

SHARP Health Plan

2026 Formulary

List of covered prescription drugs

Employer-sponsored plans from Sharp Health Plan

March 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 This document is subject to change and all previous versions are no longer in effect.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 03/01/2026.

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	38

ANTIRHEUMATIC - ENZYME INHIBITORS	38
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	39
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	40
PYRIMIDINE SYNTHESIS INHIBITORS	41
ANALGESICS - NONNARCOTIC - DRUGS TO TREAT PAIN AND FEVER.....	41
ANALGESIC COMBINATIONS	41
SALICYLATES	41
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN	41
OPIOID AGONISTS	41
OPIOID COMBINATIONS	46
OPIOID PARTIAL AGONISTS	49
ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES	50
ANDROGENS	50
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	52
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
ANTIANSXIETY AGENTS - DRUGS TO TREAT ANXIETY.....	53
ANTIANSXIETY AGENTS - MISC.	53
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	55
ANTI-INFLAMMATORY AGENTS	55
BRONCHODILATORS - ANTICHOLINERGICS.....	55

LEUKOTRIENE MODULATORS	56
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	56
STEROID INHALANTS	56
SYMPATHOMIMETICS.....	57
XANTHINES.....	58
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS	59
COUMARIN ANTICOAGULANTS	59
DIRECT FACTOR XA INHIBITORS.....	59
THROMBIN INHIBITORS.....	59
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES	60
AMPA GLUTAMATE RECEPTOR ANTAGONISTS	60
ANTICONVULSANTS - BENZODIAZEPINES	60
ANTICONVULSANTS - MISC.....	60
CARBAMATES.....	63
GABA MODULATORS	63
HYDANTOINS.....	64
SUCCINIMIDES	64
VALPROIC ACID	64
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION	64
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	64
ANTIDEPRESSANT COMBINATIONS	64
ANTIDEPRESSANTS - MISC.	64
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	69
DIABETIC OTHER	69
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	70
INCRETIN MIMETIC AGENTS	70
INSULIN.....	70
INSULIN SENSITIZING AGENTS	71
MEGLITINIDE ANALOGUES.....	71
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	71
SULFONYLUREAS.....	71
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA.....	72
ANTIPERISTALTIC AGENTS.....	72
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING.....	72
ANTIDOTES - CHELATING AGENTS.....	72
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING	72

OPIOID ANTAGONISTS	72
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING	72
5-HT3 RECEPTOR ANTAGONISTS	72
ANTIEMETICS - ANTICHOLINERGIC	73
ANTIEMETICS - MISCELLANEOUS	73
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	73
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS	73
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS	73
IMIDAZOLE-RELATED ANTIFUNGALS	73
ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES	74
ANTIHIISTAMINES - ETHANOLAMINES	74
ANTIHIISTAMINES - NON-SEDATING	74
ANTIHIISTAMINES - PHENOTHIAZINES	74
ANTIHIISTAMINES - PIPERIDINES	74
ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL	75
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS.....	75
ANTIHYPERLIPIDEMICS - COMBINATIONS	75
ANTIHYPERLIPIDEMICS - MISC.	75
BILE ACID SEQUESTRANTS	75
FIBRIC ACID DERIVATIVES	75
HMG COA REDUCTASE INHIBITORS.....	76
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	77
NICOTINIC ACID DERIVATIVES	77
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE	77
ACE INHIBITORS	77
AGENTS FOR PHEOCHROMOCYTOMA	78
ANGIOTENSIN II RECEPTOR ANTAGONISTS	78
ANTIADRENERGIC ANTIHYPERTENSIVES	78
ANTIHYPERTENSIVE COMBINATIONS.....	79
DIRECT RENIN INHIBITORS	81
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)	82
VASODILATORS	82
ANTIMALARIALS - DRUGS TO TREAT MALARIA	82
ANTIMALARIAL COMBINATIONS	82
ANTIMALARIALS - DRUGS TO TREAT MALARIA	82
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS	82
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS	82
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS	82
ANTI TB COMBINATIONS.....	82
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS.....	82
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER	83
ALKYLATING AGENTS	83
ANTIMETABOLITES	83
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS.....	83
ANTINEOPLASTIC - EGFR INHIBITORS.....	84

ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS	84
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	84
ANTINEOPLASTIC - IMMUNOMODULATORS	85
ANTINEOPLASTIC COMBINATIONS	85
ANTINEOPLASTIC ENZYME INHIBITORS	85
ANTINEOPLASTICS MISC.....	91
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS	91
MITOTIC INHIBITORS	91
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE..	91
ANTIPARKINSON ADJUNCTIVE THERAPY	91
ANTIPARKINSON ANTICHOLINERGICS	91
ANTIPARKINSON COMT INHIBITORS	91
ANTIPARKINSON DOPAMINERGICS	91
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	93
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES	93
ANTIMANIC AGENTS.....	93
ANTIPSYCHOTICS - MISC.	94
BENZISOXAZOLES	94
BUTYROPHENONES.....	94
DIBENZAPINES.....	95
DIHYDROINDOLONES	95
PHENOTHIAZINES	96
QUINOLINONE DERIVATIVES	96
THIOXANTHENES	97
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS	97
ANTIRETROVIRALS	97
ANTIVIRAL COMBINATIONS	99
CMV AGENTS.....	99
HEPATITIS AGENTS.....	99
HERPES AGENTS.....	100
INFLUENZA AGENTS.....	100
MISC. ANTIVIRALS.....	100
BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	100
ALPHA-BETA BLOCKERS.....	100
BETA BLOCKERS CARDIO-SELECTIVE	101
BETA BLOCKERS NON-SELECTIVE.....	101
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART	
CONDITIONS.....	102
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART	
CONDITIONS.....	102
CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS	104
CARDIAC GLYCOSIDES	104
CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS	
.....	104
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS	104

IMPOTENCE AGENTS - DRUGS TO TREAT ERECTILE DYSFUNCTION	105
PROSTAGLANDIN VASODILATORS	105
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	106
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS	106
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	106
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR	107
SINUS NODE INHIBITORS.....	107
TRANSTHYRETIN STABILIZERS.....	107
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)	107
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS.....	107
CEPHALOSPORINS - 1ST GENERATION	107
CEPHALOSPORINS - 2ND GENERATION.....	107
CEPHALOSPORINS - 3RD GENERATION	107
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	108
COMBINATION CONTRACEPTIVES - ORAL	108
COMBINATION CONTRACEPTIVES - TRANSDERMAL.....	116
COMBINATION CONTRACEPTIVES - VAGINAL	116
EMERGENCY CONTRACEPTIVES.....	116
PROGESTIN CONTRACEPTIVES - ORAL	116
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE	116
GLUCOCORTICOSTEROIDS.....	116
MINERALOCORTICIDS	118
COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS	118
ANTITUSSIVES - DRUGS TO TREAT COUGH	118
COUGH/COLD/ALLERGY COMBINATIONS.....	118
EXPECTORANTS - DRUGS TO TREAT COUGH	118
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.....	121
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	122
ANTIPSORIATICS	122
ANTISEBORRHEIC PRODUCTS	122
ANTIVIRALS - TOPICAL.....	122
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.....	125
ROSACEA AGENTS.....	125
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	127
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	128
HORMONE RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS.....	128
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS.....	128
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	133
IRRITABLE BOWEL SYNDROME (IBS) AGENTS.....	133
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	134
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	135
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	143
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG	143
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	147
ANESTHETICS TOPICAL ORAL	147
ANTI-INFECTIVES - THROAT	147
STEROIDS - MOUTH/THROAT/DENTAL	147
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.....	149
BETA-BLOCKERS - OPHTHALMIC.....	149
CYCLOPLEGIC MYDRIATICS.....	149
MIOTICS.....	149
OPHTHALMIC ADRENERGIC AGENTS.....	149
OPHTHALMIC ANTI-INFECTIVES.....	150
OPHTHALMIC IMMUNOMODULATORS	150
OPHTHALMIC STEROIDS.....	150
OPHTHALMICS - MISC.	151
PROSTAGLANDINS - OPHTHALMIC	151
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR	152
OTIC AGENTS - MISCELLANEOUS.....	152
OTIC ANTI-INFECTIVES.....	152
OTIC COMBINATIONS	152
OTIC STEROIDS	152
OXYTOCICS - DRUGS FOR PREGNANCY	152
OXYTOCICS - DRUGS FOR PREGNANCY	152
PENICILLINS - DRUGS TO TREAT INFECTIONS	152
AMINOPENICILLINS.....	152
NATURAL PENICILLINS	152
PENICILLIN COMBINATIONS.....	152
PENICILLINASE-RESISTANT PENICILLINS.....	153

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	153
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	153
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	154
COMBINATION PSYCHOTHERAPEUTICS	155
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	157
RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS	160
CYSTIC FIBROSIS AGENTS	160
PULMONARY FIBROSIS AGENTS	160
SULFONAMIDES - DRUGS TO TREAT INFECTIONS	161
SULFONAMIDES - DRUGS TO TREAT INFECTIONS	161
TETRACYCLINES - DRUGS TO TREAT INFECTIONS	161
TETRACYCLINES - DRUGS TO TREAT INFECTIONS.....	161
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS	161
ANTITHYROID AGENTS	161
THYROID HORMONES.....	161
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID.....	163
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS	163
H-2 ANTAGONISTS	164
MISC. ANTI-ULCER	164
PROTON PUMP INHIBITORS.....	164
ULCER DRUGS - PROSTAGLANDINS	164
ULCER THERAPY COMBINATIONS.....	165
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE	165
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	165
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS.....	165
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS.....	165
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS	165
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS	165
MISCELLANEOUS VAGINAL PRODUCTS	165
SPERMICIDES.....	166
VAGINAL ANTI-INFECTIVES	166
VAGINAL CONTRACEPTIVE - PH MODULATORS	166
VAGINAL ESTROGENS.....	166
VAGINAL PROGESTINS.....	166

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS	166
ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR ACUTE ALLERGIC REACTION	166
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS	166
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	167
VITAMINS - DRUGS FOR NUTRITION	167
OIL SOLUBLE VITAMINS.....	167
Index.....	168

INTRODUCTION

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

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

A Medical Benefit drug is a drug that is physician administered or is self-injectable. Medical Benefit drugs are covered under the Medical Benefit. Refer to the “WHAT ARE YOUR COVERED BENEFITS?” section of the Member Handbook for specific information about the Cost Shares, exclusions and limitations for these drugs covered under your Medical Benefit:

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

DEFINITIONS

Defined terms are capitalized throughout this Formulary and have the meaning set forth below throughout this Formulary and in the Glossary section of your Member Handbook.

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

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

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

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

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

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

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

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

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

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

“Exigent Circumstances” are when an Enrollee is suffering from a health condition that may seriously jeopardize the Enrollee’s life, health, or ability to regain maximum function, or when an Enrollee is undergoing a current course of treatment using a Nonformulary Drug.

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

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

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

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

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

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

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

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

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

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

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

HOW OFTEN DOES THE FORMULARY CHANGE?

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

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

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

WILL I BE NOTIFIED OF A FORMULARY CHANGE?

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

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

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

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

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

HOW DO I LOCATE A PRESCRIPTION DRUG ON THE FORMULARY?

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

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

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

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

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

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

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

Here is how this is listed on the Formulary:

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

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

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

WHAT IS A DRUG TIER?

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

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

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

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

ARE THERE ANY COVERAGE REQUIREMENTS OR LIMITS?

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

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

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

WHAT IS PRIOR AUTHORIZATION?

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

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

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

WHAT IS PA**?

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

WHAT IS QUANTITY LIMIT?

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

WHAT IS STEP THERAPY?

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

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

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

WHAT IS MO?

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

WHAT IS A SPECIALTY DRUG?

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

WHAT IS AN ORAL ANTI-CANCER DRUG?

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

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

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

WHERE CAN I FILL MY PRESCRIPTION DRUG?

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

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

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

WHAT IS THERAPEUTIC INTERCHANGE?

Sharp Health Plan employs therapeutic interchange as part of its prescription drug benefit. Therapeutic interchange is the practice of replacing (with the Prescribing Provider's approval) a Prescription Drug originally prescribed for a patient with a Prescription Drug that is 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: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-359-2002(TTY:711)។

Hmoob (Hmong):

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

हिंदी (Hindi):

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

ภาษาไทย (Thai):

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

STEP THERAPY CRITERIA

Step Therapy Group

Drug Names

OPIOID ER 2219-M

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

Step Therapy Criteria

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

Step Therapy Group

Drug Names

OPIOID IR COMBO PRODUCTS 1358-E

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

Step Therapy Criteria

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

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

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

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

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

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

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

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

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

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

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

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

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

ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES

ALLERGENIC EXTRACTS

GRASTEK SUB 2800BAU (<i>timothy grass pollen allergen extract</i>)	2	PA, MO
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)
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 SOL 1MG/ML (<i>tofacitinib citrate</i>)	2	SP, PA, QL (10 mL every 1 day); Preferred for Rheumatoid Arthritis
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); Preferred for Rheumatoid Arthritis
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); Preferred for Rheumatoid Arthritis

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
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>flurbiprofen tab 100 mg</i>	1	MO
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	MO
(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
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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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**
<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) DISKETS	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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA; High Strength Requires PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	ST, QL (60 caps every 25 days); PA**
<i>morphine sulfate cap er 24hr 20 mg</i>	1	ST, QL (60 caps every 25 days); PA**
<i>morphine sulfate cap er 24hr 30 mg</i>	1	ST, QL (60 caps every 25 days); PA**
<i>morphine sulfate cap er 24hr 50 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate cap er 24hr 60 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate cap er 24hr 80 mg</i>	1	ST, QL (30 caps every 25 days); PA**
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA; High Strength Requires PA
<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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL (90 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>tramadol hcl oral soln 5 mg/ml</i>	1	PA, QL (1800 mL every 25 days); Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
<i>tramadol hcl tab 50 mg</i>	1	PA, QL (180 tabs every 25 days); Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
<i>tramadol hcl tab er 24hr 100 mg</i>	1	ST, QL (30 tabs every 25 days); PA**; Not available under age 12
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA; High Strength Requires PA; Not available under age 12
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA; High Strength Requires PA; Not available under age 12
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	ST, QL (30 tabs every 25 days); PA**; Not available under age 12
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA; High Strength Requires PA; Not available under age 12
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA; High Strength Requires PA; Not available under age 12
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	ST, QL (2700 mL every 25 days); PA**; Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	ST, QL (400 tabs every 25 days); PA**; Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	ST, QL (360 tabs every 25 days); PA**; Subject to initial 7-day limit; Subject to initial 3-day limit under age 19; Not available under age 12

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 soln 10-325 mg/15ml</i>	1	PA, QL (2700 mL every 25 days); If age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-acetaminophen tab 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
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(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**
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(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	
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	1	
PROCTOFOAM AER HC 1% (<i>hydrocortisone acetate w/ pramoxine</i>)	2	
RECTAL STEROIDS		
(Hydrocortisone Acetate Suppos 25 mg) ANUCORT-HC	1	
<i>hydrocortisone perianal cream 1%</i>	1	
(Hydrocortisone Perianal Cream 1%) PROCTOCORT	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
(Hydrocortisone Perianal Cream 2.5%) PROCTO-MED HC	1	
(Hydrocortisone Perianal Cream 2.5%) PROCTOSOL HC	1	
(Hydrocortisone Perianal Cream 2.5%) PROCTOZONE-HC	1	
VASODILATING AGENTS		
<i>nitroglycerin oint 0.4%</i>	1	
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
<i>albendazole tab 200 mg</i>	1	
EMVERM CHW 100MG (<i>mebendazole</i>)	2	
<i>ivermectin tab 3 mg</i>	1	
<i>ivermectin tab 6 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
MONOBACTAMS		
CAYSTON INH 75MG (<i>aztreonam lysine</i>)	3	SP, PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 er 24hr 30 mg</i>	1	MO
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	MO
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	MO
<i>nitroglycerin sl tab 0.3 mg</i>	1	MO
<i>nitroglycerin sl tab 0.4 mg</i>	1	MO
<i>nitroglycerin sl tab 0.6 mg</i>	1	MO
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	MO
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	MO
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	MO
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	MO
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	MO
ANTIANGIETY AGENTS - DRUGS TO TREAT ANXIETY		
ANTIANGIETY AGENTS - MISC.		
<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
<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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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, PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	SP, PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	SP, PA
MULTAQ TAB 400MG (<i>dronedarone hcl</i>)	2	MO
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 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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>SPIRIVA RESP AER 1.25MCG (tiotropium bromide)</i>	2	QL (3 inhalers every 75 days), MO
<i>SPIRIVA RESP AER 2.5MCG (tiotropium bromide)</i>	2	QL (3 inhalers every 75 days), MO
<i>YUPELRI SOL 175/3ML (revefenacin)</i>	2	QL (270 mL every 75 days), MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	MO
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	MO
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	MO
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	MO
<i>zafirlukast tab 10 mg</i>	1	MO
<i>zafirlukast tab 20 mg</i>	1	MO
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast tab 250 mcg</i>	1	MO
<i>roflumilast tab 500 mcg</i>	1	MO
STEROID INHALANTS		
<i>ASMANEX HFA AER 50MCG (mometasone furoate (inhalation))</i>	2	QL (3 inhalers every 75 days), MO
<i>ASMANEX HFA AER 100 MCG (mometasone furoate (inhalation))</i>	2	QL (3 inhalers every 75 days), MO
<i>ASMANEX HFA AER 200 MCG (mometasone furoate (inhalation))</i>	2	QL (3 inhalers every 75 days), MO
<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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
(Warfarin Sodium Tab 1 mg) JANTOVEN	1	MO
<i>warfarin sodium tab 2 mg</i>	1	MO
(Warfarin Sodium Tab 2 mg) JANTOVEN	1	MO
<i>warfarin sodium tab 2.5 mg</i>	1	MO
(Warfarin Sodium Tab 2.5 mg) JANTOVEN	1	MO
<i>warfarin sodium tab 3 mg</i>	1	MO
(Warfarin Sodium Tab 3 mg) JANTOVEN	1	MO
<i>warfarin sodium tab 4 mg</i>	1	MO
(Warfarin Sodium Tab 4 mg) JANTOVEN	1	MO
<i>warfarin sodium tab 5 mg</i>	1	MO
(Warfarin Sodium Tab 5 mg) JANTOVEN	1	MO
<i>warfarin sodium tab 6 mg</i>	1	MO
(Warfarin Sodium Tab 6 mg) JANTOVEN	1	MO
<i>warfarin sodium tab 7.5 mg</i>	1	MO
(Warfarin Sodium Tab 7.5 mg) JANTOVEN	1	MO
<i>warfarin sodium tab 10 mg</i>	1	MO
(Warfarin Sodium Tab 10 mg) JANTOVEN	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
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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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.		
BRIVIACT SOL 10MG/ML (<i>brivaracetam</i>)	2	MO
BRIVIACT TAB 10MG (<i>brivaracetam</i>)	2	MO
BRIVIACT TAB 25MG (<i>brivaracetam</i>)	2	MO
BRIVIACT TAB 50MG (<i>brivaracetam</i>)	2	MO
BRIVIACT TAB 75MG (<i>brivaracetam</i>)	2	MO
BRIVIACT TAB 100MG (<i>brivaracetam</i>)	2	MO
<i>carbamazepine cap er 12hr 100 mg</i>	1	MO
<i>carbamazepine cap er 12hr 200 mg</i>	1	MO
<i>carbamazepine cap er 12hr 300 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
(Lamotrigine Tab 84 X 25 mg & 14 X 100 mg Starter Kit) SUBVENITE STARTER KIT/GRE	1	
<i>lamotrigine tab 100 mg</i>	1	MO
(Lamotrigine Tab 100 mg) SUBVENITE	1	MO
<i>lamotrigine tab 150 mg</i>	1	MO
(Lamotrigine Tab 150 mg) SUBVENITE	1	MO
<i>lamotrigine tab 200 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(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) ROWEPPRA	1	MO
levetiracetam tab 750 mg	1	MO
levetiracetam tab 1000 mg	1	MO
levetiracetam tab er 24hr 500 mg	1	MO
levetiracetam tab er 24hr 750 mg	1	MO
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	MO
oxcarbazepine tab 150 mg	1	MO
oxcarbazepine tab 300 mg	1	MO
oxcarbazepine tab 600 mg	1	MO
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
pregabalin cap 25 mg	1	MO
pregabalin cap 50 mg	1	MO
pregabalin cap 75 mg	1	MO
pregabalin cap 100 mg	1	MO
pregabalin cap 150 mg	1	MO
pregabalin cap 200 mg	1	MO
pregabalin cap 225 mg	1	MO
pregabalin cap 300 mg	1	MO
pregabalin soln 20 mg/ml	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(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
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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>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
<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
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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYNJARDY XR TAB 10-1000 (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY XR TAB 25-1000 (<i>empagliflozin-metformin hcl</i>)	2	MO
TRIJARDY XR TAB (<i>empagliflozin-linagliptin-metformin</i>)	2	MO
XIGDUO XR TAB 2.5-1000 (<i>dapagliflozin propanediol-metformin hcl</i>)	2	MO
XIGDUO XR TAB 5-500MG (<i>dapagliflozin propanediol-metformin hcl</i>)	2	MO
XIGDUO XR TAB 5-1000MG (<i>dapagliflozin propanediol-metformin hcl</i>)	2	MO
XIGDUO XR TAB 10-500MG (<i>dapagliflozin propanediol-metformin hcl</i>)	2	MO
XIGDUO XR TAB 10-1000 (<i>dapagliflozin propanediol-metformin hcl</i>)	2	MO
XULTOPHY INJ 100/3.6 (<i>insulin degludec-liraglutide</i>)	2	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
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
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
MOUNJARO INJ 12.5/0.5 (<i>tirzepatide</i>)	2	PA, MO
MOUNJARO INJ 15MG/0.5 (<i>tirzepatide</i>)	2	PA, MO
OZEMPIC INJ 2MG/3ML (<i>semaglutide</i>)	2	PA, MO
OZEMPIC INJ 4MG/3ML (<i>semaglutide</i>)	2	PA, MO
OZEMPIC INJ 8MG/3ML (<i>semaglutide</i>)	2	PA, MO
RYBELSUS TAB 3MG (<i>semaglutide</i>)	2	PA, MO
RYBELSUS TAB 7MG (<i>semaglutide</i>)	2	PA, MO
RYBELSUS TAB 14MG (<i>semaglutide</i>)	2	PA, MO
TRULICITY INJ 0.75/0.5 (<i>dulaglutide</i>)	2	PA, MO
TRULICITY INJ 1.5/0.5 (<i>dulaglutide</i>)	2	PA, MO
TRULICITY INJ 3/0.5 (<i>dulaglutide</i>)	2	PA, MO
TRULICITY INJ 4.5/0.5 (<i>dulaglutide</i>)	2	PA, MO
INSULIN		
AFREZZA POW 4-8 UNIT (<i>insulin regular (human)</i>)	3	PA, MO
AFREZZA POW 4-8-12 (<i>insulin regular (human)</i>)	3	PA, MO
AFREZZA POW 4UNIT (<i>insulin regular (human)</i>)	3	PA, MO
AFREZZA POW 8 UNIT (<i>insulin regular (human)</i>)	3	PA, MO
AFREZZA POW 8-12UNIT (<i>insulin regular (human)</i>)	3	PA, MO
AFREZZA POW 12 UNIT (<i>insulin regular (human)</i>)	3	PA, 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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMULIN R INJ U-500 (<i>insulin regular (human)</i>)	2	MO
LANTUS INJ 100/ML (<i>insulin glargine</i>)	2	MO
LANTUS SOLOS INJ 100/ML (<i>insulin glargine</i>)	2	MO
NOVOLIN INJ 70/30 (<i>insulin nph isophane & reg (human)</i>)	2	MO; RELION not covered
NOVOLIN INJ 70/30 FP (<i>insulin nph isophane & reg (human)</i>)	2	MO; RELION not covered
NOVOLIN N INJ 100 UNIT (<i>insulin nph (human) (isophane)</i>)	2	MO; RELION not covered
NOVOLIN N INJ U-100 (<i>insulin nph (human) (isophane)</i>)	2	MO; RELION not covered
NOVOLIN R INJ 100 UNIT (<i>insulin regular (human)</i>)	2	MO; RELION not covered
NOVOLIN R INJ U-100 (<i>insulin regular (human)</i>)	2	MO; RELION not covered
NOVOLOG INJ 100/ML (<i>insulin aspart</i>)	2	MO; RELION not covered
NOVOLOG INJ FLEXPEN (<i>insulin aspart</i>)	2	MO; RELION not covered
NOVOLOG INJ PENFILL (<i>insulin aspart</i>)	2	MO; RELION not covered
NOVOLOG MIX INJ 70/30 (<i>insulin aspart protamine & aspart (human)</i>)	2	MO; RELION not covered
NOVOLOG MIX INJ FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>)	2	MO; RELION not covered
TOUJEO MAX INJ 300/ML (<i>insulin glargine</i>)	2	MO
TOUJEO SOLO INJ 300/ML (<i>insulin glargine</i>)	2	MO
TRESIBA FLEX INJ 100UNIT (<i>insulin degludec</i>)	2	MO
TRESIBA FLEX INJ 200UNIT (<i>insulin degludec</i>)	2	MO
TRESIBA INJ 100UNIT (<i>insulin degludec</i>)	2	MO
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	MO
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	MO
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	MO
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	1	MO
<i>nateglinide tab 120 mg</i>	1	MO
<i>repaglinide tab 0.5 mg</i>	1	MO
<i>repaglinide tab 1 mg</i>	1	MO
<i>repaglinide tab 2 mg</i>	1	MO
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG (<i>dapagliflozin propanediol</i>)	2	MO
FARXIGA TAB 10MG (<i>dapagliflozin propanediol</i>)	2	MO
JARDIANCE TAB 10MG (<i>empagliflozin</i>)	2	MO
JARDIANCE TAB 25MG (<i>empagliflozin</i>)	2	MO
SULFONYLUREAS		
<i>glimepiride tab 1 mg</i>	1	MO

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 tabs every 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs every 21 days)
SANCUSO DIS 3.1MG (<i>granisetron</i>)	2	QL (2 patches every 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>meclizine hcl tab 50 mg</i>	1	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
ANTIEMETICS - MISCELLANEOUS		
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	QL (60 caps every 25 days)
<i>dronabinol cap 5 mg</i>	1	QL (60 caps every 25 days)
<i>dronabinol cap 10 mg</i>	1	QL (60 caps every 25 days)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps every 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 caps every 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (6 caps every 21 days)
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
<i>flucytosine cap 250 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
(Carbinoxamine Maleate Soln 4 mg/5ml) CARBZAH	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>carbinoxamine maleate tab 6 mg</i>	1	
(Carbinoxamine Maleate Tab 6 mg) RYVENT	1	
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	
ANTIHISTAMINES - NON-SEDATING		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
(Promethazine Hcl Suppos 12.5 mg) PROMETHEGAN	1	
<i>promethazine hcl suppos 25 mg</i>	1	
(Promethazine Hcl Suppos 25 mg) PROMETHEGAN	1	
(Promethazine Hcl Suppos 50 mg) PROMETHEGAN	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG (<i>bempedoic acid</i>)	2	MO
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	MO
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	MO
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	MO
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	MO
NEXLIZET TAB 180/10MG (<i>bempedoic acid-ezetimibe</i>)	2	MO
ANTIHYPERLIPIDEMICS - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	MO
VASCEPA CAP 0.5GM (<i>icosapent ethyl</i>)	1	MO
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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fenofibric acid tab 35 mg</i>	1	MO
<i>fenofibric acid tab 105 mg</i>	1	MO
<i>gemfibrozil tab 600 mg</i>	1	MO
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	MO; \$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	MO; \$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	MO
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	MO
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	1	MO; \$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	1	MO; \$0 copay for members age 40 through 75
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>simvastatin tab 10 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	MO
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	MO
NICOTINIC ACID DERIVATIVES		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	MO
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	MO
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	MO
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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>quinapril hcl tab 5 mg</i>	1	MO
<i>quinapril hcl tab 10 mg</i>	1	MO
<i>quinapril hcl tab 20 mg</i>	1	MO
<i>quinapril hcl tab 40 mg</i>	1	MO
<i>ramipril cap 1.25 mg</i>	1	MO
<i>ramipril cap 2.5 mg</i>	1	MO
<i>ramipril cap 5 mg</i>	1	MO
<i>ramipril cap 10 mg</i>	1	MO
<i>trandolapril tab 1 mg</i>	1	MO
<i>trandolapril tab 2 mg</i>	1	MO
<i>trandolapril tab 4 mg</i>	1	MO
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metyrosine cap 250 mg</i>	1	SP, PA, QL (16 caps every 1 day)
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	1	MO
<i>candesartan cilexetil tab 8 mg</i>	1	MO
<i>candesartan cilexetil tab 16 mg</i>	1	MO
<i>candesartan cilexetil tab 32 mg</i>	1	MO
<i>irbesartan tab 75 mg</i>	1	MO
<i>irbesartan tab 150 mg</i>	1	MO
<i>irbesartan tab 300 mg</i>	1	MO
<i>losartan potassium tab 25 mg</i>	1	MO
<i>losartan potassium tab 50 mg</i>	1	MO
<i>losartan potassium tab 100 mg</i>	1	MO
<i>olmesartan medoxomil tab 5 mg</i>	1	MO
<i>olmesartan medoxomil tab 20 mg</i>	1	MO
<i>olmesartan medoxomil tab 40 mg</i>	1	MO
<i>telmisartan tab 20 mg</i>	1	MO
<i>telmisartan tab 40 mg</i>	1	MO
<i>telmisartan tab 80 mg</i>	1	MO
<i>valsartan oral soln 4 mg/ml</i>	1	MO
<i>valsartan tab 40 mg</i>	1	MO
<i>valsartan tab 80 mg</i>	1	MO
<i>valsartan tab 160 mg</i>	1	MO
<i>valsartan tab 320 mg</i>	1	MO
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine hcl tab 0.1 mg</i>	1	MO
<i>clonidine hcl tab 0.2 mg</i>	1	MO
<i>clonidine hcl tab 0.3 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clonidine tab er 24hr 0.17 mg</i>	1	MO
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	MO
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	MO
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	MO
<i>doxazosin mesylate tab 1 mg</i>	1	MO
<i>doxazosin mesylate tab 2 mg</i>	1	MO
<i>doxazosin mesylate tab 4 mg</i>	1	MO
<i>doxazosin mesylate tab 8 mg</i>	1	MO
<i>guanfacine hcl tab 1 mg</i>	1	MO
<i>guanfacine hcl tab 2 mg</i>	1	MO
<i>methyldopa tab 250 mg</i>	1	MO
<i>methyldopa tab 500 mg</i>	1	MO
<i>prazosin hcl cap 1 mg</i>	1	MO
<i>prazosin hcl cap 2 mg</i>	1	MO
<i>prazosin hcl cap 5 mg</i>	1	MO
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	MO
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	MO
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	MO
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	MO
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	MO
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	MO
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	MO
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	MO
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	MO
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	MO
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	MO
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	MO
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	MO
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	MO
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	MO
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	MO
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	MO
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	MO
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	MO
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	MO
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	MO
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	MO
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	1	MO
<i>eplerenone tab 50 mg</i>	1	MO
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	1	MO
<i>hydralazine hcl tab 25 mg</i>	1	MO
<i>hydralazine hcl tab 50 mg</i>	1	MO
<i>hydralazine hcl tab 100 mg</i>	1	MO
<i>minoxidil tab 2.5 mg</i>	1	MO
<i>minoxidil tab 10 mg</i>	1	MO
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
COARTEM TAB 20-120MG (<i>artemether-lumefantrine</i>)	3	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>chloroquine phosphate tab 250 mg</i>	1	MO
<i>chloroquine phosphate tab 500 mg</i>	1	MO
<i>hydroxychloroquine sulfate tab 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		
GUANIDINE TAB 125MG	3	PA
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
ANTI TB COMBINATIONS		
RIFATER TAB (<i>isoniazid-rifampin w/ pyrazinamide</i>)	3	
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>isoniazid tab 100 mg</i>	1	MO
<i>isoniazid tab 300 mg</i>	1	MO
PASER GRA 4GM (<i>aminosalicylic acid</i>)	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
SIRTURO TAB 20MG (<i>bedaquiline fumarate</i>)	3	
SIRTURO TAB 100MG (<i>bedaquiline fumarate</i>)	3	
TRECTOR TAB 250MG (<i>ethionamide</i>)	3	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

<i>cyclophosphamide cap 25 mg</i>	1	OAC
<i>cyclophosphamide cap 50 mg</i>	1	OAC
GLEOSTINE CAP 10MG (<i>lomustine</i>)	3	SP; OAC
GLEOSTINE CAP 40MG (<i>lomustine</i>)	3	SP; OAC
GLEOSTINE CAP 100MG (<i>lomustine</i>)	3	SP; OAC
<i>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

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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dasatinib tab 140 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 2.5 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
(Everolimus Tab 2.5 mg) TORPENZ	1	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 5 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
(Everolimus Tab 5 mg) TORPENZ	1	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 7.5 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
(Everolimus Tab 7.5 mg) TORPENZ	1	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 10 mg</i>	1	SP, PA, QL (1 tab every 1 day); OAC
(Everolimus Tab 10 mg) TORPENZ	1	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab for oral susp 2 mg</i>	1	SP, PA, QL (2 tabs every 1 day); OAC
<i>everolimus tab for oral susp 3 mg</i>	1	SP, PA, QL (3 tabs every 1 day); OAC
<i>everolimus tab for oral susp 5 mg</i>	1	SP, PA, QL (2 tabs every 1 day); OAC
GAVRETO CAP 100MG (<i>pralsetinib</i>)	2	SP, PA, QL (4 caps every 1 day); OAC
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 75MG (<i>palbociclib</i>)	2	SP, PA, QL (21 caps 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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IBTROZI CAP 200MG (<i>taletrectinib adipate</i>)	2	SP, PA, QL (3 caps every 1 day); OAC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	1	SP, PA, QL (4 tabs every 1 day); OAC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	1	SP, PA, QL (2 tabs every 1 day); OAC
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
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
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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
<i>pazopanib hcl tab 400 mg (base equiv)</i>	1	SP, PA; 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
SCEMBLIX TAB 20MG (<i>asciminib hcl</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SCEMBLIX TAB 40MG (<i>asciminib hcl</i>)	2	SP, PA, QL (8 tabs every 1 day); OAC
SCEMBLIX TAB 100MG (<i>asciminib hcl</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	1	SP, PA, QL (4 tabs every 1 day); OAC
STIVARGA TAB 40MG (<i>regorafenib</i>)	2	SP, PA, QL (3 tabs every 1 day); OAC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	1	SP, PA, QL (1 cap every 1 day); OAC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	1	SP, PA, QL (1 cap every 1 day); OAC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	1	SP, PA, QL (1 cap every 1 day); OAC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	1	SP, PA, QL (1 cap every 1 day); OAC
TAFINLAR CAP 50MG (<i>dabrafenib mesylate</i>)	2	SP, PA, QL (4 caps every 1 day); OAC
TAFINLAR CAP 75MG (<i>dabrafenib mesylate</i>)	2	SP, PA, QL (4 caps every 1 day); OAC
TAFINLAR TAB 10MG (<i>dabrafenib mesylate</i>)	2	SP, PA, QL (30 tabs every 1 day); OAC
TRUQAP PAK 160MG (<i>capivasertib</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
TRUQAP PAK 200MG (<i>capivasertib</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
TRUQAP TAB 200MG (<i>capivasertib</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
TURALIO CAP 125MG (<i>pexidartinib hcl</i>)	2	SP, PA, QL (4 caps every 1 day); OAC
VITRAKVI CAP 25MG (<i>larotrectinib sulfate</i>)	2	SP, PA, QL (6 caps every 1 day); OAC
VITRAKVI CAP 100MG (<i>larotrectinib sulfate</i>)	2	SP, PA, QL (2 caps every 1 day); OAC
VITRAKVI SOL 20MG/ML (<i>larotrectinib sulfate</i>)	2	SP, PA, QL (10 mL every 1 day); OAC
XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>)	2	SP, PA, QL (3 tabs every 1 day); OAC
ZEJULA TAB 100MG (<i>niraparib tosylate</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
ZEJULA TAB 200MG (<i>niraparib tosylate</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
ZEJULA TAB 300MG (<i>niraparib tosylate</i>)	2	SP, PA, QL (1 tab every 1 day); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
<i>carbidopa & levodopa cap er 61.25-245 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	MO

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIPSYCHOTICS - MISC.		
<i>lurasidone hcl tab 20 mg</i>	1	MO
<i>lurasidone hcl tab 40 mg</i>	1	MO
<i>lurasidone hcl tab 60 mg</i>	1	MO
<i>lurasidone hcl tab 80 mg</i>	1	MO
<i>lurasidone hcl tab 120 mg</i>	1	MO
VRAYLAR CAP 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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	SP, QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	SP, QL (1 tab every 1 day); \$0 copay for PrEP
etravirine tab 100 mg	1	SP, QL (4 tabs every 1 day)
etravirine tab 200 mg	1	SP, QL (2 tabs every 1 day)
fosamprenavir calcium tab 700 mg (base equiv)	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)
lamivudine oral soln 10 mg/ml	1	SP, QL (32 mL every 1 day)
lamivudine tab 150 mg	1	SP, QL (2 tabs every 1 day)
lamivudine tab 300 mg	1	SP, QL (1 tab every 1 day)
lamivudine-zidovudine tab 150-300 mg	1	SP, QL (2 tabs every 1 day)
lopinavir-ritonavir tab 100-25 mg	1	SP, QL (10 tabs every 1 day)
lopinavir-ritonavir tab 200-50 mg	1	SP, QL (4 tabs every 1 day)
maraviroc tab 150 mg	1	SP, QL (2 tabs every 1 day)
maraviroc tab 300 mg	1	SP, QL (4 tabs every 1 day)
nevirapine susp 50 mg/5ml	1	SP, QL (40 mL every 1 day)
nevirapine tab 200 mg	1	SP, QL (2 tabs every 1 day)
nevirapine tab er 24hr 400 mg	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)
ritonavir tab 100 mg	1	SP, QL (12 tabs every 1 day)
SYMTUZA TAB (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	2	SP, QL (1 tab every 1 day)
tenofovir disoproxil fumarate tab 300 mg	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)
zidovudine cap 100 mg	1	SP, QL (6 caps every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>zidovudine syrup 10 mg/ml</i>	1	SP, QL (64 mL every 1 day)
<i>zidovudine tab 300 mg</i>	1	SP, QL (2 tabs every 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID 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 (1 tab every 1 day); For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100 (<i>sofosbuvir-velpatasvir</i>)	2	SP, PA, QL (1 tab every 1 day); For genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK (<i>ledipasvir-sofosbuvir</i>)	2	SP, PA, QL (1 packet every 1 day); For genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG (<i>ledipasvir-sofosbuvir</i>)	2	SP, PA, QL (1 packet every 1 day); For genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG (<i>ledipasvir-sofosbuvir</i>)	2	SP, PA, QL (1 tab every 1 day); For genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG (<i>ledipasvir-sofosbuvir</i>)	2	SP, PA, QL (1 tab every 1 day); For genotypes 1, 4, 5, 6
<i>lamivudine tab 100 mg (hbv)</i>	1	SP
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
LOPRESSOR TAB 12.5MG (<i>metoprolol tartrate</i>)	2	MO
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	MO
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	MO
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	MO
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	MO
<i>metoprolol tartrate tab 25 mg</i>	1	MO
<i>metoprolol tartrate tab 37.5 mg</i>	1	MO
<i>metoprolol tartrate tab 50 mg</i>	1	MO
<i>metoprolol tartrate tab 75 mg</i>	1	MO
<i>metoprolol tartrate tab 100 mg</i>	1	MO
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	MO
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	MO
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	MO
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	MO
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol tab 20 mg</i>	1	MO
<i>nadolol tab 40 mg</i>	1	MO
<i>nadolol tab 80 mg</i>	1	MO
<i>pindolol tab 5 mg</i>	1	MO
<i>pindolol tab 10 mg</i>	1	MO
<i>propranolol hcl cap er 24hr 60 mg</i>	1	MO
<i>propranolol hcl cap er 24hr 80 mg</i>	1	MO
<i>propranolol hcl cap er 24hr 120 mg</i>	1	MO
<i>propranolol hcl cap er 24hr 160 mg</i>	1	MO
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	MO
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	MO
<i>propranolol hcl tab 10 mg</i>	1	MO

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

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

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

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

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

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

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

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

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

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TYVASO DPI POW 32MCG (<i>treprostinil</i>)	2	SP, PA, QL (4 cartridges every 1 day)
TYVASO DPI POW 48MCG (<i>treprostinil</i>)	2	SP, PA, QL (4 cartridges every 1 day)
TYVASO DPI POW 64MCG (<i>treprostinil</i>)	2	SP, PA, QL (4 cartridges every 1 day)
TYVASO DPI POW 80MCG (<i>treprostinil</i>)	2	SP, PA
TYVASO DPI POW INST KIT (<i>treprostinil</i>)	2	SP, PA
TYVASO DPI POW MAIN KIT (<i>treprostinil</i>)	2	SP, PA
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)
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)
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
<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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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

<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	PV	MO
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) AZURETTE	PV	MO
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) KARIVA	PV	MO
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) PIMTREA	PV	MO
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) SIMLIYA	PV	MO
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) VIORELE	PV	MO
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) VOLNEA	PV	MO
(Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025mg-Mg) VELIVET	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) APRI	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) CYRED EQ	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ENSKYCE	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ISIBLOOM	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) JULEBER	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) KALLIGA	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) RECLIPSEN	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	PV	MO
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	PV	MO
(Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.03-0.451 mg) TYDEMY	PV	MO
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) JASMIEL	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) LO-ZUMANDIMINE	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) LORYNA	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) NIKKI	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) VESTURA	PV	MO
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg) SYEDA	PV	MO
(Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg) ZUMANDIMINE	PV	MO
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	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
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	PV	MO
(Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-50 mcg) VALTYA 1/50	PV	MO
FALESSA KIT (<i>levonorgestrel-ethinyl estradiol & folic acid</i>)	PV	MO
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	PV	MO
(Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 mg ð Est 0.01 mg) RIVELSA	PV	MO
(Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 mg ð Est 0.01 mg) ROSYRAH	PV	MO
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(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
(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)) SIMPESSSE	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) LUTERA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) SRONYX	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) VIENVA	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ALTAVERA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) AYUNA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) CHATEAL EQ	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) KURVELO	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) MARLISSA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) PORTIA-28	PV	MO
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	PV	MO
(Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30mg-Mcg) 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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(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
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	PV	MO
(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
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(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
(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
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) AUROVELA FE 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) BLISOVI FE 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) 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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) LARIN FE 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) LOESTRIN FE 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) MICROGESTIN FE 1.5/30	PV	MO
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	PV	MO
(Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)) CHARLOTTE 24 FE	PV	MO
(Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)) FINZALA	PV	MO
(Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)) MIBELAS 24 FE	PV	MO
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24)) GEMMILY	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24)) TAYSOFY	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) AUROVELA 24 FE	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) BLISOVI 24 FE	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) HAILEY 24 FE	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) JUNEL FE 24	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) LARIN 24 FE	PV	MO
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) TARINA 24 FE	PV	MO
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) ALYACEN 7/7/7	PV	MO
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) DASETTA 7/7/7	PV	MO
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) NORTREL 7/7/7	PV	MO
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) NYLIA 7/7/7	PV	MO
(Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 mg-Mcg) ARANELLE	PV	MO
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(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
(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
(Norgestrel & Ethinyl Estradiol Tab 0.5 mg-50 mcg) OGESTREL	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
(Etonogestrel-Ethinyl Estradiol Va Ring 0.12-0.015 mg/24hr) HALOETTE	PV	QL (13 rings every 300 days), MO
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG (<i>ulipristal acetate</i>)	PV	
(Levonorgestrel Tab 1.5 mg) OPTION 2	PV	MO
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	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		
<i>budesonide delayed release particles cap 3 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
dexamethasone tab therapy pack 1.5 mg (21)	1	
(Dexamethasone Tab Therapy Pack 1.5 mg (21)) HIDEX 6-DAY	1	
dexamethasone tab therapy pack 1.5 mg (35)	1	
dexamethasone tab therapy pack 1.5 mg (51)	1	
EMFLAZA SUS 22.75/ML (deflazacort)	3	SP, PA, QL (54 mL every 30 days)
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
MEDROL TAB 2MG (methylprednisolone)	3	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
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
(Hydrocodone Bitart-Homatropine Methylbrom Soln 5-1.5 mg/5ml) HYDROMET	1	Not available under age 6
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	Not available under age 6
COUGH/COLD/ALLERGY COMBINATIONS		
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	Not available under age 12
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MISC. RESPIRATORY INHALANTS - DRUGS TO TREAT BREATHING DISORDERS		
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
(Sodium Chloride Soln Nebu 3%) NEBUSAL	1	
<i>sodium chloride soln nebu 7%</i>	1	
(Sodium Chloride Soln Nebu 7%) PULMOSAL	1	
<i>sodium chloride soln nebu 10%</i>	1	
MUCOLYTICS - DRUGS TO TREAT COUGH		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS		
ACNE PRODUCTS		
<i>adapalene cream 0.1%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>adapalene gel 0.1%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>adapalene gel 0.3%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	
AKLIEF CRE 0.005% (<i>trifarotene</i>)	2	PA
BENZAC AC LIQ 5% WASH (<i>benzoyl peroxide</i>)	3	
<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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
(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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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) NYAMYC	1	
(Nystatin Topical Powder 100000 unit/gm) NYSTOP	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	
<i>sulconazole nitrate cream 1%</i>	1	
<i>sulconazole nitrate solution 1%</i>	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene gel 1%</i>	1	SP, PA
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	1	PA
<i>acitretin cap 17.5 mg</i>	1	PA
<i>acitretin cap 25 mg</i>	1	PA
<i>calcipotriene oint 0.005%</i>	1	
(Calcipotriene Oint 0.005%) CALCITRENE	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>methoxsalen rapid cap 10 mg</i>	1	
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	
<i>sulfacetamide sodium shampoo 10%</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
(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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
(Lidocaine Hcl Cream 3%) LIDOPIN	1	
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL every 25 days)
<i>lidocaine oint 5%</i>	1	QL (50 gm every 25 days)
<i>lidocaine patch 5%</i>	1	PA
(Lidocaine Patch 5%) LIDOCAN	1	PA
(Lidocaine Patch 5%) TRIDACAINE II	1	PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm every 25 days)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2% (<i>crisaborole</i>)	2	
ZORYVE CRE 0.3% (<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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
VIKACE TAB 10440 (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
VIKACE TAB 20880 (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 5000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 10000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 15000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 20000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 25000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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>toremide tab 5 mg</i>	1	MO
<i>toremide tab 10 mg</i>	1	MO
<i>toremide tab 20 mg</i>	1	MO
<i>toremide tab 100 mg</i>	1	MO
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tab 5 mg</i>	1	MO
<i>spironolactone susp 25 mg/5ml</i>	1	MO
<i>spironolactone tab 25 mg</i>	1	MO
<i>spironolactone tab 50 mg</i>	1	MO
<i>spironolactone tab 100 mg</i>	1	MO
<i>triamterene cap 50 mg</i>	1	MO
<i>triamterene cap 100 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
(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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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> (Sapropterin Dihydrochloride Powder Packet 100 mg) JAVYGTOR	1	SP, PA
(Sapropterin Dihydrochloride Powder Packet 100 mg) ZELVYSIA	1	SP, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i> (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> (Sapropterin Dihydrochloride Tab 100 mg) JAVYGTOR	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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 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
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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(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
<i>ORIAHNN CAP (elagolix sodium-estradiol-norethindrone acetate)</i>	2	
<i>PREMPHASE TAB (conjugated estrogens-medroxyprogesterone acetate)</i>	2	MO
<i>PREMPRO TAB (conjugated estrogens-medroxyprogesterone acetate)</i>	2	MO
<i>PREMPRO TAB 0.3-1.5 (conjugated estrogens-medroxyprogesterone acetate)</i>	2	MO
<i>PREMPRO TAB 0.45-1.5 (conjugated estrogens-medroxyprogesterone acetate)</i>	2	MO
<i>PREMPRO TAB 0.625-5 (conjugated estrogens-medroxyprogesterone acetate)</i>	2	MO
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	1	MO
<i>estradiol tab 0.5 mg</i>	1	MO
<i>estradiol tab 1 mg</i>	1	MO
<i>estradiol tab 2 mg</i>	1	MO
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	1	MO
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1	MO
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1	MO
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1	MO
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1	MO
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	MO
(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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Estradiol Td Patch Twice Weekly 0.025 mg/24hr) DOTTI	1	MO
(Estradiol Td Patch Twice Weekly 0.025 mg/24hr) LYLLANA	1	MO
estradiol td patch twice weekly 0.075 mg/24hr	1	MO
(Estradiol Td Patch Twice Weekly 0.075 mg/24hr) DOTTI	1	MO
(Estradiol Td Patch Twice Weekly 0.075 mg/24hr) LYLLANA	1	MO
estradiol td patch twice weekly 0.0375 mg/24hr	1	MO
(Estradiol Td Patch Twice Weekly 0.0375 mg/24hr) DOTTI	1	MO
(Estradiol Td Patch Twice Weekly 0.0375 mg/24hr) LYLLANA	1	MO
estradiol td patch weekly 0.1 mg/24hr	1	MO
estradiol td patch weekly 0.05 mg/24hr	1	MO
estradiol td patch weekly 0.06 mg/24hr	1	MO
estradiol td patch weekly 0.025 mg/24hr	1	MO
estradiol td patch weekly 0.075 mg/24hr	1	MO
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	MO
estrogens, conjugated tab 0.3 mg	1	MO
estrogens, conjugated tab 0.9 mg	1	MO
estrogens, conjugated tab 0.45 mg	1	MO
estrogens, conjugated tab 0.625 mg	1	MO
estrogens, conjugated tab 1.25 mg	1	MO

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium cap 750 mg</i>	1	
<i>mesalamine cap dr 400 mg</i>	1	MO
<i>mesalamine cap er 24hr 0.375 gm</i>	1	MO
<i>mesalamine cap er 500 mg</i>	1	MO
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	MO
<i>mesalamine tab delayed release 800 mg</i>	1	
<i>sulfasalazine tab 500 mg</i>	1	MO
<i>sulfasalazine tab delayed release 500 mg</i>	1	MO
VELSIPITY TAB 2MG (<i>etrasimod arginine</i>)	2	SP, PA, QL (1 tab every 1 day); 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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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		
IQRVO 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		
(Potassium Citrate & Citric Acid Powder Pack 3300-1002 mg) CYTRA K CRYSTALS	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG (<i>cysteamine bitartrate</i>)	2	SP, PA
CYSTAGON CAP 150MG (<i>cysteamine bitartrate</i>)	2	SP, PA
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB 200MG (<i>sparsentan</i>)	2	SP, PA, QL (2 tabs every 1 day)
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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl cap 0.5 mg</i>	1	MO
<i>anagrelide hcl cap 1 mg</i>	1	MO
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	MO
BRILINTA TAB 60MG (<i>ticagrelor</i>)	2	MO
BRILINTA TAB 90MG (<i>ticagrelor</i>)	2	MO
<i>cilostazol tab 50 mg</i>	1	MO
<i>cilostazol tab 100 mg</i>	1	MO
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	MO
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	MO
<i>dipyridamole tab 50 mg</i>	1	MO
<i>dipyridamole tab 75 mg</i>	1	MO

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Folic Acid Tab 400 mcg) SM FOLIC ACID	PV	QL (100 tabs every 30 days); \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 400 mcg) YL FOLIC ACID	PV	QL (100 tabs every 30 days); \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
<i>folic acid tab 800 mcg</i>	PV	QL (100 tabs every 30 days), MO; \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 800 mcg) CVS FOLIC ACID	PV	QL (100 tabs every 30 days), MO; \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 800 mcg) KP FOLIC ACID	PV	QL (100 tabs every 30 days), MO; \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 800 mcg) QC FOLIC ACID	PV	QL (100 tabs every 30 days), MO; \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered
(Folic Acid Tab 800 mcg) RA FOLIC ACID	PV	QL (100 tabs every 30 days), MO; \$0 copay for members capable of pregnancy age 55 years and under, otherwise not covered

HEMATOPOIETIC GROWTH FACTORS

ALVAIZ TAB 9MG (<i>eltrombopag choline</i>)	2	SP, PA, QL (2 tabs every 1 day)
ALVAIZ TAB 18MG (<i>eltrombopag choline</i>)	2	SP, PA, QL (3 tabs every 1 day)
ALVAIZ TAB 36MG (<i>eltrombopag choline</i>)	2	SP, PA, QL (3 tabs every 1 day)
ALVAIZ TAB 54MG (<i>eltrombopag choline</i>)	2	SP, PA, QL (2 tabs every 1 day)
DOPTELET 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
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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
<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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
PREPOPIK PAK (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>)	PV	\$0 copay for members age 45 through 75
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	PV	\$0 copay for members age 45 through 75
LAXATIVES - MISCELLANEOUS		
<i>lactulose 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
(Lactulose Solution 10 gm/15ml) CONSTULOSE	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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

DIFICID SUS (<i>fidaxomicin</i>)	2	
DIFICID TAB 200MG (<i>fidaxomicin</i>)	2	
<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)
FC FEMALE MIS CONDOM (<i>condoms - female</i>)	PV	QL (36 condoms every 75 days)
MALE MIS CONDOM (<i>condoms latex lubricated - male</i>)	PV	QL (36 condoms every 75 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRUSTEX MIS FLAVORS (<i>condoms latex non-lubricated - male</i>)	PV	QL (36 condoms every 75 days), MO
PARENTERAL THERAPY SUPPLIES		
BD INSULIN PEN NEEDLES - OTC (<i>insulin pen needle</i>)	2	
BD INSULIN SYRINGE - OTC (<i>insulin 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 FLOSIGNA (<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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COMPACT SPAC MIS MD MASK (<i>spacer/aerosol-holding chambers</i>)	2	
COMPACT SPAC MIS SM MASK (<i>spacer/aerosol-holding chambers</i>)	2	
EASIVENT MIS (<i>spacer/aerosol-holding chambers</i>)	2	
EASIVENT MIS MASK LG (<i>spacer/aerosol-holding chambers</i>)	2	
EASIVENT MIS MASK MED (<i>spacer/aerosol-holding chambers</i>)	2	
EASIVENT MIS MASK SM (<i>spacer/aerosol-holding chambers</i>)	2	
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VORTEX VALVE MIS CHAMBER (<i>spacer/aerosol-holding chambers</i>)	2	
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
NURTEC TAB 75MG ODT (<i>rimegepant sulfate</i>)	2	
QULIPTA TAB 10MG (<i>atogepant</i>)	2	MO
QULIPTA TAB 30MG (<i>atogepant</i>)	2	MO
QULIPTA TAB 60MG (<i>atogepant</i>)	2	MO
UBRELVY TAB 50MG (<i>ubrogepant</i>)	2	
UBRELVY TAB 100MG (<i>ubrogepant</i>)	2	
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
<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

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

PHOSPHATE

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
potassium chloride microencapsulated crys er tab 20 meq	1	MO
(Potassium Chloride Microencapsulated Crys Er Tab 20 meq) KLOR-CON M20	1	MO
potassium chloride oral soln 10% (20 meq/15ml)	1	MO
potassium chloride oral soln 20% (40 meq/15ml)	1	MO
potassium chloride powder packet 20 meq	1	MO
(Potassium Chloride Powder Packet 20 meq) KLOR-CON	1	MO
potassium chloride tab er 8 meq (600 mg)	1	MO
potassium chloride tab er 10 meq	1	MO
(Potassium Chloride Tab Er 10 meq) KLOR-CON 10	1	MO
potassium chloride tab er 15 meq	1	MO
potassium chloride tab er 20 meq (1500 mg)	1	MO

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING

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

IMMUNOMODULATORS - DRUGS TO TREAT CANCER

lenalidomide cap 5 mg	1	SP, PA, QL (1 cap every 1 day); OAC
lenalidomide cap 10 mg	1	SP, PA, QL (1 cap every 1 day); OAC
lenalidomide cap 15 mg	1	SP, PA, QL (1 cap every 1 day); OAC
lenalidomide cap 20 mg	1	SP, PA, QL (21 caps every 21 days); OAC
lenalidomide cap 25 mg	1	SP, PA, QL (21 caps every 21 days); OAC
lenalidomide caps 2.5 mg	1	SP, PA, QL (1 cap every 1 day); OAC
THALOMID CAP 50MG (<i>thalidomide</i>)	2	SP, PA, QL (1 cap every 1 day); OAC
THALOMID CAP 100MG (<i>thalidomide</i>)	2	SP, PA, QL (4 caps every 1 day); OAC

IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT

azathioprine tab 50 mg	1	MO
azathioprine tab 75 mg	1	MO
(Azathioprine Tab 75 mg) AZASAN	1	MO
azathioprine tab 100 mg	1	MO
(Azathioprine Tab 100 mg) AZASAN	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
(Cyclosporine Modified Oral Soln 100 mg/ml) GENGRAF	1	SP
<i>everolimus tab 0.5 mg</i>	1	SP
<i>everolimus tab 0.25 mg</i>	1	SP
<i>everolimus tab 0.75 mg</i>	1	SP
<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</i> <i>(mycophenolic acid equiv)</i>	1	SP
<i>mycophenolate sodium tab dr 360 mg</i> <i>(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
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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 bottle every 25 days)
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 bottles every 25 days)
<i>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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 - OPTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	MO
BETOPTIC-S SUS 0.25% OP (<i>betaxolol hcl (ophth)</i>)	2	MO
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	MO
<i>carteolol hcl ophth soln 1%</i>	1	MO
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	MO
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	MO
<i>levobunolol hcl ophth soln 0.5%</i>	1	MO
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	MO
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	MO
<i>timolol maleate ophth soln 0.5%</i>	1	MO
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	MO
<i>timolol maleate ophth soln 0.25%</i>	1	MO
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	MO
<i>timolol maleate preservative free ophth soln 0.25%</i>	1	MO
<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	
(Phenylephrine Hcl Ophth Soln 2.5%) ALTAFRIN	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
(Phenylephrine Hcl Ophth Soln 10%) ALTAFRIN	1	
<i>tropicamide ophth soln 0.5%</i>	1	MO
<i>tropicamide ophth soln 1%</i>	1	MO
MIOTICS		
<i>pilocarpine hcl ophth soln 1%</i>	1	MO
<i>pilocarpine hcl ophth soln 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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>brimonidine tartrate ophth soln 0.2%</i>	1	MO
<i>brimonidine tartrate ophth soln 0.15%</i>	1	MO
SIMBRINZA SUS 1-0.2% (<i>brinzolamide-brimonidine tartrate</i>)	2	MO
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<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	
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth 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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	MO
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP (<i>nepafenac</i>)	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	1	MO
<i>latanoprost ophth soln 0.005%</i>	1	MO
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	MO
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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		
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	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	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
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB 100MG (<i>flibanserin</i>)	3	PA, MO
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG (<i>deutetrabenazine</i>)	2	SP, PA, QL (2 tabs every 1 day)
AUSTEDO TAB 9MG (<i>deutetrabenazine</i>)	2	SP, PA, QL (4 tabs every 1 day)
AUSTEDO TAB 12MG (<i>deutetrabenazine</i>)	2	SP, PA, QL (4 tabs every 1 day)
INGREZZA CAP 40-80MG (<i>valbenazine tosylate</i>)	2	SP, PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG (<i>valbenazine tosylate</i>)	2	SP, PA, QL (1 cap every 1 day)
INGREZZA CAP 60MG (<i>valbenazine tosylate</i>)	2	SP, PA, QL (1 cap every 1 day)
INGREZZA CAP 80MG (<i>valbenazine tosylate</i>)	2	SP, PA, QL (1 cap every 1 day)
<i>tetrabenazine tab 12.5 mg</i>	1	SP, PA, QL (4 tabs every 1 day)
<i>tetrabenazine tab 25 mg</i>	1	SP, PA, QL (2 tabs every 1 day)
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BAFIERTAM CAP 95MG (<i>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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
MAYZENT PAK STARTER (<i>siponimod fumarate</i>)	2	SP, PA, QL (12 tablet starter pack)
MAYZENT PAK STARTER (<i>siponimod fumarate</i>)	2	SP, PA, QL (7 tabs every 4 days)
MAYZENT TAB 0.25MG (<i>siponimod fumarate</i>)	2	SP, PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG (<i>siponimod fumarate</i>)	2	SP, PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG (<i>siponimod fumarate</i>)	2	SP, PA, QL (1 tab every 1 day)
<i>teriflunomide tab 7 mg</i>	1	SP, PA, QL (1 tab every 1 day)
<i>teriflunomide tab 14 mg</i>	1	SP, PA, QL (1 tab every 1 day)
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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) CVS NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) CVS NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) CVS NICOTINE POLACRILEX S	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) EQ NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) GNP NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) GOODSENSE NICOTINE POLACR	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) HM NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) KLS QUIT2	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) NICORELIEF	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) RA NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) RA NICOTINE GUM	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) SM NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 2 mg) THRIVE	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 4 mg) CVS NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 4 mg) CVS NICOTINE GUM	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 4 mg) CVS NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 4 mg) EQ NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Polacrilex Gum 4 mg) GNP NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year

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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Nicotine Td Patch 24hr 14 mg/24hr) GNP NICOTINE TRANSDERMAL	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 14 mg/24hr) NICOTINE TRANSDERMAL SYST	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 14 mg/24hr) RA NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 14 mg/24hr) SM NICOTINE TRANSDERMAL S	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 21 mg/24hr) CVS NICOTINE TRANSDERMAL	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 21 mg/24hr) EQ NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 21 mg/24hr) NICOTINE STEP 1	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 21 mg/24hr) NICOTINE TRANSDERMAL SYST	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 21 mg/24hr) RA NICOTINE	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 21 mg/24hr) RA NICOTINE TRANSDERMAL S	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 21 mg/24hr) SM NICOTINE TRANSDERMAL S	PV	\$0 limited to 2 treatment cycles/year
NICOTROL INH (<i>nicotine</i>)	PV	\$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML (<i>nicotine</i>)	PV	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	PV	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 1 mg (base equiv)</i>	PV	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	PV	\$0 limited to 2 treatment cycles/year

RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS

CYSTIC FIBROSIS AGENTS

KALYDECO PAK 25MG (<i>ivacaftor</i>)	3	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

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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Levothyroxine Sodium Tab 25 mcg) UNITHROID	1	MO
levothyroxine sodium tab 50 mcg	1	MO
(Levothyroxine Sodium Tab 50 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 50 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 50 mcg) UNITHROID	1	MO
levothyroxine sodium tab 75 mcg	1	MO
(Levothyroxine Sodium Tab 75 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 75 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 75 mcg) UNITHROID	1	MO
levothyroxine sodium tab 88 mcg	1	MO
(Levothyroxine Sodium Tab 88 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 88 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 88 mcg) UNITHROID	1	MO
levothyroxine sodium tab 100 mcg	1	MO
(Levothyroxine Sodium Tab 100 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 100 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 100 mcg) UNITHROID	1	MO
levothyroxine sodium tab 112 mcg	1	MO
(Levothyroxine Sodium Tab 112 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 112 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 112 mcg) UNITHROID	1	MO
levothyroxine sodium tab 125 mcg	1	MO
(Levothyroxine Sodium Tab 125 mcg) 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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(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 (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 50MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 75MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 88MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 100MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 112MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 125MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 137MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 150MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 175MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 200MCG (<i>levothyroxine sodium</i>)	2	MO
SYNTHROID TAB 300MCG (<i>levothyroxine sodium</i>)	2	MO

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

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	QL (90 caps every year), MO
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps every year), MO
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	1	QL (90 packets every year), MO
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	1	QL (90 packets every year), MO
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets every year), MO
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (90 packets every year), MO
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (90 packets every year), MO
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps every year), MO
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps every year), MO
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps every year), MO
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps every year), MO
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps every year), MO
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs every year), MO
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs every year), MO
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs every year), MO
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	1	MO
<i>misoprostol tab 200 mcg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
TALICIA CAP (<i>amoxicillin-rifabutin-omeprazole</i>)	2	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	MO
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	MO
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	MO
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	MO
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	MO
<i>oxybutynin chloride tab 5 mg</i>	1	MO
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	MO
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	MO
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	MO
<i>solifenacin succinate tab 5 mg</i>	1	MO
<i>solifenacin succinate tab 10 mg</i>	1	MO
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	MO
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	MO
<i>tolterodine tartrate tab 1 mg</i>	1	MO
<i>tolterodine tartrate tab 2 mg</i>	1	MO
<i>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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SPERMICIDES		
ENCARE SUP 100MG (<i>nonoxynol-9</i>)	PV	
GYNOL II GEL 3% (<i>nonoxynol-9</i>)	PV	
SHUR-SEAL GEL 2% (<i>nonoxynol-9</i>)	PV	
TODAY SPONGE MIS (<i>nonoxynol-9</i>)	PV	
VCF VAGINAL AER CONTRACP (<i>nonoxynol-9</i>)	PV	
VCF VAGINAL GEL CONTRACE (<i>nonoxynol-9</i>)	PV	
VCF VAGINAL MIS CONTRACP (<i>nonoxynol-9</i>)	PV	
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
(Miconazole Nitrate Vaginal Suppos 200 mg) MICONAZOLE 3	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL (<i>lactic acid-citric acid-potassium bitartrate</i>)	PV	
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.01%</i>	1	MO
IMVEXXY MAIN SUP 4MCG (<i>estradiol vaginal</i>)	2	MO
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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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) ... 97	
abacavir sulfate tab 300 mg (base equiv) 97	
abacavir sulfate-lamivudine tab 600-300 mg .. 97	
abacavir-dolutegravir-lamivudine	
see TRIUMEQ PD TAB..... 98	
see TRIUMEQ TAB 98	
ABIGALE	
see Estradiol & Norethindrone Acetate Tab 1-0.5 mg 130	
ABIGALE LO	
see Estradiol & Norethindrone Acetate Tab 0.5-0.1 mg..... 130	
abiraterone acetate micronized	
see YONSA TAB 125MG 85	
abiraterone acetate tab 250 mg 84	
Abiraterone Acetate Tab 250 mg 84	
abiraterone acetate tab 500 mg 84	
ABIRTEGA	
see Abiraterone Acetate Tab 250 mg 84	
abrocitinib	
see CIBINQO TAB 100MG 125	
see CIBINQO TAB 200MG 125	
see CIBINQO TAB 50MG..... 125	
acalabrutinib maleate	
see CALQUENCE TAB 100MG 86	
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 120	
acebutolol hcl cap 200 mg 101	
acebutolol hcl cap 400 mg 101	
acetaminophen w/ codeine soln 120-12 mg/5ml 46	
acetaminophen w/ codeine tab 300-15 mg 46	
acetaminophen w/ codeine tab 300-30 mg 46	
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% 152	
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 100	
acyclovir oint 5% 122	
acyclovir susp 200 mg/5ml 100	
acyclovir tab 400 mg 100	
acyclovir tab 800 mg 100	
adagrasib	
see KRAZATI TAB 200MG 88	
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 99	
ADEMPAS TAB 0.5MG 107	
ADEMPAS TAB 1.5MG 107	
ADEMPAS TAB 1MG 107	
ADEMPAS TAB 2.5MG 107	
ADEMPAS TAB 2MG 107	
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 FLOSIGNA 141	
AEROCHAMBER MIS MV 141	
AEROCHAMBER MIS PLUS 141	
AEROVENT MIS PLUS 141	
AFIRMELLE	
see Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg 110	

AFREZZA POW 12 UNIT	70	see PIQRAY 200MG TAB DOSE	89
AFREZZA POW 4-8 UNIT	70	see PIQRAY 250MG TAB DOSE	89
AFREZZA POW 4-8-12	70	see PIQRAY 300MG TAB DOSE	89
AFREZZA POW 4UNIT	70	ALPHAGAN P SOL 0.1% OP	149
AFREZZA POW 8 UNIT	70	ALPHAGAN P SOL 0.15% OP	149
AFREZZA POW 8-12UNIT	70	alprazolam orally disintegrating tab 0.25 mg .	54
AIRSUPRA AER 90-80MCG	57	alprazolam orally disintegrating tab 0.5 mg ...	54
AKLIEF CRE 0.005%	119	alprazolam orally disintegrating tab 1 mg	54
ALA-CORT		alprazolam orally disintegrating tab 2 mg	54
see Hydrocortisone Cream 1%	124	alprazolam tab 0.25 mg	54
albendazole tab 200 mg	51	alprazolam tab 0.5 mg	54
albuterol sulfate inhal aero 108 mcg/act (90mcg		alprazolam tab 1 mg	54
base equiv)	57	alprazolam tab 2 mg	54
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)		alprazolam tab er 24hr 0.5 mg	54
.....	57	Alprazolam Tab Er 24hr 0.5 mg	54
albuterol sulfate soln nebu 0.5% (5 mg/ml)	57	alprazolam tab er 24hr 1 mg	54
albuterol sulfate soln nebu 0.63 mg/3ml (base		Alprazolam Tab Er 24hr 1 mg	54
equiv)	57	alprazolam tab er 24hr 2 mg	54
albuterol sulfate soln nebu 1.25 mg/3ml (base		Alprazolam Tab Er 24hr 2 mg	54
equiv)	57	alprazolam tab er 24hr 3 mg	54
albuterol sulfate syrup 2 mg/5ml	57	Alprazolam Tab Er 24hr 3 mg	54
albuterol sulfate tab 2 mg	57	ALPRAZOLAM XR	
albuterol sulfate tab 4 mg	57	see Alprazolam Tab Er 24hr 0.5 mg	54
albuterol-budesonide		see Alprazolam Tab Er 24hr 1 mg	54
see AIRSUPRA AER 90-80MCG	57	see Alprazolam Tab Er 24hr 2 mg	54
alclometasone dipropionate cream 0.05%	123	see Alprazolam Tab Er 24hr 3 mg	54
alclometasone dipropionate oint 0.05%	123	ALTAFRIN	
ALECENSA CAP 150MG.....	85	see Phenylephrine Hcl Ophth Soln 10%	149
alectinib hcl		see Phenylephrine Hcl Ophth Soln 2.5%	149
see ALECENSA CAP 150MG	85	ALTAVERA	
alendronate sodium oral soln 70 mg/75ml	128	see Levonorgestrel & Ethinyl Estradiol Tab	
alendronate sodium tab 10 mg	128	0.15 mg-30 mcg.....	111
alendronate sodium tab 35 mg	128	ALUNBRIG PAK.....	85
alendronate sodium tab 70 mg	128	ALUNBRIG TAB 180MG	86
alfuzosin hcl tab er 24hr 10 mg	134	ALUNBRIG TAB 30MG	86
aliskiren fumarate tab 150 mg (base equivalent)		ALUNBRIG TAB 90MG	86
.....	81	ALVAIZ TAB 18MG	137
aliskiren fumarate tab 300 mg (base equivalent)		ALVAIZ TAB 36MG	137
.....	81	ALVAIZ TAB 54MG	137
allopurinol tab 100 mg	135	ALVAIZ TAB 9MG	137
allopurinol tab 200 mg	135	ALYACEN 1/35	
allopurinol tab 300 mg	135	see Norethindrone & Ethinyl Estradiol Tab 1	
almotriptan malate tab 12.5 mg	143	mg-35 mcg	112
almotriptan malate tab 6.25 mg	143	ALYACEN 7/7/7	
alose tron hcl tab 0.5 mg (base equiv)	133	see Norethindrone-Eth Estradiol Tab 0.5-	
alose tron hcl tab 1 mg (base equiv)	133	35/0.75-35/1-35 mg-Mcg	114
alpelisib		ALYQ	

see Tadalafil Tab 20 mg (Pah).....	106
amantadine hcl cap 100 mg	91
amantadine hcl soln 50 mg/5ml	91
amantadine hcl tab 100 mg	91
ambrisentan tab 10 mg	106
ambrisentan tab 5 mg	106
AMETHYST	
see Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 mcg	111
amiloride & hydrochlorothiazide tab 5-50 mg	127
amiloride hcl tab 5 mg	127
aminocaproic acid oral soln 0.25 gm/ml	138
aminocaproic acid tab 1000 mg	138
aminocaproic acid tab 500 mg	138
aminosalicylic acid see PASER GRA 4GM	83
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)	102
amlodipine besylate tab 2.5 mg (base equivalent)	102
amlodipine besylate tab 5 mg (base equivalent)	102
amlodipine besylate-atorvastatin calcium tab 10-10 mg	105
amlodipine besylate-atorvastatin calcium tab 10-20 mg	105
amlodipine besylate-atorvastatin calcium tab 10-40 mg	105
amlodipine besylate-atorvastatin calcium tab 10-80 mg	105
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	104
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	104

amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	104
amlodipine besylate-atorvastatin calcium tab 5- 10 mg	104
amlodipine besylate-atorvastatin calcium tab 5- 20 mg	104
amlodipine besylate-atorvastatin calcium tab 5- 40 mg	104
amlodipine besylate-atorvastatin calcium tab 5- 80 mg	105
amlodipine besylate-benazepril hcl cap 10-20 mg	79
amlodipine besylate-benazepril hcl cap 10-40 mg	79
amlodipine besylate-benazepril hcl cap 2.5-10 mg	79
amlodipine besylate-benazepril hcl cap 5-10 mg	79
amlodipine besylate-benazepril hcl cap 5-20 mg	79
amlodipine besylate-benazepril hcl cap 5-40 mg	79
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	79
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	79
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	79
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	79
amlodipine besylate-valsartan tab 10-160 mg	79
amlodipine besylate-valsartan tab 10-320 mg	79
amlodipine besylate-valsartan tab 5-160 mg	79
amlodipine besylate-valsartan tab 5-320 mg	79
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	79
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	79
AMNESTEEM	
see Isotretinoin Cap 10 mg	120
see Isotretinoin Cap 20 mg	120

see Isotretinoin Cap 30 mg	120	amphetamine tab extended release	
see Isotretinoin Cap 40 mg	120	disintegrating 9.4 mg	26
amoxapine tab 100 mg	67	amphetamine-dextroamphetamine 3-bead cap	
amoxapine tab 150 mg	67	er 24hr 12.5 mg	26
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	165	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	153	10 mg	27
amoxicillin & k clavulanate for susp 400-57		amphetamine-dextroamphetamine cap er 24hr	
mg/5ml	153	15 mg	27
amoxicillin & k clavulanate for susp 600-42.9		amphetamine-dextroamphetamine cap er 24hr	
mg/5ml	153	20 mg	27
amoxicillin & k clavulanate tab 250-125 mg .	153	amphetamine-dextroamphetamine cap er 24hr	
amoxicillin & k clavulanate tab 500-125 mg .	153	25 mg	27
amoxicillin & k clavulanate tab 875-125 mg .	153	amphetamine-dextroamphetamine cap er 24hr	
amoxicillin & k clavulanate tab er 12hr 1000-		30 mg	27
62.5 mg	153	amphetamine-dextroamphetamine cap er 24hr	
amoxicillin & pot clavulanate		5 mg	27
see AUGMENTIN SUS 125/5ML	153	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	165	.....	27
amphetamine sulfate tab 10 mg	26	ampicillin cap 500 mg	152
amphetamine sulfate tab 5 mg	26	anagrelide hcl cap 0.5 mg	135
amphetamine tab extended release		anagrelide hcl cap 1 mg	135
disintegrating 12.5 mg	26	anastrozole tab 1 mg	84
amphetamine tab extended release		ANNOVERA MIS	116
disintegrating 15.7 mg	26	ANORO ELLIPT AER 62.5-25	57
amphetamine tab extended release		ANUCORT-HC	
disintegrating 18.8 mg	26	see Hydrocortisone Acetate Suppos 25 mg ..	51
amphetamine tab extended release		apalutamide	
disintegrating 3.1 mg	26	see ERLEADA TAB 240MG	85
amphetamine tab extended release		see ERLEADA TAB 60MG	84
disintegrating 6.3 mg	26	apixaban	

see ELIQUIS CAP 0.15MG	59	ASCOMP/CODEINE	
see ELIQUIS ST P TAB 5MG	59	see Butalbital-Aspirin-Caff W/ Codeine Cap 50-	
see ELIQUIS TAB 0.5MG	59	325-40-30 mg	47
see ELIQUIS TAB 1.5MG	59	asenapine maleate sl tab 10 mg (base equiv) .	95
see ELIQUIS TAB 2.5MG	59	asenapine maleate sl tab 2.5 mg (base equiv)	95
see ELIQUIS TAB 2MG	59	asenapine maleate sl tab 5 mg (base equiv) ...	95
see ELIQUIS TAB 5MG	59	ASHLYNA	
apraclonidine hcl ophth soln 0.5% (base		see Levonorg-Eth Est Tab 0.15-0.03mg(84) &	
equivalent)	149	Eth Est Tab 0.01mg(7).....	110
apremilast		ASMANEX HFA AER 100 MCG	56
see OTEZLA TAB 10/20	40	ASMANEX HFA AER 200 MCG	56
see OTEZLA TAB 10/20/30	41	ASMANEX HFA AER 50MCG	56
see OTEZLA TAB 20MG	41	Aspirin Chew Tab 81 mg	41
see OTEZLA TAB 30MG	41	ASPIRIN CHILDRENS	
see OTEZLA XR TAB 75MG	41	see Aspirin Chew Tab 81 mg	41
see OTEZLA/XR TAB 28 DAY.....	41	aspirin tab delayed release 81 mg	41
aprepitant capsule 125 mg	73	aspirin-dipyridamole cap er 12hr 25-200 mg.	135
aprepitant capsule 40 mg	73	atazanavir sulfate cap 150 mg (base equiv)	97
aprepitant capsule 80 mg	73	atazanavir sulfate cap 200 mg (base equiv)	97
aprepitant capsule therapy pack 80 & 125 mg	73	atazanavir sulfate cap 300 mg (base equiv)	97
APRI		atenolol & chlorthalidone tab 100-25 mg	80
see Desogestrel & Ethinyl Estradiol Tab 0.15		atenolol & chlorthalidone tab 50-25 mg	80
mg-30 mcg	108	atenolol tab 100 mg	101
ARANELLE		atenolol tab 25 mg	101
see Norethindrone-Eth Estradiol Tab 0.5-35/1-		atenolol tab 50 mg	101
35/0.5-35 mg-Mcg	114	atogepant	
arformoterol tartrate soln nebu 15 mcg/2ml		see QULIPTA TAB 10MG	143
(base equiv)	57	see QULIPTA TAB 30MG	143
aripiprazole oral solution 1 mg/ml	96	see QULIPTA TAB 60MG	143
aripiprazole orally disintegrating tab 10 mg ...	96	atomoxetine hcl cap 10 mg (base equiv)	32
aripiprazole orally disintegrating tab 15 mg ...	96	atomoxetine hcl cap 100 mg (base equiv)	32
aripiprazole tab 10 mg	96	atomoxetine hcl cap 18 mg (base equiv)	32
aripiprazole tab 15 mg	96	atomoxetine hcl cap 25 mg (base equiv)	32
aripiprazole tab 2 mg	96	atomoxetine hcl cap 40 mg (base equiv)	32
aripiprazole tab 20 mg	97	atomoxetine hcl cap 60 mg (base equiv)	32
aripiprazole tab 30 mg	97	atomoxetine hcl cap 80 mg (base equiv)	32
aripiprazole tab 5 mg	96	atorvastatin calcium tab 10 mg (base	
armodafinil tab 150 mg	33	equivalent)	76
armodafinil tab 200 mg	33	atorvastatin calcium tab 20 mg (base	
armodafinil tab 250 mg	33	equivalent)	76
armodafinil tab 50 mg	33	atorvastatin calcium tab 40 mg (base	
artemether-lumefantrine		equivalent)	76
see COARTEM TAB 20-120MG	82	atorvastatin calcium tab 80 mg (base	
asciminib hcl		equivalent)	76
see SCEMBLIX TAB 100MG	90	atovaquone susp 750 mg/5ml	52
see SCEMBLIX TAB 20MG	89	atovaquone-proguanil hcl tab 250-100 mg	82
see SCEMBLIX TAB 40MG	90	atovaquone-proguanil hcl tab 62.5-25 mg	82

atrasentan hcl	
see VANRAFIA TAB 0.75MG	134
atropine sulfate ophth soln 1%	149
AUBRA EQ	
see Levonorgestrel & Ethinyl Estradiol Tab 0.1	
mg-20 mcg	110
AUGMENTIN SUS 125/5ML	153
AUGTYRO CAP 160MG	86
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	112
AUROVELA 24 FE	
see Norethindrone Ace-Ethinyl Estradiol-Fe	
Tab 1 mg-20 mcg (24)	114
AUROVELA FE 1.5/30	
see Norethindrone Ace & Ethinyl Estradiol-Fe	
Tab 1.5 mg-30 mcg	113
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	64
AUVI-Q INJ 0.15MG	166
AUVI-Q INJ 0.1MG	166
AUVI-Q INJ 0.3MG	166
avatrombopag maleate	
see DOPTLET SPR CAP 10MG	137
see DOPTLET TAB 20MG	137, 138
AVIANE	
see Levonorgestrel & Ethinyl Estradiol Tab 0.1	
mg-20 mcg	110
AVIDOXY	
see Doxycycline Monohydrate Tab 100 mg	161
axitinib	
see INLYTA TAB 1MG	83
see INLYTA TAB 5MG	83
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%	125
azelastine hcl nasal spray 0.1% (137 mcg/spray)	
.....	148
azelastine hcl ophth soln 0.05%	151
azelastine hcl-fluticasone prop nasal spray 137-	
50 mcg/act	148
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	52
AZURETTE	
see Desogest-Eth Estrad & Eth Estrad Tab 0.15-	
0.02/0.01 mg(21/5)	108
B	
BAC	
see Butalbital-Acetaminophen-Caffeine Tab	
50-325-40 mg	41
bacitracin ophth oint 500 unit/gm	150
bacitracin-polymyxin b ophth oint	150
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	111

BAQSIMI ONE POW 3MG/DOSE	69	see ORLADEYO CAP 110MG	135
BAQSIMI TWO POW 3MG/DOSE	69	see ORLADEYO CAP 150MG	135
BD INSULIN PEN NEEDLES - OTC.....	141	besifloxacin hcl	
BD INSULIN SYRINGE - OTC	141	see BESIVANCE SUS 0.6%.....	150
BD INSULIN SYRINGE - RX	141	BESIVANCE SUS 0.6%	150
bedaquiline fumarate		betaine powder for oral solution	129
see SIRTURO TAB 100MG	83	betamethasone dipropionate augmented cream	
see SIRTURO TAB 20MG	83	0.05%	123
BELBUCA MIS 150MCG	49	betamethasone dipropionate augmented gel	
BELBUCA MIS 300MCG	49	0.05%	123
BELBUCA MIS 450MCG	49	betamethasone dipropionate augmented lotion	
BELBUCA MIS 600MCG	49	0.05%	123
BELBUCA MIS 750MCG	49	betamethasone dipropionate augmented oint	
BELBUCA MIS 75MCG.....	49	0.05%	123
BELBUCA MIS 900MCG	49	betamethasone dipropionate cream 0.05% ..	123
BELSOMRA TAB 10MG	139	betamethasone dipropionate lotion 0.05% ..	123
BELSOMRA TAB 15MG	139	betamethasone valerate aerosol foam 0.12%	
BELSOMRA TAB 20MG	139	.....	123
BELSOMRA TAB 5MG	139	betamethasone valerate cream 0.1% (base	
bempedoic acid		equivalent)	123
see NEXLETOL TAB 180MG	75	betamethasone valerate lotion 0.1% (base	
bempedoic acid-ezetimibe		equivalent)	123
see NEXLIZET TAB 180/10MG.....	75	betamethasone valerate oint 0.1% (base	
benazepril & hydrochlorothiazide tab 10-12.5		equivalent)	123
mg	80	betaxolol hcl (ophth)	
benazepril & hydrochlorothiazide tab 20-12.5		see BETOPTIC-S SUS 0.25% OP	149
mg	80	betaxolol hcl ophth soln 0.5%	149
benazepril & hydrochlorothiazide tab 20-25 mg		betaxolol hcl tab 10 mg	101
.....	80	betaxolol hcl tab 20 mg	101
benazepril & hydrochlorothiazide tab 5-6.25 mg		bethanechol chloride tab 10 mg	165
.....	80	bethanechol chloride tab 25 mg	165
benazepril hcl tab 10 mg	77	bethanechol chloride tab 5 mg	165
benazepril hcl tab 20 mg	77	bethanechol chloride tab 50 mg	165
benazepril hcl tab 40 mg	77	BETOPTIC-S SUS 0.25% OP	149
benazepril hcl tab 5 mg	77	bexarotene cap 75 mg	91
BENZAC AC LIQ 5% WASH	119	bexarotene gel 1%	122
benzonatate cap 100 mg	118	bicalutamide tab 50 mg	84
benzonatate cap 200 mg	118	bictegravir-emtricitabine-tenofovir alafenamide	
benzoyl peroxide		fumarate	
see BENZAC AC LIQ 5% WASH	119	see BIKTARVY TAB	97
benzoyl peroxide-erythromycin gel 5-3%	119	BIJUVA CAP 0.5-100	130
benzphetamine hcl tab 50 mg	31	BIJUVA CAP 1-100MG	130
benztropine mesylate tab 0.5 mg	91	BIKTARVY TAB	97
benztropine mesylate tab 1 mg	91	bimatoprost ophth soln 0.03%	151
benztropine mesylate tab 2 mg	91	binimetinib	
bepotastine besilate ophth soln 1.5%	151	see MEKTOVI TAB 15MG	89
berotralstat hcl			

bismuth subcit-metronidazole-tetracycline cap	
140-125-125 mg	165
bisoprolol & hydrochlorothiazide tab 10-6.25	
mg	80
bisoprolol & hydrochlorothiazide tab 2.5-6.25	
mg	80
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	
.....	80
bisoprolol fumarate tab 10 mg	101
bisoprolol fumarate tab 5 mg	101
BLISOVI 24 FE	
see Norethindrone Ace-Ethinyl Estradiol-Fe	
Tab 1 mg-20 mcg (24)	114
BLISOVI FE 1.5/30	
see Norethindrone Ace & Ethinyl Estradiol-Fe	
Tab 1.5 mg-30 mcg.....	113
BLISOVI FE 1/20	
see Norethindrone Ace & Ethinyl Estradiol-Fe	
Tab 1 mg-20 mcg.....	113
bosentan tab 125 mg	106
bosentan tab 62.5 mg	106
bosentan tab for oral susp 32 mg	106
BOSULIF CAP 100MG.....	86
BOSULIF CAP 50MG.....	86
BOSULIF TAB 100MG.....	86
BOSULIF TAB 400MG.....	86
BOSULIF TAB 500MG.....	86
bosutinib	
see BOSULIF CAP 100MG	86
see BOSULIF CAP 50MG	86
see BOSULIF TAB 100MG	86
see BOSULIF TAB 400MG	86
see BOSULIF TAB 500MG	86
BRAFTOVI CAP 75MG	86
BREATHE EASE MIS LG MASK	141
BREATHE EASE MIS MED MASK.....	141
BREATHE EASE MIS SM MASK	141
BREO ELLIPTA INH 100-25	57
BREO ELLIPTA INH 200-25.....	57
BREO ELLIPTA INH 50-25MCG	57
BREYNA	
see Budesonide-Formoterol Fumarate Dihyd	
Aerosol 160-4.5 mcg/act	57
see Budesonide-Formoterol Fumarate Dihyd	
Aerosol 80-4.5 mcg/act	57
BREZTRI AERO AER SPHERE	57
BRIELLYN	
see Norethindrone & Ethinyl Estradiol Tab 0.4	
mg-35 mcg.....	111
brigatinib	
see ALUNBRIG PAK	85
see ALUNBRIG TAB 180MG	86
see ALUNBRIG TAB 30MG	86
see ALUNBRIG TAB 90MG	86
BRILINTA TAB 60MG.....	135
BRILINTA TAB 90MG.....	135
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%	150
brimonidine tartrate ophth soln 0.2%	150
brimonidine tartrate-timolol maleate ophth soln	
0.2-0.5%	149
brinzolamide ophth susp 1%	151
brinzolamide-brimonidine tartrate	
see SIMBRINZA SUS 1-0.2%	150
brivaracetam	
see BRIVIACT SOL 10MG/ML	60
see BRIVIACT TAB 100MG	60
see BRIVIACT TAB 10MG.....	60
see BRIVIACT TAB 25MG.....	60
see BRIVIACT TAB 50MG.....	60
see BRIVIACT TAB 75MG.....	60
BRIVIACT SOL 10MG/ML.....	60
BRIVIACT TAB 100MG	60
BRIVIACT TAB 10MG	60
BRIVIACT TAB 25MG	60
BRIVIACT TAB 50MG	60
BRIVIACT TAB 75MG	60
bromfenac sodium ophth soln 0.07% (base	
equivalent)	151
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)	91
bromocriptine mesylate tab 2.5 mg (base	
equivalent)	91
BRUKINSA CAP 80MG.....	86
BRUKINSA TAB 160MG.....	86

BRYHALI LOT 0.01%	123	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	50
budesonide		<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	50
see UCERIS TAB 9MG	118	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	50
budesonide (inhalation)		<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	50
see PULMICORT INH 180MCG	57	<i>buprenorphine td patch weekly 10 mcg/hr</i>	50
see PULMICORT INH 90MCG	57	<i>buprenorphine td patch weekly 15 mcg/hr</i>	50
budesonide delayed release particles cap 3 mg		<i>buprenorphine td patch weekly 20 mcg/hr</i>	50
.....	116	<i>buprenorphine td patch weekly 5 mcg/hr</i>	50
budesonide inhalation susp 0.25 mg/2ml	56	<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	50
budesonide inhalation susp 0.5 mg/2ml	56	bupropion hcl (smoking deterrent) tab er 12hr 150 mg	157
budesonide inhalation susp 1 mg/2ml	56	<i>bupropion hcl tab 100 mg</i>	64
budesonide rectal foam 2 mg/act	51	<i>bupropion hcl tab 75 mg</i>	64
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	57	<i>bupropion hcl tab er 12hr 100 mg</i>	64
Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 mcg/act	57	<i>bupropion hcl tab er 12hr 150 mg</i>	64
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	57	<i>bupropion hcl tab er 12hr 200 mg</i>	65
Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 mcg/act.....	57	<i>bupropion hcl tab er 24hr 150 mg</i>	65
budesonide-glycopyrrolate-formoterol fumarate		<i>bupropion hcl tab er 24hr 300 mg</i>	65
see BREZTRI AERO AER SPHERE.....	57	<i>bupirone hcl tab 10 mg</i>	53
bumetanide tab 0.5 mg	127	<i>bupirone hcl tab 15 mg</i>	53
bumetanide tab 1 mg	127	<i>bupirone hcl tab 30 mg</i>	53
bumetanide tab 2 mg	127	<i>bupirone hcl tab 5 mg</i>	53
buprenorphine hcl		<i>bupirone hcl tab 7.5 mg</i>	53
see BELBUCA MIS 150MCG	49	butalbital-acetaminophen tab 50-325 mg	41
see BELBUCA MIS 300MCG	49	Butalbital-Acetaminophen Tab 50-325 mg	41
see BELBUCA MIS 450MCG	49	butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	47
see BELBUCA MIS 600MCG	49	<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	47
see BELBUCA MIS 750MCG	49	butalbital-acetaminophen-caffeine tab 50-325-40 mg	41
see BELBUCA MIS 75MCG	49	Butalbital-Acetaminophen-Caffeine Tab 50-325-40 mg	41
see BELBUCA MIS 900MCG	49	butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	47
buprenorphine hcl sl tab 2 mg (base equiv)	49	Butalbital-Aspirin-Caff W/ Codeine Cap 50-325-40-30 mg	47
buprenorphine hcl sl tab 8 mg (base equiv)	49	butalbital-aspirin-caffeine cap 50-325-40 mg .	41
buprenorphine hcl-naloxone hcl dihydrate		butorphanol tartrate nasal soln 10 mg/ml	50
see ZUBSOLV SUB 0.7-0.18	50	C	
see ZUBSOLV SUB 1.4-0.36	50	cabergoline tab 0.5 mg	130
see ZUBSOLV SUB 11.4-2.9	50	CABOMETYX TAB 20MG.....	86
see ZUBSOLV SUB 2.9-0.71	50	CABOMETYX TAB 40MG.....	86
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		

CABOMETYX TAB 60MG	86	see TRUQAP TAB 200MG	90
cabozantinib s-malate		captopril & hydrochlorothiazide tab 25-15 mg	80
see CABOMETYX TAB 20MG	86	captopril & hydrochlorothiazide tab 25-25 mg	80
see CABOMETYX TAB 40MG	86	captopril & hydrochlorothiazide tab 50-15 mg	80
see CABOMETYX TAB 60MG	86	captopril & hydrochlorothiazide tab 50-25 mg	80
calcipotriene oint 0.005%	122	captopril tab 100 mg	77
Calcipotriene Oint 0.005%	122	captopril tab 12.5 mg	77
calcipotriene soln 0.005% (50 mcg/ml)	122	captopril tab 25 mg	77
calcipotriene-betamethasone dipropionate		captopril tab 50 mg	77
see ENSTILAR AER.....	123	carbamazepine cap er 12hr 100 mg	60
calcitonin (salmon) nasal soln 200 unit/act ...	128	carbamazepine cap er 12hr 200 mg	60
CALCITRENE		carbamazepine cap er 12hr 300 mg	60
see Calcipotriene Oint 0.005%	122	carbamazepine chew tab 100 mg	61
calcitriol cap 0.25 mcg	129	carbamazepine chew tab 200 mg	61
calcitriol cap 0.5 mcg	129	carbamazepine susp 100 mg/5ml	61
calcitriol oral soln 1 mcg/ml	129	carbamazepine tab 200 mg	61
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	134	carbamazepine tab er 12hr 100 mg	61
calcium acetate (phosphate binder) tab 667 mg	134	carbamazepine tab er 12hr 200 mg	61
calcium, magnesium, potassium, & sodium oxybates		carbamazepine tab er 12hr 400 mg	61
see XYWAV SOL 0.5GM/ML	154	carbidopa & levodopa cap er 23.75-95 mg	91
CALQUENCE TAB 100MG	86	carbidopa & levodopa cap er 36.25-145 mg ...	91
CAMILA		carbidopa & levodopa cap er 48.75-195 mg ...	91
see Norethindrone Tab 0.35 mg	116	carbidopa & levodopa cap er 61.25-245 mg ...	91
CAMRESE		carbidopa & levodopa orally disintegrating tab 10-100 mg	92
see Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)	110	carbidopa & levodopa orally disintegrating tab 25-100 mg	92
CAMRESE LO		carbidopa & levodopa orally disintegrating tab 25-250 mg	92
see Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)	110	carbidopa & levodopa tab 10-100 mg	92
candesartan cilexetil tab 16 mg	78	carbidopa & levodopa tab 25-100 mg	92
candesartan cilexetil tab 32 mg	78	carbidopa & levodopa tab 25-250 mg	92
candesartan cilexetil tab 4 mg	78	carbidopa & levodopa tab er 25-100 mg	92
candesartan cilexetil tab 8 mg	78	carbidopa & levodopa tab er 50-200 mg	92
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	80	carbidopa tab 25 mg	91
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	80	carbidopa-levodopa	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	80	see CREXONT CAP 35-140MG	92
capecitabine tab 150 mg	83	see CREXONT CAP 52.5-210	92
capecitabine tab 500 mg	83	see CREXONT CAP 70-280MG	92
capivasertib		see CREXONT CAP 87.5-350	92
see TRUQAP PAK 160MG	90	see DHIVY TAB 25-100MG	92
see TRUQAP PAK 200MG	90	see RYTARY CAP 145MG	93
		see RYTARY CAP 195MG	93
		see RYTARY CAP 245MG	93
		see RYTARY CAP 95MG	93
		carbidopa-levodopa-entacapone tabs 12.5-50- 200 mg	92

carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	92	cefaclor cap 250 mg	107
carbidopa-levodopa-entacapone tabs 25-100-200 mg	92	cefaclor cap 500 mg	107
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	92	cefaclor for susp 250 mg/5ml	107
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	92	cefadroxil cap 500 mg	107
carbidopa-levodopa-entacapone tabs 50-200-200 mg	92	cefadroxil for susp 250 mg/5ml	107
carbinoxamine maleate extended release susp 4 mg/5ml	74	cefadroxil for susp 500 mg/5ml	107
carbinoxamine maleate soln 4 mg/5ml	74	cefadroxil tab 1 gm	107
Carbinoxamine Maleate Soln 4 mg/5ml	74	cefdinir cap 300 mg	107
carbinoxamine maleate tab 4 mg	74	cefdinir for susp 125 mg/5ml	108
carbinoxamine maleate tab 6 mg	74	cefdinir for susp 250 mg/5ml	108
Carbinoxamine Maleate Tab 6 mg	74	cefixime cap 400 mg	108
CARBZAH		cefixime for susp 100 mg/5ml	108
see Carbinoxamine Maleate Soln 4 mg/5ml .	74	cefixime for susp 200 mg/5ml	108
carglumic acid soluble tab 200 mg	129	cefixime tab 400 mg	108
cariprazine hcl		cefpodoxime proxetil for susp 100 mg/5ml ...	108
see VRAYLAR CAP 0.5MG	94	cefpodoxime proxetil for susp 50 mg/5ml	108
see VRAYLAR CAP 0.75MG	94	cefpodoxime proxetil tab 100 mg	108
see VRAYLAR CAP 1.5MG	94	cefpodoxime proxetil tab 200 mg	108
see VRAYLAR CAP 3MG	94	cefprozil for susp 125 mg/5ml	107
see VRAYLAR CAP 4.5MG	94	cefprozil for susp 250 mg/5ml	107
see VRAYLAR CAP 6MG	94	cefprozil tab 250 mg	107
carisoprodol tab 350 mg	147	cefprozil tab 500 mg	107
carteolol hcl ophth soln 1%	149	cefuroxime axetil tab 250 mg	107
CARTIA XT		cefuroxime axetil tab 500 mg	107
see Diltiazem Hcl Coated Beads Cap Er 24hr		celecoxib cap 100 mg	39
120 mg	102	celecoxib cap 200 mg	39
see Diltiazem Hcl Coated Beads Cap Er 24hr		celecoxib cap 400 mg	39
180 mg	102	celecoxib cap 50 mg	39
see Diltiazem Hcl Coated Beads Cap Er 24hr		cenobamate	
240 mg	102	see XCOPRI PAK 100-150	63
see Diltiazem Hcl Coated Beads Cap Er 24hr		see XCOPRI PAK 12.5-25	63
300 mg	102	see XCOPRI PAK 150-200	63
carvedilol phosphate cap er 24hr 10 mg	100	see XCOPRI PAK 50-100MG	63
carvedilol phosphate cap er 24hr 20 mg	100	see XCOPRI TAB 100MG	63
carvedilol phosphate cap er 24hr 40 mg	100	see XCOPRI TAB 150MG	63
carvedilol phosphate cap er 24hr 80 mg	100	see XCOPRI TAB 200MG	63
carvedilol tab 12.5 mg	100	see XCOPRI TAB 25MG	63
carvedilol tab 25 mg	100	see XCOPRI TAB 50MG	63
carvedilol tab 3.125 mg	100	cephalexin cap 250 mg	107
carvedilol tab 6.25 mg	100	cephalexin cap 500 mg	107
CAYSTON INH 75MG	52	cephalexin cap 750 mg	107
		cephalexin for susp 125 mg/5ml	107
		cephalexin for susp 250 mg/5ml	107
		cephalexin tab 250 mg	107
		cephalexin tab 500 mg	107
		CERDELGA CAP 84MG	136
		ceritinib	

see ZYKADIA TAB 150MG	91	ciclopirox shampoo 1%	121
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	74	ciclopirox solution 8%	121
cevimeline hcl cap 30 mg	147	Ciclopirox Solution 8%	121
CHARLOTTE 24 FE		cilostazol tab 100 mg	135
see Norethindrone Ace-Eth Estradiol-Fe Chew		cilostazol tab 50 mg	135
Tab 1 mg-20 mcg (24)	114	CIMDUO TAB 300-300.....	97
CHATEAL EQ		cimetidine hcl soln 300 mg/5ml	164
see Levonorgestrel & Ethinyl Estradiol Tab		cimetidine tab 200 mg	164
0.15 mg-30 mcg.....	111	cimetidine tab 300 mg	164
chlordiazepoxide hcl cap 10 mg	54	cimetidine tab 400 mg	164
chlordiazepoxide hcl cap 25 mg	54	cimetidine tab 800 mg	164
chlordiazepoxide hcl cap 5 mg	54	cinacalcet hcl tab 30 mg (base equiv)	129
chlordiazepoxide hcl-clidinium bromide cap 5-		cinacalcet hcl tab 60 mg (base equiv)	129
2.5 mg	163	cinacalcet hcl tab 90 mg (base equiv)	129
chlordiazepoxide-amitriptyline tab 10-25 mg	155	CIPRO (10%) SUS 500MG/5	132
chlordiazepoxide-amitriptyline tab 5-12.5 mg	155	CIPRO (5%) SUS 250MG/5	132
.....	155	ciprofloxacin	
chloroquine phosphate tab 250 mg	82	see CIPRO (10%) SUS 500MG/5	132
chloroquine phosphate tab 500 mg	82	see CIPRO (5%) SUS 250MG/5.....	132
chlorpromazine hcl conc 100 mg/ml	96	ciprofloxacin hcl ophth soln 0.3% (base	
chlorpromazine hcl conc 30 mg/ml	96	equivalent)	150
chlorpromazine hcl tab 10 mg	96	ciprofloxacin hcl otic soln 0.2% (base equivalent)	
chlorpromazine hcl tab 100 mg	96	.....	152
chlorpromazine hcl tab 200 mg	96	ciprofloxacin hcl tab 250 mg (base equiv)	132
chlorpromazine hcl tab 25 mg	96	ciprofloxacin hcl tab 500 mg (base equiv)	132
chlorpromazine hcl tab 50 mg	96	ciprofloxacin hcl tab 750 mg (base equiv)	132
chlorthalidone tab 25 mg	128	ciprofloxacin-dexamethasone otic susp 0.3-0.1%	
chlorthalidone tab 50 mg	128	.....	152
chlorzoxazone tab 500 mg	148	ciprofloxacin-hydrocortisone otic susp 0.2-1%	
cholestyramine light powder 4 gm/dose	75	.....	152
Cholestyramine Light Powder 4 gm/dose	75	citalopram hydrobromide oral soln 10 mg/5ml	
cholestyramine light powder packets 4 gm	75	.....	65
Cholestyramine Light Powder Packets 4 gm	75	citalopram hydrobromide tab 10 mg (base	
cholestyramine powder 4 gm/dose	75	equiv)	65
cholestyramine powder packets 4 gm	75	citalopram hydrobromide tab 20 mg (base	
choline fenofibrate cap dr 135 mg (fenofibric		equiv)	65
acid equiv)	75	citalopram hydrobromide tab 40 mg (base	
choline fenofibrate cap dr 45 mg (fenofibric acid		equiv)	65
equiv)	75	cladribine tab therapy pack 10 mg (10 tabs) .	156
CIBINQO TAB 100MG	125	cladribine tab therapy pack 10 mg (4 tabs) ...	155
CIBINQO TAB 200MG	125	cladribine tab therapy pack 10 mg (5 tabs) ...	155
CIBINQO TAB 50MG	125	cladribine tab therapy pack 10 mg (6 tabs) ...	155
CICLODAN		cladribine tab therapy pack 10 mg (7 tabs) ...	155
see Ciclopirox Solution 8%.....	121	cladribine tab therapy pack 10 mg (8 tabs) ...	155
ciclopirox gel 0.77%	121	cladribine tab therapy pack 10 mg (9 tabs) ...	156
ciclopirox olamine cream 0.77% (base equiv)	121	CLARAVIS	
ciclopirox olamine susp 0.77% (base equiv) ...	121	see Isotretinoin Cap 10 mg	120

see Isotretinoin Cap 20 mg	120	clobazam tab 20 mg	60
see Isotretinoin Cap 30 mg	120	clobetasol propionate cream 0.025%	123
see Isotretinoin Cap 40 mg	120	clobetasol propionate cream 0.05%	123
clarithromycin for susp 125 mg/5ml	140	clobetasol propionate emollient base cream	
clarithromycin for susp 250 mg/5ml	140	0.05%	123
clarithromycin tab 250 mg	140	clobetasol propionate foam 0.05%	123
clarithromycin tab 500 mg	140	clobetasol propionate gel 0.05%	123
clarithromycin tab er 24hr 500 mg	140	clobetasol propionate lotion 0.05%	123
clascoterone		clobetasol propionate oint 0.05%	123
see WINLEVI CRE 1%	121	clobetasol propionate shampoo 0.05%	123
clemastine fumarate syrup 0.67 mg/5ml (0.5		Clobetasol Propionate Shampoo 0.05%	123
mg/5ml base eq)	74	clobetasol propionate soln 0.05%	123
clemastine fumarate tab 2.68 mg	74	CLODAN	
CLENPIQ SOL	139	see Clobetasol Propionate Shampoo 0.05% 123	
CLINDACIN		CLOMID	
see Clindamycin Phosphate Foam 1%	119	see Clomiphene Citrate Tab 50 mg	128
CLINDACIN ETZ PLEDGETS		clomiphene citrate tab 50 mg	128
see Clindamycin Phosphate Swab 1%	119	Clomiphene Citrate Tab 50 mg	128
CLINDACIN-P		clomipramine hcl cap 25 mg	67
see Clindamycin Phosphate Swab 1%	119	clomipramine hcl cap 50 mg	67
clindamycin hcl cap 150 mg	52	clomipramine hcl cap 75 mg	67
clindamycin hcl cap 300 mg	52	clonazepam orally disintegrating tab 0.125 mg	
clindamycin hcl cap 75 mg	52	.....	60
clindamycin palmitate hcl for soln 75 mg/5ml		clonazepam orally disintegrating tab 0.25 mg	60
(base equiv)	52	clonazepam orally disintegrating tab 0.5 mg ..	60
clindamycin phosphate foam 1%	119	clonazepam orally disintegrating tab 1 mg	60
Clindamycin Phosphate Foam 1%	119	clonazepam orally disintegrating tab 2 mg	60
clindamycin phosphate gel 1% (twice-daily) .	119	clonazepam tab 0.5 mg	60
clindamycin phosphate lotion 1%	119	clonazepam tab 1 mg	60
clindamycin phosphate soln 1%	119	clonazepam tab 2 mg	60
clindamycin phosphate swab 1%	119	clonidine hcl tab 0.1 mg	78
Clindamycin Phosphate Swab 1%	119	clonidine hcl tab 0.2 mg	78
clindamycin phosphate vaginal cream 2%	166	clonidine hcl tab 0.3 mg	78
clindamycin phosphate-benzoyl peroxide gel		clonidine hcl tab er 12hr 0.1 mg	32
1.2-2.5%	119	clonidine tab er 24hr 0.17 mg	79
clindamycin phosphate-benzoyl peroxide gel		clonidine td patch weekly 0.1 mg/24hr	79
1.2-3.75%	120	clonidine td patch weekly 0.2 mg/24hr	79
clindamycin phosphate-benzoyl peroxide gel 1-		clonidine td patch weekly 0.3 mg/24hr	79
5%	119	clopidogrel bisulfate tab 300 mg (base equiv)	
clindamycin phosphate-tretinoin gel 1.2-0.025%		.....	135
.....	120	clopidogrel bisulfate tab 75 mg (base equiv)	135
clindamycin phosph-benzoyl peroxide (refrig)		clorazepate dipotassium tab 15 mg	54
gel 1.2 (1)-5%	119	clorazepate dipotassium tab 3.75 mg	54
Clindamycin Phosph-Benzoyl Peroxide (Refrig)		clorazepate dipotassium tab 7.5 mg	54
Gel 1.2 (1)-5%	119	clotrimazole cream 1%	121
clobazam suspension 2.5 mg/ml	60	clotrimazole soln 1%	121
clobazam tab 10 mg	60	clotrimazole troche 10 mg	147

clotrimazole w/ betamethasone cream 1-0.05%	see PREMPRO TAB 0.45-1.5..... 131
..... 121	see PREMPRO TAB 0.625-5..... 131
clotrimazole w/ betamethasone lotion 1-0.05%	CONSTULOSE
..... 121	see Lactulose Solution 10 gm/15ml 139
clozapine orally disintegrating tab 100 mg 95	CORTIFOAM AER 90MG 51
clozapine orally disintegrating tab 12.5 mg 95	CREON CAP 12000UNT 126
clozapine orally disintegrating tab 150 mg 95	CREON CAP 24000UNT 126
clozapine orally disintegrating tab 200 mg 95	CREON CAP 3000UNIT..... 126
clozapine orally disintegrating tab 25 mg 95	CREON CAP 36000UNT 126
clozapine tab 100 mg 95	CREON CAP 6000UNIT..... 126
clozapine tab 200 mg 95	CREXONT CAP 35-140MG 92
clozapine tab 25 mg 95	CREXONT CAP 52.5-210 92
clozapine tab 50 mg 95	CREXONT CAP 70-280MG 92
COARTEM TAB 20-120MG 82	CREXONT CAP 87.5-350 92
codeine sulfate tab 30 mg 41	CRINONE GEL 4% VAG..... 166
colchicine cap 0.6 mg 135	CRINONE GEL 8% VAG..... 166
colchicine tab 0.6 mg 135	crisaborole
colchicine w/ probenecid tab 0.5-500 mg 135	see EUCRISA OIN 2% 125
colesevelam hcl packet for susp 3.75 gm 75	cromolyn sodium ophth soln 4% 151
colesevelam hcl tab 625 mg 75	cromolyn sodium oral conc 100 mg/5ml 133
colestipol hcl granule packets 5 gm 75	cromolyn sodium soln nebu 20 mg/2ml 55
colestipol hcl granules 5 gm 75	Crotamiton Lotion 10% 126
colestipol hcl tab 1 gm 75	CROTAN
COMBIPATCH DIS 130	see Crotamiton Lotion 10% 126
COMPACT SPAC MIS CHAMBER 141	CRYSELLE
COMPACT SPAC MIS LG MASK 141	see Norgestrel & Ethinyl Estradiol Tab 0.3 mg-
COMPACT SPAC MIS MD MASK..... 142	30 mcg 115
COMPACT SPAC MIS SM MASK 142	CVS FOLIC ACID
COMPRO	see Folic Acid Tab 800 mcg 137
see Prochlorperazine Suppos 25 mg 96	CVS NICOTINE
condoms - female	see Nicotine Polacrilex Gum 2 mg 157
see FC FEMALE MIS CONDOM..... 140	see Nicotine Polacrilex Gum 4 mg 157
see FC2 FEMALE MIS CONDOM 140	CVS NICOTINE GUM
condoms latex lubricated - male	see Nicotine Polacrilex Gum 4 mg 157
see MALE MIS CONDOM..... 140	CVS NICOTINE LOZENGE
condoms latex non-lubricated - male	see Nicotine Polacrilex Lozenge 2 mg..... 158
see TRUSTEX MIS FLAVORS 141	see Nicotine Polacrilex Lozenge 4 mg..... 158
CONDOMS MIS 140	CVS NICOTINE POLACRILEX
condoms non-latex lubricated - male	see Nicotine Polacrilex Gum 2 mg 157
see DUREX MIS REALFEEL 140	see Nicotine Polacrilex Gum 4 mg 157
conjugated estrogens-basedoxifene	see Nicotine Polacrilex Lozenge 2 mg..... 158
see DUAVEE TAB 0.45-20 130	see Nicotine Polacrilex Lozenge 4 mg..... 159
conjugated estrogens-medroxyprogesterone	CVS NICOTINE POLACRILEX S
acetate	see Nicotine Polacrilex Gum 2 mg 157
see PREMPHASE TAB..... 131	CVS NICOTINE TRANSDERMAL
see PREMPRO TAB..... 131	see Nicotine Td Patch 24hr 14 mg/24hr 159
see PREMPRO TAB 0.3-1.5..... 131	see Nicotine Td Patch 24hr 21 mg/24hr 160

see Nicotine Td Patch 24hr 7 mg/24hr	159	danazol cap 50 mg	50
cyclobenzaprine hcl tab 10 mg	148	dantrolene sodium cap 100 mg	148
cyclobenzaprine hcl tab 5 mg	148	dantrolene sodium cap 25 mg	148
cyclopentolate hcl ophth soln 1%	149	dantrolene sodium cap 50 mg	148
cyclophosphamide cap 25 mg	83	dapagliflozin propanediol	
cyclophosphamide cap 50 mg	83	see FARXIGA TAB 10MG	71
cycloserine cap 250 mg	82	see FARXIGA TAB 5MG	71
cyclosporine (ophth)		dapagliflozin propanediol-metformin hcl	
see RESTASIS EMU 0.05% OP	150	see XIGDUO XR TAB 10-1000	69
see RESTASIS MUL EMU 0.05% OP.....	150	see XIGDUO XR TAB 10-500MG	69
see VEVYE DRO 0.1%	150	see XIGDUO XR TAB 2.5-1000	69
cyclosporine cap 100 mg	146	see XIGDUO XR TAB 5-1000MG	69
cyclosporine cap 25 mg	146	see XIGDUO XR TAB 5-500MG.....	69
cyclosporine modified cap 100 mg	146	dapsone gel 5%	120
Cyclosporine Modified Cap 100 mg	146	dapsone gel 7.5%	120
cyclosporine modified cap 25 mg	146	dapsone tab 100 mg	52
Cyclosporine Modified Cap 25 mg	146	dapsone tab 25 mg	52
cyclosporine modified cap 50 mg	146	daridorexant hcl	
cyclosporine modified oral soln 100 mg/ml ... 146		see QUVIVIQ TAB 25MG	139
Cyclosporine Modified Oral Soln 100 mg/ml ..	146	see QUVIVIQ TAB 50MG	139
cyproheptadine hcl syrup 2 mg/5ml	74	darifenacin hydrobromide tab er 24hr 15 mg	
cyproheptadine hcl tab 4 mg	74	(base equiv)	165
CYRED EQ		darifenacin hydrobromide tab er 24hr 7.5 mg	
see Desogestrel & Ethinyl Estradiol Tab 0.15		(base equiv)	165
mg-30 mcg	108	darolutamide	
CYSTAGON CAP 150MG	134	see NUBEQA TAB 300MG	85
CYSTAGON CAP 50MG	134	darunavir tab 600 mg	97
cysteamine bitartrate		darunavir tab 800 mg	97
see CYSTAGON CAP 150MG	134	darunavir-cobicistat	
see CYSTAGON CAP 50MG.....	134	see PREZCOBIX TAB 800-150.....	98
CYTRA K CRYSTALS		darunavir-cobicistat-emtricitabine-tenofovir	
see Potassium Citrate & Citric Acid Powder		alafenamide	
Pack 3300-1002 mg.....	134	see SYMTUZA TAB	98
D		dasatinib tab 100 mg	86
dabigatran etexilate mesylate cap 110 mg		dasatinib tab 140 mg	87
(etexilate base eq)	59	dasatinib tab 20 mg	86
dabigatran etexilate mesylate cap 150 mg		dasatinib tab 50 mg	86
(etexilate base eq)	60	dasatinib tab 70 mg	86
dabigatran etexilate mesylate cap 75 mg		dasatinib tab 80 mg	86
(etexilate base eq)	59	DASETТА 1/35	
dabrafenib mesylate		see Norethindrone & Ethinyl Estradiol Tab 1	
see TAFINLAR CAP 50MG	90	mg-35 mcg	112
see TAFINLAR CAP 75MG	90	DASETТА 7/7/7	
see TAFINLAR TAB 10MG	90	see Norethindrone-Eth Estradiol Tab 0.5-	
dalfampridine tab er 12hr 10 mg	156	35/0.75-35/1-35 mg-Mcg	114
danazol cap 100 mg	50	DAYSEE	
danazol cap 200 mg	50		

see Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)	110	desmopressin acetate nasal spray soln 0.01% (refrigerated)	130
DEBLITANE		desmopressin acetate tab 0.1 mg	130
see Norethindrone Tab 0.35 mg	116	desmopressin acetate tab 0.2 mg	130
deferasirox granules packet 180 mg	72	desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)	108
deferasirox granules packet 360 mg	72	Desogest-Eth Estrad & Eth Estrad Tab 0.15- 0.02/0.01 mg(21/5)	108
deferasirox granules packet 90 mg	72	Desogest-Ethin Est Tab 0.1-0.025/0.125- 0.025/0.15-0.025mg-Mg	108
deferasirox tab 180 mg	72	Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg	108
deferasirox tab 360 mg	72	desonide cream 0.05%	123
deferasirox tab 90 mg	72	desonide lotion 0.05%	123
deferasirox tab for oral susp 125 mg	72	desonide oint 0.05%	123
deferasirox tab for oral susp 250 mg	72	desoximetasone cream 0.05%	123
deferasirox tab for oral susp 500 mg	72	desoximetasone cream 0.25%	123
deferiprone tab 1000 mg	72	desoximetasone gel 0.05%	123
deferiprone tab 500 mg	72	desoximetasone oint 0.25%	123
deflazacort		desoximetasone spray 0.25%	123
see EMFLAZA SUS 22.75/ML	117	desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	66
deflazacort susp 22.75 mg/ml	117	desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	66
Deflazacort Susp 22.75 mg/ml	117	desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	66
deflazacort tab 18 mg	117	deucravacitinib	
Deflazacort Tab 18 mg	117	see SOTYKTU TAB 6MG	122
deflazacort tab 30 mg	117	deutetrabenazine	
Deflazacort Tab 30 mg	117	see AUSTEDO TAB 12MG	155
deflazacort tab 36 mg	117	see AUSTEDO TAB 6MG	155
Deflazacort Tab 36 mg	117	see AUSTEDO TAB 9MG	155
deflazacort tab 6 mg	117	dexamethasone elixir 0.5 mg/5ml	117
Deflazacort Tab 6 mg	117	dexamethasone sodium phosphate ophth soln 0.1%	150
DELYLA		dexamethasone soln 0.5 mg/5ml	117
see Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg	110	dexamethasone tab 0.5 mg	117
demeclocycline hcl tab 150 mg	161	dexamethasone tab 0.75 mg	117
demeclocycline hcl tab 300 mg	161	dexamethasone tab 1 mg	117
DESCOVY TAB 120-15MG	97	dexamethasone tab 1.5 mg	117
DESCOVY TAB 200/25MG	97	dexamethasone tab 2 mg	117
desipramine hcl tab 10 mg	67	dexamethasone tab 4 mg	117
desipramine hcl tab 100 mg	67	dexamethasone tab 6 mg	117
desipramine hcl tab 150 mg	67	dexamethasone tab therapy pack 1.5 mg (21)	117
desipramine hcl tab 25 mg	67	Dexamethasone Tab Therapy Pack 1.5 mg (21)	117
desipramine hcl tab 50 mg	67		
desipramine hcl tab 75 mg	67		
desloratadine tab 5 mg	74		
desloratadine tab orally disintegrating 2.5 mg	74		
desloratadine tab orally disintegrating 5 mg ..	74		
desmopressin acetate nasal spray soln 0.01%	130		

dexamethasone tab therapy pack 1.5 mg (35)	
.....	117
dexamethasone tab therapy pack 1.5 mg (51)	
.....	117
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	64
DHIVY TAB 25-100MG	92
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	54
diazepam rectal gel delivery system 10 mg	60
diazepam rectal gel delivery system 2.5 mg	60
diazepam rectal gel delivery system 20 mg	60
diazepam tab 10 mg	54
diazepam tab 2 mg	54
diazepam tab 5 mg	54
diazoxide susp 50 mg/ml	69
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
dicloxacillin sodium cap 250 mg	153
dicloxacillin sodium cap 500 mg	153
dicyclomine hcl cap 10 mg	163
dicyclomine hcl oral soln 10 mg/5ml	163
dicyclomine hcl tab 20 mg	163
diethylpropion hcl tab 25 mg	31
diethylpropion hcl tab er 24hr 75 mg	31
DIFICID SUS	140
DIFICID TAB 200MG	140
diflunisal tab 500 mg	41
difluprednate ophth emulsion 0.05%	150
digoxin oral soln 0.05 mg/ml	104
digoxin tab 125 mcg (0.125 mg)	104
digoxin tab 250 mcg (0.25 mg)	104
digoxin tab 62.5 mcg (0.0625 mg)	104
diltiazem hcl cap er 12hr 120 mg	102
diltiazem hcl cap er 12hr 60 mg	102
diltiazem hcl cap er 12hr 90 mg	102
diltiazem hcl cap er 24hr 120 mg	102
Diltiazem Hcl Cap Er 24hr 120 mg	102
diltiazem hcl cap er 24hr 180 mg	102
Diltiazem Hcl Cap Er 24hr 180 mg	102
diltiazem hcl cap er 24hr 240 mg	102

Diltiazem Hcl Cap Er 24hr 240 mg	102
diltiazem hcl coated beads cap er 24hr 120 mg	102
Diltiazem Hcl Coated Beads Cap Er 24hr 120 mg	102
diltiazem hcl coated beads cap er 24hr 180 mg	102
Diltiazem Hcl Coated Beads Cap Er 24hr 180 mg	102
diltiazem hcl coated beads cap er 24hr 240 mg	102
Diltiazem Hcl Coated Beads Cap Er 24hr 240 mg	102
diltiazem hcl coated beads cap er 24hr 300 mg	102
Diltiazem Hcl Coated Beads Cap Er 24hr 300 mg	102
diltiazem hcl coated beads cap er 24hr 360 mg	103
diltiazem hcl extended release beads cap er 24hr 120 mg	103
Diltiazem Hcl Extended Release Beads Cap Er 24hr 120 mg.....	103
diltiazem hcl extended release beads cap er 24hr 180 mg	103
Diltiazem Hcl Extended Release Beads Cap Er 24hr 180 mg.....	103
diltiazem hcl extended release beads cap er 24hr 240 mg	103
Diltiazem Hcl Extended Release Beads Cap Er 24hr 240 mg.....	103
diltiazem hcl extended release beads cap er 24hr 300 mg	103
Diltiazem Hcl Extended Release Beads Cap Er 24hr 300 mg.....	103
diltiazem hcl extended release beads cap er 24hr 360 mg	103
Diltiazem Hcl Extended Release Beads Cap Er 24hr 360 mg.....	103
diltiazem hcl extended release beads cap er 24hr 420 mg	103
Diltiazem Hcl Extended Release Beads Cap Er 24hr 420 mg.....	103
diltiazem hcl tab 120 mg	103
diltiazem hcl tab 30 mg	103
diltiazem hcl tab 60 mg	103
diltiazem hcl tab 90 mg	103

DILT-XR	
see Diltiazem Hcl Cap Er 24hr 120 mg	102
see Diltiazem Hcl Cap Er 24hr 180 mg	102
see Diltiazem Hcl Cap Er 24hr 240 mg	102
dimethyl fumarate capsule delayed release 120 mg	156
dimethyl fumarate capsule delayed release 240 mg	156
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	156
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	72
diphenoxylate w/ atropine tab 2.5-0.025 mg .	72
dipyridamole tab 25 mg	135
dipyridamole tab 50 mg	135
dipyridamole tab 75 mg	135
DISKETS	
see Methadone Hcl Tab For Oral Susp 40 mg	43
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	111
dolutegravir sodium see TIVICAY PD TAB 5MG.....	98
see TIVICAY TAB 50MG	98
dolutegravir sodium-lamivudine see DOVATO TAB 50-300MG.....	97
donepezil hydrochloride orally disintegrating tab 10 mg	154
donepezil hydrochloride orally disintegrating tab 5 mg	154

donepezil hydrochloride tab 10 mg	154	doxycycline monohydrate for susp 25 mg/5ml	161
donepezil hydrochloride tab 23 mg	154	doxycycline monohydrate tab 100 mg	161
donepezil hydrochloride tab 5 mg	154	Doxycycline Monohydrate Tab 100 mg	161
DOPTELET SPR CAP 10MG	137	doxycycline monohydrate tab 150 mg	161
DOPTELET TAB 20MG	137, 138	doxycycline monohydrate tab 50 mg	161
dorzolamide hcl ophth soln 2%	151	doxycycline monohydrate tab 75 mg	161
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	149	doxylamine-pyridoxine tab delayed release 10-10 mg	73
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	149	dronabinol cap 10 mg	73
DOTTI		dronabinol cap 2.5 mg	73
see Estradiol Td Patch Twice Weekly 0.025 mg/24hr	132	dronabinol cap 5 mg	73
see Estradiol Td Patch Twice Weekly 0.0375 mg/24hr	132	dronedarone hcl see MULTAQ TAB 400MG	55
see Estradiol Td Patch Twice Weekly 0.05 mg/24hr	131	drospirenone-ethinyl estradiol tab 3-0.02 mg 109	
see Estradiol Td Patch Twice Weekly 0.075 mg/24hr	132	Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg 109	
see Estradiol Td Patch Twice Weekly 0.1 mg/24hr	131	drospirenone-ethinyl estradiol tab 3-0.03 mg 109	
DOVATO TAB 50-300MG	97	Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg 109	
doxazosin mesylate tab 1 mg	79	drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	109
doxazosin mesylate tab 2 mg	79	drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	109
doxazosin mesylate tab 4 mg	79	Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.03-0.451 mg.....	109
doxazosin mesylate tab 8 mg	79	droxidopa cap 100 mg	166
doxepin hcl (sleep) tab 3 mg (base equiv)	138	droxidopa cap 200 mg	167
doxepin hcl (sleep) tab 6 mg (base equiv)	138	droxidopa cap 300 mg	167
doxepin hcl cap 10 mg	67	DUAVEE TAB 0.45-20.....	130
doxepin hcl cap 100 mg	67	dulaglutide see TRULICITY INJ 0.75/0.5	70
doxepin hcl cap 150 mg	67	see TRULICITY INJ 1.5/0.5	70
doxepin hcl cap 25 mg	67	see TRULICITY INJ 3/0.5	70
doxepin hcl cap 50 mg	67	see TRULICITY INJ 4.5/0.5	70
doxepin hcl cap 75 mg	67	duloxetine hcl enteric coated pellets cap 20 mg (base eq)	66
doxepin hcl conc 10 mg/ml	67	duloxetine hcl enteric coated pellets cap 30 mg (base eq)	66
doxercalciferol cap 0.5 mcg	129	duloxetine hcl enteric coated pellets cap 40 mg (base eq)	66
doxercalciferol cap 1 mcg	129	duloxetine hcl enteric coated pellets cap 60 mg (base eq)	66
doxercalciferol cap 2.5 mcg	129	DUREX MIS REALFEEL.....	140
doxycycline (rosacea) see ORACEA CAP 40MG	126	dust mite mixed allergen extract see ODACTRA SUB.....	38
doxycycline hyclate cap 100 mg	161	dutasteride cap 0.5 mg	134
doxycycline hyclate cap 50 mg	161	dutasteride-tamsulosin hcl cap 0.5-0.4 mg	134
doxycycline hyclate tab 100 mg	161		
doxycycline monohydrate cap 100 mg	161		
Doxycycline Monohydrate Cap 100 mg	161		
doxycycline monohydrate cap 50 mg	161		

E	
E.E.S. 400	
see Erythromycin Ethylsuccinate Tab 400 mg	140
EASIVENT MIS	142
EASIVENT MIS MASK LG	142
EASIVENT MIS MASK MED	142
EASIVENT MIS MASK SM	142
econazole nitrate cream 1%	121
edaravone	
see RADICAVA ORS SUS 105/5ML	148
see RADICAVA ORS SUS STARTER	149
efavirenz tab 600 mg	97
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	97
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	97
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	97
elafibranor	
see IQIRVO TAB 80MG	134
elagolix sodium	
see ORLISSA TAB 150MG	128
see ORLISSA TAB 200MG	128
elagolix sodium-estradiol-norethindrone acetate	
see ORIAHNN CAP	131
elbasvir-grazoprevir	
see ZEPATIER TAB 50-100MG	100
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	115
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	58
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	98
EMBECTA INSULIN PEN NEEDLES - OTC	141
EMBECTA INSULIN SYRINGE - OTC	141
EMBECTA INSULIN SYRINGE - RX	141
EMFLAZA SUS 22.75/ML	117
empagliflozin	
see JARDIANCE TAB 10MG	71
see JARDIANCE TAB 25MG	71
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	68
see SYNJARDY TAB 12.5-500	68
see SYNJARDY TAB 5-1000MG	68

see SYNJARDY TAB 5-500MG	68	see Etonogestrel-Ethinyl Estradiol Va Ring	
see SYNJARDY XR TAB	68	0.12-0.015 mg/24hr	116
see SYNJARDY XR TAB 10-1000	69	ENSKYCE	
see SYNJARDY XR TAB 25-1000	69	see Desogestrel & Ethinyl Estradiol Tab 0.15	
see SYNJARDY XR TAB 5-1000MG	68	mg-30 mcg	108
emtricitabine caps 200 mg	97	ENSTILAR AER	123
emtricitabine-rilpivirine-tenofovir alafenamide		entacapone tab 200 mg	91
fumarate		entecavir tab 0.5 mg	99
see ODEFSEY TAB	98	entecavir tab 1 mg	99
emtricitabine-rilpivirine-tenofovir df tab 200-25-		entrectinib	
300 mg	97	see ROZLYTREK CAP 100MG	89
emtricitabine-tenofovir alafenamide fumarate		see ROZLYTREK CAP 200MG	89
see DESCOVY TAB 120-15MG	97	see ROZLYTREK PAK 50MG	89
see DESCOVY TAB 200/25MG	97	ENULOSE	
emtricitabine-tenofovir disoproxil fumarate tab		see Lactulose (Encephalopathy) Solution 10	
100-150 mg	97	gm/15ml	133
emtricitabine-tenofovir disoproxil fumarate tab		enzalutamide	
133-200 mg	97	see XTANDI CAP 40MG	85
emtricitabine-tenofovir disoproxil fumarate tab		see XTANDI TAB 40MG	85
167-250 mg	98	see XTANDI TAB 80MG	85
emtricitabine-tenofovir disoproxil fumarate tab		EPCLUSA PAK 150-37.5	99
200-300 mg	98	EPCLUSA PAK 200-50MG	99
EMVERM CHW 100MG	51	EPCLUSA TAB 200-50MG	99
EMZAHH		EPCLUSA TAB 400-100	99
see Norethindrone Tab 0.35 mg	116	EPIDUO FORTE GEL 0.3-2.5%	120
enalapril maleate & hydrochlorothiazide tab 10-		EPIDUO GEL 0.1-2.5%	120
25 mg	80	epinastine hcl ophth soln 0.05%	151
enalapril maleate & hydrochlorothiazide tab 5-		epinephrine (anaphylaxis)	
12.5 mg	80	see AUVI-Q INJ 0.15MG	166
enalapril maleate oral soln 1 mg/ml	77	see AUVI-Q INJ 0.1MG	166
enalapril maleate tab 10 mg	77	see AUVI-Q INJ 0.3MG	166
enalapril maleate tab 2.5 mg	77	epinephrine solution auto-injector 0.15	
enalapril maleate tab 20 mg	77	mg/0.15ml (1:1000)	166
enalapril maleate tab 5 mg	77	epinephrine solution auto-injector 0.3 mg/0.3ml	
ENCARE SUP 100MG	166	(1:1000)	166
encorafenib		eplerenone tab 25 mg	82
see BRAFTOVI CAP 75MG	86	eplerenone tab 50 mg	82
ENDOCET		EQ NICOTINE	
see Oxycodone W/ Acetaminophen Tab 10-		see Nicotine Td Patch 24hr 14 mg/24hr	159
325 mg	49	see Nicotine Td Patch 24hr 21 mg/24hr	160
see Oxycodone W/ Acetaminophen Tab 2.5-		EQ NICOTINE LOZENGES	
325 mg	48	see Nicotine Polacrilex Lozenge 4 mg	159
see Oxycodone W/ Acetaminophen Tab 5-325		EQ NICOTINE POLACRILEX	
mg	49	see Nicotine Polacrilex Gum 2 mg	157
see Oxycodone W/ Acetaminophen Tab 7.5-		see Nicotine Polacrilex Gum 4 mg	157
325 mg	49	see Nicotine Polacrilex Lozenge 2 mg	158
ENILLORING		see Nicotine Polacrilex Lozenge 4 mg	159

EQ NICOTINE STEP 3	
see Nicotine Td Patch 24hr 7 mg/24hr	159
ergocalciferol cap 1.25 mg (50000 unit)	167
ergotamine w/ caffeine tab 1-100 mg	143
ERIVEDGE CAP 150MG	84
ERLEADA TAB 240MG	85
ERLEADA TAB 60MG	84
erlotinib hcl tab 100 mg (base equivalent)	84
erlotinib hcl tab 150 mg (base equivalent)	84
erlotinib hcl tab 25 mg (base equivalent)	84
ERRIN	
see Norethindrone Tab 0.35 mg	116
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	150
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)	164
esomeprazole magnesium cap delayed release 40 mg (base eq)	164
esomeprazole magnesium for delayed release susp pack 2.5 mg	164
esomeprazole magnesium for delayed release susp packet 10 mg	164
esomeprazole magnesium for delayed release susp packet 20 mg	164
esomeprazole magnesium for delayed release susp packet 40 mg	164
esomeprazole magnesium for delayed release susp packet 5 mg	164
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	130
estradiol & norethindrone acetate tab 0.5-0.1 mg	130
Estradiol & Norethindrone Acetate Tab 0.5-0.1 mg	130
estradiol & norethindrone acetate tab 1-0.5 mg	130
Estradiol & Norethindrone Acetate Tab 1-0.5 mg	130
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%)	131
estradiol td gel 1 mg/gm (0.1%)	131
estradiol td gel 1.25 mg/1.25gm (0.1%)	131
estradiol td patch twice weekly 0.025 mg/24hr	131
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	131
Estradiol Td Patch Twice Weekly 0.05 mg/24hr	131
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	131
Estradiol Td Patch Twice Weekly 0.1 mg/24hr	131
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	166
see IMVEXXY MAIN SUP 4MCG	166
see IMVEXXY STRT SUP 10MCG	166
see IMVEXXY STRT SUP 4MCG	166
see VAGIFEM TAB 10MCG	166
estradiol vaginal cream 0.01%	166
estradiol valerate-dienogest	
see NATAZIA TAB	111
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	82
ethambutol hcl tab 400 mg	82
ethionamide	
see TRECATOR TAB 250MG	83
ethosuximide cap 250 mg	64
ethosuximide soln 250 mg/5ml	64
ethyl chloride aerosol spray	125
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	109
Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-35 mcg	109
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	109
Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-50 mcg	109
etodolac cap 200 mg	39
etodolac cap 300 mg	39
etodolac tab 400 mg	39
etodolac tab 500 mg	39
etodolac tab er 24hr 400 mg	39
etodolac tab er 24hr 500 mg	39
etodolac tab er 24hr 600 mg	39
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	91
etrasimod arginine	
see VELSIPITY TAB 2MG	133
etravirine tab 100 mg	98
etravirine tab 200 mg	98
EUCRISA OIN 2%	125
everolimus tab 0.25 mg	146
everolimus tab 0.5 mg	146
everolimus tab 0.75 mg	146
everolimus tab 1 mg	146
everolimus tab 10 mg	87
Everolimus Tab 10 mg	87
everolimus tab 2.5 mg	87
Everolimus Tab 2.5 mg	87
everolimus tab 5 mg	87
Everolimus Tab 5 mg	87
everolimus tab 7.5 mg	87
Everolimus Tab 7.5 mg	87
everolimus tab for oral susp 2 mg	87
everolimus tab for oral susp 3 mg	87
everolimus tab for oral susp 5 mg	87
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
FALESSA KIT	109
FALMINA	
see Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg	110
famciclovir tab 125 mg	100
famciclovir tab 250 mg	100
famciclovir tab 500 mg	100
famotidine for susp 40 mg/5ml	164

famotidine tab 20 mg	164	see DIFICID TAB 200MG.....	140
famotidine tab 40 mg	164	fidaxomicin tab 200 mg	140
FARXIGA TAB 10MG.....	71	FILSPARI TAB 200MG.....	134
FARXIGA TAB 5MG.....	71	FILSPARI TAB 400MG.....	134
FC FEMALE MIS CONDOM.....	140	FINACEA AER 15%.....	126
FC2 FEMALE MIS CONDOM.....	140	finasteride tab 1 mg	125
febuxostat tab 40 mg	135	finasteride tab 5 mg	134
febuxostat tab 80 mg	135	finerenone	
FEIRZA 1.5/30		see KERENDIA TAB 10MG.....	130
see Norethindrone Ace & Ethinyl Estradiol-Fe		see KERENDIA TAB 20MG.....	130
Tab 1.5 mg-30 mcg.....	113	see KERENDIA TAB 40MG.....	130
FEIRZA 1/20		 fingolimod hcl cap 0.5 mg (base equiv)	156
see Norethindrone Ace & Ethinyl Estradiol-Fe		FINZALA	
Tab 1 mg-20 mcg.....	113	see Norethindrone Ace-Eth Estradiol-Fe Chew	
felbamate susp 600 mg/5ml	63	Tab 1 mg-20 mcg (24).....	114
felbamate tab 400 mg	63	flavoxate hcl tab 100 mg	165
felbamate tab 600 mg	63	flecainide acetate tab 100 mg	55
felodipine tab er 24hr 10 mg	103	flecainide acetate tab 150 mg	55
felodipine tab er 24hr 2.5 mg	103	flecainide acetate tab 50 mg	55
felodipine tab er 24hr 5 mg	103	FLEXICHAMBER MIS.....	142
fenofibrate cap 150 mg	75	FLEXICHAMBER MIS MASK LRG.....	142
fenofibrate micronized cap 134 mg	75	FLEXICHAMBER MIS MASK SM.....	142
fenofibrate micronized cap 200 mg	75	flibanserin	
fenofibrate micronized cap 43 mg	75	see ADDYI TAB 100MG.....	155
fenofibrate micronized cap 67 mg	75	fluconazole for susp 10 mg/ml	73
fenofibrate tab 145 mg	75	fluconazole for susp 40 mg/ml	73
fenofibrate tab 160 mg	75	fluconazole tab 100 mg	73
fenofibrate tab 48 mg	75	fluconazole tab 150 mg	73
fenofibrate tab 54 mg	75	fluconazole tab 200 mg	73
fenofibric acid tab 105 mg	76	fluconazole tab 50 mg	73
fenofibric acid tab 35 mg	76	flucytosine cap 250 mg	73
fentanyl td patch 72hr 100 mcg/hr	42	fludrocortisone acetate tab 0.1 mg	118
fentanyl td patch 72hr 12 mcg/hr	42	flunisolide nasal soln 25 mcg/act (0.025%) ... 148	
fentanyl td patch 72hr 25 mcg/hr	42	fluocinolone acetate (otic) oil 0.01%	152
fentanyl td patch 72hr 37.5 mcg/hr	42	fluocinolone acetate cream 0.01%	124
fentanyl td patch 72hr 50 mcg/hr	42	fluocinolone acetate cream 0.025%	124
fentanyl td patch 72hr 62.5 mcg/hr	42	fluocinolone acetate oil 0.01% (body oil) ... 124	
fentanyl td patch 72hr 75 mcg/hr	42	fluocinolone acetate oil 0.01% (scalp oil) ... 124	
fentanyl td patch 72hr 87.5 mcg/hr	42	fluocinolone acetate oint 0.025%	124
ferric citrate tab 1 gm (210 mg ferric iron) ... 134		fluocinolone acetate soln 0.01%	124
fesoterodine fumarate tab er 24hr 4 mg	165	fluocinonide cream 0.05%	124
fesoterodine fumarate tab er 24hr 8 mg	165	fluocinonide emulsified base cream 0.05% ... 124	
FIASP FLEX INJ TOUCH.....	70	fluocinonide gel 0.05%	124
FIASP INJ 100/ML.....	70	fluocinonide oint 0.05%	124
FIASP PENFIL INJ U-100.....	70	fluocinonide soln 0.05%	124
fidaxomicin		FLUORABON DRO.....	144
see DIFICID SUS.....	140	fluorometholone ophth susp 0.1%	150

<i>fluorouracil cream 5%</i>	122	Fluticasone-Salmeterol Aer Powder Ba 100-50 mcg/act	57
<i>fluorouracil soln 2%</i>	122	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	58
<i>fluorouracil soln 5%</i>	122	Fluticasone-Salmeterol Aer Powder Ba 250-50 mcg/act	58
<i>fluoxetine hcl cap 10 mg</i>	65	<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	58
<i>fluoxetine hcl cap 20 mg</i>	65	Fluticasone-Salmeterol Aer Powder Ba 500-50 mcg/act	58
<i>fluoxetine hcl cap 40 mg</i>	65	<i>fluticasone-umeclidinium-vilanterol</i>	
<i>fluoxetine hcl cap delayed release 90 mg</i>	65	see TRELEGY AER 100MCG	58
<i>fluoxetine hcl solution 20 mg/5ml</i>	65	see TRELEGY AER 200MCG	58
<i>fluoxetine hcl tab 10 mg</i>	65	<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	76
<i>fluoxetine hcl tab 20 mg</i>	65	<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	76
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	96	<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	76
<i>fluphenazine hcl oral conc 5 mg/ml</i>	96	<i>fluvoxamine maleate cap er 24hr 100 mg</i>	65
<i>fluphenazine hcl tab 1 mg</i>	96	<i>fluvoxamine maleate cap er 24hr 150 mg</i>	65
<i>fluphenazine hcl tab 10 mg</i>	96	<i>fluvoxamine maleate tab 100 mg</i>	65
<i>fluphenazine hcl tab 2.5 mg</i>	96	<i>fluvoxamine maleate tab 25 mg</i>	65
<i>fluphenazine hcl tab 5 mg</i>	96	<i>fluvoxamine maleate tab 50 mg</i>	65
FLURA-DROPS		FOLATE	
see Sodium Fluoride Soln 0.25 mg/drop F (From 0.55 mg/drop Naf)	144	see Folic Acid Tab 400 mcg	136
<i>flurbiprofen sodium ophth soln 0.03%</i>	151	<i>folic acid cap 0.8 mg</i>	136
<i>flurbiprofen tab 100 mg</i>	40	Folic Acid Cap 0.8 mg	136
<i>flurbiprofen tab 50 mg</i>	39	<i>folic acid tab 1 mg</i>	136
<i>fluticasone furoate aerosol powder breath activ 100 mcg/act</i>	56	<i>folic acid tab 400 mcg</i>	136
<i>fluticasone furoate aerosol powder breath activ 200 mcg/act</i>	56	Folic Acid Tab 400 mcg.....	136, 137
<i>fluticasone furoate aerosol powder breath activ 50 mcg/act</i>	56	<i>folic acid tab 800 mcg</i>	137
<i>fluticasone furoate-vilanterol</i>		Folic Acid Tab 800 mcg.....	137
see BREO ELLIPTA INH 100-25.....	57	<i>formoterol fumarate soln nebu 20 mcg/2ml</i> ...	58
see BREO ELLIPTA INH 200-25.....	57	<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	98
see BREO ELLIPTA INH 50-25MCG.....	57	<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	53
<i>fluticasone propionate (nasal)</i>		<i>fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg</i>	80
see XHANCE MIS 93MCG	148	<i>fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg</i>	80
<i>fluticasone propionate cream 0.05%</i>	124	<i>fosinopril sodium tab 10 mg</i>	77
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	56	<i>fosinopril sodium tab 20 mg</i>	77
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	56	<i>fosinopril sodium tab 40 mg</i>	77
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	56	<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	143
<i>fluticasone propionate lotion 0.05%</i>	124		
<i>fluticasone propionate nasal susp 50 mcg/act</i>	148		
<i>fluticasone propionate oint 0.005%</i>	124		
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	57		

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
 154

galantamine hydrobromide cap er 24hr 24 mg
 154

galantamine hydrobromide cap er 24hr 8 mg
 154

galantamine hydrobromide oral soln 4 mg/ml
 154

galantamine hydrobromide tab 12 mg 154

galantamine hydrobromide tab 4 mg 154

galantamine hydrobromide tab 8 mg 154

GALBRIELA

see Norethindrone & Ethinyl Estradiol-Fe
 Chew Tab 0.8 mg-25 mcg 112

GALLIFREY

see Norethindrone Acetate Tab 5 mg 153

gatifloxacin ophth soln 0.5% 150

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 87

gefitinib tab 250 mg 84

gemfibrozil tab 600 mg 76

GEMMILY

see Norethindrone Ace-Ethinyl Estradiol-Fe
 Cap 1 mg-20 mcg (24) 114

GEMTESA TAB 75MG 165

GENGRAF

see Cyclosporine Modified Cap 100 mg 146

see Cyclosporine Modified Cap 25 mg 146

see Cyclosporine Modified Oral Soln 100
 mg/ml 146

gentamicin sulfate cream 0.1% 121

gentamicin sulfate oint 0.1% 121

gentamicin sulfate ophth soln 0.3% 150

GENVOYA TAB 98

gilteritinib fumarate

see XOSPATA TAB 40MG 90

GLARGIN YFGN INJ 100U/ML 70

GLARGIN YFGN SOL 100U/ML 70

glecaprevir-pibrentasvir

see MAVYRET PAK 50-20MG 99

see MAVYRET TAB 100-40MG 99

GLEOSTINE CAP 100MG 83

GLEOSTINE CAP 10MG 83

GLEOSTINE CAP 40MG 83

glimepiride tab 1 mg 71

glimepiride tab 2 mg 72

glimepiride tab 4 mg 72

glipizide tab 10 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 69

see BAQSIMI TWO POW 3MG/DOSE 69

see GVOKE HYPO 1 INJ 0.5/.1ML 69

see GVOKE HYPO 1 INJ 1/0.2ML 69

see GVOKE HYPO 2 INJ 0.5/.1ML 69

see GVOKE HYPO 2 INJ 1/0.2ML 69

see GVOKE KIT SOL 1/0.2ML 70

see GVOKE PFS INJ 1/0.2ML	70
glucagon for inj 1 mg	69
glyburide micronized tab 1.5 mg	72
glyburide micronized tab 3 mg	72
glyburide micronized tab 6 mg	72
glyburide tab 1.25 mg	72
glyburide tab 2.5 mg	72
glyburide tab 5 mg	72
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	163
glycopyrrolate tab 1 mg	163
glycopyrrolate tab 2 mg	163
GLYXAMBI TAB 10-5 MG	68
GLYXAMBI TAB 25-5 MG	68
GNP FOLIC ACID	
see Folic Acid Tab 400 mcg	136
GNP NICOTINE MINI LOZENGE	
see Nicotine Polacrilex Lozenge 2 mg	158
GNP NICOTINE POLACRILEX	
see Nicotine Polacrilex Gum 2 mg.....	157
see Nicotine Polacrilex Gum 4 mg.....	157
see Nicotine Polacrilex Lozenge 2 mg	158
see Nicotine Polacrilex Lozenge 4 mg	159
GNP NICOTINE POLACRILEX M	
see Nicotine Polacrilex Lozenge 4 mg	159
GNP NICOTINE TRANSDERMAL	
see Nicotine Td Patch 24hr 14 mg/24hr	160
see Nicotine Td Patch 24hr 7 mg/24hr	159
GOMEKLI CAP 1MG	87
GOMEKLI CAP 2MG	87
GOMEKLI TAB 1MG	87
GOODSENSE NICOTINE	
see Nicotine Polacrilex Lozenge 2 mg	158
see Nicotine Polacrilex Lozenge 4 mg	159
GOODSENSE NICOTINE POLACR	
see Nicotine Polacrilex Gum 2 mg.....	157
see Nicotine Polacrilex Gum 4 mg.....	158
see Nicotine Polacrilex Lozenge 4 mg	159
granisetron	
see SANCUSO DIS 3.1MG	73
granisetron hcl tab 1 mg	72
grass mixed pollens allergen extract	
see ORALAIR SUB 300 IR	38
GRASTEK SUB 2800BAU	38

griseofulvin microsize susp 125 mg/5ml	73
griseofulvin microsize tab 500 mg	73
griseofulvin ultramicrosize tab 125 mg	73
griseofulvin ultramicrosize tab 165 mg	73
griseofulvin ultramicrosize tab 250 mg	73
guanfacine hcl tab 1 mg	79
guanfacine hcl tab 2 mg	79
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
GUANIDINE TAB 125MG	82
GVOKE HYPO 1 INJ 0.5/.1ML	69
GVOKE HYPO 1 INJ 1/0.2ML	69
GVOKE HYPO 2 INJ 0.5/.1ML	69
GVOKE HYPO 2 INJ 1/0.2ML	69
GVOKE KIT SOL 1/0.2ML	70
GVOKE PFS INJ 1/0.2ML	70
GYNOL II GEL 3%.....	166
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)	114
HAILEY FE 1.5/30	
see Norethindrone Ace & Ethinyl Estradiol-Fe	
Tab 1.5 mg-30 mcg.....	113
HAILEY FE 1/20	
see Norethindrone Ace & Ethinyl Estradiol-Fe	
Tab 1 mg-20 mcg.....	113
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
HALOETTE	
see Etonogestrel-Ethinyl Estradiol Va Ring	
0.12-0.015 mg/24hr	116
haloperidol lactate oral conc 2 mg/ml	94
haloperidol tab 0.5 mg	94
haloperidol tab 1 mg	94
haloperidol tab 10 mg	94
haloperidol tab 2 mg	94
haloperidol tab 20 mg	95

haloperidol tab 5 mg	94	hydrocodone bitartrate tab er 24hr deter 30 mg	42
HARVONI PAK	99	.....	42
HARVONI PAK 45-200MG	99	hydrocodone bitartrate tab er 24hr deter 40 mg	42
HARVONI TAB 45-200MG	99	.....	42
HARVONI TAB 90-400MG	99	hydrocodone bitartrate tab er 24hr deter 60 mg	42
HEATHER		.....	42
see Norethindrone Tab 0.35 mg	116	hydrocodone bitartrate tab er 24hr deter 80 mg	42
HIDEX 6-DAY		.....	42
see Dexamethasone Tab Therapy Pack 1.5 mg		hydrocodone-acetaminophen soln 10-300	
(21)	117	mg/15ml	47
HM NICOTINE POLACRILEX		hydrocodone-acetaminophen soln 10-325	
see Nicotine Polacrilex Gum 2 mg	157	mg/15ml	47
see Nicotine Polacrilex Gum 4 mg	158	hydrocodone-acetaminophen soln 7.5-325	
see Nicotine Polacrilex Lozenge 2 mg	158	mg/15ml	47
HOLD CHAMBER MIS ADLT LG	142	hydrocodone-acetaminophen tab 10-300 mg .	48
HOLD CHAMBER MIS MEDIUM	142	hydrocodone-acetaminophen tab 10-325 mg .	48
HOLD CHAMBER MIS SMALL	142	hydrocodone-acetaminophen tab 2.5-325 mg	47
HUMULIN R INJ U-500	71	hydrocodone-acetaminophen tab 5-300 mg ...	47
hydralazine hcl tab 10 mg	82	hydrocodone-acetaminophen tab 5-325 mg ...	47
hydralazine hcl tab 100 mg	82	hydrocodone-acetaminophen tab 7.5-300 mg	48
hydralazine hcl tab 25 mg	82	hydrocodone-acetaminophen tab 7.5-325 mg	48
hydralazine hcl tab 50 mg	82	hydrocodone-ibuprofen tab 10-200 mg	48
hydrochlorothiazide cap 12.5 mg	128	hydrocodone-ibuprofen tab 5-200 mg	48
hydrochlorothiazide tab 12.5 mg	128	hydrocodone-ibuprofen tab 7.5-200 mg	48
hydrochlorothiazide tab 25 mg	128	hydrocortisone acetate (intrarectal)	
hydrochlorothiazide tab 50 mg	128	see CORTIFOAM AER 90MG	51
hydrocod polst-chlorphen polst er susp 10-8		hydrocortisone acetate cream 2.5%	124
mg/5ml	118	Hydrocortisone Acetate Cream 2.5%	124
hydrocodone bitart-homatropine methylbrom		Hydrocortisone Acetate Suppos 25 mg	51
soln 5-1.5 mg/5ml	118	hydrocortisone acetate w/ pramoxine	
Hydrocodone Bitart-Homatropine Methylbrom		see PROCTOFOAM AER HC 1%	51
Soln 5-1.5 mg/5ml	118	hydrocortisone acetate w/ pramoxine perianal	
hydrocodone bitart-homatropine		cream 1-1%	51
methylbromide tab 5-1.5 mg	118	hydrocortisone butyrate cream 0.1%	124
hydrocodone bitartrate cap er 12hr 10 mg	42	hydrocortisone butyrate oint 0.1%	124
hydrocodone bitartrate cap er 12hr 15 mg	42	hydrocortisone butyrate soln 0.1%	124
hydrocodone bitartrate cap er 12hr 20 mg	42	hydrocortisone cream 1%	124
hydrocodone bitartrate cap er 12hr 30 mg	42	Hydrocortisone Cream 1%	124
hydrocodone bitartrate cap er 12hr 40 mg	42	hydrocortisone cream 2.5%	124
hydrocodone bitartrate cap er 12hr 50 mg	42	hydrocortisone enema 100 mg/60ml	51
hydrocodone bitartrate tab er 24hr deter 100		hydrocortisone lotion 2.5%	124
mg	42	hydrocortisone oint 1%	124
hydrocodone bitartrate tab er 24hr deter 120		hydrocortisone oint 2.5%	124
mg	42	hydrocortisone perianal cream 1%	51
hydrocodone bitartrate tab er 24hr deter 20 mg		Hydrocortisone Perianal Cream 1%	51
.....	42	hydrocortisone perianal cream 2.5%	51
		Hydrocortisone Perianal Cream 2.5%	51

Hydrocortisone Soln 2.5%.....	124
<i>hydrocortisone tab 10 mg</i>	117
<i>hydrocortisone tab 20 mg</i>	117
<i>hydrocortisone tab 5 mg</i>	117
<i>hydrocortisone valerate cream 0.2%</i>	124
<i>hydrocortisone valerate oint 0.2%</i>	124
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	152
HYDROMET	
see Hydrocodone Bitart-Homatropine	
Methylbrom Soln 5-1.5 mg/5ml.....	118
<i>hydromorphone hcl liqd 1 mg/ml</i>	42
<i>hydromorphone hcl tab 2 mg</i>	42
<i>hydromorphone hcl tab 4 mg</i>	43
<i>hydromorphone hcl tab 8 mg</i>	43
<i>hydromorphone hcl tab er 24hr 12 mg</i>	43
<i>hydromorphone hcl tab er 24hr 16 mg</i>	43
<i>hydromorphone hcl tab er 24hr 32 mg</i>	43
<i>hydromorphone hcl tab er 24hr 8 mg</i>	43
<i>hydroxychloroquine sulfate tab 100 mg</i>	82
<i>hydroxychloroquine sulfate tab 200 mg</i>	82
<i>hydroxychloroquine sulfate tab 300 mg</i>	82
<i>hydroxychloroquine sulfate tab 400 mg</i>	82
<i>hydroxyurea (sickle cell disease)</i>	
see SIKLOS TAB 1000MG.....	136
see SIKLOS TAB 100MG	136
<i>hydroxyurea cap 500 mg</i>	91
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	54
<i>hydroxyzine hcl tab 10 mg</i>	54
<i>hydroxyzine hcl tab 25 mg</i>	54
<i>hydroxyzine hcl tab 50 mg</i>	54
<i>hydroxyzine pamoate cap 100 mg</i>	54
<i>hydroxyzine pamoate cap 25 mg</i>	54
<i>hydroxyzine pamoate cap 50 mg</i>	54
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	163
Hyoscyamine Sulfate Elixir 0.125 mg/5ml	163
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	163
Hyoscyamine Sulfate Sl Tab 0.125 mg	163
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	163
Hyoscyamine Sulfate Soln 0.125 mg/ml	163
<i>hyoscyamine sulfate tab 0.125 mg</i>	163
Hyoscyamine Sulfate Tab 0.125 mg	163
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	163
Hyoscyamine Sulfate Tab Disint 0.125 mg	163
HYOSYNE	
see Hyoscyamine Sulfate Elixir 0.125 mg/5ml	
.....	163
see Hyoscyamine Sulfate Soln 0.125 mg/ml	163

I	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	128
IBRANCE CAP 100MG	87
IBRANCE CAP 125MG	87
IBRANCE CAP 75MG	87
IBRANCE TAB 100MG	87
IBRANCE TAB 125MG	87
IBRANCE TAB 75MG	87
IBTROZI CAP 200MG.....	88
IBU	
see Ibuprofen Tab 400 mg.....	40
see Ibuprofen Tab 600 mg.....	40
see Ibuprofen Tab 800 mg.....	40
<i>ibuprofen susp 100 mg/5ml</i>	40
<i>ibuprofen tab 400 mg</i>	40
Ibuprofen Tab 400 mg.....	40
<i>ibuprofen tab 600 mg</i>	40
Ibuprofen Tab 600 mg.....	40
<i>ibuprofen tab 800 mg</i>	40
Ibuprofen Tab 800 mg.....	40
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	40
ICLEVIA	
see Levonorgestrel & Ethinyl Estradiol (91-Day)	
Tab 0.15-0.03 mg	110
<i>icosapent ethyl</i>	
see VASCEPA CAP 0.5GM.....	75
see VASCEPA CAP 1GM.....	75
ILEVRO DRO 0.3% OP	151
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	
.....	88
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	
.....	88
<i>imipramine hcl tab 10 mg</i>	67
<i>imipramine hcl tab 25 mg</i>	67
<i>imipramine hcl tab 50 mg</i>	67
<i>imipramine pamoate cap 100 mg</i>	67
<i>imipramine pamoate cap 125 mg</i>	67
<i>imipramine pamoate cap 150 mg</i>	67
<i>imipramine pamoate cap 75 mg</i>	67
<i>imiquimod cream 3.75%</i>	125
<i>imiquimod cream 5%</i>	125
IMITREX INJ 4MG/0.5	143
IMITREX INJ 6MG/0.5	143
IMPAVIDO CAP 50MG	52
IMVEXXY MAIN SUP 10MCG	166
IMVEXXY MAIN SUP 4MCG	166

IMVEXXY STRT SUP 10MCG	166	see NOVOLIN N INJ 100 UNIT	71
IMVEXXY STRT SUP 4MCG	166	see NOVOLIN N INJ U-100	71
INATAL GT		insulin nph isophane & reg (human)	
see Prenatal Vit W/ Dss-Iron Carbonyl-Fa Tab		see NOVOLIN INJ 70/30	71
90-1 mg	147	see NOVOLIN INJ 70/30 FP	71
INBRIJA CAP 42MG	92	insulin pen needle	
INCASSIA		see BD INSULIN PEN NEEDLES - OTC.....	141
see Norethindrone Tab 0.35 mg	116	see EMBECTA INSULIN PEN NEEDLES - OTC	141
indapamide tab 1.25 mg	128	insulin regular (human)	
indapamide tab 2.5 mg	128	see AFREZZA POW 12 UNIT	70
indomethacin cap 25 mg	40	see AFREZZA POW 4-8 UNIT	70
indomethacin cap 50 mg	40	see AFREZZA POW 4-8-12	70
indomethacin cap er 75 mg	40	see AFREZZA POW 4UNIT	70
indomethacin suppos 50 mg	40	see AFREZZA POW 8 UNIT	70
indomethacin susp 25 mg/5ml	40	see AFREZZA POW 8-12UNIT.....	70
INGREZZA CAP 40-80MG	155	see HUMULIN R INJ U-500.....	71
INGREZZA CAP 40MG	155	see NOVOLIN R INJ 100 UNIT	71
INGREZZA CAP 60MG	155	see NOVOLIN R INJ U-100.....	71
INGREZZA CAP 80MG	155	insulin syringe/needle u-100	
INLYTA TAB 1MG	83	see BD INSULIN SYRINGE - RX.....	141
INLYTA TAB 5MG	83	see EMBECTA INSULIN SYRINGE - OTC	141
INSPIREASE MIS DD SYST	142	insulin syringe/needle u-500	
insulin aspart		see EMBECTA INSULIN SYRINGE - RX.....	141
see NOVOLOG INJ 100/ML	71	insulin syringes (disposable)	
see NOVOLOG INJ FLEXPEN	71	see BD INSULIN SYRINGE - OTC.....	141
see NOVOLOG INJ PENFILL	71	INTRAROSA SUP 6.5MG	165
insulin aspart (with niacinamide)		INTROVALE	
see FIASP FLEX INJ TOUCH	70	see Levonorgestrel & Ethinyl Estradiol (91-Day)	
see FIASP INJ 100/ML.....	70	Tab 0.15-0.03 mg	110
see FIASP PENFIL INJ U-100	70	ipratropium bromide inhal soln 0.02%	55
insulin aspart protamine & aspart (human)		ipratropium bromide nasal soln 0.03% (21	
see NOVOLOG MIX INJ 70/30	71	mcg/spray)	148
see NOVOLOG MIX INJ FLEXPEN	71	ipratropium bromide nasal soln 0.06% (42	
insulin degludec		mcg/spray)	148
see TRESIBA FLEX INJ 100UNIT	71	ipratropium-albuterol nebu soln 0.5-2.5(3)	
see TRESIBA FLEX INJ 200UNIT	71	mg/3ml	58
see TRESIBA INJ 100UNIT.....	71	IQRVO TAB 80MG	134
insulin degludec-liraglutide		irbesartan tab 150 mg	78
see XULTOPHY INJ 100/3.6	69	irbesartan tab 300 mg	78
insulin glargine		irbesartan tab 75 mg	78
see LANTUS INJ 100/ML.....	71	irbesartan-hydrochlorothiazide tab 150-12.5 mg	
see LANTUS SOLOS INJ 100/ML.....	71	.....	80
see TOUJEO MAX INJ 300/ML	71	irbesartan-hydrochlorothiazide tab 300-12.5 mg	
see TOUJEO SOLO INJ 300/ML	71	.....	80
insulin glargine-lixisenatide		ISENTRESS CHW 100MG	98
see SOLIQUA INJ 100/33	68	ISENTRESS CHW 25MG	98
insulin nph (human) (isophane)		ISENTRESS HD TAB 600MG	98

ISENTRESS POW 100MG	98
ISENTRESS TAB 400MG	98
ISIBLOOM	
see Desogestrel & Ethinyl Estradiol Tab 0.15	
mg-30 mcg	108
isoniazid syrup 50 mg/5ml	82
isoniazid tab 100 mg	83
isoniazid tab 300 mg	83
isoniazid-rifampin w/ pyrazinamide	
see RIFATER TAB	82
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	105
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
isotretinoin cap 40 mg	120
Isotretinoin Cap 40 mg	120
isradipine cap 2.5 mg	103
isradipine cap 5 mg	103
itraconazole cap 100 mg	73
itraconazole oral soln 10 mg/ml	74
ivabradine hcl tab 5 mg (base equiv)	107
ivabradine hcl tab 7.5 mg (base equiv)	107
ivacaftor	
see KALYDECO PAK 25MG	160
see KALYDECO PAK 50MG	160
see KALYDECO PAK 75MG	160
see KALYDECO TAB 150MG	160
ivermectin cream 1%	126
ivermectin tab 3 mg	51
ivermectin tab 6 mg	51
ixazomib citrate	
see NINLARO CAP 2.3MG	89
see NINLARO CAP 3MG	89
see NINLARO CAP 4MG	89

J

JAIMIESS

see Levonorg-Eth Est Tab 0.15-0.03mg(84) &	
Eth Est Tab 0.01mg(7)	110
JAKAFI TAB 10MG	88
JAKAFI TAB 15MG	88
JAKAFI TAB 20MG	88
JAKAFI TAB 25MG	88
JAKAFI TAB 5MG	88
JANTOVEN	
see Warfarin Sodium Tab 1 mg	59
see Warfarin Sodium Tab 10 mg	59
see Warfarin Sodium Tab 2 mg	59
see Warfarin Sodium Tab 2.5 mg	59
see Warfarin Sodium Tab 3 mg	59
see Warfarin Sodium Tab 4 mg	59
see Warfarin Sodium Tab 5 mg	59
see Warfarin Sodium Tab 6 mg	59
see Warfarin Sodium Tab 7.5 mg	59
JARDIANCE TAB 10MG	71
JARDIANCE TAB 25MG	71
JASMIEL	
see Drospirenone-Ethinyl Estradiol Tab 3-0.02	
mg	109
JAVYGTOR	
see Sapropterin Dihydrochloride Powder	
Packet 100 mg	129
see Sapropterin Dihydrochloride Powder	
Packet 500 mg	129
see Sapropterin Dihydrochloride Tab 100 mg	
.....	129
JAYTHARI	
see Deflazacort Susp 22.75 mg/ml	117
see Deflazacort Tab 18 mg	117
see Deflazacort Tab 30 mg	117
see Deflazacort Tab 36 mg	117
see Deflazacort Tab 6 mg	117
JENCYCLA	
see Norethindrone Tab 0.35 mg	116
JINTELI	
see Norethindrone Acetate-Ethinyl Estradiol	
Tab 1 mg-5 mcg	131
JOLESSA	
see Levonorgestrel & Ethinyl Estradiol (91-Day)	
Tab 0.15-0.03 mg	110
JOYEAUX	
see Levonorgestrel-Ethinyl Estradiol-Fe Tab 0.1	
mg-20 mcg (21)	111
JULEBER	

see Desogestrel & Ethinyl Estradiol Tab 0.15
 mg-30 mcg 108
 JUNEL 1.5/30
 see Norethindrone Ace & Ethinyl Estradiol Tab
 1.5 mg-30 mcg 113
 JUNEL 1/20
 see Norethindrone Ace & Ethinyl Estradiol Tab
 1 mg-20 mcg 112
 JUNEL FE 1.5/30
 see Norethindrone Ace & Ethinyl Estradiol-Fe
 Tab 1.5 mg-30 mcg 113
 JUNEL FE 1/20
 see Norethindrone Ace & Ethinyl Estradiol-Fe
 Tab 1 mg-20 mcg 113
 JUNEL FE 24
 see Norethindrone Ace-Ethinyl Estradiol-Fe
 Tab 1 mg-20 mcg (24) 114
K
 KAITLIB FE
 see Norethindrone & Ethinyl Estradiol-Fe
 Chew Tab 0.8 mg-25 mcg 112
 KALLIGA
 see Desogestrel & Ethinyl Estradiol Tab 0.15
 mg-30 mcg 108
 KALYDECO PAK 25MG 160
 KALYDECO PAK 50MG 160
 KALYDECO PAK 75MG 160
 KALYDECO TAB 150MG 160
 KARIVA
 see Desogest-Eth Estrad & Eth Estrad Tab 0.15-
 0.02/0.01 mg(21/5) 108
 KELNOR 1/35
 see Ethynodiol Diacetate & Ethinyl Estradiol
 Tab 1 mg-35 mcg 109
 KERENDIA TAB 10MG 130
 KERENDIA TAB 20MG 130
 KERENDIA TAB 40MG 130
ketoconazole cream 2% 121
ketoconazole shampoo 2% 121
ketoconazole tab 200 mg 74
ketorolac tromethamine ophth soln 0.4% 151
ketorolac tromethamine ophth soln 0.5% 151
ketorolac tromethamine tab 10 mg 40
 KIONEX
 see Sodium Polystyrene Sulfonate Susp 15
 gm/60ml 146
 KISQALI TAB 200DOSE 88

KISQALI TAB 400DOSE 88
 KISQALI TAB 600DOSE 88
 KLAYESTA
 see Nystatin Topical Powder 100000 unit/gm
 122
 KLOR-CON
 see Potassium Chloride Powder Packet 20 meq
 145
 KLOR-CON 10
 see Potassium Chloride Tab Er 10 meq 145
 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 145
 KLS QUIT2
 see Nicotine Polacrilex Gum 2 mg 157
 see Nicotine Polacrilex Lozenge 2 mg 158
 KLS QUIT4
 see Nicotine Polacrilex Gum 4 mg 158
 see Nicotine Polacrilex Lozenge 4 mg 159
 KOSELUGO CAP 10MG 88
 KOSELUGO CAP 25MG 88
 KOURZEQ
 see Triamcinolone Acetonide Dental Paste
 0.1% 147
 KP FOLIC ACID
 see Folic Acid Tab 800 mcg 137
 KRAZATI TAB 200MG 88
 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 100
labetalol hcl tab 200 mg 100

labetalol hcl tab 300 mg	100	lamotrigine tab 84 x 25 mg & 14 x 100 mg	
labetalol hcl tab 400 mg	101	starter kit	61
lacosamide oral solution 10 mg/ml	61	Lamotrigine Tab 84 X 25 mg & 14 X 100 mg	
lacosamide tab 100 mg	61	Starter Kit	61
lacosamide tab 150 mg	61	lamotrigine tab chewable dispersible 25 mg...	62
lacosamide tab 200 mg	61	lamotrigine tab chewable dispersible 5 mg	62
lacosamide tab 50 mg	61	lamotrigine tab disint 21 x 25 mg & 7 x 50 mg	
lactic acid (ammonium lactate) cream 12% ...	125	titration kit	62
lactic acid (ammonium lactate) lotion 12% ...	125	lamotrigine tab disint 25 (14) & 50 mg (14) &	
lactic acid-citric acid-potassium bitartrate		100 mg (7) kit	62
see PHEXXI GEL	166	lamotrigine tab disint 42 x 50mg & 14 x 100mg	
lactulose (encephalopathy) solution 10		titration kit	62
gm/15ml	133	lamotrigine tab er 24hr 100 mg	62
Lactulose (Encephalopathy) Solution 10 gm/15ml		lamotrigine tab er 24hr 200 mg	62
.....	133	lamotrigine tab er 24hr 25 mg	62
lactulose oral crystal packet 10 gm	139	lamotrigine tab er 24hr 250 mg	62
Lactulose Oral Crystal Packet 10 gm	139	lamotrigine tab er 24hr 300 mg	62
lactulose oral crystal packet 20 gm	139	lamotrigine tab er 24hr 50 mg	62
Lactulose Oral Crystal Packet 20 gm	139	lansoprazole cap delayed release 15 mg	164
lactulose solution 10 gm/15ml	139	lansoprazole cap delayed release 30 mg	164
Lactulose Solution 10 gm/15ml	139	LANTUS INJ 100/ML	71
LAGEVRIO CAP 200MG	100	LANTUS SOLOS INJ 100/ML	71
lamivudine oral soln 10 mg/ml	98	lapatinib ditosylate tab 250 mg (base equiv) ..	88
lamivudine tab 100 mg (hbv)	99	LARIN 1.5/30	
lamivudine tab 150 mg	98	see Norethindrone Ace & Ethinyl Estradiol Tab	
lamivudine tab 300 mg	98	1.5 mg-30 mcg	113
lamivudine-tenofovir disoproxil fumarate		LARIN 1/20	
see CIMDUO TAB 300-300	97	see Norethindrone Ace & Ethinyl Estradiol Tab	
lamivudine-zidovudine tab 150-300 mg	98	1 mg-20 mcg	112
lamotrigine orally disintegrating tab 100 mg .	61	LARIN 24 FE	
lamotrigine orally disintegrating tab 200 mg .	61	see Norethindrone Ace-Ethinyl Estradiol-Fe	
lamotrigine orally disintegrating tab 25 mg	61	Tab 1 mg-20 mcg (24)	114
lamotrigine orally disintegrating tab 50 mg	61	LARIN FE 1.5/30	
lamotrigine tab 100 mg	61	see Norethindrone Ace & Ethinyl Estradiol-Fe	
Lamotrigine Tab 100 mg	61	Tab 1.5 mg-30 mcg.....	114
lamotrigine tab 150 mg	61	LARIN FE 1/20	
Lamotrigine Tab 150 mg	61	see Norethindrone Ace & Ethinyl Estradiol-Fe	
lamotrigine tab 200 mg	61	Tab 1 mg-20 mcg	113
Lamotrigine Tab 200 mg	62	larotrectinib sulfate	
lamotrigine tab 25 mg	61	see VITRAKVI CAP 100MG	90
Lamotrigine Tab 25 mg	61	see VITRAKVI CAP 25MG	90
lamotrigine tab 25 mg (42) & 100 mg (7) starter		see VITRAKVI SOL 20MG/ML	90
kit	61	lasmiditan succinate	
Lamotrigine Tab 25 mg (42) & 100 mg (7) Starter		see REYVOW TAB 100MG	143
Kit.....	61	see REYVOW TAB 50MG	143
lamotrigine tab 35 x 25 mg starter kit	61	latanoprost ophth soln 0.005%	151
Lamotrigine Tab 35 X 25 mg Starter Kit	61	LEDERLE LEUCOVORIN	

see Leucovorin Calcium Tab 5 mg	91	levabuterol hcl soln nebu 1.25 mg/3ml (base equiv)	58
ledipasvir-sofosbuvir		levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	58
see HARVONI PAK.....	99	levabuterol tartrate inhal aerosol 45 mcg/act (base equiv)	58
see HARVONI PAK 45-200MG.....	99	levamlodipine maleate tab 2.5 mg	103
see HARVONI TAB 45-200MG.....	99	levamlodipine maleate tab 5 mg	103
see HARVONI TAB 90-400MG.....	99	levetiracetam oral soln 100 mg/ml	62
leflunomide tab 10 mg	41	levetiracetam tab 1000 mg	62
leflunomide tab 20 mg	41	levetiracetam tab 250 mg	62
lenacapavir sodium		levetiracetam tab 500 mg	62
see YEZTUGO TAB 300MG	98	Levetiracetam Tab 500 mg	62
lenalidomide cap 10 mg	145	levetiracetam tab 750 mg	62
lenalidomide cap 15 mg	145	levetiracetam tab er 24hr 500 mg	62
lenalidomide cap 20 mg	145	levetiracetam tab er 24hr 750 mg	62
lenalidomide cap 25 mg	145	levobunolol hcl ophth soln 0.5%	149
lenalidomide cap 5 mg	145	levocarnitine oral soln 1 gm/10ml (10%)	129
lenalidomide caps 2.5 mg	145	levocarnitine tab 330 mg	129
lenvatinib mesylate		levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	74
see LENVIMA CAP 10 MG	84	levocetirizine dihydrochloride tab 5 mg	74
see LENVIMA CAP 12MG	84	levodopa	
see LENVIMA CAP 14 MG	84	see INBRIJA CAP 42MG	92
see LENVIMA CAP 18 MG	84	levofloxacin ophth soln 0.5%	150
see LENVIMA CAP 20 MG	84	levofloxacin ophth soln 1.5%	150
see LENVIMA CAP 24 MG	84	levofloxacin oral soln 25 mg/ml	132
see LENVIMA CAP 4MG.....	83	levofloxacin tab 250 mg	132
see LENVIMA CAP 8 MG.....	83	levofloxacin tab 500 mg	132
LENVIMA CAP 10 MG	84	levofloxacin tab 750 mg	132
LENVIMA CAP 12MG	84	LEVONEST	
LENVIMA CAP 14 MG	84	see Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30mg-Mcg	111
LENVIMA CAP 18 MG	84	levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	109
LENVIMA CAP 20 MG	84	Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 mg ð Est 0.01 mg.....	109
LENVIMA CAP 24 MG	84	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	110
LENVIMA CAP 4MG	83	Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg.....	110
LENVIMA CAP 8 MG	83	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	110
LESSINA		Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg	110
see Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg.....	110	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	111
letrozole tab 2.5 mg	85		
leucovorin calcium tab 10 mg	91		
leucovorin calcium tab 15 mg	91		
leucovorin calcium tab 25 mg	91		
leucovorin calcium tab 5 mg	91		
Leucovorin Calcium Tab 5 mg.....	91		
levabuterol hcl soln nebu 0.31 mg/3ml (base equiv)	58		
levabuterol hcl soln nebu 0.63 mg/3ml (base equiv)	58		

Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg	111	see SYNTHROID TAB 75MCG	163
Levonorgestrel Tab 1.5 mg	116	see SYNTHROID TAB 88MCG	163
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	111	levothyroxine sodium tab 100 mcg	162
Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30mg-Mcg	111	Levothyroxine Sodium Tab 100 mcg	162
levonorgestrel-ethinyl estradiol & folic acid see FALESSA KIT	109	levothyroxine sodium tab 112 mcg	162
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	111	Levothyroxine Sodium Tab 112 mcg	162
Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 mcg	111	levothyroxine sodium tab 125 mcg	162
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	111	Levothyroxine Sodium Tab 125 mcg	162
Levonorgestrel-Ethinyl Estradiol-Fe Tab 0.1 mg-20 mcg (21)	111	levothyroxine sodium tab 137 mcg	162
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	109	Levothyroxine Sodium Tab 137 mcg	162
Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)	110	levothyroxine sodium tab 150 mcg	162
Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)	110	Levothyroxine Sodium Tab 150 mcg	162
LEVO-T see Levothyroxine Sodium Tab 100 mcg	162	levothyroxine sodium tab 175 mcg	162
see Levothyroxine Sodium Tab 112 mcg	162	Levothyroxine Sodium Tab 175 mcg	162
see Levothyroxine Sodium Tab 125 mcg	162	levothyroxine sodium tab 200 mcg	162
see Levothyroxine Sodium Tab 137 mcg	162	Levothyroxine Sodium Tab 200 mcg	162
see Levothyroxine Sodium Tab 150 mcg	162	levothyroxine sodium tab 25 mcg	161
see Levothyroxine Sodium Tab 175 mcg	162	Levothyroxine Sodium Tab 25 mcg	161, 162
see Levothyroxine Sodium Tab 200 mcg	162	levothyroxine sodium tab 300 mcg	162
see Levothyroxine Sodium Tab 25 mcg	161	Levothyroxine Sodium Tab 300 mcg	163
see Levothyroxine Sodium Tab 300 mcg	163	levothyroxine sodium tab 50 mcg	162
see Levothyroxine Sodium Tab 50 mcg	162	Levothyroxine Sodium Tab 50 mcg	162
see Levothyroxine Sodium Tab 75 mcg	162	levothyroxine sodium tab 75 mcg	162
see Levothyroxine Sodium Tab 88 mcg	162	Levothyroxine Sodium Tab 75 mcg	162
levothyroxine sodium see SYNTHROID TAB 100MCG	163	levothyroxine sodium tab 88 mcg	162
see SYNTHROID TAB 112MCG	163	Levothyroxine Sodium Tab 88 mcg	162
see SYNTHROID TAB 125MCG	163	LEVOXYL see Levothyroxine Sodium Tab 100 mcg	162
see SYNTHROID TAB 137MCG	163	see Levothyroxine Sodium Tab 112 mcg	162
see SYNTHROID TAB 150MCG	163	see Levothyroxine Sodium Tab 125 mcg	162
see SYNTHROID TAB 175MCG	163	see Levothyroxine Sodium Tab 137 mcg	162
see SYNTHROID TAB 200MCG	163	see Levothyroxine Sodium Tab 150 mcg	162
see SYNTHROID TAB 25MCG	163	see Levothyroxine Sodium Tab 175 mcg	162
see SYNTHROID TAB 300MCG	163	see Levothyroxine Sodium Tab 200 mcg	162
see SYNTHROID TAB 50MCG	163	see Levothyroxine Sodium Tab 25 mcg	161
		see Levothyroxine Sodium Tab 50 mcg	162
		see Levothyroxine Sodium Tab 75 mcg	162
		see Levothyroxine Sodium Tab 88 mcg	162
		Lidocaine Hcl Cream 3%	125
		lidocaine hcl soln 4%	125
		lidocaine hcl viscous soln 2%	147
		lidocaine oint 5%	125
		lidocaine patch 5%	125
		Lidocaine Patch 5%	125
		lidocaine-hydrocortisone acetate perianal cream 3-0.5%	51
		lidocaine-prilocaine cream 2.5-2.5%	125

LIDOCAN	
see Lidocaine Patch 5%	125
LIDOPIN	
see Lidocaine Hcl Cream 3%	125
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	163
see Liothyronine Sodium Tab 5 mcg	163
see Liothyronine Sodium Tab 50 mcg	163
liothyronine sodium tab 25 mcg	163
Liothyronine Sodium Tab 25 mcg	163
liothyronine sodium tab 5 mcg	163
Liothyronine Sodium Tab 5 mcg	163
liothyronine sodium tab 50 mcg	163
Liothyronine Sodium Tab 50 mcg	163
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	70
lisdexamfetamine dimesylate cap 10 mg	30
lisdexamfetamine dimesylate cap 20 mg	30
lisdexamfetamine dimesylate cap 30 mg	30
lisdexamfetamine dimesylate cap 40 mg	30
lisdexamfetamine dimesylate cap 50 mg	30
lisdexamfetamine dimesylate cap 60 mg	30
lisdexamfetamine dimesylate cap 70 mg	30
lisdexamfetamine dimesylate chew tab 10 mg	30
lisdexamfetamine dimesylate chew tab 20 mg	30
lisdexamfetamine dimesylate chew tab 30 mg	30
lisdexamfetamine dimesylate chew tab 40 mg	31
lisdexamfetamine dimesylate chew tab 50 mg	31
lisdexamfetamine dimesylate chew tab 60 mg	31
lisinopril & hydrochlorothiazide tab 10-12.5 mg	80
.....	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	80
.....	
lisinopril & hydrochlorothiazide tab 20-25 mg	80
lisinopril tab 10 mg	77
lisinopril tab 2.5 mg	77
lisinopril tab 20 mg	77
lisinopril tab 30 mg	77
lisinopril tab 40 mg	77
lisinopril tab 5 mg	77
LITFULO CAP 50MG	125
lithium carbonate cap 150 mg	93
lithium carbonate cap 300 mg	93
lithium carbonate cap 600 mg	93
lithium carbonate tab 300 mg	93
lithium carbonate tab er 300 mg	93
lithium carbonate tab er 450 mg	93
lithium oral solution 8 meq/5ml	93
LO LOESTRIN TAB 1-10-10	111
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	112
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	113
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	83
see GLEOSTINE CAP 10MG	83
see GLEOSTINE CAP 40MG	83
lomustine cap 10 mg	83
lomustine cap 100 mg	83
lomustine cap 40 mg	83
LONSURF TAB 15-6.14	85
LONSURF TAB 20-8.19	85
loperamide hcl cap 2 mg	72
lopinavir-ritonavir tab 100-25 mg	98
lopinavir-ritonavir tab 200-50 mg	98
LOPRESSOR TAB 12.5MG	101
lorazepam conc 2 mg/ml	54
lorazepam tab 0.5 mg	54
lorazepam tab 1 mg	54
lorazepam tab 2 mg	54
LORYNA	

see Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg.....	109
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	80
losartan potassium & hydrochlorothiazide tab 100-25 mg	81
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	80
losartan potassium tab 100 mg	78
losartan potassium tab 25 mg	78
losartan potassium tab 50 mg	78
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%	151
lotilaner	
see XDEMVY DRO 0.25%	150
lovastatin tab 10 mg	76
lovastatin tab 20 mg	76
lovastatin tab 40 mg	76
LOW-OGESTREL	
see Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg.....	115
loxapine succinate cap 10 mg	95
loxapine succinate cap 25 mg	95
loxapine succinate cap 5 mg	95
loxapine succinate cap 50 mg	95
LO-ZUMANDIMINE	
see Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg.....	109
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	112
LUMAKRAS TAB 120MG	88
LUMAKRAS TAB 240MG	88
LUMAKRAS TAB 320MG	88
LUMRYZ PAK 6GM	153
LUMRYZ PAK 7.5GM	153
LUMRYZ PAK 9GM	153
LUMRYZ PAK STARTER	153
LUMRYZ PKG 4.5GM.....	154

lurasidone hcl tab 120 mg	94
lurasidone hcl tab 20 mg	94
lurasidone hcl tab 40 mg	94
lurasidone hcl tab 60 mg	94
lurasidone hcl tab 80 mg	94
LUTERA	
see Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg	110
LYLEQ	
see Norethindrone Tab 0.35 mg	116
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	131
see Estradiol Td Patch Twice Weekly 0.075 mg/24hr	132
see Estradiol Td Patch Twice Weekly 0.1 mg/24hr	131
LYNPARZA TAB 100MG	88
LYNPARZA TAB 150MG	88
LYZA	
see Norethindrone Tab 0.35 mg	116
M	
macitentan	
see OPSUMIT TAB 10MG	106
macitentan-tadalafil	
see OPSYNVI TAB 10-20MG	105
see OPSYNVI TAB 10-40MG	105
malathion lotion 0.5%	126
MALE MIS CONDOM	140
maraviroc tab 150 mg	98
maraviroc tab 300 mg	98
MARLISSA	
see Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg.....	111
MAVYRET PAK 50-20MG	99
MAVYRET TAB 100-40MG	99
MAYZENT PAK STARTER	156
MAYZENT TAB 0.25MG	156
MAYZENT TAB 1MG	156
MAYZENT TAB 2MG	156
mebendazole	
see EMVERM CHW 100MG	51
meclizine hcl tab 12.5 mg	73

meclizine hcl tab 25 mg	73	mercaptapurine susp 2000 mg/100ml (20	
meclizine hcl tab 50 mg	73	mg/ml)	83
meclofenamate sodium cap 100 mg	40	mercaptapurine tab 50 mg	83
meclofenamate sodium cap 50 mg	40	mesalamine cap dr 400 mg	133
MEDROL TAB 2MG	117	mesalamine cap er 24hr 0.375 gm	133
medroxyprogesterone acetate tab 10 mg	153	mesalamine cap er 500 mg	133
medroxyprogesterone acetate tab 2.5 mg	153	mesalamine enema 4 gm	133
medroxyprogesterone acetate tab 5 mg	153	mesalamine suppos 1000 mg	133
mefenamic acid cap 250 mg	40	mesalamine tab delayed release 1.2 gm	133
mefloquine hcl tab 250 mg	82	mesalamine tab delayed release 800 mg	133
megestrol acetate susp 40 mg/ml	85	mesna tab 400 mg	91
megestrol acetate susp 625 mg/5ml	153	metaxalone tab 800 mg	148
megestrol acetate tab 20 mg	85	metformin hcl oral soln 500 mg/5ml	69
megestrol acetate tab 40 mg	85	metformin hcl tab 1000 mg	69
MEKINIST SOL 0.05/ML	88	metformin hcl tab 500 mg	69
MEKINIST TAB 0.5MG	88	metformin hcl tab 850 mg	69
MEKINIST TAB 2MG	89	metformin hcl tab er 24hr 500 mg	69
MEKTOVI TAB 15MG	89	metformin hcl tab er 24hr 750 mg	69
MELEYA		methadone hcl conc 10 mg/ml	43
see Norethindrone Tab 0.35 mg	116	Methadone Hcl Conc 10 mg/ml	43
meloxicam susp 7.5 mg/5ml	40	methadone hcl soln 10 mg/5ml	43
meloxicam tab 15 mg	40	methadone hcl soln 5 mg/5ml	43
meloxicam tab 7.5 mg	40	methadone hcl tab 10 mg	43
memantine hcl cap er 24hr 14 mg	154	methadone hcl tab 5 mg	43
memantine hcl cap er 24hr 21 mg	154	methadone hcl tab for oral susp 40 mg	43
memantine hcl cap er 24hr 28 mg	154	Methadone Hcl Tab For Oral Susp 40 mg	43
memantine hcl cap er 24hr 7 mg	154	METHADONE HYDROCHLORIDE I	
memantine hcl oral solution 2 mg/ml	154	see Methadone Hcl Conc 10 mg/ml	43
memantine hcl tab 10 mg	154	METHADOSE	
memantine hcl tab 28 x 5 mg & 21 x 10 mg		see Methadone Hcl Tab For Oral Susp 40 mg	43
titration pack	154	methamphetamine hcl tab 5 mg	31
memantine hcl tab 5 mg	154	methazolamide tab 25 mg	127
memantine hcl-donepezil hcl		methazolamide tab 50 mg	127
see NAMZARIC CAP 14-10MG	154	methenamine hippurate tab 1 gm	53
see NAMZARIC CAP 21-10MG	154	methenamine mandelate tab 0.5 gm	53
see NAMZARIC CAP 28-10MG	154	METHERGINE	
see NAMZARIC CAP 7-10MG	154	see Methylergonovine Maleate Tab 0.2 mg	152
memantine hcl-donepezil hcl cap er 24hr 14-10		methimazole tab 10 mg	161
mg	154	methimazole tab 5 mg	161
memantine hcl-donepezil hcl cap er 24hr 21-10		METHITEST	
mg	154	see Methyltestosterone Oral Tab 10 mg	51
memantine hcl-donepezil hcl cap er 24hr 28-10		methocarbamol tab 1000 mg	148
mg	154	Methocarbamol Tab 1000 mg	148
mepidine hcl oral soln 50 mg/5ml	43	methocarbamol tab 500 mg	148
mepidine hcl tab 50 mg	43	methocarbamol tab 750 mg	148
meprobamate tab 200 mg	54	methotrexate sodium tab 2.5 mg (base equiv)	83
meprobamate tab 400 mg	54	methoxsalen rapid cap 10 mg	122

<i>methscopolamine bromide tab 2.5 mg</i>	163	<i>methylphenidate hcl tab er osmotic release</i>	
<i>methscopolamine bromide tab 5 mg</i>	164	(<i>osm</i>) 72 mg	37
<i>methsuximide cap 300 mg</i>	64	<i>methylphenidate td patch 10 mg/9hr</i>	38
<i>methyldopa tab 250 mg</i>	79	<i>methylphenidate td patch 15 mg/9hr</i>	38
<i>methyldopa tab 500 mg</i>	79	<i>methylphenidate td patch 20 mg/9hr</i>	38
<i>methylergonovine maleate tab 0.2 mg</i>	152	<i>methylphenidate td patch 30 mg/9hr</i>	38
Methylergonovine Maleate Tab 0.2 mg	152	<i>methylprednisolone</i>	
<i>methylphenidate hcl cap er 10 mg (cd)</i>	34	see MEDROL TAB 2MG	117
<i>methylphenidate hcl cap er 20 mg (cd)</i>	34	<i>methylprednisolone tab 16 mg</i>	117
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	34	<i>methylprednisolone tab 32 mg</i>	117
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	34	<i>methylprednisolone tab 4 mg</i>	117
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	35	<i>methylprednisolone tab 8 mg</i>	117
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	35	<i>methylprednisolone tab therapy pack 4 mg (21)</i>	
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	35	.....	117
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	35	<i>methyltestosterone cap 10 mg</i>	50
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	35	Methyltestosterone Oral Tab 10 mg	51
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	35	<i>metoclopramide hcl orally disintegrating tab 5</i>	
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	35	mg (<i>base eq</i>)	133
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	35	<i>metoclopramide hcl soln 5 mg/5ml (10</i>	
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	35	mg/10ml) (<i>base equiv</i>)	133
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	35	<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	
<i>methylphenidate hcl cap er 30 mg (cd)</i>	35	.....	133
<i>methylphenidate hcl cap er 40 mg (cd)</i>	36	<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	
<i>methylphenidate hcl cap er 50 mg (cd)</i>	36	.....	133
<i>methylphenidate hcl cap er 60 mg (cd)</i>	36	<i>metolazone tab 10 mg</i>	128
<i>methylphenidate hcl chew tab 10 mg</i>	36	<i>metolazone tab 2.5 mg</i>	128
<i>methylphenidate hcl chew tab 2.5 mg</i>	36	<i>metolazone tab 5 mg</i>	128
<i>methylphenidate hcl chew tab 5 mg</i>	36	<i>metoprolol & hydrochlorothiazide tab 100-25</i>	
<i>methylphenidate hcl soln 10 mg/5ml</i>	36	mg	81
<i>methylphenidate hcl soln 5 mg/5ml</i>	36	<i>metoprolol & hydrochlorothiazide tab 100-50</i>	
<i>methylphenidate hcl tab 10 mg</i>	36	mg	81
<i>methylphenidate hcl tab 20 mg</i>	36	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>methylphenidate hcl tab 5 mg</i>	36	.....	81
<i>methylphenidate hcl tab er 10 mg</i>	37	<i>metoprolol succinate tab er 24hr 100 mg</i>	
<i>methylphenidate hcl tab er 20 mg</i>	37	(<i>tartrate equiv</i>)	101
<i>methylphenidate hcl tab er 24hr 18 mg</i>	37	<i>metoprolol succinate tab er 24hr 200 mg</i>	
<i>methylphenidate hcl tab er 24hr 27 mg</i>	37	(<i>tartrate equiv</i>)	101
<i>methylphenidate hcl tab er 24hr 36 mg</i>	37	<i>metoprolol succinate tab er 24hr 25 mg</i>	
<i>methylphenidate hcl tab er 24hr 54 mg</i>	37	(<i>tartrate equiv</i>)	101
<i>methylphenidate hcl tab er osmotic release</i>		<i>metoprolol succinate tab er 24hr 50 mg</i>	
(<i>osm</i>) 18 mg	37	(<i>tartrate equiv</i>)	101
<i>methylphenidate hcl tab er osmotic release</i>		<i>metoprolol tartrate</i>	
(<i>osm</i>) 27 mg	37	see LOPRESSOR TAB 12.5MG	101
<i>methylphenidate hcl tab er osmotic release</i>		<i>metoprolol tartrate tab 100 mg</i>	101
(<i>osm</i>) 36 mg	37	<i>metoprolol tartrate tab 25 mg</i>	101
<i>methylphenidate hcl tab er osmotic release</i>		<i>metoprolol tartrate tab 37.5 mg</i>	101
(<i>osm</i>) 54 mg	37	<i>metoprolol tartrate tab 50 mg</i>	101

metoprolol tartrate tab 75 mg	101
metronidazole cap 375 mg	52
metronidazole cream 0.75%	126
metronidazole gel 0.75%	126
metronidazole gel 1%	126
metronidazole lotion 0.75%	126
metronidazole tab 250 mg	52
metronidazole tab 500 mg	52
metronidazole vaginal gel 0.75%	166
metyrosine cap 250 mg	78
mexiletine hcl cap 150 mg	55
mexiletine hcl cap 200 mg	55
mexiletine hcl cap 250 mg	55
MIBELAS 24 FE	
see Norethindrone Ace-Eth Estradiol-Fe Chew	
Tab 1 mg-20 mcg (24)	114
MICONAZOLE 3	
see Miconazole Nitrate Vaginal Suppos 200 mg	
.....	166
Miconazole Nitrate Vaginal Suppos 200 mg....	166
MICORT HC	
see Hydrocortisone Acetate Cream 2.5%	124
MICROCHAMBER MIS.....	142
MICROGESTIN 1.5/30	
see Norethindrone Ace & Ethinyl Estradiol Tab	
1.5 mg-30 mcg	113
MICROGESTIN 1/20	
see Norethindrone Ace & Ethinyl Estradiol Tab	
1 mg-20 mcg	112
MICROGESTIN FE 1.5/30	
see Norethindrone Ace & Ethinyl Estradiol-Fe	
Tab 1.5 mg-30 mcg.....	114
MICROGESTIN FE 1/20	
see Norethindrone Ace & Ethinyl Estradiol-Fe	
Tab 1 mg-20 mcg	113
MICROSPACER MIS.....	142
midazolam (anticonvulsant)	
see NAYZILAM SPR 5MG	60
midazolam hcl syrup 2 mg/ml (base equivalent)	
.....	138
midodrine hcl tab 10 mg	167
midodrine hcl tab 2.5 mg	167
midodrine hcl tab 5 mg	167
midostaurin	
see RYDAPT CAP 25MG	89
mifepristone tab 200 mg	130
mifepristone tab 300 mg	70
migalastat hcl	
see GALAFOLD CAP 123MG	129
miglitol tab 100 mg	68
miglitol tab 25 mg	68
miglitol tab 50 mg	68
miglustat cap 100 mg	136
Miglustat Cap 100 mg	136
MILI	
see Norgestimate & Ethinyl Estradiol Tab 0.25	
mg-35 mcg	115
MILOPHENE	
see Clomiphene Citrate Tab 50 mg	128
miltefosine	
see IMPAVIDO CAP 50MG	52
MIMVEY	
see Estradiol & Norethindrone Acetate Tab 1-	
0.5 mg	130
minocycline hcl cap 100 mg	161
minocycline hcl cap 50 mg	161
minocycline hcl cap 75 mg	161
minocycline hcl tab 100 mg	161
minocycline hcl tab 50 mg	161
minocycline hcl tab 75 mg	161
minoxidil tab 10 mg	82
minoxidil tab 2.5 mg	82
MINZOYA	
see Levonorgestrel-Ethinyl Estradiol-Fe Tab 0.1	
mg-20 mcg (21)	111
mirabegron tab er 24 hr 25 mg	165
mirabegron tab er 24 hr 50 mg	165
mirdametinib	
see GOMEKLI CAP 1MG	87
see GOMEKLI CAP 2MG	87
see GOMEKLI TAB 1MG	87
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	164
misoprostol tab 200 mcg	164
modafinil tab 100 mg	38
modafinil tab 200 mg	38
moexipril hcl tab 15 mg	77
moexipril hcl tab 7.5 mg	77

<i>molindone hcl tab 10 mg</i>	96	<i>morphine sulfate tab er 15 mg</i>	45
<i>molindone hcl tab 25 mg</i>	96	<i>morphine sulfate tab er 200 mg</i>	45
<i>molindone hcl tab 5 mg</i>	95	<i>morphine sulfate tab er 30 mg</i>	45
<i>molnupiravir</i>		<i>morphine sulfate tab er 60 mg</i>	45
see LAGEVRIO CAP 200MG	100	MOUNJARO INJ 10MG/0.5	70
<i>mometasone furoate (inhalation)</i>		MOUNJARO INJ 12.5/0.5	70
see ASMANEX HFA AER 100 MCG	56	MOUNJARO INJ 15MG/0.5	70
see ASMANEX HFA AER 200 MCG	56	MOUNJARO INJ 2.5/0.5	70
see ASMANEX HFA AER 50MCG	56	MOUNJARO INJ 5MG/0.5	70
<i>mometasone furoate cream 0.1%</i>	124	MOUNJARO INJ 7.5/0.5	70
<i>mometasone furoate nasal susp 50 mcg/act</i>	148	MOVANTIK TAB 12.5MG	134
<i>mometasone furoate oint 0.1%</i>	124	MOVANTIK TAB 25MG	134
<i>mometasone furoate solution 0.1% (lotion)</i> ..	124	<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2</i>	
MONDOXYNE NL		<i>times daily)</i>	150
see Doxycycline Monohydrate Cap 100 mg	161	<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	
MONO-LINYAH		.....	150
see Norgestimate & Ethinyl Estradiol Tab 0.25		<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	132
mg-35 mcg	115	MULTAQ TAB 400MG	55
<i>monomethyl fumarate</i>		<i>mupirocin oint 2%</i>	121
see BAFIERTAM CAP 95MG	155	<i>mycophenolate mofetil cap 250 mg</i>	146
<i>montelukast sodium chew tab 4 mg (base equiv)</i>		<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	
.....	56	.....	146
<i>montelukast sodium chew tab 5 mg (base equiv)</i>		<i>mycophenolate mofetil tab 500 mg</i>	146
.....	56	<i>mycophenolate sodium tab dr 180 mg</i>	
<i>montelukast sodium oral granules packet 4 mg</i>		<i>(mycophenolic acid equiv)</i>	146
<i>(base equiv)</i>	56	<i>mycophenolate sodium tab dr 360 mg</i>	
<i>montelukast sodium tab 10 mg (base equiv)</i> ..	56	<i>(mycophenolic acid equiv)</i>	146
<i>morphine sulfate beads cap er 24hr 120 mg</i> ...	44	MYFEMBREE TAB	130
<i>morphine sulfate beads cap er 24hr 30 mg</i>	44	N	
<i>morphine sulfate beads cap er 24hr 45 mg</i>	44	<i>nabumetone tab 500 mg</i>	40
<i>morphine sulfate beads cap er 24hr 60 mg</i>	44	<i>nabumetone tab 750 mg</i>	40
<i>morphine sulfate beads cap er 24hr 75 mg</i>	44	<i>nadolol tab 20 mg</i>	101
<i>morphine sulfate beads cap er 24hr 90 mg</i>	44	<i>nadolol tab 40 mg</i>	101
<i>morphine sulfate cap er 24hr 10 mg</i>	44	<i>nadolol tab 80 mg</i>	101
<i>morphine sulfate cap er 24hr 100 mg</i>	44	<i>nafarelin acetate</i>	
<i>morphine sulfate cap er 24hr 20 mg</i>	44	see SYNAREL SOL 2MG/ML	128
<i>morphine sulfate cap er 24hr 30 mg</i>	44	<i>naftifine hcl cream 1%</i>	122
<i>morphine sulfate cap er 24hr 50 mg</i>	44	<i>naftifine hcl cream 2%</i>	122
<i>morphine sulfate cap er 24hr 60 mg</i>	44	<i>naftifine hcl gel 2%</i>	122
<i>morphine sulfate cap er 24hr 80 mg</i>	44	<i>naldemedine tosylate</i>	
<i>morphine sulfate oral soln 10 mg/5ml</i>	44	see SYMPROIC TAB 0.2MG	134
<i>morphine sulfate oral soln 100 mg/5ml (20</i>		<i>naloxegol oxalate</i>	
<i>mg/ml)</i>	44	see MOVANTIK TAB 12.5MG	134
<i>morphine sulfate oral soln 20 mg/5ml</i>	44	see MOVANTIK TAB 25MG	134
<i>morphine sulfate tab 15 mg</i>	44	<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	72
<i>morphine sulfate tab 30 mg</i>	44	<i>naltrexone hcl tab 50 mg</i>	72
<i>morphine sulfate tab er 100 mg</i>	45	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.....	111
nateglinide tab 120 mg	71
nateglinide tab 60 mg	71
NATESTO GEL 5.5MG.....	51
NAYZILAM SPR 5MG	60
nebivolol hcl tab 10 mg (base equivalent)	101
nebivolol hcl tab 2.5 mg (base equivalent)	101
nebivolol hcl tab 20 mg (base equivalent)	101
nebivolol hcl tab 5 mg (base equivalent)	101
NEBUSAL	
see Sodium Chloride Soln Nebu 3%	119
NECON 0.5/35-28	
see Norethindrone & Ethinyl Estradiol Tab 0.5	
mg-35 mcg	111
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	98
see VIRACEPT TAB 625MG	98
neomycin sulfate tab 500 mg	38
neomycin-bacitrac zn-polymyx 5(3.5)mg-	
400unt-10000unt op oin	150
neomycin-polymy-gramicid op sol 1.75-10000-	
0.025mg-unt-mg/ml	150
neomycin-polymyxin-dexamethasone ophth	
ointment 0.1%	151
neomycin-polymyxin-dexamethasone ophth	
susp 0.1%	151
neomycin-polymyxin-hc ophth susp	151
neomycin-polymyxin-hc otic soln 1%	152
neomycin-polymyxin-hc otic susp 3.5 mg/ml-	
10000 unit/ml-1%	152

nepafenac	
see ILEVRO DRO 0.3% OP	151
NEUAC	
see Clindamycin Phosph-Benzoyl Peroxide	
(Refrig) Gel 1.2 (1)-5%	119
NEUPRO DIS 1MG/24HR	92
NEUPRO DIS 2MG/24HR	92
NEUPRO DIS 3MG/24HR	92
NEUPRO DIS 4MG/24HR	92
NEUPRO DIS 6MG/24HR	92
NEUPRO DIS 8MG/24HR	92
nevirapine susp 50 mg/5ml	98
nevirapine tab 200 mg	98
nevirapine tab er 24hr 400 mg	98
NEXLETOL TAB 180MG	75
NEXLIZET TAB 180/10MG	75
niacin tab er 1000 mg (antihyperlipidemic)	77
niacin tab er 500 mg (antihyperlipidemic)	77
niacin tab er 750 mg (antihyperlipidemic)	77
nicardipine hcl cap 20 mg	103
nicardipine hcl cap 30 mg	103
NICORELIEF	
see Nicotine Polacrilex Gum 2 mg	157
nicotine	
see NICOTROL INH	160
see NICOTROL NS SPR 10MG/ML.....	160
NICOTINE MINI LOZENGE	
see Nicotine Polacrilex Lozenge 2 mg	158
see Nicotine Polacrilex Lozenge 4 mg	159
nicotine polacrilex gum 2 mg	157
Nicotine Polacrilex Gum 2 mg	157
nicotine polacrilex gum 4 mg	157
Nicotine Polacrilex Gum 4 mg	157, 158
nicotine polacrilex lozenge 2 mg	158
Nicotine Polacrilex Lozenge 2 mg	158
nicotine polacrilex lozenge 4 mg	158
Nicotine Polacrilex Lozenge 4 mg	158, 159
NICOTINE STEP 1	
see Nicotine Td Patch 24hr 21 mg/24hr	160
NICOTINE STEP 3	
see Nicotine Td Patch 24hr 7 mg/24hr	159
nicotine td patch 24hr 14 mg/24hr	159
Nicotine Td Patch 24hr 14 mg/24hr	159, 160
nicotine td patch 24hr 21 mg/24hr	160
Nicotine Td Patch 24hr 21 mg/24hr	160
nicotine td patch 24hr 7 mg/24hr	159
Nicotine Td Patch 24hr 7 mg/24hr	159

NICOTINE TRANSDERMAL SYST	
see Nicotine Td Patch 24hr 14 mg/24hr	160
see Nicotine Td Patch 24hr 21 mg/24hr	160
see Nicotine Td Patch 24hr 7 mg/24hr	159
NICOTROL INH	160
NICOTROL NS SPR 10MG/ML.....	160
nifedipine cap 10 mg	103
nifedipine cap 20 mg	103
nifedipine tab er 24hr 30 mg	103
nifedipine tab er 24hr 60 mg	103
nifedipine tab er 24hr 90 mg	103
nifedipine tab er 24hr osmotic release 30 mg	104
nifedipine tab er 24hr osmotic release 60 mg	104
nifedipine tab er 24hr osmotic release 90 mg	104
NIKKI	
see Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg.....	109
nilotinib hcl cap 150 mg (base equivalent)	89
nilotinib hcl cap 200 mg (base equivalent)	89
nilotinib hcl cap 50 mg (base equivalent)	89
nilutamide tab 150 mg	85
nimodipine cap 30 mg	104
nimodipine oral soln 60 mg/20ml (3 mg/ml) .	104
NINLARO CAP 2.3MG	89
NINLARO CAP 3MG.....	89
NINLARO CAP 4MG.....	89
nintedanib esylate	
see OFEV CAP 100MG	160
see OFEV CAP 150MG	160
niraparib tosylate	
see ZEJULA TAB 100MG	90
see ZEJULA TAB 200MG	90
see ZEJULA TAB 300MG	90
nirmatrelvir-ritonavir	
see PAXLOVID PAK	99
see PAXLOVID TAB 150-100.....	99
see PAXLOVID TAB 300-100.....	99
nisoldipine tab er 24hr 17 mg	104
nisoldipine tab er 24hr 34 mg	104
nisoldipine tab er 24hr 8.5 mg	104
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
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 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)	53
nizatidine cap 150 mg	164
nizatidine cap 300 mg	164
nonoxynol-9	
see ENCARE SUP 100MG	166
see GYNOL II GEL 3%.....	166
see SHUR-SEAL GEL 2%.....	166
see TODAY SPONGE MIS.....	166
see VCF VAGINAL AER CONTRACP	166
see VCF VAGINAL GEL CONTRACE.....	166
see VCF VAGINAL MIS CONTRACP	166
NORA-BE	
see Norethindrone Tab 0.35 mg	116
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.....	
Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg	111
Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg	
Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg	111, 112
Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg.....	
Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg	112
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	
Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 mg-35 mcg	112
Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 mg-25 mcg	
Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 mg-25 mcg	112
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	
Norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....	112

Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg	112	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	115
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	112	Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg	115
Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg	113	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	115
Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg	113	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg	115
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	113	Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg	115
Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg	113, 114	Norgestrel & Ethinyl Estradiol Tab 0.5 mg-50 mcg	115
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	114	NORLYROC	
Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24).....	114	see Norethindrone Tab 0.35 mg	116
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	114	NORTREL 0.5/35 (28)	
Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24).....	114	see Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg	112
Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24).....	114	NORTREL 1/35	
norethindrone acetate tab 5 mg	153	see Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg	112
Norethindrone Acetate Tab 5 mg	153	NORTREL 7/7/7	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	130	see Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg	114
Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 mg-2.5 mcg	131	nortriptyline hcl cap 10 mg	67
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	131	nortriptyline hcl cap 25 mg	67
Norethindrone Acetate-Ethinyl Estradiol Tab 1 mg-5 mcg	131	nortriptyline hcl cap 50 mg	67
norethindrone acetate-ethinyl estradiol-fe fum (biphasic)		nortriptyline hcl cap 75 mg	67
see LO LOESTRIN TAB 1-10-10	111	nortriptyline hcl soln 10 mg/5ml	68
Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 mg-Mcg	112	NOVOLIN INJ 70/30	71
norethindrone tab 0.35 mg	116	NOVOLIN INJ 70/30 FP	71
Norethindrone Tab 0.35 mg	116	NOVOLIN N INJ 100 UNIT	71
Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg	114	NOVOLIN N INJ U-100	71
Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 mg-Mcg	114	NOVOLIN R INJ 100 UNIT	71
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	114	NOVOLIN R INJ U-100	71
Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg	115	NOVOLOG INJ 100/ML	71
		NOVOLOG INJ FLEXPEN	71
		NOVOLOG INJ PENFILL	71
		NOVOLOG MIX INJ 70/30	71
		NOVOLOG MIX INJ FLEXPEN	71
		NUBEQA TAB 300MG	85
		NULEV	
		see Hyoscyamine Sulfate Tab Disint 0.125 mg	163
		NURTEC TAB 75MG ODT	143
		NYAMYC	
		see Nystatin Topical Powder 100000 unit/gm	122

NYLIA 1/35	
see Norethindrone & Ethinyl Estradiol Tab 1	
mg-35 mcg	112
NYLIA 7/7/7	
see Norethindrone-Eth Estradiol Tab 0.5-	
35/0.75-35/1-35 mg-Mcg	114
nystatin cream 100000 unit/gm	122
nystatin oint 100000 unit/gm	122
nystatin susp 100000 unit/ml	147
nystatin tab 500000 unit	73
nystatin topical powder 100000 unit/gm	122
Nystatin Topical Powder 100000 unit/gm	122
nystatin-triamcinolone cream 100000-0.1	
unit/gm-%	122
nystatin-triamcinolone oint 100000-0.1	
unit/gm-%	122
NYSTOP	
see Nystatin Topical Powder 100000 unit/gm	
.....	122
O	
ODACTRA SUB	38
ODEFSEY TAB	98
ODOMZO CAP 200MG	84
OFEV CAP 100MG	160
OFEV CAP 150MG	160
ofloxacin ophth soln 0.3%	150
ofloxacin otic soln 0.3%	152
ofloxacin tab 300 mg	132
ofloxacin tab 400 mg	132
OGESTREL	
see Norgestrel & Ethinyl Estradiol Tab 0.5 mg-	
50 mcg	115
olanzapine orally disintegrating tab 10 mg	95
olanzapine orally disintegrating tab 15 mg	95
olanzapine orally disintegrating tab 20 mg	95
olanzapine orally disintegrating tab 5 mg	95
olanzapine tab 10 mg	95
olanzapine tab 15 mg	95
olanzapine tab 2.5 mg	95
olanzapine tab 20 mg	95
olanzapine tab 5 mg	95
olanzapine tab 7.5 mg	95
olanzapine-fluoxetine hcl cap 12-25 mg	155
olanzapine-fluoxetine hcl cap 12-50 mg	155
olanzapine-fluoxetine hcl cap 3-25 mg	155
olanzapine-fluoxetine hcl cap 6-25 mg	155
olanzapine-fluoxetine hcl cap 6-50 mg	155

olaparib	
see LYNPARZA TAB 100MG	88
see LYNPARZA TAB 150MG	88
olmesartan medoxomil tab 20 mg	78
olmesartan medoxomil tab 40 mg	78
olmesartan medoxomil tab 5 mg	78
olmesartan medoxomil-hydrochlorothiazide tab	
20-12.5 mg	81
olmesartan medoxomil-hydrochlorothiazide tab	
40-12.5 mg	81
olmesartan medoxomil-hydrochlorothiazide tab	
40-25 mg	81
olmesartan-amlodipine-hydrochlorothiazide tab	
20-5-12.5 mg	81
olmesartan-amlodipine-hydrochlorothiazide tab	
40-10-12.5 mg	81
olmesartan-amlodipine-hydrochlorothiazide tab	
40-10-25 mg	81
olmesartan-amlodipine-hydrochlorothiazide tab	
40-5-12.5 mg	81
olmesartan-amlodipine-hydrochlorothiazide tab	
40-5-25 mg	81
olodaterol hcl	
see STRIVERDI AER 2.5MCG	58
olopatadine hcl nasal soln 0.6%	148
olopatadine hcl ophth soln 0.1% (base	
equivalent)	151
olopatadine hcl ophth soln 0.2% (base	
equivalent)	151
omega-3-acid ethyl esters cap 1 gm	75
omeprazole cap delayed release 10 mg	164
omeprazole cap delayed release 20 mg	164
omeprazole cap delayed release 40 mg	164
ondansetron hcl oral soln 4 mg/5ml	72
ondansetron hcl tab 24 mg	73
ondansetron hcl tab 4 mg	73
ondansetron hcl tab 8 mg	73
ondansetron orally disintegrating tab 4 mg	73
ondansetron orally disintegrating tab 8 mg	73
OPSUMIT TAB 10MG	106
OPSYNVI TAB 10-20MG	105
OPSYNVI TAB 10-40MG	105
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	116
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	105
ORENITRAM TAB 0.25MG	105
ORENITRAM TAB 1MG	105
ORENITRAM TAB 2.5MG	105
ORENITRAM TAB 5MG	105
ORENITRAM TAB MONTH 1	105
ORENITRAM TAB MONTH 2	105
ORENITRAM TAB MONTH 3	105
ORFADIN SUS 4MG/ML	129
ORIAHNN CAP	131
ORILISSA TAB 150MG	128
ORILISSA TAB 200MG	128
ORLADEYO CAP 110MG	135
ORLADEYO CAP 150MG	135
orlistat cap 120 mg	31
ORMALVI	
see Dichlorphenamide Tab 50 mg.....	127
orphenadrine citrate tab er 12hr 100 mg	148
ORQUIDEA	
see Norethindrone Tab 0.35 mg	116
OSCIMIN	
see Hyoscyamine Sulfate SI Tab 0.125 mg ..	163
see Hyoscyamine Sulfate Tab 0.125 mg	163
oseltamivir phosphate cap 30 mg (base equiv)	
.....	100
oseltamivir phosphate cap 45 mg (base equiv)	
.....	100
oseltamivir phosphate cap 75 mg (base equiv)	
.....	100
oseltamivir phosphate for susp 6 mg/ml (base equiv)	100
osimertinib mesylate	
see TAGRISSO TAB 40MG	84
see TAGRISSO TAB 80MG	84
OTEZLA TAB 10/20.....	40
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	54
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	165
oxybutynin chloride tab 5 mg	165
oxybutynin chloride tab er 24hr 10 mg	165
oxybutynin chloride tab er 24hr 15 mg	165
oxybutynin chloride tab er 24hr 5 mg	165
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
oxycodone w/ acetaminophen tab 5-325 mg ..	48
Oxycodone W/ Acetaminophen Tab 5-325 mg.	49
oxycodone w/ acetaminophen tab 7.5-325 mg	
.....	49
Oxycodone W/ Acetaminophen Tab 7.5-325 mg	
.....	49
oxymorphone hcl tab 10 mg	46
oxymorphone hcl tab 5 mg	45

ozanimod hcl	
see ZEPOSIA 7DAY CAP STR PACK	156
see ZEPOSIA CAP 0.92MG	156
see ZEPOSIA CAP STR KIT	156
OZEMPIC INJ 2MG/3ML	70
OZEMPIC INJ 4MG/3ML	70
OZEMPIC INJ 8MG/3ML	70
P	
PACERONE	
see Amiodarone Hcl Tab 100 mg	16, 55
see Amiodarone Hcl Tab 200 mg	55
palbociclib	
see IBRANCE CAP 100MG	87
see IBRANCE CAP 125MG	87
see IBRANCE CAP 75MG	87
see IBRANCE TAB 100MG	87
see IBRANCE TAB 125MG	87
see IBRANCE TAB 75MG	87
paliperidone tab er 24hr 1.5 mg	94
paliperidone tab er 24hr 3 mg	94
paliperidone tab er 24hr 6 mg	94
paliperidone tab er 24hr 9 mg	94
pancrelipase (lipase-protease-amylase)	
see CREON CAP 12000UNT	126
see CREON CAP 24000UNT	126
see CREON CAP 3000UNIT	126
see CREON CAP 36000UNT	126
see CREON CAP 6000UNIT	126
see VIOKACE TAB 10440	126
see VIOKACE TAB 20880	126
see ZENPEP CAP 10000UNT	126
see ZENPEP CAP 15000UNT	126
see ZENPEP CAP 20000UNT	126
see ZENPEP CAP 25000UNT	126
see ZENPEP CAP 3000UNIT	126
see ZENPEP CAP 40000UNT	127
see ZENPEP CAP 5000UNIT	126
see ZENPEP CAP 60000UNT	127
pantoprazole sodium ec tab 20 mg (base equiv)	
.....	164
pantoprazole sodium ec tab 40 mg (base equiv)	
.....	164
paricalcitol cap 1 mcg	129
paricalcitol cap 2 mcg	129
paricalcitol cap 4 mcg	129
paroxetine hcl oral susp 10 mg/5ml (base equiv)	
.....	65
paroxetine hcl tab 10 mg	65
paroxetine hcl tab 20 mg	65
paroxetine hcl tab 30 mg	65
paroxetine hcl tab 40 mg	65
paroxetine hcl tab er 24hr 12.5 mg	65
paroxetine hcl tab er 24hr 25 mg	65
paroxetine hcl tab er 24hr 37.5 mg	65
PASER GRA 4GM	83
patiromer sorbitex calcium	
see VELTASSA POW 16.8GM	146
see VELTASSA POW 1GM.....	146
see VELTASSA POW 25.2GM	147
see VELTASSA POW 8.4GM	146
PAXLOVID PAK	99
PAXLOVID TAB 150-100	99
PAXLOVID TAB 300-100	99
pazopanib hcl tab 200 mg (base equiv)	89
pazopanib hcl tab 400 mg (base equiv)	89
peg 3350-kcl-na bicarb-nacl-na sulfate for soln	
236 gm	139
Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln	
236 gm	139
Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln	
240 gm	139
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 139	
Peg 3350-Kcl-Sod Bicarb-Nacl For Soln 420 gm	
.....	139
penciclovir cream 1%	123
penicillamine cap 250 mg	145
penicillamine tab 250 mg	145
penicillin v potassium for soln 125 mg/5ml ...	152
penicillin v potassium for soln 250 mg/5ml ...	152
penicillin v potassium tab 250 mg	152
penicillin v potassium tab 500 mg	152
pentamidine isethionate for nebulization soln	
300 mg	52
pentazocine w/ naloxone hcl tab 50-0.5 mg ...	50
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	77
perindopril erbumine tab 4 mg	77

perindopril erbumine tab 8 mg	77	Phenylephrine Hcl Opth Soln 2.5%	149
permethrin cream 5%	126	phenytoin chew tab 50 mg	64
perphenazine tab 16 mg	96	phenytoin sodium extended cap 100 mg	64
perphenazine tab 2 mg	96	phenytoin sodium extended cap 200 mg	64
perphenazine tab 4 mg	96	phenytoin sodium extended cap 300 mg	64
perphenazine tab 8 mg	96	phenytoin susp 125 mg/5ml	64
perphenazine-amitriptyline tab 2-10 mg	155	PHEXXI GEL.....	166
perphenazine-amitriptyline tab 2-25 mg	155	PHILITH	
perphenazine-amitriptyline tab 4-10 mg	155	see Norethindrone & Ethinyl Estradiol Tab 0.4	
perphenazine-amitriptyline tab 4-25 mg	155	mg-35 mcg	111
perphenazine-amitriptyline tab 4-50 mg	155	PHOSPHO-TRIN K500	
pexidartinib hcl		see Potassium Phosphate Monobasic Tab 500	
see TURALIO CAP 125MG	90	mg	144
PHEBURANE MIS 483/GM.....	129	phytonadione tab 5 mg	167
phendimetrazine tartrate tab 35 mg	31	pilocarpine hcl opth soln 1%	149
phenelzine sulfate tab 15 mg	65	pilocarpine hcl opth soln 1.25%	149
phenobarbital elixir 20 mg/5ml	138	pilocarpine hcl opth soln 2%	149
phenobarbital tab 100 mg	138	pilocarpine hcl opth soln 4%	149
phenobarbital tab 15 mg	138	pilocarpine hcl tab 5 mg	147
phenobarbital tab 16.2 mg	138	pilocarpine hcl tab 7.5 mg	147
phenobarbital tab 30 mg	138	pimecrolimus cream 1%	125
phenobarbital tab 32.4 mg	138	pimozide tab 1 mg	156
phenobarbital tab 60 mg	138	pimozide tab 2 mg	156
phenobarbital tab 64.8 mg	138	PIMTREA	
phenobarbital tab 97.2 mg	138	see Desogest-Eth Estrad & Eth Estrad Tab 0.15-	
phenoxybenzamine hcl cap 10 mg	78	0.02/0.01 mg(21/5).....	108
phentermine hcl cap 15 mg	31	pindolol tab 10 mg	101
phentermine hcl cap 30 mg	31	pindolol tab 5 mg	101
phentermine hcl cap 37.5 mg	31	pioglitazone hcl tab 15 mg (base equiv)	71
phentermine hcl tab 37.5 mg	31	pioglitazone hcl tab 30 mg (base equiv)	71
Phentermine Hcl Tab 8 mg	31	pioglitazone hcl tab 45 mg (base equiv)	71
phentermine hcl-topiramate		pioglitazone hcl-glimepiride tab 30-2 mg	68
see QSYMIA CAP 11.25-69	31	pioglitazone hcl-glimepiride tab 30-4 mg	68
see QSYMIA CAP 15-92MG	31	pioglitazone hcl-metformin hcl tab 15-500 mg 68	
see QSYMIA CAP 3.75-23	31	pioglitazone hcl-metformin hcl tab 15-850 mg 68	
see QSYMIA CAP 7.5-46MG	31	PIQRAY 200MG TAB DOSE	89
phentermine hcl-topiramate cap er 24hr 11.25-		PIQRAY 250MG TAB DOSE	89
69 mg	31	PIQRAY 300MG TAB DOSE	89
phentermine hcl-topiramate cap er 24hr 15-92		pirfenidone cap 267 mg	161
mg	31	pirfenidone tab 267 mg	161
phentermine hcl-topiramate cap er 24hr 3.75-23		pirfenidone tab 534 mg	161
mg	31	pirfenidone tab 801 mg	161
phentermine hcl-topiramate cap er 24hr 7.5-46		piroxicam cap 10 mg	40
mg	31	piroxicam cap 20 mg	40
phenylephrine hcl opth soln 10%	149	pitavastatin calcium tab 1 mg	76
Phenylephrine Hcl Opth Soln 10%	149	pitavastatin calcium tab 2 mg	76
phenylephrine hcl opth soln 2.5%	149	pitavastatin calcium tab 4 mg	76

pitolisant hcl	
see WAKIX TAB 17.8MG	33
see WAKIX TAB 4.45MG	33
PNV-DHA	
see Prenat W/o A W/fefum-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	85
see POMALYST CAP 2MG	85
see POMALYST CAP 3MG	85
see POMALYST CAP 4MG	85
POMALYST CAP 1MG.....	85
POMALYST CAP 2MG.....	85
POMALYST CAP 3MG.....	85
POMALYST CAP 4MG.....	85
PORTIA-28	
see Levonorgestrel & Ethinyl Estradiol Tab	
0.15 mg-30 mcg.....	111
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	145
Potassium Chloride Microencapsulated Crys Er	
Tab 20 meq	145
potassium chloride oral soln 10% (20 meq/15ml)	
.....	145
potassium chloride oral soln 20% (40 meq/15ml)	
.....	145
potassium chloride powder packet 20 meq ...	145
Potassium Chloride Powder Packet 20 meq....	145
potassium chloride tab er 10 meq	145
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)	145
Potassium Citrate & Citric Acid Powder Pack	
3300-1002 mg.....	134
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	118
Potassium Phosphate Monobasic Tab 500 mg	144
pralsetinib	
see GAVRETO CAP 100MG.....	87
pramipexole dihydrochloride tab 0.125 mg	92
pramipexole dihydrochloride tab 0.25 mg	92
pramipexole dihydrochloride tab 0.5 mg	92
pramipexole dihydrochloride tab 0.75 mg	92
pramipexole dihydrochloride tab 1 mg	92
pramipexole dihydrochloride tab 1.5 mg	92
pramipexole dihydrochloride tab er 24hr 0.375	
mg	93
pramipexole dihydrochloride tab er 24hr 0.75	
mg	92
pramipexole dihydrochloride tab er 24hr 1.5 mg	
.....	93
pramipexole dihydrochloride tab er 24hr 2.25	
mg	93
pramipexole dihydrochloride tab er 24hr 3 mg	93
pramipexole dihydrochloride tab er 24hr 3.75	
mg	93
pramipexole dihydrochloride tab er 24hr 4.5 mg	
.....	93
prasterone vaginal	
see INTRAROSA SUP 6.5MG	165
prasugrel hcl tab 10 mg (base equiv)	136
prasugrel hcl tab 5 mg (base equiv)	136
pravastatin sodium tab 10 mg	76
pravastatin sodium tab 20 mg	76
pravastatin sodium tab 40 mg	76
pravastatin sodium tab 80 mg	76
praziquantel tab 600 mg	52
prazosin hcl cap 1 mg	79
prazosin hcl cap 2 mg	79
prazosin hcl cap 5 mg	79
PRED SOD PHO SOL 1% OP	151

prednisolone acetate ophth susp 1%	151	Prenatal Vit W/ Fe Fumarate-Fa Chew Tab 29-1 mg.....	147
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	118	Prenatal Vit W/ Fe Fumarate-Fa Tab 28-1 mg.	147
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	118	Prenatal Vit W/ Fe Fum-Methylfolate-Fa Tab 27- 0.6-0.4 mg	147
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	118	Prenatal Vit W/ Iron Carbonyl-Fa Tab 50-1.25 mg	147
prednisolone soln 15 mg/5ml	118	PREPOPIK PAK.....	139
prednisolone tab 5 mg	118	PREVALITE see Cholestyramine Light Powder 4 gm/dose	75
prednisone oral soln 5 mg/5ml	118	see Cholestyramine Light Powder Packets 4 gm	75
prednisone tab 1 mg	118	PREZCOBIX TAB 800-150.....	98
prednisone tab 10 mg	118	primaquine phosphate tab 26.3 mg (15 mg base)	82
prednisone tab 2.5 mg	118	primidone tab 250 mg	63
prednisone tab 20 mg	118	primidone tab 50 mg	63
prednisone tab 5 mg	118	probenecid tab 500 mg	135
prednisone tab 50 mg	118	PROCENTRA see Dextroamphetamine Sulfate Oral Solution 5 mg/5ml	28
prednisone tab delayed release 1 mg	118	PROCHAMBER MIS VHC	142
prednisone tab delayed release 2 mg	118	prochlorperazine maleate tab 10 mg (base equivalent)	96
prednisone tab therapy pack 10 mg (21)	118	prochlorperazine maleate tab 5 mg (base equivalent)	96
prednisone tab therapy pack 10 mg (48)	118	prochlorperazine suppos 25 mg	96
prednisone tab therapy pack 5 mg (21)	118	Prochlorperazine Suppos 25 mg	96
prednisone tab therapy pack 5 mg (48)	118	PROCTOCORT see Hydrocortisone Perianal Cream 1%	51
pregabalin cap 100 mg	62	PROCTOFOAM AER HC 1%.....	51
pregabalin cap 150 mg	62	PROCTO-MED HC see Hydrocortisone Perianal Cream 2.5%	51
pregabalin cap 200 mg	62	PROCTOSOL HC see Hydrocortisone Perianal Cream 2.5%	51
pregabalin cap 225 mg	62	PROCTOZONE-HC see Hydrocortisone Perianal Cream 2.5%	51
pregabalin cap 25 mg	62	progesterone (vaginal) see CRINONE GEL 4% VAG	166
pregabalin cap 300 mg	62	see CRINONE GEL 8% VAG	166
pregabalin cap 50 mg	62	progesterone cap 100 mg	153
pregabalin cap 75 mg	62	progesterone cap 200 mg	153
pregabalin soln 20 mg/ml	62	progesterone vaginal insert 100 mg	166
pregabalin tab er 24hr 165 mg	156	promethazine & phenylephrine syrup 6.25-5 mg/5ml	118
pregabalin tab er 24hr 330 mg	156	promethazine hcl oral soln 6.25 mg/5ml	74
pregabalin tab er 24hr 82.5 mg	156		
PREMPHASE TAB	131		
PREMPRO TAB	131		
PREMPRO TAB 0.3-1.5.....	131		
PREMPRO TAB 0.45-1.5	131		
PREMPRO TAB 0.625-5.....	131		
Prenat W/o A W/fefum-Methfol-Fa-Dha Cap 27- 0.6-0.4-300 mg	147		
PRENATAL 19 see Prenatal Vit W/ Fe Fumarate-Fa Chew Tab 29-1 mg	147		
Prenatal Vit W/ Dss-Iron Carbonyl-Fa Tab 90-1 mg.....	147		

promethazine hcl suppos 12.5 mg	74
Promethazine Hcl Suppos 12.5 mg	74
promethazine hcl suppos 25 mg	74
Promethazine Hcl Suppos 25 mg.....	74
Promethazine Hcl Suppos 50 mg.....	74
promethazine hcl tab 12.5 mg	74
promethazine hcl tab 25 mg	74
promethazine hcl tab 50 mg	74
promethazine w/ codeine syrup 6.25-10 mg/5ml	118
promethazine-dm syrup 6.25-15 mg/5ml	118
PROMETHEGAN	
see Promethazine Hcl Suppos 12.5 mg.....	74
see Promethazine Hcl Suppos 25 mg.....	74
see Promethazine Hcl Suppos 50 mg.....	74
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	101
propranolol hcl cap er 24hr 160 mg	101
propranolol hcl cap er 24hr 60 mg	101
propranolol hcl cap er 24hr 80 mg	101
propranolol hcl oral soln 20 mg/5ml	101
propranolol hcl oral soln 40 mg/5ml	101
propranolol hcl tab 10 mg	101
propranolol hcl tab 20 mg	102
propranolol hcl tab 40 mg	102
propranolol hcl tab 60 mg	102
propranolol hcl tab 80 mg	102
propylthiouracil tab 50 mg	161
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	118
PULMICORT INH 180MCG	57
PULMICORT INH 90MCG	57
PULMOSAL	
see Sodium Chloride Soln Nebu 7%	119

PYQUVI	
see Deflazacort Susp 22.75 mg/ml	117
pyrazinamide tab 500 mg	83
pyridostigmine bromide oral soln 60 mg/5ml .	82
pyridostigmine bromide tab 60 mg	82
pyridostigmine bromide tab er 180 mg	82
pyrimethamine tab 25 mg	82
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	95
quetiapine fumarate tab 150 mg	95
quetiapine fumarate tab 200 mg	95
quetiapine fumarate tab 25 mg	95
quetiapine fumarate tab 300 mg	95
quetiapine fumarate tab 400 mg	95
quetiapine fumarate tab 50 mg	95
quetiapine fumarate tab er 24hr 150 mg	95
quetiapine fumarate tab er 24hr 200 mg	95
quetiapine fumarate tab er 24hr 300 mg	95
quetiapine fumarate tab er 24hr 400 mg	95
quetiapine fumarate tab er 24hr 50 mg	95
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	81
quinidine gluconate tab er 324 mg	55
quinine sulfate cap 324 mg	82
QULIPTA TAB 10MG	143
QULIPTA TAB 30MG	143
QULIPTA TAB 60MG	143
QUVIVIQ TAB 25MG	139
QUVIVIQ TAB 50MG	139
R	
RA FOLIC ACID	
see Folic Acid Tab 400 mcg.....	136
see Folic Acid Tab 800 mcg.....	137
RA MINI NICOTINE	
see Nicotine Polacrilex Lozenge 2 mg.....	158

see Nicotine Polacrilex Lozenge 4 mg	159
RA NICOTINE	
see Nicotine Polacrilex Gum 2 mg	157
see Nicotine Polacrilex Gum 4 mg	158
see Nicotine Td Patch 24hr 14 mg/24hr	160
see Nicotine Td Patch 24hr 21 mg/24hr	160
RA NICOTINE GUM	
see Nicotine Polacrilex Gum 2 mg	157
see Nicotine Polacrilex Gum 4 mg	158
RA NICOTINE POLACRILEX	
see Nicotine Polacrilex Lozenge 2 mg	158
see Nicotine Polacrilex Lozenge 4 mg	159
RA NICOTINE TRANSDERMAL S	
see Nicotine Td Patch 24hr 21 mg/24hr	160
rabeprazole sodium ec tab 20 mg	164
RADICAVA ORS SUS 105/5ML	148
RADICAVA ORS SUS STARTER	149
RAGWITEK SUB	38
raloxifene hcl tab 60 mg	128
raltegravir potassium	
see ISENTRESS CHW 100MG	98
see ISENTRESS CHW 25MG	98
see ISENTRESS HD TAB 600MG	98
see ISENTRESS POW 100MG	98
see ISENTRESS TAB 400MG	98
ramelteon tab 8 mg	139
ramipril cap 1.25 mg	78
ramipril cap 10 mg	78
ramipril cap 2.5 mg	78
ramipril cap 5 mg	78
ranitidine hcl tab 150 mg	164
ranitidine hcl tab 300 mg	164
ranolazine tab er 12hr 1000 mg	53
ranolazine tab er 12hr 500 mg	53
rasagiline mesylate tab 0.5 mg (base equiv) ...	93
rasagiline mesylate tab 1 mg (base equiv)	93
RECLIPSEN	
see Desogestrel & Ethinyl Estradiol Tab 0.15	
mg-30 mcg	108
regorafenib	
see STIVARGA TAB 40MG	90
RELENZA MIS DISKHALE	100
relugolix-estradiol-norethindrone acetate	
see MYFEMBREE TAB	130
repaglinide tab 0.5 mg	71
repaglinide tab 1 mg	71
repaglinide tab 2 mg	71

repotrectinib	
see AUGTYRO CAP 160MG	86
see AUGTYRO CAP 40MG	86
RESTASIS EMU 0.05% OP	150
RESTASIS MUL EMU 0.05% OP	150
RETEVMO TAB 120MG	89
RETEVMO TAB 160MG	89
RETEVMO TAB 40MG	89
RETEVMO TAB 80MG	89
revefenacin	
see YUPELRI SOL 175/3ML	56
REYVOW TAB 100MG	143
REYVOW TAB 50MG	143
ribavirin cap 200 mg	99
ribavirin tab 200 mg	99
ribociclib succinate	
see KISQALI TAB 200DOSE	88
see KISQALI TAB 400DOSE	88
see KISQALI TAB 600DOSE	88
rifabutin cap 150 mg	83
rifampin cap 150 mg	83
rifampin cap 300 mg	83
RIFATER TAB	82
rifaximin	
see XIFAXAN TAB 550MG	52
riluzole tab 50 mg	149
rimantadine hydrochloride tab 100 mg	100
rimegepant sulfate	
see NURTEC TAB 75MG ODT	143
RINVOQ LQ SOL 1MG/ML	38
RINVOQ TAB 15MG ER	38
RINVOQ TAB 30MG ER	39
RINVOQ TAB 45MG ER	39
riociguat	
see ADEMPAS TAB 0.5MG	107
see ADEMPAS TAB 1.5MG	107
see ADEMPAS TAB 1MG	107
see ADEMPAS TAB 2.5MG	107
see ADEMPAS TAB 2MG	107
risedronate sodium tab 150 mg	128
risedronate sodium tab 30 mg	128
risedronate sodium tab 35 mg	128
risedronate sodium tab 5 mg	128
risedronate sodium tab delayed release 35 mg	
.....	128
risperidone orally disintegrating tab 0.25 mg .	94
risperidone orally disintegrating tab 0.5 mg ...	94

<i>risperidone orally disintegrating tab 1 mg</i>	94	see ZORYVE CRE 0.15%	125
<i>risperidone orally disintegrating tab 2 mg</i>	94	see ZORYVE CRE 0.3%	125
<i>risperidone orally disintegrating tab 3 mg</i>	94	see ZORYVE MIS 0.3%	125
<i>risperidone orally disintegrating tab 4 mg</i>	94	<i>roflumilast tab 250 mcg</i>	56
<i>risperidone soln 1 mg/ml</i>	94	<i>roflumilast tab 500 mcg</i>	56
<i>risperidone tab 0.25 mg</i>	94	<i>ropinirole hydrochloride tab 0.25 mg</i>	93
<i>risperidone tab 0.5 mg</i>	94	<i>ropinirole hydrochloride tab 0.5 mg</i>	93
<i>risperidone tab 1 mg</i>	94	<i>ropinirole hydrochloride tab 1 mg</i>	93
<i>risperidone tab 2 mg</i>	94	<i>ropinirole hydrochloride tab 2 mg</i>	93
<i>risperidone tab 3 mg</i>	94	<i>ropinirole hydrochloride tab 3 mg</i>	93
<i>risperidone tab 4 mg</i>	94	<i>ropinirole hydrochloride tab 4 mg</i>	93
RITEFLO MIS	142	<i>ropinirole hydrochloride tab 5 mg</i>	93
<i>ritlecitinib tosylate</i>		<i>ropinirole hydrochloride tab er 24hr 12 mg</i>	
see LITFULO CAP 50MG	125	<i>(base equivalent)</i>	93
<i>ritonavir tab 100 mg</i>	98	<i>ropinirole hydrochloride tab er 24hr 2 mg (base</i>	
<i>rivaroxaban</i>		<i>equivalent)</i>	93
see XARELTO STAR TAB 15/20MG	59	<i>ropinirole hydrochloride tab er 24hr 4 mg (base</i>	
see XARELTO TAB 10MG	59	<i>equivalent)</i>	93
see XARELTO TAB 15MG	59	<i>ropinirole hydrochloride tab er 24hr 6 mg (base</i>	
see XARELTO TAB 2.5MG	59	<i>equivalent)</i>	93
see XARELTO TAB 20MG	59	<i>ropinirole hydrochloride tab er 24hr 8 mg (base</i>	
<i>rivaroxaban for susp 1 mg/ml</i>	59	<i>equivalent)</i>	93
<i>rivaroxaban tab 2.5 mg</i>	59	<i>rosuvastatin calcium tab 10 mg</i>	76
<i>rivastigmine tartrate cap 1.5 mg (base</i>		<i>rosuvastatin calcium tab 20 mg</i>	76
<i>equivalent)</i>	154	<i>rosuvastatin calcium tab 40 mg</i>	76
<i>rivastigmine tartrate cap 3 mg (base</i>		<i>rosuvastatin calcium tab 5 mg</i>	76
<i>equivalent)</i>	154	ROSYRAH	
<i>rivastigmine tartrate cap 4.5 mg (base</i>		see Levonor-Eth Est Tab 0.15-0.02/0.025/0.03	
<i>equivalent)</i>	154	mg & eth Est 0.01 mg	109
<i>rivastigmine tartrate cap 6 mg (base</i>		<i>rotigotine</i>	
<i>equivalent)</i>	155	see NEUPRO DIS 1MG/24HR	92
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	155	see NEUPRO DIS 2MG/24HR	92
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	155	see NEUPRO DIS 3MG/24HR	92
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	155	see NEUPRO DIS 4MG/24HR	92
RIVELSA		see NEUPRO DIS 6MG/24HR	92
see Levonor-Eth Est Tab 0.15-0.02/0.025/0.03		see NEUPRO DIS 8MG/24HR	92
mg & eth Est 0.01 mg	109	ROWEEPRA	
<i>rizatriptan benzoate oral disintegrating tab 10</i>		see Levetiracetam Tab 500 mg	62
<i>mg (base eq)</i>	143	ROZLYTREK CAP 100MG	89
<i>rizatriptan benzoate oral disintegrating tab 5</i>		ROZLYTREK CAP 200MG	89
<i>mg (base eq)</i>	143	ROZLYTREK PAK 50MG	89
<i>rizatriptan benzoate tab 10 mg (base</i>		<i>rufinamide susp 40 mg/ml</i>	63
<i>equivalent)</i>	143	<i>rufinamide tab 200 mg</i>	63
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>		<i>rufinamide tab 400 mg</i>	63
.....	143	<i>ruxolitinib phosphate</i>	
<i>roflumilast (topical)</i>		see JAKAFI TAB 10MG	88
see ZORYVE CRE 0.05%	125	see JAKAFI TAB 15MG	88

see JAKAFI TAB 20MG	88
see JAKAFI TAB 25MG	88
see JAKAFI TAB 5MG	88
ruxolitinib phosphate (topical)	
see OPZELURA CRE 1.5%	125
RYBELSUS TAB 14MG	70
RYBELSUS TAB 3MG	70
RYBELSUS TAB 7MG	70
RYDAPT CAP 25MG	89
RYTARY CAP 145MG	93
RYTARY CAP 195MG	93
RYTARY CAP 245MG	93
RYTARY CAP 95MG	93
RYVENT	
see Carbinoxamine Maleate Tab 6 mg	74
S	
sacubitril-valsartan tab 24-26 mg	105
sacubitril-valsartan tab 49-51 mg	105
sacubitril-valsartan tab 97-103 mg	105
salmeterol xinafoate	
see SEREVENT DIS AER 50MCG	58
salsalate tab 750 mg	41
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	129
Sapropterin Dihydrochloride Powder Packet 500 mg	129
sapropterin dihydrochloride tab 100 mg	129
Sapropterin Dihydrochloride Tab 100 mg	129
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	68
saxagliptin-metformin hcl tab er 24hr 5-1000 mg	68
saxagliptin-metformin hcl tab er 24hr 5-500 mg	68
SCSEMBLIX TAB 100MG	90
SCSEMBLIX TAB 20MG	89
SCSEMBLIX TAB 40MG	90
scopolamine td patch 72hr 1 mg/3days	73
segesterone acetate-ethinyl estradiol	
see ANNOVERA MIS	116

selegiline hcl cap 5 mg	93
selegiline hcl tab 5 mg	93
selenium sulfide lotion 2.5%	122
selexipag	
see UPTRAVI PACK TAB 200/800	106
see UPTRAVI TAB 1000MCG	106
see UPTRAVI TAB 1200MCG	106
see UPTRAVI TAB 1400MCG	106
see UPTRAVI TAB 1600MCG	107
see UPTRAVI TAB 200MCG	106
see UPTRAVI TAB 400MCG	106
see UPTRAVI TAB 600MCG	106
see UPTRAVI TAB 800MCG	106
selpercatinib	
see RETEVMO TAB 120MG	89
see RETEVMO TAB 160MG	89
see RETEVMO TAB 40MG	89
see RETEVMO TAB 80MG	89
selumetinib sulfate	
see KOSELUGO CAP 10MG	88
see KOSELUGO CAP 25MG	88
semaglutide	
see OZEMPIC INJ 2MG/3ML	70
see OZEMPIC INJ 4MG/3ML	70
see OZEMPIC INJ 8MG/3ML	70
see RYBELSUS TAB 14MG	70
see RYBELSUS TAB 3MG	70
see RYBELSUS TAB 7MG	70
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	65
sertraline hcl cap 200 mg	65
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	110
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	116
short ragweed pollen allergen extract	
see RAGWITEK SUB	38
SHUR-SEAL GEL 2%	166
SIKLOS TAB 1000MG	136
SIKLOS TAB 100MG.....	136
sildenafil citrate for suspension 10 mg/ml	106
sildenafil citrate tab 100 mg	105
sildenafil citrate tab 20 mg	106
sildenafil citrate tab 25 mg	105
sildenafil citrate tab 50 mg	105
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%	150
SIMLIYA	
see Desogest-Eth Estrad & Eth Estrad Tab 0.15-	
0.02/0.01 mg(21/5).....	108
SIMPESSE	
see Levonorg-Eth Est Tab 0.15-0.03mg(84) &	
Eth Est Tab 0.01mg(7)	110
simvastatin tab 10 mg	77
simvastatin tab 20 mg	77
simvastatin tab 40 mg	77
simvastatin tab 5 mg	76
simvastatin tab 80 mg	77
siponimod fumarate	
see MAYZENT PAK STARTER	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	69
see ZITUVIMET XR TAB 50-1000.....	69
see ZITUVIMET XR TAB 50-500MG	69
SM FOLIC ACID	
see Folic Acid Tab 400 mcg.....	137
SM NICOTINE	
see Nicotine Polacrilex Gum 4 mg	158
see Nicotine Polacrilex Lozenge 2 mg.....	158
SM NICOTINE POLACRILEX	
see Nicotine Polacrilex Gum 2 mg	157
see Nicotine Polacrilex Gum 4 mg	158
see Nicotine Polacrilex Lozenge 4 mg.....	159
SM NICOTINE TRANSDERMAL S	
see Nicotine Td Patch 24hr 14 mg/24hr.....	160
see Nicotine Td Patch 24hr 21 mg/24hr.....	160
see Nicotine Td Patch 24hr 7 mg/24hr.....	159
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 3%	119
sodium chloride soln nebu 7%	119
Sodium Chloride Soln Nebu 7%	119
sodium fluoride	
see FLUORABON DRO	144
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 0.25 mg/drop F (From 0.55	
mg/drop 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	sotalol hcl tab 160 mg	102
see LUMRYZ PAK 9GM	153	sotalol hcl tab 240 mg	102
see LUMRYZ PAK STARTER.....	153	sotalol hcl tab 80 mg	102
see LUMRYZ PKG 4.5GM	154	sotorasib	
sodium oxybate oral solution 500 mg/ml	154	see LUMAKRAS TAB 120MG	88
sodium phenylbutyrate		see LUMAKRAS TAB 240MG	88
see PHEBURANE MIS 483/GM.....	129	see LUMAKRAS TAB 320MG	88
sodium phenylbutyrate oral powder 3		SOTYKTU TAB 6MG.....	122
gm/teaspoonful	129	SOVALDI PAK 150MG	99
sodium phenylbutyrate tab 500 mg	129	SOVALDI PAK 200MG	99
sodium picosulfate-magnesium oxide-		SOVALDI TAB 200MG	99
anhydrous citric acid		SOVALDI TAB 400MG	99
see CLENPIQ SOL	139	spacer/aerosol-holding chamber supplies -	
see PREPOPIK PAK	139	masks	
sodium polystyrene sulfonate powder	146	see FLEXICHAMBER MIS MASK LRG	142
Sodium Polystyrene Sulfonate Rectal Susp 30		see FLEXICHAMBER MIS MASK SM	142
gm/120ml.....	146	spacer/aerosol-holding chambers	
sodium polystyrene sulfonate susp 15 gm/60ml		see AERCHMBR PLS MIS LRG MASK	141
.....	146	see AERCHMBR PLS MIS MED MASK	141
Sodium Polystyrene Sulfonate Susp 15 gm/60ml		see AERCHMBR PLS MIS SM MASK	141
.....	146	see AERCHMBR Z- MIS STAT PLS	141
sofosbuvir		see AEROCHAMBER MIS CHAMBER	141
see SOVALDI PAK 150MG	99	see AEROCHAMBER MIS FLOSIGNA	141
see SOVALDI PAK 200MG	99	see AEROCHAMBER MIS MV	141
see SOVALDI TAB 200MG	99	see AEROCHAMBER MIS PLUS.....	141
see SOVALDI TAB 400MG	99	see AEROVENT MIS PLUS.....	141
sofosbuvir-velpatasvir		see BREATHE EASE MIS LG MASK	141
see EPCLUSA PAK 150-37.5.....	99	see BREATHE EASE MIS MED MASK.....	141
see EPCLUSA PAK 200-50MG.....	99	see BREATHE EASE MIS SM MASK	141
see EPCLUSA TAB 200-50MG.....	99	see COMPACT SPAC MIS CHAMBER	141
see EPCLUSA TAB 400-100.....	99	see COMPACT SPAC MIS LG MASK	141
sofosbuvir-velpatasvir-voxilaprevir		see COMPACT SPAC MIS MD MASK.....	142
see VOSEVI TAB	100	see COMPACT SPAC MIS SM MASK	142
solifenacin succinate tab 10 mg	165	see EASIVENT MIS	142
solifenacin succinate tab 5 mg	165	see EASIVENT MIS MASK LG	142
SOLQUA INJ 100/33.....	68	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	84	see HOLD CHAMBER MIS SMALL	142
sorafenib tosylate tab 200 mg (base equivalent)		see INSPIREASE MIS DD SYST	142
.....	90	see MICROCHAMBER MIS.....	142
sotalol hcl (afib/af) tab 120 mg	102	see MICROSPACER MIS	142
sotalol hcl (afib/af) tab 160 mg	102	see OPTICHAMBER MIS DIA LG	142
sotalol hcl (afib/af) tab 80 mg	102	see OPTICHAMBER MIS DIA MD	142
sotalol hcl tab 120 mg	102	see OPTICHAMBER MIS DIA SM	142

see OPTICHAMBER MIS DIAMOND	142
see POCKET CHAMB MIS.....	142
see POCKET SPACE MIS	142
see PROCHAMBER MIS VHC	142
see RITEFLO MIS	142
see VORTEX VALVE MIS CHAMBER	143
sparsentan	
see FILSPARI TAB 200MG	134
see FILSPARI TAB 400MG	134
spinosad susp 0.9%	126
SPIRIVA CAP HANDIHLR	55
SPIRIVA RESP AER 1.25MCG	56
SPIRIVA RESP AER 2.5MCG	56
spironolactone & hydrochlorothiazide tab 25-25 mg	127
spironolactone susp 25 mg/5ml	127
spironolactone tab 100 mg	127
spironolactone tab 25 mg	127
spironolactone tab 50 mg	127
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
SRONYX	
see Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg	110
SSD	
see Silver Sulfadiazine Cream 1%	123
STIOLTO AER 2.5-2.5	58
STIVARGA TAB 40MG	90
STRIVERDI AER 2.5MCG	58
SUBVENITE	
see Lamotrigine Tab 100 mg	61
see Lamotrigine Tab 150 mg	61
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.....	61
SUBVENITE STARTER KIT/ORA	
see Lamotrigine Tab 25 mg (42) & 100 mg (7) Starter Kit.....	61
sucralfate tab 1 gm	164
sulconazole nitrate cream 1%	122
sulconazole nitrate solution 1%	122
sulfacetamide sodium lotion 10% (acne)	120
sulfacetamide sodium ophth soln 10%	150
sulfacetamide sodium shampoo 10%	122
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	151
sulfadiazine tab 500 mg	161
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.....	144
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	144
sumatriptan succinate inj 6 mg/0.5ml	143
sumatriptan succinate solution auto-injector 6 mg/0.5ml	143
sumatriptan succinate tab 100 mg	144
sumatriptan succinate tab 25 mg	144
sumatriptan succinate tab 50 mg	144
sunitinib malate cap 12.5 mg (base equivalent)	90
sunitinib malate cap 25 mg (base equivalent)	90
sunitinib malate cap 37.5 mg (base equivalent)	90
sunitinib malate cap 50 mg (base equivalent)	90
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.....	109
SYMPROIC TAB 0.2MG	134
SYMTUZA TAB	98
SYNAREL SOL 2MG/ML.....	128
SYNJARDY TAB	68
SYNJARDY TAB 12.5-500	68
SYNJARDY TAB 5-1000MG	68
SYNJARDY TAB 5-500MG	68
SYNJARDY XR TAB	68
SYNJARDY XR TAB 10-1000	69
SYNJARDY XR TAB 25-1000	69
SYNJARDY XR TAB 5-1000MG	68
SYNTHROID TAB 100MCG	163
SYNTHROID TAB 112MCG	163
SYNTHROID TAB 125MCG	163
SYNTHROID TAB 137MCG	163
SYNTHROID TAB 150MCG	163
SYNTHROID TAB 175MCG	163
SYNTHROID TAB 200MCG	163
SYNTHROID TAB 25MCG	163
SYNTHROID TAB 300MCG	163
SYNTHROID TAB 50MCG	163
SYNTHROID TAB 75MCG	163
SYNTHROID TAB 88MCG	163
T	
tacrolimus cap 0.5 mg	146
tacrolimus cap 1 mg	146
tacrolimus cap 5 mg	146
tacrolimus oint 0.03%	125
tacrolimus oint 0.1%	125
tadalafil (pulmonary hypertension)	
see TADLIQ SUS 20MG/5ML	106
tadalafil tab 10 mg	105
tadalafil tab 2.5 mg	105
tadalafil tab 20 mg	105
tadalafil tab 20 mg (pah)	106
Tadalafil Tab 20 mg (Pah)	106
tadalafil tab 5 mg	105
TADLIQ SUS 20MG/5ML.....	106

tafamidis	
see VYNDAMAX CAP 61MG	107
TAFINLAR CAP 50MG	90
TAFINLAR CAP 75MG	90
TAFINLAR TAB 10MG.....	90
tafluprost preservative free (pf) ophth soln 0.0015%	151
TAGRISSE TAB 40MG	84
TAGRISSE TAB 80MG	84
taletrectinib adipate	
see IBTROZI CAP 200MG	88
TALICIA CAP	165
tamoxifen citrate tab 10 mg (base equivalent)	85
tamoxifen citrate tab 20 mg (base equivalent)	85
tamsulosin hcl cap 0.4 mg	135
TANLOR	
see Methocarbamol Tab 1000 mg	148
tapinarof	
see VTAMA CRE 1%	122
TARINA 24 FE	
see Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)	114
TARINA FE 1/20 EQ	
see Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg	113
tasimelteon capsule 20 mg	139
TAYSOFY	
see Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24)	114
tazarotene cream 0.05%	122
tazarotene cream 0.1%	122
tazarotene gel 0.05%	122
tazarotene gel 0.1%	122
telmisartan tab 20 mg	78
telmisartan tab 40 mg	78
telmisartan tab 80 mg	78
telmisartan-amlodipine tab 40-10 mg	81
telmisartan-amlodipine tab 40-5 mg	81
telmisartan-amlodipine tab 80-10 mg	81
telmisartan-amlodipine tab 80-5 mg	81
telmisartan-hydrochlorothiazide tab 40-12.5 mg	81
telmisartan-hydrochlorothiazide tab 80-12.5 mg	81
telmisartan-hydrochlorothiazide tab 80-25 mg	81
temazepam cap 15 mg	138

temazepam cap 22.5 mg	138	theophylline soln 80 mg/15ml	58
temazepam cap 30 mg	138	theophylline tab er 12hr 100 mg	58
temazepam cap 7.5 mg	138	theophylline tab er 12hr 200 mg	58
temozolomide cap 100 mg	83	theophylline tab er 12hr 300 mg	58
temozolomide cap 140 mg	83	theophylline tab er 12hr 450 mg	58
temozolomide cap 180 mg	83	theophylline tab er 24hr 400 mg	58
temozolomide cap 20 mg	83	theophylline tab er 24hr 600 mg	59
temozolomide cap 250 mg	83	thioridazine hcl tab 10 mg	96
temozolomide cap 5 mg	83	thioridazine hcl tab 100 mg	96
TENCON		thioridazine hcl tab 25 mg	96
see Butalbital-Acetaminophen Tab 50-325 mg		thioridazine hcl tab 50 mg	96
.....	41	thiothixene cap 1 mg	97
tenofovir disoproxil fumarate tab 300 mg	98	thiothixene cap 10 mg	97
terazosin hcl cap 1 mg (base equivalent)	79	thiothixene cap 2 mg	97
terazosin hcl cap 10 mg (base equivalent)	79	thiothixene cap 5 mg	97
terazosin hcl cap 2 mg (base equivalent)	79	THRIVE	
terazosin hcl cap 5 mg (base equivalent)	79	see Nicotine Polacrilex Gum 2 mg	157
terbinafine hcl tab 250 mg	73	TIADYLT ER	
terbutaline sulfate tab 2.5 mg	58	see Diltiazem Hcl Extended Release Beads Cap	
terbutaline sulfate tab 5 mg	58	Er 24hr 120 mg	103
terconazole vaginal cream 0.4%	166	see Diltiazem Hcl Extended Release Beads Cap	
terconazole vaginal cream 0.8%	166	Er 24hr 180 mg	103
terconazole vaginal suppos 80 mg	166	see Diltiazem Hcl Extended Release Beads Cap	
teriflunomide tab 14 mg	156	Er 24hr 240 mg	103
teriflunomide tab 7 mg	156	see Diltiazem Hcl Extended Release Beads Cap	
testosterone		Er 24hr 300 mg	103
see NATESTO GEL 5.5MG	51	see Diltiazem Hcl Extended Release Beads Cap	
testosterone td gel 12.5 mg/act (1%)	51	Er 24hr 360 mg	103
testosterone td gel 20.25 mg/1.25gm (1.62%)	51	see Diltiazem Hcl Extended Release Beads Cap	
testosterone td gel 20.25 mg/act (1.62%)	51	Er 24hr 420 mg	103
testosterone td gel 25 mg/2.5gm (1%)	51	tiagabine hcl tab 12 mg	63
testosterone td gel 40.5 mg/2.5gm (1.62%)	51	tiagabine hcl tab 16 mg	63
testosterone td gel 50 mg/5gm (1%)	51	tiagabine hcl tab 2 mg	63
testosterone td soln 30 mg/act	51	tiagabine hcl tab 4 mg	63
tetrabenazine tab 12.5 mg	155	ticagrelor	
tetrabenazine tab 25 mg	155	see BRILINTA TAB 60MG	135
tetracycline hcl cap 250 mg	161	see BRILINTA TAB 90MG	135
tetracycline hcl cap 500 mg	161	ticagrelor tab 60 mg	136
TEXACORT		ticagrelor tab 90 mg	136
see Hydrocortisone Soln 2.5%	124	TILIA FE	
thalidomide		see Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-	
see THALOMID CAP 100MG	145	20/1-30/1-35 mg-Mcg	112
see THALOMID CAP 50MG	145	timolol maleate ophth gel forming soln 0.25%	
THALOMID CAP 100MG	145	.....	149
THALOMID CAP 50MG	145	timolol maleate ophth gel forming soln 0.5%	149
theophylline elixir 80 mg/15ml	58	timolol maleate ophth soln 0.25%	149
Theophylline Elixir 80 mg/15ml	58	timolol maleate ophth soln 0.5%	149

timolol maleate ophth soln 0.5% (once-daily)	
.....	149
timolol maleate preservative free ophth soln 0.25%	149
timolol maleate preservative free ophth soln 0.5%	149
timolol maleate tab 10 mg	102
timolol maleate tab 20 mg	102
timolol maleate tab 5 mg	102
timolol ophth 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	55
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	70
see MOUNJARO INJ 15MG/0.5	70
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	98
TIVICAY TAB 50MG	98
tizanidine hcl cap 2 mg (base equivalent)	148
tizanidine hcl cap 4 mg (base equivalent)	148
tizanidine hcl cap 6 mg (base equivalent)	148
tizanidine hcl tab 2 mg (base equivalent)	148
tizanidine hcl tab 4 mg (base equivalent)	148
TOBRADEX OIN 0.3-0.1%	151
tobramycin (ophth)	
see TOBEX OIN 0.3% OP	150
tobramycin nebu soln 300 mg/4ml	38
tobramycin nebu soln 300 mg/5ml	38
tobramycin ophth soln 0.3%	150
tobramycin-dexamethasone	
see TOBRADEX OIN 0.3-0.1%	151
tobramycin-dexamethasone ophth susp 0.3-0.1%	151
TOBEX OIN 0.3% OP	150
TODAY SPONGE MIS	166
tofacitinib citrate	
see XELJANZ SOL 1MG/ML	39
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	91
tolmetin sodium tab 600 mg	40
tolterodine tartrate cap er 24hr 2 mg	165
tolterodine tartrate cap er 24hr 4 mg	165
tolterodine tartrate tab 1 mg	165
tolterodine tartrate tab 2 mg	165
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)	85
TORPENZ	
see Everolimus Tab 10 mg	87
see Everolimus Tab 2.5 mg	87
see Everolimus Tab 5 mg	87
see Everolimus Tab 7.5 mg	87
torseamide tab 10 mg	127
torseamide tab 100 mg	127
torseamide tab 20 mg	127
torseamide tab 5 mg	127
TOSYMRA SOL 10MG	144

TOUJEO MAX INJ 300/ML	71	see TYVASO ST KT SOL 0.6MG/ML	106
TOUJEO SOLO INJ 300/ML	71	treprostinil diolamine	
tramadol hcl oral soln 5 mg/ml	46	see ORENITRAM TAB 0.125MG	105
tramadol hcl tab 50 mg	46	see ORENITRAM TAB 0.25MG	105
tramadol hcl tab er 24hr 100 mg	46	see ORENITRAM TAB 1MG	105
tramadol hcl tab er 24hr 200 mg	46	see ORENITRAM TAB 2.5MG	105
tramadol hcl tab er 24hr 300 mg	46	see ORENITRAM TAB 5MG	105
tramadol hcl tab er 24hr biphasic release 100 mg	46	see ORENITRAM TAB MONTH 1	105
tramadol hcl tab er 24hr biphasic release 200 mg	46	see ORENITRAM TAB MONTH 2	105
tramadol hcl tab er 24hr biphasic release 300 mg	46	see ORENITRAM TAB MONTH 3	105
tramadol-acetaminophen tab 37.5-325 mg	49	treprostinil sodium	
trametinib dimethyl sulfoxide		see YUTREPIA CAP 106MCG	106
see MEKINIST SOL 0.05/ML	88	see YUTREPIA CAP 26.5MCG	106
see MEKINIST TAB 0.5MG	88	see YUTREPIA CAP 53MCG	106
see MEKINIST TAB 2MG	89	see YUTREPIA CAP 79.5MCG	106
trandolapril tab 1 mg	78	TRESIBA FLEX INJ 100UNIT	71
trandolapril tab 2 mg	78	TRESIBA FLEX INJ 200UNIT	71
trandolapril tab 4 mg	78	TRESIBA INJ 100UNIT	71
trandolapril-verapamil hcl tab er 1-240 mg	81	tretinoin cap 10 mg	91
trandolapril-verapamil hcl tab er 2-180 mg	81	tretinoin cream 0.025%	120
trandolapril-verapamil hcl tab er 2-240 mg	81	tretinoin cream 0.05%	120
trandolapril-verapamil hcl tab er 4-240 mg	81	tretinoin cream 0.1%	120
tranexamic acid tab 650 mg	138	tretinoin gel 0.01%	121
tranylcypramine sulfate tab 10 mg	65	tretinoin gel 0.025%	121
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	151	tretinoin gel 0.05%	121
trazodone hcl tab 100 mg	66	tretinoin microsphere gel 0.04%	121
trazodone hcl tab 150 mg	66	tretinoin microsphere gel 0.08%	121
trazodone hcl tab 300 mg	66	tretinoin microsphere gel 0.1%	121
trazodone hcl tab 50 mg	66	tretinoin-benzoyl peroxide	
TRECTOR TAB 250MG	83	see TWYNEO CRE 0.1-3%	121
TRELEGY AER 100MCG	58	TREZIX	
TRELEGY AER 200MCG	58	see Acetaminophen-Caffeine-Dihydrocodeine	
treprostinil		Cap 320.5-30-16 mg	47
see TYVASO DPI POW 16-32-48	105	triamcinolone acetonide cream 0.025%	124
see TYVASO DPI POW 16MCG	105	triamcinolone acetonide cream 0.1%	124
see TYVASO DPI POW 32MCG	106	triamcinolone acetonide cream 0.5%	124
see TYVASO DPI POW 48MCG	106	Triamcinolone Acetonide Cream 0.5%	124
see TYVASO DPI POW 64MCG	106	triamcinolone acetonide dental paste 0.1% ..	147
see TYVASO DPI POW 80MCG	106	Triamcinolone Acetonide Dental Paste 0.1% ..	147
see TYVASO DPI POW INST KIT	106	triamcinolone acetonide lotion 0.025%	124
see TYVASO DPI POW MAIN KIT	106	triamcinolone acetonide lotion 0.1%	124
see TYVASO RF KT SOL 0.6MG/ML	106	triamcinolone acetonide oint 0.025%	125
see TYVASO SOL 0.6MG/ML	106	triamcinolone acetonide oint 0.1%	124
		triamcinolone acetonide oint 0.5%	125
		triamterene & hydrochlorothiazide cap 37.5-25 mg	127

triamterene & hydrochlorothiazide tab 37.5-25 mg	127		
triamterene & hydrochlorothiazide tab 75-50 mg	127		
triamterene cap 100 mg	127		
triamterene cap 50 mg	127		
triazolam tab 0.125 mg	139		
triazolam tab 0.25 mg	139		
TRIDACAINE II			
see Lidocaine Patch 5%.....	125		
TRIDERM			
see Triamcinolone Acetonide Cream 0.5%..	124		
trientine hcl cap 250 mg	145		
TRI-ESTARYLLA			
see Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg.....	115		
trifarotene			
see AKLIEF CRE 0.005%.....	119		
trifluoperazine hcl tab 1 mg (base equivalent)	96		
trifluoperazine hcl tab 10 mg (base equivalent)	96		
trifluoperazine hcl tab 2 mg (base equivalent)	96		
trifluoperazine hcl tab 5 mg (base equivalent)	96		
trifluridine ophth soln 1%	150		
trifluridine-tipiracil			
see LONSURF TAB 15-6.14.....	85		
see LONSURF TAB 20-8.19.....	85		
trihexyphenidyl hcl oral soln 0.4 mg/ml	91		
trihexyphenidyl hcl tab 2 mg	91		
trihexyphenidyl hcl tab 5 mg	91		
TRIJARDY XR TAB.....	69		
TRI-LEGEST FE			
see Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 mg-Mcg.....	112		
TRI-LINYAH			
see Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg.....	115		
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.....	115		
trimethobenzamide hcl cap 300 mg	73		
trimethoprim tab 100 mg	52		
TRI-MILI			
see Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg.....	115		
trimipramine maleate cap 100 mg	68		
trimipramine maleate cap 25 mg	68		
trimipramine maleate cap 50 mg	68		
TRINATE			
see Prenatal Vit W/ Fe Fumarate-Fa Tab 28-1 mg.....	147		
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.....	115		
TRIUMEQ PD TAB.....	98		
TRIUMEQ TAB.....	98		
TRI-VYLIBRA			
see Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg.....	115		
TRI-VYLIBRA LO			
see Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg.....	115		
tropicamide ophth soln 0.5%	149		
tropicamide ophth soln 1%	149		
trospium chloride cap er 24hr 60 mg	165		
trospium chloride tab 20 mg	165		
TRULICITY INJ 0.75/0.5.....	70		
TRULICITY INJ 1.5/0.5.....	70		
TRULICITY INJ 3/0.5.....	70		
TRULICITY INJ 4.5/0.5.....	70		
TRUQAP PAK 160MG.....	90		
TRUQAP PAK 200MG.....	90		
TRUQAP TAB 200MG.....	90		
TRUSTEX MIS FLAVORS.....	141		
TURALIO CAP 125MG.....	90		
TURQOZ			
see Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg.....	115		
TWYNEO CRE 0.1-3%.....	121		
TYDEMY			
see Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.03-0.451 mg.....	109		

TYVASO DPI POW 16-32-48	105	UPTRAVI TAB 600MCG	106
TYVASO DPI POW 16MCG	105	UPTRAVI TAB 800MCG	106
TYVASO DPI POW 32MCG	106	uridine triacetate (emergency treatment)	
TYVASO DPI POW 48MCG	106	see VISTOGARD PAK 10GM	72
TYVASO DPI POW 64MCG	106	ursodiol cap 300 mg	133
TYVASO DPI POW 80MCG	106	ursodiol tab 250 mg	133
TYVASO DPI POW INST KIT	106	ursodiol tab 500 mg	133
TYVASO DPI POW MAIN KIT	106	V	
TYVASO RF KT SOL 0.6MG/ML	106	VAGIFEM TAB 10MCG	166
TYVASO SOL 0.6MG/ML	106	valacyclovir hcl tab 1 gm	100
TYVASO ST KT SOL 0.6MG/ML	106	valacyclovir hcl tab 500 mg	100
U		valbenazine tosylate	
UBRELVY TAB 100MG	143	see INGREZZA CAP 40-80MG	155
UBRELVY TAB 50MG	143	see INGREZZA CAP 40MG	155
ubrogepant		see INGREZZA CAP 60MG	155
see UBRELVY TAB 100MG	143	see INGREZZA CAP 80MG	155
see UBRELVY TAB 50MG	143	valganciclovir hcl for soln 50 mg/ml (base equiv)	
UCERIS TAB 9MG	118	.....	99
ulipristal acetate		valganciclovir hcl tab 450 mg (base equivalent)	
see ELLA TAB 30MG	116	.....	99
umeclidinium-vilanterol		valproate sodium oral soln 250 mg/5ml (base equiv)	
see ANORO ELLIPT AER 62.5-25	57	.....	64
UNITHROID		valproic acid cap 250 mg	64
see Levothyroxine Sodium Tab 100 mcg	162	valsartan oral soln 4 mg/ml	78
see Levothyroxine Sodium Tab 112 mcg	162	valsartan tab 160 mg	78
see Levothyroxine Sodium Tab 125 mcg	162	valsartan tab 320 mg	78
see Levothyroxine Sodium Tab 137 mcg	162	valsartan tab 40 mg	78
see Levothyroxine Sodium Tab 150 mcg	162	valsartan tab 80 mg	78
see Levothyroxine Sodium Tab 175 mcg	162	valsartan-hydrochlorothiazide tab 160-12.5 mg	
see Levothyroxine Sodium Tab 200 mcg	162	.....	81
see Levothyroxine Sodium Tab 25 mcg	162	valsartan-hydrochlorothiazide tab 160-25 mg	81
see Levothyroxine Sodium Tab 300 mcg	163	valsartan-hydrochlorothiazide tab 320-12.5 mg	
see Levothyroxine Sodium Tab 50 mcg	162	.....	81
see Levothyroxine Sodium Tab 75 mcg	162	valsartan-hydrochlorothiazide tab 320-25 mg	81
see Levothyroxine Sodium Tab 88 mcg	162	valsartan-hydrochlorothiazide tab 80-12.5 mg	81
upadacitinib		VALTOCO SPR 10MG	60
see RINVOQ LQ SOL 1MG/ML	38	VALTOCO SPR 15MG	60
see RINVOQ TAB 15MG ER	38	VALTOCO SPR 20MG	60
see RINVOQ TAB 30MG ER	39	VALTOCO SPR 5MG	60
see RINVOQ TAB 45MG ER	39	VALTYA 1/35	
UPTRAVI PACK TAB 200/800	106	see Ethynodiol Diacetate & Ethinyl Estradiol	
UPTRAVI TAB 1000MCG	106	Tab 1 mg-35 mcg	109
UPTRAVI TAB 1200MCG	106	VALTYA 1/50	
UPTRAVI TAB 1400MCG	106	see Ethynodiol Diacetate & Ethinyl Estradiol	
UPTRAVI TAB 1600MCG	107	Tab 1 mg-50 mcg	109
UPTRAVI TAB 200MCG	106	vancomycin hcl cap 125 mg (base equivalent)	52
UPTRAVI TAB 400MCG	106	vancomycin hcl cap 250 mg (base equivalent)	52

vancomycin hcl for oral soln 25 mg/ml (base equivalent)	52	verapamil hcl cap er 24hr 200 mg	104
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	52	verapamil hcl cap er 24hr 240 mg	104
VANRAFIA TAB 0.75MG.....	134	verapamil hcl cap er 24hr 300 mg	104
vardefafil hcl orally disintegrating tab 10 mg	105	verapamil hcl cap er 24hr 360 mg	104
vardefafil hcl tab 10 mg	105	verapamil hcl tab 120 mg	104
vardefafil hcl tab 2.5 mg	105	verapamil hcl tab 40 mg	104
vardefafil hcl tab 20 mg	105	verapamil hcl tab 80 mg	104
vardefafil hcl tab 5 mg	105	verapamil hcl tab er 120 mg	104
varenicline tartrate tab 0.5 mg (base equiv) .	160	verapamil hcl tab er 180 mg	104
varenicline tartrate tab 1 mg (base equiv)	160	verapamil hcl tab er 240 mg	104
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	160	vericiguat	
VASCEPA CAP 0.5GM.....	75	see VERQUVO TAB 10MG	107
VASCEPA CAP 1GM.....	75	see VERQUVO TAB 2.5MG	107
VCF VAGINAL AER CONTRACP	166	see VERQUVO TAB 5MG	107
VCF VAGINAL GEL CONTRACE.....	166	VERQUVO TAB 10MG	107
VCF VAGINAL MIS CONTRACP	166	VERQUVO TAB 2.5MG	107
VELIVET		VERQUVO TAB 5MG	107
see Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025mg-Mg	108	VESTURA	
VELSIPITY TAB 2MG	133	see Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg	109
VELTASSA POW 16.8GM	146	VEVYE DRO 0.1%.....	150
VELTASSA POW 1GM.....	146	vibegron	
VELTASSA POW 25.2GM	147	see GEMTESA TAB 75MG.....	165
VELTASSA POW 8.4GM	146	VIBERZI TAB 100MG	134
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	66	VIBERZI TAB 75MG	134
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	66	VIENVA	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	66	see Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg	110
venlafaxine hcl tab 100 mg (base equivalent) .	67	vigabatrin powd pack 500 mg	63
venlafaxine hcl tab 25 mg (base equivalent) ...	66	Vigabatrin Powd Pack 500 mg	64
venlafaxine hcl tab 37.5 mg (base equivalent) ..	66	vigabatrin tab 500 mg	64
venlafaxine hcl tab 50 mg (base equivalent) ...	67	Vigabatrin Tab 500 mg	64
venlafaxine hcl tab 75 mg (base equivalent) ...	67	VIGADRONE	
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	67	see Vigabatrin Powd Pack 500 mg	64
VENXXIVA		see Vigabatrin Tab 500 mg	64
see Tiopronin Tab Delayed Release 100 mg	135	vilazodone hcl tab 10 mg	66
see Tiopronin Tab Delayed Release 300 mg	135	vilazodone hcl tab 20 mg	66
verapamil hcl cap er 24hr 100 mg	104	vilazodone hcl tab 40 mg	66
verapamil hcl cap er 24hr 120 mg	104	viloxazine hcl (adhd)	
verapamil hcl cap er 24hr 180 mg	104	see QELBREE CAP 100MG ER.....	32
		see QELBREE CAP 150MG ER.....	32
		see QELBREE CAP 200MG ER.....	33
		VIOKACE TAB 10440	126
		VIOKACE TAB 20880	126
		VIORELE	
		see Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5).....	108

VIRACEPT TAB 250MG.....	98	warfarin sodium tab 4 mg	59
VIRACEPT TAB 625MG.....	98	Warfarin Sodium Tab 4 mg	59
vismodegib		warfarin sodium tab 5 mg	59
see ERIVEDGE CAP 150MG	84	Warfarin Sodium Tab 5 mg	59
VISTOGARD PAK 10GM	72	warfarin sodium tab 6 mg	59
VITRAKVI CAP 100MG	90	Warfarin Sodium Tab 6 mg	59
VITRAKVI CAP 25MG	90	warfarin sodium tab 7.5 mg	59
VITRAKVI SOL 20MG/ML.....	90	Warfarin Sodium Tab 7.5 mg.....	59
VOLNEA		WEGOVIY TAB 1.5MG	31
see Desogest-Eth Estrad & Eth Estrad Tab 0.15-		WEGOVIY TAB 25MG.....	32
0.02/0.01 mg(21/5).....	108	WEGOVIY TAB 4MG.....	31
voriconazole for susp 40 mg/ml	74	WEGOVIY TAB 9MG.....	32
voriconazole tab 200 mg	74	WERA	
voriconazole tab 50 mg	74	see Norethindrone & Ethinyl Estradiol Tab 0.5	
VORTEX VALVE MIS CHAMBER	143	mg-35 mcg.....	112
vortioxetine hbr		WINLEVI CRE 1%	121
see TRINTELLIX TAB 10MG.....	66	WIXELA INHUB	
see TRINTELLIX TAB 20MG.....	66	see Fluticasone-Salmeterol Aer Powder Ba	
see TRINTELLIX TAB 5MG.....	66	100-50 mcg/act	57
VOSEVI TAB	100	see Fluticasone-Salmeterol Aer Powder Ba	
VRAYLAR CAP 0.5MG.....	94	250-50 mcg/act	58
VRAYLAR CAP 0.75MG	94	see Fluticasone-Salmeterol Aer Powder Ba	
VRAYLAR CAP 1.5MG.....	94	500-50 mcg/act	58
VRAYLAR CAP 3MG.....	94	WYMZYA FE	
VRAYLAR CAP 4.5MG.....	94	see Norethindrone & Ethinyl Estradiol-Fe	
VRAYLAR CAP 6MG.....	94	Chew Tab 0.4 mg-35 mcg	112
VTAMA CRE 1%	122	X	
VYFEMLA		XARAH FE	
see Norethindrone & Ethinyl Estradiol Tab 0.4		see Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-	
mg-35 mcg.....	111	20/1-30/1-35 mg-Mcg	112
VYLIBRA		XARELTO STAR TAB 15/20MG	59
see Norgestimate & Ethinyl Estradiol Tab 0.25		XARELTO TAB 10MG.....	59
mg-35 mcg.....	115	XARELTO TAB 15MG.....	59
VYNDAMAX CAP 61MG	107	XARELTO TAB 2.5MG.....	59
W		XARELTO TAB 20MG.....	59
WAKIX TAB 17.8MG.....	33	XCOPRI PAK 100-150.....	63
WAKIX TAB 4.45MG.....	33	XCOPRI PAK 12.5-25	63
warfarin sodium tab 1 mg	59	XCOPRI PAK 150-200.....	63
Warfarin Sodium Tab 1 mg	59	XCOPRI PAK 50-100MG.....	63
warfarin sodium tab 10 mg	59	XCOPRI TAB 100MG	63
Warfarin Sodium Tab 10 mg	59	XCOPRI TAB 150MG	63
warfarin sodium tab 2 mg	59	XCOPRI TAB 200MG	63
Warfarin Sodium Tab 2 mg	59	XCOPRI TAB 25MG	63
warfarin sodium tab 2.5 mg	59	XCOPRI TAB 50MG	63
Warfarin Sodium Tab 2.5 mg.....	59	XDEMVIY DRO 0.25%.....	150
warfarin sodium tab 3 mg	59	XELJANZ SOL 1MG/ML	39
Warfarin Sodium Tab 3 mg	59	XELJANZ TAB 10MG.....	39

XELJANZ TAB 5MG	39	ZEJULA TAB 100MG	90
XELJANZ XR TAB 11MG	39	ZEJULA TAB 200MG	90
XELJANZ XR TAB 22MG	39	ZEJULA TAB 300MG	90
XELRIA FE		ZELVYSIA	
see Norethindrone & Ethinyl Estradiol-Fe		see Sapropterin Dihydrochloride Powder	
Chew Tab 0.4 mg-35 mcg	112	Packet 100 mg	129
XHANCE MIS 93MCG	148	see Sapropterin Dihydrochloride Powder	
XIFAXAN TAB 550MG	52	Packet 500 mg	129
XIGDUO XR TAB 10-1000	69	ZEMBRACE SYM INJ 3/0.5ML.....	144
XIGDUO XR TAB 10-500MG	69	ZENATANE	
XIGDUO XR TAB 2.5-1000	69	see Isotretinoin Cap 10 mg	120
XIGDUO XR TAB 5-1000MG	69	see Isotretinoin Cap 20 mg	120
XIGDUO XR TAB 5-500MG	69	see Isotretinoin Cap 30 mg	120
XOSPATA TAB 40MG	90	see Isotretinoin Cap 40 mg	120
XTANDI CAP 40MG	85	ZENPEP CAP 10000UNT	126
XTANDI TAB 40MG	85	ZENPEP CAP 15000UNT	126
XTANDI TAB 80MG	85	ZENPEP CAP 20000UNT	126
XULANE		ZENPEP CAP 25000UNT	126
see Norelgestromin-Ethinyl Estradiol Td Ptwk		ZENPEP CAP 3000UNIT	126
150-35 mcg/24hr.....	116	ZENPEP CAP 40000UNT	127
XULTOPHY INJ 100/3.6	69	ZENPEP CAP 5000UNIT	126
XYWAV SOL 0.5GM/ML	154	ZENPEP CAP 60000UNT	127
Y		ZENZEDI	
YARGESA		see Dextroamphetamine Sulfate Tab 10 mg .	29
see Miglustat Cap 100 mg	136	see Dextroamphetamine Sulfate Tab 15 mg .	29
YEZTUGO TAB 300MG	98	see Dextroamphetamine Sulfate Tab 2.5 mg	28
YL FOLIC ACID		see Dextroamphetamine Sulfate Tab 20 mg .	29
see Folic Acid Tab 400 mcg	137	see Dextroamphetamine Sulfate Tab 30 mg .	30
YONSA TAB 125MG	85	see Dextroamphetamine Sulfate Tab 5 mg ...	29
YUPELRI SOL 175/3ML.....	56	see Dextroamphetamine Sulfate Tab 7.5 mg	29
YUTREPIA CAP 106MCG	106	ZEPATIER TAB 50-100MG.....	100
YUTREPIA CAP 26.5MCG	106	ZEPOSIA 7DAY CAP STR PACK	156
YUTREPIA CAP 53MCG	106	ZEPOSIA CAP 0.92MG.....	156
YUTREPIA CAP 79.5MCG	106	ZEPOSIA CAP STR KIT.....	156
Z		zidovudine cap 100 mg	98
ZAFEMY		zidovudine syrup 10 mg/ml	99
see Norelgestromin-Ethinyl Estradiol Td Ptwk		zidovudine tab 300 mg	99
150-35 mcg/24hr.....	116	ziprasidone hcl cap 20 mg	94
zafirlukast tab 10 mg	56	ziprasidone hcl cap 40 mg	94
zafirlukast tab 20 mg	56	ziprasidone hcl cap 60 mg	94
zaleplon cap 10 mg	139	ziprasidone hcl cap 80 mg	94
zaleplon cap 5 mg	139	ZITUVIMET TAB 50-1000	69
zanamivir		ZITUVIMET TAB 50-500MG	69
see RELENZA MIS DISKHALE	100	ZITUVIMET XR TAB 100-1000	69
zanubrutinib		ZITUVIMET XR TAB 50-1000	69
see BRUKINSA CAP 80MG	86	ZITUVIMET XR TAB 50-500MG	69
see BRUKINSA TAB 160MG	86	ZITUVIO TAB 100MG	70

ZITUVIO TAB 25MG	70	see Ethynodiol Diacetate & Ethinyl Estradiol	
ZITUVIO TAB 50MG	70	Tab 1 mg-35 mcg.....	109
zolmitriptan nasal spray 2.5 mg/spray unit...	144	ZUBSOLV SUB 0.7-0.18.....	50
zolmitriptan nasal spray 5 mg/spray unit.....	144	ZUBSOLV SUB 1.4-0.36.....	50
zolmitriptan orally disintegrating tab 2.5 mg	144	ZUBSOLV SUB 11.4-2.9.....	50
zolmitriptan orally disintegrating tab 5 mg...	144	ZUBSOLV SUB 2.9-0.71.....	50
zolmitriptan tab 2.5 mg	144	ZUBSOLV SUB 5.7-1.4.....	50
zolmitriptan tab 5 mg.....	144	ZUBSOLV SUB 8.6-2.1.....	50
zolpidem tartrate tab 10 mg	139	ZUMANDIMINE	
zolpidem tartrate tab 5 mg.....	139	see Drospirenone-Ethinyl Estradiol Tab 3-0.03	
zolpidem tartrate tab er 12.5 mg.....	139	mg.....	109
zolpidem tartrate tab er 6.25 mg.....	139	zuranolone	
zonisamide cap 100 mg	63	see ZURZUVAE CAP 20MG	65
zonisamide cap 25 mg	63	see ZURZUVAE CAP 25MG	65
zonisamide cap 50 mg	63	see ZURZUVAE CAP 30MG	65
ZORYVE CRE 0.05%	125	ZURZUVAE CAP 20MG	65
ZORYVE CRE 0.15%	125	ZURZUVAE CAP 25MG	65
ZORYVE CRE 0.3%	125	ZURZUVAE CAP 30MG	65
ZORYVE MIS 0.3%	125	ZYKADIA TAB 150MG	91
ZOVIA 1/35			

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