



# 2021 Formulary

## List of covered prescription drugs

This drug list applies to all Large Group HMO and Large Group POS products, and the following Small Group HMO products: HMO GF 1, HMO GF 2, HMO GF 3, HMO GF 4, HMO GF 5, HMO GF 6, HMO GF 7, Bronze HDHP NG 1, CalChoice Bronze HDHP NG 3, CalChoice Bronze HMO NG 2, CalChoice Silver HMO NG 1, CalChoice Silver HMO NG 2, CalChoice Silver HMO NG 3, Silver HMO NG 1, Silver HMO NG 2, CalChoice Gold HMO NG 2, CalChoice Gold HMO NG 3, CalChoice Gold HMO NG 5, Gold HMO NG 1, Gold HMO NG 2, Gold HMO NG 3, Gold HMO NG 4, Gold HMO NG 5, Gold HMO NG 6, Gold HMO NG 7, CalChoice Platinum HMO NG 1, CalChoice Platinum HMO NG 2, CalChoice Platinum HMO NG 3, Platinum HMO NG 1, Platinum HMO NG 2, Platinum HMO NG 3, Platinum HMO NG 4, Platinum HMO NG 7, Platinum HMO NG 8

### List of covered prescription drugs for **Employer-sponsored plans from Sharp Health Plan**

An electronic version of this Prescription Drug List is available on the Sharp Health Plan website, by visiting [sharphealthplan.com/search-drug-list](https://sharphealthplan.com/search-drug-list)

You can find specific cost sharing information in your plan's coverage documents by logging in to your Sharp Connect account on our website by visiting [sharphealthplan.com/login](https://sharphealthplan.com/login)

This document is subject to change and all previous versions are no longer in effect. Last updated 01/01/21.



# Table of Contents

Introduction	i-xii
Definitions	i
How often does the Formulary change?	iii
Will I be notified of a Formulary change?	iii
How do I locate a Prescription Drug on the Formulary?	iv
How do I know if the drug listed on the Formulary is a Brand or Generic Drug?	iv
What is a Drug Tier?	iv
Are There Any Coverage Requirements or Limits?	v
What is Prior Authorization?	v
What is PA**?	vi
What is Quantity Limit?	vi
What is Step Therapy?	vi
What is MO?	vi
What is a Specialty Drug?	vii
What is an Oral Anti-Cancer Drug?	vii
What if a Drug is Not Listed on the Formulary?	
What is a Formulary Exception?	vii
Where Can I Fill My Prescription Drug?	vii
What is Therapeutic Interchange?	vii

What is Generic Substitution?	viii
You Have the Right to Appeal Questions?	viii
Exclusions and Limitations to the Outpatient prescription Drug Benefit	viii
Nondiscrimination Notice	x
Language Assistance Services	xi
List of Prescription Drugs	1-155
Index	156-218
Step Therapy Criteria	219-220

# Introduction

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

## DEFINITIONS

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

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

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

**"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 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.

**“Prescription Drug”** is a drug 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 by 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 Medispan classification system for therapeutic category and class.

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

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

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

When a Generic Drug is marketed under a Brand-Name, the Brand-Name will be listed after the Generic name in parentheses with the first letter of the 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	<b><i>amiodarone hcl tab 100mg</i></b> (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 *SharpConnect* account. When you create a *SharpConnect* account, you can easily access your benefit information online 24 hours a day, 7 days a week.

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

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

Symbol	Drug Tier	Description
PV	PV	Select drugs covered with no Copayment when specific criteria are met. This Drug Tier includes certain generic and over-the-counter contraceptives for women.
1	Tier 1	Preferred Generic Drugs. These drugs are subject to your Tier 1 Copayment.
2	Tier 2	Preferred Brand Name Drugs and inhaler spacers. These drugs and inhaler spacers are subject to your Tier 2 Copayment.
3	Tier 3	Non-preferred drugs (may include Brand-Name or Generic Drugs). These drugs are subject to your Tier 3 Copayment.

## Are There Any Coverage Requirements or Limits?

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

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

## What Is Prior Authorization?

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



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

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 the needed supporting information has been received, the Prior Authorization request will be either approved or denied within 72 hours for non-urgent requests, or within 24 hours in urgent or Exigent Circumstances.

## **What Is Step Therapy?**

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

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 at 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, your Prescribing Provider may request a Formulary Exception, by following the Prior Authorization Request process described above. Once all the needed supporting information has been received, the 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 an Exception Request, the Member, an Authorized Representative, or the Provider can file an Appeal with Sharp Health Plan. Nonformulary Brand-Name Drugs approved for coverage will be subject to the Tier 3 Cost Share. Nonformulary Generic Drugs approved for coverage will be subject to the Tier 1 Cost Share. When approved, Sharp Health Plan shall provide coverage of the Nonformulary non-urgent request for the duration of the Prescription, including refills. Sharp Health Plan shall provide coverage, including refills, pursuant to a request based on Exigent Circumstances for the duration of the exigency.

## Where Can I Fill My Prescription Drug?

To find a pharmacy in our network, use our Pharmacy Locator tool. First, register for an account at [www.caremark.com](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 its therapeutic equivalent. Using therapeutic interchange may offer advantages, such as value through improved convenience, affordability, improved outcomes or fewer side effects. Two or more drugs are considered therapeutically equivalent 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 therapeutic equivalent on the Sharp Health Plan Formulary, 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?

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. 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 tier.

## You Have the Right to Appeal

If you do not agree with a coverage decision, you, your Authorized Representative or your doctor 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 doctor may request an external Exception Request review. Sharp Health Plan will ensure that a decision is made within 72 hours in routine circumstances or 24 hours 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 doctor 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.
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.
3. Over-the-counter medications or supplies, 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.
6. Vitamins (other than pediatric or prenatal vitamins listed in this Formulary).
7. Drugs and supplies prescribed solely for the treatment of hair loss, sexual dysfunction, athletic performance, cosmetic purposes, anti-aging for cosmetic purposes, and mental performance. (Drugs for mental performance are not excluded from coverage when they are used to treat diagnosed mental illness or medical conditions affecting memory, including, but not limited to, treatment of the conditions or symptoms of dementia or Alzheimer's disease.)
8. Herbal, nutritional and dietary supplements.
9. Drugs prescribed solely for the purpose of shortening the duration of the common cold.
10. Drugs prescribed by a dentist or when prescribed for a dental treatment.
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. Members must be enrolled in a Sharp Health Plan-approved comprehensive weight loss program prior to or concurrent with receiving the weight loss drug.
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. 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 Drug is available, Sharp Health Plan does not cover the corresponding Brand-Name Drug. If a generic version of a drug is available, the brand-name version will require Prior Authorization. Sharp Health Plan requires the dispensing pharmacy to dispense the Generic Drug, unless Prior Authorization for the Brand-Name Drug is obtained.
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.

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.
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. 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.

## Nondiscrimination Notice

Sharp Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. Sharp Health Plan does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability.

### Sharp Health Plan:

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

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

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

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

You can file a grievance in person or by mail or fax, 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](http://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](http://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 wika nang walang bayad. Tumawag sa 1-800-359-2002 (TTY:711).

### 한국어 (Korean):

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

### Հայերեն (Armenian):

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

### فارسی (Farsi):

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

### Русский (Russian):

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

### 日本語 (Japanese):

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

**عبرعلا (Arabic):**

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

**ਪੰਜਾਬੀ (Punjabi):**

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

**ខ្មែរ (Mon Khmer, Cambodian):**

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ 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: ถ้านคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-359-2002 (TTY:711).

## List of Prescription Drugs

### ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS

#### TO TREAT NERVOUS SYSTEM DISORDERS..... 11

AMPHETAMINES ..... 11

ANOREXIANTS NON-AMPHETAMINE ..... 15

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS ..... 15

DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)..... 16

STIMULANTS - MISC. .... 16

### ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES

#### ..... 21

ALLERGENIC EXTRACTS..... 21

### AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS..... 21

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS ..... 21

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

#### INFLAMMATION CONDITIONS ..... 21

ANTIRHEUMATIC - ENZYME INHIBITORS ..... 21

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) ..... 22

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS..... 23

PYRIMIDINE SYNTHESIS INHIBITORS ..... 23

### ANALGESICS - NONNARCOTIC ..... 23

ANALGESIC COMBINATIONS ..... 23

SALICYLATES ..... 24

### ANALGESICS - OPIOID - DRUGS TO TREAT PAIN ..... 24

OPIOID AGONISTS..... 24

OPIOID COMBINATIONS..... 30

OPIOID PARTIAL AGONISTS..... 32

### ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES .. 33

ANABOLIC STEROIDS..... 33

ANDROGENS ..... 33

### ANORECTAL AND RELATED PRODUCTS ..... 34

INTRARECTAL STEROIDS..... 34

RECTAL COMBINATIONS..... 34

RECTAL STEROIDS..... 34

### ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES.... 34

ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES ..... 34

### ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS.. 35

ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS ..... 35

ANTI-INFECTIVE MISC. - COMBINATIONS..... 35

ANTIPROTOZOAL AGENTS ..... 35

GLYCOPEPTIDES..... 35

LEPROSTATICS..... 35

LINCOSAMIDES ..... 35

OXAZOLIDINONES ..... 35

URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT

INFECTIONS ..... 36

### ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS..... 36

ANTIANGINALS-OTHER..... 36



NITRATES .....	36
<b>ANTI-ANXIETY AGENTS - DRUGS TO TREAT ANXIETY .....</b>	<b>37</b>
ANTI-ANXIETY AGENTS - MISC. ....	37
BENZODIAZEPINES .....	37
<b>ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS .....</b>	<b>38</b>
ANTIARRHYTHMICS TYPE I-A .....	38
ANTIARRHYTHMICS TYPE I-B .....	38
ANTIARRHYTHMICS TYPE I-C .....	39
ANTIARRHYTHMICS TYPE III .....	39
<b>ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE .....</b>	<b>39</b>
ANTI-INFLAMMATORY AGENTS .....	39
ASTHMA AND BRONCHODILATOR AGENT COMBINATIONS .....	39
BRONCHODILATORS - ANTICHOLINERGICS .....	39
LEUKOTRIENE MODULATORS .....	40
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS .....	40
STEROID INHALANTS .....	40
SYMPATHOMIMETICS .....	41
XANTHINES .....	42
<b>ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS .....</b>	<b>42</b>
COUMARIN ANTICOAGULANTS .....	42
DIRECT FACTOR XA INHIBITORS .....	43
<b>ANTICONVULSANTS - DRUGS TO TREAT SEIZURES .....</b>	<b>43</b>
AMPA GLUTAMATE RECEPTOR ANTAGONISTS .....	43
ANTICONVULSANTS - BENZODIAZEPINES .....	43
ANTICONVULSANTS - MISC. ....	44
CARBAMATES .....	47
GABA MODULATORS .....	47
HYDANTOINS .....	47
SUCCINIMIDES .....	48
VALPROIC ACID .....	48
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION .....</b>	<b>48</b>
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) .....	48
ANTIDEPRESSANTS - MISC. ....	48
MONOAMINE OXIDASE INHIBITORS (MAOIS) .....	48
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) .....	49
SEROTONIN MODULATORS .....	50
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) .....	50
TRICYCLIC AGENTS .....	51
<b>ANTIDIABETICS - DRUGS TO TREAT DIABETES .....</b>	<b>52</b>
ALPHA-GLUCOSIDASE INHIBITORS .....	52
ANTIDIABETIC - AMYLIN ANALOGS .....	52
ANTIDIABETIC COMBINATIONS .....	52
BIGUANIDES .....	53
DIABETIC OTHER .....	54
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS .....	54
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) .....	54

INSULIN .....	54
INSULIN SENSITIZING AGENTS.....	55
MEGLITINIDE ANALOGUES.....	55
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS.....	56
SULFONYLUREAS .....	56
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA</b>	
.....	<b>56</b>
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.....	56
ANTIPERISTALTIC AGENTS .....	56
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING.....</b>	<b>57</b>
ANTIDOTES - CHELATING AGENTS .....	57
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING .....	57
OPIOID ANTAGONISTS .....	57
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING.....</b>	<b>57</b>
5-HT3 RECEPTOR ANTAGONISTS .....	57
ANTIEMETICS - ANTICHOLINERGIC.....	57
ANTIEMETICS - MISCELLANEOUS .....	58
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS .....	58
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS.....</b>	<b>58</b>
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS .....	58
IMIDAZOLE-RELATED ANTIFUNGALS .....	58
<b>ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES .....</b>	<b>58</b>
ANTIHISTAMINES - ETHANOLAMINES.....	58
ANTIHISTAMINES - NON-SEDATING.....	59
ANTIHISTAMINES - PHENOTHIAZINES.....	59
ANTIHISTAMINES - PIPERIDINES.....	59
<b>ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH CHOLESTEROL ....</b>	<b>59</b>
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS .....	59
ANTIHYPERTENSIVES - COMBINATIONS .....	59
ANTIHYPERTENSIVES - MISC.....	59
BILE ACID SEQUESTRANTS.....	60
FIBRIC ACID DERIVATIVES .....	60
HMG COA REDUCTASE INHIBITORS .....	61
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS.....	62
NICOTINIC ACID DERIVATIVES .....	62
<b>ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE ..</b>	<b>62</b>
ACE INHIBITORS .....	62
AGENTS FOR PHEOCHROMOCYTOMA.....	63
ANGIOTENSIN II RECEPTOR ANTAGONISTS .....	63
ANTIADRENERGIC ANTIHYPERTENSIVES .....	64
ANTIHYPERTENSIVE COMBINATIONS .....	64
DIRECT RENIN INHIBITORS .....	68
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) .....	68
VASODILATORS.....	68
<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA.....</b>	<b>69</b>

ANTIMALARIAL COMBINATIONS .....	69
ANTIMALARIALS - DRUGS TO TREAT MALARIA .....	69
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS .....</b>	<b>69</b>
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS .....	69
<b>ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS.....</b>	<b>69</b>
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS .....	69
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER .....</b>	<b>69</b>
ALKYLATING AGENTS .....	69
ANTIMETABOLITES .....	70
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS .....	70
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS.....	70
ANTINEOPLASTIC COMBINATIONS.....	71
ANTINEOPLASTIC ENZYME INHIBITORS.....	71
ANTINEOPLASTICS MISC. ....	74
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS .....	74
MITOTIC INHIBITORS.....	74
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE .....</b>	<b>74</b>
ANTIPARKINSON ADJUNCTIVE THERAPY .....	74
ANTIPARKINSON ANTICHOLINERGICS.....	74
ANTIPARKINSON COMT INHIBITORS .....	75
ANTIPARKINSON DOPAMINERGICS .....	75
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS .....	77
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES .....</b>	<b>77</b>
ANTIMANIC AGENTS .....	77
ANTIPSYCHOTICS - MISC. ....	77
BENZISOXAZOLES .....	77
BUTYROPHENONES .....	78
DIBENZAPINES.....	78
DIHYDROINDOLONES.....	79
PHENOTHIAZINES.....	79
QUINOLINONE DERIVATIVES .....	80
THIOXANTHENES.....	80
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS.....</b>	<b>81</b>
ANTIRETROVIRALS .....	81
CMV AGENTS .....	84
HEPATITIS AGENTS.....	84
HERPES AGENTS .....	85
INFLUENZA AGENTS.....	85
<b>BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS.....</b>	<b>85</b>
ALPHA-BETA BLOCKERS .....	85
BETA BLOCKERS CARDIO-SELECTIVE.....	86

BETA BLOCKERS NON-SELECTIVE .....	86
<b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS.....</b>	<b>87</b>
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS .....	87
<b>CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS.....</b>	<b>90</b>
CARDIAC GLYCOSIDES .....	90
<b>CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS .....</b>	<b>90</b>
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS .....	90
IMPOTENCE AGENTS .....	91
PROSTAGLANDIN VASODILATORS .....	91
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS ...	91
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS .....	91
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST .....	92
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR ...	92
SINUS NODE INHIBITORS.....	92
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS .....</b>	<b>92</b>
CEPHALOSPORINS - 1ST GENERATION .....	92
CEPHALOSPORINS - 2ND GENERATION .....	93
CEPHALOSPORINS - 3RD GENERATION .....	93
<b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL .....</b>	<b>93</b>
COMBINATION CONTRACEPTIVES - ORAL .....	93
COMBINATION CONTRACEPTIVES - TRANSDERMAL.....	102
COMBINATION CONTRACEPTIVES - VAGINAL .....	102
EMERGENCY CONTRACEPTIVES .....	103
PROGESTIN CONTRACEPTIVES - ORAL .....	103
<b>CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE .....</b>	<b>103</b>
GLUCOCORTICOSTEROIDS .....	103
MINERALOCORTICIDS .....	105
<b>COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS .....</b>	<b>105</b>
ANTITUSSIVES .....	105
COUGH/COLD/ALLERGY COMBINATIONS .....	105
MISC. RESPIRATORY INHALANTS.....	106
MUCOLYTICS.....	106
<b>DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS.....</b>	<b>106</b>
ACNE PRODUCTS .....	106
ANTI-INFLAMMATORY AGENTS - TOPICAL.....	108
ANTIBIOTICS - TOPICAL.....	108
ANTIFUNGALS - TOPICAL.....	108
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL.....	109
ANTIPSORIATICS.....	110
ANTISEBORRHEIC PRODUCTS .....	110
ANTIVIRALS - TOPICAL.....	110
BURN PRODUCTS.....	110

CORTICOSTEROIDS - TOPICAL .....	110
EMOLLIENTS .....	113
IMMUNOMODULATING AGENTS - TOPICAL .....	113
IMMUNOSUPPRESSIVE AGENTS - TOPICAL .....	113
KERATOLYTIC/ANTIMITOTIC AGENTS .....	113
LOCAL ANESTHETICS - TOPICAL .....	113
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL .....	114
ROSACEA AGENTS .....	114
SCABICIDES & PEDICULICIDES .....	114
<b>DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS .....</b>	<b>114</b>
DIGESTIVE ENZYMES .....	114
<b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS .....</b>	<b>115</b>
CARBONIC ANHYDRASE INHIBITORS .....	115
DIURETIC COMBINATIONS .....	115
LOOP DIURETICS .....	115
POTASSIUM SPARING DIURETICS .....	116
THIAZIDES AND THIAZIDE-LIKE DIURETICS .....	116
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES .....</b>	<b>116</b>
BONE DENSITY REGULATORS .....	116
GNRH/LHRH ANTAGONISTS .....	117
HORMONE RECEPTOR MODULATORS .....	117
METABOLIC MODIFIERS .....	117
POSTERIOR PITUITARY HORMONES .....	118
PROGESTERONE RECEPTOR ANTAGONISTS .....	118
PROLACTIN INHIBITORS .....	118
VASOPRESSIN RECEPTOR ANTAGONISTS .....	118
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES .....</b>	<b>118</b>
ESTROGEN COMBINATIONS .....	118
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES .....	119
<b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS .....</b>	<b>120</b>
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS .....	120
<b>GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS .....</b>	<b>121</b>
GALLSTONE SOLUBILIZING AGENTS .....	121
GASTROINTESTINAL ANTIALLERGY AGENTS .....	121
GASTROINTESTINAL STIMULANTS .....	121
INFLAMMATORY BOWEL AGENTS .....	121
INTESTINAL ACIDIFIERS .....	122
IRRITABLE BOWEL SYNDROME (IBS) AGENTS .....	122
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS .....	122
PHOSPHATE BINDER AGENTS .....	122
<b>GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS .....</b>	<b>122</b>
ALKALINIZERS .....	122
CYSTINOSIS AGENTS .....	123

PROSTATIC HYPERTROPHY AGENTS .....	123
URINARY ANALGESICS .....	123
<b>GOUT AGENTS - DRUGS TO TREAT GOUT.....</b>	<b>123</b>
GOUT AGENT COMBINATIONS .....	123
GOUT AGENTS - DRUGS TO TREAT GOUT .....	123
URICOSURICS .....	123
<b>HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD</b>	
<b>DISORDERS .....</b>	<b>123</b>
HEMATORHEOLOGIC AGENTS.....	123
PLATELET AGGREGATION INHIBITORS .....	123
<b>HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS .</b>	<b>124</b>
AGENTS FOR GAUCHER DISEASE.....	124
FOLIC ACID/FOLATES.....	124
HEMATOPOIETIC GROWTH FACTORS.....	126
<b>HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS .....</b>	<b>126</b>
HEMOSTATICS - SYSTEMIC .....	126
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO</b>	
<b>TREAT SLEEP DISORDERS.....</b>	<b>126</b>
BARBITURATE HYPNOTICS.....	126
HYPNOTICS - TRICYCLIC AGENTS .....	126
NON-BARBITURATE HYPNOTICS .....	126
OREXIN RECEPTOR ANTAGONISTS.....	127
SELECTIVE MELATONIN RECEPTOR AGONISTS .....	127
<b>LAXATIVES - DRUGS TO TREAT CONSTIPATION.....</b>	<b>127</b>
LAXATIVE COMBINATIONS.....	127
LAXATIVES - MISCELLANEOUS .....	127
<b>MACROLIDES - DRUGS TO TREAT INFECTIONS .....</b>	<b>128</b>
AZITHROMYCIN .....	128
CLARITHROMYCIN .....	128
ERYTHROMYCINS.....	128
FIDAXOMICIN .....	129
<b>MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES</b>	
<b>FOR DIAGNOSIS, TREATMENT, OR MONITORING.....</b>	<b>129</b>
PARENTERAL THERAPY SUPPLIES.....	129
<b>MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES ....</b>	<b>129</b>
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG .....	129
SEROTONIN AGONISTS .....	129
<b>MINERALS &amp; ELECTROLYTES - DRUGS FOR NUTRITION.....</b>	<b>130</b>
FLUORIDE.....	130
PHOSPHATE .....	131
POTASSIUM .....	131
<b>MISCELLANEOUS THERAPEUTIC CLASSES.....</b>	<b>132</b>
CHELATING AGENTS .....	132
IMMUNOMODULATORS .....	132
IMMUNOSUPPRESSIVE AGENTS.....	133
POTASSIUM REMOVING AGENTS .....	134

<b>MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT .....</b>	<b>134</b>
ANESTHETICS TOPICAL ORAL.....	134
ANTI-INFECTIVES - THROAT .....	134
STEROIDS - MOUTH/THROAT/DENTAL.....	134
THROAT PRODUCTS - MISC. ....	134
<b>MULTIVITAMINS - DRUGS FOR NUTRITION .....</b>	<b>135</b>
PRENATAL VITAMINS .....	135
<b>MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS .....</b>	<b>136</b>
CENTRAL MUSCLE RELAXANTS .....	136
DIRECT MUSCLE RELAXANTS .....	136
MUSCLE RELAXANT COMBINATIONS .....	136
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE .....</b>	<b>136</b>
NASAL AGENT COMBINATIONS.....	136
NASAL ANTIALLERGY .....	136
NASAL ANTICHOLINERGICS .....	137
NASAL STEROIDS .....	137
<b>NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES .....</b>	<b>137</b>
ALS AGENTS .....	137
<b>OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS.....</b>	<b>137</b>
BETA-BLOCKERS - OPHTHALMIC.....	137
CYCLOPLEGIC MYDRIATICS.....	137
MIOTICS.....	138
OPHTHALMIC ADRENERGIC AGENTS .....	138
OPHTHALMIC ANTI-INFECTIVES .....	138
OPHTHALMIC IMMUNOMODULATORS .....	139
OPHTHALMIC INTEGRIN ANTAGONISTS.....	139
OPHTHALMIC KINASE INHIBITORS .....	139
OPHTHALMIC STEROIDS.....	139
OPHTHALMICS - MISC. ....	140
PROSTAGLANDINS - OPHTHALMIC.....	141
<b>OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR .....</b>	<b>141</b>
OTIC AGENTS - MISCELLANEOUS .....	141
OTIC ANTI-INFECTIVES .....	141
OTIC COMBINATIONS.....	141
OTIC STEROIDS .....	141
<b>OXYTOCICS - DRUGS FOR PREGNANCY .....</b>	<b>141</b>
OXYTOCICS - DRUGS FOR PREGNANCY .....	141
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS .....</b>	<b>141</b>
AMINOPENICILLINS .....	141
NATURAL PENICILLINS .....	142
PENICILLIN COMBINATIONS .....	142
PENICILLINASE-RESISTANT PENICILLINS .....	142
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES.....</b>	<b>143</b>
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES .....	143

<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....</b>	<b>143</b>
AGENTS FOR CHEMICAL DEPENDENCY .....	143
ANTIDEMENTIA AGENTS .....	143
COMBINATION PSYCHOTHERAPEUTICS .....	144
MOVEMENT DISORDER DRUG THERAPY .....	145
MULTIPLE SCLEROSIS AGENTS.....	145
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS .....	146
PSEUDOBULBAR AFFECT (PBA) AGENTS .....	146
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS .....	146
SMOKING DETERRENTS.....	146
VASOMOTOR SYMPTOM AGENTS.....	146
<b>RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS.....</b>	<b>146</b>
PULMONARY FIBROSIS AGENTS .....	146
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS .....</b>	<b>147</b>
TETRACYCLINES - DRUGS TO TREAT INFECTIONS .....	147
<b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS .....</b>	<b>148</b>
ANTITHYROID AGENTS.....	148
THYROID HORMONES.....	148
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID .....</b>	<b>151</b>
ANTISPASMODICS .....	151
H-2 ANTAGONISTS .....	152
MISC. ANTI-ULCER .....	152
PROTON PUMP INHIBITORS .....	152
ULCER DRUGS - PROSTAGLANDINS .....	153
ULCER THERAPY COMBINATIONS.....	153
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE .....</b>	<b>153</b>
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)...	153
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS .....	154
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS .....	154
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS .....	154
<b>VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS .....</b>	<b>154</b>
VAGINAL ANTI-INFECTIVES .....	154
VAGINAL ESTROGENS .....	154
VAGINAL PROGESTINS .....	155
<b>VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS .....</b>	<b>155</b>
ANAPHYLAXIS THERAPY AGENTS .....	155
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	155
<b>VITAMINS - DRUGS FOR NUTRITION .....</b>	<b>155</b>
OIL SOLUBLE VITAMINS .....	155
<b>Index.....</b>	<b>156</b>



# Sharp Health Plan effective: 01/01/2021

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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## ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

### AMPHETAMINES

<b><i>amphetamine extended release susp 1.25 mg/ml</i></b>	1	PA, QL (1350 mL / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>amphetamine sulfate tab 5 mg</i></b>	1	PA, QL (360 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>amphetamine sulfate tab 10 mg</i></b>	1	PA, QL (360 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i></b>	1	PA, QL (270 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i></b>	1	PA, QL (270 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i></b>	1	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i></b>	1	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i></b>	1	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i></b>	1	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>amphetamine-dextroamphetamine tab 5 mg</i></b>	1	PA, QL (270 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>amphetamine-dextroamphetamine tab 7.5 mg</i></b>	1	PA, QL (270 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>amphetamine-dextroamphetamine tab 10 mg</i></b>	1	PA, QL (270 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>amphetamine-dextroamphetamine tab 12.5 mg</i></b>	1	PA, QL (270 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>amphetamine-dextroamphetamine tab 15 mg</i></b>	1	PA, QL (180 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>amphetamine-dextroamphetamine tab 20 mg</i></b>	1	PA, QL (180 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>amphetamine-dextroamphetamine tab 30 mg</i></b>	1	PA, QL (90 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>dextroamphetamine sulfate cap er 24hr 5 mg</i></b>	1	PA, QL (360 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>dextroamphetamine sulfate cap er 24hr 10 mg</i></b>	1	PA, QL (360 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>dextroamphetamine sulfate cap er 24hr 15 mg</i></b>	1	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>dextroamphetamine sulfate oral solution 5 mg/5ml</i></b>	1	PA, QL (3600 mL / 75 days), MO; PA Required for Age greater than or equal to age 19
(Dextroamphetamine Sulfate Oral Solution 5 mg/5ml) PROCENTRA	1	PA, QL (3600 mL / 75 days), MO; PA Required for Age greater than or equal to age 19

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Dextroamphetamine Sulfate Tab 2.5 mg) ZENZEDI	1	PA, QL (360 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>dextroamphetamine sulfate tab 5 mg</i></b>	1	PA, QL (360 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
(Dextroamphetamine Sulfate Tab 5 mg) ZENZEDI	1	PA, QL (360 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
(Dextroamphetamine Sulfate Tab 7.5 mg) ZENZEDI	1	PA, QL (360 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>dextroamphetamine sulfate tab 10 mg</i></b>	1	PA, QL (360 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
(Dextroamphetamine Sulfate Tab 10 mg) ZENZEDI	1	PA, QL (360 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
(Dextroamphetamine Sulfate Tab 15 mg) ZENZEDI	1	PA, QL (180 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
(Dextroamphetamine Sulfate Tab 20 mg) ZENZEDI	1	PA, QL (180 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
(Dextroamphetamine Sulfate Tab 30 mg) ZENZEDI	1	PA, QL (90 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methamphetamine hcl tab 5 mg</i></b>	1	PA, QL (450 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
MYDAYIS CAP 12.5MG ( <b><i>amphetamine-dextroamphetamine</i></b> )	2	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
MYDAYIS CAP 25MG ( <b><i>amphetamine-dextroamphetamine</i></b> )	2	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
MYDAYIS CAP 37.5MG ( <b><i>amphetamine-dextroamphetamine</i></b> )	2	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
MYDAYIS CAP 50MG ( <b><i>amphetamine-dextroamphetamine</i></b> )	2	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CAP 10MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	2	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CAP 20MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	2	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CAP 30MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	2	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CAP 40MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	2	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CAP 50MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	2	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CAP 60MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	2	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CAP 70MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	2	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CHW 10MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	2	PA, QL (180 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
VYVANSE CHW 20MG ( <i><b>lisdexamfetamine dimesylate</b></i> )	2	PA, QL (180 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CHW 30MG ( <i><b>lisdexamfetamine dimesylate</b></i> )	2	PA, QL (180 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CHW 40MG ( <i><b>lisdexamfetamine dimesylate</b></i> )	2	PA, QL (90 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CHW 50MG ( <i><b>lisdexamfetamine dimesylate</b></i> )	2	PA, QL (90 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
VYVANSE CHW 60MG ( <i><b>lisdexamfetamine dimesylate</b></i> )	2	PA, QL (90 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
<i><b>benzphetamine hcl tab 25 mg</b></i>	1	PA
<i><b>benzphetamine hcl tab 50 mg</b></i>	1	PA
<i><b>diethylpropion hcl tab 25 mg</b></i>	1	PA
<i><b>diethylpropion hcl tab er 24hr 75 mg</b></i>	1	PA
<i><b>phendimetrazine tartrate cap er 24hr 105 mg</b></i>	1	PA
<i><b>phendimetrazine tartrate tab 35 mg</b></i>	1	PA
<i><b>phentermine hcl cap 15 mg</b></i>	1	PA
<i><b>phentermine hcl cap 30 mg</b></i>	1	PA
<i><b>phentermine hcl cap 37.5 mg</b></i>	1	PA
<i><b>phentermine hcl tab 37.5 mg</b></i>	1	PA
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i><b>atomoxetine hcl cap 10 mg (base equiv)</b></i>	1	PA, QL (360 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<i><b>atomoxetine hcl cap 18 mg (base equiv)</b></i>	1	PA, QL (360 caps / 75 days), MO; PA Required for Age greater than or equal to age 19

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>atomoxetine hcl cap 25 mg (base equiv)</i></b>	1	PA, QL (360 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>atomoxetine hcl cap 40 mg (base equiv)</i></b>	1	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>atomoxetine hcl cap 60 mg (base equiv)</i></b>	1	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>atomoxetine hcl cap 80 mg (base equiv)</i></b>	1	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>atomoxetine hcl cap 100 mg (base equiv)</i></b>	1	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>clonidine hcl tab er 12hr 0.1 mg</i></b>	1	MO
<b><i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i></b>	1	MO
<b><i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i></b>	1	MO
<b><i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i></b>	1	MO
<b><i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i></b>	1	MO
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
<b>SUNOSI TAB 75MG (<i>solriamfetol hcl</i>)</b>	2	PA, MO
<b>SUNOSI TAB 150MG (<i>solriamfetol hcl</i>)</b>	2	PA, MO
<b>STIMULANTS - MISC.</b>		
<b><i>armodafinil tab 50 mg</i></b>	1	PA, MO
<b><i>armodafinil tab 150 mg</i></b>	1	PA, MO
<b><i>armodafinil tab 200 mg</i></b>	1	PA, MO
<b><i>armodafinil tab 250 mg</i></b>	1	PA, MO
<b><i>dexmethylphenidate hcl cap er 24 hr 5 mg</i></b>	1	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>dexmethylphenidate hcl cap er 24 hr 10 mg</i></b>	1	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>dexmethylphenidate hcl cap er 24 hr 15 mg</i></b>	1	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>dexmethylphenidate hcl cap er 24 hr 20 mg</i></b>	1	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>dexmethylphenidate hcl cap er 24 hr 25 mg</i></b>	1	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>dexmethylphenidate hcl cap er 24 hr 30 mg</i></b>	1	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>dexmethylphenidate hcl cap er 24 hr 35 mg</i></b>	1	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>dexmethylphenidate hcl cap er 24 hr 40 mg</i></b>	1	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>dexmethylphenidate hcl tab 2.5 mg</i></b>	1	PA, QL (360 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>dexmethylphenidate hcl tab 5 mg</i></b>	1	PA, QL (360 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>dexmethylphenidate hcl tab 10 mg</i></b>	1	PA, QL (180 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl cap er 10 mg (cd)</i></b>	1	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>methylphenidate hcl cap er 20 mg (cd)</i></b>	1	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl cap er 24hr 10 mg (la)</i></b>	1	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl cap er 24hr 10 mg (xr)</i></b>	1	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl cap er 24hr 15 mg (xr)</i></b>	1	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl cap er 24hr 20 mg (la)</i></b>	1	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl cap er 24hr 20 mg (xr)</i></b>	1	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl cap er 24hr 30 mg (la)</i></b>	1	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl cap er 24hr 30 mg (xr)</i></b>	1	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl cap er 24hr 40 mg (la)</i></b>	1	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl cap er 24hr 40 mg (xr)</i></b>	1	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl cap er 24hr 50 mg (xr)</i></b>	1	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>methylphenidate hcl cap er 24hr 60 mg (la)</i></b>	1	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl cap er 24hr 60 mg (xr)</i></b>	1	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl cap er 30 mg (cd)</i></b>	1	PA, QL (180 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl cap er 40 mg (cd)</i></b>	1	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl cap er 50 mg (cd)</i></b>	1	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl cap er 60 mg (cd)</i></b>	1	PA, QL (90 caps / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl chew tab 2.5 mg</i></b>	1	PA, QL (540 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl chew tab 5 mg</i></b>	1	PA, QL (540 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl chew tab 10 mg</i></b>	1	PA, QL (540 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl soln 5 mg/5ml</i></b>	1	PA, QL (5400 mL / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl soln 10 mg/5ml</i></b>	1	PA, QL (2700 mL / 75 days), MO; PA Required for Age greater than or equal to age 19

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>methylphenidate hcl tab 5 mg</i></b>	1	PA, QL (540 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl tab 10 mg</i></b>	1	PA, QL (540 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl tab 20 mg</i></b>	1	PA, QL (270 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl tab er 10 mg</i></b>	1	PA, QL (270 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl tab er 20 mg</i></b>	1	PA, QL (270 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>(methylphenidate hcl tab er 20 mg)</i></b> Metadate Er	1	PA, QL (270 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl tab er 24hr 18 mg</i></b>	1	PA, QL (180 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl tab er 24hr 27 mg</i></b>	1	PA, QL (180 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl tab er 24hr 36 mg</i></b>	1	PA, QL (180 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl tab er 24hr 54 mg</i></b>	1	PA, QL (90 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i></b>	1	PA, QL (180 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i></b>	1	PA, QL (180 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i></b>	1	PA, QL (180 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i></b>	1	PA, QL (90 tabs / 75 days), MO; PA Required for Age greater than or equal to age 19
<b><i>modafinil tab 100 mg</i></b>	1	PA, MO
<b><i>modafinil tab 200 mg</i></b>	1	PA, MO

## **ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES**

### **ALLERGENIC EXTRACTS**

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

## **AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS**

### **AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS**

<b><i>neomycin sulfate tab 500 mg</i></b>	1	
<b><i>paromomycin sulfate cap 250 mg</i></b>	1	
<b><i>tobramycin nebu soln 300 mg/4ml</i></b>	1	SP, PA, QL (224 mL / 28 days)
<b><i>tobramycin nebu soln 300 mg/5ml</i></b>	1	SP, PA, QL (280 mL / 28 days)

## **ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS**

### **ANTIRHEUMATIC - ENZYME INHIBITORS**

<b><i>RINVOQ TAB 15MG ER (upadacitinib)</i></b>	2	SP, PA, QL (30 tabs / 30 days)
<b><i>XELJANZ TAB 5MG (tofacitinib citrate)</i></b>	2	SP, PA, QL (60 tabs / 30 days)
<b><i>XELJANZ TAB 10MG (tofacitinib citrate)</i></b>	2	SP, PA, QL (60 tabs / 30 days)
<b><i>XELJANZ XR TAB 11MG (tofacitinib citrate)</i></b>	2	SP, PA, QL (30 tabs / 30 days)
<b><i>XELJANZ XR TAB 22MG (tofacitinib citrate)</i></b>	2	SP, PA, QL (30 tabs / 30 days)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>celecoxib cap 50 mg</i>	1	MO
<i>celecoxib cap 100 mg</i>	1	MO
<i>celecoxib cap 200 mg</i>	1	MO
<i>celecoxib cap 400 mg</i>	1	MO
<i>diclofenac potassium tab 50 mg</i>	1	MO
<i>diclofenac sodium tab delayed release 25 mg</i>	1	MO
<i>diclofenac sodium tab delayed release 50 mg</i>	1	MO
<i>diclofenac sodium tab delayed release 75 mg</i>	1	MO
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	MO
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	MO
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	MO
<i>etodolac cap 200 mg</i>	1	MO
<i>etodolac cap 300 mg</i>	1	MO
<i>etodolac tab 400 mg</i>	1	MO
<i>etodolac tab 500 mg</i>	1	MO
<i>etodolac tab er 24hr 400 mg</i>	1	MO
<i>etodolac tab er 24hr 500 mg</i>	1	MO
<i>etodolac tab er 24hr 600 mg</i>	1	MO
<i>flurbiprofen tab 50 mg</i>	1	MO
<i>flurbiprofen tab 100 mg</i>	1	MO
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	MO
(Ibuprofen Tab 400 mg) IBU	1	MO
<i>ibuprofen tab 600 mg</i>	1	MO
(Ibuprofen Tab 600 mg) IBU	1	MO
<i>ibuprofen tab 800 mg</i>	1	MO
(Ibuprofen Tab 800 m) IBU	1	MO
<i>indomethacin cap 25 mg</i>	1	MO
<i>indomethacin cap 50 mg</i>	1	MO
<i>indomethacin cap er 75 mg</i>	1	MO
<i>ketoprofen cap 50 mg</i>	1	MO
<i>ketoprofen cap 75 mg</i>	1	MO
<i>ketorolac tromethamine tab 10 mg</i>	1	
<i>meclofenamate sodium cap 50 mg</i>	1	MO
<i>meclofenamate sodium cap 100 mg</i>	1	MO
<i>mefenamic acid cap 250 mg</i>	1	MO
<i>meloxicam tab 7.5 mg</i>	1	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA\*\* - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>meloxicam tab 15 mg</i></b>	1	MO
<b><i>nabumetone tab 500 mg</i></b>	1	MO
<b><i>nabumetone tab 750 mg</i></b>	1	MO
<b><i>naproxen sodium tab 275 mg</i></b>	1	MO
<b><i>naproxen sodium tab 550 mg</i></b>	1	MO
<b><i>naproxen tab 250 mg</i></b>	1	MO
<b><i>naproxen tab 375 mg</i></b>	1	MO
<b><i>naproxen tab 500 mg</i></b>	1	MO
(Naproxen Tab Ec 375 mg) EC-NAPROXEN	1	MO
(Naproxen Tab Ec 375 mg) NAPROXEN	1	MO
(Naproxen Tab Ec 500 mg) EC-NAPROXEN	1	MO
(Naproxen Tab Ec 500 mg) NAPROXEN	1	MO
<b><i>oxaprozin tab 600 mg</i></b>	1	MO
<b><i>piroxicam cap 10 mg</i></b>	1	MO
<b><i>piroxicam cap 20 mg</i></b>	1	MO
<b><i>sulindac tab 150 mg</i></b>	1	MO
<b><i>sulindac tab 200 mg</i></b>	1	MO
<b><i>tolmetin sodium cap 400 mg</i></b>	1	MO
<b><i>tolmetin sodium tab 600 mg</i></b>	1	MO
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA TAB 10/20/30 ( <b><i>apremilast</i></b> )	2	SP, PA, QL (55 tabs / 28 days)
OTEZLA TAB 30MG ( <b><i>apremilast</i></b> )	2	SP, PA, QL (60 tabs / 30 days)
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<b><i>leflunomide tab 10 mg</i></b>	1	MO
<b><i>leflunomide tab 20 mg</i></b>	1	MO
<b>ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS</b>		
<b><i>butalbital-acetaminophen cap 50-300 mg</i></b>	1	QL (48 caps / 25 days)
<b><i>butalbital-acetaminophen tab 25-325 mg</i></b>	1	QL (96 tabs / 25 days)
<b><i>butalbital-acetaminophen tab 50-325 mg</i></b>	1	QL (48 tabs / 25 days)
(Butalbital-acetaminophen Tab 50-325 mg) TENCON	1	QL (48 tabs / 25 days)
(Butalbital-acetaminophen-caffeine Soln 50-325-40 mg/15ml) VTOL LQ	1	QL (720 mL / 25 days)
<b><i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i></b>	1	QL (48 tabs / 25 days)
<b><i>butalbital-aspirin-caffeine cap 50-325-40 mg</i></b>	1	QL (48 caps / 25 days)

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA\*\* - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>SALICYLATES</i></b>		
(Aspirin Chew Tab 81 mg) ASPIRIN CHILDRENS	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<b><i>aspirin tab delayed release 81 mg</i></b>	PV	QL (100 tabs / 30 days); \$0 copay for members age 50-59 or age 12-59 years at risk for preeclampsia, otherwise not covered
<b><i>diflunisal tab 500 mg</i></b>	1	MO
<b><i>salsalate tab 500 mg</i></b>	1	MO
<b><i>salsalate tab 750 mg</i></b>	1	MO
<b>ANALGESICS - OPIOID - DRUGS TO TREAT PAIN</b>		
<b><i>OPIOID AGONISTS</i></b>		
<b><i>codeine sulfate tab 30 mg</i></b>	1	PA, QL (42 tabs / 25 days); Subject to initial 7-day limit
<b><i>fentanyl citrate buccal tab 100 mcg (base equiv)</i></b>	1	PA
<b><i>fentanyl citrate buccal tab 200 mcg (base equiv)</i></b>	1	PA
<b><i>fentanyl citrate buccal tab 400 mcg (base equiv)</i></b>	1	PA
<b><i>fentanyl citrate buccal tab 600 mcg (base equiv)</i></b>	1	PA
<b><i>fentanyl citrate buccal tab 800 mcg (base equiv)</i></b>	1	PA
<b><i>fentanyl citrate lozenge on a handle 200 mcg</i></b>	1	PA
<b><i>fentanyl citrate lozenge on a handle 400 mcg</i></b>	1	PA
<b><i>fentanyl citrate lozenge on a handle 600 mcg</i></b>	1	PA
<b><i>fentanyl citrate lozenge on a handle 800 mcg</i></b>	1	PA
<b><i>fentanyl citrate lozenge on a handle 1200 mcg</i></b>	1	PA
<b><i>fentanyl citrate lozenge on a handle 1600 mcg</i></b>	1	PA

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i><b>fentanyl td patch 72hr 12 mcg/hr</b></i>	1	ST, QL (10 patches / 25 days); PA**
<i><b>fentanyl td patch 72hr 25 mcg/hr</b></i>	1	ST, QL (10 patches / 25 days); PA**
<i><b>fentanyl td patch 72hr 37.5 mcg/hr</b></i>	1	ST, QL (10 patches / 25 days); PA**
<i><b>fentanyl td patch 72hr 50 mcg/hr</b></i>	1	PA; High Strength Requires PA
<i><b>fentanyl td patch 72hr 62.5 mcg/hr</b></i>	1	PA; High Strength Requires PA
<i><b>fentanyl td patch 72hr 75 mcg/hr</b></i>	1	PA; High Strength Requires PA
<i><b>fentanyl td patch 72hr 87.5 mcg/hr</b></i>	1	PA; High Strength Requires PA
<i><b>fentanyl td patch 72hr 100 mcg/hr</b></i>	1	PA; High Strength Requires PA
<i><b>hydrocodone bitartrate cap er 12hr 10 mg</b></i>	1	PA
<i><b>hydrocodone bitartrate cap er 12hr 15 mg</b></i>	1	PA
<i><b>hydrocodone bitartrate cap er 12hr 20 mg</b></i>	1	PA
<i><b>hydrocodone bitartrate cap er 12hr 30 mg</b></i>	1	PA
<i><b>hydrocodone bitartrate cap er 12hr 40 mg</b></i>	1	PA
<i><b>hydrocodone bitartrate cap er 12hr 50 mg</b></i>	1	PA
<i><b>hydromorphone hcl liqd 1 mg/ml</b></i>	1	PA, QL (600 mL / 25 days); Subject to initial 7-day limit
<i><b>hydromorphone hcl tab 2 mg</b></i>	1	PA, QL (180 tabs / 25 days); Subject to initial 7-day limit
<i><b>hydromorphone hcl tab 4 mg</b></i>	1	PA, QL (150 tabs / 25 days); Subject to initial 7-day limit
<i><b>hydromorphone hcl tab 8 mg</b></i>	1	PA, QL (60 tabs / 25 days); Subject to initial 7-day limit
<i><b>hydromorphone hcl tab er 24hr 8 mg</b></i>	1	ST, QL (120 tabs / 25 days); PA**
<i><b>hydromorphone hcl tab er 24hr 12 mg</b></i>	1	ST, QL (120 tabs / 25 days); PA**

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>hydromorphone hcl tab er 24hr 16 mg</i></b>	1	ST, QL (120 tabs / 25 days); PA**
<b><i>hydromorphone hcl tab er 24hr 32 mg</i></b>	1	PA, QL (120 tabs / 25 days); Subject to initial 7-day limit
<b><i>meperidine hcl oral soln 50 mg/5ml</i></b>	1	PA, QL (90 mL / 25 days); Subject to initial 7-day limit
<b><i>meperidine hcl tab 50 mg</i></b>	1	PA, QL (18 tabs / 25 days); Subject to initial 7-day limit
<b><i>methadone hcl conc 10 mg/ml</i></b>	1	QL (30 mL / 25 days); Indicated for opioid addiction
(Methadone Hcl Conc 10 mg/ml) METHADONE HCL INTENSOL	1	PA, QL (30 mL / 25 days); Indicated for opioid addiction
<b><i>methadone hcl soln 5 mg/5ml</i></b>	1	ST, QL (450 ml / 25 days); PA**
<b><i>methadone hcl soln 10 mg/5ml</i></b>	1	ST, QL (300 mL / 25 days); PA**
<b><i>methadone hcl tab 5 mg</i></b>	1	ST, QL (90 tabs / 25 days); PA**
<b><i>methadone hcl tab 10 mg</i></b>	1	ST, QL (60 tabs / 25 days); PA**
<b><i>methadone hcl tab for oral susp 40 mg</i></b>	1	QL (180 tabs / 25 days); Indicated for opioid addiction
(Methadone Hcl Tab For Oral Susp 40 mg) METHADOSE	1	QL (90 tabs / 25 days); Indicated for opioid addiction
<b><i>morphine sulfate beads cap er 24hr 30 mg</i></b>	1	ST, QL (30 caps / 25 days); PA**
<b><i>morphine sulfate beads cap er 24hr 45 mg</i></b>	1	ST, QL (30 caps / 25 days); PA**
<b><i>morphine sulfate beads cap er 24hr 60 mg</i></b>	1	ST, QL (30 caps / 25 days); PA**
<b><i>morphine sulfate beads cap er 24hr 75 mg</i></b>	1	ST, QL (30 caps / 25 days); PA**
<b><i>morphine sulfate beads cap er 24hr 90 mg</i></b>	1	ST, QL (30 caps / 25 days); PA**
<b><i>morphine sulfate beads cap er 24hr 120 mg</i></b>	1	PA; High Strength Requires PA
<b><i>morphine sulfate cap er 24hr 10 mg</i></b>	1	ST, QL (60 caps / 25 days); PA**



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>morphine sulfate cap er 24hr 20 mg</i></b>	1	ST, QL (60 caps / 25 days); PA**
<b><i>morphine sulfate cap er 24hr 30 mg</i></b>	1	ST, QL (60 caps / 25 days); PA**
<b><i>morphine sulfate cap er 24hr 40 mg</i></b>	1	ST, QL (60 caps / 25 days); PA**
<b><i>morphine sulfate cap er 24hr 50 mg</i></b>	1	ST, QL (30 caps / 25 days); PA**
<b><i>morphine sulfate cap er 24hr 60 mg</i></b>	1	ST, QL (30 caps / 25 days); PA**
<b><i>morphine sulfate cap er 24hr 80 mg</i></b>	1	ST, QL (30 caps / 25 days); PA**
<b><i>morphine sulfate cap er 24hr 100 mg</i></b>	1	PA; High Strength Requires PA
<b><i>morphine sulfate oral soln 10 mg/5ml</i></b>	1	PA, QL (900 mL / 25 days); Subject to initial 7-day limit
<b><i>morphine sulfate oral soln 20 mg/5ml</i></b>	1	PA, QL (675 mL / 25 days); Subject to initial 7-day limit
<b><i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i></b>	1	PA, QL (135 mL / 25 days); Subject to initial 7-day limit
<b><i>morphine sulfate suppos 5 mg</i></b>	1	PA, QL (180 supp / 25 days); Subject to initial 7-day limit
<b><i>morphine sulfate suppos 10 mg</i></b>	1	PA, QL (180 supp / 25 days); Subject to initial 7-day limit
<b><i>morphine sulfate suppos 20 mg</i></b>	1	PA, QL (120 supp / 25 days); Subject to initial 7-day limit
<b><i>morphine sulfate suppos 30 mg</i></b>	1	PA, QL (90 supp / 25 days); Subject to initial 7-day limit
<b><i>morphine sulfate tab 15 mg</i></b>	1	PA, QL (180 tabs / 25 days); Subject to initial 7-day limit
<b><i>morphine sulfate tab 30 mg</i></b>	1	PA, QL (90 tabs / 25 days); Subject to initial 7-day limit
<b><i>morphine sulfate tab er 15 mg</i></b>	1	ST, QL (90 tabs / 25 days); PA**
<b><i>morphine sulfate tab er 30 mg</i></b>	1	ST, QL (90 tabs / 25 days); PA**

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>morphine sulfate tab er 60 mg</i></b>	1	PA; High Strength Requires PA
<b><i>morphine sulfate tab er 100 mg</i></b>	1	PA; High Strength Requires PA
<b><i>morphine sulfate tab er 200 mg</i></b>	1	PA; High Strength Requires PA
NUCYNTA ER TAB 50MG ( <b><i>tapentadol hcl</i></b> )	2	ST, QL (60 tabs / 25 days); PA**
NUCYNTA ER TAB 100MG ( <b><i>tapentadol hcl</i></b> )	2	ST, QL (60 tabs / 25 days); PA**
NUCYNTA ER TAB 150MG ( <b><i>tapentadol hcl</i></b> )	2	PA; High Strength Requires PA
NUCYNTA ER TAB 200MG ( <b><i>tapentadol hcl</i></b> )	2	PA; High Strength Requires PA
NUCYNTA ER TAB 250MG ( <b><i>tapentadol hcl</i></b> )	2	PA; High Strength Requires PA
NUCYNTA TAB 50MG ( <b><i>tapentadol hcl</i></b> )	2	PA, QL (120 tabs / 25 days); Subject to initial 7-day limit
NUCYNTA TAB 75MG ( <b><i>tapentadol hcl</i></b> )	2	PA, QL (90 tabs / 25 days); Subject to initial 7-day limit
NUCYNTA TAB 100MG ( <b><i>tapentadol hcl</i></b> )	2	PA, QL (60 tabs / 25 days); Subject to initial 7-day limit
<b><i>oxycodone hcl cap 5 mg</i></b>	1	PA, QL (180 caps / 25 days); Subject to initial 7-day limit
<b><i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i></b>	1	PA, QL (90 mL / 25 days); Subject to initial 7-day limit
<b><i>oxycodone hcl soln 5 mg/5ml</i></b>	1	PA, QL (900 mL / 25 days); Subject to initial 7-day limit
<b><i>oxycodone hcl tab 5 mg</i></b>	1	PA, QL (180 tabs / 25 days); Subject to initial 7-day limit
<b><i>oxycodone hcl tab 10 mg</i></b>	1	PA, QL (180 tabs / 25 days); Subject to initial 7-day limit
<b><i>oxycodone hcl tab 15 mg</i></b>	1	PA, QL (120 tabs / 25 days); Subject to initial 7-day limit

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>oxycodone hcl tab 20 mg</i></b>	1	PA, QL (90 tabs / 25 days); Subject to initial 7-day limit
<b><i>oxycodone hcl tab 30 mg</i></b>	1	PA, QL (60 tabs / 25 days); Subject to initial 7-day limit
<b><i>oxycodone hcl tab er 12hr deter 10 mg</i></b>	1	ST, QL (60 tabs / 25 days); PA**
<b><i>oxycodone hcl tab er 12hr deter 15 mg</i></b>	1	ST, QL (60 tabs / 25 days); PA**
<b><i>oxycodone hcl tab er 12hr deter 20 mg</i></b>	1	ST, QL (60 tabs / 25 days); PA**
<b><i>oxycodone hcl tab er 12hr deter 30 mg</i></b>	1	ST, QL (60 tabs / 25 days); PA**
<b><i>oxycodone hcl tab er 12hr deter 40 mg</i></b>	1	PA; High Strength Requires PA
<b><i>oxycodone hcl tab er 12hr deter 60 mg</i></b>	1	PA; High Strength Requires PA
<b><i>oxycodone hcl tab er 12hr deter 80 mg</i></b>	1	PA; High Strength Requires PA
<b><i>oxymorphone hcl tab 5 mg</i></b>	1	PA, QL (180 tabs / 25 days); Subject to initial 7-day limit
<b><i>oxymorphone hcl tab 10 mg</i></b>	1	PA, QL (90 tabs / 25 days); Subject to initial 7-day limit
SUBSYS SPR 100MCG ( <b><i>fentanyl</i></b> )	2	PA
SUBSYS SPR 200MCG ( <b><i>fentanyl</i></b> )	2	PA
SUBSYS SPR 400MCG ( <b><i>fentanyl</i></b> )	2	PA
SUBSYS SPR 600MCG ( <b><i>fentanyl</i></b> )	2	PA
SUBSYS SPR 800MCG ( <b><i>fentanyl</i></b> )	2	PA
SUBSYS SPR 1200MCG ( <b><i>fentanyl</i></b> )	2	PA
SUBSYS SPR 1600MCG ( <b><i>fentanyl</i></b> )	2	PA
<b><i>tramadol hcl cap er 24hr biphasic release 100 mg</i></b>	1	ST, QL (30 caps / 25 days); PA**
<b><i>tramadol hcl cap er 24hr biphasic release 150 mg</i></b>	1	ST, QL (30 caps / 25 days); PA**
<b><i>tramadol hcl cap er 24hr biphasic release 200 mg</i></b>	1	ST, PA; High Strength Requires PA, PA**
<b><i>tramadol hcl cap er 24hr biphasic release 300 mg</i></b>	1	ST, PA; High Strength Requires PA, PA**
<b><i>tramadol hcl tab 50 mg</i></b>	1	PA, QL (180 tabs / 25 days); Subject to initial 7-day limit

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>tramadol hcl tab er 24hr 100 mg</i></b>	1	ST, QL (30 tabs / 25); PA**
<b><i>tramadol hcl tab er 24hr 200 mg</i></b>	1	PA; High Strength Requires PA
<b><i>tramadol hcl tab er 24hr 300 mg</i></b>	1	PA; High Strength Requires PA
<b><i>tramadol hcl tab er 24hr biphasic release 100 mg</i></b>	1	ST, QL (30 tabs / 25); PA**
<b><i>tramadol hcl tab er 24hr biphasic release 200 mg</i></b>	1	PA; High Strength Requires PA
<b><i>tramadol hcl tab er 24hr biphasic release 300 mg</i></b>	1	PA; High Strength Requires PA
<b>XTAMPZA ER CAP 9MG (<i>oxycodone</i>)</b>	2	ST, QL (60 caps / 25 days); PA**
<b>XTAMPZA ER CAP 13.5MG (<i>oxycodone</i>)</b>	2	ST, QL (60 caps / 25 days); PA**
<b>XTAMPZA ER CAP 18MG (<i>oxycodone</i>)</b>	2	ST, QL (60 caps / 25 days); PA**
<b>XTAMPZA ER CAP 27MG (<i>oxycodone</i>)</b>	2	ST, QL (60 caps / 25 days); PA**
<b>XTAMPZA ER CAP 36MG (<i>oxycodone</i>)</b>	2	PA; High Strength Requires PA

#### **OPIOID COMBINATIONS**

<b><i>acetaminophen w/ codeine soln 120-12 mg/5ml</i></b>	1	ST, QL (2700 mL / 25 days); Subject to initial 7-day limit, PA**
<b><i>acetaminophen w/ codeine tab 300-15 mg</i></b>	1	ST, QL (400 tabs / 25 days); Subject to initial 7-day limit, PA**
<b><i>acetaminophen w/ codeine tab 300-30 mg</i></b>	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit, PA**
<b><i>acetaminophen w/ codeine tab 300-60 mg</i></b>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit, PA**
<b><i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i></b>	1	ST, QL (300 caps / 25 days); Subject to initial 7-day limit, PA**
<b><i>(Acetaminophen-caffeine-dihydrocodeine Cap 320.5-30-16 mg)</i></b> <b>TREZIK</b>	1	ST, QL (300 caps / 25 days); Subject to initial 7-day limit, PA**
<b><i>acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg</i></b>	1	ST, QL (300 tabs / 25 days); Subject to initial 7-day limit, PA**

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i></b>	1	QL (48 caps / 25 days)
<b><i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i></b>	1	QL (48 caps / 25 days)
<b><i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i></b>	1	QL (48 caps / 25 days)
(Butalbital-aspirin-caff W/ codeine Cap 50-325-40-30 mg) ASCOMP/ CODEINE	1	QL (48 caps / 25 days)
<b><i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i></b>	1	ST, QL (2700 mL / 25 days); Subject to initial 7-day limit, PA**
<b><i>hydrocodone-acetaminophen tab 5-300 mg</i></b>	1	ST, QL (240 tabs / 25 days); Subject to initial 7-day limit, PA**
<b><i>hydrocodone-acetaminophen tab 5-325 mg</i></b>	1	ST, QL (240 tabs / 25 days); Subject to initial 7-day limit, PA**
<b><i>hydrocodone-acetaminophen tab 7.5-300 mg</i></b>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit, PA**
<b><i>hydrocodone-acetaminophen tab 7.5-325 mg</i></b>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit, PA**
<b><i>hydrocodone-acetaminophen tab 10-300 mg</i></b>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit, PA**
<b><i>hydrocodone-acetaminophen tab 10-325 mg</i></b>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit, PA**
<b><i>hydrocodone-ibuprofen tab 5-200 mg</i></b>	1	ST, QL (50 tabs / 25 days); Subject to initial 7-day limit, PA**
<b><i>hydrocodone-ibuprofen tab 7.5-200 mg</i></b>	1	ST, QL (50 tabs / 25 days); Subject to initial 7-day limit, PA**
<b><i>hydrocodone-ibuprofen tab 10-200 mg</i></b>	1	ST, QL (50 tabs / 25 days); Subject to initial 7-day limit, PA**
<b><i>oxycodone w/ acetaminophen tab 2.5-325 mg</i></b>	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit, PA**
(Oxycodone W/ acetaminophen Tab 2.5-325 mg) ENDOCET	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit, PA**

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>oxycodone w/ acetaminophen tab 5-325 mg</i></b>	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit, PA**
(Oxycodone W/ acetaminophen Tab 5-325 mg) ENDOCET	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit, PA**
<b><i>oxycodone w/ acetaminophen tab 7.5-325 mg</i></b>	1	ST, QL (240 tabs / 25 days); Subject to initial 7-day limit, PA**
(Oxycodone W/ acetaminophen Tab 7.5-325 mg) ENDOCET	1	ST, QL (240 tabs / 25 days); Subject to initial 7-day limit, PA**
<b><i>oxycodone w/ acetaminophen tab 10-325 mg</i></b>	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit, PA**
(Oxycodone W/ acetaminophen Tab 10-325 mg) ENDOCET	1	ST, QL (180 tabs / 25 days); Subject to initial 7-day limit, PA**
<b><i>oxycodone-aspirin tab 4.8355-325 mg</i></b>	1	ST, QL (360 tabs / 25 days); Subject to initial 7-day limit, PA**
<b><i>tramadol-acetaminophen tab 37.5-325 mg</i></b>	1	ST, QL (40 tabs / 25 days); Subject to initial 7-day limit, PA**

#### **OPIOID PARTIAL AGONISTS**

BELBUCA MIS 75MCG ( <b><i>buprenorphine hcl</i></b> )	2	ST, QL (60 films / 25 days); PA**
BELBUCA MIS 150MCG ( <b><i>buprenorphine hcl</i></b> )	2	ST, QL (60 films / 25 days); PA**
BELBUCA MIS 300MCG ( <b><i>buprenorphine hcl</i></b> )	2	ST, QL (60 films / 25 days); PA**
BELBUCA MIS 450MCG ( <b><i>buprenorphine hcl</i></b> )	2	ST, QL (60 films / 25 days); PA**
BELBUCA MIS 600MCG ( <b><i>buprenorphine hcl</i></b> )	2	PA; High Strength Requires PA
BELBUCA MIS 750MCG ( <b><i>buprenorphine hcl</i></b> )	2	PA; High Strength Requires PA
BELBUCA MIS 900MCG ( <b><i>buprenorphine hcl</i></b> )	2	PA; High Strength Requires PA
<b><i>buprenorphine hcl sl tab 2 mg (base equiv)</i></b>	1	
<b><i>buprenorphine hcl sl tab 8 mg (base equiv)</i></b>	1	
<b><i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i></b>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	ST, PA, QL (4 patches / month)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	ST, PA, QL (4 patches / month)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	ST, PA, QL (4 patches / month)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	PA; High Strength Requires PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	PA; High Strength Requires PA
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	
<i>pentazocine w/ naloxone tab 50-0.5 mg</i>	1	PA, QL (120 tabs / 25 days); Subject to initial 7-day limit
ZUBSOLV SUB 0.7-0.18 ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	2	
ZUBSOLV SUB 1.4-0.36 ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	2	
ZUBSOLV SUB 2.9-0.71 ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	2	
ZUBSOLV SUB 5.7-1.4 ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	2	
ZUBSOLV SUB 8.6-2.1 ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	2	
ZUBSOLV SUB 11.4-2.9 ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	2	
<b>ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES</b>		
<b>ANABOLIC STEROIDS</b>		
<i>oxandrolone tab 2.5 mg</i>	1	PA
<i>oxandrolone tab 10 mg</i>	1	PA
<b>ANDROGENS</b>		
ANDRODERM DIS 2MG/24HR ( <i>testosterone</i> )	2	PA, MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ANDRODERM DIS 4MG/24HR <b>(testosterone)</b>	2	PA, MO
<b>danazol cap 50 mg</b>	1	
<b>danazol cap 100 mg</b>	1	
<b>danazol cap 200 mg</b>	1	
<b>methyltestosterone cap 10 mg</b>	1	PA, MO
<b>testosterone td gel 10mg/act (2%)</b>	1	PA, MO
<b>testosterone td gel 12.5 mg/act (1%)</b>	1	PA, MO
<b>testosterone td gel 20.25 mg/1.25gm (1.62%)</b>	1	PA, MO
<b>testosterone td gel 20.25 mg/act (1.62%)</b>	1	PA, MO
<b>testosterone td gel 25 mg/2.5gm (1%)</b>	1	PA, MO
<b>testosterone td gel 40.5 mg/2.5gm (1.62%)</b>	1	PA, MO
<b>testosterone td gel 50 mg/5gm (1%)</b>	1	PA, MO
<b>testosterone td soln 30 mg/act</b>	1	PA, MO

#### **ANORECTAL AND RELATED PRODUCTS**

##### **INTRARECTAL STEROIDS**

CORTIFOAM AER 90MG <b>(hydrocortisone acetate (intrarectal))</b>	2
<b>hydrocortisone enema 100 mg/60ml</b>	1

##### **RECTAL COMBINATIONS**

<b>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</b>	1
PROCTOFOAM AER HC 1% <b>(hydrocortisone acetate w/ pramoxine)</b>	2

##### **RECTAL STEROIDS**

<b>hydrocortisone perianal cream 1%</b>	1
(Hydrocortisone Perianal Cream 1%) PROCTO-PAK	1
<b>hydrocortisone perianal cream 2.5%</b>	1
(Hydrocortisone Perianal Cream 2.5%) PROCTO=MED HC	1
(Hydrocortisone Perianal Cream 2.5%) PROTOZONE -HC-PAK	1

#### **ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES**

##### **ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES**

<b>albendazole tab 200 mg</b>	1
EMVERM CHW 100MG <b>(mebendazole)</b>	2
<b>ivermectin tab 3 mg</b>	1



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

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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### **URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS**

<b><i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i></b>	1	
<b><i>methenamine hippurate tab 1 gm</i></b>	1	
<b><i>methenamine mandelate tab 0.5 gm</i></b>	1	
<b><i>nitrofurantoin macrocrystalline cap 25 mg</i></b>	1	
<b><i>nitrofurantoin macrocrystalline cap 50 mg</i></b>	1	
<b><i>nitrofurantoin macrocrystalline cap 100 mg</i></b>	1	
<b><i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i></b>	1	
<b><i>nitrofurantoin susp 25 mg/5ml</i></b>	1	

### **ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS**

#### **ANTIANGINALS-OTHER**

<b><i>ranolazine tab er 12hr 500 mg</i></b>	1	MO
<b><i>ranolazine tab er 12hr 1000 mg</i></b>	1	MO

#### **NITRATES**

<b><i>isosorbide dinitrate tab 5 mg</i></b>	1	MO
<b><i>isosorbide dinitrate tab 10 mg</i></b>	1	MO
<b><i>isosorbide dinitrate tab 20 mg</i></b>	1	MO
<b><i>isosorbide dinitrate tab 30 mg</i></b>	1	MO
<b><i>isosorbide mononitrate tab 10 mg</i></b>	1	MO
<b><i>isosorbide mononitrate tab 20 mg</i></b>	1	MO
<b><i>isosorbide mononitrate tab er 24hr 30 mg</i></b>	1	MO
<b><i>isosorbide mononitrate tab er 24hr 60 mg</i></b>	1	MO
<b><i>isosorbide mononitrate tab er 24hr 120 mg</i></b>	1	MO
<b>NITRO-DUR DIS 0.3MG/HR (nitroglycerin)</b>	2	MO
<b>NITRO-DUR DIS 0.8MG/HR (nitroglycerin)</b>	2	MO
<b><i>nitroglycerin sl tab 0.3 mg</i></b>	1	MO
<b><i>nitroglycerin sl tab 0.4 mg</i></b>	1	MO
<b><i>nitroglycerin sl tab 0.6 mg</i></b>	1	MO
<b><i>nitroglycerin td patch 24hr 0.1 mg/hr</i></b> (Nitroglycerin Td Patch 24hr 0.1 mg/hr)	1	MO
<b>MINITRAN</b>		
<b><i>nitroglycerin td patch 24hr 0.2 mg/hr</i></b>	1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Nitroglycerin Td Patch 24hr 0.2 mg/hr) MINITRAN	1	MO
<b><i>nitroglycerin td patch 24hr 0.4 mg/hr</i></b>	1	MO
(Nitroglycerin Td Patch 24hr 0.4 mg/hr) MINITRAN	1	MO
<b><i>nitroglycerin td patch 24hr 0.6 mg/hr</i></b>	1	MO
(Nitroglycerin Td Patch 24hr 0.6 mg/hr) MINITRAN	1	MO
<b><i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i></b>	1	MO

## **ANTIANXIETY AGENTS - DRUGS TO TREAT ANXIETY**

### **ANTIANXIETY AGENTS - MISC.**

<b><i>buspirone hcl tab 5 mg</i></b>	1
<b><i>buspirone hcl tab 7.5 mg</i></b>	1
<b><i>buspirone hcl tab 10 mg</i></b>	1
<b><i>buspirone hcl tab 15 mg</i></b>	1
<b><i>buspirone hcl tab 30 mg</i></b>	1
<b><i>hydroxyzine hcl syrup 10 mg/5ml</i></b>	1
<b><i>hydroxyzine hcl tab 10 mg</i></b>	1
<b><i>hydroxyzine hcl tab 25 mg</i></b>	1
<b><i>hydroxyzine hcl tab 50 mg</i></b>	1
<b><i>hydroxyzine pamoate cap 25 mg</i></b>	1
<b><i>hydroxyzine pamoate cap 50 mg</i></b>	1
<b><i>hydroxyzine pamoate cap 100 mg</i></b>	1
<b><i>meprobamate tab 200 mg</i></b>	1
<b><i>meprobamate tab 400 mg</i></b>	1

### **BENZODIAZEPINES**

<b><i>alprazolam orally disintegrating tab 0.5 mg</i></b>	1
<b><i>alprazolam orally disintegrating tab 0.25 mg</i></b>	1
<b><i>alprazolam orally disintegrating tab 1 mg</i></b>	1
<b><i>alprazolam orally disintegrating tab 2 mg</i></b>	1
<b><i>alprazolam tab 0.5 mg</i></b>	1
<b><i>alprazolam tab 0.25 mg</i></b>	1
<b><i>alprazolam tab 1 mg</i></b>	1
<b><i>alprazolam tab 2 mg</i></b>	1
<b><i>alprazolam tab er 24hr 0.5 mg</i></b>	1
(Alprazolam Tab Er 24hr 0.5 mg) ALPRAZOLAM XR	1
<b><i>alprazolam tab er 24hr 1 mg</i></b>	1

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Alprazolam Tab Er 24hr 1 mg) ALPRAZOLAM XR	1	
<b><i>alprazolam tab er 24hr 2 mg</i></b>	1	
(Alprazolam Tab Er 24hr 2 mg) ALPRAZOLAM XR	1	
<b><i>alprazolam tab er 24hr 3 mg</i></b>	1	
(Alprazolam Tab Er 24hr 3 mg) ALPRAZOLAM XR	1	
<b><i>chlordiazepoxide hcl cap 5 mg</i></b>	1	
<b><i>chlordiazepoxide hcl cap 10 mg</i></b>	1	
<b><i>chlordiazepoxide hcl cap 25 mg</i></b>	1	
<b><i>clorazepate dipotassium tab 3.75 mg</i></b>	1	
<b><i>clorazepate dipotassium tab 7.5 mg</i></b>	1	
<b><i>clorazepate dipotassium tab 15 mg</i></b>	1	
<b><i>diazepam conc 5 mg/ml</i></b>	1	
<b><i>diazepam oral soln 1 mg/ml</i></b>	1	
<b><i>diazepam tab 2 mg</i></b>	1	
<b><i>diazepam tab 5 mg</i></b>	1	
<b><i>diazepam tab 10 mg</i></b>	1	
<b><i>lorazepam conc 2 mg/ml</i></b>	1	
<b><i>lorazepam tab 0.5 mg</i></b>	1	
<b><i>lorazepam tab 1 mg</i></b>	1	
<b><i>lorazepam tab 2 mg</i></b>	1	
<b><i>oxazepam cap 10 mg</i></b>	1	
<b><i>oxazepam cap 15 mg</i></b>	1	
<b><i>oxazepam cap 30 mg</i></b>	1	

## **ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS**

### **ANTIARRHYTHMICS TYPE I-A**

<b><i>disopyramide phosphate cap 100 mg</i></b>	1	MO
<b><i>disopyramide phosphate cap 150 mg</i></b>	1	MO
NORPACE CAP 100MG CR ( <b><i>disopyramide phosphate</i></b> )	2	MO
NORPACE CAP 150MG CR ( <b><i>disopyramide phosphate</i></b> )	2	MO
<b><i>quinidine gluconate tab er 324 mg</i></b>	1	MO
<b><i>quinidine sulfate tab 200 mg</i></b>	1	MO
<b><i>quinidine sulfate tab 300 mg</i></b>	1	MO

### **ANTIARRHYTHMICS TYPE I-B**

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

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate tab 50 mg</i>	1	MO
<i>flecainide acetate tab 100 mg</i>	1	MO
<i>flecainide acetate tab 150 mg</i>	1	MO
<i>propafenone hcl cap er 12hr 225 mg</i>	1	MO
<i>propafenone hcl cap er 12hr 325 mg</i>	1	MO
<i>propafenone hcl cap er 12hr 425 mg</i>	1	MO
<i>propafenone hcl tab 150 mg</i>	1	MO
<i>propafenone hcl tab 225 mg</i>	1	MO
<i>propafenone hcl tab 300 mg</i>	1	MO
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl tab 100 mg</i>	1	MO
(Amiodarone Hcl Tab 100 mg) PACERONE	1	MO
<i>amiodarone hcl tab 200 mg</i>	1	MO
(Amiodarone Hcl Tab 200 mg) PACERONE	1	MO
<i>amiodarone hcl tab 400 mg</i>	1	MO
(Amiodarone Hcl Tab 400 mg) PACERONE	1	MO
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	SP, PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	SP, PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	SP, PA
MULTAQ TAB 400MG ( <i>dronedarone hcl</i> )	2	MO
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (720 mL / 75 days), MO
<b>ASTHMA AND BRONCHODILATOR AGENT COMBINATIONS</b>		
(Dyphylline-guaifenesin Liqd 100-100 mg/5ml) DIFIL-G FORTE	1	
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (938 mL / 75 days), MO
SPIRIVA AER 1.25MCG ( <i>tiotropium bromide monohydrate</i> )	2	QL (3 inhalers / 75 days), MO
SPIRIVA CAP HANDIHLR ( <i>tiotropium bromide monohydrate</i> )	2	QL (90 caps / 75 days), MO
SPIRIVA SPR 2.5MCG ( <i>tiotropium bromide monohydrate</i> )	2	QL (3 inhalers / 75 days), MO
YUPELRI SOL ( <i>revefenacin</i> )	2	QL (270 mL / 75 days), MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	MO
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	MO
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	MO
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	MO
<i>zafirlukast tab 10 mg</i>	1	MO
<i>zafirlukast tab 20 mg</i>	1	MO
<i>zileuton tab er 12hr 600 mg</i>	1	MO
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>DALIRESP TAB 250MCG (roflumilast)</i>	2	MO
<i>DALIRESP TAB 500MCG (roflumilast)</i>	2	MO
<b>STEROID INHALANTS</b>		
<i>ARNUITY ELPT INH 50MCG (fluticasone furoate (inhalation))</i>	2	QL (3 inhalers / 75 days), MO
<i>ARNUITY ELPT INH 100MCG (fluticasone furoate (inhalation))</i>	2	QL (90 blisters / 75 days), MO
<i>ARNUITY ELPT INH 200MCG (fluticasone furoate (inhalation))</i>	2	QL (90 blisters / 75 days), MO
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (360 mL / 75 days), MO
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (540 mL / 75 days), MO
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (180 mL / 75 days), MO
<i>FLOVENT DISK AER 50MCG (fluticasone propionate (inhalation))</i>	2	QL (540 inhalations / 75 days), MO
<i>FLOVENT DISK AER 100MCG (fluticasone propionate (inhalation))</i>	2	QL (720 inhalations / 75 days), MO
<i>FLOVENT DISK AER 250MCG (fluticasone propionate (inhalation))</i>	2	QL (720 inhalations / 75 days), MO
<i>FLOVENT HFA AER 44MCG (fluticasone propionate hfa)</i>	2	QL (6 inhalers / 75 days), MO
<i>FLOVENT HFA AER 110MCG (fluticasone propionate hfa)</i>	2	QL (6 inhalers / 75 days), MO
<i>FLOVENT HFA AER 220MCG (fluticasone propionate hfa)</i>	2	QL (6 inhalers / 75 days), MO
<i>PULMICORT INH 90MCG (budesonide (inhalation))</i>	2	QL (9 inhalers / 75 days), MO
<i>PULMICORT INH 180MCG (budesonide (inhalation))</i>	2	QL (6 inhalers / 75 days), MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
QVAR REDIHA AER 80MCG <b>(beclomethasone dipropionate hfa)</b>	2	QL (6 inhalers / 75 days), MO
QVAR REDIHAL AER 40MCG <b>(beclomethasone dipropionate hfa)</b>	2	QL (6 inhalers / 75 days), MO
<b>SYMPATHOMIMETICS</b>		
ADVAIR DISKU AER 100/50 <b>(fluticasone-salmeterol)</b>	2	QL (180 inhalations / 75 days), MO
ADVAIR DISKU AER 250/50 <b>(fluticasone-salmeterol)</b>	2	QL (180 inhalations / 75 days), MO
ADVAIR DISKU AER 500/50 <b>(fluticasone-salmeterol)</b>	2	QL (180 inhalations / 75 days), MO
ADVAIR HFA AER 45/21 <b>(fluticasone-salmeterol)</b>	2	QL (3 inhalers / 75 days), MO
ADVAIR HFA AER 115/21 <b>(fluticasone-salmeterol)</b>	2	QL (3 inhalers / 75 days), MO
ADVAIR HFA AER 230/21 <b>(fluticasone-salmeterol)</b>	2	QL (3 inhalers / 75 days), MO
<b>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</b>	1	QL (6 inhalers / 75 days), MO
<b>albuterol sulfate soln nebu 0.5% (5 mg/ml)</b>	1	QL (360 mL / 75 days), MO
<b>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</b>	1	QL (1125 mL / 75 days), MO
<b>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</b>	1	QL (1125 mL / 75 days), MO
<b>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</b>	1	QL (1125 mL / 75 days), MO
<b>albuterol sulfate syrup 2 mg/5ml</b>	1	MO
<b>albuterol sulfate tab 2 mg</b>	1	MO
<b>albuterol sulfate tab 4 mg</b>	1	MO
<b>albuterol sulfate tab er 12hr 4 mg</b>	1	MO
<b>albuterol sulfate tab er 12hr 8 mg</b>	1	MO
ANORO ELLIPT AER 62.5-25 <b>(umeclidinium-vilanterol)</b>	2	QL (180 blisters / 75 days), MO
BREO ELLIPTA INH 100-25 <b>(fluticasone furoate-vilanterol)</b>	2	QL (180 blisters / 75 days), MO
BREO ELLIPTA INH 200-25 <b>(fluticasone furoate-vilanterol)</b>	2	QL (180 blisters / 75 days), MO
BREZTRI AERO AER SPHERE <b>(budesonide-glycopyrrolate-formoterol fumarate)</b>	2	QL (3 inhalers / 75 days), MO
<b>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</b>	1	QL (1620 mL / 75 days), MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i></b>	1	QL (900 mL / 75 days), MO
<b><i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i></b>	1	QL (900 mL / 75 days), MO
<b><i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i></b>	1	QL (900 mL / 75 days), MO
<b><i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i></b>	1	QL (270 mL / 75 days), MO
<b><i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i></b>	1	QL (6 inhalers / 75 days), MO
<b>PERFORMIST NEB 20MCG (<i>formoterol fumarate</i>)</b>	2	QL (360 mL / 75 days), MO
<b>SEREVENT DIS AER 50MCG (<i>salmeterol xinafoate</i>)</b>	2	QL (180 inhalations / 75 days), MO
<b>STIOLTO AER 2.5-2.5 (<i>tiotropium bromide-olodaterol hcl</i>)</b>	2	QL (3 inhalers / 75 days), MO
<b>STRIVERDI AER 2.5MCG (<i>olodaterol hcl</i>)</b>	2	QL (3 inhalers / 75 days), MO
<b>SYMBICORT AER 80-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)</b>	2	QL (3 inhalers / 75 days), MO
<b>SYMBICORT AER 160-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)</b>	2	QL (3 inhalers / 75 days), MO
<b><i>terbutaline sulfate tab 2.5 mg</i></b>	1	MO
<b><i>terbutaline sulfate tab 5 mg</i></b>	1	MO
<b>TRELEGY AER ELLIPTA (<i>fluticasone-umeclidinium-vilanterol</i>)</b>	2	QL (3 inhalers / 75 days), MO

#### **XANTHINES**

<b><i>theophylline soln 80 mg/15ml</i></b>	1	MO
<b><i>theophylline tab er 12hr 300 mg</i></b>	1	MO
<b><i>theophylline tab er 12hr 450 mg</i></b>	1	MO
<b><i>theophylline tab er 24hr 400 mg</i></b>	1	MO
<b><i>theophylline tab er 24hr 600 mg</i></b>	1	MO

#### **ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS**

##### **COUMARIN ANTICOAGULANTS**

<b><i>warfarin sodium tab 1 mg</i></b>	1	MO
(Warfarin Sodium Tab 1 mg) JANTOVEN	1	MO
<b><i>warfarin sodium tab 2 mg</i></b>	1	MO
(Warfarin Sodium Tab 2 mg) JANTOVEN	1	MO
<b><i>warfarin sodium tab 2.5 mg</i></b>	1	MO
(Warfarin Sodium Tab 2.5 mg) JANTOVEN	1	MO
<b><i>warfarin sodium tab 3 mg</i></b>	1	MO
(Warfarin Sodium Tab 3 mg) JANTOVEN	1	MO
<b><i>warfarin sodium tab 4 mg</i></b>	1	MO



PREScription DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Warfarin Sodium Tab 4 mg) JANTOVEN	1	MO
<b>warfarin sodium tab 5 mg</b>	1	MO
(Warfarin Sodium Tab 5 mg) JANTOVEN	1	MO
<b>warfarin sodium tab 6 mg</b>	1	MO
(Warfarin Sodium Tab 6 mg) JANTOVEN	1	MO
<b>warfarin sodium tab 7.5 mg</b>	1	MO
(Warfarin Sodium Tab 7.5 mg) JANTOVEN	1	MO
<b>warfarin sodium tab 10 mg</b>	1	MO
(Warfarin Sodium Tab 10 mg) JANTOVEN	1	MO
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS ST P TAB 5MG ( <b>apixaban</b> )	2	
ELIQUIS TAB 2.5MG ( <b>apixaban</b> )	2	MO
ELIQUIS TAB 5MG ( <b>apixaban</b> )	2	MO
XARELTO STAR TAB 15/20MG ( <b>rivaroxaban</b> )	2	
XARELTO TAB 2.5MG ( <b>rivaroxaban</b> )	2	MO
XARELTO TAB 10MG ( <b>rivaroxaban</b> )	2	MO
XARELTO TAB 15MG ( <b>rivaroxaban</b> )	2	MO
XARELTO TAB 20MG ( <b>rivaroxaban</b> )	2	MO
<b>ANTICONVULSANTS - DRUGS TO TREAT SEIZURES</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA SUS 0.5MG/ML ( <b>perampanel</b> )	2	MO
FYCOMPA TAB 2MG ( <b>perampanel</b> )	2	MO
FYCOMPA TAB 4MG ( <b>perampanel</b> )	2	MO
FYCOMPA TAB 6MG ( <b>perampanel</b> )	2	MO
FYCOMPA TAB 8MG ( <b>perampanel</b> )	2	MO
FYCOMPA TAB 10MG ( <b>perampanel</b> )	2	MO
FYCOMPA TAB 12MG ( <b>perampanel</b> )	2	MO
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<b>clobazam suspension 2.5 mg/ml</b>	1	MO
<b>clobazam tab 10 mg</b>	1	MO
<b>clobazam tab 20 mg</b>	1	MO
<b>clonazepam orally disintegrating tab 0.5 mg</b>	1	
<b>clonazepam orally disintegrating tab 0.25 mg</b>	1	
<b>clonazepam orally disintegrating tab 0.125 mg</b>	1	
<b>clonazepam orally disintegrating tab 1 mg</b>	1	
<b>clonazepam orally disintegrating tab 2 mg</b>	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
NAYZILAM SPR 5MG ( <i>midazolam (anticonvulsant)</i> )	2	
VALTOCO LIQ 15MG ( <i>diazepam (anticonvulsant)</i> )	2	
VALTOCO LIQ 20MG ( <i>diazepam (anticonvulsant)</i> )	2	
VALTOCO SPR 5MG ( <i>diazepam (anticonvulsant)</i> )	2	
VALTOCO SPR 10MG ( <i>diazepam (anticonvulsant)</i> )	2	
<b>ANTICONVULSANTS - MISC.</b>		
<i>carbamazepine cap er 12hr 100 mg</i>	1	MO
<i>carbamazepine cap er 12hr 200 mg</i>	1	MO
<i>carbamazepine cap er 12hr 300 mg</i>	1	MO
<i>carbamazepine chew tab 100 mg</i>	1	MO
<i>carbamazepine susp 100 mg/5ml</i>	1	MO
<i>carbamazepine tab 200 mg</i>	1	MO
(Carbamazepine Tab 200 mg) EPITOL	1	MO
<i>carbamazepine tab er 12hr 100 mg</i>	1	MO
<i>carbamazepine tab er 12hr 200 mg</i>	1	MO
<i>carbamazepine tab er 12hr 400 mg</i>	1	MO
<i>gabapentin cap 100 mg</i>	1	MO
<i>gabapentin cap 300 mg</i>	1	MO
<i>gabapentin cap 400 mg</i>	1	MO
<i>gabapentin oral soln 250 mg/5ml</i>	1	MO
<i>gabapentin tab 600 mg</i>	1	MO
<i>gabapentin tab 800 mg</i>	1	MO
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	MO
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	MO
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>lamotrigine orally disintegrating tab 200 mg</i></b>	1	MO
<b><i>lamotrigine tab 25 mg</i></b>	1	MO
(Lamotrigine Tab 25 mg) SUBVENITE	1	MO
<b><i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i></b>	1	
(Lamotrigine Tab 25 mg (42) & 100 mg (7) Starter Kit) SUBVENITE STARTER KIT/ORA	1	
<b><i>lamotrigine tab 35 x 25 mg starter kit</i></b>	1	
(Lamotrigine Tab 35 x 25 mg Starter Kit) SUBVENITE STARTER KIT/BLU	1	
<b><i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i></b>	1	
(Lamotrigine Tab 84 x 25 mg & 14 x 100 mg Starter Kit) SUBVENITE STARTER KIT/GRE	1	
<b><i>lamotrigine tab 100 mg</i></b>	1	MO
(Lamotrigine Tab 100 mg) SUBVENITE	1	MO
<b><i>lamotrigine tab 150 mg</i></b>	1	MO
(Lamotrigine Tab 150 mg) SUBVENITE	1	MO
<b><i>lamotrigine tab 200 mg</i></b>	1	MO
(Lamotrigine Tab 200 mg) SUBVENITE	1	MO
<b><i>lamotrigine tab chewable dispersible 5 mg</i></b>	1	MO
<b><i>lamotrigine tab chewable dispersible 25 mg</i></b>	1	MO
<b><i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i></b>	1	
<b><i>lamotrigine tab er 24hr 25 mg</i></b>	1	MO
<b><i>lamotrigine tab er 24hr 50 mg</i></b>	1	MO
<b><i>lamotrigine tab er 24hr 100 mg</i></b>	1	MO
<b><i>lamotrigine tab er 24hr 200 mg</i></b>	1	MO
<b><i>lamotrigine tab er 24hr 250 mg</i></b>	1	MO
<b><i>lamotrigine tab er 24hr 300 mg</i></b>	1	MO
<b><i>levetiracetam oral soln 100 mg/ml</i></b>	1	MO
<b><i>levetiracetam tab 250 mg</i></b>	1	MO
<b><i>levetiracetam tab 500 mg</i></b>	1	MO
(Levetiracetam Tab 500 mg) ROWEEPRA	1	MO
<b><i>levetiracetam tab 750 mg</i></b>	1	MO
<b><i>levetiracetam tab 1000 mg</i></b>	1	MO
<b><i>levetiracetam tab er 24hr 500 mg</i></b>	1	MO
<b><i>levetiracetam tab er 24hr 750 mg</i></b>	1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i></b>	1	MO
<b><i>oxcarbazepine tab 150 mg</i></b>	1	MO
<b><i>oxcarbazepine tab 300 mg</i></b>	1	MO
<b><i>oxcarbazepine tab 600 mg</i></b>	1	MO
<b><i>OXTELLAR XR TAB 150MG (oxcarbazepine)</i></b>	2	MO
<b><i>OXTELLAR XR TAB 300MG (oxcarbazepine)</i></b>	2	MO
<b><i>OXTELLAR XR TAB 600MG (oxcarbazepine)</i></b>	2	MO
<b><i>pregabalin cap 25 mg</i></b>	1	MO
<b><i>pregabalin cap 50 mg</i></b>	1	MO
<b><i>pregabalin cap 75 mg</i></b>	1	MO
<b><i>pregabalin cap 100 mg</i></b>	1	MO
<b><i>pregabalin cap 150 mg</i></b>	1	MO
<b><i>pregabalin cap 200 mg</i></b>	1	MO
<b><i>pregabalin cap 225 mg</i></b>	1	MO
<b><i>pregabalin cap 300 mg</i></b>	1	MO
<b><i>pregabalin soln 20 mg/ml</i></b>	1	MO
<b><i>primidone tab 50 mg</i></b>	1	MO
<b><i>primidone tab 250 mg</i></b>	1	MO
<b><i>rufinamide susp 40 mg/ml</i></b>	1	MO
<b><i>topiramate cap er 24hr sprinkle 25 mg</i></b>	1	MO
<b><i>topiramate cap er 24hr sprinkle 50 mg</i></b>	1	MO
<b><i>topiramate cap er 24hr sprinkle 100 mg</i></b>	1	MO
<b><i>topiramate cap er 24hr sprinkle 150 mg</i></b>	1	MO
<b><i>topiramate cap er 24hr sprinkle 200 mg</i></b>	1	MO
<b><i>topiramate sprinkle cap 15 mg</i></b>	1	MO
<b><i>topiramate sprinkle cap 25 mg</i></b>	1	MO
<b><i>topiramate tab 25 mg</i></b>	1	MO
<b><i>topiramate tab 50 mg</i></b>	1	MO
<b><i>topiramate tab 100 mg</i></b>	1	MO
<b><i>topiramate tab 200 mg</i></b>	1	MO
<b><i>TROKENDI XR CAP 25MG (topiramate)</i></b>	2	MO
<b><i>TROKENDI XR CAP 50MG (topiramate)</i></b>	2	MO
<b><i>TROKENDI XR CAP 100MG (topiramate)</i></b>	2	MO
<b><i>TROKENDI XR CAP 200MG (topiramate)</i></b>	2	MO
<b><i>VIMPAT SOL 10MG/ML (lacosamide)</i></b>	2	MO
<b><i>VIMPAT TAB 50MG (lacosamide)</i></b>	2	MO

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
VIMPAT TAB 100MG ( <i>lacosamide</i> )	2	MO
VIMPAT TAB 150MG ( <i>lacosamide</i> )	2	MO
VIMPAT TAB 200MG ( <i>lacosamide</i> )	2	MO
<i>zonisamide cap 25 mg</i>	1	MO
<i>zonisamide cap 50 mg</i>	1	MO
<i>zonisamide cap 100 mg</i>	1	MO
<b>CARBAMATES</b>		
<i>felbamate susp 600 mg/5ml</i>	1	MO
<i>felbamate tab 400 mg</i>	1	MO
<i>felbamate tab 600 mg</i>	1	MO
XCOPRI PAK 12.5-25 ( <i>cenobamate</i> )	2	PA
XCOPRI PAK 50-100MG ( <i>cenobamate</i> )	2	PA
XCOPRI PAK 150-200 ( <i>cenobamate</i> )	2	PA
XCOPRI PAK 150-200 ( <i>cenobamate</i> )	2	PA, MO
XCOPRI TAB 50-200MG ( <i>cenobamate</i> )	2	PA, MO
XCOPRI TAB 50MG ( <i>cenobamate</i> )	2	PA, MO
XCOPRI TAB 100MG ( <i>cenobamate</i> )	2	PA, MO
XCOPRI TAB 150MG ( <i>cenobamate</i> )	2	PA, MO
XCOPRI TAB 200MG ( <i>cenobamate</i> )	2	PA, MO
<b>GABA MODULATORS</b>		
<i>tiagabine hcl tab 2 mg</i>	1	MO
<i>tiagabine hcl tab 4 mg</i>	1	MO
<i>tiagabine hcl tab 12 mg</i>	1	MO
<i>tiagabine hcl tab 16 mg</i>	1	MO
<i>vigabatrin powd pack 500 mg</i>	1	SP, PA, QL (180 packets / 30 days)
(Vigabatrin Powd Pack 500 mg) VIGADRONE	1	SP, PA, QL (180 packets / 30 days)
<i>vigabatrin tab 500 mg</i>	1	SP, PA, QL (180 tabs / 30 days)
<b>HYDANTOINS</b>		
DILANTIN CAP 30MG ( <i>phenytoin sodium extended</i> )	3	MO
<i>phenytoin chew tab 50 mg</i>	1	MO
<i>phenytoin sodium extended cap 100 mg</i>	1	MO
<i>phenytoin sodium extended cap 200 mg</i>	1	MO
<i>phenytoin sodium extended cap 300 mg</i>	1	MO
<i>phenytoin susp 125 mg/5ml</i>	1	MO

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>SUCCINIMIDES</b>		
<i>ethosuximide cap 250 mg</i>	1	MO
<i>ethosuximide soln 250 mg/5ml</i>	1	MO
<b>VALPROIC ACID</b>		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	MO
<i>divalproex sodium tab delayed release 125 mg</i>	1	MO
<i>divalproex sodium tab delayed release 250 mg</i>	1	MO
<i>divalproex sodium tab delayed release 500 mg</i>	1	MO
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	MO
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	MO
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	MO
<i>valproic acid cap 250 mg</i>	1	MO
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	MO
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	MO
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	MO
<i>mirtazapine tab 7.5 mg</i>	1	MO
<i>mirtazapine tab 15 mg</i>	1	MO
<i>mirtazapine tab 30 mg</i>	1	MO
<i>mirtazapine tab 45 mg</i>	1	MO
<b>ANTIDEPRESSANTS - MISC.</b>		
<i>bupropion hcl tab 75 mg</i>	1	MO
<i>bupropion hcl tab 100 mg</i>	1	MO
<i>bupropion hcl tab er 12hr 100 mg</i>	1	MO
<i>bupropion hcl tab er 12hr 150 mg</i>	1	MO
<i>bupropion hcl tab er 12hr 200 mg</i>	1	MO
<i>bupropion hcl tab er 24hr 150 mg</i>	1	MO
<i>bupropion hcl tab er 24hr 300 mg</i>	1	MO
<i>maprotiline hcl tab 25 mg</i>	1	MO
<i>maprotiline hcl tab 50 mg</i>	1	MO
<i>maprotiline hcl tab 75 mg</i>	1	MO
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
<i>phenelzine sulfate tab 15 mg</i>	1	MO

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>tranylcypromine sulfate tab 10 mg</i>	1	MO
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	MO
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	MO
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	MO
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	MO
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	MO
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	MO
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	MO
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	MO
<i>fluoxetine hcl cap 10 mg</i>	1	MO
<i>fluoxetine hcl cap 20 mg</i>	1	MO
<i>fluoxetine hcl cap 40 mg</i>	1	MO
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	MO
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	MO
<i>fluoxetine hcl tab 10 mg</i>	1	MO
<i>fluoxetine hcl tab 20 mg</i>	1	MO
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	MO
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	MO
<i>fluvoxamine maleate tab 25 mg</i>	1	MO
<i>fluvoxamine maleate tab 50 mg</i>	1	MO
<i>fluvoxamine maleate tab 100 mg</i>	1	MO
<i>paroxetine hcl tab 10 mg</i>	1	MO
<i>paroxetine hcl tab 20 mg</i>	1	MO
<i>paroxetine hcl tab 30 mg</i>	1	MO
<i>paroxetine hcl tab 40 mg</i>	1	MO
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	MO
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	MO
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	MO
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	MO
<i>sertraline hcl tab 25 mg</i>	1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>sertraline hcl tab 50 mg</i>	1	MO
<i>sertraline hcl tab 100 mg</i>	1	MO
<b>SEROTONIN MODULATORS</b>		
<i>nefazodone hcl tab 50 mg</i>	1	MO
<i>nefazodone hcl tab 100 mg</i>	1	MO
<i>nefazodone hcl tab 150 mg</i>	1	MO
<i>nefazodone hcl tab 200 mg</i>	1	MO
<i>nefazodone hcl tab 250 mg</i>	1	MO
<i>trazodone hcl tab 50 mg</i>	1	MO
<i>trazodone hcl tab 100 mg</i>	1	MO
<i>trazodone hcl tab 150 mg</i>	1	MO
<i>trazodone hcl tab 300 mg</i>	1	MO
TRINTELLIX TAB 5MG ( <i>vortioxetine hbr</i> )	2	ST, MO; PA**
TRINTELLIX TAB 10MG ( <i>vortioxetine hbr</i> )	2	ST, MO; PA**
TRINTELLIX TAB 20MG ( <i>vortioxetine hbr</i> )	2	ST, MO; PA**
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	MO
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	MO
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	MO
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	MO
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	MO
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	MO
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	MO
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	MO
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	MO



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

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>nortriptyline hcl cap 50 mg</i>	1	MO
<i>nortriptyline hcl cap 75 mg</i>	1	MO
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	MO
<i>protriptyline hcl tab 5 mg</i>	1	MO
<i>protriptyline hcl tab 10 mg</i>	1	MO
<i>trimipramine maleate cap 25 mg</i>	1	MO
<i>trimipramine maleate cap 50 mg</i>	1	MO
<i>trimipramine maleate cap 100 mg</i>	1	MO
<b>ANTIDIABETICS - DRUGS TO TREAT DIABETES</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose tab 25 mg</i>	1	MO
<i>acarbose tab 50 mg</i>	1	MO
<i>acarbose tab 100 mg</i>	1	MO
<i>miglitol tab 25 mg</i>	1	MO
<i>miglitol tab 50 mg</i>	1	MO
<i>miglitol tab 100 mg</i>	1	MO
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN 60 INJ 1000MCG ( <i>pramlintide acetate</i> )	2	MO
SYMLINPEN 120 INJ 1000MCG ( <i>pramlintide acetate</i> )	2	MO
<b>ANTIDIABETIC COMBINATIONS</b>		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	MO
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	MO
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	MO
<i>glyburide-metformin tab 1.25-250 mg</i>	1	MO
<i>glyburide-metformin tab 2.5-500 mg</i>	1	MO
<i>glyburide-metformin tab 5-500 mg</i>	1	MO
GLYXAMBI TAB 10-5 MG ( <i>empagliflozin-linagliptin</i> )	2	MO
GLYXAMBI TAB 25-5 MG ( <i>empagliflozin-linagliptin</i> )	2	MO
JANUMET TAB 50-500MG ( <i>sitagliptin-metformin hcl</i> )	2	MO
JANUMET TAB 50-1000 ( <i>sitagliptin-metformin hcl</i> )	2	MO
JANUMET XR TAB 50-500MG ( <i>sitagliptin-metformin hcl</i> )	2	MO
JANUMET XR TAB 50-1000 ( <i>sitagliptin-metformin hcl</i> )	2	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
JANUMET XR TAB 100-1000 ( <i>sitagliptin-metformin hcl</i> )	2	MO
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	MO
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	MO
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	MO
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	MO
SOLIQUA INJ 100/33 ( <i>insulin glargine-lixisenatide</i> )	2	PA, MO
SYNJARDY TAB ( <i>empagliflozin-metformin hcl</i> )	2	MO
SYNJARDY TAB 5-500MG ( <i>empagliflozin-metformin hcl</i> )	2	MO
SYNJARDY TAB 5-1000MG ( <i>empagliflozin-metformin hcl</i> )	2	MO
SYNJARDY TAB 12.5-500 ( <i>empagliflozin-metformin hcl</i> )	2	MO
SYNJARDY XR TAB ( <i>empagliflozin-metformin hcl</i> )	2	MO
SYNJARDY XR TAB 5-1000MG ( <i>empagliflozin-metformin hcl</i> )	2	MO
SYNJARDY XR TAB 10-1000 ( <i>empagliflozin-metformin hcl</i> )	2	MO
SYNJARDY XR TAB 25-1000 ( <i>empagliflozin-metformin hcl</i> )	2	MO
TRIJARDY XR TAB ( <i>empagliflozin-linagliptin-metformin</i> )	2	MO
XIGDUO XR TAB 2.5-1000 ( <i>dapagliflozin-metformin hcl</i> )	2	MO
XIGDUO XR TAB 5-500MG ( <i>dapagliflozin-metformin hcl</i> )	2	MO
XIGDUO XR TAB 5-1000MG ( <i>dapagliflozin-metformin hcl</i> )	2	MO
XIGDUO XR TAB 10-500MG ( <i>dapagliflozin-metformin hcl</i> )	2	MO
XIGDUO XR TAB 10-1000 ( <i>dapagliflozin-metformin hcl</i> )	2	MO
XULTOPHY INJ 100/3.6 ( <i>insulin degludec-liraglutide</i> )	2	PA, MO
<b>BIGUANIDES</b>		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>metformin hcl tab 500 mg</i></b>	1	MO
<b><i>metformin hcl tab 850 mg</i></b>	1	MO
<b><i>metformin hcl tab 1000 mg</i></b>	1	MO
<b><i>metformin hcl tab er 24hr 500 mg</i></b>	1	MO
<b><i>metformin hcl tab er 24hr 750 mg</i></b>	1	MO
<b>DIABETIC OTHER</b>		
BAQSIMI ONE POW 3MG/DOSE <b><i>(glucagon)</i></b>	2	
BAQSIMI TWO POW 3MG/DOSE <b><i>(glucagon)</i></b>	2	
<b><i>diazoxide susp 50 mg/ml</i></b>	1	MO
GLUCAGEN INJ HYPOKIT <b><i>(glucagon hcl (rdna))</i></b>	2	
GLUCAGON KIT 1MG	2	
GVOKE HYPO 1 INJ 1MG/.2ML <b><i>(glucagon)</i></b>	2	
GVOKE HYPO 1 INJ .5/.1ML <b><i>(glucagon)</i></b>	2	
GVOKE HYPO 2 INJ 1MG/.2ML <b><i>(glucagon)</i></b>	2	
GVOKE HYPO 2 INJ .5/.1ML <b><i>(glucagon)</i></b>	2	
GVOKE PFS INJ <b><i>(glucagon)</i></b>	2	
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA TAB 25MG <b><i>(sitagliptin phosphate)</i></b>	2	MO
JANUVIA TAB 50MG <b><i>(sitagliptin phosphate)</i></b>	2	MO
JANUVIA TAB 100MG <b><i>(sitagliptin phosphate)</i></b>	2	MO
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
OZEMPIC INJ 2/1.5ML <b><i>(semaglutide)</i></b>	2	PA, MO
RYBELSUS TAB 3MG <b><i>(semaglutide)</i></b>	2	PA, MO
RYBELSUS TAB 7MG <b><i>(semaglutide)</i></b>	2	PA, MO
RYBELSUS TAB 14MG <b><i>(semaglutide)</i></b>	2	PA, MO
TRULICITY INJ 0.75/0.5 <b><i>(dulaglutide)</i></b>	2	PA, MO
TRULICITY INJ 1.5/0.5 <b><i>(dulaglutide)</i></b>	2	PA, MO
TRULICITY INJ 3/0.5 <b><i>(dulaglutide)</i></b>	2	PA, MO
TRULICITY INJ 4.5/0.5 <b><i>(dulaglutide)</i></b>	2	PA, MO
VICTOZA INJ 18MG/3ML <b><i>(liraglutide)</i></b>	2	PA, MO
<b>INSULIN</b>		
BASAGLAR INJ 100UNIT <b><i>(insulin glargine)</i></b>	2	MO
FIASP FLEX INJ TOUCH <b><i>(insulin aspart (with niacinamide))</i></b>	2	MO
FIASP INJ 100/ML <b><i>(insulin aspart (with niacinamide))</i></b>	2	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
FIASP PENFIL INJ U-100 ( <i>insulin aspart (with niacinamide)</i> )	2	MO
HUMULIN R INJ U-500 ( <i>insulin regular (human)</i> )	2	MO
LEVEMIR INJ ( <i>insulin detemir</i> )	2	MO
LEVEMIR INJ FLEXTUOC ( <i>insulin detemir</i> )	2	MO
NOVOLIN INJ 70/30 ( <i>insulin nph isophane &amp; reg (human)</i> )	2	MO; RELION not covered
NOVOLIN INJ 70/30 FP ( <i>insulin nph isophane &amp; reg (human)</i> )	2	MO; RELION not covered
NOVOLIN N INJ 100 UNIT ( <i>insulin nph (human) (isophane)</i> )	2	MO; RELION not covered
NOVOLIN N INJ U-100 ( <i>insulin nph (human) (isophane)</i> )	2	MO; RELION not covered
NOVOLIN R INJ 100 UNIT ( <i>insulin regular (human)</i> )	2	MO; RELION not covered
NOVOLIN R INJ U-100 ( <i>insulin regular (human)</i> )	2	MO; RELION not covered
NOVOLOG INJ 100/ML ( <i>insulin aspart</i> )	2	MO
NOVOLOG INJ FLEXPEN ( <i>insulin aspart</i> )	2	MO
NOVOLOG INJ PENFILL ( <i>insulin aspart</i> )	2	MO
NOVOLOG MIX INJ 70/30 ( <i>insulin aspart protamine &amp; aspart (human)</i> )	2	MO
NOVOLOG MIX INJ FLEXPEN ( <i>insulin aspart protamine &amp; aspart (human)</i> )	2	MO
TOUJEO MAX INJ 300IU/ML ( <i>insulin glargine</i> )	2	MO
TOUJEO SOLO INJ 300IU/ML ( <i>insulin glargine</i> )	2	MO
TRESIBA FLEX INJ 100UNIT ( <i>insulin degludec</i> )	2	MO
TRESIBA FLEX INJ 200UNIT ( <i>insulin degludec</i> )	2	MO
TRESIBA INJ 100UNIT ( <i>insulin degludec</i> )	2	MO
<b>INSULIN SENSITIZING AGENTS</b>		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	MO
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	MO
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	MO
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tab 60 mg</i>	1	MO
<i>nateglinide tab 120 mg</i>	1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>repaglinide tab 0.5 mg</i>	1	MO
<i>repaglinide tab 1 mg</i>	1	MO
<i>repaglinide tab 2 mg</i>	1	MO
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB 5MG ( <i>dapagliflozin propanediol</i> )	2	MO
FARXIGA TAB 10MG ( <i>dapagliflozin propanediol</i> )	2	MO
JARDIANCE TAB 10MG ( <i>empagliflozin</i> )	2	MO
JARDIANCE TAB 25MG ( <i>empagliflozin</i> )	2	MO
<b>SULFONYLUREAS</b>		
<i>glimepiride tab 1 mg</i>	1	MO
<i>glimepiride tab 2 mg</i>	1	MO
<i>glimepiride tab 4 mg</i>	1	MO
<i>glipizide tab 5 mg</i>	1	MO
<i>glipizide tab 10 mg</i>	1	MO
<i>glipizide tab er 24hr 2.5 mg</i>	1	MO
(Glipizide Tab Er 24hr 2.5 mg) GLIPIZIDE XL	1	MO
<i>glipizide tab er 24hr 5 mg</i>	1	MO
(Glipizide Tab Er 24hr 5 mg) GLIPIZIDE XL	1	MO
<i>glipizide tab er 24hr 10 mg</i>	1	MO
(Glipizide Tab Er 24hr 10 mg) GLIPIZIDE XL	1	MO
<i>glyburide micronized tab 1.5 mg</i>	1	MO
<i>glyburide micronized tab 3 mg</i>	1	MO
<i>glyburide micronized tab 6 mg</i>	1	MO
<i>glyburide tab 1.25 mg</i>	1	MO
<i>glyburide tab 2.5 mg</i>	1	MO
<i>glyburide tab 5 mg</i>	1	MO
<i>tolbutamide tab 500 mg</i>	1	MO
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA</b>		
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.</b>		
(Lactobacillus Cap) LACTOJEN	1	
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl cap 2 mg</i>	1	
<i>opium tincture 1% (10 mg/ml) (morphine equiv)</i>	1	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA\*\* - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
<i>deferasirox granules packet 90 mg</i>	1	SP, PA
<i>deferasirox granules packet 180 mg</i>	1	SP, PA
<i>deferasirox granules packet 360 mg</i>	1	SP, PA
<i>deferasirox tab 90 mg</i>	1	SP, PA
<i>deferasirox tab 180 mg</i>	1	SP, PA
<i>deferasirox tab 360 mg</i>	1	SP, PA
<i>deferasirox tab for oral susp 125 mg</i>	1	SP, PA
<i>deferasirox tab for oral susp 250 mg</i>	1	SP, PA
<i>deferasirox tab for oral susp 500 mg</i>	1	SP, PA
<i>deferiprone tab 500 mg</i>	1	SP, PA
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING</b>		
VISTOGARD PAK 10GM ( <i>uridine triacetate (emergency treatment)</i> )	2	SP, QL (20 packets / 5 days)
<b>OPIOID ANTAGONISTS</b>		
<i>naltrexone hcl tab 50 mg</i>	1	
NARCAN SPR ( <i>naloxone hcl</i> )	2	QL (4 bottles / 180 days)
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs / 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200 mL / 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 tabs / 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs / 21 days)
SANCUSO DIS 3.1MG ( <i>granisetron</i> )	2	QL (2 patches / 21 days)
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	QL (60 caps / 25 days)
<i>dronabinol cap 5 mg</i>	1	QL (60 caps / 25 days)
<i>dronabinol cap 10 mg</i>	1	QL (60 caps / 25 days)
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps / 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps / 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 caps / 21 days)
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	QL (6 caps / 21 days)
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>		
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>		
<i>flucytosine cap 250 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
(Nystatin Oral Powder) BIO-STATIN	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	PA
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	PA
<i>itraconazole oral soln 10 mg/ml</i>	1	PA
<i>ketoconazole tab 200 mg</i>	1	
<i>voriconazole for susp 40 mg/ml</i>	1	
<i>voriconazole tab 50 mg</i>	1	
<i>voriconazole tab 200 mg</i>	1	
<b>ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES</b>		
<b>ANTIHIISTAMINES - ETHANOLAMINES</b>		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	



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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
VASCEPA CAP 1GM ( <i>icosapent ethyl</i> )	2	MO
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine light powder 4 gm/dose</i>	1	MO
<i>(cholestyramine light powder 4 gm/dose)</i> Prevalite	1	MO
<i>cholestyramine light powder packets 4 gm</i>	1	MO
<i>(cholestyramine light powder packets 4 gm)</i> Prevalite	1	MO
<i>cholestyramine powder 4 gm/dose</i>	1	MO
<i>cholestyramine powder packets 4 gm</i>	1	MO
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	MO
<i>colesevelam hcl tab 625 mg</i>	1	MO
<i>colestipol hcl granule packets 5 gm</i>	1	MO
<i>colestipol hcl granules 5 gm</i>	1	MO
<i>colestipol hcl tab 1 gm</i>	1	MO
<b>FIBRIC ACID DERIVATIVES</b>		
ANTARA CAP 30MG ( <i>fenofibrate micronized</i> )	3	MO
ANTARA CAP 90MG ( <i>fenofibrate micronized</i> )	3	MO
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	MO
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	MO
<i>fenofibrate cap 50 mg</i>	1	MO
<i>fenofibrate cap 150 mg</i>	1	MO
<i>fenofibrate micronized cap 43 mg</i>	1	MO
<i>fenofibrate micronized cap 67 mg</i>	1	MO
<i>fenofibrate micronized cap 130 mg</i>	1	MO
<i>fenofibrate micronized cap 134 mg</i>	1	MO
<i>fenofibrate micronized cap 200 mg</i>	1	MO
<i>fenofibrate tab 40 mg</i>	1	MO
<i>fenofibrate tab 48 mg</i>	1	MO
<i>fenofibrate tab 54 mg</i>	1	MO
<i>fenofibrate tab 145 mg</i>	1	MO
<i>fenofibrate tab 160 mg</i>	1	MO
FIBRICOR TAB 35MG ( <i>fenofibric acid</i> )	3	MO
<i>gemfibrozil tab 600 mg</i>	1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>HMG COA REDUCTASE INHIBITORS</b>		
<b><i>atorvastatin calcium tab 10 mg (base equivalent)</i></b>	1	MO; \$0 copay for members age 40 through 75
<b><i>atorvastatin calcium tab 20 mg (base equivalent)</i></b>	1	MO; \$0 copay for members age 40 through 75
<b><i>atorvastatin calcium tab 40 mg (base equivalent)</i></b>	1	MO
<b><i>atorvastatin calcium tab 80 mg (base equivalent)</i></b>	1	MO
<b><i>fluvastatin sodium cap 20 mg (base equivalent)</i></b>	1	MO; \$0 copay for members age 40 through 75
<b><i>fluvastatin sodium cap 40 mg (base equivalent)</i></b>	1	MO; \$0 copay for members age 40 through 75
<b><i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i></b>	1	MO; \$0 copay for members age 40 through 75
<b><i>lovastatin tab 10 mg</i></b>	1	MO; \$0 copay for members age 40 through 75
<b><i>lovastatin tab 20 mg</i></b>	1	MO; \$0 copay for members age 40 through 75
<b><i>lovastatin tab 40 mg</i></b>	1	MO; \$0 copay for members age 40 through 75
<b><i>pravastatin sodium tab 10 mg</i></b>	1	MO; \$0 copay for members age 40 through 75
<b><i>pravastatin sodium tab 20 mg</i></b>	1	MO; \$0 copay for members age 40 through 75
<b><i>pravastatin sodium tab 40 mg</i></b>	1	MO; \$0 copay for members age 40 through 75
<b><i>pravastatin sodium tab 80 mg</i></b>	1	MO; \$0 copay for members age 40 through 75
<b><i>rosuvastatin calcium tab 5 mg</i></b>	1	MO; \$0 copay for members age 40 through 75

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>rosuvastatin calcium tab 10 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	1	MO
<i>rosuvastatin calcium tab 40 mg</i>	1	MO
<i>simvastatin tab 5 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	1	MO; \$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	MO
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe tab 10 mg</i>	1	MO
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	MO
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	MO
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	MO
<b>ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril hcl tab 5 mg</i>	1	MO
<i>benazepril hcl tab 10 mg</i>	1	MO
<i>benazepril hcl tab 20 mg</i>	1	MO
<i>benazepril hcl tab 40 mg</i>	1	MO
<i>captopril tab 12.5 mg</i>	1	MO
<i>captopril tab 25 mg</i>	1	MO
<i>captopril tab 50 mg</i>	1	MO
<i>captopril tab 100 mg</i>	1	MO
<i>enalapril maleate tab 2.5 mg</i>	1	MO
<i>enalapril maleate tab 5 mg</i>	1	MO
<i>enalapril maleate tab 10 mg</i>	1	MO
<i>enalapril maleate tab 20 mg</i>	1	MO
<i>fosinopril sodium tab 10 mg</i>	1	MO
<i>fosinopril sodium tab 20 mg</i>	1	MO

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>fosinopril sodium tab 40 mg</i>	1	MO
<i>lisinopril tab 2.5 mg</i>	1	MO
<i>lisinopril tab 5 mg</i>	1	MO
<i>lisinopril tab 10 mg</i>	1	MO
<i>lisinopril tab 20 mg</i>	1	MO
<i>lisinopril tab 30 mg</i>	1	MO
<i>lisinopril tab 40 mg</i>	1	MO
<i>moexipril hcl tab 7.5 mg</i>	1	MO
<i>moexipril hcl tab 15 mg</i>	1	MO
<i>perindopril erbumine tab 2 mg</i>	1	MO
<i>perindopril erbumine tab 4 mg</i>	1	MO
<i>perindopril erbumine tab 8 mg</i>	1	MO
<i>quinapril hcl tab 5 mg</i>	1	MO
<i>quinapril hcl tab 10 mg</i>	1	MO
<i>quinapril hcl tab 20 mg</i>	1	MO
<i>quinapril hcl tab 40 mg</i>	1	MO
<i>ramipril cap 1.25 mg</i>	1	MO
<i>ramipril cap 2.5 mg</i>	1	MO
<i>ramipril cap 5 mg</i>	1	MO
<i>ramipril cap 10 mg</i>	1	MO
<i>trandolapril tab 1 mg</i>	1	MO
<i>trandolapril tab 2 mg</i>	1	MO
<i>trandolapril tab 4 mg</i>	1	MO
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
<i>metyrosine cap 250 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil tab 4 mg</i>	1	MO
<i>candesartan cilexetil tab 8 mg</i>	1	MO
<i>candesartan cilexetil tab 16 mg</i>	1	MO
<i>candesartan cilexetil tab 32 mg</i>	1	MO
<i>irbesartan tab 75 mg</i>	1	MO
<i>irbesartan tab 150 mg</i>	1	MO
<i>irbesartan tab 300 mg</i>	1	MO
<i>losartan potassium tab 25 mg</i>	1	MO
<i>losartan potassium tab 50 mg</i>	1	MO
<i>losartan potassium tab 100 mg</i>	1	MO
<i>olmesartan medoxomil tab 5 mg</i>	1	MO
<i>olmesartan medoxomil tab 20 mg</i>	1	MO
<i>olmesartan medoxomil tab 40 mg</i>	1	MO
<i>telmisartan tab 20 mg</i>	1	MO
<i>telmisartan tab 40 mg</i>	1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>telmisartan tab 80 mg</i>	1	MO
<i>valsartan tab 40 mg</i>	1	MO
<i>valsartan tab 80 mg</i>	1	MO
<i>valsartan tab 160 mg</i>	1	MO
<i>valsartan tab 320 mg</i>	1	MO
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<i>clonidine hcl tab 0.1 mg</i>	1	MO
<i>clonidine hcl tab 0.2 mg</i>	1	MO
<i>clonidine hcl tab 0.3 mg</i>	1	MO
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	MO
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	MO
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	MO
<i>doxazosin mesylate tab 1 mg</i>	1	MO
<i>doxazosin mesylate tab 2 mg</i>	1	MO
<i>doxazosin mesylate tab 4 mg</i>	1	MO
<i>doxazosin mesylate tab 8 mg</i>	1	MO
<i>guanfacine hcl tab 1 mg</i>	1	MO
<i>guanfacine hcl tab 2 mg</i>	1	MO
<i>methyldopa tab 250 mg</i>	1	MO
<i>methyldopa tab 500 mg</i>	1	MO
<i>prazosin hcl cap 1 mg</i>	1	MO
<i>prazosin hcl cap 2 mg</i>	1	MO
<i>prazosin hcl cap 5 mg</i>	1	MO
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	MO
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	MO
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	MO
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	MO
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	MO
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	MO
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	MO
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	MO
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	MO

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i></b>	1	MO
<b><i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i></b>	1	MO
<b><i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i></b>	1	MO
<b><i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i></b>	1	MO
<b><i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i></b>	1	MO
<b><i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i></b>	1	MO
<b><i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i></b>	1	MO
<b><i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i></b>	1	MO
<b><i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i></b>	1	MO
<b><i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i></b>	1	MO
<b><i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i></b>	1	MO
<b><i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i></b>	1	MO
<b><i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i></b>	1	MO
<b><i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i></b>	1	MO
<b><i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i></b>	1	MO
<b><i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i></b>	1	MO
<b><i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i></b>	1	MO
<b><i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i></b>	1	MO
<b><i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i></b>	1	MO
<b><i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i></b>	1	MO
<b><i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i></b>	1	MO
<b><i>methyldopa &amp; hydrochlorothiazide tab 250-15 mg</i></b>	1	MO

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<b><i>methyldopa &amp; hydrochlorothiazide tab 250-25 mg</i></b>	1	MO
<b><i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i></b>	1	MO
<b><i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i></b>	1	MO
<b><i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i></b>	1	MO
<b><i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i></b>	1	MO
<b><i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i></b>	1	MO
<b><i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i></b>	1	MO
<b><i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i></b>	1	MO
<b><i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i></b>	1	MO
<b><i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i></b>	1	MO
<b><i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i></b>	1	MO
<b><i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i></b>	1	MO
<b><i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i></b>	1	MO
<b><i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i></b>	1	MO
<b><i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i></b>	1	MO
<b><i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i></b>	1	MO
<b><i>quinapril-hydrochlorothiazide tab 20-25 mg</i></b>	1	MO
<b>TEKTURNA HCT TAB 150-12.5 (<i>aliskiren-hydrochlorothiazide</i>)</b>	2	ST, MO; PA**
<b>TEKTURNA HCT TAB 150-25MG (<i>aliskiren-hydrochlorothiazide</i>)</b>	2	ST, MO; PA**
<b>TEKTURNA HCT TAB 300-12.5 (<i>aliskiren-hydrochlorothiazide</i>)</b>	2	ST, MO; PA**
<b>TEKTURNA HCT TAB 300-25MG (<i>aliskiren-hydrochlorothiazide</i>)</b>	2	ST, MO; PA**
<b><i>telmisartan-amlodipine tab 40-5 mg</i></b>	1	MO
<b><i>telmisartan-amlodipine tab 40-10 mg</i></b>	1	MO

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

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<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>		
<i>chloroquine phosphate tab 250 mg</i>	1	MO
<i>chloroquine phosphate tab 500 mg</i>	1	MO
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	MO
<i>mefloquine hcl tab 250 mg</i>	1	MO
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
<i>pyrimethamine tab 25 mg</i>	1	
<i>quinine sulfate cap 324 mg</i>	1	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS</b>		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
<b>ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS</b>		
<b>ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS</b>		
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	MO
<i>isoniazid tab 100 mg</i>	1	MO
<i>isoniazid tab 300 mg</i>	1	MO
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide cap 25 mg</i>	1	OAC
<i>cyclophosphamide cap 50 mg</i>	1	OAC

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
LEUKERAN TAB 2MG ( <i>chlorambucil</i> )	2	OAC
<b><i>melphalan tab 2 mg</i></b>	1	OAC
MYLERAN TAB 2MG ( <i>busulfan</i> )	2	OAC
<b><i>temozolomide cap 5 mg</i></b>	1	SP, PA; OAC
<b><i>temozolomide cap 20 mg</i></b>	1	SP, PA; OAC
<b><i>temozolomide cap 100 mg</i></b>	1	SP, PA; OAC
<b><i>temozolomide cap 140 mg</i></b>	1	SP, PA; OAC
<b><i>temozolomide cap 180 mg</i></b>	1	SP, PA; OAC
<b><i>temozolomide cap 250 mg</i></b>	1	SP, PA; OAC
<b>ANTIMETABOLITES</b>		
<b><i>capecitabine tab 150 mg</i></b>	1	SP, PA, QL (120 tabs / 30 days); OAC
<b><i>capecitabine tab 500 mg</i></b>	1	SP, PA, QL (300 tabs / 30 days); OAC
<b><i>mercaptopurine tab 50 mg</i></b>	1	OAC
<b><i>methotrexate sodium tab 2.5 mg (base equiv)</i></b>	1	OAC
TABLOID TAB 40MG ( <i>thioguanine</i> )	2	OAC
TREXALL TAB 5MG ( <i>methotrexate sodium</i> )	2	OAC
TREXALL TAB 7.5MG ( <i>methotrexate sodium</i> )	2	OAC
TREXALL TAB 10MG ( <i>methotrexate sodium</i> )	2	OAC
TREXALL TAB 15MG ( <i>methotrexate sodium</i> )	2	OAC
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
ERIVEDGE CAP 150MG ( <i>vismodegib</i> )	2	SP, PA, QL (1 cap / 1 day)
ODOMZO CAP 200MG ( <i>sonidegib phosphate</i> )	2	SP, PA, QL (30 caps / 30 days); OAC
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<b><i>abiraterone acetate tab 250 mg</i></b>	1	SP, PA, QL (120 tabs / 30 days); OAC
<b><i>anastrozole tab 1 mg</i></b>	PV	MO; OAC, \$0 copay ages 35 and older for the primary prevention of breast cancer
<b><i>bicalutamide tab 50 mg</i></b>	1	OAC
EMCYT CAP 140MG ( <i>estramustine phosphate sodium</i> )	2	OAC
ERLEADA TAB 60MG ( <i>apalutamide</i> )	2	SP, PA, QL (120 tabs / 30 days); OAC

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>exemestane tab 25 mg</i></b>	PV	MO; OAC, \$0 copay ages 35 and older for the primary prevention of breast cancer
<b><i>flutamide cap 125 mg</i></b>	1	OAC
<b><i>letrozole tab 2.5 mg</i></b>	1	MO; OAC
<b>LYSODREN TAB 500MG (<i>mitotane</i>)</b>	2	OAC
<b><i>megestrol acetate susp 40 mg/ml</i></b>	1	OAC
<b><i>megestrol acetate tab 20 mg</i></b>	1	OAC
<b><i>megestrol acetate tab 40 mg</i></b>	1	OAC
<b><i>nilutamide tab 150 mg</i></b>	1	OAC
<b>NUBEQA TAB 300MG (<i>darolutamide</i>)</b>	2	SP, PA, QL (120 tabs / 30 days); OAC
<b><i>tamoxifen citrate tab 10 mg (base equivalent)</i></b>	1	MO; OAC, \$0 copay ages 35 and older for the primary prevention of breast cancer
<b><i>tamoxifen citrate tab 20 mg (base equivalent)</i></b>	1	MO; OAC, \$0 copay ages 35 and older for the primary prevention of breast cancer
<b><i>toremifene citrate tab 60 mg (base equivalent)</i></b>	1	MO; OAC
<b>XTANDI CAP 40MG (<i>enzalutamide</i>)</b>	2	SP, PA, QL (120 caps / 30 days); OAC
<b>YONSA TAB 125MG (<i>abiraterone acetate</i>)</b>	2	SP, PA, QL (120 tabs / 30 days); OAC
<b>ANTINEOPLASTIC COMBINATIONS</b>		
<b>KISQALI 200 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)</b>	2	SP, PA, QL (49 packs / 28 days); OAC
<b>KISQALI 400 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)</b>	2	SP, PA, QL (70 packs / 28 days); OAC
<b>KISQALI 600 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)</b>	2	SP, PA, QL (91 packs / 28 days); OAC
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
<b>AFINITOR DIS TAB 2MG (<i>everolimus</i>)</b>	2	SP, PA, QL (60 tabs / 30 days); OAC
<b>AFINITOR DIS TAB 3MG (<i>everolimus</i>)</b>	2	SP, PA, QL (90 tabs / 30 days); OAC
<b>AFINITOR DIS TAB 5MG (<i>everolimus</i>)</b>	2	SP, PA, QL (60 tabs / 30 days); OAC
<b>AFINITOR TAB 10MG (<i>everolimus</i>)</b>	2	SP, PA, QL (30 tabs / 30 days); OAC

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ALECENSA CAP 150MG ( <i>alectinib hcl</i> )	2	SP, PA, QL (8 caps / 1 day)
ALUNBRIG PAK ( <i>brigatinib</i> )	2	SP, PA, QL (1 tab / 1 day)
ALUNBRIG TAB 30MG ( <i>brigatinib</i> )	2	SP, PA, QL (4 tabs / 1 day)
ALUNBRIG TAB 90MG ( <i>brigatinib</i> )	2	SP, PA, QL (1 tab / 1 day)
ALUNBRIG TAB 180MG ( <i>brigatinib</i> )	2	SP, PA, QL (1 tab / 1 day)
BOSULIF TAB 100MG ( <i>bosutinib</i> )	2	SP, PA, QL (90 tabs / 30 days); OAC
BOSULIF TAB 400MG ( <i>bosutinib</i> )	2	SP, PA, QL (30 tabs / 30 days); OAC
BOSULIF TAB 500MG ( <i>bosutinib</i> )	2	SP, PA, QL (30 tabs / 30 days); OAC
CABOMETYX TAB 20MG ( <i>cabozantinib s-malate</i> )	2	SP, PA, QL (30 tabs / 30 days); OAC
CABOMETYX TAB 40MG ( <i>cabozantinib s-malate</i> )	2	SP, PA, QL (30 tabs / 30 days); OAC
CABOMETYX TAB 60MG ( <i>cabozantinib s-malate</i> )	2	SP, PA, QL (30 tabs / 30 days); OAC
COPIKTRA CAP 15MG ( <i>duvelisib</i> )	2	SP, PA, QL (60 caps / 30 days); OAC
COPIKTRA CAP 25MG ( <i>duvelisib</i> )	2	SP, PA, QL (60 caps / 30 days); OAC
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	1	SP, PA, QL (60 tabs / 30 days); OAC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	1	SP, PA, QL (30 tabs / 30 days); OAC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	1	SP, PA, QL (30 tabs / 30 days); OAC
<i>everolimus tab 2.5 mg</i>	1	SP, PA, QL (30 tabs / 30 days); OAC
<i>everolimus tab 5 mg</i>	1	SP, PA, QL (30 tabs / 30 days); OAC
<i>everolimus tab 7.5 mg</i>	1	SP, PA, QL (30 tabs / 30 days); OAC
IBRANCE CAP 75MG ( <i>palbociclib</i> )	2	SP, PA, QL (21 caps / 28 days); OAC
IBRANCE CAP 100MG ( <i>palbociclib</i> )	2	SP, PA, QL (21 caps / 28 days); OAC
IBRANCE CAP 125MG ( <i>palbociclib</i> )	2	SP, PA, QL (21 caps / 28 days); OAC

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
IBRANCE TAB 75MG ( <b><i>palbociclib</i></b> )	2	SP, PA, QL (21 tabs / 28 days); OAC
IBRANCE TAB 100MG ( <b><i>palbociclib</i></b> )	2	SP, PA, QL (21 tabs / 28 days); OAC
IBRANCE TAB 125MG ( <b><i>palbociclib</i></b> )	2	SP, PA, QL (21 tabs / 28 days); OAC
<b><i>imatinib mesylate tab 100 mg (base equivalent)</i></b>	1	SP, PA, QL (90 tabs / 30 days); OAC
<b><i>imatinib mesylate tab 400 mg (base equivalent)</i></b>	1	SP, PA, QL (60 tabs / 30 days); OAC
IRESSA TAB 250MG ( <b><i>gefitinib</i></b> )	2	SP, PA, QL (30 tabs / 30 days); OAC
KISQALI TAB 200DOSE ( <b><i>ribociclib succinate</i></b> )	2	SP, PA, QL (21 tabs / 28 days); OAC
KISQALI TAB 400DOSE ( <b><i>ribociclib succinate</i></b> )	2	SP, PA, QL (42 tabs / 28 days); OAC
KISQALI TAB 600DOSE ( <b><i>ribociclib succinate</i></b> )	2	SP, PA, QL (63 tabs / 28 days); OAC
<b><i>lapatinib ditosylate tab 250 mg (base equiv)</i></b>	1	SP, PA, QL (180 tabs / 30 days); OAC
LYNPARZA TAB 100MG ( <b><i>olaparib</i></b> )	2	SP, PA, QL (120 tabs / 30 days); OAC
LYNPARZA TAB 150MG ( <b><i>olaparib</i></b> )	2	SP, PA, QL (120 tabs / 30 days); OAC
NINLARO CAP 2.3MG ( <b><i>ixazomib citrate</i></b> )	2	SP, PA, QL (6 caps / 28 days)
NINLARO CAP 3MG ( <b><i>ixazomib citrate</i></b> )	2	SP, PA, QL (6 caps / 28 days)
NINLARO CAP 4MG ( <b><i>ixazomib citrate</i></b> )	2	SP, PA, QL (6 caps / 28 days)
RUBRACA TAB 200MG ( <b><i>rucaparib camsylate</i></b> )	2	SP, PA, QL (120 tabs / 30 days); OAC
RUBRACA TAB 250MG ( <b><i>rucaparib camsylate</i></b> )	2	SP, PA, QL (120 tabs / 30 days); OAC
RUBRACA TAB 300MG ( <b><i>rucaparib camsylate</i></b> )	2	SP, PA, QL (120 tabs / 30 days); OAC
RYDAPT CAP 25MG ( <b><i>midostaurin</i></b> )	2	SP, PA, QL (224 caps / 28 days); OAC
SPRYCEL TAB 20MG ( <b><i>dasatinib</i></b> )	2	SP, PA, QL (90 tabs / 30 days); OAC
SPRYCEL TAB 50MG ( <b><i>dasatinib</i></b> )	2	SP, PA, QL (30 tabs / 30 days); OAC
SPRYCEL TAB 70MG ( <b><i>dasatinib</i></b> )	2	SP, PA, QL (30 tabs / 30 days); OAC

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
SPRYCEL TAB 80MG ( <i>dasatinib</i> )	2	SP, PA, QL (30 tabs / 30 days); OAC
SPRYCEL TAB 100MG ( <i>dasatinib</i> )	2	SP, PA, QL (30 tabs / 30 days); OAC
SPRYCEL TAB 140MG ( <i>dasatinib</i> )	2	SP, PA, QL (30 tabs / 30 days); OAC
SUTENT CAP 12.5MG ( <i>sunitinib malate</i> )	2	SP, PA, QL (30 caps / 30 days); OAC
SUTENT CAP 25MG ( <i>sunitinib malate</i> )	2	SP, PA, QL (30 caps / 30 days); OAC
SUTENT CAP 37.5MG ( <i>sunitinib malate</i> )	2	SP, PA, QL (30 caps / 30 days); OAC
SUTENT CAP 50MG ( <i>sunitinib malate</i> )	2	SP, PA, QL (30 caps / 30 days); OAC
VOTRIENT TAB 200MG ( <i>pazopanib hcl</i> )	2	SP, PA, QL (120 tabs / 30 days); OAC
XOSPATA TAB 40MG ( <i>gilteritinib fumarate</i> )	2	SP, PA, QL (3 tabs / 1 day)
ZEJULA CAP 100MG ( <i>niraparib tosylate</i> )	2	SP, PA, QL (90 caps / 30 day); OAC
ZOLINZA CAP 100MG ( <i>vorinostat</i> )	2	SP, PA, QL (120 caps / 30 days); OAC
<b>ANTINEOPLASTICS MISC.</b>		
<i>bexarotene cap 75 mg</i>	1	SP, PA; OAC
<i>hydroxyurea cap 500 mg</i>	1	OAC
MATULANE CAP 50MG ( <i>procarbazine hcl</i> )	2	OAC
<i>tretinoin cap 10 mg</i>	1	OAC
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
<i>leucovorin calcium tab 5 mg</i>	1	OAC
<i>leucovorin calcium tab 10 mg</i>	1	OAC
<i>leucovorin calcium tab 15 mg</i>	1	OAC
<i>leucovorin calcium tab 25 mg</i>	1	OAC
<b>MITOTIC INHIBITORS</b>		
<i>etoposide cap 50 mg</i>	1	SP; OAC
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
<i>carbidopa tab 25 mg</i>	1	MO
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate tab 0.5 mg</i>	1	MO
<i>benztropine mesylate tab 1 mg</i>	1	MO
<i>benztropine mesylate tab 2 mg</i>	1	MO

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	MO
<i>trihexyphenidyl hcl tab 2 mg</i>	1	MO
<i>trihexyphenidyl hcl tab 5 mg</i>	1	MO
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone tab 200 mg</i>	1	MO
<i>tolcapone tab 100 mg</i>	1	MO
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl cap 100 mg</i>	1	MO
<i>amantadine hcl syrup 50 mg/5ml</i>	1	MO
<i>amantadine hcl tab 100 mg</i>	1	MO
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	MO
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	MO
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	1	MO
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	1	MO
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	1	MO
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1	MO
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	1	MO
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1	MO
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1	MO
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	MO
<i>INBRIJA CAP 42MG (levodopa)</i>	2	SP, PA, QL (10 caps / 1 day)
<i>NEUPRO DIS 1MG/24HR (rotigotine)</i>	2	MO
<i>NEUPRO DIS 2MG/24HR (rotigotine)</i>	2	MO

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
NEUPRO DIS 3MG/24HR ( <i>rotigotine</i> )	2	MO
NEUPRO DIS 4MG/24HR ( <i>rotigotine</i> )	2	MO
NEUPRO DIS 6MG/24HR ( <i>rotigotine</i> )	2	MO
NEUPRO DIS 8MG/24HR ( <i>rotigotine</i> )	2	MO
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	MO
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	MO
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	MO
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	MO
<i>pramipexole dihydrochloride tab 1 mg</i>	1	MO
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	MO
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	MO
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	MO
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	MO
<i>ropinirole hydrochloride tab 1 mg</i>	1	MO
<i>ropinirole hydrochloride tab 2 mg</i>	1	MO
<i>ropinirole hydrochloride tab 3 mg</i>	1	MO
<i>ropinirole hydrochloride tab 4 mg</i>	1	MO
<i>ropinirole hydrochloride tab 5 mg</i>	1	MO
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	MO
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	MO
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	MO
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	MO

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	MO
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	MO
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	MO
<i>selegiline hcl cap 5 mg</i>	1	MO
<i>selegiline hcl tab 5 mg</i>	1	MO
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium carbonate cap 150 mg</i>	1	MO
<i>lithium carbonate cap 300 mg</i>	1	MO
<i>lithium carbonate cap 600 mg</i>	1	MO
<i>lithium carbonate tab 300 mg</i>	1	MO
<i>lithium carbonate tab er 300 mg</i>	1	MO
<i>lithium carbonate tab er 450 mg</i>	1	MO
<b>ANTIPSYCHOTICS - MISC.</b>		
<i>LATUDA TAB 20MG (lurasidone hcl)</i>	2	ST, MO; PA**
<i>LATUDA TAB 40MG (lurasidone hcl)</i>	2	ST, MO; PA**
<i>LATUDA TAB 60MG (lurasidone hcl)</i>	2	ST, MO; PA**
<i>LATUDA TAB 80MG (lurasidone hcl)</i>	2	ST, MO; PA**
<i>LATUDA TAB 120MG (lurasidone hcl)</i>	2	ST, MO; PA**
<i>VRAYLAR CAP 1.5-3MG (cariprazine hcl)</i>	2	ST; PA**
<i>VRAYLAR CAP 1.5MG (cariprazine hcl)</i>	2	ST, MO; PA**
<i>VRAYLAR CAP 3MG (cariprazine hcl)</i>	2	ST, MO; PA**
<i>VRAYLAR CAP 4.5MG (cariprazine hcl)</i>	2	ST, MO; PA**
<i>VRAYLAR CAP 6MG (cariprazine hcl)</i>	2	ST, MO; PA**
<i>ziprasidone hcl cap 20 mg</i>	1	MO
<i>ziprasidone hcl cap 40 mg</i>	1	MO
<i>ziprasidone hcl cap 60 mg</i>	1	MO
<i>ziprasidone hcl cap 80 mg</i>	1	MO
<b>BENZISOXAZOLES</b>		
<i>paliperidone tab er 24hr 1.5 mg</i>	1	MO
<i>paliperidone tab er 24hr 3 mg</i>	1	MO
<i>paliperidone tab er 24hr 6 mg</i>	1	MO
<i>paliperidone tab er 24hr 9 mg</i>	1	MO
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	MO
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	MO

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<i><b>risperidone orally disintegrating tab 1 mg</b></i>	1	MO
<i><b>risperidone orally disintegrating tab 2 mg</b></i>	1	MO
<i><b>risperidone orally disintegrating tab 3 mg</b></i>	1	MO
<i><b>risperidone orally disintegrating tab 4 mg</b></i>	1	MO
<i><b>risperidone soln 1 mg/ml</b></i>	1	MO
<i><b>risperidone tab 0.5 mg</b></i>	1	MO
<i><b>risperidone tab 0.25 mg</b></i>	1	MO
<i><b>risperidone tab 1 mg</b></i>	1	MO
<i><b>risperidone tab 2 mg</b></i>	1	MO
<i><b>risperidone tab 3 mg</b></i>	1	MO
<i><b>risperidone tab 4 mg</b></i>	1	MO
<b>BUTYROPHENONES</b>		
<i><b>haloperidol lactate oral conc 2 mg/ml</b></i>	1	MO
(Haloperidol Syp 2mg/ml) HALOPERIDOL	1	
<i><b>haloperidol tab 0.5 mg</b></i>	1	MO
<i><b>haloperidol tab 1 mg</b></i>	1	MO
<i><b>haloperidol tab 2 mg</b></i>	1	MO
<i><b>haloperidol tab 5 mg</b></i>	1	MO
<i><b>haloperidol tab 10 mg</b></i>	1	MO
<i><b>haloperidol tab 20 mg</b></i>	1	MO
<b>DIBENZAPINES</b>		
<i><b>clozapine orally disintegrating tab 12.5 mg</b></i>	1	
<i><b>clozapine orally disintegrating tab 25 mg</b></i>	1	
<i><b>clozapine orally disintegrating tab 100 mg</b></i>	1	
<i><b>clozapine orally disintegrating tab 150 mg</b></i>	1	
<i><b>clozapine orally disintegrating tab 200 mg</b></i>	1	
<i><b>clozapine tab 25 mg</b></i>	1	
<i><b>clozapine tab 50 mg</b></i>	1	
<i><b>clozapine tab 100 mg</b></i>	1	
<i><b>clozapine tab 200 mg</b></i>	1	
<i><b>loxapine succinate cap 5 mg</b></i>	1	MO
<i><b>loxapine succinate cap 10 mg</b></i>	1	MO
<i><b>loxapine succinate cap 25 mg</b></i>	1	MO
<i><b>loxapine succinate cap 50 mg</b></i>	1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>olanzapine orally disintegrating tab 5 mg</i></b>	1	MO
<b><i>olanzapine orally disintegrating tab 10 mg</i></b>	1	MO
<b><i>olanzapine orally disintegrating tab 15 mg</i></b>	1	MO
<b><i>olanzapine orally disintegrating tab 20 mg</i></b>	1	MO
<b><i>olanzapine tab 2.5 mg</i></b>	1	MO
<b><i>olanzapine tab 5 mg</i></b>	1	MO
<b><i>olanzapine tab 7.5 mg</i></b>	1	MO
<b><i>olanzapine tab 10 mg</i></b>	1	MO
<b><i>olanzapine tab 15 mg</i></b>	1	MO
<b><i>olanzapine tab 20 mg</i></b>	1	MO
<b><i>quetiapine fumarate tab 25 mg</i></b>	1	MO
<b><i>quetiapine fumarate tab 50 mg</i></b>	1	MO
<b><i>quetiapine fumarate tab 100 mg</i></b>	1	MO
<b><i>quetiapine fumarate tab 200 mg</i></b>	1	MO
<b><i>quetiapine fumarate tab 300 mg</i></b>	1	MO
<b><i>quetiapine fumarate tab 400 mg</i></b>	1	MO
<b><i>quetiapine fumarate tab er 24hr 50 mg</i></b>	1	MO
<b><i>quetiapine fumarate tab er 24hr 150 mg</i></b>	1	MO
<b><i>quetiapine fumarate tab er 24hr 200 mg</i></b>	1	MO
<b><i>quetiapine fumarate tab er 24hr 300 mg</i></b>	1	MO
<b><i>quetiapine fumarate tab er 24hr 400 mg</i></b>	1	MO
<b>DIHYDROINDOLONES</b>		
<b><i>molindone hcl tab 5 mg</i></b>	1	MO
<b><i>molindone hcl tab 10 mg</i></b>	1	MO
<b><i>molindone hcl tab 25 mg</i></b>	1	MO
<b>PHENOTHIAZINES</b>		
<b><i>chlorpromazine hcl tab 10 mg</i></b>	1	MO
<b><i>chlorpromazine hcl tab 25 mg</i></b>	1	MO
<b><i>chlorpromazine hcl tab 50 mg</i></b>	1	MO
<b><i>chlorpromazine hcl tab 100 mg</i></b>	1	MO
<b><i>chlorpromazine hcl tab 200 mg</i></b>	1	MO
<b><i>fluphenazine hcl elixir 2.5 mg/5ml</i></b>	1	MO
<b><i>fluphenazine hcl oral conc 5 mg/ml</i></b>	1	MO
<b><i>fluphenazine hcl tab 1 mg</i></b>	1	MO
<b><i>fluphenazine hcl tab 2.5 mg</i></b>	1	MO

**MO** - Available at mail-order   **OAC** - Oral Anti-Cancer   **PA** - Prior Authorization   **PA\*\*** - Prior Authorization if step therapy is not met   **QL** - Quantity Limits   **SP** - Specialty   **ST** - Step Therapy

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

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>		
<b>ANTIRETROVIRALS</b>		
<b><i>abacavir sulfate soln 20 mg/ml (base equiv)</i></b>	1	SP, QL (900 mL / 30 days)
<b><i>abacavir sulfate tab 300 mg (base equiv)</i></b>	1	SP, QL (60 tabs / 30 days)
<b><i>abacavir sulfate-lamivudine tab 600-300 mg</i></b>	1	SP, QL (30 tabs / 30 days)
<b><i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i></b>	1	SP, QL (60 tabs / 30 days)
<b><i>atazanavir sulfate cap 150 mg (base equiv)</i></b>	1	SP, QL (30 caps / 30 days)
<b><i>atazanavir sulfate cap 200 mg (base equiv)</i></b>	1	SP, QL (60 caps / 30 days)
<b><i>atazanavir sulfate cap 300 mg (base equiv)</i></b>	1	SP, QL (30 caps / 30 days)
<b>BIKTARVY TAB (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>)</b>	2	SP, QL (30 tabs / 30 days)
<b>CIMDUO TAB 300-300 (<i>lamivudine-tenofovir disoproxil fumarate</i>)</b>	2	SP, QL (30 tabs / 30 days)
<b>DESCOVY TAB 200/25MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>)</b>	2	SP, QL (30 tabs / 30 days)
<b><i>didanosine delayed release capsule 200 mg</i></b>	1	SP, QL (30 caps / 30 days)
<b><i>didanosine delayed release capsule 250 mg</i></b>	1	SP, QL (30 caps / 30 days)
<b><i>didanosine delayed release capsule 400 mg</i></b>	1	SP, QL (30 caps / 30 days)
<b>DOVATO TAB 50-300MG (<i>dolutegravir sodium-lamivudine</i>)</b>	2	SP, QL (30 tabs / 30 days)
<b>EDURANT TAB 25MG (<i>rilpivirine hcl</i>)</b>	2	SP, QL (60 tabs / 30 days)
<b><i>efavirenz cap 50 mg</i></b>	1	SP, QL (90 caps / 30 day)
<b><i>efavirenz cap 200 mg</i></b>	1	SP, QL (90 caps / 30 day)
<b><i>efavirenz tab 600 mg</i></b>	1	SP, QL (30 tabs / 30 days)
<b><i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i></b>	1	SP, QL (30 tabs / 30 days)
<b><i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i></b>	1	SP, QL (30 tabs / 30 days)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i></b>	1	SP, QL (30 tabs / 30 days)
<b><i>emtricitabine caps 200 mg</i></b>	1	SP, QL (30 caps / 30 days)
<b><i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i></b>	1	SP, QL (30 tabs / 30 days); \$0 copay for PrEP
<b>EMTRIVA SOL 10MG/ML (<i>emtricitabine</i>)</b>	2	SP, QL (680 mL / 28 days)
<b>EVOTAZ TAB 300-150 (<i>atazanavir sulfate-cobicistat</i>)</b>	2	SP, QL (30 tabs / 30 days)
<b><i>fosamprenavir calcium tab 700 mg (base equiv)</i></b>	1	SP, QL (120 tabs / 30 days)
<b>GENVOYA TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)</b>	2	SP, QL (30 tabs / 30 days)
<b>INTELENCE TAB 25MG (<i>etravirine</i>)</b>	2	SP, QL (120 tabs / 30 days)
<b>INTELENCE TAB 100MG (<i>etravirine</i>)</b>	2	SP, QL (120 tabs / 30 days)
<b>INTELENCE TAB 200MG (<i>etravirine</i>)</b>	2	SP, QL (60 tabs / 30 days)
<b>ISENTRESS CHW 25MG (<i>raltegravir potassium</i>)</b>	2	SP, QL (180 tabs / 30 days)
<b>ISENTRESS CHW 100MG (<i>raltegravir potassium</i>)</b>	2	SP, QL (180 tabs / 30 days)
<b>ISENTRESS HD TAB 600MG (<i>raltegravir potassium</i>)</b>	2	SP, QL (60 tabs / 30 days)
<b>ISENTRESS POW 100MG (<i>raltegravir potassium</i>)</b>	2	SP, QL (60 powder packets / 30 days)
<b>ISENTRESS TAB 400MG (<i>raltegravir potassium</i>)</b>	2	SP, QL (120 tabs / 30 days)
<b>KALETRA TAB 100-25MG (<i>lopinavir-ritonavir</i>)</b>	2	SP, QL (240 tabs / 30 days)
<b>KALETRA TAB 200-50MG (<i>lopinavir-ritonavir</i>)</b>	2	SP, QL (120 tabs / 30 days)
<b><i>lamivudine oral soln 10 mg/ml</i></b>	1	SP, QL (900 mL / 30 days)
<b><i>lamivudine tab 150 mg</i></b>	1	SP, QL (60 tabs / 30 days)
<b><i>lamivudine tab 300 mg</i></b>	1	SP, QL (30 tabs / 30 days)
<b><i>lamivudine-zidovudine tab 150-300 mg</i></b>	1	SP, QL (60 tabs / 30 days)
<b><i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i></b>	1	SP, QL (390 mL / 30 days)



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>nevirapine susp 50 mg/5ml</i></b>	1	SP, QL (1200 mL / 30 days)
<b><i>nevirapine tab 200 mg</i></b>	1	SP, QL (60 tabs / 30 days)
<b><i>nevirapine tab er 24hr 100 mg</i></b>	1	SP, QL (90 tabs / 30 day)
<b><i>nevirapine tab er 24hr 400 mg</i></b>	1	SP, QL (30 tabs / 30 days)
NORVIR POW 100MG ( <b><i>ritonavir</i></b> )	2	SP, QL (360 powder packets / 30 days)
NORVIR SOL 80MG/ML ( <b><i>ritonavir</i></b> )	2	SP, QL (480 mL / 30 days)
ODEFSEY TAB ( <b><i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i></b> )	2	SP, QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150 ( <b><i>darunavir-cobicistat</i></b> )	2	SP, QL (30 tabs / 30 days)
PREZISTA SUS 100MG/ML ( <b><i>darunavir ethanolate</i></b> )	2	SP, QL (400 mL / 30 days)
PREZISTA TAB 75MG ( <b><i>darunavir ethanolate</i></b> )	2	SP, QL (300 tabs / 30 days)
PREZISTA TAB 150MG ( <b><i>darunavir ethanolate</i></b> )	2	SP, QL (180 tabs / 30 days)
PREZISTA TAB 600MG ( <b><i>darunavir ethanolate</i></b> )	2	SP, QL (60 tabs / 30 days)
PREZISTA TAB 800MG ( <b><i>darunavir ethanolate</i></b> )	2	SP, QL (30 tabs / 30 days)
<b><i>ritonavir tab 100 mg</i></b>	1	SP, QL (360 tabs / 30 days)
<b><i>stavudine cap 15 mg</i></b>	1	SP, QL (60 caps / 30 days)
<b><i>stavudine cap 20 mg</i></b>	1	SP, QL (60 caps / 30 days)
<b><i>stavudine cap 30 mg</i></b>	1	SP, QL (60 caps / 30 days)
<b><i>stavudine cap 40 mg</i></b>	1	SP, QL (60 caps / 30 days)
SYM TUZA TAB ( <b><i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i></b> )	2	SP, QL (30 tabs / 30 days)
TEMI XYS TAB 300-300 ( <b><i>lamivudine-tenofovir disoproxil fumarate</i></b> )	2	SP, QL (30 tabs / 30 days)
<b><i>tenofovir disoproxil fumarate tab 300 mg</i></b>	1	SP, QL (30 tabs / 30 days)
TIVICAY PD TAB 5MG ( <b><i>dolutegravir sodium</i></b> )	2	SP, QL (360 tabs / 30 days)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
TIVICAY TAB 10MG ( <i>dolutegravir sodium</i> )	2	SP, QL (240 tabs / 30 days)
TIVICAY TAB 25MG ( <i>dolutegravir sodium</i> )	2	SP, QL (60 tabs / 30 days)
TIVICAY TAB 50MG ( <i>dolutegravir sodium</i> )	2	SP, QL (60 tabs / 30 days)
TRIUMEQ TAB ( <i>abacavir-dolutegravir-lamivudine</i> )	2	SP, QL (30 tabs / 30 days)
TRUVADA TAB 100-150 ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	2	SP, QL (30 tabs / 30 days)
TRUVADA TAB 133-200 ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	2	SP, QL (30 tabs / 30 days)
TRUVADA TAB 167-250 ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	2	SP, QL (30 tabs / 30 days)
<i>zidovudine cap 100 mg</i>	1	SP, QL (180 caps / 30 days)
<i>zidovudine syrup 10 mg/ml</i>	1	SP, QL (1800 mL / 30 days)
<i>zidovudine tab 300 mg</i>	1	SP, QL (60 tabs / 30 days)

#### **CMV AGENTS**

<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL (1000 mL / 30 days), MO
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL (30 tabs / 30 days), MO

#### **HEPATITIS AGENTS**

<i>adefovir dipivoxil tab 10 mg</i>	1	SP
BARACLUDE SOL ( <i>entecavir</i> )	2	SP
<i>entecavir tab 0.5 mg</i>	1	SP
<i>entecavir tab 1 mg</i>	1	SP
EPCLUSA TAB 200-50MG ( <i>sofosbuvir-velpatasvir</i> )	2	SP, PA, QL (1 tab / 1 day)
EPCLUSA TAB 400-100 ( <i>sofosbuvir-velpatasvir</i> )	2	SP, PA, QL (28 tabs / 28 days)
HARVONI PAK ( <i>ledipasvir-sofosbuvir</i> )	2	SP, PA, QL (28 packets / 28 days)
HARVONI PAK 45-200MG ( <i>ledipasvir-sofosbuvir</i> )	2	SP, PA, QL (28 packets / 28 days)
HARVONI TAB 45-200MG ( <i>ledipasvir-sofosbuvir</i> )	2	SP, PA, QL (28 tabs / 28 days)
HARVONI TAB 90-400MG ( <i>ledipasvir-sofosbuvir</i> )	2	SP, PA, QL (28 tabs / 28 days)
<i>lamivudine tab 100 mg (hbv)</i>	1	SP
<i>ribavirin cap 200 mg</i>	1	SP, PA

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>ribavirin tab 200 mg</i>	1	SP, PA
VEMLIDY TAB 25MG ( <i>tenofovir alafenamide fumarate</i> )	2	SP, QL (30 tabs / 30 days)
VOSEVI TAB ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> )	2	SP, PA, QL (28 tabs / 28 days)
<b>HERPES AGENTS</b>		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	
RELENZA MIS DISKHALE ( <i>zanamivir</i> )	2	
<i>rimantadine hydrochloride tab 100 mg</i>	1	
<b>BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	MO
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	MO
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	MO
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	MO
<i>carvedilol tab 3.125 mg</i>	1	MO
<i>carvedilol tab 6.25 mg</i>	1	MO
<i>carvedilol tab 12.5 mg</i>	1	MO
<i>carvedilol tab 25 mg</i>	1	MO
<i>labetalol hcl tab 100 mg</i>	1	MO
<i>labetalol hcl tab 200 mg</i>	1	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA\*\* - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>labetalol hcl tab 300 mg</i>	1	MO
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl cap 200 mg</i>	1	MO
<i>acebutolol hcl cap 400 mg</i>	1	MO
<i>atenolol tab 25 mg</i>	1	MO
<i>atenolol tab 50 mg</i>	1	MO
<i>atenolol tab 100 mg</i>	1	MO
<i>betaxolol hcl tab 10 mg</i>	1	MO
<i>betaxolol hcl tab 20 mg</i>	1	MO
<i>bisoprolol fumarate tab 5 mg</i>	1	MO
<i>bisoprolol fumarate tab 10 mg</i>	1	MO
BYSTOLIC TAB 2.5MG ( <i>nebivolol hcl</i> )	2	MO
BYSTOLIC TAB 5MG ( <i>nebivolol hcl</i> )	2	MO
BYSTOLIC TAB 10MG ( <i>nebivolol hcl</i> )	2	MO
BYSTOLIC TAB 20MG ( <i>nebivolol hcl</i> )	2	MO
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	MO
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	MO
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	MO
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	MO
<i>metoprolol tartrate tab 25 mg</i>	1	MO
<i>metoprolol tartrate tab 37.5 mg</i>	1	MO
<i>metoprolol tartrate tab 50 mg</i>	1	MO
<i>metoprolol tartrate tab 75 mg</i>	1	MO
<i>metoprolol tartrate tab 100 mg</i>	1	MO
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<i>nadolol tab 20 mg</i>	1	MO
<i>nadolol tab 40 mg</i>	1	MO
<i>nadolol tab 80 mg</i>	1	MO
<i>pindolol tab 5 mg</i>	1	MO
<i>pindolol tab 10 mg</i>	1	MO
<i>propranolol hcl cap er 24hr 60 mg</i>	1	MO
<i>propranolol hcl cap er 24hr 80 mg</i>	1	MO
<i>propranolol hcl cap er 24hr 120 mg</i>	1	MO
<i>propranolol hcl cap er 24hr 160 mg</i>	1	MO
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	MO
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	MO
<i>propranolol hcl tab 10 mg</i>	1	MO
<i>propranolol hcl tab 20 mg</i>	1	MO

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

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

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

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

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>diltiazem hcl coated beads cap er 24hr 180 mg</i></b>	1	MO
(Diltiazem Hcl Coated Beads Cap Er 24hr 180 mg) CARTIA XT	1	MO
<b><i>diltiazem hcl coated beads cap er 24hr 240 mg</i></b>	1	MO
(Diltiazem Hcl Coated Beads Cap Er 24hr 240 mg) CARTIA XT	1	MO
<b><i>diltiazem hcl coated beads cap er 24hr 300 mg</i></b>	1	MO
(Diltiazem Hcl Coated Beads Cap Er 24hr 300 mg) CARTIA XT	1	MO
<b><i>diltiazem hcl coated beads cap er 24hr 360 mg</i></b>	1	MO
<b><i>diltiazem hcl extended release beads cap er 24hr 120 mg</i></b>	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 120 mg) TAZTIA XT	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 120 mg) TIADYLT ER	1	MO
<b><i>diltiazem hcl extended release beads cap er 24hr 180 mg</i></b>	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 180 mg) TAZTIA XT	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 180 mg) TIADYLT ER	1	MO
<b><i>diltiazem hcl extended release beads cap er 24hr 240 mg</i></b>	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 240 mg) TAZTIA XT	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 240 mg) TIADYLT ER	1	MO
<b><i>diltiazem hcl extended release beads cap er 24hr 300 mg</i></b>	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 300 mg) TAZTIA XT	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 300 mg) TIADYLT ER	1	MO
<b><i>diltiazem hcl extended release beads cap er 24hr 360 mg</i></b>	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 360 mg) TAZTIA XT	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 360 mg) TIADYLT ER	1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>diltiazem hcl extended release beads cap er 24hr 420 mg</i></b>	1	MO
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 420 mg) TIADYLT ER	1	MO
<b><i>diltiazem hcl tab 30 mg</i></b>	1	MO
<b><i>diltiazem hcl tab 60 mg</i></b>	1	MO
<b><i>diltiazem hcl tab 90 mg</i></b>	1	MO
<b><i>diltiazem hcl tab 120 mg</i></b>	1	MO
<b><i>felodipine tab er 24hr 2.5 mg</i></b>	1	MO
<b><i>felodipine tab er 24hr 5 mg</i></b>	1	MO
<b><i>felodipine tab er 24hr 10 mg</i></b>	1	MO
<b><i>isradipine cap 2.5 mg</i></b>	1	MO
<b><i>isradipine cap 5 mg</i></b>	1	MO
<b><i>nicardipine hcl cap 20 mg</i></b>	1	MO
<b><i>nicardipine hcl cap 30 mg</i></b>	1	MO
<b><i>nifedipine cap 10 mg</i></b>	1	MO
<b><i>nifedipine cap 20 mg</i></b>	1	MO
<b><i>nifedipine tab er 24hr 30 mg</i></b>	1	MO
<b><i>nifedipine tab er 24hr 60 mg</i></b>	1	MO
<b><i>nifedipine tab er 24hr 90 mg</i></b>	1	MO
<b><i>nifedipine tab er 24hr osmotic release 30 mg</i></b>	1	MO
<b><i>nifedipine tab er 24hr osmotic release 60 mg</i></b>	1	MO
<b><i>nifedipine tab er 24hr osmotic release 90 mg</i></b>	1	MO
<b><i>nimodipine cap 30 mg</i></b>	1	
<b><i>nisoldipine tab er 24hr 8.5 mg</i></b>	1	MO
<b><i>nisoldipine tab er 24hr 17 mg</i></b>	1	MO
<b><i>nisoldipine tab er 24hr 20 mg</i></b>	1	MO
<b><i>nisoldipine tab er 24hr 25.5 mg</i></b>	1	MO
<b><i>nisoldipine tab er 24hr 30 mg</i></b>	1	MO
<b><i>nisoldipine tab er 24hr 34 mg</i></b>	1	MO
<b><i>nisoldipine tab er 24hr 40 mg</i></b>	1	MO
<b><i>verapamil hcl cap er 24hr 100 mg</i></b>	1	MO
<b><i>verapamil hcl cap er 24hr 120 mg</i></b>	1	MO
<b><i>verapamil hcl cap er 24hr 180 mg</i></b>	1	MO
<b><i>verapamil hcl cap er 24hr 200 mg</i></b>	1	MO
<b><i>verapamil hcl cap er 24hr 240 mg</i></b>	1	MO
<b><i>verapamil hcl cap er 24hr 300 mg</i></b>	1	MO
<b><i>verapamil hcl cap er 24hr 360 mg</i></b>	1	MO
<b><i>verapamil hcl tab 40 mg</i></b>	1	MO
<b><i>verapamil hcl tab 80 mg</i></b>	1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>verapamil hcl tab 120 mg</i></b>	1	MO
<b><i>verapamil hcl tab er 120 mg</i></b>	1	MO
<b><i>verapamil hcl tab er 180 mg</i></b>	1	MO
<b><i>verapamil hcl tab er 240 mg</i></b>	1	MO
<b>CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS</b>		
<b><i>CARDIAC GLYCOSIDES</i></b>		
<b><i>digoxin oral soln 0.05 mg/ml</i></b>	1	MO
<b><i>digoxin tab 125 mcg (0.125 mg)</i></b>	1	MO
(Digoxin Tab 125 mcg (0.125 mg)) DIGITEK	1	MO
(Digoxin Tab 125 mcg (0.125 mg)) DIGOX	1	MO
<b><i>digoxin tab 250 mcg (0.25 mg)</i></b>	1	MO
(Digoxin Tab 250 mcg (0.25 mg)) DIGITEK	1	MO
(Digoxin Tab 250 mcg (0.25 mg)) DIGOX	1	MO
LANOXIN TAB 0.0625MG ( <b><i>digoxin</i></b> )	2	MO
<b>CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>		
<b><i>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</i></b>		
<b><i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i></b>	1	MO
<b><i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i></b>	1	MO
<b><i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i></b>	1	MO
<b><i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i></b>	1	MO
<b><i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i></b>	1	MO
<b><i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i></b>	1	MO
<b><i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i></b>	1	MO
<b><i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i></b>	1	MO
<b><i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i></b>	1	MO
<b><i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i></b>	1	MO
<b><i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i></b>	1	MO
BIDIL TAB ( <b><i>isosorbide dinitrate-hydralazine hcl</i></b> )	2	MO



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ENTRESTO TAB 24-26MG ( <b>sacubitril-valsartan</b> )	2	PA, MO
ENTRESTO TAB 49-51MG ( <b>sacubitril-valsartan</b> )	2	PA, MO
ENTRESTO TAB 97-103MG ( <b>sacubitril-valsartan</b> )	2	PA, MO
<b>IMPOTENCE AGENTS</b>		
<b>tadalafil tab 2.5 mg</b>	1	PA, MO
<b>tadalafil tab 5 mg</b>	1	PA, MO
<b>PROSTAGLANDIN VASODILATORS</b>		
ORENITRAM TAB 0.25MG ( <b>treprostinil diolamine</b> )	2	SP, PA
ORENITRAM TAB 0.125MG ( <b>treprostinil diolamine</b> )	2	SP, PA
ORENITRAM TAB 1MG ( <b>treprostinil diolamine</b> )	2	SP, PA
ORENITRAM TAB 2.5MG ( <b>treprostinil diolamine</b> )	2	SP, PA
ORENITRAM TAB 5MG ( <b>treprostinil diolamine</b> )	2	SP, PA
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<b>ambrisentan tab 5 mg</b>	1	SP, PA, QL (30 tabs / 30 days)
<b>ambrisentan tab 10 mg</b>	1	SP, PA, QL (30 tabs / 30 days)
<b>bosentan tab 62.5 mg</b>	1	SP, PA, QL (60 tabs / 30 days)
<b>bosentan tab 125 mg</b>	1	SP, PA, QL (60 tabs / 30 days)
OPSUMIT TAB 10MG ( <b>macitentan</b> )	2	SP, PA, QL (30 tabs / 30 days)
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<b>sildenafil citrate for suspension 10 mg/ml</b>	1	SP, PA, QL (224 mL / 30 days)
<b>sildenafil citrate tab 20 mg</b>	1	SP, PA, QL (90 tabs / 30 days)
<b>tadalafil tab 20 mg (pah)</b>	1	SP, PA, QL (60 tabs / 30 days)
(Tadalafil Tab 20 mg (pah)) ALYQ	1	SP, PA, QL (60 tabs / 30 days)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</i></b>		
UPTRAVI TAB 200/800 ( <i>selexipag</i> )	2	SP, PA, QL (1 pack / 28 days)
UPTRAVI TAB 200MCG ( <i>selexipag</i> )	2	SP, PA, QL (140 tabs / 28 days)
UPTRAVI TAB 400MCG ( <i>selexipag</i> )	2	SP, PA, QL (60 tabs / 30 days)
UPTRAVI TAB 600MCG ( <i>selexipag</i> )	2	SP, PA, QL (60 tabs / 30 days)
UPTRAVI TAB 800MCG ( <i>selexipag</i> )	2	SP, PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1000MCG ( <i>selexipag</i> )	2	SP, PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1200MCG ( <i>selexipag</i> )	2	SP, PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1400MCG ( <i>selexipag</i> )	2	SP, PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1600MCG ( <i>selexipag</i> )	2	SP, PA, QL (60 tabs / 30 days)
<b><i>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</i></b>		
ADEMPAS TAB 0.5MG ( <i>riociguat</i> )	2	SP, PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1.5MG ( <i>riociguat</i> )	2	SP, PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1MG ( <i>riociguat</i> )	2	SP, PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2.5MG ( <i>riociguat</i> )	2	SP, PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2MG ( <i>riociguat</i> )	2	SP, PA, QL (90 tabs / 30 days)
<b><i>SINUS NODE INHIBITORS</i></b>		
CORLANOR TAB 5MG ( <i>ivabradine hcl</i> )	2	MO
CORLANOR TAB 7.5MG ( <i>ivabradine hcl</i> )	2	MO
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</b>		
<b><i>CEPHALOSPORINS - 1ST GENERATION</i></b>		
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA\*\* - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
SUPRAX CHW 100MG ( <i>cefixime</i> )	2	
SUPRAX CHW 200MG ( <i>cefixime</i> )	2	
SUPRAX SUS 500/5ML ( <i>cefixime</i> )	2	
<b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	PV	MO
(Desogest-eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) AZURETTE	PV	MO
(Desogest-eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) (Bekyree)	PV	MO
(Desogest-eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) KARIVA	PV	MO

**MO** - Available at mail-order   **OAC** - Oral Anti-Cancer   **PA** - Prior Authorization   **PA\*\*** - Prior Authorization if step therapy is not met   **QL** - Quantity Limits   **SP** - Specialty   **ST** - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Desogest-eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) PIMTREA	PV	MO
(Desogest-eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) SIMLIYA	PV	MO
(Desogest-eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) VIORELE	PV	MO
(Desogest-eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) VOLNEA	PV	MO
(Desogest-ethin Est ab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg) CAZIAN	PV	MO
(Desogest-ethin Est ab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg) VELIVET	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) APRI	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) CYRED	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) CYRED EQ	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) EMOQUETTE	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ENSKYCE	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ISIBLOOM	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) JULEBER	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) KALLIGA	PV	MO
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) RECLIPSEN	PV	MO
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</b>	PV	MO
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</b>	PV	MO
(Drospirenone-ethinyl Estrad-levomefolate Tab 3-0.03-0.451 mg) TYDEMY	PV	MO
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg</b>	PV	MO
(Drospirenone-ethinyl Estradiol Tab 3-0.02 mg) GIANVI	PV	MO
(Drospirenone-ethinyl Estradiol Tab 3-0.02 mg) JASMIEL	PV	MO
(Drospirenone-ethinyl Estradiol Tab 3-0.02 mg) LO-ZUMADIMINE	PV	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Drospirenone-ethinyl Estradiol Tab 3-0.02 mg) LORYNA	PV	MO
(Drospirenone-ethinyl Estradiol Tab 3-0.02 mg) NIKKI	PV	MO
<b>drospirenone-ethinyl estradiol tab 3-0.03 mg</b>	PV	MO
(Drospirenone-ethinyl Estradiol Tab 3-0.03 mg) OCELLA	PV	MO
(Drospirenone-ethinyl Estradiol Tab 3-0.03 mg) SYEDA	PV	MO
(Drospirenone-ethinyl Estradiol Tab 3-0.03 mg) ZARAH	PV	MO
(Drospirenone-ethinyl Estradiol Tab 3-0.03 mg) (Zumandimine)	PV	MO
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</b>	PV	MO
(Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-35 mcg) KELNOR 1/35	PV	MO
(Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-35 mcg) ZOVIA 1/35	PV	MO
(Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-35 mcg) ZOVIA 1/35E	PV	MO
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</b>	PV	MO
<b>(Ethynodiol Diacetate &amp; Ethinyl Estradiol Tab 1 mg-50 mcg) KELNOR 1/50</b>	PV	MO
<b>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</b>	PV	MO
(Levonor-eth Est Tab 0.15-0.02/0.025/0.03 mg & Eth Est 0.01 mg) FAYOSIM	PV	MO
(Levonor-eth Est Tab 0.15-0.02/0.025/0.03 mg & Eth Est 0.01 mg) RIVELSA	PV	MO
<b>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</b>	PV	MO
(Levonorg-eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)) AMETHIA LO	PV	MO
(Levonorg-eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)) CAMRESE LO	PV	MO
(Levonorg-eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)) LOJAIMIESS	PV	MO
<b>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</b>	PV	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Levonorg-eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) AMETHIA	PV	MO
(Levonorg-eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) ASHLYNA	PV	MO
(Levonorg-eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) CAMRESE	PV	MO
(Levonorg-eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) DAYSEE	PV	MO
(Levonorg-eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) JAIMESS	PV	MO
(Levonorg-eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) SIMPESS	PV	MO
<b>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</b>	PV	MO
(Levonorgestrel & Ethinyl Estradiol (91-day) Tab 0.15-0.03 mg) INTROVALE	PV	MO
(Levonorgestrel & Ethinyl Estradiol (91-day) Tab 0.15-0.03 mg) JOLESSA	PV	MO
(Levonorgestrel & Ethinyl Estradiol (91-day) Tab 0.15-0.03 mg) SETLAKIN	PV	MO
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b>	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) AFIRMELLE	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) AUBRA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) AUBRA EQ	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) AVIANE	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) DELYLA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) FALMINA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) LARISSA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) LESSINA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) LUTERA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) ORSYTHIA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) SRONYX	PV	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) TYBLUME	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) VIEVA	PV	MO
<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ALTAVERA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) AYUNA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) CHATEAL	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) CHATEAL EQ	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) KURVELO	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) LEVORA 0.15/30 28	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) LILLOW	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) MARLISSA	PV	MO
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) PORTIA 28	PV	MO
<b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b>	PV	MO
(Levonorgestrel-eth Estra Tab 0.05-30/0.075-40/0.125-30mg-mcg) ENPRESSE-28	PV	MO
(Levonorgestrel-eth Estra Tab 0.05-30/0.075-40/0.125-30mg-mcg) LEVONEST	PV	MO
(Levonorgestrel-eth Estra Tab 0.05-30/0.075-40/0.125-30mg-mcg) TRIVORA 28	PV	MO
<b>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</b>	PV	MO
(Levonorgestrel-ethinyl Estradiol (continuous) Tab 90-20 mcg) AMETHYST	PV	MO
LO LOESTRIN TAB 1-10-10	PV	MO
<b>(norethindrone acetate-ethinyl estradiol-fe fum (biphasic))</b>		
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) BALZIVA	PV	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) BRIELLYN	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) PHILITH	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) VYFEMLA	PV	MO
<b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</b>	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg) NECON 0.5/35-28	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg) NORTRL 0.5/35 (28)	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg) WERA	PV	MO
<b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</b>	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) ALYACEN 1/35	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) CYCLAFEM 1/35	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) DASETTA 1/35	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) NORTREL 1/35	PV	MO
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) PIRMELLA 1/35	PV	MO
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</b>	PV	MO
(Norethindrone & Ethinyl Estradiol-fe Chew Tab 0.4 mg-35 mcg) WYMZYA FE	PV	MO
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</b>	PV	MO
(Norethindrone & Ethinyl Estradiol-fe Chew Tab 0.8 mg-25 mcg) KAITLIB FE	PV	MO
(Norethindrone & Ethinyl Estradiol-fe Chew Tab 0.8 mg-25 mcg) LAYOLIS FE	PV	MO
(Norethindrone & Ethinyl Estradiol-fe Chew Tab 0.8 mg-25 mcg) TILIA FE	PV	MO
(Norethindrone & Ethinyl Estradiol-fe Chew Tab 0.8 mg-25 mcg) TRI-LEGEST FE	PV	MO
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b>	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) AUROVELA 1/20	PV	MO



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) JUNEL 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) LARIN 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) LOESTRIN 1/20 21	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) MICROGESTIN 1/20	PV	MO
<b><i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i></b>	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-30 mcg) AUROVELA 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-30 mcg) HAILEY 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-30 mcg) JUNEL 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-30 mcg) LARIN 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-30 mcg) LOESTRIN 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-30 mcg) MICROGESTIN 1.5/30	PV	MO
<b><i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i></b>	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-fe Tab 1 mg-20 mcg) AUROVELA FE 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-fe Tab 1 mg-20 mcg) BLISOVI FE 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-fe Tab 1 mg-20 mcg) HAILEY FE 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-fe Tab 1 mg-20 mcg) JUNEL FE 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-fe Tab 1 mg-20 mcg) LARIN FE 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-fe Tab 1 mg-20 mcg) LOESTRIN FE 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-fe Tab 1 mg-20 mcg) MICROGESTIN FE 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-fe Tab 1 mg-20 mcg) TARINA FE 1/20	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-fe Tab 1 mg-20 mcg) TARINA FE 1/20 EQ	PV	MO
<b><i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i></b>	PV	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Norethindrone Ace & Ethinyl Estradiol-fe Tab 1.5 mg-30 mcg) AUROVELA FE 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-fe Tab 1.5 mg-30 mcg) BLISOVI FE 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-fe Tab 1.5 mg-30 mcg) HAILEY FE 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-fe Tab 1.5 mg-30 mcg) JUNEL FE 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-fe Tab 1.5 mg-30 mcg) LARIN FE 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-fe Tab 1.5 mg-30 mcg) LOESTRIN FE 1.5/30	PV	MO
(Norethindrone Ace & Ethinyl Estradiol-fe Tab 1.5 mg-30 mcg) MICROGESTIN FE 1.5/30	PV	MO
<b><i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i></b>	PV	MO
(Norethindrone Ace-eth Estradiol-fe Chew Tab 1 mg-20 mcg (24)) CHARLOTTE 24 FE	PV	MO
(Norethindrone Ace-eth Estradiol-fe Chew Tab 1 mg-20 mcg (24)) MELODETTA 24 FE	PV	MO
(Norethindrone Ace-eth Estradiol-fe Chew Tab 1 mg-20 mcg (24)) MIBELAS 24 FE	PV	MO
<b><i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i></b>	PV	MO
(Norethindrone Ace-ethinyl Estradiol-fe Cap 1 mg-20 mcg (24)) GEMMILY	PV	MO
(Norethindrone Ace-ethinyl Estradiol-fe Cap 1 mg-20 mcg (24))	PV	MO
(Norethindrone Ace-ethinyl Estradiol-fe Cap 1 mg-20 mcg (24))	PV	MO
(Norethindrone Ace-ethinyl Estradiol-fe Cap 1 mg-20 mcg (24))	PV	MO
(Norethindrone Ace-ethinyl Estradiol-fe Cap 1 mg-20 mcg (24))	PV	MO
(Norethindrone Ace-ethinyl Estradiol-fe Cap 1 mg-20 mcg (24))	PV	MO
(Norethindrone Ace-ethinyl Estradiol-fe Cap 1 mg-20 mcg (24))	PV	MO
(Norethindrone Ace-ethinyl Estradiol-fe Cap 1 mg-20 mcg (24))	PV	MO
(Norethindrone Ace-ethinyl Estradiol-fe Cap 1 mg-20 mcg (24))	PV	MO
(Norethindrone-eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-mcg) ALACEN 7/7/7	PV	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Norethindrone-eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-mcg) CYCLAFEN 7/7/7	PV	MO
(Norethindrone-eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-mcg) DASETTA 7/7/7	PV	MO
(Norethindrone-eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-mcg) NORTREL 7/7/7	PV	MO
(Norethindrone-eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-mcg) PIRMELLA 7/7/7	PV	MO
(Norethindrone-eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-mcg) ARANELLE	PV	MO
(Norethindrone-eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-mcg) LEENA	PV	MO
<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b>	PV	MO
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) ESTARYLLA	PV	MO
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) FEMYNOR	PV	MO
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) MILI	PV	MO
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) MONOLINYAH	PV	MO
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) PREVIFEM	PV	MO
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) SPRINTEC 28	PV	MO
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) VYLIBRA	PV	MO
<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</b>	PV	MO
(Norgestimate-eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-mcg) TRI-LO-ESTARYLLA	PV	MO
(Norgestimate-eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-mcg) TRI-LO-MARZIA	PV	MO
(Norgestimate-eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-mcg) TRI-LO-MILI	PV	MO
(Norgestimate-eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-mcg) TRI-LO-SPRINTEC	PV	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Norgestimate-eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-mcg) TRI-VYLIBRA LO	PV	MO
<b><i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i></b>	PV	MO
(Norgestimate-eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-mcg) TRI-FEMYNOR	PV	MO
(Norgestimate-eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-mcg) TRI-ESTARYLLA	PV	MO
(Norgestimate-eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-mcg) TRI-LINYAH	PV	MO
(Norgestimate-eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-mcg) TRI-MILI	PV	MO
(Norgestimate-eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-mcg) TRI-PREVIFEM	PV	MO
(Norgestimate-eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-mcg) TRI-SPRINTEC	PV	MO
(Norgestimate-eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-mcg) TRI-VYLIBRA	PV	MO
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) CRYSELLE-28	PV	MO
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) ELINEST	PV	MO
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) LOW-OGESTREL	PV	MO
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
(Norelgestromin-ethinyl Estradiol Td Ptwk 150-35 mcg/24hr) XULANE	PV	MO
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA MIS ( <b><i>segesterone acetate-ethinyl estradiol</i></b> )	PV	QL (1 ring / 300 days), MO; Quantity max 1 per fill; Quantity max 1 per 300 days
<b><i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i></b>	PV	QL (13 rings / 300 days), MO
(Etonogestrel-ethinyl Estradiol Va Ring 0.120-0.015 mg/24hr) ELURYNG	PV	QL (13 rings / 300 days), MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>EMERGENCY CONTRACEPTIVES</b>		
<b>levonorgestrel tab 1.5 mg</b>	PV	
(Levonorgestrel tab 1.5 mg) AFTERA	PV	
(Levonorgestrel tab 1.5 mg) ECONTRA EZ	PV	
(Levonorgestrel tab 1.5 mg) ECONTRA ONE-STEP	PV	
(Levonorgestrel tab 1.5 mg) MY CHOICE	PV	
(Levonorgestrel tab 1.5 mg) MY WAY	PV	
(Levonorgestrel tab 1.5 mg) NEW DAY	PV	
(Levonorgestrel tab 1.5 mg) OPICON ONE-STEP	PV	
(Levonorgestrel tab 1.5 mg) OPTION 2	PV	
(Levonorgestrel tab 1.5 mg) PREVENTENZA	PV	
(Levonorgestrel tab 1.5 mg) REACT	PV	
(Levonorgestrel tab 1.5 mg) TAKE ACTION	PV	
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<b>norethindrone tab 0.35 mg</b>	PV	MO
(Norethindrone Tab 0.35 mg) CAMILA	PV	MO
(Norethindrone Tab 0.35 mg) DEBLITANE	PV	MO
(Norethindrone Tab 0.35 mg) ERRIN	PV	MO
(Norethindrone Tab 0.35 mg) HEATHER	PV	MO
(Norethindrone Tab 0.35 mg) INCASSIA	PV	MO
(Norethindrone Tab 0.35 mg) JENCYCLA	PV	MO
(Norethindrone Tab 0.35 mg) LYZA	PV	MO
(Norethindrone Tab 0.35 mg) NORA-BE	PV	MO
(Norethindrone Tab 0.35 mg) NORLYDA	PV	MO
(Norethindrone Tab 0.35 mg) NORLYROC	PV	MO
(Norethindrone Tab 0.35 mg) SHAROBEL	PV	MO
(Norethindrone Tab 0.35 mg) TULAN	PV	MO
<b>CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<b>budesonide delayed release particles cap 3 mg</b>	1	
<b>budesonide tab er 24hr 9 mg</b>	1	
<b>cortisone acetate tab 25 mg</b>	1	
<b>dexamethasone elixir 0.5 mg/5ml</b>	1	
<b>dexamethasone soln 0.5 mg/5ml</b>	1	
<b>dexamethasone tab 0.5 mg</b>	1	
(Dexamethasone Tab 0.5 mg) DECADRON	1	
<b>dexamethasone tab 0.75 mg</b>	1	
<b>(dexamethasone tab 0.75 mg)</b> Decadron	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>dexamethasone tab 1 mg</i></b>	1	
<b><i>dexamethasone tab 1.5 mg</i></b>	1	
<b><i>dexamethasone tab 2 mg</i></b>	1	
<b><i>dexamethasone tab 4 mg</i></b>	1	
(Dexamethasone Tab 4 mg) DECADRON	1	
<b><i>dexamethasone tab 6 mg</i></b>	1	
(Dexamethasone Tab 6 mg) DECADRON	1	
<b><i>dexamethasone tab therapy pack 1.5 mg (21)</i></b>	1	
<b><i>(Dexamethasone Tab Therapy Pack 1.5 mg (21)) hidex 6-DAY</i></b>	1	
<b><i>dexamethasone tab therapy pack 1.5 mg (35)</i></b>	1	
<b><i>dexamethasone tab therapy pack 1.5 mg (51)</i></b>	1	
<b><i>hydrocortisone tab 5 mg</i></b>	1	
<b><i>hydrocortisone tab 10 mg</i></b>	1	
<b><i>hydrocortisone tab 20 mg</i></b>	1	
MEDROL TAB 2MG ( <b><i>methylprednisolone</i></b> )	3	
<b><i>methylprednisolone tab 4 mg</i></b>	1	
<b><i>methylprednisolone tab 8 mg</i></b>	1	
<b><i>methylprednisolone tab 16 mg</i></b>	1	
<b><i>methylprednisolone tab 32 mg</i></b>	1	
<b><i>methylprednisolone tab therapy pack 4 mg (21)</i></b>	1	
<b><i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i></b>	1	
<b><i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i></b>	1	
<b><i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i></b>	1	
<b><i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i></b>	1	
<b><i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i></b>	1	
<b><i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i></b>	1	
<b><i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i></b>	1	
<b><i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i></b>	1	
<b><i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i></b>	1	
<b><i>prednisone oral soln 5 mg/5ml</i></b>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
<b>MINERALOCORTICIDS</b>		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	MO
<b>COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1	
(Hydrocodone W/ homatropine Syrup 5-1.5 mg/5ml) HYCODAN	1	
(Hydrocodone W/ homatropine Syrup 5-1.5 mg/5ml) HYDROMET	1	
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1	
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Pseudoephed-bromphen-dm Syrup 30-2-10 mg/5ml) BROMFED DM	1	
<b>MISC. RESPIRATORY INHALANTS</b>		
<b>sodium chloride soln nebu 0.9%</b>	1	
<b>sodium chloride soln nebu 3%</b>	1	
<b>sodium chloride soln nebu 7%</b>	1	
<b>sodium chloride soln nebu 10%</b>	1	
<b>MUCOLYTICS</b>		
<b>acetylcysteine inhal soln 10%</b>	1	
<b>acetylcysteine inhal soln 20%</b>	1	
<b>DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS</b>		
<b>ACNE PRODUCTS</b>		
<b>adapalene cream 0.1%</b>	1	PA; PA Required for Age greater than or equal to age 35
<b>adapalene gel 0.1%</b>	1	PA; PA Required for Age greater than or equal to age 35
<b>adapalene gel 0.3%</b>	1	PA; PA Required for Age greater than or equal to age 35
<b>adapalene-benzoyl peroxide gel 0.1-2.5%</b>	1	
(Benzoyl Peroxide Foam 5.3%) BENZEPRO	1	
<b>benzoyl peroxide foam 9.8%</b>	1	
(Benzoyl Peroxide Foam 9.8%) BENZEPRO	1	
SHORT CONTACT		
(Benzoyl Peroxide Liq 2.5%) BP WASH	1	
(Benzoyl Peroxide Liq 7%) BP WASH	1	
(Benzoyl Peroxide Liq 7%) PR BENZOYL PEROXIDE WASH	1	
<b>benzoyl peroxide-erythromycin gel 5-3%</b>	1	
<b>benzoyl peroxide-hydrocortisone lotion 5-0.5%</b>	1	
<b>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</b>	1	
(Clindamycin Phosph-benzoyl Peroxide (refrig) Gel 1.2 (1)-5%) NEUAC	1	
<b>clindamycin phosphate foam 1%</b>	1	
<b>clindamycin phosphate gel 1%</b>	1	
<b>clindamycin phosphate lotion 1%</b>	1	
<b>clindamycin phosphate soln 1%</b>	1	



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>clindamycin phosphate swab 1%</i></b>	1	
(Clindamycin Phosphate Swab 1%)	1	
CLINDACIN ETZ PLEDGETS		
(Clindamycin Phosphate Swab 1%)	1	
CLINDACIN-P		
<b><i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i></b>	1	
<b><i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i></b>	1	
<b><i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i></b>	1	PA; PA Required for Age greater than or equal to age 35
<b><i>dapsone gel 5%</i></b>	1	
<b><i>dapsone gel 7.5%</i></b>	1	
EPIDUO FORTE GEL 0.3-2.5%	2	
<b><i>(adapalene-benzoyl peroxide)</i></b>		
<b><i>erythromycin gel 2%</i></b>	1	
(Erythromycin Pads 2%) ERY	1	
<b><i>erythromycin soln 2%</i></b>	1	
<b><i>isotretinoin cap 10 mg</i></b>	1	PA
(Isotretinoin Cap 10 mg) AMNESTEEM	1	PA
(Isotretinoin Cap 10 mg) CLARAVIS	1	PA
(Isotretinoin Cap 10 mg) MYORISAN	1	PA
(Isotretinoin Cap 10 mg) ZENATANE	1	PA
<b><i>isotretinoin cap 20 mg</i></b>	1	PA
(Isotretinoin Cap 20 mg) AMNESTEEM	1	PA
(Isotretinoin Cap 20 mg) CLARIVIS	1	PA
(Isotretinoin Cap 20 mg) MYORISAN	1	PA
(Isotretinoin Cap 20 mg) ZENTANE	1	PA
<b><i>isotretinoin cap 30 mg</i></b>	1	PA
(Isotretinoin Cap 30 mg) CLARAVIS	1	PA
(Isotretinoin Cap 30 mg) MYORISAN	1	PA
(Isotretinoin Cap 30 mg) ZENTANE	1	PA
<b><i>isotretinoin cap 40 mg</i></b>	1	PA
(Isotretinoin Cap 40 mg) AMNESTEEM	1	PA
(Isotretinoin Cap 40 mg) CLARAVIS	1	PA
(Isotretinoin Cap 40 mg) MYORISAN	1	PA
(Isotretinoin Cap 40 mg) ZENATANE	1	PA
ONEXTON GEL 1.2-3.75 ( <b><i>clindamycin phosphate-benzoyl peroxide</i></b> )	2	
<b><i>sulfacetamide sodium lotion 10%</i></b>	1	
<b><i>(acne)</i></b>		

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i></b>	1	
(Sulfacetamide Sodium W/ sulfur Emulsion 10-1%) SULFAMEZ WASH	1	
<b><i>tretinoin cream 0.1%</i></b>	1	PA; PA Required for Age greater than or equal to age 35
<b><i>tretinoin cream 0.05%</i></b>	1	PA; PA Required for Age greater than or equal to age 35
<b><i>tretinoin cream 0.025%</i></b>	1	PA; PA Required for Age greater than or equal to age 35
(Tretinoin Cream 0.025%) AVITA	1	PA; PA Required for Age greater than or equal to age 35
<b><i>tretinoin gel 0.01%</i></b>	1	PA; PA Required for Age greater than or equal to age 35
<b><i>tretinoin gel 0.05%</i></b>	1	PA; PA Required for Age greater than or equal to age 35
<b><i>tretinoin gel 0.025%</i></b>	1	PA; PA Required for Age greater than or equal to age 35
(Tretinoin Gel 0.025%) AVITA	1	PA; PA Required for Age greater than or equal to age 35
<b><i>tretinoin microsphere gel 0.1%</i></b>	1	PA; PA Required for Age greater than or equal to age 35
<b><i>tretinoin microsphere gel 0.04%</i></b>	1	PA; PA Required for Age greater than or equal to age 35
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<b><i>diclofenac epolamine patch 1.3%</i></b>	1	
<b><i>diclofenac sodium gel 1%</i></b>	1	PA
<b><i>diclofenac sodium soln 1.5%</i></b>	1	
<b>ANTIBIOTICS - TOPICAL</b>		
<b><i>gentamicin sulfate cream 0.1%</i></b>	1	
<b><i>gentamicin sulfate oint 0.1%</i></b>	1	
<b><i>mupirocin oint 2%</i></b>	1	
<b>ANTIFUNGALS - TOPICAL</b>		
<b><i>ciclopirox gel 0.77%</i></b>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>ciclopirox solution 8%</i>	1	PA
(Ciclopirox Solution 8%) CICLODAN	1	PA
<i>clotrimazole cream 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>econazole nitrate cream 1%</i>	1	
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
<i>luliconazole cream 1%</i>	1	
<i>naftifine hcl cream 1%</i>	1	
<i>naftifine hcl cream 2%</i>	1	
<i>naftifine hcl gel 1%</i>	1	
NAFTIN GEL 2% ( <i>naftifine hcl</i> )	2	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
( <i>nystatin topical powder 100000 unit/gm</i> ) Nyamyc	1	
( <i>nystatin topical powder 100000 unit/gm</i> ) Nystop	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	
<i>sulconazole nitrate cream 1%</i>	1	
<i>sulconazole nitrate solution 1%</i>	1	
<i>tavaborole soln 5%</i>	1	PA
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
PICATO GEL 0.05% ( <i>ingenol mebutate</i> )	2	
PICATO GEL 0.015% ( <i>ingenol mebutate</i> )	2	
TOLAK CRE 4% ( <i>fluorouracil (topical)</i> )	2	
<b>ANTIPSORIATICS</b>		
<i>acitretin cap 10 mg</i>	1	PA
<i>acitretin cap 17.5 mg</i>	1	PA
<i>acitretin cap 25 mg</i>	1	PA
<i>calcipotriene foam 0.005%</i>	1	
<i>calcipotriene oint 0.005%</i>	1	
(Calcipotriene Oint 0.005%) CALCITRENE	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>methoxsalen rapid cap 10 mg</i>	1	
<i>tazarotene cream 0.1%</i>	1	PA
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide lotion 2.5%</i>	1	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir oint 5%</i>	1	
<b>BURN PRODUCTS</b>		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
(Silver Sulfadiazine Cream 1%) SSD	1	
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>amcinonide cream 0.1%</i>	1	
<i>amcinonide lotion 0.1%</i>	1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>betamethasone dipropionate oint 0.05%</i></b>	1	
<b><i>betamethasone valerate aerosol foam 0.12%</i></b>	1	
<b><i>betamethasone valerate cream 0.1% (base equivalent)</i></b>	1	
<b><i>betamethasone valerate lotion 0.1% (base equivalent)</i></b>	1	
<b><i>betamethasone valerate oint 0.1% (base equivalent)</i></b>	1	
<b>BRYHALI LOT 0.01% (<i>halobetasol propionate</i>)</b>	2	
<b>CAPEX SHA 0.01% (<i>fluocinolone acetonide</i>)</b>	2	
<b><i>clobetasol propionate cream 0.05%</i></b>	1	
<b><i>clobetasol propionate emollient base cream 0.05%</i></b>	1	
<b><i>clobetasol propionate emulsion foam 0.05%</i></b>	1	
(Clobetasol Propionate Emulsion Foam 0.05%) TOVET	1	
<b><i>clobetasol propionate foam 0.05%</i></b>	1	
<b><i>clobetasol propionate gel 0.05%</i></b>	1	
<b><i>clobetasol propionate lotion 0.05%</i></b>	1	
<b><i>clobetasol propionate oint 0.05%</i></b>	1	
<b><i>clobetasol propionate shampoo 0.05%</i></b>	1	
(Clobetasol Propionate Shampoo 0.05%) CLODAN	1	
<b><i>clobetasol propionate soln 0.05%</i></b>	1	
<b><i>clocortolone pivalate cream 0.1%</i></b>	1	
<b><i>desonide cream 0.05%</i></b>	1	
<b><i>desonide lotion 0.05%</i></b>	1	
<b><i>desonide oint 0.05%</i></b>	1	
<b><i>desoximetasone cream 0.05%</i></b>	1	
<b><i>desoximetasone cream 0.25%</i></b>	1	
<b><i>desoximetasone gel 0.05%</i></b>	1	
<b><i>desoximetasone oint 0.05%</i></b>	1	
<b><i>desoximetasone oint 0.25%</i></b>	1	
<b><i>desoximetasone spray 0.25%</i></b>	1	
<b><i>fluocinolone acetonide cream 0.01%</i></b>	1	
<b><i>fluocinolone acetonide cream 0.025%</i></b>	1	
<b><i>fluocinolone acetonide oil 0.01% (body oil)</i></b>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>fluocinolone acetonide oil 0.01% (scalp oil)</i></b>	1	
<b><i>fluocinolone acetonide oint 0.025%</i></b>	1	
<b><i>fluocinolone acetonide soln 0.01%</i></b>	1	
<b><i>fluocinonide cream 0.05%</i></b>	1	
<b><i>fluocinonide emulsified base cream 0.05%</i></b>	1	
<b><i>fluocinonide gel 0.05%</i></b>	1	
<b><i>fluocinonide oint 0.05%</i></b>	1	
<b><i>fluocinonide soln 0.05%</i></b>	1	
<b><i>flurandrenolide cream 0.05%</i></b>	1	
(Flurandrenolide Cream 0.05%) NOLIX	1	
<b><i>flurandrenolide lotion 0.05%</i></b>	1	
(Flurandrenolide Lotion 0.05%) NOLIX	1	
<b><i>fluticasone propionate cream 0.05%</i></b>	1	
<b><i>fluticasone propionate lotion 0.05%</i></b>	1	
(Fluticasone Propionate Lotion 0.05%) BESER	1	
<b><i>fluticasone propionate oint 0.005%</i></b>	1	
<b><i>halcinonide cream 0.1%</i></b>	1	
<b><i>halobetasol propionate cream 0.05%</i></b>	1	
<b><i>halobetasol propionate oint 0.05%</i></b>	1	
<b><i>hydrocortisone butyrate cream 0.1%</i></b>	1	
<b><i>hydrocortisone butyrate lotion 0.1%</i></b>	1	
<b><i>hydrocortisone butyrate oint 0.1%</i></b>	1	
<b><i>hydrocortisone butyrate soln 0.1%</i></b>	1	
<b><i>hydrocortisone cream 1%</i></b>	1	
<b><i>(Hydrocortisone Cream 1%) ALA-CORT</i></b>	1	
<b><i>hydrocortisone cream 2.5%</i></b>	1	
(Hydrocortisone Cream 2.5%) ALA-CORT	1	
<b><i>hydrocortisone lotion 2.5%</i></b>	1	
<b><i>hydrocortisone oint 1%</i></b>	1	
<b><i>hydrocortisone oint 2.5%</i></b>	1	
<b><i>hydrocortisone valerate cream 0.2%</i></b>	1	
<b><i>hydrocortisone valerate oint 0.2%</i></b>	1	
<b><i>lidocaine-hydrocortisone acetate cream 1-1%</i></b>	1	
<b><i>mometasone furoate cream 0.1%</i></b>	1	
<b><i>mometasone furoate oint 0.1%</i></b>	1	
<b><i>mometasone furoate solution 0.1% (lotion)</i></b>	1	
<b><i>prednicarbate cream 0.1%</i></b>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>prednicarbate oint 0.1%</i></b>	1	
TEXACORT SOL 2.5% ( <b><i>hydrocortisone (topical)</i></b> )	2	
<b><i>triamcinolone acetonide cream 0.1%</i></b>	1	
(Triamcinolone Acetonide Cream 0.1%) TRIDERM	1	
<b><i>triamcinolone acetonide cream 0.5%</i></b>	1	
(Triamcinolone Acetonide Cream 0.5%) TRIDERM	1	
<b><i>triamcinolone acetonide cream 0.025%</i></b>	1	
<b><i>triamcinolone acetonide lotion 0.1%</i></b>	1	
<b><i>triamcinolone acetonide lotion 0.025%</i></b>	1	
<b><i>triamcinolone acetonide oint 0.1%</i></b>	1	
<b><i>triamcinolone acetonide oint 0.5%</i></b>	1	
<b><i>triamcinolone acetonide oint 0.05%</i></b> ( <b><i>triamcinolone acetonide oint 0.05%</i></b> ) Trianex	1	
<b><i>triamcinolone acetonide oint 0.025%</i></b>	1	
<b>EMOLLIENTS</b>		
<b><i>lactic acid (ammonium lactate) cream 12%</i></b>	1	
<b><i>lactic acid (ammonium lactate) lotion 10%</i></b>	1	
<b><i>lactic acid (ammonium lactate) lotion 12%</i></b>	1	
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<b><i>imiquimod cream 3.75%</i></b>	1	
<b><i>imiquimod cream 5%</i></b>	1	
ZYCLARA PUMP CRE 2.5% ( <b><i>imiquimod</i></b> )	2	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<b><i>pimecrolimus cream 1%</i></b>	1	PA
<b><i>tacrolimus oint 0.1%</i></b>	1	PA
<b><i>tacrolimus oint 0.03%</i></b>	1	PA
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
CONDYLOX GEL 0.5% ( <b><i>podofilox</i></b> )	2	
<b><i>podofilox soln 0.5%</i></b>	1	
(Salicylic Acid Cream 6%) SALIMEX	1	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<b><i>ethyl chloride aerosol spray</i></b>	1	
(Lidocaine Hcl Cream 3%) LIDOPIN	1	
(Lidocaine Hcl Gel 2%) 7T LIDO GEL	1	QL (30 gm / 25 days)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>lidocaine hcl lotion 3%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL / 25 days)
<i>lidocaine oint 5%</i>	1	QL (50 gm / 25 days)
<i>lidocaine patch 5%</i>	1	PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm / 25 days)
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA OIN 2% ( <i>crisaborole</i> )	2	
<b>ROSACEA AGENTS</b>		
<i>azelaic acid gel 15%</i>	1	
FINACEA AER 15% ( <i>azelaic acid</i> )	2	
<i>metronidazole cream 0.75%</i>	1	
(Metronidazole Cream 0.75%) ROSADAN	1	
<i>metronidazole gel 0.75%</i>	1	
(Metronidazole Gel 0.75%) ROSADAN	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
SOOLANTRA CRE 1% ( <i>ivermectin (rosacea)</i> )	2	
<b>SCABICIDES &amp; PEDICULICIDES</b>		
(Crotamiton Lotion 10%) CROTAN	1	
<i>lindane shampoo 1%</i>	1	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
<b>DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON CAP 3000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	MO
CREON CAP 6000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	MO
CREON CAP 12000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	MO
CREON CAP 24000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	MO
CREON CAP 36000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	MO
VIOKACE TAB 10440 ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	MO
VIOKACE TAB 20880 ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	MO



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

## **DIURETICS - DRUGS TO TREAT HEART CONDITIONS**

### **CARBONIC ANHYDRASE INHIBITORS**

<i>acetazolamide cap er 12hr 500 mg</i>	1	MO
<i>acetazolamide tab 125 mg</i>	1	MO
<i>acetazolamide tab 250 mg</i>	1	MO
<i>methazolamide tab 25 mg</i>	1	MO
<i>methazolamide tab 50 mg</i>	1	MO

### **DIURETIC COMBINATIONS**

ALDACTAZIDE TAB 50/50 ( <i>spironolactone &amp; hydrochlorothiazide</i> )	3	MO
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	1	MO
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1	MO
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	MO
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	MO
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	MO

### **LOOP DIURETICS**

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

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>furosemide tab 40 mg</i>	1	MO
<i>furosemide tab 80 mg</i>	1	MO
<i>torsemide tab 5 mg</i>	1	MO
<i>torsemide tab 10 mg</i>	1	MO
<i>torsemide tab 20 mg</i>	1	MO
<i>torsemide tab 100 mg</i>	1	MO
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl tab 5 mg</i>	1	MO
<i>spironolactone tab 25 mg</i>	1	MO
<i>spironolactone tab 50 mg</i>	1	MO
<i>spironolactone tab 100 mg</i>	1	MO
<i>triamterene cap 50 mg</i>	1	MO
<i>triamterene cap 100 mg</i>	1	MO
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone tab 25 mg</i>	1	MO
<i>chlorthalidone tab 50 mg</i>	1	MO
<i>hydrochlorothiazide cap 12.5 mg</i>	1	MO
<i>hydrochlorothiazide tab 12.5 mg</i>	1	MO
<i>hydrochlorothiazide tab 25 mg</i>	1	MO
<i>hydrochlorothiazide tab 50 mg</i>	1	MO
<i>indapamide tab 1.25 mg</i>	1	MO
<i>indapamide tab 2.5 mg</i>	1	MO
<i>metolazone tab 2.5 mg</i>	1	MO
<i>metolazone tab 5 mg</i>	1	MO
<i>metolazone tab 10 mg</i>	1	MO
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES</b>		
<b>BONE DENSITY REGULATORS</b>		
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	MO
<i>alendronate sodium tab 5 mg</i>	1	MO
<i>alendronate sodium tab 10 mg</i>	1	MO
<i>alendronate sodium tab 35 mg</i>	1	MO
<i>alendronate sodium tab 70 mg</i>	1	MO
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	MO
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	MO
<i>risedronate sodium tab 5 mg</i>	1	MO
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	MO
<i>risedronate sodium tab 150 mg</i>	1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>risedronate sodium tab delayed release 35 mg</i>	1	MO
<b>GNRH/LHRH ANTAGONISTS</b>		
ORLISSA TAB 150MG ( <i>elagolix sodium</i> )	2	
ORLISSA TAB 200MG ( <i>elagolix sodium</i> )	2	
<b>HORMONE RECEPTOR MODULATORS</b>		
<i>raloxifene hcl tab 60 mg</i>	1	MO; \$0 copay ages 35 and older for the primary prevention of breast cancer
<b>METABOLIC MODIFIERS</b>		
<i>calcitriol cap 0.5 mcg</i>	1	MO
<i>calcitriol cap 0.25 mcg</i>	1	MO
<i>calcitriol oral soln 1 mcg/ml</i>	1	MO
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	SP, PA, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	SP, PA, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	SP, PA, QL (120 tabs / 30 days)
<i>doxercalciferol cap 0.5 mcg</i>	1	MO
<i>doxercalciferol cap 1 mcg</i>	1	MO
<i>doxercalciferol cap 2.5 mcg</i>	1	MO
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	MO
<i>levocarnitine tab 330 mg</i>	1	MO
<i>nitisinone cap 2 mg</i>	1	SP, PA
<i>nitisinone cap 5 mg</i>	1	SP, PA
<i>nitisinone cap 10 mg</i>	1	SP, PA
ORFADIN CAP 20MG ( <i>nitisinone</i> )	2	SP, PA
ORFADIN SUS 4MG/ML ( <i>nitisinone</i> )	2	SP, PA
<i>paricalcitol cap 1 mcg</i>	1	MO
<i>paricalcitol cap 2 mcg</i>	1	MO
<i>paricalcitol cap 4 mcg</i>	1	MO
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	SP, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	SP, PA
<i>sapropterin dihydrochloride soluble tab 100 mg</i>	1	SP, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	SP, PA, QL (750 gm / 30 days)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>sodium phenylbutyrate tab 500 mg</i>	1	SP, PA, QL (1200 tabs / 30 days)
<b>POSTERIOR PITUITARY HORMONES</b>		
DDAVP SOL 0.01% ( <i>desmopressin acetate refrigerated</i> )	2	MO
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	MO
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	MO
<i>desmopressin acetate tab 0.1 mg</i>	1	MO
<i>desmopressin acetate tab 0.2 mg</i>	1	MO
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
<i>mifepristone tab 200 mg</i>	1	
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline tab 0.5 mg</i>	1	
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
<i>tolvaptan tab 15 mg</i>	1	SP, PA
<i>tolvaptan tab 30 mg</i>	1	SP, PA
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>		
<b>ESTROGEN COMBINATIONS</b>		
CLIMARA PRO DIS WEEKLY ( <i>estradiol-levonorgestrel</i> )	2	MO
COMBIPATCH DIS ( <i>estradiol &amp; norethindrone acetate</i> )	2	MO
DUAVEE TAB 0.45-20 ( <i>conjugated estrogens-bazedoxifene</i> )	2	MO
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	1	MO
(Estradiol & Norethindrone Acetate Tab 0.5-0.1 mg) AMABELZ	1	MO
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	1	MO
(Estradiol & Norethindrone Acetate Tab 1-0.5 mg)	1	MO
(Estradiol & Norethindrone Acetate Tab 1-0.5 mg)	1	MO
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	MO
(Norethindrone Acetate-ethinyl Estradiol tab 0.5 mg-2.5 mcg) FYAVOLV	1	MO
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Norethindrone Acetate-ethinyl Estradiol Tab 1 mg-5 mcg) FYAVOLV	1	MO
(Norethindrone Acetate-ethinyl Estradiol Tab 1 mg-5 mcg) JINTELI	1	MO
ORIAHNN CAP ( <b><i>elagolix sodium-estradiol-norethindrone acetate</i></b> )	2	
PREMPHASE TAB ( <b><i>conjugated estrogens-medroxyprogesterone acetate</i></b> )	2	MO
PREMPRO TAB ( <b><i>conjugated estrogens-medroxyprogesterone acetate</i></b> )	2	MO
PREMPRO TAB 0.3-1.5 ( <b><i>conjugated estrogens-medroxyprogesterone acetate</i></b> )	2	MO
PREMPRO TAB 0.45-1.5 ( <b><i>conjugated estrogens-medroxyprogesterone acetate</i></b> )	2	MO
PREMPRO TAB 0.625-5 ( <b><i>conjugated estrogens-medroxyprogesterone acetate</i></b> )	2	MO
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>		
DIVIGEL GEL 0.5MG ( <b><i>estradiol</i></b> )	2	MO
DIVIGEL GEL 0.25MG ( <b><i>estradiol</i></b> )	2	MO
DIVIGEL GEL 0.75MG ( <b><i>estradiol</i></b> )	2	MO
DIVIGEL GEL 1.25MG ( <b><i>estradiol</i></b> )	2	MO
DIVIGEL GEL 1MG/GM ( <b><i>estradiol</i></b> )	2	MO
<b><i>estradiol tab 0.5 mg</i></b>	1	MO
<b><i>estradiol tab 1 mg</i></b>	1	MO
<b><i>estradiol tab 2 mg</i></b>	1	MO
<b><i>estradiol td patch twice weekly 0.1 mg/24hr</i></b>	1	MO
(Estradiol Td Patch Twice Weekly 0.1 mg/24hr) DOTTI	1	MO
(Estradiol Td Patch Twice Weekly 0.1 mg/24hr) LYLLANA	1	MO
<b><i>estradiol td patch twice weekly 0.05 mg/24hr</i></b>	1	MO
(Estradiol Td Patch Twice Weekly 0.05 mg/24hr) DOTTI	1	MO
(Estradiol Td Patch Twice Weekly 0.05 mg/24hr) LYLLANA	1	MO
<b><i>estradiol td patch twice weekly 0.025 mg/24hr</i></b>	1	MO

PREScription DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Estradiol Td Patch Twice Weekly 0.025 mg/24hr) DOTTI	1	MO
<b>estradiol td patch twice weekly 0.025</b> (Estradiol Td Patch Twice Weekly 0.025 mg/24hr) LYLLANA	1	MO
<b>estradiol td patch twice weekly 0.075 mg/24hr</b>	1	MO
(Estradiol Td Patch Twice Weekly 0.075 mg/24hr) DOTTI	1	MO
(Estradiol Td Patch Twice Weekly 0.075 mg/24hr) LYLLANA	1	MO
<b>estradiol td patch twice weekly 0.0375 mg/24hr</b>	1	MO
(Estradiol Td Patch Twice Weekly 0.0375 mg/24hr) DOTTI	1	MO
(Estradiol Td Patch Twice Weekly 0.0375 mg/24hr) LYLLANA	1	MO
<b>estradiol td patch weekly 0.1 mg/24hr</b>	1	MO
<b>estradiol td patch weekly 0.05 mg/24hr</b>	1	MO
<b>estradiol td patch weekly 0.06 mg/24hr</b>	1	MO
<b>estradiol td patch weekly 0.025 mg/24hr</b>	1	MO
<b>estradiol td patch weekly 0.075 mg/24hr</b>	1	MO
<b>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</b>	1	MO
EVAMIST SPR 1.53MG ( <b>estradiol</b> )	2	MO

## FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

### FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

CIPRO (5%) SUS 250MG/5 ( <b>ciprofloxacin</b> )	3	
CIPRO (10%) SUS 500MG/5 ( <b>ciprofloxacin</b> )	3	
<b>ciprofloxacin hcl tab 100 mg (base equiv)</b>	1	
<b>ciprofloxacin hcl tab 250 mg (base equiv)</b>	1	
<b>ciprofloxacin hcl tab 500 mg (base equiv)</b>	1	
<b>ciprofloxacin hcl tab 750 mg (base equiv)</b>	1	
<b>levofloxacin oral soln 25 mg/ml</b>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	
<b>GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS</b>		
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
<i>ursodiol cap 300 mg</i>	1	MO
<i>ursodiol tab 250 mg</i>	1	MO
<i>ursodiol tab 500 mg</i>	1	MO
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	MO
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<b>INFLAMMATORY BOWEL AGENTS</b>		
<i>balsalazide disodium cap 750 mg</i>	1	
<i>mesalamine cap dr 400 mg</i>	1	MO
<i>mesalamine cap er 24hr 0.375 gm</i>	1	MO
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	MO
<i>mesalamine tab delayed release 800 mg</i>	1	
PENTASA CAP 250MG CR ( <i>mesalamine</i> )	2	MO
PENTASA CAP 500MG CR ( <i>mesalamine</i> )	2	MO
<i>sulfasalazine tab 500 mg</i>	1	MO
<i>sulfasalazine tab delayed release 500 mg</i>	1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>INTESTINAL ACIDIFIERS</b>		
<i><b>lactulose (encephalopathy) solution 10 gm/15ml</b></i>	1	MO
<i><b>(Lactulose (encephalopathy)Solution 10 gm/15ml) ENULOSE</b></i>	1	MO
<i><b>(Lactulose (encephalopathy) Solution 10 gm/15ml) GENERLAC</b></i>	1	MO
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i><b>alosetron hcl tab 0.5 mg (base equiv)</b></i>	1	PA, MO
<i><b>alosetron hcl tab 1 mg (base equiv)</b></i>	1	PA, MO
<i><b>LINZESS CAP 72MCG (linaclotide)</b></i>	2	PA, MO
<i><b>LINZESS CAP 145MCG (linaclotide)</b></i>	2	PA, MO
<i><b>LINZESS CAP 290MCG (linaclotide)</b></i>	2	PA, MO
<i><b>VIBERZI TAB 75MG (eluxadoline)</b></i>	2	PA, MO
<i><b>VIBERZI TAB 100MG (eluxadoline)</b></i>	2	PA, MO
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
<i><b>MOVANTIK TAB 12.5MG (naloxegol oxalate)</b></i>	2	
<i><b>MOVANTIK TAB 25MG (naloxegol oxalate)</b></i>	2	
<i><b>SYMPROIC TAB 0.2MG (naldemedine tosylate)</b></i>	2	
<b>PHOSPHATE BINDER AGENTS</b>		
<i><b>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</b></i>	1	MO
<i><b>calcium acetate (phosphate binder) tab 667 mg</b></i>	1	MO
<i><b>PHOSLYRA SOL (calcium acetate (phosphate binder))</b></i>	2	MO
<i><b>sevelamer carbonate packet 0.8 gm</b></i>	1	MO
<i><b>sevelamer carbonate packet 2.4 gm</b></i>	1	MO
<i><b>sevelamer carbonate tab 800 mg</b></i>	1	MO
<i><b>sevelamer hcl tab 400 mg</b></i>	1	MO
<i><b>sevelamer hcl tab 800 mg</b></i>	1	MO
<i><b>VELPHORO CHW 500MG (sucroferic oxyhydroxide)</b></i>	2	MO
<b>GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS</b>		
<b>ALKALINIZERS</b>		
<i><b>(Potassium Citrate &amp; Citric Acid Powder Pack 3300-1002 mg) CYTRA K CRYSTALS</b></i>	1	
<i><b>(Potassium Citrate &amp; Citric Acid Powder Pack 3300-1002 mg) TARON-CRYSTALS</b></i>	1	

**MO** - Available at mail-order   **OAC** - Oral Anti-Cancer   **PA** - Prior Authorization   **PA\*\*** - Prior Authorization if step therapy is not met   **QL** - Quantity Limits   **SP** - Specialty   **ST** - Step Therapy



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAP 50MG ( <i>cysteamine bitartrate</i> )	2	SP, PA
CYSTAGON CAP 150MG ( <i>cysteamine bitartrate</i> )	2	SP, PA
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	MO
<i>dutasteride cap 0.5 mg</i>	1	MO
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	MO
<i>finasteride tab 5 mg</i>	1	MO
<i>silodosin cap 4 mg</i>	1	MO
<i>silodosin cap 8 mg</i>	1	MO
<i>tamsulosin hcl cap 0.4 mg</i>	1	MO
<b>URINARY ANALGESICS</b>		
( <i>phenazopyridine hcl tab 200 mg</i> ) Phenazo	1	
<b>GOUT AGENTS - DRUGS TO TREAT GOUT</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	MO
<b>GOUT AGENTS - DRUGS TO TREAT GOUT</b>		
<i>allopurinol tab 100 mg</i>	1	MO
<i>allopurinol tab 300 mg</i>	1	MO
<i>colchicine cap 0.6 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
<i>febuxostat tab 40 mg</i>	1	MO
<i>febuxostat tab 80 mg</i>	1	MO
<b>URICOSURICS</b>		
<i>probenecid tab 500 mg</i>	1	MO
<b>HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS</b>		
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tab er 400 mg</i>	1	MO
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl cap 0.5 mg</i>	1	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA\*\* - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>anagrelide hcl cap 1 mg</i></b>	1	MO
<b><i>aspirin-dipyridamole cap er 12hr 25-200 mg</i></b>	1	MO
BRILINTA TAB 60MG ( <b><i>ticagrelor</i></b> )	2	MO
BRILINTA TAB 90MG ( <b><i>ticagrelor</i></b> )	2	MO
<b><i>cilostazol tab 50 mg</i></b>	1	MO
<b><i>cilostazol tab 100 mg</i></b>	1	MO
<b><i>clopidogrel bisulfate tab 75 mg (base equiv)</i></b>	1	MO
<b><i>clopidogrel bisulfate tab 300 mg (base equiv)</i></b>	1	
<b><i>dipyridamole tab 25 mg</i></b>	1	MO
<b><i>dipyridamole tab 50 mg</i></b>	1	MO
<b><i>dipyridamole tab 75 mg</i></b>	1	MO
<b><i>prasugrel hcl tab 5 mg (base equiv)</i></b>	1	MO
<b><i>prasugrel hcl tab 10 mg (base equiv)</i></b>	1	MO

## **HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS**

### **AGENTS FOR GAUCHER DISEASE**

CERDELGA CAP 84MG ( <b><i>eliglustat tartrate</i></b> )	2	SP, PA, QL (60 caps / 30 days)
<b><i>miglustat cap 100 mg</i></b>	1	SP, PA, QL (90 caps / 30 days)

### **FOLIC ACID/FOLATES**

<b><i>folic acid cap 0.8 mg</i></b>	PV	QL (100 caps / 30 days), MO; \$0 copay for ages 55 and under, otherwise not covered
(Folic Acid Cap 0.8 mg) FA-8	PV	QL (100 caps / 30 days), MO; \$0 copay for ages 55 and under, otherwise not covered
<b><i>folic acid tab 1 mg</i></b>	1	MO
<b><i>folic acid tab 400 mcg</i></b>	PV	QL (100 tabs / 30 days); \$0 copay for ages 55 and under, otherwise not covered
(Folic Acid Tab 400 mcg) FOLATE	PV	QL (100 tabs / 30 days); \$0 copay for ages 55 and under, otherwise not covered
(Folic Acid Tab 400 mcg) GNP FOLIC ACID	PV	QL (100 tabs / 30 days); \$0 copay for ages 55 and under, otherwise not covered

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Folic Acid Tab 400 mcg) HM FOLIC ACID	PV	QL (100 tabs / 30 days); \$0 copay for ages 55 and under, otherwise not covered
(Folic Acid Tab 400 mcg) PX FOLIC ACID	PV	QL (100 tabs / 30 days); \$0 copay for ages 55 and under, otherwise not covered
(Folic Acid Tab 400 mcg) RA FOLIC ACID	PV	QL (100 tabs / 30 days); \$0 copay for ages 55 and under, otherwise not covered
(Folic Acid Tab 400 mcg) SM FOLIC ACID	PV	QL (100 tabs / 30 days); \$0 copay for ages 55 and under, otherwise not covered
(Folic Acid Tab 400 mcg) YI FOLIC ACID	PV	QL (100 tabs / 30 days); \$0 copay for ages 55 and under, otherwise not covered
<b><i>folic acid tab 800 mcg</i></b>	PV	QL (100 tabs / 30 days), MO; \$0 copay for ages 55 and under, otherwise not covered
(Folic Acid Tab 800 mcg) CVS FOLIC ACID	PV	QL (100 tabs / 30 days), MO; \$0 copay for ages 55 and under, otherwise not covered
(Folic Acid Tab 800 mcg) FA-8	PV	QL (100 tabs / 30 days), MO; \$0 copay for ages 55 and under, otherwise not covered
(Folic Acid Tab 800 mcg) KP FOLIC ACID	PV	QL (100 tabs / 30 days), MO; \$0 copay for ages 55 and under, otherwise not covered
(Folic Acid Tab 800 mcg) QC FOLIC ACID	PV	QL (100 tabs / 30 days), MO; \$0 copay for ages 55 and under, otherwise not covered
(Folic Acid Tab 800 mcg) RA FOLIC ACID	PV	QL (100 tabs / 30 days), MO; \$0 copay for ages 55 and under, otherwise not covered

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
DOPTELET TAB 20MG ( <i>avatrombopag maleate</i> )	2	SP, PA, QL (2 tabs / 1 day)
DOPTELET TAB 20MG ( <i>avatrombopag maleate</i> )	2	SP, PA, QL (3 tabs / 1 day)
MULPLETA TAB 3MG ( <i>lusutrombopag</i> )	2	SP, PA, QL (7 tabs / 14 days)
<b>HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	1	
<i>aminocaproic acid tab 500 mg</i>	1	
<i>aminocaproic acid tab 1000 mg</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS</b>		
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital elixir 20 mg/5ml</i>	1	MO
<i>phenobarbital tab 15 mg</i>	1	MO
<i>phenobarbital tab 16.2 mg</i>	1	MO
<i>phenobarbital tab 30 mg</i>	1	MO
<i>phenobarbital tab 32.4 mg</i>	1	MO
<i>phenobarbital tab 60 mg</i>	1	MO
<i>phenobarbital tab 64.8 mg</i>	1	MO
<i>phenobarbital tab 97.2 mg</i>	1	MO
<i>phenobarbital tab 100 mg</i>	1	MO
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	
<b>NON-BARBITURATE HYPNOTICS</b>		
<i>estazolam tab 1 mg</i>	1	QL (15 tabs / 25 days)
<i>estazolam tab 2 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 1 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 2 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 3 mg</i>	1	QL (15 tabs / 25 days)
<i>flurazepam hcl cap 15 mg</i>	1	QL (15 caps / 25 days)
<i>flurazepam hcl cap 30 mg</i>	1	QL (15 caps / 25 days)
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	1	
<i>temazepam cap 7.5 mg</i>	1	QL (15 caps / 25 days)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>temazepam cap 15 mg</i></b>	1	QL (15 caps / 25 days)
<b><i>temazepam cap 22.5 mg</i></b>	1	QL (15 caps / 25 days)
<b><i>temazepam cap 30 mg</i></b>	1	QL (15 caps / 25 days)
<b><i>triazolam tab 0.25 mg</i></b>	1	QL (10 tabs / 25 days)
<b><i>triazolam tab 0.125 mg</i></b>	1	QL (10 tabs / 25 days)
<b><i>zaleplon cap 5 mg</i></b>	1	QL (15 caps / 25 days)
<b><i>zaleplon cap 10 mg</i></b>	1	QL (15 caps / 25 days)
<b><i>zolpidem tartrate sl tab 1.75 mg</i></b>	1	PA
<b><i>zolpidem tartrate sl tab 3.5 mg</i></b>	1	PA
<b><i>zolpidem tartrate tab 5 mg</i></b>	1	QL (15 tabs / 25 days)
<b><i>zolpidem tartrate tab 10 mg</i></b>	1	QL (15 tabs / 25 days)
<b><i>zolpidem tartrate tab er 6.25 mg</i></b>	1	QL (15 tabs / 25 days)
<b><i>zolpidem tartrate tab er 12.5 mg</i></b>	1	QL (15 tabs / 25 days)
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
<b>BELSOMRA TAB 5MG (<i>suvorexant</i>)</b>	2	PA
<b>BELSOMRA TAB 10MG (<i>suvorexant</i>)</b>	2	PA
<b>BELSOMRA TAB 15MG (<i>suvorexant</i>)</b>	2	PA
<b>BELSOMRA TAB 20MG (<i>suvorexant</i>)</b>	2	PA
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
<b><i>ramelteon tab 8 mg</i></b>	1	QL (15 tabs / 25 days)
<b>LAXATIVES - DRUGS TO TREAT CONSTIPATION</b>		
<b>LAXATIVE COMBINATIONS</b>		
(Bisacodyl Tab & Peg 3350-kcl-sod bicarb-nacl For Soln Kit) GAVILYTE-H	1	\$0 copay for members age 50 through 74
(Bisacodyl Tab & Peg 3350-kcl-sod bicarb-nacl For Soln Kit) PEG PREP	1	\$0 copay for members age 50 through 74
<b>CLENPIQ SOL (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>)</b>	2	
<b><i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i></b>	1	
(Peg 3350-kcl-na Bicarb-nacl-na Sulfate For Soln 236 gm) GAVILYTE-G	1	
(Peg 3350-kcl-na Bicarb-nacl-na Sulfate For Soln 240 gm) GAVILYTE-C	1	
<b><i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i></b>	1	
(Peg 3350-kcl-sod Bicarb-nacl For Soln 420 gm) GAVILYTE-N/FLAVOR PACK	1	
(Peg 3350-kcl-sod Bicarb-nacl For Soln 420 gm) TRILYTE	1	
<b>LAXATIVES - MISCELLANEOUS</b>		
<b><i>lactulose solution 10 gm/15ml</i></b>	1	MO

**MO** - Available at mail-order   **OAC** - Oral Anti-Cancer   **PA** - Prior Authorization   **PA\*\*** - Prior Authorization if step therapy is not met   **QL** - Quantity Limits   **SP** - Specialty   **ST** - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Lactulose Solution 10 gm/15ml) CONSTULOSE	1	MO
<b>MACROLIDES - DRUGS TO TREAT INFECTIONS</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	QL (6 tabs / 5 days); 6 tablets or one blister pack of 6 tablets per five days; limit of one fill per 60 days
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<b>CLARITHROMYCIN</b>		
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
<b>ERYTHROMYCINS</b>		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
(Erythromycin Stearate Tab 250 mg) ERYTHROMYCIN STEARATE	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
(Erythromycin Tab Delayed Release 250 mg) ERY-TAB	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
(Erythromycin Tab Delayed Release 333 mg) ERY-TAB	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
(Erythromycin Tab Delayed Release 500 mg) ERY-TAB	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>erythromycin w/ delayed release particles cap 250 mg</i></b>	1	
<b>FIDAXOMICIN</b>		
<b><i>DIFICID TAB 200MG (fidaxomicin)</i></b>	2	
<b>MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING</b>		
<b>PARENTERAL THERAPY SUPPLIES</b>		
<b><i>BD INSULIN PEN NEEDLES (insulin pen needle)</i></b>	2	
<b><i>BD INSULIN PEN NEEDLES (insulin pen needle)</i></b>	2	
<b><i>BD INSULIN SYRINGE (insulin syringe/needle u-100)</i></b>	2	
<b><i>BD INSULIN SYRINGE (insulin syringe/needle u-100)</i></b>	2	
<b><i>BD INSULIN SYRINGE (insulin syringes (disposable))</i></b>	2	
<b><i>BD U-500 MIS 31GX6MM (insulin syringe/needle u-500)</i></b>	2	
<b>MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
<b><i>NURTEC TAB 75MG ODT (rimegepant sulfate)</i></b>	2	
<b><i>UBRELVY TAB 50MG (ubrogepant)</i></b>	2	
<b><i>UBRELVY TAB 100MG (ubrogepant)</i></b>	2	
<b>SEROTONIN AGONISTS</b>		
<b><i>almotriptan malate tab 6.25 mg</i></b>	1	QL (12 tabs / 25 days)
<b><i>almotriptan malate tab 12.5 mg</i></b>	1	QL (12 tabs / 25 days)
<b><i>eletriptan hydrobromide tab 20 mg (base equivalent)</i></b>	1	QL (12 tabs / 25 days)
<b><i>eletriptan hydrobromide tab 40 mg (base equivalent)</i></b>	1	QL (12 tabs / 25 days)
<b><i>frovatriptan succinate tab 2.5 mg (base equivalent)</i></b>	1	QL (18 tabs / 25 days)
<b><i>naratriptan hcl tab 1 mg (base equiv)</i></b>	1	QL (12 tabs / 25 days)
<b><i>naratriptan hcl tab 2.5 mg (base equiv)</i></b>	1	QL (12 tabs / 25 days)
<b><i>ONZETRA XSAI MIS 11MG (sumatriptan succinate)</i></b>	2	ST, QL (16 nosepieces (8 pouches) / 25 days); PA**
<b><i>REYVOW TAB 50MG (lasmiditan succinate)</i></b>	2	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
REYVOW TAB 100MG ( <i>lasmiditan succinate</i> )	2	
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs / 25 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (24 sprays (4 boxes) / 25 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 sprays (2 boxes) / 25 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 injections / 25 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (18 injections / 25 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 injections / 25 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (18 injections / 25 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 injections / 25 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (12 injections / 25 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs / 25 days)
ZOMIG SPR 2.5MG ( <i>zolmitriptan</i> )	2	QL (12 inhalers / 25 days)
ZOMIG SPR 5MG ( <i>zolmitriptan</i> )	2	QL (12 bottles / 25 days)

## **MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION**

### **FLUORIDE**

<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	PV	MO; \$0 applies for ages 5 and under
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Sodium Fluoride Chew Tab 0.5 mg F (from 1.1 mg naf)) FLUORITAB	PV	MO; \$0 applies for ages 5 and under
<b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</b>	PV	MO; \$0 applies for ages 5 and under
(Sodium Fluoride Chew Tab 0.25 mg F (from 0.55 mg naf)) FLUORITAB	PV	MO; \$0 applies for ages 5 and under
<b>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</b>	1	MO
(Sodium Fluoride Chew Tab 1 mg F (from 2.2 mg naf)) FLUORITAB	1	MO
(Sodium Fluoride Chew Tab 1 mg F (from 2.2 mg naf)) NAFRINSE	1	MO
<b>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</b>	PV	MO; \$0 applies for ages 5 and under
(Sodium Fluoride Soln 0.25 mg/drop F (from 0.55 mg/drop naf)) FLURA-DROPS	PV	MO; \$0 applies for ages 5 and under
(Sodium Fluoride Soln 0.125 mg/drop F (0.275 mg/drop naf)) FLUORITAB	PV	MO; \$0 applies for ages 5 and under
(Sodium Fluoride Soln 0.125 mg/drop F (0.275 mg/drop naf)) NAFRINSE DROPS	PV	MO; \$0 applies for ages 5 and under
<b>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</b>	PV	MO; \$0 applies for ages 5 and under
<b>sodium fluoride tab 1 mg f (from 2.2 mg naf)</b>	1	MO
<b>PHOSPHATE</b>		
<b>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</b>	1	MO
(Pot Phos Monobasic W/sod Phos Di & Monobas Tab 155-852-130mg) PHOSPHA 250 NEUTRAL	1	MO
(Pot Phos Monobasic W/sod Phos Di & Monobas Tab 155-852-130mg) PHOSPHO-TRIN 250 NEUTRAL	1	MO
(Pot Phos Monobasic W/sod Phos Di & Monobas Tab 155-852-130mg) VIRT-PHOS 250 NEUTRAL	1	MO
<b>POTASSIUM</b>		
(Potassium Bicarbonate Effer Tab 25 meq) EFFER-K	1	MO
(Potassium Bicarbonate Effer Tab 25 meq) EFFER-K K-PRIME	1	MO
(Potassium Bicarbonate Effer Tab 25 meq) EFFER-K KLOR-CON/EF	1	MO
<b>potassium chloride cap er 8 meq</b>	1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Potassium Chloride Cap Er 8 meq) KLOR-CON SPRINKLE	1	MO
<b><i>potassium chloride cap er 10 meq</i></b>	1	MO
(Potassium Chloride Cap Er 10 meq) KLOR-CON SPRINKLE	1	MO
<b><i>potassium chloride microencapsulated crys er tab 10 meq</i></b>	1	MO
(Potassium Chloride Microencapsulated Crys Er Tab 10 meq) KLOR-CON M10	1	MO
(Potassium Chloride Microencapsulated Crys Er Tab 15 meq) KLOR-CON M15	1	MO
<b><i>potassium chloride microencapsulated crys er tab 20 meq</i></b>	1	MO
(Potassium Chloride Microencapsulated Crys Er Tab 20 meq) KLOR-CON M20	1	MO
<b><i>potassium chloride oral soln 10% (20 meq/15ml)</i></b>	1	MO
<b><i>potassium chloride oral soln 20% (40 meq/15ml)</i></b>	1	MO
<b><i>potassium chloride powder packet 20 meq</i></b>	1	MO
(Potassium Chloride Powder Packet 20 meq) KLOR-CON	1	MO
<b><i>potassium chloride tab er 8 meq (600 mg)</i></b>	1	MO
(Potassium Chloride Tab Er 8 meq (600 mg)) KLOR-CON 8	1	MO
<b><i>potassium chloride tab er 10 meq</i></b>	1	MO
(Potassium Chloride Tab Er 8 meq 10 meq) KLOR-CON 10	1	MO
<b><i>potassium chloride tab er 20 meq (1500 mg)</i></b>	1	MO

## **MISCELLANEOUS THERAPEUTIC CLASSES**

### **CHELATING AGENTS**

<b><i>penicillamine cap 250 mg</i></b>	1	
<b><i>penicillamine tab 250 mg</i></b>	1	
<b><i>trientine hcl cap 250 mg</i></b>	1	
(Trientine Hcl Cap 250 mg) CLOVIQUE	1	

### **IMMUNOMODULATORS**

REVLIMID CAP 2.5MG ( <b><i>lenalidomide</i></b> )	2	SP, PA, QL (28 caps / 28 days); OAC
REVLIMID CAP 5MG ( <b><i>lenalidomide</i></b> )	2	SP, PA, QL (28 caps / 28 days); OAC

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
REVLIMID CAP 10MG ( <i>lenalidomide</i> )	2	SP, PA, QL (28 caps / 28 days); OAC
REVLIMID CAP 15MG ( <i>lenalidomide</i> )	2	SP, PA, QL (28 caps / 28 days); OAC
REVLIMID CAP 20MG ( <i>lenalidomide</i> )	2	SP, PA, QL (42 caps / 28 days); OAC
REVLIMID CAP 25MG ( <i>lenalidomide</i> )	2	SP, PA, QL (42 caps / 28 days); OAC
THALOMID CAP 50MG ( <i>thalidomide</i> )	2	SP, PA, QL (28 caps / 28 days); OAC
THALOMID CAP 100MG ( <i>thalidomide</i> )	2	SP, PA, QL (28 caps / 28 days); OAC
THALOMID CAP 150MG ( <i>thalidomide</i> )	2	SP, PA, QL (56 caps / 28 days); OAC
THALOMID CAP 200MG ( <i>thalidomide</i> )	2	SP, PA, QL (56 caps / 28 days); OAC

#### **IMMUNOSUPPRESSIVE AGENTS**

AZASAN TAB 75 MG ( <i>azathioprine</i> )	2	MO
AZASAN TAB 100MG ( <i>azathioprine</i> )	2	MO
<i>azathioprine tab 50 mg</i>	1	MO
<i>cyclosporine cap 25 mg</i>	1	SP
<i>cyclosporine cap 100 mg</i>	1	SP
<i>cyclosporine modified cap 25 mg</i>	1	SP
(Cyclosporine Modified Cap 25 mg) GENGRAF	1	SP
<i>cyclosporine modified cap 50 mg</i>	1	SP
<i>cyclosporine modified cap 100 mg</i>	1	SP
(Cyclosporine Modified Cap 100 mg) GENGRAF	1	SP
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	SP
(Cyclosporine Modified Oral Soln 100 mg/ml) GENGRAF	1	SP
<i>everolimus tab 0.5 mg</i>	1	SP
<i>everolimus tab 0.25 mg</i>	1	SP
<i>everolimus tab 0.75 mg</i>	1	SP
<i>mycophenolate mofetil cap 250 mg</i>	1	SP
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	SP
<i>mycophenolate mofetil tab 500 mg</i>	1	SP
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	SP
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	SP

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>sirolimus oral soln 1 mg/ml</i>	1	SP
<i>sirolimus tab 0.5 mg</i>	1	SP
<i>sirolimus tab 1 mg</i>	1	SP
<i>sirolimus tab 2 mg</i>	1	SP
<i>tacrolimus cap 0.5 mg</i>	1	SP
<i>tacrolimus cap 1 mg</i>	1	SP
<i>tacrolimus cap 5 mg</i>	1	SP
<b>POTASSIUM REMOVING AGENTS</b>		
LOKELMA PAK 5GM ( <i>sodium zirconium cyclosilicate</i> )	2	MO
LOKELMA PAK 10GM ( <i>sodium zirconium cyclosilicate</i> )	2	MO
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
(Sodium Polystyrene Sulfonate Oral Susp 15 gm/60ml) KIONEX	1	
(Sodium Polystyrene Sulfonate Oral Susp 15 gm/60ml) KIONEX SPS	1	
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	1	
VELTASSA POW 8.4GM ( <i>patiromer sorbitex calcium</i> )	2	MO
VELTASSA POW 16.8GM ( <i>patiromer sorbitex calcium</i> )	2	MO
VELTASSA POW 25.2GM ( <i>patiromer sorbitex calcium</i> )	2	MO
<b>MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine hcl viscous soln 2%</i>	1	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troche 10 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
(Triamcinolone Acetonide Dental Paste 0.1%) ORALONE DENTAL PASTE	1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl cap 30 mg</i>	1	MO
<i>pilocarpine hcl tab 5 mg</i>	1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i><b>pilocarpine hcl tab 7.5 mg</b></i>	1	MO
<b>MULTIVITAMINS - DRUGS FOR NUTRITION</b>		
<b><i>PRENATAL VITAMINS</i></b>		
CITRANATAL CAP HARMONY ( <i><b>prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha</b></i> )	2	
CITRANATAL CAP MEDLEY ( <i><b>prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha</b></i> )	2	
CITRANATAL MIS ( <i><b>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</b></i> )	2	
CITRANATAL MIS 90 DHA ( <i><b>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</b></i> )	2	
CITRANATAL MIS B-CALM ( <i><b>prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa &amp; vit b6</b></i> )	2	
CITRANATAL PAK ASSURE ( <i><b>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</b></i> )	2	
CITRANATAL PAK DHA ( <i><b>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</b></i> )	2	
CITRANATAL TAB BLOOM ( <i><b>prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid</b></i> )	2	
CITRANATAL TAB RX ( <i><b>prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa</b></i> )	2	
(Prenat A/o A W/feFum-methfol-fa-dha Cap 27-0.6-0.4-300 m) PNV-DHA	1	
(Prenatal Vit W/ dss-iron Carbonyl-fa Tab 90-1 mg) INTATAL GT	1	
(Prenatal Vit W/ fe Fum-methylfolate-fa Tab 27-0.6-0.4 mg) PNV-SELECT	1	
(Prenatal Vit W/ feFumarate-fa Chew Tab 29-1 mg) PRENATAL 19	1	
(Prenatal Vit W/ fe Fumarate-fa Tab 28-1 mg) TRINATE	1	
(Prenatal Vit W/ iron Carbonyl-fa Tab 29-1 mg) PRENATABS RX	1	
(Prenatal Vit W/ iron Carbonyl-fa Tab 50-1.25 mg) ELITE-OB	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 250 mg</i>	1	PA
<i>carisoprodol tab 350 mg</i>	1	PA
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<b>MUSCLE RELAXANT COMBINATIONS</b>		
<i>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</i>	1	PA
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE</b>		
<b>NASAL AGENT COMBINATIONS</b>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 bottle / 25 days)
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 bottles / 25 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	QL (2 bottles / 25 days)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1 bottle / 25 days)
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	MO
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	MO
<b>NASAL STEROIDS</b>		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 bottles / 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 bottle / 25 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	QL (34 gm / 25 days)
<b>NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES</b>		
<b>ALS AGENTS</b>		
<i>riluzole tab 50 mg</i>	1	SP
<b>OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS</b>		
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
<i>betaxolol hcl ophth soln 0.5%</i>	1	MO
BETIMOL SOL 0.5% ( <i>timolol</i> )	2	MO
BETIMOL SOL 0.25% ( <i>timolol</i> )	2	MO
BETOPTIC-S SUS 0.25% OP ( <i>betaxolol hcl (ophth)</i> )	2	MO
<i>carteolol hcl ophth soln 1%</i>	1	MO
COMBIGAN SOL 0.2/0.5% ( <i>brimonidine tartrate-timolol maleate</i> )	2	MO
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	1	MO
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	MO
<i>levobunolol hcl ophth soln 0.5%</i>	1	MO
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	MO
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	MO
<i>timolol maleate ophth soln 0.5%</i>	1	MO
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	MO
<i>timolol maleate ophth soln 0.25%</i>	1	MO
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	MO
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>cyclopentolate hcl ophth soln 0.5%</i>	1	MO

MO - Available at mail-order OAC - Oral Anti-Cancer PA - Prior Authorization PA\*\* - Prior Authorization if step therapy is not met QL - Quantity Limits SP - Specialty ST - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>cyclopentolate hcl ophth soln 1%</i></b>	1	MO
<b><i>cyclopentolate hcl ophth soln 2%</i></b>	1	MO
<b><i>phenylephrine hcl ophth soln 2.5%</i></b>	1	
<b><i>(phenylephrine hcl ophth soln 2.5%)</i></b> Altafrin	1	
<b><i>phenylephrine hcl ophth soln 10%</i></b>	1	
<b><i>(phenylephrine hcl ophth soln 10%)</i></b> Altafrin	1	
<b><i>tropicamide ophth soln 0.5%</i></b>	1	MO
<b><i>tropicamide ophth soln 1%</i></b>	1	MO
<b>MIOTICS</b>		
<b><i>pilocarpine hcl ophth soln 1%</i></b>	1	MO
<b><i>pilocarpine hcl ophth soln 2%</i></b>	1	MO
<b><i>pilocarpine hcl ophth soln 4%</i></b>	1	MO
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
<b>ALPHAGAN P SOL 0.1% (<i>brimonidine tartrate</i>)</b>	2	MO
<b><i>apraclonidine hcl ophth soln 0.5%</i></b> <b><i>(base equivalent)</i></b>	1	
<b><i>brimonidine tartrate ophth soln 0.2%</i></b>	1	MO
<b><i>brimonidine tartrate ophth soln 0.15%</i></b>	1	MO
<b>SIMBRINZA SUS 1-0.2% (<i>brinzolamide-brimonidine tartrate</i>)</b>	2	MO
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<b><i>bacitracin ophth oint 500 unit/gm</i></b>	1	
<b><i>bacitracin-polymyxin b ophth oint</i></b>	1	
(Bacitracin-polymyxin B Ophth Oint) AK-POLY-BAC	1	
(Bacitracin-polymyxin B Ophth Oint) POLYCIN	1	
<b>BESIVANCE SUS 0.6% (<i>besifloxacin hcl</i>)</b>	2	
<b>CILOXAN OIN 0.3% OP (<i>ciprofloxacin hcl ophth</i>)</b>	2	
<b><i>ciprofloxacin hcl ophth soln 0.3%</i></b> <b><i>(base equivalent)</i></b>	1	
<b><i>erythromycin ophth oint 5 mg/gm</i></b>	1	
<b><i>gatifloxacin ophth soln 0.5%</i></b>	1	
(Gentamicin Sulfate Ophth Oint 0.3%) GENTAK	1	
<b><i>gentamicin sulfate ophth soln 0.3%</i></b>	1	
<b><i>levofloxacin ophth soln 0.5%</i></b>	1	
<b><i>moxifloxacin hcl ophth soln 0.5%</i></b> <b><i>(base eq) (2 times daily)</i></b>	1	



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>moxifloxacin hcl ophth soln 0.5% (base equiv)</b>	1	
<b>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</b>	1	
(Neomycin-bacitrac Zn-polymyx 5(3.5)mg-400unt-10000unt Op Oin) NEO-POLYCIN	1	
<b>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</b>	1	
<b>ofloxacin ophth soln 0.3%</b>	1	
<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</b>	1	
<b>sulfacetamide sodium ophth oint 10%</b>	1	
<b>sulfacetamide sodium ophth soln 10%</b>	1	
<b>tobramycin ophth soln 0.3%</b>	1	
TOBREX OIN 0.3% OP ( <b>tobramycin (ophth)</b> )	3	
<b>trifluridine ophth soln 1%</b>	1	
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
RESTASIS EMU 0.05% ( <b>cyclosporine (ophth)</b> )	2	MO
RESTASIS MUL EMU 0.05% ( <b>cyclosporine (ophth)</b> )	2	MO
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA DRO 5% ( <b>lifitegrast</b> )	2	MO
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA SOL 0.02% ( <b>netarsudil dimesylate</b> )	2	MO
ROCKLATAN DRO ( <b>netarsudil dimesylate-latanoprost</b> )	2	ST, MO; PA**
<b>OPHTHALMIC STEROIDS</b>		
<b>bacitracin-polymyxin-neomycin-hc ophth oint 1%</b>	1	
(Bacitracin-polymyxin-neomycin-hc Ophth Oint 1%) NEO-POLYCIN HC	1	
<b>dexamethasone sodium phosphate ophth soln 0.1%</b>	1	
DUREZOL EMU 0.05% ( <b>difluprednate</b> )	2	
<b>fluorometholone ophth susp 0.1%</b>	1	
FML FORTE SUS 0.25% OP ( <b>fluorometholone (ophth)</b> )	2	
FML OIN 0.1% OP ( <b>fluorometholone (ophth)</b> )	2	

PREScription DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>loteprednol etabonate ophth susp 0.5%</i></b>	1	
MAXIDEX SUS 0.1% OP ( <b><i>dexamethasone (ophth)</i></b> )	2	
<b><i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i></b>	1	
<b><i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i></b>	1	
<b><i>neomycin-polymyxin-hc ophth susp</i></b>	1	
PRED MILD SUS 0.12% OP ( <b><i>prednisolone acetate (ophth)</i></b> )	2	
PRED SOD PHO SOL 1% OP	3	
<b><i>prednisolone acetate ophth susp 1%</i></b>	1	
<b><i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i></b>	1	
TOBRADEX OIN 0.3-0.1% ( <b><i>tobramycin-dexamethasone</i></b> )	2	
TOBRADEX ST SUS 0.3-0.05 ( <b><i>tobramycin-dexamethasone</i></b> )	2	
<b><i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i></b>	1	
<b>OPHTHALMICS - MISC.</b>		
<b><i>azelastine hcl ophth soln 0.05%</i></b>	1	
AZOPT SUS 1% OP ( <b><i>brinzolamide</i></b> )	2	MO
<b><i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i></b>	1	
<b><i>cromolyn sodium ophth soln 4%</i></b>	1	
<b><i>diclofenac sodium ophth soln 0.1%</i></b>	1	
<b><i>dorzolamide hcl ophth soln 2%</i></b>	1	MO
DORZOLAMIDE SOL 2%	3	MO
<b><i>epinastine hcl ophth soln 0.05%</i></b>	1	
<b><i>flurbiprofen sodium ophth soln 0.03%</i></b>	1	
ILEVRO DRO 0.3% OP ( <b><i>nepafenac</i></b> )	2	
<b><i>ketorolac tromethamine ophth soln 0.4%</i></b>	1	
<b><i>ketorolac tromethamine ophth soln 0.5%</i></b>	1	
LASTACFT SOL 0.25% ( <b><i>alcaftadine</i></b> )	2	
NEVANAC SUS 0.1% ( <b><i>nepafenac</i></b> )	2	
<b><i>olopatadine hcl ophth soln 0.1% (base equivalent)</i></b>	1	
<b><i>olopatadine hcl ophth soln 0.2% (base equivalent)</i></b>	1	
PAZEO DRO 0.7% ( <b><i>olopatadine hcl</i></b> )	2	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>latanoprost ophth soln 0.005%</i>	1	MO
LUMIGAN SOL 0.01% ( <i>bimatoprost</i> )	2	MO
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	MO
ZIOPTAN DRO 0.0015% ( <i>tafluprost</i> )	2	ST, MO; PA**
<b>OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid otic soln 2%</i>	1	
<b>OTIC ANTI-INFECTIVES</b>		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
<b>OTIC COMBINATIONS</b>		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<b>OTIC STEROIDS</b>		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>(fluocinolone acetonide (otic) oil 0.01%) Flac</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<b>OXYTOCICS - DRUGS FOR PREGNANCY</b>		
<b>OXYTOCICS - DRUGS FOR PREGNANCY</b>		
<i>methylergonovine maleate tab 0.2 mg</i>	1	
<i>(methylergonovine maleate tab 0.2 mg) Methergine</i>	1	
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<b>NATURAL PENICILLINS</b>		
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<b>PENICILLIN COMBINATIONS</b>		
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>AUGMENTIN SUS 125/5ML (amoxicillin &amp; pot clavulanate)</i>	3	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>		
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	MO
<i>medroxyprogesterone acetate tab 5 mg</i>	1	MO
<i>medroxyprogesterone acetate tab 10 mg</i>	1	MO
<i>megestrol acetate susp 625 mg/5ml</i>	1	MO
<i>norethindrone acetate tab 5 mg</i>	1	MO
<i>progesterone micronized cap 100 mg</i>	1	MO
<i>progesterone micronized cap 200 mg</i>	1	MO
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	MO
<i>disulfiram tab 250 mg</i>	1	MO
<i>disulfiram tab 500 mg</i>	1	MO
<b>ANTIDEMENTIA AGENTS</b>		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	MO
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	MO
<i>donepezil hydrochloride tab 5 mg</i>	1	MO
<i>donepezil hydrochloride tab 10 mg</i>	1	MO
<i>donepezil hydrochloride tab 23 mg</i>	1	MO
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	MO
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	MO
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	MO
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	MO
<i>galantamine hydrobromide tab 4 mg</i>	1	MO
<i>galantamine hydrobromide tab 8 mg</i>	1	MO
<i>galantamine hydrobromide tab 12 mg</i>	1	MO
<i>memantine hcl cap er 24hr 7 mg</i>	1	MO
<i>memantine hcl cap er 24hr 14 mg</i>	1	MO
<i>memantine hcl cap er 24hr 21 mg</i>	1	MO
<i>memantine hcl cap er 24hr 28 mg</i>	1	MO

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

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>perphenazine-amitriptyline tab 2-25 mg</i></b>	1	MO
<b><i>perphenazine-amitriptyline tab 4-10 mg</i></b>	1	MO
<b><i>perphenazine-amitriptyline tab 4-25 mg</i></b>	1	MO
<b><i>perphenazine-amitriptyline tab 4-50 mg</i></b>	1	MO
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
<b>AUSTEDO TAB 6MG (<i>deutetrabenazine</i>)</b>	2	SP, PA, QL (60 tabs / 30 days)
<b>AUSTEDO TAB 9MG (<i>deutetrabenazine</i>)</b>	2	SP, PA, QL (120 tabs / 30 days)
<b>AUSTEDO TAB 12MG (<i>deutetrabenazine</i>)</b>	2	SP, PA, QL (120 tabs / 30 days)
<b>INGREZZA CAP 40-80MG (<i>valbenazine tosylate</i>)</b>	2	SP, PA
<b>INGREZZA CAP 40MG (<i>valbenazine tosylate</i>)</b>	2	SP, PA, QL (30 caps / 30 days)
<b>INGREZZA CAP 80MG (<i>valbenazine tosylate</i>)</b>	2	SP, PA, QL (30 caps / 30 days)
<b><i>tetrabenazine tab 12.5 mg</i></b>	1	SP, PA, QL (120 tabs / 30 days)
<b><i>tetrabenazine tab 25 mg</i></b>	1	SP, PA, QL (60 tabs / 30 days)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<b>AUBAGIO TAB 7MG (<i>teriflunomide</i>)</b>	2	SP, PA, QL (30 tabs / 30 days)
<b>AUBAGIO TAB 14MG (<i>teriflunomide</i>)</b>	2	SP, PA, QL (30 tabs / 30 days)
<b><i>dalfampridine tab er 12hr 10 mg</i></b>	1	SP, PA, QL (60 tabs / 30 days)
<b><i>dimethyl fumarate capsule delayed release 120 mg</i></b>	1	SP, PA, QL (14 caps / 28 days)
<b><i>dimethyl fumarate capsule delayed release 240 mg</i></b>	1	SP, PA, QL (60 caps / 30 days)
<b><i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i></b>	1	SP, PA, QL (60 caps / 30 days)
<b>GILENYA CAP 0.5MG (<i>fingolimod hcl</i>)</b>	2	SP, PA, QL (30 caps / 30 days)
<b>MAYZENT TAB 0.25MG (<i>siponimod fumarate</i>)</b>	2	SP, PA, QL (112 tabs / 28 days)
<b>MAYZENT TAB 2MG (<i>siponimod fumarate</i>)</b>	2	SP, PA, QL (30 tabs / 30 days)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
VUMERITY CAP 231MG ( <i>diroximel fumarate</i> )	2	SP, PA, QL (120 caps / 30 days)
ZEPOSIA 7DAY CAP STR PACK ( <i>ozanimod hcl</i> )	2	SP, PA, QL (30 caps / 30 days)
ZEPOSIA CAP .92MG ( <i>ozanimod hcl</i> )	2	SP, PA, QL (30 caps / 30 days)
ZEPOSIA CAP STR KIT ( <i>ozanimod hcl</i> )	2	SP, PA, QL (30 caps / 30 days)
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>		
GRALISE TAB 300MG ( <i>gabapentin (once-daily)</i> )	2	MO
GRALISE TAB 600MG ( <i>gabapentin (once-daily)</i> )	2	MO
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA CAP 20-10MG ( <i>dextromethorphan hbr-quinidine sulfate</i> )	2	MO
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>		
<i>ergoloid mesylates tab 1 mg</i>	1	MO
<i>pimozide tab 1 mg</i>	1	MO
<i>pimozide tab 2 mg</i>	1	MO
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	PV	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG ( <i>varenicline tartrate</i> )	PV	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG ( <i>varenicline tartrate</i> )	PV	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5MG ( <i>varenicline tartrate</i> )	PV	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 1MG ( <i>varenicline tartrate</i> )	PV	\$0 limited to 2 treatment cycles/year
<b>VASOMOTOR SYMPTOM AGENTS</b>		
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	1	MO
<b>RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS</b>		
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET CAP 267MG ( <i>pirfenidone</i> )	2	SP, PA, QL (270 caps / 30 days)
ESBRIET TAB 267MG ( <i>pirfenidone</i> )	2	SP, PA, QL (270 tabs / 30 days)



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ESBRIET TAB 801MG ( <i>pirfenidone</i> )	2	SP, PA, QL (90 tabs / 30 days)
OFEV CAP 100MG ( <i>nintedanib esylate</i> )	2	SP, PA, QL (60 caps / 30 days)
OFEV CAP 150MG ( <i>nintedanib esylate</i> )	2	SP, PA, QL (60 caps / 30 days)

## **TETRACYCLINES - DRUGS TO TREAT INFECTIONS**

### **TETRACYCLINES - DRUGS TO TREAT INFECTIONS**

<i>demeclocycline hcl tab 150 mg</i>	1
<i>demeclocycline hcl tab 300 mg</i>	1
<i>doxycycline hyclate cap 50 mg</i>	1
<i>doxycycline hyclate cap 100 mg</i>	1
(Doxycycline Hyclate Cap 100 mg) MORGIDOX 1X100	1
(Doxycycline Hyclate Cap 100 mg) MORGIDOX 2X100	1
<i>doxycycline hyclate tab 100 mg</i>	1
<i>doxycycline hyclate tab delayed release 50 mg</i>	1
<i>doxycycline hyclate tab delayed release 75 mg</i>	1
<i>doxycycline hyclate tab delayed release 100 mg</i>	1
<i>doxycycline hyclate tab delayed release 150 mg</i>	1
<i>doxycycline monohydrate cap 50 mg</i>	1
<i>doxycycline monohydrate cap 100 mg</i>	1
(Doxycycline Monohydrate Cap 100 mg) MONDOXYNE NI	1
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1
<i>doxycycline monohydrate tab 50 mg</i>	1
<i>doxycycline monohydrate tab 75 mg</i>	1
<i>doxycycline monohydrate tab 100 mg</i>	1
(Doxycycline Monohydrate Tab 100 mg) AVICOXY	1
<i>doxycycline monohydrate tab 150 mg</i>	1
<i>minocycline hcl cap 50 mg</i>	1
<i>minocycline hcl cap 75 mg</i>	1
<i>minocycline hcl cap 100 mg</i>	1
<i>minocycline hcl tab 50 mg</i>	1
<i>minocycline hcl tab 75 mg</i>	1
<i>minocycline hcl tab 100 mg</i>	1

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>tetracycline hcl cap 250 mg</b>	1	
<b>tetracycline hcl cap 500 mg</b>	1	
VIBRAMYCIN SYP 50MG/5ML ( <b>doxycycline calcium</b> )	2	

## THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

### ANTITHYROID AGENTS

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

### THYROID HORMONES

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

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Levothyroxine Sodium Tab 88 mcg) UNITHROID	1	MO
<b>levothyroxine sodium tab 100 mcg</b>	1	MO
(Levothyroxine Sodium Tab 100 mcg) EUTHYROX	1	MO
(Levothyroxine Sodium Tab 100 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 100 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 100 mcg) UNITHROID	1	MO
<b>levothyroxine sodium tab 112 mcg</b>	1	MO
(Levothyroxine Sodium Tab 112 mcg) EUTHYROX	1	MO
(Levothyroxine Sodium Tab 112 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 112 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 112 mcg) UNITHROID	1	MO
<b>levothyroxine sodium tab 125 mcg</b>	1	MO
(Levothyroxine Sodium Tab 125 mcg) EUTHYROX	1	MO
(Levothyroxine Sodium Tab 125 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 125 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 125 mcg) UNITHROID	1	MO
<b>levothyroxine sodium tab 137 mcg</b>	1	MO
(Levothyroxine Sodium Tab 137 mcg) EUTHYROX	1	MO
(Levothyroxine Sodium Tab 137 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 137 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 137 mcg) UNITHROID	1	MO
<b>levothyroxine sodium tab 150 mcg</b>	1	MO
(Levothyroxine Sodium Tab 150 mcg) EUTHYROX	1	MO
(Levothyroxine Sodium Tab 150 mcg) LEVO-T	1	MO

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Levothyroxine Sodium Tab 150 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 150 mcg) UNITHROID	1	MO
<b>levothyroxine sodium tab 175 mcg</b>	1	MO
(Levothyroxine Sodium Tab 175 mcg) EUTHYROX	1	MO
(Levothyroxine Sodium Tab 175 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 175 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 175 mcg) UNITHROID	1	MO
<b>levothyroxine sodium tab 200 mcg</b>	1	MO
(Levothyroxine Sodium Tab 200 mcg) EUTHYROX	1	MO
(Levothyroxine Sodium Tab 200 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 200 mcg) LEVOXYL	1	MO
(Levothyroxine Sodium Tab 200 mcg) UNITHROID	1	MO
<b>levothyroxine sodium tab 300 mcg</b>	1	MO
(Levothyroxine Sodium Tab 300 mcg) LEVO-T	1	MO
(Levothyroxine Sodium Tab 300 mcg) UNITHROID	1	MO
<b>liothyronine sodium tab 5 mcg</b>	1	MO
<b>liothyronine sodium tab 25 mcg</b>	1	MO
<b>liothyronine sodium tab 50 mcg</b>	1	MO
SYNTHROID TAB 25MCG ( <b>levothyroxine sodium</b> )	2	MO
SYNTHROID TAB 50MCG ( <b>levothyroxine sodium</b> )	2	MO
SYNTHROID TAB 75MCG ( <b>levothyroxine sodium</b> )	2	MO
SYNTHROID TAB 88MCG ( <b>levothyroxine sodium</b> )	2	MO
SYNTHROID TAB 100MCG ( <b>levothyroxine sodium</b> )	2	MO
SYNTHROID TAB 112MCG ( <b>levothyroxine sodium</b> )	2	MO
SYNTHROID TAB 125MCG ( <b>levothyroxine sodium</b> )	2	MO

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
SYNTHROID TAB 137MCG ( <b>levothyroxine sodium</b> )	2	MO
SYNTHROID TAB 150MCG ( <b>levothyroxine sodium</b> )	2	MO
SYNTHROID TAB 175MCG ( <b>levothyroxine sodium</b> )	2	MO
SYNTHROID TAB 200MCG ( <b>levothyroxine sodium</b> )	2	MO
SYNTHROID TAB 300MCG ( <b>levothyroxine sodium</b> )	2	MO
(Thyroid Tab 15 mg (1/4 grain)) NP THYROID 15	1	MO
(Thyroid Tab 30 mg (1/2 grain)) NP THYROID 30	1	MO
(Thyroid Tab 60 mg (1 grain)) NP THYROID 60	1	MO
(Thyroid Tab 90 mg (1 1/2 grain)) NP THYROID 90	1	MO
(Thyroid Tab 120 mg (2 grain)) NP THYROID 120	1	MO

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

### **ANTISPASMODICS**

<b>dicyclomine hcl cap 10 mg</b>	1	
<b>dicyclomine hcl oral soln 10 mg/5ml</b>	1	
<b>dicyclomine hcl tab 20 mg</b>	1	
<b>glycopyrrolate tab 1 mg</b>	1	
<b>glycopyrrolate tab 2 mg</b>	1	
<b>hyoscyamine sulfate elixir 0.125 mg/5ml</b>	1	MO
<b>hyoscyamine sulfate sl tab 0.125 mg</b>	1	MO
(Hyoscyamine Sulfate Sl Tab 0.125 mg) OSCIMIN	1	MO
<b>hyoscyamine sulfate soln 0.125 mg/ml</b>	1	MO
<b>hyoscyamine sulfate tab 0.125 mg</b>	1	MO
(Hyoscyamine Sulfate Tab 0.125 mg) OSCIMIN	1	MO
<b>hyoscyamine sulfate tab disint 0.125 mg</b>	1	MO
(Hyoscyamine Sulfate Tab Disint 0.125 mg) ED-SPAZ	1	MO
(Hyoscyamine Sulfate Tab Disint 0.125 mg) NULEV	1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>hyoscyamine sulfate tab er 12hr 0.375 mg</i></b>	1	MO
(Hyoscyamine Sulfate Tab Er 12hr 0.375 mg) OSCIMIN SR	1	MO
(Hyoscyamine Sulfate Tab Er 12hr 0.375 mg) SYMAX-SR	1	MO
<b><i>methscopolamine bromide tab 2.5 mg</i></b>	1	
<b><i>methscopolamine bromide tab 5 mg</i></b>	1	
<b><i>propantheline bromide tab 15 mg</i></b>	1	
<b>H-2 ANTAGONISTS</b>		
<b><i>cimetidine hcl soln 300 mg/5ml</i></b>	1	MO
<b><i>cimetidine tab 200 mg</i></b>	1	
<b><i>cimetidine tab 300 mg</i></b>	1	MO
<b><i>cimetidine tab 400 mg</i></b>	1	MO
<b><i>cimetidine tab 800 mg</i></b>	1	MO
<b><i>famotidine for susp 40 mg/5ml</i></b>	1	MO
<b><i>famotidine tab 20 mg</i></b>	1	MO
<b><i>famotidine tab 40 mg</i></b>	1	MO
<b><i>nizatidine cap 150 mg</i></b>	1	MO
<b><i>nizatidine cap 300 mg</i></b>	1	MO
<b><i>nizatidine oral soln 15 mg/ml</i></b>	1	MO
<b>MISC. ANTI-ULCER</b>		
<b><i>sucralfate tab 1 gm</i></b>	1	MO
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT CAP 30MG DR <b><i>(dexlansoprazole)</i></b>	2	ST, QL (90 caps / year), MO; PA**
DEXILANT CAP 60MG DR <b><i>(dexlansoprazole)</i></b>	2	ST, QL (90 caps / year), MO; PA**
<b><i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i></b>	1	QL (90 caps / year), MO
<b><i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i></b>	1	QL (90 caps / year), MO
<b><i>esomeprazole magnesium for delayed release susp packet 10 mg</i></b>	1	QL (90 packets / year), MO
<b><i>esomeprazole magnesium for delayed release susp packet 20 mg</i></b>	1	QL (90 packets / year), MO
<b><i>esomeprazole magnesium for delayed release susp packet 40 mg</i></b>	1	QL (90 packets / year), MO
<b><i>lansoprazole cap delayed release 15 mg</i></b>	1	QL (90 caps / year), MO
<b><i>lansoprazole cap delayed release 30 mg</i></b>	1	QL (90 caps / year), MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i><b>lansoprazole tab delayed release orally disintegrating 15 mg</b></i>	1	QL (90 tabs / year), MO
<i><b>lansoprazole tab delayed release orally disintegrating 30 mg</b></i>	1	QL (90 tabs / year), MO
<i><b>omeprazole cap delayed release 10 mg</b></i>	1	QL (90 caps / year), MO
<i><b>omeprazole cap delayed release 20 mg</b></i>	1	QL (90 caps / year), MO
<i><b>omeprazole cap delayed release 40 mg</b></i>	1	QL (90 caps / year), MO
<i><b>pantoprazole sodium ec tab 20 mg (base equiv)</b></i>	1	QL (90 tabs / year), MO
<i><b>pantoprazole sodium ec tab 40 mg (base equiv)</b></i>	1	QL (90 tabs / year), MO
<i><b>pantoprazole sodium for delayed release susp packet 40 mg</b></i>	1	QL (90 packets / year), MO
<i><b>PRILOSEC POW 2.5MG (omeprazole magnesium)</b></i>	3	ST, QL (90 packets / year), MO; PA**
<i><b>PRILOSEC POW 10MG (omeprazole magnesium)</b></i>	3	ST, QL (90 packets / year), MO; PA**
<i><b>rabeprazole sodium ec tab 20 mg</b></i>	1	QL (90 tabs / year), MO
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i><b>misoprostol tab 100 mcg</b></i>	1	MO
<i><b>misoprostol tab 200 mcg</b></i>	1	MO
<b>ULCER THERAPY COMBINATIONS</b>		
<i><b>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</b></i>	1	
<i><b>PYLERA CAP (bismuth subcitrate potassium-metronidazole-tetracycline)</b></i>	2	
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i><b>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</b></i>	1	MO
<i><b>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</b></i>	1	MO
<i><b>oxybutynin chloride syrup 5 mg/5ml</b></i>	1	MO
<i><b>oxybutynin chloride tab 5 mg</b></i>	1	MO
<i><b>oxybutynin chloride tab er 24hr 5 mg</b></i>	1	MO
<i><b>oxybutynin chloride tab er 24hr 10 mg</b></i>	1	MO
<i><b>oxybutynin chloride tab er 24hr 15 mg</b></i>	1	MO
<i><b>solifenacin succinate tab 5 mg</b></i>	1	MO
<i><b>solifenacin succinate tab 10 mg</b></i>	1	MO
<i><b>tolterodine tartrate cap er 24hr 2 mg</b></i>	1	MO

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	MO
<i>tolterodine tartrate tab 1 mg</i>	1	MO
<i>tolterodine tartrate tab 2 mg</i>	1	MO
TOVIAZ TAB 4MG ( <i>fesoterodine fumarate</i> )	2	MO
TOVIAZ TAB 8MG ( <i>fesoterodine fumarate</i> )	2	MO
<i>trospium chloride cap er 24hr 60 mg</i>	1	MO
<i>trospium chloride tab 20 mg</i>	1	MO
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
MYRBETRIQ TAB 25MG ( <i>mirabegron</i> )	2	ST, MO; PA**
MYRBETRIQ TAB 50MG ( <i>mirabegron</i> )	2	ST, MO; PA**
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl tab 100 mg</i>	1	MO
<b>VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS</b>		
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
(Metronidazole Vaginal Gel 0.75%) VANDAZOLE	1	
(Miconazole Nitrate Vaginal Suppos 200 mg) MICONAZOLE 3	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
<b>VAGINAL ESTROGENS</b>		
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	MO
<i>estradiol vaginal tab 10 mcg</i>	1	MO
(Estradiol Vaginal Tab 10 mcg) YUVAFEM	1	MO
IMVEXXY MAIN SUP 4MCG ( <i>estradiol vaginal</i> )	2	MO
IMVEXXY MAIN SUP 10MCG ( <i>estradiol vaginal</i> )	2	MO
IMVEXXY STRT SUP 4MCG ( <i>estradiol vaginal</i> )	2	MO

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
IMVEXXY STRT SUP 10MCG ( <i>estradiol vaginal</i> )	2	MO
<b>VAGINAL PROGESTINS</b>		
CRINONE GEL 4% VAG ( <i>progesterone vaginal</i> )	2	
<b>VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	
SYMJEPI INJ 0.3MG ( <i>epinephrine (anaphylaxis)</i> )	2	
SYMJEPI INJ 0.15MG ( <i>epinephrine (anaphylaxis)</i> )	2	
<b>VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>		
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
<b>VITAMINS - DRUGS FOR NUTRITION</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	MO
<i>phytonadione tab 5 mg</i>	1	

## Index

- 7**  
 7t Lido Gel  
   see lidocaine hcl gel 2% .....113
- A**  
**abacavir sulfate soln 20 mg/ml**  
   (*base equiv*) .....81  
**abacavir sulfate tab 300 mg (base**  
   *equiv*) .....81  
**abacavir sulfate-lamivudine tab**  
   **600-300 mg** .....81  
**abacavir sulfate-lamivudine-**  
   **zidovudine tab 300-150-300 mg**  
   .....81  
**abacavir-dolutegravir-lamivudine**  
   see TRIUMEQ TAB .....84  
**abiraterone acetate**  
   see YONSA TAB 125MG .....71  
**abiraterone acetate tab 250 mg** ..70  
**acamprosate calcium tab delayed**  
   **release 333 mg** .....143  
**acarbose tab 100 mg** .....52  
**acarbose tab 25 mg** .....52  
**acarbose tab 50 mg** .....52  
**acebutolol hcl cap 200 mg** .....86  
**acebutolol hcl cap 400 mg** .....86  
**acetaminophen w/ codeine soln**  
   **120-12 mg/5ml** .....30  
**acetaminophen w/ codeine tab**  
   **300-15 mg** .....30  
**acetaminophen w/ codeine tab**  
   **300-30 mg** .....30  
**acetaminophen w/ codeine tab**  
   **300-60 mg** .....30  
**acetaminophen-caffeine-**  
   **dihydrocodeine cap 320.5-30-16**  
   **mg** .....30  
**acetaminophen-caffeine-**  
   **dihydrocodeine tab 325-30-16**  
   **mg** .....30  
**acetazolamide cap er 12hr 500 mg**  
   .....115  
**acetazolamide tab 125 mg** .....115  
**acetazolamide tab 250 mg** .....115  
**acetic acid otic soln 2%**.....141  
**acetylcysteine inhal soln 10%**...106  
**acetylcysteine inhal soln 20%**...106  
**acitretin cap 10 mg** .....110  
**acitretin cap 17.5 mg** .....110  
**acitretin cap 25 mg** .....110  
**acyclovir cap 200 mg** .....85  
**acyclovir oint 5%** .....110  
**acyclovir susp 200 mg/5ml** .....85  
**acyclovir tab 400 mg** .....85  
**acyclovir tab 800 mg** .....85  
**adapalene cream 0.1%** .....106  
**adapalene gel 0.1%** .....106  
**adapalene gel 0.3%** .....106  
**adapalene-benzoyl peroxide**  
   see EPIDUO FORTE GEL 0.3-2.5%107  
**adapalene-benzoyl peroxide gel**  
   **0.1-2.5%** .....106  
**adefovir dipivoxil tab 10 mg** .....84  
 ADEMPAS TAB 0.5MG .....92  
 ADEMPAS TAB 1.5MG .....92  
 ADEMPAS TAB 1MG .....92  
 ADEMPAS TAB 2.5MG .....92  
 ADEMPAS TAB 2MG .....92  
 ADVAIR DISKU AER 100/50 .....41  
 ADVAIR DISKU AER 250/50 .....41  
 ADVAIR DISKU AER 500/50 .....41  
 ADVAIR HFA AER 115/21 .....41  
 ADVAIR HFA AER 230/21 .....41  
 ADVAIR HFA AER 45/21 .....41  
 AFINITOR DIS TAB 2MG .....71  
 AFINITOR DIS TAB 3MG .....71  
 AFINITOR DIS TAB 5MG .....71  
 AFINITOR TAB 10MG .....71  
 Afirmelle  
   see levonorgestrel & ethinyl estradiol  
   tab 0.1 mg-20 mcg .....96  
 Aftera  
   see levonorgestrel tab 1.5 mg..... 103  
 Ak-poly-bac  
   see bacitracin-polymyxin b ophth oint  
   .....139  
 Ala-cort  
   see **hydrocortisone cream 1%** 112  
   see hydrocortisone cream 2.5% ..112  
**albendazole tab 200 mg** .....34

<b>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)....</b>	<b>41</b>	<b>almotriptan malate tab 12.5 mg</b>	<b>129</b>
<b>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml) .....</b>	<b>41</b>	<b>almotriptan malate tab 6.25 mg</b>	<b>129</b>
<b>albuterol sulfate soln nebu 0.5% (5 mg/ml) .....</b>	<b>41</b>	<b>alose tron hcl tab 0.5 mg (base equiv) .....</b>	<b>122</b>
<b>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) .....</b>	<b>41</b>	<b>alose tron hcl tab 1 mg (base equiv) .....</b>	<b>122</b>
<b>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) .....</b>	<b>41</b>	<b>ALPHAGAN P SOL 0.1%.....</b>	<b>138</b>
<b>albuterol sulfate syrup 2 mg/5ml</b>	<b>41</b>	<b>alprazolam orally disintegrating tab 0.25 mg .....</b>	<b>37</b>
<b>albuterol sulfate tab 2 mg .....</b>	<b>41</b>	<b>alprazolam orally disintegrating tab 0.5 mg .....</b>	<b>37</b>
<b>albuterol sulfate tab 4 mg .....</b>	<b>41</b>	<b>alprazolam orally disintegrating tab 1 mg .....</b>	<b>37</b>
<b>albuterol sulfate tab er 12hr 4 mg .....</b>	<b>41</b>	<b>alprazolam orally disintegrating tab 2 mg .....</b>	<b>37</b>
<b>albuterol sulfate tab er 12hr 8 mg .....</b>	<b>41</b>	<b>alprazolam tab 0.25 mg.....</b>	<b>37</b>
<b>alcaftadine</b>		<b>alprazolam tab 0.5 mg .....</b>	<b>37</b>
see LASTACFT SOL 0.25% .....	<b>141</b>	<b>alprazolam tab 1 mg .....</b>	<b>37</b>
<b>alclometasone dipropionate cream 0.05% .....</b>	<b>110</b>	<b>alprazolam tab 2 mg .....</b>	<b>37</b>
<b>alclometasone dipropionate oint 0.05% .....</b>	<b>110</b>	<b>alprazolam tab er 24hr 0.5 mg ...</b>	<b>37, 38</b>
<b>ALDACTAZIDE TAB 50/50 .....</b>	<b>115</b>	<b>alprazolam tab er 24hr 1 mg .....</b>	<b>37</b>
<b>ALECENSA CAP 150MG.....</b>	<b>72</b>	<b>alprazolam tab er 24hr 2 mg .....</b>	<b>38</b>
<b>alectinib hcl</b>		<b>alprazolam tab er 24hr 3 mg .....</b>	<b>38</b>
see ALECENSA CAP 150MG .....	<b>72</b>	<b>Alprazolam Xr</b>	
<b>alendronate sodium oral soln 70 mg/75ml .....</b>	<b>116</b>	see alprazolam tab er 24hr 0.5 mg .....	<b>37, 38</b>
<b>alendronate sodium tab 10 mg..</b>	<b>116</b>	<b>Altafrin</b>	
<b>alendronate sodium tab 35 mg..</b>	<b>116</b>	see <b>phenylephrine hcl ophth soln 10% .....</b>	<b>138</b>
<b>alendronate sodium tab 5 mg....</b>	<b>116</b>	see <b>phenylephrine hcl ophth soln 2.5% .....</b>	<b>138</b>
<b>alendronate sodium tab 70 mg..</b>	<b>116</b>	<b>Altavera</b>	
<b>alfuzosin hcl tab er 24hr 10 mg..</b>	<b>123</b>	see levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg .....	<b>97</b>
<b>aliskiren fumarate tab 150 mg (base equivalent) .....</b>	<b>68</b>	<b>ALUNBRIG PAK .....</b>	<b>72</b>
<b>aliskiren fumarate tab 300 mg (base equivalent) .....</b>	<b>68</b>	<b>ALUNBRIG TAB 180MG.....</b>	<b>72</b>
<b>aliskiren-hydrochlorothiazide</b>		<b>ALUNBRIG TAB 30MG .....</b>	<b>72</b>
see TEKTURN HCT TAB 150-12.5..	<b>67</b>	<b>ALUNBRIG TAB 90MG .....</b>	<b>72</b>
see TEKTURN HCT TAB 150-25MG .....	<b>67</b>	<b>Alyacen 7/7/7</b>	
see TEKTURN HCT TAB 300-12.5..	<b>67</b>	see norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg ..	<b>100</b>
see TEKTURN HCT TAB 300-25MG .....	<b>67</b>	<b>Alyq</b>	
<b>allopurinol tab 100 mg .....</b>	<b>123</b>	see tadalafil tab 20 mg (pah) .....	<b>91</b>
<b>allopurinol tab 300 mg .....</b>	<b>123</b>	<b>Amabelz</b>	
		see estradiol & norethindrone acetate tab 0.5-0.1 mg.....	<b>118</b>

<b>amantadine hcl cap 100 mg</b> .....	75
<b>amantadine hcl syrup 50 mg/5ml</b>	75
<b>amantadine hcl tab 100 mg</b> .....	75
<b>ambrisentan tab 10 mg</b> .....	91
<b>ambrisentan tab 5 mg</b> .....	91
<b>amcinonide cream 0.1%</b> .....	110
<b>amcinonide lotion 0.1%</b> .....	110
Amethia	
see levonorg-eth est tab 0.15- 0.03mg(84) & eth est tab 0.01mg(7) .....	96
Amethia Lo	
see levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab 0.01mg(7) .....	95
Amethyst	
see levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	97
<b>amiloride &amp; hydrochlorothiazide     tab 5-50 mg</b> .....	115
<b>amiloride hcl tab 5 mg</b> .....	116
<b>aminocaproic acid oral soln 0.25     gm/ml</b> .....	126
<b>aminocaproic acid tab 1000 mg</b> .....	126
<b>aminocaproic acid tab 500 mg</b> ..	126
<b>amiodarone hcl tab 100 mg</b> .....	39
<b>amiodarone hcl tab 200 mg</b> .....	39
<b>amiodarone hcl tab 400 mg</b> .....	39
<b>amitriptyline hcl tab 10 mg</b> .....	51
<b>amitriptyline hcl tab 100 mg</b> .....	51
<b>amitriptyline hcl tab 150 mg</b> .....	51
<b>amitriptyline hcl tab 25 mg</b> .....	51
<b>amitriptyline hcl tab 50 mg</b> .....	51
<b>amitriptyline hcl tab 75 mg</b> .....	51
<b>amlodipine besylate tab 10 mg     (base equivalent)</b> .....	87
<b>amlodipine besylate tab 2.5 mg     (base equivalent)</b> .....	87
<b>amlodipine besylate tab 5 mg     (base equivalent)</b> .....	87
<b>amlodipine besylate-atorvastatin     calcium tab 10-10 mg</b> .....	90
<b>amlodipine besylate-atorvastatin     calcium tab 10-20 mg</b> .....	90
<b>amlodipine besylate-atorvastatin     calcium tab 10-40 mg</b> .....	90

<b>amlodipine besylate-atorvastatin     calcium tab 10-80 mg</b> .....	90
<b>amlodipine besylate-atorvastatin     calcium tab 2.5-10 mg</b> .....	90
<b>amlodipine besylate-atorvastatin     calcium tab 2.5-20 mg</b> .....	90
<b>amlodipine besylate-atorvastatin     calcium tab 2.5-40 mg</b> .....	90
<b>amlodipine besylate-atorvastatin     calcium tab 5-10 mg</b> .....	90
<b>amlodipine besylate-atorvastatin     calcium tab 5-20 mg</b> .....	90
<b>amlodipine besylate-atorvastatin     calcium tab 5-40 mg</b> .....	90
<b>amlodipine besylate-atorvastatin     calcium tab 5-80 mg</b> .....	90
<b>amlodipine besylate-benazepril hcl     cap 10-20 mg</b> .....	64
<b>amlodipine besylate-benazepril hcl     cap 10-40 mg</b> .....	65
<b>amlodipine besylate-benazepril hcl     cap 2.5-10 mg</b> .....	64
<b>amlodipine besylate-benazepril hcl     cap 5-10 mg</b> .....	64
<b>amlodipine besylate-benazepril hcl     cap 5-20 mg</b> .....	64
<b>amlodipine besylate-benazepril hcl     cap 5-40 mg</b> .....	64
<b>amlodipine besylate-olmesartan     medoxomil tab 10-20 mg</b> .....	65
<b>amlodipine besylate-olmesartan     medoxomil tab 10-40 mg</b> .....	65
<b>amlodipine besylate-olmesartan     medoxomil tab 5-20 mg</b> .....	65
<b>amlodipine besylate-olmesartan     medoxomil tab 5-40 mg</b> .....	65
<b>amlodipine besylate-valsartan tab     10-160 mg</b> .....	65
<b>amlodipine besylate-valsartan tab     10-320 mg</b> .....	65
<b>amlodipine besylate-valsartan tab     5-160 mg</b> .....	65
<b>amlodipine besylate-valsartan tab     5-320 mg</b> .....	65
<b>amlodipine-valsartan-     hydrochlorothiazide tab 10-160-     12.5 mg</b> .....	65

<b>amlodipine-valsartan- hydrochlorothiazide tab 10-160- 25 mg</b> .....	65
<b>amlodipine-valsartan- hydrochlorothiazide tab 10-320- 25 mg</b> .....	65
<b>amlodipine-valsartan- hydrochlorothiazide tab 5-160- 12.5 mg</b> .....	65
<b>amlodipine-valsartan- hydrochlorothiazide tab 5-160-25 mg</b> .....	65
Amnesteem see isotretinoin cap 10 mg .....	107
<b>amoxapine tab 100 mg</b> .....	51
<b>amoxapine tab 150 mg</b> .....	51
<b>amoxapine tab 25 mg</b> .....	51
<b>amoxapine tab 50 mg</b> .....	51
<b>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</b> .....	142
<b>amoxicillin &amp; k clavulanate chew tab 400-57 mg</b> .....	142
<b>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</b> .....	142
<b>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</b> .....	142
<b>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</b> .....	143
<b>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</b> .....	143
<b>amoxicillin &amp; k clavulanate tab 250-125 mg</b> .....	143
<b>amoxicillin &amp; k clavulanate tab 500-125 mg</b> .....	143
<b>amoxicillin &amp; k clavulanate tab 875-125 mg</b> .....	143
<b>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</b> .....	143
<b>amoxicillin &amp; pot clavulanate see AUGMENTIN SUS 125/5ML....</b>	143
<b>amoxicillin (trihydrate) cap 250 mg</b> .....	142
<b>amoxicillin (trihydrate) cap 500 mg</b> .....	142
<b>amoxicillin (trihydrate) chew tab 125 mg</b> .....	142
<b>amoxicillin (trihydrate) chew tab 250 mg</b> .....	142
<b>amoxicillin (trihydrate) for susp 125 mg/5ml</b> .....	142
<b>amoxicillin (trihydrate) for susp 200 mg/5ml</b> .....	142
<b>amoxicillin (trihydrate) for susp 250 mg/5ml</b> .....	142
<b>amoxicillin (trihydrate) for susp 400 mg/5ml</b> .....	142
<b>amoxicillin (trihydrate) tab 500 mg</b> .....	142
<b>amoxicillin (trihydrate) tab 875 mg</b> .....	142
<b>amoxicillin cap-clarithro tab- lansopraz cap dr therapy pack</b>	153
<b>amphetamine extended release susp 1.25 mg/ml</b> .....	11
<b>amphetamine sulfate tab 10 mg</b> ..	11
<b>amphetamine sulfate tab 5 mg</b> ....	11
<b>amphetamine-dextroamphetamine see MYDAYIS CAP 12.5MG</b> .....	13
<b>see MYDAYIS CAP 25MG</b> .....	14
<b>see MYDAYIS CAP 37.5MG</b> .....	14
<b>see MYDAYIS CAP 50MG</b> .....	14
<b>amphetamine-dextroamphetamine cap er 24hr 10 mg</b> .....	11
<b>amphetamine-dextroamphetamine cap er 24hr 15 mg</b> .....	11
<b>amphetamine-dextroamphetamine cap er 24hr 20 mg</b> .....	11
<b>amphetamine-dextroamphetamine cap er 24hr 25 mg</b> .....	11
<b>amphetamine-dextroamphetamine cap er 24hr 30 mg</b> .....	11
<b>amphetamine-dextroamphetamine cap er 24hr 5 mg</b> .....	11
<b>amphetamine-dextroamphetamine tab 10 mg</b> .....	12
<b>amphetamine-dextroamphetamine tab 12.5 mg</b> .....	12
<b>amphetamine-dextroamphetamine tab 15 mg</b> .....	12
<b>amphetamine-dextroamphetamine tab 20 mg</b> .....	12
<b>amphetamine-dextroamphetamine tab 30 mg</b> .....	12

<b>amphetamine-dextroamphetamine tab 5 mg</b>	11
<b>amphetamine-dextroamphetamine tab 7.5 mg</b>	12
<b>ampicillin cap 500 mg</b>	142
<b>anagrelide hcl cap 0.5 mg</b>	123
<b>anagrelide hcl cap 1 mg</b>	124
<b>anastrozole tab 1 mg</b>	70
ANDRODERM DIS 2MG/24HR	33
ANDRODERM DIS 4MG/24HR	34
ANNOVERA MIS	102
ANORO ELLIPT AER 62.5-25	41
ANTARA CAP 30MG	60
ANTARA CAP 90MG	60
<b>apalutamide</b>	
see ERLEADA TAB 60MG	70
<b>apixaban</b>	
see ELIQUIS ST P TAB 5MG	43
see ELIQUIS TAB 2.5MG	43
see ELIQUIS TAB 5MG	43
<b>apraclonidine hcl ophth soln 0.5% (base equivalent)</b>	138
<b>apremilast</b>	
see OTEZLA TAB 10/20/30	23
see OTEZLA TAB 30MG	23
<b>aprepitant capsule 125 mg</b>	58
<b>aprepitant capsule 40 mg</b>	58
<b>aprepitant capsule 80 mg</b>	58
<b>aprepitant capsule therapy pack 80 &amp; 125 mg</b>	58
Apri	
see desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	94
<b>aripiprazole oral solution 1 mg/ml</b>	80
<b>aripiprazole orally disintegrating tab 10 mg</b>	80
<b>aripiprazole orally disintegrating tab 15 mg</b>	80
<b>aripiprazole tab 10 mg</b>	80
<b>aripiprazole tab 15 mg</b>	80
<b>aripiprazole tab 2 mg</b>	80
<b>aripiprazole tab 20 mg</b>	80
<b>aripiprazole tab 30 mg</b>	80
<b>aripiprazole tab 5 mg</b>	80
<b>armodafinil tab 150 mg</b>	16
<b>armodafinil tab 200 mg</b>	16
<b>armodafinil tab 250 mg</b>	16
<b>armodafinil tab 50 mg</b>	16
ARNUITY ELPT INH 100MCG	40
ARNUITY ELPT INH 200MCG	40
ARNUITY ELPT INH 50MCG	40
Ascomp/codeine	
see butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	31
aspirin chew tab 81 mg	24
Aspirin Childrens	
see aspirin chew tab 81 mg	24
<b>aspirin tab delayed release 81 mg</b>	24
<b>aspirin-dipyridamole cap er 12hr 25-200 mg</b>	124
<b>atazanavir sulfate cap 150 mg (base equiv)</b>	81
<b>atazanavir sulfate cap 200 mg (base equiv)</b>	81
<b>atazanavir sulfate cap 300 mg (base equiv)</b>	81
<b>atazanavir sulfate-cobicistat</b>	
see EVOTAZ TAB 300-150	82
<b>atenolol &amp; chlorthalidone tab 100- 25 mg</b>	65
<b>atenolol &amp; chlorthalidone tab 50-25 mg</b>	65
<b>atenolol tab 100 mg</b>	86
<b>atenolol tab 25 mg</b>	86
<b>atenolol tab 50 mg</b>	86
<b>atomoxetine hcl cap 10 mg (base equiv)</b>	15
<b>atomoxetine hcl cap 100 mg (base equiv)</b>	16
<b>atomoxetine hcl cap 18 mg (base equiv)</b>	15
<b>atomoxetine hcl cap 25 mg (base equiv)</b>	16
<b>atomoxetine hcl cap 40 mg (base equiv)</b>	16
<b>atomoxetine hcl cap 60 mg (base equiv)</b>	16
<b>atomoxetine hcl cap 80 mg (base equiv)</b>	16
<b>atorvastatin calcium tab 10 mg (base equivalent)</b>	61

**atorvastatin calcium tab 20 mg (base equivalent)** .....61  
**atorvastatin calcium tab 40 mg (base equivalent)** .....61  
**atorvastatin calcium tab 80 mg (base equivalent)** .....61  
**atovaquone susp 750 mg/5ml**.....35  
**atovaquone-proguanil hcl tab 250-100 mg** .....69  
**atovaquone-proguanil hcl tab 62.5-25 mg** .....69  
AUBAGIO TAB 14MG .....146  
AUBAGIO TAB 7MG.....145  
AUGMENTIN SUS 125/5ML .....143  
Aurovela 1/20  
    see norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg .....98  
Aurovela Fe 1.5/30  
    see norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg 100  
Aurovela Fe 1/20  
    see norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg ....99  
AUSTEDO TAB 12MG .....145  
AUSTEDO TAB 6MG .....145  
AUSTEDO TAB 9MG .....145  
**avatrombopag maleate**  
    see DOPTLET TAB 20MG .....126  
Avita  
    see tretinoin cream 0.025%.....108  
    see tretinoin gel 0.025% .....108  
AZASAN TAB 100MG .....133  
AZASAN TAB 75 MG.....133  
**azathioprine**  
    see AZASAN TAB 100MG .....133  
    see AZASAN TAB 75 MG .....133  
**azathioprine tab 50 mg** .....133  
**azelaic acid**  
    see FINACEA AER 15%.....114  
**azelaic acid gel 15%** .....114  
**azelastine hcl nasal spray 0.1% (137 mcg/spray)** .....137  
**azelastine hcl nasal spray 0.15% (205.5 mcg/spray)** .....137  
**azelastine hcl ophth soln 0.05%** 140  
**azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act**...137

**azithromycin for susp 100 mg/5ml** .....128  
**azithromycin for susp 200 mg/5ml** .....128  
**azithromycin powd pack for susp 1 gm** .....128  
**azithromycin tab 250 mg** .....128  
**azithromycin tab 500 mg** .....128  
**azithromycin tab 600 mg** .....128  
AZOPT SUS 1% OP.....140  
Azurette  
    see desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....93  
**B**  
**bacitracin ophth oint 500 unit/gm** .....138  
**bacitracin-polymyxin b ophth oint** .....138, 139  
**bacitracin-polymyxin-neomycin-hc ophth oint 1%** .....140  
**baclofen tab 10 mg** .....136  
**baclofen tab 20 mg** .....136  
**baclofen tab 5 mg** .....136  
**balsalazide disodium cap 750 mg** .....121  
Balziva  
    see norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg .....97  
BAQSIMI ONE POW 3MG/DOSE.....54  
BAQSIMI TWO POW 3MG/DOSE .....54  
BARACLUDE SOL.....84  
BASAGLAR INJ 100UNIT.....54  
BD INSULIN PEN NEEDLES .....129  
BD INSULIN SYRINGE.....129  
BD U-500 MIS 31GX6MM .....129  
**beclomethasone dipropionate hfa**  
    see QVAR REDIHA AER 80MCG.....41  
    see QVAR REDIHAL AER 40MCG ...41  
BELBUCA MIS 150MCG .....32  
BELBUCA MIS 300MCG .....32  
BELBUCA MIS 450MCG .....32  
BELBUCA MIS 600MCG .....32  
BELBUCA MIS 750MCG .....32  
BELBUCA MIS 75MCG .....32  
BELBUCA MIS 900MCG .....32  
BELSOMRA TAB 10MG.....127  
BELSOMRA TAB 15MG.....127

BELSOMRA TAB 20MG.....	127	<b>betamethasone dipropionate</b>	
BELSOMRA TAB 5MG .....	127	<i>augmented lotion 0.05%</i> .....	110
<b>bempedoic acid</b>		<b>betamethasone dipropionate</b>	
see NEXLETOL TAB 180MG .....	59	<i>augmented oint 0.05%</i> .....	110
<b>bempedoic acid-ezetimibe</b>		<b>betamethasone dipropionate cream</b>	
see NEXLIZET TAB 180/10MG .....	59	<i>0.05%</i> .....	110
<b>benazepril &amp; hydrochlorothiazide</b>		<b>betamethasone dipropionate lotion</b>	
<i>tab 10-12.5 mg</i> .....	65	<i>0.05%</i> .....	110
<b>benazepril &amp; hydrochlorothiazide</b>		<b>betamethasone dipropionate oint</b>	
<i>tab 20-12.5 mg</i> .....	65	<i>0.05%</i> .....	111
<b>benazepril &amp; hydrochlorothiazide</b>		<b>betamethasone valerate aerosol</b>	
<i>tab 20-25 mg</i> .....	65	<i>foam 0.12%</i> .....	111
<b>benazepril &amp; hydrochlorothiazide</b>		<b>betamethasone valerate cream</b>	
<i>tab 5-6.25 mg</i> .....	65	<i>0.1% (base equivalent)</i> .....	111
<b>benazepril hcl tab 10 mg</b> .....	62	<b>betamethasone valerate lotion</b>	
<b>benazepril hcl tab 20 mg</b> .....	62	<i>0.1% (base equivalent)</i> .....	111
<b>benazepril hcl tab 40 mg</b> .....	62	<b>betamethasone valerate oint 0.1%</b>	
<b>benazepril hcl tab 5 mg</b> .....	62	<i>(base equivalent)</i> .....	111
Benzepro		<b>betaxolol hcl (ophth)</b>	
see benzoyl peroxide foam 5.3% .	106	see BETOPTIC-S SUS 0.25% OP..	137
Benzepro Short Contact		<b>betaxolol hcl ophth soln 0.5%</b> ...	137
see benzoyl peroxide foam 9.8% .	106	<b>betaxolol hcl tab 10 mg</b> .....	86
<b>benzonatate cap 100 mg</b> .....	105	<b>betaxolol hcl tab 20 mg</b> .....	86
<b>benzonatate cap 150 mg</b> .....	105	<b>bethanechol chloride tab 10 mg</b>	154
<b>benzonatate cap 200 mg</b> .....	105	<b>bethanechol chloride tab 25 mg</b>	154
benzoyl peroxide foam 5.3% .....	106	<b>bethanechol chloride tab 5 mg</b> ..	154
<b>benzoyl peroxide foam 9.8%</b> .....	106	<b>bethanechol chloride tab 50 mg</b>	154
benzoyl peroxide liq 2.5% .....	106	BETIMOL SOL 0.25% .....	137
<b>benzoyl peroxide-erythromycin gel</b>		BETIMOL SOL 0.5% .....	137
<i>5-3%</i> .....	106	BETOPTIC-S SUS 0.25% OP .....	137
<b>benzoyl peroxide-hydrocortisone</b>		<b>bexarotene cap 75 mg</b> .....	74
<i>lotion 5-0.5%</i> .....	106	<b>bicalutamide tab 50 mg</b> .....	70
<b>benzphetamine hcl tab 25 mg</b> ....	15	<b>bictegravir-emtricitabine-tenofovir</b>	
<b>benzphetamine hcl tab 50 mg</b> ....	15	<i>alafenamide fumarate</i>	
<b>benztropine mesylate tab 0.5 mg</b>	74	see BIKTARVY TAB .....	81
<b>benztropine mesylate tab 1 mg</b> ...	74	BIDIL TAB .....	90
<b>benztropine mesylate tab 2 mg</b> ...	74	BIKTARVY TAB .....	81
Beser		<b>bimatoprost</b>	
see fluticasone propionate lotion		see LUMIGAN SOL 0.01% .....	141
0.05% .....	112	Bio-statin	
<b>besifloxacin hcl</b>		see nystatin oral powder .....	58
see BESIVANCE SUS 0.6% .....	139	bisacodyl tab & peg 3350-kcl-sod	
BESIVANCE SUS 0.6% .....	139	bicarb-nacl for soln kit .....	127
<b>betamethasone dipropionate</b>		<b>bismuth subcitrate potassium-</b>	
<i>augmented cream 0.05%</i> .....	110	<i>metronidazole-tetracycline</i>	
<b>betamethasone dipropionate</b>		see PYLERA CAP .....	154
<i>augmented gel 0.05%</i> .....	110		



<b>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</b> .....	66
<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</b> .....	65
<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</b> .....	66
<b>bisoprolol fumarate tab 10 mg</b> ....	86
<b>bisoprolol fumarate tab 5 mg</b> .....	86
<b>bosentan tab 125 mg</b> .....	91
<b>bosentan tab 62.5 mg</b> .....	91
BOSULIF TAB 100MG .....	72
BOSULIF TAB 400MG .....	72
BOSULIF TAB 500MG .....	72
<b>bosutinib</b> see BOSULIF TAB 100MG.....	72
see BOSULIF TAB 400MG.....	72
see BOSULIF TAB 500MG.....	72
Bp Wash see benzoyl peroxide liq 2.5%.....	106
BREO ELLIPTA INH 100-25 .....	41
BREO ELLIPTA INH 200-25 .....	41
BREZTRI AERO AER SPHERE .....	41
<b>brigatinib</b> see ALUNBRIG PAK .....	72
see ALUNBRIG TAB 180MG .....	72
see ALUNBRIG TAB 30MG .....	72
see ALUNBRIG TAB 90MG .....	72
BRILINTA TAB 60MG .....	124
BRILINTA TAB 90MG .....	124
<b>brimonidine tartrate</b> see ALPHAGAN P SOL 0.1% .....	138
<b>brimonidine tartrate ophth soln 0.15%</b> .....	138
<b>brimonidine tartrate ophth soln 0.2%</b> .....	138
<b>brimonidine tartrate-timolol maleate</b> see COMBIGAN SOL 0.2/0.5%.....	137
<b>brinzolamide</b> see AZOPT SUS 1% OP .....	140
<b>brinzolamide-brimonidine tartrate</b> see SIMBRINZA SUS 1-0.2% .....	138
Bromfed Dm see pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml .....	106
<b>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</b> .....	140
<b>bromocriptine mesylate cap 5 mg (base equivalent)</b> .....	75
<b>bromocriptine mesylate tab 2.5 mg (base equivalent)</b> .....	75
BRYHALI LOT 0.01%.....	111
<b>budesonide (inhalation)</b> see PULMICORT INH 180MCG .....	40
see PULMICORT INH 90MCG .....	40
<b>budesonide delayed release particles cap 3 mg</b> .....	103
<b>budesonide inhalation susp 0.25 mg/2ml</b> .....	40
<b>budesonide inhalation susp 0.5 mg/2ml</b> .....	40
<b>budesonide inhalation susp 1 mg/2ml</b> .....	40
<b>budesonide tab er 24hr 9 mg</b> ....	103
<b>budesonide-formoterol fumarate dihydrate</b> see SYMBICORT AER 160-4.5.....	42
see SYMBICORT AER 80-4.5 .....	42
<b>budesonide-glycopyrrolate- formoterol fumarate</b> see BREZTRI AERO AER SPHERE ...	41
<b>bumetanide tab 0.5 mg</b> .....	115
<b>bumetanide tab 1 mg</b> .....	115
<b>bumetanide tab 2 mg</b> .....	115
<b>buprenorphine hcl</b> see BELBUCA MIS 150MCG .....	32
see BELBUCA MIS 300MCG .....	32
see BELBUCA MIS 450MCG .....	32
see BELBUCA MIS 600MCG .....	32
see BELBUCA MIS 750MCG .....	32
see BELBUCA MIS 75MCG.....	32
see BELBUCA MIS 900MCG .....	32
<b>buprenorphine hcl sl tab 2 mg (base equiv)</b> .....	32
<b>buprenorphine hcl sl tab 8 mg (base equiv)</b> .....	32
<b>buprenorphine hcl-naloxone hcl dihydrate</b> see ZUBSOLV SUB 0.7-0.18.....	33
see ZUBSOLV SUB 1.4-0.36.....	33
see ZUBSOLV SUB 11.4-2.9.....	33

see ZUBSOLV SUB 2.9-0.71 .....	33
see ZUBSOLV SUB 5.7-1.4 .....	33
see ZUBSOLV SUB 8.6-2.1 .....	33
<b>buprenorphine hcl-naloxone hcl sl</b>	
<b>film 12-3 mg (base equiv) .....</b>	<b>33</b>
<b>buprenorphine hcl-naloxone hcl sl</b>	
<b>film 2-0.5 mg (base equiv) .....</b>	<b>32</b>
<b>buprenorphine hcl-naloxone hcl sl</b>	
<b>film 4-1 mg (base equiv) .....</b>	<b>33</b>
<b>buprenorphine hcl-naloxone hcl sl</b>	
<b>film 8-2 mg (base equiv) .....</b>	<b>33</b>
<b>buprenorphine hcl-naloxone hcl sl</b>	
<b>tab 2-0.5 mg (base equiv) .....</b>	<b>33</b>
<b>buprenorphine hcl-naloxone hcl sl</b>	
<b>tab 8-2 mg (base equiv) .....</b>	<b>33</b>
<b>buprenorphine td patch weekly 10</b>	
<b>mcg/hr .....</b>	<b>33</b>
<b>buprenorphine td patch weekly 15</b>	
<b>mcg/hr .....</b>	<b>33</b>
<b>buprenorphine td patch weekly 20</b>	
<b>mcg/hr .....</b>	<b>33</b>
<b>buprenorphine td patch weekly 5</b>	
<b>mcg/hr .....</b>	<b>33</b>
<b>buprenorphine td patch weekly 7.5</b>	
<b>mcg/hr .....</b>	<b>33</b>
<b>bupropion hcl (smoking deterrent)</b>	
<b>tab er 12hr 150 mg .....</b>	<b>146</b>
<b>bupropion hcl tab 100 mg .....</b>	<b>48</b>
<b>bupropion hcl tab 75 mg .....</b>	<b>48</b>
<b>bupropion hcl tab er 12hr 100 mg</b>	
.....	<b>48</b>
<b>bupropion hcl tab er 12hr 150 mg</b>	
.....	<b>48</b>
<b>bupropion hcl tab er 12hr 200 mg</b>	
.....	<b>48</b>
<b>bupropion hcl tab er 24hr 150 mg</b>	
.....	<b>48</b>
<b>bupropion hcl tab er 24hr 300 mg</b>	
.....	<b>48</b>
<b>bupirone hcl tab 10 mg .....</b>	<b>37</b>
<b>bupirone hcl tab 15 mg .....</b>	<b>37</b>
<b>bupirone hcl tab 30 mg .....</b>	<b>37</b>
<b>bupirone hcl tab 5 mg .....</b>	<b>37</b>
<b>bupirone hcl tab 7.5 mg .....</b>	<b>37</b>
<b>busulfan</b>	
see MYLERAN TAB 2MG .....	<b>70</b>

<b>butalbital-acetaminophen cap 50-</b>	
<b>300 mg .....</b>	<b>23</b>
<b>butalbital-acetaminophen tab 25-</b>	
<b>325 mg .....</b>	<b>23</b>
<b>butalbital-acetaminophen tab 50-</b>	
<b>325 mg .....</b>	<b>23</b>
<b>butalbital-acetaminophen-caff w/</b>	
<b>cod cap 50-300-40-30 mg .....</b>	<b>31</b>
<b>butalbital-acetaminophen-caff w/</b>	
<b>cod cap 50-325-40-30 mg .....</b>	<b>31</b>
butalbital-acetaminophen-cafeine soln	
50-325-40 mg/15ml .....	<b>23</b>
<b>butalbital-acetaminophen-cafeine</b>	
<b>tab 50-325-40 mg .....</b>	<b>23</b>
<b>butalbital-aspirin-caff w/ codeine</b>	
<b>cap 50-325-40-30 mg .....</b>	<b>31</b>
<b>butalbital-aspirin-cafeine cap 50-</b>	
<b>325-40 mg .....</b>	<b>23</b>
<b>butorphanol tartrate nasal soln 10</b>	
<b>mg/ml .....</b>	<b>33</b>
BYSTOLIC TAB 10MG .....	<b>86</b>
BYSTOLIC TAB 2.5MG .....	<b>86</b>
BYSTOLIC TAB 20MG .....	<b>86</b>
BYSTOLIC TAB 5MG .....	<b>86</b>
<b>C</b>	
<b>cabergoline tab 0.5 mg .....</b>	<b>118</b>
CABOMETYX TAB 20MG .....	<b>72</b>
CABOMETYX TAB 40MG .....	<b>72</b>
CABOMETYX TAB 60MG .....	<b>72</b>
<b>cabozantinib s-malate</b>	
see CABOMETYX TAB 20MG .....	<b>72</b>
see CABOMETYX TAB 40MG .....	<b>72</b>
see CABOMETYX TAB 60MG .....	<b>72</b>
<b>calcipotriene foam 0.005% .....</b>	<b>110</b>
<b>calcipotriene oint 0.005% .....</b>	<b>110</b>
<b>calcipotriene soln 0.005% (50</b>	
<b>mcg/ml) .....</b>	<b>110</b>
<b>calcitonin (salmon) nasal soln 200</b>	
<b>unit/act .....</b>	<b>116</b>
Calcitrene	
see calcipotriene oint 0.005% .....	<b>110</b>
<b>calcitriol cap 0.25 mcg .....</b>	<b>117</b>
<b>calcitriol cap 0.5 mcg .....</b>	<b>117</b>
<b>calcitriol oral soln 1 mcg/ml .....</b>	<b>117</b>
<b>calcium acetate (phosphate binder)</b>	
see PHOSLYRA SOL .....	<b>122</b>

<b>calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....</b>	122
<b>calcium acetate (phosphate binder) tab 667 mg .....</b>	122
Camila see norethindrone tab 0.35 mg ...	103
<b>candesartan cilexetil tab 16 mg ..</b>	63
<b>candesartan cilexetil tab 32 mg ..</b>	63
<b>candesartan cilexetil tab 4 mg ....</b>	63
<b>candesartan cilexetil tab 8 mg ....</b>	63
<b>candesartan cilexetil-   hydrochlorothiazide tab 16-12.5   mg .....</b>	66
<b>candesartan cilexetil-   hydrochlorothiazide tab 32-12.5   mg .....</b>	66
<b>candesartan cilexetil-   hydrochlorothiazide tab 32-25   mg .....</b>	66
<b>capecitabine tab 150 mg .....</b>	70
<b>capecitabine tab 500 mg .....</b>	70
CAPEX SHA 0.01% .....	111
<b>captopril &amp; hydrochlorothiazide tab   25-15 mg .....</b>	66
<b>captopril &amp; hydrochlorothiazide tab   25-25 mg .....</b>	66
<b>captopril &amp; hydrochlorothiazide tab   50-15 mg .....</b>	66
<b>captopril &amp; hydrochlorothiazide tab   50-25 mg .....</b>	66
<b>captopril tab 100 mg .....</b>	62
<b>captopril tab 12.5 mg .....</b>	62
<b>captopril tab 25 mg .....</b>	62
<b>captopril tab 50 mg .....</b>	62
<b>carbamazepine cap er 12hr 100 mg   .....</b>	44
<b>carbamazepine cap er 12hr 200 mg   .....</b>	44
<b>carbamazepine cap er 12hr 300 mg   .....</b>	44
<b>carbamazepine chew tab 100 mg</b>	44
<b>carbamazepine susp 100 mg/5ml   .....</b>	44
<b>carbamazepine tab 200 mg .....</b>	44
<b>carbamazepine tab er 12hr 100 mg   .....</b>	44
<b>carbamazepine tab er 12hr 200 mg   .....</b>	44
<b>carbamazepine tab er 12hr 400 mg   .....</b>	44
<b>carbidopa &amp; levodopa orally   disintegrating tab 10-100 mg ...</b>	75
<b>carbidopa &amp; levodopa orally   disintegrating tab 25-100 mg ...</b>	75
<b>carbidopa &amp; levodopa orally   disintegrating tab 25-250 mg ...</b>	75
<b>carbidopa &amp; levodopa tab 10-100   mg .....</b>	75
<b>carbidopa &amp; levodopa tab 25-100   mg .....</b>	75
<b>carbidopa &amp; levodopa tab 25-250   mg .....</b>	75
<b>carbidopa &amp; levodopa tab er 25-   100 mg .....</b>	75
<b>carbidopa &amp; levodopa tab er 50-   200 mg .....</b>	75
<b>carbidopa tab 25 mg .....</b>	74
<b>carbidopa-levodopa-entacapone   tabs 12.5-50-200 mg .....</b>	75
<b>carbidopa-levodopa-entacapone   tabs 18.75-75-200 mg .....</b>	75
<b>carbidopa-levodopa-entacapone   tabs 25-100-200 mg .....</b>	75
<b>carbidopa-levodopa-entacapone   tabs 31.25-125-200 mg .....</b>	75
<b>carbidopa-levodopa-entacapone   tabs 37.5-150-200 mg .....</b>	75
<b>carbidopa-levodopa-entacapone   tabs 50-200-200 mg .....</b>	75
<b>carbinoxamine maleate soln 4   mg/5ml .....</b>	58
<b>carbinoxamine maleate tab 4 mg</b>	58
<b>cariprazine hcl   see VRAYLAR CAP 1.5-3MG.....</b>	77
<b>  see VRAYLAR CAP 1.5MG.....</b>	77
<b>  see VRAYLAR CAP 3MG .....</b>	77
<b>  see VRAYLAR CAP 4.5MG.....</b>	77
<b>  see VRAYLAR CAP 6MG .....</b>	77
<b>carisoprodol tab 250 mg .....</b>	136
<b>carisoprodol tab 350 mg .....</b>	136
<b>carisoprodol w/ aspirin &amp; codeine   tab 200-325-16 mg .....</b>	137
<b>carteolol hcl ophth soln 1% .....</b>	137

Cartia Xt	
see diltiazem hcl coated beads cap er	
24hr 120 mg .....	87, 88
<b>carvedilol phosphate cap er 24hr</b>	
<b>10 mg</b> .....	85
<b>carvedilol phosphate cap er 24hr</b>	
<b>20 mg</b> .....	85
<b>carvedilol phosphate cap er 24hr</b>	
<b>40 mg</b> .....	85
<b>carvedilol phosphate cap er 24hr</b>	
<b>80 mg</b> .....	85
<b>carvedilol tab 12.5 mg</b> .....	85
<b>carvedilol tab 25 mg</b> .....	85
<b>carvedilol tab 3.125 mg</b> .....	85
<b>carvedilol tab 6.25 mg</b> .....	85
Caziant	
see desogest-ethin est tab 0.1-	
0.025/0.125-0.025/0.15-0.025mg-	
mg .....	94
<b>cefaclor cap 250 mg</b> .....	93
<b>cefaclor cap 500 mg</b> .....	93
<b>cefaclor for susp 125 mg/5ml</b> ....	93
<b>cefaclor for susp 250 mg/5ml</b> ....	93
<b>cefaclor for susp 375 mg/5ml</b> ....	93
<b>cefadroxil cap 500 mg</b> .....	92
<b>cefadroxil for susp 250 mg/5ml</b> ..	92
<b>cefadroxil for susp 500 mg/5ml</b> ..	92
<b>cefadroxil tab 1 gm</b> .....	92
<b>cefdinir cap 300 mg</b> .....	93
<b>cefdinir for susp 125 mg/5ml</b> .....	93
<b>cefdinir for susp 250 mg/5ml</b> .....	93
<b>cefixime</b>	
see SUPRAX CHW 100MG .....	93
see SUPRAX CHW 200MG .....	93
see SUPRAX SUS 500/5ML .....	93
<b>cefixime cap 400 mg</b> .....	93
<b>cefixime for susp 100 mg/5ml</b> ....	93
<b>cefixime for susp 200 mg/5ml</b> ....	93
<b>cefpodoxime proxetil for susp 100</b>	
<b>mg/5ml</b> .....	93
<b>cefpodoxime proxetil for susp 50</b>	
<b>mg/5ml</b> .....	93
<b>cefpodoxime proxetil tab 100 mg</b>	93
<b>cefpodoxime proxetil tab 200 mg</b>	93
<b>cefprozil for susp 125 mg/5ml</b> ....	93
<b>cefprozil for susp 250 mg/5ml</b> ....	93
<b>cefprozil tab 250 mg</b> .....	93
<b>cefprozil tab 500 mg</b> .....	93
<b>cefuroxime axetil tab 250 mg</b> .....	93
<b>cefuroxime axetil tab 500 mg</b> .....	93
<b>celecoxib cap 100 mg</b> .....	22
<b>celecoxib cap 200 mg</b> .....	22
<b>celecoxib cap 400 mg</b> .....	22
<b>celecoxib cap 50 mg</b> .....	22
<b>cenobamate</b>	
see XCOPRI PAK 12.5-25 .....	47
see XCOPRI PAK 150-200 .....	47
see XCOPRI PAK 50-100MG .....	47
see XCOPRI TAB 100MG .....	47
see XCOPRI TAB 150MG .....	47
see XCOPRI TAB 200MG .....	47
see XCOPRI TAB 50-200MG .....	47
see XCOPRI TAB 50MG .....	47
<b>cephalexin cap 250 mg</b> .....	92
<b>cephalexin cap 500 mg</b> .....	92
<b>cephalexin cap 750 mg</b> .....	92
<b>cephalexin for susp 125 mg/5ml</b> ..	93
<b>cephalexin for susp 250 mg/5ml</b> ..	93
<b>cephalexin tab 250 mg</b> .....	93
<b>cephalexin tab 500 mg</b> .....	93
CERDELGA CAP 84MG .....	124
<b>cetirizine hcl oral soln 1 mg/ml (5</b>	
<b>mg/5ml)</b> .....	59
<b>cevimeline hcl cap 30 mg</b> .....	135
CHANTIX PAK 0.5& 1MG .....	146
CHANTIX PAK 1MG .....	147
CHANTIX TAB 0.5MG .....	147
CHANTIX TAB 1MG .....	147
Charlotte 24 Fe	
see norethindrone ace-eth estradiol-	
fe chew tab 1 mg-20 mcg (24) .	100
<b>chlorambucil</b>	
see LEUKERAN TAB 2MG .....	70
<b>chlordiazepoxide hcl cap 10 mg</b> ..	38
<b>chlordiazepoxide hcl cap 25 mg</b> ..	38
<b>chlordiazepoxide hcl cap 5 mg</b> ....	38
<b>chlordiazepoxide-amitriptyline tab</b>	
<b>10-25 mg</b> .....	145
<b>chlordiazepoxide-amitriptyline tab</b>	
<b>5-12.5 mg</b> .....	145
<b>chloroquine phosphate tab 250 mg</b>	
.....	69
<b>chloroquine phosphate tab 500 mg</b>	
.....	69

<b>chlorpromazine hcl tab 10 mg</b> .....	79	see CIPRO (10%) SUS 500MG/5	120
<b>chlorpromazine hcl tab 100 mg</b> ...	79	see CIPRO (5%) SUS 250MG/5	120
<b>chlorpromazine hcl tab 200 mg</b> ...	79	<b>ciprofloxacin hcl (ophth)</b>	
<b>chlorpromazine hcl tab 25 mg</b> .....	79	see CILOXAN OIN 0.3% OP.....	139
<b>chlorpromazine hcl tab 50 mg</b> .....	79	<b>ciprofloxacin hcl ophth soln 0.3%</b>	
<b>chlorthalidone tab 25 mg</b> .....	116	(base equivalent) .....	139
<b>chlorthalidone tab 50 mg</b> .....	116	<b>ciprofloxacin hcl otic soln 0.2%</b>	
<b>chlorzoxazone tab 500 mg</b> .....	136	(base equivalent) .....	141
<b>cholestyramine light powder 4</b>		<b>ciprofloxacin hcl tab 100 mg (base</b>	
<b>gm/dose</b> .....	60	<b>equiv)</b> .....	120
<b>cholestyramine light powder</b>		<b>ciprofloxacin hcl tab 250 mg (base</b>	
<b>packets 4 gm</b> .....	60	<b>equiv)</b> .....	120
<b>cholestyramine powder 4 gm/dose</b>		<b>ciprofloxacin hcl tab 500 mg (base</b>	
.....	60	<b>equiv)</b> .....	120
<b>cholestyramine powder packets 4</b>		<b>ciprofloxacin hcl tab 750 mg (base</b>	
<b>gm</b> .....	60	<b>equiv)</b> .....	120
<b>choline fenofibrate cap dr 135 mg</b>		<b>ciprofloxacin-dexamethasone otic</b>	
<b>(fenofibric acid equiv)</b> .....	60	<b>susp 0.3-0.1%</b> .....	141
<b>choline fenofibrate cap dr 45 mg</b>		<b>citalopram hydrobromide oral soln</b>	
<b>(fenofibric acid equiv)</b> .....	60	<b>10 mg/5ml</b> .....	49
Ciclodan		<b>citalopram hydrobromide tab 10</b>	
see ciclopirox solution 8%	109	<b>mg (base equiv)</b> .....	49
<b>ciclopirox gel 0.77%</b> .....	108	<b>citalopram hydrobromide tab 20</b>	
<b>ciclopirox olamine cream 0.77%</b>		<b>mg (base equiv)</b> .....	49
<b>(base equiv)</b> .....	109	<b>citalopram hydrobromide tab 40</b>	
<b>ciclopirox olamine susp 0.77%</b>		<b>mg (base equiv)</b> .....	49
<b>(base equiv)</b> .....	109	CITRANATAL CAP HARMONY .....	135
<b>ciclopirox shampoo 1%</b> .....	109	CITRANATAL CAP MEDLEY .....	135
<b>ciclopirox solution 8%</b> .....	109	CITRANATAL MIS .....	135
<b>cilostazol tab 100 mg</b> .....	124	CITRANATAL MIS 90 DHA.....	135
<b>cilostazol tab 50 mg</b> .....	124	CITRANATAL MIS B-CALM .....	135
CILOXAN OIN 0.3% OP .....	139	CITRANATAL PAK ASSURE .....	135
CIMDUO TAB 300-300 .....	81	CITRANATAL PAK DHA .....	135
<b>cimetidine hcl soln 300 mg/5ml</b>	152	CITRANATAL TAB BLOOM .....	135
<b>cimetidine tab 200 mg</b> .....	152	CITRANATAL TAB RX .....	136
<b>cimetidine tab 300 mg</b> .....	152	<b>clarithromycin for susp 125</b>	
<b>cimetidine tab 400 mg</b> .....	152	<b>mg/5ml</b> .....	128
<b>cimetidine tab 800 mg</b> .....	152	<b>clarithromycin for susp 250</b>	
<b>cinacalcet hcl tab 30 mg (base</b>		<b>mg/5ml</b> .....	128
<b>equiv)</b> .....	117	<b>clarithromycin tab 250 mg</b> .....	128
<b>cinacalcet hcl tab 60 mg (base</b>		<b>clarithromycin tab 500 mg</b> .....	128
<b>equiv)</b> .....	117	<b>clarithromycin tab er 24hr 500 mg</b>	
<b>cinacalcet hcl tab 90 mg (base</b>		.....	128
<b>equiv)</b> .....	117	<b>clemastine fumarate tab 2.68 mg</b>	58
CIPRO (10%) SUS 500MG/5 .....	120	CLENPIQ SOL.....	127
CIPRO (5%) SUS 250MG/5 .....	120	CLIMARA PRO DIS WEEKLY .....	118
<b>ciprofloxacin</b>		Clindacin Etz Pledgets	

see clindamycin phosphate swab 1%	107
<b>clindamycin hcl cap 150 mg</b>	35
<b>clindamycin hcl cap 300 mg</b>	35
<b>clindamycin hcl cap 75 mg</b>	35
<b>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</b>	35
<b>clindamycin phosphate foam 1%</b>	106
<b>clindamycin phosphate gel 1%</b>	106
<b>clindamycin phosphate lotion 1%</b>	106
<b>clindamycin phosphate soln 1%</b>	106
<b>clindamycin phosphate swab 1%</b>	107
<b>clindamycin phosphate vaginal cream 2%</b>	155
<b>clindamycin phosphate-benzoyl peroxide</b>	
see ONEXTON GEL 1.2-3.75	107
<b>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</b>	107
<b>clindamycin phosphate-benzoyl peroxide gel 1-5%</b>	107
<b>clindamycin phosphate-tretinoin gel 1.2-0.025%</b>	107
<b>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</b>	106
<b>clobazam suspension 2.5 mg/ml</b>	43
<b>clobazam tab 10 mg</b>	43
<b>clobazam tab 20 mg</b>	43
<b>clobetasol propionate cream 0.05%</b>	111
<b>clobetasol propionate emollient base cream 0.05%</b>	111
<b>clobetasol propionate emulsion foam 0.05%</b>	111
<b>clobetasol propionate foam 0.05%</b>	111
<b>clobetasol propionate gel 0.05%</b>	111
<b>clobetasol propionate lotion 0.05%</b>	111
<b>clobetasol propionate oint 0.05%</b>	111

<b>clobetasol propionate shampoo 0.05%</b>	111
<b>clobetasol propionate soln 0.05%</b>	111
<b>clocortolone pivalate cream 0.1%</b>	111
Clodan	
see clobetasol propionate shampoo 0.05%	111
<b>clomipramine hcl cap 25 mg</b>	51
<b>clomipramine hcl cap 50 mg</b>	51
<b>clomipramine hcl cap 75 mg</b>	51
<b>clonazepam orally disintegrating tab 0.125 mg</b>	43
<b>clonazepam orally disintegrating tab 0.25 mg</b>	43
<b>clonazepam orally disintegrating tab 0.5 mg</b>	43
<b>clonazepam orally disintegrating tab 1 mg</b>	43
<b>clonazepam orally disintegrating tab 2 mg</b>	43
<b>clonazepam tab 0.5 mg</b>	44
<b>clonazepam tab 1 mg</b>	44
<b>clonazepam tab 2 mg</b>	44
<b>clonidine hcl tab 0.1 mg</b>	64
<b>clonidine hcl tab 0.2 mg</b>	64
<b>clonidine hcl tab 0.3 mg</b>	64
<b>clonidine hcl tab er 12hr 0.1 mg</b>	16
<b>clonidine td patch weekly 0.1 mg/24hr</b>	64
<b>clonidine td patch weekly 0.2 mg/24hr</b>	64
<b>clonidine td patch weekly 0.3 mg/24hr</b>	64
<b>clopidogrel bisulfate tab 300 mg (base equiv)</b>	124
<b>clopidogrel bisulfate tab 75 mg (base equiv)</b>	124
<b>clorazepate dipotassium tab 15 mg</b>	38
<b>clorazepate dipotassium tab 3.75 mg</b>	38
<b>clorazepate dipotassium tab 7.5 mg</b>	38
<b>clotrimazole cream 1%</b>	109
<b>clotrimazole soln 1%</b>	109

<b>clotrimazole troche 10 mg</b> .....	135
<b>clotrimazole w/ betamethasone cream 1-0.05%</b> .....	109
<b>clotrimazole w/ betamethasone lotion 1-0.05%</b> .....	109
Clovique	
see trientine hcl cap 250 mg .....	133
<b>clozapine orally disintegrating tab 100 mg</b> .....	78
<b>clozapine orally disintegrating tab 12.5 mg</b> .....	78
<b>clozapine orally disintegrating tab 150 mg</b> .....	78
<b>clozapine orally disintegrating tab 200 mg</b> .....	78
<b>clozapine orally disintegrating tab 25 mg</b> .....	78
<b>clozapine tab 100 mg</b> .....	78
<b>clozapine tab 200 mg</b> .....	78
<b>clozapine tab 25 mg</b> .....	78
<b>clozapine tab 50 mg</b> .....	78
<b>codeine sulfate tab 30 mg</b> .....	24
<b>colchicine cap 0.6 mg</b> .....	123
<b>colchicine tab 0.6 mg</b> .....	123
<b>colchicine w/ probenecid tab 0.5-500 mg</b> .....	123
<b>colesevelam hcl packet for susp 3.75 gm</b> .....	60
<b>colesevelam hcl tab 625 mg</b> .....	60
<b>colestipol hcl granule packets 5 gm</b> .....	60
<b>colestipol hcl granules 5 gm</b> .....	60
<b>colestipol hcl tab 1 gm</b> .....	60
COMBIGAN SOL 0.2/0.5% .....	137
COMBIPATCH DIS.....	118
Compro	
see <b>prochlorperazine suppos 25 mg</b> .....	80
CONDYLOX GEL 0.5% .....	113
<b>conjugated estrogens-bazedoxifene</b>	
see DUAVEE TAB 0.45-20 .....	118
<b>conjugated estrogens-medroxyprogesterone acetate</b>	
see PREMPHASE TAB.....	119
see PREMPRO TAB .....	119
see PREMPRO TAB 0.3-1.5.....	119
see PREMPRO TAB 0.45-1.5 .....	119
see PREMPRO TAB 0.625-5 .....	119
Constulose	
see lactulose solution 10 gm/15ml .....	128
COPIKTRA CAP 15MG.....	72
COPIKTRA CAP 25MG.....	72
CORLANOR TAB 5MG .....	92
CORLANOR TAB 7.5MG .....	92
CORTIFOAM AER 90MG .....	34
<b>cortisone acetate tab 25 mg</b> .....	103
CREON CAP 12000UNT.....	114
CREON CAP 24000UNT.....	114
CREON CAP 3000UNIT .....	114
CREON CAP 36000UNT.....	114
CREON CAP 6000UNIT .....	114
CRINONE GEL 4% VAG .....	155
<b>crisaborole</b>	
see EUCRISA OIN 2% .....	114
<b>cromolyn sodium ophth soln 4%</b> .....	141
<b>cromolyn sodium oral conc 100 mg/5ml</b> .....	121
<b>cromolyn sodium soln nebu 20 mg/2ml</b> .....	39
crotamiton lotion 10% .....	114
Crotan	
see crotamiton lotion 10%.....	114
Cryselle-28	
see norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg .....	102
Cvs Folic Acid	
see folic acid tab 800 mcg .....	125
<b>cyclobenzaprine hcl tab 10 mg</b> ..	136
<b>cyclobenzaprine hcl tab 5 mg</b> ....	136
<b>cyclopentolate hcl ophth soln 0.5%</b> .....	138
<b>cyclopentolate hcl ophth soln 1%</b> .....	138
<b>cyclopentolate hcl ophth soln 2%</b> .....	138
<b>cyclophosphamide cap 25 mg</b> .....	69
<b>cyclophosphamide cap 50 mg</b> .....	69
<b>cycloserine cap 250 mg</b> .....	69
<b>cyclosporine (ophth)</b>	
see RESTASIS EMU 0.05% .....	139
see RESTASIS MUL EMU 0.05%...	139

*cyclosporine cap 100 mg* .....133  
*cyclosporine cap 25 mg* .....133  
*cyclosporine modified cap 100 mg*  
 .....133  
*cyclosporine modified cap 25 mg*  
 .....133  
*cyclosporine modified cap 50 mg*  
 .....133  
*cyclosporine modified oral soln 100*  
*mg/ml* .....134  
*ciproheptadine hcl syrup 2*  
*mg/5ml* .....59  
*ciproheptadine hcl tab 4 mg* .....59  
 CYSTAGON CAP 150MG .....123  
 CYSTAGON CAP 50MG .....123  
*cysteamine bitartrate*  
 see CYSTAGON CAP 150MG .....123  
 see CYSTAGON CAP 50MG .....123  
 Cytra K Crystals  
 see potassium citrate & citric acid  
 powder pack 3300-1002 mg.....122  
**D**  
*dalfampridine tab er 12hr 10 mg*  
 .....146  
 DALIRESP TAB 250MCG .....40  
 DALIRESP TAB 500MCG .....40  
*danazol cap 100 mg* .....34  
*danazol cap 200 mg* .....34  
*danazol cap 50 mg* .....34  
*dantrolene sodium cap 100 mg* .137  
*dantrolene sodium cap 25 mg* ..137  
*dantrolene sodium cap 50 mg* ..137  
*dapagliflozin propanediol*  
 see FARXIGA TAB 10MG .....56  
 see FARXIGA TAB 5MG .....56  
*dapagliflozin-metformin hcl*  
 see XIGDUO XR TAB 10-1000 .....53  
 see XIGDUO XR TAB 10-500MG.....53  
 see XIGDUO XR TAB 2.5-1000 .....53  
 see XIGDUO XR TAB 5-1000MG.....53  
 see XIGDUO XR TAB 5-500MG .....53  
*dapsone gel 5%* .....107  
*dapsone gel 7.5%* .....107  
*dapsone tab 100 mg* .....35  
*dapsone tab 25 mg* .....35  
*darifenacin hydrobromide tab er*  
*24hr 15 mg (base equiv)* .....154

*darifenacin hydrobromide tab er*  
*24hr 7.5 mg (base equiv)* .....154  
*darolutamide*  
 see NUBEQA TAB 300MG .....71  
*darunavir ethanolate*  
 see PREZISTA SUS 100MG/ML .....83  
 see PREZISTA TAB 150MG .....83  
 see PREZISTA TAB 600MG .....83  
 see PREZISTA TAB 75MG .....83  
 see PREZISTA TAB 800MG .....83  
*darunavir-cobicistat*  
 see PREZCOBIX TAB 800-150 .....83  
*darunavir-cobicistat-emtricitabine-*  
*tenofovir alafenamide*  
 see SYMTUZA TAB .....83  
*dasatinib*  
 see SPRYCEL TAB 100MG .....74  
 see SPRYCEL TAB 140MG .....74  
 see SPRYCEL TAB 20MG .....73  
 see SPRYCEL TAB 50MG .....73  
 see SPRYCEL TAB 70MG .....73  
 see SPRYCEL TAB 80MG .....74  
 DDAVP SOL 0.01% .....118  
 Decadron  
 see dexamethasone tab 0.5 mg .103,  
 104  
 see *dexamethasone tab 0.75 mg*  
 .....103  
*deferasirox granules packet 180*  
*mg* .....57  
*deferasirox granules packet 360*  
*mg* .....57  
*deferasirox granules packet 90 mg*  
 .....57  
*deferasirox tab 180 mg* .....57  
*deferasirox tab 360 mg* .....57  
*deferasirox tab 90 mg* .....57  
*deferasirox tab for oral susp 125*  
*mg* .....57  
*deferasirox tab for oral susp 250*  
*mg* .....57  
*deferasirox tab for oral susp 500*  
*mg* .....57  
*deferiprone tab 500 mg* .....57  
*demeclocycline hcl tab 150 mg* .147  
*demeclocycline hcl tab 300 mg* .147  
 DESCOVY TAB 200/25MG .....81



*desipramine hcl tab 10 mg* .....51  
*desipramine hcl tab 100 mg* .....51  
*desipramine hcl tab 150 mg* .....51  
*desipramine hcl tab 25 mg* .....51  
*desipramine hcl tab 50 mg* .....51  
*desipramine hcl tab 75 mg* .....51  
*desloratadine tab 5 mg* .....59  
*desloratadine tab orally*  
*disintegrating 2.5 mg* .....59  
*desloratadine tab orally*  
*disintegrating 5 mg* .....59  
*desmopressin acetate nasal spray*  
*soln 0.01%* .....118  
*desmopressin acetate nasal spray*  
*soln 0.01% (refrigerated)* .....118  
*desmopressin acetate refrigerated*  
*see DDAVP SOL 0.01%* .....118  
*desmopressin acetate tab 0.1 mg*  
.....118  
*desmopressin acetate tab 0.2 mg*  
.....118  
*desogest-eth estrad & eth estrad*  
*tab 0.15-0.02/0.01 mg(21/5)* ..93  
*desogest-ethin est tab 0.1-*  
*0.025/0.125-0.025/0.15-0.025mg-*  
*mg* .....94  
*desogestrel & ethinyl estradiol tab 0.15*  
*mg-30 mcg*.....94  
*desonide cream 0.05%*.....111  
*desonide lotion 0.05%* .....111  
*desonide oint 0.05%* .....111  
*desoximetasone cream 0.05%* ..111  
*desoximetasone cream 0.25%* ..111  
*desoximetasone gel 0.05%* .....111  
*desoximetasone oint 0.05%*.....111  
*desoximetasone oint 0.25%*.....111  
*desoximetasone spray 0.25%* ..111  
*desvenlafaxine succinate tab er*  
*24hr 100 mg (base equiv)* .....50  
*desvenlafaxine succinate tab er*  
*24hr 25 mg (base equiv)* .....50  
*desvenlafaxine succinate tab er*  
*24hr 50 mg (base equiv)* .....50  
*deutetrabenazine*  
*see AUSTEDO TAB 12MG* .....145  
*see AUSTEDO TAB 6MG*.....145  
*see AUSTEDO TAB 9MG*.....145

*dexamethasone (ophth)*  
*see MAXIDEX SUS 0.1% OP*.....140  
*dexamethasone elixir 0.5 mg/5ml*  
.....103  
*dexamethasone sodium phosphate*  
*ophth soln 0.1%* .....140  
*dexamethasone soln 0.5 mg/5ml*  
.....103  
*dexamethasone tab 0.5 mg* 103, 104  
*dexamethasone tab 0.75 mg* .....103  
*dexamethasone tab 1 mg* .....104  
*dexamethasone tab 1.5 mg* .....104  
*dexamethasone tab 2 mg* .....104  
*dexamethasone tab 4 mg* .....104  
*dexamethasone tab 6 mg* .....104  
*dexamethasone tab therapy pack*  
*1.5 mg (21)* .....104  
*dexamethasone tab therapy pack*  
*1.5 mg (35)* .....104  
*dexamethasone tab therapy pack*  
*1.5 mg (51)* .....104  
DEXILANT CAP 30MG DR.....153  
DEXILANT CAP 60MG DR.....153  
*dexlansoprazole*  
*see DEXILANT CAP 30MG DR* .....153  
*see DEXILANT CAP 60MG DR* .....153  
*dexmethylphenidate hcl cap er 24*  
*hr 10 mg*.....17  
*dexmethylphenidate hcl cap er 24*  
*hr 15 mg*.....17  
*dexmethylphenidate hcl cap er 24*  
*hr 20 mg*.....17  
*dexmethylphenidate hcl cap er 24*  
*hr 25 mg*.....17  
*dexmethylphenidate hcl cap er 24*  
*hr 30 mg*.....17  
*dexmethylphenidate hcl cap er 24*  
*hr 35 mg*.....17  
*dexmethylphenidate hcl cap er 24*  
*hr 40 mg*.....17  
*dexmethylphenidate hcl cap er 24*  
*hr 5 mg*.....16  
*dexmethylphenidate hcl tab 10 mg*  
.....17  
*dexmethylphenidate hcl tab 2.5 mg*  
.....17

<b>dexmethyphenidate hcl tab 5 mg</b>	17
<b>dextroamphetamine sulfate cap er 24hr 10 mg</b>	12
<b>dextroamphetamine sulfate cap er 24hr 15 mg</b>	12
<b>dextroamphetamine sulfate cap er 24hr 5 mg</b>	12
<b>dextroamphetamine sulfate oral solution 5 mg/5ml</b>	12
<b>dextroamphetamine sulfate tab 10 mg</b>	13
dextroamphetamine sulfate tab 15 mg	13
dextroamphetamine sulfate tab 2.5 mg	13
dextroamphetamine sulfate tab 20 mg	13
dextroamphetamine sulfate tab 30 mg	13
<b>dextroamphetamine sulfate tab 5 mg</b>	13
dextroamphetamine sulfate tab 7.5 mg	13
<b>dextromethorphan hbr-quinidine sulfate</b>	
see NUEDEXTA CAP 20-10MG	146
<b>diazepam (anticonvulsant)</b>	
see VALTOCO LIQ 15MG	44
see VALTOCO LIQ 20MG	44
see VALTOCO SPR 10MG	44
see VALTOCO SPR 5MG	44
<b>diazepam conc 5 mg/ml</b>	38
<b>diazepam oral soln 1 mg/ml</b>	38
<b>diazepam rectal gel delivery system 10 mg</b>	44
<b>diazepam rectal gel delivery system 2.5 mg</b>	44
<b>diazepam rectal gel delivery system 20 mg</b>	44
<b>diazepam tab 10 mg</b>	38
<b>diazepam tab 2 mg</b>	38
<b>diazepam tab 5 mg</b>	38
<b>diazoxide susp 50 mg/ml</b>	54
<b>diclofenac epolamine patch 1.3%</b>	108
<b>diclofenac potassium tab 50 mg</b>	22
<b>diclofenac sodium (actinic keratoses) gel 3%</b>	109
<b>diclofenac sodium gel 1%</b>	108
<b>diclofenac sodium ophth soln 0.1%</b>	141
<b>diclofenac sodium soln 1.5%</b>	108
<b>diclofenac sodium tab delayed release 25 mg</b>	22
<b>diclofenac sodium tab delayed release 50 mg</b>	22
<b>diclofenac sodium tab delayed release 75 mg</b>	22
<b>diclofenac sodium tab er 24hr 100 mg</b>	22
<b>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</b>	22
<b>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</b>	22
<b>dicloxacillin sodium cap 250 mg</b>	143
<b>dicloxacillin sodium cap 500 mg</b>	143
<b>dicyclomine hcl cap 10 mg</b>	151
<b>dicyclomine hcl oral soln 10 mg/5ml</b>	151
<b>dicyclomine hcl tab 20 mg</b>	152
<b>didanosine delayed release capsule 200 mg</b>	81
<b>didanosine delayed release capsule 250 mg</b>	81
<b>didanosine delayed release capsule 400 mg</b>	81
<b>diethylpropion hcl tab 25 mg</b>	15
<b>diethylpropion hcl tab er 24hr 75 mg</b>	15
DIFICID TAB 200MG	129
Difil-g Forte	
see dyphylline-guaifenesin liqd 100-100 mg/5ml	39
<b>diflunisal tab 500 mg</b>	24
<b>difluprednate</b>	
see DUREZOL EMU 0.05%	140
Digitek	
see digoxin tab 125 mcg (0.125 mg)	90
Digox	
see digoxin tab 125 mcg (0.125 mg)	90
<b>digoxin</b>	

see LANOXIN TAB 0.0625MG .....90  
**digoxin oral soln 0.05 mg/ml** .....90  
**digoxin tab 125 mcg (0.125 mg)** .90  
**digoxin tab 250 mcg (0.25 mg)** ...90  
 DILANTIN CAP 30MG .....47  
**diltiazem hcl cap er 12hr 120 mg** 87  
**diltiazem hcl cap er 12hr 60 mg** ..87  
**diltiazem hcl cap er 12hr 90 mg** ..87  
**diltiazem hcl cap er 24hr 120 mg** 87  
**diltiazem hcl cap er 24hr 180 mg** 87  
**diltiazem hcl cap er 24hr 240 mg** 87  
**diltiazem hcl coated beads cap er**  
**24hr 120 mg** ..... 87, 88  
**diltiazem hcl coated beads cap er**  
**24hr 180 mg** .....88  
**diltiazem hcl coated beads cap er**  
**24hr 240 mg** .....88  
**diltiazem hcl coated beads cap er**  
**24hr 300 mg** .....88  
**diltiazem hcl coated beads cap er**  
**24hr 360 mg** .....88  
**diltiazem hcl extended release**  
**beads cap er 24hr 120 mg** .. 88, 89  
**diltiazem hcl extended release**  
**beads cap er 24hr 180 mg** .....88  
**diltiazem hcl extended release**  
**beads cap er 24hr 240 mg** .....88  
**diltiazem hcl extended release**  
**beads cap er 24hr 300 mg** .....88  
**diltiazem hcl extended release**  
**beads cap er 24hr 360 mg** .....88  
**diltiazem hcl extended release**  
**beads cap er 24hr 420 mg** .....89  
**diltiazem hcl tab 120 mg** .....89  
**diltiazem hcl tab 30 mg** .....89  
**diltiazem hcl tab 60 mg** .....89  
**diltiazem hcl tab 90 mg** .....89  
 Dilt-xr  
 see diltiazem hcl cap er 24hr 120 mg  
 .....87  
**dimethyl fumarate capsule delayed**  
**release 120 mg** .....146  
**dimethyl fumarate capsule delayed**  
**release 240 mg** .....146  
**dimethyl fumarate capsule dr**  
**starter pack 120 mg & 240 mg**146

**diphenoxylate w/ atropine liq 2.5-**  
**0.025 mg/5ml** .....56  
**diphenoxylate w/ atropine tab 2.5-**  
**0.025 mg** .....56  
**dipyridamole tab 25 mg** .....124  
**dipyridamole tab 50 mg** .....124  
**dipyridamole tab 75 mg** .....124  
**diroximel fumarate**  
 see VUMERITY CAP 231MG .....146  
**disopyramide phosphate**  
 see NORPACE CAP 100MG CR .....38  
 see NORPACE CAP 150MG CR .....38  
**disopyramide phosphate cap 100**  
**mg** .....38  
**disopyramide phosphate cap 150**  
**mg** .....38  
**disulfiram tab 250 mg** .....143  
**disulfiram tab 500 mg** .....143  
**divalproex sodium cap delayed**  
**release sprinkle 125 mg** .....48  
**divalproex sodium tab delayed**  
**release 125 mg** .....48  
**divalproex sodium tab delayed**  
**release 250 mg** .....48  
**divalproex sodium tab delayed**  
**release 500 mg** .....48  
**divalproex sodium tab er 24 hr 250**  
**mg** .....48  
**divalproex sodium tab er 24 hr 500**  
**mg** .....48  
 DIVIGEL GEL 0.25MG .....119  
 DIVIGEL GEL 0.5MG .....119  
 DIVIGEL GEL 0.75MG .....119  
 DIVIGEL GEL 1.25MG .....119  
 DIVIGEL GEL 1MG/GM .....119  
**dofetilide cap 125 mcg (0.125 mg)**  
 .....39  
**dofetilide cap 250 mcg (0.25 mg)**39  
**dofetilide cap 500 mcg (0.5 mg)** .39  
**dolutegravir sodium**  
 see TIVICAY PD TAB 5MG .....83  
 see TIVICAY TAB 10MG .....84  
 see TIVICAY TAB 25MG .....84  
 see TIVICAY TAB 50MG .....84  
**dolutegravir sodium-lamivudine**  
 see DOVATO TAB 50-300MG .....81

<b>donepezil hydrochloride orally</b>	
<b>disintegrating tab 10 mg</b> .....	143
<b>donepezil hydrochloride orally</b>	
<b>disintegrating tab 5 mg</b> .....	143
<b>donepezil hydrochloride tab 10 mg</b>	
.....	143
<b>donepezil hydrochloride tab 23 mg</b>	
.....	144
<b>donepezil hydrochloride tab 5 mg</b>	
.....	143
DOPTLET TAB 20MG.....	126
<b>dorzolamide hcl ophth soln 2%</b> ..	141
<b>dorzolamide hcl-timolol maleate</b>	
<b>ophth sol 22.3-6.8 mg/ml pf</b> ..	138
<b>dorzolamide hcl-timolol maleate</b>	
<b>ophth soln 22.3-6.8 mg/ml</b> .....	138
DORZOLAMIDE SOL 2% .....	141
Dotti	
see estradiol td patch twice weekly	
0.025 mg/24hr .....	120
see estradiol td patch twice weekly	
0.0375 mg/24hr .....	120
see estradiol td patch twice weekly	
0.05 mg/24hr .....	119
see estradiol td patch twice weekly	
0.075 mg/24hr .....	120
see estradiol td patch twice weekly	
0.1 mg/24hr .....	119
DOVATO TAB 50-300MG.....	81
<b>doxazosin mesylate tab 1 mg</b> .....	64
<b>doxazosin mesylate tab 2 mg</b> .....	64
<b>doxazosin mesylate tab 4 mg</b> .....	64
<b>doxazosin mesylate tab 8 mg</b> .....	64
<b>doxepin hcl (sleep) tab 3 mg (base</b>	
<b>equiv)</b> .....	126
<b>doxepin hcl (sleep) tab 6 mg (base</b>	
<b>equiv)</b> .....	126
<b>doxepin hcl cap 10 mg</b> .....	51
<b>doxepin hcl cap 100 mg</b> .....	51
<b>doxepin hcl cap 150 mg</b> .....	51
<b>doxepin hcl cap 25 mg</b> .....	51
<b>doxepin hcl cap 50 mg</b> .....	51
<b>doxepin hcl cap 75 mg</b> .....	51
<b>doxepin hcl conc 10 mg/ml</b> .....	51
<b>doxercalciferol cap 0.5 mcg</b> .....	117
<b>doxercalciferol cap 1 mcg</b> .....	117
<b>doxercalciferol cap 2.5 mcg</b> .....	117
<b>doxycycline calcium</b>	
see VIBRAMYCIN SYP 50MG/5ML ..	148
<b>doxycycline hyclate cap 100 mg</b> ..	147
<b>doxycycline hyclate cap 50 mg</b> ..	147
<b>doxycycline hyclate tab 100 mg</b> ..	147
<b>doxycycline hyclate tab delayed</b>	
<b>release 100 mg</b> .....	147
<b>doxycycline hyclate tab delayed</b>	
<b>release 150 mg</b> .....	147
<b>doxycycline hyclate tab delayed</b>	
<b>release 50 mg</b> .....	147
<b>doxycycline hyclate tab delayed</b>	
<b>release 75 mg</b> .....	147
<b>doxycycline monohydrate cap 100</b>	
<b>mg</b> .....	147, 148
<b>doxycycline monohydrate cap 50</b>	
<b>mg</b> .....	147
<b>doxycycline monohydrate for susp</b>	
<b>25 mg/5ml</b> .....	148
<b>doxycycline monohydrate tab 100</b>	
<b>mg</b> .....	148
<b>doxycycline monohydrate tab 150</b>	
<b>mg</b> .....	148
<b>doxycycline monohydrate tab 50</b>	
<b>mg</b> .....	148
<b>doxycycline monohydrate tab 75</b>	
<b>mg</b> .....	148
<b>doxylamine-pyridoxine tab delayed</b>	
<b>release 10-10 mg</b> .....	58
<b>dronabinol cap 10 mg</b> .....	58
<b>dronabinol cap 2.5 mg</b> .....	58
<b>dronabinol cap 5 mg</b> .....	58
<b>dronedarone hcl</b>	
see MULTAQ TAB 400MG .....	39
<b>drospirenone-ethinyl estradiol tab</b>	
<b>3-0.02 mg</b> .....	94
<b>drospirenone-ethinyl estradiol tab</b>	
<b>3-0.03 mg</b> .....	95
<b>drospirenone-ethinyl estrad-</b>	
<b>levomefolate tab 3-0.02-0.451</b>	
<b>mg</b> .....	94
<b>drospirenone-ethinyl estrad-</b>	
<b>levomefolate tab 3-0.03-0.451</b>	
<b>mg</b> .....	94
DUAVEE TAB 0.45-20 .....	118
<b>dulaglutide</b>	
see TRULICITY INJ 0.75/0.5.....	54

see TRULICITY INJ 1.5/0.5 .....54  
 see TRULICITY INJ 3/0.5 .....54  
 see TRULICITY INJ 4.5/0.5 .....54  
**duloxetine hcl enteric coated pellets cap 20 mg (base eq) .....50**  
**duloxetine hcl enteric coated pellets cap 30 mg (base eq) .....50**  
**duloxetine hcl enteric coated pellets cap 40 mg (base eq) .....50**  
**duloxetine hcl enteric coated pellets cap 60 mg (base eq) .....50**  
 DUREZOL EMU 0.05% .....140  
**dutasteride cap 0.5 mg .....123**  
**dutasteride-tamsulosin hcl cap 0.5-0.4 mg .....123**  
**duvelisib**  
     see COPIKTRA CAP 15MG .....72  
     see COPIKTRA CAP 25MG .....72  
 dyphylline-guaifenesin liqd 100-100 mg/5ml .....39  
**E**  
 Ec-naproxen  
     see naproxen tab ec 375 mg .....23  
**econazole nitrate cream 1% .....109**  
 Ed-spaz  
     see hyoscyamine sulfate tab disint 0.125 mg .....152  
 EDURANT TAB 25MG .....81  
**efavirenz cap 200 mg .....81**  
**efavirenz cap 50 mg .....81**  
**efavirenz tab 600 mg .....81**  
**efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg .....81**  
**efavirenz-lamivudine-tenofovir df tab 400-300-300 mg .....81**  
**efavirenz-lamivudine-tenofovir df tab 600-300-300 mg .....82**  
 Effer-k  
     see potassium bicarbonate effer tab 25 meq .....132  
**elagolix sodium**  
     see ORILISSA TAB 150MG .....117  
     see ORILISSA TAB 200MG .....117  
**elagolix sodium-estradiol-norethindrone acetate**  
     see ORIAHNN CAP .....119

**eletriptan hydrobromide tab 20 mg (base equivalent) .....129**  
**eletriptan hydrobromide tab 40 mg (base equivalent) .....130**  
**eliglustat tartrate**  
     see CERDELGA CAP 84MG .....124  
 ELIQUIS ST P TAB 5MG .....43  
 ELIQUIS TAB 2.5MG .....43  
 ELIQUIS TAB 5MG .....43  
 Elite-ob  
     see prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg .....136  
 Eluryng  
     see etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr .....102  
**eluxadoline**  
     see VIBERZI TAB 100MG .....122  
     see VIBERZI TAB 75MG .....122  
**elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide**  
     see GENVOYA TAB .....82  
 EMCYT CAP 140MG .....70  
**empagliflozin**  
     see JARDIANCE TAB 10MG .....56  
     see JARDIANCE TAB 25MG .....56  
**empagliflozin-linagliptin**  
     see GLYXAMBI TAB 10-5 MG .....52  
     see GLYXAMBI TAB 25-5 MG .....52  
**empagliflozin-linagliptin-metformin**  
     see TRIJARDY XR TAB .....53  
**empagliflozin-metformin hcl**  
     see SYNJARDY TAB .....53  
     see SYNJARDY TAB 12.5-500 .....53  
     see SYNJARDY TAB 5-1000MG .....53  
     see SYNJARDY TAB 5-500MG .....53  
     see SYNJARDY XR TAB .....53  
     see SYNJARDY XR TAB 10-1000 ....53  
     see SYNJARDY XR TAB 25-1000 ....53  
     see SYNJARDY XR TAB 5-1000MG..53  
**emtricitabine**  
     see EMTRIVA SOL 10MG/ML .....82  
**emtricitabine caps 200 mg .....82**  
**emtricitabine-rilpivirine-tenofovir alafenamide fumarate**  
     see ODEFSEY TAB .....83

<b>emtricitabine-tenofovir alafenamide fumarate</b>	
see DESCOVY TAB 200/25MG.....	81
<b>emtricitabine-tenofovir disoproxil fumarate</b>	
see TRUVADA TAB 100-150 .....	84
see TRUVADA TAB 133-200 .....	84
see TRUVADA TAB 167-250 .....	84
<b>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</b> .....	82
EMTRIVA SOL 10MG/ML .....	82
EMVERM CHW 100MG .....	34
<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</b> .....	66
<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b> .....	66
<b>enalapril maleate tab 10 mg</b> .....	62
<b>enalapril maleate tab 2.5 mg</b> .....	62
<b>enalapril maleate tab 20 mg</b> .....	62
<b>enalapril maleate tab 5 mg</b> .....	62
Endocet	
see oxycodone w/ acetaminophen tab 2.5-325 mg .....	31, 32
Enpresse-28	
see levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg- mcg .....	97
<b>entacapone tab 200 mg</b> .....	75
<b>entecavir</b>	
see BARACLUDE SOL .....	84
<b>entecavir tab 0.5 mg</b> .....	84
<b>entecavir tab 1 mg</b> .....	84
ENTRESTO TAB 24-26MG .....	91
ENTRESTO TAB 49-51MG .....	91
ENTRESTO TAB 97-103MG.....	91
Enulose	
see <b>lactulose (encephalopathy) solution 10 gm/15ml</b> .....	122
<b>enzalutamide</b>	
see XTANDI CAP 40MG.....	71
EPCLUSA TAB 200-50MG .....	84
EPCLUSA TAB 400-100.....	84
EPIDUO FORTE GEL 0.3-2.5%.....	107
<b>epinastine hcl ophth soln 0.05%</b> .....	141
<b>epinephrine (anaphylaxis)</b>	
see SYMJEPI INJ 0.15MG .....	155
see SYMJEPI INJ 0.3MG.....	155
<b>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</b> .....	155
<b>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</b> .....	155
<b>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</b> .....	155
Epitol	
see carbamazepine tab 200 mg .....	44
<b>epplerenone tab 25 mg</b> .....	68
<b>epplerenone tab 50 mg</b> .....	68
<b>ergocalciferol cap 1.25 mg (50000 unit)</b> .....	156
<b>ergoloid mesylates tab 1 mg</b> ....	146
ERIVEDGE CAP 150MG.....	70
ERLEADA TAB 60MG .....	70
<b>erlotinib hcl tab 100 mg (base equivalent)</b> .....	72
<b>erlotinib hcl tab 150 mg (base equivalent)</b> .....	72
<b>erlotinib hcl tab 25 mg (base equivalent)</b> .....	72
Ery	
see erythromycin pads 2% .....	107
Ery-tab	
see erythromycin tab delayed release 250 mg .....	129
Erythrocin Stearate	
see erythromycin stearate tab 250 mg.....	128
<b>erythromycin ethylsuccinate for susp 200 mg/5ml</b> .....	128
<b>erythromycin ethylsuccinate for susp 400 mg/5ml</b> .....	128
<b>erythromycin ethylsuccinate tab 400 mg</b> .....	128
<b>erythromycin gel 2%</b> .....	107
<b>erythromycin ophth oint 5 mg/gm</b> .....	139
erythromycin pads 2%.....	107
<b>erythromycin soln 2%</b> .....	107
erythromycin stearate tab 250 mg .	128
<b>erythromycin tab 250 mg</b> .....	128
<b>erythromycin tab 500 mg</b> .....	128

<b>erythromycin tab delayed release</b>	
<b>250 mg</b> .....	129
<b>erythromycin tab delayed release</b>	
<b>333 mg</b> .....	129
<b>erythromycin tab delayed release</b>	
<b>500 mg</b> .....	129
<b>erythromycin w/ delayed release</b>	
<b>particles cap 250 mg</b> .....	129
ESBRIET CAP 267MG .....	147
ESBRIET TAB 267MG .....	147
ESBRIET TAB 801MG .....	147
<b>escitalopram oxalate soln 5</b>	
<b>mg/5ml (base equiv)</b> .....	49
<b>escitalopram oxalate tab 10 mg</b>	
<b>(base equiv)</b> .....	49
<b>escitalopram oxalate tab 20 mg</b>	
<b>(base equiv)</b> .....	49
<b>escitalopram oxalate tab 5 mg</b>	
<b>(base equiv)</b> .....	49
<b>esomeprazole magnesium cap</b>	
<b>delayed release 20 mg (base eq)</b>	
.....	153
<b>esomeprazole magnesium cap</b>	
<b>delayed release 40 mg (base eq)</b>	
.....	153
<b>esomeprazole magnesium for</b>	
<b>delayed release susp packet 10</b>	
<b>mg</b> .....	153
<b>esomeprazole magnesium for</b>	
<b>delayed release susp packet 20</b>	
<b>mg</b> .....	153
<b>esomeprazole magnesium for</b>	
<b>delayed release susp packet 40</b>	
<b>mg</b> .....	153
Estarylla	
see norgestimate & ethinyl estradiol	
tab 0.25 mg-35 mcg .....	101
<b>estazolam tab 1 mg</b> .....	127
<b>estazolam tab 2 mg</b> .....	127
<b>estradiol</b>	
see DIVIGEL GEL 0.25MG .....	119
see DIVIGEL GEL 0.5MG .....	119
see DIVIGEL GEL 0.75MG .....	119
see DIVIGEL GEL 1.25MG .....	119
see DIVIGEL GEL 1MG/GM .....	119
see EVAMIST SPR 1.53MG .....	120
<b>estradiol &amp; norethindrone acetate</b>	
see COMBIPATCH DIS .....	118
<b>estradiol &amp; norethindrone acetate</b>	
<b>tab 0.5-0.1 mg</b> .....	118
<b>estradiol &amp; norethindrone acetate</b>	
<b>tab 1-0.5 mg</b> .....	118
<b>estradiol tab 0.5 mg</b> .....	119
<b>estradiol tab 1 mg</b> .....	119
<b>estradiol tab 2 mg</b> .....	119
<b>estradiol td patch twice weekly</b>	
<b>0.025 mg/24hr</b> .....	119, 120
<b>estradiol td patch twice weekly</b>	
<b>0.0375 mg/24hr</b> .....	120
<b>estradiol td patch twice weekly</b>	
<b>0.05 mg/24hr</b> .....	119
<b>estradiol td patch twice weekly</b>	
<b>0.075 mg/24hr</b> .....	120
<b>estradiol td patch twice weekly 0.1</b>	
<b>mg/24hr</b> .....	119
<b>estradiol td patch weekly 0.025</b>	
<b>mg/24hr</b> .....	120
<b>estradiol td patch weekly 0.0375</b>	
<b>mg/24hr (37.5 mcg/24hr)</b> .....	120
<b>estradiol td patch weekly 0.05</b>	
<b>mg/24hr</b> .....	120
<b>estradiol td patch weekly 0.06</b>	
<b>mg/24hr</b> .....	120
<b>estradiol td patch weekly 0.075</b>	
<b>mg/24hr</b> .....	120
<b>estradiol td patch weekly 0.1</b>	
<b>mg/24hr</b> .....	120
<b>estradiol vaginal</b>	
see IMVEXXY MAIN SUP 10MCG ..	155
see IMVEXXY MAIN SUP 4MCG ...	155
see IMVEXXY STRT SUP 10MCG...	155
see IMVEXXY STRT SUP 4MCG ...	155
<b>estradiol vaginal cream 0.1 mg/gm</b>	
.....	155
<b>estradiol vaginal tab 10 mcg</b> .....	155
<b>estradiol-levonorgestrel</b>	
see CLIMARA PRO DIS WEEKLY ...	118
<b>estramustine phosphate sodium</b>	
see EMCYT CAP 140MG .....	70
<b>eszopiclone tab 1 mg</b> .....	127
<b>eszopiclone tab 2 mg</b> .....	127
<b>eszopiclone tab 3 mg</b> .....	127
<b>ethacrynic acid tab 25 mg</b> .....	115
<b>ethambutol hcl tab 100 mg</b> .....	69

<b>ethambutol hcl tab 400 mg</b> .....	69
<b>ethosuximide cap 250 mg</b> .....	48
<b>ethosuximide soln 250 mg/5ml</b> ...	48
<b>ethyl chloride aerosol spray</b> .....	113
<b>ethynodiol diacetate &amp; ethinyl</b>	
<b>estradiol tab 1 mg-35 mcg</b> .....	95
<b>ethynodiol diacetate &amp; ethinyl</b>	
<b>estradiol tab 1 mg-50 mcg</b> .....	95
<b>etodolac cap 200 mg</b> .....	22
<b>etodolac cap 300 mg</b> .....	22
<b>etodolac tab 400 mg</b> .....	22
<b>etodolac tab 500 mg</b> .....	22
<b>etodolac tab er 24hr 400 mg</b> .....	22
<b>etodolac tab er 24hr 500 mg</b> .....	22
<b>etodolac tab er 24hr 600 mg</b> .....	22
<b>etonogestrel-ethinyl estradiol va</b>	
<b>ring 0.120-0.015 mg/24hr</b> .....	102
<b>etoposide cap 50 mg</b> .....	74
<b>etravirine</b>	
see INTELENCE TAB 100MG .....	82
see INTELENCE TAB 200MG .....	82
see INTELENCE TAB 25MG .....	82
<b>EUCRISA OIN 2%</b> .....	114
<b>Euthyrox</b>	
see levothyroxine sodium tab 25 mcg	
.....	148
<b>EVAMIST SPR 1.53MG</b> .....	120
<b>everolimus</b>	
see AFINITOR DIS TAB 2MG .....	71
see AFINITOR DIS TAB 3MG .....	71
see AFINITOR DIS TAB 5MG .....	71
see AFINITOR TAB 10MG .....	71
<b>everolimus tab 0.25 mg</b> .....	134
<b>everolimus tab 0.5 mg</b> .....	134
<b>everolimus tab 0.75 mg</b> .....	134
<b>everolimus tab 2.5 mg</b> .....	72
<b>everolimus tab 5 mg</b> .....	72
<b>everolimus tab 7.5 mg</b> .....	72
<b>EVOTAZ TAB 300-150</b> .....	82
<b>exemestane tab 25 mg</b> .....	71
<b>ezetimibe tab 10 mg</b> .....	62
<b>ezetimibe-simvastatin tab 10-10</b>	
<b>mg</b> .....	59
<b>ezetimibe-simvastatin tab 10-20</b>	
<b>mg</b> .....	59
<b>ezetimibe-simvastatin tab 10-40</b>	
<b>mg</b> .....	59
<b>ezetimibe-simvastatin tab 10-80</b>	
<b>mg</b> .....	59
<b>F</b>	
<b>Fa-8</b>	
see folic acid cap 0.8 mg .....	124
<b>famciclovir tab 125 mg</b> .....	85
<b>famciclovir tab 250 mg</b> .....	85
<b>famciclovir tab 500 mg</b> .....	85
<b>famotidine for susp 40 mg/5ml</b> .....	152
<b>famotidine tab 20 mg</b> .....	152
<b>famotidine tab 40 mg</b> .....	152
<b>FARXIGA TAB 10MG</b> .....	56
<b>FARXIGA TAB 5MG</b> .....	56
<b>Fayosim</b>	
see levonor-eth est tab 0.15-	
0.02/0.025/0.03 mg &eth est 0.01	
mg.....	95
<b>febuxostat tab 40 mg</b> .....	123
<b>febuxostat tab 80 mg</b> .....	123
<b>felbamate susp 600 mg/5ml</b> .....	47
<b>felbamate tab 400 mg</b> .....	47
<b>felbamate tab 600 mg</b> .....	47
<b>felodipine tab er 24hr 10 mg</b> .....	89
<b>felodipine tab er 24hr 2.5 mg</b> .....	89
<b>felodipine tab er 24hr 5 mg</b> .....	89
<b>fenofibrate cap 150 mg</b> .....	60
<b>fenofibrate cap 50 mg</b> .....	60
<b>fenofibrate micronized</b>	
see ANTARA CAP 30MG .....	60
see ANTARA CAP 90MG .....	60
<b>fenofibrate micronized cap 130 mg</b>	
.....	60
<b>fenofibrate micronized cap 134 mg</b>	
.....	60
<b>fenofibrate micronized cap 200 mg</b>	
.....	60
<b>fenofibrate micronized cap 43 mg</b>	
.....	60
<b>fenofibrate micronized cap 67 mg</b>	
.....	60
<b>fenofibrate tab 145 mg</b> .....	60
<b>fenofibrate tab 160 mg</b> .....	60
<b>fenofibrate tab 40 mg</b> .....	60
<b>fenofibrate tab 48 mg</b> .....	60
<b>fenofibrate tab 54 mg</b> .....	60
<b>fenofibric acid</b>	
see FIBRICOR TAB 35MG.....	60



<b>fentanyl</b>	
see SUBSYS SPR 100MCG.....	29
see SUBSYS SPR 1200MCG.....	29
see SUBSYS SPR 1600MCG.....	29
see SUBSYS SPR 200MCG.....	29
see SUBSYS SPR 400MCG.....	29
see SUBSYS SPR 600MCG.....	29
see SUBSYS SPR 800MCG.....	29
<b>fentanyl citrate buccal tab 100 mcg</b>	
<b>(base equiv)</b> .....	24
<b>fentanyl citrate buccal tab 200 mcg</b>	
<b>(base equiv)</b> .....	24
<b>fentanyl citrate buccal tab 400 mcg</b>	
<b>(base equiv)</b> .....	24
<b>fentanyl citrate buccal tab 600 mcg</b>	
<b>(base equiv)</b> .....	24
<b>fentanyl citrate buccal tab 800 mcg</b>	
<b>(base equiv)</b> .....	24
<b>fentanyl citrate lozenge on a</b>	
<b>handle 1200 mcg</b> .....	24
<b>fentanyl citrate lozenge on a</b>	
<b>handle 1600 mcg</b> .....	24
<b>fentanyl citrate lozenge on a</b>	
<b>handle 200 mcg</b> .....	24
<b>fentanyl citrate lozenge on a</b>	
<b>handle 400 mcg</b> .....	24
<b>fentanyl citrate lozenge on a</b>	
<b>handle 600 mcg</b> .....	24
<b>fentanyl citrate lozenge on a</b>	
<b>handle 800 mcg</b> .....	24
<b>fentanyl td patch 72hr 100 mcg/hr</b>	
.....	25
<b>fentanyl td patch 72hr 12 mcg/hr</b>	
.....	25
<b>fentanyl td patch 72hr 25 mcg/hr</b>	
.....	25
<b>fentanyl td patch 72hr 37.5 mcg/hr</b>	
.....	25
<b>fentanyl td patch 72hr 50 mcg/hr</b>	
.....	25
<b>fentanyl td patch 72hr 62.5 mcg/hr</b>	
.....	25
<b>fentanyl td patch 72hr 75 mcg/hr</b>	
.....	25
<b>fentanyl td patch 72hr 87.5 mcg/hr</b>	
.....	25
<b>fesoterodine fumarate</b>	
see TOVIAZ TAB 4MG .....	154
see TOVIAZ TAB 8MG .....	154
<b>FIASP FLEX INJ TOUCH</b> .....	54
<b>FIASP INJ 100/ML</b> .....	54
<b>FIASP PENFIL INJ U-100</b> .....	55
<b>FIBRICOR TAB 35MG</b> .....	60
<b>fidaxomicin</b>	
see DIFICID TAB 200MG .....	129
<b>FINACEA AER 15%</b> .....	114
<b>finasteride tab 5 mg</b> .....	123
<b> fingolimod hcl</b>	
see GILENYA CAP 0.5MG .....	146
<b>Flac</b>	
see <b>fluocinolone acetonide (otic)</b>	
<b>oil 0.01%</b> .....	141
<b>flavoxate hcl tab 100 mg</b> .....	154
<b>flecainide acetate tab 100 mg</b> .....	39
<b>flecainide acetate tab 150 mg</b> .....	39
<b>flecainide acetate tab 50 mg</b> .....	39
<b>FLOVENT DISK AER 100MCG</b> .....	40
<b>FLOVENT DISK AER 250MCG</b> .....	40
<b>FLOVENT DISK AER 50MCG</b> .....	40
<b>FLOVENT HFA AER 110MCG</b> .....	40
<b>FLOVENT HFA AER 220MCG</b> .....	40
<b>FLOVENT HFA AER 44MCG</b> .....	40
<b>fluconazole for susp 10 mg/ml</b> ....	58
<b>fluconazole for susp 40 mg/ml</b> ....	58
<b>fluconazole tab 100 mg</b> .....	58
<b>fluconazole tab 150 mg</b> .....	58
<b>fluconazole tab 200 mg</b> .....	58
<b>fluconazole tab 50 mg</b> .....	58
<b>flucytosine cap 250 mg</b> .....	58
<b>fludrocortisone acetate tab 0.1 mg</b>	
.....	105
<b>flunisolide nasal soln 25 mcg/act</b>	
<b>(0.025%)</b> .....	137
<b>fluocinolone acetonide</b>	
see CAPEX SHA 0.01%.....	111
<b>fluocinolone acetonide (otic) oil</b>	
<b>0.01%</b> .....	141
<b>fluocinolone acetonide cream</b>	
<b>0.01%</b> .....	111
<b>fluocinolone acetonide cream</b>	
<b>0.025%</b> .....	111
<b>fluocinolone acetonide oil 0.01%</b>	
<b>(body oil)</b> .....	111

<b>fluocinolone acetonide oil 0.01% (scalp oil)</b>	112
<b>fluocinolone acetonide oint 0.025%</b>	112
<b>fluocinolone acetonide soln 0.01%</b>	112
<b>fluocinonide cream 0.05%</b>	112
<b>fluocinonide emulsified base cream 0.05%</b>	112
<b>fluocinonide gel 0.05%</b>	112
<b>fluocinonide oint 0.05%</b>	112
<b>fluocinonide soln 0.05%</b>	112
Fluoritab	
see sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	131
see sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	131
see sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	131
see sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	131
<b>fluorometholone (ophth)</b>	
see FML FORTE SUS 0.25% OP	140
see FML OIN 0.1% OP	140
<b>fluorometholone ophth susp 0.1%</b>	140
<b>fluorouracil (topical)</b>	
see TOLAK CRE 4%	110
<b>fluorouracil cream 5%</b>	109
<b>fluorouracil soln 2%</b>	109
<b>fluorouracil soln 5%</b>	109
<b>fluoxetine hcl cap 10 mg</b>	49
<b>fluoxetine hcl cap 20 mg</b>	49
<b>fluoxetine hcl cap 40 mg</b>	49
<b>fluoxetine hcl cap delayed release 90 mg</b>	49
<b>fluoxetine hcl solution 20 mg/5ml</b>	49
<b>fluoxetine hcl tab 10 mg</b>	49
<b>fluoxetine hcl tab 20 mg</b>	49
<b>fluphenazine hcl elixir 2.5 mg/5ml</b>	79
<b>fluphenazine hcl oral conc 5 mg/ml</b>	79
<b>fluphenazine hcl tab 1 mg</b>	79
<b>fluphenazine hcl tab 10 mg</b>	80
<b>fluphenazine hcl tab 2.5 mg</b>	79
<b>fluphenazine hcl tab 5 mg</b>	80
Flura-drops	
see sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)	131
<b>flurandrenolide cream 0.05%</b>	112
<b>flurandrenolide lotion 0.05%</b>	112
<b>flurazepam hcl cap 15 mg</b>	127
<b>flurazepam hcl cap 30 mg</b>	127
<b>flurbiprofen sodium ophth soln 0.03%</b>	141
<b>flurbiprofen tab 100 mg</b>	22
<b>flurbiprofen tab 50 mg</b>	22
<b>flutamide cap 125 mg</b>	71
<b>fluticasone furoate (inhalation)</b>	
see ARNUITY ELPT INH 100MCG	40
see ARNUITY ELPT INH 200MCG	40
see ARNUITY ELPT INH 50MCG	40
<b>fluticasone furoate-vilanterol</b>	
see BREO ELLIPTA INH 100-25	41
see BREO ELLIPTA INH 200-25	41
<b>fluticasone propionate (inhalation)</b>	
see FLOVENT DISK AER 100MCG	40
see FLOVENT DISK AER 250MCG	40
see FLOVENT DISK AER 50MCG	40
<b>fluticasone propionate cream 0.05%</b>	112
<b>fluticasone propionate hfa</b>	
see FLOVENT HFA AER 110MCG	40
see FLOVENT HFA AER 220MCG	40
see FLOVENT HFA AER 44MCG	40
<b>fluticasone propionate lotion 0.05%</b>	112
<b>fluticasone propionate nasal susp 50 mcg/act</b>	137
<b>fluticasone propionate oint 0.005%</b>	112
<b>fluticasone-salmeterol</b>	
see ADVAIR DISKU AER 100/50	41
see ADVAIR DISKU AER 250/50	41
see ADVAIR DISKU AER 500/50	41
see ADVAIR HFA AER 115/21	41
see ADVAIR HFA AER 230/21	41
see ADVAIR HFA AER 45/21	41
<b>fluticasone-umeclidinium-vilanterol</b>	
see TRELEGY AER ELLIPTA	42

**fluvastatin sodium cap 20 mg (base equivalent)** .....61  
**fluvastatin sodium cap 40 mg (base equivalent)** .....61  
**fluvastatin sodium tab er 24 hr 80 mg (base equivalent)** .....61  
**fluvoxamine maleate cap er 24hr 100 mg** .....49  
**fluvoxamine maleate cap er 24hr 150 mg** .....49  
**fluvoxamine maleate tab 100 mg** 49  
**fluvoxamine maleate tab 25 mg** ..49  
**fluvoxamine maleate tab 50 mg** ..49  
 FML FORTE SUS 0.25% OP ..... 140  
 FML OIN 0.1% OP ..... 140  
 Folate  
     see folic acid tab 400 mcg ..... 124  
**folic acid cap 0.8 mg**..... 124  
**folic acid tab 1 mg**..... 124  
**folic acid tab 400 mcg** ..... 124  
**folic acid tab 800 mcg** ..... 125  
**formoterol fumarate**  
     see PERFOROMIST NEB 20MCG ....42  
**fosamprenavir calcium tab 700 mg (base equiv)** .....82  
**fosfomycin tromethamine powd pack 3 gm (base equivalent)** ....36  
**fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg** .....66  
**fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg** .....66  
**fosinopril sodium tab 10 mg**.....62  
**fosinopril sodium tab 20 mg**.....62  
**fosinopril sodium tab 40 mg**.....63  
**frovatriptan succinate tab 2.5 mg (base equivalent)** ..... 130  
**furosemide oral soln 10 mg/ml** . 115  
**furosemide oral soln 8 mg/ml** ... 115  
**furosemide tab 20 mg** ..... 115  
**furosemide tab 40 mg** ..... 116  
**furosemide tab 80 mg** ..... 116  
 Fyavolv  
     see norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg ... 118

    see norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg ..... 119  
 FYCOMPA SUS 0.5MG/ML .....43  
 FYCOMPA TAB 10MG.....43  
 FYCOMPA TAB 12MG.....43  
 FYCOMPA TAB 2MG .....43  
 FYCOMPA TAB 4MG .....43  
 FYCOMPA TAB 6MG .....43  
 FYCOMPA TAB 8MG .....43

## G

**gabapentin (once-daily)**  
     see GRALISE TAB 300MG ..... 146  
     see GRALISE TAB 600MG ..... 146  
**gabapentin cap 100 mg** .....44  
**gabapentin cap 300 mg** .....44  
**gabapentin cap 400 mg** .....44  
**gabapentin oral soln 250 mg/5ml** .....44  
**gabapentin tab 600 mg** .....44  
**gabapentin tab 800 mg** .....44  
**galantamine hydrobromide cap er 24hr 16 mg**..... 144  
**galantamine hydrobromide cap er 24hr 24 mg**..... 144  
**galantamine hydrobromide cap er 24hr 8 mg**..... 144  
**galantamine hydrobromide oral soln 4 mg/ml**..... 144  
**galantamine hydrobromide tab 12 mg** ..... 144  
**galantamine hydrobromide tab 4 mg** ..... 144  
**galantamine hydrobromide tab 8 mg** ..... 144  
**gatifloxacin ophth soln 0.5%** .... 139  
 Gavilyte-g  
     see peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm ..... 128  
 Gavilyte-h  
     see bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit..... 127  
 Gavilyte-n/flavor Pack  
     see peg 3350-kcl-sod bicarb-nacl for soln 420 gm..... 128  
**gefitinib**  
     see IRESSA TAB 250MG .....73  
**gemfibrozil tab 600 mg** .....60

Gemmily	
see norethindrone ace-ethinyl	
estradiol-fe cap 1 mg-20 mcg (24)	
.....	100
Generlac	
see <b><i>lactulose (encephalopathy)</i></b>	
<b><i>solution 10 gm/15ml</i></b> .....	122
Gengraf	
see cyclosporine modified cap 25 mg	
.....	133
see cyclosporine modified oral soln	
100 mg/ml.....	134
Gentak	
see gentamicin sulfate ophth oint	
0.3%.....	139
<b><i>gentamicin sulfate cream 0.1%</i></b> .....	108
<b><i>gentamicin sulfate oint 0.1%</i></b> ....	108
gentamicin sulfate ophth oint 0.3%	139
<b><i>gentamicin sulfate ophth soln</i></b>	
<b><i>0.3%</i></b> .....	139
GENVOYA TAB .....	82
Gianvi	
see drospirenone-ethinyl estradiol	
tab 3-0.02 mg.....	94
GILENYA CAP 0.5MG .....	146
<b><i>gilteritinib fumarate</i></b>	
see XOSPATA TAB 40MG .....	74
<b><i>glimepiride tab 1 mg</i></b> .....	56
<b><i>glimepiride tab 2 mg</i></b> .....	56
<b><i>glimepiride tab 4 mg</i></b> .....	56
<b><i>glipizide tab 10 mg</i></b> .....	56
<b><i>glipizide tab 5 mg</i></b> .....	56
<b><i>glipizide tab er 24hr 10 mg</i></b> .....	56
<b><i>glipizide tab er 24hr 2.5 mg</i></b> .....	56
<b><i>glipizide tab er 24hr 5 mg</i></b> .....	56
Glipizide XI	
see glipizide tab er 24hr 2.5 mg ....	56
<b><i>glipizide-metformin hcl tab 2.5-250</i></b>	
<b><i>mg</i></b> .....	52
<b><i>glipizide-metformin hcl tab 2.5-500</i></b>	
<b><i>mg</i></b> .....	52
<b><i>glipizide-metformin hcl tab 5-500</i></b>	
<b><i>mg</i></b> .....	52
GLUCAGEN INJ HYPOKIT .....	54
<b><i>glucagon</i></b>	
see BAQSIMI ONE POW 3MG/DOSE	54
.....	54
see GVOKE HYPO 1 INJ .5/.1ML.....	54
see GVOKE HYPO 1 INJ 1MG/.2ML	54
see GVOKE HYPO 2 INJ .5/.1ML.....	54
see GVOKE HYPO 2 INJ 1MG/.2ML	54
see GVOKE PFS INJ .....	54
<b><i>glucagon hcl (rdna)</i></b>	
see GLUCAGEN INJ HYPOKIT.....	54
GLUCAGON KIT 1MG .....	54
<b><i>glyburide micronized tab 1.5 mg</i></b> .....	56
<b><i>glyburide micronized tab 3 mg</i></b> ....	56
<b><i>glyburide micronized tab 6 mg</i></b> ....	56
<b><i>glyburide tab 1.25 mg</i></b> .....	56
<b><i>glyburide tab 2.5 mg</i></b> .....	56
<b><i>glyburide tab 5 mg</i></b> .....	56
<b><i>glyburide-metformin tab 1.25-250</i></b>	
<b><i>mg</i></b> .....	52
<b><i>glyburide-metformin tab 2.5-500</i></b>	
<b><i>mg</i></b> .....	52
<b><i>glyburide-metformin tab 5-500 mg</i></b>	
.....	52
<b><i>glycopyrrolate tab 1 mg</i></b> .....	152
<b><i>glycopyrrolate tab 2 mg</i></b> .....	152
GLYXAMBI TAB 10-5 MG .....	52
GLYXAMBI TAB 25-5 MG .....	52
GRALISE TAB 300MG.....	146
GRALISE TAB 600MG.....	146
<b><i>granisetron</i></b>	
see SANCUSO DIS 3.1MG.....	57
<b><i>granisetron hcl tab 1 mg</i></b> .....	57
<b><i>grass mixed pollens allergen</i></b>	
<b><i>extract</i></b>	
see ORALAIR SUB 300 IR .....	21
GRASSTEK SUB 2800BAU.....	21
<b><i>griseofulvin microsize susp 125</i></b>	
<b><i>mg/5ml</i></b> .....	58
<b><i>griseofulvin microsize tab 500 mg</i></b>	
.....	58
<b><i>griseofulvin ultramicrosize tab 125</i></b>	
<b><i>mg</i></b> .....	58
<b><i>griseofulvin ultramicrosize tab 250</i></b>	
<b><i>mg</i></b> .....	58
<b><i>guanfacine hcl tab 1 mg</i></b> .....	64
<b><i>guanfacine hcl tab 2 mg</i></b> .....	64
<b><i>guanfacine hcl tab er 24hr 1 mg</i></b>	
<b><i>(base equiv)</i></b> .....	16

<b>guanfacine hcl tab er 24hr 2 mg (base equiv)</b>	16
<b>guanfacine hcl tab er 24hr 3 mg (base equiv)</b>	16
<b>guanfacine hcl tab er 24hr 4 mg (base equiv)</b>	16
GVOKE HYPO 1 INJ .5/.1ML	54
GVOKE HYPO 1 INJ 1MG/.2ML	54
GVOKE HYPO 2 INJ .5/.1ML	54
GVOKE HYPO 2 INJ 1MG/.2ML	54
GVOKE PFS INJ	54
<b>H</b>	
<b>halcinonide cream 0.1%</b>	112
<b>halobetasol propionate</b>	
see BRYHALI LOT 0.01%	111
<b>halobetasol propionate cream 0.05%</b>	112
<b>halobetasol propionate oint 0.05%</b>	112
Haloperidol	
see haloperidol sy 2mg/ml	78
<b>haloperidol lactate oral conc 2 mg/ml</b>	78
haloperidol sy 2mg/ml	78
<b>haloperidol tab 0.5 mg</b>	78
<b>haloperidol tab 1 mg</b>	78
<b>haloperidol tab 10 mg</b>	78
<b>haloperidol tab 2 mg</b>	78
<b>haloperidol tab 20 mg</b>	78
<b>haloperidol tab 5 mg</b>	78
HARVONI PAK	84
HARVONI PAK 45-200MG	84
HARVONI TAB 45-200MG	84
HARVONI TAB 90-400MG	84
Hidex 6-day	
see <b>dexamethasone tab therapy pack 1.5 mg (21)</b>	104
HUMULIN R INJ U-500	55
Hycodan	
see hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	105
<b>hydralazine hcl tab 10 mg</b>	68
<b>hydralazine hcl tab 100 mg</b>	68
<b>hydralazine hcl tab 25 mg</b>	68
<b>hydralazine hcl tab 50 mg</b>	68
<b>hydrochlorothiazide cap 12.5 mg</b>	116

<b>hydrochlorothiazide tab 12.5 mg</b>	116
<b>hydrochlorothiazide tab 25 mg</b>	116
<b>hydrochlorothiazide tab 50 mg</b>	116
<b>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</b>	105
<b>hydrocodone bitartrate cap er 12hr 10 mg</b>	25
<b>hydrocodone bitartrate cap er 12hr 15 mg</b>	25
<b>hydrocodone bitartrate cap er 12hr 20 mg</b>	25
<b>hydrocodone bitartrate cap er 12hr 30 mg</b>	25
<b>hydrocodone bitartrate cap er 12hr 40 mg</b>	25
<b>hydrocodone bitartrate cap er 12hr 50 mg</b>	25
<b>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</b>	105
<b>hydrocodone w/ homatropine tab 5-1.5 mg</b>	105
<b>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</b>	31
<b>hydrocodone-acetaminophen tab 10-300 mg</b>	31
<b>hydrocodone-acetaminophen tab 10-325 mg</b>	31
<b>hydrocodone-acetaminophen tab 5-300 mg</b>	31
<b>hydrocodone-acetaminophen tab 5-325 mg</b>	31
<b>hydrocodone-acetaminophen tab 7.5-300 mg</b>	31
<b>hydrocodone-acetaminophen tab 7.5-325 mg</b>	31
<b>hydrocodone-ibuprofen tab 10-200 mg</b>	31
<b>hydrocodone-ibuprofen tab 5-200 mg</b>	31
<b>hydrocodone-ibuprofen tab 7.5-200 mg</b>	31
<b>hydrocortisone (topical)</b>	
see TEXACORT SOL 2.5%	113
<b>hydrocortisone acetate (intrarectal)</b>	
see CORTIFOAM AER 90MG	34

<b>hydrocortisone acetate w/ pramoxine</b> see PROCTOFOAM AER HC 1% .....	34
<b>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</b> .....	34
<b>hydrocortisone butyrate cream 0.1%</b> .....	112
<b>hydrocortisone butyrate lotion 0.1%</b> .....	112
<b>hydrocortisone butyrate oint 0.1%</b> .....	112
<b>hydrocortisone butyrate soln 0.1%</b> .....	112
<b>hydrocortisone cream 1%</b> .....	112
<b>hydrocortisone cream 2.5%</b> .....	112
<b>hydrocortisone enema 100 mg/60ml</b> .....	34
<b>hydrocortisone lotion 2.5%</b> .....	112
<b>hydrocortisone oint 1%</b> .....	112
<b>hydrocortisone oint 2.5%</b> .....	112
<b>hydrocortisone perianal cream 1%</b> .....	34
<b>hydrocortisone perianal cream 2.5%</b> .....	34
<b>hydrocortisone tab 10 mg</b> .....	104
<b>hydrocortisone tab 20 mg</b> .....	104
<b>hydrocortisone tab 5 mg</b> .....	104
<b>hydrocortisone valerate cream 0.2%</b> .....	112
<b>hydrocortisone valerate oint 0.2%</b> .....	112
<b>hydrocortisone w/ acetic acid otic soln 1-2%</b> .....	142
<b>hydromorphone hcl liqd 1 mg/ml</b>	25
<b>hydromorphone hcl tab 2 mg</b> .....	25
<b>hydromorphone hcl tab 4 mg</b> .....	25
<b>hydromorphone hcl tab 8 mg</b> .....	25
<b>hydromorphone hcl tab er 24hr 12 mg</b> .....	25
<b>hydromorphone hcl tab er 24hr 16 mg</b> .....	26
<b>hydromorphone hcl tab er 24hr 32 mg</b> .....	26
<b>hydromorphone hcl tab er 24hr 8 mg</b> .....	25
<b>hydroxychloroquine sulfate tab 200 mg</b> .....	69
<b>hydroxyurea cap 500 mg</b> .....	74
<b>hydroxyzine hcl syrup 10 mg/5ml</b> .....	37
<b>hydroxyzine hcl tab 10 mg</b> .....	37
<b>hydroxyzine hcl tab 25 mg</b> .....	37
<b>hydroxyzine hcl tab 50 mg</b> .....	37
<b>hydroxyzine pamoate cap 100 mg</b> .....	37
<b>hydroxyzine pamoate cap 25 mg</b>	37
<b>hydroxyzine pamoate cap 50 mg</b>	37
<b>hyoscyamine sulfate elixir 0.125 mg/5ml</b> .....	152
<b>hyoscyamine sulfate sl tab 0.125 mg</b> .....	152
<b>hyoscyamine sulfate soln 0.125 mg/ml</b> .....	152
<b>hyoscyamine sulfate tab 0.125 mg</b> .....	152
<b>hyoscyamine sulfate tab disint 0.125 mg</b> .....	152
<b>hyoscyamine sulfate tab er 12hr 0.375 mg</b> .....	152
<b>I</b>	
<b>ibandronate sodium tab 150 mg (base equivalent)</b> .....	116
<b>IBRANCE CAP 100MG</b> .....	72
<b>IBRANCE CAP 125MG</b> .....	72
<b>IBRANCE CAP 75MG</b> .....	72
<b>IBRANCE TAB 100MG</b> .....	73
<b>IBRANCE TAB 125MG</b> .....	73
<b>IBRANCE TAB 75MG</b> .....	73
<b>Ibu</b>	
see ibuprofen tab 400 mg .....	22
see ibuprofen tab 600 mg .....	22
see ibuprofen tab 800 mg .....	22
<b>ibuprofen susp 100 mg/5ml</b> .....	22
<b>ibuprofen tab 400 mg</b> .....	22
<b>ibuprofen tab 600 mg</b> .....	22
<b>ibuprofen tab 800 mg</b> .....	22
<b>icosapent ethyl</b> see VASCEPA CAP 0.5GM .....	59
see VASCEPA CAP 1GM .....	60
<b>icosapent ethyl cap 1 gm</b> .....	59
<b>ILEVRO DRO 0.3% OP</b> .....	141

<b>imatinib mesylate tab 100 mg (base equivalent)</b>	73	see TRESIBA FLEX INJ 100UNIT	55
<b>imatinib mesylate tab 400 mg (base equivalent)</b>	73	see TRESIBA FLEX INJ 200UNIT	55
<b>imipramine hcl tab 10 mg</b>	51	see TRESIBA INJ 100UNIT	55
<b>imipramine hcl tab 25 mg</b>	51	<b>insulin degludec-liraglutide</b>	
<b>imipramine hcl tab 50 mg</b>	51	see XULTOPHY INJ 100/3.6	53
<b>imipramine pamoate cap 100 mg</b>	51	<b>insulin detemir</b>	
<b>imipramine pamoate cap 125 mg</b>	51	see LEVEMIR INJ	55
<b>imipramine pamoate cap 150 mg</b>	51	see LEVEMIR INJ FLEXTouc	55
<b>imipramine pamoate cap 75 mg</b>	51	<b>insulin glargine</b>	
<b>imiquimod</b>		see BASAGLAR INJ 100UNIT	54
see ZYCLARA PUMP CRE 2.5%	113	see TOUJEO MAX INJ 300IU/ML	55
<b>imiquimod cream 3.75%</b>	113	see TOUJEO SOLO INJ 300IU/ML	55
<b>imiquimod cream 5%</b>	113	<b>insulin glargine-lixisenatide</b>	
IMVEXXY MAIN SUP 10MCG	155	see SOLIQUA INJ 100/33	53
IMVEXXY MAIN SUP 4MCG	155	<b>insulin nph (human) (isophane)</b>	
IMVEXXY STRT SUP 10MCG	155	see NOVOLIN N INJ 100 UNIT	55
IMVEXXY STRT SUP 4MCG	155	see NOVOLIN N INJ U-100	55
Inatal Gt		<b>insulin nph isophane &amp; reg (human)</b>	
see prenatal vit w/ dss-iron carbonyl- fa tab 90-1 mg	136	see NOVOLIN INJ 70/30	55
INBRIJA CAP 42MG	75	see NOVOLIN INJ 70/30 FP	55
<b>indapamide tab 1.25 mg</b>	116	<b>insulin pen needle</b>	
<b>indapamide tab 2.5 mg</b>	116	see BD INSULIN PEN NEEDLES	129
<b>indomethacin cap 25 mg</b>	22	<b>insulin regular (human)</b>	
<b>indomethacin cap 50 mg</b>	22	see HUMULIN R INJ U-500	55
<b>indomethacin cap er 75 mg</b>	22	see NOVOLIN R INJ 100 UNIT	55
<b>ingenol mebutate</b>		see NOVOLIN R INJ U-100	55
see PICATO GEL 0.015%	110	<b>insulin syringe/needle u-100</b>	
see PICATO GEL 0.05%	110	see BD INSULIN SYRINGE	129
INGREZZA CAP 40-80MG	145	<b>insulin syringe/needle u-500</b>	
INGREZZA CAP 40MG	145	see BD U-500 MIS 31GX6MM	129
INGREZZA CAP 80MG	145	<b>insulin syringes (disposable)</b>	
<b>insulin aspart</b>		see BD INSULIN SYRINGE	129
see NOVOLOG INJ 100/ML	55	INTELENCE TAB 100MG	82
see NOVOLOG INJ FLEXPEN	55	INTELENCE TAB 200MG	82
see NOVOLOG INJ PENFILL	55	INTELENCE TAB 25MG	82
<b>insulin aspart (with niacinamide)</b>		Introvale	
see FIASP FLEX INJ TOUCH	54	see levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	96
see FIASP INJ 100/ML	54	<b>ipratropium bromide inhal soln 0.02%</b>	39
see FIASP PENFIL INJ U-100	55	<b>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</b>	137
<b>insulin aspart protamine &amp; aspart (human)</b>		<b>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</b>	137
see NOVOLOG MIX INJ 70/30	55	<b>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</b>	41
see NOVOLOG MIX INJ FLEXPEN	55		
<b>insulin degludec</b>			

*irbesartan tab 150 mg* .....63  
*irbesartan tab 300 mg* .....63  
*irbesartan tab 75 mg* .....63  
*irbesartan-hydrochlorothiazide tab 150-12.5 mg* .....66  
*irbesartan-hydrochlorothiazide tab 300-12.5 mg* .....66  
IRESSA TAB 250MG .....73  
ISENTRESS CHW 100MG .....82  
ISENTRESS CHW 25MG .....82  
ISENTRESS HD TAB 600MG .....82  
ISENTRESS POW 100MG .....82  
ISENTRESS TAB 400MG .....82  
*isoniazid syrup 50 mg/5ml* .....69  
*isoniazid tab 100 mg* .....69  
*isoniazid tab 300 mg* .....69  
*isosorbide dinitrate tab 10 mg* ....36  
*isosorbide dinitrate tab 20 mg* ....36  
*isosorbide dinitrate tab 30 mg* ....36  
*isosorbide dinitrate tab 5 mg* .....36  
*isosorbide dinitrate-hydralazine hcl*  
see BIDIL TAB.....90  
*isosorbide mononitrate tab 10 mg*  
.....36  
*isosorbide mononitrate tab 20 mg*  
.....36  
*isosorbide mononitrate tab er 24hr 120 mg* .....36  
*isosorbide mononitrate tab er 24hr 30 mg* .....36  
*isosorbide mononitrate tab er 24hr 60 mg* .....36  
*isotretinoin cap 10 mg* .....107  
*isotretinoin cap 20 mg* .....107  
*isotretinoin cap 30 mg* .....107  
*isotretinoin cap 40 mg* .....107  
*isradipine cap 2.5 mg* .....89  
*isradipine cap 5 mg* .....89  
*itraconazole cap 100 mg* .....58  
*itraconazole oral soln 10 mg/ml* .58  
*ivabradine hcl*  
see CORLANOR TAB 5MG.....92  
see CORLANOR TAB 7.5MG .....92  
*ivermectin (rosacea)*  
see SOOLANTRA CRE 1% .....114  
*ivermectin tab 3 mg* .....34  
*ixazomib citrate*

see NINLARO CAP 2.3MG.....73  
see NINLARO CAP 3MG .....73  
see NINLARO CAP 4MG .....73

## J

Jantoven

see warfarin sodium tab 1 mg . 42, 43  
JANUMET TAB 50-1000 .....52  
JANUMET TAB 50-500MG .....52  
JANUMET XR TAB 100-1000.....53  
JANUMET XR TAB 50-1000 .....52  
JANUMET XR TAB 50-500MG.....52  
JANUVIA TAB 100MG .....54  
JANUVIA TAB 25MG.....54  
JANUVIA TAB 50MG.....54  
JARDIANCE TAB 10MG .....56  
JARDIANCE TAB 25MG .....56

## K

Kaitlib Fe

see norethindrone & ethinyl  
estradiol-fe chew tab 0.8 mg-25  
mcg .....98  
KALETRA TAB 100-25MG.....82  
KALETRA TAB 200-50MG.....82  
Kelnor 1/35  
see ethynodiol diacetate & ethinyl  
estradiol tab 1 mg-35 mcg.....95  
Kelnor 1/50

see **ethynodiol diacetate & ethinyl  
estradiol tab 1 mg-50 mcg**.....95  
**ketoconazole cream 2%** .....109  
**ketoconazole shampoo 2%** .....109  
**ketoconazole tab 200 mg** .....58  
**ketoprofen cap 50 mg** .....22  
**ketoprofen cap 75 mg** .....22  
**ketorolac tromethamine ophth soln 0.4%** .....141  
**ketorolac tromethamine ophth soln 0.5%** .....141  
**ketorolac tromethamine tab 10 mg**  
.....22

Kionex

see sodium polystyrene sulfonate  
oral susp 15 gm/60ml .....134  
KISQALI 200 PAK FEMARA.....71  
KISQALI 400 PAK FEMARA.....71  
KISQALI 600 PAK FEMARA.....71  
KISQALI TAB 200DOSE .....73



KISQALI TAB 400DOSE .....	73	see TEMIXYS TAB 300-300 .....	83
KISQALI TAB 600DOSE .....	73	<b>lamivudine-zidovudine tab 150-300 mg</b> .....	82
Klor-con		<b>lamotrigine orally disintegrating tab 100 mg</b> .....	44
see potassium chloride powder packet 20 meq .....	132	<b>lamotrigine orally disintegrating tab 200 mg</b> .....	45
Klor-con 10		<b>lamotrigine orally disintegrating tab 25 mg</b> .....	44
see potassium chloride tab er 10 meq .....	132	<b>lamotrigine orally disintegrating tab 50 mg</b> .....	44
Klor-con 8		<b>lamotrigine tab 100 mg</b> .....	45
see potassium chloride tab er 8 meq (600 mg) .....	132	<b>lamotrigine tab 150 mg</b> .....	45
Klor-con M10		<b>lamotrigine tab 200 mg</b> .....	45
see potassium chloride microencapsulated crys er tab 10 meq .....	132	<b>lamotrigine tab 25 mg</b> .....	45
Klor-con Sprinkle		<b>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</b> .....	45
see potassium chloride cap er 8 meq .....	132	<b>lamotrigine tab 35 x 25 mg starter kit</b> .....	45
<b>L</b>		<b>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</b> .....	45
<b>labetalol hcl tab 100 mg</b> .....	85	<b>lamotrigine tab chewable dispersible 25 mg</b> .....	45
<b>labetalol hcl tab 200 mg</b> .....	85	<b>lamotrigine tab chewable dispersible 5 mg</b> .....	45
<b>labetalol hcl tab 300 mg</b> .....	86	<b>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</b> .....	45
<b>lacosamide</b>		<b>lamotrigine tab er 24hr 100 mg</b> ..	45
see VIMPAT SOL 10MG/ML .....	46	<b>lamotrigine tab er 24hr 200 mg</b> ..	45
see VIMPAT TAB 100MG .....	47	<b>lamotrigine tab er 24hr 25 mg</b> ....	45
see VIMPAT TAB 150MG .....	47	<b>lamotrigine tab er 24hr 250 mg</b> ..	45
see VIMPAT TAB 200MG .....	47	<b>lamotrigine tab er 24hr 300 mg</b> ..	45
see VIMPAT TAB 50MG .....	46	<b>lamotrigine tab er 24hr 50 mg</b> ....	45
<b>lactic acid (ammonium lactate) cream 12%</b> .....	113	LANOXIN TAB 0.0625MG .....	90
<b>lactic acid (ammonium lactate) lotion 10%</b> .....	113	<b>lansoprazole cap delayed release 15 mg</b> .....	153
<b>lactic acid (ammonium lactate) lotion 12%</b> .....	113	<b>lansoprazole cap delayed release 30 mg</b> .....	153
lactobacillus cap .....	56	<b>lansoprazole tab delayed release orally disintegrating 15 mg</b> ....	153
Lactojen		<b>lansoprazole tab delayed release orally disintegrating 30 mg</b> ....	153
see lactobacillus cap .....	56	<b>lapatinib ditosylate tab 250 mg (base equiv)</b> .....	73
<b>lactulose (encephalopathy) solution 10 gm/15ml</b> .....	122	<b>lasmiditan succinate</b>	
<b>lactulose solution 10 gm/15ml</b> ..	128	see REYVOW TAB 100MG .....	130
<b>lamivudine oral soln 10 mg/ml</b> ...	82	see REYVOW TAB 50MG .....	130
<b>lamivudine tab 100 mg (hbv)</b> .....	84		
<b>lamivudine tab 150 mg</b> .....	82		
<b>lamivudine tab 300 mg</b> .....	82		
<b>lamivudine-tenofovir disoproxil fumarate</b>			
see CIMDUO TAB 300-300 .....	81		

LASTACRAFT SOL 0.25%.....	141	<b>levetiracetam tab er 24hr 750 mg</b>	
<b>latanoprost ophth soln 0.005%</b>	141	.....	45
LATUDA TAB 120MG .....	77	<b>levobunolol hcl ophth soln 0.5%</b>	
LATUDA TAB 20MG .....	77	.....	138
LATUDA TAB 40MG .....	77	<b>levocarnitine oral soln 1 gm/10ml</b>	
LATUDA TAB 60MG .....	77	<b>(10%)</b> .....	117
LATUDA TAB 80MG .....	77	<b>levocarnitine tab 330 mg</b> .....	117
<b>ledipasvir-sofosbuvir</b>		<b>levocetirizine dihydrochloride soln</b>	
see HARVONI PAK .....	84	<b>2.5 mg/5ml (0.5 mg/ml)</b> .....	59
see HARVONI PAK 45-200MG.....	84	<b>levocetirizine dihydrochloride tab 5</b>	
see HARVONI TAB 45-200MG.....	84	<b>mg</b> .....	59
see HARVONI TAB 90-400MG.....	84	<b>levodopa</b>	
<b>leflunomide tab 10 mg</b> .....	23	see INBRIJA CAP 42MG .....	75
<b>leflunomide tab 20 mg</b> .....	23	<b>levofloxacin ophth soln 0.5%</b> ....	139
<b>lenalidomide</b>		<b>levofloxacin oral soln 25 mg/ml</b>	120
see REVLIMID CAP 10MG.....	133	<b>levofloxacin tab 250 mg</b> .....	121
see REVLIMID CAP 15MG.....	133	<b>levofloxacin tab 500 mg</b> .....	121
see REVLIMID CAP 2.5MG.....	133	<b>levofloxacin tab 750 mg</b> .....	121
see REVLIMID CAP 20MG.....	133	<b>levonor-eth est tab 0.15-</b>	
see REVLIMID CAP 25MG.....	133	<b>0.02/0.025/0.03 mg &amp;eth est</b>	
see REVLIMID CAP 5MG .....	133	<b>0.01 mg</b> .....	95
<b>letrozole tab 2.5 mg</b> .....	71	<b>levonorgestrel &amp; ethinyl estradiol</b>	
<b>leucovorin calcium tab 10 mg</b> .....	74	<b>(91-day) tab 0.15-0.03 mg</b> .....	96
<b>leucovorin calcium tab 15 mg</b> .....	74	<b>levonorgestrel &amp; ethinyl estradiol</b>	
<b>leucovorin calcium tab 25 mg</b> .....	74	<b>tab 0.1 mg-20 mcg</b> .....	96
<b>leucovorin calcium tab 5 mg</b> .....	74	<b>levonorgestrel &amp; ethinyl estradiol</b>	
LEUKERAN TAB 2MG .....	70	<b>tab 0.15 mg-30 mcg</b> .....	97
<b>levalbuterol hcl soln nebu 0.31</b>		<b>levonorgestrel tab 1.5 mg</b> .....	103
<b>mg/3ml (base equiv)</b> .....	42	<b>levonorgestrel-eth estra tab 0.05-</b>	
<b>levalbuterol hcl soln nebu 0.63</b>		<b>30/0.075-40/0.125-30mg-mcg</b>	97
<b>mg/3ml (base equiv)</b> .....	42	<b>levonorgestrel-ethinyl estradiol</b>	
<b>levalbuterol hcl soln nebu 1.25</b>		<b>(continuous) tab 90-20 mcg</b> ....	97
<b>mg/3ml (base equiv)</b> .....	42	<b>levonorg-eth est tab 0.1-</b>	
<b>levalbuterol hcl soln nebu conc</b>		<b>0.02mg(84) &amp; eth est tab</b>	
<b>1.25 mg/0.5ml (base equiv)</b> .....	42	<b>0.01mg(7)</b> .....	95
<b>levalbuterol tartrate inhal aerosol</b>		<b>levonorg-eth est tab 0.15-</b>	
<b>45 mcg/act (base equiv)</b> .....	42	<b>0.03mg(84) &amp; eth est tab</b>	
LEVEMIR INJ .....	55	<b>0.01mg(7)</b> .....	95, 96
LEVEMIR INJ FLEXTUOC .....	55	<b>levothyroxine sodium</b>	
<b>levetiracetam oral soln 100 mg/ml</b>		see SYNTHROID TAB 100MCG ....	151
.....	45	see SYNTHROID TAB 112MCG ....	151
<b>levetiracetam tab 1000 mg</b> .....	45	see SYNTHROID TAB 125MCG ....	151
<b>levetiracetam tab 250 mg</b> .....	45	see SYNTHROID TAB 137MCG ....	151
<b>levetiracetam tab 500 mg</b> .....	45	see SYNTHROID TAB 150MCG ....	151
<b>levetiracetam tab 750 mg</b> .....	45	see SYNTHROID TAB 175MCG ....	151
<b>levetiracetam tab er 24hr 500 mg</b>		see SYNTHROID TAB 200MCG ....	151
.....	45	see SYNTHROID TAB 25MCG.....	151

see SYNTHROID TAB 300MCG ..... 151  
 see SYNTHROID TAB 50MCG ..... 151  
 see SYNTHROID TAB 75MCG ..... 151  
 see SYNTHROID TAB 88MCG ..... 151  
**levothyroxine sodium tab 100 mcg**  
 ..... 149  
**levothyroxine sodium tab 112 mcg**  
 ..... 149  
**levothyroxine sodium tab 125 mcg**  
 ..... 149  
**levothyroxine sodium tab 137 mcg**  
 ..... 150  
**levothyroxine sodium tab 150 mcg**  
 ..... 150  
**levothyroxine sodium tab 175 mcg**  
 ..... 150  
**levothyroxine sodium tab 200 mcg**  
 ..... 150  
**levothyroxine sodium tab 25 mcg**  
 ..... 148  
**levothyroxine sodium tab 300 mcg**  
 ..... 150  
**levothyroxine sodium tab 50 mcg**  
 ..... 148  
**levothyroxine sodium tab 75 mcg**  
 ..... 149  
**levothyroxine sodium tab 88 mcg**  
 ..... 149  
 lidocaine hcl cream 3% ..... 113  
 lidocaine hcl gel 2% ..... 113  
**lidocaine hcl lotion 3%** ..... 114  
**lidocaine hcl soln 4%** ..... 114  
**lidocaine hcl viscous soln 2%** .... 135  
**lidocaine oint 5%** ..... 114  
**lidocaine patch 5%** ..... 114  
**lidocaine-hydrocortisone acetate**  
**cream 1-1%** ..... 112  
**lidocaine-prilocaine cream 2.5-**  
**2.5%** ..... 114  
 Lidopin  
 see lidocaine hcl cream 3% ..... 113  
**lifitegrast**  
 see XIIDRA DRO 5% ..... 139  
**linaclotide**  
 see LINZESS CAP 145MCG ..... 122  
 see LINZESS CAP 290MCG ..... 122  
 see LINZESS CAP 72MCG ..... 122

**lindane shampoo 1%** ..... 114  
**linezolid for susp 100 mg/5ml** .... 35  
**linezolid tab 600 mg** ..... 35  
 LINZESS CAP 145MCG ..... 122  
 LINZESS CAP 290MCG ..... 122  
 LINZESS CAP 72MCG ..... 122  
**liothyronine sodium tab 25 mcg** 151  
**liothyronine sodium tab 5 mcg** .. 151  
**liothyronine sodium tab 50 mcg** 151  
**liraglutide**  
 see VICTOZA INJ 18MG/3ML ..... 54  
**lisdexamphetamine dimesylate**  
 see VYVANSE CAP 10MG ..... 14  
 see VYVANSE CAP 20MG ..... 14  
 see VYVANSE CAP 30MG ..... 14  
 see VYVANSE CAP 40MG ..... 14  
 see VYVANSE CAP 50MG ..... 14  
 see VYVANSE CAP 60MG ..... 14  
 see VYVANSE CAP 70MG ..... 14  
 see VYVANSE CHW 10MG ..... 14  
 see VYVANSE CHW 20MG ..... 15  
 see VYVANSE CHW 30MG ..... 15  
 see VYVANSE CHW 40MG ..... 15  
 see VYVANSE CHW 50MG ..... 15  
 see VYVANSE CHW 60MG ..... 15  
**lisinopril & hydrochlorothiazide tab**  
**10-12.5 mg** ..... 66  
**lisinopril & hydrochlorothiazide tab**  
**20-12.5 mg** ..... 66  
**lisinopril & hydrochlorothiazide tab**  
**20-25 mg** ..... 66  
**lisinopril tab 10 mg** ..... 63  
**lisinopril tab 2.5 mg** ..... 63  
**lisinopril tab 20 mg** ..... 63  
**lisinopril tab 30 mg** ..... 63  
**lisinopril tab 40 mg** ..... 63  
**lisinopril tab 5 mg** ..... 63  
**lithium carbonate cap 150 mg** ..... 77  
**lithium carbonate cap 300 mg** ..... 77  
**lithium carbonate cap 600 mg** ..... 77  
**lithium carbonate tab 300 mg** ..... 77  
**lithium carbonate tab er 300 mg** . 77  
**lithium carbonate tab er 450 mg** . 77  
 LO LOESTRIN TAB 1-10-10 ..... 97  
 LOKELMA PAK 10GM ..... 134  
 LOKELMA PAK 5GM ..... 134  
**loperamide hcl cap 2 mg** ..... 56

<b>lopinavir-ritonavir</b>	
see KALETRA TAB 100-25MG .....	82
see KALETRA TAB 200-50MG .....	82
<b>lopinavir-ritonavir soln 400-100</b>	
<b>mg/5ml (80-20 mg/ml)</b> .....	82
<b>lorazepam conc 2 mg/ml</b> .....	38
<b>lorazepam tab 0.5 mg</b> .....	38
<b>lorazepam tab 1 mg</b> .....	38
<b>lorazepam tab 2 mg</b> .....	38
<b>losartan potassium &amp;</b>	
<b>hydrochlorothiazide tab 100-12.5</b>	
<b>mg</b> .....	66
<b>losartan potassium &amp;</b>	
<b>hydrochlorothiazide tab 100-25</b>	
<b>mg</b> .....	66
<b>losartan potassium &amp;</b>	
<b>hydrochlorothiazide tab 50-12.5</b>	
<b>mg</b> .....	66
<b>losartan potassium tab 100 mg</b> .....	63
<b>losartan potassium tab 25 mg</b> .....	63
<b>losartan potassium tab 50 mg</b> .....	63
<b>loteprednol etabonate ophth susp</b>	
<b>0.5%</b> .....	140
<b>lovastatin tab 10 mg</b> .....	61
<b>lovastatin tab 20 mg</b> .....	61
<b>lovastatin tab 40 mg</b> .....	61
<b>loxapine succinate cap 10 mg</b> .....	78
<b>loxapine succinate cap 25 mg</b> .....	78
<b>loxapine succinate cap 5 mg</b> .....	78
<b>loxapine succinate cap 50 mg</b> .....	78
<b>luliconazole cream 1%</b> .....	109
<b>LUMIGAN SOL 0.01%</b> .....	141
<b>lurasidone hcl</b>	
see LATUDA TAB 120MG .....	77
see LATUDA TAB 20MG .....	77
see LATUDA TAB 40MG .....	77
see LATUDA TAB 60MG .....	77
see LATUDA TAB 80MG .....	77
<b>lusutrombopag</b>	
see MULPLETA TAB 3MG .....	126
<b>LYNPARZA TAB 100MG</b> .....	73
<b>LYNPARZA TAB 150MG</b> .....	73
<b>LYSODREN TAB 500MG</b> .....	71
<b>M</b>	
<b>macitentan</b>	
see OPSUMIT TAB 10MG .....	91

<b>mafenide acetate packet for topical</b>	
<b>soln 5% (50 gm)</b> .....	110
<b>malathion lotion 0.5%</b> .....	114
<b>maprotiline hcl tab 25 mg</b> .....	48
<b>maprotiline hcl tab 50 mg</b> .....	48
<b>maprotiline hcl tab 75 mg</b> .....	48
<b>MATULANE CAP 50MG</b> .....	74
<b>MAXIDEX SUS 0.1% OP</b> .....	140
<b>MAYZENT TAB 0.25MG</b> .....	146
<b>MAYZENT TAB 2MG</b> .....	146
<b>mebendazole</b>	
see EMVERM CHW 100MG .....	34
<b>meclizine hcl tab 12.5 mg</b> .....	57
<b>meclizine hcl tab 25 mg</b> .....	57
<b>meclofenamate sodium cap 100 mg</b>	
.....	22
<b>meclofenamate sodium cap 50 mg</b>	
.....	22
<b>MEDROL TAB 2MG</b> .....	104
<b>medroxyprogesterone acetate tab</b>	
<b>10 mg</b> .....	143
<b>medroxyprogesterone acetate tab</b>	
<b>2.5 mg</b> .....	143
<b>medroxyprogesterone acetate tab</b>	
<b>5 mg</b> .....	143
<b>mefenamic acid cap 250 mg</b> .....	22
<b>mefloquine hcl tab 250 mg</b> .....	69
<b>megestrol acetate susp 40 mg/ml</b>	
.....	71
<b>megestrol acetate susp 625</b>	
<b>mg/5ml</b> .....	143
<b>megestrol acetate tab 20 mg</b> .....	71
<b>megestrol acetate tab 40 mg</b> .....	71
<b>Melodetta 24 Fe</b>	
see norethindrone ace-eth estradiol-	
fe chew tab 1 mg-20 mcg (24) .	100
<b>meloxicam tab 15 mg</b> .....	23
<b>meloxicam tab 7.5 mg</b> .....	22
<b>melfalan tab 2 mg</b> .....	70
<b>memantine hcl cap er 24hr 14 mg</b>	
.....	144
<b>memantine hcl cap er 24hr 21 mg</b>	
.....	144
<b>memantine hcl cap er 24hr 28 mg</b>	
.....	144
<b>memantine hcl cap er 24hr 7 mg</b>	
.....	144

<b>memantine hcl oral solution 2 mg/ml</b>	144
<b>memantine hcl tab 10 mg</b>	144
<b>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</b>	144
<b>memantine hcl tab 5 mg</b>	144
<b>memantine hcl-donepezil hcl</b>	
see NAMZARIC CAP	144
see NAMZARIC CAP 14-10MG	144
see NAMZARIC CAP 21-10MG	144
see NAMZARIC CAP 28-10MG	144
see NAMZARIC CAP 7-10MG	144
<b>meperidine hcl oral soln 50 mg/5ml</b>	26
<b>meperidine hcl tab 50 mg</b>	26
<b>meprobamate tab 200 mg</b>	37
<b>meprobamate tab 400 mg</b>	37
<b>mercaptopurine tab 50 mg</b>	70
<b>mesalamine</b>	
see PENTASA CAP 250MG CR	121
see PENTASA CAP 500MG CR	121
<b>mesalamine cap dr 400 mg</b>	121
<b>mesalamine cap er 24hr 0.375 gm</b>	121
<b>mesalamine enema 4 gm</b>	121
<b>mesalamine suppos 1000 mg</b>	121
<b>mesalamine tab delayed release 1.2 gm</b>	121
<b>mesalamine tab delayed release 800 mg</b>	121
Metadate Er	
see <b>methylphenidate hcl tab er 20 mg</b>	20
<b>metaxalone tab 800 mg</b>	136
<b>metformin hcl oral soln 500 mg/5ml</b>	53
<b>metformin hcl tab 1000 mg</b>	54
<b>metformin hcl tab 500 mg</b>	54
<b>metformin hcl tab 850 mg</b>	54
<b>metformin hcl tab er 24hr 500 mg</b>	54
<b>metformin hcl tab er 24hr 750 mg</b>	54
<b>methadone hcl conc 10 mg/ml</b>	26
Methadone Hcl Intensol	
see methadone hcl conc 10 mg/ml	26
<b>methadone hcl soln 10 mg/5ml</b>	26
<b>methadone hcl soln 5 mg/5ml</b>	26
<b>methadone hcl tab 10 mg</b>	26
<b>methadone hcl tab 5 mg</b>	26
<b>methadone hcl tab for oral susp 40 mg</b>	26
Methadose	
see methadone hcl tab for oral susp 40 mg	26
<b>methamphetamine hcl tab 5 mg</b>	13
<b>methazolamide tab 25 mg</b>	115
<b>methazolamide tab 50 mg</b>	115
<b>methenamine hippurate tab 1 gm</b>	36
<b>methenamine mandelate tab 0.5 gm</b>	36
Methergine	
see <b>methylergonovine maleate tab 0.2 mg</b>	142
<b>methimazole tab 10 mg</b>	148
<b>methimazole tab 5 mg</b>	148
<b>methocarbamol tab 500 mg</b>	136
<b>methocarbamol tab 750 mg</b>	136
<b>methotrexate sodium</b>	
see TREXALL TAB 10MG	70
see TREXALL TAB 15MG	70
see TREXALL TAB 5MG	70
see TREXALL TAB 7.5MG	70
<b>methotrexate sodium tab 2.5 mg (base equiv)</b>	70
<b>methoxsalen rapid cap 10 mg</b>	110
<b>methscopolamine bromide tab 2.5 mg</b>	152
<b>methscopolamine bromide tab 5 mg</b>	152
<b>methyldopa &amp; hydrochlorothiazide tab 250-15 mg</b>	66
<b>methyldopa &amp; hydrochlorothiazide tab 250-25 mg</b>	67
<b>methyldopa tab 250 mg</b>	64
<b>methyldopa tab 500 mg</b>	64
<b>methylergonovine maleate tab 0.2 mg</b>	142
<b>methylphenidate hcl cap er 10 mg (cd)</b>	17
<b>methylphenidate hcl cap er 20 mg (cd)</b>	18

<b>methylphenidate hcl cap er 24hr 10 mg (la)</b>	18
<b>methylphenidate hcl cap er 24hr 10 mg (xr)</b>	18
<b>methylphenidate hcl cap er 24hr 15 mg (xr)</b>	18
<b>methylphenidate hcl cap er 24hr 20 mg (la)</b>	18
<b>methylphenidate hcl cap er 24hr 20 mg (xr)</b>	18
<b>methylphenidate hcl cap er 24hr 30 mg (la)</b>	18
<b>methylphenidate hcl cap er 24hr 30 mg (xr)</b>	18
<b>methylphenidate hcl cap er 24hr 40 mg (la)</b>	18
<b>methylphenidate hcl cap er 24hr 40 mg (xr)</b>	18
<b>methylphenidate hcl cap er 24hr 50 mg (xr)</b>	18
<b>methylphenidate hcl cap er 24hr 60 mg (la)</b>	19
<b>methylphenidate hcl cap er 24hr 60 mg (xr)</b>	19
<b>methylphenidate hcl cap er 30 mg (cd)</b>	19
<b>methylphenidate hcl cap er 40 mg (cd)</b>	19
<b>methylphenidate hcl cap er 50 mg (cd)</b>	19
<b>methylphenidate hcl cap er 60 mg (cd)</b>	19
<b>methylphenidate hcl chew tab 10 mg</b>	19
<b>methylphenidate hcl chew tab 2.5 mg</b>	19
<b>methylphenidate hcl chew tab 5 mg</b>	19
<b>methylphenidate hcl soln 10 mg/5ml</b>	19
<b>methylphenidate hcl soln 5 mg/5ml</b>	19
<b>methylphenidate hcl tab 10 mg</b>	20
<b>methylphenidate hcl tab 20 mg</b>	20
<b>methylphenidate hcl tab 5 mg</b>	20
<b>methylphenidate hcl tab er 10 mg</b>	20

<b>methylphenidate hcl tab er 20 mg</b>	20
<b>methylphenidate hcl tab er 24hr 18 mg</b>	20
<b>methylphenidate hcl tab er 24hr 27 mg</b>	20
<b>methylphenidate hcl tab er 24hr 36 mg</b>	20
<b>methylphenidate hcl tab er 24hr 54 mg</b>	20
<b>methylphenidate hcl tab er osmotic release (osm) 18 mg</b>	20
<b>methylphenidate hcl tab er osmotic release (osm) 27 mg</b>	21
<b>methylphenidate hcl tab er osmotic release (osm) 36 mg</b>	21
<b>methylphenidate hcl tab er osmotic release (osm) 54 mg</b>	21
<b>methylprednisolone</b>	
see MEDROL TAB 2MG	104
<b>methylprednisolone tab 16 mg</b>	104
<b>methylprednisolone tab 32 mg</b>	104
<b>methylprednisolone tab 4 mg</b>	104
<b>methylprednisolone tab 8 mg</b>	104
<b>methylprednisolone tab therapy pack 4 mg (21)</b>	104
<b>methyltestosterone cap 10 mg</b>	34
<b>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</b>	121
<b>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</b>	121
<b>metoclopramide hcl tab 10 mg (base equivalent)</b>	121
<b>metoclopramide hcl tab 5 mg (base equivalent)</b>	121
<b>metolazone tab 10 mg</b>	116
<b>metolazone tab 2.5 mg</b>	116
<b>metolazone tab 5 mg</b>	116
<b>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</b>	67
<b>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</b>	67
<b>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</b>	67
<b>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</b>	86

<b>metoprolol succinate tab er 24hr</b>	
<b>200 mg (tartrate equiv)</b> .....	86
<b>metoprolol succinate tab er 24hr</b>	
<b>25 mg (tartrate equiv)</b> .....	86
<b>metoprolol succinate tab er 24hr</b>	
<b>50 mg (tartrate equiv)</b> .....	86
<b>metoprolol tartrate tab 100 mg</b> ..	86
<b>metoprolol tartrate tab 25 mg</b> ....	86
<b>metoprolol tartrate tab 37.5 mg</b> ..	86
<b>metoprolol tartrate tab 50 mg</b> ....	86
<b>metoprolol tartrate tab 75 mg</b> ....	86
<b>metronidazole cap 375 mg</b> .....	35
<b>metronidazole cream 0.75%</b> .....	114
<b>metronidazole gel 0.75%</b> .....	114
<b>metronidazole gel 1%</b> .....	114
<b>metronidazole lotion 0.75%</b> .....	114
<b>metronidazole tab 250 mg</b> .....	35
<b>metronidazole tab 500 mg</b> .....	35
<b>metronidazole vaginal gel 0.75%</b>	
.....	155
<b>metyrosine cap 250 mg</b> .....	63
<b>mexiletine hcl cap 150 mg</b> .....	38
<b>mexiletine hcl cap 200 mg</b> .....	38
<b>mexiletine hcl cap 250 mg</b> .....	38
Miconazole 3	
see miconazole nitrate vaginal	
suppos 200 mg.....	155
miconazole nitrate vaginal suppos 200	
mg .....	155
<b>midazolam (anticonvulsant)</b>	
see NAYZILAM SPR 5MG.....	44
<b>midazolam hcl syrup 2 mg/ml</b>	
<b>(base equivalent)</b> .....	127
<b>midodrine hcl tab 10 mg</b> .....	156
<b>midodrine hcl tab 2.5 mg</b> .....	156
<b>midodrine hcl tab 5 mg</b> .....	156
<b>midostaurin</b>	
see RYDAPT CAP 25MG.....	73
<b>mifepristone tab 200 mg</b> .....	118
<b>miglitol tab 100 mg</b> .....	52
<b>miglitol tab 25 mg</b> .....	52
<b>miglitol tab 50 mg</b> .....	52
<b>miglustat cap 100 mg</b> .....	124
Minitran	
see nitroglycerin td patch 24hr 0.1	
mg/hr .....	36, 37
<b>minocycline hcl cap 100 mg</b> .....	148
<b>minocycline hcl cap 50 mg</b> .....	148
<b>minocycline hcl cap 75 mg</b> .....	148
<b>minocycline hcl tab 100 mg</b> .....	148
<b>minocycline hcl tab 50 mg</b> .....	148
<b>minocycline hcl tab 75 mg</b> .....	148
<b>minoxidil tab 10 mg</b> .....	68
<b>minoxidil tab 2.5 mg</b> .....	68
<b>mirabegron</b>	
see MYRBETRIQ TAB 25MG.....	154
see MYRBETRIQ TAB 50MG.....	154
<b>mirtazapine orally disintegrating</b>	
<b>tab 15 mg</b> .....	48
<b>mirtazapine orally disintegrating</b>	
<b>tab 30 mg</b> .....	48
<b>mirtazapine orally disintegrating</b>	
<b>tab 45 mg</b> .....	48
<b>mirtazapine tab 15 mg</b> .....	48
<b>mirtazapine tab 30 mg</b> .....	48
<b>mirtazapine tab 45 mg</b> .....	48
<b>mirtazapine tab 7.5 mg</b> .....	48
<b>misoprostol tab 100 mcg</b> .....	153
<b>misoprostol tab 200 mcg</b> .....	153
<b>mitotane</b>	
see LYSODREN TAB 500MG .....	71
<b>modafinil tab 100 mg</b> .....	21
<b>modafinil tab 200 mg</b> .....	21
<b>moexipril hcl tab 15 mg</b> .....	63
<b>moexipril hcl tab 7.5 mg</b> .....	63
<b>molindone hcl tab 10 mg</b> .....	79
<b>molindone hcl tab 25 mg</b> .....	79
<b>molindone hcl tab 5 mg</b> .....	79
<b>mometasone furoate cream 0.1%</b>	
.....	112
<b>mometasone furoate nasal susp 50</b>	
<b>mcg/act</b> .....	137
<b>mometasone furoate oint 0.1%</b> .....	112
<b>mometasone furoate solution 0.1%</b>	
<b>(lotion)</b> .....	112
Mondoxyne NI	
see doxycycline monohydrate cap	
100 mg .....	148
<b>montelukast sodium chew tab 4 mg</b>	
<b>(base equiv)</b> .....	40
<b>montelukast sodium chew tab 5 mg</b>	
<b>(base equiv)</b> .....	40
<b>montelukast sodium oral granules</b>	
<b>packet 4 mg (base equiv)</b> .....	40

<b>montelukast sodium tab 10 mg (base equiv)</b> .....	40
Morgidox 1x100mg see doxycycline hyclate cap 100 mg .....	147
<b>morphine sulfate beads cap er 24hr 120 mg</b> .....	26
<b>morphine sulfate beads cap er 24hr 30 mg</b> .....	26
<b>morphine sulfate beads cap er 24hr 45 mg</b> .....	26
<b>morphine sulfate beads cap er 24hr 60 mg</b> .....	26
<b>morphine sulfate beads cap er 24hr 75 mg</b> .....	26
<b>morphine sulfate beads cap er 24hr 90 mg</b> .....	26
<b>morphine sulfate cap er 24hr 10 mg</b> .....	26
<b>morphine sulfate cap er 24hr 100 mg</b> .....	27
<b>morphine sulfate cap er 24hr 20 mg</b> .....	27
<b>morphine sulfate cap er 24hr 30 mg</b> .....	27
<b>morphine sulfate cap er 24hr 40 mg</b> .....	27
<b>morphine sulfate cap er 24hr 50 mg</b> .....	27
<b>morphine sulfate cap er 24hr 60 mg</b> .....	27
<b>morphine sulfate cap er 24hr 80 mg</b> .....	27
<b>morphine sulfate oral soln 10 mg/5ml</b> .....	27
<b>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</b> .....	27
<b>morphine sulfate oral soln 20 mg/5ml</b> .....	27
<b>morphine sulfate suppos 10 mg</b> ..	27
<b>morphine sulfate suppos 20 mg</b> ..	27
<b>morphine sulfate suppos 30 mg</b> ..	27
<b>morphine sulfate suppos 5 mg</b> ....	27
<b>morphine sulfate tab 15 mg</b> .....	27
<b>morphine sulfate tab 30 mg</b> .....	27
<b>morphine sulfate tab er 100 mg</b> ..	28
<b>morphine sulfate tab er 15 mg</b> ....	27
<b>morphine sulfate tab er 200 mg</b> ..	28
<b>morphine sulfate tab er 30 mg</b> ....	27
<b>morphine sulfate tab er 60 mg</b> ....	28
MOVANTIK TAB 12.5MG .....	122
MOVANTIK TAB 25MG .....	122
<b>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</b> .....	139
<b>moxifloxacin hcl ophth soln 0.5% (base equiv)</b> .....	139
<b>moxifloxacin hcl tab 400 mg (base equiv)</b> .....	121
MUPLETA TAB 3MG .....	126
MULTAQ TAB 400MG .....	39
<b>mupirocin oint 2%</b> .....	108
<b>mycophenolate mofetil cap 250 mg</b> .....	134
<b>mycophenolate mofetil for oral susp 200 mg/ml</b> .....	134
<b>mycophenolate mofetil tab 500 mg</b> .....	134
<b>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</b> ..	134
<b>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</b> ..	134
MYDAYIS CAP 12.5MG .....	13
MYDAYIS CAP 25MG .....	14
MYDAYIS CAP 37.5MG .....	14
MYDAYIS CAP 50MG .....	14
MYLERAN TAB 2MG .....	70
MYRBETRIQ TAB 25MG .....	154
MYRBETRIQ TAB 50MG .....	154
<b>N</b>	
<b>nabumetone tab 500 mg</b> .....	23
<b>nabumetone tab 750 mg</b> .....	23
<b>nadolol tab 20 mg</b> .....	86
<b>nadolol tab 40 mg</b> .....	86
<b>nadolol tab 80 mg</b> .....	86
<b>naftifine hcl</b> see NAFTIN GEL 2% .....	109
<b>naftifine hcl cream 1%</b> .....	109
<b>naftifine hcl cream 2%</b> .....	109
<b>naftifine hcl gel 1%</b> .....	109
NAFTIN GEL 2% .....	109
<b>naldemedine tosylate</b> see SYMPROIC TAB 0.2MG .....	122
<b>naloxegol oxalate</b> see MOVANTIK TAB 12.5MG .....	122



see MOVANTIK TAB 25MG .....	122
<b>naloxone hcl</b>	
see NARCAN SPR.....	57
<b>naltrexone hcl tab 50 mg</b> .....	57
NAMZARIC CAP .....	144
NAMZARIC CAP 14-10MG .....	144
NAMZARIC CAP 21-10MG .....	144
NAMZARIC CAP 28-10MG .....	144
NAMZARIC CAP 7-10MG .....	144
Naproxen	
see naproxen tab ec 375 mg .....	23
<b>naproxen sodium tab 275 mg</b> .....	23
<b>naproxen sodium tab 550 mg</b> .....	23
<b>naproxen tab 250 mg</b> .....	23
<b>naproxen tab 375 mg</b> .....	23
<b>naproxen tab 500 mg</b> .....	23
naproxen tab ec 375 mg .....	23
<b>naratriptan hcl tab 1 mg (base equiv)</b> .....	130
<b>naratriptan hcl tab 2.5 mg (base equiv)</b> .....	130
NARCAN SPR .....	57
<b>nateglinide tab 120 mg</b> .....	55
<b>nateglinide tab 60 mg</b> .....	55
NAYZILAM SPR 5MG .....	44
<b>nebivolol hcl</b>	
see BYSTOLIC TAB 10MG.....	86
see BYSTOLIC TAB 2.5MG.....	86
see BYSTOLIC TAB 20MG.....	86
see BYSTOLIC TAB 5MG .....	86
<b>nefazodone hcl tab 100 mg</b> .....	50
<b>nefazodone hcl tab 150 mg</b> .....	50
<b>nefazodone hcl tab 200 mg</b> .....	50
<b>nefazodone hcl tab 250 mg</b> .....	50
<b>nefazodone hcl tab 50 mg</b> .....	50
<b>neomycin sulfate tab 500 mg</b> .....	21
<b>neomycin-bacitrac zn-polymyx</b>	
<b>5(3.5)mg-400unt-10000unt op oin</b> .....	139
<b>neomycin-polymy-gramicid op sol</b>	
<b>1.75-10000-0.025mg-unt-mg/ml</b> .....	139
<b>neomycin-polymyxin-</b>	
<b>dexamethasone ophth oint 0.1%</b>	
.....	140

<b>neomycin-polymyxin-</b>	
<b>dexamethasone ophth susp 0.1%</b>	
.....	140
<b>neomycin-polymyxin-hc ophth susp</b>	
.....	140
<b>neomycin-polymyxin-hc otic soln</b>	
<b>1%</b> .....	141
<b>neomycin-polymyxin-hc otic susp</b>	
<b>3.5 mg/ml-10000 unit/ml-1%</b>	141
Neo-polycin	
see neomycin-bacitrac zn-polymyx	
5(3.5)mg-400unt-10000unt op oin	
.....	139
Neo-polycin Hc	
see bacitracin-polymyxin-neomycin-	
hc ophth oint 1% .....	140
<b>nepafenac</b>	
see ILEVRO DRO 0.3% OP .....	141
see NEVANAC SUS 0.1% .....	141
<b>netarsudil dimesylate</b>	
see RHOPRESSA SOL 0.02% .....	140
<b>netarsudil dimesylate-latanoprost</b>	
see ROCKLATAN DRO .....	140
Neuac	
see clindamycin phosph-benzoyl	
peroxide (refrig) gel 1.2 (1)-5%	
.....	106
NEUPRO DIS 1MG/24HR.....	75
NEUPRO DIS 2MG/24HR.....	75
NEUPRO DIS 3MG/24HR.....	76
NEUPRO DIS 4MG/24HR.....	76
NEUPRO DIS 6MG/24HR.....	76
NEUPRO DIS 8MG/24HR.....	76
NEVANAC SUS 0.1% .....	141
<b>nevirapine susp 50 mg/5ml</b> .....	83
<b>nevirapine tab 200 mg</b> .....	83
<b>nevirapine tab er 24hr 100 mg</b> ....	83
<b>nevirapine tab er 24hr 400 mg</b> ....	83
NEXLETOL TAB 180MG .....	59
NEXLIZET TAB 180/10MG .....	59
<b>niacin tab er 1000 mg</b>	
<b>(antihyperlipidemic)</b> .....	62
<b>niacin tab er 500 mg</b>	
<b>(antihyperlipidemic)</b> .....	62
<b>niacin tab er 750 mg</b>	
<b>(antihyperlipidemic)</b> .....	62
<b>nicardipine hcl cap 20 mg</b> .....	89

**nicardipine hcl cap 30 mg** .....89  
**nifedipine cap 10 mg** .....89  
**nifedipine cap 20 mg** .....89  
**nifedipine tab er 24hr 30 mg** .....89  
**nifedipine tab er 24hr 60 mg** .....89  
**nifedipine tab er 24hr 90 mg** .....89  
**nifedipine tab er 24hr osmotic release 30 mg** .....89  
**nifedipine tab er 24hr osmotic release 60 mg** .....89  
**nifedipine tab er 24hr osmotic release 90 mg** .....89  
**nilutamide tab 150 mg** .....71  
**nimodipine cap 30 mg** .....89  
NINLARO CAP 2.3MG .....73  
NINLARO CAP 3MG .....73  
NINLARO CAP 4MG .....73  
**nintedanib esylate**  
    see OFEV CAP 100MG .....147  
    see OFEV CAP 150MG .....147  
**niraparib tosylate**  
    see ZEJULA CAP 100MG .....74  
**nisoldipine tab er 24hr 17 mg** .....89  
**nisoldipine tab er 24hr 20 mg** .....89  
**nisoldipine tab er 24hr 25.5 mg** ..89  
**nisoldipine tab er 24hr 30 mg** .....89  
**nisoldipine tab er 24hr 34 mg** .....89  
**nisoldipine tab er 24hr 40 mg** .....89  
**nisoldipine tab er 24hr 8.5 mg** ....89  
**nitazoxanide tab 500 mg** .....35  
**nitisinone**  
    see ORFADIN CAP 20MG.....117  
    see ORFADIN SUS 4MG/ML.....117  
**nitisinone cap 10 mg** .....117  
**nitisinone cap 2 mg** .....117  
**nitisinone cap 5 mg** .....117  
NITRO-DUR DIS 0.3MG/HR.....36  
NITRO-DUR DIS 0.8MG/HR.....36  
**nitrofurantoin macrocrystalline cap 100 mg** .....36  
**nitrofurantoin macrocrystalline cap 25 mg** .....36  
**nitrofurantoin macrocrystalline cap 50 mg** .....36  
**nitrofurantoin monohydrate macrocrystalline cap 100 mg** ....36  
**nitrofurantoin susp 25 mg/5ml** ...36

**nitroglycerin**  
    see NITRO-DUR DIS 0.3MG/HR .....36  
    see NITRO-DUR DIS 0.8MG/HR .....36  
**nitroglycerin sl tab 0.3 mg** .....36  
**nitroglycerin sl tab 0.4 mg** .....36  
**nitroglycerin sl tab 0.6 mg** .....36  
**nitroglycerin td patch 24hr 0.1 mg/hr**..... 36, 37  
**nitroglycerin td patch 24hr 0.2 mg/hr**.....36  
**nitroglycerin td patch 24hr 0.4 mg/hr**.....37  
**nitroglycerin td patch 24hr 0.6 mg/hr**.....37  
**nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)** .....37  
**nizatidine cap 150 mg** .....152  
**nizatidine cap 300 mg** .....152  
**nizatidine oral soln 15 mg/ml** ...152  
Nolix  
    see flurandrenolide cream 0.05% 112  
    see flurandrenolide lotion 0.05% .112  
norelgestromin-ethinyl estradiol td  
    ptwk 150-35 mcg/24hr .....102  
norethindrone & ethinyl estradiol tab  
    0.4 mg-35 mcg .....97  
**norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg** .....98  
**norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg** .....98  
**norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg** .....98  
**norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg** ....99  
**norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg** ...99  
**norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg**  
    ..... 99, 100  
**norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)** ...100  
**norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)**..... 100  
**norethindrone acetate tab 5 mg** 143  
**norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg** .118

<b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</b>	118, 119
<b>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</b>	
see LO LOESTRIN TAB 1-10-10	97
<b>norethindrone tab 0.35 mg</b>	103
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	100
<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b>	101
<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</b>	101
<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</b>	102
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	102
NORPACE CAP 100MG CR	38
NORPACE CAP 150MG CR	38
<b>nortriptyline hcl cap 10 mg</b>	51
<b>nortriptyline hcl cap 25 mg</b>	51
<b>nortriptyline hcl cap 50 mg</b>	52
<b>nortriptyline hcl cap 75 mg</b>	52
<b>nortriptyline hcl soln 10 mg/5ml</b>	52
NORVIR POW 100MG	83
NORVIR SOL 80MG/ML	83
NOVOLIN INJ 70/30	55
NOVOLIN INJ 70/30 FP	55
NOVOLIN N INJ 100 UNIT	55
NOVOLIN N INJ U-100	55
NOVOLIN R INJ 100 UNIT	55
NOVOLIN R INJ U-100	55
NOVOLOG INJ 100/ML	55
NOVOLOG INJ FLEXPEN	55
NOVOLOG INJ PENFILL	55
NOVOLOG MIX INJ 70/30	55
NOVOLOG MIX INJ FLEXPEN	55
Np Thyroid 15	
see thyroid tab 15 mg (1/4 grain)	151
NUBEQA TAB 300MG	71
NUCYNTA ER TAB 100MG	28
NUCYNTA ER TAB 150MG	28
NUCYNTA ER TAB 200MG	28
NUCYNTA ER TAB 250MG	28
NUCYNTA ER TAB 50MG	28
NUCYNTA TAB 100MG	28
NUCYNTA TAB 50MG	28
NUCYNTA TAB 75MG	28
NUEDEXTA CAP 20-10MG	146
Nulev	
see hyoscyamine sulfate tab disint	
0.125 mg	152
NURTEC TAB 75MG ODT	129
Nyamyc	
see <b>nystatin topical powder</b>	
<b>100000 unit/gm</b>	109
<b>nystatin cream 100000 unit/gm</b>	109
<b>nystatin oint 100000 unit/gm</b>	109
nystatin oral powder	58
<b>nystatin susp 100000 unit/ml</b>	135
<b>nystatin tab 500000 unit</b>	58
<b>nystatin topical powder 100000 unit/gm</b>	109
<b>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</b>	109
<b>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</b>	109
Nystop	
see <b>nystatin topical powder</b>	
<b>100000 unit/gm</b>	109
<b>O</b>	
ODEFSEY TAB	83
ODOMZO CAP 200MG	70
OFEV CAP 100MG	147
OFEV CAP 150MG	147
<b>ofloxacin ophth soln 0.3%</b>	139
<b>ofloxacin otic soln 0.3%</b>	141
<b>ofloxacin tab 300 mg</b>	121
<b>ofloxacin tab 400 mg</b>	121
<b>olanzapine orally disintegrating tab 10 mg</b>	79
<b>olanzapine orally disintegrating tab 15 mg</b>	79
<b>olanzapine orally disintegrating tab 20 mg</b>	79
<b>olanzapine orally disintegrating tab 5 mg</b>	79
<b>olanzapine tab 10 mg</b>	79
<b>olanzapine tab 15 mg</b>	79
<b>olanzapine tab 2.5 mg</b>	79
<b>olanzapine tab 20 mg</b>	79
<b>olanzapine tab 5 mg</b>	79
<b>olanzapine tab 7.5 mg</b>	79

<b>olanzapine-fluoxetine hcl cap 12-25 mg</b> .....	145
<b>olanzapine-fluoxetine hcl cap 12-50 mg</b> .....	145
<b>olanzapine-fluoxetine hcl cap 3-25 mg</b> .....	145
<b>olanzapine-fluoxetine hcl cap 6-25 mg</b> .....	145
<b>olanzapine-fluoxetine hcl cap 6-50 mg</b> .....	145
<b>olaparib</b>	
see LYNPARZA TAB 100MG .....	73
see LYNPARZA TAB 150MG .....	73
<b>olmesartan medoxomil tab 20 mg</b> .....	63
<b>olmesartan medoxomil tab 40 mg</b> .....	63
<b>olmesartan medoxomil tab 5 mg</b> .....	63
<b>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</b> .....	67
<b>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</b> .....	67
<b>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</b> .....	67
<b>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</b> .....	67
<b>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</b> .....	67
<b>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</b> .....	67
<b>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</b> .....	67
<b>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</b> .....	67
<b>olodaterol hcl</b>	
see STRIVERDI AER 2.5MCG .....	42
<b>olopatadine hcl</b>	
see PAZEO DRO 0.7% .....	141
<b>olopatadine hcl nasal soln 0.6%</b> .....	137
<b>olopatadine hcl ophth soln 0.1% (base equivalent)</b> .....	141
<b>olopatadine hcl ophth soln 0.2% (base equivalent)</b> .....	141
<b>omega-3-acid ethyl esters cap 1 gm</b> .....	59
<b>omeprazole cap delayed release 10 mg</b> .....	153
<b>omeprazole cap delayed release 20 mg</b> .....	153
<b>omeprazole cap delayed release 40 mg</b> .....	153
<b>omeprazole magnesium</b>	
see PRILOSEC POW 10MG .....	153
see PRILOSEC POW 2.5MG .....	153
<b>ondansetron hcl oral soln 4 mg/5ml</b> .....	57
<b>ondansetron hcl tab 24 mg</b> .....	57
<b>ondansetron hcl tab 4 mg</b> .....	57
<b>ondansetron hcl tab 8 mg</b> .....	57
<b>ondansetron orally disintegrating tab 4 mg</b> .....	57
<b>ondansetron orally disintegrating tab 8 mg</b> .....	57
ONEXTON GEL 1.2-3.75 .....	107
ONZETRA XSAI MIS 11MG .....	130
<b>opium tincture 1% (10 mg/ml) (morphine equiv)</b> .....	56
OPSUMIT TAB 10MG .....	91
ORALAIR SUB 300 IR .....	21
Oralone Dental Paste	
see triamcinolone acetonide dental paste 0.1% .....	135
ORENITRAM TAB 0.125MG .....	91
ORENITRAM TAB 0.25MG .....	91
ORENITRAM TAB 1MG .....	91
ORENITRAM TAB 2.5MG .....	91
ORENITRAM TAB 5MG .....	91
ORFADIN CAP 20MG .....	117
ORFADIN SUS 4MG/ML .....	117
ORIAHNN CAP .....	119
ORILISSA TAB 150MG .....	117
ORILISSA TAB 200MG .....	117
<b>orphenadrine citrate tab er 12hr 100 mg</b> .....	136
Oscimin	

see hyoscyamine sulfate sl tab 0.125 mg ..... 152  
 see hyoscyamine sulfate tab 0.125 mg ..... 152  
 Oscimin Sr  
   see hyoscyamine sulfate tab er 12hr 0.375 mg ..... 152  
**oseltamivir phosphate cap 30 mg (base equiv)** ..... 85  
**oseltamivir phosphate cap 45 mg (base equiv)** ..... 85  
**oseltamivir phosphate cap 75 mg (base equiv)** ..... 85  
**oseltamivir phosphate for susp 6 mg/ml (base equiv)** ..... 85  
 OTEZLA TAB 10/20/30 ..... 23  
 OTEZLA TAB 30MG ..... 23  
**oxandrolone tab 10 mg** ..... 33  
**oxandrolone tab 2.5 mg** ..... 33  
**oxaprozin tab 600 mg** ..... 23  
**oxazepam cap 10 mg** ..... 38  
**oxazepam cap 15 mg** ..... 38  
**oxazepam cap 30 mg** ..... 38  
**oxcarbazepine**  
   see OXTELLAR XR TAB 150MG ..... 46  
   see OXTELLAR XR TAB 300MG ..... 46  
   see OXTELLAR XR TAB 600MG ..... 46  
**oxcarbazepine susp 300 mg/5ml (60 mg/ml)** ..... 46  
**oxcarbazepine tab 150 mg** ..... 46  
**oxcarbazepine tab 300 mg** ..... 46  
**oxcarbazepine tab 600 mg** ..... 46  
**oxiconazole nitrate cream 1%** ... 109  
 OXTELLAR XR TAB 150MG ..... 46  
 OXTELLAR XR TAB 300MG ..... 46  
 OXTELLAR XR TAB 600MG ..... 46  
**oxybutynin chloride syrup 5 mg/5ml** ..... 154  
**oxybutynin chloride tab 5 mg** .... 154  
**oxybutynin chloride tab er 24hr 10 mg** ..... 154  
**oxybutynin chloride tab er 24hr 15 mg** ..... 154  
**oxybutynin chloride tab er 24hr 5 mg** ..... 154  
**oxycodone**  
   see XTAMPZA ER CAP 13.5MG ..... 30

see XTAMPZA ER CAP 18MG ..... 30  
 see XTAMPZA ER CAP 27MG ..... 30  
 see XTAMPZA ER CAP 36MG ..... 30  
 see XTAMPZA ER CAP 9MG ..... 30  
**oxycodone hcl cap 5 mg** ..... 28  
**oxycodone hcl conc 100 mg/5ml (20 mg/ml)** ..... 28  
**oxycodone hcl soln 5 mg/5ml** .... 28  
**oxycodone hcl tab 10 mg** ..... 28  
**oxycodone hcl tab 15 mg** ..... 28  
**oxycodone hcl tab 20 mg** ..... 29  
**oxycodone hcl tab 30 mg** ..... 29  
**oxycodone hcl tab 5 mg** ..... 28  
**oxycodone hcl tab er 12hr deter 10 mg** ..... 29  
**oxycodone hcl tab er 12hr deter 15 mg** ..... 29  
**oxycodone hcl tab er 12hr deter 20 mg** ..... 29  
**oxycodone hcl tab er 12hr deter 30 mg** ..... 29  
**oxycodone hcl tab er 12hr deter 40 mg** ..... 29  
**oxycodone hcl tab er 12hr deter 60 mg** ..... 29  
**oxycodone hcl tab er 12hr deter 80 mg** ..... 29  
**oxycodone w/ acetaminophen tab 10-325 mg** ..... 32  
**oxycodone w/ acetaminophen tab 2.5-325 mg** ..... 31, 32  
**oxycodone w/ acetaminophen tab 5-325 mg** ..... 32  
**oxycodone w/ acetaminophen tab 7.5-325 mg** ..... 32  
**oxycodone-aspirin tab 4.8355-325 mg** ..... 32  
**oxymorphone hcl tab 10 mg** ..... 29  
**oxymorphone hcl tab 5 mg** ..... 29  
**ozanimod hcl**  
   see ZEPOSIA 7DAY CAP STR PACK ..... 146  
   see ZEPOSIA CAP .92MG ..... 146  
   see ZEPOSIA CAP STR KIT ..... 146  
 OZEMPIC INJ 2/1.5ML ..... 54  
**P**  
 Pacerone

see amiodarone hcl tab 100 mg.....39

**palbociclib**

see IBRANCE CAP 100MG .....72

see IBRANCE CAP 125MG .....72

see IBRANCE CAP 75MG .....72

see IBRANCE TAB 100MG .....73

see IBRANCE TAB 125MG .....73

see IBRANCE TAB 75MG .....73

**paliperidone tab er 24hr 1.5 mg** ..77

**paliperidone tab er 24hr 3 mg** .....77

**paliperidone tab er 24hr 6 mg** .....77

**paliperidone tab er 24hr 9 mg** .....77

**pancrelipase (lipase-protease-  
amylase)**

see CREON CAP 12000UNT ..... 114

see CREON CAP 24000UNT ..... 114

see CREON CAP 3000UNIT..... 114

see CREON CAP 36000UNT ..... 114

see CREON CAP 6000UNIT..... 114

see VIOKACE TAB 10440 ..... 114

see VIOKACE TAB 20880 ..... 114

see ZENPEP CAP 10000UNT ..... 115

see ZENPEP CAP 15000UNT ..... 115

see ZENPEP CAP 20000UNT ..... 115

see ZENPEP CAP 25000 ..... 115

see ZENPEP CAP 3000UNIT..... 115

see ZENPEP CAP 40000 ..... 115

see ZENPEP CAP 5000UNIT..... 115

**pantoprazole sodium ec tab 20 mg  
(base equiv)** ..... 153

**pantoprazole sodium ec tab 40 mg  
(base equiv)** ..... 153

**pantoprazole sodium for delayed  
release susp packet 40 mg** ..... 153

**paricalcitol cap 1 mcg**..... 117

**paricalcitol cap 2 mcg**..... 117

**paricalcitol cap 4 mcg**..... 117

**paromomycin sulfate cap 250 mg**21

**paroxetine hcl tab 10 mg**.....49

**paroxetine hcl tab 20 mg**.....49

**paroxetine hcl tab 30 mg**.....49

**paroxetine hcl tab 40 mg**.....49

**paroxetine hcl tab er 24hr 12.5 mg**  
.....49

**paroxetine hcl tab er 24hr 25 mg** 49

**paroxetine hcl tab er 24hr 37.5 mg**  
.....49

**paroxetine mesylate cap 7.5 mg  
(base equiv)** ..... 147

**patiromer sorbitex calcium**

see VELTASSA POW 16.8GM ..... 134

see VELTASSA POW 25.2GM ..... 134

see VELTASSA POW 8.4GM ..... 134

PAZEO DRO 0.7% ..... 141

**pazopanib hcl**

see VOTRIENT TAB 200MG ..... 74

**peg 3350-kcl-na bicarb-nacl-na  
sulfate for soln 236 gm** ...127, 128

**peg 3350-kcl-sod bicarb-nacl for  
soln 420 gm**..... 128

**penicillamine cap 250 mg** ..... 133

**penicillamine tab 250 mg** ..... 133

**penicillin v potassium for soln 125  
mg/5ml** ..... 142

**penicillin v potassium for soln 250  
mg/5ml** ..... 142

**penicillin v potassium tab 250 mg**  
..... 142

**penicillin v potassium tab 500 mg**  
..... 142

**pentamidine isethionate for  
nebulization soln 300 mg** ..... 35

PENTASA CAP 250MG CR ..... 121

PENTASA CAP 500MG CR ..... 121

**pentazocine w/ naloxone tab 50-  
0.5 mg** ..... 33

**pentoxifylline tab er 400 mg** ..... 123

**perampanel**

see FYCOMPA SUS 0.5MG/ML.....43

see FYCOMPA TAB 10MG .....43

see FYCOMPA TAB 12MG .....43

see FYCOMPA TAB 2MG .....43

see FYCOMPA TAB 4MG .....43

see FYCOMPA TAB 6MG .....43

see FYCOMPA TAB 8MG .....43

PERFOROMIST NEB 20MCG ..... 42

**perindopril erbumine tab 2 mg** ...63

**perindopril erbumine tab 4 mg** ...63

**perindopril erbumine tab 8 mg** ...63

**permethrin cream 5%** ..... 114

**perphenazine tab 16 mg** ..... 80

**perphenazine tab 2 mg** ..... 80

**perphenazine tab 4 mg** ..... 80

**perphenazine tab 8 mg** ..... 80

<b>perphenazine-amitriptyline tab 2-10 mg</b> .....	145
<b>perphenazine-amitriptyline tab 2-25 mg</b> .....	145
<b>perphenazine-amitriptyline tab 4-10 mg</b> .....	145
<b>perphenazine-amitriptyline tab 4-25 mg</b> .....	145
<b>perphenazine-amitriptyline tab 4-50 mg</b> .....	145
Phenazo	
see <b>phenazopyridine hcl tab 200 mg</b> .....	123
<b>phenazopyridine hcl tab 200 mg</b> .....	123
<b>phendimetrazine tartrate cap er 24hr 105 mg</b> .....	15
<b>phendimetrazine tartrate tab 35 mg</b> .....	15
<b>phenelzine sulfate tab 15 mg</b> .....	48
<b>phenobarbital elixir 20 mg/5ml</b> .....	126
<b>phenobarbital tab 100 mg</b> .....	126
<b>phenobarbital tab 15 mg</b> .....	126
<b>phenobarbital tab 16.2 mg</b> .....	126
<b>phenobarbital tab 30 mg</b> .....	126
<b>phenobarbital tab 32.4 mg</b> .....	126
<b>phenobarbital tab 60 mg</b> .....	126
<b>phenobarbital tab 64.8 mg</b> .....	126
<b>phenobarbital tab 97.2 mg</b> .....	126
<b>phenoxybenzamine hcl cap 10 mg</b> .....	63
<b>phentermine hcl cap 15 mg</b> .....	15
<b>phentermine hcl cap 30 mg</b> .....	15
<b>phentermine hcl cap 37.5 mg</b> .....	15
<b>phentermine hcl tab 37.5 mg</b> .....	15
<b>phenylephrine hcl ophth soln 10%</b> .....	138
<b>phenylephrine hcl ophth soln 2.5%</b> .....	138
<b>phenytoin chew tab 50 mg</b> .....	47
<b>phenytoin sodium extended</b>	
see DILANTIN CAP 30MG .....	47
<b>phenytoin sodium extended cap 100 mg</b> .....	47
<b>phenytoin sodium extended cap 200 mg</b> .....	47
<b>phenytoin sodium extended cap 300 mg</b> .....	47
<b>phenytoin susp 125 mg/5ml</b> .....	47
PHOSLYRA SOL .....	122
Phospha 250 Neutral	
see pot phos monobasic w/sod phos di & monobas tab 155-852-130mg .....	131
<b>phytonadione tab 5 mg</b> .....	156
PICATO GEL 0.015% .....	110
PICATO GEL 0.05% .....	110
<b>pilocarpine hcl ophth soln 1%</b> .....	138
<b>pilocarpine hcl ophth soln 2%</b> .....	138
<b>pilocarpine hcl ophth soln 4%</b> .....	138
<b>pilocarpine hcl tab 5 mg</b> .....	135
<b>pilocarpine hcl tab 7.5 mg</b> .....	135
<b>pimecrolimus cream 1%</b> .....	113
<b>pimozide tab 1 mg</b> .....	146
<b>pimozide tab 2 mg</b> .....	146
<b>pindolol tab 10 mg</b> .....	86
<b>pindolol tab 5 mg</b> .....	86
<b>pioglitazone hcl tab 15 mg (base equiv)</b> .....	55
<b>pioglitazone hcl tab 30 mg (base equiv)</b> .....	55
<b>pioglitazone hcl tab 45 mg (base equiv)</b> .....	55
<b>pioglitazone hcl-glimepiride tab 30-2 mg</b> .....	53
<b>pioglitazone hcl-glimepiride tab 30-4 mg</b> .....	53
<b>pioglitazone hcl-metformin hcl tab 15-500 mg</b> .....	53
<b>pioglitazone hcl-metformin hcl tab 15-850 mg</b> .....	53
<b>pirfenidone</b>	
see ESBRIET CAP 267MG .....	147
see ESBRIET TAB 267MG .....	147
see ESBRIET TAB 801MG .....	147
<b>piroxicam cap 10 mg</b> .....	23
<b>piroxicam cap 20 mg</b> .....	23
Pnv-dha	
see prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg .....	136
Pnv-select	
see prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg .....	136
<b>podofilox</b>	

see CONDYLOX GEL 0.5% .....	113
<b>podofilox soln 0.5%</b> .....	113
<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</b> .....	139
<b>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</b> .....	131
potassium bicarbonate effer tab 25 meq .....	132
<b>potassium chloride cap er 10 meq</b> .....	132
<b>potassium chloride cap er 8 meq</b> .....	132
<b>potassium chloride microencapsulated crys er tab 10 meq</b> .....	132
<b>potassium chloride microencapsulated crys er tab 20 meq</b> .....	132
<b>potassium chloride oral soln 10% (20 meq/15ml)</b> .....	132
<b>potassium chloride oral soln 20% (40 meq/15ml)</b> .....	132
<b>potassium chloride powder packet 20 meq</b> .....	132
<b>potassium chloride tab er 10 meq</b> .....	132
<b>potassium chloride tab er 20 meq (1500 mg)</b> .....	133
<b>potassium chloride tab er 8 meq (600 mg)</b> .....	132
potassium citrate & citric acid powder pack 3300-1002 mg .....	122
<b>potassium citrate tab er 10 meq (1080 mg)</b> .....	123
<b>potassium citrate tab er 15 meq (1620 mg)</b> .....	123
<b>potassium citrate tab er 5 meq (540 mg)</b> .....	123
<b>pramipexole dihydrochloride tab 0.125 mg</b> .....	76
<b>pramipexole dihydrochloride tab 0.25 mg</b> .....	76
<b>pramipexole dihydrochloride tab 0.5 mg</b> .....	76
<b>pramipexole dihydrochloride tab 0.75 mg</b> .....	76

<b>pramipexole dihydrochloride tab 1 mg</b> .....	76
<b>pramipexole dihydrochloride tab 1.5 mg</b> .....	76
<b>pramipexole dihydrochloride tab er 24hr 0.375 mg</b> .....	76
<b>pramipexole dihydrochloride tab er 24hr 0.75 mg</b> .....	76
<b>pramipexole dihydrochloride tab er 24hr 1.5 mg</b> .....	76
<b>pramipexole dihydrochloride tab er 24hr 2.25 mg</b> .....	76
<b>pramipexole dihydrochloride tab er 24hr 3 mg</b> .....	76
<b>pramipexole dihydrochloride tab er 24hr 3.75 mg</b> .....	76
<b>pramipexole dihydrochloride tab er 24hr 4.5 mg</b> .....	76
<b>pramlintide acetate</b> see SYMLINPEN 60 INJ 1000MCG ..	52
see SYMLINPEN 120 INJ 1000MCG ..	52
<b>prasugrel hcl tab 10 mg (base equiv)</b> .....	124
<b>prasugrel hcl tab 5 mg (base equiv)</b> .....	124
<b>pravastatin sodium tab 10 mg</b> .....	61
<b>pravastatin sodium tab 20 mg</b> .....	61
<b>pravastatin sodium tab 40 mg</b> .....	61
<b>pravastatin sodium tab 80 mg</b> .....	61
<b>praziquantel tab 600 mg</b> .....	35
<b>prazosin hcl cap 1 mg</b> .....	64
<b>prazosin hcl cap 2 mg</b> .....	64
<b>prazosin hcl cap 5 mg</b> .....	64
PRED MILD SUS 0.12% OP .....	140
PRED SOD PHO SOL 1% OP .....	140
<b>prednicarbate cream 0.1%</b> .....	112
<b>prednicarbate oint 0.1%</b> .....	113
<b>prednisolone acetate (ophth)</b> see PRED MILD SUS 0.12% OP ...	140
<b>prednisolone acetate ophth susp 1%</b> .....	140
<b>prednisolone sod phos orally disintegr tab 10 mg (base eq)</b>	104
<b>prednisolone sod phos orally disintegr tab 15 mg (base eq)</b>	104
<b>prednisolone sod phos orally disintegr tab 30 mg (base eq)</b>	104



**prednisolone sod phosph oral soln**  
**6.7 mg/5ml (5 mg/5ml base)** 104  
**prednisolone sod phosphate oral**  
**soln 10 mg/5ml (base equiv)** .104  
**prednisolone sod phosphate oral**  
**soln 15 mg/5ml (base equiv)** .104  
**prednisolone sod phosphate oral**  
**soln 20 mg/5ml (base equiv)** .104  
**prednisolone sodium phosphate**  
**oral soln 25 mg/5ml (base eq)**  
 .....104  
**prednisolone syrup 15 mg/5ml**  
**(usp solution equivalent)** .....104  
**prednisone oral soln 5 mg/5ml** .104  
**prednisone tab 1 mg** .....105  
**prednisone tab 10 mg** .....105  
**prednisone tab 2.5 mg** .....105  
**prednisone tab 20 mg** .....105  
**prednisone tab 5 mg** .....105  
**prednisone tab 50 mg** .....105  
**prednisone tab therapy pack 10 mg**  
**(21)** .....105  
**prednisone tab therapy pack 10 mg**  
**(48)** .....105  
**prednisone tab therapy pack 5 mg**  
**(21)** .....105  
**prednisone tab therapy pack 5 mg**  
**(48)** .....105  
**pregabalin cap 100 mg** .....46  
**pregabalin cap 150 mg** .....46  
**pregabalin cap 200 mg** .....46  
**pregabalin cap 225 mg** .....46  
**pregabalin cap 25 mg** .....46  
**pregabalin cap 300 mg** .....46  
**pregabalin cap 50 mg** .....46  
**pregabalin cap 75 mg** .....46  
**pregabalin soln 20 mg/ml** .....46  
 PREMPHASE TAB .....119  
 PREMPRO TAB.....119  
 PREMPRO TAB 0.3-1.5 .....119  
 PREMPRO TAB 0.45-1.5.....119  
 PREMPRO TAB 0.625-5.....119  
 prenat w/o a w/fefum-methfol-fa-dha  
 cap 27-0.6-0.4-300 mg .....136  
 Prenatabs Rx  
 see prenatal vit w/ iron carbonyl-fa  
 tab 29-1 mg.....136

Prenatal 19  
 see prenatal vit w/ fe fumarate-fa  
 chew tab 29-1 mg .....136  
**prenatal vit w/ docusate-fe**  
**carbonyl-fe gluconate-folic acid**  
 see CITRANATAL TAB BLOOM.....135  
 prenatal vit w/ dss-iron carbonyl-fa tab  
 90-1 mg .....136  
 prenatal vit w/ fe fumarate-fa chew tab  
 29-1 mg .....136  
 prenatal vit w/ fe fumarate-fa tab 28-1  
 mg .....136  
 prenatal vit w/ fe fum-methylfolate-fa  
 tab 27-0.6-0.4 mg .....136  
 prenatal vit w/ iron carbonyl-fa tab 29-  
 1 mg .....136  
 prenatal vit w/ iron carbonyl-fa tab 50-  
 1.25 mg .....136  
**prenatal w/o vit a w/ fe carbonyl-**  
**fe gluconate-dss-fa-dha**  
 see CITRANATAL MIS .....135  
 see CITRANATAL MIS 90 DHA ....135  
 see CITRANATAL PAK ASSURE ....135  
 see CITRANATAL PAK DHA.....135  
**prenatal w/o vit a w/ fe carbonyl-**  
**fe gluconate-fa & vit b6**  
 see CITRANATAL MIS B-CALM .....135  
**prenatal w/o vit a w/ fe fumarate-**  
**fe carbonyl-dss-fa-dha**  
 see CITRANATAL CAP HARMONY..135  
**prenatal w/o vit a w/ fe fumarate-**  
**fe carbonyl-fa-dha**  
 see CITRANATAL CAP MEDLEY.....135  
**prenatal without vit a w/ fe**  
**carbonyl-fe gluc-docusate-fa**  
 see CITRANATAL TAB RX .....136  
 Prevalite  
 see **cholestyramine light powder**  
**4 gm/dose** .....60  
 see **cholestyramine light powder**  
**packets 4 gm** .....60  
 PREZCOBIX TAB 800-150 .....83  
 PREZISTA SUS 100MG/ML .....83  
 PREZISTA TAB 150MG .....83  
 PREZISTA TAB 600MG .....83  
 PREZISTA TAB 75MG .....83  
 PREZISTA TAB 800MG .....83

PRILOSEC POW 10MG .....	153
PRILOSEC POW 2.5MG .....	153
<b>primaquine phosphate tab 26.3 mg (15 mg base)</b> .....	69
<b>primidone tab 250 mg</b> .....	46
<b>primidone tab 50 mg</b> .....	46
<b>probenecid tab 500 mg</b> .....	123
<b>procarbazine hcl</b> see MATULANE CAP 50MG .....	74
Procentra see dextroamphetamine sulfate oral solution 5 mg/5ml .....	12
<b>prochlorperazine maleate tab 10 mg (base equivalent)</b> .....	80
<b>prochlorperazine maleate tab 5 mg (base equivalent)</b> .....	80
<b>prochlorperazine suppos 25 mg</b> ..	80
PROCTOFOAM AER HC 1% .....	34
Procto-pak see hydrocortisone perianal cream 1% .....	34
<b>progesterone (vaginal)</b> see CRINONE GEL 4% VAG .....	155
<b>progesterone micronized cap 100 mg</b> .....	143
<b>progesterone micronized cap 200 mg</b> .....	143
<b>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</b> .....	105
<b>promethazine hcl suppos 12.5 mg</b> .....	59
<b>promethazine hcl suppos 25 mg</b> ..	59
<b>promethazine hcl syrup 6.25 mg/5ml</b> .....	59
<b>promethazine hcl tab 12.5 mg</b> ....	59
<b>promethazine hcl tab 25 mg</b> .....	59
<b>promethazine hcl tab 50 mg</b> .....	59
<b>promethazine w/ codeine syrup 6.25-10 mg/5ml</b> .....	105
<b>promethazine-dm syrup 6.25-15 mg/5ml</b> .....	105
<b>promethazine-phenylephrine- codeine syrup 6.25-5-10 mg/5ml</b> .....	105
Promethegan see promethazine hcl suppos 12.5 mg .....	59

<b>propafenone hcl cap er 12hr 225 mg</b> .....	39
<b>propafenone hcl cap er 12hr 325 mg</b> .....	39
<b>propafenone hcl cap er 12hr 425 mg</b> .....	39
<b>propafenone hcl tab 150 mg</b> .....	39
<b>propafenone hcl tab 225 mg</b> .....	39
<b>propafenone hcl tab 300 mg</b> .....	39
<b>propantheline bromide tab 15 mg</b> .....	152
<b>propranolol &amp; hydrochlorothiazide tab 40-25 mg</b> .....	67
<b>propranolol &amp; hydrochlorothiazide tab 80-25 mg</b> .....	67
<b>propranolol hcl cap er 24hr 120 mg</b> .....	86
<b>propranolol hcl cap er 24hr 160 mg</b> .....	86
<b>propranolol hcl cap er 24hr 60 mg</b> .....	86
<b>propranolol hcl cap er 24hr 80 mg</b> .....	86
<b>propranolol hcl oral soln 20 mg/5ml</b> .....	86
<b>propranolol hcl oral soln 40 mg/5ml</b> .....	86
<b>propranolol hcl tab 10 mg</b> .....	86
<b>propranolol hcl tab 20 mg</b> .....	86
<b>propranolol hcl tab 40 mg</b> .....	87
<b>propranolol hcl tab 60 mg</b> .....	87
<b>propranolol hcl tab 80 mg</b> .....	87
<b>propylthiouracil tab 50 mg</b> .....	148
<b>protriptyline hcl tab 10 mg</b> .....	52
<b>protriptyline hcl tab 5 mg</b> .....	52
<b>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</b> .....	105, 106
PULMICORT INH 180MCG .....	40
PULMICORT INH 90MCG .....	40
PYLERA CAP .....	154
<b>pyrazinamide tab 500 mg</b> .....	69
<b>pyridostigmine bromide oral soln 60 mg/5ml</b> .....	69
<b>pyridostigmine bromide tab 60 mg</b> .....	69
<b>pyridostigmine bromide tab er 180 mg</b> .....	69

<b>pyrimethamine tab 25 mg</b> .....	69
<b>Q</b>	
<b>quetiapine fumarate tab 100 mg</b> .....	79
<b>quetiapine fumarate tab 200 mg</b> .....	79
<b>quetiapine fumarate tab 25 mg</b> ...	79
<b>quetiapine fumarate tab 300 mg</b> .....	79
<b>quetiapine fumarate tab 400 mg</b> .....	79
<b>quetiapine fumarate tab 50 mg</b> ...	79
<b>quetiapine fumarate tab er 24hr</b>	
<b>150 mg</b> .....	79
<b>quetiapine fumarate tab er 24hr</b>	
<b>200 mg</b> .....	79
<b>quetiapine fumarate tab er 24hr</b>	
<b>300 mg</b> .....	79
<b>quetiapine fumarate tab er 24hr</b>	
<b>400 mg</b> .....	79
<b>quetiapine fumarate tab er 24hr</b>	
<b>50 mg</b> .....	79
<b>quinapril hcl tab 10 mg</b> .....	63
<b>quinapril hcl tab 20 mg</b> .....	63
<b>quinapril hcl tab 40 mg</b> .....	63
<b>quinapril hcl tab 5 mg</b> .....	63
<b>quinapril-hydrochlorothiazide tab</b>	
<b>10-12.5 mg</b> .....	67
<b>quinapril-hydrochlorothiazide tab</b>	
<b>20-12.5 mg</b> .....	67
<b>quinapril-hydrochlorothiazide tab</b>	
<b>20-25 mg</b> .....	67
<b>quinidine gluconate tab er 324 mg</b>	
.....	38
<b>quinidine sulfate tab 200 mg</b> .....	38
<b>quinidine sulfate tab 300 mg</b> .....	38
<b>quinine sulfate cap 324 mg</b> .....	69
QVAR REDIHA AER 80MCG .....	41
QVAR REDIHAL AER 40MCG .....	41
<b>R</b>	
<b>rabeprazole sodium ec tab 20 mg</b>	
.....	153
RAGWITEK SUB .....	21
<b>raloxifene hcl tab 60 mg</b> .....	117
<b>raltegravir potassium</b>	
see ISENTRESS CHW 100MG .....	82
see ISENTRESS CHW 25MG .....	82
see ISENTRESS HD TAB 600MG .....	82
see ISENTRESS POW 100MG .....	82
see ISENTRESS TAB 400MG .....	82
<b>ramelteon tab 8 mg</b> .....	127

<b>ramipril cap 1.25 mg</b> .....	63
<b>ramipril cap 10 mg</b> .....	63
<b>ramipril cap 2.5 mg</b> .....	63
<b>ramipril cap 5 mg</b> .....	63
<b>ranolazine tab er 12hr 1000 mg</b> ..	36
<b>ranolazine tab er 12hr 500 mg</b> ....	36
<b>rasagiline mesylate tab 0.5 mg</b>	
<b>(base equiv)</b> .....	77
<b>rasagiline mesylate tab 1 mg (base</b>	
<b>equiv)</b> .....	77
RELENZA MIS DISKHALE .....	85
<b>repaglinide tab 0.5 mg</b> .....	56
<b>repaglinide tab 1 mg</b> .....	56
<b>repaglinide tab 2 mg</b> .....	56
RESTASIS EMU 0.05% .....	139
RESTASIS MUL EMU 0.05% .....	139
<b>revefenacin</b>	
see YUPELRI SOL .....	39
REVLIMID CAP 10MG .....	133
REVLIMID CAP 15MG .....	133
REVLIMID CAP 2.5MG .....	133
REVLIMID CAP 20MG .....	133
REVLIMID CAP 25MG .....	133
REVLIMID CAP 5MG .....	133
REYVOW TAB 100MG .....	130
REYVOW TAB 50MG .....	130
RHOPRESSA SOL 0.02% .....	140
<b>ribavirin cap 200 mg</b> .....	84
<b>ribavirin tab 200 mg</b> .....	85
<b>ribociclib succinate</b>	
see KISQALI TAB 200DOSE .....	73
see KISQALI TAB 400DOSE .....	73
see KISQALI TAB 600DOSE .....	73
<b>ribociclib succinate-letrozole</b>	
see KISQALI 200 PAK FEMARA .....	71
see KISQALI 400 PAK FEMARA .....	71
see KISQALI 600 PAK FEMARA .....	71
<b>rifabutin cap 150 mg</b> .....	69
<b>rifampin cap 150 mg</b> .....	69
<b>rifampin cap 300 mg</b> .....	69
<b>rifaximin</b>	
see XIFAXAN TAB 550MG .....	35
<b>rilpivirine hcl</b>	
see EDURANT TAB 25MG .....	81
<b>riluzole tab 50 mg</b> .....	137
<b>rimantadine hydrochloride tab 100</b>	
<b>mg</b> .....	85

<b>rimegepant sulfate</b>	
see NURTEC TAB 75MG ODT .....	129
RINVOQ TAB 15MG ER .....	21
<b>riociguat</b>	
see ADEMPAS TAB 0.5MG .....	92
see ADEMPAS TAB 1.5MG .....	92
see ADEMPAS TAB 1MG .....	92
see ADEMPAS TAB 2.5MG .....	92
see ADEMPAS TAB 2MG .....	92
<b>risedronate sodium tab 150 mg</b> .....	116
<b>risedronate sodium tab 30 mg</b> .....	116
<b>risedronate sodium tab 35 mg</b> .....	116
<b>risedronate sodium tab 5 mg</b> .....	116
<b>risedronate sodium tab delayed release 35 mg</b> .....	117
<b>risperidone orally disintegrating tab 0.25 mg</b> .....	77
<b>risperidone orally disintegrating tab 0.5 mg</b> .....	77
<b>risperidone orally disintegrating tab 1 mg</b> .....	78
<b>risperidone orally disintegrating tab 2 mg</b> .....	78
<b>risperidone orally disintegrating tab 3 mg</b> .....	78
<b>risperidone orally disintegrating tab 4 mg</b> .....	78
<b>risperidone soln 1 mg/ml</b> .....	78
<b>risperidone tab 0.25 mg</b> .....	78
<b>risperidone tab 0.5 mg</b> .....	78
<b>risperidone tab 1 mg</b> .....	78
<b>risperidone tab 2 mg</b> .....	78
<b>risperidone tab 3 mg</b> .....	78
<b>risperidone tab 4 mg</b> .....	78
<b>ritonavir</b>	
see NORVIR POW 100MG .....	83
see NORVIR SOL 80MG/ML .....	83
<b>ritonavir tab 100 mg</b> .....	83
<b>rivaroxaban</b>	
see XARELTO STAR TAB 15/20MG .....	43
see XARELTO TAB 10MG .....	43
see XARELTO TAB 15MG .....	43
see XARELTO TAB 2.5MG .....	43
see XARELTO TAB 20MG .....	43
<b>rivastigmine tartrate cap 1.5 mg (base equivalent)</b> .....	144
<b>rivastigmine tartrate cap 3 mg (base equivalent)</b> .....	144
<b>rivastigmine tartrate cap 4.5 mg (base equivalent)</b> .....	144
<b>rivastigmine tartrate cap 6 mg (base equivalent)</b> .....	144
<b>rivastigmine td patch 24hr 13.3 mg/24hr</b> .....	145
<b>rivastigmine td patch 24hr 4.6 mg/24hr</b> .....	144
<b>rivastigmine td patch 24hr 9.5 mg/24hr</b> .....	144
Rivelsa	
see levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg .....	95
<b>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</b> .....	130
<b>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</b> .....	130
<b>rizatriptan benzoate tab 10 mg (base equivalent)</b> .....	130
<b>rizatriptan benzoate tab 5 mg (base equivalent)</b> .....	130
ROCKLATAN DRO .....	140
<b>roflumilast</b>	
see DALIRESP TAB 250MCG .....	40
see DALIRESP TAB 500MCG .....	40
<b>ropinirole hydrochloride tab 0.25 mg</b> .....	76
<b>ropinirole hydrochloride tab 0.5 mg</b> .....	76
<b>ropinirole hydrochloride tab 1 mg</b> .....	76
<b>ropinirole hydrochloride tab 2 mg</b> .....	76
<b>ropinirole hydrochloride tab 3 mg</b> .....	76
<b>ropinirole hydrochloride tab 4 mg</b> .....	76
<b>ropinirole hydrochloride tab 5 mg</b> .....	76
<b>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</b> ..	77

<b>ropinirole hydrochloride tab er</b> <b>24hr 2 mg (base equivalent) ....</b>	76
<b>ropinirole hydrochloride tab er</b> <b>24hr 4 mg (base equivalent) ....</b>	76
<b>ropinirole hydrochloride tab er</b> <b>24hr 6 mg (base equivalent) ....</b>	76
<b>ropinirole hydrochloride tab er</b> <b>24hr 8 mg (base equivalent) ....</b>	76
Rosadan see metronidazole cream 0.75% ..	114
<b>rosuvastatin calcium tab 10 mg ..</b>	62
<b>rosuvastatin calcium tab 20 mg ..</b>	62
<b>rosuvastatin calcium tab 40 mg ..</b>	62
<b>rosuvastatin calcium tab 5 mg ....</b>	61
<b>rotigotine</b> see NEUPRO DIS 1MG/24HR .....	75
see NEUPRO DIS 2MG/24HR .....	75
see NEUPRO DIS 3MG/24HR .....	76
see NEUPRO DIS 4MG/24HR .....	76
see NEUPRO DIS 6MG/24HR .....	76
see NEUPRO DIS 8MG/24HR .....	76
Roweepra see levetiracetam tab 500 mg .....	45
<b>RUBRACA TAB 200MG .....</b>	73
<b>RUBRACA TAB 250MG .....</b>	73
<b>RUBRACA TAB 300MG .....</b>	73
<b>rucaparib camsylate</b> see RUBRACA TAB 200MG .....	73
see RUBRACA TAB 250MG .....	73
see RUBRACA TAB 300MG .....	73
<b>rufinamide susp 40 mg/ml .....</b>	46
<b>RYBELSUS TAB 14MG .....</b>	54
<b>RYBELSUS TAB 3MG .....</b>	54
<b>RYBELSUS TAB 7MG .....</b>	54
<b>RYDAPT CAP 25MG .....</b>	73
<b>S</b>	
<b>sacubitril-valsartan</b> see ENTRESTO TAB 24-26MG .....	91
see ENTRESTO TAB 49-51MG .....	91
see ENTRESTO TAB 97-103MG .....	91
salicylic acid cream 6% .....	113
Salimez see salicylic acid cream 6% .....	113
<b>salmeterol xinafoate</b> see SEREVENT DIS AER 50MCG .....	42
<b>salsalate tab 500 mg .....</b>	24
<b>salsalate tab 750 mg .....</b>	24
<b>SANCUSO DIS 3.1MG .....</b>	57
<b>sapropterin dihydrochloride</b> <b>powder packet 100 mg .....</b>	117
<b>sapropterin dihydrochloride</b> <b>powder packet 500 mg .....</b>	117
<b>sapropterin dihydrochloride soluble</b> <b>tab 100 mg .....</b>	117
<b>scopolamine td patch 72hr 1</b> <b>mg/3days .....</b>	57
<b>segesterone acetate-ethinyl</b> <b>estradiol</b> see ANNOVERA MIS .....	102
<b>selegiline hcl cap 5 mg .....</b>	77
<b>selegiline hcl tab 5 mg .....</b>	77
<b>selenium sulfide lotion 2.5% .....</b>	110
<b>selexipag</b> see UPTRAVI TAB 1000MCG .....	92
see UPTRAVI TAB 1200MCG .....	92
see UPTRAVI TAB 1400MCG .....	92
see UPTRAVI TAB 1600MCG .....	92
see UPTRAVI TAB 200/800 .....	92
see UPTRAVI TAB 200MCG .....	92
see UPTRAVI TAB 400MCG .....	92
see UPTRAVI TAB 600MCG .....	92
see UPTRAVI TAB 800MCG .....	92
<b>semaglutide</b> see OZEMPIC INJ 2/1.5ML .....	54
see RYBELSUS TAB 14MG .....	54
see RYBELSUS TAB 3MG .....	54
see RYBELSUS TAB 7MG .....	54
<b>SEREVENT DIS AER 50MCG .....</b>	42
<b>sertraline hcl oral concentrate for</b> <b>solution 20 mg/ml .....</b>	49
<b>sertraline hcl tab 100 mg .....</b>	50
<b>sertraline hcl tab 25 mg .....</b>	49
<b>sertraline hcl tab 50 mg .....</b>	50
<b>sevelamer carbonate packet 0.8</b> <b>gm .....</b>	122
<b>sevelamer carbonate packet 2.4</b> <b>gm .....</b>	122
<b>sevelamer carbonate tab 800 mg</b> .....	122
<b>sevelamer hcl tab 400 mg .....</b>	122
<b>sevelamer hcl tab 800 mg .....</b>	122
<b>short ragweed pollen allergen</b> <b>extract</b> see RAGWITEK SUB .....	21

<b>sildenafil citrate for suspension 10 mg/ml</b> .....	91
<b>sildenafil citrate tab 20 mg</b> .....	91
<b>silodosin cap 4 mg</b> .....	123
<b>silodosin cap 8 mg</b> .....	123
<b>silver sulfadiazine cream 1%</b> ....	110
<b>SIMBRINZA SUS 1-0.2%</b> .....	138
<b>simvastatin tab 10 mg</b> .....	62
<b>simvastatin tab 20 mg</b> .....	62
<b>simvastatin tab 40 mg</b> .....	62
<b>simvastatin tab 5 mg</b> .....	62
<b>simvastatin tab 80 mg</b> .....	62
<b>siponimod fumarate</b>	
see MAYZENT TAB 0.25MG .....	146
see MAYZENT TAB 2MG .....	146
<b>sirolimus oral soln 1 mg/ml</b> .....	134
<b>sirolimus tab 0.5 mg</b> .....	134
<b>sirolimus tab 1 mg</b> .....	134
<b>sirolimus tab 2 mg</b> .....	134
<b>sitagliptin phosphate</b>	
see JANUVIA TAB 100MG .....	54
see JANUVIA TAB 25MG .....	54
see JANUVIA TAB 50MG .....	54
<b>sitagliptin-metformin hcl</b>	
see JANUMET TAB 50-1000 .....	52
see JANUMET TAB 50-500MG .....	52
see JANUMET XR TAB 100-1000 ....	53
see JANUMET XR TAB 50-1000 .....	52
see JANUMET XR TAB 50-500MG ..	52
<b>sodium chloride soln nebu 0.9%</b> .....	106
<b>sodium chloride soln nebu 10%</b> .....	106
<b>sodium chloride soln nebu 3%</b> ..	106
<b>sodium chloride soln nebu 7%</b> ..	106
<b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</b> .....	131
<b>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</b> .....	131
<b>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</b> .....	131
<b>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</b> .....	131
<b>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</b> .....	131
<b>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</b> .....	131
<b>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</b> .....	131
<b>sodium fluoride tab 1 mg f (from 2.2 mg naf)</b> .....	131
<b>sodium phenylbutyrate oral powder 3 gm/teaspoonful</b> .....	117
<b>sodium phenylbutyrate tab 500 mg</b> .....	118
<b>sodium picosulfate-magnesium oxide-anhydrous citric acid</b>	
see CLENPIQ SOL .....	127
<b>sodium polystyrene sulfonate oral susp 15 gm/60ml</b> .....	134
<b>sodium polystyrene sulfonate powder</b> .....	134
<b>sodium polystyrene sulfonate rectal susp 30 gm/120ml</b> .....	134
<b>sodium zirconium cyclosilicate</b>	
see LOKELMA PAK 10GM .....	134
see LOKELMA PAK 5GM .....	134
<b>sofosbuvir-velpatasvir</b>	
see EPCLUSA TAB 200-50MG .....	84
see EPCLUSA TAB 400-100 .....	84
<b>sofosbuvir-velpatasvir-voxilaprevir</b>	
see VOSEVI TAB .....	85
<b>solifenacin succinate tab 10 mg</b> ..	154
<b>solifenacin succinate tab 5 mg</b> ..	154
<b>SOLQUA INJ 100/33</b> .....	53
<b>solriamfetol hcl</b>	
see SUNOSI TAB 150MG .....	16
see SUNOSI TAB 75MG .....	16
<b>sonidegib phosphate</b>	
see ODOMZO CAP 200MG .....	70
<b>SOOLANTRA CRE 1%</b> .....	114
<b>Sorine</b>	
see sotalol hcl tab 80 mg .....	87
<b>sotalol hcl (afib/afl) tab 120 mg</b> ..	87
<b>sotalol hcl (afib/afl) tab 160 mg</b> ..	87
<b>sotalol hcl (afib/afl) tab 80 mg</b> ...	87
<b>sotalol hcl tab 120 mg</b> .....	87
<b>sotalol hcl tab 160 mg</b> .....	87
<b>sotalol hcl tab 240 mg</b> .....	87
<b>sotalol hcl tab 80 mg</b> .....	87
<b>spinosad susp 0.9%</b> .....	114
<b>SPIRIVA AER 1.25MCG</b> .....	39
<b>SPIRIVA CAP HANDIHLR</b> .....	39
<b>SPIRIVA SPR 2.5MCG</b> .....	39
<b>spironolactone &amp; hydrochlorothiazide</b>	

see ALDACTAZIDE TAB 50/50 .....	115
<b>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</b> .....	115
<b>spironolactone tab 100 mg</b> .....	116
<b>spironolactone tab 25 mg</b> .....	116
<b>spironolactone tab 50 mg</b> .....	116
SPRYCEL TAB 100MG .....	74
SPRYCEL TAB 140MG .....	74
SPRYCEL TAB 20MG .....	73
SPRYCEL TAB 50MG .....	73
SPRYCEL TAB 70MG .....	73
SPRYCEL TAB 80MG .....	74
Ssd	
see silver sulfadiazine cream 1% .	110
<b>stavudine cap 15 mg</b> .....	83
<b>stavudine cap 20 mg</b> .....	83
<b>stavudine cap 30 mg</b> .....	83
<b>stavudine cap 40 mg</b> .....	83
STIOLTO AER 2.5-2.5 .....	42
STRIVERDI AER 2.5MCG .....	42
SUBSYS SPR 100MCG .....	29
SUBSYS SPR 1200MCG .....	29
SUBSYS SPR 1600MCG .....	29
SUBSYS SPR 200MCG .....	29
SUBSYS SPR 400MCG .....	29
SUBSYS SPR 600MCG .....	29
SUBSYS SPR 800MCG .....	29
Subvenite	
see lamotrigine tab 100 mg .....	45
see lamotrigine tab 25 mg .....	45
Subvenite Starter Kit/blu	
see lamotrigine tab 35 x 25 mg starter kit .....	45
Subvenite Starter Kit/gre	
see lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit .....	45
Subvenite Starter Kit/ora	
see lamotrigine tab 25 mg (42) & 100 mg (7) starter kit .....	45
<b>sucralfate tab 1 gm</b> .....	152
<b>sucroferic oxyhydroxide</b>	
see VELPHORO CHW 500MG .....	122
<b>sulconazole nitrate cream 1%</b> ...	109
<b>sulconazole nitrate solution 1%</b>	109
<b>sulfacetamide sodium lotion 10% (acne)</b> .....	107

<b>sulfacetamide sodium ophth oint 10%</b> .....	139
<b>sulfacetamide sodium ophth soln 10%</b> .....	139
<b>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</b> .....	108
sulfacetamide sodium w/ sulfur emulsion 10-1% .....	108
<b>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</b> ....	140
<b>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</b> .....	35
<b>sulfamethoxazole-trimethoprim tab 400-80 mg</b> .....	35
<b>sulfamethoxazole-trimethoprim tab 800-160 mg</b> .....	35
Sulfamez Wash	
see sulfacetamide sodium w/ sulfur emulsion 10-1% .....	108
<b>sulfasalazine tab 500 mg</b> .....	121
<b>sulfasalazine tab delayed release 500 mg</b> .....	121
Sulfatrim Pediatric	
see sulfamethoxazole-trimethoprim susp 200-40 mg/5ml .....	35
<b>sulindac tab 150 mg</b> .....	23
<b>sulindac tab 200 mg</b> .....	23
<b>sumatriptan nasal spray 20 mg/act</b> .....	130
<b>sumatriptan nasal spray 5 mg/act</b> .....	130
<b>sumatriptan succinate</b>	
see ONZETRA XSAI MIS 11MG ...	130
<b>sumatriptan succinate inj 6 mg/0.5ml</b> .....	130
<b>sumatriptan succinate solution auto-injector 4 mg/0.5ml</b> .....	130
<b>sumatriptan succinate solution auto-injector 6 mg/0.5ml</b> .....	130
<b>sumatriptan succinate solution cartridge 4 mg/0.5ml</b> .....	130
<b>sumatriptan succinate solution cartridge 6 mg/0.5ml</b> .....	130
<b>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</b> ..	130
<b>sumatriptan succinate tab 100 mg</b> .....	130

<b>sumatriptan succinate tab 25 mg</b>	130
<b>sumatriptan succinate tab 50 mg</b>	130
<b>sunitinib malate</b>	
see SUTENT CAP 12.5MG	74
see SUTENT CAP 25MG	74
see SUTENT CAP 37.5MG	74
see SUTENT CAP 50MG	74
SUNOSI TAB 150MG	16
SUNOSI TAB 75MG	16
SUPRAX CHW 100MG	93
SUPRAX CHW 200MG	93
SUPRAX SUS 500/5ML	93
SUTENT CAP 12.5MG	74
SUTENT CAP 25MG	74
SUTENT CAP 37.5MG	74
SUTENT CAP 50MG	74
<b>suvorexant</b>	
see BELSOMRA TAB 10MG	127
see BELSOMRA TAB 15MG	127
see BELSOMRA TAB 20MG	127
see BELSOMRA TAB 5MG	127
SYMBICORT AER 160-4.5	42
SYMBICORT AER 80-4.5	42
SYMJEPI INJ 0.15MG	155
SYMJEPI INJ 0.3MG	155
SYMLINPEN 60 INJ 1000MCG	52
SYMLNPEN 120 INJ 1000MCG	52
SYMPROIC TAB 0.2MG	122
SYMTUZA TAB	83
SYNJARDY TAB	53
SYNJARDY TAB 12.5-500	53
SYNJARDY TAB 5-1000MG	53
SYNJARDY TAB 5-500MG	53
SYNJARDY XR TAB	53
SYNJARDY XR TAB 10-1000	53
SYNJARDY XR TAB 25-1000	53
SYNJARDY XR TAB 5-1000MG	53
SYNTHROID TAB 100MCG	151
SYNTHROID TAB 112MCG	151
SYNTHROID TAB 125MCG	151
SYNTHROID TAB 137MCG	151
SYNTHROID TAB 150MCG	151
SYNTHROID TAB 175MCG	151
SYNTHROID TAB 200MCG	151
SYNTHROID TAB 25MCG	151

SYNTHROID TAB 300MCG	151
SYNTHROID TAB 50MCG	151
SYNTHROID TAB 75MCG	151
SYNTHROID TAB 88MCG	151
<b>T</b>	
TABLOID TAB 40MG	70
<b>tacrolimus cap 0.5 mg</b>	134
<b>tacrolimus cap 1 mg</b>	134
<b>tacrolimus cap 5 mg</b>	134
<b>tacrolimus oint 0.03%</b>	113
<b>tacrolimus oint 0.1%</b>	113
<b>tadalafil tab 2.5 mg</b>	91
<b>tadalafil tab 20 mg (pah)</b>	91
<b>tadalafil tab 5 mg</b>	91
<b>tafluprost</b>	
see ZIOPTAN DRO 0.0015%	141
<b>tamoxifen citrate tab 10 mg (base equivalent)</b>	71
<b>tamoxifen citrate tab 20 mg (base equivalent)</b>	71
<b>tamsulosin hcl cap 0.4 mg</b>	123
<b>tapentadol hcl</b>	
see NUCYNTA ER TAB 100MG	28
see NUCYNTA ER TAB 150MG	28
see NUCYNTA ER TAB 200MG	28
see NUCYNTA ER TAB 250MG	28
see NUCYNTA ER TAB 50MG	28
see NUCYNTA TAB 100MG	28
see NUCYNTA TAB 50MG	28
see NUCYNTA TAB 75MG	28
Taron-crystals	
see potassium citrate & citric acid powder pack 3300-1002 mg	122
<b>tavaborole soln 5%</b>	109
<b>tazarotene cream 0.1%</b>	110
Taztia Xt	
see diltiazem hcl extended release beads cap er 24hr 120 mg	88
TEKTURN HCT TAB 150-12.5	67
TEKTURN HCT TAB 150-25MG	67
TEKTURN HCT TAB 300-12.5	67
TEKTURN HCT TAB 300-25MG	67
<b>telmisartan tab 20 mg</b>	63
<b>telmisartan tab 40 mg</b>	63
<b>telmisartan tab 80 mg</b>	64
<b>telmisartan-amlodipine tab 40-10 mg</b>	67



<b>telmisartan-amlodipine tab 40-5 mg</b>	67
<b>telmisartan-amlodipine tab 80-10 mg</b>	68
<b>telmisartan-amlodipine tab 80-5 mg</b>	68
<b>telmisartan-hydrochlorothiazide tab 40-12.5 mg</b>	68
<b>telmisartan-hydrochlorothiazide tab 80-12.5 mg</b>	68
<b>telmisartan-hydrochlorothiazide tab 80-25 mg</b>	68
<b>temazepam cap 15 mg</b>	127
<b>temazepam cap 22.5 mg</b>	127
<b>temazepam cap 30 mg</b>	127
<b>temazepam cap 7.5 mg</b>	127
TEMIXYS TAB 300-300	83
<b>temozolomide cap 100 mg</b>	70
<b>temozolomide cap 140 mg</b>	70
<b>temozolomide cap 180 mg</b>	70
<b>temozolomide cap 20 mg</b>	70
<b>temozolomide cap 250 mg</b>	70
<b>temozolomide cap 5 mg</b>	70
Tencon	
see butalbital-acetaminophen tab 50-325 mg	23
<b>tenofovir alafenamide fumarate</b>	
see VEMLIDY TAB 25MG	85
<b>tenofovir disoproxil fumarate tab 300 mg</b>	83
<b>terazosin hcl cap 1 mg (base equivalent)</b>	64
<b>terazosin hcl cap 10 mg (base equivalent)</b>	64
<b>terazosin hcl cap 2 mg (base equivalent)</b>	64
<b>terazosin hcl cap 5 mg (base equivalent)</b>	64
<b>terbinafine hcl tab 250 mg</b>	58
<b>terbutaline sulfate tab 2.5 mg</b>	42
<b>terbutaline sulfate tab 5 mg</b>	42
<b>terconazole vaginal cream 0.4%</b>	155
<b>terconazole vaginal cream 0.8%</b>	155
<b>terconazole vaginal suppos 80 mg</b>	155

<b>teriflunomide</b>	
see AUBAGIO TAB 14MG	146
see AUBAGIO TAB 7MG	145
<b>testosterone</b>	
see ANDRODERM DIS 2MG/24HR	33
see ANDRODERM DIS 4MG/24HR	34
<b>testosterone td gel 10mg/act (2%)</b>	34
<b>testosterone td gel 12.5 mg/act (1%)</b>	34
<b>testosterone td gel 20.25 mg/1.25gm (1.62%)</b>	34
<b>testosterone td gel 20.25 mg/act (1.62%)</b>	34
<b>testosterone td gel 25 mg/2.5gm (1%)</b>	34
<b>testosterone td gel 40.5 mg/2.5gm (1.62%)</b>	34
<b>testosterone td gel 50 mg/5gm (1%)</b>	34
<b>testosterone td soln 30 mg/act</b>	34
<b>tetrabenazine tab 12.5 mg</b>	145
<b>tetrabenazine tab 25 mg</b>	145
<b>tetracycline hcl cap 250 mg</b>	148
<b>tetracycline hcl cap 500 mg</b>	148
TEXACORT SOL 2.5%	113
<b>thalidomide</b>	
see THALOMID CAP 100MG	133
see THALOMID CAP 150MG	133
see THALOMID CAP 200MG	133
see THALOMID CAP 50MG	133
THALOMID CAP 100MG	133
THALOMID CAP 150MG	133
THALOMID CAP 200MG	133
THALOMID CAP 50MG	133
<b>theophylline soln 80 mg/15ml</b>	42
<b>theophylline tab er 12hr 300 mg</b>	42
<b>theophylline tab er 12hr 450 mg</b>	42
<b>theophylline tab er 24hr 400 mg</b>	42
<b>theophylline tab er 24hr 600 mg</b>	42
<b>thioguanine</b>	
see TABLOID TAB 40MG	70
<b>thioridazine hcl tab 10 mg</b>	80
<b>thioridazine hcl tab 100 mg</b>	80
<b>thioridazine hcl tab 25 mg</b>	80
<b>thioridazine hcl tab 50 mg</b>	80
<b>thiothixene cap 1 mg</b>	80

<b>thiothixene cap 10 mg</b> .....	80
<b>thiothixene cap 2 mg</b> .....	80
<b>thiothixene cap 5 mg</b> .....	80
thyroid tab 15 mg (1/4 grain) .....	151
Tiadylt Er	
see diltiazem hcl extended release	
beads cap er 24hr 120 mg ...	88, 89
<b>tiagabine hcl tab 12 mg</b> .....	47
<b>tiagabine hcl tab 16 mg</b> .....	47
<b>tiagabine hcl tab 2 mg</b> .....	47
<b>tiagabine hcl tab 4 mg</b> .....	47
<b>ticagrelor</b>	
see BRILINTA TAB 60MG .....	124
see BRILINTA TAB 90MG .....	124
<b>timolol</b>	
see BETIMOL SOL 0.25%.....	137
see BETIMOL SOL 0.5% .....	137
<b>timolol maleate ophth gel forming</b>	
<b>soln 0.25%</b> .....	138
<b>timolol maleate ophth gel forming</b>	
<b>soln 0.5%</b> .....	138
<b>timolol maleate ophth soln 0.25%</b>	
.....	138
<b>timolol maleate ophth soln 0.5%</b>	
.....	138
<b>timolol maleate ophth soln 0.5%</b>	
<b>(once-daily)</b> .....	138
<b>timolol maleate preservative free</b>	
<b>ophth soln 0.5%</b> .....	138
<b>timolol maleate tab 10 mg</b> .....	87
<b>timolol maleate tab 20 mg</b> .....	87
<b>timolol maleate tab 5 mg</b> .....	87
<b>timothy grass pollen allergen</b>	
<b>extract</b>	
see GRASTEK SUB 2800BAU .....	21
<b>tinidazole tab 250 mg</b> .....	35
<b>tinidazole tab 500 mg</b> .....	35
<b>tiotropium bromide monohydrate</b>	
see SPIRIVA AER 1.25MCG .....	39
see SPIRIVA CAP HANDIHLR .....	39
see SPIRIVA SPR 2.5MCG .....	39
<b>tiotropium bromide-olodaterol hcl</b>	
see STIOLTO AER 2.5-2.5.....	42
TIVICAY PD TAB 5MG.....	83
TIVICAY TAB 10MG.....	84
TIVICAY TAB 25MG.....	84
TIVICAY TAB 50MG.....	84
<b>tizanidine hcl cap 2 mg (base</b>	
<b>equivalent)</b> .....	136
<b>tizanidine hcl cap 4 mg (base</b>	
<b>equivalent)</b> .....	136
<b>tizanidine hcl cap 6 mg (base</b>	
<b>equivalent)</b> .....	136
<b>tizanidine hcl tab 2 mg (base</b>	
<b>equivalent)</b> .....	136
<b>tizanidine hcl tab 4 mg (base</b>	
<b>equivalent)</b> .....	136
TOBRADEX OIN 0.3-0.1% .....	140
TOBRADEX ST SUS 0.3-0.05.....	140
<b>tobramycin (ophth)</b>	
see TOBREX OIN 0.3% OP .....	139
<b>tobramycin nebu soln 300 mg/4ml</b>	
.....	21
<b>tobramycin nebu soln 300 mg/5ml</b>	
.....	21
<b>tobramycin ophth soln 0.3%</b> ....	139
<b>tobramycin-dexamethasone</b>	
see TOBRADEX OIN 0.3-0.1% ....	140
see TOBRADEX ST SUS 0.3-0.05 .	140
<b>tobramycin-dexamethasone ophth</b>	
<b>susp 0.3-0.1%</b> .....	140
TOBREX OIN 0.3% OP .....	139
<b>tofacitinib citrate</b>	
see XELJANZ TAB 10MG .....	21
see XELJANZ TAB 5MG .....	21
see XELJANZ XR TAB 11MG .....	21
see XELJANZ XR TAB 22MG .....	21
TOLAK CRE 4% .....	110
<b>tolbutamide tab 500 mg</b> .....	56
<b>tolcapone tab 100 mg</b> .....	75
<b>tolmetin sodium cap 400 mg</b> .....	23
<b>tolmetin sodium tab 600 mg</b> .....	23
<b>tolterodine tartrate cap er 24hr 2</b>	
<b>mg</b> .....	154
<b>tolterodine tartrate cap er 24hr 4</b>	
<b>mg</b> .....	154
<b>tolterodine tartrate tab 1 mg</b> ....	154
<b>tolterodine tartrate tab 2 mg</b> ....	154
<b>tolvaptan tab 15 mg</b> .....	118
<b>tolvaptan tab 30 mg</b> .....	118
<b>topiramate</b>	
see TROKENDI XR CAP 100MG .....	46
see TROKENDI XR CAP 200MG .....	46
see TROKENDI XR CAP 25MG .....	46

see TROKENDI XR CAP 50MG .....	46
<b>topiramate cap er 24hr sprinkle</b>	
<b>100 mg</b> .....	46
<b>topiramate cap er 24hr sprinkle</b>	
<b>150 mg</b> .....	46
<b>topiramate cap er 24hr sprinkle</b>	
<b>200 mg</b> .....	46
<b>topiramate cap er 24hr sprinkle 25</b>	
<b>mg</b> .....	46
<b>topiramate cap er 24hr sprinkle 50</b>	
<b>mg</b> .....	46
<b>topiramate sprinkle cap 15 mg</b> ....	46
<b>topiramate sprinkle cap 25 mg</b> ....	46
<b>topiramate tab 100 mg</b> .....	46
<b>topiramate tab 200 mg</b> .....	46
<b>topiramate tab 25 mg</b> .....	46
<b>topiramate tab 50 mg</b> .....	46
<b>toremifene citrate tab 60 mg (base</b>	
<b>equivalent)</b> .....	71
<b>torsemide tab 10 mg</b> .....	116
<b>torsemide tab 100 mg</b> .....	116
<b>torsemide tab 20 mg</b> .....	116
<b>torsemide tab 5 mg</b> .....	116
TOUJEO MAX INJ 300IU/ML .....	55
TOUJEO SOLO INJ 300IU/ML .....	55
Tovet	
see clobetasol propionate emulsion	
foam 0.05% .....	111
TOVIAZ TAB 4MG .....	154
TOVIAZ TAB 8MG .....	154
<b>tramadol hcl cap er 24hr biphasic</b>	
<b>release 100 mg</b> .....	29
<b>tramadol hcl cap er 24hr biphasic</b>	
<b>release 150 mg</b> .....	29
<b>tramadol hcl cap er 24hr biphasic</b>	
<b>release 200 mg</b> .....	29
<b>tramadol hcl cap er 24hr biphasic</b>	
<b>release 300 mg</b> .....	29
<b>tramadol hcl tab 50 mg</b> .....	29
<b>tramadol hcl tab er 24hr 100 mg</b> .	30
<b>tramadol hcl tab er 24hr 200 mg</b> .	30
<b>tramadol hcl tab er 24hr 300 mg</b> .	30
<b>tramadol hcl tab er 24hr biphasic</b>	
<b>release 100 mg</b> .....	30
<b>tramadol hcl tab er 24hr biphasic</b>	
<b>release 200 mg</b> .....	30

<b>tramadol hcl tab er 24hr biphasic</b>	
<b>release 300 mg</b> .....	30
<b>tramadol-acetaminophen tab 37.5-</b>	
<b>325 mg</b> .....	32
<b>trandolapril tab 1 mg</b> .....	63
<b>trandolapril tab 2 mg</b> .....	63
<b>trandolapril tab 4 mg</b> .....	63
<b>trandolapril-verapamil hcl tab er 1-</b>	
<b>240 mg</b> .....	68
<b>trandolapril-verapamil hcl tab er 2-</b>	
<b>180 mg</b> .....	68
<b>trandolapril-verapamil hcl tab er 2-</b>	
<b>240 mg</b> .....	68
<b>trandolapril-verapamil hcl tab er 4-</b>	
<b>240 mg</b> .....	68
<b>tranexamic acid tab 650 mg</b> .....	126
<b>tranylcypromine sulfate tab 10 mg</b>	
.....	49
<b>travoprost ophth soln 0.004%</b>	
<b>(benzalkonium free) (bak free)</b>	
.....	141
<b>trazodone hcl tab 100 mg</b> .....	50
<b>trazodone hcl tab 150 mg</b> .....	50
<b>trazodone hcl tab 300 mg</b> .....	50
<b>trazodone hcl tab 50 mg</b> .....	50
TRELEGY AER ELLIPTA .....	42
<b>treprostinil diolamine</b>	
see ORENITRAM TAB 0.125MG .....	91
see ORENITRAM TAB 0.25MG .....	91
see ORENITRAM TAB 1MG .....	91
see ORENITRAM TAB 2.5MG .....	91
see ORENITRAM TAB 5MG .....	91
TRESIBA FLEX INJ 100UNIT .....	55
TRESIBA FLEX INJ 200UNIT .....	55
TRESIBA INJ 100UNIT .....	55
<b>tretinoin cap 10 mg</b> .....	74
<b>tretinoin cream 0.025%</b> .....	108
<b>tretinoin cream 0.05%</b> .....	108
<b>tretinoin cream 0.1%</b> .....	108
<b>tretinoin gel 0.01%</b> .....	108
<b>tretinoin gel 0.025%</b> .....	108
<b>tretinoin gel 0.05%</b> .....	108
<b>tretinoin microsphere gel 0.04%</b>	
.....	108
<b>tretinoin microsphere gel 0.1%</b> .	108
TREXALL TAB 10MG .....	70
TREXALL TAB 15MG .....	70

TREXALL TAB 5MG.....	70
TREXALL TAB 7.5MG .....	70
Trezix	
see <b>acetaminophen-caffeine-</b>	
<b>dihydrocodeine cap 320.5-30-</b>	
<b>16 mg</b> .....	30
Tri Femynor	
see norgestimate-eth estrad tab	
0.18-35/0.215-35/0.25-35 mg-mcg	
.....	102
<b>triamcinolone acetonide cream</b>	
<b>0.025%</b> .....	113
<b>triamcinolone acetonide cream</b>	
<b>0.1%</b> .....	113
<b>triamcinolone acetonide cream</b>	
<b>0.5%</b> .....	113
<b>triamcinolone acetonide dental</b>	
<b>paste 0.1%</b> .....	135
<b>triamcinolone acetonide lotion</b>	
<b>0.025%</b> .....	113
<b>triamcinolone acetonide lotion</b>	
<b>0.1%</b> .....	113
<b>triamcinolone acetonide oint</b>	
<b>0.025%</b> .....	113
<b>triamcinolone acetonide oint</b>	
<b>0.05%</b> .....	113
<b>triamcinolone acetonide oint 0.1%</b>	
.....	113
<b>triamcinolone acetonide oint 0.5%</b>	
.....	113
<b>triamterene &amp; hydrochlorothiazide</b>	
<b>cap 37.5-25 mg</b> .....	115
<b>triamterene &amp; hydrochlorothiazide</b>	
<b>tab 37.5-25 mg</b> .....	115
<b>triamterene &amp; hydrochlorothiazide</b>	
<b>tab 75-50 mg</b> .....	115
<b>triamterene cap 100 mg</b> .....	116
<b>triamterene cap 50 mg</b> .....	116
Trianex	
see <b>triamcinolone acetonide oint</b>	
<b>0.05%</b> .....	113
<b>triazolam tab 0.125 mg</b> .....	127
<b>triazolam tab 0.25 mg</b> .....	127
Triderm	
see triamcinolone acetonide cream	
0.1% .....	113
<b>trientine hcl cap 250 mg</b> .....	133

<b>trifluoperazine hcl tab 1 mg (base</b>	
<b>equivalent)</b> .....	80
<b>trifluoperazine hcl tab 10 mg (base</b>	
<b>equivalent)</b> .....	80
<b>trifluoperazine hcl tab 2 mg (base</b>	
<b>equivalent)</b> .....	80
<b>trifluoperazine hcl tab 5 mg (base</b>	
<b>equivalent)</b> .....	80
<b>trifluridine ophth soln 1%</b> .....	139
<b>trihexyphenidyl hcl oral soln 0.4</b>	
<b>mg/ml</b> .....	75
<b>trihexyphenidyl hcl tab 2 mg</b> .....	75
<b>trihexyphenidyl hcl tab 5 mg</b> .....	75
TRIJARDY XR TAB .....	53
Tri-lo-estarylla	
see norgestimate-eth estrad tab	
0.18-25/0.215-25/0.25-25 mg-mcg	
.....	101
<b>trimethobenzamide hcl cap 300 mg</b>	
.....	57
<b>trimethoprim tab 100 mg</b> .....	35
<b>trimipramine maleate cap 100 mg</b>	
.....	52
<b>trimipramine maleate cap 25 mg</b> .....	52
<b>trimipramine maleate cap 50 mg</b> .....	52
Trinate	
see prenatal vit w/ fe fumarate-fa tab	
28-1 mg .....	136
TRINTELLIX TAB 10MG .....	50
TRINTELLIX TAB 20MG .....	50
TRINTELLIX TAB 5MG .....	50
TRIUMEQ TAB .....	84
Tri-vylibra	
see norgestimate-eth estrad tab	
0.18-35/0.215-35/0.25-35 mg-mcg	
.....	102
TROKENDI XR CAP 100MG .....	46
TROKENDI XR CAP 200MG .....	46
TROKENDI XR CAP 25MG .....	46
TROKENDI XR CAP 50MG .....	46
<b>tropicamide ophth soln 0.5%</b> ....	138
<b>tropicamide ophth soln 1%</b> .....	138
<b>tropium chloride cap er 24hr 60</b>	
<b>mg</b> .....	154
<b>tropium chloride tab 20 mg</b> ....	154
TRULICITY INJ 0.75/0.5 .....	54
TRULICITY INJ 1.5/0.5 .....	54

TRULICITY INJ 3/0.5.....	54
TRULICITY INJ 4.5/0.5.....	54
TRUVADA TAB 100-150.....	84
TRUVADA TAB 133-200.....	84
TRUVADA TAB 167-250.....	84
Tydemyl	
see drospirenone-ethinyl estrad-	
levomefolate tab 3-0.03-0.451 mg	
.....	94

## U

UBRELVY TAB 100MG.....	129
UBRELVY TAB 50MG .....	129
<b>ubrogepant</b>	
see UBRELVY TAB 100MG .....	129
see UBRELVY TAB 50MG.....	129

## **umeclidinium-vilanterol**

see ANORO ELLIPT AER 62.5-25....	41
----------------------------------	----

## **upadacitinib**

see RINVOQ TAB 15MG ER .....	21
UPTRAVI TAB 1000MCG .....	92
UPTRAVI TAB 1200MCG .....	92
UPTRAVI TAB 1400MCG .....	92
UPTRAVI TAB 1600MCG .....	92
UPTRAVI TAB 200/800 .....	92
UPTRAVI TAB 200MCG .....	92
UPTRAVI TAB 400MCG .....	92
UPTRAVI TAB 600MCG .....	92
UPTRAVI TAB 800MCG .....	92

## **uridine triacetate (emergency treatment)**

see VISTOGARD PAK 10GM.....	57
-----------------------------	----

<b>ursodiol cap 300 mg</b> .....	121
----------------------------------	-----

<b>ursodiol tab 250 mg</b> .....	121
----------------------------------	-----

<b>ursodiol tab 500 mg</b> .....	121
----------------------------------	-----

## V

<b>valacyclovir hcl tab 1 gm</b> .....	85
--	----

<b>valacyclovir hcl tab 500 mg</b> .....	85
--	----

## **valbenazine tosylate**

see INGREZZA CAP 40-80MG .....	145
--------------------------------	-----

see INGREZZA CAP 40MG.....	145
----------------------------	-----

see INGREZZA CAP 80MG.....	145
----------------------------	-----

<b>valganciclovir hcl for soln 50 mg/ml (base equiv)</b> .....	84
--	----

<b>valganciclovir hcl tab 450 mg (base equivalent)</b> .....	84
--	----

<b>valproate sodium oral soln 250 mg/5ml (base equiv)</b> .....	48
---	----

<b>valproic acid cap 250 mg</b> .....	48
---------------------------------------	----

<b>valsartan tab 160 mg</b> .....	64
-----------------------------------	----

<b>valsartan tab 320 mg</b> .....	64
-----------------------------------	----

<b>valsartan tab 40 mg</b> .....	64
----------------------------------	----

<b>valsartan tab 80 mg</b> .....	64
----------------------------------	----

<b>valsartan-hydrochlorothiazide tab 160-12.5 mg</b> .....	68
--	----

<b>valsartan-hydrochlorothiazide tab 160-25 mg</b> .....	68
--	----

<b>valsartan-hydrochlorothiazide tab 320-12.5 mg</b> .....	68
--	----

<b>valsartan-hydrochlorothiazide tab 320-25 mg</b> .....	68
--	----

<b>valsartan-hydrochlorothiazide tab 80-12.5 mg</b> .....	68
---	----

VALTOCO LIQ 15MG .....	44
------------------------	----

VALTOCO LIQ 20MG .....	44
------------------------	----

VALTOCO SPR 10MG.....	44
-----------------------	----

VALTOCO SPR 5MG .....	44
-----------------------	----

<b>vancomycin hcl cap 125 mg (base equivalent)</b> .....	35
--	----

<b>vancomycin hcl cap 250 mg (base equivalent)</b> .....	35
--	----

## Vandazole

see metronidazole vaginal gel 0.75%	
.....	155

## **varenicline tartrate**

see CHANTIX PAK 0.5& 1MG .....	146
--------------------------------	-----

see CHANTIX PAK 1MG .....	147
---------------------------	-----

see CHANTIX TAB 0.5MG.....	147
----------------------------	-----

see CHANTIX TAB 1MG .....	147
---------------------------	-----

VASCEPA CAP 0.5GM .....	59
-------------------------	----

VASCEPA CAP 1GM.....	60
----------------------	----

VELPHORO CHW 500MG.....	122
-------------------------	-----

VELTASSA POW 16.8GM.....	134
--------------------------	-----

VELTASSA POW 25.2GM.....	134
--------------------------	-----

VELTASSA POW 8.4GM .....	134
--------------------------	-----

VEMLIDY TAB 25MG .....	85
------------------------	----

<b>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</b> .....	50
---	----

<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</b> .....	50
--	----

<b>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</b> .....	50
--	----

<b>venlafaxine hcl tab 100 mg (base equivalent)</b> .....	51
---	----

<b>venlafaxine hcl tab 25 mg (base equivalent)</b> .....	50
<b>venlafaxine hcl tab 37.5 mg (base equivalent)</b> .....	50
<b>venlafaxine hcl tab 50 mg (base equivalent)</b> .....	50
<b>venlafaxine hcl tab 75 mg (base equivalent)</b> .....	51
<b>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</b> .....	51
<b>verapamil hcl cap er 24hr 100 mg</b> .....	89
<b>verapamil hcl cap er 24hr 120 mg</b> .....	89
<b>verapamil hcl cap er 24hr 180 mg</b> .....	89
<b>verapamil hcl cap er 24hr 200 mg</b> .....	89
<b>verapamil hcl cap er 24hr 240 mg</b> .....	89
<b>verapamil hcl cap er 24hr 300 mg</b> .....	89
<b>verapamil hcl cap er 24hr 360 mg</b> .....	89
<b>verapamil hcl tab 120 mg</b> .....	90
<b>verapamil hcl tab 40 mg</b> .....	89
<b>verapamil hcl tab 80 mg</b> .....	89
<b>verapamil hcl tab er 120 mg</b> .....	90
<b>verapamil hcl tab er 180 mg</b> .....	90
<b>verapamil hcl tab er 240 mg</b> .....	90
<b>VIBERZI TAB 100MG</b> .....	122
<b>VIBERZI TAB 75MG</b> .....	122
<b>VIBRAMYCIN SYP 50MG/5ML</b> .....	148
<b>VICTOZA INJ 18MG/3ML</b> .....	54
<b>vigabatrin powd pack 500 mg</b> .....	47
<b>vigabatrin tab 500 mg</b> .....	47
Vigadrone see vigabatrin powd pack 500 mg .....	47
<b>VIMPAT SOL 10MG/ML</b> .....	46
<b>VIMPAT TAB 100MG</b> .....	47
<b>VIMPAT TAB 150MG</b> .....	47
<b>VIMPAT TAB 200MG</b> .....	47
<b>VIMPAT TAB 50MG</b> .....	46
<b>VIOKACE TAB 10440</b> .....	114
<b>VIOKACE TAB 20880</b> .....	114
<b>vismodegib</b> see ERIVEDGE CAP 150MG .....	70
<b>VISTOGARD PAK 10GM</b> .....	57
<b>voriconazole for susp 40 mg/ml</b> ..	58
<b>voriconazole tab 200 mg</b> .....	58
<b>voriconazole tab 50 mg</b> .....	58
<b>vorinostat</b> see ZOLINZA CAP 100MG .....	74
<b>vortioxetine hbr</b> see TRINTELLIX TAB 10MG .....	50
see TRINTELLIX TAB 20MG .....	50
see TRINTELLIX TAB 5MG .....	50
<b>VOSEVI TAB</b> .....	85
<b>VOTRIENT TAB 200MG</b> .....	74
<b>VRAYLAR CAP 1.5-3MG</b> .....	77
<b>VRAYLAR CAP 1.5MG</b> .....	77
<b>VRAYLAR CAP 3MG</b> .....	77
<b>VRAYLAR CAP 4.5MG</b> .....	77
<b>VRAYLAR CAP 6MG</b> .....	77
Vtol Lq see butalbital-acetaminophen- caffeine soln 50-325-40 mg/15ml .....	23
<b>VUMERITY CAP 231MG</b> .....	146
<b>VYVANSE CAP 10MG</b> .....	14
<b>VYVANSE CAP 20MG</b> .....	14
<b>VYVANSE CAP 30MG</b> .....	14
<b>VYVANSE CAP 40MG</b> .....	14
<b>VYVANSE CAP 50MG</b> .....	14
<b>VYVANSE CAP 60MG</b> .....	14
<b>VYVANSE CAP 70MG</b> .....	14
<b>VYVANSE CHW 10MG</b> .....	14
<b>VYVANSE CHW 20MG</b> .....	15
<b>VYVANSE CHW 30MG</b> .....	15
<b>VYVANSE CHW 40MG</b> .....	15
<b>VYVANSE CHW 50MG</b> .....	15
<b>VYVANSE CHW 60MG</b> .....	15
<b>W</b>	
<b>warfarin sodium tab 1 mg</b> .....	42, 43
<b>warfarin sodium tab 10 mg</b> .....	43
<b>warfarin sodium tab 2 mg</b> .....	42
<b>warfarin sodium tab 2.5 mg</b> .....	42
<b>warfarin sodium tab 3 mg</b> .....	42
<b>warfarin sodium tab 4 mg</b> .....	42
<b>warfarin sodium tab 5 mg</b> .....	43
<b>warfarin sodium tab 6 mg</b> .....	43
<b>warfarin sodium tab 7.5 mg</b> .....	43
Wymzya Fe	

see norethindrone & ethinyl  
estradiol-fe chew tab 0.4 mg-35  
mcg .....98

## X

XARELTO STAR TAB 15/20MG .....43  
XARELTO TAB 10MG .....43  
XARELTO TAB 15MG .....43  
XARELTO TAB 2.5MG .....43  
XARELTO TAB 20MG .....43  
XCOPRI PAK 12.5-25 .....47  
XCOPRI PAK 150-200 .....47  
XCOPRI PAK 50-100MG .....47  
XCOPRI TAB 100MG .....47  
XCOPRI TAB 150MG .....47  
XCOPRI TAB 200MG .....47  
XCOPRI TAB 50-200MG .....47  
XCOPRI TAB 50MG .....47  
XELJANZ TAB 10MG .....21  
XELJANZ TAB 5MG .....21  
XELJANZ XR TAB 11MG .....21  
XELJANZ XR TAB 22MG .....21  
XIFAXAN TAB 550MG .....35  
XIGDUO XR TAB 10-1000 .....53  
XIGDUO XR TAB 10-500MG .....53  
XIGDUO XR TAB 2.5-1000 .....53  
XIGDUO XR TAB 5-1000MG .....53  
XIGDUO XR TAB 5-500MG .....53  
XIIDRA DRO 5% .....139  
XOSPATA TAB 40MG .....74  
XTAMPZA ER CAP 13.5MG .....30  
XTAMPZA ER CAP 18MG .....30  
XTAMPZA ER CAP 27MG .....30  
XTAMPZA ER CAP 36MG .....30  
XTAMPZA ER CAP 9MG .....30  
XTANDI CAP 40MG .....71

## Xulane

see norelgestromin-ethinyl estradiol  
td ptwk 150-35 mcg/24hr .....102  
XULTOPHY INJ 100/3.6 .....53

## Y

YONSA TAB 125MG .....71  
YUPELRI SOL .....39

## Yuvaferm

see estradiol vaginal tab 10 mcg .155

## Z

**zafirlukast tab 10 mg** .....40  
**zafirlukast tab 20 mg** .....40

**zaleplon cap 10 mg** .....127  
**zaleplon cap 5 mg** .....127  
**zanamivir**

see RELENZA MIS DISKHALE .....85  
ZEJULA CAP 100MG .....74  
ZENPEP CAP 10000UNT .....115  
ZENPEP CAP 15000UNT .....115  
ZENPEP CAP 20000UNT .....115  
ZENPEP CAP 25000 .....115  
ZENPEP CAP 3000UNIT .....115  
ZENPEP CAP 40000 .....115  
ZENPEP CAP 5000UNIT .....115

## Zenzedi

see dextroamphetamine sulfate tab  
10 mg .....13  
see dextroamphetamine sulfate tab  
15 mg .....13  
see dextroamphetamine sulfate tab  
2.5 mg .....13  
see dextroamphetamine sulfate tab  
20 mg .....13  
see dextroamphetamine sulfate tab  
30 mg .....13  
see dextroamphetamine sulfate tab 5  
mg .....13  
see dextroamphetamine sulfate tab  
7.5 mg .....13

ZEPOSIA 7DAY CAP STR PACK .....146  
ZEPOSIA CAP .92MG .....146  
ZEPOSIA CAP STR KIT .....146

**zidovudine cap 100 mg** .....84

**zidovudine syrup 10 mg/ml** .....84

**zidovudine tab 300 mg** .....84

**zileuton tab er 12hr 600 mg** .....40

ZIOPTAN DRO 0.0015% .....141

**ziprasidone hcl cap 20 mg** .....77

**ziprasidone hcl cap 40 mg** .....77

**ziprasidone hcl cap 60 mg** .....77

**ziprasidone hcl cap 80 mg** .....77

ZOLINZA CAP 100MG .....74

## zolmitriptan

see ZOMIG SPR 2.5MG .....131

see ZOMIG SPR 5MG .....131

**zolmitriptan orally disintegrating**

**tab 2.5 mg** .....130

**zolmitriptan orally disintegrating**

**tab 5 mg** .....131

<b>zolmitriptan tab 2.5 mg</b> .....	131
<b>zolmitriptan tab 5 mg</b> .....	131
<b>zolpidem tartrate sl tab 1.75 mg</b>	127
<b>zolpidem tartrate sl tab 3.5 mg</b> .	127
<b>zolpidem tartrate tab 10 mg</b> .....	127
<b>zolpidem tartrate tab 5 mg</b> .....	127
<b>zolpidem tartrate tab er 12.5 mg</b> .....	127
<b>zolpidem tartrate tab er 6.25 mg</b> .....	127
ZOMIG SPR 2.5MG .....	131

ZOMIG SPR 5MG .....	131
<b>zonisamide cap 100 mg</b> .....	47
<b>zonisamide cap 25 mg</b> .....	47
<b>zonisamide cap 50 mg</b> .....	47
ZUBSOLV SUB 0.7-0.18 .....	33
ZUBSOLV SUB 1.4-0.36 .....	33
ZUBSOLV SUB 11.4-2.9 .....	33
ZUBSOLV SUB 2.9-0.71 .....	33
ZUBSOLV SUB 5.7-1.4 .....	33
ZUBSOLV SUB 8.6-2.1 .....	33
ZYCLARA PUMP CRE 2.5% .....	113



## Step Therapy Criteria

### Step Therapy Group

#### Drug Names

#### Step Therapy Criteria

HPGST ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs)-DIRECT RENIN INHIBITORS WITH HCT 824-D

TEKTURNA HCT

Coverage will be provided if the member has filled a prescription of at least two different generic angiotensin converting enzyme (ACE) inhibitors, or angiotensin II receptor antagonists (ARBs), or ACE combination products or ARB combination products (amlodipine/benazepril, benazepril, benazepril HCT, candesartan, candesartan HCTZ, captopril, captopril HCT, enalapril, enalapril HCT, enalaprilat, fosinopril, fosinopril HCT, irbesartan, irbesartan HCT, lisinopril, lisinopril HCT, losartan, losartan HCT, moexipril, moexipril HCT, olmesartan, olmesartan HCTZ, perindopril, quinapril, quinapril HCT, ramipril,trandolapril, telmisartan, telmisartan HCT, trandolapril, trandolapril-verapamil ext-rel, valsartan, valsartan HCT) at least a 30 day supply of each trial drug within the past 365 days

### Step Therapy Group

#### Drug Names

#### Step Therapy Criteria

HPGST ANTIPSYCHOTICS 478-D

LATUDA, VRAYLAR

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

### Step Therapy Group

#### Drug Names

#### Step Therapy Criteria

HPGST PPI 832-D

DEXILANT, PRILOSEC

Coverage will be provided if the member has filled a prescription for at least two different generic proton pump inhibitors (at least a 30 day supply of each drug within the past 180 days)

### Step Therapy Group

#### Drug Names

#### Step Therapy Criteria

HPGST PROSTAGL ANALOG 612-D

ROCKLATAN, ZIOPTAN

Coverage will be provided if the member has filled a prescription for generic latanoprost or travoprost (at least a 30 day supply within the past 365 days)

### Step Therapy Group

#### Drug Names

#### Step Therapy Criteria

HPGST SSRI 409-D

TRINTELLIX

Coverage will be provided if the member has filled a prescription of a generic SSRI product (at least a 30 day supply within the past 365 days)

### Step Therapy Group

#### Drug Names

#### Step Therapy Criteria

HPGST TRIPTANS 410-D

ONZETRA XSAIL

Coverage will be provided if the member has filled a prescription of a generic triptan (almotriptan, eletriptan, frovatriptan, sumatriptan, naratriptan, rizatriptan, rizatriptan ODT, zolmitriptan, Sumatriptan-Naproxen Sodium) at least a 30 day supply within the past 180 days

<b>Step Therapy Group</b> <b>Drug Names</b> <b>Step Therapy Criteria</b>	<b>HPGST URINARY ANTISPASMODICS 834-D</b> <b>MYRBETRIQ</b> Coverage will be provided if the member has filled a prescription for at least two different generic urinary antispasmodics (oxybutynin, oxybutynin extended release, tolterodine tartrate, tolterodine tartrate SR, trospium, trospium ext-rel) at least a 30 day supply within the past 180 days
<b>Step Therapy Group</b> <b>Drug Names</b>	<b>OPIOID ER 2219-M</b> BELBUCA, BUPRENORPHINE, FENTANYL, HYDROMORPHONE HCL ER, METHADONE HCL, METHADONE HYDROCHLORIDE, MORPHINE SULFATE ER, NUCYNTA ER, OXYCODONE HCL ER, OXYCODONE HYDROCHLORIDE E, TRAMADOL HCL ER, XTAMPZA ER
<b>Step Therapy Criteria</b>	Coverage will be provided if the member has filled a cumulative 7-day or greater supply of an immediate-release opioid agent within the past 90 days OR has been receiving an extended-release opioid agent for a cumulative 30 days or greater within the past 90 days.
<b>Step Therapy Group</b> <b>Drug Names</b>	<b>OPIOID IR COMBO PRODUCTS 1358-E</b> ACETAMINOPHEN/CAFFEINE/DI, ACETAMINOPHEN/CODEINE, ACETAMINOPHEN/CODEINE PHO, ENDOCET, HYDROCODONE BITARTRATE/AC, HYDROCODONE/IBUPROFEN, OXYCODONE/ACETAMINOPHEN, OXYCODONE/ASPIRIN, TRAMADOL HYDROCHLORIDE/AC, TREZIX
<b>Step Therapy Criteria</b>	Coverage will be provided to the member for up to a 7-day supply of immediate-release opioids if the member does not have at least a cumulative 7-day supply of an opioid agent (immediate- or extended-release) within the past 90 days.



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