

Nippon Life Insurance Company of America® (Nippon Life Benefits®) Formulary

2024 List of Covered Drugs

Effective 06/01/2024

**PLEASE READ: THIS DOCUMENT HAS INFORMATION ABOUT THE DRUGS
WE COVER IN THIS PLAN.**

Members are encouraged to use network pharmacies to fill their prescription drugs. Your benefits, drug list, pharmacy network, premium and/or copayments/coinsurance may sometimes change. This Formulary is updated periodically and subject to change. All previous versions of the Formulary are no longer in effect.

You may contact us with questions at the following:

English and Non-English Toll-Free Telephone Number: 1-800-374-1835 during normal business hours.

Japanese Toll-Free Telephone Number: 1-800-971-0638 during normal business hours.

Korean Toll-Free Telephone Number: 1-877-827-8713 during normal business hours.

<https://www.nipponlifebenefits.com/contact-us>

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. ©2024. All rights reserved.

Table of Contents

Definitions	14
What is the Nippon Life Benefits Formulary?	15
How do I use the Formulary?	15
Medical Condition	15
Alphabetical Listing	16
Filling a Prescription through a Network Pharmacy	17
Local Pharmacy	17
Mail Order Pharmacy	18
The Written Prescription	18
Patient Profile/Order Form	18
Copay	19
Refills or Follow-up Orders	19
Special Situations	19
Questions	19
Prescription Drugs Utilization Review Program	19
For Maintenance Drugs and Medicines	19
For all other Drugs and Medicines	19
Can the Drug List change?	21
What if I need a drug that requires an exception?	21
For more information about your plan	21
Have more questions about your pharmacy benefits?	22
Legend	23
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT	
NERVOUS SYSTEM DISORDERS	24
AMPHETAMINES	24
ANALEPTICS	26
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - DRUGS TO	
TREAT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER.....	26
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS).....	26
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS	26
STIMULANTS - MISC.....	27
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES.....	29
ALLERGENIC EXTRACTS	29
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	29
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS.....	29
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND	
INFLAMMATION	29
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES.....	29
ANTIRHEUMATIC - ENZYME INHIBITORS.....	30
ANTIRHEUMATIC ANTIMETABOLITES	30
INTERLEUKIN-6 RECEPTOR INHIBITORS	31
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS).....	31
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	33

PYRIMIDINE SYNTHESIS INHIBITORS	33
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS.....	33
ANALGESICS - NONNARCOTIC - DRUGS TO TREAT PAIN AND FEVER.....	33
ANALGESIC COMBINATIONS	33
ANALGESICS OTHER	33
SALICYLATES	34
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN	34
OPIOID AGONISTS	34
OPIOID COMBINATIONS.....	38
OPIOID PARTIAL AGONISTS	39
ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES	40
ANDROGENS	40
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS	41
INTRARECTAL STEROIDS.....	41
RECTAL COMBINATIONS.....	41
RECTAL STEROIDS	41
VASODILATING AGENTS	41
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	41
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES.....	41
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS.....	42
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS.....	42
ANTI-INFECTIVE MISC. - COMBINATIONS	42
ANTIPROTOZOAL AGENTS	42
CARBAPENEMS.....	42
CHLORAMPHENICOLS	42
CYCLIC LIPOPEPTIDES	42
GLYCOPEPTIDES	43
LEPROSTATICS	43
LINCOSAMIDES.....	43
MONOBACTAMS	44
OXAZOLIDINONES.....	44
POLYMYXINS.....	44
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS ..	44
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS	44
ANTIANGINALS-OTHER.....	44
NITRATES	44
ANTIANSXIETY AGENTS - DRUGS TO TREAT ANXIETY.....	45
ANTIANSXIETY AGENTS - MISC.	45
BENZODIAZEPINES.....	46
ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS.....	47
ANTIARRHYTHMICS - MISC.....	47
ANTIARRHYTHMICS TYPE I-A	47
ANTIARRHYTHMICS TYPE I-B	47
ANTIARRHYTHMICS TYPE I-C	47

ANTIARRHYTHMICS TYPE III	48
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE	48
ANTI-INFLAMMATORY AGENTS	48
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	48
BRONCHODILATORS - ANTICHOLINERGICS.....	49
LEUKOTRIENE MODULATORS.....	49
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	49
STEROID INHALANTS.....	49
SYMPATHOMIMETICS	50
XANTHINES.....	51
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS	51
COUMARIN ANTICOAGULANTS	51
DIRECT FACTOR XA INHIBITORS	52
HEPARINS AND HEPARINOID-LIKE AGENTS	52
THROMBIN INHIBITORS.....	53
ANTICONSULSANTS - DRUGS TO TREAT SEIZURES.....	54
AMPA GLUTAMATE RECEPTOR ANTAGONISTS	54
ANTICONSULSANTS - BENZODIAZEPINES	54
ANTICONSULSANTS - MISC.	54
CARBAMATES	58
GABA MODULATORS	58
HYDANTOINS	58
SUCCINIMIDES	59
VALPROIC ACID	59
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION	59
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	59
ANTIDEPRESSANTS - MISC.	60
MONOAMINE OXIDASE INHIBITORS (MAOIS).....	60
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	60
SEROTONIN MODULATORS.....	61
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS).....	62
TRICYCLIC AGENTS.....	62
ANTIDIABETICS - DRUGS TO TREAT DIABETES	64
ALPHA-GLUCOSIDASE INHIBITORS	64
ANTIDIABETIC - AMYLIN ANALOGS.....	64
ANTIDIABETIC COMBINATIONS	64
BIGUANIDES.....	66
DIABETIC OTHER	66
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS.....	66
INCRETIN MIMETIC AGENTS	66
INSULIN.....	67
INSULIN SENSITIZING AGENTS	67
MEGLITINIDE ANALOGUES	68

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	68
SULFONYLUREAS	68
ANTI-DIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA	68
ANTIPERISTALTIC AGENTS.....	68
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR	
POISONING	69
ANTIDOTES - CHELATING AGENTS.....	69
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR	
POISONING	69
BENZODIAZEPINE ANTAGONISTS	69
OPIOID ANTAGONISTS	69
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING	69
5-HT ₃ RECEPTOR ANTAGONISTS	69
ANTIEMETICS - ANTICHOLINERGIC.....	70
ANTIEMETICS - MISCELLANEOUS.....	70
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	70
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS.....	70
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS.....	70
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS.....	71
IMIDAZOLE-RELATED ANTIFUNGALS	71
ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES.....	71
ANTI-HISTAMINES - ETHANOLAMINES	71
ANTI-HISTAMINES - NON-SEDATING.....	72
ANTI-HISTAMINES - PHENOTHIAZINES	72
ANTI-HISTAMINES - PIPERIDINES	72
ANTI-HYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL	72
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS	72
ANTI-HYPERLIPIDEMICS - COMBINATIONS.....	72
ANTI-HYPERLIPIDEMICS - MISC.....	73
BILE ACID SEQUESTRANTS.....	73
FIBRIC ACID DERIVATIVES	73
HMG COA REDUCTASE INHIBITORS	74
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	75
NICOTINIC ACID DERIVATIVES.....	75
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	75
ANTI-HYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE.....	75
ACE INHIBITORS.....	75
AGENTS FOR PHEOCHROMOCYTOMA	76
ANGIOTENSIN II RECEPTOR ANTAGONISTS.....	77
ANTIADRENERGIC ANTI-HYPERTENSIVES	77
ANTI-HYPERTENSIVE COMBINATIONS.....	78
DIRECT RENIN INHIBITORS	82
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS).....	82
VASODILATORS	82

ANTIMALARIALS - DRUGS TO TREAT MALARIA	82
ANTIMALARIAL COMBINATIONS.....	82
ANTIMALARIALS - DRUGS TO TREAT MALARIA	82
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS.....	83
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS	83
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS.....	83
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS.....	83
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER	83
ALKYLATING AGENTS.....	83
ANTIMETABOLITES	85
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS.....	86
ANTINEOPLASTIC - ANTI-HER2 AGENTS.....	86
ANTINEOPLASTIC - ANTIBODIES.....	86
ANTINEOPLASTIC - EGFR INHIBITORS	87
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS	87
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS.....	87
ANTINEOPLASTIC ANTIBIOTICS.....	88
ANTINEOPLASTIC COMBINATIONS	88
ANTINEOPLASTIC ENZYME INHIBITORS.....	89
ANTINEOPLASTICS MISC.....	91
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS.....	92
MITOTIC INHIBITORS	92
TOPOISOMERASE I INHIBITORS.....	93
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE.....	93
ANTIPARKINSON ADJUNCTIVE THERAPY	93
ANTIPARKINSON ANTICHOLINERGICS	93
ANTIPARKINSON COMT INHIBITORS	93
ANTIPARKINSON DOPAMINERGICS	93
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS.....	96
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES	96
ANTIMANIC AGENTS.....	96
ANTIPSYCHOTICS - MISC.	96
BENZISOXAZOLES	96
BUTYROPHENONES	97
DIBENZAPINES	97
DIHYDROINDOLONES.....	99
PHENOTHIAZINES	99
QUINOLINONE DERIVATIVES.....	100
THIOXANTHENES.....	100
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT	100

ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT	100
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS.....	100
ANTIRETROVIRALS	100
CMV AGENTS	103
HEPATITIS AGENTS	103
HERPES AGENTS	104
INFLUENZA AGENTS.....	104
BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	104
ALPHA-BETA BLOCKERS.....	104
BETA BLOCKERS CARDIO-SELECTIVE	105
BETA BLOCKERS NON-SELECTIVE	106
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	107
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS.....	107
CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS.....	110
CARDIAC GLYCOSIDES.....	110
INOTROPES.....	110
CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	110
CARDIOPLEGIC SOLUTIONS - PRODUCTS USED IN SURGERY.....	110
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS.....	110
IMPOTENCE AGENTS - DRUGS TO TREAT ERECTILE DYSFUNCTION	112
PROSTAGLANDIN VASODILATORS	112
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS.....	113
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS	113
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	113
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR	114
SINUS NODE INHIBITORS	114
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)	114
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS.....	114
CEPHALOSPORINS - 1ST GENERATION	114
CEPHALOSPORINS - 2ND GENERATION	114
CEPHALOSPORINS - 3RD GENERATION.....	115
CEPHALOSPORINS - 4TH GENERATION.....	116
CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING.....	116
LIQUIDS.....	116
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL.....	116
COMBINATION CONTRACEPTIVES - ORAL.....	116
COMBINATION CONTRACEPTIVES - TRANSDERMAL.....	124
COMBINATION CONTRACEPTIVES - VAGINAL.....	124
PROGESTIN CONTRACEPTIVES - INJECTABLE	124
PROGESTIN CONTRACEPTIVES - IUD.....	124

PROGESTIN CONTRACEPTIVES - ORAL.....	125
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE	125
GLUCOCORTICOSTEROIDS	125
MINERALOCORTICIDS.....	127
COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY	
SYMPTOMS.....	127
ANTITUSSIVES - DRUGS TO TREAT COUGH	127
COUGH/COLD/ALLERGY COMBINATIONS	128
MISC. RESPIRATORY INHALANTS - DRUGS TO TREAT BREATHING DISORDERS.....	128
MUCOLYTICS - DRUGS TO TREAT COUGH	128
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS	128
ACNE PRODUCTS.....	128
ANTI-INFLAMMATORY AGENTS - TOPICAL.....	130
ANTIBIOTICS - TOPICAL	131
ANTIFUNGALS - TOPICAL.....	131
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL.....	132
ANTIPSORIATICS.....	132
ANTISEBORRHEIC PRODUCTS.....	133
ANTIVIRALS - TOPICAL	133
BURN PRODUCTS.....	133
CORTICOSTEROIDS - TOPICAL.....	133
ECZEMA AGENTS	135
EMOLLIENT/KERATOLYTIC AGENTS.....	136
EMOLLIENTS	136
IMMUNOMODULATING AGENTS - TOPICAL	136
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	136
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS.....	136
LOCAL ANESTHETICS - TOPICAL.....	136
MISC. TOPICAL	137
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL.....	137
ROSACEA AGENTS.....	137
SCABICIDES & PEDICULICIDES.....	137
TAR PRODUCTS.....	137
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS	137
DIAGNOSTIC DRUGS.....	137
DIAGNOSTIC PRODUCTS, MISC.	138
DIAGNOSTIC TESTS	138
MISCELLANEOUS CONTRAST MEDIA	138
RADIOGRAPHIC CONTRAST MEDIA	138
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR	
NUTRITION.....	139
NUTRITIONAL SUPPLEMENTS	139
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	139
DIGESTIVE ENZYMES.....	139

DIURETICS - DRUGS TO TREAT HEART CONDITIONS	139
CARBONIC ANHYDRASE INHIBITORS	139
DIURETIC COMBINATIONS.....	140
LOOP DIURETICS.....	140
OSMOTIC DIURETICS	140
POTASSIUM SPARING DIURETICS	141
THIAZIDES AND THIAZIDE-LIKE DIURETICS.....	141
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE	
HORMONES.....	141
BONE DENSITY REGULATORS - DRUGS TO TREAT BONE LOSS	141
FERTILITY REGULATORS.....	142
GNRH/LHRH ANTAGONISTS.....	142
GROWTH HORMONES.....	142
HORMONE RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS.....	143
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS.....	143
METABOLIC MODIFIERS	143
MINERALOCORTICOID RECEPTOR ANTAGONISTS.....	145
POSTERIOR PITUITARY HORMONES.....	145
PROGESTERONE RECEPTOR ANTAGONISTS	145
PROLACTIN INHIBITORS.....	145
SOMATOSTATIC AGENTS.....	145
VASOPRESSIN RECEPTOR ANTAGONISTS.....	146
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES.....	146
ESTROGEN COMBINATIONS.....	146
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	147
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS.....	148
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS.....	148
GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND	
INTESTINAL DISORDERS	149
GALLSTONE SOLUBILIZING AGENTS.....	149
GASTROINTESTINAL ANTIALLERGY AGENTS	149
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS.....	149
GASTROINTESTINAL STIMULANTS	149
INFLAMMATORY BOWEL AGENTS	149
INTESTINAL ACIDIFIERS	150
IRRITABLE BOWEL SYNDROME (IBS) AGENTS	150
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS	150
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND	
PHOSPHORUS LEVELS.....	150
GENERAL ANESTHETICS - DRUGS FOR ANESTHESIA DURING SURGERY.....	151
ANESTHETICS - MISC.....	151
VOLATILE ANESTHETICS.....	151
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND	
URINARY TRACT CONDITIONS	151

ALKALINIZERS	151
GENITOURINARY IRRIGANTS	152
PROSTATIC HYPERTROPHY AGENTS.....	152
URINARY ANALGESICS.....	152
URINARY STONE AGENTS.....	152
GOUT AGENTS - DRUGS TO TREAT GOUT	152
GOUT AGENT COMBINATIONS.....	152
GOUT AGENTS - DRUGS TO TREAT GOUT	152
URICOSURICS.....	153
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS.....	153
ANTIHEMOPHILIC PRODUCTS.....	153
BRADYKININ B2 RECEPTOR ANTAGONISTS	158
COMPLEMENT INHIBITORS.....	158
HEMATOLOGIC - TYROSINE KINASE INHIBITORS.....	158
HEMATORHEOLOGIC AGENTS	158
PLASMA EXPANDERS.....	158
PLASMA KALLIKREIN INHIBITORS	158
PLATELET AGGREGATION INHIBITORS	159
PROTAMINE	159
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS.....	159
AGENTS FOR GAUCHER DISEASE	159
AGENTS FOR SICKLE CELL DISEASE	159
HEMATOPOIETIC GROWTH FACTORS.....	160
STEM CELL MOBILIZERS.....	161
HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS	161
HEMOSTATICS - SYSTEMIC	161
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS	161
BARBITURATE HYPNOTICS.....	161
HYPNOTICS - TRICYCLIC AGENTS	161
NON-BARBITURATE HYPNOTICS.....	161
OREXIN RECEPTOR ANTAGONISTS.....	163
SELECTIVE MELATONIN RECEPTOR AGONISTS	163
LAXATIVES - DRUGS TO TREAT CONSTIPATION.....	163
LAXATIVE COMBINATIONS	163
LAXATIVES - MISCELLANEOUS	163
LUBRICANT LAXATIVES	164
LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR NUMBING.....	164
LOCAL ANESTHETIC COMBINATIONS	164
LOCAL ANESTHETICS - AMIDES	164
LOCAL ANESTHETICS - ESTERS	165
MACROLIDES - DRUGS TO TREAT INFECTIONS.....	165
AZITHROMYCIN.....	165
CLARITHROMYCIN.....	166

ERYTHROMYCINS	166
FIDAXOMICIN.....	166
MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING	167
DIABETIC SUPPLIES	167
PARENTERAL THERAPY SUPPLIES	175
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES	176
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG	176
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES.....	176
SEROTONIN AGONISTS.....	176
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION.....	178
POTASSIUM.....	178
MISCELLANEOUS THERAPEUTIC CLASSES	179
CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING	179
IMMUNOMODULATORS - DRUGS TO TREAT CANCER.....	179
IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT	179
IRRIGATION SOLUTIONS - PRODUCTS USED IN SURGERY AND WOUND CARE ...	180
POTASSIUM REMOVING AGENTS - DRUGS TO LOWER POTASSIUM.....	181
SCLEROSING AGENTS - DRUGS TO TREAT VEIN CONDITIONS.....	181
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT ...	181
ANESTHETICS TOPICAL ORAL	181
ANTI-INFECTIVES - THROAT	181
ANTISEPTICS - MOUTH/THROAT	181
STEROIDS - MOUTH/THROAT/DENTAL	181
THROAT PRODUCTS - MISC.....	181
MULTIVITAMINS - DRUGS FOR NUTRITION.....	182
PRENATAL VITAMINS	182
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS	182
CENTRAL MUSCLE RELAXANTS.....	182
DIRECT MUSCLE RELAXANTS.....	183
VISCOSUPPLEMENTS - DRUGS TO TREAT JOINT CONDITIONS	183
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE	183
NASAL AGENT COMBINATIONS.....	183
NASAL ANTIALLERGY.....	183
NASAL ANTICHOLINERGICS	183
NASAL STEROIDS.....	184
SYMPATHOMIMETIC DECONGESTANTS.....	184
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES	184
ALS AGENTS.....	184
DEPOLARIZING MUSCLE RELAXANTS	184
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS	184
NONDEPOLARIZING MUSCLE RELAXANTS.....	184
NUTRIENTS - DRUGS FOR NUTRITION.....	184
CARBOHYDRATES	184

PROTEINS	185
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS	185
BETA-BLOCKERS - OPHTHALMIC.....	185
CYCLOPLEGIC MYDRIATICS	185
MIOTICS	185
OPHTHALMIC - ANGIOGENESIS INHIBITORS	186
OPHTHALMIC ADRENERGIC AGENTS.....	186
OPHTHALMIC ANTI-INFECTIVES	186
OPHTHALMIC IMMUNOMODULATORS	187
OPHTHALMIC INTEGRIN ANTAGONISTS.....	187
OPHTHALMIC LOCAL ANESTHETICS	187
OPHTHALMIC STEROIDS	187
OPHTHALMICS - MISC.....	188
PROSTAGLANDINS - OPHTHALMIC	189
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR	189
OTIC AGENTS - MISCELLANEOUS	189
OTIC ANTI-INFECTIVES.....	189
OTIC COMBINATIONS	189
OTIC STEROIDS.....	189
OXYTOCICS - DRUGS FOR PREGNANCY	189
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING.....	189
OXYTOCICS - DRUGS FOR PREGNANCY	189
PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS.....	189
IMMUNE SERUMS.....	189
PENICILLINS - DRUGS TO TREAT INFECTIONS	190
AMINOPENICILLINS.....	190
NATURAL PENICILLINS.....	190
PENICILLIN COMBINATIONS	191
PENICILLINASE-RESISTANT PENICILLINS.....	192
PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING	192
LIQUID VEHICLES	192
SEMI SOLID VEHICLES.....	192
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	192
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	192
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	193
AGENTS FOR CHEMICAL DEPENDENCY.....	193
ANTI-CATAPLECTIC AGENTS	193
ANTIDEMENTIA AGENTS - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS ...	193
COMBINATION PSYCHOTHERAPEUTICS	194
MOVEMENT DISORDER DRUG THERAPY.....	195
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS	195
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS.....	196

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	197
SMOKING DETERRENTS.....	197
TRANSTHYRETIN AMYLOIDOSIS AGENTS	197
RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS ...	197
ALPHA-PROTEINASE INHIBITOR (HUMAN)	197
CYSTIC FIBROSIS AGENTS	197
PULMONARY FIBROSIS AGENTS.....	197
TETRACYCLINES - DRUGS TO TREAT INFECTIONS.....	198
GLYCYLCYCLINES	198
TETRACYCLINES - DRUGS TO TREAT INFECTIONS	198
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS	198
ANTITHYROID AGENTS.....	198
THYROID HORMONES.....	199
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID.....	201
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS	201
H-2 ANTAGONISTS.....	202
MISC. ANTI-ULCER.....	202
PROTON PUMP INHIBITORS.....	202
ULCER DRUGS - PROSTAGLANDINS.....	203
ULCER THERAPY COMBINATIONS.....	203
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE	203
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC).....	203
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS	204
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS.....	204
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS.....	204
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS	204
VAGINAL ANTI-INFECTIVES	204
VAGINAL ESTROGENS.....	204
VAGINAL PROGESTINS.....	205
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS	205
ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR ACUTE ALLERGIC REACTION ..	205
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS	205
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS ..	205
VITAMINS - DRUGS FOR NUTRITION	205
OIL SOLUBLE VITAMINS.....	205
WATER SOLUBLE VITAMINS	206
Index	207

Definitions

“Brand name drug” means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.

“Coinsurance” means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

“Copayment” means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

“Deductible” means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

“Drug Tier” means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

“Exception request” means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.

“Exigent circumstances” means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

“Formulary” or “prescription drug list” means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

“Generic drug” means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.

“Medically Necessary” means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

“Non-formulary drug” means a prescription drug that is not listed on this formulary.

“Out-of-pocket costs” means your expenses for health care benefits that aren’t reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

“Prescribing provider” means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

“Prescription” means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

“Prescription drug” means a drug that by law requires a prescription.

“Prior Authorization” means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

What is the Nippon Life Benefits Formulary?

A formulary is a list of covered drugs. Nippon Life Benefits works with a team of health care providers to choose drugs that provide quality treatment. The Nippon Life Benefits Formulary covers drugs on our drug list, as long as:

- The drug is medically necessary
- The prescription is filled at a network pharmacy
- Other plan rules are followed

For more information on how to fill your prescriptions, please review your plan document or other plan materials or refer to “Filling a Prescription through a Network Pharmacy”.

How do I use the Formulary?

There are two ways to find your drug on the drug list:

Medical Condition

The drugs on the drug list are grouped by therapeutic category and class*. For example, drugs used to treat a heart condition are listed under **CARDIOVASCULAR**.

If you know what your drug is used for, look for the category name in the Table of Contents. Then, look under the category name for your drug.

A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs.

*Therapeutic category and class based on Wolters Kluwer Clinical Drug Information, Medi-Span® Electronic Drug File™ v2.

Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index at the end of the formulary. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

1. Look in the Index and find your drug
2. Next to your drug, see the page number where you can find coverage information
3. Turn to the page listed in the Index and find the name of your drug in the first column of the list

If a generic equivalent for a brand name drug is not available on the market or is not covered, the drug will not be listed separately by its generic name.

If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all lowercase italicized letters.

- Example: *carvedilol*

Inclusion of a prescription drug on the formulary does not guarantee that your provider will prescribe the drug for a particular medical condition.

The drug list gives information about the drugs covered by Nippon Life Benefits. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs, but provide the same quality of treatment. Upon release of a generic drug to the market, the generic drug will **generally** be added to the formulary and the associated brand drug will be removed. However, some generic drugs do not cost less than brand-name drugs and may not be added to your formulary.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., *atorvastatin*).

The second column lists the drug tier. The tiered format places drugs into tiers or levels of cost sharing by the plan member in the following manner:

Tier	Definition
Tier 1:	Lowest plan member copayment: All generic drugs , including those on this Formulary .
Tier 2:	Intermediate plan member copayment: Preferred brand-name products on this Formulary selected for Tier 2.
Tier 3:	Highest plan member copayment: Brand-name products on this Formulary not selected for Tier 2, and all non-preferred brand-name products. In most cases, there will be reasonable alternatives in Tier 1 or Tier 2 for products found in this highest tier.

The information in the Requirements/Limits column tells you if the Formulary has any special requirements for coverage of your drug. These requirements and limits may include:

- **Prior Authorization:** Nippon Life Benefits needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from Nippon Life Benefits before you fill your prescriptions. If you don't get approval, Nippon Life Benefits may not cover the drug.
- **Quantity Limits:** For certain drugs, Nippon Life Benefits limits the amount of the drug that it will cover. Nippon Life Benefits also limits the amount of drugs you may receive within a class of drugs.

Filling a Prescription through a Network Pharmacy

Local Pharmacy

The most common place for filling a Prescription is at a local pharmacy. You may go to the pharmacy and give the Prescription to the pharmacist to fill or, if the pharmacy received the Prescription from your Prescribing provider, pick up a completed order.

You may be required to provide basic information such as your name and address for verification when picking up a completed Prescription. You will also be responsible for paying any Copay, if applicable, at the time the Prescription is picked up from the pharmacy. The Copay amount, if applicable, is described in the Summary of Benefits section of your booklet-certificate.

Mail Order Pharmacy

Prescriptions may also be filled by mail. They may be filled by ordering online or by using a paper order form. To order online, go to the CVS Caremark® website caremark.com and follow the instructions on the screen. To use a paper order form, follow the instructions below.

Your initial order consists of three parts: the written Prescription from your Prescribing provider; a Patient/Profile Order form with preaddressed envelope; and a Copay. These are described below. Allow 14 days for the order to be completed and shipped to you. All orders are mailed either by Federal Express or First Class U.S. Mail. If you wish to have your order shipped Federal Express, you will need to pay the cost.

The Written Prescription

When obtaining a Prescription, be sure to ask the Prescribing provider to specify the following information:

1. Patient name;
2. Prescription for a 90-day supply of medication (your Prescribing provider should indicate the total number of pills required for that period of time. For example, 270 tablets would be needed for medication that must be taken three times a day.);
3. Refills (many maintenance drugs can be prescribed for up to one year; therefore, a Prescription for a 90-day supply may specify up to three refills.);
4. Prescribing provider's signature.

Also, it is very important to include your name, address, and member number on the Prescription form, so that eligibility for the program can be verified when the pharmacy receives the order.

Patient Profile/Order Form

Included in the installation package you receive, as well as with each order shipped, is the Patient Profile/Order Form. This form is to be completed and sent in the preaddressed envelope with each order. The Patient Profile/Order Form provides information concerning eligibility in addition to health and allergy conditions pertaining to each insured person.

Copay

A check or money order for the correct Copay must accompany each order. The Copay amount, if applicable, is described in the Summary of Benefits section of the booklet-certificate. You may also be able to charge the Copay to a credit card as explained on the Patient Profile/Order Form. Please do not send cash.

Refills or Follow-up Orders

Each filled order you receive includes Refill Ordering Instructions, a Patient/Profile Order Form, and a preaddressed envelope. Orders for refills should be placed approximately 30 days before the current supply of medication is expected to run out.

Special Situations

If a maintenance medication is prescribed for immediate use, you should obtain two Prescriptions--one for a 14-day supply to be filled immediately at a local member pharmacy, and a second for an extended 90-day supply with refills, to be filled by the mail service pharmacy.

Questions

Please call the pharmacy's customer service number with any questions concerning medication or a particular order. The toll-free number is shown on your order form.

Also included with each order filled is a Patient Counseling information sheet which has specific information about the medication included with the order.

Prescription Drugs Utilization Review Program

For Maintenance Drugs and Medicines

A Prescription will not be refilled if there is a previously dispensed quantity for the same Prescription (for the same insured person) and the dispensing date for the current Prescription is earlier than the date on which approximately 66.6% of the previously dispensed quantity would be expected to last if the previously dispensed quantity was consumed based on the dosage instructions provided by your Prescribing provider.

For all other Drugs and Medicines

A Prescription will not be refilled if there is a previously dispensed quantity for the same Prescription or refill (for the same insured person) and the previously dispensed quantity of the drug or medicine was for:

1. Less than a 15-day supply and the dispensing date for the current Prescription is more than four days before a previously dispensed supply would be exhausted; or
2. More than a 14-day supply and the dispensing date for the current Prescription is more than ten days before the previously dispensed supply would be exhausted; or
3. More than a 14-day supply and the dispensing date for the current Prescription is earlier than the date on which approximately 66.6% of the previously dispensed quantity would be expected to last if the previously dispensed quantity was consumed based on the dosage instructions provided by your Prescribing provider.

Exhaustion of the previously dispensed supply is determined based on when the last dose of the medicine or drug would have been consumed if the previously dispensed supply was consumed by the Prescription date. Prescriptions may be refilled prior to exhaustion of a previously dispensed quantity for the same Prescription or refill for up to a 30-day quantity once per calendar year or plan year.

For certain drugs or classes of drugs designated by Nippon Life Benefits, we reserve the right to:

- Require Prior Authorization for dispensing; and
- Limit the quantity of drugs for which benefits will be paid; and
- Require the dispensing of certain drugs before paying benefits for another drug within a given class; and
- Require the dispensing of a single daily dose of certain drugs.

For all drugs requiring Prior Authorization, the pharmacy benefit manager must notify your Prescribing provider within 72 hours of receipt of a non-urgent request or 24 hours if exigent circumstances exist, whether the request is approved or disapproved. If the pharmacy benefit manager fails to respond within the respective timeframes, the request is deemed granted. If the request is disapproved, the notice of disapproval must contain an accurate and clear written explanation of the specific reasons for disapproving the Prior Authorization request or, if the request was incomplete, an accurate and clear written explanation that specifically identifies the missing material information that is necessary to approve or disapprove the Prior Authorization request.

Can the Drug List change?

The drug list may change from time to time as described in the plan document or other plan materials. Some reasons why they can change include:

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the brand-name drug is likely to be covered at a higher cost. And the generic versions cost less.

Members are notified in advance of formulary changes when:

- A drug is removed from the formulary
- A drug tier changes
- Prior Authorization or Quantity limits are added to a drug

What if I need a drug that requires an exception?

In certain cases, you or your prescriber can request a medical exception to the prior authorization or quantity limits requirements. And also for a drug that's not covered in your plan.

We will then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

Medical exceptions which are approved for non-urgent requests will cover the duration of the prescription, including refills. Approved medical exceptions for exigent circumstances will provide coverage for the duration of the exigency.

If your request is denied you have the right to file an appeal using the process described in the notification letter.

For more information about your plan

Visit the website that's on your member ID card. Then log in to your account, where you can:

- Find out the coverage and estimate of cost for specific drugs
- View your deductibles and plan limits
- Order medications
- Check your pharmacy order status
- Get a member ID card
- View your claims, Explanation of Benefits and more

Have more questions about your pharmacy benefits?

We're here to help. There are several ways you can learn more about your benefits:

- Check your Plan Design and Benefits Summary in your enrollment kit
- Call the toll-free number on your member ID card.
- Review our pharmacy frequently asked questions (FAQs) and answers. Just visit the website that's on your member ID card to search for the "Pharmacy FAQ".

Legend

Term	Definition
#	Brand Drug is covered with \$0 copayment if prescriber indicates “Dispense as Written” (DAW)
ACA	Preventive medications covered under the Affordable Care Act are not subject to co-payments, deductibles, or coinsurance when prescribed by a participating provider and provided in accordance with the comprehensive guidelines supported by the Health Resources and Services Administration (“HRSA”), or if the items have an “A” or “B” rating from the United States Preventive Services Task Force (“USPSTF”), or if the immunizations are recommended by the Advisory Committee on Immunization Practices (“ACIP”). Refer to your booklet-certificate for benefits that are specific to your plan.
AGE	Age Restriction
GNDR	Gender Restriction
ONC	Oral oncology drugs might not be subject to a Copay amount. Refer to your booklet-certificate for benefits that are specific to your plan.
PA	Prior Authorization
QL	Quantity Limit

PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

**ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT
NERVOUS SYSTEM DISORDERS**

AMPHETAMINES

<i>amphetamine sulfate tab 5 mg</i>	Tier 1
<i>amphetamine sulfate tab 10 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1
DEXEDRINE CAP 10MG CR <i>(dextroamphetamine sulfate)</i>	Tier 3
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Tier 1
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Tier 1
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Tier 1

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
 Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Tier 1	
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i> (Procentra)	Tier 1	
<i>dextroamphetamine sulfate tab 2.5 mg</i>	Tier 1	
<i>dextroamphetamine sulfate tab 2.5 mg</i> (Zenzedi)	Tier 1	
<i>dextroamphetamine sulfate tab 5 mg</i>	Tier 1	
<i>dextroamphetamine sulfate tab 5 mg</i> (Zenzedi)	Tier 1	
<i>dextroamphetamine sulfate tab 7.5 mg</i>	Tier 1	
<i>dextroamphetamine sulfate tab 7.5 mg</i> (Zenzedi)	Tier 1	
<i>dextroamphetamine sulfate tab 10 mg</i>	Tier 1	
<i>dextroamphetamine sulfate tab 10 mg</i> (Zenzedi)	Tier 1	
<i>dextroamphetamine sulfate tab 15 mg</i>	Tier 1	
<i>dextroamphetamine sulfate tab 15 mg</i> (Zenzedi)	Tier 1	
<i>dextroamphetamine sulfate tab 20 mg</i>	Tier 1	
<i>dextroamphetamine sulfate tab 20 mg</i> (Zenzedi)	Tier 1	
<i>dextroamphetamine sulfate tab 30 mg</i>	Tier 1	
<i>dextroamphetamine sulfate tab 30 mg</i> (Zenzedi)	Tier 1	
<i>lisdexamfetamine dimesylate cap 10 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate cap 20 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate cap 30 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate cap 40 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate cap 50 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate cap 60 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate cap 70 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	Tier 1	
<i>methamphetamine hcl tab 5 mg</i>	Tier 1	
ANALEPTICS		
<i>caffeine citrate inj 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - DRUGS TO TREAT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 1	
<i>clonidine hcl tab er 12hr 0.1 mg</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 1	
QELBREE CAP 100MG ER (<i>viloxazine hcl (adhd)</i>)	Tier 2	
QELBREE CAP 150MG ER (<i>viloxazine hcl (adhd)</i>)	Tier 2	
QELBREE CAP 200MG ER (<i>viloxazine hcl (adhd)</i>)	Tier 2	
STRATTERA CAP 10MG (<i>atomoxetine hcl</i>)	Tier 3	
STRATTERA CAP 18MG (<i>atomoxetine hcl</i>)	Tier 3	
STRATTERA CAP 25MG (<i>atomoxetine hcl</i>)	Tier 3	
STRATTERA CAP 40MG (<i>atomoxetine hcl</i>)	Tier 3	
STRATTERA CAP 60MG (<i>atomoxetine hcl</i>)	Tier 3	
STRATTERA CAP 80MG (<i>atomoxetine hcl</i>)	Tier 3	
STRATTERA CAP 100MG (<i>atomoxetine hcl</i>)	Tier 3	
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG (<i>solriamfetol hcl</i>)	Tier 2	
SUNOSI TAB 150MG (<i>solriamfetol hcl</i>)	Tier 2	
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG (<i>pitolisant hcl</i>)	Tier 2	PA, QL (2 tabs every 1 day)
WAKIX TAB 17.8MG (<i>pitolisant hcl</i>)	Tier 2	PA, QL (2 tabs every 1 day)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 26
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
STIMULANTS - MISC.		
armodafinil tab 50 mg	Tier 1	PA
armodafinil tab 150 mg	Tier 1	PA
armodafinil tab 200 mg	Tier 1	PA
armodafinil tab 250 mg	Tier 1	PA
AZSTARYS CAP 26.1-5.2 (serdexmethylphenidate chloride-dexmethylphenidate hcl)	Tier 2	
AZSTARYS CAP 39.2-7.8 (serdexmethylphenidate chloride-dexmethylphenidate hcl)	Tier 2	
AZSTARYS CAP 52.3-10. (serdexmethylphenidate chloride-dexmethylphenidate hcl)	Tier 2	
dexmethylphenidate hcl cap er 24 hr 5 mg	Tier 1	
dexmethylphenidate hcl cap er 24 hr 10 mg	Tier 1	
dexmethylphenidate hcl cap er 24 hr 15 mg	Tier 1	
dexmethylphenidate hcl cap er 24 hr 20 mg	Tier 1	
dexmethylphenidate hcl cap er 24 hr 25 mg	Tier 1	
dexmethylphenidate hcl cap er 24 hr 30 mg	Tier 1	
dexmethylphenidate hcl cap er 24 hr 35 mg	Tier 1	
dexmethylphenidate hcl cap er 24 hr 40 mg	Tier 1	
dexmethylphenidate hcl tab 2.5 mg	Tier 1	
dexmethylphenidate hcl tab 5 mg	Tier 1	
dexmethylphenidate hcl tab 10 mg	Tier 1	
FOCALIN TAB 2.5MG (dexmethylphenidate hcl)	Tier 3	
FOCALIN TAB 5MG (dexmethylphenidate hcl)	Tier 3	
FOCALIN TAB 10MG (dexmethylphenidate hcl)	Tier 3	
METHYLIN SOL 5MG/5ML (methylphenidate hcl)	Tier 3	
METHYLIN SOL 10MG/5ML (methylphenidate hcl)	Tier 3	
methylphenidate hcl cap er 10 mg (cd)	Tier 1	
methylphenidate hcl cap er 20 mg (cd)	Tier 1	
methylphenidate hcl cap er 24hr 10 mg (la)	Tier 1	
methylphenidate hcl cap er 24hr 10 mg (xr)	Tier 1	
methylphenidate hcl cap er 24hr 15 mg (xr)	Tier 1	
methylphenidate hcl cap er 24hr 20 mg (la)	Tier 1	
methylphenidate hcl cap er 24hr 20 mg (xr)	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Tier 1	
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	Tier 1	
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Tier 1	
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	Tier 1	
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	Tier 1	
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	Tier 1	
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	Tier 1	
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 1	
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 1	
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 1	
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 1	
<i>methylphenidate hcl chew tab 2.5 mg</i>	Tier 1	
<i>methylphenidate hcl chew tab 5 mg</i>	Tier 1	
<i>methylphenidate hcl chew tab 10 mg</i>	Tier 1	
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	
<i>methylphenidate hcl tab er 24hr 18 mg</i>	Tier 1	
<i>methylphenidate hcl tab er 24hr 27 mg</i>	Tier 1	
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Tier 1	
<i>methylphenidate hcl tab er 24hr 54 mg</i>	Tier 1	
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Tier 1	
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Tier 1	
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Tier 1	
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	Tier 1	
<i>methylphenidate td patch 10 mg/9hr</i>	Tier 1	
<i>methylphenidate td patch 15 mg/9hr</i>	Tier 1	
<i>methylphenidate td patch 20 mg/9hr</i>	Tier 1	
<i>methylphenidate td patch 30 mg/9hr</i>	Tier 1	
<i>modafinil tab 100 mg</i>	Tier 1	PA
<i>modafinil tab 200 mg</i>	Tier 1	PA
<i>RITALIN TAB 5MG (methylphenidate hcl)</i>	Tier 3	
<i>RITALIN TAB 10MG (methylphenidate hcl)</i>	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RITALIN TAB 20MG (<i>methylphenidate hcl</i>)	Tier 3	
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES		
ALLERGENIC EXTRACTS		
GRASTEK SUB 2800BAU (<i>timothy grass pollen allergen extract</i>)	Tier 2	
ORALAIR SUB 300 IR (<i>grass mixed pollens allergen extract</i>)	Tier 2	
RAGWITEK SUB (<i>short ragweed pollen allergen extract</i>)	Tier 2	
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS		
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS		
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	Tier 1	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	Tier 1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	Tier 1	
<i>gentamicin in saline inj 1 mg/ml</i>	Tier 1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	Tier 1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	Tier 1	
<i>gentamicin in saline inj 2 mg/ml</i>	Tier 1	
<i>gentamicin sulfate inj 10 mg/ml</i>	Tier 1	
<i>gentamicin sulfate inj 40 mg/ml</i>	Tier 1	
<i>neomycin sulfate tab 500 mg</i>	Tier 1	
<i>streptomycin sulfate for inj 1 gm</i>	Tier 1	
<i>tobramycin nebu soln 300 mg/4ml</i>	Tier 1	PA, QL (8 mL every 1 day)
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 1	PA, QL (10 mL every 1 day)
<i>tobramycin sulfate for inj 1.2 gm</i>	Tier 1	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	Tier 1	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	Tier 1	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	Tier 1	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	Tier 1	
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMU-ADAZ INJ 40/0.4ML	Tier 2	PA, QL (4 pens every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	Tier 2	PA, QL (4 syringes every 28 days)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HYRIMOZ INJ 10/0.1ML (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (2 syringes every 28 days)
HYRIMOZ INJ 20/0.2ML (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.4ML (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (4 pens every 28 days)
HYRIMOZ INJ 40/0.4ML (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.8ML (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (8 pens every 14 days)
HYRIMOZ INJ 40/0.8ML (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (8 syringes every 14 days)
HYRIMOZ INJ 80/0.8ML (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (2 pens every 28 days)
HYRIMOZ SENS INJ 80/0.8ML (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (2 pens every 28 days)
HYRIMOZ SENS INJ 80/0.8ML (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (3 pens every 28 days); (one time fill)
HYRIMOZ-CROH INJ UC SP (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (3 pens every 28 days); (one time fill)
HYRIMOZ-PED INJ CROHNS (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (3 syringes every 28 days); (one time fill)
HYRIMOZ-PLAQ INJ PSORIASI (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (3 pens every 28 days); (one time fill)
SIMPONI ARIA SOL 50MG/4ML (<i>golimumab</i>)	Tier 2	PA, QL (4 vials every 8 weeks)

ANTIRHEUMATIC - ENZYME INHIBITORS

RINVOQ TAB 15MG ER (<i>upadacitinib</i>)	Tier 2	PA, QL (1 tab every 1 day)
RINVOQ TAB 30MG ER (<i>upadacitinib</i>)	Tier 2	PA, QL (1 tab every 1 day)
RINVOQ TAB 45MG ER (<i>upadacitinib</i>)	Tier 2	PA, QL (56 tabs every 56 days)
XELJANZ SOL 1MG/ML (<i>tofacitinib citrate</i>)	Tier 2	PA, QL (10 mL every 1 day)
XELJANZ TAB 5MG (<i>tofacitinib citrate</i>)	Tier 2	PA, QL (2 tabs every 1 day)
XELJANZ TAB 10MG (<i>tofacitinib citrate</i>)	Tier 2	PA, QL (2 tabs every 1 day)
XELJANZ XR TAB 11MG (<i>tofacitinib citrate</i>)	Tier 2	PA, QL (1 tab every 1 day)
XELJANZ XR TAB 22MG (<i>tofacitinib citrate</i>)	Tier 2	PA, QL (1 tab every 1 day)

ANTIRHEUMATIC ANTIMETABOLITES

RASUVO INJ 7.5MG (<i>methotrexate (antirheumatic))</i>)	Tier 2	PA, QL (4 injections every 28 days)
RASUVO INJ 10MG (<i>methotrexate (antirheumatic))</i>)	Tier 2	PA, QL (4 injections every 28 days)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

30

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RASUVO INJ 12.5MG (<i>methotrexate (antirheumatic)</i>)	Tier 2	PA, QL (4 injections every 28 days)
RASUVO INJ 15MG (<i>methotrexate (antirheumatic)</i>)	Tier 2	PA, QL (4 injections every 28 days)
RASUVO INJ 17.5MG (<i>methotrexate (antirheumatic)</i>)	Tier 2	PA, QL (4 injections every 28 days)
RASUVO INJ 20MG (<i>methotrexate (antirheumatic)</i>)	Tier 2	PA, QL (4 injections every 28 days)
RASUVO INJ 22.5MG (<i>methotrexate (antirheumatic)</i>)	Tier 2	PA, QL (4 injections every 28 days)
RASUVO INJ 25MG (<i>methotrexate (antirheumatic)</i>)	Tier 2	PA, QL (4 injections every 28 days)
RASUVO INJ 30MG (<i>methotrexate (antirheumatic)</i>)	Tier 2	PA, QL (4 injections every 28 days)

INTERLEUKIN-6 RECEPTOR INHIBITORS

KEVZARA INJ 150/1.14 (<i>sarilumab</i>)	Tier 2	PA, QL (2 injections every 28 days)
KEVZARA INJ 200/1.14 (<i>sarilumab</i>)	Tier 2	PA, QL (2 injections every 28 days)

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib cap 50 mg</i>	Tier 1	
<i>celecoxib cap 100 mg</i>	Tier 1	
<i>celecoxib cap 200 mg</i>	Tier 1	
<i>celecoxib cap 400 mg</i>	Tier 1	
<i>diclofenac potassium tab 50 mg</i>	Tier 1	
<i>diclofenac sod dr tab 75 mg & capsaicin cr 0.025% ther pack</i> (Previdolrx Plus Analgesic)	Tier 1	PA
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Tier 1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Tier 1	
<i>etodolac cap 200 mg</i>	Tier 1	
<i>etodolac cap 300 mg</i>	Tier 1	
<i>etodolac tab 400 mg</i>	Tier 1	
<i>etodolac tab 500 mg</i>	Tier 1	
<i>etodolac tab er 24hr 400 mg</i>	Tier 1	
<i>etodolac tab er 24hr 500 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>etodolac tab er 24hr 600 mg</i>	Tier 1	
<i>flurbiprofen tab 50 mg</i>	Tier 1	
<i>flurbiprofen tab 100 mg</i>	Tier 1	
<i>ibuprofen lysine iv soln 10 mg/ml (base equivalent)</i>	Tier 1	
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1	
<i>ibuprofen tab 400 mg</i>	Tier 1	
<i>ibuprofen tab 400 mg (Ibu)</i>	Tier 1	
<i>ibuprofen tab 600 mg</i>	Tier 1	
<i>ibuprofen tab 600 mg (Ibu)</i>	Tier 1	
<i>ibuprofen tab 800 mg</i>	Tier 1	
<i>ibuprofen tab 800 mg (Ibu)</i>	Tier 1	
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	Tier 1	PA
<i>indomethacin cap 25 mg</i>	Tier 1	
<i>indomethacin cap 50 mg</i>	Tier 1	
<i>indomethacin cap er 75 mg</i>	Tier 1	
<i>indomethacin suppos 50 mg</i>	Tier 1	
<i>indomethacin susp 25 mg/5ml</i>	Tier 1	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	Tier 1	
<i>ketorolac tromethamine inj 15 mg/ml</i>	Tier 1	
<i>ketorolac tromethamine inj 30 mg/ml</i>	Tier 1	
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	QL (20 tabs every 25 days)
<i>meclofenamate sodium cap 50 mg</i>	Tier 1	
<i>meclofenamate sodium cap 100 mg</i>	Tier 1	
<i>mefenamic acid cap 250 mg</i>	Tier 1	
<i>meloxicam susp 7.5 mg/5ml</i>	Tier 1	
<i>meloxicam tab 7.5 mg</i>	Tier 1	
<i>meloxicam tab 15 mg</i>	Tier 1	
<i>nabumetone tab 500 mg</i>	Tier 1	
<i>nabumetone tab 750 mg</i>	Tier 1	
<i>naproxen sodium tab 275 mg</i>	Tier 1	
<i>naproxen sodium tab 550 mg</i>	Tier 1	
<i>naproxen tab 250 mg</i>	Tier 1	
<i>naproxen tab 375 mg</i>	Tier 1	
<i>naproxen tab 500 mg</i>	Tier 1	
<i>naproxen tab ec 375 mg</i>	Tier 1	
<i>naproxen tab ec 375 mg (Ec-naproxen)</i>	Tier 1	
<i>naproxen tab ec 500 mg</i>	Tier 1	
<i>naproxen tab ec 500 mg (Ec-naproxen)</i>	Tier 1	
<i>oxaprozin cap 300 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxaprozin tab 600 mg</i>	Tier 1	
<i>piroxicam cap 10 mg</i>	Tier 1	
<i>piroxicam cap 20 mg</i>	Tier 1	
<i>sulindac tab 150 mg</i>	Tier 1	
<i>sulindac tab 200 mg</i>	Tier 1	
<i>tolmetin sodium cap 400 mg</i>	Tier 1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30 (<i>apremilast</i>)	Tier 2	PA, QL (55 tabs every 28 days)
OTEZLA TAB 30MG (<i>apremilast</i>)	Tier 2	PA, QL (2 tabs every 1 day)
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG (<i>leflunomide</i>)	Tier 3	
ARAVA TAB 20MG (<i>leflunomide</i>)	Tier 3	
<i>leflunomide tab 10 mg</i>	Tier 1	
<i>leflunomide tab 20 mg</i>	Tier 1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML (<i>etanercept</i>)	Tier 2	PA, QL (8 syringes every 28 days)
ENBREL INJ 25MG (<i>etanercept</i>)	Tier 2	PA, QL (8 vials every 28 days)
ENBREL INJ 50MG/ML (<i>etanercept</i>)	Tier 2	PA, QL (4 syringes every 28 days)
ENBREL MINI INJ 50MG/ML (<i>etanercept</i>)	Tier 2	PA, QL (4 injections every 28 days)
ENBREL SRCLK INJ 50MG/ML (<i>etanercept</i>)	Tier 2	PA, QL (4 pens every 28 days)
ANALGESICS - NONNARCOTIC - DRUGS TO TREAT PAIN AND FEVER		
ANALGESIC COMBINATIONS		
<i>butalbital-acetaminophen tab 50-325 mg</i>	Tier 1	
<i>butalbital-acetaminophen tab 50-325 mg</i> (Tencon)	Tier 1	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (Bac)	Tier 1	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Tier 1	
ANALGESICS OTHER		
<i>acetaminophen iv soln 10 mg/ml</i>	Tier 1	
<i>clonidine hcl inj (for epidural infusion) 100 mcg/ml</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clonidine hcl inj (for epidural infusion) 500 mcg/ml</i>	Tier 1	
SALICYLATES		
<i>diflunisal tab 500 mg</i>	Tier 1	
<i>salsalate tab 750 mg</i>	Tier 1	
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN		
OPIOID AGONISTS		
<i>codeine sulfate tab 30 mg</i>	Tier 1	PA
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	Tier 1	PA
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	Tier 1	PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	Tier 1	PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	Tier 1	PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	Tier 1	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	Tier 1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	Tier 1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	Tier 1	PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	Tier 1	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	Tier 1	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	Tier 1	PA
<i>fentanyl citrate pf soln prefilled syringe 50 mcg/ml</i>	Tier 1	
<i>fentanyl citrate preservative free (pf) inj 50 mcg/ml</i>	Tier 1	
<i>fentanyl citrate preservative free (pf) inj 100 mcg/2ml</i>	Tier 1	
<i>fentanyl citrate preservative free (pf) inj 250 mcg/5ml</i>	Tier 1	
<i>fentanyl citrate preservative free (pf) inj 500 mcg/10ml</i>	Tier 1	
<i>fentanyl citrate preservative free (pf) inj 1000 mcg/20ml</i>	Tier 1	
<i>fentanyl citrate preservative free (pf) inj 2500 mcg/50ml</i>	Tier 1	
<i>fentanyl citrate soln prefilled syringe 100 mcg/2ml</i>	Tier 1	
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	PA
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	Tier 1	PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	Tier 1	PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	Tier 1	PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	PA
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	Tier 1	PA
<i>hydromorphone hcl inj 1 mg/ml</i>	Tier 1	
<i>hydromorphone hcl inj 2 mg/ml</i>	Tier 1	
<i>hydromorphone hcl liqd 1 mg/ml</i>	Tier 1	PA
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	Tier 1	
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	PA
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	PA
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	PA
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Tier 1	PA
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Tier 1	PA
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Tier 1	PA
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Tier 1	PA
<i>meperidine hcl inj 25 mg/ml</i>	Tier 1	
<i>meperidine hcl inj 50 mg/ml</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>meperidine hcl inj 100 mg/ml</i>	Tier 1	
<i>meperidine hcl oral soln 50 mg/5ml</i>	Tier 1	PA
<i>meperidine hcl tab 50 mg</i>	Tier 1	PA
<i>methadone hcl conc 10 mg/ml</i>	Tier 1	
<i>methadone hcl conc 10 mg/ml</i> (Methadone Hydrochloride I)	Tier 1	PA
<i>methadone hcl soln 5 mg/5ml</i>	Tier 1	PA
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	PA
<i>methadone hcl tab 5 mg</i>	Tier 1	PA
<i>methadone hcl tab 10 mg</i>	Tier 1	PA
<i>methadone hcl tab for oral susp 40 mg</i>	Tier 1	
<i>methadone hcl tab for oral susp 40 mg</i> (Methadose)	Tier 1	
<i>morphine sulf for microinfusion pf inj 200 mg/20ml (10mg/ml)</i> (Mitigo)	Tier 1	
<i>morphine sulf for microinfusion pf inj 500 mg/20ml (25mg/ml)</i> (Mitigo)	Tier 1	
<i>morphine sulfate beads cap er 24hr 30 mg</i>	Tier 1	PA
<i>morphine sulfate beads cap er 24hr 45 mg</i>	Tier 1	PA
<i>morphine sulfate beads cap er 24hr 60 mg</i>	Tier 1	PA
<i>morphine sulfate beads cap er 24hr 75 mg</i>	Tier 1	PA
<i>morphine sulfate beads cap er 24hr 90 mg</i>	Tier 1	PA
<i>morphine sulfate beads cap er 24hr 120 mg</i>	Tier 1	PA
<i>morphine sulfate cap er 24hr 10 mg</i>	Tier 1	PA
<i>morphine sulfate cap er 24hr 20 mg</i>	Tier 1	PA
<i>morphine sulfate cap er 24hr 30 mg</i>	Tier 1	PA
<i>morphine sulfate cap er 24hr 50 mg</i>	Tier 1	PA
<i>morphine sulfate cap er 24hr 60 mg</i>	Tier 1	PA
<i>morphine sulfate cap er 24hr 80 mg</i>	Tier 1	PA
<i>morphine sulfate cap er 24hr 100 mg</i>	Tier 1	PA
<i>morphine sulfate inj pf 0.5 mg/ml</i>	Tier 1	
<i>morphine sulfate inj pf 0.5 mg/ml</i> (Duramorph)	Tier 1	
<i>morphine sulfate inj pf 1 mg/ml</i>	Tier 1	
<i>morphine sulfate inj pf 1 mg/ml</i> (Duramorph)	Tier 1	
<i>morphine sulfate iv soln 4 mg/ml</i>	Tier 1	
<i>morphine sulfate iv soln 8 mg/ml</i>	Tier 1	
<i>morphine sulfate iv soln 10 mg/ml</i>	Tier 1	
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	PA
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>morphine sulfate tab 15 mg</i>	Tier 1	PA
<i>morphine sulfate tab 30 mg</i>	Tier 1	PA
<i>morphine sulfate tab er 15 mg</i>	Tier 1	PA
<i>morphine sulfate tab er 30 mg</i>	Tier 1	PA
<i>morphine sulfate tab er 60 mg</i>	Tier 1	PA
<i>morphine sulfate tab er 100 mg</i>	Tier 1	PA
<i>morphine sulfate tab er 200 mg</i>	Tier 1	PA
<i>oxycodone hcl cap 5 mg</i>	Tier 1	PA
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Tier 1	PA
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	PA
<i>oxycodone hcl tab 5 mg</i>	Tier 1	PA
<i>oxycodone hcl tab 10 mg</i>	Tier 1	PA
<i>oxycodone hcl tab 15 mg</i>	Tier 1	PA
<i>oxycodone hcl tab 20 mg</i>	Tier 1	PA
<i>oxycodone hcl tab 30 mg</i>	Tier 1	PA
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Tier 1	PA
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Tier 1	PA
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Tier 1	PA
<i>oxymorphone hcl tab 5 mg</i>	Tier 1	PA
<i>oxymorphone hcl tab 10 mg</i>	Tier 1	PA
<i>remifentanil hcl for iv soln 1 mg</i>	Tier 1	
<i>remifentanil hcl for iv soln 2 mg</i>	Tier 1	
<i>remifentanil hcl for iv soln 5 mg</i>	Tier 1	
<i>sufentanil citrate inj 50 mcg/ml</i>	Tier 1	
<i>sufentanil citrate inj 100 mcg/2ml (50 mcg/ml)</i>	Tier 1	
<i>sufentanil citrate inj 250 mcg/5ml (50 mcg/ml)</i>	Tier 1	
<i>tramadol hcl oral soln 5 mg/ml</i>	Tier 1	PA
<i>tramadol hcl tab 50 mg</i>	Tier 1	PA
<i>tramadol hcl tab er 24hr 100 mg</i>	Tier 1	
<i>tramadol hcl tab er 24hr 200 mg</i>	Tier 1	
<i>tramadol hcl tab er 24hr 300 mg</i>	Tier 1	
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Tier 1	
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Tier 1	
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	Tier 1	QL (2700 mL every 25 days)
acetaminophen w/ codeine tab 300-15 mg	Tier 1	QL (400 tabs every 25 days)
acetaminophen w/ codeine tab 300-30 mg	Tier 1	QL (360 tabs every 25 days)
acetaminophen w/ codeine tab 300-60 mg	Tier 1	QL (180 tabs every 25 days)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	Tier 1	QL (300 caps every 25 days)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg (Trezix)	Tier 1	QL (300 caps every 25 days)
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	Tier 1	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	Tier 1	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	Tier 1	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp/codeine)	Tier 1	
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Tier 1	PA, QL (2700 mL every 25 days)
hydrocodone-acetaminophen tab 5-300 mg	Tier 1	PA, QL (240 tabs every 25 days)
hydrocodone-acetaminophen tab 5-325 mg	Tier 1	PA, QL (240 tabs every 25 days)
hydrocodone-acetaminophen tab 7.5-300 mg	Tier 1	PA, QL (180 tabs every 25 days)
hydrocodone-acetaminophen tab 7.5-325 mg	Tier 1	PA, QL (180 tabs every 25 days)
hydrocodone-acetaminophen tab 10-300 mg	Tier 1	PA, QL (180 tabs every 25 days)
hydrocodone-acetaminophen tab 10-325 mg	Tier 1	PA, QL (180 tabs every 25 days)
hydrocodone-ibuprofen tab 5-200 mg	Tier 1	PA, QL (50 tabs every 25 days)
hydrocodone-ibuprofen tab 7.5-200 mg	Tier 1	PA, QL (50 tabs every 25 days)
hydrocodone-ibuprofen tab 10-200 mg	Tier 1	PA, QL (50 tabs every 25 days)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	PA, QL (360 tabs every 25 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (Endocet)	Tier 1	PA, QL (360 tabs every 25 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	PA, QL (360 tabs every 25 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (Endocet)	Tier 1	PA, QL (360 tabs every 25 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	PA, QL (240 tabs every 25 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (Endocet)	Tier 1	PA, QL (240 tabs every 25 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	PA, QL (180 tabs every 25 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (Endocet)	Tier 1	PA, QL (180 tabs every 25 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 1	QL (40 tabs every 25 days)

OPIOID PARTIAL AGONISTS

<i>BELBUCA MIS 75MCG (buprenorphine hcl)</i>	Tier 2	PA
<i>BELBUCA MIS 150MCG (buprenorphine hcl)</i>	Tier 2	PA
<i>BELBUCA MIS 300MCG (buprenorphine hcl)</i>	Tier 2	PA
<i>BELBUCA MIS 450MCG (buprenorphine hcl)</i>	Tier 2	PA
<i>BELBUCA MIS 600MCG (buprenorphine hcl)</i>	Tier 2	PA
<i>BELBUCA MIS 750MCG (buprenorphine hcl)</i>	Tier 2	PA
<i>BELBUCA MIS 900MCG (buprenorphine hcl)</i>	Tier 2	PA
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	Tier 1	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 1	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 1	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 1	PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 1	PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 1	PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 1	PA
<i>butorphanol tartrate inj 1 mg/ml</i>	Tier 1	
<i>butorphanol tartrate inj 2 mg/ml</i>	Tier 1	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	QL (6 bottles every 75 days)
<i>nalbuphine hcl inj 10 mg/ml</i>	Tier 1	
<i>nalbuphine hcl inj 20 mg/ml</i>	Tier 1	
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	Tier 1	PA
ZUBSOLV SUB 0.7-0.18 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	Tier 2	
ZUBSOLV SUB 1.4-0.36 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	Tier 2	
ZUBSOLV SUB 2.9-0.71 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	Tier 2	
ZUBSOLV SUB 5.7-1.4 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	Tier 2	
ZUBSOLV SUB 8.6-2.1 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	Tier 2	
ZUBSOLV SUB 11.4-2.9 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	Tier 2	

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

<i>danazol cap 50 mg</i>	Tier 1	
<i>danazol cap 100 mg</i>	Tier 1	
<i>danazol cap 200 mg</i>	Tier 1	
<i>methyltestosterone cap 10 mg</i>	Tier 1	PA
NATESTO GEL 5.5MG (<i>testosterone</i>)	Tier 2	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	
<i>testosterone cypionate im inj in oil 100 mg/ml</i> (Depo-testosterone)	Tier 1	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	
<i>testosterone cypionate im inj in oil 200 mg/ml</i> (Depo-testosterone)	Tier 1	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	
<i>testosterone td gel 10mg/act (2%)</i>	Tier 1	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	Tier 1	PA
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	Tier 1	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

40

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

<i>testosterone td gel 20.25 mg/act (1.62%)</i>	Tier 1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	Tier 1	PA
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	Tier 1	PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	Tier 1	PA
<i>testosterone td soln 30 mg/act</i>	Tier 1	PA

ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS

INTRARECTAL STEROIDS

<i>budesonide rectal foam 2 mg/act</i>	Tier 1	
CORTIFOAM AER 90MG (<i>hydrocortisone acetate (intrarectal)</i>)	Tier 2	
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 1	

RECTAL COMBINATIONS

<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	Tier 1	
<i>lidocaine-hydrocortisone acetate rectal cream kit 2-2%</i> (Ana-lex)	Tier 1	PA
PROCTOFOAM AER HC 1% (<i>hydrocortisone acetate w/ pramoxine</i>)	Tier 2	

RECTAL STEROIDS

ANUSOL-HC CRE 2.5% (<i>hydrocortisone (rectal)</i>)	Tier 3	
<i>hydrocortisone perianal cream 1%</i>	Tier 1	
<i>hydrocortisone perianal cream 1%</i> (Proctocort)	Tier 1	
<i>hydrocortisone perianal cream 2.5%</i>	Tier 1	
<i>hydrocortisone perianal cream 2.5%</i> (Procto-med Hc)	Tier 1	
<i>hydrocortisone perianal cream 2.5%</i> (Proctosol Hc)	Tier 1	
<i>hydrocortisone perianal cream 2.5%</i> (Proctozone-hc)	Tier 1	

VASODILATING AGENTS

<i>nitroglycerin oint 0.4%</i>	Tier 1	
--------------------------------	--------	--

ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES

ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES

<i>albendazole tab 200 mg</i>	Tier 1	QL (336 tabs every year)
EMVERM CHW 100MG (<i>mebendazole</i>)	Tier 2	QL (12 tabs every year)
<i>ivermectin tab 3 mg</i>	Tier 1	
<i>praziquantel tab 600 mg</i>	Tier 1	QL (24 tabs every year)
STROMECTOL TAB 3MG (<i>ivermectin</i>)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

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

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

<i>metronidazole cap 375 mg</i>	Tier 1
<i>metronidazole iv soln 500 mg/100ml</i>	Tier 1
<i>metronidazole tab 250 mg</i>	Tier 1
<i>metronidazole tab 500 mg</i>	Tier 1
<i>pentamidine isethionate for inj soln 300 mg</i>	Tier 1
<i>pentamidine isethionate for nebulization soln 300 mg</i>	Tier 1
<i>tinidazole tab 250 mg</i>	Tier 1
<i>tinidazole tab 500 mg</i>	Tier 1
<i>trimethoprim tab 100 mg</i>	Tier 1
XIFAXAN TAB 550MG (<i>rifaximin</i>)	Tier 2

ANTI-INFECTIVE MISC. - COMBINATIONS

<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Tier 1
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> (Sulfatrim Pediatric)	Tier 1
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1

ANTIPROTOZOAL AGENTS

<i>atovaquone susp 750 mg/5ml</i>	Tier 1
<i>nitazoxanide tab 500 mg</i>	Tier 1

CARBAPENEMS

<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	Tier 1
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	Tier 1
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	Tier 1
<i>meropenem iv for soln 1 gm</i>	Tier 1
<i>meropenem iv for soln 500 mg</i>	Tier 1

CHLORAMPHENICOLS

<i>chloramphenicol sodium succinate for iv inj 1 gm</i>	Tier 1
---	--------

CYCLIC LIPOPEPTIDES

<i>daptomycin for iv soln 350 mg</i>	Tier 1
--------------------------------------	--------

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 42
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>daptomycin for iv soln 500 mg</i>	Tier 1	
GLYCOPEPTIDES		
VANCOGIN CAP 125MG (<i>vancomycin hcl</i>)	Tier 3	
VANCOGIN CAP 250MG (<i>vancomycin hcl</i>)	Tier 3	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	Tier 1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 1.5 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 1.25 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 100 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	Tier 1	
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	Tier 1	
<i>dapsone tab 100 mg</i>	Tier 1	
LINCOSAMIDES		
CLEOCIN CAP 75MG (<i>clindamycin hcl</i>)	Tier 3	
CLEOCIN CAP 150MG (<i>clindamycin hcl</i>)	Tier 3	
CLEOCIN CAP 300MG (<i>clindamycin hcl</i>)	Tier 3	
CLEOCIN PED SOL 75MG/5ML (<i>clindamycin palmitate hydrochloride</i>)	Tier 3	
<i>clindamycin hcl cap 75 mg</i>	Tier 1	
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	Tier 1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	Tier 1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	Tier 1	
<i>clindamycin phosphate inj 9 gm/60ml</i>	Tier 1	
<i>clindamycin phosphate inj 900 mg/6ml</i>	Tier 1	
<i>lincomycin hcl inj 300 mg/ml</i>	Tier 1	
MONOBACTAMS		
<i>aztreonam for inj 1 gm</i>	Tier 1	
<i>aztreonam for inj 2 gm</i>	Tier 1	
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	Tier 1	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	Tier 1	
<i>linezolid tab 600 mg</i>	Tier 1	
POLYMYXINS		
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	Tier 1	
<i>polymyxin b sulfate for inj 500000 unit</i>	Tier 1	
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 1	QL (1 packet every 25 days)
<i>MACROBID CAP 100MG (nitrofurantoin monohyd macro)</i>	Tier 3	
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
<i>methenamine mandelate tab 0.5 gm</i>	Tier 1	
<i>methenamine mandelate tab 1 gm</i>	Tier 1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 1	
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 1	
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 1	
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

<i>isosorbide dinitrate tab 10 mg</i>	Tier 1
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 1
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1
NITRO-DUR DIS 0.1MG/HR (<i>nitroglycerin</i>)	Tier 3
NITRO-DUR DIS 0.2MG/HR (<i>nitroglycerin</i>)	Tier 3
NITRO-DUR DIS 0.3MG/HR (<i>nitroglycerin</i>)	Tier 3
NITRO-DUR DIS 0.4MG/HR (<i>nitroglycerin</i>)	Tier 3
NITRO-DUR DIS 0.6MG/HR (<i>nitroglycerin</i>)	Tier 3
NITRO-DUR DIS 0.8MG/HR (<i>nitroglycerin</i>)	Tier 3
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	Tier 1
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	Tier 1
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	Tier 1
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 1
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 1
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 1
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 1
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Tier 1
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	Tier 1
NITROLINGUAL SPR 400MCG (<i>nitroglycerin</i>)	Tier 3
NITROSTAT SUB 0.3MG (<i>nitroglycerin</i>)	Tier 3
NITROSTAT SUB 0.4MG (<i>nitroglycerin</i>)	Tier 3
NITROSTAT SUB 0.6MG (<i>nitroglycerin</i>)	Tier 3

ANTI-ANXIETY AGENTS - DRUGS TO TREAT ANXIETY

ANTI-ANXIETY AGENTS - MISC.

<i>bupirone hcl tab 5 mg</i>	Tier 1
<i>bupirone hcl tab 7.5 mg</i>	Tier 1
<i>bupirone hcl tab 10 mg</i>	Tier 1
<i>bupirone hcl tab 15 mg</i>	Tier 1
<i>bupirone hcl tab 30 mg</i>	Tier 1
<i>droperidol inj 2.5 mg/ml</i>	Tier 1
<i>hydroxyzine hcl im soln 25 mg/ml</i>	Tier 1
<i>hydroxyzine hcl im soln 50 mg/ml</i>	Tier 1
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	
<i>meprobamate tab 200 mg</i>	Tier 1	
<i>meprobamate tab 400 mg</i>	Tier 1	

BENZODIAZEPINES

<i>alprazolam orally disintegrating tab 0.5 mg</i>	Tier 1	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	Tier 1	
<i>alprazolam orally disintegrating tab 1 mg</i>	Tier 1	
<i>alprazolam orally disintegrating tab 2 mg</i>	Tier 1	
<i>alprazolam tab 0.5 mg</i>	Tier 1	
<i>alprazolam tab 0.25 mg</i>	Tier 1	
<i>alprazolam tab 1 mg</i>	Tier 1	
<i>alprazolam tab 2 mg</i>	Tier 1	
<i>alprazolam tab er 24hr 0.5 mg</i>	Tier 1	
<i>alprazolam tab er 24hr 0.5 mg (Alprazolam Xr)</i>	Tier 1	
<i>alprazolam tab er 24hr 1 mg</i>	Tier 1	
<i>alprazolam tab er 24hr 1 mg (Alprazolam Xr)</i>	Tier 1	
<i>alprazolam tab er 24hr 2 mg</i>	Tier 1	
<i>alprazolam tab er 24hr 2 mg (Alprazolam Xr)</i>	Tier 1	
<i>alprazolam tab er 24hr 3 mg</i>	Tier 1	
<i>alprazolam tab er 24hr 3 mg (Alprazolam Xr)</i>	Tier 1	
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 1	
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 1	
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 1	
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	
<i>diazepam conc 5 mg/ml</i>	Tier 1	
<i>diazepam inj 5 mg/ml</i>	Tier 1	
<i>diazepam oral soln 1 mg/ml</i>	Tier 1	
<i>diazepam tab 2 mg</i>	Tier 1	
<i>diazepam tab 5 mg</i>	Tier 1	
<i>diazepam tab 10 mg</i>	Tier 1	
<i>lorazepam conc 2 mg/ml</i>	Tier 1	
<i>lorazepam inj 2 mg/ml</i>	Tier 1	
<i>lorazepam inj 4 mg/ml</i>	Tier 1	
<i>lorazepam tab 0.5 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

<i>lorazepam tab 1 mg</i>	Tier 1	
<i>lorazepam tab 2 mg</i>	Tier 1	
<i>oxazepam cap 10 mg</i>	Tier 1	
<i>oxazepam cap 15 mg</i>	Tier 1	
<i>oxazepam cap 30 mg</i>	Tier 1	

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS - MISC.

<i>adenosine iv soln 6 mg/2ml</i>	Tier 1	
<i>adenosine iv soln 12 mg/4ml</i>	Tier 1	

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i>	Tier 1	
<i>disopyramide phosphate cap 150 mg</i>	Tier 1	
<i>procainamide hcl inj 100 mg/ml</i>	Tier 1	
<i>procainamide hcl inj 500 mg/ml</i>	Tier 1	
<i>quinidine gluconate tab er 324 mg</i>	Tier 1	

ANTIARRHYTHMICS TYPE I-B

<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	Tier 1	
<i>lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)</i>	Tier 1	
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	Tier 1	
<i>lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)</i>	Tier 1	
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	Tier 1	
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	Tier 1	
<i>mexiletine hcl cap 150 mg</i>	Tier 1	
<i>mexiletine hcl cap 200 mg</i>	Tier 1	
<i>mexiletine hcl cap 250 mg</i>	Tier 1	

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	Tier 1	
<i>flecainide acetate tab 100 mg</i>	Tier 1	
<i>flecainide acetate tab 150 mg</i>	Tier 1	
<i>propafenone hcl cap er 12hr 225 mg</i>	Tier 1	
<i>propafenone hcl cap er 12hr 325 mg</i>	Tier 1	
<i>propafenone hcl cap er 12hr 425 mg</i>	Tier 1	
<i>propafenone hcl tab 150 mg</i>	Tier 1	
<i>propafenone hcl tab 225 mg</i>	Tier 1	
<i>propafenone hcl tab 300 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

47

PRESCRIPTION DRUG NAME

DRUG TIER COVERAGE REQUIREMENTS AND LIMITS

ANTIARRHYTHMICS TYPE III

amiodarone hcl inj 150 mg/3ml (50 mg/ml)	Tier 1	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	Tier 1	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	Tier 1	
amiodarone hcl tab 100 mg	Tier 1	
amiodarone hcl tab 100 mg (Pacerone)	Tier 1	
amiodarone hcl tab 200 mg	Tier 1	
amiodarone hcl tab 200 mg (Pacerone)	Tier 1	
amiodarone hcl tab 400 mg	Tier 1	
amiodarone hcl tab 400 mg (Pacerone)	Tier 1	
dofetilide cap 125 mcg (0.125 mg)	Tier 1	PA
dofetilide cap 250 mcg (0.25 mg)	Tier 1	PA
dofetilide cap 500 mcg (0.5 mg)	Tier 1	PA
ibutilide fumarate inj 1 mg/10ml	Tier 1	
MULTAQ TAB 400MG (dronedarone hcl)	Tier 2	
TIKOSYN CAP 125MCG (dofetilide)	Tier 3	PA
TIKOSYN CAP 250MCG (dofetilide)	Tier 3	PA
TIKOSYN CAP 500MCG (dofetilide)	Tier 3	PA

ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

ANTI-INFLAMMATORY AGENTS

cromolyn sodium soln nebu 20 mg/2ml	Tier 1	
--	--------	--

ANTIASTHMATIC - MONOCLONAL ANTIBODIES

FASENRA INJ 30MG/ML (benralizumab)	Tier 2	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML (benralizumab)	Tier 2	PA, QL (1 syringe every 56 days)
NUCALA INJ 40MG/0.4 (mepolizumab)	Tier 2	PA, QL (1 injection every 28 days)
NUCALA INJ 100MG/ML (mepolizumab)	Tier 2	PA, QL (3 injections every 28 days)
TEZSPIRE INJ 210MG (tezepelumab-ekko)	Tier 2	PA, QL (1 pen every 28 days)
TEZSPIRE SOL 210MG (tezepelumab-ekko)	Tier 2	PA, QL (1 syringe every 28 days)
XOLAIR INJ 75/0.5 (omalizumab)	Tier 2	PA, QL (2 pens every 28 days)
XOLAIR INJ 150MG/ML (omalizumab)	Tier 2	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML (omalizumab)	Tier 2	PA, QL (8 syringes every 28 days)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 48

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XOLAIR INJ 300/2ML (omalizumab)	Tier 2	PA
XOLAIR SOL 150MG (omalizumab)	Tier 2	PA, QL (8 vials every 28 days)
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium bromide inhal soln 0.02%	Tier 1	
SPIRIVA AER 1.25MCG (tiotropium bromide monohydrate)	Tier 2	
SPIRIVA CAP HANDIHLR (tiotropium bromide monohydrate)	Tier 2	
SPIRIVA SPR 2.5MCG (tiotropium bromide monohydrate)	Tier 2	
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	Tier 1	
YUPELRI SOL (revefenacin)	Tier 2	
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	Tier 1	
montelukast sodium chew tab 5 mg (base equiv)	Tier 1	
montelukast sodium oral granules packet 4 mg (base equiv)	Tier 1	
montelukast sodium tab 10 mg (base equiv)	Tier 1	
zafirlukast tab 10 mg	Tier 1	
zafirlukast tab 20 mg	Tier 1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab 250 mcg	Tier 1	
roflumilast tab 500 mcg	Tier 1	
STEROID INHALANTS		
budesonide inhalation susp 0.5 mg/2ml	Tier 1	
budesonide inhalation susp 0.25 mg/2ml	Tier 1	
budesonide inhalation susp 1 mg/2ml	Tier 1	
PULMICORT INH 90MCG (budesonide (inhalation))	Tier 2	
PULMICORT INH 180MCG (budesonide (inhalation))	Tier 2	
PULMICORT SUS 0.5MG/2 (budesonide (inhalation))	Tier 3	
PULMICORT SUS 0.25MG/2 (budesonide (inhalation))	Tier 3	
PULMICORT SUS 1MG/2ML (budesonide (inhalation))	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG (albuterol-budesonide)	Tier 2	
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	Tier 1	
albuterol sulfate soln nebu 0.5% (5 mg/ml)	Tier 1	
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	Tier 1	
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	Tier 1	
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	Tier 1	
albuterol sulfate syrup 2 mg/5ml	Tier 1	
albuterol sulfate tab 2 mg	Tier 1	
albuterol sulfate tab 4 mg	Tier 1	
ANORO ELLIPTA AER 62.5-25 (umeclidinium-vilanterol)	Tier 2	
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	Tier 1	
BREO ELLIPTA INH 50-25MCG (fluticasone furoate-vilanterol)	Tier 2	
BREO ELLIPTA INH 100-25 (fluticasone furoate-vilanterol)	Tier 2	
BREO ELLIPTA INH 200-25 (fluticasone furoate-vilanterol)	Tier 2	
BREZTRI AERO AER SPHERE (budesonide-glycopyrrolate-formoterol fumarate)	Tier 2	
fluticasone-salmeterol aer powder ba 100-50 mcg/act	Tier 1	
fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub)	Tier 1	
fluticasone-salmeterol aer powder ba 250-50 mcg/act	Tier 1	
fluticasone-salmeterol aer powder ba 250-50 mcg/act (Wixela Inhub)	Tier 1	
fluticasone-salmeterol aer powder ba 500-50 mcg/act	Tier 1	
fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)	Tier 1	
formoterol fumarate soln nebu 20 mcg/2ml	Tier 1	
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **50**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

<i>isoproterenol hcl inj 0.2 mg/ml</i>	Tier 1	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 1	
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Tier 1	
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Tier 1	
SEREVENT DIS AER 50MCG (<i>salmeterol xinafoate</i>)	Tier 2	
STIOLTO AER 2.5-2.5 (<i>tiotropium bromide-olodaterol hcl</i>)	Tier 2	
STRIVERDI AER 2.5MCG (<i>olodaterol hcl</i>)	Tier 2	
<i>terbutaline sulfate inj 1 mg/ml</i>	Tier 1	
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 1	
<i>terbutaline sulfate tab 5 mg</i>	Tier 1	
TRELEGY AER 100MCG (<i>fluticasone-umeclidinium-vilanterol</i>)	Tier 2	
TRELEGY AER 200MCG (<i>fluticasone-umeclidinium-vilanterol</i>)	Tier 2	

XANTHINES

<i>aminophylline inj 25 mg/ml</i>	Tier 1	
<i>theophylline elixir 80 mg/15ml</i>	Tier 1	
<i>theophylline elixir 80 mg/15ml (Elixophyllin)</i>	Tier 1	
<i>theophylline soln 80 mg/15ml</i>	Tier 1	
<i>theophylline tab er 12hr 300 mg</i>	Tier 1	
<i>theophylline tab er 12hr 450 mg</i>	Tier 1	
<i>theophylline tab er 24hr 400 mg</i>	Tier 1	
<i>theophylline tab er 24hr 600 mg</i>	Tier 1	

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

<i>warfarin sodium tab 1 mg</i>	Tier 1	
<i>warfarin sodium tab 1 mg (Jantoven)</i>	Tier 1	
<i>warfarin sodium tab 2 mg</i>	Tier 1	
<i>warfarin sodium tab 2 mg (Jantoven)</i>	Tier 1	
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	
<i>warfarin sodium tab 2.5 mg (Jantoven)</i>	Tier 1	
<i>warfarin sodium tab 3 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

warfarin sodium tab 3 mg (Jantoven)	Tier 1	
warfarin sodium tab 4 mg	Tier 1	
warfarin sodium tab 4 mg (Jantoven)	Tier 1	
warfarin sodium tab 5 mg	Tier 1	
warfarin sodium tab 5 mg (Jantoven)	Tier 1	
warfarin sodium tab 6 mg	Tier 1	
warfarin sodium tab 6 mg (Jantoven)	Tier 1	
warfarin sodium tab 7.5 mg	Tier 1	
warfarin sodium tab 7.5 mg (Jantoven)	Tier 1	
warfarin sodium tab 10 mg	Tier 1	
warfarin sodium tab 10 mg (Jantoven)	Tier 1	

DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG (apixaban)	Tier 2	
ELIQUIS TAB 2.5MG (apixaban)	Tier 2	
ELIQUIS TAB 5MG (apixaban)	Tier 2	
XARELTO STAR TAB 15/20MG (rivaroxaban)	Tier 2	
XARELTO SUS 1MG/ML (rivaroxaban)	Tier 2	
XARELTO TAB 2.5MG (rivaroxaban)	Tier 2	
XARELTO TAB 10MG (rivaroxaban)	Tier 2	
XARELTO TAB 15MG (rivaroxaban)	Tier 2	
XARELTO TAB 20MG (rivaroxaban)	Tier 2	

HEPARINS AND HEPARINOID-LIKE AGENTS

ARIXTRA INJ 2.5/0.5 (fondaparinux sodium)	Tier 3	
ARIXTRA INJ 5/0.4ML (fondaparinux sodium)	Tier 3	
ARIXTRA INJ 7.5/0.6 (fondaparinux sodium)	Tier 3	
ARIXTRA INJ 10/0.8ML (fondaparinux sodium)	Tier 3	
enoxaparin sodium inj 300 mg/3ml	Tier 1	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	Tier 1	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	Tier 1	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	Tier 1	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	Tier 1	
enoxaparin sodium inj soln pref syr 100 mg/ml	Tier 1	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	Tier 1	
enoxaparin sodium inj soln pref syr 150 mg/ml	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 1	
FRAGMIN INJ 2500/0.2 (<i>dalteparin sodium</i>)	Tier 3	
FRAGMIN INJ 2500/ML (<i>dalteparin sodium</i>)	Tier 3	
FRAGMIN INJ 5000/0.2 (<i>dalteparin sodium</i>)	Tier 3	
FRAGMIN INJ 7500/0.3 (<i>dalteparin sodium</i>)	Tier 3	
FRAGMIN INJ 10000/ML (<i>dalteparin sodium</i>)	Tier 3	
FRAGMIN INJ 12500UNT (<i>dalteparin sodium</i>)	Tier 3	
FRAGMIN INJ 15000UNT (<i>dalteparin sodium</i>)	Tier 3	
FRAGMIN INJ 18000UNT (<i>dalteparin sodium</i>)	Tier 3	
FRAGMIN INJ 95000UNT (<i>dalteparin sodium</i>)	Tier 3	
<i>heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%</i>	Tier 1	
<i>heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9%</i>	Tier 1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Tier 1	
THROMBIN INHIBITORS		
<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	Tier 1	
<i>argatroban iv soln 50 mg/50ml (1 mg/ml)</i>	Tier 1	
<i>bivalirudin trifluoroacetate for iv soln 250 mg (base equiv)</i>	Tier 1	
<i>bivalirudin trifluoroacetate iv soln 250 mg/50ml (base eq)</i>	Tier 1	
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	Tier 1	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	Tier 1	
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
<i>FYCOMPA SUS 0.5MG/ML (perampanel)</i>	Tier 2	
<i>FYCOMPA TAB 2MG (perampanel)</i>	Tier 2	
<i>FYCOMPA TAB 4MG (perampanel)</i>	Tier 2	
<i>FYCOMPA TAB 6MG (perampanel)</i>	Tier 2	
<i>FYCOMPA TAB 8MG (perampanel)</i>	Tier 2	
<i>FYCOMPA TAB 10MG (perampanel)</i>	Tier 2	
<i>FYCOMPA TAB 12MG (perampanel)</i>	Tier 2	
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam suspension 2.5 mg/ml</i>	Tier 1	
<i>clobazam tab 10 mg</i>	Tier 1	
<i>clobazam tab 20 mg</i>	Tier 1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	Tier 1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	Tier 1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	Tier 1	
<i>clonazepam orally disintegrating tab 1 mg</i>	Tier 1	
<i>clonazepam orally disintegrating tab 2 mg</i>	Tier 1	
<i>clonazepam tab 0.5 mg</i>	Tier 1	
<i>clonazepam tab 1 mg</i>	Tier 1	
<i>clonazepam tab 2 mg</i>	Tier 1	
<i>diazepam rectal gel delivery system 2.5 mg</i>	Tier 1	
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 1	
<i>diazepam rectal gel delivery system 20 mg</i>	Tier 1	
<i>NAYZILAM SPR 5MG (midazolam (anticonvulsant))</i>	Tier 2	
<i>VALTOCO SPR 5MG (diazepam (anticonvulsant))</i>	Tier 2	
<i>VALTOCO SPR 10MG (diazepam (anticonvulsant))</i>	Tier 2	
<i>VALTOCO SPR 15MG (diazepam (anticonvulsant))</i>	Tier 2	
<i>VALTOCO SPR 20MG (diazepam (anticonvulsant))</i>	Tier 2	
ANTICONVULSANTS - MISC.		
<i>APTOM TAB 200MG (eslicarbazepine acetate)</i>	Tier 2	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
APTIOM TAB 400MG (eslicarbazepine acetate)	Tier 2	
APTIOM TAB 600MG (eslicarbazepine acetate)	Tier 2	
APTIOM TAB 800MG (eslicarbazepine acetate)	Tier 2	
carbamazepine cap er 12hr 100 mg	Tier 1	
carbamazepine cap er 12hr 200 mg	Tier 1	
carbamazepine cap er 12hr 300 mg	Tier 1	
carbamazepine chew tab 100 mg	Tier 1	
carbamazepine susp 100 mg/5ml	Tier 1	
carbamazepine tab 200 mg	Tier 1	
carbamazepine tab 200 mg (Eitol)	Tier 1	
carbamazepine tab er 12hr 100 mg	Tier 1	
carbamazepine tab er 12hr 200 mg	Tier 1	
carbamazepine tab er 12hr 400 mg	Tier 1	
CARBATROL CAP 100MG (carbamazepine)	Tier 3	
CARBATROL CAP 200MG (carbamazepine)	Tier 3	
CARBATROL CAP 300MG (carbamazepine)	Tier 3	
gabapentin cap 100 mg	Tier 1	
gabapentin cap 300 mg	Tier 1	
gabapentin cap 400 mg	Tier 1	
gabapentin oral soln 250 mg/5ml	Tier 1	
gabapentin tab 600 mg	Tier 1	
gabapentin tab 800 mg	Tier 1	
lacosamide iv inj 200 mg/20ml (10 mg/ml)	Tier 1	
lacosamide oral solution 10 mg/ml	Tier 1	
lacosamide tab 50 mg	Tier 1	
lacosamide tab 100 mg	Tier 1	
lacosamide tab 150 mg	Tier 1	
lacosamide tab 200 mg	Tier 1	
lamotrigine orally disintegrating tab 25 mg	Tier 1	
lamotrigine orally disintegrating tab 50 mg	Tier 1	
lamotrigine orally disintegrating tab 100 mg	Tier 1	
lamotrigine orally disintegrating tab 200 mg	Tier 1	
lamotrigine tab 25 mg	Tier 1	
lamotrigine tab 25 mg (Subvenite)	Tier 1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	Tier 1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Subvenite Starter Kit/ora)	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lamotrigine tab 35 x 25 mg starter kit</i>	Tier 1	
<i>lamotrigine tab 35 x 25 mg starter kit</i> (Subvenite Starter Kit/blu)	Tier 1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	Tier 1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (Subvenite Starter Kit/gre)	Tier 1	
<i>lamotrigine tab 100 mg</i>	Tier 1	
<i>lamotrigine tab 100 mg</i> (Subvenite)	Tier 1	
<i>lamotrigine tab 150 mg</i>	Tier 1	
<i>lamotrigine tab 150 mg</i> (Subvenite)	Tier 1	
<i>lamotrigine tab 200 mg</i>	Tier 1	
<i>lamotrigine tab 200 mg</i> (Subvenite)	Tier 1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	Tier 1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	Tier 1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	Tier 1	
<i>lamotrigine tab er 24hr 25 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 50 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 100 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 200 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 250 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 300 mg</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	Tier 1	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	Tier 1	
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	
<i>levetiracetam tab 250 mg</i>	Tier 1	
<i>levetiracetam tab 500 mg</i>	Tier 1	
<i>levetiracetam tab 500 mg</i> (Roweepra)	Tier 1	
<i>levetiracetam tab 750 mg</i>	Tier 1	
<i>levetiracetam tab 1000 mg</i>	Tier 1	
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levetiracetam tab er 24hr 750 mg	Tier 1	
MYSOLINE TAB 50MG (primidone)	Tier 3	
MYSOLINE TAB 250MG (primidone)	Tier 3	
NEURONTIN CAP 100MG (gabapentin)	Tier 3	
NEURONTIN CAP 300MG (gabapentin)	Tier 3	
NEURONTIN CAP 400MG (gabapentin)	Tier 3	
NEURONTIN SOL 250/5ML (gabapentin)	Tier 3	
NEURONTIN TAB 600MG (gabapentin)	Tier 3	
NEURONTIN TAB 800MG (gabapentin)	Tier 3	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	Tier 1	
oxcarbazepine tab 150 mg	Tier 1	
oxcarbazepine tab 300 mg	Tier 1	
oxcarbazepine tab 600 mg	Tier 1	
OXTELLAR XR TAB 150MG (oxcarbazepine)	Tier 2	
OXTELLAR XR TAB 300MG (oxcarbazepine)	Tier 2	
OXTELLAR XR TAB 600MG (oxcarbazepine)	Tier 2	
pregabalin cap 25 mg	Tier 1	
pregabalin cap 50 mg	Tier 1	
pregabalin cap 75 mg	Tier 1	
pregabalin cap 100 mg	Tier 1	
pregabalin cap 150 mg	Tier 1	
pregabalin cap 200 mg	Tier 1	
pregabalin cap 225 mg	Tier 1	
pregabalin cap 300 mg	Tier 1	
pregabalin soln 20 mg/ml	Tier 1	
primidone tab 50 mg	Tier 1	
primidone tab 250 mg	Tier 1	
rufinamide susp 40 mg/ml	Tier 1	
rufinamide tab 200 mg	Tier 1	
rufinamide tab 400 mg	Tier 1	
TOPAMAX SPR CAP 15MG (topiramate)	Tier 3	
TOPAMAX SPR CAP 25MG (topiramate)	Tier 3	
TOPAMAX TAB 25MG (topiramate)	Tier 3	
TOPAMAX TAB 50MG (topiramate)	Tier 3	
TOPAMAX TAB 100MG (topiramate)	Tier 3	
TOPAMAX TAB 200MG (topiramate)	Tier 3	
topiramate cap er 24hr 25 mg	Tier 1	
topiramate cap er 24hr 50 mg	Tier 1	
topiramate cap er 24hr 100 mg	Tier 1	
topiramate cap er 24hr 200 mg	Tier 1	
topiramate sprinkle cap 15 mg	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>topiramate sprinkle cap 25 mg</i>	Tier 1	
<i>topiramate tab 25 mg</i>	Tier 1	
<i>topiramate tab 50 mg</i>	Tier 1	
<i>topiramate tab 100 mg</i>	Tier 1	
<i>topiramate tab 200 mg</i>	Tier 1	
TROKENDI XR CAP 25MG (<i>topiramate</i>)	Tier 2	
TROKENDI XR CAP 50MG (<i>topiramate</i>)	Tier 2	
TROKENDI XR CAP 100MG (<i>topiramate</i>)	Tier 2	
TROKENDI XR CAP 200MG (<i>topiramate</i>)	Tier 2	
<i>zonisamide cap 25 mg</i>	Tier 1	
<i>zonisamide cap 50 mg</i>	Tier 1	
<i>zonisamide cap 100 mg</i>	Tier 1	
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	Tier 1	
<i>felbamate tab 400 mg</i>	Tier 1	
<i>felbamate tab 600 mg</i>	Tier 1	
XCOPRI PAK 12.5-25 (<i>cenobamate</i>)	Tier 2	
XCOPRI PAK 50-100MG (<i>cenobamate</i>)	Tier 2	
XCOPRI PAK 100-150 (<i>cenobamate</i>)	Tier 2	
XCOPRI PAK 150-200 (<i>cenobamate</i>)	Tier 2	
XCOPRI TAB 50MG (<i>cenobamate</i>)	Tier 2	
XCOPRI TAB 100MG (<i>cenobamate</i>)	Tier 2	
XCOPRI TAB 150MG (<i>cenobamate</i>)	Tier 2	
XCOPRI TAB 200MG (<i>cenobamate</i>)	Tier 2	
GABA MODULATORS		
<i>tiagabine hcl tab 2 mg</i>	Tier 1	
<i>tiagabine hcl tab 4 mg</i>	Tier 1	
<i>tiagabine hcl tab 12 mg</i>	Tier 1	
<i>tiagabine hcl tab 16 mg</i>	Tier 1	
<i>vigabatrin powd pack 500 mg</i>	Tier 1	PA, QL (6 packets every 1 day)
<i>vigabatrin powd pack 500 mg (Vigadrone)</i>	Tier 1	PA, QL (6 packets every 1 day)
<i>vigabatrin powd pack 500 mg (Vigpoder)</i>	Tier 1	PA, QL (6 packets every 1 day)
<i>vigabatrin tab 500 mg</i>	Tier 1	PA, QL (6 tabs every 1 day)
HYDANTOINS		
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	Tier 1	
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 58

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

phenytoin chew tab 50 mg (Phenytoin)	Tier 1	
phenytoin sodium extended cap 100 mg	Tier 1	
phenytoin sodium extended cap 200 mg	Tier 1	
phenytoin sodium extended cap 200 mg (Phenytek)	Tier 1	
phenytoin sodium extended cap 300 mg	Tier 1	
phenytoin sodium extended cap 300 mg (Phenytek)	Tier 1	
phenytoin sodium inj 50 mg/ml	Tier 1	
phenytoin susp 125 mg/5ml	Tier 1	

SUCCINIMIDES

ethosuximide cap 250 mg	Tier 1	
ethosuximide soln 250 mg/5ml	Tier 1	
methsuximide cap 300 mg	Tier 1	
ZARONTIN CAP 250MG (ethosuximide)	Tier 3	
ZARONTIN SOL 250/5ML (ethosuximide)	Tier 3	

VALPROIC ACID

divalproex sodium cap delayed release sprinkle 125 mg	Tier 1	
divalproex sodium tab delayed release 125 mg	Tier 1	
divalproex sodium tab delayed release 250 mg	Tier 1	
divalproex sodium tab delayed release 500 mg	Tier 1	
divalproex sodium tab er 24 hr 250 mg	Tier 1	
divalproex sodium tab er 24 hr 500 mg	Tier 1	
valproate sodium inj 100 mg/ml	Tier 1	
valproate sodium oral soln 250 mg/5ml (base equiv)	Tier 1	
valproic acid cap 250 mg	Tier 1	

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

mirtazapine orally disintegrating tab 15 mg	Tier 1	
mirtazapine orally disintegrating tab 30 mg	Tier 1	
mirtazapine orally disintegrating tab 45 mg	Tier 1	
mirtazapine tab 7.5 mg	Tier 1	
mirtazapine tab 15 mg	Tier 1	
mirtazapine tab 30 mg	Tier 1	
mirtazapine tab 45 mg	Tier 1	
REMERON SLTB TAB 15MG (mirtazapine)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

REMERON SLTB TAB 30MG (<i>mirtazapine</i>)	Tier 3	
REMERON SLTB TAB 45MG (<i>mirtazapine</i>)	Tier 3	
REMERON TAB 15MG (<i>mirtazapine</i>)	Tier 3	
REMERON TAB 30MG (<i>mirtazapine</i>)	Tier 3	

ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tab 75 mg</i>	Tier 1	
<i>bupropion hcl tab 100 mg</i>	Tier 1	
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1	
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1	
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1	
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 1	
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 1	
WELLBUTRIN TAB 100MG SR (<i>bupropion hcl</i>)	Tier 3	
WELLBUTRIN TAB 150MG SR (<i>bupropion hcl</i>)	Tier 3	
WELLBUTRIN TAB 200MG SR (<i>bupropion hcl</i>)	Tier 3	

MONOAMINE OXIDASE INHIBITORS (MAOIS)

NARDIL TAB 15MG (<i>phenelzine sulfate</i>)	Tier 3	
PARNATE TAB 10MG (<i>tranylcypromine sulfate</i>)	Tier 3	
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 1	

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

CELEXA TAB 10MG (<i>citalopram hydrobromide</i>)	Tier 3	
CELEXA TAB 20MG (<i>citalopram hydrobromide</i>)	Tier 3	
CELEXA TAB 40MG (<i>citalopram hydrobromide</i>)	Tier 3	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

60

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

<i>fluoxetine hcl cap 20 mg</i>	Tier 1	
<i>fluoxetine hcl cap 40 mg</i>	Tier 1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	Tier 1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	
<i>fluoxetine hcl tab 10 mg</i>	Tier 1	
<i>fluoxetine hcl tab 20 mg</i>	Tier 1	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	Tier 1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	Tier 1	
<i>paroxetine hcl tab 10 mg</i>	Tier 1	
<i>paroxetine hcl tab 20 mg</i>	Tier 1	
<i>paroxetine hcl tab 30 mg</i>	Tier 1	
<i>paroxetine hcl tab 40 mg</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	Tier 1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	
<i>sertraline hcl tab 25 mg</i>	Tier 1	
<i>sertraline hcl tab 50 mg</i>	Tier 1	
<i>sertraline hcl tab 100 mg</i>	Tier 1	

SEROTONIN MODULATORS

<i>nefazodone hcl tab 50 mg</i>	Tier 1	
<i>nefazodone hcl tab 100 mg</i>	Tier 1	
<i>nefazodone hcl tab 150 mg</i>	Tier 1	
<i>nefazodone hcl tab 200 mg</i>	Tier 1	
<i>nefazodone hcl tab 250 mg</i>	Tier 1	
<i>trazodone hcl tab 50 mg</i>	Tier 1	
<i>trazodone hcl tab 100 mg</i>	Tier 1	
<i>trazodone hcl tab 150 mg</i>	Tier 1	
<i>trazodone hcl tab 300 mg</i>	Tier 1	
TRINTELLIX TAB 5MG (<i>vortioxetine hbr</i>)	Tier 2	
TRINTELLIX TAB 10MG (<i>vortioxetine hbr</i>)	Tier 2	
TRINTELLIX TAB 20MG (<i>vortioxetine hbr</i>)	Tier 2	
<i>vilazodone hcl tab 10 mg</i>	Tier 1	
<i>vilazodone hcl tab 20 mg</i>	Tier 1	
<i>vilazodone hcl tab 40 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	Tier 1	
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	Tier 1	
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	Tier 1	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	Tier 1	
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	Tier 1	
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	Tier 1	
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	Tier 1	
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	Tier 1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	Tier 1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	Tier 1	
venlafaxine hcl tab 25 mg (base equivalent)	Tier 1	
venlafaxine hcl tab 37.5 mg (base equivalent)	Tier 1	
venlafaxine hcl tab 50 mg (base equivalent)	Tier 1	
venlafaxine hcl tab 75 mg (base equivalent)	Tier 1	
venlafaxine hcl tab 100 mg (base equivalent)	Tier 1	
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	Tier 1	
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	Tier 1	
amitriptyline hcl tab 25 mg	Tier 1	
amitriptyline hcl tab 50 mg	Tier 1	
amitriptyline hcl tab 75 mg	Tier 1	
amitriptyline hcl tab 100 mg	Tier 1	
amitriptyline hcl tab 150 mg	Tier 1	
amoxapine tab 25 mg	Tier 1	
amoxapine tab 50 mg	Tier 1	
amoxapine tab 100 mg	Tier 1	
amoxapine tab 150 mg	Tier 1	
ANAFRANIL CAP 25MG (clomipramine hcl)	Tier 3	
ANAFRANIL CAP 50MG (clomipramine hcl)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANAFRANIL CAP 75MG (clomipramine hcl)	Tier 3	
clomipramine hcl cap 25 mg	Tier 1	
clomipramine hcl cap 50 mg	Tier 1	
clomipramine hcl cap 75 mg	Tier 1	
desipramine hcl tab 10 mg	Tier 1	
desipramine hcl tab 25 mg	Tier 1	
desipramine hcl tab 50 mg	Tier 1	
desipramine hcl tab 75 mg	Tier 1	
desipramine hcl tab 100 mg	Tier 1	
desipramine hcl tab 150 mg	Tier 1	
doxepin hcl cap 10 mg	Tier 1	
doxepin hcl cap 25 mg	Tier 1	
doxepin hcl cap 50 mg	Tier 1	
doxepin hcl cap 75 mg	Tier 1	
doxepin hcl cap 100 mg	Tier 1	
doxepin hcl cap 150 mg	Tier 1	
doxepin hcl conc 10 mg/ml	Tier 1	
imipramine hcl tab 10 mg	Tier 1	
imipramine hcl tab 25 mg	Tier 1	
imipramine hcl tab 50 mg	Tier 1	
imipramine pamoate cap 75 mg	Tier 1	
imipramine pamoate cap 100 mg	Tier 1	
imipramine pamoate cap 125 mg	Tier 1	
imipramine pamoate cap 150 mg	Tier 1	
NORPRAMIN TAB 10MG (desipramine hcl)	Tier 3	
NORPRAMIN TAB 25MG (desipramine hcl)	Tier 3	
nortriptyline hcl cap 10 mg	Tier 1	
nortriptyline hcl cap 25 mg	Tier 1	
nortriptyline hcl cap 50 mg	Tier 1	
nortriptyline hcl cap 75 mg	Tier 1	
nortriptyline hcl soln 10 mg/5ml	Tier 1	
PAMELOR CAP 10MG (nortriptyline hcl)	Tier 3	
PAMELOR CAP 25MG (nortriptyline hcl)	Tier 3	
PAMELOR CAP 50MG (nortriptyline hcl)	Tier 3	
PAMELOR CAP 75MG (nortriptyline hcl)	Tier 3	
protriptyline hcl tab 5 mg	Tier 1	
protriptyline hcl tab 10 mg	Tier 1	
trimipramine maleate cap 25 mg	Tier 1	
trimipramine maleate cap 50 mg	Tier 1	
trimipramine maleate cap 100 mg	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

ANTIDIABETICS - DRUGS TO TREAT DIABETES

ALPHA-GLUCOSIDASE INHIBITORS

acarbose tab 25 mg	Tier 1
acarbose tab 50 mg	Tier 1
acarbose tab 100 mg	Tier 1
miglitol tab 25 mg	Tier 1
miglitol tab 50 mg	Tier 1
miglitol tab 100 mg	Tier 1

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG (pramlintide acetate)	Tier 2
SYMLNPEN 120 INJ 1000MCG (pramlintide acetate)	Tier 2

ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-850MG (pioglitazone hcl-metformin hcl)	Tier 3
DUETACT TAB 30-2MG (pioglitazone hcl-glimepiride)	Tier 3
DUETACT TAB 30-4MG (pioglitazone hcl-glimepiride)	Tier 3
glipizide-metformin hcl tab 2.5-250 mg	Tier 1
glipizide-metformin hcl tab 2.5-500 mg	Tier 1
glipizide-metformin hcl tab 5-500 mg	Tier 1
glyburide-metformin tab 1.25-250 mg	Tier 1
glyburide-metformin tab 2.5-500 mg	Tier 1
glyburide-metformin tab 5-500 mg	Tier 1
GLYXAMBI TAB 10-5 MG (empagliflozin-linagliptin)	Tier 2
GLYXAMBI TAB 25-5 MG (empagliflozin-linagliptin)	Tier 2
JANUMET TAB 50-500MG (sitagliptin-metformin hcl)	Tier 2
JANUMET TAB 50-1000 (sitagliptin-metformin hcl)	Tier 2
JANUMET XR TAB 50-500MG (sitagliptin-metformin hcl)	Tier 2
JANUMET XR TAB 50-1000 (sitagliptin-metformin hcl)	Tier 2
JANUMET XR TAB 100-1000 (sitagliptin-metformin hcl)	Tier 2
pioglitazone hcl-glimepiride tab 30-2 mg	Tier 1

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 64

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	Tier 1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Tier 1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Tier 1	
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	Tier 1	
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	Tier 1	
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	Tier 1	
SOLIQUA INJ 100/33 (<i>insulin glargine-lixisenatide</i>)	Tier 2	
SYNJARDY TAB (<i>empagliflozin-metformin hcl</i>)	Tier 2	
SYNJARDY TAB 5-500MG (<i>empagliflozin-metformin hcl</i>)	Tier 2	
SYNJARDY TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	Tier 2	
SYNJARDY TAB 12.5-500 (<i>empagliflozin-metformin hcl</i>)	Tier 2	
SYNJARDY XR TAB (<i>empagliflozin-metformin hcl</i>)	Tier 2	
SYNJARDY XR TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	Tier 2	
SYNJARDY XR TAB 10-1000 (<i>empagliflozin-metformin hcl</i>)	Tier 2	
SYNJARDY XR TAB 25-1000 (<i>empagliflozin-metformin hcl</i>)	Tier 2	
TRIJARDY XR TAB (<i>empagliflozin-linagliptin-metformin</i>)	Tier 2	
XIGDUO XR TAB 2.5-1000 (<i>dapagliflozin propanediol-metformin hcl</i>)	Tier 2	
XIGDUO XR TAB 5-500MG (<i>dapagliflozin propanediol-metformin hcl</i>)	Tier 2	
XIGDUO XR TAB 5-1000MG (<i>dapagliflozin propanediol-metformin hcl</i>)	Tier 2	
XIGDUO XR TAB 10-500MG (<i>dapagliflozin propanediol-metformin hcl</i>)	Tier 2	
XIGDUO XR TAB 10-1000 (<i>dapagliflozin propanediol-metformin hcl</i>)	Tier 2	
XULTOPHY INJ 100/3.6 (<i>insulin degludec-liraglutide</i>)	Tier 2	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BIGUANIDES		
<i>metformin hcl oral soln 500 mg/5ml</i>	Tier 1	
<i>metformin hcl tab 500 mg</i>	Tier 1	
<i>metformin hcl tab 850 mg</i>	Tier 1	ACA
<i>metformin hcl tab 1000 mg</i>	Tier 1	
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE (<i>glucagon</i>)	Tier 2	
BAQSIMI TWO POW 3MG/DOSE (<i>glucagon</i>)	Tier 2	
<i>diazoxide susp 50 mg/ml</i>	Tier 1	
<i>glucagon (rdna) for inj kit 1 mg</i>	Tier 1	
GVOKE HYPO 1 INJ 1MG/.2ML (<i>glucagon</i>)	Tier 2	
GVOKE HYPO 1 INJ .5/.1ML (<i>glucagon</i>)	Tier 2	
GVOKE HYPO 2 INJ 1MG/.2ML (<i>glucagon</i>)	Tier 2	
GVOKE HYPO 2 INJ .5/.1ML (<i>glucagon</i>)	Tier 2	
GVOKE KIT SOL 1MG/0.2M (<i>glucagon</i>)	Tier 2	
GVOKE PFS INJ (<i>glucagon</i>)	Tier 2	
<i>mifepristone tab 300 mg</i>	Tier 1	PA, QL (4 tabs every 1 day)
ZEGALOGUE INJ 0.6/0.6 (<i>dasiglucagon hcl</i>)	Tier 2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB 25MG (<i>sitagliptin phosphate</i>)	Tier 2	
JANUVIA TAB 50MG (<i>sitagliptin phosphate</i>)	Tier 2	
JANUVIA TAB 100MG (<i>sitagliptin phosphate</i>)	Tier 2	
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	Tier 1	
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	Tier 1	
INCRETIN MIMETIC AGENTS		
MOUNJARO INJ 2.5/0.5 (<i>tirzepatide</i>)	Tier 2	
MOUNJARO INJ 5MG/0.5 (<i>tirzepatide</i>)	Tier 2	
MOUNJARO INJ 7.5/0.5 (<i>tirzepatide</i>)	Tier 2	
MOUNJARO INJ 10MG/0.5 (<i>tirzepatide</i>)	Tier 2	
MOUNJARO INJ 12.5/0.5 (<i>tirzepatide</i>)	Tier 2	
MOUNJARO INJ 15MG/0.5 (<i>tirzepatide</i>)	Tier 2	
OZEMPIC INJ 2MG/3ML (<i>semaglutide</i>)	Tier 2	
OZEMPIC INJ 4MG/3ML (<i>semaglutide</i>)	Tier 2	
OZEMPIC INJ 8MG/3ML (<i>semaglutide</i>)	Tier 2	
RYBELSUS TAB 3MG (<i>semaglutide</i>)	Tier 2	
RYBELSUS TAB 7MG (<i>semaglutide</i>)	Tier 2	
RYBELSUS TAB 14MG (<i>semaglutide</i>)	Tier 2	
TRULICITY INJ 0.75/0.5 (<i>dulaglutide</i>)	Tier 2	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

TRULICITY INJ 1.5/0.5 (<i>dulaglutide</i>)	Tier 2	
TRULICITY INJ 3/0.5 (<i>dulaglutide</i>)	Tier 2	
TRULICITY INJ 4.5/0.5 (<i>dulaglutide</i>)	Tier 2	
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	Tier 2	

INSULIN

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

INSULIN SENSITIZING AGENTS

<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	
--	--------	--

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	Tier 1	
<i>nateglinide tab 120 mg</i>	Tier 1	
<i>repaglinide tab 0.5 mg</i>	Tier 1	
<i>repaglinide tab 1 mg</i>	Tier 1	
<i>repaglinide tab 2 mg</i>	Tier 1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG (<i>dapagliflozin propanediol</i>)	Tier 2	
FARXIGA TAB 10MG (<i>dapagliflozin propanediol</i>)	Tier 2	
JARDIANCE TAB 10MG (<i>empagliflozin</i>)	Tier 2	
JARDIANCE TAB 25MG (<i>empagliflozin</i>)	Tier 2	
SULFONYLUREAS		
<i>glimepiride tab 1 mg</i>	Tier 1	
<i>glimepiride tab 2 mg</i>	Tier 1	
<i>glimepiride tab 4 mg</i>	Tier 1	
<i>glipizide tab 5 mg</i>	Tier 1	
<i>glipizide tab 10 mg</i>	Tier 1	
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	
<i>glipizide tab er 24hr 2.5 mg (Glipizide Xl)</i>	Tier 1	
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	
<i>glipizide tab er 24hr 5 mg (Glipizide Xl)</i>	Tier 1	
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	
<i>glipizide tab er 24hr 10 mg (Glipizide Xl)</i>	Tier 1	
<i>glyburide micronized tab 1.5 mg</i>	Tier 1	
<i>glyburide micronized tab 3 mg</i>	Tier 1	
<i>glyburide micronized tab 6 mg</i>	Tier 1	
<i>glyburide tab 1.25 mg</i>	Tier 1	
<i>glyburide tab 2.5 mg</i>	Tier 1	
<i>glyburide tab 5 mg</i>	Tier 1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
LOMOTIL TAB 2.5MG (<i>diphenoxylate w/ atropine</i>)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

<i>loperamide hcl cap 2 mg</i>	Tier 1	
--------------------------------	--------	--

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

ANTIDOTES - CHELATING AGENTS

<i>deferasirox granules packet 90 mg</i>	Tier 1	PA
<i>deferasirox granules packet 180 mg</i>	Tier 1	PA
<i>deferasirox granules packet 360 mg</i>	Tier 1	PA
<i>deferasirox tab 90 mg</i>	Tier 1	PA
<i>deferasirox tab 180 mg</i>	Tier 1	PA
<i>deferasirox tab 360 mg</i>	Tier 1	PA
<i>deferasirox tab for oral susp 125 mg</i>	Tier 1	PA
<i>deferasirox tab for oral susp 250 mg</i>	Tier 1	PA
<i>deferasirox tab for oral susp 500 mg</i>	Tier 1	PA
<i>deferiprone tab 500 mg</i>	Tier 1	PA
<i>deferiprone tab 1000 mg</i>	Tier 1	PA

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

<i>acetylcysteine inj 200 mg/ml</i>	Tier 1	
<i>deferoxamine mesylate for inj 2 gm</i>	Tier 1	PA
<i>deferoxamine mesylate for inj 500 mg</i>	Tier 1	PA
<i>fomepizole inj 1 gm/ml (for iv infusion)</i>	Tier 1	
<i>methylene blue iv soln 50 mg/10ml (5 mg/ml)</i>	Tier 1	
<i>sodium thiosulfate iv soln 250 mg/ml (25%)</i>	Tier 1	
VISTOGARD PAK 10GM (<i>uridine triacetate (emergency treatment)</i>)	Tier 2	QL (20 packets every 5 days)

BENZODIAZEPINE ANTAGONISTS

<i>flumazenil iv soln 0.5 mg/5ml (0.1 mg/ml)</i>	Tier 1	
<i>flumazenil iv soln 1 mg/10ml (0.1 mg/ml)</i>	Tier 1	

OPIOID ANTAGONISTS

<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl inj 4 mg/10ml</i>	Tier 1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naltrexone hcl tab 50 mg</i>	Tier 1	

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT3 RECEPTOR ANTAGONISTS

<i>granisetron hcl inj 1 mg/ml</i>	Tier 1	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	Tier 1	
<i>granisetron hcl tab 1 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	Tier 1	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	Tier 1	
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	Tier 1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	
<i>ondansetron hcl tab 4 mg</i>	Tier 1	
<i>ondansetron hcl tab 8 mg</i>	Tier 1	
<i>ondansetron hcl tab 24 mg</i>	Tier 1	
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	Tier 1	
<i>palonosetron hcl iv soln pref syr 0.25 mg/5ml (base equiv)</i>	Tier 1	
SANCUSO DIS 3.1MG (<i>granisetron</i>)	Tier 2	

ANTIEMETICS - ANTICHOLINERGIC

<i>meclizine hcl tab 12.5 mg</i>	Tier 1	
<i>meclizine hcl tab 25 mg</i>	Tier 1	
<i>meclizine hcl tab 50 mg</i>	Tier 1	
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 1	
<i>trimethobenzamide hcl cap 300 mg</i>	Tier 1	

ANTIEMETICS - MISCELLANEOUS

<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	Tier 1	
<i>dronabinol cap 2.5 mg</i>	Tier 1	
<i>dronabinol cap 5 mg</i>	Tier 1	
<i>dronabinol cap 10 mg</i>	Tier 1	
MARINOL CAP 2.5MG (<i>dronabinol</i>)	Tier 3	

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

<i>aprepitant capsule 40 mg</i>	Tier 1	
<i>aprepitant capsule 80 mg</i>	Tier 1	
<i>aprepitant capsule 125 mg</i>	Tier 1	
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 1	
<i>fosaprepitant dimeglumine for iv infusion 150 mg (base eq)</i>	Tier 1	

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS

<i>casprofungin acetate for iv soln 50 mg</i>	Tier 1	
<i>casprofungin acetate for iv soln 70 mg</i>	Tier 1	
<i>micafungin sodium for iv soln 50 mg</i>	Tier 1	
<i>micafungin sodium for iv soln 100 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

70

PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

<i>amphotericin b for iv soln 50 mg</i>	Tier 1	
<i>amphotericin b liposome iv for susp 50 mg</i>	Tier 1	
<i>flucytosine cap 250 mg</i>	Tier 1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	
<i>griseofulvin microsize tab 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	Tier 1	
<i>nystatin tab 500000 unit</i>	Tier 1	
<i>terbinafine hcl tab 250 mg</i>	Tier 1	PA

IMIDAZOLE-RELATED ANTIFUNGALS

DIFLUCAN SUS 10MG/ML (<i>fluconazole</i>)	Tier 3	
DIFLUCAN SUS 40MG/ML (<i>fluconazole</i>)	Tier 3	
DIFLUCAN TAB 100MG (<i>fluconazole</i>)	Tier 3	
DIFLUCAN TAB 200MG (<i>fluconazole</i>)	Tier 3	
<i>fluconazole for susp 10 mg/ml</i>	Tier 1	
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	Tier 1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	Tier 1	
<i>fluconazole tab 50 mg</i>	Tier 1	
<i>fluconazole tab 100 mg</i>	Tier 1	
<i>fluconazole tab 150 mg</i>	Tier 1	QL (2 tabs every 25 days)
<i>fluconazole tab 200 mg</i>	Tier 1	
<i>itraconazole cap 100 mg</i>	Tier 1	PA
<i>itraconazole oral soln 10 mg/ml</i>	Tier 1	PA
<i>ketoconazole tab 200 mg</i>	Tier 1	
<i>posaconazole iv soln 300 mg/16.7ml (18 mg/ml)</i>	Tier 1	
<i>posaconazole susp 40 mg/ml</i>	Tier 1	
VFEND SUS 40MG/ML (<i>voriconazole</i>)	Tier 3	
VFEND TAB 50MG (<i>voriconazole</i>)	Tier 3	
VFEND TAB 200MG (<i>voriconazole</i>)	Tier 3	
<i>voriconazole for inj 200 mg</i>	Tier 1	
<i>voriconazole for susp 40 mg/ml</i>	Tier 1	
<i>voriconazole tab 50 mg</i>	Tier 1	
<i>voriconazole tab 200 mg</i>	Tier 1	

ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES

ANTI-HISTAMINES - ETHANOLAMINES

<i>carbinoxamine maleate soln 4 mg/5ml</i>	Tier 1	
<i>carbinoxamine maleate tab 4 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
 Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carbinoxamine maleate tab 6 mg</i>	Tier 1	
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	Tier 1	
<i>clemastine fumarate tab 2.68 mg</i>	Tier 1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Tier 1	
<i>diphenhydramine hcl inj 50 mg/ml</i>	Tier 1	
ANTIHISTAMINES - NON-SEDATING		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Tier 1	
<i>desloratadine tab 5 mg</i>	Tier 1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	Tier 1	
<i>desloratadine tab orally disintegrating 5 mg</i>	Tier 1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Tier 1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	Tier 1	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl inj 25 mg/ml</i>	Tier 1	
<i>promethazine hcl inj 50 mg/ml</i>	Tier 1	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	Tier 1	
<i>promethazine hcl suppos 12.5 mg</i>	Tier 1	
<i>promethazine hcl suppos 12.5 mg</i> (Promethegan)	Tier 1	
<i>promethazine hcl suppos 25 mg</i>	Tier 1	
<i>promethazine hcl suppos 25 mg</i> (Promethegan)	Tier 1	
<i>promethazine hcl suppos 50 mg</i> (Promethegan)	Tier 1	
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	
<i>promethazine hcl tab 25 mg</i>	Tier 1	
<i>promethazine hcl tab 50 mg</i>	Tier 1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH CHOLESTEROL		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
<i>NEXLETOL TAB 180MG (bempedoic acid)</i>	Tier 2	
ANTIHYPERTENSIVES - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

<i>fenofibrate micronized cap 134 mg</i>	Tier 1	
<i>fenofibrate micronized cap 200 mg</i>	Tier 1	
<i>fenofibrate tab 48 mg</i>	Tier 1	
<i>fenofibrate tab 54 mg</i>	Tier 1	
<i>fenofibrate tab 145 mg</i>	Tier 1	
<i>fenofibrate tab 160 mg</i>	Tier 1	
<i>fenofibric acid tab 35 mg</i>	Tier 1	
<i>fenofibric acid tab 105 mg</i>	Tier 1	
<i>gemfibrozil tab 600 mg</i>	Tier 1	
LOPID TAB 600MG (<i>gemfibrozil</i>)	Tier 3	
TRILIPIX CAP 45MG (<i>choline fenofibrate</i>)	Tier 3	
TRILIPIX CAP 135MG (<i>choline fenofibrate</i>)	Tier 3	

HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Tier 1	AGE; ACA
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Tier 1	AGE; ACA
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Tier 1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Tier 1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Tier 1	AGE; ACA
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Tier 1	AGE; ACA
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	Tier 1	AGE; ACA
<i>lovastatin tab 10 mg</i>	Tier 1	AGE; ACA
<i>lovastatin tab 20 mg</i>	Tier 1	AGE; ACA
<i>lovastatin tab 40 mg</i>	Tier 1	AGE; ACA
<i>pitavastatin calcium tab 1 mg</i>	Tier 1	AGE; ACA
<i>pitavastatin calcium tab 2 mg</i>	Tier 1	AGE; ACA
<i>pitavastatin calcium tab 4 mg</i>	Tier 1	AGE; ACA
<i>pravastatin sodium tab 10 mg</i>	Tier 1	AGE; ACA
<i>pravastatin sodium tab 20 mg</i>	Tier 1	AGE; ACA
<i>pravastatin sodium tab 40 mg</i>	Tier 1	AGE; ACA
<i>pravastatin sodium tab 80 mg</i>	Tier 1	AGE; ACA
<i>rosuvastatin calcium tab 5 mg</i>	Tier 1	AGE; ACA
<i>rosuvastatin calcium tab 10 mg</i>	Tier 1	AGE; ACA
<i>rosuvastatin calcium tab 20 mg</i>	Tier 1	
<i>rosuvastatin calcium tab 40 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>simvastatin tab 5 mg</i>	Tier 1	AGE; ACA
<i>simvastatin tab 10 mg</i>	Tier 1	AGE; ACA
<i>simvastatin tab 20 mg</i>	Tier 1	AGE; ACA
<i>simvastatin tab 40 mg</i>	Tier 1	AGE; ACA
<i>simvastatin tab 80 mg</i>	Tier 1	
ZOCOR TAB 10MG (<i>simvastatin</i>)	Tier 3	
ZOCOR TAB 20MG (<i>simvastatin</i>)	Tier 3	
ZOCOR TAB 40MG (<i>simvastatin</i>)	Tier 3	

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg</i>	Tier 1	
----------------------------	--------	--

NICOTINIC ACID DERIVATIVES

<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	Tier 1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	Tier 1	

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

REPATHA INJ 140MG/ML (<i>evolocumab</i>)	Tier 2	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5 (<i>evolocumab</i>)	Tier 2	PA, QL (1 cartridge every 28 days)
REPATHA SURE INJ 140MG/ML (<i>evolocumab</i>)	Tier 2	PA, QL (3 pens every 28 days)

ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE

ACE INHIBITORS

ACCUPRIL TAB 5MG (<i>quinapril hcl</i>)	Tier 3	
ACCUPRIL TAB 10MG (<i>quinapril hcl</i>)	Tier 3	
ACCUPRIL TAB 20MG (<i>quinapril hcl</i>)	Tier 3	
ACCUPRIL TAB 40MG (<i>quinapril hcl</i>)	Tier 3	
ALTACE CAP 1.25MG (<i>ramipril</i>)	Tier 3	
ALTACE CAP 2.5MG (<i>ramipril</i>)	Tier 3	
ALTACE CAP 5MG (<i>ramipril</i>)	Tier 3	
ALTACE CAP 10MG (<i>ramipril</i>)	Tier 3	
<i>benazepril hcl tab 5 mg</i>	Tier 1	
<i>benazepril hcl tab 10 mg</i>	Tier 1	
<i>benazepril hcl tab 20 mg</i>	Tier 1	
<i>benazepril hcl tab 40 mg</i>	Tier 1	
<i>captopril tab 12.5 mg</i>	Tier 1	
<i>captopril tab 25 mg</i>	Tier 1	
<i>captopril tab 50 mg</i>	Tier 1	
<i>captopril tab 100 mg</i>	Tier 1	
<i>enalapril maleate oral soln 1 mg/ml</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

<i>enalapril maleate tab 2.5 mg</i>	Tier 1	
<i>enalapril maleate tab 5 mg</i>	Tier 1	
<i>enalapril maleate tab 10 mg</i>	Tier 1	
<i>enalapril maleate tab 20 mg</i>	Tier 1	
<i>enalaprilat iv inj 1.25 mg/ml</i>	Tier 1	
<i>fosinopril sodium tab 10 mg</i>	Tier 1	
<i>fosinopril sodium tab 20 mg</i>	Tier 1	
<i>fosinopril sodium tab 40 mg</i>	Tier 1	
<i>lisinopril tab 2.5 mg</i>	Tier 1	
<i>lisinopril tab 5 mg</i>	Tier 1	
<i>lisinopril tab 10 mg</i>	Tier 1	
<i>lisinopril tab 20 mg</i>	Tier 1	
<i>lisinopril tab 30 mg</i>	Tier 1	
<i>lisinopril tab 40 mg</i>	Tier 1	
LOTENSIN TAB 10MG (<i>benazepril hcl</i>)	Tier 3	
LOTENSIN TAB 20MG (<i>benazepril hcl</i>)	Tier 3	
LOTENSIN TAB 40MG (<i>benazepril hcl</i>)	Tier 3	
<i>moexipril hcl tab 7.5 mg</i>	Tier 1	
<i>moexipril hcl tab 15 mg</i>	Tier 1	
<i>perindopril erbumine tab 2 mg</i>	Tier 1	
<i>perindopril erbumine tab 4 mg</i>	Tier 1	
<i>perindopril erbumine tab 8 mg</i>	Tier 1	
<i>quinapril hcl tab 5 mg</i>	Tier 1	
<i>quinapril hcl tab 10 mg</i>	Tier 1	
<i>quinapril hcl tab 20 mg</i>	Tier 1	
<i>quinapril hcl tab 40 mg</i>	Tier 1	
<i>ramipril cap 1.25 mg</i>	Tier 1	
<i>ramipril cap 2.5 mg</i>	Tier 1	
<i>ramipril cap 5 mg</i>	Tier 1	
<i>ramipril cap 10 mg</i>	Tier 1	
<i>trandolapril tab 1 mg</i>	Tier 1	
<i>trandolapril tab 2 mg</i>	Tier 1	
<i>trandolapril tab 4 mg</i>	Tier 1	
ZESTRIL TAB 2.5MG (<i>lisinopril</i>)	Tier 3	
ZESTRIL TAB 5MG (<i>lisinopril</i>)	Tier 3	
ZESTRIL TAB 10MG (<i>lisinopril</i>)	Tier 3	
ZESTRIL TAB 20MG (<i>lisinopril</i>)	Tier 3	
ZESTRIL TAB 30MG (<i>lisinopril</i>)	Tier 3	
ZESTRIL TAB 40MG (<i>lisinopril</i>)	Tier 3	

AGENTS FOR PHEOCHROMOCYTOMA

<i>metyrosine cap 250 mg</i>	Tier 1	
------------------------------	--------	--

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 1	
<i>phentolamine mesylate for inj 5 mg</i>	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	Tier 1	
<i>candesartan cilexetil tab 8 mg</i>	Tier 1	
<i>candesartan cilexetil tab 16 mg</i>	Tier 1	
<i>candesartan cilexetil tab 32 mg</i>	Tier 1	
<i>irbesartan tab 75 mg</i>	Tier 1	
<i>irbesartan tab 150 mg</i>	Tier 1	
<i>irbesartan tab 300 mg</i>	Tier 1	
<i>losartan potassium tab 25 mg</i>	Tier 1	
<i>losartan potassium tab 50 mg</i>	Tier 1	
<i>losartan potassium tab 100 mg</i>	Tier 1	
<i>olmesartan medoxomil tab 5 mg</i>	Tier 1	
<i>olmesartan medoxomil tab 20 mg</i>	Tier 1	
<i>olmesartan medoxomil tab 40 mg</i>	Tier 1	
<i>telmisartan tab 20 mg</i>	Tier 1	
<i>telmisartan tab 40 mg</i>	Tier 1	
<i>telmisartan tab 80 mg</i>	Tier 1	
<i>valsartan oral soln 4 mg/ml</i>	Tier 1	
<i>valsartan tab 40 mg</i>	Tier 1	
<i>valsartan tab 80 mg</i>	Tier 1	
<i>valsartan tab 160 mg</i>	Tier 1	
<i>valsartan tab 320 mg</i>	Tier 1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>CARDURA TAB 1MG (doxazosin mesylate)</i>	Tier 3	
<i>CARDURA TAB 2MG (doxazosin mesylate)</i>	Tier 3	
<i>CARDURA TAB 4MG (doxazosin mesylate)</i>	Tier 3	
<i>CARDURA TAB 8MG (doxazosin mesylate)</i>	Tier 3	
<i>CATAPRES-TTS DIS 0.1/24HR (clonidine)</i>	Tier 3	
<i>CATAPRES-TTS DIS 0.2/24HR (clonidine)</i>	Tier 3	
<i>CATAPRES-TTS DIS 0.3/24HR (clonidine)</i>	Tier 3	
<i>clonidine hcl tab 0.1 mg</i>	Tier 1	
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	
<i>clonidine hcl tab er 24hr 0.17 mg (base equivalent)</i>	Tier 1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 1	
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

<i>doxazosin mesylate tab 2 mg</i>	Tier 1	
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	
<i>guanfacine hcl tab 1 mg</i>	Tier 1	
<i>guanfacine hcl tab 2 mg</i>	Tier 1	
<i>prazosin hcl cap 1 mg</i>	Tier 1	
<i>prazosin hcl cap 2 mg</i>	Tier 1	
<i>prazosin hcl cap 5 mg</i>	Tier 1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	

ANTIHYPERTENSIVE COMBINATIONS

<i>ACCURETIC TAB 10-12.5 (quinapril-hydrochlorothiazide)</i>	Tier 3	
<i>ACCURETIC TAB 20-12.5 (quinapril-hydrochlorothiazide)</i>	Tier 3	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
LOTENSIN HCT TAB 10-12.5 (<i>benazepril & hydrochlorothiazide</i>)	Tier 3	
LOTENSIN HCT TAB 20-12.5 (<i>benazepril & hydrochlorothiazide</i>)	Tier 3	
LOTENSIN HCT TAB 20-25MG (<i>benazepril & hydrochlorothiazide</i>)	Tier 3	
LOTREL CAP 5-10MG (<i>amlodipine besylate-benazepril hcl</i>)	Tier 3	
LOTREL CAP 5-20MG (<i>amlodipine besylate-benazepril hcl</i>)	Tier 3	
LOTREL CAP 10-20MG (<i>amlodipine besylate-benazepril hcl</i>)	Tier 3	
LOTREL CAP 10-40MG (<i>amlodipine besylate-benazepril hcl</i>)	Tier 3	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	Tier 1	
TRIBENZOR20- TAB 5-12.5MG (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	Tier 3	
TRIBENZOR40- TAB 5-12.5MG (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	Tier 3	
TRIBENZOR40- TAB 5-25MG (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	Tier 3	
TRIBENZOR40- TAB 10-12.5 (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	Tier 3	
TRIBENZOR40- TAB 10-25MG (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	Tier 3	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 81

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
valsartan-hydrochlorothiazide tab 320-12.5 mg	Tier 1	
valsartan-hydrochlorothiazide tab 320-25 mg	Tier 1	
VASERETIC TAB 10-25MG (enalapril maleate & hydrochlorothiazide)	Tier 3	
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	Tier 1	
aliskiren fumarate tab 300 mg (base equivalent)	Tier 1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	Tier 1	
eplerenone tab 50 mg	Tier 1	
INSPIRA TAB 25MG (eplerenone)	Tier 3	
INSPIRA TAB 50MG (eplerenone)	Tier 3	
VASODILATORS		
hydralazine hcl inj 20 mg/ml	Tier 1	
hydralazine hcl tab 10 mg	Tier 1	
hydralazine hcl tab 25 mg	Tier 1	
hydralazine hcl tab 50 mg	Tier 1	
hydralazine hcl tab 100 mg	Tier 1	
minoxidil tab 2.5 mg	Tier 1	
minoxidil tab 10 mg	Tier 1	
nitroprusside sodium in nacl 0.9% iv soln 20 mg/100ml	Tier 1	
nitroprusside sodium in nacl 0.9% iv soln 50 mg/100ml	Tier 1	
nitroprusside sodium iv soln 25 mg/ml	Tier 1	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	Tier 1	
atovaquone-proguanil hcl tab 250-100 mg	Tier 1	
MALARONE TAB 62.5-25 (atovaquone-proguanil hcl)	Tier 3	
MALARONE TAB 250-100 (atovaquone-proguanil hcl)	Tier 3	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
chloroquine phosphate tab 250 mg	Tier 1	Up to 10 day supply; Limit of one fill per 60 days
chloroquine phosphate tab 500 mg	Tier 1	Up to 10 day supply; Limit of one fill per 60 days

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 1	Up to 10 day supply; Limit of one fill per 60 days
<i>mefloquine hcl tab 250 mg</i>	Tier 1	
PLAQUENIL TAB 200MG (<i>hydroxychloroquine sulfate</i>)	Tier 3	Up to 10 day supply; Limit of one fill per 60 days
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	
<i>pyrimethamine tab 25 mg</i>	Tier 1	
<i>quinine sulfate cap 324 mg</i>	Tier 1	

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

<i>neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)</i>	Tier 1	
<i>neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)</i>	Tier 1	
<i>neostigmine methylsulfate soln pref syr 3 mg/3ml (1 mg/ml)</i>	Tier 1	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	Tier 1	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	
<i>pyridostigmine bromide tab er 180 mg</i>	Tier 1	

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid inj 100 mg/ml</i>	Tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	
MYAMBUTOL TAB 400MG (<i>ethambutol hcl</i>)	Tier 3	
<i>pyrazinamide tab 500 mg</i>	Tier 1	
<i>rifabutin cap 150 mg</i>	Tier 1	
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	
<i>rifampin for inj 600 mg</i>	Tier 1	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

<i>bendamustine hcl for iv soln 25 mg</i>	Tier 1	PA
---	--------	----

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bendamustine hcl for iv soln 100 mg</i>	Tier 1	PA
<i>busulfan inj 6 mg/ml</i>	Tier 1	
<i>carboplatin iv soln 50 mg/5ml</i>	Tier 1	
<i>carboplatin iv soln 150 mg/15ml</i>	Tier 1	
<i>carboplatin iv soln 450 mg/45ml</i>	Tier 1	
<i>carboplatin iv soln 600 mg/60ml</i>	Tier 1	
<i>carboplatin iv soln 1000 mg/100ml</i> (Paraplatin)	Tier 1	
<i>carmustine for inj 100 mg</i>	Tier 1	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	Tier 1	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	Tier 1	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	Tier 1	
<i>cyclophosphamide cap 25 mg</i>	Tier 1	ONC
<i>cyclophosphamide cap 50 mg</i>	Tier 1	ONC
<i>cyclophosphamide for inj 1 gm</i>	Tier 1	
<i>cyclophosphamide for inj 2 gm</i>	Tier 1	
<i>cyclophosphamide for inj 500 mg</i>	Tier 1	
<i>cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)</i>	Tier 1	
<i>cyclophosphamide iv soln 2 gm/10ml (200 mg/ml)</i>	Tier 1	
<i>cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml)</i>	Tier 1	
<i>ifosfamide for inj 1 gm</i>	Tier 1	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	Tier 1	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	Tier 1	
LEUKERAN TAB 2MG (<i>chlorambucil</i>)	Tier 3	ONC
<i>melphalan hcl for inj 50 mg (base equiv)</i>	Tier 1	
<i>melphalan tab 2 mg</i>	Tier 1	ONC
MYLERAN TAB 2MG (<i>busulfan</i>)	Tier 3	ONC
<i>oxaliplatin for iv inj 50 mg</i>	Tier 1	
<i>oxaliplatin for iv inj 100 mg</i>	Tier 1	
<i>oxaliplatin iv soln 50 mg/10ml</i>	Tier 1	
<i>oxaliplatin iv soln 100 mg/20ml</i>	Tier 1	
<i>oxaliplatin iv soln 200 mg/40ml</i>	Tier 1	
<i>temozolomide cap 5 mg</i>	Tier 1	PA; ONC
<i>temozolomide cap 20 mg</i>	Tier 1	PA; ONC
<i>temozolomide cap 100 mg</i>	Tier 1	PA; ONC
<i>temozolomide cap 140 mg</i>	Tier 1	PA; ONC
<i>temozolomide cap 180 mg</i>	Tier 1	PA; ONC
<i>temozolomide cap 250 mg</i>	Tier 1	PA; ONC

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>thiotepa for inj 15 mg</i>	Tier 1	
<i>thiotepa for inj 100 mg</i>	Tier 1	
ANTIMETABOLITES		
<i>azacitidine for inj 100 mg</i>	Tier 1	PA
<i>capecitabine tab 150 mg</i>	Tier 1	PA; ONC
<i>capecitabine tab 500 mg</i>	Tier 1	PA; ONC
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	Tier 1	
<i>clofarabine iv soln 1 mg/ml</i>	Tier 1	
<i>cytarabine inj 20 mg/ml</i>	Tier 1	
<i>cytarabine inj pf 20 mg/ml</i>	Tier 1	
<i>cytarabine inj pf 100 mg/ml</i>	Tier 1	
<i>decitabine for inj 50 mg</i>	Tier 1	PA
<i>floxuridine for inj 0.5 gm</i>	Tier 1	
<i>fludarabine phosphate for inj 50 mg</i>	Tier 1	
<i>fludarabine phosphate inj 25 mg/ml</i>	Tier 1	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	Tier 1	
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	Tier 1	
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	Tier 1	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	Tier 1	
<i>gemcitabine hcl for inj 1 gm</i>	Tier 1	
<i>gemcitabine hcl for inj 2 gm</i>	Tier 1	
<i>gemcitabine hcl for inj 200 mg</i>	Tier 1	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	Tier 1	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	Tier 1	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	Tier 1	
<i>mercaptopurine tab 50 mg</i>	Tier 1	ONC
<i>methotrexate sodium for inj 1 gm</i>	Tier 1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Tier 1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1	ONC

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

<i>nelarabine iv soln 5 mg/ml</i>	Tier 1	
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	Tier 1	
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	Tier 1	
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	Tier 1	
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	Tier 1	
<i>pralatrexate iv inj 20 mg/ml</i>	Tier 1	PA
<i>pralatrexate iv inj 40 mg/2ml</i>	Tier 1	PA
TABLOID TAB 40MG (<i>thioguanine</i>)	Tier 3	ONC
TREXALL TAB 5MG (<i>methotrexate sodium</i>)	Tier 3	ONC
TREXALL TAB 7.5MG (<i>methotrexate sodium</i>)	Tier 3	ONC
TREXALL TAB 10MG (<i>methotrexate sodium</i>)	Tier 3	ONC
TREXALL TAB 15MG (<i>methotrexate sodium</i>)	Tier 3	ONC
XELODA TAB 150MG (<i>capecitabine</i>)	Tier 3	PA; ONC
XELODA TAB 500MG (<i>capecitabine</i>)	Tier 3	PA; ONC

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

INLYTA TAB 1MG (<i>axitinib</i>)	Tier 2	PA; ONC
INLYTA TAB 5MG (<i>axitinib</i>)	Tier 2	PA; ONC
LENVIMA CAP 4MG (<i>lenvatinib mesylate</i>)	Tier 2	PA; ONC
LENVIMA CAP 8 MG (<i>lenvatinib mesylate</i>)	Tier 2	PA; ONC
LENVIMA CAP 10 MG (<i>lenvatinib mesylate</i>)	Tier 2	PA; ONC
LENVIMA CAP 12MG (<i>lenvatinib mesylate</i>)	Tier 2	PA; ONC
LENVIMA CAP 14 MG (<i>lenvatinib mesylate</i>)	Tier 2	PA; ONC
LENVIMA CAP 18 MG (<i>lenvatinib mesylate</i>)	Tier 2	PA; ONC
LENVIMA CAP 20 MG (<i>lenvatinib mesylate</i>)	Tier 2	PA; ONC
LENVIMA CAP 24 MG (<i>lenvatinib mesylate</i>)	Tier 2	PA; ONC
ZIRABEV INJ 100/4ML (<i>bevacizumab-bvzr</i>)	Tier 2	PA
ZIRABEV INJ 400/16ML (<i>bevacizumab-bvzr</i>)	Tier 2	PA

ANTINEOPLASTIC - ANTI-HER2 AGENTS

HERZUMA INJ 150MG (<i>trastuzumab-pkrb</i>)	Tier 2	PA
HERZUMA INJ 420MG (<i>trastuzumab-pkrb</i>)	Tier 2	PA
OGIVRI INJ 150MG (<i>trastuzumab-dkst</i>)	Tier 2	PA
OGIVRI INJ 420MG (<i>trastuzumab-dkst</i>)	Tier 2	PA
PERJETA INJ 420/14ML (<i>pertuzumab</i>)	Tier 2	PA

ANTINEOPLASTIC - ANTIBODIES

RUXIENCE INJ 100/10ML (<i>rituximab-pvvr</i>)	Tier 2	PA
RUXIENCE INJ 500/50ML (<i>rituximab-pvvr</i>)	Tier 2	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 1	PA; ONC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 1	PA; ONC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 1	PA; ONC
<i>gefitinib tab 250 mg</i>	Tier 1	PA, QL (1 tab every 1 day); ONC
TAGRISSE TAB 40MG (<i>osimertinib mesylate</i>)	Tier 2	PA; ONC
TAGRISSE TAB 80MG (<i>osimertinib mesylate</i>)	Tier 2	PA; ONC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	Tier 2	PA; ONC
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	Tier 2	PA; ONC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	Tier 1	PA; ONC
<i>abiraterone acetate tab 500 mg</i>	Tier 1	PA; ONC
<i>anastrozole tab 1 mg</i>	Tier 1	AGE; ACA, ONC
ARIMIDEX TAB 1MG (<i>anastrozole</i>)	Tier 3	ONC
AROMASIN TAB 25MG (<i>exemestane</i>)	Tier 3	ONC
<i>bicalutamide tab 50 mg</i>	Tier 1	ONC
CASODEX TAB 50MG (<i>bicalutamide</i>)	Tier 3	ONC
ELIGARD INJ 7.5MG (<i>leuprolide acetate</i>)	Tier 2	PA
ELIGARD INJ 22.5MG (<i>leuprolide acetate (3 month)</i>)	Tier 2	PA
ELIGARD INJ 30MG (<i>leuprolide acetate (4 month)</i>)	Tier 2	PA
ELIGARD INJ 45MG (<i>leuprolide acetate (6 month)</i>)	Tier 2	PA
ERLEADA TAB 60MG (<i>apalutamide</i>)	Tier 2	PA; ONC
ERLEADA TAB 240MG (<i>apalutamide</i>)	Tier 2	PA; ONC
<i>exemestane tab 25 mg</i>	Tier 1	AGE; ACA, ONC
FEMARA TAB 2.5MG (<i>letrozole</i>)	Tier 3	ONC
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	Tier 1	PA
<i>letrozole tab 2.5 mg</i>	Tier 1	ONC
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	Tier 1	PA
LYSODREN TAB 500MG (<i>mitotane</i>)	Tier 3	ONC
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	ONC
<i>megestrol acetate tab 20 mg</i>	Tier 1	ONC
<i>megestrol acetate tab 40 mg</i>	Tier 1	ONC
<i>nilutamide tab 150 mg</i>	Tier 1	ONC
NUBEQA TAB 300MG (<i>darolutamide</i>)	Tier 2	PA; ONC
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 1	AGE; ACA, ONC

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 1	AGE; ACA, ONC
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Tier 1	ONC
XTANDI CAP 40MG (<i>enzalutamide</i>)	Tier 2	PA; ONC
XTANDI TAB 40MG (<i>enzalutamide</i>)	Tier 2	PA; ONC
XTANDI TAB 80MG (<i>enzalutamide</i>)	Tier 2	PA; ONC
YONSA TAB 125MG (<i>abiraterone acetate micronized</i>)	Tier 2	PA; ONC
ANTINEOPLASTIC ANTIBIOTICS		
<i>bleomycin sulfate for inj 15 unit</i>	Tier 1	
<i>bleomycin sulfate for inj 30 unit</i>	Tier 1	
<i>dactinomycin for inj 0.5 mg</i>	Tier 1	
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	Tier 1	
<i>doxorubicin hcl for inj 10 mg</i>	Tier 1	
<i>doxorubicin hcl for inj 50 mg</i>	Tier 1	
<i>doxorubicin hcl for inj 50 mg (Adriamycin)</i>	Tier 1	
<i>doxorubicin hcl inj 2 mg/ml</i>	Tier 1	
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	Tier 1	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	Tier 1	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	Tier 1	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	Tier 1	
<i>mitomycin for iv soln 5 mg</i>	Tier 1	
<i>mitomycin for iv soln 5 mg (Mutamycin)</i>	Tier 1	
<i>mitomycin for iv soln 20 mg</i>	Tier 1	
<i>mitomycin for iv soln 20 mg (Mutamycin)</i>	Tier 1	
<i>mitomycin for iv soln 40 mg</i>	Tier 1	
<i>mitomycin for iv soln 40 mg (Mutamycin)</i>	Tier 1	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	Tier 1	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	Tier 1	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	Tier 1	
<i>valrubicin soln for intravesical instillation 40 mg/ml</i>	Tier 1	
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	Tier 2	PA, QL (54 tabs every 30 days); ONC

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KISQALI 400 PAK FEMARA (ribociclib succinate-letrozole)	Tier 2	PA, QL (75 tabs every 30 days); ONC
KISQALI 600 PAK FEMARA (ribociclib succinate-letrozole)	Tier 2	PA, QL (99 tabs every 30 days); ONC
LONSURF TAB 15-6.14 (trifluridine-tipiracil)	Tier 2	PA; ONC
LONSURF TAB 20-8.19 (trifluridine-tipiracil)	Tier 2	PA; ONC
PHESGO SOL (pertuzumab-trastuzumab-hyaluronidase-zzxf)	Tier 2	PA

ANTINEOPLASTIC ENZYME INHIBITORS

ALECENSA CAP 150MG (alectinib hcl)	Tier 2	PA; ONC
ALUNBRIG PAK (brigatinib)	Tier 2	PA; ONC
ALUNBRIG TAB 30MG (brigatinib)	Tier 2	PA; ONC
ALUNBRIG TAB 90MG (brigatinib)	Tier 2	PA; ONC
ALUNBRIG TAB 180MG (brigatinib)	Tier 2	PA; ONC
AUGTYRO CAP 40MG (reprotrectinib)	Tier 2	PA; ONC
bortezomib for inj 3.5 mg	Tier 1	PA
BOSULIF CAP 50MG (bosutinib)	Tier 2	PA; ONC
BOSULIF CAP 100MG (bosutinib)	Tier 2	PA; ONC
BOSULIF TAB 100MG (bosutinib)	Tier 2	PA; ONC
BOSULIF TAB 400MG (bosutinib)	Tier 2	PA; ONC
BOSULIF TAB 500MG (bosutinib)	Tier 2	PA; ONC
BRAFTOVI CAP 75MG (encorafenib)	Tier 2	PA; ONC
BRUKINSA CAP 80MG (zanubrutinib)	Tier 2	PA; ONC
CABOMETYX TAB 20MG (cabozantinib s-malate)	Tier 2	PA; ONC
CABOMETYX TAB 40MG (cabozantinib s-malate)	Tier 2	PA; ONC
CABOMETYX TAB 60MG (cabozantinib s-malate)	Tier 2	PA; ONC
CALQUENCE TAB 100MG (acalabrutinib maleate)	Tier 2	PA; ONC
COPIKTRA CAP 15MG (duvelisib)	Tier 2	PA; ONC
COPIKTRA CAP 25MG (duvelisib)	Tier 2	PA; ONC
COTELLIC TAB 20MG (cobimetinib fumarate)	Tier 2	PA; ONC
everolimus tab 2.5 mg	Tier 1	PA; ONC
everolimus tab 5 mg	Tier 1	PA; ONC
everolimus tab 7.5 mg	Tier 1	PA; ONC
everolimus tab 10 mg	Tier 1	PA; ONC
everolimus tab for oral susp 2 mg	Tier 1	PA; ONC
everolimus tab for oral susp 3 mg	Tier 1	PA; ONC
everolimus tab for oral susp 5 mg	Tier 1	PA; ONC

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GAVRETO CAP 100MG (<i>pralsetinib</i>)	Tier 2	PA; ONC
IBRANCE CAP 75MG (<i>palbociclib</i>)	Tier 2	PA; ONC
IBRANCE CAP 100MG (<i>palbociclib</i>)	Tier 2	PA; ONC
IBRANCE CAP 125MG (<i>palbociclib</i>)	Tier 2	PA; ONC
IBRANCE TAB 75MG (<i>palbociclib</i>)	Tier 2	PA, QL (42 tabs every 28 days); ONC
IBRANCE TAB 100MG (<i>palbociclib</i>)	Tier 2	PA, QL (42 tabs every 28 days); ONC
IBRANCE TAB 125MG (<i>palbociclib</i>)	Tier 2	PA, QL (42 tabs every 28 days); ONC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 1	PA; ONC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 1	PA; ONC
KISQALI TAB 200DOSE (<i>ribociclib succinate</i>)	Tier 2	PA, QL (21 tabs every 28 days); ONC
KISQALI TAB 400DOSE (<i>ribociclib succinate</i>)	Tier 2	PA, QL (42 tabs every 28 days); ONC
KISQALI TAB 600DOSE (<i>ribociclib succinate</i>)	Tier 2	PA, QL (63 tabs every 28 days); ONC
KOSELUGO CAP 10MG (<i>selumetinib sulfate</i>)	Tier 2	PA; ONC
KOSELUGO CAP 25MG (<i>selumetinib sulfate</i>)	Tier 2	PA; ONC
KRAZATI TAB 200MG (<i>adagrasib</i>)	Tier 2	PA; ONC
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 1	PA; ONC
LUMAKRAS TAB 120MG (<i>sotorasib</i>)	Tier 2	PA; ONC
LUMAKRAS TAB 320MG (<i>sotorasib</i>)	Tier 2	PA; ONC
LYNPARZA TAB 100MG (<i>olaparib</i>)	Tier 2	PA; ONC
LYNPARZA TAB 150MG (<i>olaparib</i>)	Tier 2	PA; ONC
MEKTOVI TAB 15MG (<i>binimetinib</i>)	Tier 2	PA; ONC
NINLARO CAP 2.3MG (<i>ixazomib citrate</i>)	Tier 2	PA, QL (6 caps every 28 days); ONC
NINLARO CAP 3MG (<i>ixazomib citrate</i>)	Tier 2	PA, QL (6 caps every 28 days); ONC
NINLARO CAP 4MG (<i>ixazomib citrate</i>)	Tier 2	PA, QL (6 caps every 28 days); ONC
<i>pazopanib hcl tab 200 mg (base equiv)</i>	Tier 1	PA; ONC
RETEVMO CAP 40MG (<i>selpercatinib</i>)	Tier 2	PA; ONC
RETEVMO CAP 80MG (<i>selpercatinib</i>)	Tier 2	PA; ONC
<i>romidepsin for iv inj 10 mg</i>	Tier 1	PA
ROZLYTREK CAP 100MG (<i>entrectinib</i>)	Tier 2	PA; ONC
ROZLYTREK CAP 200MG (<i>entrectinib</i>)	Tier 2	PA; ONC

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ROZLYTREK PAK 50MG (<i>entrectinib</i>)	Tier 2	PA; ONC
RYDAPT CAP 25MG (<i>midostaurin</i>)	Tier 2	PA; ONC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	Tier 1	PA; ONC
SPRYCEL TAB 20MG (<i>dasatinib</i>)	Tier 2	PA; ONC
SPRYCEL TAB 50MG (<i>dasatinib</i>)	Tier 2	PA; ONC
SPRYCEL TAB 70MG (<i>dasatinib</i>)	Tier 2	PA; ONC
SPRYCEL TAB 80MG (<i>dasatinib</i>)	Tier 2	PA; ONC
SPRYCEL TAB 100MG (<i>dasatinib</i>)	Tier 2	PA; ONC
SPRYCEL TAB 140MG (<i>dasatinib</i>)	Tier 2	PA; ONC
STIVARGA TAB 40MG (<i>regorafenib</i>)	Tier 2	PA; ONC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Tier 1	PA; ONC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Tier 1	PA; ONC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Tier 1	PA; ONC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Tier 1	PA; ONC
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	Tier 1	PA
VITRAKVI CAP 25MG (<i>larotrectinib sulfate</i>)	Tier 2	PA; ONC
VITRAKVI CAP 100MG (<i>larotrectinib sulfate</i>)	Tier 2	PA; ONC
VITRAKVI SOL 20MG/ML (<i>larotrectinib sulfate</i>)	Tier 2	PA; ONC
XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>)	Tier 2	PA; ONC
ZEJULA TAB 100MG (<i>niraparib tosylate</i>)	Tier 2	PA; ONC
ZEJULA TAB 200MG (<i>niraparib tosylate</i>)	Tier 2	PA; ONC
ZEJULA TAB 300MG (<i>niraparib tosylate</i>)	Tier 2	PA; ONC
ZELBORAF TAB 240MG (<i>vemurafenib</i>)	Tier 2	PA; ONC
ZOLINZA CAP 100MG (<i>vorinostat</i>)	Tier 3	PA; ONC
ZYDELIG TAB 100MG (<i>idelalisib</i>)	Tier 2	PA; ONC
ZYDELIG TAB 150MG (<i>idelalisib</i>)	Tier 2	PA; ONC
ZYKADIA TAB 150MG (<i>ceritinib</i>)	Tier 2	PA; ONC
ANTINEOPLASTICS MISC.		
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	Tier 1	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	Tier 1	
BESREMI SOL 500MCG (<i>ropeginterferon alfa-2b-njft</i>)	Tier 2	PA, QL (2 syringes every 28 days)
<i>bexarotene cap 75 mg</i>	Tier 1	PA; ONC
<i>dacarbazine for inj 100 mg</i>	Tier 1	
<i>dacarbazine for inj 200 mg</i>	Tier 1	
HYDREA CAP 500MG (<i>hydroxyurea</i>)	Tier 3	ONC
<i>hydroxyurea cap 500 mg</i>	Tier 1	ONC

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MATULANE CAP 50MG (procarbazine hcl)	Tier 3	ONC
tretinoin cap 10 mg	Tier 1	ONC
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
dexrazoxane hcl for inj 250 mg (base equivalent)	Tier 1	
dexrazoxane hcl for inj 500 mg (base equivalent)	Tier 1	
leucovorin calcium for inj 50 mg	Tier 1	
leucovorin calcium for inj 100 mg	Tier 1	
leucovorin calcium for inj 200 mg	Tier 1	
leucovorin calcium for inj 350 mg	Tier 1	
leucovorin calcium for inj 500 mg	Tier 1	
leucovorin calcium inj 100 mg/10ml (10 mg/ml)	Tier 1	
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	Tier 1	
leucovorin calcium tab 5 mg	Tier 1	ONC
leucovorin calcium tab 10 mg	Tier 1	ONC
leucovorin calcium tab 15 mg	Tier 1	ONC
leucovorin calcium tab 25 mg	Tier 1	ONC
levoleucovorin calcium for iv inj 50 mg (base equiv)	Tier 1	PA
levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)	Tier 1	PA
levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)	Tier 1	PA
mesna inj 100 mg/ml	Tier 1	
MITOTIC INHIBITORS		
docetaxel for inj conc 20 mg/ml	Tier 1	
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	Tier 1	
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	Tier 1	
docetaxel soln for iv infusion 20 mg/2ml	Tier 1	
docetaxel soln for iv infusion 80 mg/8ml	Tier 1	
docetaxel soln for iv infusion 160 mg/16ml	Tier 1	
etoposide cap 50 mg	Tier 1	ONC
etoposide inj 1 gm/50ml (20 mg/ml)	Tier 1	
etoposide inj 100 mg/5ml (20 mg/ml)	Tier 1	
etoposide inj 500 mg/25ml (20 mg/ml)	Tier 1	
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	Tier 1	
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	Tier 1	
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	Tier 1	
<i>vinblastine sulfate inj 1 mg/ml</i>	Tier 1	
<i>vincristine sulfate iv soln 1 mg/ml</i>	Tier 1	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	Tier 1	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	Tier 1	

TOPOISOMERASE I INHIBITORS

<i>HYCAMTIN CAP 0.25MG (topotecan hcl)</i>	Tier 3	PA; ONC
<i>HYCAMTIN CAP 1MG (topotecan hcl)</i>	Tier 3	PA; ONC
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	Tier 1	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	Tier 1	
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	Tier 1	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	Tier 1	
<i>topotecan hcl for inj 4 mg (base equiv)</i>	Tier 1	
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	Tier 1	

ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

ANTIPARKINSON ADJUNCTIVE THERAPY

<i>carbidopa tab 25 mg</i>	Tier 1	
-----------------------------------	--------	--

ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate inj 1 mg/ml</i>	Tier 1	
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	
<i>benztropine mesylate tab 1 mg</i>	Tier 1	
<i>benztropine mesylate tab 2 mg</i>	Tier 1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	

ANTIPARKINSON COMT INHIBITORS

<i>entacapone tab 200 mg</i>	Tier 1	
<i>tolcapone tab 100 mg</i>	Tier 1	

ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl cap 100 mg</i>	Tier 1	
<i>amantadine hcl soln 50 mg/5ml</i>	Tier 1	
<i>amantadine hcl tab 100 mg</i>	Tier 1	
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	Tier 1	PA, QL (20 injections every 30 days)
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Tier 1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	
DHIVY TAB 25-100MG (<i>carbidopa-levodopa</i>)	Tier 3	
INBRIJA CAP 42MG (<i>levodopa</i>)	Tier 2	PA, QL (10 caps every 1 day)
NEUPRO DIS 1MG/24HR (<i>rotigotine</i>)	Tier 2	
NEUPRO DIS 2MG/24HR (<i>rotigotine</i>)	Tier 2	
NEUPRO DIS 3MG/24HR (<i>rotigotine</i>)	Tier 2	
NEUPRO DIS 4MG/24HR (<i>rotigotine</i>)	Tier 2	
NEUPRO DIS 6MG/24HR (<i>rotigotine</i>)	Tier 2	
NEUPRO DIS 8MG/24HR (<i>rotigotine</i>)	Tier 2	
PARLODEL CAP 5MG (<i>bromocriptine mesylate</i>)	Tier 3	
PARLODEL TAB 2.5MG (<i>bromocriptine mesylate</i>)	Tier 3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	Tier 1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	Tier 1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	Tier 1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	Tier 1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	Tier 1	
RYTARY CAP 95MG (<i>carbidopa-levodopa</i>)	Tier 2	
RYTARY CAP 145MG (<i>carbidopa-levodopa</i>)	Tier 2	
RYTARY CAP 195MG (<i>carbidopa-levodopa</i>)	Tier 2	
RYTARY CAP 245MG (<i>carbidopa-levodopa</i>)	Tier 2	
SINEMET TAB 10-100MG (<i>carbidopa-levodopa</i>)	Tier 3	
SINEMET TAB 25-100MG (<i>carbidopa-levodopa</i>)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 1
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 1
<i>selegiline hcl cap 5 mg</i>	Tier 1
<i>selegiline hcl tab 5 mg</i>	Tier 1

ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES

ANTIMANIC AGENTS

<i>lithium carbonate cap 150 mg</i>	Tier 1
<i>lithium carbonate cap 300 mg</i>	Tier 1
<i>lithium carbonate cap 600 mg</i>	Tier 1
<i>lithium carbonate tab 300 mg</i>	Tier 1
<i>lithium carbonate tab er 300 mg</i>	Tier 1
<i>lithium carbonate tab er 450 mg</i>	Tier 1
<i>lithium oral solution 8 meq/5ml</i>	Tier 1
LITHOBID TAB 300MG CR (<i>lithium carbonate</i>)	Tier 3

ANTIPSYCHOTICS - MISC.

<i>lurasidone hcl tab 20 mg</i>	Tier 1
<i>lurasidone hcl tab 40 mg</i>	Tier 1
<i>lurasidone hcl tab 60 mg</i>	Tier 1
<i>lurasidone hcl tab 80 mg</i>	Tier 1
<i>lurasidone hcl tab 120 mg</i>	Tier 1
VRAYLAR CAP 1.5-3MG (<i>cariprazine hcl</i>)	Tier 2
VRAYLAR CAP 1.5MG (<i>cariprazine hcl</i>)	Tier 2
VRAYLAR CAP 3MG (<i>cariprazine hcl</i>)	Tier 2
VRAYLAR CAP 4.5MG (<i>cariprazine hcl</i>)	Tier 2
VRAYLAR CAP 6MG (<i>cariprazine hcl</i>)	Tier 2
<i>ziprasidone hcl cap 20 mg</i>	Tier 1
<i>ziprasidone hcl cap 40 mg</i>	Tier 1
<i>ziprasidone hcl cap 60 mg</i>	Tier 1
<i>ziprasidone hcl cap 80 mg</i>	Tier 1
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	Tier 1

BENZISOXAZOLES

<i>paliperidone tab er 24hr 1.5 mg</i>	Tier 1
<i>paliperidone tab er 24hr 3 mg</i>	Tier 1
<i>paliperidone tab er 24hr 6 mg</i>	Tier 1
<i>paliperidone tab er 24hr 9 mg</i>	Tier 1
PERSERIS INJ 90MG (<i>risperidone</i>)	Tier 2
PERSERIS INJ 120MG (<i>risperidone</i>)	Tier 2
RISPERDAL SOL 1MG/ML (<i>risperidone</i>)	Tier 3

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
 Authorization **QL** - Quantity Limits

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

RISPERDAL TAB 0.5MG (<i>risperidone</i>)	Tier 3	
RISPERDAL TAB 1MG (<i>risperidone</i>)	Tier 3	
RISPERDAL TAB 2MG (<i>risperidone</i>)	Tier 3	
RISPERDAL TAB 3MG (<i>risperidone</i>)	Tier 3	
RISPERDAL TAB 4MG (<i>risperidone</i>)	Tier 3	
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	Tier 1	
<i>risperidone microspheres for im extended rel susp 25 mg</i>	Tier 1	
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	Tier 1	
<i>risperidone microspheres for im extended rel susp 50 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 1	
<i>risperidone soln 1 mg/ml</i>	Tier 1	
<i>risperidone tab 0.5 mg</i>	Tier 1	
<i>risperidone tab 0.25 mg</i>	Tier 1	
<i>risperidone tab 1 mg</i>	Tier 1	
<i>risperidone tab 2 mg</i>	Tier 1	
<i>risperidone tab 3 mg</i>	Tier 1	
<i>risperidone tab 4 mg</i>	Tier 1	
BUTYROPHENONES		
<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1	
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	
<i>haloperidol tab 0.5 mg</i>	Tier 1	
<i>haloperidol tab 1 mg</i>	Tier 1	
<i>haloperidol tab 2 mg</i>	Tier 1	
<i>haloperidol tab 5 mg</i>	Tier 1	
<i>haloperidol tab 10 mg</i>	Tier 1	
<i>haloperidol tab 20 mg</i>	Tier 1	
DIBENZAPINES		
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Tier 1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Tier 1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clozapine orally disintegrating tab 12.5 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 25 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 100 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 150 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 200 mg</i>	Tier 1	
<i>clozapine tab 25 mg</i>	Tier 1	
<i>clozapine tab 50 mg</i>	Tier 1	
<i>clozapine tab 100 mg</i>	Tier 1	
<i>clozapine tab 200 mg</i>	Tier 1	
CLOZARIL TAB 25MG (<i>clozapine</i>)	Tier 3	
CLOZARIL TAB 50MG (<i>clozapine</i>)	Tier 3	
CLOZARIL TAB 100MG (<i>clozapine</i>)	Tier 3	
CLOZARIL TAB 200MG (<i>clozapine</i>)	Tier 3	
<i>loxapine succinate cap 5 mg</i>	Tier 1	
<i>loxapine succinate cap 10 mg</i>	Tier 1	
<i>loxapine succinate cap 25 mg</i>	Tier 1	
<i>loxapine succinate cap 50 mg</i>	Tier 1	
<i>olanzapine for im inj 10 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 5 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 10 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 15 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 20 mg</i>	Tier 1	
<i>olanzapine tab 2.5 mg</i>	Tier 1	
<i>olanzapine tab 5 mg</i>	Tier 1	
<i>olanzapine tab 7.5 mg</i>	Tier 1	
<i>olanzapine tab 10 mg</i>	Tier 1	
<i>olanzapine tab 15 mg</i>	Tier 1	
<i>olanzapine tab 20 mg</i>	Tier 1	
<i>quetiapine fumarate tab 25 mg</i>	Tier 1	
<i>quetiapine fumarate tab 50 mg</i>	Tier 1	
<i>quetiapine fumarate tab 100 mg</i>	Tier 1	
<i>quetiapine fumarate tab 150 mg</i>	Tier 1	
<i>quetiapine fumarate tab 200 mg</i>	Tier 1	
<i>quetiapine fumarate tab 300 mg</i>	Tier 1	
<i>quetiapine fumarate tab 400 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Tier 1	
SEROQUEL TAB 25MG (<i>quetiapine fumarate</i>)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

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

SEROQUEL TAB 50MG (<i>quetiapine fumarate</i>)	Tier 3	
SEROQUEL TAB 100MG (<i>quetiapine fumarate</i>)	Tier 3	
SEROQUEL TAB 200MG (<i>quetiapine fumarate</i>)	Tier 3	
SEROQUEL TAB 300MG (<i>quetiapine fumarate</i>)	Tier 3	
SEROQUEL TAB 400MG (<i>quetiapine fumarate</i>)	Tier 3	
ZYPREXA TAB 2.5MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA TAB 5MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA TAB 7.5MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA TAB 10MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA TAB 15MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA TAB 20MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA ZYDI TAB 5MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA ZYDI TAB 10MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA ZYDI TAB 15MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA ZYDI TAB 20MG (<i>olanzapine</i>)	Tier 3	

DIHYDROINDOLONES

<i>molindone hcl tab 5 mg</i>	Tier 1	
<i>molindone hcl tab 10 mg</i>	Tier 1	
<i>molindone hcl tab 25 mg</i>	Tier 1	

PHENOTHIAZINES

<i>chlorpromazine hcl inj 25 mg/ml</i>	Tier 1	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	Tier 1	
<i>chlorpromazine hcl tab 10 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 25 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 50 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 100 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 200 mg</i>	Tier 1	
<i>fluphenazine decanoate inj 25 mg/ml</i>	Tier 1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	Tier 1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl tab 1 mg</i>	Tier 1	
<i>fluphenazine hcl tab 2.5 mg</i>	Tier 1	
<i>fluphenazine hcl tab 5 mg</i>	Tier 1	
<i>fluphenazine hcl tab 10 mg</i>	Tier 1	
<i>perphenazine tab 2 mg</i>	Tier 1	
<i>perphenazine tab 4 mg</i>	Tier 1	
<i>perphenazine tab 8 mg</i>	Tier 1	
<i>perphenazine tab 16 mg</i>	Tier 1	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine suppos 25 mg</i>	Tier 1	
<i>prochlorperazine suppos 25 mg (Compro)</i>	Tier 1	
<i>thioridazine hcl tab 10 mg</i>	Tier 1	
<i>thioridazine hcl tab 25 mg</i>	Tier 1	
<i>thioridazine hcl tab 50 mg</i>	Tier 1	
<i>thioridazine hcl tab 100 mg</i>	Tier 1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1	
QUINOLINONE DERIVATIVES		
<i>ABILIFY MAIN INJ 300MG (aripiprazole)</i>	Tier 2	
<i>ABILIFY MAIN INJ 400MG (aripiprazole)</i>	Tier 2	
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 1	
<i>aripiprazole tab 2 mg</i>	Tier 1	
<i>aripiprazole tab 5 mg</i>	Tier 1	
<i>aripiprazole tab 10 mg</i>	Tier 1	
<i>aripiprazole tab 15 mg</i>	Tier 1	
<i>aripiprazole tab 20 mg</i>	Tier 1	
<i>aripiprazole tab 30 mg</i>	Tier 1	
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	Tier 1	
<i>thiothixene cap 2 mg</i>	Tier 1	
<i>thiothixene cap 5 mg</i>	Tier 1	
<i>thiothixene cap 10 mg</i>	Tier 1	
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT		
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT		
<i>formaldehyde solution 10%</i>	Tier 1	
<i>hydrogen peroxide soln 30%</i>	Tier 1	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 1	QL (30 mL every 1 day)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 1	QL (2 tabs every 1 day)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 100
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 1	QL (1 cap every 1 day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 1	QL (2 caps every 1 day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 1	QL (1 cap every 1 day)
BIKTARVY TAB (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (1 tab every 1 day)
CIMDUO TAB 300-300 (<i>lamivudine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (1 tab every 1 day)
<i>darunavir tab 600 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>darunavir tab 800 mg</i>	Tier 1	QL (1 tab every 1 day)
DESCOVY TAB 120-15MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (1 tab every 1 day); ACA
DESCOVY TAB 200/25MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (1 tab every 1 day); ACA
DOVATO TAB 50-300MG (<i>dolutegravir sodium-lamivudine</i>)	Tier 2	QL (1 tab every 1 day)
<i>efavirenz cap 50 mg</i>	Tier 1	QL (3 caps every 1 day)
<i>efavirenz cap 200 mg</i>	Tier 1	QL (3 caps every 1 day)
<i>efavirenz tab 600 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>emtricitabine caps 200 mg</i>	Tier 1	QL (1 cap every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Tier 1	QL (1 tab every 1 day); ACA
EMTRIVA CAP 200MG (<i>emtricitabine</i>)	Tier 3	QL (1 cap every 1 day)
EMTRIVA SOL 10MG/ML (<i>emtricitabine</i>)	Tier 3	QL (729 mL every 30 days)
<i>etravirine tab 100 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>etravirine tab 200 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 1	QL (4 tabs every 1 day)
FUZEON INJ 90MG (<i>enfuvirtide</i>)	Tier 3	PA, QL (2 vials every 1 day)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 101
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GENVOYA TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	Tier 2	QL (1 tab every 1 day)
ISENTRESS CHW 25MG (<i>raltegravir potassium</i>)	Tier 2	QL (6 tabs every 1 day)
ISENTRESS CHW 100MG (<i>raltegravir potassium</i>)	Tier 2	QL (6 tabs every 1 day)
ISENTRESS HD TAB 600MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 tabs every 1 day)
ISENTRESS POW 100MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 packets every 1 day)
ISENTRESS TAB 400MG (<i>raltegravir potassium</i>)	Tier 2	QL (4 tabs every 1 day)
<i>lamivudine oral soln 10 mg/ml</i>	Tier 1	QL (32 mL every 1 day)
<i>lamivudine tab 150 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>lamivudine tab 300 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 1	QL (16 mL every 1 day); Up to 14 day supply; Limit of one fill per 60 days
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>maraviroc tab 150 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>maraviroc tab 300 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>nevirapine susp 50 mg/5ml</i>	Tier 1	QL (40 mL every 1 day)
<i>nevirapine tab 200 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>nevirapine tab er 24hr 400 mg</i>	Tier 1	QL (1 tab every 1 day)
ODEFSEY TAB (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (1 tab every 1 day)
RETROVIR CAP 100MG (<i>zidovudine</i>)	Tier 3	QL (6 caps every 1 day)
RETROVIR SYP 50MG/5ML (<i>zidovudine</i>)	Tier 3	QL (64 mL every 1 day)
<i>ritonavir tab 100 mg</i>	Tier 1	QL (12 tabs every 1 day)
STRIBILD TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>)	Tier 2	QL (1 tab every 1 day)
SYMTUZA TAB (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	Tier 2	QL (1 tab every 1 day)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Tier 1	QL (1 tab every 1 day)
TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>)	Tier 2	QL (12 tabs every 1 day)
TIVICAY TAB 50MG (<i>dolutegravir sodium</i>)	Tier 2	QL (2 tabs every 1 day)
TRIUMEQ PD TAB (<i>abacavir-dolutegravir-lamivudine</i>)	Tier 2	QL (6 tabs every 1 day)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRIUMEQ TAB (<i>abacavir-dolutegravir-lamivudine</i>)	Tier 2	QL (1 tab every 1 day)
VIREAD POW 40MG/GM (<i>tenofovir disoproxil fumarate</i>)	Tier 3	QL (8 gm every 1 day)
VIREAD TAB 150MG (<i>tenofovir disoproxil fumarate</i>)	Tier 3	QL (1 tab every 1 day)
VIREAD TAB 200MG (<i>tenofovir disoproxil fumarate</i>)	Tier 3	QL (1 tab every 1 day)
VIREAD TAB 250MG (<i>tenofovir disoproxil fumarate</i>)	Tier 3	QL (1 tab every 1 day)
VIREAD TAB 300MG (<i>tenofovir disoproxil fumarate</i>)	Tier 3	QL (1 tab every 1 day)
<i>zidovudine cap 100 mg</i>	Tier 1	QL (6 caps every 1 day)
<i>zidovudine syrup 10 mg/ml</i>	Tier 1	QL (64 mL every 1 day)
<i>zidovudine tab 300 mg</i>	Tier 1	QL (2 tabs every 1 day)
CMV AGENTS		
<i>cidofovir iv inj 75 mg/ml</i>	Tier 1	
<i>foscarnet sodium inj 6000 mg/250ml (24 mg/ml)</i>	Tier 1	
<i>ganciclovir sodium for inj 500 mg</i>	Tier 1	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 1	QL (1000 mL every 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 1	QL (4 tabs every 1 day)
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 1	
<i>entecavir tab 0.5 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>entecavir tab 1 mg</i>	Tier 1	QL (1 tab every 1 day)
EPCLUSA PAK 150-37.5 (<i>sofosbuvir-velpatasvir</i>)	Tier 2	PA, QL (1 packet every 1 day)
EPCLUSA PAK 200-50MG (<i>sofosbuvir-velpatasvir</i>)	Tier 2	PA, QL (2 packets every 1 day)
EPCLUSA TAB 200-50MG (<i>sofosbuvir-velpatasvir</i>)	Tier 2	PA, QL (1 tab every 1 day)
EPCLUSA TAB 400-100 (<i>sofosbuvir-velpatasvir</i>)	Tier 2	PA, QL (1 tab every 1 day)
HARVONI PAK (<i>ledipasvir-sofosbuvir</i>)	Tier 2	PA, QL (1 packet every 1 day)
HARVONI PAK 45-200MG (<i>ledipasvir-sofosbuvir</i>)	Tier 2	PA, QL (2 packets every 1 day)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HARVONI TAB 45-200MG (<i>ledipasvir-sofosbuvir</i>)	Tier 2	PA, QL (1 tab every 1 day)
HARVONI TAB 90-400MG (<i>ledipasvir-sofosbuvir</i>)	Tier 2	PA, QL (1 tab every 1 day)
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	
PEGASYS INJ (<i>peginterferon alfa-2a</i>)	Tier 3	PA
PEGASYS INJ 180MCG/M (<i>peginterferon alfa-2a</i>)	Tier 3	PA
<i>ribavirin cap 200 mg</i>	Tier 1	PA
<i>ribavirin tab 200 mg</i>	Tier 1	PA
VEMLIDY TAB 25MG (<i>tenofovir alafenamide fumarate</i>)	Tier 2	QL (1 tab every 1 day)
VOSEVI TAB (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	Tier 2	PA, QL (1 tab every 1 day)

HERPES AGENTS

<i>acyclovir cap 200 mg</i>	Tier 1	
<i>acyclovir sodium iv soln 50 mg/ml</i>	Tier 1	
<i>acyclovir susp 200 mg/5ml</i>	Tier 1	
<i>acyclovir tab 400 mg</i>	Tier 1	
<i>acyclovir tab 800 mg</i>	Tier 1	
<i>famciclovir tab 125 mg</i>	Tier 1	
<i>famciclovir tab 250 mg</i>	Tier 1	
<i>famciclovir tab 500 mg</i>	Tier 1	
<i>valacyclovir hcl tab 1 gm</i>	Tier 1	
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	

INFLUENZA AGENTS

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

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

ALPHA-BETA BLOCKERS

<i>carvedilol phosphate cap er 24hr 10 mg</i>	Tier 1	
---	--------	--

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 104

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

<i>carvedilol phosphate cap er 24hr 20 mg</i>	Tier 1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	Tier 1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	Tier 1	
<i>carvedilol tab 3.125 mg</i>	Tier 1	
<i>carvedilol tab 6.25 mg</i>	Tier 1	
<i>carvedilol tab 12.5 mg</i>	Tier 1	
<i>carvedilol tab 25 mg</i>	Tier 1	
COREG TAB 3.125MG (<i>carvedilol</i>)	Tier 3	
COREG TAB 6.25MG (<i>carvedilol</i>)	Tier 3	
COREG TAB 12.5MG (<i>carvedilol</i>)	Tier 3	
COREG TAB 25MG (<i>carvedilol</i>)	Tier 3	
<i>labetalol hcl iv soln 5 mg/ml</i>	Tier 1	
<i>labetalol hcl tab 100 mg</i>	Tier 1	
<i>labetalol hcl tab 200 mg</i>	Tier 1	
<i>labetalol hcl tab 300 mg</i>	Tier 1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	Tier 1	
<i>acebutolol hcl cap 400 mg</i>	Tier 1	
<i>atenolol tab 25 mg</i>	Tier 1	
<i>atenolol tab 50 mg</i>	Tier 1	
<i>atenolol tab 100 mg</i>	Tier 1	
<i>betaxolol hcl tab 10 mg</i>	Tier 1	
<i>betaxolol hcl tab 20 mg</i>	Tier 1	
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	
<i>esmolol hcl inj 100 mg/10ml</i>	Tier 1	
<i>esmolol hcl-sodium chloride iv soln 2000 mg/100ml</i>	Tier 1	
<i>esmolol hcl-sodium chloride iv soln 2500 mg/250ml</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	Tier 1	
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	
<i>metoprolol tartrate tab 37.5 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

<i>metoprolol tartrate tab 50 mg</i>	Tier 1	
<i>metoprolol tartrate tab 75 mg</i>	Tier 1	
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	Tier 1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	Tier 1	

BETA BLOCKERS NON-SELECTIVE

<i>CORGARD TAB 20MG (nadolol)</i>	Tier 3	
<i>CORGARD TAB 40MG (nadolol)</i>	Tier 3	
<i>nadolol tab 20 mg</i>	Tier 1	
<i>nadolol tab 40 mg</i>	Tier 1	
<i>nadolol tab 80 mg</i>	Tier 1	
<i>pindolol tab 5 mg</i>	Tier 1	
<i>pindolol tab 10 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 80 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 120 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 160 mg</i>	Tier 1	
<i>propranolol hcl inj 1 mg/ml</i>	Tier 1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	
<i>propranolol hcl tab 10 mg</i>	Tier 1	
<i>propranolol hcl tab 20 mg</i>	Tier 1	
<i>propranolol hcl tab 40 mg</i>	Tier 1	
<i>propranolol hcl tab 60 mg</i>	Tier 1	
<i>propranolol hcl tab 80 mg</i>	Tier 1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	Tier 1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	Tier 1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	Tier 1	
<i>sotalol hcl tab 80 mg</i>	Tier 1	
<i>sotalol hcl tab 120 mg</i>	Tier 1	
<i>sotalol hcl tab 160 mg</i>	Tier 1	
<i>sotalol hcl tab 240 mg</i>	Tier 1	
<i>timolol maleate tab 5 mg</i>	Tier 1	
<i>timolol maleate tab 10 mg</i>	Tier 1	
<i>timolol maleate tab 20 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

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>	Tier 1
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Tier 1
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Tier 1
<i>diltiazem hcl cap er 12hr 60 mg</i>	Tier 1
<i>diltiazem hcl cap er 12hr 90 mg</i>	Tier 1
<i>diltiazem hcl cap er 12hr 120 mg</i>	Tier 1
<i>diltiazem hcl cap er 24hr 120 mg</i>	Tier 1
<i>diltiazem hcl cap er 24hr 120 mg (Dilt-xr)</i>	Tier 1
<i>diltiazem hcl cap er 24hr 180 mg</i>	Tier 1
<i>diltiazem hcl cap er 24hr 180 mg (Dilt-xr)</i>	Tier 1
<i>diltiazem hcl cap er 24hr 240 mg</i>	Tier 1
<i>diltiazem hcl cap er 24hr 240 mg (Dilt-xr)</i>	Tier 1
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Tier 1
<i>diltiazem hcl coated beads cap er 24hr 120 mg (Cartia Xt)</i>	Tier 1
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Tier 1
<i>diltiazem hcl coated beads cap er 24hr 180 mg (Cartia Xt)</i>	Tier 1
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Tier 1
<i>diltiazem hcl coated beads cap er 24hr 240 mg (Cartia Xt)</i>	Tier 1
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 1
<i>diltiazem hcl coated beads cap er 24hr 300 mg (Cartia Xt)</i>	Tier 1
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	Tier 1
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 1
<i>diltiazem hcl extended release beads cap er 24hr 120 mg (Taztia Xt)</i>	Tier 1

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (Tiadylt Er)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (Taztia Xt)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (Tiadylt Er)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (Taztia Xt)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (Tiadylt Er)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (Taztia Xt)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (Tiadylt Er)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (Taztia Xt)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (Tiadylt Er)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> (Tiadylt Er)	Tier 1	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	Tier 1	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	Tier 1	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	Tier 1	
<i>diltiazem hcl tab 30 mg</i>	Tier 1	
<i>diltiazem hcl tab 60 mg</i>	Tier 1	
<i>diltiazem hcl tab 90 mg</i>	Tier 1	
<i>diltiazem hcl tab 120 mg</i>	Tier 1	
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	
<i>isradipine cap 2.5 mg</i>	Tier 1	
<i>isradipine cap 5 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 108
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levamlodipine maleate tab 2.5 mg</i>	Tier 1	
<i>levamlodipine maleate tab 5 mg</i>	Tier 1	
<i>nicardipine hcl cap 20 mg</i>	Tier 1	
<i>nicardipine hcl cap 30 mg</i>	Tier 1	
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	Tier 1	
<i>nifedipine cap 10 mg</i>	Tier 1	
<i>nifedipine cap 20 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	
<i>nimodipine cap 30 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 20 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 30 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 34 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 40 mg</i>	Tier 1	
PROCARDIA XL TAB 30MG CR (<i>nifedipine</i>)	Tier 3	
PROCARDIA XL TAB 60MG CR (<i>nifedipine</i>)	Tier 3	
PROCARDIA XL TAB 90MG CR (<i>nifedipine</i>)	Tier 3	
TIAZAC CAP 120MG/24 (<i>diltiazem hcl extended release beads</i>)	Tier 3	
TIAZAC CAP 180MG/24 (<i>diltiazem hcl extended release beads</i>)	Tier 3	
TIAZAC CAP 240MG/24 (<i>diltiazem hcl extended release beads</i>)	Tier 3	
TIAZAC CAP 300MG/24 (<i>diltiazem hcl extended release beads</i>)	Tier 3	
TIAZAC CAP 360MG/24 (<i>diltiazem hcl extended release beads</i>)	Tier 3	
TIAZAC CAP 420MG/24 (<i>diltiazem hcl extended release beads</i>)	Tier 3	
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 120 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 180 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 200 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 240 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 109

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

<i>verapamil hcl cap er 24hr 300 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 360 mg</i>	Tier 1	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	Tier 1	
<i>verapamil hcl tab 40 mg</i>	Tier 1	
<i>verapamil hcl tab 80 mg</i>	Tier 1	
<i>verapamil hcl tab 120 mg</i>	Tier 1	
<i>verapamil hcl tab er 120 mg</i>	Tier 1	
<i>verapamil hcl tab er 180 mg</i>	Tier 1	
<i>verapamil hcl tab er 240 mg</i>	Tier 1	

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

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

INOTROPES

<i>dobutamine hcl inj 12.5 mg/ml</i>	Tier 1	
<i>dopamine hcl inj 40 mg/ml</i>	Tier 1	
<i>milrinone lactate in dextrose 5% iv soln 20 mg/100ml</i>	Tier 1	
<i>milrinone lactate in dextrose 5% iv soln 40 mg/200ml</i>	Tier 1	
<i>milrinone lactate iv soln 10 mg/10ml (base equivalent)</i>	Tier 1	
<i>milrinone lactate iv soln 20 mg/20ml (base equivalent)</i>	Tier 1	
<i>milrinone lactate iv soln 50 mg/50ml (base equivalent)</i>	Tier 1	

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

CARDIOPLEGIC SOLUTIONS - PRODUCTS USED IN SURGERY

<i>cardioplegic soln</i>	Tier 1	
--------------------------	--------	--

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

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

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

110

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	Tier 1	
CADUET TAB 5-10MG (<i>amlodipine besylate-atorvastatin calcium</i>)	Tier 3	
CADUET TAB 5-20MG (<i>amlodipine besylate-atorvastatin calcium</i>)	Tier 3	
CADUET TAB 5-40MG (<i>amlodipine besylate-atorvastatin calcium</i>)	Tier 3	
CADUET TAB 5-80MG (<i>amlodipine besylate-atorvastatin calcium</i>)	Tier 3	
CADUET TAB 10-10MG (<i>amlodipine besylate-atorvastatin calcium</i>)	Tier 3	
CADUET TAB 10-20MG (<i>amlodipine besylate-atorvastatin calcium</i>)	Tier 3	
CADUET TAB 10-40MG (<i>amlodipine besylate-atorvastatin calcium</i>)	Tier 3	
CADUET TAB 10-80MG (<i>amlodipine besylate-atorvastatin calcium</i>)	Tier 3	
ENTRESTO TAB 24-26MG (<i>sacubitril-valsartan</i>)	Tier 2	
ENTRESTO TAB 49-51MG (<i>sacubitril-valsartan</i>)	Tier 2	
ENTRESTO TAB 97-103MG (<i>sacubitril-valsartan</i>)	Tier 2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME

DRUG TIER COVERAGE REQUIREMENTS AND LIMITS

IMPOTENCE AGENTS - DRUGS TO TREAT ERECTILE DYSFUNCTION

MUSE SUP 250MCG (alprostadil (vasodilator))	Tier 2	QL (18 sup every 75 days), AGE
MUSE SUP 500MCG (alprostadil (vasodilator))	Tier 2	QL (18 sup every 75 days), AGE
MUSE SUP 1000MCG (alprostadil (vasodilator))	Tier 2	QL (18 sup every 75 days), AGE
sildenafil citrate tab 25 mg	Tier 1	QL (18 tabs every 75 days), AGE
sildenafil citrate tab 50 mg	Tier 1	QL (18 tabs every 75 days), AGE
sildenafil citrate tab 100 mg	Tier 1	QL (18 tabs every 75 days), AGE
tadalafil tab 2.5 mg	Tier 1	QL (90 tabs every 75 days), AGE
tadalafil tab 5 mg	Tier 1	QL (18 tabs every 75 days), AGE
tadalafil tab 10 mg	Tier 1	QL (18 tabs every 75 days), AGE
tadalafil tab 20 mg	Tier 1	QL (18 tabs every 75 days), AGE
varденаfil hcl orally disintegrating tab 10 mg	Tier 1	QL (18 tabs every 75 days), AGE
varденаfil hcl tab 2.5 mg	Tier 1	QL (18 tabs every 75 days), AGE
varденаfil hcl tab 5 mg	Tier 1	QL (18 tabs every 75 days), AGE
varденаfil hcl tab 10 mg	Tier 1	QL (18 tabs every 75 days), AGE
varденаfil hcl tab 20 mg	Tier 1	QL (18 tabs every 75 days), AGE

PROSTAGLANDIN VASODILATORS

epoprostenol sodium for inj 0.5 mg	Tier 1	PA
epoprostenol sodium for inj 1.5 mg	Tier 1	PA
FLOLAN INJ 0.5MG (epoprostenol sodium)	Tier 3	PA
FLOLAN INJ 1.5MG (epoprostenol sodium)	Tier 3	PA
ORENITRAM TAB 0.25MG (treprostinil diolamine)	Tier 2	PA
ORENITRAM TAB 0.125MG (treprostinil diolamine)	Tier 2	PA
ORENITRAM TAB 1MG (treprostinil diolamine)	Tier 2	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 112

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORENITRAM TAB 2.5MG (treprostinil diolamine)	Tier 2	PA
ORENITRAM TAB 5MG (treprostinil diolamine)	Tier 2	PA
ORENITRAM TAB MONTH 1 (treprostinil diolamine)	Tier 2	PA
ORENITRAM TAB MONTH 2 (treprostinil diolamine)	Tier 2	PA
ORENITRAM TAB MONTH 3 (treprostinil diolamine)	Tier 2	PA
treprostinil inj soln 20 mg/20ml (1 mg/ml)	Tier 1	PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	Tier 1	PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	Tier 1	PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	Tier 1	PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	Tier 1	PA, QL (1 tab every 1 day)
ambrisentan tab 10 mg	Tier 1	PA, QL (1 tab every 1 day)
bosentan tab 62.5 mg	Tier 1	PA, QL (2 tabs every 1 day)
bosentan tab 125 mg	Tier 1	PA, QL (2 tabs every 1 day)
OPSUMIT TAB 10MG (macitentan)	Tier 2	PA, QL (1 tab every 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
REVATIO SUS 10MG/ML (sildenafil citrate (pulmonary hypertension))	Tier 3	PA, QL (224 mL every 30 days)
REVATIO TAB 20MG (sildenafil citrate (pulmonary hypertension))	Tier 3	PA, QL (12 tabs every 1 day)
sildenafil citrate for suspension 10 mg/ml	Tier 1	PA, QL (224 mL every 30 days)
sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)	Tier 1	PA
sildenafil citrate tab 20 mg	Tier 1	PA, QL (12 tabs every 1 day)
tadalafil tab 20 mg (pah)	Tier 1	PA, QL (2 tabs every 1 day)
tadalafil tab 20 mg (pah) (Alyq)	Tier 1	PA, QL (2 tabs every 1 day)
TADLIQ SUS 20MG/5ML (tadalafil (pulmonary hypertension))	Tier 2	PA, QL (10 mL every 1 day)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ 1800MCG (selexipag)	Tier 2	PA
UPTRAVI PACK TAB 200/800 (selexipag)	Tier 2	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG (selexipag)	Tier 2	PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG (selexipag)	Tier 2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG (selexipag)	Tier 2	PA, QL (2 tabs every 1 day)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 113

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
UPTRAVI TAB 800MCG (<i>selexipag</i>)	Tier 2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG (<i>selexipag</i>)	Tier 2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG (<i>selexipag</i>)	Tier 2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG (<i>selexipag</i>)	Tier 2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG (<i>selexipag</i>)	Tier 2	PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG (<i>riociguat</i>)	Tier 2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG (<i>riociguat</i>)	Tier 2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1MG (<i>riociguat</i>)	Tier 2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2.5MG (<i>riociguat</i>)	Tier 2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG (<i>riociguat</i>)	Tier 2	PA, QL (3 tabs every 1 day)
SINUS NODE INHIBITORS		
CORLANOR TAB 5MG (<i>ivabradine hcl</i>)	Tier 2	
CORLANOR TAB 7.5MG (<i>ivabradine hcl</i>)	Tier 2	
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG (<i>vericiguat</i>)	Tier 2	
VERQUVO TAB 5MG (<i>vericiguat</i>)	Tier 2	
VERQUVO TAB 10MG (<i>vericiguat</i>)	Tier 2	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil cap 500 mg</i>	Tier 1	
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	
<i>cefadroxil tab 1 gm</i>	Tier 1	
<i>cefazolin sodium for inj 1 gm</i>	Tier 1	
<i>cefazolin sodium for inj 2 gm</i>	Tier 1	
<i>cefazolin sodium for inj 3 gm</i>	Tier 1	
<i>cefazolin sodium for inj 10 gm</i>	Tier 1	
<i>cefazolin sodium for inj 500 mg</i>	Tier 1	
<i>cefazolin sodium for iv soln 1 gm</i>	Tier 1	
<i>cephalexin cap 250 mg</i>	Tier 1	
<i>cephalexin cap 500 mg</i>	Tier 1	
<i>cephalexin cap 750 mg</i>	Tier 1	
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	
<i>cephalexin tab 250 mg</i>	Tier 1	
<i>cephalexin tab 500 mg</i>	Tier 1	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor cap 250 mg</i>	Tier 1	
<i>cefaclor cap 500 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

<i>cefaclor for susp 250 mg/5ml</i>	Tier 1	
<i>cefotetan disodium for inj 1 gm</i>	Tier 1	
<i>cefotetan disodium for inj 2 gm</i>	Tier 1	
<i>cefoxitin sodium for iv soln 1 gm</i>	Tier 1	
<i>cefoxitin sodium for iv soln 2 gm</i>	Tier 1	
<i>cefoxitin sodium for iv soln 10 gm</i>	Tier 1	
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	
<i>cefprozil tab 250 mg</i>	Tier 1	
<i>cefprozil tab 500 mg</i>	Tier 1	
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	
<i>cefuroxime sodium for inj 750 mg</i>	Tier 1	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	Tier 1	

CEPHALOSPORINS - 3RD GENERATION

<i>cefdinir cap 300 mg</i>	Tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	
<i>cefixime cap 400 mg</i>	Tier 1	
<i>cefixime for susp 100 mg/5ml</i>	Tier 1	
<i>cefixime for susp 200 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil tab 100 mg</i>	Tier 1	
<i>cefpodoxime proxetil tab 200 mg</i>	Tier 1	
<i>ceftazidime for inj 1 gm</i>	Tier 1	
<i>ceftazidime for inj 1 gm</i> (Tazicef)	Tier 1	
<i>ceftazidime for inj 6 gm</i>	Tier 1	
<i>ceftazidime for iv soln 1 gm</i> (Tazicef)	Tier 1	
<i>ceftazidime for iv soln 2 gm</i>	Tier 1	
<i>ceftazidime for iv soln 2 gm</i> (Tazicef)	Tier 1	
<i>ceftazidime for iv soln 6 gm</i> (Tazicef)	Tier 1	
<i>ceftriaxone sodium for inj 1 gm</i>	Tier 1	
<i>ceftriaxone sodium for inj 2 gm</i>	Tier 1	
<i>ceftriaxone sodium for inj 10 gm</i>	Tier 1	
<i>ceftriaxone sodium for inj 250 mg</i>	Tier 1	
<i>ceftriaxone sodium for inj 500 mg</i>	Tier 1	
<i>ceftriaxone sodium for iv soln 1 gm</i>	Tier 1	
<i>ceftriaxone sodium for iv soln 2 gm</i>	Tier 1	
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	Tier 1	
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CEPHALOSPORINS - 4TH GENERATION		
<i>cefepime hcl for inj 1 gm</i>	Tier 1	
<i>cefepime hcl for iv soln 2 gm</i>	Tier 1	
CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING		
LIQUIDS		
<i>isopropyl alcohol 99%</i>	Tier 1	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
COMBINATION CONTRACEPTIVES - ORAL		
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 1	GNDR; ACA
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (Azurette)	Tier 1	GNDR; ACA
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (Kariva)	Tier 1	GNDR; ACA
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (Pimtrea)	Tier 1	GNDR; ACA
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (Simliya)	Tier 1	GNDR; ACA
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (Viorele)	Tier 1	GNDR; ACA
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (Volnea)	Tier 1	GNDR; ACA
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i> (Velivet)	Tier 1	GNDR; ACA
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Apri)	Tier 1	GNDR; ACA
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Cyred Eq)	Tier 1	GNDR; ACA
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Enskyce)	Tier 1	GNDR; ACA
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Isibloom)	Tier 1	GNDR; ACA
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Juleber)	Tier 1	GNDR; ACA
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Kalliga)	Tier 1	GNDR; ACA
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (Reclipsen)	Tier 1	GNDR; ACA
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Tier 1	GNDR; ACA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Tier 1	GNDR; ACA
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (Tydemy)	Tier 1	GNDR; ACA
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 1	GNDR; ACA
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (Jasmiel)	Tier 1	GNDR; ACA
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (Lo-zumandimine)	Tier 1	GNDR; ACA
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (Loryna)	Tier 1	GNDR; ACA
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (Nikki)	Tier 1	GNDR; ACA
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (Vestura)	Tier 1	GNDR; ACA
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 1	GNDR; ACA
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (Ocella)	Tier 1	GNDR; ACA
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (Syeda)	Tier 1	GNDR; ACA
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (Zumandimine)	Tier 1	GNDR; ACA
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 1	GNDR; ACA
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (Kelnor 1/35)	Tier 1	GNDR; ACA
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (Zovia 1/35)	Tier 1	GNDR; ACA
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 1	GNDR; ACA
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> (Kelnor 1/50)	Tier 1	GNDR; ACA
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	Tier 1	GNDR; ACA
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (Rivelsa)	Tier 1	GNDR; ACA
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Tier 1	GNDR; ACA
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (Camrese Lo)	Tier 1	GNDR; ACA
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (Lojaimiess)	Tier 1	GNDR; ACA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 117
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	Tier 1	GNDR; ACA
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna)	Tier 1	GNDR; ACA
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Camrese)	Tier 1	GNDR; ACA
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Daysee)	Tier 1	GNDR; ACA
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Jaimiess)	Tier 1	GNDR; ACA
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Simpesse)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Iclevia)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Introvale)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Jolessa)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Setlakin)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienna)	Tier 1	GNDR; ACA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Ayuna)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal Eq)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30-28)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28)	Tier 1	GNDR; ACA
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 1	GNDR; ACA
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28)	Tier 1	GNDR; ACA
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest)	Tier 1	GNDR; ACA
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora-28)	Tier 1	GNDR; ACA
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	Tier 1	GNDR; ACA
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst)	Tier 1	GNDR; ACA
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale)	Tier 1	GNDR; ACA
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	Tier 1	GNDR; ACA
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Joyeaux)	Tier 1	GNDR; ACA
LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))	Tier 2	GNDR; ACA
NATAZIA TAB (estradiol valerate-dienogest)	Tier 2	GNDR; ACA
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	Tier 1	GNDR; ACA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Philith)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Vyfemla)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35-28)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nylia 1/35)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Wymzya Fe)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Kaitlib Fe)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Layolis Fe)	Tier 1	GNDR; ACA
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	Tier 1	GNDR; ACA
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)	Tier 1	GNDR; ACA
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tri-legest Fe)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Aurovela 1/20)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Junel 1/20)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Larin 1/20)	Tier 1	GNDR; ACA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 120

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (Loestrin 1/20-21)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (Microgestin 1/20)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (Aurovela 1.5/30)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (Hailey 1.5/30)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (Junel 1.5/30)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (Larin 1.5/30)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (Loestrin 1.5/30-21)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (Microgestin 1.5/30)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (Aurovela Fe 1/20)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (Blisovi Fe 1/20)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (Hailey Fe 1/20)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (Junel Fe 1/20)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (Larin Fe 1/20)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (Loestrin Fe 1/20)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (Microgestin Fe 1/20)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (Tarina Fe 1/20 Eq)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Aurovela Fe 1.5/30)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Blisovi Fe 1.5/30)	Tier 1	GNDR; ACA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Hailey Fe 1.5/30)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Junel Fe 1.5/30)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Larin Fe 1.5/30)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Loestrin Fe 1.5/30)	Tier 1	GNDR; ACA
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Microgestin Fe 1.5/30)	Tier 1	GNDR; ACA
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Tier 1	GNDR; ACA
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (Charlotte 24 Fe)	Tier 1	GNDR; ACA
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (Finzala)	Tier 1	GNDR; ACA
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (Mibelas 24 Fe)	Tier 1	GNDR; ACA
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	Tier 1	GNDR; ACA
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (Gem mily)	Tier 1	GNDR; ACA
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (Merzee)	Tier 1	GNDR; ACA
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (Taysofy)	Tier 1	GNDR; ACA
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (Aurovela 24 Fe)	Tier 1	GNDR; ACA
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (Blisovi 24 Fe)	Tier 1	GNDR; ACA
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (Hailey 24 Fe)	Tier 1	GNDR; ACA
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (Junel Fe 24)	Tier 1	GNDR; ACA
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (Larin 24 Fe)	Tier 1	GNDR; ACA
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (Microgestin 24 Fe)	Tier 1	GNDR; ACA
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (Tarina 24 Fe)	Tier 1	GNDR; ACA
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (Alyacen 7/7/7)	Tier 1	GNDR; ACA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (Dasetta 7/7/7)	Tier 1	GNDR; ACA
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (Nortrel 7/7/7)	Tier 1	GNDR; ACA
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (Nylia 7/7/7)	Tier 1	GNDR; ACA
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> (Aranelle)	Tier 1	GNDR; ACA
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> (Leena)	Tier 1	GNDR; ACA
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 1	GNDR; ACA
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Estarylla)	Tier 1	GNDR; ACA
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Mili)	Tier 1	GNDR; ACA
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Mono-lynyah)	Tier 1	GNDR; ACA
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Nymyo)	Tier 1	GNDR; ACA
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Sprintec 28)	Tier 1	GNDR; ACA
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Vylibra)	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-lo-estarylla)	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-lo-marzia)	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-lo-mili)	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-lo-sprintec)	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-vylibra Lo)	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-estarylla)	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-lynyah)	Tier 1	GNDR; ACA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-mili)</i>	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-nymyo)</i>	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-sprintec)</i>	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-vylibra)</i>	Tier 1	GNDR; ACA
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28)</i>	Tier 1	GNDR; ACA
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest)</i>	Tier 1	GNDR; ACA
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-ogestrel)</i>	Tier 1	GNDR; ACA
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Turqoz)</i>	Tier 1	GNDR; ACA
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Tier 1	GNDR; ACA
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)</i>	Tier 1	GNDR; ACA
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)</i>	Tier 1	GNDR; ACA
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS (<i>segesterone acetate-ethinyl estradiol</i>)	Tier 2	QL (1 ring every 300 days), GNDR; ACA
NUVARING MIS (<i>etonogestrel-ethinyl estradiol</i>)	Tier 1	QL (13 rings every 300 days), GNDR; #
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML (<i>medroxyprogesterone acetate (contraceptive)</i>)	Tier 3	QL (4 injections every 300 days), GNDR; #
DEPO-SQ PROV INJ 104 (<i>medroxyprogesterone acetate (contraceptive)</i>)	Tier 3	QL (4 injections every 300 days), GNDR; ACA
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 1	QL (4 injections every 300 days), GNDR; ACA
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 1	QL (4 injections every 300 days), GNDR; ACA
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG (<i>levonorgestrel (iud)</i>)	Tier 2	GNDR; ACA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

MIRENA IUD SYSTEM (<i>levonorgestrel (iud)</i>)	Tier 2	GNDR; ACA
SKYLA IUD 13.5MG (<i>levonorgestrel (iud)</i>)	Tier 2	GNDR; ACA

PROGESTIN CONTRACEPTIVES - ORAL

<i>norethindrone tab 0.35 mg</i>	Tier 1	GNDR; ACA
<i>norethindrone tab 0.35 mg</i> (Camila)	Tier 1	GNDR; ACA
<i>norethindrone tab 0.35 mg</i> (Deblitane)	Tier 1	GNDR; ACA
<i>norethindrone tab 0.35 mg</i> (Emzahh)	Tier 1	GNDR; ACA
<i>norethindrone tab 0.35 mg</i> (Errin)	Tier 1	GNDR; ACA
<i>norethindrone tab 0.35 mg</i> (Heather)	Tier 1	GNDR; ACA
<i>norethindrone tab 0.35 mg</i> (Incassia)	Tier 1	GNDR; ACA
<i>norethindrone tab 0.35 mg</i> (Jencycla)	Tier 1	GNDR; ACA
<i>norethindrone tab 0.35 mg</i> (Lyleq)	Tier 1	GNDR; ACA
<i>norethindrone tab 0.35 mg</i> (Lyza)	Tier 1	GNDR; ACA
<i>norethindrone tab 0.35 mg</i> (Nora-be)	Tier 1	GNDR; ACA
<i>norethindrone tab 0.35 mg</i> (Norlyroc)	Tier 1	GNDR; ACA
<i>norethindrone tab 0.35 mg</i> (Sharobel)	Tier 1	GNDR; ACA

CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

GLUCOCORTICOSTEROIDS

<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	Tier 1	
<i>budesonide delayed release particles cap 3 mg</i>	Tier 1	
CORTEF TAB 5MG (<i>hydrocortisone</i>)	Tier 3	
CORTEF TAB 10MG (<i>hydrocortisone</i>)	Tier 3	
CORTEF TAB 20MG (<i>hydrocortisone</i>)	Tier 3	
<i>deflazacort tab 6 mg</i>	Tier 1	PA, QL (2 tabs every 1 day)
<i>deflazacort tab 18 mg</i>	Tier 1	PA, QL (1 tab every 1 day)
<i>deflazacort tab 30 mg</i>	Tier 1	PA, QL (1 tab every 1 day)
<i>deflazacort tab 36 mg</i>	Tier 1	PA, QL (1 tab every 1 day)
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone sod phos inj sol pref syr 10 mg/ml (pf)</i>	Tier 1	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</i>	Tier 1	
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
<i>dexamethasone tab 1 mg</i>	Tier 1	
<i>dexamethasone tab 1.5 mg</i>	Tier 1	
<i>dexamethasone tab 2 mg</i>	Tier 1	
<i>dexamethasone tab 4 mg</i>	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	Tier 1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i> (Hidex 6-day)	Tier 1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	Tier 1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	
<i>hydrocortisone tab 10 mg</i>	Tier 1	
<i>hydrocortisone tab 20 mg</i>	Tier 1	
MEDROL TAB 2MG (<i>methylprednisolone</i>)	Tier 3	
MEDROL TAB 4MG (<i>methylprednisolone</i>)	Tier 3	
MEDROL TAB 8MG (<i>methylprednisolone</i>)	Tier 3	
MEDROL TAB 16MG (<i>methylprednisolone</i>)	Tier 3	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	Tier 1	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	Tier 1	
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	Tier 1	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	Tier 1	
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i>	Tier 1	
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	Tier 1	
<i>methylprednisolone tab 4 mg</i>	Tier 1	
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylprednisolone tab 32 mg</i>	Tier 1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	
<i>PEDIAPRED SOL 5MG/5ML (prednisolone sodium phosphate)</i>	Tier 3	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	Tier 1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	Tier 1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	Tier 1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	
<i>prednisolone soln 15 mg/5ml</i>	Tier 1	
<i>prednisolone tab 5 mg</i>	Tier 1	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	
<i>prednisone tab 1 mg</i>	Tier 1	
<i>prednisone tab 2.5 mg</i>	Tier 1	
<i>prednisone tab 5 mg</i>	Tier 1	
<i>prednisone tab 10 mg</i>	Tier 1	
<i>prednisone tab 20 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	
<i>triamcinolone acetate inj susp 40 mg/ml</i>	Tier 1	
<i>UCERIS TAB 9MG (budesonide)</i>	Tier 1	

MINERALOCORTICOIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	
--	--------	--

COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS

ANTITUSSIVES - DRUGS TO TREAT COUGH

<i>benzonatate cap 100 mg</i>	Tier 1	
<i>benzonatate cap 150 mg</i>	Tier 1	
<i>benzonatate cap 200 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	Tier 1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hydromet)</i>	Tier 1	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	Tier 1	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	Tier 1	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml (Promethazine Vc)</i>	Tier 1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm)</i>	Tier 1	
MISC. RESPIRATORY INHALANTS - DRUGS TO TREAT BREATHING DISORDERS		
<i>sodium chloride soln nebu 0.9%</i>	Tier 1	
<i>sodium chloride soln nebu 3%</i>	Tier 1	
<i>sodium chloride soln nebu 3% (Nebusal)</i>	Tier 1	
<i>sodium chloride soln nebu 7%</i>	Tier 1	
<i>sodium chloride soln nebu 7% (Pulmosal)</i>	Tier 1	
<i>sodium chloride soln nebu 10%</i>	Tier 1	
MUCOLYTICS - DRUGS TO TREAT COUGH		
<i>acetylcysteine inhal soln 10%</i>	Tier 1	
<i>acetylcysteine inhal soln 20%</i>	Tier 1	
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS		
ACNE PRODUCTS		
<i>adapalene cream 0.1%</i>	Tier 1	AGE
<i>adapalene gel 0.1%</i>	Tier 1	AGE
<i>adapalene gel 0.3%</i>	Tier 1	AGE
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Tier 1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	Tier 1	
<i>AKLIEF CRE 0.005% (trifarotene)</i>	Tier 2	
<i>BENZAC AC LIQ 5% WASH (benzoyl peroxide)</i>	Tier 3	
<i>BENZAMYCIN GEL 5-3% (benzoyl peroxide-erythromycin)</i>	Tier 3	
<i>benzoyl peroxide foam 5.3% (Benzepro)</i>	Tier 1	
<i>benzoyl peroxide foam 9.8%</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	Tier 1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Tier 1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Neuac)</i>	Tier 1	
<i>clindamycin phosphate foam 1%</i>	Tier 1	
<i>clindamycin phosphate foam 1% (Clindacin)</i>	Tier 1	
<i>clindamycin phosphate gel 1%</i>	Tier 1	
<i>clindamycin phosphate lotion 1%</i>	Tier 1	
<i>clindamycin phosphate soln 1%</i>	Tier 1	
<i>clindamycin phosphate swab 1%</i>	Tier 1	
<i>clindamycin phosphate swab 1% (Clindacin Etz Pledgets)</i>	Tier 1	
<i>clindamycin phosphate swab 1% (Clindacin-p)</i>	Tier 1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Tier 1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	Tier 1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	Tier 1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	Tier 1	AGE
<i>dapsone gel 5%</i>	Tier 1	
<i>dapsone gel 7.5%</i>	Tier 1	
<i>EPIDUO FORTE GEL 0.3-2.5% (adapalene-benzoyl peroxide)</i>	Tier 2	
<i>EPIDUO GEL 0.1-2.5% (adapalene-benzoyl peroxide)</i>	Tier 2	
<i>erythromycin gel 2%</i>	Tier 1	
<i>erythromycin pads 2% (Ery)</i>	Tier 1	
<i>erythromycin soln 2%</i>	Tier 1	
<i>isotretinoin cap 10 mg</i>	Tier 1	
<i>isotretinoin cap 10 mg (Accutane)</i>	Tier 1	
<i>isotretinoin cap 10 mg (Amnesteem)</i>	Tier 1	
<i>isotretinoin cap 10 mg (Claravis)</i>	Tier 1	
<i>isotretinoin cap 10 mg (Zenatane)</i>	Tier 1	
<i>isotretinoin cap 20 mg</i>	Tier 1	
<i>isotretinoin cap 20 mg (Accutane)</i>	Tier 1	
<i>isotretinoin cap 20 mg (Amnesteem)</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

isotretinoin cap 20 mg (Claravis)	Tier 1	
isotretinoin cap 20 mg (Zenatane)	Tier 1	
isotretinoin cap 30 mg	Tier 1	
isotretinoin cap 30 mg (Accutane)	Tier 1	
isotretinoin cap 30 mg (Claravis)	Tier 1	
isotretinoin cap 30 mg (Zenatane)	Tier 1	
isotretinoin cap 40 mg	Tier 1	
isotretinoin cap 40 mg (Accutane)	Tier 1	
isotretinoin cap 40 mg (Amnesteem)	Tier 1	
isotretinoin cap 40 mg (Claravis)	Tier 1	
isotretinoin cap 40 mg (Zenatane)	Tier 1	
KLARON LOT 10% (sulfacetamide sodium (acne))	Tier 3	
ONEXTON GEL 1.2-3.75 (clindamycin phosphate-benzoyl peroxide)	Tier 2	
resorcinol-sulfur lotion 2-5%	Tier 1	
RETIN-A CRE 0.1% (tretinoin)	Tier 3	AGE
RETIN-A CRE 0.05% (tretinoin)	Tier 3	AGE
RETIN-A CRE 0.025% (tretinoin)	Tier 3	AGE
RETIN-A GEL 0.01% (tretinoin)	Tier 3	AGE
RETIN-A GEL 0.025% (tretinoin)	Tier 3	AGE
sulfacetamide sodium lotion 10% (acne)	Tier 1	
sulfacetamide sodium w/ sulfur emulsion 10-1% (Sulfamez Wash)	Tier 1	
tretinoin cream 0.1%	Tier 1	AGE
tretinoin cream 0.05%	Tier 1	AGE
tretinoin cream 0.025%	Tier 1	AGE
tretinoin gel 0.01%	Tier 1	AGE
tretinoin gel 0.05%	Tier 1	AGE
tretinoin gel 0.025%	Tier 1	AGE
tretinoin microsphere gel 0.1%	Tier 1	AGE
tretinoin microsphere gel 0.04%	Tier 1	AGE
tretinoin microsphere gel 0.08%	Tier 1	AGE
TWYNEO CRE 0.1-3% (tretinoin-benzoyl peroxide)	Tier 2	AGE
WINLEVI CRE 1% (clascoterone)	Tier 2	

ANTI-INFLAMMATORY AGENTS - TOPICAL

diclofenac epolamine patch 1.3%	Tier 1	
diclofenac sodium gel 1% (1.16% diethylamine equiv)	Tier 1	
diclofenac sodium soln 1.5%	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 130

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	
<i>mupirocin oint 2%</i>	Tier 1	
ANTIFUNGALS - TOPICAL		
<i>ciclopirox gel 0.77%</i>	Tier 1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Tier 1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Tier 1	
<i>ciclopirox shampoo 1%</i>	Tier 1	
<i>ciclopirox solution 8%</i>	Tier 1	PA
<i>ciclopirox solution 8% (Ciclodan)</i>	Tier 1	PA
<i>clotrimazole cream 1%</i>	Tier 1	
<i>clotrimazole soln 1%</i>	Tier 1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Tier 1	
<i>econazole nitrate cream 1%</i>	Tier 1	
<i>ketconazole cream 2%</i>	Tier 1	
<i>ketconazole shampoo 2%</i>	Tier 1	
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	Tier 1	
<i>naftifine hcl cream 1%</i>	Tier 1	
<i>naftifine hcl cream 2%</i>	Tier 1	
<i>naftifine hcl gel 2%</i>	Tier 1	
NAFTIN GEL 1% (<i>naftifine hcl</i>)	Tier 2	
NAFTIN GEL 2% (<i>naftifine hcl</i>)	Tier 2	
<i>nystatin cream 100000 unit/gm</i>	Tier 1	
<i>nystatin oint 100000 unit/gm</i>	Tier 1	
<i>nystatin topical powder 100000 unit/gm</i>	Tier 1	
<i>nystatin topical powder 100000 unit/gm</i> (Klayesta)	Tier 1	
<i>nystatin topical powder 100000 unit/gm</i> (Nyamyc)	Tier 1	
<i>nystatin topical powder 100000 unit/gm</i> (Nystop)	Tier 1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Tier 1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Tier 1	
<i>oxiconazole nitrate cream 1%</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 131
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

<i>sulconazole nitrate cream 1%</i>	Tier 1	
<i>sulconazole nitrate solution 1%</i>	Tier 1	

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

<i>bexarotene gel 1%</i>	Tier 1	PA
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Tier 1	PA
<i>fluorouracil cream 5%</i>	Tier 1	
<i>fluorouracil soln 2%</i>	Tier 1	
<i>fluorouracil soln 5%</i>	Tier 1	

ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	Tier 1	
<i>acitretin cap 17.5 mg</i>	Tier 1	
<i>acitretin cap 25 mg</i>	Tier 1	
<i>calcipotriene oint 0.005%</i>	Tier 1	
<i>calcipotriene oint 0.005%</i> (Calcitrene)	Tier 1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 1	
COSENTYX INJ 75MG/0.5 (<i>secukinumab</i>)	Tier 2	PA, QL (1 syringe every 28 days)
COSENTYX INJ 150MG/ML (<i>secukinumab</i>)	Tier 2	PA, QL (1 mL every 28 days)
COSENTYX INJ 300DOSE (<i>secukinumab</i>)	Tier 2	PA, QL (2 mL every 28 days)
COSENTYX PEN INJ 150MG/ML (<i>secukinumab</i>)	Tier 2	PA, QL (1 mL every 28 days)
COSENTYX PEN INJ 300DOSE (<i>secukinumab</i>)	Tier 2	PA, QL (2 mL every 28 days)
COSENTYX UNO INJ 300/2ML (<i>secukinumab</i>)	Tier 2	PA, QL (2 mL every 28 days)
ILUMYA SOL 100MG/ML (<i>tildrakizumab-asmn</i>)	Tier 2	PA, QL (1 syringe every 12 weeks)
<i>methoxsalen rapid cap 10 mg</i>	Tier 1	
SKYRIZI INJ 150MG/ML (<i>risankizumab-rzaa</i>)	Tier 2	PA, QL (1 syringe every 84 days)
SKYRIZI PEN INJ 150MG/ML (<i>risankizumab-rzaa</i>)	Tier 2	PA, QL (1 pen every 84 days)
STELARA INJ 45MG/0.5 (<i>ustekinumab</i>)	Tier 2	PA, QL (1 syringe every 12 weeks)
STELARA INJ 45MG/0.5 (<i>ustekinumab</i>)	Tier 2	PA, QL (1 vial every 12 weeks)
STELARA INJ 90MG/ML (<i>ustekinumab</i>)	Tier 2	PA, QL (1 syringe every 8 weeks)
<i>tazarotene cream 0.1%</i>	Tier 1	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 132

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
tazarotene gel 0.1%	Tier 1	PA
tazarotene gel 0.05%	Tier 1	PA
TREMFYA INJ 100MG/ML (<i>guselkumab</i>)	Tier 2	PA, QL (100 mg every 8 weeks)
VTAMA CRE 1% (<i>tapinarof</i>)	Tier 2	
ZORYVE CRE 0.3% (<i>roflumilast (topical)</i>)	Tier 2	
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 2.5%	Tier 1	
ANTIVIRALS - TOPICAL		
acyclovir oint 5%	Tier 1	
penciclovir cream 1%	Tier 1	
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	Tier 1	
SILVADENE CRE 1% (<i>silver sulfadiazine</i>)	Tier 3	
silver sulfadiazine cream 1%	Tier 1	
silver sulfadiazine cream 1% (Ssd)	Tier 1	
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream 0.05%	Tier 1	
alclometasone dipropionate oint 0.05%	Tier 1	
amcinonide oint 0.1%	Tier 1	
betamethasone dipropionate augmented cream 0.05%	Tier 1	
betamethasone dipropionate augmented gel 0.05%	Tier 1	
betamethasone dipropionate augmented lotion 0.05%	Tier 1	
betamethasone dipropionate augmented oint 0.05%	Tier 1	
betamethasone dipropionate cream 0.05%	Tier 1	
betamethasone dipropionate lotion 0.05%	Tier 1	
betamethasone valerate aerosol foam 0.12%	Tier 1	
betamethasone valerate cream 0.1% (base equivalent)	Tier 1	
betamethasone valerate lotion 0.1% (base equivalent)	Tier 1	
betamethasone valerate oint 0.1% (base equivalent)	Tier 1	
BRYHALI LOT 0.01% (<i>halobetasol propionate</i>)	Tier 2	PA
clobetasol propionate cream 0.05%	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clobetasol propionate emollient base cream 0.05%</i>	Tier 1	
<i>clobetasol propionate foam 0.05%</i>	Tier 1	
<i>clobetasol propionate gel 0.05%</i>	Tier 1	
<i>clobetasol propionate lotion 0.05%</i>	Tier 1	
<i>clobetasol propionate oint 0.05%</i>	Tier 1	
<i>clobetasol propionate shampoo 0.05%</i>	Tier 1	
<i>clobetasol propionate shampoo 0.05%</i> (Clodan)	Tier 1	
<i>clobetasol propionate soln 0.05%</i>	Tier 1	
CLOBEX LOT 0.05% (<i>clobetasol propionate</i>)	Tier 3	PA
CLOBEX SHA 0.05% (<i>clobetasol propionate</i>)	Tier 3	PA
<i>desonide cream 0.05%</i>	Tier 1	
<i>desonide lotion 0.05%</i>	Tier 1	
<i>desonide oint 0.05%</i>	Tier 1	
<i>desoximetasone cream 0.05%</i>	Tier 1	
<i>desoximetasone cream 0.25%</i>	Tier 1	
<i>desoximetasone gel 0.05%</i>	Tier 1	
<i>desoximetasone oint 0.25%</i>	Tier 1	
<i>desoximetasone spray 0.25%</i>	Tier 1	
ENSTILAR AER (<i>calcipotriene-betamethasone dipropionate</i>)	Tier 2	
<i>fluocinolone acetonide cream 0.01%</i>	Tier 1	
<i>fluocinolone acetonide cream 0.025%</i>	Tier 1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Tier 1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Tier 1	
<i>fluocinolone acetonide oint 0.025%</i>	Tier 1	
<i>fluocinolone acetonide soln 0.01%</i>	Tier 1	
<i>fluocinonide cream 0.05%</i>	Tier 1	
<i>fluocinonide emulsified base cream 0.05%</i>	Tier 1	
<i>fluocinonide gel 0.05%</i>	Tier 1	
<i>fluocinonide oint 0.05%</i>	Tier 1	
<i>fluocinonide soln 0.05%</i>	Tier 1	
<i>fluticasone propionate cream 0.05%</i>	Tier 1	
<i>fluticasone propionate lotion 0.05%</i>	Tier 1	
<i>fluticasone propionate oint 0.005%</i>	Tier 1	
<i>halobetasol propionate cream 0.05%</i>	Tier 1	
<i>halobetasol propionate oint 0.05%</i>	Tier 1	
<i>hydrocortisone butyrate cream 0.1%</i>	Tier 1	
<i>hydrocortisone butyrate oint 0.1%</i>	Tier 1	
<i>hydrocortisone butyrate soln 0.1%</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydrocortisone cream 1%	Tier 1	
hydrocortisone cream 1% (Ala-cort)	Tier 1	
hydrocortisone cream 2.5%	Tier 1	
hydrocortisone lotion 2.5%	Tier 1	
hydrocortisone oint 1%	Tier 1	
hydrocortisone oint 2.5%	Tier 1	
hydrocortisone valerate cream 0.2%	Tier 1	
hydrocortisone valerate oint 0.2%	Tier 1	
lidocaine-hydrocortisone acetate cream 1-1%	Tier 1	PA
mometasone furoate cream 0.1%	Tier 1	
mometasone furoate oint 0.1%	Tier 1	
mometasone furoate solution 0.1% (lotion)	Tier 1	
triamcinolone acet cr 0.1% & dimeth cr 5% & silicone tape (Nutriarx Creampak)	Tier 1	
triamcinolone acet cr 0.1% & dimeth cr 5% & silicone tape (SanadermrX Skin Repair So)	Tier 1	
triamcinolone acetamide cream 0.1%	Tier 1	
triamcinolone acetamide cream 0.5%	Tier 1	
triamcinolone acetamide cream 0.5% (Triderm)	Tier 1	
triamcinolone acetamide cream 0.025%	Tier 1	
triamcinolone acetamide lotion 0.1%	Tier 1	
triamcinolone acetamide lotion 0.025%	Tier 1	
triamcinolone acetamide oint 0.1%	Tier 1	
triamcinolone acetamide oint 0.5%	Tier 1	
triamcinolone acetamide oint 0.025%	Tier 1	
ECZEMA AGENTS		
ADBRY INJ 150MG/ML (tralokinumab-ldrm)	Tier 2	PA, QL (4 syringes every 28 days)
CIBINQO TAB 50MG (abrocitinib)	Tier 2	PA, QL (1 tab every 1 day)
CIBINQO TAB 100MG (abrocitinib)	Tier 2	PA, QL (1 tab every 1 day)
CIBINQO TAB 200MG (abrocitinib)	Tier 2	PA, QL (1 tab every 1 day)
DUPIXENT INJ 200/1.14 (dupilumab)	Tier 2	PA, QL (2.28 mL every 28 days)
DUPIXENT INJ 200MG (dupilumab)	Tier 2	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML (dupilumab)	Tier 2	PA, QL (4 syringes every 28 days)
OPZELURA CRE 1.5% (ruxolitinib phosphate (topical))	Tier 2	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea cream 39%</i> (Uredeb)	Tier 1	
<i>urea cream 40%</i>	Tier 1	
<i>urea cream 40%</i> (Uremez-40)	Tier 1	
EMOLLIENTS		
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1	
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	Tier 1	
<i>imiquimod cream 5%</i>	Tier 1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus cream 1%</i>	Tier 1	
<i>tacrolimus oint 0.1%</i>	Tier 1	
<i>tacrolimus oint 0.03%</i>	Tier 1	
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CONDYLOX GEL 0.5% (<i>podofilox</i>)	Tier 3	
<i>podofilox gel 0.5%</i>	Tier 1	
<i>podofilox soln 0.5%</i>	Tier 1	
LOCAL ANESTHETICS - TOPICAL		
<i>ethyl chloride aerosol spray</i>	Tier 1	
<i>lidocaine hcl cream 3%</i> (Lidopin)	Tier 1	PA
<i>lidocaine hcl lotion 3%</i>	Tier 1	PA
<i>lidocaine hcl soln 4%</i>	Tier 1	QL (50 mL every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	QL (12 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	QL (3 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i> (Glydo)	Tier 1	QL (10 injections every 25 days)
<i>lidocaine oint 5%</i>	Tier 1	QL (50 gm every 25 days)
<i>lidocaine patch 5%</i>	Tier 1	
<i>lidocaine patch 5%</i> (Lidocan)	Tier 1	
<i>lidocaine patch 5%</i> (Tridacaine)	Tier 1	
<i>lidocaine-menthol patch 4-1%</i> (Zeruvia)	Tier 1	PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (30 gm every 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	Tier 1	PA
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i> (Anodyne Lpt)	Tier 1	PA
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i> (Relador Pak)	Tier 1	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i> (Relador Pak Plus)	Tier 1	PA
LIDODERM DIS 5% (<i>lidocaine</i>)	Tier 3	
MISC. TOPICAL		
<i>benzoin compound tincture</i>	Tier 1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2% (<i>crisaborole</i>)	Tier 2	PA
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	Tier 1	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	Tier 1	
FINACEA AER 15% (<i>azelaic acid</i>)	Tier 2	
METROCREAM CRE 0.75% (<i>metronidazole (topical)</i>)	Tier 3	
METROGEL GEL 1% (<i>metronidazole (topical)</i>)	Tier 3	
METROLOTION LOT 0.75% (<i>metronidazole (topical)</i>)	Tier 3	
<i>metronidazole cream 0.75%</i>	Tier 1	
<i>metronidazole gel 0.75%</i>	Tier 1	
<i>metronidazole gel 1%</i>	Tier 1	
<i>metronidazole lotion 0.75%</i>	Tier 1	
ORACEA CAP 40MG (<i>doxycycline (rosacea)</i>)	Tier 1	
SOOLANTRA CRE 1% (<i>ivermectin (rosacea)</i>)	Tier 1	
SCABICIDES & PEDICULICIDES		
<i>crotamiton lotion 10%</i> (Crotan)	Tier 1	
<i>malathion lotion 0.5%</i>	Tier 1	
OVIDE LOT 0.5% (<i>malathion</i>)	Tier 3	
<i>permethrin cream 5%</i>	Tier 1	
<i>spinosad susp 0.9%</i>	Tier 1	
TAR PRODUCTS		
<i>coal tar soln 20%</i>	Tier 1	
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS		
DIAGNOSTIC DRUGS		
<i>adenosine iv soln 3 mg/ml (diagnostic)</i>	Tier 1	
<i>cosyntropin for inj 0.25 mg</i>	Tier 1	
<i>dipyridamole iv soln 5 mg/ml</i>	Tier 1	
<i>indocyanine green for iv soln 25 mg</i>	Tier 1	
<i>isosulfan blue subcutaneous soln 1%</i>	Tier 1	
<i>regadenoson iv inj 0.4 mg/5ml (0.08 mg/ml)</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

137

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIAGNOSTIC PRODUCTS, MISC.		
<i>ultrasound - gel</i>	Tier 1	
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL (<i>glucose blood</i>)	Tier 2	
ACCU-CHEK TES GUIDE (<i>glucose blood</i>)	Tier 2	
ACCU-CHEK TES SMART (<i>glucose blood</i>)	Tier 2	
ONETOUCH TES ULTRA (<i>glucose blood</i>)	Tier 2	
ONETOUCH TES VERIO (<i>glucose blood</i>)	Tier 2	
MISCELLANEOUS CONTRAST MEDIA		
<i>gadobutrol inj 1 mmol/ml (604.72 mg/ml)</i>	Tier 1	
<i>gadoterate meglumine iv soln 2.5 mmol/5ml (0.5 mmol/ml)</i>	Tier 1	
<i>gadoterate meglumine iv soln 2.5 mmol/5ml (0.5 mmol/ml)</i> (Clariscan)	Tier 1	
<i>gadoterate meglumine iv soln 5 mmol/10ml (0.5 mmol/ml)</i>	Tier 1	
<i>gadoterate meglumine iv soln 5 mmol/10ml (0.5 mmol/ml)</i> (Clariscan)	Tier 1	
<i>gadoterate meglumine iv soln 7.5 mmol/15ml (0.5 mmol/ml)</i>	Tier 1	
<i>gadoterate meglumine iv soln 7.5 mmol/15ml (0.5 mmol/ml)</i> (Clariscan)	Tier 1	
<i>gadoterate meglumine iv soln 10 mmol/20ml (0.5 mmol/ml)</i>	Tier 1	
<i>gadoterate meglumine iv soln 10 mmol/20ml (0.5 mmol/ml)</i> (Clariscan)	Tier 1	
<i>gadoterate meglumine iv soln 50 mmol/100ml (0.5 mmol/ml)</i>	Tier 1	
<i>gadoterate meglumine iv soln 50 mmol/100ml (0.5 mmol/ml)</i> (Clariscan)	Tier 1	
<i>gadoterate meglumine iv soln prefilled syringe 5 mmol/10ml</i> (Clariscan)	Tier 1	
<i>gadoterate meglumine iv soln prefilled syringe 7.5 mmol/15ml</i> (Clariscan)	Tier 1	
<i>gadoterate meglumine iv soln prefilled syringe 10 mmol/20ml</i> (Clariscan)	Tier 1	
RADIOGRAPHIC CONTRAST MEDIA		
<i>iodixanol inj 270 mg/ml (iodine equivalent)</i>	Tier 1	
<i>iodixanol inj 320 mg/ml (iodine equivalent)</i>	Tier 1	
<i>iopamidol inj 41%</i>	Tier 1	
<i>iopamidol inj 61%</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

**DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR
NUTRITION**

NUTRITIONAL SUPPLEMENTS

<i>nutritional supplement caps</i> (Asilnasal Rms)	Tier 1
--	--------

DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT (<i>pancrelipase (lipase- protease-amylase)</i>)	Tier 2
---	--------

CREON CAP 6000UNIT (<i>pancrelipase (lipase- protease-amylase)</i>)	Tier 2
---	--------

CREON CAP 12000UNT (<i>pancrelipase (lipase- protease-amylase)</i>)	Tier 2
---	--------

CREON CAP 24000UNT (<i>pancrelipase (lipase- protease-amylase)</i>)	Tier 2
---	--------

CREON CAP 36000UNT (<i>pancrelipase (lipase- protease-amylase)</i>)	Tier 2
---	--------

VIOKACE TAB 10440 (<i>pancrelipase (lipase- protease-amylase)</i>)	Tier 2
--	--------

VIOKACE TAB 20880 (<i>pancrelipase (lipase- protease-amylase)</i>)	Tier 2
--	--------

ZENPEP CAP 3000UNIT (<i>pancrelipase (lipase- protease-amylase)</i>)	Tier 2
--	--------

ZENPEP CAP 5000UNIT (<i>pancrelipase (lipase- protease-amylase)</i>)	Tier 2
--	--------

ZENPEP CAP 10000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2
---	--------

ZENPEP CAP 15000UNT (<i>pancrelipase (lipase- protease-amylase)</i>)	Tier 2
--	--------

ZENPEP CAP 20000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2
---	--------

ZENPEP CAP 25000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2
---	--------

ZENPEP CAP 40000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2
---	--------

ZENPEP CAP 60000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2
---	--------

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	Tier 1
---	--------

<i>acetazolamide sodium for inj 500 mg</i>	Tier 1
--	--------

<i>acetazolamide tab 125 mg</i>	Tier 1
---------------------------------	--------

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
 Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
acetazolamide tab 250 mg	Tier 1	
dichlorphenamide tab 50 mg	Tier 1	PA, QL (4 tabs every 1 day)
dichlorphenamide tab 50 mg (Ormalvi)	Tier 1	PA, QL (4 tabs every 1 day)
methazolamide tab 25 mg	Tier 1	
methazolamide tab 50 mg	Tier 1	
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 1	
spironolactone & hydrochlorothiazide tab 25-25 mg	Tier 1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	Tier 1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	Tier 1	
triamterene & hydrochlorothiazide tab 75-50 mg	Tier 1	
LOOP DIURETICS		
bumetanide inj 0.25 mg/ml	Tier 1	
bumetanide tab 0.5 mg	Tier 1	
bumetanide tab 1 mg	Tier 1	
bumetanide tab 2 mg	Tier 1	
ethacrynate sodium for inj 50 mg	Tier 1	
ethacrynic acid tab 25 mg	Tier 1	
furosemide inj 10 mg/ml	Tier 1	
furosemide oral soln 8 mg/ml	Tier 1	
furosemide oral soln 10 mg/ml	Tier 1	
furosemide tab 20 mg	Tier 1	
furosemide tab 40 mg	Tier 1	
furosemide tab 80 mg	Tier 1	
LASIX TAB 20MG (furosemide)	Tier 3	
LASIX TAB 40MG (furosemide)	Tier 3	
LASIX TAB 80MG (furosemide)	Tier 3	
torsemide tab 5 mg	Tier 1	
torsemide tab 10 mg	Tier 1	
torsemide tab 20 mg	Tier 1	
torsemide tab 100 mg	Tier 1	
OSMOTIC DIURETICS		
mannitol iv soln 10% (Osmitrol Viaflex)	Tier 1	
mannitol iv soln 20%	Tier 1	
mannitol iv soln 20% (Osmitrol Viaflex)	Tier 1	
mannitol iv soln 25%	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

POTASSIUM SPARING DIURETICS

ALDACTONE TAB 25MG (<i>spironolactone</i>)	Tier 3	
ALDACTONE TAB 50MG (<i>spironolactone</i>)	Tier 3	
ALDACTONE TAB 100MG (<i>spironolactone</i>)	Tier 3	
<i>amiloride hcl tab 5 mg</i>	Tier 1	
<i>spironolactone susp 25 mg/5ml</i>	Tier 1	
<i>spironolactone tab 25 mg</i>	Tier 1	
<i>spironolactone tab 50 mg</i>	Tier 1	
<i>spironolactone tab 100 mg</i>	Tier 1	
<i>triamterene cap 50 mg</i>	Tier 1	
<i>triamterene cap 100 mg</i>	Tier 1	

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorothiazide sodium for inj 500 mg</i>	Tier 1	
<i>chlorthalidone tab 25 mg</i>	Tier 1	
<i>chlorthalidone tab 50 mg</i>	Tier 1	
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	
<i>indapamide tab 1.25 mg</i>	Tier 1	
<i>indapamide tab 2.5 mg</i>	Tier 1	
<i>metolazone tab 2.5 mg</i>	Tier 1	
<i>metolazone tab 5 mg</i>	Tier 1	
<i>metolazone tab 10 mg</i>	Tier 1	

ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES

BONE DENSITY REGULATORS - DRUGS TO TREAT BONE LOSS

ACTONEL TAB 35MG (<i>risedronate sodium</i>)	Tier 3	
ACTONEL TAB 150MG (<i>risedronate sodium</i>)	Tier 3	
<i>alendronate sodium oral soln 70 mg/75ml</i>	Tier 1	
<i>alendronate sodium tab 5 mg</i>	Tier 1	
<i>alendronate sodium tab 10 mg</i>	Tier 1	
<i>alendronate sodium tab 35 mg</i>	Tier 1	
<i>alendronate sodium tab 70 mg</i>	Tier 1	
ATELVIA TAB (<i>risedronate sodium</i>)	Tier 3	
<i>calcitonin (salmon) inj 200 unit/ml</i>	Tier 1	
<i>calcitonin (salmon) nasal soln 200 unit/act (recombinant))</i>	Tier 1	
FORTEO INJ 600/2.4 (<i>teriparatide (recombinant))</i>)	Tier 2	PA, QL (2.4 mL every 28 days)
FOSAMAX TAB 70MG (<i>alendronate sodium</i>)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 141

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	Tier 1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	
<i>pamidronate disodium iv soln 3 mg/ml</i>	Tier 1	
<i>pamidronate disodium iv soln 9 mg/ml</i>	Tier 1	
PROLIA INJ 60MG/ML (<i>denosumab</i>)	Tier 2	PA, QL (1 mL every 6 months)
<i>risedronate sodium tab 5 mg</i>	Tier 1	
<i>risedronate sodium tab 30 mg</i>	Tier 1	
<i>risedronate sodium tab 35 mg</i>	Tier 1	
<i>risedronate sodium tab 150 mg</i>	Tier 1	
<i>risedronate sodium tab delayed release 35 mg</i>	Tier 1	
<i>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</i>	Tier 1	PA, QL (1 pen every 28 days)
TYMLOS INJ (<i>abaloparatide</i>)	Tier 2	PA, QL (1 pen every 30 days)
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	Tier 1	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	Tier 1	PA
FERTILITY REGULATORS		
<i>clomiphene citrate tab 50 mg (Clomid)</i>	Tier 1	
FOLLISTIM AQ INJ 300UNIT (<i>follitropin beta</i>)	Tier 2	PA, QL (15 cartridges every 28 days)
FOLLISTIM AQ INJ 600UNIT (<i>follitropin beta</i>)	Tier 2	PA, QL (10 cartridges every 28 days)
FOLLISTIM AQ INJ 900UNIT (<i>follitropin beta</i>)	Tier 2	PA, QL (7 cartridges every 28 days)
MENOPUR INJ 75UNIT (<i>menotropins</i>)	Tier 2	PA
OVIDREL INJ (<i>choriogonadotropin alfa</i>)	Tier 2	PA
GNRH/LHRH ANTAGONISTS		
<i>cetorelix acetate for inj kit 0.25 mg</i>	Tier 1	PA
GANIRELIX AC INJ 250/0.5	Tier 2	PA
ORLISSA TAB 150MG (<i>elagolix sodium</i>)	Tier 2	
ORLISSA TAB 200MG (<i>elagolix sodium</i>)	Tier 2	
GROWTH HORMONES		
HUMATROPE INJ 6MG (<i>somatropin</i>)	Tier 2	PA
HUMATROPE INJ 12MG (<i>somatropin</i>)	Tier 2	PA
HUMATROPE INJ 24MG (<i>somatropin</i>)	Tier 2	PA
NORDITROPIN INJ 5/1.5ML (<i>somatropin</i>)	Tier 2	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 142

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NORDITROPIN INJ 10/1.5ML (<i>somatropin</i>)	Tier 2	PA
NORDITROPIN INJ 15/1.5ML (<i>somatropin</i>)	Tier 2	PA
NORDITROPIN INJ 30/3ML (<i>somatropin</i>)	Tier 2	PA
SOGROYA INJ 5MG/1.5 (<i>somapacitan-beco</i>)	Tier 2	PA, QL (4 pens every 28 days)
SOGROYA INJ 10MG/1.5 (<i>somapacitan-beco</i>)	Tier 2	PA, QL (4 pens every 28 days)
SOGROYA INJ 15MG/1.5 (<i>somapacitan-beco</i>)	Tier 2	PA, QL (4 pens every 28 days)

HORMONE RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS

EVISTA TAB 60MG (<i>raloxifene hcl</i>)	Tier 3	
<i>raloxifene hcl tab 60 mg</i>	Tier 1	AGE; ACA

LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS

FENSOLVI INJ 45MG (<i>leuprolide acetate (cpp) (6 month)</i>)	Tier 2	PA
LUPR DEP-PED INJ 3M 30MG (<i>leuprolide acetate (cpp) (3 month)</i>)	Tier 2	PA
LUPR DEP-PED INJ 7.5MG (<i>leuprolide acetate (cpp)</i>)	Tier 2	PA
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp)</i>)	Tier 2	PA
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp) (3 month)</i>)	Tier 2	PA
LUPR DEP-PED INJ 15MG (<i>leuprolide acetate (cpp)</i>)	Tier 2	PA
LUPRON DEPOT INJ 45MG (<i>leuprolide acetate (cpp) (6 month)</i>)	Tier 2	PA
SUPPRELIN LA KIT 50MG (<i>histrelin acetate (cpp)</i>)	Tier 2	PA

METABOLIC MODIFIERS

<i>betaine powder for oral solution</i>	Tier 1	PA
<i>calcitriol cap 0.5 mcg</i>	Tier 1	
<i>calcitriol cap 0.25 mcg</i>	Tier 1	
<i>calcitriol inj 1 mcg/ml</i>	Tier 1	
<i>calcitriol oral soln 1 mcg/ml</i>	Tier 1	
<i>carglumic acid soluble tab 200 mg</i>	Tier 1	PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 1	PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 1	PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 1	PA, QL (4 tabs every 1 day)
<i>doxercalciferol cap 0.5 mcg</i>	Tier 1	
<i>doxercalciferol cap 1 mcg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 143

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
doxercalciferol cap 2.5 mcg	Tier 1	
doxercalciferol inj 4 mcg/2ml (2 mcg/ml)	Tier 1	
levocarnitine inj 200 mg/ml	Tier 1	
levocarnitine oral soln 1 gm/10ml (10%)	Tier 1	
levocarnitine tab 330 mg	Tier 1	
nitisinone cap 2 mg	Tier 1	PA
nitisinone cap 5 mg	Tier 1	PA
nitisinone cap 10 mg	Tier 1	PA
nitisinone cap 20 mg	Tier 1	PA
ORFADIN CAP 2MG (nitisinone)	Tier 2	PA
ORFADIN CAP 5MG (nitisinone)	Tier 2	PA
ORFADIN CAP 10MG (nitisinone)	Tier 2	PA
ORFADIN CAP 20MG (nitisinone)	Tier 2	PA
ORFADIN SUS 4MG/ML (nitisinone)	Tier 2	PA
paricalcitol cap 1 mcg	Tier 1	
paricalcitol cap 2 mcg	Tier 1	
paricalcitol cap 4 mcg	Tier 1	
paricalcitol iv soln 2 mcg/ml	Tier 1	
paricalcitol iv soln 5 mcg/ml	Tier 1	
PHEBURANE MIS 483/GM (sodium phenylbutyrate)	Tier 2	PA, QL (46.4 gm every 1 day)
ROCALTROL CAP 0.5MCG (calcitriol)	Tier 3	
ROCALTROL CAP 0.25MCG (calcitriol)	Tier 3	
ROCALTROL SOL 1MCG/ML (calcitriol)	Tier 3	
sapropterin dihydrochloride powder packet 100 mg	Tier 1	PA
sapropterin dihydrochloride powder packet 100 mg (Javygtor)	Tier 1	PA
sapropterin dihydrochloride powder packet 500 mg	Tier 1	PA
sapropterin dihydrochloride powder packet 500 mg (Javygtor)	Tier 1	PA
sapropterin dihydrochloride tab 100 mg	Tier 1	PA
sapropterin dihydrochloride tab 100 mg (Javygtor)	Tier 1	PA
sodium benzoate & sodium phenylacetate iv soln 10-10%	Tier 1	
sodium phenylbutyrate oral powder 3 gm/teaspoonful	Tier 1	PA, QL (26.6 gm every 1 day)
sodium phenylbutyrate tab 500 mg	Tier 1	PA, QL (40 tabs every 1 day)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 144

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZEMPLAR CAP 1MCG (<i>paricalcitol</i>)	Tier 3	
ZEMPLAR CAP 2MCG (<i>paricalcitol</i>)	Tier 3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG (<i>finerenone</i>)	Tier 2	
KERENDIA TAB 20MG (<i>finerenone</i>)	Tier 2	
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate inj 4 mcg/ml</i>	Tier 1	
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 1	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	Tier 1	
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	
<i>vasopressin iv soln 20 unit/ml (for iv infusion)</i>	Tier 1	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone tab 200 mg</i>	Tier 1	
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	Tier 1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 1	PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 1	PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 1	PA, QL (45 vials every 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 1	PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 1	PA, QL (9 vials every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	Tier 1	PA, QL (3 syringes every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	Tier 1	PA, QL (3 syringes every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	Tier 1	PA, QL (3 syringes every 1 day)
SOMATULINE INJ 60/0.2ML (<i>lanreotide acetate</i>)	Tier 2	PA, QL (1 syringe every 28 days)
SOMATULINE INJ 90/0.3ML (<i>lanreotide acetate</i>)	Tier 2	PA, QL (1 syringe every 28 days)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 145

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SOMATULINE INJ 120/.5ML (<i>lanreotide acetate</i>)	Tier 2	PA, QL (1 syringe every 28 days)
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan tab 15 mg</i>	Tier 1	PA
<i>tolvaptan tab 30 mg</i>	Tier 1	PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ESTROGEN COMBINATIONS		
CLIMARA PRO DIS WEEKLY (<i>estradiol-levonorgestrel</i>)	Tier 2	
COMBIPATCH DIS (<i>estradiol & norethindrone acetate</i>)	Tier 2	
DUAVEE TAB 0.45-20 (<i>conjugated estrogens-bazedoxifene</i>)	Tier 2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (Amabelz)	Tier 1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	Tier 1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (Mimvey)	Tier 1	
MYFEMBREE TAB (<i>relugolix-estradiol-norethindrone acetate</i>)	Tier 2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (Fyavolv)	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (Fyavolv)	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (Jinteli)	Tier 1	
ORIAHNN CAP (<i>elagolix sodium-estradiol-norethindrone acetate</i>)	Tier 2	
PREMPHASE TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	
PREMPRO TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	
PREMPRO TAB 0.3-1.5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

146

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

PREMPRO TAB 0.45-1.5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	
--	--------	--

PREMPRO TAB 0.625-5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	
---	--------	--

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

DIVIGEL GEL 0.5MG (<i>estradiol</i>)	Tier 2	
--	--------	--

DIVIGEL GEL 0.25MG (<i>estradiol</i>)	Tier 2	
---	--------	--

DIVIGEL GEL 0.75MG (<i>estradiol</i>)	Tier 2	
---	--------	--

DIVIGEL GEL 1.25MG (<i>estradiol</i>)	Tier 2	
---	--------	--

DIVIGEL GEL 1MG/GM (<i>estradiol</i>)	Tier 2	
---	--------	--

ESTRACE TAB 0.5MG (<i>estradiol</i>)	Tier 3	
--	--------	--

ESTRACE TAB 1MG (<i>estradiol</i>)	Tier 3	
--------------------------------------	--------	--

ESTRACE TAB 2MG (<i>estradiol</i>)	Tier 3	
--------------------------------------	--------	--

<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	Tier 1	
--	--------	--

<i>estradiol tab 0.5 mg</i>	Tier 1	
-----------------------------	--------	--

<i>estradiol tab 1 mg</i>	Tier 1	
---------------------------	--------	--

<i>estradiol tab 2 mg</i>	Tier 1	
---------------------------	--------	--

<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	Tier 1	
---	--------	--

<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	Tier 1	
---	--------	--

<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	Tier 1	
---	--------	--

<i>estradiol td gel 1 mg/gm (0.1%)</i>	Tier 1	
--	--------	--

<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	Tier 1	
---	--------	--

<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	Tier 1	
--	--------	--

<i>estradiol td patch twice weekly 0.1 mg/24hr (Dotti)</i>	Tier 1	
--	--------	--

<i>estradiol td patch twice weekly 0.1 mg/24hr (Lyllana)</i>	Tier 1	
--	--------	--

<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	Tier 1	
---	--------	--

<i>estradiol td patch twice weekly 0.05 mg/24hr (Dotti)</i>	Tier 1	
---	--------	--

<i>estradiol td patch twice weekly 0.05 mg/24hr (Lyllana)</i>	Tier 1	
---	--------	--

<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Tier 1	
--	--------	--

<i>estradiol td patch twice weekly 0.025 mg/24hr (Dotti)</i>	Tier 1	
--	--------	--

<i>estradiol td patch twice weekly 0.025 mg/24hr (Lyllana)</i>	Tier 1	
--	--------	--

<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	Tier 1	
--	--------	--

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 147

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> (Dotti)	Tier 1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> (Lyllana)	Tier 1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	Tier 1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> (Dotti)	Tier 1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> (Lyllana)	Tier 1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Tier 1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	Tier 1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	Tier 1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	Tier 1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	Tier 1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	Tier 1	
<i>estradiol valerate im in oil 10 mg/ml</i>	Tier 1	
<i>estradiol valerate im in oil 20 mg/ml</i>	Tier 1	
<i>estradiol valerate im in oil 40 mg/ml</i>	Tier 1	

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

<i>CIPRO (5%) SUS 250MG/5 (ciprofloxacin)</i>	Tier 3	
<i>CIPRO (10%) SUS 500MG/5 (ciprofloxacin)</i>	Tier 3	
<i>CIPRO TAB 250MG (ciprofloxacin hcl)</i>	Tier 3	
<i>CIPRO TAB 500MG (ciprofloxacin hcl)</i>	Tier 3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	Tier 1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	Tier 1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	Tier 1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	Tier 1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	Tier 1	
<i>levofloxacin iv soln 25 mg/ml</i>	Tier 1	
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1	
<i>levofloxacin tab 250 mg</i>	Tier 1	
<i>levofloxacin tab 500 mg</i>	Tier 1	
<i>levofloxacin tab 750 mg</i>	Tier 1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

148

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

<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 1	
<i>ofloxacin tab 300 mg</i>	Tier 1	
<i>ofloxacin tab 400 mg</i>	Tier 1	

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

GALLSTONE SOLUBILIZING AGENTS

URSO 250 TAB 250MG (<i>ursodiol</i>)	Tier 3	
URSO FORTE TAB 500MG (<i>ursodiol</i>)	Tier 3	
<i>ursodiol cap 300 mg</i>	Tier 1	
<i>ursodiol tab 250 mg</i>	Tier 1	
<i>ursodiol tab 500 mg</i>	Tier 1	

GASTROINTESTINAL ANTIALLERGY AGENTS

<i>cromolyn sodium oral conc 100 mg/5ml</i>	Tier 1	
---	--------	--

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

<i>lubiprostone cap 8 mcg</i>	Tier 1	
<i>lubiprostone cap 24 mcg</i>	Tier 1	

GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	Tier 1	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	Tier 1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	
REGLAN TAB 5MG (<i>metoclopramide hcl</i>)	Tier 3	
REGLAN TAB 10MG (<i>metoclopramide hcl</i>)	Tier 3	

INFLAMMATORY BOWEL AGENTS

AVSOLA INJ 100MG (<i>infliximab-axxq</i>)	Tier 2	PA, QL (5 vials every 42 days)
AZULFIDINE TAB 500MG (<i>sulfasalazine</i>)	Tier 3	
AZULFIDINE TAB 500MG EN (<i>sulfasalazine</i>)	Tier 3	
<i>balsalazide disodium cap 750 mg</i>	Tier 1	
<i>mesalamine cap dr 400 mg</i>	Tier 1	
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 1	
<i>mesalamine cap er 500 mg</i>	Tier 1	
<i>mesalamine enema 4 gm</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 149

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
mesalamine rectal enema 4 gm & cleanser wipe kit	Tier 1	
mesalamine suppos 1000 mg	Tier 1	
mesalamine tab delayed release 1.2 gm	Tier 1	
mesalamine tab delayed release 800 mg	Tier 1	
REMICADE INJ 100MG (infliximab)	Tier 2	PA, QL (5 vials every 42 days)
ROWASA KIT 4GM (mesalamine w/ cleanser)	Tier 3	
SKYRIZI INJ 180/1.2 (risankizumab-rzaa (crohn's))	Tier 2	PA, QL (1 cartridge every 56 days)
SKYRIZI INJ 360/2.4 (risankizumab-rzaa (crohn's))	Tier 2	PA, QL (1 cartridge every 56 days)
SKYRIZI SOL 60MG/ML (risankizumab-rzaa (crohn's))	Tier 2	PA, QL (3 vials every 56 days)
STELARA INJ 5MG/ML (ustekinumab (iv))	Tier 2	PA, QL (4 vials every 56 days)
sulfasalazine tab 500 mg	Tier 1	
sulfasalazine tab delayed release 500 mg	Tier 1	
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy) solution 10 gm/15ml	Tier 1	
lactulose (encephalopathy) solution 10 gm/15ml (Enulose)	Tier 1	
lactulose (encephalopathy) solution 10 gm/15ml (Generlac)	Tier 1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	Tier 1	PA
alosetron hcl tab 1 mg (base equiv)	Tier 1	PA
LINZESS CAP 72MCG (linaclotide)	Tier 2	
LINZESS CAP 145MCG (linaclotide)	Tier 2	
LINZESS CAP 290MCG (linaclotide)	Tier 2	
VIBERZI TAB 75MG (eluxadoline)	Tier 2	
VIBERZI TAB 100MG (eluxadoline)	Tier 2	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan cap 12 mg	Tier 1	
SYMPROIC TAB 0.2MG (naldemedine tosylate)	Tier 2	
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA TAB 210MG (ferric citrate)	Tier 2	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

150

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

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Tier 1	
<i>sevelamer carbonate packet 0.8 gm</i>	Tier 1	
<i>sevelamer carbonate packet 2.4 gm</i>	Tier 1	
<i>sevelamer carbonate tab 800 mg</i>	Tier 1	
<i>sevelamer hcl tab 400 mg</i>	Tier 1	
<i>sevelamer hcl tab 800 mg</i>	Tier 1	

GENERAL ANESTHETICS - DRUGS FOR ANESTHESIA DURING SURGERY

ANESTHETICS - MISC.

<i>etomidate iv soln 2 mg/ml</i>	Tier 1	
<i>ketamine hcl inj 10 mg/ml</i>	Tier 1	
<i>ketamine hcl inj 50 mg/ml</i>	Tier 1	
<i>ketamine hcl inj 100 mg/ml</i>	Tier 1	
<i>propofol iv emul 200 mg/20ml (10 mg/ml)</i>	Tier 1	
<i>propofol iv emul 200 mg/20ml (10 mg/ml)</i> (Fresenius Propoven)	Tier 1	
<i>propofol iv emul 500 mg/50ml (10 mg/ml)</i>	Tier 1	
<i>propofol iv emul 500 mg/50ml (10 mg/ml)</i> (Fresenius Propoven)	Tier 1	
<i>propofol iv emul 1000 mg/100ml (10 mg/ml)</i>	Tier 1	
<i>propofol iv emul 1000 mg/100ml (10 mg/ml)</i> (Fresenius Propoven)	Tier 1	

VOLATILE ANESTHETICS

<i>desflurane inhal soln</i>	Tier 1	
<i>isoflurane inhal soln</i>	Tier 1	
<i>isoflurane inhal soln</i> (Terrell)	Tier 1	
<i>sevoflurane inhal soln</i>	Tier 1	

GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

ALKALINIZERS

<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	Tier 1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i> (Cytra K Crystals)	Tier 1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	Tier 1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 151
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	Tier 1	
<i>UROCIT-K 5 TAB (potassium citrate (alkalinizer))</i>	Tier 3	
<i>UROCIT-K 10 TAB (potassium citrate (alkalinizer))</i>	Tier 3	
<i>UROCIT-K 15 TAB (potassium citrate (alkalinizer))</i>	Tier 3	
GENITOURINARY IRRIGANTS		
<i>acetic acid irrigation soln 0.25%</i>	Tier 1	
<i>glycine irrigation soln 1.5%</i>	Tier 1	
<i>neomycin-polymyxin b gu irrigation soln</i>	Tier 1	
<i>sodium chloride irrigation soln 0.9%</i>	Tier 1	
<i>sodium chloride irrigation soln 0.9%</i> (Argyle Sterile Saline)	Tier 1	
<i>sodium chloride irrigation soln 0.9%</i> (Curity Sterile Saline)	Tier 1	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 1	
<i>AVODART CAP 0.5MG (dutasteride)</i>	Tier 3	
<i>dutasteride cap 0.5 mg</i>	Tier 1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Tier 1	
<i>finasteride tab 5 mg</i>	Tier 1	
<i>FLOMAX CAP 0.4MG (tamsulosin hcl)</i>	Tier 3	
<i>PROSCAR TAB 5MG (finasteride)</i>	Tier 3	
<i>silodosin cap 4 mg</i>	Tier 1	
<i>silodosin cap 8 mg</i>	Tier 1	
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	
URINARY ANALGESICS		
<i>phenazopyridine hcl tab 200 mg</i> (Phenazo)	Tier 1	
URINARY STONE AGENTS		
<i>tiopronin tab 100 mg</i>	Tier 1	PA
<i>tiopronin tab delayed release 100 mg</i>	Tier 1	PA
<i>tiopronin tab delayed release 300 mg</i>	Tier 1	PA
GOUT AGENTS - DRUGS TO TREAT GOUT		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	
GOUT AGENTS - DRUGS TO TREAT GOUT		
<i>allopurinol sodium for inj 500 mg</i>	Tier 1	
<i>allopurinol tab 100 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

<i>allopurinol tab 300 mg</i>	Tier 1	
<i>colchicine cap 0.6 mg</i>	Tier 1	
<i>colchicine tab 0.6 mg</i>	Tier 1	
<i>febuxostat tab 40 mg</i>	Tier 1	
<i>febuxostat tab 80 mg</i>	Tier 1	
MITIGARE CAP 0.6MG (<i>colchicine</i>)	Tier 1	

URICOSURICS

<i>probenecid tab 500 mg</i>	Tier 1	
-------------------------------------	--------	--

HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS

ANTIHEMOPHILIC PRODUCTS

ADVATE INJ 250UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
ADVATE INJ 500UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
ADVATE INJ 1000UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
ADVATE INJ 1500UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
ADVATE INJ 2000UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
ADVATE INJ 3000UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
ADVATE INJ 4000UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
ADYNOVATE INJ 250UNIT (<i>antihemophilic factor (recombinant) pegylated</i>)	Tier 2	PA
ADYNOVATE INJ 500UNIT (<i>antihemophilic factor (recombinant) pegylated</i>)	Tier 2	PA
ADYNOVATE INJ 750UNIT (<i>antihemophilic factor (recombinant) pegylated</i>)	Tier 2	PA
ADYNOVATE INJ 1000UNIT (<i>antihemophilic factor (recombinant) pegylated</i>)	Tier 2	PA
ADYNOVATE INJ 1500UNIT (<i>antihemophilic factor (recombinant) pegylated</i>)	Tier 2	PA
ADYNOVATE INJ 2000UNIT (<i>antihemophilic factor (recombinant) pegylated</i>)	Tier 2	PA
ADYNOVATE INJ 3000UNIT (<i>antihemophilic factor (recombinant) pegylated</i>)	Tier 2	PA
AFSTYLA KIT 250UNIT (<i>antihemophilic factor (recombinant) single chain</i>)	Tier 2	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

153

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AFSTYLA KIT 500UNIT (<i>antihemophilic factor (recombinant) single chain</i>)	Tier 2	PA
AFSTYLA KIT 1000UNIT (<i>antihemophilic factor (recombinant) single chain</i>)	Tier 2	PA
AFSTYLA KIT 1500UNIT (<i>antihemophilic factor (recombinant) single chain</i>)	Tier 2	PA
AFSTYLA KIT 2000UNIT (<i>antihemophilic factor (recombinant) single chain</i>)	Tier 2	PA
AFSTYLA KIT 2500UNIT (<i>antihemophilic factor (recombinant) single chain</i>)	Tier 2	PA
AFSTYLA KIT 3000UNIT (<i>antihemophilic factor (recombinant) single chain</i>)	Tier 2	PA
ALPROLIX INJ 250UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 2	PA
ALPROLIX INJ 500UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 2	PA
ALPROLIX INJ 1000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 2	PA
ALPROLIX INJ 2000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 2	PA
ALPROLIX INJ 3000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 2	PA
ALPROLIX INJ 4000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 2	PA
ELOCTATE INJ 250UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	Tier 2	PA
ELOCTATE INJ 500UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	Tier 2	PA
ELOCTATE INJ 750UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	Tier 2	PA
ELOCTATE INJ 1000UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	Tier 2	PA
ELOCTATE INJ 1500UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	Tier 2	PA
ELOCTATE INJ 2000UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	Tier 2	PA
ELOCTATE INJ 3000UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	Tier 2	PA
ELOCTATE INJ 4000UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	Tier 2	PA
ELOCTATE INJ 5000UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	Tier 2	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 154

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ELOCTATE INJ 6000UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiic)</i>)	Tier 2	PA
ESPEROCT INJ 500UNIT (<i>antihemophilic factor (recombinant) glycopegylated-exei</i>)	Tier 2	PA
ESPEROCT INJ 1000UNIT (<i>antihemophilic factor (recombinant) glycopegylated-exei</i>)	Tier 2	PA
ESPEROCT INJ 1500UNIT (<i>antihemophilic factor (recombinant) glycopegylated-exei</i>)	Tier 2	PA
ESPEROCT INJ 2000UNIT (<i>antihemophilic factor (recombinant) glycopegylated-exei</i>)	Tier 2	PA
ESPEROCT INJ 3000UNIT (<i>antihemophilic factor (recombinant) glycopegylated-exei</i>)	Tier 2	PA
JIVI INJ 500 UNIT (<i>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</i>)	Tier 2	PA
JIVI INJ 1000UNIT (<i>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</i>)	Tier 2	PA
JIVI INJ 2000UNIT (<i>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</i>)	Tier 2	PA
JIVI INJ 3000UNIT (<i>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</i>)	Tier 2	PA
KOGENATE FS INJ 250UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 2	PA
KOGENATE FS INJ 500UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 2	PA
KOGENATE FS INJ 1000UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 2	PA
KOGENATE FS INJ 2000UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 2	PA
KOGENATE FS INJ 3000UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 2	PA
KOVALTRY INJ 250UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
KOVALTRY INJ 500UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
KOVALTRY INJ 1000UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
KOVALTRY INJ 2000UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KOVALTRY INJ 3000UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
NOVOEIGHT INJ 250UNIT (<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>)	Tier 2	PA
NOVOEIGHT INJ 500UNIT (<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>)	Tier 2	PA
NOVOEIGHT INJ 1000UNIT (<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>)	Tier 2	PA
NOVOEIGHT INJ 1500UNIT (<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>)	Tier 2	PA
NOVOEIGHT INJ 2000UNIT (<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>)	Tier 2	PA
NOVOEIGHT INJ 3000UNIT (<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>)	Tier 2	PA
NOVOSEVEN RT INJ 1MG (<i>coagulation factor viia (recombinant)</i>)	Tier 2	PA
NOVOSEVEN RT INJ 2MG (<i>coagulation factor viia (recombinant)</i>)	Tier 2	PA
NOVOSEVEN RT INJ 5MG (<i>coagulation factor viia (recombinant)</i>)	Tier 2	PA
NOVOSEVEN RT INJ 8MG (<i>coagulation factor viia (recombinant)</i>)	Tier 2	PA
NUWIQ INJ 250UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ INJ 500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ INJ 1000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ INJ 1500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ INJ 2000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ INJ 2500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ INJ 3000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ INJ 4000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ KIT 250UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NUWIQ KIT 500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ KIT 1000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ KIT 1500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ KIT 2000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ KIT 2500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ KIT 3000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ KIT 4000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
REBINYN INJ 3000UNIT (<i>coagulation factor ix (recombinant) glycopegylated</i>)	Tier 2	PA
REBINYN SOL 500UNIT (<i>coagulation factor ix (recombinant) glycopegylated</i>)	Tier 2	PA
REBINYN SOL 1000UNIT (<i>coagulation factor ix (recombinant) glycopegylated</i>)	Tier 2	PA
REBINYN SOL 2000UNIT (<i>coagulation factor ix (recombinant) glycopegylated</i>)	Tier 2	PA
SEVENFACT INJ 1MG (<i>coagulation factor viia (recombinant)-jncw</i>)	Tier 2	PA
SEVENFACT INJ 5MG (<i>coagulation factor viia (recombinant)-jncw</i>)	Tier 2	PA
XYNTHA INJ 250UNIT (<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>)	Tier 2	PA
XYNTHA INJ 500UNIT (<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>)	Tier 2	PA
XYNTHA INJ 1000UNIT (<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>)	Tier 2	PA
XYNTHA INJ 2000UNIT (<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>)	Tier 2	PA
XYNTHA SOLOF INJ 500UNIT (<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>)	Tier 2	PA
XYNTHA SOLOF INJ 1000UNIT (<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>)	Tier 2	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XYNTHA SOLOF INJ 2000UNIT (antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor))	Tier 2	PA
XYNTHA SOLOF INJ 3000UNIT (antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor))	Tier 2	PA
XYNTHA SOLOF KIT 250UNIT (antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor))	Tier 2	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	Tier 1	PA, QL (45 syringes every 90 days)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Sajazir)	Tier 1	PA, QL (45 syringes every 90 days)
COMPLEMENT INHIBITORS		
EMPAVELI INJ 1080MG (pegcetacoplan)	Tier 2	PA, QL (10 vials every 30 days)
RUCONEST INJ 2100UNIT (c1 esterase inhibitor (recombinant))	Tier 2	PA, QL (60 vials every 90 days)
SOLIRIS INJ 10MG/ML (eculizumab)	Tier 3	PA
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG (fostamatinib disodium)	Tier 2	PA, QL (2 tabs every 1 day)
TAVALISSE TAB 150MG (fostamatinib disodium)	Tier 2	PA, QL (2 tabs every 1 day)
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	Tier 1	
PLASMA EXPANDERS		
dextran 40 inj 10% in d5w (Lmd 10% Dextrose 5%)	Tier 1	
dextran 40 inj 10% in saline (Lmd 10% Sodium Chloride 0)	Tier 1	
hetastarch (hes /0.7 or /0.75) 6% in nacl 0.9% iv soln	Tier 1	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP 110MG (berotralstat hcl)	Tier 2	PA, QL (1 cap every 1 day)
ORLADEYO CAP 150MG (berotralstat hcl)	Tier 2	PA, QL (1 cap every 1 day)
TAKHZYRO INJ 150MG/ML (lanadelumab-flyo)	Tier 2	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML (lanadelumab-flyo)	Tier 2	PA, QL (2 syringes every 28 days)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 158

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TAKHZYRO INJ 300/2ML (<i>lanadelumab-flyo</i>)	Tier 2	PA, QL (2 vials every 28 days)

PLATELET AGGREGATION INHIBITORS

AGRYLIN CAP 0.5MG (<i>anagrelide hcl</i>)	Tier 3	
<i>anagrelide hcl cap 0.5 mg</i>	Tier 1	
<i>anagrelide hcl cap 1 mg</i>	Tier 1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	
BRILINTA TAB 60MG (<i>ticagrelor</i>)	Tier 2	
BRILINTA TAB 90MG (<i>ticagrelor</i>)	Tier 2	
<i>cilostazol tab 50 mg</i>	Tier 1	
<i>cilostazol tab 100 mg</i>	Tier 1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	Tier 1	
<i>dipyridamole tab 25 mg</i>	Tier 1	
<i>dipyridamole tab 50 mg</i>	Tier 1	
<i>dipyridamole tab 75 mg</i>	Tier 1	
<i>eptifibatide iv soln 20 mg/10ml (2 mg/ml)</i>	Tier 1	
<i>eptifibatide iv soln 75 mg/100ml (0.75 mg/ml)</i>	Tier 1	
<i>eptifibatide iv soln 200 mg/100ml (2 mg/ml)</i>	Tier 1	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 1	
<i>tirofiban hcl in nacl 0.9% iv soln 5 mg/100ml (base equiv)</i>	Tier 1	
<i>tirofiban hcl in nacl 0.9% iv soln 12.5 mg/250ml (base eq)</i>	Tier 1	

PROTAMINE

<i>protamine sulfate inj 10 mg/ml</i>	Tier 1	
---------------------------------------	--------	--

HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS

AGENTS FOR GAUCHER DISEASE

CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	Tier 2	PA, QL (2 caps every 1 day)
CEREZYME INJ 400UNIT (<i>imiglucerase</i>)	Tier 2	PA, QL (60 units/kg every 14 days)
<i>miglustat cap 100 mg</i>	Tier 1	PA, QL (3 caps every 1 day)
<i>miglustat cap 100 mg (Yargesa)</i>	Tier 1	PA, QL (3 caps every 1 day)

AGENTS FOR SICKLE CELL DISEASE

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

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 159
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME

DRUG TIER COVERAGE REQUIREMENTS AND LIMITS

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG (<i>darbepoetin alfa</i>)	Tier 2	PA
ARANESP INJ 25MCG (<i>darbepoetin alfa</i>)	Tier 2	PA
ARANESP INJ 40MCG (<i>darbepoetin alfa</i>)	Tier 2	PA
ARANESP INJ 60MCG (<i>darbepoetin alfa</i>)	Tier 2	PA
ARANESP INJ 100MCG (<i>darbepoetin alfa</i>)	Tier 2	PA
ARANESP INJ 150MCG (<i>darbepoetin alfa</i>)	Tier 2	PA
ARANESP INJ 200MCG (<i>darbepoetin alfa</i>)	Tier 2	PA
ARANESP INJ 300MCG (<i>darbepoetin alfa</i>)	Tier 2	PA
ARANESP INJ 500MCG (<i>darbepoetin alfa</i>)	Tier 2	PA
DOPTELET TAB 20MG (<i>avatrombopag maleate</i>)	Tier 2	PA, QL (2 tabs every 1 day)
DOPTELET TAB 20MG (<i>avatrombopag maleate</i>)	Tier 2	PA, QL (3 tabs every 1 day)
FYLNTRIN INJ 6MG/0.6 (<i>pegfilgrastim-pbbk</i>)	Tier 2	PA, QL (2 syringes every 28 days)
NIVESTYM INJ 300/0.5 (<i>filgrastim-aafi</i>)	Tier 2	PA
NIVESTYM INJ 300MCG (<i>filgrastim-aafi</i>)	Tier 2	PA
NIVESTYM INJ 480/0.8 (<i>filgrastim-aafi</i>)	Tier 2	PA
NIVESTYM INJ 480MCG (<i>filgrastim-aafi</i>)	Tier 2	PA
NYVEPRIA INJ 6/0.6ML (<i>pegfilgrastim-apgf</i>)	Tier 2	PA, QL (2 syringes every 28 days)
PROCRIT INJ 2000/ML (<i>epoetin alfa</i>)	Tier 2	PA
PROCRIT INJ 3000/ML (<i>epoetin alfa</i>)	Tier 2	PA
PROCRIT INJ 4000/ML (<i>epoetin alfa</i>)	Tier 2	PA
PROCRIT INJ 10000/ML (<i>epoetin alfa</i>)	Tier 2	PA
PROCRIT INJ 20000/ML (<i>epoetin alfa</i>)	Tier 2	PA
PROCRIT INJ 40000/ML (<i>epoetin alfa</i>)	Tier 2	PA
PROMACTA PAK 25MG (<i>eltrombopag olamine</i>)	Tier 2	PA, QL (6 packets every 1 day)
PROMACTA POW 12.5MG (<i>eltrombopag olamine</i>)	Tier 2	PA, QL (4 packets every 1 day)
PROMACTA TAB 12.5MG (<i>eltrombopag olamine</i>)	Tier 2	PA, QL (2 tabs every 1 day)
PROMACTA TAB 25MG (<i>eltrombopag olamine</i>)	Tier 2	PA, QL (3 tabs every 1 day)
PROMACTA TAB 50MG (<i>eltrombopag olamine</i>)	Tier 2	PA, QL (3 tabs every 1 day)
PROMACTA TAB 75MG (<i>eltrombopag olamine</i>)	Tier 2	PA, QL (2 tabs every 1 day)
RETACRIT INJ 2000UNIT (<i>epoetin alfa-epbx</i>)	Tier 2	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 160

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RETACRIT INJ 3000UNIT (<i>epoetin alfa-epbx</i>)	Tier 2	PA
RETACRIT INJ 4000UNIT (<i>epoetin alfa-epbx</i>)	Tier 2	PA
RETACRIT INJ 10000UNT (<i>epoetin alfa-epbx</i>)	Tier 2	PA
RETACRIT INJ 20000UNI (<i>epoetin alfa-epbx</i>)	Tier 2	PA
RETACRIT INJ 40000UNT (<i>epoetin alfa-epbx</i>)	Tier 2	PA

STEM CELL MOBILIZERS

<i>plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)</i>	Tier 1	PA
---	--------	----

HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid inj 250 mg/ml</i>	Tier 1	
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	Tier 1	
<i>aminocaproic acid tab 500 mg</i>	Tier 1	
<i>aminocaproic acid tab 1000 mg</i>	Tier 1	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	Tier 1	
<i>tranexamic acid tab 650 mg</i>	Tier 1	
<i>tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%</i>	Tier 1	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS

BARBITURATE HYPNOTICS

<i>pentobarbital sodium inj 50 mg/ml</i>	Tier 1	
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	
<i>phenobarbital sodium inj 65 mg/ml</i>	Tier 1	
<i>phenobarbital sodium inj 130 mg/ml</i>	Tier 1	
<i>phenobarbital tab 15 mg</i>	Tier 1	
<i>phenobarbital tab 16.2 mg</i>	Tier 1	
<i>phenobarbital tab 30 mg</i>	Tier 1	
<i>phenobarbital tab 32.4 mg</i>	Tier 1	
<i>phenobarbital tab 60 mg</i>	Tier 1	
<i>phenobarbital tab 64.8 mg</i>	Tier 1	
<i>phenobarbital tab 97.2 mg</i>	Tier 1	
<i>phenobarbital tab 100 mg</i>	Tier 1	

HYPNOTICS - TRICYCLIC AGENTS

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 1	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 1	

NON-BARBITURATE HYPNOTICS

AMBIEN CR TAB 6.25MG (<i>zolpidem tartrate</i>)	Tier 3	QL (90 tabs every 75 days)
AMBIEN CR TAB 12.5MG (<i>zolpidem tartrate</i>)	Tier 3	QL (90 tabs every 75 days)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 161
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AMBIEN TAB 5MG (zolpidem tartrate)	Tier 3	QL (90 tabs every 75 days)
AMBIEN TAB 10MG (zolpidem tartrate)	Tier 3	QL (90 tabs every 75 days)
dexmedetomidine hcl in nacl 0.9% iv soln 80 mcg/20ml	Tier 1	
dexmedetomidine hcl in nacl 0.9% iv soln 200 mcg/50ml	Tier 1	
dexmedetomidine hcl in nacl 0.9% iv soln 400 mcg/100ml	Tier 1	
dexmedetomidine hcl iv soln 200 mcg/2ml	Tier 1	
estazolam tab 1 mg	Tier 1	
estazolam tab 2 mg	Tier 1	
eszopiclone tab 1 mg	Tier 1	QL (90 tabs every 75 days)
eszopiclone tab 2 mg	Tier 1	QL (90 tabs every 75 days)
eszopiclone tab 3 mg	Tier 1	QL (90 tabs every 75 days)
midazolam 50 mg/50ml-sodium chloride 0.9% iv soln	Tier 1	
midazolam 100 mg/100ml-sodium chloride 0.9% iv soln	Tier 1	
midazolam hcl inj 2 mg/2ml (base equivalent)	Tier 1	
midazolam hcl inj 5 mg/5ml (base equivalent)	Tier 1	
midazolam hcl inj 5 mg/ml (base equivalent)	Tier 1	
midazolam hcl inj 10 mg/2ml (base equivalent)	Tier 1	
midazolam hcl inj 10 mg/10ml (base equivalent)	Tier 1	
midazolam hcl inj 25 mg/5ml (base equivalent)	Tier 1	
midazolam hcl inj 50 mg/10ml (base equivalent)	Tier 1	
midazolam hcl inj pf 2 mg/2ml (base equivalent)	Tier 1	
midazolam hcl inj pf 5 mg/5ml (base equivalent)	Tier 1	
midazolam hcl inj pf 5 mg/ml (base equivalent)	Tier 1	
midazolam hcl inj pf 10 mg/2ml (base equivalent)	Tier 1	
midazolam hcl syrup 2 mg/ml (base equivalent)	Tier 1	
RESTORIL CAP 7.5MG (temazepam)	Tier 3	
RESTORIL CAP 15MG (temazepam)	Tier 3	
RESTORIL CAP 22.5MG (temazepam)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

162

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RESTORIL CAP 30MG (<i>temazepam</i>)	Tier 3	
<i>temazepam cap 7.5 mg</i>	Tier 1	
<i>temazepam cap 15 mg</i>	Tier 1	
<i>temazepam cap 22.5 mg</i>	Tier 1	
<i>temazepam cap 30 mg</i>	Tier 1	
<i>triazolam tab 0.25 mg</i>	Tier 1	
<i>triazolam tab 0.125 mg</i>	Tier 1	
<i>zaleplon cap 5 mg</i>	Tier 1	QL (90 caps every 75 days)
<i>zaleplon cap 10 mg</i>	Tier 1	QL (90 caps every 75 days)
<i>zolpidem tartrate tab 5 mg</i>	Tier 1	QL (90 tabs every 75 days)
<i>zolpidem tartrate tab 10 mg</i>	Tier 1	QL (90 tabs every 75 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	Tier 1	QL (90 tabs every 75 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	Tier 1	QL (90 tabs every 75 days)
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG (<i>suvorexant</i>)	Tier 2	
BELSOMRA TAB 10MG (<i>suvorexant</i>)	Tier 2	
BELSOMRA TAB 15MG (<i>suvorexant</i>)	Tier 2	
BELSOMRA TAB 20MG (<i>suvorexant</i>)	Tier 2	
DAYVIGO TAB 5MG (<i>lemborexant</i>)	Tier 2	
DAYVIGO TAB 10MG (<i>lemborexant</i>)	Tier 2	
QUVIVIQ TAB 25MG (<i>daridorexant hcl</i>)	Tier 2	
QUVIVIQ TAB 50MG (<i>daridorexant hcl</i>)	Tier 2	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon tab 8 mg</i>	Tier 1	QL (90 tabs every 75 days)
<i>tasimelteon capsule 20 mg</i>	Tier 1	PA, QL (1 cap every 1 day)
LAXATIVES - DRUGS TO TREAT CONSTIPATION		
LAXATIVE COMBINATIONS		
CLENPIQ SOL (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>)	Tier 2	AGE; ACA
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (Gavilyte-g)	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i> (Gavilyte-c)	Tier 1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	Tier 1	AGE; ACA
LAXATIVES - MISCELLANEOUS		
<i>lactulose solution 10 gm/15ml</i>	Tier 1	
<i>lactulose solution 10 gm/15ml</i> (Constulose)	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 163
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

LUBRICANT LAXATIVES

<i>mineral oil</i>	Tier 1
--------------------	--------

LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR NUMBING

LOCAL ANESTHETIC COMBINATIONS

<i>articaine-epinephrine solution cartridge 4%-1:100000</i> (Articadent Dental)	Tier 1
---	--------

<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i>	Tier 1
---	--------

<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i> (Marcaine/epinephrine)	Tier 1
--	--------

<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i> (Sensorcaine/epinephrine)	Tier 1
---	--------

<i>bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)</i>	Tier 1
--	--------

<i>bupivacaine inj 0.25% w/ epinephrine 1:200000</i>	Tier 1
--	--------

<i>bupivacaine inj 0.25% w/ epinephrine 1:200000</i> (Sensorcaine/epinephrine)	Tier 1
--	--------

<i>bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)</i>	Tier 1
---	--------

<i>bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)</i> (Sensorcaine-mpf/epinephri)	Tier 1
---	--------

<i>lidocaine inj 0.5% w/ epinephrine-1:200000</i>	Tier 1
---	--------

<i>lidocaine inj 1% w/ epinephrine-1:100000</i>	Tier 1
---	--------

<i>lidocaine inj 1.5% w/ epinephrine-1:200000</i>	Tier 1
---	--------

<i>lidocaine inj 2% w/ epinephrine-1:100000</i>	Tier 1
---	--------

<i>lidocaine inj 2% w/ epinephrine-1:200000</i>	Tier 1
---	--------

LOCAL ANESTHETICS - AMIDES

<i>bupivacaine 0.75% in dextrose inj 8.25%</i>	Tier 1
--	--------

<i>bupivacaine 0.75% in dextrose inj 8.25%</i> (Bupivacaine Spinal)	Tier 1
---	--------

<i>bupivacaine hcl inj 0.5%</i>	Tier 1
---------------------------------	--------

<i>bupivacaine hcl inj 0.5%</i> (Sensorcaine)	Tier 1
---	--------

<i>bupivacaine hcl inj 0.25%</i>	Tier 1
----------------------------------	--------

<i>bupivacaine hcl inj 0.25%</i> (Sensorcaine)	Tier 1
--	--------

<i>bupivacaine hcl preservative free (pf) inj 0.5%</i>	Tier 1
--	--------

<i>bupivacaine hcl preservative free (pf) inj 0.5%</i> (Sensorcaine-mpf)	Tier 1
--	--------

<i>bupivacaine hcl preservative free (pf) inj 0.25%</i>	Tier 1
---	--------

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bupivacaine hcl preservative free (pf) inj 0.25%</i> (Sensorcaine-mpf)	Tier 1	
<i>bupivacaine hcl preservative free (pf) inj 0.75%</i>	Tier 1	
<i>bupivacaine hcl preservative free (pf) inj 0.75%</i> (Sensorcaine-mpf)	Tier 1	
<i>lidocaine hcl local inj 0.5%</i>	Tier 1	
<i>lidocaine hcl local inj 1%</i>	Tier 1	
<i>lidocaine hcl local inj 2%</i>	Tier 1	
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	Tier 1	
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	Tier 1	
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	Tier 1	
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	Tier 1	
<i>lidocaine hcl local preservative free (pf) inj 4%</i>	Tier 1	
<i>mepivacaine hcl inj 1%</i> (Polocaine)	Tier 1	
<i>mepivacaine hcl inj 2%</i> (Polocaine)	Tier 1	
<i>mepivacaine hcl preservative free (pf) inj 1%</i> (Polocaine-mpf)	Tier 1	
<i>mepivacaine hcl preservative free (pf) inj 1.5%</i> (Polocaine-mpf)	Tier 1	
<i>mepivacaine hcl preservative free (pf) inj 2%</i> (Polocaine-mpf)	Tier 1	
<i>ropivacaine hcl inj 2 mg/ml</i>	Tier 1	
<i>ropivacaine hcl inj 5 mg/ml</i>	Tier 1	
<i>ropivacaine hcl inj 7.5 mg/ml</i>	Tier 1	
<i>ropivacaine hcl inj 10 mg/ml</i>	Tier 1	
LOCAL ANESTHETICS - ESTERS		
<i>chloroprocaine hcl preservative free (pf) inj 2%</i>	Tier 1	
<i>chloroprocaine hcl preservative free (pf) inj 3%</i>	Tier 1	
MACROLIDES - DRUGS TO TREAT INFECTIONS		
AZITHROMYCIN		
<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1	
<i>azithromycin iv for soln 500 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>azithromycin powd pack for susp 1 gm</i>	Tier 1	
<i>azithromycin tab 250 mg</i>	Tier 1	QL (6 tabs every 5 days); Limit of one fill per 60 days
<i>azithromycin tab 500 mg</i>	Tier 1	
<i>azithromycin tab 600 mg</i>	Tier 1	
CLARITHROMYCIN		
<i>clarithromycin for susp 125 mg/5ml</i>	Tier 1	
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1	
<i>clarithromycin tab 250 mg</i>	Tier 1	
<i>clarithromycin tab 500 mg</i>	Tier 1	
<i>clarithromycin tab er 24hr 500 mg</i>	Tier 1	
ERYTHROMYCINS		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 1	
<i>erythromycin ethylsuccinate tab 400 mg (E.e.s. 400)</i>	Tier 1	
<i>erythromycin lactobionate for inj 500 mg</i>	Tier 1	
<i>erythromycin lactobionate for inj 500 mg (Erythrocin Lactobionate)</i>	Tier 1	
<i>erythromycin stearate tab 250 mg (Erythrocin Stearate)</i>	Tier 1	
<i>erythromycin tab 250 mg</i>	Tier 1	
<i>erythromycin tab 500 mg</i>	Tier 1	
<i>erythromycin tab delayed release 250 mg</i>	Tier 1	
<i>erythromycin tab delayed release 250 mg (Ery-tab)</i>	Tier 1	
<i>erythromycin tab delayed release 333 mg</i>	Tier 1	
<i>erythromycin tab delayed release 333 mg (Ery-tab)</i>	Tier 1	
<i>erythromycin tab delayed release 500 mg</i>	Tier 1	
<i>erythromycin tab delayed release 500 mg (Ery-tab)</i>	Tier 1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	Tier 1	
FIDAXOMICIN		
DIFICID SUS (<i>fidaxomicin</i>)	Tier 2	
DIFICID TAB 200MG (<i>fidaxomicin</i>)	Tier 2	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

166

PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

**MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR
DIAGNOSIS, TREATMENT, OR MONITORING**

DIABETIC SUPPLIES

ACCU-CHEK KIT FASTCLIX (<i>lancets misc.</i>)	Tier 2
ACCU-CHEK KIT SOFTCLIX (<i>lancets misc.</i>)	Tier 2
ACTI-LANCE MIS 28G (<i>lancets</i>)	Tier 3
ACTI-LANCE MIS LITE 28G (<i>lancets</i>)	Tier 3
ACTI-LANCE MIS SPEC 17G (<i>lancets</i>)	Tier 3
ACTI-LANCE MIS UNIV 23G (<i>lancets</i>)	Tier 3
ADVocate SAFE MIS LANC 26G (<i>lancets</i>)	Tier 3
ADVocate MIS LANC 30G (<i>lancets</i>)	Tier 3
ADVocate MIS LANCETS (<i>lancets</i>)	Tier 3
AGAMATRIX MIS 33G (<i>lancets</i>)	Tier 3
AIMSCO TWIST MIS 32G (<i>lancets</i>)	Tier 3
AIMSCO TWIST MIS 33G (<i>lancets</i>)	Tier 3
AQUALANCE MIS 30G (<i>lancets</i>)	Tier 3
ASSURE CMFRT MIS 28G (<i>lancets</i>)	Tier 3
ASSURE LANCE MIS 21G (<i>lancets</i>)	Tier 3
ASSURE LANCE MIS 28G (<i>lancets</i>)	Tier 3
ASSURE LANCE MIS LOW FLOW (<i>lancets</i>)	Tier 3
ASSURE LANCE MIS MICRO (<i>lancets</i>)	Tier 3
ASSURE LANCE MIS SAFE 25G (<i>lancets</i>)	Tier 3
ASSURE LANCE MIS SAFE 30G (<i>lancets</i>)	Tier 3
AURORA LANCE MIS 30G (<i>lancets</i>)	Tier 3
AURORA LANCE MIS THIN 23G (<i>lancets</i>)	Tier 3
AUTO LANCET MIS (<i>lancets</i>)	Tier 3
BD MICROTAIN MIS LANCETS (<i>lancets</i>)	Tier 3
BD MICROTAIN MIS LANCETS (<i>lancets</i>)	Tier 3
CAREONE LANC MIS 30G (<i>lancets</i>)	Tier 3
CAREONE LANC MIS THIN 23G (<i>lancets</i>)	Tier 3
CARESENS 30G MIS LANCETS (<i>lancets</i>)	Tier 3
CARETOUCH MIS LANC 26G (<i>lancets</i>)	Tier 3
CARETOUCH MIS LANC 28G (<i>lancets</i>)	Tier 3
CARETOUCH MIS LANC 30G (<i>lancets</i>)	Tier 3
CARETOUCH MIS TWIST 28 (<i>lancets</i>)	Tier 3
CARETOUCH MIS TWIST 30 (<i>lancets</i>)	Tier 3
CARETOUCH MIS TWIST 33 (<i>lancets</i>)	Tier 3
CLEANLET 28G MIS LANCETS (<i>lancets</i>)	Tier 3
CLEVER CHECK MIS (<i>lancets</i>)	Tier 3
CLEVER CHECK MIS 30G (<i>lancets</i>)	Tier 3
COAGUCHEK MIS LANCETS (<i>lancets</i>)	Tier 3

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
 Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COMFORT ASSU MIS LANC 28G (<i>lancets</i>)	Tier 3	
COMFORT ASSU MIS LANC 33G (<i>lancets</i>)	Tier 3	
COMFORT EZ MIS 21G (<i>lancets</i>)	Tier 3	
COMFORT EZ MIS 23G (<i>lancets</i>)	Tier 3	
COMFORT EZ MIS 28G (<i>lancets</i>)	Tier 3	
COMFORT TCH MIS LANC 28G (<i>lancets</i>)	Tier 3	
COMFORT TCH MIS LANC 30G (<i>lancets</i>)	Tier 3	
COMFORT TCH MIS LANC 31G (<i>lancets</i>)	Tier 3	
COMFORTOUCH MIS LANCET (<i>lancets</i>)	Tier 3	
CVS LANCETS MIS 21G (<i>lancets</i>)	Tier 3	
CVS LANCETS MIS 30G (<i>lancets</i>)	Tier 3	
CVS LANCETS MIS 33G (<i>lancets</i>)	Tier 3	
CVS LANCETS MIS ORIGINAL (<i>lancets</i>)	Tier 3	
CVS LANCETS MIS THIN 26G (<i>lancets</i>)	Tier 3	
CVS LANCETS MIS THIN 30G (<i>lancets</i>)	Tier 3	
CVS LANCETS MIS THIN 33G (<i>lancets</i>)	Tier 3	
DIATHRIVE MIS LANCETS (<i>lancets</i>)	Tier 3	
DIATHRIVE MIS UT 30G (<i>lancets</i>)	Tier 3	
DROPLET LANC MIS 30G (<i>lancets</i>)	Tier 3	
DROPLET PERS MIS LANC 30G (<i>lancets</i>)	Tier 3	
E-Z JECT MIS 21G (<i>lancets</i>)	Tier 3	
E-Z JECT MIS 21G COLR (<i>lancets</i>)	Tier 3	
E-Z JECT MIS 30G (<i>lancets</i>)	Tier 3	
E-Z JECT MIS 32G COLR (<i>lancets</i>)	Tier 3	
E-Z JECT MIS LANC 21G (<i>lancets</i>)	Tier 3	
E-Z JECT MIS THIN 26G (<i>lancets</i>)	Tier 3	
E-ZJECT LANC MIS 33G (<i>lancets</i>)	Tier 3	
EASY COMFORT MIS 30G (<i>lancets</i>)	Tier 3	
EASY COMFORT MIS LANC/30G (<i>lancets</i>)	Tier 3	
EASY COMFORT MIS TWIST (<i>lancets</i>)	Tier 3	
EASY TOUCH MIS LANC/21G (<i>lancets</i>)	Tier 3	
EASY TOUCH MIS LANC/23G (<i>lancets</i>)	Tier 3	
EASY TOUCH MIS LANC/26G (<i>lancets</i>)	Tier 3	
EASY TOUCH MIS LANC/28G (<i>lancets</i>)	Tier 3	
EASY TOUCH MIS LANC/30G (<i>lancets</i>)	Tier 3	
EASY TOUCH MIS LANC/32G (<i>lancets</i>)	Tier 3	
EASY TOUCH MIS LANC/33G (<i>lancets</i>)	Tier 3	
EMBRACE LANC MIS 21G (<i>lancets</i>)	Tier 3	
EMBRACE LANC MIS 28G (<i>lancets</i>)	Tier 3	
EMBRACE LANC MIS THIN 30G (<i>lancets</i>)	Tier 3	
EQL LANCETS MIS 21G COLR (<i>lancets</i>)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EQL LANCETS MIS 33G COLR (<i>lancets</i>)	Tier 3	
EQL LANCETS MIS THIN 26G (<i>lancets</i>)	Tier 3	
EQL LANCETS MIS THIN 30G (<i>lancets</i>)	Tier 3	
EZ-LETS 21G MIS LANCETS (<i>lancets</i>)	Tier 3	
EZ-LETS 26G MIS LANCETS (<i>lancets</i>)	Tier 3	
EZ-LETS 28G MIS LANCETS (<i>lancets</i>)	Tier 3	
EZ-LETS 30G MIS LANCETS (<i>lancets</i>)	Tier 3	
FASTCLIX MIS LANCETS (<i>lancets</i>)	Tier 2	
FIFTY50 SAFE MIS LANCETS (<i>lancets</i>)	Tier 3	
FINGERSTIX MIS LANCETS (<i>lancets</i>)	Tier 3	
FORA LANCETS MIS 30G (<i>lancets</i>)	Tier 3	
FORA MIS LANCETS (<i>lancets</i>)	Tier 3	
FREESTYLE MIS LANCETS (<i>lancets</i>)	Tier 3	
GENTEEL MIS LANCETS (<i>lancets</i>)	Tier 3	
GENTLE-LET MIS 26G (<i>lancets</i>)	Tier 3	
GENTLE-LET MIS 28G (<i>lancets</i>)	Tier 3	
GENTLE-LET MIS LANCETS (<i>lancets</i>)	Tier 3	
GLOBAL 28G MIS LANCETS (<i>lancets</i>)	Tier 3	
GLOBAL 30G MIS LANCETS (<i>lancets</i>)	Tier 3	
GLUCOCOM MIS 28G (<i>lancets</i>)	Tier 3	
GLUCOCOM MIS 30G (<i>lancets</i>)	Tier 3	
GLUCOCOM MIS 33G (<i>lancets</i>)	Tier 3	
GNP LANCETS MIS 21G (<i>lancets</i>)	Tier 3	
GNP LANCETS MIS 28G (<i>lancets</i>)	Tier 3	
GNP LANCETS MIS 30G (<i>lancets</i>)	Tier 3	
GNP LANCETS MIS 33G (<i>lancets</i>)	Tier 3	
GNP LANCETS MIS THIN 26G (<i>lancets</i>)	Tier 3	
GOJJI LANCET MIS 30G (<i>lancets</i>)	Tier 3	
GOODSENSE MIS LANC 26G (<i>lancets</i>)	Tier 3	
GOODSENSE MIS LANC 30G (<i>lancets</i>)	Tier 3	
GOODSENSE MIS LANC 33G (<i>lancets</i>)	Tier 3	
HAEMOLANCE MIS HIGH FLO (<i>lancets</i>)	Tier 3	
HAEMOLANCE MIS LOW FLOW (<i>lancets</i>)	Tier 3	
HAEMOLANCE MIS PLUS (<i>lancets</i>)	Tier 3	
HAEMOLANCE MIS PLUS LOW (<i>lancets</i>)	Tier 3	
HAEMOLANCE MIS PLUS MAX (<i>lancets</i>)	Tier 3	
HAEMOLANCE MIS PLUS PED (<i>lancets</i>)	Tier 3	
HAEMOLANCE MIS RETRACT (<i>lancets</i>)	Tier 3	
IN TOUCH LAN MIS 30G (<i>lancets</i>)	Tier 3	
INCONTROL MIS LANC 28G (<i>lancets</i>)	Tier 3	
INCONTROL MIS LANC 30G (<i>lancets</i>)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

INCONTROL MIS LANC 33G (<i>lancets</i>)	Tier 3	
KINNEY MIS LANCETS (<i>lancets</i>)	Tier 3	
KINNEY THIN MIS LANCETS (<i>lancets</i>)	Tier 3	
KROGER LANCE MIS (<i>lancets</i>)	Tier 3	
KROGER LANCE MIS 26G (<i>lancets</i>)	Tier 3	
KROGER LANCE MIS THIN (<i>lancets</i>)	Tier 3	
KROGER LANCE MIS THIN 30G (<i>lancets</i>)	Tier 3	
LANCET DEVIC MIS 30G (<i>lancets</i>)	Tier 3	
LANCET MICRO MIS THIN 33G (<i>lancets</i>)	Tier 3	
LANCET STAND MIS 21G (<i>lancets</i>)	Tier 3	
LANCET SUPER MIS THIN 30G (<i>lancets</i>)	Tier 3	
LANCET ULTRA MIS THIN 30G (<i>lancets</i>)	Tier 3	
LANCETS MICR MIS THIN 33G (<i>lancets</i>)	Tier 3	
LANCETS MIS	Tier 3	
LANCETS MIS 21G (<i>lancets</i>)	Tier 3	
LANCETS MIS 21G COLR (<i>lancets</i>)	Tier 3	
LANCETS MIS 26G	Tier 3	
LANCETS MIS 28G (<i>lancets</i>)	Tier 3	
LANCETS MIS 30G	Tier 3	
LANCETS MIS 33G (<i>lancets</i>)	Tier 3	
LANCETS MIS ORIGINAL (<i>lancets</i>)	Tier 3	
LANCETS MIS THIN (<i>lancets</i>)	Tier 3	
LANCETS MIS THIN 26G (<i>lancets</i>)	Tier 3	
LANCETS MIS THIN 30G (<i>lancets</i>)	Tier 3	
LANCETS SUPR MIS THIN 28G (<i>lancets</i>)	Tier 3	
LANCETS THIN MIS	Tier 3	
LANCETS THIN MIS 26G (<i>lancets</i>)	Tier 3	
LANCETS ULTR MIS THIN (<i>lancets</i>)	Tier 3	
LANCETS ULTR MIS THIN 31G (<i>lancets</i>)	Tier 3	
LANCING DEVI MIS 25G (<i>lancets</i>)	Tier 3	
LANCING DEVI MIS 30G (<i>lancets</i>)	Tier 3	
LITE TOUCH MIS LANCETS (<i>lancets</i>)	Tier 3	
LITETOUCH MIS LANCETS (<i>lancets</i>)	Tier 3	
LONGS LANCET MIS STANDARD (<i>lancets</i>)	Tier 3	
LONGS LANCET MIS THIN (<i>lancets</i>)	Tier 3	
LONGS LANCET MIS ULTRA TH (<i>lancets</i>)	Tier 3	
MEDICHOICE MIS LANCET (<i>lancets</i>)	Tier 3	
MEDLANCE MIS 30G PLUS (<i>lancets</i>)	Tier 3	
MEDLANCE MIS PLUS 30G (<i>lancets</i>)	Tier 3	
MEDLANCE PLS MIS 0.8MM (<i>lancets</i>)	Tier 3	
MEDLANCE PLS MIS EXTR 21G (<i>lancets</i>)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

170

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

MEDLANCE PLS MIS LITE 25G (<i>lancets</i>)	Tier 3	
MEDLANCE PLS MIS UNIV 21G (<i>lancets</i>)	Tier 3	
MEIJER LANCE MIS COLOR (<i>lancets</i>)	Tier 3	
MEIJER LANCE MIS UNIV 21G (<i>lancets</i>)	Tier 3	
MEIJER LANCE MIS UNIV 30G (<i>lancets</i>)	Tier 3	
MEIJER LANCE MIS UNIVERSA (<i>lancets</i>)	Tier 3	
MEIJER MIS LANCETS (<i>lancets</i>)	Tier 3	
MICRO THIN MIS LANC 33G (<i>lancets</i>)	Tier 3	
MICROLET MIS LANCETS (<i>lancets</i>)	Tier 3	
MM TWIST MIS LANCETS (<i>lancets</i>)	Tier 3	
MOBILE LANCE MIS 30G (<i>lancets</i>)	Tier 3	
MONOLET MIS LANCETS (<i>lancets</i>)	Tier 3	
MONOLET OPD MIS LANCETS (<i>lancets</i>)	Tier 3	
MONOLETTOR MIS LANCETS (<i>lancets</i>)	Tier 3	
MYGLUCOHEALT MIS LANC 30G (<i>lancets</i>)	Tier 3	
NOVA SAFETY MIS LANC 23G (<i>lancets</i>)	Tier 3	
NOVA SAFETY MIS LANC 28G (<i>lancets</i>)	Tier 3	
NOVA SURE MIS LANCETS (<i>lancets</i>)	Tier 3	
OMNIPOD 5 G6 KIT INTRO (<i>insulin infusion disposable pump</i>)	Tier 2	QL (1 kit every year)
OMNIPOD 5 G6 MIS PODS (<i>insulin infusion disposable pump</i>)	Tier 2	
ON-THE-GO MIS LANC 30G (<i>lancets</i>)	Tier 3	
ONETOUCH DEL MIS LANC DEV (<i>lancet devices</i>)	Tier 2	
ONETOUCH DEL MIS LANC DEV (<i>lancets</i>)	Tier 2	
ONETOUCH DEL MIS PLUS 30G (<i>lancets</i>)	Tier 2	
ONETOUCH DEL MIS PLUS 33G (<i>lancets</i>)	Tier 2	
ONETOUCH US MIS 2 30G (<i>lancets</i>)	Tier 2	
PERFECT 28G MIS LANCETS (<i>lancets</i>)	Tier 3	
PERFECT 30G MIS LANCETS (<i>lancets</i>)	Tier 3	
PHARMACY COU MIS LANCETS (<i>lancets</i>)	Tier 3	
PIP LANCETS MIS 28G (<i>lancets</i>)	Tier 3	
PIP LANCETS MIS 30G (<i>lancets</i>)	Tier 3	
PRO COMFORT MIS 31G (<i>lancets</i>)	Tier 3	
PRO COMFORT MIS LANC 30G (<i>lancets</i>)	Tier 3	
PRO COMFORT MIS LANCETS (<i>lancets</i>)	Tier 3	
PRODIGY MIS 26G (<i>lancets</i>)	Tier 3	
PRODIGY MIS 28G (<i>lancets</i>)	Tier 3	
PSS SAFE LAN MIS (<i>lancets</i>)	Tier 3	
PSS SEL LANC MIS (<i>lancets</i>)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

PURE COMFORT MIS 30G LAN (<i>lancets</i>)	Tier 3	
PX LANCETS MIS 28G (<i>lancets</i>)	Tier 3	
PX LANCETS MIS 33G (<i>lancets</i>)	Tier 3	
QC LANCETS MIS 28G (<i>lancets</i>)	Tier 3	
QC LANCETS MIS 30G (<i>lancets</i>)	Tier 3	
RA E-ZJECT MIS 28G (<i>lancets</i>)	Tier 3	
RA E-ZJECT MIS THIN 26G (<i>lancets</i>)	Tier 3	
RA E-ZJECT MIS THIN 28G (<i>lancets</i>)	Tier 3	
RA E-ZJECT MIS ULT THIN (<i>lancets</i>)	Tier 3	
READYLANCE MIS 21G (<i>lancets</i>)	Tier 3	
READYLANCE MIS 23G (<i>lancets</i>)	Tier 3	
READYLANCE MIS 26G (<i>lancets</i>)	Tier 3	
READYLANCE MIS 28G (<i>lancets</i>)	Tier 3	
READYLANCE MIS 30G (<i>lancets</i>)	Tier 3	
REALITY MIS LANCETS (<i>lancets</i>)	Tier 3	
REALITY TRIG MIS LANCETS (<i>lancets</i>)	Tier 3	
RELION LANCE MIS THIN 26G (<i>lancets</i>)	Tier 3	
RELION LANCE MIS THIN 30G (<i>lancets</i>)	Tier 3	
RELION MICRO MIS THIN 33G (<i>lancets</i>)	Tier 3	
RELION ULTRA MIS THIN 30G (<i>lancets</i>)	Tier 3	
RELION ULTRA MIS THIN PLS (<i>lancets</i>)	Tier 3	
RIGHTTEST MIS GL300 (<i>lancets</i>)	Tier 3	
SAFE-T-LANCE MIS 21G (<i>lancets</i>)	Tier 3	
SAFE-T-LANCE MIS 25G (<i>lancets</i>)	Tier 3	
SAFE-T-LANCE MIS HI FLOW (<i>lancets</i>)	Tier 3	
SAFE-T-LANCE MIS LOW FLOW (<i>lancets</i>)	Tier 3	
SAFE-T-LANCE MIS NOR FLOW (<i>lancets</i>)	Tier 3	
SAFE-T-PRO MIS LANCETS (<i>lancets</i>)	Tier 2	
SAFE-T-PRO MIS LANCETS (<i>lancets</i>)	Tier 3	
SAFE-T-PRO MIS PLUS (<i>lancets</i>)	Tier 3	
SAFETY 21G MIS LANCETS (<i>lancets</i>)	Tier 3	
SAFETY 23G MIS LANCETS (<i>lancets</i>)	Tier 3	
SAFETY 28G MIS LANCETS (<i>lancets</i>)	Tier 3	
SAFETY 30G MIS LANCETS	Tier 3	
SAFETY MIS LANCETS (<i>lancets</i>)	Tier 3	
SAPS HEALTH MIS TWIST (<i>lancets</i>)	Tier 3	
SAPS TWIST MIS 30G (<i>lancets</i>)	Tier 3	
SAPSCARE MIS TWIST (<i>lancets</i>)	Tier 3	
SB LANCETS MIS THIN (<i>lancets</i>)	Tier 3	
SB LANCETS MIS ULTR THN (<i>lancets</i>)	Tier 3	
SINGLE-LET MIS 23G (<i>lancets</i>)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SM LANCETS MIS 33G (<i>lancets</i>)	Tier 3	
SMART SENSE MIS LANC 21G (<i>lancets</i>)	Tier 3	
SMART SENSE MIS LANC 26G (<i>lancets</i>)	Tier 3	
SMART SENSE MIS LANC 30G (<i>lancets</i>)	Tier 3	
SMART SENSE MIS LANC 33G (<i>lancets</i>)	Tier 3	
SMARTTEST MIS LANCETS (<i>lancets</i>)	Tier 3	
SOFTCLIX MIS LANCETS (<i>lancets</i>)	Tier 2	
SOLUS V2 MIS LANC 28G (<i>lancets</i>)	Tier 3	
SOLUS V2 MIS LANC 30G (<i>lancets</i>)	Tier 3	
STERILANCE MIS TL 28G (<i>lancets</i>)	Tier 3	
STERILANCE MIS TL 30G (<i>lancets</i>)	Tier 3	
STERILANCE MIS TL 32G (<i>lancets</i>)	Tier 3	
SUPER THIN MIS LANC 28G (<i>lancets</i>)	Tier 3	
SUPER THIN MIS LANCETS (<i>lancets</i>)	Tier 3	
SURE COMFORT MIS LANC 18G (<i>lancets</i>)	Tier 3	
SURE COMFORT MIS LANC 21G (<i>lancets</i>)	Tier 3	
SURE COMFORT MIS LANC 23G (<i>lancets</i>)	Tier 3	
SURE COMFORT MIS LANC 30G (<i>lancets</i>)	Tier 3	
SURE COMFORT MIS LANCETS (<i>lancets</i>)	Tier 3	
SUREFLEX MIS LANCETS (<i>lancets</i>)	Tier 3	
SURELITE MIS LANCETS (<i>lancets</i>)	Tier 3	
TECHLITE AST MIS LANCETS (<i>lancets</i>)	Tier 3	
TECHLITE MIS LANC 26G (<i>lancets</i>)	Tier 3	
TECHLITE MIS LANCETS (<i>lancets</i>)	Tier 3	
TGT LANCET MIS 26G (<i>lancets</i>)	Tier 3	
TGT LANCET MIS 30G (<i>lancets</i>)	Tier 3	
TGT LANCET MIS 33G (<i>lancets</i>)	Tier 3	
THIN LANCETS MIS 26G (<i>lancets</i>)	Tier 3	
THIN LANCETS MIS 30G (<i>lancets</i>)	Tier 3	
THINLETS GP MIS 26G (<i>lancets</i>)	Tier 3	
TOPCARE MIS LANC 33G (<i>lancets</i>)	Tier 3	
TRAVEL LANCE MIS ADV 28G (<i>lancets</i>)	Tier 3	
TRUE COMFORT MIS LANC 30G (<i>lancets</i>)	Tier 3	
TRUPLUS LANC MIS 26G (<i>lancets</i>)	Tier 3	
TRUPLUS LANC MIS 28G (<i>lancets</i>)	Tier 3	
TRUPLUS LANC MIS 30G (<i>lancets</i>)	Tier 3	
TRUPLUS LANC MIS 33G (<i>lancets</i>)	Tier 3	
TWIST LANCET MIS 30G	Tier 3	
TWIST LANCET MIS 30G MULT (<i>lancets</i>)	Tier 3	
ULTILET MIS 26G (<i>lancets</i>)	Tier 3	
ULTILET MIS 28G (<i>lancets</i>)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ULTILET MIS 30G (<i>lancets</i>)	Tier 3	
ULTILET MIS 33G (<i>lancets</i>)	Tier 3	
ULTILET MIS LANCETS (<i>lancets</i>)	Tier 3	
ULTILET MIS SAFETY (<i>lancets</i>)	Tier 3	
ULTILET SAFE MIS 21G (<i>lancets</i>)	Tier 3	
ULTRA THIN MIS 28G (<i>lancets</i>)	Tier 3	
ULTRA THIN MIS 30G (<i>lancets</i>)	Tier 3	
ULTRA THIN MIS 31G (<i>lancets</i>)	Tier 3	
ULTRA THIN MIS 33G (<i>lancets</i>)	Tier 3	
ULTRA THIN MIS LAN 31G (<i>lancets</i>)	Tier 3	
ULTRA THIN MIS LANC 28G (<i>lancets</i>)	Tier 3	
ULTRA THIN MIS LANC 30G (<i>lancets</i>)	Tier 3	
ULTRA THIN MIS LANCETS (<i>lancets</i>)	Tier 3	
UNILET EX II MIS 28G (<i>lancets</i>)	Tier 3	
UNILET EXCEL MIS 23G (<i>lancets</i>)	Tier 3	
UNILET G.P MIS SUPR 23G (<i>lancets</i>)	Tier 3	
UNILET G.P. MIS 21G (<i>lancets</i>)	Tier 3	
UNILET GP 28 MIS ULT THIN (<i>lancets</i>)	Tier 3	
UNILET LANC MIS 33G (<i>lancets</i>)	Tier 3	
UNILET LANCE MIS 21G (<i>lancets</i>)	Tier 3	
UNILET LANCE MIS 28G (<i>lancets</i>)	Tier 3	
UNILET LANCE MIS 33G (<i>lancets</i>)	Tier 3	
UNILET LANCT MIS 28G (<i>lancets</i>)	Tier 3	
UNILET LANCT MIS 30G (<i>lancets</i>)	Tier 3	
UNILET LANCT MIS 33G (<i>lancets</i>)	Tier 3	
UNILET MICRO MIS 33G (<i>lancets</i>)	Tier 3	
UNILET MIS 21G (<i>lancets</i>)	Tier 3	
UNILET SUPER MIS 23G (<i>lancets</i>)	Tier 3	
UNILET SUPER MIS G.P. 23G (<i>lancets</i>)	Tier 3	
UNISTIK 3 MIS GENT 30G (<i>lancets</i>)	Tier 3	
UNISTIK PRO MIS LANC 21G (<i>lancets</i>)	Tier 3	
UNISTIK PRO MIS LANC 28G (<i>lancets</i>)	Tier 3	
UNISTIK SAFE MIS LANC 28G (<i>lancets</i>)	Tier 3	
UNISTIK SAFE MIS LANC 30G (<i>lancets</i>)	Tier 3	
UNISTIK TOUC MIS LANC 21G (<i>lancets</i>)	Tier 3	
UNISTIK TOUC MIS LANC 23G (<i>lancets</i>)	Tier 3	
UNISTIK TOUC MIS LANC 28G (<i>lancets</i>)	Tier 3	
UNISTIK TOUC MIS LANC 30G (<i>lancets</i>)	Tier 3	
UNITSTIK PRO MIS LANC 25G (<i>lancets</i>)	Tier 3	
UNIVERSAL 1 MIS 33G (<i>lancets</i>)	Tier 3	
UNIVERSAL 1 MIS LANC 26G (<i>lancets</i>)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

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

UNIVERSAL 1 MIS LANC 30G (<i>lancets</i>)	Tier 3	
VERIFINE LAN MIS MINI 21G (<i>lancets</i>)	Tier 3	
VERIFINE LAN MIS MINI 23G (<i>lancets</i>)	Tier 3	
VERIFINE LAN MIS MINI 28G (<i>lancets</i>)	Tier 3	
VERIFINE LAN MIS MINI 30G (<i>lancets</i>)	Tier 3	
VERIFINE MIS UNIV 28G (<i>lancets</i>)	Tier 3	
VERIFINE MIS UNIV 30G (<i>lancets</i>)	Tier 3	
VERIFINE MIS UNIV 33G (<i>lancets</i>)	Tier 3	
VIVAGUARD MIS 28G (<i>lancets</i>)	Tier 3	
VIVAGUARD MIS 30G (<i>lancets</i>)	Tier 3	
ZEVRX TWIST MIS LANC 30G (<i>lancets</i>)	Tier 3	

PARENTERAL THERAPY SUPPLIES

AUTOSHIELD MIS 30GX5MM (<i>insulin pen needle</i>)	Tier 2	
BD PEN NEEDL MIS 29GX12.7 (<i>insulin pen needle</i>)	Tier 2	
BD PEN NEEDL MIS 31GX5MM (<i>insulin pen needle</i>)	Tier 2	
BD PEN NEEDL MIS 31GX8MM (<i>insulin pen needle</i>)	Tier 2	
BD PEN NEEDL MIS 32GX4MM (<i>insulin pen needle</i>)	Tier 2	
BD PEN NEEDL MIS 32GX6MM (<i>insulin pen needle</i>)	Tier 2	
BD U-500 MIS 31GX6MM (<i>insulin syringe/needle u-500</i>)	Tier 2	
INSULIN SYRG MIS 0.3/29G (<i>insulin syringe/needle u-100</i>)	Tier 2	
INSULIN SYRG MIS 0.3/30G (<i>insulin syringe/needle u-100</i>)	Tier 2	
INSULIN SYRG MIS 0.3/31G (<i>insulin syringe/needle u-100</i>)	Tier 2	
INSULIN SYRG MIS 0.3/31G (<i>insulin syringe/needle u-100</i>)	Tier 2	
INSULIN SYRG MIS 0.5/28G (<i>insulin syringe/needle u-100</i>)	Tier 2	
INSULIN SYRG MIS 0.5/29G (<i>insulin syringe/needle u-100</i>)	Tier 2	
INSULIN SYRG MIS 0.5/30G (<i>insulin syringe/needle u-100</i>)	Tier 2	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

175

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INSULIN SYRG MIS 0.5/31G (<i>insulin syringe/needle u-100</i>)	Tier 2	
INSULIN SYRG MIS 1ML (<i>insulin syringes (disposable)</i>)	Tier 2	
INSULIN SYRG MIS 1ML/27G (<i>insulin syringe/needle u-100</i>)	Tier 2	
INSULIN SYRG MIS 1ML/28G (<i>insulin syringe/needle u-100</i>)	Tier 2	
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	Tier 2	
INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	Tier 2	
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	Tier 2	
INSULIN SYRG MIS 2/27.5G (<i>insulin syringe/needle u-100</i>)	Tier 2	
INSULIN SYRG MIS 29GX1/2" (<i>insulin syringe/needle u-100</i>)	Tier 2	

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AJOVY INJ 225/1.5 (<i>fremanezumab-vfrm</i>)	Tier 2	
EMGALITY INJ 100MG/ML (<i>galcanezumab-gnlm</i>)	Tier 2	
EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>)	Tier 2	
NURTEC TAB 75MG ODT (<i>rimegepant sulfate</i>)	Tier 2	
QULIPTA TAB 10MG (<i>atogepant</i>)	Tier 2	
QULIPTA TAB 30MG (<i>atogepant</i>)	Tier 2	
QULIPTA TAB 60MG (<i>atogepant</i>)	Tier 2	
UBRELVY TAB 50MG (<i>ubrogepant</i>)	Tier 2	
UBRELVY TAB 100MG (<i>ubrogepant</i>)	Tier 2	

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 1	
---	--------	--

SEROTONIN AGONISTS

<i>almotriptan malate tab 6.25 mg</i>	Tier 1	QL (36 tabs every 75 days)
<i>almotriptan malate tab 12.5 mg</i>	Tier 1	QL (36 tabs every 75 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 1	QL (36 tabs every 75 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 1	QL (36 tabs every 75 days)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 176

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Tier 1	QL (54 tabs every 75 days)
<i>IMITREX INJ 4MG/0.5 (sumatriptan succinate)</i>	Tier 3	QL (54 injections every 75 days)
<i>IMITREX INJ 6MG/0.5 (sumatriptan succinate)</i>	Tier 3	QL (36 injections every 75 days)
<i>IMITREX TAB 25MG (sumatriptan succinate)</i>	Tier 3	QL (36 tabs every 75 days)
<i>IMITREX TAB 50MG (sumatriptan succinate)</i>	Tier 3	QL (36 tabs every 75 days)
<i>IMITREX TAB 100MG (sumatriptan succinate)</i>	Tier 3	QL (36 tabs every 75 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (36 tabs every 75 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QL (36 tabs every 75 days)
<i>ONZETRA XSAI MIS 11MG (sumatriptan succinate)</i>	Tier 2	QL (64 nosepieces every 75 days)
<i>RELPAK TAB 20MG (eletriptan hydrobromide)</i>	Tier 3	QL (36 tabs every 75 days)
<i>RELPAK TAB 40MG (eletriptan hydrobromide)</i>	Tier 3	QL (36 tabs every 75 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Tier 1	QL (54 tabs every 75 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Tier 1	QL (54 tabs every 75 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QL (54 tabs every 75 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 1	QL (54 tabs every 75 days)
<i>sumatriptan nasal spray 5 mg/act</i>	Tier 1	QL (72 inhalers every 75 days)
<i>sumatriptan nasal spray 20 mg/act</i>	Tier 1	QL (36 inhalers every 75 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 1	QL (40 injections every 75 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Tier 1	QL (54 injections every 75 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	Tier 1	QL (36 injections every 75 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	Tier 1	QL (54 injections every 75 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	Tier 1	QL (36 injections every 75 days)
<i>sumatriptan succinate tab 25 mg</i>	Tier 1	QL (36 tabs every 75 days)
<i>sumatriptan succinate tab 50 mg</i>	Tier 1	QL (36 tabs every 75 days)
<i>sumatriptan succinate tab 100 mg</i>	Tier 1	QL (36 tabs every 75 days)
<i>ZEMBRACE SYM INJ 3/0.5ML (sumatriptan succinate)</i>	Tier 2	QL (72 injections every 75 days)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 177
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	Tier 1	QL (36 inhalers every 75 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 1	QL (36 tabs every 75 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 1	QL (36 tabs every 75 days)
<i>zolmitriptan tab 2.5 mg</i>	Tier 1	QL (36 tabs every 75 days)
<i>zolmitriptan tab 5 mg</i>	Tier 1	QL (36 tabs every 75 days)

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

POTASSIUM

<i>potassium acetate inj 2 meq/ml</i>	Tier 1	
<i>potassium bicarbonate effer tab 25 meq</i> (Effer-k)	Tier 1	
<i>potassium bicarbonate effer tab 25 meq</i> (K-prime)	Tier 1	
<i>potassium bicarbonate effer tab 25 meq</i> (Klor-con/ef)	Tier 1	
<i>potassium chloride cap er 8 meq</i>	Tier 1	
<i>potassium chloride cap er 10 meq</i>	Tier 1	
<i>potassium chloride inj 2 meq/ml</i>	Tier 1	
<i>potassium chloride inj 10 meq/50ml</i>	Tier 1	
<i>potassium chloride inj 10 meq/100ml</i>	Tier 1	
<i>potassium chloride inj 20 meq/50ml</i>	Tier 1	
<i>potassium chloride inj 20 meq/100ml</i>	Tier 1	
<i>potassium chloride inj 40 meq/100ml</i>	Tier 1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i> (Klor-con M10)	Tier 1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	Tier 1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i> (Klor-con M15)	Tier 1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Tier 1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i> (Klor-con M20)	Tier 1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 1	
<i>potassium chloride powder packet 20 meq</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 178

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

potassium chloride powder packet 20 meq (Klor-con)	Tier 1	
potassium chloride tab er 8 meq (600 mg)	Tier 1	
potassium chloride tab er 8 meq (600 mg) (Klor-con 8)	Tier 1	
potassium chloride tab er 10 meq	Tier 1	
potassium chloride tab er 10 meq (Klor-con 10)	Tier 1	
potassium chloride tab er 20 meq (1500 mg)	Tier 1	

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING

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

IMMUNOMODULATORS - DRUGS TO TREAT CANCER

lenalidomide cap 5 mg	Tier 1	PA; ONC
lenalidomide cap 10 mg	Tier 1	PA; ONC
lenalidomide cap 15 mg	Tier 1	PA; ONC
lenalidomide cap 20 mg	Tier 1	PA, QL (42 caps every 28 days); ONC
lenalidomide cap 25 mg	Tier 1	PA, QL (42 caps every 28 days); ONC
lenalidomide caps 2.5 mg	Tier 1	PA; ONC
REVLIMID CAP 2.5MG (lenalidomide)	Tier 2	PA; ONC
REVLIMID CAP 5MG (lenalidomide)	Tier 2	PA; ONC
REVLIMID CAP 10MG (lenalidomide)	Tier 2	PA; ONC
REVLIMID CAP 15MG (lenalidomide)	Tier 2	PA; ONC
REVLIMID CAP 20MG (lenalidomide)	Tier 2	PA, QL (42 caps every 28 days); ONC
REVLIMID CAP 25MG (lenalidomide)	Tier 2	PA, QL (42 caps every 28 days); ONC
THALOMID CAP 50MG (thalidomide)	Tier 2	PA; ONC
THALOMID CAP 100MG (thalidomide)	Tier 2	PA; ONC

IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT

azathioprine tab 50 mg	Tier 1	
azathioprine tab 75 mg	Tier 1	
azathioprine tab 75 mg (Azasan)	Tier 1	
azathioprine tab 100 mg	Tier 1	
azathioprine tab 100 mg (Azasan)	Tier 1	
cyclosporine cap 25 mg	Tier 1	
cyclosporine cap 100 mg	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 179
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cyclosporine iv soln 50 mg/ml</i>	Tier 1	
<i>cyclosporine modified cap 25 mg</i>	Tier 1	
<i>cyclosporine modified cap 25 mg</i> (Gengraf)	Tier 1	
<i>cyclosporine modified cap 50 mg</i>	Tier 1	
<i>cyclosporine modified cap 100 mg</i>	Tier 1	
<i>cyclosporine modified cap 100 mg</i> (Gengraf)	Tier 1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	
<i>cyclosporine modified oral soln 100 mg/ml</i> (Gengraf)	Tier 1	
ENSPRYNG INJ (<i>satralizumab-mwge</i>)	Tier 2	PA, QL (1 injection every 28 days)
<i>everolimus tab 0.5 mg</i>	Tier 1	
<i>everolimus tab 0.25 mg</i>	Tier 1	
<i>everolimus tab 0.75 mg</i>	Tier 1	
<i>everolimus tab 1 mg</i>	Tier 1	
IMURAN TAB 50MG (<i>azathioprine</i>)	Tier 3	
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil hcl for iv soln 500 mg</i> (base equiv)	Tier 1	
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	
<i>mycophenolate sodium tab dr 180 mg</i> (<i>mycophenolic acid equiv</i>)	Tier 1	
<i>mycophenolate sodium tab dr 360 mg</i> (<i>mycophenolic acid equiv</i>)	Tier 1	
<i>sirolimus oral soln 1 mg/ml</i>	Tier 1	
<i>sirolimus tab 0.5 mg</i>	Tier 1	
<i>sirolimus tab 1 mg</i>	Tier 1	
<i>sirolimus tab 2 mg</i>	Tier 1	
<i>tacrolimus cap 0.5 mg</i>	Tier 1	
<i>tacrolimus cap 1 mg</i>	Tier 1	
<i>tacrolimus cap 5 mg</i>	Tier 1	
<i>IRRIGATION SOLUTIONS - PRODUCTS USED IN SURGERY AND WOUND CARE</i>		
<i>irrigation solution, physiological</i> (Physiolyte)	Tier 1	
<i>irrigation solution, physiological</i> (Physiosol Irrigation)	Tier 1	
<i>lactated ringer's for irrigation</i>	Tier 1	
<i>ringer's solution for irrigation</i>	Tier 1	
<i>ringer's solution for irrigation</i> (Tis-u-sol)	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

180

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
water for irrigation, sterile irrigation soln (Argyle Sterile Water 100m)	Tier 1	
POTASSIUM REMOVING AGENTS - DRUGS TO LOWER POTASSIUM		
sodium polystyrene sulfonate oral susp 15 gm/60ml (Sps)	Tier 1	
sodium polystyrene sulfonate powder	Tier 1	
VELTASSA POW 8.4GM (patiomer sorbitex calcium)	Tier 2	
VELTASSA POW 16.8GM (patiomer sorbitex calcium)	Tier 2	
VELTASSA POW 25.2GM (patiomer sorbitex calcium)	Tier 2	
SCLEROSING AGENTS - DRUGS TO TREAT VEIN CONDITIONS		
sodium tetradecyl sulfate inj 1% (Sotradecol)	Tier 1	
sodium tetradecyl sulfate inj 3%	Tier 1	
sodium tetradecyl sulfate inj 3% (Sotradecol)	Tier 1	
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl laryngotracheal soln 4%	Tier 1	
lidocaine hcl viscous soln 2%	Tier 1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	Tier 1	
nystatin susp 100000 unit/ml	Tier 1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	Tier 1	
chlorhexidine gluconate soln 0.12% (Periogard)	Tier 1	
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide dental paste 0.1%	Tier 1	
triamcinolone acetonide dental paste 0.1% (Kourzeq)	Tier 1	
triamcinolone acetonide dental paste 0.1% (Oralene Dental Paste)	Tier 1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	Tier 1	
EPISIL LIQ (oral wound care products)	Tier 2	
EVOXAC CAP 30MG (cevimeline hcl)	Tier 3	
MUGARD LIQ (oral wound care products)	Tier 2	PA
pilocarpine hcl tab 5 mg	Tier 1	
pilocarpine hcl tab 7.5 mg	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 181

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

SALAGEN TAB 5MG (<i>pilocarpine hcl (oral)</i>)	Tier 3	
---	--------	--

SALAGEN TAB 7.5MG (<i>pilocarpine hcl (oral)</i>)	Tier 3	
---	--------	--

MULTIVITAMINS - DRUGS FOR NUTRITION

PRENATAL VITAMINS

<i>prenat w/o a w/feum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i> (Pnv-dha)	Tier 1	
---	--------	--

<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i> (Inatal Gt)	Tier 1	
---	--------	--

<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i> (Pnv-select)	Tier 1	
--	--------	--

<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i> (Prenatal 19)	Tier 1	
--	--------	--

<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i> (Trinate)	Tier 1	
---	--------	--

<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i> (Elite-ob)	Tier 1	
---	--------	--

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

<i>baclofen intrathecal inj 10 mg/20ml (500 mcg/ml)</i>	Tier 1	
---	--------	--

<i>baclofen intrathecal inj 20 mg/20ml (1000 mcg/ml)</i>	Tier 1	
--	--------	--

<i>baclofen intrathecal inj 40 mg/20ml (2000 mcg/ml)</i>	Tier 1	
--	--------	--

<i>baclofen oral soln 5 mg/5ml</i>	Tier 1	
------------------------------------	--------	--

<i>baclofen oral soln 10 mg/5ml</i>	Tier 1	
-------------------------------------	--------	--

<i>baclofen tab 5 mg</i>	Tier 1	
--------------------------	--------	--

<i>baclofen tab 10 mg</i>	Tier 1	
---------------------------	--------	--

<i>baclofen tab 15 mg</i>	Tier 1	
---------------------------	--------	--

<i>baclofen tab 20 mg</i>	Tier 1	
---------------------------	--------	--

<i>carisoprodol tab 350 mg</i>	Tier 1	
--------------------------------	--------	--

<i>chlorzoxazone tab 500 mg</i>	Tier 1	
---------------------------------	--------	--

<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	
-------------------------------------	--------	--

<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	
--------------------------------------	--------	--

LYVISPAH GRA 5MG (<i>baclofen</i>)	Tier 2	
--------------------------------------	--------	--

LYVISPAH GRA 10MG (<i>baclofen</i>)	Tier 2	
---------------------------------------	--------	--

LYVISPAH GRA 20MG (<i>baclofen</i>)	Tier 2	
---------------------------------------	--------	--

<i>metaxalone tab 800 mg</i>	Tier 1	
------------------------------	--------	--

<i>methocarbamol inj 1000 mg/10ml</i>	Tier 1	
---------------------------------------	--------	--

<i>methocarbamol tab 500 mg</i>	Tier 1	
---------------------------------	--------	--

<i>methocarbamol tab 750 mg</i>	Tier 1	
---------------------------------	--------	--

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

<i>orphenadrine citrate inj 30 mg/ml</i>	Tier 1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	
ZANAFLEX TAB 4MG (<i>tizanidine hcl</i>)	Tier 3	

DIRECT MUSCLE RELAXANTS

DANTRIUM CAP 25MG (<i>dantrolene sodium</i>)	Tier 3	
<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	
<i>dantrolene sodium for iv soln 20 mg</i>	Tier 1	
<i>dantrolene sodium for iv soln 20 mg</i> (Revonto)	Tier 1	

VISCOSUPPLEMENTS - DRUGS TO TREAT JOINT CONDITIONS

DUROLANE INJ 60MG/3ML (<i>sodium hyaluronate (viscosupplement)</i>)	Tier 2	PA
EUFLEXXA INJ 10MG/ML (<i>sodium hyaluronate (viscosupplement)</i>)	Tier 2	PA
GELSYN-3 INJ 16.8/2ML (<i>sodium hyaluronate (viscosupplement)</i>)	Tier 2	PA
SUPARTZ FX INJ 25/2.5ML (<i>sodium hyaluronate (viscosupplement)</i>)	Tier 2	PA

NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE

NASAL AGENT COMBINATIONS

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	Tier 1	
---	--------	--

NASAL ANTIALLERGY

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Tier 1	
<i>olopatadine hcl nasal soln 0.6%</i>	Tier 1	

NASAL ANTICHOLINERGICS

<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

183

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Tier 1	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	Tier 1	
SYMPATHOMIMETIC DECONGESTANTS		
<i>epinephrine hcl nasal soln 0.1%</i>	Tier 1	
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES		
ALS AGENTS		
<i>riluzole tab 50 mg</i>	Tier 1	
DEPOLARIZING MUSCLE RELAXANTS		
<i>succinylcholine chloride inj 20 mg/ml</i>	Tier 1	
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
DYSPOIN INJ 300UNIT (<i>abobotulinumtoxinA</i>)	Tier 2	PA
DYSPOIN INJ 500UNIT (<i>abobotulinumtoxinA</i>)	Tier 2	PA
XEOMIN INJ 50 UNIT (<i>incobotulinumtoxinA</i>)	Tier 2	PA
XEOMIN INJ 100UNIT (<i>incobotulinumtoxinA</i>)	Tier 2	PA
XEOMIN INJ 200UNIT (<i>incobotulinumtoxinA</i>)	Tier 2	PA
NONDEPOLARIZING MUSCLE RELAXANTS		
<i>atracurium besylate iv soln 100 mg/10ml</i>	Tier 1	
<i>atracurium besylate preservative free (pf) iv soln 50 mg/5ml</i>	Tier 1	
<i>cisatracurium besylate (pf) iv soln 10 mg/5ml (2 mg/ml)</i>	Tier 1	
<i>cisatracurium besylate (pf) iv soln 200 mg/20ml (10 mg/ml)</i>	Tier 1	
<i>cisatracurium besylate iv soln 20 mg/10ml (2 mg/ml)</i>	Tier 1	
<i>rocuronium bromide iv soln 50 mg/5ml (10 mg/ml)</i>	Tier 1	
<i>rocuronium bromide iv soln 100 mg/10ml (10 mg/ml)</i>	Tier 1	
<i>vecuronium bromide for inj 10 mg</i>	Tier 1	
<i>vecuronium bromide for inj 20 mg</i>	Tier 1	
NUTRIENTS - DRUGS FOR NUTRITION		
CARBOHYDRATES		
<i>dextrose inj 5%</i>	Tier 1	
<i>dextrose inj 10%</i>	Tier 1	
<i>dextrose inj 25%</i>	Tier 1	
<i>dextrose inj 50%</i>	Tier 1	
<i>dextrose inj 70%</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

PROTEINS

<i>amino acid infusion 15%</i> (Aminosyn li)	Tier 1
<i>amino acid infusion 15%</i> (Clinisol Sf 15%)	Tier 1
<i>amino acid infusion 15%</i> (Plenammine)	Tier 1
<i>amino acids cap</i> (Aminoam Rms)	Tier 1
<i>amino acids cap</i> (Aminorelief Rms)	Tier 1

OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS

BETA-BLOCKERS - OPTHALMIC

<i>betaxolol hcl ophth soln 0.5%</i>	Tier 1
BETOPTIC-S SUS 0.25% OP (<i>betaxolol hcl (ophth)</i>)	Tier 2
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Tier 1
<i>carteolol hcl ophth soln 1%</i>	Tier 1
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	Tier 1
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	Tier 1
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1
<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 1
<i>timolol maleate ophth gel forming soln 0.25%</i>	Tier 1
<i>timolol maleate ophth soln 0.5%</i>	Tier 1
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	Tier 1
<i>timolol maleate ophth soln 0.25%</i>	Tier 1
<i>timolol maleate preservative free ophth soln 0.5%</i> (Timolol Maleate)	Tier 1
<i>timolol maleate preservative free ophth soln 0.25%</i>	Tier 1

CYCLOPLEGIC MYDRIATICS

<i>atropine sulfate ophth soln 1%</i>	Tier 1
<i>cyclopentolate hcl ophth soln 1%</i>	Tier 1
<i>phenylephrine hcl ophth soln 2.5%</i>	Tier 1
<i>phenylephrine hcl ophth soln 2.5%</i> (Altafrin)	Tier 1
<i>phenylephrine hcl ophth soln 10%</i>	Tier 1
<i>phenylephrine hcl ophth soln 10%</i> (Altafrin)	Tier 1
<i>tropicamide ophth soln 0.5%</i>	Tier 1
<i>tropicamide ophth soln 1%</i>	Tier 1

MIOTICS

<i>pilocarpine hcl ophth soln 1%</i>	Tier 1
<i>pilocarpine hcl ophth soln 2%</i>	Tier 1
<i>pilocarpine hcl ophth soln 4%</i>	Tier 1

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 185

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BYOOVIZ INJ 0.5MG (<i>ranibizumab-nuna</i>)	Tier 2	PA
CIMERLI INJ 0.3MG (<i>ranibizumab-eqrn</i>)	Tier 2	PA
CIMERLI INJ 0.5MG (<i>ranibizumab-eqrn</i>)	Tier 2	PA
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1% (<i>brimonidine tartrate</i>)	Tier 2	
ALPHAGAN P SOL 0.15% (<i>brimonidine tartrate</i>)	Tier 2	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.1%</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 1	
SIMBRINZA SUS 1-0.2% (<i>brinzolamide-brimonidine tartrate</i>)	Tier 2	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint (Polycin)</i>	Tier 1	
BESIVANCE SUS 0.6% (<i>besifloxacin hcl</i>)	Tier 2	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	
<i>levofloxacin ophth soln 1.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (Neo-polycin)</i>	Tier 1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
OCUFLOX DRO 0.3% OP (<i>ofloxacin (ophth)</i>)	Tier 3	
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
<i>sulfacetamide sodium ophth oint 10%</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 186

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	
<i>tobramycin ophth soln 0.3%</i>	Tier 1	
TOBREX OIN 0.3% OP (<i>tobramycin (ophth)</i>)	Tier 3	
<i>trifluridine ophth soln 1%</i>	Tier 1	
VIGAMOX DRO 0.5% (<i>moxifloxacin hcl (ophth)</i>)	Tier 3	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP (<i>cyclosporine (ophth)</i>)	Tier 1	
RESTASIS MUL EMU 0.05% OP (<i>cyclosporine (ophth)</i>)	Tier 2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5% (<i>lifitegrast</i>)	Tier 2	
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
<i>tetracaine hcl ophth soln 0.5%</i>	Tier 1	
<i>tetracaine hcl ophth soln 0.5%</i> (Altacaine)	Tier 1	
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> (Neo-polycin Hc)	Tier 1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Tier 1	
<i>difluprednate ophth emulsion 0.05%</i>	Tier 1	
<i>fluorometholone ophth susp 0.1%</i>	Tier 1	
<i>loteprednol etabonate ophth gel 0.5%</i>	Tier 1	
<i>loteprednol etabonate ophth susp 0.2%</i>	Tier 1	
<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 1	
MAXITROL OIN 0.1% OP (<i>neomycin-polymy-dexameth</i>)	Tier 3	
MAXITROL SUS 0.1% OP (<i>neomycin-polymy-dexameth</i>)	Tier 3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 1	
PRED SOD PHO SOL 1% OP	Tier 3	
<i>prednisolone acetate ophth susp 1%</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
<i>TOBRADEX OIN 0.3-0.1% (tobramycin-dexamethasone)</i>	Tier 2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	
OPHTHALMICS - MISC.		
<i>ACULAR LS SOL 0.4% (ketorolac tromethamine (ophth))</i>	Tier 3	
<i>ACULAR SOL 0.5% OP (ketorolac tromethamine (ophth))</i>	Tier 3	
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	
<i>bepotastine besilate ophth soln 1.5%</i>	Tier 1	
<i>brinzolamide ophth susp 1%</i>	Tier 1	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	Tier 1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Tier 1	
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	Tier 1	
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	
<i>epinastine hcl ophth soln 0.05%</i>	Tier 1	
<i>fluorescein sodium iv soln 10%</i>	Tier 1	
<i>fluorescein sodium iv soln 10% (Ak-fluor)</i>	Tier 1	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	Tier 1	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4% (Altafluor Benox)</i>	Tier 1	
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i>	Tier 1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
<i>ILEVRO DRO 0.3% OP (nepafenac)</i>	Tier 2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 1	
<i>PROLENSA SOL 0.07% (bromfenac sodium (ophth))</i>	Tier 2	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	Tier 1	
<i>latanoprost ophth soln 0.005%</i>	Tier 1	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	Tier 1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Tier 1	
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	Tier 1	
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 1	
<i>ofloxacin otic soln 0.3%</i>	Tier 1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
OTIC STEROIDS		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1	
<i>fluocinolone acetonide (otic) oil 0.01% (Flac)</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
OXYTOCICS - DRUGS FOR PREGNANCY		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
<i>carboprost tromethamine im soln 250 mcg/ml</i>	Tier 1	
OXYTOCICS - DRUGS FOR PREGNANCY		
<i>methylergonovine maleate inj 0.2 mg/ml</i>	Tier 1	
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 1	
<i>methylergonovine maleate tab 0.2 mg (Methergine)</i>	Tier 1	
<i>oxytocin inj 10 unit/ml</i>	Tier 1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS		
IMMUNE SERUMS		
<i>CUTAQUIG SOL 1.65GM (immune globulin (human)-hipp)</i>	Tier 2	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CUTAQUIG SOL 1GM (<i>immune globulin (human)-hipp</i>)	Tier 2	PA
CUTAQUIG SOL 2GM (<i>immune globulin (human)-hipp</i>)	Tier 2	PA
CUTAQUIG SOL 3.3GM (<i>immune globulin (human)-hipp</i>)	Tier 2	PA
CUTAQUIG SOL 4GM (<i>immune globulin (human)-hipp</i>)	Tier 2	PA
CUTAQUIG SOL 8GM (<i>immune globulin (human)-hipp</i>)	Tier 2	PA

PENICILLINS - DRUGS TO TREAT INFECTIONS

AMINOPENICILLINS

<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 1
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1
AMOXICILLIN SUS 400/5ML	Tier 3
<i>ampicillin cap 500 mg</i>	Tier 1
<i>ampicillin sodium for inj 1 gm</i>	Tier 1
<i>ampicillin sodium for inj 2 gm</i>	Tier 1
<i>ampicillin sodium for inj 125 mg</i>	Tier 1
<i>ampicillin sodium for inj 250 mg</i>	Tier 1
<i>ampicillin sodium for inj 500 mg</i>	Tier 1
<i>ampicillin sodium for iv soln 1 gm</i>	Tier 1
<i>ampicillin sodium for iv soln 2 gm</i>	Tier 1
<i>ampicillin sodium for iv soln 10 gm</i>	Tier 1

NATURAL PENICILLINS

<i>penicillin g potassium for inj 5000000 unit</i>	Tier 1
<i>penicillin g potassium for inj 5000000 unit</i> (Pfizerpen)	Tier 1
<i>penicillin g potassium for inj 20000000 unit</i>	Tier 1
<i>penicillin g potassium for inj 20000000 unit</i> (Pfizerpen)	Tier 1
<i>penicillin g sodium for inj 5000000 unit</i>	Tier 1
<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 190

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1	
<i>penicillin v potassium tab 250 mg</i>	Tier 1	
<i>penicillin v potassium tab 500 mg</i>	Tier 1	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	Tier 1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	Tier 1	
AUGMENTIN SUS 125/5ML (<i>amoxicillin & pot clavulanate</i>)	Tier 3	
AUGMENTIN SUS ES-600 (<i>amoxicillin & pot clavulanate</i>)	Tier 3	
AUGMENTIN TAB 500MG (<i>amoxicillin & pot clavulanate</i>)	Tier 3	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 1	

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	
<i>nafcillin sodium for inj 1 gm</i>	Tier 1	
<i>nafcillin sodium for inj 2 gm</i>	Tier 1	
<i>nafcillin sodium for iv soln 10 gm</i>	Tier 1	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	Tier 1	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	Tier 1	
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	Tier 1	

PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING

LIQUID VEHICLES

<i>bacteriostatic sodium chloride inj soln 0.9%</i>	Tier 1	
<i>glycine diluent for injection</i>	Tier 1	
<i>water for injection</i>	Tier 1	

SEMI SOLID VEHICLES

<i>white petrolatum topical gel</i>	Tier 1	
<i>white petrolatum topical gel (Vaseline)</i>	Tier 1	

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	
<i>megestrol acetate susp 625 mg/5ml</i>	Tier 1	
<i>norethindrone acetate tab 5 mg</i>	Tier 1	
<i>progesterone cap 100 mg</i>	Tier 1	
<i>progesterone cap 200 mg</i>	Tier 1	
<i>progesterone im in oil 50 mg/ml</i>	Tier 1	
PROVERA TAB 2.5MG (<i>medroxyprogesterone acetate</i>)	Tier 3	
PROVERA TAB 5MG (<i>medroxyprogesterone acetate</i>)	Tier 3	
PROVERA TAB 10MG (<i>medroxyprogesterone acetate</i>)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

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

AGENTS FOR CHEMICAL DEPENDENCY

acamprosate calcium tab delayed release 333 mg	Tier 1
disulfiram tab 250 mg	Tier 1

ANTI-CATAPLECTIC AGENTS

LUMRYZ PAK 6GM (sodium oxybate)	Tier 2	PA, QL (1 packet every 1 day)
LUMRYZ PAK 7.5GM (sodium oxybate)	Tier 2	PA, QL (1 packet every 1 day)
LUMRYZ PAK 9GM (sodium oxybate)	Tier 2	PA, QL (1 packet every 1 day)
LUMRYZ PKG 4.5GM (sodium oxybate)	Tier 2	PA, QL (1 packet every 1 day)
XYWAV SOL 0.5GM/ML (calcium, magnesium, potassium, & sodium oxybates)	Tier 2	PA, QL (18 mL every 1 day)

ANTIDEMENTIA AGENTS - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS

ARICEPT TAB 5MG (donepezil hydrochloride)	Tier 3
ARICEPT TAB 10MG (donepezil hydrochloride)	Tier 3
ARICEPT TAB 23MG (donepezil hydrochloride)	Tier 3
donepezil hydrochloride orally disintegrating tab 5 mg	Tier 1
donepezil hydrochloride orally disintegrating tab 10 mg	Tier 1
donepezil hydrochloride tab 5 mg	Tier 1
donepezil hydrochloride tab 10 mg	Tier 1
donepezil hydrochloride tab 23 mg	Tier 1
EXELON DIS 4.6MG/24 (rivastigmine)	Tier 3
EXELON DIS 9.5MG/24 (rivastigmine)	Tier 3
EXELON DIS 13.3/24 (rivastigmine)	Tier 3
galantamine hydrobromide cap er 24hr 8 mg	Tier 1
galantamine hydrobromide cap er 24hr 16 mg	Tier 1
galantamine hydrobromide cap er 24hr 24 mg	Tier 1
galantamine hydrobromide oral soln 4 mg/ml	Tier 1
galantamine hydrobromide tab 4 mg	Tier 1
galantamine hydrobromide tab 8 mg	Tier 1
galantamine hydrobromide tab 12 mg	Tier 1
memantine hcl cap er 24hr 7 mg	Tier 1
memantine hcl cap er 24hr 14 mg	Tier 1

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
 Authorization **QL** - Quantity Limits

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

<i>memantine hcl cap er 24hr 21 mg</i>	Tier 1	
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 1	
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	
<i>memantine hcl tab 5 mg</i>	Tier 1	
<i>memantine hcl tab 10 mg</i>	Tier 1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	Tier 1	
NAMZARIC CAP (<i>memantine hcl-donepezil hcl</i>)	Tier 2	
NAMZARIC CAP 7-10MG (<i>memantine hcl-donepezil hcl</i>)	Tier 2	
NAMZARIC CAP 14-10MG (<i>memantine hcl-donepezil hcl</i>)	Tier 2	
NAMZARIC CAP 21-10MG (<i>memantine hcl-donepezil hcl</i>)	Tier 2	
NAMZARIC CAP 28-10MG (<i>memantine hcl-donepezil hcl</i>)	Tier 2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 1	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Tier 1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Tier 1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	Tier 1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	Tier 1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	Tier 1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	Tier 1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	Tier 1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Tier 1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Tier 1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Tier 1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Tier 1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME

DRUG TIER COVERAGE REQUIREMENTS AND LIMITS

MOVEMENT DISORDER DRUG THERAPY

AUSTEDO TAB 6MG (<i>deutetrabenazine</i>)	Tier 2	PA, QL (2 tabs every 1 day)
AUSTEDO TAB 9MG (<i>deutetrabenazine</i>)	Tier 2	PA, QL (4 tabs every 1 day)
AUSTEDO TAB 12MG (<i>deutetrabenazine</i>)	Tier 2	PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 6MG (<i>deutetrabenazine</i>)	Tier 2	PA, QL (3 tabs every 1 day)
AUSTEDO XR TAB 12MG (<i>deutetrabenazine</i>)	Tier 2	PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 24MG (<i>deutetrabenazine</i>)	Tier 2	PA, QL (2 tabs every 1 day)
AUSTEDO XR TAB TITR KIT (<i>deutetrabenazine</i>)	Tier 2	PA, QL (42 tabs every 28 days)
INGREZZA CAP 40-80MG (<i>valbenazine tosylate</i>)	Tier 2	PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG (<i>valbenazine tosylate</i>)	Tier 2	PA, QL (1 cap every 1 day)
INGREZZA CAP 60MG (<i>valbenazine tosylate</i>)	Tier 2	PA, QL (1 cap every 1 day)
INGREZZA CAP 80MG (<i>valbenazine tosylate</i>)	Tier 2	PA, QL (1 cap every 1 day)
<i>tetrabenazine tab 12.5 mg</i>	Tier 1	PA, QL (4 tabs every 1 day)
<i>tetrabenazine tab 25 mg</i>	Tier 1	PA, QL (2 tabs every 1 day)

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

AVONEX PEN KIT 30MCG (<i>interferon beta-1a</i>)	Tier 2	PA, QL (4 injections every 28 days)
AVONEX PREFL KIT 30MCG (<i>interferon beta-1a</i>)	Tier 2	PA, QL (4 injections every 28 days)
BETASERON INJ 0.3MG (<i>interferon beta-1b</i>)	Tier 2	PA, QL (15 injections every 30 days)
COPAXONE INJ 40MG/ML (<i>glatiramer acetate</i>)	Tier 2	PA, QL (12 injections every 28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 1	PA, QL (2 tabs every 1 day)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Tier 1	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Tier 1	PA, QL (2 caps every 1 day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	Tier 1	PA, QL (2 caps every 1 day)
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	Tier 1	PA, QL (1 cap every 1 day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	Tier 1	PA, QL (1 injection every 1 day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)</i>	Tier 1	PA, QL (1 injection every 1 day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 1	PA, QL (12 injections every 28 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)</i>	Tier 1	PA, QL (12 injections every 28 days)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 195

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KESIMPTA INJ 20/.4ML (<i>ofatumumab (ms)</i>)	Tier 2	PA, QL (1 pen every 28 days)
MAYZENT PAK STARTER (<i>siponimod fumarate</i>)	Tier 2	PA, QL (12 tabs every 5 days)
MAYZENT PAK STARTER (<i>siponimod fumarate</i>)	Tier 2	PA, QL (7 tabs every 4 days)
MAYZENT TAB 0.25MG (<i>siponimod fumarate</i>)	Tier 2	PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG (<i>siponimod fumarate</i>)	Tier 2	PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG (<i>siponimod fumarate</i>)	Tier 2	PA, QL (1 tab every 1 day)
OCREVUS INJ 300/10ML (<i>ocrelizumab</i>)	Tier 2	PA, QL (2 vials every 24 weeks)
REBIF INJ 22/0.5 (<i>interferon beta-1a</i>)	Tier 2	PA, QL (6 mL every 28 days)
REBIF INJ 44/0.5 (<i>interferon beta-1a</i>)	Tier 2	PA, QL (6 mL every 28 days)
REBIF REBIDO INJ 22/0.5 (<i>interferon beta-1a</i>)	Tier 2	PA, QL (6 mL every 28 days)
REBIF REBIDO INJ 44/0.5 (<i>interferon beta-1a</i>)	Tier 2	PA, QL (6 mL every 28 days)
REBIF REBIDO INJ TITRATN (<i>interferon beta-1a</i>)	Tier 2	PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK (<i>interferon beta-1a</i>)	Tier 2	PA, QL (12 syringes every 28 days)
<i>teriflunomide tab 7 mg</i>	Tier 1	PA, QL (1 tab every 1 day)
<i>teriflunomide tab 14 mg</i>	Tier 1	PA, QL (1 tab every 1 day)
TYSABRI INJ 300/15ML (<i>natalizumab</i>)	Tier 2	PA, QL (15 mL every 28 days)
VUMERITY CAP 231MG (<i>diroximel fumarate</i>)	Tier 2	PA, QL (4 caps every 1 day)
ZEPOSIA 7DAY CAP STR PACK (<i>ozanimod hcl</i>)	Tier 2	PA, QL (7 caps every 7 days)
ZEPOSIA CAP .92MG (<i>ozanimod hcl</i>)	Tier 2	PA, QL (1 cap every 1 day)
ZEPOSIA CAP STR KIT (<i>ozanimod hcl</i>)	Tier 2	PA, QL (28 caps every 28 days)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>gabapentin (once-daily) tab 300 mg</i>	Tier 1	
<i>gabapentin (once-daily) tab 600 mg</i>	Tier 1	
GRALISE TAB 300MG (<i>gabapentin (once-daily)</i>)	Tier 2	
GRALISE TAB 450MG (<i>gabapentin (once-daily)</i>)	Tier 2	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GRALISE TAB 600MG (<i>gabapentin (once-daily)</i>)	Tier 2	
GRALISE TAB 750MG (<i>gabapentin (once-daily)</i>)	Tier 2	
GRALISE TAB 900MG (<i>gabapentin (once-daily)</i>)	Tier 2	
<i>pregabalin tab er 24hr 82.5 mg</i>	Tier 1	
<i>pregabalin tab er 24hr 165 mg</i>	Tier 1	
<i>pregabalin tab er 24hr 330 mg</i>	Tier 1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
<i>ergoloid mesylates tab 1 mg</i>	Tier 1	
<i>pimozide tab 1 mg</i>	Tier 1	
<i>pimozide tab 2 mg</i>	Tier 1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 1	ACA
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	Tier 1	ACA
<i>varenicline tartrate tab 1 mg (base equiv)</i>	Tier 1	ACA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	Tier 1	ACA
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5 (<i>inotersen sodium</i>)	Tier 2	PA, QL (4 syringes every 28 days)
RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
PROLASTIN-C INJ 1000MG (<i>alpha1-proteinase inhibitor (human)</i>)	Tier 2	PA
ZEMAIRA INJ 1000MG (<i>alpha1-proteinase inhibitor (human)</i>)	Tier 2	PA
ZEMAIRA INJ 4000MG (<i>alpha1-proteinase inhibitor (human)</i>)	Tier 2	PA
ZEMAIRA INJ 5000MG (<i>alpha1-proteinase inhibitor (human)</i>)	Tier 2	PA
CYSTIC FIBROSIS AGENTS		
PULMOZYME SOL 1MG/ML (<i>dornase alfa</i>)	Tier 3	PA, QL (5 mL every 1 day)
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG (<i>nintedanib esylate</i>)	Tier 2	PA, QL (2 caps every 1 day)
OFEV CAP 150MG (<i>nintedanib esylate</i>)	Tier 2	PA, QL (2 caps every 1 day)
<i>pirfenidone cap 267 mg</i>	Tier 1	PA, QL (9 caps every 1 day)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 197

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pirfenidone tab 267 mg</i>	Tier 1	PA, QL (9 tabs every 1 day)
<i>pirfenidone tab 801 mg</i>	Tier 1	PA, QL (3 tabs every 1 day)

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

GLYCYLCYCLINES

<i>tigecycline for iv soln 50 mg</i>	Tier 1	
--------------------------------------	--------	--

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>demeclocycline hcl tab 150 mg</i>	Tier 1	
<i>demeclocycline hcl tab 300 mg</i>	Tier 1	
<i>doxycycline hyclate cap 50 mg</i>	Tier 1	
<i>doxycycline hyclate cap 100 mg</i>	Tier 1	
<i>doxycycline hyclate for inj 100 mg</i>	Tier 1	
<i>doxycycline hyclate for inj 100 mg (Doxy 100)</i>	Tier 1	
<i>doxycycline hyclate tab 20 mg</i>	Tier 1	
<i>doxycycline hyclate tab 100 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 100 mg (Mondoxyne NI)</i>	Tier 1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	Tier 1	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 75 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 100 mg (Avidoxy)</i>	Tier 1	
<i>doxycycline monohydrate tab 150 mg</i>	Tier 1	
<i>minocycline hcl cap 50 mg</i>	Tier 1	
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>minocycline hcl tab 50 mg</i>	Tier 1	
<i>minocycline hcl tab 75 mg</i>	Tier 1	
<i>minocycline hcl tab 100 mg</i>	Tier 1	
<i>tetracycline hcl cap 250 mg</i>	Tier 1	
<i>tetracycline hcl cap 500 mg</i>	Tier 1	
<i>VIBRAMYCIN CAP 100MG (doxycycline hyclate)</i>	Tier 3	
<i>VIBRAMYCIN SUS 25MG/5ML (doxycycline monohydrate)</i>	Tier 3	

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	Tier 1	
-----------------------------	--------	--

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 198

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

<i>methimazole tab 10 mg</i>	Tier 1	
<i>propylthiouracil tab 50 mg</i>	Tier 1	

THYROID HORMONES

<i>levothyroxine sodium for iv inj 100 mcg</i>	Tier 1	
<i>levothyroxine sodium for iv inj 200 mcg</i>	Tier 1	
<i>levothyroxine sodium for iv inj 500 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 25 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 25 mcg</i> (Euthyrox)	Tier 1	
<i>levothyroxine sodium tab 25 mcg</i> (Levo-t)	Tier 1	
<i>levothyroxine sodium tab 25 mcg</i> (Levoxyl)	Tier 1	
<i>levothyroxine sodium tab 25 mcg</i> (Unithroid)	Tier 1	
<i>levothyroxine sodium tab 50 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 50 mcg</i> (Euthyrox)	Tier 1	
<i>levothyroxine sodium tab 50 mcg</i> (Levo-t)	Tier 1	
<i>levothyroxine sodium tab 50 mcg</i> (Levoxyl)	Tier 1	
<i>levothyroxine sodium tab 50 mcg</i> (Unithroid)	Tier 1	
<i>levothyroxine sodium tab 75 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 75 mcg</i> (Euthyrox)	Tier 1	
<i>levothyroxine sodium tab 75 mcg</i> (Levo-t)	Tier 1	
<i>levothyroxine sodium tab 75 mcg</i> (Levoxyl)	Tier 1	
<i>levothyroxine sodium tab 75 mcg</i> (Unithroid)	Tier 1	
<i>levothyroxine sodium tab 88 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 88 mcg</i> (Euthyrox)	Tier 1	
<i>levothyroxine sodium tab 88 mcg</i> (Levo-t)	Tier 1	
<i>levothyroxine sodium tab 88 mcg</i> (Levoxyl)	Tier 1	
<i>levothyroxine sodium tab 88 mcg</i> (Unithroid)	Tier 1	
<i>levothyroxine sodium tab 100 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 100 mcg</i> (Euthyrox)	Tier 1	
<i>levothyroxine sodium tab 100 mcg</i> (Levo-t)	Tier 1	
<i>levothyroxine sodium tab 100 mcg</i> (Levoxyl)	Tier 1	
<i>levothyroxine sodium tab 100 mcg</i> (Unithroid)	Tier 1	
<i>levothyroxine sodium tab 112 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 112 mcg</i> (Euthyrox)	Tier 1	
<i>levothyroxine sodium tab 112 mcg</i> (Levo-t)	Tier 1	
<i>levothyroxine sodium tab 112 mcg</i> (Levoxyl)	Tier 1	
<i>levothyroxine sodium tab 112 mcg</i> (Unithroid)	Tier 1	
<i>levothyroxine sodium tab 125 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 125 mcg</i> (Euthyrox)	Tier 1	
<i>levothyroxine sodium tab 125 mcg</i> (Levo-t)	Tier 1	
<i>levothyroxine sodium tab 125 mcg</i> (Levoxyl)	Tier 1	
<i>levothyroxine sodium tab 125 mcg</i> (Unithroid)	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 199

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levothyroxine sodium tab 137 mcg	Tier 1	
levothyroxine sodium tab 137 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 137 mcg (Levo-t)	Tier 1	
levothyroxine sodium tab 137 mcg (Levoxyl)	Tier 1	
levothyroxine sodium tab 137 mcg (Unithroid)	Tier 1	
levothyroxine sodium tab 150 mcg	Tier 1	
levothyroxine sodium tab 150 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 150 mcg (Levo-t)	Tier 1	
levothyroxine sodium tab 150 mcg (Levoxyl)	Tier 1	
levothyroxine sodium tab 150 mcg (Unithroid)	Tier 1	
levothyroxine sodium tab 175 mcg	Tier 1	
levothyroxine sodium tab 175 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 175 mcg (Levo-t)	Tier 1	
levothyroxine sodium tab 175 mcg (Levoxyl)	Tier 1	
levothyroxine sodium tab 175 mcg (Unithroid)	Tier 1	
levothyroxine sodium tab 200 mcg	Tier 1	
levothyroxine sodium tab 200 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 200 mcg (Levo-t)	Tier 1	
levothyroxine sodium tab 200 mcg (Levoxyl)	Tier 1	
levothyroxine sodium tab 200 mcg (Unithroid)	Tier 1	
levothyroxine sodium tab 300 mcg	Tier 1	
levothyroxine sodium tab 300 mcg (Levo-t)	Tier 1	
levothyroxine sodium tab 300 mcg (Unithroid)	Tier 1	
liothyronine sodium iv soln 10 mcg/ml	Tier 1	
liothyronine sodium tab 5 mcg	Tier 1	
liothyronine sodium tab 25 mcg	Tier 1	
liothyronine sodium tab 50 mcg	Tier 1	
SYNTHROID TAB 25MCG (levothyroxine sodium)	Tier 2	
SYNTHROID TAB 50MCG (levothyroxine sodium)	Tier 2	
SYNTHROID TAB 75MCG (levothyroxine sodium)	Tier 2	
SYNTHROID TAB 88MCG (levothyroxine sodium)	Tier 2	
SYNTHROID TAB 100MCG (levothyroxine sodium)	Tier 2	
SYNTHROID TAB 112MCG (levothyroxine sodium)	Tier 2	
SYNTHROID TAB 125MCG (levothyroxine sodium)	Tier 2	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **200**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYNTHROID TAB 137MCG (<i>levothyroxine sodium</i>)	Tier 2	
SYNTHROID TAB 150MCG (<i>levothyroxine sodium</i>)	Tier 2	
SYNTHROID TAB 175MCG (<i>levothyroxine sodium</i>)	Tier 2	
SYNTHROID TAB 200MCG (<i>levothyroxine sodium</i>)	Tier 2	
SYNTHROID TAB 300MCG (<i>levothyroxine sodium</i>)	Tier 2	

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

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

<i>atropine sulfate inj 8 mg/20ml (0.4 mg/ml)</i>	Tier 1	
<i>atropine sulfate iv soln 0.4 mg/ml</i>	Tier 1	
<i>atropine sulfate iv soln 1 mg/ml</i>	Tier 1	
<i>atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)</i>	Tier 1	
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	Tier 1	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	Tier 1	
<i>dicyclomine hcl cap 10 mg</i>	Tier 1	
<i>dicyclomine hcl inj 10 mg/ml</i>	Tier 1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	
<i>glycopyrrolate inj 0.2 mg/ml</i>	Tier 1	
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml</i>	Tier 1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	Tier 1	
<i>glycopyrrolate tab 1 mg</i>	Tier 1	
<i>glycopyrrolate tab 2 mg</i>	Tier 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	Tier 1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sl tab 0.125 mg (Oscimin)</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

201

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

<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate tab 0.125 mg (Oscimin)</i>	Tier 1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate tab disint 0.125 mg (Nulev)</i>	Tier 1	
LEVSIN TAB 0.125MG (<i>hyoscyamine sulfate</i>)	Tier 3	
LEVSIN/SL SUB 0.125MG (<i>hyoscyamine sulfate</i>)	Tier 3	
<i>methscopolamine bromide tab 2.5 mg</i>	Tier 1	
<i>methscopolamine bromide tab 5 mg</i>	Tier 1	

H-2 ANTAGONISTS

<i>cimetidine tab 200 mg</i>	Tier 1	
<i>cimetidine tab 300 mg</i>	Tier 1	
<i>cimetidine tab 400 mg</i>	Tier 1	
<i>cimetidine tab 800 mg</i>	Tier 1	
<i>famotidine for susp 40 mg/5ml</i>	Tier 1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 1	
<i>famotidine inj 40 mg/4ml</i>	Tier 1	
<i>famotidine inj 200 mg/20ml</i>	Tier 1	
<i>famotidine preservative free inj 20 mg/2ml</i>	Tier 1	
<i>famotidine tab 20 mg</i>	Tier 1	
<i>famotidine tab 40 mg</i>	Tier 1	
<i>nizatidine cap 150 mg</i>	Tier 1	
<i>nizatidine cap 300 mg</i>	Tier 1	
PEPCID TAB 20MG (<i>famotidine</i>)	Tier 3	
PEPCID TAB 40MG (<i>famotidine</i>)	Tier 3	

MISC. ANTI-ULCER

<i>sucralfate tab 1 gm</i>	Tier 1	
----------------------------	--------	--

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Tier 1	
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	Tier 1	
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	Tier 1	
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	Tier 1	
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

202

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	Tier 1	
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	
<i>lansoprazole cap delayed release 30 mg</i>	Tier 1	
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	Tier 1	
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 1	
ULCER DRUGS - PROSTAGLANDINS		
<i>CYTOTEC TAB 100MCG (misoprostol)</i>	Tier 3	
<i>CYTOTEC TAB 200MCG (misoprostol)</i>	Tier 3	
<i>misoprostol tab 100 mcg</i>	Tier 1	
<i>misoprostol tab 200 mcg</i>	Tier 1	
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg</i>	Tier 1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	Tier 1	
<i>TALICIA CAP (amoxicillin-rifabutin-omeprazole)</i>	Tier 2	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 1	
<i>DETROL TAB 1MG (tolterodine tartrate)</i>	Tier 3	
<i>DETROL TAB 2MG (tolterodine tartrate)</i>	Tier 3	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	Tier 1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	Tier 1	
<i>oxybutynin chloride solution 5 mg/5ml</i>	Tier 1	
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

203

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>solifenacin succinate tab 5 mg</i>	Tier 1	
<i>solifenacin succinate tab 10 mg</i>	Tier 1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	Tier 1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	Tier 1	
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	
<i>tropium chloride cap er 24hr 60 mg</i>	Tier 1	
<i>tropium chloride tab 20 mg</i>	Tier 1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
<i>GEMTESA TAB 75MG (vibegron)</i>	Tier 2	
<i>mirabegron tab er 24 hr 25 mg</i>	Tier 1	
<i>mirabegron tab er 24 hr 50 mg</i>	Tier 1	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	Tier 1	
<i>bethanechol chloride tab 10 mg</i>	Tier 1	
<i>bethanechol chloride tab 25 mg</i>	Tier 1	
<i>bethanechol chloride tab 50 mg</i>	Tier 1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	Tier 1	
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS		
VAGINAL ANTI-INFECTIVES		
<i>CLEOCIN CRE 2% VAG (clindamycin phosphate vaginal)</i>	Tier 3	
<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	
<i>miconazole nitrate vaginal suppos 200 mg (Miconazole 3)</i>	Tier 1	
<i>terconazole vaginal cream 0.4%</i>	Tier 1	
<i>terconazole vaginal cream 0.8%</i>	Tier 1	
<i>terconazole vaginal suppos 80 mg</i>	Tier 1	
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	
<i>IMVEXXY MAIN SUP 4MCG (estradiol vaginal)</i>	Tier 2	
<i>IMVEXXY MAIN SUP 10MCG (estradiol vaginal)</i>	Tier 2	
<i>IMVEXXY STRT SUP 4MCG (estradiol vaginal)</i>	Tier 2	
<i>IMVEXXY STRT SUP 10MCG (estradiol vaginal)</i>	Tier 2	
<i>VAGIFEM TAB 10MCG (estradiol vaginal)</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

204

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG (<i>progesterone (vaginal)</i>)	Tier 2	
CRINONE GEL 8% VAG (<i>progesterone (vaginal)</i>)	Tier 2	
ENDOMETRIN SUP 100MG (<i>progesterone (vaginal)</i>)	Tier 2	
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR ACUTE ALLERGIC REACTION		
AUVI-Q INJ 0.1MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	
AUVI-Q INJ 0.3MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	
AUVI-Q INJ 0.15MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	
<i>epinephrine inj 1 mg/ml (1:1000)</i>	Tier 1	
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	Tier 1	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Tier 1	
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Tier 1	
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa cap 100 mg</i>	Tier 1	PA, QL (3 caps every 1 day)
<i>droxidopa cap 200 mg</i>	Tier 1	PA, QL (6 caps every 1 day)
<i>droxidopa cap 300 mg</i>	Tier 1	PA, QL (6 caps every 1 day)
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
<i>ephedrine sulfate iv soln 50 mg/ml</i>	Tier 1	
<i>midodrine hcl tab 2.5 mg</i>	Tier 1	
<i>midodrine hcl tab 5 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	
<i>norepinephrine bitartrate iv soln 1 mg/ml (base equivalent)</i>	Tier 1	
<i>phenylephrine hcl iv soln 10 mg/ml</i>	Tier 1	
VITAMINS - DRUGS FOR NUTRITION		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	Tier 1	
<i>phytonadione inj 10 mg/ml</i>	Tier 1	
<i>phytonadione tab 5 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

205

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WATER SOLUBLE VITAMINS		
<i>pyridoxine hcl inj 100 mg/ml</i>	Tier 1	
<i>thiamine hcl inj 100 mg/ml</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

Index

A	
abacavir-dolutegravir-lamivudine	
see TRIUMEQ PD TAB.....	102
see TRIUMEQ TAB.....	103
abacavir sulfate-lamivudine tab 600-300 mg	101
abacavir sulfate soln 20 mg/ml (base equiv)	100
abacavir sulfate tab 300 mg (base equiv)	100
abaloparatide	
see TYMLOS INJ.....	142
ABILIFY MAIN INJ 300MG.....	100
ABILIFY MAIN INJ 400MG.....	100
abiraterone acetate micronized	
see YONSA TAB 125MG.....	88
abiraterone acetate tab 250 mg	87
abiraterone acetate tab 500 mg	87
abobotulinumtoxinA	
see DYSPORT INJ 300UNIT.....	184
see DYSPORT INJ 500UNIT.....	184
abrocitinib	
see CIBINQO TAB 100MG.....	135
see CIBINQO TAB 200MG.....	135
see CIBINQO TAB 50MG.....	135
acalabrutinib maleate	
see CALQUENCE TAB 100MG.....	89
acamprosate calcium tab delayed release 333 mg	193
acarbose tab 100 mg	64
acarbose tab 25 mg	64
acarbose tab 50 mg	64
ACCU-CHEK KIT FASTCLIX.....	167
ACCU-CHEK KIT SOFTCLIX.....	167
ACCU-CHEK TES AVIVA PL.....	138
ACCU-CHEK TES GUIDE.....	138
ACCU-CHEK TES SMART.....	138
ACCUPRIL TAB 10MG.....	75
ACCUPRIL TAB 20MG.....	75
ACCUPRIL TAB 40MG.....	75
ACCUPRIL TAB 5MG.....	75
ACCURETIC TAB 10-12.5.....	78
ACCURETIC TAB 20-12.5.....	78
Accutane	
see isotretinoin cap 10 mg	129
see isotretinoin cap 20 mg	129
see isotretinoin cap 30 mg	130
see isotretinoin cap 40 mg	130
acebutolol hcl cap 200 mg	105
acebutolol hcl cap 400 mg	105
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	38
acetaminophen iv soln 10 mg/ml	33
acetaminophen w/ codeine soln 120-12 mg/5ml	38
acetaminophen w/ codeine tab 300-15 mg	38
acetaminophen w/ codeine tab 300-30 mg	38
acetaminophen w/ codeine tab 300-60 mg	38
acetazolamide cap er 12hr 500 mg	139
acetazolamide sodium for inj 500 mg	139
acetazolamide tab 125 mg	139
acetazolamide tab 250 mg	140
acetic acid irrigation soln 0.25%	152
acetic acid otic soln 2%	189
acetylcysteine inhal soln 10%	128
acetylcysteine inhal soln 20%	128
acetylcysteine inj 200 mg/ml	69
acitretin cap 10 mg	132
acitretin cap 17.5 mg	132
acitretin cap 25 mg	132
ACTI-LANCE MIS 28G.....	167
ACTI-LANCE MIS LITE 28G.....	167
ACTI-LANCE MIS SPEC 17G.....	167
ACTI-LANCE MIS UNIV 23G.....	167
ACTONEL TAB 150MG	141
ACTONEL TAB 35MG	141
ACTOPLUS MET TAB 15-850MG.....	64
ACULAR LS SOL 0.4%	188
ACULAR SOL 0.5% OP	188
acyclovir cap 200 mg	104
acyclovir oint 5%	133
acyclovir sodium iv soln 50 mg/ml	104
acyclovir susp 200 mg/5ml	104

acyclovir tab 400 mg	104	ADVCATE SAFE MIS LANC 26G	167
acyclovir tab 800 mg	104	ADVOCATE MIS LANC 30G	167
adagrasib		ADVOCATE MIS LANCETS.....	167
see KRAZATI TAB 200MG	90	ADYNOVATE INJ 1000UNIT.....	153
ADALIMU-ADAZ INJ 40/0.4ML	29	ADYNOVATE INJ 1500UNIT	153
adalimumab-adaz		ADYNOVATE INJ 2000UNIT	153
see HYRIMOZ-CROH INJ UC SP.....	30	ADYNOVATE INJ 250UNIT	153
see HYRIMOZ INJ 10/0.1ML	30	ADYNOVATE INJ 3000UNIT	153
see HYRIMOZ INJ 20/0.2ML.....	30	ADYNOVATE INJ 500UNIT	153
see HYRIMOZ INJ 40/0.4ML	30	ADYNOVATE INJ 750UNIT	153
see HYRIMOZ INJ 40/0.8ML	30	Afirmelle	
see HYRIMOZ INJ 80/0.8ML.....	30	see levonorgestrel & ethinyl estradiol	
see HYRIMOZ-PED INJ CROHNS	30	tab 0.1 mg-20 mcg	118
see HYRIMOZ-PLAQ INJ PSORIASI	30	AFSTYLA KIT 1000UNIT	154
see HYRIMOZ SENS INJ 80/0.8ML.....	30	AFSTYLA KIT 1500UNIT	154
adapalene-benzoyl peroxide		AFSTYLA KIT 2000UNIT.....	154
see EPIDUO FORTE GEL 0.3-2.5%	129	AFSTYLA KIT 2500UNIT.....	154
see EPIDUO GEL 0.1-2.5%	129	AFSTYLA KIT 250UNIT	153
adapalene-benzoyl peroxide gel 0.1-2.5%		AFSTYLA KIT 3000UNIT.....	154
.....	128	AFSTYLA KIT 500UNIT	154
adapalene-benzoyl peroxide gel 0.3-2.5%		AGAMATRIX MIS 33G	167
.....	128	AGRYLIN CAP 0.5MG	159
adapalene cream 0.1%	128	AIMSCO TWIST MIS 32G.....	167
adapalene gel 0.1%	128	AIMSCO TWIST MIS 33G.....	167
adapalene gel 0.3%	128	AIRSUPRA AER 90-80MCG.....	50
ADBRY INJ 150MG/ML.....	135	AJOVY INJ 225/1.5.....	176
adefovir dipivoxil tab 10 mg	103	Ak-fluor	
ADEMPAS TAB 0.5MG	114	see fluorescein sodium iv soln 10% ...188	
ADEMPAS TAB 1.5MG	114	AKLIEF CRE 0.005%	128
ADEMPAS TAB 1MG.....	114	Ala-cort	
ADEMPAS TAB 2.5MG.....	114	see hydrocortisone cream 1%	135
ADEMPAS TAB 2MG.....	114	albendazole tab 200 mg	41
adenosine iv soln 12 mg/4ml	47	albuterol-budesonide	
adenosine iv soln 3 mg/ml (diagnostic) 137		see AIRSUPRA AER 90-80MCG.....	50
adenosine iv soln 6 mg/2ml	47	albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	50
Adriamycin		albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	50
see doxorubicin hcl for inj 50 mg	88	albuterol sulfate soln nebu 0.5% (5 mg/ml)	50
ADVATE INJ 1000UNIT	153	albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	50
ADVATE INJ 1500UNIT	153	albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	50
ADVATE INJ 2000UNIT	153		
ADVATE INJ 250UNIT.....	153		
ADVATE INJ 3000UNIT	153		
ADVATE INJ 4000UNIT	153		
ADVATE INJ 500UNIT	153		

albuterol sulfate syrup 2 mg/5ml	50	alprazolam orally disintegrating tab 1 mg	46
albuterol sulfate tab 2 mg	50	.....	46
albuterol sulfate tab 4 mg	50	alprazolam orally disintegrating tab 2 mg	46
alclometasone dipropionate cream		.....	46
0.05%	133	alprazolam tab 0.25 mg	46
alclometasone dipropionate oint 0.05%		alprazolam tab 0.5 mg	46
.....	133	alprazolam tab 1 mg	46
ALDACTONE TAB 100MG	141	alprazolam tab 2 mg	46
ALDACTONE TAB 25MG.....	141	alprazolam tab er 24hr 0.5 mg	46
ALDACTONE TAB 50MG.....	141	alprazolam tab er 24hr 1 mg	46
ALECENSA CAP 150MG.....	89	alprazolam tab er 24hr 2 mg	46
alectinib hcl		alprazolam tab er 24hr 3 mg	46
see ALECENSA CAP 150MG.....	89	Alprazolam Xr	
alendronate sodium		see alprazolam tab er 24hr 0.5 mg	46
see FOSAMAX TAB 70MG	141	see alprazolam tab er 24hr 1 mg	46
alendronate sodium oral soln 70 mg/75ml		see alprazolam tab er 24hr 2 mg	46
.....	141	see alprazolam tab er 24hr 3 mg	46
alendronate sodium tab 10 mg	141	ALPROLIX INJ 1000UNIT	154
alendronate sodium tab 35 mg	141	ALPROLIX INJ 2000UNIT.....	154
alendronate sodium tab 5 mg	141	ALPROLIX INJ 250UNIT	154
alendronate sodium tab 70 mg	141	ALPROLIX INJ 3000UNIT.....	154
alfuzosin hcl tab er 24hr 10 mg	152	ALPROLIX INJ 4000UNIT.....	154
aliskiren fumarate tab 150 mg (base		ALPROLIX INJ 500UNIT	154
equivalent)	82	alprostadil (vasodilator)	
aliskiren fumarate tab 300 mg (base		see MUSE SUP 1000MCG.....	112
equivalent)	82	see MUSE SUP 250MCG	112
allopurinol sodium for inj 500 mg	152	see MUSE SUP 500MCG	112
allopurinol tab 100 mg	152	Altacaine	
allopurinol tab 300 mg	153	see tetracaine hcl ophth soln 0.5% ...	187
almotriptan malate tab 12.5 mg	176	ALTACE CAP 1.25MG	75
almotriptan malate tab 6.25 mg	176	ALTACE CAP 10MG	75
alosetron hcl tab 0.5 mg (base equiv) ..	150	ALTACE CAP 2.5MG.....	75
alosetron hcl tab 1 mg (base equiv)	150	ALTACE CAP 5MG	75
alpha1-proteinase inhibitor (human)		Altafluor Benox	
see PROLASTIN-C INJ 1000MG.....	197	see fluorescein w/ benoxinate ophth	
see ZEMAIRA INJ 1000MG.....	197	soln 0.25-0.4%	188
see ZEMAIRA INJ 4000MG.....	197	Altafrin	
see ZEMAIRA INJ 5000MG.....	197	see phenylephrine hcl ophth soln 10%	
ALPHAGAN P SOL 0.1%	186	.....	185
ALPHAGAN P SOL 0.15%.....	186	see phenylephrine hcl ophth soln 2.5%	
alprazolam orally disintegrating tab 0.25		.....	185
mg	46	Altavera	
alprazolam orally disintegrating tab 0.5		see levonorgestrel & ethinyl estradiol	
mg	46	tab 0.15 mg-30 mcg	119

ALUNBRIG PAK	89	aminocaproic acid tab 500 mg	161
ALUNBRIG TAB 180MG	89	aminophylline inj 25 mg/ml	51
ALUNBRIG TAB 30MG	89	Aminorelief Rms	
ALUNBRIG TAB 90MG	89	see amino acids cap	185
alvimopan cap 12 mg	150	Aminosyn li	
Alyacen 1/35		see amino acid infusion 15%	185
see norethindrone & ethinyl estradiol		amiodarone hcl inj 150 mg/3ml (50	
tab 1 mg-35 mcg	120	mg/ml)	48
Alyacen 7/7/7		amiodarone hcl inj 450 mg/9ml (50	
see norethindrone-eth estradiol tab		mg/ml)	48
0.5-35/0.75-35/1-35 mg-mcg	122	amiodarone hcl inj 900 mg/18ml (50	
Alyq		mg/ml)	48
see tadalafil tab 20 mg (pah)	113	amiodarone hcl tab 100 mg	48
Amabelz		amiodarone hcl tab 200 mg	48
see estradiol & norethindrone acetate		amiodarone hcl tab 400 mg	48
tab 0.5-0.1 mg	146	amitriptyline hcl tab 100 mg	62
amantadine hcl cap 100 mg	93	amitriptyline hcl tab 10 mg	62
amantadine hcl soln 50 mg/5ml	93	amitriptyline hcl tab 150 mg	62
amantadine hcl tab 100 mg	93	amitriptyline hcl tab 25 mg	62
AMBIEN CR TAB 12.5MG	161	amitriptyline hcl tab 50 mg	62
AMBIEN CR TAB 6.25MG	161	amitriptyline hcl tab 75 mg	62
AMBIEN TAB 10MG	162	amlodipine besylate-atorvastatin calcium	
AMBIEN TAB 5MG	162	see CADUET TAB 10-10MG	111
ambrisentan tab 10 mg	113	see CADUET TAB 10-20MG	111
ambrisentan tab 5 mg	113	see CADUET TAB 10-40MG	111
amcinonide oint 0.1%	133	see CADUET TAB 10-80MG	111
Amethyst		see CADUET TAB 5-10MG	111
see levonorgestrel-ethinyl estradiol		see CADUET TAB 5-20MG	111
(continuous) tab 90-20 mcg	119	see CADUET TAB 5-40MG	111
amikacin sulfate inj 1 gm/4ml (250		see CADUET TAB 5-80MG	111
mg/ml)	29	amlodipine besylate-atorvastatin calcium	
amikacin sulfate inj 500 mg/2ml (250		tab 10-10 mg	111
mg/ml)	29	amlodipine besylate-atorvastatin calcium	
amiloride & hydrochlorothiazide tab 5-50		tab 10-20 mg	111
mg	140	amlodipine besylate-atorvastatin calcium	
amiloride hcl tab 5 mg	141	tab 10-40 mg	111
amino acid infusion 15%	185	amlodipine besylate-atorvastatin calcium	
amino acids cap	185	tab 10-80 mg	111
Aminoam Rms		amlodipine besylate-atorvastatin calcium	
see amino acids cap	185	tab 2.5-10 mg	110
aminocaproic acid inj 250 mg/ml	161	amlodipine besylate-atorvastatin calcium	
aminocaproic acid oral soln 0.25 gm/ml		tab 2.5-20 mg	110
.....	161	amlodipine besylate-atorvastatin calcium	
aminocaproic acid tab 1000 mg	161	tab 2.5-40 mg	110

amlodipine besylate-atorvastatin calcium tab 5-10 mg	111	amlodipine besylate-valsartan tab 5-160 mg	78
amlodipine besylate-atorvastatin calcium tab 5-20 mg	111	amlodipine besylate-valsartan tab 5-320 mg	78
amlodipine besylate-atorvastatin calcium tab 5-40 mg	111	amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	79
amlodipine besylate-atorvastatin calcium tab 5-80 mg	111	amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	79
amlodipine besylate-benazepril hcl		amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	79
see LOTREL CAP 10-20MG	80	amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	79
see LOTREL CAP 10-40MG	80	amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	79
see LOTREL CAP 5-10MG.....	80	Amnesteem	
see LOTREL CAP 5-20MG.....	80	see isotretinoin cap 10 mg	129
amlodipine besylate-benazepril hcl cap 10-20 mg	78	see isotretinoin cap 20 mg	129
amlodipine besylate-benazepril hcl cap 10-40 mg	78	see isotretinoin cap 40 mg	130
amlodipine besylate-benazepril hcl cap 2.5-10 mg	78	amoxapine tab 100 mg	62
amlodipine besylate-benazepril hcl cap 5-10 mg	78	amoxapine tab 150 mg	62
amlodipine besylate-benazepril hcl cap 5-20 mg	78	amoxapine tab 25 mg	62
amlodipine besylate-benazepril hcl cap 5-40 mg	78	amoxapine tab 50 mg	62
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	78	amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg	203
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	78	amoxicillin (trihydrate) cap 250 mg	190
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	78	amoxicillin (trihydrate) cap 500 mg	190
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	78	amoxicillin (trihydrate) chew tab 125 mg	190
amlodipine besylate tab 10 mg (base equivalent)	107	amoxicillin (trihydrate) chew tab 250 mg	190
amlodipine besylate tab 2.5 mg (base equivalent)	107	amoxicillin (trihydrate) for susp 125 mg/5ml	190
amlodipine besylate tab 5 mg (base equivalent)	107	amoxicillin (trihydrate) for susp 200 mg/5ml	190
amlodipine besylate-valsartan tab 10-160 mg	78	amoxicillin (trihydrate) for susp 250 mg/5ml	190
amlodipine besylate-valsartan tab 10-320 mg	78	amoxicillin (trihydrate) for susp 400 mg/5ml	190
		amoxicillin (trihydrate) tab 500 mg	190
		amoxicillin (trihydrate) tab 875 mg	190

amoxicillin & k clavulanate chew tab 200-28.5 mg	191	amphetamine-dextroamphetamine cap er 24hr 30 mg	24
amoxicillin & k clavulanate chew tab 400-57 mg	191	amphetamine-dextroamphetamine cap er 24hr 5 mg	24
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	191	amphetamine-dextroamphetamine tab 10 mg	24
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	191	amphetamine-dextroamphetamine tab 12.5 mg	24
amoxicillin & k clavulanate for susp 400-57 mg/5ml	191	amphetamine-dextroamphetamine tab 15 mg	24
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	191	amphetamine-dextroamphetamine tab 20 mg	24
amoxicillin & k clavulanate tab 250-125 mg	191	amphetamine-dextroamphetamine tab 30 mg	24
amoxicillin & k clavulanate tab 500-125 mg	191	amphetamine-dextroamphetamine tab 5 mg	24
amoxicillin & k clavulanate tab 875-125 mg	191	amphetamine-dextroamphetamine tab 7.5 mg	24
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	191	amphetamine sulfate tab 10 mg	24
amoxicillin & pot clavulanate		amphetamine sulfate tab 5 mg	24
see AUGMENTIN SUS 125/5ML	191	amphotericin b for iv soln 50 mg	71
see AUGMENTIN SUS ES-600	191	amphotericin b liposome iv for susp 50 mg	71
see AUGMENTIN TAB 500MG	191	ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	191
amoxicillin-rifabutin-omeprazole		ampicillin & sulbactam sodium for inj 3 (2-1) gm	191
see TALICIA CAP	203	ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	191
AMOXICILLIN SUS 400/5ML.....	190	ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	191
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	24	ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	191
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	24	ampicillin cap 500 mg	190
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	24	ampicillin sodium for inj 125 mg	190
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	24	ampicillin sodium for inj 1 gm	190
amphetamine-dextroamphetamine cap er 24hr 10 mg	24	ampicillin sodium for inj 250 mg	190
amphetamine-dextroamphetamine cap er 24hr 15 mg	24	ampicillin sodium for inj 2 gm	190
amphetamine-dextroamphetamine cap er 24hr 20 mg	24	ampicillin sodium for inj 500 mg	190
amphetamine-dextroamphetamine cap er 24hr 25 mg	24	ampicillin sodium for iv soln 10 gm	190
		ampicillin sodium for iv soln 1 gm	190
		ampicillin sodium for iv soln 2 gm	190
		ANAFRANIL CAP 25MG	62
		ANAFRANIL CAP 50MG.....	62

ANAFRANIL CAP 75MG63
anagrelide hcl
 see AGRYLIN CAP 0.5MG159
anagrelide hcl cap 0.5 mg159
anagrelide hcl cap 1 mg159
 Ana-lex
 see **lidocaine-hydrocortisone acetate
 rectal cream kit 2-2%**41
anastrozole
 see ARIMIDEX TAB 1MG.....87
anastrozole tab 1 mg87
 ANNOVERA MIS124
 Anodyne Lpt
 see **lidocaine-prilocaine cream kit 2.5-
 2.5%**136
 ANORO ELLIPT AER 62.5-25.....50
**antihemophil fact(rcmb) pegylated-aucl
 (bdd-rfviii peg-aucl)**
 see JIVI INJ 1000UNIT155
 see JIVI INJ 2000UNIT155
 see JIVI INJ 3000UNIT155
 see JIVI INJ 500 UNIT155
**antihemophilic factor (rcmb) bd
 truncated (bd trunc-rfviii)**
 see NOVOEIGHT INJ 1000UNIT156
 see NOVOEIGHT INJ 1500UNIT156
 see NOVOEIGHT INJ 2000UNIT156
 see NOVOEIGHT INJ 250UNIT156
 see NOVOEIGHT INJ 3000UNIT156
 see NOVOEIGHT INJ 500UNIT156
**antihemophilic factor (rcmb) fc fusion
 protein(bdd-rfviii fc)**
 see ELOCTATE INJ 1000UNIT154
 see ELOCTATE INJ 1500UNIT154
 see ELOCTATE INJ 2000UNIT154
 see ELOCTATE INJ 250UNIT154
 see ELOCTATE INJ 3000UNIT154
 see ELOCTATE INJ 4000UNIT154
 see ELOCTATE INJ 5000UNIT154
 see ELOCTATE INJ 500UNIT154
 see ELOCTATE INJ 6000UNIT155
 see ELOCTATE INJ 750UNIT154
**antihemophilic factor (rcmb) moroctocog
 alfa(bdd-rfviii,mor)**

see XYNTHA INJ 1000UNIT157
 see XYNTHA INJ 2000UNIT157
 see XYNTHA INJ 250UNIT157
 see XYNTHA INJ 500UNIT157
 see XYNTHA SOLOF INJ 1000UNIT157
 see XYNTHA SOLOF INJ 2000UNIT158
 see XYNTHA SOLOF INJ 3000UNIT158
 see XYNTHA SOLOF INJ 500UNIT157
 see XYNTHA SOLOF KIT 250UNIT158
**antihemophilic factor (rcmb)
 plasma/albumin free (rahf-pfm)**
 see ADVATE INJ 1000UNIT153
 see ADVATE INJ 1500UNIT153
 see ADVATE INJ 2000UNIT153
 see ADVATE INJ 250UNIT153
 see ADVATE INJ 3000UNIT153
 see ADVATE INJ 4000UNIT153
 see ADVATE INJ 500UNIT153
 see KOVALTRY INJ 1000UNIT155
 see KOVALTRY INJ 2000UNIT155
 see KOVALTRY INJ 250UNIT155
 see KOVALTRY INJ 3000UNIT156
 see KOVALTRY INJ 500UNIT155
**antihemophilic factor (rcmb) simoctocog
 alfa(bdd-rfviii,sim)**
 see NUWIQ INJ 1000UNIT156
 see NUWIQ INJ 1500UNIT156
 see NUWIQ INJ 2000UNIT156
 see NUWIQ INJ 250UNIT156
 see NUWIQ INJ 250UNIT156
 see NUWIQ INJ 250UNIT156
 see NUWIQ INJ 3000UNIT156
 see NUWIQ INJ 4000UNIT156
 see NUWIQ INJ 500UNIT156
 see NUWIQ KIT 1000UNIT157
 see NUWIQ KIT 1500UNIT157
 see NUWIQ KIT 2000UNIT157
 see NUWIQ KIT 250UNIT157
 see NUWIQ KIT 250UNIT156
 see NUWIQ KIT 3000UNIT157
 see NUWIQ KIT 4000UNIT157
 see NUWIQ KIT 500UNIT157
**antihemophilic factor (recombinant)
 (rfviii)**
 see KOGENATE FS INJ 1000UNIT155

see KOGENATE FS INJ 2000UNIT	155
see KOGENATE FS INJ 250UNIT	155
see KOGENATE FS INJ 3000UNIT	155
see KOGENATE FS INJ 500UNIT	155
antihemophilic factor (recombinant)	
glycopegylated-exei	
see ESPEROCT INJ 1000UNIT	155
see ESPEROCT INJ 1500UNIT	155
see ESPEROCT INJ 2000UNIT	155
see ESPEROCT INJ 3000UNIT	155
see ESPEROCT INJ 500UNIT	155
antihemophilic factor (recombinant)	
pegylated	
see ADYNOVATE INJ 1000UNIT	153
see ADYNOVATE INJ 1500UNIT	153
see ADYNOVATE INJ 2000UNIT	153
see ADYNOVATE INJ 250UNIT	153
see ADYNOVATE INJ 3000UNIT	153
see ADYNOVATE INJ 500UNIT	153
see ADYNOVATE INJ 750UNIT	153
antihemophilic factor (recombinant)	
single chain	
see AFSTYLA KIT 1000UNIT	154
see AFSTYLA KIT 1500UNIT	154
see AFSTYLA KIT 2000UNIT	154
see AFSTYLA KIT 2500UNIT	154
see AFSTYLA KIT 250UNIT	153
see AFSTYLA KIT 3000UNIT	154
see AFSTYLA KIT 500UNIT	154
ANUSOL-HC CRE 2.5%	41
apalutamide	
see ERLEADA TAB 240MG	87
see ERLEADA TAB 60MG	87
apixaban	
see ELIQUIS ST P TAB 5MG	52
see ELIQUIS TAB 2.5MG	52
see ELIQUIS TAB 5MG	52
apomorphine hcl soln cartridge 30	
mg/3ml	93
apraclonidine hcl ophth soln 0.5% (base	
equivalent)	186
apremilast	
see OTEZLA TAB 10/20/30	33
see OTEZLA TAB 30MG	33

aprepitant capsule 125 mg	70
aprepitant capsule 40 mg	70
aprepitant capsule 80 mg	70
aprepitant capsule therapy pack 80 & 125	
mg	70
Apri	
see desogestrel & ethinyl estradiol tab	
0.15 mg-30 mcg	116
APTIOM TAB 200MG	54
APTIOM TAB 400MG	55
APTIOM TAB 600MG	55
APTIOM TAB 800MG	55
AQUALANCE MIS 30G	167
Aranelle	
see norethindrone-eth estradiol tab	
0.5-35/1-35/0.5-35 mg-mcg	123
ARANESP INJ 100MCG	160
ARANESP INJ 10MCG	160
ARANESP INJ 150MCG	160
ARANESP INJ 200MCG	160
ARANESP INJ 25MCG	160
ARANESP INJ 300MCG	160
ARANESP INJ 40MCG	160
ARANESP INJ 500MCG	160
ARANESP INJ 60MCG	160
ARAVA TAB 10MG	33
ARAVA TAB 20MG	33
arformoterol tartrate soln nebu 15	
mcg/2ml (base equiv)	50
argatroban inj 250 mg/2.5ml	
(concentrate for iv infusion)	53
argatroban iv soln 50 mg/50ml (1 mg/ml)	
.....	53
Argyle Sterile Saline	
see sodium chloride irrigation soln	
0.9%	152
Argyle Sterile Water 100m	
see water for irrigation, sterile	
irrigation soln	181
ARICEPT TAB 10MG	193
ARICEPT TAB 23MG	193
ARICEPT TAB 5MG	193
ARIMIDEX TAB 1MG	87
aripiprazole	

see ABILIFY MAIN INJ 300MG.....	100
see ABILIFY MAIN INJ 400MG.....	100
aripiprazole orally disintegrating tab 10 mg	100
aripiprazole orally disintegrating tab 15 mg	100
aripiprazole oral solution 1 mg/ml	100
aripiprazole tab 10 mg	100
aripiprazole tab 15 mg	100
aripiprazole tab 20 mg	100
aripiprazole tab 2 mg	100
aripiprazole tab 30 mg	100
aripiprazole tab 5 mg	100
ARIXTRA INJ 10/0.8ML.....	52
ARIXTRA INJ 2.5/0.5.....	52
ARIXTRA INJ 5/0.4ML.....	52
ARIXTRA INJ 7.5/0.6.....	52
armodafinil tab 150 mg	27
armodafinil tab 200 mg	27
armodafinil tab 250 mg	27
armodafinil tab 50 mg	27
AROMASIN TAB 25MG.....	87
arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)	91
arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	91
Articadent Dental	
see articaine-epinephrine solution cartridge 4%-1:100000	164
articaine-epinephrine solution cartridge 4%-1:100000	164
Ascomp/codeine	
see butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	38
asenapine maleate sl tab 10 mg (base equiv)	97
asenapine maleate sl tab 2.5 mg (base equiv)	97
asenapine maleate sl tab 5 mg (base equiv)	97
Ashlyna	
see levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	118

Asilnasal Rms	
see nutritional supplement caps	139
aspirin-dipyridamole cap er 12hr 25-200 mg	159
ASSURE CMFRT MIS 28G.....	167
ASSURE LANCE MIS 21G.....	167
ASSURE LANCE MIS 28G.....	167
ASSURE LANCE MIS LOW FLOW.....	167
ASSURE LANCE MIS MICRO.....	167
ASSURE LANCE MIS SAFE 25G.....	167
ASSURE LANCE MIS SAFE 30G.....	167
atazanavir sulfate cap 150 mg (base equiv)	101
atazanavir sulfate cap 200 mg (base equiv)	101
atazanavir sulfate cap 300 mg (base equiv)	101
AELVIA TAB.....	141
atenolol & chlorthalidone tab 100-25 mg	79
atenolol & chlorthalidone tab 50-25 mg	79
atenolol tab 100 mg	105
atenolol tab 25 mg	105
atenolol tab 50 mg	105
atogepant	
see QULIPTA TAB 10MG.....	176
see QULIPTA TAB 30MG.....	176
see QULIPTA TAB 60MG.....	176
atomoxetine hcl	
see STRATTERA CAP 100MG.....	26
see STRATTERA CAP 10MG.....	26
see STRATTERA CAP 18MG.....	26
see STRATTERA CAP 25MG.....	26
see STRATTERA CAP 40MG.....	26
see STRATTERA CAP 60MG.....	26
see STRATTERA CAP 80MG.....	26
atomoxetine hcl cap 100 mg (base equiv)	26
atomoxetine hcl cap 10 mg (base equiv)	26
atomoxetine hcl cap 18 mg (base equiv)	26
atomoxetine hcl cap 25 mg (base equiv)	26

atomoxetine hcl cap 40 mg (base equiv)	26	Aurovela 1/20	see norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg .....120
atomoxetine hcl cap 60 mg (base equiv)	26	Aurovela 1.5/30	see norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg .....121
atomoxetine hcl cap 80 mg (base equiv)	26	Aurovela 24 Fe	see norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) .122
atorvastatin calcium tab 10 mg (base equivalent)	74	Aurovela Fe 1/20	see norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....121
atorvastatin calcium tab 20 mg (base equivalent)	74	Aurovela Fe 1.5/30	see norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg .....121
atorvastatin calcium tab 40 mg (base equivalent)	74	AURYXIA TAB 210MG	.....150
atorvastatin calcium tab 80 mg (base equivalent)	74	AUSTEDO TAB 12MG	.....195
atovaquone-proguanil hcl		AUSTEDO TAB 6MG	.....195
see MALARONE TAB 250-100	82	AUSTEDO TAB 9MG	.....195
see MALARONE TAB 62.5-25	82	AUSTEDO XR TAB 12MG	.....195
atovaquone-proguanil hcl tab 250-100 mg	82	AUSTEDO XR TAB 24MG	.....195
atovaquone-proguanil hcl tab 62.5-25 mg	82	AUSTEDO XR TAB 6MG	.....195
atovaquone susp 750 mg/5ml	42	AUSTEDO XR TAB TITR KIT	.....195
atracurium besylate iv soln 100 mg/10ml	184	AUTO LANCET MIS	.....167
atracurium besylate preservative free (pf) iv soln 50 mg/5ml	184	AUTOSHIELD MIS 30GX5MM	.....175
atropine sulfate inj 8 mg/20ml (0.4 mg/ml)	201	AUVI-Q INJ 0.15MG	.....205
atropine sulfate iv soln 0.4 mg/ml	201	AUVI-Q INJ 0.1MG	.....205
atropine sulfate iv soln 1 mg/ml	201	AUVI-Q INJ 0.3MG	.....205
atropine sulfate ophth soln 1%	185	avatrombopag maleate	see DOPTLET TAB 20MG.....160
atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)	201	Aviane	see levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg .....118
atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)	201	Avidoxy	see doxycycline monohydrate tab 100 mg .....198
Aubra Eq		AVODART CAP 0.5MG	.....152
see levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	118	AVONEX PEN KIT 30MCG	.....195
AUGMENTIN SUS 125/5ML	191	AVONEX PREFL KIT 30MCG	.....195
AUGMENTIN SUS ES-600	191	AVSOLA INJ 100MG	.....149
AUGMENTIN TAB 500MG	191	axitinib	see INLYTA TAB 1MG .....86
AUGTYRO CAP 40MG	89	see INLYTA TAB 5MG	.....86
AURORA LANCE MIS 30G	167	Ayuna	
AURORA LANCE MIS THIN 23G	167		

see **levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg**119

azacitidine for inj 100 mg85

Azasan
 see **azathioprine tab 100 mg**179
 see **azathioprine tab 75 mg**.....179

azathioprine
 see IMURAN TAB 50MG.....180

azathioprine tab 100 mg179

azathioprine tab 50 mg179

azathioprine tab 75 mg.....179

azelaic acid
 see FINACEA AER 15%.....137

azelaic acid gel 15%.....137

azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act183

azelastine hcl nasal spray 0.1% (137 mcg/spray)183

azelastine hcl nasal spray 0.15% (205.5 mcg/spray)183

azelastine hcl ophth soln 0.05%188

azithromycin for susp 100 mg/5ml.....165

azithromycin for susp 200 mg/5ml165

azithromycin iv for soln 500 mg165

azithromycin powd pack for susp 1 gm 166

azithromycin tab 250 mg166

azithromycin tab 500 mg.....166

azithromycin tab 600 mg.....166

AZSTARYS CAP 26.1-5.227

AZSTARYS CAP 39.2-7.827

AZSTARYS CAP 52.3-10.....27

aztreonam for inj 1 gm.....44

aztreonam for inj 2 gm44

AZULFIDINE TAB 500MG149

AZULFIDINE TAB 500MG EN149

Azurette
 see **desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)**116

B

Bac
 see **butalbital-acetaminophen-caffeine tab 50-325-40 mg**33

bacitracin ophth oint 500 unit/gm186

bacitracin-polymyxin b ophth oint186

bacitracin-polymyxin-neomycin-hc ophth oint 1%187

baclofen
 see LYVISPAH GRA 10MG182
 see LYVISPAH GRA 20MG182
 see LYVISPAH GRA 5MG.....182

baclofen intrathecal inj 10 mg/20ml (500 mcg/ml).....182

baclofen intrathecal inj 20 mg/20ml (1000 mcg/ml)182

baclofen intrathecal inj 40 mg/20ml (2000 mcg/ml).....182

baclofen oral soln 10 mg/5ml182

baclofen oral soln 5 mg/5ml182

baclofen tab 10 mg182

baclofen tab 15 mg182

baclofen tab 20 mg182

baclofen tab 5 mg.....182

bacteriostatic sodium chloride inj soln 0.9%192

balsalazide disodium cap 750 mg149

Balziva
 see **norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg**119

BAQSIMI ONE POW 3MG/DOSE66

BAQSIMI TWO POW 3MG/DOSE66

BD MICROTAIN MIS LANCETS.....167

BD PEN NEEDL MIS 29GX12.7175

BD PEN NEEDL MIS 31GX5MM.....175

BD PEN NEEDL MIS 31GX8MM.....175

BD PEN NEEDL MIS 32GX4MM.....175

BD PEN NEEDL MIS 32GX6MM.....175

BD U-500 MIS 31GX6MM175

BELBUCA MIS 150MCG.....39

BELBUCA MIS 300MCG.....39

BELBUCA MIS 450MCG.....39

BELBUCA MIS 600MCG.....39

BELBUCA MIS 750MCG.....39

BELBUCA MIS 75MCG39

BELBUCA MIS 900MCG.....39

BELSOMRA TAB 10MG163

BELSOMRA TAB 15MG163

BELSOMRA TAB 20MG163

BELSOMRA TAB 5MG.....163

bempedoic acid	
see NEXLETOL TAB 180MG.....	72
bempedoic acid-ezetimibe	
see NEXLIZET TAB 180/10MG.....	73
benazepril & hydrochlorothiazide	
see LOTENSIN HCT TAB 10-12.5	80
see LOTENSIN HCT TAB 20-12.5.....	80
see LOTENSIN HCT TAB 20-25MG.....	80
benazepril & hydrochlorothiazide tab 10-12.5 mg	79
benazepril & hydrochlorothiazide tab 20-12.5 mg	79
benazepril & hydrochlorothiazide tab 20-25 mg	79
benazepril & hydrochlorothiazide tab 5-6.25 mg	79
benazepril hcl	
see LOTENSIN TAB 10MG.....	76
see LOTENSIN TAB 20MG.....	76
see LOTENSIN TAB 40MG.....	76
benazepril hcl tab 10 mg	75
benazepril hcl tab 20 mg	75
benazepril hcl tab 40 mg	75
benazepril hcl tab 5 mg	75
bendamustine hcl for iv soln 100 mg	84
bendamustine hcl for iv soln 25 mg	83
benralizumab	
see FASENRA INJ 30MG/ML	48
see FASENRA PEN INJ 30MG/ML.....	48
BENZAC AC LIQ 5% WASH.....	128
BENZAMYCIN GEL 5-3%.....	128
Benzepro	
see benzoyl peroxide foam 5.3%	128
benzoin compound tincture	137
benzonatate cap 100 mg	127
benzonatate cap 150 mg	127
benzonatate cap 200 mg	127
benzoyl peroxide	
see BENZAC AC LIQ 5% WASH.....	128
benzoyl peroxide-erythromycin	
see BENZAMYCIN GEL 5-3%.....	128
benzoyl peroxide-erythromycin gel 5-3%	129
benzoyl peroxide foam 5.3%	128
benzoyl peroxide foam 9.8%	128
benzoyl peroxide-hydrocortisone lotion 5-0.5%	129
benztropine mesylate inj 1 mg/ml	93
benztropine mesylate tab 0.5 mg	93
benztropine mesylate tab 1 mg	93
benztropine mesylate tab 2 mg	93
bepotastine besilate ophth soln 1.5% ..	188
berotralstat hcl	
see ORLADEYO CAP 110MG	158
see ORLADEYO CAP 150MG.....	158
besifloxacin hcl	
see BESIVANCE SUS 0.6%.....	186
BESIVANCE SUS 0.6%.....	186
BESREMI SOL 500MCG.....	91
betaine powder for oral solution	143
betamethasone dipropionate augmented cream 0.05%	133
betamethasone dipropionate augmented gel 0.05%	133
betamethasone dipropionate augmented lotion 0.05%	133
betamethasone dipropionate augmented oint 0.05%	133
betamethasone dipropionate cream 0.05%	133
betamethasone dipropionate lotion 0.05%	133
betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml	125
betamethasone valerate aerosol foam 0.12%	133
betamethasone valerate cream 0.1% (base equivalent)	133
betamethasone valerate lotion 0.1% (base equivalent)	133
betamethasone valerate oint 0.1% (base equivalent)	133
BETASERON INJ 0.3MG	195
betaxolol hcl (ophth)	
see BETOPTIC-S SUS 0.25% OP	185
betaxolol hcl ophth soln 0.5%	185
betaxolol hcl tab 10 mg	105
betaxolol hcl tab 20 mg	105

bethanechol chloride tab 10 mg	204		
bethanechol chloride tab 25 mg	204		
bethanechol chloride tab 50 mg	204		
bethanechol chloride tab 5 mg	204		
BETOPTIC-S SUS 0.25% OP	185		
bevacizumab-bvzr			
see ZIRABEV INJ 100/4ML	86		
see ZIRABEV INJ 400/16ML.....	86		
bexarotene cap 75 mg	91		
bexarotene gel 1%	132		
bicalutamide			
see CASODEX TAB 50MG.....	87		
bicalutamide tab 50 mg	87		
bictegravir-emtricitabine-tenofovir			
alafenamide fumarate			
see BIKTARVY TAB	101		
BIKTARVY TAB	101		
bimatoprost ophth soln 0.03%	189		
binimetinib			
see MEKTOVI TAB 15MG	90		
bismuth subcit-metronidazole-			
tetracycline cap 140-125-125 mg	203		
bisoprolol & hydrochlorothiazide tab 10-			
6.25 mg	79		
bisoprolol & hydrochlorothiazide tab 2.5-			
6.25 mg	79		
bisoprolol & hydrochlorothiazide tab 5-			
6.25 mg	79		
bisoprolol fumarate tab 10 mg	105		
bisoprolol fumarate tab 5 mg	105		
bivalirudin trifluoroacetate for iv soln 250			
mg (base equiv)	53		
bivalirudin trifluoroacetate iv soln 250			
mg/50ml (base eq)	53		
bleomycin sulfate for inj 15 unit	88		
bleomycin sulfate for inj 30 unit	88		
Blisovi 24 Fe			
see norethindrone ace-ethinyl			
estradiol-fe tab 1 mg-20 mcg (24) .	122		
Blisovi Fe 1/20			
see norethindrone ace & ethinyl			
estradiol-fe tab 1 mg-20 mcg	121		
Blisovi Fe 1.5/30			
			see norethindrone ace & ethinyl
			estradiol-fe tab 1.5 mg-30 mcg
			121
			bortezomib for inj 3.5 mg
			89
			bosentan tab 125 mg
			113
			bosentan tab 62.5 mg
			113
			BOSULIF CAP 100MG.....
			89
			BOSULIF CAP 50MG.....
			89
			BOSULIF TAB 100MG
			89
			BOSULIF TAB 400MG
			89
			BOSULIF TAB 500MG
			89
			bosutinib
			see BOSULIF CAP 100MG.....
			89
			see BOSULIF CAP 50MG
			89
			see BOSULIF TAB 100MG
			89
			see BOSULIF TAB 400MG
			89
			see BOSULIF TAB 500MG
			89
			BRAFTOVI CAP 75MG.....
			89
			BREO ELLIPTA INH 100-25.....
			50
			BREO ELLIPTA INH 200-25.....
			50
			BREO ELLIPTA INH 50-25MCG
			50
			BREZTRI AERO AER SPHERE
			50
			Briellyn
			see norethindrone & ethinyl estradiol
			tab 0.4 mg-35 mcg
			119
			brigatinib
			see ALUNBRIG PAK
			89
			see ALUNBRIG TAB 180MG
			89
			see ALUNBRIG TAB 30MG
			89
			see ALUNBRIG TAB 90MG
			89
			BRILINTA TAB 60MG
			159
			BRILINTA TAB 90MG
			159
			brimonidine tartrate
			see ALPHAGAN P SOL 0.1%
			186
			see ALPHAGAN P SOL 0.15%.....
			186
			brimonidine tartrate gel 0.33% (base
			equivalent)
			137
			brimonidine tartrate ophth soln 0.1% ...
			186
			brimonidine tartrate ophth soln 0.15% .
			186
			brimonidine tartrate ophth soln 0.2% ..
			186
			brimonidine tartrate-timolol maleate
			ophth soln 0.2-0.5%
			185
			brinzolamide-brimonidine tartrate
			see SIMBRINZA SUS 1-0.2%
			186
			brinzolamide ophth susp 1%
			188

Bromfed Dm	
see pseudoephed-bromphen-dm syrup	
30-2-10 mg/5ml	128
bromfenac sodium (ophth)	
see PROLENSA SOL 0.07%	188
bromfenac sodium ophth soln 0.07%	
(base equivalent)	188
bromfenac sodium ophth soln 0.075%	
(base equivalent)	188
bromfenac sodium ophth soln 0.09%	
(base equiv) (once-daily)	188
bromocriptine mesylate	
see PARLODEL CAP 5MG.....	94
see PARLODEL TAB 2.5MG.....	94
bromocriptine mesylate cap 5 mg (base	
equivalent)	93
bromocriptine mesylate tab 2.5 mg (base	
equivalent)	94
BRUKINSA CAP 80MG	89
BRYHALI LOT 0.01%	133
budesonide	
see UCERIS TAB 9MG	127
budesonide (inhalation)	
see PULMICORT INH 180MCG.....	49
see PULMICORT INH 90MCG	49
see PULMICORT SUS 0.25MG/2	49
see PULMICORT SUS 0.5MG/2	49
see PULMICORT SUS 1MG/2ML	49
budesonide delayed release particles cap	
3 mg	125
budesonide-glycopyrrolate-formoterol	
fumarate	
see BREZTRI AERO AER SPHERE	50
budesonide inhalation susp 0.25 mg/2ml	
.....	49
budesonide inhalation susp 0.5 mg/2ml	49
budesonide inhalation susp 1 mg/2ml	49
budesonide rectal foam 2 mg/act	41
bumetanide inj 0.25 mg/ml	140
bumetanide tab 0.5 mg	140
bumetanide tab 1 mg	140
bumetanide tab 2 mg	140
bupivacaine 0.75% in dextrose inj 8.25%	
.....	164
bupivacaine hcl inj 0.25%	164
bupivacaine hcl inj 0.5%	164
bupivacaine hcl preservative free (pf) inj	
0.25%	164, 165
bupivacaine hcl preservative free (pf) inj	
0.5%	164
bupivacaine hcl preservative free (pf) inj	
0.75%	165
bupivacaine inj 0.25% w/ epinephrine	
1:200000	164
bupivacaine inj 0.25% w/ epinephrine	
1:200000 (pf)	164
bupivacaine inj 0.5% w/ epinephrine	
1:200000	164
bupivacaine inj 0.5% w/ epinephrine	
1:200000 (pf)	164
Bupivacaine Spinal	
see bupivacaine 0.75% in dextrose inj	
8.25%	164
buprenorphine hcl	
see BELBUCA MIS 150MCG.....	39
see BELBUCA MIS 300MCG.....	39
see BELBUCA MIS 450MCG.....	39
see BELBUCA MIS 600MCG.....	39
see BELBUCA MIS 750MCG	39
see BELBUCA MIS 75MCG	39
see BELBUCA MIS 900MCG.....	39
buprenorphine hcl inj 0.3 mg/ml (base	
equiv)	39
buprenorphine hcl-naloxone hcl	
dihydrate	
see ZUBSOLV SUB 0.7-0.18.....	40
see ZUBSOLV SUB 1.4-0.36.....	40
see ZUBSOLV SUB 11.4-2.9.....	40
see ZUBSOLV SUB 2.9-0.71.....	40
see ZUBSOLV SUB 5.7-1.4	40
see ZUBSOLV SUB 8.6-2.1	40
buprenorphine hcl-naloxone hcl sl film 12-	
3 mg (base equiv)	39
buprenorphine hcl-naloxone hcl sl film 2-	
0.5 mg (base equiv)	39
buprenorphine hcl-naloxone hcl sl film 4-1	
mg (base equiv)	39

buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	39
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	39
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	39
buprenorphine hcl sl tab 2 mg (base equiv)	39
buprenorphine hcl sl tab 8 mg (base equiv)	39
buprenorphine td patch weekly 10 mcg/hr	40
buprenorphine td patch weekly 15 mcg/hr	40
buprenorphine td patch weekly 20 mcg/hr	40
buprenorphine td patch weekly 5 mcg/hr	39
buprenorphine td patch weekly 7.5 mcg/hr	40
bupropion hcl	
see WELLBUTRIN TAB 100MG SR.....	60
see WELLBUTRIN TAB 150MG SR.....	60
see WELLBUTRIN TAB 200MG SR.....	60
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	197
bupropion hcl tab 100 mg	60
bupropion hcl tab 75 mg	60
bupropion hcl tab er 12hr 100 mg	60
bupropion hcl tab er 12hr 150 mg	60
bupropion hcl tab er 12hr 200 mg	60
bupropion hcl tab er 24hr 150 mg	60
bupropion hcl tab er 24hr 300 mg	60
bupirone hcl tab 10 mg	45
bupirone hcl tab 15 mg	45
bupirone hcl tab 30 mg	45
bupirone hcl tab 5 mg	45
bupirone hcl tab 7.5 mg	45
busulfan	
see MYLERAN TAB 2MG.....	84
busulfan inj 6 mg/ml	84
butalbital-acetaminophen-caffeine tab 50-325-40 mg	33
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	38
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	38
butalbital-acetaminophen tab 50-325 mg	33
butalbital-aspirin-caffeine cap 50-325-40 mg	33
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	38
butorphanol tartrate inj 1 mg/ml	40
butorphanol tartrate inj 2 mg/ml	40
butorphanol tartrate nasal soln 10 mg/ml	40
BYOOVIZ INJ 0.5MG.....	186
C	
c1 esterase inhibitor (recombinant)	
see RUCONEST INJ 2100UNIT.....	158
cabergoline tab 0.5 mg	145
CABOMETYX TAB 20MG.....	89
CABOMETYX TAB 40MG.....	89
CABOMETYX TAB 60MG.....	89
cabozantinib s-malate	
see CABOMETYX TAB 20MG.....	89
see CABOMETYX TAB 40MG.....	89
see CABOMETYX TAB 60MG.....	89
CADUET TAB 10-10MG.....	111
CADUET TAB 10-20MG.....	111
CADUET TAB 10-40MG.....	111
CADUET TAB 10-80MG.....	111
CADUET TAB 5-10MG	111
CADUET TAB 5-20MG.....	111
CADUET TAB 5-40MG.....	111
CADUET TAB 5-80MG.....	111
caffeine citrate inj 60 mg/3ml (10 mg/ml base equiv)	26
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	26
calcipotriene-betamethasone dipropionate	
see ENSTILAR AER.....	134
calcipotriene oint 0.005%	132
calcipotriene soln 0.005% (50 mcg/ml)	132

calcitonin (salmon) inj 200 unit/ml	141	capecitabine tab 150 mg	85
calcitonin (salmon) nasal soln 200 unit/act	141	capecitabine tab 500 mg	85
Calcitrene		captopril & hydrochlorothiazide tab 25-15 mg	79
see calcipotriene oint 0.005%	132	captopril & hydrochlorothiazide tab 25-25 mg	79
calcitriol		captopril & hydrochlorothiazide tab 50-15 mg	79
see ROCALTROL CAP 0.25MCG	144	captopril & hydrochlorothiazide tab 50-25 mg	79
see ROCALTROL CAP 0.5MCG	144	captopril tab 100 mg	75
see ROCALTROL SOL 1MCG/ML	144	captopril tab 12.5 mg	75
calcitriol cap 0.25 mcg	143	captopril tab 25 mg	75
calcitriol cap 0.5 mcg	143	captopril tab 50 mg	75
calcitriol inj 1 mcg/ml	143	carbamazepine	
calcitriol oral soln 1 mcg/ml	143	see CARBATROL CAP 100MG	55
calcium, magnesium, potassium, & sodium oxybates		see CARBATROL CAP 200MG	55
see XYWAV SOL 0.5GM/ML	193	see CARBATROL CAP 300MG	55
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	151	carbamazepine cap er 12hr 100 mg	55
calcium acetate (phosphate binder) tab 667 mg	151	carbamazepine cap er 12hr 200 mg	55
CALQUENCE TAB 100MG	89	carbamazepine cap er 12hr 300 mg	55
Camila		carbamazepine chew tab 100 mg	55
see norethindrone tab 0.35 mg	125	carbamazepine susp 100 mg/5ml	55
Camrese		carbamazepine tab 200 mg	55
see levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	118	carbamazepine tab er 12hr 100 mg	55
Camrese Lo		carbamazepine tab er 12hr 200 mg	55
see levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	117	carbamazepine tab er 12hr 400 mg	55
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg ...	79	CARBATROL CAP 100MG	55
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg ...	79	CARBATROL CAP 200MG	55
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	79	CARBATROL CAP 300MG	55
candesartan cilexetil tab 16 mg	77	carbidopa & levodopa orally disintegrating tab 10-100 mg	94
candesartan cilexetil tab 32 mg	77	carbidopa & levodopa orally disintegrating tab 25-100 mg	94
candesartan cilexetil tab 4 mg	77	carbidopa & levodopa orally disintegrating tab 25-250 mg	94
candesartan cilexetil tab 8 mg	77	carbidopa & levodopa tab 10-100 mg	94
capecitabine		carbidopa & levodopa tab 25-100 mg ...	94
see XELODA TAB 150MG	86	carbidopa & levodopa tab 25-250 mg ...	94
see XELODA TAB 500MG	86	carbidopa & levodopa tab er 25-100 mg	94
		carbidopa & levodopa tab er 50-200 mg	94
		carbidopa-levodopa	
		see DHIVY TAB 25-100MG	94

see RYTARY CAP 145MG	95
see RYTARY CAP 195MG	95
see RYTARY CAP 245MG	95
see RYTARY CAP 95MG	95
see SINEMET TAB 10-100MG	95
see SINEMET TAB 25-100MG	95
carbidopa-levodopa-entacapone tabs	
12.5-50-200 mg	94
carbidopa-levodopa-entacapone tabs	
18.75-75-200 mg	94
carbidopa-levodopa-entacapone tabs 25-	
100-200 mg	94
carbidopa-levodopa-entacapone tabs	
31.25-125-200 mg	94
carbidopa-levodopa-entacapone tabs	
37.5-150-200 mg	94
carbidopa-levodopa-entacapone tabs	
50-200-200 mg	94
carbidopa tab 25 mg	93
carbinoxamine maleate soln 4 mg/5ml	71
carbinoxamine maleate tab 4 mg	71
carbinoxamine maleate tab 6 mg	72
carboplatin iv soln 1000 mg/100ml	84
carboplatin iv soln 150 mg/15ml	84
carboplatin iv soln 450 mg/45ml	84
carboplatin iv soln 50 mg/5ml	84
carboplatin iv soln 600 mg/60ml	84
carboprost tromethamine im soln 250	
mcg/ml	189
cardioplegic soln	110
CARDURA TAB 1MG	77
CARDURA TAB 2MG	77
CARDURA TAB 4MG	77
CARDURA TAB 8MG	77
CAREONE LANC MIS 30G	167
CAREONE LANC MIS THIN 23G	167
CARESENS 30G MIS LANCETS	167
CARETOUCH MIS LANC 26G	167
CARETOUCH MIS LANC 28G	167
CARETOUCH MIS LANC 30G	167
CARETOUCH MIS TWIST 28	167
CARETOUCH MIS TWIST 30	167
CARETOUCH MIS TWIST 33	167
carglumic acid soluble tab 200 mg	143

cariprazine hcl	
see VRAYLAR CAP 1.5-3MG	96
see VRAYLAR CAP 1.5MG	96
see VRAYLAR CAP 3MG	96
see VRAYLAR CAP 4.5MG	96
see VRAYLAR CAP 6MG	96
carisoprodol tab 350 mg	182
carmustine for inj 100 mg	84
carteolol hcl ophth soln 1%	185
Cartia Xt	
see diltiazem hcl coated beads cap er	
24hr 120 mg	107
see diltiazem hcl coated beads cap er	
24hr 180 mg	107
see diltiazem hcl coated beads cap er	
24hr 240 mg	107
see diltiazem hcl coated beads cap er	
24hr 300 mg	107
carvedilol	
see COREG TAB 12.5MG	105
see COREG TAB 25MG	105
see COREG TAB 3.125MG	105
see COREG TAB 6.25MG	105
carvedilol phosphate cap er 24hr 10 mg	
.....	104
carvedilol phosphate cap er 24hr 20 mg	
.....	105
carvedilol phosphate cap er 24hr 40 mg	
.....	105
carvedilol phosphate cap er 24hr 80 mg	
.....	105
carvedilol tab 12.5 mg	105
carvedilol tab 25 mg	105
carvedilol tab 3.125 mg	105
carvedilol tab 6.25 mg	105
CASODEX TAB 50MG	87
caspofungin acetate for iv soln 50 mg	70
caspofungin acetate for iv soln 70 mg	70
CATAPRES-TTS DIS 0.1/24HR	77
CATAPRES-TTS DIS 0.2/24HR	77
CATAPRES-TTS DIS 0.3/24HR	77
cefaclor cap 250 mg	114
cefaclor cap 500 mg	114
cefaclor for susp 250 mg/5ml	115

cefadroxil cap 500 mg	114	ceftriaxone sodium for iv soln 2 gm	115
cefadroxil for susp 250 mg/5ml	114	ceftriaxone sodium in dextrose inj 20	
cefadroxil for susp 500 mg/5ml	114	mg/ml	115
cefadroxil tab 1 gm	114	ceftriaxone sodium in dextrose inj 40	
cefazolin sodium for inj 10 gm	114	mg/ml	115
cefazolin sodium for inj 1 gm	114	cefuroxime axetil tab 250 mg	115
cefazolin sodium for inj 2 gm	114	cefuroxime axetil tab 500 mg	115
cefazolin sodium for inj 3 gm	114	cefuroxime sodium for inj 750 mg	115
cefazolin sodium for inj 500 mg	114	cefuroxime sodium for iv soln 1.5 gm	115
cefazolin sodium for iv soln 1 gm	114	celecoxib cap 100 mg	31
cefdinir cap 300 mg	115	celecoxib cap 200 mg	31
cefdinir for susp 125 mg/5ml	115	celecoxib cap 400 mg	31
cefdinir for susp 250 mg/5ml	115	celecoxib cap 50 mg	31
cefepime hcl for inj 1 gm	116	CELEXA TAB 10MG	60
cefepime hcl for iv soln 2 gm	116	CELEXA TAB 20MG	60
cefixime cap 400 mg	115	CELEXA TAB 40MG	60
cefixime for susp 100 mg/5ml	115	cenobamate	
cefixime for susp 200 mg/5ml	115	see XCOPRI PAK 100-150	58
cefotetan disodium for inj 1 gm	115	see XCOPRI PAK 12.5-25	58
cefotetan disodium for inj 2 gm	115	see XCOPRI PAK 150-200	58
cefoxitin sodium for iv soln 10 gm	115	see XCOPRI PAK 50-100MG	58
cefoxitin sodium for iv soln 1 gm	115	see XCOPRI TAB 100MG	58
cefoxitin sodium for iv soln 2 gm	115	see XCOPRI TAB 150MG	58
cefpodoxime proxetil for susp 100		see XCOPRI TAB 200MG	58
mg/5ml	115	see XCOPRI TAB 50MG	58
cefpodoxime proxetil for susp 50 mg/5ml		cephalexin cap 250 mg	114
.....	115	cephalexin cap 500 mg	114
cefpodoxime proxetil tab 100 mg	115	cephalexin cap 750 mg	114
cefpodoxime proxetil tab 200 mg	115	cephalexin for susp 125 mg/5ml	114
cefprozil for susp 125 mg/5ml	115	cephalexin for susp 250 mg/5ml	114
cefprozil for susp 250 mg/5ml	115	cephalexin tab 250 mg	114
cefprozil tab 250 mg	115	cephalexin tab 500 mg	114
cefprozil tab 500 mg	115	CERDELGA CAP 84MG	159
ceftazidime for inj 1 gm	115	CEREZYME INJ 400UNIT	159
ceftazidime for inj 6 gm	115	ceritinib	
ceftazidime for iv soln 1 gm	115	see ZYKADIA TAB 150MG	91
ceftazidime for iv soln 2 gm	115	cetirizine hcl oral soln 1 mg/ml (5	
ceftazidime for iv soln 6 gm	115	mg/5ml)	72
ceftriaxone sodium for inj 10 gm	115	cetorelix acetate for inj kit 0.25 mg	142
ceftriaxone sodium for inj 1 gm	115	cevimeline hcl	
ceftriaxone sodium for inj 250 mg	115	see EVOXAC CAP 30MG	181
ceftriaxone sodium for inj 2 gm	115	cevimeline hcl cap 30 mg	181
ceftriaxone sodium for inj 500 mg	115	Charlotte 24 Fe	
ceftriaxone sodium for iv soln 1 gm	115		

see **norethindrone ace-eth estradiol-fe
chew tab 1 mg-20 mcg (24)**122

Chateal Eq
see **levonorgestrel & ethinyl estradiol
tab 0.15 mg-30 mcg**119

chlorambucil
see LEUKERAN TAB 2MG84

**chloramphenicol sodium succinate for iv
inj 1 gm**.....42

**chlordiazepoxide-amitriptyline tab 10-25
mg**.....194

**chlordiazepoxide-amitriptyline tab 5-12.5
mg**.....194

chlordiazepoxide hcl cap 10 mg46

chlordiazepoxide hcl cap 25 mg.....46

chlordiazepoxide hcl cap 5 mg46

**chlordiazepoxide hcl-clidinium bromide
cap 5-2.5 mg**.....201

chlorhexidine gluconate soln 0.12%.....181

**chlorprocaine hcl preservative free (pf)
inj 2%**165

**chlorprocaine hcl preservative free (pf)
inj 3%**165

chloroquine phosphate tab 250 mg82

chloroquine phosphate tab 500 mg82

chlorothiazide sodium for inj 500 mg141

chlorpromazine hcl inj 25 mg/ml99

chlorpromazine hcl inj 50 mg/2ml99

chlorpromazine hcl tab 100 mg99

chlorpromazine hcl tab 10 mg99

chlorpromazine hcl tab 200 mg99

chlorpromazine hcl tab 25 mg99

chlorpromazine hcl tab 50 mg99

chlorthalidone tab 25 mg141

chlorthalidone tab 50 mg141

chlorzoxazone tab 500 mg182

cholestyramine
see QUESTRAN POW 4GM73

cholestyramine light
see QUESTRAN POW 4GM LITE73

cholestyramine light powder 4 gm/dose
.....73

**cholestyramine light powder packets 4
gm**73

cholestyramine powder 4 gm/dose.....73

cholestyramine powder packets 4 gm...73

choline fenofibrate
see TRILIPIX CAP 135MG74
see TRILIPIX CAP 45MG74

**choline fenofibrate cap dr 135 mg
(fenofibric acid equiv)**73

**choline fenofibrate cap dr 45 mg
(fenofibric acid equiv)**73

choriogonadotropin alfa
see OVIDREL INJ142

CIBINQO TAB 100MG135

CIBINQO TAB 200MG135

CIBINQO TAB 50MG135

Ciclodan
see **ciclopirox solution 8%**131

ciclopirox gel 0.77%.....131

**ciclopirox olamine cream 0.77% (base
equiv)**131

**ciclopirox olamine susp 0.77% (base
equiv)**131

ciclopirox shampoo 1%.....131

ciclopirox solution 8%131

cidofovir iv inj 75 mg/ml103

cilostazol tab 100 mg.....159

cilostazol tab 50 mg159

CIMDUO TAB 300-300101

CIMERLI INJ 0.3MG186

CIMERLI INJ 0.5MG186

cimetidine tab 200 mg202

cimetidine tab 300 mg202

cimetidine tab 400 mg202

cimetidine tab 800 mg202

cinacalcet hcl tab 30 mg (base equiv) ..143

cinacalcet hcl tab 60 mg (base equiv) ..143

cinacalcet hcl tab 90 mg (base equiv) ..143

CIPRO (10%) SUS 500MG/5148

CIPRO (5%) SUS 250MG/5148

ciprofloxacin
see CIPRO (10%) SUS 500MG/5148
see CIPRO (5%) SUS 250MG/5148

ciprofloxacin 200 mg/100ml in d5w148

ciprofloxacin 400 mg/200ml in d5w148

ciprofloxacin-dexamethasone otic susp
0.3-0.1%189

ciprofloxacin hcl
 see CIPRO TAB 250MG148
 see CIPRO TAB 500MG148

ciprofloxacin hcl ophth soln 0.3% (base equivalent).....186

ciprofloxacin hcl otic soln 0.2% (base equivalent).....189

ciprofloxacin hcl tab 250 mg (base equiv)
148

ciprofloxacin hcl tab 500 mg (base equiv)
148

ciprofloxacin hcl tab 750 mg (base equiv)
148

CIPRO TAB 250MG148
 CIPRO TAB 500MG148

cisatracurium besylate (pf) iv soln 10 mg/5ml (2 mg/ml).....184

cisatracurium besylate (pf) iv soln 200 mg/20ml (10 mg/ml)184

cisatracurium besylate iv soln 20 mg/10ml (2 mg/ml)184

cisplatin inj 100 mg/100ml (1 mg/ml)84

cisplatin inj 200 mg/200ml (1 mg/ml)84

cisplatin inj 50 mg/50ml (1 mg/ml)84

citalopram hydrobromide
 see CELEXA TAB 10MG.....60
 see CELEXA TAB 20MG60
 see CELEXA TAB 40MG60

citalopram hydrobromide oral soln 10 mg/5ml60

citalopram hydrobromide tab 10 mg (base equiv)60

citalopram hydrobromide tab 20 mg (base equiv)60

citalopram hydrobromide tab 40 mg (base equiv)60

cladribine iv soln 10 mg/10ml (1 mg/ml) 85

Claravis
 see **isotretinoin cap 10 mg**129
 see **isotretinoin cap 20 mg**130
 see **isotretinoin cap 30 mg**130
 see **isotretinoin cap 40 mg**130

Clariscan
 see **gadoterate meglumine iv soln 10 mmol/20ml (0.5 mmol/ml)**138
 see **gadoterate meglumine iv soln 2.5 mmol/5ml (0.5 mmol/ml)**138
 see **gadoterate meglumine iv soln 50 mmol/100ml (0.5 mmol/ml)**138
 see **gadoterate meglumine iv soln 5 mmol/10ml (0.5 mmol/ml)**.....138
 see **gadoterate meglumine iv soln 7.5 mmol/15ml (0.5 mmol/ml)**138
 see **gadoterate meglumine iv soln prefilled syringe 10 mmol/20ml**138
 see **gadoterate meglumine iv soln prefilled syringe 5 mmol/10ml**.....138
 see **gadoterate meglumine iv soln prefilled syringe 7.5 mmol/15ml**.....138

clarithromycin for susp 125 mg/5ml166

clarithromycin for susp 250 mg/5ml166

clarithromycin tab 250 mg166

clarithromycin tab 500 mg.....166

clarithromycin tab er 24hr 500 mg.....166

clascoterone
 see WINLEVI CRE 1%130

CLEANLET 28G MIS LANCETS167

clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)72

clemastine fumarate tab 2.68 mg72

CLENPIQ SOL163

CLEOCIN CAP 150MG43

CLEOCIN CAP 300MG43

CLEOCIN CAP 75MG43

CLEOCIN CRE 2% VAG.....204

CLEOCIN PED SOL 75MG/5ML43

CLEVER CHECK MIS167

CLEVER CHECK MIS 30G167

CLIMARA PRO DIS WEEKLY146

Clindacin
 see **clindamycin phosphate foam 1%** 129

Clindacin Etz Pledgets
 see **clindamycin phosphate swab 1%**
129

Clindacin-p

see clindamycin phosphate swab 1%	
.....	129
clindamycin hcl	
see CLEOCIN CAP 150MG	43
see CLEOCIN CAP 300MG	43
see CLEOCIN CAP 75MG.....	43
clindamycin hcl cap 150 mg	43
clindamycin hcl cap 300 mg	43
clindamycin hcl cap 75 mg	43
clindamycin palmitate hcl for soln 75	
mg/5ml (base equiv)	43
clindamycin palmitate hydrochloride	
see CLEOCIN PED SOL 75MG/5ML	43
clindamycin phosphate-benzoyl peroxide	
see ONEXTON GEL 1.2-3.75	130
clindamycin phosphate-benzoyl peroxide	
gel 1.2-2.5%	129
clindamycin phosphate-benzoyl peroxide	
gel 1.2-3.75%	129
clindamycin phosphate-benzoyl peroxide	
gel 1-5%	129
clindamycin phosphate foam 1%	129
clindamycin phosphate gel 1%	129
clindamycin phosphate in d5w iv soln 300	
mg/50ml	44
clindamycin phosphate in d5w iv soln 600	
mg/50ml	44
clindamycin phosphate in d5w iv soln 900	
mg/50ml	44
clindamycin phosphate inj 900 mg/6ml	44
clindamycin phosphate inj 9 gm/60ml ..	44
clindamycin phosphate lotion 1%	129
clindamycin phosphate soln 1%	129
clindamycin phosphate swab 1%	129
clindamycin phosphate-tretinoin gel 1.2-	
0.025%	129
clindamycin phosphate vaginal	
see CLEOCIN CRE 2% VAG.....	204
clindamycin phosphate vaginal cream 2%	
.....	204
clindamycin phosph-benzoyl peroxide	
(refrig) gel 1.2 (1)-5%	129
Clinisol Sf 15%	
see amino acid infusion 15%	185

clobazam suspension 2.5 mg/ml	54
clobazam tab 10 mg	54
clobazam tab 20 mg	54
clobetasol propionate	
see CLOBEX LOT 0.05%	134
see CLOBEX SHA 0.05%	134
clobetasol propionate cream 0.05% ...	133
clobetasol propionate emollient base	
cream 0.05%	134
clobetasol propionate foam 0.05%	134
clobetasol propionate gel 0.05%	134
clobetasol propionate lotion 0.05%	134
clobetasol propionate oint 0.05%	134
clobetasol propionate shampoo 0.05%	
.....	134
clobetasol propionate soln 0.05%	134
CLOBEX LOT 0.05%	134
CLOBEX SHA 0.05%	134
Clodan	
see clobetasol propionate shampoo	
0.05%	134
clofarabine iv soln 1 mg/ml	85
Clomid	
see clomiphene citrate tab 50 mg	142
clomiphene citrate tab 50 mg	142
clomipramine hcl	
see ANAFRANIL CAP 25MG	62
see ANAFRANIL CAP 50MG.....	62
see ANAFRANIL CAP 75MG	63
clomipramine hcl cap 25 mg	63
clomipramine hcl cap 50 mg	63
clomipramine hcl cap 75 mg	63
clonazepam orally disintegrating tab	
0.125 mg	54
clonazepam orally disintegrating tab 0.25	
mg	54
clonazepam orally disintegrating tab 0.5	
mg	54
clonazepam orally disintegrating tab 1 mg	
.....	54
clonazepam orally disintegrating tab 2	
mg	54
clonazepam tab 0.5 mg	54
clonazepam tab 1 mg	54

clonazepam tab 2 mg	54	clozapine orally disintegrating tab 200 mg	98
clonidine		clozapine orally disintegrating tab 25 mg	98
see CATAPRES-TTS DIS 0.1/24HR	77	clozapine tab 100 mg	98
see CATAPRES-TTS DIS 0.2/24HR	77	clozapine tab 200 mg	98
see CATAPRES-TTS DIS 0.3/24HR	77	clozapine tab 25 mg	98
clonidine hcl inj (for epidural infusion) 100 mcg/ml	33	clozapine tab 50 mg	98
clonidine hcl inj (for epidural infusion) 500 mcg/ml	34	CLOZARIL TAB 100MG.....	98
clonidine hcl tab 0.1 mg	77	CLOZARIL TAB 200MG.....	98
clonidine hcl tab 0.2 mg	77	CLOZARIL TAB 25MG	98
clonidine hcl tab 0.3 mg	77	CLOZARIL TAB 50MG	98
clonidine hcl tab er 12hr 0.1 mg	26	COAGUCHEK MIS LANCETS	167
clonidine hcl tab er 24hr 0.17 mg (base equivalent)	77	coagulation factor ix (recomb) fc fusion protein (rfixfc)	
clonidine td patch weekly 0.1 mg/24hr ..	77	see ALPROLIX INJ 1000UNIT	154
clonidine td patch weekly 0.2 mg/24hr ..	77	see ALPROLIX INJ 2000UNIT.....	154
clonidine td patch weekly 0.3 mg/24hr ..	77	see ALPROLIX INJ 250UNIT	154
clopidogrel bisulfate tab 300 mg (base equiv)	159	see ALPROLIX INJ 3000UNIT.....	154
clopidogrel bisulfate tab 75 mg (base equiv)	159	see ALPROLIX INJ 4000UNIT.....	154
clorazepate dipotassium tab 15 mg	46	see ALPROLIX INJ 500UNIT	154
clorazepate dipotassium tab 3.75 mg	46	coagulation factor ix (recombinant) glycopegylated	
clorazepate dipotassium tab 7.5 mg	46	see REBINYN INJ 3000UNIT.....	157
clotrimazole cream 1%	131	see REBINYN SOL 1000UNIT	157
clotrimazole soln 1%	131	see REBINYN SOL 2000UNIT	157
clotrimazole troche 10 mg	181	see REBINYN SOL 500UNIT	157
clotrimazole w/ betamethasone cream 1-0.05%	131	coagulation factor viia (recombinant)	
clotrimazole w/ betamethasone lotion 1-0.05%	131	see NOVOSEVEN RT INJ 1MG	156
clozapine		see NOVOSEVEN RT INJ 2MG.....	156
see CLOZARIL TAB 100MG.....	98	see NOVOSEVEN RT INJ 5MG.....	156
see CLOZARIL TAB 200MG.....	98	see NOVOSEVEN RT INJ 8MG.....	156
see CLOZARIL TAB 25MG	98	coagulation factor viia (recombinant)-jncw	
see CLOZARIL TAB 50MG	98	see SEVENFACT INJ 1MG.....	157
clozapine orally disintegrating tab 100 mg	98	see SEVENFACT INJ 5MG.....	157
clozapine orally disintegrating tab 12.5 mg	98	coal tar soln 20%	137
clozapine orally disintegrating tab 150 mg	98	cobimetinib fumarate	
		see COTELLIC TAB 20MG	89
		codeine sulfate tab 30 mg	34
		colchicine	
		see MITIGARE CAP 0.6MG.....	153
		colchicine cap 0.6 mg	153
		colchicine tab 0.6 mg	153

colchicine w/ probenecid tab 0.5-500 mg	COREG TAB 3.125MG	105
.....	COREG TAB 6.25MG.....	105
colesevelam hcl packet for susp 3.75 gm	CORGARD TAB 20MG	106
.....	CORGARD TAB 40MG.....	106
colesevelam hcl tab 625 mg	CORLANOR TAB 5MG.....	114
73	CORLANOR TAB 7.5MG.....	114
COLESTID GRA 5GM	CORTEF TAB 10MG	125
73	CORTEF TAB 20MG	125
COLESTID TAB 1GM.....	CORTEF TAB 5MG.....	125
73	CORTIFOAM AER 90MG.....	41
colestipol hcl	COSENTYX INJ 150MG/ML	132
see COLESTID GRA 5GM	COSENTYX INJ 300DOSE	132
73	COSENTYX INJ 75MG/0.5	132
see COLESTID TAB 1GM.....	COSENTYX PEN INJ 150MG/ML.....	132
73	COSENTYX PEN INJ 300DOSE	132
colestipol hcl granule packets 5 gm	COSENTYX UNO INJ 300/2ML	132
73	cosyntropin for inj 0.25 mg	137
colestipol hcl granules 5 gm	COTELLIC TAB 20MG	89
73	CREON CAP 12000UNT.....	139
colestipol hcl tab 1 gm	CREON CAP 24000UNT	139
73	CREON CAP 3000UNIT	139
colistimethate sod for inj 150 mg (colistin	CREON CAP 36000UNT	139
base activity)	CREON CAP 6000UNIT	139
44	CRINONE GEL 4% VAG	205
COMBIPATCH DIS.....	CRINONE GEL 8% VAG.....	205
146	crisaborole	
COMFORT ASSU MIS LANC 28G	see EUCRISA OIN 2%	137
168	cromolyn sodium ophth soln 4%	188
COMFORT ASSU MIS LANC 33G	cromolyn sodium oral conc 100 mg/5ml	
168	.....	149
COMFORT EZ MIS 21G.....	cromolyn sodium soln nebu 20 mg/2ml	48
168	crotamiton lotion 10%	137
COMFORT EZ MIS 23G	Crotan	
168	see crotamiton lotion 10%	137
COMFORT EZ MIS 28G.....	Cryselle-28	
168	see norgestrel & ethinyl estradiol tab	
COMFORTOUCH MIS LANCET.....	0.3 mg-30 mcg	124
168	Curity Sterile Saline	
COMFORT TCH MIS LANC 28G	see sodium chloride irrigation soln	
168	0.9%	152
COMFORT TCH MIS LANC 30G	CUTAQUIG SOL 1.65GM	189
168	CUTAQUIG SOL 1GM.....	190
COMFORT TCH MIS LANC 31G	CUTAQUIG SOL 2GM.....	190
168	CUTAQUIG SOL 3.3GM.....	190
Compro		
see prochlorperazine suppos 25 mg .100		
CONDYLOX GEL 0.5%.....		
136		
conjugated estrogens-bazedoxifene		
see DUAVEE TAB 0.45-20		146
conjugated estrogens-		
medroxyprogesterone acetate		
see PREMPHASE TAB.....		146
see PREMPRO TAB		146
see PREMPRO TAB 0.3-1.5		146
see PREMPRO TAB 0.45-1.5		147
see PREMPRO TAB 0.625-5		147
Constulose		
see lactulose solution 10 gm/15ml		163
COPAXONE INJ 40MG/ML.....		195
COPIKTRA CAP 15MG		89
COPIKTRA CAP 25MG		89
COREG TAB 12.5MG.....		105
COREG TAB 25MG		105

CUTAQUIG SOL 4GM.....	190	CYTOTEC TAB 200MCG.....	203
CUTAQUIG SOL 8GM.....	190	Cytra K Crystals	
CVS LANCETS MIS 21G	168	see potassium citrate & citric acid	
CVS LANCETS MIS 30G	168	powder pack 3300-1002 mg	151
CVS LANCETS MIS 33G.....	168	D	
CVS LANCETS MIS ORIGINAL.....	168	dabigatran etexilate mesylate cap 110 mg	
CVS LANCETS MIS THIN 26G.....	168	(etexilate base eq)	53
CVS LANCETS MIS THIN 30G	168	dabigatran etexilate mesylate cap 150 mg	
CVS LANCETS MIS THIN 33G.....	168	(etexilate base eq)	54
cyclobenzaprine hcl tab 10 mg	182	dabigatran etexilate mesylate cap 75 mg	
cyclobenzaprine hcl tab 5 mg	182	(etexilate base eq)	53
cyclopentolate hcl ophth soln 1%	185	dacarbazine for inj 100 mg	91
cyclophosphamide cap 25 mg	84	dacarbazine for inj 200 mg	91
cyclophosphamide cap 50 mg	84	dactinomycin for inj 0.5 mg	88
cyclophosphamide for inj 1 gm	84	dalfampridine tab er 12hr 10 mg	195
cyclophosphamide for inj 2 gm	84	dalteparin sodium	
cyclophosphamide for inj 500 mg	84	see FRAGMIN INJ 10000/ML.....	53
cyclophosphamide iv soln 1 gm/5ml (200		see FRAGMIN INJ 12500UNT	53
mg/ml)	84	see FRAGMIN INJ 15000UNT	53
cyclophosphamide iv soln 2 gm/10ml		see FRAGMIN INJ 18000UNT.....	53
(200 mg/ml)	84	see FRAGMIN INJ 2500/0.2.....	53
cyclophosphamide iv soln 500 mg/2.5ml		see FRAGMIN INJ 2500/ML.....	53
(200 mg/ml)	84	see FRAGMIN INJ 5000/0.2.....	53
cycloserine cap 250 mg	83	see FRAGMIN INJ 7500/0.3.....	53
cyclosporine (ophth)		see FRAGMIN INJ 95000UNT	53
see RESTASIS EMU 0.05% OP	187	danazol cap 100 mg	40
see RESTASIS MUL EMU 0.05% OP ...	187	danazol cap 200 mg	40
cyclosporine cap 100 mg	179	danazol cap 50 mg	40
cyclosporine cap 25 mg	179	DANTRIUM CAP 25MG.....	183
cyclosporine iv soln 50 mg/ml	180	dantrolene sodium	
cyclosporine modified cap 100 mg	180	see DANTRIUM CAP 25MG.....	183
cyclosporine modified cap 25 mg	180	dantrolene sodium cap 100 mg	183
cyclosporine modified cap 50 mg	180	dantrolene sodium cap 25 mg	183
cyclosporine modified oral soln 100		dantrolene sodium cap 50 mg	183
mg/ml	180	dantrolene sodium for iv soln 20 mg	183
cyproheptadine hcl syrup 2 mg/5ml	72	dapagliflozin propanediol	
cyproheptadine hcl tab 4 mg	72	see FARXIGA TAB 10MG	68
Cyred Eq		see FARXIGA TAB 5MG.....	68
see desogestrel & ethinyl estradiol tab		dapagliflozin propanediol-metformin hcl	
0.15 mg-30 mcg	116	see XIGDUO XR TAB 10-1000.....	65
cytarabine inj 20 mg/ml	85	see XIGDUO XR TAB 10-500MG	65
cytarabine inj pf 100 mg/ml	85	see XIGDUO XR TAB 2.5-1000	65
cytarabine inj pf 20 mg/ml	85	see XIGDUO XR TAB 5-1000MG	65
CYTOTEC TAB 100MCG	203	see XIGDUO XR TAB 5-500MG.....	65

dapsone gel 5%	129	see ZEGALOGUE INJ 0.6/0.6	66
dapsone gel 7.5%	129	daunorubicin hcl iv soln 20 mg/4ml (base equiv)	88
dapsone tab 100 mg	43	Daysee	
dapsone tab 25 mg	43	see levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	118
daptomycin for iv soln 350 mg	42	DAYVIGO TAB 10MG	163
daptomycin for iv soln 500 mg	43	DAYVIGO TAB 5MG	163
darbepoetin alfa		Deblitane	
see ARANESP INJ 100MCG	160	see norethindrone tab 0.35 mg	125
see ARANESP INJ 10MCG	160	decitabine for inj 50 mg	85
see ARANESP INJ 150MCG	160	deferasirox granules packet 180 mg	69
see ARANESP INJ 200MCG	160	deferasirox granules packet 360 mg	69
see ARANESP INJ 25MCG	160	deferasirox granules packet 90 mg	69
see ARANESP INJ 300MCG	160	deferasirox tab 180 mg	69
see ARANESP INJ 40MCG	160	deferasirox tab 360 mg	69
see ARANESP INJ 500MCG	160	deferasirox tab 90 mg	69
see ARANESP INJ 60MCG	160	deferasirox tab for oral susp 125 mg	69
daridorexant hcl		deferasirox tab for oral susp 250 mg	69
see QUVIVIQ TAB 25MG	163	deferasirox tab for oral susp 500 mg	69
see QUVIVIQ TAB 50MG	163	deferiprone tab 1000 mg	69
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	203	deferiprone tab 500 mg	69
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	203	deferoxamine mesylate for inj 2 gm	69
darolutamide		deferoxamine mesylate for inj 500 mg ..	69
see NUBEQA TAB 300MG	87	deflazacort tab 18 mg	125
darunavir-cobicistat-emtricitabine-tenofovir alafenamide		deflazacort tab 30 mg	125
see SYMTUZA TAB	102	deflazacort tab 36 mg	125
darunavir tab 600 mg	101	deflazacort tab 6 mg	125
darunavir tab 800 mg	101	Delyla	
dasatinib		see levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	118
see SPRYCEL TAB 100MG	91	demeclocycline hcl tab 150 mg	198
see SPRYCEL TAB 140MG	91	demeclocycline hcl tab 300 mg	198
see SPRYCEL TAB 20MG	91	denosumab	
see SPRYCEL TAB 50MG	91	see PROLIA INJ 60MG/ML	142
see SPRYCEL TAB 70MG	91	DEPO-PROVERA INJ 150MG/ML	124
see SPRYCEL TAB 80MG	91	DEPO-SQ PROV INJ 104	124
Dasetta 1/35		Depo-testosterone	
see norethindrone & ethinyl estradiol tab 1 mg-35 mcg	120	see testosterone cypionate im inj in oil 100 mg/ml	40
Dasetta 7/7/7		see testosterone cypionate im inj in oil 200 mg/ml	40
see norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	123	DESCOVY TAB 120-15MG	101
dasiglucagon hcl			

DESCOVY TAB 200/25MG	101	desvenlafaxine succinate tab er 24hr 50	
desflurane inhal soln	151	mg (base equiv)	62
desipramine hcl		DETROL TAB 1MG.....	203
see NORPRAMIN TAB 10MG	63	DETROL TAB 2MG	203
see NORPRAMIN TAB 25MG.....	63	deutetrabenazine	
desipramine hcl tab 100 mg	63	see AUSTEDO TAB 12MG	195
desipramine hcl tab 10 mg	63	see AUSTEDO TAB 6MG.....	195
desipramine hcl tab 150 mg	63	see AUSTEDO TAB 9MG.....	195
desipramine hcl tab 25 mg	63	see AUSTEDO XR TAB 12MG	195
desipramine hcl tab 50 mg	63	see AUSTEDO XR TAB 24MG.....	195
desipramine hcl tab 75 mg	63	see AUSTEDO XR TAB 6MG.....	195
desloratadine tab 5 mg	72	see AUSTEDO XR TAB TITR KIT	195
desloratadine tab orally disintegrating		dexamethasone elixir 0.5 mg/5ml	125
2.5 mg	72	dexamethasone sodium phosphate inj	
desloratadine tab orally disintegrating 5		100 mg/10ml	126
mg	72	dexamethasone sodium phosphate inj 10	
desmopressin acetate inj 4 mcg/ml	145	mg/ml	125
desmopressin acetate nasal spray soln		dexamethasone sodium phosphate inj 120	
0.01%	145	mg/30ml	126
desmopressin acetate nasal spray soln		dexamethasone sodium phosphate inj 20	
0.01% (refrigerated)	145	mg/5ml	125
desmopressin acetate preservative free		dexamethasone sodium phosphate inj 4	
(pf) inj 4 mcg/ml	145	mg/ml	125
desmopressin acetate tab 0.1 mg	145	dexamethasone sodium phosphate inj	
desmopressin acetate tab 0.2 mg	145	soln pref syr 4 mg/ml	126
desogest-eth estrad & eth estrad tab		dexamethasone sodium phosphate ophth	
0.15-0.02/0.01 mg(21/5)	116	soln 0.1%	187
desogest-ethin est tab 0.1-0.025/0.125-		dexamethasone sod phos inj sol pref syr	
0.025/0.15-0.025mg-mg	116	10 mg/ml (pf)	125
desogestrel & ethinyl estradiol tab 0.15		dexamethasone sod phosphate	
mg-30 mcg	116	preservative free inj 10 mg/ml	125
desonide cream 0.05%	134	dexamethasone soln 0.5 mg/5ml	126
desonide lotion 0.05%	134	dexamethasone tab 0.5 mg	126
desonide oint 0.05%	134	dexamethasone tab 0.75 mg	126
desoximetasone cream 0.05%	134	dexamethasone tab 1.5 mg	126
desoximetasone cream 0.25%	134	dexamethasone tab 1 mg	126
desoximetasone gel 0.05%	134	dexamethasone tab 2 mg	126
desoximetasone oint 0.25%	134	dexamethasone tab 4 mg	126
desoximetasone spray 0.25%	134	dexamethasone tab 6 mg	126
desvenlafaxine succinate tab er 24hr 100		dexamethasone tab therapy pack 1.5 mg	
mg (base equiv)	62	(21)	126
desvenlafaxine succinate tab er 24hr 25		dexamethasone tab therapy pack 1.5 mg	
mg (base equiv)	62	(35)	126

dexamethasone tab therapy pack 1.5 mg (51)	126	dextroamphetamine sulfate cap er 24hr 15 mg	24
DEXEDRINE CAP 10MG CR.....	24	dextroamphetamine sulfate cap er 24hr 5 mg	24
dexmedetomidine hcl in nacl 0.9% iv soln 200 mcg/50ml	162	dextroamphetamine sulfate oral solution 5 mg/5ml	25
dexmedetomidine hcl in nacl 0.9% iv soln 400 mcg/100ml	162	dextroamphetamine sulfate tab 10 mg ..	25
dexmedetomidine hcl in nacl 0.9% iv soln 80 mcg/20ml	162	dextroamphetamine sulfate tab 15 mg ..	25
dexmedetomidine hcl iv soln 200 mcg/2ml	162	dextroamphetamine sulfate tab 2.5 mg ..	25
dexmethylphenidate hcl		dextroamphetamine sulfate tab 20 mg ..	25
see FOCALIN TAB 10MG	27	dextroamphetamine sulfate tab 30 mg ..	25
see FOCALIN TAB 2.5MG.....	27	dextroamphetamine sulfate tab 5 mg	25
see FOCALIN TAB 5MG.....	27	dextroamphetamine sulfate tab 7.5 mg ..	25
dexmethylphenidate hcl cap er 24 hr 10 mg	27	dextrose inj 10%	184
dexmethylphenidate hcl cap er 24 hr 15 mg	27	dextrose inj 25%	184
dexmethylphenidate hcl cap er 24 hr 20 mg	27	dextrose inj 5%	184
dexmethylphenidate hcl cap er 24 hr 25 mg	27	dextrose inj 50%	184
dexmethylphenidate hcl cap er 24 hr 30 mg	27	dextrose inj 70%	184
dexmethylphenidate hcl cap er 24 hr 35 mg	27	DHIVY TAB 25-100MG	94
dexmethylphenidate hcl cap er 24 hr 40 mg	27	DIATHRIVE MIS LANCETS	168
dexmethylphenidate hcl cap er 24 hr 5 mg	27	DIATHRIVE MIS UT 30G	168
dexmethylphenidate hcl tab 10 mg	27	diazepam (anticonvulsant)	
dexmethylphenidate hcl tab 2.5 mg	27	see VALTOCO SPR 10MG	54
dexmethylphenidate hcl tab 5 mg	27	see VALTOCO SPR 15MG	54
dextrazoxane hcl for inj 250 mg (base equivalent)	92	see VALTOCO SPR 20MG.....	54
dextrazoxane hcl for inj 500 mg (base equivalent)	92	see VALTOCO SPR 5MG.....	54
dextran 40 inj 10% in d5w	158	diazepam conc 5 mg/ml	46
dextran 40 inj 10% in saline	158	diazepam inj 5 mg/ml	46
dextroamphetamine sulfate		diazepam oral soln 1 mg/ml	46
see DEXEDRINE CAP 10MG CR.....	24	diazepam rectal gel delivery system 10 mg	54
dextroamphetamine sulfate cap er 24hr 10 mg	24	diazepam rectal gel delivery system 2.5 mg	54
		diazepam rectal gel delivery system 20 mg	54
		diazepam tab 10 mg	46
		diazepam tab 2 mg	46
		diazepam tab 5 mg	46
		diazoxide susp 50 mg/ml	66
		dichlorphenamide tab 50 mg	140
		diclofenac epolamine patch 1.3%	130
		diclofenac potassium tab 50 mg	31
		diclofenac sod dr tab 75 mg & capsaicin cr 0.025% ther pack	31

diclofenac sodium (actinic keratoses) gel 3%	132	diltiazem hcl coated beads cap er 24hr 120 mg	107
diclofenac sodium gel 1% (1.16% diethylamine equiv)	130	diltiazem hcl coated beads cap er 24hr 180 mg	107
diclofenac sodium ophth soln 0.1%	188	diltiazem hcl coated beads cap er 24hr 240 mg	107
diclofenac sodium soln 1.5%	130	diltiazem hcl coated beads cap er 24hr 300 mg	107
diclofenac sodium tab delayed release 25 mg	31	diltiazem hcl coated beads cap er 24hr 360 mg	107
diclofenac sodium tab delayed release 50 mg	31	diltiazem hcl extended release beads	
diclofenac sodium tab delayed release 75 mg	31	see TIAZAC CAP 120MG/24	109
diclofenac sodium tab er 24hr 100 mg	31	see TIAZAC CAP 180MG/24	109
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	31	see TIAZAC CAP 240MG/24	109
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	31	see TIAZAC CAP 300MG/24	109
dicloxacillin sodium cap 250 mg	192	see TIAZAC CAP 360MG/24	109
dicloxacillin sodium cap 500 mg	192	see TIAZAC CAP 420MG/24	109
dicyclomine hcl cap 10 mg	201	diltiazem hcl extended release beads cap er 24hr 120 mg	107, 108
dicyclomine hcl inj 10 mg/ml	201	diltiazem hcl extended release beads cap er 24hr 180 mg	108
dicyclomine hcl oral soln 10 mg/5ml	201	diltiazem hcl extended release beads cap er 24hr 240 mg	108
dicyclomine hcl tab 20 mg	201	diltiazem hcl extended release beads cap er 24hr 300 mg	108
DIFICID SUS.....	166	diltiazem hcl extended release beads cap er 24hr 360 mg	108
DIFICID TAB 200MG	166	diltiazem hcl extended release beads cap er 24hr 420 mg	108
DIFLUCAN SUS 10MG/ML	71	diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	108
DIFLUCAN SUS 40MG/ML	71	diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	108
DIFLUCAN TAB 100MG.....	71	diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	108
DIFLUCAN TAB 200MG	71	diltiazem hcl tab 120 mg	108
diflunisal tab 500 mg	34	diltiazem hcl tab 30 mg	108
difluprednate ophth emulsion 0.05% ...	187	diltiazem hcl tab 60 mg	108
digoxin inj 0.25 mg/ml	110	diltiazem hcl tab 90 mg	108
digoxin oral soln 0.05 mg/ml	110	Dilt-xr	
digoxin tab 125 mcg (0.125 mg)	110	see diltiazem hcl cap er 24hr 120 mg	107
digoxin tab 250 mcg (0.25 mg)	110	see diltiazem hcl cap er 24hr 180 mg	107
digoxin tab 62.5 mcg (0.0625 mg)	110	see diltiazem hcl cap er 24hr 240 mg	107
dihydroergotamine mesylate inj 1 mg/ml	176		
diltiazem hcl cap er 12hr 120 mg	107		
diltiazem hcl cap er 12hr 60 mg	107		
diltiazem hcl cap er 12hr 90 mg	107		
diltiazem hcl cap er 24hr 120 mg	107		
diltiazem hcl cap er 24hr 180 mg	107		
diltiazem hcl cap er 24hr 240 mg	107		

dimethyl fumarate capsule delayed release 120 mg	195	docetaxel soln for iv infusion 160 mg/16ml	92
dimethyl fumarate capsule delayed release 240 mg	195	docetaxel soln for iv infusion 20 mg/2ml	92
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	195	docetaxel soln for iv infusion 80 mg/8ml	92
diphenhydramine hcl elixir 12.5 mg/5ml	72	dofetilide	
diphenhydramine hcl inj 50 mg/ml	72	see TIKOSYN CAP 125MCG	48
diphenoxylate w/ atropine		see TIKOSYN CAP 250MCG	48
see LOMOTIL TAB 2.5MG	68	see TIKOSYN CAP 500MCG	48
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	68	dofetilide cap 125 mcg (0.125 mg)	48
diphenoxylate w/ atropine tab 2.5-0.025 mg	68	dofetilide cap 250 mcg (0.25 mg)	48
dipyridamole iv soln 5 mg/ml	137	dofetilide cap 500 mcg (0.5 mg)	48
dipyridamole tab 25 mg	159	Dolishale	
dipyridamole tab 50 mg	159	see levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	119
dipyridamole tab 75 mg	159	dolutegravir sodium	
diroximel fumarate		see TIVICAY PD TAB 5MG	102
see VUMERITY CAP 231MG	196	see TIVICAY TAB 50MG	102
disopyramide phosphate cap 100 mg	47	dolutegravir sodium-lamivudine	
disopyramide phosphate cap 150 mg	47	see DOVATO TAB 50-300MG	101
disulfiram tab 250 mg	193	donepezil hydrochloride	
divalproex sodium cap delayed release sprinkle 125 mg	59	see ARICEPT TAB 10MG	193
divalproex sodium tab delayed release 125 mg	59	see ARICEPT TAB 23MG	193
divalproex sodium tab delayed release 250 mg	59	see ARICEPT TAB 5MG	193
divalproex sodium tab delayed release 500 mg	59	donepezil hydrochloride orally disintegrating tab 10 mg	193
divalproex sodium tab er 24 hr 250 mg	59	donepezil hydrochloride orally disintegrating tab 5 mg	193
divalproex sodium tab er 24 hr 500 mg	59	donepezil hydrochloride tab 10 mg	193
DIVIGEL GEL 0.25MG	147	donepezil hydrochloride tab 23 mg	193
DIVIGEL GEL 0.5MG	147	donepezil hydrochloride tab 5 mg	193
DIVIGEL GEL 0.75MG	147	dopamine hcl inj 40 mg/ml	110
DIVIGEL GEL 1.25MG	147	DOPTELET TAB 20MG	160
DIVIGEL GEL 1MG/GM	147	dornase alfa	
dobutamine hcl inj 12.5 mg/ml	110	see PULMOZYME SOL 1MG/ML	197
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	92	dorzolamide hcl ophth soln 2%	188
docetaxel for inj conc 20 mg/ml	92	dorzolamide hcl-timolol maleate ophth soln 2-0.5%	185
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	92	dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	185
		Dotti	
		see estradiol td patch twice weekly 0.025 mg/24hr	147

see estradiol td patch twice weekly 0.0375 mg/24hr	148	doxycycline (rosacea) see ORACEA CAP 40MG	137
see estradiol td patch twice weekly 0.05 mg/24hr	147	doxycycline hyclate see VIBRAMYCIN CAP 100MG	198
see estradiol td patch twice weekly 0.075 mg/24hr	148	doxycycline hyclate cap 100 mg	198
see estradiol td patch twice weekly 0.1 mg/24hr	147	doxycycline hyclate cap 50 mg	198
DOVATO TAB 50-300MG	101	doxycycline hyclate for inj 100 mg	198
doxazosin mesylate see CARDURA TAB 1MG	77	doxycycline hyclate tab 100 mg	198
see CARDURA TAB 2MG	77	doxycycline hyclate tab 20 mg	198
see CARDURA TAB 4MG	77	doxycycline monohydrate cap 100 mg	198
see CARDURA TAB 8MG	77	doxycycline monohydrate cap 50 mg	198
doxazosin mesylate tab 1 mg	77	doxycycline monohydrate for susp 25 mg/5ml	198
doxazosin mesylate tab 2 mg	78	doxycycline monohydrate tab 100 mg	198
doxazosin mesylate tab 4 mg	78	doxycycline monohydrate tab 150 mg	198
doxazosin mesylate tab 8 mg	78	doxycycline monohydrate tab 50 mg	198
doxepin hcl (sleep) tab 3 mg (base equiv)	161	doxycycline monohydrate tab 75 mg	198
doxepin hcl (sleep) tab 6 mg (base equiv)	161	doxylamine-pyridoxine tab delayed release 10-10 mg	70
doxepin hcl cap 100 mg	63	dronabinol see MARINOL CAP 2.5MG	70
doxepin hcl cap 10 mg	63	dronabinol cap 10 mg	70
doxepin hcl cap 150 mg	63	dronabinol cap 2.5 mg	70
doxepin hcl cap 25 mg	63	dronabinol cap 5 mg	70
doxepin hcl cap 50 mg	63	dronedarone hcl see MULTAQ TAB 400MG	48
doxepin hcl cap 75 mg	63	droperidol inj 2.5 mg/ml	45
doxepin hcl conc 10 mg/ml	63	DROPLET LANC MIS 30G	168
doxercalciferol cap 0.5 mcg	143	DROPLET PERS MIS LANC 30G	168
doxercalciferol cap 1 mcg	143	drospirenone-ethinyl estradiol tab 3-0.02 mg	117
doxercalciferol cap 2.5 mcg	144	drospirenone-ethinyl estradiol tab 3-0.03 mg	117
doxercalciferol inj 4 mcg/2ml (2 mcg/ml)	144	drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg	116
doxorubicin hcl for inj 10 mg	88	drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg	117
doxorubicin hcl for inj 50 mg	88	droxidopa cap 100 mg	205
doxorubicin hcl inj 2 mg/ml	88	droxidopa cap 200 mg	205
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	88	droxidopa cap 300 mg	205
Doxy 100 see doxycycline hyclate for inj 100 mg	198	DUAVEE TAB 0.45-20	146
doxycycline (monohydrate) see VIBRAMYCIN SUS 25MG/5ML	198	DUETACT TAB 30-2MG	64
		DUETACT TAB 30-4MG	64
		dulaglutide	

see TRULICITY INJ 0.75/0.5	66	EASY TOUCH MIS LANC/30G	168
see TRULICITY INJ 1.5/0.5.....	67	EASY TOUCH MIS LANC/32G	168
see TRULICITY INJ 3/0.5	67	EASY TOUCH MIS LANC/33G	168
see TRULICITY INJ 4.5/0.5.....	67	Ec-naproxen	
duloxetine hcl enteric coated pellets cap		see naproxen tab ec 375 mg	32
20 mg (base eq)	62	see naproxen tab ec 500 mg	32
duloxetine hcl enteric coated pellets cap		econazole nitrate cream 1%	131
30 mg (base eq)	62	eculizumab	
duloxetine hcl enteric coated pellets cap		see SOLIRIS INJ 10MG/ML	158
40 mg (base eq)	62	efavirenz cap 200 mg	101
duloxetine hcl enteric coated pellets cap		efavirenz cap 50 mg	101
60 mg (base eq)	62	efavirenz-emtricitabine-tenofovir df tab	
dupilumab		600-200-300 mg	101
see DUPIXENT INJ 200/1.14.....	135	efavirenz-lamivudine-tenofovir df tab	
see DUPIXENT INJ 200MG	135	400-300-300 mg	101
see DUPIXENT INJ 300/2ML	135	efavirenz-lamivudine-tenofovir df tab	
DUPIXENT INJ 200/1.14.....	135	600-300-300 mg	101
DUPIXENT INJ 200MG	135	efavirenz tab 600 mg	101
DUPIXENT INJ 300/2ML	135	Effer-k	
Duramorph		see potassium bicarbonate effer tab 25	
see morphine sulfate inj pf 0.5 mg/ml 36		meq	178
see morphine sulfate inj pf 1 mg/ml	36	elagolix sodium	
DUROLANE INJ 60MG/3ML	183	see ORLISSA TAB 150MG.....	142
dutasteride		see ORLISSA TAB 200MG.....	142
see AVODART CAP 0.5MG.....	152	elagolix sodium-estradiol-norethindrone	
dutasteride cap 0.5 mg	152	acetate	
dutasteride-tamsulosin hcl cap 0.5-0.4		see ORIAHNN CAP	146
mg	152	eletriptan hydrobromide	
duvelisib		see RELPAX TAB 20MG.....	177
see COPIKTRA CAP 15MG.....	89	see RELPAX TAB 40MG.....	177
see COPIKTRA CAP 25MG	89	eletriptan hydrobromide tab 20 mg (base	
DYSPORT INJ 300UNIT	184	equivalent)	176
DYSPORT INJ 500UNIT.....	184	eletriptan hydrobromide tab 40 mg (base	
E		equivalent)	176
E.e.s. 400		ELIGARD INJ 22.5MG	87
see erythromycin ethylsuccinate tab		ELIGARD INJ 30MG	87
400 mg	166	ELIGARD INJ 45MG	87
EASY COMFORT MIS 30G.....	168	ELIGARD INJ 7.5MG	87
EASY COMFORT MIS LANC/30G	168	eliglustat tartrate	
EASY COMFORT MIS TWIST	168	see CERDELGA CAP 84MG.....	159
EASY TOUCH MIS LANC/21G	168	Elinest	
EASY TOUCH MIS LANC/23G	168	see norgestrel & ethinyl estradiol tab	
EASY TOUCH MIS LANC/26G	168	0.3 mg-30 mcg	124
EASY TOUCH MIS LANC/28G	168	ELIQUIS ST P TAB 5MG.....	52

ELIQUIS TAB 2.5MG.....	52
ELIQUIS TAB 5MG.....	52
Elite-ob	
see prenatal vit w/ iron carbonyl-fa tab	
50-1.25 mg	182
Elixophyllin	
see theophylline elixir 80 mg/15ml	51
ELOCTATE INJ 1000UNIT	154
ELOCTATE INJ 1500UNIT	154
ELOCTATE INJ 2000UNIT.....	154
ELOCTATE INJ 250UNIT	154
ELOCTATE INJ 3000UNIT.....	154
ELOCTATE INJ 4000UNIT	154
ELOCTATE INJ 5000UNIT	154
ELOCTATE INJ 500UNIT	154
ELOCTATE INJ 6000UNIT	155
ELOCTATE INJ 750UNIT	154
eltrombopag olamine	
see PROMACTA PAK 25MG	160
see PROMACTA POW 12.5MG	160
see PROMACTA TAB 12.5MG	160
see PROMACTA TAB 25MG	160
see PROMACTA TAB 50MG	160
see PROMACTA TAB 75MG	160
eluxadoline	
see VIBERZI TAB 100MG	150
see VIBERZI TAB 75MG	150
elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide	
see GENVOYA TAB.....	102
elvitegravir-cobicistat-emtricitabine-tenofovir df	
see STRIBILD TAB	102
EMBRACE LANC MIS 21G	168
EMBRACE LANC MIS 28G.....	168
EMBRACE LANC MIS THIN 30G	168
EMGALITY INJ 100MG/ML	176
EMGALITY INJ 120MG/ML.....	176
empagliflozin	
see JARDIANCE TAB 10MG.....	68
see JARDIANCE TAB 25MG	68
empagliflozin-linagliptin	
see GLYXAMBI TAB 10-5 MG.....	64
see GLYXAMBI TAB 25-5 MG	64

empagliflozin-linagliptin-metformin	
see TRIJARDY XR TAB	65
empagliflozin-metformin hcl	
see SYNJARDY TAB	65
see SYNJARDY TAB 12.5-500	65
see SYNJARDY TAB 5-1000MG	65
see SYNJARDY TAB 5-500MG	65
see SYNJARDY XR TAB	65
see SYNJARDY XR TAB 10-1000	65
see SYNJARDY XR TAB 25-1000.....	65
see SYNJARDY XR TAB 5-1000MG	65
EMPAVELI INJ 1080MG.....	158
emtricitabine	
see EMTRIVA CAP 200MG	101
see EMTRIVA SOL 10MG/ML	101
emtricitabine caps 200 mg	101
emtricitabine-rilpivirine-tenofovir alafenamide fumarate	
see ODEFSEY TAB.....	102
emtricitabine-tenofovir alafenamide fumarate	
see DESCOVY TAB 120-15MG	101
see DESCOVY TAB 200/25MG	101
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	101
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	101
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	101
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	101
EMTRIVA CAP 200MG	101
EMTRIVA SOL 10MG/ML	101
EMVERM CHW 100MG	41
Emzahn	
see norethindrone tab 0.35 mg	125
enalaprilat iv inj 1.25 mg/ml	76
enalapril maleate & hydrochlorothiazide	
see VASERETIC TAB 10-25MG.....	82
enalapril maleate & hydrochlorothiazide tab 10-25 mg	79
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	79
enalapril maleate oral soln 1 mg/ml	75

enalapril maleate tab 10 mg	76	see desogestrel & ethinyl estradiol tab	
enalapril maleate tab 2.5 mg	76	0.15 mg-30 mcg	116
enalapril maleate tab 20 mg	76	ENSPRYNG INJ	180
enalapril maleate tab 5 mg	76	ENSTILAR AER	134
ENBREL INJ 25/0.5ML	33	entacapone tab 200 mg	93
ENBREL INJ 25MG	33	entecavir tab 0.5 mg	103
ENBREL INJ 50MG/ML	33	entecavir tab 1 mg	103
ENBREL MINI INJ 50MG/ML	33	entrectinib	
encorafenib		see ROZLYTREK CAP 100MG	90
see BRAFTOVI CAP 75MG	89	see ROZLYTREK CAP 200MG	90
ENDARI POW 5GM	159	see ROZLYTREK PAK 50MG	91
Endocet		ENTRESTO TAB 24-26MG	111
see oxycodone w/ acetaminophen tab		ENTRESTO TAB 49-51MG	111
10-325 mg	39	ENTRESTO TAB 97-103MG	111
see oxycodone w/ acetaminophen tab		Enulose	
2.5-325 mg	39	see lactulose (encephalopathy)	
see oxycodone w/ acetaminophen tab		solution 10 gm/15ml	150
5-325 mg	39	enzalutamide	
see oxycodone w/ acetaminophen tab		see XTANDI CAP 40MG	88
7.5-325 mg	39	see XTANDI TAB 40MG	88
ENDOMETRIN SUP 100MG	205	see XTANDI TAB 80MG	88
enfuvirtide		EPCLUSA PAK 150-37.5	103
see FUZEON INJ 90MG	101	EPCLUSA PAK 200-50MG	103
enoxaparin sodium inj 300 mg/3ml	52	EPCLUSA TAB 200-50MG	103
enoxaparin sodium inj soln pref syr 100		EPCLUSA TAB 400-100	103
mg/ml	52	ephedrine sulfate iv soln 50 mg/ml	205
enoxaparin sodium inj soln pref syr 120		EPIDUO FORTE GEL 0.3-2.5%	129
mg/0.8ml	52	EPIDUO GEL 0.1-2.5%	129
enoxaparin sodium inj soln pref syr 150		epinastine hcl ophth soln 0.05%	188
mg/ml	52	epinephrine (anaphylaxis)	
enoxaparin sodium inj soln pref syr 30		see AUVI-Q INJ 0.15MG	205
mg/0.3ml	52	see AUVI-Q INJ 0.1MG	205
enoxaparin sodium inj soln pref syr 40		see AUVI-Q INJ 0.3MG	205
mg/0.4ml	52	epinephrine hcl nasal soln 0.1%	184
enoxaparin sodium inj soln pref syr 60		epinephrine inj 1 mg/ml (1:1000)	205
mg/0.6ml	52	epinephrine inj 30 mg/30ml (1 mg/ml)	
enoxaparin sodium inj soln pref syr 80		(1:1000)	205
mg/0.8ml	52	epinephrine solution auto-injector 0.15	
Enpresse-28		mg/0.15ml (1:1000)	205
see levonorgestrel-eth estra tab 0.05-		epinephrine solution auto-injector 0.3	
30/0.075-40/0.125-30mg-mcg	119	mg/0.3ml (1:1000)	205
Enskyce		EPISIL LIQ	181
		Epitol	
		see carbamazepine tab 200 mg	55

eplerenone	
see INSPRA TAB 25MG	82
see INSPRA TAB 50MG	82
eplerenone tab 25 mg	82
eplerenone tab 50 mg	82
epoetin alfa	
see PROCRT INJ 10000/ML	160
see PROCRT INJ 2000/ML	160
see PROCRT INJ 20000/ML	160
see PROCRT INJ 3000/ML	160
see PROCRT INJ 4000/ML	160
see PROCRT INJ 40000/ML	160
epoetin alfa-epbx	
see RETACRIT INJ 10000UNT	161
see RETACRIT INJ 20000UNI	161
see RETACRIT INJ 2000UNIT	160
see RETACRIT INJ 3000UNIT	161
see RETACRIT INJ 40000UNT	161
see RETACRIT INJ 4000UNIT	161
epoprostenol sodium	
see FLOLAN INJ 0.5MG	112
see FLOLAN INJ 1.5MG	112
epoprostenol sodium for inj 0.5 mg	112
epoprostenol sodium for inj 1.5 mg	112
eptifibatide iv soln 200 mg/100ml (2 mg/ml)	159
eptifibatide iv soln 20 mg/10ml (2 mg/ml)	159
eptifibatide iv soln 75 mg/100ml (0.75 mg/ml)	159
EQL LANCETS MIS 21G COLR	168
EQL LANCETS MIS 33G COLR	169
EQL LANCETS MIS THIN 26G	169
EQL LANCETS MIS THIN 30G	169
ergocalciferol cap 1.25 mg (50000 unit)	205
ergoloid mesylates tab 1 mg	197
ERIVEDGE CAP 150MG	87
ERLEADA TAB 240MG	87
ERLEADA TAB 60MG	87
erlotinib hcl tab 100 mg (base equivalent)	87
erlotinib hcl tab 150 mg (base equivalent)	87
erlotinib hcl tab 25 mg (base equivalent)	87
Errin	
see norethindrone tab 0.35 mg	125
ertapenem sodium for inj 1 gm (base equivalent)	42
Ery	
see erythromycin pads 2%	129
Ery-tab	
see erythromycin tab delayed release 250 mg	166
see erythromycin tab delayed release 333 mg	166
see erythromycin tab delayed release 500 mg	166
Erythrocin Lactobionate	
see erythromycin lactobionate for inj 500 mg	166
Erythrocin Stearate	
see erythromycin stearate tab 250 mg	166
erythromycin ethylsuccinate for susp 200 mg/5ml	166
erythromycin ethylsuccinate for susp 400 mg/5ml	166
erythromycin ethylsuccinate tab 400 mg	166
erythromycin gel 2%	129
erythromycin lactobionate for inj 500 mg	166
erythromycin ophth oint 5 mg/gm	186
erythromycin pads 2%	129
erythromycin soln 2%	129
erythromycin stearate tab 250 mg	166
erythromycin tab 250 mg	166
erythromycin tab 500 mg	166
erythromycin tab delayed release 250 mg	166
erythromycin tab delayed release 333 mg	166
erythromycin tab delayed release 500 mg	166
erythromycin w/ delayed release particles cap 250 mg	166

escitalopram oxalate soln 5 mg/5ml (base equiv)	60	see DIVIGEL GEL 0.25MG.....	147
escitalopram oxalate tab 10 mg (base equiv)	60	see DIVIGEL GEL 0.5MG.....	147
escitalopram oxalate tab 20 mg (base equiv)	60	see DIVIGEL GEL 0.75MG.....	147
escitalopram oxalate tab 5 mg (base equiv)	60	see DIVIGEL GEL 1.25MG.....	147
eslicarbazepine acetate		see DIVIGEL GEL 1MG/GM	147
see APTIOM TAB 200MG	54	see ESTRACE TAB 0.5MG	147
see APTIOM TAB 400MG	55	see ESTRACE TAB 1MG	147
see APTIOM TAB 600MG	55	see ESTRACE TAB 2MG.....	147
see APTIOM TAB 800MG	55	estradiol & norethindrone acetate	
esmolol hcl inj 100 mg/10ml	105	see COMBIPATCH DIS.....	146
esmolol hcl-sodium chloride iv soln 2000 mg/100ml	105	estradiol & norethindrone acetate tab 0.5-0.1 mg	146
esmolol hcl-sodium chloride iv soln 2500 mg/250ml	105	estradiol & norethindrone acetate tab 1-0.5 mg	146
esomeprazole magnesium cap delayed release 20 mg (base eq)	202	estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	147
esomeprazole magnesium cap delayed release 40 mg (base eq)	202	estradiol-levonorgestrel	
esomeprazole magnesium for delayed release susp packet 10 mg	202	see CLIMARA PRO DIS WEEKLY	146
esomeprazole magnesium for delayed release susp packet 20 mg	202	estradiol tab 0.5 mg	147
esomeprazole magnesium for delayed release susp packet 40 mg	202	estradiol tab 1 mg	147
esomeprazole sodium for intravenous soln 40 mg (base equiv)	203	estradiol tab 2 mg	147
ESPEROCT INJ 1000UNIT	155	estradiol td gel 0.25 mg/0.25gm (0.1%)	147
ESPEROCT INJ 1500UNIT	155	estradiol td gel 0.5 mg/0.5gm (0.1%)	147
ESPEROCT INJ 2000UNIT	155	estradiol td gel 0.75 mg/0.75gm (0.1%)	147
ESPEROCT INJ 3000UNIT	155	estradiol td gel 1.25 mg/1.25gm (0.1%)	147
ESPEROCT INJ 500UNIT.....	155	estradiol td gel 1 mg/gm (0.1%)	147
Estarylla		estradiol td patch twice weekly 0.025 mg/24hr	147
see norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	123	estradiol td patch twice weekly 0.0375 mg/24hr	148
estazolam tab 1 mg	162	estradiol td patch twice weekly 0.05 mg/24hr	147
estazolam tab 2 mg	162	estradiol td patch twice weekly 0.075 mg/24hr	147, 148
ESTRACE TAB 0.5MG	147	estradiol td patch twice weekly 0.1 mg/24hr	147
ESTRACE TAB 1MG	147	estradiol td patch weekly 0.025 mg/24hr	148
ESTRACE TAB 2MG.....	147	estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	148
estradiol		estradiol td patch weekly 0.05 mg/24hr	148

estradiol td patch weekly 0.06 mg/24hr	
.....	148
estradiol td patch weekly 0.075 mg/24hr	
.....	148
estradiol td patch weekly 0.1 mg/24hr	148
estradiol vaginal	
see IMVEXXY MAIN SUP 10MCG.....	204
see IMVEXXY MAIN SUP 4MCG.....	204
see IMVEXXY STRT SUP 10MCG.....	204
see IMVEXXY STRT SUP 4MCG.....	204
see VAGIFEM TAB 10MCG.....	204
estradiol vaginal cream 0.1 mg/gm	.....204
estradiol valerate-dienogest	
see NATAZIA TAB.....	119
estradiol valerate im in oil 10 mg/ml	.....148
estradiol valerate im in oil 20 mg/ml	.....148
estradiol valerate im in oil 40 mg/ml	.....148
eszopiclone tab 1 mg	.....162
eszopiclone tab 2 mg	.....162
eszopiclone tab 3 mg	.....162
etanercept	
see ENBREL INJ 25/0.5ML.....	33
see ENBREL INJ 25MG.....	33
see ENBREL INJ 50MG/ML.....	33
see ENBREL MINI INJ 50MG/ML.....	33
see ENBREL SRCLK INJ 50MG/ML.....	33
ethacrynate sodium for inj 50 mg	.....140
ethacrynic acid tab 25 mg	.....140
ethambutol hcl	
see MYAMBUTOL TAB 400MG.....	83
ethambutol hcl tab 100 mg	.....83
ethambutol hcl tab 400 mg	.....83
ethosuximide	
see ZARONTIN CAP 250MG.....	59
see ZARONTIN SOL 250/5ML.....	59
ethosuximide cap 250 mg	.....59
ethosuximide soln 250 mg/5ml	.....59
ethyl chloride aerosol spray	.....136
ethynodiol diacetate & ethinyl estradiol	
tab 1 mg-35 mcg	.....117
ethynodiol diacetate & ethinyl estradiol	
tab 1 mg-50 mcg	.....117
etodolac cap 200 mg	.....31
etodolac cap 300 mg	.....31
etodolac tab 400 mg	.....31
etodolac tab 500 mg	.....31
etodolac tab er 24hr 400 mg	.....31
etodolac tab er 24hr 500 mg	.....31
etodolac tab er 24hr 600 mg	.....32
etomidate iv soln 2 mg/ml	.....151
etonogestrel-ethinyl estradiol	
see NUVARING MIS.....	124
etoposide cap 50 mg	.....92
etoposide inj 100 mg/5ml (20 mg/ml)	.....92
etoposide inj 1 gm/50ml (20 mg/ml)	.....92
etoposide inj 500 mg/25ml (20 mg/ml)	.....92
etravirine tab 100 mg	.....101
etravirine tab 200 mg	.....101
EUCRISA OIN 2%.....	137
EUFLEXXA INJ 10MG/ML.....	183
Euthyrox	
see levothyroxine sodium tab 100 mcg	.....199
see levothyroxine sodium tab 112 mcg	.....199
see levothyroxine sodium tab 125 mcg	.....199
see levothyroxine sodium tab 137 mcg	.....200
see levothyroxine sodium tab 150 mcg	.....200
see levothyroxine sodium tab 175 mcg	.....200
see levothyroxine sodium tab 200 mcg	.....200
see levothyroxine sodium tab 25 mcg	.....199
see levothyroxine sodium tab 50 mcg	.....199
see levothyroxine sodium tab 75 mcg	.....199
see levothyroxine sodium tab 88 mcg	.....199
everolimus tab 0.25 mg	.....180
everolimus tab 0.5 mg	.....180
everolimus tab 0.75 mg	.....180
everolimus tab 10 mg	.....89
everolimus tab 1 mg	.....180

everolimus tab 2.5 mg	89	famciclovir tab 250 mg	104
everolimus tab 5 mg	89	famciclovir tab 500 mg	104
everolimus tab 7.5 mg	89	famotidine	
everolimus tab for oral susp 2 mg	89	see PEPCID TAB 20MG	202
everolimus tab for oral susp 3 mg	89	see PEPCID TAB 40MG	202
everolimus tab for oral susp 5 mg	89	famotidine for susp 40 mg/5ml	202
EVISTA TAB 60MG	143	famotidine inj 200 mg/20ml	202
evolocumab		famotidine inj 40 mg/4ml	202
see REPATHA INJ 140MG/ML	75	famotidine in nacl 0.9% iv soln 20	
see REPATHA PUSH INJ 420/3.5	75	mg/50ml	202
see REPATHA SURE INJ 140MG/ML	75	famotidine preservative free inj 20	
EVOXAC CAP 30MG	181	mg/2ml	202
EXELON DIS 13.3/24	193	famotidine tab 20 mg	202
EXELON DIS 4.6MG/24	193	famotidine tab 40 mg	202
EXELON DIS 9.5MG/24	193	FARXIGA TAB 10MG	68
exemestane		FARXIGA TAB 5MG	68
see AROMASIN TAB 25MG	87	FASENRA INJ 30MG/ML	48
exemestane tab 25 mg	87	FASENRA PEN INJ 30MG/ML	48
ezetimibe-simvastatin		FASTCLIX MIS LANCETS	169
see VYTORIN TAB 10-10MG	73	febuxostat tab 40 mg	153
see VYTORIN TAB 10-20MG	73	febuxostat tab 80 mg	153
see VYTORIN TAB 10-40MG	73	felbamate susp 600 mg/5ml	58
see VYTORIN TAB 10-80MG	73	felbamate tab 400 mg	58
ezetimibe-simvastatin tab 10-10 mg	72	felbamate tab 600 mg	58
ezetimibe-simvastatin tab 10-20 mg	72	felodipine tab er 24hr 10 mg	108
ezetimibe-simvastatin tab 10-40 mg	72	felodipine tab er 24hr 2.5 mg	108
ezetimibe-simvastatin tab 10-80 mg	72	felodipine tab er 24hr 5 mg	108
ezetimibe tab 10 mg	75	FEMARA TAB 2.5MG	87
E-ZJECT LANC MIS 33G	168	fenofibrate cap 150 mg	73
E-ZJECT MIS 21G	168	fenofibrate micronized cap 134 mg	74
E-ZJECT MIS 21G COLR	168	fenofibrate micronized cap 200 mg	74
E-ZJECT MIS 30G	168	fenofibrate micronized cap 43 mg	73
E-ZJECT MIS 32G COLR	168	fenofibrate micronized cap 67 mg	73
E-ZJECT MIS LANC 21G	168	fenofibrate tab 145 mg	74
E-ZJECT MIS THIN 26G	168	fenofibrate tab 160 mg	74
EZ-LETS 21G MIS LANCETS	169	fenofibrate tab 48 mg	74
EZ-LETS 26G MIS LANCETS	169	fenofibrate tab 54 mg	74
EZ-LETS 28G MIS LANCETS	169	fenofibric acid tab 105 mg	74
EZ-LETS 30G MIS LANCETS	169	fenofibric acid tab 35 mg	74
F		FENSOLVI INJ 45MG	143
Falmina		fantanyl citrate buccal tab 100 mcg (base	
see levonorgestrel & ethinyl estradiol		equiv)	34
tab 0.1 mg-20 mcg	118	fantanyl citrate buccal tab 200 mcg (base	
famciclovir tab 125 mg	104	equiv)	34

fentanyl citrate buccal tab 400 mcg (base equiv)	34	fesoterodine fumarate tab er 24hr 4 mg	203
fentanyl citrate buccal tab 600 mcg (base equiv)	34	fesoterodine fumarate tab er 24hr 8 mg	203
fentanyl citrate buccal tab 800 mcg (base equiv)	34	FIASP FLEX INJ TOUCH	67
fentanyl citrate lozenge on a handle 1200 mcg	34	FIASP INJ 100/ML.....	67
fentanyl citrate lozenge on a handle 1600 mcg	34	FIASP PENFIL INJ U-100	67
fentanyl citrate lozenge on a handle 200 mcg	34	fidaxomicin see DIFICID SUS.....	166
fentanyl citrate lozenge on a handle 400 mcg	34	see DIFICID TAB 200MG	166
fentanyl citrate lozenge on a handle 600 mcg	34	FIFTY50 SAFE MIS LANCETS	169
fentanyl citrate lozenge on a handle 800 mcg	34	filgrastim-aafi see NIVESTYM INJ 300/0.5	160
fentanyl citrate pf soln prefilled syringe 50 mcg/ml	34	see NIVESTYM INJ 300MCG.....	160
fentanyl citrate preservative free (pf) inj 1000 mcg/20ml	34	see NIVESTYM INJ 480/0.8	160
fentanyl citrate preservative free (pf) inj 100 mcg/2ml	34	see NIVESTYM INJ 480MCG.....	160
fentanyl citrate preservative free (pf) inj 2500 mcg/50ml	34	FINACEA AER 15%.....	137
fentanyl citrate preservative free (pf) inj 250 mcg/5ml	34	finasteride see PROSCAR TAB 5MG.....	152
fentanyl citrate preservative free (pf) inj 500 mcg/10ml	34	finasteride tab 5 mg	152
fentanyl citrate soln prefilled syringe 100 mcg/2ml	34	finerenone see KERENDIA TAB 10MG.....	145
fentanyl td patch 72hr 100 mcg/hr	35	see KERENDIA TAB 20MG	145
fentanyl td patch 72hr 12 mcg/hr	34	FINGERSTIX MIS LANCETS	169
fentanyl td patch 72hr 25 mcg/hr	35	ingolimod hcl cap 0.5 mg (base equiv) 195	
fentanyl td patch 72hr 37.5 mcg/hr	35	Finzala see norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	122
fentanyl td patch 72hr 50 mcg/hr	35	Flac see fluocinolone acetonide (otic) oil 0.01%	189
fentanyl td patch 72hr 62.5 mcg/hr	35	flavoxate hcl tab 100 mg	204
fentanyl td patch 72hr 75 mcg/hr	35	flecainide acetate tab 100 mg	47
fentanyl td patch 72hr 87.5 mcg/hr	35	flecainide acetate tab 150 mg	47
ferric citrate see AURYXIA TAB 210MG	150	flecainide acetate tab 50 mg	47
		FLOLAN INJ 0.5MG.....	112
		FLOLAN INJ 1.5MG.....	112
		FLOMAX CAP 0.4MG	152
		floxuridine for inj 0.5 gm	85
		fluconazole see DIFLUCAN SUS 10MG/ML	71
		see DIFLUCAN SUS 40MG/ML	71
		see DIFLUCAN TAB 100MG.....	71
		see DIFLUCAN TAB 200MG	71

fluconazole for susp 10 mg/ml	71	fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	85
fluconazole for susp 40 mg/ml	71	fluorouracil iv soln 500 mg/10ml (50 mg/ml)	85
fluconazole in nacl 0.9% inj 200 mg/100ml	71	fluorouracil iv soln 5 gm/100ml (50 mg/ml)	85
fluconazole in nacl 0.9% inj 400 mg/200ml	71	fluorouracil soln 2%	132
fluconazole tab 100 mg	71	fluorouracil soln 5%	132
fluconazole tab 150 mg	71	fluoxetine hcl cap 10 mg	60
fluconazole tab 200 mg	71	fluoxetine hcl cap 20 mg	61
fluconazole tab 50 mg	71	fluoxetine hcl cap 40 mg	61
flucytosine cap 250 mg	71	fluoxetine hcl cap delayed release 90 mg	61
fludarabine phosphate for inj 50 mg	85	fluoxetine hcl solution 20 mg/5ml	61
fludarabine phosphate inj 25 mg/ml	85	fluoxetine hcl tab 10 mg	61
fludrocortisone acetate tab 0.1 mg	127	fluoxetine hcl tab 20 mg	61
flumazenil iv soln 0.5 mg/5ml (0.1 mg/ml)	69	fluphenazine decanoate inj 25 mg/ml	99
flumazenil iv soln 1 mg/10ml (0.1 mg/ml)	69	fluphenazine hcl elixir 2.5 mg/5ml	99
flunisolide nasal soln 25 mcg/act (0.025%)	184	fluphenazine hcl inj 2.5 mg/ml	99
fluocinolone acetonide (otic) oil 0.01%	189	fluphenazine hcl oral conc 5 mg/ml	99
fluocinolone acetonide cream 0.01% ..	134	fluphenazine hcl tab 10 mg	99
fluocinolone acetonide cream 0.025%	134	fluphenazine hcl tab 1 mg	99
fluocinolone acetonide oil 0.01% (body oil)	134	fluphenazine hcl tab 2.5 mg	99
fluocinolone acetonide oil 0.01% (scalp oil)	134	fluphenazine hcl tab 5 mg	99
fluocinolone acetonide oint 0.025%	134	flurbiprofen sodium ophth soln 0.03%	188
fluocinolone acetonide soln 0.01%	134	flurbiprofen tab 100 mg	32
fluocinonide cream 0.05%	134	flurbiprofen tab 50 mg	32
fluocinonide emulsified base cream 0.05%	134	fluticasone furoate-vilanterol see BREO ELLIPTA INH 100-25.....	50
fluocinonide gel 0.05%	134	see BREO ELLIPTA INH 200-25	50
fluocinonide oint 0.05%	134	see BREO ELLIPTA INH 50-25MCG	50
fluocinonide soln 0.05%	134	fluticasone propionate cream 0.05% ..	134
fluorescein sodium iv soln 10%	188	fluticasone propionate lotion 0.05% ..	134
fluorescein w/ benoxinate ophth soln 0.25-0.4%	188	fluticasone propionate nasal susp 50 mcg/act	184
fluorescein w/ proparacaine ophth soln 0.25-0.5%	188	fluticasone propionate oint 0.005%	134
fluorometholone ophth susp 0.1%	187	fluticasone-salmeterol aer powder ba 100-50 mcg/act	50
fluorouracil cream 5%	132	fluticasone-salmeterol aer powder ba 250-50 mcg/act	50
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	85	fluticasone-salmeterol aer powder ba 500-50 mcg/act	50
		fluticasone-umeclidinium-vilanterol see TRELEGY AER 100MCG	51

see TRELEGY AER 200MCG.....	51	FOSAMAX TAB 70MG	141
fluvastatin sodium cap 20 mg (base equivalent)	74	fosamprenavir calcium tab 700 mg (base equiv)	101
fluvastatin sodium cap 40 mg (base equivalent)	74	fosaprepitant dimeglumine for iv infusion 150 mg (base eq)	70
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	74	foscarnet sodium inj 6000 mg/250ml (24 mg/ml)	103
fluvoxamine maleate cap er 24hr 100 mg	61	fosfomycin tromethamine powd pack 3 gm (base equivalent)	44
fluvoxamine maleate cap er 24hr 150 mg	61	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	79
fluvoxamine maleate tab 100 mg	61	fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	80
fluvoxamine maleate tab 25 mg	61	fosinopril sodium tab 10 mg	76
fluvoxamine maleate tab 50 mg	61	fosinopril sodium tab 20 mg	76
FOCALIN TAB 10MG	27	fosinopril sodium tab 40 mg	76
FOCALIN TAB 2.5MG.....	27	fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)	58
FOCALIN TAB 5MG.....	27	fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)	58
FOLLISTIM AQ INJ 300UNIT.....	142	fostamatinib disodium	
FOLLISTIM AQ INJ 600UNIT	142	see TAVALISSE TAB 100MG	158
FOLLISTIM AQ INJ 900UNIT	142	see TAVALISSE TAB 150MG	158
follitropin beta		FRAGMIN INJ 10000/ML.....	53
see FOLLISTIM AQ INJ 300UNIT.....	142	FRAGMIN INJ 12500UNT	53
see FOLLISTIM AQ INJ 600UNIT	142	FRAGMIN INJ 15000UNT.....	53
see FOLLISTIM AQ INJ 900UNIT	142	FRAGMIN INJ 18000UNT.....	53
fomepizole inj 1 gm/ml (for iv infusion) ..	69	FRAGMIN INJ 2500/0.2.....	53
fondaparinux sodium		FRAGMIN INJ 2500/ML.....	53
see ARIXTRA INJ 10/0.8ML.....	52	FRAGMIN INJ 5000/0.2.....	53
see ARIXTRA INJ 2.5/0.5.....	52	FRAGMIN INJ 7500/0.3.....	53
see ARIXTRA INJ 5/0.4ML	52	FRAGMIN INJ 95000UNT	53
see ARIXTRA INJ 7.5/0.6.....	52	FREESTYLE MIS LANCETS.....	169
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	53	fremanezumab-vfrm	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	53	see AJOVY INJ 225/1.5.....	176
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	53	Fresenius Propoven	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	53	see propofol iv emul 1000 mg/100ml (10 mg/ml)	151
FORA LANCETS MIS 30G.....	169	see propofol iv emul 200 mg/20ml (10 mg/ml)	151
FORA MIS LANCETS	169	see propofol iv emul 500 mg/50ml (10 mg/ml)	151
formaldehyde solution 10%	100	frovatriptan succinate tab 2.5 mg (base equivalent)	177
formoterol fumarate soln nebu 20 mcg/2ml	50		
FORTEO INJ 600/2.4.....	141		

fulvestrant inj soln pref syr 250 mg/5ml87

furosemide

see LASIX TAB 20MG140

see LASIX TAB 40MG140

see LASIX TAB 80MG140

furosemide inj 10 mg/ml.....140

furosemide oral soln 10 mg/ml140

furosemide oral soln 8 mg/ml140

furosemide tab 20 mg.....140

furosemide tab 40 mg.....140

furosemide tab 80 mg.....140

FUZEON INJ 90MG101

Fyavolv

see **norethindrone acetate-ethinyl**

estradiol tab 0.5 mg-2.5 mcg146

see **norethindrone acetate-ethinyl**

estradiol tab 1 mg-5 mcg146

FYCOMPA SUS 0.5MG/ML54

FYCOMPA TAB 10MG.....54

FYCOMPA TAB 12MG.....54

FYCOMPA TAB 2MG54

FYCOMPA TAB 4MG54

FYCOMPA TAB 6MG54

FYCOMPA TAB 8MG54

FYLNTRA INJ 6MG/0.6.....160

G

gabapentin

see NEURONTIN CAP 100MG57

see NEURONTIN CAP 300MG.....57

see NEURONTIN CAP 400MG57

see NEURONTIN SOL 250/5ML.....57

see NEURONTIN TAB 600MG.....57

see NEURONTIN TAB 800MG.....57

gabapentin (once-daily)

see GRALISE TAB 300MG196

see GRALISE TAB 450MG196

see GRALISE TAB 600MG197

see GRALISE TAB 750MG197

see GRALISE TAB 900MG197

gabapentin (once-daily) tab 300 mg196

gabapentin (once-daily) tab 600 mg196

gabapentin cap 100 mg55

gabapentin cap 300 mg.....55

gabapentin cap 400 mg.....55

gabapentin oral soln 250 mg/5ml55

gabapentin tab 600 mg55

gabapentin tab 800 mg55

gadobutrol inj 1 mmol/ml (604.72 mg/ml)

.....138

gadoterate meglumine iv soln 10

mmol/20ml (0.5 mmol/ml).....138

gadoterate meglumine iv soln 2.5

mmol/5ml (0.5 mmol/ml)138

gadoterate meglumine iv soln 50

mmol/100ml (0.5 mmol/ml)138

gadoterate meglumine iv soln 5

mmol/10ml (0.5 mmol/ml)138

gadoterate meglumine iv soln 7.5

mmol/15ml (0.5 mmol/ml).....138

gadoterate meglumine iv soln prefilled

syringe 10 mmol/20ml.....138

gadoterate meglumine iv soln prefilled

syringe 5 mmol/10ml138

gadoterate meglumine iv soln prefilled

syringe 7.5 mmol/15ml138

galantamine hydrobromide cap er 24hr 16

mg193

galantamine hydrobromide cap er 24hr

24 mg193

galantamine hydrobromide cap er 24hr 8

mg193

galantamine hydrobromide oral soln 4

mg/ml193

galantamine hydrobromide tab 12 mg ..193

galantamine hydrobromide tab 4 mg....193

galantamine hydrobromide tab 8 mg....193

galcanezumab-gnlm

see EMGALITY INJ 100MG/ML176

see EMGALITY INJ 120MG/ML.....176

ganciclovir sodium for inj 500 mg103

GANIRELIX AC INJ 250/0.5142

gatifloxacin ophth soln 0.5%.....186

Gavilyte-c

see **peg 3350-kcl-na bicarb-nacl-na**

sulfate for soln 240 gm.....163

Gavilyte-g

see **peg 3350-kcl-na bicarb-nacl-na**

sulfate for soln 236 gm.....163

GAVRETO CAP 100MG	90
gefitinib tab 250 mg	87
GELSYN-3 INJ 16.8/2ML	183
gemcitabine hcl for inj 1 gm	85
gemcitabine hcl for inj 200 mg	85
gemcitabine hcl for inj 2 gm	85
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	85
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	85
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	85
gemfibrozil see LOPID TAB 600MG	74
gemfibrozil tab 600 mg	74
Gemmily see norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	122
GEMTESA TAB 75MG	204
Generlac see lactulose (encephalopathy) solution 10 gm/15ml	150
Gengraf see cyclosporine modified cap 100 mg	180
see cyclosporine modified cap 25 mg	180
see cyclosporine modified oral soln 100 mg/ml	180
gentamicin in saline inj 0.8 mg/ml	29
gentamicin in saline inj 1.2 mg/ml	29
gentamicin in saline inj 1.6 mg/ml	29
gentamicin in saline inj 1 mg/ml	29
gentamicin in saline inj 2 mg/ml	29
gentamicin sulfate cream 0.1%	131
gentamicin sulfate inj 10 mg/ml	29
gentamicin sulfate inj 40 mg/ml	29
gentamicin sulfate oint 0.1%	131
gentamicin sulfate ophth soln 0.3%	186
GENTEEL MIS LANCETS	169
GENTLE-LET MIS 26G	169
GENTLE-LET MIS 28G	169
GENTLE-LET MIS LANCETS	169
GENVOYA TAB.....	102

gilteritinib fumarate see XOSPATA TAB 40MG.....	91
glatiramer acetate see COPAXONE INJ 40MG/ML.....	195
glatiramer acetate soln prefilled syringe 20 mg/ml	195
glatiramer acetate soln prefilled syringe 40 mg/ml	195
Glatopa see glatiramer acetate soln prefilled syringe 20 mg/ml	195
see glatiramer acetate soln prefilled syringe 40 mg/ml	195
glimepiride tab 1 mg	68
glimepiride tab 2 mg	68
glimepiride tab 4 mg	68
glipizide-metformin hcl tab 2.5-250 mg	64
glipizide-metformin hcl tab 2.5-500 mg	64
glipizide-metformin hcl tab 5-500 mg	64
glipizide tab 10 mg	68
glipizide tab 5 mg	68
glipizide tab er 24hr 10 mg	68
glipizide tab er 24hr 2.5 mg	68
glipizide tab er 24hr 5 mg	68
Glipizide Xl see glipizide tab er 24hr 10 mg	68
see glipizide tab er 24hr 2.5 mg	68
see glipizide tab er 24hr 5 mg	68
GLOBAL 28G MIS LANCETS	169
GLOBAL 30G MIS LANCETS.....	169
glucagon see BAQSIMI ONE POW 3MG/DOSE	66
see BAQSIMI TWO POW 3MG/DOSE ...	66
see GVOKE HYPO 1 INJ .5/.1ML.....	66
see GVOKE HYPO 1 INJ 1MG/.2ML	66
see GVOKE HYPO 2 INJ .5/.1ML	66
see GVOKE HYPO 2 INJ 1MG/.2ML.....	66
see GVOKE KIT SOL 1MG/0.2M	66
see GVOKE PFS INJ	66
glucagon (rdna) for inj kit 1 mg	66
GLUCOCOM MIS 28G	169
GLUCOCOM MIS 30G.....	169
GLUCOCOM MIS 33G	169
glucose blood	

see ACCU-CHEK TES AVIVA PL	138
see ACCU-CHEK TES GUIDE.....	138
see ACCU-CHEK TES SMART	138
see ONETOUCH TES ULTRA	138
see ONETOUCH TES VERIO	138

glutamine (sickle cell)

see ENDARI POW 5GM.....	159
-------------------------	-----

glyburide-metformin tab 1.25-250 mg ..	64
---	----

glyburide-metformin tab 2.5-500 mg	64
--	----

glyburide-metformin tab 5-500 mg	64
---	----

glyburide micronized tab 1.5 mg	68
--	----

glyburide micronized tab 3 mg	68
--	----

glyburide micronized tab 6 mg	68
--	----

glyburide tab 1.25 mg	68
------------------------------------	----

glyburide tab 2.5 mg	68
-----------------------------------	----

glyburide tab 5 mg	68
---------------------------------	----

glycine diluent for injection	192
--	-----

glycine irrigation soln 1.5%	152
---	-----

glycopyrrolate inj 0.2 mg/ml	201
---	-----

glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)	201
--	-----

glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)	201
--	-----

glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)	201
---	-----

glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml	201
---	-----

glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml)	201
---	-----

glycopyrrolate oral soln 1 mg/5ml	201
--	-----

glycopyrrolate tab 1 mg	201
--------------------------------------	-----

glycopyrrolate tab 2 mg	201
--------------------------------------	-----

Glydo

see lidocaine hcl urethral/mucosal gel prefilled syringe 2%	136
--	-----

GLYXAMBI TAB 10-5 MG	64
-----------------------------------	----

GLYXAMBI TAB 25-5 MG	64
-----------------------------------	----

GNP LANCETS MIS 21G	169
----------------------------------	-----

GNP LANCETS MIS 28G	169
----------------------------------	-----

GNP LANCETS MIS 30G	169
----------------------------------	-----

GNP LANCETS MIS 33G	169
----------------------------------	-----

GNP LANCETS MIS THIN 26G	169
---------------------------------------	-----

GOJJI LANCET MIS 30G	169
-----------------------------------	-----

golimumab

see SIMPONI ARIA SOL 50MG/4ML	30
--	----

GOODSENSE MIS LANC 26G	169
-------------------------------------	-----

GOODSENSE MIS LANC 30G	169
-------------------------------------	-----

GOODSENSE MIS LANC 33G	169
-------------------------------------	-----

GRALISE TAB 300MG	196
--------------------------------	-----

GRALISE TAB 450MG	196
--------------------------------	-----

GRALISE TAB 600MG	197
--------------------------------	-----

GRALISE TAB 750MG	197
--------------------------------	-----

GRALISE TAB 900MG	197
--------------------------------	-----

granisetron

see SANCUSO DIS 3.1MG	70
------------------------------------	----

granisetron hcl inj 1 mg/ml	69
--	----

granisetron hcl inj 4 mg/4ml (1 mg/ml) ..	69
--	----

granisetron hcl tab 1 mg	69
---------------------------------------	----

grass mixed pollens allergen extract

see ORALAIR SUB 300 IR	29
-------------------------------------	----

GRASTEK SUB 2800BAU	29
----------------------------------	----

griseofulvin microsize susp 125 mg/5ml	71
---	----

griseofulvin microsize tab 500 mg	71
--	----

griseofulvin ultramicrosize tab 125 mg ..	71
--	----

griseofulvin ultramicrosize tab 250 mg ..	71
--	----

guanfacine hcl tab 1 mg	78
--------------------------------------	----

guanfacine hcl tab 2 mg	78
--------------------------------------	----

guanfacine hcl tab er 24hr 1 mg (base equiv)	26
---	----

guanfacine hcl tab er 24hr 2 mg (base equiv)	26
---	----

guanfacine hcl tab er 24hr 3 mg (base equiv)	26
---	----

guanfacine hcl tab er 24hr 4 mg (base equiv)	26
---	----

guselkumab

see TREMFYA INJ 100MG/ML	133
---------------------------------------	-----

GVOKE HYPO 1 INJ .5/.1ML	66
---------------------------------------	----

GVOKE HYPO 1 INJ 1MG/.2ML	66
--	----

GVOKE HYPO 2 INJ .5/.1ML	66
---------------------------------------	----

GVOKE HYPO 2 INJ 1MG/.2ML	66
--	----

GVOKE KIT SOL 1MG/0.2M	66
-------------------------------------	----

GVOKE PFS INJ	66
----------------------------	----

H

HAEMOLANCE MIS HIGH FLO	169
--------------------------------------	-----

HAEMOLANCE MIS LOW FLOW	169
--------------------------------------	-----

HAEMOLANCE MIS PLUS	169
----------------------------------	-----

HAEMOLANCE MIS PLUS LOW	169
--------------------------------------	-----

HAEMOLANCE MIS PLUS MAX.....	169	heparin sodium (porcine) inj 1000 unit/ml	53
HAEMOLANCE MIS PLUS PED.....	169	.....	53
HAEMOLANCE MIS RETRACT.....	169	heparin sodium (porcine) inj 20000	
Hailey 1.5/30		unit/ml.....	53
see norethindrone ace & ethinyl		heparin sodium (porcine) inj 5000 unit/ml	53
estradiol tab 1.5 mg-30 mcg	121	.....	53
Hailey 24 Fe		heparin sodium (porcine) pf inj 1000	
see norethindrone ace-ethinyl		unit/ml.....	53
estradiol-fe tab 1 mg-20 mcg (24) .122		heparin sodium (porcine) pf inj 5000	
Hailey Fe 1/20		unit/0.5ml.....	53
see norethindrone ace & ethinyl		HERZUMA INJ 150MG.....	86
estradiol-fe tab 1 mg-20 mcg	121	HERZUMA INJ 420MG.....	86
Hailey Fe 1.5/30		hetastarch (hes /0.7 or /0.75) 6% in nacl	
see norethindrone ace & ethinyl		0.9% iv soln	158
estradiol-fe tab 1.5 mg-30 mcg	122	Hidex 6-day	
halobetasol propionate		see dexamethasone tab therapy pack	
see BRYHALI LOT 0.01%	133	1.5 mg (21)	126
halobetasol propionate cream 0.05% ..134		histrelin acetate (cpp)	
halobetasol propionate oint 0.05%.....134		see SUPPRELIN LA KIT 50MG.....	143
haloperidol decanoate im soln 100 mg/ml		HUMATROPE INJ 12MG.....	142
.....	97	HUMATROPE INJ 24MG.....	142
haloperidol decanoate im soln 50 mg/ml		HUMATROPE INJ 6MG.....	142
.....	97	HUMULIN R INJ U-500.....	67
haloperidol lactate inj 5 mg/ml	97	HYCANTIN CAP 0.25MG.....	93
haloperidol lactate oral conc 2 mg/ml ...97		HYCANTIN CAP 1MG.....	93
haloperidol tab 0.5 mg	97	hydralazine hcl inj 20 mg/ml	82
haloperidol tab 10 mg	97	hydralazine hcl tab 100 mg	82
haloperidol tab 1 mg	97	hydralazine hcl tab 10 mg	82
haloperidol tab 20 mg	97	hydralazine hcl tab 25 mg	82
haloperidol tab 2 mg	97	hydralazine hcl tab 50 mg	82
haloperidol tab 5 mg	97	HYDREA CAP 500MG.....	91
HARVONI PAK	103	hydrochlorothiazide cap 12.5 mg	141
HARVONI PAK 45-200MG.....	103	hydrochlorothiazide tab 12.5 mg	141
HARVONI TAB 45-200MG.....	104	hydrochlorothiazide tab 25 mg	141
HARVONI TAB 90-400MG.....	104	hydrochlorothiazide tab 50 mg	141
Heather		hydrocodone-acetaminophen soln 7.5-	
see norethindrone tab 0.35 mg	125	325 mg/15ml	38
heparin sod (porcine)-nacl iv soln 1000		hydrocodone-acetaminophen tab 10-300	
unit/500ml-0.9%	53	mg	38
heparin sod (porcine)-nacl iv soln 2000		hydrocodone-acetaminophen tab 10-325	
unit/l-0.9%	53	mg	38
heparin sodium (porcine) inj 10000		hydrocodone-acetaminophen tab 5-300	
unit/ml	53	mg	38

hydrocodone-acetaminophen tab 5-325 mg	38	see CORTEF TAB 20MG	125
hydrocodone-acetaminophen tab 7.5-300 mg	38	see CORTEF TAB 5MG	125
hydrocodone-acetaminophen tab 7.5-325 mg	38	hydrocortisone (rectal)	
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	128	see ANUSOL-HC CRE 2.5%	41
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	128	hydrocortisone acetate (intrarectal)	
hydrocodone bitartrate cap er 12hr 10 mg	35	see CORTIFOAM AER 90MG	41
hydrocodone bitartrate cap er 12hr 15 mg	35	hydrocortisone acetate w/ pramoxine	
hydrocodone bitartrate cap er 12hr 20 mg	35	see PROCTOFOAM AER HC 1%	41
hydrocodone bitartrate cap er 12hr 30 mg	35	hydrocortisone acetate w/ pramoxine perianal cream 1-1%	41
hydrocodone bitartrate cap er 12hr 40 mg	35	hydrocortisone butyrate cream 0.1% ...	134
hydrocodone bitartrate cap er 12hr 50 mg	35	hydrocortisone butyrate oint 0.1%	134
hydrocodone bitartrate tab er 24hr deter 100 mg	35	hydrocortisone butyrate soln 0.1%	134
hydrocodone bitartrate tab er 24hr deter 120 mg	35	hydrocortisone cream 1%	135
hydrocodone bitartrate tab er 24hr deter 20 mg	35	hydrocortisone cream 2.5%	135
hydrocodone bitartrate tab er 24hr deter 30 mg	35	hydrocortisone enema 100 mg/60ml	41
hydrocodone bitartrate tab er 24hr deter 40 mg	35	hydrocortisone lotion 2.5%	135
hydrocodone bitartrate tab er 24hr deter 60 mg	35	hydrocortisone oint 1%	135
hydrocodone bitartrate tab er 24hr deter 80 mg	35	hydrocortisone oint 2.5%	135
hydrocodone-ibuprofen tab 10-200 mg	38	hydrocortisone perianal cream 1%	41
hydrocodone-ibuprofen tab 5-200 mg	38	hydrocortisone perianal cream 2.5%	41
hydrocodone-ibuprofen tab 7.5-200 mg	38	hydrocortisone tab 10 mg	126
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	128	hydrocortisone tab 20 mg	126
hydrocortisone		hydrocortisone tab 5 mg	126
see CORTEF TAB 10MG	125	hydrocortisone valerate cream 0.2% ...	135
		hydrocortisone valerate oint 0.2%	135
		hydrocortisone w/ acetic acid otic soln 1-2%	189
		hydrogen peroxide soln 30%	100
		Hydromet	
		see hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	128
		hydromorphone hcl inj 1 mg/ml	35
		hydromorphone hcl inj 2 mg/ml	35
		hydromorphone hcl liqd 1 mg/ml	35
		hydromorphone hcl preservative free (pf) inj 10 mg/ml	35
		hydromorphone hcl tab 2 mg	35
		hydromorphone hcl tab 4 mg	35
		hydromorphone hcl tab 8 mg	35
		hydromorphone hcl tab er 24hr 12 mg ...	35
		hydromorphone hcl tab er 24hr 16 mg ...	35
		hydromorphone hcl tab er 24hr 32 mg ...	35
		hydromorphone hcl tab er 24hr 8 mg	35

hydroxychloroquine sulfate	
see PLAQUENIL TAB 200MG	83
hydroxychloroquine sulfate tab 200 mg	
.....	83
hydroxyurea	
see HYDREA CAP 500MG	91
hydroxyurea (sickle cell disease)	
see SIKLOS TAB 1000MG.....	159
see SIKLOS TAB 100MG	159
hydroxyurea cap 500 mg	91
hydroxyzine hcl im soln 25 mg/ml	45
hydroxyzine hcl im soln 50 mg/ml	45
hydroxyzine hcl syrup 10 mg/5ml	45
hydroxyzine hcl tab 10 mg	46
hydroxyzine hcl tab 25 mg	46
hydroxyzine hcl tab 50 mg	46
hydroxyzine pamoate cap 100 mg	46
hydroxyzine pamoate cap 25 mg	46
hydroxyzine pamoate cap 50 mg	46
hyoscyamine sulfate	
see LEVSIN/SL SUB 0.125MG	202
see LEVSIN TAB 0.125MG.....	202
hyoscyamine sulfate elixir 0.125 mg/5ml	
.....	201
hyoscyamine sulfate sl tab 0.125 mg	201
hyoscyamine sulfate soln 0.125 mg/ml	
.....	202
hyoscyamine sulfate tab 0.125 mg	202
hyoscyamine sulfate tab disint 0.125 mg	
.....	202
HYRIMOZ-CROH INJ UC SP	30
HYRIMOZ INJ 10/0.1ML	30
HYRIMOZ INJ 20/0.2ML	30
HYRIMOZ INJ 40/0.4ML	30
HYRIMOZ INJ 40/0.8ML.....	30
HYRIMOZ INJ 80/0.8ML.....	30
HYRIMOZ-PED INJ CROHNS	30
HYRIMOZ-PLAQ INJ PSORIASI	30
HYRIMOZ SENS INJ 80/0.8ML.....	30
I	
ibandronate sodium iv soln 3 mg/3ml	
(base equivalent)	142
ibandronate sodium tab 150 mg (base	
equivalent)	142
IBRANCE CAP 100MG.....	90
IBRANCE CAP 125MG	90
IBRANCE CAP 75MG.....	90
IBRANCE TAB 100MG	90
IBRANCE TAB 125MG.....	90
IBRANCE TAB 75MG	90
Ibu	
see ibuprofen tab 400 mg	32
see ibuprofen tab 600 mg	32
see ibuprofen tab 800 mg	32
ibuprofen-famotidine tab 800-26.6 mg .	32
ibuprofen lysine iv soln 10 mg/ml (base	
equivalent)	32
ibuprofen susp 100 mg/5ml	32
ibuprofen tab 400 mg	32
ibuprofen tab 600 mg	32
ibuprofen tab 800 mg	32
ibutilide fumarate inj 1 mg/10ml	48
icatibant acetate subcutaneous soln pref	
syr 30 mg/3ml	158
Iclevia	
see levonorgestrel & ethinyl estradiol	
(91-day) tab 0.15-0.03 mg	118
icosapent ethyl	
see VASCEPA CAP 0.5GM.....	73
see VASCEPA CAP 1GM	73
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	
.....	88
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	
.....	88
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	88
idelalisib	
see ZYDELIG TAB 100MG	91
see ZYDELIG TAB 150MG	91
ifosfamide for inj 1 gm	84
ifosfamide iv inj 1 gm/20ml (50 mg/ml) .	84
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	84
ILEVRO DRO 0.3% OP	188
ILUMYA SOL 100MG/ML.....	132
imatinib mesylate tab 100 mg (base	
equivalent)	90
imatinib mesylate tab 400 mg (base	
equivalent)	90
imiglucerase	

see CEREZYME INJ 400UNIT	159
imipenem-cilastatin intravenous for soln	
250 mg	42
imipenem-cilastatin intravenous for soln	
500 mg	42
imipramine hcl tab 10 mg	63
imipramine hcl tab 25 mg	63
imipramine hcl tab 50 mg	63
imipramine pamoate cap 100 mg	63
imipramine pamoate cap 125 mg	63
imipramine pamoate cap 150 mg	63
imipramine pamoate cap 75 mg	63
imiquimod cream 3.75%	136
imiquimod cream 5%	136
IMITREX INJ 4MG/0.5	177
IMITREX INJ 6MG/0.5	177
IMITREX TAB 100MG	177
IMITREX TAB 25MG	177
IMITREX TAB 50MG	177
immune globulin (human)-hipp	
see CUTAQUIG SOL 1.65GM	189
see CUTAQUIG SOL 1GM	190
see CUTAQUIG SOL 2GM	190
see CUTAQUIG SOL 3.3GM	190
see CUTAQUIG SOL 4GM	190
see CUTAQUIG SOL 8GM	190
IMURAN TAB 50MG	180
IMVEXXY MAIN SUP 10MCG	204
IMVEXXY MAIN SUP 4MCG	204
IMVEXXY STRT SUP 10MCG	204
IMVEXXY STRT SUP 4MCG	204
Inatal Gt	
see prenatal vit w/ dss-iron carbonyl-fa	
tab 90-1 mg	182
INBRIJA CAP 42MG	94
Incassia	
see norethindrone tab 0.35 mg	125
incobotulinumtoxina	
see XEOMIN INJ 100UNIT	184
see XEOMIN INJ 200UNIT	184
see XEOMIN INJ 50 UNIT	184
INCONTROL MIS LANC 28G	169
INCONTROL MIS LANC 30G	169
INCONTROL MIS LANC 33G	170

indapamide tab 1.25 mg	141
indapamide tab 2.5 mg	141
indocyanine green for iv soln 25 mg	137
indomethacin cap 25 mg	32
indomethacin cap 50 mg	32
indomethacin cap er 75 mg	32
indomethacin suppos 50 mg	32
indomethacin susp 25 mg/5ml	32
infliximab	
see REMICADE INJ 100MG	150
infliximab-axxq	
see AVSOLA INJ 100MG	149
INGREZZA CAP 40-80MG	195
INGREZZA CAP 40MG	195
INGREZZA CAP 60MG	195
INGREZZA CAP 80MG	195
INLYTA TAB 1MG	86
INLYTA TAB 5MG	86
inotersen sodium	
see TEGSEDI INJ 284/1.5	197
INSPIRA TAB 25MG	82
INSPIRA TAB 50MG	82
insulin aspart	
see NOVOLOG INJ 100/ML	67
see NOVOLOG INJ FLEXPEN	67
see NOVOLOG INJ PENFILL	67
insulin aspart (with niacinamide)	
see FIASP FLEX INJ TOUCH	67
see FIASP INJ 100/ML	67
see FIASP PENFIL INJ U-100	67
insulin aspart protamine & aspart	
(human)	
see NOVOLOG MIX INJ 70/30	67
see NOVOLOG MIX INJ FLEXPEN	67
insulin degludec	
see TRESIBA FLEX INJ 100UNIT	67
see TRESIBA FLEX INJ 200UNIT	67
see TRESIBA INJ 100UNIT	67
insulin degludec-liraglutide	
see XULTOPHY INJ 100/3.6	65
insulin glargine	
see LANTUS INJ 100/ML	67
see LANTUS SOLOS INJ 100/ML	67
see TOUJEO MAX INJ 300/ML	67

see TOUJEO SOLO INJ 300/ML	67	see INSULIN SYRG MIS 0.5/30G	175
insulin glargine-lixisenatide		see INSULIN SYRG MIS 0.5/31G	176
see SOLIQUA INJ 100/33	65	see INSULIN SYRG MIS 1ML/27G	176
insulin infusion disposable pump		see INSULIN SYRG MIS 1ML/28G	176
see OMNIPOD 5 G6 KIT INTRO	171	see INSULIN SYRG MIS 1ML/29G	176
see OMNIPOD 5 G6 MIS PODS	171	see INSULIN SYRG MIS 1ML/30G	176
insulin nph (human) (isophane)		see INSULIN SYRG MIS 1ML/31G	176
see NOVOLIN N INJ 100 UNIT	67	see INSULIN SYRG MIS 2/27.5G	176
see NOVOLIN N INJ U-100	67	see INSULIN SYRG MIS 29GX1/2	176
insulin nph isophane & reg (human)		insulin syringe/needle u-500	
see NOVOLIN INJ 70/30	67	see BD U-500 MIS 31GX6MM	175
see NOVOLIN INJ 70/30 FP	67	insulin syringes (disposable)	
insulin pen needle		see INSULIN SYRG MIS 1ML	176
see AUTOSHIELD MIS 30GX5MM	175	interferon beta-1a	
see BD PEN NEEDL MIS 29GX12.7	175	see AVONEX PEN KIT 30MCG	195
see BD PEN NEEDL MIS 31GX5MM	175	see AVONEX PREFL KIT 30MCG	195
see BD PEN NEEDL MIS 31GX8MM	175	see REBIF INJ 22/0.5	196
see BD PEN NEEDL MIS 32GX4MM	175	see REBIF INJ 44/0.5	196
see BD PEN NEEDL MIS 32GX6MM	175	see REBIF REBIDO INJ 22/0.5	196
insulin regular (human)		see REBIF REBIDO INJ 44/0.5	196
see HUMULIN R INJ U-500	67	see REBIF REBIDO INJ TITRATN	196
see NOVOLIN R INJ 100 UNIT	67	see REBIF TITRTN INJ PACK	196
see NOVOLIN R INJ U-100	67	interferon beta-1b	
INSULIN SYRG MIS 0.3/29G	175	see BETASERON INJ 0.3MG	195
INSULIN SYRG MIS 0.3/30G	175	IN TOUCH LAN MIS 30G	169
INSULIN SYRG MIS 0.3/31G	175	Introvale	
INSULIN SYRG MIS 0.5/28G	175	see levonorgestrel & ethinyl estradiol	
INSULIN SYRG MIS 0.5/29G	175	(91-day) tab 0.15-0.03 mg	118
INSULIN SYRG MIS 0.5/30G	175	iodixanol inj 270 mg/ml (iodine	
INSULIN SYRG MIS 0.5/31G	176	equivalent)	138
INSULIN SYRG MIS 1ML	176	iodixanol inj 320 mg/ml (iodine	
INSULIN SYRG MIS 1ML/27G	176	equivalent)	138
INSULIN SYRG MIS 1ML/28G	176	iopamidol inj 41%	138
INSULIN SYRG MIS 1ML/29G	176	iopamidol inj 61%	138
INSULIN SYRG MIS 1ML/30G	176	ipratropium-albuterol nebu soln 0.5-	
INSULIN SYRG MIS 1ML/31G	176	2.5(3) mg/3ml	50
INSULIN SYRG MIS 2/27.5G	176	ipratropium bromide inhal soln 0.02% ..	49
INSULIN SYRG MIS 29GX1/2	176	ipratropium bromide nasal soln 0.03% (21	
insulin syringe/needle u-100		mcg/spray)	183
see INSULIN SYRG MIS 0.3/29G	175	ipratropium bromide nasal soln 0.06%	
see INSULIN SYRG MIS 0.3/30G	175	(42 mcg/spray)	183
see INSULIN SYRG MIS 0.3/31G	175	irbesartan-hydrochlorothiazide tab 150-	
see INSULIN SYRG MIS 0.5/28G	175	12.5 mg	80
see INSULIN SYRG MIS 0.5/29G	175		

irbesartan-hydrochlorothiazide tab 300-12.5 mg	80
irbesartan tab 150 mg	77
irbesartan tab 300 mg	77
irbesartan tab 75 mg	77
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	93
irinotecan hcl inj 300 mg/15ml (20 mg/ml)	93
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	93
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	93
irrigation solution, physiological	180
ISENTRESS CHW 100MG	102
ISENTRESS CHW 25MG	102
ISENTRESS HD TAB 600MG	102
ISENTRESS POW 100MG	102
ISENTRESS TAB 400MG	102
Isibloom see desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	116
isoflurane inhal soln	151
isoniazid inj 100 mg/ml	83
isoniazid syrup 50 mg/5ml	83
isoniazid tab 100 mg	83
isoniazid tab 300 mg	83
isopropyl alcohol 99%	116
isoproterenol hcl inj 0.2 mg/ml	51
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	111
isosorbide dinitrate tab 10 mg	45
isosorbide dinitrate tab 20 mg	45
isosorbide dinitrate tab 30 mg	45
isosorbide dinitrate tab 5 mg	44
isosorbide mononitrate tab 10 mg	45
isosorbide mononitrate tab 20 mg	45
isosorbide mononitrate tab er 24hr 120 mg	45
isosorbide mononitrate tab er 24hr 30 mg	45
isosorbide mononitrate tab er 24hr 60 mg	45
isosulfan blue subcutaneous soln 1% ...	137

isotretinoin cap 10 mg	129
isotretinoin cap 20 mg	129, 130
isotretinoin cap 30 mg	130
isotretinoin cap 40 mg	130
isradipine cap 2.5 mg	108
isradipine cap 5 mg	108
itraconazole cap 100 mg	71
itraconazole oral soln 10 mg/ml	71
ivabradine hcl see CORLANOR TAB 5MG	114
see CORLANOR TAB 7.5MG	114
ivermectin see STROMECTOL TAB 3MG	41
ivermectin (rosacea) see SOOLANTRA CRE 1%	137
ivermectin tab 3 mg	41
ixazomib citrate see NINLARO CAP 2.3MG	90
see NINLARO CAP 3MG	90
see NINLARO CAP 4MG	90
J	
Jaimiess see levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	118
Jantoven see warfarin sodium tab 10 mg	52
see warfarin sodium tab 1 mg	51
see warfarin sodium tab 2.5 mg	51
see warfarin sodium tab 2 mg	51
see warfarin sodium tab 3 mg	52
see warfarin sodium tab 4 mg	52
see warfarin sodium tab 5 mg	52
see warfarin sodium tab 6 mg	52
see warfarin sodium tab 7.5 mg	52
JANUMET TAB 50-1000	64
JANUMET TAB 50-500MG	64
JANUMET XR TAB 100-1000	64
JANUMET XR TAB 50-1000	64
JANUMET XR TAB 50-500MG	64
JANUVIA TAB 100MG	66
JANUVIA TAB 25MG	66
JANUVIA TAB 50MG	66
JARDIANCE TAB 10MG	68

JARDIANCE TAB 25MG	68
Jasmiel	
see drospirenone-ethinyl estradiol tab 3-0.02 mg	117
Javygtor	
see sapropterin dihydrochloride powder packet 100 mg	144
see sapropterin dihydrochloride powder packet 500 mg	144
see sapropterin dihydrochloride tab 100 mg	144
Jencycla	
see norethindrone tab 0.35 mg	125
Jinteli	
see norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	146
JIVI INJ 1000UNIT	155
JIVI INJ 2000UNIT	155
JIVI INJ 3000UNIT	155
JIVI INJ 500 UNIT	155
Jolessa	
see levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	118
Joyeaux	
see levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	119
Juleber	
see desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	116
Junel 1/20	
see norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	120
Junel 1.5/30	
see norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	121
Junel Fe 1/20	
see norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	121
Junel Fe 1.5/30	
see norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	122
Junel Fe 24	
see norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	122

K	
Kaitlib Fe	
see norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	120
Kalliga	
see desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	116
Kariva	
see desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	116
Kelnor 1/35	
see ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	117
Kelnor 1/50	
see ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	117
KERENDIA TAB 10MG	145
KERENDIA TAB 20MG	145
KESIMPTA INJ 20/ .4ML	196
ketamine hcl inj 100 mg/ml	151
ketamine hcl inj 10 mg/ml	151
ketamine hcl inj 50 mg/ml	151
ketoconazole cream 2%	131
ketoconazole shampoo 2%	131
ketoconazole tab 200 mg	71
ketorolac tromethamine (ophth)	
see ACULAR LS SOL 0.4%	188
see ACULAR SOL 0.5% OP	188
ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)	32
ketorolac tromethamine inj 15 mg/ml	32
ketorolac tromethamine inj 30 mg/ml ...	32
ketorolac tromethamine ophth soln 0.4%	188
ketorolac tromethamine ophth soln 0.5%	188
ketorolac tromethamine tab 10 mg	32
KEVZARA INJ 150/1.14	31
KEVZARA INJ 200/1.14	31
KINNEY MIS LANCETS	170
KINNEY THIN MIS LANCETS	170
KISQALI 200 PAK FEMARA	88
KISQALI 400 PAK FEMARA	89
KISQALI 600 PAK FEMARA	89

KISQALI TAB 200DOSE	90	KOVALTRY INJ 3000UNIT	156
KISQALI TAB 400DOSE	90	KOVALTRY INJ 500UNIT	155
KISQALI TAB 600DOSE	90	K-prime	
KLARON LOT 10%	130	see potassium bicarbonate effer tab 25 meq	178
Klayesta		KRAZATI TAB 200MG	90
see nystatin topical powder 100000 unit/gm	131	KROGER LANCE MIS	170
Klor-con		KROGER LANCE MIS 26G	170
see potassium chloride powder packet 20 meq	179	KROGER LANCE MIS THIN	170
Klor-con/ef		KROGER LANCE MIS THIN 30G	170
see potassium bicarbonate effer tab 25 meq	178	Kurvelo	
Klor-con 10		see levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	119
see potassium chloride tab er 10 meq	179	KYLEENA IUD 19.5MG.....	124
Klor-con 8		L	
see potassium chloride tab er 8 meq (600 mg)	179	labetalol hcl iv soln 5 mg/ml	105
Klor-con M10		labetalol hcl tab 100 mg	105
see potassium chloride microencapsulated crys er tab 10 meq	178	labetalol hcl tab 200 mg	105
Klor-con M15		labetalol hcl tab 300 mg	105
see potassium chloride microencapsulated crys er tab 15 meq	178	lacosamide iv inj 200 mg/20ml (10 mg/ml)	55
Klor-con M20		lacosamide oral solution 10 mg/ml	55
see potassium chloride microencapsulated crys er tab 20 meq	178	lacosamide tab 100 mg	55
KOGENATE FS INJ 1000UNIT	155	lacosamide tab 150 mg	55
KOGENATE FS INJ 2000UNIT	155	lacosamide tab 200 mg	55
KOGENATE FS INJ 250UNIT	155	lacosamide tab 50 mg	55
KOGENATE FS INJ 3000UNIT	155	lactated ringer's for irrigation	180
KOGENATE FS INJ 500UNIT.....	155	lactic acid (ammonium lactate) cream 12%	136
KOSELUGO CAP 10MG	90	lactic acid (ammonium lactate) lotion 12%	136
KOSELUGO CAP 25MG.....	90	lactulose (encephalopathy) solution 10 gm/15ml	150
Kourzeq		lactulose solution 10 gm/15ml	163
see triamcinolone acetonide dental paste 0.1%	181	lamivudine oral soln 10 mg/ml	102
KOVALTRY INJ 1000UNIT	155	lamivudine tab 100 mg (hbv)	104
KOVALTRY INJ 2000UNIT	155	lamivudine tab 150 mg	102
KOVALTRY INJ 250UNIT	155	lamivudine tab 300 mg	102
		lamivudine-tenofovir disoproxil fumarate	
		see CIMDUO TAB 300-300	101
		lamivudine-zidovudine tab 150-300 mg	102
		lamotrigine orally disintegrating tab 100 mg	55

lamotrigine orally disintegrating tab 200 mg	55	see ADVOCATE MIS LANC 30G	167
lamotrigine orally disintegrating tab 25 mg	55	see ADVOCATE MIS LANCETS.....	167
lamotrigine orally disintegrating tab 50 mg	55	see AGAMATRIX MIS 33G	167
lamotrigine tab 100 mg	56	see AIMSCO TWIST MIS 32G.....	167
lamotrigine tab 150 mg	56	see AIMSCO TWIST MIS 33G.....	167
lamotrigine tab 200 mg	56	see AQUALANCE MIS 30G	167
lamotrigine tab 25 mg	55	see ASSURE CMFRT MIS 28G.....	167
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	55	see ASSURE LANCE MIS 21G	167
lamotrigine tab 35 x 25 mg starter kit	56	see ASSURE LANCE MIS 28G	167
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	56	see ASSURE LANCE MIS LOW FLOW..	167
lamotrigine tab chewable dispersible 25 mg	56	see ASSURE LANCE MIS MICRO.....	167
lamotrigine tab chewable dispersible 5 mg	56	see ASSURE LANCE MIS SAFE 25G	167
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	56	see ASSURE LANCE MIS SAFE 30G....	167
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	56	see AURORA LANCE MIS 30G.....	167
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	56	see AURORA LANCE MIS THIN 23G	167
lamotrigine tab er 24hr 100 mg	56	see AUTO LANCET MIS	167
lamotrigine tab er 24hr 200 mg	56	see BD MICROTAIN MIS LANCETS.....	167
lamotrigine tab er 24hr 250 mg	56	see CAREONE LANC MIS 30G.....	167
lamotrigine tab er 24hr 25 mg	56	see CAREONE LANC MIS THIN 23G	167
lamotrigine tab er 24hr 300 mg	56	see CARESENS 30G MIS LANCETS	167
lamotrigine tab er 24hr 50 mg	56	see CARETOUCH MIS LANC 26G.....	167
lanadelumab-flyo		see CARETOUCH MIS LANC 28G.....	167
see TAKHZYRO INJ 150MG/ML	158	see CARETOUCH MIS LANC 30G	167
see TAKHZYRO INJ 300/2ML	158, 159	see CARETOUCH MIS TWIST 28	167
lancet devices		see CARETOUCH MIS TWIST 30	167
see ONETOUCH DEL MIS LANC DEV ...	171	see CARETOUCH MIS TWIST 33	167
LANCET DEVIC MIS 30G	170	see CLEANLET 28G MIS LANCETS	167
LANCET MICRO MIS THIN 33G.....	170	see CLEVER CHECK MIS	167
lancets		see CLEVER CHECK MIS 30G.....	167
see ACTI-LANCE MIS 28G.....	167	see COAGUCHEK MIS LANCETS	167
see ACTI-LANCE MIS LITE 28G.....	167	see COMFORT ASSU MIS LANC 28G ..	168
see ACTI-LANCE MIS SPEC 17G.....	167	see COMFORT ASSU MIS LANC 33G ..	168
see ACTI-LANCE MIS UNIV 23G.....	167	see COMFORT EZ MIS 21G.....	168
see ADVCATE SAFE MIS LANC 26G	167	see COMFORT EZ MIS 23G	168
		see COMFORT EZ MIS 28G	168
		see COMFORTOUCH MIS LANCET.....	168
		see COMFORT TCH MIS LANC 28G	168
		see COMFORT TCH MIS LANC 30G	168
		see COMFORT TCH MIS LANC 31G	168
		see CVS LANCETS MIS 21G	168
		see CVS LANCETS MIS 30G	168
		see CVS LANCETS MIS 33G.....	168
		see CVS LANCETS MIS ORIGINAL.....	168
		see CVS LANCETS MIS THIN 26G.....	168

see CVS LANCETS MIS THIN 30G168
 see CVS LANCETS MIS THIN 33G.....168
 see DIATHRIVE MIS LANCETS168
 see DIATHRIVE MIS UT 30G168
 see DROPLET LANC MIS 30G168
 see DROPLET PERS MIS LANC 30G168
 see EASY COMFORT MIS 30G.....168
 see EASY COMFORT MIS LANC/30G .168
 see EASY COMFORT MIS TWIST168
 see EASY TOUCH MIS LANC/21G168
 see EASY TOUCH MIS LANC/23G168
 see EASY TOUCH MIS LANC/26G168
 see EASY TOUCH MIS LANC/28G168
 see EASY TOUCH MIS LANC/30G168
 see EASY TOUCH MIS LANC/32G168
 see EASY TOUCH MIS LANC/33G168
 see EMBRACE LANC MIS 21G168
 see EMBRACE LANC MIS 28G.....168
 see EMBRACE LANC MIS THIN 30G ...168
 see EQL LANCETS MIS 21G COLR168
 see EQL LANCETS MIS 33G COLR.....169
 see EQL LANCETS MIS THIN 26G.....169
 see EQL LANCETS MIS THIN 30G.....169
 see E-ZJECT LANC MIS 33G.....168
 see E-Z JECT MIS 21G.....168
 see E-Z JECT MIS 21G COLR.....168
 see E-Z JECT MIS 30G.....168
 see E-Z JECT MIS 32G COLR.....168
 see E-Z JECT MIS LANC 21G168
 see E-Z JECT MIS THIN 26G168
 see EZ-LETS 21G MIS LANCETS.....169
 see EZ-LETS 26G MIS LANCETS169
 see EZ-LETS 28G MIS LANCETS169
 see EZ-LETS 30G MIS LANCETS.....169
 see FASTCLIX MIS LANCETS169
 see FIFTY50 SAFE MIS LANCETS169
 see FINGERSTIX MIS LANCETS169
 see FORA LANCETS MIS 30G.....169
 see FORA MIS LANCETS169
 see FREESTYLE MIS LANCETS.....169
 see GENTEEL MIS LANCETS169
 see GENTLE-LET MIS 26G169
 see GENTLE-LET MIS 28G169
 see GENTLE-LET MIS LANCETS169
 see GLOBAL 28G MIS LANCETS169
 see GLOBAL 30G MIS LANCETS.....169
 see GLUCOCOM MIS 28G169
 see GLUCOCOM MIS 30G.....169
 see GLUCOCOM MIS 33G169
 see GNP LANCETS MIS 21G.....169
 see GNP LANCETS MIS 28G169
 see GNP LANCETS MIS 30G.....169
 see GNP LANCETS MIS 33G169
 see GNP LANCETS MIS THIN 26G169
 see GOJJI LANCET MIS 30G169
 see GOODSENSE MIS LANC 26G.....169
 see GOODSENSE MIS LANC 30G169
 see GOODSENSE MIS LANC 33G.....169
 see HAEMOLANCE MIS HIGH FLO169
 see HAEMOLANCE MIS LOW FLOW ...169
 see HAEMOLANCE MIS PLUS169
 see HAEMOLANCE MIS PLUS LOW ...169
 see HAEMOLANCE MIS PLUS MAX.....169
 see HAEMOLANCE MIS PLUS PED169
 see HAEMOLANCE MIS RETRACT.....169
 see INCONTROL MIS LANC 28G.....169
 see INCONTROL MIS LANC 30G169
 see INCONTROL MIS LANC 33G.....170
 see IN TOUCH LAN MIS 30G169
 see KINNEY MIS LANCETS170
 see KINNEY THIN MIS LANCETS170
 see KROGER LANCE MIS170
 see KROGER LANCE MIS 26G170
 see KROGER LANCE MIS THIN170
 see KROGER LANCE MIS THIN 30G170
 see LANCET DEVIC MIS 30G170
 see LANCET MICRO MIS THIN 33G....170
 see LANCETS MICR MIS THIN 33G170
 see LANCETS MIS 21G.....170
 see LANCETS MIS 21G COLR.....170
 see LANCETS MIS 28G170
 see LANCETS MIS 33G170
 see LANCETS MIS ORIGINAL170
 see LANCETS MIS THIN170
 see LANCETS MIS THIN 26G170
 see LANCETS MIS THIN 30G170
 see LANCETS SUPR MIS THIN 28G170
 see LANCET STAND MIS 21G170

see LANCETS THIN MIS 26G170
 see LANCETS ULTR MIS THIN170
 see LANCETS ULTR MIS THIN 31G170
 see LANCET SUPER MIS THIN 30G170
 see LANCET ULTRA MIS THIN 30G170
 see LANCING DEVI MIS 25G170
 see LANCING DEVI MIS 30G170
 see LITETOUCH MIS LANCETS170
 see LITE TOUCH MIS LANCETS170
 see LONGS LANCET MIS STANDARD.170
 see LONGS LANCET MIS THIN170
 see LONGS LANCET MIS ULTRA TH ...170
 see MEDICHOICE MIS LANCET170
 see MEDLANCE MIS 30G PLUS170
 see MEDLANCE MIS PLUS 30G170
 see MEDLANCE PLS MIS 0.8MM170
 see MEDLANCE PLS MIS EXTR 21G170
 see MEDLANCE PLS MIS LITE 25G171
 see MEDLANCE PLS MIS UNIV 21G171
 see MEIJER LANCE MIS COLOR171
 see MEIJER LANCE MIS UNIV 21G171
 see MEIJER LANCE MIS UNIV 30G171
 see MEIJER LANCE MIS UNIVERSA171
 see MEIJER MIS LANCETS171
 see MICROLET MIS LANCETS171
 see MICRO THIN MIS LANC 33G171
 see MM TWIST MIS LANCETS171
 see MOBILE LANCE MIS 30G171
 see MONOLET MIS LANCETS171
 see MONOLET OPD MIS LANCETS171
 see MONOLETTOR MIS LANCETS171
 see MYGLUCOHEALT MIS LANC 30G .171
 see NOVA SAFETY MIS LANC 23G171
 see NOVA SAFETY MIS LANC 28G171
 see NOVA SURE MIS LANCETS171
 see ONETOUCH DEL MIS LANC DEV ...171
 see ONETOUCH DEL MIS PLUS 30G171
 see ONETOUCH DEL MIS PLUS 33G171
 see ONETOUCH US MIS 2 30G171
 see ON-THE-GO MIS LANC 30G171
 see PERFECT 28G MIS LANCETS171
 see PERFECT 30G MIS LANCETS171
 see PHARMACY COU MIS LANCETS ...171
 see PIP LANCETS MIS 28G171
 see PIP LANCETS MIS 30G171
 see PRO COMFORT MIS 31G171
 see PRO COMFORT MIS LANC 30G171
 see PRO COMFORT MIS LANCETS171
 see PRODIGY MIS 26G171
 see PRODIGY MIS 28G171
 see PSS SAFE LAN MIS171
 see PSS SEL LANC MIS171
 see PURE COMFORT MIS 30G LAN172
 see PX LANCETS MIS 28G172
 see PX LANCETS MIS 33G172
 see QC LANCETS MIS 28G172
 see QC LANCETS MIS 30G172
 see RA E-ZJECT MIS 28G172
 see RA E-ZJECT MIS THIN 26G172
 see RA E-ZJECT MIS THIN 28G172
 see RA E-ZJECT MIS ULT THIN172
 see READYLANCE MIS 21G172
 see READYLANCE MIS 23G172
 see READYLANCE MIS 26G172
 see READYLANCE MIS 28G172
 see READYLANCE MIS 30G172
 see REALITY MIS LANCETS172
 see REALITY TRIG MIS LANCETS172
 see RELION LANCE MIS THIN 26G172
 see RELION LANCE MIS THIN 30G172
 see RELION MICRO MIS THIN 33G172
 see RELION ULTRA MIS THIN 30G172
 see RELION ULTRA MIS THIN PLS172
 see RIGHTEST MIS GL300172
 see SAFE-T-LANCE MIS 21G172
 see SAFE-T-LANCE MIS 25G172
 see SAFE-T-LANCE MIS HI FLOW172
 see SAFE-T-LANCE MIS LOW FLOW ...172
 see SAFE-T-LANCE MIS NOR FLOW ...172
 see SAFE-T-PRO MIS LANCETS172
 see SAFE-T-PRO MIS PLUS172
 see SAFETY 21G MIS LANCETS172
 see SAFETY 23G MIS LANCETS172
 see SAFETY 28G MIS LANCETS172
 see SAFETY MIS LANCETS172
 see SAPSCARE MIS TWIST172
 see SAPS HEALTH MIS TWIST172
 see SAPS TWIST MIS 30G172

see SB LANCETS MIS THIN	172	see ULTILET MIS 33G.....	174
see SB LANCETS MIS ULTR THN	172	see ULTILET MIS LANCETS.....	174
see SINGLE-LET MIS 23G	172	see ULTILET MIS SAFETY	174
see SMARTEST MIS LANCETS	173	see ULTILET SAFE MIS 21G	174
see SMART SENSE MIS LANC 21G.....	173	see ULTRA THIN MIS 28G	174
see SMART SENSE MIS LANC 26G	173	see ULTRA THIN MIS 30G	174
see SMART SENSE MIS LANC 30G.....	173	see ULTRA THIN MIS 31G	174
see SMART SENSE MIS LANC 33G	173	see ULTRA THIN MIS 33G	174
see SM LANCETS MIS 33G.....	173	see ULTRA THIN MIS LAN 31G	174
see SOFTCLIX MIS LANCETS	173	see ULTRA THIN MIS LANC 28G	174
see SOLUS V2 MIS LANC 28G	173	see ULTRA THIN MIS LANC 30G.....	174
see SOLUS V2 MIS LANC 30G	173	see ULTRA THIN MIS LANCETS	174
see STERILANCE MIS TL 28G	173	see UNILET EXCEL MIS 23G	174
see STERILANCE MIS TL 30G.....	173	see UNILET EX II MIS 28G.....	174
see STERILANCE MIS TL 32G	173	see UNILET G.P. MIS 21G.....	174
see SUPER THIN MIS LANC 28G	173	see UNILET G.P MIS SUPR 23G	174
see SUPER THIN MIS LANCETS	173	see UNILET GP 28 MIS ULT THIN	174
see SURE COMFORT MIS LANC 18G ..	173	see UNILET LANCE MIS 21G	174
see SURE COMFORT MIS LANC 21G ..	173	see UNILET LANCE MIS 28G.....	174
see SURE COMFORT MIS LANC 23G...173		see UNILET LANCE MIS 33G.....	174
see SURE COMFORT MIS LANC 30G ..	173	see UNILET LANC MIS 33G.....	174
see SURE COMFORT MIS LANCETS....	173	see UNILET LANCT MIS 28G.....	174
see SUREFLEX MIS LANCETS.....	173	see UNILET LANCT MIS 30G	174
see SURELITE MIS LANCETS	173	see UNILET LANCT MIS 33G.....	174
see TECHLITE AST MIS LANCETS	173	see UNILET MICRO MIS 33G.....	174
see TECHLITE MIS LANC 26G	173	see UNILET MIS 21G	174
see TECHLITE MIS LANCETS.....	173	see UNILET SUPER MIS 23G	174
see TGT LANCET MIS 26G	173	see UNILET SUPER MIS G.P. 23G	174
see TGT LANCET MIS 30G	173	see UNISTIK 3 MIS GENT 30G	174
see TGT LANCET MIS 33G	173	see UNISTIK PRO MIS LANC 21G	174
see THIN LANCETS MIS 26G	173	see UNISTIK PRO MIS LANC 28G.....	174
see THIN LANCETS MIS 30G	173	see UNISTIK SAFE MIS LANC 28G	174
see THINLETS GP MIS 26G	173	see UNISTIK SAFE MIS LANC 30G.....	174
see TOPCARE MIS LANC 33G	173	see UNISTIK TOUC MIS LANC 21G.....	174
see TRAVEL LANCE MIS ADV 28G.....	173	see UNISTIK TOUC MIS LANC 23G.....	174
see TRUE COMFORT MIS LANC 30G ..	173	see UNISTIK TOUC MIS LANC 28G.....	174
see TRUPLUS LANC MIS 26G	173	see UNISTIK TOUC MIS LANC 30G.....	174
see TRUPLUS LANC MIS 28G	173	see UNITSTIK PRO MIS LANC 25G	174
see TRUPLUS LANC MIS 30G	173	see UNIVERSAL 1 MIS 33G	174
see TRUPLUS LANC MIS 33G	173	see UNIVERSAL 1 MIS LANC 26G.....	174
see TWIST LANCET MIS 30G MULT	173	see UNIVERSAL 1 MIS LANC 30G.....	175
see ULTILET MIS 26G.....	173	see VERIFINE LAN MIS MINI 21G.....	175
see ULTILET MIS 28G.....	173	see VERIFINE LAN MIS MINI 23G.....	175
see ULTILET MIS 30G	174	see VERIFINE LAN MIS MINI 28G.....	175

see VERIFINE LAN MIS MINI 30G.....	175
see VERIFINE MIS UNIV 28G.....	175
see VERIFINE MIS UNIV 30G.....	175
see VERIFINE MIS UNIV 33G.....	175
see VIVAGUARD MIS 28G.....	175
see VIVAGUARD MIS 30G.....	175
see ZEVRX TWIST MIS LANC 30G.....	175
LANCETS MICR MIS THIN 33G.....	170
LANCETS MIS.....	170
LANCETS MIS 21G.....	170
LANCETS MIS 21G COLR.....	170
LANCETS MIS 26G.....	170
LANCETS MIS 28G.....	170
LANCETS MIS 30G.....	170
LANCETS MIS 33G.....	170
lancets misc.	
see ACCU-CHEK KIT FASTCLIX.....	167
see ACCU-CHEK KIT SOFTCLIX.....	167
LANCETS MIS ORIGINAL.....	170
LANCETS MIS THIN.....	170
LANCETS MIS THIN 26G.....	170
LANCETS MIS THIN 30G.....	170
LANCETS SUPR MIS THIN 28G.....	170
LANCET STAND MIS 21G.....	170
LANCETS THIN MIS.....	170
LANCETS THIN MIS 26G.....	170
LANCETS ULTR MIS THIN.....	170
LANCETS ULTR MIS THIN 31G.....	170
LANCET SUPER MIS THIN 30G.....	170
LANCET ULTRA MIS THIN 30G.....	170
LANCING DEVI MIS 25G.....	170
LANCING DEVI MIS 30G.....	170
lanreotide acetate	
see SOMATULINE INJ 120/.5ML.....	146
see SOMATULINE INJ 60/0.2ML.....	145
see SOMATULINE INJ 90/0.3ML.....	145
lansoprazole cap delayed release 15 mg	
.....	203
lansoprazole cap delayed release 30 mg	
.....	203
LANTUS INJ 100/ML.....	67
LANTUS SOLOS INJ 100/ML.....	67
lapatinib ditosylate tab 250 mg (base equiv)	
.....	90
Larin 1/20	
see norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	120
Larin 1.5/30	
see norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	121
Larin 24 Fe	
see norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	122
Larin Fe 1/20	
see norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	121
Larin Fe 1.5/30	
see norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	122
larotrectinib sulfate	
see VITRAKVI CAP 100MG.....	91
see VITRAKVI CAP 25MG.....	91
see VITRAKVI SOL 20MG/ML.....	91
LASIX TAB 20MG.....	140
LASIX TAB 40MG.....	140
LASIX TAB 80MG.....	140
latanoprost ophth soln 0.005%	189
Layolis Fe	
see norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	120
ledipasvir-sofosbuvir	
see HARVONI PAK.....	103
see HARVONI PAK 45-200MG.....	103
see HARVONI TAB 45-200MG.....	104
see HARVONI TAB 90-400MG.....	104
Leena	
see norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	123
leflunomide	
see ARAVA TAB 10MG.....	33
see ARAVA TAB 20MG.....	33
leflunomide tab 10 mg	33
leflunomide tab 20 mg	33
lemborexant	
see DAYVIGO TAB 10MG.....	163
see DAYVIGO TAB 5MG.....	163
lenalidomide	
see REVLIMID CAP 10MG.....	179

see REVLIMID CAP 15MG	179	leucovorin calcium tab 15 mg	92
see REVLIMID CAP 2.5MG	179	leucovorin calcium tab 25 mg	92
see REVLIMID CAP 20MG	179	leucovorin calcium tab 5 mg	92
see REVLIMID CAP 25MG	179	LEUKERAN TAB 2MG	84
see REVLIMID CAP 5MG	179	leuprolide acetate	
lenalidomide cap 10 mg	179	see ELIGARD INJ 7.5MG	87
lenalidomide cap 15 mg	179	leuprolide acetate (3 month)	
lenalidomide cap 20 mg	179	see ELIGARD INJ 22.5MG	87
lenalidomide cap 25 mg	179	leuprolide acetate (4 month)	
lenalidomide cap 5 mg	179	see ELIGARD INJ 30MG	87
lenalidomide caps 2.5 mg	179	leuprolide acetate (6 month)	
lenvatinib mesylate		see ELIGARD INJ 45MG	87
see LENVIMA CAP 10 MG	86	leuprolide acetate (cpp)	
see LENVIMA CAP 12MG	86	see LUPR DEP-PED INJ 11.25MG.....	143
see LENVIMA CAP 14 MG	86	see LUPR DEP-PED INJ 15MG	143
see LENVIMA CAP 18 MG	86	see LUPR DEP-PED INJ 7.5MG.....	143
see LENVIMA CAP 20 MG	86	leuprolide acetate (cpp) (3 month)	
see LENVIMA CAP 24 MG.....	86	see LUPR DEP-PED INJ 11.25MG.....	143
see LENVIMA CAP 4MG.....	86	see LUPR DEP-PED INJ 3M 30MG.....	143
see LENVIMA CAP 8 MG.....	86	leuprolide acetate (cpp) (6 month)	
LENVIMA CAP 10 MG	86	see FENSOLVI INJ 45MG	143
LENVIMA CAP 12MG	86	see LUPRON DEPOT INJ 45MG	143
LENVIMA CAP 14 MG	86	leuprolide acetate inj kit 1 mg/0.2ml (5	
LENVIMA CAP 18 MG	86	mg/ml)	87
LENVIMA CAP 20 MG	86	levalbuterol hcl soln nebu 0.31 mg/3ml	
LENVIMA CAP 24 MG.....	86	(base equiv)	51
LENVIMA CAP 4MG.....	86	levalbuterol hcl soln nebu 0.63 mg/3ml	
LENVIMA CAP 8 MG.....	86	(base equiv)	51
Lessina		levalbuterol hcl soln nebu 1.25 mg/3ml	
see levonorgestrel & ethinyl estradiol		(base equiv)	51
tab 0.1 mg-20 mcg	118	levalbuterol hcl soln nebu conc 1.25	
letrozole		mg/0.5ml (base equiv)	51
see FEMARA TAB 2.5MG	87	levalbuterol tartrate inhal aerosol 45	
letrozole tab 2.5 mg	87	mcg/act (base equiv)	51
leucovorin calcium for inj 100 mg	92	levamlodipine maleate tab 2.5 mg	109
leucovorin calcium for inj 200 mg	92	levamlodipine maleate tab 5 mg	109
leucovorin calcium for inj 350 mg	92	levetiracetam inj 500 mg/5ml (100	
leucovorin calcium for inj 500 mg	92	mg/ml)	56
leucovorin calcium for inj 50 mg	92	levetiracetam in sodium chloride iv soln	
leucovorin calcium inj 100 mg/10ml (10		1000 mg/100ml	56
mg/ml)	92	levetiracetam in sodium chloride iv soln	
leucovorin calcium inj 500 mg/50ml (10		1500 mg/100ml	56
mg/ml)	92	levetiracetam in sodium chloride iv soln	
leucovorin calcium tab 10 mg	92	500 mg/100ml	56

levetiracetam oral soln 100 mg/ml	56	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	118
levetiracetam tab 1000 mg	56	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	119
levetiracetam tab 250 mg	56	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	118
levetiracetam tab 500 mg	56	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	119
levetiracetam tab 750 mg	56	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	119
levetiracetam tab er 24hr 500 mg	56	levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	119
levetiracetam tab er 24hr 750 mg	57	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	117
levobunolol hcl ophth soln 0.5%	185	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	118
levocarnitine inj 200 mg/ml	144	Levora 0.15/30-28	
levocarnitine oral soln 1 gm/10ml (10%)	144	see levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	119
levocarnitine tab 330 mg	144	Levo-t	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	72	see levothyroxine sodium tab 100 mcg	199
levocetirizine dihydrochloride tab 5 mg 72		see levothyroxine sodium tab 112 mcg	199
levodopa		see levothyroxine sodium tab 125 mcg	199
see INBRIJA CAP 42MG.....	94	see levothyroxine sodium tab 137 mcg	200
levofloxacin in d5w iv soln 250 mg/50ml	148	see levothyroxine sodium tab 150 mcg	200
levofloxacin in d5w iv soln 500 mg/100ml	148	see levothyroxine sodium tab 175 mcg	200
levofloxacin in d5w iv soln 750 mg/150ml	148	see levothyroxine sodium tab 200 mcg	200
levofloxacin iv soln 25 mg/ml	148	see levothyroxine sodium tab 25 mcg	199
levofloxacin ophth soln 1.5%	186	see levothyroxine sodium tab 300 mcg	200
levofloxacin oral soln 25 mg/ml	148	see levothyroxine sodium tab 50 mcg	199
levofloxacin tab 250 mg	148	see levothyroxine sodium tab 75 mcg	199
levofloxacin tab 500 mg	148	see levothyroxine sodium tab 88 mcg	199
levofloxacin tab 750 mg	148		
levoleucovorin calcium for iv inj 50 mg (base equiv)	92		
levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)	92		
levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)	92		
Levonest			
see levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	119		
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	117		
levonorgestrel (iud)			
see KYLEENA IUD 19.5MG.....	124		
see MIRENA IUD SYSTEM	125		
see SKYLA IUD 13.5MG.....	125		

lidocaine-hydrocortisone acetate rectal cream kit 2-2%	41	see VICTOZA INJ 18MG/3ML	67
lidocaine inj 0.5% w/ epinephrine-1:200000	164	lisdexamfetamine dimesylate cap 10 mg	25
lidocaine inj 1.5% w/ epinephrine-1:200000	164	lisdexamfetamine dimesylate cap 20 mg	25
lidocaine inj 1% w/ epinephrine-1:100000	164	lisdexamfetamine dimesylate cap 30 mg	25
lidocaine inj 2% w/ epinephrine-1:100000	164	lisdexamfetamine dimesylate cap 40 mg	25
lidocaine inj 2% w/ epinephrine-1:200000	164	lisdexamfetamine dimesylate cap 50 mg	25
lidocaine iv infusion in d5w inj 4 mg/ml	47	lisdexamfetamine dimesylate cap 60 mg	25
lidocaine iv infusion in d5w inj 8 mg/ml	47	lisdexamfetamine dimesylate cap 70 mg	25
lidocaine-menthol patch 4-1%	136	lisdexamfetamine dimesylate cap 70 mg	25
lidocaine oint 5%	136	lisdexamfetamine dimesylate chew tab 10 mg	25
lidocaine patch 5%	136	lisdexamfetamine dimesylate chew tab 20 mg	25
lidocaine-prilocaine cream 2.5-2.5%	136	lisdexamfetamine dimesylate chew tab 30 mg	25
lidocaine-prilocaine cream kit 2.5-2.5%	136, 137	lisdexamfetamine dimesylate chew tab 40 mg	25
Lidocan		lisdexamfetamine dimesylate chew tab 50 mg	25
see lidocaine patch 5%	136	lisdexamfetamine dimesylate chew tab 60 mg	26
LIDODERM DIS 5%	137	lisinopril	
Lidopin		see ZESTRIL TAB 10MG	76
see lidocaine hcl cream 3%	136	see ZESTRIL TAB 2.5MG	76
lifitegrast		see ZESTRIL TAB 20MG	76
see XIIDRA DRO 5%	187	see ZESTRIL TAB 30MG	76
linaclotide		see ZESTRIL TAB 40MG	76
see LINZESS CAP 145MCG	150	see ZESTRIL TAB 5MG	76
see LINZESS CAP 290MCG	150	lisinopril & hydrochlorothiazide tab 10-12.5 mg	80
see LINZESS CAP 72MCG	150	lisinopril & hydrochlorothiazide tab 20-12.5 mg	80
lincomycin hcl inj 300 mg/ml	44	lisinopril & hydrochlorothiazide tab 20-25 mg	80
linezolid for susp 100 mg/5ml	44	lisinopril tab 10 mg	76
linezolid iv soln 600 mg/300ml (2 mg/ml)	44	lisinopril tab 2.5 mg	76
linezolid tab 600 mg	44	lisinopril tab 20 mg	76
LINZESS CAP 145MCG	150	lisinopril tab 30 mg	76
LINZESS CAP 290MCG	150		
LINZESS CAP 72MCG	150		
liothyronine sodium iv soln 10 mcg/ml	200		
liothyronine sodium tab 25 mcg	200		
liothyronine sodium tab 50 mcg	200		
liothyronine sodium tab 5 mcg	200		
liraglutide			

lisinopril tab 40 mg	76	lopinavir-ritonavir soln 400-100 mg/5ml	
lisinopril tab 5 mg	76	(80-20 mg/ml)	102
LITETOUCH MIS LANCETS	170	lopinavir-ritonavir tab 100-25 mg	102
LITE TOUCH MIS LANCETS	170	lopinavir-ritonavir tab 200-50 mg	102
lithium carbonate		lorazepam conc 2 mg/ml	46
see LITHOBID TAB 300MG CR	96	lorazepam inj 2 mg/ml	46
lithium carbonate cap 150 mg	96	lorazepam inj 4 mg/ml	46
lithium carbonate cap 300 mg	96	lorazepam tab 0.5 mg	46
lithium carbonate cap 600 mg	96	lorazepam tab 1 mg	47
lithium carbonate tab 300 mg	96	lorazepam tab 2 mg	47
lithium carbonate tab er 300 mg	96	Loryna	
lithium carbonate tab er 450 mg	96	see drospirenone-ethinyl estradiol tab	
lithium oral solution 8 meq/5ml	96	3-0.02 mg	117
LITHOBID TAB 300MG CR	96	losartan potassium &	
Lmd 10% Dextrose 5%		hydrochlorothiazide tab 100-12.5 mg	80
see dextran 40 inj 10% in d5w	158	losartan potassium &	
Lmd 10% Sodium Chloride 0		hydrochlorothiazide tab 100-25 mg	80
see dextran 40 inj 10% in saline	158	losartan potassium &	
Loestrin 1/20-21		hydrochlorothiazide tab 50-12.5 mg	80
see norethindrone ace & ethinyl		losartan potassium tab 100 mg	77
estradiol tab 1 mg-20 mcg	121	losartan potassium tab 25 mg	77
Loestrin 1.5/30-21		losartan potassium tab 50 mg	77
see norethindrone ace & ethinyl		LOTENSIN HCT TAB 10-12.5	80
estradiol tab 1.5 mg-30 mcg	121	LOTENSIN HCT TAB 20-12.5	80
Loestrin Fe 1/20		LOTENSIN HCT TAB 20-25MG	80
see norethindrone ace & ethinyl		LOTENSIN TAB 10MG	76
estradiol-fe tab 1 mg-20 mcg	121	LOTENSIN TAB 20MG	76
Loestrin Fe 1.5/30		LOTENSIN TAB 40MG	76
see norethindrone ace & ethinyl		loteprednol etabonate ophth gel 0.5%	187
estradiol-fe tab 1.5 mg-30 mcg	122	loteprednol etabonate ophth susp 0.2%	
Lojaimiess		.....	187
see levonorg-eth est tab 0.1-		loteprednol etabonate ophth susp 0.5%	
0.02mg(84) & eth est tab 0.01mg(7)		.....	187
.....	117	LOTREL CAP 10-20MG	80
LO LOESTRIN TAB 1-10-10	119	LOTREL CAP 10-40MG	80
LOMOTIL TAB 2.5MG	68	LOTREL CAP 5-10MG	80
LONGS LANCET MIS STANDARD	170	LOTREL CAP 5-20MG	80
LONGS LANCET MIS THIN	170	lovastatin tab 10 mg	74
LONGS LANCET MIS ULTRA TH	170	lovastatin tab 20 mg	74
LONSURF TAB 15-6.14	89	lovastatin tab 40 mg	74
LONSURF TAB 20-8.19	89	Low-ogestrel	
loperamide hcl cap 2 mg	69	see norgestrel & ethinyl estradiol tab	
LOPID TAB 600MG	74	0.3 mg-30 mcg	124
		loxapine succinate cap 10 mg	98

loxapine succinate cap 25 mg	98	LYVISPAH GRA 20MG	182
loxapine succinate cap 50 mg	98	LYVISPAH GRA 5MG.....	182
loxapine succinate cap 5 mg	98	Lyza	
Lo-zumandimine		see norethindrone tab 0.35 mg	125
see drospirenone-ethinyl estradiol tab		M	
3-0.02 mg	117	macitentan	
lubiprostone cap 24 mcg	149	see OPSUMIT TAB 10MG.....	113
lubiprostone cap 8 mcg	149	MACROBID CAP 100MG.....	44
LUMAKRAS TAB 120MG	90	mafenide acetate packet for topical soln	
LUMAKRAS TAB 320MG	90	5% (50 gm)	133
LUMRYZ PAK 6GM.....	193	MALARONE TAB 250-100	82
LUMRYZ PAK 7.5GM.....	193	MALARONE TAB 62.5-25	82
LUMRYZ PAK 9GM.....	193	malathion	
LUMRYZ PKG 4.5GM	193	see OVIDE LOT 0.5%.....	137
LUPR DEP-PED INJ 11.25MG.....	143	malathion lotion 0.5%	137
LUPR DEP-PED INJ 15MG	143	mannitol iv soln 10%	140
LUPR DEP-PED INJ 3M 30MG.....	143	mannitol iv soln 20%	140
LUPR DEP-PED INJ 7.5MG.....	143	mannitol iv soln 25%	140
LUPRON DEPOT INJ 45MG	143	maraviroc tab 150 mg	102
lurasidone hcl tab 120 mg	96	maraviroc tab 300 mg	102
lurasidone hcl tab 20 mg	96	Marcaine/epinephrine	
lurasidone hcl tab 40 mg	96	see bupivacaine inj 0.5% w/	
lurasidone hcl tab 60 mg	96	epinephrine 1:200000	164
lurasidone hcl tab 80 mg	96	MARINOL CAP 2.5MG.....	70
Lutera		Marlissa	
see levonorgestrel & ethinyl estradiol		see levonorgestrel & ethinyl estradiol	
tab 0.1 mg-20 mcg	118	tab 0.15 mg-30 mcg	119
Lyleq		MATULANE CAP 50MG	92
see norethindrone tab 0.35 mg	125	MAXITROL OIN 0.1% OP	187
Lyllana		MAXITROL SUS 0.1% OP.....	187
see estradiol td patch twice weekly		MAYZENT PAK STARTER.....	196
0.025 mg/24hr	147	MAYZENT TAB 0.25MG.....	196
see estradiol td patch twice weekly		MAYZENT TAB 1MG.....	196
0.0375 mg/24hr	148	MAYZENT TAB 2MG	196
see estradiol td patch twice weekly		mebendazole	
0.05 mg/24hr	147	see EMVERM CHW 100MG	41
see estradiol td patch twice weekly		meclizine hcl tab 12.5 mg	70
0.075 mg/24hr	148	meclizine hcl tab 25 mg	70
see estradiol td patch twice weekly 0.1		meclizine hcl tab 50 mg	70
mg/24hr	147	meclofenamate sodium cap 100 mg	32
LYNPARZA TAB 100MG.....	90	meclofenamate sodium cap 50 mg	32
LYNPARZA TAB 150MG	90	MEDICHOICE MIS LANCET.....	170
LYSODREN TAB 500MG	87	MEDLANCE MIS 30G PLUS.....	170
LYVISPAH GRA 10MG.....	182	MEDLANCE MIS PLUS 30G.....	170

MEDLANCE PLS MIS 0.8MM	170	memantine hcl cap er 24hr 14 mg	193
MEDLANCE PLS MIS EXTR 21G.....	170	memantine hcl cap er 24hr 21 mg	194
MEDLANCE PLS MIS LITE 25G.....	171	memantine hcl cap er 24hr 28 mg	194
MEDLANCE PLS MIS UNIV 21G	171	memantine hcl cap er 24hr 7 mg	193
MEDROL TAB 16MG	126	memantine hcl-donepezil hcl	
MEDROL TAB 2MG.....	126	see NAMZARIC CAP	194
MEDROL TAB 4MG.....	126	see NAMZARIC CAP 14-10MG.....	194
MEDROL TAB 8MG.....	126	see NAMZARIC CAP 21-10MG	194
medroxyprogesterone acetate		see NAMZARIC CAP 28-10MG	194
see PROVERA TAB 10MG	192	see NAMZARIC CAP 7-10MG	194
see PROVERA TAB 2.5MG.....	192	memantine hcl oral solution 2 mg/ml ..	194
see PROVERA TAB 5MG.....	192	memantine hcl tab 10 mg	194
medroxyprogesterone acetate		memantine hcl tab 28 x 5 mg & 21 x 10 mg	
(contraceptive)		titration pack	194
see DEPO-PROVERA INJ 150MG/ML..	124	memantine hcl tab 5 mg	194
see DEPO-SQ PROV INJ 104.....	124	MENOPUR INJ 75UNIT	142
medroxyprogesterone acetate im susp		menotropins	
150 mg/ml	124	see MENOPUR INJ 75UNIT	142
medroxyprogesterone acetate im susp		mepidine hcl inj 100 mg/ml	36
prefilled syr 150 mg/ml	124	mepidine hcl inj 25 mg/ml	35
medroxyprogesterone acetate tab 10 mg		mepidine hcl inj 50 mg/ml	35
.....	192	mepidine hcl oral soln 50 mg/5ml	36
medroxyprogesterone acetate tab 2.5 mg		mepidine hcl tab 50 mg	36
.....	192	mepivacaine hcl inj 1%	165
medroxyprogesterone acetate tab 5 mg		mepivacaine hcl inj 2%	165
.....	192	mepivacaine hcl preservative free (pf) inj	
mefenamic acid cap 250 mg	32	1.5%	165
mefloquine hcl tab 250 mg	83	mepivacaine hcl preservative free (pf) inj	
megestrol acetate susp 40 mg/ml	87	1%	165
megestrol acetate susp 625 mg/5ml	192	mepivacaine hcl preservative free (pf) inj	
megestrol acetate tab 20 mg	87	2%	165
megestrol acetate tab 40 mg	87	mepolizumab	
MEIJER LANCE MIS COLOR.....	171	see NUCALA INJ 100MG/ML	48
MEIJER LANCE MIS UNIV 21G.....	171	see NUCALA INJ 40MG/0.4.....	48
MEIJER LANCE MIS UNIV 30G.....	171	meprobamate tab 200 mg	46
MEIJER LANCE MIS UNIVERSA	171	meprobamate tab 400 mg	46
MEIJER MIS LANCETS.....	171	mercaptapurine tab 50 mg	85
MEKTOVI TAB 15MG	90	meropenem iv for soln 1 gm	42
meloxicam susp 7.5 mg/5ml	32	meropenem iv for soln 500 mg	42
meloxicam tab 15 mg	32	Merzee	
meloxicam tab 7.5 mg	32	see norethindrone ace-ethinyl	
melphalan hcl for inj 50 mg (base equiv)		estradiol-fe cap 1 mg-20 mcg (24) ..	122
.....	84	mesalamine cap dr 400 mg	149
melphalan tab 2 mg	84	mesalamine cap er 24hr 0.375 gm	149

mesalamine cap er 500 mg	149	methotrexate (antirheumatic)	
mesalamine enema 4 gm	149	see RASUVO INJ 10MG	30
mesalamine rectal enema 4 gm & cleanser wipe kit	150	see RASUVO INJ 12.5MG	31
mesalamine suppos 1000 mg	150	see RASUVO INJ 15MG	31
mesalamine tab delayed release 1.2 gm	150	see RASUVO INJ 17.5MG	31
mesalamine tab delayed release 800 mg	150	see RASUVO INJ 20MG	31
mesalamine w/ cleanser		see RASUVO INJ 22.5MG	31
see ROWASA KIT 4GM	150	see RASUVO INJ 25MG.....	31
mesna inj 100 mg/ml	92	see RASUVO INJ 30MG	31
metaxalone tab 800 mg	182	see RASUVO INJ 7.5MG.....	30
metformin hcl oral soln 500 mg/5ml	66	methotrexate sodium	
metformin hcl tab 1000 mg	66	see TREXALL TAB 10MG.....	86
metformin hcl tab 500 mg	66	see TREXALL TAB 15MG.....	86
metformin hcl tab 850 mg	66	see TREXALL TAB 5MG	86
metformin hcl tab er 24hr 500 mg	66	see TREXALL TAB 7.5MG	86
metformin hcl tab er 24hr 750 mg	66	methotrexate sodium for inj 1 gm	85
methadone hcl conc 10 mg/ml	36	methotrexate sodium inj 250 mg/10ml (25 mg/ml)	85
methadone hcl soln 10 mg/5ml	36	methotrexate sodium inj 50 mg/2ml (25 mg/ml)	85
methadone hcl soln 5 mg/5ml	36	methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	85
methadone hcl tab 10 mg	36	methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	85
methadone hcl tab 5 mg	36	methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	85
methadone hcl tab for oral susp 40 mg ..	36	methotrexate sodium tab 2.5 mg (base equiv)	85
Methadone Hydrochloride I		methoxsalen rapid cap 10 mg	132
see methadone hcl conc 10 mg/ml	36	methscopolamine bromide tab 2.5 mg	202
Methadose		methscopolamine bromide tab 5 mg ...	202
see methadone hcl tab for oral susp 40 mg	36	methsuximide cap 300 mg	59
methamphetamine hcl tab 5 mg	26	methylene blue iv soln 50 mg/10ml (5 mg/ml)	69
methazolamide tab 25 mg	140	methylergonovine maleate inj 0.2 mg/ml	189
methazolamide tab 50 mg	140	methylergonovine maleate tab 0.2 mg ..	189
methenamine hippurate tab 1 gm	44	METHYLIN SOL 10MG/5ML.....	27
methenamine mandelate tab 0.5 gm	44	METHYLIN SOL 5MG/5ML	27
methenamine mandelate tab 1 gm	44	methyphenidate hcl	
Methergine		see METHYLIN SOL 10MG/5ML	27
see methylergonovine maleate tab 0.2 mg	189	see METHYLIN SOL 5MG/5ML	27
methimazole tab 10 mg	199	see RITALIN TAB 10MG	28
methimazole tab 5 mg	198	see RITALIN TAB 20MG	29
methocarbamol inj 1000 mg/10ml	182		
methocarbamol tab 500 mg	182		
methocarbamol tab 750 mg	182		

see RITALIN TAB 5MG.....28
methylphenidate hcl cap er 10 mg (cd) ..27
methylphenidate hcl cap er 20 mg (cd) .27
methylphenidate hcl cap er 24hr 10 mg (la)27
methylphenidate hcl cap er 24hr 10 mg (xr).....27
methylphenidate hcl cap er 24hr 15 mg (xr).....27
methylphenidate hcl cap er 24hr 20 mg (la)27
methylphenidate hcl cap er 24hr 20 mg (xr).....27
methylphenidate hcl cap er 24hr 30 mg (la)28
methylphenidate hcl cap er 24hr 30 mg (xr)28
methylphenidate hcl cap er 24hr 40 mg (la)28
methylphenidate hcl cap er 24hr 40 mg (xr)28
methylphenidate hcl cap er 24hr 50 mg (xr)28
methylphenidate hcl cap er 24hr 60 mg (la)28
methylphenidate hcl cap er 24hr 60 mg (xr)28
methylphenidate hcl cap er 30 mg (cd) .28
methylphenidate hcl cap er 40 mg (cd) .28
methylphenidate hcl cap er 50 mg (cd) .28
methylphenidate hcl cap er 60 mg (cd) .28
methylphenidate hcl chew tab 10 mg.....28
methylphenidate hcl chew tab 2.5 mg ...28
methylphenidate hcl chew tab 5 mg28
methylphenidate hcl soln 10 mg/5ml28
methylphenidate hcl soln 5 mg/5ml28
methylphenidate hcl tab 10 mg.....28
methylphenidate hcl tab 20 mg28
methylphenidate hcl tab 5 mg28
methylphenidate hcl tab er 10 mg28
methylphenidate hcl tab er 20 mg28
methylphenidate hcl tab er 24hr 18 mg..28
methylphenidate hcl tab er 24hr 27 mg .28
methylphenidate hcl tab er 24hr 36 mg .28

methylphenidate hcl tab er 24hr 54 mg .28
methylphenidate hcl tab er osmotic release (osm) 18 mg28
methylphenidate hcl tab er osmotic release (osm) 27 mg28
methylphenidate hcl tab er osmotic release (osm) 36 mg.....28
methylphenidate hcl tab er osmotic release (osm) 54 mg.....28
methylphenidate td patch 10 mg/9hr.....28
methylphenidate td patch 15 mg/9hr28
methylphenidate td patch 20 mg/9hr28
methylphenidate td patch 30 mg/9hr28
methylprednisolone
 see MEDROL TAB 16MG126
 see MEDROL TAB 2MG.....126
 see MEDROL TAB 4MG.....126
 see MEDROL TAB 8MG.....126
methylprednisolone acetate inj susp 40 mg/ml126
methylprednisolone acetate inj susp 80 mg/ml126
methylprednisolone sod succ for inj 1000 mg (base equiv)126
methylprednisolone sod succ for inj 125 mg (base equiv)126
methylprednisolone sod succ for inj 40 mg (base equiv)126
methylprednisolone sod succ for inj 500 mg (base equiv)126
methylprednisolone tab 16 mg126
methylprednisolone tab 32 mg.....127
methylprednisolone tab 4 mg.....126
methylprednisolone tab 8 mg.....126
methylprednisolone tab therapy pack 4 mg (21)127
methyltestosterone cap 10 mg40
metoclopramide hcl
 see REGLAN TAB 10MG.....149
 see REGLAN TAB 5MG149
metoclopramide hcl inj 5 mg/ml (base equivalent)149
metoclopramide hcl orally disintegrating tab 5 mg (base eq).....149

metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	149	metronidazole vaginal gel 0.75%	204
metoclopramide hcl tab 10 mg (base equivalent)	149	metyrosine cap 250 mg	76
metoclopramide hcl tab 5 mg (base equivalent)	149	mexiletine hcl cap 150 mg	47
metolazone tab 10 mg	141	mexiletine hcl cap 200 mg	47
metolazone tab 2.5 mg	141	mexiletine hcl cap 250 mg	47
metolazone tab 5 mg	141	Mibelas 24 Fe	
metoprolol & hydrochlorothiazide tab 100-25 mg	80	see norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	122
metoprolol & hydrochlorothiazide tab 100-50 mg	80	micafungin sodium for iv soln 100 mg	70
metoprolol & hydrochlorothiazide tab 50-25 mg	80	micafungin sodium for iv soln 50 mg	70
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	105	Miconazole 3	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	105	see miconazole nitrate vaginal suppos 200 mg	204
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	105	miconazole nitrate vaginal suppos 200 mg	204
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	105	miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	131
metoprolol tartrate iv soln 5 mg/5ml	105	Microgestin 1/20	
metoprolol tartrate tab 100 mg	106	see norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	121
metoprolol tartrate tab 25 mg	105	Microgestin 1.5/30	
metoprolol tartrate tab 37.5 mg	105	see norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	121
metoprolol tartrate tab 50 mg	106	Microgestin 24 Fe	
metoprolol tartrate tab 75 mg	106	see norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	122
METROCREAM CRE 0.75%	137	Microgestin Fe 1/20	
METROGEL GEL 1%	137	see norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	121
METROLOTION LOT 0.75%	137	Microgestin Fe 1.5/30	
metronidazole (topical)		see norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	122
see METROCREAM CRE 0.75%	137	MICROLET MIS LANCETS	171
see METROGEL GEL 1%	137	MICRO THIN MIS LANC 33G	171
see METROLOTION LOT 0.75%	137	midazolam (anticonvulsant)	
metronidazole cap 375 mg	42	see NAYZILAM SPR 5MG	54
metronidazole cream 0.75%	137	midazolam 100 mg/100ml-sodium chloride 0.9% iv soln	162
metronidazole gel 0.75%	137	midazolam 50 mg/50ml-sodium chloride 0.9% iv soln	162
metronidazole gel 1%	137	midazolam hcl inj 10 mg/10ml (base equivalent)	162
metronidazole iv soln 500 mg/100ml	42	midazolam hcl inj 10 mg/2ml (base equivalent)	162
metronidazole lotion 0.75%	137		
metronidazole tab 250 mg	42		
metronidazole tab 500 mg	42		

midazolam hcl inj 25 mg/5ml (base equivalent)	162
midazolam hcl inj 2 mg/2ml (base equivalent)	162
midazolam hcl inj 50 mg/10ml (base equivalent)	162
midazolam hcl inj 5 mg/5ml (base equivalent)	162
midazolam hcl inj 5 mg/ml (base equivalent)	162
midazolam hcl inj pf 10 mg/2ml (base equivalent)	162
midazolam hcl inj pf 2 mg/2ml (base equivalent)	162
midazolam hcl inj pf 5 mg/5ml (base equivalent)	162
midazolam hcl inj pf 5 mg/ml (base equivalent)	162
midazolam hcl syrup 2 mg/ml (base equivalent)	162
midodrine hcl tab 10 mg	205
midodrine hcl tab 2.5 mg	205
midodrine hcl tab 5 mg	205
midostaurin	
see RYDAPT CAP 25MG.....	91
mifepristone tab 200 mg	145
mifepristone tab 300 mg	66
miglitol tab 100 mg	64
miglitol tab 25 mg	64
miglitol tab 50 mg	64
miglustat cap 100 mg	159
Mili	
see norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	123
milrinone lactate in dextrose 5% iv soln 20 mg/100ml	110
milrinone lactate in dextrose 5% iv soln 40 mg/200ml	110
milrinone lactate iv soln 10 mg/10ml (base equivalent)	110
milrinone lactate iv soln 20 mg/20ml (base equivalent)	110
milrinone lactate iv soln 50 mg/50ml (base equivalent)	110

Mimvey	
see estradiol & norethindrone acetate tab 1-0.5 mg	146
mineral oil	164
minocycline hcl cap 100 mg	198
minocycline hcl cap 50 mg	198
minocycline hcl cap 75 mg	198
minocycline hcl tab 100 mg	198
minocycline hcl tab 50 mg	198
minocycline hcl tab 75 mg	198
minoxidil tab 10 mg	82
minoxidil tab 2.5 mg	82
mirabegron tab er 24 hr 25 mg	204
mirabegron tab er 24 hr 50 mg	204
MIRENA IUD SYSTEM.....	125
mirtazapine	
see REMERON SLTB TAB 15MG.....	59
see REMERON SLTB TAB 30MG.....	60
see REMERON SLTB TAB 45MG.....	60
see REMERON TAB 15MG.....	60
see REMERON TAB 30MG.....	60
mirtazapine orally disintegrating tab 15 mg	59
mirtazapine orally disintegrating tab 30 mg	59
mirtazapine orally disintegrating tab 45 mg	59
mirtazapine tab 15 mg	59
mirtazapine tab 30 mg	59
mirtazapine tab 45 mg	59
mirtazapine tab 7.5 mg	59
misoprostol	
see CYTOTEC TAB 100MCG.....	203
see CYTOTEC TAB 200MCG.....	203
misoprostol tab 100 mcg	203
misoprostol tab 200 mcg	203
MITIGARE CAP 0.6MG.....	153
Mitigo	
see morphine sulf for microinfusion pf inj 200 mg/20ml (10mg/ml)	36
see morphine sulf for microinfusion pf inj 500 mg/20ml (25mg/ml)	36
mitomycin for iv soln 20 mg	88
mitomycin for iv soln 40 mg	88

mitomycin for iv soln 5 mg	88	morphine sulfate beads cap er 24hr 30	
mitotane		mg	36
see LYSODREN TAB 500MG	87	morphine sulfate beads cap er 24hr 45	
mitoxantrone hcl inj conc 20 mg/10ml (2		mg	36
mg/ml)	88	morphine sulfate beads cap er 24hr 60	
mitoxantrone hcl inj conc 25 mg/12.5ml (2		mg	36
mg/ml)	88	morphine sulfate beads cap er 24hr 75 mg	
mitoxantrone hcl inj conc 30 mg/15ml (2		.....	36
mg/ml)	88	morphine sulfate beads cap er 24hr 90	
MM TWIST MIS LANCETS.....	171	mg	36
MOBILE LANCE MIS 30G	171	morphine sulfate cap er 24hr 100 mg	36
modafinil tab 100 mg	28	morphine sulfate cap er 24hr 10 mg	36
modafinil tab 200 mg	28	morphine sulfate cap er 24hr 20 mg	36
moexipril hcl tab 15 mg	76	morphine sulfate cap er 24hr 30 mg	36
moexipril hcl tab 7.5 mg	76	morphine sulfate cap er 24hr 50 mg	36
molindone hcl tab 10 mg	99	morphine sulfate cap er 24hr 60 mg	36
molindone hcl tab 25 mg	99	morphine sulfate cap er 24hr 80 mg	36
molindone hcl tab 5 mg	99	morphine sulfate inj pf 0.5 mg/ml	36
mometasone furoate cream 0.1%	135	morphine sulfate inj pf 1 mg/ml	36
mometasone furoate nasal susp 50		morphine sulfate iv soln 10 mg/ml	36
mcg/act	184	morphine sulfate iv soln 4 mg/ml	36
mometasone furoate oint 0.1%	135	morphine sulfate iv soln 8 mg/ml	36
mometasone furoate solution 0.1%		morphine sulfate oral soln 100 mg/5ml	
(lotion)	135	(20 mg/ml)	36
Mondoxyne NI		morphine sulfate oral soln 10 mg/5ml	36
see doxycycline monohydrate cap 100		morphine sulfate tab 15 mg	37
mg	198	morphine sulfate tab 30 mg	37
MONOLET MIS LANCETS	171	morphine sulfate tab er 100 mg	37
MONOLET OPD MIS LANCETS	171	morphine sulfate tab er 15 mg	37
MONOLETTOR MIS LANCETS.....	171	morphine sulfate tab er 200 mg	37
Mono-linyah		morphine sulfate tab er 30 mg	37
see norgestimate & ethinyl estradiol		morphine sulfate tab er 60 mg	37
tab 0.25 mg-35 mcg	123	morphine sulf for microinfusion pf inj 200	
montelukast sodium chew tab 4 mg (base		mg/20ml (10mg/ml)	36
equiv)	49	morphine sulf for microinfusion pf inj 500	
montelukast sodium chew tab 5 mg (base		mg/20ml (25mg/ml)	36
equiv)	49	MOUNJARO INJ 10MG/0.5	66
montelukast sodium oral granules packet		MOUNJARO INJ 12.5/0.5	66
4 mg (base equiv)	49	MOUNJARO INJ 15MG/0.5	66
montelukast sodium tab 10 mg (base		MOUNJARO INJ 2.5/0.5.....	66
equiv)	49	MOUNJARO INJ 5MG/0.5.....	66
morphine sulfate beads cap er 24hr 120		MOUNJARO INJ 7.5/0.5.....	66
mg	36	moxifloxacin hcl (ophth)	
		see VIGAMOX DRO 0.5%	187

moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	148
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	186
moxifloxacin hcl ophth soln 0.5% (base equiv)	186
moxifloxacin hcl tab 400 mg (base equiv)	149
MUGARD LIQ	181
MULTAQ TAB 400MG	48
mupirocin oint 2%	131
MUSE SUP 1000MCG	112
MUSE SUP 250MCG	112
MUSE SUP 500MCG	112
Mutamycin	
see mitomycin for iv soln 20 mg	88
see mitomycin for iv soln 40 mg	88
see mitomycin for iv soln 5 mg	88
MYAMBUTOL TAB 400MG	83
mycophenolate mofetil cap 250 mg	180
mycophenolate mofetil for oral susp 200 mg/ml	180
mycophenolate mofetil hcl for iv soln 500 mg (base equiv)	180
mycophenolate mofetil tab 500 mg	180
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	180
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	180
MYFEMBREE TAB	146
MYGLUCOHEALT MIS LANC 30G	171
MYLERAN TAB 2MG	84
MYSOLINE TAB 250MG	57
MYSOLINE TAB 50MG	57
N	
nabumetone tab 500 mg	32
nabumetone tab 750 mg	32
nadolol	
see CORGARD TAB 20MG	106
see CORGARD TAB 40MG	106
nadolol tab 20 mg	106
nadolol tab 40 mg	106
nadolol tab 80 mg	106
nafcillin sodium for inj 1 gm	192
nafcillin sodium for inj 2 gm	192
nafcillin sodium for iv soln 10 gm	192
naftifine hcl	
see NAFTIN GEL 1%	131
see NAFTIN GEL 2%	131
naftifine hcl cream 1%	131
naftifine hcl cream 2%	131
naftifine hcl gel 2%	131
NAFTIN GEL 1%	131
NAFTIN GEL 2%	131
nalbuphine hcl inj 10 mg/ml	40
nalbuphine hcl inj 20 mg/ml	40
naldemedine tosylate	
see SYMPROIC TAB 0.2MG	150
naloxone hcl inj 0.4 mg/ml	69
naloxone hcl inj 4 mg/10ml	69
naloxone hcl nasal spray 4 mg/0.1ml	69
naloxone hcl soln cartridge 0.4 mg/ml	69
naloxone hcl soln prefilled syringe 2 mg/2ml	69
naltrexone hcl tab 50 mg	69
NAMZARIC CAP	194
NAMZARIC CAP 14-10MG	194
NAMZARIC CAP 21-10MG	194
NAMZARIC CAP 28-10MG	194
NAMZARIC CAP 7-10MG	194
naproxen sodium tab 275 mg	32
naproxen sodium tab 550 mg	32
naproxen tab 250 mg	32
naproxen tab 375 mg	32
naproxen tab 500 mg	32
naproxen tab ec 375 mg	32
naproxen tab ec 500 mg	32
naratriptan hcl tab 1 mg (base equiv)	177
naratriptan hcl tab 2.5 mg (base equiv)	177
NARDIL TAB 15MG	60
natalizumab	
see TYSABRI INJ 300/15ML	196
NATAZIA TAB	119
nateglinide tab 120 mg	68
nateglinide tab 60 mg	68
NATESTO GEL 5.5MG	40
NAYZILAM SPR 5MG	54

nebivolol hcl tab 10 mg (base equivalent)	106	neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)	83
nebivolol hcl tab 2.5 mg (base equivalent)	106	neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)	83
nebivolol hcl tab 20 mg (base equivalent)	106	neostigmine methylsulfate soln pref syr 3 mg/3ml (1 mg/ml)	83
nebivolol hcl tab 5 mg (base equivalent)	106	nepafenac	
Nebusal		see ILEVRO DRO 0.3% OP	188
see sodium chloride soln nebu 3%	128	Neuac	
Necon 0.5/35-28		see clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	129
see norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	120	NEUPRO DIS 1MG/24HR	94
nefazodone hcl tab 100 mg	61	NEUPRO DIS 2MG/24HR	94
nefazodone hcl tab 150 mg	61	NEUPRO DIS 3MG/24HR	94
nefazodone hcl tab 200 mg	61	NEUPRO DIS 4MG/24HR	94
nefazodone hcl tab 250 mg	61	NEUPRO DIS 6MG/24HR	94
nefazodone hcl tab 50 mg	61	NEUPRO DIS 8MG/24HR	94
nelarabine iv soln 5 mg/ml	86	NEURONTIN CAP 100MG	57
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	186	NEURONTIN CAP 300MG	57
neomycin-polymy-dexameth		NEURONTIN CAP 400MG	57
see MAXITROL OIN 0.1% OP	187	NEURONTIN SOL 250/5ML	57
see MAXITROL SUS 0.1% OP	187	NEURONTIN TAB 600MG	57
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	186	NEURONTIN TAB 800MG	57
neomycin-polymyxin b gu irrigation soln	152	nevirapine susp 50 mg/5ml	102
neomycin-polymyxin-dexamethasone ophth oint 0.1%	187	nevirapine tab 200 mg	102
neomycin-polymyxin-dexamethasone ophth susp 0.1%	187	nevirapine tab er 24hr 400 mg	102
neomycin-polymyxin-hc ophth susp	187	NEXLETOL TAB 180MG	72
neomycin-polymyxin-hc otic soln 1%	189	NEXLIZET TAB 180/10MG	73
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	189	niacin tab er 1000 mg (antihyperlipidemic)	75
neomycin sulfate tab 500 mg	29	niacin tab er 500 mg (antihyperlipidemic)	75
Neo-polycin		niacin tab er 750 mg (antihyperlipidemic)	75
see neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	186	nicardipine hcl cap 20 mg	109
Neo-polycin Hc		nicardipine hcl cap 30 mg	109
see bacitracin-polymyxin-neomycin-hc ophth oint 1%	187	nicardipine hcl iv soln 2.5 mg/ml	109
		nifedipine	
		see PROCARDIA XL TAB 30MG CR	109
		see PROCARDIA XL TAB 60MG CR	109
		see PROCARDIA XL TAB 90MG CR	109
		nifedipine cap 10 mg	109
		nifedipine cap 20 mg	109
		nifedipine tab er 24hr 30 mg	109

nifedipine tab er 24hr 60 mg	109	NITRO-DUR DIS 0.4MG/HR	45
nifedipine tab er 24hr 90 mg	109	NITRO-DUR DIS 0.6MG/HR.....	45
nifedipine tab er 24hr osmotic release 30 mg	109	NITRO-DUR DIS 0.8MG/HR.....	45
nifedipine tab er 24hr osmotic release 60 mg	109	nitrofurantoin macrocrystalline cap 100 mg	44
nifedipine tab er 24hr osmotic release 90 mg	109	nitrofurantoin macrocrystalline cap 25 mg	44
Nikki		nitrofurantoin macrocrystalline cap 50 mg	44
see drospirenone-ethinyl estradiol tab 3-0.02 mg	117	nitrofurantoin monohyd macro	
nilutamide tab 150 mg	87	see MACROBID CAP 100MG.....	44
nimodipine cap 30 mg	109	nitrofurantoin monohydrate macrocrystalline cap 100 mg	44
NINLARO CAP 2.3MG	90	nitrofurantoin susp 25 mg/5ml	44
NINLARO CAP 3MG.....	90	nitroglycerin	
NINLARO CAP 4MG	90	see NITRO-DUR DIS 0.1MG/HR	45
nintedanib esylate		see NITRO-DUR DIS 0.2MG/HR.....	45
see OFEV CAP 100MG	197	see NITRO-DUR DIS 0.3MG/HR.....	45
see OFEV CAP 150MG.....	197	see NITRO-DUR DIS 0.4MG/HR	45
niraparib tosylate		see NITRO-DUR DIS 0.6MG/HR	45
see ZEJULA TAB 100MG.....	91	see NITRO-DUR DIS 0.8MG/HR.....	45
see ZEJULA TAB 200MG	91	see NITROLINGUAL SPR 400MCG	45
see ZEJULA TAB 300MG	91	see NITROSTAT SUB 0.3MG	45
nisoldipine tab er 24hr 17 mg	109	see NITROSTAT SUB 0.4MG	45
nisoldipine tab er 24hr 20 mg	109	see NITROSTAT SUB 0.6MG	45
nisoldipine tab er 24hr 25.5 mg	109	nitroglycerin iv soln 100 mcg/ml in d5w	45
nisoldipine tab er 24hr 30 mg	109	nitroglycerin iv soln 200 mcg/ml in d5w	45
nisoldipine tab er 24hr 34 mg	109	.....	45
nisoldipine tab er 24hr 40 mg	109	nitroglycerin iv soln 400 mcg/ml in d5w	45
nisoldipine tab er 24hr 8.5 mg	109	.....	45
nitazoxanide tab 500 mg	42	nitroglycerin oint 0.4%	41
nitisinone		nitroglycerin sl tab 0.3 mg	45
see ORFADIN CAP 10MG	144	nitroglycerin sl tab 0.4 mg	45
see ORFADIN CAP 20MG.....	144	nitroglycerin sl tab 0.6 mg	45
see ORFADIN CAP 2MG	144	nitroglycerin td patch 24hr 0.1 mg/hr ...	45
see ORFADIN CAP 5MG	144	nitroglycerin td patch 24hr 0.2 mg/hr ...	45
see ORFADIN SUS 4MG/ML	144	nitroglycerin td patch 24hr 0.4 mg/hr ...	45
nitisinone cap 10 mg	144	nitroglycerin td patch 24hr 0.6 mg/hr ...	45
nitisinone cap 20 mg	144	nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	45
nitisinone cap 2 mg	144	NITROLINGUAL SPR 400MCG	45
nitisinone cap 5 mg	144	nitroprusside sodium in nacl 0.9% iv soln 20 mg/100ml	82
NITRO-DUR DIS 0.1MG/HR	45		
NITRO-DUR DIS 0.2MG/HR.....	45		
NITRO-DUR DIS 0.3MG/HR.....	45		

nitroprusside sodium in nacl 0.9% iv soln	
50 mg/100ml	82
nitroprusside sodium iv soln 25 mg/ml ..	82
NITROSTAT SUB 0.3MG	45
NITROSTAT SUB 0.4MG	45
NITROSTAT SUB 0.6MG	45
NIVESTYM INJ 300/0.5	160
NIVESTYM INJ 300MCG.....	160
NIVESTYM INJ 480/0.8	160
NIVESTYM INJ 480MCG.....	160
nizatidine cap 150 mg	202
nizatidine cap 300 mg	202
Nora-be	
see norethindrone tab 0.35 mg	125
NORDITROPIN INJ 10/1.5ML	143
NORDITROPIN INJ 15/1.5ML	143
NORDITROPIN INJ 30/3ML.....	143
NORDITROPIN INJ 5/1.5ML.....	142
norelgestromin-ethinyl estradiol td ptwk	
150-35 mcg/24hr	124
norepinephrine bitartrate iv soln 1 mg/ml	
(base equivalent)	205
norethindrone & ethinyl estradiol-fe chew	
tab 0.4 mg-35 mcg	120
norethindrone & ethinyl estradiol-fe chew	
tab 0.8 mg-25 mcg	120
norethindrone & ethinyl estradiol tab 0.4	
mg-35 mcg	119, 120
norethindrone & ethinyl estradiol tab 0.5	
mg-35 mcg	120
norethindrone & ethinyl estradiol tab 1	
mg-35 mcg	120
norethindrone ace & ethinyl estradiol-fe	
tab 1.5 mg-30 mcg	121, 122
norethindrone ace & ethinyl estradiol-fe	
tab 1 mg-20 mcg	121
norethindrone ace & ethinyl estradiol tab	
1.5 mg-30 mcg	121
norethindrone ace & ethinyl estradiol tab	
1 mg-20 mcg	120, 121
norethindrone ace-eth estradiol-fe chew	
tab 1 mg-20 mcg (24)	122
norethindrone ace-ethinyl estradiol-fe	
cap 1 mg-20 mcg (24)	122
norethindrone ace-ethinyl estradiol-fe	
tab 1 mg-20 mcg (24)	122
norethindrone acetate-ethinyl estradiol-	
fe fum (biphasic)	
see LO LOESTRIN TAB 1-10-10.....	119
norethindrone acetate-ethinyl estradiol	
tab 0.5 mg-2.5 mcg	146
norethindrone acetate-ethinyl estradiol	
tab 1 mg-5 mcg	146
norethindrone acetate tab 5 mg	192
norethindrone ac-ethinyl estrad-fe tab 1-	
20/1-30/1-35 mg-mcg	120
norethindrone-eth estradiol tab 0.5-	
35/0.75-35/1-35 mg-mcg	122, 123
norethindrone-eth estradiol tab 0.5-35/1-	
35/0.5-35 mg-mcg	123
norethindrone tab 0.35 mg	125
norgestimate & ethinyl estradiol tab 0.25	
mg-35 mcg	123
norgestimate-eth estrad tab 0.18-	
25/0.215-25/0.25-25 mg-mcg	123
norgestimate-eth estrad tab 0.18-	
35/0.215-35/0.25-35 mg-mcg	123, 124
norgestrel & ethinyl estradiol tab 0.3 mg-	
30 mcg	124
Norlyroc	
see norethindrone tab 0.35 mg	125
NORPRAMIN TAB 10MG	63
NORPRAMIN TAB 25MG.....	63
Nortrel 0.5/35 (28)	
see norethindrone & ethinyl estradiol	
tab 0.5 mg-35 mcg	120
Nortrel 1/35	
see norethindrone & ethinyl estradiol	
tab 1 mg-35 mcg	120
Nortrel 7/7/7	
see norethindrone-eth estradiol tab	
0.5-35/0.75-35/1-35 mg-mcg	123
nortriptyline hcl	
see PAMELOR CAP 10MG.....	63
see PAMELOR CAP 25MG	63
see PAMELOR CAP 50MG.....	63
see PAMELOR CAP 75MG	63
nortriptyline hcl cap 10 mg	63

nortriptyline hcl cap 25 mg	63	NUWIQ INJ 250UNIT.....	156
nortriptyline hcl cap 50 mg	63	NUWIQ INJ 3000UNIT.....	156
nortriptyline hcl cap 75 mg	63	NUWIQ INJ 4000UNIT.....	156
nortriptyline hcl soln 10 mg/5ml	63	NUWIQ INJ 500UNIT.....	156
NOVA SAFETY MIS LANC 23G.....	171	NUWIQ KIT 1000UNIT.....	157
NOVA SAFETY MIS LANC 28G.....	171	NUWIQ KIT 1500UNIT.....	157
NOVA SURE MIS LANCETS.....	171	NUWIQ KIT 2000UNIT.....	157
NOVOEIGHT INJ 1000UNIT.....	156	NUWIQ KIT 2500UNIT.....	157
NOVOEIGHT INJ 1500UNIT.....	156	NUWIQ KIT 250UNIT.....	156
NOVOEIGHT INJ 2000UNIT.....	156	NUWIQ KIT 3000UNIT.....	157
NOVOEIGHT INJ 250UNIT.....	156	NUWIQ KIT 4000UNIT.....	157
NOVOEIGHT INJ 3000UNIT.....	156	NUWIQ KIT 500UNIT.....	157
NOVOEIGHT INJ 500UNIT.....	156	Nyamyc	
NOVOLIN INJ 70/30.....	67	see nystatin topical powder 100000	
NOVOLIN INJ 70/30 FP.....	67	unit/gm	131
NOVOLIN N INJ 100 UNIT.....	67	Nylia 1/35	
NOVOLIN N INJ U-100.....	67	see norethindrone & ethinyl estradiol	
NOVOLIN R INJ 100 UNIT.....	67	tab 1 mg-35 mcg	120
NOVOLIN R INJ U-100.....	67	Nylia 7/7/7	
NOVOLOG INJ 100/ML.....	67	see norethindrone-eth estradiol tab	
NOVOLOG INJ FLEXPEN.....	67	0.5-35/0.75-35/1-35 mg-mcg	123
NOVOLOG INJ PENFILL.....	67	Nymyo	
NOVOLOG MIX INJ 70/30.....	67	see norgestimate & ethinyl estradiol	
NOVOLOG MIX INJ FLEXPEN.....	67	tab 0.25 mg-35 mcg	123
NOVOSEVEN RT INJ 1MG.....	156	nystatin cream 100000 unit/gm	131
NOVOSEVEN RT INJ 2MG.....	156	nystatin oint 100000 unit/gm	131
NOVOSEVEN RT INJ 5MG.....	156	nystatin susp 100000 unit/ml	181
NOVOSEVEN RT INJ 8MG.....	156	nystatin tab 500000 unit	71
NUBEQA TAB 300MG.....	87	nystatin topical powder 100000 unit/gm	
NUCALA INJ 100MG/ML.....	48	.....	131
NUCALA INJ 40MG/0.4.....	48	nystatin-triamcinolone cream 100000-0.1	
Nulev		unit/gm-%	131
see hyoscyamine sulfate tab disint		nystatin-triamcinolone oint 100000-0.1	
0.125 mg	202	unit/gm-%	131
NURTEC TAB 75MG ODT.....	176	Nystop	
Nutriarx Creampak		see nystatin topical powder 100000	
see triamcinolone acet cr 0.1% &		unit/gm	131
dimeth cr 5% & silicone tape	135	NYVEPRIA INJ 6/0.6ML.....	160
nutritional supplement caps	139	O	
NUVARING MIS.....	124	Ocella	
NUWIQ INJ 1000UNIT.....	156	see drospirenone-ethinyl estradiol tab	
NUWIQ INJ 1500UNIT.....	156	3-0.03 mg	117
NUWIQ INJ 2000UNIT.....	156	ocrelizumab	
NUWIQ INJ 2500UNIT.....	156	see OCREVUS INJ 300/10ML.....	196

OCREVUS INJ 300/10ML	196	olanzapine-fluoxetine hcl cap 12-25 mg	194
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	145	olanzapine-fluoxetine hcl cap 12-50 mg	194
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	145	olanzapine-fluoxetine hcl cap 3-25 mg	194
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	145	olanzapine-fluoxetine hcl cap 6-25 mg	194
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	145	olanzapine-fluoxetine hcl cap 6-50 mg	194
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	145	olanzapine for im inj 10 mg	98
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	145	olanzapine orally disintegrating tab 10 mg	98
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	145	olanzapine orally disintegrating tab 15 mg	98
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	145	olanzapine orally disintegrating tab 20 mg	98
OCUFLOX DRO 0.3% OP	186	olanzapine orally disintegrating tab 5 mg	98
ODEFSEY TAB	102	olanzapine tab 10 mg	98
ODOMZO CAP 200MG	87	olanzapine tab 15 mg	98
ofatumumab (ms)		olanzapine tab 2.5 mg	98
see KESIMPTA INJ 20/.4ML	196	olanzapine tab 20 mg	98
OFEV CAP 100MG	197	olanzapine tab 5 mg	98
OFEV CAP 150MG	197	olanzapine tab 7.5 mg	98
ofloxacin (ophth)		olaparib	
see OCUFLOX DRO 0.3% OP	186	see LYNPARZA TAB 100MG	90
ofloxacin ophth soln 0.3%	186	see LYNPARZA TAB 150MG	90
ofloxacin otic soln 0.3%	189	olmesartan-amlodipine-	
ofloxacin tab 300 mg	149	hydrochlorothiazide tab 20-5-12.5 mg	81
ofloxacin tab 400 mg	149	olmesartan-amlodipine-	
OGIVRI INJ 150MG	86	hydrochlorothiazide tab 40-10-12.5 mg	81
OGIVRI INJ 420MG	86	olmesartan-amlodipine-	
olanzapine		hydrochlorothiazide tab 40-10-25 mg	81
see ZYPREXA TAB 10MG	99	olmesartan-amlodipine-	
see ZYPREXA TAB 15MG	99	hydrochlorothiazide tab 40-5-12.5 mg	81
see ZYPREXA TAB 2.5MG	99	olmesartan-amlodipine-	
see ZYPREXA TAB 20MG	99	hydrochlorothiazide tab 40-5-25 mg	81
see ZYPREXA TAB 5MG	99	olmesartan medoxomil-amlodipine-	
see ZYPREXA TAB 7.5MG	99	hydrochlorothiazide	
see ZYPREXA ZYDI TAB 10MG	99	see TRIBENZOR20- TAB 5-12.5MG	81
see ZYPREXA ZYDI TAB 15MG	99	see TRIBENZOR40- TAB 10-12.5	81
see ZYPREXA ZYDI TAB 20MG	99	see TRIBENZOR40- TAB 10-25MG	81
see ZYPREXA ZYDI TAB 5MG	99	see TRIBENZOR40- TAB 5-12.5MG	81
		see TRIBENZOR40- TAB 5-25MG	81

olmesartan medoxomil-	
hydrochlorothiazide tab 20-12.5 mg ..80	
olmesartan medoxomil-	
hydrochlorothiazide tab 40-12.5 mg ..80	
olmesartan medoxomil-	
hydrochlorothiazide tab 40-25 mg .....81	
olmesartan medoxomil tab 20 mg .....77	
olmesartan medoxomil tab 40 mg .....77	
olmesartan medoxomil tab 5 mg .....77	
olodaterol hcl	
see STRIVERDI AER 2.5MCG.....51	
olopatadine hcl nasal soln 0.6% .....183	
olopatadine hcl ophth soln 0.2% (base equivalent).....188	
omalizumab	
see XOLAIR INJ 150MG/ML .....48	
see XOLAIR INJ 300/2ML .....49	
see XOLAIR INJ 75/0.5 .....48	
see XOLAIR SOL 150MG .....49	
omega-3-acid ethyl esters cap 1 gm.....73	
omeprazole cap delayed release 10 mg	
.....203	
omeprazole cap delayed release 20 mg	
.....203	
omeprazole cap delayed release 40 mg	
.....203	
OMNIPOD 5 G6 KIT INTRO .....171	
OMNIPOD 5 G6 MIS PODS .....171	
ondansetron hcl inj 40 mg/20ml (2 mg/ml) .....70	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	
.....70	
ondansetron hcl inj soln pref syr 4 mg/2ml .....70	
ondansetron hcl oral soln 4 mg/5ml .....70	
ondansetron hcl tab 24 mg .....70	
ondansetron hcl tab 4 mg .....70	
ondansetron hcl tab 8 mg .....70	
ondansetron orally disintegrating tab 4 mg .....70	
ondansetron orally disintegrating tab 8 mg .....70	
ONETOUCH DEL MIS LANC DEV .....171	
ONETOUCH DEL MIS PLUS 30G .....171	
ONETOUCH DEL MIS PLUS 33G .....171	
ONETOUCH TES ULTRA .....138	
ONETOUCH TES VERIO .....138	
ONETOUCH US MIS 2 30G.....171	
ONEXTON GEL 1.2-3.75.....130	
ON-THE-GO MIS LANC 30G.....171	
ONZETRA XSAI MIS 11MG .....177	
OPSUMIT TAB 10MG.....113	
OPZELURA CRE 1.5% .....135	
ORACEA CAP 40MG .....137	
ORALAIR SUB 300 IR.....29	
Oralene Dental Paste	
see triamcinolone acetonide dental paste 0.1% .....181	
oral wound care products	
see EPISIL LIQ .....181	
see MUGARD LIQ .....181	
ORENITRAM TAB 0.125MG .....112	
ORENITRAM TAB 0.25MG .....112	
ORENITRAM TAB 1MG.....112	
ORENITRAM TAB 2.5MG.....113	
ORENITRAM TAB 5MG .....113	
ORENITRAM TAB MONTH 1.....113	
ORENITRAM TAB MONTH 2.....113	
ORENITRAM TAB MONTH 3.....113	
ORFADIN CAP 10MG.....144	
ORFADIN CAP 20MG .....144	
ORFADIN CAP 2MG .....144	
ORFADIN CAP 5MG .....144	
ORFADIN SUS 4MG/ML .....144	
ORIAHNN CAP.....146	
ORLISSA TAB 150MG.....142	
ORLISSA TAB 200MG .....142	
ORLADEYO CAP 110MG .....158	
ORLADEYO CAP 150MG.....158	
Ormalvi	
see dichlorphenamide tab 50 mg .....140	
orphenadrine citrate inj 30 mg/ml.....183	
orphenadrine citrate tab er 12hr 100 mg	
.....183	
Oscimin	
see hyoscyamine sulfate sl tab 0.125 mg.....201	

see hyoscyamine sulfate tab 0.125 mg	
.....	202
oseltamivir phosphate cap 30 mg (base equiv)	104
oseltamivir phosphate cap 45 mg (base equiv)	104
oseltamivir phosphate cap 75 mg (base equiv)	104
oseltamivir phosphate for susp 6 mg/ml (base equiv)	104
osimertinib mesylate	
see TAGRISSO TAB 40MG.....	87
see TAGRISSO TAB 80MG.....	87
Osmitrol Viaflex	
see mannitol iv soln 10%	140
see mannitol iv soln 20%	140
OTEZLA TAB 10/20/30.....	33
OTEZLA TAB 30MG	33
OVIDE LOT 0.5%.....	137
OVIDREL INJ	142
oxacillin sodium for inj 1 gm (base equivalent)	192
oxacillin sodium for inj 2 gm (base equivalent)	192
oxacillin sodium for iv soln 10 gm (base equivalent)	192
oxaliplatin for iv inj 100 mg	84
oxaliplatin for iv inj 50 mg	84
oxaliplatin iv soln 100 mg/20ml	84
oxaliplatin iv soln 200 mg/40ml	84
oxaliplatin iv soln 50 mg/10ml	84
oxaprozin cap 300 mg	32
oxaprozin tab 600 mg	33
oxazepam cap 10 mg	47
oxazepam cap 15 mg	47
oxazepam cap 30 mg	47
oxcarbazepine	
see OXTELLAR XR TAB 150MG.....	57
see OXTELLAR XR TAB 300MG	57
see OXTELLAR XR TAB 600MG.....	57
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	57
oxcarbazepine tab 150 mg	57
oxcarbazepine tab 300 mg	57
oxcarbazepine tab 600 mg	57
oxiconazole nitrate cream 1%	131
OXTELLAR XR TAB 150MG.....	57
OXTELLAR XR TAB 300MG.....	57
OXTELLAR XR TAB 600MG.....	57
oxybutynin chloride solution 5 mg/5ml	
.....	203
oxybutynin chloride tab 5 mg	203
oxybutynin chloride tab er 24hr 10 mg	203
oxybutynin chloride tab er 24hr 15 mg	203
oxybutynin chloride tab er 24hr 5 mg ..	203
oxycodone hcl cap 5 mg	37
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	37
oxycodone hcl soln 5 mg/5ml	37
oxycodone hcl tab 10 mg	37
oxycodone hcl tab 15 mg	37
oxycodone hcl tab 20 mg	37
oxycodone hcl tab 30 mg	37
oxycodone hcl tab 5 mg	37
oxycodone hcl tab er 12hr deter 10 mg ..	37
oxycodone hcl tab er 12hr deter 20 mg ..	37
oxycodone hcl tab er 12hr deter 40 mg ..	37
oxycodone w/ acetaminophen tab 10-325 mg	39
oxycodone w/ acetaminophen tab 2.5-325 mg	39
oxycodone w/ acetaminophen tab 5-325 mg	39
oxycodone w/ acetaminophen tab 7.5-325 mg	39
oxymorphone hcl tab 10 mg	37
oxymorphone hcl tab 5 mg	37
oxytocin inj 10 unit/ml	189
ozanimod hcl	
see ZEPOSIA 7DAY CAP STR PACK	196
see ZEPOSIA CAP .92MG	196
see ZEPOSIA CAP STR KIT	196
OZEMPIC INJ 2MG/3ML.....	66
OZEMPIC INJ 4MG/3ML.....	66
OZEMPIC INJ 8MG/3ML.....	66
P	
Pacerone	
see amiodarone hcl tab 100 mg	48

see amiodarone hcl tab 200 mg	48	see ZENPEP CAP 5000UNIT.....	139
see amiodarone hcl tab 400 mg	48	see ZENPEP CAP 60000UNT	139
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	92	pantoprazole sodium ec tab 20 mg (base equiv)	203
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	92	pantoprazole sodium ec tab 40 mg (base equiv)	203
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	93	pantoprazole sodium for iv soln 40 mg (base equiv)	203
paclitaxel iv conc 30 mg/5ml (6 mg/ml) 92		Paraplatin	
palbociclib		see carboplatin iv soln 1000 mg/100ml	84
see IBRANCE CAP 100MG.....	90	paricalcitol	
see IBRANCE CAP 125MG.....	90	see ZEMPLAR CAP 1MCG	145
see IBRANCE CAP 75MG.....	90	see ZEMPLAR CAP 2MCG.....	145
see IBRANCE TAB 100MG.....	90	paricalcitol cap 1 mcg	144
see IBRANCE TAB 125MG.....	90	paricalcitol cap 2 mcg	144
see IBRANCE TAB 75MG.....	90	paricalcitol cap 4 mcg	144
paliperidone tab er 24hr 1.5 mg	96	paricalcitol iv soln 2 mcg/ml	144
paliperidone tab er 24hr 3 mg	96	paricalcitol iv soln 5 mcg/ml	144
paliperidone tab er 24hr 6 mg	96	PARLODEL CAP 5MG.....	94
paliperidone tab er 24hr 9 mg	96	PARLODEL TAB 2.5MG.....	94
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)	70	PARNATE TAB 10MG.....	60
palonosetron hcl iv soln pref syr 0.25 mg/5ml (base equiv)	70	paroxetine hcl oral susp 10 mg/5ml (base equiv)	61
PAMELOR CAP 10MG.....	63	paroxetine hcl tab 10 mg	61
PAMELOR CAP 25MG.....	63	paroxetine hcl tab 20 mg	61
PAMELOR CAP 50MG.....	63	paroxetine hcl tab 30 mg	61
PAMELOR CAP 75MG.....	63	paroxetine hcl tab 40 mg	61
pamidronate disodium iv soln 3 mg/ml 142		paroxetine hcl tab er 24hr 12.5 mg	61
pamidronate disodium iv soln 9 mg/ml 142		paroxetine hcl tab er 24hr 25 mg	61
pancrelipase (lipase-protease-amylase)		paroxetine hcl tab er 24hr 37.5 mg	61
see CREON CAP 12000UNT.....	139	patiromer sorbitex calcium	
see CREON CAP 24000UNT.....	139	see VELTASSA POW 16.8GM.....	181
see CREON CAP 3000UNIT	139	see VELTASSA POW 25.2GM	181
see CREON CAP 36000UNT.....	139	see VELTASSA POW 8.4GM	181
see CREON CAP 6000UNIT	139	pazopanib hcl tab 200 mg (base equiv) .90	
see VIOKACE TAB 10440	139	PEDIAPRED SOL 5MG/5ML.....	127
see VIOKACE TAB 20880.....	139	peg 3350-kcl-na bicarb-nacl-na sulfat for soln 236 gm	163
see ZENPEP CAP 10000UNT	139	peg 3350-kcl-na bicarb-nacl-na sulfat for soln 240 gm	163
see ZENPEP CAP 15000UNT	139	peg 3350-kcl-sod bicarb-nacl for soln 420 gm	163
see ZENPEP CAP 20000UNT	139	PEGASYS INJ	104
see ZENPEP CAP 25000UNT.....	139		
see ZENPEP CAP 3000UNIT.....	139		
see ZENPEP CAP 40000UNT	139		

PEGASYS INJ 180MCG/M	104	see FYCOMPA SUS 0.5MG/ML	54
pegcetacoplan		see FYCOMPA TAB 10MG.....	54
see EMPAVELI INJ 1080MG.....	158	see FYCOMPA TAB 12MG.....	54
pegfilgrastim-apgf		see FYCOMPA TAB 2MG	54
see NYVEPRIA INJ 6/0.6ML	160	see FYCOMPA TAB 4MG	54
pegfilgrastim-pbbk		see FYCOMPA TAB 6MG	54
see FYLNETRA INJ 6MG/0.6.....	160	see FYCOMPA TAB 8MG	54
peginterferon alfa-2a		PERFECT 28G MIS LANCETS	171
see PEGASYS INJ.....	104	PERFECT 30G MIS LANCETS	171
see PEGASYS INJ 180MCG/M	104	perindopril erbumine tab 2 mg	76
pemetrexed disodium for iv soln 1000 mg		perindopril erbumine tab 4 mg	76
(base equiv)	86	perindopril erbumine tab 8 mg	76
pemetrexed disodium for iv soln 100 mg		Periogard	
(base equiv)	86	see chlorhexidine gluconate soln 0.12%	
pemetrexed disodium for iv soln 500 mg		.....	181
(base equiv)	86	PERJETA INJ 420/14ML	86
pemetrexed disodium for iv soln 750 mg		permethrin cream 5%	137
(base equiv)	86	perphenazine-amitriptyline tab 2-10 mg	
penciclovir cream 1%	133	.....	194
penicillamine cap 250 mg	179	perphenazine-amitriptyline tab 2-25 mg	
penicillamine tab 250 mg	179	.....	194
penicillin g potassium for inj 20000000		perphenazine-amitriptyline tab 4-10 mg	
unit	190	.....	194
penicillin g potassium for inj 5000000		perphenazine-amitriptyline tab 4-25 mg	
unit	190	.....	194
penicillin g sodium for inj 5000000 unit		perphenazine-amitriptyline tab 4-50 mg	
.....	190	.....	194
penicillin v potassium for soln 125 mg/5ml		perphenazine tab 16 mg	99
.....	190	perphenazine tab 2 mg	99
penicillin v potassium for soln 250		perphenazine tab 4 mg	99
mg/5ml	191	perphenazine tab 8 mg	99
penicillin v potassium tab 250 mg	191	PERSERIS INJ 120MG.....	96
penicillin v potassium tab 500 mg	191	PERSERIS INJ 90MG	96
pentamidine isethionate for inj soln 300		pertuzumab	
mg	42	see PERJETA INJ 420/14ML	86
pentamidine isethionate for nebulization		pertuzumab-trastuzumab-hyaluronidase-	
soln 300 mg	42	zzxf	
pentazocine w/ naloxone hcl tab 50-0.5		see PHESGO SOL	89
mg	40	Pfizerpen	
pentobarbital sodium inj 50 mg/ml	161	see penicillin g potassium for inj	
pentoxifylline tab er 400 mg	158	2000000 unit	190
PEPCID TAB 20MG.....	202	see penicillin g potassium for inj	
PEPCID TAB 40MG.....	202	5000000 unit	190
perampanel		PHARMACY COU MIS LANCETS	171

PHEBURANE MIS 483/GM.....	144
Phenazo	
see phenazopyridine hcl tab 200 mg	152
phenazopyridine hcl tab 200 mg	152
phenelzine sulfate	
see NARDIL TAB 15MG	60
phenelzine sulfate tab 15 mg	60
phenobarbital elixir 20 mg/5ml	161
phenobarbital sodium inj 130 mg/ml	161
phenobarbital sodium inj 65 mg/ml	161
phenobarbital tab 100 mg	161
phenobarbital tab 15 mg	161
phenobarbital tab 16.2 mg	161
phenobarbital tab 30 mg	161
phenobarbital tab 32.4 mg	161
phenobarbital tab 60 mg	161
phenobarbital tab 64.8 mg	161
phenobarbital tab 97.2 mg	161
phenoxybenzamine hcl cap 10 mg	77
phentolamine mesylate for inj 5 mg	77
phenylephrine hcl iv soln 10 mg/ml	205
phenylephrine hcl ophth soln 10%	185
phenylephrine hcl ophth soln 2.5%	185
Phenylek	
see phenytoin sodium extended cap	
200 mg	59
see phenytoin sodium extended cap	
300 mg	59
Phenytoin	
see phenytoin chew tab 50 mg	59
phenytoin chew tab 50 mg	59
phenytoin sodium extended cap 100 mg	
.....	59
phenytoin sodium extended cap 200 mg	
.....	59
phenytoin sodium extended cap 300 mg	
.....	59
phenytoin sodium inj 50 mg/ml	59
phenytoin susp 125 mg/5ml	59
PHEGO SOL	89
Philith	
see norethindrone & ethinyl estradiol	
tab 0.4 mg-35 mcg	120
Physiolyte	
see irrigation solution, physiological	180
Physiosol Irrigation	
see irrigation solution, physiological	180
phytonadione inj 10 mg/ml	205
phytonadione inj 1 mg/0.5ml (2 mg/ml)	
.....	205
phytonadione tab 5 mg	205
pilocarpine hcl (oral)	
see SALAGEN TAB 5MG	182
see SALAGEN TAB 7.5MG.....	182
pilocarpine hcl ophth soln 1%	185
pilocarpine hcl ophth soln 2%	185
pilocarpine hcl ophth soln 4%	185
pilocarpine hcl tab 5 mg	181
pilocarpine hcl tab 7.5 mg	181
pimecrolimus cream 1%	136
pimozide tab 1 mg	197
pimozide tab 2 mg	197
Pimtree	
see desogest-eth estrad & eth estrad	
tab 0.15-0.02/0.01 mg(21/5)	116
pindolol tab 10 mg	106
pindolol tab 5 mg	106
pioglitazone hcl-glimepiride	
see DUETACT TAB 30-2MG	64
see DUETACT TAB 30-4MG	64
pioglitazone hcl-glimepiride tab 30-2 mg	
.....	64
pioglitazone hcl-glimepiride tab 30-4 mg	
.....	65
pioglitazone hcl-metformin hcl	
see ACTOPLUS MET TAB 15-850MG....	64
pioglitazone hcl-metformin hcl tab 15-	
500 mg	65
pioglitazone hcl-metformin hcl tab 15-850	
mg	65
pioglitazone hcl tab 15 mg (base equiv)	67
pioglitazone hcl tab 30 mg (base equiv)	68
pioglitazone hcl tab 45 mg (base equiv)	68
piperacillin sod-tazobactam na for inj	
3.375 gm (3-0.375 gm)	191
piperacillin sod-tazobactam sod for inj	
13.5 gm (12-1.5 gm)	192

piperacillin sod-tazobactam sod for inj	
2.25 gm (2-0.25 gm)	191
piperacillin sod-tazobactam sod for inj	
4.5 gm (4-0.5 gm)	192
piperacillin sod-tazobactam sod for inj	
40.5 gm (36-4.5 gm)	192
PIP LANCETS MIS 28G	171
PIP LANCETS MIS 30G	171
pirfenidone cap 267 mg	197
pirfenidone tab 267 mg	198
pirfenidone tab 801 mg	198
piroxicam cap 10 mg	33
piroxicam cap 20 mg	33
pitavastatin calcium tab 1 mg	74
pitavastatin calcium tab 2 mg	74
pitavastatin calcium tab 4 mg	74
pitolisant hcl	
see WAKIX TAB 17.8MG	26
see WAKIX TAB 4.45MG	26
PLAQUENIL TAB 200MG	83
Plenamine	
see amino acid infusion 15%	185
plerixafor subcutaneous inj 24 mg/1.2ml	
(20 mg/ml)	161
Pnv-dha	
see prenat w/o a w/feum-methfol-fa-	
dha cap 27-0.6-0.4-300 mg	182
Pnv-select	
see prenatal vit w/ fe fum-	
methylfolate-fa tab 27-0.6-0.4 mg 182	
podofilox	
see CONDYLOX GEL 0.5%	136
podofilox gel 0.5%	136
podofilox soln 0.5%	136
Polocaine	
see mepivacaine hcl inj 1%	165
see mepivacaine hcl inj 2%	165
Polocaine-mpf	
see mepivacaine hcl preservative free	
(pf) inj 1.5%	165
see mepivacaine hcl preservative free	
(pf) inj 1%	165
see mepivacaine hcl preservative free	
(pf) inj 2%	165
Polycin	
see bacitracin-polymyxin b ophth oint	
.....	186
polymyxin b sulfate for inj 500000 unit .44	
polymyxin b-trimethoprim ophth soln	
10000 unit/ml-0.1%	186
Portia-28	
see levonorgestrel & ethinyl estradiol	
tab 0.15 mg-30 mcg	119
posaconazole iv soln 300 mg/16.7ml (18	
mg/ml)	71
posaconazole susp 40 mg/ml	71
pot & sod citrates w/ cit ac soln 550-500-	
334 mg/5ml	151
potassium acetate inj 2 meq/ml	178
potassium bicarbonate effer tab 25 meq	
.....	178
potassium chloride cap er 10 meq	178
potassium chloride cap er 8 meq	178
potassium chloride inj 10 meq/100ml ...	178
potassium chloride inj 10 meq/50ml	178
potassium chloride inj 20 meq/100ml ..	178
potassium chloride inj 20 meq/50ml	178
potassium chloride inj 2 meq/ml	178
potassium chloride inj 40 meq/100ml ..	178
potassium chloride microencapsulated	
crys er tab 10 meq	178
potassium chloride microencapsulated	
crys er tab 15 meq	178
potassium chloride microencapsulated	
crys er tab 20 meq	178
potassium chloride oral soln 10% (20	
meq/15ml)	178
potassium chloride oral soln 20% (40	
meq/15ml)	178
potassium chloride powder packet 20	
meq	178, 179
potassium chloride tab er 10 meq	179
potassium chloride tab er 20 meq (1500	
mg)	179
potassium chloride tab er 8 meq (600 mg)	
.....	179
potassium citrate (alkalinizer)	
see UROCIT-K 10 TAB	152

see UROCIT-K 15 TAB	152
see UROCIT-K 5 TAB.....	152
potassium citrate & citric acid powder	
pack 3300-1002 mg	151
potassium citrate & citric acid soln 1100-	
334 mg/5ml	151
potassium citrate tab er 10 meq (1080	
mg)	151
potassium citrate tab er 15 meq (1620 mg)	
.....	151
potassium citrate tab er 5 meq (540 mg)	
.....	151
pralatrexate iv inj 20 mg/ml	86
pralatrexate iv inj 40 mg/2ml	86
pralsetinib	
see GAVRETO CAP 100MG	90
pramipexole dihydrochloride tab 0.125	
mg	95
pramipexole dihydrochloride tab 0.25 mg	
.....	94
pramipexole dihydrochloride tab 0.5 mg	
.....	94
pramipexole dihydrochloride tab 0.75 mg	
.....	94
pramipexole dihydrochloride tab 1.5 mg	
.....	95
pramipexole dihydrochloride tab 1 mg ..	95
pramipexole dihydrochloride tab er 24hr	
0.375 mg	95
pramipexole dihydrochloride tab er 24hr	
0.75 mg	95
pramipexole dihydrochloride tab er 24hr	
1.5 mg	95
pramipexole dihydrochloride tab er 24hr	
2.25 mg	95
pramipexole dihydrochloride tab er 24hr	
3.75 mg	95
pramipexole dihydrochloride tab er 24hr	
3 mg	95
pramipexole dihydrochloride tab er 24hr	
4.5 mg	95
pramlintide acetate	
see SYMLINPEN 60 INJ 1000MCG	64
see SYMLINPEN 120 INJ 1000MCG	64

prasugrel hcl tab 10 mg (base equiv)	159
prasugrel hcl tab 5 mg (base equiv)	159
pravastatin sodium tab 10 mg	74
pravastatin sodium tab 20 mg	74
pravastatin sodium tab 40 mg	74
pravastatin sodium tab 80 mg	74
praziquantel tab 600 mg	41
prazosin hcl cap 1 mg	78
prazosin hcl cap 2 mg	78
prazosin hcl cap 5 mg	78
prednisolone acetate ophth susp 1%	187
prednisolone sodium phosphate	
see PEDIAPRED SOL 5MG/5ML.....	127
prednisolone sodium phosphate oral soln	
25 mg/5ml (base eq)	127
prednisolone sod phos orally disintegr	
tab 10 mg (base eq)	127
prednisolone sod phos orally disintegr	
tab 15 mg (base eq)	127
prednisolone sod phos orally disintegr	
tab 30 mg (base eq)	127
prednisolone sod phosphate oral soln 15	
mg/5ml (base equiv)	127
prednisolone sod phosph oral soln 6.7	
mg/5ml (5 mg/5ml base)	127
prednisolone soln 15 mg/5ml	127
prednisolone tab 5 mg	127
prednisone oral soln 5 mg/5ml	127
prednisone tab 10 mg	127
prednisone tab 1 mg	127
prednisone tab 2.5 mg	127
prednisone tab 20 mg	127
prednisone tab 50 mg	127
prednisone tab 5 mg	127
prednisone tab therapy pack 10 mg (21)	
.....	127
prednisone tab therapy pack 10 mg (48)	
.....	127
prednisone tab therapy pack 5 mg (21)	127
prednisone tab therapy pack 5 mg (48)	127
PRED SOD PHO SOL 1% OP	187
pregabalin cap 100 mg	57
pregabalin cap 150 mg	57
pregabalin cap 200 mg	57

pregabalin cap 225 mg	57	probenecid tab 500 mg	153
pregabalin cap 25 mg	57	procainamide hcl inj 100 mg/ml	47
pregabalin cap 300 mg	57	procainamide hcl inj 500 mg/ml	47
pregabalin cap 50 mg	57	procarbazine hcl	
pregabalin cap 75 mg	57	see MATULANE CAP 50MG	92
pregabalin soln 20 mg/ml	57	PROCARDIA XL TAB 30MG CR	109
pregabalin tab er 24hr 165 mg	197	PROCARDIA XL TAB 60MG CR	109
pregabalin tab er 24hr 330 mg	197	PROCARDIA XL TAB 90MG CR	109
pregabalin tab er 24hr 82.5 mg	197	Procentra	
PREMPHASE TAB	146	see dextroamphetamine sulfate oral	
PREMPRO TAB	146	solution 5 mg/5ml	25
PREMPRO TAB 0.3-1.5	146	prochlorperazine edisylate inj 10 mg/2ml	
PREMPRO TAB 0.45-1.5	147	.....	99
PREMPRO TAB 0.625-5	147	prochlorperazine maleate tab 10 mg	
Prenatal 19		(base equivalent)	100
see prenatal vit w/ fe fumarate-fa chew		prochlorperazine maleate tab 5 mg (base	
tab 29-1 mg	182	equivalent)	100
prenatal vit w/ dss-iron carbonyl-fa tab		prochlorperazine suppos 25 mg	100
90-1 mg	182	PRO COMFORT MIS 31G	171
prenatal vit w/ fe fumarate-fa chew tab		PRO COMFORT MIS LANC 30G	171
29-1 mg	182	PRO COMFORT MIS LANCETS	171
prenatal vit w/ fe fumarate-fa tab 28-1 mg		PROCRIT INJ 10000/ML	160
.....	182	PROCRIT INJ 2000/ML	160
prenatal vit w/ fe fum-methylfolate-fa		PROCRIT INJ 20000/ML	160
tab 27-0.6-0.4 mg	182	PROCRIT INJ 3000/ML	160
prenatal vit w/ iron carbonyl-fa tab 50-		PROCRIT INJ 4000/ML	160
1.25 mg	182	PROCRIT INJ 40000/ML	160
prenat w/o a w/fefum-methfol-fa-dha		Proctocort	
cap 27-0.6-0.4-300 mg	182	see hydrocortisone perianal cream 1%	
Prevalite		.....	41
see cholestyramine light powder 4		PROCTOFOAM AER HC 1%	41
gm/dose	73	Procto-med Hc	
see cholestyramine light powder		see hydrocortisone perianal cream	
packets 4 gm	73	2.5%	41
Previdolrx Plus Analgesic		Proctosol Hc	
see diclofenac sod dr tab 75 mg &		see hydrocortisone perianal cream	
capsaicin cr 0.025% ther pack	31	2.5%	41
primaquine phosphate tab 26.3 mg (15 mg		Proctozone-hc	
base)	83	see hydrocortisone perianal cream	
primidone		2.5%	41
see MYSOLINE TAB 250MG	57	PRODIGY MIS 26G	171
see MYSOLINE TAB 50MG	57	PRODIGY MIS 28G	171
primidone tab 250 mg	57	progesterone (vaginal)	
primidone tab 50 mg	57	see CRINONE GEL 4% VAG	205

see CRINONE GEL 8% VAG	205	propofol iv emul 1000 mg/100ml (10	
see ENDOMETRIN SUP 100MG	205	mg/ml)	151
progesterone cap 100 mg	192	propofol iv emul 200 mg/20ml (10 mg/ml)	
progesterone cap 200 mg	192	.....	151
progesterone im in oil 50 mg/ml	192	propofol iv emul 500 mg/50ml (10 mg/ml)	
PROLASTIN-C INJ 1000MG	197	.....	151
PROLENSA SOL 0.07%	188	propranolol hcl cap er 24hr 120 mg	106
PROLIA INJ 60MG/ML	142	propranolol hcl cap er 24hr 160 mg	106
PROMACTA PAK 25MG	160	propranolol hcl cap er 24hr 60 mg	106
PROMACTA POW 12.5MG	160	propranolol hcl cap er 24hr 80 mg	106
PROMACTA TAB 12.5MG	160	propranolol hcl inj 1 mg/ml	106
PROMACTA TAB 25MG	160	propranolol hcl oral soln 20 mg/5ml	106
PROMACTA TAB 50MG	160	propranolol hcl oral soln 40 mg/5ml	106
PROMACTA TAB 75MG	160	propranolol hcl tab 10 mg	106
promethazine & phenylephrine syrup		propranolol hcl tab 20 mg	106
6.25-5 mg/5ml	128	propranolol hcl tab 40 mg	106
promethazine-dm syrup 6.25-15 mg/5ml		propranolol hcl tab 60 mg	106
.....	128	propranolol hcl tab 80 mg	106
promethazine hcl inj 25 mg/ml	72	propylthiouracil tab 50 mg	199
promethazine hcl inj 50 mg/ml	72	PROSCAR TAB 5MG.....	152
promethazine hcl oral soln 6.25 mg/5ml	72	protamine sulfate inj 10 mg/ml	159
promethazine hcl suppos 12.5 mg	72	protriptyline hcl tab 10 mg	63
promethazine hcl suppos 25 mg	72	protriptyline hcl tab 5 mg	63
promethazine hcl suppos 50 mg	72	PROVERA TAB 10MG	192
promethazine hcl tab 12.5 mg	72	PROVERA TAB 2.5MG.....	192
promethazine hcl tab 25 mg	72	PROVERA TAB 5MG.....	192
promethazine hcl tab 50 mg	72	pseudoephed-bromphen-dm syrup 30-2-	
Promethazine Vc		10 mg/5ml	128
see promethazine & phenylephrine		PSS SAFE LAN MIS.....	171
syrup 6.25-5 mg/5ml	128	PSS SEL LANC MIS	171
promethazine w/ codeine syrup 6.25-10		PULMICORT INH 180MCG.....	49
mg/5ml	128	PULMICORT INH 90MCG	49
Promethegan		PULMICORT SUS 0.25MG/2	49
see promethazine hcl suppos 12.5 mg	72	PULMICORT SUS 0.5MG/2	49
see promethazine hcl suppos 25 mg ..	72	PULMICORT SUS 1MG/2ML	49
see promethazine hcl suppos 50 mg ..	72	Pulmosal	
propafenone hcl cap er 12hr 225 mg	47	see sodium chloride soln nebu 7% ...	128
propafenone hcl cap er 12hr 325 mg	47	PULMOZYME SOL 1MG/ML	197
propafenone hcl cap er 12hr 425 mg	47	PURE COMFORT MIS 30G LAN	172
propafenone hcl tab 150 mg	47	PX LANCETS MIS 28G	172
propafenone hcl tab 225 mg	47	PX LANCETS MIS 33G.....	172
propafenone hcl tab 300 mg	47	pyrazinamide tab 500 mg	83
proparacaine hcl ophth soln 0.5%	187	pyridostigmine bromide oral soln 60	
		mg/5ml	83

pyridostigmine bromide tab 60 mg	83
pyridostigmine bromide tab er 180 mg ..	83
pyridoxine hcl inj 100 mg/ml	206
pyrimethamine tab 25 mg	83
Q	
QC LANCETS MIS 28G	172
QC LANCETS MIS 30G	172
QELBREE CAP 100MG ER	26
QELBREE CAP 150MG ER	26
QELBREE CAP 200MG ER	26
QUESTRAN POW 4GM	73
QUESTRAN POW 4GM LITE	73
quetiapine fumarate	
see SEROQUEL TAB 100MG.....	99
see SEROQUEL TAB 200MG	99
see SEROQUEL TAB 25MG.....	98
see SEROQUEL TAB 300MG	99
see SEROQUEL TAB 400MG	99
see SEROQUEL TAB 50MG.....	99
quetiapine fumarate tab 100 mg	98
quetiapine fumarate tab 150 mg	98
quetiapine fumarate tab 200 mg	98
quetiapine fumarate tab 25 mg	98
quetiapine fumarate tab 300 mg	98
quetiapine fumarate tab 400 mg	98
quetiapine fumarate tab 50 mg	98
quetiapine fumarate tab er 24hr 150 mg	98
quetiapine fumarate tab er 24hr 200 mg	98
.....	98
quetiapine fumarate tab er 24hr 300 mg	98
.....	98
quetiapine fumarate tab er 24hr 400 mg	98
.....	98
quetiapine fumarate tab er 24hr 50 mg	98
quinapril hcl	
see ACCUPRIL TAB 10MG.....	75
see ACCUPRIL TAB 20MG.....	75
see ACCUPRIL TAB 40MG.....	75
see ACCUPRIL TAB 5MG	75
quinapril hcl tab 10 mg	76
quinapril hcl tab 20 mg	76
quinapril hcl tab 40 mg	76
quinapril hcl tab 5 mg	76
quinapril-hydrochlorothiazide	
see ACCURETIC TAB 10-12.5.....	78
see ACCURETIC TAB 20-12.5.....	78
quinapril-hydrochlorothiazide tab 20-12.5	
mg	81
quinapril-hydrochlorothiazide tab 20-25	
mg	81
quinidine gluconate tab er 324 mg	47
quinine sulfate cap 324 mg	83
QULIPTA TAB 10MG	176
QULIPTA TAB 30MG	176
QULIPTA TAB 60MG	176
QUVIVIQ TAB 25MG	163
QUVIVIQ TAB 50MG	163
R	
rabeprazole sodium ec tab 20 mg	203
RA E-ZJECT MIS 28G	172
RA E-ZJECT MIS THIN 26G	172
RA E-ZJECT MIS THIN 28G	172
RA E-ZJECT MIS ULT THIN	172
RAGWITEK SUB	29
raloxifene hcl	
see EVISTA TAB 60MG	143
raloxifene hcl tab 60 mg	143
raltegravir potassium	
see ISENTRESS CHW 100MG	102
see ISENTRESS CHW 25MG	102
see ISENTRESS HD TAB 600MG.....	102
see ISENTRESS POW 100MG	102
see ISENTRESS TAB 400MG	102
ramelteon tab 8 mg	163
ramipril	
see ALTACE CAP 1.25MG	75
see ALTACE CAP 10MG	75
see ALTACE CAP 2.5MG	75
see ALTACE CAP 5MG	75
ramipril cap 1.25 mg	76
ramipril cap 10 mg	76
ramipril cap 2.5 mg	76
ramipril cap 5 mg	76
ranibizumab-eqrn	
see CIMERLI INJ 0.3MG	186
see CIMERLI INJ 0.5MG	186
ranibizumab-nuna	
see BYOOVIZ INJ 0.5MG.....	186

ranolazine tab er 12hr 1000 mg	44
ranolazine tab er 12hr 500 mg	44
rasagiline mesylate tab 0.5 mg (base equiv)	96
rasagiline mesylate tab 1 mg (base equiv)	96
RASUVO INJ 10MG	30
RASUVO INJ 12.5MG	31
RASUVO INJ 15MG	31
RASUVO INJ 17.5MG	31
RASUVO INJ 20MG	31
RASUVO INJ 22.5MG	31
RASUVO INJ 25MG.....	31
RASUVO INJ 30MG	31
RASUVO INJ 7.5MG.....	30
READYLANCE MIS 21G	172
READYLANCE MIS 23G	172
READYLANCE MIS 26G	172
READYLANCE MIS 28G	172
READYLANCE MIS 30G	172
REALITY MIS LANCETS	172
REALITY TRIG MIS LANCETS.....	172
REBIF INJ 22/0.5	196
REBIF INJ 44/0.5.....	196
REBIF REBIDO INJ 22/0.5	196
REBIF REBIDO INJ 44/0.5.....	196
REBIF REBIDO INJ TITRATN	196
REBIF TITRTN INJ PACK	196
REBINYN INJ 3000UNIT.....	157
REBINYN SOL 1000UNIT	157
REBINYN SOL 2000UNIT	157
REBINYN SOL 500UNIT	157
Reclipsen	
see desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	116
regadenoson iv inj 0.4 mg/5ml (0.08 mg/ml)	137
REGLAN TAB 10MG.....	149
REGLAN TAB 5MG	149
regorafenib	
see STIVARGA TAB 40MG	91
Relador Pak	
see lidocaine-prilocaine cream kit 2.5-2.5%	136

Relador Pak Plus	
see lidocaine-prilocaine cream kit 2.5-2.5%	137
RELENZA MIS DISKHALE	104
RELION LANCE MIS THIN 26G	172
RELION LANCE MIS THIN 30G	172
RELION MICRO MIS THIN 33G	172
RELION ULTRA MIS THIN 30G.....	172
RELION ULTRA MIS THIN PLS	172
RELPAK TAB 20MG	177
RELPAK TAB 40MG.....	177
relugolix-estradiol-norethindrone acetate	
see MYFEMBREE TAB.....	146
REMERON SLTB TAB 15MG	59
REMERON SLTB TAB 30MG	60
REMERON SLTB TAB 45MG	60
REMERON TAB 15MG.....	60
REMERON TAB 30MG.....	60
REMICADE INJ 100MG	150
remifentanil hcl for iv soln 1 mg	37
remifentanil hcl for iv soln 2 mg	37
remifentanil hcl for iv soln 5 mg	37
repaglinide tab 0.5 mg	68
repaglinide tab 1 mg	68
repaglinide tab 2 mg	68
REPATHA INJ 140MG/ML	75
REPATHA PUSH INJ 420/3.5	75
REPATHA SURE INJ 140MG/ML.....	75
repotrectinib	
see AUGTYRO CAP 40MG.....	89
resorcinol-sulfur lotion 2-5%	130
RESTASIS EMU 0.05% OP.....	187
RESTASIS MUL EMU 0.05% OP	187
RESTORIL CAP 15MG.....	162
RESTORIL CAP 22.5MG.....	162
RESTORIL CAP 30MG.....	163
RESTORIL CAP 7.5MG	162
RETACRIT INJ 10000UNT	161
RETACRIT INJ 20000UNI	161
RETACRIT INJ 2000UNIT.....	160
RETACRIT INJ 3000UNIT.....	161
RETACRIT INJ 40000UNT	161
RETACRIT INJ 4000UNIT	161

RETEVMO CAP 40MG.....	90	RINVOQ TAB 15MG ER.....	30
RETEVMO CAP 80MG.....	90	RINVOQ TAB 30MG ER.....	30
RETIN-A CRE 0.025%.....	130	RINVOQ TAB 45MG ER.....	30
RETIN-A CRE 0.05%.....	130	riociguat	
RETIN-A CRE 0.1%.....	130	see ADEMPAS TAB 0.5MG.....	114
RETIN-A GEL 0.01%.....	130	see ADEMPAS TAB 1.5MG.....	114
RETIN-A GEL 0.025%.....	130	see ADEMPAS TAB 1MG.....	114
RETROVIR CAP 100MG.....	102	see ADEMPAS TAB 2.5MG.....	114
RETROVIR SYP 50MG/5ML.....	102	see ADEMPAS TAB 2MG.....	114
REVATIO SUS 10MG/ML.....	113	risankizumab-rzaa	
REVATIO TAB 20MG.....	113	see SKYRIZI INJ 150MG/ML.....	132
revefenacin		see SKYRIZI PEN INJ 150MG/ML.....	132
see YUPELRI SOL.....	49	risankizumab-rzaa (crohn's)	
REVLIMID CAP 10MG.....	179	see SKYRIZI INJ 180/1.2.....	150
REVLIMID CAP 15MG.....	179	see SKYRIZI INJ 360/2.4.....	150
REVLIMID CAP 2.5MG.....	179	see SKYRIZI SOL 60MG/ML.....	150
REVLIMID CAP 20MG.....	179	risedronate sodium	
REVLIMID CAP 25MG.....	179	see ACTONEL TAB 150MG.....	141
REVLIMID CAP 5MG.....	179	see ACTONEL TAB 35MG.....	141
Revonto		see ATELVIA TAB.....	141
see dantrolene sodium for iv soln 20 mg		risedronate sodium tab 150 mg	142
.....	183	risedronate sodium tab 30 mg	142
ribavirin cap 200 mg	104	risedronate sodium tab 35 mg	142
ribavirin tab 200 mg	104	risedronate sodium tab 5 mg	142
ribociclib succinate		risedronate sodium tab delayed release	
see KISQALI TAB 200DOSE.....	90	35 mg	142
see KISQALI TAB 400DOSE.....	90	RISPERDAL SOL 1MG/ML.....	96
see KISQALI TAB 600DOSE.....	90	RISPERDAL TAB 0.5MG.....	97
ribociclib succinate-letrozole		RISPERDAL TAB 1MG.....	97
see KISQALI 200 PAK FEMARA.....	88	RISPERDAL TAB 2MG.....	97
see KISQALI 400 PAK FEMARA.....	89	RISPERDAL TAB 3MG.....	97
see KISQALI 600 PAK FEMARA.....	89	RISPERDAL TAB 4MG.....	97
rifabutin cap 150 mg	83	risperidone	
rifampin cap 150 mg	83	see PERSERIS INJ 120MG.....	96
rifampin cap 300 mg	83	see PERSERIS INJ 90MG.....	96
rifampin for inj 600 mg	83	see RISPERDAL SOL 1MG/ML.....	96
rifaximin		see RISPERDAL TAB 0.5MG.....	97
see XIFAXAN TAB 550MG.....	42	see RISPERDAL TAB 1MG.....	97
RIGHTEST MIS GL300.....	172	see RISPERDAL TAB 2MG.....	97
riluzole tab 50 mg	184	see RISPERDAL TAB 3MG.....	97
rimantadine hydrochloride tab 100 mg	104	see RISPERDAL TAB 4MG.....	97
rimegepant sulfate		risperidone microspheres for im	
see NURTEC TAB 75MG ODT.....	176	extended rel susp 12.5 mg	97
ringer's solution for irrigation	180		

risperidone microspheres for im extended rel susp 25 mg	97	rivastigmine tartrate cap 1.5 mg (base equivalent)	194
risperidone microspheres for im extended rel susp 37.5 mg	97	rivastigmine tartrate cap 3 mg (base equivalent)	194
risperidone microspheres for im extended rel susp 50 mg	97	rivastigmine tartrate cap 4.5 mg (base equivalent)	194
risperidone orally disintegrating tab 0.25 mg	97	rivastigmine tartrate cap 6 mg (base equivalent)	194
risperidone orally disintegrating tab 0.5 mg	97	rivastigmine td patch 24hr 13.3 mg/24hr	194
risperidone orally disintegrating tab 1 mg	97	rivastigmine td patch 24hr 4.6 mg/24hr	194
risperidone orally disintegrating tab 2 mg	97	rivastigmine td patch 24hr 9.5 mg/24hr	194
risperidone orally disintegrating tab 3 mg	97	Rivelsa	
risperidone orally disintegrating tab 4 mg	97	see levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	117
risperidone soln 1 mg/ml	97	rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	177
risperidone tab 0.25 mg	97	rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	177
risperidone tab 0.5 mg	97	rizatriptan benzoate tab 10 mg (base equivalent)	177
risperidone tab 1 mg	97	rizatriptan benzoate tab 5 mg (base equivalent)	177
risperidone tab 2 mg	97	ROCALTROL CAP 0.25MCG	144
risperidone tab 3 mg	97	ROCALTROL CAP 0.5MCG	144
risperidone tab 4 mg	97	ROCALTROL SOL 1MCG/ML	144
RITALIN TAB 10MG	28	rocuronium bromide iv soln 100 mg/10ml (10 mg/ml)	184
RITALIN TAB 20MG	29	rocuronium bromide iv soln 50 mg/5ml (10 mg/ml)	184
RITALIN TAB 5MG	28	roflumilast (topical)	
ritonavir tab 100 mg	102	see ZORYVE CRE 0.3%	133
rituximab-pvvr		roflumilast tab 250 mcg	49
see RUXIENCE INJ 100/10ML	86	roflumilast tab 500 mcg	49
see RUXIENCE INJ 500/50ML	86	romidepsin for iv inj 10 mg	90
rivaroxaban		ropeginterferon alfa-2b-njft	
see XARELTO STAR TAB 15/20MG	52	see BESREMI SOL 500MCG	91
see XARELTO SUS 1MG/ML	52	ropinirole hydrochloride tab 0.25 mg	95
see XARELTO TAB 10MG	52	ropinirole hydrochloride tab 0.5 mg	95
see XARELTO TAB 15MG	52	ropinirole hydrochloride tab 1 mg	95
see XARELTO TAB 2.5MG	52	ropinirole hydrochloride tab 2 mg	95
see XARELTO TAB 20MG	52		
rivastigmine			
see EXELON DIS 13.3/24	193		
see EXELON DIS 4.6MG/24	193		
see EXELON DIS 9.5MG/24	193		

ropinirole hydrochloride tab 3 mg	95	RYBELSUS TAB 7MG	66
ropinirole hydrochloride tab 4 mg	95	RYDAPT CAP 25MG	91
ropinirole hydrochloride tab 5 mg	95	RYTARY CAP 145MG	95
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	95	RYTARY CAP 195MG	95
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	95	RYTARY CAP 245MG	95
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	95	RYTARY CAP 95MG	95
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	95	S	
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	95	sacubitril-valsartan	
ropivacaine hcl inj 10 mg/ml	165	see ENTRESTO TAB 24-26MG	111
ropivacaine hcl inj 2 mg/ml	165	see ENTRESTO TAB 49-51MG	111
ropivacaine hcl inj 5 mg/ml	165	see ENTRESTO TAB 97-103MG	111
ropivacaine hcl inj 7.5 mg/ml	165	SAFE-T-LANCE MIS 21G	172
rosuvastatin calcium tab 10 mg	74	SAFE-T-LANCE MIS 25G	172
rosuvastatin calcium tab 20 mg	74	SAFE-T-LANCE MIS HI FLOW	172
rosuvastatin calcium tab 40 mg	74	SAFE-T-LANCE MIS LOW FLOW	172
rosuvastatin calcium tab 5 mg	74	SAFE-T-LANCE MIS NOR FLOW	172
rotigotine		SAFE-T-PRO MIS LANCETS	172
see NEUPRO DIS 1MG/24HR	94	SAFE-T-PRO MIS PLUS	172
see NEUPRO DIS 2MG/24HR	94	SAFETY 21G MIS LANCETS	172
see NEUPRO DIS 3MG/24HR	94	SAFETY 23G MIS LANCETS	172
see NEUPRO DIS 4MG/24HR	94	SAFETY 28G MIS LANCETS	172
see NEUPRO DIS 6MG/24HR	94	SAFETY 30G MIS LANCETS	172
see NEUPRO DIS 8MG/24HR	94	SAFETY MIS LANCETS	172
ROWASA KIT 4GM	150	Sajazir	
Roweepra		see icatibant acetate subcutaneous	
see levetiracetam tab 500 mg	56	soln pref syr 30 mg/3ml	158
ROZLYTREK CAP 100MG	90	SALAGEN TAB 5MG	182
ROZLYTREK CAP 200MG	90	SALAGEN TAB 7.5MG	182
ROZLYTREK PAK 50MG	91	salmeterol xinafoate	
RUCONEST INJ 2100UNIT	158	see SEREVENT DIS AER 50MCG	51
rufinamide susp 40 mg/ml	57	salsalate tab 750 mg	34
rufinamide tab 200 mg	57	SanadermrX Skin Repair So	
rufinamide tab 400 mg	57	see triamcinolone acet cr 0.1% &	
RUXIENCE INJ 100/10ML	86	dimeth cr 5% & silicone tape	135
RUXIENCE INJ 500/50ML	86	SANCUSO DIS 3.1MG	70
ruxolitinib phosphate (topical)		sapropterin dihydrochloride powder	
see OPZELURA CRE 1.5%	135	packet 100 mg	144
RYBELSUS TAB 14MG	66	sapropterin dihydrochloride powder	
RYBELSUS TAB 3MG	66	packet 500 mg	144
		sapropterin dihydrochloride tab 100 mg	
		.....	144
		SAPSCARE MIS TWIST	172
		SAPS HEALTH MIS TWIST	172
		SAPS TWIST MIS 30G	172

sarilumab	
see KEVZARA INJ 150/1.14	31
see KEVZARA INJ 200/1.14	31
satralizumab-mwge	
see ENSPRYNG INJ.....	180
saxagliptin hcl tab 2.5 mg (base equiv)	66
saxagliptin hcl tab 5 mg (base equiv)	66
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	65
saxagliptin-metformin hcl tab er 24hr 5-1000 mg	65
saxagliptin-metformin hcl tab er 24hr 5-500 mg	65
SB LANCETS MIS THIN.....	172
SB LANCETS MIS ULTR THN	172
scopolamine td patch 72hr 1 mg/3days	70
secukinumab	
see COSENTYX INJ 150MG/ML	132
see COSENTYX INJ 300DOSE.....	132
see COSENTYX INJ 75MG/0.5	132
see COSENTYX PEN INJ 150MG/ML...	132
see COSENTYX PEN INJ 300DOSE	132
see COSENTYX UNO INJ 300/2ML	132
segesterone acetate-ethinyl estradiol	
see ANNOVERA MIS	124
selegiline hcl cap 5 mg	96
selegiline hcl tab 5 mg	96
selenium sulfide lotion 2.5%	133
selexipag	
see UPTRAVI INJ 1800MCG.....	113
see UPTRAVI PACK TAB 200/800	113
see UPTRAVI TAB 1000MCG	114
see UPTRAVI TAB 1200MCG	114
see UPTRAVI TAB 1400MCG	114
see UPTRAVI TAB 1600MCG	114
see UPTRAVI TAB 200MCG.....	113
see UPTRAVI TAB 400MCG.....	113
see UPTRAVI TAB 600MCG.....	113
see UPTRAVI TAB 800MCG	114
selpercatinib	
see RETEVMO CAP 40MG.....	90
see RETEVMO CAP 80MG.....	90
selumetinib sulfate	
see KOSELUGO CAP 10MG	90
see KOSELUGO CAP 25MG.....	90
semaglutide	
see OZEMPIC INJ 2MG/3ML.....	66
see OZEMPIC INJ 4MG/3ML.....	66
see OZEMPIC INJ 8MG/3ML.....	66
see RYBELSUS TAB 14MG	66
see RYBELSUS TAB 3MG.....	66
see RYBELSUS TAB 7MG.....	66
Sensorcaine	
see bupivacaine hcl inj 0.25%	164
see bupivacaine hcl inj 0.5%	164
Sensorcaine/epinephrine	
see bupivacaine inj 0.25% w/ epinephrine 1:200000	164
see bupivacaine inj 0.5% w/ epinephrine 1:200000	164
Sensorcaine-mpf	
see bupivacaine hcl preservative free (pf) inj 0.25%	165
see bupivacaine hcl preservative free (pf) inj 0.5%	164
see bupivacaine hcl preservative free (pf) inj 0.75%	165
Sensorcaine-mpf/epinephrine	
see bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)	164
serdexmethylphenidate chloride-dexmethylphenidate hcl	
see AZSTARYS CAP 26.1-5.2	27
see AZSTARYS CAP 39.2-7.8	27
see AZSTARYS CAP 52.3-10.....	27
SEREVENT DIS AER 50MCG	51
SEROQUEL TAB 100MG.....	99
SEROQUEL TAB 200MG	99
SEROQUEL TAB 25MG	98
SEROQUEL TAB 300MG	99
SEROQUEL TAB 400MG	99
SEROQUEL TAB 50MG.....	99
sertraline hcl oral concentrate for solution 20 mg/ml	61
sertraline hcl tab 100 mg	61
sertraline hcl tab 25 mg	61
sertraline hcl tab 50 mg	61
Setlakin	

see levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	118	see ZOCOR TAB 10MG	75
sevelamer carbonate packet 0.8 gm	151	see ZOCOR TAB 20MG	75
sevelamer carbonate packet 2.4 gm	151	see ZOCOR TAB 40MG	75
sevelamer carbonate tab 800 mg	151	simvastatin tab 10 mg	75
sevelamer hcl tab 400 mg	151	simvastatin tab 20 mg	75
sevelamer hcl tab 800 mg	151	simvastatin tab 40 mg	75
SEVENFACT INJ 1MG	157	simvastatin tab 5 mg	75
SEVENFACT INJ 5MG	157	simvastatin tab 80 mg	75
sevoflurane inhal soln	151	SINEMET TAB 10-100MG	95
Sharobel		SINEMET TAB 25-100MG	95
see norethindrone tab 0.35 mg	125	SINGLE-LET MIS 23G	172
short ragweed pollen allergen extract		siponimod fumarate	
see RAGWITEK SUB	29	see MAYZENT PAK STARTER	196
SIKLOS TAB 1000MG	159	see MAYZENT TAB 0.25MG	196
SIKLOS TAB 100MG	159	see MAYZENT TAB 1MG	196
sildenafil citrate (pulmonary hypertension)		see MAYZENT TAB 2MG	196
see REVATIO SUS 10MG/ML	113	sirolimus oral soln 1 mg/ml	180
see REVATIO TAB 20MG	113	sirolimus tab 0.5 mg	180
sildenafil citrate for suspension 10 mg/ml		sirolimus tab 1 mg	180
.....	113	sirolimus tab 2 mg	180
sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)	113	sitagliptin-metformin hcl	
sildenafil citrate tab 100 mg	112	see JANUMET TAB 50-1000	64
sildenafil citrate tab 20 mg	113	see JANUMET TAB 50-500MG	64
sildenafil citrate tab 25 mg	112	see JANUMET XR TAB 100-1000	64
sildenafil citrate tab 50 mg	112	see JANUMET XR TAB 50-1000	64
silodosin cap 4 mg	152	see JANUMET XR TAB 50-500MG	64
silodosin cap 8 mg	152	sitagliptin phosphate	
SILVADENE CRE 1%	133	see JANUVIA TAB 100MG	66
silver sulfadiazine		see JANUVIA TAB 25MG	66
see SILVADENE CRE 1%	133	see JANUVIA TAB 50MG	66
silver sulfadiazine cream 1%	133	SKYLA IUD 13.5MG	125
SIMBRINZA SUS 1-0.2%	186	SKYRIZI INJ 150MG/ML	132
Simliya		SKYRIZI INJ 180/1.2	150
see desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	116	SKYRIZI INJ 360/2.4	150
Simpanse		SKYRIZI PEN INJ 150MG/ML	132
see levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)		SKYRIZI SOL 60MG/ML	150
.....	118	SMARTEST MIS LANCETS	173
SIMPONI ARIA SOL 50MG/4ML	30	SMART SENSE MIS LANC 21G	173
simvastatin		SMART SENSE MIS LANC 26G	173
		SMART SENSE MIS LANC 30G	173
		SMART SENSE MIS LANC 33G	173
		SM LANCETS MIS 33G	173
		sodium benzoate & sodium phenylacetate iv soln 10-10%	144

sodium chloride irrigation soln 0.9% ....152	SOGROYA INJ 5MG/1.5.....143
sodium chloride soln nebu 0.9%.....128	solifenacin succinate tab 10 mg.....204
sodium chloride soln nebu 10% .....128	solifenacin succinate tab 5 mg.....204
sodium chloride soln nebu 3% .....128	SOLIQUA INJ 100/33.....65
sodium chloride soln nebu 7% .....128	SOLIRIS INJ 10MG/ML.....158
sodium citrate & citric acid soln 500-334	solriamfetol hcl
mg/5ml .....152	see SUNOSI TAB 150MG .....26
sodium hyaluronate (viscosupplement)	see SUNOSI TAB 75MG .....26
see DUROLANE INJ 60MG/3ML .....183	SOLUS V2 MIS LANC 28G .....173
see EUFLEXXA INJ 10MG/ML.....183	SOLUS V2 MIS LANC 30G .....173
see GELSYN-3 INJ 16.8/2ML .....183	somapacitan-beco
see SUPARTZ FX INJ 25/2.5ML.....183	see SOGROYA INJ 10MG/1.5 .....143
sodium oxybate	see SOGROYA INJ 15MG/1.5 .....143
see LUMRYZ PAK 6GM.....193	see SOGROYA INJ 5MG/1.5.....143
see LUMRYZ PAK 7.5GM.....193	somatropin
see LUMRYZ PAK 9GM.....193	see HUMATROPE INJ 12MG.....142
see LUMRYZ PKG 4.5GM .....193	see HUMATROPE INJ 24MG.....142
sodium phenylbutyrate	see HUMATROPE INJ 6MG.....142
see PHEBURANE MIS 483/GM.....144	see NORDITROPIN INJ 10/1.5ML .....143
sodium phenylbutyrate oral powder 3	see NORDITROPIN INJ 15/1.5ML .....143
gm/teaspoonful.....144	see NORDITROPIN INJ 30/3ML.....143
sodium phenylbutyrate tab 500 mg.....144	see NORDITROPIN INJ 5/1.5ML.....142
sodium picosulfate-magnesium oxide-	SOMATULINE INJ 120/.5ML .....146
anhydrous citric acid	SOMATULINE INJ 60/0.2ML .....145
see CLENPIQ SOL.....163	SOMATULINE INJ 90/0.3ML .....145
sodium polystyrene sulfonate oral susp	sonidegib phosphate
15 gm/60ml .....181	see ODOMZO CAP 200MG.....87
sodium polystyrene sulfonate powder .181	SOOLANTRA CRE 1%.....137
sodium tetradecyl sulfate inj 1% .....181	sorafenib tosylate tab 200 mg (base
sodium tetradecyl sulfate inj 3% .....181	equivalent).....91
sodium thiosulfate iv soln 250 mg/ml	sotalol hcl (afib/afl) tab 120 mg.....106
(25%).....69	sotalol hcl (afib/afl) tab 160 mg.....106
sod sulfate-pot sulf-mg sulf oral sol 17.5-	sotalol hcl (afib/afl) tab 80 mg.....106
3.13-1.6 gm/177ml .....163	sotalol hcl tab 120 mg .....106
sofosbuvir-velpatasvir	sotalol hcl tab 160 mg .....106
see EPCLUSA PAK 150-37.5 .....103	sotalol hcl tab 240 mg.....106
see EPCLUSA PAK 200-50MG .....103	sotalol hcl tab 80 mg .....106
see EPCLUSA TAB 200-50MG .....103	sotorasib
see EPCLUSA TAB 400-100.....103	see LUMAKRAS TAB 120MG .....90
sofosbuvir-velpatasvir-voxilaprevir	see LUMAKRAS TAB 320MG .....90
see VOSEVI TAB .....104	Sotradecol
SOFTCLIX MIS LANCETS .....173	see sodium tetradecyl sulfate inj 1% .181
SOGROYA INJ 10MG/1.5 .....143	see sodium tetradecyl sulfate inj 3% 181
SOGROYA INJ 15MG/1.5 .....143	spinosad susp 0.9%.....137

SPIRIVA AER 1.25MCG	49	STRATTERA CAP 80MG	26
SPIRIVA CAP HANDIHLR.....	49	streptomycin sulfate for inj 1 gm	29
SPIRIVA SPR 2.5MCG.....	49	STRIBILD TAB	102
spironolactone		STRIVERDI AER 2.5MCG.....	51
see ALDACTONE TAB 100MG	141	STROMECTOL TAB 3MG.....	41
see ALDACTONE TAB 25MG.....	141	Subvenite	
see ALDACTONE TAB 50MG.....	141	see lamotrigine tab 100 mg	56
spironolactone & hydrochlorothiazide tab		see lamotrigine tab 150 mg	56
25-25 mg	140	see lamotrigine tab 200 mg	56
spironolactone susp 25 mg/5ml	141	see lamotrigine tab 25 mg	55
spironolactone tab 100 mg	141	Subvenite Starter Kit/blu	
spironolactone tab 25 mg	141	see lamotrigine tab 35 x 25 mg starter	
spironolactone tab 50 mg	141	kit	56
Sprintec 28		Subvenite Starter Kit/gre	
see norgestimate & ethinyl estradiol		see lamotrigine tab 84 x 25 mg & 14 x	
tab 0.25 mg-35 mcg	123	100 mg starter kit	56
SPRYCEL TAB 100MG.....	91	Subvenite Starter Kit/ora	
SPRYCEL TAB 140MG.....	91	see lamotrigine tab 25 mg (42) & 100	
SPRYCEL TAB 20MG.....	91	mg (7) starter kit	55
SPRYCEL TAB 50MG	91	succinylcholine chloride inj 20 mg/ml .	184
SPRYCEL TAB 70MG.....	91	sucralfate tab 1 gm	202
SPRYCEL TAB 80MG	91	sufentanil citrate inj 100 mcg/2ml (50	
Sps		mcg/ml)	37
see sodium polystyrene sulfonate oral		sufentanil citrate inj 250 mcg/5ml (50	
susp 15 gm/60ml	181	mcg/ml)	37
Sronyx		sufentanil citrate inj 50 mcg/ml	37
see levonorgestrel & ethinyl estradiol		sulconazole nitrate cream 1%	132
tab 0.1 mg-20 mcg	118	sulconazole nitrate solution 1%	132
Ssd		sulfacetamide sodium (acne)	
see silver sulfadiazine cream 1%	133	see KLARON LOT 10%.....	130
STELARA INJ 45MG/0.5	132	sulfacetamide sodium lotion 10% (acne)	
STELARA INJ 5MG/ML.....	150	.....	130
STELARA INJ 90MG/ML	132	sulfacetamide sodium ophth oint 10% .	186
STERILANCE MIS TL 28G	173	sulfacetamide sodium ophth soln 10% .	187
STERILANCE MIS TL 30G	173	sulfacetamide sodium-prednisolone	
STERILANCE MIS TL 32G	173	ophth soln 10-0.23(0.25)%	188
STIOLTO AER 2.5-2.5	51	sulfacetamide sodium w/ sulfur emulsion	
STIVARGA TAB 40MG.....	91	10-1%	130
STRATTERA CAP 100MG.....	26	sulfamethoxazole-trimethoprim iv soln	
STRATTERA CAP 10MG	26	400-80 mg/5ml	42
STRATTERA CAP 18MG	26	sulfamethoxazole-trimethoprim susp	
STRATTERA CAP 25MG.....	26	200-40 mg/5ml	42
STRATTERA CAP 40MG	26	sulfamethoxazole-trimethoprim tab 400-	
STRATTERA CAP 60MG	26	80 mg	42

sulfamethoxazole-trimethoprim tab 800-160 mg	42
Sulfamez Wash	
see sulfacetamide sodium w/ sulfur emulsion 10-1%	130
sulfasalazine	
see AZULFIDINE TAB 500MG.....	149
see AZULFIDINE TAB 500MG EN.....	149
sulfasalazine tab 500 mg	150
sulfasalazine tab delayed release 500 mg	150
Sulfatrim Pediatric	
see sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	42
sulindac tab 150 mg	33
sulindac tab 200 mg	33
sumatriptan nasal spray 20 mg/act	177
sumatriptan nasal spray 5 mg/act	177
sumatriptan succinate	
see IMITREX INJ 4MG/0.5.....	177
see IMITREX INJ 6MG/0.5.....	177
see IMITREX TAB 100MG.....	177
see IMITREX TAB 25MG.....	177
see IMITREX TAB 50MG.....	177
see ONZETRA XSAI MIS 11MG.....	177
see ZEMBRACE SYM INJ 3/0.5ML.....	177
sumatriptan succinate inj 6 mg/0.5ml ..	177
sumatriptan succinate solution auto-injector 4 mg/0.5ml	177
sumatriptan succinate solution auto-injector 6 mg/0.5ml	177
sumatriptan succinate solution cartridge 4 mg/0.5ml	177
sumatriptan succinate solution cartridge 6 mg/0.5ml	177
sumatriptan succinate tab 100 mg	177
sumatriptan succinate tab 25 mg	177
sumatriptan succinate tab 50 mg	177
sunitinib malate cap 12.5 mg (base equivalent)	91
sunitinib malate cap 25 mg (base equivalent)	91
sunitinib malate cap 37.5 mg (base equivalent)	91
sunitinib malate cap 50 mg (base equivalent)	91
SUNOSI TAB 150MG.....	26
SUNOSI TAB 75MG.....	26
SUPARTZ FX INJ 25/2.5ML.....	183
SUPER THIN MIS LANC 28G.....	173
SUPER THIN MIS LANCETS.....	173
SUPPRELIN LA KIT 50MG.....	143
SURE COMFORT MIS LANC 18G.....	173
SURE COMFORT MIS LANC 21G.....	173
SURE COMFORT MIS LANC 23G.....	173
SURE COMFORT MIS LANC 30G.....	173
SURE COMFORT MIS LANCETS.....	173
SUREFLEX MIS LANCETS.....	173
SURELITE MIS LANCETS.....	173
suvorexant	
see BELSOMRA TAB 10MG.....	163
see BELSOMRA TAB 15MG.....	163
see BELSOMRA TAB 20MG.....	163
see BELSOMRA TAB 5MG.....	163
Syeda	
see drospirenone-ethinyl estradiol tab 3-0.03 mg	117
SYMLINPEN 60 INJ 1000MCG.....	64
SYMLNPEN 120 INJ 1000MCG.....	64
SYMPROIC TAB 0.2MG.....	150
SYMTUZA TAB.....	102
SYNJARDY TAB.....	65
SYNJARDY TAB 12.5-500.....	65
SYNJARDY TAB 5-1000MG.....	65
SYNJARDY TAB 5-500MG.....	65
SYNJARDY XR TAB.....	65
SYNJARDY XR TAB 10-1000.....	65
SYNJARDY XR TAB 25-1000.....	65
SYNJARDY XR TAB 5-1000MG.....	65
SYNTHROID TAB 100MCG.....	200
SYNTHROID TAB 112MCG.....	200
SYNTHROID TAB 125MCG.....	200
SYNTHROID TAB 137MCG.....	201
SYNTHROID TAB 150MCG.....	201
SYNTHROID TAB 175MCG.....	201
SYNTHROID TAB 200MCG.....	201
SYNTHROID TAB 25MCG.....	200
SYNTHROID TAB 300MCG.....	201

SYNTHROID TAB 50MCG200
 SYNTHROID TAB 75MCG.....200
 SYNTHROID TAB 88MCG200
T
 TABLOID TAB 40MG86
tacrolimus cap 0.5 mg.....180
tacrolimus cap 1 mg.....180
tacrolimus cap 5 mg180
tacrolimus oint 0.03%.....136
tacrolimus oint 0.1%.....136
tadalafil (pulmonary hypertension)
 see TADLIQ SUS 20MG/5ML.....113
tadalafil tab 10 mg112
tadalafil tab 2.5 mg112
tadalafil tab 20 mg.....112
tadalafil tab 20 mg (pah)113
tadalafil tab 5 mg112
 TADLIQ SUS 20MG/5ML.....113
*tafluprost preservative free (pf) ophth
 soln 0.0015%*.....189
 TAGRISSO TAB 40MG.....87
 TAGRISSO TAB 80MG.....87
 TAKHZYRO INJ 150MG/ML158
 TAKHZYRO INJ 300/2ML158, 159
 TALICIA CAP203
*tamoxifen citrate tab 10 mg (base
 equivalent)*87
*tamoxifen citrate tab 20 mg (base
 equivalent)*88
tamsulosin hcl
 see FLOMAX CAP 0.4MG152
tamsulosin hcl cap 0.4 mg152
tapinarof
 see VTAMA CRE 1%.....133
 Tarina 24 Fe
 see *norethindrone ace-ethinyl
 estradiol-fe tab 1 mg-20 mcg (24)* .122
 Tarina Fe 1/20 Eq
 see *norethindrone ace & ethinyl
 estradiol-fe tab 1 mg-20 mcg*.....121
tasimelteon capsule 20 mg163
 TAVALISSE TAB 100MG158
 TAVALISSE TAB 150MG158
 Taysofy

 see *norethindrone ace-ethinyl
 estradiol-fe cap 1 mg-20 mcg (24)*.122
tazarotene cream 0.1%132
tazarotene gel 0.05%133
tazarotene gel 0.1%133
 Tazicef
 see *ceftazidime for inj 1 gm*.....115
 see *ceftazidime for iv soln 1 gm*115
 see *ceftazidime for iv soln 2 gm*.....115
 see *ceftazidime for iv soln 6 gm*.....115
 Taztia Xt
 see *diltiazem hcl extended release
 beads cap er 24hr 120 mg*.....107
 see *diltiazem hcl extended release
 beads cap er 24hr 180 mg*.....108
 see *diltiazem hcl extended release
 beads cap er 24hr 240 mg*.....108
 see *diltiazem hcl extended release
 beads cap er 24hr 300 mg*.....108
 see *diltiazem hcl extended release
 beads cap er 24hr 360 mg*.....108
 TECHLITE AST MIS LANCETS173
 TECHLITE MIS LANC 26G173
 TECHLITE MIS LANCETS.....173
 TEGSEDI INJ 284/1.5.....197
telmisartan-amlodipine tab 40-10 mg81
telmisartan-amlodipine tab 40-5 mg81
telmisartan-amlodipine tab 80-10 mg81
telmisartan-amlodipine tab 80-5 mg81
*telmisartan-hydrochlorothiazide tab 40-
 12.5 mg*.....81
*telmisartan-hydrochlorothiazide tab 80-
 12.5 mg*.....81
*telmisartan-hydrochlorothiazide tab 80-
 25 mg*.....81
telmisartan tab 20 mg77
telmisartan tab 40 mg.....77
telmisartan tab 80 mg.....77
temazepam
 see RESTORIL CAP 15MG.....162
 see RESTORIL CAP 22.5MG.....162
 see RESTORIL CAP 30MG.....163
 see RESTORIL CAP 7.5MG162
temazepam cap 15 mg.....163

temazepam cap 22.5 mg	163	teriparatide (recombinant) soln pen-inj	
temazepam cap 30 mg	163	600 mcg/2.4ml	142
temazepam cap 7.5 mg	163	Terrell	
temozolomide cap 100 mg	84	see isoflurane inhal soln	151
temozolomide cap 140 mg	84	testosterone	
temozolomide cap 180 mg	84	see NATESTO GEL 5.5MG	40
temozolomide cap 20 mg	84	testosterone cypionate im inj in oil 100	
temozolomide cap 250 mg	84	mg/ml	40
temozolomide cap 5 mg	84	testosterone cypionate im inj in oil 200	
temsirolimus soln for iv infusion 25 mg/ml		mg/ml	40
.....	91	testosterone enanthate im inj in oil 200	
Tencon		mg/ml	40
see butalbital-acetaminophen tab 50-		testosterone td gel 10mg/act (2%)	40
325 mg	33	testosterone td gel 12.5 mg/act (1%)	40
tenofovir alafenamide fumarate		testosterone td gel 20.25 mg/1.25gm	
see VEMLIDY TAB 25MG	104	(1.62%)	40
tenofovir disoproxil fumarate		testosterone td gel 20.25 mg/act (1.62%)	
see VIREAD POW 40MG/GM	103	.....	41
see VIREAD TAB 150MG.....	103	testosterone td gel 25 mg/2.5gm (1%) ...41	
see VIREAD TAB 200MG.....	103	testosterone td gel 40.5 mg/2.5gm	
see VIREAD TAB 250MG	103	(1.62%)	41
see VIREAD TAB 300MG	103	testosterone td gel 50 mg/5gm (1%).....41	
tenofovir disoproxil fumarate tab 300 mg		testosterone td soln 30 mg/act	41
.....	102	tetrabenazine tab 12.5 mg	195
terazosin hcl cap 10 mg (base equivalent)		tetrabenazine tab 25 mg	195
.....	78	tetracaine hcl ophth soln 0.5%	187
terazosin hcl cap 1 mg (base equivalent)		tetracycline hcl cap 250 mg	198
.....	78	tetracycline hcl cap 500 mg	198
terazosin hcl cap 2 mg (base equivalent)		tezepelumab-ekko	
.....	78	see TEZSPIRE INJ 210MG	48
terazosin hcl cap 5 mg (base equivalent)		see TEZSPIRE SOL 210MG.....	48
.....	78	TEZSPIRE INJ 210MG	48
terbinafine hcl tab 250 mg	71	TEZSPIRE SOL 210MG.....	48
terbutaline sulfate inj 1 mg/ml	51	TGT LANCET MIS 26G	173
terbutaline sulfate tab 2.5 mg	51	TGT LANCET MIS 30G	173
terbutaline sulfate tab 5 mg	51	TGT LANCET MIS 33G	173
terconazole vaginal cream 0.4%	204	thalidomide	
terconazole vaginal cream 0.8%	204	see THALOMID CAP 100MG.....	179
terconazole vaginal suppos 80 mg	204	see THALOMID CAP 50MG.....	179
teriflunomide tab 14 mg	196	THALOMID CAP 100MG	179
teriflunomide tab 7 mg	196	THALOMID CAP 50MG.....	179
teriparatide (recombinant)		theophylline elixir 80 mg/15ml	51
see FORTEO INJ 600/2.4.....	141	theophylline soln 80 mg/15ml	51
		theophylline tab er 12hr 300 mg	51

theophylline tab er 12hr 450 mg	51	see BRILINTA TAB 90MG	159
theophylline tab er 24hr 400 mg	51	tigecycline for iv soln 50 mg	198
theophylline tab er 24hr 600 mg	51	TIKOSYN CAP 125MCG.....	48
thiamine hcl inj 100 mg/ml	206	TIKOSYN CAP 250MCG.....	48
THIN LANCETS MIS 26G	173	TIKOSYN CAP 500MCG	48
THIN LANCETS MIS 30G	173	tildrakizumab-asmn	
THINLETS GP MIS 26G	173	see ILUMYA SOL 100MG/ML.....	132
thioguanine		Tilia Fe	
see TABLOID TAB 40MG	86	see norethindrone ac-ethinyl estrad-fe	
thioridazine hcl tab 100 mg	100	tab 1-20/1-30/1-35 mg-mcg	120
thioridazine hcl tab 10 mg	100	Timolol Maleate	
thioridazine hcl tab 25 mg	100	see timolol maleate preservative free	
thioridazine hcl tab 50 mg	100	ophth soln 0.5%	185
thiotepa for inj 100 mg	85	timolol maleate ophth gel forming soln	
thiotepa for inj 15 mg	85	0.25%	185
thiothixene cap 10 mg	100	timolol maleate ophth gel forming soln	
thiothixene cap 1 mg	100	0.5%	185
thiothixene cap 2 mg	100	timolol maleate ophth soln 0.25%	185
thiothixene cap 5 mg	100	timolol maleate ophth soln 0.5%	185
Tiadylt Er		timolol maleate ophth soln 0.5% (once-	
see diltiazem hcl extended release		daily)	185
beads cap er 24hr 120 mg	108	timolol maleate preservative free ophth	
see diltiazem hcl extended release		soln 0.25%	185
beads cap er 24hr 180 mg	108	timolol maleate preservative free ophth	
see diltiazem hcl extended release		soln 0.5%	185
beads cap er 24hr 240 mg	108	timolol maleate tab 10 mg	106
see diltiazem hcl extended release		timolol maleate tab 20 mg	106
beads cap er 24hr 300 mg	108	timolol maleate tab 5 mg	106
see diltiazem hcl extended release		timothy grass pollen allergen extract	
beads cap er 24hr 360 mg	108	see GRASTEK SUB 2800BAU	29
see diltiazem hcl extended release		tinidazole tab 250 mg	42
beads cap er 24hr 420 mg	108	tinidazole tab 500 mg	42
tiagabine hcl tab 12 mg	58	tiopronin tab 100 mg	152
tiagabine hcl tab 16 mg	58	tiopronin tab delayed release 100 mg ...152	
tiagabine hcl tab 2 mg	58	tiopronin tab delayed release 300 mg ..152	
tiagabine hcl tab 4 mg	58	tiotropium bromide monohydrate	
TIAZAC CAP 120MG/24	109	see SPIRIVA AER 1.25MCG	49
TIAZAC CAP 180MG/24	109	see SPIRIVA CAP HANDIHLR.....	49
TIAZAC CAP 240MG/24	109	see SPIRIVA SPR 2.5MCG.....	49
TIAZAC CAP 300MG/24	109	tiotropium bromide monohydrate inhal	
TIAZAC CAP 360MG/24	109	cap 18 mcg (base equiv)	49
TIAZAC CAP 420MG/24	109	tiotropium bromide-olodaterol hcl	
ticagrelor		see STIOLTO AER 2.5-2.5.....	51
see BRILINTA TAB 60MG	159		

tirofiban hcl in nacl 0.9% iv soln 12.5 mg/250ml (base eq)	159	tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	29
tirofiban hcl in nacl 0.9% iv soln 5 mg/100ml (base equiv)	159	TOBEX OIN 0.3% OP	187
tirzepatide		tofacitinib citrate	
see MOUNJARO INJ 10MG/0.5	66	see XELJANZ SOL 1MG/ML	30
see MOUNJARO INJ 12.5/0.5	66	see XELJANZ TAB 10MG	30
see MOUNJARO INJ 15MG/0.5	66	see XELJANZ TAB 5MG	30
see MOUNJARO INJ 2.5/0.5	66	see XELJANZ XR TAB 11MG	30
see MOUNJARO INJ 5MG/0.5	66	see XELJANZ XR TAB 22MG	30
see MOUNJARO INJ 7.5/0.5	66	tolcapone tab 100 mg	93
Tis-u-sol		tolmetin sodium cap 400 mg	33
see ringer's solution for irrigation	180	tolterodine tartrate	
TIVICAY PD TAB 5MG	102	see DETROL TAB 1MG	203
TIVICAY TAB 50MG	102	see DETROL TAB 2MG	203
tizanidine hcl		tolterodine tartrate cap er 24hr 2 mg ..	204
see ZANAFLEX TAB 4MG	183	tolterodine tartrate cap er 24hr 4 mg ..	204
tizanidine hcl cap 2 mg (base equivalent)	183	tolterodine tartrate tab 1 mg	204
tizanidine hcl cap 4 mg (base equivalent)	183	tolterodine tartrate tab 2 mg	204
tizanidine hcl cap 6 mg (base equivalent)	183	tolvaptan tab 15 mg	146
tizanidine hcl tab 2 mg (base equivalent)	183	tolvaptan tab 30 mg	146
tizanidine hcl tab 4 mg (base equivalent)	183	TOPAMAX SPR CAP 15MG	57
TOBRADEX OIN 0.3-0.1%	188	TOPAMAX SPR CAP 25MG	57
tobramycin (ophth)		TOPAMAX TAB 100MG	57
see TOBEX OIN 0.3% OP	187	TOPAMAX TAB 200MG	57
tobramycin-dexamethasone		TOPAMAX TAB 25MG	57
see TOBRADEX OIN 0.3-0.1%	188	TOPAMAX TAB 50MG	57
tobramycin-dexamethasone ophth susp 0.3-0.1%	188	TOPCARE MIS LANC 33G	173
tobramycin nebu soln 300 mg/4ml	29	topiramate	
tobramycin nebu soln 300 mg/5ml	29	see TOPAMAX SPR CAP 15MG	57
tobramycin ophth soln 0.3%	187	see TOPAMAX SPR CAP 25MG	57
tobramycin sulfate for inj 1.2 gm	29	see TOPAMAX TAB 100MG	57
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	29	see TOPAMAX TAB 200MG	57
tobramycin sulfate inj 10 mg/ml (base equivalent)	29	see TOPAMAX TAB 25MG	57
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	29	see TOPAMAX TAB 50MG	57
		see TROKENDI XR CAP 100MG	58
		see TROKENDI XR CAP 200MG	58
		see TROKENDI XR CAP 25MG	58
		see TROKENDI XR CAP 50MG	58
		topiramate cap er 24hr 100 mg	57
		topiramate cap er 24hr 200 mg	57
		topiramate cap er 24hr 25 mg	57
		topiramate cap er 24hr 50 mg	57
		topiramate sprinkle cap 15 mg	57
		topiramate sprinkle cap 25 mg	58

topiramate tab 100 mg	58	tranexamic acid iv soln 1000 mg/10ml	
topiramate tab 200 mg	58	(100 mg/ml)	161
topiramate tab 25 mg	58	tranexamic acid-sodium chloride iv soln	
topiramate tab 50 mg	58	1000 mg/100ml-0.7%	161
topotecan hcl		tranexamic acid tab 650 mg	161
see HYCAMTIN CAP 0.25MG	93	tranylcypromine sulfate	
see HYCAMTIN CAP 1MG	93	see PARNATE TAB 10MG	60
topotecan hcl for inj 4 mg (base equiv) ..	93	tranylcypromine sulfate tab 10 mg	60
topotecan hcl inj 4 mg/4ml (base equiv)		trastuzumab-dkst	
(for infusion)	93	see OGIVRI INJ 150MG	86
toremifene citrate tab 60 mg (base		see OGIVRI INJ 420MG	86
equivalent)	88	trastuzumab-pkrb	
toremide tab 100 mg	140	see HERZUMA INJ 150MG	86
toremide tab 10 mg	140	see HERZUMA INJ 420MG	86
toremide tab 20 mg	140	TRAVEL LANCE MIS ADV 28G	173
toremide tab 5 mg	140	travoprost ophth soln 0.004%	
TOUJEO MAX INJ 300/ML	67	(benzalkonium free) (bak free)	189
TOUJEO SOLO INJ 300/ML	67	trazodone hcl tab 100 mg	61
tralokinumab-ldrm		trazodone hcl tab 150 mg	61
see ADBRY INJ 150MG/ML	135	trazodone hcl tab 300 mg	61
tramadol-acetaminophen tab 37.5-325		trazodone hcl tab 50 mg	61
mg	39	TRELEGY AER 100MCG	51
tramadol hcl oral soln 5 mg/ml	37	TRELEGY AER 200MCG	51
tramadol hcl tab 50 mg	37	TREMFYA INJ 100MG/ML	133
tramadol hcl tab er 24hr 100 mg	37	treprostinil diolamine	
tramadol hcl tab er 24hr 200 mg	37	see ORENITRAM TAB 0.125MG	112
tramadol hcl tab er 24hr 300 mg	37	see ORENITRAM TAB 0.25MG	112
tramadol hcl tab er 24hr biphasic release		see ORENITRAM TAB 1MG	112
100 mg	37	see ORENITRAM TAB 2.5MG	113
tramadol hcl tab er 24hr biphasic release		see ORENITRAM TAB 5MG	113
200 mg	37	see ORENITRAM TAB MONTH 1	113
tramadol hcl tab er 24hr biphasic release		see ORENITRAM TAB MONTH 2	113
300 mg	37	see ORENITRAM TAB MONTH 3	113
trandolapril tab 1 mg	76	treprostinil inj soln 100 mg/20ml (5	
trandolapril tab 2 mg	76	mg/ml)	113
trandolapril tab 4 mg	76	treprostinil inj soln 200 mg/20ml (10	
trandolapril-verapamil hcl tab er 1-240		mg/ml)	113
mg	81	treprostinil inj soln 20 mg/20ml (1 mg/ml)	
trandolapril-verapamil hcl tab er 2-180		.....	113
mg	81	treprostinil inj soln 50 mg/20ml (2.5	
trandolapril-verapamil hcl tab er 2-240		mg/ml)	113
mg	81	TRESIBA FLEX INJ 100UNIT	67
trandolapril-verapamil hcl tab er 4-240		TRESIBA FLEX INJ 200UNIT	67
mg	81	TRESIBA INJ 100UNIT	67

tretinoin	
see RETIN-A CRE 0.025%	130
see RETIN-A CRE 0.05%	130
see RETIN-A CRE 0.1%	130
see RETIN-A GEL 0.01%	130
see RETIN-A GEL 0.025%	130
tretinoin-benzoyl peroxide	
see TWYNEO CRE 0.1-3%	130
tretinoin cap 10 mg	92
tretinoin cream 0.025%	130
tretinoin cream 0.05%	130
tretinoin cream 0.1%	130
tretinoin gel 0.01%	130
tretinoin gel 0.025%	130
tretinoin gel 0.05%	130
tretinoin microsphere gel 0.04%	130
tretinoin microsphere gel 0.08%	130
tretinoin microsphere gel 0.1%	130
TREXALL TAB 10MG	86
TREXALL TAB 15MG	86
TREXALL TAB 5MG	86
TREXALL TAB 7.5MG	86
Trezix	
see acetaminophen-caffeine-	
dihydrocodeine cap 320.5-30-16 mg	
.....	38
triamcinolone acet cr 0.1% & dimeth cr	
5% & silicone tape	135
triamcinolone acetonide cream 0.025%	
.....	135
triamcinolone acetonide cream 0.1% ..	135
triamcinolone acetonide cream 0.5% ..	135
triamcinolone acetonide dental paste	
0.1%	181
triamcinolone acetonide inj susp 40	
mg/ml	127
triamcinolone acetonide lotion 0.025%	
.....	135
triamcinolone acetonide lotion 0.1% ...	135
triamcinolone acetonide oint 0.025% ..	135
triamcinolone acetonide oint 0.1%	135
triamcinolone acetonide oint 0.5%	135
triamterene & hydrochlorothiazide cap	
37.5-25 mg	140
triamterene & hydrochlorothiazide tab	
37.5-25 mg	140
triamterene & hydrochlorothiazide tab	
75-50 mg	140
triamterene cap 100 mg	141
triamterene cap 50 mg	141
triazolam tab 0.125 mg	163
triazolam tab 0.25 mg	163
TRIBENZOR20- TAB 5-12.5MG	81
TRIBENZOR40- TAB 10-12.5	81
TRIBENZOR40- TAB 10-25MG	81
TRIBENZOR40- TAB 5-12.5MG	81
TRIBENZOR40- TAB 5-25MG	81
Tridacaine	
see lidocaine patch 5%	136
Triderm	
see triamcinolone acetonide cream	
0.5%	135
trientine hcl cap 250 mg	179
Tri-estarylla	
see norgestimate-eth estrad tab 0.18-	
35/0.215-35/0.25-35 mg-mcg	123
trifarotene	
see AKLIEF CRE 0.005%	128
trifluoperazine hcl tab 10 mg (base	
equivalent)	100
trifluoperazine hcl tab 1 mg (base	
equivalent)	100
trifluoperazine hcl tab 2 mg (base	
equivalent)	100
trifluoperazine hcl tab 5 mg (base	
equivalent)	100
trifluridine ophth soln 1%	187
trifluridine-tipiracil	
see LONSURF TAB 15-6.14	89
see LONSURF TAB 20-8.19	89
trihexyphenidyl hcl oral soln 0.4 mg/ml	93
trihexyphenidyl hcl tab 2 mg	93
trihexyphenidyl hcl tab 5 mg	93
TRIJARDY XR TAB	65
Tri-legest Fe	
see norethindrone ac-ethinyl estrad-fe	
tab 1-20/1-30/1-35 mg-mcg	120
Tri-linyah	

see **norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg**123

TRILIPIX CAP 135MG74

TRILIPIX CAP 45MG74

Tri-lo-estarylla
see **norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg**123

Tri-lo-marzia
see **norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg**123

Tri-lo-mili
see **norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg**123

Tri-lo-sprintec
see **norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg**123

trimethobenzamide hcl cap 300 mg70

trimethoprim tab 100 mg42

Tri-mili
see **norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg**124

trimipramine maleate cap 100 mg63

trimipramine maleate cap 25 mg63

trimipramine maleate cap 50 mg63

Trinate
see **prenatal vit w/ fe fumarate-fa tab 28-1 mg**182

TRINTELLIX TAB 10MG61

TRINTELLIX TAB 20MG61

TRINTELLIX TAB 5MG61

Tri-nymyo
see **norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg**124

Tri-sprintec
see **norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg**124

TRIUMEQ PD TAB102

TRIUMEQ TAB103

Trivora-28
see **levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg**119

Tri-vylibra
see **norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg**124

Tri-vylibra Lo
see **norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg**123

TROKENDI XR CAP 100MG58

TROKENDI XR CAP 200MG58

TROKENDI XR CAP 25MG58

TROKENDI XR CAP 50MG58

tropicamide ophth soln 0.5%185

tropicamide ophth soln 1%185

tropium chloride cap er 24hr 60 mg204

tropium chloride tab 20 mg204

TRUE COMFORT MIS LANC 30G173

TRULICITY INJ 0.75/0.566

TRULICITY INJ 1.5/0.567

TRULICITY INJ 3/0.567

TRULICITY INJ 4.5/0.567

TRUPLUS LANC MIS 26G173

TRUPLUS LANC MIS 28G173

TRUPLUS LANC MIS 30G173

TRUPLUS LANC MIS 33G173

Turqoz
see **norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg**124

TWIST LANCET MIS 30G173

TWIST LANCET MIS 30G MULT173

TWYNEO CRE 0.1-3%130

Tydemy
see **drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg**117

TYMLOS INJ142

TYSABRI INJ 300/15ML196

U

UBRELVY TAB 100MG176

UBRELVY TAB 50MG176

ubrogepant
see UBRELVY TAB 100MG176
see UBRELVY TAB 50MG176

UCERIS TAB 9MG127

ULTILET MIS 26G173

ULTILET MIS 28G173

ULTILET MIS 30G174

ULTILET MIS 33G174

ULTILET MIS LANCETS174

ULTILET MIS SAFETY174

ULTILET SAFE MIS 21G	174	see levothyroxine sodium tab 137 mcg	.....200
ultrasound - gel	138	see levothyroxine sodium tab 150 mcg	.....200
ULTRA THIN MIS 28G	174	see levothyroxine sodium tab 175 mcg	.....200
ULTRA THIN MIS 30G	174	see levothyroxine sodium tab 200 mcg	.....200
ULTRA THIN MIS 31G	174	see levothyroxine sodium tab 25 mcg	.....199
ULTRA THIN MIS 33G	174	see levothyroxine sodium tab 300 mcg	.....200
ULTRA THIN MIS LAN 31G	174	see levothyroxine sodium tab 50 mcg	.....199
ULTRA THIN MIS LANC 28G	174	see levothyroxine sodium tab 75 mcg	.....199
ULTRA THIN MIS LANC 30G.....	174	see levothyroxine sodium tab 88 mcg	.....199
ULTRA THIN MIS LANCETS	174		
umeclidinium-vilanterol			
see ANORO ELLIPT AER 62.5-25.....	50		
UNILET EXCEL MIS 23G.....	174		
UNILET EX II MIS 28G.....	174		
UNILET G.P. MIS 21G.....	174		
UNILET G.P MIS SUPR 23G	174		
UNILET GP 28 MIS ULT THIN	174		
UNILET LANCE MIS 21G	174		
UNILET LANCE MIS 28G.....	174	UNITSTIK PRO MIS LANC 25G	174
UNILET LANCE MIS 33G.....	174	UNIVERSAL 1 MIS 33G	174
UNILET LANC MIS 33G	174	UNIVERSAL 1 MIS LANC 26G.....	174
UNILET LANCT MIS 28G.....	174	UNIVERSAL 1 MIS LANC 30G.....	175
UNILET LANCT MIS 30G	174	upadacitinib	
UNILET LANCT MIS 33G.....	174	see RINVOQ TAB 15MG ER.....	30
UNILET MICRO MIS 33G.....	174	see RINVOQ TAB 30MG ER	30
UNILET MIS 21G	174	see RINVOQ TAB 45MG ER	30
UNILET SUPER MIS 23G	174	UPTRAVI INJ 1800MCG.....	113
UNILET SUPER MIS G.P. 23G	174	UPTRAVI PACK TAB 200/800.....	113
UNISTIK 3 MIS GENT 30G	174	UPTRAVI TAB 1000MCG	114
UNISTIK PRO MIS LANC 21G	174	UPTRAVI TAB 1200MCG	114
UNISTIK PRO MIS LANC 28G.....	174	UPTRAVI TAB 1400MCG	114
UNISTIK SAFE MIS LANC 28G	174	UPTRAVI TAB 1600MCG	114
UNISTIK SAFE MIS LANC 30G.....	174	UPTRAVI TAB 200MCG.....	113
UNISTIK TOUC MIS LANC 21G.....	174	UPTRAVI TAB 400MCG.....	113
UNISTIK TOUC MIS LANC 23G.....	174	UPTRAVI TAB 600MCG.....	113
UNISTIK TOUC MIS LANC 28G.....	174	UPTRAVI TAB 800MCG.....	114
UNISTIK TOUC MIS LANC 30G.....	174	urea cream 39%	136
Unithroid		urea cream 40%	136
see levothyroxine sodium tab 100 mcg	.....199	Uredeb	
see levothyroxine sodium tab 112 mcg	.....199	see urea cream 39%	136
see levothyroxine sodium tab 125 mcg	.....199	Uremez-40	
		see urea cream 40%	136
		uridine triacetate (emergency treatment)	
		see VISTOGARD PAK 10GM	69

UROCIT-K 10 TAB	152	valsartan-hydrochlorothiazide tab 80- 12.5 mg	81
UROCIT-K 15 TAB	152	valsartan oral soln 4 mg/ml	77
UROCIT-K 5 TAB.....	152	valsartan tab 160 mg	77
URSO 250 TAB 250MG.....	149	valsartan tab 320 mg	77
ursodiol		valsartan tab 40 mg	77
see URSO 250 TAB 250MG.....	149	valsartan tab 80 mg	77
see URSO FORTE TAB 500MG	149	VALTOCO SPR 10MG	54
ursodiol cap 300 mg	149	VALTOCO SPR 15MG	54
ursodiol tab 250 mg	149	VALTOCO SPR 20MG.....	54
ursodiol tab 500 mg	149	VALTOCO SPR 5MG.....	54
URSO FORTE TAB 500MG	149	VANCOCIN CAP 125MG.....	43
ustekinumab		VANCOCIN CAP 250MG.....	43
see STELARA INJ 45MG/0.5	132	vancomycin hcl	
see STELARA INJ 90MG/ML	132	see VANCOCIN CAP 125MG.....	43
ustekinumab (iv)		see VANCOCIN CAP 250MG.....	43
see STELARA INJ 5MG/ML.....	150	vancomycin hcl cap 125 mg (base equivalent)	43
V		vancomycin hcl cap 250 mg (base equivalent)	43
VAGIFEM TAB 10MCG	204	vancomycin hcl for iv soln 1.25 gm (base equivalent)	43
valacyclovir hcl tab 1 gm	104	vancomycin hcl for iv soln 1.5 gm (base equivalent)	43
valacyclovir hcl tab 500 mg	104	vancomycin hcl for iv soln 100 gm (base equivalent)	43
valbenazine tosylate		vancomycin hcl for iv soln 10 gm (base equivalent)	43
see INGREZZA CAP 40-80MG.....	195	vancomycin hcl for iv soln 1 gm (base equivalent)	43
see INGREZZA CAP 40MG	195	vancomycin hcl for iv soln 500 mg (base equivalent)	43
see INGREZZA CAP 60MG	195	vancomycin hcl for iv soln 5 gm (base equivalent)	43
see INGREZZA CAP 80MG	195	vancomycin hcl for iv soln 750 mg (base equivalent)	43
valganciclovir hcl for soln 50 mg/ml (base equiv)	103	vancomycin hcl for oral soln 25 mg/ml (base equivalent)	43
valganciclovir hcl tab 450 mg (base equivalent)	103	vancomycin hcl for oral soln 50 mg/ml (base equivalent)	43
valproate sodium inj 100 mg/ml	59	vardenafil hcl orally disintegrating tab 10 mg	112
valproate sodium oral soln 250 mg/5ml (base equiv)	59	vardenafil hcl tab 10 mg	112
valproic acid cap 250 mg	59	vardenafil hcl tab 2.5 mg	112
valrubicin soln for intravesical instillation 40 mg/ml	88		
valsartan-hydrochlorothiazide tab 160- 12.5 mg	81		
valsartan-hydrochlorothiazide tab 160-25 mg	81		
valsartan-hydrochlorothiazide tab 320- 12.5 mg	82		
valsartan-hydrochlorothiazide tab 320- 25 mg	82		

vardenafil hcl tab 20 mg	112	venlafaxine hcl tab er 24hr 225 mg (base equivalent)	62
vardenafil hcl tab 5 mg	112	verapamil hcl cap er 24hr 100 mg	109
varenicline tartrate tab 0.5 mg (base equiv)	197	verapamil hcl cap er 24hr 120 mg	109
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	197	verapamil hcl cap er 24hr 180 mg	109
varenicline tartrate tab 1 mg (base equiv)	197	verapamil hcl cap er 24hr 200 mg	109
VASCEPA CAP 0.5GM	73	verapamil hcl cap er 24hr 240 mg	109
VASCEPA CAP 1GM	73	verapamil hcl cap er 24hr 300 mg	110
Vaseline		verapamil hcl cap er 24hr 360 mg	110
see white petrolatum topical gel	192	verapamil hcl iv soln 2.5 mg/ml	110
VASERETIC TAB 10-25MG	82	verapamil hcl tab 120 mg	110
vasopressin iv soln 20 unit/ml (for iv infusion)	145	verapamil hcl tab 40 mg	110
vecuronium bromide for inj 10 mg	184	verapamil hcl tab 80 mg	110
vecuronium bromide for inj 20 mg	184	verapamil hcl tab er 120 mg	110
Velivet		verapamil hcl tab er 180 mg	110
see desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	116	verapamil hcl tab er 240 mg	110
VELTASSA POW 16.8GM	181	vericiguat	
VELTASSA POW 25.2GM	181	see VERQUVO TAB 10MG	114
VELTASSA POW 8.4GM	181	see VERQUVO TAB 2.5MG	114
VEMLIDY TAB 25MG	104	see VERQUVO TAB 5MG	114
vemurafenib		VERIFINE LAN MIS MINI 21G	175
see ZELBORAF TAB 240MG	91	VERIFINE LAN MIS MINI 23G	175
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	62	VERIFINE LAN MIS MINI 28G	175
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	62	VERIFINE LAN MIS MINI 30G	175
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	62	VERIFINE MIS UNIV 28G	175
venlafaxine hcl tab 100 mg (base equivalent)	62	VERIFINE MIS UNIV 30G	175
venlafaxine hcl tab 25 mg (base equivalent)	62	VERIFINE MIS UNIV 33G	175
venlafaxine hcl tab 37.5 mg (base equivalent)	62	VERQUVO TAB 10MG	114
venlafaxine hcl tab 50 mg (base equivalent)	62	VERQUVO TAB 2.5MG	114
venlafaxine hcl tab 75 mg (base equivalent)	62	VERQUVO TAB 5MG	114
		Vestura	
		see drospirenone-ethinyl estradiol tab 3-0.02 mg	117
		VFEND SUS 40MG/ML	71
		VFEND TAB 200MG	71
		VFEND TAB 50MG	71
		vibegron	
		see GEMTESA TAB 75MG	204
		VIBERZI TAB 100MG	150
		VIBERZI TAB 75MG	150
		VIBRAMYCIN CAP 100MG	198
		VIBRAMYCIN SUS 25MG/5ML	198
		VICTOZA INJ 18MG/3ML	67
		Vienna	

see levonorgestrel & ethinyl estradiol	
tab 0.1 mg-20 mcg	118
vigabatrin powd pack 500 mg	58
vigabatrin tab 500 mg	58
Vigadrone	
see vigabatrin powd pack 500 mg	58
VIGAMOX DRO 0.5%	187
Vigpoder	
see vigabatrin powd pack 500 mg	58
vilazodone hcl tab 10 mg	61
vilazodone hcl tab 20 mg	61
vilazodone hcl tab 40 mg	61
viloxazine hcl (adhd)	
see QELBREE CAP 100MG ER	26
see QELBREE CAP 150MG ER	26
see QELBREE CAP 200MG ER	26
vinblastine sulfate inj 1 mg/ml	93
vincristine sulfate iv soln 1 mg/ml	93
vinorelbine tartrate inj 10 mg/ml (base equiv)	93
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	93
VIOKACE TAB 10440	139
VIOKACE TAB 20880	139
Viorele	
see desogest-eth estrad & eth estrad	
tab 0.15-0.02/0.01 mg(21/5)	116
VIREAD POW 40MG/GM	103
VIREAD TAB 150MG	103
VIREAD TAB 200MG	103
VIREAD TAB 250MG	103
VIREAD TAB 300MG	103
vismodegib	
see ERIVEDGE CAP 150MG	87
VISTOGARD PAK 10GM	69
VITRAKVI CAP 100MG	91
VITRAKVI CAP 25MG	91
VITRAKVI SOL 20MG/ML	91
VIVAGUARD MIS 28G	175
VIVAGUARD MIS 30G	175
Volnea	
see desogest-eth estrad & eth estrad	
tab 0.15-0.02/0.01 mg(21/5)	116
voriconazole	
see VFEND SUS 40MG/ML	71
see VFEND TAB 200MG	71
see VFEND TAB 50MG	71
voriconazole for inj 200 mg	71
voriconazole for susp 40 mg/ml	71
voriconazole tab 200 mg	71
voriconazole tab 50 mg	71
vorinostat	
see ZOLINZA CAP 100MG	91
vortioxetine hbr	
see TRINTELLIX TAB 10MG	61
see TRINTELLIX TAB 20MG	61
see TRINTELLIX TAB 5MG	61
VOSEVI TAB	104
VRAYLAR CAP 1.5-3MG	96
VRAYLAR CAP 1.5MG	96
VRAYLAR CAP 3MG	96
VRAYLAR CAP 4.5MG	96
VRAYLAR CAP 6MG	96
VTAMA CRE 1%	133
VUMERITY CAP 231MG	196
Vyfemla	
see norethindrone & ethinyl estradiol	
tab 0.4 mg-35 mcg	120
Vylibra	
see norgestimate & ethinyl estradiol	
tab 0.25 mg-35 mcg	123
VYTORIN TAB 10-10MG	73
VYTORIN TAB 10-20MG	73
VYTORIN TAB 10-40MG	73
VYTORIN TAB 10-80MG	73
W	
WAKIX TAB 17.8MG	26
WAKIX TAB 4.45MG	26
warfarin sodium tab 10 mg	52
warfarin sodium tab 1 mg	51
warfarin sodium tab 2.5 mg	51
warfarin sodium tab 2 mg	51
warfarin sodium tab 3 mg	51, 52
warfarin sodium tab 4 mg	52
warfarin sodium tab 5 mg	52
warfarin sodium tab 6 mg	52
warfarin sodium tab 7.5 mg	52
water for injection	192

water for irrigation, sterile irrigation soln	
.....	180, 181
WELLBUTRIN TAB 100MG SR.....	60
WELLBUTRIN TAB 150MG SR.....	60
WELLBUTRIN TAB 200MG SR.....	60
Wera	
see norethindrone & ethinyl estradiol	
tab 0.5 mg-35 mcg	120
white petrolatum topical gel	192
WINLEVI CRE 1%.....	130
Wixela Inhub	
see fluticasone-salmeterol aer powder	
ba 100-50 mcg/act	50
see fluticasone-salmeterol aer powder	
ba 250-50 mcg/act	50
see fluticasone-salmeterol aer powder	
ba 500-50 mcg/act	50
Wymzya Fe	
see norethindrone & ethinyl estradiol-	
fe chew tab 0.4 mg-35 mcg	120
X	
XARELTO STAR TAB 15/20MG.....	52
XARELTO SUS 1MG/ML.....	52
XARELTO TAB 10MG.....	52
XARELTO TAB 15MG.....	52
XARELTO TAB 2.5MG.....	52
XARELTO TAB 20MG.....	52
XCOPRI PAK 100-150.....	58
XCOPRI PAK 12.5-25.....	58
XCOPRI PAK 150-200.....	58
XCOPRI PAK 50-100MG.....	58
XCOPRI TAB 100MG.....	58
XCOPRI TAB 150MG.....	58
XCOPRI TAB 200MG.....	58
XCOPRI TAB 50MG.....	58
XELJANZ SOL 1MG/ML.....	30
XELJANZ TAB 10MG.....	30
XELJANZ TAB 5MG.....	30
XELJANZ XR TAB 11MG.....	30
XELJANZ XR TAB 22MG.....	30
XELODA TAB 150MG.....	86
XELODA TAB 500MG.....	86
XEOMIN INJ 100UNIT.....	184
XEOMIN INJ 200UNIT.....	184
XEOMIN INJ 50 UNIT.....	184
XIFAXAN TAB 550MG.....	42
XIGDUO XR TAB 10-1000.....	65
XIGDUO XR TAB 10-500MG.....	65
XIGDUO XR TAB 2.5-1000.....	65
XIGDUO XR TAB 5-1000MG.....	65
XIGDUO XR TAB 5-500MG.....	65
XIIDRA DRO 5%.....	187
XOLAIR INJ 150MG/ML.....	48
XOLAIR INJ 300/2ML.....	49
XOLAIR INJ 75/0.5.....	48
XOLAIR SOL 150MG.....	49
XOSPATA TAB 40MG.....	91
XTANDI CAP 40MG.....	88
XTANDI TAB 40MG.....	88
XTANDI TAB 80MG.....	88
Xulane	
see norelgestromin-ethinyl estradiol td	
ptwk 150-35 mcg/24hr	124
XULTOPHY INJ 100/3.6.....	65
XYNTHA INJ 1000UNIT.....	157
XYNTHA INJ 2000UNIT.....	157
XYNTHA INJ 250UNIT.....	157
XYNTHA INJ 500UNIT.....	157
XYNTHA SOLOF INJ 1000UNIT.....	157
XYNTHA SOLOF INJ 2000UNIT.....	158
XYNTHA SOLOF INJ 3000UNIT.....	158
XYNTHA SOLOF INJ 500UNIT.....	157
XYNTHA SOLOF KIT 250UNIT.....	158
XYWAV SOL 0.5GM/ML.....	193
Y	
Yargesa	
see miglustat cap 100 mg	159
YONSA TAB 125MG.....	88
YUPELRI SOL.....	49
Z	
Zafemy	
see norelgestromin-ethinyl estradiol td	
ptwk 150-35 mcg/24hr	124
zafirlukast tab 10 mg	49
zafirlukast tab 20 mg	49
zaleplon cap 10 mg	163
zaleplon cap 5 mg	163
ZANAFLEX TAB 4MG.....	183

see AMBIEN CR TAB 12.5MG.....	161	ZUBSOLV SUB 5.7-1.4	40
see AMBIEN CR TAB 6.25MG.....	161	ZUBSOLV SUB 8.6-2.1	40
see AMBIEN TAB 10MG	162	Zumandimine	
see AMBIEN TAB 5MG.....	162	see drospirenone-ethinyl estradiol tab	
zolpidem tartrate tab 10 mg	163	3-0.03 mg	117
zolpidem tartrate tab 5 mg	163	ZYDELIG TAB 100MG	91
zolpidem tartrate tab er 12.5 mg	163	ZYDELIG TAB 150MG	91
zolpidem tartrate tab er 6.25 mg	163	ZYKADIA TAB 150MG.....	91
zonisamide cap 100 mg	58	ZYPREXA TAB 10MG	99
zonisamide cap 25 mg	58	ZYPREXA TAB 15MG	99
zonisamide cap 50 mg	58	ZYPREXA TAB 2.5MG.....	99
ZORYVE CRE 0.3%	133	ZYPREXA TAB 20MG.....	99
Zovia 1/35		ZYPREXA TAB 5MG.....	99
see ethynodiol diacetate & ethinyl		ZYPREXA TAB 7.5MG.....	99
estradiol tab 1 mg-35 mcg	117	ZYPREXA ZYDI TAB 10MG.....	99
ZUBSOLV SUB 0.7-0.18.....	40	ZYPREXA ZYDI TAB 15MG	99
ZUBSOLV SUB 1.4-0.36	40	ZYPREXA ZYDI TAB 20MG	99
ZUBSOLV SUB 11.4-2.9	40	ZYPREXA ZYDI TAB 5MG.....	99
ZUBSOLV SUB 2.9-0.71.....	40		