

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 This document is subject to change and all previous versions are no longer in effect.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
ANTIANKXIETY AGENTS - DRUGS TO TREAT ANXIETY	54
ANTIANKXIETY 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
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH CHOLESTEROL	75
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS.....	75
ANTIHYPERTENSIVES - COMBINATIONS	75
ANTIHYPERTENSIVES - 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
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	
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	
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](https://www.caremark.com). The Pharmacy Locator tool is available after you log into your account and will allow you to search for a pharmacy that meets your needs. For example, you can search for a pharmacy close to your home, one that is open 24 hours a day, or one that offers drive-thru service.

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

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

WHAT IS THERAPEUTIC INTERCHANGE?

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

WHAT IS GENERIC SUBSTITUTION?

When a Generic Drug is available, the pharmacy is required to switch a Brand-Name Drug to the generic equivalent, unless Sharp Health Plan has authorized the Brand-Name Drug due to medical necessity. If the brand-name drug is Medically Necessary and Prior Authorization is obtained from Sharp Health Plan, 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):

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

فارسی (Farsi):

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

Русский (Russian):

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

日本語 (Japanese):

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

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: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ជូរ 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
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
AMPHETAMINES		
<i>amphetamine sulfate tab 5 mg</i>	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine sulfate tab 10 mg</i>	1	PA, QL (360 tabs every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine tab extended release disintegrating 3.1 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA required for age greater than or equal to age 19
<i>amphetamine tab extended release disintegrating 6.3 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA required for age greater than or equal to age 19
<i>amphetamine tab extended release disintegrating 9.4 mg</i>	1	PA, QL (180 tabs every 75 days), MO; PA required for age greater than or equal to age 19
<i>amphetamine tab extended release disintegrating 12.5 mg</i>	1	PA, QL (90 tabs every 75 days), MO; PA required for age greater than or equal to age 19
<i>amphetamine tab extended release disintegrating 15.7 mg</i>	1	PA, QL (90 tabs every 75 days), MO; PA required for age greater than or equal to age 19
<i>amphetamine tab extended release disintegrating 18.8 mg</i>	1	PA, QL (90 tabs every 75 days), MO; PA required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	1	PA, QL (180 caps every 75 days), MO; PA Required for age greater than or equal to age 19

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		
OTEZLA TAB 10/20 (<i>apremilast</i>)	2	SP, PA, QL (55 tabs every 28 days); Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 10/20/30 (<i>apremilast</i>)	2	SP, PA, QL (55 tabs every 28 days); Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 20MG (<i>apremilast</i>)	2	SP, PA, QL (2 tabs every 1 day); Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 30MG (<i>apremilast</i>)	2	SP, PA, QL (2 tabs every 1 day); Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA XR TAB 75MG (<i>apremilast</i>)	2	SP, PA, QL (1 tab every 1 day); Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA/XR TAB 28 DAY (<i>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-cafeine 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-cafeine 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>buspirone hcl tab 5 mg</i>	1	
<i>buspirone hcl tab 7.5 mg</i>	1	
<i>buspirone hcl tab 10 mg</i>	1	
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone 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
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE		

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (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 ELLIPTA 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
TRIARDY 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	
ANTI-HISTAMINES - NON-SEDATING		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
ANTI-HISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
(Promethazine Hcl Suppos 12.5 mg) PROMETHEGAN	1	
<i>promethazine hcl suppos 25 mg</i>	1	
(Promethazine Hcl Suppos 25 mg) PROMETHEGAN	1	
(Promethazine Hcl Suppos 50 mg) PROMETHEGAN	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
ANTI-HISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
ANTI-HYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG (<i>bempedoic acid</i>)	2	MO
ANTI-HYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	MO
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	MO
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	MO
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	MO
NEXLIZET TAB 180/10MG (<i>bempedoic acid-ezetimibe</i>)	2	MO
ANTI-HYPERLIPIDEMICS - MISC.		
<i>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>metirosine 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 sulfat</i>)	2	SP, PA, QL (6 caps every 1 day); OAC
VITRAKVI CAP 100MG (<i>larotrectinib sulfat</i>)	2	SP, PA, QL (2 caps every 1 day); OAC
VITRAKVI SOL 20MG/ML (<i>larotrectinib sulfat</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
VRAYLAR CAP 0.5MG (<i>cariprazine hcl</i>)	2	MO
VRAYLAR CAP 0.75MG (<i>cariprazine hcl</i>)	2	MO
VRAYLAR CAP 1.5MG (<i>cariprazine hcl</i>)	2	MO
VRAYLAR CAP 3MG (<i>cariprazine hcl</i>)	2	MO
VRAYLAR CAP 4.5MG (<i>cariprazine hcl</i>)	2	MO
VRAYLAR CAP 6MG (<i>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
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 120 mg) TIADYLT ER	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 180 mg) TIADYLT ER	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 240 mg) TIADYLT ER	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 300 mg) TIADYLT ER	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 360 mg) TIADYLT ER	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 420 mg) TIADYLT ER	1	MO
<i>diltiazem hcl tab 30 mg</i>	1	MO
<i>diltiazem hcl tab 60 mg</i>	1	MO
<i>diltiazem hcl tab 90 mg</i>	1	MO
<i>diltiazem hcl tab 120 mg</i>	1	MO
<i>felodipine tab er 24hr 2.5 mg</i>	1	MO
<i>felodipine tab er 24hr 5 mg</i>	1	MO
<i>felodipine tab er 24hr 10 mg</i>	1	MO
<i>isradipine cap 2.5 mg</i>	1	MO
<i>isradipine cap 5 mg</i>	1	MO
<i>levamlodipine maleate tab 2.5 mg</i>	1	MO
<i>levamlodipine maleate tab 5 mg</i>	1	MO
<i>nicardipine hcl cap 20 mg</i>	1	MO
<i>nicardipine hcl cap 30 mg</i>	1	MO
<i>nifedipine cap 10 mg</i>	1	MO
<i>nifedipine cap 20 mg</i>	1	MO
<i>nifedipine tab er 24hr 30 mg</i>	1	MO
<i>nifedipine tab er 24hr 60 mg</i>	1	MO
<i>nifedipine tab er 24hr 90 mg</i>	1	MO

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>varденаfil hcl orally disintegrating tab 10 mg</i>	1	PA, QL (8 tabs every 21 days)
<i>varденаfil hcl tab 2.5 mg</i>	1	PA, QL (8 tabs every 21 days)
<i>varденаfil hcl tab 5 mg</i>	1	PA, QL (8 tabs every 21 days)
<i>varденаfil hcl tab 10 mg</i>	1	PA, QL (8 tabs every 21 days)
<i>varденаfil 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
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	PV	MO
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	PV	MO
(Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.03-0.451 mg) TYDEMY	PV	MO
drospirenone-ethinyl estradiol tab 3-0.02 mg	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) JASMIEL	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) LO-ZUMANDIMINE	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) LORYNA	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) NIKKI	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) VESTURA	PV	MO
drospirenone-ethinyl estradiol tab 3-0.03 mg	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg) 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
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	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
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	PV	MO
(Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)) CHARLOTTE 24 FE	PV	MO
(Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)) FINZALA	PV	MO
(Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)) MIBELAS 24 FE	PV	MO
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24)) GEMMILY	PV	MO

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
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	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
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	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
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	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		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	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 (<i>segesterone acetate-ethinyl estradiol</i>)	PV	QL (1 ring every 300 days), MO; Quantity max 1 per fill; Quantity max 1 per 300 days
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	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 (<i>ulipristal acetate</i>)	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))	1	
HIDEX 6-DAY		
<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
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
(Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%) NEUAC	1	
<i>clindamycin phosphate foam 1%</i>	1	
(Clindamycin Phosphate Foam 1%) CLINDACIN	1	
<i>clindamycin phosphate gel 1% (twice-daily)</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
(Clindamycin Phosphate Swab 1%) CLINDACIN ETZ PLEDGETS	1	
(Clindamycin Phosphate Swab 1%) CLINDACIN-P	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
EPIDUO FORTE GEL 0.3-2.5% (<i>adapalene-benzoyl peroxide</i>)	2	
EPIDUO GEL 0.1-2.5% (<i>adapalene-benzoyl peroxide</i>)	2	
<i>erythromycin gel 2%</i>	1	
(Erythromycin Pads 2%) ERY	1	
<i>erythromycin soln 2%</i>	1	
<i>isotretinoin cap 10 mg</i>	1	PA
(Isotretinoin Cap 10 mg) ACCUTANE	1	PA
(Isotretinoin Cap 10 mg) AMNESTEEM	1	PA
(Isotretinoin Cap 10 mg) CLARAVIS	1	PA
(Isotretinoin Cap 10 mg) ZENATANE	1	PA
<i>isotretinoin cap 20 mg</i>	1	PA
(Isotretinoin Cap 20 mg) ACCUTANE	1	PA
(Isotretinoin Cap 20 mg) AMNESTEEM	1	PA
(Isotretinoin Cap 20 mg) CLARAVIS	1	PA
(Isotretinoin Cap 20 mg) ZENATANE	1	PA
<i>isotretinoin cap 30 mg</i>	1	PA
(Isotretinoin Cap 30 mg) ACCUTANE	1	PA
(Isotretinoin Cap 30 mg) 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>	1	
(Silver Sulfadiazine Cream 1%) SSD	1	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone valerate aerosol foam 0.12%</i>	1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	
BRYHALI LOT 0.01% (<i>halobetasol propionate</i>)	2	
<i>clobetasol propionate cream 0.05%</i>	1	
<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 12000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
CREON CAP 24000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
CREON CAP 36000UNIT (<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>torsemide tab 5 mg</i>	1	MO

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

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/fefum-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-gramicidin op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<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	
<i>ILEVRO DRO 0.3% OP (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	
<i>TALICIA CAP (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>trospium chloride cap er 24hr 60 mg</i>	1	MO
<i>trospium 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
amantadine hcl soln 50 mg/5ml	92
amantadine hcl tab 100 mg	92
ambrisentan tab 10 mg	107
ambrisentan tab 5 mg	107
AMETHYST	
see Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 mcg	112
amiloride & hydrochlorothiazide tab 5-50 mg	127
amiloride hcl tab 5 mg	128
aminocaproic acid oral soln 0.25 gm/ml	138
aminocaproic acid tab 1000 mg	138
aminocaproic acid tab 500 mg	138
amiodarone hcl tab 100 mg	55
Amiodarone Hcl Tab 100 mg	16, 55
amiodarone hcl tab 200 mg	55
Amiodarone Hcl Tab 200 mg	55
amiodarone hcl tab 400 mg	55
amitriptyline hcl tab 10 mg	67
amitriptyline hcl tab 100 mg	67
amitriptyline hcl tab 150 mg	67
amitriptyline hcl tab 25 mg	67
amitriptyline hcl tab 50 mg	67
amitriptyline hcl tab 75 mg	67
amlodipine besylate tab 10 mg (base equivalent)	103
amlodipine besylate tab 2.5 mg (base equivalent)	103
amlodipine besylate tab 5 mg (base equivalent)	103
amlodipine besylate-atorvastatin calcium tab 10-10 mg	106
amlodipine besylate-atorvastatin calcium tab 10-20 mg	106
amlodipine besylate-atorvastatin calcium tab 10-40 mg	106
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

amlodipine besylate-atorvastatin calcium tab 5- 20 mg	105
amlodipine besylate-atorvastatin calcium tab 5- 40 mg	105
amlodipine besylate-atorvastatin calcium tab 5- 80 mg	106
amlodipine besylate-benazepril hcl cap 10-20 mg	80
amlodipine besylate-benazepril hcl cap 10-40 mg	80
amlodipine besylate-benazepril hcl cap 2.5-10 mg	80
amlodipine besylate-benazepril hcl cap 5-10 mg	80
amlodipine besylate-benazepril hcl cap 5-20 mg	80
amlodipine besylate-benazepril hcl cap 5-40 mg	80
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	80
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	80
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	80
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	80
amlodipine besylate-valsartan tab 10-160 mg	80
amlodipine besylate-valsartan tab 10-320 mg	80
amlodipine besylate-valsartan tab 5-160 mg..	80
amlodipine besylate-valsartan tab 5-320 mg..	80
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	80
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	80
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	80
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	80
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	80
AMNESTEEM	
see Isotretinoin Cap 10 mg	120
see Isotretinoin Cap 20 mg	120
see Isotretinoin Cap 30 mg	120
see Isotretinoin Cap 40 mg	121
amoxapine tab 100 mg	67
amoxapine tab 150 mg	67

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 DOPTELET SPR CAP 10MG	137
see DOPTELET 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
beclomethasone diprop inhal aers 100 mcg/act (80/delivery)	56
bedaquiline fumarate	
see SIRTURO TAB 100MG	83
see SIRTURO TAB 20MG	83
BELBUCA MIS 150MCG	49
BELBUCA MIS 300MCG	49
BELBUCA MIS 450MCG	49
BELBUCA MIS 600MCG	50
BELBUCA MIS 750MCG	50
BELBUCA MIS 75MCG.....	49
BELBUCA MIS 900MCG	50
BELSOMRA TAB 10MG	139
BELSOMRA TAB 15MG	139
BELSOMRA TAB 20MG	139
BELSOMRA TAB 5MG	139
bempedoic acid	
see NEXLETOL TAB 180MG	75
bempedoic acid-ezetimibe	
see NEXLIZET TAB 180/10MG.....	75
benazepril & hydrochlorothiazide tab 10-12.5 mg	81
benazepril & hydrochlorothiazide tab 20-12.5 mg	81
benazepril & hydrochlorothiazide tab 20-25 mg	81
benazepril & hydrochlorothiazide tab 5-6.25 mg	80
benazepril hcl tab 10 mg	78
benazepril hcl tab 20 mg	78
benazepril hcl tab 40 mg	78
benazepril hcl tab 5 mg	78
BENZAC AC LIQ 5% WASH	119
benzonatate cap 100 mg	119
benzonatate cap 200 mg	119
benzoyl peroxide	
see BENZAC AC LIQ 5% WASH	119
benzoyl peroxide-erythromycin gel 5-3%	120
benzphetamine hcl tab 50 mg	31
benztropine mesylate tab 0.5 mg	92
benztropine mesylate tab 1 mg	92
benztropine mesylate tab 2 mg	92
bepotastine besilate ophth soln 1.5%	150
berotralstat hcl	
see ORLADEYO CAP 110MG.....	135
see ORLADEYO CAP 150MG	135
see ORLADEYO PAK 108MG.....	135
see ORLADEYO PAK 132MG.....	136
see ORLADEYO PAK 72MG	135
see ORLADEYO PAK 96MG	135
besifloxacin hcl	
see BESIVANCE SUS 0.6%.....	149
BESIVANCE SUS 0.6%	149
betaine powder for oral solution	129
betamethasone dipropionate augmented cream 0.05%	123
betamethasone dipropionate augmented gel 0.05%	123
betamethasone dipropionate augmented lotion 0.05%	123
betamethasone dipropionate augmented oint 0.05%	123
betamethasone dipropionate cream 0.05% ..	123
betamethasone dipropionate lotion 0.05% ...	123
betamethasone valerate aerosol foam 0.12%	123
betamethasone valerate cream 0.1% (base equivalent)	123
betamethasone valerate lotion 0.1% (base equivalent)	123
betamethasone valerate oint 0.1% (base equivalent)	123
betaxolol hcl (ophth)	
see BETOPTIC-S SUS 0.25% OP	148
betaxolol hcl ophth soln 0.5%	148
betaxolol hcl tab 10 mg	102
betaxolol hcl tab 20 mg	102
bethanechol chloride tab 10 mg	164
bethanechol chloride tab 25 mg	164
bethanechol chloride tab 5 mg	164
bethanechol chloride tab 50 mg	164
BETOPTIC-S SUS 0.25% OP	148
bexarotene cap 75 mg	92
bexarotene gel 1%	122
bicalutamide tab 50 mg	85
bictegravir-emtricitabine-tenofovir alafenamide fumarate	
see BIKTARVY TAB	98
BIJUVA CAP 0.5-100	130
BIJUVA CAP 1-100MG	130
BIKTARVY TAB.....	98
bimatoprost ophth soln 0.01%	151

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
buspirone hcl tab 10 mg	54
buspirone hcl tab 15 mg	54
buspirone hcl tab 30 mg	54
buspirone hcl tab 5 mg	54
buspirone 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-cafeine 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-cafeine 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>carbamazepine tab er 12hr 100 mg</i>	61
<i>(169 mg ca)</i>	134	<i>carbamazepine tab er 12hr 200 mg</i>	61
<i>calcium acetate (phosphate binder) tab 667 mg</i>		<i>carbamazepine tab er 12hr 400 mg</i>	61
.....	134	<i>carbidopa & levodopa cap er 23.75-95 mg</i>	92
<i>calcium, magnesium, potassium, & sodium</i>		<i>carbidopa & levodopa cap er 36.25-145 mg</i>	92
<i>oxybates</i>		<i>carbidopa & levodopa cap er 48.75-195 mg</i>	92
see XYWAV SOL 0.5GM/ML	153	<i>carbidopa & levodopa cap er 61.25-245 mg</i>	93
CALQUENCE TAB 100MG	87	<i>carbidopa & levodopa orally disintegrating tab</i>	
CAMILA		<i>10-100 mg</i>	93
see Norethindrone Tab 0.35 mg	117	<i>carbidopa & levodopa orally disintegrating tab</i>	
CAMRESE		<i>25-100 mg</i>	93
see Levonorg-Eth Est Tab 0.15-0.03mg(84) &		<i>carbidopa & levodopa orally disintegrating tab</i>	
Eth Est Tab 0.01mg(7)	111	<i>25-250 mg</i>	93
CAMRESE LO		<i>carbidopa & levodopa tab 10-100 mg</i>	93
see Levonorg-Eth Est Tab 0.1-0.02mg(84) &		<i>carbidopa & levodopa tab 25-100 mg</i>	93
Eth Est Tab 0.01mg(7)	110	<i>carbidopa & levodopa tab 25-250 mg</i>	93
<i>candesartan cilexetil tab 16 mg</i>	79	<i>carbidopa & levodopa tab er 25-100 mg</i>	93
<i>candesartan cilexetil tab 32 mg</i>	79	<i>carbidopa & levodopa tab er 50-200 mg</i>	93
<i>candesartan cilexetil tab 4 mg</i>	79	<i>carbidopa tab 25 mg</i>	92
<i>candesartan cilexetil tab 8 mg</i>	79	<i>carbidopa-levodopa</i>	
<i>candesartan cilexetil-hydrochlorothiazide tab</i>		see CREXONT CAP 35-140MG	93
<i>16-12.5 mg</i>	81	see CREXONT CAP 52.5-210	93
<i>candesartan cilexetil-hydrochlorothiazide tab</i>		see CREXONT CAP 70-280MG	93
<i>32-12.5 mg</i>	81	see CREXONT CAP 87.5-350	93
<i>candesartan cilexetil-hydrochlorothiazide tab</i>		see DHIVY TAB 25-100MG	93
<i>32-25 mg</i>	81	<i>carbidopa-levodopa-entacapone tabs 12.5-50-</i>	
<i>capecitabine tab 150 mg</i>	84	<i>200 mg</i>	93
<i>capecitabine tab 500 mg</i>	84	<i>carbidopa-levodopa-entacapone tabs 18.75-75-</i>	
<i>capivasertib</i>		<i>200 mg</i>	93
see TRUQAP PAK 160MG	91	<i>carbidopa-levodopa-entacapone tabs 25-100-</i>	
see TRUQAP PAK 200MG	91	<i>200 mg</i>	93
see TRUQAP TAB 200MG	91	<i>carbidopa-levodopa-entacapone tabs 31.25-</i>	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	81	<i>125-200 mg</i>	93
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	81	<i>carbidopa-levodopa-entacapone tabs 37.5-150-</i>	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	81	<i>200 mg</i>	93
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	81	<i>carbidopa-levodopa-entacapone tabs 50-200-</i>	
<i>captopril tab 100 mg</i>	78	<i>200 mg</i>	93

carbinoxamine maleate extended release susp 4 mg/5ml	74
carbinoxamine maleate soln 4 mg/5ml	74
Carbinoxamine Maleate Soln 4 mg/5ml	75
carbinoxamine maleate tab 4 mg	75
carbinoxamine maleate tab 6 mg	75
Carbinoxamine Maleate Tab 6 mg	75
CARBZAH	
see Carbinoxamine Maleate Soln 4 mg/5ml .	75
carglumic acid soluble tab 200 mg	129
cariprazine hcl	
see VRAYLAR CAP 0.5MG	95
see VRAYLAR CAP 0.75MG	95
see VRAYLAR CAP 1.5MG	95
see VRAYLAR CAP 3MG	95
see VRAYLAR CAP 4.5MG	95
see VRAYLAR CAP 6MG	95
carisoprodol tab 350 mg	147
carteolol hcl ophth soln 1%	148
CARTIA XT	
see Diltiazem Hcl Coated Beads Cap Er 24hr 120 mg	103
see Diltiazem Hcl Coated Beads Cap Er 24hr 180 mg	103
see Diltiazem Hcl Coated Beads Cap Er 24hr 240 mg	103
see Diltiazem Hcl Coated Beads Cap Er 24hr 300 mg	103
carvedilol phosphate cap er 24hr 10 mg	101
carvedilol phosphate cap er 24hr 20 mg	101
carvedilol phosphate cap er 24hr 40 mg	101
carvedilol phosphate cap er 24hr 80 mg	101
carvedilol tab 12.5 mg	101
carvedilol tab 25 mg	101
carvedilol tab 3.125 mg	101
carvedilol tab 6.25 mg	101
CAYSTON INH 75MG	53
cefaclor cap 250 mg	108
cefaclor cap 500 mg	108
cefaclor for susp 250 mg/5ml	108
cefadroxil cap 500 mg	108
cefadroxil for susp 250 mg/5ml	108
cefadroxil for susp 500 mg/5ml	108
cefadroxil tab 1 gm	108
cefдинир cap 300 mg	109
cefдинир for susp 125 mg/5ml	109
cefдинир for susp 250 mg/5ml	109
cefіxime cap 400 mg	109
cefіxime for susp 100 mg/5ml	109
cefіxime for susp 200 mg/5ml	109
cefіxime tab 400 mg	109
cefpodoxime proxetil for susp 100 mg/5ml ...	109
cefpodoxime proxetil for susp 50 mg/5ml	109
cefpodoxime proxetil tab 100 mg	109
cefpodoxime proxetil tab 200 mg	109
cefprozil for susp 125 mg/5ml	108
cefprozil for susp 250 mg/5ml	108
cefprozil tab 250 mg	108
cefprozil tab 500 mg	108
cefuroxime axetil tab 250 mg	109
cefuroxime axetil tab 500 mg	109
celecoxib cap 100 mg	39
celecoxib cap 200 mg	39
celecoxib cap 400 mg	39
celecoxib cap 50 mg	39
cenobamate	
see XCOPRI PAK 100-150	63
see XCOPRI PAK 12.5-25	63
see XCOPRI PAK 150-200	63
see XCOPRI PAK 50-100MG	63
see XCOPRI TAB 100MG	63
see XCOPRI TAB 150MG	63
see XCOPRI TAB 200MG	64
see XCOPRI TAB 25MG	63
see XCOPRI TAB 50MG	63
cephalexin cap 250 mg	108
cephalexin cap 500 mg	108
cephalexin cap 750 mg	108
cephalexin for susp 125 mg/5ml	108
cephalexin for susp 250 mg/5ml	108
cephalexin tab 250 mg	108
cephalexin tab 500 mg	108
CERDELGA CAP 84MG	136
ceritinib	
see ZYKADIA TAB 150MG	92
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	75
cevimeline hcl cap 30 mg	147
CHARLOTTE 24 FE	
see Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)	114
CHATEAL EQ	
see Levonorgestrel & Ethinyl Estradiol Tab 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	<i>ciprofloxacin</i>	
<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
clozapine tab 100 mg	96
clozapine tab 200 mg	96
clozapine tab 25 mg	96
clozapine tab 50 mg	96
COARTEM TAB 20-120MG	83
codeine sulfate tab 30 mg	42
colchicine cap 0.6 mg	135
colchicine tab 0.6 mg	135
colchicine w/ probenecid tab 0.5-500 mg	135
colesevelam hcl packet for susp 3.75 gm	76
colesevelam hcl tab 625 mg	76
colestipol hcl granule packets 5 gm	76
colestipol hcl granules 5 gm	76
colestipol hcl tab 1 gm	76
COMBIPATCH DIS	131
COMPACT SPAC MIS CHAMBER	141
COMPACT SPAC MIS LG MASK	141
COMPACT SPAC MIS MD MASK	141
COMPACT SPAC MIS SM MASK	141
COMPRO	
see Prochlorperazine Suppos 25 mg	97
condoms - female	
see FC2 FEMALE MIS CONDOM	140
condoms latex lubricated - male	
see MALE MIS CONDOM	140
condoms latex non-lubricated - male	
see TRUSTEX MIS FLAVORS	140
CONDOMS MIS	140
condoms non-latex lubricated - male	
see DUREX MIS REALFEEL	140
conjugated estrogens-basedoxifene	
see DUAVEE TAB 0.45-20	131
conjugated estrogens-medroxyprogesterone acetate	
see PREMPHASE TAB	131
see PREMPRO TAB	131
see PREMPRO TAB 0.3-1.5	131
see PREMPRO TAB 0.45-1.5	131
see PREMPRO TAB 0.625-5	131
CONSTULOSE	
see Lactulose Solution 10 gm/15ml	140
CORTIFOAM AER 90MG	51
CREON CAP 12000UNT	126
CREON CAP 24000UNT	126
CREON CAP 3000UNIT	126
CREON CAP 36000UNT	126
CREON CAP 6000UNIT	126
CREXONT CAP 35-140MG	93
CREXONT CAP 52.5-210	93
CREXONT CAP 70-280MG	93
CREXONT CAP 87.5-350	93
CRINONE GEL 4% VAG	165
CRINONE GEL 8% VAG	165
crisaborole	
see EUCRISA OIN 2%	126
cromolyn sodium ophth soln 4%	151
cromolyn sodium oral conc 100 mg/5ml	133
cromolyn sodium soln nebu 20 mg/2ml	56
Crotamiton Lotion 10%	126
CROTAN	
see Crotamiton Lotion 10%	126
CRYSELLE	
see Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg	116
CVS FOLIC ACID	
see Folic Acid Tab 800 mcg	137
CVS NICOTINE	
see Nicotine Polacrilex Gum 2 mg	156
see Nicotine Polacrilex Gum 4 mg	157
CVS NICOTINE GUM	
see Nicotine Polacrilex Gum 4 mg	157
CVS NICOTINE LOZENGE	
see Nicotine Polacrilex Lozenge 2 mg	157
see Nicotine Polacrilex Lozenge 4 mg	157
CVS 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	157
CVS NICOTINE POLACRILEX S	
see Nicotine Polacrilex Gum 2 mg	156
CVS NICOTINE TRANSDERMAL	
see Nicotine Td Patch 24hr 14 mg/24hr	158
see Nicotine Td Patch 24hr 21 mg/24hr	158
see Nicotine Td Patch 24hr 7 mg/24hr	158
cyclobenzaprine hcl tab 10 mg	147
cyclobenzaprine hcl tab 5 mg	147
cyclopentolate hcl ophth soln 1%	149
cyclophosphamide cap 25 mg	83
cyclophosphamide cap 50 mg	83
cycloserine cap 250 mg	83
cyclosporine (ophth)	
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
deferasirox granules packet 180 mg	73
deferasirox granules packet 360 mg	73
deferasirox granules packet 90 mg	73
deferasirox tab 180 mg	73
deferasirox tab 360 mg	73
deferasirox tab 90 mg	73
deferasirox tab for oral susp 125 mg	73
deferasirox tab for oral susp 250 mg	73
deferasirox tab for oral susp 500 mg	73
deferiprone tab 1000 mg	73
deferiprone tab 500 mg	73
deflazacort	
see EMFLAZA SUS 22.75/ML.....	118
deflazacort susp 22.75 mg/ml	117
Deflazacort Susp 22.75 mg/ml	117
deflazacort tab 18 mg	117
Deflazacort Tab 18 mg	117
deflazacort tab 30 mg	117
Deflazacort Tab 30 mg	117
deflazacort tab 36 mg	117
Deflazacort Tab 36 mg	117
deflazacort tab 6 mg	117
Deflazacort Tab 6 mg	117
DELYLA	
see Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg	111
demeclocycline hcl tab 150 mg	159
demeclocycline hcl tab 300 mg	159
DESCOVY TAB 120-15MG	98
DESCOVY TAB 200/25MG	98
desipramine hcl tab 10 mg	67
desipramine hcl tab 100 mg	67
desipramine hcl tab 150 mg	67
desipramine hcl tab 25 mg	67
desipramine hcl tab 50 mg	67
desipramine hcl tab 75 mg	67
desloratadine tab 5 mg	75
desloratadine tab orally disintegrating 2.5 mg	75
desloratadine tab orally disintegrating 5 mg ..	75
desmopressin acetate nasal spray soln 0.01%	130
desmopressin acetate nasal spray soln 0.01% (refrigerated)	130
desmopressin acetate tab 0.1 mg	130
desmopressin acetate tab 0.2 mg	130

Desogest-Eth Estrad & Eth Estrad Tab 0.15- 0.02/0.01 mg(21/5)	109
Desogest-Ethin Est Tab 0.1-0.025/0.125- 0.025/0.15-0.025mg-Mg.....	109
Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg.....	109, 110
desonide cream 0.05%	124
desonide lotion 0.05%	124
desonide oint 0.05%	124
desoximetasone cream 0.05%	124
desoximetasone cream 0.25%	124
desoximetasone gel 0.05%	124
desoximetasone oint 0.25%	124
desoximetasone spray 0.25%	124
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	66
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	66
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	66
deucravacitinib	
see SOTYKTU TAB 6MG	123
deutetrabenazine	
see AUSTEDO TAB 12MG	155
see AUSTEDO TAB 6MG	155
see AUSTEDO TAB 9MG	155
dexamethasone elixir 0.5 mg/5ml	117
dexamethasone sodium phosphate ophth soln 0.1%	150
dexamethasone soln 0.5 mg/5ml	117
dexamethasone tab 0.5 mg	117
dexamethasone tab 0.75 mg	117
dexamethasone tab 1 mg	117
dexamethasone tab 1.5 mg	118
dexamethasone tab 2 mg	118
dexamethasone tab 4 mg	118
dexamethasone tab 6 mg	118
dexamethasone tab therapy pack 1.5 mg (21)	118
Dexamethasone Tab Therapy Pack 1.5 mg (21)	118
dexamethasone tab therapy pack 1.5 mg (35)	118
dexamethasone tab therapy pack 1.5 mg (51)	118
dexmethylphenidate hcl cap er 24 hr 10 mg	33
dexmethylphenidate hcl cap er 24 hr 15 mg	33

dexmethylphenidate hcl cap er 24 hr 20 mg	33
dexmethylphenidate hcl cap er 24 hr 25 mg	34
dexmethylphenidate hcl cap er 24 hr 30 mg	34
dexmethylphenidate hcl cap er 24 hr 35 mg	34
dexmethylphenidate hcl cap er 24 hr 40 mg	34
dexmethylphenidate hcl cap er 24 hr 5 mg	33
dexmethylphenidate hcl tab 10 mg	34
dexmethylphenidate hcl tab 2.5 mg	34
dexmethylphenidate hcl tab 5 mg	34
dextroamphetamine sulfate cap er 24hr 10 mg	28
dextroamphetamine sulfate cap er 24hr 15 mg	28
dextroamphetamine sulfate cap er 24hr 5 mg	28
dextroamphetamine sulfate oral solution 5 mg/5ml	28
Dextroamphetamine Sulfate Oral Solution 5 mg/5ml.....	28
dextroamphetamine sulfate tab 10 mg	29
Dextroamphetamine Sulfate Tab 10 mg	29
dextroamphetamine sulfate tab 15 mg	29
Dextroamphetamine Sulfate Tab 15 mg	29
dextroamphetamine sulfate tab 2.5 mg	28
Dextroamphetamine Sulfate Tab 2.5 mg.....	28
dextroamphetamine sulfate tab 20 mg	29
Dextroamphetamine Sulfate Tab 20 mg	29
dextroamphetamine sulfate tab 30 mg	29
Dextroamphetamine Sulfate Tab 30 mg	30
dextroamphetamine sulfate tab 5 mg	29
Dextroamphetamine Sulfate Tab 5 mg	29
dextroamphetamine sulfate tab 7.5 mg	29
Dextroamphetamine Sulfate Tab 7.5 mg.....	29
dextromethorphan hydrobromide-bupropion hydrochloride see AUVELITY TAB 45-105MG	65
DHIVY TAB 25-100MG	93
diazepam (anticonvulsant) see VALTOCO SPR 10MG	60
see VALTOCO SPR 15MG	60
see VALTOCO SPR 20MG	60
see VALTOCO SPR 5MG	60
diazepam conc 5 mg/ml	54
diazepam oral soln 1 mg/ml	55
diazepam rectal gel delivery system 10 mg	60
diazepam rectal gel delivery system 2.5 mg	60
diazepam rectal gel delivery system 20 mg	60
diazepam tab 10 mg	55
diazepam tab 2 mg	55
diazepam tab 5 mg	55
diazoxide susp 50 mg/ml	70
dichlorphenamide tab 50 mg	127
Dichlorphenamide Tab 50 mg	127
diclofenac epolamine patch 1.3%	121
diclofenac potassium tab 50 mg	39
diclofenac sodium (actinic keratoses) gel 3%	122
diclofenac sodium ophth soln 0.1%	151
diclofenac sodium soln 1.5%	121
diclofenac sodium tab delayed release 25 mg	39
diclofenac sodium tab delayed release 50 mg	39
diclofenac sodium tab delayed release 75 mg	39
diclofenac sodium tab er 24hr 100 mg	39
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	39
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	39
dicloxacin sodium cap 250 mg	152
dicloxacin sodium cap 500 mg	152
dicyclomine hcl cap 10 mg	162
dicyclomine hcl oral soln 10 mg/5ml	162
dicyclomine hcl tab 20 mg	162
diethylpropion hcl tab 25 mg	31
diethylpropion hcl tab er 24hr 75 mg	31
diflunisal tab 500 mg	41
difluprednate ophth emulsion 0.05%	150
digoxin oral soln 0.05 mg/ml	105
digoxin tab 125 mcg (0.125 mg)	105
digoxin tab 250 mcg (0.25 mg)	105
digoxin tab 62.5 mcg (0.0625 mg)	105
diltiazem hcl cap er 12hr 120 mg	103
diltiazem hcl cap er 12hr 60 mg	103
diltiazem hcl cap er 12hr 90 mg	103
diltiazem hcl cap er 24hr 120 mg	103
Diltiazem Hcl Cap Er 24hr 120 mg	103
diltiazem hcl cap er 24hr 180 mg	103
Diltiazem Hcl Cap Er 24hr 180 mg	103
diltiazem hcl cap er 24hr 240 mg	103
Diltiazem Hcl Cap Er 24hr 240 mg	103
diltiazem hcl coated beads cap er 24hr 120 mg	103
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
 see RADICAVA ORS SUS STARTER 148
efavirenz tab 600 mg 98
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 98
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 98
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 98
elafibranor
 see IQIRVO TAB 80MG 134
elagolix sodium
 see ORILISSA TAB 150MG 129
 see ORILISSA TAB 200MG 129
elagolix sodium-estradiol-norethindrone acetate
 see ORIAHNN CAP 131
elbasvir-grazoprevir
 see ZEPATIER TAB 50-100MG 101
eletriptan hydrobromide tab 20 mg (base equivalent) 143
eletriptan hydrobromide tab 40 mg (base equivalent) 143
eliglustat tartrate
 see CERDELGA CAP 84MG 136
ELINEST
 see Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg 116
ELIQUIS CAP 0.15MG 59
ELIQUIS ST P TAB 5MG 59
ELIQUIS TAB 0.5MG 59
ELIQUIS TAB 1.5MG 59
ELIQUIS TAB 2.5MG 59
ELIQUIS TAB 2MG 59
ELIQUIS TAB 5MG 59
ELITE-OB
 see Prenatal Vit W/ Iron Carbonyl-Fa Tab 50-1.25 mg 147
ELIXOPHYLLIN
 see Theophylline Elixir 80 mg/15ml 59
ELLA TAB 30MG 116
eltrombopag choline
 see ALVAIZ TAB 18MG 137
 see ALVAIZ TAB 36MG 137
 see ALVAIZ TAB 54MG 137
 see ALVAIZ TAB 9MG 137

eltrombopag olamine powder pack for susp 12.5 mg (base eq) 138
eltrombopag olamine powder pack for susp 25 mg (base equiv) 138
eltrombopag olamine tab 12.5 mg (base equiv) 138
eltrombopag olamine tab 25 mg (base equiv) 138
eltrombopag olamine tab 50 mg (base equiv) 138
eltrombopag olamine tab 75 mg (base equiv) 138
ELURYNG
 see Etonogestrel-Ethinyl Estradiol Va Ring 0.12-0.015 mg/24hr 116
eluxadoline
 see VIBERZI TAB 100MG 134
 see VIBERZI TAB 75MG 134
elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide
 see GENVOYA TAB 99
EMBECTA INSULIN PEN NEEDLES - OTC 141
EMBECTA INSULIN SYRINGE - OTC 141
EMBECTA INSULIN SYRINGE - RX 141
EMFLAZA SUS 22.75/ML 118
empagliflozin
 see JARDIANCE TAB 10MG 72
 see JARDIANCE TAB 25MG 72
empagliflozin-linagliptin
 see GLYXAMBI TAB 10-5 MG 68
 see GLYXAMBI TAB 25-5 MG 68
empagliflozin-linagliptin-metformin
 see TRIJARDY XR TAB 69
empagliflozin-metformin hcl
 see SYNJARDY TAB 69
 see SYNJARDY TAB 12.5-500 69
 see SYNJARDY TAB 5-1000MG 69
 see SYNJARDY TAB 5-500MG 69
 see SYNJARDY XR TAB 69
 see SYNJARDY XR TAB 10-1000 69
 see SYNJARDY XR TAB 25-1000 69
 see SYNJARDY XR TAB 5-1000MG 69
emtricitabine caps 200 mg 98
emtricitabine-rilpivirine-tenofovir alafenamide fumarate
 see ODEFSEY TAB 99

emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	98
emtricitabine-tenofovir alafenamide fumarate	
see DISCOVY TAB 120-15MG	98
see DISCOVY 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
ERRIN	
see Norethindrone Tab 0.35 mg	117
ERY	
see Erythromycin Pads 2%	120
erythromycin ethylsuccinate for susp 200 mg/5ml	140
erythromycin ethylsuccinate for susp 400 mg/5ml	140
Erythromycin Ethylsuccinate Tab 400 mg	140
erythromycin gel 2%	120
erythromycin ophth oint 5 mg/gm	149
Erythromycin Pads 2%	120
erythromycin soln 2%	120
erythromycin tab 250 mg	140
erythromycin tab 500 mg	140
erythromycin tab delayed release 250 mg	140
erythromycin tab delayed release 333 mg	140
erythromycin tab delayed release 500 mg	140
erythromycin w/ delayed release particles cap 250 mg	140
escitalopram oxalate soln 5 mg/5ml (base equiv)	65
escitalopram oxalate tab 10 mg (base equiv) ..	65
escitalopram oxalate tab 20 mg (base equiv) ..	65
escitalopram oxalate tab 5 mg (base equiv) ...	65
eslicarbazepine acetate tab 200 mg	61
eslicarbazepine acetate tab 400 mg	61
eslicarbazepine acetate tab 600 mg	61
eslicarbazepine acetate tab 800 mg	61
esomeprazole magnesium cap delayed release 20 mg (base eq)	162
esomeprazole magnesium cap delayed release 40 mg (base eq)	162
esomeprazole magnesium for delayed release susp pack 2.5 mg	163
esomeprazole magnesium for delayed release susp packet 10 mg	163
esomeprazole magnesium for delayed release susp packet 20 mg	163
esomeprazole magnesium for delayed release susp packet 40 mg	163
esomeprazole magnesium for delayed release susp packet 5 mg	163
ESTARYLLA	
see Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg	115
estazolam tab 1 mg	138
estazolam tab 2 mg	138
estradiol & norethindrone acetate	
see COMBIPATCH DIS	131
estradiol & norethindrone acetate tab 0.5-0.1 mg	131
Estradiol & Norethindrone Acetate Tab 0.5-0.1 mg	131
estradiol & norethindrone acetate tab 1-0.5 mg	131
Estradiol & Norethindrone Acetate Tab 1-0.5 mg	131
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	131
estradiol tab 0.5 mg	131
estradiol tab 1 mg	131
estradiol tab 2 mg	131
estradiol td gel 0.25 mg/0.25gm (0.1%)	131
estradiol td gel 0.5 mg/0.5gm (0.1%)	131
estradiol td gel 0.75 mg/0.75gm (0.1%)	132
estradiol td gel 1 mg/gm (0.1%)	132
estradiol td gel 1.25 mg/1.25gm (0.1%)	132
estradiol td patch twice weekly 0.025 mg/24hr	132
Estradiol Td Patch Twice Weekly 0.025 mg/24hr	132
estradiol td patch twice weekly 0.0375 mg/24hr	132
Estradiol Td Patch Twice Weekly 0.0375 mg/24hr	132
estradiol td patch twice weekly 0.05 mg/24hr	132
Estradiol Td Patch Twice Weekly 0.05 mg/24hr	132
estradiol td patch twice weekly 0.075 mg/24hr	132
Estradiol Td Patch Twice Weekly 0.075 mg/24hr	132
estradiol td patch twice weekly 0.1 mg/24hr ..	132
Estradiol Td Patch Twice Weekly 0.1 mg/24hr ..	132
estradiol td patch weekly 0.025 mg/24hr	132
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	132
estradiol td patch weekly 0.05 mg/24hr	132
estradiol td patch weekly 0.06 mg/24hr	132
estradiol td patch weekly 0.075 mg/24hr	132
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

felodipine tab er 24hr 10 mg	104	FLEXICHAMBER MIS MASK LRG	142
felodipine tab er 24hr 2.5 mg	104	FLEXICHAMBER MIS MASK SM	142
felodipine tab er 24hr 5 mg	104	flibanserin	
fenofibrate cap 150 mg	76	see ADDYI TAB 100MG	155
fenofibrate micronized cap 134 mg	76	fluconazole for susp 10 mg/ml	74
fenofibrate micronized cap 200 mg	76	fluconazole for susp 40 mg/ml	74
fenofibrate micronized cap 43 mg	76	fluconazole tab 100 mg	74
fenofibrate micronized cap 67 mg	76	fluconazole tab 150 mg	74
fenofibrate tab 145 mg	76	fluconazole tab 200 mg	74
fenofibrate tab 160 mg	76	fluconazole tab 50 mg	74
fenofibrate tab 48 mg	76	flucytosine cap 250 mg	74
fenofibrate tab 54 mg	76	fludrocortisone acetate tab 0.1 mg	119
fenofibric acid tab 105 mg	76	flunisolide nasal soln 25 mcg/act (0.025%) ...	148
fenofibric acid tab 35 mg	76	fluocinolone acetonide (otic) oil 0.01%	151
fentanyl td patch 72hr 100 mcg/hr	42	fluocinolone acetonide cream 0.01%	124
fentanyl td patch 72hr 12 mcg/hr	42	fluocinolone acetonide cream 0.025%	124
fentanyl td patch 72hr 25 mcg/hr	42	fluocinolone acetonide oil 0.01% (body oil) ...	124
fentanyl td patch 72hr 37.5 mcg/hr	42	fluocinolone acetonide oil 0.01% (scalp oil) ...	124
fentanyl td patch 72hr 50 mcg/hr	42	fluocinolone acetonide oint 0.025%	124
fentanyl td patch 72hr 62.5 mcg/hr	42	fluocinolone acetonide soln 0.01%	124
fentanyl td patch 72hr 75 mcg/hr	42	fluocinonide cream 0.05%	124
fentanyl td patch 72hr 87.5 mcg/hr	42	fluocinonide emulsified base cream 0.05% ...	124
ferric citrate tab 1 gm (210 mg ferric iron)	134	fluocinonide gel 0.05%	124
fesoterodine fumarate tab er 24hr 4 mg	163	fluocinonide oint 0.05%	124
fesoterodine fumarate tab er 24hr 8 mg	163	fluocinonide soln 0.05%	124
FIASP FLEX INJ TOUCH	71	fluorometholone ophth susp 0.1%	150
FIASP INJ 100/ML	71	fluorouracil cream 5%	122
FIASP PENFIL INJ U-100	71	fluorouracil soln 2%	122
fidaxomicin tab 200 mg	140	fluorouracil soln 5%	122
FILSPARI TAB 200MG	134	fluoxetine hcl cap 10 mg	65
FILSPARI TAB 400MG	135	fluoxetine hcl cap 20 mg	65
FINACEA AER 15%	126	fluoxetine hcl cap 40 mg	65
finasteride tab 1 mg	125	fluoxetine hcl cap delayed release 90 mg	65
finasteride tab 5 mg	135	fluoxetine hcl solution 20 mg/5ml	65
finerenone		fluoxetine hcl tab 10 mg	65
see KERENDIA TAB 10MG	130	fluoxetine hcl tab 20 mg	65
see KERENDIA TAB 20MG	130	fluphenazine hcl elixir 2.5 mg/5ml	97
see KERENDIA TAB 40MG	130	fluphenazine hcl oral conc 5 mg/ml	97
fingolimod hcl cap 0.5 mg (base equiv)	155	fluphenazine hcl tab 1 mg	97
FINZALA		fluphenazine hcl tab 10 mg	97
see Norethindrone Ace-Eth Estradiol-Fe Chew		fluphenazine hcl tab 2.5 mg	97
Tab 1 mg-20 mcg (24)	114	fluphenazine hcl tab 5 mg	97
flavoxate hcl tab 100 mg	164	flurbiprofen sodium ophth soln 0.03%	151
flecainide acetate tab 100 mg	55	flurbiprofen tab 100 mg	40
flecainide acetate tab 150 mg	55	flurbiprofen tab 50 mg	40
flecainide acetate tab 50 mg	55	fluticasone furoate aerosol powder breath activ	
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	153
galantamine hydrobromide cap er 24hr 24 mg	153
galantamine hydrobromide cap er 24hr 8 mg	153
galantamine hydrobromide oral soln 4 mg/ml	153
galantamine hydrobromide tab 12 mg	153
galantamine hydrobromide tab 4 mg	153
galantamine hydrobromide tab 8 mg	153
GALBRIELA	
see Norethindrone & Ethinyl Estradiol-Fe	
Chew Tab 0.8 mg-25 mcg	113
GALLIFREY	
see Norethindrone Acetate Tab 5 mg	153
gatifloxacin ophth soln 0.5%	149
GAVILYTE-C	
see Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate	
For Soln 240 gm	139
GAVILYTE-G	
see Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate	
For Soln 236 gm	139
GAVILYTE-N/FLAVOR PACK	
see Peg 3350-Kcl-Sod Bicarb-Nacl For Soln 420 gm	139
GAVRETO CAP 100MG	88
gefitinib tab 250 mg	85
gemfibrozil tab 600 mg	76
GEMMILY	
see Norethindrone Ace-Ethinyl Estradiol-Fe	
Cap 1 mg-20 mcg (24)	114
GEMTESA TAB 75MG	164
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

GLEOSTINE CAP 100MG	84
GLEOSTINE CAP 10MG	83
GLEOSTINE CAP 40MG	84
glimepiride tab 1 mg	72
glimepiride tab 2 mg	72
glimepiride tab 4 mg	72
glipizide tab 10 mg	72
glipizide tab 15 mg	72
glipizide tab 5 mg	72
glipizide tab er 24hr 10 mg	72
glipizide tab er 24hr 2.5 mg	72
glipizide tab er 24hr 5 mg	72
glipizide-metformin hcl tab 2.5-250 mg	68
glipizide-metformin hcl tab 2.5-500 mg	68
glipizide-metformin hcl tab 5-500 mg	68
glucagon	
see BAQSIMI ONE POW 3MG/DOSE	70
see BAQSIMI TWO POW 3MG/DOSE	70
see GVOKE HYPO 1 INJ 0.5/.1ML	70
see GVOKE HYPO 1 INJ 1/0.2ML	70
see GVOKE HYPO 2 INJ 0.5/.1ML	70
see GVOKE HYPO 2 INJ 1/0.2ML	70
see GVOKE KIT SOL 1/0.2ML	70
see GVOKE PFS INJ 1/0.2ML	70
glucagon for inj 1 mg	70
glyburide tab 1.25 mg	72
glyburide tab 2.5 mg	73
glyburide tab 5 mg	73
glyburide-metformin tab 1.25-250 mg	68
glyburide-metformin tab 2.5-500 mg	68
glyburide-metformin tab 5-500 mg	68
glycerol phenylbutyrate liquid 1.1 gm/ml	129
glycopyrrolate oral soln 1 mg/5ml	162
glycopyrrolate tab 1 mg	162
glycopyrrolate tab 2 mg	162
GLYXAMBI TAB 10-5 MG	68
GLYXAMBI TAB 25-5 MG	68
GNP FOLIC ACID	
see Folic Acid Tab 400 mcg	137
GNP NICOTINE TRANSDERMAL	
see Nicotine Td Patch 24hr 14 mg/24hr	158
see Nicotine Td Patch 24hr 21 mg/24hr	158
see Nicotine Td Patch 24hr 7 mg/24hr	158
GOMEKLI CAP 1MG	88
GOMEKLI CAP 2MG	88
GOMEKLI TAB 1MG	88
GOODSENSE NICOTINE	

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
..... 42	hydrocortisone tab 20 mg	118
hydrocodone bitartrate tab er 24hr deter 30 mg	hydrocortisone tab 5 mg	118
..... 42	hydrocortisone valerate cream 0.2%	125
hydrocodone bitartrate tab er 24hr deter 40 mg	hydrocortisone valerate oint 0.2%	125
..... 42	hydrocortisone w/ acetic acid otic soln 1-2%	151
hydrocodone bitartrate tab er 24hr deter 60 mg	hydromorphone hcl liqd 1 mg/ml	43
..... 42	hydromorphone hcl tab 2 mg	43
hydrocodone bitartrate tab er 24hr deter 80 mg	hydromorphone hcl tab 4 mg	43
..... 42	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
47	hydromorphone hcl tab er 24hr 32 mg	43
hydrocodone-acetaminophen soln 7.5-325	hydromorphone hcl tab er 24hr 8 mg	43
mg/15ml	hydroxychloroquine sulfate tab 100 mg	83
47	hydroxychloroquine sulfate tab 200 mg	83
hydrocodone-acetaminophen tab 10-300 mg	hydroxychloroquine sulfate tab 300 mg	83
48	hydroxychloroquine sulfate tab 400 mg	83
hydrocodone-acetaminophen tab 10-325 mg	hydroxyurea (sickle cell disease)	
48	see SIKLOS TAB 1000MG.....	136
hydrocodone-acetaminophen tab 2.5-325 mg	see SIKLOS TAB 100MG.....	136
47	hydroxyurea cap 500 mg	92
hydrocodone-acetaminophen tab 5-300 mg	hydroxyzine hcl syrup 10 mg/5ml	54
47	hydroxyzine hcl tab 10 mg	54
hydrocodone-acetaminophen tab 5-325 mg	hydroxyzine hcl tab 25 mg	54
48	hydroxyzine hcl tab 50 mg	54
hydrocodone-acetaminophen tab 7.5-300 mg	hydroxyzine pamoate cap 100 mg	54
48	hydroxyzine pamoate cap 25 mg	54
hydrocodone-acetaminophen tab 7.5-325 mg	hydroxyzine pamoate cap 50 mg	54
48	hyoscyamine sulfate elixir 0.125 mg/5ml	162
hydrocodone-ibuprofen tab 10-200 mg	Hyoscyamine Sulfate Elixir 0.125 mg/5ml.....	162
48	hyoscyamine sulfate sl tab 0.125 mg	162
hydrocodone-ibuprofen tab 5-200 mg	hyoscyamine sulfate soln 0.125 mg/ml	162
48	Hyoscyamine Sulfate Soln 0.125 mg/ml.....	162
hydrocodone-ibuprofen tab 7.5-200 mg	hyoscyamine sulfate tab 0.125 mg	162
48	hyoscyamine sulfate tab disint 0.125 mg	162
hydrocortisone acetate (intrarectal)	HYOSYNE	
see CORTIFOAM AER 90MG.....	see Hyoscyamine Sulfate Elixir 0.125 mg/5ml	
51	.....	162
hydrocortisone acetate cream 2.5%	see Hyoscyamine Sulfate Soln 0.125 mg/ml	162
124		
Hydrocortisone Acetate Cream 2.5%		
124		
hydrocortisone acetate w/ pramoxine		
see PROCTOFOAM AER HC 1%.....		
51		
hydrocortisone acetate w/ pramoxine perianal		
cream 1-1%		
51		
hydrocortisone butyrate cream 0.1%		
124		
hydrocortisone butyrate oint 0.1%		
124		
hydrocortisone butyrate soln 0.1%		
124		
hydrocortisone cream 1%		
124		
Hydrocortisone Cream 1%		
124		
hydrocortisone cream 2.5%		
124		
hydrocortisone enema 100 mg/60ml		
51		
hydrocortisone lotion 2.5%		
124		
hydrocortisone oint 1%		
124		
hydrocortisone oint 2.5%		
124		
hydrocortisone perianal cream 1%		
51		
Hydrocortisone Perianal Cream 1%		
51		
hydrocortisone perianal cream 2.5%		
51		
Hydrocortisone Perianal Cream 2.5%		
51		
Hydrocortisone Soln 2.5%		
124		

I

ibandronate sodium tab 150 mg (base	
equivalent)	128
IBRANCE CAP 100MG	88
IBRANCE CAP 125MG	88
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
see AFREZZA POW 4UNIT	71
see AFREZZA POW 8 UNIT	71
see AFREZZA POW 8-12UNIT	71
see HUMULIN R INJ U-500KWP	71
see NOVOLIN R INJ 100 UNIT	71
see NOVOLIN R INJ U-100	72
insulin syringe/needle u-100	
see BD INSULIN SYRINGE - RX.....	141
see EMBECTA INSULIN SYRINGE - OTC	141
insulin syringe/needle u-500	
see EMBECTA INSULIN SYRINGE - RX	141
insulin syringes (disposable)	
see BD INSULIN SYRINGE - OTC	141
INTRAROSA SUP 6.5MG	164
INTROVALE	
see Levonorgestrel & Ethinyl Estradiol (91-Day)	
Tab 0.15-0.03 mg	111
ipratropium bromide hfa inhal aerosol 17	
mcg/act	56
ipratropium bromide inhal soln 0.02%	56
ipratropium bromide nasal soln 0.03% (21	
mcg/spray)	148
ipratropium bromide nasal soln 0.06% (42	
mcg/spray)	148
ipratropium-albuterol nebu soln 0.5-2.5(3)	
mg/3ml	58
IQIRVO TAB 80MG	134
irbesartan tab 150 mg	79
irbesartan tab 300 mg	79
irbesartan tab 75 mg	79
irbesartan-hydrochlorothiazide tab 150-12.5 mg	
.....	81
irbesartan-hydrochlorothiazide tab 300-12.5 mg	
.....	81
ISENTRESS CHW 100MG	99
ISENTRESS CHW 25MG.....	99
ISENTRESS HD TAB 600MG	99
ISENTRESS POW 100MG	99
ISENTRESS TAB 400MG	99
ISIBLOOM	
see Desogestrel & Ethinyl Estradiol Tab 0.15	
mg-30 mcg	109
isoniazid syrup 50 mg/5ml	83
isoniazid tab 100 mg	83
isoniazid tab 300 mg	83
isosorbide dinitrate tab 10 mg	53

isosorbide dinitrate tab 20 mg	53
isosorbide dinitrate tab 30 mg	53
isosorbide dinitrate tab 5 mg	53
isosorbide dinitrate-hydralazine hcl tab 20-37.5	
mg	106
isosorbide mononitrate tab 10 mg	53
isosorbide mononitrate tab 20 mg	53
isosorbide mononitrate tab er 24hr 120 mg	53
isosorbide mononitrate tab er 24hr 30 mg	53
isosorbide mononitrate tab er 24hr 60 mg	53
isotretinoin cap 10 mg	120
Isotretinoin Cap 10 mg.....	120
isotretinoin cap 20 mg	120
Isotretinoin Cap 20 mg.....	120
isotretinoin cap 30 mg	120
Isotretinoin Cap 30 mg.....	120, 121
isotretinoin cap 40 mg	121
Isotretinoin Cap 40 mg.....	121
isradipine cap 2.5 mg	104
isradipine cap 5 mg	104
itraconazole cap 100 mg	74
itraconazole oral soln 10 mg/ml	74
ivabradine hcl tab 5 mg (base equiv)	108
ivabradine hcl tab 7.5 mg (base equiv)	108
ivacaftor	
see KALYDECO PAK 25MG	159
see KALYDECO PAK 50MG	159
see KALYDECO PAK 75MG	159
see KALYDECO TAB 150MG	159
ivermectin cream 1%	126
ivermectin tab 3 mg	52
ivermectin tab 6 mg	52
ixazomib citrate	
see NINLARO CAP 2.3MG	90
see NINLARO CAP 3MG	90
see NINLARO CAP 4MG	90

J

JAIMESS

see Levonorg-Eth Est Tab 0.15-0.03mg(84) &	
Eth Est Tab 0.01mg(7)	111
JAKAFI TAB 10MG	89
JAKAFI TAB 15MG	89
JAKAFI TAB 20MG	89
JAKAFI TAB 25MG	89
JAKAFI TAB 5MG	89
JAKAFI XR TAB 11MG	89
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
JOYEAX		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
levothyroxine sodium tab 200 mcg	161
Levothyroxine Sodium Tab 200 mcg	161
levothyroxine sodium tab 25 mcg	160
Levothyroxine Sodium Tab 25 mcg	160
levothyroxine sodium tab 300 mcg	161
Levothyroxine Sodium Tab 300 mcg	161
levothyroxine sodium tab 50 mcg	160
Levothyroxine Sodium Tab 50 mcg	160
levothyroxine sodium tab 75 mcg	160
Levothyroxine Sodium Tab 75 mcg	160
levothyroxine sodium tab 88 mcg	160
Levothyroxine Sodium Tab 88 mcg	160
LEVXYL	
see Levothyroxine Sodium Tab 100 mcg	160
see Levothyroxine Sodium Tab 112 mcg	161
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 50 mcg	160
see Levothyroxine Sodium Tab 75 mcg	160
see Levothyroxine Sodium Tab 88 mcg	160
lidocaine hcl soln 4%	125
lidocaine hcl viscous soln 2%	146
lidocaine oint 5%	125
lidocaine patch 5%	125
Lidocaine Patch 5%	126
lidocaine-prilocaine cream 2.5-2.5%	126
LIDOCAN	
see Lidocaine Patch 5%	126
linaclotide	
see LINZESS CAP 145MCG	134
see LINZESS CAP 290MCG	134
see LINZESS CAP 72MCG	134
linezolid for susp 100 mg/5ml	53
linezolid tab 600 mg	53
LINZESS CAP 145MCG	134
LINZESS CAP 290MCG	134
LINZESS CAP 72MCG	134
LIOMNY	
see Liothyronine Sodium Tab 25 mcg	161
see Liothyronine Sodium Tab 5 mcg	161
see Liothyronine Sodium Tab 50 mcg	161
liothyronine sodium tab 25 mcg	161
Liothyronine Sodium Tab 25 mcg	161
liothyronine sodium tab 5 mcg	161
Liothyronine Sodium Tab 5 mcg	161
liothyronine sodium tab 50 mcg	161
Liothyronine Sodium Tab 50 mcg	161
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	70
lisdexamphetamine dimesylate cap 10 mg	30
lisdexamphetamine dimesylate cap 20 mg	30
lisdexamphetamine dimesylate cap 30 mg	30
lisdexamphetamine dimesylate cap 40 mg	30
lisdexamphetamine dimesylate cap 50 mg	30
lisdexamphetamine dimesylate cap 60 mg	30
lisdexamphetamine dimesylate cap 70 mg	30
lisdexamphetamine dimesylate chew tab 10 mg	30
lisdexamphetamine dimesylate chew tab 20 mg	30
lisdexamphetamine dimesylate chew tab 30 mg	30
lisdexamphetamine dimesylate chew tab 40 mg	31
lisdexamphetamine dimesylate chew tab 50 mg	31
lisdexamphetamine dimesylate chew tab 60 mg	31
lisinopril & hydrochlorothiazide tab 10-12.5 mg	81
lisinopril & hydrochlorothiazide tab 20-12.5 mg	81
lisinopril & hydrochlorothiazide tab 20-25 mg	81
lisinopril tab 10 mg	78
lisinopril tab 2.5 mg	78
lisinopril tab 20 mg	78
lisinopril tab 30 mg	78
lisinopril tab 40 mg	78
lisinopril tab 5 mg	78
LITFULO CAP 50MG	125
lithium carbonate cap 150 mg	94
lithium carbonate cap 300 mg	94
lithium carbonate cap 600 mg	94
lithium carbonate tab 300 mg	94
lithium carbonate tab er 300 mg	94
lithium carbonate tab er 450 mg	94
lithium oral solution 8 meq/5ml	94
LO LOESTRIN TAB 1-10-10	112
LOESTRIN 1.5/30-21	
see Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg	113
LOESTRIN 1/20-21	
see Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg	113
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
LYZA	
see Norethindrone Tab 0.35 mg	117
M	
macitentan	
see OPSUMIT TAB 10MG	107
macitentan tab 10 mg	107
macitentan-tadalafil	
see OPSYNVI TAB 10-20MG	106
see OPSYNVI TAB 10-40MG	106
malathion lotion 0.5%	126
MALE MIS CONDOM	140
maraviroc tab 150 mg	99
maraviroc tab 300 mg	99
MARLISSA	
see Levonorgestrel & Ethinyl Estradiol Tab	
0.15 mg-30 mcg	111
MAVYRET PAK 50-20MG	100
MAVYRET TAB 100-40MG	100
MAYZENT PAK STARTER	155, 156
MAYZENT TAB 0.25MG	156
MAYZENT TAB 1MG	156
MAYZENT TAB 2MG	156
mebendazole	
see EMVERM CHW 100MG	52
meclizine hcl tab 12.5 mg	73
meclizine hcl tab 25 mg	73
meclizine hcl tab 50 mg	73
meclofenamate sodium cap 100 mg	40
meclofenamate sodium cap 50 mg	40
MEDROL TAB 2MG	118
medroxyprogesterone acetate tab 10 mg	152
medroxyprogesterone acetate tab 2.5 mg	152
medroxyprogesterone acetate tab 5 mg	152
mefenamic acid cap 250 mg	40
mefloquine hcl tab 250 mg	83
megestrol acetate susp 40 mg/ml	85
megestrol acetate susp 625 mg/5ml	153
megestrol acetate tab 20 mg	85
megestrol acetate tab 40 mg	85
MEKINIST SOL 0.05/ML	90
MEKINIST TAB 0.5MG	90
MEKINIST TAB 2MG	90
MEKTOVI TAB 15MG	90
MELEYA	
see Norethindrone Tab 0.35 mg	117
meloxicam susp 7.5 mg/5ml	40

meloxicam tab 15 mg	40
meloxicam tab 7.5 mg	40
memantine hcl cap er 24hr 14 mg	154
memantine hcl cap er 24hr 21 mg	154
memantine hcl cap er 24hr 28 mg	154
memantine hcl cap er 24hr 7 mg	153
memantine hcl oral solution 2 mg/ml	154
memantine hcl tab 10 mg	154
memantine hcl tab 28 x 5 mg & 21 x 10 mg	
titration pack	154
memantine hcl tab 5 mg	154
memantine hcl-donepezil hcl	
see NAMZARIC CAP 14-10MG	154
see NAMZARIC CAP 21-10MG	154
see NAMZARIC CAP 28-10MG	154
see NAMZARIC CAP 7-10MG	154
memantine hcl-donepezil hcl cap er 24hr 14-10	
mg	154
memantine hcl-donepezil hcl cap er 24hr 21-10	
mg	154
memantine hcl-donepezil hcl cap er 24hr 28-10	
mg	154
meperidine hcl oral soln 50 mg/5ml	43
meperidine hcl tab 50 mg	43
meprobamate tab 200 mg	54
meprobamate tab 400 mg	54
mercaptopurine susp 2000 mg/100ml (20	
mg/ml)	84
mercaptopurine tab 50 mg	84
mesalamine cap dr 400 mg	133
mesalamine cap er 24hr 0.375 gm	133
mesalamine cap er 500 mg	133
mesalamine enema 4 gm	133
mesalamine suppos 1000 mg	133
mesalamine tab delayed release 1.2 gm	133
mesalamine tab delayed release 800 mg	133
mesna tab 400 mg	92
metaxalone tab 800 mg	147
metformin hcl oral soln 500 mg/5ml	70
metformin hcl tab 1000 mg	70
metformin hcl tab 500 mg	70
metformin hcl tab 850 mg	70
metformin hcl tab er 24hr 500 mg	70
metformin hcl tab er 24hr 750 mg	70
methadone hcl conc 10 mg/ml	43
Methadone Hcl Conc 10 mg/ml	43
methadone hcl soln 10 mg/5ml	43

methadone hcl soln 5 mg/5ml	43
methadone hcl tab 10 mg	44
methadone hcl tab 5 mg	43
methadone hcl tab for oral susp 40 mg	44
Methadone Hcl Tab For Oral Susp 40 mg	44
METHADONE HYDROCHLORIDE I	
see Methadone Hcl Conc 10 mg/ml	43
METHADOSE	
see Methadone Hcl Tab For Oral Susp 40 mg	44
methamphetamine hcl tab 5 mg	31
methazolamide tab 25 mg	127
methazolamide tab 50 mg	127
methenamine hippurate tab 1 gm	53
methenamine mandelate tab 0.5 gm	53
METHERGINE	
see Methylergonovine Maleate Tab 0.2 mg	151
methimazole tab 10 mg	160
methimazole tab 5 mg	160
METHITEST	
see Methyltestosterone Oral Tab 10 mg	51
methocarbamol tab 1000 mg	147
Methocarbamol Tab 1000 mg	147
methocarbamol tab 500 mg	147
methocarbamol tab 750 mg	147
methotrexate sodium tab 2.5 mg (base equiv)	84
methoxsalen rapid cap 10 mg	123
methscopolamine bromide tab 2.5 mg	162
methscopolamine bromide tab 5 mg	162
methsuximide cap 300 mg	64
methyldopa tab 250 mg	80
methyldopa tab 500 mg	80
methylergonovine maleate tab 0.2 mg	151
Methylergonovine Maleate Tab 0.2 mg	151
methylphenidate hcl cap er 10 mg (cd)	34
methylphenidate hcl cap er 20 mg (cd)	34
methylphenidate hcl cap er 24hr 10 mg (la)	34
methylphenidate hcl cap er 24hr 10 mg (xr)	34
methylphenidate hcl cap er 24hr 15 mg (xr)	35
methylphenidate hcl cap er 24hr 20 mg (la)	35
methylphenidate hcl cap er 24hr 20 mg (xr)	35
methylphenidate hcl cap er 24hr 30 mg (la)	35
methylphenidate hcl cap er 24hr 30 mg (xr)	35
methylphenidate hcl cap er 24hr 40 mg (la)	35
methylphenidate hcl cap er 24hr 40 mg (xr)	35
methylphenidate hcl cap er 24hr 50 mg (xr)	35
methylphenidate hcl cap er 24hr 60 mg (la)	35
methylphenidate hcl cap er 24hr 60 mg (xr)	35

methylphenidate hcl cap er 30 mg (cd)	35
methylphenidate hcl cap er 40 mg (cd)	36
methylphenidate hcl cap er 50 mg (cd)	36
methylphenidate hcl cap er 60 mg (cd)	36
methylphenidate hcl chew tab 10 mg	36
methylphenidate hcl chew tab 2.5 mg	36
methylphenidate hcl chew tab 5 mg	36
methylphenidate hcl soln 10 mg/5ml	36
methylphenidate hcl soln 5 mg/5ml	36
methylphenidate hcl tab 10 mg	36
methylphenidate hcl tab 20 mg	36
methylphenidate hcl tab 5 mg	36
methylphenidate hcl tab er 10 mg	37
methylphenidate hcl tab er 20 mg	37
methylphenidate hcl tab er 24hr 18 mg	37
methylphenidate hcl tab er 24hr 27 mg	37
methylphenidate hcl tab er 24hr 36 mg	37
methylphenidate hcl tab er 24hr 54 mg	37
methylphenidate hcl tab er diffusion 27 mg	37
methylphenidate hcl tab er diffusion 36 mg	37
methylphenidate hcl tab er diffusion 54 mg	37
methylphenidate hcl tab er osmotic release (osm) 18 mg	37
methylphenidate hcl tab er osmotic release (osm) 27 mg	37
methylphenidate hcl tab er osmotic release (osm) 36 mg	38
methylphenidate hcl tab er osmotic release (osm) 54 mg	38
methylphenidate hcl tab er osmotic release (osm) 72 mg	38
methylphenidate td patch 10 mg/9hr	38
methylphenidate td patch 15 mg/9hr	38
methylphenidate td patch 20 mg/9hr	38
methylphenidate td patch 30 mg/9hr	38
methylprednisolone	
see MEDROL TAB 2MG	118
methylprednisolone tab 16 mg	118
methylprednisolone tab 32 mg	118
methylprednisolone tab 4 mg	118
methylprednisolone tab 8 mg	118
methylprednisolone tab therapy pack 4 mg (21)	118
methyltestosterone cap 10 mg	51
Methyltestosterone Oral Tab 10 mg	51
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	133

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

mycophenolate mofetil tab 500 mg	146
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	146
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	146
MYFEMBREE TAB	131
N	
nabumetone tab 500 mg	40
nabumetone tab 750 mg	40
nadolol tab 20 mg	102
nadolol tab 40 mg	102
nadolol tab 80 mg	102
nafarelin acetate see SYNAREL SOL 2MG/ML	129
naftifine hcl cream 1%	122
naftifine hcl cream 2%	122
naftifine hcl gel 2%	122
naldemedine tosylate see SYMPROIC TAB 0.2MG	134
naloxegol oxalate see MOVANTIK TAB 12.5MG	134
see MOVANTIK TAB 25MG	134
naloxone hcl nasal spray 4 mg/0.1ml	73
naltrexone hcl tab 50 mg	73
NAMZARIC CAP 14-10MG	154
NAMZARIC CAP 21-10MG	154
NAMZARIC CAP 28-10MG	154
NAMZARIC CAP 7-10MG	154
naproxen sodium tab 275 mg	40
naproxen sodium tab 550 mg	40
naproxen tab 250 mg	40
naproxen tab 375 mg	40
naproxen tab 500 mg	40
naproxen tab ec 375 mg	40
naproxen tab ec 500 mg	40
naratriptan hcl tab 1 mg (base equiv)	143
naratriptan hcl tab 2.5 mg (base equiv)	143
NATAZIA TAB	112
nateglinide tab 120 mg	72
nateglinide tab 60 mg	72
NATESTO GEL 5.5MG	51
NAYZILAM SPR 5MG	60
nebivolol hcl tab 10 mg (base equivalent)	102
nebivolol hcl tab 2.5 mg (base equivalent)	102
nebivolol hcl tab 20 mg (base equivalent)	102
nebivolol hcl tab 5 mg (base equivalent)	102
NECON 0.5/35-28	

see Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg	112
nefazodone hcl tab 100 mg	66
nefazodone hcl tab 150 mg	66
nefazodone hcl tab 200 mg	66
nefazodone hcl tab 250 mg	66
nefazodone hcl tab 50 mg	66
nelfinavir mesylate see VIRACEPT TAB 250MG	99
see VIRACEPT TAB 625MG	99
neomycin sulfate tab 500 mg	38
neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin	149
neomycin-polymyx-gramicid op sol 1.75-10000- 0.025mg-unt-mg/ml	150
neomycin-polymyxin-dexamethasone ophth oint 0.1%	150
neomycin-polymyxin-dexamethasone ophth susp 0.1%	150
neomycin-polymyxin-hc ophth susp	150
neomycin-polymyxin-hc otic soln 1%	151
neomycin-polymyxin-hc otic susp 3.5 mg/ml- 10000 unit/ml-1%	151
nepafenac see ILEVRO DRO 0.3% OP	151
NEUAC see Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%	120
NEUPRO DIS 1MG/24HR	93
NEUPRO DIS 2MG/24HR	93
NEUPRO DIS 3MG/24HR	93
NEUPRO DIS 4MG/24HR	93
NEUPRO DIS 6MG/24HR	93
NEUPRO DIS 8MG/24HR	93
nevirapine susp 50 mg/5ml	99
nevirapine tab 200 mg	99
nevirapine tab er 24hr 400 mg	99
NEXLETOL TAB 180MG	75
NEXLIZET TAB 180/10MG	75
niacin tab er 1000 mg (antihyperlipidemic)	78
niacin tab er 500 mg (antihyperlipidemic)	77
niacin tab er 750 mg (antihyperlipidemic)	78
nicardipine hcl cap 20 mg	104
nicardipine hcl cap 30 mg	104
NICORELIEF see Nicotine Polacrilex Gum 2 mg	157
nicotine	

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

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

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)

Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)	114
--	-----

norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)

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

Norethindrone Acetate Tab 5 mg	153
--------------------------------------	-----

norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg

Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 mg-2.5 mcg	131
--	-----

norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg

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

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

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

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

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

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	<i>olaparib</i>	
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
unit/gm-%	122	<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>	
<i>nystatin-triamcinolone oint 100000-0.1</i>		40-10-25 mg	82
unit/gm-%	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	equivalent)	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
OPSYNVI TAB 10-20MG	106
OPSYNVI TAB 10-40MG	106
OPTICHAMBER MIS DIA LG	142
OPTICHAMBER MIS DIA MD	142
OPTICHAMBER MIS DIA SM	142
OPTICHAMBER MIS DIAMOND	142
OPTION 2	
see Levonorgestrel Tab 1.5 mg	117
OPZELURA CRE 1.5%.....	125
ORACEA CAP 40MG	126
ORALAIR SUB 300 IR	38
ORALONE DENTAL PASTE	
see Triamcinolone Acetonide Dental Paste	
0.1%.....	147
ORENITRAM TAB 0.125MG	106
ORENITRAM TAB 0.25MG	106
ORENITRAM TAB 1MG	106
ORENITRAM TAB 2.5MG	106
ORENITRAM TAB 5MG	106
ORENITRAM TAB MONTH 1	106
ORENITRAM TAB MONTH 2	106
ORENITRAM TAB MONTH 3	106
ORFADIN SUS 4MG/ML	129
ORIAHNN CAP	131
ORILISSA TAB 150MG	129
ORILISSA TAB 200MG	129
ORLADEYO CAP 110MG	135
ORLADEYO CAP 150MG	135
ORLADEYO PAK 108MG	135
ORLADEYO PAK 132MG	136
ORLADEYO PAK 72MG.....	135
ORLADEYO PAK 96MG.....	135
orlistat cap 120 mg	31
ORMALVI	
see Dichlorphenamide Tab 50 mg.....	127
orphenadrine citrate tab er 12hr 100 mg	147
ORQUIDEA	
see Norethindrone Tab 0.35 mg	117
oseltamivir phosphate cap 30 mg (base equiv)	
.....	101
oseltamivir phosphate cap 45 mg (base equiv)	
.....	101
oseltamivir phosphate cap 75 mg (base equiv)	
.....	101
oseltamivir phosphate for susp 6 mg/ml (base equiv)	101

osimertinib mesylate	
see TAGRISSO TAB 40MG	85
see TAGRISSO TAB 80MG	85
OTEZLA TAB 10/20	41
OTEZLA TAB 10/20/30.....	41
OTEZLA TAB 20MG	41
OTEZLA TAB 30MG	41
OTEZLA XR TAB 75MG	41
OTEZLA/XR TAB 28 DAY	41
oxaprozin cap 300 mg	40
oxaprozin tab 600 mg	40
oxazepam cap 10 mg	55
oxazepam cap 15 mg	55
oxazepam cap 30 mg	55
oxcarbazepine	
see OXTELLAR XR TAB 150MG	62
see OXTELLAR XR TAB 300MG	62
see OXTELLAR XR TAB 600MG	62
oxcarbazepine susp 300 mg/5ml (60 mg/ml) ..	62
oxcarbazepine tab 150 mg	62
oxcarbazepine tab 300 mg	62
oxcarbazepine tab 600 mg	62
oxcarbazepine tab er 24hr 150 mg	62
oxcarbazepine tab er 24hr 300 mg	62
oxcarbazepine tab er 24hr 600 mg	62
oxiconazole nitrate cream 1%	122
OXTELLAR XR TAB 150MG	62
OXTELLAR XR TAB 300MG	62
OXTELLAR XR TAB 600MG	62
oxybutynin chloride solution 5 mg/5ml	163
oxybutynin chloride tab 2.5 mg	163
oxybutynin chloride tab 5 mg	163
oxybutynin chloride tab er 24hr 10 mg	163
oxybutynin chloride tab er 24hr 15 mg	163
oxybutynin chloride tab er 24hr 5 mg	163
oxycodone hcl cap 5 mg	45
oxycodone hcl conc 100 mg/5ml (20 mg/ml) ..	45
oxycodone hcl soln 5 mg/5ml	45
oxycodone hcl tab 10 mg	45
oxycodone hcl tab 15 mg	45
oxycodone hcl tab 20 mg	45
oxycodone hcl tab 30 mg	45
oxycodone hcl tab 5 mg	45
oxycodone w/ acetaminophen tab 10-325 mg	49
Oxycodone W/ Acetaminophen Tab 10-325 mg	49
oxycodone w/ acetaminophen tab 2.5-325 mg	
.....	48

Oxycodone W/ Acetaminophen Tab 2.5-325 mg	48	see ZENPEP CAP 40000UNT	127
oxycodone w/ acetaminophen tab 5-325 mg ..	49	see ZENPEP CAP 5000UNIT	127
Oxycodone W/ Acetaminophen Tab 5-325 mg .	49	see ZENPEP CAP 60000UNT	127
oxycodone w/ acetaminophen tab 7.5-325 mg	49	pantoprazole sodium ec tab 20 mg (base equiv)	163
Oxycodone W/ Acetaminophen Tab 7.5-325 mg	49	pantoprazole sodium ec tab 40 mg (base equiv)	163
oxymorphone hcl tab 10 mg	45	paricalcitol cap 1 mcg	129
oxymorphone hcl tab 5 mg	45	paricalcitol cap 2 mcg	129
ozanimod hcl		paricalcitol cap 4 mcg	129
see ZEPOSIA 7DAY CAP STR PACK	156	paroxetine hcl oral susp 10 mg/5ml (base equiv)	65
see ZEPOSIA CAP 0.92MG	156	paroxetine hcl tab 10 mg	66
see ZEPOSIA CAP STR KIT	156	paroxetine hcl tab 20 mg	66
OZEMPIC INJ 2MG/3ML	71	paroxetine hcl tab 30 mg	66
OZEMPIC INJ 4MG/3ML	71	paroxetine hcl tab 40 mg	66
OZEMPIC INJ 8MG/3ML	71	paroxetine hcl tab er 24hr 12.5 mg	66
OZEMPIC TAB 1.5MG	71	paroxetine hcl tab er 24hr 25 mg	66
OZEMPIC TAB 4MG	71	paroxetine hcl tab er 24hr 37.5 mg	66
OZEMPIC TAB 9MG	71	patiromer sorbitex calcium	
P		see VELTASSA POW 16.8GM	146
PACERONE		see VELTASSA POW 1GM	146
see Amiodarone Hcl Tab 100 mg	16, 55	see VELTASSA POW 25.2GM	146
see Amiodarone Hcl Tab 200 mg	55	see VELTASSA POW 8.4GM	146
palbociclib		PAXLOVID PAK	100
see IBRANCE CAP 100MG	88	PAXLOVID TAB 150-100	100
see IBRANCE CAP 125MG	88	PAXLOVID TAB 300-100	100
see IBRANCE TAB 100MG	88	pazopanib hcl tab 200 mg (base equiv)	90
see IBRANCE TAB 125MG	88	peg 3350-kcl-na bicarb-nacl-na sulfate for soln	
see IBRANCE TAB 75MG	88	236 gm	139
paliperidone tab er 24hr 1.5 mg	95	Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln	
paliperidone tab er 24hr 3 mg	95	236 gm	139
paliperidone tab er 24hr 6 mg	95	Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln	
paliperidone tab er 24hr 9 mg	95	240 gm	139
pancrelipase (lipase-protease-amylase)		peg 3350-kcl-sod bicarb-nacl for soln 420 gm	139
see CREON CAP 12000UNT	126	Peg 3350-Kcl-Sod Bicarb-Nacl For Soln 420 gm	139
see CREON CAP 24000UNT	126	penciclovir cream 1%	123
see CREON CAP 3000UNIT	126	penicillamine cap 250 mg	145
see CREON CAP 36000UNT	126	penicillamine tab 250 mg	145
see CREON CAP 6000UNIT	126	penicillin v potassium for soln 125 mg/5ml ...	152
see VIOKACE TAB 10440	126	penicillin v potassium for soln 250 mg/5ml ...	152
see VIOKACE TAB 20880	126	penicillin v potassium tab 250 mg	152
see ZENPEP CAP 10000UNT	127	penicillin v potassium tab 500 mg	152
see ZENPEP CAP 15000UNT	127	pentamidine isethionate for nebulization soln	
see ZENPEP CAP 20000UNT	127	300 mg	52
see ZENPEP CAP 25000UNT	127	pentazocine w/ naloxone hcl tab 50-0.5 mg ...	50
see ZENPEP CAP 3000UNIT	127		

pentoxifylline tab er 400 mg	135
perampanel susp 0.5 mg/ml	60
perampanel tab 10 mg	60
perampanel tab 12 mg	60
perampanel tab 2 mg	60
perampanel tab 4 mg	60
perampanel tab 6 mg	60
perampanel tab 8 mg	60
perindopril erbumine tab 2 mg	78
perindopril erbumine tab 4 mg	78
perindopril erbumine tab 8 mg	78
permethrin cream 5%	126
perphenazine tab 16 mg	97
perphenazine tab 2 mg	97
perphenazine tab 4 mg	97
perphenazine tab 8 mg	97
perphenazine-amitriptyline tab 2-10 mg	154
perphenazine-amitriptyline tab 2-25 mg	154
perphenazine-amitriptyline tab 4-10 mg	154
perphenazine-amitriptyline tab 4-25 mg	154
perphenazine-amitriptyline tab 4-50 mg	154
pexidartinib hcl	
see TURALIO CAP 125MG.....	91
PHEBURANE MIS 483/GM	129
phendimetrazine tartrate tab 35 mg	31
phenelzine sulfate tab 15 mg	65
phenobarbital elixir 20 mg/5ml	138
phenobarbital tab 100 mg	138
phenobarbital tab 15 mg	138
phenobarbital tab 16.2 mg	138
phenobarbital tab 30 mg	138
phenobarbital tab 32.4 mg	138
phenobarbital tab 60 mg	138
phenobarbital tab 64.8 mg	138
phenobarbital tab 97.2 mg	138
phenoxybenzamine hcl cap 10 mg	79
phentermine hcl cap 15 mg	31
phentermine hcl cap 30 mg	31
phentermine hcl cap 37.5 mg	31
phentermine hcl tab 37.5 mg	31
Phentermine Hcl Tab 8 mg	31
phentermine hcl-topiramate	
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

phentermine hcl-topiramate cap er 24hr 11.25-69 mg	31
phentermine hcl-topiramate cap er 24hr 15-92 mg	31
phentermine hcl-topiramate cap er 24hr 3.75-23 mg	31
phentermine hcl-topiramate cap er 24hr 7.5-46 mg	31
phenylephrine hcl ophth soln 10%	149
phenylephrine hcl ophth soln 2.5%	149
phenytoin chew tab 50 mg	64
phenytoin sodium extended cap 100 mg	64
phenytoin sodium extended cap 200 mg	64
phenytoin sodium extended cap 300 mg	64
phenytoin susp 125 mg/5ml	64
PHEXX GEL	164
PHILITH	
see Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg.....	112
PHOSPHO-TRIN K500	
see Potassium Phosphate Monobasic Tab 500 mg.....	144
phytonadione tab 5 mg	165
pilocarpine hcl ophth soln 1%	149
pilocarpine hcl ophth soln 1.25%	149
pilocarpine hcl ophth soln 2%	149
pilocarpine hcl ophth soln 4%	149
pilocarpine hcl tab 5 mg	147
pilocarpine hcl tab 7.5 mg	147
pimecrolimus cream 1%	125
pimozide tab 1 mg	156
pimozide tab 2 mg	156
PIMTREA	
see Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5).....	109
pindolol tab 10 mg	102
pindolol tab 5 mg	102
pioglitazone hcl tab 15 mg (base equiv)	72
pioglitazone hcl tab 30 mg (base equiv)	72
pioglitazone hcl tab 45 mg (base equiv)	72
pioglitazone hcl-glimepiride tab 30-2 mg	68
pioglitazone hcl-glimepiride tab 30-4 mg	69
pioglitazone hcl-metformin hcl tab 15-500 mg	69
pioglitazone hcl-metformin hcl tab 15-850 mg	69
PIQRAY 200MG TAB DOSE	90
PIQRAY 250MG TAB DOSE	90
PIQRAY 300MG TAB DOSE	90

pirfenidone cap 267 mg	159
pirfenidone tab 267 mg	159
pirfenidone tab 534 mg	159
pirfenidone tab 801 mg	159
piroxicam cap 10 mg	40
piroxicam cap 20 mg	40
pitavastatin calcium tab 1 mg	77
pitavastatin calcium tab 2 mg	77
pitavastatin calcium tab 4 mg	77
pitolisant hcl	
see WAKIX TAB 17.8MG	33
see WAKIX TAB 4.45MG	33
PNV-DHA	
see Prenat W/o A W/feum-Methfol-Fa-Dha	
Cap 27-0.6-0.4-300 mg	147
PNV-SELECT	
see Prenatal Vit W/ Fe Fum-Methylfolate-Fa	
Tab 27-0.6-0.4 mg	147
POCKET CHAMB MIS	142
POCKET SPACE MIS	142
podofilox gel 0.5%	125
podofilox soln 0.5%	125
polymyxin b-trimethoprim ophth soln 10000	
unit/ml-0.1%	150
pomalidomide	
see POMALYST CAP 1MG	86
see POMALYST CAP 2MG	86
see POMALYST CAP 3MG	86
see POMALYST CAP 4MG	86
pomalidomide cap 1 mg	86
pomalidomide cap 2 mg	86
pomalidomide cap 3 mg	86
pomalidomide cap 4 mg	86
POMALYST CAP 1MG	86
POMALYST CAP 2MG	86
POMALYST CAP 3MG	86
POMALYST CAP 4MG	86
PORTIA-28	
see Levonorgestrel & Ethinyl Estradiol Tab	
0.15 mg-30 mcg	112
posaconazole susp 40 mg/ml	74
potassium chloride cap er 10 meq	144
potassium chloride cap er 8 meq	144
potassium chloride microencapsulated crys er	
tab 10 meq	144
Potassium Chloride Microencapsulated Crys Er	
Tab 10 meq	144

potassium chloride microencapsulated crys er	
tab 15 meq	144
Potassium Chloride Microencapsulated Crys Er	
Tab 15 meq	144
potassium chloride microencapsulated crys er	
tab 20 meq	144
Potassium Chloride Microencapsulated Crys Er	
Tab 20 meq	144
potassium chloride oral soln 10% (20 meq/15ml)	
.....	144
potassium chloride oral soln 20% (40 meq/15ml)	
.....	144
potassium chloride powder packet 20 meq ...	144
Potassium Chloride Powder Packet 20 meq....	144
potassium chloride tab er 10 meq	144
Potassium Chloride Tab Er 10 meq	145
potassium chloride tab er 15 meq	145
potassium chloride tab er 20 meq (1500 mg)	145
potassium chloride tab er 8 meq (600 mg)	144
Potassium Chloride Tab Er 8 meq (600 mg)	144
potassium citrate tab er 10 meq (1080 mg) ..	134
potassium citrate tab er 15 meq (1620 mg) ..	134
potassium citrate tab er 5 meq (540 mg)	134
potassium iodide oral soln 1 gm/ml	119
Potassium Phosphate Monobasic Tab 500 mg	144
pralsetinib	
see GAVRETO CAP 100MG	88
pramipexole dihydrochloride tab 0.125 mg	93
pramipexole dihydrochloride tab 0.25 mg	93
pramipexole dihydrochloride tab 0.5 mg	93
pramipexole dihydrochloride tab 0.75 mg	93
pramipexole dihydrochloride tab 1 mg	93
pramipexole dihydrochloride tab 1.5 mg	93
pramipexole dihydrochloride tab er 24hr 0.375	
mg	94
pramipexole dihydrochloride tab er 24hr 0.75	
mg	94
pramipexole dihydrochloride tab er 24hr 1.5 mg	
.....	94
pramipexole dihydrochloride tab er 24hr 2.25	
mg	94
pramipexole dihydrochloride tab er 24hr 3 mg	94
pramipexole dihydrochloride tab er 24hr 3.75	
mg	94
pramipexole dihydrochloride tab er 24hr 4.5 mg	
.....	94
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 & eth 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 & eth 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

sacubitril-valsartan tab 49-51 mg	106
sacubitril-valsartan tab 97-103 mg	106
salmeterol xinafoate	
see SEREVENT DIS AER 50MCG	58
salsalate tab 750 mg	42
SANCUSO DIS 3.1MG	73
sapropterin dihydrochloride powder packet 100 mg	129
Sapropterin Dihydrochloride Powder Packet 100 mg.....	129
sapropterin dihydrochloride powder packet 500 mg	130
Sapropterin Dihydrochloride Powder Packet 500 mg.....	130
sapropterin dihydrochloride tab 100 mg	130
Sapropterin Dihydrochloride Tab 100 mg	130
saxagliptin hcl tab 2.5 mg (base equiv)	70
saxagliptin hcl tab 5 mg (base equiv)	70
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	69
saxagliptin-metformin hcl tab er 24hr 5-1000 mg	69
saxagliptin-metformin hcl tab er 24hr 5-500 mg	69
SCEMBLIX TAB 100MG	91
SCEMBLIX TAB 20MG	91
SCEMBLIX TAB 40MG	91
scopolamine td patch 72hr 1 mg/3days	73
segesterone acetate-ethinyl estradiol	
see ANNOVERA MIS	116
selegiline hcl cap 5 mg	94
selegiline hcl tab 5 mg	94
selenium sulfide lotion 2.5%	123
selexipag	
see UPTRAVI PACK TAB 200/800	107
see UPTRAVI TAB 1000MCG	108
see UPTRAVI TAB 1200MCG	108
see UPTRAVI TAB 1400MCG	108
see UPTRAVI TAB 1600MCG	108
see UPTRAVI TAB 200MCG	107
see UPTRAVI TAB 400MCG	107
see UPTRAVI TAB 600MCG	107
see UPTRAVI TAB 800MCG	108
selpercatinib	
see RETEVMO TAB 120MG	90
see RETEVMO TAB 160MG	90
see RETEVMO TAB 40MG	90
see RETEVMO TAB 80MG	90
selumetinib sulfate	
see KOSELUGO CAP 10MG	89
see KOSELUGO CAP 25MG	89
semaglutide	
see OZEMPIC INJ 2MG/3ML	71
see OZEMPIC INJ 4MG/3ML	71
see OZEMPIC INJ 8MG/3ML	71
see OZEMPIC TAB 1.5MG	71
see OZEMPIC TAB 4MG	71
see OZEMPIC TAB 9MG	71
see RYBELSUS TAB 14MG	71
see RYBELSUS TAB 3MG	71
see RYBELSUS TAB 7MG	71
semaglutide (weight management)	
see WEGOVY TAB 1.5MG	31
see WEGOVY TAB 25MG	32
see WEGOVY TAB 4MG	31
see WEGOVY TAB 9MG	32
serdexmethylphenidate chloride-dexmethylphenidate hcl	
see AZSTARYS CAP 26.1-5.2	33
see AZSTARYS CAP 39.2-7.8	33
see AZSTARYS CAP 52.3-10	33
SEREVENT DIS AER 50MCG	58
sertraline hcl cap 150 mg	66
sertraline hcl cap 200 mg	66
sertraline hcl oral concentrate for solution 20 mg/ml	66
sertraline hcl tab 100 mg	66
sertraline hcl tab 25 mg	66
sertraline hcl tab 50 mg	66
SETLAKIN	
see Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg	111
sevelamer carbonate packet 0.8 gm	134
sevelamer carbonate packet 2.4 gm	134
sevelamer carbonate tab 800 mg	134
sevelamer hcl tab 400 mg	134
sevelamer hcl tab 800 mg	134
SHAROBEL	
see Norethindrone Tab 0.35 mg	117
short ragweed pollen allergen extract	
see RAGWITEK SUB	38
SIKLOS TAB 1000MG	136
SIKLOS TAB 100MG	136
sildenafil citrate for suspension 10 mg/ml	107

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

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

see Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg	115
SPS	
see Sodium Polystyrene Sulfonate Rectal Susp 30 gm/120ml	146
see Sodium Polystyrene Sulfonate Susp 15 gm/60ml	146
SSD	
see Silver Sulfadiazine Cream 1%	123
STIOLTO AER 2.5-2.5	58
STIVARGA TAB 40MG	91
STRIVERDI AER 2.5MCG	59
SUBVENITE	
see Lamotrigine Tab 100 mg	62
see Lamotrigine Tab 150 mg	62
see Lamotrigine Tab 200 mg	62
see Lamotrigine Tab 25 mg.....	61
SUBVENITE STARTER KIT/BLU	
see Lamotrigine Tab 35 X 25 mg Starter Kit ..	61
SUBVENITE STARTER KIT/GRE	
see Lamotrigine Tab 84 X 25 mg & 14 X 100 mg Starter Kit.....	62
SUBVENITE STARTER KIT/ORA	
see Lamotrigine Tab 25 mg (42) & 100 mg (7) Starter Kit.....	61
sucralfate tab 1 gm	162
sulconazole nitrate cream 1%	122
sulconazole nitrate solution 1%	122
sulfacetamide sodium lotion 10% (acne)	121
sulfacetamide sodium ophth soln 10%	150
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	150
sulfadiazine tab 500 mg	159
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	52
Sulfamethoxazole-Trimethoprim Susp 200-40 mg/5ml	52
sulfamethoxazole-trimethoprim tab 400-80 mg	52
sulfamethoxazole-trimethoprim tab 800-160 mg	52
sulfasalazine tab 500 mg	133
sulfasalazine tab delayed release 500 mg	133
SULFATRIM PEDIATRIC	
see Sulfamethoxazole-Trimethoprim Susp 200- 40 mg/5ml	52
sulindac tab 150 mg	40

sulindac tab 200 mg	40
sumatriptan	
see TOSYMRA SOL 10MG	143
sumatriptan nasal spray 20 mg/act	143
sumatriptan nasal spray 5 mg/act	143
sumatriptan succinate	
see IMITREX INJ 4MG/0.5	143
see IMITREX INJ 6MG/0.5	143
see ZEMBRACE SYM INJ 3/0.5ML	143
sumatriptan succinate inj 6 mg/0.5ml	143
sumatriptan succinate solution auto-injector 6 mg/0.5ml	143
sumatriptan succinate tab 100 mg	143
sumatriptan succinate tab 25 mg	143
sumatriptan succinate tab 50 mg	143
sunitinib malate cap 12.5 mg (base equivalent)	91
sunitinib malate cap 25 mg (base equivalent) ..	91
sunitinib malate cap 37.5 mg (base equivalent)	91
sunitinib malate cap 50 mg (base equivalent) ..	91
SUNOSI TAB 150MG	33
SUNOSI TAB 75MG	33
suvorexant	
see BELSOMRA TAB 10MG	139
see BELSOMRA TAB 15MG	139
see BELSOMRA TAB 20MG	139
see BELSOMRA TAB 5MG	139
SYEDA	
see Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg	110
SYMPROIC TAB 0.2MG	134
SYMTUZA TAB	99
SYNAREL SOL 2MG/ML	129
SYNJARDY TAB	69
SYNJARDY TAB 12.5-500	69
SYNJARDY TAB 5-1000MG	69
SYNJARDY TAB 5-500MG	69
SYNJARDY XR TAB	69
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)

TARINA FE 1/20 EQ

 see Norethindrone Ace & Ethinyl Estradiol-Fe

 Tab 1 mg-20 mcg

tasimelteon capsule 20 mg

TAYSOFY

 see Norethindrone Ace-Ethinyl Estradiol-Fe

 Cap 1 mg-20 mcg (24)

tazarotene cream 0.05%

tazarotene cream 0.1%

tazarotene gel 0.05%

tazarotene gel 0.1%

telmisartan tab 20 mg

telmisartan tab 40 mg

telmisartan tab 80 mg

telmisartan-amlodipine tab 40-10 mg

telmisartan-amlodipine tab 40-5 mg

telmisartan-amlodipine tab 80-10 mg

telmisartan-amlodipine tab 80-5 mg

telmisartan-hydrochlorothiazide tab 40-12.5 mg

telmisartan-hydrochlorothiazide tab 80-12.5 mg

telmisartan-hydrochlorothiazide tab 80-25 mg

temazepam cap 15 mg

temazepam cap 22.5 mg

temazepam cap 30 mg

temazepam cap 7.5 mg

temozolomide cap 100 mg

temozolomide cap 140 mg

temozolomide cap 180 mg

temozolomide cap 20 mg

temozolomide cap 250 mg

temozolomide cap 5 mg

TENCON

 see Butalbital-Acetaminophen Tab 50-325 mg

tenofovir disoproxil fumarate tab 300 mg

terazosin hcl cap 1 mg (base equivalent)

terazosin hcl cap 10 mg (base equivalent)

terazosin hcl cap 2 mg (base equivalent)

terazosin hcl cap 5 mg (base equivalent)

terbinafine hcl tab 250 mg

terbutaline sulfate tab 2.5 mg

terbutaline sulfate tab 5 mg	59
terconazole vaginal cream 0.4%	164
terconazole vaginal cream 0.8%	164
terconazole vaginal suppos 80 mg	164
teriflunomide tab 14 mg	156
teriflunomide tab 7 mg	156
testosterone	
see NATESTO GEL 5.5MG	51
testosterone td gel 12.5 mg/act (1%)	51
testosterone td gel 20.25 mg/1.25gm (1.62%)	51
testosterone td gel 20.25 mg/act (1.62%)	51
testosterone td gel 25 mg/2.5gm (1%)	51
testosterone td gel 40.5 mg/2.5gm (1.62%)	51
testosterone td gel 50 mg/5gm (1%)	51
testosterone td soln 30 mg/act	51
tetrabenazine tab 12.5 mg	155
tetrabenazine tab 25 mg	155
tetracycline hcl cap 250 mg	160
tetracycline hcl cap 500 mg	160
TEXACORT	
see Hydrocortisone Soln 2.5%	124
thalidomide	
see THALOMID CAP 100MG	145
see THALOMID CAP 50MG	145
THALOMID CAP 100MG	145
THALOMID CAP 50MG	145
theophylline elixir 80 mg/15ml	59
Theophylline Elixir 80 mg/15ml	59
theophylline soln 80 mg/15ml	59
theophylline tab er 12hr 100 mg	59
theophylline tab er 12hr 200 mg	59
theophylline tab er 12hr 300 mg	59
theophylline tab er 12hr 450 mg	59
theophylline tab er 24hr 400 mg	59
theophylline tab er 24hr 600 mg	59
thioridazine hcl tab 10 mg	97
thioridazine hcl tab 100 mg	97
thioridazine hcl tab 25 mg	97
thioridazine hcl tab 50 mg	97
thiothixene cap 1 mg	97
thiothixene cap 10 mg	98
thiothixene cap 2 mg	98
thiothixene cap 5 mg	98
THRIVE	
see Nicotine Polacrilex Gum 2 mg	157
TIADYLT ER	
see Diltiazem Hcl Extended Release Beads Cap Er 24hr 120 mg	104
see Diltiazem Hcl Extended Release Beads Cap Er 24hr 180 mg	104
see Diltiazem Hcl Extended Release Beads Cap Er 24hr 240 mg	104
see Diltiazem Hcl Extended Release Beads Cap Er 24hr 300 mg	104
see Diltiazem Hcl Extended Release Beads Cap Er 24hr 360 mg	104
see Diltiazem Hcl Extended Release Beads Cap Er 24hr 420 mg	104
tiagabine hcl tab 12 mg	64
tiagabine hcl tab 16 mg	64
tiagabine hcl tab 2 mg	64
tiagabine hcl tab 4 mg	64
ticagrelor tab 60 mg	136
ticagrelor tab 90 mg	136
TILIA FE	
see Norethindrone Ac-Ethinyl Estrad-Fe Tab 1- 20/1-30/1-35 mg-Mcg	113
timolol maleate opth gel forming soln 0.25%	149
timolol maleate opth gel forming soln 0.5%	148
timolol maleate opth soln 0.25%	149
timolol maleate opth soln 0.5%	149
timolol maleate opth soln 0.5% (once-daily)	149
timolol maleate preservative free opth soln 0.25%	149
timolol maleate preservative free opth soln 0.5%	149
timolol maleate tab 10 mg	103
timolol maleate tab 20 mg	103
timolol maleate tab 5 mg	103
timolol opth soln 0.5%	149
timothy grass pollen allergen extract	
see GRASTEK SUB 2800BAU	38
tinidazole tab 250 mg	52
tinidazole tab 500 mg	52
tiopronin tab 100 mg	135
tiopronin tab delayed release 100 mg	135
Tiopronin Tab Delayed Release 100 mg	135
tiopronin tab delayed release 300 mg	135
Tiopronin Tab Delayed Release 300 mg	135
tiotropium bromide	
see SPIRIVA CAP HANDIHLR	56

see SPIRIVA RESP AER 1.25MCG	56
see SPIRIVA RESP AER 2.5MCG.....	56
tiotropium bromide-olodaterol hcl	
see STIOLTO AER 2.5-2.5.....	58
tirzepatide	
see MOUNJARO INJ 10MG/0.5.....	70
see MOUNJARO INJ 12.5/0.5.....	71
see MOUNJARO INJ 15MG/0.5.....	71
see MOUNJARO INJ 2.5/0.5.....	70
see MOUNJARO INJ 5MG/0.5.....	70
see MOUNJARO INJ 7.5/0.5.....	70
TIVICAY PD TAB 5MG	99
TIVICAY TAB 50MG	99
tizanidine hcl cap 2 mg (base equivalent)	147
tizanidine hcl cap 4 mg (base equivalent)	147
tizanidine hcl cap 6 mg (base equivalent)	147
tizanidine hcl cap 8 mg (base equivalent)	147
tizanidine hcl tab 2 mg (base equivalent)	147
tizanidine hcl tab 4 mg (base equivalent)	147
TOBRADEX OIN 0.3-0.1%.....	150
tobramycin (ophth)	
see TOBREX OIN 0.3% OP	150
tobramycin nebu soln 300 mg/4ml	38
tobramycin nebu soln 300 mg/5ml	39
tobramycin ophth soln 0.3%	150
tobramycin-dexamethasone	
see TOBRADEX OIN 0.3-0.1%.....	150
tobramycin-dexamethasone ophth susp 0.3-0.1%	150
TOBREX OIN 0.3% OP	150
TODAY SPONGE MIS.....	164
tofacitinib citrate	
see XELJANZ TAB 10MG	39
see XELJANZ TAB 5MG	39
see XELJANZ XR TAB 11MG.....	39
see XELJANZ XR TAB 22MG.....	39
tolcapone tab 100 mg	92
tolmetin sodium tab 600 mg	40
tolterodine tartrate cap er 24hr 2 mg	164
tolterodine tartrate cap er 24hr 4 mg	164
tolterodine tartrate tab 1 mg	164
tolterodine tartrate tab 2 mg	164
tolvaptan (hyponatremia) tab 15 mg	130
tolvaptan (hyponatremia) tab 30 mg	130
tolvaptan tab 15 mg	130
tolvaptan tab 30 mg	130
tolvaptan tab therapy pack 15 mg	130

tolvaptan tab therapy pack 30 & 15 mg	130
tolvaptan tab therapy pack 45 & 15 mg	130
tolvaptan tab therapy pack 60 & 30 mg	130
tolvaptan tab therapy pack 90 & 30 mg	130
topiramate cap er 24hr 100 mg	63
topiramate cap er 24hr 200 mg	63
topiramate cap er 24hr 25 mg	63
topiramate cap er 24hr 50 mg	63
topiramate oral soln 25 mg/ml	63
topiramate sprinkle cap 15 mg	63
topiramate sprinkle cap 25 mg	63
topiramate sprinkle cap 50 mg	63
topiramate tab 100 mg	63
topiramate tab 200 mg	63
topiramate tab 25 mg	63
topiramate tab 50 mg	63
toremifene citrate tab 60 mg (base equivalent)	86
TORPENZ	
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
torsemide tab 10 mg	128
torsemide tab 100 mg	128
torsemide tab 20 mg	128
torsemide tab 5 mg	127
TOSYMRA SOL 10MG	143
TOUJEO MAX INJ 300/ML	72
TOUJEO SOLO INJ 300/ML	72
tramadol hcl oral soln 5 mg/ml	46
tramadol hcl tab 50 mg	46
tramadol hcl tab er 24hr 100 mg	46
tramadol hcl tab er 24hr 200 mg	46
tramadol hcl tab er 24hr 300 mg	46
tramadol hcl tab er 24hr biphasic release 200 mg	46
tramadol hcl tab er 24hr biphasic release 300 mg	46
tramadol-acetaminophen tab 37.5-325 mg	49
trametinib dimethyl sulfoxide	
see MEKINIST SOL 0.05/ML	90
see MEKINIST TAB 0.5MG.....	90
see MEKINIST TAB 2MG.....	90
trandolapril tab 1 mg	78
trandolapril tab 2 mg	78
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
see LONSURF TAB 20-8.19	86
trihexyphenidyl hcl oral soln 0.4 mg/ml	92
trihexyphenidyl hcl tab 2 mg	92
trihexyphenidyl hcl tab 5 mg	92
TRIJARDY XR TAB	69
TRI-LEGEST FE	
see Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 mg-Mcg	113
TRI-LINYAH	
see Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg	116
TRI-LO-ESTARYLLA	
see Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg	115
TRI-LO-MARZIA	
see Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg	115
TRI-LO-MILI	
see Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg	115
TRI-LO-SPRINTEC	
see Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg	116
trimethobenzamide hcl cap 300 mg	74
trimethoprim tab 100 mg	52
TRI-MILI	
see Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg	116
trimipramine maleate cap 100 mg	68
trimipramine maleate cap 25 mg	68
trimipramine maleate cap 50 mg	68
TRINTELLIX TAB 10MG	66
TRINTELLIX TAB 20MG	66
TRINTELLIX TAB 5MG	66
TRI-SPRINTEC	
see Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg	116
TRIUMEQ PD TAB	99
TRIUMEQ TAB	99
TRI-VYLIBRA	
see Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg	116
TRI-VYLIBRA LO	
see Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg	116
tropicamide ophth soln 0.5%	149

tropicamide ophth soln 1%	149
tropium chloride cap er 24hr 60 mg	164
tropium chloride tab 20 mg	164
TRULICITY INJ 0.75/0.5	71
TRULICITY INJ 1.5/0.5	71
TRULICITY INJ 3/0.5	71
TRULICITY INJ 4.5/0.5	71
TRUQAP PAK 160MG	91
TRUQAP PAK 200MG	91
TRUQAP TAB 200MG	91
TRUSTEX MIS FLAVORS	140
TURALIO CAP 125MG	91
TURQOZ	
see Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg	116
TYDEMY	
see Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.03-0.451 mg	110
TYVASO DPI POW 16-32-48	106
TYVASO DPI POW 16MCG	106
TYVASO DPI POW 32MCG	107
TYVASO DPI POW 48MCG	107
TYVASO DPI POW 64MCG	107
TYVASO DPI POW 80MCG	107
TYVASO DPI POW INST KIT	107
TYVASO DPI POW MAIN KIT	107
TYVASO RF KT SOL 0.6MG/ML	107
TYVASO SOL 0.6MG/ML	107
TYVASO ST KT SOL 0.6MG/ML	107
U	
UBRELVY TAB 100MG	143
UBRELVY TAB 50MG	143
ubrogepant	
see UBRELVY TAB 100MG	143
see UBRELVY TAB 50MG	143
UCERIS TAB 9MG	118
ulipristal acetate	
see ELLA TAB 30MG	116
umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	56
umeclidinium-vilanterol	
see ANORO ELLIPT AER 62.5-25	57
UNITHROID	
see Levothyroxine Sodium Tab 100 mcg	160
see Levothyroxine Sodium Tab 112 mcg	161
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
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	vigabatrin powd pack 500 mg	64
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	67	Vigabatrin Powd Pack 500 mg	64
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	67	vigabatrin tab 500 mg	64
venlafaxine hcl tab 100 mg (base equivalent) ..	67	Vigabatrin Tab 500 mg	64
venlafaxine hcl tab 25 mg (base equivalent) ...	67	VIGADRONE	
venlafaxine hcl tab 37.5 mg (base equivalent) ..	67	see Vigabatrin Powd Pack 500 mg	64
venlafaxine hcl tab 50 mg (base equivalent) ...	67	see Vigabatrin Tab 500 mg	64
venlafaxine hcl tab 75 mg (base equivalent) ...	67	vilazodone hcl tab 10 mg	66
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	67	vilazodone hcl tab 20 mg	66
VENXXIVA		vilazodone hcl tab 40 mg	66
see Tiopronin Tab Delayed Release 100 mg	135	viloxazine hcl (adhd)	
see Tiopronin Tab Delayed Release 300 mg	135	see QELBREE CAP 100MG ER	32
verapamil hcl cap er 24hr 100 mg	105	see QELBREE CAP 150MG ER	32
verapamil hcl cap er 24hr 120 mg	105	see QELBREE CAP 200MG ER	33
verapamil hcl cap er 24hr 180 mg	105	VIOKACE TAB 10440	126
verapamil hcl cap er 24hr 200 mg	105	VIOKACE TAB 20880	126
verapamil hcl cap er 24hr 240 mg	105	VIORELE	
verapamil hcl cap er 24hr 300 mg	105	see Desogest-Eth Estrad & Eth Estrad Tab 0.15-	
verapamil hcl cap er 24hr 360 mg	105	0.02/0.01 mg(21/5)	109
verapamil hcl tab 120 mg	105	VIRACEPT TAB 250MG	99
verapamil hcl tab 40 mg	105	VIRACEPT TAB 625MG	99
verapamil hcl tab 80 mg	105	vismodegib	
verapamil hcl tab er 120 mg	105	see ERIVEDGE CAP 150MG	85
verapamil hcl tab er 180 mg	105	VISTOGARD PAK 10GM	73
verapamil hcl tab er 240 mg	105	VITRAKVI CAP 100MG	91
vericiguat		VITRAKVI CAP 25MG	91
see VERQUVO TAB 10MG	108	VITRAKVI SOL 20MG/ML	91
see VERQUVO TAB 2.5MG	108	VOLNEA	
see VERQUVO TAB 5MG	108	see Desogest-Eth Estrad & Eth Estrad Tab 0.15-	
VERQUVO TAB 10MG	108	0.02/0.01 mg(21/5)	109
VERQUVO TAB 2.5MG	108	voriconazole for susp 40 mg/ml	74
VERQUVO TAB 5MG	108	voriconazole tab 200 mg	74
VESTURA		voriconazole tab 50 mg	74
see Drospirenone-Ethinyl Estradiol Tab 3-0.02		vortioxetine hbr	
mg	110	see TRINTELLIX TAB 10MG	66
VEVYE DRO 0.1%	150	see TRINTELLIX TAB 20MG	66
vibegron		see TRINTELLIX TAB 5MG	66
see GEMTESA TAB 75MG	164	VOSEVI TAB	101
VIBERZI TAB 100MG	134	VRAYLAR CAP 0.5MG	95
VIBERZI TAB 75MG	134	VRAYLAR CAP 0.75MG	95
VIENVA		VRAYLAR CAP 1.5MG	95
see Levonorgestrel & Ethinyl Estradiol Tab 0.1		VRAYLAR CAP 3MG	95
mg-20 mcg	111	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
WEGOVY TAB 1.5MG	31
WEGOVY TAB 25MG	32
WEGOVY TAB 4MG	31
WEGOVY 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
XDEMVEY 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
Z	
ZAFEMY	
see Norelgestromin-Ethinyl Estradiol Td Ptwk	
150-35 mcg/24hr.....	116
zafirlukast tab 10 mg	56
zafirlukast tab 20 mg	56
zaleplon cap 10 mg	139
zaleplon cap 5 mg	139
zanamivir	
see RELENZA MIS DISKHALE	101
zanubrutinib	
see BRUKINSA CAP 80MG	87
see BRUKINSA TAB 160MG	87
ZEJULA TAB 100MG	91
ZEJULA TAB 200MG	91
ZEJULA TAB 300MG	92
ZELVYSIA	
see Sapropterin Dihydrochloride Powder	
Packet 100 mg	129
see Sapropterin Dihydrochloride Powder	
Packet 500 mg	130
ZEMBRACE SYM INJ 3/0.5ML.....	143
ZENATANE	
see Isotretinoin Cap 10 mg	120
see Isotretinoin Cap 20 mg	120
see Isotretinoin Cap 30 mg	121
see Isotretinoin Cap 40 mg	121
ZENPEP CAP 10000UNT	127
ZENPEP CAP 15000UNT.....	127
ZENPEP CAP 20000UNT.....	127
ZENPEP CAP 25000UNT.....	127
ZENPEP CAP 3000UNIT.....	127
ZENPEP CAP 40000UNT.....	127
ZENPEP CAP 5000UNIT.....	127
ZENPEP CAP 60000UNT.....	127
ZENZEDI	
see Dextroamphetamine Sulfate Tab 10 mg .	29
see Dextroamphetamine Sulfate Tab 15 mg .	29
see Dextroamphetamine Sulfate Tab 2.5 mg	28
see Dextroamphetamine Sulfate Tab 20 mg .	29
see Dextroamphetamine Sulfate Tab 30 mg .	30
see Dextroamphetamine Sulfate Tab 5 mg ...	29
see Dextroamphetamine Sulfate Tab 7.5 mg	29
ZEPATIER TAB 50-100MG	101
ZEPOSIA 7DAY CAP STR PACK	156
ZEPOSIA CAP 0.92MG	156

ZEPOSIA CAP STR KIT	156
zidovudine cap 100 mg	99
zidovudine syrup 10 mg/ml	99
zidovudine tab 300 mg	99
ziprasidone hcl cap 20 mg	95
ziprasidone hcl cap 40 mg	95
ziprasidone hcl cap 60 mg	95
ziprasidone hcl cap 80 mg	95
ZITUVIMET TAB 50-1000.....	69
ZITUVIMET TAB 50-500MG	69
ZITUVIMET XR TAB 100-1000	70
ZITUVIMET XR TAB 50-1000	70
ZITUVIMET XR TAB 50-500MG	69
ZITUVIO TAB 100MG	70
ZITUVIO TAB 25MG	70
ZITUVIO TAB 50MG	70
zolmitriptan nasal spray 2.5 mg/spray unit ..	143
zolmitriptan nasal spray 5 mg/spray unit	143
zolmitriptan orally disintegrating tab 2.5 mg	144
zolmitriptan orally disintegrating tab 5 mg ..	144
zolmitriptan tab 2.5 mg	144
zolmitriptan tab 5 mg	144
zolpidem tartrate tab 10 mg	139
zolpidem tartrate tab 5 mg	139
zolpidem tartrate tab er 12.5 mg	139
zolpidem tartrate tab er 6.25 mg	139
zonisamide cap 100 mg	63
zonisamide cap 25 mg	63
zonisamide cap 50 mg	63
ZORYVE CRE 0.05%	126
ZORYVE CRE 0.15%	126
ZORYVE CRE 0.3%	126
ZORYVE MIS 0.3%	126
ZOVIA 1/35	
see Ethynodiol Diacetate & Ethinyl Estradiol	
Tab 1 mg-35 mcg.....	110
ZUBSOLV SUB 0.7-0.18.....	50
ZUBSOLV SUB 1.4-0.36.....	50
ZUBSOLV SUB 11.4-2.9.....	50
ZUBSOLV SUB 2.9-0.71.....	50
ZUBSOLV SUB 5.7-1.4.....	50
ZUBSOLV SUB 8.6-2.1.....	50
ZUMANDIMINE	
see Drospirenone-Ethinyl Estradiol Tab 3-0.03	
mg	110
zuranolone	
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