

SHARP Health Plan

2026 Formulary

List of covered prescription drugs

4T FEHB plans from Sharp Health Plan

This drug list applies to all FEHB plans

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 This document is subject to change and all previous versions are no longer in effect.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

INTRODUCTION

This document contains a list of the federal Food and Drug Administration (FDA) approved drugs covered for Sharp Health Plan Members under the FEHB 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 FEHB Brochure 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 FEHB Brochure 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. 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.
4. 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.
5. Items that are approved by the FDA as a medical device. Please refer to the FEHB Brochure 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.

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

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

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

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

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

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

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

“Exception Request” is a request for coverage of a Prescription Drug. If an Enrollee, his or her designee, or prescribing health care provider submits an Exception Request for coverage of a Prescription Drug, Sharp Health Plan must cover the Prescription Drug when the drug is determined to be Medically Necessary to treat the Enrollee’s condition. Drugs and supplies that fall within one of the outpatient prescription drug benefit exclusions described in the FEHB Brochure 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.

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

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

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

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

HOW OFTEN DOES THE FORMULARY CHANGE?

The Sharp Health Plan Formulary is developed to identify safe and effective drugs for Members while maintaining affordable benefits. The Formulary and Drug Coverage Requirements and Limits are updated regularly, 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 MediSpan® classification system for therapeutic category and class. MediSpan® 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.
4	Tier 4	Specialty Drugs

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.

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.

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 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 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 what additional or relevant information is needed to approve or deny the prior authorization or step therapy exception request, or to appeal the denial.

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

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

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

WHAT IS THERAPEUTIC INTERCHANGE?

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

WHAT IS GENERIC SUBSTITUTION?

When a Generic Drug is available, the pharmacy is required to switch a Brand-Name Drug to the generic equivalent, unless Sharp Health Plan has authorized the Brand-Name Drug due to medical necessity. If the brand-name drug is Medically Necessary and Prior Authorization is obtained from Sharp Health Plan at the patient's request, you must pay the difference in cost between the generic drug and the brand drug in addition to 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

Initial denial of pre-service requests:

If you have a pre-service claim and you do not agree with our decision regarding precertification of an inpatient admission or prior approval of other services, you may request a review in accord with the procedures detailed below. If your claim is in reference to a contraceptive, call CVS at 1-855-298-4252. To ask us in writing to reconsider our initial request, you must:

- a. Write to us within six months from the date of our decision; and
- b. Mail or fax your request to:
 - a. Prescription Claim Appeals MC 109, CVS Caremark, P.O. Box 52084, Phoenix, AZ 85072
 - b. Non-specialty appeals fax number: 1-866-443-1172; and
- c. Include a statement about why you believe our initial decision was wrong, based on specific benefit provisions in your Federal Employees Health Benefits (FEHB) Brochure; and
- d. Include copies of documents that support your claim, such as physicians' letters, operative reports, bills, medical records, and explanation of benefits (EOB) forms.

We will provide you, free of charge and in a timely manner, with any new or additional evidence considered, relied upon or generated by us or at our direction in connection with your claim and any new rationale for our claim decision. We will provide you with this information sufficiently in advance of the date that we are required to provide you with our reconsideration decision to allow you a reasonable opportunity to respond to us before that date. However, our failure to provide you with new evidence or rationale in sufficient time to allow you to timely respond shall not invalidate our decision on reconsideration. You may respond to that new evidence or rationale at the Office of Personnel Management (OPM) review stage described in Step 4 of the disputed claims process detailed in Section 8 of your FEHB Brochure.

We have 30 days from the date we receive your written request for consideration to complete one of the following:

1. Grant your request for prior approval for a service, drug, or supply.
2. Ask you or your provider for more information.

You or your provider must send the information so that we receive it within 60 days of our request. We will then decide within 30 more days.

If we do not receive the information within 60 days, we will decide within 30 days of the date the information was due. We will base our decision on the information we already have. We will write to you with our decision.

3. Write to you and maintain our denial.

For urgent services

If you have a serious or life-threatening condition (one that may cause permanent loss of bodily function or death if not treated as soon as possible), and you did not indicate that your claim was a claim for urgent care, then call CVS at 1-855-298-4252. We will expedite our review (if we have not yet responded to your claim); or we will inform OPM so they can quickly review your claim on appeal. You may call OPM at 1-202-606-0737 between 8 a.m. and 5 p.m. Eastern Time.

QUESTIONS

If you have any questions, please contact Customer Care by calling 1-855-298-4252. If you or somebody who you are helping have questions about Sharp Health Plan, you have the right to obtain assistance and information in your language without any cost to you.

EXCLUSIONS AND LIMITATIONS TO THE OUTPATIENT PRESCRIPTION DRUG BENEFIT

The services and supplies listed below are exclusions and limitations to your Outpatient Prescription Drug Benefits and are not covered by Sharp Health Plan:

1. Drugs dispensed by a person or entity other than a Plan Pharmacy, except as Medically Necessary for treatment of an Emergency Medical Condition or urgent care condition.
2. Drugs prescribed by non-Plan Providers and not authorized by Sharp Health Plan.
3. Over-the-counter medications or supplies, except for over-the-counter FDA-approved contraceptive drugs, devices and products, even if written on Prescription, except as specifically identified as covered in this Formulary. This exclusion does not apply to over-the-counter products that Sharp Health Plan must cover as a "preventive care" benefit under federal law with a Prescription or if the prescription legend drug is Medically Necessary due to a documented failure or intolerance to the over-the-counter equivalent or therapeutically comparable drug.
4. Drugs dispensed in institutional packaging (such as unit dose) and drugs that are repackaged.
5. Drugs that are packaged with over-the-counter medications or other non-prescription items/supplies, except for over-the-counter FDA-approved contraceptive drugs, devices and products.
6. Vitamins (other than pediatric or prenatal vitamins listed in this Formulary).
7. Drugs and supplies prescribed solely for the treatment of hair loss, athletic performance, cosmetic purposes, anti-aging for cosmetic purposes, and mental performance. (Drugs for mental performance are covered when they are Medically Necessary to treat medical conditions affecting memory, including, but not limited to, treatment of the conditions or symptoms of dementia or Alzheimer's disease.
8. Herbal, nutritional and dietary supplements.
9. Drugs prescribed solely for the purpose of shortening the duration of the common cold.
10. Dental products and medications prescribed for a dental treatment (such as mouthwash to prevent gum disease) are not covered. Drugs prescribed by a dentist to treat a medical condition (such as antibiotics to treat an infection) are covered.
11. Drugs and supplies prescribed in connection with a service or supply that is not a Covered Benefit, unless required to treat a complication that arises as a result of the service or supply.
12. Travel and/or required work-related immunizations.

13. Drugs obtained outside of the United States, unless they are furnished in connection with Urgent Care Services or Emergency Services.
14. Drugs that are prescribed solely for the purposes of losing weight, except when Medically Necessary for the treatment of severe (Class III) obesity. Members must be enrolled in a SHP approved comprehensive weight loss program prior to or concurrent with receiving the weight loss drug and meet Plan criteria for coverage when prescribed for treatment of severe (Class III) obesity.
15. Off-label use of FDA-approved Prescription Drugs, unless the drug is recognized for treatment of such indication in one of the standard reference compendia (the United States Pharmacopoeia Drug Information, the American Medical Association Drug Evaluations, or the American Hospital Formulary Service Drug Information) or the safety and effectiveness of use for this indication has been adequately demonstrated by at least two studies published in a nationally recognized, major peer-reviewed journal.
16. Replacement of lost, stolen, or destroyed medications.
17. Compounded medications, unless determined to be Medically Necessary and Prior Authorization is obtained.
18. Any Prescription Drug for which there is an over-the-counter product that has the identical active ingredient and dosage as the Prescription Drug, except for over-the-counter FDA-approved contraceptive drugs, devices and products.
19. Services, drugs, or supplies related to abortions, except when the life of the mother would be endangered if the fetus were carried to term, or when the pregnancy is the result of an act of rape or incest.

The exclusions listed above do not apply to:

1. Coverage of an entire class of Prescription Drugs when one drug within that class becomes available over-the-counter, except for FDA-approved contraceptive drugs, devices and products.
2. Drugs listed in this Formulary.
3. Over-the-counter products that are specifically covered and listed as a preventive care benefit under federal law. Covered preventive drugs include FDA-approved tobacco cessation drugs and FDA-approved contraceptive drugs, including FDA-approved contraceptive drugs, devices and products available over-the-counter. Preventive drugs are provided at \$0 Cost Sharing subject to certain exceptions. For more information regarding coverage of certain over-the-counter drugs as preventive drugs, please see the Plan Formulary and your FEHB Brochure.
4. Insulin, glucagon and insulin syringes. These items are covered when Medically Necessary, even if they are available without a Prescription. Please see your Formulary and your FEHB Brochure.
5. Items that are approved by the FDA as a medical device. Please see your FEHB Brochure for information about medical devices covered by Sharp Health Plan.

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, the generic version is on the Formulary. Sharp Health Plan does not cover the corresponding Brand-Name Drug and 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.

Sharp Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Information in other formats (such as large print, audio, accessible electronic formats or other formats) free of charge
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Care at 1-800-359-2002.

If you believe that Sharp Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability, you can file a grievance with our Civil Rights Coordinator at:

- Address: Sharp Health Plan Appeal/Grievance Department, 8520 Tech Way, Suite 200, San Diego, CA 92123-1450
- Telephone: 1-800-359-2002 (TTY 711)
- Fax: 1-619-740-8572

You can file a grievance in person or by mail or fax. Please call our Customer Care team at 1-800-359-2002 if you need help filing a grievance. You can also file a discrimination complaint if there is a concern of discrimination based on race, color, national origin, age, disability or sex with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

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):

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

فارسی (Farsi):

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

Русский (Russian):

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

日本語 (Japanese):

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

عبرعلا (Arabic):

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

ਪੰਜਾਬੀ (Punjabi):

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

ខ្មែរ (Mon Khmer, Cambodian):

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-359-2002(TTY:711)។

Hmoob (Hmong):

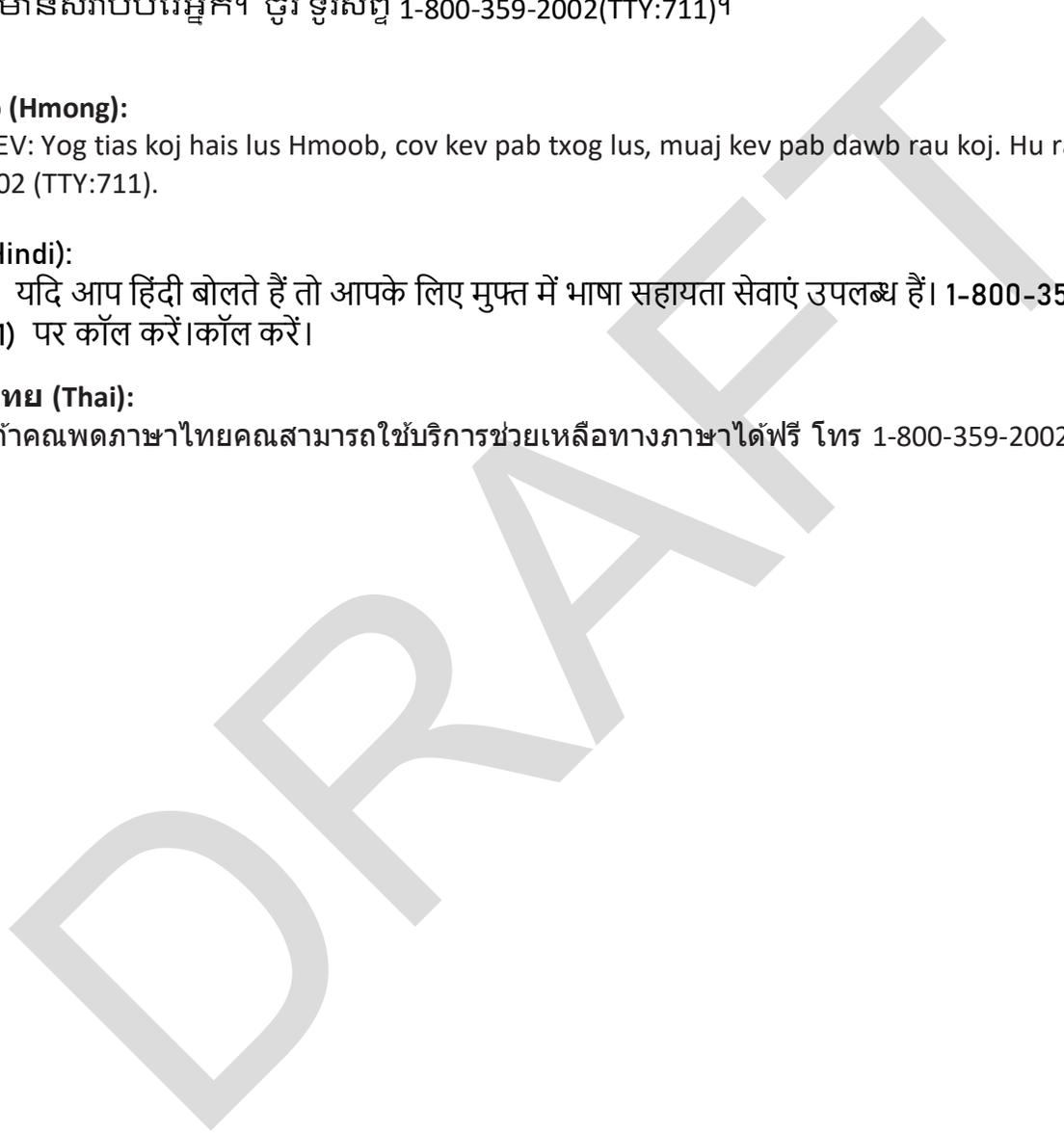
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-359-2002 (TTY:711).

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



STEP THERAPY CRITERIA

Step Therapy Group

HPGST ANTIPSYCHOTICS 478-D

Drug Names

VRAYLAR

Step Therapy Criteria

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

Step Therapy Group

OPIOID ER 2219-M

Drug Names

BELBUCA, BUPRENORPHINE, FENTANYL, HYDROCODONE BITARTRATE ER, HYDROMORPHONE HYDROCHLORI, METHADONE HCL, 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

OPIOID IR COMBO PRODUCTS 1358-E

Drug Names

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.

STEP THERAPY CRITERIA

Step Therapy Group

HPGST ANTIPSYCHOTICS 478-D

Drug Names

VRAYLAR

Step Therapy Criteria

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

Step Therapy Group

OPIOID ER 2219-M

Drug Names

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

OPIOID IR COMBO PRODUCTS 1358-E

Drug Names

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 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
<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
<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
<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
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<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>lisdexamphetamine 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>lisdexamphetamine 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>lisdexamphetamine 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
ANOREXIANTS NON-AMPHETAMINE		
<i>phentermine hcl cap 15 mg</i>	1	PA
<i>phentermine hcl cap 30 mg</i>	1	PA
<i>phentermine hcl cap 37.5 mg</i>	1	PA
<i>phentermine hcl tab 37.5 mg</i>	1	PA
<i>phentermine hcl-topiramate cap er 24hr 3.75-23 mg</i>	1	PA, MO
<i>phentermine hcl-topiramate cap er 24hr 7.5-46 mg</i>	1	PA, MO
<i>phentermine hcl-topiramate cap er 24hr 11.25-69 mg</i>	1	PA, MO
<i>phentermine hcl-topiramate cap er 24hr 15-92 mg</i>	1	PA, MO
QSYMIA CAP 3.75-23 (<i>phentermine hcl-topiramate</i>)	2	
QSYMIA CAP 7.5-46MG (<i>phentermine hcl-topiramate</i>)	2	
QSYMIA CAP 11.25-69 (<i>phentermine hcl-topiramate</i>)	2	
QSYMIA CAP 15-92MG (<i>phentermine hcl-topiramate</i>)	2	
ANTI-OBESITY AGENTS		
<i>orlistat cap 120 mg</i>	1	PA
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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	MO
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	MO
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	MO
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	MO
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG (<i>solriamfetol hcl</i>)	2	PA, MO
SUNOSI TAB 150MG (<i>solriamfetol hcl</i>)	2	PA, MO
STIMULANTS - MISC.		
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<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 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
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>tobramycin nebu soln 300 mg/4ml</i>	4	SP, PA, QL (8 mL every 1 day)
<i>tobramycin nebu soln 300 mg/5ml</i>	4	SP, PA, QL (10 mL every 1 day)

ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION

ANTIRHEUMATIC - ENZYME INHIBITORS

OLUMIANT TAB 1MG (<i>baricitinib</i>)	4	SP, PA
OLUMIANT TAB 2MG (<i>baricitinib</i>)	4	SP, PA
OLUMIANT TAB 4MG (<i>baricitinib</i>)	4	SP, PA
RINVOQ LQ SOL 1MG/ML (<i>upadacitinib</i>)	4	SP, PA, QL (12 mL every 1 day); Preferred for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RINVOQ TAB 15MG ER (<i>upadacitinib</i>)	4	SP, PA, QL (1 tab every 1 day); Preferred for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis
RINVOQ TAB 30MG ER (<i>upadacitinib</i>)	4	SP, PA, QL (1 tab every 1 day); Preferred for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis
RINVOQ TAB 45MG ER (<i>upadacitinib</i>)	4	SP, PA, QL (56 tabs every 56 days); Preferred for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ SOL 1MG/ML (<i>tofacitinib citrate</i>)	4	SP, PA, QL (10 mL every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ TAB 5MG (<i>tofacitinib citrate</i>)	4	SP, PA, QL (2 tabs every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ TAB 10MG (<i>tofacitinib citrate</i>)	4	SP, PA, QL (2 tabs every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ XR TAB 11MG (<i>tofacitinib citrate</i>)	4	SP, PA, QL (1 tab every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ XR TAB 22MG (<i>tofacitinib citrate</i>)	4	SP, PA, QL (1 tab every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis
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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	MO
<i>ibuprofen tab 600 mg</i>	1	MO
<i>ibuprofen tab 800 mg</i>	1	MO
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	1	PA, 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>oxaprozin tab 600 mg</i>	1	MO
<i>sulindac tab 150 mg</i>	1	MO
<i>sulindac tab 200 mg</i>	1	MO
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>OTEZLA TAB 10/20 (apremilast)</i>	4	SP, PA, QL (55 tabs every 28 days); Preferred for Psoriasis, Psoriatic Arthritis
<i>OTEZLA TAB 10/20/30 (apremilast)</i>	4	SP, PA, QL (55 tabs every 28 days); Preferred for Psoriasis, Psoriatic Arthritis
<i>OTEZLA TAB 20MG (apremilast)</i>	4	SP, PA, QL (2 tabs every 1 day); Preferred for Psoriasis, Psoriatic Arthritis

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OTEZLA TAB 30MG (<i>apremilast</i>)	4	SP, PA, QL (2 tabs every 1 day); Preferred for Psoriasis, Psoriatic Arthritis
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg</i>	1	MO
<i>leflunomide tab 20 mg</i>	1	MO
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		
<i>diflunisal tab 500 mg</i>	1	MO
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN		
OPIOID AGONISTS		
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	1	
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	1	
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	1	
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	1	
<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**

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>methadone hcl conc 10 mg/ml</i>	1	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
<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 40 mg</i>	1	
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 suppos 5 mg</i>	1	
<i>morphine sulfate suppos 10 mg</i>	1	
<i>morphine sulfate suppos 20 mg</i>	1	
<i>morphine sulfate suppos 30 mg</i>	1	
<i>morphine sulfate tab 15 mg</i>	1	PA, QL (180 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>morphine sulfate tab 30 mg</i>	1	PA, QL (90 tabs every 25 days); Subject to initial 7-day limit; If age 19 or younger, subject to initial 3-day limit
<i>morphine sulfate tab er 15 mg</i>	1	ST, QL (90 tabs every 25 days); PA**
<i>morphine sulfate tab er 30 mg</i>	1	ST, QL (90 tabs every 25 days); PA**
<i>morphine sulfate tab er 60 mg</i>	1	PA; High Strength Requires PA
<i>morphine sulfate tab er 100 mg</i>	1	PA; High Strength Requires PA
<i>morphine sulfate tab er 200 mg</i>	1	PA; High Strength Requires PA
<i>NUCYNTA ER TAB 50MG (tapentadol hcl)</i>	2	
<i>NUCYNTA ER TAB 100MG (tapentadol hcl)</i>	2	
<i>NUCYNTA ER TAB 150MG (tapentadol hcl)</i>	2	
<i>NUCYNTA ER TAB 200MG (tapentadol hcl)</i>	2	
<i>NUCYNTA ER TAB 250MG (tapentadol hcl)</i>	2	
<i>NUCYNTA TAB 50MG (tapentadol hcl)</i>	2	
<i>NUCYNTA TAB 75MG (tapentadol hcl)</i>	2	
<i>NUCYNTA TAB 100MG (tapentadol hcl)</i>	2	
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 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 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>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
<i>XTAMPZA ER CAP 9MG (oxycodone)</i>	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XTAMPZA ER CAP 13.5MG (<i>oxycodone</i>)	2	
XTAMPZA ER CAP 18MG (<i>oxycodone</i>)	2	
XTAMPZA ER CAP 27MG (<i>oxycodone</i>)	2	
XTAMPZA ER CAP 36MG (<i>oxycodone</i>)	2	
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
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 10-325 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	MO
<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
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
(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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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-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
ZUBSOLV SUB 0.7-0.18 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	
ZUBSOLV SUB 1.4-0.36 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	
ZUBSOLV SUB 2.9-0.71 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	
ZUBSOLV SUB 5.7-1.4 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	
ZUBSOLV SUB 8.6-2.1 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	
ZUBSOLV SUB 11.4-2.9 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES		
ANDROGENS		
ANDRODERM DIS 2MG/24HR (<i>testosterone</i>)	2	
ANDRODERM DIS 4MG/24HR (<i>testosterone</i>)	2	
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
NATESTO GEL 5.5MG (<i>testosterone</i>)	2	PA, MO
<i>testosterone td gel 10mg/act (2%)</i>	1	PA, MO
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	PA, MO
<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		
CORTIFOAM AER 90MG (<i>hydrocortisone acetate (intrarectal)</i>)	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
RECTAL COMBINATIONS		
PROCTOFOAM AER HC 1% (<i>hydrocortisone acetate w/ pramoxine</i>)	2	
RECTAL STEROIDS		
<i>hydrocortisone perianal cream 1%</i>	1	MO
<i>hydrocortisone perianal cream 2.5%</i>	1	MO
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
EMVERM CHW 100MG (<i>mebendazole</i>)	2	
<i>ivermectin tab 3 mg</i>	1	
<i>ivermectin tab 6 mg</i>	1	MO
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
GLYCOPEPTIDES		
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	
<i>vancomycin hcl cap 250 mg (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	
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>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	1	MO
<i>ranolazine tab er 12hr 1000 mg</i>	1	MO
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	1	MO
<i>isosorbide dinitrate tab 10 mg</i>	1	MO
<i>isosorbide dinitrate tab 20 mg</i>	1	MO
<i>isosorbide dinitrate tab 30 mg</i>	1	MO
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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

ANTI-ANXIETY AGENTS - DRUGS TO TREAT ANXIETY

ANTI-ANXIETY AGENTS - MISC.

<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	

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>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)
<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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate tab 50 mg</i>	1	MO
<i>flecainide acetate tab 100 mg</i>	1	MO
<i>flecainide acetate tab 150 mg</i>	1	MO
<i>propafenone hcl cap er 12hr 225 mg</i>	1	MO
<i>propafenone hcl cap er 12hr 325 mg</i>	1	MO
<i>propafenone hcl cap er 12hr 425 mg</i>	1	MO
<i>propafenone hcl tab 150 mg</i>	1	MO
<i>propafenone hcl tab 225 mg</i>	1	MO
<i>propafenone hcl tab 300 mg</i>	1	MO
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl tab 100 mg</i>	1	MO
<i>amiodarone hcl tab 200 mg</i>	1	MO
<i>amiodarone hcl tab 400 mg</i>	1	MO
<i>dofetilide cap 125 mcg (0.125 mg)</i>	4	SP, PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	4	SP, PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	4	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 RESP AER 1.25MCG (<i>tiotropium bromide monohydrate</i>)	2	QL (3 inhalers every 75 days), MO
SPIRIVA RESP AER 2.5MCG (<i>tiotropium bromide monohydrate</i>)	2	QL (3 inhalers every 75 days), MO
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	1	MO
YUPELRI SOL (<i>revefenacin</i>)	2	QL (270 mL every 75 days), MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	MO
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>ARNUITY ELPT INH 50MCG (fluticasone furoate (inhalation))</i>	2	
<i>ARNUITY ELPT INH 100MCG (fluticasone furoate (inhalation))</i>	2	
<i>ARNUITY ELPT INH 200MCG (fluticasone furoate (inhalation))</i>	2	
<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 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
<i>PULMICORT SUS 0.5MG/2 (budesonide (inhalation))</i>	3	MO
<i>PULMICORT SUS 0.25MG/2 (budesonide (inhalation))</i>	3	MO
<i>PULMICORT SUS 1MG/2ML (budesonide (inhalation))</i>	3	MO
SYMPATHOMIMETICS		
<i>AIRSUPRA AER 90-80MCG (albuterol-budesonide)</i>	2	QL (9 inhalers every 75 days), MO
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (6 inhalers every 75 days), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<i>albuterol sulfate tab er 12hr 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 8 mg</i>	1	
BEVESPI AER 9-4.8MCG (<i>glycopyrrolate-formoterol fumarate</i>)	2	
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
DULERA AER 50-5MCG (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	2	
DULERA AER 100-5MCG (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	2	
DULERA AER 200-5MCG (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	2	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (180 inhalations every 75 days), MO
(Fluticasone-Salmeterol Aer Powder Ba 100-50 mcg/act) WIXELA INHUB	1	QL (180 inhalations every 75 days), MO
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (180 inhalations every 75 days), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(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 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 tab er 12hr 300 mg</i>	1	MO
<i>theophylline tab er 12hr 450 mg</i>	1	MO
<i>theophylline tab er 24hr 400 mg</i>	1	MO
<i>theophylline tab er 24hr 600 mg</i>	1	MO
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS		
COUMARIN ANTICOAGULANTS		
<i>warfarin sodium tab 1 mg</i>	1	MO
<i>warfarin sodium tab 2 mg</i>	1	MO
<i>warfarin sodium tab 2.5 mg</i>	1	MO
<i>warfarin sodium tab 3 mg</i>	1	MO
<i>warfarin sodium tab 4 mg</i>	1	MO
<i>warfarin sodium tab 5 mg</i>	1	MO
<i>warfarin sodium tab 6 mg</i>	1	MO
<i>warfarin sodium tab 7.5 mg</i>	1	MO
<i>warfarin sodium tab 10 mg</i>	1	MO
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG (<i>apixaban</i>)	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ELIQUIS TAB 2.5MG (<i>apixaban</i>)	2	MO
ELIQUIS TAB 5MG (<i>apixaban</i>)	2	MO
<i>rivaroxaban tab 2.5 mg</i>	1	MO
XARELTO STAR TAB 15/20MG (<i>rivaroxaban</i>)	2	
XARELTO SUS 1MG/ML (<i>rivaroxaban</i>)	2	MO
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
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	1	MO
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUS 0.5MG/ML (<i>perampanel</i>)	2	MO
FYCOMPA TAB 2MG (<i>perampanel</i>)	2	MO
FYCOMPA TAB 4MG (<i>perampanel</i>)	2	MO
FYCOMPA TAB 6MG (<i>perampanel</i>)	2	MO
FYCOMPA TAB 8MG (<i>perampanel</i>)	2	MO
FYCOMPA TAB 10MG (<i>perampanel</i>)	2	MO
FYCOMPA TAB 12MG (<i>perampanel</i>)	2	MO
<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
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam suspension 2.5 mg/ml</i>	1	MO
<i>clobazam tab 10 mg</i>	1	MO
<i>clobazam tab 20 mg</i>	1	MO
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
ANTICONVULSANTS - MISC.		
<i>carbamazepine cap er 12hr 100 mg</i>	1	MO
<i>carbamazepine cap er 12hr 200 mg</i>	1	MO
<i>carbamazepine cap er 12hr 300 mg</i>	1	MO
<i>carbamazepine chew tab 100 mg</i>	1	MO
<i>carbamazepine chew tab 200 mg</i>	1	MO
<i>carbamazepine susp 100 mg/5ml</i>	1	MO
<i>carbamazepine tab 200 mg</i>	1	MO
<i>carbamazepine tab er 12hr 100 mg</i>	1	MO
<i>carbamazepine tab er 12hr 200 mg</i>	1	MO
<i>carbamazepine tab er 12hr 400 mg</i>	1	MO
<i>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
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	MO
<i>lamotrigine tab 150 mg</i>	1	MO
<i>lamotrigine tab 200 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	MO
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	MO
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	MO
<i>lamotrigine tab er 24hr 50 mg</i>	1	MO
<i>lamotrigine tab er 24hr 100 mg</i>	1	MO
<i>lamotrigine tab er 24hr 200 mg</i>	1	MO
<i>lamotrigine tab er 24hr 250 mg</i>	1	MO
<i>lamotrigine tab er 24hr 300 mg</i>	1	MO
<i>levetiracetam oral soln 100 mg/ml</i>	1	MO
<i>levetiracetam tab 250 mg</i>	1	MO
<i>levetiracetam tab 500 mg</i>	1	MO
<i>levetiracetam tab 750 mg</i>	1	MO
<i>levetiracetam tab 1000 mg</i>	1	MO
<i>levetiracetam tab er 24hr 500 mg</i>	1	MO
<i>levetiracetam tab er 24hr 750 mg</i>	1	MO
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	MO
<i>oxcarbazepine tab 150 mg</i>	1	MO
<i>oxcarbazepine tab 300 mg</i>	1	MO
<i>oxcarbazepine tab 600 mg</i>	1	MO
<i>oxcarbazepine tab er 24hr 150 mg</i>	1	MO
<i>oxcarbazepine tab er 24hr 300 mg</i>	1	MO
<i>oxcarbazepine tab er 24hr 600 mg</i>	1	MO
<i>pregabalin cap 25 mg</i>	1	MO
<i>pregabalin cap 50 mg</i>	1	MO
<i>pregabalin cap 75 mg</i>	1	MO
<i>pregabalin cap 100 mg</i>	1	MO
<i>pregabalin cap 150 mg</i>	1	MO
<i>pregabalin cap 200 mg</i>	1	MO
<i>pregabalin cap 225 mg</i>	1	MO
<i>pregabalin cap 300 mg</i>	1	MO
<i>pregabalin soln 20 mg/ml</i>	1	MO
<i>primidone tab 50 mg</i>	1	MO
<i>primidone tab 250 mg</i>	1	MO
<i>rufinamide susp 40 mg/ml</i>	1	MO
<i>rufinamide tab 200 mg</i>	1	MO
<i>rufinamide tab 400 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 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		
XCOPRI PAK 12.5-25 (<i>cenobamate</i>)	2	PA
XCOPRI PAK 50-100MG (<i>cenobamate</i>)	2	PA
XCOPRI PAK 50-200MG (<i>cenobamate</i>)	2	
XCOPRI PAK 100-150 (<i>cenobamate</i>)	2	PA, MO
XCOPRI PAK 150-200 (<i>cenobamate</i>)	2	PA
XCOPRI TAB 25MG (<i>cenobamate</i>)	2	PA, MO
XCOPRI TAB 50MG (<i>cenobamate</i>)	2	PA, MO
XCOPRI TAB 100MG (<i>cenobamate</i>)	2	PA, MO
XCOPRI TAB 150MG (<i>cenobamate</i>)	2	PA, MO
XCOPRI TAB 200MG (<i>cenobamate</i>)	2	PA, MO
GABA MODULATORS		
<i>tiagabine hcl tab 2 mg</i>	1	MO
<i>tiagabine hcl tab 4 mg</i>	1	MO
<i>tiagabine hcl tab 12 mg</i>	1	MO
<i>tiagabine hcl tab 16 mg</i>	1	MO
<i>vigabatrin powd pack 500 mg</i>	4	SP, PA, QL (6 packets every 1 day)
<i>vigabatrin tab 500 mg</i>	4	SP, PA, QL (6 tabs every 1 day)
HYDANTOINS		
DILANTIN CAP 30MG (<i>phenytoin sodium extended</i>)	3	
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SUCCINIMIDES		
<i>ethosuximide cap 250 mg</i>	1	MO
<i>ethosuximide soln 250 mg/5ml</i>	1	MO
VALPROIC ACID		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	MO
<i>divalproex sodium tab delayed release 125 mg</i>	1	MO
<i>divalproex sodium tab delayed release 250 mg</i>	1	MO
<i>divalproex sodium tab delayed release 500 mg</i>	1	MO
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	MO
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	MO
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	MO
<i>valproic acid cap 250 mg</i>	1	MO
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	MO
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	MO
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	MO
<i>mirtazapine tab 7.5 mg</i>	1	MO
<i>mirtazapine tab 15 mg</i>	1	MO
<i>mirtazapine tab 30 mg</i>	1	MO
<i>mirtazapine tab 45 mg</i>	1	MO
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tab 75 mg</i>	1	MO
<i>bupropion hcl tab 100 mg</i>	1	MO
<i>bupropion hcl tab er 12hr 100 mg</i>	1	MO
<i>bupropion hcl tab er 12hr 150 mg</i>	1	MO
<i>bupropion hcl tab er 12hr 200 mg</i>	1	MO
<i>bupropion hcl tab er 24hr 150 mg</i>	1	MO
<i>bupropion hcl tab er 24hr 300 mg</i>	1	MO
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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<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>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>nortriptyline hcl cap 10 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nortriptyline hcl cap 25 mg</i>	1	MO
<i>nortriptyline hcl cap 50 mg</i>	1	MO
<i>nortriptyline hcl cap 75 mg</i>	1	MO
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	MO
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
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG (<i>pramlintide acetate</i>)	2	MO
SYMLINPEN 120 INJ 1000MCG (<i>pramlintide acetate</i>)	2	MO
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	MO
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	MO
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	MO
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	PA, MO
SYNJARDY TAB (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY TAB 5-500MG (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY TAB 12.5-500 (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY XR TAB (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY XR TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY XR TAB 10-1000 (<i>empagliflozin-metformin hcl</i>)	2	MO
SYNJARDY XR TAB 25-1000 (<i>empagliflozin-metformin hcl</i>)	2	MO
TRIJARDY XR TAB (<i>empagliflozin-linagliptin-metformin</i>)	2	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XULTOPHY INJ 100/3.6 (<i>insulin degludec-liraglutide</i>)	2	PA, 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>glucagon (rdna) for inj kit 1 mg</i>	1	MO
GVOKE HYPO 1 INJ 0.5/.1ML (<i>glucagon</i>)	2	
GVOKE HYPO 1 INJ 1/0.2ML (<i>glucagon</i>)	2	
GVOKE HYPO 2 INJ 0.5/.1ML (<i>glucagon</i>)	2	
GVOKE HYPO 2 INJ 1/0.2ML (<i>glucagon</i>)	2	
GVOKE KIT SOL 1/0.2ML (<i>glucagon</i>)	2	
GVOKE PFS INJ 0.5/.1ML (<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MOUNJARO INJ 12.5/0.5 (<i>tirzepatide</i>)	2	PA, MO
MOUNJARO INJ 15MG/0.5 (<i>tirzepatide</i>)	2	PA, MO
OZEMPIC INJ 2/1.5ML (<i>semaglutide</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 1.5MG (<i>semaglutide</i>)	2	PA, MO
RYBELSUS TAB 3MG (<i>semaglutide</i>)	2	PA, MO
RYBELSUS TAB 4MG (<i>semaglutide</i>)	2	PA, MO
RYBELSUS TAB 7MG (<i>semaglutide</i>)	2	PA, MO
RYBELSUS TAB 9MG (<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		
BASAGLAR INJ 100UNIT (<i>insulin glargine</i>)	2	MO
BASAGLAR INJ TEMPO PN (<i>insulin glargine</i>)	2	MO
FIASP FLEX INJ TOUCH (<i>insulin aspart (with niacinamide)</i>)	2	MO
FIASP INJ 100/ML (<i>insulin aspart (with niacinamide)</i>)	2	MO
FIASP PENFIL INJ U-100 (<i>insulin aspart (with niacinamide)</i>)	2	MO
FIASP PMPCRT INJ U-100 (<i>insulin aspart (with niacinamide)</i>)	2	MO
GLARGIN YFGN INJ 100U/ML	2	MO
GLARGIN YFGN SOL 100U/ML	2	MO
HUMULIN R INJ U-500 (<i>insulin regular (human)</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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
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		
JARDIANCE TAB 10MG (<i>empagliflozin</i>)	2	MO
JARDIANCE TAB 25MG (<i>empagliflozin</i>)	2	MO
SULFONYLUREAS		
<i>glimepiride tab 1 mg</i>	1	MO
<i>glimepiride tab 2 mg</i>	1	MO
<i>glimepiride tab 4 mg</i>	1	MO
<i>glipizide tab 5 mg</i>	1	MO
<i>glipizide tab 10 mg</i>	1	MO
<i>glipizide tab er 24hr 2.5 mg</i>	1	MO
<i>glipizide tab er 24hr 5 mg</i>	1	MO
<i>glipizide tab er 24hr 10 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>	4	SP, PA
<i>deferasirox granules packet 180 mg</i>	4	SP, PA
<i>deferasirox granules packet 360 mg</i>	4	SP, PA
<i>deferasirox tab 90 mg</i>	4	SP, PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>deferasirox tab 180 mg</i>	4	SP, PA
<i>deferasirox tab 360 mg</i>	4	SP, PA
<i>deferasirox tab for oral susp 125 mg</i>	4	SP, PA
<i>deferasirox tab for oral susp 250 mg</i>	4	SP, PA
<i>deferasirox tab for oral susp 500 mg</i>	4	SP, PA
<i>deferiprone tab 500 mg</i>	4	SP, PA
<i>deferiprone tab 1000 mg</i>	4	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>	PV	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)
<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	MO
<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)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	PA
<i>itraconazole oral soln 10 mg/ml</i>	1	PA
<i>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>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>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	
<i>promethazine hcl suppos 25 mg</i>	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	
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH CHOLESTEROL		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG (<i>bempedoic acid</i>)	2	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIHYPERTENSIVES - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	MO
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	MO
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	MO
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	MO
<i>NEXLIZET TAB 180/10MG (bempedoic acid- ezetimibe)</i>	2	MO
ANTIHYPERTENSIVES - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	MO
<i>VASCEPA CAP 0.5GM (icosapent ethyl)</i>	2	MO
<i>VASCEPA CAP 1GM (icosapent ethyl)</i>	2	MO
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	MO
<i>cholestyramine light powder packets 4 gm</i>	1	MO
<i>cholestyramine powder 4 gm/dose</i>	1	MO
<i>cholestyramine powder packets 4 gm</i>	1	MO
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	MO
<i>colesevelam hcl tab 625 mg</i>	1	MO
<i>colestipol hcl granule packets 5 gm</i>	1	MO
<i>colestipol hcl granules 5 gm</i>	1	MO
<i>colestipol hcl tab 1 gm</i>	1	MO
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	MO
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	MO
<i>fenofibrate cap 150 mg</i>	1	MO
<i>fenofibrate micronized cap 43 mg</i>	1	MO
<i>fenofibrate micronized cap 67 mg</i>	1	MO
<i>fenofibrate micronized cap 134 mg</i>	1	MO
<i>fenofibrate micronized cap 200 mg</i>	1	MO
<i>fenofibrate tab 48 mg</i>	1	MO
<i>fenofibrate tab 54 mg</i>	1	MO
<i>fenofibrate tab 145 mg</i>	1	MO
<i>fenofibrate tab 160 mg</i>	1	MO
<i>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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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>perindopril erbumine tab 2 mg</i>	1	MO
<i>perindopril erbumine tab 4 mg</i>	1	MO
<i>perindopril erbumine tab 8 mg</i>	1	MO
<i>quinapril hcl tab 5 mg</i>	1	MO
<i>quinapril hcl tab 10 mg</i>	1	MO
<i>quinapril hcl tab 20 mg</i>	1	MO
<i>quinapril hcl tab 40 mg</i>	1	MO
<i>ramipril cap 1.25 mg</i>	1	MO
<i>ramipril cap 2.5 mg</i>	1	MO
<i>ramipril cap 5 mg</i>	1	MO
<i>ramipril cap 10 mg</i>	1	MO
<i>trandolapril tab 1 mg</i>	1	MO
<i>trandolapril tab 2 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>trandolapril tab 4 mg</i>	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	1	MO
<i>candesartan cilexetil tab 8 mg</i>	1	MO
<i>candesartan cilexetil tab 16 mg</i>	1	MO
<i>candesartan cilexetil tab 32 mg</i>	1	MO
<i>irbesartan tab 75 mg</i>	1	MO
<i>irbesartan tab 150 mg</i>	1	MO
<i>irbesartan tab 300 mg</i>	1	MO
<i>losartan potassium tab 25 mg</i>	1	MO
<i>losartan potassium tab 50 mg</i>	1	MO
<i>losartan potassium tab 100 mg</i>	1	MO
<i>olmesartan medoxomil tab 5 mg</i>	1	MO
<i>olmesartan medoxomil tab 20 mg</i>	1	MO
<i>olmesartan medoxomil tab 40 mg</i>	1	MO
<i>telmisartan tab 20 mg</i>	1	MO
<i>telmisartan tab 40 mg</i>	1	MO
<i>telmisartan tab 80 mg</i>	1	MO
<i>valsartan tab 40 mg</i>	1	MO
<i>valsartan tab 80 mg</i>	1	MO
<i>valsartan tab 160 mg</i>	1	MO
<i>valsartan tab 320 mg</i>	1	MO
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine hcl tab 0.1 mg</i>	1	MO
<i>clonidine hcl tab 0.2 mg</i>	1	MO
<i>clonidine hcl tab 0.3 mg</i>	1	MO
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	MO
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	MO
<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>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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	MO
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	MO
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	MO
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	MO
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	MO
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	MO
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	MO
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	MO
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	MO
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	MO
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	MO
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	MO
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	MO
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	MO
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	MO
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	MO
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	MO
<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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	MO
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	MO
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	MO
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	MO
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	MO
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	MO
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	MO
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	MO
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	MO
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	MO
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	MO
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	MO
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	MO
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	MO
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	MO
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	1	MO
<i>eplerenone tab 50 mg</i>	1	MO
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	1	MO
<i>hydralazine hcl tab 25 mg</i>	1	MO
<i>hydralazine hcl tab 50 mg</i>	1	MO
<i>hydralazine hcl tab 100 mg</i>	1	MO
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	
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 200 mg</i>	1	MO
<i>mefloquine hcl tab 250 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pyrimethamine tab 25 mg</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	MO
<i>isoniazid tab 100 mg</i>	1	MO
<i>isoniazid tab 300 mg</i>	1	MO
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
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
<i>temozolomide cap 5 mg</i>	4	SP, PA; OAC
<i>temozolomide cap 20 mg</i>	4	SP, PA; OAC
<i>temozolomide cap 100 mg</i>	4	SP, PA; OAC
<i>temozolomide cap 140 mg</i>	4	SP, PA; OAC
<i>temozolomide cap 180 mg</i>	4	SP, PA; OAC
<i>temozolomide cap 250 mg</i>	4	SP, PA; OAC
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	4	SP, PA; OAC
<i>capecitabine tab 500 mg</i>	4	SP, PA; OAC
<i>mercaptopurine tab 50 mg</i>	1	OAC
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	OAC
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	4	SP, PA, QL (2 tabs every 1 day); OAC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	4	SP, PA, QL (1 tab every 1 day); OAC
TAGRISSO TAB 40MG (<i>osimertinib mesylate</i>)	4	SP, PA, QL (1 tab every 1 day); OAC

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XTANDI TAB 80MG (<i>enzalutamide</i>)	4	SP, PA, QL (2 tabs every 1 day); OAC
YONSA TAB 125MG (<i>abiraterone acetate micronized</i>)	4	SP, PA, QL (4 tabs every 1 day); OAC
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	4	SP; OAC
KISQALI 400 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	4	SP; OAC
KISQALI 600 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	4	SP; OAC
LONSURF TAB 15-6.14 (<i>trifluridine-tipiracil</i>)	4	SP, PA, QL (100 tabs every 28 days); OAC
LONSURF TAB 20-8.19 (<i>trifluridine-tipiracil</i>)	4	SP, PA, QL (80 tabs every 28 days); OAC
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG (<i>everolimus</i>)	4	SP; OAC
AFINITOR DIS TAB 3MG (<i>everolimus</i>)	4	SP; OAC
AFINITOR DIS TAB 5MG (<i>everolimus</i>)	4	SP; OAC
AFINITOR TAB 2.5MG (<i>everolimus</i>)	4	SP; OAC
AFINITOR TAB 5MG (<i>everolimus</i>)	4	SP; OAC
AFINITOR TAB 7.5MG (<i>everolimus</i>)	4	SP; OAC
AFINITOR TAB 10MG (<i>everolimus</i>)	4	SP; OAC
ALECENSA CAP 150MG (<i>alectinib hcl</i>)	4	SP, PA, QL (8 caps every 1 day); OAC
BOSULIF CAP 50MG (<i>bosutinib</i>)	4	SP, PA, QL (1 cap every 1 day); OAC
BOSULIF CAP 100MG (<i>bosutinib</i>)	4	SP, PA, QL (10 caps every 1 day); OAC
BOSULIF TAB 100MG (<i>bosutinib</i>)	4	SP, PA, QL (3 tabs every 1 day); OAC
BOSULIF TAB 400MG (<i>bosutinib</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
BOSULIF TAB 500MG (<i>bosutinib</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
BRAFTOVI CAP 75MG (<i>encorafenib</i>)	4	SP, PA, QL (6 caps every 1 day); OAC
BRUKINSA CAP 80MG (<i>zanubrutinib</i>)	2	PA, QL (4 caps every 1 day), MO; OAC
CABOMETYX TAB 20MG (<i>cabozantinib s-malate</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
CABOMETYX TAB 40MG (<i>cabozantinib s-malate</i>)	4	SP, PA, QL (1 tab every 1 day); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CABOMETYX TAB 60MG (<i>cabozantinib s-malate</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
CALQUENCE CAP 100MG (<i>acalabrutinib</i>)	2	OAC
CALQUENCE TAB 100MG (<i>acalabrutinib maleate</i>)	2	PA, QL (2 tabs every 1 day); OAC
COPIKTRA CAP 15MG (<i>duvelisib</i>)	4	SP, PA, QL (2 caps every 1 day); OAC
COPIKTRA CAP 25MG (<i>duvelisib</i>)	4	SP, PA, QL (2 caps every 1 day); OAC
<i>dasatinib tab 20 mg</i>	4	SP, PA, QL (3 tabs every 1 day); OAC
<i>dasatinib tab 50 mg</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>dasatinib tab 70 mg</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>dasatinib tab 80 mg</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>dasatinib tab 100 mg</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>dasatinib tab 140 mg</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 2.5 mg</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 5 mg</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 7.5 mg</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 10 mg</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab for oral susp 2 mg</i>	4	SP, PA, QL (2 tabs every 1 day); OAC
<i>everolimus tab for oral susp 3 mg</i>	4	SP, PA, QL (3 tabs every 1 day); OAC
<i>everolimus tab for oral susp 5 mg</i>	4	SP, PA, QL (2 tabs every 1 day); OAC
IBRANCE CAP 75MG (<i>palbociclib</i>)	4	SP, PA, QL (1 cap every 1 day); OAC
IBRANCE CAP 100MG (<i>palbociclib</i>)	4	SP, PA, QL (1 cap every 1 day); OAC
IBRANCE CAP 125MG (<i>palbociclib</i>)	4	SP, PA, QL (1 cap every 1 day); OAC
IBRANCE TAB 75MG (<i>palbociclib</i>)	4	SP, PA, QL (42 tabs every 28 days); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IBRANCE TAB 100MG (<i>palbociclib</i>)	4	SP, PA, QL (42 tabs every 28 days); OAC
IBRANCE TAB 125MG (<i>palbociclib</i>)	4	SP, PA, QL (42 tabs every 28 days); OAC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	4	SP, PA, QL (4 tabs every 1 day); OAC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	4	SP, PA, QL (2 tabs every 1 day); OAC
KISQALI TAB 200DOSE (<i>ribociclib succinate</i>)	4	SP, PA, QL (42 tabs every 28 days); OAC
KISQALI TAB 400DOSE (<i>ribociclib succinate</i>)	4	SP, PA, QL (84 tabs every 28 days); OAC
KISQALI TAB 600DOSE (<i>ribociclib succinate</i>)	4	SP, PA, QL (126 tabs every 28 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
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	4	SP, PA, QL (6 tabs every 1 day); OAC
LYNPARZA TAB 100MG (<i>olaparib</i>)	4	SP, PA, QL (4 tabs every 1 day); OAC
LYNPARZA TAB 150MG (<i>olaparib</i>)	4	SP, PA, QL (4 tabs every 1 day); OAC
MEKINIST SOL 0.05/ML (<i>trametinib dimethyl sulfoxide</i>)	4	SP, PA, QL (38 mL every day); OAC
MEKINIST TAB 0.5MG (<i>trametinib dimethyl sulfoxide</i>)	4	SP, PA, QL (3 tabs every 1 day); OAC
MEKINIST TAB 2MG (<i>trametinib dimethyl sulfoxide</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
MEKTOVI TAB 15MG (<i>binimetinib</i>)	4	SP, PA, QL (6 tabs every 1 day); OAC
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	4	SP, PA, QL (4 caps every 1 day); OAC
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	4	SP, PA, QL (4 caps every 1 day); OAC
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	4	SP, PA, QL (4 caps every 1 day); OAC
NINLARO CAP 2.3MG (<i>ixazomib citrate</i>)	4	SP, PA, QL (6 caps every 28 days); OAC
NINLARO CAP 3MG (<i>ixazomib citrate</i>)	4	SP, PA, QL (6 caps every 28 days); OAC
NINLARO CAP 4MG (<i>ixazomib citrate</i>)	4	SP, PA, QL (6 caps every 28 days); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pazopanib hcl tab 200 mg (base equiv)</i>	4	SP, PA, QL (4 tabs every 1 day); OAC
RYDAPT CAP 25MG (<i>midostaurin</i>)	4	SP, PA, QL (8 caps every 1 day); OAC
SCEMBLIX TAB 20MG (<i>asciminib hcl</i>)	2	PA, QL (2 tabs every 1 day), MO; OAC
SCEMBLIX TAB 40MG (<i>asciminib hcl</i>)	2	PA, QL (8 tabs every 1 day), MO; OAC
SCEMBLIX TAB 100MG (<i>asciminib hcl</i>)	2	PA, QL (4 tabs every 1 day), MO; OAC
STIVARGA TAB 40MG (<i>regorafenib</i>)	4	SP, PA, QL (3 tabs every 1 day); OAC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	4	SP, PA, QL (1 cap every 1 day); OAC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	4	SP, PA, QL (1 cap every 1 day); OAC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	4	SP, PA, QL (1 cap every 1 day); OAC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	4	SP, PA, QL (1 cap every 1 day); OAC
TAFINLAR CAP 50MG (<i>dabrafenib mesylate</i>)	4	SP, PA, QL (4 caps every 1 day); OAC
TAFINLAR CAP 75MG (<i>dabrafenib mesylate</i>)	4	SP, PA, QL (4 caps every 1 day); OAC
TAFINLAR TAB 10MG (<i>dabrafenib mesylate</i>)	4	SP, PA, QL (30 tabs every 1 day); OAC
XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>)	4	SP, PA, QL (3 tabs every 1 day); OAC
ZEJULA CAP 100MG (<i>niraparib tosylate</i>)	4	SP; OAC
ZEJULA TAB 100MG (<i>niraparib tosylate</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
ZEJULA TAB 200MG (<i>niraparib tosylate</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
ZEJULA TAB 300MG (<i>niraparib tosylate</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
ANTINEOPLASTICS MISC.		
<i>bexarotene cap 75 mg</i>	4	SP, PA; OAC
<i>hydroxyurea cap 500 mg</i>	1	OAC
<i>tretinoin cap 10 mg</i>	1	OAC
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	1	OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
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
ONGENTYS CAP 25MG (<i>opicapone</i>)	2	MO
ONGENTYS CAP 50MG (<i>opicapone</i>)	2	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 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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>INBRIJA CAP 42MG (levodopa)</i>	2	PA, QL (10 caps every 1 day), MO
<i>NEUPRO DIS 1MG/24HR (rotigotine)</i>	2	MO
<i>NEUPRO DIS 2MG/24HR (rotigotine)</i>	2	MO
<i>NEUPRO DIS 3MG/24HR (rotigotine)</i>	2	MO
<i>NEUPRO DIS 4MG/24HR (rotigotine)</i>	2	MO
<i>NEUPRO DIS 6MG/24HR (rotigotine)</i>	2	MO
<i>NEUPRO DIS 8MG/24HR (rotigotine)</i>	2	MO
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	MO
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	MO
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	MO
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	MO
<i>pramipexole dihydrochloride tab 1 mg</i>	1	MO
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	MO
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	MO
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	MO
<i>ropinirole hydrochloride tab 1 mg</i>	1	MO
<i>ropinirole hydrochloride tab 2 mg</i>	1	MO
<i>ropinirole hydrochloride tab 3 mg</i>	1	MO
<i>ropinirole hydrochloride tab 4 mg</i>	1	MO
<i>ropinirole hydrochloride tab 5 mg</i>	1	MO
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	MO
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	MO
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	MO
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	MO
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	MO
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	MO
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	MO
<i>selegiline hcl cap 5 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
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 1.5-3MG (<i>cariprazine hcl</i>)	2	
VRAYLAR CAP 1.5MG (<i>cariprazine hcl</i>)	2	ST, MO; PA**
VRAYLAR CAP 3MG (<i>cariprazine hcl</i>)	2	ST, MO; PA**
VRAYLAR CAP 4.5MG (<i>cariprazine hcl</i>)	2	ST, MO; PA**
VRAYLAR CAP 6MG (<i>cariprazine hcl</i>)	2	ST, MO; PA**
<i>ziprasidone hcl cap 20 mg</i>	1	MO
<i>ziprasidone hcl cap 40 mg</i>	1	MO
<i>ziprasidone hcl cap 60 mg</i>	1	MO
<i>ziprasidone hcl cap 80 mg</i>	1	MO
BENZISOXAZOLES		
<i>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
(Haloperidol Syp 2mg/ml) HALOPERIDOL	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>haloperidol tab 0.5 mg</i>	1	MO
<i>haloperidol tab 1 mg</i>	1	MO
<i>haloperidol tab 2 mg</i>	1	MO
<i>haloperidol tab 5 mg</i>	1	MO
<i>haloperidol tab 10 mg</i>	1	MO
<i>haloperidol tab 20 mg</i>	1	MO
DIBENZAPINES		
<i>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>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
PHENOTHIAZINES		
<i>chlorpromazine hcl tab 10 mg</i>	1	MO
<i>chlorpromazine hcl tab 25 mg</i>	1	MO
<i>chlorpromazine hcl tab 50 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	MO
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	MO
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	MO
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	MO
QUINOLINONE DERIVATIVES		
<i>aripiprazole oral solution 1 mg/ml</i>	1	MO
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	MO
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	MO
<i>aripiprazole tab 2 mg</i>	1	MO
<i>aripiprazole tab 5 mg</i>	1	MO
<i>aripiprazole tab 10 mg</i>	1	MO
<i>aripiprazole tab 15 mg</i>	1	MO
<i>aripiprazole tab 20 mg</i>	1	MO
<i>aripiprazole tab 30 mg</i>	1	MO
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	1	MO
<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>	4	SP, QL (30 mL every 1 day)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	4	SP, QL (2 tabs every 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	SP, QL (1 tab every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	4	SP, QL (1 cap every 1 day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	4	SP, QL (2 caps every 1 day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	4	SP, QL (1 cap every 1 day)
<i>BIKTARVY TAB (bictegravir-emtricitabine-tenofovir alafenamide fumarate)</i>	4	SP, QL (1 tab every 1 day); (30-120-15 mg)
<i>BIKTARVY TAB (bictegravir-emtricitabine-tenofovir alafenamide fumarate)</i>	4	SP, QL (1 tab every 1 day); (50-200-25 mg)
<i>CIMDUO TAB 300-300 (lamivudine-tenofovir disoproxil fumarate)</i>	4	SP, QL (1 tab every 1 day)
<i>darunavir tab 600 mg</i>	4	SP, QL (2 tabs every 1 day)
<i>darunavir tab 800 mg</i>	4	SP, QL (1 tab every 1 day)
<i>DELSTRIGO TAB (doravirine-lamivudine-tenofovir disoproxil fumarate)</i>	4	SP
<i>DESCOVY TAB 120-15MG (emtricitabine-tenofovir alafenamide fumarate)</i>	4	SP, QL (1 tab every 1 day)
<i>DESCOVY TAB 200/25MG (emtricitabine-tenofovir alafenamide fumarate)</i>	4	SP, QL (1 tab every 1 day); \$0 copay for PrEP
<i>DOVATO TAB 50-300MG (dolutegravir sodium-lamivudine)</i>	4	SP, QL (1 tab every 1 day)
<i>efavirenz tab 600 mg</i>	4	SP, QL (1 tab every 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	4	SP, QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	4	SP, QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	4	SP, QL (1 tab every 1 day)
<i>emtricitabine caps 200 mg</i>	4	SP, QL (1 cap every 1 day)
<i>emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg</i>	4	SP
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	4	SP, QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	4	SP, QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	4	SP, QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	SP, QL (1 tab every 1 day); \$0 copay for PrEP
<i>etravirine tab 100 mg</i>	4	SP, QL (4 tabs every 1 day)
<i>etravirine tab 200 mg</i>	4	SP, QL (2 tabs every 1 day)
<i>EVOTAZ TAB 300-150 (atazanavir sulfate-cobicistat)</i>	4	SP
<i>GENVOYA TAB (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)</i>	4	SP, QL (1 tab every 1 day)
<i>ISENTRESS CHW 25MG (raltegravir potassium)</i>	4	SP, QL (6 tabs every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ISENTRESS CHW 100MG (raltegravir potassium)</i>	4	SP, QL (6 tabs every 1 day)
<i>ISENTRESS HD TAB 600MG (raltegravir potassium)</i>	4	SP, QL (2 tabs every 1 day)
<i>ISENTRESS POW 100MG (raltegravir potassium)</i>	4	SP, QL (2 packets every 1 day)
<i>ISENTRESS TAB 400MG (raltegravir potassium)</i>	4	SP, QL (4 tabs every 1 day)
<i>lamivudine oral soln 10 mg/ml</i>	4	SP, QL (32 mL every 1 day)
<i>lamivudine tab 150 mg</i>	4	SP, QL (2 tabs every 1 day)
<i>lamivudine tab 300 mg</i>	4	SP, QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	SP, QL (2 tabs every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	SP, QL (10 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	SP, QL (4 tabs every 1 day)
<i>nevirapine susp 50 mg/5ml</i>	4	SP, QL (40 mL every 1 day)
<i>nevirapine tab 200 mg</i>	4	SP, QL (2 tabs every 1 day)
<i>nevirapine tab er 24hr 100 mg</i>	4	SP
<i>nevirapine tab er 24hr 400 mg</i>	4	SP, QL (1 tab every 1 day)
<i>NORVIR POW 100MG (ritonavir)</i>	4	SP
<i>NORVIR TAB 100MG (ritonavir)</i>	4	SP
<i>ODEFSEY TAB (emtricitabine-rilpivirine-tenofovir alafenamide fumarate)</i>	4	SP, QL (1 tab every 1 day)
<i>PREZCOBIX TAB 800-150 (darunavir-cobicistat)</i>	4	SP, QL (1 tab every 1 day)
<i>PREZISTA SUS 100MG/ML (darunavir)</i>	4	SP
<i>PREZISTA TAB 75MG (darunavir)</i>	4	SP
<i>PREZISTA TAB 150MG (darunavir)</i>	4	SP
<i>PREZISTA TAB 600MG (darunavir)</i>	4	SP
<i>PREZISTA TAB 800MG (darunavir)</i>	4	SP
<i>ritonavir tab 100 mg</i>	4	SP, QL (12 tabs every 1 day)
<i>SYM TUZA TAB (darunavir-cobicistat-emtricitabine-tenofovir alafenamide)</i>	4	SP, QL (1 tab every 1 day)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	4	SP, QL (1 tab every 1 day)
<i>TIVICAY PD TAB 5MG (dolutegravir sodium)</i>	4	SP, QL (12 tabs every 1 day)
<i>TIVICAY TAB 10MG (dolutegravir sodium)</i>	4	SP
<i>TIVICAY TAB 25MG (dolutegravir sodium)</i>	4	SP
<i>TIVICAY TAB 50MG (dolutegravir sodium)</i>	4	SP, QL (2 tabs every 1 day)
<i>zidovudine cap 100 mg</i>	4	SP, QL (6 caps every 1 day)
<i>zidovudine syrup 10 mg/ml</i>	4	SP, QL (64 mL every 1 day)
<i>zidovudine tab 300 mg</i>	4	SP, QL (2 tabs every 1 day)
ANTIVIRAL COMBINATIONS		
<i>PAXLOVID PAK (nirmatrelvir-ritonavir)</i>	2	MO
<i>PAXLOVID TAB 150-100 (nirmatrelvir-ritonavir)</i>	2	QL (1 carton every 90 days), MO
<i>PAXLOVID TAB 300-100 (nirmatrelvir-ritonavir)</i>	2	QL (1 carton every 90 days), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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>entecavir tab 0.5 mg</i>	4	SP, QL (1 tab every 1 day)
<i>entecavir tab 1 mg</i>	4	SP, QL (1 tab every 1 day)
EPCLUSA PAK 150-37.5 (<i>sofosbuvir-velpatasvir</i>)	4	SP, PA, QL (1 packet every 1 day); For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG (<i>sofosbuvir-velpatasvir</i>)	4	SP, PA, QL (1 packet every 1 day); For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG (<i>sofosbuvir-velpatasvir</i>)	4	SP, PA, QL (1 tab every 1 day); For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100 (<i>sofosbuvir-velpatasvir</i>)	4	SP, QL (1 tab every 1 day); For genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK (<i>ledipasvir-sofosbuvir</i>)	4	SP, PA, QL (1 packet every 1 day); For genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG (<i>ledipasvir-sofosbuvir</i>)	4	SP, PA, QL (1 packet every 1 day); For genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG (<i>ledipasvir-sofosbuvir</i>)	4	SP, PA, QL (1 tab every 1 day); For genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG (<i>ledipasvir-sofosbuvir</i>)	4	SP, QL (1 tab every 1 day); For genotypes 1, 4, 5, 6
<i>lamivudine tab 100 mg (hbv)</i>	4	SP
<i>ribavirin cap 200 mg</i>	4	SP, PA
<i>ribavirin tab 200 mg</i>	4	SP, PA
VEMLIDY TAB 25MG (<i>tenofovir alafenamide fumarate</i>)	4	SP, QL (1 tab every 1 day)
VOSEVI TAB (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	4	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)
HERPES AGENTS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
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
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 2.5 mg</i>	1	MO
<i>bisoprolol fumarate tab 5 mg</i>	1	MO
<i>bisoprolol fumarate tab 10 mg</i>	1	MO
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	MO
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	MO
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<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
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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	MO
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	MO
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	MO
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	MO
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	MO
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	MO
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	MO
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	MO
<i>felodipine tab er 24hr 2.5 mg</i>	1	MO
<i>felodipine tab er 24hr 5 mg</i>	1	MO
<i>felodipine tab er 24hr 10 mg</i>	1	MO
<i>nifedipine tab er 24hr 30 mg</i>	1	MO
<i>nifedipine tab er 24hr 60 mg</i>	1	MO
<i>nifedipine tab er 24hr 90 mg</i>	1	MO
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	MO
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	MO
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	MO
<i>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 er 120 mg</i>	1	MO
<i>verapamil hcl tab er 180 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
<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
<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	QL (6 tabs every 25 days)
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 tabs every 25 days)
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 tabs every 25 days)
<i>tadalafil tab 2.5 mg</i>	1	QL (1 tab every 1 day), MO
<i>tadalafil tab 5 mg</i>	1	QL (1 tab every 1 day), MO
<i>tadalafil tab 10 mg</i>	1	QL (6 tabs every 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tadalafil tab 20 mg</i>	1	QL (6 tabs every 25 days)
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	1	QL (6 tabs every 25 days)
<i>vardenafil hcl tab 2.5 mg</i>	1	QL (6 tabs every 25 days)
<i>vardenafil hcl tab 5 mg</i>	1	QL (6 tabs every 25 days)
<i>vardenafil hcl tab 10 mg</i>	1	QL (6 tabs every 25 days)
<i>vardenafil hcl tab 20 mg</i>	1	QL (6 tabs every 25 days)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	4	SP, PA, QL (1 tab every 1 day)
<i>ambrisentan tab 10 mg</i>	4	SP, PA, QL (1 tab every 1 day)
<i>bosentan tab 62.5 mg</i>	4	SP, PA, QL (2 tabs every 1 day)
<i>bosentan tab 125 mg</i>	4	SP, PA, QL (2 tabs every 1 day)
OPSUMIT TAB 10MG (<i>macitentan</i>)	4	SP, PA, QL (1 tab every 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate for suspension 10 mg/ml</i>	4	SP, PA, QL (224 mL every 30 days)
<i>sildenafil citrate tab 20 mg</i>	4	SP, PA, QL (12 tabs every 1 day)
<i>tadalafil tab 20 mg (pah)</i>	4	SP, PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI PACK TAB 200/800 (<i>selexipag</i>)	4	SP, PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG (<i>selexipag</i>)	4	SP, PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG (<i>selexipag</i>)	4	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG (<i>selexipag</i>)	4	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG (<i>selexipag</i>)	4	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG (<i>selexipag</i>)	4	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG (<i>selexipag</i>)	4	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG (<i>selexipag</i>)	4	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG (<i>selexipag</i>)	4	SP, PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG (<i>riociguat</i>)	4	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG (<i>riociguat</i>)	4	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1MG (<i>riociguat</i>)	4	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2.5MG (<i>riociguat</i>)	4	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG (<i>riociguat</i>)	4	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>)	4	SP

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VYNDAQEL CAP 20MG (<i>tafamidis meglumine (cardiac)</i>)	4	SP
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>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	
<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	
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
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	PV	MO
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	PV	MO
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	PV	MO
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	PV	MO
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	PV	MO
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</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
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	PV	MO
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	PV	MO
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	PV	MO
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	PV	MO
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	PV	MO
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	PV	MO
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	PV	MO
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	PV	MO
LO LOESTRIN TAB 1-10-10 (<i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>)	PV	MO
NATAZIA TAB (<i>estradiol valerate-dienogest</i>)	PV	MO
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	PV	MO
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	PV	MO
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	PV	MO
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	PV	MO
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	PV	MO
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	PV	MO
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	PV	MO
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	PV	MO
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	PV	MO
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	PV	MO
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	PV	MO
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
(Norelgestromin-Ethinyl Estradiol Td Ptwk 150-35 mcg/24hr) XULANE	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
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
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
GLUCOCORTICOSTEROIDS		
<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>budesonide tab er 24hr 9 mg</i>	1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG (<i>methylprednisolone</i>)	3	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod 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 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	
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 150 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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	Not available under age 6
COUGH/COLD/ALLERGY COMBINATIONS		
<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	
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS		
ACNE PRODUCTS		
<i>adapalene cream 0.1%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>adapalene gel 0.1%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>adapalene gel 0.3%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide gel 8%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	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-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	1	MO
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
<i>isotretinoin cap 10 mg</i>	1	PA
<i>isotretinoin cap 20 mg</i>	1	PA
<i>isotretinoin cap 30 mg</i>	1	PA
<i>isotretinoin cap 40 mg</i>	1	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tretinoin cream 0.1%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin cream 0.05%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin cream 0.025%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin gel 0.01%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin gel 0.05%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin gel 0.025%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin microsphere gel 0.1%</i>	1	PA; PA Required for age greater than or equal to age 35
<i>tretinoin microsphere gel 0.04%</i>	1	PA; PA Required for age greater than or equal to age 35
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1	PA, MO
<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
<i>clotrimazole cream 1%</i>	1	
<i>clotrimazole soln 1%</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	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<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	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>methoxsalen rapid cap 10 mg</i>	1	
<i>tazarotene cream 0.1%</i>	1	PA
<i>tazarotene cream 0.05%</i>	1	PA, MO
<i>tazarotene gel 0.1%</i>	1	PA
<i>tazarotene gel 0.05%</i>	1	PA
<i>VTAMA CRE 1% (tapinarof)</i>	2	PA, MO
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotion 2.5%</i>	1	
BURN PRODUCTS		
<i>silver sulfadiazine cream 1%</i>	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 cream 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	
<i>BRYHALI LOT 0.01% (halobetasol propionate)</i>	2	
<i>clobetasol propionate cream 0.05%</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	
<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>fluocinolone acetonide cream 0.025%</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>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	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	
<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	
<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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
<i>prednicarbate cream 0.1%</i>	1	
<i>prednicarbate oint 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	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	
EMOLLIENTS		
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
HAIR GROWTH AGENTS		
LITFULO CAP 50MG (<i>ritlectinib tosylate</i>)	4	SP, PA, QL (1 cap every 1 day)
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	
ZYCLARA PUMP CRE 2.5% (<i>imiquimod</i>)	2	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus cream 1%</i>	1	PA
<i>tacrolimus oint 0.1%</i>	1	PA
<i>tacrolimus oint 0.03%</i>	1	PA
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
<i>podofilox gel 0.5%</i>	1	MO
<i>podofilox soln 0.5%</i>	1	
<i>salicylic acid er film-forming soln 28.5%</i>	1	
<i>salicylic acid film forming liquid 27.5%</i>	1	
<i>salicylic acid foam 6%</i>	1	
<i>salicylic acid gel 6%</i>	1	
<i>salicylic acid shampoo 6%</i>	1	
<i>salicylic acid soln 26%</i>	1	
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine patch 5%</i>	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	MO
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	
FINACEA AER 15% (<i>azelaic acid</i>)	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>)	2	
SCABICIDES & PEDICULICIDES		
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
CREON CAP 6000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
CREON CAP 12000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
CREON CAP 24000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
CREON CAP 36000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
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 10000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 15000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 20000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 25000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 40000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO
ZENPEP CAP 60000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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>methazolamide tab 25 mg</i>	1	MO
<i>methazolamide tab 50 mg</i>	1	MO
DIURETIC COMBINATIONS		
<i>ALDACTAZIDE TAB 50/50 (spironolactone & hydrochlorothiazide)</i>	3	
<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 tab 25 mg</i>	1	MO
<i>spironolactone tab 50 mg</i>	1	MO
<i>spironolactone tab 100 mg</i>	1	MO
<i>triamterene cap 50 mg</i>	1	MO
<i>triamterene cap 100 mg</i>	1	MO
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tab 25 mg</i>	1	MO
<i>chlorthalidone tab 50 mg</i>	1	MO
<i>hydrochlorothiazide cap 12.5 mg</i>	1	MO
<i>hydrochlorothiazide tab 12.5 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 5 mg</i>	1	MO
<i>alendronate sodium tab 10 mg</i>	1	MO
<i>alendronate sodium tab 35 mg</i>	1	MO
<i>alendronate sodium tab 70 mg</i>	1	MO
<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	
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
METABOLIC MODIFIERS		
<i>calcitriol cap 0.5 mcg</i>	1	MO
<i>calcitriol cap 0.25 mcg</i>	1	MO
<i>calcitriol oral soln 1 mcg/ml</i>	1	MO
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	4	SP, PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	4	SP, PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	4	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
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levocarnitine tab 330 mg</i>	1	MO
<i>nitisinone cap 2 mg</i>	4	SP, PA
<i>nitisinone cap 5 mg</i>	4	SP, PA
<i>nitisinone cap 10 mg</i>	4	SP, PA
ORFADIN CAP 2MG (<i>nitisinone</i>)	4	SP
ORFADIN CAP 5MG (<i>nitisinone</i>)	4	SP
ORFADIN CAP 10MG (<i>nitisinone</i>)	4	SP
ORFADIN CAP 20MG (<i>nitisinone</i>)	4	SP
ORFADIN SUS 4MG/ML (<i>nitisinone</i>)	2	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>)	4	SP, PA, QL (46.4 gm every 1 day)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	4	SP, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	4	SP, PA
<i>sapropterin dihydrochloride tab 100 mg</i>	4	SP, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	4	SP, PA, QL (26.6 gm every 1 day)
<i>sodium phenylbutyrate tab 500 mg</i>	4	SP, PA, QL (40 tabs every 1 day)
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	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ESTROGEN COMBINATIONS		
CLIMARA PRO DIS WEEKLY (<i>estradiol-levonorgestrel</i>)	2	MO
COMBIPATCH DIS (<i>estradiol & norethindrone acetate</i>)	2	MO
DUAVEE TAB 0.45-20 (<i>conjugated estrogens-bazedoxifene</i>)	2	MO
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	MO
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	MO
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	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>CLIMARA DIS 0.1MG (estradiol)</i>	3	MO
<i>CLIMARA DIS 0.05MG (estradiol)</i>	3	MO
<i>CLIMARA DIS 0.06MG (estradiol)</i>	3	MO
<i>CLIMARA DIS 0.025MG (estradiol)</i>	3	MO
<i>CLIMARA DIS 0.075MG (estradiol)</i>	3	MO
<i>CLIMARA DIS 0.0375MG (estradiol)</i>	3	MO
<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
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	MO
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	MO
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	MO
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	MO
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	MO
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	MO
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	MO
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	MO
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	MO
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EVAMIST SPR 1.53MG (<i>estradiol</i>)	2	
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	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	1	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
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 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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>mesalamine cap er 500 mg</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	MO
<i>mesalamine tab delayed release 800 mg</i>	1	
PENTASA CAP 250MG CR (<i>mesalamine</i>)	2	
PENTASA CAP 500MG CR (<i>mesalamine</i>)	2	
<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>)	4	SP, PA, QL (1 tab every 1 day)
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosecron hcl tab 0.5 mg (base equiv)</i>	1	PA, MO
<i>alosecron hcl tab 1 mg (base equiv)</i>	1	PA, MO
LINZESS CAP 72MCG (<i>linaclotide</i>)	2	PA, MO
LINZESS CAP 145MCG (<i>linaclotide</i>)	2	PA, MO
LINZESS CAP 290MCG (<i>linaclotide</i>)	2	PA, MO
VIBERZI TAB 75MG (<i>eluxadoline</i>)	2	PA, MO
VIBERZI TAB 100MG (<i>eluxadoline</i>)	2	PA, MO
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG (<i>naloxegol oxalate</i>)	2	
MOVANTIK TAB 25MG (<i>naloxegol oxalate</i>)	2	
SYMPROIC TAB 0.2MG (<i>naldemedine tosylate</i>)	2	
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB 80MG (<i>elafibranor</i>)	4	SP
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	MO
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	MO
<i>ferric citrate tab 1 gm (210 mg ferric iron)</i>	1	MO
<i>sevelamer carbonate packet 0.8 gm</i>	1	MO
<i>sevelamer carbonate packet 2.4 gm</i>	1	MO
<i>sevelamer carbonate tab 800 mg</i>	1	MO
<i>sevelamer hcl tab 400 mg</i>	1	MO
<i>sevelamer hcl tab 800 mg</i>	1	MO
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
ALKALINIZERS		
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG (<i>cysteamine bitartrate</i>)	4	SP, PA
CYSTAGON CAP 150MG (<i>cysteamine bitartrate</i>)	4	SP, PA
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB 200MG (<i>sparsentan</i>)	4	SP
FILSPARI TAB 400MG (<i>sparsentan</i>)	4	SP
VANRAFIA TAB 0.75MG (<i>atrasentan hcl</i>)	2	MO
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	MO
<i>dutasteride cap 0.5 mg</i>	1	MO
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	MO
<i>finasteride tab 5 mg</i>	1	MO
<i>silodosin cap 4 mg</i>	1	MO
<i>silodosin cap 8 mg</i>	1	MO
<i>tamsulosin hcl cap 0.4 mg</i>	1	MO
URINARY STONE AGENTS		
<i>tiopronin tab 100 mg</i>	4	SP, PA
<i>tiopronin tab delayed release 100 mg</i>	4	SP, PA
<i>tiopronin tab delayed release 300 mg</i>	4	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	MO
<i>colchicine tab 0.6 mg</i>	1	
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	MO
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS		
COMPLEMENT INHIBITORS		
FABHALTA CAP 200MG (<i>iptacopan hcl</i>)	2	MO
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl cap 0.5 mg</i>	1	MO
<i>anagrelide hcl cap 1 mg</i>	1	MO
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	MO
<i>cilostazol tab 50 mg</i>	1	MO
<i>cilostazol tab 100 mg</i>	1	MO
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	MO
<i>dipyridamole tab 50 mg</i>	1	MO
<i>dipyridamole tab 75 mg</i>	1	MO
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	MO
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	MO
<i>ticagrelor tab 60 mg</i>	1	MO
<i>ticagrelor tab 90 mg</i>	1	MO
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	4	SP, PA, QL (2 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
(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
<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
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TAB 9MG (<i>eltrombopag choline</i>)	4	SP, PA, QL (2 tabs every 1 day)
ALVAIZ TAB 18MG (<i>eltrombopag choline</i>)	4	SP, PA, QL (3 tabs every 1 day)
ALVAIZ TAB 36MG (<i>eltrombopag choline</i>)	4	SP, PA, QL (3 tabs every 1 day)
ALVAIZ TAB 54MG (<i>eltrombopag choline</i>)	4	SP, PA, QL (2 tabs every 1 day)
DOPTELET TAB 20MG (<i>avatrombopag maleate</i>)	4	SP, PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>eltrombopag olamine powder pack for susp 12.5 mg (base eq)</i>	4	SP, PA, QL (4 packets every 1 day)
<i>eltrombopag olamine powder pack for susp 25 mg (base equiv)</i>	4	SP, PA, QL (6 packets every 1 day)
<i>eltrombopag olamine tab 12.5 mg (base equiv)</i>	4	SP, PA, QL (2 tabs every 1 day)
<i>eltrombopag olamine tab 25 mg (base equiv)</i>	4	SP, PA, QL (3 tabs every 1 day)
<i>eltrombopag olamine tab 50 mg (base equiv)</i>	4	SP, PA, QL (3 tabs every 1 day)
<i>eltrombopag olamine tab 75 mg (base equiv)</i>	4	SP, PA, QL (2 tabs every 1 day)

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>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)
<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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon tab 8 mg</i>	1	QL (15 tabs every 25 days)
LAXATIVES - DRUGS TO TREAT CONSTIPATION		
LAXATIVE COMBINATIONS		
<i>CLENPIQ SOL (sodium picosulfate-magnesium oxide-anhydrous citric acid)</i>	PV	\$0 copay for members age 45 through 75
<i>CLENPIQ SOL (sodium picosulfate-magnesium oxide-anhydrous citric acid)</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	PV	\$0 copay for members age 45 through 75
LAXATIVES - MISCELLANEOUS		
<i>lactulose solution 10 gm/15ml</i>	1	MO
MACROLIDES - DRUGS TO TREAT INFECTIONS		
AZITHROMYCIN		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
CLARITHROMYCIN		
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
ERYTHROMYCINS		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
(Erythromycin Stearate Tab 250 mg) ERYTHROCIN STEARATE	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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FIDAXOMICIN		
DIFICID SUS (<i>fidaxomicin</i>)	2	
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
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)
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	MO
BD PEN NEEDL MIS 31GX8MM (<i>insulin pen needle</i>)	2	
BD PEN NEEDL MIS 32GX4MM (<i>insulin pen needle</i>)	2	
BD PEN NEEDL MIS 32GX6MM (<i>insulin pen needle</i>)	2	
EMBECTA UF MIS 31GX8MM (<i>insulin pen needle</i>)	2	MO
INSULIN SYRG MIS 0.3/29G (<i>insulin syringe/needle u-100</i>)	2	
INSULIN SYRG MIS 0.3/30G (<i>insulin syringe/needle u-100</i>)	2	
INSULIN SYRG MIS 0.3/31G (<i>insulin syringe/needle u-100</i>)	2	
INSULIN SYRG MIS 0.3/31G (<i>insulin syringe/needle u-100</i>)	2	MO
INSULIN SYRG MIS 0.5/28G (<i>insulin syringe/needle u-100</i>)	2	MO
INSULIN SYRG MIS 0.5/29G (<i>insulin syringe/needle u-100</i>)	2	
INSULIN SYRG MIS 0.5/30G (<i>insulin syringe/needle u-100</i>)	2	
INSULIN SYRG MIS 0.5/31G (<i>insulin syringe/needle u-100</i>)	2	
INSULIN SYRG MIS 1ML/27G (<i>insulin syringe/needle u-100</i>)	2	
INSULIN SYRG MIS 1ML/28G (<i>insulin syringe/needle u-100</i>)	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	2	
INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	2	
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	2	
INSULIN SYRG MIS 2/27.5G (<i>insulin syringe/needle u-100</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	
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SEROTONIN AGONISTS

<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>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)
ONZETRA XSAI MIS 11MG (<i>sumatriptan succinate</i>)	2	QL (16 nosepieces (8 pouches) every 25 days); PA**
<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 4 mg/0.5ml</i>	1	QL (18 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 solution cartridge 4 mg/0.5ml</i>	1	QL (18 injections every 25 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 injections every 25 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	
<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)
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

<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 0.125 mg/drop F (0.275 mg/drop Naf)) FLUORITAB	1	
<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

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
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	MO
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	MO
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	MO
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	MO
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>potassium chloride tab er 10 meq</i>	1	MO
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	MO

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING

<i>penicillamine cap 250 mg</i>	4	SP
<i>penicillamine tab 250 mg</i>	4	SP
<i>trientine hcl cap 250 mg</i>	4	SP

IMMUNOMODULATORS - DRUGS TO TREAT CANCER

<i>lenalidomide cap 5 mg</i>	4	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 10 mg</i>	4	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 15 mg</i>	4	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 20 mg</i>	4	SP, PA, QL (42 caps every 28 days)
<i>lenalidomide cap 25 mg</i>	4	SP, PA, QL (42 caps every 28 days)
<i>lenalidomide caps 2.5 mg</i>	4	SP, PA, QL (1 cap every 1 day)
THALOMID CAP 50MG (<i>thalidomide</i>)	4	SP, PA, QL (1 cap every 1 day)
THALOMID CAP 100MG (<i>thalidomide</i>)	4	SP, PA, QL (4 caps every 1 day)
THALOMID CAP 150MG (<i>thalidomide</i>)	4	SP
THALOMID CAP 200MG (<i>thalidomide</i>)	4	SP

IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT

<i>azathioprine tab 50 mg</i>	1	MO
<i>azathioprine tab 75 mg</i>	1	MO
<i>azathioprine tab 100 mg</i>	1	MO
<i>cyclosporine cap 25 mg</i>	4	SP
<i>cyclosporine cap 100 mg</i>	4	SP
<i>cyclosporine modified cap 25 mg</i>	4	SP
<i>cyclosporine modified cap 50 mg</i>	4	SP
<i>cyclosporine modified cap 100 mg</i>	4	SP
<i>cyclosporine modified oral soln 100 mg/ml</i>	4	SP
<i>everolimus tab 0.5 mg</i>	4	SP
<i>everolimus tab 0.25 mg</i>	4	SP
<i>everolimus tab 0.75 mg</i>	4	SP
<i>everolimus tab 1 mg</i>	4	SP
<i>mycophenolate mofetil cap 250 mg</i>	4	SP
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	4	SP
<i>mycophenolate mofetil tab 500 mg</i>	4	SP
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	4	SP
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	4	SP
<i>sirolimus oral soln 1 mg/ml</i>	4	SP

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sirolimus tab 0.5 mg</i>	4	SP
<i>sirolimus tab 1 mg</i>	4	SP
<i>sirolimus tab 2 mg</i>	4	SP
<i>tacrolimus cap 0.5 mg</i>	4	SP
<i>tacrolimus cap 1 mg</i>	4	SP
<i>tacrolimus cap 5 mg</i>	4	SP
POTASSIUM REMOVING AGENTS - DRUGS TO LOWER POTASSIUM		
LOKELMA PAK 5GM (<i>sodium zirconium cyclosilicate</i>)	2	
LOKELMA PAK 10GM (<i>sodium zirconium cyclosilicate</i>)	2	
<i>sodium polystyrene sulfonate powder</i>	1	
VELTASSA POW 1GM (<i>patiomer sorbitex calcium</i>)	2	MO
VELTASSA POW 8.4GM (<i>patiomer sorbitex calcium</i>)	2	MO
VELTASSA POW 16.8GM (<i>patiomer sorbitex calcium</i>)	2	MO
VELTASSA POW 25.2GM (<i>patiomer sorbitex calcium</i>)	2	MO
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl viscous soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
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		
CITRANATAL CAP HARMONY (<i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha</i>)	2	MO
CITRANATAL CAP MEDLEY (<i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha</i>)	2	MO
CITRANATAL MIS 90 DHA (<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i>)	2	MO
CITRANATAL PAK ASSURE (<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i>)	2	MO
(Prenat W/o A W/fefum-Methfol-Fa-Dha Cap 27-0.6-0.4-300 mg) PNV-DHA	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(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	MO
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	PA
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>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)
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NASAL ANTIALLERGY

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 bottles every 25 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	
<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
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS		
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	MO
BETOPTIC-S SUS 0.25% OP (<i>betaxolol hcl (ophth)</i>)	2	MO
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	MO
<i>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
CYCLOPLEGIC MYDRIATICS		
<i>cyclopentolate hcl ophth soln 0.5%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	MO
<i>cyclopentolate hcl ophth soln 2%</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
<i>brimonidine tartrate ophth soln 0.1%</i>	1	MO
<i>brimonidine tartrate ophth soln 0.2%</i>	1	MO
<i>brimonidine tartrate ophth soln 0.15%</i>	1	MO
SIMBRINZA SUS 1-0.2% (<i>brinzolamide-brimonidine tartrate</i>)	2	MO
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin 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>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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-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 oint 10%</i>	1	MO
<i>sulfacetamide sodium ophth soln 10%</i>	1	MO
<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	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS MUL EMU 0.05% OP (<i>cyclosporine (ophth)</i>)	2	MO
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02% (<i>netarsudil dimesylate</i>)	2	
ROCKLATAN DRO (<i>netarsudil dimesylate-latanoprost</i>)	2	
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	MO
<i>loteprednol etabonate ophth susp 0.5%</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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bepotastine besilate ophth soln 1.5%</i>	1	
<i>brinzolamide ophth susp 1%</i>	1	MO
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</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
ILEVRO DRO 0.3% OP (<i>nepafenac</i>)	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
TRYPTYR SOL 0.003% (<i>acoltremon</i>)	2	MO
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	1	MO
<i>latanoprost ophth soln 0.005%</i>	1	MO
LUMIGAN SOL 0.01% OP (<i>bimatoprost</i>)	2	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	MO
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	MO
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	1	
OTIC ANTI-INFECTIVES		
<i>ofloxacin otic soln 0.3%</i>	1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</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	
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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ampicillin cap 500 mg</i>	1	
NATURAL PENICILLINS		
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
AUGMENTIN SUS 125/5ML (<i>amoxicillin & pot clavulanate</i>)	3	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	MO
<i>medroxyprogesterone acetate tab 5 mg</i>	1	MO
<i>medroxyprogesterone acetate tab 10 mg</i>	1	MO
<i>norethindrone acetate tab 5 mg</i>	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
ANTI-CATAPLECTIC AGENTS		
SOD OXYBATE SOL 500MG/ML	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>XYWAV SOL 0.5GM/ML (calcium, magnesium, potassium, & sodium oxybates)</i>	2	MO
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
<i>NAMZARIC CAP (memantine hcl-donepezil hcl)</i>	2	
<i>NAMZARIC CAP 7-10MG (memantine hcl-donepezil hcl)</i>	2	MO
<i>NAMZARIC CAP 14-10MG (memantine hcl-donepezil hcl)</i>	2	MO
<i>NAMZARIC CAP 21-10MG (memantine hcl-donepezil hcl)</i>	2	MO
<i>NAMZARIC CAP 28-10MG (memantine hcl-donepezil hcl)</i>	2	MO
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	MO
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	MO
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	MO
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB 100MG (<i>flibanserin</i>)	3	QL (1 tab every 1 day), MO
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG (<i>deutetrabenazine</i>)	4	SP, PA, QL (2 tabs every 1 day)
AUSTEDO TAB 9MG (<i>deutetrabenazine</i>)	4	SP, PA, QL (4 tabs every 1 day)
AUSTEDO TAB 12MG (<i>deutetrabenazine</i>)	4	SP, PA, QL (4 tabs every 1 day)
INGREZZA CAP 40-80MG (<i>valbenazine tosylate</i>)	4	SP, PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG (<i>valbenazine tosylate</i>)	4	SP, PA, QL (1 cap every 1 day)
INGREZZA CAP 60MG (<i>valbenazine tosylate</i>)	4	SP, PA, QL (1 cap every 1 day)
INGREZZA CAP 80MG (<i>valbenazine tosylate</i>)	4	SP, PA, QL (1 cap every 1 day)
<i>tetrabenazine tab 12.5 mg</i>	4	SP, PA, QL (4 tabs every 1 day)
<i>tetrabenazine tab 25 mg</i>	4	SP, PA, QL (2 tabs every 1 day)
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
<i>dalfampridine tab er 12hr 10 mg</i>	4	SP, PA, QL (2 tabs every 1 day)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	4	SP, PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	4	SP, PA, QL (2 caps every 1 day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	SP, PA, QL (60 caps every 30 days)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	4	SP, PA, QL (1 cap every 1 day)
MAYZENT PAK STARTER (<i>siponimod fumarate</i>)	4	SP, PA, QL (12 tablet starter pack)
MAYZENT PAK STARTER (<i>siponimod fumarate</i>)	4	SP, PA, QL (7 tabs every 4 days)
MAYZENT TAB 0.25MG (<i>siponimod fumarate</i>)	4	SP, PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG (<i>siponimod fumarate</i>)	4	SP, PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG (<i>siponimod fumarate</i>)	4	SP, PA, QL (1 tab every 1 day)
<i>teriflunomide tab 7 mg</i>	4	SP, PA, QL (1 tab every 1 day)
<i>teriflunomide tab 14 mg</i>	4	SP, PA, QL (1 tab every 1 day)
VUMERITY CAP 231MG (<i>diroximel fumarate</i>)	4	SP
ZEPOSIA 7DAY CAP STR PACK (<i>ozanimod hcl</i>)	4	SP, PA, QL (7 caps every 7 days); Preferred for Multiple Sclerosis Agents, Ulcerative Colitis
ZEPOSIA CAP 0.92MG (<i>ozanimod hcl</i>)	4	SP, PA, QL (1 cap every 1 day); Preferred for Multiple Sclerosis Agents, Ulcerative Colitis

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZEPOSIA CAP STR KIT (<i>ozanimod hcl</i>)	4	SP, PA, QL (28 caps every 28 days); Preferred for Multiple Sclerosis Agents, Ulcerative Colitis
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE TAB 300MG (<i>gabapentin (once-daily)</i>)	2	MO
GRALISE TAB 450MG (<i>gabapentin (once-daily)</i>)	2	MO
GRALISE TAB 600MG (<i>gabapentin (once-daily)</i>)	2	MO
GRALISE TAB 750MG (<i>gabapentin (once-daily)</i>)	2	MO
GRALISE TAB 900MG (<i>gabapentin (once-daily)</i>)	2	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
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG (<i>dextromethorphan hbr-quinidine sulfate</i>)	2	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	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 4 mg) CVS NICOTINE GUM	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 4 mg) CVS NICOTINE POLACRILEX	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 7 mg/24hr) CVS NICOTINE TRANSDERMAL	PV	\$0 limited to 2 treatment cycles/year
(Nicotine Td Patch 24hr 14 mg/24hr) CVS NICOTINE TRANSDERMAL	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
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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS		
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG (<i>nintedanib esylate</i>)	4	SP, PA, QL (2 caps every 1 day)
OFEV CAP 150MG (<i>nintedanib esylate</i>)	4	SP, PA, QL (2 caps every 1 day)
<i>pirfenidone cap 267 mg</i>	4	SP, PA, QL (9 caps every 1 day)
<i>pirfenidone tab 267 mg</i>	4	SP, PA, QL (9 tabs every 1 day)
<i>pirfenidone tab 801 mg</i>	4	SP, PA, QL (3 tabs every 1 day)
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<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>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
<i>levothyroxine sodium tab 50 mcg</i>	1	MO
<i>levothyroxine sodium tab 75 mcg</i>	1	MO
<i>levothyroxine sodium tab 88 mcg</i>	1	MO
<i>levothyroxine sodium tab 100 mcg</i>	1	MO
<i>levothyroxine sodium tab 112 mcg</i>	1	MO
<i>levothyroxine sodium tab 125 mcg</i>	1	MO
<i>levothyroxine sodium tab 137 mcg</i>	1	MO
<i>levothyroxine sodium tab 150 mcg</i>	1	MO
<i>levothyroxine sodium tab 175 mcg</i>	1	MO
<i>levothyroxine sodium tab 200 mcg</i>	1	MO
<i>levothyroxine sodium tab 300 mcg</i>	1	MO
<i>liothyronine sodium tab 5 mcg</i>	1	MO
<i>liothyronine sodium tab 25 mcg</i>	1	MO
<i>liothyronine sodium tab 50 mcg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>SYNTHROID TAB 25MCG (levothyroxine sodium)</i>	2	MO
<i>SYNTHROID TAB 50MCG (levothyroxine sodium)</i>	2	MO
<i>SYNTHROID TAB 75MCG (levothyroxine sodium)</i>	2	MO
<i>SYNTHROID TAB 88MCG (levothyroxine sodium)</i>	2	MO
<i>SYNTHROID TAB 100MCG (levothyroxine sodium)</i>	2	MO
<i>SYNTHROID TAB 112MCG (levothyroxine sodium)</i>	2	MO
<i>SYNTHROID TAB 125MCG (levothyroxine sodium)</i>	2	MO
<i>SYNTHROID TAB 137MCG (levothyroxine sodium)</i>	2	MO
<i>SYNTHROID TAB 150MCG (levothyroxine sodium)</i>	2	MO
<i>SYNTHROID TAB 175MCG (levothyroxine sodium)</i>	2	MO
<i>SYNTHROID TAB 200MCG (levothyroxine sodium)</i>	2	MO
<i>SYNTHROID TAB 300MCG (levothyroxine sodium)</i>	2	MO

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

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	

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

MISC. ANTI-ULCER

<i>sucralfate tab 1 gm</i>	1	MO
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PROTON PUMP INHIBITORS

<i>dexlansoprazole cap delayed release 30 mg</i>	1	
<i>dexlansoprazole cap delayed release 60 mg</i>	1	
<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	MO
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	1	MO
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets every year), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	1	MO
<i>misoprostol tab 200 mcg</i>	1	MO
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
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>tropium chloride cap er 24hr 60 mg</i>	1	MO
<i>tropium chloride tab 20 mg</i>	1	MO
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
<i>mirabegron tab er 24 hr 25 mg</i>	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>mirabegron tab er 24 hr 50 mg</i>	1	MO
MYRBETRIQ SUS 8MG/ML (<i>mirabegron</i>)	2	
MYRBETRIQ TAB 25MG (<i>mirabegron</i>)	2	MO
MYRBETRIQ TAB 50MG (<i>mirabegron</i>)	2	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	
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS		
SPERMICIDES		
ENCARE SUP 100MG (<i>nonoxynol-9</i>)	PV	
GYNOL II GEL 3% (<i>nonoxynol-9</i>)	PV	
TODAY SPONGE MIS (<i>nonoxynol-9</i>)	PV	
VCF VAGINAL GEL CONTRACE (<i>nonoxynol-9</i>)	PV	
VCF VAGINAL MIS CONTRACP (<i>nonoxynol-9</i>)	PV	
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.01%</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>)	2	MO
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG (<i>progesterone (vaginal)</i>)	2	
CRINONE GEL 8% VAG (<i>progesterone (vaginal)</i>)	2	PA
ENDOMETRIN SUP 100MG (<i>progesterone (vaginal)</i>)	2	
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR ACUTE ALLERGIC REACTION		
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EPIPEN 2-PAK INJ 0.3MG (<i>epinephrine</i> (<i>anaphylaxis</i>))	2	
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	

DRAFT

Index

A	
abacavir sulfate soln 20 mg/ml (base equiv) ..	84
abacavir sulfate tab 300 mg (base equiv)	84
abacavir sulfate-lamivudine tab 600-300 mg .	84
abiraterone acetate micronized	
see YONSA TAB 125MG	76
abiraterone acetate tab 250 mg	75
abiraterone acetate tab 500 mg	75
acalabrutinib	
see CALQUENCE CAP 100MG.....	77
acalabrutinib maleate	
see CALQUENCE TAB 100MG.....	77
acamprosate calcium tab delayed release 333 mg	122
acarbose tab 100 mg	61
acarbose tab 25 mg	61
acarbose tab 50 mg	61
acebutolol hcl cap 200 mg	88
acebutolol hcl cap 400 mg	88
acetaminophen w/ codeine soln 120-12 mg/5ml	43
.....	43
acetaminophen w/ codeine tab 300-15 mg	43
acetaminophen w/ codeine tab 300-30 mg	43
acetaminophen w/ codeine tab 300-60 mg	43
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	43
Acetaminophen-Caffeine-Dihydrocodeine Cap 320.5-30-16 mg.....	43
acetazolamide cap er 12hr 500 mg	103
acetazolamide tab 125 mg	103
acetazolamide tab 250 mg	103
acetic acid otic soln 2%	121
acitretin cap 10 mg	99
acitretin cap 17.5 mg	99
acitretin cap 25 mg	99
acoltremon	
see TRYPTYR SOL 0.003%.....	121
acyclovir cap 200 mg	87
acyclovir tab 400 mg	87
acyclovir tab 800 mg	87
adapalene cream 0.1%	97
adapalene gel 0.1%	97
adapalene gel 0.3%	97
adapalene-benzoyl peroxide gel 0.1-2.5%	97
adapalene-benzoyl peroxide gel 0.3-2.5%	97
ADDYI TAB 100MG.....	124
ADEMPAS TAB 0.5MG.....	92
ADEMPAS TAB 1.5MG.....	92
ADEMPAS TAB 1MG.....	92
ADEMPAS TAB 2.5MG.....	92
ADEMPAS TAB 2MG.....	92
AFINITOR DIS TAB 2MG.....	76
AFINITOR DIS TAB 3MG.....	76
AFINITOR DIS TAB 5MG.....	76
AFINITOR TAB 10MG.....	76
AFINITOR TAB 2.5MG.....	76
AFINITOR TAB 5MG.....	76
AFINITOR TAB 7.5MG.....	76
AIRSUPRA AER 90-80MCG.....	51
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	51
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	52
.....	52
albuterol sulfate soln nebu 0.5% (5 mg/ml)	52
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	52
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	52
albuterol sulfate syrup 2 mg/5ml	52
albuterol sulfate tab 2 mg	52
albuterol sulfate tab 4 mg	52
albuterol sulfate tab er 12hr 4 mg	52
albuterol sulfate tab er 12hr 8 mg	52
albuterol-budesonide	
see AIRSUPRA AER 90-80MCG.....	51
alclometasone dipropionate cream 0.05%	99
alclometasone dipropionate oint 0.05%	99
ALDACTAZIDE TAB 50/50	103
ALECENSA CAP 150MG	76
alectinib hcl	
see ALECENSA CAP 150MG.....	76
alendronate sodium oral soln 70 mg/75ml	104
alendronate sodium tab 10 mg	104
alendronate sodium tab 35 mg	104
alendronate sodium tab 5 mg	104
alendronate sodium tab 70 mg	104
alfuzosin hcl tab er 24hr 10 mg	109

<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	73	<i>amlodipine besylate-atorvastatin calcium tab</i>	
.....	73	<i>10-20 mg</i>	91
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	73	<i>amlodipine besylate-atorvastatin calcium tab</i>	
.....	73	<i>10-40 mg</i>	91
<i>allopurinol tab 100 mg</i>	109	<i>amlodipine besylate-atorvastatin calcium tab</i>	
<i>allopurinol tab 200 mg</i>	109	<i>10-80 mg</i>	91
<i>allopurinol tab 300 mg</i>	109	<i>amlodipine besylate-atorvastatin calcium tab</i>	
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	108	<i>2.5-10 mg</i>	91
<i>alosetron hcl tab 1 mg (base equiv)</i>	108	<i>amlodipine besylate-atorvastatin calcium tab</i>	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	49	<i>2.5-20 mg</i>	91
<i>alprazolam orally disintegrating tab 0.5 mg</i>	49	<i>amlodipine besylate-atorvastatin calcium tab</i>	
<i>alprazolam orally disintegrating tab 1 mg</i>	49	<i>2.5-40 mg</i>	91
<i>alprazolam orally disintegrating tab 2 mg</i>	49	<i>amlodipine besylate-atorvastatin calcium tab 5-</i>	
<i>alprazolam tab 0.25 mg</i>	49	<i>10 mg</i>	91
<i>alprazolam tab 0.5 mg</i>	49	<i>amlodipine besylate-atorvastatin calcium tab 5-</i>	
<i>alprazolam tab 1 mg</i>	49	<i>20 mg</i>	91
<i>alprazolam tab 2 mg</i>	49	<i>amlodipine besylate-atorvastatin calcium tab 5-</i>	
ALVAIZ TAB 18MG	110	<i>40 mg</i>	91
ALVAIZ TAB 36MG	110	<i>amlodipine besylate-atorvastatin calcium tab 5-</i>	
ALVAIZ TAB 54MG	110	<i>80 mg</i>	91
ALVAIZ TAB 9MG	110	<i>amlodipine besylate-benazepril hcl cap 10-20</i>	
<i>amantadine hcl cap 100 mg</i>	80	<i>mg</i>	71
<i>amantadine hcl soln 50 mg/5ml</i>	80	<i>amlodipine besylate-benazepril hcl cap 10-40</i>	
<i>amantadine hcl tab 100 mg</i>	80	<i>mg</i>	71
<i>ambrisentan tab 10 mg</i>	92	<i>amlodipine besylate-benazepril hcl cap 2.5-10</i>	
<i>ambrisentan tab 5 mg</i>	92	<i>mg</i>	71
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	103	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	
.....	103	.....	71
<i>amiloride hcl tab 5 mg</i>	103	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	
<i>amiodarone hcl tab 100 mg</i>	50	.....	71
Amiodarone Hcl Tab 100 mg	15	<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
<i>amiodarone hcl tab 200 mg</i>	50	.....	71
<i>amiodarone hcl tab 400 mg</i>	50	<i>amlodipine besylate-olmesartan medoxomil tab</i>	
<i>amitriptyline hcl tab 10 mg</i>	60	<i>10-20 mg</i>	71
<i>amitriptyline hcl tab 100 mg</i>	60	<i>amlodipine besylate-olmesartan medoxomil tab</i>	
<i>amitriptyline hcl tab 150 mg</i>	60	<i>10-40 mg</i>	71
<i>amitriptyline hcl tab 25 mg</i>	60	<i>amlodipine besylate-olmesartan medoxomil tab</i>	
<i>amitriptyline hcl tab 50 mg</i>	60	<i>5-20 mg</i>	71
<i>amitriptyline hcl tab 75 mg</i>	60	<i>amlodipine besylate-olmesartan medoxomil tab</i>	
<i>amlodipine besylate tab 10 mg (base</i>		<i>5-40 mg</i>	71
<i>equivalent)</i>	90	<i>amlodipine besylate-valsartan tab 10-160 mg</i>	71
<i>amlodipine besylate tab 2.5 mg (base</i>		<i>amlodipine besylate-valsartan tab 10-320 mg</i>	71
<i>equivalent)</i>	89	<i>amlodipine besylate-valsartan tab 5-160 mg</i>	71
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	89	<i>amlodipine besylate-valsartan tab 5-320 mg</i>	71
.....	89	<i>amlodipine-valsartan-hydrochlorothiazide tab</i>	
<i>amlodipine besylate-atorvastatin calcium tab</i>		<i>10-160-12.5 mg</i>	71
<i>10-10 mg</i>	91		

amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	71	amphetamine-dextroamphetamine tab 10 mg	26
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	71	amphetamine-dextroamphetamine tab 12.5 mg	26
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	71	amphetamine-dextroamphetamine tab 15 mg	27
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	71	amphetamine-dextroamphetamine tab 20 mg	27
amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg	128	amphetamine-dextroamphetamine tab 30 mg	27
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	122	amphetamine-dextroamphetamine tab 5 mg .	26
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	122	amphetamine-dextroamphetamine tab 7.5 mg	26
amoxicillin & k clavulanate for susp 400-57 mg/5ml	122	ampicillin cap 500 mg	122
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	122	anagrelide hcl cap 0.5 mg	109
amoxicillin & k clavulanate tab 250-125 mg .	122	anagrelide hcl cap 1 mg	109
amoxicillin & k clavulanate tab 500-125 mg .	122	anastrozole tab 1 mg	75
amoxicillin & k clavulanate tab 875-125 mg .	122	ANDRODERM DIS 2MG/24HR.....	47
amoxicillin & k clavulanate tab er 12hr 1000- 62.5 mg	122	ANDRODERM DIS 4MG/24HR.....	47
amoxicillin & pot clavulanate see AUGMENTIN SUS 125/5ML.....	122	ANNOVERA MIS	95
amoxicillin (trihydrate) cap 250 mg	121	apalutamide see ERLEADA TAB 240MG.....	75
amoxicillin (trihydrate) cap 500 mg	121	see ERLEADA TAB 60MG	75
amoxicillin (trihydrate) chew tab 125 mg	121	apixaban see ELIQUIS ST P TAB 5MG	53
amoxicillin (trihydrate) chew tab 250 mg	121	see ELIQUIS TAB 2.5MG	54
amoxicillin (trihydrate) for susp 125 mg/5ml .	121	see ELIQUIS TAB 5MG	54
amoxicillin (trihydrate) for susp 200 mg/5ml .	121	apremilast see OTEZLA TAB 10/20	37
amoxicillin (trihydrate) for susp 250 mg/5ml .	121	see OTEZLA TAB 10/20/30.....	37
amoxicillin (trihydrate) for susp 400 mg/5ml .	121	see OTEZLA TAB 20MG.....	37
amoxicillin (trihydrate) for susp 400 mg/5ml .	121	see OTEZLA TAB 30MG.....	38
amoxicillin (trihydrate) tab 500 mg	121	aprepitant capsule 125 mg	65
amoxicillin (trihydrate) tab 875 mg	121	aprepitant capsule 40 mg	65
amphetamine-dextroamphetamine cap er 24hr 10 mg	26	aprepitant capsule 80 mg	65
amphetamine-dextroamphetamine cap er 24hr 15 mg	26	aprepitant capsule therapy pack 80 & 125 mg .	65
amphetamine-dextroamphetamine cap er 24hr 20 mg	26	aripiprazole oral solution 1 mg/ml	84
amphetamine-dextroamphetamine cap er 24hr 25 mg	26	aripiprazole orally disintegrating tab 10 mg ...	84
amphetamine-dextroamphetamine cap er 24hr 30 mg	26	aripiprazole orally disintegrating tab 15 mg ...	84
amphetamine-dextroamphetamine cap er 24hr 5 mg	26	aripiprazole tab 10 mg	84
		aripiprazole tab 15 mg	84
		aripiprazole tab 2 mg	84
		aripiprazole tab 20 mg	84
		aripiprazole tab 30 mg	84
		aripiprazole tab 5 mg	84
		armodafinil tab 150 mg	30
		armodafinil tab 200 mg	30

armodafinil tab 250 mg	30	atrasentan hcl	
armodafinil tab 50 mg	30	see VANRAFIA TAB 0.75MG.....	109
ARNUITY ELPT INH 100MCG	51	AUGMENTIN SUS 125/5ML	122
ARNUITY ELPT INH 200MCG	51	AUSTEDO TAB 12MG	124
ARNUITY ELPT INH 50MCG	51	AUSTEDO TAB 6MG	124
asciminib hcl		AUSTEDO TAB 9MG	124
see SCEMBLIX TAB 100MG	79	avatrombopag maleate	
see SCEMBLIX TAB 20MG	79	see DOPTLET TAB 20MG.....	110
see SCEMBLIX TAB 40MG	79	azathioprine tab 100 mg	116
ASCOMP/CODEINE		azathioprine tab 50 mg	116
see Butalbital-Aspirin-Caff W/ Codeine Cap 50-325-40-30 mg	43	azathioprine tab 75 mg	116
ASMANEX HFA AER 100 MCG	51	azelaic acid	
ASMANEX HFA AER 200 MCG	51	see FINACEA AER 15%.....	101
ASMANEX HFA AER 50MCG.....	51	azelaic acid gel 15%	101
aspirin-dipyridamole cap er 12hr 25-200 mg	109	azelastine hcl nasal spray 0.1% (137 mcg/spray)	118
atazanavir sulfate cap 150 mg (base equiv)	85	.....	118
atazanavir sulfate cap 200 mg (base equiv)	85	azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	118
atazanavir sulfate cap 300 mg (base equiv)	85	azelastine hcl ophth soln 0.05%	120
atazanavir sulfate-cobicistat		azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	118
see EVOTAZ TAB 300-150	85	azithromycin for susp 100 mg/5ml	112
atenolol & chlorthalidone tab 100-25 mg	71	azithromycin for susp 200 mg/5ml	112
atenolol & chlorthalidone tab 50-25 mg	71	azithromycin powd pack for susp 1 gm	112
atenolol tab 100 mg	88	azithromycin tab 250 mg	112
atenolol tab 25 mg	88	azithromycin tab 500 mg	112
atenolol tab 50 mg	88	azithromycin tab 600 mg	112
atogepant		AZSTARYS CAP 26.1-5.2.....	30
see QULIPTA TAB 10MG	114	AZSTARYS CAP 39.2-7.8.....	30
see QULIPTA TAB 30MG	114	AZSTARYS CAP 52.3-10.....	30
see QULIPTA TAB 60MG	114	B	
atomoxetine hcl cap 10 mg (base equiv)	29	BAC	
atomoxetine hcl cap 100 mg (base equiv)	30	see Butalbital-Acetaminophen-Caffeine Tab 50-325-40 mg.....	38
atomoxetine hcl cap 18 mg (base equiv)	29	bacitracin ophth oint 500 unit/gm	119
atomoxetine hcl cap 25 mg (base equiv)	30	bacitracin-polymyxin b ophth oint	119
atomoxetine hcl cap 40 mg (base equiv)	30	bacitracin-polymyxin-neomycin-hc ophth oint 1%	120
atomoxetine hcl cap 60 mg (base equiv)	30	baclofen oral soln 10 mg/5ml	118
atomoxetine hcl cap 80 mg (base equiv)	30	baclofen oral soln 5 mg/5ml	118
atorvastatin calcium tab 10 mg (base equivalent)	67	baclofen tab 10 mg	118
atorvastatin calcium tab 20 mg (base equivalent)	67	baclofen tab 20 mg	118
atorvastatin calcium tab 40 mg (base equivalent)	67	baclofen tab 5 mg	118
atorvastatin calcium tab 80 mg (base equivalent)	68	balsalazide disodium cap 750 mg	107
atovaquone-proguanil hcl tab 250-100 mg	73	BAQSIMI ONE POW 3MG/DOSE	62
atovaquone-proguanil hcl tab 62.5-25 mg	73	BAQSIMI TWO POW 3MG/DOSE	62
		baricitinib	

see OLUMIANT TAB 1MG	35	besifloxacin hcl	
see OLUMIANT TAB 2MG	35	see BESIVANCE SUS 0.6%	119
see OLUMIANT TAB 4MG	35	BESIVANCE SUS 0.6%	119
BASAGLAR INJ 100UNIT.....	63	betamethasone dipropionate augmented cream	
BASAGLAR INJ TEMPO PN	63	0.05%	99
BD INSULIN PEN NEEDLES - OTC	113	betamethasone dipropionate augmented gel	
BD INSULIN SYRINGE - OTC.....	113	0.05%	99
BD PEN NEEDL MIS 31GX8MM	113	betamethasone dipropionate augmented lotion	
BD PEN NEEDL MIS 32GX4MM	113	0.05%	99
BD PEN NEEDL MIS 32GX6MM	113	betamethasone dipropionate augmented oint	
BELBUCA MIS 150MCG.....	46	0.05%	99
BELBUCA MIS 300MCG.....	46	betamethasone dipropionate cream 0.05%	99
BELBUCA MIS 450MCG.....	46	betamethasone dipropionate lotion 0.05%	99
BELBUCA MIS 600MCG.....	46	betamethasone valerate cream 0.1% (base	
BELBUCA MIS 750MCG.....	46	equivalent)	99
BELBUCA MIS 75MCG.....	46	betamethasone valerate lotion 0.1% (base	
BELBUCA MIS 900MCG.....	46	equivalent)	99
BELSOMRA TAB 10MG	111	betamethasone valerate oint 0.1% (base	
BELSOMRA TAB 15MG	111	equivalent)	100
BELSOMRA TAB 20MG	111	betaxolol hcl (ophth)	
BELSOMRA TAB 5MG	111	see BETOPTIC-S SUS 0.25% OP	119
bempedoic acid		betaxolol hcl ophth soln 0.5%	119
see NEXLETOL TAB 180MG	66	betaxolol hcl tab 10 mg	88
bempedoic acid-ezetimibe		betaxolol hcl tab 20 mg	88
see NEXLIZET TAB 180/10MG	67	bethanechol chloride tab 10 mg	129
benazepril & hydrochlorothiazide tab 10-12.5		bethanechol chloride tab 25 mg	129
mg	71	bethanechol chloride tab 5 mg	129
benazepril & hydrochlorothiazide tab 20-12.5		bethanechol chloride tab 50 mg	129
mg	71	BETOPTIC-S SUS 0.25% OP	119
benazepril & hydrochlorothiazide tab 20-25 mg		BEVESPI AER 9-4.8MCG.....	52
.....	71	bexarotene cap 75 mg	79
benazepril & hydrochlorothiazide tab 5-6.25 mg		bicalutamide tab 50 mg	75
.....	71	bictegravir-emtricitabine-tenofovir alafenamide	
benazepril hcl tab 10 mg	69	fumarate	
benazepril hcl tab 20 mg	69	see BIKTARVY TAB.....	85
benazepril hcl tab 40 mg	69	BIKTARVY TAB.....	85
benazepril hcl tab 5 mg	69	bimatoprost	
benzonatate cap 100 mg	96	see LUMIGAN SOL 0.01% OP	121
benzonatate cap 150 mg	96	bimatoprost ophth soln 0.03%	121
benzonatate cap 200 mg	96	binimetinib	
benzoyl peroxide foam 9.8%	97	see MEKTOVI TAB 15MG	78
benzoyl peroxide gel 8%	97	bismuth subcit-metronidazole-tetracycline cap	
benzoyl peroxide-erythromycin gel 5-3%	97	140-125-125 mg	128
benztropine mesylate tab 0.5 mg	80	bisoprolol & hydrochlorothiazide tab 10-6.25	
benztropine mesylate tab 1 mg	80	mg	71
benztropine mesylate tab 2 mg	80	bisoprolol & hydrochlorothiazide tab 2.5-6.25	
bepotastine besilate ophth soln 1.5%	121	mg	71

bisoprolol & hydrochlorothiazide tab 5-6.25 mg	see PULMICORT SUS 0.25MG/2.....51
..... 71	see PULMICORT SUS 0.5MG/2.....51
bisoprolol fumarate tab 10 mg 88	see PULMICORT SUS 1MG/2ML.....51
bisoprolol fumarate tab 2.5 mg 88	budesonide delayed release particles cap 3 mg
bisoprolol fumarate tab 5 mg 88	.....95
bosentan tab 125 mg 92	budesonide inhalation susp 0.25 mg/2ml.....51
bosentan tab 62.5 mg 92	budesonide inhalation susp 0.5 mg/2ml.....51
BOSULIF CAP 100MG..... 76	budesonide inhalation susp 1 mg/2ml.....51
BOSULIF CAP 50MG 76	budesonide tab er 24hr 9 mg.....95
BOSULIF TAB 100MG..... 76	budesonide-formoterol fumarate dihyd aerosol
BOSULIF TAB 400MG..... 76	160-4.5 mcg/act.....52
BOSULIF TAB 500MG..... 76	Budesonide-Formoterol Fumarate Dihyd Aerosol
bosutinib	160-4.5 mcg/act.....52
see BOSULIF CAP 100MG..... 76	budesonide-formoterol fumarate dihyd aerosol
see BOSULIF CAP 50MG..... 76	80-4.5 mcg/act.....52
see BOSULIF TAB 100MG..... 76	Budesonide-Formoterol Fumarate Dihyd Aerosol
see BOSULIF TAB 400MG..... 76	80-4.5 mcg/act.....52
see BOSULIF TAB 500MG..... 76	budesonide-glycopyrrolate-formoterol fumarate
BRAFTOVI CAP 75MG..... 76	see BREZTRI AERO AER SPHERE .....52
BREO ELLIPTA INH 100-25 52	bumetanide tab 0.5 mg.....103
BREO ELLIPTA INH 200-25 52	bumetanide tab 1 mg.....103
BREO ELLIPTA INH 50-25MCG..... 52	bumetanide tab 2 mg.....103
BREYNA	buprenorphine hcl
see Budesonide-Formoterol Fumarate Dihyd	see BELBUCA MIS 150MCG.....46
Aerosol 160-4.5 mcg/act..... 52	see BELBUCA MIS 300MCG.....46
see Budesonide-Formoterol Fumarate Dihyd	see BELBUCA MIS 450MCG.....46
Aerosol 80-4.5 mcg/act..... 52	see BELBUCA MIS 600MCG.....46
BREZTRI AERO AER SPHERE 52	see BELBUCA MIS 750MCG.....46
brimonidine tartrate gel 0.33% (base	see BELBUCA MIS 75MCG .....46
equivalent) 101	see BELBUCA MIS 900MCG.....46
brimonidine tartrate ophth soln 0.1% 119	buprenorphine hcl-naloxone hcl dihydrate
brimonidine tartrate ophth soln 0.15% 119	see ZUBSOLV SUB 0.7-0.18.....46
brimonidine tartrate ophth soln 0.2% 119	see ZUBSOLV SUB 1.4-0.36.....46
brimonidine tartrate-timolol maleate ophth soln	see ZUBSOLV SUB 11.4-2.9.....46
0.2-0.5% 119	see ZUBSOLV SUB 2.9-0.71.....46
brinzolamide ophth susp 1% 121	see ZUBSOLV SUB 5.7-1.4.....46
brinzolamide-brimonidine tartrate	see ZUBSOLV SUB 8.6-2.1.....46
see SIMBRINZA SUS 1-0.2% 119	buprenorphine hcl-naloxone hcl sl film 12-3 mg
bromfenac sodium ophth soln 0.09% (base	(base equiv).....46
equiv) (once-daily) 121	buprenorphine hcl-naloxone hcl sl film 2-0.5 mg
bromocriptine mesylate cap 5 mg (base	(base equiv).....46
equivalent) 80	buprenorphine hcl-naloxone hcl sl film 4-1 mg
bromocriptine mesylate tab 2.5 mg (base	(base equiv).....46
equivalent) 80	buprenorphine hcl-naloxone hcl sl film 8-2 mg
BRUKINSA CAP 80MG..... 76	(base equiv).....46
BRYHALI LOT 0.01%..... 100	buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg
budesonide (inhalation)	(base equiv).....46

buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	46	calcitonin (salmon) nasal soln 200 unit/act ...	104
buprenorphine td patch weekly 10 mcg/hr	46	calcitriol cap 0.25 mcg	104
buprenorphine td patch weekly 15 mcg/hr	46	calcitriol cap 0.5 mcg	104
buprenorphine td patch weekly 20 mcg/hr	46	calcitriol oral soln 1 mcg/ml	104
buprenorphine td patch weekly 5 mcg/hr	46	calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	108
buprenorphine td patch weekly 7.5 mcg/hr	46	calcium acetate (phosphate binder) tab 667 mg	108
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	125	calcium, magnesium, potassium, & sodium oxybates	
bupropion hcl tab 100 mg	58	see XYWAV SOL 0.5GM/ML.....	123
bupropion hcl tab 75 mg	58	CALQUENCE CAP 100MG	77
bupropion hcl tab er 12hr 100 mg	58	CALQUENCE TAB 100MG	77
bupropion hcl tab er 12hr 150 mg	58	candesartan cilexetil tab 16 mg	70
bupropion hcl tab er 12hr 200 mg	58	candesartan cilexetil tab 32 mg	70
bupropion hcl tab er 24hr 150 mg	58	candesartan cilexetil tab 4 mg	70
bupropion hcl tab er 24hr 300 mg	58	candesartan cilexetil tab 8 mg	70
buspirone hcl tab 10 mg	49	candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	71
buspirone hcl tab 15 mg	49	candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	71
buspirone hcl tab 30 mg	49	candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	72
buspirone hcl tab 5 mg	49	capecitabine tab 150 mg	74
buspirone hcl tab 7.5 mg	49	capecitabine tab 500 mg	74
butalbital-acetaminophen tab 50-325 mg	38	captopril & hydrochlorothiazide tab 25-15 mg 72	
Butalbital-Acetaminophen Tab 50-325 mg.....	38	captopril & hydrochlorothiazide tab 25-25 mg 72	
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	43	captopril & hydrochlorothiazide tab 50-15 mg 72	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	43	captopril & hydrochlorothiazide tab 50-25 mg 72	
butalbital-acetaminophen-caffeine tab 50-325-40 mg	38	captopril tab 100 mg	69
Butalbital-Acetaminophen-Caffeine Tab 50-325-40 mg.....	38	captopril tab 12.5 mg	69
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	43	captopril tab 25 mg	69
Butalbital-Aspirin-Caff W/ Codeine Cap 50-325-40-30 mg.....	43	captopril tab 50 mg	69
butalbital-aspirin-caffeine cap 50-325-40 mg . 38		carbamazepine cap er 12hr 100 mg	55
C		carbamazepine cap er 12hr 200 mg	55
cabergoline tab 0.5 mg	105	carbamazepine cap er 12hr 300 mg	55
CABOMETYX TAB 20MG.....	76	carbamazepine chew tab 100 mg	55
CABOMETYX TAB 40MG.....	76	carbamazepine chew tab 200 mg	55
CABOMETYX TAB 60MG.....	77	carbamazepine susp 100 mg/5ml	55
cabozantinib s-malate		carbamazepine tab 200 mg	55
see CABOMETYX TAB 20MG.....	76	carbamazepine tab er 12hr 100 mg	55
see CABOMETYX TAB 40MG.....	76	carbamazepine tab er 12hr 200 mg	55
see CABOMETYX TAB 60MG.....	77	carbamazepine tab er 12hr 400 mg	55
calcipotriene oint 0.005%	99	carbidopa & levodopa orally disintegrating tab 10-100 mg	80
calcipotriene soln 0.005% (50 mcg/ml)	99	carbidopa & levodopa orally disintegrating tab 25-100 mg	80

carbidopa & levodopa orally disintegrating tab 25-250 mg	80	cefprozil tab 500 mg	93
carbidopa & levodopa tab 10-100 mg	80	cefuroxime axetil tab 250 mg	93
carbidopa & levodopa tab 25-100 mg	80	cefuroxime axetil tab 500 mg	93
carbidopa & levodopa tab 25-250 mg	80	celecoxib cap 100 mg	36
carbidopa & levodopa tab er 25-100 mg	80	celecoxib cap 200 mg	36
carbidopa & levodopa tab er 50-200 mg	80	celecoxib cap 400 mg	36
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	80	celecoxib cap 50 mg	36
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	80	cenobamate	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	80	see XCOPRI PAK 100-150.....	57
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	80	see XCOPRI PAK 12.5-25.....	57
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	80	see XCOPRI PAK 150-200.....	57
carbidopa-levodopa-entacapone tabs 50-200-200 mg	80	see XCOPRI PAK 50-100MG	57
cariprazine hcl		see XCOPRI PAK 50-200MG	57
see VRAYLAR CAP 1.5-3MG.....	82	see XCOPRI TAB 100MG	57
see VRAYLAR CAP 1.5MG.....	82	see XCOPRI TAB 150MG	57
see VRAYLAR CAP 3MG	82	see XCOPRI TAB 200MG	57
see VRAYLAR CAP 4.5MG.....	82	see XCOPRI TAB 25MG	57
see VRAYLAR CAP 6MG	82	see XCOPRI TAB 50MG	57
carisoprodol tab 350 mg	118	cephalexin cap 250 mg	93
carvedilol phosphate cap er 24hr 10 mg	88	cephalexin cap 500 mg	93
carvedilol phosphate cap er 24hr 20 mg	88	cephalexin cap 750 mg	93
carvedilol phosphate cap er 24hr 40 mg	88	cephalexin for susp 125 mg/5ml	93
carvedilol phosphate cap er 24hr 80 mg	88	cephalexin for susp 250 mg/5ml	93
carvedilol tab 12.5 mg	88	cephalexin tab 250 mg	93
carvedilol tab 25 mg	88	cephalexin tab 500 mg	93
carvedilol tab 3.125 mg	88	CERDELGA CAP 84MG	110
carvedilol tab 6.25 mg	88	cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	66
cefadroxil cap 500 mg	93	cevimeline hcl cap 30 mg	117
cefadroxil for susp 250 mg/5ml	93	chloroquine phosphate tab 250 mg	73
cefadroxil for susp 500 mg/5ml	93	chloroquine phosphate tab 500 mg	73
cefadroxil tab 1 gm	93	chlorpromazine hcl tab 10 mg	83
cefdinir cap 300 mg	93	chlorpromazine hcl tab 100 mg	84
cefdinir for susp 125 mg/5ml	93	chlorpromazine hcl tab 200 mg	84
cefdinir for susp 250 mg/5ml	93	chlorpromazine hcl tab 25 mg	83
cefixime cap 400 mg	93	chlorpromazine hcl tab 50 mg	83
cefixime for susp 100 mg/5ml	93	chlorthalidone tab 25 mg	103
cefixime for susp 200 mg/5ml	93	chlorthalidone tab 50 mg	103
cefprozil for susp 125 mg/5ml	93	chlorzoxazone tab 500 mg	118
cefprozil for susp 250 mg/5ml	93	cholestyramine light powder 4 gm/dose	67
cefprozil tab 250 mg	93	cholestyramine light powder packets 4 gm	67
		cholestyramine powder 4 gm/dose	67
		cholestyramine powder packets 4 gm	67
		choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	67
		choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	67
		ciclopirox gel 0.77%	98

<i>ciclopirox olamine cream 0.77% (base equiv)</i> . 98	<i>clarithromycin tab 500 mg</i> .....112
<i>ciclopirox olamine susp 0.77% (base equiv)</i> 98	<i>clarithromycin tab er 24hr 500 mg</i> .....112
<i>ciclopirox shampoo 1%</i> 98	<i>clemastine fumarate tab 2.68 mg</i> .....66
<i>ciclopirox solution 8%</i> 98	CLENPIQ SOL.....112
<i>cilostazol tab 100 mg</i> 109	CLIMARA DIS 0.025MG .....106
<i>cilostazol tab 50 mg</i> 109	CLIMARA DIS 0.0375MG .....106
CIMDUO TAB 300-300 85	CLIMARA DIS 0.05MG .....106
<i>cimetidine hcl soln 300 mg/5ml</i> 127	CLIMARA DIS 0.06MG .....106
<i>cimetidine tab 200 mg</i> 127	CLIMARA DIS 0.075MG .....106
<i>cimetidine tab 300 mg</i> 127	CLIMARA DIS 0.1MG .....106
<i>cimetidine tab 400 mg</i> 127	CLIMARA PRO DIS WEEKLY .....105
<i>cimetidine tab 800 mg</i> 127	<i>clindamycin hcl cap 150 mg</i> .....48
<i>cinacalcet hcl tab 30 mg (base equiv)</i> 104	<i>clindamycin hcl cap 300 mg</i> .....48
<i>cinacalcet hcl tab 60 mg (base equiv)</i> 104	<i>clindamycin hcl cap 75 mg</i> .....48
<i>cinacalcet hcl tab 90 mg (base equiv)</i> 104	<i>clindamycin palmitate hcl for soln 75 mg/5ml</i>
CIPRO (10%) SUS 500MG/5 107	<i>(base equiv)</i>.....48
CIPRO (5%) SUS 250MG/5 107	<i>clindamycin phosphate gel 1% (twice-daily)</i>....97
<i>ciprofloxacin</i>	<i>clindamycin phosphate lotion 1%</i> .....97
see CIPRO (10%) SUS 500MG/5 107	<i>clindamycin phosphate soln 1%</i>.....97
see CIPRO (5%) SUS 250MG/5 107	<i>clindamycin phosphate vaginal cream 2%</i>....129
<i>ciprofloxacin for oral susp 250 mg/5ml (5% (5</i>	<i>clindamycin phosphate-benzoyl peroxide gel</i>
<i>gm/100ml)</i> 107	1.2-2.5% .....97
<i>ciprofloxacin for oral susp 500 mg/5ml (10%</i>	<i>clindamycin phosphate-benzoyl peroxide gel</i>
<i>(10 gm/100ml)</i> 107	1.2-3.75% .....97
<i>ciprofloxacin hcl ophth soln 0.3% (base</i>	<i>clindamycin phosphate-benzoyl peroxide gel 1-</i>
<i>equivalent)</i> 119	5% .....97
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i> 107	<i>clindamycin phosph-benzoyl peroxide (refrig)</i>
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i> 107	<i>gel 1.2 (1)-5%</i> .....97
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i> 107	<i>clobazam suspension 2.5 mg/ml</i> .....54
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i> 107	<i>clobazam tab 10 mg</i> .....54
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	<i>clobazam tab 20 mg</i> .....54
..... 121	<i>clobetasol propionate cream 0.05%</i> .....100
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	<i>clobetasol propionate emollient base cream</i>
..... 58	0.05% .....100
<i>citalopram hydrobromide tab 10 mg (base</i>	<i>clobetasol propionate foam 0.05%</i> .....100
<i>equiv)</i> 58	<i>clobetasol propionate gel 0.05%</i> .....100
<i>citalopram hydrobromide tab 20 mg (base</i>	<i>clobetasol propionate lotion 0.05%</i> .....100
<i>equiv)</i> 58	<i>clobetasol propionate oint 0.05%</i> .....100
<i>citalopram hydrobromide tab 40 mg (base</i>	<i>clobetasol propionate shampoo 0.05%</i> .....100
<i>equiv)</i> 58	<i>clobetasol propionate soln 0.05%</i> .....100
CITRANATAL CAP HARMONY 117	<i>clomiphene citrate tab 50 mg</i>.....104
CITRANATAL CAP MEDLEY 117	<i>clomipramine hcl cap 25 mg</i> .....60
CITRANATAL MIS 90 DHA 117	<i>clomipramine hcl cap 50 mg</i> .....60
CITRANATAL PAK ASSURE..... 117	<i>clomipramine hcl cap 75 mg</i> .....60
<i>clarithromycin for susp 125 mg/5ml</i> 112	<i>clonazepam orally disintegrating tab 0.125 mg</i>
<i>clarithromycin for susp 250 mg/5ml</i> 112	.....54
<i>clarithromycin tab 250 mg</i> 112	<i>clonazepam orally disintegrating tab 0.25 mg</i> 54

clonazepam orally disintegrating tab 0.5 mg	54
clonazepam orally disintegrating tab 1 mg	54
clonazepam orally disintegrating tab 2 mg	54
clonazepam tab 0.5 mg	54
clonazepam tab 1 mg	54
clonazepam tab 2 mg	55
clonidine hcl tab 0.1 mg	70
clonidine hcl tab 0.2 mg	70
clonidine hcl tab 0.3 mg	70
clonidine td patch weekly 0.1 mg/24hr	70
clonidine td patch weekly 0.2 mg/24hr	70
clonidine td patch weekly 0.3 mg/24hr	70
clopidogrel bisulfate tab 300 mg (base equiv)	110
clopidogrel bisulfate tab 75 mg (base equiv)	109
clotrimazole cream 1%	98
clotrimazole soln 1%	98
clotrimazole troche 10 mg	117
clozapine orally disintegrating tab 100 mg	83
clozapine orally disintegrating tab 12.5 mg	83
clozapine orally disintegrating tab 150 mg	83
clozapine orally disintegrating tab 200 mg	83
clozapine orally disintegrating tab 25 mg	83
clozapine tab 100 mg	83
clozapine tab 200 mg	83
clozapine tab 25 mg	83
clozapine tab 50 mg	83
colchicine cap 0.6 mg	109
colchicine tab 0.6 mg	109
colchicine w/ probenecid tab 0.5-500 mg	109
colesevelam hcl packet for susp 3.75 gm	67
colesevelam hcl tab 625 mg	67
colestipol hcl granule packets 5 gm	67
colestipol hcl granules 5 gm	67
colestipol hcl tab 1 gm	67
COMBIPATCH DIS	105
condoms - female	
see FC FEMALE MIS CONDOM	113
condoms latex lubricated - male	
see MALE MIS CONDOM	113
condoms latex non-lubricated - male	
see TRUSTEX MIS FLAVORS	113
CONDOMS MIS	113
condoms non-latex lubricated - male	
see DUREX MIS REALFEEL	113
conjugated estrogens-basedoxifene	
see DUAVEE TAB 0.45-20	105

conjugated estrogens-medroxyprogesterone acetate	
see PREMPHASE TAB	106
see PREMPRO TAB	106
see PREMPRO TAB 0.3-1.5	106
see PREMPRO TAB 0.45-1.5	106
see PREMPRO TAB 0.625-5	106
COPIKTRA CAP 15MG	77
COPIKTRA CAP 25MG	77
CORTIFOAM AER 90MG	47
CREON CAP 12000UNT	102
CREON CAP 24000UNT	102
CREON CAP 3000UNIT	102
CREON CAP 36000UNT	102
CREON CAP 6000UNIT	102
CRINONE GEL 4% VAG	129
CRINONE GEL 8% VAG	129
crisaborole	
see EUCRISA OIN 2%	101
cromolyn sodium ophth soln 4%	121
cromolyn sodium soln nebu 20 mg/2ml	50
CVS NICOTINE GUM	
see Nicotine Polacrilex Gum 4 mg	125
CVS NICOTINE LOZENGE	
see Nicotine Polacrilex Lozenge 2 mg	125
CVS NICOTINE POLACRILEX	
see Nicotine Polacrilex Gum 2 mg	125
see Nicotine Polacrilex Lozenge 4 mg	125
CVS NICOTINE TRANSDERMAL	
see Nicotine Td Patch 24hr 14 mg/24hr	125
see Nicotine Td Patch 24hr 21 mg/24hr	125
see Nicotine Td Patch 24hr 7 mg/24hr	125
cyclobenzaprine hcl tab 10 mg	118
cyclobenzaprine hcl tab 5 mg	118
cyclopentolate hcl ophth soln 0.5%	119
cyclopentolate hcl ophth soln 1%	119
cyclopentolate hcl ophth soln 2%	119
cyclophosphamide cap 25 mg	74
cyclophosphamide cap 50 mg	74
cycloserine cap 250 mg	74
cyclosporine (ophth)	
see RESTASIS MUL EMU 0.05% OP	120
cyclosporine cap 100 mg	116
cyclosporine cap 25 mg	116
cyclosporine modified cap 100 mg	116
cyclosporine modified cap 25 mg	116
cyclosporine modified cap 50 mg	116

<i>cyclosporine modified oral soln 100 mg/ml</i> ..	116	<i>darunavir-cobicistat-emtricitabine-tenofovir</i>	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	66	<i>alafenamide</i>	
<i>cyproheptadine hcl tab 4 mg</i>	66	see SYMTUZA TAB.....	86
CYSTAGON CAP 150MG.....	109	<i>dasatinib tab 100 mg</i>	77
CYSTAGON CAP 50MG.....	109	<i>dasatinib tab 140 mg</i>	77
<i>cysteamine bitartrate</i>		<i>dasatinib tab 20 mg</i>	77
see CYSTAGON CAP 150MG.....	109	<i>dasatinib tab 50 mg</i>	77
see CYSTAGON CAP 50MG.....	109	<i>dasatinib tab 70 mg</i>	77
D		<i>dasatinib tab 80 mg</i>	77
<i>dabigatran etexilate mesylate cap 110 mg</i>		<i>deferasirox granules packet 180 mg</i>	64
<i>(etexilate base eq)</i>	54	<i>deferasirox granules packet 360 mg</i>	64
<i>dabigatran etexilate mesylate cap 150 mg</i>		<i>deferasirox granules packet 90 mg</i>	64
<i>(etexilate base eq)</i>	54	<i>deferasirox tab 180 mg</i>	65
<i>dabigatran etexilate mesylate cap 75 mg</i>		<i>deferasirox tab 360 mg</i>	65
<i>(etexilate base eq)</i>	54	<i>deferasirox tab 90 mg</i>	64
<i>dabrafenib mesylate</i>		<i>deferasirox tab for oral susp 125 mg</i>	65
see TAFINLAR CAP 50MG.....	79	<i>deferasirox tab for oral susp 250 mg</i>	65
see TAFINLAR CAP 75MG.....	79	<i>deferasirox tab for oral susp 500 mg</i>	65
see TAFINLAR TAB 10MG.....	79	<i>deferiprone tab 1000 mg</i>	65
<i>dalfampridine tab er 12hr 10 mg</i>	124	<i>deferiprone tab 500 mg</i>	65
<i>danazol cap 100 mg</i>	47	DELSTRIGO TAB	85
<i>danazol cap 200 mg</i>	47	DESCOVY TAB 120-15MG	85
<i>danazol cap 50 mg</i>	47	DESCOVY TAB 200/25MG.....	85
<i>dantrolene sodium cap 100 mg</i>	118	<i>desipramine hcl tab 10 mg</i>	60
<i>dantrolene sodium cap 25 mg</i>	118	<i>desipramine hcl tab 100 mg</i>	60
<i>dantrolene sodium cap 50 mg</i>	118	<i>desipramine hcl tab 150 mg</i>	60
<i>dapsone gel 5%</i>	97	<i>desipramine hcl tab 25 mg</i>	60
<i>dapsone gel 7.5%</i>	97	<i>desipramine hcl tab 50 mg</i>	60
<i>dapsone tab 100 mg</i>	48	<i>desipramine hcl tab 75 mg</i>	60
<i>dapsone tab 25 mg</i>	48	<i>desmopressin acetate nasal spray soln 0.01%</i>	
<i>darifenacin hydrobromide tab er 24hr 15 mg</i>		.....	105
<i>(base equiv)</i>	128	<i>desmopressin acetate nasal spray soln 0.01%</i>	
<i>darifenacin hydrobromide tab er 24hr 7.5 mg</i>		<i>(refrigerated)</i>	105
<i>(base equiv)</i>	128	<i>desmopressin acetate tab 0.1 mg</i>	105
<i>darolutamide</i>		<i>desmopressin acetate tab 0.2 mg</i>	105
see NUBEQA TAB 300MG	75	<i>desogest-eth estrad & eth estrad tab 0.15-</i>	
<i>darunavir</i>		<i>0.02/0.01 mg(21/5)</i>	93
see PREZISTA SUS 100MG/ML	86	<i>desogestrel & ethinyl estradiol tab 0.15 mg-30</i>	
see PREZISTA TAB 150MG	86	<i>mcg</i>	93
see PREZISTA TAB 600MG	86	<i>desonide cream 0.05%</i>	100
see PREZISTA TAB 75MG	86	<i>desonide lotion 0.05%</i>	100
see PREZISTA TAB 800MG	86	<i>desonide oint 0.05%</i>	100
<i>darunavir tab 600 mg</i>	85	<i>desoximetasone cream 0.05%</i>	100
<i>darunavir tab 800 mg</i>	85	<i>desoximetasone cream 0.25%</i>	100
<i>darunavir-cobicistat</i>		<i>desoximetasone gel 0.05%</i>	100
see PREZCOBIX TAB 800-150	86	<i>desoximetasone oint 0.25%</i>	100

<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	59	<i>dextroamphetamine sulfate tab 30 mg</i>	28
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	59	<i>dextroamphetamine sulfate tab 5 mg</i>	27
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	59	<i>dextromethorphan hbr-quinidine sulfate</i>	
<i>deutetrabenazine</i>		see NUDEXTA CAP 20-10MG.....	125
see AUSTEDO TAB 12MG.....	124	<i>diazepam (anticonvulsant)</i>	
see AUSTEDO TAB 6MG.....	124	see VALTOCO SPR 10MG.....	55
see AUSTEDO TAB 9MG.....	124	see VALTOCO SPR 15MG.....	55
<i>dexamethasone elixir 0.5 mg/5ml</i>	95	see VALTOCO SPR 20MG.....	55
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	120	see VALTOCO SPR 5MG.....	55
<i>dexamethasone soln 0.5 mg/5ml</i>	95	<i>diazepam conc 5 mg/ml</i>	49
<i>dexamethasone tab 0.5 mg</i>	95	<i>diazepam oral soln 1 mg/ml</i>	49
<i>dexamethasone tab 0.75 mg</i>	95	<i>diazepam rectal gel delivery system 10 mg</i>	55
<i>dexamethasone tab 1 mg</i>	95	<i>diazepam rectal gel delivery system 2.5 mg</i>	55
<i>dexamethasone tab 1.5 mg</i>	95	<i>diazepam rectal gel delivery system 20 mg</i>	55
<i>dexamethasone tab 2 mg</i>	95	<i>diazepam tab 10 mg</i>	49
<i>dexamethasone tab 4 mg</i>	95	<i>diazepam tab 2 mg</i>	49
<i>dexamethasone tab 6 mg</i>	95	<i>diazepam tab 5 mg</i>	49
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	95	<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	98
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	95	<i>diclofenac sodium ophth soln 0.1%</i>	121
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	95	<i>diclofenac sodium soln 1.5%</i>	98
<i>dexlansoprazole cap delayed release 30 mg</i>	127	<i>diclofenac sodium tab delayed release 25 mg</i>	37
<i>dexlansoprazole cap delayed release 60 mg</i>	127	<i>diclofenac sodium tab delayed release 50 mg</i>	37
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	31	<i>diclofenac sodium tab delayed release 75 mg</i>	37
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	31	<i>diclofenac sodium tab er 24hr 100 mg</i>	37
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	31	<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	37
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	31	<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	37
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	31	<i>dicloxacillin sodium cap 250 mg</i>	122
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	31	<i>dicloxacillin sodium cap 500 mg</i>	122
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	31	<i>dicyclomine hcl cap 10 mg</i>	127
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	31	<i>dicyclomine hcl oral soln 10 mg/5ml</i>	127
<i>dexmethylphenidate hcl tab 10 mg</i>	31	<i>dicyclomine hcl tab 20 mg</i>	127
<i>dexmethylphenidate hcl tab 2.5 mg</i>	31	DIFICID SUS.....	113
<i>dexmethylphenidate hcl tab 5 mg</i>	31	<i>diflunisal tab 500 mg</i>	38
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	27	<i>difluprednate ophth emulsion 0.05%</i>	120
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	27	<i>digoxin oral soln 0.05 mg/ml</i>	91
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	27	<i>digoxin tab 125 mcg (0.125 mg)</i>	91
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	27	<i>digoxin tab 250 mcg (0.25 mg)</i>	91
<i>dextroamphetamine sulfate tab 10 mg</i>	27	<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	91
<i>dextroamphetamine sulfate tab 15 mg</i>	27	DILANTIN CAP 30MG.....	57
<i>dextroamphetamine sulfate tab 20 mg</i>	27	<i>diltiazem hcl cap er 12hr 120 mg</i>	90
		<i>diltiazem hcl cap er 12hr 60 mg</i>	90
		<i>diltiazem hcl cap er 12hr 90 mg</i>	90
		<i>diltiazem hcl cap er 24hr 120 mg</i>	90
		<i>diltiazem hcl cap er 24hr 180 mg</i>	90

<i>diltiazem hcl cap er 24hr 240 mg</i>	90	<i>divalproex sodium tab delayed release 500 mg</i>	58
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	90	<i>divalproex sodium tab er 24 hr 250 mg</i>	58
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	90	<i>divalproex sodium tab er 24 hr 500 mg</i>	58
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	90	<i>dofetilide cap 125 mcg (0.125 mg)</i>	50
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	90	<i>dofetilide cap 250 mcg (0.25 mg)</i>	50
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	90	<i>dofetilide cap 500 mcg (0.5 mg)</i>	50
<i>diltiazem hcl extended release beads cap er</i> <i>24hr 120 mg</i>	90	<i>dolutegravir sodium</i> see TIVICAY PD TAB 5MG	86
<i>diltiazem hcl extended release beads cap er</i> <i>24hr 180 mg</i>	90	see TIVICAY TAB 10MG.....	86
<i>diltiazem hcl extended release beads cap er</i> <i>24hr 240 mg</i>	90	see TIVICAY TAB 25MG.....	86
<i>diltiazem hcl extended release beads cap er</i> <i>24hr 300 mg</i>	90	see TIVICAY TAB 50MG.....	86
<i>diltiazem hcl extended release beads cap er</i> <i>24hr 360 mg</i>	90	<i>dolutegravir sodium-lamivudine</i> see DOVATO TAB 50-300MG	85
<i>diltiazem hcl extended release beads cap er</i> <i>24hr 420 mg</i>	90	<i>donepezil hydrochloride orally disintegrating</i> <i>tab 10 mg</i>	123
<i>dimethyl fumarate capsule delayed release 120</i> <i>mg</i>	124	<i>donepezil hydrochloride orally disintegrating</i> <i>tab 5 mg</i>	123
<i>dimethyl fumarate capsule delayed release 240</i> <i>mg</i>	124	<i>donepezil hydrochloride tab 10 mg</i>	123
<i>dimethyl fumarate capsule dr starter pack 120</i> <i>mg & 240 mg</i>	124	<i>donepezil hydrochloride tab 23 mg</i>	123
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	64	<i>donepezil hydrochloride tab 5 mg</i>	123
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> .	64	DOPTELET TAB 20MG.....	110
<i>dipyridamole tab 25 mg</i>	110	<i>doravirine-lamivudine-tenofovir disoproxil</i> <i>fumarate</i> see DELSTRIGO TAB.....	85
<i>dipyridamole tab 50 mg</i>	110	<i>dorzolamide hcl ophth soln 2%</i>	121
<i>dipyridamole tab 75 mg</i>	110	<i>dorzolamide hcl-timolol maleate ophth soln 2-</i> <i>0.5%</i>	119
<i>diroximel fumarate</i> see VUMERITY CAP 231MG	124	<i>dorzolamide hcl-timolol maleate pf ophth soln</i> <i>2-0.5%</i>	119
<i>disopyramide phosphate cap 100 mg</i>	50	DOVATO TAB 50-300MG	85
<i>disopyramide phosphate cap 150 mg</i>	50	<i>doxazosin mesylate tab 1 mg</i>	70
<i>disulfiram tab 250 mg</i>	122	<i>doxazosin mesylate tab 2 mg</i>	70
<i>disulfiram tab 500 mg</i>	122	<i>doxazosin mesylate tab 4 mg</i>	70
<i>divalproex sodium cap delayed release sprinkle</i> <i>125 mg</i>	58	<i>doxazosin mesylate tab 8 mg</i>	70
<i>divalproex sodium tab delayed release 125 mg</i>	58	<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	111
<i>divalproex sodium tab delayed release 250 mg</i>	58	<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	111
		<i>doxepin hcl cap 10 mg</i>	60
		<i>doxepin hcl cap 100 mg</i>	60
		<i>doxepin hcl cap 150 mg</i>	60
		<i>doxepin hcl cap 25 mg</i>	60
		<i>doxepin hcl cap 50 mg</i>	60
		<i>doxepin hcl cap 75 mg</i>	60
		<i>doxepin hcl conc 10 mg/ml</i>	60
		<i>doxercalciferol cap 0.5 mcg</i>	104
		<i>doxercalciferol cap 1 mcg</i>	104
		<i>doxercalciferol cap 2.5 mcg</i>	104

doxycycline (rosacea)	
see ORACEA CAP 40MG	102
doxycycline hyclate cap 100 mg	126
doxycycline hyclate cap 50 mg	126
doxycycline hyclate tab 100 mg	126
doxylamine-pyridoxine tab delayed release 10-10 mg	65
dronabinol cap 10 mg	65
dronabinol cap 2.5 mg	65
dronabinol cap 5 mg	65
dronedarone hcl	
see MULTAQ TAB 400MG	50
drospirenone-ethinyl estradiol tab 3-0.02 mg	94
drospirenone-ethinyl estradiol tab 3-0.03 mg	94
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	93
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	94
DUAVEE TAB 0.45-20	105
dulaglutide	
see TRULICITY INJ 0.75/0.5	63
see TRULICITY INJ 1.5/0.5	63
see TRULICITY INJ 3/0.5	63
see TRULICITY INJ 4.5/0.5	63
DULERA AER 100-5MCG	52
DULERA AER 200-5MCG	52
DULERA AER 50-5MCG	52
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	59
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	59
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	60
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	60
DUREX MIS REALFEEL	113
dutasteride cap 0.5 mg	109
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	109
duvelisib	
see COPIKTRA CAP 15MG	77
see COPIKTRA CAP 25MG	77
E	
econazole nitrate cream 1%	98
efavirenz tab 600 mg	85
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	85
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	85
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	85
elafibranor	
see IQIRVO TAB 80MG	108
elagolix sodium	
see ORILISSA TAB 150MG	104
see ORILISSA TAB 200MG	104
elagolix sodium-estradiol-norethindrone acetate	
see ORIAHNN CAP	106
eletriptan hydrobromide tab 20 mg (base equivalent)	114
eletriptan hydrobromide tab 40 mg (base equivalent)	114
eliglustat tartrate	
see CERDELGA CAP 84MG	110
ELIQUIS ST P TAB 5MG	53
ELIQUIS TAB 2.5MG	54
ELIQUIS TAB 5MG	54
ELITE-OB	
see Prenatal Vit W/ Iron Carbonyl-Fa Tab 50-1.25 mg	118
ELLA TAB 30MG	95
eltrombopag choline	
see ALVAIZ TAB 18MG	110
see ALVAIZ TAB 36MG	110
see ALVAIZ TAB 54MG	110
see ALVAIZ TAB 9MG	110
eltrombopag olamine powder pack for susp 12.5 mg (base eq)	111
eltrombopag olamine powder pack for susp 25 mg (base equiv)	111
eltrombopag olamine tab 12.5 mg (base equiv)	111
eltrombopag olamine tab 25 mg (base equiv)	111
eltrombopag olamine tab 50 mg (base equiv)	111
eltrombopag olamine tab 75 mg (base equiv)	111
eluxadoline	
see VIBERZI TAB 100MG	108
see VIBERZI TAB 75MG	108
elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide	

see GENVOYA TAB.....	85
EMBECTA UF MIS 31GX8MM.....	113
empagliflozin	
see JARDIANCE TAB 10MG	64
see JARDIANCE TAB 25MG	64
empagliflozin-linagliptin	
see GLYXAMBI TAB 10-5 MG.....	61
see GLYXAMBI TAB 25-5 MG.....	61
empagliflozin-linagliptin-metformin	
see TRIJARDY XR TAB.....	61
empagliflozin-metformin hcl	
see SYNJARDY TAB	61
see SYNJARDY TAB 12.5-500	61
see SYNJARDY TAB 5-1000MG	61
see SYNJARDY TAB 5-500MG	61
see SYNJARDY XR TAB	61
see SYNJARDY XR TAB 10-1000	61
see SYNJARDY XR TAB 25-1000	61
see SYNJARDY XR TAB 5-1000MG	61
emtricitabine caps 200 mg	85
emtricitabine- rilpivirine-tenofovir alafenamide fumarate	
see ODEFSEY TAB	86
emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg	85
emtricitabine-tenofovir alafenamide fumarate	
see DESCOVY TAB 120-15MG	85
see DESCOVY TAB 200/25MG	85
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	85
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	85
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	85
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	85
EMVERM CHW 100MG.....	47
enalapril maleate & hydrochlorothiazide tab 10-25 mg	72
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	72
enalapril maleate oral soln 1 mg/ml	69
enalapril maleate tab 10 mg	69
enalapril maleate tab 2.5 mg	69
enalapril maleate tab 20 mg	69
enalapril maleate tab 5 mg	69
ENCARE SUP 100MG	129

encorafenib	
see BRAFTOVI CAP 75MG	76
ENDOCET	
see Oxycodone W/ Acetaminophen Tab 10-325 mg.....	45
see Oxycodone W/ Acetaminophen Tab 2.5-325 mg.....	45
see Oxycodone W/ Acetaminophen Tab 5-325 mg	45
see Oxycodone W/ Acetaminophen Tab 7.5-325 mg.....	45
ENDOMETRIN SUP 100MG	129
entacapone tab 200 mg	80
entecavir tab 0.5 mg	87
entecavir tab 1 mg	87
enzalutamide	
see XTANDI CAP 40MG.....	75
see XTANDI TAB 40MG.....	75
see XTANDI TAB 80MG.....	76
EPCLUSA PAK 150-37.5	87
EPCLUSA PAK 200-50MG.....	87
EPCLUSA TAB 200-50MG.....	87
EPCLUSA TAB 400-100	87
epinephrine (anaphylaxis)	
see EPIPEN 2-PAK INJ 0.3MG.....	130
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	129
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	129
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	129
EPIPEN 2-PAK INJ 0.3MG.....	130
eplerenone tab 25 mg	73
eplerenone tab 50 mg	73
ergotamine w/ caffeine tab 1-100 mg	114
ERIVEDGE CAP 150MG	75
ERLEADA TAB 240MG	75
ERLEADA TAB 60MG	75
erlotinib hcl tab 100 mg (base equivalent)	74
erlotinib hcl tab 150 mg (base equivalent)	74
erlotinib hcl tab 25 mg (base equivalent)	74
ERYTHROCIN STEARATE	
see Erythromycin Stearate Tab 250 mg.....	112
erythromycin ethylsuccinate for susp 200 mg/5ml	112
erythromycin ethylsuccinate for susp 400 mg/5ml	112

<i>erythromycin ethylsuccinate tab 400 mg</i>	112	<i>estradiol tab 2 mg</i>	106
<i>erythromycin gel 2%</i>	97	<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	106
<i>erythromycin ophth oint 5 mg/gm</i>	119	<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	106
<i>erythromycin soln 2%</i>	97	<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	106
Erythromycin Stearate Tab 250 mg	112	<i>estradiol td gel 1 mg/gm (0.1%)</i>	106
<i>erythromycin tab delayed release 250 mg</i>	112	<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	106
<i>erythromycin tab delayed release 333 mg</i>	112	<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	106
<i>erythromycin tab delayed release 500 mg</i>	112	<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	106
<i>erythromycin w/ delayed release particles cap</i> <i>250 mg</i>	112	<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	106
<i>escitalopram oxalate soln 5 mg/5ml (base</i> <i>equiv)</i>	58	<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	106
<i>escitalopram oxalate tab 10 mg (base equiv)</i> .	58	<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	106
<i>escitalopram oxalate tab 20 mg (base equiv)</i> .	59	<i>estradiol td patch weekly 0.025 mg/24hr</i>	106
<i>escitalopram oxalate tab 5 mg (base equiv)</i> ...	58	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5</i> <i>mcg/24hr)</i>	106
<i>esomeprazole magnesium cap delayed release</i> <i>20 mg (base eq)</i>	127	<i>estradiol td patch weekly 0.05 mg/24hr</i>	106
<i>esomeprazole magnesium cap delayed release</i> <i>40 mg (base eq)</i>	127	<i>estradiol td patch weekly 0.06 mg/24hr</i>	106
<i>esomeprazole magnesium for delayed release</i> <i>susp pack 2.5 mg</i>	127	<i>estradiol td patch weekly 0.075 mg/24hr</i>	106
<i>esomeprazole magnesium for delayed release</i> <i>susp packet 10 mg</i>	127	<i>estradiol td patch weekly 0.1 mg/24hr</i>	106
<i>esomeprazole magnesium for delayed release</i> <i>susp packet 20 mg</i>	128	<i>estradiol vaginal</i> see IMVEXXY MAIN SUP 10MCG	129
<i>esomeprazole magnesium for delayed release</i> <i>susp packet 40 mg</i>	128	see IMVEXXY MAIN SUP 4MCG	129
<i>esomeprazole magnesium for delayed release</i> <i>susp packet 5 mg</i>	127	see IMVEXXY STRT SUP 10MCG	129
<i>estradiol</i> see CLIMARA DIS 0.025MG	106	see IMVEXXY STRT SUP 4MCG	129
see CLIMARA DIS 0.0375MG	106	see VAGIFEM TAB 10MCG	129
see CLIMARA DIS 0.05MG	106	<i>estradiol vaginal cream 0.01%</i>	129
see CLIMARA DIS 0.06MG	106	<i>estradiol valerate-dienogest</i> see NATAZIA TAB	94
see CLIMARA DIS 0.075MG	106	<i>estradiol-levonorgestrel</i> see CLIMARA PRO DIS WEEKLY	105
see CLIMARA DIS 0.1MG	106	<i>eszopiclone tab 1 mg</i>	111
see EVAMIST SPR 1.53MG	107	<i>eszopiclone tab 2 mg</i>	111
<i>estradiol & norethindrone acetate</i> see COMBIPATCH DIS	105	<i>eszopiclone tab 3 mg</i>	111
<i>estradiol & norethindrone acetate tab 0.5-0.1</i> <i>mg</i>	105	<i>ethacrynic acid tab 25 mg</i>	103
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	105	<i>ethambutol hcl tab 100 mg</i>	74
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-</i> <i>dose pump)</i>	106	<i>ethambutol hcl tab 400 mg</i>	74
<i>estradiol tab 0.5 mg</i>	106	<i>ethosuximide cap 250 mg</i>	58
<i>estradiol tab 1 mg</i>	106	<i>ethosuximide soln 250 mg/5ml</i>	58
		<i>ethynodiol diacetate & ethinyl estradiol tab 1</i> <i>mg-35 mcg</i>	94
		<i>ethynodiol diacetate & ethinyl estradiol tab 1</i> <i>mg-50 mcg</i>	94
		<i>etodolac cap 200 mg</i>	37
		<i>etodolac cap 300 mg</i>	37

<i>etodolac tab 400 mg</i>	37	<i>famotidine for susp 40 mg/5ml</i>	127
<i>etodolac tab 500 mg</i>	37	<i>famotidine tab 20 mg</i>	127
<i>etodolac tab er 24hr 400 mg</i>	37	<i>famotidine tab 40 mg</i>	127
<i>etodolac tab er 24hr 500 mg</i>	37	FC FEMALE MIS CONDOM.....	113
<i>etodolac tab er 24hr 600 mg</i>	37	<i>felodipine tab er 24hr 10 mg</i>	90
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	95	<i>felodipine tab er 24hr 2.5 mg</i>	90
<i>etoposide cap 50 mg</i>	79	<i>felodipine tab er 24hr 5 mg</i>	90
<i>etrasimod arginine</i>		<i>fenofibrate cap 150 mg</i>	67
see VELSIPITY TAB 2MG.....	108	<i>fenofibrate micronized cap 134 mg</i>	67
<i>etravirine tab 100 mg</i>	85	<i>fenofibrate micronized cap 200 mg</i>	67
<i>etravirine tab 200 mg</i>	85	<i>fenofibrate micronized cap 43 mg</i>	67
EUCRISA OIN 2%	101	<i>fenofibrate micronized cap 67 mg</i>	67
EVAMIST SPR 1.53MG	107	<i>fenofibrate tab 145 mg</i>	67
<i>everolimus</i>		<i>fenofibrate tab 160 mg</i>	67
see AFINITOR DIS TAB 2MG	76	<i>fenofibrate tab 48 mg</i>	67
see AFINITOR DIS TAB 3MG	76	<i>fenofibrate tab 54 mg</i>	67
see AFINITOR DIS TAB 5MG	76	<i>fantanyl citrate buccal tab 100 mcg (base equiv)</i>	38
see AFINITOR TAB 10MG	76	<i>fantanyl citrate buccal tab 200 mcg (base equiv)</i>	38
see AFINITOR TAB 2.5MG	76	<i>fantanyl citrate buccal tab 400 mcg (base equiv)</i>	38
see AFINITOR TAB 5MG.....	76	<i>fantanyl citrate buccal tab 600 mcg (base equiv)</i>	38
see AFINITOR TAB 7.5MG	76	<i>fantanyl citrate buccal tab 800 mcg (base equiv)</i>	38
<i>everolimus tab 0.25 mg</i>	116	<i>fantanyl td patch 72hr 100 mcg/hr</i>	38
<i>everolimus tab 0.5 mg</i>	116	<i>fantanyl td patch 72hr 12 mcg/hr</i>	38
<i>everolimus tab 0.75 mg</i>	116	<i>fantanyl td patch 72hr 25 mcg/hr</i>	38
<i>everolimus tab 1 mg</i>	116	<i>fantanyl td patch 72hr 37.5 mcg/hr</i>	38
<i>everolimus tab 10 mg</i>	77	<i>fantanyl td patch 72hr 50 mcg/hr</i>	38
<i>everolimus tab 2.5 mg</i>	77	<i>fantanyl td patch 72hr 62.5 mcg/hr</i>	38
<i>everolimus tab 5 mg</i>	77	<i>fantanyl td patch 72hr 75 mcg/hr</i>	38
<i>everolimus tab 7.5 mg</i>	77	<i>fantanyl td patch 72hr 87.5 mcg/hr</i>	38
<i>everolimus tab for oral susp 2 mg</i>	77	<i>ferric citrate tab 1 gm (210 mg ferric iron)</i>	108
<i>everolimus tab for oral susp 3 mg</i>	77	<i>fesoterodine fumarate tab er 24hr 4 mg</i>	128
<i>everolimus tab for oral susp 5 mg</i>	77	<i>fesoterodine fumarate tab er 24hr 8 mg</i>	128
EVOTAZ TAB 300-150	85	FIASP FLEX INJ TOUCH.....	63
<i>exemestane tab 25 mg</i>	75	FIASP INJ 100/ML.....	63
<i>ezetimibe tab 10 mg</i>	68	FIASP PENFIL INJ U-100.....	63
<i>ezetimibe-simvastatin tab 10-10 mg</i>	67	FIASP PMPCRT INJ U-100	63
<i>ezetimibe-simvastatin tab 10-20 mg</i>	67	<i>fidaxomicin</i>	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	67	see DIFICID SUS.....	113
<i>ezetimibe-simvastatin tab 10-80 mg</i>	67	FILSPARI TAB 200MG	109
F		FILSPARI TAB 400MG	109
FA-8		FINACEA AER 15%.....	101
see Folic Acid Cap 0.8 mg	110	<i>finasteride tab 5 mg</i>	109
FABHALTA CAP 200MG	109		
<i>famciclovir tab 125 mg</i>	87		
<i>famciclovir tab 250 mg</i>	88		
<i>famciclovir tab 500 mg</i>	88		

<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	124	see BREO ELLIPTA INH 200-25	52
<i> flecainide acetate tab 100 mg</i>	50	see BREO ELLIPTA INH 50-25MCG.....	52
<i> flecainide acetate tab 150 mg</i>	50	<i> fluticasone propionate cream 0.05%</i>	100
<i> flecainide acetate tab 50 mg</i>	50	<i> fluticasone propionate hfa inhal aer 110</i>	
<i> flibanserin</i>		<i> mcg/act</i>	51
see ADDYI TAB 100MG	124	<i> fluticasone propionate hfa inhal aer 220</i>	
<i> fluconazole for susp 10 mg/ml</i>	66	<i> mcg/act</i>	51
<i> fluconazole for susp 40 mg/ml</i>	66	<i> fluticasone propionate hfa inhal aero 44</i>	
<i> fluconazole tab 100 mg</i>	66	<i> mcg/act</i>	51
<i> fluconazole tab 150 mg</i>	66	<i> fluticasone propionate lotion 0.05%</i>	100
<i> fluconazole tab 200 mg</i>	66	<i> fluticasone propionate nasal susp 50 mcg/act</i>	
<i> fluconazole tab 50 mg</i>	66	.....	119
<i> fludrocortisone acetate tab 0.1 mg</i>	96	<i> fluticasone propionate oint 0.005%</i>	100
<i> flunisolide nasal soln 25 mcg/act (0.025%)</i> ...	119	<i> fluticasone-salmeterol aer powder ba 100-50</i>	
<i> fluocinolone acetonide cream 0.025%</i>	100	<i> mcg/act</i>	52
<i> fluocinolone acetonide oint 0.025%</i>	100	Fluticasone-Salmeterol Aer Powder Ba 100-50	
<i> fluocinolone acetonide soln 0.01%</i>	100	<i> mcg/act</i>	52
<i> fluocinonide cream 0.05%</i>	100	<i> fluticasone-salmeterol aer powder ba 250-50</i>	
<i> fluocinonide emulsified base cream 0.05%</i> ...	100	<i> mcg/act</i>	52
<i> fluocinonide gel 0.05%</i>	100	Fluticasone-Salmeterol Aer Powder Ba 250-50	
<i> fluocinonide oint 0.05%</i>	100	<i> mcg/act</i>	53
<i> fluocinonide soln 0.05%</i>	100	<i> fluticasone-salmeterol aer powder ba 500-50</i>	
FLUORITAB		<i> mcg/act</i>	53
see Sodium Fluoride Soln 0.125 mg/drop F		Fluticasone-Salmeterol Aer Powder Ba 500-50	
(0.275 mg/drop Naf).....	115	<i> mcg/act</i>	53
<i> fluorometholone ophth susp 0.1%</i>	120	<i> fluticasone-umeclidinium-vilanterol</i>	
<i> fluorouracil cream 5%</i>	99	see TRELEGY AER 100MCG	53
<i> fluorouracil soln 2%</i>	99	see TRELEGY AER 200MCG	53
<i> fluorouracil soln 5%</i>	99	<i> fluvastatin sodium cap 20 mg (base equivalent)</i>	
<i> fluoxetine hcl cap 10 mg</i>	59	.....	68
<i> fluoxetine hcl cap 20 mg</i>	59	<i> fluvastatin sodium cap 40 mg (base equivalent)</i>	
<i> fluoxetine hcl cap 40 mg</i>	59	.....	68
<i> fluoxetine hcl solution 20 mg/5ml</i>	59	<i> fluvastatin sodium tab er 24 hr 80 mg (base</i>	
<i> fluoxetine hcl tab 10 mg</i>	59	<i> equivalent)</i>	68
<i> fluoxetine hcl tab 20 mg</i>	59	<i> fluvoxamine maleate tab 100 mg</i>	59
<i> fluphenazine hcl elixir 2.5 mg/5ml</i>	84	<i> fluvoxamine maleate tab 25 mg</i>	59
<i> fluphenazine hcl oral conc 5 mg/ml</i>	84	<i> fluvoxamine maleate tab 50 mg</i>	59
<i> fluphenazine hcl tab 1 mg</i>	84	FOLATE	
<i> fluphenazine hcl tab 10 mg</i>	84	see Folic Acid Tab 400 mcg.....	110
<i> fluphenazine hcl tab 2.5 mg</i>	84	<i> folic acid cap 0.8 mg</i>	110
<i> fluphenazine hcl tab 5 mg</i>	84	Folic Acid Cap 0.8 mg	110
<i> fluticasone furoate (inhalation)</i>		<i> folic acid tab 1 mg</i>	110
see ARNUITY ELPT INH 100MCG	51	Folic Acid Tab 400 mcg.....	110
see ARNUITY ELPT INH 200MCG	51	<i> folic acid tab 800 mcg</i>	110
see ARNUITY ELPT INH 50MCG	51	<i> formoterol fumarate soln nebu 20 mcg/2ml</i> ...	53
<i> fluticasone furoate-vilanterol</i>		<i> fosinopril sodium & hydrochlorothiazide tab 10-</i>	
see BREO ELLIPTA INH 100-25	52	<i> 12.5 mg</i>	72

fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	72
fosinopril sodium tab 10 mg	69
fosinopril sodium tab 20 mg	69
fosinopril sodium tab 40 mg	69
furosemide oral soln 10 mg/ml	103
furosemide oral soln 8 mg/ml	103
furosemide tab 20 mg	103
furosemide tab 40 mg	103
furosemide tab 80 mg	103
FYCOMPA SUS 0.5MG/ML	54
FYCOMPA TAB 10MG	54
FYCOMPA TAB 12MG	54
FYCOMPA TAB 2MG	54
FYCOMPA TAB 4MG	54
FYCOMPA TAB 6MG	54
FYCOMPA TAB 8MG	54

G

<i>gabapentin (once-daily)</i>	
see GRALISE TAB 300MG	125
see GRALISE TAB 450MG	125
see GRALISE TAB 600MG	125
see GRALISE TAB 750MG	125
see GRALISE TAB 900MG	125
<i>gabapentin cap 100 mg</i>	55
<i>gabapentin cap 300 mg</i>	55
<i>gabapentin cap 400 mg</i>	55
<i>gabapentin oral soln 250 mg/5ml</i>	55
<i>gabapentin tab 600 mg</i>	55
<i>gabapentin tab 800 mg</i>	55
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	123
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	123
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	123
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	123
<i>galantamine hydrobromide tab 12 mg</i>	123
<i>galantamine hydrobromide tab 4 mg</i>	123
<i>galantamine hydrobromide tab 8 mg</i>	123
<i>gemfibrozil tab 600 mg</i>	67
<i>gentamicin sulfate cream 0.1%</i>	98
<i>gentamicin sulfate oint 0.1%</i>	98
<i>gentamicin sulfate ophth soln 0.3%</i>	119
GENVOYA TAB	85
<i>gilteritinib fumarate</i>	

see XOSPATA TAB 40MG	79
GLARGIN YFGN INJ 100U/ML.....	63
GLARGIN YFGN SOL 100U/ML	63
<i>glimepiride tab 1 mg</i>	64
<i>glimepiride tab 2 mg</i>	64
<i>glimepiride tab 4 mg</i>	64
<i>glipizide tab 10 mg</i>	64
<i>glipizide tab 5 mg</i>	64
<i>glipizide tab er 24hr 10 mg</i>	64
<i>glipizide tab er 24hr 2.5 mg</i>	64
<i>glipizide tab er 24hr 5 mg</i>	64
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	61
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	61
<i>glipizide-metformin hcl tab 5-500 mg</i>	61
<i>glucagon</i>	
see BAQSIMI ONE POW 3MG/DOSE	62
see BAQSIMI TWO POW 3MG/DOSE.....	62
see GVOKE HYPO 1 INJ 0.5/.1ML	62
see GVOKE HYPO 1 INJ 1/0.2ML	62
see GVOKE HYPO 2 INJ 0.5/.1ML	62
see GVOKE HYPO 2 INJ 1/0.2ML	62
see GVOKE KIT SOL 1/0.2ML.....	62
see GVOKE PFS INJ 0.5/.1ML	62
see GVOKE PFS INJ 1/0.2ML	62
<i>glucagon (rdna) for inj kit 1 mg</i>	62
<i>glycopyrrolate-formoterol fumarate</i>	
see BEVESPI AER 9-4.8MCG	52
GLYXAMBI TAB 10-5 MG	61
GLYXAMBI TAB 25-5 MG	61
GRALISE TAB 300MG.....	125
GRALISE TAB 450MG.....	125
GRALISE TAB 600MG.....	125
GRALISE TAB 750MG.....	125
GRALISE TAB 900MG.....	125
<i>granisetron</i>	
see SANCUSO DIS 3.1MG.....	65
<i>granisetron hcl tab 1 mg</i>	65
<i>grass mixed pollens allergen extract</i>	
see ORALAIR SUB 300 IR.....	35
GRASTEK SUB 2800BAU	35
<i>griseofulvin ultramicrosize tab 125 mg</i>	66
<i>griseofulvin ultramicrosize tab 250 mg</i>	66
<i>guanfacine hcl tab 1 mg</i>	70
<i>guanfacine hcl tab 2 mg</i>	70
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> ..	30
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> ..	30
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> ..	30

guanfacine hcl tab er 24hr 4 mg (base equiv) . 30	hydrocodone bitartrate tab er 24hr deter 100 mg .....39
GVOKE HYPO 1 INJ 0.5/.1ML 62	hydrocodone bitartrate tab er 24hr deter 120 mg .....39
GVOKE HYPO 1 INJ 1/0.2ML 62	hydrocodone bitartrate tab er 24hr deter 20 mg .....39
GVOKE HYPO 2 INJ 0.5/.1ML 62	hydrocodone bitartrate tab er 24hr deter 30 mg .....39
GVOKE HYPO 2 INJ 1/0.2ML 62	hydrocodone bitartrate tab er 24hr deter 40 mg .....39
GVOKE KIT SOL 1/0.2ML..... 62	hydrocodone bitartrate tab er 24hr deter 60 mg .....39
GVOKE PFS INJ 0.5/.1ML 62	hydrocodone bitartrate tab er 24hr deter 80 mg .....39
GVOKE PFS INJ 1/0.2ML 62	hydrocodone-acetaminophen soln 10-325 mg/15ml .....44
GYNOL II GEL 3% 129	hydrocodone-acetaminophen soln 7.5-325 mg/15ml .....44
H	hydrocodone-acetaminophen tab 10-300 mg ..44
halobetasol propionate	hydrocodone-acetaminophen tab 10-325 mg ..44
see BRYHALI LOT 0.01%..... 100	hydrocodone-acetaminophen tab 2.5-325 mg .44
halobetasol propionate cream 0.05% 100	hydrocodone-acetaminophen tab 5-300 mg ....44
halobetasol propionate oint 0.05% 100	hydrocodone-acetaminophen tab 5-325 mg ....44
HALOPERIDOL	hydrocodone-acetaminophen tab 7.5-300 mg .44
see Haloperidol Symp 2mg/ml..... 82	hydrocodone-acetaminophen tab 7.5-325 mg .44
haloperidol lactate oral conc 2 mg/ml 82	hydrocodone-ibuprofen tab 10-200 mg .....44
Haloperidol Symp 2mg/ml..... 82	hydrocodone-ibuprofen tab 5-200 mg .....44
haloperidol tab 0.5 mg 83	hydrocodone-ibuprofen tab 7.5-200 mg .....44
haloperidol tab 1 mg 83	hydrocortisone acetate (intrarectal)
haloperidol tab 10 mg 83	see CORTIFOAM AER 90MG .....47
haloperidol tab 2 mg 83	hydrocortisone acetate w/ pramoxine
haloperidol tab 20 mg 83	see PROCTOFOAM AER HC 1%.....47
haloperidol tab 5 mg 83	hydrocortisone butyrate cream 0.1%.....100
HARVONI PAK 87	hydrocortisone butyrate oint 0.1% .....100
HARVONI PAK 45-200MG 87	hydrocortisone butyrate soln 0.1% .....100
HARVONI TAB 45-200MG 87	hydrocortisone cream 1%.....100
HARVONI TAB 90-400MG 87	hydrocortisone cream 2.5% .....100
HUMULIN R INJ U-500 63	hydrocortisone enema 100 mg/60ml.....47
hydralazine hcl tab 10 mg 73	hydrocortisone lotion 2.5%.....100
hydralazine hcl tab 100 mg 73	hydrocortisone oint 1% .....100
hydralazine hcl tab 25 mg 73	hydrocortisone oint 2.5% .....100
hydralazine hcl tab 50 mg 73	hydrocortisone perianal cream 1% .....47
hydrochlorothiazide cap 12.5 mg 103	hydrocortisone perianal cream 2.5% .....47
hydrochlorothiazide tab 12.5 mg 103	hydrocortisone tab 10 mg .....95
hydrochlorothiazide tab 25 mg 104	hydrocortisone tab 20 mg .....96
hydrochlorothiazide tab 50 mg 104	hydrocortisone tab 5 mg .....95
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml 96	hydrocortisone valerate cream 0.2% .....100
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg 97	
hydrocodone bitartrate cap er 12hr 10 mg 38	
hydrocodone bitartrate cap er 12hr 15 mg 38	
hydrocodone bitartrate cap er 12hr 20 mg 39	
hydrocodone bitartrate cap er 12hr 30 mg 39	
hydrocodone bitartrate cap er 12hr 40 mg 39	
hydrocodone bitartrate cap er 12hr 50 mg 39	

<i>hydrocortisone valerate oint 0.2%</i>	100	IMVEXXY MAIN SUP 10MCG.....	129
<i>hydromorphone hcl liqd 1 mg/ml</i>	39	IMVEXXY MAIN SUP 4MCG.....	129
<i>hydromorphone hcl tab 2 mg</i>	39	IMVEXXY STRT SUP 10MCG	129
<i>hydromorphone hcl tab 4 mg</i>	39	IMVEXXY STRT SUP 4MCG.....	129
<i>hydromorphone hcl tab 8 mg</i>	39	INATAL GT	
<i>hydromorphone hcl tab er 24hr 12 mg</i>	39	see Prenatal Vit W/ Dss-Iron Carbonyl-Fa Tab	
<i>hydromorphone hcl tab er 24hr 16 mg</i>	39	90-1 mg	118
<i>hydromorphone hcl tab er 24hr 32 mg</i>	40	INBRIJA CAP 42MG	81
<i>hydromorphone hcl tab er 24hr 8 mg</i>	39	<i>indapamide tab 1.25 mg</i>	104
<i>hydroxychloroquine sulfate tab 200 mg</i>	73	<i>indapamide tab 2.5 mg</i>	104
<i>hydroxyurea (sickle cell disease)</i>		INGREZZA CAP 40-80MG	124
see SIKLOS TAB 1000MG	110	INGREZZA CAP 40MG.....	124
see SIKLOS TAB 100MG	110	INGREZZA CAP 60MG.....	124
<i>hydroxyurea cap 500 mg</i>	79	INGREZZA CAP 80MG.....	124
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	49	<i>insulin aspart</i>	
<i>hydroxyzine hcl tab 10 mg</i>	49	see NOVLOG INJ 100/ML	63
<i>hydroxyzine hcl tab 25 mg</i>	49	see NOVLOG INJ FLEXPEN	63
<i>hydroxyzine hcl tab 50 mg</i>	49	see NOVLOG INJ PENFILL	64
I		<i>insulin aspart (with niacinamide)</i>	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	104	see FIASP FLEX INJ TOUCH.....	63
IBRANCE CAP 100MG	77	see FIASP INJ 100/ML.....	63
IBRANCE CAP 125MG	77	see FIASP PENFIL INJ U-100	63
IBRANCE CAP 75MG	77	see FIASP PMPCRT INJ U-100.....	63
IBRANCE TAB 100MG	78	<i>insulin aspart protamine & aspart (human)</i>	
IBRANCE TAB 125MG	78	see NOVLOG MIX INJ 70/30	64
IBRANCE TAB 75MG	77	see NOVLOG MIX INJ FLEXPEN	64
<i>ibuprofen susp 100 mg/5ml</i>	37	<i>insulin degludec</i>	
<i>ibuprofen tab 400 mg</i>	37	see TRESIBA FLEX INJ 100UNIT	64
<i>ibuprofen tab 600 mg</i>	37	see TRESIBA FLEX INJ 200UNIT	64
<i>ibuprofen tab 800 mg</i>	37	see TRESIBA INJ 100UNIT	64
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	37	<i>insulin degludec-liraglutide</i>	
<i>icosapent ethyl</i>		see XULTOPHY INJ 100/3.6	62
see VASCEPA CAP 0.5GM.....	67	<i>insulin glargine</i>	
see VASCEPA CAP 1GM	67	see BASAGLAR INJ 100UNIT.....	63
ILEVRO DRO 0.3% OP	121	see BASAGLAR INJ TEMPO PN	63
<i>imatinib mesylate tab 100 mg (base equivalent)</i>		<i>insulin glargine-lixisenatide</i>	
.....	78	see SOLIQUA INJ 100/33	61
<i>imatinib mesylate tab 400 mg (base equivalent)</i>		<i>insulin nph (human) (isophane)</i>	
.....	78	see NOVOLIN N INJ 100 UNIT	63
<i>imipramine hcl tab 10 mg</i>	60	see NOVOLIN N INJ U-100	63
<i>imipramine hcl tab 25 mg</i>	60	<i>insulin nph isophane & reg (human)</i>	
<i>imipramine hcl tab 50 mg</i>	60	see NOVOLIN INJ 70/30.....	63
<i>imiquimod</i>		see NOVOLIN INJ 70/30 FP	63
see ZYCLARA PUMP CRE 2.5%.....	101	<i>insulin pen needle</i>	
<i>imiquimod cream 3.75%</i>	101	see BD INSULIN PEN NEEDLES - OTC.....	113
<i>imiquimod cream 5%</i>	101	see BD PEN NEEDL MIS 31GX8MM	113
		see BD PEN NEEDL MIS 32GX4MM	113

see BD PEN NEEDL MIS 32GX6MM	113	<i>irbesartan tab 75 mg</i>	70
see EMBECTA UF MIS 31GX8MM.....	113	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	72
insulin regular (human)		<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	72
see HUMULIN R INJ U-500	63	ISENTRESS CHW 100MG.....	86
see NOVOLIN R INJ 100 UNIT.....	63	ISENTRESS CHW 25MG	85
see NOVOLIN R INJ U-100.....	63	ISENTRESS HD TAB 600MG.....	86
INSULIN SYRG MIS 0.3/29G	113	ISENTRESS POW 100MG	86
INSULIN SYRG MIS 0.3/30G	113	ISENTRESS TAB 400MG	86
INSULIN SYRG MIS 0.3/31G	113	<i>isoniazid syrup 50 mg/5ml</i>	74
INSULIN SYRG MIS 0.5/28G	113	<i>isoniazid tab 100 mg</i>	74
INSULIN SYRG MIS 0.5/29G	113	<i>isoniazid tab 300 mg</i>	74
INSULIN SYRG MIS 0.5/30G	113	<i>isosorbide dinitrate tab 10 mg</i>	48
INSULIN SYRG MIS 0.5/31G	113	<i>isosorbide dinitrate tab 20 mg</i>	48
INSULIN SYRG MIS 1ML/27G	113	<i>isosorbide dinitrate tab 30 mg</i>	48
INSULIN SYRG MIS 1ML/28G	113	<i>isosorbide dinitrate tab 5 mg</i>	48
INSULIN SYRG MIS 1ML/29G	114	<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5</i> <i>mg</i>	91
INSULIN SYRG MIS 1ML/30G	114	<i>isosorbide mononitrate tab 10 mg</i>	48
INSULIN SYRG MIS 1ML/31G	114	<i>isosorbide mononitrate tab 20 mg</i>	48
INSULIN SYRG MIS 2/27.5G	114	<i>isosorbide mononitrate tab er 24hr 120 mg</i>	48
insulin syringe/needle u-100		<i>isosorbide mononitrate tab er 24hr 30 mg</i>	48
see INSULIN SYRG MIS 0.3/29G	113	<i>isosorbide mononitrate tab er 24hr 60 mg</i>	48
see INSULIN SYRG MIS 0.3/30G	113	<i>isotretinoin cap 10 mg</i>	97
see INSULIN SYRG MIS 0.3/31G	113	<i>isotretinoin cap 20 mg</i>	97
see INSULIN SYRG MIS 0.5/28G	113	<i>isotretinoin cap 30 mg</i>	97
see INSULIN SYRG MIS 0.5/29G	113	<i>isotretinoin cap 40 mg</i>	97
see INSULIN SYRG MIS 0.5/30G	113	<i>itraconazole cap 100 mg</i>	66
see INSULIN SYRG MIS 0.5/31G	113	<i>itraconazole oral soln 10 mg/ml</i>	66
see INSULIN SYRG MIS 1ML/27G	113	<i>ivabradine hcl tab 5 mg (base equiv)</i>	92
see INSULIN SYRG MIS 1ML/28G	113	<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	92
see INSULIN SYRG MIS 1ML/29G	114	<i>ivermectin cream 1%</i>	102
see INSULIN SYRG MIS 1ML/30G	114	<i>ivermectin tab 3 mg</i>	47
see INSULIN SYRG MIS 1ML/31G	114	<i>ivermectin tab 6 mg</i>	47
see INSULIN SYRG MIS 2/27.5G	114	<i>ixazomib citrate</i>	
insulin syringes (disposable)		see NINLARO CAP 2.3MG	78
see BD INSULIN SYRINGE - OTC.....	113	see NINLARO CAP 3MG	78
ipratropium bromide inhal soln 0.02%	50	see NINLARO CAP 4MG	78
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	118	J	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	119	JARDIANCE TAB 10MG	64
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	53	JARDIANCE TAB 25MG	64
iptacopan hcl		K	
see FABHALTA CAP 200MG.....	109	<i>ketoconazole cream 2%</i>	98
IQIRVO TAB 80MG	108	<i>ketoconazole shampoo 2%</i>	98
irbesartan tab 150 mg	70	<i>ketorolac tromethamine ophth soln 0.4%</i>	121
irbesartan tab 300 mg	70	<i>ketorolac tromethamine ophth soln 0.5%</i>	121

KISQALI 200 PAK FEMARA	76	lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	56
KISQALI 400 PAK FEMARA	76	lamotrigine tab er 24hr 100 mg	56
KISQALI 600 PAK FEMARA	76	lamotrigine tab er 24hr 200 mg	56
KISQALI TAB 200DOSE	78	lamotrigine tab er 24hr 25 mg	56
KISQALI TAB 400DOSE.....	78	lamotrigine tab er 24hr 250 mg	56
KISQALI TAB 600DOSE.....	78	lamotrigine tab er 24hr 300 mg	56
KOSELUGO CAP 10MG.....	78	lamotrigine tab er 24hr 50 mg	56
KOSELUGO CAP 25MG.....	78	lansoprazole cap delayed release 15 mg	128
L		lansoprazole cap delayed release 30 mg	128
labetalol hcl tab 100 mg	88	lapatinib ditosylate tab 250 mg (base equiv) ..	78
labetalol hcl tab 200 mg	88	latanoprost ophth soln 0.005%	121
labetalol hcl tab 300 mg	88	ledipasvir-sofosbuvir	
lacosamide oral solution 10 mg/ml	55	see HARVONI PAK	87
lacosamide tab 100 mg	55	see HARVONI PAK 45-200MG	87
lacosamide tab 150 mg	55	see HARVONI TAB 45-200MG	87
lacosamide tab 200 mg	55	see HARVONI TAB 90-400MG	87
lacosamide tab 50 mg	55	leflunomide tab 10 mg	38
lactic acid (ammonium lactate) cream 12% ..	101	leflunomide tab 20 mg	38
lactic acid (ammonium lactate) lotion 12% ...	101	lenalidomide cap 10 mg	116
lactulose solution 10 gm/15ml	112	lenalidomide cap 15 mg	116
lamivudine oral soln 10 mg/ml	86	lenalidomide cap 20 mg	116
lamivudine tab 100 mg (hbv)	87	lenalidomide cap 25 mg	116
lamivudine tab 150 mg	86	lenalidomide cap 5 mg	116
lamivudine tab 300 mg	86	lenalidomide caps 2.5 mg	116
lamivudine-tenofovir disoproxil fumarate		letrozole tab 2.5 mg	75
see CIMDUO TAB 300-300	85	levabuterol tartrate inhal aerosol 45 mcg/act (base equiv)	53
lamivudine-zidovudine tab 150-300 mg	86	levetiracetam oral soln 100 mg/ml	56
lamotrigine orally disintegrating tab 100 mg .	55	levetiracetam tab 1000 mg	56
lamotrigine orally disintegrating tab 200 mg .	55	levetiracetam tab 250 mg	56
lamotrigine orally disintegrating tab 25 mg ...	55	levetiracetam tab 500 mg	56
lamotrigine orally disintegrating tab 50 mg ...	55	levetiracetam tab 750 mg	56
lamotrigine tab 100 mg	55	levetiracetam tab er 24hr 500 mg	56
lamotrigine tab 150 mg	55	levetiracetam tab er 24hr 750 mg	56
lamotrigine tab 200 mg	55	levobunolol hcl ophth soln 0.5%	119
lamotrigine tab 25 mg	55	levocarnitine oral soln 1 gm/10ml (10%)	104
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	55	levocarnitine tab 330 mg	105
lamotrigine tab 35 x 25 mg starter kit	55	levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	66
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	55	levocetirizine dihydrochloride tab 5 mg	66
lamotrigine tab chewable dispersible 25 mg ..	56	levodopa	
lamotrigine tab chewable dispersible 5 mg	56	see INBRIJA CAP 42MG.....	81
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	56	levofloxacin ophth soln 0.5%	119
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	56	levofloxacin ophth soln 1.5%	120
		levofloxacin oral soln 25 mg/ml	107
		levofloxacin tab 250 mg	107

levofloxacin tab 500 mg	107	lidocaine patch 5%	101
levofloxacin tab 750 mg	107	lidocaine-prilocaine cream 2.5-2.5%	101
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	94	linaclotide see LINZESS CAP 145MCG	108
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	94	see LINZESS CAP 290MCG	108
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	94	see LINZESS CAP 72MCG	108
levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg	94	linezolid for susp 100 mg/5ml	48
Levonorgestrel Tab 1.5 mg	95	linezolid tab 600 mg	48
levonorgestrel-eth estra tab 0.05-30/0.075- 40/0.125-30mg-mcg	94	LINZESS CAP 145MCG	108
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	94	LINZESS CAP 290MCG	108
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg- 20 mcg (21)	94	LINZESS CAP 72MCG	108
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	94	liothyronine sodium tab 25 mcg	126
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	94	liothyronine sodium tab 5 mcg	126
levothyroxine sodium see SYNTHROID TAB 100MCG	127	liothyronine sodium tab 50 mcg	126
see SYNTHROID TAB 112MCG	127	liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	62
see SYNTHROID TAB 125MCG	127	lisdexamphetamine dimesylate cap 10 mg	28
see SYNTHROID TAB 137MCG	127	lisdexamphetamine dimesylate cap 20 mg	28
see SYNTHROID TAB 150MCG	127	lisdexamphetamine dimesylate cap 30 mg	28
see SYNTHROID TAB 175MCG	127	lisdexamphetamine dimesylate cap 40 mg	28
see SYNTHROID TAB 200MCG	127	lisdexamphetamine dimesylate cap 50 mg	28
see SYNTHROID TAB 25MCG	127	lisdexamphetamine dimesylate cap 60 mg	28
see SYNTHROID TAB 300MCG	127	lisdexamphetamine dimesylate cap 70 mg	28
see SYNTHROID TAB 50MCG	127	lisdexamphetamine dimesylate chew tab 10 mg	28
see SYNTHROID TAB 75MCG	127	lisdexamphetamine dimesylate chew tab 20 mg	28
see SYNTHROID TAB 88MCG	127	lisdexamphetamine dimesylate chew tab 30 mg	28
levothyroxine sodium tab 100 mcg	126	lisdexamphetamine dimesylate chew tab 40 mg	29
levothyroxine sodium tab 112 mcg	126	lisdexamphetamine dimesylate chew tab 50 mg	29
levothyroxine sodium tab 125 mcg	126	lisdexamphetamine dimesylate chew tab 60 mg	29
levothyroxine sodium tab 137 mcg	126	lisinopril & hydrochlorothiazide tab 10-12.5 mg	72
levothyroxine sodium tab 150 mcg	126	lisinopril & hydrochlorothiazide tab 20-12.5 mg	72
levothyroxine sodium tab 175 mcg	126	lisinopril & hydrochlorothiazide tab 20-25 mg	72
levothyroxine sodium tab 200 mcg	126	lisinopril tab 10 mg	69
levothyroxine sodium tab 25 mcg	126	lisinopril tab 2.5 mg	69
levothyroxine sodium tab 300 mcg	126	lisinopril tab 20 mg	69
levothyroxine sodium tab 50 mcg	126	lisinopril tab 30 mg	69
levothyroxine sodium tab 75 mcg	126	lisinopril tab 40 mg	69
levothyroxine sodium tab 88 mcg	126	lisinopril tab 5 mg	69
lidocaine hcl viscous soln 2%	117	LITFULO CAP 50MG	101
		lithium carbonate cap 150 mg	82
		lithium carbonate cap 300 mg	82
		lithium carbonate cap 600 mg	82
		lithium carbonate tab 300 mg	82
		lithium carbonate tab er 300 mg	82
		lithium carbonate tab er 450 mg	82

LO LOESTRIN TAB 1-10-10	94	see EMVERM CHW 100MG.....	47
LOKELMA PAK 10GM.....	117	meclizine hcl tab 12.5 mg	65
LOKELMA PAK 5GM.....	117	meclizine hcl tab 25 mg	65
LONSURF TAB 15-6.14.....	76	meclizine hcl tab 50 mg	65
LONSURF TAB 20-8.19.....	76	MEDROL TAB 2MG.....	96
loperamide hcl cap 2 mg	64	medroxyprogesterone acetate tab 10 mg	122
lopinavir-ritonavir tab 100-25 mg	86	medroxyprogesterone acetate tab 2.5 mg	122
lopinavir-ritonavir tab 200-50 mg	86	medroxyprogesterone acetate tab 5 mg	122
lorazepam conc 2 mg/ml	49	mefloquine hcl tab 250 mg	73
lorazepam tab 0.5 mg	49	megestrol acetate susp 40 mg/ml	75
lorazepam tab 1 mg	49	megestrol acetate tab 20 mg	75
lorazepam tab 2 mg	49	megestrol acetate tab 40 mg	75
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	72	MEKINIST SOL 0.05/ML.....	78
losartan potassium & hydrochlorothiazide tab 100-25 mg	72	MEKINIST TAB 0.5MG	78
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	72	MEKINIST TAB 2MG	78
losartan potassium tab 100 mg	70	MEKTOVI TAB 15MG.....	78
losartan potassium tab 25 mg	70	meloxicam tab 15 mg	37
losartan potassium tab 50 mg	70	meloxicam tab 7.5 mg	37
loteprednol etabonate ophth gel 0.5%	120	memantine hcl cap er 24hr 14 mg	123
loteprednol etabonate ophth susp 0.2%	120	memantine hcl cap er 24hr 21 mg	123
loteprednol etabonate ophth susp 0.5%	120	memantine hcl cap er 24hr 28 mg	123
lovastatin tab 10 mg	68	memantine hcl cap er 24hr 7 mg	123
lovastatin tab 20 mg	68	memantine hcl oral solution 2 mg/ml	123
lovastatin tab 40 mg	68	memantine hcl tab 10 mg	123
lubiprostone cap 24 mcg	107	memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	123
lubiprostone cap 8 mcg	107	memantine hcl tab 5 mg	123
LUMIGAN SOL 0.01% OP	121	memantine hcl-donepezil hcl see NAMZARIC CAP.....	123
lurasidone hcl tab 120 mg	82	see NAMZARIC CAP 14-10MG.....	123
lurasidone hcl tab 20 mg	82	see NAMZARIC CAP 21-10MG.....	123
lurasidone hcl tab 40 mg	82	see NAMZARIC CAP 28-10MG.....	123
lurasidone hcl tab 60 mg	82	see NAMZARIC CAP 7-10MG	123
lurasidone hcl tab 80 mg	82	memantine hcl-donepezil hcl cap er 24hr 14-10 mg	123
LYNPARZA TAB 100MG.....	78	memantine hcl-donepezil hcl cap er 24hr 21-10 mg	123
LYNPARZA TAB 150MG.....	78	memantine hcl-donepezil hcl cap er 24hr 28-10 mg	123
M		mercaptopurine tab 50 mg	74
macitentan see OPSUMIT TAB 10MG	92	mesalamine see PENTASA CAP 250MG CR	108
malathion lotion 0.5%	102	see PENTASA CAP 500MG CR	108
MALE MIS CONDOM	113	mesalamine cap dr 400 mg	107
MAYZENT PAK STARTER	124	mesalamine cap er 24hr 0.375 gm	107
MAYZENT TAB 0.25MG.....	124	mesalamine cap er 500 mg	108
MAYZENT TAB 1MG	124	mesalamine enema 4 gm	108
MAYZENT TAB 2MG	124		
mebendazole			

<i>mesalamine suppos 1000 mg</i>	108	<i>methylphenidate hcl soln 10 mg/5ml</i>	34
<i>mesalamine tab delayed release 1.2 gm</i>	108	<i>methylphenidate hcl soln 5 mg/5ml</i>	33
<i>mesalamine tab delayed release 800 mg</i>	108	<i>methylphenidate hcl tab 10 mg</i>	34
<i>metaxalone tab 800 mg</i>	118	<i>methylphenidate hcl tab 20 mg</i>	34
<i>metformin hcl oral soln 500 mg/5ml</i>	62	<i>methylphenidate hcl tab 5 mg</i>	34
<i>metformin hcl tab 1000 mg</i>	62	<i>methylphenidate hcl tab er 10 mg</i>	34
<i>metformin hcl tab 500 mg</i>	62	<i>methylphenidate hcl tab er 20 mg</i>	34
<i>metformin hcl tab 850 mg</i>	62	<i>methylphenidate hcl tab er osmotic release</i>	
<i>metformin hcl tab er 24hr 500 mg</i>	62	<i>(osm) 18 mg</i>	34
<i>metformin hcl tab er 24hr 750 mg</i>	62	<i>methylphenidate hcl tab er osmotic release</i>	
<i>methadone hcl conc 10 mg/ml</i>	40	<i>(osm) 27 mg</i>	34
<i>methadone hcl soln 10 mg/5ml</i>	40	<i>methylphenidate hcl tab er osmotic release</i>	
<i>methadone hcl soln 5 mg/5ml</i>	40	<i>(osm) 36 mg</i>	34
<i>methadone hcl tab 10 mg</i>	40	<i>methylphenidate hcl tab er osmotic release</i>	
<i>methadone hcl tab 5 mg</i>	40	<i>(osm) 54 mg</i>	34
<i>methadone hcl tab for oral susp 40 mg</i>	40	<i>methylphenidate hcl tab er osmotic release</i>	
<i>methazolamide tab 25 mg</i>	103	<i>(osm) 72 mg</i>	34
<i>methazolamide tab 50 mg</i>	103	<i>methylphenidate td patch 10 mg/9hr</i>	35
<i>methimazole tab 10 mg</i>	126	<i>methylphenidate td patch 15 mg/9hr</i>	35
<i>methimazole tab 5 mg</i>	126	<i>methylphenidate td patch 20 mg/9hr</i>	35
<i>methocarbamol tab 500 mg</i>	118	<i>methylphenidate td patch 30 mg/9hr</i>	35
<i>methocarbamol tab 750 mg</i>	118	<i>methylprednisolone</i>	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i> 74		see MEDROL TAB 2MG.....	96
<i>methoxsalen rapid cap 10 mg</i>	99	<i>methylprednisolone tab 16 mg</i>	96
<i>methyl dopa tab 250 mg</i>	70	<i>methylprednisolone tab 32 mg</i>	96
<i>methyl dopa tab 500 mg</i>	70	<i>methylprednisolone tab 4 mg</i>	96
<i>methylphenidate hcl cap er 10 mg (cd)</i>	32	<i>methylprednisolone tab 8 mg</i>	96
<i>methylphenidate hcl cap er 20 mg (cd)</i>	32	<i>methylprednisolone tab therapy pack 4 mg (21)</i>	
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i> ...	32	.....	96
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i> ...	32	<i>metoclopramide hcl orally disintegrating tab 5</i>	
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i> ...	32	<i>mg (base eq)</i>	107
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> ...	32	<i>metoclopramide hcl soln 5 mg/5ml (10</i>	
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i> ...	32	<i>mg/10ml) (base equiv)</i>	107
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> ...	32	<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i> ...	32	.....	107
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i> ...	32	<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i> ...	32	.....	107
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i> ...	33	<i>metolazone tab 10 mg</i>	104
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i> ...	33	<i>metolazone tab 2.5 mg</i>	104
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i> ...	33	<i>metolazone tab 5 mg</i>	104
<i>methylphenidate hcl cap er 30 mg (cd)</i>	33	<i>metoprolol & hydrochlorothiazide tab 100-25</i>	
<i>methylphenidate hcl cap er 40 mg (cd)</i>	33	<i>mg</i>	72
<i>methylphenidate hcl cap er 50 mg (cd)</i>	33	<i>metoprolol & hydrochlorothiazide tab 100-50</i>	
<i>methylphenidate hcl cap er 60 mg (cd)</i>	33	<i>mg</i>	72
<i>methylphenidate hcl chew tab 10 mg</i>	33	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>methylphenidate hcl chew tab 2.5 mg</i>	33	.....	72
<i>methylphenidate hcl chew tab 5 mg</i>	33		

metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	88	mirtazapine tab 15 mg	58
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	89	mirtazapine tab 30 mg	58
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	88	mirtazapine tab 45 mg	58
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	88	mirtazapine tab 7.5 mg	58
metoprolol tartrate tab 100 mg	89	misoprostol tab 100 mcg	128
metoprolol tartrate tab 25 mg	89	misoprostol tab 200 mcg	128
metoprolol tartrate tab 37.5 mg	89	modafinil tab 100 mg	35
metoprolol tartrate tab 50 mg	89	modafinil tab 200 mg	35
metoprolol tartrate tab 75 mg	89	mometasone furoate (inhalation)	
metronidazole cap 375 mg	47	see ASMANEX HFA AER 100 MCG.....	51
metronidazole cream 0.75%	102	see ASMANEX HFA AER 200 MCG.....	51
metronidazole gel 0.75%	102	see ASMANEX HFA AER 50MCG.....	51
metronidazole gel 1%	102	mometasone furoate cream 0.1%	100
metronidazole lotion 0.75%	102	mometasone furoate nasal susp 50 mcg/act ..	119
metronidazole tab 250 mg	47	mometasone furoate oint 0.1%	100
metronidazole tab 500 mg	47	mometasone furoate solution 0.1% (lotion) ..	101
metronidazole vaginal gel 0.75%	129	mometasone furoate-formoterol fumarate dihydrate	
midazolam (anticonvulsant)		see DULERA AER 100-5MCG.....	52
see NAYZILAM SPR 5MG.....	55	see DULERA AER 200-5MCG.....	52
midazolam hcl syrup 2 mg/ml (base equivalent)	111	see DULERA AER 50-5MCG.....	52
midodrine hcl tab 10 mg	130	montelukast sodium chew tab 4 mg (base equiv)	50
midodrine hcl tab 2.5 mg	130	.....	50
midodrine hcl tab 5 mg	130	montelukast sodium chew tab 5 mg (base equiv)	50
midostaurin		.....	50
see RYDAPT CAP 25MG.....	79	montelukast sodium oral granules packet 4 mg (base equiv)	51
mifepristone tab 200 mg	105	montelukast sodium tab 10 mg (base equiv) ..	51
mifepristone tab 300 mg	62	morphine sulfate beads cap er 24hr 120 mg	40
minocycline hcl cap 100 mg	126	morphine sulfate beads cap er 24hr 30 mg	40
minocycline hcl cap 50 mg	126	morphine sulfate beads cap er 24hr 45 mg	40
minocycline hcl cap 75 mg	126	morphine sulfate beads cap er 24hr 60 mg	40
minocycline hcl tab 100 mg	126	morphine sulfate beads cap er 24hr 75 mg	40
minocycline hcl tab 50 mg	126	morphine sulfate beads cap er 24hr 90 mg	40
minocycline hcl tab 75 mg	126	morphine sulfate cap er 24hr 10 mg	40
mirabegron		morphine sulfate cap er 24hr 100 mg	40
see MYRBETRIQ SUS 8MG/ML.....	129	morphine sulfate cap er 24hr 20 mg	40
see MYRBETRIQ TAB 25MG.....	129	morphine sulfate cap er 24hr 30 mg	40
see MYRBETRIQ TAB 50MG.....	129	morphine sulfate cap er 24hr 40 mg	40
mirabegron tab er 24 hr 25 mg	128	morphine sulfate cap er 24hr 50 mg	40
mirabegron tab er 24 hr 50 mg	129	morphine sulfate cap er 24hr 60 mg	40
mirtazapine orally disintegrating tab 15 mg ..	58	morphine sulfate cap er 24hr 80 mg	40
mirtazapine orally disintegrating tab 30 mg ..	58	morphine sulfate cap er 24hr 100 mg	40
mirtazapine orally disintegrating tab 45 mg ..	58	morphine sulfate cap er 24hr 20 mg	41
		morphine sulfate cap er 24hr 30 mg	41
		morphine sulfate cap er 24hr 40 mg	41
		morphine sulfate cap er 24hr 50 mg	41
		morphine sulfate cap er 24hr 60 mg	41
		morphine sulfate cap er 24hr 80 mg	41
		morphine sulfate oral soln 10 mg/5ml	41
		morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	41
		morphine sulfate oral soln 20 mg/5ml	41
		morphine sulfate suppos 10 mg	41

<i>morphine sulfate suppos 20 mg</i>	41	<i>naloxegol oxalate</i>	
<i>morphine sulfate suppos 30 mg</i>	41	see MOVANTIK TAB 12.5MG	108
<i>morphine sulfate suppos 5 mg</i>	41	see MOVANTIK TAB 25MG	108
<i>morphine sulfate tab 15 mg</i>	41	<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	65
<i>morphine sulfate tab 30 mg</i>	41	<i>naltrexone hcl tab 50 mg</i>	65
<i>morphine sulfate tab er 100 mg</i>	41	NAMZARIC CAP	123
<i>morphine sulfate tab er 15 mg</i>	41	NAMZARIC CAP 14-10MG	123
<i>morphine sulfate tab er 200 mg</i>	41	NAMZARIC CAP 21-10MG	123
<i>morphine sulfate tab er 30 mg</i>	41	NAMZARIC CAP 28-10MG	123
<i>morphine sulfate tab er 60 mg</i>	41	NAMZARIC CAP 7-10MG	123
MOUNJARO INJ 10MG/0.5	62	<i>naproxen sodium tab 275 mg</i>	37
MOUNJARO INJ 12.5/0.5	63	<i>naproxen sodium tab 550 mg</i>	37
MOUNJARO INJ 15MG/0.5	63	<i>naproxen tab 250 mg</i>	37
MOUNJARO INJ 2.5/0.5	62	<i>naproxen tab 375 mg</i>	37
MOUNJARO INJ 5MG/0.5	62	<i>naproxen tab 500 mg</i>	37
MOUNJARO INJ 7.5/0.5	62	<i>naratriptan hcl tab 1 mg (base equiv)</i>	114
MOVANTIK TAB 12.5MG	108	<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	114
MOVANTIK TAB 25MG	108	NATAZIA TAB	94
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2</i> <i>times daily)</i>	120	<i>nateglinide tab 120 mg</i>	64
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	120	<i>nateglinide tab 60 mg</i>	64
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	107	NATESTO GEL 5.5MG	47
MULTAQ TAB 400MG	50	NAYZILAM SPR 5MG	55
<i>mupirocin oint 2%</i>	98	<i>nebivolol hcl tab 10 mg (base equivalent)</i>	89
<i>mycophenolate mofetil cap 250 mg</i>	116	<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	89
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	116	<i>nebivolol hcl tab 20 mg (base equivalent)</i>	89
<i>mycophenolate mofetil tab 500 mg</i>	116	<i>nebivolol hcl tab 5 mg (base equivalent)</i>	89
<i>mycophenolate sodium tab dr 180 mg</i> <i>(mycophenolic acid equiv)</i>	116	<i>neomycin-polymyx-gramicid op sol 1.75-10000-</i> <i>0.025mg-unt-mg/ml</i>	120
<i>mycophenolate sodium tab dr 360 mg</i> <i>(mycophenolic acid equiv)</i>	116	<i>neomycin-polymyxin-dexamethasone ophth</i> <i>oint 0.1%</i>	120
MYRBETRIQ SUS 8MG/ML	129	<i>neomycin-polymyxin-dexamethasone ophth</i> <i>susp 0.1%</i>	120
MYRBETRIQ TAB 25MG	129	<i>neomycin-polymyxin-hc ophth susp</i>	120
MYRBETRIQ TAB 50MG	129	<i>neomycin-polymyxin-hc otic soln 1%</i>	121
N		<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-</i> <i>10000 unit/ml-1%</i>	121
<i>nabumetone tab 500 mg</i>	37	<i>nepafenac</i>	
<i>nabumetone tab 750 mg</i>	37	see ILEVRO DRO 0.3% OP	121
<i>nadolol tab 20 mg</i>	89	<i>netarsudil dimesylate</i>	
<i>nadolol tab 40 mg</i>	89	see RHOPRESSA SOL 0.02%	120
<i>nadolol tab 80 mg</i>	89	<i>netarsudil dimesylate-latanoprost</i>	
<i>naftifine hcl cream 1%</i>	99	see ROCKLATAN DRO	120
<i>naftifine hcl cream 2%</i>	99	NEUPRO DIS 1MG/24HR	81
<i>naftifine hcl gel 2%</i>	99	NEUPRO DIS 2MG/24HR	81
<i>naldemedine tosylate</i>		NEUPRO DIS 3MG/24HR	81
see SYMPROIC TAB 0.2MG	108	NEUPRO DIS 4MG/24HR	81
		NEUPRO DIS 6MG/24HR	81

NEUPRO DIS 8MG/24HR.....	81	see ORFADIN CAP 10MG	105
<i>nevirapine susp 50 mg/5ml</i>	86	see ORFADIN CAP 20MG	105
<i>nevirapine tab 200 mg</i>	86	see ORFADIN CAP 2MG	105
<i>nevirapine tab er 24hr 100 mg</i>	86	see ORFADIN CAP 5MG	105
<i>nevirapine tab er 24hr 400 mg</i>	86	see ORFADIN SUS 4MG/ML	105
NEXLETOL TAB 180MG	66	<i>nitisinone cap 10 mg</i>	105
NEXLIZET TAB 180/10MG	67	<i>nitisinone cap 2 mg</i>	105
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	69	<i>nitisinone cap 5 mg</i>	105
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	69	<i>nitrofurantoin macrocrystalline cap 100 mg</i>	48
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	69	<i>nitrofurantoin macrocrystalline cap 25 mg</i>	48
<i>nicotine</i>		<i>nitrofurantoin macrocrystalline cap 50 mg</i>	48
see NICOTROL INH	125	<i>nitrofurantoin monohydrate macrocrystalline</i>	
see NICOTROL NS SPR 10MG/ML.....	125	<i>cap 100 mg</i>	48
Nicotine Polacrilex Gum 2 mg.....	125	<i>nitrofurantoin susp 25 mg/5ml</i>	48
Nicotine Polacrilex Gum 4 mg.....	125	<i>nitroglycerin sl tab 0.3 mg</i>	49
Nicotine Polacrilex Lozenge 2 mg	125	<i>nitroglycerin sl tab 0.4 mg</i>	49
Nicotine Polacrilex Lozenge 4 mg	125	<i>nitroglycerin sl tab 0.6 mg</i>	49
Nicotine Td Patch 24hr 14 mg/24hr	125	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	49
Nicotine Td Patch 24hr 21 mg/24hr	125	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	49
Nicotine Td Patch 24hr 7 mg/24hr	125	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	49
NICOTROL INH	125	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	49
NICOTROL NS SPR 10MG/ML.....	125	<i>nitroglycerin tl soln 0.4 mg/spray (400</i>	
<i>nifedipine tab er 24hr 30 mg</i>	90	<i>mcg/spray)</i>	49
<i>nifedipine tab er 24hr 60 mg</i>	90	<i>nonoxynol-9</i>	
<i>nifedipine tab er 24hr 90 mg</i>	90	see ENCARE SUP 100MG	129
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	90	see GYNOL II GEL 3%.....	129
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	90	see TODAY SPONGE MIS.....	129
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	90	see VCF VAGINAL GEL CONTRACE.....	129
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	78	see VCF VAGINAL MIS CONTRACP	129
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	78	Norelgestromin-Ethinyl Estradiol Td Ptwk 150-35	
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	78	mcg/24hr	95
NINLARO CAP 2.3MG	78	<i>norethindrone & ethinyl estradiol-fe chew tab</i>	
NINLARO CAP 3MG	78	<i>0.4 mg-35 mcg</i>	94
NINLARO CAP 4MG	78	<i>norethindrone & ethinyl estradiol-fe chew tab</i>	
<i>nintedanib esylate</i>		<i>0.8 mg-25 mcg</i>	94
see OFEV CAP 100MG	126	<i>norethindrone ace & ethinyl estradiol tab 1 mg-</i>	
see OFEV CAP 150MG	126	<i>20 mcg</i>	94
<i>niraparib tosylate</i>		<i>norethindrone ace & ethinyl estradiol tab 1.5</i>	
see ZEJULA CAP 100MG.....	79	<i>mg-30 mcg</i>	94
see ZEJULA TAB 100MG.....	79	<i>norethindrone ace & ethinyl estradiol-fe tab 1</i>	
see ZEJULA TAB 200MG.....	79	<i>mg-20 mcg</i>	94
see ZEJULA TAB 300MG.....	79	<i>norethindrone ace & ethinyl estradiol-fe tab 1.5</i>	
<i>nirmatrelvir-ritonavir</i>		<i>mg-30 mcg</i>	94
see PAXLOVID PAK	86	<i>norethindrone ace-eth estradiol-fe chew tab 1</i>	
see PAXLOVID TAB 150-100	86	<i>mg-20 mcg (24)</i>	95
see PAXLOVID TAB 300-100	86	<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-</i>	
<i>nitisinone</i>		<i>20 mcg (24)</i>	95

norethindrone acetate tab 5 mg	122	nystatin oint 100000 unit/gm	99
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	105	nystatin susp 100000 unit/ml	117
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	106	nystatin tab 500000 unit	66
norethindrone acetate-ethinyl estradiol-fe fum (biphasic)		nystatin topical powder 100000 unit/gm	99
see LO LOESTRIN TAB 1-10-10.....	94	O	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	94	ODEFSEY TAB.....	86
norethindrone tab 0.35 mg	95	ODOMZO CAP 200MG.....	75
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	95	OFEV CAP 100MG.....	126
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	95	OFEV CAP 150MG.....	126
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	95	ofloxacin ophth soln 0.3%	120
nortriptyline hcl cap 10 mg	60	ofloxacin otic soln 0.3%	121
nortriptyline hcl cap 25 mg	61	olanzapine orally disintegrating tab 10 mg	83
nortriptyline hcl cap 50 mg	61	olanzapine orally disintegrating tab 15 mg	83
nortriptyline hcl cap 75 mg	61	olanzapine orally disintegrating tab 20 mg	83
nortriptyline hcl soln 10 mg/5ml	61	olanzapine orally disintegrating tab 5 mg	83
NORVIR POW 100MG.....	86	olanzapine tab 10 mg	83
NORVIR TAB 100MG.....	86	olanzapine tab 15 mg	83
NOVOLIN INJ 70/30.....	63	olanzapine tab 2.5 mg	83
NOVOLIN INJ 70/30 FP.....	63	olanzapine tab 20 mg	83
NOVOLIN N INJ 100 UNIT.....	63	olanzapine tab 5 mg	83
NOVOLIN N INJ U-100.....	63	olanzapine tab 7.5 mg	83
NOVOLIN R INJ 100 UNIT.....	63	olaparib	
NOVOLIN R INJ U-100.....	63	see LYNPARZA TAB 100MG.....	78
NOVOLOG INJ 100/ML.....	63	see LYNPARZA TAB 150MG.....	78
NOVOLOG INJ FLEXPEN.....	63	olmesartan medoxomil tab 20 mg	70
NOVOLOG INJ PENFILL.....	64	olmesartan medoxomil tab 40 mg	70
NOVOLOG MIX INJ 70/30.....	64	olmesartan medoxomil tab 5 mg	70
NOVOLOG MIX INJ FLEXPEN.....	64	olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	72
NUBEQA TAB 300MG.....	75	olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	72
NUCYNTA ER TAB 100MG.....	41	olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	72
NUCYNTA ER TAB 150MG.....	41	olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	72
NUCYNTA ER TAB 200MG.....	41	olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	72
NUCYNTA ER TAB 250MG.....	41	olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	73
NUCYNTA ER TAB 50MG.....	41	olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	72
NUCYNTA TAB 100MG.....	41	olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	72
NUCYNTA TAB 50MG.....	41	olodaterol hcl	
NUCYNTA TAB 75MG.....	41	see STRIVERDI AER 2.5MCG.....	53
NUDEXTA CAP 20-10MG.....	125	olopatadine hcl nasal soln 0.6%	118
NURTEC TAB 75MG ODT.....	114		
nystatin cream 100000 unit/gm	99		

olopatadine hcl ophth soln 0.2% (base equivalent)	121	oxaprozin tab 600 mg	37
OLUMIANT TAB 1MG	35	oxazepam cap 10 mg	49
OLUMIANT TAB 2MG	35	oxazepam cap 15 mg	49
OLUMIANT TAB 4MG	35	oxazepam cap 30 mg	49
omega-3-acid ethyl esters cap 1 gm	67	oxcarbazepine susp 300 mg/5ml (60 mg/ml) ..	56
omeprazole cap delayed release 10 mg	128	oxcarbazepine tab 150 mg	56
omeprazole cap delayed release 20 mg	128	oxcarbazepine tab 300 mg	56
omeprazole cap delayed release 40 mg	128	oxcarbazepine tab 600 mg	56
ondansetron hcl oral soln 4 mg/5ml	65	oxcarbazepine tab er 24hr 150 mg	56
ondansetron hcl tab 24 mg	65	oxcarbazepine tab er 24hr 300 mg	56
ondansetron hcl tab 4 mg	65	oxcarbazepine tab er 24hr 600 mg	56
ondansetron hcl tab 8 mg	65	oxybutynin chloride solution 5 mg/5ml	128
ondansetron orally disintegrating tab 4 mg ...	65	oxybutynin chloride tab 5 mg	128
ondansetron orally disintegrating tab 8 mg ...	65	oxybutynin chloride tab er 24hr 10 mg	128
ONGENTYS CAP 25MG	80	oxybutynin chloride tab er 24hr 15 mg	128
ONGENTYS CAP 50MG	80	oxybutynin chloride tab er 24hr 5 mg	128
ONZETRA XSAI MIS 11MG	114	oxycodone	
opicapone		see XTAMPZA ER CAP 13.5MG	43
see ONGENTYS CAP 25MG	80	see XTAMPZA ER CAP 18MG	43
see ONGENTYS CAP 50MG	80	see XTAMPZA ER CAP 27MG	43
OPSUMIT TAB 10MG	92	see XTAMPZA ER CAP 36MG	43
OPTION 2		see XTAMPZA ER CAP 9MG	42
see Levonorgestrel Tab 1.5 mg	95	oxycodone hcl cap 5 mg	41
ORACEA CAP 40MG	102	oxycodone hcl conc 100 mg/5ml (20 mg/ml) ...	42
ORALAIR SUB 300 IR	35	oxycodone hcl soln 5 mg/5ml	42
ORFADIN CAP 10MG	105	oxycodone hcl tab 15 mg	42
ORFADIN CAP 20MG	105	oxycodone hcl tab 30 mg	42
ORFADIN CAP 2MG	105	oxycodone hcl tab 5 mg	42
ORFADIN CAP 5MG	105	oxycodone w/ acetaminophen tab 10-325 mg	45
ORFADIN SUS 4MG/ML	105	Oxycodone W/ Acetaminophen Tab 10-325 mg	45
ORIAHNN CAP	106	oxycodone w/ acetaminophen tab 2.5-325 mg	
ORLISSA TAB 150MG	104	.....	45
ORLISSA TAB 200MG	104	Oxycodone W/ Acetaminophen Tab 2.5-325 mg	
orlistat cap 120 mg	29	.....	45
oseltamivir phosphate cap 30 mg (base equiv)	88	oxycodone w/ acetaminophen tab 5-325 mg ..	45
oseltamivir phosphate cap 45 mg (base equiv)	88	Oxycodone W/ Acetaminophen Tab 5-325 mg .	45
oseltamivir phosphate cap 75 mg (base equiv)	88	oxycodone w/ acetaminophen tab 7.5-325 mg	
oseltamivir phosphate for susp 6 mg/ml (base equiv)	88	.....	45
osimertinib mesylate		Oxycodone W/ Acetaminophen Tab 7.5-325 mg	
see TAGRISSO TAB 40MG	74	.....	45
see TAGRISSO TAB 80MG	75	ozanimod hcl	
OTEZLA TAB 10/20	37	see ZEPOSIA 7DAY CAP STR PACK	124
OTEZLA TAB 10/20/30	37	see ZEPOSIA CAP 0.92MG	124
OTEZLA TAB 20MG	37	see ZEPOSIA CAP STR KIT	125
OTEZLA TAB 30MG	38	OZEMPIC INJ 2/1.5ML	63
		OZEMPIC INJ 2MG/3ML	63
		OZEMPIC INJ 4MG/3ML	63

OZEMPIC INJ 8MG/3ML 63

P

PACERONE

see Amiodarone Hcl Tab 100 mg 15

palbociclib

see IBRANCE CAP 100MG 77

see IBRANCE CAP 125MG 77

see IBRANCE CAP 75MG 77

see IBRANCE TAB 100MG 78

see IBRANCE TAB 125MG 78

see IBRANCE TAB 75MG 77

pancrelipase (lipase-protease-amylase)

see CREON CAP 12000UNT 102

see CREON CAP 24000UNT 102

see CREON CAP 3000UNIT 102

see CREON CAP 36000UNT 102

see CREON CAP 6000UNIT 102

see VIOKACE TAB 10440 102

see VIOKACE TAB 20880 102

see ZENPEP CAP 10000UNT 102

see ZENPEP CAP 15000UNT 102

see ZENPEP CAP 20000UNT 102

see ZENPEP CAP 25000UNT 102

see ZENPEP CAP 3000UNIT 102

see ZENPEP CAP 40000UNT 102

see ZENPEP CAP 5000UNIT 102

see ZENPEP CAP 60000UNT 102

pantoprazole sodium ec tab 20 mg (base equiv)

..... 128

pantoprazole sodium ec tab 40 mg (base equiv)

..... 128

paricalcitol cap 1 mcg 105

paricalcitol cap 2 mcg 105

paricalcitol cap 4 mcg 105

paroxetine hcl oral susp 10 mg/5ml (base equiv)

..... 59

paroxetine hcl tab 10 mg 59

paroxetine hcl tab 20 mg 59

paroxetine hcl tab 30 mg 59

paroxetine hcl tab 40 mg 59

paroxetine hcl tab er 24hr 12.5 mg 59

paroxetine hcl tab er 24hr 25 mg 59

paroxetine hcl tab er 24hr 37.5 mg 59

patiomer sorbitex calcium

see VELTASSA POW 16.8GM 117

see VELTASSA POW 1GM 117

see VELTASSA POW 25.2GM 117

see VELTASSA POW 8.4GM 117

PAXLOVID PAK 86

PAXLOVID TAB 150-100 86

PAXLOVID TAB 300-100 86

pazopanib hcl tab 200 mg (base equiv) 79

peg 3350-kcl-na bicarb-nacl-na sulfate for soln

236 gm 112

peg 3350-kcl-sod bicarb-nacl for soln 420 gm 112

penicillamine cap 250 mg 116

penicillamine tab 250 mg 116

penicillin v potassium for soln 125 mg/5ml ... 122

penicillin v potassium for soln 250 mg/5ml ... 122

penicillin v potassium tab 250 mg 122

penicillin v potassium tab 500 mg 122

PENTASA CAP 250MG CR 108

PENTASA CAP 500MG CR 108

perampanel

see FYCOMPA SUS 0.5MG/ML 54

see FYCOMPA TAB 10MG 54

see FYCOMPA TAB 12MG 54

see FYCOMPA TAB 2MG 54

see FYCOMPA TAB 4MG 54

see FYCOMPA TAB 6MG 54

see FYCOMPA TAB 8MG 54

perampanel tab 10 mg 54

perampanel tab 12 mg 54

perampanel tab 2 mg 54

perampanel tab 4 mg 54

perampanel tab 6 mg 54

perampanel tab 8 mg 54

perindopril erbumine tab 2 mg 69

perindopril erbumine tab 4 mg 69

perindopril erbumine tab 8 mg 69

permethrin cream 5% 102

perphenazine tab 16 mg 84

perphenazine tab 2 mg 84

perphenazine tab 4 mg 84

perphenazine tab 8 mg 84

PHEBURANE MIS 483/GM 105

phenelzine sulfate tab 15 mg 58

phenobarbital elixir 20 mg/5ml 111

phenobarbital tab 100 mg 111

phenobarbital tab 15 mg 111

phenobarbital tab 16.2 mg 111

phenobarbital tab 30 mg 111

phenobarbital tab 32.4 mg 111

phenobarbital tab 60 mg 111

phenobarbital tab 64.8 mg	111
phenobarbital tab 97.2 mg	111
phentermine hcl cap 15 mg	29
phentermine hcl cap 30 mg	29
phentermine hcl cap 37.5 mg	29
phentermine hcl tab 37.5 mg	29
phentermine hcl-topiramate	
see QSYMIA CAP 11.25-69.....	29
see QSYMIA CAP 15-92MG.....	29
see QSYMIA CAP 3.75-23.....	29
see QSYMIA CAP 7.5-46MG.....	29
phentermine hcl-topiramate cap er 24hr 11.25-69 mg	29
phentermine hcl-topiramate cap er 24hr 15-92 mg	29
phentermine hcl-topiramate cap er 24hr 3.75-23 mg	29
phentermine hcl-topiramate cap er 24hr 7.5-46 mg	29
phenytoin chew tab 50 mg	57
phenytoin sodium extended	
see DILANTIN CAP 30MG.....	57
phenytoin sodium extended cap 100 mg	57
phenytoin sodium extended cap 200 mg	57
phenytoin sodium extended cap 300 mg	57
phenytoin susp 125 mg/5ml	57
pilocarpine hcl tab 5 mg	117
pilocarpine hcl tab 7.5 mg	117
pimecrolimus cream 1%	101
pindolol tab 10 mg	89
pindolol tab 5 mg	89
pioglitazone hcl tab 15 mg (base equiv)	64
pioglitazone hcl tab 30 mg (base equiv)	64
pioglitazone hcl tab 45 mg (base equiv)	64
pioglitazone hcl-glimepiride tab 30-2 mg	61
pioglitazone hcl-glimepiride tab 30-4 mg	61
pioglitazone hcl-metformin hcl tab 15-500 mg	61
pioglitazone hcl-metformin hcl tab 15-850 mg	61
pirfenidone cap 267 mg	126
pirfenidone tab 267 mg	126
pirfenidone tab 801 mg	126
pitavastatin calcium tab 1 mg	68
pitavastatin calcium tab 2 mg	68
pitavastatin calcium tab 4 mg	68
PNV-DHA	
see Prenat W/o A W/fefum-Methfol-Fa-Dha	
Cap 27-0.6-0.4-300 mg.....	117

PNV-SELECT	
see Prenatal Vit W/ Fe Fum-Methylfolate-Fa	
Tab 27-0.6-0.4 mg.....	118
podofilox gel 0.5%	101
podofilox soln 0.5%	101
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	120
potassium chloride cap er 10 meq	115
potassium chloride cap er 8 meq	115
potassium chloride microencapsulated crys er tab 10 meq	115
potassium chloride microencapsulated crys er tab 15 meq	115
potassium chloride microencapsulated crys er tab 20 meq	115
potassium chloride oral soln 10% (20 meq/15ml)	115
potassium chloride oral soln 20% (40 meq/15ml)	115
potassium chloride tab er 10 meq	116
potassium chloride tab er 20 meq (1500 mg)	116
potassium chloride tab er 8 meq (600 mg)	115
potassium citrate tab er 10 meq (1080 mg)	108
potassium citrate tab er 15 meq (1620 mg)	108
potassium citrate tab er 5 meq (540 mg)	108
pramipexole dihydrochloride tab 0.125 mg	81
pramipexole dihydrochloride tab 0.25 mg	81
pramipexole dihydrochloride tab 0.5 mg	81
pramipexole dihydrochloride tab 0.75 mg	81
pramipexole dihydrochloride tab 1 mg	81
pramipexole dihydrochloride tab 1.5 mg	81
pramipexole dihydrochloride tab er 24hr 0.375 mg	81
pramipexole dihydrochloride tab er 24hr 0.75 mg	81
pramipexole dihydrochloride tab er 24hr 1.5 mg	81
pramipexole dihydrochloride tab er 24hr 2.25 mg	81
pramipexole dihydrochloride tab er 24hr 3 mg	81
pramipexole dihydrochloride tab er 24hr 3.75 mg	81
pramipexole dihydrochloride tab er 24hr 4.5 mg	81
pramlintide acetate	
see SYMLINPEN 60 INJ 1000MCG.....	61
see SYMLINPEN 120 INJ 1000MCG.....	61

<i>prasugrel hcl tab 10 mg (base equiv)</i>	110	PREMPHASE TAB	106
<i>prasugrel hcl tab 5 mg (base equiv)</i>	110	PREMPRO TAB	106
<i>pravastatin sodium tab 10 mg</i>	68	PREMPRO TAB 0.3-1.5	106
<i>pravastatin sodium tab 20 mg</i>	68	PREMPRO TAB 0.45-1.5.....	106
<i>pravastatin sodium tab 40 mg</i>	68	PREMPRO TAB 0.625-5	106
<i>pravastatin sodium tab 80 mg</i>	68	Prenat W/o A W/feum-Methfol-Fa-Dha Cap 27-	
PRED SOD PHO SOL 1% OP	120	0.6-0.4-300 mg	117
<i>prednicarbate cream 0.1%</i>	101	PRENATAL 19	
<i>prednicarbate oint 0.1%</i>	101	see Prenatal Vit W/ Fe Fumarate-Fa Chew Tab	
<i>prednisolone acetate ophth susp 1%</i>	120	29-1 mg	118
<i>prednisolone sod phos orally disintegr tab 10</i>		Prenatal Vit W/ Dss-Iron Carbonyl-Fa Tab 90-1	
<i>mg (base eq)</i>	96	mg	118
<i>prednisolone sod phos orally disintegr tab 15</i>		Prenatal Vit W/ Fe Fumarate-Fa Chew Tab 29-1	
<i>mg (base eq)</i>	96	mg	118
<i>prednisolone sod phos orally disintegr tab 30</i>		Prenatal Vit W/ Fe Fumarate-Fa Tab 28-1 mg .	118
<i>mg (base eq)</i>	96	Prenatal Vit W/ Fe Fum-Methylfolate-Fa Tab 27-	
<i>prednisolone sod phosphate oral soln 15</i>		0.6-0.4 mg	118
<i>mg/5ml (base equiv)</i>	96	Prenatal Vit W/ Iron Carbonyl-Fa Tab 50-1.25 mg	
<i>prednisolone sod phosphate oral soln 5 mg/5ml</i>		.....	118
<i>(base equiv)</i>	96	<i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-</i>	
<i>prednisolone sodium phosphate oral soln 25</i>		<i>dss-fa-dha</i>	
<i>mg/5ml (base eq)</i>	96	see CITRANATAL MIS 90 DHA	117
<i>prednisolone soln 15 mg/5ml</i>	96	see CITRANATAL PAK ASSURE.....	117
<i>prednisolone tab 5 mg</i>	96	<i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-</i>	
<i>prednisone oral soln 5 mg/5ml</i>	96	<i>dss-fa-dha</i>	
<i>prednisone tab 1 mg</i>	96	see CITRANATAL CAP HARMONY	117
<i>prednisone tab 10 mg</i>	96	<i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-</i>	
<i>prednisone tab 2.5 mg</i>	96	<i>fa-dha</i>	
<i>prednisone tab 20 mg</i>	96	see CITRANATAL CAP MEDLEY	117
<i>prednisone tab 5 mg</i>	96	PREZCOBIX TAB 800-150	86
<i>prednisone tab 50 mg</i>	96	PREZISTA SUS 100MG/ML	86
<i>prednisone tab therapy pack 10 mg (21)</i>	96	PREZISTA TAB 150MG	86
<i>prednisone tab therapy pack 10 mg (48)</i>	96	PREZISTA TAB 600MG	86
<i>prednisone tab therapy pack 5 mg (21)</i>	96	PREZISTA TAB 75MG	86
<i>prednisone tab therapy pack 5 mg (48)</i>	96	PREZISTA TAB 800MG	86
<i>pregabalin cap 100 mg</i>	56	<i>primidone tab 250 mg</i>	56
<i>pregabalin cap 150 mg</i>	56	<i>primidone tab 50 mg</i>	56
<i>pregabalin cap 200 mg</i>	56	<i>probenecid tab 500 mg</i>	109
<i>pregabalin cap 225 mg</i>	56	<i>prochlorperazine maleate tab 10 mg (base</i>	
<i>pregabalin cap 25 mg</i>	56	<i>equivalent)</i>	84
<i>pregabalin cap 300 mg</i>	56	<i>prochlorperazine maleate tab 5 mg (base</i>	
<i>pregabalin cap 50 mg</i>	56	<i>equivalent)</i>	84
<i>pregabalin cap 75 mg</i>	56	<i>prochlorperazine suppos 25 mg</i>	84
<i>pregabalin soln 20 mg/ml</i>	56	PROCTOFOAM AER HC 1%	47
<i>pregabalin tab er 24hr 165 mg</i>	125	<i>progesterone (vaginal)</i>	
<i>pregabalin tab er 24hr 330 mg</i>	125	see CRINONE GEL 4% VAG.....	129
<i>pregabalin tab er 24hr 82.5 mg</i>	125	see CRINONE GEL 8% VAG.....	129

see ENDOMETRIN SUP 100MG	129
progesterone cap 100 mg	122
progesterone cap 200 mg	122
promethazine hcl oral soln 6.25 mg/5ml	66
promethazine hcl suppos 12.5 mg	66
promethazine hcl suppos 25 mg	66
Promethazine Hcl Suppos 50 mg	66
promethazine hcl tab 12.5 mg	66
promethazine hcl tab 25 mg	66
promethazine hcl tab 50 mg	66
promethazine w/ codeine syrup 6.25-10 mg/5ml	97
promethazine-dm syrup 6.25-15 mg/5ml	97
PROMETHEGAN	
see Promethazine Hcl Suppos 50 mg	66
propafenone hcl cap er 12hr 225 mg	50
propafenone hcl cap er 12hr 325 mg	50
propafenone hcl cap er 12hr 425 mg	50
propafenone hcl tab 150 mg	50
propafenone hcl tab 225 mg	50
propafenone hcl tab 300 mg	50
propranolol hcl cap er 24hr 120 mg	89
propranolol hcl cap er 24hr 160 mg	89
propranolol hcl cap er 24hr 60 mg	89
propranolol hcl cap er 24hr 80 mg	89
propranolol hcl oral soln 20 mg/5ml	89
propranolol hcl oral soln 40 mg/5ml	89
propranolol hcl tab 10 mg	89
propranolol hcl tab 20 mg	89
propranolol hcl tab 40 mg	89
propranolol hcl tab 60 mg	89
propranolol hcl tab 80 mg	89
propylthiouracil tab 50 mg	126
prucalopride succinate tab 1 mg (base equivalent)	107
prucalopride succinate tab 2 mg (base equivalent)	107
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	97
PULMICORT SUS 0.25MG/2	51
PULMICORT SUS 0.5MG/2	51
PULMICORT SUS 1MG/2ML	51
pyrazinamide tab 500 mg	74
pyridostigmine bromide oral soln 60 mg/5ml	74
pyridostigmine bromide tab 60 mg	74
pyridostigmine bromide tab er 180 mg	74
pyrimethamine tab 25 mg	74

Q	
QSYMIA CAP 11.25-69.....	29
QSYMIA CAP 15-92MG.....	29
QSYMIA CAP 3.75-23.....	29
QSYMIA CAP 7.5-46MG.....	29
quetiapine fumarate tab 100 mg	83
quetiapine fumarate tab 150 mg	83
quetiapine fumarate tab 200 mg	83
quetiapine fumarate tab 25 mg	83
quetiapine fumarate tab 300 mg	83
quetiapine fumarate tab 400 mg	83
quetiapine fumarate tab 50 mg	83
quetiapine fumarate tab er 24hr 150 mg	83
quetiapine fumarate tab er 24hr 200 mg	83
quetiapine fumarate tab er 24hr 300 mg	83
quetiapine fumarate tab er 24hr 400 mg	83
quetiapine fumarate tab er 24hr 50 mg	83
quinapril hcl tab 10 mg	69
quinapril hcl tab 20 mg	69
quinapril hcl tab 40 mg	69
quinapril hcl tab 5 mg	69
quinapril-hydrochlorothiazide tab 10-12.5 mg	73
quinapril-hydrochlorothiazide tab 20-12.5 mg	73
quinapril-hydrochlorothiazide tab 20-25 mg	73
QULIPTA TAB 10MG.....	114
QULIPTA TAB 30MG.....	114
QULIPTA TAB 60MG.....	114
R	
RAGWITEK SUB.....	35
raloxifene hcl tab 60 mg	104
raltegravir potassium	
see ISENTRESS CHW 100MG.....	86
see ISENTRESS CHW 25MG.....	85
see ISENTRESS HD TAB 600MG.....	86
see ISENTRESS POW 100MG.....	86
see ISENTRESS TAB 400MG	86
ramelteon tab 8 mg	112
ramipril cap 1.25 mg	69
ramipril cap 10 mg	69
ramipril cap 2.5 mg	69
ramipril cap 5 mg	69
ranolazine tab er 12hr 1000 mg	48
ranolazine tab er 12hr 500 mg	48
rasagiline mesylate tab 0.5 mg (base equiv)	81
rasagiline mesylate tab 1 mg (base equiv)	81
regorafenib	
see STIVARGA TAB 40MG	79

RELENZA MIS DISKHALE	88	<i>risperidone tab 1 mg</i>	82
<i>repaglinide tab 0.5 mg</i>	64	<i>risperidone tab 2 mg</i>	82
<i>repaglinide tab 1 mg</i>	64	<i>risperidone tab 3 mg</i>	82
<i>repaglinide tab 2 mg</i>	64	<i>risperidone tab 4 mg</i>	82
RESTASIS MUL EMU 0.05% OP.....	120	<i>ritlecitinib tosylate</i>	
<i>revefenacin</i>		see LITFULO CAP 50MG.....	101
see YUPELRI SOL.....	50	<i>ritonavir</i>	
RHOPRESSA SOL 0.02%	120	see NORVIR POW 100MG.....	86
<i>ribavirin cap 200 mg</i>	87	see NORVIR TAB 100MG	86
<i>ribavirin tab 200 mg</i>	87	<i>ritonavir tab 100 mg</i>	86
<i>ribociclib succinate</i>		<i>rivaroxaban</i>	
see KISQALI TAB 200DOSE	78	see XARELTO STAR TAB 15/20MG.....	54
see KISQALI TAB 400DOSE	78	see XARELTO SUS 1MG/ML	54
see KISQALI TAB 600DOSE	78	see XARELTO TAB 10MG	54
<i>ribociclib succinate-letrozole</i>		see XARELTO TAB 15MG	54
see KISQALI 200 PAK FEMARA	76	see XARELTO TAB 2.5MG.....	54
see KISQALI 400 PAK FEMARA	76	see XARELTO TAB 20MG	54
see KISQALI 600 PAK FEMARA	76	<i>rivaroxaban tab 2.5 mg</i>	54
<i>rifampin cap 150 mg</i>	74	<i>rivastigmine tartrate cap 1.5 mg (base</i>	
<i>rifampin cap 300 mg</i>	74	<i>equivalent)</i>	123
<i>rimegepant sulfate</i>		<i>rivastigmine tartrate cap 3 mg (base</i>	
see NURTEC TAB 75MG ODT.....	114	<i>equivalent)</i>	123
RINVOQ LQ SOL 1MG/ML.....	35	<i>rivastigmine tartrate cap 4.5 mg (base</i>	
RINVOQ TAB 15MG ER	36	<i>equivalent)</i>	123
RINVOQ TAB 30MG ER	36	<i>rivastigmine tartrate cap 6 mg (base</i>	
RINVOQ TAB 45MG ER	36	<i>equivalent)</i>	123
<i>riociguat</i>		<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	124
see ADEMPAS TAB 0.5MG	92	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	124
see ADEMPAS TAB 1.5MG	92	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	124
see ADEMPAS TAB 1MG	92	<i>rizatRIPTAN benzoate oral disintegrating tab 10</i>	
see ADEMPAS TAB 2.5MG	92	<i>mg (base eq)</i>	114
see ADEMPAS TAB 2MG	92	<i>rizatRIPTAN benzoate oral disintegrating tab 5</i>	
<i>risedronate sodium tab 150 mg</i>	104	<i>mg (base eq)</i>	114
<i>risedronate sodium tab 30 mg</i>	104	<i>rizatRIPTAN benzoate tab 10 mg (base</i>	
<i>risedronate sodium tab 35 mg</i>	104	<i>equivalent)</i>	114
<i>risedronate sodium tab 5 mg</i>	104	<i>rizatRIPTAN benzoate tab 5 mg (base equivalent)</i>	
<i>risedronate sodium tab delayed release 35 mg</i>		.....	114
.....	104	ROCKLATAN DRO	120
<i>risperidone orally disintegrating tab 0.25 mg</i> .	82	<i>roflumilast (topical)</i>	
<i>risperidone orally disintegrating tab 0.5 mg</i> ...	82	see ZORYVE CRE 0.3%	101
<i>risperidone orally disintegrating tab 1 mg</i>	82	<i>roflumilast tab 250 mcg</i>	51
<i>risperidone orally disintegrating tab 2 mg</i>	82	<i>roflumilast tab 500 mcg</i>	51
<i>risperidone orally disintegrating tab 3 mg</i>	82	<i>ropinirole hydrochloride tab 0.25 mg</i>	81
<i>risperidone orally disintegrating tab 4 mg</i>	82	<i>ropinirole hydrochloride tab 0.5 mg</i>	81
<i>risperidone orally disintegrating tab 4 mg</i>	82	<i>ropinirole hydrochloride tab 1 mg</i>	81
<i>risperidone soln 1 mg/ml</i>	82	<i>ropinirole hydrochloride tab 2 mg</i>	81
<i>risperidone tab 0.25 mg</i>	82	<i>ropinirole hydrochloride tab 3 mg</i>	81
<i>risperidone tab 0.5 mg</i>	82		

<i>ropinirole hydrochloride tab 4 mg</i>	81	<i>sapropterin dihydrochloride powder packet 100 mg</i>	105
<i>ropinirole hydrochloride tab 5 mg</i>	81	<i>sapropterin dihydrochloride powder packet 500 mg</i>	105
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	81	<i>sapropterin dihydrochloride tab 100 mg</i>	105
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	81	<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	62
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	81	<i>saxagliptin hcl tab 5 mg (base equiv)</i>	62
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	81	<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	61
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	81	<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	61
<i>rosuvastatin calcium tab 10 mg</i>	68	<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	61
<i>rosuvastatin calcium tab 20 mg</i>	68	SCSEMBLIX TAB 100MG	79
<i>rosuvastatin calcium tab 40 mg</i>	68	SCSEMBLIX TAB 20MG	79
<i>rosuvastatin calcium tab 5 mg</i>	68	SCSEMBLIX TAB 40MG	79
rotigotine		<i>scopolamine td patch 72hr 1 mg/3days</i>	65
see NEUPRO DIS 1MG/24HR	81	segesterone acetate-ethinyl estradiol	
see NEUPRO DIS 2MG/24HR	81	see ANNOVERA MIS	95
see NEUPRO DIS 3MG/24HR	81	selegiline hcl cap 5 mg	81
see NEUPRO DIS 4MG/24HR	81	selegiline hcl tab 5 mg	82
see NEUPRO DIS 6MG/24HR	81	selenium sulfide lotion 2.5%	99
see NEUPRO DIS 8MG/24HR	81	selexipag	
<i>rufinamide susp 40 mg/ml</i>	56	see UPTRAVI PACK TAB 200/800	92
<i>rufinamide tab 200 mg</i>	56	see UPTRAVI TAB 1000MCG	92
<i>rufinamide tab 400 mg</i>	56	see UPTRAVI TAB 1200MCG	92
RYBELSUS TAB 1.5MG	63	see UPTRAVI TAB 1400MCG	92
RYBELSUS TAB 14MG	63	see UPTRAVI TAB 1600MCG	92
RYBELSUS TAB 3MG	63	see UPTRAVI TAB 200MCG	92
RYBELSUS TAB 4MG	63	see UPTRAVI TAB 400MCG	92
RYBELSUS TAB 7MG	63	see UPTRAVI TAB 600MCG	92
RYBELSUS TAB 9MG	63	see UPTRAVI TAB 800MCG	92
RYDAPT CAP 25MG	79	selumetinib sulfate	
S		see KOSELUGO CAP 10MG	78
<i>sacubitril-valsartan tab 24-26 mg</i>	91	see KOSELUGO CAP 25MG	78
<i>sacubitril-valsartan tab 49-51 mg</i>	91	semaglutide	
<i>sacubitril-valsartan tab 97-103 mg</i>	91	see OZEMPIC INJ 2/1.5ML	63
<i>salicylic acid er film-forming soln 28.5%</i>	101	see OZEMPIC INJ 2MG/3ML	63
<i>salicylic acid film forming liquid 27.5%</i>	101	see OZEMPIC INJ 4MG/3ML	63
<i>salicylic acid foam 6%</i>	101	see OZEMPIC INJ 8MG/3ML	63
<i>salicylic acid gel 6%</i>	101	see RYBELSUS TAB 1.5MG	63
<i>salicylic acid shampoo 6%</i>	101	see RYBELSUS TAB 14MG	63
<i>salicylic acid soln 26%</i>	101	see RYBELSUS TAB 3MG	63
salmeterol xinafoate		see RYBELSUS TAB 4MG	63
see SEREVENT DIS AER 50MCG	53	see RYBELSUS TAB 7MG	63
SANCUSO DIS 3.1MG	65	see RYBELSUS TAB 9MG	63

serdexmethylphenidate chloride-dexmethylphenidate hcl	
see AZSTARYS CAP 26.1-5.2	30
see AZSTARYS CAP 39.2-7.8	30
see AZSTARYS CAP 52.3-10	30
SEREVENT DIS AER 50MCG	53
sertraline hcl oral concentrate for solution 20 mg/ml	59
sertraline hcl tab 100 mg	59
sertraline hcl tab 25 mg	59
sertraline hcl tab 50 mg	59
sevelamer carbonate packet 0.8 gm	108
sevelamer carbonate packet 2.4 gm	108
sevelamer carbonate tab 800 mg	108
sevelamer hcl tab 400 mg	108
sevelamer hcl tab 800 mg	108
short ragweed pollen allergen extract	
see RAGWITEK SUB	35
SIKLOS TAB 1000MG	110
SIKLOS TAB 100MG	110
sildenafil citrate for suspension 10 mg/ml	92
sildenafil citrate tab 100 mg	91
sildenafil citrate tab 20 mg	92
sildenafil citrate tab 25 mg	91
sildenafil citrate tab 50 mg	91
silodosin cap 4 mg	109
silodosin cap 8 mg	109
silver sulfadiazine cream 1%	99
SIMBRINZA SUS 1-0.2%	119
simvastatin tab 10 mg	68
simvastatin tab 20 mg	68
simvastatin tab 40 mg	68
simvastatin tab 5 mg	68
simvastatin tab 80 mg	68
siponimod fumarate	
see MAYZENT PAK STARTER	124
see MAYZENT TAB 0.25MG	124
see MAYZENT TAB 1MG	124
see MAYZENT TAB 2MG	124
sirolimus oral soln 1 mg/ml	116
sirolimus tab 0.5 mg	117
sirolimus tab 1 mg	117
sirolimus tab 2 mg	117
sitagliptin	
see ZITUVIO TAB 100MG	62
see ZITUVIO TAB 25MG	62
see ZITUVIO TAB 50MG	62
sitagliptin free base-metformin hcl	
see ZITUVIMET TAB 50-1000	62
see ZITUVIMET TAB 50-500MG	62
see ZITUVIMET XR TAB 100-1000	62
see ZITUVIMET XR TAB 50-1000	62
see ZITUVIMET XR TAB 50-500MG	62
SOD OXYBATE SOL 500MG/ML	122
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	112
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	115
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	115
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	115
Sodium Fluoride Soln 0.125 mg/drop F (0.275 mg/drop Naf)	115
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	115
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	115
.....	115
sodium fluoride tab 1 mg f (from 2.2 mg naf)	115
sodium phenylbutyrate	
see PHEBURANE MIS 483/GM	105
sodium phenylbutyrate oral powder 3 gm/teaspoonful	105
sodium phenylbutyrate tab 500 mg	105
sodium picosulfate-magnesium oxide-anhydrous citric acid	
see CLENPIQ SOL	112
sodium polystyrene sulfonate powder	117
sodium zirconium cyclosilicate	
see LOKELMA PAK 10GM	117
see LOKELMA PAK 5GM	117
sofosbuvir-velpatasvir	
see EPCLUSA PAK 150-37.5	87
see EPCLUSA PAK 200-50MG	87
see EPCLUSA TAB 200-50MG	87
see EPCLUSA TAB 400-100	87
sofosbuvir-velpatasvir-voxilaprevir	
see VOSEVI TAB	87
solifenacin succinate tab 10 mg	128
solifenacin succinate tab 5 mg	128
SOLQUA INJ 100/33	61
solriamfetol hcl	
see SUNOSI TAB 150MG	30
see SUNOSI TAB 75MG	30

sonidegib phosphate	
see ODOMZO CAP 200MG	75
sotalol hcl (afib/af) tab 120 mg	89
sotalol hcl (afib/af) tab 160 mg	89
sotalol hcl (afib/af) tab 80 mg	89
sotalol hcl tab 120 mg	89
sotalol hcl tab 160 mg	89
sotalol hcl tab 240 mg	89
sotalol hcl tab 80 mg	89
sparsentan	
see FILSPARI TAB 200MG	109
see FILSPARI TAB 400MG	109
SPIRIVA RESP AER 1.25MCG	50
SPIRIVA RESP AER 2.5MCG	50
spironolactone & hydrochlorothiazide	
see ALDACTAZIDE TAB 50/50	103
spironolactone & hydrochlorothiazide tab 25-25 mg	103
spironolactone tab 100 mg	103
spironolactone tab 25 mg	103
spironolactone tab 50 mg	103
STIOLTO AER 2.5-2.5	53
STIVARGA TAB 40MG	79
STRIVERDI AER 2.5MCG	53
sucralfate tab 1 gm	127
sulfacetamide sodium lotion 10% (acne)	97
sulfacetamide sodium ophth oint 10%	120
sulfacetamide sodium ophth soln 10%	120
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	120
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	48
sulfamethoxazole-trimethoprim tab 400-80 mg	48
sulfamethoxazole-trimethoprim tab 800-160 mg	48
sulfasalazine tab 500 mg	108
sulfasalazine tab delayed release 500 mg	108
sulindac tab 150 mg	37
sulindac tab 200 mg	37
sumatriptan nasal spray 20 mg/act	114
sumatriptan nasal spray 5 mg/act	114
sumatriptan succinate	
see ONZETRA XSAI MIS 11MG	114
see ZEMBRACE SYM INJ 3/0.5ML	115
sumatriptan succinate inj 6 mg/0.5ml	114
sumatriptan succinate solution auto-injector 4 mg/0.5ml	114
sumatriptan succinate solution auto-injector 6 mg/0.5ml	114
sumatriptan succinate solution cartridge 4 mg/0.5ml	115
sumatriptan succinate solution cartridge 6 mg/0.5ml	115
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	115
sumatriptan succinate tab 100 mg	115
sumatriptan succinate tab 25 mg	115
sumatriptan succinate tab 50 mg	115
sunitinib malate cap 12.5 mg (base equivalent)	79
sunitinib malate cap 25 mg (base equivalent)	79
sunitinib malate cap 37.5 mg (base equivalent)	79
sunitinib malate cap 50 mg (base equivalent)	79
SUNOSI TAB 150MG	30
SUNOSI TAB 75MG	30
suvorexant	
see BELSOMRA TAB 10MG	111
see BELSOMRA TAB 15MG	111
see BELSOMRA TAB 20MG	111
see BELSOMRA TAB 5MG	111
SYMLINPEN 60 INJ 1000MCG	61
SYMLINPEN 120 INJ 1000MCG	61
SYMPROIC TAB 0.2MG	108
SYMTUZA TAB	86
SYNJARDY TAB	61
SYNJARDY TAB 12.5-500	61
SYNJARDY TAB 5-1000MG	61
SYNJARDY TAB 5-500MG	61
SYNJARDY XR TAB	61
SYNJARDY XR TAB 10-1000	61
SYNJARDY XR TAB 25-1000	61
SYNJARDY XR TAB 5-1000MG	61
SYNTHROID TAB 100MCG	127
SYNTHROID TAB 112MCG	127
SYNTHROID TAB 125MCG	127
SYNTHROID TAB 137MCG	127
SYNTHROID TAB 150MCG	127
SYNTHROID TAB 175MCG	127
SYNTHROID TAB 200MCG	127
SYNTHROID TAB 25MCG	127
SYNTHROID TAB 300MCG	127

SYNTHROID TAB 50MCG	127	<i>telmisartan-amlodipine tab 40-5 mg</i>	73
SYNTHROID TAB 75MCG	127	<i>telmisartan-amlodipine tab 80-10 mg</i>	73
SYNTHROID TAB 88MCG	127	<i>telmisartan-amlodipine tab 80-5 mg</i>	73
T		<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	73
<i>tacrolimus cap 0.5 mg</i>	117	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	73
<i>tacrolimus cap 1 mg</i>	117	<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	73
<i>tacrolimus cap 5 mg</i>	117	<i>temazepam cap 15 mg</i>	111
<i>tacrolimus oint 0.03%</i>	101	<i>temazepam cap 22.5 mg</i>	111
<i>tacrolimus oint 0.1%</i>	101	<i>temazepam cap 30 mg</i>	111
<i>tadalafil tab 10 mg</i>	91	<i>temazepam cap 7.5 mg</i>	111
<i>tadalafil tab 2.5 mg</i>	91	<i>temozolomide cap 100 mg</i>	74
<i>tadalafil tab 20 mg</i>	92	<i>temozolomide cap 140 mg</i>	74
<i>tadalafil tab 20 mg (pah)</i>	92	<i>temozolomide cap 180 mg</i>	74
<i>tadalafil tab 5 mg</i>	91	<i>temozolomide cap 20 mg</i>	74
tafamidis		<i>temozolomide cap 250 mg</i>	74
see VYNDAMAX CAP 61MG	92	<i>temozolomide cap 5 mg</i>	74
tafamidis meglumine (cardiac)		TENCON	
see VYNDAQEL CAP 20MG	93	see Butalbital-Acetaminophen Tab 50-325 mg	38
TAFINLAR CAP 50MG	79	tenofovir alafenamide fumarate	
TAFINLAR CAP 75MG	79	see VEMLIDY TAB 25MG	87
TAFINLAR TAB 10MG	79	<i>tenofovir disoproxil fumarate tab 300 mg</i>	86
tafluprost preservative free (pf) ophth soln 0.0015%	121	<i>terazosin hcl cap 1 mg (base equivalent)</i>	70
TAGRISSO TAB 40MG	74	<i>terazosin hcl cap 10 mg (base equivalent)</i>	70
TAGRISSO TAB 80MG	75	<i>terazosin hcl cap 2 mg (base equivalent)</i>	70
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	75	<i>terazosin hcl cap 5 mg (base equivalent)</i>	70
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	75	<i>terbinafine hcl tab 250 mg</i>	66
<i>tamsulosin hcl cap 0.4 mg</i>	109	<i>terbutaline sulfate tab 2.5 mg</i>	53
tapentadol hcl		<i>terbutaline sulfate tab 5 mg</i>	53
see NUCYNTA ER TAB 100MG	41	<i>terconazole vaginal cream 0.4%</i>	129
see NUCYNTA ER TAB 150MG	41	<i>terconazole vaginal cream 0.8%</i>	129
see NUCYNTA ER TAB 200MG	41	<i>terconazole vaginal suppos 80 mg</i>	129
see NUCYNTA ER TAB 250MG	41	<i>teriflunomide tab 14 mg</i>	124
see NUCYNTA ER TAB 50MG	41	<i>teriflunomide tab 7 mg</i>	124
see NUCYNTA TAB 100MG	41	testosterone	
see NUCYNTA TAB 50MG	41	see ANDRODERM DIS 2MG/24HR	47
see NUCYNTA TAB 75MG	41	see ANDRODERM DIS 4MG/24HR	47
tapinarof		see NATESTO GEL 5.5MG	47
see VTAMA CRE 1%	99	<i>testosterone td gel 10mg/act (2%)</i>	47
<i>tazarotene cream 0.05%</i>	99	<i>testosterone td gel 12.5 mg/act (1%)</i>	47
<i>tazarotene cream 0.1%</i>	99	<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	47
<i>tazarotene gel 0.05%</i>	99	<i>testosterone td gel 20.25 mg/act (1.62%)</i>	47
<i>tazarotene gel 0.1%</i>	99	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	47
<i>telmisartan tab 20 mg</i>	70	<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	47
<i>telmisartan tab 40 mg</i>	70		
<i>telmisartan tab 80 mg</i>	70		
<i>telmisartan-amlodipine tab 40-10 mg</i>	73		

testosterone td gel 50 mg/5gm (1%)	47	tiotropium bromide monohydrate	
testosterone td soln 30 mg/act	47	see SPIRIVA RESP AER 1.25MCG	50
tetrabenazine tab 12.5 mg	124	see SPIRIVA RESP AER 2.5MCG	50
tetrabenazine tab 25 mg	124	tiotropium bromide monohydrate inhal cap 18	
tetracycline hcl cap 250 mg	126	mcg (base equiv)	50
tetracycline hcl cap 500 mg	126	tiotropium bromide-olodaterol hcl	
thalidomide		see STIOLTO AER 2.5-2.5	53
see THALOMID CAP 100MG	116	tirzepatide	
see THALOMID CAP 150MG	116	see MOUNJARO INJ 10MG/0.5	62
see THALOMID CAP 200MG	116	see MOUNJARO INJ 12.5/0.5	63
see THALOMID CAP 50MG	116	see MOUNJARO INJ 15MG/0.5	63
THALOMID CAP 100MG	116	see MOUNJARO INJ 2.5/0.5	62
THALOMID CAP 150MG	116	see MOUNJARO INJ 5MG/0.5	62
THALOMID CAP 200MG	116	see MOUNJARO INJ 7.5/0.5	62
THALOMID CAP 50MG	116	TIVICAY PD TAB 5MG	86
theophylline tab er 12hr 300 mg	53	TIVICAY TAB 10MG	86
theophylline tab er 12hr 450 mg	53	TIVICAY TAB 25MG	86
theophylline tab er 24hr 400 mg	53	TIVICAY TAB 50MG	86
theophylline tab er 24hr 600 mg	53	tizanidine hcl tab 2 mg (base equivalent)	118
thiothixene cap 1 mg	84	tizanidine hcl tab 4 mg (base equivalent)	118
thiothixene cap 10 mg	84	TOBRADEX OIN 0.3-0.1%	120
thiothixene cap 2 mg	84	tobramycin (ophth)	
thiothixene cap 5 mg	84	see TOBEX OIN 0.3% OP	120
tiagabine hcl tab 12 mg	57	tobramycin nebu soln 300 mg/4ml	35
tiagabine hcl tab 16 mg	57	tobramycin nebu soln 300 mg/5ml	35
tiagabine hcl tab 2 mg	57	tobramycin ophth soln 0.3%	120
tiagabine hcl tab 4 mg	57	tobramycin-dexamethasone	
ticagrelor tab 60 mg	110	see TOBRADEX OIN 0.3-0.1%	120
ticagrelor tab 90 mg	110	tobramycin-dexamethasone ophth susp 0.3-	
timolol maleate ophth gel forming soln 0.25%		0.1%	120
.....	119	TOBEX OIN 0.3% OP	120
timolol maleate ophth gel forming soln 0.5%	119	TODAY SPONGE MIS	129
timolol maleate ophth soln 0.25%	119	tofacitinib citrate	
timolol maleate ophth soln 0.5%	119	see XELJANZ SOL 1MG/ML	36
timolol maleate ophth soln 0.5% (once-daily)		see XELJANZ TAB 10MG	36
.....	119	see XELJANZ TAB 5MG	36
timolol maleate preservative free ophth soln		see XELJANZ XR TAB 11MG	36
0.25%	119	see XELJANZ XR TAB 22MG	36
timolol maleate preservative free ophth soln		tolterodine tartrate cap er 24hr 2 mg	128
0.5%	119	tolterodine tartrate cap er 24hr 4 mg	128
timothy grass pollen allergen extract		tolterodine tartrate tab 1 mg	128
see GRASSTK SUB 2800BAU	35	tolterodine tartrate tab 2 mg	128
tinidazole tab 250 mg	47	topiramate cap er 24hr 100 mg	57
tinidazole tab 500 mg	47	topiramate cap er 24hr 200 mg	57
tiopronin tab 100 mg	109	topiramate cap er 24hr 25 mg	57
tiopronin tab delayed release 100 mg	109	topiramate cap er 24hr 50 mg	57
tiopronin tab delayed release 300 mg	109	topiramate sprinkle cap 15 mg	57

<i>topiramate sprinkle cap 25 mg</i>	57	<i>tretinoin cream 0.05%</i>	98
<i>topiramate sprinkle cap 50 mg</i>	57	<i>tretinoin cream 0.1%</i>	98
<i>topiramate tab 100 mg</i>	57	<i>tretinoin gel 0.01%</i>	98
<i>topiramate tab 200 mg</i>	57	<i>tretinoin gel 0.025%</i>	98
<i>topiramate tab 25 mg</i>	57	<i>tretinoin gel 0.05%</i>	98
<i>topiramate tab 50 mg</i>	57	<i>tretinoin microsphere gel 0.04%</i>	98
<i>torseamide tab 10 mg</i>	103	<i>tretinoin microsphere gel 0.1%</i>	98
<i>torseamide tab 100 mg</i>	103	TREZIX	
<i>torseamide tab 20 mg</i>	103	see Acetaminophen-Caffeine-Dihydrocodeine	
<i>torseamide tab 5 mg</i>	103	Cap 320.5-30-16 mg	43
<i>tramadol hcl oral soln 5 mg/ml</i>	42	<i>triamcinolone acetonide cream 0.025%</i>	101
<i>tramadol hcl tab 50 mg</i>	42	<i>triamcinolone acetonide cream 0.1%</i>	101
<i>tramadol hcl tab er 24hr 100 mg</i>	42	<i>triamcinolone acetonide cream 0.5%</i>	101
<i>tramadol hcl tab er 24hr 200 mg</i>	42	<i>triamcinolone acetonide dental paste 0.1%</i>	117
<i>tramadol hcl tab er 24hr 300 mg</i>	42	<i>triamcinolone acetonide lotion 0.025%</i>	101
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	42	<i>triamcinolone acetonide lotion 0.1%</i>	101
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	42	<i>triamcinolone acetonide oint 0.1%</i>	101
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	42	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	103
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	45	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	103
<i>trametinib dimethyl sulfoxide</i>		<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	103
see MEKINIST SOL 0.05/ML	78	<i>triamterene cap 100 mg</i>	103
see MEKINIST TAB 0.5MG	78	<i>triamterene cap 50 mg</i>	103
see MEKINIST TAB 2MG	78	<i>trientine hcl cap 250 mg</i>	116
<i>trandolapril tab 1 mg</i>	69	<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	84
<i>trandolapril tab 2 mg</i>	69	<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	84
<i>trandolapril tab 4 mg</i>	70	<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	84
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	73	<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	84
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	73	<i>trifluridine ophth soln 1%</i>	120
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	73	<i>trifluridine-tipiracil</i>	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	73	see LONSURF TAB 15-6.14	76
<i>tranylcypramine sulfate tab 10 mg</i>	58	see LONSURF TAB 20-8.19	76
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	121	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	80
<i>trazodone hcl tab 100 mg</i>	59	<i>trihexyphenidyl hcl tab 2 mg</i>	80
<i>trazodone hcl tab 150 mg</i>	59	<i>trihexyphenidyl hcl tab 5 mg</i>	80
<i>trazodone hcl tab 300 mg</i>	59	TRIJARDY XR TAB	61
<i>trazodone hcl tab 50 mg</i>	59	<i>trimethobenzamide hcl cap 300 mg</i>	65
TRELEGY AER 100MCG	53	<i>trimethoprim tab 100 mg</i>	47
TRELEGY AER 200MCG	53	TRINATE	
TRESIBA FLEX INJ 100UNIT	64	see Prenatal Vit W/ Fe Fumarate-Fa Tab 28-1	
TRESIBA FLEX INJ 200UNIT	64	mg	118
TRESIBA INJ 100UNIT	64	<i>trospium chloride cap er 24hr 60 mg</i>	128
<i>tretinoin cap 10 mg</i>	79	<i>trospium chloride tab 20 mg</i>	128
<i>tretinoin cream 0.025%</i>	98	TRULICITY INJ 0.75/0.5	63

TRULICITY INJ 1.5/0.5	63	<i>valproic acid cap 250 mg</i>	58
TRULICITY INJ 3/0.5	63	<i>valsartan tab 160 mg</i>	70
TRULICITY INJ 4.5/0.5	63	<i>valsartan tab 320 mg</i>	70
TRUSTEX MIS FLAVORS.....	113	<i>valsartan tab 40 mg</i>	70
TRYPTYR SOL 0.003%.....	121	<i>valsartan tab 80 mg</i>	70
U		<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	73
UBRELVY TAB 100MG.....	114	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> .73	
UBRELVY TAB 50MG.....	114	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	73
ubrogepant		<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> .73	
see UBRELVY TAB 100MG.....	114	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> 73	
see UBRELVY TAB 50MG.....	114	VALTOCO SPR 10MG	55
ulipristal acetate		VALTOCO SPR 15MG	55
see ELLA TAB 30MG	95	VALTOCO SPR 20MG	55
upadacitinib		VALTOCO SPR 5MG	55
see RINVOQ LQ SOL 1MG/ML	35	<i>vancomycin hcl cap 125 mg (base equivalent)</i> .48	
see RINVOQ TAB 15MG ER	36	<i>vancomycin hcl cap 250 mg (base equivalent)</i> .48	
see RINVOQ TAB 30MG ER	36	VANRAFIA TAB 0.75MG.....	109
see RINVOQ TAB 45MG ER	36	<i>varidenafil hcl orally disintegrating tab 10 mg</i> .92	
UPTRAVI PACK TAB 200/800.....	92	<i>varidenafil hcl tab 10 mg</i>	92
UPTRAVI TAB 1000MCG	92	<i>varidenafil hcl tab 2.5 mg</i>	92
UPTRAVI TAB 1200MCG	92	<i>varidenafil hcl tab 20 mg</i>	92
UPTRAVI TAB 1400MCG	92	<i>varidenafil hcl tab 5 mg</i>	92
UPTRAVI TAB 1600MCG	92	<i>varenicline tartrate tab 0.5 mg (base equiv)</i> .125	
UPTRAVI TAB 200MCG	92	<i>varenicline tartrate tab 1 mg (base equiv)</i> ....125	
UPTRAVI TAB 400MCG	92	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg</i> <i>start pack</i>	125
UPTRAVI TAB 600MCG	92	VASCEPA CAP 0.5GM	67
UPTRAVI TAB 800MCG	92	VASCEPA CAP 1GM	67
uridine triacetate (emergency treatment)		VCF VAGINAL GEL CONTRACE.....	129
see VISTOGARD PAK 10GM.....	65	VCF VAGINAL MIS CONTRACP	129
ursodiol cap 300 mg	107	VELSIPITY TAB 2MG	108
ursodiol tab 250 mg	107	VELTASSA POW 16.8GM	117
ursodiol tab 500 mg	107	VELTASSA POW 1GM	117
V		VELTASSA POW 25.2GM	117
VAGIFEM TAB 10MCG	129	VELTASSA POW 8.4GM	117
valacyclovir hcl tab 1 gm	88	VEMLIDY TAB 25MG	87
valacyclovir hcl tab 500 mg	88	<i>venlafaxine hcl cap er 24hr 150 mg (base</i> <i>equivalent)</i>	60
valbenazine tosylate		<i>venlafaxine hcl cap er 24hr 37.5 mg (base</i> <i>equivalent)</i>	60
see INGREZZA CAP 40-80MG	124	<i>venlafaxine hcl cap er 24hr 75 mg (base</i> <i>equivalent)</i>	60
see INGREZZA CAP 40MG	124	<i>venlafaxine hcl tab 100 mg (base equivalent)</i> .60	
see INGREZZA CAP 60MG	124	<i>venlafaxine hcl tab 25 mg (base equivalent)</i> ...60	
see INGREZZA CAP 80MG	124	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i> 60	
valganciclovir hcl for soln 50 mg/ml (base equiv)	87		
valganciclovir hcl tab 450 mg (base equivalent)	87		
valproate sodium oral soln 250 mg/5ml (base equiv)	58		

venlafaxine hcl tab 50 mg (base equivalent) ..	60
venlafaxine hcl tab 75 mg (base equivalent) ..	60
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	60
verapamil hcl cap er 24hr 100 mg.....	90
verapamil hcl cap er 24hr 120 mg.....	90
verapamil hcl cap er 24hr 180 mg.....	90
verapamil hcl cap er 24hr 200 mg.....	90
verapamil hcl cap er 24hr 240 mg.....	90
verapamil hcl cap er 24hr 300 mg.....	90
verapamil hcl cap er 24hr 360 mg.....	90
verapamil hcl tab er 120 mg.....	90
verapamil hcl tab er 180 mg.....	90
verapamil hcl tab er 240 mg.....	91
vericiguat	
see VERQUVO TAB 10MG.....	93
see VERQUVO TAB 2.5MG.....	93
see VERQUVO TAB 5MG.....	93
VERQUVO TAB 10MG.....	93
VERQUVO TAB 2.5MG.....	93
VERQUVO TAB 5MG.....	93
VIBERZI TAB 100MG.....	108
VIBERZI TAB 75MG.....	108
vigabatrin powd pack 500 mg.....	57
vigabatrin tab 500 mg.....	57
vilazodone hcl tab 10 mg.....	59
vilazodone hcl tab 20 mg.....	59
vilazodone hcl tab 40 mg.....	59
VIOKACE TAB 10440.....	102
VIOKACE TAB 20880.....	102
vismodegib	
see ERIVEDGE CAP 150MG.....	75
VISTOGARD PAK 10GM.....	65
voriconazole for susp 40 mg/ml.....	66
voriconazole tab 200 mg.....	66
voriconazole tab 50 mg.....	66
VOSEVI TAB.....	87
VRAYLAR CAP 1.5-3MG.....	82
VRAYLAR CAP 1.5MG.....	82
VRAYLAR CAP 3MG.....	82
VRAYLAR CAP 4.5MG.....	82
VRAYLAR CAP 6MG.....	82
VTAMA CRE 1%.....	99
VUMERITY CAP 231MG.....	124
VYNDAMAX CAP 61MG.....	92
VYNDAQEL CAP 20MG.....	93

W	
warfarin sodium tab 1 mg.....	53
warfarin sodium tab 10 mg.....	53
warfarin sodium tab 2 mg.....	53
warfarin sodium tab 2.5 mg.....	53
warfarin sodium tab 3 mg.....	53
warfarin sodium tab 4 mg.....	53
warfarin sodium tab 5 mg.....	53
warfarin sodium tab 6 mg.....	53
warfarin sodium tab 7.5 mg.....	53
WIXELA INHUB	
see Fluticasone-Salmeterol Aer Powder Ba	
100-50 mcg/act.....	52
see Fluticasone-Salmeterol Aer Powder Ba	
250-50 mcg/act.....	53
see Fluticasone-Salmeterol Aer Powder Ba	
500-50 mcg/act.....	53
X	
XARELTO STAR TAB 15/20MG.....	54
XARELTO SUS 1MG/ML.....	54
XARELTO TAB 10MG.....	54
XARELTO TAB 15MG.....	54
XARELTO TAB 2.5MG.....	54
XARELTO TAB 20MG.....	54
XCOPRI PAK 100-150.....	57
XCOPRI PAK 12.5-25.....	57
XCOPRI PAK 150-200.....	57
XCOPRI PAK 50-100MG.....	57
XCOPRI PAK 50-200MG.....	57
XCOPRI TAB 100MG.....	57
XCOPRI TAB 150MG.....	57
XCOPRI TAB 200MG.....	57
XCOPRI TAB 25MG.....	57
XCOPRI TAB 50MG.....	57
XELJANZ SOL 1MG/ML.....	36
XELJANZ TAB 10MG.....	36
XELJANZ TAB 5MG.....	36
XELJANZ XR TAB 11MG.....	36
XELJANZ XR TAB 22MG.....	36
XOSPATA TAB 40MG.....	79
XTAMPZA ER CAP 13.5MG.....	43
XTAMPZA ER CAP 18MG.....	43
XTAMPZA ER CAP 27MG.....	43
XTAMPZA ER CAP 36MG.....	43
XTAMPZA ER CAP 9MG.....	42
XTANDI CAP 40MG.....	75
XTANDI TAB 40MG.....	75

XTANDI TAB 80MG	76	<i>zidovudine tab 300 mg</i>	86
XULANE		<i>ziprasidone hcl cap 20 mg</i>	82
see Norelgestromin-Ethinyl Estradiol Td Ptwk		<i>ziprasidone hcl cap 40 mg</i>	82
150-35 mcg/24hr	95	<i>ziprasidone hcl cap 60 mg</i>	82
XULTOPHY INJ 100/3.6	62	<i>ziprasidone hcl cap 80 mg</i>	82
XYWAV SOL 0.5GM/ML	123	ZITUVIMET TAB 50-1000	62
Y		ZITUVIMET TAB 50-500MG	62
YONSA TAB 125MG	76	ZITUVIMET XR TAB 100-1000	62
YUPELRI SOL	50	ZITUVIMET XR TAB 50-1000	62
Z		ZITUVIMET XR TAB 50-500MG.....	62
<i>zafirlukast tab 10 mg</i>	51	ZITUVIO TAB 100MG	62
<i>zafirlukast tab 20 mg</i>	51	ZITUVIO TAB 25MG	62
<i>zanamivir</i>		ZITUVIO TAB 50MG	62
see RELENZA MIS DISKHALE.....	88	<i>zolmitriptan nasal spray 2.5 mg/spray unit</i> ...	115
<i>zanubrutinib</i>		<i>zolmitriptan nasal spray 5 mg/spray unit</i>	115
see BRUKINSA CAP 80MG	76	<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	115
ZEJULA CAP 100MG.....	79	<i>zolmitriptan orally disintegrating tab 5 mg</i> ...	115
ZEJULA TAB 100MG.....	79	<i>zolmitriptan tab 2.5 mg</i>	115
ZEJULA TAB 200MG.....	79	<i>zolmitriptan tab 5 mg</i>	115
ZEJULA TAB 300MG.....	79	<i>zolpidem tartrate tab 10 mg</i>	111
ZEMBRACE SYM INJ 3/0.5ML.....	115	<i>zolpidem tartrate tab 5 mg</i>	111
ZENPEP CAP 10000UNT	102	<i>zolpidem tartrate tab er 12.5 mg</i>	111
ZENPEP CAP 15000UNT	102	<i>zolpidem tartrate tab er 6.25 mg</i>	111
ZENPEP CAP 20000UNT	102	<i>zonisamide cap 100 mg</i>	57
ZENPEP CAP 25000UNT	102	<i>zonisamide cap 25 mg</i>	57
ZENPEP CAP 3000UNIT	102	<i>zonisamide cap 50 mg</i>	57
ZENPEP CAP 40000UNT	102	ZORYVE CRE 0.3%	101
ZENPEP CAP 5000UNIT	102	ZUBSOLV SUB 0.7-0.18.....	46
ZENPEP CAP 60000UNT	102	ZUBSOLV SUB 1.4-0.36.....	46
ZEPOSIA 7DAY CAP STR PACK	124	ZUBSOLV SUB 11.4-2.9.....	46
ZEPOSIA CAP 0.92MG.....	124	ZUBSOLV SUB 2.9-0.71.....	46
ZEPOSIA CAP STR KIT.....	125	ZUBSOLV SUB 5.7-1.4.....	46
<i>zidovudine cap 100 mg</i>	86	ZUBSOLV SUB 8.6-2.1.....	46
<i>zidovudine syrup 10 mg/ml</i>	86	ZYCLARA PUMP CRE 2.5%	101

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