73	mcg.....	109, 110
deferasirox tab 90 mg	73	desonide cream 0.05%	124
deferasirox tab for oral susp 125 mg	73	desonide lotion 0.05%	124
deferasirox tab for oral susp 250 mg	73	desonide oint 0.05%	124
deferasirox tab for oral susp 500 mg	73	desoximetasone cream 0.05%	124
deferiprone tab 1000 mg	73	desoximetasone cream 0.25%	124
deferiprone tab 500 mg	73	desoximetasone gel 0.05%	124
deflazacort		desoximetasone oint 0.25%	124
see EMFLAZA SUS 22.75/ML.....	118	desoximetasone spray 0.25%	124
deflazacort susp 22.75 mg/ml	117	desvenlafaxine succinate tab er 24hr 100 mg	
Deflazacort Susp 22.75 mg/ml	117	(base equiv)	66
deflazacort tab 18 mg	117	desvenlafaxine succinate tab er 24hr 25 mg	
Deflazacort Tab 18 mg	117	(base equiv)	66
deflazacort tab 30 mg	117	desvenlafaxine succinate tab er 24hr 50 mg	
Deflazacort Tab 30 mg	117	(base equiv)	66
deflazacort tab 36 mg	117	deucravacitinib	
Deflazacort Tab 36 mg	117	see SOTYKTU TAB 6MG	123
deflazacort tab 6 mg	117	deutetrabenazine	
Deflazacort Tab 6 mg	117	see AUSTEDO TAB 12MG	155
DELYLA		see AUSTEDO TAB 6MG	155
see Levonorgestrel & Ethinyl Estradiol Tab 0.1		see AUSTEDO TAB 9MG	155
mg-20 mcg	111	dexamethasone elixir 0.5 mg/5ml	117
demeclocycline hcl tab 150 mg	159	dexamethasone sodium phosphate ophth soln	
demeclocycline hcl tab 300 mg	159	0.1%	150
DESCOVY TAB 120-15MG.....	98	dexamethasone soln 0.5 mg/5ml	117
DESCOVY TAB 200/25MG	98	dexamethasone tab 0.5 mg	117
desipramine hcl tab 10 mg	67	dexamethasone tab 0.75 mg	117
desipramine hcl tab 100 mg	67	dexamethasone tab 1 mg	117
desipramine hcl tab 150 mg	67	dexamethasone tab 1.5 mg	118
desipramine hcl tab 25 mg	67	dexamethasone tab 2 mg	118
desipramine hcl tab 50 mg	67	dexamethasone tab 4 mg	118
desipramine hcl tab 75 mg	67	dexamethasone tab 6 mg	118
desloratadine tab 5 mg	75	dexamethasone tab therapy pack 1.5 mg (21)	
desloratadine tab orally disintegrating 2.5 mg		.....	118
.....	75	Dexamethasone Tab Therapy Pack 1.5 mg (21)	
desloratadine tab orally disintegrating 5 mg ..	75	.....	118
desmopressin acetate nasal spray soln 0.01%		dexamethasone tab therapy pack 1.5 mg (35)	
.....	130	.....	118
desmopressin acetate nasal spray soln 0.01%		dexamethasone tab therapy pack 1.5 mg (51)	
(refrigerated)	130	.....	118
desmopressin acetate tab 0.1 mg	130	dexmethylphenidate hcl cap er 24 hr 10 mg	33
desmopressin acetate tab 0.2 mg	130	dexmethylphenidate hcl cap er 24 hr 15 mg	33

dexmethylphenidate hcl cap er 24 hr 20 mg	33	diazepam tab 2 mg	55
dexmethylphenidate hcl cap er 24 hr 25 mg	34	diazepam tab 5 mg	55
dexmethylphenidate hcl cap er 24 hr 30 mg	34	diazoxide susp 50 mg/ml	70
dexmethylphenidate hcl cap er 24 hr 35 mg	34	dichlorphenamide tab 50 mg	127
dexmethylphenidate hcl cap er 24 hr 40 mg	34	Dichlorphenamide Tab 50 mg	127
dexmethylphenidate hcl cap er 24 hr 5 mg	33	diclofenac epolamine patch 1.3%	121
dexmethylphenidate hcl tab 10 mg	34	diclofenac potassium tab 50 mg	39
dexmethylphenidate hcl tab 2.5 mg	34	diclofenac sodium (actinic keratoses) gel 3%	122
dexmethylphenidate hcl tab 5 mg	34	diclofenac sodium ophth soln 0.1%	151
dextroamphetamine sulfate cap er 24hr 10 mg	28	diclofenac sodium soln 1.5%	121
dextroamphetamine sulfate cap er 24hr 15 mg	28	diclofenac sodium tab delayed release 25 mg	39
dextroamphetamine sulfate cap er 24hr 5 mg	28	diclofenac sodium tab delayed release 50 mg	39
dextroamphetamine sulfate oral solution 5 mg/5ml	28	diclofenac sodium tab delayed release 75 mg	39
Dextroamphetamine Sulfate Oral Solution 5 mg/5ml.....	28	diclofenac sodium tab er 24hr 100 mg	39
dextroamphetamine sulfate tab 10 mg	29	diclofenac w/ misoprostol tab delayed release 50-0.2 mg	39
Dextroamphetamine Sulfate Tab 10 mg	29	diclofenac w/ misoprostol tab delayed release 75-0.2 mg	39
dextroamphetamine sulfate tab 15 mg	29	dicloxacillin sodium cap 250 mg	152
Dextroamphetamine Sulfate Tab 15 mg	29	dicloxacillin sodium cap 500 mg	152
dextroamphetamine sulfate tab 2.5 mg	28	dicyclomine hcl cap 10 mg	162
Dextroamphetamine Sulfate Tab 2.5 mg.....	28	dicyclomine hcl oral soln 10 mg/5ml	162
dextroamphetamine sulfate tab 20 mg	29	dicyclomine hcl tab 20 mg	162
Dextroamphetamine Sulfate Tab 20 mg	29	diethylpropion hcl tab 25 mg	31
dextroamphetamine sulfate tab 30 mg	29	diethylpropion hcl tab er 24hr 75 mg	31
Dextroamphetamine Sulfate Tab 30 mg	30	diflunisal tab 500 mg	41
dextroamphetamine sulfate tab 5 mg	29	difluprednate ophth emulsion 0.05%	150
Dextroamphetamine Sulfate Tab 5 mg	29	digoxin oral soln 0.05 mg/ml	105
dextroamphetamine sulfate tab 7.5 mg	29	digoxin tab 125 mcg (0.125 mg)	105
Dextroamphetamine Sulfate Tab 7.5 mg.....	29	digoxin tab 250 mcg (0.25 mg)	105
dextromethorphan hydrobromide-bupropion hydrochloride see AUVELITY TAB 45-105MG	65	digoxin tab 62.5 mcg (0.0625 mg)	105
DHIVY TAB 25-100MG	93	diltiazem hcl cap er 12hr 120 mg	103
diazepam (anticonvulsant) see VALTOCO SPR 10MG	60	diltiazem hcl cap er 12hr 60 mg	103
see VALTOCO SPR 15MG	60	diltiazem hcl cap er 12hr 90 mg	103
see VALTOCO SPR 20MG	60	diltiazem hcl cap er 24hr 120 mg	103
see VALTOCO SPR 5MG	60	Diltiazem Hcl Cap Er 24hr 120 mg	103
diazepam conc 5 mg/ml	54	diltiazem hcl cap er 24hr 180 mg	103
diazepam oral soln 1 mg/ml	55	Diltiazem Hcl Cap Er 24hr 180 mg	103
diazepam rectal gel delivery system 10 mg	60	diltiazem hcl cap er 24hr 240 mg	103
diazepam rectal gel delivery system 2.5 mg	60	Diltiazem Hcl Cap Er 24hr 240 mg	103
diazepam rectal gel delivery system 20 mg	60	diltiazem hcl coated beads cap er 24hr 120 mg	103
diazepam tab 10 mg	55	Diltiazem Hcl Coated Beads Cap Er 24hr 120 mg	103
		diltiazem hcl coated beads cap er 24hr 180 mg	103

Diltiazem Hcl Coated Beads Cap Er 24hr 180 mg	103
diltiazem hcl coated beads cap er 24hr 240 mg	103
Diltiazem Hcl Coated Beads Cap Er 24hr 240 mg	103
diltiazem hcl coated beads cap er 24hr 300 mg	103
Diltiazem Hcl Coated Beads Cap Er 24hr 300 mg	103
diltiazem hcl coated beads cap er 24hr 360 mg	104
diltiazem hcl extended release beads cap er 24hr 120 mg	104
Diltiazem Hcl Extended Release Beads Cap Er 24hr 120 mg	104
diltiazem hcl extended release beads cap er 24hr 180 mg	104
Diltiazem Hcl Extended Release Beads Cap Er 24hr 180 mg	104
diltiazem hcl extended release beads cap er 24hr 240 mg	104
Diltiazem Hcl Extended Release Beads Cap Er 24hr 240 mg	104
diltiazem hcl extended release beads cap er 24hr 300 mg	104
Diltiazem Hcl Extended Release Beads Cap Er 24hr 300 mg	104
diltiazem hcl extended release beads cap er 24hr 360 mg	104
Diltiazem Hcl Extended Release Beads Cap Er 24hr 360 mg	104
diltiazem hcl extended release beads cap er 24hr 420 mg	104
Diltiazem Hcl Extended Release Beads Cap Er 24hr 420 mg	104
diltiazem hcl tab 120 mg	104
diltiazem hcl tab 30 mg	104
diltiazem hcl tab 60 mg	104
diltiazem hcl tab 90 mg	104
DILT-XR	
see Diltiazem Hcl Cap Er 24hr 120 mg	103
see Diltiazem Hcl Cap Er 24hr 180 mg	103
see Diltiazem Hcl Cap Er 24hr 240 mg	103
dimethyl fumarate capsule delayed release 120 mg	155

dimethyl fumarate capsule delayed release 240 mg	155
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	155
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	73
diphenoxylate w/ atropine tab 2.5-0.025 mg	73
dipyridamole tab 25 mg	136
dipyridamole tab 50 mg	136
dipyridamole tab 75 mg	136
disopyramide phosphate cap 100 mg	55
disopyramide phosphate cap 150 mg	55
disulfiram tab 250 mg	153
disulfiram tab 500 mg	153
divalproex sodium cap delayed release sprinkle 125 mg	64
divalproex sodium tab delayed release 125 mg	64
divalproex sodium tab delayed release 250 mg	64
divalproex sodium tab delayed release 500 mg	64
divalproex sodium tab er 24 hr 250 mg	64
divalproex sodium tab er 24 hr 500 mg	64
dofetilide cap 125 mcg (0.125 mg)	55
dofetilide cap 250 mcg (0.25 mg)	55
dofetilide cap 500 mcg (0.5 mg)	55
DOLISHALE	
see Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 mcg	112
dolutegravir sodium	
see TIVICAY PD TAB 5MG	99
see TIVICAY TAB 50MG	99
dolutegravir sodium-lamivudine	
see DOVATO TAB 50-300MG	98
donepezil hydrochloride orally disintegrating tab 10 mg	153
donepezil hydrochloride orally disintegrating tab 5 mg	153
donepezil hydrochloride tab 10 mg	153
donepezil hydrochloride tab 23 mg	153
donepezil hydrochloride tab 5 mg	153
DOPTELET SPR CAP 10MG	137
DOPTELET TAB 20MG	137, 138
dorzolamide hcl ophth soln 2%	151
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	148

dorzolamide hcl-timolol maleate pf ophth soln	
2-0.5%	148
DOTTI	
see Estradiol Td Patch Twice Weekly 0.025	
mg/24hr	132
see Estradiol Td Patch Twice Weekly 0.0375	
mg/24hr	132
see Estradiol Td Patch Twice Weekly 0.05	
mg/24hr	132
see Estradiol Td Patch Twice Weekly 0.075	
mg/24hr	132
see Estradiol Td Patch Twice Weekly 0.1	
mg/24hr	132
DOVATO TAB 50-300MG	98
doxazosin mesylate tab 1 mg	79
doxazosin mesylate tab 2 mg	79
doxazosin mesylate tab 4 mg	79
doxazosin mesylate tab 8 mg	79
doxepin hcl (sleep) tab 3 mg (base equiv)	138
doxepin hcl (sleep) tab 6 mg (base equiv)	138
doxepin hcl cap 10 mg	67
doxepin hcl cap 100 mg	67
doxepin hcl cap 150 mg	67
doxepin hcl cap 25 mg	67
doxepin hcl cap 50 mg	67
doxepin hcl cap 75 mg	67
doxepin hcl conc 10 mg/ml	67
doxercalciferol cap 0.5 mcg	129
doxercalciferol cap 1 mcg	129
doxercalciferol cap 2.5 mcg	129
doxycycline (rosacea)	
see ORACEA CAP 40MG	126
doxycycline hyclate cap 100 mg	159
doxycycline hyclate cap 50 mg	159
doxycycline hyclate tab 100 mg	159
doxycycline monohydrate cap 100 mg	159
Doxycycline Monohydrate Cap 100 mg	159
doxycycline monohydrate cap 50 mg	159
doxycycline monohydrate for susp 25 mg/5ml	
.....	159
doxycycline monohydrate tab 100 mg	160
Doxycycline Monohydrate Tab 100 mg	160
doxycycline monohydrate tab 150 mg	160
doxycycline monohydrate tab 50 mg	160
doxycycline monohydrate tab 75 mg	160
doxylamine-pyridoxine tab delayed release 10-10 mg	74
dronabinol cap 10 mg	74
dronabinol cap 2.5 mg	74
dronabinol cap 5 mg	74
dronedarone hcl	
see MULTAQ TAB 400MG	55
drospirenone-ethinyl estradiol tab 3-0.02 mg	110
Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg	110
drospirenone-ethinyl estradiol tab 3-0.03 mg	110
Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg	110
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	110
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	110
Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.03-0.451 mg	110
droxidopa cap 100 mg	165
droxidopa cap 200 mg	165
droxidopa cap 300 mg	165
DUAVEE TAB 0.45-20	131
dulaglutide	
see TRULICITY INJ 0.75/0.5	71
see TRULICITY INJ 1.5/0.5	71
see TRULICITY INJ 3/0.5	71
see TRULICITY INJ 4.5/0.5	71
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	66
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	66
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	66
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	67
DUREX MIS REALFEEL	140
dust mite mixed allergen extract	
see ODACTRA SUB	38
dutasteride cap 0.5 mg	135
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	135
E	
E.E.S. 400	
see Erythromycin Ethylsuccinate Tab 400 mg	
.....	140
EASIVENT MIS	141
EASIVENT MIS MASK LG	142
EASIVENT MIS MASK MED	142
EASIVENT MIS MASK SM	142
econazole nitrate cream 1%	122
edaravone	

see RADICAVA ORS SUS 105/5ML	148	eltrombopag olamine powder pack for susp 12.5 mg (base eq)	138
see RADICAVA ORS SUS STARTER	148	eltrombopag olamine powder pack for susp 25 mg (base equiv)	138
efavirenz tab 600 mg	98	eltrombopag olamine tab 12.5 mg (base equiv)	138
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	98	eltrombopag olamine tab 25 mg (base equiv)	138
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	98	eltrombopag olamine tab 50 mg (base equiv)	138
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	98	eltrombopag olamine tab 75 mg (base equiv)	138
elafibranor		ELURYNG	
see IQIRVO TAB 80MG	134	see Etonogestrel-Ethinyl Estradiol Va Ring 0.12-0.015 mg/24hr	116
elagolix sodium		eluxadoline	
see ORLISSA TAB 150MG	129	see VIBERZI TAB 100MG	134
see ORLISSA TAB 200MG	129	see VIBERZI TAB 75MG	134
elagolix sodium-estradiol-norethindrone acetate		elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide	
see ORIAHNN CAP	131	see GENVOYA TAB.....	99
elbasvir-grazoprevir		EMBECTA INSULIN PEN NEEDLES - OTC.....	141
see ZEPATIER TAB 50-100MG.....	101	EMBECTA INSULIN SYRINGE - OTC.....	141
eletriptan hydrobromide tab 20 mg (base equivalent)	143	EMBECTA INSULIN SYRINGE - RX.....	141
eletriptan hydrobromide tab 40 mg (base equivalent)	143	EMFLAZA SUS 22.75/ML	118
eliglustat tartrate		empagliflozin	
see CERDELGA CAP 84MG	136	see JARDIANCE TAB 10MG	72
ELINEST		see JARDIANCE TAB 25MG	72
see Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg.....	116	empagliflozin-linagliptin	
ELIQUIS CAP 0.15MG.....	59	see GLYXAMBI TAB 10-5 MG	68
ELIQUIS ST P TAB 5MG	59	see GLYXAMBI TAB 25-5 MG	68
ELIQUIS TAB 0.5MG	59	empagliflozin-linagliptin-metformin	
ELIQUIS TAB 1.5MG	59	see TRIJARDY XR TAB	69
ELIQUIS TAB 2.5MG	59	empagliflozin-metformin hcl	
ELIQUIS TAB 2MG	59	see SYNJARDY TAB	69
ELIQUIS TAB 5MG	59	see SYNJARDY TAB 12.5-500	69
ELITE-OB		see SYNJARDY TAB 5-1000MG	69
see Prenatal Vit W/ Iron Carbonyl-Fa Tab 50-1.25 mg	147	see SYNJARDY TAB 5-500MG	69
ELIXOPHYLLIN		see SYNJARDY XR TAB	69
see Theophylline Elixir 80 mg/15ml	59	see SYNJARDY XR TAB 10-1000	69
ELLA TAB 30MG	116	see SYNJARDY XR TAB 25-1000	69
eltrombopag choline		see SYNJARDY XR TAB 5-1000MG	69
see ALVAIZ TAB 18MG	137	emtricitabine caps 200 mg	98
see ALVAIZ TAB 36MG	137	emtricitabine- rilpivirine-tenofovir alafenamide fumarate	
see ALVAIZ TAB 54MG	137	see ODEFSEY TAB	99
see ALVAIZ TAB 9MG.....	137		

emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	98
emtricitabine-tenofovir alafenamide fumarate	
see DESCOVY TAB 120-15MG	98
see DESCOVY TAB 200/25MG.....	98
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	98
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	98
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	98
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	98
EMVERM CHW 100MG	52
EMZAHH	
see Norethindrone Tab 0.35 mg	117
enalapril maleate & hydrochlorothiazide tab 10-25 mg	81
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	81
enalapril maleate oral soln 1 mg/ml	78
enalapril maleate tab 10 mg	78
enalapril maleate tab 2.5 mg	78
enalapril maleate tab 20 mg	78
enalapril maleate tab 5 mg	78
ENCARE SUP 100MG	164
encorafenib	
see BRAFTOVI CAP 75MG	87
ENDOCET	
see Oxycodone W/ Acetaminophen Tab 10-325 mg	49
see Oxycodone W/ Acetaminophen Tab 2.5-325 mg	48
see Oxycodone W/ Acetaminophen Tab 5-325 mg.....	49
see Oxycodone W/ Acetaminophen Tab 7.5-325 mg	49
ENILLORING	
see Etonogestrel-Ethinyl Estradiol Va Ring 0.12-0.015 mg/24hr	116
ENSKYCE	
see Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg	109
ENSTILAR AER	124
entacapone tab 200 mg	92
entecavir tab 0.5 mg	100
entecavir tab 1 mg	100
entrectinib	
see ROZLYTREK CAP 100MG	90
see ROZLYTREK CAP 200MG	90
see ROZLYTREK PAK 50MG	90
ENULOSE	
see Lactulose (Encephalopathy) Solution 10 gm/15ml	134
enzalutamide	
see XTANDI CAP 40MG	86
see XTANDI TAB 40MG	86
see XTANDI TAB 80MG	86
EPCLUSA PAK 150-37.5	100
EPCLUSA PAK 200-50MG	100
EPCLUSA TAB 200-50MG	100
EPCLUSA TAB 400-100	100
EPIDUO FORTE GEL 0.3-2.5%.....	120
EPIDUO GEL 0.1-2.5%.....	120
epinastine hcl ophth soln 0.05%	151
epinephrine (anaphylaxis)	
see AUVI-Q INJ 0.15MG	165
see AUVI-Q INJ 0.1MG	165
see AUVI-Q INJ 0.3MG	165
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	165
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	165
eplerenone tab 25 mg	82
eplerenone tab 50 mg	82
EQ NICOTINE	
see Nicotine Td Patch 24hr 14 mg/24hr	158
see Nicotine Td Patch 24hr 21 mg/24hr	158
EQ NICOTINE LOZENGES	
see Nicotine Polacrilex Lozenge 4 mg.....	158
EQ NICOTINE POLACRILEX	
see Nicotine Polacrilex Gum 2 mg	156
see Nicotine Polacrilex Gum 4 mg	157
see Nicotine Polacrilex Lozenge 2 mg.....	157
see Nicotine Polacrilex Lozenge 4 mg.....	158
EQ NICOTINE STEP 3	
see Nicotine Td Patch 24hr 7 mg/24hr	158
ergocalciferol cap 1.25 mg (50000 unit)	165
ergotamine w/ caffeine tab 1-100 mg	143
ERIVEDGE CAP 150MG	85
ERLEADA TAB 240MG	85
ERLEADA TAB 60MG.....	85
erlotinib hcl tab 100 mg (base equivalent)	84
erlotinib hcl tab 150 mg (base equivalent)	85

erlotinib hcl tab 25 mg (base equivalent)	84	estazolam tab 1 mg	138
ERRIN		estazolam tab 2 mg	138
see Norethindrone Tab 0.35 mg	117	estradiol & norethindrone acetate	
ERY		see COMBIPATCH DIS	131
see Erythromycin Pads 2%	120	estradiol & norethindrone acetate tab 0.5-0.1	
erythromycin ethylsuccinate for susp 200		mg	131
mg/5ml	140	Estradiol & Norethindrone Acetate Tab 0.5-0.1	
erythromycin ethylsuccinate for susp 400		mg	131
mg/5ml	140	estradiol & norethindrone acetate tab 1-0.5 mg	
Erythromycin Ethylsuccinate Tab 400 mg	140	.....	131
erythromycin gel 2%	120	Estradiol & Norethindrone Acetate Tab 1-0.5 mg	
erythromycin ophth oint 5 mg/gm	149	.....	131
Erythromycin Pads 2%	120	estradiol gel 0.06% (0.75 mg/1.25 gm metered-	
erythromycin soln 2%	120	dose pump)	131
erythromycin tab 250 mg	140	estradiol tab 0.5 mg	131
erythromycin tab 500 mg	140	estradiol tab 1 mg	131
erythromycin tab delayed release 250 mg	140	estradiol tab 2 mg	131
erythromycin tab delayed release 333 mg	140	estradiol td gel 0.25 mg/0.25gm (0.1%)	131
erythromycin tab delayed release 500 mg	140	estradiol td gel 0.5 mg/0.5gm (0.1%)	131
erythromycin w/ delayed release particles cap		estradiol td gel 0.75 mg/0.75gm (0.1%)	132
250 mg	140	estradiol td gel 1 mg/gm (0.1%)	132
escitalopram oxalate soln 5 mg/5ml (base		estradiol td gel 1.25 mg/1.25gm (0.1%)	132
equiv)	65	estradiol td patch twice weekly 0.025 mg/24hr	
escitalopram oxalate tab 10 mg (base equiv) ..	65	.....	132
escitalopram oxalate tab 20 mg (base equiv) ..	65	Estradiol Td Patch Twice Weekly 0.025 mg/24hr	
escitalopram oxalate tab 5 mg (base equiv) ...	65	.....	132
eslicarbazepine acetate tab 200 mg	61	estradiol td patch twice weekly 0.0375 mg/24hr	
eslicarbazepine acetate tab 400 mg	61	.....	132
eslicarbazepine acetate tab 600 mg	61	Estradiol Td Patch Twice Weekly 0.0375 mg/24hr	
eslicarbazepine acetate tab 800 mg	61	.....	132
esomeprazole magnesium cap delayed release		estradiol td patch twice weekly 0.05 mg/24hr	
20 mg (base eq)	162	.....	132
esomeprazole magnesium cap delayed release		Estradiol Td Patch Twice Weekly 0.05 mg/24hr	
40 mg (base eq)	162	.....	132
esomeprazole magnesium for delayed release		estradiol td patch twice weekly 0.075 mg/24hr	
susp pack 2.5 mg	163	.....	132
esomeprazole magnesium for delayed release		Estradiol Td Patch Twice Weekly 0.075 mg/24hr	
susp packet 10 mg	163	.....	132
esomeprazole magnesium for delayed release		estradiol td patch twice weekly 0.1 mg/24hr	132
susp packet 20 mg	163	Estradiol Td Patch Twice Weekly 0.1 mg/24hr	132
esomeprazole magnesium for delayed release		estradiol td patch weekly 0.025 mg/24hr	132
susp packet 40 mg	163	estradiol td patch weekly 0.0375 mg/24hr (37.5	
esomeprazole magnesium for delayed release		mcg/24hr)	132
susp packet 5 mg	163	estradiol td patch weekly 0.05 mg/24hr	132
ESTARYLLA		estradiol td patch weekly 0.06 mg/24hr	132
see Norgestimate & Ethinyl Estradiol Tab 0.25		estradiol td patch weekly 0.075 mg/24hr	132
mg-35 mcg	115	estradiol td patch weekly 0.1 mg/24hr	132

estradiol vaginal	
see IMVEXXY MAIN SUP 10MCG	165
see IMVEXXY MAIN SUP 4MCG	164
see IMVEXXY STRT SUP 10MCG	165
see IMVEXXY STRT SUP 4MCG	165
see VAGIFEM TAB 10MCG	165
estradiol vaginal cream 0.01%	164
estradiol valerate-dienogest	
see NATAZIA TAB	112
estradiol-progesterone	
see BIJUVA CAP 0.5-100	130
see BIJUVA CAP 1-100MG	130
estrogens, conjugated tab 0.3 mg	132
estrogens, conjugated tab 0.45 mg	132
estrogens, conjugated tab 0.625 mg	132
estrogens, conjugated tab 0.9 mg	132
estrogens, conjugated tab 1.25 mg	132
eszopiclone tab 1 mg	138
eszopiclone tab 2 mg	138
eszopiclone tab 3 mg	138
ethacrynic acid tab 25 mg	127
ethambutol hcl tab 100 mg	83
ethambutol hcl tab 400 mg	83
ethosuximide cap 250 mg	64
ethosuximide soln 250 mg/5ml	64
ethyl chloride aerosol spray	125
Ethinodiol Diacetate & Ethinyl Estradiol Tab 1	
mg-35 mcg	110
Ethinodiol Diacetate & Ethinyl Estradiol Tab 1	
mg-50 mcg	110
etodolac cap 200 mg	39
etodolac cap 300 mg	39
etodolac tab 400 mg	39
etodolac tab 500 mg	40
etodolac tab er 24hr 400 mg	40
etodolac tab er 24hr 500 mg	40
etodolac tab er 24hr 600 mg	40
etonogestrel-ethinyl estradiol va ring 0.12-0.015	
mg/24hr	116
Etonogestrel-Ethinyl Estradiol Va Ring 0.12-0.015	
mg/24hr	116
etoposide cap 50 mg	92
etrasimod arginine	
see VELSIPITY TAB 2MG	134
etravirine tab 100 mg	99
etravirine tab 200 mg	99
EUCRISA OIN 2%	126
everolimus tab 0.25 mg	145
everolimus tab 0.5 mg	145
everolimus tab 0.75 mg	145
everolimus tab 1 mg	146
everolimus tab 10 mg	88
Everolimus Tab 10 mg	88
everolimus tab 2.5 mg	87
Everolimus Tab 2.5 mg	87
everolimus tab 5 mg	88
Everolimus Tab 5 mg	88
everolimus tab 7.5 mg	88
Everolimus Tab 7.5 mg	88
everolimus tab for oral susp 2 mg	88
everolimus tab for oral susp 3 mg	88
everolimus tab for oral susp 5 mg	88
exemestane tab 25 mg	85
ezetimibe tab 10 mg	77
ezetimibe-simvastatin tab 10-10 mg	75
ezetimibe-simvastatin tab 10-20 mg	75
ezetimibe-simvastatin tab 10-40 mg	75
ezetimibe-simvastatin tab 10-80 mg	75
F	
FA-8	
see Folic Acid Cap 0.8 mg	136
FALMINA	
see Levonorgestrel & Ethinyl Estradiol Tab 0.1	
mg-20 mcg	111
famciclovir tab 125 mg	101
famciclovir tab 250 mg	101
famciclovir tab 500 mg	101
famotidine for susp 40 mg/5ml	162
famotidine tab 20 mg	162
famotidine tab 40 mg	162
FARXIGA TAB 10MG	72
FARXIGA TAB 5MG	72
FC2 FEMALE MIS CONDOM	140
febuxostat tab 40 mg	135
febuxostat tab 80 mg	135
FEIRZA 1.5/30	
see Norethindrone Ace & Ethinyl Estradiol-Fe	
Tab 1.5 mg-30 mcg	114
FEIRZA 1/20	
see Norethindrone Ace & Ethinyl Estradiol-Fe	
Tab 1 mg-20 mcg	114
felbamate susp 600 mg/5ml	63
felbamate tab 400 mg	63
felbamate tab 600 mg	63

<i>felodipine tab er 24hr 10 mg</i>	104	FLEXICHAMBER MIS MASK LRG	142
<i>felodipine tab er 24hr 2.5 mg</i>	104	FLEXICHAMBER MIS MASK SM	142
<i>felodipine tab er 24hr 5 mg</i>	104	flibanserin	
<i>fenofibrate cap 150 mg</i>	76	see ADDYI TAB 100MG	155
<i>fenofibrate micronized cap 134 mg</i>	76	<i>fluconazole for susp 10 mg/ml</i>	74
<i>fenofibrate micronized cap 200 mg</i>	76	<i>fluconazole for susp 40 mg/ml</i>	74
<i>fenofibrate micronized cap 43 mg</i>	76	<i>fluconazole tab 100 mg</i>	74
<i>fenofibrate micronized cap 67 mg</i>	76	<i>fluconazole tab 150 mg</i>	74
<i>fenofibrate tab 145 mg</i>	76	<i>fluconazole tab 200 mg</i>	74
<i>fenofibrate tab 160 mg</i>	76	<i>fluconazole tab 50 mg</i>	74
<i>fenofibrate tab 48 mg</i>	76	<i>flucytosine cap 250 mg</i>	74
<i>fenofibrate tab 54 mg</i>	76	<i>fludrocortisone acetate tab 0.1 mg</i>	119
<i>fenofibric acid tab 105 mg</i>	76	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i> ...	148
<i>fenofibric acid tab 35 mg</i>	76	<i>fluocinolone acetonide (otic) oil 0.01%</i>	151
<i>fentanyl td patch 72hr 100 mcg/hr</i>	42	<i>fluocinolone acetonide cream 0.01%</i>	124
<i>fentanyl td patch 72hr 12 mcg/hr</i>	42	<i>fluocinolone acetonide cream 0.025%</i>	124
<i>fentanyl td patch 72hr 25 mcg/hr</i>	42	<i>fluocinolone acetonide oil 0.01% (body oil)</i> ...	124
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	42	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> ...	124
<i>fentanyl td patch 72hr 50 mcg/hr</i>	42	<i>fluocinolone acetonide oint 0.025%</i>	124
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	42	<i>fluocinolone acetonide soln 0.01%</i>	124
<i>fentanyl td patch 72hr 75 mcg/hr</i>	42	<i>fluocinonide cream 0.05%</i>	124
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	42	<i>fluocinonide emulsified base cream 0.05%</i> ...	124
<i>ferric citrate tab 1 gm (210 mg ferric iron)</i> ...	134	<i>fluocinonide gel 0.05%</i>	124
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	163	<i>fluocinonide oint 0.05%</i>	124
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	163	<i>fluocinonide soln 0.05%</i>	124
FIASP FLEX INJ TOUCH	71	<i>fluorometholone ophth susp 0.1%</i>	150
FIASP INJ 100/ML	71	<i>fluorouracil cream 5%</i>	122
FIASP PENFIL INJ U-100	71	<i>fluorouracil soln 2%</i>	122
<i>fidaxomicin tab 200 mg</i>	140	<i>fluorouracil soln 5%</i>	122
FILSPARI TAB 200MG	134	<i>fluoxetine hcl cap 10 mg</i>	65
FILSPARI TAB 400MG	135	<i>fluoxetine hcl cap 20 mg</i>	65
FINACEA AER 15%	126	<i>fluoxetine hcl cap 40 mg</i>	65
<i>finasteride tab 1 mg</i>	125	<i>fluoxetine hcl cap delayed release 90 mg</i>	65
<i>finasteride tab 5 mg</i>	135	<i>fluoxetine hcl solution 20 mg/5ml</i>	65
finerenone		<i>fluoxetine hcl tab 10 mg</i>	65
see KERENDIA TAB 10MG	130	<i>fluoxetine hcl tab 20 mg</i>	65
see KERENDIA TAB 20MG	130	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	97
see KERENDIA TAB 40MG	130	<i>fluphenazine hcl oral conc 5 mg/ml</i>	97
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	155	<i>fluphenazine hcl tab 1 mg</i>	97
FINZALA		<i>fluphenazine hcl tab 10 mg</i>	97
see Norethindrone Ace-Eth Estradiol-Fe Chew		<i>fluphenazine hcl tab 2.5 mg</i>	97
Tab 1 mg-20 mcg (24)	114	<i>fluphenazine hcl tab 5 mg</i>	97
<i>flavoxate hcl tab 100 mg</i>	164	<i>flurbiprofen sodium ophth soln 0.03%</i>	151
<i>flecainide acetate tab 100 mg</i>	55	<i>flurbiprofen tab 100 mg</i>	40
<i>flecainide acetate tab 150 mg</i>	55	<i>flurbiprofen tab 50 mg</i>	40
<i>flecainide acetate tab 50 mg</i>	55	<i>fluticasone furoate aerosol powder breath activ</i>	
FLEXICHAMBER MIS	142	100 mcg/act	57

fluticasone furoate aerosol powder breath activ 200 mcg/act	57
fluticasone furoate aerosol powder breath activ 50 mcg/act	57
fluticasone furoate-vilanterol	
see BREO ELLIPTA INH 100-25	58
see BREO ELLIPTA INH 200-25	58
see BREO ELLIPTA INH 50-25MCG	57
fluticasone propionate (nasal)	
see XHANCE MIS 93MCG	148
fluticasone propionate cream 0.05%	124
fluticasone propionate hfa inhal aer 110 mcg/act	57
fluticasone propionate hfa inhal aer 220 mcg/act	57
fluticasone propionate hfa inhal aero 44 mcg/act	57
fluticasone propionate lotion 0.05%	124
fluticasone propionate nasal susp 50 mcg/act	148
fluticasone propionate oint 0.005%	124
fluticasone-salmeterol aer powder ba 100-50 mcg/act	58
Fluticasone-Salmeterol Aer Powder Ba 100-50 mcg/act	58
fluticasone-salmeterol aer powder ba 250-50 mcg/act	58
Fluticasone-Salmeterol Aer Powder Ba 250-50 mcg/act	58
fluticasone-salmeterol aer powder ba 500-50 mcg/act	58
Fluticasone-Salmeterol Aer Powder Ba 500-50 mcg/act	58
fluticasone-umeclidinium-vilanterol	
see TRELEGY AER 100MCG	59
see TRELEGY AER 200MCG	59
fluvastatin sodium cap 20 mg (base equivalent)	76
fluvastatin sodium cap 40 mg (base equivalent)	77
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	77
fluvoxamine maleate cap er 24hr 100 mg	65
fluvoxamine maleate cap er 24hr 150 mg	65
fluvoxamine maleate tab 100 mg	65
fluvoxamine maleate tab 25 mg	65
fluvoxamine maleate tab 50 mg	65

FOLATE	
see Folic Acid Tab 400 mcg	137
folic acid cap 0.8 mg	136
Folic Acid Cap 0.8 mg	136
folic acid tab 1 mg	136
folic acid tab 400 mcg	137
Folic Acid Tab 400 mcg	137
folic acid tab 800 mcg	137
Folic Acid Tab 800 mcg	137
formoterol fumarate soln nebu 20 mcg/2ml ...	58
fosamprenavir calcium tab 700 mg (base equiv)	99
fosfomycin tromethamine powd pack 3 gm (base equivalent)	53
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	81
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	81
fosinopril sodium tab 10 mg	78
fosinopril sodium tab 20 mg	78
fosinopril sodium tab 40 mg	78
frovatriptan succinate tab 2.5 mg (base equivalent)	143
furosemide oral soln 10 mg/ml	127
furosemide oral soln 8 mg/ml	127
furosemide tab 20 mg	127
furosemide tab 40 mg	127
furosemide tab 80 mg	127
FYAVOLV	
see Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 mg-2.5 mcg	131
see Norethindrone Acetate-Ethinyl Estradiol Tab 1 mg-5 mcg	131
G	
gabapentin (once-daily) tab 300 mg	156
gabapentin (once-daily) tab 450 mg	156
gabapentin (once-daily) tab 600 mg	156
gabapentin (once-daily) tab 750 mg	156
gabapentin (once-daily) tab 900 mg	156
gabapentin cap 100 mg	61
gabapentin cap 300 mg	61
gabapentin cap 400 mg	61
gabapentin oral soln 250 mg/5ml	61
gabapentin tab 600 mg	61
gabapentin tab 800 mg	61
GALAFOLD CAP 123MG	129

galantamine hydrobromide cap er 24hr 16 mg	GLEOSTINE CAP 100MG	84
..... 153	GLEOSTINE CAP 10MG	83
galantamine hydrobromide cap er 24hr 24 mg	GLEOSTINE CAP 40MG	84
..... 153	glimepiride tab 1 mg	72
galantamine hydrobromide cap er 24hr 8 mg	glimepiride tab 2 mg	72
..... 153	glimepiride tab 4 mg	72
galantamine hydrobromide oral soln 4 mg/ml	glipizide tab 10 mg	72
..... 153	glipizide tab 15 mg	72
galantamine hydrobromide tab 12 mg	glipizide tab 5 mg	72
153	glipizide tab er 24hr 10 mg	72
galantamine hydrobromide tab 4 mg	glipizide tab er 24hr 2.5 mg	72
153	glipizide tab er 24hr 5 mg	72
galantamine hydrobromide tab 8 mg	glipizide-metformin hcl tab 2.5-250 mg	68
153	glipizide-metformin hcl tab 2.5-500 mg	68
GALBRIELA	glipizide-metformin hcl tab 5-500 mg	68
see Norethindrone & Ethinyl Estradiol-Fe	glucagon	
Chew Tab 0.8 mg-25 mcg	see BAQSIMI ONE POW 3MG/DOSE	70
113	see BAQSIMI TWO POW 3MG/DOSE	70
GALLIFREY	see GVOKE HYPO 1 INJ 0.5/.1ML	70
see Norethindrone Acetate Tab 5 mg	see GVOKE HYPO 1 INJ 1/0.2ML	70
153	see GVOKE HYPO 2 INJ 0.5/.1ML	70
gatifloxacin ophth soln 0.5%	see GVOKE HYPO 2 INJ 1/0.2ML	70
149	see GVOKE KIT SOL 1/0.2ML	70
GAVILYTE-C	see GVOKE PFS INJ 1/0.2ML	70
see Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate	glucagon for inj 1 mg	70
For Soln 240 gm	glyburide tab 1.25 mg	72
139	glyburide tab 2.5 mg	73
GAVILYTE-G	glyburide tab 5 mg	73
see Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate	glyburide-metformin tab 1.25-250 mg	68
For Soln 236 gm	glyburide-metformin tab 2.5-500 mg	68
139	glyburide-metformin tab 5-500 mg	68
GAVILYTE-N/FLAVOR PACK	glycerol phenylbutyrate liquid 1.1 gm/ml	129
see Peg 3350-Kcl-Sod Bicarb-Nacl For Soln 420	glycopyrrolate oral soln 1 mg/5ml	162
gm	glycopyrrolate tab 1 mg	162
139	glycopyrrolate tab 2 mg	162
GAVRETO CAP 100MG	GLYXAMBI TAB 10-5 MG	68
88	GLYXAMBI TAB 25-5 MG	68
gefitinib tab 250 mg	GNP FOLIC ACID	
85	see Folic Acid Tab 400 mcg	137
gemfibrozil tab 600 mg	GNP NICOTINE TRANSDERMAL	
76	see Nicotine Td Patch 24hr 14 mg/24hr	158
GEMMILY	see Nicotine Td Patch 24hr 21 mg/24hr	158
see Norethindrone Ace-Ethinyl Estradiol-Fe	see Nicotine Td Patch 24hr 7 mg/24hr	158
Cap 1 mg-20 mcg (24)	GOMEKLI CAP 1MG	88
114	GOMEKLI CAP 2MG	88
GEMTESA TAB 75MG	GOMEKLI TAB 1MG	88
164	GOODSENSE NICOTINE	
GENGRAF		
see Cyclosporine Modified Cap 100 mg		
145		
see Cyclosporine Modified Cap 25 mg		
145		
gentamicin sulfate cream 0.1%		
121		
gentamicin sulfate oint 0.1%		
121		
gentamicin sulfate ophth soln 0.3%		
149		
GENVOYA TAB		
99		
gilteritinib fumarate		
see XOSPATA TAB 40MG		
91		
GLARGIN YFGN INJ 100U/ML		
71		
GLARGIN YFGN SOL 100U/ML		
71		
glecaprevir-pibrentasvir		
see MAVYRET PAK 50-20MG		
100		
see MAVYRET TAB 100-40MG		
100		

see Nicotine Polacrilex Lozenge 2 mg	157
see Nicotine Polacrilex Lozenge 4 mg	158
GOODSENSE NICOTINE POLACR	
see Nicotine Polacrilex Gum 2 mg	157
see Nicotine Polacrilex Gum 4 mg	157
see Nicotine Polacrilex Lozenge 4 mg	158
granisetron	
see SANCUSO DIS 3.1MG	73
granisetron hcl tab 1 mg	73
grass mixed pollens allergen extract	
see ORALAIR SUB 300 IR	38
GRASTEK SUB 2800BAU	38
griseofulvin microsize susp 125 mg/5ml	74
griseofulvin microsize tab 500 mg	74
griseofulvin ultramicrosize tab 125 mg	74
griseofulvin ultramicrosize tab 165 mg	74
griseofulvin ultramicrosize tab 250 mg	74
guanfacine hcl tab 1 mg	80
guanfacine hcl tab 2 mg	80
guanfacine hcl tab er 24hr 1 mg (base equiv) .	32
guanfacine hcl tab er 24hr 2 mg (base equiv) .	32
guanfacine hcl tab er 24hr 3 mg (base equiv) .	32
guanfacine hcl tab er 24hr 4 mg (base equiv) .	32
GVOKE HYPO 1 INJ 0.5/.1ML	70
GVOKE HYPO 1 INJ 1/0.2ML	70
GVOKE HYPO 2 INJ 0.5/.1ML	70
GVOKE HYPO 2 INJ 1/0.2ML	70
GVOKE KIT SOL 1/0.2ML	70
GVOKE PFS INJ 1/0.2ML	70
GYNOL II GEL 3%	164
H	
HAILEY 1.5/30	
see Norethindrone Ace & Ethinyl Estradiol Tab	
1.5 mg-30 mcg	113
HAILEY 24 FE	
see Norethindrone Ace-Ethinyl Estradiol-Fe	
Tab 1 mg-20 mcg (24)	115
HAILEY FE 1.5/30	
see Norethindrone Ace & Ethinyl Estradiol-Fe	
Tab 1.5 mg-30 mcg	114
HAILEY FE 1/20	
see Norethindrone Ace & Ethinyl Estradiol-Fe	
Tab 1 mg-20 mcg	114
halcinonide soln 0.1%	124
halobetasol propionate	
see BRYHALI LOT 0.01%	123
halobetasol propionate cream 0.05%	124

halobetasol propionate foam 0.05%	124
halobetasol propionate oint 0.05%	124
haloperidol lactate oral conc 2 mg/ml	95
haloperidol tab 0.5 mg	95
haloperidol tab 1 mg	95
haloperidol tab 10 mg	95
haloperidol tab 2 mg	95
haloperidol tab 20 mg	95
haloperidol tab 5 mg	95
HARVONI PAK	100
HARVONI PAK 45-200MG	100
HARVONI TAB 45-200MG	100
HARVONI TAB 90-400MG	100
HEATHER	
see Norethindrone Tab 0.35 mg	117
HIDEX 6-DAY	
see Dexamethasone Tab Therapy Pack 1.5 mg	
(21)	118
HOLD CHAMBER MIS ADLT LG	142
HOLD CHAMBER MIS MEDIUM	142
HOLD CHAMBER MIS SMALL	142
HUMULIN R INJ U-500KWP	71
hydralazine hcl tab 10 mg	82
hydralazine hcl tab 100 mg	82
hydralazine hcl tab 25 mg	82
hydralazine hcl tab 50 mg	82
hydrochlorothiazide cap 12.5 mg	128
hydrochlorothiazide tab 12.5 mg	128
hydrochlorothiazide tab 25 mg	128
hydrochlorothiazide tab 50 mg	128
hydrocod polst-chlorphen polst er susp 10-8	
mg/5ml	119
hydrocodone bitart-homatropine methylbrom	
soln 5-1.5 mg/5ml	119
hydrocodone bitart-homatropine	
methylbromide tab 5-1.5 mg	119
hydrocodone bitartrate cap er 12hr 10 mg	42
hydrocodone bitartrate cap er 12hr 15 mg	42
hydrocodone bitartrate cap er 12hr 20 mg	42
hydrocodone bitartrate cap er 12hr 30 mg	42
hydrocodone bitartrate cap er 12hr 40 mg	42
hydrocodone bitartrate cap er 12hr 50 mg	42
hydrocodone bitartrate tab er 24hr deter 100	
mg	42
hydrocodone bitartrate tab er 24hr deter 120	
mg	42

hydrocodone bitartrate tab er 24hr deter 20 mg	hydrocortisone tab 10 mg	118
.....	hydrocortisone tab 20 mg	118
hydrocodone bitartrate tab er 24hr deter 30 mg	hydrocortisone tab 5 mg	118
.....	hydrocortisone valerate cream 0.2%	125
hydrocodone bitartrate tab er 24hr deter 40 mg	hydrocortisone valerate oint 0.2%	125
.....	hydrocortisone w/ acetic acid otic soln 1-2%	151
hydrocodone bitartrate tab er 24hr deter 60 mg	hydromorphone hcl liqd 1 mg/ml	43
.....	hydromorphone hcl tab 2 mg	43
hydrocodone bitartrate tab er 24hr deter 80 mg	hydromorphone hcl tab 4 mg	43
.....	hydromorphone hcl tab 8 mg	43
hydrocodone-acetaminophen soln 10-300	hydromorphone hcl tab er 24hr 12 mg	43
mg/15ml	hydromorphone hcl tab er 24hr 16 mg	43
hydrocodone-acetaminophen soln 7.5-325	hydromorphone hcl tab er 24hr 32 mg	43
mg/15ml	hydromorphone hcl tab er 24hr 8 mg	43
hydrocodone-acetaminophen tab 10-300 mg	hydroxychloroquine sulfate tab 100 mg	83
hydrocodone-acetaminophen tab 10-325 mg	hydroxychloroquine sulfate tab 200 mg	83
hydrocodone-acetaminophen tab 2.5-325 mg	hydroxychloroquine sulfate tab 300 mg	83
hydrocodone-acetaminophen tab 5-300 mg ...	hydroxychloroquine sulfate tab 400 mg	83
hydrocodone-acetaminophen tab 5-325 mg ...	hydroxyurea (sickle cell disease)	
hydrocodone-acetaminophen tab 7.5-300 mg	see SIKLOS TAB 1000MG.....	136
hydrocodone-acetaminophen tab 7.5-325 mg	see SIKLOS TAB 100MG.....	136
hydrocodone-ibuprofen tab 10-200 mg	hydroxyurea cap 500 mg	92
hydrocodone-ibuprofen tab 5-200 mg	hydroxyzine hcl syrup 10 mg/5ml	54
hydrocodone-ibuprofen tab 7.5-200 mg	hydroxyzine hcl tab 10 mg	54
hydrocortisone acetate (intrarectal)	hydroxyzine hcl tab 25 mg	54
see CORTIFOAM AER 90MG.....	hydroxyzine hcl tab 50 mg	54
hydrocortisone acetate cream 2.5%	hydroxyzine pamoate cap 100 mg	54
Hydrocortisone Acetate Cream 2.5%.....	hydroxyzine pamoate cap 25 mg	54
hydrocortisone acetate w/ pramoxine	hydroxyzine pamoate cap 50 mg	54
see PROCTOFOAM AER HC 1%.....	hyoscyamine sulfate elixir 0.125 mg/5ml	162
hydrocortisone acetate w/ pramoxine perianal	Hyoscyamine Sulfate Elixir 0.125 mg/5ml.....	162
cream 1-1%	hyoscyamine sulfate sl tab 0.125 mg	162
hydrocortisone butyrate cream 0.1%	hyoscyamine sulfate soln 0.125 mg/ml	162
hydrocortisone butyrate oint 0.1%	Hyoscyamine Sulfate Soln 0.125 mg/ml.....	162
hydrocortisone butyrate soln 0.1%	hyoscyamine sulfate tab 0.125 mg	162
hydrocortisone cream 1%	hyoscyamine sulfate tab disint 0.125 mg	162
Hydrocortisone Cream 1%.....	HYOSYNE	
hydrocortisone cream 2.5%	see Hyoscyamine Sulfate Elixir 0.125 mg/5ml	
hydrocortisone enema 100 mg/60ml.....	.....	162
hydrocortisone lotion 2.5%	see Hyoscyamine Sulfate Soln 0.125 mg/ml	162
hydrocortisone oint 1%		
hydrocortisone oint 2.5%	I	
hydrocortisone perianal cream 1%	ibandronate sodium tab 150 mg (base	
Hydrocortisone Perianal Cream 1%.....	equivalent)	128
hydrocortisone perianal cream 2.5%	IBRANCE CAP 100MG	88
Hydrocortisone Perianal Cream 2.5%.....	IBRANCE CAP 125MG	88
Hydrocortisone Soln 2.5%.....	IBRANCE TAB 100MG	88
	IBRANCE TAB 125MG	88

IBRANCE TAB 75MG	88	<i>indomethacin cap 50 mg</i>	40
IBTROZI CAP 200MG.....	88	<i>indomethacin cap er 75 mg</i>	40
IBU		<i>indomethacin suppos 50 mg</i>	40
see Ibuprofen Tab 400 mg	40	<i>indomethacin susp 25 mg/5ml</i>	40
see Ibuprofen Tab 600 mg	40	INGREZZA CAP 40-80MG.....	155
see Ibuprofen Tab 800 mg	40	INGREZZA CAP 40MG	155
<i>ibuprofen susp 100 mg/5ml</i>	40	INGREZZA CAP 60MG	155
<i>ibuprofen tab 400 mg</i>	40	INGREZZA CAP 80MG	155
Ibuprofen Tab 400 mg.....	40	INLYTA TAB 1MG	84
<i>ibuprofen tab 600 mg</i>	40	INLYTA TAB 5MG	84
Ibuprofen Tab 600 mg.....	40	INSPIREASE MIS DD SYST	142
<i>ibuprofen tab 800 mg</i>	40	<i>insulin aspart</i>	
Ibuprofen Tab 800 mg.....	40	see NOVOLOG INJ 100/ML	72
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	40	see NOVOLOG INJ FLEXPEN.....	72
ICLEVIA		see NOVOLOG INJ PENFILL	72
see Levonorgestrel & Ethinyl Estradiol (91-Day)		<i>insulin aspart (with niacinamide)</i>	
Tab 0.15-0.03 mg	111	see FIASP FLEX INJ TOUCH.....	71
<i>icosapent ethyl</i>		see FIASP INJ 100/ML.....	71
see VASCEPA CAP 0.5GM.....	75	see FIASP PENFIL INJ U-100.....	71
see VASCEPA CAP 1GM.....	76	<i>insulin aspart protamine & aspart (human)</i>	
ILEVRO DRO 0.3% OP	151	see NOVOLOG MIX INJ 70/30.....	72
<i>imatinib mesylate tab 100 mg (base equivalent)</i>		see NOVOLOG MIX INJ FLEXPEN	72
.....	89	<i>insulin degludec</i>	
<i>imatinib mesylate tab 400 mg (base equivalent)</i>		see TRESIBA FLEX INJ 100UNIT.....	72
.....	89	see TRESIBA FLEX INJ 200UNIT.....	72
<i>imipramine hcl tab 10 mg</i>	67	see TRESIBA INJ 100UNIT.....	72
<i>imipramine hcl tab 25 mg</i>	67	<i>insulin degludec-liraglutide</i>	
<i>imipramine hcl tab 50 mg</i>	68	see XULTOPHY INJ 100/3.6.....	69
<i>imipramine pamoate cap 100 mg</i>	68	<i>insulin glargine</i>	
<i>imipramine pamoate cap 125 mg</i>	68	see LANTUS INJ 100/ML.....	71
<i>imipramine pamoate cap 150 mg</i>	68	see LANTUS SOLOS INJ 100/ML.....	71
<i>imipramine pamoate cap 75 mg</i>	68	see TOUJEO MAX INJ 300/ML	72
<i>imiquimod cream 3.75%</i>	125	see TOUJEO SOLO INJ 300/ML	72
<i>imiquimod cream 5%</i>	125	<i>insulin glargine-lixisenatide</i>	
IMITREX INJ 4MG/0.5	143	see SOLIQUA INJ 100/33.....	69
IMITREX INJ 6MG/0.5	143	<i>insulin nph (human) (isophane)</i>	
IMPAVIDO CAP 50MG	52	see NOVOLIN N INJ 100 UNIT.....	71
IMVEXXY MAIN SUP 10MCG	165	see NOVOLIN N INJ U-100	71
IMVEXXY MAIN SUP 4MCG	164	<i>insulin nph isophane & reg (human)</i>	
IMVEXXY STRT SUP 10MCG	165	see NOVOLIN INJ 70/30	71
IMVEXXY STRT SUP 4MCG	165	see NOVOLIN INJ 70/30 FP	71
INBRIJA CAP 42MG	93	<i>insulin pen needle</i>	
INCASSIA		see BD INSULIN PEN NEEDLES - OTC.....	141
see Norethindrone Tab 0.35 mg	117	see EMBECTA INSULIN PEN NEEDLES - OTC	141
<i>indapamide tab 1.25 mg</i>	128	<i>insulin regular (human)</i>	
<i>indapamide tab 2.5 mg</i>	128	see AFREZZA POW 12 UNIT	71
<i>indomethacin cap 25 mg</i>	40	see AFREZZA POW 4-8 UNIT	71

see AFREZZA POW 4-8-12	71	<i>isosorbide dinitrate tab 20 mg</i>	53
see AFREZZA POW 4UNIT	71	<i>isosorbide dinitrate tab 30 mg</i>	53
see AFREZZA POW 8 UNIT	71	<i>isosorbide dinitrate tab 5 mg</i>	53
see AFREZZA POW 8-12UNIT	71	<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5</i>	
see HUMULIN R INJ U-500KWP	71	<i>mg</i>	106
see NOVOLIN R INJ 100 UNIT	71	<i>isosorbide mononitrate tab 10 mg</i>	53
see NOVOLIN R INJ U-100	72	<i>isosorbide mononitrate tab 20 mg</i>	53
insulin syringe/needle u-100		<i>isosorbide mononitrate tab er 24hr 120 mg</i>	53
see BD INSULIN SYRINGE - RX.....	141	<i>isosorbide mononitrate tab er 24hr 30 mg</i>	53
see EMBECTA INSULIN SYRINGE - OTC	141	<i>isosorbide mononitrate tab er 24hr 60 mg</i>	53
insulin syringe/needle u-500		<i>isotretinoin cap 10 mg</i>	120
see EMBECTA INSULIN SYRINGE - RX	141	Isotretinoin Cap 10 mg.....	120
insulin syringes (disposable)		<i>isotretinoin cap 20 mg</i>	120
see BD INSULIN SYRINGE - OTC	141	Isotretinoin Cap 20 mg.....	120
INTRAROSA SUP 6.5MG	164	<i>isotretinoin cap 30 mg</i>	120
INTROVALE		Isotretinoin Cap 30 mg.....	120, 121
see Levonorgestrel & Ethinyl Estradiol (91-Day)		<i>isotretinoin cap 40 mg</i>	121
Tab 0.15-0.03 mg	111	Isotretinoin Cap 40 mg.....	121
ipratropium bromide hfa inhal aerosol 17		<i>isradipine cap 2.5 mg</i>	104
<i>mcg/act</i>	56	<i>isradipine cap 5 mg</i>	104
ipratropium bromide inhal soln 0.02%	56	<i>itraconazole cap 100 mg</i>	74
ipratropium bromide nasal soln 0.03% (21		<i>itraconazole oral soln 10 mg/ml</i>	74
<i>mcg/spray)</i>	148	<i>ivabradine hcl tab 5 mg (base equiv)</i>	108
ipratropium bromide nasal soln 0.06% (42		<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	108
<i>mcg/spray)</i>	148	ivacaftor	
ipratropium-albuterol nebu soln 0.5-2.5(3)		see KALYDECO PAK 25MG	159
<i>mg/3ml</i>	58	see KALYDECO PAK 50MG	159
IQIRVO TAB 80MG	134	see KALYDECO PAK 75MG	159
irbesartan tab 150 mg	79	see KALYDECO TAB 150MG	159
irbesartan tab 300 mg	79	ivermectin cream 1%	126
irbesartan tab 75 mg	79	ivermectin tab 3 mg	52
irbesartan-hydrochlorothiazide tab 150-12.5 mg		ivermectin tab 6 mg	52
.....	81	ixazomib citrate	
irbesartan-hydrochlorothiazide tab 300-12.5 mg		see NINLARO CAP 2.3MG	90
.....	81	see NINLARO CAP 3MG	90
ISENTRESS CHW 100MG	99	see NINLARO CAP 4MG	90
ISENTRESS CHW 25MG.....	99	J	
ISENTRESS HD TAB 600MG	99	JAIMIESS	
ISENTRESS POW 100MG	99	see Levonorg-Eth Est Tab 0.15-0.03mg(84) &	
ISENTRESS TAB 400MG	99	Eth Est Tab 0.01mg(7).....	111
ISIBLOOM		JAKAFI TAB 10MG	89
see Desogestrel & Ethinyl Estradiol Tab 0.15		JAKAFI TAB 15MG	89
mg-30 mcg	109	JAKAFI TAB 20MG	89
isoniazid syrup 50 mg/5ml	83	JAKAFI TAB 25MG	89
isoniazid tab 100 mg	83	JAKAFI TAB 5MG	89
isoniazid tab 300 mg	83	JAKAFI XR TAB 11MG	89
isosorbide dinitrate tab 10 mg	53	JAKAFI XR TAB 22MG	89

JAKAFI XR TAB 33MG.....	89	JUNEL FE 24	
JAKAFI XR TAB 44MG.....	89	see Norethindrone Ace-Ethinyl Estradiol-Fe	
JAKAFI XR TAB 55MG.....	89	Tab 1 mg-20 mcg (24).....	115
JARDIANCE TAB 10MG	72	K	
JARDIANCE TAB 25MG	72	KAITLIB FE	
JASMIEL		see Norethindrone & Ethinyl Estradiol-Fe	
see Drospirenone-Ethinyl Estradiol Tab 3-0.02		Chew Tab 0.8 mg-25 mcg	113
mg.....	110	KALLIGA	
JAVYGTOR		see Desogestrel & Ethinyl Estradiol Tab 0.15	
see Sapropterin Dihydrochloride Powder		mg-30 mcg.....	109
Packet 100 mg.....	129	KALYDECO PAK 25MG	159
see Sapropterin Dihydrochloride Powder		KALYDECO PAK 50MG	159
Packet 500 mg.....	130	KALYDECO PAK 75MG	159
see Sapropterin Dihydrochloride Tab 100 mg		KALYDECO TAB 150MG	159
.....	130	KARIVA	
JAYTHARI		see Desogest-Eth Estrad & Eth Estrad Tab 0.15-	
see Deflazacort Susp 22.75 mg/ml.....	117	0.02/0.01 mg(21/5).....	109
see Deflazacort Tab 18 mg	117	KELNOR 1/35	
see Deflazacort Tab 30 mg	117	see Ethynodiol Diacetate & Ethinyl Estradiol	
see Deflazacort Tab 36 mg	117	Tab 1 mg-35 mcg.....	110
see Deflazacort Tab 6 mg.....	117	KERENDIA TAB 10MG	130
JENCYCLA		KERENDIA TAB 20MG	130
see Norethindrone Tab 0.35 mg	117	KERENDIA TAB 40MG	130
JINTELI		ketoconazole cream 2%	122
see Norethindrone Acetate-Ethinyl Estradiol		ketoconazole shampoo 2%	122
Tab 1 mg-5 mcg.....	131	ketoconazole tab 200 mg	74
JOLESSA		ketorolac tromethamine ophth soln 0.4%	151
see Levonorgestrel & Ethinyl Estradiol (91-Day)		ketorolac tromethamine ophth soln 0.5%	151
Tab 0.15-0.03 mg	111	ketorolac tromethamine tab 10 mg	40
JOYEAUX		KIONEX	
see Levonorgestrel-Ethinyl Estradiol-Fe Tab 0.1		see Sodium Polystyrene Sulfonate Susp 15	
mg-20 mcg (21)	112	gm/60ml	146
JULEBER		KISQALI TAB 200DOSE.....	89
see Desogestrel & Ethinyl Estradiol Tab 0.15		KISQALI TAB 400DOSE.....	89
mg-30 mcg.....	109	KISQALI TAB 600DOSE.....	89
JUNEL 1.5/30		KLAYESTA	
see Norethindrone Ace & Ethinyl Estradiol Tab		see Nystatin Topical Powder 100000 unit/gm	
1.5 mg-30 mcg.....	113	.....	122
JUNEL 1/20		KLOR-CON	
see Norethindrone Ace & Ethinyl Estradiol Tab		see Potassium Chloride Powder Packet 20 meq	
1 mg-20 mcg	113	.....	144
JUNEL FE 1.5/30		KLOR-CON 10	
see Norethindrone Ace & Ethinyl Estradiol-Fe		see Potassium Chloride Tab Er 10 meq	145
Tab 1.5 mg-30 mcg.....	114	KLOR-CON 8	
JUNEL FE 1/20		see Potassium Chloride Tab Er 8 meq (600 mg)	
see Norethindrone Ace & Ethinyl Estradiol-Fe		.....	144
Tab 1 mg-20 mcg.....	114	KLOR-CON M10	

see Potassium Chloride Microencapsulated	
Crys Er Tab 10 meq	144
KLOR-CON M15	
see Potassium Chloride Microencapsulated	
Crys Er Tab 15 meq	144
KLOR-CON M20	
see Potassium Chloride Microencapsulated	
Crys Er Tab 20 meq	144
KLS QUIT2	
see Nicotine Polacrilex Gum 2 mg.....	157
see Nicotine Polacrilex Lozenge 2 mg.....	157
KLS QUIT4	
see Nicotine Polacrilex Gum 4 mg.....	157
see Nicotine Polacrilex Lozenge 4 mg.....	158
KOSELUGO CAP 10MG	89
KOSELUGO CAP 25MG	89
KOURZEQ	
see Triamcinolone Acetonide Dental Paste	
0.1%.....	147
KP FOLIC ACID	
see Folic Acid Tab 800 mcg.....	137
KRAZATI TAB 200MG	89
KRISTALOSE	
see Lactulose Oral Crystal Packet 10 gm	139
see Lactulose Oral Crystal Packet 20 gm	139
KURVELO	
see Levonorgestrel & Ethinyl Estradiol Tab	
0.15 mg-30 mcg.....	111
KYMBEE	
see Deflazacort Tab 18 mg	117
see Deflazacort Tab 30 mg	117
see Deflazacort Tab 36 mg	117
see Deflazacort Tab 6 mg.....	117
L	
labetalol hcl tab 100 mg	101
labetalol hcl tab 200 mg	101
labetalol hcl tab 300 mg	101
labetalol hcl tab 400 mg	102
lacosamide oral solution 10 mg/ml	61
lacosamide tab 100 mg	61
lacosamide tab 150 mg	61
lacosamide tab 200 mg	61
lacosamide tab 50 mg	61
lactic acid (ammonium lactate) cream 12% ...	125
lactic acid (ammonium lactate) lotion 12% ...	125
lactic acid-citric acid-potassium bitartrate	
see PHEXX GEL.....	164

lactulose (encephalopathy) solution 10 gm/15ml	134
Lactulose (Encephalopathy) Solution 10 gm/15ml	134
lactulose oral crystal packet 10 gm	139
Lactulose Oral Crystal Packet 10 gm	139
lactulose oral crystal packet 20 gm	139
Lactulose Oral Crystal Packet 20 gm	139
lactulose solution 10 gm/15ml	139
Lactulose Solution 10 gm/15ml.....	140
LAGEVRIO CAP 200MG.....	101
lamivudine oral soln 10 mg/ml	99
lamivudine tab 100 mg (hbv)	100
lamivudine tab 150 mg	99
lamivudine tab 300 mg	99
lamivudine-tenofovir disoproxil fumarate	
see CIMDUO TAB 300-300.....	98
lamivudine-zidovudine tab 150-300 mg	99
lamotrigine orally disintegrating tab 100 mg .	61
lamotrigine orally disintegrating tab 200 mg .	61
lamotrigine orally disintegrating tab 25 mg ...	61
lamotrigine orally disintegrating tab 50 mg ...	61
lamotrigine tab 100 mg	62
Lamotrigine Tab 100 mg	62
lamotrigine tab 150 mg	62
Lamotrigine Tab 150 mg	62
lamotrigine tab 200 mg	62
Lamotrigine Tab 200 mg	62
lamotrigine tab 25 mg	61
Lamotrigine Tab 25 mg	61
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	61
Lamotrigine Tab 25 mg (42) & 100 mg (7) Starter Kit	61
lamotrigine tab 35 x 25 mg starter kit	61
Lamotrigine Tab 35 X 25 mg Starter Kit	61
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	61
Lamotrigine Tab 84 X 25 mg & 14 X 100 mg Starter Kit.....	62
lamotrigine tab chewable dispersible 25 mg ...	62
lamotrigine tab chewable dispersible 5 mg	62
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	62
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	62

lamotrigine tab disint 42 x 50mg & 14 x 100mg	
titration kit	62
lamotrigine tab er 24hr 100 mg	62
lamotrigine tab er 24hr 200 mg	62
lamotrigine tab er 24hr 25 mg	62
lamotrigine tab er 24hr 250 mg	62
lamotrigine tab er 24hr 300 mg	62
lamotrigine tab er 24hr 50 mg	62
lansoprazole cap delayed release 15 mg	163
lansoprazole cap delayed release 30 mg	163
LANTUS INJ 100/ML.....	71
LANTUS SOLOS INJ 100/ML	71
lapatinib ditosylate tab 250 mg (base equiv) ..	89
LARIN 1.5/30	
see Norethindrone Ace & Ethinyl Estradiol Tab	
1.5 mg-30 mcg.....	113
LARIN 1/20	
see Norethindrone Ace & Ethinyl Estradiol Tab	
1 mg-20 mcg	113
LARIN 24 FE	
see Norethindrone Ace-Ethinyl Estradiol-Fe	
Tab 1 mg-20 mcg (24)	115
LARIN FE 1.5/30	
see Norethindrone Ace & Ethinyl Estradiol-Fe	
Tab 1.5 mg-30 mcg.....	114
LARIN FE 1/20	
see Norethindrone Ace & Ethinyl Estradiol-Fe	
Tab 1 mg-20 mcg.....	114
larotrectinib sulfate	
see VITRAKVI CAP 100MG	91
see VITRAKVI CAP 25MG.....	91
see VITRAKVI SOL 20MG/ML	91
lasmiditan succinate	
see REYVOW TAB 100MG	143
see REYVOW TAB 50MG	143
latanoprost ophth soln 0.005%	151
LEDERLE LEUCOVORIN	
see Leucovorin Calcium Tab 5 mg	92
ledipasvir-sofosbuvir	
see HARVONI PAK.....	100
see HARVONI PAK 45-200MG.....	100
see HARVONI TAB 45-200MG.....	100
see HARVONI TAB 90-400MG.....	100
leflunomide tab 10 mg	41
leflunomide tab 20 mg	41
lenacapavir sodium	
see YEZTUGO TAB 300MG	99
lenalidomide cap 10 mg	145
lenalidomide cap 15 mg	145
lenalidomide cap 20 mg	145
lenalidomide cap 25 mg	145
lenalidomide cap 5 mg	145
lenalidomide caps 2.5 mg	145
lenvatinib mesylate	
see LENVIMA CAP 10 MG	84
see LENVIMA CAP 12MG	84
see LENVIMA CAP 14 MG	84
see LENVIMA CAP 18 MG	84
see LENVIMA CAP 20 MG	84
see LENVIMA CAP 24 MG	84
see LENVIMA CAP 4MG	84
see LENVIMA CAP 8 MG	84
LENVIMA CAP 10 MG	84
LENVIMA CAP 12MG	84
LENVIMA CAP 14 MG	84
LENVIMA CAP 18 MG	84
LENVIMA CAP 20 MG	84
LENVIMA CAP 24 MG	84
LENVIMA CAP 4MG	84
LENVIMA CAP 8 MG	84
LESSINA	
see Levonorgestrel & Ethinyl Estradiol Tab 0.1	
mg-20 mcg.....	111
letrozole tab 2.5 mg	85
leucovorin calcium tab 10 mg	92
leucovorin calcium tab 15 mg	92
leucovorin calcium tab 25 mg	92
leucovorin calcium tab 5 mg	92
Leucovorin Calcium Tab 5 mg.....	92
levalbuterol hcl soln nebu 0.31 mg/3ml (base	
equiv)	58
levalbuterol hcl soln nebu 0.63 mg/3ml (base	
equiv)	58
levalbuterol hcl soln nebu 1.25 mg/3ml (base	
equiv)	58
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml	
(base equiv)	58
levalbuterol tartrate inhal aerosol 45 mcg/act	
(base equiv)	58
levamlodipine maleate tab 2.5 mg	104
levamlodipine maleate tab 5 mg	104
levetiracetam oral soln 100 mg/ml	62
levetiracetam tab 1000 mg	62
levetiracetam tab 250 mg	62

levetiracetam tab 500 mg	62
Levetiracetam Tab 500 mg	62
levetiracetam tab 750 mg	62
levetiracetam tab disintegrating soluble 250 mg	62
levetiracetam tab disintegrating soluble 500 mg	62
levetiracetam tab er 24hr 500 mg	62
levetiracetam tab er 24hr 750 mg	62
levobunolol hcl ophth soln 0.5%	148
levocarnitine oral soln 1 gm/10ml (10%)	129
levocarnitine tab 330 mg	129
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	75
levocetirizine dihydrochloride tab 5 mg	75
levodopa see INBRIJA CAP 42MG	93
levofloxacin ophth soln 0.5%	149
levofloxacin ophth soln 1.5%	149
levofloxacin oral soln 25 mg/ml	133
levofloxacin tab 250 mg	133
levofloxacin tab 500 mg	133
levofloxacin tab 750 mg	133
LEVONEST see Levonorgestrel-Eth Estra Tab 0.05- 30/0.075-40/0.125-30mg-Mcg.....	112
Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 mg ð Est 0.01 mg	110
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	111
Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg.....	111
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	111
Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg	111
Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg- 30 mcg	111, 112
Levonorgestrel Tab 1.5 mg	117
levonorgestrel-eth estra tab 0.05-30/0.075- 40/0.125-30mg-mcg	112
Levonorgestrel-Eth Estra Tab 0.05-30/0.075- 40/0.125-30mg-Mcg	112
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	112
Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 mcg	112

levonorgestrel-ethinyl estradiol-fe tab 0.1 mg- 20 mcg (21)	112
Levonorgestrel-Ethinyl Estradiol-Fe Tab 0.1 mg- 20 mcg (21)	112
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	110
Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)	110
Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)	110, 111
LEVO-T see Levothyroxine Sodium Tab 100 mcg	160
see Levothyroxine Sodium Tab 112 mcg	160
see Levothyroxine Sodium Tab 125 mcg	161
see Levothyroxine Sodium Tab 137 mcg	161
see Levothyroxine Sodium Tab 150 mcg	161
see Levothyroxine Sodium Tab 175 mcg	161
see Levothyroxine Sodium Tab 200 mcg	161
see Levothyroxine Sodium Tab 25 mcg	160
see Levothyroxine Sodium Tab 300 mcg	161
see Levothyroxine Sodium Tab 50 mcg	160
see Levothyroxine Sodium Tab 75 mcg	160
see Levothyroxine Sodium Tab 88 mcg	160
levothyroxine sodium see SYNTHROID TAB 100MCG	161
see SYNTHROID TAB 112MCG	161
see SYNTHROID TAB 125MCG	161
see SYNTHROID TAB 137MCG	161
see SYNTHROID TAB 150MCG	161
see SYNTHROID TAB 175MCG	161
see SYNTHROID TAB 200MCG	161
see SYNTHROID TAB 25MCG	161
see SYNTHROID TAB 300MCG	162
see SYNTHROID TAB 50MCG	161
see SYNTHROID TAB 75MCG	161
see SYNTHROID TAB 88MCG	161
levothyroxine sodium tab 100 mcg	160
Levothyroxine Sodium Tab 100 mcg	160
levothyroxine sodium tab 112 mcg	160
Levothyroxine Sodium Tab 112 mcg	160, 161
levothyroxine sodium tab 125 mcg	161
Levothyroxine Sodium Tab 125 mcg	161
levothyroxine sodium tab 137 mcg	161
Levothyroxine Sodium Tab 137 mcg	161
levothyroxine sodium tab 150 mcg	161
Levothyroxine Sodium Tab 150 mcg	161
levothyroxine sodium tab 175 mcg	161

Levothyroxine Sodium Tab 175 mcg	161	Liothyronine Sodium Tab 25 mcg	161
levothyroxine sodium tab 200 mcg	161	liothyronine sodium tab 5 mcg	161
Levothyroxine Sodium Tab 200 mcg	161	Liothyronine Sodium Tab 5 mcg	161
levothyroxine sodium tab 25 mcg	160	liothyronine sodium tab 50 mcg	161
Levothyroxine Sodium Tab 25 mcg	160	Liothyronine Sodium Tab 50 mcg	161
levothyroxine sodium tab 300 mcg	161	liraglutide soln pen-injector 18 mg/3ml (6	
Levothyroxine Sodium Tab 300 mcg	161	mg/ml)	70
levothyroxine sodium tab 50 mcg	160	lisdexamfetamine dimesylate cap 10 mg	30
Levothyroxine Sodium Tab 50 mcg	160	lisdexamfetamine dimesylate cap 20 mg	30
levothyroxine sodium tab 75 mcg	160	lisdexamfetamine dimesylate cap 30 mg	30
Levothyroxine Sodium Tab 75 mcg	160	lisdexamfetamine dimesylate cap 40 mg	30
levothyroxine sodium tab 88 mcg	160	lisdexamfetamine dimesylate cap 50 mg	30
Levothyroxine Sodium Tab 88 mcg	160	lisdexamfetamine dimesylate cap 60 mg	30
LEVOXYL		lisdexamfetamine dimesylate cap 70 mg	30
see Levothyroxine Sodium Tab 100 mcg	160	lisdexamfetamine dimesylate chew tab 10 mg	30
see Levothyroxine Sodium Tab 112 mcg	161	lisdexamfetamine dimesylate chew tab 20 mg	30
see Levothyroxine Sodium Tab 125 mcg	161	lisdexamfetamine dimesylate chew tab 30 mg	30
see Levothyroxine Sodium Tab 137 mcg	161	lisdexamfetamine dimesylate chew tab 40 mg	31
see Levothyroxine Sodium Tab 150 mcg	161	lisdexamfetamine dimesylate chew tab 50 mg	31
see Levothyroxine Sodium Tab 175 mcg	161	lisdexamfetamine dimesylate chew tab 60 mg	31
see Levothyroxine Sodium Tab 200 mcg	161	lisinopril & hydrochlorothiazide tab 10-12.5 mg	
see Levothyroxine Sodium Tab 25 mcg	160	.....	81
see Levothyroxine Sodium Tab 50 mcg	160	lisinopril & hydrochlorothiazide tab 20-12.5 mg	
see Levothyroxine Sodium Tab 75 mcg	160	.....	81
see Levothyroxine Sodium Tab 88 mcg	160	lisinopril & hydrochlorothiazide tab 20-25 mg	81
lidocaine hcl soln 4%	125	lisinopril tab 10 mg	78
lidocaine hcl viscous soln 2%	146	lisinopril tab 2.5 mg	78
lidocaine oint 5%	125	lisinopril tab 20 mg	78
lidocaine patch 5%	125	lisinopril tab 30 mg	78
Lidocaine Patch 5%	126	lisinopril tab 40 mg	78
lidocaine-prilocaine cream 2.5-2.5%	126	lisinopril tab 5 mg	78
LIDOCAN		LITFULO CAP 50MG	125
see Lidocaine Patch 5%	126	lithium carbonate cap 150 mg	94
linaclotide		lithium carbonate cap 300 mg	94
see LINZESS CAP 145MCG	134	lithium carbonate cap 600 mg	94
see LINZESS CAP 290MCG	134	lithium carbonate tab 300 mg	94
see LINZESS CAP 72MCG	134	lithium carbonate tab er 300 mg	94
linezolid for susp 100 mg/5ml	53	lithium carbonate tab er 450 mg	94
linezolid tab 600 mg	53	lithium oral solution 8 meq/5ml	94
LINZESS CAP 145MCG	134	LO LOESTRIN TAB 1-10-10	112
LINZESS CAP 290MCG	134	LOESTRIN 1.5/30-21	
LINZESS CAP 72MCG	134	see Norethindrone Ace & Ethinyl Estradiol Tab	
LIOMNY		1.5 mg-30 mcg	113
see Liothyronine Sodium Tab 25 mcg	161	LOESTRIN 1/20-21	
see Liothyronine Sodium Tab 5 mcg	161	see Norethindrone Ace & Ethinyl Estradiol Tab	
see Liothyronine Sodium Tab 50 mcg	161	1 mg-20 mcg	113
liothyronine sodium tab 25 mcg	161	LOESTRIN FE 1.5/30	

see Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg.....	114
LOESTRIN FE 1/20	
see Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg.....	114
lofexidine hcl tab 0.18 mg (base equivalent) .	153
LOJAIMIESS	
see Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)	110
LOMAIRA	
see Phentermine Hcl Tab 8 mg.....	31
lomustine	
see GLEOSTINE CAP 100MG	84
see GLEOSTINE CAP 10MG	83
see GLEOSTINE CAP 40MG	84
lomustine cap 10 mg	84
lomustine cap 100 mg	84
lomustine cap 40 mg	84
LONSURF TAB 15-6.14.....	86
LONSURF TAB 20-8.19.....	86
loperamide hcl cap 2 mg	73
lopinavir-ritonavir tab 100-25 mg	99
lopinavir-ritonavir tab 200-50 mg	99
lorazepam conc 2 mg/ml	55
lorazepam tab 0.5 mg	55
lorazepam tab 1 mg	55
lorazepam tab 2 mg	55
LORYNA	
see Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg.....	110
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	81
losartan potassium & hydrochlorothiazide tab 100-25 mg	81
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	81
losartan potassium tab 100 mg	79
losartan potassium tab 25 mg	79
losartan potassium tab 50 mg	79
loteprednol etabonate ophth gel 0.5%	150
loteprednol etabonate ophth susp 0.2%	150
loteprednol etabonate ophth susp 0.5%	150
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	150
lotilaner	
see XDEMVY DRO 0.25%	150
lovastatin tab 10 mg	77

lovastatin tab 20 mg	77
lovastatin tab 40 mg	77
LOW-OGESTREL	
see Norgestrel & Ethinyl Estradiol Tab 0.3 mg- 30 mcg	116
loxapine succinate cap 10 mg	96
loxapine succinate cap 25 mg	96
loxapine succinate cap 5 mg	96
loxapine succinate cap 50 mg	96
LO-ZUMANDIMINE	
see Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg	110
lubiprostone cap 24 mcg	133
lubiprostone cap 8 mcg	133
LUIZZA 1.5/30	
see Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg.....	113
LUIZZA 1/20	
see Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg.....	113
LUMAKRAS TAB 120MG	89
LUMAKRAS TAB 240MG	89
LUMAKRAS TAB 320MG	89
LUMRYZ PAK 6GM	153
LUMRYZ PAK 7.5GM.....	153
LUMRYZ PAK 9GM	153
LUMRYZ PAK STARTER	153
LUMRYZ PKG 4.5GM.....	153
lurasidone hcl tab 120 mg	95
lurasidone hcl tab 20 mg	94
lurasidone hcl tab 40 mg	94
lurasidone hcl tab 60 mg	94
lurasidone hcl tab 80 mg	95
LYLEQ	
see Norethindrone Tab 0.35 mg	117
LYLLANA	
see Estradiol Td Patch Twice Weekly 0.025 mg/24hr	132
see Estradiol Td Patch Twice Weekly 0.0375 mg/24hr	132
see Estradiol Td Patch Twice Weekly 0.05 mg/24hr	132
see Estradiol Td Patch Twice Weekly 0.075 mg/24hr	132
see Estradiol Td Patch Twice Weekly 0.1 mg/24hr	132
LYNPARZA TAB 100MG	89

LYNPARZA TAB 150MG	89	<i>meloxicam tab 15 mg</i>	40
LYZA		<i>meloxicam tab 7.5 mg</i>	40
see Norethindrone Tab 0.35 mg	117	<i>memantine hcl cap er 24hr 14 mg</i>	154
M		<i>memantine hcl cap er 24hr 21 mg</i>	154
macitentan		<i>memantine hcl cap er 24hr 28 mg</i>	154
see OPSUMIT TAB 10MG	107	<i>memantine hcl cap er 24hr 7 mg</i>	153
macitentan tab 10 mg	107	<i>memantine hcl oral solution 2 mg/ml</i>	154
macitentan-tadalafil		<i>memantine hcl tab 10 mg</i>	154
see OPSYNVI TAB 10-20MG	106	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i>	
see OPSYNVI TAB 10-40MG	106	<i>titration pack</i>	154
malathion lotion 0.5%	126	<i>memantine hcl tab 5 mg</i>	154
MALE MIS CONDOM	140	memantine hcl-donepezil hcl	
maraviroc tab 150 mg	99	see NAMZARIC CAP 14-10MG	154
maraviroc tab 300 mg	99	see NAMZARIC CAP 21-10MG	154
MARLISSA		see NAMZARIC CAP 28-10MG	154
see Levonorgestrel & Ethinyl Estradiol Tab		see NAMZARIC CAP 7-10MG	154
0.15 mg-30 mcg	111	memantine hcl-donepezil hcl cap er 24hr 14-10	
MAVYRET PAK 50-20MG	100	mg	154
MAVYRET TAB 100-40MG	100	memantine hcl-donepezil hcl cap er 24hr 21-10	
MAYZENT PAK STARTER	155, 156	mg	154
MAYZENT TAB 0.25MG	156	memantine hcl-donepezil hcl cap er 24hr 28-10	
MAYZENT TAB 1MG	156	mg	154
MAYZENT TAB 2MG	156	meperidine hcl oral soln 50 mg/5ml	43
mebendazole		meperidine hcl tab 50 mg	43
see EMVERM CHW 100MG	52	meprobamate tab 200 mg	54
meclizine hcl tab 12.5 mg	73	meprobamate tab 400 mg	54
meclizine hcl tab 25 mg	73	mercaptopurine susp 2000 mg/100ml (20	
meclizine hcl tab 50 mg	73	mg/ml)	84
meclofenamate sodium cap 100 mg	40	mercaptopurine tab 50 mg	84
meclofenamate sodium cap 50 mg	40	mesalamine cap dr 400 mg	133
MEDROL TAB 2MG	118	mesalamine cap er 24hr 0.375 gm	133
medroxyprogesterone acetate tab 10 mg	152	mesalamine cap er 500 mg	133
medroxyprogesterone acetate tab 2.5 mg	152	mesalamine enema 4 gm	133
medroxyprogesterone acetate tab 5 mg	152	mesalamine suppos 1000 mg	133
mefenamic acid cap 250 mg	40	mesalamine tab delayed release 1.2 gm	133
mefloquine hcl tab 250 mg	83	mesalamine tab delayed release 800 mg	133
megestrol acetate susp 40 mg/ml	85	mesna tab 400 mg	92
megestrol acetate susp 625 mg/5ml	153	metaxalone tab 800 mg	147
megestrol acetate tab 20 mg	85	metformin hcl oral soln 500 mg/5ml	70
megestrol acetate tab 40 mg	85	metformin hcl tab 1000 mg	70
MEKINIST SOL 0.05/ML	90	metformin hcl tab 500 mg	70
MEKINIST TAB 0.5MG	90	metformin hcl tab 850 mg	70
MEKINIST TAB 2MG	90	metformin hcl tab er 24hr 500 mg	70
MEKTOVI TAB 15MG	90	metformin hcl tab er 24hr 750 mg	70
MELEYA		methadone hcl conc 10 mg/ml	43
see Norethindrone Tab 0.35 mg	117	Methadone Hcl Conc 10 mg/ml	43
meloxicam susp 7.5 mg/5ml	40	methadone hcl soln 10 mg/5ml	43

<i>methadone hcl soln 5 mg/5ml</i>	43	<i>methylphenidate hcl cap er 30 mg (cd)</i>	35
<i>methadone hcl tab 10 mg</i>	44	<i>methylphenidate hcl cap er 40 mg (cd)</i>	36
<i>methadone hcl tab 5 mg</i>	43	<i>methylphenidate hcl cap er 50 mg (cd)</i>	36
<i>methadone hcl tab for oral susp 40 mg</i>	44	<i>methylphenidate hcl cap er 60 mg (cd)</i>	36
Methadone Hcl Tab For Oral Susp 40 mg	44	<i>methylphenidate hcl chew tab 10 mg</i>	36
METHADONE HYDROCHLORIDE I		<i>methylphenidate hcl chew tab 2.5 mg</i>	36
see Methadone Hcl Conc 10 mg/ml.....	43	<i>methylphenidate hcl chew tab 5 mg</i>	36
METHADOSE		<i>methylphenidate hcl soln 10 mg/5ml</i>	36
see Methadone Hcl Tab For Oral Susp 40 mg	44	<i>methylphenidate hcl soln 5 mg/5ml</i>	36
<i>methamphetamine hcl tab 5 mg</i>	31	<i>methylphenidate hcl tab 10 mg</i>	36
<i>methazolamide tab 25 mg</i>	127	<i>methylphenidate hcl tab 20 mg</i>	36
<i>methazolamide tab 50 mg</i>	127	<i>methylphenidate hcl tab 5 mg</i>	36
<i>methenamine hippurate tab 1 gm</i>	53	<i>methylphenidate hcl tab er 10 mg</i>	37
<i>methenamine mandelate tab 0.5 gm</i>	53	<i>methylphenidate hcl tab er 20 mg</i>	37
METHERGINE		<i>methylphenidate hcl tab er 24hr 18 mg</i>	37
see Methylergonovine Maleate Tab 0.2 mg	151	<i>methylphenidate hcl tab er 24hr 27 mg</i>	37
<i>methimazole tab 10 mg</i>	160	<i>methylphenidate hcl tab er 24hr 36 mg</i>	37
<i>methimazole tab 5 mg</i>	160	<i>methylphenidate hcl tab er 24hr 54 mg</i>	37
METHITEST		<i>methylphenidate hcl tab er diffusion 27 mg</i>	37
see Methyltestosterone Oral Tab 10 mg	51	<i>methylphenidate hcl tab er diffusion 36 mg</i>	37
<i>methocarbamol tab 1000 mg</i>	147	<i>methylphenidate hcl tab er diffusion 54 mg</i>	37
Methocarbamol Tab 1000 mg	147	<i>methylphenidate hcl tab er osmotic release</i>	
<i>methocarbamol tab 500 mg</i>	147	(<i>osm</i>) 18 mg.....	37
<i>methocarbamol tab 750 mg</i>	147	<i>methylphenidate hcl tab er osmotic release</i>	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	84	(<i>osm</i>) 27 mg.....	37
<i>methoxsalen rapid cap 10 mg</i>	123	<i>methylphenidate hcl tab er osmotic release</i>	
<i>methscopolamine bromide tab 2.5 mg</i>	162	(<i>osm</i>) 36 mg.....	38
<i>methscopolamine bromide tab 5 mg</i>	162	<i>methylphenidate hcl tab er osmotic release</i>	
<i>methsuximide cap 300 mg</i>	64	(<i>osm</i>) 54 mg.....	38
<i>methyldopa tab 250 mg</i>	80	<i>methylphenidate hcl tab er osmotic release</i>	
<i>methyldopa tab 500 mg</i>	80	(<i>osm</i>) 72 mg.....	38
<i>methylergonovine maleate tab 0.2 mg</i>	151	<i>methylphenidate td patch 10 mg/9hr</i>	38
Methylergonovine Maleate Tab 0.2 mg	151	<i>methylphenidate td patch 15 mg/9hr</i>	38
<i>methylphenidate hcl cap er 10 mg (cd)</i>	34	<i>methylphenidate td patch 20 mg/9hr</i>	38
<i>methylphenidate hcl cap er 20 mg (cd)</i>	34	<i>methylphenidate td patch 30 mg/9hr</i>	38
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	34	<i>methylprednisolone</i>	
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	34	see MEDROL TAB 2MG	118
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	35	<i>methylprednisolone tab 16 mg</i>	118
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	35	<i>methylprednisolone tab 32 mg</i>	118
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	35	<i>methylprednisolone tab 4 mg</i>	118
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	35	<i>methylprednisolone tab 8 mg</i>	118
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	35	<i>methylprednisolone tab therapy pack 4 mg (21)</i>	
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	35	.....	118
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	35	<i>methyltestosterone cap 10 mg</i>	51
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	35	Methyltestosterone Oral Tab 10 mg.....	51
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	35	<i>metoclopramide hcl soln 5 mg/5ml (10</i>	
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	35	<i>mg/10ml) (base equiv)</i>	133

metoclopramide hcl tab 10 mg (base equivalent)	133	see Hydrocortisone Acetate Cream 2.5%	124
.....	133	MICROCHAMBER MIS	142
metoclopramide hcl tab 5 mg (base equivalent)	133	MICROGESTIN 1.5/30	
.....	133	see Norethindrone Ace & Ethinyl Estradiol Tab	
metolazone tab 10 mg	128	1.5 mg-30 mcg.....	113
metolazone tab 2.5 mg	128	MICROGESTIN 1/20	
metolazone tab 5 mg	128	see Norethindrone Ace & Ethinyl Estradiol Tab	
metoprolol & hydrochlorothiazide tab 100-25		1 mg-20 mcg.....	113
mg	81	MICROGESTIN FE 1.5/30	
metoprolol & hydrochlorothiazide tab 100-50		see Norethindrone Ace & Ethinyl Estradiol-Fe	
mg	81	Tab 1.5 mg-30 mcg.....	114
metoprolol & hydrochlorothiazide tab 50-25 mg		MICROGESTIN FE 1/20	
.....	81	see Norethindrone Ace & Ethinyl Estradiol-Fe	
metoprolol succinate tab er 24hr 100 mg		Tab 1 mg-20 mcg.....	114
(tartrate equiv)	102	MICROSPACER MIS.....	142
metoprolol succinate tab er 24hr 200 mg		midazolam (anticonvulsant)	
(tartrate equiv)	102	see NAYZILAM SPR 5MG	60
metoprolol succinate tab er 24hr 25 mg		midazolam hcl syrup 2 mg/ml (base equivalent)	
(tartrate equiv)	102	.....	138
metoprolol succinate tab er 24hr 50 mg		midodrine hcl tab 10 mg	165
(tartrate equiv)	102	midodrine hcl tab 2.5 mg	165
metoprolol tartrate tab 100 mg	102	midodrine hcl tab 5 mg	165
metoprolol tartrate tab 12.5 mg	102	midostaurin	
metoprolol tartrate tab 25 mg	102	see RYDAPT CAP 25MG	90
metoprolol tartrate tab 37.5 mg	102	mifepristone tab 200 mg	130
metoprolol tartrate tab 50 mg	102	mifepristone tab 300 mg	70
metoprolol tartrate tab 75 mg	102	migalastat hcl	
metronidazole cap 375 mg	52	see GALAFOLD CAP 123MG	129
metronidazole cream 0.75%	126	miglitol tab 100 mg	68
metronidazole gel 0.75%	126	miglitol tab 25 mg	68
metronidazole gel 1%	126	miglitol tab 50 mg	68
metronidazole lotion 0.75%	126	miglustat cap 100 mg	136
metronidazole tab 250 mg	52	Miglustat Cap 100 mg	136
metronidazole tab 500 mg	52	MILI	
metronidazole vaginal gel 0.75%	164	see Norgestimate & Ethinyl Estradiol Tab 0.25	
metirosine cap 250 mg	79	mg-35 mcg.....	115
mexiletine hcl cap 150 mg	55	milnacipran hcl tab 100 mg	155
mexiletine hcl cap 200 mg	55	milnacipran hcl tab 12.5 mg	154
mexiletine hcl cap 250 mg	55	milnacipran hcl tab 12.5 mg (5) & 25 mg (8) &	
MIBELAS 24 FE		50 mg (42) pak	155
see Norethindrone Ace-Eth Estradiol-Fe Chew		milnacipran hcl tab 25 mg	155
Tab 1 mg-20 mcg (24)	114	milnacipran hcl tab 50 mg	155
MICONAZOLE 3		MILOPHENE	
see Miconazole Nitrate Vaginal Suppos 200 mg		see Clomiphene Citrate Tab 50 mg	129
.....	164	miltefosine	
Miconazole Nitrate Vaginal Suppos 200 mg....	164	see IMPAVIDO CAP 50MG	52
MICORT HC		MIMVEY	

see Estradiol & Norethindrone Acetate Tab 1-0.5 mg	131
minocycline hcl cap 100 mg	160
minocycline hcl cap 50 mg	160
minocycline hcl cap 75 mg	160
minocycline hcl tab 100 mg	160
minocycline hcl tab 50 mg	160
minocycline hcl tab 75 mg	160
minoxidil tab 10 mg	82
minoxidil tab 2.5 mg	82
MINZOYA	
see Levonorgestrel-Ethinyl Estradiol-Fe Tab 0.1 mg-20 mcg (21)	112
mirabegron tab er 24 hr 25 mg	164
mirabegron tab er 24 hr 50 mg	164
mirdametinib	
see GOMEKLI CAP 1MG	88
see GOMEKLI CAP 2MG	88
see GOMEKLI TAB 1MG	88
mirtazapine orally disintegrating tab 15 mg ...	64
mirtazapine orally disintegrating tab 30 mg ...	64
mirtazapine orally disintegrating tab 45 mg ...	64
mirtazapine tab 15 mg	64
mirtazapine tab 30 mg	64
mirtazapine tab 45 mg	64
mirtazapine tab 7.5 mg	64
misoprostol tab 100 mcg	163
misoprostol tab 200 mcg	163
modafinil tab 100 mg	38
modafinil tab 200 mg	38
moexipril hcl tab 15 mg	78
moexipril hcl tab 7.5 mg	78
molindone hcl tab 10 mg	96
molindone hcl tab 25 mg	96
molindone hcl tab 5 mg	96
molnupiravir	
see LAGEVRIO CAP 200MG	101
mometasone furoate (inhalation)	
see ASMANEX HFA AER 100 MCG	56
see ASMANEX HFA AER 200 MCG	56
see ASMANEX HFA AER 50MCG	56
mometasone furoate cream 0.1%	125
mometasone furoate nasal susp 50 mcg/act	148
mometasone furoate oint 0.1%	125
mometasone furoate solution 0.1% (lotion) ..	125
MONDOXYNE NL	
see Doxycycline Monohydrate Cap 100 mg	159

MONO-LINYAH	
see Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg	115
monomethyl fumarate	
see BAFIERTAM CAP 95MG	155
montelukast sodium chew tab 4 mg (base equiv)	56
montelukast sodium chew tab 5 mg (base equiv)	56
montelukast sodium oral granules packet 4 mg (base equiv)	56
montelukast sodium tab 10 mg (base equiv) ..	56
morphine sulfate beads cap er 24hr 120 mg ...	44
morphine sulfate beads cap er 24hr 30 mg	44
morphine sulfate beads cap er 24hr 45 mg	44
morphine sulfate beads cap er 24hr 60 mg	44
morphine sulfate beads cap er 24hr 75 mg	44
morphine sulfate beads cap er 24hr 90 mg	44
morphine sulfate oral soln 10 mg/5ml	44
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	44
morphine sulfate oral soln 20 mg/5ml	44
morphine sulfate tab 15 mg	44
morphine sulfate tab 30 mg	44
morphine sulfate tab er 100 mg	44
morphine sulfate tab er 15 mg	44
morphine sulfate tab er 200 mg	44
morphine sulfate tab er 30 mg	44
morphine sulfate tab er 60 mg	44
MOUNJARO INJ 10MG/0.5	70
MOUNJARO INJ 12.5/0.5	71
MOUNJARO INJ 15MG/0.5	71
MOUNJARO INJ 2.5/0.5	70
MOUNJARO INJ 5MG/0.5	70
MOUNJARO INJ 7.5/0.5	70
MOVANTIK TAB 12.5MG	134
MOVANTIK TAB 25MG	134
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	149
moxifloxacin hcl ophth soln 0.5% (base equiv)	149
moxifloxacin hcl tab 400 mg (base equiv)	133
MULTAQ TAB 400MG	55
mupirocin oint 2%	121
mycophenolate mofetil cap 250 mg	146
mycophenolate mofetil for oral susp 200 mg/ml	146

<i>mycophenolate mofetil tab 500 mg</i>	146	see Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg.....	112
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	146	<i>nefazodone hcl tab 100 mg</i>	66
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	146	<i>nefazodone hcl tab 150 mg</i>	66
MYFEMBREE TAB.....	131	<i>nefazodone hcl tab 200 mg</i>	66
N		<i>nefazodone hcl tab 250 mg</i>	66
<i>nabumetone tab 500 mg</i>	40	<i>nefazodone hcl tab 50 mg</i>	66
<i>nabumetone tab 750 mg</i>	40	<i>nelfinavir mesylate</i>	
<i>nadolol tab 20 mg</i>	102	see VIRACEPT TAB 250MG.....	99
<i>nadolol tab 40 mg</i>	102	see VIRACEPT TAB 625MG.....	99
<i>nadolol tab 80 mg</i>	102	<i>neomycin sulfate tab 500 mg</i>	38
<i>nafarelin acetate</i>		<i>neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin</i>	149
see SYNAREL SOL 2MG/ML.....	129	<i>neomycin-polymy-gramicid op sol 1.75-10000- 0.025mg-unt-mg/ml</i>	150
<i>naftifine hcl cream 1%</i>	122	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	150
<i>naftifine hcl cream 2%</i>	122	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	150
<i>naftifine hcl gel 2%</i>	122	<i>neomycin-polymyxin-hc ophth susp</i>	150
<i>naldemedine tosylate</i>		<i>neomycin-polymyxin-hc otic soln 1%</i>	151
see SYMPROIC TAB 0.2MG	134	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml- 10000 unit/ml-1%</i>	151
<i>naloxegol oxalate</i>		<i>nepafenac</i>	
see MOVANTIK TAB 12.5MG	134	see ILEVRO DRO 0.3% OP	151
see MOVANTIK TAB 25MG	134	NEUAC	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	73	see Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%	120
<i>naltrexone hcl tab 50 mg</i>	73	NEUPRO DIS 1MG/24HR	93
NAMZARIC CAP 14-10MG	154	NEUPRO DIS 2MG/24HR	93
NAMZARIC CAP 21-10MG	154	NEUPRO DIS 3MG/24HR	93
NAMZARIC CAP 28-10MG	154	NEUPRO DIS 4MG/24HR	93
NAMZARIC CAP 7-10MG	154	NEUPRO DIS 6MG/24HR	93
<i>naproxen sodium tab 275 mg</i>	40	NEUPRO DIS 8MG/24HR	93
<i>naproxen sodium tab 550 mg</i>	40	<i>nevirapine susp 50 mg/5ml</i>	99
<i>naproxen tab 250 mg</i>	40	<i>nevirapine tab 200 mg</i>	99
<i>naproxen tab 375 mg</i>	40	<i>nevirapine tab er 24hr 400 mg</i>	99
<i>naproxen tab 500 mg</i>	40	NEXLETOL TAB 180MG.....	75
<i>naproxen tab ec 375 mg</i>	40	NEXLIZET TAB 180/10MG	75
<i>naproxen tab ec 500 mg</i>	40	<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	78
<i>naratriptan hcl tab 1 mg (base equiv)</i>	143	<i>niacin tab er 500 mg (antihyperlipidemic)</i>	77
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	143	<i>niacin tab er 750 mg (antihyperlipidemic)</i>	78
NATAZIA TAB.....	112	<i>nicardipine hcl cap 20 mg</i>	104
<i>nateglinide tab 120 mg</i>	72	<i>nicardipine hcl cap 30 mg</i>	104
<i>nateglinide tab 60 mg</i>	72	NICORELIEF	
NATESTO GEL 5.5MG.....	51	see Nicotine Polacrilex Gum 2 mg	157
NAYZILAM SPR 5MG	60	<i>nicotine</i>	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	102		
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	102		
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	102		
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	102		
NECON 0.5/35-28			

see NICOTROL NS SPR 10MG/ML..... 159

NICOTINE MINI LOZENGE
 see Nicotine Polacrilex Lozenge 2 mg 157
 see Nicotine Polacrilex Lozenge 4 mg 158

nicotine polacrilex gum 2 mg 156

Nicotine Polacrilex Gum 2 mg 156, 157

nicotine polacrilex gum 4 mg 157

Nicotine Polacrilex Gum 4 mg 157

nicotine polacrilex lozenge 2 mg 157

Nicotine Polacrilex Lozenge 2 mg 157

nicotine polacrilex lozenge 4 mg 157

Nicotine Polacrilex Lozenge 4 mg 157, 158

NICOTINE STEP 1
 see Nicotine Td Patch 24hr 21 mg/24hr 159

NICOTINE STEP 3
 see Nicotine Td Patch 24hr 7 mg/24hr 158

nicotine td patch 24hr 14 mg/24hr 158

Nicotine Td Patch 24hr 14 mg/24hr 158

nicotine td patch 24hr 21 mg/24hr 158

Nicotine Td Patch 24hr 21 mg/24hr 158, 159

nicotine td patch 24hr 7 mg/24hr 158

Nicotine Td Patch 24hr 7 mg/24hr 158

NICOTINE TRANSDERMAL SYST
 see Nicotine Td Patch 24hr 14 mg/24hr 158
 see Nicotine Td Patch 24hr 21 mg/24hr 159
 see Nicotine Td Patch 24hr 7 mg/24hr 158

NICOTROL NS SPR 10MG/ML..... 159

nifedipine cap 10 mg 104

nifedipine cap 20 mg 104

nifedipine tab er 24hr 30 mg 104

nifedipine tab er 24hr 60 mg 104

nifedipine tab er 24hr 90 mg 104

nifedipine tab er 24hr osmotic release 30 mg 105

nifedipine tab er 24hr osmotic release 60 mg 105

nifedipine tab er 24hr osmotic release 90 mg 105

NIKKI
 see Drospirenone-Ethinyl Estradiol Tab 3-0.02
 mg..... 110

nilotinib hcl cap 150 mg (base equivalent) 90

nilotinib hcl cap 200 mg (base equivalent) 90

nilotinib hcl cap 50 mg (base equivalent) 90

nilutamide tab 150 mg 85

nimodipine cap 30 mg 105

nimodipine oral soln 60 mg/20ml (3 mg/ml) 105

NINLARO CAP 2.3MG 90

NINLARO CAP 3MG..... 90

NINLARO CAP 4MG..... 90

nintedanib esylate
 see OFEV CAP 100MG 159
 see OFEV CAP 150MG 159

nintedanib esylate cap 100 mg (base equivalent) 159

nintedanib esylate cap 150 mg (base equivalent) 159

niraparib tosylate
 see ZEJULA TAB 100MG 91
 see ZEJULA TAB 200MG 91
 see ZEJULA TAB 300MG 92

nirmatrelvir-ritonavir
 see PAXLOVID PAK 100
 see PAXLOVID TAB 150-100 100
 see PAXLOVID TAB 300-100 100

nisoldipine tab er 24hr 17 mg 105

nisoldipine tab er 24hr 34 mg 105

nisoldipine tab er 24hr 8.5 mg 105

nitazoxanide tab 500 mg 52

nitisinone
 see ORFADIN SUS 4MG/ML 129

nitisinone cap 10 mg 129

nitisinone cap 2 mg 129

nitisinone cap 20 mg 129

nitisinone cap 5 mg 129

NITRO-BID
 see Nitroglycerin Oint 2% 53

nitrofurantoin macrocrystalline cap 100 mg ... 53

nitrofurantoin macrocrystalline cap 25 mg 53

nitrofurantoin macrocrystalline cap 50 mg 53

nitrofurantoin monohydrate macrocrystalline cap 100 mg 53

nitrofurantoin susp 25 mg/5ml 53

nitroglycerin oint 0.4% 51

nitroglycerin oint 2% 53

Nitroglycerin Oint 2% 53

nitroglycerin sl tab 0.3 mg 53

nitroglycerin sl tab 0.4 mg 53

nitroglycerin sl tab 0.6 mg 53

nitroglycerin td patch 24hr 0.1 mg/hr 53

nitroglycerin td patch 24hr 0.2 mg/hr 53

nitroglycerin td patch 24hr 0.4 mg/hr 53

nitroglycerin td patch 24hr 0.6 mg/hr 53

nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) 54

nizatidine cap 150 mg 162

nizatidine cap 300 mg 162

nonoxynol-9	
see ENCARE SUP 100MG	164
see GYNOL II GEL 3%	164
see TODAY SPONGE MIS	164
see VCF VAGINAL GEL CONTRACE.....	164
see VCF VAGINAL MIS CONTRACP	164
NORA-BE	
see Norethindrone Tab 0.35 mg	117
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	116
Norelgestromin-Ethinyl Estradiol Td Ptwk 150-35 mcg/24hr	116
Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg	112
Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg	112
Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg	112
Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 mg-35 mcg	113
Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 mg-25 mcg	113
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	113
Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg	113
Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg	113
Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg	113, 114
Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg	114
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	114
Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24).....	114
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	114
Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24).....	114, 115
Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24).....	115
norethindrone acetate tab 5 mg	153
Norethindrone Acetate Tab 5 mg	153
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	131
Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 mg-2.5 mcg	131
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	131
Norethindrone Acetate-Ethinyl Estradiol Tab 1 mg-5 mcg	131
norethindrone acetate-ethinyl estradiol-fe fum (biphasic)	
see LO LOESTRIN TAB 1-10-10.....	112
Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 mg-Mcg.....	113
norethindrone tab 0.35 mg	117
Norethindrone Tab 0.35 mg	117
Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg.....	115
Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 mg-Mcg.....	115
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	115
Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg	115
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	115
Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg	115, 116
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	116
Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg	116
Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg	116
NORLYROC	
see Norethindrone Tab 0.35 mg	117
NORTREL 0.5/35 (28)	
see Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg	112
NORTREL 1/35	
see Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg	112
NORTREL 7/7/7	
see Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg	115
nortriptyline hcl cap 10 mg	68
nortriptyline hcl cap 25 mg	68
nortriptyline hcl cap 50 mg	68
nortriptyline hcl cap 75 mg	68
nortriptyline hcl soln 10 mg/5ml	68

NOVOLIN INJ 70/30	71	<i>olanzapine tab 15 mg</i>	96
NOVOLIN INJ 70/30 FP	71	<i>olanzapine tab 2.5 mg</i>	96
NOVOLIN N INJ 100 UNIT	71	<i>olanzapine tab 20 mg</i>	96
NOVOLIN N INJ U-100	71	<i>olanzapine tab 5 mg</i>	96
NOVOLIN R INJ 100 UNIT	71	<i>olanzapine tab 7.5 mg</i>	96
NOVOLIN R INJ U-100	72	<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	154
NOVOLOG INJ 100/ML	72	<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	154
NOVOLOG INJ FLEXPEN	72	<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	154
NOVOLOG INJ PENFILL	72	<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	154
NOVOLOG MIX INJ 70/30	72	<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	154
NOVOLOG MIX INJ FLEXPEN	72	olaparib	
NUBEQA TAB 300MG	85	see LYNPARZA TAB 100MG	89
NURTEC TAB 75MG ODT	142	see LYNPARZA TAB 150MG	89
NYLIA 1/35		<i>olmesartan medoxomil tab 20 mg</i>	79
see Norethindrone & Ethinyl Estradiol Tab 1		<i>olmesartan medoxomil tab 40 mg</i>	79
mg-35 mcg	112	<i>olmesartan medoxomil tab 5 mg</i>	79
NYLIA 7/7/7		<i>olmesartan medoxomil-hydrochlorothiazide tab</i>	
see Norethindrone-Eth Estradiol Tab 0.5-		20-12.5 mg	81
35/0.75-35/1-35 mg-Mcg	115	<i>olmesartan medoxomil-hydrochlorothiazide tab</i>	
<i>nystatin cream 100000 unit/gm</i>	122	40-12.5 mg	81
<i>nystatin oint 100000 unit/gm</i>	122	<i>olmesartan medoxomil-hydrochlorothiazide tab</i>	
<i>nystatin susp 100000 unit/ml</i>	146	40-25 mg	82
<i>nystatin tab 500000 unit</i>	74	<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>	
<i>nystatin topical powder 100000 unit/gm</i>	122	20-5-12.5 mg	82
Nystatin Topical Powder 100000 unit/gm	122	<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>	
<i>nystatin-triamcinolone cream 100000-0.1</i>		40-10-12.5 mg	82
<i>unit/gm-%</i>	122	<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>	
<i>nystatin-triamcinolone oint 100000-0.1</i>		40-10-25 mg	82
<i>unit/gm-%</i>	122	<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>	
NYSTOP		40-5-12.5 mg	82
see Nystatin Topical Powder 100000 unit/gm		<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>	
.....	122	40-5-25 mg	82
O		<i>olodaterol hcl</i>	
ODACTRA SUB	38	see STRIVERDI AER 2.5MCG	59
ODEFSEY TAB	99	<i>olopatadine hcl nasal soln 0.6%</i>	148
ODOMZO CAP 200MG	85	<i>olopatadine hcl ophth soln 0.2% (base</i>	
OFEV CAP 100MG	159	<i>equivalent)</i>	151
OFEV CAP 150MG	159	<i>omega-3-acid ethyl esters cap 1 gm</i>	75
<i>ofloxacin ophth soln 0.3%</i>	150	<i>omeprazole cap delayed release 10 mg</i>	163
<i>ofloxacin otic soln 0.3%</i>	151	<i>omeprazole cap delayed release 20 mg</i>	163
<i>ofloxacin tab 300 mg</i>	133	<i>omeprazole cap delayed release 40 mg</i>	163
<i>ofloxacin tab 400 mg</i>	133	<i>ondansetron hcl oral soln 4 mg/5ml</i>	73
<i>olanzapine orally disintegrating tab 10 mg</i>	96	<i>ondansetron hcl tab 24 mg</i>	73
<i>olanzapine orally disintegrating tab 15 mg</i>	96	<i>ondansetron hcl tab 4 mg</i>	73
<i>olanzapine orally disintegrating tab 20 mg</i>	96	<i>ondansetron hcl tab 8 mg</i>	73
<i>olanzapine orally disintegrating tab 5 mg</i>	96	<i>ondansetron orally disintegrating tab 4 mg</i>	73
<i>olanzapine tab 10 mg</i>	96	<i>ondansetron orally disintegrating tab 8 mg</i>	73

OPSUMIT TAB 10MG	107	osimertinib mesylate	
OPSYNVI TAB 10-20MG	106	see TAGRISSO TAB 40MG	85
OPSYNVI TAB 10-40MG	106	see TAGRISSO TAB 80MG	85
OPTICHAMBER MIS DIA LG	142	OTEZLA TAB 10/20	41
OPTICHAMBER MIS DIA MD	142	OTEZLA TAB 10/20/30.....	41
OPTICHAMBER MIS DIA SM	142	OTEZLA TAB 20MG	41
OPTICHAMBER MIS DIAMOND.....	142	OTEZLA TAB 30MG	41
OPTION 2		OTEZLA XR TAB 75MG.....	41
see Levonorgestrel Tab 1.5 mg	117	OTEZLA/XR TAB 28 DAY	41
OPZELURA CRE 1.5%.....	125	oxaprozin cap 300 mg	40
ORACEA CAP 40MG	126	oxaprozin tab 600 mg	40
ORALAIR SUB 300 IR.....	38	oxazepam cap 10 mg	55
ORALONE DENTAL PASTE		oxazepam cap 15 mg	55
see Triamcinolone Acetonide Dental Paste		oxazepam cap 30 mg	55
0.1%.....	147	oxcarbazepine	
ORENITRAM TAB 0.125MG	106	see OXTELLAR XR TAB 150MG.....	62
ORENITRAM TAB 0.25MG	106	see OXTELLAR XR TAB 300MG.....	62
ORENITRAM TAB 1MG	106	see OXTELLAR XR TAB 600MG.....	62
ORENITRAM TAB 2.5MG	106	oxcarbazepine susp 300 mg/5ml (60 mg/ml) ..	62
ORENITRAM TAB 5MG	106	oxcarbazepine tab 150 mg	62
ORENITRAM TAB MONTH 1.....	106	oxcarbazepine tab 300 mg	62
ORENITRAM TAB MONTH 2	106	oxcarbazepine tab 600 mg	62
ORENITRAM TAB MONTH 3.....	106	oxcarbazepine tab er 24hr 150 mg	62
ORFADIN SUS 4MG/ML	129	oxcarbazepine tab er 24hr 300 mg	62
ORIAHNN CAP	131	oxcarbazepine tab er 24hr 600 mg	62
ORILISSA TAB 150MG	129	oxiconazole nitrate cream 1%	122
ORILISSA TAB 200MG	129	OXTELLAR XR TAB 150MG	62
ORLADEYO CAP 110MG	135	OXTELLAR XR TAB 300MG	62
ORLADEYO CAP 150MG	135	OXTELLAR XR TAB 600MG	62
ORLADEYO PAK 108MG	135	oxybutynin chloride solution 5 mg/5ml	163
ORLADEYO PAK 132MG	136	oxybutynin chloride tab 2.5 mg	163
ORLADEYO PAK 72MG.....	135	oxybutynin chloride tab 5 mg	163
ORLADEYO PAK 96MG.....	135	oxybutynin chloride tab er 24hr 10 mg	163
orlistat cap 120 mg	31	oxybutynin chloride tab er 24hr 15 mg	163
ORMALVI		oxybutynin chloride tab er 24hr 5 mg	163
see Dichlorphenamide Tab 50 mg.....	127	oxycodone hcl cap 5 mg	45
orphenadrine citrate tab er 12hr 100 mg	147	oxycodone hcl conc 100 mg/5ml (20 mg/ml) ..	45
ORQUIDEA		oxycodone hcl soln 5 mg/5ml	45
see Norethindrone Tab 0.35 mg	117	oxycodone hcl tab 10 mg	45
oseltamivir phosphate cap 30 mg (base equiv)		oxycodone hcl tab 15 mg	45
.....	101	oxycodone hcl tab 20 mg	45
oseltamivir phosphate cap 45 mg (base equiv)		oxycodone hcl tab 30 mg	45
.....	101	oxycodone hcl tab 5 mg	45
oseltamivir phosphate cap 75 mg (base equiv)		oxycodone w/ acetaminophen tab 10-325 mg	49
.....	101	Oxycodone W/ Acetaminophen Tab 10-325 mg	49
oseltamivir phosphate for susp 6 mg/ml (base equiv)		oxycodone w/ acetaminophen tab 2.5-325 mg	
.....	101	.....	48

Oxycodone W/ Acetaminophen Tab 2.5-325 mg	see ZENPEP CAP 40000UNT.....	127
.....	see ZENPEP CAP 5000UNIT.....	127
oxycodone w/ acetaminophen tab 5-325 mg ..	see ZENPEP CAP 60000UNT.....	127
Oxycodone W/ Acetaminophen Tab 5-325 mg.	pantoprazole sodium ec tab 20 mg (base equiv)	163
oxycodone w/ acetaminophen tab 7.5-325 mg	.....	163
.....	pantoprazole sodium ec tab 40 mg (base equiv)	163
Oxycodone W/ Acetaminophen Tab 7.5-325 mg	.....	163
.....	paricalcitol cap 1 mcg	129
oxymorphone hcl tab 10 mg	paricalcitol cap 2 mcg	129
oxymorphone hcl tab 5 mg	paricalcitol cap 4 mcg	129
ozanimod hcl	paroxetine hcl oral susp 10 mg/5ml (base equiv)	65
see ZEPOSIA 7DAY CAP STR PACK.....	.....	65
see ZEPOSIA CAP 0.92MG.....	paroxetine hcl tab 10 mg	66
see ZEPOSIA CAP STR KIT.....	paroxetine hcl tab 20 mg	66
OZEMPIC INJ 2MG/3ML.....	paroxetine hcl tab 30 mg	66
OZEMPIC INJ 4MG/3ML.....	paroxetine hcl tab 40 mg	66
OZEMPIC INJ 8MG/3ML.....	paroxetine hcl tab er 24hr 12.5 mg	66
OZEMPIC TAB 1.5MG.....	paroxetine hcl tab er 24hr 25 mg	66
OZEMPIC TAB 4MG.....	paroxetine hcl tab er 24hr 37.5 mg	66
OZEMPIC TAB 9MG.....	patiromer sorbitex calcium	
P	see VELTASSA POW 16.8GM.....	146
PACERONE	see VELTASSA POW 1GM.....	146
see Amiodarone Hcl Tab 100 mg.....	see VELTASSA POW 25.2GM.....	146
see Amiodarone Hcl Tab 200 mg.....	see VELTASSA POW 8.4GM.....	146
palbociclib	PAXLOVID PAK.....	100
see IBRANCE CAP 100MG.....	PAXLOVID TAB 150-100.....	100
see IBRANCE CAP 125MG.....	PAXLOVID TAB 300-100.....	100
see IBRANCE TAB 100MG.....	pazopanib hcl tab 200 mg (base equiv)	90
see IBRANCE TAB 125MG.....	peg 3350-kcl-na bicarb-nacl-na sulfate for soln	
see IBRANCE TAB 75MG.....	236 gm	139
paliperidone tab er 24hr 1.5 mg	Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln	
paliperidone tab er 24hr 3 mg	236 gm.....	139
paliperidone tab er 24hr 6 mg	Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln	
paliperidone tab er 24hr 9 mg	240 gm.....	139
pancrelipase (lipase-protease-amylase)	peg 3350-kcl-sod bicarb-nacl for soln 420 gm	139
see CREON CAP 12000UNT.....	Peg 3350-Kcl-Sod Bicarb-Nacl For Soln 420 gm	
see CREON CAP 24000UNT.....	.....	139
see CREON CAP 3000UNIT.....	penciclovir cream 1%	123
see CREON CAP 36000UNT.....	penicillamine cap 250 mg	145
see CREON CAP 6000UNIT.....	penicillamine tab 250 mg	145
see VIOKACE TAB 10440.....	penicillin v potassium for soln 125 mg/5ml ...	152
see VIOKACE TAB 20880.....	penicillin v potassium for soln 250 mg/5ml ...	152
see ZENPEP CAP 10000UNT.....	penicillin v potassium tab 250 mg	152
see ZENPEP CAP 15000UNT.....	penicillin v potassium tab 500 mg	152
see ZENPEP CAP 20000UNT.....	pentamidine isethionate for nebulization soln	
see ZENPEP CAP 25000UNT.....	300 mg	52
see ZENPEP CAP 3000UNIT.....	pentazocine w/ naloxone hcl tab 50-0.5 mg ...	50

<i>pentoxifylline tab er 400 mg</i>	135	<i>phentermine hcl-topiramate cap er 24hr 11.25-69 mg</i>	31
<i>perampanel susp 0.5 mg/ml</i>	60	<i>phentermine hcl-topiramate cap er 24hr 15-92 mg</i>	31
<i>perampanel tab 10 mg</i>	60	<i>phentermine hcl-topiramate cap er 24hr 3.75-23 mg</i>	31
<i>perampanel tab 12 mg</i>	60	<i>phentermine hcl-topiramate cap er 24hr 7.5-46 mg</i>	31
<i>perampanel tab 2 mg</i>	60	<i>phenylephrine hcl ophth soln 10%</i>	149
<i>perampanel tab 4 mg</i>	60	<i>phenylephrine hcl ophth soln 2.5%</i>	149
<i>perampanel tab 6 mg</i>	60	<i>phenytoin chew tab 50 mg</i>	64
<i>perampanel tab 8 mg</i>	60	<i>phenytoin sodium extended cap 100 mg</i>	64
<i>perindopril erbumine tab 2 mg</i>	78	<i>phenytoin sodium extended cap 200 mg</i>	64
<i>perindopril erbumine tab 4 mg</i>	78	<i>phenytoin sodium extended cap 300 mg</i>	64
<i>perindopril erbumine tab 8 mg</i>	78	<i>phenytoin susp 125 mg/5ml</i>	64
<i>permethrin cream 5%</i>	126	PHEXX GEL.....	164
<i>perphenazine tab 16 mg</i>	97	PHILITH	
<i>perphenazine tab 2 mg</i>	97	see Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg.....	112
<i>perphenazine tab 4 mg</i>	97	PHOSPHO-TRIN K500	
<i>perphenazine tab 8 mg</i>	97	see Potassium Phosphate Monobasic Tab 500 mg	144
<i>perphenazine-amitriptyline tab 2-10 mg</i>	154	<i>phytonadione tab 5 mg</i>	165
<i>perphenazine-amitriptyline tab 2-25 mg</i>	154	<i>pilocarpine hcl ophth soln 1%</i>	149
<i>perphenazine-amitriptyline tab 4-10 mg</i>	154	<i>pilocarpine hcl ophth soln 1.25%</i>	149
<i>perphenazine-amitriptyline tab 4-25 mg</i>	154	<i>pilocarpine hcl ophth soln 2%</i>	149
<i>perphenazine-amitriptyline tab 4-50 mg</i>	154	<i>pilocarpine hcl ophth soln 4%</i>	149
<i>pexidartinib hcl</i>		<i>pilocarpine hcl tab 5 mg</i>	147
see TURALIO CAP 125MG	91	<i>pilocarpine hcl tab 7.5 mg</i>	147
PHEBURANE MIS 483/GM.....	129	<i>pimecrolimus cream 1%</i>	125
<i>phendimetrazine tartrate tab 35 mg</i>	31	<i>pimozide tab 1 mg</i>	156
<i>phenelzine sulfate tab 15 mg</i>	65	<i>pimozide tab 2 mg</i>	156
<i>phenobarbital elixir 20 mg/5ml</i>	138	PIMTREA	
<i>phenobarbital tab 100 mg</i>	138	see Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5).....	109
<i>phenobarbital tab 15 mg</i>	138	<i>pindolol tab 10 mg</i>	102
<i>phenobarbital tab 16.2 mg</i>	138	<i>pindolol tab 5 mg</i>	102
<i>phenobarbital tab 30 mg</i>	138	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	72
<i>phenobarbital tab 32.4 mg</i>	138	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	72
<i>phenobarbital tab 60 mg</i>	138	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	72
<i>phenobarbital tab 64.8 mg</i>	138	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	68
<i>phenobarbital tab 97.2 mg</i>	138	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	69
<i>phenoxybenzamine hcl cap 10 mg</i>	79	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	69
<i>phentermine hcl cap 15 mg</i>	31	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	69
<i>phentermine hcl cap 30 mg</i>	31	PIQRAY 200MG TAB DOSE	90
<i>phentermine hcl cap 37.5 mg</i>	31	PIQRAY 250MG TAB DOSE	90
<i>phentermine hcl tab 37.5 mg</i>	31	PIQRAY 300MG TAB DOSE	90
Phentermine Hcl Tab 8 mg	31		
<i>phentermine hcl-topiramate</i>			
see QSYMIA CAP 11.25-69	31		
see QSYMIA CAP 15-92MG	31		
see QSYMIA CAP 3.75-23	31		
see QSYMIA CAP 7.5-46MG	31		

pirfenidone cap 267 mg	159	potassium chloride microencapsulated crys er	
pirfenidone tab 267 mg	159	tab 15 meq	144
pirfenidone tab 534 mg	159	Potassium Chloride Microencapsulated Crys Er	
pirfenidone tab 801 mg	159	Tab 15 meq	144
piroxicam cap 10 mg	40	potassium chloride microencapsulated crys er	
piroxicam cap 20 mg	40	tab 20 meq	144
pitavastatin calcium tab 1 mg	77	Potassium Chloride Microencapsulated Crys Er	
pitavastatin calcium tab 2 mg	77	Tab 20 meq	144
pitavastatin calcium tab 4 mg	77	potassium chloride oral soln 10% (20 meq/15ml)	
pitolisant hcl		.....	144
see WAKIX TAB 17.8MG	33	potassium chloride oral soln 20% (40 meq/15ml)	
see WAKIX TAB 4.45MG	33	.....	144
PNV-DHA		potassium chloride powder packet 20 meq ...	144
see Prenat W/o A W/feFum-Methfol-Fa-Dha		Potassium Chloride Powder Packet 20 meq....	144
Cap 27-0.6-0.4-300 mg	147	potassium chloride tab er 10 meq	144
PNV-SELECT		Potassium Chloride Tab Er 10 meq	145
see Prenatal Vit W/ Fe Fum-Methylfolate-Fa		potassium chloride tab er 15 meq	145
Tab 27-0.6-0.4 mg	147	potassium chloride tab er 20 meq (1500 mg)	145
POCKET CHAMB MIS	142	potassium chloride tab er 8 meq (600 mg)	144
POCKET SPACE MIS	142	Potassium Chloride Tab Er 8 meq (600 mg)	144
podofilox gel 0.5%	125	potassium citrate tab er 10 meq (1080 mg) ..	134
podofilox soln 0.5%	125	potassium citrate tab er 15 meq (1620 mg) ..	134
polymyxin b-trimethoprim ophth soln 10000		potassium citrate tab er 5 meq (540 mg)	134
unit/ml-0.1%	150	potassium iodide oral soln 1 gm/ml	119
pomalidomide		Potassium Phosphate Monobasic Tab 500 mg	144
see POMALYST CAP 1MG	86	pralsetinib	
see POMALYST CAP 2MG	86	see GAVRETO CAP 100MG	88
see POMALYST CAP 3MG	86	pramipexole dihydrochloride tab 0.125 mg	93
see POMALYST CAP 4MG	86	pramipexole dihydrochloride tab 0.25 mg	93
pomalidomide cap 1 mg	86	pramipexole dihydrochloride tab 0.5 mg	93
pomalidomide cap 2 mg	86	pramipexole dihydrochloride tab 0.75 mg	93
pomalidomide cap 3 mg	86	pramipexole dihydrochloride tab 1 mg	93
pomalidomide cap 4 mg	86	pramipexole dihydrochloride tab 1.5 mg	93
POMALYST CAP 1MG	86	pramipexole dihydrochloride tab er 24hr 0.375	
POMALYST CAP 2MG	86	mg	94
POMALYST CAP 3MG	86	pramipexole dihydrochloride tab er 24hr 0.75	
POMALYST CAP 4MG	86	mg	94
PORTIA-28		pramipexole dihydrochloride tab er 24hr 1.5 mg	
see Levonorgestrel & Ethinyl Estradiol Tab		.....	94
0.15 mg-30 mcg	112	pramipexole dihydrochloride tab er 24hr 2.25	
posaconazole susp 40 mg/ml	74	mg	94
potassium chloride cap er 10 meq	144	pramipexole dihydrochloride tab er 24hr 3 mg	94
potassium chloride cap er 8 meq	144	pramipexole dihydrochloride tab er 24hr 3.75	
potassium chloride microencapsulated crys er		mg	94
tab 10 meq	144	pramipexole dihydrochloride tab er 24hr 4.5 mg	
Potassium Chloride Microencapsulated Crys Er		.....	94
Tab 10 meq	144	prasterone vaginal	

see INTRAROSA SUP 6.5MG	164	PREMPRO TAB	131
prasugrel hcl tab 10 mg (base equiv)	136	PREMPRO TAB 0.3-1.5	131
prasugrel hcl tab 5 mg (base equiv)	136	PREMPRO TAB 0.45-1.5	131
pravastatin sodium tab 10 mg	77	PREMPRO TAB 0.625-5	131
pravastatin sodium tab 20 mg	77	Prenat W/o A W/fefum-Methfol-Fa-Dha Cap 27- 0.6-0.4-300 mg	147
pravastatin sodium tab 40 mg	77	Prenatal Vit W/ Fe Fum-Methylfolate-Fa Tab 27- 0.6-0.4 mg	147
pravastatin sodium tab 80 mg	77	Prenatal Vit W/ Iron Carbonyl-Fa Tab 50-1.25 mg	147
praziquantel tab 600 mg	52	PREVALITE	
prazosin hcl cap 1 mg	80	see Cholestyramine Light Powder 4 gm/dose	76
prazosin hcl cap 2 mg	80	see Cholestyramine Light Powder Packets 4 gm	76
prazosin hcl cap 5 mg	80	PREZCOBIX TAB 800-150.....	99
PRED SOD PHO SOL 1% OP	150	primaquine phosphate tab 26.3 mg (15 mg base)	83
prednisolone acetate ophth susp 1%	150	primidone tab 250 mg	63
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	118	primidone tab 50 mg	63
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	118	probenecid tab 500 mg	135
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	118	PROCENTRA	
prednisolone soln 15 mg/5ml	118	see Dextroamphetamine Sulfate Oral Solution 5 mg/5ml	28
prednisolone tab 5 mg	118	PROCHAMBER MIS VHC	142
prednisone oral soln 5 mg/5ml	118	prochlorperazine maleate tab 10 mg (base equivalent)	97
prednisone tab 1 mg	118	prochlorperazine maleate tab 5 mg (base equivalent)	97
prednisone tab 10 mg	118	prochlorperazine suppos 25 mg	97
prednisone tab 2.5 mg	118	Prochlorperazine Suppos 25 mg	97
prednisone tab 20 mg	118	PROCTOCORT	
prednisone tab 5 mg	118	see Hydrocortisone Perianal Cream 1%	51
prednisone tab 50 mg	118	PROCTOFOAM AER HC 1%.....	51
prednisone tab delayed release 1 mg	118	PROCTO-MED HC	
prednisone tab delayed release 2 mg	118	see Hydrocortisone Perianal Cream 2.5%	51
prednisone tab therapy pack 10 mg (21)	118	PROCTOSOL HC	
prednisone tab therapy pack 10 mg (48)	118	see Hydrocortisone Perianal Cream 2.5%	51
prednisone tab therapy pack 5 mg (21)	118	PROCTOZONE-HC	
prednisone tab therapy pack 5 mg (48)	118	see Hydrocortisone Perianal Cream 2.5%	51
pregabalin cap 100 mg	63	progesterone (vaginal)	
pregabalin cap 150 mg	63	see CRINONE GEL 4% VAG	165
pregabalin cap 200 mg	63	see CRINONE GEL 8% VAG	165
pregabalin cap 225 mg	63	progesterone cap 100 mg	153
pregabalin cap 25 mg	63	progesterone cap 200 mg	153
pregabalin cap 300 mg	63	progesterone vaginal insert 100 mg	165
pregabalin cap 50 mg	63		
pregabalin cap 75 mg	63		
pregabalin soln 20 mg/ml	63		
pregabalin tab er 24hr 165 mg	156		
pregabalin tab er 24hr 330 mg	156		
pregabalin tab er 24hr 82.5 mg	156		
PREMPHASE TAB	131		

promethazine & phenylephrine syrup 6.25-5 mg/5ml	119
promethazine hcl oral soln 6.25 mg/5ml	75
promethazine hcl suppos 12.5 mg	75
Promethazine Hcl Suppos 12.5 mg	75
promethazine hcl suppos 25 mg	75
Promethazine Hcl Suppos 25 mg.....	75
Promethazine Hcl Suppos 50 mg.....	75
promethazine hcl tab 12.5 mg	75
promethazine hcl tab 25 mg	75
promethazine hcl tab 50 mg	75
promethazine w/ codeine syrup 6.25-10 mg/5ml	119
promethazine-dm syrup 6.25-15 mg/5ml	119
PROMETHEGAN	
see Promethazine Hcl Suppos 12.5 mg.....	75
see Promethazine Hcl Suppos 25 mg.....	75
see Promethazine Hcl Suppos 50 mg.....	75
propafenone hcl cap er 12hr 225 mg	55
propafenone hcl cap er 12hr 325 mg	55
propafenone hcl cap er 12hr 425 mg	55
propafenone hcl tab 150 mg	55
propafenone hcl tab 225 mg	55
propafenone hcl tab 300 mg	55
propranolol hcl cap er 24hr 120 mg	102
propranolol hcl cap er 24hr 160 mg	102
propranolol hcl cap er 24hr 60 mg	102
propranolol hcl cap er 24hr 80 mg	102
propranolol hcl oral soln 20 mg/5ml	102
propranolol hcl oral soln 40 mg/5ml	102
propranolol hcl tab 10 mg	102
propranolol hcl tab 20 mg	103
propranolol hcl tab 40 mg	103
propranolol hcl tab 60 mg	103
propranolol hcl tab 80 mg	103
propylthiouracil tab 50 mg	160
protriptyline hcl tab 10 mg	68
protriptyline hcl tab 5 mg	68
prucalopride succinate tab 1 mg (base equivalent)	133
prucalopride succinate tab 2 mg (base equivalent)	133
PRURADIK	
see Crotamiton Lotion 10%	126
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	119
PULMICORT INH 180MCG	57
PULMICORT INH 90MCG	57
PYQUVI	
see Deflazacort Susp 22.75 mg/ml	117
pyrazinamide tab 500 mg	83
pyridostigmine bromide oral soln 60 mg/5ml .	83
pyridostigmine bromide tab 60 mg	83
pyridostigmine bromide tab er 180 mg	83
pyrimethamine tab 25 mg	83
Q	
QC FOLIC ACID	
see Folic Acid Tab 800 mcg.....	137
QELBREE CAP 100MG ER	32
QELBREE CAP 150MG ER	32
QELBREE CAP 200MG ER	33
QSYMIA CAP 11.25-69.....	31
QSYMIA CAP 15-92MG.....	31
QSYMIA CAP 3.75-23.....	31
QSYMIA CAP 7.5-46MG.....	31
quetiapine fumarate tab 100 mg	96
quetiapine fumarate tab 150 mg	96
quetiapine fumarate tab 200 mg	96
quetiapine fumarate tab 25 mg	96
quetiapine fumarate tab 300 mg	96
quetiapine fumarate tab 400 mg	96
quetiapine fumarate tab 50 mg	96
quetiapine fumarate tab er 24hr 150 mg	96
quetiapine fumarate tab er 24hr 200 mg	96
quetiapine fumarate tab er 24hr 300 mg	96
quetiapine fumarate tab er 24hr 400 mg	96
quetiapine fumarate tab er 24hr 50 mg	96
quinapril hcl tab 10 mg	78
quinapril hcl tab 20 mg	78
quinapril hcl tab 40 mg	78
quinapril hcl tab 5 mg	78
quinapril-hydrochlorothiazide tab 10-12.5 mg	82
quinidine gluconate tab er 324 mg	55
quinine sulfate cap 324 mg	83
QULIPTA TAB 10MG	142
QULIPTA TAB 30MG	142
QULIPTA TAB 60MG	143
QUVIVIQ TAB 25MG	139
QUVIVIQ TAB 50MG	139
R	
rabeprazole sodium ec tab 20 mg	163
RADICAVA ORS SUS 105/5ML	148
RADICAVA ORS SUS STARTER	148
RAGWITEK SUB	38

raloxifene hcl tab 60 mg	129	see KISQALI TAB 600DOSE	89
raltegravir potassium		rifabutin cap 150 mg	83
see ISENTRESS CHW 100MG	99	rifampin cap 150 mg	83
see ISENTRESS CHW 25MG	99	rifampin cap 300 mg	83
see ISENTRESS HD TAB 600MG	99	rifaximin	
see ISENTRESS POW 100MG	99	see XIFAXAN TAB 550MG	52
see ISENTRESS TAB 400MG	99	rilpivirine hcl tab 25 mg (base equivalent)	99
ramelteon tab 8 mg	139	riluzole tab 50 mg	148
ramipril cap 1.25 mg	78	rimantadine hydrochloride tab 100 mg	101
ramipril cap 10 mg	78	rimegepant sulfate	
ramipril cap 2.5 mg	78	see NURTEC TAB 75MG ODT	142
ramipril cap 5 mg	78	RINVOQ LQ SOL 1MG/ML	39
ranitidine hcl tab 150 mg	162	RINVOQ TAB 15MG ER	39
ranitidine hcl tab 300 mg	162	RINVOQ TAB 30MG ER	39
ranolazine tab er 12hr 1000 mg	53	RINVOQ TAB 45MG ER	39
ranolazine tab er 12hr 500 mg	53	riociguat	
rasagiline mesylate tab 0.5 mg (base equiv) ...	94	see ADEMPAS TAB 0.5MG	108
rasagiline mesylate tab 1 mg (base equiv)	94	see ADEMPAS TAB 1.5MG	108
RECLIPSEN		see ADEMPAS TAB 1MG	108
see Desogestrel & Ethinyl Estradiol Tab 0.15		see ADEMPAS TAB 2.5MG	108
mg-30 mcg	110	see ADEMPAS TAB 2MG	108
regorafenib		risedronate sodium tab 150 mg	128
see STIVARGA TAB 40MG	91	risedronate sodium tab 30 mg	128
RELENZA MIS DISKHALE	101	risedronate sodium tab 35 mg	128
relugolix-estradiol-norethindrone acetate		risedronate sodium tab 5 mg	128
see MYFEMBREE TAB	131	risedronate sodium tab delayed release 35 mg	
repaglinide tab 0.5 mg	72	.....	128
repaglinide tab 1 mg	72	risperidone orally disintegrating tab 0.25 mg .	95
repaglinide tab 2 mg	72	risperidone orally disintegrating tab 0.5 mg ...	95
repotrectinib		risperidone orally disintegrating tab 1 mg	95
see AUGTYRO CAP 160MG	87	risperidone orally disintegrating tab 2 mg	95
see AUGTYRO CAP 40MG	86	risperidone orally disintegrating tab 3 mg	95
RESTASIS EMU 0.05% OP	150	risperidone orally disintegrating tab 4 mg	95
RESTASIS MUL EMU 0.05% OP	150	risperidone soln 1 mg/ml	95
RETEVMO TAB 120MG	90	risperidone tab 0.25 mg	95
RETEVMO TAB 160MG	90	risperidone tab 0.5 mg	95
RETEVMO TAB 40MG	90	risperidone tab 1 mg	95
RETEVMO TAB 80MG	90	risperidone tab 2 mg	95
revefenacin		risperidone tab 3 mg	95
see YUPELRI NEB 175/3ML	56	risperidone tab 4 mg	95
REYVOW TAB 100MG	143	RITEFLO MIS	142
REYVOW TAB 50MG	143	ritlecitinib tosylate	
ribavirin cap 200 mg	100	see LITFULO CAP 50MG	125
ribavirin tab 200 mg	100	ritonavir tab 100 mg	99
ribociclib succinate		rivaroxaban	
see KISQALI TAB 200DOSE	89	see XARELTO STAR TAB 15/20MG	59
see KISQALI TAB 400DOSE	89	see XARELTO TAB 10MG	59

see XARELTO TAB 15MG	60
see XARELTO TAB 2.5MG	59
see XARELTO TAB 20MG	60
rivaroxaban for susp 1 mg/ml	59
rivaroxaban tab 2.5 mg	59
rivastigmine tartrate cap 1.5 mg (base equivalent)	154
rivastigmine tartrate cap 3 mg (base equivalent)	154
rivastigmine tartrate cap 4.5 mg (base equivalent)	154
rivastigmine tartrate cap 6 mg (base equivalent)	154
rivastigmine td patch 24hr 13.3 mg/24hr	154
rivastigmine td patch 24hr 4.6 mg/24hr	154
rivastigmine td patch 24hr 9.5 mg/24hr	154
RIVELSA	
see Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 mg ð Est 0.01 mg.....	110
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	143
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	143
rizatriptan benzoate tab 10 mg (base equivalent)	143
rizatriptan benzoate tab 5 mg (base equivalent)	143
roflumilast (topical)	
see ZORYVE CRE 0.05%	126
see ZORYVE CRE 0.15%	126
see ZORYVE CRE 0.3%	126
see ZORYVE MIS 0.3%	126
roflumilast tab 250 mcg	56
roflumilast tab 500 mcg	56
ropinirole hydrochloride tab 0.25 mg	94
ropinirole hydrochloride tab 0.5 mg	94
ropinirole hydrochloride tab 1 mg	94
ropinirole hydrochloride tab 2 mg	94
ropinirole hydrochloride tab 3 mg	94
ropinirole hydrochloride tab 4 mg	94
ropinirole hydrochloride tab 5 mg	94
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	94
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	94
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	94

ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	94
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	94
rosuvastatin calcium tab 10 mg	77
rosuvastatin calcium tab 20 mg	77
rosuvastatin calcium tab 40 mg	77
rosuvastatin calcium tab 5 mg	77
ROSYRAH	
see Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 mg ð Est 0.01 mg	110
rotigotine	
see NEUPRO DIS 1MG/24HR	93
see NEUPRO DIS 2MG/24HR	93
see NEUPRO DIS 3MG/24HR	93
see NEUPRO DIS 4MG/24HR	93
see NEUPRO DIS 6MG/24HR	93
see NEUPRO DIS 8MG/24HR	93
ROWEEPRA	
see Levetiracetam Tab 500 mg	62
ROZLYTREK CAP 100MG	90
ROZLYTREK CAP 200MG	90
ROZLYTREK PAK 50MG	90
rufinamide susp 40 mg/ml	63
rufinamide tab 200 mg	63
rufinamide tab 400 mg	63
ruxolitinib phosphate	
see JAKAFI TAB 10MG	89
see JAKAFI TAB 15MG	89
see JAKAFI TAB 20MG	89
see JAKAFI TAB 25MG	89
see JAKAFI TAB 5MG	89
see JAKAFI XR TAB 11MG.....	89
see JAKAFI XR TAB 22MG.....	89
see JAKAFI XR TAB 33MG.....	89
see JAKAFI XR TAB 44MG.....	89
see JAKAFI XR TAB 55MG.....	89
ruxolitinib phosphate (topical)	
see OPZELURA CRE 1.5%.....	125
RYBELSUS TAB 14MG	71
RYBELSUS TAB 3MG	71
RYBELSUS TAB 7MG	71
RYDAPT CAP 25MG	90
RYVENT	
see Carbinoxamine Maleate Tab 6 mg	75
S	
sacubitril-valsartan tab 24-26 mg	106

<i>sildenafil citrate tab 100 mg</i>	106	<i>sitagliptin phosphate-metformin hcl tab 50-500 mg</i>	69
<i>sildenafil citrate tab 20 mg</i>	107	<i>sitagliptin tab 100 mg</i>	70
<i>sildenafil citrate tab 25 mg</i>	106	<i>sitagliptin tab 25 mg</i>	70
<i>sildenafil citrate tab 50 mg</i>	106	<i>sitagliptin tab 50 mg</i>	70
<i>silodosin cap 4 mg</i>	135	SM NICOTINE	
<i>silodosin cap 8 mg</i>	135	see Nicotine Polacrilex Lozenge 2 mg	157
<i>silver sulfadiazine cream 1%</i>	123	SM NICOTINE POLACRILEX	
Silver Sulfadiazine Cream 1%.....	123	see Nicotine Polacrilex Lozenge 4 mg	158
SIMBRINZA SUS 1-0.2%	149	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	139
SIMLIYA		<i>sodium chloride soln nebu 0.9%</i>	119
see Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5).....	109	<i>sodium chloride soln nebu 10%</i>	119
SIMPESSE		<i>sodium chloride soln nebu 3%</i>	119
see Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)	111	<i>sodium chloride soln nebu 7%</i>	119
<i>simvastatin tab 10 mg</i>	77	<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	144
<i>simvastatin tab 20 mg</i>	77	<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	144
<i>simvastatin tab 40 mg</i>	77	<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	144
<i>simvastatin tab 5 mg</i>	77	<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	144
<i>simvastatin tab 80 mg</i>	77	<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	144
<i>siponimod fumarate</i>		.....	144
see MAYZENT PAK STARTER	155, 156	<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	144
see MAYZENT TAB 0.25MG	156	<i>sodium oxybate</i>	
see MAYZENT TAB 1MG	156	see LUMRYZ PAK 6GM	153
see MAYZENT TAB 2MG	156	see LUMRYZ PAK 7.5GM	153
<i>sirolimus oral soln 1 mg/ml</i>	146	see LUMRYZ PAK 9GM	153
<i>sirolimus tab 0.5 mg</i>	146	see LUMRYZ PAK STARTER	153
<i>sirolimus tab 1 mg</i>	146	see LUMRYZ PKG 4.5GM.....	153
<i>sirolimus tab 2 mg</i>	146	<i>sodium oxybate oral solution 500 mg/ml</i>	153
SIRTURO TAB 100MG	83	<i>sodium phenylbutyrate</i>	
SIRTURO TAB 20MG	83	see PHEBURANE MIS 483/GM.....	129
<i>sitagliptin</i>		<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	130
see ZITUVIO TAB 100MG	70	<i>sodium phenylbutyrate tab 500 mg</i>	130
see ZITUVIO TAB 25MG	70	<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>	
see ZITUVIO TAB 50MG	70	see CLENPIQ SOL	139
<i>sitagliptin free base-metformin hcl</i>		<i>sodium polystyrene sulfonate powder</i>	146
see ZITUVIMET TAB 50-1000	69	Sodium Polystyrene Sulfonate Rectal Susp 30 gm/120ml	146
see ZITUVIMET TAB 50-500MG	69	<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	146
see ZITUVIMET XR TAB 100-1000.....	70	.....
see ZITUVIMET XR TAB 50-1000.....	70		
see ZITUVIMET XR TAB 50-500MG.....	69		
<i>sitagliptin phosphate tab 100 mg (base equiv)</i>	70		
<i>sitagliptin phosphate tab 25 mg (base equiv)</i> ..	70		
<i>sitagliptin phosphate tab 50 mg (base equiv)</i> ..	70		
<i>sitagliptin phosphate-metformin hcl tab 50-1000 mg</i>	69		

Sodium Polystyrene Sulfonate Susp 15 gm/60ml	146	see AERCHMBR PLS MIS SM MASK	141
.....	146	see AERCHMBR Z- MIS STAT PLS	141
sofosbuvir		see AEROCHAMBER MIS CHAMBER	141
see SOVALDI PAK 150MG	100	see AEROCHAMBER MIS MV	141
see SOVALDI PAK 200MG	100	see AEROCHAMBER MIS PLUS	141
see SOVALDI TAB 200MG	100	see AEROVENT MIS PLUS	141
see SOVALDI TAB 400MG	100	see BREATHE EASE MIS LG MASK	141
sofosbuvir-velpatasvir		see BREATHE EASE MIS MED MASK	141
see EPCLUSA PAK 150-37.5	100	see BREATHE EASE MIS SM MASK	141
see EPCLUSA PAK 200-50MG	100	see COMPACT SPAC MIS CHAMBER	141
see EPCLUSA TAB 200-50MG	100	see COMPACT SPAC MIS LG MASK	141
see EPCLUSA TAB 400-100	100	see COMPACT SPAC MIS MD MASK	141
sofosbuvir-velpatasvir-voxilaprevir		see COMPACT SPAC MIS SM MASK	141
see VOSEVI TAB	101	see EASIVENT MIS	141
solifenacin succinate tab 10 mg	164	see EASIVENT MIS MASK LG	142
solifenacin succinate tab 5 mg	163	see EASIVENT MIS MASK MED	142
SOLQUA INJ 100/33	69	see EASIVENT MIS MASK SM	142
solriamfetol hcl		see FLEXICHAMBER MIS	142
see SUNOSI TAB 150MG	33	see HOLD CHAMBER MIS ADLT LG	142
see SUNOSI TAB 75MG	33	see HOLD CHAMBER MIS MEDIUM	142
sonidegib phosphate		see HOLD CHAMBER MIS SMALL	142
see ODOMZO CAP 200MG	85	see INSPIREASE MIS DD SYST	142
sorafenib tosylate tab 200 mg (base equivalent)	91	see MICROCHAMBER MIS	142
.....	91	see MICROSPACER MIS	142
sotalol hcl (afib/afl) tab 120 mg	103	see OPTICHAMBER MIS DIA LG	142
sotalol hcl (afib/afl) tab 160 mg	103	see OPTICHAMBER MIS DIA MD	142
sotalol hcl (afib/afl) tab 80 mg	103	see OPTICHAMBER MIS DIA SM	142
sotalol hcl tab 120 mg	103	see OPTICHAMBER MIS DIAMOND	142
sotalol hcl tab 160 mg	103	see POCKET CHAMB MIS	142
sotalol hcl tab 240 mg	103	see POCKET SPACE MIS	142
sotalol hcl tab 80 mg	103	see PROCHAMBER MIS VHC	142
sotorasib		see RITEFLO MIS	142
see LUMAKRAS TAB 120MG	89	sparsentan	
see LUMAKRAS TAB 240MG	89	see FILSPARI TAB 200MG	134
see LUMAKRAS TAB 320MG	89	see FILSPARI TAB 400MG	135
SOTYKTU TAB 6MG	123	spinosad susp 0.9%	126
SOVALDI PAK 150MG	100	SPIRIVA CAP HANDHLR	56
SOVALDI PAK 200MG	100	SPIRIVA RESP AER 1.25MCG	56
SOVALDI TAB 200MG	100	SPIRIVA RESP AER 2.5MCG	56
SOVALDI TAB 400MG	100	spironolactone & hydrochlorothiazide tab 25-25 mg	127
spacer/aerosol-holding chamber supplies - masks		spironolactone susp 25 mg/5ml	128
see FLEXICHAMBER MIS MASK LRG	142	spironolactone tab 100 mg	128
see FLEXICHAMBER MIS MASK SM	142	spironolactone tab 25 mg	128
spacer/aerosol-holding chambers		spironolactone tab 50 mg	128
see AERCHMBR PLS MIS LRG MASK	141	SPRINTEC 28	
see AERCHMBR PLS MIS MED MASK	141		

see Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg	115	<i>sulindac tab 200 mg</i>	40
SPS		<i>sumatriptan</i>	
see Sodium Polystyrene Sulfonate Rectal Susp 30 gm/120ml	146	see TOSYMRA SOL 10MG	143
see Sodium Polystyrene Sulfonate Susp 15 gm/60ml	146	<i>sumatriptan nasal spray 20 mg/act</i>	143
SSD		<i>sumatriptan nasal spray 5 mg/act</i>	143
see Silver Sulfadiazine Cream 1%	123	<i>sumatriptan succinate</i>	
STIOLTO AER 2.5-2.5	58	see IMITREX INJ 4MG/0.5	143
STIVARGA TAB 40MG	91	see IMITREX INJ 6MG/0.5	143
STRIVERDI AER 2.5MCG	59	see ZEMBRACE SYM INJ 3/0.5ML	143
SUBVENITE		<i>sumatriptan succinate inj 6 mg/0.5ml</i>	143
see Lamotrigine Tab 100 mg	62	<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	143
see Lamotrigine Tab 150 mg	62	<i>sumatriptan succinate tab 100 mg</i>	143
see Lamotrigine Tab 200 mg	62	<i>sumatriptan succinate tab 25 mg</i>	143
see Lamotrigine Tab 25 mg	61	<i>sumatriptan succinate tab 50 mg</i>	143
SUBVENITE STARTER KIT/BLU		<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	91
see Lamotrigine Tab 35 X 25 mg Starter Kit ..	61	<i>sunitinib malate cap 25 mg (base equivalent)</i> ..	91
SUBVENITE STARTER KIT/GRE		<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	91
see Lamotrigine Tab 84 X 25 mg & 14 X 100 mg Starter Kit	62	<i>sunitinib malate cap 50 mg (base equivalent)</i> ..	91
SUBVENITE STARTER KIT/ORA		SUNOSI TAB 150MG	33
see Lamotrigine Tab 25 mg (42) & 100 mg (7) Starter Kit	61	SUNOSI TAB 75MG	33
<i>sucralfate tab 1 gm</i>	162	<i>suvorexant</i>	
<i>sulconazole nitrate cream 1%</i>	122	see BELSOMRA TAB 10MG	139
<i>sulconazole nitrate solution 1%</i>	122	see BELSOMRA TAB 15MG	139
<i>sulfacetamide sodium lotion 10% (acne)</i>	121	see BELSOMRA TAB 20MG	139
<i>sulfacetamide sodium ophth soln 10%</i>	150	see BELSOMRA TAB 5MG	139
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	150	SYEDA	
<i>sulfadiazine tab 500 mg</i>	159	see Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg	110
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	52	SYMPROIC TAB 0.2MG	134
Sulfamethoxazole-Trimethoprim Susp 200-40 mg/5ml	52	SYMTUZA TAB	99
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	52	SYNAREL SOL 2MG/ML	129
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	52	SYNJARDY TAB	69
<i>sulfasalazine tab 500 mg</i>	133	SYNJARDY TAB 12.5-500	69
<i>sulfasalazine tab delayed release 500 mg</i>	133	SYNJARDY TAB 5-1000MG	69
SULFATRIM PEDIATRIC		SYNJARDY TAB 5-500MG	69
see Sulfamethoxazole-Trimethoprim Susp 200- 40 mg/5ml	52	SYNJARDY XR TAB	69
<i>sulindac tab 150 mg</i>	40	SYNJARDY XR TAB 10-1000	69
		SYNJARDY XR TAB 25-1000	69
		SYNJARDY XR TAB 5-1000MG	69
		SYNTHROID TAB 100MCG	161
		SYNTHROID TAB 112MCG	161
		SYNTHROID TAB 125MCG	161
		SYNTHROID TAB 137MCG	161
		SYNTHROID TAB 150MCG	161

SYNTHROID TAB 175MCG	161
SYNTHROID TAB 200MCG	161
SYNTHROID TAB 25MCG	161
SYNTHROID TAB 300MCG	162
SYNTHROID TAB 50MCG	161
SYNTHROID TAB 75MCG	161
SYNTHROID TAB 88MCG	161

T

tacrolimus cap 0.5 mg	146
tacrolimus cap 1 mg	146
tacrolimus cap 5 mg	146
tacrolimus cap er 24hr 0.5 mg	146
tacrolimus cap er 24hr 1 mg	146
tacrolimus cap er 24hr 5 mg	146
tacrolimus oint 0.03%	125
tacrolimus oint 0.1%	125
tadalafil (pulmonary hypertension) see TADLIQ SUS 20MG/5ML	107
tadalafil tab 10 mg	106
tadalafil tab 2.5 mg	106
tadalafil tab 20 mg	106
tadalafil tab 20 mg (pah)	107
Tadalafil Tab 20 mg (Pah)	107
tadalafil tab 5 mg	106
TADLIQ SUS 20MG/5ML	107
tafamidis see VYNDAMAX CAP 61MG	108
TAFINLAR CAP 50MG	91
TAFINLAR CAP 75MG	91
TAFINLAR TAB 10MG	91
tafluprost preservative free (pf) ophth soln 0.0015%	151
TAGRISSO TAB 40MG	85
TAGRISSO TAB 80MG	85
taletrectinib adipate see IBTROZI CAP 200MG	88
TALICIA CAP	163
tamoxifen citrate tab 10 mg (base equivalent)	85
tamoxifen citrate tab 20 mg (base equivalent)	86
tamsulosin hcl cap 0.4 mg	135
TANLOR see Methocarbamol Tab 1000 mg	147
tapentadol hcl tab 100 mg	46
tapentadol hcl tab 50 mg	45
tapentadol hcl tab 75 mg	46
tapinarof see VTAMA CRE 1%	123

TARINA 24 FE see Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)	115
TARINA FE 1/20 EQ see Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg	114
tasimelteon capsule 20 mg	139
TAYSOFY see Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24)	115
tazarotene cream 0.05%	123
tazarotene cream 0.1%	123
tazarotene gel 0.05%	123
tazarotene gel 0.1%	123
telmisartan tab 20 mg	79
telmisartan tab 40 mg	79
telmisartan tab 80 mg	79
telmisartan-amlodipine tab 40-10 mg	82
telmisartan-amlodipine tab 40-5 mg	82
telmisartan-amlodipine tab 80-10 mg	82
telmisartan-amlodipine tab 80-5 mg	82
telmisartan-hydrochlorothiazide tab 40-12.5 mg	82
telmisartan-hydrochlorothiazide tab 80-12.5 mg	82
telmisartan-hydrochlorothiazide tab 80-25 mg	82
temazepam cap 15 mg	139
temazepam cap 22.5 mg	139
temazepam cap 30 mg	139
temazepam cap 7.5 mg	138
temozolomide cap 100 mg	84
temozolomide cap 140 mg	84
temozolomide cap 180 mg	84
temozolomide cap 20 mg	84
temozolomide cap 250 mg	84
temozolomide cap 5 mg	84
TENCON see Butalbital-Acetaminophen Tab 50-325 mg	41
tenofovir disoproxil fumarate tab 300 mg	99
terazosin hcl cap 1 mg (base equivalent)	80
terazosin hcl cap 10 mg (base equivalent)	80
terazosin hcl cap 2 mg (base equivalent)	80
terazosin hcl cap 5 mg (base equivalent)	80
terbinafine hcl tab 250 mg	74
terbutaline sulfate tab 2.5 mg	59

see SPIRIVA RESP AER 1.25MCG	56	tolvaptan tab therapy pack 30 & 15 mg	130
see SPIRIVA RESP AER 2.5MCG.....	56	tolvaptan tab therapy pack 45 & 15 mg	130
tiotropium bromide-olodaterol hcl		tolvaptan tab therapy pack 60 & 30 mg	130
see STIOLTO AER 2.5-2.5.....	58	tolvaptan tab therapy pack 90 & 30 mg	130
tirzepatide		topiramate cap er 24hr 100 mg	63
see MOUNJARO INJ 10MG/0.5.....	70	topiramate cap er 24hr 200 mg	63
see MOUNJARO INJ 12.5/0.5.....	71	topiramate cap er 24hr 25 mg	63
see MOUNJARO INJ 15MG/0.5.....	71	topiramate cap er 24hr 50 mg	63
see MOUNJARO INJ 2.5/0.5.....	70	topiramate oral soln 25 mg/ml	63
see MOUNJARO INJ 5MG/0.5.....	70	topiramate sprinkle cap 15 mg	63
see MOUNJARO INJ 7.5/0.5.....	70	topiramate sprinkle cap 25 mg	63
TIVICAY PD TAB 5MG	99	topiramate sprinkle cap 50 mg	63
TIVICAY TAB 50MG	99	topiramate tab 100 mg	63
tizanidine hcl cap 2 mg (base equivalent)	147	topiramate tab 200 mg	63
tizanidine hcl cap 4 mg (base equivalent)	147	topiramate tab 25 mg	63
tizanidine hcl cap 6 mg (base equivalent)	147	topiramate tab 50 mg	63
tizanidine hcl cap 8 mg (base equivalent)	147	toremifene citrate tab 60 mg (base equivalent)	
tizanidine hcl tab 2 mg (base equivalent)	147	.....	86
tizanidine hcl tab 4 mg (base equivalent)	147	TORPENZ	
TOBRADEX OIN 0.3-0.1%.....	150	see Everolimus Tab 10 mg	88
tobramycin (ophth)		see Everolimus Tab 2.5 mg	87
see TOBEX OIN 0.3% OP	150	see Everolimus Tab 5 mg	88
tobramycin nebu soln 300 mg/4ml	38	see Everolimus Tab 7.5 mg	88
tobramycin nebu soln 300 mg/5ml	39	torseamide tab 10 mg	128
tobramycin ophth soln 0.3%	150	torseamide tab 100 mg	128
tobramycin-dexamethasone		torseamide tab 20 mg	128
see TOBRADEX OIN 0.3-0.1%.....	150	torseamide tab 5 mg	127
tobramycin-dexamethasone ophth susp 0.3-		TOSYMRA SOL 10MG	143
0.1%	150	TOUJEO MAX INJ 300/ML	72
TOBEX OIN 0.3% OP	150	TOUJEO SOLO INJ 300/ML	72
TODAY SPONGE MIS.....	164	tramadol hcl oral soln 5 mg/ml	46
tofacitinib citrate		tramadol hcl tab 50 mg	46
see XELJANZ TAB 10MG	39	tramadol hcl tab er 24hr 100 mg	46
see XELJANZ TAB 5MG	39	tramadol hcl tab er 24hr 200 mg	46
see XELJANZ XR TAB 11MG.....	39	tramadol hcl tab er 24hr 300 mg	46
see XELJANZ XR TAB 22MG.....	39	tramadol hcl tab er 24hr biphasic release 200	
tolcapone tab 100 mg	92	mg	46
tolmetin sodium tab 600 mg	40	tramadol hcl tab er 24hr biphasic release 300	
tolterodine tartrate cap er 24hr 2 mg	164	mg	46
tolterodine tartrate cap er 24hr 4 mg	164	tramadol-acetaminophen tab 37.5-325 mg	49
tolterodine tartrate tab 1 mg	164	trametinib dimethyl sulfoxide	
tolterodine tartrate tab 2 mg	164	see MEKINIST SOL 0.05/ML	90
tolvaptan (hyponatremia) tab 15 mg	130	see MEKINIST TAB 0.5MG.....	90
tolvaptan (hyponatremia) tab 30 mg	130	see MEKINIST TAB 2MG.....	90
tolvaptan tab 15 mg	130	trandolapril tab 1 mg	78
tolvaptan tab 30 mg	130	trandolapril tab 2 mg	78
tolvaptan tab therapy pack 15 mg	130	trandolapril tab 4 mg	78

trandolapril-verapamil hcl tab er 1-240 mg	82	tretinoin gel 0.01%	121
trandolapril-verapamil hcl tab er 2-180 mg	82	tretinoin gel 0.025%	121
trandolapril-verapamil hcl tab er 2-240 mg	82	tretinoin gel 0.05%	121
trandolapril-verapamil hcl tab er 4-240 mg	82	tretinoin microsphere gel 0.04%	121
tranexamic acid tab 650 mg	138	tretinoin microsphere gel 0.08%	121
tranylcypromine sulfate tab 10 mg	65	tretinoin microsphere gel 0.1%	121
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	151	TREZIX	
trazodone hcl tab 100 mg	66	see Acetaminophen-Caffeine-Dihydrocodeine	
trazodone hcl tab 150 mg	66	Cap 320.5-30-16 mg.....	47
trazodone hcl tab 300 mg	66	triamcinolone acetonide cream 0.025%	125
trazodone hcl tab 50 mg	66	triamcinolone acetonide cream 0.1%	125
TRELEGY AER 100MCG	59	triamcinolone acetonide cream 0.5%	125
TRELEGY AER 200MCG	59	Triamcinolone Acetonide Cream 0.5%	125
treprostinil		triamcinolone acetonide dental paste 0.1% ..	146
see TYVASO DPI POW 16-32-48	106	Triamcinolone Acetonide Dental Paste 0.1% ..	147
see TYVASO DPI POW 16MCG	106	triamcinolone acetonide lotion 0.025%	125
see TYVASO DPI POW 32MCG	107	triamcinolone acetonide lotion 0.1%	125
see TYVASO DPI POW 48MCG	107	triamcinolone acetonide oint 0.025%	125
see TYVASO DPI POW 64MCG	107	triamcinolone acetonide oint 0.1%	125
see TYVASO DPI POW 80MCG	107	triamcinolone acetonide oint 0.5%	125
see TYVASO DPI POW INST KIT	107	triamterene & hydrochlorothiazide cap 37.5-25 mg	127
see TYVASO DPI POW MAIN KIT	107	triamterene & hydrochlorothiazide tab 37.5-25 mg	127
see TYVASO RF KT SOL 0.6MG/ML	107	triamterene & hydrochlorothiazide tab 75-50 mg	127
see TYVASO SOL 0.6MG/ML	107	triamterene cap 100 mg	128
see TYVASO ST KT SOL 0.6MG/ML	107	triamterene cap 50 mg	128
treprostinil diolamine		triazolam tab 0.125 mg	139
see ORENITRAM TAB 0.125MG	106	triazolam tab 0.25 mg	139
see ORENITRAM TAB 0.25MG	106	TRIDACAIN E II	
see ORENITRAM TAB 1MG	106	see Lidocaine Patch 5%.....	126
see ORENITRAM TAB 2.5MG	106	TRIDERM	
see ORENITRAM TAB 5MG	106	see Triamcinolone Acetonide Cream 0.5%..	125
see ORENITRAM TAB MONTH 1	106	trientine hcl cap 250 mg	145
see ORENITRAM TAB MONTH 2	106	TRI-ESTARYLLA	
see ORENITRAM TAB MONTH 3	106	see Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg.....	116
treprostinil sodium		trifarotene	
see YUTREPIA CAP 106MCG	107	see AKLIEF CRE 0.005%	119
see YUTREPIA CAP 26.5MCG	107	trifluoperazine hcl tab 1 mg (base equivalent)	97
see YUTREPIA CAP 53MCG	107	trifluoperazine hcl tab 10 mg (base equivalent)	97
see YUTREPIA CAP 79.5MCG	107	.....	97
TRESIBA FLEX INJ 100UNIT	72	trifluoperazine hcl tab 2 mg (base equivalent)	97
TRESIBA FLEX INJ 200UNIT	72	trifluoperazine hcl tab 5 mg (base equivalent)	97
TRESIBA INJ 100UNIT	72	trifluridine ophth soln 1%	150
tretinoin cap 10 mg	92	trifluridine-tipiracil	
tretinoin cream 0.025%	121		
tretinoin cream 0.05%	121		
tretinoin cream 0.1%	121		

see LONSURF TAB 15-6.14	86	tropicamide ophth soln 1%	149
see LONSURF TAB 20-8.19	86	tropium chloride cap er 24hr 60 mg	164
trihexyphenidyl hcl oral soln 0.4 mg/ml	92	tropium chloride tab 20 mg	164
trihexyphenidyl hcl tab 2 mg	92	TRULICITY INJ 0.75/0.5	71
trihexyphenidyl hcl tab 5 mg	92	TRULICITY INJ 1.5/0.5	71
TRIJARDY XR TAB	69	TRULICITY INJ 3/0.5	71
TRI-LEGEST FE		TRULICITY INJ 4.5/0.5	71
see Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-		TRUQAP PAK 160MG	91
20/1-30/1-35 mg-Mcg	113	TRUQAP PAK 200MG	91
TRI-LINYAH		TRUQAP TAB 200MG	91
see Norgestimate-Eth Estrad Tab 0.18-		TRUSTEX MIS FLAVORS	140
35/0.215-35/0.25-35 mg-Mcg	116	TURALIO CAP 125MG	91
TRI-LO-ESTARYLLA		TURQOZ	
see Norgestimate-Eth Estrad Tab 0.18-		see Norgestrel & Ethinyl Estradiol Tab 0.3 mg-	
25/0.215-25/0.25-25 mg-Mcg	115	30 mcg	116
TRI-LO-MARZIA		TYDEMY	
see Norgestimate-Eth Estrad Tab 0.18-		see Drospirenone-Ethinyl Estrad-Levomefolate	
25/0.215-25/0.25-25 mg-Mcg	115	Tab 3-0.03-0.451 mg	110
TRI-LO-MILI		TYVASO DPI POW 16-32-48	106
see Norgestimate-Eth Estrad Tab 0.18-		TYVASO DPI POW 16MCG	106
25/0.215-25/0.25-25 mg-Mcg	115	TYVASO DPI POW 32MCG	107
TRI-LO-SPRINTEC		TYVASO DPI POW 48MCG	107
see Norgestimate-Eth Estrad Tab 0.18-		TYVASO DPI POW 64MCG	107
25/0.215-25/0.25-25 mg-Mcg	116	TYVASO DPI POW 80MCG	107
trimethobenzamide hcl cap 300 mg	74	TYVASO DPI POW INST KIT	107
trimethoprim tab 100 mg	52	TYVASO DPI POW MAIN KIT	107
TRI-MILI		TYVASO RF KT SOL 0.6MG/ML	107
see Norgestimate-Eth Estrad Tab 0.18-		TYVASO SOL 0.6MG/ML	107
35/0.215-35/0.25-35 mg-Mcg	116	TYVASO ST KT SOL 0.6MG/ML	107
trimipramine maleate cap 100 mg	68	U	
trimipramine maleate cap 25 mg	68	UBRELVY TAB 100MG	143
trimipramine maleate cap 50 mg	68	UBRELVY TAB 50MG	143
TRINTELLIX TAB 10MG	66	ubrogepant	
TRINTELLIX TAB 20MG	66	see UBRELVY TAB 100MG	143
TRINTELLIX TAB 5MG	66	see UBRELVY TAB 50MG	143
TRI-SPRINTEC		UCERIS TAB 9MG	118
see Norgestimate-Eth Estrad Tab 0.18-		ulipristal acetate	
35/0.215-35/0.25-35 mg-Mcg	116	see ELLA TAB 30MG	116
TRIUMEQ PD TAB	99	umeclidinium br aero powd breath act 62.5	
TRIUMEQ TAB	99	mcg/act (base eq)	56
TRI-VYLIBRA		umeclidinium-vilanterol	
see Norgestimate-Eth Estrad Tab 0.18-		see ANORO ELLIPT AER 62.5-25	57
35/0.215-35/0.25-35 mg-Mcg	116	UNITHROID	
TRI-VYLIBRA LO		see Levothyroxine Sodium Tab 100 mcg	160
see Norgestimate-Eth Estrad Tab 0.18-		see Levothyroxine Sodium Tab 112 mcg	161
25/0.215-25/0.25-25 mg-Mcg	116	see Levothyroxine Sodium Tab 125 mcg	161
tropicamide ophth soln 0.5%	149	see Levothyroxine Sodium Tab 137 mcg	161

see Levothyroxine Sodium Tab 150 mcg	161
see Levothyroxine Sodium Tab 175 mcg	161
see Levothyroxine Sodium Tab 200 mcg	161
see Levothyroxine Sodium Tab 25 mcg	160
see Levothyroxine Sodium Tab 300 mcg	161
see Levothyroxine Sodium Tab 50 mcg	160
see Levothyroxine Sodium Tab 75 mcg	160
see Levothyroxine Sodium Tab 88 mcg	160
upadacitinib	
see RINVOQ LQ SOL 1MG/ML	39
see RINVOQ TAB 15MG ER	39
see RINVOQ TAB 30MG ER	39
see RINVOQ TAB 45MG ER	39
UPTRAVI PACK TAB 200/800	107
UPTRAVI TAB 1000MCG	108
UPTRAVI TAB 1200MCG	108
UPTRAVI TAB 1400MCG	108
UPTRAVI TAB 1600MCG	108
UPTRAVI TAB 200MCG	107
UPTRAVI TAB 400MCG	107
UPTRAVI TAB 600MCG	107
UPTRAVI TAB 800MCG	108
uridine triacetate (emergency treatment)	
see VISTOGARD PAK 10GM	73
ursodiol cap 300 mg	133
ursodiol tab 250 mg	133
ursodiol tab 500 mg	133
V	
VAGIFEM TAB 10MCG	165
valacyclovir hcl tab 1 gm	101
valacyclovir hcl tab 500 mg	101
valbenazine tosylate	
see INGREZZA CAP 40-80MG	155
see INGREZZA CAP 40MG	155
see INGREZZA CAP 60MG	155
see INGREZZA CAP 80MG	155
valganciclovir hcl for soln 50 mg/ml (base equiv)	
.....	100
valganciclovir hcl tab 450 mg (base equivalent)	
.....	100
valproate sodium oral soln 250 mg/5ml (base equiv)	
.....	64
valproic acid cap 250 mg	64
valsartan oral soln 4 mg/ml	79
valsartan tab 160 mg	79
valsartan tab 320 mg	79
valsartan tab 40 mg	79
valsartan tab 80 mg	79
valsartan-hydrochlorothiazide tab 160-12.5 mg	
.....	82
valsartan-hydrochlorothiazide tab 160-25 mg	
.....	82
valsartan-hydrochlorothiazide tab 320-12.5 mg	
.....	82
valsartan-hydrochlorothiazide tab 320-25 mg	
.....	82
valsartan-hydrochlorothiazide tab 80-12.5 mg	
.....	82
VALTOCO SPR 10MG	60
VALTOCO SPR 15MG	60
VALTOCO SPR 20MG	60
VALTOCO SPR 5MG	60
VALTYA 1/35	
see Ethynodiol Diacetate & Ethinyl Estradiol	
Tab 1 mg-35 mcg	110
VALTYA 1/50	
see Ethynodiol Diacetate & Ethinyl Estradiol	
Tab 1 mg-50 mcg	110
vancomycin hcl cap 125 mg (base equivalent)	52
vancomycin hcl cap 250 mg (base equivalent)	52
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	
.....	52
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	
.....	52
VANRAFIA TAB 0.75MG	135
ildenafil hcl orally disintegrating tab 10 mg	
.....	106
ildenafil hcl tab 10 mg	106
ildenafil hcl tab 2.5 mg	106
ildenafil hcl tab 20 mg	106
ildenafil hcl tab 5 mg	106
varenicline tartrate tab 0.5 mg (base equiv)	159
varenicline tartrate tab 1 mg (base equiv)	159
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	
.....	159
VASCEPA CAP 0.5GM	75
VASCEPA CAP 1GM	76
VCF VAGINAL GEL CONTRACE	164
VCF VAGINAL MIS CONTRACP	164
VELIVET	
see Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025mg-Mg	109
VELSIPITY TAB 2MG	134
VELTASSA POW 16.8GM	146
VELTASSA POW 1GM	146
VELTASSA POW 25.2GM	146
VELTASSA POW 8.4GM	146

venlafaxine hcl cap er 24hr 150 mg (base equivalent)	67
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	67
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	67
venlafaxine hcl tab 100 mg (base equivalent) ..	67
venlafaxine hcl tab 25 mg (base equivalent) ...	67
venlafaxine hcl tab 37.5 mg (base equivalent) ..	67
venlafaxine hcl tab 50 mg (base equivalent) ...	67
venlafaxine hcl tab 75 mg (base equivalent) ...	67
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	67
VENXXIVA	
see Tiopronin Tab Delayed Release 100 mg	135
see Tiopronin Tab Delayed Release 300 mg	135
verapamil hcl cap er 24hr 100 mg	105
verapamil hcl cap er 24hr 120 mg	105
verapamil hcl cap er 24hr 180 mg	105
verapamil hcl cap er 24hr 200 mg	105
verapamil hcl cap er 24hr 240 mg	105
verapamil hcl cap er 24hr 300 mg	105
verapamil hcl cap er 24hr 360 mg	105
verapamil hcl tab 120 mg	105
verapamil hcl tab 40 mg	105
verapamil hcl tab 80 mg	105
verapamil hcl tab er 120 mg	105
verapamil hcl tab er 180 mg	105
verapamil hcl tab er 240 mg	105
vericiguat	
see VERQUVO TAB 10MG	108
see VERQUVO TAB 2.5MG	108
see VERQUVO TAB 5MG	108
VERQUVO TAB 10MG	108
VERQUVO TAB 2.5MG	108
VERQUVO TAB 5MG	108
VESTURA	
see Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg.....	110
VEVYE DRO 0.1%	150
vibegron	
see GEMTESA TAB 75MG	164
VIBERZI TAB 100MG	134
VIBERZI TAB 75MG	134
VIENVA	
see Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg	111
vigabatrin powd pack 500 mg	64
Vigabatrin Powd Pack 500 mg	64
vigabatrin tab 500 mg	64
Vigabatrin Tab 500 mg	64
VIGADRONE	
see Vigabatrin Powd Pack 500 mg	64
see Vigabatrin Tab 500 mg	64
vilazodone hcl tab 10 mg	66
vilazodone hcl tab 20 mg	66
vilazodone hcl tab 40 mg	66
viloxazine hcl (adhd)	
see QELBREE CAP 100MG ER.....	32
see QELBREE CAP 150MG ER.....	32
see QELBREE CAP 200MG ER.....	33
VIOKACE TAB 10440	126
VIOKACE TAB 20880	126
VIORELE	
see Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5).....	109
VIRACEPT TAB 250MG	99
VIRACEPT TAB 625MG	99
vismodegib	
see ERIVEDGE CAP 150MG	85
VISTOGARD PAK 10GM	73
VITRAKVI CAP 100MG	91
VITRAKVI CAP 25MG	91
VITRAKVI SOL 20MG/ML	91
VOLNEA	
see Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5).....	109
voriconazole for susp 40 mg/ml	74
voriconazole tab 200 mg	74
voriconazole tab 50 mg	74
vortioxetine hbr	
see TRINTELLIX TAB 10MG	66
see TRINTELLIX TAB 20MG	66
see TRINTELLIX TAB 5MG.....	66
VOSEVI TAB	101
VRAYLAR CAP 0.5MG	95
VRAYLAR CAP 0.75MG	95
VRAYLAR CAP 1.5MG	95
VRAYLAR CAP 3MG	95
VRAYLAR CAP 4.5MG	95
VRAYLAR CAP 6MG	95
VTAMA CRE 1%	123
VYFEMLA	

see Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg	112
VYLIBRA	
see Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg	115
VYNDAMAX CAP 61MG	108
W	
WAKIX TAB 17.8MG	33
WAKIX TAB 4.45MG	33
warfarin sodium tab 1 mg	59
warfarin sodium tab 10 mg	59
warfarin sodium tab 2 mg	59
warfarin sodium tab 2.5 mg	59
warfarin sodium tab 3 mg	59
warfarin sodium tab 4 mg	59
warfarin sodium tab 5 mg	59
warfarin sodium tab 6 mg	59
warfarin sodium tab 7.5 mg	59
WEGOVIY TAB 1.5MG	31
WEGOVIY TAB 25MG	32
WEGOVIY TAB 4MG	31
WEGOVIY TAB 9MG	32
WERA	
see Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg	112
WINLEVI CRE 1%	121
WIXELA INHUB	
see Fluticasone-Salmeterol Aer Powder Ba 100-50 mcg/act	58
see Fluticasone-Salmeterol Aer Powder Ba 250-50 mcg/act	58
see Fluticasone-Salmeterol Aer Powder Ba 500-50 mcg/act	58
WYMZYA FE	
see Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 mg-35 mcg	113
X	
XARAH FE	
see Norethindrone Ac-Ethinyl Estrad-Fe Tab 1- 20/1-30/1-35 mg-Mcg	113
XARELTO STAR TAB 15/20MG	59
XARELTO TAB 10MG	59
XARELTO TAB 15MG	60
XARELTO TAB 2.5MG	59
XARELTO TAB 20MG	60
XCOPRI PAK 100-150	63
XCOPRI PAK 12.5-25	63

XCOPRI PAK 150-200	63
XCOPRI PAK 50-100MG	63
XCOPRI TAB 100MG	63
XCOPRI TAB 150MG	63
XCOPRI TAB 200MG	64
XCOPRI TAB 25MG	63
XCOPRI TAB 50MG	63
XDEMVIY DRO 0.25%	150
XELJANZ TAB 10MG	39
XELJANZ TAB 5MG	39
XELJANZ XR TAB 11MG	39
XELJANZ XR TAB 22MG	39
XELRIA FE	
see Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 mg-35 mcg	113
XHANCE MIS 93MCG	148
XIFAXAN TAB 550MG	52
XIGDUO XR TAB 10-1000	69
XIGDUO XR TAB 10-500MG	69
XIGDUO XR TAB 2.5-1000	69
XIGDUO XR TAB 5-1000MG	69
XIGDUO XR TAB 5-500MG	69
XOSPATA TAB 40MG	91
XTANDI CAP 40MG	86
XTANDI TAB 40MG	86
XTANDI TAB 80MG	86
XULANE	
see Norelgestromin-Ethinyl Estradiol Td Ptwk 150-35 mcg/24hr	116
XULTOPHY INJ 100/3.6	69
XYWAV SOL 0.5GM/ML	153
Y	
YARGESA	
see Miglustat Cap 100 mg	136
YEZTUGO TAB 300MG	99
YL FOLIC ACID	
see Folic Acid Tab 400 mcg	137
YONSA TAB 125MG	86
YULITHIRA	
see Everolimus Tab 10 mg	88
see Everolimus Tab 2.5 mg	87
see Everolimus Tab 5 mg	88
see Everolimus Tab 7.5 mg	88
YUPELRI NEB 175/3ML	56
YUTREPIA CAP 106MCG	107
YUTREPIA CAP 26.5MCG	107
YUTREPIA CAP 53MCG	107

YUTREPIA CAP 79.5MCG	107	ZEPOSIA CAP STR KIT	156
Z		<i>zidovudine cap 100 mg</i>	99
ZAFEMY		<i>zidovudine syrup 10 mg/ml</i>	99
see Norelgestromin-Ethinyl Estradiol Td Ptwk		<i>zidovudine tab 300 mg</i>	99
150-35 mcg/24hr	116	<i>ziprasidone hcl cap 20 mg</i>	95
<i>zafirlukast tab 10 mg</i>	56	<i>ziprasidone hcl cap 40 mg</i>	95
<i>zafirlukast tab 20 mg</i>	56	<i>ziprasidone hcl cap 60 mg</i>	95
<i>zaleplon cap 10 mg</i>	139	<i>ziprasidone hcl cap 80 mg</i>	95
<i>zaleplon cap 5 mg</i>	139	ZITUVIMET TAB 50-1000	69
<i>zanamivir</i>		ZITUVIMET TAB 50-500MG	69
see RELENZA MIS DISKHALE	101	ZITUVIMET XR TAB 100-1000	70
<i>zanubrutinib</i>		ZITUVIMET XR TAB 50-1000	70
see BRUKINSA CAP 80MG	87	ZITUVIMET XR TAB 50-500MG	69
see BRUKINSA TAB 160MG	87	ZITUVIO TAB 100MG	70
ZEJULA TAB 100MG	91	ZITUVIO TAB 25MG	70
ZEJULA TAB 200MG	91	ZITUVIO TAB 50MG	70
ZEJULA TAB 300MG	92	<i>zolmitriptan nasal spray 2.5 mg/spray unit</i> ..	143
ZELVYSIA		<i>zolmitriptan nasal spray 5 mg/spray unit</i>	143
see Sapropterin Dihydrochloride Powder		<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	144
Packet 100 mg	129	<i>zolmitriptan orally disintegrating tab 5 mg</i> ..	144
see Sapropterin Dihydrochloride Powder		<i>zolmitriptan tab 2.5 mg</i>	144
Packet 500 mg	130	<i>zolmitriptan tab 5 mg</i>	144
ZEMBRACE SYM INJ 3/0.5ML	143	<i>zolpidem tartrate tab 10 mg</i>	139
ZENATANE		<i>zolpidem tartrate tab 5 mg</i>	139
see Isotretinoin Cap 10 mg	120	<i>zolpidem tartrate tab er 12.5 mg</i>	139
see Isotretinoin Cap 20 mg	120	<i>zolpidem tartrate tab er 6.25 mg</i>	139
see Isotretinoin Cap 30 mg	121	<i>zonisamide cap 100 mg</i>	63
see Isotretinoin Cap 40 mg	121	<i>zonisamide cap 25 mg</i>	63
ZENPEP CAP 10000UNT	127	<i>zonisamide cap 50 mg</i>	63
ZENPEP CAP 15000UNT	127	ZORYVE CRE 0.05%	126
ZENPEP CAP 20000UNT	127	ZORYVE CRE 0.15%	126
ZENPEP CAP 25000UNT	127	ZORYVE CRE 0.3%	126
ZENPEP CAP 3000UNIT	127	ZORYVE MIS 0.3%	126
ZENPEP CAP 40000UNT	127	ZOVIA 1/35	
ZENPEP CAP 5000UNIT	127	see Ethynodiol Diacetate & Ethinyl Estradiol	
ZENPEP CAP 60000UNT	127	Tab 1 mg-35 mcg	110
ZENZEDI		ZUBSOLV SUB 0.7-0.18	50
see Dextroamphetamine Sulfate Tab 10 mg .	29	ZUBSOLV SUB 1.4-0.36	50
see Dextroamphetamine Sulfate Tab 15 mg .	29	ZUBSOLV SUB 11.4-2.9	50
see Dextroamphetamine Sulfate Tab 2.5 mg	28	ZUBSOLV SUB 2.9-0.71	50
see Dextroamphetamine Sulfate Tab 20 mg .	29	ZUBSOLV SUB 5.7-1.4	50
see Dextroamphetamine Sulfate Tab 30 mg .	30	ZUBSOLV SUB 8.6-2.1	50
see Dextroamphetamine Sulfate Tab 5 mg ...	29	ZUMANDIMINE	
see Dextroamphetamine Sulfate Tab 7.5 mg	29	see Drospirenone-Ethinyl Estradiol Tab 3-0.03	
ZEPATIER TAB 50-100MG	101	mg	110
ZEPOSIA 7DAY CAP STR PACK	156	<i>zuranolone</i>	
ZEPOSIA CAP 0.92MG	156	see ZURZUVAE CAP 20MG	65

see ZURZUVAE CAP 25MG 65
see ZURZUVAE CAP 30MG 65
ZURZUVAE CAP 20MG 65

ZURZUVAE CAP 25MG 65
ZURZUVAE CAP 30MG 65
ZYKADIA TAB 150MG 92

SHARP Health Plan

Consider us your personal health care assistant®

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