

# SHARP Health Plan

## 2026 Formulary

### List of covered prescription drugs

**Individual, family & employer-sponsored coverage through Covered California and Individual and family coverage directly from Sharp Health Plan**

This drug list applies to all HMO products and the following Small Group HMO products: Sharp Platinum 90 Performance HMO, Sharp \$0 Cost Share Performance HMO AI-AN, Sharp \$0 Cost Share Premier HMO AI-AN, Sharp Bronze 60 HDHP HMO 7050/0%/0% + Child Dental (Pe/V/C), Sharp Bronze 60 HMO 6300/60/40% + Child Dental (Pr/V/C), Sharp Bronze 60 Performance HMO, Sharp Bronze 60 Performance HMO AI-AN, Sharp Bronze 60 Premier HDHP HMO, Sharp Bronze 60 Premier HDHP HMO AI-AN, Sharp Gold 80 HMO 250/35/600 + Child Dental (Pe/V/C), Sharp Gold 80 HMO 350/25/20% + Child Dental (Pr/V/C), Sharp Gold 80 Performance HMO, Sharp Gold 80 Performance HMO AI-AN, Sharp Gold 80 Premier HMO, Sharp Gold 80 Premier HMO AI-AN, Sharp Minimum Coverage Performance HMO, Sharp Performance Bronze 60 HMO 6300/60 + Child Dental, Sharp Performance Bronze 60 HMO 6300/60 + Child Dental (INF), Sharp Performance Gold 80 HMO 350/25 + Child Dental, Sharp Performance Gold 80 HMO 350/25 + Child Dental (INF), Sharp Performance Platinum 90 HMO 0/15 + Child Dental, Sharp Performance Platinum 90 HMO 0/15 + Child Dental (INF), Sharp Performance Silver 70 HMO 2250/50 + Child Dental, Sharp Performance Silver 70 HMO 2250/50 + Child Dental (INF), Sharp Platinum 90 HMO 0/15/10% + Child Dental (Pr/V/C), Sharp Platinum 90 HMO 0/20/250 + Child Dental (Pe/V/C), Sharp Platinum 90 Performance HMO AI-AN, Sharp Platinum 90 Premier HMO, Sharp Platinum 90 Premier HMO AI-AN, Sharp Premier Bronze 60 HDHP HMO 7050/0% + Child Dental, Sharp Premier Bronze 60 HDHP HMO 7050/0% + Child Dental (INF), Sharp Premier Gold 80 HMO 250/35 + Child Dental, Sharp Premier Gold 80 HMO 250/35 + Child Dental (INF), Sharp Premier Platinum 90 HMO 0/20 + Child Dental, Sharp Premier Platinum 90 HMO 0/20 + Child Dental (INF), Sharp Premier Silver 70 HDHP 2500/20% + Child Dental, Sharp Premier Silver 70 HDHP HMO 2850/25% + Child Dental, Sharp Premier Silver 70 HDHP HMO 2850/25% + Child Dental (INF), Sharp Premier Silver 70 HMO 2250/55 + Child Dental, Sharp Premier Silver 70 HMO 2250/55 + Child Dental (INF), Sharp Silver 70 HDHP HMO 25% + Child Dental (Pe/V/C), Sharp Silver 70 HMO 2250/50/30% + Child Dental (Pr/V/C-30%), Sharp Silver 70 HMO 2250/55/30% + Child Dental (Pe/V/C-300), Sharp Silver 70 Off Exchange Performance HMO, Sharp Silver 70 Off Exchange Premier HMO, Sharp Silver 70 Performance HMO, Sharp Silver 70 Performance HMO AI-AN, Sharp Silver 70 Premier HMO, Sharp Silver 70 Premier HMO AI-AN, Sharp Silver 73 Performance HMO, Sharp Silver 73 Premier HMO, Sharp Silver 87 Performance HMO, Sharp Silver 87 Premier HMO, Sharp Silver 94 Performance HMO, Sharp Silver 94 Premier HMO

## Table of Contents

Introduction.....	i
Definitions.....	ii
How often does the Formulary change? .....	iv
Will I be notified of a Formulary change? .....	iv
How do I locate a Prescription Drug on the Formulary? .....	v
How do I know if the drug listed on the Formulary is a Brand or Generic Drug? v	
What is a Drug Tier?.....	vi
Are There Any Coverage Requirements or Limits? .....	vii
What is Prior Authorization? .....	vii
What is PA**? .....	viii
What is Quantity Limit? .....	viii
What is Step Therapy? .....	viii
What Is MO?.....	ix
What is a Specialty Drug? .....	ix
What is an Oral Anti-Cancer Drug? .....	ix
What if a Drug Is Not Listed on the Formulary? What is a Formulary Exception? .....	x
Where Can I Fill My Prescription Drug? .....	x
What is Therapeutic Interchange? .....	x
What is Generic Substitution?.....	xi
You Have the Right to Appeal .....	xi
<b>Appeals Due to Denial of Coverage for a Nonformulary Drug</b> .....	xi
<b>All Other Appeals</b> .....	xi
Questions .....	xii
Exclusions and Limitations to the Outpatient Prescription Drug Benefit .....	xii
Nondiscrimination Notice.....	xv
Language Assistance Services .....	xvi
Step Therapy Criteria .....	xviii
<b>ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION</b> .....	21
<b>ANDROGENS-ANABOLIC</b> .....	27
<b>ANESTHETICS - DRUGS FOR NUMBING</b> .....	27
<b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b> .....	27
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b> .....	36
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b> .....	36
<b>ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER</b> .....	36
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b> .....	43
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b> .....	43
<b>CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b> .....	44
<b>CARDIOVASCULAR AGENTS - MISC</b> .....	52
<b>CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b> .....	52
<b>CORTICOSTEROIDS</b> .....	65
<b>ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES</b> .	65
<b>ENDOCRINE AND METABOLIC AGENTS - MISC</b> .....	78

<b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS .....</b>	<b>79</b>
<b>GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS .....</b>	<b>79</b>
<b>GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS .....</b>	<b>82</b>
<b>HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....</b>	<b>84</b>
<b>HEMATOPOIETIC AGENTS .....</b>	<b>85</b>
<b>IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM.....</b>	<b>86</b>
<b>NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS .....</b>	<b>90</b>
<b>OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS .....</b>	<b>91</b>
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.....</b>	<b>93</b>
<b>RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS .....</b>	<b>93</b>
<b>TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....</b>	<b>98</b>
<b>Index.....</b>	<b>103</b>

# Introduction

**May 2026**

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

If you have questions regarding your outpatient prescription drug benefit, please call our Customer Service department at 1-855-298-4252.

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

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

## Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

**“Generic Drug”** is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality,

performance, and intended use. A Generic Drug is listed in ***bold and italicized*** lowercase letters.

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

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

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

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

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

**“Prescription Drug”** is a drug that is approved by the federal Food and Drug Administration (FDA), that is prescribed by the Enrollee's Prescribing Provider and requires a Prescription under applicable law.

**“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](http://sharphealthplan.com/search-drug-list).

## How do I locate a Prescription Drug on the Formulary?

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

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

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

## How do I know if the drug listed on the Formulary is a Brand or Generic Drug?

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

If a Generic equivalent for a Brand-Name Drug is available and is covered, and both the Brand-Name Drug and the Generic equivalents are 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 ( <b><i>fenofibric acid</i></b> )
Generic-Name that is covered on the Formulary	<b><i>fenofibric acid tab 35mg</i></b>
Generic Drug marketed with a Brand-Name	(Amiodarone Hcl Tab 100mg) PACERONE

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

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

## What is a Drug Tier?

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

MB	MB	Drugs covered under the Medical Benefit. Please refer to your Medical Benefit coverage information.
----	----	---

## Are There Any Coverage Requirements or Limits?

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

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

## What is Prior Authorization?

Drugs with a PA symbol in the Coverage Requirements and Limits column of the Formulary are subject to Prior Authorization. Your Prescribing Provider must request Prior Authorization, or approval for coverage, from Sharp Health Plan by calling our Customer Service department,

submitting a fax request, or submitting an electronic Prior Authorization Form. Once all the needed supporting information has been received, the Prior Authorization request will be either approved or denied based on our clinical policies within 72 hours for non-urgent requests, or within 24 hours in urgent or Exigent Circumstances. Exigent Circumstances exist when a Member is suffering from a health condition that may seriously jeopardize the Member's life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a Nonformulary Drug. Sharp Health Plan will provide coverage for the Prescription, including refills, for the duration of the Prescription for non-urgent requests, and for the duration of the exigency for requests based on Exigent Circumstances. If Sharp Health Plan fails to respond to a completed Prior Authorization request within 72 hours of receiving a non-urgent request or within 24 hours of receiving a request based on Exigent Circumstances, the request is deemed granted, including refills.

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

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

## What is PA\*\*?

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

## What is Quantity Limit?

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

## What is Step Therapy?

Drugs with a ST symbol in the Coverage Requirements and Limits column of the Formulary are

---

Sharp Health Plan Formulary Covered California and Individual & Family coverage directly from SHP 4 Tier May 2026

subject to Step Therapy. The Step Therapy program encourages safe and cost-effective medication use. Under this program, a “step” approach is required to receive coverage for certain drugs. This means that to receive coverage, you may need to first try a proven, cost-effective drug. Remember, treatment decisions are always between you and your doctor. There may be a situation when it is Medically Necessary for you to receive certain drugs without first trying the alternative drug. In these instances, your doctor may request a Step Therapy Exception by following the Prior Authorization process as described above. If Sharp Health Plan fails to respond to a completed Step Therapy Exception request within 72 hours of receiving a non-urgent request or within 24 hours of receiving a request based on Exigent Circumstances, the request is deemed granted, including refills.

When a provider determines that the drug required under Step Therapy is inconsistent with good professional practice, the provider should submit their justification and clinical documentation supporting the provider’s determination with a Step Therapy Exception Request, and the Plan will approve the Step Therapy Exception Request.

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

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

## **What Is MO?**

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

## **What is a Specialty Drug?**

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

## **What is an Oral Anti-Cancer Drug?**

Drugs with an OAC symbol in the Coverage Requirements and Limits column of the Formulary are

Oral Anti-Cancer drugs. Notwithstanding any Deductible, the total amount of Copayments and Coinsurance for these drugs does not exceed two hundred fifty dollars (\$250) for an individual Prescription of up to a 30-day supply.

## What if a Drug Is Not Listed on the Formulary? What is a Formulary Exception?

Drugs that are not listed on the Formulary are Nonformulary Drugs and are not covered. There may be times when it is Medically Necessary for you to receive a Nonformulary Drug. In these instances, you, your Authorized Representative or your Prescribing Provider may request a Formulary Exception, by following the Prior Authorization Request process described above. Once all of the required supporting information has been received, the Formulary Exception Request will be either approved or denied based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or Exigent Circumstances. If Sharp Health Plan denies a Formulary Exception Request, the Member, an Authorized Representative, or the Provider can file an Appeal with Sharp Health Plan. Nonformulary Drugs that are approved for coverage and meet the Tier 4 description will be subject to the Tier 4 Cost Share. 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](http://www.caremark.com). The Pharmacy Locator tool is available after you log into your account and will allow you to search for a pharmacy that meets your needs. For example, you can search for a pharmacy close to your home, one that is open 24 hours a day, or one that offers drive-thru service.

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

Mail order medications can be filled at CVS/caremark. You can enroll with CVS/caremark by visiting [info.caremark.com/mailservice](http://info.caremark.com/mailservice).

## What is Therapeutic Interchange?

Sharp Health Plan employs therapeutic interchange as part of its prescription drug benefit. Therapeutic interchange is the practice of replacing (with the Prescribing Provider's approval) a Prescription Drug originally prescribed for a patient with a Prescription Drug that is preferred on the Formulary. Using therapeutic interchange may offer advantages, such as value through

improved convenience, affordability, improved outcomes or fewer side effects. Two or more drugs may be considered appropriate for therapeutic interchange if they can be expected to produce similar levels of clinical effectiveness and sound medical outcomes in patients. If, during the Prior Authorization process, the requested medication has a preferred Formulary alternative that may be considered appropriate for therapeutic interchange, a request to consider the preferred drug(s) may be conveyed to the Prescribing Provider. The Prescribing Provider may choose to use therapeutic interchange and select a pharmaceutical that does not require Prior Authorization or Step Therapy.

## What is Generic Substitution?

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

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

## You Have the Right to Appeal

If you do not agree with a coverage decision, you, your Authorized Representative or your provider may request an Appeal. You must submit your request within 180 days from the postmark date of the denial notice.

### **Appeals Due to Denial of Coverage for a Nonformulary Drug**

If an exception request for coverage of a Nonformulary drug is denied, you, your Authorized Representative or your provider may request an external Exception Request review. Sharp Health Plan will ensure that a decision is made within 72 hours of receiving the required supporting information in routine circumstances or within 24 hours of receiving the required supporting information in urgent circumstances.

### **All Other Appeals**

If a decision is made to delay, deny or modify coverage of a Formulary Drug, you, your Authorized Representative or your provider may request an Appeal. A decision will be made within 30 days in routine circumstances or 72 hours in urgent circumstances.

For all types of Appeals, the circumstance may be considered urgent if the routine decision-making process might seriously jeopardize your life or health, or when you are experiencing severe pain.

Please refer to your Member Handbook for more information on the Appeal process.

## Questions

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

## Exclusions and Limitations to the Outpatient Prescription Drug Benefit

The 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 or dispensed as medically necessary treatment of a mental health or substance use disorder including, but not limited to, behavioral health crisis services provided by a 988 center or mobile crisis team or other provider of behavioral health crisis services, or required or recommended pursuant to a CARE agreement or a CARE plan approved by a court.
2. Drugs prescribed by non-Plan Providers and not authorized by Sharp Health Plan, except when coverage is otherwise required for treatment of an Emergency Medical Condition or dispensed as medically necessary treatment of a mental health or substance use disorder including, but not limited to, behavioral health crisis services provided by a 988 center or mobile crisis team or other provider of behavioral health crisis services, or required or recommended pursuant to a CARE agreement or a CARE plan approved by a court.
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, sexual dysfunction, cosmetic purposes, anti-aging for cosmetic purposes, and mental performance. (Drugs for mental performance are covered when they are Medically Necessary to treat Mental Health or Substance Use Disorders or medical conditions affecting memory, including, but not limited to, treatment of the conditions or symptoms of dementia or Alzheimer's disease. Drugs for treatment of hair loss or sexual dysfunction are covered when they are Medically Necessary to treat Mental Health or Substance Use Disorders.)
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. Infertility drugs are excluded, unless added by the employer as a supplemental benefit.
14. Drugs obtained outside of the United States, unless they are furnished in connection with Urgent Care Services or Emergency Services.
15. Drugs that are prescribed solely for the purposes of losing weight, except when Medically Necessary for the treatment of morbid obesity or Mental Health and Substance Use Disorders. Members must be enrolled in a Sharp Health Plan 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 morbid obesity.
16. Off-label use of FDA-approved Prescription Drugs, unless the drug is recognized for treatment of such indication in one of the standard reference compendia (the United States Pharmacopoeia Drug Information, the American Medical Association Drug Evaluations, or the American Hospital Formulary Service Drug Information) or the safety and effectiveness of use for this indication has been adequately demonstrated

by at least two studies published in a nationally recognized, major peer-reviewed journal.

17. Replacement of lost, stolen, or destroyed medications.
18. Compounded medications, unless determined to be Medically Necessary and Prior Authorization is obtained.
19. Brand-Name Drugs when a generic equivalent is available.
20. Any Prescription Drug for which there is an over-the-counter product that has the identical active ingredient and dosage as the Prescription Drug, except for over-the-counter FDA-approved contraceptive drugs, devices and products.

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 California State or 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 your Formulary and your Member Handbook under Family Planning and Preventive Care Services.
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 Member Handbook under Diabetes treatment.
5. Items that are approved by the FDA as a medical device. Please see your Member Handbook under Disposable Medical Supplies, Durable Medical Equipment, and Family Planning Services 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, Sharp Health Plan does not cover the corresponding Brand-Name Drug. Sharp Health Plan requires the dispensing pharmacy to dispense the Generic Drug, unless prior Authorization for the Brand-Name Drug is obtained. In a few cases, the Brand-Name Drug is included on the Formulary, but the generic equivalent is not. When that occurs, the Brand-Name Drug will be dispensed and you will be charged the Drug Tier 1

Cost Share. When an interchangeable biological product is available, the pharmacy may be required to fill your Prescription with the interchangeable biological product unless prior Authorization is obtained and the reference product is determined to be Medically Necessary.

## Nondiscrimination Notice

Sharp Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. Sharp Health Plan does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. A copy of the Nondiscrimination Notice can also be accessed at [sharphealthplan.com/members/notices-and-disclosures](http://sharphealthplan.com/members/notices-and-disclosures).

### Sharp Health Plan:

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

If you believe that Sharp Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability, you can file a grievance with our Civil Rights Coordinator and Section 1557 Nondiscrimination Coordinator at:

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

You can file a grievance in person or by mail or fax, or you can also complete the online Grievance / Appeal form on the plan's website, [sharphealthplan.com](http://sharphealthplan.com). Please call our Customer Care team at 1-800-359-2002 if you need help filing a grievance. You can also file a discrimination complaint if there is a concern of discrimination based on race, color, national origin, age, disability or sex with

the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://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](https://hhs.gov/ocr/office/file/index.html).

The California Department of Managed Health Care is responsible for regulating health care service plans. If your grievance has not been satisfactorily resolved by Sharp Health Plan or your grievance has remained unresolved for more than 30 days, you may call toll-free the Department of Managed Health Care for assistance:

- 1-888-466-2219 Voice
- 1-877-688-9891 TDD

The Department of Managed Health Care's website has complaint forms and instructions online: [www.dmhc.ca.gov](http://www.dmhc.ca.gov)

**IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call Sharp Health Plan right away at 1-858-499-8300 or 1-800-359-2002.**

**IMPORTANTE: ¿Puede leer esta carta? Si no le es posible, podemos ofrecerle ayuda para que alguien se la lea. Además, usted también puede obtener esta carta en su idioma. Para ayuda gratuita, por favor llame a Sharp Health Plan inmediatamente al 1-858-499-8300 o 1-800-359-2002.**

## Language Assistance Services

### English

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-359-2002 (TTY:711).

### Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-359-2002 (TTY:711).

### 繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-359-2002 (TTY:711)。

### Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-

800-359-2002 (TTY:711).

**Tagalog (Tagalog – Filipino):**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wikanang walang bayad. Tumawag sa 1-800-359-2002 (TTY:711).

**한국어 (Korean):**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-359-2002 (TTY:711) 번으로 전화해 주십시오

**Հայերեն (Armenian):**

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

**فارسی (Farsi):**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما تماس بگیرید 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。

**قبيرعلا (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):**

ਿਧਆਨ ਿਦਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਿਵੱਚ 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 ដោយមិនគិតល្អៗ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-359-2002(TTY:711)។

**Hmoob (Hmong):**

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

**हिंदी (Hindi):**

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

**ภาษาไทย (Thai):**

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

## Step Therapy Criteria

<i>Step Therapy Group</i>	AMYLIN ANALOG 676-D
<i>Drug Names</i>	SYMLINPEN 120, SYMLINPEN 60
<i>Step Therapy Criteria</i>	Coverage will be provided if the member has filled a prescription for a 30 day supply of rapid-acting insulin or short-acting insulin, or pre-mixed insulin within the past 120 days
<i>Step Therapy Group</i>	ANTIPSYCHOTICS 657-D
<i>Drug Names</i>	VRAYLAR
<i>Step Therapy Criteria</i>	Coverage will be provided if the member has filled a prescription for a 30 day supply of generic aripiprazole, asenapine, lurasidone, olanzapine, paliperidone, quetiapine (regular or extended release), risperidone, or ziprasidone within the past 180 days.
<i>Step Therapy Group</i>	DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS 1009-D
<i>Drug Names</i>	ALOGLIPTIN, ALOGLIPTIN/METFORMIN HCL, ALOGLIPTIN/METFORMIN HYDR, JANUMET, JANUMET XR, JANUVIA
<i>Step Therapy Criteria</i>	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days
<i>Step Therapy Group</i>	EUCRISA 3199-E
<i>Drug Names</i>	EUCRISA
<i>Step Therapy Criteria</i>	Coverage will be provided if the member has filled a prescription for at least a one day supply of a medium or higher potency topical corticosteroid within the past 180 days.
<i>Step Therapy Group</i>	GIP AND GLP-1 AGONIST 676-D
<i>Drug Names</i>	MOUNJARO
<i>Step Therapy Criteria</i>	Coverage will be provided if the member has filled a prescription for at least a 30 day supply of metformin when the date of a metformin fill is AT LEAST 10 days prior to the claim for a GLP-1 receptor agonist or a GIP-GLP-1 receptor agonist within the past 180 days
<i>Step Therapy Group</i>	GLP-1 AGONIST 676-D
<i>Drug Names</i>	LIRAGLUTIDE, OZEMPIC, TRULICITY
<i>Step Therapy Criteria</i>	Coverage will be provided if the member has filled a prescription for at least a 30 day supply of metformin when the date of a metformin fill is AT LEAST 10 days prior to the claim for a GLP-1 receptor agonist or a GIP-GLP-1 receptor agonist within the past 180 days

<i>Step Therapy Group</i>	LYRICA 656-D
<i>Drug Names</i>	PREGABALIN
<i>Step Therapy Criteria</i>	Coverage will be provided if the member has filled a prescription for regular release generic gabapentin (at least a 30 day supply within the past 120 days)
<i>Step Therapy Group</i>	OPIOID ER 2219-M
<i>Drug Names</i>	BELBUCA, BUPRENORPHINE, FENTANYL, HYDROMORPHONE HCL ER, HYDROMORPHONE HYDROCHLORI, METHADONE HCL, METHADONE HYDROCHLORIDE, METHADONE HYDROCHLORIDE I, MORPHINE SULFATE ER, NUCYNTA ER, OXYCODONE HYDROCHLORIDE ER, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HCL ER, TRAMADOL HYDROCHLORIDE ER, XTAMPZA ER
<i>Step Therapy Criteria</i>	Coverage will be provided if the member has filled a cumulative 8-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.
<i>Step Therapy Group</i>	OPIOID IR 2221-M
<i>Drug Names</i>	CODEINE SULFATE, HYDROMORPHONE HCL, MORPHINE SULFATE, NUCYNTA, OXYCODONE HCL, OXYCODONE HYDROCHLORIDE, OXYMORPHONE HYDROCHLORIDE, TRAMADOL HYDROCHLORIDE
<i>Step Therapy Criteria</i>	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 8-day supply of an opioid agent (immediate- or extended-release) within the past 90 days.
<i>Step Therapy Group</i>	OPIOID IR COMBO PRODUCTS 1358-E
<i>Drug Names</i>	ACETAMINOPHEN/CODEINE, ENDOCET, HYDROCODONE BITARTRATE/AC, HYDROCODONE/IBUPROFEN, OXYCODONE/ACETAMINOPHEN, TRAMADOL HYDROCHLORIDE/AC
<i>Step Therapy Criteria</i>	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 8-day supply of an opioid agent (immediate- or extended-release) within the past 90 days.
<i>Step Therapy Group</i>	ORAL CGRP RECEPTOR ANTAGONISTS 3481-E
<i>Drug Names</i>	QULIPTA, UBRELVY
<i>Step Therapy Criteria</i>	For Qulipta: Coverage will be provided if the member has filled a prescription for at least a 56 day supply of divalproex sodium, topiramate, valproate sodium, valproic acid, metoprolol, propranolol, timolol, atenolol, nadolol, candesartan, amitriptyline, or venlafaxine within the past 730 days.
	For Ubrelyv: Coverage will be provided if the member has filled a prescription for at least a 30 day supply of two triptan 5-HT1 receptor agonists (include combinations) within the past 180 days.
<i>Step Therapy Group</i>	RANEXA 658-D

<i>Drug Names</i>	RANOLAZINE ER
<i>Step Therapy Criteria</i>	Coverage will be provided if the member has filled a prescription for any two of the following: beta blocker, calcium channel blocker, or long-acting nitrate (at least a 30 day supply within the past 365 days)
<i>Step Therapy Group</i>	SIMVA 80MG 981-D
<i>Drug Names</i>	SIMVASTATIN
<i>Step Therapy Criteria</i>	Coverage will be provided if the member has filled a prescription for 80mg strength of simvastatin (Zocor) or 10-80mg strength of ezetimibe-simvastatin (Vytorin) (at least a 290 day supply within the past 365 days)
<i>Step Therapy Group</i>	SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR (SGLT2) AND SGLT2 COMBINATIONS 676-D
<i>Drug Names</i>	GLYXAMBI, JARDIANCE, SYNJARDY, SYNJARDY XR
<i>Step Therapy Criteria</i>	Coverage will be provided if the member has filled a prescription for a 30 day supply of metformin within the past 180 days
<i>Step Therapy Group</i>	TACROLIMUS 1254-F
<i>Drug Names</i>	TACROLIMUS
<i>Step Therapy Criteria</i>	Coverage will be provided if the member has filled a prescription for at least a 14 day supply of at least one corticosteroid of medium or higher potency within the past 180 days.
<i>Step Therapy Group</i>	TGST PROSTAGL ANALOG 613-D
<i>Drug Names</i>	LUMIGAN
<i>Step Therapy Criteria</i>	Coverage will be provided if the member has filled a prescription for a generic prostaglandin analogue (other than bimatoprost) (at least a 30 day supply within the past 365 days)
<i>Step Therapy Group</i>	TGST SLEEP AGENTS 382-D
<i>Drug Names</i>	BELSOMRA
<i>Step Therapy Criteria</i>	Coverage will be provided if the member has filled a prescription for a generic nonbenzodiazepine hypnotic (at least a 30 day supply within the past 180 days)
<i>Step Therapy Group</i>	ULORIC 540-D
<i>Drug Names</i>	FEBUXOSTAT
<i>Step Therapy Criteria</i>	Coverage will be provided if the member has filled a prescription for allopurinol (at least a 30 day supply within the past 180 days)
<i>Step Therapy Group</i>	VELPHORO 2048-D
<i>Drug Names</i>	VELPHORO
<i>Step Therapy Criteria</i>	Coverage will be provided if the member has filled a prescription for at least a 30-day supply of calcium acetate within the past 120 days.
<i>Step Therapy Group</i>	VITAMIN D ANALOGS TOPICAL 1381-E
<i>Drug Names</i>	CALCIPOTRIENE, CALCIPOTRIENE/BETAMETHASO, CALCITRIOL
<i>Step Therapy Criteria</i>	Coverage will be provided if the member has filled a prescription for at least a 30-day supply of a topical steroid within the past 180 days.

**Sharp CA 4T Effective 05/01/2026**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION</b>		
<b>COX-2 INHIBITORS</b>		
<i>celecoxib caps 50mg, 100mg, 200mg</i>	Tier 1	MO
<b>GOUT - DRUGS TO TREAT GOUT</b>		
<i>allopurinol tabs 100mg, 300mg</i>	Tier 1	MO
<i>colchicine tabs .6mg</i>	Tier 1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	MO
<i>febuxostat tabs 40mg, 80mg</i>	Tier 1	ST, MO; PA**
<i>probenecid tabs 500mg</i>	Tier 1	MO
<b>NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION</b>		
<i>diclofenac potassium tabs 50mg</i>	Tier 1	MO
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	Tier 1	MO
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	Tier 1	MO
<i>flurbiprofen tabs 50mg</i>	Tier 1	MO
<i>ibuprofen susp 100mg/5ml</i>	Tier 1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	Tier 1	MO
<i>ketorolac tromethamine soln 15mg/ml, 30mg/ml</i>	MB	
<i>ketorolac tromethamine tabs 10mg</i>	Tier 1	QL (20 tabs every 30 days)
<i>meclofenamate sodium caps 50mg, 100mg</i>	Tier 1	MO
<i>mefenamic acid caps 250mg</i>	Tier 1	MO
<i>meloxicam tabs 7.5mg, 15mg</i>	Tier 1	MO
<i>nabumetone tabs 500mg, 750mg</i>	Tier 1	MO
<i>naproxen tabs 250mg, 375mg, 500mg</i>	Tier 1	MO
<i>oxaprozin tabs 600mg</i>	Tier 1	MO
<i>piroxicam caps 10mg, 20mg</i>	Tier 1	MO
<i>sulindac tabs 150mg, 200mg</i>	Tier 1	MO
<b>NSAIDS, COMBINATIONS</b>		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Tier 1	MO
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Tier 1	MO
<b>OPIOID ANALGESICS - DRUGS TO TREAT PAIN</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit, PA**; if age 19 or younger, subject to initial 3-day limit

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	ST, QL (400 tabs every 30 days); Subject to initial 7-day limit, PA**; if age 19 or younger, subject to initial 3-day limit
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit, PA**; if age 19 or younger, subject to initial 3-day limit
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit, PA**; if age 19 or younger, subject to initial 3-day limit
<i>butorphanol tartrate soln 1mg/ml, 2mg/ml</i>	MB	
<i>butorphanol tartrate soln 10mg/ml</i>	Tier 1	QL (2 bottles every 30 days)
<i>codeine sulfate tabs 30mg</i>	Tier 1	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
CODEINE SULFATE TABS 60mg	Tier 3	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>endocet tab 2.5-325</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>endocet tab 5-325mg</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>endocet tab 7.5-325</i>	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>endocet tab 10-325mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr</i>	Tier 1	ST, QL (10 patches every 30 days)
<i>fentanyl pt72 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	ST, QL (240 tabs every 30 days); 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>	Tier 1	ST, QL (180 tabs every 30 days); 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>	Tier 1	ST, QL (180 tabs every 30 days); 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>	Tier 1	ST, QL (50 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>hydromorphone hcl soln 2mg/ml</i>	MB	
<i>hydromorphone hcl tabs 2mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>hydromorphone hcl tabs 4mg</i>	Tier 1	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>hydromorphone hcl tabs 8mg</i>	Tier 1	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>hydromorphone hcl tb24 8mg, 12mg, 16mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tb24 32mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>methadone hcl conc 10mg/ml</i>	Tier 1	QL (30 mL every 30 days); (indicated for opioid addiction)
<i>methadone hcl soln 5mg/5ml</i>	Tier 1	ST, QL (450 mL every 30 days)
<i>methadone hcl soln 10mg/5ml</i>	Tier 1	ST, QL (225 mL every 30 days)
<i>methadone hcl tabs 5mg</i>	Tier 1	ST, QL (90 tabs every 30 days)

Sharp Health Plan Formulary Covered California and Individual & Family coverage directly from SHP 4 Tier May 2026

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methadone hcl tabs 10mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>methadone hydrochloride i conc 10mg/ml</i> (Methadone Hydrochloride I)	Tier 1	ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose tbs 40mg</i> (Methadose)	Tier 1	QL (9 tabs every 30 days)
<i>morphine sulfate cp24 10mg, 20mg, 30mg</i>	Tier 1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cp24 50mg, 60mg, 80mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cp24 100mg; tbc 60mg, 100mg, 200mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate soln 4mg/ml, 10mg/ml</i>	MB	
<i>morphine sulfate soln 10mg/5ml</i>	Tier 1	ST, QL (900 mL every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>morphine sulfate soln 20mg/5ml</i>	Tier 1	ST, QL (675 mL every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>morphine sulfate soln 100mg/5ml</i>	Tier 1	ST, QL (135 mL every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>morphine sulfate tabs 15mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>morphine sulfate tabs 30mg</i>	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>morphine sulfate tbc 15mg, 30mg</i>	Tier 1	ST, QL (90 tabs every 30 days)
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cp24 120mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i>	MB	
NUCYNTA TABS 50mg ( <i>tapentadol hcl</i> )	Tier 2	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
NUCYNTA TABS 75mg ( <i>tapentadol hcl</i> )	Tier 2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit

Sharp Health Plan Formulary Covered California and Individual & Family coverage directly from SHP 4 Tier May 2026

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
NUCYNTA TABS 100mg ( <i>tapentadol hcl</i> )	Tier 2	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
NUCYNTA ER TB12 50mg, 100mg ( <i>tapentadol hcl</i> )	Tier 3	ST, QL (60 tabs every 30 days)
NUCYNTA ER TB12 150mg, 200mg, 250mg ( <i>tapentadol hcl</i> )	Tier 3	ST, PA; High Strength Requires PA
<i>oxycodone hcl caps 5mg</i>	Tier 1	ST, QL (180 caps every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl conc 100mg/5ml</i>	Tier 1	ST, QL (90 mL every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl soln 5mg/5ml</i>	Tier 1	ST, QL (900 mL every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl tabs 5mg, 10mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl tabs 15mg</i>	Tier 1	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl tabs 20mg</i>	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>oxycodone hcl tabs 30mg</i>	Tier 1	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	ST, QL (360 tabs every 30 days); 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>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit

Sharp Health Plan Formulary Covered California and Individual & Family coverage directly from SHP 4 Tier May 2026

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	ST, QL (240 tabs every 30 days); 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>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>oxymorphone hcl tabs 5mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>oxymorphone hcl tabs 10mg</i>	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tb12 20mg, 30mg, 40mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>tapentadol hcl tabs 50mg</i>	Tier 1	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>tapentadol hcl tabs 75mg</i>	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>tapentadol hcl tabs 100mg</i>	Tier 1	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>tramadol hcl tabs 50mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
<i>tramadol hcl tb24 100mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>tramadol hcl tb24 200mg, 300mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 1	ST, QL (40 tabs every 30 days); Subject to initial 7-day limit; if age 19 or younger, subject to initial 3-day limit
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg <i>(oxycodone)</i>	Tier 2	ST, QL (60 caps every 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XTAMPZA ER C12A 36mg ( <i>oxycodone</i> )	Tier 2	ST, PA; High Strength Requires Prior Auth
<b>OPIOID PARTIAL AGONISTS</b>		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg ( <i>buprenorphine hcl</i> )	Tier 2	ST, QL (60 films every 30 days)
BELBUCA FILM 600mcg, 750mcg, 900mcg ( <i>buprenorphine hcl</i> )	Tier 2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr</i>	Tier 1	ST, QL (4 patches every 30 days)
<i>buprenorphine ptwk 15mcg/hr, 20mcg/hr</i>	Tier 1	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl soln .3mg/ml</i>	MB	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml ( <i>buprenorphine</i> )	MB	
<b>SALICYLATES</b>		
<i>aspirin ec adult low dose tbec 81mg</i> (Aspirin Ec Adult Low Dose)	PV	QL (100 tabs every 30 days); \$0 copay for members age 12-59 years at risk for preeclampsia, otherwise not covered
<i>diflunisal tabs 500mg</i>	Tier 1	MO
<i>goodsense aspirin chew 81mg</i> (Goodsense Aspirin)	PV	QL (100 tabs every 30 days); \$0 copay for members age 12-59 years at risk for preeclampsia, otherwise not covered
<b>ANDROGENS-ANABOLIC</b>		
<b>ANDROGENS - DRUGS TO REGULATE MALE HORMONES</b>		
<i>methyltestosterone caps 10mg</i>	Tier 1	MO
<b>ANESTHETICS - DRUGS FOR NUMBING</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl (local anesth.) soln .5%, 1%, 2%; sosy 100mg/5ml</i>	MB	
<b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>		
<b>ANTHELMINTICS</b>		
EMVERM CHEW 100mg ( <i>mebendazole</i> )	Tier 3	QL (12 tabs every 365 days)
<i>ivermectin tabs 3mg</i>	Tier 1	
<i>praziquantel tabs 600mg</i>	Tier 1	QL (24 tabs every 365 days)
<b>ANTI-BACTERIALS - MISCELLANEOUS</b>		
<i>amikacin sulfate soln 1gm/4ml, 500mg/2ml</i>	MB	
<i>fosfomycin tromethamine pack 3gm</i>	Tier 1	
<i>gentamicin sulfate soln 40mg/ml</i>	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>neomycin sulfate tabs 500mg</i>	Tier 1	
<i>sulfadiazine tabs 500mg</i>	Tier 1	
<i>tinidazole tabs 250mg, 500mg</i>	Tier 1	
<i>tobramycin sulfate soln 40mg/ml, 80mg/2ml; solr 1.2gm</i>	MB	
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>		
<i>amphotericin b solr 50mg</i>	MB	
CRESEMBA CAPS 74.5mg, 186mg ( <i>isavuconazonium sulfate</i> )	Tier 3	
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	Tier 1	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	Tier 1	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	Tier 1	PA
<i>nystatin tabs 500000unit</i>	Tier 1	
<i>posaconazole susp 40mg/ml</i>	Tier 1	PA, MO
<i>posaconazole tbec 100mg</i>	Tier 2	PA, MO
<i>terbinafine hcl tabs 250mg</i>	Tier 1	
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	Tier 2	PA
<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	Tier 1	MO
COARTEM TAB 20-120MG ( <i>artemether-lumefantrine</i> )	Tier 3	
<i>mefloquine hcl tabs 250mg</i>	Tier 1	MO
<i>primaquine phosphate tabs 26.3mg</i>	Tier 1	
<i>quinine sulfate caps 324mg</i>	Tier 1	
<b>ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>		
<i>abacavir sulfate soln 20mg/ml</i>	Tier 1	SP, QL (900 mL every 30 days), MO
<i>abacavir sulfate tabs 300mg</i>	Tier 1	SP, QL (60 tabs every 30 days), MO
APRETUDE SUER 600mg/3ml ( <i>cabotegravir</i> )	MB	
APTIVUS CAPS 250mg ( <i>tipranavir</i> )	Tier 2	SP, QL (120 caps every 30 days), MO
<i>atazanavir sulfate caps 150mg, 300mg</i>	Tier 1	SP, QL (30 caps every 30 days), MO
<i>atazanavir sulfate caps 200mg</i>	Tier 1	SP, QL (60 caps every 30 days), MO
<i>darunavir tabs 600mg</i>	Tier 1	SP, QL (60 tabs every 30 days), MO
<i>darunavir tabs 800mg</i>	Tier 1	SP, QL (30 tabs every 30 days), MO

Sharp Health Plan Formulary Covered California and Individual & Family coverage directly from SHP 4 Tier May 2026

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EDURANT TABS 25mg ( <i>rilpivirine hcl</i> )	Tier 2	SP, QL (60 tabs every 30 days), MO
EDURANT PED TBSO 2.5mg ( <i>rilpivirine hcl</i> )	Tier 2	SP, QL (180 tabs every 30 days), MO
<i>efavirenz tabs 600mg</i>	Tier 1	SP, QL (30 tabs every 30 days), MO
<i>emtricitabine caps 200mg</i>	Tier 1	SP, QL (30 caps every 30 days), MO
EMTRIVA SOLN 10mg/ml ( <i>emtricitabine</i> )	Tier 2	SP, QL (680 ml every 28 days), MO
<i>etravirine tabs 100mg</i>	Tier 1	SP, QL (120 tabs every 30 days), MO
<i>etravirine tabs 200mg</i>	Tier 1	SP, QL (60 tabs every 30 days), MO
<i>fosamprenavir calcium tabs 700mg</i>	Tier 1	SP, QL (120 tabs every 30 days), MO
INTELENCE TABS 25mg ( <i>etravirine</i> )	Tier 2	SP, QL (120 tabs every 30 days), MO
ISENTRESS CHEW 25mg, 100mg ( <i>raltegravir potassium</i> )	Tier 2	SP, QL (180 tabs every 30 days), MO
ISENTRESS PACK 100mg ( <i>raltegravir potassium</i> )	Tier 2	SP, QL (60 packets every 30 days), MO
ISENTRESS TABS 400mg ( <i>raltegravir potassium</i> )	Tier 2	SP, QL (120 tabs every 30 days), MO
ISENTRESS HD TABS 600mg ( <i>raltegravir potassium</i> )	Tier 2	SP, QL (60 tabs every 30 days), MO
<i>lamivudine soln 10mg/ml</i>	Tier 1	SP, QL (960 ml every 30 days), MO
<i>lamivudine tabs 150mg</i>	Tier 1	SP, QL (60 tabs every 30 days), MO
<i>lamivudine tabs 300mg</i>	Tier 1	SP, QL (30 tabs every 30 days), MO
<i>maraviroc tabs 150mg</i>	Tier 1	SP, QL (60 tabs every 30 days), MO
<i>maraviroc tabs 300mg</i>	Tier 1	SP, QL (120 tabs every 30 days), MO
<i>nevirapine susp 50mg/5ml</i>	Tier 1	SP, QL (1200 mL every 30 days), MO
<i>nevirapine tabs 200mg</i>	Tier 1	SP, QL (60 tabs every 30 days), MO
<i>nevirapine tb24 400mg</i>	Tier 1	SP, QL (30 tabs every 30 days), MO
NORVIR PACK 100mg ( <i>ritonavir</i> )	Tier 2	SP, QL (360 packets every 30 days), MO

Sharp Health Plan Formulary Covered California and Individual & Family coverage directly from SHP 4 Tier May 2026

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
PREZISTA SUSP 100mg/ml ( <i>darunavir</i> )	Tier 2	SP, QL (400 ml every 30 days), MO
PREZISTA TABS 75mg ( <i>darunavir</i> )	Tier 2	SP, QL (300 tabs every 30 days), MO
PREZISTA TABS 150mg ( <i>darunavir</i> )	Tier 2	SP, QL (180 tabs every 30 days), MO
RETROVIR IV INFUSION SOLN 10mg/ml ( <i>zidovudine</i> )	MB	
REYATAZ PACK 50mg ( <i>atazanavir sulfate</i> )	Tier 2	SP, QL (180 packets every 30 days), MO
<i>rilpivirine hcl tabs 25mg</i>	Tier 1	SP, QL (60 tabs every 30 days), MO
<i>ritonavir tabs 100mg</i>	Tier 1	SP, QL (360 tabs every 30 days), MO
SELZENTRY SOLN 20mg/ml ( <i>maraviroc</i> )	Tier 2	SP, QL (1840 mL every 30 days), MO
<i>tenofovir disoproxil fumarate tabs 300mg</i>	Tier 1	SP, QL (30 tabs every 30 days), MO
TIVICAY TABS 50mg ( <i>dolutegravir sodium</i> )	Tier 2	SP, QL (60 tabs every 30 days), MO
TIVICAY PD TBSO 5mg ( <i>dolutegravir sodium</i> )	Tier 2	SP, QL (360 tabs every 30 days), MO
TROGARZO SOLN 200mg/1.33ml ( <i>ibalizumab-uiyk</i> )	MB	MO
TYBOST TABS 150mg ( <i>cobicistat</i> )	Tier 2	SP, QL (30 tabs every 30 days), MO
VIREAD POWD 40mg/gm ( <i>tenofovir disoproxil fumarate</i> )	Tier 2	SP, QL (240 gm every 30 days), MO
VIREAD TABS 150mg, 200mg, 250mg ( <i>tenofovir disoproxil fumarate</i> )	Tier 2	SP, QL (30 tabs every 30 days), MO
YEZTUGO SOLN 463.5mg/1.5ml ( <i>lenacapavir sodium</i> )	MB	MO
YEZTUGO TABS 300mg ( <i>lenacapavir sodium</i> )	Tier 2	SP, QL (8 tabs every 4 days)
<i>zidovudine caps 100mg</i>	Tier 1	SP, QL (180 caps every 30 days), MO
<i>zidovudine syrp 50mg/5ml</i>	Tier 1	SP, QL (1920 ml every 30 days), MO
<i>zidovudine tabs 300mg</i>	Tier 1	SP, QL (60 tabs every 30 days), MO
<b>ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	SP, QL (30 tabs every 30 days), MO
BIKTARVY TAB ( <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i> )	Tier 2	SP, QL (30 tabs every 30 days), MO
CABENUVA SUS 400-600 ( <i>cabotegravir &amp; rilpivirine</i> )	MB	
CABENUVA SUS 600-900 ( <i>cabotegravir &amp; rilpivirine</i> )	MB	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>CIMDUO TAB 300-300 (<i>lamivudine-tenofovir disoproxil fumarate</i>)</b>	Tier 2	SP, QL (30 tabs every 30 days), MO
<b>DELSTRIGO TAB (<i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>)</b>	Tier 2	SP, QL (30 tabs every 30 days), MO
<b>DESCOVY TAB 120-15MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>)</b>	Tier 2	SP, QL (30 tabs every 30 days), MO
<b>DESCOVY TAB 200/25MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>)</b>	PV	SP, QL (30 tabs every 30 days), MO; \$0 copay for PrEP
<b>DOVATO TAB 50-300MG (<i>dolutegravir sodium-lamivudine</i>)</b>	Tier 2	SP, QL (30 tabs every 30 days), MO
<b><i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i></b>	Tier 1	SP, QL (30 tabs every 30 days), MO
<b><i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i></b>	Tier 1	SP, QL (30 tabs every 30 days), MO
<b><i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i></b>	Tier 1	SP, QL (30 tabs every 30 days), MO
<b><i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i></b>	Tier 1	SP, QL (30 tabs every 30 days), MO
<b><i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i></b>	Tier 1	SP, QL (30 tabs every 30 days), MO
<b><i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i></b>	Tier 1	SP, QL (30 tabs every 30 days), MO
<b><i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i></b>	PV	SP, QL (30 tabs every 30 days), MO; \$0 copay for PrEP
<b>GENVOYA TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)</b>	Tier 2	SP, QL (30 tabs every 30 days), MO
<b>KALETRA SOL (<i>lopinavir-ritonavir</i>)</b>	Tier 2	SP, QL (480 ml every 30 days), MO
<b><i>lamivudine-zidovudine tab 150-300 mg</i></b>	Tier 1	SP, QL (60 tabs every 30 days), MO
<b><i>lopinavir-ritonavir tab 100-25 mg</i></b>	Tier 1	SP, QL (240 tabs every 30 days), MO
<b><i>lopinavir-ritonavir tab 200-50 mg</i></b>	Tier 1	SP, QL (120 tabs every 30 days), MO
<b>ODEFSEY TAB (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>)</b>	Tier 2	SP, QL (30 tabs every 30 days), MO
<b>PREZCOBIX TAB 675/150 (<i>darunavir-cobicistat</i>)</b>	Tier 3	SP, QL (30 tabs every 30 days), MO
<b>PREZCOBIX TAB 800-150 (<i>darunavir-cobicistat</i>)</b>	Tier 3	SP, QL (30 tabs every 30 days), MO
<b>TRIUMEQ PD TAB (<i>abacavir-dolutegravir-lamivudine</i>)</b>	Tier 3	SP, QL (180 tabs every 30 days), MO
<b>TRIUMEQ TAB (<i>abacavir-dolutegravir-lamivudine</i>)</b>	Tier 3	SP, QL (30 tabs every 30 days), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS</b>		
<i>cycloserine caps 250mg</i>	Tier 1	
<i>ethambutol hcl tabs 100mg, 400mg</i>	Tier 1	
<i>isoniazid soln 100mg/ml</i>	MB	
<i>isoniazid syrp 50mg/5ml; tabs 100mg, 300mg</i>	Tier 1	MO
PRIFTIN TABS 150mg ( <i>rifapentine</i> )	Tier 2	
<i>pyrazinamide tabs 500mg</i>	Tier 1	
<i>rifabutin caps 150mg</i>	Tier 1	
<i>rifampin caps 150mg, 300mg</i>	Tier 1	
<i>rifampin solr 600mg</i>	MB	
SIRTURO TABS 20mg, 100mg ( <i>bedaquiline fumarate</i> )	Tier 3	
TRECTOR TABS 250mg ( <i>ethionamide</i> )	Tier 2	
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>		
<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	Tier 1	
<i>cidofovir soln 75mg/ml</i>	MB	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	Tier 1	
<i>oseltamivir phosphate caps 30mg</i>	Tier 1	QL (40 caps every 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	Tier 1	QL (20 caps every 90 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	Tier 1	QL (360 mL every 90 days)
PAXLOVID PAK ( <i>nirmatrelvir-ritonavir</i> )	PV	QL (22 tabs every 30 days)
PAXLOVID TAB 150-100 ( <i>nirmatrelvir-ritonavir</i> )	PV	QL (1 carton every 90 days)
PAXLOVID TAB 300-100 ( <i>nirmatrelvir-ritonavir</i> )	PV	QL (1 carton every 90 days)
RELENZA DISKHALER AEPB 5mg/blister ( <i>zanamivir</i> )	Tier 2	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tabs 100mg</i>	Tier 1	
<i>valacyclovir hcl tabs 500mg, 1000mg</i>	Tier 1	
<i>valganciclovir hcl solr 50mg/ml</i>	Tier 4	PA, QL (1144 mL every 30 days), MO
<i>valganciclovir hcl tabs 450mg</i>	Tier 4	PA, QL (120 tabs every 30 days), MO
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</b>		
<i>cefaclor caps 250mg, 500mg; susr 250mg/5ml</i>	Tier 1	
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	Tier 1	
<i>cefazolin sodium solr 1gm</i>	MB	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	Tier 1	
<i>cefepime hcl solr 1gm, 2gm</i>	MB	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	Tier 1	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ceftazidime solr 2gm</i>	MB	
<i>ceftriaxone sodium solr 1gm, 2gm, 10gm, 250mg, 500mg</i>	MB	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	Tier 1	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Tier 1	
<i>tazicef solr 1gm (Tazicef)</i>	MB	
<b>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</b>		
<i>azithromycin susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	Tier 1	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	Tier 1	
DIFICID SUSR 40mg/ml ( <i>fidaxomicin</i> )	Tier 2	PA
<i>e.e.s. 400 tabs 400mg (E.e.s. 400)</i>	Tier 1	
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	Tier 1	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml</i>	Tier 1	
<i>fidaxomicin tabs 200mg</i>	Tier 1	PA
ZITHROMAX PACK 1gm ( <i>azithromycin</i> )	Tier 2	
<b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</b>		
CIPRO SUSR 500mg/5ml ( <i>ciprofloxacin</i> )	Tier 3	
<i>ciprofloxacin hcl tabs 250mg, 500mg, 750mg</i>	Tier 1	
<i>levofloxacin soln 25mg/ml</i>	MB	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	Tier 1	
<i>moxifloxacin hcl tabs 400mg</i>	Tier 1	
<i>ofloxacin tabs 300mg, 400mg</i>	Tier 1	
<b>HEPATITIS B</b>		
<i>adefovir dipivoxil tabs 10mg</i>	Tier 4	SP, MO
BARACLUDGE SOLN .05mg/ml ( <i>entecavir</i> )	Tier 4	SP, PA, QL (630 mL every 30 days), MO
<i>entecavir tabs .5mg, 1mg</i>	Tier 4	SP, PA, QL (30 tabs every 30 days), MO
<i>lamivudine (hbv) tabs 100mg</i>	Tier 1	SP, MO
<b>HEPATITIS C</b>		
EPCLUSA PAK 150-37.5 ( <i>sofosbuvir-velpatasvir</i> )	Tier 3	SP, PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG ( <i>sofosbuvir-velpatasvir</i> )	Tier 3	SP, PA, QL (56 pellets every 28 days)
EPCLUSA TAB 200-50MG ( <i>sofosbuvir-velpatasvir</i> )	Tier 3	SP, PA, QL (56 tabs every 28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EPCLUSA TAB 400-100 ( <i>sofosbuvir-velpatasvir</i> )	Tier 3	SP, PA, QL (28 tabs every 28 days)
HARVONI PAK ( <i>ledipasvir-sofosbuvir</i> )	Tier 3	SP, PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG ( <i>ledipasvir-sofosbuvir</i> )	Tier 3	SP, PA, QL (56 pellets every 28 days)
HARVONI TAB 45-200MG ( <i>ledipasvir-sofosbuvir</i> )	Tier 3	SP, PA, QL (56 tabs every 28 days)
HARVONI TAB 90-400MG ( <i>ledipasvir-sofosbuvir</i> )	Tier 3	SP, PA, QL (28 tabs every 28 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml ( <i>peginterferon alfa-2a</i> )	MB	
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	Tier 1	SP
SOVALDI PACK 150mg ( <i>sofosbuvir</i> )	Tier 4	SP, PA, QL (28 pellets every 28 days)
SOVALDI PACK 200mg ( <i>sofosbuvir</i> )	Tier 4	SP, PA, QL (56 pellets every 28 days)
SOVALDI TABS 200mg ( <i>sofosbuvir</i> )	Tier 4	SP, PA, QL (56 tabs every 28 days)
SOVALDI TABS 400mg ( <i>sofosbuvir</i> )	Tier 4	SP, PA, QL (28 tabs every 28 days)
VOSEVI TAB ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> )	Tier 3	SP, PA, QL (28 tabs every 28 days)
<b>MISCELLANEOUS</b>		
<i>atovaquone susp 750mg/5ml</i>	Tier 1	
<i>aztreonam solr 1gm, 2gm</i>	MB	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	Tier 1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	Tier 1	
<i>dapsone tabs 25mg, 100mg</i>	Tier 1	MO
<i>ertapenem sodium solr 1gm</i>	MB	
<i>linezolid soln 600mg/300ml</i>	MB	
<i>linezolid susr 100mg/5ml; tabs 600mg</i>	Tier 1	
<i>meropenem solr 1gm, 500mg</i>	MB	
<i>methenamine hippurate tabs 1gm</i>	Tier 1	
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	Tier 1	
<i>metronidazole soln 500mg/100ml</i>	MB	
<i>nitazoxanide tabs 500mg</i>	Tier 1	QL (20 tabs every 30 days)
<i>nitrofurantoin susp 25mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>nitrofurantoin monohyd macro caps 100mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>pentamidine isethionate solr 300mg</i>	Tier 1	
<i>pentamidine isethionate solr 300mg</i>	MB	
<i>polymyxin b sulfate solr 500000unit</i>	MB	
<i>pyrimethamine tabs 25mg</i>	Tier 2	PA
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
<i>trimethoprim tabs 100mg</i>	Tier 1	
<i>vancomycin hcl caps 125mg, 250mg</i>	Tier 1	QL (80 caps every 10 days)
<i>vancomycin hcl solr 1gm, 5gm, 10gm, 500mg, 750mg</i>	MB	
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>		
<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	Tier 1	
<i>ampicillin caps 500mg</i>	Tier 1	
<i>ampicillin sodium solr 1gm, 2gm</i>	MB	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	Tier 1	
<i>penicillin g potassium solr 5000000unit, 20000000unit</i>	MB	
<i>penicillin g sodium solr 5000000unit</i>	MB	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Tier 1	
<i>pfizerpen solr 20000000unit (Pfizerpen)</i>	MB	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	MB	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	MB	
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
<i>avidoxy tabs 100mg</i> (Avidoxy)	Tier 1	
<i>demeclocycline hcl tabs 150mg, 300mg</i>	Tier 1	
<i>doxy 100 solr 100mg</i> (Doxy 100)	MB	
<i>doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 150mg</i>	Tier 1	
<i>doxycycline hyclate caps 50mg, 100mg; tabs 100mg</i>	Tier 1	
<i>doxycycline hyclate solr 100mg</i>	MB	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	Tier 1	
<i>tetracycline hcl caps 250mg, 500mg</i>	Tier 1	QL (120 caps every 30 days)
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</b>		
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	Tier 1	QL (6 inhalers per 75 days), MO
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<i>neostigmine methylsulfate soln 10mg/10ml</i>	MB	
<b>ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER</b>		
<b>ALKYLATING AGENTS</b>		
<i>busulfan soln 6mg/ml</i>	MB	
<i>carmustine solr 100mg</i>	MB	
<i>cyclophosphamide caps 25mg, 50mg</i>	Tier 1	OAC
<i>cyclophosphamide solr 1gm, 2gm, 500mg</i>	MB	
<i>dacarbazine solr 100mg, 200mg</i>	MB	
GLEOSTINE CAPS 10mg, 40mg, 100mg ( <i>lomustine</i> )	Tier 4	SP; OAC
GLIADEL WAF 7.7MG ( <i>carmustine in polifeprosan</i> )	MB	
<i>ifosfamide soln 1gm/20ml, 3gm/60ml; solr 1gm</i>	MB	
LEUKERAN TABS 2mg ( <i>chlorambucil</i> )	Tier 2	OAC
<i>lomustine caps 10mg, 40mg, 100mg</i>	Tier 1	SP; OAC
MATULANE CAPS 50mg ( <i>procarbazine hcl</i> )	Tier 2	OAC
<i>melphalan hcl solr 50mg</i>	MB	
TEMODAR SOLR 100mg ( <i>temozolomide</i> )	MB	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	Tier 4	SP, PA; OAC
<b>ANTIBIOTICS</b>		
<i>adriamycin solr 50mg</i> (Adriamycin)	MB	
<i>bleomycin sulfate solr 15unit, 30unit</i>	MB	
<i>daunorubicin hcl soln 20mg/4ml</i>	MB	
<i>doxorubicin hcl soln 2mg/ml; solr 10mg</i>	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>doxorubicin hcl liposomal susp 2mg/ml</i>	MB	
<i>idarubicin hcl soln 5mg/5ml, 10mg/10ml, 20mg/20ml</i>	MB	
<i>mitomycin solr 5mg, 20mg, 40mg</i>	MB	
<i>mitoxantrone hcl conc 2mg/ml</i>	MB	
<b>ANTIMETABOLITES</b>		
<i>azacitidine susr 100mg</i>	MB	
<i>capecitabine tabs 150mg, 500mg</i>	Tier 4	SP, PA; OAC
<i>cladribine soln 10mg/10ml</i>	MB	
<i>clofarabine soln 1mg/ml</i>	MB	
<i>cytarabine soln 20mg/ml, 100mg/ml</i>	MB	
<i>decitabine solr 50mg</i>	MB	
<i>fludarabine phosphate soln 50mg/2ml; solr 50mg</i>	MB	
<i>fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml</i>	MB	
<i>gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg</i>	MB	
<i>mercaptopurine tabs 50mg</i>	Tier 1	OAC
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm</i>	MB	
NIPENT SOLR 10mg ( <i>pentostatin</i> )	MB	
<i>pemetrexed disodium solr 100mg, 500mg</i>	MB	
TABLOID TABS 40mg ( <i>thioguanine</i> )	Tier 2	OAC
<b>ANTINEOPLASTIC, BCL-2 INHIBITORS</b>		
VENCLEXTA TABS 10mg, 50mg ( <i>venetoclax</i> )	Tier 4	PA, QL (120 every 30 days); OAC
VENCLEXTA TABS 100mg ( <i>venetoclax</i> )	Tier 4	PA, QL (180 every 30 days); OAC
VENCLEXTA TAB START PK ( <i>venetoclax</i> )	Tier 4	PA, QL (1 pack every 28 days); OAC
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
ERBITUX SOLN 100mg/50ml, 200mg/100ml ( <i>cetuximab</i> )	MB	
ERIVEDGE CAPS 150mg ( <i>vismodegib</i> )	Tier 4	SP, PA, QL (30 caps every 30 days); OAC
KADCYLA SOLR 100mg, 160mg ( <i>ado-trastuzumab emtansine</i> )	MB	
KEYTRUDA SOLN 100mg/4ml ( <i>pembrolizumab</i> )	MB	
PADCEV SOLR 20mg, 30mg ( <i>enfortumab vedotin-ejfv</i> )	MB	
POMALYST CAPS 1mg, 2mg, 3mg, 4mg ( <i>pomalidomide</i> )	Tier 4	SP, PA, QL (21 caps every 28 days); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg <i>(lenalidomide)</i>	Tier 4	SP, PA, QL (28 caps every 28 days); OAC
REVLIMID CAPS 20mg, 25mg <i>(lenalidomide)</i>	Tier 4	SP, PA, QL (21 caps every 28 days); OAC
THALOMID CAPS 50mg <i>(thalidomide)</i>	Tier 4	SP, PA, QL (28 caps every 28 days), MO; OAC
THALOMID CAPS 100mg <i>(thalidomide)</i>	Tier 4	SP, PA, QL (112 caps every 28 days), MO; OAC
TICE BCG SUSR 50mg <i>(bcg live intravesical)</i>	MB	
<b>BIOSIMILARS</b>		
GAZYVA SOLN 1000mg/40ml <i>(obinutuzumab)</i>	MB	
RUXIENCE SOLN 100mg/10ml, 500mg/50ml <i>(rituximab-pvvr)</i>	MB	
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate tabs 250mg</i>	Tier 4	SP, PA, QL (120 tabs every 30 days); OAC
<i>abiraterone acetate tabs 500mg</i>	Tier 4	SP, PA, QL (60 tabs every 30 days); OAC
<i>anastrozole tabs 1mg</i>	Tier 1	MO; OAC; \$0 copay ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tabs 50mg</i>	Tier 1	OAC
ELIGARD KIT 7.5mg <i>(leuprolide acetate)</i>	MB	
ELIGARD KIT 22.5mg <i>(leuprolide acetate (3 month))</i>	MB	
ELIGARD KIT 30mg <i>(leuprolide acetate (4 month))</i>	MB	
ELIGARD KIT 45mg <i>(leuprolide acetate (6 month))</i>	MB	
ERLEADA TABS 60mg <i>(apalutamide)</i>	Tier 4	SP, PA, QL (120 tabs every 30 days); OAC
ERLEADA TABS 240mg <i>(apalutamide)</i>	Tier 4	SP, PA, QL (30 tabs every 30 days); OAC
<i>exemestane tabs 25mg</i>	Tier 1	MO; OAC; \$0 copay ages 35 and older for the primary prevention of breast cancer
<i>fulvestrant sosy 250mg/5ml</i>	MB	
<i>letrozole tabs 2.5mg</i>	Tier 1	MO; OAC
<i>leuprolide acetate kit 1mg/0.2ml</i>	MB	
LYSODREN TABS 500mg <i>(mitotane)</i>	Tier 2	OAC
<i>megestrol acetate tabs 20mg, 40mg</i>	Tier 1	OAC
<i>nilutamide tabs 150mg</i>	Tier 1	OAC
NUBEQA TABS 300mg <i>(darolutamide)</i>	Tier 4	SP, PA, QL (120 tabs every 30 days); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>tamoxifen citrate tabs 10mg, 20mg</i></b>	Tier 1	MO; OAC; \$0 copay ages 35 and older for the primary prevention of breast cancer
<b><i>toremifene citrate tabs 60mg</i></b>	Tier 1	MO; OAC
XTANDI CAPS 40mg ( <b><i>enzalutamide</i></b> )	Tier 4	SP, PA, QL (120 caps every 30 days); OAC
XTANDI TABS 40mg ( <b><i>enzalutamide</i></b> )	Tier 4	SP, PA, QL (120 tabs every 30 days); OAC
XTANDI TABS 80mg ( <b><i>enzalutamide</i></b> )	Tier 4	SP, PA, QL (60 tabs every 30 days); OAC
YONSA TABS 125mg ( <b><i>abiraterone acetate micronized</i></b> )	Tier 4	SP, PA, QL (120 tabs every 30 days); OAC
<b>KINASE INHIBITORS</b>		
ALECENSA CAPS 150mg ( <b><i>allectinib hcl</i></b> )	Tier 4	SP, PA, QL (240 caps every 30 days); OAC
BRAFTOVI CAPS 75mg ( <b><i>encorafenib</i></b> )	Tier 4	SP, PA, QL (180 caps every 30 days); OAC
BRUKINSA CAPS 80mg ( <b><i>zanubrutinib</i></b> )	Tier 4	PA, QL (120 caps every 30 days); OAC
BRUKINSA TABS 160mg ( <b><i>zanubrutinib</i></b> )	Tier 4	PA, QL (60 tabs every 30 days); OAC
CABOMETYX TABS 20mg, 40mg, 60mg ( <b><i>cabozantinib s-malate</i></b> )	Tier 4	SP, PA, QL (30 tabs every 30 days); OAC
CALQUENCE TABS 100mg ( <b><i>acalabrutinib maleate</i></b> )	Tier 4	PA, QL (60 tabs every 30 days); OAC
CAPRELSA TABS 100mg ( <b><i>vandetanib</i></b> )	Tier 4	PA, QL (60 tabs every 30 days); OAC
CAPRELSA TABS 300mg ( <b><i>vandetanib</i></b> )	Tier 4	PA, QL (30 tabs every 30 days); OAC
COMETRIQ KIT 20mg ( <b><i>cabozantinib s-malate</i></b> )	Tier 4	SP, PA, QL (1 kit every 28 days); OAC
COMETRIQ KIT 100MG ( <b><i>cabozantinib s-malate</i></b> )	Tier 4	SP, PA, QL (1 kit every 28 days); OAC
COMETRIQ KIT 140MG ( <b><i>cabozantinib s-malate</i></b> )	Tier 4	SP, PA, QL (1 kit every 28 days); OAC
<b><i>dasatinib tabs 20mg</i></b>	Tier 4	SP, PA, QL (90 tabs every 30 days); OAC
<b><i>dasatinib tabs 50mg, 70mg, 80mg, 100mg, 140mg</i></b>	Tier 4	SP, PA, QL (30 tabs every 30 days); OAC
<b><i>erlotinib hcl tabs 25mg</i></b>	Tier 4	SP, PA, QL (60 tabs every 30 days); OAC
<b><i>erlotinib hcl tabs 100mg, 150mg</i></b>	Tier 4	SP, PA, QL (30 tabs every 30 days); OAC

Sharp Health Plan Formulary Covered California and Individual & Family coverage directly from SHP 4 Tier May 2026

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</b>	Tier 4	SP, PA, QL (30 tabs every 30 days); OAC
<b>everolimus tbso 2mg, 5mg</b>	Tier 4	SP, PA, QL (60 tabs every 30 days); OAC
<b>everolimus tbso 3mg</b>	Tier 4	SP, PA, QL (90 tabs every 30 days); OAC
IBTROZI CAPS 200mg ( <b>taletrectinib adipate</b> )	Tier 4	PA, QL (90 caps every 30 days); OAC
<b>imatinib mesylate tabs 100mg</b>	Tier 4	SP, PA, QL (120 tabs every 30 days); OAC
<b>imatinib mesylate tabs 400mg</b>	Tier 4	SP, PA, QL (60 tabs every 30 days); OAC
IMBRUVICA CAPS 70mg ( <b>ibrutinib</b> )	Tier 4	PA, QL (30 caps every 30 days); OAC
IMBRUVICA CAPS 140mg ( <b>ibrutinib</b> )	Tier 4	PA, QL (90 caps every 30 days); OAC
IMBRUVICA SUSP 70mg/ml ( <b>ibrutinib</b> )	Tier 4	PA, QL (216 ml every 36 days); OAC
IMBRUVICA TABS 140mg, 280mg, 420mg ( <b>ibrutinib</b> )	Tier 4	PA, QL (30 tabs every 30 days); OAC
INLYTA TABS 1mg ( <b>axitinib</b> )	Tier 4	SP, PA, QL (240 tabs every 30 days); OAC
INLYTA TABS 5mg ( <b>axitinib</b> )	Tier 4	SP, PA, QL (120 tabs every 30 days); OAC
ITOVEBI TABS 3mg ( <b>inavolisib</b> )	Tier 4	SP, PA, QL (60 tabs every 30 days); OAC
ITOVEBI TABS 9mg ( <b>inavolisib</b> )	Tier 4	SP, PA, QL (30 tabs every 30 days); OAC
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg ( <b>ruxolitinib phosphate</b> )	Tier 4	SP, PA, QL (60 tabs every 30 days); OAC
KISQALI TBPK 200mg ( <b>ribociclib succinate</b> )	Tier 4	SP, PA, QL (21 tabs every 28 days); 200 mg dose; OAC
KISQALI TBPK 200mg ( <b>ribociclib succinate</b> )	Tier 4	SP, PA, QL (42 tabs every 28 days); 400 mg dose; OAC
KISQALI TBPK 200mg ( <b>ribociclib succinate</b> )	Tier 4	SP, PA, QL (63 tabs every 28 days); 600 mg dose; OAC
<b>lapatinib ditosylate tabs 250mg</b>	Tier 4	SP, PA, QL (180 tabs every 30 days); OAC
LENVIMA 4 MG DAILY DOSE CPPK 4mg ( <b>lenvatinib mesylate</b> )	Tier 4	SP, PA, QL (30 caps every 30 days); OAC
LENVIMA 8 MG DAILY DOSE CPPK 4mg ( <b>lenvatinib mesylate</b> )	Tier 4	SP, PA, QL (60 caps every 30 days); OAC
LENVIMA 10 MG DAILY DOSE CPPK 10mg ( <b>lenvatinib mesylate</b> )	Tier 4	SP, PA, QL (30 caps every 30 days); OAC

Sharp Health Plan Formulary Covered California and Individual & Family coverage directly from SHP 4 Tier May 2026

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LENVIMA 12MG DAILY DOSE CPPK 4mg ( <i>lenvatinib mesylate</i> )	Tier 4	SP, PA, QL (90 caps every 30 days); OAC
LENVIMA 20 MG DAILY DOSE CPPK 10mg ( <i>lenvatinib mesylate</i> )	Tier 4	SP, PA, QL (60 caps every 30 days); OAC
LENVIMA CAP 14 MG ( <i>lenvatinib mesylate</i> )	Tier 4	SP, PA, QL (60 caps every 30 days); OAC
LENVIMA CAP 18 MG ( <i>lenvatinib mesylate</i> )	Tier 4	SP, PA, QL (90 caps every 30 days); OAC
LENVIMA CAP 24 MG ( <i>lenvatinib mesylate</i> )	Tier 4	SP, PA, QL (90 caps every 30 days); OAC
LORBRENA TABS 25mg ( <i>lorlatinib</i> )	Tier 4	SP, PA, QL (90 tabs every 30 days); OAC
LORBRENA TABS 100mg ( <i>lorlatinib</i> )	Tier 4	SP, PA, QL (30 tabs every 30 days); OAC
MEKINIST SOLR .05mg/ml ( <i>trametinib dimethyl sulfoxide</i> )	Tier 4	SP, PA, QL (12 bottles every 28 days); OAC
MEKINIST TABS 2mg ( <i>trametinib dimethyl sulfoxide</i> )	Tier 4	SP, PA, QL (30 tabs every 30 days); OAC
MEKINIST TABS .5mg ( <i>trametinib dimethyl sulfoxide</i> )	Tier 4	SP, PA, QL (90 tabs every 30 days); OAC
MEKTOVI TABS 15mg ( <i>binimetinib</i> )	Tier 4	SP, PA, QL (180 tabs every 30 days); OAC
<i>nilotinib hcl caps 50mg, 150mg, 200mg</i>	Tier 4	SP, PA, QL (120 caps every 30 days); OAC
<i>pazopanib hcl tabs 200mg</i>	Tier 4	SP, PA, QL (120 tabs every 30 days); OAC
RYDAPT CAPS 25mg ( <i>midostaurin</i> )	Tier 4	SP, PA, QL (224 caps every 28 days); OAC
SCSEMBLIX TABS 20mg ( <i>asciminib hcl</i> )	Tier 4	PA, QL (60 tabs every 30 days); OAC
SCSEMBLIX TABS 40mg ( <i>asciminib hcl</i> )	Tier 4	PA, QL (240 tabs every 30 days); OAC
SCSEMBLIX TABS 100mg ( <i>asciminib hcl</i> )	Tier 4	PA, QL (120 tabs every 30 days); OAC
<i>sorafenib tosylate tabs 200mg</i>	Tier 4	SP, PA, QL (120 tabs every 30 days); OAC
STIVARGA TABS 40mg ( <i>regorafenib</i> )	Tier 4	SP, PA, QL (84 tabs every 28 days); OAC
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	Tier 4	SP, PA, QL (30 caps every 30 days); OAC
TAFINLAR CAPS 50mg, 75mg ( <i>dabrafenib mesylate</i> )	Tier 4	SP, PA, QL (120 caps every 30 days); OAC
TAFINLAR TBSO 10mg ( <i>dabrafenib mesylate</i> )	Tier 4	SP, PA, QL (4 bottles every 28 days); OAC

Sharp Health Plan Formulary Covered California and Individual & Family coverage directly from SHP 4 Tier May 2026

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
TAGRISSO TABS 40mg, 80mg ( <i>osimertinib mesylate</i> )	Tier 4	SP, PA, QL (30 tabs every 30 days); OAC
TRUQAP TABS 160mg, 200mg; TBPK 160mg, 200mg ( <i>capivasertib</i> )	Tier 4	PA, QL (64 tabs every 28 days); OAC
TUKYSA TABS 50mg, 150mg ( <i>tucatinib</i> )	Tier 4	PA, QL (120 tabs every 30 days); OAC
VERZENIO TABS 50mg, 100mg, 150mg, 200mg ( <i>abemaciclib</i> )	Tier 4	SP, PA, QL (56 tabs every 28 days); OAC
VITRAKVI CAPS 25mg ( <i>larotrectinib sulfate</i> )	Tier 4	SP, PA, QL (180 caps every 30 days); OAC
VITRAKVI CAPS 100mg ( <i>larotrectinib sulfate</i> )	Tier 4	SP, PA, QL (60 caps every 30 days); OAC
VITRAKVI SOLN 20mg/ml ( <i>larotrectinib sulfate</i> )	Tier 4	SP, PA, QL (300 mL every 30 days); OAC
XALKORI CAPS 200mg, 250mg ( <i>crizotinib</i> )	Tier 4	SP, PA, QL (120 caps every 30 days); OAC
XALKORI CPSP 20mg, 50mg ( <i>crizotinib</i> )	Tier 4	SP, PA, QL (120 pellets every 30 days); OAC
XALKORI CPSP 150mg ( <i>crizotinib</i> )	Tier 4	SP, PA, QL (180 pellets every 30 days); OAC
ZYDELIG TABS 100mg, 150mg ( <i>idelalisib</i> )	Tier 4	SP, PA, QL (60 tabs every 30 days); OAC
ZYKADIA TABS 150mg ( <i>ceritinib</i> )	Tier 4	SP, PA, QL (90 tabs every 30 days); OAC

**MISCELLANEOUS**

<i>arsenic trioxide soln 10mg/10ml, 12mg/6ml</i>	MB	
<i>bexarotene caps 75mg</i>	Tier 4	SP, PA; OAC
<i>hydroxyurea caps 500mg</i>	Tier 1	OAC
IDHIFA TABS 50mg, 100mg ( <i>enasidenib mesylate</i> )	Tier 4	SP, PA, QL (30 tabs every 30 days); OAC
LYNPARZA TABS 100mg, 150mg ( <i>olaparib</i> )	Tier 4	SP, PA, QL (120 tabs every 30 days); OAC
ODOMZO CAPS 200mg ( <i>sonidegib phosphate</i> )	Tier 4	SP, PA, QL (30 caps every 30 days); OAC
ONCASPAR SOLN 750unit/ml ( <i>pegaspargase</i> )	MB	
PHOTOFRIN SOLR 75mg ( <i>porfimer sodium</i> )	MB	
POLIVY SOLR 30mg, 140mg ( <i>polatuzumab vedotin-piiq</i> )	MB	
<i>tretinoin (chemotherapy) caps 10mg</i>	Tier 1	OAC
VISTOGARD PACK 10gm ( <i>uridine triacetate (emergency treatment)</i> )	Tier 4	QL (20 packets every 5 days); OAC
ZEJULA TABS 100mg, 200mg, 300mg ( <i>niraparib tosylate</i> )	Tier 4	SP, PA, QL (30 tabs every 30 days); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZOLINZA CAPS 100mg ( <i>vorinostat</i> )	Tier 4	SP, PA, QL (120 caps every 30 days); OAC
<b>MITOTIC INHIBITORS</b>		
<i>docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml; soln 20mg/2ml, 80mg/8ml, 160mg/16ml</i>	MB	
<i>paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i>	MB	
<i>vinblastine sulfate soln 1mg/ml</i>	MB	
<i>vincristine sulfate soln 1mg/ml</i>	MB	
<i>vinorelbine tartrate soln 10mg/ml, 50mg/5ml</i>	MB	
<b>PLATINUM-BASED AGENTS</b>		
<i>carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	MB	
<i>cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	MB	
<i>oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg</i>	MB	
<i>paraplatin soln 1000mg/100ml</i> (Paraplatin)	MB	
<b>PROTECTIVE AGENTS</b>		
<i>dexrazoxane hcl solr 250mg, 500mg</i>	MB	
<i>leucovorin calcium solr 50mg, 100mg, 200mg, 350mg, 500mg</i>	MB	
<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>	Tier 1	OAC
<i>mesna soln 100mg/ml</i>	MB	
<i>mesna tabs 400mg</i>	Tier 1	OAC
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide caps 50mg</i>	Tier 1	OAC
<i>etoposide soln 1gm/50ml, 100mg/5ml, 500mg/25ml</i>	MB	
<i>irinotecan hcl soln 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml</i>	MB	
<i>topotecan hcl solr 4mg</i>	MB	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ANTINEOPLASTICS MISC.</b>		
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit ( <i>interferon alfa-2b</i> )	MB	MO
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>		
<b>ANTIRETROVIRALS</b>		
EVOTAZ TAB 300-150 ( <i>atazanavir sulfate-cobicistat</i> )	Tier 4	SP, QL (1 tab per 1 day), MO
SYMTUZA TAB ( <i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	Tier 4	SP, QL (1 tab per 1 day), MO
VIRACEPT TABS 250mg ( <i>nelfinavir mesylate</i> )	Tier 4	SP, QL (10 tab per 1 day), MO
VIRACEPT TABS 625mg ( <i>nelfinavir mesylate</i> )	Tier 4	SP, QL (4 tab per 1 day), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>HEPATITIS AGENTS</b>		
MAVYRET PAK 50-20MG ( <i>glecaprevir-pibrentasvir</i> )	Tier 4	SP, PA
MAVYRET TAB 100-40MG ( <i>glecaprevir-pibrentasvir</i> )	Tier 4	SP, PA
PEGINTRON KIT 50mcg/0.5ml ( <i>peginterferon alfa-2b</i> )	MB	
VEMLIDY TABS 25mg ( <i>tenofovir alafenamide fumarate</i> )	Tier 4	SP, PA, MO
ZEPATIER TAB 50-100MG ( <i>elbasvir-grazoprevir</i> )	Tier 4	SP, PA
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO CAPS 200mg ( <i>molnupiravir</i> )	PV	QL (40 caps every 30 days)
<b>CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>		
<b>ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	MO
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	MO
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	MO
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	MO
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1	MO
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	MO
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	MO
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	MO
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	MO
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	Tier 1	MO
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	MO
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	Tier 1	MO
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	MO
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	MO
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	MO
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	MO
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	Tier 1	MO
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	MO
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Tier 1	MO
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	Tier 1	MO
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	Tier 1	MO
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	Tier 1	MO
<b>ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	Tier 1	MO
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	Tier 1	MO
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	Tier 1	MO
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	Tier 1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	Tier 1	MO
<i>moexipril hcl tabs 7.5mg, 15mg</i>	Tier 1	MO
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	Tier 1	MO
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	Tier 1	MO
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	Tier 1	MO
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	Tier 1	MO
<b>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>eplerenone tabs 25mg, 50mg</i>	Tier 1	MO
KERENDIA TABS 10mg, 20mg, 40mg ( <i>finerenone</i> )	Tier 3	PA, MO
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	Tier 1	MO
<b>ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	Tier 1	MO
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Tier 1	MO
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Tier 1	MO
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Tier 1	MO
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Tier 1	MO
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Tier 1	MO
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Tier 1	MO
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Tier 1	MO
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	MO
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	MO
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	MO
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	MO
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	Tier 1	MO
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	MO
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	MO
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Tier 1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Tier 1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Tier 1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Tier 1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Tier 1	MO
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	MO
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	MO
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Tier 1	MO
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	MO
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	MO
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	MO
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	MO
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	MO
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	Tier 1	MO
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	Tier 1	MO
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	Tier 1	MO
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	Tier 1	MO
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	Tier 1	MO
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	Tier 1	MO
<b>ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM</b>		
<i>amiodarone hcl tabs 200mg, 400mg</i>	Tier 1	MO
<i>disopyramide phosphate caps 100mg, 150mg</i>	Tier 1	MO
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	Tier 1	SP, MO
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	Tier 1	MO
<i>lidocaine hcl (cardiac) soty 50mg/5ml, 100mg/5ml</i>	MB	
MULTAQ TABS 400mg ( <i>dronedarone hcl</i> )	Tier 2	PA, MO
NORPACE CR CP12 100mg, 150mg ( <i>disopyramide phosphate</i> )	Tier 2	MO
<i>pacerone tabs 100mg, 200mg</i> (Pacerone)	Tier 1	MO
<i>procainamide hcl soln 100mg/ml</i>	MB	
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	Tier 1	MO
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	Tier 1	MO
<i>sotalol hcl (afib/af) tabs 80mg, 120mg, 160mg</i>	Tier 1	MO
<b>ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS</b>		
NEXLETOL TABS 180mg ( <i>bempedoic acid</i> )	Tier 3	PA, MO
<b>ANTILIPEMICS, BILE ACID RESINS</b>		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	Tier 1	MO
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	Tier 1	MO
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	Tier 1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>prevalite powd 4gm/dose</i> (Prevalite)	Tier 1	MO
<b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR</b>		
<i>ezetimibe tabs 10mg</i>	Tier 1	MO
<b>ANTILIPEMICS, FIBRATES</b>		
<i>choline fenofibrate cpdr 45mg, 135mg</i>	Tier 1	MO
<i>fenofibrate caps 150mg; tabs 48mg, 54mg, 145mg, 160mg</i>	Tier 1	MO
<i>fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg</i>	Tier 1	MO
<i>gemfibrozil tabs 600mg</i>	Tier 1	MO
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium tabs 10mg, 20mg</i>	Tier 1	MO; \$0 copay for members age 40 through 75
<i>atorvastatin calcium tabs 40mg, 80mg</i>	Tier 1	MO; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	Tier 1	MO; \$0 copay for members age 40 through 75
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	Tier 1	MO; \$0 copay for members age 40 through 75
<i>pitavastatin calcium tabs 1mg, 2mg, 4mg</i>	Tier 1	MO; \$0 copay for members age 40 through 75
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	Tier 1	MO; \$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 5mg, 10mg</i>	Tier 1	MO; \$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 20mg, 40mg</i>	Tier 1	MO; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	Tier 1	MO; \$0 copay for members age 40 through 75
<i>simvastatin tabs 80mg</i>	Tier 1	ST, MO; PA**; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS</b>		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 1	MO
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 1	MO
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 1	MO
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 1	MO
<b>ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>niacin (antihyperlipidemic) tbcr 500mg, 750mg, 1000mg</i>	Tier 1	MO
<b>ANTILIPEMICS, OMEGA-3 FATTY ACIDS</b>		
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 1	MO
VASCEPA CAPS .5gm, 1gm ( <i>icosapent ethyl</i> )	Tier 1	MO
<b>ANTILIPEMICS, PCSK9 INHIBITORS</b>		
REPATHA SOSY 140mg/ml ( <i>evolocumab</i> )	MB	MO
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml ( <i>evolocumab</i> )	MB	MO
REPATHA SURECLICK SOAJ 140mg/ml ( <i>evolocumab</i> )	MB	MO
<b>BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	Tier 1	MO
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	Tier 1	MO
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 1	MO
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	MO
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	Tier 1	MO
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	Tier 1	MO
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	Tier 1	MO
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	Tier 1	MO
<b>BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>acebutolol hcl caps 200mg, 400mg</i>	Tier 1	MO
<i>atenolol tabs 25mg, 50mg, 100mg</i>	Tier 1	MO
<i>betaxolol hcl tabs 10mg, 20mg</i>	Tier 1	MO
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	Tier 1	MO
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	Tier 1	MO
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	Tier 1	MO
<i>labetalol hcl tabs 100mg, 200mg, 300mg, 400mg</i>	Tier 1	MO
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	Tier 1	MO
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	Tier 1	MO
<i>nadolol tabs 20mg, 40mg, 80mg</i>	Tier 1	MO
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	Tier 1	MO
<i>pindolol tabs 5mg, 10mg</i>	Tier 1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	Tier 1	MO
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	Tier 1	MO
<b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS</b>		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	Tier 1	MO
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	Tier 1	MO
<b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	Tier 1	MO
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg (Cartia Xt)</i>	Tier 1	MO
<i>dilt-xr cp24 120mg, 180mg, 240mg (Dilt-xr)</i>	Tier 1	MO
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; tabs 30mg, 60mg, 90mg, 120mg; tb24 120mg</i>	Tier 1	MO
<i>diltiazem hcl soln 25mg/5ml, 125mg/25ml</i>	MB	
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	Tier 1	MO
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	Tier 1	MO
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	Tier 1	MO
<i>isradipine caps 2.5mg, 5mg</i>	Tier 1	MO
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg (Matzim La)</i>	Tier 1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nicardipine hcl caps 20mg, 30mg</i>	Tier 1	MO
<i>nifedipine tb24 30mg, 60mg, 90mg</i>	Tier 1	MO
<i>nimodipine caps 30mg</i>	Tier 1	
<i>nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg</i>	Tier 1	MO
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg</i>	Tier 1	MO
<b>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>digoxin soln .05mg/ml; tabs 62.5mcg, 125mcg, 250mcg</i>	Tier 1	MO
<b>DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>aliskiren fumarate tabs 150mg, 300mg</i>	Tier 1	MO
<b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	Tier 1	MO
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 1	MO
<i>amiloride hcl tabs 5mg</i>	Tier 1	MO
<i>bumetanide tabs .5mg, 1mg, 2mg</i>	Tier 1	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	Tier 1	MO
DIURIL SUSP 250mg/5ml ( <i>chlorothiazide</i> )	Tier 3	MO
<i>ethacrynic acid tabs 25mg</i>	Tier 2	MO
<i>furosemide soln 10mg/ml</i>	MB	
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	Tier 1	MO
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	Tier 1	MO
<i>indapamide tabs 1.25mg, 2.5mg</i>	Tier 1	MO
<i>methazolamide tabs 25mg, 50mg</i>	Tier 1	MO
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	Tier 1	MO
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 1	MO
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	Tier 1	MO
<i>triamterene caps 50mg, 100mg</i>	Tier 1	MO
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	MO
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	MO
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Tier 1	MO
<b>HEART FAILURE</b>		
ENTRESTO CAP 6-6MG ( <i>sacubitril-valsartan</i> )	Tier 3	MO
ENTRESTO CAP 15-16MG ( <i>sacubitril-valsartan</i> )	Tier 3	MO
ENTRESTO TAB 24-26MG ( <i>sacubitril-valsartan</i> )	Tier 3	MO
ENTRESTO TAB 49-51MG ( <i>sacubitril-valsartan</i> )	Tier 3	MO
ENTRESTO TAB 97-103MG ( <i>sacubitril-valsartan</i> )	Tier 3	MO
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	Tier 1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sacubitril-valsartan tab 24-26 mg</i>	Tier 1	MO
<i>sacubitril-valsartan tab 49-51 mg</i>	Tier 1	MO
<i>sacubitril-valsartan tab 97-103 mg</i>	Tier 1	MO
<b>MISCELLANEOUS</b>		
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	Tier 1	MO
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	Tier 1	MO
<i>guanfacine hcl tabs 1mg, 2mg</i>	Tier 1	MO
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	Tier 1	MO
<i>methyldopa tabs 250mg, 500mg</i>	Tier 1	MO
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	Tier 1	
<i>minoxidil tabs 2.5mg, 10mg</i>	Tier 1	MO
<i>phenoxybenzamine hcl caps 10mg</i>	Tier 4	PA, QL (360 caps every 30 days)
<i>ranolazine tb12 500mg, 1000mg</i>	Tier 1	ST, MO; PA**
<b>NITRATES - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	Tier 1	MO
<i>isosorbide mononitrate tb24 30mg, 60mg, 120mg</i>	Tier 1	MO
NITRO-BID OINT 2% ( <i>nitroglycerin</i> )	Tier 3	MO
NITRO-DUR PT24 .3mg/hr, .8mg/hr ( <i>nitroglycerin</i> )	Tier 2	MO
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg</i>	Tier 1	MO
<b>PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION</b>		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg ( <i>riociguat</i> )	Tier 4	SP, PA, QL (90 tabs every 30 days), MO
<i>ambrisentan tabs 5mg, 10mg</i>	Tier 4	SP, PA, QL (30 tabs every 30 days), MO
<i>bosentan tabs 62.5mg, 125mg</i>	Tier 4	SP, PA, QL (60 tabs every 30 days), MO
<i>bosentan tbso 32mg</i>	Tier 4	SP, PA, QL (112 tabs every 28 days), MO
OPSUMIT TABS 10mg ( <i>macitentan</i> )	Tier 4	SP, PA, QL (30 tabs every 30 days), MO
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml</i>	MB	
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	Tier 4	SP, PA, QL (360 tabs every 30 days), MO
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	Tier 4	SP, PA, QL (60 tabs every 30 days), MO
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	MB	
TYVASO SOLN .6mg/ml ( <i>treprostinil</i> )	Tier 4	SP, PA, QL (28 ampules every 28 days), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TYVASO REFILL KIT SOLN .6mg/ml ( <i>treprostinil</i> )	Tier 4	SP, PA, QL (28 ampules every 28 days), MO
TYVASO STARTER KIT SOLN .6mg/ml ( <i>treprostinil</i> )	Tier 4	SP, PA, QL (28 ampules every 28 days), MO
UPTRAVI SOLR 1800mcg ( <i>selexipag</i> )	MB	
UPTRAVI TABS 200mcg ( <i>selexipag</i> )	Tier 4	SP, PA, QL (140 tabs every 28 days), MO
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg ( <i>selexipag</i> )	Tier 4	SP, PA, QL (60 tabs every 30 days), MO
UPTRAVI PACK TAB 200/800 ( <i>selexipag</i> )	Tier 4	SP, PA, QL (1 pack every 28 days)
VENTAVIS SOLN 10mcg/ml, 20mcg/ml ( <i>iloprost</i> )	Tier 4	SP, PA, QL (270 ampules every 30 days), MO

### CARDIOVASCULAR AGENTS - MISC.

#### IMPOTENCE AGENTS

<i>sildenafil citrate tabs 25mg, 50mg, 100mg</i>	Tier 1	PA, QL (8 tabs every 21 days)
<i>tadalafil tabs 10mg, 20mg</i>	Tier 1	PA, QL (8 tabs every 21 days)
<i>ildenafil citrate tabs 2.5mg, 5mg, 10mg, 20mg; tbdp 10mg</i>	Tier 1	PA, QL (8 tabs every 21 days)

### CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

#### ALCOHOL DETERRENTS

<i>acamprosate calcium tbc 333mg</i>	Tier 1	PA, MO
<i>disulfiram tabs 250mg, 500mg</i>	Tier 1	MO

#### AMYOTROPHIC LATERAL SCLEROSIS (ALS)

<i>riluzole tabs 50mg</i>	Tier 1	MO
---------------------------	--------	----

#### ANTI-ANXIETY - DRUGS TO TREAT ANXIETY

<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg</i>	Tier 1	QL (150 tabs every 30 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml ( <i>alprazolam</i> )	Tier 2	QL (300 mL every 30 days)
<i>bupropion hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	Tier 1	
<i>clomipramine hcl caps 25mg, 50mg</i>	Tier 1	QL (150 caps every 30 days), MO; QL applies to members age 65 and older
<i>clomipramine hcl caps 75mg</i>	Tier 1	QL (90 caps every 30 days), MO; QL applies to members age 65 and older
<i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i>	Tier 1	MO
<i>lorazepam conc 2mg/ml</i>	Tier 1	QL (150 mL every 30 days)
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>meprobamate tabs 200mg, 400mg</i>	Tier 1	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	Tier 1	QL (120 caps every 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS</b>		
<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	Tier 1	MO
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	Tier 1	MO
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg</i>	Tier 1	MO
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	Tier 1	
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	Tier 1	MO
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	Tier 1	MO
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>		
<i>amitriptyline hcl tabs 10mg</i>	Tier 1	QL (150 tabs every 30 days), MO; QL applies to members age 65 and older
<i>amitriptyline hcl tabs 25mg</i>	Tier 1	QL (60 tabs every 30 days), MO; QL applies to members age 65 and older
<i>amitriptyline hcl tabs 50mg</i>	Tier 1	QL (30 tabs every 30 days), MO; QL applies to members age 65 and older
<i>amitriptyline hcl tabs 75mg, 100mg, 150mg</i>	Tier 1	PA, MO; High strength requires PA for members age 70 and older
<i>amoxapine tabs 25mg, 50mg, 100mg</i>	Tier 1	QL (90 tabs every 30 days), MO; QL applies to members age 65 and older
<i>amoxapine tabs 150mg</i>	Tier 1	QL (60 tabs every 30 days), MO; QL applies to members age 65 and older
<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg</i>	Tier 1	MO
<i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	Tier 1	MO
<i>desipramine hcl tabs 10mg, 25mg, 50mg</i>	Tier 1	QL (90 tabs every 30 days), MO; QL applies to members age 65 and older
<i>desipramine hcl tabs 75mg</i>	Tier 1	QL (60 tabs every 30 days), MO; QL applies to members age 65 and older
<i>desipramine hcl tabs 100mg, 150mg</i>	Tier 1	QL (30 tabs every 30 days), MO; QL applies to members age 65 and older

Sharp Health Plan Formulary Covered California and Individual & Family coverage directly from SHP 4 Tier May 2026

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	Tier 1	MO; (generic of Pristiq)
<i>doxepin hcl caps 10mg, 25mg, 50mg</i>	Tier 1	QL (90 caps every 30 days), MO; QL applies to members age 65 and older
<i>doxepin hcl caps 75mg</i>	Tier 1	QL (60 caps every 30 days), MO; QL applies to members age 65 and older
<i>doxepin hcl caps 100mg, 150mg</i>	Tier 1	QL (30 caps every 30 days), MO; QL applies to members age 65 and older
<i>doxepin hcl conc 10mg/ml</i>	Tier 1	QL (450 mL every 30 days), MO; QL applies to members age 65 and older
<i>duloxetine hcl cpep 20mg, 30mg, 60mg</i>	Tier 1	MO
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr ( <i>selegiline</i> )	Tier 3	PA, MO
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	Tier 1	MO
FETZIMA CP24 20mg, 40mg, 80mg, 120mg ( <i>levomilnacipran hcl</i> )	Tier 3	MO
FETZIMA CAP TITRATIO ( <i>levomilnacipran hcl</i> )	Tier 3	
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml</i>	Tier 1	MO
<i>fluoxetine hcl tabs 10mg, 20mg</i>	Tier 1	MO; (generic Sarafem not covered)
<i>imipramine hcl tabs 10mg, 25mg</i>	Tier 1	QL (120 tabs every 30 days), MO; QL applies to members age 65 and older
<i>imipramine hcl tabs 50mg</i>	Tier 1	QL (60 tabs every 30 days), MO; QL applies to members age 65 and older
<i>imipramine pamoate caps 75mg, 100mg</i>	Tier 1	QL (30 caps every 30 days), MO; QL applies to members age 65 and older
<i>imipramine pamoate caps 125mg, 150mg</i>	Tier 1	PA, MO; High strength requires PA for members age 70 and older
MARPLAN TABS 10mg ( <i>isocarboxazid</i> )	Tier 3	MO
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	Tier 1	MO
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	Tier 1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>nortriptyline hcl caps 10mg</i>	Tier 1	QL (150 caps every 30 days), MO; QL applies to members age 65 and older
<i>nortriptyline hcl caps 25mg</i>	Tier 1	QL (60 caps every 30 days), MO; QL applies to members age 65 and older
<i>nortriptyline hcl caps 50mg</i>	Tier 1	QL (30 caps every 30 days), MO; QL applies to members age 65 and older
<i>nortriptyline hcl caps 75mg</i>	Tier 1	PA, MO; High strength requires PA for members age 65 and older
<i>nortriptyline hcl soln 10mg/5ml</i>	Tier 1	QL (750 mL every 30 days), MO; QL applies to members age 65 and older
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg</i>	Tier 1	MO
<i>phenelzine sulfate tabs 15mg</i>	Tier 1	MO
<i>protriptyline hcl tabs 5mg</i>	Tier 1	QL (90 tabs every 30 days), MO; QL applies to members age 65 and older
<i>protriptyline hcl tabs 10mg</i>	Tier 1	QL (60 tabs every 30 days), MO; QL applies to members age 65 and older
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	Tier 1	MO
<i>tranylcypromine sulfate tabs 10mg</i>	Tier 1	MO
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	Tier 1	MO
<i>trimipramine maleate caps 25mg, 50mg</i>	Tier 1	QL (60 caps every 30 days), MO; QL applies to members age 65 and older
<i>trimipramine maleate caps 100mg</i>	Tier 1	QL (30 caps every 30 days), MO; QL applies to members age 65 and older
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg</i>	Tier 1	MO
<b>ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE</b>		
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	Tier 1	MO
APOKYN SOCT 30mg/3ml ( <i>apomorphine hydrochloride</i> )	MB	
<i>benztropine mesylate soln 1mg/ml</i>	MB	
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	Tier 1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	Tier 1	MO
<i>carbidopa tabs 25mg</i>	Tier 1	MO
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	Tier 1	MO
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	Tier 1	MO
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	Tier 1	MO
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	Tier 1	MO
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	Tier 1	MO
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Tier 1	MO
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Tier 1	MO
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	Tier 1	MO
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 1	MO
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 1	MO
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 1	MO
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 1	MO
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 1	MO
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	MO
<i>entacapone tabs 200mg</i>	Tier 1	MO
INBRIJA CAPS 42mg ( <i>levodopa</i> )	Tier 4	PA, QL (300 caps every 30 days), MO
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr ( <i>rotigotine</i> )	Tier 2	MO
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	Tier 1	MO
<i>rasagiline mesylate tabs .5mg, 1mg</i>	Tier 1	MO
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	Tier 1	MO
<i>selegiline hcl caps 5mg; tabs 5mg</i>	Tier 1	MO
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	Tier 1	MO
<b>ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES</b>		
<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg</i>	Tier 1	MO
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml ( <i>aripiprazole lauroxil</i> )	MB	MO

Sharp Health Plan Formulary Covered California and Individual & Family coverage directly from SHP 4 Tier May 2026

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ARISTADA INITIO PRSY 675mg/2.4ml ( <i>aripiprazole lauroxil</i> )	MB	
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	Tier 1	MO
<i>chlorpromazine hcl soln 25mg/ml, 50mg/2ml</i>	MB	
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	Tier 1	MO
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	Tier 1	
ERZOFRI SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml, 351mg/2.25ml ( <i>paliperidone palmitate</i> )	MB	
<i>fluphenazine decanoate soln 25mg/ml</i>	MB	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	Tier 1	MO
<i>fluphenazine hcl soln 2.5mg/ml</i>	MB	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	Tier 1	MO
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	MB	
<i>haloperidol lactate conc 2mg/ml</i>	Tier 1	MO
<i>haloperidol lactate soln 5mg/ml</i>	MB	
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	Tier 1	MO
<i>lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	Tier 1	MO
<i>olanzapine solr 10mg</i>	MB	
<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	Tier 1	MO
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	Tier 1	MO
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	Tier 1	MO
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	Tier 1	MO
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	Tier 1	MO
RYKINDO SRER 25mg, 37.5mg, 50mg ( <i>risperidone</i> )	MB	
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	Tier 1	MO
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	Tier 1	MO
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	Tier 1	MO
VRAYLAR CAPS .5mg, .75mg, 1.5mg, 3mg, 4.5mg, 6mg ( <i>cariprazine hcl</i> )	Tier 2	ST, MO; PA**
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	Tier 1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ANTISEIZURE AGENTS</b>		
<i>carbamazepine chew 100mg, 200mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	Tier 1	MO
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	Tier 1	MO
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	Tier 1	
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>diazepam soln 5mg/5ml</i>	Tier 1	QL (1200 mL every 30 days)
<i>diazepam soln 5mg/ml</i>	MB	
<i>diazepam tabs 2mg, 5mg, 10mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>diazepam intensol conc 5mg/ml (Diazepam Intensol)</i>	Tier 1	QL (240 mL every 30 days)
DILANTIN CAPS 30mg ( <i>phenytoin sodium extended</i> )	Tier 3	MO
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	Tier 1	MO
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	Tier 1	MO
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	Tier 1	MO
<i>fosphephenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml</i>	MB	
<i>gabapentin caps 100mg, 300mg, 400mg</i>	Tier 1	QL (6 caps every day), MO
<i>gabapentin soln 250mg/5ml</i>	Tier 1	QL (72 mL every day), MO
<i>gabapentin tabs 600mg</i>	Tier 1	QL (6 tabs every day), MO
<i>gabapentin tabs 800mg</i>	Tier 1	QL (4 tabs every day), MO
<i>lacosamide soln 10mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	Tier 1	MO
<i>lacosamide soln 200mg/20ml</i>	MB	
<i>lamotrigine chew 5mg, 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg</i>	Tier 1	MO
<i>lamotrigine kit 25mg</i>	Tier 1	
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	Tier 1	
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	Tier 1	
<i>levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	Tier 1	MO
<i>levetiracetam soln 500mg/5ml</i>	MB	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	MB	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	MB	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	MB	
<i>methsuximide caps 300mg</i>	Tier 1	MO
NAYZILAM SOLN 5mg/0.1ml ( <i>midazolam (anticonvulsant)</i> )	Tier 2	QL (10 units every 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxcarbazepine susp 300mg/5ml; tabs 150mg, 300mg, 600mg</i>	Tier 1	MO
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	Tier 1	MO
<i>phenytoin susp 125mg/5ml</i>	Tier 1	MO
<i>phenytoin infatabs chew 50mg</i> (Phenytoin Infatabs)	Tier 1	MO
<i>phenytoin sodium soln 50mg/ml</i>	MB	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	Tier 1	MO
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	Tier 1	ST, MO; PA**
<i>primidone tabs 50mg, 250mg</i>	Tier 1	MO
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	Tier 1	MO
<i>topiramate csp 15mg, 25mg, 50mg; tabs 25mg, 50mg, 100mg, 200mg</i>	Tier 1	MO
<i>valproate sodium soln 100mg/ml</i>	MB	
<i>valproate sodium soln 250mg/5ml</i>	Tier 1	MO
<i>valproic acid caps 250mg</i>	Tier 1	MO
<i>vigabatrin pack 500mg</i>	Tier 4	SP, PA, QL (180 packets every 30 days), MO
<i>vigabatrin tabs 500mg</i>	Tier 4	SP, PA, QL (180 tabs every 30 days), MO
XCOPRI TABS 25mg, 50mg, 100mg, 150mg, 200mg ( <i>cenobamate</i> )	Tier 2	MO
XCOPRI PAK 12.5-25 ( <i>cenobamate</i> )	Tier 2	
XCOPRI PAK 50-100MG ( <i>cenobamate</i> )	Tier 2	
XCOPRI PAK 100-150 ( <i>cenobamate</i> )	Tier 2	MO
XCOPRI PAK 150-200 ( <i>cenobamate</i> )	Tier 2	
XCOPRI PAK 150-200 ( <i>cenobamate</i> )	Tier 2	MO
<i>zonisamide caps 25mg, 50mg, 100mg</i>	Tier 1	MO

**ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD**

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1	QL (90 caps every 30 days), MO
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1	QL (90 caps every 30 days), MO
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1	QL (30 caps every 30 days), MO
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1	QL (30 caps every 30 days), MO
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1	QL (30 caps every 30 days), MO
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1	QL (30 caps every 30 days), MO

Sharp Health Plan Formulary Covered California and Individual & Family coverage directly from SHP 4 Tier May 2026

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1	QL (90 tabs every 30 days), MO
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1	QL (90 tabs every 30 days), MO
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1	QL (90 tabs every 30 days), MO
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1	QL (90 tabs every 30 days), MO
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1	QL (60 tabs every 30 days), MO
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1	QL (60 tabs every 30 days), MO
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1	QL (30 tabs every 30 days), MO
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	Tier 1	MO
<i>AZSTARYS CAP 26.1-5.2 (serdexmethylphenidate chloride-dexmethylphenidate hcl)</i>	Tier 2	QL (30 caps every 30 days), MO
<i>AZSTARYS CAP 39.2-7.8 (serdexmethylphenidate chloride-dexmethylphenidate hcl)</i>	Tier 2	QL (30 caps every 30 days), MO
<i>AZSTARYS CAP 52.3-10. (serdexmethylphenidate chloride-dexmethylphenidate hcl)</i>	Tier 2	QL (30 caps every 30 days), MO
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	Tier 1	QL (60 caps every 30 days), MO
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	Tier 1	QL (30 caps every 30 days), MO
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	Tier 1	QL (120 tabs every 30 days), MO
<i>dexmethylphenidate hcl tabs 10mg</i>	Tier 1	QL (60 tabs every 30 days), MO
<i>dextroamphetamine sulfate cp24 5mg, 10mg</i>	Tier 1	QL (120 caps every 30 days), MO
<i>dextroamphetamine sulfate cp24 15mg</i>	Tier 1	QL (60 caps every 30 days), MO
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	Tier 1	QL (1,200 mL every 30 days), MO
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	Tier 1	QL (120 tabs every 30 days), MO
<i>dextroamphetamine sulfate tabs 15mg, 20mg</i>	Tier 1	QL (60 tabs every 30 days), MO
<i>dextroamphetamine sulfate tabs 30mg</i>	Tier 1	QL (30 tabs every 30 days), MO
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	Tier 1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg</i>	Tier 1	QL (60 caps every 30 days), MO
<i>lisdexamfetamine dimesylate caps 40mg, 50mg, 60mg, 70mg</i>	Tier 1	QL (30 caps every 30 days), MO
<i>lisdexamfetamine dimesylate chew 10mg, 20mg, 30mg</i>	Tier 1	QL (60 chew tabs every 30 days), MO
<i>lisdexamfetamine dimesylate chew 40mg, 50mg, 60mg</i>	Tier 1	QL (30 chew tabs every 30 days), MO
<i>methamphetamine hcl tabs 5mg</i>	Tier 1	QL (150 tabs every 30 days), MO
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg</i>	Tier 1	QL (180 chew tabs every 30 days), MO
<i>methylphenidate hcl cp24 20mg, 30mg; cpcr 10mg, 20mg, 30mg</i>	Tier 1	QL (60 caps every 30 days), MO
<i>methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg</i>	Tier 1	QL (30 caps every 30 days), MO
<i>methylphenidate hcl soln 5mg/5ml</i>	Tier 1	QL (1800 mL every 30 days), MO
<i>methylphenidate hcl soln 10mg/5ml</i>	Tier 1	QL (900 mL every 30 days), MO
<i>methylphenidate hcl tabs 5mg, 10mg</i>	Tier 1	QL (180 tabs every 30 days), MO
<i>methylphenidate hcl tabs 20mg; tbcr 10mg, 20mg</i>	Tier 1	QL (90 tabs every 30 days), MO
<i>methylphenidate hcl tbcr 18mg, 27mg, 36mg</i>	Tier 1	QL (60 tabs every 30 days), MO
<i>methylphenidate hcl tbcr 54mg</i>	Tier 1	QL (30 tabs every 30 days), MO
<i>zenzedi tabs 2.5mg, 7.5mg (Zenedi)</i>	Tier 1	QL (120 tabs every 30 days), MO
<b>HYPNOTICS - DRUGS TO TREAT INSOMNIA</b>		
<i>BELSOMRA TABS 5mg, 10mg, 15mg, 20mg (suvorexant)</i>	Tier 2	ST; PA**
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>ramelteon tabs 8mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>tasimelteon caps 20mg</i>	Tier 4	SP, PA, QL (30 caps every 30 days), MO
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	Tier 1	QL (15 caps every 30 days)
<i>zaleplon caps 5mg, 10mg</i>	Tier 1	QL (15 caps every 30 days)
<i>zolpidem tartrate tabs 5mg, 10mg; tbcr 6.25mg, 12.5mg</i>	Tier 1	QL (15 tabs every 30 days)
<b>MIGRAINE - ERGOTAMINE DERIVATIVES</b>		
<i>dihydroergotamine mesylate soln 1mg/ml</i>	MB	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>MIGRAINE - MISCELLANEOUS</b>		
QULIPTA TABS 10mg, 30mg, 60mg ( <i>atogepant</i> )	Tier 2	ST, QL (30 tabs every 30 days), MO; PA**
UBRELVY TABS 50mg, 100mg ( <i>ubrogepant</i> )	Tier 2	ST, QL (16 tabs every 30 days); PA**
<b>MIGRAINE - MONOCLONAL ANTIBODIES</b>		
AIMOVIG SOAJ 70mg/ml, 140mg/ml ( <i>erenumab-aooe</i> )	MB	MO
EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml ( <i>galcanezumab-gnlm</i> )	MB	MO
<b>MIGRAINE - TRIPTANS AND COMBINATIONS</b>		
<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tabs 20mg, 40mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	Tier 1	QL (18 tabs every 30 days)
<i>sumatriptan soln 5mg/act</i>	Tier 1	QL (24 sprays every 30 days)
<i>sumatriptan soln 20mg/act</i>	Tier 1	QL (12 sprays every 30 days)
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml</i>	Tier 1	QL (18 syringes every 30 days)
<i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml</i>	Tier 1	QL (12 units every 30 days)
<i>sumatriptan succinate soln 6mg/0.5ml</i>	Tier 1	QL (12 vials every 30 days)
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>zolmitriptan soln 5mg</i>	Tier 1	QL (12 sprays every 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	Tier 1	QL (12 tabs every 30 days)
<b>MISCELLANEOUS</b>		
EVRYSDI SOLR .75mg/ml ( <i>risdiplam</i> )	Tier 4	PA, QL (2 bottles every 24 days), MO
EVRYSDI TABS 5mg ( <i>risdiplam</i> )	Tier 4	PA, QL (30 tabs every 30 days), MO
<b>MOOD STABILIZERS</b>		
<i>lithium soln 8meq/5ml</i>	Tier 1	MO
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg</i>	Tier 1	MO
<b>MOVEMENT DISORDERS</b>		
AUSTEDO TABS 6mg ( <i>deutetrabenazine</i> )	Tier 4	SP, PA, QL (60 tabs every 30 days), MO
AUSTEDO TABS 9mg, 12mg ( <i>deutetrabenazine</i> )	Tier 4	SP, PA, QL (120 tabs every 30 days), MO
<i>tetrabenazine tabs 12.5mg</i>	Tier 4	SP, PA, QL (120 tabs every 30 days), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tetrabenazine tabs 25mg</i>	Tier 4	SP, PA, QL (60 tabs every 30 days), MO
<b>MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS</b>		
BETASERON KIT .3mg ( <i>interferon beta-1b</i> )	MB	MO
<i>dalfampridine tb12 10mg</i>	Tier 4	SP, PA, QL (60 tabs every 30 days), MO
<i>dimethyl fumarate cpdr 120mg</i>	Tier 4	SP, PA, QL (14 caps every 28 days), MO
<i>dimethyl fumarate cpdr 240mg</i>	Tier 4	SP, PA, QL (60 caps every 30 days), MO
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	Tier 4	SP, PA, QL (1 kit every 30 days)
<i>fingolimod hcl caps .5mg</i>	Tier 4	SP, PA, QL (30 caps every 30 days), MO
<i>glatiramer acetate sosy 40mg/ml</i>	MB	MO
<i>glatopa sosy 20mg/ml</i> (Glatopa)	MB	MO
KESIMPTA SOAJ 20mg/0.4ml ( <i>ofatumumab (ms)</i> )	MB	MO
<i>teriflunomide tabs 7mg, 14mg</i>	Tier 4	SP, PA, QL (30 tabs every 30 days), MO
TYSABRI CONC 300mg/15ml ( <i>natalizumab</i> )	MB	
<b>MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS</b>		
<i>baclofen tabs 5mg, 10mg, 20mg</i>	Tier 1	
<i>carisoprodol tabs 350mg</i>	Tier 1	PA
<i>chlorzoxazone tabs 500mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	Tier 1	
<i>metaxalone tabs 800mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tabs 500mg, 750mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>orphenadrine citrate soln 30mg/ml</i>	MB	
<i>orphenadrine citrate tb12 100mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tabs 2mg, 4mg</i>	Tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>MYASTHENIA GRAVIS</b>		
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbc 180mg</i>	Tier 1	
<b>NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS</b>		
<i>armodafinil tabs 50mg</i>	Tier 1	PA, QL (60 tabs every 30 days), MO
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	Tier 1	PA, QL (30 tabs every 30 days), MO
<i>modafinil tabs 100mg, 200mg</i>	Tier 1	PA, QL (60 tabs every 30 days), MO
<i>sodium oxybate soln 500mg/ml</i>	Tier 4	SP, PA, QL (540mL every 30 days)
<i>XYWAV SOL 0.5GM/ML (calcium, magnesium, potassium, &amp; sodium oxybates)</i>	Tier 4	PA, QL (540 ml every 30 days)
<b>OPIOID AGONIST/ANTAGONIST</b>		
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Tier 1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Tier 1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Tier 1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Tier 1	QL (2 units every day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	QL (3 tabs every day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	QL (3 tabs every day)
<i>ZUBSOLV SUB 0.7-0.18 (buprenorphine hcl-naloxone hcl dihydrate)</i>	Tier 2	QL (3 units every day)
<i>ZUBSOLV SUB 1.4-0.36 (buprenorphine hcl-naloxone hcl dihydrate)</i>	Tier 2	QL (3 units every day)
<i>ZUBSOLV SUB 2.9-0.71 (buprenorphine hcl-naloxone hcl dihydrate)</i>	Tier 2	QL (3 units every day)
<i>ZUBSOLV SUB 5.7-1.4 (buprenorphine hcl-naloxone hcl dihydrate)</i>	Tier 2	QL (3 units every day)
<i>ZUBSOLV SUB 8.6-2.1 (buprenorphine hcl-naloxone hcl dihydrate)</i>	Tier 2	QL (2 units every day)
<i>ZUBSOLV SUB 11.4-2.9 (buprenorphine hcl-naloxone hcl dihydrate)</i>	Tier 2	QL (1 unit every day)
<b>OPIOID ANTAGONIST</b>		
<i>naloxone hcl liqd 4mg/0.1ml</i>	Tier 1	
<i>naloxone hcl liqd 4mg/0.1ml</i>	Tier 1	
<i>naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i>	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>naltrexone hcl tabs 50mg</i>	Tier 1	
VIVITROL SUSR 380mg ( <i>naltrexone</i> )	MB	
<b>OPIOID PARTIAL AGONISTS</b>		
<i>buprenorphine hcl subl 2mg, 8mg</i>	Tier 1	
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>lofexidine hcl tabs .18mg</i>	Tier 1	
NUEDEXTA CAP 20-10MG ( <i>dextromethorphan hbr-quinidine sulfate</i> )	Tier 2	PA, MO
<i>pimozide tabs 1mg, 2mg</i>	Tier 1	MO
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	PV	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr gum 4mg; lozg 4mg</i> (Goodsense Nicotine Polacr)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2mg, 4mg; lozg 2mg</i>	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine step 3 pt24 7mg/24hr</i> (Nicotine Step 3)	PV	\$0 limited to 2 treatment cycles/year
<i>nicotine transdermal syst pt24 7mg/24hr</i> (Nicotine Transdermal Syst)	PV	\$0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10mg ( <i>nicotine</i> )	PV	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10mg/ml ( <i>nicotine</i> )	PV	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tabs .5mg, 1mg</i>	PV	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	PV	\$0 limited to 2 treatment cycles/year
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>deflazacort susp 22.75mg/ml; tabs 6mg, 18mg, 30mg, 36mg</i>	Tier 4	SP, PA
EMFLAZA SUSP 22.75mg/ml; TABS 6mg, 18mg, 30mg, 36mg ( <i>deflazacort</i> )	Tier 4	SP, PA
<b>ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES</b>		
<b>ACROMEGALY</b>		
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	MB	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml ( <i>lanreotide acetate</i> )	MB	
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg ( <i>pegvisomant</i> )	MB	MO
<b>ANDROGENS - DRUGS TO REGULATE MALE HORMONES</b>		
<i>testosterone gel 10mg/act, 25mg/2.5gm</i>	Tier 1	PA, MO
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	MB	MO
<i>testosterone enanthate soln 200mg/ml</i>	MB	MO
<b>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose tabs 25mg, 50mg, 100mg</i>	Tier 1	MO
<i>miglitol tabs 25mg, 50mg, 100mg</i>	Tier 1	MO
<b>ANTIDIABETICS, AMYLIN ANALOGS</b>		
SYMLINPEN 60 SOPN 1500mcg/1.5ml ( <i>pramlintide acetate</i> )	Tier 3	ST, MO; PA**
SYMLINPEN 120 SOPN 2700mcg/2.7ml ( <i>pramlintide acetate</i> )	Tier 3	ST, MO; PA**
<b>ANTIDIABETICS, BIGUANIDE</b>		
<i>metformin hcl tabs 500mg, 850mg, 1000mg; tb24 500mg, 750mg</i>	Tier 1	MO
<b>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</b>		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	MO
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	MO
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	MO
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS</b>		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 1	ST, MO; PA**
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 1	ST, MO; PA**
JANUMET TAB 50-500MG ( <i>sitagliptin phosphate-metformin hcl</i> )	Tier 2	ST, MO; PA**
JANUMET TAB 50-1000 ( <i>sitagliptin phosphate-metformin hcl</i> )	Tier 2	ST, MO; PA**
JANUMET XR TAB 50-500MG ( <i>sitagliptin phosphate-metformin hcl</i> )	Tier 2	ST, MO; PA**
JANUMET XR TAB 50-1000 ( <i>sitagliptin phosphate-metformin hcl</i> )	Tier 2	ST, MO; PA**
JANUMET XR TAB 100-1000 ( <i>sitagliptin phosphate-metformin hcl</i> )	Tier 2	ST, MO; PA**
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	Tier 1	ST, MO; PA**
JANUVIA TABS 25mg, 50mg, 100mg ( <i>sitagliptin phosphate</i> )	Tier 2	ST, MO; PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</b>		
<i>liraglutide sopn 18mg/3ml</i>	Tier 1	ST, QL (3 pens every 30 days), MO; PA**
MOUNJARO SOAJ 2.5mg/0.5ml ( <i>tirzepatide</i> )	Tier 2	ST, QL (4 pens every 28 days); PA**
MOUNJARO SOAJ 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml ( <i>tirzepatide</i> )	Tier 2	ST, QL (4 pens every 28 days), MO; PA**
OZEMPIC SOPN 2mg/3ml, 4mg/3ml, 8mg/3ml ( <i>semaglutide</i> )	Tier 2	ST, QL (3 mL every 28 days), MO; PA**
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml ( <i>dulaglutide</i> )	Tier 2	ST, QL (4 pens every 28 days), MO; PA**
<b>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS</b>		
SOLIQUA INJ 100/33 ( <i>insulin glargine-lixisenatide</i> )	Tier 2	MO
XULTOPHY INJ 100/3.6 ( <i>insulin degludec-liraglutide</i> )	Tier 2	MO
<b>ANTIDIABETICS, INSULIN</b>		
BASAGLAR KWIKPEN SOPN 100unit/ml ( <i>insulin glargine</i> )	Tier 2	MO
BASAGLAR TEMPO PEN SOPN 100unit/ml ( <i>insulin glargine</i> )	Tier 2	MO
FIASP SOLN 100unit/ml ( <i>insulin aspart (with niacinamide)</i> )	Tier 2	MO
FIASP FLEXTOUCH SOPN 100unit/ml ( <i>insulin aspart (with niacinamide)</i> )	Tier 2	MO
FIASP PENFILL SOCT 100unit/ml ( <i>insulin aspart (with niacinamide)</i> )	Tier 2	MO
FIASP PUMPCART SOCT 100unit/ml ( <i>insulin aspart (with niacinamide)</i> )	Tier 2	MO
HUMULIN INJ 70/30 ( <i>insulin nph isophane &amp; reg (human)</i> )	Tier 3	MO
HUMULIN INJ 70/30KWP ( <i>insulin nph isophane &amp; reg (human)</i> )	Tier 3	MO
HUMULIN N SUSP 100unit/ml ( <i>insulin nph (human) (isophane)</i> )	Tier 3	MO
HUMULIN N KWIKPEN SUPN 100unit/ml ( <i>insulin nph (human) (isophane)</i> )	Tier 3	MO
HUMULIN R SOLN 100unit/ml ( <i>insulin regular (human)</i> )	Tier 3	MO
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml ( <i>insulin regular (human)</i> )	Tier 2	MO
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml ( <i>insulin regular (human)</i> )	Tier 2	MO
INSULIN GLARGINE-YFGN SOLN 100unit/ml; SOPN 100unit/ml	Tier 2	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOVOLIN INJ 70/30 ( <i>insulin nph isophane &amp; reg (human)</i> )	Tier 2	MO; RELION not covered
NOVOLIN INJ 70/30 FP ( <i>insulin nph isophane &amp; reg (human)</i> )	Tier 2	MO; RELION not covered
NOVOLIN N SUSP 100unit/ml ( <i>insulin nph (human) (isophane)</i> )	Tier 2	MO; RELION not covered
NOVOLIN N FLEXPEN SUPN 100unit/ml ( <i>insulin nph (human) (isophane)</i> )	Tier 2	MO; RELION not covered
NOVOLIN R SOLN 100unit/ml ( <i>insulin regular (human)</i> )	Tier 2	MO; RELION not covered
NOVOLIN R FLEXPEN SOPN 100unit/ml ( <i>insulin regular (human)</i> )	Tier 2	MO; RELION not covered
NOVOLOG SOLN 100unit/ml ( <i>insulin aspart</i> )	Tier 2	MO
NOVOLOG FLEXPEN SOPN 100unit/ml ( <i>insulin aspart</i> )	Tier 2	MO
NOVOLOG MIX INJ 70/30 ( <i>insulin aspart protamine &amp; aspart (human)</i> )	Tier 2	MO
NOVOLOG MIX INJ FLEXPEN ( <i>insulin aspart protamine &amp; aspart (human)</i> )	Tier 2	MO
NOVOLOG PENFILL SOCT 100unit/ml ( <i>insulin aspart</i> )	Tier 2	MO
TRESIBA SOLN 100unit/ml ( <i>insulin degludec</i> )	Tier 2	MO
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml ( <i>insulin degludec</i> )	Tier 2	MO
<b>ANTIDIABETICS, INSULIN SENSITIZER</b>		
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	Tier 1	MO
<b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Tier 1	MO
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Tier 1	MO
<b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</b>		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	Tier 1	MO
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	Tier 1	MO
<b>ANTIDIABETICS, MEGLITINIDE</b>		
<i>nateglinide tabs 60mg, 120mg</i>	Tier 1	MO
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	Tier 1	MO
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS</b>		
SYNJARDY TAB ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST, MO; PA**
SYNJARDY TAB 5-500MG ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST, MO; PA**
SYNJARDY TAB 5-1000MG ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST, MO; PA**
SYNJARDY TAB 12.5-500 ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST, MO; PA**
SYNJARDY XR TAB ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST, MO; PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYNJARDY XR TAB 5-1000MG ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST, MO; PA**
SYNJARDY XR TAB 10-1000 ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST, MO; PA**
SYNJARDY XR TAB 25-1000 ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST, MO; PA**
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS</b>		
GLYXAMBI TAB 10-5 MG ( <i>empagliflozin-linagliptin</i> )	Tier 2	ST, MO; PA**
GLYXAMBI TAB 25-5 MG ( <i>empagliflozin-linagliptin</i> )	Tier 2	ST, MO; PA**
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS</b>		
JARDIANCE TABS 10mg, 25mg ( <i>empagliflozin</i> )	Tier 2	ST, MO; PA**; Indicated for Diabetes and Heart Failure
<b>ANTIDIABETICS, SULFONYLUREA</b>		
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	Tier 1	MO
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	Tier 1	MO
<b>CALCIUM RECEPTOR AGONISTS</b>		
<i>cinacalcet hcl tabs 30mg, 60mg</i>	Tier 4	SP, PA, QL (60 tabs every 30 days), MO
<i>cinacalcet hcl tabs 90mg</i>	Tier 4	SP, PA, QL (120 tabs every 30 days), MO
<b>CALCIUM REGULATORS, BISPHOSPHONATES</b>		
<i>alendronate sodium soln 70mg/75ml; tabs 10mg, 35mg, 70mg</i>	Tier 1	MO
FOSAMAX + D TAB 70-2800 ( <i>alendronate sodium-cholecalciferol</i> )	Tier 3	MO
FOSAMAX + D TAB 70-5600 ( <i>alendronate sodium-cholecalciferol</i> )	Tier 3	MO
<i>ibandronate sodium soln 3mg/3ml</i>	MB	
<i>ibandronate sodium tabs 150mg</i>	Tier 1	MO
<i>pamidronate disodium soln 30mg/10ml</i>	MB	
<i>risedronate sodium tabs 5mg, 35mg, 150mg; tbec 35mg</i>	Tier 1	MO
<i>risedronate sodium tabs 30mg</i>	Tier 1	
<i>zoledronic acid conc 4mg/5ml; soln 5mg/100ml</i>	MB	
<b>CALCIUM REGULATORS, MISCELLANEOUS</b>		
<i>calcitonin (salmon) soln 200unit/act</i>	Tier 1	MO
OSPOMYV SOSY 60mg/ml ( <i>denosumab-dssb</i> )	MB	
PROLIA SOSY 60mg/ml ( <i>denosumab</i> )	MB	
STOBOCLO SOSY 60mg/ml ( <i>denosumab-bmwo</i> )	MB	
<b>CALCIUM REGULATORS, PARATHYROID HORMONES</b>		
TYMLOS SOPN 3120mcg/1.56ml ( <i>abaloparatide</i> )	MB	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>CENTRAL PRECOCIOUS PUBERTY</b>		
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg ( <i>leuprolide acetate (cpp)</i> ))	MB	
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg ( <i>leuprolide acetate (cpp)</i> (3 month)))	MB	
LUPRON DEPOT-PED (6-MONTH KIT 45mg ( <i>leuprolide acetate (cpp)</i> (6 month)))	MB	
SUPPRELIN LA KIT 50mg ( <i>histrelin acetate (cpp)</i> )	MB	
TRIPTODUR SRER 22.5mg ( <i>triptorelin pamoate (cpp)</i> )	MB	
<b>CHELATING AGENTS</b>		
CHEMET CAPS 100mg ( <i>succimer</i> )	Tier 3	
<i>deferiprone tabs 500mg, 1000mg</i>	Tier 4	SP, PA, MO
FERRIPROX SOLN 100mg/ml ( <i>deferiprone</i> )	Tier 4	PA, MO
FERRIPROX TWICE-A-DAY TABS 1000mg ( <i>deferiprone</i> )	Tier 4	PA, MO
<i>penicillamine tabs 250mg</i>	Tier 4	SP
<b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL</b>		
<i>altavera</i> (Altavera)	PV	MO
<i>alyacen 1/35</i> (Alyacen 1/35)	PV	MO
<i>alyacen 7/7/7</i> (Alyacen 7/7/7)	PV	MO
<i>amethyst</i> (Amethyst)	PV	MO
ANNOVERA MIS ( <i>segesterone acetate-ethinyl estradiol</i> )	PV	QL (1 every 300 days), MO
<i>apri</i> (Apri)	PV	MO
<i>aranelle</i> (Aranelle)	PV	MO
<i>ashlyna</i> (Ashlyna)	PV	MO
AVERI TAB ( <i>desogestrel-ethinyl estradiol &amp; iron</i> )	PV	MO
<i>aviane</i> (Aviane)	PV	MO
<i>azurette</i> (Azurette)	PV	MO
<i>camila tabs .35mg</i> (Camila)	PV	MO
<i>camrese</i> (Camrese)	PV	MO
CAYA DPR ( <i>diaphragm arc-spring</i> )	MB	
<i>chateal eq</i> (Chateal Eq)	PV	MO
CONDOMS MIS	PV	QL (12 condoms every 30 days)
<i>dasetta 1/35</i> (Dasetta 1/35)	PV	MO
<i>dasetta 7/7/7</i> (Dasetta 7/7/7)	PV	MO
<i>delyla</i> (Delyla)	PV	MO
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml ( <i>medroxyprogesterone acetate (contraceptive)</i> )	MB	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	PV	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i></b>	PV	MO
<b><i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i></b>	PV	MO
<b><i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i></b>	PV	MO
DUREX MIS REALFEEL ( <b><i>condoms non-latex lubricated - male</i></b> )	PV	QL (12 condoms every 30 days)
<b><i>elinest</i></b> (Elinest)	PV	MO
ELLA TABS 30mg ( <b><i>ulipristal acetate</i></b> )	PV	
<b><i>enskyce</i></b> (Enskyce)	PV	MO
<b><i>errin tabs .35mg</i></b> (Errin)	PV	MO
<b><i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i></b>	PV	MO
<b><i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i></b>	PV	QL (13 every 300 days), MO
<b><i>falmina</i></b> (Falmina)	PV	MO
FC2 FEMALE MIS CONDOM ( <b><i>condoms - female</i></b> )	PV	QL (12 condoms every 30 days)
FEMCAP MIS 22MM ( <b><i>cervical caps</i></b> )	MB	
FEMCAP MIS 26MM ( <b><i>cervical caps</i></b> )	MB	
FEMCAP MIS 30MM ( <b><i>cervical caps</i></b> )	MB	
FEMLYV TAB 1/0.02MG ( <b><i>norethindrone acet &amp; eth estra</i></b> )	PV	MO
<b><i>galbriela</i></b> (Galbriela)	PV	MO
<b><i>gemmily</i></b> (Gemmily)	PV	MO
<b><i>heather tabs .35mg</i></b> (Heather)	PV	MO
<b><i>introvale</i></b> (Introvale)	PV	MO
<b><i>jolessa</i></b> (Jolessa)	PV	MO
<b><i>junel 1.5/30</i></b> (Junel 1.5/30)	PV	MO
<b><i>junel 1/20</i></b> (Junel 1/20)	PV	MO
<b><i>junel fe 1.5/30</i></b> (Junel Fe 1.5/30)	PV	MO
<b><i>junel fe 1/20</i></b> (Junel Fe 1/20)	PV	MO
<b><i>junel fe 24</i></b> (Junel Fe 24)	PV	MO
<b><i>kariva</i></b> (Kariva)	PV	MO
<b><i>kelnor 1/35</i></b> (Kelnor 1/35)	PV	MO
<b><i>kurvelo</i></b> (Kurvelo)	PV	MO
KYLEENA IUD 19.5mg ( <b><i>levonorgestrel (iud)</i></b> )	MB	
<b><i>larin 1.5/30</i></b> (Larin 1.5/30)	PV	MO
<b><i>lessina</i></b> (Lessina)	PV	MO
<b><i>levonest</i></b> (Levonest)	PV	MO
<b><i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i></b>	PV	MO
<b><i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i></b>	PV	MO

Sharp Health Plan Formulary Covered California and Individual & Family coverage directly from SHP 4 Tier May 2026

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	PV	MO
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	PV	MO
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	PV	MO
LILETTA IUD 20.1mcg/day ( <i>levonorgestrel (iud)</i> )	MB	
LO LOESTRIN TAB 1-10-10 ( <i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i> )	PV	MO
<i>loryna</i> (Loryna)	PV	MO
<i>low-ogestrel</i> (Low-ogestrel)	PV	MO
<i>luter</i> a (Lutera)	PV	MO
<i>marlissa</i> (Marlissa)	PV	MO
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	MB	
<i>microgestin 1.5/30</i> (Microgestin 1.5/30)	PV	MO
MIRENA IUD 21mcg/day ( <i>levonorgestrel (iud)</i> )	MB	
MIUDELLA IUD COPPER ( <i>copper (iud)</i> )	MB	
<i>mono-linyah</i> (Mono-linyah)	PV	MO
NATAZIA TAB ( <i>estradiol valerate-dienogest</i> )	PV	MO
<i>necon 0.5/35-28</i> (Necon 0.5/35-28)	PV	MO
NEXPLANON IMPL 68mg ( <i>etonogestrel</i> )	MB	
NEXTSTELLIS TAB 3-14.2MG ( <i>drospirenone-estetrol</i> )	PV	MO
<i>nikki</i> (Nikki)	PV	MO
<i>nora-be tabs .35mg</i> (Nora-be)	PV	MO
<i>norethindrone (contraceptive) tabs .35mg</i>	PV	MO
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	PV	MO
<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 &amp; 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
<i>nortrel 0.5/35 (28)</i> (Nortrel 0.5/35 (28))	PV	MO
<i>nortrel 1/35</i> (Nortrel 1/35)	PV	MO
<i>nortrel 7/7/7</i> (Nortrel 7/7/7)	PV	MO
<i>nylia 1/35</i> (Nylia 1/35)	PV	MO
OMNIFLEX DPR ( <i>diaphragms</i> )	MB	
OPILL TABS .075mg ( <i>norgestrel</i> )	PV	MO
PARAGARD IUD T380A ( <i>copper (iud)</i> )	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>portia-28</b> (Portia-28)	PV	MO
<b>reclipsen</b> (Reclipsen)	PV	MO
<b>rivelsa</b> (Rivelsa)	PV	MO
SKYLA IUD 13.5mg ( <b>levonorgestrel (iud)</b> )	MB	
SLYND TABS 4mg ( <b>drospirenone</b> )	PV	MO
<b>sprintec 28</b> (Sprintec 28)	PV	MO
<b>syeda</b> (Syeda)	PV	MO
<b>take action tabs 1.5mg</b> (Take Action)	PV	
<b>tilia fe</b> (Tilia Fe)	PV	MO
<b>tri-linyah</b> (Tri-linyah)	PV	MO
<b>tri-sprintec</b> (Tri-sprintec)	PV	MO
TRUSTEX/RIA MIS NON-LUB ( <b>condoms latex non-lubricated - male</b> )	PV	QL (12 condoms every 30 days)
TRUSTX NON-9 MIS RIB/STUD ( <b>condoms latex lubricated - male</b> )	PV	QL (12 condoms every 30 days)
TWIRLA DIS 120-30 ( <b>levonorgestrel-ethinyl estradiol</b> )	PV	MO
TYBLUME CHW 0.1-0.02 ( <b>levonorgestrel &amp; eth estradiol</b> )	PV	MO
<b>velivet</b> (Velivet)	PV	MO
<b>viorele</b> (Viorele)	PV	MO
<b>vyfemla</b> (Vyfemla)	PV	MO
<b>wera</b> (Wera)	PV	MO
WIDE-SEAL SILICONE DIAPHR DPRH 2% ( <b>diaphragm wide seal</b> )	MB	
<b>xelria fe</b> (Xelria Fe)	PV	MO
<b>xulane</b> (Xulane)	PV	MO
<b>zovia 1/35</b> (Zovia 1/35)	PV	MO
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK BLOOD GLUCOSE TEST KITS ( <b>blood glucose monitoring supplies</b> )	MB	
ACCU-CHEK BLOOD GLUCOSE TEST KITS ( <b>lancets misc.</b> )	MB	
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS ( <b>glucose blood</b> )	MB	
ACCU-CHEK LIQ COMPACT ( <b>blood glucose calibration</b> )	MB	
ACCU-CHEK LIQ GUIDE ( <b>blood glucose calibration</b> )	MB	
BLOOD GLUCOSE CALIBRATION SOLUTION ( <b>blood glucose calibration</b> )	MB	
DEXCOM G5 MIS RECEIVER ( <b>continuous glucose system receiver</b> )	MB	
DEXCOM G5 MIS TRANSMIT ( <b>continuous glucose system transmitter</b> )	MB	

Sharp Health Plan Formulary Covered California and Individual & Family coverage directly from SHP 4 Tier May 2026

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DEXCOM G6 MIS RECEIVER ( <i>continuous glucose system receiver</i> )	MB	
DEXCOM G6 MIS SENSOR ( <i>continuous glucose system sensor</i> )	MB	
DEXCOM G6 MIS TRANSMIT ( <i>continuous glucose system transmitter</i> )	MB	
DEXCOM G7 MIS RECEIVER ( <i>continuous glucose system receiver</i> )	MB	
DEXCOM G7 MIS SENSOR ( <i>continuous glucose system sensor</i> )	MB	
DEXCOM G7 MIS SNSR 15D ( <i>continuous glucose system sensor</i> )	MB	
FASTCLIX MIS LANCETS ( <i>lancets</i> )	MB	
INSULIN PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 2	
INSULIN PEN NEEDLES/SYRINGES ( <i>insulin syringe/needle u-100</i> )	Tier 2	
LANCETS ( <i>lancets</i> )	MB	
NOVOFINE PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 2	
OMNIPOD 5 DX KIT INT G7G6 ( <i>insulin infusion disposable pump</i> )	MB	
OMNIPOD 5 DX MIS POD G7G6 ( <i>insulin infusion disposable pump</i> )	MB	
OMNIPOD 5 G7 KIT INTRO ( <i>insulin infusion disposable pump</i> )	MB	
OMNIPOD 5 G7 MIS PODS ( <i>insulin infusion disposable pump</i> )	MB	
OMNIPOD DASH KIT INTRO ( <i>insulin infusion disposable pump</i> )	MB	
OMNIPOD DASH KIT PDM ( <i>insulin infusion disposable pump</i> )	MB	
OMNIPOD DASH MIS PODS ( <i>insulin infusion disposable pump</i> )	MB	
OMNIPOD MIS CLASSIC ( <i>insulin infusion disposable pump</i> )	MB	
OMNIPOD PDM KIT CLASSIC ( <i>insulin infusion disposable pump</i> )	MB	
TWIIST KIT REFILL ( <i>insulin infusion disposable pump</i> )	MB	
TWIIST KIT STARTER ( <i>insulin infusion disposable pump</i> )	MB	
TWIIST REFIL KIT INFUSION ( <i>insulin infusion disposable pump</i> )	MB	
URINE GLUCOSE MONITORING SUPPLIES ( <i>urine glucose monitoring supplies</i> )	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ENDOMETRIOSIS</b>		
<i>danazol caps 50mg, 100mg, 200mg</i>	Tier 1	
ORILISSA TABS 150mg, 200mg ( <i>elagolix sodium</i> )	Tier 2	
SYNAREL SOLN 2mg/ml ( <i>nafarelin acetate</i> )	Tier 4	PA
<b>GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>		
DEPO-MEDROL SUSP 20mg/ml ( <i>methylprednisolone acetate</i> )	MB	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	Tier 1	
DEXAMETHASONE INTENSOL CONC 1mg/ml ( <i>dexamethasone</i> )	Tier 2	
<i>dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; sosy 4mg/ml</i>	MB	
<i>fludrocortisone acetate tabs .1mg</i>	Tier 1	MO
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	Tier 1	
<i>hydrocortisone sod succinate solr 100mg</i>	MB	
MEDROL TABS 2mg ( <i>methylprednisolone</i> )	Tier 2	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	Tier 1	
<i>methylprednisolone acetate susp 40mg/ml, 80mg/ml</i>	MB	
<i>methylprednisolone sod succ solr 125mg, 1000mg</i>	MB	
<i>prednisolone soln 15mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	Tier 1	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	Tier 1	
PREDNISONE INTENSOL CONC 5mg/ml ( <i>prednisone</i> )	Tier 2	
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg ( <i>hydrocortisone sod succinate</i> )	MB	
SOLU-MEDROL SOLR 2gm ( <i>methylprednisolone sod succ</i> )	MB	
<b>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</b>		
<i>glucagon solr 1mg</i>	Tier 1	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml ( <i>glucagon</i> )	Tier 2	
GVOKE KIT SOLN 1mg/0.2ml ( <i>glucagon</i> )	Tier 2	
GVOKE PFS SOSY 1mg/0.2ml ( <i>glucagon</i> )	Tier 2	
<b>HEREDITARY TYROSINEMIA TYPE 1 AGENTS</b>		
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	Tier 4	SP, PA, MO
ORFADIN SUSP 4mg/ml ( <i>nitisinone</i> )	Tier 4	PA, MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES</b>		
NORDIPEN 5 MIS DEVICE ( <i>injection device</i> )	MB	
NORDIPEN DEL MIS SYSTEM ( <i>injection device</i> )	MB	
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml ( <i>somatropin</i> )	MB	MO
<b>LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE</b>		
CERDELGA CAPS 84mg ( <i>eliglustat tartrate</i> )	Tier 4	SP, PA, QL (56 caps every 28 days), MO
<b>MENOPAUSAL SYMPTOM AGENTS</b>		
BIJUVA CAP 0.5-100 ( <i>estradiol-progesterone</i> )	Tier 3	PA, MO; High Risk Medications require PA for members age 70 and older
BIJUVA CAP 1-100MG ( <i>estradiol-progesterone</i> )	Tier 3	PA, MO; High Risk Medications require PA for members age 70 and older
CLIMARA PRO DIS WEEKLY ( <i>estradiol-levonorgestrel</i> )	Tier 2	MO
DEPO-ESTRADIOL OIL 5mg/ml ( <i>estradiol cypionate</i> )	MB	
DUAVEE TAB 0.45-20 ( <i>conjugated estrogens-bazedoxifene</i> )	Tier 2	MO
ELESTRIN GEL .06% ( <i>estradiol</i> )	Tier 3	PA, MO; High Risk Medications require PA for members age 70 and older
<i>estradiol gel .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg</i>	Tier 1	PA, MO; High Risk Medications require PA for members age 70 and older
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	MO
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	Tier 1	MO
<i>estradiol vaginal crea .1mg/gm</i>	Tier 1	MO
<i>estradiol valerate oil 20mg/ml, 40mg/ml</i>	MB	
<i>estrogens, conjugated tabs .3mg, .45mg, .625mg, .9mg, 1.25mg</i>	Tier 1	PA, MO; High Risk Medications require PA for members age 70 and older
EVAMIST SOLN 1.53mg/spray ( <i>estradiol</i> )	Tier 3	PA, MO; High Risk Medications require PA for members age 70 and older
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg ( <i>estradiol vaginal</i> )	Tier 2	MO
IMVEXXY STARTER PACK INST 4mcg, 10mcg ( <i>estradiol vaginal</i> )	Tier 2	MO
<i>jinteli</i> (Jinteli)	Tier 1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg <i>(esterified estrogens)</i>	Tier 3	PA, MO; High Risk Medications require PA for members age 70 and older
<i>mimvey</i> (Mimvey)	Tier 1	MO
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	MO
PREMARIN CREA .625mg/gm <i>(estrogens, conjugated vaginal)</i>	Tier 3	MO
<i>yuvafem tabs 10mcg</i> (Yuvaferm)	Tier 1	MO
<b>MISCELLANEOUS</b>		
<i>betaine anhy pow</i>	Tier 4	SP, PA, MO
<i>cabergoline tabs .5mg</i>	Tier 1	
CORTROPHIN GEL 80unit/ml; PRSY 40unit/0.5ml, 80unit/ml <i>(corticotropin)</i>	MB	
CYSTAGON CAPS 50mg, 150mg <i>(cysteamine bitartrate)</i>	Tier 4	SP, PA, MO
INCRELEX SOLN 40mg/4ml <i>(mecasermin)</i>	MB	MO
INTRAROSA INST 6.5mg <i>(prasterone vaginal)</i>	Tier 3	MO
OSPHENA TABS 60mg <i>(ospemifene)</i>	Tier 3	PA, MO
<i>raloxifene hcl tabs 60mg</i>	Tier 1	MO; \$0 copay ages 35 and older for the primary prevention of breast cancer
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	Tier 4	SP, PA, MO
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml <i>(pasireotide diaspertate)</i>	MB	MO
<i>tolvaptan tabs 15mg, 30mg</i>	Tier 4	SP, PA
<i>tolvaptan (hyponatremia) tabs 15mg, 30mg</i>	Tier 4	SP, PA
<b>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</b>		
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	Tier 1	MO
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	Tier 1	MO
VELPHORO CHEW 500mg <i>(sucroferric oxyhydroxide)</i>	Tier 3	ST, MO; PA**
<b>POTASSIUM-REMOVING AGENTS</b>		
<i>sps susp 15gm/60ml</i> (Sps)	Tier 1	
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>		
CRINONE GEL 4% <i>(progesterone (vaginal))</i>	Tier 2	
CRINONE GEL 8% <i>(progesterone (vaginal))</i>	Tier 2	PA
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	Tier 1	MO
<i>megestrol acetate susp 40mg/ml</i>	Tier 1	OAC
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	Tier 1	MO
<i>norethindrone acetate tabs 5mg</i>	Tier 1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>progesterone caps 100mg, 200mg</i>	Tier 1	MO
<b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>		
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Tier 1	MO
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg (Levoxyl)</i>	Tier 1	MO
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	Tier 1	MO
<i>methimazole tabs 5mg, 10mg</i>	Tier 1	MO
<i>propylthiouracil tabs 50mg</i>	Tier 1	MO
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg ( <i>levothyroxine sodium</i> )	Tier 2	MO
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg (Unithroid)</i>	Tier 1	MO
<b>UREA CYCLE DISORDER</b>		
<i>carglumic acid tbso 200mg</i>	Tier 4	SP, PA, MO
PHEBURANE PLLT 483mg/gm ( <i>sodium phenylbutyrate</i> )	Tier 4	SP, PA, QL (672g every 30 days), MO
<i>sodium phenylbutyrate powd 3gm/tsp</i>	Tier 4	SP, PA, QL (798g every 30 days), MO
<i>sodium phenylbutyrate tabs 500mg</i>	Tier 4	SP, PA, QL (1200 tabs every 30 days), MO
<b>VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES</b>		
<i>desmopressin acetate soln 4mcg/ml</i>	MB	
<i>desmopressin acetate tabs .1mg, .2mg</i>	Tier 1	MO
<i>desmopressin acetate spray soln .01%</i>	Tier 1	MO
<i>desmopressin acetate spray refrigerated soln .01%</i>	Tier 1	MO
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	Tier 1	MO
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	Tier 1	MO
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	Tier 1	MO
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>FERTILITY REGULATORS</b>		
<i>clomiphene citrate tabs 50mg</i>	Tier 1	Only covered if member has supplemental benefit. Limit 3 fills per lifetime
<b>METABOLIC MODIFIERS</b>		
MYALEPT SOLR 11.3mg ( <i>metreleptin</i> )	MB	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</b>		
<b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</b>		
BAXDELA TABS 450mg ( <i>delafloxacin meglumine</i> )	Tier 3	
<b>GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS</b>		
<b>ANTICHOLINERGICS - DRUGS TO TREAT COPD</b>		
<i>atropine sulfate sosal 1mg/10ml</i>	MB	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	Tier 1	
<i>dicyclomine hcl soln 10mg/ml</i>	MB	
<i>glycopyrrolate soln 1mg/5ml</i>	Tier 1	MO
<i>glycopyrrolate soln 1mg/5ml, 4mg/20ml</i>	MB	
<i>glycopyrrolate tabs 1mg, 2mg</i>	Tier 1	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<b>ANTIDIARRHEALS</b>		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl caps 2mg</i>	Tier 1	
MOTOFEN TAB 1-0.025 ( <i>difenoxin w/ atropine</i> )	Tier 3	
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>		
AKYNZEO CAP 300-0.5 ( <i>netupitant-palonosetron</i> )	Tier 3	QL (2 caps every 28 days)
<i>aprepitant caps 40mg</i>	Tier 1	QL (3 caps every 180 days)
<i>aprepitant caps 80mg</i>	Tier 1	QL (4 caps every 28 days)
<i>aprepitant caps 125mg</i>	Tier 1	QL (2 caps every 28 days)
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Tier 1	QL (2 packs every 28 days)
<i>compro supp 25mg</i> (Compro)	Tier 1	
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	Tier 1	QL (60 caps every 30 days)
<i>granisetron hcl soln 1mg/ml</i>	MB	
<i>granisetron hcl tabs 1mg</i>	Tier 1	QL (12 tabs every 28 days)
<i>meclizine hcl tabs 12.5mg, 25mg</i>	Tier 1	
<i>metoclopramide hcl soln 5mg/ml</i>	MB	
<i>metoclopramide hcl soln 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg</i>	Tier 1	
<i>ondansetron tbdp 4mg, 8mg</i>	Tier 1	QL (18 tabs every 28 days)
<i>ondansetron hcl soln 4mg/2ml, 40mg/20ml; sosal 4mg/2ml</i>	MB	
<i>ondansetron hcl soln 4mg/5ml</i>	Tier 1	QL (200 mL every 28 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	Tier 1	QL (18 tabs every 28 days)
<i>ondansetron hcl tabs 24mg</i>	Tier 1	QL (2 tabs every 28 days)
<i>prochlorperazine supp 25mg</i>	Tier 1	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	Tier 1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>promethazine hcl soln 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl soln 25mg/ml, 50mg/ml</i>	MB	
<i>promethazine hcl supp 12.5mg, 25mg</i>	Tier 1	
<i>promethegan supp 12.5mg, 25mg, 50mg</i> (Promethegan)	Tier 1	
SANCUSO PTCH 3.1mg/24hr ( <i>granisetron</i> )	Tier 2	QL (2 patches every 28 days)
<i>scopolamine pt72 1mg/3days</i>	Tier 1	
<i>trimethobenzamide hcl caps 300mg</i>	Tier 1	
VARUBI TBPK 90mg ( <i>rolapitant hcl</i> )	Tier 2	
<b>H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>cimetidine tabs 200mg</i>	Tier 1	
<i>cimetidine tabs 300mg, 400mg, 800mg</i>	Tier 1	MO
<i>famotidine soln 20mg/2ml</i>	MB	
<i>famotidine susr 40mg/5ml; tabs 20mg, 40mg</i>	Tier 1	MO
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	MB	
<i>nizatidine caps 150mg, 300mg</i>	Tier 1	MO
<i>ranitidine hcl tabs 150mg, 300mg</i>	Tier 1	MO
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium caps 750mg</i>	Tier 1	
<i>budesonide cpep 3mg; tb24 9mg</i>	Tier 1	
CORTIFOAM FOAM 10% ( <i>hydrocortisone acetate</i> ( <i>intrarectal</i> ))	Tier 2	
DIPENTUM CAPS 250mg ( <i>olsalazine sodium</i> )	Tier 3	MO
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	Tier 1	
<i>mesalamine cp24 .375gm; cpdr 400mg; tbec 1.2gm</i>	Tier 1	MO
<i>mesalamine enem 4gm; supp 1000mg; tbec 800mg</i>	Tier 1	
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	Tier 1	MO
<b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>		
LINZESS CAPS 72mcg, 145mcg, 290mcg ( <i>linaclotide</i> )	Tier 2	MO
<i>lubiprostone caps 8mcg, 24mcg</i>	Tier 1	MO
<b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>		
<i>alosetron hcl tabs .5mg, 1mg</i>	Tier 1	PA, MO
VIBERZI TABS 75mg, 100mg ( <i>eluxadoline</i> )	Tier 2	PA, MO
<b>LAXATIVES</b>		
CLENPIQ SOL ( <i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i> )	PV	\$0 copay for members age 45 through 75, Tier 2 for all others
<i>enulose soln 10gm/15ml</i> (Enulose)	Tier 1	MO
<i>gavilyte-c</i> (Gavilyte-c)	Tier 1	
<i>gavilyte-g</i> (Gavilyte-g)	Tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lactulose soln 10gm/15ml</i>	Tier 1	MO
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 1	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	PV	\$0 copay for members age 45 through 75, otherwise not covered
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	
PEG-PREP KIT ( <i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</i> )	PV	\$0 copay for members age 45 through 75, otherwise not covered
PLENVU SOL ( <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> )	PV	\$0 copay for members age 45 through 75, otherwise not covered
<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, otherwise not covered
SUFLAVE SOL ( <i>peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate</i> )	PV	\$0 copay for members age 45 through 75, otherwise not covered
SUTAB TAB ( <i>sodium sulfate-magnesium sulfate-potassium chloride</i> )	PV	\$0 copay for members age 45 through 75, otherwise not covered
<b>MISCELLANEOUS</b>		
<i>cromolyn sodium (mastocytosis) conc 100mg/5ml</i>	Tier 1	MO
IQIRVO TABS 80mg ( <i>elafibranor</i> )	Tier 4	SP, PA, QL (30 tabs every 30 days), MO
<i>misoprostol tabs 100mcg, 200mcg</i>	Tier 1	MO
MOVANTIK TABS 12.5mg, 25mg ( <i>naloxegol oxalate</i> )	Tier 2	
SUCRAID SOLN 8500unit/ml ( <i>sacrosidase</i> )	Tier 3	PA, QL (354 mL every 30 days), MO
<i>sucalfate tabs 1gm</i>	Tier 1	MO
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	Tier 1	MO
VOWST CAP ( <i>fecal microbiota spores, live-brpk</i> )	Tier 4	PA, QL (12 caps every 30 days)
<b>PANCREATIC ENZYMES</b>		
CREON CAP 3000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	PA, MO
CREON CAP 6000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	PA, MO
CREON CAP 12000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	PA, MO
CREON CAP 24000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	PA, MO
CREON CAP 36000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	PA, MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIOKACE TAB 10440 ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	PA, MO
VIOKACE TAB 20880 ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	PA, MO
ZENPEP CAP 3000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	PA, MO
ZENPEP CAP 5000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	PA, MO
ZENPEP CAP 10000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	PA, MO
ZENPEP CAP 15000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	PA, MO
ZENPEP CAP 20000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	PA, MO
ZENPEP CAP 25000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	PA, MO
ZENPEP CAP 40000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	PA, MO
ZENPEP CAP 60000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	PA, MO
<b>PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	Tier 1	QL (90 caps every 365 days), MO
<i>esomeprazole magnesium pack 2.5mg, 5mg, 10mg</i>	Tier 1	QL (90 packets every 365 days), MO; Covered for age less than 1 year only
<i>lansoprazole cpdr 15mg, 30mg</i>	Tier 1	QL (90 caps every 365 days), MO
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	Tier 1	QL (90 caps every 365 days), MO
<i>pantoprazole sodium tbec 20mg, 40mg</i>	Tier 1	QL (90 tabs every 365 days), MO
<i>rabeprazole sodium tbec 20mg</i>	Tier 1	QL (90 tabs every 365 days), MO
<b>RECTAL, CORTICOSTEROIDS</b>		
<i>hydrocortisone (rectal) crea 1%, 2.5%</i>	Tier 1	
<i>proctozone-hc crea 2.5%</i> (Proctozone-hc)	Tier 1	
<b>GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS</b>		
<b>BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE</b>		
<i>alfuzosin hcl tb24 10mg</i>	Tier 1	MO
CARDURA XL TB24 4mg, 8mg ( <i>doxazosin mesylate (bph)</i> )	Tier 3	MO
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	Tier 1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dutasteride caps .5mg</i>	Tier 1	MO
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Tier 1	MO
<i>finasteride tabs 5mg</i>	Tier 1	MO
<i>silodosin caps 4mg, 8mg</i>	Tier 1	MO
<i>tadalafil tabs 2.5mg, 5mg</i>	Tier 1	PA, QL (30 tabs every 30 days), MO
<i>tamsulosin hcl caps .4mg</i>	Tier 1	MO
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	Tier 1	MO
<b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL</b>		
ENCARE SUPP 100mg ( <i>nonoxynol-9</i> )	PV	
OPTIONS GYNOL II VAGINAL GEL 3% ( <i>nonoxynol-9</i> )	PV	
PHEXX GEL ( <i>lactic acid-citric acid-potassium bitartrate</i> )	PV	
PHEXXI GEL ( <i>lactic acid-citric acid-potassium bitartrate</i> )	PV	
TODAY SPONGE MISC 1000mg ( <i>nonoxynol-9</i> )	PV	
VCF VAGINAL CONTRACEPTIVE FILM 28%; GEL 4% ( <i>nonoxynol-9</i> )	PV	
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	Tier 1	
ELMIRON CAPS 100mg ( <i>pentosan polysulfate sodium</i> )	Tier 3	
<i>potassium citrate (alkalinizer) tbc 10meq, 15meq, 540mg</i>	Tier 1	
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE</b>		
<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	Tier 1	MO
<i>fesoterodine fumarate tb24 4mg, 8mg</i>	Tier 1	MO
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	Tier 1	MO
<i>solifenacin succinate tabs 5mg, 10mg</i>	Tier 1	MO
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	Tier 1	MO
<i>trospium chloride cp24 60mg; tabs 20mg</i>	Tier 1	MO
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN SUPP 100mg ( <i>clindamycin phosphate vaginal</i> )	Tier 2	
<i>clindamycin phosphate vaginal crea 2%</i>	Tier 1	
GYNAZOLE-1 CREA 2% ( <i>butoconazole nitrate (one dose)</i> )	Tier 3	
<i>metronidazole vaginal gel .75%</i>	Tier 1	
<i>miconazole 3 supp 200mg</i> (Miconazole 3)	Tier 1	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	Tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS</b>		
<b>ANTICOAGULANTS - BLOOD THINNERS</b>		
<i>dabigatran etexilate mesylate caps 75mg, 110mg, 150mg</i>	Tier 1	MO
ELIQUIS CPSP .15mg; TABS 2.5mg, 5mg; TBSO .5mg <i>(apixaban)</i>	Tier 2	MO
ELIQUIS 3X 0.5MG (1.5MG) TBSO .5mg <i>(apixaban)</i>	Tier 2	MO
ELIQUIS 4X 0.5MG (2MG) TBSO .5mg <i>(apixaban)</i>	Tier 2	MO
ELIQUIS STARTER PACK TBPK 5mg <i>(apixaban)</i>	Tier 2	
<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	MB	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	MB	
FRAGMIN SOLN 10000unit/4ml, 95000unit/3.8ml; SOSY 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml <i>(dalteparin sodium)</i>	MB	
<i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	MB	
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i> (Jantoven)	Tier 1	MO
<i>rivaroxaban susr 1mg/ml; tabs 2.5mg</i>	Tier 1	MO
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	Tier 1	MO
XARELTO TABS 10mg, 15mg, 20mg <i>(rivaroxaban)</i>	Tier 2	MO
XARELTO STAR TAB 15/20MG <i>(rivaroxaban)</i>	Tier 2	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml <i>(darbepoetin alfa)</i>	MB	
FYLNETRA SOSY 6mg/0.6ml <i>(pegfilgrastim-pbbk)</i>	MB	
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 120mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml <i>(methoxy polyethylene glycol-epoetin beta)</i>	MB	
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml <i>(filgrastim-aafi)</i>	MB	
NYVEPRIA SOSY 6mg/0.6ml <i>(pegfilgrastim-apgf)</i>	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml ( <i>epoetin alfa-epbx</i> )	MB	
<b>HEMOPHILIA A AGENTS</b>		
HEMLIBRA SOLN 12mg/0.4ml, 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml, 300mg/2ml ( <i>emicizumab-kxwh</i> )	MB	MO
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl caps .5mg, 1mg</i>	Tier 1	MO
<i>cilostazol tabs 50mg, 100mg</i>	Tier 1	MO
<i>pentoxifylline tbcr 400mg</i>	Tier 1	MO
<i>tranexamic acid soln 1000mg/10ml</i>	MB	
<i>tranexamic acid tabs 650mg</i>	Tier 1	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	MO
<i>clopidogrel bisulfate tabs 75mg</i>	Tier 1	MO
<i>clopidogrel bisulfate tabs 300mg</i>	Tier 1	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	Tier 1	PA, MO; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tabs 5mg, 10mg</i>	Tier 1	MO
<b>SICKLE CELL DISEASE</b>		
DROXIA CAPS 200mg, 300mg, 400mg ( <i>hydroxyurea (sickle cell disease)</i> )	Tier 2	MO; OAC
<b>THROMBOCYTOPENIA AGENTS</b>		
ALVAIZ TABS 9mg, 54mg ( <i>eltrombopag choline</i> )	Tier 4	SP, PA, QL (60 tabs every 30 days), MO
ALVAIZ TABS 18mg, 36mg ( <i>eltrombopag choline</i> )	Tier 4	SP, PA, QL (90 tabs every 30 days), MO
DOPTELET SPRINKLE CPSP 10mg ( <i>avatrombopag maleate</i> )	Tier 4	SP, PA, QL (60 caps every 30 days)
DOPTELET TAB 20MG (10 TABLETS) TABS 20mg ( <i>avatrombopag maleate</i> )	Tier 4	SP, PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (15 TABLETS) TABS 20mg ( <i>avatrombopag maleate</i> )	Tier 4	SP, PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (30 TABLETS) TABS 20mg ( <i>avatrombopag maleate</i> )	Tier 4	SP, PA, QL (2 cartons every 30 days)
<b>HEMATOPOIETIC AGENTS</b>		
<b>FOLIC ACID/FOLATES</b>		
<i>folic acid tabs 1mg</i>	Tier 1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM</b>		
<b>AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)</b>		
ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml ( <b>tocilizumab</b> )	MB	
ENTYVIO SOLR 300mg ( <b>vedolizumab</b> )	MB	
SIMPONI ARIA SOLN 50mg/4ml ( <b>golimumab</b> )	MB	MO
SKYRIZI SOLN 600mg/10ml ( <b>risankizumab-rzaa (crohn's)</b> )	MB	
TREMFYA SOLN 200mg/20ml ( <b>guselkumab (gastrointestinal)</b> )	MB	MO
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED)</b>		
ACTEMRA SOSY 162mg/0.9ml ( <b>tocilizumab</b> )	MB	MO
ACTEMRA ACTPEN SOAJ 162mg/0.9ml ( <b>tocilizumab</b> )	MB	MO
ADALIMUMAB-ADAZ SOAJ 40mg/0.4ml, 80mg/0.8ml; SOSY 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml	MB	MO
ADALIMUMAB-FKJP AJKT 40mg/0.8ml; PSKT 20mg/0.4ml, 40mg/0.8ml	MB	MO
CIMZIA PSKT 200mg/ml ( <b>certolizumab pegol</b> )	MB	MO
CIMZIA STARTER KIT PSKT 200mg/ml ( <b>certolizumab pegol</b> )	MB	MO
COSENTYX SOSY 75mg/0.5ml, 150mg/ml ( <b>secukinumab</b> )	MB	MO
COSENTYX SENSOREADY PEN SOAJ 150mg/ml ( <b>secukinumab</b> )	MB	MO
COSENTYX UNOREADY SOAJ 300mg/2ml ( <b>secukinumab</b> )	MB	MO
ENBREL SOLN 25mg/0.5ml; SOSY 25mg/0.5ml, 50mg/ml ( <b>etanercept</b> )	MB	MO
ENBREL MINI SOCT 50mg/ml ( <b>etanercept</b> )	MB	MO
ENBREL SURECLICK SOAJ 50mg/ml ( <b>etanercept</b> )	MB	MO
ENTYVIO PEN SOAJ 108mg/0.68ml ( <b>vedolizumab</b> )	MB	
HYRIMOZ SOAJ 40mg/0.4ml; SOSY 20mg/0.2ml, 40mg/0.4ml ( <b>adalimumab-adaz</b> )	MB	MO
HYRIMOZ SENSOREADY CD/UC/ SOAJ 80mg/0.8ml ( <b>adalimumab-adaz</b> )	MB	MO
HYRIMOZ SENSOREADY PENS SOAJ 80mg/0.8ml ( <b>adalimumab-adaz</b> )	MB	MO
HYRIMOZ-PLAQ INJ PSORIASI ( <b>adalimumab-adaz</b> )	MB	MO
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml; SOSY 150mg/1.14ml, 200mg/1.14ml ( <b>sarilumab</b> )	MB	MO
LITFULO CAPS 50mg ( <b>ritlectinib tosylate</b> )	Tier 4	SP, PA, QL (28 caps every 28 days); Preferred agent for Alopecia Areata

Sharp Health Plan Formulary Covered California and Individual & Family coverage directly from SHP 4 Tier May 2026

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
OLUMIANT TABS 1mg, 2mg, 4mg ( <i>baricitinib</i> )	Tier 4	SP, PA, QL (30 tabs every 30 days), MO; Preferred agent for Alopecia Areata
OTEZLA TABS 20mg, 30mg ( <i>apremilast</i> )	Tier 4	SP, PA, QL (60 tabs every 30 days), MO; Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20 ( <i>apremilast</i> )	Tier 4	SP, PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30 ( <i>apremilast</i> )	Tier 4	SP, PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA XR TB24 75mg ( <i>apremilast</i> )	Tier 4	SP, PA, QL (30 tabs every 30 days), MO; Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA/XR TAB 28 DAY ( <i>apremilast</i> )	Tier 4	SP, PA, QL (41 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
PYZCHIVA SOAJ 45mg/0.5ml, 90mg/ml; SOLN 45mg/0.5ml; SOSY 45mg/0.5ml, 90mg/ml ( <i>ustekinumab-ttwe</i> )	MB	MO
RINVOQ TB24 15mg ( <i>upadacitinib</i> )	Tier 4	SP, PA, QL (30 tabs every 30 days), MO; Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, NRAXSPA, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
RINVOQ TB24 30mg ( <i>upadacitinib</i> )	Tier 4	SP, PA, QL (30 tabs every 30 days), MO; Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis.
RINVOQ TB24 45mg ( <i>upadacitinib</i> )	Tier 4	SP, PA, QL (One time use only (for CD/UC diagnosis)), MO; Preferred agent for Crohn's Disease and Ulcerative Colitis.
RINVOQ LQ SOLN 1mg/ml ( <i>upadacitinib</i> )	Tier 4	SP, PA, QL (360 mL every 30 days), MO; Preferred agent for Psoriatic Arthritis
SIMPONI SOAJ 50mg/0.5ml, 100mg/ml; SOSY 50mg/0.5ml, 100mg/ml ( <i>golimumab</i> )	MB	MO
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml ( <i>risankizumab-rzaa (crohn's)</i> )	MB	MO
SKYRIZI SOSY 150mg/ml ( <i>risankizumab-rzaa</i> )	MB	MO
SKYRIZI PEN SOAJ 150mg/ml ( <i>risankizumab-rzaa</i> )	MB	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TALTZ SOAJ 80mg/ml; SOSY 20mg/0.25ml, 40mg/0.5ml, 80mg/ml ( <i>ixekizumab</i> )	MB	MO
TREMFYA SOAJ 200mg/2ml; SOSY 200mg/2ml ( <i>guselkumab (gastrointestinal)</i> )	MB	MO
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml ( <i>guselkumab</i> )	MB	MO
TREMFYA PEN SOAJ 100mg/ml ( <i>guselkumab</i> )	MB	MO
VELSIPITY TABS 2mg ( <i>etrasimod arginine</i> )	Tier 4	SP, PA, QL (30 tabs every 30 days), MO; Preferred agent for Ulcerative Colitis
XELJANZ SOLN 1mg/ml ( <i>tofacitinib citrate</i> )	Tier 4	SP, PA, QL (240 mL every 24 days), MO
XELJANZ TABS 5mg ( <i>tofacitinib citrate</i> )	Tier 4	SP, PA, QL (60 tabs every 30 days), MO; Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ TABS 10mg ( <i>tofacitinib citrate</i> )	Tier 4	SP, PA, QL (60 tabs every 30 days), MO; Preferred agent for Ulcerative Colitis.
XELJANZ XR TB24 11mg ( <i>tofacitinib citrate</i> )	Tier 4	SP, PA, QL (30 tabs every 30 days), MO; Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ XR TB24 22mg ( <i>tofacitinib citrate</i> )	Tier 4	SP, PA, QL (30 tabs every 30 days), MO; Preferred agent for Ulcerative Colitis.
YESINTEK SOLN 45mg/0.5ml; SOSY 45mg/0.5ml, 90mg/ml ( <i>ustekinumab-kfce</i> )	MB	MO
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS</b>		
<i>hydroxychloroquine sulfate tabs 200mg</i>	Tier 1	MO
<i>leflunomide tabs 10mg, 20mg</i>	Tier 1	MO
<i>methotrexate sodium tabs 2.5mg</i>	Tier 1	OAC
<b>HEREDITARY ANGIOEDEMA</b>		
<i>icatibant acetate sosy 30mg/3ml</i>	MB	
TAKHZYRO SOLN 300mg/2ml; SOSY 150mg/ml, 300mg/2ml ( <i>lanadelumab-flyo</i> )	MB	MO
<b>IMMUNOGLOBULIN</b>		
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml ( <i>immune globulin (human)-hipp</i> )	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SOLN 100mcg/0.5ml ( <b>interferon gamma-1b</b> )	MB	MO
ARCALYST SOLR 220mg ( <b>rilonacept</b> )	MB	MO
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL CP24 .5mg, 1mg, 5mg ( <b>tacrolimus</b> )	Tier 3	SP, MO
<b>azathioprine tabs 50mg, 75mg, 100mg</b>	Tier 1	MO
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg ( <b>mycophenolate mofetil</b> )	Tier 3	SP, MO
CELLCEPT INTRAVENOUS SOLR 500mg ( <b>mycophenolate mofetil hcl</b> )	MB	
<b>cyclosporine caps 25mg, 100mg</b>	Tier 1	SP, MO
<b>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</b>	Tier 1	SP, MO
ENVARUSUS XR TB24 .75mg, 1mg, 4mg ( <b>tacrolimus</b> )	Tier 3	SP, MO
<b>everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg</b>	Tier 1	SP, MO
<b>engraf caps 25mg, 100mg; soln 100mg/ml</b> (Gengraf)	Tier 1	SP, MO
<b>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</b>	Tier 1	SP, MO
<b>mycophenolate mofetil hcl solr 500mg</b>	MB	
<b>mycophenolate sodium tbec 180mg, 360mg</b>	Tier 1	SP, MO
MYFORTIC TBEC 180mg, 360mg ( <b>mycophenolate sodium</b> )	Tier 3	SP, MO
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml ( <b>cyclosporine modified (for microemulsion)</b> )	Tier 3	SP, MO
NULOJIX SOLR 250mg ( <b>belatacept</b> )	MB	
PROGRAF CAPS .5mg, 1mg, 5mg; PACK .2mg, 1mg ( <b>tacrolimus</b> )	Tier 3	SP, MO
SANDIMMUNE CAPS 25mg, 100mg ( <b>cyclosporine</b> )	Tier 3	SP, MO
SANDIMMUNE SOLN 50mg/ml ( <b>cyclosporine</b> )	MB	
<b>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</b>	Tier 1	SP, MO
<b>tacrolimus caps .5mg, 1mg, 5mg</b>	Tier 1	SP, MO
<b>tacrolimus soln 5mg/ml</b>	MB	
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg ( <b>everolimus (immunosuppressant)</b> )	Tier 3	SP, MO
<b>MISCELLANEOUS</b>		
BEYFORTUS SOSY 50mg/0.5ml, 100mg/ml ( <b>nirsevimab-alip</b> )	MB	
ENFLONSIA SOSY 105mg/0.7ml ( <b>clesrovimab-cfor</b> )	MB	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS</b>		
<b>ELECTROLYTES</b>		
EFFER-K TBEF 25meq ( <i>potassium bicarbonate</i> )	Tier 1	MO
<i>klor-con m15 tbc</i> 15meq (Klor-con M15)	Tier 1	MO
<i>magnesium sulfate soln 2gm/50ml, 50%</i>	MB	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	MB	
MONOJECT SODIUM CHLORIDE SOLN .9% ( <i>sodium chloride flush</i> )	MB	
<i>potassium chloride cpr 8meq, 10meq; soln 10%, 20%; tbc 8meq, 10meq, 15meq, 20meq</i>	Tier 1	MO
<i>potassium chloride soln 2meq/ml</i>	MB	
<i>potassium chloride microencapsulated crystals er tbc 10meq, 20meq</i>	Tier 1	MO
<i>sodium chloride soln .45%, .9%, 2.5meq/ml, 3%, 5%</i>	MB	
<i>sodium fluoride chew 1mg; tabs 1mg</i>	Tier 1	MO
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	PV	MO; \$0 applies for ages 5 and under, otherwise not covered
<b>PRENATAL VITAMINS</b>		
<i>elite-ob</i> (Elite-ob)	Tier 1	
<i>inatal gt</i> (Inatal Gt)	Tier 1	
<i>pnv-dha</i> (Pnv-dha)	Tier 1	
<i>pnv-select</i> (Pnv-select)	Tier 1	
<i>prenatal 19</i> (Prenatal 19)	Tier 1	
<i>trinate</i> (Trinate)	Tier 1	
<b>VITAMINS</b>		
<i>cyanocobalamin soln 1000mcg/ml</i>	MB	
<i>ergocalciferol caps 50000unit</i>	Tier 1	MO
<i>folic acid caps 800mcg</i>	PV	QL (100 caps every 30 days), MO; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tabs 1mg</i>	Tier 1	MO
<i>folic acid tabs 400mcg</i>	PV	QL (100 tabs every 30 days); \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tabs 800mcg</i>	PV	QL (100 tabs every 30 days), MO; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>phytonadione tabs 5mg</i>	Tier 1	
<b>OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
TOBRADEX OIN 0.3-0.1% ( <i>tobramycin-dexamethasone</i> )	Tier 2	
TOBRADEX ST SUS 0.3-0.05 ( <i>tobramycin-dexamethasone</i> )	Tier 2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	
<b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>		
AZASITE SOLN 1% ( <i>azithromycin (ophth)</i> )	Tier 2	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
BESIVANCE SUSP .6% ( <i>besifloxacin hcl</i> )	Tier 3	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	Tier 1	
<i>erythromycin (ophth) oint 5mg/gm</i>	Tier 1	
<i>gatifloxacin (ophth) soln .5%</i>	Tier 1	
<i>gentamicin sulfate (ophth) soln .3%</i>	Tier 1	
<i>moxifloxacin hcl (ophth) soln .5%</i>	Tier 1	
NATACYN SUSP 5% ( <i>natamycin</i> )	Tier 2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin (ophth) soln .3%</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	Tier 1	
<i>tobramycin (ophth) soln .3%</i>	Tier 1	
<i>trifluridine soln 1%</i>	Tier 1	
ZIRGAN GEL .15% ( <i>ganciclovir ophthalmic</i> )	Tier 3	
<b>ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION</b>		
ACUVAIL SOLN .45% ( <i>ketorolac tromethamine (ophth)</i> )	Tier 2	
<i>bromfenac sodium (ophth) soln .09%</i>	Tier 1	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	Tier 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diclofenac sodium (ophth) soln .1%</i>	Tier 1	
<i>difluprednate emul .05%</i>	Tier 1	
<i>flurbiprofen sodium soln .03%</i>	Tier 1	
ILEVRO SUSP .3% ( <i>nepafenac</i> )	Tier 2	
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	Tier 1	
<i>loteprednol etabonate susp .5%</i>	Tier 1	
NEVANAC SUSP .1% ( <i>nepafenac</i> )	Tier 2	
<i>prednisolone acetate (ophth) susp 1%</i>	Tier 1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 2	
<b>ANTIALLERGICS - DRUGS TO TREAT ALLERGIES</b>		
ALOCRI SOLN 2% ( <i>nedocromil sodium (ophth)</i> )	Tier 3	
<i>azelastine hcl (ophth) soln .05%</i>	Tier 1	
<i>bepotastine besilate soln 1.5%</i>	Tier 1	
<i>cromolyn sodium (ophth) soln 4%</i>	Tier 1	
<i>epinastine hcl (ophth) soln .05%</i>	Tier 1	
<i>olopatadine hcl soln .2%</i>	Tier 1	
ZERVIA SOLN .24% ( <i>cetirizine hcl (ophth)</i> )	Tier 3	
<b>ANTIGLAUCOMA BETA-BLOCKERS</b>		
<i>betaxolol hcl (ophth) soln .5%</i>	Tier 1	MO
BETOPTIC-S SUSP .25% ( <i>betaxolol hcl (ophth)</i> )	Tier 2	MO
<i>carteolol hcl (ophth) soln 1%</i>	Tier 1	MO
<i>levobunolol hcl soln .5%</i>	Tier 1	MO
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	Tier 1	MO
<b>ANTIGLAUCOMA COMBINATION AGENTS</b>		
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Tier 1	MO
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	Tier 1	MO
SIMBRINZA SUS 1-0.2% ( <i>brinzolamide-brimonidine tartrate</i> )	Tier 2	MO
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>brinzolamide susp 1%</i>	Tier 1	MO
<i>dorzolamide hcl soln 2%</i>	Tier 1	MO
<b>DRY EYE DISEASE</b>		
<i>cyclosporine (ophth) emul .05%</i>	Tier 1	MO
RESTASIS MULTIDOSE EMUL .05% ( <i>cyclosporine (ophth)</i> )	Tier 2	MO
TRYPTYR SOLN .003% ( <i>acoltremon</i> )	Tier 2	MO
<b>MISCELLANEOUS</b>		
<i>atropine sulfate (ophthalmic) soln 1%</i>	Tier 1	MO
CYSTARAN SOLN .44% ( <i>cysteamine hcl</i> )	Tier 4	PA, QL (4 bottles every 28 days), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	Tier 1	
PHOSPHOLINE IODIDE SOLR .125% ( <i>echothiophate iodide</i> )	Tier 3	MO
<i>pilocarpine hcl soln 1%</i>	Tier 1	MO
<i>tropicamide soln .5%, 1%</i>	Tier 1	MO
<b>PROSTAGLANDINS</b>		
<i>latanoprost soln .005%</i>	Tier 1	MO
LUMIGAN SOLN .01% ( <i>bimatoprost</i> )	Tier 2	ST, MO; PA**
<i>tafluprost soln .015mg/ml</i>	Tier 1	MO
<i>travoprost soln .004%</i>	Tier 1	MO
<b>SYMPATHOMIMETICS</b>		
<i>apraclonidine hcl soln .5%</i>	Tier 1	
<i>brimonidine tartrate soln .1%, .15%, .2%</i>	Tier 1	MO
IOPIDINE SOLN 1% ( <i>apraclonidine hcl</i> )	Tier 3	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS</b>		
ADDYI TABS 100mg ( <i>flibanserin</i> )	Tier 3	PA, MO
<b>RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS</b>		
<b>ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS</b>		
PROLASTIN-C SOLN 1000mg/20ml ( <i>alpha1-proteinase inhibitor (human)</i> )	MB	
<b>ANAPHYLAXIS TREATMENT AGENTS</b>		
<i>epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml</i>	Tier 1	QL (4 auto-injectors every 30 days)
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i>	Tier 1	QL (4 auto-injectors every 30 days); (generic of Adrenaclick)
EPIPEN 2-PAK SOAJ .3mg/0.3ml ( <i>epinephrine (anaphylaxis)</i> )	Tier 2	QL (4 auto-injectors every 30 days)
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD</b>		
BEVESPI AER 9-4.8MCG ( <i>glycopyrrolate-formoterol fumarate</i> )	Tier 2	QL (1 package every 30 days), MO
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QL (6 boxes every 30 days), MO
STIOLTO AER 2.5-2.5 ( <i>tiotropium bromide-olodaterol hcl</i> )	Tier 2	QL (1 package every 30 days), MO
<b>ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS</b>		
TRELEGY AER 100MCG ( <i>fluticasone-umeclidinium-vilanterol</i> )	Tier 2	QL (1 package every 30 days), MO
TRELEGY AER 200MCG ( <i>fluticasone-umeclidinium-vilanterol</i> )	Tier 2	QL (1 package every 30 days), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ANTICHOLINERGICS - DRUGS TO TREAT COPD</b>		
<i>ipratropium bromide soln .02%</i>	Tier 1	QL (5 boxes every 30 days), MO
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	Tier 1	MO
<i>SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act (tiotropium bromide)</i>	Tier 2	QL (1 package every 30 days), MO
<i>tiotropium bromide caps 18mcg</i>	Tier 1	QL (1 package every 30 days), MO
<b>ANTI-HISTAMINE COMBINATIONS</b>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	Tier 1	QL (1 package every 30 days)
<b>ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES</b>		
<i>azelastine hcl soln .1%</i>	Tier 1	QL (2 bottles every 30 days)
<i>carbinoxamine maleate soln 4mg/5ml; tabs 4mg</i>	Tier 1	
<i>clemastine fumarate tabs 2.68mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	Tier 1	
<i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i>	Tier 1	
<i>diphenhydramine hcl soln 50mg/ml</i>	MB	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml</i>	MB	
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate caps 25mg, 50mg, 100mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	Tier 1	
<i>olopatadine hcl (nasal) soln .6%</i>	Tier 1	QL (1 container every 30 days)
<b>BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD</b>		
<i>albuterol sulfate aers 108mcg/act</i>	Tier 1	QL (2 inhalers every 30 days), MO
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	Tier 1	QL (120 vials every 30 days), MO
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	Tier 1	QL (5 boxes every 30 days), MO
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg</i>	Tier 1	MO
<i>formoterol fumarate nebu 20mcg/2ml</i>	Tier 1	QL (60 vials every 30 days), MO
<i>levalbuterol hcl nebu 1.25mg/0.5ml</i>	Tier 1	QL (45 mL every 30 days), MO
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	Tier 1	QL (300 mL every 30 days), MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levalbuterol tartrate aero 45mcg/act</i>	Tier 1	QL (2 inhalers every 30 days), MO
STRIVERDI RESPIMAT AERS 2.5mcg/act ( <i>olodaterol hcl</i> )	Tier 2	QL (1 package every 30 days), MO
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	Tier 1	MO
<b>COLD/COUGH</b>		
<i>benzonatate caps 100mg, 200mg</i>	Tier 1	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Tier 1	QL (60 mL every day); Subject to initial 7-day limit
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	Tier 1	QL (30 mL every day); Subject to initial 7-day limit
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	Tier 1	QL (6 tabs every day); Subject to initial 7-day limit
<i>hydromet</i> (Hydromet)	Tier 1	QL (30 mL every day); Subject to initial 7-day limit
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>	Tier 1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 1	QL (30 mL every day); Subject to initial 7-day limit
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 1	
<b>CYSTIC FIBROSIS</b>		
CAYSTON SOLR 75mg ( <i>aztreonam lysine</i> )	Tier 4	SP, PA, QL (84 vials every 28 days)
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg ( <i>ivacaftor</i> )	Tier 4	SP, PA, QL (56 packets every 28 days), MO
KALYDECO TABS 150mg ( <i>ivacaftor</i> )	Tier 4	SP, PA, QL (56 tabs every 28 days), MO; carton consists of 56 tablets
ORKAMBI GRA 75-94MG ( <i>lumacaftor-ivacaftor</i> )	Tier 4	SP, PA, QL (56 packets every 28 days), MO
ORKAMBI GRA 100-125 ( <i>lumacaftor-ivacaftor</i> )	Tier 4	SP, PA, QL (56 packets every 28 days), MO
ORKAMBI GRA 150-188 ( <i>lumacaftor-ivacaftor</i> )	Tier 4	SP, PA, QL (56 packets every 28 days), MO
ORKAMBI TAB 100-125 ( <i>lumacaftor-ivacaftor</i> )	Tier 4	SP, PA, QL (112 tabs every 28 days), MO
ORKAMBI TAB 200-125 ( <i>lumacaftor-ivacaftor</i> )	Tier 4	SP, PA, QL (112 tabs every 28 days), MO
SYMDEKO TAB 50-75MG ( <i>tezacaftor-ivacaftor</i> )	Tier 4	SP, PA, QL (56 tabs every 28 days), MO
SYMDEKO TAB 100-150 ( <i>tezacaftor-ivacaftor</i> )	Tier 4	SP, PA, QL (56 tabs every 28 days), MO
<i>tobramycin nebu 300mg/4ml</i>	Tier 4	SP, PA, QL (224 mL every 28 days), MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>tobramycin nebu 300mg/5ml</i>	Tier 4	SP, PA, QL (280 mL every 28 days), MO
TRIKAFTA PAK 59.5MG ( <i>elexacaftor-tezacaftor-ivacaftor</i> )	Tier 4	SP, PA, QL (56 packets every 28 days), MO
TRIKAFTA PAK 75MG ( <i>elexacaftor-tezacaftor-ivacaftor</i> )	Tier 4	SP, PA, QL (56 packets every 28 days), MO
TRIKAFTA TAB ( <i>elexacaftor-tezacaftor-ivacaftor</i> )	Tier 4	SP, PA, QL (84 tabs every 28 days), MO
<b>LEUKOTRIENE MODIFIERS</b>		
<i>zileuton tb12 600mg</i>	Tier 2	MO
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES</b>		
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	Tier 1	MO
<i>zafirlukast tabs 10mg, 20mg</i>	Tier 1	MO
<b>MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES</b>		
<i>cromolyn sodium nebu 20mg/2ml</i>	Tier 1	QL (2 boxes every 30 days), MO
<b>MISCELLANEOUS</b>		
<i>acetylcysteine soln 10%, 20%</i>	Tier 1	
<i>roflumilast tabs 250mcg, 500mcg</i>	Tier 1	PA, MO
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	Tier 1	
<b>NASAL STEROIDS - DRUGS TO TREAT ALLERGIES</b>		
<i>flunisolide (nasal) soln .025%</i>	Tier 1	QL (3 containers every 30 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	Tier 1	QL (1 container every 30 days)
<b>PULMONARY FIBROSIS AGENTS</b>		
<i>pirfenidone caps 267mg</i>	Tier 4	SP, PA, QL (270 caps every 30 days), MO
<i>pirfenidone tabs 267mg</i>	Tier 4	SP, PA, QL (270 tabs every 30 days), MO
<i>pirfenidone tabs 801mg</i>	Tier 4	SP, PA, QL (90 tabs every 30 days), MO
<b>RESPIRATORY THERAPY SUPPLIES</b>		
ADULT RESPIRATORY MASK ( <i>spacer/aerosol-holding chambers</i> )	Tier 2	
HOLD CHAMBER MIS MEDIUM ( <i>spacer/aerosol-holding chambers</i> )	Tier 2	
PEDIATRIC RESPIRATORY MASK ( <i>spacer/aerosol-holding chamber supplies - masks</i> )	Tier 2	
PEDIATRIC RESPIRATORY MASK ( <i>spacer/aerosol-holding chamber supplies - masks</i> )	Tier 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>SEVERE ASTHMA AGENTS</b>		
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml <b>(dupilumab)</b>	MB	MO
FASENRA PEN SOAJ 30mg/ml <b>(benralizumab)</b>	MB	MO
NUCALA SOAJ 100mg/ml; SOSY 40mg/0.4ml, 100mg/ml <b>(mepolizumab)</b>	MB	MO
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml <b>(omalizumab)</b>	MB	
<b>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</b>		
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act <b>(mometasone furoate (inhalation))</b>	Tier 2	QL (1 package every 30 days), MO
<b>budesonide (inhalation) susp 1mg/2ml</b>	Tier 1	QL (1 box every 30 days), MO
<b>budesonide (inhalation) susp .5mg/2ml</b>	Tier 1	QL (2 boxes every 30 days), MO
<b>budesonide (inhalation) susp .25mg/2ml</b>	Tier 1	QL (3 boxes every 30 days), MO
<b>fluticasone furoate (inhalation) aepb 50mcg/act, 100mcg/act, 200mcg/act</b>	Tier 1	QL (1 package every 30 days), MO
<b>STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD</b>		
AIRSUPRA AER 90-80MCG <b>(albuterol-budesonide)</b>	Tier 2	QL (3 packages every 30 days)
BREO ELLIPTA INH 50-25MCG <b>(fluticasone furoate- vilanterol)</b>	Tier 2	QL (1 package every 30 days), MO
BREO ELLIPTA INH 100-25 <b>(fluticasone furoate- vilanterol)</b>	Tier 2	QL (1 package every 30 days), MO
BREO ELLIPTA INH 200-25 <b>(fluticasone furoate- vilanterol)</b>	Tier 2	QL (1 package every 30 days), MO
<b>brey-na</b> (Brey-na)	Tier 1	QL (3 packages every 30 days), MO
<b>budesonide-formoterol fumarate dihyd aerosol 80- 4.5 mcg/act</b>	Tier 1	QL (3 packages every 30 days), MO
<b>budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act</b>	Tier 1	QL (3 packages every 30 days), MO
<b>fluticasone-salmeterol aer powder ba 100-50 mcg/act</b>	Tier 1	QL (1 package every 30 days), MO
<b>fluticasone-salmeterol aer powder ba 250-50 mcg/act</b>	Tier 1	QL (1 package every 30 days), MO
<b>fluticasone-salmeterol aer powder ba 500-50 mcg/act</b>	Tier 1	QL (1 package every 30 days), MO
<b>XANTHINES - DRUGS TO TREAT COPD</b>		
AMINOPHYLLINE SOLN 25mg/ml	MB	
<b>theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg</b>	Tier 1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS</b>		
<b>DERMATOLOGY, ACNE</b>		
<i>adapalene crea .1%; gel .1%, .3%</i>	Tier 1	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Tier 1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	Tier 1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 1	QL (47g every 30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Tier 1	QL (45g every 30 days)
<i>clindamycin phosphate (topical) foam 1%; swab 1%</i>	Tier 1	
<i>clindamycin phosphate (topical) gel 1%</i>	Tier 1	QL (75g every 30 days)
<i>clindamycin phosphate (topical) lotn 1%; soln 1%</i>	Tier 1	QL (60 mL every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Tier 1	QL (50g every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	Tier 1	QL (50g every 30 days)
<i>ery pads 2% (Ery)</i>	Tier 1	
<i>erythromycin (acne aid) gel 2%</i>	Tier 1	QL (60g every 30 days)
<i>erythromycin (acne aid) soln 2%</i>	Tier 1	QL (60 mL every 30 days)
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	Tier 1	PA
<i>sulfacetamide sodium (acne) lotn 10%</i>	Tier 1	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel .04%, .1%</i>	Tier 1	PA; PA applies for members age 35 and older
<b>DERMATOLOGY, ACTINIC KERATOSIS</b>		
<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>	Tier 1	
<i>imiquimod crea 5%</i>	Tier 1	
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	Tier 1	
<i>mupirocin oint 2%</i>	Tier 1	QL (30g every 30 days)
<i>silver sulfadiazine crea 1%</i>	Tier 1	
<i>ssd crea 1% (Ssd)</i>	Tier 1	
<i>SULFAMYLON CREA 85mg/gm (mafenide acetate)</i>	Tier 3	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox gel .77%</i>	Tier 1	QL (120g every 30 days)
<i>ciclopirox sham 1%</i>	Tier 1	QL (120 mL every 30 days)
<i>ciclopirox soln 8%</i>	Tier 1	
<i>ciclopirox olamine crea .77%</i>	Tier 1	QL (120g every 30 days)
<i>ciclopirox olamine susp .77%</i>	Tier 1	QL (120 mL every 30 days)
<i>clotrimazole (topical) crea 1%</i>	Tier 1	QL (120g every 30 days)
<i>clotrimazole (topical) soln 1%</i>	Tier 1	QL (120 mL every 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 1	QL (60g every 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Tier 1	QL (60 mL every 30 days)
<i>econazole nitrate crea 1%</i>	Tier 1	QL (60g every 30 days)
ERTACZO CREA 2% ( <i>sertaconazole nitrate</i> )	Tier 3	QL (60g every 30 days)
JUBLIA SOLN 10% ( <i>efinaconazole</i> )	Tier 3	PA, QL (4 mL every 28 days)
<i>ketoconazole (topical) crea 2%</i>	Tier 1	QL (120g every 30 days)
<i>naftifine hcl crea 1%, 2%</i>	Tier 1	QL (60g every 30 days)
<i>nyamyc powd 100000unit/gm</i> (Nyamyc)	Tier 1	QL (120g every 30 days)
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	Tier 1	QL (120g every 30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Tier 1	QL (60g every 30 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Tier 1	QL (60g every 30 days)
<i>nystop powd 100000unit/gm</i> (Nystop)	Tier 1	QL (120g every 30 days)
<i>oxiconazole nitrate crea 1%</i>	Tier 1	QL (60g every 30 days)
<i>sulconazole nitrate crea 1%</i>	Tier 1	QL (60g every 30 days)
<i>sulconazole nitrate soln 1%</i>	Tier 1	QL (60 mL every 30 days)
<b>DERMATOLOGY, ANTIPRURITIC</b>		
<i>doxepin hcl (antipruritic) crea 5%</i>	Tier 2	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	Tier 1	
<i>calcipotriene soln .005%</i>	Tier 1	ST, QL (60 mL every 30 days); PA**
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Tier 2	ST, QL (60g every 30 days); PA**
<i>calcitriol (topical) oint 3mcg/gm</i>	Tier 2	ST, QL (100g every 30 days); PA**
<i>methoxsalen rapid caps 10mg</i>	Tier 1	
<i>tazarotene crea .05%, .1%; gel .05%, .1%</i>	Tier 1	PA
ZORYVE CREA .3% ( <i>roflumilast (topical)</i> )	Tier 2	
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole (topical) sham 2%</i>	Tier 1	QL (120 mL every 30 days)
<i>selenium sulfide lotn 2.5%</i>	Tier 1	
<b>DERMATOLOGY, ATOPIC DERMATITIS</b>		
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml ( <i>dupilumab</i> )	MB	MO
EBGLYSS SOAJ 250mg/2ml; SOSY 250mg/2ml ( <i>lebrikizumab-lbkz</i> )	MB	MO
EUCRISA OINT 2% ( <i>crisaborole</i> )	Tier 2	ST, QL (60g every 30 days); PA**
<i>tacrolimus (topical) oint .03%, .1%</i>	Tier 2	ST; PA**
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort crea 1%</i> (Ala-cort)	Tier 1	QL (120g every 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>alclometasone dipropionate crea .05%; oint .05%</i>	Tier 1	QL (120g every 30 days)
<i>amcinonide oint .1%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate (topical) crea .05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate (topical) lotn .05%</i>	Tier 1	QL (120 mL every 30 days)
<i>betamethasone dipropionate augmented crea .05%; gel .05%; oint .05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate augmented lotn .05%</i>	Tier 1	QL (120 mL every 30 days)
<i>betamethasone valerate crea .1%; foam .12%; oint .1%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone valerate lotn .1%</i>	Tier 1	QL (120 mL every 30 days)
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate liqd .05%; lotn .05%; sham .05%; soln .05%</i>	Tier 1	QL (120 mL every 30 days)
<i>clobetasol propionate emo crea .05%</i> (Clobetasol Propionate Emo)	Tier 1	QL (120g every 30 days)
<i>clocortolone pivalate crea .1%</i>	Tier 2	QL (120g every 30 days)
<i>desonide crea .05%; oint .05%</i>	Tier 1	QL (120g every 30 days)
<i>desonide lotn .05%</i>	Tier 1	QL (120 mL every 30 days)
<i>desoximetasone crea .05%, .25%; gel .05%; oint .25%</i>	Tier 1	QL (120g every 30 days)
<i>diflorasone diacetate crea .05%; oint .05%</i>	Tier 2	QL (120g every 30 days)
<i>fluocinolone acetonide crea .01%, .025%; oint .025%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinolone acetonide oil .01%; soln .01%</i>	Tier 1	QL (120 mL every 30 days)
<i>fluocinonide crea .05%; gel .05%; oint .05%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinonide soln .05%</i>	Tier 1	QL (120 mL every 30 days)
<i>fluticasone propionate crea .05%; oint .005%</i>	Tier 1	QL (120g every 30 days)
<i>fluticasone propionate lotn .05%</i>	Tier 1	QL (120 mL every 30 days)
<i>halobetasol propionate crea .05%; oint .05%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone (topical) crea 1%, 2.5%; oint 2.5%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone (topical) lotn 2.5%</i>	Tier 1	QL (120 mL every 30 days)
<i>hydrocortisone butyrate crea .1%; oint .1%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone butyrate soln .1%</i>	Tier 1	QL (120 mL every 30 days)
<i>hydrocortisone valerate crea .2%; oint .2%</i>	Tier 1	QL (120g every 30 days)
<i>mometasone furoate crea .1%; oint .1%</i>	Tier 1	QL (120g every 30 days)
<i>mometasone furoate soln .1%</i>	Tier 1	QL (120 mL every 30 days)
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%</i>	Tier 1	QL (120g every 30 days)
<i>triamcinolone acetonide (topical) lotn .025%, .1%</i>	Tier 1	QL (120 mL every 30 days)
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine oint 5%</i>	Tier 1	QL (50g every 30 days)
<i>lidocaine ptch 5%</i>	Tier 1	PA, QL (90 patches every 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lidocaine hcl prsy 2%</i>	MB	
<i>lidocaine hcl soln 4%</i>	Tier 1	QL (50 mL every 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (30g every 30 days)
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>bexarotene (topical) gel 1%</i>	Tier 4	SP, PA
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	Tier 1	
<i>nitroglycerin (intra-anal) oint .4%</i>	Tier 1	
<i>penciclovir crea 1%</i>	Tier 1	
<i>podofilox gel .5%; soln .5%</i>	Tier 1	
<b>DERMATOLOGY, ROSACEA</b>		
<i>azelaic acid gel 15%</i>	Tier 1	
<i>brimonidine tartrate (topical) gel .33%</i>	Tier 1	PA
FINACEA FOAM 15% ( <i>azelaic acid</i> )	Tier 2	
<i>metronidazole (topical) crea .75%; gel .75%, 1%</i>	Tier 1	QL (60g every 30 days)
<i>metronidazole (topical) lotn .75%</i>	Tier 1	QL (60 mL every 30 days)
<b>DERMATOLOGY, SCABICIDES AND PEDICULICIDES</b>		
<i>crotan lotn 10%</i> (Crotan)	Tier 1	
<i>malathion lotn .5%</i>	Tier 1	
<i>permethrin crea 5%</i>	Tier 1	
<i>spinosad susp .9%</i>	Tier 1	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGANEX GEL .01% ( <i>becaplermin</i> )	Tier 3	PA, QL (30g every 30 days)
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl caps 30mg</i>	Tier 1	MO
<i>clotrimazole troc 10mg</i>	Tier 1	QL (90 lozenges every 30 days)
<i>lidocaine hcl (mouth-throat) soln 2%</i>	Tier 1	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	Tier 1	
<i>oralone dental paste pste .1%</i> (Oralone Dental Paste)	Tier 1	
ORAVIG TABS 50mg ( <i>miconazole (mouth-throat)</i> )	Tier 3	QL (14 tabs every 30 days)
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	Tier 1	MO
<i>triamcinolone acetonide (mouth) pste .1%</i>	Tier 1	
<b>OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR</b>		
<i>acetic acid (otic) soln 2%</i>	Tier 1	
<i>ciprofloxacin hcl (otic) soln .2%</i>	Tier 1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 1	
CORTISPORIN SUS -TC OTIC ( <i>neomycin-colistin-hc-thonzonium</i> )	Tier 3	
<i>fluocinolone acetonide (otic) oil .01%</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	

Sharp Health Plan Formulary Covered California and Individual & Family coverage directly from SHP 4 Tier May 2026

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
<i>ofloxacin (otic) soln .3%</i>	Tier 1	

## Index

<b>A</b>	
<b>abacavir sulfate</b> .....	28
<b>abacavir sulfate-lamivudine tab 600-300 mg</b> .	30
<b>abacavir-dolutegravir-lamivudine</b>	
see TRIUMEQ PD TAB .....	31
see TRIUMEQ TAB .....	31
<b>abaloparatide</b>	
see TYMLOS .....	69
<b>abemaciclib</b>	
see VERZENIO .....	42
<b>abiraterone acetate</b> .....	38
<b>abiraterone acetate micronized</b>	
see YONSA .....	39
<b>acalabrutinib maleate</b>	
see CALQUENCE .....	39
<b>acamprosate calcium</b> .....	52
<b>acarbose</b> .....	66
ACCU-CHEK BLOOD GLUCOSE TEST KITS .....	73
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS .....	73
ACCU-CHEK LIQ COMPACT .....	73
ACCU-CHEK LIQ GUIDE .....	73
<b>acebutolol hcl</b> .....	48
<b>acetaminophen w/ codeine soln 120-12 mg/5ml</b>	
.....	21
<b>acetaminophen w/ codeine tab 300-15 mg</b> ....	22
<b>acetaminophen w/ codeine tab 300-30 mg</b> ....	22
<b>acetaminophen w/ codeine tab 300-60 mg</b> ....	22
<b>acetazolamide</b> .....	50
<b>acetic acid (otic)</b> .....	101
<b>acetylcysteine</b> .....	96
<b>acitretin</b> .....	99
<b>acoltremon</b>	
see TRYPTYR .....	92
ACTEMRA .....	86
ACTEMRA ACTPEN .....	86
ACTIMMUNE.....	89
ACUVAIL .....	91
<b>acyclovir</b> .....	32
<b>adalimumab-adaz</b>	
see HYRIMOZ .....	86
see HYRIMOZ SENSOREADY CD/UC/ .....	86
see HYRIMOZ SENSOREADY PENS .....	86
see HYRIMOZ-PLAQ INJ PSORIASI .....	86
ADALIMUMAB-ADAZ.....	86
ADALIMUMAB-FKJP .....	86
<b>adapalene</b> .....	98
<b>adapalene-benzoyl peroxide gel 0.1-2.5%</b> .....	98
<b>adapalene-benzoyl peroxide gel 0.3-2.5%</b> .....	98
ADDYI.....	93
<b>adefovir dipivoxil</b> .....	33
ADEMPAS .....	51
<b>ado-trastuzumab emtansine</b>	
see KADCYLA.....	37
<b>adriamycin</b> .....	36
Adriamycin	
see <b>adriamycin</b> .....	36
ADULT RESPIRATORY MASK .....	96
AIMOVIG .....	62
AIRSUPRA AER 90-80MCG.....	97
AKYNZEO CAP 300-0.5 .....	79
<b>ala-cort</b> .....	99
Ala-cort	
see <b>ala-cort</b> .....	99
<b>albuterol sulfate</b> .....	94
<b>albuterol-budesonide</b>	
see AIRSUPRA AER 90-80MCG .....	97
<b>alclometasone dipropionate</b> .....	100
ALECENSA.....	39
<b>alectinib hcl</b>	
see ALECENSA.....	39
<b>alendronate sodium</b> .....	69
<b>alendronate sodium-cholecalciferol</b>	
see FOSAMAX + D TAB 70-2800.....	69
see FOSAMAX + D TAB 70-5600.....	69
<b>alfuzosin hcl</b> .....	82
<b>aliskiren fumarate</b> .....	50
<b>allopurinol</b> .....	21
<b>almotriptan malate</b> .....	62
ALOCRI.....	92
<b>alogliptin benzoate</b> .....	66
<b>alogliptin-metformin hcl tab 12.5-1000 mg</b> ....	66
<b>alogliptin-metformin hcl tab 12.5-500 mg</b> .....	66
<b>alosetron hcl</b> .....	80
<b>alpha1-proteinase inhibitor (human)</b>	
see PROLASTIN-C .....	93
<b>alprazolam</b> .....	52
see ALPRAZOLAM INTENSOL .....	52
ALPRAZOLAM INTENSOL.....	52
<b>altavera</b> .....	70
Altavera	

see <i>altavera</i> .....	70	<i>amlodipine besylate-benazepril hcl cap 2.5-10</i>	
ALVAIZ.....	85	<i>mg</i> .....	44
<i>alyacen 1/35</i> .....	70	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	
Alyacen 1/35		.....	44
see <i>alyacen 1/35</i> .....	70	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	
<i>alyacen 7/7/7</i> .....	70	.....	44
Alyacen 7/7/7		<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
see <i>alyacen 7/7/7</i> .....	70	.....	44
<i>amantadine hcl</i> .....	55	<i>amlodipine besylate-valsartan tab 10-160 mg</i>	45
<i>ambrisentan</i> .....	51	<i>amlodipine besylate-valsartan tab 10-320 mg</i>	45
<i>amcinonide</i> .....	100	<i>amlodipine besylate-valsartan tab 5-160 mg</i> ..	45
<i>amethyst</i> .....	70	<i>amlodipine besylate-valsartan tab 5-320 mg</i> ..	45
Amethyst		<i>amoxapine</i> .....	53
see <i>amethyst</i> .....	70	<i>amoxicillin</i> .....	35
<i>amikacin sulfat</i> .....	27	<i>amoxicillin &amp; k clavulanate for susp 200-28.5</i>	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	50	<i>mg/5ml</i> .....	35
<i>amiloride hcl</i> .....	50	<i>amoxicillin &amp; k clavulanate for susp 250-62.5</i>	
AMINOPHYLLINE.....	97	<i>mg/5ml</i> .....	35
<i>amiodarone hcl</i> .....	46	<i>amoxicillin &amp; k clavulanate for susp 400-57</i>	
<i>amitriptyline hcl</i> .....	53	<i>mg/5ml</i> .....	35
<i>amlodipine besylate</i> .....	49	<i>amoxicillin &amp; k clavulanate for susp 600-42.9</i>	
<i>amlodipine besylate-atorvastatin calcium tab</i>		<i>mg/5ml</i> .....	35
<i>10-10 mg</i> .....	49	<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i> ....	35
<i>amlodipine besylate-atorvastatin calcium tab</i>		<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> ....	35
<i>10-20 mg</i> .....	49	<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i> ....	35
<i>amlodipine besylate-atorvastatin calcium tab</i>		<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-</i>	
<i>10-40 mg</i> .....	49	<i>62.5 mg</i> .....	35
<i>amlodipine besylate-atorvastatin calcium tab</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
<i>10-80 mg</i> .....	49	<i>10 mg</i> .....	59
<i>amlodipine besylate-atorvastatin calcium tab</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
<i>2.5-10 mg</i> .....	49	<i>15 mg</i> .....	59
<i>amlodipine besylate-atorvastatin calcium tab</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
<i>2.5-20 mg</i> .....	49	<i>20 mg</i> .....	59
<i>amlodipine besylate-atorvastatin calcium tab</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
<i>2.5-40 mg</i> .....	49	<i>25 mg</i> .....	59
<i>amlodipine besylate-atorvastatin calcium tab 5-</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
<i>10 mg</i> .....	49	<i>30 mg</i> .....	59
<i>amlodipine besylate-atorvastatin calcium tab 5-</i>		<i>amphetamine-dextroamphetamine cap er 24hr</i>	
<i>20 mg</i> .....	49	<i>5 mg</i> .....	59
<i>amlodipine besylate-atorvastatin calcium tab 5-</i>		<i>amphetamine-dextroamphetamine tab 10 mg</i>	
<i>40 mg</i> .....	49	.....	60
<i>amlodipine besylate-atorvastatin calcium tab 5-</i>		<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	
<i>80 mg</i> .....	49	.....	60
<i>amlodipine besylate-benazepril hcl cap 10-20</i>		<i>amphetamine-dextroamphetamine tab 15 mg</i>	
<i>mg</i> .....	44	.....	60
<i>amlodipine besylate-benazepril hcl cap 10-40</i>		<i>amphetamine-dextroamphetamine tab 20 mg</i>	
<i>mg</i> .....	44	.....	60

<b>amphetamine-dextroamphetamine tab 30 mg</b>	60	<b>armodafinil</b> .....	64
.....	60	<b>arsenic trioxide</b> .....	42
<b>amphetamine-dextroamphetamine tab 5 mg</b>	60	<b>artemether-lumefantrine</b>	
<b>amphetamine-dextroamphetamine tab 7.5 mg</b>	60	see COARTEM TAB 20-120MG .....	28
.....	60	<b>asciminib hcl</b>	
<b>amphotericin b</b> .....	28	see SCEMBLIX .....	41
<b>ampicillin</b> .....	35	<b>asenapine maleate</b> .....	57
<b>ampicillin sodium</b> .....	35	<b>ashlyna</b> .....	70
<b>anagrelide hcl</b> .....	85	Ashlyna	
<b>anastrozole</b> .....	38	see <b>ashlyna</b> .....	70
ANNOVERA MIS .....	70	ASMANEX HFA .....	97
<b>apalutamide</b>		<b>aspirin ec adult low dose</b> .....	27
see ERLEADA .....	38	Aspirin Ec Adult Low Dose	
<b>apixaban</b>		see <b>aspirin ec adult low dose</b> .....	27
see ELIQUIS .....	84	<b>aspirin-dipyridamole cap er 12hr 25-200 mg</b> ...	85
see ELIQUIS 3X 0.5MG (1.5MG) .....	84	ASTAGRAF XL .....	89
see ELIQUIS 4X 0.5MG (2MG) .....	84	<b>atazanavir sulfate</b> .....	28
see ELIQUIS STARTER PACK .....	84	see REYATAZ .....	30
APOKYN .....	55	<b>atazanavir sulfate-cobicistat</b>	
<b>apomorphine hydrochloride</b>		see EVOTAZ TAB 300-150 .....	43
see APOKYN .....	55	<b>atenolol</b> .....	48
<b>apraclonidine hcl</b> .....	93	<b>atenolol &amp; chlorthalidone tab 100-25 mg</b> .....	48
see IOPIDINE .....	93	<b>atenolol &amp; chlorthalidone tab 50-25 mg</b> .....	48
<b>apremilast</b>		<b>atogepant</b>	
see OTEZLA .....	87	see QULIPTA .....	62
see OTEZLA TAB 10/20 .....	87	<b>atomoxetine hcl</b> .....	60
see OTEZLA TAB 10/20/30 .....	87	<b>atorvastatin calcium</b> .....	47
see OTEZLA XR .....	87	<b>atovaquone</b> .....	34
see OTEZLA/XR TAB 28 DAY .....	87	<b>atovaquone-proguanil hcl tab 250-100 mg</b> .....	28
<b>aprepitant</b> .....	79	<b>atovaquone-proguanil hcl tab 62.5-25 mg</b> .....	28
<b>aprepitant capsule therapy pack 80 &amp; 125 mg</b>	79	<b>atropine sulfate</b> .....	79
APRETUDE .....	28	<b>atropine sulfate (ophthalmic)</b> .....	92
<b>apri</b> .....	70	AUSTEDO .....	62
Apri		<b>avatrombopag maleate</b>	
see <b>apri</b> .....	70	see DOPTELET SPRINKLE .....	85
APTIVUS .....	28	see DOPTELET TAB 20MG (10 TABLETS) .....	85
<b>aranelle</b> .....	70	see DOPTELET TAB 20MG (15 TABLETS) .....	85
Aranelle		see DOPTELET TAB 20MG (30 TABLETS) .....	85
see <b>aranelle</b> .....	70	AVERI TAB .....	70
ARANESP ALBUMIN FREE .....	84	<b>aviane</b> .....	70
ARCALYST .....	89	Aviane	
<b>aripiprazole</b> .....	56	see <b>aviane</b> .....	70
<b>aripiprazole lauroxil</b>		<b>avidoxy</b> .....	36
see ARISTADA .....	56	Avidoxy	
see ARISTADA INITIO .....	57	see <b>avidoxy</b> .....	36
ARISTADA .....	56	<b>axitinib</b>	
ARISTADA INITIO .....	57	see INLYTA .....	40

<b>azacitidine</b> .....	37	<b>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</b> .....	44
AZASITE.....	91	<b>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</b> .....	44
<b>azathioprine</b> .....	89	<b>benazepril &amp; hydrochlorothiazide tab 20-25 mg</b> .....	44
<b>azelaic acid</b> .....	101	<b>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</b> .....	44
see FINACEA.....	101	<b>benazepril hcl</b> .....	44
<b>azelastine hcl</b> .....	94	<b>benralizumab</b>	
<b>azelastine hcl (ophth)</b> .....	92	see FASENRA PEN.....	97
<b>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</b> .....	94	<b>benzonatate</b> .....	95
<b>azithromycin</b> .....	33	<b>benzoyl peroxide-erythromycin gel 5-3%</b> .....	98
see ZITHROMAX.....	33	<b>benztropine mesylate</b> .....	55
<b>azithromycin (ophth)</b>		<b>bepotastine besilate</b> .....	92
see AZASITE.....	91	<b>besifloxacin hcl</b>	
AZSTARYS CAP 26.1-5.2.....	60	see BESIVANCE.....	91
AZSTARYS CAP 39.2-7.8.....	60	BESIVANCE.....	91
AZSTARYS CAP 52.3-10.....	60	<b>betaine anhy pow</b> .....	77
<b>aztreonam</b> .....	34	<b>betamethasone dipropionate (topical)</b> .....	100
<b>aztreonam lysine</b>		<b>betamethasone dipropionate augmented</b> .....	100
see CAYSTON.....	95	<b>betamethasone valerate</b> .....	100
<b>azurette</b> .....	70	BETASERON.....	63
Azurette		<b>betaxolol hcl</b> .....	48
see <b>azurette</b> .....	70	<b>betaxolol hcl (ophth)</b> .....	92
<b>B</b>		see BETOPTIC-S.....	92
<b>bacitracin (ophthalmic)</b> .....	91	<b>bethanechol chloride</b> .....	83
<b>bacitracin-polymyxin b ophth oint</b> .....	91	BETOPTIC-S.....	92
<b>bacitracin-polymyxin-neomycin-hc ophth oint 1%</b> .....	91	BEVESPI AER 9-4.8MCG.....	93
<b>baclofen</b> .....	63	<b>bexarotene</b> .....	42
<b>balsalazide disodium</b> .....	80	<b>bexarotene (topical)</b> .....	101
BARACLUDGE.....	33	BEYFORTUS.....	89
<b>baricitinib</b>		<b>bicalutamide</b> .....	38
see OLUMIANT.....	87	<b>bictegravir-emtricitabine-tenofovir alafenamide fumarate</b>	
BASAGLAR KWIKPEN.....	67	see BIKTARVY TAB.....	30
BASAGLAR TEMPO PEN.....	67	BIJUVA CAP 0.5-100.....	76
BAXDELA.....	79	BIJUVA CAP 1-100MG.....	76
<b>bcg live intravesical</b>		BIKTARVY TAB.....	30
see TICE BCG.....	38	<b>bimatoprost</b>	
<b>becaplermin</b>		see LUMIGAN.....	93
see REGRANEX.....	101	<b>binimetinib</b>	
<b>bedaquiline fumarate</b>		see MEKTOVI.....	41
see SIRTURO.....	32	<b>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</b>	
<b>belatacept</b>		see PEG-PREP KIT.....	81
see NULOJIX.....	89		
BELBUCA.....	27		
BELSOMRA.....	61		
<b>bempedoic acid</b>			
see NEXLETOL.....	46		

<b>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</b> .....	48	see ZUBSOLV SUB 1.4-0.36 .....	64
<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</b> .....	48	see ZUBSOLV SUB 11.4-2.9 .....	64
<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</b> .....	48	see ZUBSOLV SUB 2.9-0.71 .....	64
<b>bisoprolol fumarate</b> .....	48	see ZUBSOLV SUB 5.7-1.4 .....	64
<b>bleomycin sulfate</b> .....	36	see ZUBSOLV SUB 8.6-2.1 .....	64
<b>blood glucose calibration</b>		<b>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</b> .....	64
see ACCU-CHEK LIQ COMPACT .....	73	<b>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</b> .....	64
see ACCU-CHEK LIQ GUIDE .....	73	<b>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</b> .....	64
see BLOOD GLUCOSE CALIBRATION SOLUTION .....	73	<b>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</b> .....	64
BLOOD GLUCOSE CALIBRATION SOLUTION .....	73	<b>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</b> .....	64
<b>blood glucose monitoring supplies</b>		<b>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</b> .....	64
see ACCU-CHEK BLOOD GLUCOSE TEST KITS .....	73	<b>bupropion hcl</b> .....	53
<b>bosentan</b> .....	51	<b>bupropion hcl (smoking deterrent)</b> .....	65
BRAFTOVI .....	39	<b>bupirone hcl</b> .....	52
BREO ELLIPTA INH 100-25 .....	97	<b>busulfan</b> .....	36
BREO ELLIPTA INH 200-25 .....	97	<b>butoconazole nitrate (one dose)</b>	
BREO ELLIPTA INH 50-25MCG .....	97	see GYNAZOLE-1 .....	83
<b>breyna</b> .....	97	<b>butorphanol tartrate</b> .....	22
Breyna		<b>C</b>	
see <b>breyna</b> .....	97	CABENUVA SUS 400-600 .....	30
<b>brimonidine tartrate</b> .....	93	CABENUVA SUS 600-900 .....	30
<b>brimonidine tartrate (topical)</b> .....	101	<b>cabergoline</b> .....	77
<b>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</b> .....	92	CABOMETYX .....	39
<b>brinzolamide</b> .....	92	<b>cabotegravir</b>	
<b>brinzolamide-brimonidine tartrate</b>		see APRETUDE .....	28
see SIMBRINZA SUS 1-0.2% .....	92	<b>cabotegravir &amp; rilpivirine</b>	
<b>bromfenac sodium (ophth)</b> .....	91	see CABENUVA SUS 400-600 .....	30
<b>bromocriptine mesylate</b> .....	56	see CABENUVA SUS 600-900 .....	30
BRUKINSA .....	39	<b>cabozantinib s-malate</b>	
<b>budesonide</b> .....	80	see CABOMETYX .....	39
<b>budesonide (inhalation)</b> .....	97	see COMETRIQ .....	39
<b>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</b> .....	97	see COMETRIQ KIT 100MG .....	39
<b>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</b> .....	97	see COMETRIQ KIT 140MG .....	39
<b>bumetanide</b> .....	50	<b>calcipotriene</b> .....	99
<b>buprenorphine</b> .....	27	<b>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</b> .....	99
see SUBLOCADE .....	27	<b>calcitonin (salmon)</b> .....	69
<b>buprenorphine hcl</b> .....	27, 65	<b>calcitriol</b> .....	78
see BELBUCA .....	27	<b>calcitriol (topical)</b> .....	99
<b>buprenorphine hcl-naloxone hcl dihydrate</b>		<b>calcium acetate (phosphate binder)</b> .....	77
see ZUBSOLV SUB 0.7-0.18 .....	64		

<b>calcium, magnesium, potassium, &amp; sodium oxybates</b>	
see XYWAV SOL 0.5GM/ML .....	64
CALQUENCE .....	39
<b>camila</b> .....	70
Camila	
see <b>camila</b> .....	70
<b>camrese</b> .....	70
Camrese	
see <b>camrese</b> .....	70
<b>candesartan cilexetil</b> .....	46
<b>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</b> .....	45
<b>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</b> .....	45
<b>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</b> .....	45
<b>capecitabine</b> .....	37
<b>capivasertib</b>	
see TRUQAP .....	42
CAPRELSA .....	39
<b>captopril</b> .....	44
<b>carbamazepine</b> .....	58
<b>carbidopa</b> .....	56
<b>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</b> .....	56
<b>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</b> .....	56
<b>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</b> .....	56
<b>carbidopa &amp; levodopa tab 10-100 mg</b> .....	56
<b>carbidopa &amp; levodopa tab 25-100 mg</b> .....	56
<b>carbidopa &amp; levodopa tab 25-250 mg</b> .....	56
<b>carbidopa &amp; levodopa tab er 25-100 mg</b> .....	56
<b>carbidopa &amp; levodopa tab er 50-200 mg</b> .....	56
<b>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</b> .....	56
<b>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</b> .....	56
<b>carbidopa-levodopa-entacapone tabs 25-100-200 mg</b> .....	56
<b>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</b> .....	56
<b>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</b> .....	56
<b>carbidopa-levodopa-entacapone tabs 50-200-200 mg</b> .....	56
<b>carbinoxamine maleate</b> .....	94
<b>carboplatin</b> .....	43
CARDURA XL .....	82
<b>carglumic acid</b> .....	78
<b>cariprazine hcl</b>	
see VRAYLAR .....	57
<b>carisoprodol</b> .....	63
<b>carmustine</b> .....	36
<b>carmustine in polifeprosan</b>	
see GLIADEL WAF 7.7MG .....	36
<b>carteolol hcl (ophth)</b> .....	92
<b>cartia xt</b> .....	49
Cartia Xt	
see <b>cartia xt</b> .....	49
<b>carvedilol</b> .....	48
<b>carvedilol phosphate</b> .....	48
CAYA DPR .....	70
CAYSTON .....	95
<b>cefaclor</b> .....	32
<b>cefadroxil</b> .....	32
<b>cefazolin sodium</b> .....	32
<b>cefdinir</b> .....	32
<b>cefepime hcl</b> .....	32
<b>cefixime</b> .....	32
<b>cefpodoxime proxetil</b> .....	32
<b>cefprozil</b> .....	32
<b>ceftazidime</b> .....	33
<b>ceftriaxone sodium</b> .....	33
<b>cefuroxime axetil</b> .....	33
<b>celecoxib</b> .....	21
CELLCEPT .....	89
CELLCEPT INTRAVENOUS .....	89
<b>cenobamate</b>	
see XCOPRI .....	59
see XCOPRI PAK 100-150 .....	59
see XCOPRI PAK 12.5-25 .....	59
see XCOPRI PAK 150-200 .....	59
see XCOPRI PAK 50-100MG .....	59
<b>cephalexin</b> .....	33
CERDELGA .....	76
<b>ceritinib</b>	
see ZYKADIA .....	42
<b>certolizumab pegol</b>	
see CIMZIA .....	86
see CIMZIA STARTER KIT .....	86
<b>cervical caps</b>	
see FEMCAP MIS 22MM .....	71

see FEMCAP MIS 26MM .....	71	see ENFLONSIA .....	89
see FEMCAP MIS 30MM .....	71	CLIMARA PRO DIS WEEKLY .....	76
<b>cetirizine hcl (ophth)</b>		<b>clindamycin hcl</b> .....	34
see ZERVIAE .....	92	<b>clindamycin palmitate hydrochloride</b> .....	34
<b>cetuximab</b>		<b>clindamycin phosphate (topical)</b> .....	98
see ERBITUX .....	37	<b>clindamycin phosphate vaginal</b> .....	83
<b>cevimeline hcl</b> .....	101	see CLEOCIN .....	83
<b>chateal eq</b> .....	70	<b>clindamycin phosphate-benzoyl peroxide gel</b>	
Chateal Eq		<b>1.2-2.5%</b> .....	98
see <b>chateal eq</b> .....	70	<b>clindamycin phosphate-benzoyl peroxide gel 1-</b>	
CHEMET .....	70	<b>5%</b> .....	98
<b>chlorambucil</b>		<b>clindamycin phosph-benzoyl peroxide (refrig)</b>	
see LEUKERAN .....	36	<b>gel 1.2 (1)-5%</b> .....	98
<b>chloroquine phosphate</b> .....	28	<b>clobazam</b> .....	58
<b>chlorothiazide</b>		<b>clobetazol propionate</b> .....	100
see DIURIL .....	50	<b>clobetazol propionate emo</b> .....	100
<b>chlorpromazine hcl</b> .....	57	Clobetasol Propionate Emo	
<b>chlorthalidone</b> .....	50	see <b>clobetazol propionate emo</b> .....	100
<b>chlorzoxazone</b> .....	63	<b>clocortolone pivalate</b> .....	100
<b>cholestyramine</b> .....	46	<b>clofarabine</b> .....	37
<b>cholestyramine light</b> .....	46	<b>clomiphene citrate</b> .....	78
<b>choline fenofibrate</b> .....	47	<b>clomipramine hcl</b> .....	52
<b>ciclopirox</b> .....	98	<b>clonazepam</b> .....	58
<b>ciclopirox olamine</b> .....	98	<b>clonidine</b> .....	51
<b>cidofovir</b> .....	32	<b>clonidine hcl</b> .....	51
<b>cilostazol</b> .....	85	<b>clopidogrel bisulfate</b> .....	85
CIMDUO TAB 300-300 .....	31	<b>clorazepate dipotassium</b> .....	58
<b>cimetidine</b> .....	80	<b>clotrimazole</b> .....	101
CIMZIA .....	86	<b>clotrimazole (topical)</b> .....	98
CIMZIA STARTER KIT .....	86	<b>clotrimazole w/ betamethasone cream 1-0.05%</b>	
<b>cinacalcet hcl</b> .....	69	.....	99
CIPRO .....	33	<b>clotrimazole w/ betamethasone lotion 1-0.05%</b>	
<b>ciprofloxacin</b>		.....	99
see CIPRO .....	33	<b>clozapine</b> .....	57
<b>ciprofloxacin hcl</b> .....	33	COARTEM TAB 20-120MG .....	28
<b>ciprofloxacin hcl (ophth)</b> .....	91	<b>cobicistat</b>	
<b>ciprofloxacin hcl (otic)</b> .....	101	see TYBOST .....	30
<b>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</b>		<b>codeine sulfate</b> .....	22
.....	101	CODEINE SULFATE .....	22
<b>cisplatin</b> .....	43	<b>colchicine</b> .....	21
<b>citalopram hydrobromide</b> .....	53	<b>colchicine w/ probenecid tab 0.5-500 mg</b> .....	21
<b>cladribine</b> .....	37	<b>colestipol hcl</b> .....	46
<b>clarithromycin</b> .....	33	COMETRIQ .....	39
<b>clemastine fumarate</b> .....	94	COMETRIQ KIT 100MG .....	39
CLENPIQ SOL .....	80	COMETRIQ KIT 140MG .....	39
CLEOCIN .....	83	<b>compro</b> .....	79
<b>clesrovimab-cfor</b>		Compro	

see <i>compro</i> .....	79
<b>condoms - female</b>	
see FC2 FEMALE MIS CONDOM .....	71
<b>condoms latex lubricated - male</b>	
see TRUSTX NON-9 MIS RIB/STUD .....	73
<b>condoms latex non-lubricated - male</b>	
see TRUSTEX/RIA MIS NON-LUB .....	73
CONDOMS MIS .....	70
<b>condoms non-latex lubricated - male</b>	
see DUREX MIS REALFEEL .....	71
<b>conjugated estrogens-basedoxifene</b>	
see DUAVEE TAB 0.45-20.....	76
<b>continuous glucose system receiver</b>	
see DEXCOM G5 MIS RECEIVER .....	73
see DEXCOM G6 MIS RECEIVER .....	74
see DEXCOM G7 MIS RECEIVER .....	74
<b>continuous glucose system sensor</b>	
see DEXCOM G6 MIS SENSOR.....	74
see DEXCOM G7 MIS SENSOR.....	74
see DEXCOM G7 MIS SNSR 15D .....	74
<b>continuous glucose system transmitter</b>	
see DEXCOM G5 MIS TRANSMIT .....	73
see DEXCOM G6 MIS TRANSMIT .....	74
<b>copper (iud)</b>	
see MIUDELLA IUD COPPER.....	72
see PARAGARD IUD T380A .....	72
<b>corticotropin</b>	
see CORTROPHIN .....	77
CORTIFOAM.....	80
CORTISPORIN SUS -TC OTIC.....	101
CORTROPHIN .....	77
COSENTYX.....	86
COSENTYX SENSOREADY PEN .....	86
COSENTYX UNOREADY .....	86
CREON CAP 12000UNT.....	81
CREON CAP 24000UNT.....	81
CREON CAP 3000UNIT.....	81
CREON CAP 36000UNT.....	81
CREON CAP 6000UNIT.....	81
CRESEMBA.....	28
CRINONE.....	77
<b>crisaborole</b>	
see EUCRISA.....	99
<b>crizotinib</b>	
see XALKORI.....	42
<b>cromolyn sodium</b> .....	96
<b>cromolyn sodium (mastocytosis)</b> .....	81

<b>cromolyn sodium (ophth)</b> .....	92
<b>crotan</b> .....	101
Crotan	
see <i>crotan</i> .....	101
CUTAQUIG.....	88
<b>cyanocobalamin</b> .....	90
<b>cyclobenzaprine hcl</b> .....	63
<b>cyclophosphamide</b> .....	36
<b>cycloserine</b> .....	32
<b>cyclosporine</b> .....	89
see SANDIMMUNE.....	89
<b>cyclosporine (ophth)</b> .....	92
see RESTASIS MULTIDOSE .....	92
<b>cyclosporine modified (for microemulsion)</b> .....	89
see NEORAL.....	89
<b>cyproheptadine hcl</b> .....	94
CYSTAGON.....	77
CYSTARAN .....	92
<b>cysteamine bitartrate</b>	
see CYSTAGON.....	77
<b>cysteamine hcl</b>	
see CYSTARAN .....	92
<b>cytarabine</b> .....	37
<b>D</b>	
<b>dabigatran etexilate mesylate</b> .....	84
<b>dabrafenib mesylate</b>	
see TAFINLAR.....	41
<b>dacarbazine</b> .....	36
<b>dalfampridine</b> .....	63
<b>dalteparin sodium</b>	
see FRAGMIN.....	84
<b>danazol</b> .....	75
<b>dantrolene sodium</b> .....	63
<b>dapsone</b> .....	34
<b>darbepoetin alfa</b>	
see ARANESP ALBUMIN FREE .....	84
<b>darifenacin hydrobromide</b> .....	83
<b>darolutamide</b>	
see NUBEQA .....	38
<b>darunavir</b> .....	28
see PREZISTA .....	30
<b>darunavir-cobicistat</b>	
see PREZCOBIX TAB 675/150.....	31
see PREZCOBIX TAB 800-150 .....	31
<b>darunavir-cobicistat-emtricitabine-tenofovir     alafenamide</b>	
see SYMTUZA TAB.....	43

<b>dasatinib</b> .....	39	<b>dexamethasone sodium phosphate</b> .....	75
<b>dasetta 1/35</b> .....	70	<b>dexamethasone sodium phosphate (ophth)</b> ....	91
Dasetta 1/35		DEXCOM G5 MIS RECEIVER .....	73
see <b>dasetta 1/35</b> .....	70	DEXCOM G5 MIS TRANSMIT.....	73
<b>dasetta 7/7/7</b> .....	70	DEXCOM G6 MIS RECEIVER .....	74
Dasetta 7/7/7		DEXCOM G6 MIS SENSOR.....	74
see <b>dasetta 7/7/7</b> .....	70	DEXCOM G6 MIS TRANSMIT.....	74
<b>daunorubicin hcl</b> .....	36	DEXCOM G7 MIS RECEIVER .....	74
<b>decitabine</b> .....	37	DEXCOM G7 MIS SENSOR.....	74
<b>deferiprone</b> .....	70	DEXCOM G7 MIS SNSR 15D .....	74
see FERRIPROX.....	70	<b>dexmethylphenidate hcl</b> .....	60
see FERRIPROX TWICE-A-DAY .....	70	<b>dextrazoxane hcl</b> .....	43
<b>deflazacort</b> .....	65	<b>dextroamphetamine sulfate</b> .....	60
see EMFLAZA .....	65	<b>dextromethorphan hbr-quinidine sulfate</b>	
<b>delafloxacin meglumine</b>		see NUEDEXTA CAP 20-10MG.....	65
see BAXDELA.....	79	<b>diaphragm arc-spring</b>	
DELSTRIGO TAB.....	31	see CAYA DPR .....	70
<b>delyla</b> .....	70	<b>diaphragm wide seal</b>	
Delyla		see WIDE-SEAL SILICONE DIAPHR .....	73
see <b>delyla</b> .....	70	<b>diaphragms</b>	
<b>demeclocycline hcl</b> .....	36	see OMNIFLEX DPR .....	72
<b>denosumab</b>		<b>diazepam</b> .....	58
see PROLIA.....	69	<b>diazepam intensol</b> .....	58
<b>denosumab-bmwo</b>		Diazepam Intensol	
see STOBOCLO .....	69	see <b>diazepam intensol</b> .....	58
<b>denosumab-dssb</b>		<b>diclofenac potassium</b> .....	21
see OSPOMYV .....	69	<b>diclofenac sodium</b> .....	21
DEPO-ESTRADIOL.....	76	<b>diclofenac sodium (ophth)</b> .....	92
DEPO-MEDROL .....	75	<b>diclofenac w/ misoprostol tab delayed release</b>	
DEPO-SUBQ PROVERA 104 .....	70	<b>50-0.2 mg</b> .....	21
DESCOVY TAB 120-15MG .....	31	<b>diclofenac w/ misoprostol tab delayed release</b>	
DESCOVY TAB 200/25MG .....	31	<b>75-0.2 mg</b> .....	21
<b>desipramine hcl</b> .....	53	<b>dicloxacillin sodium</b> .....	35
<b>desloratadine</b> .....	94	<b>dicyclomine hcl</b> .....	79
<b>desmopressin acetate</b> .....	78	<b>difenoxin w/ atropine</b>	
<b>desmopressin acetate spray</b> .....	78	see MOTOFEN TAB 1-0.025 .....	79
<b>desmopressin acetate spray refrigerated</b> .....	78	DIFICID .....	33
<b>desogestrel-ethinyl estradiol &amp; iron</b>		<b>diflorasone diacetate</b> .....	100
see AVERI TAB.....	70	<b>diflunisal</b> .....	27
<b>desonide</b> .....	100	<b>difluprednate</b> .....	92
<b>desoximetasone</b> .....	100	<b>digoxin</b> .....	50
<b>desvenlafaxine succinate</b> .....	54	<b>dihydroergotamine mesylate</b> .....	61
<b>deutetrabenazine</b>		DILANTIN.....	58
see AUSTEDO .....	62	<b>diltiazem hcl</b> .....	49
<b>dexamethasone</b> .....	75	<b>diltiazem hcl coated beads</b> .....	49
see DEXAMETHASONE INTENSOL .....	75	<b>diltiazem hcl extended release beads</b> .....	49
DEXAMETHASONE INTENSOL .....	75	<b>dilt-xr</b> .....	49

Dilt-xr	
see <i>dilt-xr</i> .....	49
<i>dimethyl fumarate</i> .....	63
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> .....	63
DIPENTUM.....	80
<i>diphenhydramine hcl</i> .....	94
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> .....	79
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> .	79
<i>dipyridamole</i> .....	85
<i>disopyramide phosphate</i> .....	46
see NORPACE CR .....	46
<i>disulfiram</i> .....	52
DIURIL .....	50
<i>divalproex sodium</i> .....	58
<i>docetaxel</i> .....	43
<i>dofetilide</i> .....	46
<i>dolutegravir sodium</i>	
see TIVICAY .....	30
see TIVICAY PD.....	30
<i>dolutegravir sodium-lamivudine</i>	
see DOVATO TAB 50-300MG .....	31
<i>donepezil hydrochloride</i> .....	53
DOPTELET SPRINKLE.....	85
DOPTELET TAB 20MG (10 TABLETS).....	85
DOPTELET TAB 20MG (15 TABLETS).....	85
DOPTELET TAB 20MG (30 TABLETS).....	85
<i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>	
see DELSTRIGO TAB.....	31
<i>dorzolamide hcl</i> .....	92
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> .....	92
DOVATO TAB 50-300MG .....	31
<i>doxazosin mesylate</i> .....	82
<i>doxazosin mesylate (bph)</i>	
see CARDURA XL .....	82
<i>doxepin hcl</i> .....	54
<i>doxepin hcl (antipruritic)</i> .....	99
<i>doxercalciferol</i> .....	78
<i>doxorubicin hcl</i> .....	36
<i>doxorubicin hcl liposomal</i> .....	37
<i>doxy 100</i> .....	36
Doxy 100	
see <i>doxy 100</i> .....	36
<i>doxycycline (monohydrate)</i> .....	36
<i>doxycycline hyclate</i> .....	36
<i>dronabinol</i> .....	79
<i>dronedarone hcl</i>	
see MULTAQ.....	46
<i>drospirenone</i>	
see SLYND.....	73
<i>drospirenone-estetrol</i>	
see NEXTSTELLIS TAB 3-14.2MG .....	72
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> .	71
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> .	71
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> .....	70
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> .....	71
DROXIA.....	85
DUAVEE TAB 0.45-20 .....	76
<i>dulaglutide</i>	
see TRULICITY .....	67
<i>duloxetine hcl</i> .....	54
<i>dupilumab</i>	
see DUPIXENT .....	97, 99
DUPIXENT .....	97, 99
DUREX MIS REALFEEL.....	71
<i>dutasteride</i> .....	83
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> .....	83
<b>E</b>	
<i>e.e.s. 400</i> .....	33
E.e.s. 400	
see <i>e.e.s. 400</i> .....	33
EBGLYSS .....	99
<i>echothiophate iodide</i>	
see PHOSPHOLINE IODIDE.....	93
<i>econazole nitrate</i> .....	99
EDURANT .....	29
EDURANT PED .....	29
<i>efavirenz</i> .....	29
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> .....	31
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> .....	31
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> .....	31
EFFER-K .....	90
<i>efinaconazole</i>	
see JUBLIA .....	99
<i>elafibranor</i>	
see IQIRVO.....	81

<b>elagolix sodium</b>	
see ORILISSA .....	75
<b>elbasvir-grazoprevir</b>	
see ZEPATIER TAB 50-100MG .....	44
ELESTRIN .....	76
<b>eletriptan hydrobromide</b> .....	62
<b>elexacaftor-tezacaftor-ivacaftor</b>	
see TRIKAFTA PAK 59.5MG .....	96
see TRIKAFTA PAK 75MG .....	96
see TRIKAFTA TAB .....	96
ELIGARD .....	38
<b>eliglustat tartrate</b>	
see CERDELGA.....	76
<b>elinest</b> .....	71
Elinest	
see <b>elinest</b> .....	71
ELIQUIS.....	84
ELIQUIS 3X 0.5MG (1.5MG) .....	84
ELIQUIS 4X 0.5MG (2MG) .....	84
ELIQUIS STARTER PACK .....	84
<b>elite-ob</b> .....	90
Elite-ob	
see <b>elite-ob</b> .....	90
ELLA.....	71
ELMIRON .....	83
<b>eltrombopag choline</b>	
see ALVAIZ .....	85
<b>eluxadoline</b>	
see VIBERZI .....	80
<b>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</b>	
see GENVOYA TAB.....	31
EMFLAZA .....	65
EMGALITY .....	62
<b>emicizumab-kxwh</b>	
see HEMLIBRA.....	85
<b>empagliflozin</b>	
see JARDIANCE.....	69
<b>empagliflozin-linagliptin</b>	
see GLYXAMBI TAB 10-5 MG.....	69
see GLYXAMBI TAB 25-5 MG.....	69
<b>empagliflozin-metformin hcl</b>	
see SYNJARDY TAB .....	68
see SYNJARDY TAB 12.5-500 .....	68
see SYNJARDY TAB 5-1000MG .....	68
see SYNJARDY TAB 5-500MG .....	68
see SYNJARDY XR TAB .....	68
see SYNJARDY XR TAB 10-1000 .....	69
see SYNJARDY XR TAB 25-1000 .....	69
see SYNJARDY XR TAB 5-1000MG .....	69
EMSAM .....	54
<b>emtricitabine</b> .....	29
see EMTRIVA .....	29
<b>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</b>	
see ODEFSEY TAB.....	31
<b>emtricitabine-tenofovir alafenamide fumarate</b>	
see DESCOVY TAB 120-15MG .....	31
see DESCOVY TAB 200/25MG.....	31
<b>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</b> .....	31
<b>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</b> .....	31
<b>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</b> .....	31
<b>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</b> .....	31
EMTRIVA .....	29
EMVERM .....	27
<b>enalapril maleate</b> .....	44
<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</b> .....	44
<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b> .....	44
<b>enasidenib mesylate</b>	
see IDHIFA .....	42
ENBREL.....	86
ENBREL MINI .....	86
ENBREL SURECLICK .....	86
ENCARE .....	83
<b>encorafenib</b>	
see BRAFTOVI .....	39
<b>endocet tab 10-325mg</b> .....	22
<b>endocet tab 2.5-325</b> .....	22
<b>endocet tab 5-325mg</b> .....	22
<b>endocet tab 7.5-325</b> .....	22
ENFLONSA .....	89
<b>enfortumab vedotin-ejfv</b>	
see PADCEV .....	37
<b>enoxaparin sodium</b> .....	84
<b>enskyce</b> .....	71
Enskyce	
see <b>enskyce</b> .....	71
<b>entacapone</b> .....	56

<b>entecavir</b> .....	33	<b>escitalopram oxalate</b> .....	54
see BARACLUDE .....	33	<b>esomeprazole magnesium</b> .....	82
ENTRESTO CAP 15-16MG .....	50	<b>esterified estrogens</b>	
ENTRESTO CAP 6-6MG .....	50	see MENEST.....	77
ENTRESTO TAB 24-26MG .....	50	<b>estradiol</b> .....	76
ENTRESTO TAB 49-51MG .....	50	see ELESTRIN .....	76
ENTRESTO TAB 97-103MG.....	50	see EVAMIST.....	76
ENTYVIO .....	86	<b>estradiol &amp; norethindrone acetate tab 0.5-0.1</b>	
ENTYVIO PEN .....	86	<b>mg</b> .....	76
<b>enulose</b> .....	80	<b>estradiol &amp; norethindrone acetate tab 1-0.5 mg</b>	
Enulose		.....	76
see <b>enulose</b> .....	80	<b>estradiol cypionate</b>	
ENVARUSUS XR .....	89	see DEPO-ESTRADIOL.....	76
<b>enzalutamide</b>		<b>estradiol vaginal</b> .....	76
see XTANDI .....	39	see IMVEXXY MAINTENANCE PACK.....	76
EPCLUSA PAK 150-37.5.....	33	see IMVEXXY STARTER PACK .....	76
EPCLUSA PAK 200-50MG .....	33	<b>estradiol valerate</b> .....	76
EPCLUSA TAB 200-50MG .....	33	<b>estradiol valerate-dienogest</b>	
EPCLUSA TAB 400-100.....	34	see NATAZIA TAB .....	72
<b>epinastine hcl (ophth)</b> .....	92	<b>estradiol-levonorgestrel</b>	
<b>epinephrine (anaphylaxis)</b> .....	93	see CLIMARA PRO DIS WEEKLY .....	76
see EPIPEN 2-PAK.....	93	<b>estradiol-progesterone</b>	
EPIPEN 2-PAK.....	93	see BIJUVA CAP 0.5-100 .....	76
<b>eplerenone</b> .....	45	see BIJUVA CAP 1-100MG .....	76
<b>epoetin alfa-epbx</b>		<b>estrogens, conjugated</b> .....	76
see RETACRIT .....	85	<b>estrogens, conjugated vaginal</b>	
ERBITUX.....	37	see PREMARIN .....	77
<b>erenumab-aooe</b>		<b>eszopiclone</b> .....	61
see AIMOVIG.....	62	<b>etanercept</b>	
<b>ergocalciferol</b> .....	90	see ENBREL.....	86
<b>ergotamine w/ caffeine tab 1-100 mg</b> .....	61	see ENBREL MINI .....	86
ERIVEDGE .....	37	see ENBREL SURECLICK .....	86
ERLEADA.....	38	<b>ethacrynic acid</b> .....	50
<b>erlotinib hcl</b> .....	39	<b>ethambutol hcl</b> .....	32
<b>errin</b> .....	71	<b>ethionamide</b>	
Errin		see TRECATOR .....	32
see <b>errin</b> .....	71	<b>ethosuximide</b> .....	58
ERTACZO.....	99	<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1</b>	
<b>ertapenem sodium</b> .....	34	<b>mg-50 mcg</b> .....	71
<b>ery</b> .....	98	<b>etodolac</b> .....	21
Ery		<b>etonogestrel</b>	
see <b>ery</b> .....	98	see NEXPLANON .....	72
<b>erythromycin (acne aid)</b> .....	98	<b>etonogestrel-ethinyl estradiol va ring 0.12-0.015</b>	
<b>erythromycin (ophth)</b> .....	91	<b>mg/24hr</b> .....	71
<b>erythromycin base</b> .....	33	<b>etoposide</b> .....	43
<b>erythromycin ethylsuccinate</b> .....	33	<b>etrasimod arginine</b>	
ERZOFRI.....	57	see VELSIPIITY.....	88

<b>etravirine</b> .....	29	FIASP FLEXTOUCH .....	67
see INTELENCE .....	29	FIASP PENFILL .....	67
EUCRISA .....	99	FIASP PUMPCART .....	67
EVAMIST .....	76	<b>fidaxomicin</b> .....	33
<b>everolimus</b> .....	40	see DIFICID .....	33
<b>everolimus (immunosuppressant)</b> .....	89	<b>filgrastim-aafi</b>	
see ZORTRESS .....	89	see NIVESTYM .....	84
<b>evolocumab</b>		FINACEA .....	101
see REPATHA .....	48	<b>finasteride</b> .....	83
see REPATHA PUSHTRONEX SYSTEM .....	48	<b>finerenone</b>	
see REPATHA SURECLICK .....	48	see KERENDIA .....	45
EVOTAZ TAB 300-150 .....	43	<b>fingolimod hcl</b> .....	63
EVRYSDI .....	62	<b>flecainide acetate</b> .....	46
<b>exemestane</b> .....	38	<b>flibanserin</b>	
<b>ezetimibe</b> .....	47	see ADDYI .....	93
<b>ezetimibe-simvastatin tab 10-10 mg</b> .....	48	<b>fluconazole</b> .....	28
<b>ezetimibe-simvastatin tab 10-20 mg</b> .....	48	<b>fludarabine phosphate</b> .....	37
<b>ezetimibe-simvastatin tab 10-40 mg</b> .....	48	<b>fludrocortisone acetate</b> .....	75
<b>ezetimibe-simvastatin tab 10-80 mg</b> .....	48	<b>flunisolide (nasal)</b> .....	96
<b>F</b>		<b>fluocinolone acetonide</b> .....	100
<b>falmina</b> .....	71	<b>fluocinolone acetonide (otic)</b> .....	101
Falmina		<b>fluocinonide</b> .....	100
see <b>falmina</b> .....	71	<b>fluorouracil</b> .....	37
<b>famciclovir</b> .....	32	<b>fluorouracil (topical)</b> .....	98
<b>famotidine</b> .....	80	<b>fluoxetine hcl</b> .....	54
<b>famotidine in nacl 0.9% iv soln 20 mg/50ml</b> ...	80	<b>fluphenazine decanoate</b> .....	57
FASENRA PEN .....	97	<b>fluphenazine hcl</b> .....	57
FASTCLIX MIS LANCETS .....	74	<b>flurbiprofen</b> .....	21
FC2 FEMALE MIS CONDOM .....	71	<b>flurbiprofen sodium</b> .....	92
<b>febuxostat</b> .....	21	<b>fluticasone furoate (inhalation)</b> .....	97
<b>fecal microbiota spores, live-brpk</b>		<b>fluticasone furoate-vilanterol</b>	
see VOWST CAP .....	81	see BREO ELLIPTA INH 100-25 .....	97
<b>felbamate</b> .....	58	see BREO ELLIPTA INH 200-25 .....	97
<b>felodipine</b> .....	49	see BREO ELLIPTA INH 50-25MCG .....	97
FEMCAP MIS 22MM .....	71	<b>fluticasone propionate</b> .....	100
FEMCAP MIS 26MM .....	71	<b>fluticasone propionate (nasal)</b> .....	96
FEMCAP MIS 30MM .....	71	<b>fluticasone propionate hfa</b> .....	36
FEMLYV TAB 1/0.02MG .....	71	<b>fluticasone-salmeterol aer powder ba 100-50</b>	
<b>fenofibrate</b> .....	47	<b>mcg/act</b> .....	97
<b>fenofibrate micronized</b> .....	47	<b>fluticasone-salmeterol aer powder ba 250-50</b>	
<b>fentanyl</b> .....	22	<b>mcg/act</b> .....	97
FERRIPROX .....	70	<b>fluticasone-salmeterol aer powder ba 500-50</b>	
FERRIPROX TWICE-A-DAY .....	70	<b>mcg/act</b> .....	97
<b>fesoterodine fumarate</b> .....	83	<b>fluticasone-umeclidinium-vilanterol</b>	
FETZIMA .....	54	see TRELEGY AER 100MCG .....	93
FETZIMA CAP TITRATIO .....	54	see TRELEGY AER 200MCG .....	93
FIASP .....	67	<b>fluvastatin sodium</b> .....	47

<i>fluvoxamine maleate</i> .....	52	GENVOYA TAB .....	31
<i>folic acid</i> .....	85, 90	<i>glatiramer acetate</i> .....	63
<i>fondaparinux sodium</i> .....	84	<i>glatopa</i> .....	63
<i>formoterol fumarate</i> .....	94	Glatopa	
FOSAMAX + D TAB 70-2800 .....	69	see <i>glatopa</i> .....	63
FOSAMAX + D TAB 70-5600 .....	69	<i>glecaprevir-pibrentasvir</i>	
<i>fosamprenavir calcium</i> .....	29	see MAVYRET PAK 50-20MG .....	44
<i>fosfomycin tromethamine</i> .....	27	see MAVYRET TAB 100-40MG .....	44
<i>fosinopril sodium</i> .....	44	GLEOSTINE .....	36
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	44	GLIADEL WAF 7.7MG .....	36
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	44	<i>glimepiride</i> .....	69
<i>fosphenytoin sodium</i> .....	58	<i>glipizide</i> .....	69
FRAGMIN .....	84	<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	66
<i>fulvestrant</i> .....	38	<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....	66
<i>furosemide</i> .....	50	<i>glipizide-metformin hcl tab 5-500 mg</i> .....	66
FYLNETRA .....	84	<i>glucagon</i> .....	75
<b>G</b>		see GVOKE HYOPEN 1-PACK .....	75
<i>gabapentin</i> .....	58	see GVOKE KIT .....	75
<i>galantamine hydrobromide</i> .....	53	see GVOKE PFS.....	75
<i>galbriela</i> .....	71	<i>glucose blood</i>	
Galbriela		see ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	
see <i>galbriela</i> .....	71	.....	73
<i>galcanezumab-gnlm</i>		<i>glycopyrrolate</i> .....	79
see EMGALITY .....	62	<i>glycopyrrolate-formoterol fumarate</i>	
<i>ganciclovir ophthalmic</i>		see BEVESPI AER 9-4.8MCG .....	93
see ZIRGAN .....	91	GLYXAMBI TAB 10-5 MG .....	69
<i>gatifloxacin (ophth)</i> .....	91	GLYXAMBI TAB 25-5 MG .....	69
<i>gavilyte-c</i> .....	80	<i>golimumab</i>	
Gavilyte-c		see SIMPONI.....	87
see <i>gavilyte-c</i> .....	80	see SIMPONI ARIA.....	86
<i>gavilyte-g</i> .....	80	<i>goodsense aspirin</i> .....	27
Gavilyte-g		Goodsense Aspirin	
see <i>gavilyte-g</i> .....	80	see <i>goodsense aspirin</i> .....	27
GAZYVA .....	38	<i>goodsense nicotine polacr</i> .....	65
<i>gemcitabine hcl</i> .....	37	Goodsense Nicotine Polacr	
<i>gemfibrozil</i> .....	47	see <i>goodsense nicotine polacr</i> .....	65
<i>gemmily</i> .....	71	<i>granisetron</i>	
Gemmily		see SANCUSO.....	80
see <i>gemmily</i> .....	71	<i>granisetron hcl</i> .....	79
<i>gengraf</i> .....	89	<i>griseofulvin microsize</i> .....	28
Gengraf		<i>griseofulvin ultramicrosize</i> .....	28
see <i>gengraf</i> .....	89	<i>guaifenesin-codeine soln 100-10 mg/5ml</i> .....	95
<i>gentamicin sulfate</i> .....	27	<i>guanfacine hcl</i> .....	51
<i>gentamicin sulfate (ophth)</i> .....	91	<i>guanfacine hcl (adhd)</i> .....	60
<i>gentamicin sulfate (topical)</i> .....	98	<i>guselkumab</i>	
		see TREMFYA .....	88
		see TREMFYA PEN.....	88

<b><i>guselkumab (gastrointestinal)</i></b>	
see TREMFYA .....	86, 88
GVOKE HYPOPEN 1-PACK .....	75
GVOKE KIT .....	75
GVOKE PFS.....	75
GYNAZOLE-1 .....	83
<b>H</b>	
<b><i>halobetasol propionate</i></b> .....	100
<b><i>haloperidol</i></b> .....	57
<b><i>haloperidol decanoate</i></b> .....	57
<b><i>haloperidol lactate</i></b> .....	57
HARVONI PAK .....	34
HARVONI PAK 45-200MG .....	34
HARVONI TAB 45-200MG .....	34
HARVONI TAB 90-400MG .....	34
<b><i>heather</i></b> .....	71
Heather	
see <b><i>heather</i></b> .....	71
HEMLIBRA.....	85
<b><i>heparin sodium (porcine)</i></b> .....	84
<b><i>histrelin acetate (cpp)</i></b>	
see SUPPRELIN LA .....	70
HOLD CHAMBER MIS MEDIUM.....	96
HUMULIN INJ 70/30 .....	67
HUMULIN INJ 70/30KWP.....	67
HUMULIN N .....	67
HUMULIN N KWIKPEN.....	67
HUMULIN R .....	67
HUMULIN R U-500 (CONCENTR .....	67
HUMULIN R U-500 KWIKPEN .....	67
<b><i>hydralazine hcl</i></b> .....	51
<b><i>hydrochlorothiazide</i></b> .....	50
<b><i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i></b> .....	95
<b><i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i></b> .....	95
<b><i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i></b> .....	23
<b><i>hydrocodone-acetaminophen tab 10-325 mg</i></b> .	23
<b><i>hydrocodone-acetaminophen tab 2.5-325 mg</i></b>	23
<b><i>hydrocodone-acetaminophen tab 5-325 mg</i></b> ...	23
<b><i>hydrocodone-acetaminophen tab 7.5-325 mg</i></b>	23
<b><i>hydrocodone-ibuprofen tab 10-200 mg</i></b> .....	23
<b><i>hydrocortisone</i></b> .....	75
<b><i>hydrocortisone (intrarectal)</i></b> .....	80
<b><i>hydrocortisone (rectal)</i></b> .....	82
<b><i>hydrocortisone (topical)</i></b> .....	100

<b><i>hydrocortisone acetate (intrarectal)</i></b>	
see CORTIFOAM.....	80
<b><i>hydrocortisone butyrate</i></b> .....	100
<b><i>hydrocortisone sod succinate</i></b> .....	75
see SOLU-CORTEF .....	75
<b><i>hydrocortisone valerate</i></b> .....	100
<b><i>hydrocortisone w/ acetic acid otic soln 1-2%</i></b> .	101
<b><i>hydromet</i></b> .....	95
Hydromet	
see <b><i>hydromet</i></b> .....	95
<b><i>hydromorphone hcl</i></b> .....	23
<b><i>hydroxychloroquine sulfate</i></b> .....	88
<b><i>hydroxyurea</i></b> .....	42
<b><i>hydroxyurea (sickle cell disease)</i></b>	
see DROXIA.....	85
<b><i>hydroxyzine hcl</i></b> .....	94
<b><i>hydroxyzine pamoate</i></b> .....	94
HYRIMOZ.....	86
HYRIMOZ SENSOREADY CD/UC/ .....	86
HYRIMOZ SENSOREADY PENS.....	86
HYRIMOZ-PLAQ INJ PSORIASI .....	86
<b>I</b>	
<b><i>ibalizumab-uiyk</i></b>	
see TROGARZO .....	30
<b><i>ibandronate sodium</i></b> .....	69
<b><i>ibrutinib</i></b>	
see IMBRUVICA.....	40
IBTROZI .....	40
<b><i>ibuprofen</i></b> .....	21
<b><i>icatibant acetate</i></b> .....	88
<b><i>icosapent ethyl</i></b>	
see VASCEPA.....	48
<b><i>idarubicin hcl</i></b> .....	37
<b><i>idelalisib</i></b>	
see ZYDELIG .....	42
IDHIFA .....	42
<b><i>ifosfamide</i></b> .....	36
ILEVRO .....	92
<b><i>iloprost</i></b>	
see VENTAVIS .....	52
<b><i>imatinib mesylate</i></b> .....	40
IMBRUVICA.....	40
<b><i>imipramine hcl</i></b> .....	54
<b><i>imipramine pamoate</i></b> .....	54
<b><i>imiquimod</i></b> .....	98
<b><i>immune globulin (human)-hipp</i></b>	
see CUTAQUIG .....	88

IMVEXXY MAINTENANCE PACK.....	76	see TWIIST KIT REFILL.....	74
IMVEXXY STARTER PACK .....	76	see TWIIST KIT STARTER .....	74
<b>inatal gt</b> .....	90	see TWIIST REFIL KIT INFUSION .....	74
Inatal Gt		<b>insulin nph (human) (isophane)</b>	
see <b>inatal gt</b> .....	90	see HUMULIN N .....	67
<b>inavalisib</b>		see HUMULIN N KWIKPEN.....	67
see ITOVEBI.....	40	see NOVOLIN N.....	68
INBRIJA.....	56	see NOVOLIN N FLEXPEN.....	68
INCRELEX .....	77	<b>insulin nph isophane &amp; reg (human)</b>	
<b>indapamide</b> .....	50	see HUMULIN INJ 70/30.....	67
<b>injection device</b>		see HUMULIN INJ 70/30KWP.....	67
see NORDIPEN 5 MIS DEVICE.....	76	see NOVOLIN INJ 70/30.....	68
see NORDIPEN DEL MIS SYSTEM.....	76	see NOVOLIN INJ 70/30 FP .....	68
INLYTA.....	40	<b>insulin pen needle</b>	
<b>insulin aspart</b>		see INSULIN PEN NEEDLES.....	74
see NOVOLOG.....	68	see NOVOFINE PEN NEEDLES.....	74
see NOVOLOG FLEXPEN.....	68	INSULIN PEN NEEDLES .....	74
see NOVOLOG PENFILL.....	68	INSULIN PEN NEEDLES/SYRINGES .....	74
<b>insulin aspart (with niacinamide)</b>		<b>insulin regular (human)</b>	
see FIASP .....	67	see HUMULIN R .....	67
see FIASP FLEXTOUCH .....	67	see HUMULIN R U-500 (CONCENTR.....	67
see FIASP PENFILL .....	67	see HUMULIN R U-500 KWIKPEN.....	67
see FIASP PUMPCART .....	67	see NOVOLIN R .....	68
<b>insulin aspart protamine &amp; aspart (human)</b>		see NOVOLIN R FLEXPEN .....	68
see NOVOLOG MIX INJ 70/30 .....	68	<b>insulin syringe/needle u-100</b>	
see NOVOLOG MIX INJ FLEXPEN .....	68	see INSULIN PEN NEEDLES/SYRINGES .....	74
<b>insulin degludec</b>		INTELENCE.....	29
see TRESIBA .....	68	<b>interferon alfa-2b</b>	
see TRESIBA FLEXTOUCH .....	68	see INTRON A .....	43
<b>insulin degludec-liraglutide</b>		<b>interferon beta-1b</b>	
see XULTOPHY INJ 100/3.6 .....	67	see BETASERON .....	63
<b>insulin glargine</b>		<b>interferon gamma-1b</b>	
see BASAGLAR KWIKPEN .....	67	see ACTIMMUNE.....	89
see BASAGLAR TEMPO PEN .....	67	INTRAROSA.....	77
<b>insulin glargine-lixisenatide</b>		INTRON A .....	43
see SOLIQUA INJ 100/33.....	67	<b>introvale</b> .....	71
INSULIN GLARGINE-YFGN.....	67	Introvale	
<b>insulin infusion disposable pump</b>		see <b>introvale</b> .....	71
see OMNIPOD 5 DX KIT INT G7G6.....	74	IOPIDINE.....	93
see OMNIPOD 5 DX MIS POD G7G6 .....	74	<b>ipratropium bromide</b> .....	94
see OMNIPOD 5 G7 KIT INTRO.....	74	<b>ipratropium bromide (nasal)</b> .....	94
see OMNIPOD 5 G7 MIS PODS.....	74	<b>ipratropium-albuterol nebu soln 0.5-2.5(3)</b>	
see OMNIPOD DASH KIT INTRO .....	74	<b>mg/3ml</b> .....	93
see OMNIPOD DASH KIT PDM.....	74	IQIRVO .....	81
see OMNIPOD DASH MIS PODS .....	74	<b>irbesartan</b> .....	46
see OMNIPOD MIS CLASSIC.....	74	<b>irbesartan-hydrochlorothiazide tab 150-12.5 mg</b>	
see OMNIPOD PDM KIT CLASSIC.....	74	.....	45

<b>irbesartan-hydrochlorothiazide tab 300-12.5 mg</b>	45	see <b>junel 1/20</b> .....	71
.....	45	<b>junel fe 1.5/30</b> .....	71
<b>irinotecan hcl</b> .....	43	Junel Fe 1.5/30	
<b>isavuconazonium sulfate</b>		see <b>junel fe 1.5/30</b> .....	71
see CRESEMBA.....	28	<b>junel fe 1/20</b> .....	71
ISENTRESS.....	29	Junel Fe 1/20	
ISENTRESS HD.....	29	see <b>junel fe 1/20</b> .....	71
<b>isocarboxazid</b>		<b>junel fe 24</b> .....	71
see MARPLAN.....	54	Junel Fe 24	
<b>isoniazid</b> .....	32	see <b>junel fe 24</b> .....	71
<b>isosorbide dinitrate</b> .....	51	<b>K</b>	
<b>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</b>	50	KADCYLA.....	37
.....	50	KALETRA SOL.....	31
<b>isosorbide mononitrate</b> .....	51	KALYDECO.....	95
<b>isotretinoin</b> .....	98	<b>kariva</b> .....	71
<b>isradipine</b> .....	49	Kariva	
ITOVEBI.....	40	see <b>kariva</b> .....	71
<b>itraconazole</b> .....	28	<b>kelnor 1/35</b> .....	71
<b>ivacaftor</b>		Kelnor 1/35	
see KALYDECO.....	95	see <b>kelnor 1/35</b> .....	71
<b>ivermectin</b> .....	27	KERENDIA.....	45
<b>ixekizumab</b>		KESIMPTA.....	63
see TALTZ.....	88	<b>ketoconazole (topical)</b> .....	99
<b>J</b>		<b>ketorolac tromethamine</b> .....	21
JAKAFI.....	40	<b>ketorolac tromethamine (ophth)</b> .....	92
<b>jantoven</b> .....	84	see ACUVAIL.....	91
Jantoven		KEVZARA.....	86
see <b>jantoven</b> .....	84	KEYTRUDA.....	37
JANUMET TAB 50-1000.....	66	KISQALI.....	40
JANUMET TAB 50-500MG.....	66	<b>klor-con m15</b> .....	90
JANUMET XR TAB 100-1000.....	66	Klor-con M15	
JANUMET XR TAB 50-1000.....	66	see <b>klor-con m15</b> .....	90
JANUMET XR TAB 50-500MG.....	66	<b>kurvelo</b> .....	71
JANUVIA.....	66	Kurvelo	
JARDIANCE.....	69	see <b>kurvelo</b> .....	71
<b>jinteli</b> .....	76	KYLEENA.....	71
Jinteli		<b>L</b>	
see <b>jinteli</b> .....	76	<b>labetalol hcl</b> .....	48
<b>jolessa</b> .....	71	<b>lacosamide</b> .....	58
Jolessa		<b>lactic acid (ammonium lactate)</b> .....	101
see <b>jolessa</b> .....	71	<b>lactic acid-citric acid-potassium bitartrate</b>	
JUBLIA.....	99	see PHEXX GEL.....	83
<b>junel 1.5/30</b> .....	71	see PHEXXI GEL.....	83
Junel 1.5/30		<b>lactulose</b> .....	81
see <b>junel 1.5/30</b> .....	71	LAGEVRIO.....	44
<b>junel 1/20</b> .....	71	<b>lamivudine</b> .....	29
Junel 1/20		<b>lamivudine (hbv)</b> .....	33

<b>lamivudine-tenofovir disoproxil fumarate</b>	
see CIMDUO TAB 300-300 .....	31
<b>lamivudine-zidovudine tab 150-300 mg</b> .....	31
<b>lamotrigine</b> .....	58
<b>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</b> .....	58
<b>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</b> .....	58
<b>lanadelumab-flyo</b>	
see TAKHZYRO .....	88
<b>lancets</b>	
see FASTCLIX MIS LANCETS.....	74
see LANCETS .....	74
LANCETS .....	74
<b>lancets misc.</b>	
see ACCU-CHEK BLOOD GLUCOSE TEST KITS	73
<b>lanreotide acetate</b>	
see SOMATULINE DEPOT.....	66
<b>lansoprazole</b> .....	82
<b>lapatinib ditosylate</b> .....	40
<b>larin 1.5/30</b> .....	71
Larin 1.5/30	
see <b>larin 1.5/30</b> .....	71
<b>larotrectinib sulfate</b>	
see VITRAKVI.....	42
<b>latanoprost</b> .....	93
<b>lebrikizumab-lbkz</b>	
see EBGLYSS.....	99
<b>ledipasvir-sofosbuvir</b>	
see HARVONI PAK .....	34
see HARVONI PAK 45-200MG .....	34
see HARVONI TAB 45-200MG .....	34
see HARVONI TAB 90-400MG .....	34
<b>leflunomide</b> .....	88
<b>lenacapavir sodium</b>	
see YEZTUGO .....	30
<b>lenalidomide</b>	
see REVLIMID.....	38
<b>lenvatinib mesylate</b>	
see LENVIMA 10 MG DAILY DOSE .....	40
see LENVIMA 12MG DAILY DOSE .....	41
see LENVIMA 20 MG DAILY DOSE .....	41
see LENVIMA 4 MG DAILY DOSE .....	40
see LENVIMA 8 MG DAILY DOSE .....	40
see LENVIMA CAP 14 MG .....	41
see LENVIMA CAP 18 MG .....	41
see LENVIMA CAP 24 MG .....	41
LENVIMA 10 MG DAILY DOSE .....	40
LENVIMA 12MG DAILY DOSE.....	41
LENVIMA 20 MG DAILY DOSE .....	41
LENVIMA 4 MG DAILY DOSE .....	40
LENVIMA 8 MG DAILY DOSE .....	40
LENVIMA CAP 14 MG .....	41
LENVIMA CAP 18 MG .....	41
LENVIMA CAP 24 MG .....	41
<b>lessina</b> .....	71
Lessina	
see <b>lessina</b> .....	71
<b>letrozole</b> .....	38
<b>leucovorin calcium</b> .....	43
LEUKERAN .....	36
<b>leuprolide acetate</b> .....	38
see ELIGARD .....	38
<b>leuprolide acetate (3 month)</b>	
see ELIGARD .....	38
<b>leuprolide acetate (4 month)</b>	
see ELIGARD .....	38
<b>leuprolide acetate (6 month)</b>	
see ELIGARD .....	38
<b>leuprolide acetate (cpp)</b>	
see LUPRON DEPOT-PED (1-MONTH.....	70
<b>leuprolide acetate (cpp) (3 month)</b>	
see LUPRON DEPOT-PED (3-MONTH.....	70
<b>leuprolide acetate (cpp) (6 month)</b>	
see LUPRON DEPOT-PED (6-MONTH.....	70
<b>levalbuterol hcl</b> .....	94
<b>levalbuterol tartrate</b> .....	95
<b>levetiracetam</b> .....	58
<b>levetiracetam in sodium chloride iv soln 1000 mg/100ml</b> .....	58
<b>levetiracetam in sodium chloride iv soln 1500 mg/100ml</b> .....	58
<b>levetiracetam in sodium chloride iv soln 500 mg/100ml</b> .....	58
<b>levobunolol hcl</b> .....	92
<b>levocetirizine dihydrochloride</b> .....	94
<b>levodopa</b>	
see INBRIJA.....	56
<b>levofloxacin</b> .....	33
<b>levomilnacipran hcl</b>	
see FETZIMA .....	54
see FETZIMA CAP TITRATIO .....	54
<b>levonest</b> .....	71
Levonest	

see <i>levonest</i> .....	71	<i>lithium carbonate</i> .....	62
<i>levonorgestrel &amp; eth estradiol</i>		LO LOESTRIN TAB 1-10-10 .....	72
see TYBLUME CHW 0.1-0.02 .....	73	<i>lofexidine hcl</i> .....	65
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab</i>		<i>lomustine</i> .....	36
<i>0.15-0.03 mg</i> .....	71	see GLEOSTINE.....	36
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20</i>		<i>loperamide hcl</i> .....	79
<i>mcg</i> .....	72	<i>lopinavir-ritonavir</i>	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-</i>		see KALETRA SOL .....	31
<i>30 mcg</i> .....	72	<i>lopinavir-ritonavir tab 100-25 mg</i> .....	31
<i>levonorgestrel (iud)</i>		<i>lopinavir-ritonavir tab 200-50 mg</i> .....	31
see KYLEENA .....	71	<i>lorazepam</i> .....	52
see LILETTA .....	72	LORBRENA.....	41
see MIRENA .....	72	<i>lorlatinib</i>	
see SKYLA.....	73	see LORBRENA .....	41
<i>levonorgestrel-ethinyl estradiol</i>		<i>loryna</i> .....	72
see TWIRLA DIS 120-30 .....	73	Loryna	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-</i>		see <i>loryna</i> .....	72
<i>20 mcg (21)</i> .....	72	<i>losartan potassium</i> .....	46
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est</i>		<i>losartan potassium &amp; hydrochlorothiazide tab</i>	
<i>tab 0.01mg(7)</i> .....	71	<i>100-12.5 mg</i> .....	45
<i>levothyroxine sodium</i> .....	78	<i>losartan potassium &amp; hydrochlorothiazide tab</i>	
see SYNTHROID .....	78	<i>100-25 mg</i> .....	45
<i>levoxyl</i> .....	78	<i>losartan potassium &amp; hydrochlorothiazide tab</i>	
Levoxyl		<i>50-12.5 mg</i> .....	45
see <i>levoxyl</i> .....	78	<i>loteprednol etabonate</i> .....	92
<i>lidocaine</i> .....	100	<i>lovastatin</i> .....	47
<i>lidocaine hcl</i> .....	101	<i>low-ogestrel</i> .....	72
<i>lidocaine hcl (cardiac)</i> .....	46	Low-ogestrel	
<i>lidocaine hcl (local anesth.)</i> .....	27	see <i>low-ogestrel</i> .....	72
<i>lidocaine hcl (mouth-throat)</i> .....	101	<i>loxapine succinate</i> .....	57
<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	101	<i>lubiprostone</i> .....	80
LILETTA.....	72	<i>lumacaftor-ivacaftor</i>	
<i>linaclotide</i>		see ORKAMBI GRA 100-125 .....	95
see LINZESS.....	80	see ORKAMBI GRA 150-188.....	95
<i>linezolid</i> .....	34	see ORKAMBI GRA 75-94MG .....	95
LINZESS.....	80	see ORKAMBI TAB 100-125 .....	95
<i>liothyronine sodium</i> .....	78	see ORKAMBI TAB 200-125 .....	95
<i>liraglutide</i> .....	67	LUMIGAN .....	93
<i>lisdexamphetamine dimesylate</i> .....	61	LUPRON DEPOT-PED (1-MONTH.....	70
<i>lisinopril</i> .....	45	LUPRON DEPOT-PED (3-MONTH.....	70
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>		LUPRON DEPOT-PED (6-MONTH.....	70
.....	44	<i>lurasidone hcl</i> .....	57
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>		<i>lutera</i> .....	72
.....	44	Lutera	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>		see <i>lutera</i> .....	72
.....	44	LYNPARZA.....	42
LITFULO .....	86	LYSODREN .....	38
<i>lithium</i> .....	62		

<b>M</b>	
<b>macitentan</b>	
see OPSUMIT .....	51
<b>mafenide acetate</b>	
see SULFAMYLON.....	98
<b>magnesium sulfate</b> .....	90
<b>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</b> .....	90
<b>malathion</b> .....	101
<b>maraviroc</b> .....	29
see SELZENTRY .....	30
<b>marlissa</b> .....	72
Marlissa	
see <b>marlissa</b> .....	72
MARPLAN .....	54
MATULANE .....	36
<b>matzim la</b> .....	49
Matzim La	
see <b>matzim la</b> .....	49
MAVYRET PAK 50-20MG .....	44
MAVYRET TAB 100-40MG .....	44
<b>mebendazole</b>	
see EMVERM.....	27
<b>mecasermin</b>	
see INCRELEX .....	77
<b>meclizine hcl</b> .....	79
<b>meclofenamate sodium</b> .....	21
MEDROL .....	75
<b>medroxyprogesterone acetate</b> .....	77
<b>medroxyprogesterone acetate (contraceptive)</b>	
.....	72
see DEPO-SUBQ PROVERA 104 .....	70
<b>mefenamic acid</b> .....	21
<b>mefloquine hcl</b> .....	28
<b>megestrol acetate</b> .....	38, 77
<b>megestrol acetate (appetite)</b> .....	77
MEKINIST.....	41
MEKTOVI .....	41
<b>meloxicam</b> .....	21
<b>melphalan hcl</b> .....	36
<b>memantine hcl</b> .....	53
<b>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</b> .....	53
MENEST .....	77
<b>mepolizumab</b>	
see NUCALA .....	97
<b>meprobamate</b> .....	52
<b>mercaptapurine</b> .....	37
<b>meropenem</b> .....	34
<b>mesalamine</b> .....	80
<b>mesna</b> .....	43
<b>metaxalone</b> .....	63
<b>metformin hcl</b> .....	66
<b>methadone hcl</b> .....	23, 24
<b>methadone hydrochloride i</b> .....	24
Methadone Hydrochloride I	
see <b>methadone hydrochloride i</b> .....	24
<b>methadose</b> .....	24
Methadose	
see <b>methadose</b> .....	24
<b>methamphetamine hcl</b> .....	61
<b>methazolamide</b> .....	50
<b>methenamine hippurate</b> .....	34
<b>methimazole</b> .....	78
<b>methocarbamol</b> .....	63
<b>methotrexate sodium</b> .....	37, 88
<b>methoxsalen rapid</b> .....	99
<b>methoxy polyethylene glycol-epoetin beta</b>	
see MIRCERA .....	84
<b>methscopolamine bromide</b> .....	79
<b>methsuximide</b> .....	58
<b>methyl dopa</b> .....	51
<b>methylphenidate hcl</b> .....	61
<b>methylprednisolone</b> .....	75
see MEDROL .....	75
<b>methylprednisolone acetate</b> .....	75
see DEPO-MEDROL .....	75
<b>methylprednisolone sod succ</b> .....	75
see SOLU-MEDROL.....	75
<b>methyltestosterone</b> .....	27
<b>metoclopramide hcl</b> .....	79
<b>metolazone</b> .....	50
<b>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</b> .....	48
<b>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</b> .....	48
<b>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</b>	
.....	48
<b>metoprolol succinate</b> .....	48
<b>metoprolol tartrate</b> .....	48
<b>metreleptin</b>	
see MYALEPT .....	78
<b>metronidazole</b> .....	34
<b>metronidazole (topical)</b> .....	101

<b>metronidazole vaginal</b> .....	83	<b>moxifloxacin hcl (ophth)</b> .....	91
<b>miconazole (mouth-throat)</b>		MULTAQ.....	46
see ORAVIG.....	101	<b>mupirocin</b> .....	98
<b>miconazole 3</b> .....	83	MYALEPT.....	78
Miconazole 3		<b>mycophenolate mofetil</b> .....	89
see <b>miconazole 3</b> .....	83	see CELLCEPT.....	89
<b>microgestin 1.5/30</b> .....	72	<b>mycophenolate mofetil hcl</b> .....	89
Microgestin 1.5/30		see CELLCEPT INTRAVENOUS.....	89
see <b>microgestin 1.5/30</b> .....	72	<b>mycophenolate sodium</b> .....	89
<b>midazolam (anticonvulsant)</b>		see MYFORTIC.....	89
see NAYZILAM.....	58	MYFORTIC.....	89
<b>midodrine hcl</b> .....	51	<b>N</b>	
<b>midostaurin</b>		<b>nabumetone</b> .....	21
see RYDAPT.....	41	<b>nadolol</b> .....	48
<b>miglitol</b> .....	66	<b>nafarelin acetate</b>	
<b>mimvey</b> .....	77	see SYNAREL.....	75
Mimvey		<b>naftifine hcl</b> .....	99
see <b>mimvey</b> .....	77	<b>nalbuphine hcl</b> .....	24
<b>minocycline hcl</b> .....	36	<b>naloxegol oxalate</b>	
<b>minoxidil</b> .....	51	see MOVANTIK.....	81
MIRCERA.....	84	<b>naloxone hcl</b> .....	64
MIRENA.....	72	<b>naltrexone</b>	
<b>mirtazapine</b> .....	54	see VIVITROL.....	65
<b>misoprostol</b> .....	81	<b>naltrexone hcl</b> .....	65
<b>mitomycin</b> .....	37	<b>naproxen</b> .....	21
<b>mitotane</b>		<b>naratriptan hcl</b> .....	62
see LYSODREN.....	38	NATACYN.....	91
<b>mitoxantrone hcl</b> .....	37	<b>natalizumab</b>	
MIUDELLA IUD COPPER.....	72	see TYSABRI.....	63
<b>modafinil</b> .....	64	<b>natamycin</b>	
<b>moexipril hcl</b> .....	45	see NATACYN.....	91
<b>molnupiravir</b>		NATAZIA TAB.....	72
see LAGEVRIO.....	44	<b>nateglinide</b> .....	68
<b>mometasone furoate</b> .....	100	NAYZILAM.....	58
<b>mometasone furoate (inhalation)</b>		<b>nebivolol hcl</b> .....	48
see ASMANEX HFA.....	97	<b>necon 0.5/35-28</b> .....	72
MONOJECT SODIUM CHLORIDE.....	90	Necon 0.5/35-28	
<b>mono-linyah</b> .....	72	see <b>necon 0.5/35-28</b> .....	72
Mono-linyah		<b>nedocromil sodium (ophth)</b>	
see <b>mono-linyah</b> .....	72	see ALOCRI.....	92
<b>montelukast sodium</b> .....	96	<b>nefazodone hcl</b> .....	54
<b>morphine sulfate</b> .....	24	<b>nelfinavir mesylate</b>	
<b>morphine sulfate beads</b> .....	24	see VIRACEPT.....	43
MOTOFEN TAB 1-0.025.....	79	<b>neomycin sulfate</b> .....	28
MOUNJARO.....	67	<b>neomycin-colistin-hc-thonzonium</b>	
MOVANTIK.....	81	see CORTISPORIN SUS -TC OTIC.....	101
<b>moxifloxacin hcl</b> .....	33		

<b>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</b> .....	91	<b>nirmatrelvir-ritonavir</b>	
<b>neomycin-polymyxin-dexamethasone ophth oint 0.1%</b> .....	91	see PAXLOVID PAK .....	32
<b>neomycin-polymyxin-dexamethasone ophth susp 0.1%</b> .....	91	see PAXLOVID TAB 150-100 .....	32
<b>neomycin-polymyxin-hc ophth susp</b> .....	91	see PAXLOVID TAB 300-100 .....	32
<b>neomycin-polymyxin-hc otic soln 1%</b> .....	101	<b>nirsevimab-alip</b>	
<b>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</b> .....	102	see BEYFORTUS .....	89
NEORAL .....	89	<b>nisoldipine</b> .....	50
<b>neostigmine methylsulfate</b> .....	36	<b>nitazoxanide</b> .....	34
<b>nepafenac</b>		<b>nitisinone</b> .....	75
see ILEVRO .....	92	see ORFADIN .....	75
see NEVANAC .....	92	NITRO-BID .....	51
<b>netupitant-palonosetron</b>		NITRO-DUR .....	51
see AKYNZEO CAP 300-0.5 .....	79	<b>nitrofurantoin</b> .....	34
NEUPRO .....	56	<b>nitrofurantoin macrocrystal</b> .....	34
NEVANAC .....	92	<b>nitrofurantoin monohyd macro</b> .....	35
<b>nevirapine</b> .....	29	<b>nitroglycerin</b> .....	51
NEXLETOL .....	46	see NITRO-BID .....	51
NEXPLANON .....	72	see NITRO-DUR .....	51
NEXTSTELLIS TAB 3-14.2MG .....	72	<b>nitroglycerin (intra-anal)</b> .....	101
<b>niacin (antihyperlipidemic)</b> .....	48	NIVESTYM .....	84
<b>nicardipine hcl</b> .....	50	<b>nizatidine</b> .....	80
<b>nicotine</b> .....	65	<b>nonoxynol-9</b>	
see NICOTROL INHALER .....	65	see ENCORE .....	83
see NICOTROL NS .....	65	see OPTIONS GYNOL II VAGINAL .....	83
<b>nicotine polacrilex</b> .....	65	see TODAY SPONGE .....	83
<b>nicotine step 3</b> .....	65	see VCF VAGINAL CONTRACEPTIVE .....	83
Nicotine Step 3		<b>nora-be</b> .....	72
see <b>nicotine step 3</b> .....	65	Nora-be	
<b>nicotine transdermal syst</b> .....	65	see <b>nora-be</b> .....	72
Nicotine Transdermal Syst		NORDIPEN 5 MIS DEVICE .....	76
see <b>nicotine transdermal syst</b> .....	65	NORDIPEN DEL MIS SYSTEM .....	76
NICOTROL INHALER .....	65	NORDITROPIN FLEXPRO .....	76
NICOTROL NS .....	65	<b>norethindrone (contraceptive)</b> .....	72
<b>nifedipine</b> .....	50	<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b> .....	72
<b>nikki</b> .....	72	<b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</b> .....	72
Nikki		<b>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</b> .....	72
see <b>nikki</b> .....	72	<b>norethindrone acet &amp; eth estra</b>	
<b>nilotinib hcl</b> .....	41	see FEMLYV TAB 1/0.02MG .....	71
<b>nilutamide</b> .....	38	<b>norethindrone acetate</b> .....	77
<b>nimodipine</b> .....	50	<b>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</b> .....	77
NIPENT .....	37	<b>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</b>	
<b>niraparib tosylate</b>		see LO LOESTRIN TAB 1-10-10 .....	72
see ZEJULA .....	42		

<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b> .....	72	<b>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</b> .....	99
<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</b> .....	72	<b>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</b> .....	99
<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</b> .....	72	<b>nystop</b> .....	99
<b>norgestrel</b>		Nystop	
see OPILL .....	72	see <b>nystop</b> .....	99
NORPACE CR .....	46	NYVEPRIA .....	84
<b>nortrel 0.5/35 (28)</b> .....	72	<b>O</b>	
Nortrel 0.5/35 (28)		<b>obinutuzumab</b>	
see <b>nortrel 0.5/35 (28)</b> .....	72	see GAZYVA .....	38
<b>nortrel 1/35</b> .....	72	<b>octreotide acetate</b> .....	65
Nortrel 1/35		ODEFSEY TAB .....	31
see <b>nortrel 1/35</b> .....	72	ODOMZO .....	42
<b>nortrel 7/7/7</b> .....	72	<b>ofatumumab (ms)</b>	
Nortrel 7/7/7		see KESIMPTA .....	63
see <b>nortrel 7/7/7</b> .....	72	<b>ofloxacin</b> .....	33
<b>nortriptyline hcl</b> .....	55	<b>ofloxacin (ophth)</b> .....	91
NORVIR .....	29	<b>ofloxacin (otic)</b> .....	102
NOVOFINE PEN NEEDLES .....	74	<b>olanzapine</b> .....	57
NOVOLIN INJ 70/30 .....	68	<b>olaparib</b>	
NOVOLIN INJ 70/30 FP .....	68	see LYNPARZA .....	42
NOVOLIN N .....	68	<b>olmesartan medoxomil</b> .....	46
NOVOLIN N FLEXPEN .....	68	<b>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</b> .....	45
NOVOLIN R .....	68	<b>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</b> .....	45
NOVOLIN R FLEXPEN .....	68	<b>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</b> .....	45
NOVOLOG .....	68	<b>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</b> .....	45
NOVOLOG FLEXPEN .....	68	<b>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</b> .....	46
NOVOLOG MIX INJ 70/30 .....	68	<b>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</b> .....	46
NOVOLOG MIX INJ FLEXPEN .....	68	<b>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</b> .....	45
NOVOLOG PENFILL .....	68	<b>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</b> .....	46
NUBEQA .....	38	<b>olodaterol hcl</b>	
NUCALA .....	97	see STRIVERDI RESPIMAT .....	95
NUCYNTA .....	24, 25	<b>olopatadine hcl</b> .....	92
NUCYNTA ER .....	25	<b>olopatadine hcl (nasal)</b> .....	94
NUDEXTA CAP 20-10MG .....	65	<b>olsalazine sodium</b>	
NULOJIX .....	89	see DIPENTUM .....	80
<b>nyamyc</b> .....	99	OLUMIANT .....	87
Nyamyc		<b>omalizumab</b>	
see <b>nyamyc</b> .....	99		
<b>nylia 1/35</b> .....	72		
Nylia 1/35			
see <b>nylia 1/35</b> .....	72		
<b>nystatin</b> .....	28		
<b>nystatin (mouth-throat)</b> .....	101		
<b>nystatin (topical)</b> .....	99		

see XOLAIR.....	97	<b>oxiconazole nitrate</b> .....	99
<b>omega-3-acid ethyl esters cap 1 gm</b> .....	48	<b>oxybutynin chloride</b> .....	83
<b>omeprazole</b> .....	82	<b>oxycodone</b>	
OMNIFLEX DPR .....	72	see XTAMPZA ER.....	26, 27
OMNIPOD 5 DX KIT INT G7G6.....	74	<b>oxycodone hcl</b> .....	25
OMNIPOD 5 DX MIS POD G7G6 .....	74	<b>oxycodone w/ acetaminophen tab 10-325 mg</b> 26	
OMNIPOD 5 G7 KIT INTRO.....	74	<b>oxycodone w/ acetaminophen tab 2.5-325 mg</b>	
OMNIPOD 5 G7 MIS PODS.....	74	.....	25
OMNIPOD DASH KIT INTRO .....	74	<b>oxycodone w/ acetaminophen tab 5-325 mg</b> ..	25
OMNIPOD DASH KIT PDM .....	74	<b>oxycodone w/ acetaminophen tab 7.5-325 mg</b>	
OMNIPOD DASH MIS PODS .....	74	.....	26
OMNIPOD MIS CLASSIC.....	74	<b>oxymorphone hcl</b> .....	26
OMNIPOD PDM KIT CLASSIC.....	74	OZEMPIC .....	67
ONCASPAR.....	42	<b>P</b>	
<b>ondansetron</b> .....	79	<b>pacerone</b> .....	46
<b>ondansetron hcl</b> .....	79	Pacerone	
OPILL .....	72	see <b>pacerone</b> .....	46
OPSUMIT .....	51	<b>paclitaxel</b> .....	43
OPTIONS GYNOL II VAGINAL.....	83	PADCEV .....	37
<b>oralone dental paste</b> .....	101	<b>paliperidone</b> .....	57
Oralone Dental Paste		<b>paliperidone palmitate</b>	
see <b>oralone dental paste</b> .....	101	see ERZOFRI.....	57
ORAVIG.....	101	<b>pamidronate disodium</b> .....	69
ORFADIN.....	75	<b>pancrelipase (lipase-protease-amylase)</b>	
ORLISSA .....	75	see CREON CAP 12000UNT.....	81
ORKAMBI GRA 100-125 .....	95	see CREON CAP 24000UNT.....	81
ORKAMBI GRA 150-188.....	95	see CREON CAP 3000UNIT.....	81
ORKAMBI GRA 75-94MG .....	95	see CREON CAP 36000UNT.....	81
ORKAMBI TAB 100-125 .....	95	see CREON CAP 6000UNIT.....	81
ORKAMBI TAB 200-125 .....	95	see VIOKACE TAB 10440.....	82
<b>orphenadrine citrate</b> .....	63	see VIOKACE TAB 20880.....	82
<b>oseltamivir phosphate</b> .....	32	see ZENPEP CAP 10000UNT.....	82
<b>osimertinib mesylate</b>		see ZENPEP CAP 15000UNT.....	82
see TAGRISSO.....	42	see ZENPEP CAP 20000UNT.....	82
<b>ospemifene</b>		see ZENPEP CAP 25000UNT.....	82
see OSPHENA.....	77	see ZENPEP CAP 3000UNIT.....	82
OSPHENA.....	77	see ZENPEP CAP 40000UNT.....	82
OSPOMYV .....	69	see ZENPEP CAP 5000UNIT.....	82
OTEZLA .....	87	see ZENPEP CAP 60000UNT.....	82
OTEZLA TAB 10/20 .....	87	<b>pantoprazole sodium</b> .....	82
OTEZLA TAB 10/20/30.....	87	PARAGARD IUD T380A .....	72
OTEZLA XR .....	87	<b>paraplatin</b> .....	43
OTEZLA/XR TAB 28 DAY.....	87	Paraplatin	
<b>oxaliplatin</b> .....	43	see <b>paraplatin</b> .....	43
<b>oxaprozin</b> .....	21	<b>paricalcitol</b> .....	78
<b>oxazepam</b> .....	52	<b>paroxetine hcl</b> .....	55
<b>oxcarbazepine</b> .....	59	<b>pasireotide diaspertate</b>	

see SIGNIFOR .....	77	<b>permethrin</b> .....	101
PAXLOVID PAK .....	32	<b>perphenazine</b> .....	57
PAXLOVID TAB 150-100 .....	32	<b>pfizerpen</b> .....	35
PAXLOVID TAB 300-100 .....	32	Pfizerpen	
<b>pazopanib hcl</b> .....	41	see <b>pfizerpen</b> .....	35
PEDIATRIC RESPIRATORY MASK .....	96	PHEBURANE .....	78
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</b>		<b>phenelzine sulfate</b> .....	55
<b>236 gm</b> .....	81	<b>phenobarbital</b> .....	59
<b>peg 3350-kcl-nacl-na sulfate-na ascorbate-</b>		<b>phenoxybenzamine hcl</b> .....	51
<b>ascorbic acid</b>		<b>phenylephrine hcl (mydriatic)</b> .....	93
see PLENVU SOL .....	81	<b>phenytoin</b> .....	59
<b>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for</b>		<b>phenytoin infatabs</b> .....	59
<b>soln 100 gm</b> .....	81	Phenytoin Infatabs	
<b>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</b> .	81	see <b>phenytoin infatabs</b> .....	59
<b>peg 3350-kcl-sod chloride-sod sulfate-</b>		<b>phenytoin sodium</b> .....	59
<b>magnesium sulfate</b>		<b>phenytoin sodium extended</b> .....	59
see SUFLAVE SOL .....	81	see DILANTIN .....	58
<b>pegaspargase</b>		PHEXX GEL .....	83
see ONCASPAR .....	42	PHEXXI GEL .....	83
PEGASYS .....	34	PHOSPHOLINE IODIDE .....	93
<b>pegfilgrastim-apgf</b>		PHOTOFRIN .....	42
see NYVEPRIA .....	84	<b>phytonadione</b> .....	91
<b>pegfilgrastim-pbbk</b>		<b>pilocarpine hcl</b> .....	93
see FYLNETRA .....	84	<b>pilocarpine hcl (oral)</b> .....	101
<b>peginterferon alfa-2a</b>		<b>pimozide</b> .....	65
see PEGASYS .....	34	<b>pindolol</b> .....	48
<b>peginterferon alfa-2b</b>		<b>pioglitazone hcl</b> .....	68
see PEGINTRON .....	44	<b>pioglitazone hcl-glimepiride tab 30-2 mg</b> .....	68
PEGINTRON .....	44	<b>pioglitazone hcl-glimepiride tab 30-4 mg</b> .....	68
PEG-PREP KIT .....	81	<b>pioglitazone hcl-metformin hcl tab 15-500 mg</b> .....	68
<b>pegvisomant</b>		<b>pioglitazone hcl-metformin hcl tab 15-850 mg</b> .....	68
see SOMAVERT .....	66	<b>piperacillin sod-tazobactam na for inj 3.375 gm</b>	
<b>pembrolizumab</b>		<b>(3-0.375 gm)</b> .....	35
see KEYTRUDA .....	37	<b>piperacillin sod-tazobactam sod for inj 2.25 gm</b>	
<b>pemetrexed disodium</b> .....	37	<b>(2-0.25 gm)</b> .....	35
<b>penciclovir</b> .....	101	<b>piperacillin sod-tazobactam sod for inj 40.5 gm</b>	
<b>penicillamine</b> .....	70	<b>(36-4.5 gm)</b> .....	36
<b>penicillin g potassium</b> .....	35	<b>pirfenidone</b> .....	96
<b>penicillin g sodium</b> .....	35	<b>piroxicam</b> .....	21
<b>penicillin v potassium</b> .....	35	<b>pitavastatin calcium</b> .....	47
<b>pentamidine isethionate</b> .....	35	PLENVU SOL .....	81
<b>pentosan polysulfate sodium</b>		<b>pnv-dha</b> .....	90
see ELMIRON .....	83	Pnv-dha	
<b>pentostatin</b>		see <b>pnv-dha</b> .....	90
see NIPENT .....	37	<b>pnv-select</b> .....	90
<b>pentoxifylline</b> .....	85	Pnv-select	
<b>perindopril erbumine</b> .....	45	see <b>pnv-select</b> .....	90

<b>podofilox</b> .....	101	PREZCOBIX TAB 675/150 .....	31
<b>polatuzumab vedotin-piiq</b>		PREZCOBIX TAB 800-150 .....	31
see POLIVY .....	42	PREZISTA .....	30
POLIVY .....	42	PRIFTIN .....	32
<b>polymyxin b sulfate</b> .....	35	<b>primaquine phosphate</b> .....	28
<b>polymyxin b-trimethoprim ophth soln 10000</b>		<b>primidone</b> .....	59
<b>unit/ml-0.1%</b> .....	91	<b>probenecid</b> .....	21
<b>pomalidomide</b>		<b>procainamide hcl</b> .....	46
see POMALYST .....	37	<b>procarbazine hcl</b>	
POMALYST .....	37	see MATULANE .....	36
<b>porfimer sodium</b>		<b>prochlorperazine</b> .....	79
see PHOTOFRIN .....	42	<b>prochlorperazine maleate</b> .....	79
<b>portia-28</b> .....	73	<b>proctozone-hc</b> .....	82
Portia-28		Proctozone-hc	
see <b>portia-28</b> .....	73	see <b>proctozone-hc</b> .....	82
<b>posaconazole</b> .....	28	<b>progesterone</b> .....	78
<b>potassium bicarbonate</b>		<b>progesterone (vaginal)</b>	
see EFFER-K .....	90	see CRINONE .....	77
<b>potassium chloride</b> .....	90	PROGRAF .....	89
<b>potassium chloride microencapsulated crystals</b>		PROLASTIN-C .....	93
<b>er</b> .....	90	PROLIA .....	69
<b>potassium citrate (alkalinizer)</b> .....	83	<b>promethazine &amp; phenylephrine syrup 6.25-5</b>	
<b>pramipexole dihydrochloride</b> .....	56	<b>mg/5ml</b> .....	95
<b>pramlintide acetate</b>		<b>promethazine hcl</b> .....	80
see SYMLINPEN 120 .....	66	<b>promethazine w/ codeine syrup 6.25-10 mg/5ml</b>	
see SYMLINPEN 60 .....	66	.....	95
<b>prasterone vaginal</b>		<b>promethazine-dm syrup 6.25-15 mg/5ml</b> .....	95
see INTRAROSA .....	77	<b>promethegan</b> .....	80
<b>prasugrel hcl</b> .....	85	Promethegan	
<b>pravastatin sodium</b> .....	47	see <b>promethegan</b> .....	80
<b>praziquantel</b> .....	27	<b>propafenone hcl</b> .....	46
<b>prazosin hcl</b> .....	45	<b>propranolol hcl</b> .....	49
<b>prednisolone</b> .....	75	<b>propylthiouracil</b> .....	78
<b>prednisolone acetate (ophth)</b> .....	92	<b>protriptyline hcl</b> .....	55
PREDNISOLONE SODIUM PHOSP .....	92	<b>pseudoephed-bromphen-dm syrup 30-2-10</b>	
<b>prednisolone sodium phosphate</b> .....	75	<b>mg/5ml</b> .....	95
<b>prednisone</b> .....	75	<b>pyrazinamide</b> .....	32
see PREDNISON INTENSOL .....	75	<b>pyridostigmine bromide</b> .....	64
PREDNISON INTENSOL .....	75	<b>pyrimethamine</b> .....	35
<b>pregabalin</b> .....	59	PYZCHIVA .....	87
PREMARIN .....	77	<b>Q</b>	
<b>prenatal 19</b> .....	90	<b>quetiapine fumarate</b> .....	57
Prenatal 19		<b>quinapril hcl</b> .....	45
see <b>prenatal 19</b> .....	90	<b>quinapril-hydrochlorothiazide tab 10-12.5 mg</b>	44
<b>prevalite</b> .....	47	<b>quinine sulfate</b> .....	28
Prevalite		QULIPTA .....	62
see <b>prevalite</b> .....	47		

<b>R</b>	
<b><i>rabeprazole sodium</i></b> .....	82
<b><i>raloxifene hcl</i></b> .....	77
<b><i>raltegravir potassium</i></b>	
see ISENTRESS.....	29
see ISENTRESS HD .....	29
<b><i>ramelteon</i></b> .....	61
<b><i>ramipril</i></b> .....	45
<b><i>ranitidine hcl</i></b> .....	80
<b><i>ranolazine</i></b> .....	51
<b><i>rasagiline mesylate</i></b> .....	56
<b><i>reclipsen</i></b> .....	73
Reclipsen	
see <b><i>reclipsen</i></b> .....	73
<b><i>regorafenib</i></b>	
see STIVARGA .....	41
REGRANEX .....	101
RELENZA DISKHALER .....	32
<b><i>repaglinide</i></b> .....	68
REPATHA .....	48
REPATHA PUSHTRONEX SYSTEM .....	48
REPATHA SURECLICK.....	48
RESTASIS MULTIDOSE .....	92
RETACRIT .....	85
RETROVIR IV INFUSION .....	30
REVLIMID.....	38
REYATAZ.....	30
<b><i>ribavirin (hepatitis c)</i></b> .....	34
<b><i>ribociclib succinate</i></b>	
see KISQALI .....	40
<b><i>rifabutin</i></b> .....	32
<b><i>rifampin</i></b> .....	32
<b><i>rifapentine</i></b>	
see PRIFTIN .....	32
<b><i>rilonacept</i></b>	
see ARCALYST .....	89
<b><i>rilpivirine hcl</i></b> .....	30
see EDURANT.....	29
see EDURANT PED.....	29
<b><i>riluzole</i></b> .....	52
<b><i>rimantadine hydrochloride</i></b> .....	32
RINVOQ.....	87
RINVOQ LQ .....	87
<b><i>riociguat</i></b>	
see ADEMPAS .....	51
<b><i>risankizumab-rzaa</i></b>	
see SKYRIZI.....	87
see SKYRIZI PEN .....	87
<b><i>risankizumab-rzaa (crohn's)</i></b>	
see SKYRIZI .....	86, 87
<b><i>risdiplam</i></b>	
see EVRYSDI.....	62
<b><i>risedronate sodium</i></b> .....	69
<b><i>risperidone</i></b> .....	57
see RYKINDO.....	57
<b><i>ritlecitinib tosylate</i></b>	
see LITFULO .....	86
<b><i>ritonavir</i></b> .....	30
see NORVIR.....	29
<b><i>rituximab-pvvr</i></b>	
see RUXIENCE .....	38
<b><i>rivaroxaban</i></b> .....	84
see XARELTO.....	84
see XARELTO STAR TAB 15/20MG.....	84
<b><i>rivastigmine</i></b> .....	53
<b><i>rivastigmine tartrate</i></b> .....	53
<b><i>rivelsa</i></b> .....	73
Rivelsa	
see <b><i>rivelsa</i></b> .....	73
<b><i>rizatriptan benzoate</i></b> .....	62
<b><i>roflumilast</i></b> .....	96
<b><i>roflumilast (topical)</i></b>	
see ZORYVE.....	99
<b><i>rolapitant hcl</i></b>	
see VARUBI.....	80
<b><i>ropinirole hydrochloride</i></b> .....	56
<b><i>rosuvastatin calcium</i></b> .....	47
<b><i>rotigotine</i></b>	
see NEUPRO .....	56
RUXIENCE.....	38
<b><i>ruxolitinib phosphate</i></b>	
see JAKAFI .....	40
RYDAPT .....	41
RYKINDO .....	57
<b>S</b>	
<b><i>sacrosidase</i></b>	
see SUCRAID .....	81
<b><i>sacubitril-valsartan</i></b>	
see ENTRESTO CAP 15-16MG .....	50
see ENTRESTO CAP 6-6MG .....	50
see ENTRESTO TAB 24-26MG .....	50
see ENTRESTO TAB 49-51MG .....	50
see ENTRESTO TAB 97-103MG .....	50
<b><i>sacubitril-valsartan tab 24-26 mg</i></b> .....	51

<b>sacubitril-valsartan tab 49-51 mg</b> .....	51	<b>sitagliptin phosphate-metformin hcl</b>	
<b>sacubitril-valsartan tab 97-103 mg</b> .....	51	see JANUMET TAB 50-1000 .....	66
SANCUSO.....	80	see JANUMET TAB 50-500MG .....	66
SANDIMMUNE.....	89	see JANUMET XR TAB 100-1000 .....	66
<b>sapropterin dihydrochloride</b> .....	77	see JANUMET XR TAB 50-1000 .....	66
<b>sarilumab</b>		see JANUMET XR TAB 50-500MG.....	66
see KEVZARA.....	86	SKYLA .....	73
SCEMBLIX .....	41	SKYRIZI .....	86, 87
<b>scopolamine</b> .....	80	SKYRIZI PEN .....	87
<b>secukinumab</b>		SLYND.....	73
see COSENTYX.....	86	<b>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-</b>	
see COSENTYX SENSOREADY PEN .....	86	<b>1.6 gm/177ml</b> .....	81
see COSENTYX UNOREADY .....	86	<b>sodium chloride</b> .....	90
<b>segesterone acetate-ethinyl estradiol</b>		<b>sodium chloride (inhalant)</b> .....	96
see ANNOVERA MIS .....	70	<b>sodium chloride flush</b>	
<b>selegiline</b>		see MONOJECT SODIUM CHLORIDE.....	90
see EMSAM.....	54	<b>sodium fluoride</b> .....	90
<b>selegiline hcl</b> .....	56	<b>sodium oxybate</b> .....	64
<b>selenium sulfide</b> .....	99	<b>sodium phenylbutyrate</b> .....	78
<b>selexipag</b>		see PHEBURANE.....	78
see UPTRAVI .....	52	<b>sodium picosulfate-magnesium oxide-</b>	
see UPTRAVI PACK TAB 200/800.....	52	<b>anhydrous citric acid</b>	
SELZENTRY.....	30	see CLENPIQ SOL.....	80
<b>semaglutide</b>		<b>sodium sulfate-magnesium sulfate-potassium</b>	
see OZEMPIC.....	67	<b>chloride</b>	
<b>serdexmethylphenidate chloride-</b>		see SUTAB TAB.....	81
<b>dexmethylphenidate hcl</b>		<b>sofosbuvir</b>	
see AZSTARYS CAP 26.1-5.2 .....	60	see SOVALDI .....	34
see AZSTARYS CAP 39.2-7.8 .....	60	<b>sofosbuvir-velpatasvir</b>	
see AZSTARYS CAP 52.3-10. ....	60	see EPCLUSA PAK 150-37.5.....	33
<b>sertaconazole nitrate</b>		see EPCLUSA PAK 200-50MG.....	33
see ERTACZO.....	99	see EPCLUSA TAB 200-50MG.....	33
<b>sertraline hcl</b> .....	55	see EPCLUSA TAB 400-100 .....	34
<b>sevelamer carbonate</b> .....	77	<b>sofosbuvir-velpatasvir-voxilaprevir</b>	
SIGNIFOR.....	77	see VOSEVI TAB .....	34
<b>sildenafil citrate</b> .....	52	<b>solifenacin succinate</b> .....	83
<b>sildenafil citrate (pulmonary hypertension)</b> ....	51	SOLQUA INJ 100/33 .....	67
<b>silodosin</b> .....	83	SOLU-CORTEF .....	75
<b>silver sulfadiazine</b> .....	98	SOLU-MEDROL.....	75
SIMBRINZA SUS 1-0.2% .....	92	<b>somatropin</b>	
SIMPONI .....	87	see NORDITROPIN FLEXPRO .....	76
SIMPONI ARIA.....	86	SOMATULINE DEPOT .....	66
<b>simvastatin</b> .....	47	SOMAVERT .....	66
<b>sirolimus</b> .....	89	<b>sonidegib phosphate</b>	
SIRTURO .....	32	see ODOMZO .....	42
<b>sitagliptin phosphate</b>		<b>sorafenib tosylate</b> .....	41
see JANUVIA .....	66	<b>sotalol hcl</b> .....	46

<i>sotalol hcl (afib/af)</i> .....	46	<i>sulfasalazine</i> .....	80
SOVALDI .....	34	<i>sulindac</i> .....	21
<i>spacer/aerosol-holding chamber supplies - masks</i>		<i>sumatriptan</i> .....	62
see PEDIATRIC RESPIRATORY MASK.....	96	<i>sumatriptan succinate</i> .....	62
<i>spacer/aerosol-holding chambers</i>		<i>sunitinib malate</i> .....	41
see ADULT RESPIRATORY MASK.....	96	SUPPRELIN LA.....	70
see HOLD CHAMBER MIS MEDIUM.....	96	SUTAB TAB .....	81
<i>spinosad</i> .....	101	<i>suvorexant</i>	
SPIRIVA RESPIMAT .....	94	see BELSOMRA .....	61
<i>spironolactone</i> .....	45	<i>syeda</i> .....	73
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> .....	50	Syeda	
<i>sprintec 28</i> .....	73	see <i>syeda</i> .....	73
Sprintec 28		SYMDEKO TAB 100-150.....	95
see <i>sprintec 28</i> .....	73	SYMDEKO TAB 50-75MG.....	95
<i>sps</i> .....	77	SYMLINPEN 120.....	66
Sps		SYMLINPEN 60.....	66
see <i>sps</i> .....	77	SYMTUZA TAB.....	43
<i>ssd</i> .....	98	SYNAREL.....	75
Ssd		SYNJARDY TAB .....	68
see <i>ssd</i> .....	98	SYNJARDY TAB 12.5-500.....	68
STIOLTO AER 2.5-2.5 .....	93	SYNJARDY TAB 5-1000MG.....	68
STIVARGA .....	41	SYNJARDY TAB 5-500MG.....	68
STOBOCLO .....	69	SYNJARDY XR TAB .....	68
STRIVERDI RESPIMAT .....	95	SYNJARDY XR TAB 10-1000.....	69
SUBLOCADE .....	27	SYNJARDY XR TAB 25-1000.....	69
<i>succimer</i>		SYNJARDY XR TAB 5-1000MG .....	69
see CHEMET.....	70	SYNTHROID.....	78
SUCRAID .....	81	<b>T</b>	
<i>sucrafate</i> .....	81	TABLOID .....	37
<i>sucroferric oxyhydroxide</i>		<i>tacrolimus</i> .....	89
see VELPHORO .....	77	see ASTAGRAF XL.....	89
SUFLAVE SOL .....	81	see ENVARUS XR .....	89
<i>sulconazole nitrate</i> .....	99	see PROGRAF.....	89
<i>sulfacetamide sodium (acne)</i> .....	98	<i>tacrolimus (topical)</i> .....	99
<i>sulfacetamide sodium (ophth)</i> .....	91	<i>tadalafil</i> .....	52, 83
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> .....	91	<i>tadalafil (pulmonary hypertension)</i> .....	51
<i>sulfadiazine</i> .....	28	TAFINLAR.....	41
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> .....	35	<i>tafluprost</i> .....	93
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> .....	35	TAGRISSO .....	42
.....	35	<i>take action</i> .....	73
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> .....	35	Take Action	
.....	35	see <i>take action</i> .....	73
SULFAMYLON.....	98	TAKHZYRO .....	88
		<i>taletrectinib adipate</i>	
		see IBTROZI.....	40
		TALTZ .....	88
		<i>tamoxifen citrate</i> .....	39

<b>tamsulosin hcl</b> .....	83	<b>tilia fe</b> .....	73
<b>tapentadol hcl</b> .....	26	Tilia Fe	
see NUCYNTA.....	24, 25	see <b>tilia fe</b> .....	73
see NUCYNTA ER .....	25	<b>timolol maleate</b> .....	49
<b>tasimelteon</b> .....	61	<b>timolol maleate (ophth)</b> .....	92
<b>tazarotene</b> .....	99	<b>tinidazole</b> .....	28
<b>tazicef</b> .....	33	<b>tiotropium bromide</b> .....	94
Tazicef		see SPIRIVA RESPIMAT .....	94
see <b>tazicef</b> .....	33	<b>tiotropium bromide-olodaterol hcl</b>	
<b>telmisartan</b> .....	46	see STIOLTO AER 2.5-2.5 .....	93
<b>telmisartan-hydrochlorothiazide tab 40-12.5 mg</b>		<b>tipranavir</b>	
.....	46	see APTIVUS .....	28
<b>telmisartan-hydrochlorothiazide tab 80-12.5 mg</b>		<b>tirzepatide</b>	
.....	46	see MOUNJARO .....	67
<b>telmisartan-hydrochlorothiazide tab 80-25 mg</b>		TIVICAY.....	30
.....	46	TIVICAY PD .....	30
<b>temazepam</b> .....	61	<b>tizanidine hcl</b> .....	63
TEMODAR.....	36	TOBRADEX OIN 0.3-0.1%.....	91
<b>temozolomide</b> .....	36	TOBRADEX ST SUS 0.3-0.05 .....	91
see TEMODAR.....	36	<b>tobramycin</b> .....	95, 96
<b>tenofovir alafenamide fumarate</b>		<b>tobramycin (ophth)</b> .....	91
see VEMLIDY .....	44	<b>tobramycin sulfate</b> .....	28
<b>tenofovir disoproxil fumarate</b> .....	30	<b>tobramycin-dexamethasone</b>	
see VIREAD .....	30	see TOBRADEX OIN 0.3-0.1%.....	91
<b>terazosin hcl</b> .....	83	see TOBRADEX ST SUS 0.3-0.05 .....	91
<b>terbinafine hcl</b> .....	28	<b>tobramycin-dexamethasone ophth susp 0.3-0.1%</b>	
<b>terbutaline sulfate</b> .....	95	.....	91
<b>terconazole vaginal</b> .....	83	<b>tocilizumab</b>	
<b>teriflunomide</b> .....	63	see ACTEMRA .....	86
<b>testosterone</b> .....	66	see ACTEMRA ACTPEN .....	86
<b>testosterone cypionate</b> .....	66	TODAY SPONGE .....	83
<b>testosterone enanthate</b> .....	66	<b>tofacitinib citrate</b>	
<b>tetrabenazine</b> .....	62, 63	see XELJANZ.....	88
<b>tetracycline hcl</b> .....	36	see XELJANZ XR.....	88
<b>tezacaftor-ivacaftor</b>		<b>tolterodine tartrate</b> .....	83
see SYMDEKO TAB 100-150 .....	95	<b>tolvaptan</b> .....	77
see SYMDEKO TAB 50-75MG .....	95	<b>tolvaptan (hyponatremia)</b> .....	77
<b>thalidomide</b>		<b>topiramate</b> .....	59
see THALOMID.....	38	<b>topotecan hcl</b> .....	43
THALOMID.....	38	<b>toremifene citrate</b> .....	39
<b>theophylline</b> .....	97	<b>torseamide</b> .....	50
<b>thioguanine</b>		<b>tramadol hcl</b> .....	26
see TABLOID .....	37	<b>tramadol-acetaminophen tab 37.5-325 mg</b> .....	26
<b>thioridazine hcl</b> .....	57	<b>trametinib dimethyl sulfoxide</b>	
<b>thiothixene</b> .....	57	see MEKINIST.....	41
<b>tiagabine hcl</b> .....	59	<b>trandolapril</b> .....	45
TICE BCG.....	38	<b>trandolapril-verapamil hcl tab er 1-240 mg</b> .....	44

<b>trandolapril-verapamil hcl tab er 2-180 mg</b> ....	44	see TRIPTODUR.....	70
<b>trandolapril-verapamil hcl tab er 2-240 mg</b> ....	44	<b>tri-sprintec</b> .....	73
<b>trandolapril-verapamil hcl tab er 4-240 mg</b> ....	44	Tri-sprintec	
<b>tranexamic acid</b> .....	85	see <b>tri-sprintec</b> .....	73
<b>tranylcypromine sulfate</b> .....	55	TRIUMEQ PD TAB.....	31
<b>travoprost</b> .....	93	TRIUMEQ TAB.....	31
<b>trazodone hcl</b> .....	55	TROGARZO .....	30
TRECTOR .....	32	<b>tropicamide</b> .....	93
TRELEGY AER 100MCG .....	93	<b>trospium chloride</b> .....	83
TRELEGY AER 200MCG .....	93	TRULICITY .....	67
TREMFYA.....	86, 88	TRUQAP.....	42
TREMFYA PEN .....	88	TRUSTEX/RIA MIS NON-LUB .....	73
<b>treprostinil</b> .....	51	TRUSTX NON-9 MIS RIB/STUD .....	73
see TYVASO.....	51	TRYPTYR .....	92
see TYVASO REFILL KIT .....	52	<b>tucatinib</b>	
see TYVASO STARTER KIT.....	52	see TUKYSA.....	42
TRESIBA .....	68	TUKYSA.....	42
TRESIBA FLEXTOUCH .....	68	TWIIST KIT REFILL.....	74
<b>tretinoin</b> .....	98	TWIIST KIT STARTER.....	74
<b>tretinoin (chemotherapy)</b> .....	42	TWIIST REFIL KIT INFUSION .....	74
<b>tretinoin microsphere</b> .....	98	TWIRLA DIS 120-30 .....	73
<b>triamcinolone acetonide (mouth)</b> .....	101	TYBLUME CHW 0.1-0.02.....	73
<b>triamcinolone acetonide (topical)</b> .....	100	TYBOST.....	30
<b>triamterene</b> .....	50	TYMLOS.....	69
<b>triamterene &amp; hydrochlorothiazide cap 37.5-25</b>		TYSABRI.....	63
<b>mg</b> .....	50	TYVASO .....	51
<b>triamterene &amp; hydrochlorothiazide tab 37.5-25</b>		TYVASO REFILL KIT .....	52
<b>mg</b> .....	50	TYVASO STARTER KIT .....	52
<b>triamterene &amp; hydrochlorothiazide tab 75-50</b>		<b>U</b>	
<b>mg</b> .....	50	UBRELVY.....	62
<b>trifluoperazine hcl</b> .....	57	<b>ubrogepant</b>	
<b>trifluridine</b> .....	91	see UBRELVY.....	62
<b>trihexyphenidyl hcl</b> .....	56	<b>ulipristal acetate</b>	
TRIKAFTA PAK 59.5MG.....	96	see ELLA .....	71
TRIKAFTA PAK 75MG.....	96	<b>unithroid</b> .....	78
TRIKAFTA TAB .....	96	Unithroid	
<b>tri-linyah</b> .....	73	see <b>unithroid</b> .....	78
Tri-linyah		<b>upadacitinib</b>	
see <b>tri-linyah</b> .....	73	see RINVOQ.....	87
<b>trimethobenzamide hcl</b> .....	80	see RINVOQ LQ .....	87
<b>trimethoprim</b> .....	35	UPTRAVI .....	52
<b>trimipramine maleate</b> .....	55	UPTRAVI PACK TAB 200/800 .....	52
<b>trinate</b> .....	90	<b>uridine triacetate (emergency treatment)</b>	
Trinate		see VISTOGARD.....	42
see <b>trinate</b> .....	90	<b>urine glucose monitoring supplies</b>	
TRIPTODUR.....	70	see URINE GLUCOSE MONITORING SUPPLIES	
<b>triptorelin pamoate (cpp)</b>		.....	74

URINE GLUCOSE MONITORING SUPPLIES.....	74	VIBERZI.....	80
<i>ursodiol</i> .....	81	<i>vigabatrin</i> .....	59
<i>ustekinumab-kfce</i>		<i>vinblastine sulfate</i> .....	43
see YESINTEK .....	88	<i>vincristine sulfate</i> .....	43
<i>ustekinumab-ttwe</i>		<i>vinorelbine tartrate</i> .....	43
see PYZCHIVA.....	87	VIOKACE TAB 10440.....	82
<b>V</b>		VIOKACE TAB 20880.....	82
<i>valacyclovir hcl</i> .....	32	<i>viorele</i> .....	73
<i>valganciclovir hcl</i> .....	32	Viorele	
<i>valproate sodium</i> .....	59	see <i>viorele</i> .....	73
<i>valproic acid</i> .....	59	VIRACEPT.....	43
<i>valsartan</i> .....	46	VIREAD .....	30
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>		<i>vismodegib</i>	
.....	46	see ERIVEDGE .....	37
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	46	VISTOGARD .....	42
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>		VITRAKVI .....	42
.....	46	VIVITROL .....	65
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	46	<i>voriconazole</i> .....	28
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	46	<i>vorinostat</i>	
<i>vancomycin hcl</i> .....	35	see ZOLINZA .....	43
<i>vandetanib</i>		VOSEVI TAB .....	34
see CAPRELSA .....	39	VOWST CAP .....	81
<i>ildenafil hcl</i> .....	52	VRAYLAR.....	57
<i>varenicline tartrate</i> .....	65	<i>vyfemla</i> .....	73
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg</i>		Vyfemla	
<i>start pack</i> .....	65	see <i>vyfemla</i> .....	73
VARUBI .....	80	<b>W</b>	
VASCEPA.....	48	<i>warfarin sodium</i> .....	84
VCF VAGINAL CONTRACEPTIVE.....	83	<i>wera</i> .....	73
<i>vedolizumab</i>		Wera	
see ENTYVIO .....	86	see <i>wera</i> .....	73
see ENTYVIO PEN .....	86	WIDE-SEAL SILICONE DIAPHR .....	73
<i>velivet</i> .....	73	<b>X</b>	
Velivet		XALKORI .....	42
see <i>velivet</i> .....	73	XARELTO.....	84
VELPHORO.....	77	XARELTO STAR TAB 15/20MG .....	84
VELSIPITY .....	88	XCOPRI .....	59
VEMLIDY .....	44	XCOPRI PAK 100-150.....	59
VENCLEXTA.....	37	XCOPRI PAK 12.5-25.....	59
VENCLEXTA TAB START PK.....	37	XCOPRI PAK 150-200.....	59
<i>venetoclax</i>		XCOPRI PAK 50-100MG .....	59
see VENCLEXTA .....	37	XELJANZ.....	88
see VENCLEXTA TAB START PK.....	37	XELJANZ XR.....	88
<i>venlafaxine hcl</i> .....	55	<i>xelria fe</i> .....	73
VENTAVIS .....	52	Xelria Fe	
<i>verapamil hcl</i> .....	50	see <i>xelria fe</i> .....	73
VERZENIO .....	42	XOLAIR .....	97

XTAMPZA ER.....	26, 27	<b>zenzedi</b> .....	61
XTANDI.....	39	Zenzenedi	
<b>xulane</b> .....	73	see <b>zenzedi</b> .....	61
Xulane		ZEPATIER TAB 50-100MG.....	44
see <b>xulane</b> .....	73	ZERVIATE.....	92
XULTOPHY INJ 100/3.6.....	67	<b>zidovudine</b> .....	30
XYWAV SOL 0.5GM/ML.....	64	see RETROVIR IV INFUSION.....	30
<b>Y</b>		<b>zileuton</b> .....	96
YESINTEK.....	88	<b>ziprasidone hcl</b> .....	57
YEZTUGO.....	30	ZIRGAN.....	91
YONSA.....	39	ZITHROMAX.....	33
<b>yuvafem</b> .....	77	<b>zoledronic acid</b> .....	69
Yuvafem		ZOLINZA.....	43
see <b>yuvafem</b> .....	77	<b>zolmitriptan</b> .....	62
<b>Z</b>		<b>zolpidem tartrate</b> .....	61
<b>zafirlukast</b> .....	96	<b>zonisamide</b> .....	59
<b>zaleplon</b> .....	61	ZORTRESS.....	89
<b>zanamivir</b>		ZORYVE.....	99
see RELENZA DISKHALER.....	32	<b>zovia 1/35</b> .....	73
<b>zanubrutinib</b>		Zovia 1/35	
see BRUKINSA.....	39	see <b>zovia 1/35</b> .....	73
ZEJULA.....	42	ZUBSOLV SUB 0.7-0.18.....	64
ZENPEP CAP 10000UNT.....	82	ZUBSOLV SUB 1.4-0.36.....	64
ZENPEP CAP 15000UNT.....	82	ZUBSOLV SUB 11.4-2.9.....	64
ZENPEP CAP 20000UNT.....	82	ZUBSOLV SUB 2.9-0.71.....	64
ZENPEP CAP 25000UNT.....	82	ZUBSOLV SUB 5.7-1.4.....	64
ZENPEP CAP 3000UNIT.....	82	ZUBSOLV SUB 8.6-2.1.....	64
ZENPEP CAP 40000UNT.....	82	ZYDELIG.....	42
ZENPEP CAP 5000UNIT.....	82	ZYKADIA.....	42
ZENPEP CAP 60000UNT.....	82		

# SHARP Health Plan

**Consider us your personal health care assistant®**

[sharphealthplan.com](http://sharphealthplan.com)

[customer.service@sharp.com](mailto:customer.service@sharp.com)

1-855-298-4252