

# **Sutter Health Plus Formulary**

## **Drug List for HMO Members**

**Effective May 1, 2024**

This formulary is the list of prescription drugs available to Sutter Health Plus members for all plans and products Sutter Health Plus offers.

This formulary is subject to change. All past versions of the formulary are no longer in use. Sutter Health Plus last updated the formulary on May 1, 2024. The current formulary is available to members on the CVS Caremark® custom website for Sutter Health Plus members at [info.caremark.com/oe/sutterhealthplus](https://info.caremark.com/oe/sutterhealthplus). It is also available on the Sutter Health Plus website at [sutterhealthplus.org/pharmacy](https://sutterhealthplus.org/pharmacy).

Members can find complete information about their prescription drug benefits, including cost sharing amounts in their Evidence of Coverage and Disclosure Form (EOC). The EOCs are available on the Sutter Health Plus member portal at [shplus.org/memberportal](https://shplus.org/memberportal) (registration required).

## Table of Contents

Updates To the Formulary .....	4
How To Use the Formulary .....	5
Benefit Coverage and Limitations .....	6
Requesting Prior Authorizations .....	9
Locating a Retail Pharmacy .....	10
Mail Order With CVS Caremark .....	11
Specialty Pharmacy Services .....	11
Definitions .....	12
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS .....</b>	<b>15</b>
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES .....</b>	<b>19</b>
<b>AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS .....</b>	<b>20</b>
<b>ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION .....</b>	<b>20</b>
<b>ANALGESICS - NONNARCOTIC - DRUGS TO TREAT PAIN AND FEVER.....</b>	<b>29</b>
<b>ANALGESICS - OPIOID - DRUGS TO TREAT PAIN .....</b>	<b>29</b>
<b>ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES .....</b>	<b>35</b>
<b>ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS.....</b>	<b>36</b>
<b>ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES.....</b>	<b>36</b>
<b>ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS.....</b>	<b>36</b>
<b>ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS.....</b>	<b>38</b>
<b>ANTIANKXIETY AGENTS - DRUGS TO TREAT ANXIETY.....</b>	<b>38</b>
<b>ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS .....</b>	<b>40</b>
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE.....</b>	<b>40</b>
<b>ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS .....</b>	<b>44</b>
<b>ANTICONVULSANTS - DRUGS TO TREAT SEIZURES.....</b>	<b>45</b>
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION.....</b>	<b>50</b>
<b>ANTIDIABETICS - DRUGS TO TREAT DIABETES.....</b>	<b>53</b>
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA.....</b>	<b>57</b>
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING.....</b>	<b>57</b>
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING .....</b>	<b>58</b>
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS.....</b>	<b>59</b>
<b>ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES .....</b>	<b>59</b>
<b>ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH CHOLESTEROL .....</b>	<b>60</b>
<b>ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE.....</b>	<b>62</b>
<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA .....</b>	<b>67</b>
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS .....</b>	<b>67</b>
<b>ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS.....</b>	<b>67</b>
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER .....</b>	<b>68</b>

<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE.....</b>	<b>76</b>
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES .....</b>	<b>79</b>
<b>ANTISEPTICS &amp; DISINFECTANTS - PRODUCTS TO DISINFECT .....</b>	<b>82</b>
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS.....</b>	<b>83</b>
<b>BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS .....</b>	<b>86</b>
<b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS.....</b>	<b>88</b>
<b>CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS .....</b>	<b>91</b>
<b>CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS .....</b>	<b>91</b>
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS.....</b>	<b>93</b>
<b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL.....</b>	<b>94</b>
<b>CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE .....</b>	<b>104</b>
<b>COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS .....</b>	<b>105</b>
<b>DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS.....</b>	<b>106</b>
<b>DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS.....</b>	<b>114</b>
<b>DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS ..</b>	<b>115</b>
<b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS.....</b>	<b>116</b>
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES .....</b>	<b>117</b>
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES.....</b>	<b>121</b>
<b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS.....</b>	<b>123</b>
<b>GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS .....</b>	<b>123</b>
<b>GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS.....</b>	<b>125</b>
<b>GOUT AGENTS - DRUGS TO TREAT GOUT .....</b>	<b>126</b>
<b>HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS.....</b>	<b>126</b>
<b>HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS .....</b>	<b>127</b>
<b>HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS.....</b>	<b>130</b>
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS.....</b>	<b>130</b>
<b>LAXATIVES - DRUGS TO TREAT CONSTIPATION .....</b>	<b>131</b>
<b>MACROLIDES - DRUGS TO TREAT INFECTIONS .....</b>	<b>131</b>
<b>MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING .....</b>	<b>132</b>
<b>MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES.....</b>	<b>142</b>
<b>MINERALS &amp; ELECTROLYTES - DRUGS FOR NUTRITION.....</b>	<b>144</b>
<b>MISCELLANEOUS THERAPEUTIC CLASSES .....</b>	<b>145</b>
<b>MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT ..</b>	<b>147</b>
<b>MULTIVITAMINS - DRUGS FOR NUTRITION .....</b>	<b>148</b>

<b>MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS</b>	<b>148</b>
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE .....</b>	<b>149</b>
<b>NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES .....</b>	<b>149</b>
<b>OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS .....</b>	<b>149</b>
<b>OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR .....</b>	<b>152</b>
<b>OXYTOCICS - DRUGS FOR PREGNANCY .....</b>	<b>153</b>
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS .....</b>	<b>153</b>
<b>PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING .....</b>	<b>154</b>
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES .....</b>	<b>154</b>
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS .....</b>	<b>154</b>
<b>RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS ...</b>	<b>159</b>
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS.....</b>	<b>159</b>
<b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS .....</b>	<b>160</b>
<b>TOXOIDS - DRUGS TO PREVENT INFECTIONS .....</b>	<b>162</b>
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID .....</b>	<b>162</b>
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE.....</b>	<b>164</b>
<b>VACCINES - DRUGS TO PREVENT INFECTIONS.....</b>	<b>164</b>
<b>VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS .....</b>	<b>167</b>
<b>VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>	<b>168</b>
<b>VITAMINS - DRUGS FOR NUTRITION .....</b>	<b>168</b>
<b>Index .....</b>	<b>169</b>

This document is the Sutter Health Plus Formulary, a list of Food and Drug Administration (FDA)-approved generic and brand name drugs covered by Sutter Health Plus under your outpatient prescription drug benefit. This formulary outlines the preferred drugs covered by your outpatient prescription drug benefit. Drugs that are preferred for certain conditions are listed as Preferred within the description in the Coverage Requirements and Limits column of the drug list portion. The availability of a drug on the formulary does not mean your doctor will prescribe it for your condition. The formulary helps you and your doctor determine the right drug to prescribe to treat your needs. Drugs not listed on the formulary, or “non-formulary drugs,” will also be covered if medically necessary. All non-formulary drugs must be prior authorized.

The CVS Caremark Pharmacy and Therapeutics (P&T) Committee assesses all drugs included in the formulary for clinical appropriateness, process requirements and coverage limitations. When necessary, the Sutter Health Plus P&T Committee reviews, approves and modifies CVS Caremark selections. Doctors and pharmacists make up both P&T Committees. They meet regularly to decide what drugs should be included in the formulary. The P&T Committees choose drugs based on their safety, effectiveness and value.

## **Updates To the Formulary**

CVS Caremark updates the drugs on a monthly basis, and content may change. Changes to the drugs listed in this formulary may include:

- Removing a drug or dosage form of a drug.
- Changing tier placement of a drug that results in a different cost share.
- Adding or changing prior authorization and step therapy requirements for a drug.

During your plan year, any changes to the formulary that benefit you, such as moving a drug to a lower tier for lower cost share, happen right away. Sutter Health Plus notifies you at least 60 days in advance of any changes that increase your cost share or impose new limits or processes on a drug you take.

You can get the most current formulary on the Sutter Health Plus website at [sutterhealthplus.org/pharmacy](https://sutterhealthplus.org/pharmacy), or the CVS Caremark guest website for Sutter Health Plus members at [info.caremark.com/oe/sutterhealthplus](https://info.caremark.com/oe/sutterhealthplus).

If you have questions about your pharmacy coverage or the list of drugs covered by Sutter Health Plus, call Sutter Health Plus Member Services at

855-315-5800. Member Services is available Monday through Friday, 8 a.m. to 7 p.m. Member Services can answer questions about your pharmacy benefits, including:

- The process for submitting a prior authorization (PA) request (exception request) for drugs that require PA or a step therapy exception.
- Information about drugs covered under your medical benefit versus your pharmacy benefit.
- Actual dollar amounts of your cost sharing (copays, coinsurance and deductibles).

### How To Use the Formulary

Sutter Health Plus organizes the drugs by drug category and class based on the Medi-Span drug classification system. The drugs in each category are in alphabetical order by their generic name or most common brand name.

The formulary lists generic drugs in all ***bold and italicized lowercase*** letters. The formulary lists brand name drugs in all CAPITAL letters followed by the generic name in parentheses in all ***bold and italicized lowercase*** letters.

Example:

Drug Type	How drug will appear in the categorical list
generic drug	<b><i>Pravastatin</i></b>
brand drug	PRAVACHOL ( <b><i>pravastatin</i></b> )

When a generic equivalent for a brand name drug is available and covered, Sutter Health Plus lists the generic drug separately from the brand name drug in all ***bold and italicized lowercase*** letters.

When a generic equivalent for a brand name drug is not available or not covered, Sutter Health Plus does not list the generic drug separately.

When a manufacturer markets a generic drug under a proprietary, trademark-protected brand name, we list the brand name after the generic drug in parentheses with the first letter of each word capitalized. For example, (Digoxin) DIGITEK.

Members can search the formulary by using the index, either by generic or brand name, and by therapeutic drug category. Brand names usually cost more and are not preferred over generic alternatives. Any drug not found in

this list or any updates published by CVS Caremark or Sutter Health Plus requires prior authorization.

Some drugs have certain process requirements or limitations for coverage. We identify these drugs on the formulary by the letters listed and explained below. Your Sutter Health Plus EOC explains the details of the process requirements and limitations and how you or your provider can ask for exceptions.

<b>Abbreviation</b>	<b>Definition</b>	<b>Comments</b>
<b>AG</b>	Age Edit	Drug may not be recommended for some patients based on age
<b>PA</b>	Prior Authorization	Requires your doctor to request prior authorization to support use of this drug
<b>PA**</b>	Prior Authorization	Requires prior authorization when step therapy is not met
<b>QL</b>	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
<b>ST</b>	Step Therapy	Coverage may depend on previous use of another drug
<b>OAC</b>	Oral Anticancer	Orally administered anticancer drugs have a maximum limit on the copayment amount

## **Benefit Coverage and Limitations**

This printed formulary does not provide information regarding the specific benefit coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, cost shares or a lack of coverage, which the formulary does not reflect. For example, drugs for the treatment of infertility may not be covered. Refer to your specific plan documents for more information regarding your specific coverage.

**Depending on a member’s specific benefit, the following may apply:**

### **1. Generic Substitution**

When available, Sutter Health Plus uses the FDA-approved generic drugs in most situations, regardless of the brand name indicated. Members usually have lower cost share when they use generic drugs.

If a member or the member’s provider requests a brand name drug instead of an approved generic, the member, based on their coverage, is usually required to pay the additional amount of the difference between the

pharmacy's contracted rate for the brand name drug and the allowed prescription drug amount. Doctors can request prior authorization if they determine that there is a medical need for the brand name drug.

## 2. Four-Tier Benefit

The formulary is a four-tier benefit design. Tiers are the different cost levels you pay for a drug. Each tier is assigned a member cost share. This is how much you pay when you fill a prescription. You can refer to your Benefits and Coverage Matrix to determine your cost share for each drug tier. The four tiers are:

- Tier 1 – Most generic drugs and low-cost preferred brand name drugs are covered at the lowest cost share.
- Tier 2 – Preferred brand name drugs, non-preferred generic drugs and drugs recommended by the Sutter Health Plus P&T Committee based on safety, efficacy and cost are covered at the second lowest tier cost share.
- Tier 3 – Non-preferred brand name drugs or drugs that the Sutter Health Plus P&T Committee recommends based on safety, efficacy and cost are covered at the third lowest tier cost share. These drugs generally have a preferred and often less costly therapeutic alternative at a lower tier.
- Tier 4 – Drugs that the FDA or drug manufacturer requires be distributed through a specialty pharmacy, drugs that require the member to have special training or clinical monitoring for self-administration, or drugs that cost Sutter Health Plus more than \$600 net of rebates for a one-month supply.

Sutter Health Plus also uses the following abbreviations next to some drugs to help members identify certain drug categories.

<b>Abbreviation</b>	<b>Definition</b>	<b>Comments</b>
<b>CM</b>	Contraceptive Management	Drugs used for contraceptive management
<b>DM</b>	Diabetes Management	Drugs used for diabetes management
<b>PC</b>	Preventive Health or Care	Those preventive care drugs with \$0 cost share
<b>SP</b>	Specialty	Specialty Drugs are usually injectable, infused, oral or inhaled and require close supervision and therapy monitoring



If your drug is in Tier 2 or 3, look to see if there is a Tier 1 option available. Discuss these options with your doctor. Member cost sharing for oral anticancer drugs will not exceed \$250 per prescription for up to a 30-day supply. If your benefit plan is a high-deductible health plan compatible with a health savings account, this does not apply until after you meet your deductible.

It is important to note that drug costs change frequently. If you have a percent-of-cost coinsurance or deductible, you can confirm your cost share by calling CVS Caremark or your pharmacy before picking up your prescription.

### **3. Preventive Care**

All preventive care drug categories have products that Sutter Health Plus covers with \$0 cost share. Sutter Health Plus covers these preventive care drugs, including but not limited to contraceptives and smoking cessation products, at \$0 when a participating doctor prescribes and you use a network pharmacy. We list preventive care drugs and products in the print formulary as Tier 0 to help differentiate this group of drugs that have a \$0 cost share. Refer to your EOC for more information regarding coverage of preventive care drugs and products.

### **4. Contraceptive Coverage**

Sutter Health Plus covers select FDA-approved contraceptive drugs, devices and other products, including over-the-counter at \$0 cost share.

If your doctor determines you need a drug, device or product that Sutter Health Plus does not cover at \$0 cost share, they can submit a prior authorization for coverage. If CVS Caremark determines the request is medically necessary, Sutter Health Plus covers at \$0 cost share.

Sutter Health Plus covers up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives that a provider, pharmacist or location licensed or authorized to dispense drugs or supplies dispenses at one time to a member.

### **5. Diabetic Drug Coverage**

Sutter Health Plus covers diabetes blood testing equipment, blood glucose meters and their supplies, such as test strips, lancets and lancet devices, under the prescription drug benefit. A participating provider must prescribe the equipment and members must pick up at a participating retail or mail order pharmacy.

### **6. Medical Benefit Drug Coverage**

The formulary only applies to outpatient drugs provided to members. It does not apply to drugs used in inpatient settings like the hospital or administered by a provider in a clinic or office setting.

Sutter Health Plus covers drugs that require administration by a doctor or other clinician (such as a home health nurse) as a medical benefit, rather than a prescription drug benefit. These include chemotherapy, home infusion and injectable drugs (other than self-injectables). You can find complete information about the differences between drugs covered under your medical benefit and drugs covered under your prescription drug benefit in your EOC.

## **7. Prior Authorization**

There are a number of drugs listed in the formulary that require prior authorization to ensure appropriate use based on criteria set by the P&T Committees. Examples include drugs used for complex or non-FDA-approved indications (off-label use), specialty drugs and drugs requiring step therapy. Prescription drugs not listed in the formulary (non-formulary) also require prior authorization to determine medical necessity. CVS Caremark reviews each request on an individual patient need basis.

## **8. Drug Quantity Limits**

Some drugs have quantity limits — drugs that Sutter Health Plus and CVS Caremark cover for specific quantities per prescription or time periods. A member's doctor can request prior authorization for quantities that exceed these limits. Some drugs prescribed for sexual dysfunction, such as Cialis, Levitra or Viagra (or their generic equivalents), are limited to a certain number of tablets per time period.

## **9. Step Therapy**

Step therapy requires providers to prescribe certain prescription drugs for a particular medical condition before Sutter Health Plus covers other drugs with the same indications. When a drug is subject to step therapy, members may have to try one or more first-line drugs prior to CVS Caremark approving a second-line drug. Sutter Health Plus and CVS Caremark base step therapy requirements on national treatment guidelines, FDA recommendations and the relative cost of treatment. CVS Caremark reviews prior authorization requests for approving exceptions to step therapy requirements when such exceptions are medically necessary and/or clinically appropriate.

## **Requesting Prior Authorizations**

Providers must submit a prior authorization request to CVS Caremark for drugs that require prior authorization, step therapy or exceed the quantity limit. CVS Caremark also reviews requests for medical necessity for non-formulary drugs through this same prior authorization process. Providers can submit a request to CVS Caremark using one of the following methods:

- Fax a completed Prescription Drug Prior Authorization or Step Therapy Exception Request Form to CVS Caremark at 888-836-0730.
- Call CVS Caremark at 844-740-0635 and provide all necessary information requested.
- Online at [covermymeds.com](https://covermymeds.com) (registration required).

CVS Caremark processes and reaches a decision on prior authorization requests within a timeframe appropriate for the patient's condition, not to exceed 72 hours for non-urgent requests and 24 hours for urgent or exigent requests. CVS Caremark notifies the member, or the member's authorized representative, and the prescribing provider of the decision within 24 hours for urgent or exigent requests, and within 72 hours for non-urgent requests. If CVS Caremark does not respond within these timeframes, the prior authorization or step therapy request is considered approved. For non-urgent requests, coverage will be authorized for the duration of the prescription, including refills. For urgent or exigent requests, coverage, including refills, will be authorized for the duration of the exigency.

If CVS Caremark denies the request, the member may file a grievance with Sutter Health Plus. For more information, refer to the Grievances section of your EOC.

CVS Caremark may authorize continuation of coverage for a drug previously approved for a member's medical condition, as long as the provider continues to prescribe for the same medical condition and it remains a safe and effective treatment option.

Exigent circumstances exist when one of the following is true:

- A member is suffering from a health condition that may seriously jeopardize their life, health or ability to regain maximum function.
- A member is undergoing a current course of treatment using a non-formulary drug.

An incomplete request may delay the authorization process or result in a denial. Additionally, if the prior authorization request does not meet established guidelines, CVS Caremark may not approve it and may recommend a different drug. Refer to your EOC for more information regarding prior authorization timelines.

### **Locating a Retail Pharmacy**

Sutter Health Plus does not cover prescription drugs dispensed by non-participating pharmacies, except:

- For emergency or urgent situations, including drugs prescribed for mental health and substance use disorder treatment, or
- When dispensed as part of a Community Assistance, Recovery, and Empowerment (CARE) agreement or CARE plan approved by a court.

You can search for a participating retail pharmacy by clicking the Find a Pharmacy link at [info.caremark.com/oe/sutterhealthplus](http://info.caremark.com/oe/sutterhealthplus).

You can search for a pharmacy by entering a ZIP code or a city and state.

You can also find a pharmacy by using the CVS Caremark Pharmacy Locator tool on the CVS Caremark member portal at [caremark.com](http://caremark.com) (registration required).

### **Mail Order With CVS Caremark**

CVS Caremark Mail Service Pharmacy is the CVS Caremark mail order pharmacy. Mail order allows you to receive up to a 100-day supply, as your benefit plan allows, of your maintenance drugs.

If you currently receive your maintenance drug from a retail pharmacy, call CVS Caremark Customer Care at 844-740-0635 and a representative can help you transfer your prescription to home delivery.

If you need to fill a new prescription for a maintenance drug, your doctor can complete a FastStart® New Prescription Fax Form and fax it along with a prescription for up to a 100-day supply to 800-378-0323 or send the prescription electronically.

You can also complete the CVS Caremark Mail Service Order Form and mail it along with your hard-copy prescription and required copay to CVS Caremark at P.O. Box 659541, San Antonio, TX 78265-9541.

### **Specialty Pharmacy Services**

Specialty drugs are usually injectable, infused, oral or inhaled and require close supervision and therapy monitoring. The Sutter Health Plus Specialty Pharmacy Program focuses on patient safety, with requirements designed to assure that you:

- Know how to take these drugs correctly.
- Receive safe, effective specialty drugs.
- Have timely and convenient access to the specialty drugs you need.

CVS Caremark contracts with CVS Specialty®. CVS Specialty provides mail order fulfillment of specialty prescription drugs to the member's home or

place of business. (Note: Specialty drugs, regardless of tier, are not available through the CVS Caremark Mail Service Pharmacy mail order program.)

CVS Specialty also provides member programs and services, including access to specialty-trained pharmacists and nurses 24-hours a day, seven days a week and online tools to help members manage their specialty drugs.

Contact CVS Specialty at 800-237-2767 or visit [caremark.com](http://caremark.com).

## **Definitions**

Sutter Health Plus may use the following words and definitions throughout this formulary.

**Brand name drug:** A drug that a manufacturer markets under a proprietary, trademark protected name. The brand name drug is listed in all CAPITAL letters.

**Coinsurance:** A percentage of the charges that members must pay for covered services after the deductible, if a deductible applies.

**Copayment:** A specific dollar amount that members must pay for covered services after the deductible if a deductible applies.

**Cost Sharing:** The amount members must pay for covered services, including deductibles, copayments and coinsurance. Cost Sharing is also referred to as out-of-pocket cost.

**Deductible:** The amount a member must pay for covered healthcare benefits before the member's health plan begins paying for all or part of the cost of the health care benefit under the terms of the policy.

**Drug Tier:** A group of prescription drugs that corresponds to a specified cost-sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the member's portion of the cost for the drug.

**Exception Request:** A request for coverage of a prescription drug. If a member, their designee or prescribing healthcare provider submits an exception request for coverage of a prescription drug, Sutter Health Plus plan allows coverage of the prescription drug when the drug is determined to be medically necessary to treat the member's condition.

**Exigent Circumstances:** 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 a member is undergoing a current course of treatment using a non-formulary drug.

**Formulary:** The complete list of self-administered, FDA-approved, outpatient prescription drugs evaluated by the Sutter Health Plus P&T Committee for use and eligible for coverage under the Sutter Health Plus health plan. Formulary is also known as a prescription drug list.

**Generic Drug:** 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 all ***bold and italicized lowercase*** letters.

**Member:** A subscriber (defined below), or a qualified dependent family member enrolled in a health plan who is entitled to receive covered services.

**Non-formulary drug:** A self-administered, FDA-approved, outpatient prescription drug that is not listed on the formulary following evaluation by the Sutter Health Plus P&T Committee.

**Participating provider:** A participating provider group, participating physician, hospital, other licensed health professional, or licensed health facility or other health professional authorized under California law to practice in the State of California, who or which, at the time care is provided to a member, has a contract with Sutter Health Plus to provide covered services to members.

**Prescribing provider:** A healthcare provider authorized to write a prescription to treat a medical condition for a health plan member.

**Prescription:** An oral, written or electronic order by a provider for a specific member. The prescription contains the name of the drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the provider, the signature of the provider if the prescription is in writing, and if requested by the member, the medical condition or purpose for which the provider is prescribing the drug.

**Prescription drug:** A drug a member's provider prescribes that requires a prescription under applicable law.

**Prior authorization:** The requirement that the member's participating provider receives prior authorization for a prescription drug before Sutter Health Plus covers the drug. The health plan must grant a prior authorization when it is medically necessary for the member to obtain the drug.

**Step therapy:** Requires providers to prescribe certain prescription drugs for a particular medical condition before Sutter Health Plus covers other drugs with the same indications. When a drug is subject to step therapy, members may have to try one or more first-line drugs prior to approving a second-line drug.

**Subscriber:** A member who is eligible for membership on their own behalf and not by virtue of dependent status, and who meets the eligibility requirements as a subscriber.

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>		
<b>AMPHETAMINES</b>		
<i>amphetamine sulfate tab 5 mg</i>	1	QL (120 tabs every 25 days)
<i>amphetamine sulfate tab 10 mg</i>	1	QL (120 tabs every 25 days)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	1	QL (60 caps every 25 days)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	1	QL (60 caps every 25 days)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs every 25 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs every 25 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs every 25 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs every 25 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs every 25 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs every 25 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs every 25 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (120 caps every 25 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (120 caps every 25 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (60 caps every 25 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (1200 mL every 25 days)
(Dextroamphetamine Sulfate Oral Solution 5 mg/5ml)	1	QL (1200 mL every 25 days)
PROCENTRA		
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	QL (120 tabs every 25 days)
(Dextroamphetamine Sulfate Tab 2.5 mg) ZENZEDI	1	QL (120 tabs every 25 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (120 tabs every 25 days)

**AGE** - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA\*\*** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Dextroamphetamine Sulfate Tab 5 mg) ZENZEDI	1	QL (120 tabs every 25 days)
<b>dextroamphetamine sulfate tab 7.5 mg</b>	1	QL (120 tabs every 25 days)
(Dextroamphetamine Sulfate Tab 7.5 mg) ZENZEDI	1	QL (120 tabs every 25 days)
<b>dextroamphetamine sulfate tab 10 mg</b>	1	QL (120 tabs every 25 days)
(Dextroamphetamine Sulfate Tab 10 mg) ZENZEDI	1	QL (120 tabs every 25 days)
<b>dextroamphetamine sulfate tab 15 mg</b>	1	QL (60 tabs every 25 days)
(Dextroamphetamine Sulfate Tab 15 mg) ZENZEDI	1	QL (60 tabs every 25 days)
<b>dextroamphetamine sulfate tab 20 mg</b>	1	QL (60 tabs every 25 days)
(Dextroamphetamine Sulfate Tab 20 mg) ZENZEDI	1	QL (60 tabs every 25 days)
<b>dextroamphetamine sulfate tab 30 mg</b>	1	QL (30 tabs every 25 days)
(Dextroamphetamine Sulfate Tab 30 mg) ZENZEDI	1	QL (30 tabs every 25 days)
<b>lisdexamfetamine dimesylate cap 10 mg</b>	1	QL (60 caps every 25 days)
<b>lisdexamfetamine dimesylate cap 20 mg</b>	1	QL (60 caps every 25 days)
<b>lisdexamfetamine dimesylate cap 30 mg</b>	1	QL (60 caps every 25 days)
<b>lisdexamfetamine dimesylate cap 40 mg</b>	1	QL (30 caps every 25 days)
<b>lisdexamfetamine dimesylate cap 50 mg</b>	1	QL (30 caps every 25 days)
<b>lisdexamfetamine dimesylate cap 60 mg</b>	1	QL (30 caps every 25 days)
<b>lisdexamfetamine dimesylate cap 70 mg</b>	1	QL (30 caps every 25 days)
<b>lisdexamfetamine dimesylate chew tab 10 mg</b>	1	QL (60 tabs every 25 days)
<b>lisdexamfetamine dimesylate chew tab 20 mg</b>	1	QL (60 tabs every 25 days)
<b>lisdexamfetamine dimesylate chew tab 30 mg</b>	1	QL (60 tabs every 25 days)
<b>lisdexamfetamine dimesylate chew tab 40 mg</b>	1	QL (30 tabs every 25 days)
<b>lisdexamfetamine dimesylate chew tab 50 mg</b>	1	QL (30 tabs every 25 days)
<b>lisdexamfetamine dimesylate chew tab 60 mg</b>	1	QL (30 tabs every 25 days)
<b>methamphetamine hcl tab 5 mg</b>	1	QL (150 tabs every 25 days)
<b>ANALEPTICS</b>		
<b>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</b>	1	
<b>ANOREXIANTS NON-AMPHETAMINE</b>		
<b>benzphetamine hcl tab 50 mg</b>	1	
<b>diethylpropion hcl tab 25 mg</b>	1	
<b>diethylpropion hcl tab er 24hr 75 mg</b>	1	
<b>phendimetrazine tartrate tab 35 mg</b>	1	
<b>phentermine hcl cap 15 mg</b>	1	
<b>phentermine hcl cap 30 mg</b>	1	
<b>phentermine hcl cap 37.5 mg</b>	1	
<b>phentermine hcl tab 37.5 mg</b>	1	
QSYMIA CAP 3.75-23 ( <b>phentermine hcl-topiramate</b> )	2	PA
QSYMIA CAP 7.5-46MG ( <b>phentermine hcl-topiramate</b> )	2	PA
QSYMIA CAP 11.25-69 ( <b>phentermine hcl-topiramate</b> )	2	PA

**AGE** - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA\*\*** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
QSYMIA CAP 15-92MG ( <i>phentermine hcl-topiramate</i> )	2	PA
<b>ANTI-OBESITY AGENTS</b>		
<i>orlistat cap 120 mg</i>	1	
SAXENDA INJ 18MG/3ML ( <i>liraglutide (weight management)</i> )	2	PA
WEGOVY INJ 0.5MG ( <i>semaglutide (weight management)</i> )	2	PA
WEGOVY INJ 0.25MG ( <i>semaglutide (weight management)</i> )	2	PA
WEGOVY INJ 1.7MG ( <i>semaglutide (weight management)</i> )	2	PA
WEGOVY INJ 1MG ( <i>semaglutide (weight management)</i> )	2	PA
WEGOVY INJ 2.4MG ( <i>semaglutide (weight management)</i> )	2	PA
ZEPBOUND INJ 2.5MG ( <i>tirzepatide (weight management)</i> )	2	PA
ZEPBOUND INJ 5/0.5ML ( <i>tirzepatide (weight management)</i> )	2	PA
ZEPBOUND INJ 7.5MG ( <i>tirzepatide (weight management)</i> )	2	PA
ZEPBOUND INJ 10/0.5ML ( <i>tirzepatide (weight management)</i> )	2	PA
ZEPBOUND INJ 12.5MG ( <i>tirzepatide (weight management)</i> )	2	PA
ZEPBOUND INJ 15/0.5ML ( <i>tirzepatide (weight management)</i> )	2	PA
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - DRUGS TO TREAT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER</b>		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL (120 caps every 25 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL (120 caps every 25 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL (120 caps every 25 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL (60 caps every 25 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL (30 caps every 25 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL (30 caps every 25 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL (30 caps every 25 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i></b>	1	
QELBREE CAP 100MG ER ( <b><i>viloxazine hcl (adhd)</i></b> )	2	QL (90 caps every 25 days)
QELBREE CAP 150MG ER ( <b><i>viloxazine hcl (adhd)</i></b> )	2	QL (90 caps every 25 days)
QELBREE CAP 200MG ER ( <b><i>viloxazine hcl (adhd)</i></b> )	2	QL (90 caps every 25 days)
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI TAB 75MG ( <b><i>solriamfetol hcl</i></b> )	2	PA
SUNOSI TAB 150MG ( <b><i>solriamfetol hcl</i></b> )	2	PA
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS</b>		
WAKIX TAB 4.45MG ( <b><i>pitolisant hcl</i></b> )	4	SP, PA, QL (2 tabs every 1 day)
WAKIX TAB 17.8MG ( <b><i>pitolisant hcl</i></b> )	4	SP, PA, QL (2 tabs every 1 day)
<b>STIMULANTS - MISC.</b>		
<b><i>armodafinil tab 50 mg</i></b>	1	PA
<b><i>armodafinil tab 150 mg</i></b>	1	PA
<b><i>armodafinil tab 200 mg</i></b>	1	PA
<b><i>armodafinil tab 250 mg</i></b>	1	PA
AZSTARYS CAP 26.1-5.2 ( <b><i>serdexmethylphenidate chloride-dexmethylphenidate hcl</i></b> )	2	QL (30 caps every 25 days)
AZSTARYS CAP 39.2-7.8 ( <b><i>serdexmethylphenidate chloride-dexmethylphenidate hcl</i></b> )	2	QL (30 caps every 25 days)
AZSTARYS CAP 52.3-10. ( <b><i>serdexmethylphenidate chloride-dexmethylphenidate hcl</i></b> )	2	QL (30 caps every 25 days)
<b><i>dexmethylphenidate hcl cap er 24 hr 5 mg</i></b>	1	QL (60 caps every 25 days)
<b><i>dexmethylphenidate hcl cap er 24 hr 10 mg</i></b>	1	QL (60 caps every 25 days)
<b><i>dexmethylphenidate hcl cap er 24 hr 15 mg</i></b>	1	QL (60 caps every 25 days)
<b><i>dexmethylphenidate hcl cap er 24 hr 20 mg</i></b>	1	QL (60 caps every 25 days)
<b><i>dexmethylphenidate hcl cap er 24 hr 25 mg</i></b>	1	QL (30 caps every 25 days)
<b><i>dexmethylphenidate hcl cap er 24 hr 30 mg</i></b>	1	QL (30 caps every 25 days)
<b><i>dexmethylphenidate hcl cap er 24 hr 35 mg</i></b>	1	QL (30 caps every 25 days)
<b><i>dexmethylphenidate hcl cap er 24 hr 40 mg</i></b>	1	QL (30 caps every 25 days)
<b><i>dexmethylphenidate hcl tab 2.5 mg</i></b>	1	QL (120 tabs every 25 days)
<b><i>dexmethylphenidate hcl tab 5 mg</i></b>	1	QL (120 tabs every 25 days)
<b><i>dexmethylphenidate hcl tab 10 mg</i></b>	1	QL (60 tabs every 25 days)
<b><i>methylphenidate hcl cap er 10 mg (cd)</i></b>	1	QL (60 caps every 25 days)
<b><i>methylphenidate hcl cap er 20 mg (cd)</i></b>	1	QL (60 caps every 25 days)
<b><i>methylphenidate hcl cap er 24hr 10 mg (la)</i></b>	1	QL (60 caps every 25 days)
<b><i>methylphenidate hcl cap er 24hr 10 mg (xr)</i></b>	1	QL (60 caps every 25 days)
<b><i>methylphenidate hcl cap er 24hr 15 mg (xr)</i></b>	1	QL (60 caps every 25 days)
<b><i>methylphenidate hcl cap er 24hr 20 mg (la)</i></b>	1	QL (60 caps every 25 days)
<b><i>methylphenidate hcl cap er 24hr 20 mg (xr)</i></b>	1	QL (60 caps every 25 days)
<b><i>methylphenidate hcl cap er 24hr 30 mg (la)</i></b>	1	QL (60 caps every 25 days)
<b><i>methylphenidate hcl cap er 24hr 30 mg (xr)</i></b>	1	QL (60 caps every 25 days)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (30 caps every 25 days)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	1	QL (30 caps every 25 days)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	1	QL (30 caps every 25 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	QL (30 caps every 25 days)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	1	QL (30 caps every 25 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (60 caps every 25 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (30 caps every 25 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (30 caps every 25 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (30 caps every 25 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (180 tabs every 25 days)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (180 tabs every 25 days)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (180 tabs every 25 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (1800 mL every 25 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (900 mL every 25 days)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (180 tabs every 25 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (180 tabs every 25 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (90 tabs every 25 days)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (90 tabs every 25 days)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (90 tabs every 25 days)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	QL (60 tabs every 25 days)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	QL (60 tabs every 25 days)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	QL (60 tabs every 25 days)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	QL (30 tabs every 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	QL (60 tabs every 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	QL (60 tabs every 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL (60 tabs every 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	QL (30 tabs every 25 days)
<i>methylphenidate td patch 10 mg/9hr</i>	1	QL (30 patches every 25 days)
<i>methylphenidate td patch 15 mg/9hr</i>	1	QL (30 patches every 25 days)
<i>methylphenidate td patch 20 mg/9hr</i>	1	QL (30 patches every 25 days)
<i>methylphenidate td patch 30 mg/9hr</i>	1	QL (30 patches every 25 days)
<i>modafinil tab 100 mg</i>	1	PA
<i>modafinil tab 200 mg</i>	1	PA

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

**ALLERGENIC EXTRACTS**

<i>GRASTEK SUB 2800BAU (timothy grass pollen allergen extract)</i>	2	PA
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ORALAIR SUB 300 IR ( <i>grass mixed pollens allergen extract</i> )	2	PA
RAGWITEK SUB ( <i>short ragweed pollen allergen extract</i> )	2	PA

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

<i>neomycin sulfate tab 500 mg</i>	1	
<i>tobramycin nebu soln 300 mg/4ml</i>	4	SP, PA, QL (56 Ampules every 28 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	4	SP, PA, QL (56 Ampules every 28 days)

**ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION**  
**ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

ADALIMU-ADAZ INJ 40/0.4ML	4	SP, PA, QL (4 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
ADALIMU-ADAZ INJ 40/0.4ML	4	SP, PA, QL (4 syringes every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA INJ 10/0.1ML ( <i>adalimumab</i> )	4	SP, PA, QL (2 PFS every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA INJ 20/0.2ML ( <i>adalimumab</i> )	4	SP, PA, QL (4 PFS every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
HUMIRA INJ 40/0.4ML ( <i>adalimumab</i> )	4	SP, PA, QL (Up to 4 every 28 days based on diagnosis); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA KIT 40MG/0.8 ( <i>adalimumab</i> )	4	SP, PA, QL (4 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEDIA INJ CROHNS ( <i>adalimumab</i> )	4	SP, PA, QL (2 PFS every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEDIA INJ CROHNS ( <i>adalimumab</i> )	4	SP, PA, QL (3 PFS every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEN INJ 40/0.4ML ( <i>adalimumab</i> )	4	SP, PA, QL (Up to 4 every 28 days based on diagnosis); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
HUMIRA PEN INJ 40MG/0.8 ( <i>adalimumab</i> )	4	SP, PA, QL (4 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEN INJ 80/0.8ML ( <i>adalimumab</i> )	4	SP, PA, QL (2 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEN INJ CD/UC/HS ( <i>adalimumab</i> )	4	SP, PA, QL (4 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEN KIT CD/UC/HS ( <i>adalimumab</i> )	4	SP, PA, QL (3 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEN KIT PED UC ( <i>adalimumab</i> )	4	SP, PA, QL (4 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEN KIT PS/UV ( <i>adalimumab</i> )	4	SP, PA, QL (3 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
HYRIMOZ INJ 10/0.1ML ( <i>adalimumab-adaz</i> )	4	SP, PA, QL (2 syringes every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ INJ 20/0.2ML ( <i>adalimumab-adaz</i> )	4	SP, PA, QL (4 syringes every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ INJ 40/0.4ML ( <i>adalimumab-adaz</i> )	4	SP, PA, QL (4 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ INJ 40/0.4ML ( <i>adalimumab-adaz</i> )	4	SP, PA, QL (4 syringes every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ INJ 40/0.8ML ( <i>adalimumab-adaz</i> )	4	SP, PA, QL (4 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ INJ 80/0.8ML ( <i>adalimumab-adaz</i> )	4	SP, PA, QL (2 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
HYRIMOZ SENS INJ 80/0.8ML ( <i>adalimumab-adaz</i> )	4	PA, QL (2 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ SENS INJ 80/0.8ML ( <i>adalimumab-adaz</i> )	4	SP, PA, QL (2 pens every 28 days); QL (2 pens every 28 days), Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ-CROH INJ UC SP ( <i>adalimumab-adaz</i> )	4	SP, PA, QL (Not for daily use (0.008 pens every day)); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ-PED INJ CROHNS ( <i>adalimumab-adaz</i> )	4	SP, PA, QL (Not for daily use (0.005 syringes every day)); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ-PED INJ CROHNS ( <i>adalimumab-adaz</i> )	4	SP, PA, QL (Not for daily use (0.008 syringes every day)); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
HYRIMOZ-PLAQ INJ PSORIASI ( <i>adalimumab-adaz</i> )	4	SP, PA, QL (Not for daily use (0.004 pens every day)); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions

**ANTIRHEUMATIC - ENZYME INHIBITORS**

RINVOQ TAB 15MG ER ( <i>upadacitinib</i> )	4	SP, PA, QL (1 tab every 1 day); Preferred for Ankylosing Spondylitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis
RINVOQ TAB 30MG ER ( <i>upadacitinib</i> )	4	SP, PA, QL (1 tab every 1 day); Preferred for Ulcerative Colitis
RINVOQ TAB 45MG ER ( <i>upadacitinib</i> )	4	SP, PA, QL (1 tab every day. Max of 56 day supply); Preferred for Ulcerative Colitis
XELJANZ SOL 1MG/ML ( <i>tofacitinib citrate</i> )	4	PA, QL (10 mL every 1 day); SP, Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ TAB 5MG ( <i>tofacitinib citrate</i> )	4	SP, PA, QL (2 tabs every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ TAB 10MG ( <i>tofacitinib citrate</i> )	4	SP, PA, QL (2 tabs every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ XR TAB 11MG ( <i>tofacitinib citrate</i> )	4	SP, PA, QL (1 tab every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ XR TAB 22MG ( <i>tofacitinib citrate</i> )	4	SP, PA, QL (1 tab every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis

**ANTIRHEUMATIC ANTIMETABOLITES**

RASUVO INJ 7.5MG ( <i>methotrexate (antirheumatic)</i> )	4	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 10MG ( <i>methotrexate (antirheumatic)</i> )	4	SP, PA, QL (4 pens every 28 days)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
RASUVO INJ 12.5MG ( <b>methotrexate (antirheumatic)</b> )	4	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 15MG ( <b>methotrexate (antirheumatic)</b> )	4	SP, PA, QL (4 pens every 28 days)
RASUVO INJ 17.5MG ( <b>methotrexate (antirheumatic)</b> )	4	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 20MG ( <b>methotrexate (antirheumatic)</b> )	4	SP, PA, QL (4 pens every 28 days)
RASUVO INJ 22.5MG ( <b>methotrexate (antirheumatic)</b> )	4	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 25MG ( <b>methotrexate (antirheumatic)</b> )	4	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 30MG ( <b>methotrexate (antirheumatic)</b> )	4	SP, PA, QL (4 injections every 28 days)

### **INTERLEUKIN-6 RECEPTOR INHIBITORS**

KEVZARA INJ 150/1.14 ( <b>sarilumab</b> )	4	SP, PA, QL (2 pens every 4 Weeks); Preferred for Rheumatoid Arthritis
KEVZARA INJ 150/1.14 ( <b>sarilumab</b> )	4	SP, PA, QL (2 syringes every 4 Weeks); Preferred for Rheumatoid Arthritis
KEVZARA INJ 200/1.14 ( <b>sarilumab</b> )	4	SP, PA, QL (2 pens every 4 Weeks); Preferred for Rheumatoid Arthritis
KEVZARA INJ 200/1.14 ( <b>sarilumab</b> )	4	SP, PA, QL (2 syringes every 4 Weeks); Preferred for Rheumatoid Arthritis

### **NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**

<b>celecoxib cap 50 mg</b>	1	
<b>celecoxib cap 100 mg</b>	1	
<b>celecoxib cap 200 mg</b>	1	
<b>celecoxib cap 400 mg</b>	1	
<b>diclofenac potassium tab 50 mg</b>	1	
<b>diclofenac sodium tab delayed release 25 mg</b>	1	
<b>diclofenac sodium tab delayed release 50 mg</b>	1	
<b>diclofenac sodium tab delayed release 75 mg</b>	1	
<b>diclofenac sodium tab er 24hr 100 mg</b>	1	
<b>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</b>	1	
<b>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</b>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>etodolac cap 200 mg</b>	1	
<b>etodolac cap 300 mg</b>	1	
<b>etodolac tab 400 mg</b>	1	
<b>etodolac tab 500 mg</b>	1	
<b>etodolac tab er 24hr 400 mg</b>	1	
<b>etodolac tab er 24hr 500 mg</b>	1	
<b>etodolac tab er 24hr 600 mg</b>	1	
<b>fenoprofen calcium cap 400 mg</b>	1	
<b>flurbiprofen tab 50 mg</b>	1	
<b>flurbiprofen tab 100 mg</b>	1	
<b>ibuprofen tab 400 mg</b>	1	
(Ibuprofen Tab 400 mg) IBU	1	
<b>ibuprofen tab 600 mg</b>	1	
(Ibuprofen Tab 600 mg) IBU	1	
<b>ibuprofen tab 800 mg</b>	1	
(Ibuprofen Tab 800 mg) IBU	1	
<b>ibuprofen-famotidine tab 800-26.6 mg</b>	1	
<b>indomethacin cap 25 mg</b>	1	
<b>indomethacin cap 50 mg</b>	1	
<b>indomethacin cap er 75 mg</b>	1	
<b>indomethacin suppos 50 mg</b>	1	
<b>indomethacin susp 25 mg/5ml</b>	1	
<b>ketorolac tromethamine tab 10 mg</b>	1	
<b>meclofenamate sodium cap 50 mg</b>	1	
<b>meclofenamate sodium cap 100 mg</b>	1	
<b>mefenamic acid cap 250 mg</b>	1	
<b>meloxicam susp 7.5 mg/5ml</b>	1	
<b>meloxicam tab 7.5 mg</b>	1	
<b>meloxicam tab 15 mg</b>	1	
<b>nabumetone tab 500 mg</b>	1	
<b>nabumetone tab 750 mg</b>	1	
<b>naproxen sodium tab 275 mg</b>	1	
<b>naproxen sodium tab 550 mg</b>	1	
<b>naproxen tab 250 mg</b>	1	
<b>naproxen tab 375 mg</b>	1	
<b>naproxen tab 500 mg</b>	1	
<b>naproxen tab ec 375 mg</b>	1	
(Naproxen Tab Ec 375 mg) EC-NAPROXEN	1	
<b>naproxen tab ec 500 mg</b>	1	
(Naproxen Tab Ec 500 mg) EC-NAPROXEN	1	
<b>oxaprozin cap 300 mg</b>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA TAB 10/20/30 ( <i>apremilast</i> )	4	SP, PA, QL (55 tabs every 28 days); Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 30MG ( <i>apremilast</i> )	4	SP, PA, QL (2 tabs every 1 day); Preferred for Psoriasis, Psoriatic Arthritis
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA CLCK INJ 125MG/ML ( <i>abatacept</i> )	4	SP, PA, QL (4 syringes every 28 days); Preferred for Rheumatoid Arthritis
ORENCIA INJ 50/0.4ML ( <i>abatacept</i> )	4	SP, PA, QL (4 pens every 28 days); Preferred for Rheumatoid Arthritis
ORENCIA INJ 87.5/0.7 ( <i>abatacept</i> )	4	SP, PA, QL (4 syringes every 28 days); Preferred for Rheumatoid Arthritis
ORENCIA INJ 125MG/ML ( <i>abatacept</i> )	4	SP, PA, QL (4 pens every 28 days); Preferred for Rheumatoid Arthritis
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL INJ 25/0.5ML ( <i>etanercept</i> )	4	SP, PA, QL (8 syringes every 28 days); Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions
ENBREL INJ 25MG ( <i>etanercept</i> )	4	SP, PA, QL (8 vials every 28 days); Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ENBREL INJ 50MG/ML ( <i>etanercept</i> )	4	SP, PA, QL (4 syringes every 28 days); Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions
ENBREL MINI INJ 50MG/ML ( <i>etanercept</i> )	4	SP, PA, QL (4 cartridges every 28 days); Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions
ENBREL SRCLK INJ 50MG/ML ( <i>etanercept</i> )	4	SP, PA, QL (4 injections every 28 days); Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions

## **ANALGESICS - NONNARCOTIC - DRUGS TO TREAT PAIN AND FEVER**

### **ANALGESIC COMBINATIONS**

<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL (48 tabs every 25 days)
(Butalbital-Acetaminophen Tab 50-325 mg) TENCON	1	QL (48 tabs every 25 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs every 25 days)
(Butalbital-Acetaminophen-Caffeine Tab 50-325-40 mg) BAC	1	QL (48 tabs every 25 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (48 caps every 25 days)

### **SALICYLATES**

<i>diflunisal tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	

## **ANALGESICS - OPIOID - DRUGS TO TREAT PAIN**

### **OPIOID AGONISTS**

<i>codeine sulfate tab 30 mg</i>	1	PA
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	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	PA, QL (10 patches every 25 days); PA**
<i><b>fentanyl td patch 72hr 25 mcg/hr</b></i>	1	PA, QL (10 patches every 25 days); PA**
<i><b>fentanyl td patch 72hr 37.5 mcg/hr</b></i>	1	PA, QL (10 patches every 25 days); PA**
<i><b>fentanyl td patch 72hr 50 mcg/hr</b></i>	1	PA, QL (10 patches every 25 days); PA**
<i><b>fentanyl td patch 72hr 62.5 mcg/hr</b></i>	1	PA, QL (10 patches every 25 days); PA**
<i><b>fentanyl td patch 72hr 75 mcg/hr</b></i>	1	PA, QL (10 patches every 25 days); PA**
<i><b>fentanyl td patch 72hr 87.5 mcg/hr</b></i>	1	PA, QL (10 patches every 25 days); PA**
<i><b>fentanyl td patch 72hr 100 mcg/hr</b></i>	1	PA, QL (10 patches every 25 days); PA**
<i><b>hydrocodone bitartrate cap er 12hr 10 mg</b></i>	1	PA, QL (2 caps every 1 day)
<i><b>hydrocodone bitartrate cap er 12hr 15 mg</b></i>	1	PA, QL (2 caps every 1 day)
<i><b>hydrocodone bitartrate cap er 12hr 20 mg</b></i>	1	PA, QL (2 caps every 1 day)
<i><b>hydrocodone bitartrate cap er 12hr 30 mg</b></i>	1	PA, QL (2 caps every 1 day)
<i><b>hydrocodone bitartrate cap er 12hr 40 mg</b></i>	1	PA, QL (2 caps every 1 day)
<i><b>hydrocodone bitartrate cap er 12hr 50 mg</b></i>	1	PA, QL (2 caps every 1 day)
<i><b>hydrocodone bitartrate tab er 24hr deter 20 mg</b></i>	1	PA, QL (1 tab every 1 day); PA**
<i><b>hydrocodone bitartrate tab er 24hr deter 30 mg</b></i>	1	PA, QL (1 tab every 1 day); PA**
<i><b>hydrocodone bitartrate tab er 24hr deter 40 mg</b></i>	1	PA, QL (1 tab every 1 day); PA**
<i><b>hydrocodone bitartrate tab er 24hr deter 60 mg</b></i>	1	PA, QL (1 tab every 1 day); PA**
<i><b>hydrocodone bitartrate tab er 24hr deter 80 mg</b></i>	1	PA, QL (1 tab every 1 day); PA**
<i><b>hydrocodone bitartrate tab er 24hr deter 100 mg</b></i>	1	PA, QL (1 tab every 1 day); PA**
<i><b>hydrocodone bitartrate tab er 24hr deter 120 mg</b></i>	1	PA, QL (1 tab every 1 day); PA**
<i><b>hydromorphone hcl liqd 1 mg/ml</b></i>	1	PA, QL (600 mL every 30 days)
<i><b>hydromorphone hcl tab 2 mg</b></i>	1	PA, QL (180 tabs every 30 days)
<i><b>hydromorphone hcl tab 4 mg</b></i>	1	PA, QL (180 tabs every 30 days)
<i><b>hydromorphone hcl tab 8 mg</b></i>	1	PA, QL (180 tabs every 30 days)
<i><b>hydromorphone hcl tab er 24hr 8 mg</b></i>	1	PA, QL (1 tab every 1 day); PA**
<i><b>hydromorphone hcl tab er 24hr 12 mg</b></i>	1	PA, QL (1 tab every 1 day); PA**
<i><b>hydromorphone hcl tab er 24hr 16 mg</b></i>	1	PA, QL (1 tab every 1 day); PA**
<i><b>hydromorphone hcl tab er 24hr 32 mg</b></i>	1	PA, QL (1 tab every 1 day); PA**

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>meperidine hcl oral soln 50 mg/5ml</i></b>	1	PA, QL (90 mL every 30 days)
<b><i>meperidine hcl tab 50 mg</i></b>	1	PA, QL (18 tabs every 30 days)
<b><i>methadone hcl conc 10 mg/ml</i></b>	1	QL (3 mL every 1 day); PA**
(Methadone Hcl Conc 10 mg/ml) METHADONE HYDROCHLORIDE I	1	PA, QL (3 mL every 1 day); PA**
<b><i>methadone hcl soln 5 mg/5ml</i></b>	1	PA, QL (15 mL every 1 day); PA**
<b><i>methadone hcl soln 10 mg/5ml</i></b>	1	PA, QL (15 mL every 1 day); PA**
<b><i>methadone hcl tab 5 mg</i></b>	1	PA, QL (3 tabs every 1 day); PA**
<b><i>methadone hcl tab 10 mg</i></b>	1	PA, QL (3 tabs every 1 day); PA**
<b><i>methadone hcl tab for oral susp 40 mg</i></b>	1	QL (9 tabs every 30 days)
(Methadone Hcl Tab For Oral Susp 40 mg) METHADOSE	1	QL (9 tabs every 30 days)
<b><i>morphine sulfate beads cap er 24hr 30 mg</i></b>	1	PA, QL (1 cap every 1 day); PA**
<b><i>morphine sulfate beads cap er 24hr 45 mg</i></b>	1	PA, QL (1 cap every 1 day); PA**
<b><i>morphine sulfate beads cap er 24hr 60 mg</i></b>	1	PA, QL (1 cap every 1 day); PA**
<b><i>morphine sulfate beads cap er 24hr 75 mg</i></b>	1	PA, QL (1 cap every 1 day); PA**
<b><i>morphine sulfate beads cap er 24hr 90 mg</i></b>	1	PA, QL (1 cap every 1 day); PA**
<b><i>morphine sulfate beads cap er 24hr 120 mg</i></b>	1	PA, QL (1 cap every 1 day); PA**
<b><i>morphine sulfate cap er 24hr 10 mg</i></b>	1	PA, QL (2 caps every 1 day); PA**
<b><i>morphine sulfate cap er 24hr 20 mg</i></b>	1	PA, QL (2 caps every 1 day); PA**
<b><i>morphine sulfate cap er 24hr 30 mg</i></b>	1	PA, QL (2 caps every 1 day); PA**
<b><i>morphine sulfate cap er 24hr 50 mg</i></b>	1	PA, QL (2 caps every 1 day); PA**
<b><i>morphine sulfate cap er 24hr 60 mg</i></b>	1	PA, QL (2 caps every 1 day); PA**
<b><i>morphine sulfate cap er 24hr 80 mg</i></b>	1	PA, QL (2 caps every 1 day); PA**
<b><i>morphine sulfate cap er 24hr 100 mg</i></b>	1	PA, QL (2 caps every 1 day); PA**



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL (900 mL every 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (180 mL every 30 days)
<i>morphine sulfate tab 15 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>morphine sulfate tab 30 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>morphine sulfate tab er 15 mg</i>	1	PA, QL (3 tabs every 1 day); PA**
<i>morphine sulfate tab er 30 mg</i>	1	PA, QL (3 tabs every 1 day); PA**
<i>morphine sulfate tab er 60 mg</i>	1	PA, QL (3 tabs every 1 day); PA**
<i>morphine sulfate tab er 100 mg</i>	1	PA, QL (3 tabs every 1 day); PA**
<i>morphine sulfate tab er 200 mg</i>	1	PA, QL (3 tabs every 1 day); PA**
<i>oxycodone hcl cap 5 mg</i>	1	PA, QL (180 caps every 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (180 mL every 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA, QL (900 mL every 30 days)
<i>oxycodone hcl tab 5 mg</i>	1	PA, QL (360 tabs every 30 days)
<i>oxycodone hcl tab 10 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>oxycodone hcl tab 15 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>oxycodone hcl tab 20 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>oxycodone hcl tab 30 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	PA, QL (2 tabs every 1 day); PA**
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	PA, QL (2 tabs every 1 day); PA**
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA, QL (2 tabs every 1 day); PA**
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL (180 tabs every 30 days)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>tramadol hcl oral soln 5 mg/ml</i></b>	1	PA, QL (60 mL every day)
<b><i>tramadol hcl tab 50 mg</i></b>	1	PA, QL (180 tabs every 30 days)
<b><i>tramadol hcl tab er 24hr 100 mg</i></b>	1	PA, QL (1 tab every 1 day); PA**
<b><i>tramadol hcl tab er 24hr 200 mg</i></b>	1	PA, QL (1 tab every 1 day); PA**
<b><i>tramadol hcl tab er 24hr 300 mg</i></b>	1	PA, QL (1 tab every 1 day); PA**
<b><i>tramadol hcl tab er 24hr biphasic release 100 mg</i></b>	1	PA, QL (1 tab every 1 day); PA**
<b><i>tramadol hcl tab er 24hr biphasic release 200 mg</i></b>	1	PA, QL (1 tab every 1 day); PA**
<b><i>tramadol hcl tab er 24hr biphasic release 300 mg</i></b>	1	PA, QL (1 tab every 1 day); PA**

### **OPIOID COMBINATIONS**

<b><i>acetaminophen w/ codeine soln 120-12 mg/5ml</i></b>	1	QL (2700 mL every 25 days)
<b><i>acetaminophen w/ codeine tab 300-15 mg</i></b>	1	QL (400 tabs every 25 days)
<b><i>acetaminophen w/ codeine tab 300-30 mg</i></b>	1	QL (360 tabs every 25 days)
<b><i>acetaminophen w/ codeine tab 300-60 mg</i></b>	1	QL (180 tabs every 25 days)
<b><i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i></b>	1	QL (300 caps every 25 days)
(Acetaminophen-Caffeine-Dihydrocodeine Cap 320.5-30-16 mg) TREZIX	1	QL (300 caps every 25 days)
<b><i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i></b>	1	QL (48 caps every 25 days)
<b><i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i></b>	1	QL (48 caps every 25 days)
<b><i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i></b>	1	QL (48 caps every 25 days)
(Butalbital-Aspirin-Caff W/ Codeine Cap 50-325-40-30 mg) ASCOMP/CODEINE	1	QL (48 caps every 25 days)
<b><i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i></b>	1	QL (2700 mL every 25 days)
<b><i>hydrocodone-acetaminophen tab 5-300 mg</i></b>	1	QL (240 tabs every 25 days)
<b><i>hydrocodone-acetaminophen tab 5-325 mg</i></b>	1	QL (240 tabs every 25 days)
<b><i>hydrocodone-acetaminophen tab 7.5-300 mg</i></b>	1	QL (180 tabs every 25 days)
<b><i>hydrocodone-acetaminophen tab 7.5-325 mg</i></b>	1	QL (180 tabs every 25 days)
<b><i>hydrocodone-acetaminophen tab 10-300 mg</i></b>	1	QL (180 tabs every 25 days)
<b><i>hydrocodone-acetaminophen tab 10-325 mg</i></b>	1	QL (180 tabs every 25 days)
<b><i>hydrocodone-ibuprofen tab 5-200 mg</i></b>	1	QL (50 tabs every 25 days)
<b><i>hydrocodone-ibuprofen tab 7.5-200 mg</i></b>	1	QL (50 tabs every 25 days)
<b><i>hydrocodone-ibuprofen tab 10-200 mg</i></b>	1	QL (50 tabs every 25 days)
<b><i>oxycodone w/ acetaminophen tab 2.5-325 mg</i></b>	1	QL (360 tabs every 25 days)
(Oxycodone W/ Acetaminophen Tab 2.5-325 mg) ENDOCET	1	QL (360 tabs every 25 days)
<b><i>oxycodone w/ acetaminophen tab 5-325 mg</i></b>	1	QL (360 tabs every 25 days)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Oxycodone W/ Acetaminophen Tab 5-325 mg) ENDOCET	1	QL (360 tabs every 25 days)
<b>oxycodone w/ acetaminophen tab 7.5-325 mg</b>	1	QL (240 tabs every 25 days)
(Oxycodone W/ Acetaminophen Tab 7.5-325 mg) ENDOCET	1	QL (240 tabs every 25 days)
<b>oxycodone w/ acetaminophen tab 10-325 mg</b>	1	QL (180 tabs every 25 days)
(Oxycodone W/ Acetaminophen Tab 10-325 mg) ENDOCET	1	QL (180 tabs every 25 days)
<b>tramadol-acetaminophen tab 37.5-325 mg</b>	1	QL (40 tabs every 25 days)
<b>OPIOID PARTIAL AGONISTS</b>		
BELBUCA MIS 75MCG ( <b>buprenorphine hcl</b> )	2	PA, QL (2 films every 1 day); PA**
BELBUCA MIS 150MCG ( <b>buprenorphine hcl</b> )	2	PA, QL (2 films every 1 day); PA**
BELBUCA MIS 300MCG ( <b>buprenorphine hcl</b> )	2	PA, QL (2 films every 1 day); PA**
BELBUCA MIS 450MCG ( <b>buprenorphine hcl</b> )	2	PA, QL (2 films every 1 day); PA**
BELBUCA MIS 600MCG ( <b>buprenorphine hcl</b> )	2	PA, QL (2 films every 1 day); PA**
BELBUCA MIS 750MCG ( <b>buprenorphine hcl</b> )	2	PA, QL (2 films every 1 day); PA**
BELBUCA MIS 900MCG ( <b>buprenorphine hcl</b> )	2	PA, QL (2 films every 1 day); PA**
<b>buprenorphine hcl sl tab 2 mg (base equiv)</b>	1	QL (3 tabs every 1 day)
<b>buprenorphine hcl sl tab 8 mg (base equiv)</b>	1	QL (3 tabs every 1 day)
<b>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</b>	1	QL (3 films every 1 day)
<b>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</b>	1	QL (3 films every 1 day)
<b>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</b>	1	QL (3 films every 1 day)
<b>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</b>	1	QL (2 films every 1 day)
<b>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</b>	1	QL (3 tabs every 1 day)
<b>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</b>	1	QL (3 tabs every 1 day)
<b>buprenorphine td patch weekly 5 mcg/hr</b>	1	PA, QL (4 patches every 28 days); PA**
<b>buprenorphine td patch weekly 7.5 mcg/hr</b>	1	PA, QL (4 patches every 28 days); PA**

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>buprenorphine td patch weekly 10 mcg/hr</i></b>	1	PA, QL (4 patches every 28 days); PA**
<b><i>buprenorphine td patch weekly 15 mcg/hr</i></b>	1	PA, QL (4 patches every 28 days); PA**
<b><i>buprenorphine td patch weekly 20 mcg/hr</i></b>	1	PA, QL (4 patches every 28 days); PA**
<b><i>butorphanol tartrate nasal soln 10 mg/ml</i></b>	1	PA, QL (2 bottles every 25 days)
<b><i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i></b>	1	PA
ZUBSOLV SUB 0.7-0.18 ( <b><i>buprenorphine hcl-naloxone hcl dihydrate</i></b> )	2	QL (3 tabs every 1 day)
ZUBSOLV SUB 1.4-0.36 ( <b><i>buprenorphine hcl-naloxone hcl dihydrate</i></b> )	2	QL (3 tabs every 1 day)
ZUBSOLV SUB 2.9-0.71 ( <b><i>buprenorphine hcl-naloxone hcl dihydrate</i></b> )	2	QL (3 tabs every 1 day)
ZUBSOLV SUB 5.7-1.4 ( <b><i>buprenorphine hcl-naloxone hcl dihydrate</i></b> )	2	QL (3 tabs every 1 day)
ZUBSOLV SUB 8.6-2.1 ( <b><i>buprenorphine hcl-naloxone hcl dihydrate</i></b> )	2	QL (2 tabs every 1 day)
ZUBSOLV SUB 11.4-2.9 ( <b><i>buprenorphine hcl-naloxone hcl dihydrate</i></b> )	2	QL (1 tab every 1 day)

## **ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES**

### **ANDROGENS**

<b><i>danazol cap 50 mg</i></b>	1	
<b><i>danazol cap 100 mg</i></b>	1	
<b><i>danazol cap 200 mg</i></b>	1	
<b><i>methyltestosterone cap 10 mg</i></b>	1	
NATESTO GEL 5.5MG ( <b><i>testosterone</i></b> )	2	PA
<b><i>testosterone cypionate im inj in oil 100 mg/ml</i></b>	1	PA
(Testosterone Cypionate Im Inj In Oil 100 mg/ml) DEPO-TESTOSTERONE	1	PA
<b><i>testosterone cypionate im inj in oil 200 mg/ml</i></b>	1	PA
(Testosterone Cypionate Im Inj In Oil 200 mg/ml) DEPO-TESTOSTERONE	1	PA
<b><i>testosterone enanthate im inj in oil 200 mg/ml</i></b>	1	PA
<b><i>testosterone td gel 10mg/act (2%)</i></b>	1	PA
<b><i>testosterone td gel 12.5 mg/act (1%)</i></b>	1	PA
<b><i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i></b>	1	PA
<b><i>testosterone td gel 20.25 mg/act (1.62%)</i></b>	1	PA
<b><i>testosterone td gel 25 mg/2.5gm (1%)</i></b>	1	PA
<b><i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i></b>	1	PA

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	PA
<i>testosterone td soln 30 mg/act</i>	1	PA
<b>ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>budesonide rectal foam 2 mg/act</i>	1	
CORTIFOAM AER 90MG ( <i>hydrocortisone acetate (intrarectal)</i> )	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
<b>RECTAL COMBINATIONS</b>		
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
PROCTOFOAM AER HC 1% ( <i>hydrocortisone acetate w/ pramoxine</i> )	2	
<b>RECTAL STEROIDS</b>		
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
(Hydrocortisone Perianal Cream 2.5%) PROCTO-MED HC	1	
(Hydrocortisone Perianal Cream 2.5%) PROCTOSOL HC	1	
(Hydrocortisone Perianal Cream 2.5%) PROCTOZONE-HC	1	
<b>VASODILATING AGENTS</b>		
<i>nitroglycerin oint 0.4%</i>	1	
<b>ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES</b>		
<b>ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES</b>		
<i>albendazole tab 200 mg</i>	1	
EMVERM CHW 100MG ( <i>mebendazole</i> )	2	
<i>ivermectin tab 3 mg</i>	1	PA
<i>praziquantel tab 600 mg</i>	1	
STROMEKTOL TAB 3MG ( <i>ivermectin</i> )	3	PA
<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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>trimethoprim tab 100 mg</i>	1	
XIFAXAN TAB 550MG ( <i>rifaximin</i> )	2	
<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	
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	1	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	1	
<b>LEPROSTATICS</b>		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
<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>URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS</b>		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
<b>ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	
<b>NITRATES</b>		
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRO-DUR DIS 0.3MG/HR ( <i>nitroglycerin</i> )	2	
NITRO-DUR DIS 0.8MG/HR ( <i>nitroglycerin</i> )	2	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
<b>ANTI ANXIETY AGENTS - DRUGS TO TREAT ANXIETY</b>		
<b>ANTI ANXIETY AGENTS - MISC.</b>		
<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>hydroxyzine pamoate cap 100 mg</i>	1	
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
<b>BENZODIAZEPINES</b>		
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	
<i>alprazolam orally disintegrating tab 1 mg</i>	1	
<i>alprazolam orally disintegrating tab 2 mg</i>	1	
<i>alprazolam tab 0.5 mg</i>	1	
<i>alprazolam tab 0.25 mg</i>	1	
<i>alprazolam tab 1 mg</i>	1	
<i>alprazolam tab 2 mg</i>	1	
<i>alprazolam tab er 24hr 0.5 mg</i>	1	
(Alprazolam Tab Er 24hr 0.5 mg) ALPRAZOLAM XR	1	
<i>alprazolam tab er 24hr 1 mg</i>	1	
(Alprazolam Tab Er 24hr 1 mg) ALPRAZOLAM XR	1	
<i>alprazolam tab er 24hr 2 mg</i>	1	
(Alprazolam Tab Er 24hr 2 mg) ALPRAZOLAM XR	1	
<i>alprazolam tab er 24hr 3 mg</i>	1	
(Alprazolam Tab Er 24hr 3 mg) ALPRAZOLAM XR	1	
<i>chlordiazepoxide hcl cap 5 mg</i>	1	
<i>chlordiazepoxide hcl cap 10 mg</i>	1	
<i>chlordiazepoxide hcl cap 25 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	
<i>clorazepate dipotassium tab 7.5 mg</i>	1	
<i>clorazepate dipotassium tab 15 mg</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
(Diazepam Conc 5 mg/ml) DIAZEPAM INTENSOL	1	
<i>diazepam oral soln 1 mg/ml</i>	1	
<i>diazepam tab 2 mg</i>	1	
<i>diazepam tab 5 mg</i>	1	
<i>diazepam tab 10 mg</i>	1	
<i>lorazepam conc 2 mg/ml</i>	1	
<i>lorazepam tab 0.5 mg</i>	1	
<i>lorazepam tab 1 mg</i>	1	
<i>lorazepam tab 2 mg</i>	1	
<i>oxazepam cap 10 mg</i>	1	
<i>oxazepam cap 15 mg</i>	1	
<i>oxazepam cap 30 mg</i>	1	



PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>quinidine gluconate tab er 324 mg</i>	1	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl tab 100 mg</i>	1	
(Amiodarone Hcl Tab 100 mg) PACERONE	1	
<i>amiodarone hcl tab 200 mg</i>	1	
(Amiodarone Hcl Tab 200 mg) PACERONE	1	
<i>amiodarone hcl tab 400 mg</i>	1	
(Amiodarone Hcl Tab 400 mg) PACERONE	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	4	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	4	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	4	PA
MULTAQ TAB 400MG ( <i>dronedarone hcl</i> )	2	
<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 (240 mL every 25 days)
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA INJ 30MG/ML ( <i>benralizumab</i> )	4	SP, PA, QL (1 pen every 56 days)
FASENRA PEN INJ 30MG/ML ( <i>benralizumab</i> )	4	SP, PA, QL (1 pen every 56 days)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
NUCALA INJ 40MG/0.4 ( <i>mepolizumab</i> )	4	SP, PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML ( <i>mepolizumab</i> )	4	SP, PA, QL (3 PFS every 28 days)
NUCALA INJ 100MG/ML ( <i>mepolizumab</i> )	4	SP, PA, QL (3 injections every 28 days)
TEZSPIRE INJ 210MG ( <i>tezepelumab-ekko</i> )	4	SP, PA, QL (1 pen every 28 days)
XOLAIR INJ 75/0.5 ( <i>omalizumab</i> )	4	SP, PA, QL (2 every 28 days)
XOLAIR INJ 150MG/ML ( <i>omalizumab</i> )	4	SP, PA, QL (8 PFS every 28 days)
XOLAIR INJ 300/2ML ( <i>omalizumab</i> )	4	SP, PA; QL
XOLAIR SOL 150MG ( <i>omalizumab</i> )	4	SP, PA, QL (8 vials every 28 days)

### **BRONCHODILATORS - ANTICHOLINERGICS**

<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (313 mL every 25 days)
SPIRIVA AER 1.25MCG ( <i>tiotropium bromide monohydrate</i> )	2	QL (1 inhaler every 25 days)
SPIRIVA SPR 2.5MCG ( <i>tiotropium bromide monohydrate</i> )	2	QL (1 inhaler every 25 days)
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	1	QL (30 ea every 25 days)
YUPELRI SOL ( <i>revefenacin</i> )	2	QL (90 mL every 25 days)

### **LEUKOTRIENE MODULATORS**

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	

### **SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

<i>roflumilast tab 250 mcg</i>	1	
<i>roflumilast tab 500 mcg</i>	1	

### **STEROID INHALANTS**

<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (120 mL every 25 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (180 mL every 25 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (60 mL every 25 days)
PULMICORT INH 90MCG ( <i>budesonide (inhalation)</i> )	2	QL (3 inhalers every 25 days)
PULMICORT INH 180MCG ( <i>budesonide (inhalation)</i> )	2	QL (2 inhalers every 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>SYMPATHOMIMETICS</b>		
AIRSUPRA AER 90-80MCG ( <b>albuterol-budesonide</b> )	2	QL (3 inhalers every 25 days)
<b>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</b>	1	QL (2 inhalers every 30 days)
<b>albuterol sulfate soln nebu 0.5% (5 mg/ml)</b>	1	QL (120 ea every 25 days)
<b>albuterol sulfate soln nebu 0.5% (5 mg/ml)</b>	1	QL (60 ea every 25 days)
<b>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</b>	1	QL (375 mL every 25 days)
<b>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</b>	1	QL (375 mL every 25 days)
<b>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</b>	1	QL (375 mL every 25 days)
<b>albuterol sulfate syrup 2 mg/5ml</b>	1	
<b>albuterol sulfate tab 2 mg</b>	1	
<b>albuterol sulfate tab 4 mg</b>	1	
ANORO ELLIPT AER 62.5-25 ( <b>umeclidinium-vilanterol</b> )	2	QL (60 blisters every 25 days)
<b>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</b>	1	QL (120 mL every 25 days)
BREO ELLIPTA INH 50-25MCG ( <b>fluticasone furoate-vilanterol</b> )	2	QL (1 inhaler every 25 days)
BREO ELLIPTA INH 100-25 ( <b>fluticasone furoate-vilanterol</b> )	2	QL (60 blisters every 25 days)
BREO ELLIPTA INH 200-25 ( <b>fluticasone furoate-vilanterol</b> )	2	QL (60 blisters every 25 days)
BREZTRI AERO AER SPHERE ( <b>budesonide-glycopyrrolate-formoterol fumarate</b> )	2	QL (1.028 inhalers every 25 days)
BREZTRI AERO AER SPHERE ( <b>budesonide-glycopyrrolate-formoterol fumarate</b> )	2	QL (1.864 inhalers every 25 days)
<b>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</b>	1	PA, QL (3 inhalers every 25 days)
<b>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</b>	1	PA, QL (3 inhalers every 25 days)
DULERA AER 50-5MCG ( <b>mometasone furoate-formoterol fumarate dihydrate</b> )	3	QL (1 inhaler every 25 days)
DULERA AER 100-5MCG ( <b>mometasone furoate-formoterol fumarate dihydrate</b> )	3	QL (1 inhaler every 25 days)
DULERA AER 200-5MCG ( <b>mometasone furoate-formoterol fumarate dihydrate</b> )	3	QL (1 inhaler every 25 days)
<b>fluticasone-salmeterol aer powder ba 100-50 mcg/act</b>	1	QL (60 inhalations every 25 days)
(Fluticasone-Salmeterol Aer Powder Ba 100-50 mcg/act) WIXELA INHUB	1	QL (60 inhalations every 25 days)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i></b>	1	QL (60 inhalations every 25 days)
(Fluticasone-Salmeterol Aer Powder Ba 250-50 mcg/act) WIXELA INHUB	1	QL (60 inhalations every 25 days)
<b><i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i></b>	1	QL (60 inhalations every 25 days)
(Fluticasone-Salmeterol Aer Powder Ba 500-50 mcg/act) WIXELA INHUB	1	QL (60 inhalations every 25 days)
<b><i>formoterol fumarate soln nebu 20 mcg/2ml</i></b>	1	QL (120 mL every 25 days)
<b><i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i></b>	1	QL (540 mL every 25 days)
<b><i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i></b>	1	QL (300 mL every 25 days)
<b><i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i></b>	1	QL (300 mL every 25 days)
<b><i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i></b>	1	QL (300 mL every 25 days)
<b><i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i></b>	1	QL (90 ea every 25 days)
<b><i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i></b>	1	QL (2 inhalers every 25 days)
SEREVENT DIS AER 50MCG ( <i>salmeterol xinafoate</i> )	2	QL (60 inhalations every 25 days)
STIOLTO AER 2.5-2.5 ( <i>tiotropium bromide-olodaterol hcl</i> )	2	QL (1 inhaler every 25 days)
STRIVERDI AER 2.5MCG ( <i>olodaterol hcl</i> )	2	QL (1 inhaler every 25 days)
<b><i>terbutaline sulfate tab 2.5 mg</i></b>	1	
<b><i>terbutaline sulfate tab 5 mg</i></b>	1	
TRELEGY AER 100MCG ( <i>fluticasone-umeclidinium-vilanterol</i> )	2	QL (1 inhaler every 25 days)
TRELEGY AER 100MCG ( <i>fluticasone-umeclidinium-vilanterol</i> )	2	QL (2 inhalers every 25 days)
TRELEGY AER 200MCG ( <i>fluticasone-umeclidinium-vilanterol</i> )	2	QL (1 inhaler every 25 days)
TRELEGY AER 200MCG ( <i>fluticasone-umeclidinium-vilanterol</i> )	2	QL (2 inhalers every 25 days)
<b>XANTHINES</b>		
<b><i>theophylline elixir 80 mg/15ml</i></b>	1	
(Theophylline Elixir 80 mg/15ml) ELIXOPHYLLIN	1	
<b><i>theophylline soln 80 mg/15ml</i></b>	1	
<b><i>theophylline tab er 12hr 300 mg</i></b>	1	
<b><i>theophylline tab er 12hr 450 mg</i></b>	1	
<b><i>theophylline tab er 24hr 400 mg</i></b>	1	
<b><i>theophylline tab er 24hr 600 mg</i></b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
<b>warfarin sodium tab 1 mg</b>	1	
(Warfarin Sodium Tab 1 mg) JANTOVEN	1	
<b>warfarin sodium tab 2 mg</b>	1	
(Warfarin Sodium Tab 2 mg) JANTOVEN	1	
<b>warfarin sodium tab 2.5 mg</b>	1	
(Warfarin Sodium Tab 2.5 mg) JANTOVEN	1	
<b>warfarin sodium tab 3 mg</b>	1	
(Warfarin Sodium Tab 3 mg) JANTOVEN	1	
<b>warfarin sodium tab 4 mg</b>	1	
(Warfarin Sodium Tab 4 mg) JANTOVEN	1	
<b>warfarin sodium tab 5 mg</b>	1	
(Warfarin Sodium Tab 5 mg) JANTOVEN	1	
<b>warfarin sodium tab 6 mg</b>	1	
(Warfarin Sodium Tab 6 mg) JANTOVEN	1	
<b>warfarin sodium tab 7.5 mg</b>	1	
(Warfarin Sodium Tab 7.5 mg) JANTOVEN	1	
<b>warfarin sodium tab 10 mg</b>	1	
(Warfarin Sodium Tab 10 mg) JANTOVEN	1	
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS ST P TAB 5MG ( <b>apixaban</b> )	2	
ELIQUIS TAB 2.5MG ( <b>apixaban</b> )	2	
ELIQUIS TAB 5MG ( <b>apixaban</b> )	2	
XARELTO STAR TAB 15/20MG ( <b>rivaroxaban</b> )	2	
XARELTO SUS 1MG/ML ( <b>rivaroxaban</b> )	2	
XARELTO TAB 2.5MG ( <b>rivaroxaban</b> )	2	
XARELTO TAB 10MG ( <b>rivaroxaban</b> )	2	
XARELTO TAB 15MG ( <b>rivaroxaban</b> )	2	
XARELTO TAB 20MG ( <b>rivaroxaban</b> )	2	
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
<b>enoxaparin sodium inj 300 mg/3ml</b>	1	
<b>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</b>	1	
<b>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</b>	1	
<b>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</b>	1	
<b>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</b>	1	
<b>enoxaparin sodium inj soln pref syr 100 mg/ml</b>	1	
<b>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</b>	1	
<b>enoxaparin sodium inj soln pref syr 150 mg/ml</b>	1	
<b>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</b>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i></b>	1	
<b><i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i></b>	1	
<b><i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i></b>	1	
<b>FRAGMIN INJ 2500/0.2 (<i>dalteparin sodium</i>)</b>	2	
<b>FRAGMIN INJ 2500/ML (<i>dalteparin sodium</i>)</b>	2	
<b>FRAGMIN INJ 5000/0.2 (<i>dalteparin sodium</i>)</b>	2	
<b>FRAGMIN INJ 7500/0.3 (<i>dalteparin sodium</i>)</b>	2	
<b>FRAGMIN INJ 10000/ML (<i>dalteparin sodium</i>)</b>	2	
<b>FRAGMIN INJ 12500UNT (<i>dalteparin sodium</i>)</b>	2	
<b>FRAGMIN INJ 15000UNT (<i>dalteparin sodium</i>)</b>	2	
<b>FRAGMIN INJ 18000UNT (<i>dalteparin sodium</i>)</b>	2	
<b>FRAGMIN INJ 95000UNT (<i>dalteparin sodium</i>)</b>	2	
<b><i>heparin sodium (porcine) inj 1000 unit/ml</i></b>	1	
<b><i>heparin sodium (porcine) inj 5000 unit/ml</i></b>	1	
<b><i>heparin sodium (porcine) inj 10000 unit/ml</i></b>	1	
<b><i>heparin sodium (porcine) inj 20000 unit/ml</i></b>	1	
<b><i>heparin sodium (porcine) pf inj 1000 unit/ml</i></b>	1	
<b><i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i></b>	1	
<b>THROMBIN INHIBITORS</b>		
<b><i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i></b>	1	
<b><i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i></b>	1	
<b><i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i></b>	1	
<b>ANTICONVULSANTS - DRUGS TO TREAT SEIZURES</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
<b>FYCOMPA SUS 0.5MG/ML (<i>perampanel</i>)</b>	2	
<b>FYCOMPA TAB 2MG (<i>perampanel</i>)</b>	2	
<b>FYCOMPA TAB 4MG (<i>perampanel</i>)</b>	2	
<b>FYCOMPA TAB 6MG (<i>perampanel</i>)</b>	2	
<b>FYCOMPA TAB 8MG (<i>perampanel</i>)</b>	2	
<b>FYCOMPA TAB 10MG (<i>perampanel</i>)</b>	2	
<b>FYCOMPA TAB 12MG (<i>perampanel</i>)</b>	2	
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<b><i>clobazam suspension 2.5 mg/ml</i></b>	1	
<b><i>clobazam tab 10 mg</i></b>	1	
<b><i>clobazam tab 20 mg</i></b>	1	
<b><i>clonazepam orally disintegrating tab 0.5 mg</i></b>	1	
<b><i>clonazepam orally disintegrating tab 0.25 mg</i></b>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>clonazepam orally disintegrating tab 0.125 mg</i></b>	1	
<b><i>clonazepam orally disintegrating tab 1 mg</i></b>	1	
<b><i>clonazepam orally disintegrating tab 2 mg</i></b>	1	
<b><i>clonazepam tab 0.5 mg</i></b>	1	
<b><i>clonazepam tab 1 mg</i></b>	1	
<b><i>clonazepam tab 2 mg</i></b>	1	
<b><i>diazepam rectal gel delivery system 2.5 mg</i></b>	1	
<b><i>diazepam rectal gel delivery system 10 mg</i></b>	1	
<b><i>diazepam rectal gel delivery system 20 mg</i></b>	1	
NAYZILAM SPR 5MG ( <b><i>midazolam (anticonvulsant)</i></b> )	2	QL (5 bottles every 30 days)
VALTOCO SPR 5MG ( <b><i>diazepam (anticonvulsant)</i></b> )	2	
VALTOCO SPR 10MG ( <b><i>diazepam (anticonvulsant)</i></b> )	2	
VALTOCO SPR 15MG ( <b><i>diazepam (anticonvulsant)</i></b> )	2	
VALTOCO SPR 20MG ( <b><i>diazepam (anticonvulsant)</i></b> )	2	
<b>ANTICONVULSANTS - MISC.</b>		
<b><i>APTIOM TAB 200MG (eslicarbazepine acetate)</i></b>	2	
<b><i>APTIOM TAB 400MG (eslicarbazepine acetate)</i></b>	2	
<b><i>APTIOM TAB 600MG (eslicarbazepine acetate)</i></b>	2	
<b><i>APTIOM TAB 800MG (eslicarbazepine acetate)</i></b>	2	
<b><i>carbamazepine cap er 12hr 100 mg</i></b>	1	
<b><i>carbamazepine cap er 12hr 200 mg</i></b>	1	
<b><i>carbamazepine cap er 12hr 300 mg</i></b>	1	
<b><i>carbamazepine chew tab 100 mg</i></b>	1	
<b><i>carbamazepine susp 100 mg/5ml</i></b>	1	
<b><i>carbamazepine tab 200 mg</i></b>	1	
(Carbamazepine Tab 200 mg) EPITOL	1	
<b><i>carbamazepine tab er 12hr 100 mg</i></b>	1	
<b><i>carbamazepine tab er 12hr 200 mg</i></b>	1	
<b><i>carbamazepine tab er 12hr 400 mg</i></b>	1	
EPIDIOLEX SOL 100MG/ML ( <b><i>cannabidiol</i></b> )	4	SP, PA, QL (800 mL every 30 days)
<b><i>gabapentin cap 100 mg</i></b>	1	
<b><i>gabapentin cap 300 mg</i></b>	1	
<b><i>gabapentin cap 400 mg</i></b>	1	
<b><i>gabapentin oral soln 250 mg/5ml</i></b>	1	
<b><i>gabapentin tab 600 mg</i></b>	1	
<b><i>gabapentin tab 800 mg</i></b>	1	
<b><i>lacosamide oral solution 10 mg/ml</i></b>	1	
<b><i>lacosamide tab 50 mg</i></b>	1	
<b><i>lacosamide tab 100 mg</i></b>	1	
<b><i>lacosamide tab 150 mg</i></b>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>lacosamide tab 200 mg</i></b>	1	
<b><i>lamotrigine orally disintegrating tab 25 mg</i></b>	1	
<b><i>lamotrigine orally disintegrating tab 50 mg</i></b>	1	
<b><i>lamotrigine orally disintegrating tab 100 mg</i></b>	1	
<b><i>lamotrigine orally disintegrating tab 200 mg</i></b>	1	
<b><i>lamotrigine tab 25 mg</i></b>	1	
(Lamotrigine Tab 25 mg) SUBVENITE	1	
<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	
(Lamotrigine Tab 100 mg) SUBVENITE	1	
<b><i>lamotrigine tab 150 mg</i></b>	1	
(Lamotrigine Tab 150 mg) SUBVENITE	1	
<b><i>lamotrigine tab 200 mg</i></b>	1	
(Lamotrigine Tab 200 mg) SUBVENITE	1	
<b><i>lamotrigine tab chewable dispersible 5 mg</i></b>	1	
<b><i>lamotrigine tab chewable dispersible 25 mg</i></b>	1	
<b><i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i></b>	1	
<b><i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i></b>	1	
<b><i>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</i></b>	1	
<b><i>lamotrigine tab er 24hr 25 mg</i></b>	1	
<b><i>lamotrigine tab er 24hr 50 mg</i></b>	1	
<b><i>lamotrigine tab er 24hr 100 mg</i></b>	1	
<b><i>lamotrigine tab er 24hr 200 mg</i></b>	1	
<b><i>lamotrigine tab er 24hr 250 mg</i></b>	1	
<b><i>lamotrigine tab er 24hr 300 mg</i></b>	1	
<b><i>levetiracetam oral soln 100 mg/ml</i></b>	1	
<b><i>levetiracetam tab 250 mg</i></b>	1	
<b><i>levetiracetam tab 500 mg</i></b>	1	
(Levetiracetam Tab 500 mg) ROWEEPRA	1	
<b><i>levetiracetam tab 750 mg</i></b>	1	



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
OXTELLAR XR TAB 150MG ( <i>oxcarbazepine</i> )	2	
OXTELLAR XR TAB 300MG ( <i>oxcarbazepine</i> )	2	
OXTELLAR XR TAB 600MG ( <i>oxcarbazepine</i> )	2	
<i>pregabalin cap 25 mg</i>	1	
<i>pregabalin cap 50 mg</i>	1	
<i>pregabalin cap 75 mg</i>	1	
<i>pregabalin cap 100 mg</i>	1	
<i>pregabalin cap 150 mg</i>	1	
<i>pregabalin cap 200 mg</i>	1	
<i>pregabalin cap 225 mg</i>	1	
<i>pregabalin cap 300 mg</i>	1	
<i>pregabalin soln 20 mg/ml</i>	1	
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
<i>rufinamide susp 40 mg/ml</i>	1	
<i>rufinamide tab 200 mg</i>	1	
<i>rufinamide tab 400 mg</i>	1	
<i>topiramate cap er 24hr 25 mg</i>	1	
<i>topiramate cap er 24hr 50 mg</i>	1	
<i>topiramate cap er 24hr 100 mg</i>	1	
<i>topiramate cap er 24hr 200 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
<b>CARBAMATES</b>		
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>XCOPRI PAK 12.5-25 (cenobamate)</b>	2	
<b>XCOPRI PAK 50-100MG (cenobamate)</b>	2	
<b>XCOPRI PAK 100-150 (cenobamate)</b>	2	
<b>XCOPRI PAK 150-200 (cenobamate)</b>	2	
<b>XCOPRI TAB 50MG (cenobamate)</b>	2	
<b>XCOPRI TAB 100MG (cenobamate)</b>	2	
<b>XCOPRI TAB 150MG (cenobamate)</b>	2	
<b>XCOPRI TAB 200MG (cenobamate)</b>	2	
<b>GABA MODULATORS</b>		
<b>tiagabine hcl tab 2 mg</b>	1	
<b>tiagabine hcl tab 4 mg</b>	1	
<b>tiagabine hcl tab 12 mg</b>	1	
<b>tiagabine hcl tab 16 mg</b>	1	
<b>vigabatrin powd pack 500 mg</b>	4	SP, PA, QL (6 packets every 1 day)
(Vigabatrin Powd Pack 500 mg) VIGADRONE	4	SP, PA, QL (6 packets every 1 day)
(Vigabatrin Powd Pack 500 mg) VIGPODER	4	SP, PA, QL (6 packets every 1 day)
<b>vigabatrin tab 500 mg</b>	4	SP, PA, QL (6 tabs every 1 day)
<b>HYDANTOINS</b>		
<b>phenytoin chew tab 50 mg</b>	1	
<b>phenytoin sodium extended cap 100 mg</b>	1	
<b>phenytoin sodium extended cap 200 mg</b>	1	
(Phenytoin Sodium Extended Cap 200 mg) PHENYTEK	1	
<b>phenytoin sodium extended cap 300 mg</b>	1	
(Phenytoin Sodium Extended Cap 300 mg) PHENYTEK	1	
<b>phenytoin susp 125 mg/5ml</b>	1	
<b>SUCCINIMIDES</b>		
<b>ethosuximide cap 250 mg</b>	1	
<b>ethosuximide soln 250 mg/5ml</b>	1	
<b>methsuximide cap 300 mg</b>	1	
<b>VALPROIC ACID</b>		
<b>divalproex sodium cap delayed release sprinkle 125 mg</b>	1	
<b>divalproex sodium tab delayed release 125 mg</b>	1	
<b>divalproex sodium tab delayed release 250 mg</b>	1	
<b>divalproex sodium tab delayed release 500 mg</b>	1	
<b>divalproex sodium tab er 24 hr 250 mg</b>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<b>ANTIDEPRESSANTS - MISC.</b>		
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
<b>SEROTONIN MODULATORS</b>		
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
TRINTELLIX TAB 5MG ( <i>vortioxetine hbr</i> )	2	
TRINTELLIX TAB 10MG ( <i>vortioxetine hbr</i> )	2	
TRINTELLIX TAB 20MG ( <i>vortioxetine hbr</i> )	2	
<i>vilazodone hcl tab 10 mg</i>	1	
<i>vilazodone hcl tab 20 mg</i>	1	
<i>vilazodone hcl tab 40 mg</i>	1	
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i><b>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</b></i>	1	
<i><b>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</b></i>	1	
<i><b>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</b></i>	1	
<i><b>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</b></i>	1	
<i><b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</b></i>	1	
<i><b>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</b></i>	1	
<i><b>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</b></i>	1	
<i><b>venlafaxine hcl tab 25 mg (base equivalent)</b></i>	1	
<i><b>venlafaxine hcl tab 37.5 mg (base equivalent)</b></i>	1	
<i><b>venlafaxine hcl tab 50 mg (base equivalent)</b></i>	1	
<i><b>venlafaxine hcl tab 75 mg (base equivalent)</b></i>	1	
<i><b>venlafaxine hcl tab 100 mg (base equivalent)</b></i>	1	
<i><b>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</b></i>	1	
<b>TRICYCLIC AGENTS</b>		
<i><b>amitriptyline hcl tab 10 mg</b></i>	1	
<i><b>amitriptyline hcl tab 25 mg</b></i>	1	
<i><b>amitriptyline hcl tab 50 mg</b></i>	1	
<i><b>amitriptyline hcl tab 75 mg</b></i>	1	
<i><b>amitriptyline hcl tab 100 mg</b></i>	1	
<i><b>amitriptyline hcl tab 150 mg</b></i>	1	
<i><b>amoxapine tab 25 mg</b></i>	1	
<i><b>amoxapine tab 50 mg</b></i>	1	
<i><b>amoxapine tab 100 mg</b></i>	1	
<i><b>amoxapine tab 150 mg</b></i>	1	
<i><b>clomipramine hcl cap 25 mg</b></i>	1	
<i><b>clomipramine hcl cap 50 mg</b></i>	1	
<i><b>clomipramine hcl cap 75 mg</b></i>	1	
<i><b>desipramine hcl tab 10 mg</b></i>	1	
<i><b>desipramine hcl tab 25 mg</b></i>	1	
<i><b>desipramine hcl tab 50 mg</b></i>	1	
<i><b>desipramine hcl tab 75 mg</b></i>	1	
<i><b>desipramine hcl tab 100 mg</b></i>	1	
<i><b>desipramine hcl tab 150 mg</b></i>	1	
<i><b>doxepin hcl cap 10 mg</b></i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>doxepin hcl cap 25 mg</i>	1	
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>doxepin hcl cap 100 mg</i>	1	
<i>doxepin hcl cap 150 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>imipramine hcl tab 10 mg</i>	1	
<i>imipramine hcl tab 25 mg</i>	1	
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	
<i>imipramine pamoate cap 100 mg</i>	1	
<i>imipramine pamoate cap 125 mg</i>	1	
<i>imipramine pamoate cap 150 mg</i>	1	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	
<i>trimipramine maleate cap 50 mg</i>	1	
<i>trimipramine maleate cap 100 mg</i>	1	

**ANTIDIABETICS - DRUGS TO TREAT DIABETES**

**ALPHA-GLUCOSIDASE INHIBITORS**

<i>acarbose tab 25 mg</i>	1	DM
<i>acarbose tab 50 mg</i>	1	DM
<i>acarbose tab 100 mg</i>	1	DM
<i>miglitol tab 25 mg</i>	1	DM
<i>miglitol tab 50 mg</i>	1	DM
<i>miglitol tab 100 mg</i>	1	DM

**ANTIDIABETIC - AMYLIN ANALOGS**

SYMLINPEN 60 INJ 1000MCG ( <i>pramlintide acetate</i> )	2	DM
SYMLNPEN 120 INJ 1000MCG ( <i>pramlintide acetate</i> )	2	DM

**ANTIDIABETIC COMBINATIONS**

<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	DM
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	DM
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	DM
<i>glyburide-metformin tab 1.25-250 mg</i>	1	DM
<i>glyburide-metformin tab 2.5-500 mg</i>	1	DM

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>glyburide-metformin tab 5-500 mg</i></b>	1	DM
GLYXAMBI TAB 10-5 MG ( <b><i>empagliflozin-linagliptin</i></b> )	2	DM
GLYXAMBI TAB 25-5 MG ( <b><i>empagliflozin-linagliptin</i></b> )	2	DM
JANUMET TAB 50-500MG ( <b><i>sitagliptin-metformin hcl</i></b> )	2	DM
JANUMET TAB 50-1000 ( <b><i>sitagliptin-metformin hcl</i></b> )	2	DM
JANUMET XR TAB 50-500MG ( <b><i>sitagliptin-metformin hcl</i></b> )	2	DM
JANUMET XR TAB 50-1000 ( <b><i>sitagliptin-metformin hcl</i></b> )	2	DM
JANUMET XR TAB 100-1000 ( <b><i>sitagliptin-metformin hcl</i></b> )	2	DM
<b><i>pioglitazone hcl-glimepiride tab 30-2 mg</i></b>	1	DM
<b><i>pioglitazone hcl-glimepiride tab 30-4 mg</i></b>	1	DM
<b><i>pioglitazone hcl-metformin hcl tab 15-500 mg</i></b>	1	DM
<b><i>pioglitazone hcl-metformin hcl tab 15-850 mg</i></b>	1	DM
<b><i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i></b>	1	DM
<b><i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i></b>	1	DM
<b><i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i></b>	1	DM
SOLIQUA INJ 100/33 ( <b><i>insulin glargine-lixisenatide</i></b> )	2	PA; DM
SYNJARDY TAB ( <b><i>empagliflozin-metformin hcl</i></b> )	2	DM
SYNJARDY TAB 5-500MG ( <b><i>empagliflozin-metformin hcl</i></b> )	2	DM
SYNJARDY TAB 5-1000MG ( <b><i>empagliflozin-metformin hcl</i></b> )	2	DM
SYNJARDY TAB 12.5-500 ( <b><i>empagliflozin-metformin hcl</i></b> )	2	DM
SYNJARDY XR TAB ( <b><i>empagliflozin-metformin hcl</i></b> )	2	DM
SYNJARDY XR TAB 5-1000MG ( <b><i>empagliflozin-metformin hcl</i></b> )	2	DM
SYNJARDY XR TAB 10-1000 ( <b><i>empagliflozin-metformin hcl</i></b> )	2	DM
SYNJARDY XR TAB 25-1000 ( <b><i>empagliflozin-metformin hcl</i></b> )	2	DM
TRIJARDY XR TAB ( <b><i>empagliflozin-linagliptin-metformin</i></b> )	2	DM
XIGDUO XR TAB 2.5-1000 ( <b><i>dapagliflozin propanediol-metformin hcl</i></b> )	2	DM
XIGDUO XR TAB 5-500MG ( <b><i>dapagliflozin propanediol-metformin hcl</i></b> )	2	DM
XIGDUO XR TAB 5-1000MG ( <b><i>dapagliflozin propanediol-metformin hcl</i></b> )	2	DM

**AGE** - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA\*\*** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
XIGDUO XR TAB 10-500MG ( <i>dapagliflozin propanediol-metformin hcl</i> )	2	DM
XIGDUO XR TAB 10-1000 ( <i>dapagliflozin propanediol-metformin hcl</i> )	2	DM
XULTOPHY INJ 100/3.6 ( <i>insulin degludec-liraglutide</i> )	2	PA; DM
<b>BIGUANIDES</b>		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	DM
<i>metformin hcl tab 500 mg</i>	1	DM
<i>metformin hcl tab 850 mg</i>	1	DM
<i>metformin hcl tab 1000 mg</i>	1	DM
<i>metformin hcl tab er 24hr 500 mg</i>	1	DM
<i>metformin hcl tab er 24hr 750 mg</i>	1	DM
<b>DIABETIC OTHER</b>		
BAQSIMI ONE POW 3MG/DOSE ( <i>glucagon</i> )	2	DM
BAQSIMI TWO POW 3MG/DOSE ( <i>glucagon</i> )	2	DM
<i>diazoxide susp 50 mg/ml</i>	1	DM
<i>glucagon (rdna) for inj kit 1 mg</i>	1	DM
GVOKE HYPO 1 INJ 1MG/.2ML ( <i>glucagon</i> )	2	DM
GVOKE HYPO 1 INJ .5/.1ML ( <i>glucagon</i> )	2	DM
GVOKE HYPO 2 INJ 1MG/.2ML ( <i>glucagon</i> )	2	DM
GVOKE HYPO 2 INJ .5/.1ML ( <i>glucagon</i> )	2	DM
GVOKE KIT SOL 1MG/0.2M ( <i>glucagon</i> )	2	DM
GVOKE PFS INJ ( <i>glucagon</i> )	2	DM
<i>mifepristone tab 300 mg</i>	4	PA, QL (4 tabs every 1 day)
ZEGALOGUE INJ 0.6/0.6 ( <i>dasiglucagon hcl</i> )	2	DM
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA TAB 25MG ( <i>sitagliptin phosphate</i> )	2	DM
JANUVIA TAB 50MG ( <i>sitagliptin phosphate</i> )	2	DM
JANUVIA TAB 100MG ( <i>sitagliptin phosphate</i> )	2	DM
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	1	DM
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	1	DM
<b>INCRETIN MIMETIC AGENTS</b>		
MOUNJARO INJ 2.5/0.5 ( <i>tirzepatide</i> )	2	PA; DM
MOUNJARO INJ 5MG/0.5 ( <i>tirzepatide</i> )	2	PA; DM
MOUNJARO INJ 7.5/0.5 ( <i>tirzepatide</i> )	2	PA; DM
MOUNJARO INJ 10MG/0.5 ( <i>tirzepatide</i> )	2	PA; DM
MOUNJARO INJ 12.5/0.5 ( <i>tirzepatide</i> )	2	PA; DM
MOUNJARO INJ 15MG/0.5 ( <i>tirzepatide</i> )	2	PA; DM
OZEMPIC INJ 2MG/3ML ( <i>semaglutide</i> )	2	PA; DM
OZEMPIC INJ 4MG/3ML ( <i>semaglutide</i> )	2	PA; DM

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
OZEMPIC INJ 8MG/3ML ( <i>semaglutide</i> )	2	PA; DM
RYBELSUS TAB 3MG ( <i>semaglutide</i> )	2	PA; DM
RYBELSUS TAB 7MG ( <i>semaglutide</i> )	2	PA; DM
RYBELSUS TAB 14MG ( <i>semaglutide</i> )	2	PA; DM
TRULICITY INJ 0.75/0.5 ( <i>dulaglutide</i> )	2	PA; DM
TRULICITY INJ 1.5/0.5 ( <i>dulaglutide</i> )	2	PA; DM
TRULICITY INJ 3/0.5 ( <i>dulaglutide</i> )	2	PA; DM
TRULICITY INJ 4.5/0.5 ( <i>dulaglutide</i> )	2	PA; DM
VICTOZA INJ 18MG/3ML ( <i>liraglutide</i> )	2	PA; DM

### **INSULIN**

BASAGLAR INJ 100UNIT ( <i>insulin glargine</i> )	2	
FIASP FLEX INJ TOUCH ( <i>insulin aspart (with niacinamide)</i> )	2	DM
FIASP INJ 100/ML ( <i>insulin aspart (with niacinamide)</i> )	2	DM
FIASP PENFIL INJ U-100 ( <i>insulin aspart (with niacinamide)</i> )	2	DM
HUMULIN R INJ U-500 ( <i>insulin regular (human)</i> )	2	DM
NOVOLIN INJ 70/30 ( <i>insulin nph isophane &amp; reg (human)</i> )	2	DM
NOVOLIN INJ 70/30 FP ( <i>insulin nph isophane &amp; reg (human)</i> )	2	DM
NOVOLIN N INJ 100 UNIT ( <i>insulin nph (human) (isophane)</i> )	2	DM
NOVOLIN N INJ U-100 ( <i>insulin nph (human) (isophane)</i> )	2	DM
NOVOLIN R INJ 100 UNIT ( <i>insulin regular (human)</i> )	2	DM
NOVOLIN R INJ U-100 ( <i>insulin regular (human)</i> )	2	DM
NOVOLOG MIX INJ 70/30 ( <i>insulin aspart protamine &amp; aspart (human)</i> )	2	DM
NOVOLOG MIX INJ FLEXPEN ( <i>insulin aspart protamine &amp; aspart (human)</i> )	2	DM
TOUJEO MAX INJ 300/ML ( <i>insulin glargine</i> )	2	DM
TOUJEO SOLO INJ 300/ML ( <i>insulin glargine</i> )	2	DM
TRESIBA FLEX INJ 100UNIT ( <i>insulin degludec</i> )	2	DM
TRESIBA FLEX INJ 200UNIT ( <i>insulin degludec</i> )	2	DM
TRESIBA INJ 100UNIT ( <i>insulin degludec</i> )	2	DM

### **INSULIN SENSITIZING AGENTS**

<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	DM
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	DM
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	DM

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tab 60 mg</i>	1	DM
<i>nateglinide tab 120 mg</i>	1	DM
<i>repaglinide tab 0.5 mg</i>	1	DM
<i>repaglinide tab 1 mg</i>	1	DM
<i>repaglinide tab 2 mg</i>	1	DM
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB 5MG ( <i>dapagliflozin propanediol</i> )	2	DM
FARXIGA TAB 10MG ( <i>dapagliflozin propanediol</i> )	2	DM
JARDIANCE TAB 10MG ( <i>empagliflozin</i> )	2	DM
JARDIANCE TAB 25MG ( <i>empagliflozin</i> )	2	DM
<b>SULFONYLUREAS</b>		
<i>glimepiride tab 1 mg</i>	1	DM
<i>glimepiride tab 2 mg</i>	1	DM
<i>glimepiride tab 4 mg</i>	1	DM
<i>glipizide tab 5 mg</i>	1	DM
<i>glipizide tab 10 mg</i>	1	DM
<i>glipizide tab er 24hr 2.5 mg</i>	1	DM
(Glipizide Tab Er 24hr 2.5 mg) GLIPIZIDE XL	1	DM
<i>glipizide tab er 24hr 5 mg</i>	1	DM
(Glipizide Tab Er 24hr 5 mg) GLIPIZIDE XL	1	DM
<i>glipizide tab er 24hr 10 mg</i>	1	DM
(Glipizide Tab Er 24hr 10 mg) GLIPIZIDE XL	1	DM
<i>glyburide micronized tab 1.5 mg</i>	1	DM
<i>glyburide micronized tab 3 mg</i>	1	DM
<i>glyburide micronized tab 6 mg</i>	1	DM
<i>glyburide tab 1.25 mg</i>	1	DM
<i>glyburide tab 2.5 mg</i>	1	DM
<i>glyburide tab 5 mg</i>	1	DM
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA</b>		
<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	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
<i>deferasirox granules packet 90 mg</i>	4	SP, PA
<i>deferasirox granules packet 180 mg</i>	4	SP, PA
<i>deferasirox granules packet 360 mg</i>	4	SP, PA
<i>deferasirox tab 90 mg</i>	4	SP, PA
<i>deferasirox tab 180 mg</i>	4	SP, PA

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<i>deferasirox tab 360 mg</i>	4	SP, PA
<i>deferasirox tab for oral susp 125 mg</i>	4	SP, PA
<i>deferasirox tab for oral susp 250 mg</i>	4	SP, PA
<i>deferasirox tab for oral susp 500 mg</i>	4	SP, PA
<i>deferiprone tab 500 mg</i>	4	SP, PA
<i>deferiprone tab 1000 mg</i>	4	SP, PA
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING</b>		
VISTOGARD PAK 10GM ( <i>uridine triacetate (emergency treatment)</i> )	2	QL (20 packets every 5 days)
<b>OPIOID ANTAGONISTS</b>		
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	QL (4 ea every 25 days)
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
<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 every 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200 mL every 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 tabs every 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs every 21 days)
SANCUSO DIS 3.1MG ( <i>granisetron</i> )	2	QL (2 patches every 21 days)
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>meclizine hcl tab 50 mg</i>	1	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
<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 every 25 days)
<i>dronabinol cap 5 mg</i>	1	QL (60 caps every 25 days)
<i>dronabinol cap 10 mg</i>	1	QL (60 caps every 25 days)
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps every 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 caps every 21 days)
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	QL (6 tabs every 21 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	
<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	
<i>itraconazole oral soln 10 mg/ml</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
<i>posaconazole susp 40 mg/ml</i>	1	PA
VFEND SUS 40MG/ML ( <i>voriconazole</i> )	2	PA
VFEND TAB 50MG ( <i>voriconazole</i> )	2	PA
VFEND TAB 200MG ( <i>voriconazole</i> )	2	PA
<i>voriconazole for susp 40 mg/ml</i>	1	PA
<i>voriconazole tab 50 mg</i>	1	PA
<i>voriconazole tab 200 mg</i>	1	PA
<b>ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES</b>		
<b>ANTI-HISTAMINES - ETHANOLAMINES</b>		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	
<b>ANTI-HISTAMINES - NON-SEDATING</b>		
<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	
<b>ANTI-HISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Promethazine Hcl Suppos 12.5 mg) PROMETHEGAN	1	
<b><i>promethazine hcl suppos 25 mg</i></b>	1	
(Promethazine Hcl Suppos 25 mg) PROMETHEGAN	1	
(Promethazine Hcl Suppos 50 mg) PROMETHEGAN	1	
<b><i>promethazine hcl tab 12.5 mg</i></b>	1	
<b><i>promethazine hcl tab 25 mg</i></b>	1	
<b><i>promethazine hcl tab 50 mg</i></b>	1	
<b>ANTIHISTAMINES - PIPERIDINES</b>		
<b><i>cyproheptadine hcl syrup 2 mg/5ml</i></b>	1	
<b><i>cyproheptadine hcl tab 4 mg</i></b>	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	
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
<b><i>ezetimibe-simvastatin tab 10-10 mg</i></b>	1	
<b><i>ezetimibe-simvastatin tab 10-20 mg</i></b>	1	
<b><i>ezetimibe-simvastatin tab 10-40 mg</i></b>	1	
<b><i>ezetimibe-simvastatin tab 10-80 mg</i></b>	1	
NEXLIZET TAB 180/10MG ( <i>bempedoic acid-ezetimibe</i> )	2	
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<b><i>omega-3-acid ethyl esters cap 1 gm</i></b>	1	
VASCEPA CAP 0.5GM ( <i>icosapent ethyl</i> )	1	
VASCEPA CAP 1GM ( <i>icosapent ethyl</i> )	1	
<b>BILE ACID SEQUESTRANTS</b>		
<b><i>cholestyramine light powder 4 gm/dose</i></b>	1	
(Cholestyramine Light Powder 4 gm/dose) PREVALITE	1	
<b><i>cholestyramine light powder packets 4 gm</i></b>	1	
(Cholestyramine Light Powder Packets 4 gm) PREVALITE	1	
<b><i>cholestyramine powder 4 gm/dose</i></b>	1	
<b><i>cholestyramine powder packets 4 gm</i></b>	1	
<b><i>colesevelam hcl packet for susp 3.75 gm</i></b>	1	
<b><i>colesevelam hcl tab 625 mg</i></b>	1	
<b><i>colestipol hcl granule packets 5 gm</i></b>	1	
<b><i>colestipol hcl granules 5 gm</i></b>	1	
<b><i>colestipol hcl tab 1 gm</i></b>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>FIBRIC ACID DERIVATIVES</b>		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	0	AGE; CM, PC
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	0	AGE; PC
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	0	AGE; PC
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	0	AGE; PC
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	0	AGE; PC
<i>lovastatin tab 10 mg</i>	0	AGE; PC
<i>lovastatin tab 20 mg</i>	0	AGE; PC
<i>lovastatin tab 40 mg</i>	0	AGE; PC
<i>pitavastatin calcium tab 1 mg</i>	1	AGE
<i>pitavastatin calcium tab 2 mg</i>	1	AGE
<i>pitavastatin calcium tab 4 mg</i>	1	AGE
<i>pravastatin sodium tab 10 mg</i>	0	AGE; PC
<i>pravastatin sodium tab 20 mg</i>	0	AGE; PC
<i>pravastatin sodium tab 40 mg</i>	0	AGE; PC
<i>pravastatin sodium tab 80 mg</i>	0	AGE; PC
<i>rosuvastatin calcium tab 5 mg</i>	0	AGE; PC
<i>rosuvastatin calcium tab 10 mg</i>	0	AGE; PC
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	0	AGE; PC

**AGE** - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA\*\*** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>simvastatin tab 10 mg</i>	0	AGE; PC
<i>simvastatin tab 20 mg</i>	0	AGE; PC
<i>simvastatin tab 40 mg</i>	0	AGE; PC
<i>simvastatin tab 80 mg</i>	1	
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe tab 10 mg</i>	1	
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
<b>PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
REPATHA INJ 140MG/ML ( <i>evolocumab</i> )	2	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5 ( <i>evolocumab</i> )	2	PA, QL (1 cartridges every 28 day)
REPATHA SURE INJ 140MG/ML ( <i>evolocumab</i> )	2	PA, QL (3 pens every 28 day)
<b>ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate oral soln 1 mg/ml</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	

**AGE** - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA\*\*** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
<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	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan oral soln 4 mg/ml</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine hcl tab er 24hr 0.17 mg (base equivalent)</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i></b>	1	
<b><i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i></b>	1	
<b><i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i></b>	1	
<b><i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i></b>	1	
<b><i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i></b>	1	
<b><i>atenolol &amp; chlorthalidone tab 50-25 mg</i></b>	1	
<b><i>atenolol &amp; chlorthalidone tab 100-25 mg</i></b>	1	
<b><i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i></b>	1	
<b><i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i></b>	1	
<b><i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i></b>	1	
<b><i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i></b>	1	
<b><i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i></b>	1	
<b><i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i></b>	1	
<b><i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i></b>	1	
<b><i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i></b>	1	
<b><i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i></b>	1	
<b><i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i></b>	1	
<b><i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i></b>	1	
<b><i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i></b>	1	
<b><i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i></b>	1	
<b><i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i></b>	1	
<b><i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i></b>	1	
<b><i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i></b>	1	
<b><i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i></b>	1	
<b><i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i></b>	1	
<b><i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i></b>	1	
<b><i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i></b>	1	
<b><i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i></b>	1	
<b><i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i></b>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
<b>VASODILATORS</b>		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	QL (9 tabs every 1 day)
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
<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	
<i>chloroquine phosphate tab 500 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	
<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	
<i>isoniazid tab 100 mg</i>	1	

**AGE** - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA\*\*** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>isoniazid tab 300 mg</i>	1	
<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	

## ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER

### ALKYLATING AGENTS

<i>cyclophosphamide cap 25 mg</i>	1	OAC
<i>cyclophosphamide cap 50 mg</i>	1	OAC
GLEOSTINE CAP 10MG ( <i>lomustine</i> )	4	SP; OAC
GLEOSTINE CAP 40MG ( <i>lomustine</i> )	4	SP; OAC
GLEOSTINE CAP 100MG ( <i>lomustine</i> )	4	SP; OAC
LEUKERAN TAB 2MG ( <i>chlorambucil</i> )	2	OAC
<i>melphalan tab 2 mg</i>	1	OAC
MYLERAN TAB 2MG ( <i>busulfan</i> )	2	OAC
<i>temozolomide cap 5 mg</i>	4	SP, PA; OAC
<i>temozolomide cap 20 mg</i>	4	SP, PA; OAC
<i>temozolomide cap 100 mg</i>	4	SP, PA; OAC
<i>temozolomide cap 140 mg</i>	4	SP, PA; OAC
<i>temozolomide cap 180 mg</i>	4	SP, PA; OAC
<i>temozolomide cap 250 mg</i>	4	SP, PA; OAC

### ANTIMETABOLITES

<i>capecitabine tab 150 mg</i>	4	SP, PA; OAC
<i>capecitabine tab 500 mg</i>	4	SP, PA; OAC
<i>mercaptopurine tab 50 mg</i>	1	OAC
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	OAC
ONUREG TAB 200MG ( <i>azacitidine</i> )	4	SP, PA, QL (14 tabs every 28 days); OAC
ONUREG TAB 300MG ( <i>azacitidine</i> )	4	SP, PA, QL (14 tabs every 28 days); OAC
PURIXAN SUS 20MG/ML ( <i>mercaptopurine</i> )	4	SP, PA; OAC
TABLOID TAB 40MG ( <i>thioguanine</i> )	2	OAC
TREXALL TAB 5MG ( <i>methotrexate sodium</i> )	2	OAC

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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
XELODA TAB 150MG ( <i>capecitabine</i> )	4	SP, PA; OAC
XELODA TAB 500MG ( <i>capecitabine</i> )	4	SP, PA; OAC
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
INLYTA TAB 1MG ( <i>axitinib</i> )	4	SP, PA, QL (8 tabs every 1 day); OAC
INLYTA TAB 5MG ( <i>axitinib</i> )	4	SP, PA, QL (4 tabs every 1 day); OAC
LENVIMA CAP 4MG ( <i>lenvatinib mesylate</i> )	4	SP, PA, QL (1 cap every 1 day); OAC
LENVIMA CAP 8 MG ( <i>lenvatinib mesylate</i> )	4	SP, PA, QL (2 caps every 1 day); OAC
LENVIMA CAP 10 MG ( <i>lenvatinib mesylate</i> )	4	SP, PA, QL (1 cap every 1 day); OAC
LENVIMA CAP 12MG ( <i>lenvatinib mesylate</i> )	4	SP, PA, QL (3 caps every 1 day); OAC
LENVIMA CAP 14 MG ( <i>lenvatinib mesylate</i> )	4	SP, PA, QL (2 caps every 1 day); OAC
LENVIMA CAP 18 MG ( <i>lenvatinib mesylate</i> )	4	SP, PA, QL (3 caps every 1 day); OAC
LENVIMA CAP 20 MG ( <i>lenvatinib mesylate</i> )	4	SP, PA, QL (2 caps every 1 day); OAC
LENVIMA CAP 24 MG ( <i>lenvatinib mesylate</i> )	4	SP, PA, QL (3 caps every 1 day); OAC
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	4	SP, PA, QL (2 tabs every 1 day); OAC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>gefitinib tab 250 mg</i>	4	SP, PA, QL (1 tab every 1 day); OAC
TAGRISO TAB 40MG ( <i>osimertinib mesylate</i> )	4	SP, PA, QL (1 tab every 1 day); OAC
TAGRISO TAB 80MG ( <i>osimertinib mesylate</i> )	4	SP, PA, QL (1 tab every 1 day); OAC
TARCEVA TAB 25MG ( <i>erlotinib hcl</i> )	4	SP, PA, QL (2 tabs every 1 day); OAC

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
TARCEVA TAB 100MG ( <i>erlotinib hcl</i> )	4	SP, PA, QL (1 tab every 1 day); OAC
TARCEVA TAB 150MG ( <i>erlotinib hcl</i> )	4	SP, PA, QL (1 tab every 1 day); OAC
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
ERIVEDGE CAP 150MG ( <i>vismodegib</i> )	4	SP, PA, QL (1 cap every 1 day); OAC
ODOMZO CAP 200MG ( <i>sonidegib phosphate</i> )	4	SP, PA, QL (1 cap every 1 day); OAC
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate tab 250 mg</i>	4	SP, PA, QL (4 tabs every 1 day); OAC
<i>abiraterone acetate tab 500 mg</i>	4	SP, PA, QL (2 tabs every 1 day); OAC
<i>anastrozole tab 1 mg</i>	0	AGE; OAC, PC
<i>bicalutamide tab 50 mg</i>	1	OAC
ERLEADA TAB 60MG ( <i>apalutamide</i> )	4	SP, PA, QL (4 tabs every 1 day); OAC
ERLEADA TAB 240MG ( <i>apalutamide</i> )	4	SP, PA, QL (1 tab every 1 day); OAC
<i>exemestane tab 25 mg</i>	0	AGE; OAC, PC
<i>letrozole tab 2.5 mg</i>	1	OAC
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	4	SP, PA
LYSODREN TAB 500MG ( <i>mitotane</i> )	2	SP; OAC
<i>megestrol acetate susp 40 mg/ml</i>	1	OAC
<i>megestrol acetate tab 20 mg</i>	1	OAC
<i>megestrol acetate tab 40 mg</i>	1	OAC
<i>nilutamide tab 150 mg</i>	1	OAC
NUBEQA TAB 300MG ( <i>darolutamide</i> )	4	SP, PA, QL (4 tabs every 1 day); OAC
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	AGE; OAC, PC
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	QL (90 tabs every 25 days), AGE; OAC, PC
<i>toremifene citrate tab 60 mg (base equivalent)</i>	1	OAC
XTANDI CAP 40MG ( <i>enzalutamide</i> )	4	SP, PA, QL (4 caps every 1 day); OAC
XTANDI TAB 40MG ( <i>enzalutamide</i> )	4	SP, PA, QL (4 tabs every 1 day); OAC
XTANDI TAB 80MG ( <i>enzalutamide</i> )	4	SP, PA, QL (2 tabs every 1 day); OAC

**AGE** - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA\*\*** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
YONSA TAB 125MG ( <i>abiraterone acetate micronized</i> )	4	SP, PA, QL (4 tabs every 1 day); OAC
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP 1MG ( <i>pomalidomide</i> )	4	SP, PA, QL (21 caps every 28 days); OAC
POMALYST CAP 2MG ( <i>pomalidomide</i> )	4	SP, PA, QL (21 caps every 28 days); OAC
POMALYST CAP 3MG ( <i>pomalidomide</i> )	4	SP, PA, QL (21 caps every 28 days); OAC
POMALYST CAP 4MG ( <i>pomalidomide</i> )	4	SP, PA, QL (21 caps every 28 days); OAC
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI TAB 35-100MG ( <i>decitabine-cedazuridine</i> )	4	SP, PA, QL (10 tabs every 25 days); OAC
KISQALI 200 PAK FEMARA ( <i>ribociclib succinate-letrozole</i> )	4	SP, PA, QL (54 tabs every 30 days); OAC
KISQALI 400 PAK FEMARA ( <i>ribociclib succinate-letrozole</i> )	4	SP, PA, QL (70 tabs every 28 days); OAC
KISQALI 600 PAK FEMARA ( <i>ribociclib succinate-letrozole</i> )	4	SP, PA, QL (91 tabs every 28 days); OAC
LONSURF TAB 15-6.14 ( <i>trifluridine-tipiracil</i> )	4	SP, PA, QL (100 tabs 28 days); OAC
LONSURF TAB 20-8.19 ( <i>trifluridine-tipiracil</i> )	4	SP, PA, QL (80 tabs 28 days); OAC
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA CAP 150MG ( <i>alectinib hcl</i> )	4	SP, PA, QL (8 caps every 1 day); OAC
ALUNBRIG PAK ( <i>brigatinib</i> )	2	SP, PA, QL (1 tab every 1 day); OAC
ALUNBRIG TAB 30MG ( <i>brigatinib</i> )	2	SP, PA, QL (4 tabs every 1 day); OAC
ALUNBRIG TAB 90MG ( <i>brigatinib</i> )	2	SP, PA, QL (1 tab every 1 day); OAC
ALUNBRIG TAB 180MG ( <i>brigatinib</i> )	2	SP, PA, QL (1 tab every 1 day); OAC
AUGTYRO CAP 40MG ( <i>repotrectinib</i> )	4	SP, PA, QL (8 caps every 1 day); OAC
BALVERSA TAB 3MG ( <i>erdafitinib</i> )	4	SP, PA, QL (3 tabs every 1 day); OAC
BALVERSA TAB 4MG ( <i>erdafitinib</i> )	4	SP, PA, QL (2 tabs every 1 day); OAC



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
BALVERSA TAB 5MG ( <i>erdafitinib</i> )	4	SP, PA, QL (1 tab every 1 day); OAC
BOSULIF CAP 50MG ( <i>bosutinib</i> )	4	SP, PA, QL (1 cap every 1 day); OAC
BOSULIF CAP 100MG ( <i>bosutinib</i> )	4	SP, PA, QL (10 caps every 1 day); OAC
BOSULIF TAB 100MG ( <i>bosutinib</i> )	4	SP, PA, QL (3 tabs every 1 day); OAC
BOSULIF TAB 400MG ( <i>bosutinib</i> )	4	SP, PA, QL (1 tab every 1 day); OAC
BOSULIF TAB 500MG ( <i>bosutinib</i> )	4	SP, PA, QL (1 tab every 1 day); OAC
BRAFTOVI CAP 75MG ( <i>encorafenib</i> )	4	SP, PA, QL (6 caps every 1 day); OAC
BRUKINSA CAP 80MG ( <i>zanubrutinib</i> )	2	SP, PA, QL (4 caps every 1 day); OAC
CABOMETYX TAB 20MG ( <i>cabozantinib s-malate</i> )	4	SP, PA, QL (1 tab every 1 day); OAC
CABOMETYX TAB 40MG ( <i>cabozantinib s-malate</i> )	4	SP, PA, QL (1 tab every 1 day); OAC
CABOMETYX TAB 60MG ( <i>cabozantinib s-malate</i> )	4	SP, PA, QL (1 tab every 1 day); OAC
CALQUENCE TAB 100MG ( <i>acalabrutinib maleate</i> )	2	SP, PA, QL (2 tabs every 1 day); OAC
COMETRIQ KIT 60MG ( <i>cabozantinib s-malate</i> )	4	SP, PA, QL (1 kit every 30 days); OAC
COMETRIQ KIT 100MG ( <i>cabozantinib s-malate</i> )	4	SP, PA, QL (1 kit every 30 days); OAC
COMETRIQ KIT 140MG ( <i>cabozantinib s-malate</i> )	4	SP, PA, QL (1 kit every 30 days); OAC
COPIKTRA CAP 15MG ( <i>duvelisib</i> )	4	SP, PA, QL (2 caps every 1 day); OAC
COPIKTRA CAP 25MG ( <i>duvelisib</i> )	4	SP, PA, QL (2 caps every 1 day); OAC
COTELLIC TAB 20MG ( <i>cobimetinib fumarate</i> )	4	SP, PA, QL (63 tabs every 28 days); OAC
<i>everolimus tab 2.5 mg</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 5 mg</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 7.5 mg</i>	4	SP, PA, QL (1 tab every 1 day); OAC

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>everolimus tab 10 mg</i></b>	4	SP, PA, QL (1 tab every 1 day); OAC
<b><i>everolimus tab for oral susp 2 mg</i></b>	4	SP, PA, QL (2 tabs every 1 day); OAC
<b><i>everolimus tab for oral susp 3 mg</i></b>	4	SP, PA, QL (3 tabs every 1 day); OAC
<b><i>everolimus tab for oral susp 5 mg</i></b>	4	SP, PA, QL (2 tabs every 1 day); OAC
<b>GAVRETO CAP 100MG (<i>pralsetinib</i>)</b>	4	SP, PA, QL (4 caps every 1 day); OAC
<b>IBRANCE CAP 75MG (<i>palbociclib</i>)</b>	4	SP, PA, QL (21 caps every 28 days); OAC
<b>IBRANCE CAP 100MG (<i>palbociclib</i>)</b>	4	SP, PA, QL (21 caps every 28 days); OAC
<b>IBRANCE CAP 125MG (<i>palbociclib</i>)</b>	4	SP, PA, QL (21 caps every 28 days); OAC
<b>IBRANCE TAB 75MG (<i>palbociclib</i>)</b>	4	SP, PA, QL (21 tabs every 28 days); OAC
<b>IBRANCE TAB 100MG (<i>palbociclib</i>)</b>	4	SP, PA, QL (21 tabs every 28 days); OAC
<b>IBRANCE TAB 125MG (<i>palbociclib</i>)</b>	4	SP, PA, QL (21 tabs every 28 days); OAC
<b>IDHIFA TAB 50MG (<i>enasidenib mesylate</i>)</b>	4	SP, PA, QL (1 tab every 1 day); OAC
<b>IDHIFA TAB 100MG (<i>enasidenib mesylate</i>)</b>	4	SP, PA, QL (1 tab every 1 day); OAC
<b><i>imatinib mesylate tab 100 mg (base equivalent)</i></b>	4	SP, PA, QL (4 tabs every 1 day); OAC
<b><i>imatinib mesylate tab 400 mg (base equivalent)</i></b>	4	SP, PA, QL (2 tabs every 1 day); OAC
<b>KISQALI TAB 200DOSE (<i>ribociclib succinate</i>)</b>	4	SP, PA, QL (21 tabs every 28 days); OAC
<b>KISQALI TAB 400DOSE (<i>ribociclib succinate</i>)</b>	4	SP, PA, QL (42 tabs every 28 days); OAC
<b>KISQALI TAB 600DOSE (<i>ribociclib succinate</i>)</b>	4	SP, PA, QL (63 tabs every 28 days); OAC
<b>KOSELUGO CAP 10MG (<i>selumetinib sulfate</i>)</b>	2	SP, PA, QL (8 caps every 1 day); OAC
<b>KOSELUGO CAP 25MG (<i>selumetinib sulfate</i>)</b>	2	SP, PA, QL (4 caps every 1 day); OAC
<b>KRAZATI TAB 200MG (<i>adagrasib</i>)</b>	2	SP, PA, QL (6 tabs every 1 day); OAC

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>lapatinib ditosylate tab 250 mg (base equiv)</i></b>	4	SP, PA, QL (6 tabs every 1 day); OAC
LUMAKRAS TAB 120MG ( <b><i>sotorasib</i></b> )	4	SP, PA, QL (8 tabs every 1 day); OAC
LUMAKRAS TAB 320MG ( <b><i>sotorasib</i></b> )	4	SP, PA, QL (3 tabs every 1 day); OAC
LYNPARZA TAB 100MG ( <b><i>olaparib</i></b> )	4	SP, PA, QL (4 tabs every 1 day); OAC
LYNPARZA TAB 150MG ( <b><i>olaparib</i></b> )	4	SP, PA, QL (4 tabs every 1 day); OAC
MEKTOVI TAB 15MG ( <b><i>binimetinib</i></b> )	4	SP, PA, QL (6 tabs every 1 day); OAC
NERLYNX TAB 40MG ( <b><i>neratinib maleate</i></b> )	4	SP, PA, QL (6 tabs every 1 day); OAC
NINLARO CAP 2.3MG ( <b><i>ixazomib citrate</i></b> )	4	SP, PA, QL (3 caps every 28 days); OAC
NINLARO CAP 3MG ( <b><i>ixazomib citrate</i></b> )	4	SP, PA, QL (3 caps every 28 days); OAC
NINLARO CAP 4MG ( <b><i>ixazomib citrate</i></b> )	4	SP, PA, QL (3 caps every 28 days); OAC
<b><i>pazopanib hcl tab 200 mg (base equiv)</i></b>	4	SP, PA, QL (4 tabs every 1 day); OAC
PIQRAY 200MG TAB DOSE ( <b><i>alpelisib</i></b> )	4	SP, PA, QL (1 tab every 1 day); OAC
PIQRAY 250MG TAB DOSE ( <b><i>alpelisib</i></b> )	4	SP, PA, QL (2 tabs every 1 day); OAC
PIQRAY 300MG TAB DOSE ( <b><i>alpelisib</i></b> )	4	SP, PA, QL (2 tabs every 1 day); OAC
RETEVMO CAP 40MG ( <b><i>selpercatinib</i></b> )	4	SP, PA, QL (2 caps every 1 day); OAC
RETEVMO CAP 80MG ( <b><i>selpercatinib</i></b> )	4	SP, PA, QL (4 caps every 1 day); OAC
ROZLYTREK CAP 100MG ( <b><i>entrectinib</i></b> )	4	SP, PA, QL (1 cap every 1 day); OAC
ROZLYTREK CAP 200MG ( <b><i>entrectinib</i></b> )	4	SP, PA, QL (3 caps every 1 day); OAC
ROZLYTREK PAK 50MG ( <b><i>entrectinib</i></b> )	4	SP, PA, QL (12 packets every 1 day); QL, OAC
RYDAPT CAP 25MG ( <b><i>midostaurin</i></b> )	4	SP, PA, QL (8 caps every 1 day); OAC
<b><i>sorafenib tosylate tab 200 mg (base equivalent)</i></b>	4	SP, PA, QL (4 tabs every 1 day); OAC

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
SPRYCEL TAB 20MG ( <i>dasatinib</i> )	4	SP, PA, QL (3 tabs every 1 day); OAC
SPRYCEL TAB 50MG ( <i>dasatinib</i> )	4	SP, PA, QL (1 tab every 1 day); OAC
SPRYCEL TAB 70MG ( <i>dasatinib</i> )	4	SP, PA, QL (1 tab every 1 day); OAC
SPRYCEL TAB 80MG ( <i>dasatinib</i> )	4	SP, PA, QL (1 tab every 1 day); OAC
SPRYCEL TAB 100MG ( <i>dasatinib</i> )	4	SP, PA, QL (1 tab every 1 day); OAC
SPRYCEL TAB 140MG ( <i>dasatinib</i> )	4	SP, PA, QL (1 tab every 1 day); OAC
STIVARGA TAB 40MG ( <i>regorafenib</i> )	4	SP, PA, QL (3 tabs every 1 day); OAC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	4	PA, QL (1 cap every 1 day); SP, OAC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	4	SP, PA, QL (1 cap every 1 day); OAC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	4	SP, PA, QL (1 cap every 1 day); OAC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	4	SP, PA, QL (1 cap every 1 day); OAC
TYKERB TAB 250MG ( <i>lapatinib ditosylate</i> )	4	SP, PA, QL (6 tabs every 1 day); OAC
VERZENIO TAB 50MG ( <i>abemaciclib</i> )	4	SP, PA, QL (2 tabs every 1 day); OAC
VERZENIO TAB 100MG ( <i>abemaciclib</i> )	4	SP, PA, QL (2 tabs every 1 day); OAC
VERZENIO TAB 150MG ( <i>abemaciclib</i> )	4	SP, PA, QL (2 tabs every 1 day); OAC
VERZENIO TAB 200MG ( <i>abemaciclib</i> )	4	SP, PA, QL (2 tabs every 1 day); OAC
VITRAKVI CAP 25MG ( <i>larotrectinib sulfate</i> )	4	SP, PA, QL (6 caps every 1 day); OAC
VITRAKVI CAP 100MG ( <i>larotrectinib sulfate</i> )	4	SP, PA, QL (2 caps every 1 day); OAC
VITRAKVI SOL 20MG/ML ( <i>larotrectinib sulfate</i> )	4	SP, PA, QL (10 mL every 1 day); OAC
XOSPATA TAB 40MG ( <i>gilteritinib fumarate</i> )	4	SP, PA, QL (3 tabs every 1 day); OAC
ZEJULA TAB 100MG ( <i>niraparib tosylate</i> )	4	SP, PA, QL (1 tab every 1 day); OAC

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ZEJULA TAB 200MG ( <i>niraparib tosylate</i> )	4	SP, PA, QL (1 tab every 1 day); OAC
ZEJULA TAB 300MG ( <i>niraparib tosylate</i> )	4	SP, PA, QL (1 tab every 1 day); OAC
ZELBORAF TAB 240MG ( <i>vemurafenib</i> )	4	SP, PA, QL (8 tabs every 1 day); OAC
ZOLINZA CAP 100MG ( <i>vorinostat</i> )	4	SP, PA, QL (4 caps every 1 day); OAC
ZYDELIG TAB 100MG ( <i>idelalisib</i> )	4	SP, PA, QL (2 tabs every 1 day); OAC
ZYDELIG TAB 150MG ( <i>idelalisib</i> )	4	SP, PA, QL (2 tabs every 1 day); OAC
ZYKADIA TAB 150MG ( <i>ceritinib</i> )	4	SP, PA, QL (3 tabs every 1 day); OAC

### **ANTINEOPLASTICS MISC.**

ACTIMMUNE INJ 2MU/0.5 ( <i>interferon gamma-1b</i> )	4	SP, PA
BESREMI SOL 500MCG ( <i>ropeginterferon alfa-2b-njft</i> )	2	SP, PA, QL (2 syringes every 28 days)
<i>bexarotene cap 75 mg</i>	4	SP, PA; OAC
<i>hydroxyurea cap 500 mg</i>	1	OAC
MATULANE CAP 50MG ( <i>procarbazine hcl</i> )	2	SP; OAC
<i>tretinoin cap 10 mg</i>	1	OAC

### **CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS**

<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

### **MITOTIC INHIBITORS**

<i>etoposide cap 50 mg</i>	1	OAC
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### **TOPOISOMERASE I INHIBITORS**

HYCAMTIN CAP 0.25MG ( <i>topotecan hcl</i> )	4	SP, PA; OAC
HYCAMTIN CAP 1MG ( <i>topotecan hcl</i> )	4	SP, PA; OAC

## **ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE**

### **ANTIPARKINSON ADJUNCTIVE THERAPY**

<i>carbidopa tab 25 mg</i>	1	
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### **ANTIPARKINSON ANTICHOLINERGICS**

<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	

<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	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone tab 200 mg</i>	1	
<i>tolcapone tab 100 mg</i>	1	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	4	SP, PA, QL (20 cartridges every 30 days)
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>DHIVY TAB 25-100MG (carbidopa-levodopa)</i>	3	
<i>INBRIJA CAP 42MG (levodopa)</i>	2	PA, QL (10 caps every 1 day)
<i>NEUPRO DIS 1MG/24HR (rotigotine)</i>	2	

**AGE** - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA\*\*** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
NEUPRO DIS 2MG/24HR ( <i>rotigotine</i> )	2	
NEUPRO DIS 3MG/24HR ( <i>rotigotine</i> )	2	
NEUPRO DIS 4MG/24HR ( <i>rotigotine</i> )	2	
NEUPRO DIS 6MG/24HR ( <i>rotigotine</i> )	2	
NEUPRO DIS 8MG/24HR ( <i>rotigotine</i> )	2	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
RYTARY CAP 95MG ( <i>carbidopa-levodopa</i> )	2	
RYTARY CAP 145MG ( <i>carbidopa-levodopa</i> )	2	
RYTARY CAP 195MG ( <i>carbidopa-levodopa</i> )	2	
RYTARY CAP 245MG ( <i>carbidopa-levodopa</i> )	2	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	

**AGE** - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA\*\*** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	
<b>ANTIPSYCHOTICS - MISC.</b>		
<i>lurasidone hcl tab 20 mg</i>	1	
<i>lurasidone hcl tab 40 mg</i>	1	
<i>lurasidone hcl tab 60 mg</i>	1	
<i>lurasidone hcl tab 80 mg</i>	1	
<i>lurasidone hcl tab 120 mg</i>	1	
NUPLAZID CAP 34MG ( <i>pimavanserin tartrate</i> )	4	SP, PA, QL (1 cap every 1 day)
NUPLAZID TAB 10MG ( <i>pimavanserin tartrate</i> )	4	SP, PA, QL (1 tab every 1 day)
VRAYLAR CAP 1.5-3MG ( <i>cariprazine hcl</i> )	2	
VRAYLAR CAP 1.5MG ( <i>cariprazine hcl</i> )	2	
VRAYLAR CAP 3MG ( <i>cariprazine hcl</i> )	2	
VRAYLAR CAP 4.5MG ( <i>cariprazine hcl</i> )	2	
VRAYLAR CAP 6MG ( <i>cariprazine hcl</i> )	2	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
<b>BENZISOXAZOLES</b>		
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
PERSERIS INJ 90MG ( <i>risperidone</i> )	0	PA
PERSERIS INJ 120MG ( <i>risperidone</i> )	0	PA
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	1	PA
<i>risperidone microspheres for im extended rel susp 25 mg</i>	1	PA



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	1	PA
<i>risperidone microspheres for im extended rel susp 50 mg</i>	1	PA
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	

**BUTYROPHENONES**

<i>haloperidol decanoate im soln 50 mg/ml</i>	0	PA
<i>haloperidol decanoate im soln 100 mg/ml</i>	0	PA
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	

**DIBENZAPINES**

<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
<i>loxapine succinate cap 5 mg</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 150 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
<b>DIHYDROINDOLONES</b>		
<i>molindone hcl tab 5 mg</i>	1	
<i>molindone hcl tab 10 mg</i>	1	
<i>molindone hcl tab 25 mg</i>	1	
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>fluphenazine decanoate inj 25 mg/ml</i>	0	PA
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
(Prochlorperazine Suppos 25 mg) COMPRO	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY MAIN INJ 300MG ( <i>aripiprazole</i> )	0	PA
ABILIFY MAIN INJ 400MG ( <i>aripiprazole</i> )	0	PA
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
<b>THIOXANTHENES</b>		
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<b>ANTISEPTICS &amp; DISINFECTANTS - PRODUCTS TO DISINFECT</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS - PRODUCTS TO DISINFECT</b>		
<i>formaldehyde solution 10%</i>	1	
<i>hydrogen peroxide soln 30%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	SP, QL (30 mL every 1 day)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	SP, QL (2 tabs every 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	SP, QL (1 tab every 1 day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	SP, QL (30 caps every 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	SP, QL (60 caps every 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	SP, QL (30 caps every 30 days)
BIKTARVY TAB ( <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i> )	2	SP, QL (30 tabs every 30 days)
CIMDUO TAB 300-300 ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	2	SP, QL (1 tab every 1 day)
<i>darunavir tab 600 mg</i>	1	SP, ST, PA, QL (60 tabs every 30 days); PA**
<i>darunavir tab 800 mg</i>	1	SP, ST, PA, QL (30 tabs every 30 days); PA**
DESCOVY TAB 120-15MG ( <i>emtricitabine-tenofovir alafenamide fumarate</i> )	0	SP, QL (1 tab every 1 day); PC
DESCOVY TAB 200/25MG ( <i>emtricitabine-tenofovir alafenamide fumarate</i> )	0	SP, QL (1 tab every 1 day); PC
DOVATO TAB 50-300MG ( <i>dolutegravir sodium-lamivudine</i> )	2	SP, QL (1 tab every 1 day)
<i>efavirenz cap 50 mg</i>	1	SP, QL (3 cap every 1 day)
<i>efavirenz cap 200 mg</i>	1	SP, QL (3 cap every 1 day)
<i>efavirenz tab 600 mg</i>	1	SP, QL (1 tab every 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	SP, QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	SP, QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	SP, QL (30 tabs every 30 days)
<i>emtricitabine caps 200 mg</i>	1	SP, QL (1 cap every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	SP, QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	SP, QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	SP, QL (1 tab every 1 day)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</b>	0	SP, QL (1 tab every 1 day); PC
EMTRIVA SOL 10MG/ML ( <b>emtricitabine</b> )	2	SP, QL (680 mL every 28 days)
<b>etravirine tab 100 mg</b>	1	SP, QL (4 tabs every 1 day)
<b>etravirine tab 200 mg</b>	1	SP, QL (2 tabs every 1 day)
<b>fosamprenavir calcium tab 700 mg (base equiv)</b>	1	SP, QL (120 tabs every 30 days)
FUZEON INJ 90MG ( <b>enfuvirtide</b> )	2	SP, PA, QL (60 Vials every 30 days)
GENVOYA TAB ( <b>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</b> )	2	SP, QL (30 tabs every 30 days)
ISENTRESS CHW 25MG ( <b>raltegravir potassium</b> )	2	SP, QL (180 tabs every 30 days)
ISENTRESS CHW 100MG ( <b>raltegravir potassium</b> )	2	SP, QL (180 tabs every 30 days)
ISENTRESS HD TAB 600MG ( <b>raltegravir potassium</b> )	2	SP, QL (60 tabs every 30 days)
ISENTRESS POW 100MG ( <b>raltegravir potassium</b> )	2	SP, QL (60 packets every 30 days)
ISENTRESS TAB 400MG ( <b>raltegravir potassium</b> )	2	SP, QL (120 tabs every 30 days)
<b>lamivudine oral soln 10 mg/ml</b>	1	SP, QL (32 mL every 1 day)
<b>lamivudine tab 150 mg</b>	1	SP, QL (1 tab every 1 day)
<b>lamivudine tab 300 mg</b>	1	SP, QL (1 tab every 1 day)
<b>lamivudine-zidovudine tab 150-300 mg</b>	1	SP, QL (2 tabs every 1 day)
<b>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</b>	1	SP, QL (16 mL every 1 day)
<b>lopinavir-ritonavir tab 100-25 mg</b>	1	SP, QL (240 tabs every 30 days)
<b>lopinavir-ritonavir tab 200-50 mg</b>	1	SP, QL (120 tabs every 30 days)
<b>maraviroc tab 150 mg</b>	1	SP, QL (60 tabs every 30 days)
<b>maraviroc tab 300 mg</b>	1	SP, QL (120 tabs every 30 days)
<b>nevirapine susp 50 mg/5ml</b>	1	SP, QL (1200 mL every 30 days)
<b>nevirapine tab 200 mg</b>	1	SP, QL (2 tabs every 1 day)
<b>nevirapine tab er 24hr 400 mg</b>	1	SP, QL (1 tab every 1 day)
ODEFSEY TAB ( <b>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</b> )	2	SP, QL (30 tabs every 30 days)
<b>ritonavir tab 100 mg</b>	1	SP, QL (360 tabs every 30 days)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>SYMTUZA TAB (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>)</b>	2	SP, QL (30 tabs every 30 days)
<b><i>tenofovir disoproxil fumarate tab 300 mg</i></b>	1	SP, QL (1 tab every 1 day)
<b>TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>)</b>	2	SP, QL (360 tabs every 30 days)
<b>TIVICAY TAB 50MG (<i>dolutegravir sodium</i>)</b>	2	SP, QL (60 tabs every 30 days)
<b>TRIUMEQ PD TAB (<i>abacavir-dolutegravir-lamivudine</i>)</b>	2	SP, QL (6 tabs every 1 day)
<b>TRIUMEQ TAB (<i>abacavir-dolutegravir-lamivudine</i>)</b>	2	SP, QL (1 tab every 1 day)
<b><i>zidovudine cap 100 mg</i></b>	1	SP, QL (180 caps every 30 days)
<b><i>zidovudine syrup 10 mg/ml</i></b>	1	SP, QL (64 mL every 1 day)
<b><i>zidovudine tab 300 mg</i></b>	1	SP, QL (2 tabs every 1 day)
<b>CMV AGENTS</b>		
<b><i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i></b>	1	QL (1000 mL every 30 days)
<b><i>valganciclovir hcl tab 450 mg (base equivalent)</i></b>	1	QL (4 tabs every 1 day)
<b>HEPATITIS AGENTS</b>		
<b><i>adefovir dipivoxil tab 10 mg</i></b>	1	SP
<b><i>entecavir tab 0.5 mg</i></b>	1	SP, QL (30 tabs every 30 days)
<b><i>entecavir tab 1 mg</i></b>	1	SP, QL (30 tabs every 30 days)
<b>EPCLUSA PAK 150-37.5 (<i>sofosbuvir-velpatasvir</i>)</b>	4	PA, QL (1 packet every 1 day); SP, For genotypes 1, 2, 3, 4, 5, 6
<b>EPCLUSA PAK 200-50MG (<i>sofosbuvir-velpatasvir</i>)</b>	4	PA, QL (1 packet every 1 day); SP, For genotypes 1, 2, 3, 4, 5, 6
<b>EPCLUSA TAB 200-50MG (<i>sofosbuvir-velpatasvir</i>)</b>	4	SP, PA, QL (1 tab every 1 day); For genotypes 1, 2, 3, 4, 5, 6
<b>EPCLUSA TAB 400-100 (<i>sofosbuvir-velpatasvir</i>)</b>	4	SP, PA, QL (1 tab every 1 day); For genotypes 1, 2, 3, 4, 5, 6
<b>HARVONI PAK (<i>ledipasvir-sofosbuvir</i>)</b>	4	SP, PA, QL (1 packet every 1 day); For genotypes 1, 4, 5, 6
<b>HARVONI PAK 45-200MG (<i>ledipasvir-sofosbuvir</i>)</b>	4	SP, PA, QL (1 packet every 1 day); For genotypes 1, 4, 5, 6
<b>HARVONI TAB 45-200MG (<i>ledipasvir-sofosbuvir</i>)</b>	4	SP, PA, QL (1 tab every 1 day); For genotypes 1, 4, 5, 6
<b>HARVONI TAB 90-400MG (<i>ledipasvir-sofosbuvir</i>)</b>	4	SP, PA, QL (1 tab every 1 day); For genotypes 1, 4, 5, 6
<b><i>lamivudine tab 100 mg (hbv)</i></b>	1	SP
<b><i>ribavirin cap 200 mg</i></b>	1	SP, PA
<b><i>ribavirin tab 200 mg</i></b>	1	SP, PA

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
SOVALDI PAK 150MG ( <i>sofosbuvir</i> )	4	SP, PA, QL (1 packet every 1 day)
SOVALDI PAK 200MG ( <i>sofosbuvir</i> )	4	SP, PA, QL (1 packet every 1 day)
SOVALDI TAB 200MG ( <i>sofosbuvir</i> )	4	SP, PA, QL (1 tab every 1 day)
SOVALDI TAB 400MG ( <i>sofosbuvir</i> )	4	SP, PA, QL (1 tab every 1 day)
VEMLIDY TAB 25MG ( <i>tenofovir alafenamide fumarate</i> )	2	SP, PA, QL (30 tabs every 30 days)
VOSEVI TAB ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> )	4	SP, PA, QL (1 tab every 1 day); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

### **HERPES AGENTS**

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	

### **INFLUENZA AGENTS**

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (40 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (20 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (20 caps every 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (360 mL every 90 days)
RELENZA MIS DISKHALE ( <i>zanamivir</i> )	2	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	1	

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

#### **ALPHA-BETA BLOCKERS**

<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	QL (90 tabs every 25 days)
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	QL (90 tabs every 25 days)
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

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

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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>diltiazem hcl coated beads cap er 24hr 240 mg</b>	1	
(Diltiazem Hcl Coated Beads Cap Er 24hr 240 mg) CARTIA XT	1	
<b>diltiazem hcl coated beads cap er 24hr 300 mg</b>	1	
(Diltiazem Hcl Coated Beads Cap Er 24hr 300 mg) CARTIA XT	1	
<b>diltiazem hcl coated beads cap er 24hr 360 mg</b>	1	
<b>diltiazem hcl extended release beads cap er 24hr 120 mg</b>	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 120 mg) TAZTIA XT	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 120 mg) TIADYLT ER	1	
<b>diltiazem hcl extended release beads cap er 24hr 180 mg</b>	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 180 mg) TAZTIA XT	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 180 mg) TIADYLT ER	1	
<b>diltiazem hcl extended release beads cap er 24hr 240 mg</b>	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 240 mg) TAZTIA XT	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 240 mg) TIADYLT ER	1	
<b>diltiazem hcl extended release beads cap er 24hr 300 mg</b>	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 300 mg) TAZTIA XT	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 300 mg) TIADYLT ER	1	
<b>diltiazem hcl extended release beads cap er 24hr 360 mg</b>	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 360 mg) TAZTIA XT	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 360 mg) TIADYLT ER	1	
<b>diltiazem hcl extended release beads cap er 24hr 420 mg</b>	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 420 mg) TIADYLT ER	1	
<b>diltiazem hcl tab 30 mg</b>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>levamlodipine maleate tab 2.5 mg</i>	1	
<i>levamlodipine maleate tab 5 mg</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine cap 10 mg</i>	1	
<i>nifedipine cap 20 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS</b>		
<b>CARDIAC GLYCOSIDES</b>		
<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
<b>CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>		
<b>CARDIAC MYOSIN INHIBITORS</b>		
CAMZYOS CAP 2.5MG ( <i>mavacamten</i> )	4	SP, PA, QL (1 cap every 1 day)
CAMZYOS CAP 5MG ( <i>mavacamten</i> )	4	SP, PA, QL (1 cap every 1 day)
CAMZYOS CAP 10MG ( <i>mavacamten</i> )	4	SP, PA, QL (1 cap every 1 day)
CAMZYOS CAP 15MG ( <i>mavacamten</i> )	4	SP, PA, QL (1 cap every 1 day)
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
ENTRESTO TAB 24-26MG ( <i>sacubitril-valsartan</i> )	2	
ENTRESTO TAB 49-51MG ( <i>sacubitril-valsartan</i> )	2	
ENTRESTO TAB 97-103MG ( <i>sacubitril-valsartan</i> )	2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>IMPOTENCE AGENTS - DRUGS TO TREAT ERECTILE DYSFUNCTION</b>		
MUSE SUP 250MCG ( <b>alprostadil (vasodilator)</b> )	2	QL (8 sup every 25 days)
MUSE SUP 500MCG ( <b>alprostadil (vasodilator)</b> )	2	QL (8 sup every 25 days)
MUSE SUP 1000MCG ( <b>alprostadil (vasodilator)</b> )	2	QL (8 sup every 25 days)
<b>sildenafil citrate tab 25 mg</b>	1	QL (8 tabs every 25 days)
<b>sildenafil citrate tab 50 mg</b>	1	QL (8 tabs every 25 days)
<b>sildenafil citrate tab 100 mg</b>	1	QL (8 tabs every 25 days)
<b>tadalafil tab 2.5 mg</b>	1	ST, PA, QL (30 tabs every 25 days); PA**
<b>tadalafil tab 5 mg</b>	1	ST, PA, QL (30 tabs every 25 days); PA**
<b>tadalafil tab 10 mg</b>	1	QL (8 tabs every 25 days)
<b>tadalafil tab 20 mg</b>	1	QL (8 tabs every 25 days)
<b>vardeafil hcl orally disintegrating tab 10 mg</b>	1	QL (8 tabs every 25 days)
<b>vardeafil hcl tab 2.5 mg</b>	1	QL (8 tabs every 25 days)
<b>vardeafil hcl tab 5 mg</b>	1	QL (8 tabs every 25 days)
<b>vardeafil hcl tab 10 mg</b>	1	QL (8 tabs every 25 days)
<b>vardeafil hcl tab 20 mg</b>	1	QL (8 tabs every 25 days)
<b>PROSTAGLANDIN VASODILATORS</b>		
ORENITRAM TAB 0.25MG ( <b>treprostiniol diolamine</b> )	4	SP, PA
ORENITRAM TAB 0.125MG ( <b>treprostiniol diolamine</b> )	4	SP, PA
ORENITRAM TAB 1MG ( <b>treprostiniol diolamine</b> )	4	SP, PA
ORENITRAM TAB 2.5MG ( <b>treprostiniol diolamine</b> )	4	SP, PA
ORENITRAM TAB 5MG ( <b>treprostiniol diolamine</b> )	4	SP, PA
ORENITRAM TAB MONTH 1 ( <b>treprostiniol diolamine</b> )	4	PA; SP
ORENITRAM TAB MONTH 2 ( <b>treprostiniol diolamine</b> )	4	PA; SP
ORENITRAM TAB MONTH 3 ( <b>treprostiniol diolamine</b> )	4	PA; SP
TYVASO REFIL SOL 0.6MG/ML ( <b>treprostiniol</b> )	4	SP, PA, QL (28 ampules every 28 days)
TYVASO SOL 0.6MG/ML ( <b>treprostiniol</b> )	4	SP, PA, QL (28 ampules every 28 days)
TYVASO START SOL 0.6MG/ML ( <b>treprostiniol</b> )	4	SP, PA, QL (28 ampules every 28 days)
VENTAVIS SOL 10MCG/ML ( <b>iloprost</b> )	4	SP, PA, QL (270 ampules every 30 days)
VENTAVIS SOL 20MCG/ML ( <b>iloprost</b> )	4	SP, PA, QL (270 ampules every 30 days)
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<b>ambrisentan tab 5 mg</b>	4	SP, PA, QL (1 tab every 1 day)
<b>ambrisentan tab 10 mg</b>	4	SP, PA, QL (1 tab every 1 day)
<b>bosentan tab 62.5 mg</b>	4	SP, PA, QL (2 tabs every 1 day)

**AGE** - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA\*\*** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>bosentan tab 125 mg</i>	4	SP, PA, QL (2 tabs every 1 day)
OPSUMIT TAB 10MG ( <i>macitentan</i> )	4	SP, PA, QL (1 tab every 1 day)
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>sildenafil citrate for suspension 10 mg/ml</i>	4	SP, PA, QL (26.134 mL every 1 day)
<i>sildenafil citrate tab 20 mg</i>	4	SP, PA, QL (12 tabs every 1 day)
<i>tadalafil tab 20 mg (pah)</i>	4	SP, PA, QL (2 tabs every 1 day)
(Tadalafil Tab 20 mg (Pah)) ALYQ	4	SP, PA, QL (2 tabs every 1 day)
TADLIQ SUS 20MG/5ML ( <i>tadalafil (pulmonary hypertension)</i> )	4	SP, PA, QL (10 mL every 1 day)
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI PACK TAB 200/800 ( <i>selexipag</i> )	4	SP, PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG ( <i>selexipag</i> )	4	SP, PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG ( <i>selexipag</i> )	4	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG ( <i>selexipag</i> )	4	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG ( <i>selexipag</i> )	4	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG ( <i>selexipag</i> )	4	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG ( <i>selexipag</i> )	4	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG ( <i>selexipag</i> )	4	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG ( <i>selexipag</i> )	4	SP, PA, QL (2 tabs every 1 day)
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS TAB 0.5MG ( <i>riociguat</i> )	4	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG ( <i>riociguat</i> )	4	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1MG ( <i>riociguat</i> )	4	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2.5MG ( <i>riociguat</i> )	4	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG ( <i>riociguat</i> )	4	SP, PA, QL (3 tabs every 1 day)
<b>SINUS NODE INHIBITORS</b>		
CORLANOR TAB 5MG ( <i>ivabradine hcl</i> )	2	
CORLANOR TAB 7.5MG ( <i>ivabradine hcl</i> )	2	
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX CAP 61MG ( <i>tafamidis</i> )	4	SP, PA, QL (1 cap every 1 day)
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
VERQUVO TAB 2.5MG ( <i>vericiguat</i> )	2	
VERQUVO TAB 5MG ( <i>vericiguat</i> )	2	
VERQUVO TAB 10MG ( <i>vericiguat</i> )	2	
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
<i>cefadroxil cap 500 mg</i>	1	

**AGE** - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA\*\*** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<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	
<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>	0	CM, PC
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) AZURETTE	0	CM, PC
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) KARIVA	0	CM, PC
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) PIMTREA	0	CM, PC

**AGE** - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA\*\*** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) SIMLIYA	0	CM, PC
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) VIORELE	0	CM, PC
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) VOLNEA	0	CM, PC
(Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025mg-Mg) VELIVET	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) APRI	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) CYRED EQ	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ENSKYCE	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ISIBLOOM	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) JULEBER	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) KALLIGA	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) RECLIPSEN	0	CM, PC
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</b>	0	CM, PC
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</b>	0	CM, PC
(Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.03-0.451 mg) TYDEMY	0	CM, PC
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg</b>	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) JASMIEL	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) LO-ZUMANDIMINE	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) LORYNA	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) NIKKI	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) VESTURA	0	CM, PC
<b>drospirenone-ethinyl estradiol tab 3-0.03 mg</b>	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg) OCELLA	0	CM, PC



PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg) SYEDA	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg) ZUMANDIMINE	0	CM, PC
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</b>	0	CM, PC
(Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 mg-35 mcg) KELNOR 1/35	0	CM, PC
(Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 mg-35 mcg) ZOVIA 1/35	0	CM, PC
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</b>	0	CM, PC
(Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 mg-50 mcg) KELNOR 1/50	0	CM, PC
<b>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</b>	0	CM, PC
(Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 mg & eth Est 0.01 mg) RIVELSA	0	CM, PC
<b>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</b>	0	CM, PC
(Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)) CAMRESE LO	0	CM, PC
(Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)) LOJAIMIESS	0	CM, PC
<b>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</b>	0	CM, PC
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) ASHLYNA	0	CM, PC
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) CAMRESE	0	CM, PC
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) DAYSEE	0	CM, PC
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) JAIMIESS	0	CM, PC
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) SIMPESS	0	CM, PC
<b>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</b>	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) ICLEVIA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) INTROVALE	0	CM, PC

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) JOLESSA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) SETLAKIN	0	CM, PC
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b>	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) AFIRMELLE	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) AUBRA EQ	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) AVIANE	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) DELYLA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) FALMINA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) LESSINA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) LUTERA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) SRONYX	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) VIENVA	0	CM, PC
<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ALTAVERA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) AYUNA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) CHATEAL EQ	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) KURVELO	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) LEVORA 0.15/30-28	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) MARLISSA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) PORTIA-28	0	CM, PC
<b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b>	0	CM, PC

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30mg-Mcg) ENPRESSE-28	0	CM, PC
(Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30mg-Mcg) LEVONEST	0	CM, PC
(Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30mg-Mcg) TRIVORA-28	0	CM, PC
<b>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</b>	0	CM, PC
(Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 mcg) AMETHYST	0	CM, PC
(Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 mcg) DOLISHALE	0	CM, PC
<b>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</b>	0	CM, PC
(Levonorgestrel-Ethinyl Estradiol-Fe Tab 0.1 mg-20 mcg (21)) JOYEAUX	0	CM, PC
LO LOESTRIN TAB 1-10-10 ( <b>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</b> )	0	CM, PC
NATAZIA TAB ( <b>estradiol valerate-dienogest</b> )	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) BALZIVA	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) BRIELLYN	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) PHILITH	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) VYFEMLA	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg) NECON 0.5/35-28	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg) NORTREL 0.5/35 (28)	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg) WERA	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) ALYACEN 1/35	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) DASETTA 1/35	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) NORTREL 1/35	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) NYLIA 1/35	0	CM, PC

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i></b>	0	CM, PC
(Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 mg-35 mcg) WYMZYA FE	0	CM, PC
<b><i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i></b>	0	CM, PC
(Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 mg-25 mcg) KAITLIB FE	0	CM, PC
(Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 mg-25 mcg) LAYOLIS FE	0	CM, PC
<b><i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i></b>	0	CM, PC
(Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 mg-Mcg) TILIA FE	0	CM, PC
(Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 mg-Mcg) TRI-LEGEST FE	0	CM, PC
<b><i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i></b>	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) AUROVELA 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) JUNEL 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) LARIN 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) LOESTRIN 1/20-21	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) MICROGESTIN 1/20	0	CM, PC
<b><i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i></b>	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) AUROVELA 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) HAILEY 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) JUNEL 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) LARIN 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) LOESTRIN 1.5/30-21	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) MICROGESTIN 1.5/30	0	CM, PC

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i></b>	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) AUROVELA FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) BLISOVI FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) HAILEY FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) JUNEL FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) LARIN FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) LOESTRIN FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) MICROGESTIN FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) TARINA FE 1/20 EQ	0	CM, PC
<b><i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i></b>	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) AUROVELA FE 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) BLISOVI FE 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) HAILEY FE 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) JUNEL FE 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) LARIN FE 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) LOESTRIN FE 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) MICROGESTIN FE 1.5/30	0	CM, PC
<b><i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i></b>	0	CM, PC
(Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)) CHARLOTTE 24 FE	0	CM, PC
(Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)) FINZALA	0	CM, PC
(Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)) MIBELAS 24 FE	0	CM, PC

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i></b>	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24)) GEMMILY	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24)) MERZEE	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24)) TAYSOFY	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) AUROVELA 24 FE	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) BLISOVI 24 FE	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) HAILEY 24 FE	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) JUNEL FE 24	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) LARIN 24 FE	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) MICROGESTIN 24 FE	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) TARINA 24 FE	0	CM, PC
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) ALYACEN 7/7/7	0	CM, PC
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) DASETTA 7/7/7	0	CM, PC
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) NORTREL 7/7/7	0	CM, PC
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) NYLIA 7/7/7	0	CM, PC
(Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 mg-Mcg) ARANELLE	0	CM, PC
(Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 mg-Mcg) LEENA	0	CM, PC
<b><i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i></b>	0	CM, PC
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) ESTARYLLA	0	CM, PC
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) MILI	0	CM, PC
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) MONO-LINYAH	0	CM, PC

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) NYMYO	0	CM, PC
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) SPRINTEC 28	0	CM, PC
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) VYLIBRA	0	CM, PC
<b><i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i></b>	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-ESTARYLLA	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-MARZIA	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-MILI	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-SPRINTEC	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-VYLIBRA LO	0	CM, PC
<b><i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i></b>	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-ESTARYLLA	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-LINYAH	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-MILI	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-NYMYO	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-SPRINTEC	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-VYLIBRA	0	CM, PC
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) CRYSELLE-28	0	CM, PC
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) ELINEST	0	CM, PC
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) LOW-OGESTREL	0	CM, PC
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) TURQOZ	0	CM, PC

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<b>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</b>	0	CM, PC
(Norelgestromin-Ethinyl Estradiol Td Ptwk 150-35 mcg/24hr) XULANE	0	CM, PC
(Norelgestromin-Ethinyl Estradiol Td Ptwk 150-35 mcg/24hr) ZAFEMY	0	CM, PC
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
<b>ANNOVERA MIS (segesterone acetate-ethinyl estradiol)</b>	0	QL (1 ring every 300 days); CM, PC
<b>NUVARING MIS (etonogestrel-ethinyl estradiol)</b>	0	QL (13 rings every 300 days); PC
<b>EMERGENCY CONTRACEPTIVES</b>		
<b>ELLA TAB 30MG (ulipristal acetate)</b>	0	CM, PC
<b>levonorgestrel tab 1.5 mg</b>	0	CM, PC
(Levonorgestrel Tab 1.5 mg) AFTERA	0	CM, PC
(Levonorgestrel Tab 1.5 mg) AFTERPILL	0	CM, PC
(Levonorgestrel Tab 1.5 mg) ECONTRA EZ	0	CM, PC
(Levonorgestrel Tab 1.5 mg) ECONTRA ONE-STEP	0	CM, PC
(Levonorgestrel Tab 1.5 mg) MY CHOICE	0	CM, PC
(Levonorgestrel Tab 1.5 mg) MY WAY	0	CM, PC
(Levonorgestrel Tab 1.5 mg) NEW DAY	0	CM, PC
(Levonorgestrel Tab 1.5 mg) OPCICON ONE-STEP	0	CM, PC
(Levonorgestrel Tab 1.5 mg) OPTION 2	0	CM, PC
(Levonorgestrel Tab 1.5 mg) REACT	0	CM, PC
(Levonorgestrel Tab 1.5 mg) TAKE ACTION	0	CM, PC
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<b>norethindrone tab 0.35 mg</b>	0	CM, PC
(Norethindrone Tab 0.35 mg) CAMILA	0	CM, PC
(Norethindrone Tab 0.35 mg) DEBLITANE	0	CM, PC
(Norethindrone Tab 0.35 mg) ERRIN	0	CM, PC
(Norethindrone Tab 0.35 mg) HEATHER	0	CM, PC
(Norethindrone Tab 0.35 mg) INCASSIA	0	CM, PC
(Norethindrone Tab 0.35 mg) JENCYCLA	0	CM, PC
(Norethindrone Tab 0.35 mg) LYLEQ	0	CM, PC
(Norethindrone Tab 0.35 mg) LYZA	0	CM, PC
(Norethindrone Tab 0.35 mg) NORA-BE	0	CM, PC
(Norethindrone Tab 0.35 mg) NORLYROC	0	CM, PC
(Norethindrone Tab 0.35 mg) SHAROBEL	0	CM, PC



PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>deflazacort tab 6 mg</i>	4	PA, QL (2 tabs every 1 day)
<i>deflazacort tab 18 mg</i>	4	PA, QL (1 tab every 1 day)
<i>deflazacort tab 30 mg</i>	4	PA, QL (1 tab every 1 day)
<i>deflazacort tab 36 mg</i>	4	PA, QL (1 tab every 1 day)
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
(Dexamethasone Tab Therapy Pack 1.5 mg (21))	1	
HIDEX 6-DAY		
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG ( <i>methylprednisolone</i> )	3	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	QL (180 mL every 30 days)
<i>prednisolone tab 5 mg</i>	1	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
UCERIS TAB 9MG ( <i>budesonide</i> )	1	

**MINERALOCORTICIDS**

<i>fludrocortisone acetate tab 0.1 mg</i>	1	
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**COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS**

**ANTITUSSIVES - DRUGS TO TREAT COUGH**

<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL (Up to a 7 day supply of 210 mL)
(Hydrocodone Bitart-Homatropine Methylbrom Soln 5-1.5 mg/5ml) HYDROMET	1	QL (Up to a 7 day supply of 210 mL)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	QL (Up to a 7 day supply of 42 tabs)

**COUGH/COLD/ALLERGY COMBINATIONS**

<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL (Up to a 7 day supply of 70 mL)
(Promethazine & Phenylephrine Syrup 6.25-5 mg/5ml) PROMETHAZINE VC	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL (Up to a 7 day supply of 210 mL)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
(Promethazine-Phenylephrine-Codeine Syrup 6.25-5-10 mg/5ml) PROMETHAZINE VC/CODEINE	1	QL (Up to a 7 day supply of 210 mL)
<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>EXPECTORANTS - DRUGS TO TREAT COUGH</b>		
<i>potassium iodide oral soln 1 gm/ml</i>	1	
<b>MISC. RESPIRATORY INHALANTS - DRUGS TO TREAT BREATHING DISORDERS</b>		
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
(Sodium Chloride Soln Nebu 3%) NEBUSAL	1	
<i>sodium chloride soln nebu 7%</i>	1	
(Sodium Chloride Soln Nebu 7%) PULMOSAL	1	
<i>sodium chloride soln nebu 10%</i>	1	
<b>MUCOLYTICS - DRUGS TO TREAT COUGH</b>		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
<b>DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS</b>		
<b>ACNE PRODUCTS</b>		
<i>adapalene cream 0.1%</i>	1	
<i>adapalene gel 0.3%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	
AKLIEF CRE 0.005% ( <i>trifarotene</i> )	2	
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
(Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%) NEUAC	1	
<i>clindamycin phosphate foam 1%</i>	1	
(Clindamycin Phosphate Foam 1%) CLINDACIN	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
(Clindamycin Phosphate Swab 1%) CLINDACIN ETZ PLEDGETS	1	
(Clindamycin Phosphate Swab 1%) CLINDACIN-P	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</b>	1	
<b>clindamycin phosphate-tretinoin gel 1.2-0.025%</b>	1	AGE
<b>dapsone gel 5%</b>	1	
<b>dapsone gel 7.5%</b>	1	
<b>erythromycin gel 2%</b>	1	
(Erythromycin Pads 2%) ERY	1	
<b>erythromycin soln 2%</b>	1	
<b>isotretinoin cap 10 mg</b>	1	
(Isotretinoin Cap 10 mg) ACCUTANE	1	
(Isotretinoin Cap 10 mg) AMNESTEEM	1	
(Isotretinoin Cap 10 mg) CLARAVIS	1	
(Isotretinoin Cap 10 mg) ZENATANE	1	
<b>isotretinoin cap 20 mg</b>	1	
(Isotretinoin Cap 20 mg) ACCUTANE	1	
(Isotretinoin Cap 20 mg) AMNESTEEM	1	
(Isotretinoin Cap 20 mg) CLARAVIS	1	
(Isotretinoin Cap 20 mg) ZENATANE	1	
<b>isotretinoin cap 30 mg</b>	1	
(Isotretinoin Cap 30 mg) ACCUTANE	1	
(Isotretinoin Cap 30 mg) CLARAVIS	1	
(Isotretinoin Cap 30 mg) ZENATANE	1	
<b>isotretinoin cap 40 mg</b>	1	
(Isotretinoin Cap 40 mg) ACCUTANE	1	
(Isotretinoin Cap 40 mg) AMNESTEEM	1	
(Isotretinoin Cap 40 mg) CLARAVIS	1	
(Isotretinoin Cap 40 mg) ZENATANE	1	
<b>sulfacetamide sodium lotion 10% (acne)</b>	1	
(Sulfacetamide Sodium W/ Sulfur Emulsion 10-1%) SULFAMEZ WASH	1	
<b>tretinoin cream 0.1%</b>	1	AGE
<b>tretinoin cream 0.05%</b>	1	AGE
<b>tretinoin cream 0.025%</b>	1	AGE
<b>tretinoin gel 0.01%</b>	1	AGE
<b>tretinoin gel 0.05%</b>	1	AGE
<b>tretinoin gel 0.025%</b>	1	AGE
<b>tretinoin microsphere gel 0.1%</b>	1	AGE
<b>tretinoin microsphere gel 0.04%</b>	1	AGE
<b>tretinoin microsphere gel 0.08%</b>	1	AGE
TWYNEO CRE 0.1-3% ( <b>tretinoin-benzoyl peroxide</b> )	2	
WINLEVI CRE 1% ( <b>clascoterone</b> )	2	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<i>diclofenac epolamine patch 1.3%</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	
<b>ANTIBIOTICS - TOPICAL</b>		
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin oint 2%</i>	1	
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>ciclopirox solution 8%</i>	1	PA
(Ciclopirox Solution 8%) CICLODAN	1	PA
<i>clotrimazole 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>ketconazole cream 2%</i>	1	
<i>ketconazole shampoo 2%</i>	1	
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	
<i>naftifine hcl cream 1%</i>	1	
<i>naftifine hcl cream 2%</i>	1	
<i>naftifine hcl gel 2%</i>	1	
NAFTIN GEL 1% ( <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	
(Nystatin Topical Powder 100000 unit/gm) KLAYESTA	1	
(Nystatin Topical Powder 100000 unit/gm) NYAMYC	1	
(Nystatin Topical Powder 100000 unit/gm) NYSTOP	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	
<i>sulconazole nitrate cream 1%</i>	1	
<i>sulconazole nitrate solution 1%</i>	1	
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>bexarotene gel 1%</i>	4	SP, PA
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>fluorouracil cream 5%</b>	1	
<b>fluorouracil soln 2%</b>	1	
<b>fluorouracil soln 5%</b>	1	
<b>ANTIPSORIATICS</b>		
<b>acitretin cap 10 mg</b>	1	
<b>acitretin cap 17.5 mg</b>	1	
<b>acitretin cap 25 mg</b>	1	
BIMZELX INJ 160MG/ML ( <b>bimekizumab-bkzx</b> )	4	SP, PA, QL (2 pens every 42 days)
BIMZELX INJ 160MG/ML ( <b>bimekizumab-bkzx</b> )	4	SP, PA, QL (2 syringes every 42 days)
<b>calcipotriene oint 0.005%</b>	1	
(Calcipotriene Oint 0.005%) CALCITRENE	1	
<b>calcipotriene soln 0.005% (50 mcg/ml)</b>	1	
COSENTYX INJ 75MG/0.5 ( <b>secukinumab</b> )	4	SP, PA, QL (1 syringe every 28 days); Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX INJ 150MG/ML ( <b>secukinumab</b> )	4	SP, PA, QL (1 syringe every 28 days); Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX INJ 300DOSE ( <b>secukinumab</b> )	4	SP, PA, QL (2 syringes every 28 days); Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML ( <b>secukinumab</b> )	4	SP, PA, QL (1 pen every 28 days); Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
COSENTYX PEN INJ 300DOSE ( <i>secukinumab</i> )	4	SP, PA, QL (2 pens every 28 days); Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX UNO INJ 300/2ML ( <i>secukinumab</i> )	4	SP, PA, QL (1 pen every 28 days); Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
<i>methoxsalen rapid cap 10 mg</i>	1	
SKYRIZI INJ 150MG/ML ( <i>risankizumab-rzaa</i> )	4	SP, PA, QL (1 syringe every 63 days); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis
SKYRIZI PEN INJ 150MG/ML ( <i>risankizumab-rzaa</i> )	4	SP, PA, QL (1 pen every 63 days); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis
SOTYKTU TAB 6MG ( <i>deucravacitinib</i> )	4	SP, PA, QL (1 tab every 1 day)
STELARA INJ 45MG/0.5 ( <i>ustekinumab</i> )	4	SP, PA, QL (1 syringe every 12 weeks (84 days)); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
STELARA INJ 45MG/0.5 ( <i>ustekinumab</i> )	4	SP, PA, QL (1 vials every 12 Weeks); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
STELARA INJ 90MG/ML ( <i>ustekinumab</i> )	4	SP, PA, QL (1 PFS every 8 Weeks (56 days)); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
TALTZ INJ 80MG/ML ( <i>ixekizumab</i> )	4	SP, PA, QL (1 pen every 28 days); Preferred for Psoriasis
TALTZ INJ 80MG/ML ( <i>ixekizumab</i> )	4	SP, PA, QL (1 syringe every 28 days); Preferred for Psoriasis
<i>tazarotene cream 0.1%</i>	1	AGE
<i>tazarotene gel 0.1%</i>	1	AGE

**AGE** - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA\*\*** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>tazarotene gel 0.05%</b>	1	AGE
TREMFYA INJ 100MG/ML ( <b>guselkumab</b> )	4	SP, PA, QL (1 PFS every 8 Weeks (56 days)); Preferred for Psoriasis, Psoriatic Arthritis
TREMFYA INJ 100MG/ML ( <b>guselkumab</b> )	4	SP, PA, QL (1 pen every 8 Weeks); Preferred for Psoriasis, Psoriatic Arthritis
VTAMA CRE 1% ( <b>tapinarof</b> )	2	
ZORYVE CRE 0.3% ( <b>roflumilast (topical)</b> )	2	
<b>ANTISEBORRHEIC PRODUCTS</b>		
<b>selenium sulfide lotion 2.5%</b>	1	
<b>ANTIVIRALS - TOPICAL</b>		
<b>acyclovir oint 5%</b>	1	
<b>penciclovir cream 1%</b>	1	
<b>BURN PRODUCTS</b>		
<b>mafenide acetate packet for topical soln 5% (50 gm)</b>	1	
<b>silver sulfadiazine cream 1%</b>	1	
(Silver Sulfadiazine Cream 1%) SSD	1	
<b>CORTICOSTEROIDS - TOPICAL</b>		
<b>alclometasone dipropionate cream 0.05%</b>	1	
<b>alclometasone dipropionate oint 0.05%</b>	1	
<b>amcinonide oint 0.1%</b>	1	
<b>betamethasone dipropionate augmented cream 0.05%</b>	1	
<b>betamethasone dipropionate augmented gel 0.05%</b>	1	
<b>betamethasone dipropionate augmented lotion 0.05%</b>	1	
<b>betamethasone dipropionate augmented oint 0.05%</b>	1	
<b>betamethasone dipropionate cream 0.05%</b>	1	
<b>betamethasone dipropionate lotion 0.05%</b>	1	
<b>betamethasone valerate aerosol foam 0.12%</b>	1	
<b>betamethasone valerate cream 0.1% (base equivalent)</b>	1	
<b>betamethasone valerate lotion 0.1% (base equivalent)</b>	1	
<b>betamethasone valerate oint 0.1% (base equivalent)</b>	1	
BRYHALI LOT 0.01% ( <b>halobetasol propionate</b> )	2	
<b>clobetasol propionate cream 0.05%</b>	1	

**AGE** - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA\*\*** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>clobetasol propionate emollient base cream 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotion 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate shampoo 0.05%</i>	1	
(Clobetasol Propionate Shampoo 0.05%) CLODAN	1	
<i>clobetasol propionate soln 0.05%</i>	1	
<i>desonide cream 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>desoximetasone spray 0.25%</i>	1	
ENSTILAR AER ( <i>calcipotriene-betamethasone dipropionate</i> )	2	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate lotion 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
(Triamcinolone Acetonide Cream 0.5%) TRIDERM	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<b>ECZEMA AGENTS</b>		
ADBRY INJ 150MG/ML ( <i>tralokinumab-ldrm</i> )	4	PA, QL (4 syringes every 28 days); SP
CIBINQO TAB 50MG ( <i>abrocitinib</i> )	4	SP, PA, QL (1 tab every 1 day)
CIBINQO TAB 100MG ( <i>abrocitinib</i> )	4	SP, PA, QL (1 tab every 1 day)
CIBINQO TAB 200MG ( <i>abrocitinib</i> )	4	SP, PA, QL (1 tab every 1 day)
DUPIXENT INJ 200/1.14 ( <i>dupilumab</i> )	4	SP, PA, QL (2 PFS every 28 days)
DUPIXENT INJ 200MG ( <i>dupilumab</i> )	4	SP, PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML ( <i>dupilumab</i> )	4	SP, PA, QL (4 pens every 28 days)
OPZELURA CRE 1.5% ( <i>ruxolitinib phosphate (topical)</i> )	2	
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
(Urea Cream 39%) UREDEB	1	
<b>HAIR GROWTH AGENTS</b>		
LITFULO CAP 50MG ( <i>ritlecitinib tosylate</i> )	4	SP, PA, QL (1 cap every 1 day)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus cream 1%</i>	1	ST, PA; PA**
<i>tacrolimus oint 0.1%</i>	1	ST, PA; PA**
<i>tacrolimus oint 0.03%</i>	1	ST, PA; PA**
<b>KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS</b>		
<i>podofilox gel 0.5%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>podofilox soln 0.5%</i>	1	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>ethyl chloride aerosol spray</i>	1	
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (12 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (3 injections every 25 days)
(Lidocaine Hcl Urethral/mucosal Gel Prefilled Syringe 2%) GLYDO	1	QL (10 injections every 25 days)
<i>lidocaine oint 5%</i>	1	QL (50 gm every 25 days)
<i>lidocaine patch 5%</i>	1	
(Lidocaine Patch 5%) LIDOCAN	1	
(Lidocaine Patch 5%) TRIDACAINE	1	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm every 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	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	
FINACEA AER 15% ( <i>azelaic acid</i> )	2	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
ORACEA CAP 40MG ( <i>doxycycline (rosacea)</i> )	2	
SOOLANTRA CRE 1% ( <i>ivermectin (rosacea)</i> )	1	
<b>SCABICIDES &amp; PEDICULICIDES</b>		
(Crotamiton Lotion 10%) CROTAN	1	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
<b>TAR PRODUCTS</b>		
<i>coal tar soln 20%</i>	1	
<b>DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS</b>		
<b>DIAGNOSTIC TESTS</b>		
ACCU-CHEK TES AVIVA PL ( <i>glucose blood</i> )	1	QL (150 strips every 25 days); DM
ACCU-CHEK TES GUIDE ( <i>glucose blood</i> )	1	QL (150 strips every 25 days); DM

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ACCU-CHEK TES SMART ( <i>glucose blood</i> )	1	QL (150 strips every 25 days); DM
DXTERITY TES KIT COVID-19 ( <i>covid-19 home collection test</i> )	0	
HOME ACCESS KIT HIV-1 ( <i>hiv-1 test</i> )	0	PC
ONETOUCH TES ULTRA ( <i>glucose blood</i> )	1	QL (150 strips every 25 days); DM
ONETOUCH TES ULTRA ( <i>glucose blood</i> )	2	QL (150 strips every 25 days); DM
ONETOUCH TES VERIO ( <i>glucose blood</i> )	1	QL (150 strips every 25 days); DM
ONETOUCH TES VERIO ( <i>glucose blood</i> )	2	QL (150 strips every 25 days); DM
ORAQUICK KIT ( <i>hiv 1/2 test</i> )	0	PC
PIXEL COVID KIT HOME TES ( <i>covid-19 home collection test</i> )	0	
SIMPLICITY KIT COVID-19 ( <i>covid-19 home collection test</i> )	0	

## **DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS**

### **DIGESTIVE ENZYMES**

CREON CAP 3000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	
CREON CAP 6000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	
CREON CAP 12000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	
CREON CAP 24000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	
CREON CAP 36000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	
VIOKACE TAB 10440 ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	
VIOKACE TAB 20880 ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	
ZENPEP CAP 3000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	
ZENPEP CAP 5000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	
ZENPEP CAP 10000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	
ZENPEP CAP 15000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZENPEP CAP 20000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	
ZENPEP CAP 25000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	
ZENPEP CAP 40000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	
ZENPEP CAP 60000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	2	

## DIURETICS - DRUGS TO TREAT HEART CONDITIONS

### CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>dichlorphenamide tab 50 mg</i>	4	SP, PA, QL (4 tabs every 1 day)
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	

### DIURETIC COMBINATIONS

<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	1	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	

### LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>torseamide tab 5 mg</i>	1	
<i>torseamide tab 10 mg</i>	1	
<i>torseamide tab 20 mg</i>	1	
<i>torseamide tab 100 mg</i>	1	

### POTASSIUM SPARING DIURETICS

<i>amiloride hcl tab 5 mg</i>	1	
<i>spironolactone susp 25 mg/5ml</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>spironolactone tab 100 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES</b>		
<b>BONE DENSITY REGULATORS - DRUGS TO TREAT BONE LOSS</b>		
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTEO INJ 600/2.4 ( <i>teriparatide (recombinant)</i> )	4	SP, PA, QL (1 pen every 30 days)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
<i>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</i>	4	SP, PA, QL (1 pen every 30 days)
TYMLOS INJ ( <i>abaloparatide</i> )	4	SP, PA, QL (1 pen every 30 days)
<b>CORTICOTROPIN</b>		
ACTHAR INJ 80UNIT ( <i>corticotropin</i> )	4	SP, PA, QL (35 mL every 21 days)
CORTROPHIN GEL 80UNIT ( <i>corticotropin</i> )	4	SP, PA, QL (35 mL every 21 days)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>FERTILITY REGULATORS</b>		
CHOR GONADOT INJ 10000UNT	4	SP, PA
(Clomiphene Citrate Tab 50 mg) CLOMID	1	
FOLLISTIM AQ INJ 300UNIT ( <i>follitropin beta</i> )	4	SP, PA, QL (15 cartridges every 28 days)
FOLLISTIM AQ INJ 600UNIT ( <i>follitropin beta</i> )	4	SP, PA, QL (10 cartridges every 28 days)
FOLLISTIM AQ INJ 900UNIT ( <i>follitropin beta</i> )	4	SP, PA, QL (17 cartridges every 28 days)
GONAL-F INJ 450UNIT ( <i>follitropin alfa</i> )	4	SP, PA, QL (10 vials every 28 days)
GONAL-F INJ 1050UNIT ( <i>follitropin alfa</i> )	4	SP, PA, QL (6 vials every 28 days)
GONAL-F RFF INJ 75UNIT ( <i>follitropin alfa</i> )	4	SP, PA, QL (60 vials every 28 days)
GONAL-F RFF INJ 300/0.5 ( <i>follitropin alfa</i> )	4	SP, PA, QL (15 pens every 28 days)
GONAL-F RFF INJ 450/0.75 ( <i>follitropin alfa</i> )	4	SP, PA, QL (10 pens every 28 days)
GONAL-F RFF INJ 900/1.5 ( <i>follitropin alfa</i> )	4	SP, PA, QL (7 pens every 28 days)
MENOPUR INJ 75UNIT ( <i>menotropins</i> )	4	SP, PA
NOVAREL INJ 5000UNIT ( <i>chorionic gonadotropin</i> )	4	SP, PA
OVIDREL INJ ( <i>choriogonadotropin alfa</i> )	4	SP, PA
PREGNYL INJ 10000UNT ( <i>chorionic gonadotropin</i> )	4	SP, PA
<b>GNRH/LHRH ANTAGONISTS</b>		
<i>cetorelix acetate for inj kit 0.25 mg</i>	4	SP, PA
CETROTIDE KIT 0.25MG ( <i>cetorelix acetate</i> )	4	SP, PA
GANIRELIX AC INJ 250/0.5	1	SP, PA
ORLISSA TAB 150MG ( <i>elagolix sodium</i> )	2	
ORLISSA TAB 200MG ( <i>elagolix sodium</i> )	2	
<b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>		
EGRIFTA SV INJ 2MG ( <i>tesamorelin acetate</i> )	4	SP, PA, QL (1 vial every 1 day)
<b>GROWTH HORMONES</b>		
HUMATROPE INJ 6MG ( <i>somatropin</i> )	4	SP, PA
HUMATROPE INJ 12MG ( <i>somatropin</i> )	4	SP, PA
HUMATROPE INJ 24MG ( <i>somatropin</i> )	4	PA
NORDITROPIN INJ 5/1.5ML ( <i>somatropin</i> )	4	SP, PA
NORDITROPIN INJ 10/1.5ML ( <i>somatropin</i> )	4	SP, PA
NORDITROPIN INJ 15/1.5ML ( <i>somatropin</i> )	4	SP, PA
NORDITROPIN INJ 30/3ML ( <i>somatropin</i> )	4	SP, PA

**AGE** - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA\*\*** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
SEROSTIM INJ 4MG ( <i>somatropin (non-refrigerated)</i> )	4	SP, PA
SEROSTIM INJ 5MG ( <i>somatropin (non-refrigerated)</i> )	4	SP, PA
SEROSTIM INJ 6MG ( <i>somatropin (non-refrigerated)</i> )	4	SP, PA
SOGROYA INJ 5MG/1.5 ( <i>somapacitan-beco</i> )	4	SP, PA, QL (4 pens every 28 day)
SOGROYA INJ 10MG/1.5 ( <i>somapacitan-beco</i> )	4	SP, PA, QL (4 pens every 28 day)
SOGROYA INJ 15MG/1.5 ( <i>somapacitan-beco</i> )	4	SP, PA, QL (4 pens every 28 day)

### **HORMONE RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS**

<i>raloxifene hcl tab 60 mg</i>	0	AGE; PC
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### **INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)**

INCRELEX INJ 40MG/4ML ( <i>mecasermin</i> )	4	SP, PA
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### **METABOLIC MODIFIERS**

<i>betaine powder for oral solution</i>	4	SP, PA
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>carglumic acid soluble tab 200 mg</i>	4	SP, PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	4	SP, PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	4	SP, PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	4	SP, PA, QL (4 tabs every 1 day)
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
<i>nitisinone cap 2 mg</i>	4	SP, PA
<i>nitisinone cap 5 mg</i>	4	SP, PA
<i>nitisinone cap 10 mg</i>	4	SP, PA
<i>nitisinone cap 20 mg</i>	4	SP, PA
ORFADIN CAP 2MG ( <i>nitisinone</i> )	2	SP, PA
ORFADIN CAP 5MG ( <i>nitisinone</i> )	2	SP, PA
ORFADIN CAP 10MG ( <i>nitisinone</i> )	2	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	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
PHEBURANE MIS 483/GM ( <i>sodium phenylbutyrate</i> )	4	SP, PA, QL (46.4 gm every 1 day)



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>sapropterin dihydrochloride powder packet 100 mg</b> (Sapropterin Dihydrochloride Powder Packet 100 mg) JAVYGTOR	4	SP, PA
<b>sapropterin dihydrochloride powder packet 500 mg</b> (Sapropterin Dihydrochloride Powder Packet 500 mg) JAVYGTOR	4	SP, PA
<b>sapropterin dihydrochloride tab 100 mg</b> (Sapropterin Dihydrochloride Tab 100 mg) JAVYGTOR	4	SP, PA
<b>SENSIPAR TAB 30MG (cinacalcet hcl)</b>	4	SP, PA, QL (2 tabs every 1 day)
<b>SENSIPAR TAB 60MG (cinacalcet hcl)</b>	4	SP, PA, QL (2 tabs every 1 day)
<b>SENSIPAR TAB 90MG (cinacalcet hcl)</b>	4	SP, PA, QL (4 tabs every 1 day)
<b>sodium phenylbutyrate oral powder 3 gm/teaspoonful</b>	4	SP, PA, QL (26.6 gm every 1 day)
<b>sodium phenylbutyrate tab 500 mg</b>	4	SP, PA, QL (40 tabs every 1 day)
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
<b>KERENDIA TAB 10MG (finerenone)</b>	2	
<b>KERENDIA TAB 20MG (finerenone)</b>	2	
<b>NATRIURETIC PEPTIDES</b>		
<b>VOXZOGO INJ 0.4MG (vosoritide)</b>	4	SP, PA, QL (1 vial every 1 day)
<b>VOXZOGO INJ 0.56MG (vosoritide)</b>	4	SP, PA, QL (1 vial every 1 day)
<b>VOXZOGO INJ 1.2MG (vosoritide)</b>	4	SP, PA, QL (1 vial every 1 day)
<b>POSTERIOR PITUITARY HORMONES</b>		
<b>desmopressin acetate nasal spray soln 0.01%</b>	1	
<b>desmopressin acetate nasal spray soln 0.01% (refrigerated)</b>	1	
<b>desmopressin acetate tab 0.1 mg</b>	1	
<b>desmopressin acetate tab 0.2 mg</b>	1	
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
<b>mifepristone tab 200 mg</b>	1	
<b>PROLACTIN INHIBITORS</b>		
<b>cabergoline tab 0.5 mg</b>	1	
<b>SOMATOSTATIC AGENTS</b>		
<b>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</b>	4	SP, PA, QL (3 ampules every 1 day)
<b>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</b>	4	SP, PA, QL (3 ampules every 1 day)
<b>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</b>	4	SP, PA, QL (1.5 vials every 1 day)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i></b>	4	SP, PA, QL (3 ampules every 1 day)
<b><i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i></b>	4	SP, PA, QL (9 vials every 30 days)
<b><i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i></b>	4	SP, PA, QL (3 syringes every 1 day)
<b><i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i></b>	4	SP, PA, QL (3 syringes every 1 day)
<b><i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i></b>	4	SP, PA, QL (3 syringes every 1 day)
<b>SANDOSTATIN INJ 50MCG/ML (<i>octreotide acetate</i>)</b>	4	SP, PA, QL (3 ampules every 1 day)
<b>SANDOSTATIN INJ 100MCG (<i>octreotide acetate</i>)</b>	4	SP, PA, QL (3 ampules every 1 day)
<b>SANDOSTATIN INJ 500MCG (<i>octreotide acetate</i>)</b>	4	SP, PA, QL (3 ampules every 1 day)

#### **VASOPRESSIN RECEPTOR ANTAGONISTS**

<b>SAMSCA TAB 15MG (<i>tolvaptan</i>)</b>	4	SP, PA
<b>SAMSCA TAB 30MG (<i>tolvaptan</i>)</b>	4	SP, PA
<b><i>tolvaptan tab 15 mg</i></b>	4	SP, PA
<b><i>tolvaptan tab 30 mg</i></b>	4	SP, PA

#### **ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES**

##### **ESTROGEN COMBINATIONS**

<b>CLIMARA PRO DIS WEEKLY (<i>estradiol-levonorgestrel</i>)</b>	2	
<b>COMBIPATCH DIS (<i>estradiol &amp; norethindrone acetate</i>)</b>	2	
<b>DUAVEE TAB 0.45-20 (<i>conjugated estrogens-bazedoxifene</i>)</b>	2	
<b><i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i></b>	1	
(Estradiol & Norethindrone Acetate Tab 0.5-0.1 mg) AMABELZ	1	
<b><i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i></b>	1	
(Estradiol & Norethindrone Acetate Tab 1-0.5 mg) MIMVEY	1	
<b>MYFEMBREE TAB (<i>relugolix-estradiol-norethindrone acetate</i>)</b>	2	
<b><i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i></b>	1	
(Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 mg-2.5 mcg) FYAVOLV	1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<b>estradiol td patch twice weekly 0.075 mg/24hr</b>	1	
(Estradiol Td Patch Twice Weekly 0.075 mg/24hr) DOTTI	1	
(Estradiol Td Patch Twice Weekly 0.075 mg/24hr) LYLLANA	1	
<b>estradiol td patch twice weekly 0.0375 mg/24hr</b>	1	
(Estradiol Td Patch Twice Weekly 0.0375 mg/24hr) DOTTI	1	
(Estradiol Td Patch Twice Weekly 0.0375 mg/24hr) LYLLANA	1	
<b>estradiol td patch weekly 0.1 mg/24hr</b>	1	
<b>estradiol td patch weekly 0.05 mg/24hr</b>	1	
<b>estradiol td patch weekly 0.06 mg/24hr</b>	1	
<b>estradiol td patch weekly 0.025 mg/24hr</b>	1	
<b>estradiol td patch weekly 0.075 mg/24hr</b>	1	
<b>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</b>	1	
<b>estradiol valerate im in oil 10 mg/ml</b>	1	
<b>estradiol valerate im in oil 20 mg/ml</b>	1	
<b>estradiol valerate im in oil 40 mg/ml</b>	1	

#### 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 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>levofloxacin tab 250 mg</b>	1	
<b>levofloxacin tab 500 mg</b>	1	
<b>levofloxacin tab 750 mg</b>	1	
<b>moxifloxacin hcl tab 400 mg (base equiv)</b>	1	
<b>ofloxacin tab 300 mg</b>	1	
<b>ofloxacin tab 400 mg</b>	1	

#### GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

##### FARNESOID X RECEPTOR (FXR) AGONISTS

OICALIVA TAB 5MG ( <b>obeticholic acid</b> )	4	SP, PA, QL (1 tab every 1 day)
OICALIVA TAB 10MG ( <b>obeticholic acid</b> )	4	SP, PA, QL (1 tab every 1 day)

##### GALLSTONE SOLUBILIZING AGENTS

<b>ursodiol cap 300 mg</b>	1	
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone cap 8 mcg</i>	1	PA
<i>lubiprostone cap 24 mcg</i>	1	PA
<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	
CIMZIA PREFL KIT 200MG/ML ( <i>certolizumab pegol</i> )	4	SP, PA, QL (2 kits every 28 days); Preferred for Non-Radiographic Axial Spondyloarthritis
CIMZIA START KIT 200MG/ML ( <i>certolizumab pegol</i> )	4	SP, PA, QL (1 kit every 28 days); Preferred for Non-Radiographic Axial Spondyloarthritis
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine cap er 500 mg</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
<i>mesalamine tab delayed release 800 mg</i>	1	
SKYRIZI INJ 180/1.2 ( <i>risankizumab-rzaa (crohn's)</i> )	4	SP, PA, QL (1.2 mL every 42 days); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis
SKYRIZI INJ 360/2.4 ( <i>risankizumab-rzaa (crohn's)</i> )	4	SP, PA, QL (1 injection every 42 days); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis
<i>sulfasalazine tab 500 mg</i>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>sulfasalazine tab delayed release 500 mg</i></b>	1	QL (1 tab every 1 day)
<b>INTESTINAL ACIDIFIERS</b>		
<b><i>lactulose (encephalopathy) solution 10 gm/15ml</i></b>	1	
(Lactulose (Encephalopathy) Solution 10 gm/15ml) ENULOSE	1	
(Lactulose (Encephalopathy) Solution 10 gm/15ml) GENERLAC	1	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<b><i>alosetron hcl tab 0.5 mg (base equiv)</i></b>	1	PA
<b><i>alosetron hcl tab 1 mg (base equiv)</i></b>	1	PA
LINZESS CAP 72MCG ( <i>linaclotide</i> )	2	
LINZESS CAP 145MCG ( <i>linaclotide</i> )	2	
LINZESS CAP 290MCG ( <i>linaclotide</i> )	2	
VIBERZI TAB 75MG ( <i>eluxadoline</i> )	2	
VIBERZI TAB 100MG ( <i>eluxadoline</i> )	2	
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
<b><i>alvimopan cap 12 mg</i></b>	1	
SYMPROIC TAB 0.2MG ( <i>naldemedine tosylate</i> )	2	
<b>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</b>		
AURYXIA TAB 210MG ( <i>ferric citrate</i> )	2	
<b><i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i></b>	1	
<b><i>sevelamer carbonate packet 0.8 gm</i></b>	1	
<b><i>sevelamer carbonate packet 2.4 gm</i></b>	1	
<b><i>sevelamer carbonate tab 800 mg</i></b>	1	
<b><i>sevelamer hcl tab 400 mg</i></b>	1	
<b><i>sevelamer hcl tab 800 mg</i></b>	1	
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
GATTEX KIT 5MG ( <i>teduglutide (rdna)</i> )	4	SP, PA, QL (1 kit every 30 days)
<b>GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS</b>		
<b>ALKALINIZERS</b>		
<b><i>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</i></b>	1	
(Potassium Citrate & Citric Acid Powder Pack 3300-1002 mg) CYTRA K CRYSTALS	1	
<b><i>potassium citrate tab er 5 meq (540 mg)</i></b>	1	
<b><i>potassium citrate tab er 10 meq (1080 mg)</i></b>	1	
<b><i>potassium citrate tab er 15 meq (1620 mg)</i></b>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAP 50MG ( <i>cysteamine bitartrate</i> )	4	SP, PA
CYSTAGON CAP 150MG ( <i>cysteamine bitartrate</i> )	4	SP, PA
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
<b>URINARY ANALGESICS</b>		
(Phenazopyridine Hcl Tab 200 mg) PHENAZO	1	
<b>URINARY STONE AGENTS</b>		
<i>tiopronin tab 100 mg</i>	4	SP, PA
<b>GOUT AGENTS - DRUGS TO TREAT GOUT</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<b>GOUT AGENTS - DRUGS TO TREAT GOUT</b>		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	
MITIGARE CAP 0.6MG ( <i>colchicine</i> )	1	
<b>URICOSURICS</b>		
<i>probenecid tab 500 mg</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS</b>		
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	1	SP, PA, QL (45 syringes every 90 days)
(Icatibant Acetate Subcutaneous Soln Pref Syr 30 mg/3ml) SAJAZIR	4	SP, PA, QL (45 syringes every 90 days)
<b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE TAB 100MG ( <i>fostamatinib disodium</i> )	2	PA, QL (2 tabs every 1 day)
TAVALISSE TAB 150MG ( <i>fostamatinib disodium</i> )	2	PA, QL (2 tabs every 1 day)
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tab er 400 mg</i>	1	
<b>PLASMA KALLIKREIN INHIBITORS</b>		
ORLADEYO CAP 110MG ( <i>berotralstat hcl</i> )	2	PA, QL (1 cap every 1 day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ORLADEYO CAP 150MG ( <i>berotralstat hcl</i> )	2	PA, QL (1 cap every 1 day)
TAKHZYRO INJ 150MG/ML ( <i>lanadelumab-flyo</i> )	4	SP, PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML ( <i>lanadelumab-flyo</i> )	4	SP, PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML ( <i>lanadelumab-flyo</i> )	4	SP, PA, QL (2 vials every 28 days)

#### **PLATELET AGGREGATION INHIBITORS**

<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG ( <i>ticagrelor</i> )	2	
BRILINTA TAB 90MG ( <i>ticagrelor</i> )	2	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	

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

##### **AGENTS FOR GAUCHER DISEASE**

CERDELGA CAP 84MG ( <i>eliglustat tartrate</i> )	4	SP, PA, QL (2 caps every 1 day)
<i>miglustat cap 100 mg</i>	4	SP, PA, QL (3 caps every 1 day)
(Miglustat Cap 100 mg) YARGESA	4	SP, PA, QL (3 caps every 1 day)
ZAVESCA CAP 100MG ( <i>miglustat</i> )	4	SP, PA, QL (3 caps every 1 day)

##### **AGENTS FOR SICKLE CELL DISEASE**

ENDARI POW 5GM ( <i>glutamine (sickle cell)</i> )	4	SP, PA, QL (6 packets every 1 day)
SIKLOS TAB 100MG ( <i>hydroxyurea (sickle cell disease)</i> )	2	
SIKLOS TAB 1000MG ( <i>hydroxyurea (sickle cell disease)</i> )	2	

##### **COBALAMINS**

<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
(Cyanocobalamin Inj 1000 mcg/ml) DODEX	1	
<i>cyanocobalamin nasal spray 500 mcg/0.1ml</i>	1	
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	1	



PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>FOLIC ACID/FOLATES</b>		
<b>folic acid cap 0.8 mg</b>	0	PC
<b>folic acid inj 5 mg/ml</b>	1	
<b>folic acid tab 400 mcg</b>	0	PC
(Folic Acid Tab 400 mcg) GNP FOLIC ACID	0	PC
(Folic Acid Tab 400 mcg) HM FOLIC ACID	0	PC
(Folic Acid Tab 400 mcg) PX FOLIC ACID	0	PC
(Folic Acid Tab 400 mcg) RA FOLIC ACID	0	PC
<b>folic acid tab 800 mcg</b>	0	PC
(Folic Acid Tab 800 mcg) CVS FOLIC ACID	0	PC
(Folic Acid Tab 800 mcg) KP FOLIC ACID	0	PC
(Folic Acid Tab 800 mcg) QC FOLIC ACID	0	PC
(Folic Acid Tab 800 mcg) RA FOLIC ACID	0	PC
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP INJ 10MCG ( <b>darbepoetin alfa</b> )	4	SP, PA
ARANESP INJ 25MCG ( <b>darbepoetin alfa</b> )	4	SP, PA
ARANESP INJ 40MCG ( <b>darbepoetin alfa</b> )	4	SP, PA
ARANESP INJ 60MCG ( <b>darbepoetin alfa</b> )	4	SP, PA
ARANESP INJ 100MCG ( <b>darbepoetin alfa</b> )	4	SP, PA
ARANESP INJ 150MCG ( <b>darbepoetin alfa</b> )	4	SP, PA
ARANESP INJ 200MCG ( <b>darbepoetin alfa</b> )	4	SP, PA
ARANESP INJ 300MCG ( <b>darbepoetin alfa</b> )	4	SP, PA
ARANESP INJ 500MCG ( <b>darbepoetin alfa</b> )	4	SP, PA
DOPTelet TAB 20MG ( <b>avatrombopag maleate</b> )	4	SP, PA, QL (2 tabs every 1 day)
DOPTelet TAB 20MG ( <b>avatrombopag maleate</b> )	4	SP, PA, QL (3 tabs every 1 day)
FYLNETRA INJ 6MG/0.6 ( <b>pegfilgrastim-pbbk</b> )	4	SP, PA, QL (2 syringes every 28 days)
MULPLETA TAB 3MG ( <b>lusutrombopag</b> )	4	SP, PA, QL (7 tabs every 14 days)
NIVESTYM INJ 300/0.5 ( <b>filgrastim-aafi</b> )	4	SP, PA
NIVESTYM INJ 300MCG ( <b>filgrastim-aafi</b> )	4	SP, PA
NIVESTYM INJ 480/0.8 ( <b>filgrastim-aafi</b> )	4	SP, PA
NIVESTYM INJ 480MCG ( <b>filgrastim-aafi</b> )	4	SP, PA
NYVEPRIA INJ 6/0.6ML ( <b>pegfilgrastim-apgf</b> )	4	SP, PA, QL (2 syringes every 28 days)
PROCRIT INJ 2000/ML ( <b>epoetin alfa</b> )	4	SP, PA
PROCRIT INJ 3000/ML ( <b>epoetin alfa</b> )	4	SP, PA
PROCRIT INJ 4000/ML ( <b>epoetin alfa</b> )	4	SP, PA
PROCRIT INJ 10000/ML ( <b>epoetin alfa</b> )	4	SP, PA
PROCRIT INJ 20000/ML ( <b>epoetin alfa</b> )	4	SP, PA
PROCRIT INJ 40000/ML ( <b>epoetin alfa</b> )	4	SP, PA

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
PROMACTA PAK 25MG ( <i>eltrombopag olamine</i> )	4	SP, PA, QL (6 packets every 1 day)
PROMACTA POW 12.5MG ( <i>eltrombopag olamine</i> )	4	SP, PA, QL (4 packets every 1 day)
PROMACTA TAB 12.5MG ( <i>eltrombopag olamine</i> )	4	SP, PA, QL (1 tab every 1 day)
PROMACTA TAB 25MG ( <i>eltrombopag olamine</i> )	4	SP, PA, QL (1 tab every 1 day)
PROMACTA TAB 50MG ( <i>eltrombopag olamine</i> )	4	SP, PA, QL (2 tabs every 1 day)
PROMACTA TAB 75MG ( <i>eltrombopag olamine</i> )	4	SP, PA, QL (2 tabs every 1 day)
RETACRIT INJ 2000UNIT ( <i>epoetin alfa-epbx</i> )	4	SP, PA
RETACRIT INJ 3000UNIT ( <i>epoetin alfa-epbx</i> )	4	SP, PA
RETACRIT INJ 4000UNIT ( <i>epoetin alfa-epbx</i> )	4	SP, PA
RETACRIT INJ 10000UNT ( <i>epoetin alfa-epbx</i> )	4	SP, PA
RETACRIT INJ 20000UNI ( <i>epoetin alfa-epbx</i> )	4	SP, PA
RETACRIT INJ 40000UNT ( <i>epoetin alfa-epbx</i> )	4	SP, PA

### **HEMATOPOIETIC MIXTURES**

(Cyanocobalamin-Methylcobalamin Sl Tab 600-600 mcg) ABANEU-SL	1	
(Fe Fum-Iron Polysacch Complex-Fa-B Cmplx-C-Zn-Mn-Cu Cap) K-TAN PLUS	1	
(Fe Fum-Iron Polysacch Complex-Fa-B Cmplx-C-Zn-Mn-Cu Cap) TANDEM PLUS	1	
(Fe Fumarate W/ B12-Vit C-Fa-lfc Cap 110-0.015-75-0.5-240 mg) FEROCON	1	
(Fe Fumarate W/ B12-Vit C-Fa-lfc Cap 110-0.015-75-0.5-240 mg) FEROTRINSIC	1	
(Fe Fumarate W/ B12-Vit C-Fa-lfc Cap 110-0.015-75-0.5-240 mg) FOLTRIN	1	
(Fe Fumarate W/ B12-Vit C-Fa-lfc Cap 110-0.015-75-0.5-240 mg) TRICON	1	
(Ferrous Fumarate-Fa-B Complex-C-Zn-Mg-Mn-Cu Tab 106-1 mg) FERROCITE PLUS	1	
(Ferrous Fumarate-Fa-B Complex-C-Zn-Mg-Mn-Cu Tab 106-1 mg) HEMATINIC PLUS VITAMINS/M	1	
<b>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</b>	1	
(Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-0.5 mg) FOLPLEX 2.2	1	
(Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 mg) AIRAVITE	1	
(Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 mg) FOLBEE	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 mg) NUFOL	1	
(Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 mg) WESTAB ONE	1	
(Iron-Folic Acid-Vit C-Vit B6-Vit B12-Zinc Tab 150-1.25 mg) CORVITA 150	1	
<b>STEM CELL MOBILIZERS</b>		
MOZOBIL INJ ( <i>plerixafor</i> )	4	SP, PA
<i>plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)</i>	4	SP, PA
<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	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
<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 every 25 days)
<i>estazolam tab 2 mg</i>	1	QL (15 tabs every 25 days)
<i>eszopiclone tab 1 mg</i>	1	QL (15 tabs every 25 days)
<i>eszopiclone tab 2 mg</i>	1	QL (15 tabs every 25 days)
<i>eszopiclone tab 3 mg</i>	1	QL (15 tabs every 25 days)
<i>temazepam cap 7.5 mg</i>	1	QL (15 caps every 25 days)
<i>temazepam cap 15 mg</i>	1	QL (15 caps every 25 days)
<i>temazepam cap 22.5 mg</i>	1	QL (15 caps every 25 days)
<i>temazepam cap 30 mg</i>	1	QL (15 caps every 25 days)
<i>triazolam tab 0.25 mg</i>	1	QL (10 tabs every 25 days)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>triazolam tab 0.125 mg</i>	1	QL (10 tabs every 25 days)
<i>zaleplon cap 5 mg</i>	1	QL (15 caps every 25 days)
<i>zaleplon cap 10 mg</i>	1	QL (15 caps every 25 days)
<i>zolpidem tartrate tab 5 mg</i>	1	QL (15 tabs every 25 days)
<i>zolpidem tartrate tab 10 mg</i>	1	QL (15 tabs every 25 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL (15 tabs every 25 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL (15 tabs every 25 days)
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA TAB 5MG ( <i>suvorexant</i> )	2	PA
BELSOMRA TAB 10MG ( <i>suvorexant</i> )	2	PA
BELSOMRA TAB 15MG ( <i>suvorexant</i> )	2	PA
BELSOMRA TAB 20MG ( <i>suvorexant</i> )	2	PA
DAYVIGO TAB 5MG ( <i>lemborexant</i> )	2	PA, QL (1 tab every 1 day)
DAYVIGO TAB 10MG ( <i>lemborexant</i> )	2	PA
QUVIVIQ TAB 25MG ( <i>daridorexant hcl</i> )	2	PA
QUVIVIQ TAB 50MG ( <i>daridorexant hcl</i> )	2	PA
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
<i>ramelteon tab 8 mg</i>	1	QL (15 tabs every 25 days)
<i>tasimelteon capsule 20 mg</i>	4	PA, QL (1 cap every 1 day)
<b>LAXATIVES - DRUGS TO TREAT CONSTIPATION</b>		
<b>LAXATIVE COMBINATIONS</b>		
CLENPIQ SOL ( <i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i> )	0	AGE; PC
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
(Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln 236 gm) GAVILYTE-G	1	
(Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln 240 gm) GAVILYTE-C	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PEG-PREP KIT ( <i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</i> )	0	AGE; PC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	AGE
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>lactulose solution 10 gm/15ml</i>	1	
(Lactulose Solution 10 gm/15ml) CONSTULOSE	1	
<b>MACROLIDES - DRUGS TO TREAT INFECTIONS</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin for susp 100 mg/5ml</i>	1	

**AGE** - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA\*\*** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<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 Ethylsuccinate Tab 400 mg) E.E.S. 400	1	
(Erythromycin Stearate Tab 250 mg) ERYTHROCIN 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	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
<b>FIDAXOMICIN</b>		
DIFICID SUS ( <i>fidaxomicin</i> )	2	
DIFICID TAB 200MG ( <i>fidaxomicin</i> )	2	
<b>MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING</b>		
<b>BLOOD PRESSURE DEVICES</b>		
BLOOD PRESSURE MONITOR	3	
BLOOD PRESSURE MONITOR ( <i>blood pressure monitoring</i> )	3	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL</b>		
CAYA DPR ( <i>diaphragm arc-spring</i> )	0	CM, PC
FC2 FEMALE MIS CONDOM ( <i>condoms - female</i> )	0	CM, PC
FEMCAP MIS 22MM ( <i>cervical caps</i> )	0	CM, PC
FEMCAP MIS 26MM ( <i>cervical caps</i> )	0	CM, PC
FEMCAP MIS 30MM ( <i>cervical caps</i> )	0	CM, PC
WIDE-SEAL DPR KIT 60 ( <i>diaphragm wide seal</i> )	0	CM, PC
WIDE-SEAL DPR KIT 65 ( <i>diaphragm wide seal</i> )	0	CM, PC
WIDE-SEAL DPR KIT 70 ( <i>diaphragm wide seal</i> )	0	CM, PC
WIDE-SEAL DPR KIT 75 ( <i>diaphragm wide seal</i> )	0	CM, PC
WIDE-SEAL DPR KIT 80 ( <i>diaphragm wide seal</i> )	0	CM, PC
WIDE-SEAL DPR KIT 85 ( <i>diaphragm wide seal</i> )	0	CM, PC
WIDE-SEAL DPR KIT 90 ( <i>diaphragm wide seal</i> )	0	CM, PC
WIDE-SEAL DPR KIT 95 ( <i>diaphragm wide seal</i> )	0	CM, PC
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK KIT FASTCLIX ( <i>lancets misc.</i> )	2	DM
ACCU-CHEK KIT SOFTCLIX ( <i>lancets misc.</i> )	2	DM
ACTI-LANCE MIS 28G ( <i>lancets</i> )	3	DM
ACTI-LANCE MIS LITE 28G ( <i>lancets</i> )	3	DM
ACTI-LANCE MIS SPEC 17G ( <i>lancets</i> )	3	DM
ACTI-LANCE MIS UNIV 23G ( <i>lancets</i> )	3	DM
ADVATE SAFE MIS LANC 26G ( <i>lancets</i> )	3	DM
ADVOCATE MIS LANC 30G ( <i>lancets</i> )	3	DM
ADVOCATE MIS LANCETS ( <i>lancets</i> )	3	DM
AGAMATRIX MIS 33G ( <i>lancets</i> )	3	DM
AIMSCO TWIST MIS 32G ( <i>lancets</i> )	3	DM
AIMSCO TWIST MIS 33G ( <i>lancets</i> )	3	DM
AQUALANCE MIS 30G ( <i>lancets</i> )	3	DM
ASSURE CMFRT MIS 28G ( <i>lancets</i> )	3	DM
ASSURE LANCE MIS 21G ( <i>lancets</i> )	3	DM
ASSURE LANCE MIS 28G ( <i>lancets</i> )	3	DM
ASSURE LANCE MIS LOW FLOW ( <i>lancets</i> )	3	DM
ASSURE LANCE MIS MICRO ( <i>lancets</i> )	3	DM
ASSURE LANCE MIS SAFE 25G ( <i>lancets</i> )	3	DM
ASSURE LANCE MIS SAFE 30G ( <i>lancets</i> )	3	DM
ASSURE PLUS MIS HIGH 18G ( <i>lancets</i> )	3	DM
ASSURE PLUS MIS LOW 25G ( <i>lancets</i> )	3	DM
ASSURE PLUS MIS MCRO 28G ( <i>lancets</i> )	3	DM
ASSURE PLUS MIS NORM 21G ( <i>lancets</i> )	3	DM
ASSURE PLUS MIS PEDIATRI ( <i>lancets</i> )	3	DM
AURORA LANCE MIS 30G ( <i>lancets</i> )	3	DM

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
AURORA LANCE MIS THIN 23G ( <i>lancets</i> )	3	DM
AUTO LANCET MIS ( <i>lancets</i> )	3	DM
BD MICROTAIN MIS LANCETS ( <i>lancets</i> )	3	DM
BD MICROTAIN MIS LANCETS ( <i>lancets</i> )	3	DM
BLOOD GLUCOSE CALLIBRATION	3	DM
BLOOD GLUCOSE CALLIBRATION ( <i>blood glucose calibration</i> )	3	DM
CAREONE LANC MIS 30G ( <i>lancets</i> )	3	DM
CAREONE LANC MIS THIN 23G ( <i>lancets</i> )	3	DM
CARESENS 30G MIS LANCETS ( <i>lancets</i> )	3	DM
CARETOUCH MIS LANC 26G ( <i>lancets</i> )	3	DM
CARETOUCH MIS LANC 28G ( <i>lancets</i> )	3	DM
CARETOUCH MIS LANC 30G ( <i>lancets</i> )	3	DM
CARETOUCH MIS TWIST 28 ( <i>lancets</i> )	3	DM
CARETOUCH MIS TWIST 30 ( <i>lancets</i> )	3	DM
CARETOUCH MIS TWIST 33 ( <i>lancets</i> )	3	DM
CLEANLET 28G MIS LANCETS ( <i>lancets</i> )	3	DM
CLEVER CHECK MIS ( <i>lancets</i> )	3	DM
CLEVER CHECK MIS 30G ( <i>lancets</i> )	3	DM
COAGUCHEK MIS LANCETS ( <i>lancets</i> )	3	DM
COMFORT ASSU MIS LANC 28G ( <i>lancets</i> )	3	DM
COMFORT ASSU MIS LANC 33G ( <i>lancets</i> )	3	DM
COMFORT EZ MIS 21G ( <i>lancets</i> )	3	DM
COMFORT EZ MIS 23G ( <i>lancets</i> )	3	DM
COMFORT EZ MIS 28G ( <i>lancets</i> )	3	DM
COMFORT TCH MIS LANC 28G ( <i>lancets</i> )	3	DM
COMFORT TCH MIS LANC 30G ( <i>lancets</i> )	3	DM
COMFORT TCH MIS LANC 31G ( <i>lancets</i> )	3	DM
COMFORTOUCH MIS LANCET ( <i>lancets</i> )	3	DM
COUNT-A-DOSE MIS ( <i>insulin administration supplies</i> )	2	
CVS LANCETS MIS 21G ( <i>lancets</i> )	3	DM
CVS LANCETS MIS 30G ( <i>lancets</i> )	3	DM
CVS LANCETS MIS 33G ( <i>lancets</i> )	3	DM
CVS LANCETS MIS ORIGINAL ( <i>lancets</i> )	3	DM
CVS LANCETS MIS THIN 26G ( <i>lancets</i> )	3	DM
CVS LANCETS MIS THIN 30G ( <i>lancets</i> )	3	DM
CVS LANCETS MIS THIN 33G ( <i>lancets</i> )	3	DM
DEXCOM G6 MIS RECEIVER ( <i>continuous glucose system receiver</i> )	2	DM

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
DEXCOM G6 MIS SENSOR ( <i>continuous glucose system sensor</i> )	2	QL (3 boxes every 25 days); DM
DEXCOM G6 MIS TRANSMIT ( <i>continuous glucose system transmitter</i> )	2	DM
DEXCOM G7 MIS RECEIVER ( <i>continuous glucose system receiver</i> )	2	DM
DEXCOM G7 MIS SENSOR ( <i>continuous glucose system sensor</i> )	2	QL (3 boxes every 25 days); DM
DIATHRIVE MIS LANCETS ( <i>lancets</i> )	3	DM
DIATHRIVE MIS UT 30G ( <i>lancets</i> )	3	DM
DROPLET LANC MIS 30G ( <i>lancets</i> )	3	DM
DROPLET PERS MIS LANC 30G ( <i>lancets</i> )	3	DM
E-Z JECT MIS 21G ( <i>lancets</i> )	3	DM
E-Z JECT MIS 21G COLR ( <i>lancets</i> )	3	DM
E-Z JECT MIS 30G ( <i>lancets</i> )	3	DM
E-Z JECT MIS 32G COLR ( <i>lancets</i> )	3	DM
E-Z JECT MIS LANC 21G ( <i>lancets</i> )	3	DM
E-Z JECT MIS THIN 26G ( <i>lancets</i> )	3	DM
E-ZJECT LANC MIS 33G ( <i>lancets</i> )	3	DM
EASY COMFORT MIS 30G ( <i>lancets</i> )	3	DM
EASY COMFORT MIS LANC/30G ( <i>lancets</i> )	3	DM
EASY COMFORT MIS TWIST ( <i>lancets</i> )	3	DM
EASY TOUCH MIS LANC/21G ( <i>lancets</i> )	3	DM
EASY TOUCH MIS LANC/23G ( <i>lancets</i> )	3	DM
EASY TOUCH MIS LANC/26G ( <i>lancets</i> )	3	DM
EASY TOUCH MIS LANC/28G ( <i>lancets</i> )	3	DM
EASY TOUCH MIS LANC/30G ( <i>lancets</i> )	3	DM
EASY TOUCH MIS LANC/32G ( <i>lancets</i> )	3	DM
EASY TOUCH MIS LANC/33G ( <i>lancets</i> )	3	DM
EMBRACE LANC MIS 21G ( <i>lancets</i> )	3	DM
EMBRACE LANC MIS 28G ( <i>lancets</i> )	3	DM
EMBRACE LANC MIS THIN 30G ( <i>lancets</i> )	3	DM
EQL LANCETS MIS 21G COLR ( <i>lancets</i> )	3	DM
EQL LANCETS MIS 33G COLR ( <i>lancets</i> )	3	DM
EQL LANCETS MIS THIN 26G ( <i>lancets</i> )	3	DM
EQL LANCETS MIS THIN 30G ( <i>lancets</i> )	3	DM
EZ-LETS 21G MIS LANCETS ( <i>lancets</i> )	3	DM
EZ-LETS 26G MIS LANCETS ( <i>lancets</i> )	3	DM
EZ-LETS 28G MIS LANCETS ( <i>lancets</i> )	3	DM
EZ-LETS 30G MIS LANCETS ( <i>lancets</i> )	3	DM
FASTCLIX MIS LANCETS ( <i>lancets</i> )	2	DM



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
FIFTY50 SAFE MIS LANCETS ( <i>lancets</i> )	3	DM
FINGERSTIX MIS LANCETS ( <i>lancets</i> )	3	DM
FORA LANCETS MIS 30G ( <i>lancets</i> )	3	DM
FORA MIS LANCETS ( <i>lancets</i> )	3	DM
FREESTYLE MIS LANCETS ( <i>lancets</i> )	3	DM
GENTEEL MIS LANCETS ( <i>lancets</i> )	3	DM
GENTLE-LET MIS 26G ( <i>lancets</i> )	3	DM
GENTLE-LET MIS 28G ( <i>lancets</i> )	3	DM
GENTLE-LET MIS LANCETS ( <i>lancets</i> )	3	DM
GLOBAL 28G MIS LANCETS ( <i>lancets</i> )	3	DM
GLOBAL 30G MIS LANCETS ( <i>lancets</i> )	3	DM
GLUCOCOM MIS 28G ( <i>lancets</i> )	3	DM
GLUCOCOM MIS 30G ( <i>lancets</i> )	3	DM
GLUCOCOM MIS 33G ( <i>lancets</i> )	3	DM
GNP LANCETS MIS 21G ( <i>lancets</i> )	3	DM
GNP LANCETS MIS 28G ( <i>lancets</i> )	3	DM
GNP LANCETS MIS 30G ( <i>lancets</i> )	3	DM
GNP LANCETS MIS 33G ( <i>lancets</i> )	3	DM
GNP LANCETS MIS THIN 26G ( <i>lancets</i> )	3	DM
GOJJI LANCET MIS 30G ( <i>lancets</i> )	3	DM
GOODSENSE MIS LANC 26G ( <i>lancets</i> )	3	DM
GOODSENSE MIS LANC 30G ( <i>lancets</i> )	3	DM
GOODSENSE MIS LANC 33G ( <i>lancets</i> )	3	DM
HAEMOLANCE MIS HIGH FLO ( <i>lancets</i> )	3	DM
HAEMOLANCE MIS LOW FLOW ( <i>lancets</i> )	3	DM
HAEMOLANCE MIS PLUS ( <i>lancets</i> )	3	DM
HAEMOLANCE MIS PLUS LOW ( <i>lancets</i> )	3	DM
HAEMOLANCE MIS PLUS MAX ( <i>lancets</i> )	3	DM
HAEMOLANCE MIS PLUS PED ( <i>lancets</i> )	3	DM
HAEMOLANCE MIS RETRACT ( <i>lancets</i> )	3	DM
IN TOUCH LAN MIS 30G ( <i>lancets</i> )	3	DM
INCONTROL MIS LANC 28G ( <i>lancets</i> )	3	DM
INCONTROL MIS LANC 30G ( <i>lancets</i> )	3	DM
INCONTROL MIS LANC 33G ( <i>lancets</i> )	3	DM
KINNEY MIS LANCETS ( <i>lancets</i> )	3	DM
KINNEY THIN MIS LANCETS ( <i>lancets</i> )	3	DM
KROGER LANCE MIS ( <i>lancets</i> )	3	DM
KROGER LANCE MIS 26G ( <i>lancets</i> )	3	DM
KROGER LANCE MIS THIN ( <i>lancets</i> )	3	DM
KROGER LANCE MIS THIN 30G ( <i>lancets</i> )	3	DM
LANCET MICRO MIS THIN 33G ( <i>lancets</i> )	3	DM

**AGE** - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA\*\*** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
LANCET STAND MIS 21G ( <i>lancets</i> )	3	DM
LANCET SUPER MIS THIN 30G ( <i>lancets</i> )	3	DM
LANCET ULTRA MIS THIN 30G ( <i>lancets</i> )	3	DM
LANCETS MICR MIS THIN 33G ( <i>lancets</i> )	3	DM
LANCETS MIS	3	DM
LANCETS MIS 21G ( <i>lancets</i> )	3	DM
LANCETS MIS 21G COLR ( <i>lancets</i> )	3	DM
LANCETS MIS 26G	3	DM
LANCETS MIS 28G ( <i>lancets</i> )	3	DM
LANCETS MIS 30G	3	DM
LANCETS MIS 33G ( <i>lancets</i> )	3	DM
LANCETS MIS ORIGINAL ( <i>lancets</i> )	3	DM
LANCETS MIS THIN ( <i>lancets</i> )	3	DM
LANCETS MIS THIN 26G ( <i>lancets</i> )	3	DM
LANCETS MIS THIN 30G ( <i>lancets</i> )	3	DM
LANCETS SUPR MIS THIN 28G ( <i>lancets</i> )	3	DM
LANCETS THIN MIS	3	DM
LANCETS THIN MIS 26G ( <i>lancets</i> )	3	DM
LANCETS ULTR MIS THIN ( <i>lancets</i> )	3	DM
LANCETS ULTR MIS THIN 31G ( <i>lancets</i> )	3	DM
LITE TOUCH MIS LANCETS ( <i>lancets</i> )	3	DM
LITETOUCH MIS LANCETS ( <i>lancets</i> )	3	DM
LONGS LANCET MIS STANDARD ( <i>lancets</i> )	3	DM
LONGS LANCET MIS THIN ( <i>lancets</i> )	3	DM
LONGS LANCET MIS ULTRA TH ( <i>lancets</i> )	3	DM
MEDICHOICE MIS LANCET ( <i>lancets</i> )	3	DM
MEDLANCE MIS 30G PLUS ( <i>lancets</i> )	3	DM
MEDLANCE MIS PLUS 30G ( <i>lancets</i> )	3	DM
MEDLANCE PLS MIS 0.8MM ( <i>lancets</i> )	3	DM
MEDLANCE PLS MIS EXTR 21G ( <i>lancets</i> )	3	DM
MEDLANCE PLS MIS LITE 25G ( <i>lancets</i> )	3	DM
MEDLANCE PLS MIS UNIV 21G ( <i>lancets</i> )	3	DM
MEIJER LANCE MIS COLOR ( <i>lancets</i> )	3	DM
MEIJER LANCE MIS UNIV 21G ( <i>lancets</i> )	3	DM
MEIJER LANCE MIS UNIV 30G ( <i>lancets</i> )	3	DM
MEIJER LANCE MIS UNIVERSA ( <i>lancets</i> )	3	DM
MEIJER MIS LANCETS ( <i>lancets</i> )	3	DM
MICRO THIN MIS LANC 33G ( <i>lancets</i> )	3	DM
MICROLET MIS LANCETS ( <i>lancets</i> )	3	DM
MM TWIST MIS LANCETS ( <i>lancets</i> )	3	DM
MOBILE LANCE MIS 30G ( <i>lancets</i> )	3	DM

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
MONOLET MIS LANCETS ( <i>lancets</i> )	3	DM
MONOLET OPD MIS LANCETS ( <i>lancets</i> )	3	DM
MONOLETTOR MIS LANCETS ( <i>lancets</i> )	3	DM
MYGLUCOHEALT MIS LANC 30G ( <i>lancets</i> )	3	DM
NOVA SAFETY MIS LANC 23G ( <i>lancets</i> )	3	DM
NOVA SAFETY MIS LANC 28G ( <i>lancets</i> )	3	DM
NOVA SURE MIS LANCETS ( <i>lancets</i> )	3	DM
OMNIPOD 5 G6 KIT INTRO ( <i>insulin infusion disposable pump</i> )	2	DM
OMNIPOD 5 G6 MIS PODS ( <i>insulin infusion disposable pump</i> )	2	DM
OMNIPOD DASH MIS PODS ( <i>insulin infusion disposable pump</i> )	2	DM
OMNIPOD MIS CLASSIC ( <i>insulin infusion disposable pump</i> )	2	DM
ON-THE-GO MIS LANC 30G ( <i>lancets</i> )	3	DM
ONETOUCH DEL MIS LANC DEV ( <i>lancets</i> )	2	DM
ONETOUCH DEL MIS PLUS 30G ( <i>lancets</i> )	2	DM
ONETOUCH DEL MIS PLUS 33G ( <i>lancets</i> )	2	DM
ONETOUCH US MIS 2 30G ( <i>lancets</i> )	2	DM
PERFECT 28G MIS LANCETS ( <i>lancets</i> )	3	DM
PERFECT 30G MIS LANCETS ( <i>lancets</i> )	3	DM
PHARMACY COU MIS LANCETS ( <i>lancets</i> )	3	DM
PIP LANCETS MIS 28G ( <i>lancets</i> )	3	DM
PIP LANCETS MIS 30G ( <i>lancets</i> )	3	DM
PRO COMFORT MIS 31G ( <i>lancets</i> )	3	DM
PRO COMFORT MIS LANC 30G ( <i>lancets</i> )	3	DM
PRO COMFORT MIS LANCETS ( <i>lancets</i> )	3	DM
PRODIGY MIS 26G ( <i>lancets</i> )	3	DM
PRODIGY MIS 28G ( <i>lancets</i> )	3	DM
PSS SAFE LAN MIS ( <i>lancets</i> )	3	DM
PSS SEL LANC MIS ( <i>lancets</i> )	3	DM
PURE COMFORT MIS 30G LAN ( <i>lancets</i> )	3	DM
PX LANCETS MIS 28G ( <i>lancets</i> )	3	DM
PX LANCETS MIS 33G ( <i>lancets</i> )	3	DM
QC LANCETS MIS 28G ( <i>lancets</i> )	3	DM
QC LANCETS MIS 30G ( <i>lancets</i> )	3	DM
RA E-ZJECT MIS 28G ( <i>lancets</i> )	3	DM
RA E-ZJECT MIS THIN 26G ( <i>lancets</i> )	3	DM
RA E-ZJECT MIS THIN 28G ( <i>lancets</i> )	3	DM
RA E-ZJECT MIS ULT THIN ( <i>lancets</i> )	3	DM

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
READYLANCE MIS 21G ( <i>lancets</i> )	3	DM
READYLANCE MIS 23G ( <i>lancets</i> )	3	DM
READYLANCE MIS 26G ( <i>lancets</i> )	3	DM
READYLANCE MIS 28G ( <i>lancets</i> )	3	DM
READYLANCE MIS 30G ( <i>lancets</i> )	3	DM
REALITY MIS LANCETS ( <i>lancets</i> )	3	DM
REALITY TRIG MIS LANCETS ( <i>lancets</i> )	3	DM
RELION LANCE MIS THIN 26G ( <i>lancets</i> )	3	DM
RELION LANCE MIS THIN 30G ( <i>lancets</i> )	3	DM
RELION MICRO MIS THIN 33G ( <i>lancets</i> )	3	DM
RELION ULTRA MIS THIN 30G ( <i>lancets</i> )	3	DM
RELION ULTRA MIS THIN PLS ( <i>lancets</i> )	3	DM
RIGHTTEST MIS GL300 ( <i>lancets</i> )	3	DM
SAFE-T-LANCE MIS 21G ( <i>lancets</i> )	3	DM
SAFE-T-LANCE MIS 25G ( <i>lancets</i> )	3	DM
SAFE-T-LANCE MIS HI FLOW ( <i>lancets</i> )	3	DM
SAFE-T-LANCE MIS LOW FLOW ( <i>lancets</i> )	3	DM
SAFE-T-LANCE MIS NOR FLOW ( <i>lancets</i> )	3	DM
SAFE-T-PRO MIS LANCETS ( <i>lancets</i> )	2	DM
SAFE-T-PRO MIS LANCETS ( <i>lancets</i> )	3	DM
SAFE-T-PRO MIS PLUS ( <i>lancets</i> )	3	DM
SAFETY 21G MIS LANCETS ( <i>lancets</i> )	3	DM
SAFETY 23G MIS LANCETS ( <i>lancets</i> )	3	DM
SAFETY 28G MIS LANCETS	3	DM
SAFETY 30G MIS LANCETS ( <i>lancets</i> )	3	DM
SAFETY MIS LANCETS ( <i>lancets</i> )	3	DM
SAPS HEALTH MIS TWIST ( <i>lancets</i> )	3	DM
SAPS TWIST MIS 30G ( <i>lancets</i> )	3	DM
SAPSCARE MIS TWIST ( <i>lancets</i> )	3	DM
SB LANCETS MIS THIN ( <i>lancets</i> )	3	DM
SB LANCETS MIS ULTR THN ( <i>lancets</i> )	3	DM
SINGLE-LET MIS 23G ( <i>lancets</i> )	3	DM
SM LANCETS MIS 33G ( <i>lancets</i> )	3	DM
SMART SENSE MIS LANC 21G ( <i>lancets</i> )	3	DM
SMART SENSE MIS LANC 26G ( <i>lancets</i> )	3	DM
SMART SENSE MIS LANC 30G ( <i>lancets</i> )	3	DM
SMART SENSE MIS LANC 33G ( <i>lancets</i> )	3	DM
SMARTTEST MIS LANCETS ( <i>lancets</i> )	3	DM
SOFTCLIX MIS LANCETS ( <i>lancets</i> )	2	DM
SOLUS V2 MIS LANC 28G ( <i>lancets</i> )	3	DM
SOLUS V2 MIS LANC 30G ( <i>lancets</i> )	3	DM

**AGE** - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA\*\*** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
STERILANCE MIS TL 28G ( <i>lancets</i> )	3	DM
STERILANCE MIS TL 30G ( <i>lancets</i> )	3	DM
STERILANCE MIS TL 32G ( <i>lancets</i> )	3	DM
SUPER THIN MIS LANC 28G ( <i>lancets</i> )	3	DM
SUPER THIN MIS LANCETS ( <i>lancets</i> )	3	DM
SURE COMFORT MIS LANC 18G ( <i>lancets</i> )	3	DM
SURE COMFORT MIS LANC 21G ( <i>lancets</i> )	3	DM
SURE COMFORT MIS LANC 23G ( <i>lancets</i> )	3	DM
SURE COMFORT MIS LANC 30G ( <i>lancets</i> )	3	DM
SURE COMFORT MIS LANCETS ( <i>lancets</i> )	3	DM
SUREFLEX MIS LANCETS ( <i>lancets</i> )	3	DM
SURELITE MIS LANCETS ( <i>lancets</i> )	3	DM
TECHLITE AST MIS LANCETS ( <i>lancets</i> )	3	DM
TECHLITE MIS LANC 26G ( <i>lancets</i> )	3	
TECHLITE MIS LANC 30G ( <i>lancets</i> )	3	DM
TECHLITE MIS LANCETS ( <i>lancets</i> )	3	DM
TGT LANCET MIS 26G ( <i>lancets</i> )	3	DM
TGT LANCET MIS 30G ( <i>lancets</i> )	3	DM
TGT LANCET MIS 33G ( <i>lancets</i> )	3	DM
THIN LANCETS MIS 26G ( <i>lancets</i> )	3	DM
THIN LANCETS MIS 30G ( <i>lancets</i> )	3	DM
THINLETS GP MIS 26G ( <i>lancets</i> )	3	DM
TOPCARE MIS LANC 33G ( <i>lancets</i> )	3	DM
TRAVEL LANCE MIS ADV 28G ( <i>lancets</i> )	3	DM
TRUE COMFORT MIS LANC 30G ( <i>lancets</i> )	3	DM
TRUPLUS LANC MIS 26G ( <i>lancets</i> )	3	DM
TRUPLUS LANC MIS 28G ( <i>lancets</i> )	3	DM
TRUPLUS LANC MIS 30G ( <i>lancets</i> )	3	DM
TRUPLUS LANC MIS 33G ( <i>lancets</i> )	3	DM
TWIST LANCET MIS 30G	3	DM
TWIST LANCET MIS 30G MULT ( <i>lancets</i> )	3	DM
ULTILET MIS 26G ( <i>lancets</i> )	3	DM
ULTILET MIS 28G ( <i>lancets</i> )	3	DM
ULTILET MIS 30G ( <i>lancets</i> )	3	DM
ULTILET MIS 33G ( <i>lancets</i> )	3	DM
ULTILET MIS LANCETS ( <i>lancets</i> )	3	DM
ULTILET MIS SAFETY ( <i>lancets</i> )	3	DM
ULTILET SAFE MIS 21G ( <i>lancets</i> )	3	DM
ULTRA THIN MIS 28G ( <i>lancets</i> )	3	DM
ULTRA THIN MIS 30G ( <i>lancets</i> )	3	DM
ULTRA THIN MIS 31G ( <i>lancets</i> )	3	DM

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ULTRA THIN MIS 33G ( <i>lancets</i> )	3	DM
ULTRA THIN MIS LAN 31G ( <i>lancets</i> )	3	DM
ULTRA THIN MIS LANC 28G ( <i>lancets</i> )	3	DM
ULTRA THIN MIS LANC 30G ( <i>lancets</i> )	3	DM
ULTRA THIN MIS LANCETS ( <i>lancets</i> )	3	DM
UNILET EX II MIS 28G ( <i>lancets</i> )	3	DM
UNILET EXCEL MIS 23G ( <i>lancets</i> )	3	DM
UNILET G.P MIS SUPR 23G ( <i>lancets</i> )	3	DM
UNILET G.P. MIS 21G ( <i>lancets</i> )	3	DM
UNILET GP 28 MIS ULT THIN ( <i>lancets</i> )	3	DM
UNILET LANC MIS 33G ( <i>lancets</i> )	3	DM
UNILET LANCE MIS 21G ( <i>lancets</i> )	3	DM
UNILET LANCE MIS 28G ( <i>lancets</i> )	3	DM
UNILET LANCE MIS 33G ( <i>lancets</i> )	3	DM
UNILET LANCT MIS 28G ( <i>lancets</i> )	3	DM
UNILET LANCT MIS 30G ( <i>lancets</i> )	3	DM
UNILET LANCT MIS 33G ( <i>lancets</i> )	3	DM
UNILET MICRO MIS 33G ( <i>lancets</i> )	3	DM
UNILET MIS 21G ( <i>lancets</i> )	3	DM
UNILET SUPER MIS 23G ( <i>lancets</i> )	3	DM
UNILET SUPER MIS G.P. 23G ( <i>lancets</i> )	3	DM
UNISTIK 3 MIS GENT 30G ( <i>lancets</i> )	3	DM
UNISTIK PRO MIS LANC 21G ( <i>lancets</i> )	3	DM
UNISTIK PRO MIS LANC 28G ( <i>lancets</i> )	3	DM
UNISTIK SAFE MIS LANC 28G ( <i>lancets</i> )	3	DM
UNISTIK SAFE MIS LANC 30G ( <i>lancets</i> )	3	DM
UNISTIK TOUC MIS LANC 21G ( <i>lancets</i> )	3	DM
UNISTIK TOUC MIS LANC 23G ( <i>lancets</i> )	3	DM
UNISTIK TOUC MIS LANC 28G ( <i>lancets</i> )	3	DM
UNISTIK TOUC MIS LANC 30G ( <i>lancets</i> )	3	DM
UNITSTIK PRO MIS LANC 25G ( <i>lancets</i> )	3	DM
UNIVERSAL 1 MIS 33G ( <i>lancets</i> )	3	DM
UNIVERSAL 1 MIS LANC 26G ( <i>lancets</i> )	3	DM
UNIVERSAL 1 MIS LANC 30G ( <i>lancets</i> )	3	DM
V-GO 20 KIT ( <i>insulin infusion disposable pump</i> )	2	DM
V-GO 30 KIT ( <i>insulin infusion disposable pump</i> )	2	DM
V-GO 40 KIT ( <i>insulin infusion disposable pump</i> )	2	DM
VERIFINE LAN MIS MINI 21G ( <i>lancets</i> )	3	DM
VERIFINE LAN MIS MINI 23G ( <i>lancets</i> )	3	DM
VERIFINE LAN MIS MINI 28G ( <i>lancets</i> )	3	DM
VERIFINE LAN MIS MINI 30G ( <i>lancets</i> )	3	DM

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
VERIFINE MIS UNIV 28G ( <i>lancets</i> )	3	DM
VERIFINE MIS UNIV 30G ( <i>lancets</i> )	3	DM
VERIFINE MIS UNIV 33G ( <i>lancets</i> )	3	DM
VIVAGUARD MIS 28G ( <i>lancets</i> )	3	DM
VIVAGUARD MIS 30G ( <i>lancets</i> )	3	DM
ZEVRX TWIST MIS LANC 30G ( <i>lancets</i> )	3	DM
<b>MISC. DEVICES</b>		
BREAST PUMP MIS HARMONY ( <i>misc. devices</i> )	0	PC
BREAST PUMP MIS MANUAL ( <i>misc. devices</i> )	0	PC
BREAST PUMP MIS NURSER ( <i>misc. devices</i> )	0	PC
TOMMEE TIPPE MIS PUMP ( <i>misc. devices</i> )	0	PC
<b>PARENTERAL THERAPY SUPPLIES</b>		
BD INSULIN PEN NEEDLES - OTC ( <i>insulin pen needle</i> )	2	DM
BD INSULIN SYRINGE - OTC ( <i>insulin syringe/needle u-100</i> )	2	DM
BD INSULIN SYRINGE - OTC ( <i>insulin syringes (disposable)</i> )	2	DM
BD INSULIN SYRINGE - RX ( <i>insulin syringe/needle u-100</i> )	2	DM
BD INSULIN SYRINGE - RX ( <i>insulin syringe/needle u-500</i> )	2	DM
<b>RESPIRATORY THERAPY SUPPLIES</b>		
ADULT MASK MIS	3	
NEBULIZER MIS CUP/TUBI	3	
SPACER CHAMBER - OTC ( <i>spacer/aerosol-holding chamber supplies - masks</i> )	3	
SPACER CHAMBER - OTC ( <i>spacer/aerosol-holding chambers</i> )	3	
SPACER CHAMBER - RX ( <i>spacer/aerosol-holding chamber supplies - bags</i> )	3	
SPACER CHAMBER - RX ( <i>spacer/aerosol-holding chamber supplies - masks</i> )	3	
SPACER CHAMBER - RX ( <i>spacer/aerosol-holding chambers</i> )	3	
<b>MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AJOVY INJ 225/1.5 ( <i>fremanezumab-vfrm</i> )	2	ST, PA, QL (3 pens every 75 days); PA**
AJOVY INJ 225/1.5 ( <i>fremanezumab-vfrm</i> )	2	ST, PA, QL (3 syringes every 75 days); PA**

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
EMGALITY INJ 100MG/ML ( <i>galcanezumab-gnlm</i> )	2	ST, PA, QL (9 syringes every 75 days); PA**
EMGALITY INJ 120MG/ML ( <i>galcanezumab-gnlm</i> )	2	ST, PA, QL (4 pens every 75 days); PA**
EMGALITY INJ 120MG/ML ( <i>galcanezumab-gnlm</i> )	2	ST, PA, QL (4 syringes every 75 days); PA**
NURTEC TAB 75MG ODT ( <i>rimegepant sulfate</i> )	2	
QULIPTA TAB 10MG ( <i>atogepant</i> )	2	
QULIPTA TAB 30MG ( <i>atogepant</i> )	2	
QULIPTA TAB 60MG ( <i>atogepant</i> )	2	
UBRELVY TAB 50MG ( <i>ubrogepant</i> )	2	
UBRELVY TAB 100MG ( <i>ubrogepant</i> )	2	

### **MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES**

*dihydroergotamine mesylate inj 1 mg/ml*

1

### **SEROTONIN AGONISTS**

*almotriptan malate tab 6.25 mg*

1

QL (12 tabs every 25 days)

*almotriptan malate tab 12.5 mg*

1

QL (12 tabs every 25 days)

*eletriptan hydrobromide tab 20 mg (base equivalent)*

1

QL (12 tabs every 25 days)

*eletriptan hydrobromide tab 40 mg (base equivalent)*

1

QL (12 tabs every 25 days)

*frovatriptan succinate tab 2.5 mg (base equivalent)*

1

QL (18 tabs every 25 days)

*naratriptan hcl tab 1 mg (base equiv)*

1

QL (12 tabs every 25 days)

*naratriptan hcl tab 2.5 mg (base equiv)*

1

QL (12 tabs every 25 days)

ONZETRA XSAI MIS 11MG (*sumatriptan succinate*)

2

QL (16 nosepieces every 25 days)

*rizatriptan benzoate oral disintegrating tab 5 mg (base eq)*

1

QL (18 tabs every 25 days)

*rizatriptan benzoate oral disintegrating tab 10 mg (base eq)*

1

QL (18 tabs every 25 days)

*rizatriptan benzoate tab 5 mg (base equivalent)*

1

QL (18 tabs every 25 days)

*rizatriptan benzoate tab 10 mg (base equivalent)*

1

QL (18 tabs every 25 days)

*sumatriptan nasal spray 5 mg/act*

1

QL (24 inhalers every 25 days)

*sumatriptan nasal spray 20 mg/act*

1

QL (12 inhalers every 25 days)

*sumatriptan succinate inj 6 mg/0.5ml*

1

QL (12 injections every 25 days)

*sumatriptan succinate solution auto-injector 4 mg/0.5ml*

1

QL (18 injections every 25 days)

*sumatriptan succinate solution auto-injector 6 mg/0.5ml*

1

QL (12 injections every 25 days)



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>sumatriptan succinate solution cartridge 4 mg/0.5ml</b>	1	QL (18 injections every 25 days)
<b>sumatriptan succinate solution cartridge 6 mg/0.5ml</b>	1	QL (12 injections every 25 days)
<b>sumatriptan succinate tab 25 mg</b>	1	QL (12 tabs every 25 days)
<b>sumatriptan succinate tab 50 mg</b>	1	QL (12 tabs every 25 days)
<b>sumatriptan succinate tab 100 mg</b>	1	QL (12 tabs every 25 days)
<b>ZEMBRACE SYM INJ 3/0.5ML (sumatriptan succinate)</b>	2	QL (24 injections every 25 days)
<b>zolmitriptan nasal spray 5 mg/spray unit</b>	1	QL (12 bottles every 30 days)
<b>zolmitriptan orally disintegrating tab 2.5 mg</b>	1	QL (12 tabs every 25 days)
<b>zolmitriptan orally disintegrating tab 5 mg</b>	1	QL (12 tabs every 25 days)
<b>zolmitriptan tab 2.5 mg</b>	1	QL (12 tabs every 25 days)
<b>zolmitriptan tab 5 mg</b>	1	QL (12 tabs every 25 days)

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

### **FLUORIDE**

<b>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</b>	0	AGE; PC
<b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</b>	0	AGE; PC
<b>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</b>	1	
<b>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</b>	0	AGE; PC
<b>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</b>	0	AGE; PC
<b>sodium fluoride tab 1 mg f (from 2.2 mg naf)</b>	1	

### **IODINE PRODUCTS**

<b>iodine solution strong 5% (lugol's)</b>	1	
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### **PHOSPHATE**

<b>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</b>	1	
(Pot Phos Monobasic W/sod Phos Di & Monobas Tab 155-852-130mg) PHOSPHA 250 NEUTRAL	1	
(Pot Phos Monobasic W/sod Phos Di & Monobas Tab 155-852-130mg) PHOSPHO-TRIN 250 NEUTRAL	1	
(Pot Phos Monobasic W/sod Phos Di & Monobas Tab 155-852-130mg) WES-PHOS 250 NEUTRAL	1	
(Potassium Phosphate Monobasic Tab 500 mg) PHOSPHO-TRIN K500	1	

### **POTASSIUM**

(Potassium Bicarbonate Effer Tab 25 meq) EFFER-K	1	
(Potassium Bicarbonate Effer Tab 25 meq) K-PRIME	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
(Potassium Bicarbonate Effer Tab 25 meq) KLOOR-CON/EF	1	
<b>potassium chloride cap er 8 meq</b>	1	
<b>potassium chloride cap er 10 meq</b>	1	
<b>potassium chloride microencapsulated crys er tab 10 meq</b>	1	
(Potassium Chloride Microencapsulated Crys Er Tab 10 meq) KLOOR-CON M10	1	
<b>potassium chloride microencapsulated crys er tab 15 meq</b>	1	
(Potassium Chloride Microencapsulated Crys Er Tab 15 meq) KLOOR-CON M15	1	
<b>potassium chloride microencapsulated crys er tab 20 meq</b>	1	
(Potassium Chloride Microencapsulated Crys Er Tab 20 meq) KLOOR-CON M20	1	
<b>potassium chloride oral soln 10% (20 meq/15ml)</b>	1	
<b>potassium chloride oral soln 20% (40 meq/15ml)</b>	1	
<b>potassium chloride powder packet 20 meq</b>	1	
(Potassium Chloride Powder Packet 20 meq) KLOOR-CON	1	
<b>potassium chloride tab er 8 meq (600 mg)</b>	1	
(Potassium Chloride Tab Er 8 meq (600 mg)) KLOOR-CON 8	1	
<b>potassium chloride tab er 10 meq</b>	1	
(Potassium Chloride Tab Er 10 meq) KLOOR-CON 10	1	
<b>potassium chloride tab er 20 meq (1500 mg)</b>	1	

#### **MISCELLANEOUS THERAPEUTIC CLASSES**

##### **CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING**

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

##### **IMMUNOMODULATORS - DRUGS TO TREAT CANCER**

<b>lenalidomide cap 5 mg</b>	4	SP, PA, QL (1 cap every 1 day)
<b>lenalidomide cap 10 mg</b>	4	SP, PA, QL (1 cap every 1 day)
<b>lenalidomide cap 15 mg</b>	4	SP, PA, QL (1 cap every 1 day)
<b>lenalidomide cap 20 mg</b>	4	SP, PA, QL (21 caps every 28 days)
<b>lenalidomide cap 25 mg</b>	4	SP, PA, QL (21 caps every 28 days)
<b>lenalidomide caps 2.5 mg</b>	4	SP, PA, QL (1 cap every 1 day)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
REVLIMID CAP 2.5MG ( <i>lenalidomide</i> )	4	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 5MG ( <i>lenalidomide</i> )	4	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 10MG ( <i>lenalidomide</i> )	4	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 15MG ( <i>lenalidomide</i> )	4	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 20MG ( <i>lenalidomide</i> )	4	SP, PA, QL (21 caps every 28 days)
REVLIMID CAP 25MG ( <i>lenalidomide</i> )	4	SP, PA, QL (21 caps every 28 days)
THALOMID CAP 50MG ( <i>thalidomide</i> )	4	SP, PA, QL (1 cap every 1 day)
THALOMID CAP 100MG ( <i>thalidomide</i> )	4	SP, PA, QL (1 cap every 1 day)

**IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT**

<i>azathioprine tab 50 mg</i>	1	
<i>azathioprine tab 75 mg</i>	1	
(Azathioprine Tab 75 mg) AZASAN	1	
<i>azathioprine tab 100 mg</i>	1	
(Azathioprine Tab 100 mg) AZASAN	1	
<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
ENSPRYNG INJ ( <i>satralizumab-mwge</i> )	4	SP, PA, QL (1 syringe every 28 days)
<i>everolimus tab 0.5 mg</i>	1	SP
<i>everolimus tab 0.25 mg</i>	1	SP
<i>everolimus tab 0.75 mg</i>	1	SP
<i>everolimus tab 1 mg</i>	1	SP
<i>mycophenolate mofetil cap 250 mg</i>	1	SP
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	SP
<i>mycophenolate mofetil tab 500 mg</i>	1	SP
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	SP
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	SP
<i>sirolimus oral soln 1 mg/ml</i>	1	SP
<i>sirolimus tab 0.5 mg</i>	1	SP

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 - DRUGS TO LOWER POTASSIUM</b>		
(Sodium Polystyrene Sulfonate Oral Susp 15 gm/60ml) SPS	1	
<i>sodium polystyrene sulfonate powder</i>	1	
VELTASSA POW 8.4GM ( <i>patiromer sorbitex calcium</i> )	2	
VELTASSA POW 16.8GM ( <i>patiromer sorbitex calcium</i> )	2	
VELTASSA POW 25.2GM ( <i>patiromer sorbitex calcium</i> )	2	
<b>PROGERIA TREATMENT AGENTS - DRUGS TO TREAT PROGERIA</b>		
ZOKINVY CAP 50MG ( <i>lonafarnib</i> )	4	SP, PA, QL (4 caps every 1 day)
ZOKINVY CAP 75MG ( <i>lonafarnib</i> )	4	SP, PA, QL (4 caps every 1 day)
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - DRUGS TO TREAT LUPUS</b>		
BENLYSTA INJ 200MG/ML ( <i>belimumab</i> )	4	SP, PA, QL (4 injections every 28 days)
BENLYSTA INJ 200MG/ML ( <i>belimumab</i> )	4	SP, PA, QL (4 syringes every 28 days)
<b>MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<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>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
(Chlorhexidine Gluconate Soln 0.12%) PERIOGARD	1	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
(Triamcinolone Acetonide Dental Paste 0.1%) KOURZEQ	1	
(Triamcinolone Acetonide Dental Paste 0.1%) ORALONE DENTAL PASTE	1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl cap 30 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
<b>MULTIVITAMINS - DRUGS FOR NUTRITION</b>		
<b>B-COMPLEX W/ FOLIC ACID</b>		
(B-Complex W/ C & Folic Acid Tab 5 mg) FOLBEE PLUS	1	
(B-Complex W/ C-Biotin-Minerals & Folic Acid Tab 5 mg) FOLBEE PLUS CZ	1	
<b>PED MV W/ FLUORIDE</b>		
<i>pediatric vitamins acid w/ fluoride soln 0.5 mg/ml</i>	1	
(Pediatric Vitamins Acid W/ Fluoride Soln 0.5 mg/ml) TRI-VITE/FLUORIDE	1	
<b>PRENATAL VITAMINS</b>		
(Prenat W/o A W/fefum-Methfol-Fa-Dha Cap 27-0.6-0.4-300 mg) PNV-DHA	0	PC
(Prenatal Vit W/ Dss-Iron Carbonyl-Fa Tab 90-1 mg) INATAL GT	0	PC
(Prenatal Vit W/ Fe Fum-Methylfolate-Fa Tab 27-0.6-0.4 mg) PNV-SELECT	0	PC
(Prenatal Vit W/ Fe Fumarate-Fa Chew Tab 29-1 mg) PRENATAL 19	0	PC
(Prenatal Vit W/ Fe Fumarate-Fa Tab 28-1 mg) TRINATE	0	PC
(Prenatal Vit W/ Iron Carbonyl-Fa Tab 50-1.25 mg) ELITE-OB	0	PC
<b>MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen oral soln 5 mg/5ml</i>	1	
<i>baclofen oral soln 10 mg/5ml</i>	1	
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
LYVISPAH GRA 5MG ( <i>baclofen</i> )	2	
LYVISPAH GRA 10MG ( <i>baclofen</i> )	2	
LYVISPAH GRA 20MG ( <i>baclofen</i> )	2	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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>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 every 25 days)
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 bottles every 25 days)
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1.016 bottles every 25 days)
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
<b>NASAL STEROIDS</b>		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 bottles every 25 days)
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
<i>epinephrine hcl nasal soln 0.1%</i>	1	
<b>NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES</b>		
<b>ALS AGENTS</b>		
<i>RADICAVA ORS SUS 105/5ML (edaravone)</i>	4	SP, PA, QL (2.5 mL every 1 day)
<i>RADICAVA ORS SUS STARTER (edaravone)</i>	4	SP, PA, QL (2.5 mL every 1 day)
<i>riluzole tab 50 mg</i>	1	
<b>OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS</b>		
<b>BETA-BLOCKERS - OPTHALMIC</b>		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
<i>BETOPTIC-S SUS 0.25% OP (betaxolol hcl (ophth))</i>	2	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i></b>	1	
<b><i>carteolol hcl ophth soln 1%</i></b>	1	
<b><i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i></b>	1	
<b><i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i></b>	1	
<b><i>levobunolol hcl ophth soln 0.5%</i></b>	1	
<b><i>timolol maleate ophth gel forming soln 0.5%</i></b>	1	
<b><i>timolol maleate ophth gel forming soln 0.25%</i></b>	1	
<b><i>timolol maleate ophth soln 0.5%</i></b>	1	
<b><i>timolol maleate ophth soln 0.5% (once-daily)</i></b>	1	
<b><i>timolol maleate ophth soln 0.25%</i></b>	1	
<b><i>timolol maleate preservative free ophth soln 0.5%</i></b>	1	
<b><i>timolol maleate preservative free ophth soln 0.25%</i></b>	1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
<b><i>atropine sulfate ophth soln 1%</i></b>	1	
<b><i>cyclopentolate hcl ophth soln 1%</i></b>	1	
<b><i>phenylephrine hcl ophth soln 2.5%</i></b>	1	
(Phenylephrine Hcl Ophth Soln 2.5%) ALTAFRIN	1	
<b><i>phenylephrine hcl ophth soln 10%</i></b>	1	
(Phenylephrine Hcl Ophth Soln 10%) ALTAFRIN	1	
<b>MIOTICS</b>		
<b><i>pilocarpine hcl ophth soln 1%</i></b>	1	
<b><i>pilocarpine hcl ophth soln 2%</i></b>	1	
<b><i>pilocarpine hcl ophth soln 4%</i></b>	1	
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
<b><i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i></b>	1	
<b><i>brimonidine tartrate ophth soln 0.1%</i></b>	1	
<b><i>brimonidine tartrate ophth soln 0.2%</i></b>	1	
<b><i>brimonidine tartrate ophth soln 0.15%</i></b>	1	
SIMBRINZA SUS 1-0.2% ( <b><i>brinzolamide-brimonidine tartrate</i></b> )	2	
<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) POLYCIN	1	
BESIVANCE SUS 0.6% ( <b><i>besifloxacin hcl</i></b> )	2	
<b><i>ciprofloxacin hcl ophth soln 0.3% (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	
<b><i>gentamicin sulfate ophth soln 0.3%</i></b>	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>levofloxacin ophth soln 1.5%</b>	1	
<b>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</b>	1	
<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	
TOBEX OIN 0.3% OP ( <b>tobramycin (ophth)</b> )	3	
<b>trifluridine ophth soln 1%</b>	1	
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
RESTASIS EMU 0.05% OP ( <b>cyclosporine (ophth)</b> )	1	
RESTASIS MUL EMU 0.05% OP ( <b>cyclosporine (ophth)</b> )	2	
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA DRO 5% ( <b>lifitegrast</b> )	2	
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<b>proparacaine hcl ophth soln 0.5%</b>	1	
<b>tetracaine hcl ophth soln 0.5%</b>	1	
(Tetracaine Hcl Ophth Soln 0.5%) ALTACAIN	1	
<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	
<b>difluprednate ophth emulsion 0.05%</b>	1	
<b>fluorometholone ophth susp 0.1%</b>	1	
<b>loteprednol etabonate ophth gel 0.5%</b>	1	
<b>loteprednol etabonate ophth susp 0.2%</b>	1	
<b>loteprednol etabonate ophth susp 0.5%</b>	1	
<b>neomycin-polymyxin-dexamethasone ophth oint 0.1%</b>	1	



PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1% ( <i>tobramycin-dexamethasone</i> )	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
<b>OPHTHALMICS - MISC.</b>		
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP ( <i>nepafenac</i> )	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
<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	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>OTIC COMBINATIONS</b>		
<i>cefprozil</i> (Cefprozil) Otic Suspension 0.3-0.1%	1	
<i>neomycin-polymyxin-bc</i> (Neomycin Polymyxin B Combination) Otic Solution 1%	1	
<i>neomycin-polymyxin-bc</i> (Neomycin Polymyxin B Combination) Otic Suspension 3.5 mg/ml-10000 unit/ml-1%	1	
<b>OTIC STEROIDS</b>		
<i>fluocinolone acetonide</i> (Otic) Oil 0.01%	1	
(Fluocinolone Acetonide (Otic) Oil 0.01%) FLAC	1	
<i>hydrocortisone w/ acetic acid</i> (Otic) Solution 1-2%	1	
<b>OXYTOCICS - DRUGS FOR PREGNANCY</b>		
<b>OXYTOCICS - DRUGS FOR PREGNANCY</b>		
<i>methylergonovine maleate</i> (Methylergonovine Maleate) Tablet 0.2 mg	1	
(Methylergonovine Maleate Tablet 0.2 mg) METHERGINE	1	
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin (trihydrate)</i> (Amoxicillin Trihydrate) Capsule 250 mg	1	
<i>amoxicillin (trihydrate)</i> (Amoxicillin Trihydrate) Capsule 500 mg	1	
<i>amoxicillin (trihydrate)</i> (Amoxicillin Trihydrate) Chewable Tablet 125 mg	1	
<i>amoxicillin (trihydrate)</i> (Amoxicillin Trihydrate) Chewable Tablet 250 mg	1	
<i>amoxicillin (trihydrate)</i> (Amoxicillin Trihydrate) For Suspension 125 mg/5ml	1	
<i>amoxicillin (trihydrate)</i> (Amoxicillin Trihydrate) For Suspension 200 mg/5ml	1	
<i>amoxicillin (trihydrate)</i> (Amoxicillin Trihydrate) For Suspension 250 mg/5ml	1	
<i>amoxicillin (trihydrate)</i> (Amoxicillin Trihydrate) For Suspension 400 mg/5ml	1	
<i>amoxicillin (trihydrate)</i> (Amoxicillin Trihydrate) Tablet 500 mg	1	
<i>amoxicillin (trihydrate)</i> (Amoxicillin Trihydrate) Tablet 875 mg	1	
<i>ampicillin</i> (Ampicillin) Capsule 500 mg	1	
<b>NATURAL PENICILLINS</b>		
<i>penicillin v potassium</i> (Penicillin V Potassium) For Solution 125 mg/5ml	1	
<i>penicillin v potassium</i> (Penicillin V Potassium) For Solution 250 mg/5ml	1	
<i>penicillin v potassium</i> (Penicillin V Potassium) Tablet 250 mg	1	
<i>penicillin v potassium</i> (Penicillin V Potassium) Tablet 500 mg	1	
<b>PENICILLIN COMBINATIONS</b>		
<i>amoxicillin &amp; k clavulanate</i> (Amoxicillin Potassium Clavulanate) Chewable Tablet 200-28.5 mg	1	
<i>amoxicillin &amp; k clavulanate</i> (Amoxicillin Potassium Clavulanate) Chewable Tablet 400-57 mg	1	
<i>amoxicillin &amp; k clavulanate</i> (Amoxicillin Potassium Clavulanate) For Suspension 200-28.5 mg/5ml	1	
<i>amoxicillin &amp; k clavulanate</i> (Amoxicillin Potassium Clavulanate) For Suspension 250-62.5 mg/5ml	1	
<i>amoxicillin &amp; k clavulanate</i> (Amoxicillin Potassium Clavulanate) For Suspension 400-57 mg/5ml	1	

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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	
<b>AUGMENTIN SUS 125/5ML (amoxicillin &amp; pot clavulanate)</b>	3	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
<b>PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING</b>		
<b>LIQUID VEHICLES</b>		
<i>bacteriostatic sodium chloride inj soln 0.9%</i>	1	
<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	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
<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	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
<b>ANTI-CATAPLECTIC AGENTS</b>		
<b>LUMRYZ PAK 6GM (sodium oxybate)</b>	4	SP, PA, QL (1 packet every 1 day)
<b>LUMRYZ PAK 7.5GM (sodium oxybate)</b>	4	SP, PA, QL (1 packet every 1 day)
<b>LUMRYZ PAK 9GM (sodium oxybate)</b>	4	SP, PA, QL (1 packet every 1 day)
<b>LUMRYZ PKG 4.5GM (sodium oxybate)</b>	4	SP, PA, QL (1 packet every 1 day)
<b>XYWAV SOL 0.5GM/ML (calcium, magnesium, potassium, &amp; sodium oxybates)</b>	2	PA, QL (18 mL every 1 day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>ANTIDEMENTIA AGENTS - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS</b>		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<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	
<i>NAMZARIC CAP 14-10MG (memantine hcl-donepezil hcl)</i>	2	
<i>NAMZARIC CAP 21-10MG (memantine hcl-donepezil hcl)</i>	2	
<i>NAMZARIC CAP 28-10MG (memantine hcl-donepezil hcl)</i>	2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO TAB 6MG ( <i>deutetrabenazine</i> )	4	SP, PA, QL (2 tabs every 1 day)
AUSTEDO TAB 9MG ( <i>deutetrabenazine</i> )	4	SP, PA, QL (4 tabs every 1 day)
AUSTEDO TAB 12MG ( <i>deutetrabenazine</i> )	4	SP, PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 6MG ( <i>deutetrabenazine</i> )	4	SP, PA, QL (3 tabs every 1 day)
AUSTEDO XR TAB 12MG ( <i>deutetrabenazine</i> )	4	SP, PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 24MG ( <i>deutetrabenazine</i> )	4	SP, PA, QL (2 tabs every 1 day)
AUSTEDO XR TAB TITR KIT ( <i>deutetrabenazine</i> )	4	SP, PA, QL (1.5 ea every 1 day)
INGREZZA CAP 40-80MG ( <i>valbenazine tosylate</i> )	4	SP, PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG ( <i>valbenazine tosylate</i> )	4	SP, PA, QL (1 cap every 1 day)
INGREZZA CAP 60MG ( <i>valbenazine tosylate</i> )	4	SP, PA, QL (1 cap every 1 day)
INGREZZA CAP 80MG ( <i>valbenazine tosylate</i> )	4	SP, PA, QL (1 cap every 1 day)
<i>tetrabenazine tab 12.5 mg</i>	4	SP, PA, QL (4 tabs every 1 day)
<i>tetrabenazine tab 25 mg</i>	4	SP, PA, QL (2 tabs every 1 day)
<b>MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS</b>		
AMPYRA TAB 10MG ( <i>dalfampridine</i> )	4	SP, PA, QL (2 tabs every 1 day)
AVONEX PEN KIT 30MCG ( <i>interferon beta-1a</i> )	4	SP, PA, QL (4 syringes every 28 days)
AVONEX PREFL KIT 30MCG ( <i>interferon beta-1a</i> )	4	SP, PA, QL (4 syringes every 28 days)
BETASERON INJ 0.3MG ( <i>interferon beta-1b</i> )	4	SP, PA, QL (14 Kits every 28 days)
COPAXONE INJ 40MG/ML ( <i>glatiramer acetate</i> )	4	SP, PA, QL (12 syringes every 28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	4	SP, PA, QL (2 tabs every 1 day)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	SP, PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	SP, PA, QL (2 caps every 1 day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i></b>	1	SP, PA, QL (1 kit every 30 days)
<b><i> fingolimod hcl cap 0.5 mg (base equiv)</i></b>	4	SP, PA, QL (1 cap every 1 day)
<b><i>glatiramer acetate soln prefilled syringe 20 mg/ml</i></b>	4	SP, PA, QL (1 injection every 1 day)
(Glatiramer Acetate Soln Prefilled Syringe 20 mg/ml) GLATOPA	4	SP, PA, QL (1 injection every 1 day)
<b><i>glatiramer acetate soln prefilled syringe 40 mg/ml</i></b>	4	SP, PA, QL (12 syringes every 28 days)
(Glatiramer Acetate Soln Prefilled Syringe 40 mg/ml) GLATOPA	4	SP, PA, QL (12 syringes every 28 days)
<b><i>KESIMPTA INJ 20/.4ML (ofatumumab (ms))</i></b>	4	SP, PA, QL (1 pens every 28 days)
<b><i>MAVENCLAD PAK 10MG(4) (cladribine (multiple sclerosis))</i></b>	4	SP, PA, QL (20 tabs every 270 days)
<b><i>MAVENCLAD PAK 10MG(5) (cladribine (multiple sclerosis))</i></b>	4	SP, PA, QL (20 tabs every 270 days)
<b><i>MAVENCLAD PAK 10MG(6) (cladribine (multiple sclerosis))</i></b>	4	SP, PA, QL (20 tabs every 270 days)
<b><i>MAVENCLAD PAK 10MG(7) (cladribine (multiple sclerosis))</i></b>	4	SP, PA, QL (20 tabs every 270 days)
<b><i>MAVENCLAD PAK 10MG(8) (cladribine (multiple sclerosis))</i></b>	4	SP, PA, QL (20 tabs every 270 days)
<b><i>MAVENCLAD PAK 10MG(9) (cladribine (multiple sclerosis))</i></b>	4	SP, PA, QL (20 tabs every 270 days)
<b><i>MAVENCLAD PAK 10MG(10) (cladribine (multiple sclerosis))</i></b>	4	SP, PA, QL (20 tabs every 270 days)
<b><i>MAYZENT PAK STARTER (siponimod fumarate)</i></b>	4	SP, PA, QL (12 tabs every 5 days)
<b><i>MAYZENT PAK STARTER (siponimod fumarate)</i></b>	4	SP, PA, QL (7 tabs every 4 days)
<b><i>MAYZENT TAB 0.25MG (siponimod fumarate)</i></b>	4	SP, PA, QL (12 tabs every 5 days)
<b><i>MAYZENT TAB 1MG (siponimod fumarate)</i></b>	4	SP, PA, QL (1 tab every 1 day)
<b><i>MAYZENT TAB 2MG (siponimod fumarate)</i></b>	4	SP, PA, QL (1 tab every 1 day)
<b><i>PLEGRIDY INJ (peginterferon beta-1a)</i></b>	4	SP, PA, QL (1 injection every 28 days)
<b><i>PLEGRIDY INJ (peginterferon beta-1a)</i></b>	4	SP, PA, QL (1 syringe every 28 days)
<b><i>PLEGRIDY INJ PEN (peginterferon beta-1a)</i></b>	4	SP, PA, QL (2 pens every 28 days)

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
PLEGRIDY INJ STARTER ( <i>peginterferon beta-1a</i> )	4	SP, PA, QL (2 syringes every 28 days)
PLEGRIDY PEN INJ STARTER ( <i>peginterferon beta-1a</i> )	4	SP, PA, QL (2 pens every 28 days)
PONVORY TAB 20MG ( <i>ponesimod</i> )	4	SP, PA, QL (1 tab every 1 day)
PONVORY TAB STARTER ( <i>ponesimod</i> )	4	SP, PA, QL (1 tab every 1 day for 14 days)
REBIF INJ 22/0.5 ( <i>interferon beta-1a</i> )	4	SP, PA, QL (12 injections every 28 days)
REBIF INJ 44/0.5 ( <i>interferon beta-1a</i> )	4	SP, PA, QL (12 injections every 28 days)
REBIF REBIDO INJ 22/0.5 ( <i>interferon beta-1a</i> )	4	SP, PA, QL (12 injections every 28 days)
REBIF REBIDO INJ 44/0.5 ( <i>interferon beta-1a</i> )	4	SP, PA, QL (12 injections every 28 days)
REBIF REBIDO INJ TITRATN ( <i>interferon beta-1a</i> )	4	SP, PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK ( <i>interferon beta-1a</i> )	4	SP, PA, QL (12 syringes every 28 days)
<i>teriflunomide tab 7 mg</i>	4	SP, PA, QL (1 tab every 1 day)
<i>teriflunomide tab 14 mg</i>	4	SP, PA, QL (1 tab every 1 day)
VUMERITY CAP 231MG ( <i>diroximel fumarate</i> )	4	SP, PA, QL (4 caps every 1 day)
ZEPOSIA 7DAY CAP STR PACK ( <i>ozanimod hcl</i> )	4	SP, PA, QL (1 cap every 1 day); Preferred for Ulcerative Colitis
ZEPOSIA CAP .92MG ( <i>ozanimod hcl</i> )	4	SP, PA, QL (1 cap every 1 day); Preferred for Ulcerative Colitis
ZEPOSIA CAP STR KIT ( <i>ozanimod hcl</i> )	4	SP, PA, QL (1 cap every 1 day); Preferred for Ulcerative Colitis

### **POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS**

<i>gabapentin (once-daily) tab 300 mg</i>	1	
<i>gabapentin (once-daily) tab 600 mg</i>	1	
GRALISE TAB 450MG ( <i>gabapentin (once-daily)</i> )	2	
GRALISE TAB 750MG ( <i>gabapentin (once-daily)</i> )	2	
GRALISE TAB 900MG ( <i>gabapentin (once-daily)</i> )	2	
<i>pregabalin tab er 24hr 82.5 mg</i>	1	
<i>pregabalin tab er 24hr 165 mg</i>	1	
<i>pregabalin tab er 24hr 330 mg</i>	1	

### **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS**

<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pimozide tab 2 mg</i>	1	
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	PC
NICORETTE LOZ 2MG MINT ( <i>nicotine polacrilex</i> )	0	PC
<i>nicotine polacrilex gum 2 mg</i>	0	PC
<i>nicotine polacrilex gum 4 mg</i>	0	PC
<i>nicotine polacrilex lozenge 2 mg</i>	0	PC
<i>nicotine polacrilex lozenge 4 mg</i>	0	PC
(Nicotine Polacrilex Lozenge 4 mg) CVS NICOTINE POLACRILEX	0	PC
(Nicotine Polacrilex Lozenge 4 mg) GOODSENSE NICOTINE POLACR	0	PC
(Nicotine Polacrilex Lozenge 4 mg) NICOTINE MINI LOZENGE	0	PC
NICOTINE SYS KIT TRANSDER	0	PC
NICOTROL INH ( <i>nicotine</i> )	0	PC
NICOTROL NS SPR 10MG/ML ( <i>nicotine</i> )	0	PC
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	0	PC
<i>varenicline tartrate tab 1 mg (base equiv)</i>	0	PC
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	0	PC
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
TEGSEDI INJ 284/1.5 ( <i>inotersen sodium</i> )	2	PA, QL (4 PFS every 28 days)
<b>RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
PULMOZYME SOL 1MG/ML ( <i>dornase alfa</i> )	4	SP, PA, QL (5 mL every 1 day)
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV CAP 100MG ( <i>nintedanib esylate</i> )	4	SP, PA, QL (2 caps every 1 day)
OFEV CAP 150MG ( <i>nintedanib esylate</i> )	4	SP, PA, QL (2 caps every 1 day)
<i>pirfenidone cap 267 mg</i>	4	PA, QL (9 caps every 1 day); SP
<i>pirfenidone tab 267 mg</i>	4	SP, PA, QL (9 tabs every 1 day)
<i>pirfenidone tab 801 mg</i>	4	SP, PA, QL (3 tabs every 1 day)
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	



PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>doxycycline hyclate tab 100 mg</b>	1	
<b>doxycycline monohydrate cap 50 mg</b>	1	
<b>doxycycline monohydrate cap 100 mg</b>	1	
(Doxycycline Monohydrate Cap 100 mg) MONDOXYNE NL	1	
<b>doxycycline monohydrate for susp 25 mg/5ml</b>	1	
<b>doxycycline monohydrate tab 50 mg</b>	1	
<b>doxycycline monohydrate tab 75 mg</b>	1	
<b>doxycycline monohydrate tab 100 mg</b>	1	
(Doxycycline Monohydrate Tab 100 mg) AVIDOXY	1	
<b>doxycycline monohydrate tab 150 mg</b>	1	
<b>minocycline hcl cap 50 mg</b>	1	
<b>minocycline hcl cap 75 mg</b>	1	
<b>minocycline hcl cap 100 mg</b>	1	
<b>minocycline hcl tab 50 mg</b>	1	
<b>minocycline hcl tab 75 mg</b>	1	
<b>minocycline hcl tab 100 mg</b>	1	
<b>tetracycline hcl cap 250 mg</b>	1	
<b>tetracycline hcl cap 500 mg</b>	1	

#### THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

##### ANTITHYROID AGENTS

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

##### THYROID HORMONES

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Levothyroxine Sodium Tab 88 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 88 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 88 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 88 mcg) UNITHROID	1	
<b>levothyroxine sodium tab 100 mcg</b>	1	
(Levothyroxine Sodium Tab 100 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 100 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 100 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 100 mcg) UNITHROID	1	
<b>levothyroxine sodium tab 112 mcg</b>	1	
(Levothyroxine Sodium Tab 112 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 112 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 112 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 112 mcg) UNITHROID	1	
<b>levothyroxine sodium tab 125 mcg</b>	1	
(Levothyroxine Sodium Tab 125 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 125 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 125 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 125 mcg) UNITHROID	1	
<b>levothyroxine sodium tab 137 mcg</b>	1	
(Levothyroxine Sodium Tab 137 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 137 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 137 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 137 mcg) UNITHROID	1	
<b>levothyroxine sodium tab 150 mcg</b>	1	
(Levothyroxine Sodium Tab 150 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 150 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 150 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 150 mcg) UNITHROID	1	
<b>levothyroxine sodium tab 175 mcg</b>	1	
(Levothyroxine Sodium Tab 175 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 175 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 175 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 175 mcg) UNITHROID	1	
<b>levothyroxine sodium tab 200 mcg</b>	1	
(Levothyroxine Sodium Tab 200 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 200 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 200 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 200 mcg) UNITHROID	1	
<b>levothyroxine sodium tab 300 mcg</b>	1	
(Levothyroxine Sodium Tab 300 mcg) LEVO-T	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Levothyroxine Sodium Tab 300 mcg) UNITHROID	1	
<b>liothyronine sodium tab 5 mcg</b>	1	
<b>liothyronine sodium tab 25 mcg</b>	1	
<b>liothyronine sodium tab 50 mcg</b>	1	

## TOXOIDS - DRUGS TO PREVENT INFECTIONS

### TOXOID COMBINATIONS

ADACEL INJ ( <b>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</b> )	0	PC
BOOSTRIX INJ ( <b>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</b> )	0	PC
DAPTACEL INJ ( <b>diphtheria, acellular pertussis &amp; tetanus toxoids</b> )	0	AGE; PC
DIP/TET PED INJ 25-5LFU	0	AGE; PC
INFANRIX INJ ( <b>diphtheria, acellular pertussis &amp; tetanus toxoids</b> )	0	AGE; PC
KINRIX INJ ( <b>diph-tetanus tox ad-acell pertussis &amp; polio virus, ipv vac</b> )	0	AGE; PC
PEDIARIX INJ 0.5ML ( <b>diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac</b> )	0	AGE; PC
PENTACEL INJ ( <b>diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac</b> )	0	AGE; PC
QUADRACEL INJ ( <b>diph-tetanus tox ad-acell pertussis &amp; polio virus, ipv vac</b> )	0	AGE; PC
QUADRACEL INJ 0.5ML ( <b>diph-tetanus tox ad-acell pertussis &amp; polio virus, ipv vac</b> )	0	AGE; PC
TDVAX INJ 2-2 LF ( <b>tetanus-diphtheria toxoids (td)</b> )	0	AGE; PC
TENIVAC INJ 5-2LF ( <b>tetanus-diphtheria toxoids (td)</b> )	0	AGE; PC
TET/DIP TOX INJ 2-2 LF	0	AGE; PC
VAXELIS INJ ( <b>diph-tet tox-acell pert ad-polio ipv-hib-hepatitis b recomb</b> )	0	AGE; PC

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

### ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

<b>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</b>	1	
<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 oral soln 1 mg/5ml</b>	1	
<b>glycopyrrolate tab 1 mg</b>	1	
<b>glycopyrrolate tab 2 mg</b>	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>hyoscyamine sulfate elixir 0.125 mg/5ml</b>	1	
<b>hyoscyamine sulfate sl tab 0.125 mg</b>	1	
(Hyoscyamine Sulfate Sl Tab 0.125 mg) OSCIMIN	1	
<b>hyoscyamine sulfate soln 0.125 mg/ml</b>	1	
<b>hyoscyamine sulfate tab 0.125 mg</b>	1	
(Hyoscyamine Sulfate Tab 0.125 mg) OSCIMIN	1	
<b>hyoscyamine sulfate tab disint 0.125 mg</b>	1	
(Hyoscyamine Sulfate Tab Disint 0.125 mg) NULEV	1	
<b>methscopolamine bromide tab 2.5 mg</b>	1	
<b>methscopolamine bromide tab 5 mg</b>	1	
<b>H-2 ANTAGONISTS</b>		
<b>cimetidine tab 300 mg</b>	1	
<b>cimetidine tab 400 mg</b>	1	
<b>cimetidine tab 800 mg</b>	1	
<b>famotidine for susp 40 mg/5ml</b>	1	
<b>famotidine tab 40 mg</b>	1	
<b>nizatidine cap 150 mg</b>	1	
<b>nizatidine cap 300 mg</b>	1	
<b>MISC. ANTI-ULCER</b>		
<b>sucralfate tab 1 gm</b>	1	
<b>PROTON PUMP INHIBITORS</b>		
<b>esomeprazole magnesium cap delayed release 40 mg (base eq)</b>	1	
<b>esomeprazole magnesium for delayed release susp packet 10 mg</b>	1	
<b>esomeprazole magnesium for delayed release susp packet 20 mg</b>	1	
<b>esomeprazole magnesium for delayed release susp packet 40 mg</b>	1	
<b>lansoprazole cap delayed release 30 mg</b>	1	
<b>omeprazole cap delayed release 10 mg</b>	1	
<b>omeprazole cap delayed release 20 mg</b>	1	
<b>omeprazole cap delayed release 40 mg</b>	1	
<b>pantoprazole sodium ec tab 20 mg (base equiv)</b>	1	
<b>pantoprazole sodium ec tab 40 mg (base equiv)</b>	1	
<b>rabeprazole sodium ec tab 20 mg</b>	1	
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<b>misoprostol tab 100 mcg</b>	1	
<b>misoprostol tab 200 mcg</b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ULCER THERAPY COMBINATIONS</b>		
<i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
TALICIA CAP ( <i>amoxicillin-rifabutin-omeprazole</i> )	2	
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
<i>tropium chloride cap er 24hr 60 mg</i>	1	
<i>tropium chloride tab 20 mg</i>	1	
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
GEMTESA TAB 75MG ( <i>vibegron</i> )	2	
<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	
<b>VACCINES - DRUGS TO PREVENT INFECTIONS</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB INJ ( <i>haemophilus b polysac conj vac</i> )	0	AGE; PC

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>BEXSERO INJ (meningococcal vac group b (recombant omv adjuvanted))</b>	0	PC
<b>HIBERIX SOL 10MCG (haemophilus b polysac conj vac)</b>	0	AGE; PC
<b>MENACTRA INJ (meningococcal (a,c,y&amp;w-135) polysacch diphth conj vaccine)</b>	0	PC
<b>MENQUADFI INJ (meningococcal (a,c,y&amp;w-135) polysacch tetanus conj vaccine)</b>	0	PC
<b>MENVEO INJ (meningococcal (a,c,y&amp;w-135) oligosaccharide conjugate vac)</b>	0	PC
<b>PEDVAX HIB INJ (haemophilus b polysac conj vac)</b>	0	AGE; PC
<b>PNEUMOVAX 23 INJ 25/0.5 (pneumococcal vac polyvalent)</b>	0	PC
<b>PREVNAR 13 INJ (pneumococcal 13-valent conjugate vaccine)</b>	0	PC
<b>PREVNAR 20 INJ (pneumococcal 20-valent conjugate vaccine)</b>	0	PC
<b>TRUMENBA INJ (meningococcal group b vaccine (recombinant))</b>	0	PC
<b>VAXNEUVANCE INJ (pneumococcal 15-valent conjugate vaccine)</b>	0	PC
<b>VIRAL VACCINES</b>		
<b>AFLURIA QUAD INJ 2021-22 (influenza virus vaccine split quadrivalent)</b>	0	PC
<b>COMIRNATY INJ 30/0.3ML (covid-19 (sars-cov-2) mrna virus vaccine)</b>	0	AGE; PC
<b>ENGERIX-B INJ 10/0.5ML (hepatitis b vaccine (recomb))</b>	0	PC
<b>ENGERIX-B INJ 20MCG/ML (hepatitis b vaccine (recomb))</b>	0	PC
<b>FLUAD QUADRI INJ 2021-22 (influenza virus vaccine types a &amp; b surf antigen adjuvant quad)</b>	0	PC
<b>FLUARIX QUAD INJ 2021-22 (influenza virus vaccine split quadrivalent)</b>	0	PC
<b>FLUBLOK QUAD INJ 2021-22 (influenza virus vaccine recomb hemagglutinin (ha) quadrivalent)</b>	0	PC
<b>FLUCLVX QUAD INJ 2021-22 (influenza virus vaccine tissue-cultured subunit quadrivalent)</b>	0	PC
<b>FLULAVAL QUA INJ 2021-22 (influenza virus vaccine split quadrivalent)</b>	0	PC
<b>FLUMIST QUAD SUS 2021-22 (influenza virus vaccine live quadrivalent)</b>	0	PC

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
FLUZONE HD INJ 2021-22 ( <i>influenza virus vac split high-dose quad preservative free</i> )	0	PC
FLUZONE QUAD INJ 2021-22 ( <i>influenza virus vaccine split quadrivalent</i> )	0	PC
GARDASIL 9 INJ ( <i>human papillomavirus (hvp) 9-valent recombinant vaccine</i> )	0	PC
HAVRIX INJ 720UNIT ( <i>hepatitis a vaccine</i> )	0	PC
HAVRIX INJ 1440UNIT ( <i>hepatitis a vaccine</i> )	0	PC
HEPLISAV-B INJ 20/0.5ML ( <i>hepatitis b vaccine recombinant adjuvanted</i> )	0	PC
IPOLE INJ INACTIVE ( <i>poliovirus vaccine, ipv</i> )	0	AGE; PC
JANSSEN VACC INJ COVID-19 ( <i>covid-19 (sars-cov-2) adenovirus vaccine</i> )	0	AGE; PC
M-M-R II INJ ( <i>measles, mumps &amp; rubella virus vaccines</i> )	0	PC
MODERNA BIV INJ 6M-5Y ( <i>covid-19 mrna bivalent virus vaccine (moderna)</i> )	0	AGE; PC
MODERNA INJ BIVALENT ( <i>covid-19 mrna bivalent virus vaccine (moderna)</i> )	0	AGE; PC
MODERNA VAC INJ 50/0.5ML ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	0	AGE; PC
MODERNA VAC INJ COVID-19 ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	0	PC
MODERNA VACC INJ 6-11Y ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	0	AGE; PC
MODERNA VACC INJ 6M-5Y ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	0	AGE; PC
NOVAVAX VAC INJ COVID-19 ( <i>covid-19 (sars-cov-2) subunit (spike) protein virus vaccine</i> )	0	AGE; PC
PFIZER BIVAL INJ 5-11Y ( <i>covid-19 mrna bivalent virus vaccine (pfizer)</i> )	0	AGE; PC
PFIZER BIVAL INJ 6M-4Y ( <i>covid-19 mrna bivalent virus vaccine (pfizer)</i> )	0	AGE; PC
PFIZER BIVAL INJ BA4/BA5 ( <i>covid-19 mrna bivalent virus vaccine (pfizer)</i> )	0	AGE; PC
PFIZER VACC INJ 5-11Y ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	0	AGE; PC
PFIZER VACC INJ 6M-4Y ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	0	AGE; PC
PFIZER VACC INJ ADLT RTU ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	0	AGE; PC

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
PFIZER VACC INJ COVID-19 ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	0	AGE; PC
PREHEVBRIO SUS 10MCG/ML ( <i>hepatitis b vaccine 3-antigen recombinant</i> )	0	PC
PROQUAD INJ ( <i>measles-mumps-rubella-varicella virus vaccines</i> )	0	AGE; PC
RECOMBIVA HB INJ 5MCG/0.5 ( <i>hepatitis b vaccine (recomb)</i> )	0	PC
RECOMBIVA HB INJ 10MCG/ML ( <i>hepatitis b vaccine (recomb)</i> )	0	PC
RECOMBIVA-HB INJ 40MCG/ML ( <i>hepatitis b vaccine (recomb)</i> )	0	PC
ROTARIX SUS ( <i>rotavirus vaccine, live oral</i> )	0	AGE; PC
ROTATEQ SOL ( <i>rotavirus vaccine, live oral pentavalent</i> )	0	AGE; PC
SHINGRIX INJ 50/0.5ML ( <i>zoster vaccine recombinant adjuvanted</i> )	0	AGE; PC
TWINRIX INJ ( <i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i> )	0	AGE; PC
VAQTA INJ 25/0.5ML ( <i>hepatitis a vaccine</i> )	0	PC
VAQTA INJ 50UNT/ML ( <i>hepatitis a vaccine</i> )	0	PC
VARIVAX INJ ( <i>varicella virus vaccine live</i> )	0	PC

## **VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS**

### **SPERMICIDES**

TODAY SPONGE MIS ( <i>nonoxynol-9</i> )	0	CM, PC
VCF VAGINAL GEL CONTRACE ( <i>nonoxynol-9</i> )	0	CM, PC

### **VAGINAL ANTI-INFECTIVES**

<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
(Miconazole Nitrate Vaginal Suppos 200 mg)	1	
MICONAZOLE 3		
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	

### **VAGINAL ESTROGENS**

<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
IMVEXXY MAIN SUP 4MCG ( <i>estradiol vaginal</i> )	2	
IMVEXXY MAIN SUP 10MCG ( <i>estradiol vaginal</i> )	2	
IMVEXXY STRT SUP 4MCG ( <i>estradiol vaginal</i> )	2	
IMVEXXY STRT SUP 10MCG ( <i>estradiol vaginal</i> )	2	
VAGIFEM TAB 10MCG ( <i>estradiol vaginal</i> )	1	



PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>VAGINAL PROGESTINS</b>		
CRINONE GEL 4% VAG ( <i>progesterone (vaginal)</i> )	2	
CRINONE GEL 8% VAG ( <i>progesterone (vaginal)</i> )	2	PA
ENDOMETRIN SUP 100MG ( <i>progesterone (vaginal)</i> )	2	PA
<b>VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR ACUTE ALLERGIC REACTION</b>		
AUVI-Q INJ 0.1MG ( <i>epinephrine (anaphylaxis)</i> )	2	
AUVI-Q INJ 0.3MG ( <i>epinephrine (anaphylaxis)</i> )	2	
AUVI-Q INJ 0.15MG ( <i>epinephrine (anaphylaxis)</i> )	2	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
<i>droxidopa cap 100 mg</i>	4	SP, PA, QL (3 caps every 1 day)
<i>droxidopa cap 200 mg</i>	4	SP, PA, QL (6 caps every 1 day)
<i>droxidopa cap 300 mg</i>	4	SP, PA, QL (6 caps every 1 day)
<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	
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	1	
<i>phytonadione inj 10 mg/ml</i>	1	
<i>phytonadione tab 5 mg</i>	1	

## Index

<b>A</b>	
<b>abacavir-dolutegravir-lamivudine</b>	
see TRIUMEQ PD TAB .....	85
see TRIUMEQ TAB .....	85
<b>abacavir sulfate-lamivudine tab 600-300 mg</b> .....	83
<b>abacavir sulfate soln 20 mg/ml (base equiv)</b> .....	83
<b>abacavir sulfate tab 300 mg (base equiv)</b> .....	83
<b>abaloparatide</b>	
see TYMLOS INJ.....	117
<b>ABANEU-SL</b>	
see Cyanocobalamin-Methylcobalamin Sl Tab 600-600 mcg .....	129
<b>abatacept</b>	
see ORENCIA CLCK INJ 125MG/ML .....	28
see ORENCIA INJ 125MG/ML .....	28
see ORENCIA INJ 50/0.4ML .....	28
see ORENCIA INJ 87.5/0.7 .....	28
<b>abemaciclib</b>	
see VERZENIO TAB 100MG .....	75
see VERZENIO TAB 150MG.....	75
see VERZENIO TAB 200MG.....	75
see VERZENIO TAB 50MG .....	75
<b>ABILIFY MAIN INJ 300MG</b> .....	82
<b>ABILIFY MAIN INJ 400MG</b> .....	82
<b>abiraterone acetate micronized</b>	
see YONSA TAB 125MG .....	71
<b>abiraterone acetate tab 250 mg</b> .....	70
<b>abiraterone acetate tab 500 mg</b> .....	70
<b>abrocitinib</b>	
see CIBINQO TAB 100MG .....	113
see CIBINQO TAB 200MG.....	113
see CIBINQO TAB 50MG.....	113
<b>acalabrutinib maleate</b>	
see CALQUENCE TAB 100MG .....	72
<b>acamprosate calcium tab delayed release 333 mg</b> .....	154
<b>acarbose tab 100 mg</b> .....	53
<b>acarbose tab 25 mg</b> .....	53
<b>acarbose tab 50 mg</b> .....	53
<b>ACCU-CHEK KIT FASTCLIX</b> .....	133
<b>ACCU-CHEK KIT SOFTCLIX</b> .....	133
<b>ACCU-CHEK TES AVIVA PL</b> .....	114
<b>ACCU-CHEK TES GUIDE</b> .....	114
<b>ACCU-CHEK TES SMART</b> .....	115
<b>ACCUTANE</b>	
see Isotretinoin Cap 10 mg.....	107
see Isotretinoin Cap 20 mg .....	107
see Isotretinoin Cap 30 mg .....	107
see Isotretinoin Cap 40 mg.....	107
<b>acebutolol hcl cap 200 mg</b> .....	87
<b>acebutolol hcl cap 400 mg</b> .....	87
<b>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</b> .....	33
<b>Acetaminophen-Caffeine-Dihydrocodeine Cap 320.5-30-16 mg</b> .....	33
<b>acetaminophen w/ codeine soln 120-12 mg/5ml</b> .....	33
<b>acetaminophen w/ codeine tab 300-15 mg</b> .....	33
<b>acetaminophen w/ codeine tab 300-30 mg</b> .....	33
<b>acetaminophen w/ codeine tab 300-60 mg</b> .....	33
<b>acetazolamide cap er 12hr 500 mg</b> .....	116
<b>acetazolamide tab 125 mg</b> .....	116
<b>acetazolamide tab 250 mg</b> .....	116
<b>acetic acid otic soln 2%</b> .....	152
<b>acetylcysteine inhal soln 10%</b> .....	106
<b>acetylcysteine inhal soln 20%</b> .....	106
<b>acitretin cap 10 mg</b> .....	109
<b>acitretin cap 17.5 mg</b> .....	109
<b>acitretin cap 25 mg</b> .....	109
<b>ACTHAR INJ 80UNIT</b> .....	117
<b>ACTHIB INJ</b> .....	164
<b>ACTI-LANCE MIS 28G</b> .....	133
<b>ACTI-LANCE MIS LITE 28G</b> .....	133
<b>ACTI-LANCE MIS SPEC 17G</b> .....	133
<b>ACTI-LANCE MIS UNIV 23G</b> .....	133
<b>ACTIMMUNE INJ 2MU/0.5</b> .....	76
<b>acyclovir cap 200 mg</b> .....	86
<b>acyclovir oint 5%</b> .....	111
<b>acyclovir susp 200 mg/5ml</b> .....	86
<b>acyclovir tab 400 mg</b> .....	86

<b>acyclovir tab 800 mg</b> .....	86	ADVOCATE MIS LANCETS.....	133
ADACEL INJ .....	162	AFIRMELLE	
<b>adagrasib</b>		see Levonorgestrel & Ethinyl Estradiol	
see KRAZATI TAB 200MG.....	73	Tab 0.1 mg-20 mcg.....	97
ADALIMU-ADAZ INJ 40/0.4ML.....	20	AFLURIA QUAD INJ 2021-22.....	165
<b>adalimumab</b>		AFTERA	
see HUMIRA INJ 10/0.1ML.....	20	see Levonorgestrel Tab 1.5 mg .....	103
see HUMIRA INJ 20/0.2ML .....	20	AFTERPILL	
see HUMIRA INJ 40/0.4ML.....	21	see Levonorgestrel Tab 1.5 mg .....	103
see HUMIRA KIT 40MG/0.8 .....	21	AGAMATRIX MIS 33G .....	133
see HUMIRA PEDIA INJ CROHNS .....	21	AIMSCO TWIST MIS 32G.....	133
see HUMIRA PEN INJ 40/0.4ML .....	21	AIMSCO TWIST MIS 33G.....	133
see HUMIRA PEN INJ 40MG/0.8 .....	22	AIRAVITE	
see HUMIRA PEN INJ 80/0.8ML.....	22	see Folic Acid-Vitamin B6-Vitamin B12	
see HUMIRA PEN INJ CD/UC/HS .....	22	Tab 2.5-25-1 mg .....	129
see HUMIRA PEN KIT CD/UC/HS .....	22	AIRSUPRA AER 90-80MCG.....	42
see HUMIRA PEN KIT PED UC .....	22	AJOVY INJ 225/1.5.....	142
see HUMIRA PEN KIT PS/UV .....	22	AKLIEF CRE 0.005%.....	106
<b>adalimumab-adaz</b>		<b>albendazole tab 200 mg</b> .....	36
see HYRIMOZ-CROH INJ UC SP .....	24	<b>albuterol-budesonide</b>	
see HYRIMOZ INJ 10/0.1ML .....	23	see AIRSUPRA AER 90-80MCG.....	42
see HYRIMOZ INJ 20/0.2ML .....	23	<b>albuterol sulfate inhal aero 108 mcg/act</b>	
see HYRIMOZ INJ 40/0.4ML.....	23	<b>(90mcg base equiv)</b> .....	42
see HYRIMOZ INJ 40/0.8ML.....	23	<b>albuterol sulfate soln nebu 0.083% (2.5</b>	
see HYRIMOZ INJ 80/0.8ML.....	23	<b>mg/3ml)</b> .....	42
see HYRIMOZ-PED INJ CROHNS .....	24	<b>albuterol sulfate soln nebu 0.5% (5</b>	
see HYRIMOZ-PLAQ INJ PSORIASI .....	25	<b>mg/ml)</b> .....	42
see HYRIMOZ SENS INJ 80/0.8ML.....	24	<b>albuterol sulfate soln nebu 0.63 mg/3ml</b>	
<b>adapalene-benzoyl peroxide gel 0.1-2.5%</b>	106	<b>(base equiv)</b> .....	42
<b>adapalene-benzoyl peroxide gel 0.3-</b>		<b>albuterol sulfate soln nebu 1.25 mg/3ml</b>	
<b>2.5%</b> .....	106	<b>(base equiv)</b> .....	42
<b>adapalene cream 0.1%</b> .....	106	<b>albuterol sulfate syrup 2 mg/5ml</b> .....	42
<b>adapalene gel 0.3%</b> .....	106	<b>albuterol sulfate tab 2 mg</b> .....	42
ADBRY INJ 150MG/ML.....	113	<b>albuterol sulfate tab 4 mg</b> .....	42
<b>adefovir dipivoxil tab 10 mg</b> .....	85	<b>alclometasone dipropionate cream</b>	
ADEMPAS TAB 0.5MG .....	93	<b>0.05%</b> .....	111
ADEMPAS TAB 1.5MG .....	93	<b>alclometasone dipropionate oint 0.05%</b>	
ADEMPAS TAB 1MG .....	93	.....	111
ADEMPAS TAB 2.5MG .....	93	ALECENSA CAP 150MG.....	71
ADEMPAS TAB 2MG.....	93	<b>alectinib hcl</b>	
ADULT MASK MIS .....	142	see ALECENSA CAP 150MG.....	71
ADVOCATE SAFE MIS LANC 26G .....	133	<b>alendronate sodium oral soln 70 mg/75ml</b>	
ADVOCATE MIS LANC 30G .....	133	.....	117
		<b>alendronate sodium tab 10 mg</b> .....	117

<b>alendronate sodium tab 35 mg</b> .....	117	see MUSE SUP 1000MCG .....	92
<b>alendronate sodium tab 5 mg</b> .....	117	see MUSE SUP 250MCG .....	92
<b>alendronate sodium tab 70 mg</b> .....	117	see MUSE SUP 500MCG .....	92
<b>alfuzosin hcl tab er 24hr 10 mg</b> .....	126	<b>ALTACAINE</b>	
<b>aliskiren fumarate tab 150 mg (base equivalent)</b> .....	67	see Tetracaine Hcl Opth Soln 0.5% ...	151
<b>aliskiren fumarate tab 300 mg (base equivalent)</b> .....	67	<b>ALTAFRIN</b>	
<b>allopurinol tab 100 mg</b> .....	126	see Phenylephrine Hcl Opth Soln 10% .....	150
<b>allopurinol tab 300 mg</b> .....	126	see Phenylephrine Hcl Opth Soln 2.5% .....	150
<b>almotriptan malate tab 12.5 mg</b> .....	143	<b>ALTAVERA</b>	
<b>almotriptan malate tab 6.25 mg</b> .....	143	see Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg.....	97
<b>alosetron hcl tab 0.5 mg (base equiv)</b> ..	125	<b>ALUNBRIG PAK</b> .....	71
<b>alosetron hcl tab 1 mg (base equiv)</b> .....	125	<b>ALUNBRIG TAB 180MG</b> .....	71
<b>alpelisib</b>		<b>ALUNBRIG TAB 30MG</b> .....	71
see PIQRAY 200MG TAB DOSE .....	74	<b>ALUNBRIG TAB 90MG</b> .....	71
see PIQRAY 250MG TAB DOSE .....	74	<b>alvimopan cap 12 mg</b> .....	125
see PIQRAY 300MG TAB DOSE .....	74	<b>ALYACEN 1/35</b>	
<b>alprazolam orally disintegrating tab 0.25 mg</b> .....	39	see Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg .....	98
<b>alprazolam orally disintegrating tab 0.5 mg</b> .....	39	<b>ALYACEN 7/7/7</b>	
<b>alprazolam orally disintegrating tab 1 mg</b> .....	39	see Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg.....	101
<b>alprazolam orally disintegrating tab 2 mg</b> .....	39	<b>ALYQ</b>	
<b>alprazolam tab 0.25 mg</b> .....	39	see Tadalafil Tab 20 mg (Pah) .....	93
<b>alprazolam tab 0.5 mg</b> .....	39	<b>AMABELZ</b>	
<b>alprazolam tab 1 mg</b> .....	39	see Estradiol & Norethindrone Acetate Tab 0.5-0.1 mg .....	121
<b>alprazolam tab 2 mg</b> .....	39	<b>amantadine hcl cap 100 mg</b> .....	77
<b>alprazolam tab er 24hr 0.5 mg</b> .....	39	<b>amantadine hcl soln 50 mg/5ml</b> .....	77
Alprazolam Tab Er 24hr 0.5 mg .....	39	<b>amantadine hcl tab 100 mg</b> .....	77
<b>alprazolam tab er 24hr 1 mg</b> .....	39	<b>ambrisentan tab 10 mg</b> .....	92
Alprazolam Tab Er 24hr 1 mg .....	39	<b>ambrisentan tab 5 mg</b> .....	92
<b>alprazolam tab er 24hr 2 mg</b> .....	39	<b>amcinonide oint 0.1%</b> .....	111
Alprazolam Tab Er 24hr 2 mg .....	39	<b>AMETHYST</b>	
<b>alprazolam tab er 24hr 3 mg</b> .....	39	see Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 mcg.....	98
Alprazolam Tab Er 24hr 3 mg .....	39	<b>amiloride &amp; hydrochlorothiazide tab 5-50 mg</b> .....	116
<b>ALPRAZOLAM XR</b>		<b>amiloride hcl tab 5 mg</b> .....	116
see Alprazolam Tab Er 24hr 0.5 mg .....	39	<b>aminocaproic acid oral soln 0.25 gm/ml</b> .....	130
see Alprazolam Tab Er 24hr 1 mg .....	39	.....	130
see Alprazolam Tab Er 24hr 2 mg .....	39	<b>aminocaproic acid tab 1000 mg</b> .....	130
see Alprazolam Tab Er 24hr 3 mg .....	39		
<b>alprostadil (vasodilator)</b>			

<b>aminocaproic acid tab 500 mg</b> .....	130	<b>amlodipine besylate-benazepril hcl cap 5-20 mg</b> .....	64
<b>amiodarone hcl tab 100 mg</b> .....	40	<b>amlodipine besylate-benazepril hcl cap 5-40 mg</b> .....	64
Amiodarone Hcl Tab 100 mg.....	40	<b>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</b> .....	64
<b>amiodarone hcl tab 200 mg</b> .....	40	<b>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</b> .....	64
Amiodarone Hcl Tab 200 mg.....	40	<b>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</b> .....	64
<b>amiodarone hcl tab 400 mg</b> .....	40	<b>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</b> .....	64
Amiodarone Hcl Tab 400 mg.....	40	<b>amlodipine besylate tab 10 mg (base equivalent)</b> .....	88
<b>amitriptyline hcl tab 100 mg</b> .....	52	<b>amlodipine besylate tab 2.5 mg (base equivalent)</b> .....	88
<b>amitriptyline hcl tab 10 mg</b> .....	52	<b>amlodipine besylate tab 5 mg (base equivalent)</b> .....	88
<b>amitriptyline hcl tab 150 mg</b> .....	52	<b>amlodipine besylate-valsartan tab 10-160 mg</b> .....	64
<b>amitriptyline hcl tab 25 mg</b> .....	52	<b>amlodipine besylate-valsartan tab 10-320 mg</b> .....	64
<b>amitriptyline hcl tab 50 mg</b> .....	52	<b>amlodipine besylate-valsartan tab 5-160 mg</b> .....	64
<b>amitriptyline hcl tab 75 mg</b> .....	52	<b>amlodipine besylate-valsartan tab 5-320 mg</b> .....	64
<b>amlodipine besylate-atorvastatin calcium tab 10-10 mg</b> .....	91	<b>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</b> .....	65
<b>amlodipine besylate-atorvastatin calcium tab 10-20 mg</b> .....	91	<b>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</b> .....	65
<b>amlodipine besylate-atorvastatin calcium tab 10-40 mg</b> .....	91	<b>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</b> .....	65
<b>amlodipine besylate-atorvastatin calcium tab 10-80 mg</b> .....	91	<b>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</b> .....	65
<b>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</b> .....	91	<b>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</b> .....	65
<b>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</b> .....	91	<b>AMNESTEEM</b>	
<b>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</b> .....	91	see Isotretinoin Cap 10 mg.....	107
<b>amlodipine besylate-atorvastatin calcium tab 5-10 mg</b> .....	91	see Isotretinoin Cap 20 mg.....	107
<b>amlodipine besylate-atorvastatin calcium tab 5-20 mg</b> .....	91	see Isotretinoin Cap 40 mg.....	107
<b>amlodipine besylate-atorvastatin calcium tab 5-40 mg</b> .....	91		
<b>amlodipine besylate-atorvastatin calcium tab 5-80 mg</b> .....	91		
<b>amlodipine besylate-benazepril hcl cap 10-20 mg</b> .....	64		
<b>amlodipine besylate-benazepril hcl cap 10-40 mg</b> .....	64		
<b>amlodipine besylate-benazepril hcl cap 2.5-10 mg</b> .....	64		
<b>amlodipine besylate-benazepril hcl cap 5-10 mg</b> .....	64		

<b>amoxapine tab 100 mg</b> .....	52	<b>amoxicillin-rifabutin-omeprazole</b>	
<b>amoxapine tab 150 mg</b> .....	52	see TALICIA CAP .....	164
<b>amoxapine tab 25 mg</b> .....	52	<b>amphetamine-dextroamphetamine 3-</b>	
<b>amoxapine tab 50 mg</b> .....	52	<b>bead cap er 24hr 12.5 mg</b> .....	15
<b>amoxicil cap &amp; clarithro tab &amp; lansopraz</b>		<b>amphetamine-dextroamphetamine 3-</b>	
<b>cap dr 500 &amp; 500 &amp; 30mg</b> .....	164	<b>bead cap er 24hr 25 mg</b> .....	15
<b>amoxicillin (trihydrate) cap 250 mg</b> .....	153	<b>amphetamine-dextroamphetamine 3-</b>	
<b>amoxicillin (trihydrate) cap 500 mg</b> .....	153	<b>bead cap er 24hr 37.5 mg</b> .....	15
<b>amoxicillin (trihydrate) chew tab 125 mg</b>		<b>amphetamine-dextroamphetamine 3-</b>	
.....	153	<b>bead cap er 24hr 50 mg</b> .....	15
<b>amoxicillin (trihydrate) chew tab 250 mg</b>		<b>amphetamine-dextroamphetamine cap er</b>	
.....	153	<b>24hr 10 mg</b> .....	15
<b>amoxicillin (trihydrate) for susp 125</b>		<b>amphetamine-dextroamphetamine cap er</b>	
<b>mg/5ml</b> .....	153	<b>24hr 15 mg</b> .....	15
<b>amoxicillin (trihydrate) for susp 200</b>		<b>amphetamine-dextroamphetamine cap er</b>	
<b>mg/5ml</b> .....	153	<b>24hr 20 mg</b> .....	15
<b>amoxicillin (trihydrate) for susp 250</b>		<b>amphetamine-dextroamphetamine cap er</b>	
<b>mg/5ml</b> .....	153	<b>24hr 25 mg</b> .....	15
<b>amoxicillin (trihydrate) for susp 400</b>		<b>amphetamine-dextroamphetamine cap er</b>	
<b>mg/5ml</b> .....	153	<b>24hr 30 mg</b> .....	15
<b>amoxicillin (trihydrate) tab 500 mg</b> .....	153	<b>amphetamine-dextroamphetamine cap er</b>	
<b>amoxicillin (trihydrate) tab 875 mg</b> .....	153	<b>24hr 5 mg</b> .....	15
<b>amoxicillin &amp; k clavulanate chew tab 200-</b>		<b>amphetamine-dextroamphetamine tab 10</b>	
<b>28.5 mg</b> .....	153	<b>mg</b> .....	15
<b>amoxicillin &amp; k clavulanate chew tab 400-</b>		<b>amphetamine-dextroamphetamine tab</b>	
<b>57 mg</b> .....	153	<b>12.5 mg</b> .....	15
<b>amoxicillin &amp; k clavulanate for susp 200-</b>		<b>amphetamine-dextroamphetamine tab 15</b>	
<b>28.5 mg/5ml</b> .....	153	<b>mg</b> .....	15
<b>amoxicillin &amp; k clavulanate for susp 250-</b>		<b>amphetamine-dextroamphetamine tab</b>	
<b>62.5 mg/5ml</b> .....	153	<b>20 mg</b> .....	15
<b>amoxicillin &amp; k clavulanate for susp 400-</b>		<b>amphetamine-dextroamphetamine tab</b>	
<b>57 mg/5ml</b> .....	153	<b>30 mg</b> .....	15
<b>amoxicillin &amp; k clavulanate for susp 600-</b>		<b>amphetamine-dextroamphetamine tab 5</b>	
<b>42.9 mg/5ml</b> .....	154	<b>mg</b> .....	15
<b>amoxicillin &amp; k clavulanate tab 250-125</b>		<b>amphetamine-dextroamphetamine tab</b>	
<b>mg</b> .....	154	<b>7.5 mg</b> .....	15
<b>amoxicillin &amp; k clavulanate tab 500-125</b>		<b>amphetamine sulfate tab 10 mg</b> .....	15
<b>mg</b> .....	154	<b>amphetamine sulfate tab 5 mg</b> .....	15
<b>amoxicillin &amp; k clavulanate tab 875-125</b>		<b>ampicillin cap 500 mg</b> .....	153
<b>mg</b> .....	154	<b>AMPYRA TAB 10MG</b> .....	156
<b>amoxicillin &amp; k clavulanate tab er 12hr</b>		<b>anagrelide hcl cap 0.5 mg</b> .....	127
<b>1000-62.5 mg</b> .....	154	<b>anagrelide hcl cap 1 mg</b> .....	127
<b>amoxicillin &amp; pot clavulanate</b>		<b>anastrozole tab 1 mg</b> .....	70
see AUGMENTIN SUS 125/5ML.....	154	<b>ANNOVERA MIS</b> .....	103

ANORO ELLIPT AER 62.5-25.....	42	see ABILIFY MAIN INJ 400MG.....	82
<b>apalutamide</b>		<b>aripiprazole orally disintegrating tab 10</b>	
see ERLEADA TAB 240MG .....	70	<b>mg</b> .....	82
see ERLEADA TAB 60MG .....	70	<b>aripiprazole orally disintegrating tab 15</b>	
<b>apixaban</b>		<b>mg</b> .....	82
see ELIQUIS ST P TAB 5MG.....	44	<b>aripiprazole oral solution 1 mg/ml</b> .....	82
see ELIQUIS TAB 2.5MG .....	44	<b>aripiprazole tab 10 mg</b> .....	82
see ELIQUIS TAB 5MG.....	44	<b>aripiprazole tab 15 mg</b> .....	82
<b>apomorphine hcl soln cartridge 30</b>		<b>aripiprazole tab 20 mg</b> .....	82
<b>mg/3ml</b> .....	77	<b>aripiprazole tab 2 mg</b> .....	82
<b>apraclonidine hcl ophth soln 0.5% (base</b>		<b>aripiprazole tab 30 mg</b> .....	82
<b>equivalent)</b> .....	150	<b>aripiprazole tab 5 mg</b> .....	82
<b>apremilast</b>		<b>armodafinil tab 150 mg</b> .....	18
see OTEZLA TAB 10/20/30 .....	28	<b>armodafinil tab 200 mg</b> .....	18
see OTEZLA TAB 30MG .....	28	<b>armodafinil tab 250 mg</b> .....	18
<b>aprepitant capsule 125 mg</b> .....	58	<b>armodafinil tab 50 mg</b> .....	18
<b>aprepitant capsule 40 mg</b> .....	58	ASCOMP/CODEINE	
<b>aprepitant capsule 80 mg</b> .....	58	see Butalbital-Aspirin-Caff W/ Codeine	
<b>aprepitant capsule therapy pack 80 &amp; 125</b>		Cap 50-325-40-30 mg .....	33
<b>mg</b> .....	58	<b>asenapine maleate sl tab 10 mg (base</b>	
APRI		<b>equiv)</b> .....	80
see Desogestrel & Ethinyl Estradiol Tab		<b>asenapine maleate sl tab 2.5 mg (base</b>	
0.15 mg-30 mcg .....	95	<b>equiv)</b> .....	80
APTIOM TAB 200MG .....	46	<b>asenapine maleate sl tab 5 mg (base</b>	
APTIOM TAB 400MG .....	46	<b>equiv)</b> .....	80
APTIOM TAB 600MG .....	46	ASHLYNA	
APTIOM TAB 800MG .....	46	see Levonorg-Eth Est Tab 0.15-	
AQUALANCE MIS 30G.....	133	0.03mg(84) & Eth Est Tab 0.01mg(7)96	
ARANELLE		<b>aspirin-dipyridamole cap er 12hr 25-200</b>	
see Norethindrone-Eth Estradiol Tab 0.5-		<b>mg</b> .....	127
35/1-35/0.5-35 mg-Mcg.....	101	ASSURE CMFRT MIS 28G.....	133
ARANESP INJ 100MCG .....	128	ASSURE LANCE MIS 21G .....	133
ARANESP INJ 10MCG.....	128	ASSURE LANCE MIS 28G .....	133
ARANESP INJ 150MCG.....	128	ASSURE LANCE MIS LOW FLOW .....	133
ARANESP INJ 200MCG.....	128	ASSURE LANCE MIS MICRO.....	133
ARANESP INJ 25MCG .....	128	ASSURE LANCE MIS SAFE 25G .....	133
ARANESP INJ 300MCG.....	128	ASSURE LANCE MIS SAFE 30G.....	133
ARANESP INJ 40MCG .....	128	ASSURE PLUS MIS HIGH 18G.....	133
ARANESP INJ 500MCG.....	128	ASSURE PLUS MIS LOW 25G.....	133
ARANESP INJ 60MCG .....	128	ASSURE PLUS MIS MCRO 28G.....	133
<b>arformoterol tartrate soln nebu 15</b>		ASSURE PLUS MIS NORM 21G .....	133
<b>mcg/2ml (base equiv)</b> .....	42	ASSURE PLUS MIS PEDIATRI.....	133
<b>aripiprazole</b>		<b>atazanavir sulfate cap 150 mg (base</b>	
see ABILIFY MAIN INJ 300MG.....	82	<b>equiv)</b> .....	83

<b>atazanavir sulfate cap 200 mg (base equiv)</b> .....	83	AURORA LANCE MIS THIN 23G .....	134
<b>atazanavir sulfate cap 300 mg (base equiv)</b> .....	83	AUROVELA 1/20	
<b>atenolol &amp; chlorthalidone tab 100-25 mg</b>		see Norethindrone Ace & Ethinyl	
.....	65	Estradiol Tab 1 mg-20 mcg .....	99
<b>atenolol &amp; chlorthalidone tab 50-25 mg</b>	65	AUROVELA 1.5/30	
<b>atenolol tab 100 mg</b> .....	87	see Norethindrone Ace & Ethinyl	
<b>atenolol tab 25 mg</b> .....	87	Estradiol Tab 1.5 mg-30 mcg .....	99
<b>atenolol tab 50 mg</b> .....	87	AUROVELA 24 FE	
<b>atogepant</b>		see Norethindrone Ace-Ethinyl Estradiol-	
see QULIPTA TAB 10MG .....	143	Fe Tab 1 mg-20 mcg (24) .....	101
see QULIPTA TAB 30MG .....	143	AUROVELA FE 1/20	
see QULIPTA TAB 60MG .....	143	see Norethindrone Ace & Ethinyl	
<b>atomoxetine hcl cap 100 mg (base equiv)</b>	17	Estradiol-Fe Tab 1 mg-20 mcg .....	100
.....	17	AUROVELA FE 1.5/30	
<b>atomoxetine hcl cap 10 mg (base equiv)</b>	17	see Norethindrone Ace & Ethinyl	
<b>atomoxetine hcl cap 18 mg (base equiv)</b>	17	Estradiol-Fe Tab 1.5 mg-30 mcg .....	100
<b>atomoxetine hcl cap 25 mg (base equiv)</b>	17	AURYXIA TAB 210MG .....	125
<b>atomoxetine hcl cap 40 mg (base equiv)</b>	17	AUSTEDO TAB 12MG .....	156
.....	17	AUSTEDO TAB 6MG .....	156
<b>atomoxetine hcl cap 60 mg (base equiv)</b>	17	AUSTEDO TAB 9MG .....	156
.....	17	AUSTEDO XR TAB 12MG .....	156
<b>atomoxetine hcl cap 80 mg (base equiv)</b>	17	AUSTEDO XR TAB 24MG .....	156
<b>atorvastatin calcium tab 10 mg (base equivalent)</b> .....	61	AUSTEDO XR TAB 6MG .....	156
<b>atorvastatin calcium tab 20 mg (base equivalent)</b> .....	61	AUSTEDO XR TAB TITR KIT .....	156
<b>atorvastatin calcium tab 40 mg (base equivalent)</b> .....	61	AUTO LANCET MIS .....	134
<b>atorvastatin calcium tab 80 mg (base equivalent)</b> .....	61	AUVI-Q INJ 0.15MG .....	168
<b>atovaquone-proguanil hcl tab 250-100 mg</b> .....	67	AUVI-Q INJ 0.1MG .....	168
.....	67	AUVI-Q INJ 0.3MG .....	168
<b>atovaquone susp 750 mg/5ml</b> .....	37	<b>avatrombopag maleate</b>	
<b>atropine sulfate ophth soln 1%</b> .....	150	see DOPTLET TAB 20MG .....	128
AUBRA EQ		AVIANE	
see Levonorgestrel & Ethinyl Estradiol		see Levonorgestrel & Ethinyl Estradiol	
Tab 0.1 mg-20 mcg .....	97	Tab 0.1 mg-20 mcg .....	97
AUGMENTIN SUS 125/5ML .....	154	AVIDOXY	
AUGTYRO CAP 40MG .....	71	see Doxycycline Monohydrate Tab 100	
AURORA LANCE MIS 30G .....	133	mg .....	160
		AVONEX PEN KIT 30MCG .....	156
		AVONEX PREFL KIT 30MCG .....	156
		<b>axitinib</b>	
		see INLYTA TAB 1MG .....	69
		see INLYTA TAB 5MG .....	69
		AYUNA	
		see Levonorgestrel & Ethinyl Estradiol	
		Tab 0.15 mg-30 mcg .....	97



<b>azacitidine</b>	
see ONUREG TAB 200MG .....	68
see ONUREG TAB 300MG .....	68
<b>AZASAN</b>	
see Azathioprine Tab 100 mg .....	146
see Azathioprine Tab 75 mg .....	146
<b>azathioprine tab 100 mg</b> .....	146
Azathioprine Tab 100 mg .....	146
<b>azathioprine tab 50 mg</b> .....	146
Azathioprine Tab 75 mg .....	146
<b>azathioprine tab 75 mg</b> .....	146
Azathioprine Tab 75 mg .....	146
<b>azelaic acid</b>	
see FINACEA AER 15% .....	114
<b>azelaic acid gel 15%</b> .....	114
<b>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</b> .....	149
<b>azelastine hcl nasal spray 0.1% (137 mcg/spray)</b> .....	149
<b>azelastine hcl ophth soln 0.05%</b> .....	152
<b>azithromycin for susp 100 mg/5ml</b> .....	131
<b>azithromycin for susp 200 mg/5ml</b> .....	132
<b>azithromycin powd pack for susp 1 gm</b> 132	
<b>azithromycin tab 250 mg</b> .....	132
<b>azithromycin tab 500 mg</b> .....	132
<b>azithromycin tab 600 mg</b> .....	132
AZSTARYS CAP 26.1-5.2.....	18
AZSTARYS CAP 39.2-7.8 .....	18
AZSTARYS CAP 52.3-10. ....	18
<b>AZURETTE</b>	
see Desogest-Eth Estrad & Eth Estrad	
Tab 0.15-0.02/0.01 mg(21/5) .....	94
<b>B</b>	
<b>BAC</b>	
see Butalbital-Acetaminophen-Caffeine	
Tab 50-325-40 mg.....	29
<b>bacitracin ophth oint 500 unit/gm</b> .....	150
<b>bacitracin-polymyxin b ophth oint</b> .....	150
Bacitracin-Polymyxin B Ophth Oint.....	150
<b>bacitracin-polymyxin-neomycin-hc ophth ointment 1%</b> .....	151
Bacitracin-Polymyxin-Neomycin-Hc Ophth Oint 1%.....	151
<b>baclofen</b>	
see LYVISPAH GRA 10MG.....	148
see LYVISPAH GRA 20MG .....	148
see LYVISPAH GRA 5MG .....	148
<b>baclofen oral soln 10 mg/5ml</b> .....	148
<b>baclofen oral soln 5 mg/5ml</b> .....	148
<b>baclofen tab 10 mg</b> .....	148
<b>baclofen tab 20 mg</b> .....	148
<b>baclofen tab 5 mg</b> .....	148
<b>bacteriostatic sodium chloride inj soln 0.9%</b> .....	154
<b>balsalazide disodium cap 750 mg</b> .....	124
BALVERSA TAB 3MG .....	71
BALVERSA TAB 4MG .....	71
BALVERSA TAB 5MG.....	72
<b>BALZIVA</b>	
see Norethindrone & Ethinyl Estradiol	
Tab 0.4 mg-35 mcg .....	98
BAQSIMI ONE POW 3MG/DOSE .....	55
BAQSIMI TWO POW 3MG/DOSE .....	55
BASAGLAR INJ 100UNIT.....	56
B-Complex W/ C & Folic Acid Tab 5 mg.148	
B-Complex W/ C-Biotin-Minerals & Folic Acid Tab 5 mg.....	148
BD INSULIN PEN NEEDLES - OTC.....	142
BD INSULIN SYRINGE - OTC.....	142
BD INSULIN SYRINGE - RX.....	142
BD MICROTAIN MIS LANCETS.....	134
BELBUCA MIS 150MCG.....	34
BELBUCA MIS 300MCG.....	34
BELBUCA MIS 450MCG.....	34
BELBUCA MIS 600MCG.....	34
BELBUCA MIS 750MCG.....	34
BELBUCA MIS 75MCG .....	34
BELBUCA MIS 900MCG.....	34
<b>belimumab</b>	
see BENLYSTA INJ 200MG/ML .....	147
BELSOMRA TAB 10MG .....	131
BELSOMRA TAB 15MG .....	131
BELSOMRA TAB 20MG .....	131
BELSOMRA TAB 5MG.....	131
<b>bempedoic acid</b>	
see NEXLETOL TAB 180MG .....	60
<b>bempedoic acid-ezetimibe</b>	
see NEXLIZET TAB 180/10MG.....	60

<b>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</b> .....	65	<b>betamethasone dipropionate augmented oint 0.05%</b> .....	111
<b>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</b> .....	65	<b>betamethasone dipropionate cream 0.05%</b> .....	111
<b>benazepril &amp; hydrochlorothiazide tab 20-25 mg</b> .....	65	<b>betamethasone dipropionate lotion 0.05%</b> .....	111
<b>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</b> .....	65	<b>betamethasone valerate aerosol foam 0.12%</b> .....	111
<b>benazepril hcl tab 10 mg</b> .....	62	<b>betamethasone valerate cream 0.1% (base equivalent)</b> .....	111
<b>benazepril hcl tab 20 mg</b> .....	62	<b>betamethasone valerate lotion 0.1% (base equivalent)</b> .....	111
<b>benazepril hcl tab 40 mg</b> .....	62	<b>betamethasone valerate oint 0.1% (base equivalent)</b> .....	111
<b>benazepril hcl tab 5 mg</b> .....	62	BETASERON INJ 0.3MG .....	156
<b>BENLYSTA INJ 200MG/ML</b> .....	147	<b>betaxolol hcl (ophth)</b>	
<b>benralizumab</b>		see BETOPTIC-S SUS 0.25% OP .....	149
see FASENRA INJ 30MG/ML .....	40	<b>betaxolol hcl ophth soln 0.5%</b> .....	149
see FASENRA PEN INJ 30MG/ML .....	40	<b>betaxolol hcl tab 10 mg</b> .....	87
<b>benzonatate cap 100 mg</b> .....	105	<b>betaxolol hcl tab 20 mg</b> .....	87
<b>benzonatate cap 150 mg</b> .....	105	<b>bethanechol chloride tab 10 mg</b> .....	164
<b>benzonatate cap 200 mg</b> .....	105	<b>bethanechol chloride tab 25 mg</b> .....	164
<b>benzoyl peroxide-erythromycin gel 5-3%</b> .....	106	<b>bethanechol chloride tab 50 mg</b> .....	164
<b>benzoyl peroxide foam 9.8%</b> .....	106	<b>bethanechol chloride tab 5 mg</b> .....	164
<b>benzoyl peroxide-hydrocortisone lotion 5-0.5%</b> .....	106	BETOPTIC-S SUS 0.25% OP .....	149
<b>benzphetamine hcl tab 50 mg</b> .....	16	<b>bexarotene cap 75 mg</b> .....	76
<b>benztropine mesylate tab 0.5 mg</b> .....	76	<b>bexarotene gel 1%</b> .....	108
<b>benztropine mesylate tab 1 mg</b> .....	76	BEXSERO INJ .....	165
<b>benztropine mesylate tab 2 mg</b> .....	76	<b>bicalutamide tab 50 mg</b> .....	70
<b>bepotastine besilate ophth soln 1.5%</b> .....	152	<b>bictegravir-emtricitabine-tenofovir alafenamide fumarate</b>	
<b>berotralstat hcl</b>		see BIKTARVY TAB .....	83
see ORLADEYO CAP 110MG .....	126	BIKTARVY TAB .....	83
see ORLADEYO CAP 150MG .....	127	<b>bimatoprost ophth soln 0.03%</b> .....	152
<b>besifloxacin hcl</b>		<b>bimekizumab-bkzx</b>	
see BESIVANCE SUS 0.6% .....	150	see BIMZELX INJ 160MG/ML .....	109
BESIVANCE SUS 0.6% .....	150	BIMZELX INJ 160MG/ML .....	109
BESREMI SOL 500MCG .....	76	<b>binimetinib</b>	
<b>betaine powder for oral solution</b> .....	119	see MEKTOVI TAB 15MG .....	74
<b>betamethasone dipropionate augmented cream 0.05%</b> .....	111	<b>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</b>	
<b>betamethasone dipropionate augmented gel 0.05%</b> .....	111	see PEG-PREP KIT .....	131
<b>betamethasone dipropionate augmented lotion 0.05%</b> .....	111	<b>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</b> .....	164

<b>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</b> .....	65	BREO ELLIPTA INH 50-25MCG .....	42
<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</b> .....	65	BREZTRI AERO AER SPHERE .....	42
<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</b> .....	65	BRIELLYN	
<b>bisoprolol fumarate tab 10 mg</b> .....	87	see Norethindrone & Ethinyl Estradiol	
<b>bisoprolol fumarate tab 5 mg</b> .....	87	Tab 0.4 mg-35 mcg .....	98
BLISOVI 24 FE		<b>brigatinib</b>	
see Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24) .....	101	see ALUNBRIG PAK .....	71
BLISOVI FE 1/20		see ALUNBRIG TAB 180MG .....	71
see Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg .....	100	see ALUNBRIG TAB 30MG .....	71
BLISOVI FE 1.5/30		see ALUNBRIG TAB 90MG .....	71
see Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg .....	100	BRILINTA TAB 60MG .....	127
<b>blood glucose calibration</b>		BRILINTA TAB 90MG .....	127
see BLOOD GLUCOSE CALLIBRATION .....	134	<b>brimonidine tartrate gel 0.33% (base equivalent)</b> .....	114
BLOOD GLUCOSE CALLIBRATION .....	134	<b>brimonidine tartrate ophth soln 0.1%</b> ..	150
BLOOD PRESSURE MONITOR .....	132	<b>brimonidine tartrate ophth soln 0.15%</b> ..	150
<b>blood pressure monitoring</b>		<b>brimonidine tartrate ophth soln 0.2%</b> ..	150
see BLOOD PRESSURE MONITOR .....	132	<b>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</b> .....	150
BOOSTRIX INJ .....	162	<b>brinzolamide-brimonidine tartrate</b>	
<b>bosentan tab 125 mg</b> .....	93	see SIMBRINZA SUS 1-0.2% .....	150
<b>bosentan tab 62.5 mg</b> .....	92	<b>brinzolamide ophth susp 1%</b> .....	152
BOSULIF CAP 100MG .....	72	BROMFED DM	
BOSULIF CAP 50MG .....	72	see Pseudoephed-Bromphen-Dm Syrup	
BOSULIF TAB 100MG .....	72	30-2-10 mg/5ml .....	106
BOSULIF TAB 400MG .....	72	<b>bromfenac sodium ophth soln 0.07%</b>	
BOSULIF TAB 500MG .....	72	<b>(base equivalent)</b> .....	152
<b>bosutinib</b>		<b>bromfenac sodium ophth soln 0.075%</b>	
see BOSULIF CAP 100MG .....	72	<b>(base equivalent)</b> .....	152
see BOSULIF CAP 50MG .....	72	<b>bromfenac sodium ophth soln 0.09%</b>	
see BOSULIF TAB 100MG .....	72	<b>(base equiv) (once-daily)</b> .....	152
see BOSULIF TAB 400MG .....	72	<b>bromocriptine mesylate cap 5 mg (base equivalent)</b> .....	77
see BOSULIF TAB 500MG .....	72	<b>bromocriptine mesylate tab 2.5 mg (base equivalent)</b> .....	77
BRAFTOVI CAP 75MG .....	72	BRUKINSA CAP 80MG .....	72
BREAST PUMP MIS HARMONY .....	142	BRYHALI LOT 0.01% .....	111
BREAST PUMP MIS MANUAL .....	142	<b>budesonide</b>	
BREAST PUMP MIS NURSER .....	142	see UCERIS TAB 9MG .....	105
BREO ELLIPTA INH 100-25 .....	42	<b>budesonide (inhalation)</b>	
BREO ELLIPTA INH 200-25 .....	42	see PULMICORT INH 180MCG .....	41
		see PULMICORT INH 90MCG .....	41
		<b>budesonide delayed release particles cap 3 mg</b> .....	104

<b>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</b> .....	42	<b>buprenorphine hcl sl tab 2 mg (base equiv)</b> .....	34
<b>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</b> .....	42	<b>buprenorphine hcl sl tab 8 mg (base equiv)</b> .....	34
<b>budesonide-glycopyrrolate-formoterol fumarate</b>		<b>buprenorphine td patch weekly 10 mcg/hr</b> .....	35
see BREZTRI AERO AER SPHERE .....	42	<b>buprenorphine td patch weekly 15 mcg/hr</b> .....	35
<b>budesonide inhalation susp 0.25 mg/2ml</b> .....	41	<b>buprenorphine td patch weekly 20 mcg/hr</b> .....	35
<b>budesonide inhalation susp 0.5 mg/2ml</b> .....	41	<b>buprenorphine td patch weekly 5 mcg/hr</b> .....	34
<b>budesonide inhalation susp 1 mg/2ml</b> .....	41	<b>buprenorphine td patch weekly 7.5 mcg/hr</b> .....	34
<b>budesonide rectal foam 2 mg/act</b> .....	36	<b>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</b> .....	159
<b>bumetanide tab 0.5 mg</b> .....	116	<b>bupropion hcl tab 100 mg</b> .....	50
<b>bumetanide tab 1 mg</b> .....	116	<b>bupropion hcl tab 75 mg</b> .....	50
<b>bumetanide tab 2 mg</b> .....	116	<b>bupropion hcl tab er 12hr 100 mg</b> .....	50
<b>buprenorphine hcl</b>		<b>bupropion hcl tab er 12hr 150 mg</b> .....	50
see BELBUCA MIS 150MCG .....	34	<b>bupropion hcl tab er 12hr 200 mg</b> .....	50
see BELBUCA MIS 300MCG .....	34	<b>bupropion hcl tab er 24hr 150 mg</b> .....	50
see BELBUCA MIS 450MCG .....	34	<b>bupropion hcl tab er 24hr 300 mg</b> .....	50
see BELBUCA MIS 600MCG .....	34	<b>bupirone hcl tab 10 mg</b> .....	38
see BELBUCA MIS 750MCG .....	34	<b>bupirone hcl tab 15 mg</b> .....	38
see BELBUCA MIS 75MCG .....	34	<b>bupirone hcl tab 30 mg</b> .....	38
see BELBUCA MIS 900MCG .....	34	<b>bupirone hcl tab 5 mg</b> .....	38
<b>buprenorphine hcl-naloxone hcl dihydrate</b>		<b>bupirone hcl tab 7.5 mg</b> .....	38
see ZUBSOLV SUB 0.7-0.18 .....	35	<b>busulfan</b>	
see ZUBSOLV SUB 1.4-0.36 .....	35	see MYLERAN TAB 2MG .....	68
see ZUBSOLV SUB 11.4-2.9 .....	35	<b>butalbital-acetaminophen-caffeine tab 50-325-40 mg</b> .....	29
see ZUBSOLV SUB 2.9-0.71 .....	35	Butalbital-Acetaminophen-Caffeine Tab 50-325-40 mg .....	29
see ZUBSOLV SUB 5.7-1.4 .....	35	<b>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</b> .....	33
see ZUBSOLV SUB 8.6-2.1 .....	35	<b>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</b> .....	33
<b>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</b> .....	34	<b>butalbital-acetaminophen tab 50-325 mg</b> .....	29
<b>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</b> .....	34	Butalbital-Acetaminophen Tab 50-325 mg .....	29
<b>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</b> .....	34	<b>butalbital-aspirin-caffeine cap 50-325-40 mg</b> .....	29
<b>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</b> .....	34		
<b>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</b> .....	34		
<b>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</b> .....	34		

<b>butalbital-aspirin-caff w/ codeine cap</b>	
<b>50-325-40-30 mg</b> .....	33
Butalbital-Aspirin-Caff W/ Codeine Cap	
50-325-40-30 mg.....	33
<b>butorphanol tartrate nasal soln 10 mg/ml</b>	
.....	35
<b>C</b>	
<b>cabergoline tab 0.5 mg</b> .....	120
CABOMETYX TAB 20MG .....	72
CABOMETYX TAB 40MG.....	72
CABOMETYX TAB 60MG.....	72
<b>cabozantinib s-malate</b>	
see CABOMETYX TAB 20MG .....	72
see CABOMETYX TAB 40MG .....	72
see CABOMETYX TAB 60MG .....	72
see COMETRIQ KIT 100MG .....	72
see COMETRIQ KIT 140MG.....	72
see COMETRIQ KIT 60MG .....	72
<b>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</b> .....	16
<b>calcipotriene-betamethasone dipropionate</b>	
see ENSTILAR AER.....	112
<b>calcipotriene oint 0.005%</b> .....	109
Calcipotriene Oint 0.005% .....	109
<b>calcipotriene soln 0.005% (50 mcg/ml)</b>	
.....	109
<b>calcitonin (salmon) nasal soln 200 unit/act</b> .....	117
CALCITRENE	
see Calcipotriene Oint 0.005% .....	109
<b>calcitriol cap 0.25 mcg</b> .....	119
<b>calcitriol cap 0.5 mcg</b> .....	119
<b>calcitriol oral soln 1 mcg/ml</b> .....	119
<b>calcium, magnesium, potassium, &amp; sodium oxybates</b>	
see XYWAV SOL 0.5GM/ML.....	154
<b>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</b> .....	125
CALQUENCE TAB 100MG .....	72
CAMILA	
see Norethindrone Tab 0.35 mg .....	103
CAMRESE	
see Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)	96
CAMRESE LO	
see Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)	96
CAMZYOS CAP 10MG .....	91
CAMZYOS CAP 15MG .....	91
CAMZYOS CAP 2.5MG .....	91
CAMZYOS CAP 5MG.....	91
<b>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</b> ...	65
<b>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</b> ...	65
<b>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</b> .....	65
<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>cannabidiol</b>	
see EPIDIOLEX SOL 100MG/ML .....	46
<b>capecitabine</b>	
see XELODA TAB 150MG .....	69
see XELODA TAB 500MG .....	69
<b>capecitabine tab 150 mg</b> .....	68
<b>capecitabine tab 500 mg</b> .....	68
<b>captopril &amp; hydrochlorothiazide tab 25-15 mg</b> .....	65
<b>captopril &amp; hydrochlorothiazide tab 25-25 mg</b> .....	65
<b>captopril &amp; hydrochlorothiazide tab 50-15 mg</b> .....	65
<b>captopril &amp; hydrochlorothiazide tab 50-25 mg</b> .....	65
<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> .....	46
<b>carbamazepine cap er 12hr 200 mg</b> .....	46
<b>carbamazepine cap er 12hr 300 mg</b> .....	46
<b>carbamazepine chew tab 100 mg</b> .....	46
<b>carbamazepine susp 100 mg/5ml</b> .....	46
<b>carbamazepine tab 200 mg</b> .....	46

Carbamazepine Tab 200 mg .....	46	CARETOUCH MIS TWIST 30.....	134
<b>carbamazepine tab er 12hr 100 mg</b> .....	46	CARETOUCH MIS TWIST 33.....	134
<b>carbamazepine tab er 12hr 200 mg</b> .....	46	<b>carglumic acid soluble tab 200 mg</b> .....	119
<b>carbamazepine tab er 12hr 400 mg</b> .....	46	<b>cariprazine hcl</b>	
<b>carbidopa &amp; levodopa orally</b>		see VRAYLAR CAP 1.5-3MG .....	79
<b>disintegrating tab 10-100 mg</b> .....	77	see VRAYLAR CAP 1.5MG.....	79
<b>carbidopa &amp; levodopa orally</b>		see VRAYLAR CAP 3MG .....	79
<b>disintegrating tab 25-100 mg</b> .....	77	see VRAYLAR CAP 4.5MG.....	79
<b>carbidopa &amp; levodopa orally</b>		see VRAYLAR CAP 6MG .....	79
<b>disintegrating tab 25-250 mg</b> .....	77	<b>carisoprodol tab 350 mg</b> .....	148
<b>carbidopa &amp; levodopa tab 10-100 mg</b> .....	77	<b>carteolol hcl ophth soln 1%</b> .....	150
<b>carbidopa &amp; levodopa tab 25-100 mg</b> ....	77	CARTIA XT	
<b>carbidopa &amp; levodopa tab 25-250 mg</b> ....	77	see Diltiazem Hcl Coated Beads Cap Er	
<b>carbidopa &amp; levodopa tab er 25-100 mg</b>	77	24hr 120 mg .....	88
<b>carbidopa &amp; levodopa tab er 50-200 mg</b>	77	see Diltiazem Hcl Coated Beads Cap Er	
.....	77	24hr 180 mg .....	88
<b>carbidopa-levodopa</b>		see Diltiazem Hcl Coated Beads Cap Er	
see DHIVY TAB 25-100MG.....	77	24hr 240 mg .....	89
see RYTARY CAP 145MG.....	78	see Diltiazem Hcl Coated Beads Cap Er	
see RYTARY CAP 195MG.....	78	24hr 300 mg .....	89
see RYTARY CAP 245MG .....	78	<b>carvedilol phosphate cap er 24hr 10 mg</b>	86
see RYTARY CAP 95MG.....	78	<b>carvedilol phosphate cap er 24hr 20 mg</b>	86
<b>carbidopa-levodopa-entacapone tabs</b>		.....	86
<b>12.5-50-200 mg</b> .....	77	<b>carvedilol phosphate cap er 24hr 40 mg</b>	86
<b>carbidopa-levodopa-entacapone tabs</b>		.....	86
<b>18.75-75-200 mg</b> .....	77	<b>carvedilol phosphate cap er 24hr 80 mg</b>	86
<b>carbidopa-levodopa-entacapone tabs 25-</b>		.....	86
<b>100-200 mg</b> .....	77	<b>carvedilol tab 12.5 mg</b> .....	87
<b>carbidopa-levodopa-entacapone tabs</b>		<b>carvedilol tab 25 mg</b> .....	87
<b>31.25-125-200 mg</b> .....	77	<b>carvedilol tab 3.125 mg</b> .....	86
<b>carbidopa-levodopa-entacapone tabs</b>		<b>carvedilol tab 6.25 mg</b> .....	87
<b>37.5-150-200 mg</b> .....	77	CAYA DPR .....	133
<b>carbidopa-levodopa-entacapone tabs</b>		<b>cefaclor cap 250 mg</b> .....	94
<b>50-200-200 mg</b> .....	77	<b>cefaclor cap 500 mg</b> .....	94
<b>carbidopa tab 25 mg</b> .....	76	<b>cefaclor for susp 250 mg/5ml</b> .....	94
<b>carbinoxamine maleate soln 4 mg/5ml</b>	59	<b>cefadroxil cap 500 mg</b> .....	93
<b>carbinoxamine maleate tab 4 mg</b> .....	59	<b>cefadroxil for susp 250 mg/5ml</b> .....	94
CAREONE LANC MIS 30G.....	134	<b>cefadroxil for susp 500 mg/5ml</b> .....	94
CAREONE LANC MIS THIN 23G.....	134	<b>cefadroxil tab 1 gm</b> .....	94
CARESENS 30G MIS LANCETS .....	134	<b>cefdinir cap 300 mg</b> .....	94
CARETOUCH MIS LANC 26G.....	134	<b>cefdinir for susp 125 mg/5ml</b> .....	94
CARETOUCH MIS LANC 28G.....	134	<b>cefdinir for susp 250 mg/5ml</b> .....	94
CARETOUCH MIS LANC 30G .....	134	<b>cefixime cap 400 mg</b> .....	94
CARETOUCH MIS TWIST 28.....	134	<b>cefixime for susp 100 mg/5ml</b> .....	94

<b>cefixime for susp 200 mg/5ml</b> .....	94
<b>cefpodoxime proxetil for susp 100 mg/5ml</b> .....	94
<b>cefpodoxime proxetil for susp 50 mg/5ml</b> .....	94
<b>cefpodoxime proxetil tab 100 mg</b> .....	94
<b>cefpodoxime proxetil tab 200 mg</b> .....	94
<b>cefprozil for susp 125 mg/5ml</b> .....	94
<b>cefprozil for susp 250 mg/5ml</b> .....	94
<b>cefprozil tab 250 mg</b> .....	94
<b>cefprozil tab 500 mg</b> .....	94
<b>cefuroxime axetil tab 250 mg</b> .....	94
<b>cefuroxime axetil tab 500 mg</b> .....	94
<b>celecoxib cap 100 mg</b> .....	26
<b>celecoxib cap 200 mg</b> .....	26
<b>celecoxib cap 400 mg</b> .....	26
<b>celecoxib cap 50 mg</b> .....	26
<b>cenobamate</b>	
see XCOPRI PAK 100-150 .....	49
see XCOPRI PAK 12.5-25 .....	49
see XCOPRI PAK 150-200 .....	49
see XCOPRI PAK 50-100MG .....	49
see XCOPRI TAB 100MG.....	49
see XCOPRI TAB 150MG.....	49
see XCOPRI TAB 200MG.....	49
see XCOPRI TAB 50MG .....	49
<b>cephalexin cap 250 mg</b> .....	94
<b>cephalexin cap 500 mg</b> .....	94
<b>cephalexin cap 750 mg</b> .....	94
<b>cephalexin for susp 125 mg/5ml</b> .....	94
<b>cephalexin for susp 250 mg/5ml</b> .....	94
<b>cephalexin tab 250 mg</b> .....	94
<b>cephalexin tab 500 mg</b> .....	94
CERDELGA CAP 84MG .....	127
<b>ceritinib</b>	
see ZYKADIA TAB 150MG.....	76
<b>certolizumab pegol</b>	
see CIMZIA PREFL KIT 200MG/ML .....	124
see CIMZIA START KIT 200MG/ML.....	124
<b>cervical caps</b>	
see FEMCAP MIS 22MM .....	133
see FEMCAP MIS 26MM.....	133
see FEMCAP MIS 30MM.....	133
<b>cetrorelix acetate</b>	
see CETROTIDE KIT 0.25MG .....	118
<b>cetrorelix acetate for inj kit 0.25 mg</b> .....	118
CETROTIDE KIT 0.25MG .....	118
<b>cevimeline hcl cap 30 mg</b> .....	147
CHARLOTTE 24 FE	
see Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24) .....	100
CHATEAL EQ	
see Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg.....	97
<b>chlorambucil</b>	
see LEUKERAN TAB 2MG .....	68
<b>chlordiazepoxide-amitriptyline tab 10-25 mg</b> .....	156
<b>chlordiazepoxide-amitriptyline tab 5-12.5 mg</b> .....	156
<b>chlordiazepoxide hcl cap 10 mg</b> .....	39
<b>chlordiazepoxide hcl cap 25 mg</b> .....	39
<b>chlordiazepoxide hcl cap 5 mg</b> .....	39
<b>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</b> .....	162
<b>chlorhexidine gluconate soln 0.12%</b> .....	147
Chlorhexidine Gluconate Soln 0.12% .....	147
<b>chloroquine phosphate tab 250 mg</b> .....	67
<b>chloroquine phosphate tab 500 mg</b> .....	67
<b>chlorpromazine hcl tab 100 mg</b> .....	81
<b>chlorpromazine hcl tab 10 mg</b> .....	81
<b>chlorpromazine hcl tab 200 mg</b> .....	81
<b>chlorpromazine hcl tab 25 mg</b> .....	81
<b>chlorpromazine hcl tab 50 mg</b> .....	81
<b>chlorthalidone tab 25 mg</b> .....	117
<b>chlorthalidone tab 50 mg</b> .....	117
<b>chlorzoxazone tab 500 mg</b> .....	148
<b>cholestyramine light powder 4 gm/dose</b> .....	60
Cholestyramine Light Powder 4 gm/dose .....	60
<b>cholestyramine light powder packets 4 gm</b> .....	60
Cholestyramine Light Powder Packets 4 gm .....	60
<b>cholestyramine powder 4 gm/dose</b> .....	60
<b>cholestyramine powder packets 4 gm</b> ..	60

<b>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</b> .....	61	<b>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</b> .....	153
<b>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</b> .....	61	<b>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</b> .....	150
CHOR GONADOT INJ 10000UNT .....	118	<b>ciprofloxacin hcl otic soln 0.2% (base equivalent)</b> .....	152
<b>choriogonadotropin alfa</b>		<b>ciprofloxacin hcl tab 250 mg (base equiv)</b> .....	123
see OVIDREL INJ .....	118	<b>ciprofloxacin hcl tab 500 mg (base equiv)</b> .....	123
<b>chorionic gonadotropin</b>		<b>ciprofloxacin hcl tab 750 mg (base equiv)</b> .....	123
see NOVAREL INJ 5000UNIT .....	118	<b>citalopram hydrobromide oral soln 10 mg/5ml</b> .....	50
see PREGNYL INJ 10000UNT .....	118	<b>citalopram hydrobromide tab 10 mg (base equiv)</b> .....	50
CIBINQO TAB 100MG .....	113	<b>citalopram hydrobromide tab 20 mg (base equiv)</b> .....	50
CIBINQO TAB 200MG .....	113	<b>citalopram hydrobromide tab 40 mg (base equiv)</b> .....	50
CIBINQO TAB 50MG .....	113	<b>cladribine (multiple sclerosis)</b>	
CICLODAN		see MAVENCLAD PAK 10MG(10) .....	157
see Ciclopirox Solution 8% .....	108	see MAVENCLAD PAK 10MG(4) .....	157
<b>ciclopirox gel 0.77%</b> .....	108	see MAVENCLAD PAK 10MG(5) .....	157
<b>ciclopirox olamine cream 0.77% (base equiv)</b> .....	108	see MAVENCLAD PAK 10MG(6) .....	157
<b>ciclopirox olamine susp 0.77% (base equiv)</b> .....	108	see MAVENCLAD PAK 10MG(7) .....	157
<b>ciclopirox shampoo 1%</b> .....	108	see MAVENCLAD PAK 10MG(8) .....	157
<b>ciclopirox solution 8%</b> .....	108	see MAVENCLAD PAK 10MG(9) .....	157
Ciclopirox Solution 8% .....	108	CLARAVIS	
<b>cilostazol tab 100 mg</b> .....	127	see Isotretinoin Cap 10 mg .....	107
<b>cilostazol tab 50 mg</b> .....	127	see Isotretinoin Cap 20 mg .....	107
CIMDUO TAB 300-300 .....	83	see Isotretinoin Cap 30 mg .....	107
<b>cimetidine tab 300 mg</b> .....	163	see Isotretinoin Cap 40 mg .....	107
<b>cimetidine tab 400 mg</b> .....	163	<b>clarithromycin for susp 125 mg/5ml</b> .....	132
<b>cimetidine tab 800 mg</b> .....	163	<b>clarithromycin for susp 250 mg/5ml</b> .....	132
CIMZIA PREFL KIT 200MG/ML .....	124	<b>clarithromycin tab 250 mg</b> .....	132
CIMZIA START KIT 200MG/ML .....	124	<b>clarithromycin tab 500 mg</b> .....	132
<b>cinacalcet hcl</b>		<b>clarithromycin tab er 24hr 500 mg</b> .....	132
see SENSIPAR TAB 30MG .....	120	<b>clascoterone</b>	
see SENSIPAR TAB 60MG .....	120	see WINLEVI CRE 1% .....	107
see SENSIPAR TAB 90MG .....	120	CLEANLET 28G MIS LANCETS .....	134
<b>cinacalcet hcl tab 30 mg (base equiv)</b> ..	119	<b>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</b> .....	59
<b>cinacalcet hcl tab 60 mg (base equiv)</b> ..	119	<b>clemastine fumarate tab 2.68 mg</b> .....	59
<b>cinacalcet hcl tab 90 mg (base equiv)</b> ..	119		
CIPRO (10%) SUS 500MG/5 .....	123		
CIPRO (5%) SUS 250MG/5 .....	123		
<b>ciprofloxacin</b>			
see CIPRO (10%) SUS 500MG/5 .....	123		
see CIPRO (5%) SUS 250MG/5 .....	123		



CLENPIQ SOL.....	131
CLEVER CHECK MIS .....	134
CLEVER CHECK MIS 30G.....	134
CLIMARA PRO DIS WEEKLY .....	121
CLINDACIN	
see Clindamycin Phosphate Foam 1% 106	
CLINDACIN ETZ PLEDGETS	
see Clindamycin Phosphate Swab 1% 106	
CLINDACIN-P	
see Clindamycin Phosphate Swab 1% 106	
<b>clindamycin hcl cap 150 mg</b> .....	37
<b>clindamycin hcl cap 300 mg</b> .....	37
<b>clindamycin hcl cap 75 mg</b> .....	37
<b>clindamycin palmitate hcl for soln 75</b>	
<b>mg/5ml (base equiv)</b> .....	37
<b>clindamycin phosphate-benzoyl peroxide</b>	
<b>gel 1.2-2.5%</b> .....	106
<b>clindamycin phosphate-benzoyl peroxide</b>	
<b>gel 1.2-3.75%</b> .....	107
<b>clindamycin phosphate-benzoyl peroxide</b>	
<b>gel 1-5%</b> .....	106
<b>clindamycin phosphate foam 1%</b> .....	106
Clindamycin Phosphate Foam 1% .....	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> .....	106
Clindamycin Phosphate Swab 1% .....	106
<b>clindamycin phosphate-tretinoin gel 1.2-</b>	
<b>0.025%</b> .....	107
<b>clindamycin phosphate vaginal cream 2%</b>	
.....	167
<b>clindamycin phosph-benzoyl peroxide</b>	
<b>(refrig) gel 1.2 (1)-5%</b> .....	106
Clindamycin Phosph-Benzoyl Peroxide	
(Refrig) Gel 1.2 (1)-5% .....	106
<b>clobazam suspension 2.5 mg/ml</b> .....	45
<b>clobazam tab 10 mg</b> .....	45
<b>clobazam tab 20 mg</b> .....	45
<b>clobetasol propionate cream 0.05%</b> .....	111
<b>clobetasol propionate emollient base</b>	
<b>cream 0.05%</b> .....	112
<b>clobetasol propionate foam 0.05%</b> .....	112
<b>clobetasol propionate gel 0.05%</b> .....	112

<b>clobetasol propionate lotion 0.05%</b> .....	112
<b>clobetasol propionate oint 0.05%</b> .....	112
<b>clobetasol propionate shampoo 0.05%</b> 112	
Clobetasol Propionate Shampoo 0.05% .112	
<b>clobetasol propionate soln 0.05%</b> .....	112
CLODAN	
see Clobetasol Propionate Shampoo	
0.05% .....	112
CLOMID	
see Clomiphene Citrate Tab 50 mg.....	118
Clomiphene Citrate Tab 50 mg.....	118
<b>clomipramine hcl cap 25 mg</b> .....	52
<b>clomipramine hcl cap 50 mg</b> .....	52
<b>clomipramine hcl cap 75 mg</b> .....	52
<b>clonazepam orally disintegrating tab</b>	
<b>0.125 mg</b> .....	46
<b>clonazepam orally disintegrating tab 0.25</b>	
<b>mg</b> .....	45
<b>clonazepam orally disintegrating tab 0.5</b>	
<b>mg</b> .....	45
<b>clonazepam orally disintegrating tab 1 mg</b>	
.....	46
<b>clonazepam orally disintegrating tab 2</b>	
<b>mg</b> .....	46
<b>clonazepam tab 0.5 mg</b> .....	46
<b>clonazepam tab 1 mg</b> .....	46
<b>clonazepam tab 2 mg</b> .....	46
<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> .....	17
<b>clonidine hcl tab er 24hr 0.17 mg (base</b>	
<b>equivalent)</b> .....	64
<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</b>	
<b>equiv)</b> .....	127
<b>clopidogrel bisulfate tab 75 mg (base</b>	
<b>equiv)</b> .....	127
<b>clorazepate dipotassium tab 15 mg</b> .....	39
<b>clorazepate dipotassium tab 3.75 mg</b> ....	39
<b>clorazepate dipotassium tab 7.5 mg</b> .....	39
<b>clotrimazole troche 10 mg</b> .....	147

<b>clotrimazole w/ betamethasone cream 1-0.05%</b> .....	108
<b>clotrimazole w/ betamethasone lotion 1-0.05%</b> .....	108
<b>clozapine orally disintegrating tab 100 mg</b> .....	80
<b>clozapine orally disintegrating tab 12.5 mg</b> .....	80
<b>clozapine orally disintegrating tab 150 mg</b> .....	80
<b>clozapine orally disintegrating tab 200 mg</b> .....	80
<b>clozapine orally disintegrating tab 25 mg</b> .....	80
<b>clozapine tab 100 mg</b> .....	80
<b>clozapine tab 200 mg</b> .....	80
<b>clozapine tab 25 mg</b> .....	80
<b>clozapine tab 50 mg</b> .....	80
<b>COAGUCHEK MIS LANCETS</b> .....	134
<b>coal tar soln 20%</b> .....	114
<b>cobimetinib fumarate</b> see COTELLIC TAB 20MG.....	72
<b>codeine sulfate tab 30 mg</b> .....	29
<b>colchicine</b> see MITIGARE CAP 0.6MG.....	126
<b>colchicine tab 0.6 mg</b> .....	126
<b>colchicine w/ probenecid tab 0.5-500 mg</b> .....	126
<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
<b>COMBIPATCH DIS</b> .....	121
<b>COMETRIQ KIT 100MG</b> .....	72
<b>COMETRIQ KIT 140MG</b> .....	72
<b>COMETRIQ KIT 60MG</b> .....	72
<b>COMFORT ASSU MIS LANC 28G</b> .....	134
<b>COMFORT ASSU MIS LANC 33G</b> .....	134
<b>COMFORT EZ MIS 21G</b> .....	134
<b>COMFORT EZ MIS 23G</b> .....	134
<b>COMFORT EZ MIS 28G</b> .....	134
<b>COMFORTOUCH MIS LANCET</b> .....	134
<b>COMFORT TCH MIS LANC 28G</b> .....	134
<b>COMFORT TCH MIS LANC 30G</b> .....	134
<b>COMFORT TCH MIS LANC 31G</b> .....	134
<b>COMIRNATY INJ 30/0.3ML</b> .....	165
<b>COMPRO</b> see Prochlorperazine Suppos 25 mg....	82
<b>condoms - female</b> see FC2 FEMALE MIS CONDOM .....	133
<b>conjugated estrogens-basedoxifene</b> see DUAVEE TAB 0.45-20.....	121
<b>conjugated estrogens-medroxyprogesterone acetate</b> see PREMPHASE TAB .....	122
see PREMPRO TAB.....	122
see PREMPRO TAB 0.3-1.5.....	122
see PREMPRO TAB 0.45-1.5 .....	122
see PREMPRO TAB 0.625-5.....	122
<b>CONSTULOSE</b> see Lactulose Solution 10 gm/15ml.....	131
<b>continuous glucose system receiver</b> see DEXCOM G6 MIS RECEIVER.....	134
see DEXCOM G7 MIS RECEIVER .....	135
<b>continuous glucose system sensor</b> see DEXCOM G6 MIS SENSOR.....	135
see DEXCOM G7 MIS SENSOR .....	135
<b>continuous glucose system transmitter</b> see DEXCOM G6 MIS TRANSMIT .....	135
<b>COPAXONE INJ 40MG/ML</b> .....	156
<b>COPIKTRA CAP 15MG</b> .....	72
<b>COPIKTRA CAP 25MG</b> .....	72
<b>CORLANOR TAB 5MG</b> .....	93
<b>CORLANOR TAB 7.5MG</b> .....	93
<b>corticotropin</b> see ACTHAR INJ 80UNIT .....	117
see CORTROPHIN GEL 80UNIT .....	117
<b>CORTIFOAM AER 90MG</b> .....	36
<b>CORTROPHIN GEL 80UNIT</b> .....	117
<b>CORVITA 150</b> see Iron-Folic Acid-Vit C-Vit B6-Vit B12-Zinc Tab 150-1.25 mg .....	130
<b>COSENTYX INJ 150MG/ML</b> .....	109
<b>COSENTYX INJ 300DOSE</b> .....	109
<b>COSENTYX INJ 75MG/0.5</b> .....	109
<b>COSENTYX PEN INJ 150MG/ML</b> .....	109

COSENTYX PEN INJ 300DOSE.....	110	<b><i>cromolyn sodium soln nebu 20 mg/2ml</i></b>	40
COSENTYX UNO INJ 300/2ML.....	110	Crotamiton Lotion 10%.....	114
COTELLIC TAB 20MG.....	72	CROTAN	
COUNT-A-DOSE MIS.....	134	see Crotamiton Lotion 10%.....	114
<b><i>covid-19 (sars-cov-2) adenovirus vaccine</i></b>		CRYSELLE-28	
see JANSSEN VACC INJ COVID-19.....	166	see Norgestrel & Ethinyl Estradiol Tab 0.3	
<b><i>covid-19 (sars-cov-2) mrna virus vaccine</i></b>		mg-30 mcg.....	102
see COMIRNATY INJ 30/0.3ML.....	165	CVS FOLIC ACID	
see MODERNA VACC INJ 6-11Y.....	166	see Folic Acid Tab 800 mcg.....	128
see MODERNA VACC INJ 6M-5Y.....	166	CVS LANCETS MIS 21G.....	134
see MODERNA VAC INJ 50/0.5ML.....	166	CVS LANCETS MIS 30G.....	134
see MODERNA VAC INJ COVID-19.....	166	CVS LANCETS MIS 33G.....	134
see PFIZER VACC INJ 5-11Y.....	166	CVS LANCETS MIS ORIGINAL.....	134
see PFIZER VACC INJ 6M-4Y.....	166	CVS LANCETS MIS THIN 26G.....	134
see PFIZER VACC INJ ADLT RTU.....	166	CVS LANCETS MIS THIN 30G.....	134
see PFIZER VACC INJ COVID-19.....	167	CVS LANCETS MIS THIN 33G.....	134
<b><i>covid-19 (sars-cov-2) subunit (spike)</i></b>		CVS NICOTINE POLACRILEX	
<b><i>protein virus vaccine</i></b>		see Nicotine Polacrilex Lozenge 4 mg	159
see NOVAVAX VAC INJ COVID-19.....	166	<b><i>cyanocobalamin inj 1000 mcg/ml</i></b> .....	127
<b><i>covid-19 home collection test</i></b>		Cyanocobalamin Inj 1000 mcg/ml.....	127
see DXTERITY TES KIT COVID-19.....	115	Cyanocobalamin-Methylcobalamin Sl Tab	
see PIXEL COVID KIT HOME TES.....	115	600-600 mcg.....	129
see SIMPLICITY KIT COVID-19.....	115	<b><i>cyanocobalamin nasal spray 500</i></b>	
<b><i>covid-19 mrna bivalent virus vaccine</i></b>		<b><i>mcg/0.1ml</i></b> .....	127
<b><i>(moderna)</i></b>		<b><i>cyclobenzaprine hcl tab 10 mg</i></b> .....	148
see MODERNA BIV INJ 6M-5Y.....	166	<b><i>cyclobenzaprine hcl tab 5 mg</i></b> .....	148
see MODERNA INJ BIVALENT.....	166	<b><i>cyclopentolate hcl ophth soln 1%</i></b> .....	150
<b><i>covid-19 mrna bivalent virus vaccine</i></b>		<b><i>cyclophosphamide cap 25 mg</i></b> .....	68
<b><i>(pfizer)</i></b>		<b><i>cyclophosphamide cap 50 mg</i></b> .....	68
see PFIZER BIVAL INJ 5-11Y.....	166	<b><i>cycloserine cap 250 mg</i></b> .....	67
see PFIZER BIVAL INJ 6M-4Y.....	166	<b><i>cyclosporine (ophth)</i></b>	
see PFIZER BIVAL INJ BA4/BA5.....	166	see RESTASIS EMU 0.05% OP.....	151
CREON CAP 12000UNT.....	115	see RESTASIS MUL EMU 0.05% OP.....	151
CREON CAP 24000UNT.....	115	<b><i>cyclosporine cap 100 mg</i></b> .....	146
CREON CAP 3000UNIT.....	115	<b><i>cyclosporine cap 25 mg</i></b> .....	146
CREON CAP 36000UNT.....	115	<b><i>cyclosporine modified cap 100 mg</i></b> .....	146
CREON CAP 6000UNIT.....	115	Cyclosporine Modified Cap 100 mg.....	146
CRINONE GEL 4% VAG.....	168	<b><i>cyclosporine modified cap 25 mg</i></b> .....	146
CRINONE GEL 8% VAG.....	168	Cyclosporine Modified Cap 25 mg.....	146
<b><i>crisaborole</i></b>		<b><i>cyclosporine modified cap 50 mg</i></b> .....	146
see EUCRISA OIN 2%.....	114	<b><i>cyclosporine modified oral soln 100</i></b>	
<b><i>cromolyn sodium ophth soln 4%</i></b> .....	152	<b><i>mg/ml</i></b> .....	146
<b><i>cromolyn sodium oral conc 100 mg/5ml</i></b>		Cyclosporine Modified Oral Soln 100	
.....	124	mg/ml.....	146

<b><i>cyproheptadine hcl syrup 2 mg/5ml</i></b> .....	60
<b><i>cyproheptadine hcl tab 4 mg</i></b> .....	60
CYRED EQ	
see Desogestrel & Ethinyl Estradiol Tab	
0.15 mg-30 mcg .....	95
CYSTAGON CAP 150MG .....	126
CYSTAGON CAP 50MG.....	126
<b><i>cysteamine bitartrate</i></b>	
see CYSTAGON CAP 150MG .....	126
see CYSTAGON CAP 50MG.....	126
CYTRA K CRYSTALS	
see Potassium Citrate & Citric Acid	
Powder Pack 3300-1002 mg .....	125
<b>D</b>	
<b><i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i></b> .....	45
<b><i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i></b> .....	45
<b><i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i></b> .....	45
<b><i>dalfampridine</i></b>	
see AMPYRA TAB 10MG.....	156
<b><i>dalfampridine tab er 12hr 10 mg</i></b> .....	156
<b><i>dalteparin sodium</i></b>	
see FRAGMIN INJ 10000/ML.....	45
see FRAGMIN INJ 12500UNT .....	45
see FRAGMIN INJ 15000UNT.....	45
see FRAGMIN INJ 18000UNT.....	45
see FRAGMIN INJ 2500/0.2.....	45
see FRAGMIN INJ 2500/ML.....	45
see FRAGMIN INJ 5000/0.2 .....	45
see FRAGMIN INJ 7500/0.3.....	45
see FRAGMIN INJ 95000UNT.....	45
<b><i>danazol cap 100 mg</i></b> .....	35
<b><i>danazol cap 200 mg</i></b> .....	35
<b><i>danazol cap 50 mg</i></b> .....	35
<b><i>dantrolene sodium cap 100 mg</i></b> .....	149
<b><i>dantrolene sodium cap 25 mg</i></b> .....	149
<b><i>dantrolene sodium cap 50 mg</i></b> .....	149
<b><i>dapagliflozin propanediol</i></b>	
see FARXIGA TAB 10MG .....	57
see FARXIGA TAB 5MG.....	57
<b><i>dapagliflozin propanediol-metformin hcl</i></b>	
see XIGDUO XR TAB 10-1000.....	55
see XIGDUO XR TAB 10-500MG .....	55
see XIGDUO XR TAB 2.5-1000 .....	54
see XIGDUO XR TAB 5-1000MG .....	54
see XIGDUO XR TAB 5-500MG.....	54
<b><i>dapsone gel 5%</i></b> .....	107
<b><i>dapsone gel 7.5%</i></b> .....	107
<b><i>dapsone tab 100 mg</i></b> .....	37
<b><i>dapsone tab 25 mg</i></b> .....	37
DAPTACEL INJ.....	162
<b><i>darbepoetin alfa</i></b>	
see ARANESP INJ 100MCG .....	128
see ARANESP INJ 10MCG.....	128
see ARANESP INJ 150MCG.....	128
see ARANESP INJ 200MCG.....	128
see ARANESP INJ 25MCG .....	128
see ARANESP INJ 300MCG.....	128
see ARANESP INJ 40MCG .....	128
see ARANESP INJ 500MCG.....	128
see ARANESP INJ 60MCG .....	128
<b><i>daridorexant hcl</i></b>	
see QUVIVIQ TAB 25MG.....	131
see QUVIVIQ TAB 50MG .....	131
<b><i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i></b> .....	164
<b><i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i></b> .....	164
<b><i>darolutamide</i></b>	
see NUBEQA TAB 300MG .....	70
<b><i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i></b>	
see SYMTUZA TAB.....	85
<b><i>darunavir tab 600 mg</i></b> .....	83
<b><i>darunavir tab 800 mg</i></b> .....	83
<b><i>dasatinib</i></b>	
see SPRYCEL TAB 100MG .....	75
see SPRYCEL TAB 140MG .....	75
see SPRYCEL TAB 20MG.....	75
see SPRYCEL TAB 50MG.....	75
see SPRYCEL TAB 70MG .....	75
see SPRYCEL TAB 80MG.....	75
DASETTA 1/35	
see Norethindrone & Ethinyl Estradiol	
Tab 1 mg-35 mcg .....	98
DASETTA 7/7/7	

see Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg.....	101
<b>dasiglucagon hcl</b>	
see ZEGALOGUE INJ 0.6/0.6 .....	55
DAYSEE	
see Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)96	
DAYVIGO TAB 10MG.....	131
DAYVIGO TAB 5MG .....	131
DEBLITANE	
see Norethindrone Tab 0.35 mg .....	103
<b>decitabine-cedazuridine</b>	
see INQOVI TAB 35-100MG .....	71
<b>deferasirox granules packet 180 mg</b> .....	57
<b>deferasirox granules packet 360 mg</b> .....	57
<b>deferasirox granules packet 90 mg</b> .....	57
<b>deferasirox tab 180 mg</b> .....	57
<b>deferasirox tab 360 mg</b> .....	58
<b>deferasirox tab 90 mg</b> .....	57
<b>deferasirox tab for oral susp 125 mg</b> .....	58
<b>deferasirox tab for oral susp 250 mg</b> .....	58
<b>deferasirox tab for oral susp 500 mg</b> .....	58
<b>deferiprone tab 1000 mg</b> .....	58
<b>deferiprone tab 500 mg</b> .....	58
<b>deflazacort tab 18 mg</b> .....	104
<b>deflazacort tab 30 mg</b> .....	104
<b>deflazacort tab 36 mg</b> .....	104
<b>deflazacort tab 6 mg</b> .....	104
DELYLA	
see Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg .....	97
<b>demeclocycline hcl tab 150 mg</b> .....	159
<b>demeclocycline hcl tab 300 mg</b> .....	159
DEPO-TESTOSTERONE	
see Testosterone Cypionate Im Inj In Oil 100 mg/ml.....	35
see Testosterone Cypionate Im Inj In Oil 200 mg/ml .....	35
DESCOVY TAB 120-15MG .....	83
DESCOVY TAB 200/25MG .....	83
<b>desipramine hcl tab 100 mg</b> .....	52
<b>desipramine hcl tab 10 mg</b> .....	52
<b>desipramine hcl tab 150 mg</b> .....	52
<b>desipramine hcl tab 25 mg</b> .....	52

<b>desipramine hcl tab 50 mg</b> .....	52
<b>desipramine hcl tab 75 mg</b> .....	52
<b>desloratadine tab 5 mg</b> .....	59
<b>desloratadine tab orally disintegrating 2.5 mg</b> .....	59
<b>desloratadine tab orally disintegrating 5 mg</b> .....	59
<b>desmopressin acetate nasal spray soln 0.01%</b> .....	120
<b>desmopressin acetate nasal spray soln 0.01% (refrigerated)</b> .....	120
<b>desmopressin acetate tab 0.1 mg</b> .....	120
<b>desmopressin acetate tab 0.2 mg</b> .....	120
<b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</b> .....	94
Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5) .....	94, 95
Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025mg-Mg.....	95
Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg .....	95
<b>desonide cream 0.05%</b> .....	112
<b>desonide lotion 0.05%</b> .....	112
<b>desonide oint 0.05%</b> .....	112
<b>desoximetasone cream 0.05%</b> .....	112
<b>desoximetasone cream 0.25%</b> .....	112
<b>desoximetasone gel 0.05%</b> .....	112
<b>desoximetasone oint 0.25%</b> .....	112
<b>desoximetasone spray 0.25%</b> .....	112
<b>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</b> .....	51
<b>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</b> .....	51
<b>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</b> .....	51
<b>deucravacitinib</b>	
see SOTYKTU TAB 6MG.....	110
<b>deutetrabenazine</b>	
see AUSTEDO TAB 12MG .....	156
see AUSTEDO TAB 6MG.....	156
see AUSTEDO TAB 9MG.....	156
see AUSTEDO XR TAB 12MG .....	156
see AUSTEDO XR TAB 24MG.....	156
see AUSTEDO XR TAB 6MG.....	156

see AUSTEDO XR TAB TITR KIT .....	156
<b>dexamethasone elixir 0.5 mg/5ml .....</b>	<b>104</b>
<b>dexamethasone sodium phosphate ophth soln 0.1%.....</b>	<b>151</b>
<b>dexamethasone soln 0.5 mg/5ml .....</b>	<b>104</b>
<b>dexamethasone tab 0.5 mg .....</b>	<b>104</b>
<b>dexamethasone tab 0.75 mg .....</b>	<b>104</b>
<b>dexamethasone tab 1.5 mg .....</b>	<b>104</b>
<b>dexamethasone tab 1 mg .....</b>	<b>104</b>
<b>dexamethasone tab 2 mg.....</b>	<b>104</b>
<b>dexamethasone tab 4 mg.....</b>	<b>104</b>
<b>dexamethasone tab 6 mg.....</b>	<b>104</b>
<b>dexamethasone tab therapy pack 1.5 mg (21) .....</b>	<b>104</b>
Dexamethasone Tab Therapy Pack 1.5 mg (21) .....	104
<b>dexamethasone tab therapy pack 1.5 mg (35).....</b>	<b>104</b>
<b>dexamethasone tab therapy pack 1.5 mg (51) .....</b>	<b>104</b>
DEXCOM G6 MIS RECEIVER.....	134
DEXCOM G6 MIS SENSOR.....	135
DEXCOM G6 MIS TRANSMIT.....	135
DEXCOM G7 MIS RECEIVER .....	135
DEXCOM G7 MIS SENSOR .....	135
<b>dexmethylphenidate hcl cap er 24 hr 10 mg .....</b>	<b>18</b>
<b>dexmethylphenidate hcl cap er 24 hr 15 mg .....</b>	<b>18</b>
<b>dexmethylphenidate hcl cap er 24 hr 20 mg .....</b>	<b>18</b>
<b>dexmethylphenidate hcl cap er 24 hr 25 mg .....</b>	<b>18</b>
<b>dexmethylphenidate hcl cap er 24 hr 30 mg .....</b>	<b>18</b>
<b>dexmethylphenidate hcl cap er 24 hr 35 mg .....</b>	<b>18</b>
<b>dexmethylphenidate hcl cap er 24 hr 40 mg .....</b>	<b>18</b>
<b>dexmethylphenidate hcl cap er 24 hr 5 mg .....</b>	<b>18</b>
<b>dexmethylphenidate hcl tab 10 mg .....</b>	<b>18</b>
<b>dexmethylphenidate hcl tab 2.5 mg .....</b>	<b>18</b>
<b>dexmethylphenidate hcl tab 5 mg .....</b>	<b>18</b>

<b>dextroamphetamine sulfate cap er 24hr 10 mg .....</b>	<b>15</b>
<b>dextroamphetamine sulfate cap er 24hr 15 mg .....</b>	<b>15</b>
<b>dextroamphetamine sulfate cap er 24hr 5 mg .....</b>	<b>15</b>
<b>dextroamphetamine sulfate oral solution 5 mg/5ml .....</b>	<b>15</b>
Dextroamphetamine Sulfate Oral Solution 5 mg/5ml.....	15
<b>dextroamphetamine sulfate tab 10 mg...16</b>	<b>16</b>
Dextroamphetamine Sulfate Tab 10 mg ...16	16
<b>dextroamphetamine sulfate tab 15 mg...16</b>	<b>16</b>
Dextroamphetamine Sulfate Tab 15 mg ...16	16
<b>dextroamphetamine sulfate tab 2.5 mg .15</b>	<b>15</b>
Dextroamphetamine Sulfate Tab 2.5 mg..15	15
<b>dextroamphetamine sulfate tab 20 mg ..16</b>	<b>16</b>
Dextroamphetamine Sulfate Tab 20 mg...16	16
<b>dextroamphetamine sulfate tab 30 mg ..16</b>	<b>16</b>
Dextroamphetamine Sulfate Tab 30 mg...16	16
<b>dextroamphetamine sulfate tab 5 mg ....15</b>	<b>15</b>
Dextroamphetamine Sulfate Tab 5 mg .....	16
<b>dextroamphetamine sulfate tab 7.5 mg .16</b>	<b>16</b>
Dextroamphetamine Sulfate Tab 7.5 mg..16	16
DHIVY TAB 25-100MG.....	77
<b>diaphragm arc-spring</b>	
see CAYA DPR .....	133
<b>diaphragm wide seal</b>	
see WIDE-SEAL DPR KIT 60.....	133
see WIDE-SEAL DPR KIT 65.....	133
see WIDE-SEAL DPR KIT 70.....	133
see WIDE-SEAL DPR KIT 75.....	133
see WIDE-SEAL DPR KIT 80.....	133
see WIDE-SEAL DPR KIT 85.....	133
see WIDE-SEAL DPR KIT 90.....	133
see WIDE-SEAL DPR KIT 95.....	133
DIATHRIVE MIS LANCETS.....	135
DIATHRIVE MIS UT 30G.....	135
<b>diazepam (anticonvulsant)</b>	
see VALTOCO SPR 10MG .....	46
see VALTOCO SPR 15MG .....	46
see VALTOCO SPR 20MG.....	46
see VALTOCO SPR 5MG.....	46
<b>diazepam conc 5 mg/ml .....</b>	<b>39</b>

Diazepam Conc 5 mg/ml.....	39	<b>digoxin tab 125 mcg (0.125 mg)</b> .....	91
DIAZEPAM INTENSOL		<b>digoxin tab 250 mcg (0.25 mg)</b> .....	91
see Diazepam Conc 5 mg/ml.....	39	<b>digoxin tab 62.5 mcg (0.0625 mg)</b> .....	91
<b>diazepam oral soln 1 mg/ml</b> .....	39	<b>dihydroergotamine mesylate inj 1 mg/ml</b>	
<b>diazepam rectal gel delivery system 10</b>		.....	143
<b>mg</b> .....	46	<b>diltiazem hcl cap er 12hr 120 mg</b> .....	88
<b>diazepam rectal gel delivery system 2.5</b>		<b>diltiazem hcl cap er 12hr 60 mg</b> .....	88
<b>mg</b> .....	46	<b>diltiazem hcl cap er 12hr 90 mg</b> .....	88
<b>diazepam rectal gel delivery system 20</b>		<b>diltiazem hcl cap er 24hr 120 mg</b> .....	88
<b>mg</b> .....	46	Diltiazem Hcl Cap Er 24hr 120 mg.....	88
<b>diazepam tab 10 mg</b> .....	39	<b>diltiazem hcl cap er 24hr 180 mg</b> .....	88
<b>diazepam tab 2 mg</b> .....	39	Diltiazem Hcl Cap Er 24hr 180 mg.....	88
<b>diazepam tab 5 mg</b> .....	39	<b>diltiazem hcl cap er 24hr 240 mg</b> .....	88
<b>diazoxide susp 50 mg/ml</b> .....	55	Diltiazem Hcl Cap Er 24hr 240 mg .....	88
<b>dichlorphenamide tab 50 mg</b> .....	116	<b>diltiazem hcl coated beads cap er 24hr</b>	
<b>diclofenac epolamine patch 1.3%</b> .....	108	<b>120 mg</b> .....	88
<b>diclofenac potassium tab 50 mg</b> .....	26	Diltiazem Hcl Coated Beads Cap Er 24hr	
<b>diclofenac sodium (actinic keratoses) gel</b>		120 mg .....	88
<b>3%</b> .....	108	<b>diltiazem hcl coated beads cap er 24hr</b>	
<b>diclofenac sodium ophth soln 0.1%</b> .....	152	<b>180 mg</b> .....	88
<b>diclofenac sodium soln 1.5%</b> .....	108	Diltiazem Hcl Coated Beads Cap Er 24hr	
<b>diclofenac sodium tab delayed release 25</b>		180 mg .....	88
<b>mg</b> .....	26	<b>diltiazem hcl coated beads cap er 24hr</b>	
<b>diclofenac sodium tab delayed release 50</b>		<b>240 mg</b> .....	89
<b>mg</b> .....	26	Diltiazem Hcl Coated Beads Cap Er 24hr	
<b>diclofenac sodium tab delayed release 75</b>		240 mg .....	89
<b>mg</b> .....	26	<b>diltiazem hcl coated beads cap er 24hr</b>	
<b>diclofenac sodium tab er 24hr 100 mg</b> .....	26	<b>300 mg</b> .....	89
<b>diclofenac w/ misoprostol tab delayed</b>		Diltiazem Hcl Coated Beads Cap Er 24hr	
<b>release 50-0.2 mg</b> .....	26	300 mg .....	89
<b>diclofenac w/ misoprostol tab delayed</b>		<b>diltiazem hcl coated beads cap er 24hr</b>	
<b>release 75-0.2 mg</b> .....	26	<b>360 mg</b> .....	89
<b>dicloxacillin sodium cap 250 mg</b> .....	154	<b>diltiazem hcl extended release beads cap</b>	
<b>dicloxacillin sodium cap 500 mg</b> .....	154	<b>er 24hr 120 mg</b> .....	89
<b>dicyclomine hcl cap 10 mg</b> .....	162	Diltiazem Hcl Extended Release Beads Cap	
<b>dicyclomine hcl oral soln 10 mg/5ml</b> .....	162	Er 24hr 120 mg.....	89
<b>dicyclomine hcl tab 20 mg</b> .....	162	<b>diltiazem hcl extended release beads cap</b>	
<b>diethylpropion hcl tab 25 mg</b> .....	16	<b>er 24hr 180 mg</b> .....	89
<b>diethylpropion hcl tab er 24hr 75 mg</b> .....	16	Diltiazem Hcl Extended Release Beads Cap	
DIFICID SUS .....	132	Er 24hr 180 mg .....	89
DIFICID TAB 200MG .....	132	<b>diltiazem hcl extended release beads cap</b>	
<b>diflunisal tab 500 mg</b> .....	29	<b>er 24hr 240 mg</b> .....	89
<b>difluprednate ophth emulsion 0.05%</b> .....	151	Diltiazem Hcl Extended Release Beads Cap	
<b>digoxin oral soln 0.05 mg/ml</b> .....	91	Er 24hr 240 mg.....	89

<b>diltiazem hcl extended release beads cap er 24hr 300 mg</b> .....	89	see VAXELIS INJ .....	162
Diltiazem Hcl Extended Release Beads Cap Er 24hr 300 mg.....	89	<b>diphtheria, acellular pertussis &amp; tetanus toxoids</b>	
<b>diltiazem hcl extended release beads cap er 24hr 360 mg</b> .....	89	see DAPTACEL INJ.....	162
Diltiazem Hcl Extended Release Beads Cap Er 24hr 360 mg.....	89	see INFANRIX INJ .....	162
<b>diltiazem hcl extended release beads cap er 24hr 420 mg</b> .....	89	<b>dipyridamole tab 25 mg</b> .....	127
Diltiazem Hcl Extended Release Beads Cap Er 24hr 420 mg.....	89	<b>dipyridamole tab 50 mg</b> .....	127
<b>diltiazem hcl tab 120 mg</b> .....	90	<b>dipyridamole tab 75 mg</b> .....	127
<b>diltiazem hcl tab 30 mg</b> .....	89	<b>diroximel fumarate</b>	
<b>diltiazem hcl tab 60 mg</b> .....	90	see VUMERITY CAP 231MG .....	158
<b>diltiazem hcl tab 90 mg</b> .....	90	<b>disopyramide phosphate cap 100 mg</b> ....	40
DILT-XR		<b>disopyramide phosphate cap 150 mg</b> ....	40
see Diltiazem Hcl Cap Er 24hr 120 mg..	88	<b>disulfiram tab 250 mg</b> .....	154
see Diltiazem Hcl Cap Er 24hr 180 mg..	88	<b>disulfiram tab 500 mg</b> .....	154
see Diltiazem Hcl Cap Er 24hr 240 mg..	88	<b>divalproex sodium cap delayed release sprinkle 125 mg</b> .....	49
<b>dimethyl fumarate capsule delayed release 120 mg</b> .....	156	<b>divalproex sodium tab delayed release 125 mg</b> .....	49
<b>dimethyl fumarate capsule delayed release 240 mg</b> .....	156	<b>divalproex sodium tab delayed release 250 mg</b> .....	49
<b>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</b> .....	157	<b>divalproex sodium tab delayed release 500 mg</b> .....	49
DIP/TET PED INJ 25-5LFU .....	162	<b>divalproex sodium tab er 24 hr 250 mg</b> .	49
<b>diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac</b>		<b>divalproex sodium tab er 24 hr 500 mg</b> .	50
see PENTACEL INJ.....	162	DODEX	
<b>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</b> .....	57	see Cyanocobalamin Inj 1000 mcg/ml	127
<b>diphenoxylate w/ atropine tab 2.5-0.025 mg</b> .....	57	<b>dofetilide cap 125 mcg (0.125 mg)</b> .....	40
<b>diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac</b>		<b>dofetilide cap 250 mcg (0.25 mg)</b> .....	40
see PEDIARIX INJ 0.5ML .....	162	<b>dofetilide cap 500 mcg (0.5 mg)</b> .....	40
<b>diph-tetanus tox ad-acell pertussis &amp; polio virus, ipv vac</b>		DOLISHALE	
see KINRIX INJ.....	162	see Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 mcg.....	98
see QUADRACEL INJ .....	162	<b>dolutegravir sodium</b>	
see QUADRACEL INJ 0.5ML .....	162	see TIVICAY PD TAB 5MG .....	85
<b>diph-tet tox-acell pert ad-polio ipv-hib-hepatitis b recomb</b>		see TIVICAY TAB 50MG.....	85
		<b>dolutegravir sodium-lamivudine</b>	
		see DOVATO TAB 50-300MG .....	83
		<b>donepezil hydrochloride orally disintegrating tab 10 mg</b> .....	155
		<b>donepezil hydrochloride orally disintegrating tab 5 mg</b> .....	155
		<b>donepezil hydrochloride tab 10 mg</b> .....	155
		<b>donepezil hydrochloride tab 23 mg</b> .....	155
		<b>donepezil hydrochloride tab 5 mg</b> .....	155



DOPTELET TAB 20MG .....	128	<b>doxycycline monohydrate cap 100 mg</b>	160
<b>dornase alfa</b>		Doxycycline Monohydrate Cap 100 mg	.160
see PULMOZYME SOL 1MG/ML .....	159	<b>doxycycline monohydrate cap 50 mg</b>	..160
<b>dorzolamide hcl ophth soln 2%</b> .....	152	<b>doxycycline monohydrate for susp 25</b>	
<b>dorzolamide hcl-timolol maleate ophth</b>		<b>mg/5ml</b> .....	160
<b>soln 2-0.5%</b> .....	150	<b>doxycycline monohydrate tab 100 mg</b>	.160
<b>dorzolamide hcl-timolol maleate pf ophth</b>		Doxycycline Monohydrate Tab 100 mg	..160
<b>soln 2-0.5%</b> .....	150	<b>doxycycline monohydrate tab 150 mg</b>	.160
DOTTI		<b>doxycycline monohydrate tab 50 mg</b>	...160
see Estradiol Td Patch Twice Weekly		<b>doxycycline monohydrate tab 75 mg</b>	...160
0.025 mg/24hr .....	122	<b>doxylamine-pyridoxine tab delayed</b>	
see Estradiol Td Patch Twice Weekly		<b>release 10-10 mg</b> .....	58
0.0375 mg/24hr .....	123	<b>dronabinol cap 10 mg</b> .....	58
see Estradiol Td Patch Twice Weekly		<b>dronabinol cap 2.5 mg</b> .....	58
0.05 mg/24hr .....	122	<b>dronabinol cap 5 mg</b> .....	58
see Estradiol Td Patch Twice Weekly		<b>dronedarone hcl</b>	
0.075 mg/24hr .....	123	see MULTAQ TAB 400MG .....	40
see Estradiol Td Patch Twice Weekly 0.1		DROPLET LANC MIS 30G .....	135
mg/24hr .....	122	DROPLET PERS MIS LANC 30G .....	135
DOVATO TAB 50-300MG .....	83	<b>drospirenone-ethinyl estradiol tab 3-0.02</b>	
<b>doxazosin mesylate tab 1 mg</b> .....	64	<b>mg</b> .....	95
<b>doxazosin mesylate tab 2 mg</b> .....	64	Drospirenone-Ethinyl Estradiol Tab 3-0.02	
<b>doxazosin mesylate tab 4 mg</b> .....	64	mg .....	95
<b>doxazosin mesylate tab 8 mg</b> .....	64	<b>drospirenone-ethinyl estradiol tab 3-0.03</b>	
<b>doxepin hcl (sleep) tab 3 mg (base equiv)</b>		<b>mg</b> .....	95
.....	130	Drospirenone-Ethinyl Estradiol Tab 3-0.03	
<b>doxepin hcl (sleep) tab 6 mg (base equiv)</b>		mg .....	95, 96
.....	130	<b>drospirenone-ethinyl estrad-</b>	
<b>doxepin hcl cap 100 mg</b> .....	53	<b>levomefolate tab 3-0.02-0.451 mg</b> .....	95
<b>doxepin hcl cap 10 mg</b> .....	52	<b>drospirenone-ethinyl estrad-</b>	
<b>doxepin hcl cap 150 mg</b> .....	53	<b>levomefolate tab 3-0.03-0.451 mg</b> .....	95
<b>doxepin hcl cap 25 mg</b> .....	53	Drospirenone-Ethinyl Estrad-Levomefolate	
<b>doxepin hcl cap 50 mg</b> .....	53	Tab 3-0.03-0.451 mg .....	95
<b>doxepin hcl cap 75 mg</b> .....	53	<b>droxidopa cap 100 mg</b> .....	168
<b>doxepin hcl conc 10 mg/ml</b> .....	53	<b>droxidopa cap 200 mg</b> .....	168
<b>doxercalciferol cap 0.5 mcg</b> .....	119	<b>droxidopa cap 300 mg</b> .....	168
<b>doxercalciferol cap 1 mcg</b> .....	119	DUAVEE TAB 0.45-20 .....	121
<b>doxercalciferol cap 2.5 mcg</b> .....	119	<b>dulaglutide</b>	
<b>doxycycline (rosacea)</b>		see TRULICITY INJ 0.75/0.5 .....	56
see ORACEA CAP 40MG .....	114	see TRULICITY INJ 1.5/0.5 .....	56
<b>doxycycline hyclate cap 100 mg</b> .....	159	see TRULICITY INJ 3/0.5 .....	56
<b>doxycycline hyclate cap 50 mg</b> .....	159	see TRULICITY INJ 4.5/0.5 .....	56
<b>doxycycline hyclate tab 100 mg</b> .....	160	DULERA AER 100-5MCG .....	42
<b>doxycycline hyclate tab 20 mg</b> .....	159	DULERA AER 200-5MCG .....	42

DULERA AER 50-5MCG .....	42	see Levonorgestrel Tab 1.5 mg .....	103
<b>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</b> .....	52	<b>edaravone</b>	
<b>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</b> .....	52	see RADICAVA ORS SUS 105/5ML .....	149
<b>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</b> .....	52	see RADICAVA ORS SUS STARTER .....	149
<b>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</b> .....	52	<b>efavirenz cap 200 mg</b> .....	83
<b>dupilumab</b>		<b>efavirenz cap 50 mg</b> .....	83
see DUPIXENT INJ 200/1.14 .....	113	<b>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</b> .....	83
see DUPIXENT INJ 200MG .....	113	<b>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</b> .....	83
see DUPIXENT INJ 300/2ML .....	113	<b>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</b> .....	83
DUPIXENT INJ 200/1.14 .....	113	<b>efavirenz tab 600 mg</b> .....	83
DUPIXENT INJ 200MG .....	113	EFFER-K	
DUPIXENT INJ 300/2ML .....	113	see Potassium Bicarbonate Effer Tab 25 meq .....	144
<b>dutasteride cap 0.5 mg</b> .....	126	EGRIFTA SV INJ 2MG .....	118
<b>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</b> .....	126	<b>elagolix sodium</b>	
<b>duvelisib</b>		see ORLISSA TAB 150MG .....	118
see COPIKTRA CAP 15MG .....	72	see ORLISSA TAB 200MG .....	118
see COPIKTRA CAP 25MG .....	72	<b>elagolix sodium-estradiol-norethindrone acetate</b>	
DXTERITY TES KIT COVID-19 .....	115	see ORIAHNN CAP .....	122
<b>E</b>		<b>eletriptan hydrobromide tab 20 mg (base equivalent)</b> .....	143
E.E.S. 400		<b>eletriptan hydrobromide tab 40 mg (base equivalent)</b> .....	143
see Erythromycin Ethylsuccinate Tab 400 mg .....	132	<b>eliglustat tartrate</b>	
EASY COMFORT MIS 30G .....	135	see CERDELGA CAP 84MG .....	127
EASY COMFORT MIS LANC/30G .....	135	ELINEST	
EASY COMFORT MIS TWIST .....	135	see Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg .....	102
EASY TOUCH MIS LANC/21G .....	135	ELIQUIS ST P TAB 5MG .....	44
EASY TOUCH MIS LANC/23G .....	135	ELIQUIS TAB 2.5MG .....	44
EASY TOUCH MIS LANC/26G .....	135	ELIQUIS TAB 5MG .....	44
EASY TOUCH MIS LANC/28G .....	135	ELITE-OB	
EASY TOUCH MIS LANC/30G .....	135	see Prenatal Vit W/ Iron Carbonyl-Fa Tab 50-1.25 mg .....	148
EASY TOUCH MIS LANC/32G .....	135	ELIXOPHYLLIN	
EASY TOUCH MIS LANC/33G .....	135	see Theophylline Elixir 80 mg/15ml .....	43
EC-NAPROXEN		ELLA TAB 30MG .....	103
see Naproxen Tab Ec 375 mg .....	27	<b>eltrombopag olamine</b>	
see Naproxen Tab Ec 500 mg .....	27	see PROMACTA PAK 25MG .....	129
<b>econazole nitrate cream 1%</b> .....	108	see PROMACTA POW 12.5MG .....	129
ECONTRA EZ			
see Levonorgestrel Tab 1.5 mg .....	103		
ECONTRA ONE-STEP			

see PROMACTA TAB 12.5MG .....	129	<b>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</b> .....	83
see PROMACTA TAB 25MG.....	129	<b>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</b> .....	83
see PROMACTA TAB 50MG .....	129	<b>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</b> .....	84
see PROMACTA TAB 75MG.....	129	EMTRIVA SOL 10MG/ML .....	84
<b>eluxadoline</b>		EMVERM CHW 100MG.....	36
see VIBERZI TAB 100MG .....	125	<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</b> .....	65
see VIBERZI TAB 75MG .....	125	<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b> .....	65
<b>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</b>		<b>enalapril maleate oral soln 1 mg/ml</b> .....	62
see GENVOYA TAB .....	84	<b>enalapril maleate tab 10 mg</b> .....	62
EMBRACE LANC MIS 21G.....	135	<b>enalapril maleate tab 2.5 mg</b> .....	62
EMBRACE LANC MIS 28G.....	135	<b>enalapril maleate tab 20 mg</b> .....	62
EMBRACE LANC MIS THIN 30G.....	135	<b>enalapril maleate tab 5 mg</b> .....	62
EMGALITY INJ 100MG/ML .....	143	<b>enasidenib mesylate</b>	
EMGALITY INJ 120MG/ML.....	143	see IDHIFA TAB 100MG.....	73
<b>empagliflozin</b>		see IDHIFA TAB 50MG .....	73
see JARDIANCE TAB 10MG .....	57	ENBREL INJ 25/0.5ML.....	28
see JARDIANCE TAB 25MG .....	57	ENBREL INJ 25MG.....	28
<b>empagliflozin-linagliptin</b>		ENBREL INJ 50MG/ML .....	29
see GLYXAMBI TAB 10-5 MG .....	54	ENBREL MINI INJ 50MG/ML.....	29
see GLYXAMBI TAB 25-5 MG .....	54	ENBREL SRCLK INJ 50MG/ML.....	29
<b>empagliflozin-linagliptin-metformin</b>		<b>encorafenib</b>	
see TRIJARDY XR TAB .....	54	see BRAFTOVI CAP 75MG .....	72
<b>empagliflozin-metformin hcl</b>		ENDARI POW 5GM .....	127
see SYNJARDY TAB .....	54	ENDOCET	
see SYNJARDY TAB 12.5-500.....	54	see Oxycodone W/ Acetaminophen Tab 10-325 mg .....	34
see SYNJARDY TAB 5-1000MG .....	54	see Oxycodone W/ Acetaminophen Tab 2.5-325 mg .....	33
see SYNJARDY TAB 5-500MG .....	54	see Oxycodone W/ Acetaminophen Tab 5-325 mg .....	34
see SYNJARDY XR TAB .....	54	see Oxycodone W/ Acetaminophen Tab 7.5-325 mg .....	34
see SYNJARDY XR TAB 10-1000 .....	54	ENDOMETRIN SUP 100MG .....	168
see SYNJARDY XR TAB 25-1000.....	54	<b>enfuvirtide</b>	
see SYNJARDY XR TAB 5-1000MG .....	54	see FUZEON INJ 90MG.....	84
<b>emtricitabine</b>		ENGERIX-B INJ 10/0.5ML .....	165
see EMTRIVA SOL 10MG/ML .....	84	ENGERIX-B INJ 20MCG/ML .....	165
<b>emtricitabine caps 200 mg</b> .....	83	<b>enoxaparin sodium inj 300 mg/3ml</b> .....	44
<b>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</b>			
see ODEFSEY TAB .....	84		
<b>emtricitabine-tenofovir alafenamide fumarate</b>			
see DESCOVY TAB 120-15MG .....	83		
see DESCOVY TAB 200/25MG .....	83		
<b>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</b> .....	83		

<b>enoxaparin sodium inj soln pref syr 100 mg/ml</b> .....	44	<b>epinastine hcl ophth soln 0.05%</b> .....	152
<b>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</b> .....	44	<b>epinephrine (anaphylaxis)</b>	
<b>enoxaparin sodium inj soln pref syr 150 mg/ml</b> .....	44	see AUVI-Q INJ 0.15MG.....	168
<b>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</b> .....	44	see AUVI-Q INJ 0.1MG.....	168
<b>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</b> .....	44	see AUVI-Q INJ 0.3MG.....	168
<b>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</b> .....	44	<b>epinephrine hcl nasal soln 0.1%</b> .....	149
<b>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</b> .....	44	<b>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</b> .....	168
ENPRESSE-28		<b>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</b> .....	168
see Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30mg-Mcg.....	98	EPITOL	
ENSKYCE		see Carbamazepine Tab 200 mg.....	46
see Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg.....	95	<b>eplerenone tab 25 mg</b> .....	67
ENSPRYNG INJ.....	146	<b>eplerenone tab 50 mg</b> .....	67
ENSTILAR AER.....	112	<b>epoetin alfa</b>	
<b>entacapone tab 200 mg</b> .....	77	see PROCREDIT INJ 10000/ML.....	128
<b>entecavir tab 0.5 mg</b> .....	85	see PROCREDIT INJ 2000/ML.....	128
<b>entecavir tab 1 mg</b> .....	85	see PROCREDIT INJ 20000/ML.....	128
<b>entrectinib</b>		see PROCREDIT INJ 3000/ML.....	128
see ROZLYTREK CAP 100MG.....	74	see PROCREDIT INJ 4000/ML.....	128
see ROZLYTREK CAP 200MG.....	74	see PROCREDIT INJ 40000/ML.....	128
see ROZLYTREK PAK 50MG.....	74	<b>epoetin alfa-epbx</b>	
ENTRESTO TAB 24-26MG.....	91	see RETACRIT INJ 10000UNT.....	129
ENTRESTO TAB 49-51MG.....	91	see RETACRIT INJ 20000UNI.....	129
ENTRESTO TAB 97-103MG.....	91	see RETACRIT INJ 2000UNIT.....	129
ENULOSE		see RETACRIT INJ 3000UNIT.....	129
see Lactulose (Encephalopathy) Solution 10 gm/15ml.....	125	see RETACRIT INJ 40000UNT.....	129
<b>enzalutamide</b>		see RETACRIT INJ 4000UNIT.....	129
see XTANDI CAP 40MG.....	70	EQL LANCETS MIS 21G COLR.....	135
see XTANDI TAB 40MG.....	70	EQL LANCETS MIS 33G COLR.....	135
see XTANDI TAB 80MG.....	70	EQL LANCETS MIS THIN 26G.....	135
EPCLUSA PAK 150-37.5.....	85	EQL LANCETS MIS THIN 30G.....	135
EPCLUSA PAK 200-50MG.....	85	<b>erdafitinib</b>	
EPCLUSA TAB 200-50MG.....	85	see BALVERSA TAB 3MG.....	71
EPCLUSA TAB 400-100.....	85	see BALVERSA TAB 4MG.....	71
EPIDIOLEX SOL 100MG/ML.....	46	see BALVERSA TAB 5MG.....	72
		<b>ergocalciferol cap 1.25 mg (50000 unit)</b>	
		.....	168
		<b>ergoloid mesylates tab 1 mg</b> .....	158
		ERIVEDGE CAP 150MG.....	70
		ERLEADA TAB 240MG.....	70
		ERLEADA TAB 60MG.....	70
		<b>erlotinib hcl</b>	
		see TARCEVA TAB 100MG.....	70

see TARCEVA TAB 150MG .....	70	Erythromycin Tab Delayed Release 333 mg	132
see TARCEVA TAB 25MG .....	69	.....	132
<b>erlotinib hcl tab 100 mg (base equivalent)</b>	69	<b>erythromycin tab delayed release 500 mg</b>	132
.....	69	.....	132
<b>erlotinib hcl tab 150 mg (base equivalent)</b>	69	Erythromycin Tab Delayed Release 500 mg	132
.....	69	.....	132
<b>erlotinib hcl tab 25 mg (base equivalent)</b>	69	<b>erythromycin w/ delayed release</b>	
.....	69	<b>particles cap 250 mg</b> .....	132
ERRIN		<b>escitalopram oxalate soln 5 mg/5ml</b>	
see Norethindrone Tab 0.35 mg .....	103	<b>(base equiv)</b> .....	50
ERY		<b>escitalopram oxalate tab 10 mg (base</b>	
see Erythromycin Pads 2% .....	107	<b>equiv)</b> .....	50
ERY-TAB		<b>escitalopram oxalate tab 20 mg (base</b>	
see Erythromycin Tab Delayed Release		<b>equiv)</b> .....	50
250 mg .....	132	<b>escitalopram oxalate tab 5 mg (base</b>	
see Erythromycin Tab Delayed Release		<b>equiv)</b> .....	50
333 mg .....	132	<b>eslicarbazepine acetate</b>	
see Erythromycin Tab Delayed Release		see APTIOM TAB 200MG .....	46
500 mg .....	132	see APTIOM TAB 400MG .....	46
ERYTHROCIN STEARATE		see APTIOM TAB 600MG .....	46
see Erythromycin Stearate Tab 250 mg		see APTIOM TAB 800MG .....	46
.....	132	<b>esomeprazole magnesium cap delayed</b>	
<b>erythromycin ethylsuccinate for susp 200</b>		<b>release 40 mg (base eq)</b> .....	163
<b>mg/5ml</b> .....	132	<b>esomeprazole magnesium for delayed</b>	
<b>erythromycin ethylsuccinate for susp 400</b>		<b>release susp packet 10 mg</b> .....	163
<b>mg/5ml</b> .....	132	<b>esomeprazole magnesium for delayed</b>	
<b>erythromycin ethylsuccinate tab 400 mg</b>		<b>release susp packet 20 mg</b> .....	163
.....	132	<b>esomeprazole magnesium for delayed</b>	
Erythromycin Ethylsuccinate Tab 400 mg		<b>release susp packet 40 mg</b> .....	163
.....	132	ESTARYLLA	
<b>erythromycin gel 2%</b> .....	107	see Norgestimate & Ethinyl Estradiol Tab	
<b>erythromycin ophth oint 5 mg/gm</b> .....	150	0.25 mg-35 mcg.....	101
Erythromycin Pads 2% .....	107	<b>estazolam tab 1 mg</b> .....	130
<b>erythromycin soln 2%</b> .....	107	<b>estazolam tab 2 mg</b> .....	130
Erythromycin Stearate Tab 250 mg.....	132	<b>estradiol &amp; norethindrone acetate</b>	
<b>erythromycin tab 250 mg</b> .....	132	see COMBIPATCH DIS.....	121
<b>erythromycin tab 500 mg</b> .....	132	<b>estradiol &amp; norethindrone acetate tab</b>	
<b>erythromycin tab delayed release 250 mg</b>		<b>0.5-0.1 mg</b> .....	121
.....	132	Estradiol & Norethindrone Acetate Tab 0.5-	
Erythromycin Tab Delayed Release 250 mg		0.1 mg.....	121
.....	132	<b>estradiol &amp; norethindrone acetate tab 1-</b>	
<b>erythromycin tab delayed release 333 mg</b>		<b>0.5 mg</b> .....	121
.....	132	Estradiol & Norethindrone Acetate Tab 1-	
		0.5 mg .....	121

<b>estradiol-levonorgestrel</b>	
see CLIMARA PRO DIS WEEKLY .....	121
<b>estradiol tab 0.5 mg</b> .....	122
<b>estradiol tab 1 mg</b> .....	122
<b>estradiol tab 2 mg</b> .....	122
<b>estradiol td gel 0.25 mg/0.25gm (0.1%)</b> .....	122
<b>estradiol td gel 0.5 mg/0.5gm (0.1%)</b> ...	122
<b>estradiol td gel 0.75 mg/0.75gm (0.1%)</b> .....	122
<b>estradiol td gel 1.25 mg/1.25gm (0.1%)</b>	122
<b>estradiol td gel 1 mg/gm (0.1%)</b> .....	122
<b>estradiol td patch twice weekly 0.025 mg/24hr</b> .....	122
Estradiol Td Patch Twice Weekly 0.025 mg/24hr .....	122
<b>estradiol td patch twice weekly 0.0375 mg/24hr</b> .....	123
Estradiol Td Patch Twice Weekly 0.0375 mg/24hr .....	123
<b>estradiol td patch twice weekly 0.05 mg/24hr</b> .....	122
Estradiol Td Patch Twice Weekly 0.05 mg/24hr .....	122
<b>estradiol td patch twice weekly 0.075 mg/24hr</b> .....	123
Estradiol Td Patch Twice Weekly 0.075 mg/24hr .....	123
<b>estradiol td patch twice weekly 0.1 mg/24hr</b> .....	122
Estradiol Td Patch Twice Weekly 0.1 mg/24hr .....	122
<b>estradiol td patch weekly 0.025 mg/24hr</b> .....	123
<b>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</b> .....	123
<b>estradiol td patch weekly 0.05 mg/24hr</b> .....	123
<b>estradiol td patch weekly 0.06 mg/24hr</b> .....	123
<b>estradiol td patch weekly 0.075 mg/24hr</b> .....	123
<b>estradiol td patch weekly 0.1 mg/24hr</b>	123
<b>estradiol vaginal</b>	
see IMVEXXY MAIN SUP 10MCG .....	167
see IMVEXXY MAIN SUP 4MCG .....	167
see IMVEXXY STRT SUP 10MCG .....	167
see IMVEXXY STRT SUP 4MCG .....	167
see VAGIFEM TAB 10MCG .....	167
<b>estradiol vaginal cream 0.1 mg/gm</b> .....	167
<b>estradiol valerate-dienogest</b>	
see NATAZIA TAB .....	98
<b>estradiol valerate im in oil 10 mg/ml</b> ....	123
<b>estradiol valerate im in oil 20 mg/ml</b> ....	123
<b>estradiol valerate im in oil 40 mg/ml</b> ....	123
<b>eszopiclone tab 1 mg</b> .....	130
<b>eszopiclone tab 2 mg</b> .....	130
<b>eszopiclone tab 3 mg</b> .....	130
<b>etanercept</b>	
see ENBREL INJ 25/0.5ML .....	28
see ENBREL INJ 25MG .....	28
see ENBREL INJ 50MG/ML .....	29
see ENBREL MINI INJ 50MG/ML .....	29
see ENBREL SRCLK INJ 50MG/ML .....	29
<b>ethacrynic acid tab 25 mg</b> .....	116
<b>ethambutol hcl tab 100 mg</b> .....	67
<b>ethambutol hcl tab 400 mg</b> .....	67
<b>ethosuximide cap 250 mg</b> .....	49
<b>ethosuximide soln 250 mg/5ml</b> .....	49
<b>ethyl chloride aerosol spray</b> .....	114
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</b> .....	96
Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-35 mcg .....	96
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</b> .....	96
Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-50 mcg .....	96
<b>etodolac cap 200 mg</b> .....	27
<b>etodolac cap 300 mg</b> .....	27
<b>etodolac tab 400 mg</b> .....	27
<b>etodolac tab 500 mg</b> .....	27
<b>etodolac tab er 24hr 400 mg</b> .....	27
<b>etodolac tab er 24hr 500 mg</b> .....	27
<b>etodolac tab er 24hr 600 mg</b> .....	27
<b>etonogestrel-ethinyl estradiol</b>	
see NUVARING MIS .....	103
<b>etoposide cap 50 mg</b> .....	76

<b>etravirine tab 100 mg</b> .....	84
<b>etravirine tab 200 mg</b> .....	84
EUCRISA OIN 2%.....	114
<b>EUTHYROX</b>	
see Levothyroxine Sodium Tab 100 mcg	
.....	161
see Levothyroxine Sodium Tab 112 mcg	
.....	161
see Levothyroxine Sodium Tab 125 mcg	
.....	161
see Levothyroxine Sodium Tab 137 mcg	
.....	161
see Levothyroxine Sodium Tab 150 mcg	
.....	161
see Levothyroxine Sodium Tab 175 mcg	
.....	161
see Levothyroxine Sodium Tab 200 mcg	
.....	161
see Levothyroxine Sodium Tab 25 mcg	
.....	160
see Levothyroxine Sodium Tab 50 mcg	
.....	160
see Levothyroxine Sodium Tab 75 mcg	
.....	160
see Levothyroxine Sodium Tab 88 mcg	
.....	161
<b>everolimus tab 0.25 mg</b> .....	146
<b>everolimus tab 0.5 mg</b> .....	146
<b>everolimus tab 0.75 mg</b> .....	146
<b>everolimus tab 10 mg</b> .....	73
<b>everolimus tab 1 mg</b> .....	146
<b>everolimus tab 2.5 mg</b> .....	72
<b>everolimus tab 5 mg</b> .....	72
<b>everolimus tab 7.5 mg</b> .....	72
<b>everolimus tab for oral susp 2 mg</b> .....	73
<b>everolimus tab for oral susp 3 mg</b> .....	73
<b>everolimus tab for oral susp 5 mg</b> .....	73
<b>evolocumab</b>	
see REPATHA INJ 140MG/ML .....	62
see REPATHA PUSH INJ 420/3.5 .....	62
see REPATHA SURE INJ 140MG/ML.....	62
<b>exemestane tab 25 mg</b> .....	70
<b>ezetimibe-simvastatin tab 10-10 mg</b> .....	60
<b>ezetimibe-simvastatin tab 10-20 mg</b> .....	60

<b>ezetimibe-simvastatin tab 10-40 mg</b> .....	60
<b>ezetimibe-simvastatin tab 10-80 mg</b> .....	60
<b>ezetimibe tab 10 mg</b> .....	62
E-ZJECT LANC MIS 33G.....	135
E-Z JECT MIS 21G .....	135
E-Z JECT MIS 21G COLR.....	135
E-Z JECT MIS 30G .....	135
E-Z JECT MIS 32G COLR .....	135
E-Z JECT MIS LANC 21G.....	135
E-Z JECT MIS THIN 26G .....	135
EZ-LETS 21G MIS LANCETS .....	135
EZ-LETS 26G MIS LANCETS .....	135
EZ-LETS 28G MIS LANCETS .....	135
EZ-LETS 30G MIS LANCETS .....	135
<b>F</b>	
<b>FALMINA</b>	
see Levonorgestrel & Ethinyl Estradiol	
Tab 0.1 mg-20 mcg.....	97
<b>famciclovir tab 125 mg</b> .....	86
<b>famciclovir tab 250 mg</b> .....	86
<b>famciclovir tab 500 mg</b> .....	86
<b>famotidine for susp 40 mg/5ml</b> .....	163
<b>famotidine tab 40 mg</b> .....	163
FARXIGA TAB 10MG .....	57
FARXIGA TAB 5MG.....	57
FASENRA INJ 30MG/ML .....	40
FASENRA PEN INJ 30MG/ML.....	40
FASTCLIX MIS LANCETS.....	135
FC2 FEMALE MIS CONDOM .....	133
<b>febuxostat tab 40 mg</b> .....	126
<b>febuxostat tab 80 mg</b> .....	126
Fe Fumarate W/ B12-Vit C-Fa-Ifc Cap 110-	
0.015-75-0.5-240 mg .....	129
Fe Fum-Iron Polysacch Complex-Fa-B	
Cmplx-C-Zn-Mn-Cu Cap.....	129
<b>felbamate susp 600 mg/5ml</b> .....	48
<b>felbamate tab 400 mg</b> .....	48
<b>felbamate tab 600 mg</b> .....	48
<b>felodipine tab er 24hr 10 mg</b> .....	90
<b>felodipine tab er 24hr 2.5 mg</b> .....	90
<b>felodipine tab er 24hr 5 mg</b> .....	90
FEMCAP MIS 22MM.....	133
FEMCAP MIS 26MM.....	133
FEMCAP MIS 30MM.....	133

<b>fenofibrate cap 150 mg</b> .....	61	see Fe Fumarate W/ B12-Vit C-Fa-Ifc Cap	110-0.015-75-0.5-240 mg.....	129	
<b>fenofibrate micronized cap 134 mg</b> .....	61	FEROTRINSIC	see Fe Fumarate W/ B12-Vit C-Fa-Ifc Cap	110-0.015-75-0.5-240 mg.....	129
<b>fenofibrate micronized cap 200 mg</b> .....	61	<b>ferric citrate</b>	see AURYXIA TAB 210MG .....	125	
<b>fenofibrate micronized cap 43 mg</b> .....	61	FERROCITE PLUS	see Ferrous Fumarate-Fa-B Complex-C-	Zn-Mg-Mn-Cu Tab 106-1 mg .....	129
<b>fenofibrate micronized cap 67 mg</b> .....	61	Ferrous Fumarate-Fa-B Complex-C-Zn-	Mg-Mn-Cu Tab 106-1 mg .....	129	
<b>fenofibrate tab 145 mg</b> .....	61	<b>fesoterodine fumarate tab er 24hr 4 mg</b>	.....	164	
<b>fenofibrate tab 160 mg</b> .....	61	<b>fesoterodine fumarate tab er 24hr 8 mg</b>	.....	164	
<b>fenofibrate tab 48 mg</b> .....	61	FIASP FLEX INJ TOUCH .....	56		
<b>fenofibrate tab 54 mg</b> .....	61	FIASP INJ 100/ML.....	56		
<b>fenofibric acid tab 105 mg</b> .....	61	FIASP PENFIL INJ U-100 .....	56		
<b>fenofibric acid tab 35 mg</b> .....	61	<b>fidaxomicin</b>	see DIFICID SUS .....	132	
<b>fenoprofen calcium cap 400 mg</b> .....	27	see DIFICID TAB 200MG .....	132		
<b>fentanyl citrate buccal tab 100 mcg (base</b>		FIFTY50 SAFE MIS LANCETS .....	136		
<b>equiv)</b> .....	29	<b>filgrastim-aafi</b>	see NIVESTYM INJ 300/0.5.....	128	
<b>fentanyl citrate buccal tab 200 mcg (base</b>		see NIVESTYM INJ 300MCG .....	128		
<b>equiv)</b> .....	29	see NIVESTYM INJ 480/0.8.....	128		
<b>fentanyl citrate buccal tab 400 mcg (base</b>		see NIVESTYM INJ 480MCG .....	128		
<b>equiv)</b> .....	29	FINACEA AER 15% .....	114		
<b>fentanyl citrate buccal tab 600 mcg (base</b>		<b>finasteride tab 5 mg</b> .....	126		
<b>equiv)</b> .....	29	<b>finerenone</b>	see KERENDIA TAB 10MG .....	120	
<b>fentanyl citrate buccal tab 800 mcg (base</b>		see KERENDIA TAB 20MG .....	120		
<b>equiv)</b> .....	29	FINGERSTIX MIS LANCETS.....	136		
<b>fentanyl citrate lozenge on a handle 1200</b>		<b>ingolimod hcl cap 0.5 mg (base equiv)</b>	157		
<b>mcg</b> .....	29	FINZALA	see Norethindrone Ace-Eth Estradiol-Fe	Chew Tab 1 mg-20 mcg (24) .....	100
<b>fentanyl citrate lozenge on a handle 1600</b>		FLAC	see Fluocinolone Acetonide (Otic) Oil	0.01% .....	153
<b>mcg</b> .....	29	<b>flavoxate hcl tab 100 mg</b> .....	164		
<b>fentanyl citrate lozenge on a handle 200</b>		<b>flecainide acetate tab 100 mg</b> .....	40		
<b>mcg</b> .....	29	<b>flecainide acetate tab 150 mg</b> .....	40		
<b>fentanyl citrate lozenge on a handle 400</b>					
<b>mcg</b> .....	29				
<b>fentanyl citrate lozenge on a handle 600</b>					
<b>mcg</b> .....	29				
<b>fentanyl citrate lozenge on a handle 800</b>					
<b>mcg</b> .....	29				
<b>fentanyl td patch 72hr 100 mcg/hr</b> .....	30				
<b>fentanyl td patch 72hr 12 mcg/hr</b> .....	30				
<b>fentanyl td patch 72hr 25 mcg/hr</b> .....	30				
<b>fentanyl td patch 72hr 37.5 mcg/hr</b> .....	30				
<b>fentanyl td patch 72hr 50 mcg/hr</b> .....	30				
<b>fentanyl td patch 72hr 62.5 mcg/hr</b> .....	30				
<b>fentanyl td patch 72hr 75 mcg/hr</b> .....	30				
<b>fentanyl td patch 72hr 87.5 mcg/hr</b> .....	30				
FEROCON					



<b>flecainide acetate tab 50 mg</b> .....	40	<b>fluoxetine hcl tab 20 mg</b> .....	50
FLUAD QUADRI INJ 2021-22.....	165	<b>fluphenazine decanoate inj 25 mg/ml</b> .....	81
FLUARIX QUAD INJ 2021-22.....	165	<b>fluphenazine hcl elixir 2.5 mg/5ml</b> .....	81
FLUBLOK QUAD INJ 2021-22 .....	165	<b>fluphenazine hcl oral conc 5 mg/ml</b> .....	81
FLUCLVX QUAD INJ 2021-22.....	165	<b>fluphenazine hcl tab 10 mg</b> .....	82
<b>fluconazole for susp 10 mg/ml</b> .....	59	<b>fluphenazine hcl tab 1 mg</b> .....	81
<b>fluconazole for susp 40 mg/ml</b> .....	59	<b>fluphenazine hcl tab 2.5 mg</b> .....	81
<b>fluconazole tab 100 mg</b> .....	59	<b>fluphenazine hcl tab 5 mg</b> .....	81
<b>fluconazole tab 150 mg</b> .....	59	<b>flurbiprofen sodium ophth soln 0.03%</b> .....	152
<b>fluconazole tab 200 mg</b> .....	59	<b>flurbiprofen tab 100 mg</b> .....	27
<b>fluconazole tab 50 mg</b> .....	59	<b>flurbiprofen tab 50 mg</b> .....	27
<b>flucytosine cap 250 mg</b> .....	59	<b>fluticasone furoate-vilanterol</b>	
<b>fludrocortisone acetate tab 0.1 mg</b> .....	105	see BREO ELLIPTA INH 100-25 .....	42
FLULAVAL QUA INJ 2021-22 .....	165	see BREO ELLIPTA INH 200-25 .....	42
FLUMIST QUAD SUS 2021-22 .....	165	see BREO ELLIPTA INH 50-25MCG .....	42
<b>flunisolide nasal soln 25 mcg/act</b>		<b>fluticasone propionate cream 0.05%</b> .....	112
<b>(0.025%)</b> .....	149	<b>fluticasone propionate lotion 0.05%</b> .....	112
<b>fluocinolone acetonide (otic) oil 0.01%</b> .....	153	<b>fluticasone propionate oint 0.005%</b> .....	112
Fluocinolone Acetonide (Otic) Oil 0.01% .....	153	<b>fluticasone-salmeterol aer powder ba</b>	
<b>fluocinolone acetonide cream 0.01%</b> .....	112	<b>100-50 mcg/act</b> .....	42
<b>fluocinolone acetonide cream 0.025%</b> .....	112	Fluticasone-Salmeterol Aer Powder Ba	
<b>fluocinolone acetonide oil 0.01% (body</b>		100-50 mcg/act .....	42
<b>oil)</b> .....	112	<b>fluticasone-salmeterol aer powder ba</b>	
<b>fluocinolone acetonide oil 0.01% (scalp</b>		<b>250-50 mcg/act</b> .....	43
<b>oil)</b> .....	112	Fluticasone-Salmeterol Aer Powder Ba	
<b>fluocinolone acetonide oint 0.025%</b> .....	112	250-50 mcg/act.....	43
<b>fluocinolone acetonide soln 0.01%</b> .....	112	<b>fluticasone-salmeterol aer powder ba</b>	
<b>fluocinonide cream 0.05%</b> .....	112	<b>500-50 mcg/act</b> .....	43
<b>fluocinonide emulsified base cream</b>		Fluticasone-Salmeterol Aer Powder Ba	
<b>0.05%</b> .....	112	500-50 mcg/act .....	43
<b>fluocinonide gel 0.05%</b> .....	112	<b>fluticasone-umeclidinium-vilanterol</b>	
<b>fluocinonide oint 0.05%</b> .....	112	see TRELEGY AER 100MCG.....	43
<b>fluocinonide soln 0.05%</b> .....	112	see TRELEGY AER 200MCG.....	43
<b>fluorometholone ophth susp 0.1%</b> .....	151	<b>fluvastatin sodium cap 20 mg (base</b>	
<b>fluorouracil cream 5%</b> .....	109	<b>equivalent)</b> .....	61
<b>fluorouracil soln 2%</b> .....	109	<b>fluvastatin sodium cap 40 mg (base</b>	
<b>fluorouracil soln 5%</b> .....	109	<b>equivalent)</b> .....	61
<b>fluoxetine hcl cap 10 mg</b> .....	50	<b>fluvastatin sodium tab er 24 hr 80 mg</b>	
<b>fluoxetine hcl cap 20 mg</b> .....	50	<b>(base equivalent)</b> .....	61
<b>fluoxetine hcl cap 40 mg</b> .....	50	<b>flvoxamine maleate cap er 24hr 100 mg</b>	
<b>fluoxetine hcl cap delayed release 90 mg</b>		.....	50
.....	50	<b>flvoxamine maleate cap er 24hr 150 mg</b>	
<b>fluoxetine hcl solution 20 mg/5ml</b> .....	50	.....	51
<b>fluoxetine hcl tab 10 mg</b> .....	50	<b>flvoxamine maleate tab 100 mg</b> .....	51

<b>fluvoxamine maleate tab 25 mg</b> .....	51
<b>fluvoxamine maleate tab 50 mg</b> .....	51
FLUZONE HD INJ 2021-22.....	166
FLUZONE QUAD INJ 2021-22 .....	166
FOLBEE	
see Folic Acid-Vitamin B6-Vitamin B12	
Tab 2.5-25-1 mg.....	129
FOLBEE PLUS	
see B-Complex W/ C & Folic Acid Tab 5	
mg.....	148
FOLBEE PLUS CZ	
see B-Complex W/ C-Biotin-Minerals &	
Folic Acid Tab 5 mg.....	148
<b>folic acid cap 0.8 mg</b> .....	128
<b>folic acid inj 5 mg/ml</b> .....	128
<b>folic acid tab 400 mcg</b> .....	128
Folic Acid Tab 400 mcg .....	128
<b>folic acid tab 800 mcg</b> .....	128
Folic Acid Tab 800 mcg.....	128
<b>folic acid-vitamin b6-vitamin b12 tab 2.2-</b>	
<b>25-0.5 mg</b> .....	129
Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-	
25-0.5 mg .....	129
Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-	
25-1 mg .....	129, 130
FOLLISTIM AQ INJ 300UNIT .....	118
FOLLISTIM AQ INJ 600UNIT .....	118
FOLLISTIM AQ INJ 900UNIT .....	118
<b>follitropin alfa</b>	
see GONAL-F INJ 1050UNIT.....	118
see GONAL-F INJ 450UNIT .....	118
see GONAL-F RFF INJ 300/0.5.....	118
see GONAL-F RFF INJ 450/0.75.....	118
see GONAL-F RFF INJ 75UNIT .....	118
see GONAL-F RFF INJ 900/1.5.....	118
<b>follitropin beta</b>	
see FOLLISTIM AQ INJ 300UNIT .....	118
see FOLLISTIM AQ INJ 600UNIT .....	118
see FOLLISTIM AQ INJ 900UNIT .....	118
FOLPLEX 2.2	
see Folic Acid-Vitamin B6-Vitamin B12	
Tab 2.2-25-0.5 mg.....	129
FOLTRIN	
	see Fe Fumarate W/ B12-Vit C-Fa-Ifc Cap
	110-0.015-75-0.5-240 mg.....
	129
	<b>fondaparinux sodium subcutaneous inj 10</b>
	<b>mg/0.8ml</b> .....
	45
	<b>fondaparinux sodium subcutaneous inj</b>
	<b>2.5 mg/0.5ml</b> .....
	44
	<b>fondaparinux sodium subcutaneous inj 5</b>
	<b>mg/0.4ml</b> .....
	45
	<b>fondaparinux sodium subcutaneous inj</b>
	<b>7.5 mg/0.6ml</b> .....
	45
	FORA LANCETS MIS 30G.....
	136
	FORA MIS LANCETS .....
	136
	<b>formaldehyde solution 10%</b> .....
	82
	<b>formoterol fumarate soln nebu 20</b>
	<b>mcg/2ml</b> .....
	43
	FORTEO INJ 600/2.4.....
	117
	<b>fosamprenavir calcium tab 700 mg (base</b>
	<b>equiv)</b> .....
	84
	<b>fosfomycin tromethamine powd pack 3</b>
	<b>gm (base equivalent)</b> .....
	37
	<b>fosinopril sodium &amp; hydrochlorothiazide</b>
	<b>tab 10-12.5 mg</b> .....
	65
	<b>fosinopril sodium &amp; hydrochlorothiazide</b>
	<b>tab 20-12.5 mg</b> .....
	65
	<b>fosinopril sodium tab 10 mg</b> .....
	62
	<b>fosinopril sodium tab 20 mg</b> .....
	62
	<b>fosinopril sodium tab 40 mg</b> .....
	62
	<b>fostamatinib disodium</b>
	see TAVALISSE TAB 100MG .....
	126
	see TAVALISSE TAB 150MG .....
	126
	FRAGMIN INJ 10000/ML.....
	45
	FRAGMIN INJ 12500UNT .....
	45
	FRAGMIN INJ 15000UNT.....
	45
	FRAGMIN INJ 18000UNT.....
	45
	FRAGMIN INJ 2500/0.2.....
	45
	FRAGMIN INJ 2500/ML.....
	45
	FRAGMIN INJ 5000/0.2 .....
	45
	FRAGMIN INJ 7500/0.3.....
	45
	FRAGMIN INJ 95000UNT .....
	45
	FREESTYLE MIS LANCETS.....
	136
	<b>fremanezumab-vfrm</b>
	see AJOVY INJ 225/1.5.....
	142
	<b>frovatriptan succinate tab 2.5 mg (base</b>
	<b>equivalent)</b> .....
	143

<b>furosemide oral soln 10 mg/ml</b> .....	116
<b>furosemide oral soln 8 mg/ml</b> .....	116
<b>furosemide tab 20 mg</b> .....	116
<b>furosemide tab 40 mg</b> .....	116
<b>furosemide tab 80 mg</b> .....	116
FUZEON INJ 90MG .....	84
FYAVOLV	
see Norethindrone Acetate-Ethinyl	
Estradiol Tab 0.5 mg-2.5 mcg .....	121
see Norethindrone Acetate-Ethinyl	
Estradiol Tab 1 mg-5 mcg .....	122
FYCOMPA SUS 0.5MG/ML .....	45
FYCOMPA TAB 10MG .....	45
FYCOMPA TAB 12MG .....	45
FYCOMPA TAB 2MG .....	45
FYCOMPA TAB 4MG .....	45
FYCOMPA TAB 6MG .....	45
FYCOMPA TAB 8MG .....	45
FYLNETRA INJ 6MG/0.6 .....	128
<b>G</b>	
<b><i>gabapentin (once-daily)</i></b>	
see GRALISE TAB 450MG .....	158
see GRALISE TAB 750MG .....	158
see GRALISE TAB 900MG .....	158
<b><i>gabapentin (once-daily) tab 300 mg</i></b> ....	158
<b><i>gabapentin (once-daily) tab 600 mg</i></b> ....	158
<b><i>gabapentin cap 100 mg</i></b> .....	46
<b><i>gabapentin cap 300 mg</i></b> .....	46
<b><i>gabapentin cap 400 mg</i></b> .....	46
<b><i>gabapentin oral soln 250 mg/5ml</i></b> .....	46
<b><i>gabapentin tab 600 mg</i></b> .....	46
<b><i>gabapentin tab 800 mg</i></b> .....	46
<b><i>galantamine hydrobromide cap er 24hr 16</i></b>	
<b><i>mg</i></b> .....	155
<b><i>galantamine hydrobromide cap er 24hr</i></b>	
<b><i>24 mg</i></b> .....	155
<b><i>galantamine hydrobromide cap er 24hr 8</i></b>	
<b><i>mg</i></b> .....	155
<b><i>galantamine hydrobromide oral soln 4</i></b>	
<b><i>mg/ml</i></b> .....	155
<b><i>galantamine hydrobromide tab 12 mg</i></b> ..	155
<b><i>galantamine hydrobromide tab 4 mg</i></b> ...	155
<b><i>galantamine hydrobromide tab 8 mg</i></b> ....	155
<b><i>galcanezumab-gnlm</i></b>	

see EMGALITY INJ 100MG/ML .....	143
see EMGALITY INJ 120MG/ML .....	143
GANIRELIX AC INJ 250/0.5 .....	118
GARDASIL 9 INJ .....	166
<b><i>gatifloxacin ophth soln 0.5%</i></b> .....	150
GATTEX KIT 5MG .....	125
GAVILYTE-C	
see Peg 3350-Kcl-Na Bicarb-Nacl-Na	
Sulfate For Soln 240 gm .....	131
GAVILYTE-G	
see Peg 3350-Kcl-Na Bicarb-Nacl-Na	
Sulfate For Soln 236 gm .....	131
GAVRETO CAP 100MG .....	73
<b><i>gefitinib tab 250 mg</i></b> .....	69
<b><i>gemfibrozil tab 600 mg</i></b> .....	61
GEMMILY	
see Norethindrone Ace-Ethinyl Estradiol-	
Fe Cap 1 mg-20 mcg (24) .....	101
GEMTESA TAB 75MG .....	164
GENERLAC	
see Lactulose (Encephalopathy) Solution	
10 gm/15ml .....	125
GENGRAF	
see Cyclosporine Modified Cap 100 mg	
.....	146
see Cyclosporine Modified Cap 25 mg	
.....	146
see Cyclosporine Modified Oral Soln 100	
mg/ml .....	146
<b><i>gentamicin sulfate cream 0.1%</i></b> .....	108
<b><i>gentamicin sulfate oint 0.1%</i></b> .....	108
<b><i>gentamicin sulfate ophth soln 0.3%</i></b> ....	150
GENTEEL MIS LANCETS .....	136
GENTLE-LET MIS 26G .....	136
GENTLE-LET MIS 28G .....	136
GENTLE-LET MIS LANCETS .....	136
GENVOYA TAB .....	84
<b><i>gilteritinib fumarate</i></b>	
see XOSPATA TAB 40MG .....	75
<b><i>glatiramer acetate</i></b>	
see COPAXONE INJ 40MG/ML .....	156
<b><i>glatiramer acetate soln prefilled syringe</i></b>	
<b><i>20 mg/ml</i></b> .....	157

Glatiramer Acetate Soln Prefilled Syringe 20 mg/ml .....	157	GLUCOCOM MIS 28G .....	136
<b>glatiramer acetate soln prefilled syringe 40 mg/ml</b> .....	157	GLUCOCOM MIS 30G .....	136
Glatiramer Acetate Soln Prefilled Syringe 40 mg/ml .....	157	GLUCOCOM MIS 33G .....	136
GLATOPA		<b>glucose blood</b>	
see Glatiramer Acetate Soln Prefilled Syringe 20 mg/ml .....	157	see ACCU-CHEK TES AVIVA PL .....	114
see Glatiramer Acetate Soln Prefilled Syringe 40 mg/ml .....	157	see ACCU-CHEK TES GUIDE .....	114
GLEOSTINE CAP 100MG .....	68	see ACCU-CHEK TES SMART .....	115
GLEOSTINE CAP 10MG .....	68	see ONETOUCH TES ULTRA .....	115
GLEOSTINE CAP 40MG .....	68	see ONETOUCH TES VERIO .....	115
<b>glimepiride tab 1 mg</b> .....	57	<b>glutamine (sickle cell)</b>	
<b>glimepiride tab 2 mg</b> .....	57	see ENDARI POW 5GM .....	127
<b>glimepiride tab 4 mg</b> .....	57	<b>glyburide-metformin tab 1.25-250 mg</b> ...	53
<b>glipizide-metformin hcl tab 2.5-250 mg</b>	53	<b>glyburide-metformin tab 2.5-500 mg</b> ...	53
<b>glipizide-metformin hcl tab 2.5-500 mg</b>	53	<b>glyburide-metformin tab 5-500 mg</b> .....	54
<b>glipizide-metformin hcl tab 5-500 mg</b> ...	53	<b>glyburide micronized tab 1.5 mg</b> .....	57
<b>glipizide tab 10 mg</b> .....	57	<b>glyburide micronized tab 3 mg</b> .....	57
<b>glipizide tab 5 mg</b> .....	57	<b>glyburide micronized tab 6 mg</b> .....	57
<b>glipizide tab er 24hr 10 mg</b> .....	57	<b>glyburide tab 1.25 mg</b> .....	57
Glipizide Tab Er 24hr 10 mg .....	57	<b>glyburide tab 2.5 mg</b> .....	57
<b>glipizide tab er 24hr 2.5 mg</b> .....	57	<b>glyburide tab 5 mg</b> .....	57
Glipizide Tab Er 24hr 2.5 mg .....	57	<b>glycopyrrolate oral soln 1 mg/5ml</b> .....	162
<b>glipizide tab er 24hr 5 mg</b> .....	57	<b>glycopyrrolate tab 1 mg</b> .....	162
Glipizide Tab Er 24hr 5 mg .....	57	<b>glycopyrrolate tab 2 mg</b> .....	162
GLIPIZIDE XL		GLYDO	
see Glipizide Tab Er 24hr 10 mg .....	57	see Lidocaine Hcl Urethral/mucosal Gel Prefilled Syringe 2% .....	114
see Glipizide Tab Er 24hr 2.5 mg .....	57	GLYXAMBI TAB 10-5 MG .....	54
see Glipizide Tab Er 24hr 5 mg .....	57	GLYXAMBI TAB 25-5 MG .....	54
GLOBAL 28G MIS LANCETS .....	136	GNP FOLIC ACID	
GLOBAL 30G MIS LANCETS .....	136	see Folic Acid Tab 400 mcg .....	128
<b>glucagon</b>		GNP LANCETS MIS 21G .....	136
see BAQSIMI ONE POW 3MG/DOSE ....	55	GNP LANCETS MIS 28G .....	136
see BAQSIMI TWO POW 3MG/DOSE ...	55	GNP LANCETS MIS 30G .....	136
see GVOKE HYPO 1 INJ .5/.1ML .....	55	GNP LANCETS MIS 33G .....	136
see GVOKE HYPO 1 INJ 1MG/.2ML .....	55	GNP LANCETS MIS THIN 26G .....	136
see GVOKE HYPO 2 INJ .5/.1ML .....	55	GOJJI LANCET MIS 30G .....	136
see GVOKE HYPO 2 INJ 1MG/.2ML .....	55	GONAL-F INJ 1050UNIT .....	118
see GVOKE KIT SOL 1MG/0.2M .....	55	GONAL-F INJ 450UNIT .....	118
see GVOKE PFS INJ .....	55	GONAL-F RFF INJ 300/0.5 .....	118
<b>glucagon (rdna) for inj kit 1 mg</b> .....	55	GONAL-F RFF INJ 450/0.75 .....	118
		GONAL-F RFF INJ 75UNIT .....	118
		GONAL-F RFF INJ 900/1.5 .....	118
		GOODSENSE MIS LANC 26G .....	136
		GOODSENSE MIS LANC 30G .....	136

GOODSENSE MIS LANC 33G.....	136	see ACTHIB INJ .....	164
GOODSENSE NICOTINE POLACR		see HIBERIX SOL 10MCG .....	165
see Nicotine Polacrilex Lozenge 4 mg	159	see PEDVAX HIB INJ .....	165
GRALISE TAB 450MG .....	158	HAILEY 1.5/30	
GRALISE TAB 750MG .....	158	see Norethindrone Ace & Ethinyl	
GRALISE TAB 900MG.....	158	Estradiol Tab 1.5 mg-30 mcg .....	99
<b>granisetron</b>		HAILEY 24 FE	
see SANCUSO DIS 3.1MG .....	58	see Norethindrone Ace-Ethinyl Estradiol-	
<b>granisetron hcl tab 1 mg</b> .....	58	Fe Tab 1 mg-20 mcg (24) .....	101
<b>grass mixed pollens allergen extract</b>		HAILEY FE 1/20	
see ORALAIR SUB 300 IR.....	20	see Norethindrone Ace & Ethinyl	
GRASTEK SUB 2800BAU .....	19	Estradiol-Fe Tab 1 mg-20 mcg .....	100
<b>griseofulvin microsize susp 125 mg/5ml</b>		HAILEY FE 1.5/30	
.....	59	see Norethindrone Ace & Ethinyl	
<b>griseofulvin microsize tab 500 mg</b> .....	59	Estradiol-Fe Tab 1.5 mg-30 mcg.....	100
<b>griseofulvin ultramicrosize tab 125 mg</b> ..	59	<b>halobetasol propionate</b>	
<b>griseofulvin ultramicrosize tab 250 mg</b>	59	see BRYHALI LOT 0.01%.....	111
<b>guanfacine hcl tab 1 mg</b> .....	64	<b>halobetasol propionate cream 0.05%</b> ...	112
<b>guanfacine hcl tab 2 mg</b> .....	64	<b>halobetasol propionate oint 0.05%</b> .....	112
<b>guanfacine hcl tab er 24hr 1 mg (base</b>		<b>haloperidol decanoate im soln 100 mg/ml</b>	
<b>equiv)</b> .....	17	.....	80
<b>guanfacine hcl tab er 24hr 2 mg (base</b>		<b>haloperidol decanoate im soln 50 mg/ml</b>	
<b>equiv)</b> .....	17	.....	80
<b>guanfacine hcl tab er 24hr 3 mg (base</b>		<b>haloperidol lactate oral conc 2 mg/ml</b> ...80	
<b>equiv)</b> .....	17	<b>haloperidol tab 0.5 mg</b> .....	80
<b>guanfacine hcl tab er 24hr 4 mg (base</b>		<b>haloperidol tab 10 mg</b> .....	80
<b>equiv)</b> .....	18	<b>haloperidol tab 1 mg</b> .....	80
<b>guselkumab</b>		<b>haloperidol tab 20 mg</b> .....	80
see TREMFYA INJ 100MG/ML .....	111	<b>haloperidol tab 2 mg</b> .....	80
GVOKE HYPO 1 INJ .5/.1ML.....	55	<b>haloperidol tab 5 mg</b> .....	80
GVOKE HYPO 1 INJ 1MG/.2ML.....	55	HARVONI PAK .....	85
GVOKE HYPO 2 INJ .5/.1ML .....	55	HARVONI PAK 45-200MG .....	85
GVOKE HYPO 2 INJ 1MG/.2ML.....	55	HARVONI TAB 45-200MG.....	85
GVOKE KIT SOL 1MG/0.2M .....	55	HARVONI TAB 90-400MG .....	85
GVOKE PFS INJ .....	55	HAVRIX INJ 1440UNIT .....	166
<b>H</b>		HAVRIX INJ 720UNIT .....	166
HAEMOLANCE MIS HIGH FLO .....	136	HEATHER	
HAEMOLANCE MIS LOW FLOW .....	136	see Norethindrone Tab 0.35 mg .....	103
HAEMOLANCE MIS PLUS .....	136	HEMATINIC PLUS VITAMINS/M	
HAEMOLANCE MIS PLUS LOW.....	136	see Ferrous Fumarate-Fa-B Complex-C-	
HAEMOLANCE MIS PLUS MAX.....	136	Zn-Mg-Mn-Cu Tab 106-1 mg .....	129
HAEMOLANCE MIS PLUS PED.....	136	<b>heparin sodium (porcine) inj 10000</b>	
HAEMOLANCE MIS RETRACT.....	136	<b>unit/ml</b> .....	45
<b>haemophilus b polysac conj vac</b>			

<b>heparin sodium (porcine) inj 1000 unit/ml</b>	see GARDASIL 9 INJ .....	166
.....45	HUMATROPE INJ 12MG .....	118
<b>heparin sodium (porcine) inj 20000 unit/ml</b>	HUMATROPE INJ 24MG .....	118
.....45	HUMATROPE INJ 6MG.....	118
<b>heparin sodium (porcine) inj 5000 unit/ml</b>	HUMIRA INJ 10/0.1ML.....	20
.....45	HUMIRA INJ 20/0.2ML .....	20
<b>heparin sodium (porcine) pf inj 1000 unit/ml</b>	HUMIRA INJ 40/0.4ML.....	21
.....45	HUMIRA KIT 40MG/0.8 .....	21
<b>heparin sodium (porcine) pf inj 5000 unit/0.5ml</b>	HUMIRA PEDIA INJ CROHNS .....	21
.....45	HUMIRA PEN INJ 40/0.4ML .....	21
<b>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</b>	HUMIRA PEN INJ 40MG/0.8 .....	22
see TWINRIX INJ .....	HUMIRA PEN INJ 80/0.8ML.....	22
167	HUMIRA PEN INJ CD/UC/HS .....	22
<b>hepatitis a vaccine</b>	HUMIRA PEN KIT CD/UC/HS .....	22
see HAVRIX INJ 1440UNIT .....	HUMIRA PEN KIT PED UC .....	22
166	HUMIRA PEN KIT PS/UV .....	22
see HAVRIX INJ 720UNIT .....	HUMULIN R INJ U-500.....	56
166	HYCAMTIN CAP 0.25MG.....	76
see VAQTA INJ 25/0.5ML .....	HYCAMTIN CAP 1MG .....	76
167	<b>hydralazine hcl tab 100 mg</b> .....	67
see VAQTA INJ 50UNT/ML.....	<b>hydralazine hcl tab 10 mg</b> .....	67
167	<b>hydralazine hcl tab 25 mg</b> .....	67
<b>hepatitis b vaccine (recomb)</b>	<b>hydralazine hcl tab 50 mg</b> .....	67
see ENGERIX-B INJ 10/0.5ML .....	<b>hydrochlorothiazide cap 12.5 mg</b> .....	117
165	<b>hydrochlorothiazide tab 12.5 mg</b> .....	117
see ENGERIX-B INJ 20MCG/ML .....	<b>hydrochlorothiazide tab 25 mg</b> .....	117
165	<b>hydrochlorothiazide tab 50 mg</b> .....	117
see RECOMBIVA HB INJ 10MCG/ML ..	<b>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</b> .....	33
167	<b>hydrocodone-acetaminophen tab 10-300 mg</b> .....	33
see RECOMBIVA-HB INJ 40MCG/ML.	<b>hydrocodone-acetaminophen tab 10-325 mg</b> .....	33
167	<b>hydrocodone-acetaminophen tab 5-300 mg</b> .....	33
see RECOMBIVA HB INJ 5MCG/0.5....	<b>hydrocodone-acetaminophen tab 5-325 mg</b> .....	33
167	<b>hydrocodone-acetaminophen tab 7.5-300 mg</b> .....	33
<b>hepatitis b vaccine 3-antigen recombinant</b>	<b>hydrocodone-acetaminophen tab 7.5-325 mg</b> .....	33
see PREHEVBRIO SUS 10MCG/ML .....	<b>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</b> .....	105
167		
<b>hepatitis b vaccine recombinant adjuvanted</b>		
see HEPLISAV-B INJ 20/0.5ML .....		
166		
HEPLISAV-B INJ 20/0.5ML .....		
166		
HIBERIX SOL 10MCG .....		
165		
HIDEX 6-DAY		
see Dexamethasone Tab Therapy Pack		
1.5 mg (21) .....		
104		
<b>hiv 1/2 test</b>		
see ORAQUICK KIT .....		
115		
<b>hiv-1 test</b>		
see HOME ACCESS KIT HIV-1 .....		
115		
HM FOLIC ACID		
see Folic Acid Tab 400 mcg .....		
128		
HOME ACCESS KIT HIV-1.....		
115		
<b>human papillomavirus (hvp) 9-valent recombinant vaccine</b>		

<b>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</b> .....	105
Hydrocodone Bitart-Homatropine Methylbrom Soln 5-1.5 mg/5ml .....	105
<b>hydrocodone bitartrate cap er 12hr 10 mg</b> .....	30
<b>hydrocodone bitartrate cap er 12hr 15 mg</b> .....	30
<b>hydrocodone bitartrate cap er 12hr 20 mg</b> .....	30
<b>hydrocodone bitartrate cap er 12hr 30 mg</b> .....	30
<b>hydrocodone bitartrate cap er 12hr 40 mg</b> .....	30
<b>hydrocodone bitartrate cap er 12hr 50 mg</b> .....	30
<b>hydrocodone bitartrate tab er 24hr deter 100 mg</b> .....	30
<b>hydrocodone bitartrate tab er 24hr deter 120 mg</b> .....	30
<b>hydrocodone bitartrate tab er 24hr deter 20 mg</b> .....	30
<b>hydrocodone bitartrate tab er 24hr deter 30 mg</b> .....	30
<b>hydrocodone bitartrate tab er 24hr deter 40 mg</b> .....	30
<b>hydrocodone bitartrate tab er 24hr deter 60 mg</b> .....	30
<b>hydrocodone bitartrate tab er 24hr deter 80 mg</b> .....	30
<b>hydrocodone-ibuprofen tab 10-200 mg</b> .....	33
<b>hydrocodone-ibuprofen tab 5-200 mg</b> .....	33
<b>hydrocodone-ibuprofen tab 7.5-200 mg</b> .....	33
<b>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</b> .....	105
<b>hydrocortisone acetate (intrarectal)</b> see CORTIFOAM AER 90MG .....	36
<b>hydrocortisone acetate w/ pramoxine</b> see PROCTOFOAM AER HC 1% .....	36
<b>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</b> .....	36
<b>hydrocortisone butyrate cream 0.1%</b> .....	112
<b>hydrocortisone butyrate oint 0.1%</b> .....	112
<b>hydrocortisone butyrate soln 0.1%</b> .....	112
<b>hydrocortisone cream 2.5%</b> .....	112
<b>hydrocortisone enema 100 mg/60ml</b> .....	36
<b>hydrocortisone lotion 2.5%</b> .....	112
<b>hydrocortisone oint 2.5%</b> .....	112
<b>hydrocortisone perianal cream 1%</b> .....	36
<b>hydrocortisone perianal cream 2.5%</b> .....	36
Hydrocortisone Perianal Cream 2.5% .....	36
<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> .....	113
<b>hydrocortisone w/ acetic acid otic soln 1-2%</b> .....	153
<b>hydrogen peroxide soln 30%</b> .....	82
<b>HYDROMET</b> see Hydrocodone Bitart-Homatropine Methylbrom Soln 5-1.5 mg/5ml .....	105
<b>hydromorphone hcl liqd 1 mg/ml</b> .....	30
<b>hydromorphone hcl tab 2 mg</b> .....	30
<b>hydromorphone hcl tab 4 mg</b> .....	30
<b>hydromorphone hcl tab 8 mg</b> .....	30
<b>hydromorphone hcl tab er 24hr 12 mg</b> .....	30
<b>hydromorphone hcl tab er 24hr 16 mg</b> .....	30
<b>hydromorphone hcl tab er 24hr 32 mg</b> .....	30
<b>hydromorphone hcl tab er 24hr 8 mg</b> .....	30
<b>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</b> .....	127
<b>hydroxychloroquine sulfate tab 200 mg</b> .....	67
<b>hydroxyurea (sickle cell disease)</b> see SIKLOS TAB 1000MG .....	127
see SIKLOS TAB 100MG .....	127
<b>hydroxyurea cap 500 mg</b> .....	76
<b>hydroxyzine hcl syrup 10 mg/5ml</b> .....	38
<b>hydroxyzine hcl tab 10 mg</b> .....	38
<b>hydroxyzine hcl tab 25 mg</b> .....	38
<b>hydroxyzine hcl tab 50 mg</b> .....	38
<b>hydroxyzine pamoate cap 100 mg</b> .....	39
<b>hydroxyzine pamoate cap 25 mg</b> .....	38
<b>hydroxyzine pamoate cap 50 mg</b> .....	38
<b>hyoscyamine sulfate elixir 0.125 mg/5ml</b> .....	163

<b>hyoscyamine sulfate sl tab 0.125 mg</b> ....	163
Hyoscyamine Sulfate Sl Tab 0.125 mg ....	163
<b>hyoscyamine sulfate soln 0.125 mg/ml</b>	163
<b>hyoscyamine sulfate tab 0.125 mg</b> .....	163
Hyoscyamine Sulfate Tab 0.125 mg .....	163
<b>hyoscyamine sulfate tab disint 0.125 mg</b> .....	163
Hyoscyamine Sulfate Tab Disint 0.125 mg .....	163
HYRIMOZ-CROH INJ UC SP .....	24
HYRIMOZ INJ 10/0.1ML .....	23
HYRIMOZ INJ 20/0.2ML .....	23
HYRIMOZ INJ 40/0.4ML.....	23
HYRIMOZ INJ 40/0.8ML.....	23
HYRIMOZ INJ 80/0.8ML.....	23
HYRIMOZ-PED INJ CROHNS .....	24
HYRIMOZ-PLAQ INJ PSORIASI.....	25
HYRIMOZ SENS INJ 80/0.8ML .....	24
<b>I</b>	
<b>ibandronate sodium tab 150 mg (base equivalent)</b> .....	117
IBRANCE CAP 100MG .....	73
IBRANCE CAP 125MG.....	73
IBRANCE CAP 75MG .....	73
IBRANCE TAB 100MG.....	73
IBRANCE TAB 125MG.....	73
IBRANCE TAB 75MG .....	73
IBU	
see Ibuprofen Tab 400 mg .....	27
see Ibuprofen Tab 600 mg .....	27
see Ibuprofen Tab 800 mg .....	27
<b>ibuprofen-famotidine tab 800-26.6 mg</b>	27
<b>ibuprofen tab 400 mg</b> .....	27
Ibuprofen Tab 400 mg .....	27
<b>ibuprofen tab 600 mg</b> .....	27
Ibuprofen Tab 600 mg .....	27
<b>ibuprofen tab 800 mg</b> .....	27
Ibuprofen Tab 800 mg .....	27
<b>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</b> .....	126
Icatibant Acetate Subcutaneous Soln Pref Syr 30 mg/3ml.....	126
ICLEVIA	
see Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg .....	96
<b>icosapent ethyl</b> see VASCEPA CAP 0.5GM .....	60
see VASCEPA CAP 1GM.....	60
<b>idelalisib</b> see ZYDELIG TAB 100MG .....	76
see ZYDELIG TAB 150MG.....	76
IDHIFA TAB 100MG.....	73
IDHIFA TAB 50MG .....	73
ILEVRO DRO 0.3% OP.....	152
<b>iloprost</b> see VENTAVIS SOL 10MCG/ML.....	92
see VENTAVIS SOL 20MCG/ML .....	92
<b>imatinib mesylate tab 100 mg (base equivalent)</b> .....	73
<b>imatinib mesylate tab 400 mg (base equivalent)</b> .....	73
<b>imipramine hcl tab 10 mg</b> .....	53
<b>imipramine hcl tab 25 mg</b> .....	53
<b>imipramine hcl tab 50 mg</b> .....	53
<b>imipramine pamoate cap 100 mg</b> .....	53
<b>imipramine pamoate cap 125 mg</b> .....	53
<b>imipramine pamoate cap 150 mg</b> .....	53
<b>imipramine pamoate cap 75 mg</b> .....	53
<b>imiquimod cream 3.75%</b> .....	113
<b>imiquimod cream 5%</b> .....	113
IMVEXXY MAIN SUP 10MCG.....	167
IMVEXXY MAIN SUP 4MCG .....	167
IMVEXXY STRT SUP 10MCG .....	167
IMVEXXY STRT SUP 4MCG.....	167
INATAL GT	
see Prenatal Vit W/ Dss-Iron Carbonyl-Fa Tab 90-1 mg .....	148
INBRIJA CAP 42MG.....	77
INCASSIA	
see Norethindrone Tab 0.35 mg .....	103
INCONTROL MIS LANC 28G.....	136
INCONTROL MIS LANC 30G.....	136
INCONTROL MIS LANC 33G.....	136
INCRELEX INJ 40MG/4ML .....	119
<b>indapamide tab 1.25 mg</b> .....	117
<b>indapamide tab 2.5 mg</b> .....	117
<b>indomethacin cap 25 mg</b> .....	27



<b>indomethacin cap 50 mg</b> .....	27	see TRESIBA FLEX INJ 100UNIT .....	56
<b>indomethacin cap er 75 mg</b> .....	27	see TRESIBA FLEX INJ 200UNIT .....	56
<b>indomethacin suppos 50 mg</b> .....	27	see TRESIBA INJ 100UNIT .....	56
<b>indomethacin susp 25 mg/5ml</b> .....	27	<b>insulin degludec-liraglutide</b>	
INFANRIX INJ.....	162	see XULTOPHY INJ 100/3.6 .....	55
<b>influenza virus vaccine live quadrivalent</b>		<b>insulin glargine</b>	
see FLUMIST QUAD SUS 2021-22 .....	165	see BASAGLAR INJ 100UNIT .....	56
<b>influenza virus vaccine split quadrivalent</b>		see TOUJEO MAX INJ 300/ML.....	56
see AFLURIA QUAD INJ 2021-22.....	165	see TOUJEO SOLO INJ 300/ML .....	56
see FLUARIX QUAD INJ 2021-22.....	165	<b>insulin glargine-lixisenatide</b>	
see FLULAVAL QUA INJ 2021-22 .....	165	see SOLIQUA INJ 100/33.....	54
see FLUZONE QUAD INJ 2021-22 .....	166	<b>insulin infusion disposable pump</b>	
<b>influenza virus vaccine tissue-cultured</b>		see OMNIPOD 5 G6 KIT INTRO .....	138
<b>subunit quadrivalent</b>		see OMNIPOD 5 G6 MIS PODS.....	138
see FLUCLVX QUAD INJ 2021-22.....	165	see OMNIPOD DASH MIS PODS .....	138
<b>influenza virus vacc types a &amp; b surf</b>		see OMNIPOD MIS CLASSIC .....	138
<b>antigen adjuvant quad</b>		see V-GO 20 KIT .....	141
see FLUAD QUADRI INJ 2021-22.....	165	see V-GO 30 KIT .....	141
<b>influenza virus vac recomb hemagglutinin</b>		see V-GO 40 KIT .....	141
<b>(ha) quadrivalent</b>		<b>insulin nph (human) (isophane)</b>	
see FLUBLOK QUAD INJ 2021-22 .....	165	see NOVOLIN N INJ 100 UNIT.....	56
<b>influenza virus vac split high-dose quad</b>		see NOVOLIN N INJ U-100 .....	56
<b>preservative free</b>		<b>insulin nph isophane &amp; reg (human)</b>	
see FLUZONE HD INJ 2021-22.....	166	see NOVOLIN INJ 70/30.....	56
INGREZZA CAP 40-80MG.....	156	see NOVOLIN INJ 70/30 FP .....	56
INGREZZA CAP 40MG.....	156	<b>insulin pen needle</b>	
INGREZZA CAP 60MG .....	156	see BD INSULIN PEN NEEDLES - OTC.	142
INGREZZA CAP 80MG .....	156	<b>insulin regular (human)</b>	
INLYTA TAB 1MG .....	69	see HUMULIN R INJ U-500.....	56
INLYTA TAB 5MG.....	69	see NOVOLIN R INJ 100 UNIT .....	56
<b>inotersen sodium</b>		see NOVOLIN R INJ U-100.....	56
see TEGSEDI INJ 284/1.5 .....	159	<b>insulin syringe/needle u-100</b>	
INQOVI TAB 35-100MG .....	71	see BD INSULIN SYRINGE - OTC.....	142
<b>insulin administration supplies</b>		see BD INSULIN SYRINGE - RX.....	142
see COUNT-A-DOSE MIS .....	134	<b>insulin syringe/needle u-500</b>	
<b>insulin aspart (with niacinamide)</b>		see BD INSULIN SYRINGE - RX.....	142
see FIASP FLEX INJ TOUCH .....	56	<b>insulin syringes (disposable)</b>	
see FIASP INJ 100/ML.....	56	see BD INSULIN SYRINGE - OTC.....	142
see FIASP PENFIL INJ U-100 .....	56	<b>interferon beta-1a</b>	
<b>insulin aspart protamine &amp; aspart</b>		see AVONEX PEN KIT 30MCG.....	156
<b>(human)</b>		see AVONEX PREFL KIT 30MCG.....	156
see NOVOLOG MIX INJ 70/30 .....	56	see REBIF INJ 22/0.5 .....	158
see NOVOLOG MIX INJ FLEXPEN .....	56	see REBIF INJ 44/0.5 .....	158
<b>insulin degludec</b>		see REBIF REBIDO INJ 22/0.5 .....	158

see REBIF REBIDO INJ 44/0.5 .....	158	<b>isosorbide dinitrate tab 30 mg</b> .....	38
see REBIF REBIDO INJ TITRATN .....	158	<b>isosorbide dinitrate tab 5 mg</b> .....	38
see REBIF TITRTN INJ PACK .....	158	<b>isosorbide mononitrate tab 10 mg</b> .....	38
<b>interferon beta-1b</b>		<b>isosorbide mononitrate tab 20 mg</b> .....	38
see BETASERON INJ 0.3MG .....	156	<b>isosorbide mononitrate tab er 24hr 120</b>	
<b>interferon gamma-1b</b>		<b>mg</b> .....	38
see ACTIMMUNE INJ 2MU/0.5 .....	76	<b>isosorbide mononitrate tab er 24hr 30 mg</b>	
IN TOUCH LAN MIS 30G .....	136	.....	38
INTROVALE		<b>isosorbide mononitrate tab er 24hr 60 mg</b>	
see Levonorgestrel & Ethinyl Estradiol		.....	38
(91-Day) Tab 0.15-0.03 mg .....	96	<b>isotretinoin cap 10 mg</b> .....	107
<b>iodine solution strong 5% (lugol's)</b> .....	144	Isotretinoin Cap 10 mg .....	107
IPOL INJ INACTIVE .....	166	<b>isotretinoin cap 20 mg</b> .....	107
<b>ipratropium-albuterol nebu soln 0.5-</b>		Isotretinoin Cap 20 mg .....	107
<b>2.5(3) mg/3ml</b> .....	43	<b>isotretinoin cap 30 mg</b> .....	107
<b>ipratropium bromide inhal soln 0.02%</b> ...	41	Isotretinoin Cap 30 mg .....	107
<b>ipratropium bromide nasal soln 0.03% (21</b>		<b>isotretinoin cap 40 mg</b> .....	107
<b>mcg/spray)</b> .....	149	Isotretinoin Cap 40 mg .....	107
<b>ipratropium bromide nasal soln 0.06%</b>		<b>isradipine cap 2.5 mg</b> .....	90
<b>(42 mcg/spray)</b> .....	149	<b>isradipine cap 5 mg</b> .....	90
<b>irbesartan-hydrochlorothiazide tab 150-</b>		<b>itraconazole cap 100 mg</b> .....	59
<b>12.5 mg</b> .....	65	<b>itraconazole oral soln 10 mg/ml</b> .....	59
<b>irbesartan-hydrochlorothiazide tab 300-</b>		<b>ivabradine hcl</b>	
<b>12.5 mg</b> .....	65	see CORLANOR TAB 5MG .....	93
<b>irbesartan tab 150 mg</b> .....	63	see CORLANOR TAB 7.5MG .....	93
<b>irbesartan tab 300 mg</b> .....	63	<b>ivermectin</b>	
<b>irbesartan tab 75 mg</b> .....	63	see STROMECTOL TAB 3MG .....	36
Iron-Folic Acid-Vit C-Vit B6-Vit B12-Zinc		<b>ivermectin (rosacea)</b>	
Tab 150-1.25 mg .....	130	see SOOLANTRA CRE 1% .....	114
ISENTRESS CHW 100MG .....	84	<b>ivermectin tab 3 mg</b> .....	36
ISENTRESS CHW 25MG .....	84	<b>ixazomib citrate</b>	
ISENTRESS HD TAB 600MG .....	84	see NINLARO CAP 2.3MG .....	74
ISENTRESS POW 100MG .....	84	see NINLARO CAP 3MG .....	74
ISENTRESS TAB 400MG .....	84	see NINLARO CAP 4MG .....	74
ISIBLOOM		<b>ixekizumab</b>	
see Desogestrel & Ethinyl Estradiol Tab		see TALTZ INJ 80MG/ML .....	110
0.15 mg-30 mcg .....	95	<b>J</b>	
<b>isoniazid syrup 50 mg/5ml</b> .....	67	JAIMIESS	
<b>isoniazid tab 100 mg</b> .....	67	see Levonorg-Eth Est Tab 0.15-	
<b>isoniazid tab 300 mg</b> .....	68	0.03mg(84) & Eth Est Tab 0.01mg(7)	96
<b>isosorbide dinitrate-hydralazine hcl tab</b>		JANSSEN VACC INJ COVID-19 .....	166
<b>20-37.5 mg</b> .....	91	JANTOVEN	
<b>isosorbide dinitrate tab 10 mg</b> .....	38	see Warfarin Sodium Tab 10 mg .....	44
<b>isosorbide dinitrate tab 20 mg</b> .....	38	see Warfarin Sodium Tab 1 mg .....	44

see Warfarin Sodium Tab 2.5 mg .....	44	JUNEL 1.5/30	
see Warfarin Sodium Tab 2 mg .....	44	see Norethindrone Ace & Ethinyl	
see Warfarin Sodium Tab 3 mg .....	44	Estradiol Tab 1.5 mg-30 mcg .....	99
see Warfarin Sodium Tab 4 mg .....	44	JUNEL FE 1/20	
see Warfarin Sodium Tab 5 mg .....	44	see Norethindrone Ace & Ethinyl	
see Warfarin Sodium Tab 6 mg .....	44	Estradiol-Fe Tab 1 mg-20 mcg .....	100
see Warfarin Sodium Tab 7.5 mg .....	44	JUNEL FE 1.5/30	
JANUMET TAB 50-1000 .....	54	see Norethindrone Ace & Ethinyl	
JANUMET TAB 50-500MG.....	54	Estradiol-Fe Tab 1.5 mg-30 mcg.....	100
JANUMET XR TAB 100-1000.....	54	JUNEL FE 24	
JANUMET XR TAB 50-1000 .....	54	see Norethindrone Ace-Ethinyl Estradiol-	
JANUMET XR TAB 50-500MG.....	54	Fe Tab 1 mg-20 mcg (24) .....	101
JANUVIA TAB 100MG.....	55	<b>K</b>	
JANUVIA TAB 25MG .....	55	KAITLIB FE	
JANUVIA TAB 50MG .....	55	see Norethindrone & Ethinyl Estradiol-Fe	
JARDIANCE TAB 10MG.....	57	Chew Tab 0.8 mg-25 mcg .....	99
JARDIANCE TAB 25MG .....	57	KALLIGA	
JASMIEL		see Desogestrel & Ethinyl Estradiol Tab	
see Drospirenone-Ethinyl Estradiol Tab		0.15 mg-30 mcg .....	95
3-0.02 mg.....	95	KARIVA	
JAVYGTOR		see Desogest-Eth Estrad & Eth Estrad	
see Sapropterin Dihydrochloride Powder		Tab 0.15-0.02/0.01 mg(21/5) .....	94
Packet 100 mg .....	120	KELNOR 1/35	
see Sapropterin Dihydrochloride Powder		see Ethynodiol Diacetate & Ethinyl	
Packet 500 mg.....	120	Estradiol Tab 1 mg-35 mcg .....	96
see Sapropterin Dihydrochloride Tab 100		KELNOR 1/50	
mg.....	120	see Ethynodiol Diacetate & Ethinyl	
JENCYCLA		Estradiol Tab 1 mg-50 mcg.....	96
see Norethindrone Tab 0.35 mg .....	103	KERENDIA TAB 10MG .....	120
JINTELI		KERENDIA TAB 20MG .....	120
see Norethindrone Acetate-Ethinyl		KESIMPTA INJ 20/.4ML .....	157
Estradiol Tab 1 mg-5 mcg.....	122	<b>ketoconazole cream 2%</b> .....	108
JOLESSA		<b>ketoconazole shampoo 2%</b> .....	108
see Levonorgestrel & Ethinyl Estradiol		<b>ketoconazole tab 200 mg</b> .....	59
(91-Day) Tab 0.15-0.03 mg .....	97	<b>ketorolac tromethamine ophth soln 0.4%</b>	
JOYEAUX		.....	152
see Levonorgestrel-Ethinyl Estradiol-Fe		<b>ketorolac tromethamine ophth soln 0.5%</b>	
Tab 0.1 mg-20 mcg (21).....	98	.....	152
JULEBER		<b>ketorolac tromethamine tab 10 mg</b> .....	27
see Desogestrel & Ethinyl Estradiol Tab		KEVZARA INJ 150/1.14 .....	26
0.15 mg-30 mcg .....	95	KEVZARA INJ 200/1.14.....	26
JUNEL 1/20		KINNEY MIS LANCETS .....	136
see Norethindrone Ace & Ethinyl		KINNEY THIN MIS LANCETS .....	136
Estradiol Tab 1 mg-20 mcg.....	99	KINRIX INJ .....	162

KISQALI 200 PAK FEMARA .....	71	KROGER LANCE MIS.....	136
KISQALI 400 PAK FEMARA.....	71	KROGER LANCE MIS 26G .....	136
KISQALI 600 PAK FEMARA.....	71	KROGER LANCE MIS THIN .....	136
KISQALI TAB 200DOSE.....	73	KROGER LANCE MIS THIN 30G .....	136
KISQALI TAB 400DOSE.....	73	K-TAN PLUS	
KISQALI TAB 600DOSE.....	73	see Fe Fum-Iron Polysacch Complex-Fa-	
KLAYESTA		B Cmplx-C-Zn-Mn-Cu Cap .....	129
see Nystatin Topical Powder 100000		KURVELO	
unit/gm .....	108	see Levonorgestrel & Ethinyl Estradiol	
KLOR-CON		Tab 0.15 mg-30 mcg.....	97
see Potassium Chloride Powder Packet		<b>L</b>	
20 meq .....	145	<b>labetalol hcl tab 100 mg</b> .....	87
KLOR-CON/EF		<b>labetalol hcl tab 200 mg</b> .....	87
see Potassium Bicarbonate Effer Tab 25		<b>labetalol hcl tab 300 mg</b> .....	87
meq.....	145	<b>lacosamide oral solution 10 mg/ml</b> .....	46
KLOR-CON 10		<b>lacosamide tab 100 mg</b> .....	46
see Potassium Chloride Tab Er 10 meq		<b>lacosamide tab 150 mg</b> .....	46
.....	145	<b>lacosamide tab 200 mg</b> .....	47
KLOR-CON 8		<b>lacosamide tab 50 mg</b> .....	46
see Potassium Chloride Tab Er 8 meq		<b>lactulose (encephalopathy) solution 10</b>	
(600 mg) .....	145	<b>gm/15ml</b> .....	125
KLOR-CON M10		Lactulose (Encephalopathy) Solution 10	
see Potassium Chloride		gm/15ml.....	125
Microencapsulated Crys Er Tab 10		<b>lactulose solution 10 gm/15ml</b> .....	131
meq.....	145	Lactulose Solution 10 gm/15ml.....	131
KLOR-CON M15		<b>lamivudine oral soln 10 mg/ml</b> .....	84
see Potassium Chloride		<b>lamivudine tab 100 mg (hbv)</b> .....	85
Microencapsulated Crys Er Tab 15 meq		<b>lamivudine tab 150 mg</b> .....	84
.....	145	<b>lamivudine tab 300 mg</b> .....	84
KLOR-CON M20		<b>lamivudine-tenofovir disoproxil fumarate</b>	
see Potassium Chloride		see CIMDUO TAB 300-300 .....	83
Microencapsulated Crys Er Tab 20		<b>lamivudine-zidovudine tab 150-300 mg</b>	84
meq.....	145	<b>lamotrigine orally disintegrating tab 100</b>	
KOSELUGO CAP 10MG.....	73	<b>mg</b> .....	47
KOSELUGO CAP 25MG .....	73	<b>lamotrigine orally disintegrating tab 200</b>	
KOURZEQ		<b>mg</b> .....	47
see Triamcinolone Acetonide Dental		<b>lamotrigine orally disintegrating tab 25</b>	
Paste 0.1% .....	147	<b>mg</b> .....	47
KP FOLIC ACID		<b>lamotrigine orally disintegrating tab 50</b>	
see Folic Acid Tab 800 mcg.....	128	<b>mg</b> .....	47
K-PRIME		<b>lamotrigine tab 100 mg</b> .....	47
see Potassium Bicarbonate Effer Tab 25		Lamotrigine Tab 100 mg.....	47
meq.....	144	<b>lamotrigine tab 150 mg</b> .....	47
KRAZATI TAB 200MG.....	73	Lamotrigine Tab 150 mg .....	47

<b>lamotrigine tab 200 mg</b> .....	47	see AIMSCO TWIST MIS 33G.....	133
Lamotrigine Tab 200 mg .....	47	see AQUALANCE MIS 30G.....	133
<b>lamotrigine tab 25 mg</b> .....	47	see ASSURE CMFRT MIS 28G.....	133
Lamotrigine Tab 25 mg.....	47	see ASSURE LANCE MIS 21G .....	133
<b>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</b> .....	47	see ASSURE LANCE MIS 28G .....	133
Lamotrigine Tab 25 mg (42) & 100 mg (7) Starter Kit .....	47	see ASSURE LANCE MIS LOW FLOW..	133
<b>lamotrigine tab 35 x 25 mg starter kit</b> ....	47	see ASSURE LANCE MIS MICRO .....	133
Lamotrigine Tab 35 X 25 mg Starter Kit ...	47	see ASSURE LANCE MIS SAFE 25G .....	133
<b>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</b> .....	47	see ASSURE LANCE MIS SAFE 30G.....	133
Lamotrigine Tab 84 X 25 mg & 14 X 100 mg Starter Kit .....	47	see ASSURE PLUS MIS HIGH 18G.....	133
<b>lamotrigine tab chewable dispersible 25 mg</b> .....	47	see ASSURE PLUS MIS LOW 25G.....	133
<b>lamotrigine tab chewable dispersible 5 mg</b> .....	47	see ASSURE PLUS MIS MCRO 28G.....	133
<b>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</b> .....	47	see ASSURE PLUS MIS NORM 21G .....	133
<b>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</b> .....	47	see ASSURE PLUS MIS PEDIATRI.....	133
<b>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</b> .....	47	see AURORA LANCE MIS 30G .....	133
<b>lamotrigine tab er 24hr 100 mg</b> .....	47	see AURORA LANCE MIS THIN 23G ....	134
<b>lamotrigine tab er 24hr 200 mg</b> .....	47	see AUTO LANCET MIS .....	134
<b>lamotrigine tab er 24hr 250 mg</b> .....	47	see BD MICROTAIN MIS LANCETS.....	134
<b>lamotrigine tab er 24hr 25 mg</b> .....	47	see CAREONE LANC MIS 30G.....	134
<b>lamotrigine tab er 24hr 300 mg</b> .....	47	see CAREONE LANC MIS THIN 23G ....	134
<b>lamotrigine tab er 24hr 50 mg</b> .....	47	see CARESENS 30G MIS LANCETS .....	134
<b>lanadelumab-flyo</b>		see CARETOUCH MIS LANC 26G .....	134
see TAKHZYRO INJ 150MG/ML .....	127	see CARETOUCH MIS LANC 28G.....	134
see TAKHZYRO INJ 300/2ML.....	127	see CARETOUCH MIS LANC 30G .....	134
LANCET MICRO MIS THIN 33G.....	136	see CARETOUCH MIS TWIST 28 .....	134
<b>lancets</b>		see CARETOUCH MIS TWIST 30.....	134
see ACTI-LANCE MIS 28G.....	133	see CARETOUCH MIS TWIST 33 .....	134
see ACTI-LANCE MIS LITE 28G.....	133	see CLEANLET 28G MIS LANCETS.....	134
see ACTI-LANCE MIS SPEC 17G.....	133	see CLEVER CHECK MIS .....	134
see ACTI-LANCE MIS UNIV 23G.....	133	see CLEVER CHECK MIS 30G.....	134
see ADVCATE SAFE MIS LANC 26G ....	133	see COAGUCHEK MIS LANCETS .....	134
see ADVOCATE MIS LANC 30G .....	133	see COMFORT ASSU MIS LANC 28G ..	134
see ADVOCATE MIS LANCETS.....	133	see COMFORT ASSU MIS LANC 33G ..	134
see AGAMATRIX MIS 33G .....	133	see COMFORT EZ MIS 21G.....	134
see AIMSCO TWIST MIS 32G.....	133	see COMFORT EZ MIS 23G .....	134
		see COMFORT EZ MIS 28G .....	134
		see COMFORTOUCH MIS LANCET.....	134
		see COMFORT TCH MIS LANC 28G ....	134
		see COMFORT TCH MIS LANC 30G ....	134
		see COMFORT TCH MIS LANC 31G .....	134
		see CVS LANCETS MIS 21G .....	134
		see CVS LANCETS MIS 30G .....	134
		see CVS LANCETS MIS 33G.....	134
		see CVS LANCETS MIS ORIGINAL.....	134

see CVS LANCETS MIS THIN 26G.....134  
 see CVS LANCETS MIS THIN 30G .....134  
 see CVS LANCETS MIS THIN 33G.....134  
 see DIATHRIVE MIS LANCETS .....135  
 see DIATHRIVE MIS UT 30G.....135  
 see DROPLET LANC MIS 30G.....135  
 see DROPLET PERS MIS LANC 30G ....135  
 see EASY COMFORT MIS 30G.....135  
 see EASY COMFORT MIS LANC/30G .135  
 see EASY COMFORT MIS TWIST .....135  
 see EASY TOUCH MIS LANC/21G .....135  
 see EASY TOUCH MIS LANC/23G .....135  
 see EASY TOUCH MIS LANC/26G .....135  
 see EASY TOUCH MIS LANC/28G .....135  
 see EASY TOUCH MIS LANC/30G .....135  
 see EASY TOUCH MIS LANC/32G .....135  
 see EASY TOUCH MIS LANC/33G .....135  
 see EMBRACE LANC MIS 21G.....135  
 see EMBRACE LANC MIS 28G.....135  
 see EMBRACE LANC MIS THIN 30G...135  
 see EQL LANCETS MIS 21G COLR .....135  
 see EQL LANCETS MIS 33G COLR.....135  
 see EQL LANCETS MIS THIN 26G .....135  
 see EQL LANCETS MIS THIN 30G.....135  
 see E-ZJECT LANC MIS 33G.....135  
 see E-ZJECT MIS 21G.....135  
 see E-ZJECT MIS 21G COLR.....135  
 see E-ZJECT MIS 30G .....135  
 see E-ZJECT MIS 32G COLR .....135  
 see E-ZJECT MIS LANC 21G.....135  
 see E-ZJECT MIS THIN 26G .....135  
 see EZ-LETS 21G MIS LANCETS .....135  
 see EZ-LETS 26G MIS LANCETS .....135  
 see EZ-LETS 28G MIS LANCETS .....135  
 see EZ-LETS 30G MIS LANCETS .....135  
 see FASTCLIX MIS LANCETS.....135  
 see FIFTY50 SAFE MIS LANCETS .....136  
 see FINGERSTIX MIS LANCETS.....136  
 see FORA LANCETS MIS 30G.....136  
 see FORA MIS LANCETS .....136  
 see FREESTYLE MIS LANCETS.....136  
 see GENTEEL MIS LANCETS.....136  
 see GENTLE-LET MIS 26G.....136  
 see GENTLE-LET MIS 28G.....136  
 see GENTLE-LET MIS LANCETS .....136  
 see GLOBAL 28G MIS LANCETS .....136  
 see GLOBAL 30G MIS LANCETS .....136  
 see GLUCOCOM MIS 28G .....136  
 see GLUCOCOM MIS 30G.....136  
 see GLUCOCOM MIS 33G .....136  
 see GNP LANCETS MIS 21G.....136  
 see GNP LANCETS MIS 28G .....136  
 see GNP LANCETS MIS 30G.....136  
 see GNP LANCETS MIS 33G .....136  
 see GNP LANCETS MIS THIN 26G .....136  
 see GOJJI LANCET MIS 30G .....136  
 see GOODSENSE MIS LANC 26G.....136  
 see GOODSENSE MIS LANC 30G .....136  
 see GOODSENSE MIS LANC 33G.....136  
 see HAEMOLANCE MIS HIGH FLO .....136  
 see HAEMOLANCE MIS LOW FLOW ...136  
 see HAEMOLANCE MIS PLUS .....136  
 see HAEMOLANCE MIS PLUS LOW.....136  
 see HAEMOLANCE MIS PLUS MAX.....136  
 see HAEMOLANCE MIS PLUS PED .....136  
 see HAEMOLANCE MIS RETRACT .....136  
 see INCONTROL MIS LANC 28G.....136  
 see INCONTROL MIS LANC 30G.....136  
 see INCONTROL MIS LANC 33G.....136  
 see IN TOUCH LAN MIS 30G .....136  
 see KINNEY MIS LANCETS .....136  
 see KINNEY THIN MIS LANCETS .....136  
 see KROGER LANCE MIS .....136  
 see KROGER LANCE MIS 26G .....136  
 see KROGER LANCE MIS THIN .....136  
 see KROGER LANCE MIS THIN 30G ....136  
 see LANCET MICRO MIS THIN 33G....136  
 see LANCETS MICR MIS THIN 33G.....137  
 see LANCETS MIS 21G .....137  
 see LANCETS MIS 21G COLR.....137  
 see LANCETS MIS 28G .....137  
 see LANCETS MIS 33G .....137  
 see LANCETS MIS ORIGINAL.....137  
 see LANCETS MIS THIN .....137  
 see LANCETS MIS THIN 26G .....137  
 see LANCETS MIS THIN 30G .....137  
 see LANCETS SUPR MIS THIN 28G ....137  
 see LANCET STAND MIS 21G.....137

see LANCETS THIN MIS 26G .....137  
 see LANCETS ULTR MIS THIN .....137  
 see LANCETS ULTR MIS THIN 31G.....137  
 see LANCET SUPER MIS THIN 30G ....137  
 see LANCET ULTRA MIS THIN 30G ....137  
 see LITETOUCH MIS LANCETS .....137  
 see LITE TOUCH MIS LANCETS .....137  
 see LONGS LANCET MIS STANDARD .137  
 see LONGS LANCET MIS THIN.....137  
 see LONGS LANCET MIS ULTRA TH....137  
 see MEDICHOICE MIS LANCET .....137  
 see MEDLANCE MIS 30G PLUS.....137  
 see MEDLANCE MIS PLUS 30G.....137  
 see MEDLANCE PLS MIS 0.8MM .....137  
 see MEDLANCE PLS MIS EXTR 21G .....137  
 see MEDLANCE PLS MIS LITE 25G .....137  
 see MEDLANCE PLS MIS UNIV 21G .....137  
 see MEIJER LANCE MIS COLOR .....137  
 see MEIJER LANCE MIS UNIV 21G .....137  
 see MEIJER LANCE MIS UNIV 30G .....137  
 see MEIJER LANCE MIS UNIVERSA.....137  
 see MEIJER MIS LANCETS .....137  
 see MICROLET MIS LANCETS .....137  
 see MICRO THIN MIS LANC 33G.....137  
 see MM TWIST MIS LANCETS .....137  
 see MOBILE LANCE MIS 30G .....137  
 see MONOLET MIS LANCETS.....138  
 see MONOLET OPD MIS LANCETS ....138  
 see MONOLETTOR MIS LANCETS.....138  
 see MYGLUCOHEALT MIS LANC 30G.138  
 see NOVA SAFETY MIS LANC 23G .....138  
 see NOVA SAFETY MIS LANC 28G .....138  
 see NOVA SURE MIS LANCETS.....138  
 see ONETOUCH DEL MIS LANC DEV ..138  
 see ONETOUCH DEL MIS PLUS 30G ..138  
 see ONETOUCH DEL MIS PLUS 33G ...138  
 see ONETOUCH US MIS 2 30G.....138  
 see ON-THE-GO MIS LANC 30G.....138  
 see PERFECT 28G MIS LANCETS.....138  
 see PERFECT 30G MIS LANCETS .....138  
 see PHARMACY COU MIS LANCETS ..138  
 see PIP LANCETS MIS 28G .....138  
 see PIP LANCETS MIS 30G .....138  
 see PRO COMFORT MIS 31G .....138  
 see PRO COMFORT MIS LANC 30G ....138  
 see PRO COMFORT MIS LANCETS.....138  
 see PRODIGY MIS 26G.....138  
 see PRODIGY MIS 28G.....138  
 see PSS SAFE LAN MIS.....138  
 see PSS SEL LANC MIS.....138  
 see PURE COMFORT MIS 30G LAN ....138  
 see PX LANCETS MIS 28G .....138  
 see PX LANCETS MIS 33G .....138  
 see QC LANCETS MIS 28G.....138  
 see QC LANCETS MIS 30G .....138  
 see RA E-ZJECT MIS 28G.....138  
 see RA E-ZJECT MIS THIN 26G .....138  
 see RA E-ZJECT MIS THIN 28G .....138  
 see RA E-ZJECT MIS ULT THIN .....138  
 see READYLANCE MIS 21G .....139  
 see READYLANCE MIS 23G .....139  
 see READYLANCE MIS 26G .....139  
 see READYLANCE MIS 28G .....139  
 see READYLANCE MIS 30G .....139  
 see REALITY MIS LANCETS .....139  
 see REALITY TRIG MIS LANCETS .....139  
 see RELION LANCE MIS THIN 26G .....139  
 see RELION LANCE MIS THIN 30G .....139  
 see RELION MICRO MIS THIN 33G .....139  
 see RELION ULTRA MIS THIN 30G .....139  
 see RELION ULTRA MIS THIN PLS .....139  
 see RIGHTEST MIS GL300 .....139  
 see SAFE-T-LANCE MIS 21G.....139  
 see SAFE-T-LANCE MIS 25G .....139  
 see SAFE-T-LANCE MIS HI FLOW .....139  
 see SAFE-T-LANCE MIS LOW FLOW ..139  
 see SAFE-T-LANCE MIS NOR FLOW ...139  
 see SAFE-T-PRO MIS LANCETS.....139  
 see SAFE-T-PRO MIS PLUS .....139  
 see SAFETY 21G MIS LANCETS .....139  
 see SAFETY 23G MIS LANCETS .....139  
 see SAFETY 30G MIS LANCETS .....139  
 see SAFETY MIS LANCETS .....139  
 see SAPSCARE MIS TWIST .....139  
 see SAPS HEALTH MIS TWIST .....139  
 see SAPS TWIST MIS 30G.....139  
 see SB LANCETS MIS THIN.....139  
 see SB LANCETS MIS ULTR THN .....139

see SINGLE-LET MIS 23G.....	139	see ULTILET MIS LANCETS .....	140
see SMARTEST MIS LANCETS .....	139	see ULTILET MIS SAFETY.....	140
see SMART SENSE MIS LANC 21G.....	139	see ULTILET SAFE MIS 21G.....	140
see SMART SENSE MIS LANC 26G.....	139	see ULTRA THIN MIS 28G.....	140
see SMART SENSE MIS LANC 30G.....	139	see ULTRA THIN MIS 30G.....	140
see SMART SENSE MIS LANC 33G.....	139	see ULTRA THIN MIS 31G.....	140
see SM LANCETS MIS 33G .....	139	see ULTRA THIN MIS 33G.....	141
see SOFTCLIX MIS LANCETS .....	139	see ULTRA THIN MIS LAN 31G.....	141
see SOLUS V2 MIS LANC 28G .....	139	see ULTRA THIN MIS LANC 28G.....	141
see SOLUS V2 MIS LANC 30G.....	139	see ULTRA THIN MIS LANC 30G .....	141
see STERILANCE MIS TL 28G.....	140	see ULTRA THIN MIS LANCETS.....	141
see STERILANCE MIS TL 30G.....	140	see UNILET EXCEL MIS 23G .....	141
see STERILANCE MIS TL 32G.....	140	see UNILET EX II MIS 28G .....	141
see SUPER THIN MIS LANC 28G.....	140	see UNILET G.P. MIS 21G.....	141
see SUPER THIN MIS LANCETS.....	140	see UNILET G.P MIS SUPR 23G.....	141
see SURE COMFORT MIS LANC 18G...140		see UNILET GP 28 MIS ULT THIN.....	141
see SURE COMFORT MIS LANC 21G...140		see UNILET LANCE MIS 21G .....	141
see SURE COMFORT MIS LANC 23G ..140		see UNILET LANCE MIS 28G .....	141
see SURE COMFORT MIS LANC 30G..140		see UNILET LANCE MIS 33G .....	141
see SURE COMFORT MIS LANCETS ...140		see UNILET LANC MIS 33G.....	141
see SUREFLEX MIS LANCETS .....	140	see UNILET LANCT MIS 28G .....	141
see SURELITE MIS LANCETS.....	140	see UNILET LANCT MIS 30G .....	141
see TECHLITE AST MIS LANCETS.....	140	see UNILET LANCT MIS 33G .....	141
see TECHLITE MIS LANC 26G.....	140	see UNILET MICRO MIS 33G .....	141
see TECHLITE MIS LANC 30G.....	140	see UNILET MIS 21G.....	141
see TECHLITE MIS LANCETS .....	140	see UNILET SUPER MIS 23G.....	141
see TGT LANCET MIS 26G.....	140	see UNILET SUPER MIS G.P. 23G.....	141
see TGT LANCET MIS 30G.....	140	see UNISTIK 3 MIS GENT 30G.....	141
see TGT LANCET MIS 33G.....	140	see UNISTIK PRO MIS LANC 21G.....	141
see THIN LANCETS MIS 26G.....	140	see UNISTIK PRO MIS LANC 28G .....	141
see THIN LANCETS MIS 30G.....	140	see UNISTIK SAFE MIS LANC 28G.....	141
see THINLETS GP MIS 26G.....	140	see UNISTIK SAFE MIS LANC 30G.....	141
see TOPCARE MIS LANC 33G .....	140	see UNISTIK TOUC MIS LANC 21G .....	141
see TRAVEL LANCE MIS ADV 28G .....	140	see UNISTIK TOUC MIS LANC 23G.....	141
see TRUE COMFORT MIS LANC 30G..140		see UNISTIK TOUC MIS LANC 28G.....	141
see TRUPLUS LANC MIS 26G.....	140	see UNISTIK TOUC MIS LANC 30G .....	141
see TRUPLUS LANC MIS 28G.....	140	see UNITSTIK PRO MIS LANC 25G.....	141
see TRUPLUS LANC MIS 30G.....	140	see UNIVERSAL 1 MIS 33G.....	141
see TRUPLUS LANC MIS 33G.....	140	see UNIVERSAL 1 MIS LANC 26G .....	141
see TWIST LANCET MIS 30G MULT ....140		see UNIVERSAL 1 MIS LANC 30G .....	141
see ULTILET MIS 26G .....	140	see VERIFINE LAN MIS MINI 21G .....	141
see ULTILET MIS 28G .....	140	see VERIFINE LAN MIS MINI 23G.....	141
see ULTILET MIS 30G .....	140	see VERIFINE LAN MIS MINI 28G.....	141
see ULTILET MIS 33G .....	140	see VERIFINE LAN MIS MINI 30G .....	141



see VERIFINE MIS UNIV 28G.....	142
see VERIFINE MIS UNIV 30G.....	142
see VERIFINE MIS UNIV 33G.....	142
see VIVAGUARD MIS 28G .....	142
see VIVAGUARD MIS 30G .....	142
see ZEVRX TWIST MIS LANC 30G .....	142
LANCETS MICR MIS THIN 33G.....	137
LANCETS MIS.....	137
LANCETS MIS 21G .....	137
LANCETS MIS 21G COLR.....	137
LANCETS MIS 26G .....	137
LANCETS MIS 28G .....	137
LANCETS MIS 30G .....	137
LANCETS MIS 33G .....	137
<b>lancets misc.</b>	
see ACCU-CHEK KIT FASTCLIX .....	133
see ACCU-CHEK KIT SOFTCLIX.....	133
LANCETS MIS ORIGINAL.....	137
LANCETS MIS THIN.....	137
LANCETS MIS THIN 26G .....	137
LANCETS MIS THIN 30G .....	137
LANCETS SUPR MIS THIN 28G .....	137
LANCET STAND MIS 21G.....	137
LANCETS THIN MIS.....	137
LANCETS THIN MIS 26G .....	137
LANCETS ULTR MIS THIN .....	137
LANCETS ULTR MIS THIN 31G.....	137
LANCET SUPER MIS THIN 30G .....	137
LANCET ULTRA MIS THIN 30G .....	137
<b>lansoprazole cap delayed release 30 mg</b>	
.....	163
<b>lapatinib ditosylate</b>	
see TYKERB TAB 250MG.....	75
<b>lapatinib ditosylate tab 250 mg (base equiv)</b> .....	74
LARIN 1/20	
see Norethindrone Ace & Ethinyl	
Estradiol Tab 1 mg-20 mcg.....	99
LARIN 1.5/30	
see Norethindrone Ace & Ethinyl	
Estradiol Tab 1.5 mg-30 mcg .....	99
LARIN 24 FE	
see Norethindrone Ace-Ethinyl Estradiol-	
Fe Tab 1 mg-20 mcg (24) .....	101

LARIN FE 1/20	
see Norethindrone Ace & Ethinyl	
Estradiol-Fe Tab 1 mg-20 mcg .....	100
LARIN FE 1.5/30	
see Norethindrone Ace & Ethinyl	
Estradiol-Fe Tab 1.5 mg-30 mcg.....	100
<b>larotrectinib sulfate</b>	
see VITRAKVI CAP 100MG .....	75
see VITRAKVI CAP 25MG .....	75
see VITRAKVI SOL 20MG/ML .....	75
<b>latanoprost ophth soln 0.005%</b> .....	152
LAYOLIS FE	
see Norethindrone & Ethinyl Estradiol-Fe	
Chew Tab 0.8 mg-25 mcg .....	99
<b>ledipasvir-sofosbuvir</b>	
see HARVONI PAK.....	85
see HARVONI PAK 45-200MG .....	85
see HARVONI TAB 45-200MG.....	85
see HARVONI TAB 90-400MG .....	85
LEENA	
see Norethindrone-Eth Estradiol Tab 0.5-	
35/1-35/0.5-35 mg-Mcg.....	101
<b>leflunomide tab 10 mg</b> .....	28
<b>leflunomide tab 20 mg</b> .....	28
<b>lemborexant</b>	
see DAYVIGO TAB 10MG.....	131
see DAYVIGO TAB 5MG .....	131
<b>lenalidomide</b>	
see REVLIMID CAP 10MG.....	146
see REVLIMID CAP 15MG.....	146
see REVLIMID CAP 2.5MG .....	146
see REVLIMID CAP 20MG .....	146
see REVLIMID CAP 25MG .....	146
see REVLIMID CAP 5MG .....	146
<b>lenalidomide cap 10 mg</b> .....	145
<b>lenalidomide cap 15 mg</b> .....	145
<b>lenalidomide cap 20 mg</b> .....	145
<b>lenalidomide cap 25 mg</b> .....	145
<b>lenalidomide cap 5 mg</b> .....	145
<b>lenalidomide caps 2.5 mg</b> .....	145
<b>lenvatinib mesylate</b>	
see LENVIMA CAP 10 MG .....	69
see LENVIMA CAP 12MG .....	69
see LENVIMA CAP 14 MG .....	69

see LENVIMA CAP 18 MG .....	69	<b>levobunolol hcl ophth soln 0.5%</b> .....	150
see LENVIMA CAP 20 MG .....	69	<b>levocarnitine oral soln 1 gm/10ml (10%)</b>	
see LENVIMA CAP 24 MG .....	69	.....	119
see LENVIMA CAP 4MG.....	69	<b>levocarnitine tab 330 mg</b> .....	119
see LENVIMA CAP 8 MG.....	69	<b>levodopa</b>	
LENVIMA CAP 10 MG .....	69	see INBRIJA CAP 42MG.....	77
LENVIMA CAP 12MG .....	69	<b>levofloxacin ophth soln 1.5%</b> .....	151
LENVIMA CAP 14 MG .....	69	<b>levofloxacin oral soln 25 mg/ml</b> .....	123
LENVIMA CAP 18 MG .....	69	<b>levofloxacin tab 250 mg</b> .....	123
LENVIMA CAP 20 MG .....	69	<b>levofloxacin tab 500 mg</b> .....	123
LENVIMA CAP 24 MG.....	69	<b>levofloxacin tab 750 mg</b> .....	123
LENVIMA CAP 4MG.....	69	LEVONEST	
LENVIMA CAP 8 MG.....	69	see Levonorgestrel-Eth Estra Tab 0.05-	
LESSINA		30/0.075-40/0.125-30mg-Mcg .....	98
see Levonorgestrel & Ethinyl Estradiol		<b>levonor-eth est tab 0.15-0.02/0.025/0.03</b>	
Tab 0.1 mg-20 mcg.....	97	<b>mg &amp;eth est 0.01 mg</b> .....	96
<b>letrozole tab 2.5 mg</b> .....	70	Levonor-Eth Est Tab 0.15-0.02/0.025/0.03	
<b>leucovorin calcium tab 10 mg</b> .....	76	mg &eth Est 0.01 mg .....	96
<b>leucovorin calcium tab 15 mg</b> .....	76	<b>levonorgestrel &amp; ethinyl estradiol (91-</b>	
<b>leucovorin calcium tab 25 mg</b> .....	76	<b>day) tab 0.15-0.03 mg</b> .....	96
<b>leucovorin calcium tab 5 mg</b> .....	76	Levonorgestrel & Ethinyl Estradiol (91-Day)	
LEUKERAN TAB 2MG .....	68	Tab 0.15-0.03 mg .....	96, 97
<b>leuprolide acetate inj kit 1 mg/0.2ml (5</b>		<b>levonorgestrel &amp; ethinyl estradiol tab 0.15</b>	
<b>mg/ml)</b> .....	70	<b>mg-30 mcg</b> .....	97
<b>levabuterol hcl soln nebu 0.31 mg/3ml</b>		Levonorgestrel & Ethinyl Estradiol Tab 0.15	
<b>(base equiv)</b> .....	43	mg-30 mcg .....	97
<b>levabuterol hcl soln nebu 0.63 mg/3ml</b>		<b>levonorgestrel &amp; ethinyl estradiol tab 0.1</b>	
<b>(base equiv)</b> .....	43	<b>mg-20 mcg</b> .....	97
<b>levabuterol hcl soln nebu 1.25 mg/3ml</b>		Levonorgestrel & Ethinyl Estradiol Tab 0.1	
<b>(base equiv)</b> .....	43	mg-20 mcg .....	97
<b>levabuterol hcl soln nebu conc 1.25</b>		<b>levonorgestrel-eth estra tab 0.05-</b>	
<b>mg/0.5ml (base equiv)</b> .....	43	<b>30/0.075-40/0.125-30mg-mcg</b> .....	97
<b>levabuterol tartrate inhal aerosol 45</b>		Levonorgestrel-Eth Estra Tab 0.05-	
<b>mcg/act (base equiv)</b> .....	43	30/0.075-40/0.125-30mg-Mcg .....	98
<b>levamlodipine maleate tab 2.5 mg</b> .....	90	<b>levonorgestrel-ethinyl estradiol</b>	
<b>levamlodipine maleate tab 5 mg</b> .....	90	<b>(continuous) tab 90-20 mcg</b> .....	98
<b>levetiracetam oral soln 100 mg/ml</b> .....	47	Levonorgestrel-Ethinyl Estradiol	
<b>levetiracetam tab 1000 mg</b> .....	48	(Continuous) Tab 90-20 mcg.....	98
<b>levetiracetam tab 250 mg</b> .....	47	<b>levonorgestrel-ethinyl estradiol-fe tab 0.1</b>	
<b>levetiracetam tab 500 mg</b> .....	47	<b>mg-20 mcg (21)</b> .....	98
Levetiracetam Tab 500 mg.....	47	Levonorgestrel-Ethinyl Estradiol-Fe Tab 0.1	
<b>levetiracetam tab 750 mg</b> .....	47	mg-20 mcg (21) .....	98
<b>levetiracetam tab er 24hr 500 mg</b> .....	48	<b>levonorgestrel tab 1.5 mg</b> .....	103
<b>levetiracetam tab er 24hr 750 mg</b> .....	48	Levonorgestrel Tab 1.5 mg .....	103

**levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)** .....96  
 Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7) .....96  
**levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)** .....96  
 Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7) .....96  
 LEVORA 0.15/30-28  
   see Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg.....97  
 LEVO-T  
   see Levothyroxine Sodium Tab 100 mcg .....161  
   see Levothyroxine Sodium Tab 112 mcg .....161  
   see Levothyroxine Sodium Tab 125 mcg .....161  
   see Levothyroxine Sodium Tab 137 mcg .....161  
   see Levothyroxine Sodium Tab 150 mcg .....161  
   see Levothyroxine Sodium Tab 175 mcg .....161  
   see Levothyroxine Sodium Tab 200 mcg .....161  
   see Levothyroxine Sodium Tab 25 mcg .....160  
   see Levothyroxine Sodium Tab 300 mcg .....161  
   see Levothyroxine Sodium Tab 50 mcg .....160  
   see Levothyroxine Sodium Tab 75 mcg .....160  
   see Levothyroxine Sodium Tab 88 mcg .....161  
**levothyroxine sodium tab 100 mcg** .....161  
 Levothyroxine Sodium Tab 100 mcg .....161  
**levothyroxine sodium tab 112 mcg** .....161  
 Levothyroxine Sodium Tab 112 mcg.....161  
**levothyroxine sodium tab 125 mcg** .....161  
 Levothyroxine Sodium Tab 125 mcg.....161  
**levothyroxine sodium tab 137 mcg** .....161  
 Levothyroxine Sodium Tab 137 mcg .....161

**levothyroxine sodium tab 150 mcg** .....161  
 Levothyroxine Sodium Tab 150 mcg.....161  
**levothyroxine sodium tab 175 mcg** .....161  
 Levothyroxine Sodium Tab 175 mcg.....161  
**levothyroxine sodium tab 200 mcg** .....161  
 Levothyroxine Sodium Tab 200 mcg.....161  
**levothyroxine sodium tab 25 mcg** .....160  
 Levothyroxine Sodium Tab 25 mcg .....160  
**levothyroxine sodium tab 300 mcg** .....161  
 Levothyroxine Sodium Tab 300 mcg161, 162  
**levothyroxine sodium tab 50 mcg** .....160  
 Levothyroxine Sodium Tab 50 mcg .....160  
**levothyroxine sodium tab 75 mcg** .....160  
 Levothyroxine Sodium Tab 75 mcg .....160  
**levothyroxine sodium tab 88 mcg** .....160  
 Levothyroxine Sodium Tab 88 mcg .....161  
 LEVOXYL  
   see Levothyroxine Sodium Tab 100 mcg .....161  
   see Levothyroxine Sodium Tab 112 mcg .....161  
   see Levothyroxine Sodium Tab 125 mcg .....161  
   see Levothyroxine Sodium Tab 137 mcg .....161  
   see Levothyroxine Sodium Tab 150 mcg .....161  
   see Levothyroxine Sodium Tab 175 mcg .....161  
   see Levothyroxine Sodium Tab 200 mcg .....161  
   see Levothyroxine Sodium Tab 25 mcg .....160  
   see Levothyroxine Sodium Tab 50 mcg .....160  
   see Levothyroxine Sodium Tab 75 mcg .....160  
   see Levothyroxine Sodium Tab 88 mcg .....161  
**lidocaine hcl laryngotracheal soln 4%** .147  
**lidocaine hcl soln 4%** .....114  
**lidocaine hcl urethral/mucosal gel prefilled syringe 2%** .....114

Lidocaine Hcl Urethral/mucosal Gel	
Prefilled Syringe 2%.....	114
<b>lidocaine hcl viscous soln 2%</b> .....	147
<b>lidocaine oint 5%</b> .....	114
<b>lidocaine patch 5%</b> .....	114
Lidocaine Patch 5%.....	114
<b>lidocaine-prilocaine cream 2.5-2.5%</b> ....	114
LIDOCAN	
see Lidocaine Patch 5%.....	114
<b>lifitegrast</b>	
see XIIDRA DRO 5%.....	151
<b>linaclotide</b>	
see LINZESS CAP 145MCG .....	125
see LINZESS CAP 290MCG.....	125
see LINZESS CAP 72MCG .....	125
<b>linezolid for susp 100 mg/5ml</b> .....	37
<b>linezolid tab 600 mg</b> .....	37
LINZESS CAP 145MCG .....	125
LINZESS CAP 290MCG.....	125
LINZESS CAP 72MCG .....	125
<b>liothyronine sodium tab 25 mcg</b> .....	162
<b>liothyronine sodium tab 50 mcg</b> .....	162
<b>liothyronine sodium tab 5 mcg</b> .....	162
<b>liraglutide</b>	
see VICTOZA INJ 18MG/3ML.....	56
<b>liraglutide (weight management)</b>	
see SAXENDA INJ 18MG/3ML .....	17
<b>lisdexamfetamine dimesylate cap 10 mg</b>	
.....	16
<b>lisdexamfetamine dimesylate cap 20 mg</b>	
.....	16
<b>lisdexamfetamine dimesylate cap 30 mg</b>	
.....	16
<b>lisdexamfetamine dimesylate cap 40 mg</b>	
.....	16
<b>lisdexamfetamine dimesylate cap 50 mg</b>	
.....	16
<b>lisdexamfetamine dimesylate cap 60 mg</b>	
.....	16
<b>lisdexamfetamine dimesylate cap 70 mg</b>	
.....	16
<b>lisdexamfetamine dimesylate chew tab</b>	
<b>10 mg</b> .....	16
<b>lisdexamfetamine dimesylate chew tab</b>	
<b>20 mg</b> .....	16
<b>lisdexamfetamine dimesylate chew tab</b>	
<b>30 mg</b> .....	16
<b>lisdexamfetamine dimesylate chew tab</b>	
<b>40 mg</b> .....	16
<b>lisdexamfetamine dimesylate chew tab</b>	
<b>50 mg</b> .....	16
<b>lisdexamfetamine dimesylate chew tab</b>	
<b>60 mg</b> .....	16
<b>lisinopril &amp; hydrochlorothiazide tab 10-</b>	
<b>12.5 mg</b> .....	65
<b>lisinopril &amp; hydrochlorothiazide tab 20-</b>	
<b>12.5 mg</b> .....	65
<b>lisinopril &amp; hydrochlorothiazide tab 20-25</b>	
<b>mg</b> .....	66
<b>lisinopril tab 10 mg</b> .....	62
<b>lisinopril tab 2.5 mg</b> .....	62
<b>lisinopril tab 20 mg</b> .....	62
<b>lisinopril tab 30 mg</b> .....	62
<b>lisinopril tab 40 mg</b> .....	62
<b>lisinopril tab 5 mg</b> .....	62
LITETOUCH MIS LANCETS .....	137
LITE TOUCH MIS LANCETS .....	137
LITFULO CAP 50MG .....	113
<b>lithium carbonate cap 150 mg</b> .....	79
<b>lithium carbonate cap 300 mg</b> .....	79
<b>lithium carbonate cap 600 mg</b> .....	79
<b>lithium carbonate tab 300 mg</b> .....	79
<b>lithium carbonate tab er 300 mg</b> .....	79
<b>lithium carbonate tab er 450 mg</b> .....	79
<b>lithium oral solution 8 meq/5ml</b> .....	79
LOESTRIN 1/20-21	
see Norethindrone Ace & Ethinyl	
Estradiol Tab 1 mg-20 mcg.....	99
LOESTRIN 1.5/30-21	
see Norethindrone Ace & Ethinyl	
Estradiol Tab 1.5 mg-30 mcg .....	99
LOESTRIN FE 1/20	
see Norethindrone Ace & Ethinyl	
Estradiol-Fe Tab 1 mg-20 mcg .....	100
LOESTRIN FE 1.5/30	
see Norethindrone Ace & Ethinyl	
Estradiol-Fe Tab 1.5 mg-30 mcg.....	100

LOJAIMIESS	
see Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)	96
LO LOESTRIN TAB 1-10-10	98
<b>lomustine</b>	
see GLEOSTINE CAP 100MG	68
see GLEOSTINE CAP 10MG	68
see GLEOSTINE CAP 40MG	68
<b>lonafarnib</b>	
see ZOKINVY CAP 50MG	147
see ZOKINVY CAP 75MG	147
LONGS LANCET MIS STANDARD	137
LONGS LANCET MIS THIN	137
LONGS LANCET MIS ULTRA TH	137
LONSURF TAB 15-6.14	71
LONSURF TAB 20-8.19	71
<b>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</b>	84
<b>lopinavir-ritonavir tab 100-25 mg</b>	84
<b>lopinavir-ritonavir tab 200-50 mg</b>	84
<b>lorazepam conc 2 mg/ml</b>	39
<b>lorazepam tab 0.5 mg</b>	39
<b>lorazepam tab 1 mg</b>	39
<b>lorazepam tab 2 mg</b>	39
LORYNA	
see Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg	95
<b>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</b>	66
<b>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</b>	66
<b>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 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 gel 0.5%</b>	151
<b>loteprednol etabonate ophth susp 0.2%</b>	151
<b>loteprednol etabonate ophth susp 0.5%</b>	151
<b>lovastatin tab 10 mg</b>	61
<b>lovastatin tab 20 mg</b>	61
<b>lovastatin tab 40 mg</b>	61

LOW-OGESTREL	
see Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg	102
<b>loxapine succinate cap 10 mg</b>	81
<b>loxapine succinate cap 25 mg</b>	81
<b>loxapine succinate cap 50 mg</b>	81
<b>loxapine succinate cap 5 mg</b>	80
LO-ZUMANDIMINE	
see Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg	95
<b>lubiprostone cap 24 mcg</b>	124
<b>lubiprostone cap 8 mcg</b>	124
LUMAKRAS TAB 120MG	74
LUMAKRAS TAB 320MG	74
LUMRYZ PAK 6GM	154
LUMRYZ PAK 7.5GM	154
LUMRYZ PAK 9GM	154
LUMRYZ PKG 4.5GM	154
<b>lurasidone hcl tab 120 mg</b>	79
<b>lurasidone hcl tab 20 mg</b>	79
<b>lurasidone hcl tab 40 mg</b>	79
<b>lurasidone hcl tab 60 mg</b>	79
<b>lurasidone hcl tab 80 mg</b>	79
<b>lusutrombopag</b>	
see MULPLETA TAB 3MG	128
LUTERA	
see Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg	97
LYLEQ	
see Norethindrone Tab 0.35 mg	103
LYLLANA	
see Estradiol Td Patch Twice Weekly 0.025 mg/24hr	122
see Estradiol Td Patch Twice Weekly 0.0375 mg/24hr	123
see Estradiol Td Patch Twice Weekly 0.05 mg/24hr	122
see Estradiol Td Patch Twice Weekly 0.075 mg/24hr	123
see Estradiol Td Patch Twice Weekly 0.1 mg/24hr	122
LYNPARZA TAB 100MG	74
LYNPARZA TAB 150MG	74
LYSODREN TAB 500MG	70

LYVISPAH GRA 10MG.....	148
LYVISPAH GRA 20MG.....	148
LYVISPAH GRA 5MG.....	148
LYZA	
see Norethindrone Tab 0.35 mg.....	103
<b>M</b>	
<b>macitentan</b>	
see OPSUMIT TAB 10MG.....	93
<b>mafenide acetate packet for topical soln</b>	
<b>5% (50 gm).....</b>	<b>111</b>
<b>malathion lotion 0.5%.....</b>	<b>114</b>
<b>maraviroc tab 150 mg.....</b>	<b>84</b>
<b>maraviroc tab 300 mg.....</b>	<b>84</b>
MARLISSA	
see Levonorgestrel & Ethinyl Estradiol	
Tab 0.15 mg-30 mcg.....	97
MATULANE CAP 50MG.....	76
<b>mavacamten</b>	
see CAMZYOS CAP 10MG.....	91
see CAMZYOS CAP 15MG.....	91
see CAMZYOS CAP 2.5MG.....	91
see CAMZYOS CAP 5MG.....	91
MAVENCLAD PAK 10MG(10).....	157
MAVENCLAD PAK 10MG(4).....	157
MAVENCLAD PAK 10MG(5).....	157
MAVENCLAD PAK 10MG(6).....	157
MAVENCLAD PAK 10MG(7).....	157
MAVENCLAD PAK 10MG(8).....	157
MAVENCLAD PAK 10MG(9).....	157
MAYZENT PAK STARTER.....	157
MAYZENT TAB 0.25MG.....	157
MAYZENT TAB 1MG.....	157
MAYZENT TAB 2MG.....	157
<b>measles, mumps &amp; rubella virus vaccines</b>	
see M-M-R II INJ.....	166
<b>measles-mumps-rubella-varicella virus</b>	
<b>vaccines</b>	
see PROQUAD INJ.....	167
<b>mebendazole</b>	
see EMVERM CHW 100MG.....	36
<b>mecaserin</b>	
see INCRELEX INJ 40MG/4ML.....	119
<b>meclizine hcl tab 50 mg.....</b>	<b>58</b>
<b>meclofenamate sodium cap 100 mg.....</b>	<b>27</b>

<b>meclofenamate sodium cap 50 mg.....</b>	<b>27</b>
MEDICHOICE MIS LANCET.....	137
MEDLANCE MIS 30G PLUS.....	137
MEDLANCE MIS PLUS 30G.....	137
MEDLANCE PLS MIS 0.8MM.....	137
MEDLANCE PLS MIS EXTR 21G.....	137
MEDLANCE PLS MIS LITE 25G.....	137
MEDLANCE PLS MIS UNIV 21G.....	137
MEDROL TAB 2MG.....	104
<b>medroxyprogesterone acetate tab 10 mg</b>	
.....	154
<b>medroxyprogesterone acetate tab 2.5 mg</b>	
.....	154
<b>medroxyprogesterone acetate tab 5 mg</b>	
.....	154
<b>mefenamic acid cap 250 mg.....</b>	<b>27</b>
<b>mefloquine hcl tab 250 mg.....</b>	<b>67</b>
<b>megestrol acetate susp 40 mg/ml.....</b>	<b>70</b>
<b>megestrol acetate susp 625 mg/5ml....</b>	<b>154</b>
<b>megestrol acetate tab 20 mg.....</b>	<b>70</b>
<b>megestrol acetate tab 40 mg.....</b>	<b>70</b>
MEIJER LANCE MIS COLOR.....	137
MEIJER LANCE MIS UNIV 21G.....	137
MEIJER LANCE MIS UNIV 30G.....	137
MEIJER LANCE MIS UNIVERSA.....	137
MEIJER MIS LANCETS.....	137
MEKTOVI TAB 15MG.....	74
<b>meloxicam susp 7.5 mg/5ml.....</b>	<b>27</b>
<b>meloxicam tab 15 mg.....</b>	<b>27</b>
<b>meloxicam tab 7.5 mg.....</b>	<b>27</b>
<b>melphalan tab 2 mg.....</b>	<b>68</b>
<b>memantine hcl cap er 24hr 14 mg.....</b>	<b>155</b>
<b>memantine hcl cap er 24hr 21 mg.....</b>	<b>155</b>
<b>memantine hcl cap er 24hr 28 mg.....</b>	<b>155</b>
<b>memantine hcl cap er 24hr 7 mg.....</b>	<b>155</b>
<b>memantine hcl-donepezil hcl</b>	
see NAMZARIC CAP.....	155
see NAMZARIC CAP 14-10MG.....	155
see NAMZARIC CAP 21-10MG.....	155
see NAMZARIC CAP 28-10MG.....	155
see NAMZARIC CAP 7-10MG.....	155
<b>memantine hcl oral solution 2 mg/ml ...</b>	<b>155</b>
<b>memantine hcl tab 10 mg.....</b>	<b>155</b>

<b>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</b> .....	155
<b>memantine hcl tab 5 mg</b> .....	155
<b>MENACTRA INJ</b> .....	165
<b>meningococcal (a,c,y&amp;w-135) oligosaccharide conjugate vac</b> see MENVEO INJ .....	165
<b>meningococcal (a,c,y&amp;w-135) polysacch diphth conj vaccine</b> see MENACTRA INJ .....	165
<b>meningococcal (a,c,y&amp;w-135) polysacch tetanus conj vaccine</b> see MENQUADFI INJ.....	165
<b>meningococcal group b vaccine (recombinant)</b> see TRUMENBA INJ .....	165
<b>meningococcal vac group b (recombant omv adjuvanted)</b> see BEXSERO INJ .....	165
<b>MENOPUR INJ 75UNIT</b> .....	118
<b>menotropins</b> see MENOPUR INJ 75UNIT .....	118
<b>MENQUADFI INJ</b> .....	165
<b>MENVEO INJ</b> .....	165
<b>meperidine hcl oral soln 50 mg/5ml</b> .....	31
<b>meperidine hcl tab 50 mg</b> .....	31
<b>mepolizumab</b> see NUCALA INJ 100MG/ML.....	41
see NUCALA INJ 40MG/0.4 .....	41
<b>meprobamate tab 200 mg</b> .....	39
<b>meprobamate tab 400 mg</b> .....	39
<b>mercaptopurine</b> see PURIXAN SUS 20MG/ML.....	68
<b>mercaptopurine tab 50 mg</b> .....	68
<b>MERZEE</b> see Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24).....	101
<b>mesalamine cap dr 400 mg</b> .....	124
<b>mesalamine cap er 24hr 0.375 gm</b> .....	124
<b>mesalamine cap er 500 mg</b> .....	124
<b>mesalamine enema 4 gm</b> .....	124
<b>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</b> .....	124
<b>mesalamine suppos 1000 mg</b> .....	124
<b>mesalamine tab delayed release 1.2 gm</b> .....	124
<b>mesalamine tab delayed release 800 mg</b> .....	124
<b>metaxalone tab 800 mg</b> .....	148
<b>metformin hcl oral soln 500 mg/5ml</b> .....	55
<b>metformin hcl tab 1000 mg</b> .....	55
<b>metformin hcl tab 500 mg</b> .....	55
<b>metformin hcl tab 850 mg</b> .....	55
<b>metformin hcl tab er 24hr 500 mg</b> .....	55
<b>metformin hcl tab er 24hr 750 mg</b> .....	55
<b>methadone hcl conc 10 mg/ml</b> .....	31
<b>Methadone Hcl Conc 10 mg/ml</b> .....	31
<b>methadone hcl soln 10 mg/5ml</b> .....	31
<b>methadone hcl soln 5 mg/5ml</b> .....	31
<b>methadone hcl tab 10 mg</b> .....	31
<b>methadone hcl tab 5 mg</b> .....	31
<b>methadone hcl tab for oral susp 40 mg</b> ..	31
<b>Methadone Hcl Tab For Oral Susp 40 mg</b>	31
<b>METHADONE HYDROCHLORIDE I</b> see Methadone Hcl Conc 10 mg/ml .....	31
<b>METHADOSE</b> see Methadone Hcl Tab For Oral Susp 40 mg .....	31
<b>methamphetamine hcl tab 5 mg</b> .....	16
<b>methazolamide tab 25 mg</b> .....	116
<b>methazolamide tab 50 mg</b> .....	116
<b>methenamine hippurate tab 1 gm</b> .....	37
<b>methenamine mandelate tab 0.5 gm</b> .....	37
<b>methenamine mandelate tab 1 gm</b> .....	37
<b>METHERGINE</b> see Methylergonovine Maleate Tab 0.2 mg .....	153
<b>methimazole tab 10 mg</b> .....	160
<b>methimazole tab 5 mg</b> .....	160
<b>methocarbamol tab 500 mg</b> .....	148
<b>methocarbamol tab 750 mg</b> .....	149
<b>methotrexate (antirheumatic)</b> see RASUVO INJ 10MG .....	25
see RASUVO INJ 12.5MG .....	26
see RASUVO INJ 15MG .....	26
see RASUVO INJ 17.5MG .....	26
see RASUVO INJ 20MG.....	26
see RASUVO INJ 22.5MG.....	26

see RASUVO INJ 25MG.....	26
see RASUVO INJ 30MG.....	26
see RASUVO INJ 7.5MG.....	25
<b>methotrexate sodium</b>	
see TREXALL TAB 10MG.....	69
see TREXALL TAB 15MG.....	69
see TREXALL TAB 5MG.....	68
see TREXALL TAB 7.5MG.....	69
<b>methotrexate sodium for inj 1 gm.....</b>	<b>68</b>
<b>methotrexate sodium inj 250 mg/10ml</b>	
<b>(25 mg/ml) .....</b>	<b>68</b>
<b>methotrexate sodium inj 50 mg/2ml (25</b>	
<b>mg/ml) .....</b>	<b>68</b>
<b>methotrexate sodium inj pf 1000</b>	
<b>mg/40ml (25 mg/ml) .....</b>	<b>68</b>
<b>methotrexate sodium inj pf 250 mg/10ml</b>	
<b>(25 mg/ml) .....</b>	<b>68</b>
<b>methotrexate sodium inj pf 50 mg/2ml</b>	
<b>(25 mg/ml) .....</b>	<b>68</b>
<b>methotrexate sodium tab 2.5 mg (base</b>	
<b>equiv) .....</b>	<b>68</b>
<b>methoxsalen rapid cap 10 mg .....</b>	<b>110</b>
<b>methscopolamine bromide tab 2.5 mg ..</b>	<b>163</b>
<b>methscopolamine bromide tab 5 mg ....</b>	<b>163</b>
<b>methsuximide cap 300 mg .....</b>	<b>49</b>
<b>methylergonovine maleate tab 0.2 mg..</b>	<b>153</b>
Methylergonovine Maleate Tab 0.2 mg..	153
<b>methylphenidate hcl cap er 10 mg (cd) ..</b>	<b>18</b>
<b>methylphenidate hcl cap er 20 mg (cd) ..</b>	<b>18</b>
<b>methylphenidate hcl cap er 24hr 10 mg</b>	
<b>(la).....</b>	<b>18</b>
<b>methylphenidate hcl cap er 24hr 10 mg</b>	
<b>(xr) .....</b>	<b>18</b>
<b>methylphenidate hcl cap er 24hr 15 mg</b>	
<b>(xr) .....</b>	<b>18</b>
<b>methylphenidate hcl cap er 24hr 20 mg</b>	
<b>(la).....</b>	<b>18</b>
<b>methylphenidate hcl cap er 24hr 20 mg</b>	
<b>(xr) .....</b>	<b>18</b>
<b>methylphenidate hcl cap er 24hr 30 mg</b>	
<b>(la).....</b>	<b>18</b>
<b>methylphenidate hcl cap er 24hr 30 mg</b>	
<b>(xr) .....</b>	<b>18</b>

<b>methylphenidate hcl cap er 24hr 40 mg</b>	
<b>(la).....</b>	<b>19</b>
<b>methylphenidate hcl cap er 24hr 40 mg</b>	
<b>(xr) .....</b>	<b>19</b>
<b>methylphenidate hcl cap er 24hr 50 mg</b>	
<b>(xr) .....</b>	<b>19</b>
<b>methylphenidate hcl cap er 24hr 60 mg</b>	
<b>(la).....</b>	<b>19</b>
<b>methylphenidate hcl cap er 24hr 60 mg</b>	
<b>(xr) .....</b>	<b>19</b>
<b>methylphenidate hcl cap er 30 mg (cd) ..</b>	<b>19</b>
<b>methylphenidate hcl cap er 40 mg (cd) ..</b>	<b>19</b>
<b>methylphenidate hcl cap er 50 mg (cd) ..</b>	<b>19</b>
<b>methylphenidate hcl cap er 60 mg (cd) ..</b>	<b>19</b>
<b>methylphenidate hcl chew tab 10 mg .....</b>	<b>19</b>
<b>methylphenidate hcl chew tab 2.5 mg....</b>	<b>19</b>
<b>methylphenidate hcl chew tab 5 mg .....</b>	<b>19</b>
<b>methylphenidate hcl soln 10 mg/5ml.....</b>	<b>19</b>
<b>methylphenidate hcl soln 5 mg/5ml.....</b>	<b>19</b>
<b>methylphenidate hcl tab 10 mg .....</b>	<b>19</b>
<b>methylphenidate hcl tab 20 mg.....</b>	<b>19</b>
<b>methylphenidate hcl tab 5 mg .....</b>	<b>19</b>
<b>methylphenidate hcl tab er 10 mg.....</b>	<b>19</b>
<b>methylphenidate hcl tab er 20 mg .....</b>	<b>19</b>
<b>methylphenidate hcl tab er 24hr 18 mg ..</b>	<b>19</b>
<b>methylphenidate hcl tab er 24hr 27 mg ..</b>	<b>19</b>
<b>methylphenidate hcl tab er 24hr 36 mg ..</b>	<b>19</b>
<b>methylphenidate hcl tab er 24hr 54 mg ..</b>	<b>19</b>
<b>methylphenidate hcl tab er osmotic</b>	
<b>release (osm) 18 mg .....</b>	<b>19</b>
<b>methylphenidate hcl tab er osmotic</b>	
<b>release (osm) 27 mg.....</b>	<b>19</b>
<b>methylphenidate hcl tab er osmotic</b>	
<b>release (osm) 36 mg .....</b>	<b>19</b>
<b>methylphenidate hcl tab er osmotic</b>	
<b>release (osm) 54 mg .....</b>	<b>19</b>
<b>methylphenidate td patch 10 mg/9hr .....</b>	<b>19</b>
<b>methylphenidate td patch 15 mg/9hr .....</b>	<b>19</b>
<b>methylphenidate td patch 20 mg/9hr.....</b>	<b>19</b>
<b>methylphenidate td patch 30 mg/9hr.....</b>	<b>19</b>
<b>methylprednisolone</b>	
see MEDROL TAB 2MG .....	104
<b>methylprednisolone tab 16 mg.....</b>	<b>104</b>
<b>methylprednisolone tab 32 mg .....</b>	<b>104</b>



<b>methylprednisolone tab 4 mg</b> .....	104	<b>mexiletine hcl cap 150 mg</b> .....	40
<b>methylprednisolone tab 8 mg</b> .....	104	<b>mexiletine hcl cap 200 mg</b> .....	40
<b>methylprednisolone tab therapy pack 4 mg (21)</b> .....	104	<b>mexiletine hcl cap 250 mg</b> .....	40
<b>methyltestosterone cap 10 mg</b> .....	35	<b>MIBELAS 24 FE</b>	
<b>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</b> .....	124	see Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24) .....	100
<b>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</b> .....	124	<b>MICONAZOLE 3</b>	
<b>metoclopramide hcl tab 10 mg (base equivalent)</b> .....	124	see Miconazole Nitrate Vaginal Suppos 200 mg .....	167
<b>metoclopramide hcl tab 5 mg (base equivalent)</b> .....	124	<b>Miconazole Nitrate Vaginal Suppos 200 mg</b> .....	167
<b>metolazone tab 10 mg</b> .....	117	<b>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</b> .....	108
<b>metolazone tab 2.5 mg</b> .....	117	<b>MICROGESTIN 1/20</b>	
<b>metolazone tab 5 mg</b> .....	117	see Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg .....	99
<b>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</b> .....	66	<b>MICROGESTIN 1.5/30</b>	
<b>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</b> .....	66	see Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg .....	99
<b>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</b> .....	66	<b>MICROGESTIN 24 FE</b>	
<b>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</b> .....	87	see Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24) .....	101
<b>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</b> .....	87	<b>MICROGESTIN FE 1/20</b>	
<b>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</b> .....	87	see Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg .....	100
<b>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</b> .....	87	<b>MICROGESTIN FE 1.5/30</b>	
<b>metoprolol tartrate tab 100 mg</b> .....	87	see Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg .....	100
<b>metoprolol tartrate tab 25 mg</b> .....	87	<b>MICROLET MIS LANCETS</b> .....	137
<b>metoprolol tartrate tab 37.5 mg</b> .....	87	<b>MICRO THIN MIS LANC 33G</b> .....	137
<b>metoprolol tartrate tab 50 mg</b> .....	87	<b>midazolam (anticonvulsant)</b>	
<b>metoprolol tartrate tab 75 mg</b> .....	87	see NAYZILAM SPR 5MG .....	46
<b>metronidazole cap 375 mg</b> .....	36	<b>midodrine hcl tab 10 mg</b> .....	168
<b>metronidazole cream 0.75%</b> .....	114	<b>midodrine hcl tab 2.5 mg</b> .....	168
<b>metronidazole gel 0.75%</b> .....	114	<b>midodrine hcl tab 5 mg</b> .....	168
<b>metronidazole gel 1%</b> .....	114	<b>midostaurin</b>	
<b>metronidazole lotion 0.75%</b> .....	114	see RYDAPT CAP 25MG .....	74
<b>metronidazole tab 250 mg</b> .....	36	<b>mifepristone tab 200 mg</b> .....	120
<b>metronidazole tab 500 mg</b> .....	36	<b>mifepristone tab 300 mg</b> .....	55
<b>metronidazole vaginal gel 0.75%</b> .....	167	<b>miglitol tab 100 mg</b> .....	53
<b>metyrosine cap 250 mg</b> .....	63	<b>miglitol tab 25 mg</b> .....	53
		<b>miglitol tab 50 mg</b> .....	53
		<b>miglustat</b>	
		see ZAVESCA CAP 100MG .....	127

<b>miglustat cap 100 mg</b> .....	127	MODERNA VACC INJ 6M-5Y .....	166
Miglustat Cap 100 mg .....	127	MODERNA VAC INJ 50/0.5ML .....	166
MILI		MODERNA VAC INJ COVID-19.....	166
see Norgestimate & Ethinyl Estradiol Tab		<b>moexipril hcl tab 15 mg</b> .....	63
0.25 mg-35 mcg.....	101	<b>moexipril hcl tab 7.5 mg</b> .....	63
MIMVEY		<b>molindone hcl tab 10 mg</b> .....	81
see Estradiol & Norethindrone Acetate		<b>molindone hcl tab 25 mg</b> .....	81
Tab 1-0.5 mg .....	121	<b>molindone hcl tab 5 mg</b> .....	81
<b>minocycline hcl cap 100 mg</b> .....	160	<b>mometasone furoate cream 0.1%</b> .....	113
<b>minocycline hcl cap 50 mg</b> .....	160	<b>mometasone furoate-formoterol</b>	
<b>minocycline hcl cap 75 mg</b> .....	160	<b>fumarate dihydrate</b>	
<b>minocycline hcl tab 100 mg</b> .....	160	see DULERA AER 100-5MCG.....	42
<b>minocycline hcl tab 50 mg</b> .....	160	see DULERA AER 200-5MCG.....	42
<b>minocycline hcl tab 75 mg</b> .....	160	see DULERA AER 50-5MCG .....	42
<b>minoxidil tab 10 mg</b> .....	67	<b>mometasone furoate oint 0.1%</b> .....	113
<b>minoxidil tab 2.5 mg</b> .....	67	<b>mometasone furoate solution 0.1%</b>	
<b>mirtazapine orally disintegrating tab 15</b>		<b>(lotion)</b> .....	113
<b>mg</b> .....	50	MONDOXYNE NL	
<b>mirtazapine orally disintegrating tab 30</b>		see Doxycycline Monohydrate Cap 100	
<b>mg</b> .....	50	mg.....	160
<b>mirtazapine orally disintegrating tab 45</b>		MONOLET MIS LANCETS.....	138
<b>mg</b> .....	50	MONOLET OPD MIS LANCETS .....	138
<b>mirtazapine tab 15 mg</b> .....	50	MONOLETTOR MIS LANCETS.....	138
<b>mirtazapine tab 30 mg</b> .....	50	MONO-LINYAH	
<b>mirtazapine tab 45 mg</b> .....	50	see Norgestimate & Ethinyl Estradiol Tab	
<b>mirtazapine tab 7.5 mg</b> .....	50	0.25 mg-35 mcg.....	101
<b>misc. devices</b>		<b>montelukast sodium chew tab 4 mg (base</b>	
see BREAST PUMP MIS HARMONY ....	142	<b>equiv)</b> .....	41
see BREAST PUMP MIS MANUAL.....	142	<b>montelukast sodium chew tab 5 mg (base</b>	
see BREAST PUMP MIS NURSER.....	142	<b>equiv)</b> .....	41
see TOMMEE TIPPE MIS PUMP.....	142	<b>montelukast sodium oral granules packet</b>	
<b>misoprostol tab 100 mcg</b> .....	163	<b>4 mg (base equiv)</b> .....	41
<b>misoprostol tab 200 mcg</b> .....	163	<b>montelukast sodium tab 10 mg (base</b>	
MITIGARE CAP 0.6MG.....	126	<b>equiv)</b> .....	41
<b>mitotane</b>		<b>morphine sulfat e beads cap er 24hr 120</b>	
see LYSODREN TAB 500MG.....	70	<b>mg</b> .....	31
M-M-R II INJ.....	166	<b>morphine sulfat e beads cap er 24hr 30</b>	
MM TWIST MIS LANCETS.....	137	<b>mg</b> .....	31
MOBILE LANCE MIS 30G.....	137	<b>morphine sulfat e beads cap er 24hr 45</b>	
<b>modafinil tab 100 mg</b> .....	19	<b>mg</b> .....	31
<b>modafinil tab 200 mg</b> .....	19	<b>morphine sulfat e beads cap er 24hr 60</b>	
MODERNA BIV INJ 6M-5Y .....	166	<b>mg</b> .....	31
MODERNA INJ BIVALENT .....	166	<b>morphine sulfat e beads cap er 24hr 75 mg</b>	
MODERNA VACC INJ 6-11Y .....	166	.....	31

<b>morphine sulfate beads cap er 24hr 90 mg</b> .....	31	<b>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</b> .....	146
<b>morphine sulfate cap er 24hr 100 mg</b> .....	31	<b>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</b> .....	146
<b>morphine sulfate cap er 24hr 10 mg</b> .....	31	MYFEMBREE TAB.....	121
<b>morphine sulfate cap er 24hr 20 mg</b> .....	31	MYGLUCOHEALT MIS LANC 30G.....	138
<b>morphine sulfate cap er 24hr 30 mg</b> .....	31	MYLERAN TAB 2MG.....	68
<b>morphine sulfate cap er 24hr 50 mg</b> .....	31	MY WAY	
<b>morphine sulfate cap er 24hr 60 mg</b> .....	31	see Levonorgestrel Tab 1.5 mg .....	103
<b>morphine sulfate cap er 24hr 80 mg</b> .....	31	<b>N</b>	
<b>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</b> .....	32	<b>nabumetone tab 500 mg</b> .....	27
<b>morphine sulfate oral soln 10 mg/5ml</b> .....	32	<b>nabumetone tab 750 mg</b> .....	27
<b>morphine sulfate tab 15 mg</b> .....	32	<b>nadolol tab 20 mg</b> .....	87
<b>morphine sulfate tab 30 mg</b> .....	32	<b>nadolol tab 40 mg</b> .....	87
<b>morphine sulfate tab er 100 mg</b> .....	32	<b>nadolol tab 80 mg</b> .....	87
<b>morphine sulfate tab er 15 mg</b> .....	32	<b>naftifine hcl</b>	
<b>morphine sulfate tab er 200 mg</b> .....	32	see NAFTIN GEL 1% .....	108
<b>morphine sulfate tab er 30 mg</b> .....	32	<b>naftifine hcl cream 1%</b> .....	108
<b>morphine sulfate tab er 60 mg</b> .....	32	<b>naftifine hcl cream 2%</b> .....	108
MOUNJARO INJ 10MG/0.5 .....	55	<b>naftifine hcl gel 2%</b> .....	108
MOUNJARO INJ 12.5/0.5 .....	55	NAFTIN GEL 1% .....	108
MOUNJARO INJ 15MG/0.5 .....	55	<b>naldemedine tosylate</b>	
MOUNJARO INJ 2.5/0.5 .....	55	see SYMPROIC TAB 0.2MG .....	125
MOUNJARO INJ 5MG/0.5.....	55	<b>naloxone hcl inj 4 mg/10ml</b> .....	58
MOUNJARO INJ 7.5/0.5 .....	55	<b>naloxone hcl nasal spray 4 mg/0.1ml</b> .....	58
<b>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</b> .....	151	<b>naloxone hcl soln cartridge 0.4 mg/ml</b> ..	58
<b>moxifloxacin hcl ophth soln 0.5% (base equiv)</b> .....	151	<b>naloxone hcl soln prefilled syringe 2 mg/2ml</b> .....	58
<b>moxifloxacin hcl tab 400 mg (base equiv)</b> .....	123	<b>naltrexone hcl tab 50 mg</b> .....	58
MOZOBIL INJ .....	130	NAMZARIC CAP.....	155
MULPLETA TAB 3MG.....	128	NAMZARIC CAP 14-10MG .....	155
MULTAQ TAB 400MG.....	40	NAMZARIC CAP 21-10MG .....	155
<b>mupirocin oint 2%</b> .....	108	NAMZARIC CAP 28-10MG .....	155
MUSE SUP 1000MCG .....	92	NAMZARIC CAP 7-10MG.....	155
MUSE SUP 250MCG .....	92	<b>naproxen sodium tab 275 mg</b> .....	27
MUSE SUP 500MCG .....	92	<b>naproxen sodium tab 550 mg</b> .....	27
MY CHOICE		<b>naproxen tab 250 mg</b> .....	27
see Levonorgestrel Tab 1.5 mg .....	103	<b>naproxen tab 375 mg</b> .....	27
<b>mycophenolate mofetil cap 250 mg</b> .....	146	<b>naproxen tab 500 mg</b> .....	27
<b>mycophenolate mofetil for oral susp 200 mg/ml</b> .....	146	<b>naproxen tab ec 375 mg</b> .....	27
<b>mycophenolate mofetil tab 500 mg</b> .....	146	Naproxen Tab Ec 375 mg .....	27
		<b>naproxen tab ec 500 mg</b> .....	27
		Naproxen Tab Ec 500 mg .....	27
		<b>naratriptan hcl tab 1 mg (base equiv)</b> ..	143

<b>naratriptan hcl tab 2.5 mg (base equiv)</b>	143	see Bacitracin-Polymyxin-Neomycin-Hc	
NATAZIA TAB .....	98	Ophth Oint 1% .....	151
<b>nateglinide tab 120 mg</b> .....	57	<b>nepafenac</b>	
<b>nateglinide tab 60 mg</b> .....	57	see ILEVRO DRO 0.3% OP.....	152
NATESTO GEL 5.5MG .....	35	<b>neratinib maleate</b>	
NAYZILAM SPR 5MG.....	46	see NERLYNX TAB 40MG .....	74
<b>nebivolol hcl tab 10 mg (base equivalent)</b>		NERLYNX TAB 40MG .....	74
.....	87	NEUAC	
<b>nebivolol hcl tab 2.5 mg (base equivalent)</b>		see Clindamycin Phosph-Benzoyl	
.....	87	Peroxide (Refrig) Gel 1.2 (1)-5%.....	106
<b>nebivolol hcl tab 20 mg (base equivalent)</b>		NEUPRO DIS 1MG/24HR .....	77
.....	87	NEUPRO DIS 2MG/24HR .....	78
<b>nebivolol hcl tab 5 mg (base equivalent)</b>		NEUPRO DIS 3MG/24HR .....	78
.....	87	NEUPRO DIS 4MG/24HR .....	78
NEBULIZER MIS CUP/TUBI .....	142	NEUPRO DIS 6MG/24HR .....	78
NEBUSAL		NEUPRO DIS 8MG/24HR .....	78
see Sodium Chloride Soln Nebu 3%....	106	<b>nevirapine susp 50 mg/5ml</b> .....	84
NECON 0.5/35-28		<b>nevirapine tab 200 mg</b> .....	84
see Norethindrone & Ethinyl Estradiol		<b>nevirapine tab er 24hr 400 mg</b> .....	84
Tab 0.5 mg-35 mcg .....	98	NEW DAY	
<b>nefazodone hcl tab 100 mg</b> .....	51	see Levonorgestrel Tab 1.5 mg .....	103
<b>nefazodone hcl tab 150 mg</b> .....	51	NEXLETOL TAB 180MG.....	60
<b>nefazodone hcl tab 200 mg</b> .....	51	NEXLIZET TAB 180/10MG.....	60
<b>nefazodone hcl tab 250 mg</b> .....	51	<b>niacin tab er 1000 mg</b>	
<b>nefazodone hcl tab 50 mg</b> .....	51	(antihyperlipidemic) .....	62
<b>neomycin-bacitrac zn-polymyx 5(3.5)mg-</b>		<b>niacin tab er 500 mg (antihyperlipidemic)</b>	
<b>400unt-10000unt op oin</b> .....	151	.....	62
Neomycin-Bacitrac Zn-Polymyx 5(3.5)mg-		<b>niacin tab er 750 mg (antihyperlipidemic)</b>	
400unt-10000unt Op Oin.....	151	.....	62
<b>neomycin-polymy-gramicid op sol 1.75-</b>		<b>nicardipine hcl cap 20 mg</b> .....	90
<b>10000-0.025mg-unt-mg/ml</b> .....	151	<b>nicardipine hcl cap 30 mg</b> .....	90
<b>neomycin-polymyxin-dexamethasone</b>		NICORETTE LOZ 2MG MINT .....	159
<b>ophth oint 0.1%</b> .....	151	<b>nicotine</b>	
<b>neomycin-polymyxin-dexamethasone</b>		see NICOTROL INH .....	159
<b>ophth susp 0.1%</b> .....	152	see NICOTROL NS SPR 10MG/ML .....	159
<b>neomycin-polymyxin-hc ophth susp</b> ....	152	NICOTINE MINI LOZENGE	
<b>neomycin-polymyxin-hc otic soln 1%</b> ...153		see Nicotine Polacrilex Lozenge 4 mg 159	
<b>neomycin-polymyxin-hc otic susp 3.5</b>		<b>nicotine polacrilex</b>	
<b>mg/ml-10000 unit/ml-1%</b> .....	153	see NICORETTE LOZ 2MG MINT .....	159
<b>neomycin sulfate tab 500 mg</b> .....	20	<b>nicotine polacrilex gum 2 mg</b> .....	159
NEO-POLYCIN		<b>nicotine polacrilex gum 4 mg</b> .....	159
see Neomycin-Bacitrac Zn-Polymyx		<b>nicotine polacrilex lozenge 2 mg</b> .....	159
5(3.5)mg-400unt-10000unt Op Oin.151		<b>nicotine polacrilex lozenge 4 mg</b> .....	159
NEO-POLYCIN HC		Nicotine Polacrilex Lozenge 4 mg .....	159

NICOTINE SYS KIT TRANSDER .....	159	<b>nitisinone cap 20 mg</b> .....	119
NICOTROL INH .....	159	<b>nitisinone cap 2 mg</b> .....	119
NICOTROL NS SPR 10MG/ML .....	159	<b>nitisinone cap 5 mg</b> .....	119
<b>nifedipine cap 10 mg</b> .....	90	NITRO-DUR DIS 0.3MG/HR .....	38
<b>nifedipine cap 20 mg</b> .....	90	NITRO-DUR DIS 0.8MG/HR .....	38
<b>nifedipine tab er 24hr 30 mg</b> .....	90	<b>nitrofurantoin macrocrystalline cap 100</b>	
<b>nifedipine tab er 24hr 60 mg</b> .....	90	<b>mg</b> .....	37
<b>nifedipine tab er 24hr 90 mg</b> .....	90	<b>nitrofurantoin macrocrystalline cap 25</b>	
<b>nifedipine tab er 24hr osmotic release 30</b>		<b>mg</b> .....	37
<b>mg</b> .....	90	<b>nitrofurantoin macrocrystalline cap 50</b>	
<b>nifedipine tab er 24hr osmotic release 60</b>		<b>mg</b> .....	37
<b>mg</b> .....	90	<b>nitrofurantoin monohydrate</b>	
<b>nifedipine tab er 24hr osmotic release 90</b>		<b>macrocrystalline cap 100 mg</b> .....	38
<b>mg</b> .....	90	<b>nitrofurantoin susp 25 mg/5ml</b> .....	38
NIKKI		<b>nitroglycerin</b>	
see Drospirenone-Ethinyl Estradiol Tab		see NITRO-DUR DIS 0.3MG/HR .....	38
3-0.02 mg .....	95	see NITRO-DUR DIS 0.8MG/HR .....	38
<b>nilutamide tab 150 mg</b> .....	70	<b>nitroglycerin oint 0.4%</b> .....	36
<b>nimodipine cap 30 mg</b> .....	90	<b>nitroglycerin sl tab 0.3 mg</b> .....	38
NINLARO CAP 2.3MG .....	74	<b>nitroglycerin sl tab 0.4 mg</b> .....	38
NINLARO CAP 3MG .....	74	<b>nitroglycerin sl tab 0.6 mg</b> .....	38
NINLARO CAP 4MG .....	74	<b>nitroglycerin td patch 24hr 0.1 mg/hr</b> ....	38
<b>nintedanib esylate</b>		<b>nitroglycerin td patch 24hr 0.2 mg/hr</b> ....	38
see OFEV CAP 100MG .....	159	<b>nitroglycerin td patch 24hr 0.4 mg/hr</b> ....	38
see OFEV CAP 150MG .....	159	<b>nitroglycerin td patch 24hr 0.6 mg/hr</b> ....	38
<b>niraparib tosylate</b>		<b>nitroglycerin tl soln 0.4 mg/spray (400</b>	
see ZEJULA TAB 100MG .....	75	<b>mcg/spray)</b> .....	38
see ZEJULA TAB 200MG .....	76	NIVESTYM INJ 300/0.5 .....	128
see ZEJULA TAB 300MG .....	76	NIVESTYM INJ 300MCG .....	128
<b>nisoldipine tab er 24hr 17 mg</b> .....	90	NIVESTYM INJ 480/0.8 .....	128
<b>nisoldipine tab er 24hr 20 mg</b> .....	90	NIVESTYM INJ 480MCG .....	128
<b>nisoldipine tab er 24hr 25.5 mg</b> .....	90	<b>nizatidine cap 150 mg</b> .....	163
<b>nisoldipine tab er 24hr 30 mg</b> .....	90	<b>nizatidine cap 300 mg</b> .....	163
<b>nisoldipine tab er 24hr 34 mg</b> .....	90	<b>nonoxynol-9</b>	
<b>nisoldipine tab er 24hr 40 mg</b> .....	90	see TODAY SPONGE MIS .....	167
<b>nisoldipine tab er 24hr 8.5 mg</b> .....	90	see VCF VAGINAL GEL CONTRACE ....	167
<b>nitazoxanide tab 500 mg</b> .....	37	NORA-BE	
<b>nitisinone</b>		see Norethindrone Tab 0.35 mg .....	103
see ORFADIN CAP 10MG .....	119	NORDITROPIN INJ 10/1.5ML .....	118
see ORFADIN CAP 20MG .....	119	NORDITROPIN INJ 15/1.5ML .....	118
see ORFADIN CAP 2MG .....	119	NORDITROPIN INJ 30/3ML .....	118
see ORFADIN CAP 5MG .....	119	NORDITROPIN INJ 5/1.5ML .....	118
see ORFADIN SUS 4MG/ML .....	119	<b>norelgestromin-ethinyl estradiol td ptwk</b>	
<b>nitisinone cap 10 mg</b> .....	119	<b>150-35 mcg/24hr</b> .....	103

Norelgestromin-Ethinyl Estradiol Td Ptwk 150-35 mcg/24hr .....	103	see LO LOESTRIN TAB 1-10-10 .....	98
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</b> .....	99	<b>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</b> .....	121
Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 mg-35 mcg .....	99	Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 mg-2.5 mcg .....	121
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</b> .....	99	<b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</b> .....	122
Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 mg-25 mcg .....	99	Norethindrone Acetate-Ethinyl Estradiol Tab 1 mg-5 mcg .....	122
Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg .....	98	<b>norethindrone acetate tab 5 mg</b> .....	154
Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg .....	98	<b>norethindrone ac-ethinyl estrad-fe tab 1- 20/1-30/1-35 mg-mcg</b> .....	99
Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg .....	98	Norethindrone Ac-Ethinyl Estrad-Fe Tab 1- 20/1-30/1-35 mg-Mcg .....	99
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</b> .....	100	Norethindrone-Eth Estradiol Tab 0.5- 35/0.75-35/1-35 mg-Mcg .....	101
Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg .....	100	Norethindrone-Eth Estradiol Tab 0.5-35/1- 35/0.5-35 mg-Mcg .....	101
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</b> .....	100	<b>norethindrone tab 0.35 mg</b> .....	103
Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg .....	100	Norethindrone Tab 0.35 mg .....	103
<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> .....	99	<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b> .....	101
Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg .....	99	Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg .....	101, 102
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b> .....	99	<b>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</b> .....	102
Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg .....	99	Norgestimate-Eth Estrad Tab 0.18- 25/0.215-25/0.25-25 mg-Mcg .....	102
<b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</b> .....	100	<b>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</b> .....	102
Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24) .....	100	Norgestimate-Eth Estrad Tab 0.18- 35/0.215-35/0.25-35 mg-Mcg .....	102
<b>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</b> .....	101	Norgestrel & Ethinyl Estradiol Tab 0.3 mg- 30 mcg .....	102
Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24) .....	101	NORLYROC see Norethindrone Tab 0.35 mg .....	103
Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24) .....	101	NORTREL 0.5/35 (28) see Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg .....	98
<b>norethindrone acetate-ethinyl estradiol- fe fum (biphasic)</b>		NORTREL 1/35 see Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg .....	98
		NORTREL 7/7/7	

see Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg.....	101	see Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg .....	102
<b>nortriptyline hcl cap 10 mg</b> .....	53	<b>nystatin cream 100000 unit/gm</b> .....	108
<b>nortriptyline hcl cap 25 mg</b> .....	53	<b>nystatin oint 100000 unit/gm</b> .....	108
<b>nortriptyline hcl cap 50 mg</b> .....	53	<b>nystatin susp 100000 unit/ml</b> .....	147
<b>nortriptyline hcl cap 75 mg</b> .....	53	<b>nystatin tab 500000 unit</b> .....	59
<b>nortriptyline hcl soln 10 mg/5ml</b> .....	53	<b>nystatin topical powder 100000 unit/gm</b> .....	108
NOVAREL INJ 5000UNIT .....	118	.....	108
NOVA SAFETY MIS LANC 23G .....	138	Nystatin Topical Powder 100000 unit/gm .....	108
NOVA SAFETY MIS LANC 28G .....	138	.....	108
NOVA SURE MIS LANCETS .....	138	<b>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</b> .....	108
NOVAVAX VAC INJ COVID-19.....	166	<b>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</b> .....	108
NOVOLIN INJ 70/30.....	56	NYSTOP	
NOVOLIN INJ 70/30 FP .....	56	see Nystatin Topical Powder 100000 unit/gm .....	108
NOVOLIN N INJ 100 UNIT .....	56	NYVEPRIA INJ 6/0.6ML .....	128
NOVOLIN N INJ U-100 .....	56	<b>O</b>	
NOVOLIN R INJ 100 UNIT .....	56	<b>obeticholic acid</b>	
NOVOLIN R INJ U-100.....	56	see OCALIVA TAB 10MG .....	123
NOVOLOG MIX INJ 70/30.....	56	see OCALIVA TAB 5MG .....	123
NOVOLOG MIX INJ FLEXPEN .....	56	OCALIVA TAB 10MG .....	123
NUBEQA TAB 300MG .....	70	OCALIVA TAB 5MG .....	123
NUCALA INJ 100MG/ML .....	41	OCELLA	
NUCALA INJ 40MG/0.4 .....	41	see Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg.....	95
NUFOL		<b>octreotide acetate</b>	
see Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 mg.....	130	see SANDOSTATIN INJ 100MCG.....	121
NULEV		see SANDOSTATIN INJ 500MCG .....	121
see Hyoscyamine Sulfate Tab Disint 0.125 mg.....	163	see SANDOSTATIN INJ 50MCG/ML ....	121
NUPLAZID CAP 34MG.....	79	<b>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</b> .....	121
NUPLAZID TAB 10MG.....	79	<b>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</b> .....	120
NURTEC TAB 75MG ODT .....	143	<b>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</b> .....	120
NUVARING MIS.....	103	<b>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</b> .....	121
NYAMYC		<b>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</b> .....	120
see Nystatin Topical Powder 100000 unit/gm .....	108	<b>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</b> .....	121
NYLIA 1/35			
see Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg .....	98		
NYLIA 7/7/7			
see Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg.....	101		
NYMYO			

<b>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</b> .....	121
<b>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</b> .....	121
ODEFSEY TAB .....	84
ODOMZO CAP 200MG.....	70
<b>ofatumumab (ms)</b>	
see KESIMPTA INJ 20/.4ML .....	157
OFEV CAP 100MG .....	159
OFEV CAP 150MG .....	159
<b>ofloxacin ophth soln 0.3%</b> .....	151
<b>ofloxacin otic soln 0.3%</b> .....	152
<b>ofloxacin tab 300 mg</b> .....	123
<b>ofloxacin tab 400 mg</b> .....	123
<b>olanzapine-fluoxetine hcl cap 12-25 mg</b> .....	156
<b>olanzapine-fluoxetine hcl cap 12-50 mg</b> .....	156
<b>olanzapine-fluoxetine hcl cap 3-25 mg</b>	156
<b>olanzapine-fluoxetine hcl cap 6-25 mg</b>	156
<b>olanzapine-fluoxetine hcl cap 6-50 mg</b>	156
<b>olanzapine orally disintegrating tab 10 mg</b> .....	81
<b>olanzapine orally disintegrating tab 15 mg</b> .....	81
<b>olanzapine orally disintegrating tab 20 mg</b> .....	81
<b>olanzapine orally disintegrating tab 5 mg</b> .....	81
<b>olanzapine tab 10 mg</b> .....	81
<b>olanzapine tab 15 mg</b> .....	81
<b>olanzapine tab 2.5 mg</b> .....	81
<b>olanzapine tab 20 mg</b> .....	81
<b>olanzapine tab 5 mg</b> .....	81
<b>olanzapine tab 7.5 mg</b> .....	81
<b>olaparib</b>	
see LYNPARZA TAB 100MG .....	74
see LYNPARZA TAB 150MG .....	74
<b>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</b> .....	66
<b>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</b> .....	66
<b>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</b> 66	
<b>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</b> .....	66
<b>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</b> .66	
<b>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</b> ...66	
<b>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</b> ..66	
<b>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</b> ....66	
<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>olodaterol hcl</b>	
see STRIVERDI AER 2.5MCG.....	43
<b>olopatadine hcl nasal soln 0.6%</b> .....	149
<b>omalizumab</b>	
see XOLAIR INJ 150MG/ML .....	41
see XOLAIR INJ 300/2ML .....	41
see XOLAIR INJ 75/0.5 .....	41
see XOLAIR SOL 150MG .....	41
<b>omega-3-acid ethyl esters cap 1 gm</b> .....	60
<b>omeprazole cap delayed release 10 mg</b> .....	163
<b>omeprazole cap delayed release 20 mg</b> .....	163
<b>omeprazole cap delayed release 40 mg</b> .....	163
OMNIPOD 5 G6 KIT INTRO .....	138
OMNIPOD 5 G6 MIS PODS.....	138
OMNIPOD DASH MIS PODS .....	138
OMNIPOD MIS CLASSIC .....	138
<b>ondansetron hcl oral soln 4 mg/5ml</b> .....	58
<b>ondansetron hcl tab 24 mg</b> .....	58
<b>ondansetron hcl tab 4 mg</b> .....	58
<b>ondansetron hcl tab 8 mg</b> .....	58
<b>ondansetron orally disintegrating tab 4 mg</b> .....	58
<b>ondansetron orally disintegrating tab 8 mg</b> .....	58
ONETOUCH DEL MIS LANC DEV .....	138



ONETOUCH DEL MIS PLUS 30G .....	138
ONETOUCH DEL MIS PLUS 33G .....	138
ONETOUCH TES ULTRA.....	115
ONETOUCH TES VERIO.....	115
ONETOUCH US MIS 2 30G.....	138
ON-THE-GO MIS LANC 30G.....	138
ONUREG TAB 200MG .....	68
ONUREG TAB 300MG .....	68
ONZETRA XSAI MIS 11MG .....	143
OPCICON ONE-STEP	
see Levonorgestrel Tab 1.5 mg .....	103
OPSUMIT TAB 10MG .....	93
OPTION 2	
see Levonorgestrel Tab 1.5 mg .....	103
OPZELURA CRE 1.5%.....	113
ORACEA CAP 40MG.....	114
ORALAIR SUB 300 IR.....	20
ORALONE DENTAL PASTE	
see Triamcinolone Acetonide Dental	
Paste 0.1% .....	147
ORAQUICK KIT .....	115
ORENCIA CLCK INJ 125MG/ML .....	28
ORENCIA INJ 125MG/ML .....	28
ORENCIA INJ 50/0.4ML .....	28
ORENCIA INJ 87.5/0.7 .....	28
ORENITRAM TAB 0.125MG .....	92
ORENITRAM TAB 0.25MG.....	92
ORENITRAM TAB 1MG .....	92
ORENITRAM TAB 2.5MG .....	92
ORENITRAM TAB 5MG.....	92
ORENITRAM TAB MONTH 1 .....	92
ORENITRAM TAB MONTH 2.....	92
ORENITRAM TAB MONTH 3.....	92
ORFADIN CAP 10MG .....	119
ORFADIN CAP 20MG.....	119
ORFADIN CAP 2MG .....	119
ORFADIN CAP 5MG .....	119
ORFADIN SUS 4MG/ML .....	119
ORIAHNN CAP .....	122
ORLISSA TAB 150MG .....	118
ORLISSA TAB 200MG.....	118
ORLADEYO CAP 110MG .....	126
ORLADEYO CAP 150MG.....	127
<b>orlistat cap 120 mg .....</b>	<b>17</b>

<b>orphenadrine citrate tab er 12hr 100 mg</b>	
.....	149
OSCIMIN	
see Hyoscyamine Sulfate Sl Tab 0.125	
mg .....	163
see Hyoscyamine Sulfate Tab 0.125 mg	
.....	163
<b>oseltamivir phosphate cap 30 mg (base</b>	
<b>    equiv) .....</b>	<b>86</b>
<b>oseltamivir phosphate cap 45 mg (base</b>	
<b>    equiv) .....</b>	<b>86</b>
<b>oseltamivir phosphate cap 75 mg (base</b>	
<b>    equiv) .....</b>	<b>86</b>
<b>oseltamivir phosphate for susp 6 mg/ml</b>	
<b>    (base equiv) .....</b>	<b>86</b>
<b>osimertinib mesylate</b>	
see TAGRISSO TAB 40MG.....	69
see TAGRISSO TAB 80MG.....	69
OTEZLA TAB 10/20/30.....	28
OTEZLA TAB 30MG .....	28
OVIDREL INJ .....	118
<b>oxaprozin cap 300 mg.....</b>	<b>27</b>
<b>oxaprozin tab 600 mg .....</b>	<b>28</b>
<b>oxazepam cap 10 mg.....</b>	<b>39</b>
<b>oxazepam cap 15 mg.....</b>	<b>39</b>
<b>oxazepam cap 30 mg .....</b>	<b>39</b>
<b>oxcarbazepine</b>	
see OXTELLAR XR TAB 150MG.....	48
see OXTELLAR XR TAB 300MG.....	48
see OXTELLAR XR TAB 600MG.....	48
<b>oxcarbazepine susp 300 mg/5ml (60</b>	
<b>    mg/ml) .....</b>	<b>48</b>
<b>oxcarbazepine tab 150 mg.....</b>	<b>48</b>
<b>oxcarbazepine tab 300 mg .....</b>	<b>48</b>
<b>oxcarbazepine tab 600 mg.....</b>	<b>48</b>
<b>oxiconazole nitrate cream 1%.....</b>	<b>108</b>
OXTELLAR XR TAB 150MG.....	48
OXTELLAR XR TAB 300MG.....	48
OXTELLAR XR TAB 600MG.....	48
<b>oxybutynin chloride solution 5 mg/5ml</b>	
.....	164
<b>oxybutynin chloride tab 5 mg.....</b>	<b>164</b>
<b>oxybutynin chloride tab er 24hr 10 mg .</b>	<b>164</b>
<b>oxybutynin chloride tab er 24hr 15 mg .</b>	<b>164</b>

<b>oxybutynin chloride tab er 24hr 5 mg</b> ...	164	see IBRANCE CAP 100MG	73
<b>oxycodone hcl cap 5 mg</b> .....	32	see IBRANCE CAP 125MG	73
<b>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</b> .....	32	see IBRANCE CAP 75MG	73
<b>oxycodone hcl soln 5 mg/5ml</b> .....	32	see IBRANCE TAB 100MG	73
<b>oxycodone hcl tab 10 mg</b> .....	32	see IBRANCE TAB 125MG	73
<b>oxycodone hcl tab 15 mg</b> .....	32	see IBRANCE TAB 75MG	73
<b>oxycodone hcl tab 20 mg</b> .....	32	<b>paliperidone tab er 24hr 1.5 mg</b> .....	79
<b>oxycodone hcl tab 30 mg</b> .....	32	<b>paliperidone tab er 24hr 3 mg</b> .....	79
<b>oxycodone hcl tab 5 mg</b> .....	32	<b>paliperidone tab er 24hr 6 mg</b> .....	79
<b>oxycodone hcl tab er 12hr deter 10 mg</b> ..	32	<b>paliperidone tab er 24hr 9 mg</b> .....	79
<b>oxycodone hcl tab er 12hr deter 20 mg</b> ..	32	<b>pancrelipase (lipase-protease-amylase)</b>	
<b>oxycodone hcl tab er 12hr deter 40 mg</b> ..	32	see CREON CAP 12000UNT	115
<b>oxycodone w/ acetaminophen tab 10-325 mg</b> .....	34	see CREON CAP 24000UNT	115
Oxycodone W/ Acetaminophen Tab 10-325 mg .....	34	see CREON CAP 3000UNIT	115
<b>oxycodone w/ acetaminophen tab 2.5-325 mg</b> .....	33	see CREON CAP 36000UNT	115
Oxycodone W/ Acetaminophen Tab 2.5-325 mg.....	33	see CREON CAP 6000UNIT	115
<b>oxycodone w/ acetaminophen tab 5-325 mg</b> .....	33	see VIOKACE TAB 10440	115
Oxycodone W/ Acetaminophen Tab 5-325 mg .....	34	see VIOKACE TAB 20880	115
<b>oxycodone w/ acetaminophen tab 7.5-325 mg</b> .....	34	see ZENPEP CAP 10000UNT	115
Oxycodone W/ Acetaminophen Tab 7.5-325 mg.....	34	see ZENPEP CAP 15000UNT	115
<b>oxymorphone hcl tab 10 mg</b> .....	32	see ZENPEP CAP 20000UNT	116
<b>oxymorphone hcl tab 5 mg</b> .....	32	see ZENPEP CAP 25000UNT	116
<b>ozanimod hcl</b>		see ZENPEP CAP 3000UNIT	115
see ZEPOSIA 7DAY CAP STR PACK	158	see ZENPEP CAP 40000UNT	116
see ZEPOSIA CAP .92MG	158	see ZENPEP CAP 5000UNIT	115
see ZEPOSIA CAP STR KIT	158	see ZENPEP CAP 60000UNT	116
OZEMPIC INJ 2MG/3ML	55	<b>pantoprazole sodium ec tab 20 mg (base equiv)</b> .....	163
OZEMPIC INJ 4MG/3ML	55	<b>pantoprazole sodium ec tab 40 mg (base equiv)</b> .....	163
OZEMPIC INJ 8MG/3ML	56	<b>paricalcitol cap 1 mcg</b> .....	119
<b>P</b>		<b>paricalcitol cap 2 mcg</b> .....	119
<b>PACERONE</b>		<b>paricalcitol cap 4 mcg</b> .....	119
see Amiodarone Hcl Tab 100 mg	40	<b>paroxetine hcl oral susp 10 mg/5ml (base equiv)</b> .....	51
see Amiodarone Hcl Tab 200 mg	40	<b>paroxetine hcl tab 10 mg</b> .....	51
see Amiodarone Hcl Tab 400 mg	40	<b>paroxetine hcl tab 20 mg</b> .....	51
<b>palbociclib</b>		<b>paroxetine hcl tab 30 mg</b> .....	51
		<b>paroxetine hcl tab 40 mg</b> .....	51
		<b>paroxetine hcl tab er 24hr 12.5 mg</b> .....	51
		<b>paroxetine hcl tab er 24hr 25 mg</b> .....	51
		<b>paroxetine hcl tab er 24hr 37.5 mg</b> .....	51
		<b>patiromer sorbitex calcium</b>	
		see VELTASSA POW 16.8GM	147

see VELTASSA POW 25.2GM .....	147	see FYCOMPA TAB 10MG.....	45
see VELTASSA POW 8.4GM .....	147	see FYCOMPA TAB 12MG.....	45
<b>pazopanib hcl tab 200 mg (base equiv)</b> .....	74	see FYCOMPA TAB 2MG .....	45
PEDIARIX INJ 0.5ML .....	162	see FYCOMPA TAB 4MG .....	45
<b>pediatric vitamins acd w/ fluoride soln</b>		see FYCOMPA TAB 6MG .....	45
<b>0.5 mg/ml</b> .....	148	see FYCOMPA TAB 8MG .....	45
Pediatric Vitamins Acd W/ Fluoride Soln		PERFECT 28G MIS LANCETS.....	138
0.5 mg/ml.....	148	PERFECT 30G MIS LANCETS .....	138
PEDVAX HIB INJ .....	165	<b>perindopril erbumine tab 2 mg</b> .....	63
<b>peg 3350-kcl-na bicarb-nacl-na sulfate</b>		<b>perindopril erbumine tab 4 mg</b> .....	63
<b>for soln 236 gm</b> .....	131	<b>perindopril erbumine tab 8 mg</b> .....	63
Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate		PERIOGARD	
For Soln 236 gm.....	131	see Chlorhexidine Gluconate Soln 0.12%	
Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate		.....	147
For Soln 240 gm .....	131	<b>permethrin cream 5%</b> .....	114
<b>peg 3350-kcl-sod bicarb-nacl for soln</b>		<b>perphenazine-amitriptyline tab 2-10 mg</b>	
<b>420 gm</b> .....	131	.....	156
<b>pegfilgrastim-apgf</b>		<b>perphenazine-amitriptyline tab 2-25 mg</b>	
see NYVEPRIA INJ 6/0.6ML .....	128	.....	156
<b>pegfilgrastim-pbbk</b>		<b>perphenazine-amitriptyline tab 4-10 mg</b>	
see FYLNETRA INJ 6MG/0.6 .....	128	.....	156
<b>peginterferon beta-1a</b>		<b>perphenazine-amitriptyline tab 4-25 mg</b>	
see PLEGRIDY INJ .....	157	.....	156
see PLEGRIDY INJ PEN.....	157	<b>perphenazine-amitriptyline tab 4-50 mg</b>	
see PLEGRIDY INJ STARTER .....	158	.....	156
see PLEGRIDY PEN INJ STARTER.....	158	<b>perphenazine tab 16 mg</b> .....	82
PEG-PREP KIT.....	131	<b>perphenazine tab 2 mg</b> .....	82
<b>penciclovir cream 1%</b> .....	111	<b>perphenazine tab 4 mg</b> .....	82
<b>penicillamine cap 250 mg</b> .....	145	<b>perphenazine tab 8 mg</b> .....	82
<b>penicillamine tab 250 mg</b> .....	145	PERSERIS INJ 120MG.....	79
<b>penicillin v potassium for soln 125 mg/5ml</b>		PERSERIS INJ 90MG .....	79
.....	153	PFIZER BIVAL INJ 5-11Y .....	166
<b>penicillin v potassium for soln 250</b>		PFIZER BIVAL INJ 6M-4Y .....	166
<b>mg/5ml</b> .....	153	PFIZER BIVAL INJ BA4/BA5 .....	166
<b>penicillin v potassium tab 250 mg</b> .....	153	PFIZER VACC INJ 5-11Y .....	166
<b>penicillin v potassium tab 500 mg</b> .....	153	PFIZER VACC INJ 6M-4Y .....	166
PENTACEL INJ.....	162	PFIZER VACC INJ ADLT RTU .....	166
<b>pentamidine isethionate for nebulization</b>		PFIZER VACC INJ COVID-19.....	167
<b>soln 300 mg</b> .....	36	PHARMACY COU MIS LANCETS .....	138
<b>pentazocine w/ naloxone hcl tab 50-0.5</b>		PHEBURANE MIS 483/GM.....	119
<b>mg</b> .....	35	PHENAZO	
<b>pentoxifylline tab er 400 mg</b> .....	126	see Phenazopyridine Hcl Tab 200 mg 126	
<b>perampanel</b>		Phenazopyridine Hcl Tab 200 mg .....	126
see FYCOMPA SUS 0.5MG/ML .....	45	<b>phendimetrazine tartrate tab 35 mg</b> .....	16

<b>phenelzine sulfate tab 15 mg</b> .....	50	PHOSPHA 250 NEUTRAL	
<b>phenobarbital elixir 20 mg/5ml</b> .....	130	see Pot Phos Monobasic W/sod Phos Di	
<b>phenobarbital tab 100 mg</b> .....	130	& Monobas Tab 155-852-130mg.....	144
<b>phenobarbital tab 15 mg</b> .....	130	PHOSPHO-TRIN 250 NEUTRAL	
<b>phenobarbital tab 16.2 mg</b> .....	130	see Pot Phos Monobasic W/sod Phos Di	
<b>phenobarbital tab 30 mg</b> .....	130	& Monobas Tab 155-852-130mg.....	144
<b>phenobarbital tab 32.4 mg</b> .....	130	PHOSPHO-TRIN K500	
<b>phenobarbital tab 60 mg</b> .....	130	see Potassium Phosphate Monobasic	
<b>phenobarbital tab 64.8 mg</b> .....	130	Tab 500 mg .....	144
<b>phenobarbital tab 97.2 mg</b> .....	130	<b>phytonadione inj 10 mg/ml</b> .....	168
<b>phenoxybenzamine hcl cap 10 mg</b> .....	63	<b>phytonadione inj 1 mg/0.5ml (2 mg/ml)</b>	
<b>phentermine hcl cap 15 mg</b> .....	16	.....	168
<b>phentermine hcl cap 30 mg</b> .....	16	<b>phytonadione tab 5 mg</b> .....	168
<b>phentermine hcl cap 37.5 mg</b> .....	16	<b>pilocarpine hcl ophth soln 1%</b> .....	150
<b>phentermine hcl tab 37.5 mg</b> .....	16	<b>pilocarpine hcl ophth soln 2%</b> .....	150
<b>phentermine hcl-topiramate</b>		<b>pilocarpine hcl ophth soln 4%</b> .....	150
see QSYMIA CAP 11.25-69.....	16	<b>pilocarpine hcl tab 5 mg</b> .....	148
see QSYMIA CAP 15-92MG .....	17	<b>pilocarpine hcl tab 7.5 mg</b> .....	148
see QSYMIA CAP 3.75-23.....	16	<b>pimavanserin tartrate</b>	
see QSYMIA CAP 7.5-46MG .....	16	see NUPLAZID CAP 34MG.....	79
<b>phenylephrine hcl ophth soln 10%</b> .....	150	see NUPLAZID TAB 10MG.....	79
Phenylephrine Hcl Ophth Soln 10%.....	150	<b>pimecrolimus cream 1%</b> .....	113
<b>phenylephrine hcl ophth soln 2.5%</b> .....	150	<b>pimozide tab 1 mg</b> .....	158
Phenylephrine Hcl Ophth Soln 2.5% .....	150	<b>pimozide tab 2 mg</b> .....	159
PHENYTEK		PIMTREA	
see Phenytoin Sodium Extended Cap		see Desogest-Eth Estrad & Eth Estrad	
200 mg .....	49	Tab 0.15-0.02/0.01 mg(21/5) .....	94
see Phenytoin Sodium Extended Cap		<b>pindolol tab 10 mg</b> .....	87
300 mg .....	49	<b>pindolol tab 5 mg</b> .....	87
<b>phenytoin chew tab 50 mg</b> .....	49	<b>pioglitazone hcl-glimepiride tab 30-2 mg</b>	
<b>phenytoin sodium extended cap 100 mg</b>		.....	54
.....	49	<b>pioglitazone hcl-glimepiride tab 30-4 mg</b>	
<b>phenytoin sodium extended cap 200 mg</b>		.....	54
.....	49	<b>pioglitazone hcl-metformin hcl tab 15-</b>	
Phenytoin Sodium Extended Cap 200 mg		<b>500 mg</b> .....	54
.....	49	<b>pioglitazone hcl-metformin hcl tab 15-850</b>	
<b>phenytoin sodium extended cap 300 mg</b>		<b>mg</b> .....	54
.....	49	<b>pioglitazone hcl tab 15 mg (base equiv)</b> .56	
Phenytoin Sodium Extended Cap 300 mg		<b>pioglitazone hcl tab 30 mg (base equiv)</b> 56	
.....	49	<b>pioglitazone hcl tab 45 mg (base equiv)</b> 56	
<b>phenytoin susp 125 mg/5ml</b> .....	49	PIP LANCETS MIS 28G .....	138
PHILITH		PIP LANCETS MIS 30G .....	138
see Norethindrone & Ethinyl Estradiol		PIQRAY 200MG TAB DOSE .....	74
Tab 0.4 mg-35 mcg .....	98	PIQRAY 250MG TAB DOSE .....	74

PIQRAY 300MG TAB DOSE .....	74	see Bacitracin-Polymyxin B Opth Oint	
<b>pirfenidone cap 267 mg</b> .....	159	.....	150
<b>pirfenidone tab 267 mg</b> .....	159	<b>polymyxin b-trimethoprim opth soln</b>	
<b>pirfenidone tab 801 mg</b> .....	159	<b>10000 unit/ml-0.1%</b> .....	151
<b>piroxicam cap 10 mg</b> .....	28	<b>pomalidomide</b>	
<b>piroxicam cap 20 mg</b> .....	28	see POMALYST CAP 1MG .....	71
<b>pitavastatin calcium tab 1 mg</b> .....	61	see POMALYST CAP 2MG .....	71
<b>pitavastatin calcium tab 2 mg</b> .....	61	see POMALYST CAP 3MG .....	71
<b>pitavastatin calcium tab 4 mg</b> .....	61	see POMALYST CAP 4MG .....	71
<b>pitolisant hcl</b>		POMALYST CAP 1MG .....	71
see WAKIX TAB 17.8MG .....	18	POMALYST CAP 2MG .....	71
see WAKIX TAB 4.45MG .....	18	POMALYST CAP 3MG .....	71
PIXEL COVID KIT HOME TES .....	115	POMALYST CAP 4MG .....	71
PLEGRIDY INJ .....	157	<b>ponesimod</b>	
PLEGRIDY INJ PEN .....	157	see PONVORY TAB 20MG .....	158
PLEGRIDY INJ STARTER .....	158	see PONVORY TAB STARTER .....	158
PLEGRIDY PEN INJ STARTER .....	158	PONVORY TAB 20MG .....	158
<b>plerixafor</b>		PONVORY TAB STARTER .....	158
see MOZOBIL INJ .....	130	PORTIA-28	
<b>plerixafor subcutaneous inj 24 mg/1.2ml</b>		see Levonorgestrel & Ethinyl Estradiol	
<b>(20 mg/ml)</b> .....	130	Tab 0.15 mg-30 mcg .....	97
<b>pneumococcal 13-valent conjugate</b>		<b>posaconazole susp 40 mg/ml</b> .....	59
<b>vaccine</b>		<b>pot &amp; sod citrates w/ cit ac soln 550-500-</b>	
see PREVNAR 13 INJ .....	165	<b>334 mg/5ml</b> .....	125
<b>pneumococcal 15-valent conjugate</b>		Potassium Bicarbonate Effer Tab 25 meq	
<b>vaccine</b>		.....	144, 145
see VAXNEUVANCE INJ .....	165	<b>potassium chloride cap er 10 meq</b> .....	145
<b>pneumococcal 20-valent conjugate</b>		<b>potassium chloride cap er 8 meq</b> .....	145
<b>vaccine</b>		<b>potassium chloride microencapsulated</b>	
see PREVNAR 20 INJ .....	165	<b>crys er tab 10 meq</b> .....	145
<b>pneumococcal vac polyvalent</b>		Potassium Chloride Microencapsulated	
see PNEUMOVAX 23 INJ 25/0.5 .....	165	Crys Er Tab 10 meq .....	145
PNEUMOVAX 23 INJ 25/0.5 .....	165	<b>potassium chloride microencapsulated</b>	
PNV-DHA		<b>crys er tab 15 meq</b> .....	145
see Prenat W/o A W/ fefum-Methfol-Fa-		Potassium Chloride Microencapsulated	
Dha Cap 27-0.6-0.4-300 mg .....	148	Crys Er Tab 15 meq .....	145
PNV-SELECT		<b>potassium chloride microencapsulated</b>	
see Prenatal Vit W/ Fe Fum-		<b>crys er tab 20 meq</b> .....	145
Methylfolate-Fa Tab 27-0.6-0.4 mg	148	Potassium Chloride Microencapsulated	
<b>podofilox gel 0.5%</b> .....	113	Crys Er Tab 20 meq .....	145
<b>podofilox soln 0.5%</b> .....	114	<b>potassium chloride oral soln 10% (20</b>	
<b>poliovirus vaccine, ipv</b>		<b>meq/15ml)</b> .....	145
see IPOL INJ INACTIVE .....	166	<b>potassium chloride oral soln 20% (40</b>	
POLYCIN		<b>meq/15ml)</b> .....	145

<b>potassium chloride powder packet 20 meq</b> .....	145	<b>pramipexole dihydrochloride tab er 24hr 1.5 mg</b> .....	78
Potassium Chloride Powder Packet 20 meq .....	145	<b>pramipexole dihydrochloride tab er 24hr 2.25 mg</b> .....	78
<b>potassium chloride tab er 10 meq</b> .....	145	<b>pramipexole dihydrochloride tab er 24hr 3.75 mg</b> .....	78
Potassium Chloride Tab Er 10 meq.....	145	<b>pramipexole dihydrochloride tab er 24hr 3 mg</b> .....	78
<b>potassium chloride tab er 20 meq (1500 mg)</b> .....	145	<b>pramipexole dihydrochloride tab er 24hr 4.5 mg</b> .....	78
<b>potassium chloride tab er 8 meq (600 mg)</b> .....	145	<b>pramlintide acetate</b>	
Potassium Chloride Tab Er 8 meq (600 mg) .....	145	see SYMLINPEN 60 INJ 1000MCG.....	53
Potassium Citrate & Citric Acid Powder Pack 3300-1002 mg.....	125	see SYMLINPEN 120 INJ 1000MCG .....	53
<b>potassium citrate tab er 10 meq (1080 mg)</b> .....	125	<b>prasugrel hcl tab 10 mg (base equiv)</b> ....	127
<b>potassium citrate tab er 15 meq (1620 mg)</b> .....	125	<b>prasugrel hcl tab 5 mg (base equiv)</b> .....	127
<b>potassium citrate tab er 5 meq (540 mg)</b> .....	125	<b>pravastatin sodium tab 10 mg</b> .....	61
<b>potassium iodide oral soln 1 gm/ml</b> .....	106	<b>pravastatin sodium tab 20 mg</b> .....	61
Potassium Phosphate Monobasic Tab 500 mg.....	144	<b>pravastatin sodium tab 40 mg</b> .....	61
<b>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</b> .....	144	<b>pravastatin sodium tab 80 mg</b> .....	61
Pot Phos Monobasic W/sod Phos Di & Monobas Tab 155-852-130mg .....	144	<b>praziquantel tab 600 mg</b> .....	36
<b>pralsetinib</b>		<b>prazosin hcl cap 1 mg</b> .....	64
see GAVRETO CAP 100MG.....	73	<b>prazosin hcl cap 2 mg</b> .....	64
<b>pramipexole dihydrochloride tab 0.125 mg</b> .....	78	<b>prazosin hcl cap 5 mg</b> .....	64
<b>pramipexole dihydrochloride tab 0.25 mg</b> .....	78	<b>prednisolone acetate ophth susp 1%</b> ....	152
<b>pramipexole dihydrochloride tab 0.5 mg</b> .....	78	<b>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</b> .....	105
<b>pramipexole dihydrochloride tab 0.75 mg</b> .....	78	<b>prednisolone sod phos orally disintegr tab 10 mg (base eq)</b> .....	104
<b>pramipexole dihydrochloride tab 1.5 mg</b> .....	78	<b>prednisolone sod phos orally disintegr tab 15 mg (base eq)</b> .....	104
<b>pramipexole dihydrochloride tab 1 mg</b> ..	78	<b>prednisolone sod phos orally disintegr tab 30 mg (base eq)</b> .....	104
<b>pramipexole dihydrochloride tab er 24hr 0.375 mg</b> .....	78	<b>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</b> .....	104
<b>pramipexole dihydrochloride tab er 24hr 0.75 mg</b> .....	78	<b>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</b> .....	104
		<b>prednisolone soln 15 mg/5ml</b> .....	105
		<b>prednisolone tab 5 mg</b> .....	105
		<b>prednisone oral soln 5 mg/5ml</b> .....	105
		<b>prednisone tab 10 mg</b> .....	105
		<b>prednisone tab 1 mg</b> .....	105
		<b>prednisone tab 2.5 mg</b> .....	105
		<b>prednisone tab 20 mg</b> .....	105
		<b>prednisone tab 50 mg</b> .....	105

<b>prednisone tab 5 mg</b> .....	105	see Cholestyramine Light Powder 4	
<b>prednisone tab therapy pack 10 mg (21)</b>		gm/dose.....	60
.....	105	see Cholestyramine Light Powder	
<b>prednisone tab therapy pack 10 mg (48)</b>		Packets 4 gm.....	60
.....	105	PREVNAR 13 INJ.....	165
<b>prednisone tab therapy pack 5 mg (21)</b>	105	PREVNAR 20 INJ.....	165
<b>prednisone tab therapy pack 5 mg (48)</b>		<b>primaquine phosphate tab 26.3 mg (15 mg</b>	
.....	105	<b>base)</b> .....	67
PRED SOD PHO SOL 1% OP.....	152	<b>primidone tab 250 mg</b> .....	48
<b>pregabalin cap 100 mg</b> .....	48	<b>primidone tab 50 mg</b> .....	48
<b>pregabalin cap 150 mg</b> .....	48	<b>probenecid tab 500 mg</b> .....	126
<b>pregabalin cap 200 mg</b> .....	48	<b>procarbazine hcl</b>	
<b>pregabalin cap 225 mg</b> .....	48	see MATULANE CAP 50MG.....	76
<b>pregabalin cap 25 mg</b> .....	48	PROCENTRA	
<b>pregabalin cap 300 mg</b> .....	48	see Dextroamphetamine Sulfate Oral	
<b>pregabalin cap 50 mg</b> .....	48	Solution 5 mg/5ml.....	15
<b>pregabalin cap 75 mg</b> .....	48	<b>prochlorperazine maleate tab 10 mg</b>	
<b>pregabalin soln 20 mg/ml</b> .....	48	<b>(base equivalent)</b> .....	82
<b>pregabalin tab er 24hr 165 mg</b> .....	158	<b>prochlorperazine maleate tab 5 mg (base</b>	
<b>pregabalin tab er 24hr 330 mg</b> .....	158	<b>equivalent)</b> .....	82
<b>pregabalin tab er 24hr 82.5 mg</b> .....	158	<b>prochlorperazine suppos 25 mg</b> .....	82
PREGNYL INJ 10000UNT.....	118	Prochlorperazine Suppos 25 mg.....	82
PREHEVBRIO SUS 10MCG/ML.....	167	PRO COMFORT MIS 31G.....	138
PREMPHASE TAB.....	122	PRO COMFORT MIS LANC 30G.....	138
PREMPRO TAB.....	122	PRO COMFORT MIS LANCETS.....	138
PREMPRO TAB 0.3-1.5.....	122	PROCRIT INJ 10000/ML.....	128
PREMPRO TAB 0.45-1.5.....	122	PROCRIT INJ 2000/ML.....	128
PREMPRO TAB 0.625-5.....	122	PROCRIT INJ 20000/ML.....	128
PRENATAL 19		PROCRIT INJ 3000/ML.....	128
see Prenatal Vit W/ Fe Fumarate-Fa		PROCRIT INJ 4000/ML.....	128
Chew Tab 29-1 mg.....	148	PROCRIT INJ 40000/ML.....	128
Prenatal Vit W/ Dss-Iron Carbonyl-Fa Tab		PROCTOFOAM AER HC 1%.....	36
90-1 mg.....	148	PROCTO-MED HC	
Prenatal Vit W/ Fe Fumarate-Fa Chew Tab		see Hydrocortisone Perianal Cream 2.5%	
29-1 mg.....	148	.....	36
Prenatal Vit W/ Fe Fumarate-Fa Tab 28-1		PROCTOSOL HC	
mg.....	148	see Hydrocortisone Perianal Cream 2.5%	
Prenatal Vit W/ Fe Fum-Methylfolate-Fa		.....	36
Tab 27-0.6-0.4 mg.....	148	PROCTOZONE-HC	
Prenatal Vit W/ Iron Carbonyl-Fa Tab 50-		see Hydrocortisone Perianal Cream 2.5%	
1.25 mg.....	148	.....	36
Prenat W/o A W/fefum-Methfol-Fa-Dha		PRODIGY MIS 26G.....	138
Cap 27-0.6-0.4-300 mg.....	148	PRODIGY MIS 28G.....	138
PREVALITE		<b>progesterone (vaginal)</b>	

see CRINONE GEL 4% VAG .....	168	<b>propafenone hcl tab 300 mg</b> .....	40
see CRINONE GEL 8% VAG .....	168	<b>proparacaine hcl ophth soln 0.5%</b> .....	151
see ENDOMETRIN SUP 100MG .....	168	<b>propranolol hcl cap er 24hr 120 mg</b> .....	88
<b>progesterone cap 100 mg</b> .....	154	<b>propranolol hcl cap er 24hr 160 mg</b> .....	88
<b>progesterone cap 200 mg</b> .....	154	<b>propranolol hcl cap er 24hr 60 mg</b> .....	87
PROMACTA PAK 25MG.....	129	<b>propranolol hcl cap er 24hr 80 mg</b> .....	87
PROMACTA POW 12.5MG.....	129	<b>propranolol hcl oral soln 20 mg/5ml</b> .....	88
PROMACTA TAB 12.5MG .....	129	<b>propranolol hcl oral soln 40 mg/5ml</b> .....	88
PROMACTA TAB 25MG.....	129	<b>propranolol hcl tab 10 mg</b> .....	88
PROMACTA TAB 50MG .....	129	<b>propranolol hcl tab 20 mg</b> .....	88
PROMACTA TAB 75MG.....	129	<b>propranolol hcl tab 40 mg</b> .....	88
Promethazine & Phenylephrine Syrup 6.25-5 mg/5ml.....	105	<b>propranolol hcl tab 60 mg</b> .....	88
<b>promethazine-dm syrup 6.25-15 mg/5ml</b> .....	105	<b>propranolol hcl tab 80 mg</b> .....	88
<b>promethazine hcl oral soln 6.25 mg/5ml</b> .....	59	<b>propylthiouracil tab 50 mg</b> .....	160
<b>promethazine hcl suppos 12.5 mg</b> .....	59	PROQUAD INJ.....	167
Promethazine Hcl Suppos 12.5 mg .....	60	<b>protriptyline hcl tab 10 mg</b> .....	53
<b>promethazine hcl suppos 25 mg</b> .....	60	<b>protriptyline hcl tab 5 mg</b> .....	53
Promethazine Hcl Suppos 25 mg.....	60	<b>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</b> .....	105
Promethazine Hcl Suppos 50 mg .....	60	Pseudoephed-Bromphen-Dm Syrup 30-2-10 mg/5ml .....	106
<b>promethazine hcl tab 12.5 mg</b> .....	60	PSS SAFE LAN MIS.....	138
<b>promethazine hcl tab 25 mg</b> .....	60	PSS SEL LANC MIS.....	138
<b>promethazine hcl tab 50 mg</b> .....	60	PULMICORT INH 180MCG .....	41
Promethazine-Phenylephrine-Codeine Syrup 6.25-5-10 mg/5ml.....	105	PULMICORT INH 90MCG .....	41
PROMETHAZINE VC		PULMOSAL	
see Promethazine & Phenylephrine Syrup 6.25-5 mg/5ml .....	105	see Sodium Chloride Soln Nebu 7%....	106
PROMETHAZINE VC/CODEINE		PULMOZYME SOL 1MG/ML.....	159
see Promethazine-Phenylephrine-Codeine Syrup 6.25-5-10 mg/5ml...105		PURE COMFORT MIS 30G LAN .....	138
<b>promethazine w/ codeine syrup 6.25-10 mg/5ml</b> .....	105	PURIXAN SUS 20MG/ML.....	68
PROMETHEGAN		PX FOLIC ACID	
see Promethazine Hcl Suppos 12.5 mg 60		see Folic Acid Tab 400 mcg .....	128
see Promethazine Hcl Suppos 25 mg...60		PX LANCETS MIS 28G .....	138
see Promethazine Hcl Suppos 50 mg ..60		PX LANCETS MIS 33G .....	138
<b>propafenone hcl cap er 12hr 225 mg</b> .....	40	<b>pyrazinamide tab 500 mg</b> .....	68
<b>propafenone hcl cap er 12hr 325 mg</b> .....	40	<b>pyridostigmine bromide oral soln 60 mg/5ml</b> .....	67
<b>propafenone hcl cap er 12hr 425 mg</b> .....	40	<b>pyridostigmine bromide tab 60 mg</b> .....	67
<b>propafenone hcl tab 150 mg</b> .....	40	<b>pyridostigmine bromide tab er 180 mg</b> ..67	
<b>propafenone hcl tab 225 mg</b> .....	40	<b>pyrimethamine tab 25 mg</b> .....	67
		<b>Q</b>	
		QC FOLIC ACID	
		see Folic Acid Tab 800 mcg.....	128
		QC LANCETS MIS 28G.....	138



QC LANCETS MIS 30G .....	138	RA E-ZJECT MIS ULT THIN .....	138
QELBREE CAP 100MG ER .....	18	RA FOLIC ACID	
QELBREE CAP 150MG ER .....	18	see Folic Acid Tab 400 mcg .....	128
QELBREE CAP 200MG ER .....	18	see Folic Acid Tab 800 mcg.....	128
QSYMIA CAP 11.25-69.....	16	RAGWITEK SUB.....	20
QSYMIA CAP 15-92MG .....	17	<b>raloxifene hcl tab 60 mg</b> .....	119
QSYMIA CAP 3.75-23.....	16	<b>raltegravir potassium</b>	
QSYMIA CAP 7.5-46MG .....	16	see ISENTRESS CHW 100MG.....	84
QUADRACEL INJ .....	162	see ISENTRESS CHW 25MG.....	84
QUADRACEL INJ 0.5ML .....	162	see ISENTRESS HD TAB 600MG .....	84
<b>quetiapine fumarate tab 100 mg</b> .....	81	see ISENTRESS POW 100MG .....	84
<b>quetiapine fumarate tab 150 mg</b> .....	81	see ISENTRESS TAB 400MG.....	84
<b>quetiapine fumarate tab 200 mg</b> .....	81	<b>ramelteon tab 8 mg</b> .....	131
<b>quetiapine fumarate tab 25 mg</b> .....	81	<b>ramipril cap 1.25 mg</b> .....	63
<b>quetiapine fumarate tab 300 mg</b> .....	81	<b>ramipril cap 10 mg</b> .....	63
<b>quetiapine fumarate tab 400 mg</b> .....	81	<b>ramipril cap 2.5 mg</b> .....	63
<b>quetiapine fumarate tab 50 mg</b> .....	81	<b>ramipril cap 5 mg</b> .....	63
<b>quetiapine fumarate tab er 24hr 150 mg</b>	81	<b>ranolazine tab er 12hr 1000 mg</b> .....	38
<b>quetiapine fumarate tab er 24hr 200 mg</b>	81	<b>ranolazine tab er 12hr 500 mg</b> .....	38
<b>quetiapine fumarate tab er 24hr 300 mg</b>	81	<b>rasagiline mesylate tab 0.5 mg (base</b>	
<b>quetiapine fumarate tab er 24hr 400 mg</b>	81	<b>equiv)</b> .....	78
<b>quetiapine fumarate tab er 24hr 50 mg</b> ..	81	<b>rasagiline mesylate tab 1 mg (base equiv)</b>	
<b>quinapril hcl tab 10 mg</b> .....	63	.....	79
<b>quinapril hcl tab 20 mg</b> .....	63	RASUVO INJ 10MG .....	25
<b>quinapril hcl tab 40 mg</b> .....	63	RASUVO INJ 12.5MG .....	26
<b>quinapril hcl tab 5 mg</b> .....	63	RASUVO INJ 15MG.....	26
<b>quinapril-hydrochlorothiazide tab 20-12.5</b>		RASUVO INJ 17.5MG .....	26
<b>mg</b> .....	66	RASUVO INJ 20MG.....	26
<b>quinapril-hydrochlorothiazide tab 20-25</b>		RASUVO INJ 22.5MG.....	26
<b>mg</b> .....	66	RASUVO INJ 25MG.....	26
<b>quinidine gluconate tab er 324 mg</b> .....	40	RASUVO INJ 30MG.....	26
<b>quinine sulfate cap 324 mg</b> .....	67	RASUVO INJ 7.5MG .....	25
QULIPTA TAB 10MG.....	143	REACT	
QULIPTA TAB 30MG .....	143	see Levonorgestrel Tab 1.5 mg .....	103
QULIPTA TAB 60MG .....	143	READYLANCE MIS 21G .....	139
QUVIVIQ TAB 25MG.....	131	READYLANCE MIS 23G .....	139
QUVIVIQ TAB 50MG .....	131	READYLANCE MIS 26G .....	139
<b>R</b>		READYLANCE MIS 28G .....	139
<b>rabeprazole sodium ec tab 20 mg</b> .....	163	READYLANCE MIS 30G .....	139
RADICAVA ORS SUS 105/5ML .....	149	REALITY MIS LANCETS .....	139
RADICAVA ORS SUS STARTER .....	149	REALITY TRIG MIS LANCETS .....	139
RA E-ZJECT MIS 28G .....	138	REBIF INJ 22/0.5 .....	158
RA E-ZJECT MIS THIN 26G .....	138	REBIF INJ 44/0.5 .....	158
RA E-ZJECT MIS THIN 28G .....	138	REBIF REBIDO INJ 22/0.5 .....	158

REBIF REBIDO INJ 44/0.5 .....	158	REVLIMID CAP 25MG .....	146
REBIF REBIDO INJ TITRATN .....	158	REVLIMID CAP 5MG .....	146
REBIF TITRTN INJ PACK .....	158	<b>ribavirin cap 200 mg</b> .....	85
RECLIPSEN		<b>ribavirin tab 200 mg</b> .....	85
see Desogestrel & Ethinyl Estradiol Tab		<b>ribociclib succinate</b>	
0.15 mg-30 mcg .....	95	see KISQALI TAB 200DOSE .....	73
RECOMBIVA HB INJ 10MCG/ML .....	167	see KISQALI TAB 400DOSE .....	73
RECOMBIVA-HB INJ 40MCG/ML .....	167	see KISQALI TAB 600DOSE .....	73
RECOMBIVA HB INJ 5MCG/0.5 .....	167	<b>ribociclib succinate-letrozole</b>	
<b>regorafenib</b>		see KISQALI 200 PAK FEMARA .....	71
see STIVARGA TAB 40MG .....	75	see KISQALI 400 PAK FEMARA .....	71
RELENZA MIS DISKHALE .....	86	see KISQALI 600 PAK FEMARA .....	71
RELION LANCE MIS THIN 26G .....	139	<b>rifabutin cap 150 mg</b> .....	68
RELION LANCE MIS THIN 30G .....	139	<b>rifampin cap 150 mg</b> .....	68
RELION MICRO MIS THIN 33G .....	139	<b>rifampin cap 300 mg</b> .....	68
RELION ULTRA MIS THIN 30G .....	139	<b>rifaximin</b>	
RELION ULTRA MIS THIN PLS .....	139	see XIFAXAN TAB 550MG .....	37
<b>relugolix-estradiol-norethindrone</b>		RIGHTEST MIS GL300 .....	139
<b>acetate</b>		<b>riluzole tab 50 mg</b> .....	149
see MYFEMBREE TAB .....	121	<b>rimantadine hydrochloride tab 100 mg</b> ..	86
<b>repaglinide tab 0.5 mg</b> .....	57	<b>rimegepant sulfate</b>	
<b>repaglinide tab 1 mg</b> .....	57	see NURTEC TAB 75MG ODT .....	143
<b>repaglinide tab 2 mg</b> .....	57	RINVOQ TAB 15MG ER .....	25
REPATHA INJ 140MG/ML .....	62	RINVOQ TAB 30MG ER .....	25
REPATHA PUSH INJ 420/3.5 .....	62	RINVOQ TAB 45MG ER .....	25
REPATHA SURE INJ 140MG/ML .....	62	<b>riociguat</b>	
<b>repotrectinib</b>		see ADEMPAS TAB 0.5MG .....	93
see AUGTYRO CAP 40MG .....	71	see ADEMPAS TAB 1.5MG .....	93
RESTASIS EMU 0.05% OP .....	151	see ADEMPAS TAB 1MG .....	93
RESTASIS MUL EMU 0.05% OP .....	151	see ADEMPAS TAB 2.5MG .....	93
RETACRIT INJ 10000UNT .....	129	see ADEMPAS TAB 2MG .....	93
RETACRIT INJ 20000UNI .....	129	<b>risankizumab-rzaa</b>	
RETACRIT INJ 2000UNIT .....	129	see SKYRIZI INJ 150MG/ML .....	110
RETACRIT INJ 3000UNIT .....	129	see SKYRIZI PEN INJ 150MG/ML .....	110
RETACRIT INJ 40000UNT .....	129	<b>risankizumab-rzaa (crohn's)</b>	
RETACRIT INJ 4000UNIT .....	129	see SKYRIZI INJ 180/1.2 .....	124
RETEVMO CAP 40MG .....	74	see SKYRIZI INJ 360/2.4 .....	124
RETEVMO CAP 80MG .....	74	<b>risedronate sodium tab 150 mg</b> .....	117
<b>revefenacin</b>		<b>risedronate sodium tab 30 mg</b> .....	117
see YUPELRI SOL .....	41	<b>risedronate sodium tab 35 mg</b> .....	117
REVLIMID CAP 10MG .....	146	<b>risedronate sodium tab 5 mg</b> .....	117
REVLIMID CAP 15MG .....	146	<b>risedronate sodium tab delayed release</b>	
REVLIMID CAP 2.5MG .....	146	<b>35 mg</b> .....	117
REVLIMID CAP 20MG .....	146	<b>risperidone</b>	

see PERSERIS INJ 120MG .....	79	<b>rivastigmine tartrate cap 4.5 mg (base equivalent)</b> .....	155
see PERSERIS INJ 90MG .....	79	<b>rivastigmine tartrate cap 6 mg (base equivalent)</b> .....	155
<b>risperidone microspheres for im extended rel susp 12.5 mg</b> .....	79	<b>rivastigmine td patch 24hr 13.3 mg/24hr</b> .....	155
<b>risperidone microspheres for im extended rel susp 25 mg</b> .....	79	<b>rivastigmine td patch 24hr 4.6 mg/24hr</b> .....	155
<b>risperidone microspheres for im extended rel susp 37.5 mg</b> .....	80	<b>rivastigmine td patch 24hr 9.5 mg/24hr</b> .....	155
<b>risperidone microspheres for im extended rel susp 50 mg</b> .....	80	RIVELSA	
<b>risperidone orally disintegrating tab 0.25 mg</b> .....	80	see Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 mg &eth Est 0.01 mg .....	96
<b>risperidone orally disintegrating tab 0.5 mg</b> .....	80	<b>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</b> .....	143
<b>risperidone orally disintegrating tab 1 mg</b> .....	80	<b>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</b> .....	143
<b>risperidone orally disintegrating tab 2 mg</b> .....	80	<b>rizatriptan benzoate tab 10 mg (base equivalent)</b> .....	143
<b>risperidone orally disintegrating tab 3 mg</b> .....	80	<b>rizatriptan benzoate tab 5 mg (base equivalent)</b> .....	143
<b>risperidone orally disintegrating tab 4 mg</b> .....	80	<b>roflumilast (topical)</b>	
<b>risperidone soln 1 mg/ml</b> .....	80	see ZORYVE CRE 0.3% .....	111
<b>risperidone tab 0.25 mg</b> .....	80	<b>roflumilast tab 250 mcg</b> .....	41
<b>risperidone tab 0.5 mg</b> .....	80	<b>roflumilast tab 500 mcg</b> .....	41
<b>risperidone tab 1 mg</b> .....	80	<b>ropeginterferon alfa-2b-njft</b>	
<b>risperidone tab 2 mg</b> .....	80	see BESREMI SOL 500MCG .....	76
<b>risperidone tab 3 mg</b> .....	80	<b>ropinirole hydrochloride tab 0.25 mg</b> .....	78
<b>risperidone tab 4 mg</b> .....	80	<b>ropinirole hydrochloride tab 0.5 mg</b> .....	78
<b>ritlecitinib tosylate</b>		<b>ropinirole hydrochloride tab 1 mg</b> .....	78
see LITFULO CAP 50MG .....	113	<b>ropinirole hydrochloride tab 2 mg</b> .....	78
<b>ritonavir tab 100 mg</b> .....	84	<b>ropinirole hydrochloride tab 3 mg</b> .....	78
<b>rivaroxaban</b>		<b>ropinirole hydrochloride tab 4 mg</b> .....	78
see XARELTO STAR TAB 15/20MG .....	44	<b>ropinirole hydrochloride tab 5 mg</b> .....	78
see XARELTO SUS 1MG/ML .....	44	<b>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</b> .....	78
see XARELTO TAB 10MG .....	44	<b>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</b> .....	78
see XARELTO TAB 15MG .....	44	<b>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</b> .....	78
see XARELTO TAB 2.5MG .....	44	<b>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</b> .....	78
see XARELTO TAB 20MG .....	44		
<b>rivastigmine tartrate cap 1.5 mg (base equivalent)</b> .....	155		
<b>rivastigmine tartrate cap 3 mg (base equivalent)</b> .....	155		

<b>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</b> .....	78
<b>rosuvastatin calcium tab 10 mg</b> .....	61
<b>rosuvastatin calcium tab 20 mg</b> .....	61
<b>rosuvastatin calcium tab 40 mg</b> .....	61
<b>rosuvastatin calcium tab 5 mg</b> .....	61
ROTARIX SUS.....	167
ROTATEQ SOL .....	167
<b>rotavirus vaccine, live oral</b>	
see ROTARIX SUS.....	167
<b>rotavirus vaccine, live oral pentavalent</b>	
see ROTATEQ SOL .....	167
<b>rotigotine</b>	
see NEUPRO DIS 1MG/24HR.....	77
see NEUPRO DIS 2MG/24HR .....	78
see NEUPRO DIS 3MG/24HR .....	78
see NEUPRO DIS 4MG/24HR .....	78
see NEUPRO DIS 6MG/24HR .....	78
see NEUPRO DIS 8MG/24HR .....	78
ROWEEPRA	
see Levetiracetam Tab 500 mg.....	47
ROZLYTREK CAP 100MG.....	74
ROZLYTREK CAP 200MG.....	74
ROZLYTREK PAK 50MG.....	74
<b>rufinamide susp 40 mg/ml</b> .....	48
<b>rufinamide tab 200 mg</b> .....	48
<b>rufinamide tab 400 mg</b> .....	48
<b>ruxolitinib phosphate (topical)</b>	
see OPZELURA CRE 1.5%.....	113
RYBELSUS TAB 14MG .....	56
RYBELSUS TAB 3MG.....	56
RYBELSUS TAB 7MG .....	56
RYDAPT CAP 25MG .....	74
RYTARY CAP 145MG .....	78
RYTARY CAP 195MG .....	78
RYTARY CAP 245MG .....	78
RYTARY CAP 95MG.....	78
<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
SAFE-T-LANCE MIS 21G.....	139
SAFE-T-LANCE MIS 25G .....	139

SAFE-T-LANCE MIS HI FLOW .....	139
SAFE-T-LANCE MIS LOW FLOW .....	139
SAFE-T-LANCE MIS NOR FLOW .....	139
SAFE-T-PRO MIS LANCETS.....	139
SAFE-T-PRO MIS PLUS .....	139
SAFETY 21G MIS LANCETS.....	139
SAFETY 23G MIS LANCETS .....	139
SAFETY 28G MIS LANCETS .....	139
SAFETY 30G MIS LANCETS.....	139
SAFETY MIS LANCETS .....	139
SAJAZIR	
see Icatibant Acetate Subcutaneous Soln Pref Syr 30 mg/3ml.....	126
<b>salmeterol xinafoate</b>	
see SEREVENT DIS AER 50MCG.....	43
<b>salsalate tab 750 mg</b> .....	29
SAMSCA TAB 15MG.....	121
SAMSCA TAB 30MG.....	121
SANCUSO DIS 3.1MG.....	58
SANDOSTATIN INJ 100MCG .....	121
SANDOSTATIN INJ 500MCG .....	121
SANDOSTATIN INJ 50MCG/ML .....	121
<b>sapropterin dihydrochloride powder</b>	
<b>packet 100 mg</b> .....	120
Sapropterin Dihydrochloride Powder Packet 100 mg .....	120
<b>sapropterin dihydrochloride powder</b>	
<b>packet 500 mg</b> .....	120
Sapropterin Dihydrochloride Powder Packet 500 mg .....	120
<b>sapropterin dihydrochloride tab 100 mg</b>	
.....	120
Sapropterin Dihydrochloride Tab 100 mg .....	120
SAPSCARE MIS TWIST .....	139
SAPS HEALTH MIS TWIST .....	139
SAPS TWIST MIS 30G.....	139
<b>sarilumab</b>	
see KEVZARA INJ 150/1.14 .....	26
see KEVZARA INJ 200/1.14.....	26
<b>satralizumab-mwge</b>	
see ENSPRYNG INJ.....	146
<b>saxagliptin hcl tab 2.5 mg (base equiv)</b> .	55
<b>saxagliptin hcl tab 5 mg (base equiv)</b> .....	55

<b>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</b> .....	54
<b>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</b> .....	54
<b>saxagliptin-metformin hcl tab er 24hr 5-500 mg</b> .....	54
SAXENDA INJ 18MG/3ML .....	17
SB LANCETS MIS THIN.....	139
SB LANCETS MIS ULTR THN .....	139
<b>scopolamine td patch 72hr 1 mg/3days</b> .....	58
<b>secukinumab</b>	
see COSENTYX INJ 150MG/ML .....	109
see COSENTYX INJ 300DOSE.....	109
see COSENTYX INJ 75MG/0.5.....	109
see COSENTYX PEN INJ 150MG/ML ..	109
see COSENTYX PEN INJ 300DOSE.....	110
see COSENTYX UNO INJ 300/2ML.....	110
<b>segesterone acetate-ethinyl estradiol</b>	
see ANNOVERA MIS .....	103
<b>selegiline hcl cap 5 mg</b> .....	79
<b>selegiline hcl tab 5 mg</b> .....	79
<b>selenium sulfide lotion 2.5%</b> .....	111
<b>selexipag</b>	
see UPTRAVI PACK TAB 200/800 .....	93
see UPTRAVI TAB 1000MCG.....	93
see UPTRAVI TAB 1200MCG.....	93
see UPTRAVI TAB 1400MCG.....	93
see UPTRAVI TAB 1600MCG.....	93
see UPTRAVI TAB 200MCG .....	93
see UPTRAVI TAB 400MCG .....	93
see UPTRAVI TAB 600MCG .....	93
see UPTRAVI TAB 800MCG .....	93
<b>selpercatinib</b>	
see RETEVMO CAP 40MG.....	74
see RETEVMO CAP 80MG.....	74
<b>selumetinib sulfate</b>	
see KOSELUGO CAP 10MG.....	73
see KOSELUGO CAP 25MG .....	73
<b>semaglutide</b>	
see OZEMPIC INJ 2MG/3ML.....	55
see OZEMPIC INJ 4MG/3ML.....	55
see OZEMPIC INJ 8MG/3ML.....	56
see RYBELSUS TAB 14MG .....	56
see RYBELSUS TAB 3MG.....	56
see RYBELSUS TAB 7MG.....	56
<b>semaglutide (weight management)</b>	
see WEGOVY INJ 0.25MG.....	17
see WEGOVY INJ 0.5MG .....	17
see WEGOVY INJ 1.7MG .....	17
see WEGOVY INJ 1MG .....	17
see WEGOVY INJ 2.4MG .....	17
SENSIPAR TAB 30MG.....	120
SENSIPAR TAB 60MG.....	120
SENSIPAR TAB 90MG.....	120
<b>serdexmethylphenidate chloride-dexmethylphenidate hcl</b>	
see AZSTARYS CAP 26.1-5.2.....	18
see AZSTARYS CAP 39.2-7.8.....	18
see AZSTARYS CAP 52.3-10. ....	18
SEREVENT DIS AER 50MCG.....	43
SEROSTIM INJ 4MG .....	119
SEROSTIM INJ 5MG.....	119
SEROSTIM INJ 6MG.....	119
<b>sertraline hcl oral concentrate for solution 20 mg/ml</b> .....	51
<b>sertraline hcl tab 100 mg</b> .....	51
<b>sertraline hcl tab 25 mg</b> .....	51
<b>sertraline hcl tab 50 mg</b> .....	51
SETLAKIN	
see Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg .....	97
<b>sevelamer carbonate packet 0.8 gm</b> ....	125
<b>sevelamer carbonate packet 2.4 gm</b> ....	125
<b>sevelamer carbonate tab 800 mg</b> .....	125
<b>sevelamer hcl tab 400 mg</b> .....	125
<b>sevelamer hcl tab 800 mg</b> .....	125
SHAROBEL	
see Norethindrone Tab 0.35 mg .....	103
SHINGRIX INJ 50/0.5ML.....	167
<b>short ragweed pollen allergen extract</b>	
see RAGWITEK SUB.....	20
SIKLOS TAB 1000MG.....	127
SIKLOS TAB 100MG .....	127
<b>sildenafil citrate for suspension 10 mg/ml</b> .....	93
<b>sildenafil citrate tab 100 mg</b> .....	92
<b>sildenafil citrate tab 20 mg</b> .....	93
<b>sildenafil citrate tab 25 mg</b> .....	92

<b>sildenafil citrate tab 50 mg</b> .....	92	SMART SENSE MIS LANC 26G.....	139
<b>silodosin cap 4 mg</b> .....	126	SMART SENSE MIS LANC 30G.....	139
<b>silodosin cap 8 mg</b> .....	126	SMART SENSE MIS LANC 33G.....	139
<b>silver sulfadiazine cream 1%</b> .....	111	SM LANCETS MIS 33G.....	139
Silver Sulfadiazine Cream 1%.....	111	<b>sodium chloride soln nebu 0.9%</b> .....	106
SIMBRINZA SUS 1-0.2% .....	150	<b>sodium chloride soln nebu 10%</b> .....	106
SIMLIYA		<b>sodium chloride soln nebu 3%</b> .....	106
see Desogest-Eth Estrad & Eth Estrad		Sodium Chloride Soln Nebu 3%.....	106
Tab 0.15-0.02/0.01 mg(21/5) .....	95	<b>sodium chloride soln nebu 7%</b> .....	106
SIMPESSE		Sodium Chloride Soln Nebu 7%.....	106
see Levonorg-Eth Est Tab 0.15-		<b>sodium fluoride chew tab 0.25 mg f (from</b>	
0.03mg(84) & Eth Est Tab 0.01mg(7)96		<b>0.55 mg naf)</b> .....	144
SIMPLICITY KIT COVID-19.....	115	<b>sodium fluoride chew tab 0.5 mg f (from</b>	
<b>simvastatin tab 10 mg</b> .....	62	<b>1.1 mg naf)</b> .....	144
<b>simvastatin tab 20 mg</b> .....	62	<b>sodium fluoride chew tab 1 mg f (from 2.2</b>	
<b>simvastatin tab 40 mg</b> .....	62	<b>mg naf)</b> .....	144
<b>simvastatin tab 5 mg</b> .....	61	<b>sodium fluoride soln 0.5 mg/ml f (from 1.1</b>	
<b>simvastatin tab 80 mg</b> .....	62	<b>mg/ml naf)</b> .....	144
SINGLE-LET MIS 23G.....	139	<b>sodium fluoride tab 0.5 mg f (from 1.1 mg</b>	
<b>siponimod fumarate</b>		<b>naf)</b> .....	144
see MAYZENT PAK STARTER.....	157	<b>sodium fluoride tab 1 mg f (from 2.2 mg</b>	
see MAYZENT TAB 0.25MG.....	157	<b>naf)</b> .....	144
see MAYZENT TAB 1MG .....	157	<b>sodium oxybate</b>	
see MAYZENT TAB 2MG.....	157	see LUMRYZ PAK 6GM .....	154
<b>sirolimus oral soln 1 mg/ml</b> .....	146	see LUMRYZ PAK 7.5GM.....	154
<b>sirolimus tab 0.5 mg</b> .....	146	see LUMRYZ PAK 9GM.....	154
<b>sirolimus tab 1 mg</b> .....	147	see LUMRYZ PKG 4.5GM .....	154
<b>sirolimus tab 2 mg</b> .....	147	<b>sodium phenylbutyrate</b>	
<b>sitagliptin-metformin hcl</b>		see PHEBURANE MIS 483/GM.....	119
see JANUMET TAB 50-1000 .....	54	<b>sodium phenylbutyrate oral powder 3</b>	
see JANUMET TAB 50-500MG.....	54	<b>gm/teaspoonful</b> .....	120
see JANUMET XR TAB 100-1000.....	54	<b>sodium phenylbutyrate tab 500 mg</b> .....	120
see JANUMET XR TAB 50-1000 .....	54	<b>sodium picosulfate-magnesium oxide-</b>	
see JANUMET XR TAB 50-500MG.....	54	<b>anhydrous citric acid</b>	
<b>sitagliptin phosphate</b>		see CLENPIQ SOL .....	131
see JANUVIA TAB 100MG .....	55	Sodium Polystyrene Sulfonate Oral Susp 15	
see JANUVIA TAB 25MG .....	55	gm/60ml.....	147
see JANUVIA TAB 50MG .....	55	<b>sodium polystyrene sulfonate powder</b> .147	
SKYRIZI INJ 150MG/ML .....	110	<b>sod sulfate-pot sulf-mg sulf oral sol 17.5-</b>	
SKYRIZI INJ 180/1.2.....	124	<b>3.13-1.6 gm/177ml</b> .....	131
SKYRIZI INJ 360/2.4 .....	124	<b>sofosbuvir</b>	
SKYRIZI PEN INJ 150MG/ML .....	110	see SOVALDI PAK 150MG .....	86
SMARTEST MIS LANCETS .....	139	see SOVALDI PAK 200MG.....	86
SMART SENSE MIS LANC 21G.....	139	see SOVALDI TAB 200MG.....	86

see SOVALDI TAB 400MG.....	86	<b>sotalol hcl tab 120 mg</b> .....	88
<b>sofosbuvir-velpatasvir</b>		<b>sotalol hcl tab 160 mg</b> .....	88
see EPCLUSA PAK 150-37.5.....	85	<b>sotalol hcl tab 240 mg</b> .....	88
see EPCLUSA PAK 200-50MG.....	85	<b>sotalol hcl tab 80 mg</b> .....	88
see EPCLUSA TAB 200-50MG.....	85	<b>sotorasib</b>	
see EPCLUSA TAB 400-100.....	85	see LUMAKRAS TAB 120MG.....	74
<b>sofosbuvir-velpatasvir-voxilaprevir</b>		see LUMAKRAS TAB 320MG.....	74
see VOSEVI TAB.....	86	SOTYKTU TAB 6MG.....	110
SOFTCLIX MIS LANCETS.....	139	SOVALDI PAK 150MG.....	86
SOGROYA INJ 10MG/1.5.....	119	SOVALDI PAK 200MG.....	86
SOGROYA INJ 15MG/1.5.....	119	SOVALDI TAB 200MG.....	86
SOGROYA INJ 5MG/1.5.....	119	SOVALDI TAB 400MG.....	86
<b>solifenacin succinate tab 10 mg</b> .....	164	<b>spacer/aerosol-holding chambers</b>	
<b>solifenacin succinate tab 5 mg</b> .....	164	see SPACER CHAMBER - OTC.....	142
SOLIQUA INJ 100/33.....	54	see SPACER CHAMBER - RX.....	142
<b>solriamfetol hcl</b>		<b>spacer/aerosol-holding chamber</b>	
see SUNOSI TAB 150MG.....	18	<b>supplies - bags</b>	
see SUNOSI TAB 75MG.....	18	see SPACER CHAMBER - RX.....	142
SOLUS V2 MIS LANC 28G.....	139	<b>spacer/aerosol-holding chamber</b>	
SOLUS V2 MIS LANC 30G.....	139	<b>supplies - masks</b>	
<b>somapacitan-beco</b>		see SPACER CHAMBER - OTC.....	142
see SOGROYA INJ 10MG/1.5.....	119	see SPACER CHAMBER - RX.....	142
see SOGROYA INJ 15MG/1.5.....	119	SPACER CHAMBER - OTC.....	142
see SOGROYA INJ 5MG/1.5.....	119	SPACER CHAMBER - RX.....	142
<b>somatropin</b>		<b>spinosad susp 0.9%</b> .....	114
see HUMATROPE INJ 12MG.....	118	SPIRIVA AER 1.25MCG.....	41
see HUMATROPE INJ 24MG.....	118	SPIRIVA SPR 2.5MCG.....	41
see HUMATROPE INJ 6MG.....	118	<b>spironolactone &amp; hydrochlorothiazide tab</b>	
see NORDITROPIN INJ 10/1.5ML.....	118	<b>25-25 mg</b> .....	116
see NORDITROPIN INJ 15/1.5ML.....	118	<b>spironolactone susp 25 mg/5ml</b> .....	116
see NORDITROPIN INJ 30/3ML.....	118	<b>spironolactone tab 100 mg</b> .....	117
see NORDITROPIN INJ 5/1.5ML.....	118	<b>spironolactone tab 25 mg</b> .....	116
<b>somatropin (non-refrigerated)</b>		<b>spironolactone tab 50 mg</b> .....	116
see SEROSTIM INJ 4MG.....	119	SPRINTEC 28	
see SEROSTIM INJ 5MG.....	119	see Norgestimate & Ethinyl Estradiol Tab	
see SEROSTIM INJ 6MG.....	119	0.25 mg-35 mcg.....	102
<b>sonidegib phosphate</b>		SPRYCEL TAB 100MG.....	75
see ODOMZO CAP 200MG.....	70	SPRYCEL TAB 140MG.....	75
SOOLANTRA CRE 1%.....	114	SPRYCEL TAB 20MG.....	75
<b>sorafenib tosylate tab 200 mg (base</b>		SPRYCEL TAB 50MG.....	75
<b>equivalent)</b> .....	74	SPRYCEL TAB 70MG.....	75
<b>sotalol hcl (afib/afl) tab 120 mg</b> .....	88	SPRYCEL TAB 80MG.....	75
<b>sotalol hcl (afib/afl) tab 160 mg</b> .....	88	SPS	
<b>sotalol hcl (afib/afl) tab 80 mg</b> .....	88		

see Sodium Polystyrene Sulfonate Oral Susp 15 gm/60ml.....	147
SRONYX	
see Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg.....	97
SSD	
see Silver Sulfadiazine Cream 1%.....	111
STELARA INJ 45MG/0.5.....	110
STELARA INJ 90MG/ML.....	110
STERILANCE MIS TL 28G.....	140
STERILANCE MIS TL 30G.....	140
STERILANCE MIS TL 32G.....	140
STIOLTO AER 2.5-2.5 .....	43
STIVARGA TAB 40MG.....	75
STRIVERDI AER 2.5MCG.....	43
STROMECTOL TAB 3MG .....	36
SUBVENITE	
see Lamotrigine Tab 100 mg.....	47
see Lamotrigine Tab 150 mg.....	47
see Lamotrigine Tab 200 mg.....	47
see Lamotrigine Tab 25 mg.....	47
SUBVENITE STARTER KIT/BLU	
see Lamotrigine Tab 35 X 25 mg Starter Kit.....	47
SUBVENITE STARTER KIT/GRE	
see Lamotrigine Tab 84 X 25 mg & 14 X 100 mg Starter Kit.....	47
SUBVENITE STARTER KIT/ORA	
see Lamotrigine Tab 25 mg (42) & 100 mg (7) Starter Kit .....	47
<b>sucralfate tab 1 gm</b> .....	163
<b>sulconazole nitrate cream 1%</b> .....	108
<b>sulconazole nitrate solution 1%</b> .....	108
<b>sulfacetamide sodium lotion 10% (acne)</b> .....	107
<b>sulfacetamide sodium ophth oint 10%</b> ..	151
<b>sulfacetamide sodium ophth soln 10%</b> ..	151
<b>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</b> .....	152
Sulfacetamide Sodium W/ Sulfur Emulsion 10-1% .....	107
<b>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</b> .....	37

Sulfamethoxazole-Trimethoprim Susp 200-40 mg/5ml.....	37
<b>sulfamethoxazole-trimethoprim tab 400- 80 mg</b> .....	37
<b>sulfamethoxazole-trimethoprim tab 800- 160 mg</b> .....	37
SULFAMEZ WASH	
see Sulfacetamide Sodium W/ Sulfur Emulsion 10-1% .....	107
<b>sulfasalazine tab 500 mg</b> .....	124
<b>sulfasalazine tab delayed release 500 mg</b> .....	125
SULFATRIM PEDIATRIC	
see Sulfamethoxazole-Trimethoprim Susp 200-40 mg/5ml.....	37
<b>sulindac tab 150 mg</b> .....	28
<b>sulindac tab 200 mg</b> .....	28
<b>sumatriptan nasal spray 20 mg/act</b> .....	143
<b>sumatriptan nasal spray 5 mg/act</b> .....	143
<b>sumatriptan succinate</b>	
see ONZETRA XSAI MIS 11MG .....	143
see ZEMBRACE SYM INJ 3/0.5ML .....	144
<b>sumatriptan succinate inj 6 mg/0.5ml</b> ..	143
<b>sumatriptan succinate solution auto- injector 4 mg/0.5ml</b> .....	143
<b>sumatriptan succinate solution auto- injector 6 mg/0.5ml</b> .....	143
<b>sumatriptan succinate solution cartridge 4 mg/0.5ml</b> .....	144
<b>sumatriptan succinate solution cartridge 6 mg/0.5ml</b> .....	144
<b>sumatriptan succinate tab 100 mg</b> .....	144
<b>sumatriptan succinate tab 25 mg</b> .....	144
<b>sumatriptan succinate tab 50 mg</b> .....	144
<b>sunitinib malate cap 12.5 mg (base equivalent)</b> .....	75
<b>sunitinib malate cap 25 mg (base equivalent)</b> .....	75
<b>sunitinib malate cap 37.5 mg (base equivalent)</b> .....	75
<b>sunitinib malate cap 50 mg (base equivalent)</b> .....	75
SUNOSI TAB 150MG.....	18
SUNOSI TAB 75MG.....	18



SUPER THIN MIS LANC 28G.....	140	TADLIQ SUS 20MG/5ML .....	93
SUPER THIN MIS LANCETS.....	140	<b>tafamidis</b>	
SURE COMFORT MIS LANC 18G.....	140	see VYNDAMAX CAP 61MG .....	93
SURE COMFORT MIS LANC 21G.....	140	<b>tafluprost preservative free (pf) ophth</b>	
SURE COMFORT MIS LANC 23G .....	140	<b>soln 0.0015%</b> .....	152
SURE COMFORT MIS LANC 30G .....	140	TAGRISO TAB 40MG.....	69
SURE COMFORT MIS LANCETS.....	140	TAGRISO TAB 80MG.....	69
SUREFLEX MIS LANCETS .....	140	TAKE ACTION	
SURELITE MIS LANCETS.....	140	see Levonorgestrel Tab 1.5 mg .....	103
<b>suvorexant</b>		TAKHZYRO INJ 150MG/ML .....	127
see BELSOMRA TAB 10MG .....	131	TAKHZYRO INJ 300/2ML.....	127
see BELSOMRA TAB 15MG .....	131	TALICIA CAP .....	164
see BELSOMRA TAB 20MG .....	131	TALTZ INJ 80MG/ML .....	110
see BELSOMRA TAB 5MG.....	131	<b>tamoxifen citrate tab 10 mg (base</b>	
SYEDA		<b>equivalent)</b> .....	70
see Drospirenone-Ethinyl Estradiol Tab		<b>tamoxifen citrate tab 20 mg (base</b>	
3-0.03 mg.....	96	<b>equivalent)</b> .....	70
SYMLINPEN 60 INJ 1000MCG.....	53	<b>tamsulosin hcl cap 0.4 mg</b> .....	126
SYMLNPEN 120 INJ 1000MCG .....	53	TANDEM PLUS	
SYMPROIC TAB 0.2MG .....	125	see Fe Fum-Iron Polysacch Complex-Fa-	
SYMTUZA TAB.....	85	B Cmplx-C-Zn-Mn-Cu Cap .....	129
SYNJARDY TAB .....	54	<b>tapinarof</b>	
SYNJARDY TAB 12.5-500.....	54	see VTAMA CRE 1% .....	111
SYNJARDY TAB 5-1000MG .....	54	TARCEVA TAB 100MG .....	70
SYNJARDY TAB 5-500MG .....	54	TARCEVA TAB 150MG .....	70
SYNJARDY XR TAB .....	54	TARCEVA TAB 25MG .....	69
SYNJARDY XR TAB 10-1000 .....	54	TARINA 24 FE	
SYNJARDY XR TAB 25-1000.....	54	see Norethindrone Ace-Ethinyl Estradiol-	
SYNJARDY XR TAB 5-1000MG .....	54	Fe Tab 1 mg-20 mcg (24) .....	101
<b>T</b>		TARINA FE 1/20 EQ	
TABLOID TAB 40MG .....	68	see Norethindrone Ace & Ethinyl	
<b>tacrolimus cap 0.5 mg</b> .....	147	Estradiol-Fe Tab 1 mg-20 mcg .....	100
<b>tacrolimus cap 1 mg</b> .....	147	<b>tasimelteon capsule 20 mg</b> .....	131
<b>tacrolimus cap 5 mg</b> .....	147	TAVALISSE TAB 100MG .....	126
<b>tacrolimus oint 0.03%</b> .....	113	TAVALISSE TAB 150MG .....	126
<b>tacrolimus oint 0.1%</b> .....	113	TAYSOFY	
<b>tadalafil (pulmonary hypertension)</b>		see Norethindrone Ace-Ethinyl Estradiol-	
see TADLIQ SUS 20MG/5ML .....	93	Fe Cap 1 mg-20 mcg (24).....	101
<b>tadalafil tab 10 mg</b> .....	92	<b>tazarotene cream 0.1%</b> .....	110
<b>tadalafil tab 2.5 mg</b> .....	92	<b>tazarotene gel 0.05%</b> .....	111
<b>tadalafil tab 20 mg</b> .....	92	<b>tazarotene gel 0.1%</b> .....	110
<b>tadalafil tab 20 mg (pah)</b> .....	93	TAZTIA XT	
Tadalafil Tab 20 mg (Pah) .....	93	see Diltiazem Hcl Extended Release	
<b>tadalafil tab 5 mg</b> .....	92	Beads Cap Er 24hr 120 mg .....	89

see Diltiazem Hcl Extended Release Beads Cap Er 24hr 180 mg .....	89	see VEMLIDY TAB 25MG .....	86
see Diltiazem Hcl Extended Release Beads Cap Er 24hr 240 mg.....	89	<b>tenofovir disoproxil fumarate tab 300 mg</b> .....	85
see Diltiazem Hcl Extended Release Beads Cap Er 24hr 300 mg .....	89	<b>terazosin hcl cap 10 mg (base equivalent)</b> .....	64
see Diltiazem Hcl Extended Release Beads Cap Er 24hr 360 mg.....	89	<b>terazosin hcl cap 1 mg (base equivalent)</b> .....	64
TDVAX INJ 2-2 LF.....	162	<b>terazosin hcl cap 2 mg (base equivalent)</b> .....	64
TECHLITE AST MIS LANCETS .....	140	<b>terazosin hcl cap 5 mg (base equivalent)</b> .....	64
TECHLITE MIS LANC 26G.....	140	<b>terbinafine hcl tab 250 mg</b> .....	59
TECHLITE MIS LANC 30G.....	140	<b>terbutaline sulfate tab 2.5 mg</b> .....	43
TECHLITE MIS LANCETS .....	140	<b>terbutaline sulfate tab 5 mg</b> .....	43
<b>teduglutide (rdna)</b>		<b>terconazole vaginal cream 0.4%</b> .....	167
see GATTEX KIT 5MG .....	125	<b>terconazole vaginal cream 0.8%</b> .....	167
TEGSEDI INJ 284/1.5 .....	159	<b>terconazole vaginal suppos 80 mg</b> .....	167
<b>telmisartan-amlodipine tab 40-10 mg</b> ..	66	<b>teriflunomide tab 14 mg</b> .....	158
<b>telmisartan-amlodipine tab 40-5 mg</b> ....	66	<b>teriflunomide tab 7 mg</b> .....	158
<b>telmisartan-amlodipine tab 80-10 mg</b> ....	66	<b>teriparatide (recombinant)</b>	
<b>telmisartan-amlodipine tab 80-5 mg</b> ....	66	see FORTEO INJ 600/2.4.....	117
<b>telmisartan-hydrochlorothiazide tab 40- 12.5 mg</b> .....	66	<b>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</b> .....	117
<b>telmisartan-hydrochlorothiazide tab 80- 12.5 mg</b> .....	66	<b>tesamorelin acetate</b>	
<b>telmisartan-hydrochlorothiazide tab 80- 25 mg</b> .....	66	see EGRIFTA SV INJ 2MG .....	118
<b>telmisartan tab 20 mg</b> .....	63	<b>testosterone</b>	
<b>telmisartan tab 40 mg</b> .....	63	see NATESTO GEL 5.5MG .....	35
<b>telmisartan tab 80 mg</b> .....	63	<b>testosterone cypionate im inj in oil 100 mg/ml</b> .....	35
<b>temazepam cap 15 mg</b> .....	130	Testosterone Cypionate Im Inj In Oil 100 mg/ml.....	35
<b>temazepam cap 22.5 mg</b> .....	130	<b>testosterone cypionate im inj in oil 200 mg/ml</b> .....	35
<b>temazepam cap 30 mg</b> .....	130	Testosterone Cypionate Im Inj In Oil 200 mg/ml.....	35
<b>temazepam cap 7.5 mg</b> .....	130	<b>testosterone enanthate im inj in oil 200 mg/ml</b> .....	35
<b>temozolomide cap 100 mg</b> .....	68	<b>testosterone td gel 10mg/act (2%)</b> .....	35
<b>temozolomide cap 140 mg</b> .....	68	<b>testosterone td gel 12.5 mg/act (1%)</b> .....	35
<b>temozolomide cap 180 mg</b> .....	68	<b>testosterone td gel 20.25 mg/1.25gm (1.62%)</b> .....	35
<b>temozolomide cap 20 mg</b> .....	68	<b>testosterone td gel 20.25 mg/act (1.62%)</b> .....	35
<b>temozolomide cap 250 mg</b> .....	68	<b>testosterone td gel 25 mg/2.5gm (1%)</b> ..	35
<b>temozolomide cap 5 mg</b> .....	68		
TENCON			
see Butalbital-Acetaminophen Tab 50- 325 mg.....	29		
TENIVAC INJ 5-2LF.....	162		
<b>tenofovir alafenamide fumarate</b>			

<b>testosterone td gel 40.5 mg/2.5gm (1.62%)</b> .....	35
<b>testosterone td gel 50 mg/5gm (1%)</b> .....	36
<b>testosterone td soln 30 mg/act</b> .....	36
TET/DIP TOX INJ 2-2 LF.....	162
<b>tetanus-diphtheria toxoids (td)</b>	
see TDVAX INJ 2-2 LF.....	162
see TENIVAC INJ 5-2LF.....	162
<b>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</b>	
see ADACEL INJ .....	162
see BOOSTRIX INJ .....	162
<b>tetrabenazine tab 12.5 mg</b> .....	156
<b>tetrabenazine tab 25 mg</b> .....	156
<b>tetracaine hcl ophth soln 0.5%</b> .....	151
Tetracaine Hcl Ophth Soln 0.5% .....	151
<b>tetracycline hcl cap 250 mg</b> .....	160
<b>tetracycline hcl cap 500 mg</b> .....	160
<b>tezepelumab-ekko</b>	
see TEZSPIRE INJ 210MG.....	41
TEZSPIRE INJ 210MG.....	41
TGT LANCET MIS 26G.....	140
TGT LANCET MIS 30G.....	140
TGT LANCET MIS 33G.....	140
<b>thalidomide</b>	
see THALOMID CAP 100MG.....	146
see THALOMID CAP 50MG .....	146
THALOMID CAP 100MG.....	146
THALOMID CAP 50MG.....	146
<b>theophylline elixir 80 mg/15ml</b> .....	43
Theophylline Elixir 80 mg/15ml .....	43
<b>theophylline soln 80 mg/15ml</b> .....	43
<b>theophylline tab er 12hr 300 mg</b> .....	43
<b>theophylline tab er 12hr 450 mg</b> .....	43
<b>theophylline tab er 24hr 400 mg</b> .....	43
<b>theophylline tab er 24hr 600 mg</b> .....	43
THIN LANCETS MIS 26G.....	140
THIN LANCETS MIS 30G.....	140
THINLETS GP MIS 26G.....	140
<b>thioguanine</b>	
see TABLOID TAB 40MG .....	68
<b>thioridazine hcl tab 100 mg</b> .....	82
<b>thioridazine hcl tab 10 mg</b> .....	82
<b>thioridazine hcl tab 25 mg</b> .....	82
<b>thioridazine hcl tab 50 mg</b> .....	82
<b>thiothixene cap 10 mg</b> .....	82
<b>thiothixene cap 1 mg</b> .....	82
<b>thiothixene cap 2 mg</b> .....	82
<b>thiothixene cap 5 mg</b> .....	82
TIADYL T ER	
see Diltiazem Hcl Extended Release Beads Cap Er 24hr 120 mg .....	89
see Diltiazem Hcl Extended Release Beads Cap Er 24hr 180 mg .....	89
see Diltiazem Hcl Extended Release Beads Cap Er 24hr 240 mg.....	89
see Diltiazem Hcl Extended Release Beads Cap Er 24hr 300 mg .....	89
see Diltiazem Hcl Extended Release Beads Cap Er 24hr 360 mg.....	89
see Diltiazem Hcl Extended Release Beads Cap Er 24hr 420 mg.....	89
<b>tiagabine hcl tab 12 mg</b> .....	49
<b>tiagabine hcl tab 16 mg</b> .....	49
<b>tiagabine hcl tab 2 mg</b> .....	49
<b>tiagabine hcl tab 4 mg</b> .....	49
<b>ticagrelor</b>	
see BRILINTA TAB 60MG .....	127
see BRILINTA TAB 90MG .....	127
TILIA FE	
see Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 mg-Mcg.....	99
<b>timolol maleate ophth gel forming soln 0.25%</b> .....	150
<b>timolol maleate ophth gel forming soln 0.5%</b> .....	150
<b>timolol maleate ophth soln 0.25%</b> .....	150
<b>timolol maleate ophth soln 0.5%</b> .....	150
<b>timolol maleate ophth soln 0.5% (once-daily)</b> .....	150
<b>timolol maleate preservative free ophth soln 0.25%</b> .....	150
<b>timolol maleate preservative free ophth soln 0.5%</b> .....	150
<b>timolol maleate tab 10 mg</b> .....	88
<b>timolol maleate tab 20 mg</b> .....	88
<b>timolol maleate tab 5 mg</b> .....	88
<b>timothy grass pollen allergen extract</b>	

see GRASTEK SUB 2800BAU .....	19
<b>tinidazole tab 250 mg</b> .....	36
<b>tinidazole tab 500 mg</b> .....	36
<b>tiopronin tab 100 mg</b> .....	126
<b>tiotropium bromide monohydrate</b>	
see SPIRIVA AER 1.25MCG.....	41
see SPIRIVA SPR 2.5MCG .....	41
<b>tiotropium bromide monohydrate inhal</b>	
<b>cap 18 mcg (base equiv)</b> .....	41
<b>tiotropium bromide-olodaterol hcl</b>	
see STIOLTO AER 2.5-2.5 .....	43
<b>tirzepatide</b>	
see MOUNJARO INJ 10MG/0.5 .....	55
see MOUNJARO INJ 12.5/0.5 .....	55
see MOUNJARO INJ 15MG/0.5 .....	55
see MOUNJARO INJ 2.5/0.5 .....	55
see MOUNJARO INJ 5MG/0.5.....	55
see MOUNJARO INJ 7.5/0.5.....	55
<b>tirzepatide (weight management)</b>	
see ZEPBOUND INJ 10/0.5ML .....	17
see ZEPBOUND INJ 12.5MG .....	17
see ZEPBOUND INJ 15/0.5ML .....	17
see ZEPBOUND INJ 2.5MG.....	17
see ZEPBOUND INJ 5/0.5ML.....	17
see ZEPBOUND INJ 7.5MG.....	17
TIVICAY PD TAB 5MG .....	85
TIVICAY TAB 50MG .....	85
<b>tizanidine hcl cap 2 mg (base equivalent)</b>	
.....	149
<b>tizanidine hcl cap 4 mg (base equivalent)</b>	
.....	149
<b>tizanidine hcl cap 6 mg (base equivalent)</b>	
.....	149
<b>tizanidine hcl tab 2 mg (base equivalent)</b>	
.....	149
<b>tizanidine hcl tab 4 mg (base equivalent)</b>	
.....	149
TOBRADEX OIN 0.3-0.1%.....	152
<b>tobramycin (ophth)</b>	
see TOBEX OIN 0.3% OP .....	151
<b>tobramycin-dexamethasone</b>	
see TOBRADEX OIN 0.3-0.1%.....	152
<b>tobramycin-dexamethasone ophth susp</b>	
<b>0.3-0.1%</b> .....	152

<b>tobramycin nebu soln 300 mg/4ml</b> .....	20
<b>tobramycin nebu soln 300 mg/5ml</b> .....	20
<b>tobramycin ophth soln 0.3%</b> .....	151
TOBEX OIN 0.3% OP .....	151
TODAY SPONGE MIS .....	167
<b>tofacitinib citrate</b>	
see XELJANZ SOL 1MG/ML.....	25
see XELJANZ TAB 10MG.....	25
see XELJANZ TAB 5MG .....	25
see XELJANZ XR TAB 11MG.....	25
see XELJANZ XR TAB 22MG .....	25
<b>tolcapone tab 100 mg</b> .....	77
<b>tolterodine tartrate cap er 24hr 2 mg</b> ...	164
<b>tolterodine tartrate cap er 24hr 4 mg</b> ...	164
<b>tolterodine tartrate tab 1 mg</b> .....	164
<b>tolterodine tartrate tab 2 mg</b> .....	164
<b>tolvaptan</b>	
see SAMSCA TAB 15MG.....	121
see SAMSCA TAB 30MG.....	121
<b>tolvaptan tab 15 mg</b> .....	121
<b>tolvaptan tab 30 mg</b> .....	121
TOMMEE TIPPE MIS PUMP.....	142
TOPCARE MIS LANC 33G .....	140
<b>topiramate cap er 24hr 100 mg</b> .....	48
<b>topiramate cap er 24hr 200 mg</b> .....	48
<b>topiramate cap er 24hr 25 mg</b> .....	48
<b>topiramate cap er 24hr 50 mg</b> .....	48
<b>topiramate sprinkle cap 15 mg</b> .....	48
<b>topiramate sprinkle cap 25 mg</b> .....	48
<b>topiramate tab 100 mg</b> .....	48
<b>topiramate tab 200 mg</b> .....	48
<b>topiramate tab 25 mg</b> .....	48
<b>topiramate tab 50 mg</b> .....	48
<b>topotecan hcl</b>	
see Hycamtin CAP 0.25MG.....	76
see Hycamtin CAP 1MG .....	76
<b>toremifene citrate tab 60 mg (base</b>	
<b>equivalent)</b> .....	70
<b>toremide tab 100 mg</b> .....	116
<b>toremide tab 10 mg</b> .....	116
<b>toremide tab 20 mg</b> .....	116
<b>toremide tab 5 mg</b> .....	116
TOUJEO MAX INJ 300/ML.....	56
TOUJEO SOLO INJ 300/ML .....	56

<b>tralokinumab-ldrm</b>	
see ADBRY INJ 150MG/ML.....	113
<b>tramadol-acetaminophen tab 37.5-325 mg</b>	34
<b>tramadol hcl oral soln 5 mg/ml</b>	33
<b>tramadol hcl tab 50 mg</b>	33
<b>tramadol hcl tab er 24hr 100 mg</b>	33
<b>tramadol hcl tab er 24hr 200 mg</b>	33
<b>tramadol hcl tab er 24hr 300 mg</b>	33
<b>tramadol hcl tab er 24hr biphasic release 100 mg</b>	33
<b>tramadol hcl tab er 24hr biphasic release 200 mg</b>	33
<b>tramadol hcl tab er 24hr biphasic release 300 mg</b>	33
<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 1-240 mg</b>	66
<b>trandolapril-verapamil hcl tab er 2-180 mg</b>	66
<b>trandolapril-verapamil hcl tab er 2-240 mg</b>	66
<b>trandolapril-verapamil hcl tab er 4-240 mg</b>	66
<b>tranexamic acid tab 650 mg</b>	130
<b>tranylcypromine sulfate tab 10 mg</b>	50
TRAVEL LANCE MIS ADV 28G	140
<b>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</b>	152
<b>trazodone hcl tab 100 mg</b>	51
<b>trazodone hcl tab 150 mg</b>	51
<b>trazodone hcl tab 300 mg</b>	51
<b>trazodone hcl tab 50 mg</b>	51
TRELEGY AER 100MCG.....	43
TRELEGY AER 200MCG.....	43
TREMFYA INJ 100MG/ML.....	111
<b>treprostinil</b>	
see TYVASO REFIL SOL 0.6MG/ML.....	92
see TYVASO SOL 0.6MG/ML.....	92
see TYVASO START SOL 0.6MG/ML.....	92
<b>treprostinil diolamine</b>	
see ORENITRAM TAB 0.125MG.....	92
see ORENITRAM TAB 0.25MG.....	92
see ORENITRAM TAB 1MG.....	92
see ORENITRAM TAB 2.5MG.....	92
see ORENITRAM TAB 5MG.....	92
see ORENITRAM TAB MONTH 1.....	92
see ORENITRAM TAB MONTH 2.....	92
see ORENITRAM TAB MONTH 3.....	92
TRESIBA FLEX INJ 100UNIT.....	56
TRESIBA FLEX INJ 200UNIT.....	56
TRESIBA INJ 100UNIT.....	56
<b>tretinoin-benzoyl peroxide</b>	
see TWYNEO CRE 0.1-3%.....	107
<b>tretinoin cap 10 mg</b>	76
<b>tretinoin cream 0.025%</b>	107
<b>tretinoin cream 0.05%</b>	107
<b>tretinoin cream 0.1%</b>	107
<b>tretinoin gel 0.01%</b>	107
<b>tretinoin gel 0.025%</b>	107
<b>tretinoin gel 0.05%</b>	107
<b>tretinoin microsphere gel 0.04%</b>	107
<b>tretinoin microsphere gel 0.08%</b>	107
<b>tretinoin microsphere gel 0.1%</b>	107
TREXALL TAB 10MG.....	69
TREXALL TAB 15MG.....	69
TREXALL TAB 5MG.....	68
TREXALL TAB 7.5MG.....	69
TREZIX	
see Acetaminophen-Caffeine-Dihydrocodeine Cap 320.5-30-16 mg.....	33
<b>triamcinolone acetonide cream 0.025%</b>	113
<b>triamcinolone acetonide cream 0.1%</b>	113
<b>triamcinolone acetonide cream 0.5%</b>	113
Triamcinolone Acetonide Cream 0.5% ..	113
<b>triamcinolone acetonide dental paste 0.1%</b>	147
Triamcinolone Acetonide Dental Paste 0.1%.....	147
<b>triamcinolone acetonide lotion 0.025%</b>	113
<b>triamcinolone acetonide lotion 0.1%</b>	113
<b>triamcinolone acetonide oint 0.025%</b>	113
<b>triamcinolone acetonide oint 0.1%</b>	113
<b>triamcinolone acetonide oint 0.5%</b>	113

<b>triamterene &amp; hydrochlorothiazide cap</b>	
<b>37.5-25 mg</b> .....	116
<b>triamterene &amp; hydrochlorothiazide tab</b>	
<b>37.5-25 mg</b> .....	116
<b>triamterene &amp; hydrochlorothiazide tab</b>	
<b>75-50 mg</b> .....	116
<b>triamterene cap 100 mg</b> .....	117
<b>triamterene cap 50 mg</b> .....	117
<b>triazolam tab 0.125 mg</b> .....	131
<b>triazolam tab 0.25 mg</b> .....	130
TRICON	
see Fe Fumarate W/ B12-Vit C-Fa-lfc Cap	
110-0.015-75-0.5-240 mg.....	129
TRIDACAINE	
see Lidocaine Patch 5%.....	114
TRIDERM	
see Triamcinolone Acetonide Cream	
0.5%.....	113
<b>trientine hcl cap 250 mg</b> .....	145
TRI-ESTARYLLA	
see Norgestimate-Eth Estrad Tab 0.18-	
35/0.215-35/0.25-35 mg-Mcg.....	102
<b>trifarotene</b>	
see AKLIEF CRE 0.005%.....	106
<b>trifluoperazine hcl tab 10 mg (base</b>	
<b>equivalent)</b> .....	82
<b>trifluoperazine hcl tab 1 mg (base</b>	
<b>equivalent)</b> .....	82
<b>trifluoperazine hcl tab 2 mg (base</b>	
<b>equivalent)</b> .....	82
<b>trifluoperazine hcl tab 5 mg (base</b>	
<b>equivalent)</b> .....	82
<b>trifluridine ophth soln 1%</b> .....	151
<b>trifluridine-tipiracil</b>	
see LONSURF TAB 15-6.14.....	71
see LONSURF TAB 20-8.19.....	71
<b>trihexyphenidyl hcl oral soln 0.4 mg/ml</b>	77
<b>trihexyphenidyl hcl tab 2 mg</b> .....	77
<b>trihexyphenidyl hcl tab 5 mg</b> .....	77
TRIJARDY XR TAB.....	54
TRI-LEGEST FE	
see Norethindrone Ac-Ethinyl Estrad-Fe	
Tab 1-20/1-30/1-35 mg-Mcg.....	99
TRI-LINYAH	
see Norgestimate-Eth Estrad Tab 0.18-	
35/0.215-35/0.25-35 mg-Mcg.....	102
TRI-LO-ESTARYLLA	
see Norgestimate-Eth Estrad Tab 0.18-	
25/0.215-25/0.25-25 mg-Mcg.....	102
TRI-LO-MARZIA	
see Norgestimate-Eth Estrad Tab 0.18-	
25/0.215-25/0.25-25 mg-Mcg.....	102
TRI-LO-MILI	
see Norgestimate-Eth Estrad Tab 0.18-	
25/0.215-25/0.25-25 mg-Mcg.....	102
TRI-LO-SPRINTEC	
see Norgestimate-Eth Estrad Tab 0.18-	
25/0.215-25/0.25-25 mg-Mcg.....	102
<b>trimethobenzamide hcl cap 300 mg</b> .....	58
<b>trimethoprim tab 100 mg</b> .....	37
TRI-MILI	
see Norgestimate-Eth Estrad Tab 0.18-	
35/0.215-35/0.25-35 mg-Mcg.....	102
<b>trimipramine maleate cap 100 mg</b> .....	53
<b>trimipramine maleate cap 25 mg</b> .....	53
<b>trimipramine maleate cap 50 mg</b> .....	53
TRINATE	
see Prenatal Vit W/ Fe Fumarate-Fa Tab	
28-1 mg.....	148
TRINTELLIX TAB 10MG.....	51
TRINTELLIX TAB 20MG.....	51
TRINTELLIX TAB 5MG.....	51
TRI-NYMYO	
see Norgestimate-Eth Estrad Tab 0.18-	
35/0.215-35/0.25-35 mg-Mcg.....	102
TRI-SPRINTEC	
see Norgestimate-Eth Estrad Tab 0.18-	
35/0.215-35/0.25-35 mg-Mcg.....	102
TRIUMEQ PD TAB.....	85
TRIUMEQ TAB.....	85
TRI-VITE/FLUORIDE	
see Pediatric Vitamins Acd W/ Fluoride	
Soln 0.5 mg/ml.....	148
TRIVORA-28	
see Levonorgestrel-Eth Estra Tab 0.05-	
30/0.075-40/0.125-30mg-Mcg.....	98
TRI-VYLIBRA	

see Norgestimate-Eth Estrad Tab 0.18- 35/0.215-35/0.25-35 mg-Mcg.....	102
TRI-VYLIBRA LO	
see Norgestimate-Eth Estrad Tab 0.18- 25/0.215-25/0.25-25 mg-Mcg.....	102
<b>trospium chloride cap er 24hr 60 mg</b> .....	164
<b>trospium chloride tab 20 mg</b> .....	164
TRUE COMFORT MIS LANC 30G.....	140
TRULICITY INJ 0.75/0.5.....	56
TRULICITY INJ 1.5/0.5.....	56
TRULICITY INJ 3/0.5.....	56
TRULICITY INJ 4.5/0.5.....	56
TRUMENBA INJ.....	165
TRUPLUS LANC MIS 26G.....	140
TRUPLUS LANC MIS 28G.....	140
TRUPLUS LANC MIS 30G.....	140
TRUPLUS LANC MIS 33G.....	140
TURQOZ	
see Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg.....	102
TWINRIX INJ.....	167
TWIST LANCET MIS 30G.....	140
TWIST LANCET MIS 30G MULT.....	140
TWYNEO CRE 0.1-3%.....	107
TYDEMY	
see Drospirenone-Ethinyl Estrad- Levomefolate Tab 3-0.03-0.451 mg.....	95
TYKERB TAB 250MG.....	75
TYMLOS INJ.....	117
TYVASO REFIL SOL 0.6MG/ML.....	92
TYVASO SOL 0.6MG/ML.....	92
TYVASO START SOL 0.6MG/ML.....	92
<b>U</b>	
UBRELVY TAB 100MG.....	143
UBRELVY TAB 50MG.....	143
<b>ubrogepant</b>	
see UBRELVY TAB 100MG.....	143
see UBRELVY TAB 50MG.....	143
UCERIS TAB 9MG.....	105
<b>ulipristal acetate</b>	
see ELLA TAB 30MG.....	103
ULTILET MIS 26G.....	140
ULTILET MIS 28G.....	140
ULTILET MIS 30G.....	140

ULTILET MIS 33G.....	140
ULTILET MIS LANCETS.....	140
ULTILET MIS SAFETY.....	140
ULTILET SAFE MIS 21G.....	140
ULTRA THIN MIS 28G.....	140
ULTRA THIN MIS 30G.....	140
ULTRA THIN MIS 31G.....	140
ULTRA THIN MIS 33G.....	141
ULTRA THIN MIS LAN 31G.....	141
ULTRA THIN MIS LANC 28G.....	141
ULTRA THIN MIS LANC 30G.....	141
ULTRA THIN MIS LANCETS.....	141
<b>umeclidinium-vilanterol</b>	
see ANORO ELLIPT AER 62.5-25.....	42
UNILET EXCEL MIS 23G.....	141
UNILET EX II MIS 28G.....	141
UNILET G.P. MIS 21G.....	141
UNILET G.P MIS SUPR 23G.....	141
UNILET GP 28 MIS ULT THIN.....	141
UNILET LANCE MIS 21G.....	141
UNILET LANCE MIS 28G.....	141
UNILET LANCE MIS 33G.....	141
UNILET LANC MIS 33G.....	141
UNILET LANCT MIS 28G.....	141
UNILET LANCT MIS 30G.....	141
UNILET LANCT MIS 33G.....	141
UNILET MICRO MIS 33G.....	141
UNILET MIS 21G.....	141
UNILET SUPER MIS 23G.....	141
UNILET SUPER MIS G.P. 23G.....	141
UNISTIK 3 MIS GENT 30G.....	141
UNISTIK PRO MIS LANC 21G.....	141
UNISTIK PRO MIS LANC 28G.....	141
UNISTIK SAFE MIS LANC 28G.....	141
UNISTIK SAFE MIS LANC 30G.....	141
UNISTIK TOUC MIS LANC 21G.....	141
UNISTIK TOUC MIS LANC 23G.....	141
UNISTIK TOUC MIS LANC 28G.....	141
UNISTIK TOUC MIS LANC 30G.....	141
UNITHROID	
see Levothyroxine Sodium Tab 100 mcg .....	161
see Levothyroxine Sodium Tab 112 mcg .....	161

see Levothyroxine Sodium Tab 125 mcg .....	161	<b>ursodiol tab 500 mg</b> .....	124
see Levothyroxine Sodium Tab 137 mcg .....	161	<b>ustekinumab</b>	
see Levothyroxine Sodium Tab 150 mcg .....	161	see STELARA INJ 45MG/0.5 .....	110
see Levothyroxine Sodium Tab 175 mcg .....	161	see STELARA INJ 90MG/ML .....	110
see Levothyroxine Sodium Tab 200 mcg .....	161	<b>V</b>	
see Levothyroxine Sodium Tab 25 mcg .....	160	VAGIFEM TAB 10MCG .....	167
see Levothyroxine Sodium Tab 300 mcg .....	162	<b>valacyclovir hcl tab 1 gm</b> .....	86
see Levothyroxine Sodium Tab 50 mcg .....	160	<b>valacyclovir hcl tab 500 mg</b> .....	86
see Levothyroxine Sodium Tab 75 mcg .....	160	<b>valbenazine tosylate</b>	
see Levothyroxine Sodium Tab 88 mcg .....	161	see INGREZZA CAP 40-80MG.....	156
UNITSTIK PRO MIS LANC 25G .....	141	see INGREZZA CAP 40MG .....	156
UNIVERSAL 1 MIS 33G .....	141	see INGREZZA CAP 60MG .....	156
UNIVERSAL 1 MIS LANC 26G .....	141	see INGREZZA CAP 80MG .....	156
UNIVERSAL 1 MIS LANC 30G .....	141	<b>valganciclovir hcl for soln 50 mg/ml (base equiv)</b> .....	85
<b>upadacitinib</b>		<b>valganciclovir hcl tab 450 mg (base equivalent)</b> .....	85
see RINVOQ TAB 15MG ER .....	25	<b>valproate sodium oral soln 250 mg/5ml (base equiv)</b> .....	50
see RINVOQ TAB 30MG ER .....	25	<b>valproic acid cap 250 mg</b> .....	50
see RINVOQ TAB 45MG ER .....	25	<b>valsartan-hydrochlorothiazide tab 160- 12.5 mg</b> .....	66
UPTRAVI PACK TAB 200/800 .....	93	<b>valsartan-hydrochlorothiazide tab 160-25 mg</b> .....	67
UPTRAVI TAB 1000MCG.....	93	<b>valsartan-hydrochlorothiazide tab 320- 12.5 mg</b> .....	67
UPTRAVI TAB 1200MCG.....	93	<b>valsartan-hydrochlorothiazide tab 320- 25 mg</b> .....	67
UPTRAVI TAB 1400MCG.....	93	<b>valsartan-hydrochlorothiazide tab 80- 12.5 mg</b> .....	66
UPTRAVI TAB 1600MCG.....	93	<b>valsartan oral soln 4 mg/ml</b> .....	63
UPTRAVI TAB 200MCG .....	93	<b>valsartan tab 160 mg</b> .....	63
UPTRAVI TAB 400MCG .....	93	<b>valsartan tab 320 mg</b> .....	63
UPTRAVI TAB 600MCG .....	93	<b>valsartan tab 40 mg</b> .....	63
UPTRAVI TAB 800MCG .....	93	<b>valsartan tab 80 mg</b> .....	63
Urea Cream 39% .....	113	VALTOCO SPR 10MG .....	46
UREDEB		VALTOCO SPR 15MG .....	46
see Urea Cream 39% .....	113	VALTOCO SPR 20MG.....	46
<b>uridine triacetate (emergency treatment)</b>		VALTOCO SPR 5MG.....	46
see VISTOGARD PAK 10GM .....	58	<b>vancomycin hcl cap 125 mg (base equivalent)</b> .....	37
<b>ursodiol cap 300 mg</b> .....	123	<b>vancomycin hcl cap 250 mg (base equivalent)</b> .....	37
<b>ursodiol tab 250 mg</b> .....	124		



<b>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</b> .....	37	<b>venlafaxine hcl tab 25 mg (base equivalent)</b> .....	52
<b>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</b> .....	37	<b>venlafaxine hcl tab 37.5 mg (base equivalent)</b> .....	52
VAQTA INJ 25/0.5ML .....	167	<b>venlafaxine hcl tab 50 mg (base equivalent)</b> .....	52
VAQTA INJ 50UNT/ML .....	167	<b>venlafaxine hcl tab 75 mg (base equivalent)</b> .....	52
<b>vardenafil hcl orally disintegrating tab 10 mg</b> .....	92	<b>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</b> .....	52
<b>vardenafil hcl tab 10 mg</b> .....	92	VENTAVIS SOL 10MCG/ML .....	92
<b>vardenafil hcl tab 2.5 mg</b> .....	92	VENTAVIS SOL 20MCG/ML .....	92
<b>vardenafil hcl tab 20 mg</b> .....	92	<b>verapamil hcl cap er 24hr 100 mg</b> .....	90
<b>vardenafil hcl tab 5 mg</b> .....	92	<b>verapamil hcl cap er 24hr 120 mg</b> .....	90
<b>varenicline tartrate tab 0.5 mg (base equiv)</b> .....	159	<b>verapamil hcl cap er 24hr 180 mg</b> .....	90
<b>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</b> .....	159	<b>verapamil hcl cap er 24hr 200 mg</b> .....	90
<b>varenicline tartrate tab 1 mg (base equiv)</b> .....	159	<b>verapamil hcl cap er 24hr 240 mg</b> .....	90
<b>varicella virus vaccine live</b>		<b>verapamil hcl cap er 24hr 300 mg</b> .....	90
see VARIVAX INJ .....	167	<b>verapamil hcl cap er 24hr 360 mg</b> .....	90
VARIVAX INJ .....	167	<b>verapamil hcl tab 120 mg</b> .....	90
VASCEPA CAP 0.5GM .....	60	<b>verapamil hcl tab 40 mg</b> .....	90
VASCEPA CAP 1GM .....	60	<b>verapamil hcl tab 80 mg</b> .....	90
VAXELIS INJ .....	162	<b>verapamil hcl tab er 120 mg</b> .....	90
VAXNEUVANCE INJ .....	165	<b>verapamil hcl tab er 180 mg</b> .....	90
VCF VAGINAL GEL CONTRACE .....	167	<b>verapamil hcl tab er 240 mg</b> .....	90
VELIVET		<b>vericiguat</b>	
see Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025mg-Mg .....	95	see VERQUVO TAB 10MG .....	93
VELTASSA POW 16.8GM .....	147	see VERQUVO TAB 2.5MG .....	93
VELTASSA POW 25.2GM .....	147	see VERQUVO TAB 5MG .....	93
VELTASSA POW 8.4GM .....	147	VERIFINE LAN MIS MINI 21G .....	141
VEMLIDY TAB 25MG .....	86	VERIFINE LAN MIS MINI 23G .....	141
<b>vemurafenib</b>		VERIFINE LAN MIS MINI 28G .....	141
see ZELBORAF TAB 240MG .....	76	VERIFINE LAN MIS MINI 30G .....	141
<b>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</b> .....	52	VERIFINE MIS UNIV 28G .....	142
<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</b> .....	52	VERIFINE MIS UNIV 30G .....	142
<b>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</b> .....	52	VERIFINE MIS UNIV 33G .....	142
<b>venlafaxine hcl tab 100 mg (base equivalent)</b> .....	52	VERQUVO TAB 10MG .....	93
		VERQUVO TAB 2.5MG .....	93
		VERQUVO TAB 5MG .....	93
		VERZENIO TAB 100MG .....	75
		VERZENIO TAB 150MG .....	75
		VERZENIO TAB 200MG .....	75
		VERZENIO TAB 50MG .....	75
		VESTURA	

see Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg.....	95	see Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5) .....	95
VFEND SUS 40MG/ML.....	59	<b>voriconazole</b>	
VFEND TAB 200MG.....	59	see VFEND SUS 40MG/ML.....	59
VFEND TAB 50MG .....	59	see VFEND TAB 200MG.....	59
V-GO 20 KIT .....	141	see VFEND TAB 50MG .....	59
V-GO 30 KIT .....	141	<b>voriconazole for susp 40 mg/ml.....</b>	59
V-GO 40 KIT .....	141	<b>voriconazole tab 200 mg.....</b>	59
<b>vibegron</b>		<b>voriconazole tab 50 mg .....</b>	59
see GEMTESA TAB 75MG .....	164	<b>vorinostat</b>	
VIBERZI TAB 100MG .....	125	see ZOLINZA CAP 100MG.....	76
VIBERZI TAB 75MG .....	125	<b>vortioxetine hbr</b>	
VICTOZA INJ 18MG/3ML.....	56	see TRINTELLIX TAB 10MG.....	51
VIENVA		see TRINTELLIX TAB 20MG .....	51
see Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg.....	97	see TRINTELLIX TAB 5MG.....	51
<b>vigabatrin powd pack 500 mg .....</b>	49	VOSEVI TAB .....	86
Vigabatrin Powd Pack 500 mg.....	49	<b>vosoritide</b>	
<b>vigabatrin tab 500 mg .....</b>	49	see VOXZOGO INJ 0.4MG.....	120
VIGADRONE		see VOXZOGO INJ 0.56MG .....	120
see Vigabatrin Powd Pack 500 mg .....	49	see VOXZOGO INJ 1.2MG.....	120
VIGPODER		VOXZOGO INJ 0.4MG.....	120
see Vigabatrin Powd Pack 500 mg .....	49	VOXZOGO INJ 0.56MG .....	120
<b>vilazodone hcl tab 10 mg.....</b>	51	VOXZOGO INJ 1.2MG.....	120
<b>vilazodone hcl tab 20 mg .....</b>	51	VRAYLAR CAP 1.5-3MG .....	79
<b>vilazodone hcl tab 40 mg .....</b>	51	VRAYLAR CAP 1.5MG.....	79
<b>viloxazine hcl (adhd)</b>		VRAYLAR CAP 3MG .....	79
see QELBREE CAP 100MG ER.....	18	VRAYLAR CAP 4.5MG .....	79
see QELBREE CAP 150MG ER.....	18	VRAYLAR CAP 6MG .....	79
see QELBREE CAP 200MG ER .....	18	VTAMA CRE 1% .....	111
VIOKACE TAB 10440 .....	115	VUMERITY CAP 231MG .....	158
VIOKACE TAB 20880.....	115	VYFEMLA	
VIORELE		see Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg .....	98
see Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5) .....	95	VYLIBRA	
<b>vismodegib</b>		see Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg .....	102
see ERIVEDGE CAP 150MG .....	70	VYNDAMAX CAP 61MG .....	93
VISTOGARD PAK 10GM .....	58	<b>W</b>	
VITRAKVI CAP 100MG .....	75	WAKIX TAB 17.8MG.....	18
VITRAKVI CAP 25MG .....	75	WAKIX TAB 4.45MG.....	18
VITRAKVI SOL 20MG/ML .....	75	<b>warfarin sodium tab 10 mg .....</b>	44
VIVAGUARD MIS 28G .....	142	Warfarin Sodium Tab 10 mg.....	44
VIVAGUARD MIS 30G .....	142	<b>warfarin sodium tab 1 mg.....</b>	44
VOLNEA		Warfarin Sodium Tab 1 mg .....	44

<b>warfarin sodium tab 2.5 mg</b> .....	44	WYMZYA FE	
Warfarin Sodium Tab 2.5 mg .....	44	see Norethindrone & Ethinyl Estradiol-Fe	
<b>warfarin sodium tab 2 mg</b> .....	44	Chew Tab 0.4 mg-35 mcg .....	99
Warfarin Sodium Tab 2 mg .....	44	<b>X</b>	
<b>warfarin sodium tab 3 mg</b> .....	44	XARELTO STAR TAB 15/20MG .....	44
Warfarin Sodium Tab 3 mg .....	44	XARELTO SUS 1MG/ML .....	44
<b>warfarin sodium tab 4 mg</b> .....	44	XARELTO TAB 10MG .....	44
Warfarin Sodium Tab 4 mg .....	44	XARELTO TAB 15MG .....	44
<b>warfarin sodium tab 5 mg</b> .....	44	XARELTO TAB 2.5MG.....	44
Warfarin Sodium Tab 5 mg .....	44	XARELTO TAB 20MG .....	44
<b>warfarin sodium tab 6 mg</b> .....	44	XCOPRI PAK 100-150 .....	49
Warfarin Sodium Tab 6 mg .....	44	XCOPRI PAK 12.5-25 .....	49
<b>warfarin sodium tab 7.5 mg</b> .....	44	XCOPRI PAK 150-200 .....	49
Warfarin Sodium Tab 7.5 mg .....	44	XCOPRI PAK 50-100MG .....	49
WEGOVY INJ 0.25MG .....	17	XCOPRI TAB 100MG.....	49
WEGOVY INJ 0.5MG .....	17	XCOPRI TAB 150MG.....	49
WEGOVY INJ 1.7MG .....	17	XCOPRI TAB 200MG .....	49
WEGOVY INJ 1MG .....	17	XCOPRI TAB 50MG .....	49
WEGOVY INJ 2.4MG .....	17	XELJANZ SOL 1MG/ML.....	25
WERA		XELJANZ TAB 10MG.....	25
see Norethindrone & Ethinyl Estradiol		XELJANZ TAB 5MG .....	25
Tab 0.5 mg-35 mcg .....	98	XELJANZ XR TAB 11MG.....	25
WES-PHOS 250 NEUTRAL		XELJANZ XR TAB 22MG .....	25
see Pot Phos Monobasic W/sod Phos Di		XELODA TAB 150MG .....	69
& Monobas Tab 155-852-130mg.....	144	XELODA TAB 500MG .....	69
WESTAB ONE		XIFAXAN TAB 550MG .....	37
see Folic Acid-Vitamin B6-Vitamin B12		XIGDUO XR TAB 10-1000.....	55
Tab 2.5-25-1 mg.....	130	XIGDUO XR TAB 10-500MG .....	55
WIDE-SEAL DPR KIT 60.....	133	XIGDUO XR TAB 2.5-1000 .....	54
WIDE-SEAL DPR KIT 65.....	133	XIGDUO XR TAB 5-1000MG .....	54
WIDE-SEAL DPR KIT 70.....	133	XIGDUO XR TAB 5-500MG.....	54
WIDE-SEAL DPR KIT 75 .....	133	XIIDRA DRO 5%.....	151
WIDE-SEAL DPR KIT 80.....	133	XOLAIR INJ 150MG/ML .....	41
WIDE-SEAL DPR KIT 85.....	133	XOLAIR INJ 300/2ML .....	41
WIDE-SEAL DPR KIT 90.....	133	XOLAIR INJ 75/0.5 .....	41
WIDE-SEAL DPR KIT 95.....	133	XOLAIR SOL 150MG .....	41
WINLEVI CRE 1% .....	107	XOSPATA TAB 40MG .....	75
WIXELA INHUB		XTANDI CAP 40MG .....	70
see Fluticasone-Salmeterol Aer Powder		XTANDI TAB 40MG .....	70
Ba 100-50 mcg/act.....	42	XTANDI TAB 80MG .....	70
see Fluticasone-Salmeterol Aer Powder		XULANE	
Ba 250-50 mcg/act .....	43	see Norelgestromin-Ethinyl Estradiol Td	
see Fluticasone-Salmeterol Aer Powder		Ptwk 150-35 mcg/24hr .....	103
Ba 500-50 mcg/act .....	43	XULTOPHY INJ 100/3.6 .....	55

XYWAV SOL 0.5GM/ML.....154

**Y**

**YARGESA**

see Miglustat Cap 100 mg.....127

YONSA TAB 125MG.....71

YUPELRI SOL.....41

**Z**

**ZAFEMY**

see Norelgestromin-Ethinyl Estradiol Td  
Ptwk 150-35 mcg/24hr.....103

**zafirlukast tab 10 mg** .....41

**zafirlukast tab 20 mg** .....41

**zaleplon cap 10 mg** .....131

**zaleplon cap 5 mg** .....131

**zanamivir**

see RELENZA MIS DISKHALE.....86

**zanubrutinib**

see BRUKINSA CAP 80MG .....72

ZAVESCA CAP 100MG.....127

ZEGALOGUE INJ 0.6/0.6.....55

ZEJULA TAB 100MG.....75

ZEJULA TAB 200MG.....76

ZEJULA TAB 300MG.....76

ZELBORAF TAB 240MG.....76

ZEMBRACE SYM INJ 3/0.5ML.....144

**ZENATANE**

see Isotretinoin Cap 10 mg.....107

see Isotretinoin Cap 20 mg.....107

see Isotretinoin Cap 30 mg.....107

see Isotretinoin Cap 40 mg.....107

ZENPEP CAP 10000UNT.....115

ZENPEP CAP 15000UNT.....115

ZENPEP CAP 20000UNT.....116

ZENPEP CAP 25000UNT.....116

ZENPEP CAP 3000UNIT.....115

ZENPEP CAP 40000UNT.....116

ZENPEP CAP 5000UNIT.....115

ZENPEP CAP 60000UNT.....116

**ZENZEDI**

see Dextroamphetamine Sulfate Tab 10  
mg.....16

see Dextroamphetamine Sulfate Tab 15  
mg.....16

see Dextroamphetamine Sulfate Tab 2.5  
mg.....15

see Dextroamphetamine Sulfate Tab 20  
mg.....16

see Dextroamphetamine Sulfate Tab 30  
mg.....16

see Dextroamphetamine Sulfate Tab 5  
mg.....16

see Dextroamphetamine Sulfate Tab 7.5  
mg.....16

ZEPBOUND INJ 10/0.5ML.....17

ZEPBOUND INJ 12.5MG.....17

ZEPBOUND INJ 15/0.5ML.....17

ZEPBOUND INJ 2.5MG.....17

ZEPBOUND INJ 5/0.5ML.....17

ZEPBOUND INJ 7.5MG.....17

ZEPOSIA 7DAY CAP STR PACK.....158

ZEPOSIA CAP .92MG.....158

ZEPOSIA CAP STR KIT.....158

ZEVRX TWIST MIS LANC 30G.....142

**zidovudine cap 100 mg**.....85

**zidovudine syrup 10 mg/ml**.....85

**zidovudine tab 300 mg**.....85

**ziprasidone hcl cap 20 mg**.....79

**ziprasidone hcl cap 40 mg**.....79

**ziprasidone hcl cap 60 mg**.....79

**ziprasidone hcl cap 80 mg**.....79

ZOKINVY CAP 50MG.....147

ZOKINVY CAP 75MG.....147

ZOLINZA CAP 100MG.....76

**zolmitriptan nasal spray 5 mg/spray unit**  
.....144

**zolmitriptan orally disintegrating tab 2.5  
mg**.....144

**zolmitriptan orally disintegrating tab 5  
mg**.....144

**zolmitriptan tab 2.5 mg**.....144

**zolmitriptan tab 5 mg**.....144

**zolpidem tartrate tab 10 mg**.....131

**zolpidem tartrate tab 5 mg**.....131

**zolpidem tartrate tab er 12.5 mg**.....131

**zolpidem tartrate tab er 6.25 mg**.....131

**zonisamide cap 100 mg**.....48

**zonisamide cap 25 mg**.....48

<b>zonisamide cap 50 mg</b> .....	48	ZUBSOLV SUB 2.9-0.71 .....	35
ZORYVE CRE 0.3%.....	111	ZUBSOLV SUB 5.7-1.4.....	35
<b>zoster vaccine recombinant adjuvanted</b>		ZUBSOLV SUB 8.6-2.1.....	35
see SHINGRIX INJ 50/0.5ML.....	167	ZUMANDIMINE	
ZOVIA 1/35		see Drospirenone-Ethinyl Estradiol Tab	
see Ethynodiol Diacetate & Ethinyl		3-0.03 mg.....	96
Estradiol Tab 1 mg-35 mcg.....	96	ZYDELIG TAB 100MG .....	76
ZUBSOLV SUB 0.7-0.18 .....	35	ZYDELIG TAB 150MG.....	76
ZUBSOLV SUB 1.4-0.36 .....	35	ZYKADIA TAB 150MG.....	76
ZUBSOLV SUB 11.4-2.9 .....	35		