

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

## **2024 List of Covered Drugs**

**Effective 07/01/2024**

**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 All previous versions of the Formulary are no longer in effect.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>

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## 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
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT</b>	
<b>NERVOUS SYSTEM DISORDERS .....</b>	<b>24</b>
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
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES.....</b>	<b>29</b>
ALLERGENIC EXTRACTS .....	29
<b>AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS .....</b>	<b>29</b>
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS.....	29
<b>ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND</b>	
<b>INFLAMMATION .....</b>	<b>29</b>
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
<b>ANALGESICS - NONNARCOTIC - DRUGS TO TREAT PAIN AND FEVER.....</b>	<b>33</b>
ANALGESIC COMBINATIONS .....	33
ANALGESICS OTHER.....	33
SALICYLATES .....	34
<b>ANALGESICS - OPIOID - DRUGS TO TREAT PAIN .....</b>	<b>34</b>
OPIOID AGONISTS .....	34
OPIOID COMBINATIONS.....	37
OPIOID PARTIAL AGONISTS .....	39
<b>ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES .....</b>	<b>40</b>
ANDROGENS .....	40
<b>ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS .....</b>	<b>41</b>
INTRARECTAL STEROIDS.....	41
RECTAL COMBINATIONS.....	41
RECTAL STEROIDS.....	41
VASODILATING AGENTS.....	41
<b>ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES .....</b>	<b>41</b>
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES.....	41
<b>ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS.....</b>	<b>42</b>
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
<b>ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS .....</b>	<b>44</b>
ANTIANGINALS-OTHER.....	44
NITRATES .....	44
<b>ANTIANSXIETY AGENTS - DRUGS TO TREAT ANXIETY.....</b>	<b>45</b>
ANTIANSXIETY AGENTS - MISC. ....	45
BENZODIAZEPINES.....	45
<b>ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS.....</b>	<b>46</b>
ANTIARRHYTHMICS - MISC.....	46
ANTIARRHYTHMICS TYPE I-A .....	46
ANTIARRHYTHMICS TYPE I-B .....	47
ANTIARRHYTHMICS TYPE I-C .....	47

ANTIARRHYTHMICS TYPE III .....	47
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE .....</b>	<b>48</b>
ANTI-INFLAMMATORY AGENTS .....	48
ANTIASTHMATIC - MONOCLONAL ANTIBODIES .....	48
BRONCHODILATORS - ANTICHOLINERGICS.....	48
LEUKOTRIENE MODULATORS.....	49
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS .....	49
STEROID INHALANTS.....	49
SYMPATHOMIMETICS .....	49
XANTHINES.....	51
<b>ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS .....</b>	<b>51</b>
COUMARIN ANTICOAGULANTS .....	51
DIRECT FACTOR XA INHIBITORS.....	51
HEPARINS AND HEPARINOID-LIKE AGENTS .....	52
THROMBIN INHIBITORS.....	53
<b>ANTICONSULSANTS - DRUGS TO TREAT SEIZURES.....</b>	<b>53</b>
AMPA GLUTAMATE RECEPTOR ANTAGONISTS .....	53
ANTICONSULSANTS - BENZODIAZEPINES .....	53
ANTICONSULSANTS - MISC. ....	54
CARBAMATES .....	57
GABA MODULATORS .....	58
HYDANTOINS .....	58
SUCCINIMIDES .....	58
VALPROIC ACID .....	58
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION .....</b>	<b>59</b>
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) .....	59
ANTIDEPRESSANTS - MISC. ....	59
MONOAMINE OXIDASE INHIBITORS (MAOIS) .....	59
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) .....	60
SEROTONIN MODULATORS.....	61
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS).....	61
TRICYCLIC AGENTS.....	62
<b>ANTIDIABETICS - DRUGS TO TREAT DIABETES.....</b>	<b>63</b>
ALPHA-GLUCOSIDASE INHIBITORS .....	63
ANTIDIABETIC - AMYLIN ANALOGS.....	63
ANTIDIABETIC COMBINATIONS.....	63
BIGUANIDES.....	65
DIABETIC OTHER .....	65
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS.....	65
INCRETIN MIMETIC AGENTS .....	66
INSULIN .....	66
INSULIN SENSITIZING AGENTS .....	67
MEGLITINIDE ANALOGUES .....	67

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS .....	67
SULFONYLUREAS .....	67
<b>ANTI-DIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA .....</b>	<b>68</b>
ANTIPERISTALTIC AGENTS.....	68
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING .....</b>	<b>68</b>
ANTIDOTES - CHELATING AGENTS.....	68
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING .....	68
BENZODIAZEPINE ANTAGONISTS .....	68
OPIOID ANTAGONISTS .....	69
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING .....</b>	<b>69</b>
5-HT <sub>3</sub> RECEPTOR ANTAGONISTS .....	69
ANTIEMETICS - ANTICHOLINERGIC.....	69
ANTIEMETICS - MISCELLANEOUS.....	69
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS .....	70
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS.....</b>	<b>70</b>
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS.....	70
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS.....	70
IMIDAZOLE-RELATED ANTIFUNGALS .....	70
<b>ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES.....</b>	<b>71</b>
ANTI-HISTAMINES - ETHANOLAMINES .....	71
ANTI-HISTAMINES - NON-SEDATING.....	71
ANTI-HISTAMINES - PHENOTHIAZINES.....	71
ANTI-HISTAMINES - PIPERIDINES .....	72
<b>ANTI-HYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL .....</b>	<b>72</b>
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS .....	72
ANTI-HYPERLIPIDEMICS - COMBINATIONS.....	72
ANTI-HYPERLIPIDEMICS - MISC.....	72
BILE ACID SEQUESTRANTS .....	72
FIBRIC ACID DERIVATIVES .....	73
HMG COA REDUCTASE INHIBITORS .....	73
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS .....	74
NICOTINIC ACID DERIVATIVES.....	74
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS .....	74
<b>ANTI-HYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE.....</b>	<b>74</b>
ACE INHIBITORS .....	74
AGENTS FOR PHEOCHROMOCYTOMA .....	76
ANGIOTENSIN II RECEPTOR ANTAGONISTS .....	76
ANTIADRENERGIC ANTI-HYPERTENSIVES.....	76
ANTI-HYPERTENSIVE COMBINATIONS.....	77
DIRECT RENIN INHIBITORS.....	81
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) .....	81
VASODILATORS .....	81

<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA.....</b>	<b>81</b>
ANTIMALARIAL COMBINATIONS .....	81
ANTIMALARIALS - DRUGS TO TREAT MALARIA .....	81
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS.....</b>	<b>82</b>
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS .....	82
<b>ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS.....</b>	<b>82</b>
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS .....	82
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER .....</b>	<b>82</b>
ALKYLATING AGENTS.....	82
ANTIMETABOLITES .....	83
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS.....	85
ANTINEOPLASTIC - ANTI-HER2 AGENTS .....	85
ANTINEOPLASTIC - ANTIBODIES.....	85
ANTINEOPLASTIC - EGFR INHIBITORS .....	85
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS .....	86
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS.....	86
ANTINEOPLASTIC ANTIBIOTICS .....	86
ANTINEOPLASTIC COMBINATIONS .....	87
ANTINEOPLASTIC ENZYME INHIBITORS .....	87
ANTINEOPLASTICS MISC.....	90
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS.....	90
MITOTIC INHIBITORS .....	91
TOPOISOMERASE I INHIBITORS .....	91
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE.....</b>	<b>92</b>
ANTIPARKINSON ADJUNCTIVE THERAPY .....	92
ANTIPARKINSON ANTICHOLINERGICS .....	92
ANTIPARKINSON COMT INHIBITORS.....	92
ANTIPARKINSON DOPAMINERGICS .....	92
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS.....	94
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES .....</b>	<b>94</b>
ANTIMANIC AGENTS.....	94
ANTIPSYCHOTICS - MISC. ....	95
BENZISOXAZOLES .....	95
BUTYROPHENONES .....	96
DIBENZAPINES .....	96
DIHYDROINDOLONES .....	97
PHENOTHIAZINES .....	98
QUINOLINONE DERIVATIVES.....	98
THIOXANTHENES .....	99
<b>ANTISEPTICS &amp; DISINFECTANTS - PRODUCTS TO DISINFECT.....</b>	<b>99</b>

ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT .....	99
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS.....</b>	<b>99</b>
ANTIRETROVIRALS.....	99
CMV AGENTS .....	102
HEPATITIS AGENTS .....	102
HERPES AGENTS .....	102
INFLUENZA AGENTS.....	103
<b>BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS .....</b>	<b>103</b>
ALPHA-BETA BLOCKERS.....	103
BETA BLOCKERS CARDIO-SELECTIVE .....	104
BETA BLOCKERS NON-SELECTIVE .....	104
<b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS .....</b>	<b>105</b>
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS .....	105
<b>CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS .....</b>	<b>108</b>
CARDIAC GLYCOSIDES.....	108
INOTROPES .....	108
<b>CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....</b>	<b>109</b>
CARDIOPLEGIC SOLUTIONS - PRODUCTS USED IN SURGERY .....	109
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS .....	109
IMPOTENCE AGENTS - DRUGS TO TREAT ERECTILE DYSFUNCTION .....	110
PROSTAGLANDIN VASODILATORS .....	111
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS .....	111
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS .....	112
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST .....	112
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR .....	112
SINUS NODE INHIBITORS .....	112
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) .....	112
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS.....</b>	<b>113</b>
CEPHALOSPORINS - 1ST GENERATION .....	113
CEPHALOSPORINS - 2ND GENERATION.....	113
CEPHALOSPORINS - 3RD GENERATION.....	113
CEPHALOSPORINS - 4TH GENERATION.....	114
<b>CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING.....</b>	<b>114</b>
LIQUIDS.....	114
<b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL.....</b>	<b>114</b>
COMBINATION CONTRACEPTIVES - ORAL.....	114
COMBINATION CONTRACEPTIVES - TRANSDERMAL.....	122
COMBINATION CONTRACEPTIVES - VAGINAL.....	123
PROGESTIN CONTRACEPTIVES - INJECTABLE .....	123
PROGESTIN CONTRACEPTIVES - IUD.....	123

PROGESTIN CONTRACEPTIVES - ORAL .....	123
<b>CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE .....</b>	<b>124</b>
GLUCOCORTICOSTEROIDS .....	124
MINERALOCORTICIDS.....	126
<b>COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY</b>	
<b>SYMPTOMS .....</b>	<b>126</b>
ANTITUSSIVES - DRUGS TO TREAT COUGH.....	126
COUGH/COLD/ALLERGY COMBINATIONS .....	126
MISC. RESPIRATORY INHALANTS - DRUGS TO TREAT BREATHING DISORDERS .....	127
MUCOLYTICS - DRUGS TO TREAT COUGH .....	127
<b>DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS .....</b>	<b>127</b>
ACNE PRODUCTS .....	127
ANTI-INFLAMMATORY AGENTS - TOPICAL.....	129
ANTIBIOTICS - TOPICAL.....	129
ANTIFUNGALS - TOPICAL.....	129
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL .....	130
ANTIPSORIATICS.....	130
ANTISEBORRHEIC PRODUCTS .....	131
ANTIVIRALS - TOPICAL.....	131
BURN PRODUCTS.....	131
CORTICOSTEROIDS - TOPICAL.....	132
ECZEMA AGENTS .....	134
EMOLLIENT/KERATOLYTIC AGENTS.....	134
EMOLLIENTS .....	134
IMMUNOMODULATING AGENTS - TOPICAL.....	134
IMMUNOSUPPRESSIVE AGENTS - TOPICAL .....	134
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS.....	134
LOCAL ANESTHETICS - TOPICAL.....	135
MISC. TOPICAL .....	135
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL.....	135
ROSACEA AGENTS.....	135
SCABICIDES & PEDICULICIDES.....	136
TAR PRODUCTS.....	136
<b>DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS .....</b>	<b>136</b>
DIAGNOSTIC DRUGS.....	136
DIAGNOSTIC PRODUCTS, MISC. ....	136
DIAGNOSTIC TESTS .....	136
MISCELLANEOUS CONTRAST MEDIA .....	136
RADIOGRAPHIC CONTRAST MEDIA .....	137
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR</b>	
<b>NUTRITION.....</b>	<b>137</b>
NUTRITIONAL SUPPLEMENTS .....	137
<b>DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....</b>	<b>137</b>
DIGESTIVE ENZYMES.....	137



<b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS .....</b>	<b>138</b>
CARBONIC ANHYDRASE INHIBITORS .....	138
DIURETIC COMBINATIONS .....	138
LOOP DIURETICS .....	138
OSMOTIC DIURETICS.....	139
POTASSIUM SPARING DIURETICS.....	139
THIAZIDES AND THIAZIDE-LIKE DIURETICS .....	139
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE</b>	
<b>HORMONES .....</b>	<b>140</b>
BONE DENSITY REGULATORS - DRUGS TO TREAT BONE LOSS .....	140
FERTILITY REGULATORS .....	140
GNRH/LHRH ANTAGONISTS .....	141
GROWTH HORMONES .....	141
HORMONE RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS.....	141
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS.....	141
METABOLIC MODIFIERS .....	142
MINERALOCORTICOID RECEPTOR ANTAGONISTS.....	143
POSTERIOR PITUITARY HORMONES .....	143
PROGESTERONE RECEPTOR ANTAGONISTS .....	143
PROLACTIN INHIBITORS.....	143
SOMATOSTATIC AGENTS.....	144
VASOPRESSIN RECEPTOR ANTAGONISTS.....	144
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES.....</b>	<b>144</b>
ESTROGEN COMBINATIONS.....	144
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES .....	145
<b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS.....</b>	<b>147</b>
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS.....	147
<b>GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND</b>	
<b>INTESTINAL DISORDERS .....</b>	<b>147</b>
GALLSTONE SOLUBILIZING AGENTS.....	147
GASTROINTESTINAL ANTIALLERGY AGENTS.....	147
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS .....	147
GASTROINTESTINAL STIMULANTS .....	147
INFLAMMATORY BOWEL AGENTS .....	148
INTESTINAL ACIDIFIERS.....	148
IRRITABLE BOWEL SYNDROME (IBS) AGENTS .....	149
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS.....	149
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND	
PHOSPHORUS LEVELS .....	149
<b>GENERAL ANESTHETICS - DRUGS FOR ANESTHESIA DURING SURGERY .....</b>	<b>149</b>
ANESTHETICS - MISC.....	149
VOLATILE ANESTHETICS.....	150
<b>GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND</b>	
<b>URINARY TRACT CONDITIONS .....</b>	<b>150</b>

ALKALINIZERS .....	150
GENITOURINARY IRRIGANTS.....	150
PROSTATIC HYPERTROPHY AGENTS .....	150
URINARY ANALGESICS .....	151
URINARY STONE AGENTS .....	151
<b>GOUT AGENTS - DRUGS TO TREAT GOUT.....</b>	<b>151</b>
GOUT AGENT COMBINATIONS.....	151
GOUT AGENTS - DRUGS TO TREAT GOUT .....	151
URICOSURICS .....	151
<b>HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS .....</b>	<b>151</b>
ANTIHEMOPHILIC PRODUCTS .....	151
BRADYKININ B2 RECEPTOR ANTAGONISTS .....	156
COMPLEMENT INHIBITORS.....	156
HEMATOAOLOGIC - TYROSINE KINASE INHIBITORS.....	156
HEMATORHEOLOGIC AGENTS .....	157
PLASMA EXPANDERS.....	157
PLASMA KALLIKREIN INHIBITORS .....	157
PLATELET AGGREGATION INHIBITORS .....	157
PROTAMINE .....	158
<b>HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS.....</b>	<b>158</b>
AGENTS FOR GAUCHER DISEASE .....	158
AGENTS FOR SICKLE CELL DISEASE .....	158
HEMATOPOIETIC GROWTH FACTORS.....	158
STEM CELL MOBILIZERS.....	159
<b>HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS.....</b>	<b>159</b>
HEMOSTATICS - SYSTEMIC .....	159
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS.....</b>	<b>159</b>
BARBITURATE HYPNOTICS .....	159
HYPNOTICS - TRICYCLIC AGENTS .....	160
NON-BARBITURATE HYPNOTICS.....	160
OREXIN RECEPTOR ANTAGONISTS.....	161
SELECTIVE MELATONIN RECEPTOR AGONISTS .....	162
<b>LAXATIVES - DRUGS TO TREAT CONSTIPATION.....</b>	<b>162</b>
LAXATIVE COMBINATIONS .....	162
LAXATIVES - MISCELLANEOUS .....	162
LUBRICANT LAXATIVES .....	162
<b>LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR NUMBING .....</b>	<b>162</b>
LOCAL ANESTHETIC COMBINATIONS .....	162
LOCAL ANESTHETICS - AMIDES.....	163
LOCAL ANESTHETICS - ESTERS .....	164
<b>MACROLIDES - DRUGS TO TREAT INFECTIONS.....</b>	<b>164</b>
AZITHROMYCIN.....	164
CLARITHROMYCIN .....	164

ERYTHROMYCINS .....	164
FIDAXOMICIN.....	165
<b>MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING .....</b>	<b>165</b>
DIABETIC SUPPLIES .....	165
PARENTERAL THERAPY SUPPLIES .....	173
<b>MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES.....</b>	<b>174</b>
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG .....	174
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES.....	175
SEROTONIN AGONISTS.....	175
<b>MINERALS &amp; ELECTROLYTES - DRUGS FOR NUTRITION.....</b>	<b>176</b>
POTASSIUM.....	176
<b>MISCELLANEOUS THERAPEUTIC CLASSES .....</b>	<b>177</b>
CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING .....	177
IMMUNOMODULATORS - DRUGS TO TREAT CANCER.....	177
IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT .....	178
IRRIGATION SOLUTIONS - PRODUCTS USED IN SURGERY AND WOUND CARE ...	179
POTASSIUM REMOVING AGENTS - DRUGS TO LOWER POTASSIUM .....	179
SCLEROSING AGENTS - DRUGS TO TREAT VEIN CONDITIONS.....	179
<b>MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT ..</b>	<b>179</b>
ANESTHETICS TOPICAL ORAL.....	179
ANTI-INFECTIVES - THROAT .....	180
ANTISEPTICS - MOUTH/THROAT .....	180
STEROIDS - MOUTH/THROAT/DENTAL.....	180
THROAT PRODUCTS - MISC.....	180
<b>MULTIVITAMINS - DRUGS FOR NUTRITION .....</b>	<b>180</b>
PRENATAL VITAMINS.....	180
<b>MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS</b>	<b>180</b>
CENTRAL MUSCLE RELAXANTS.....	180
DIRECT MUSCLE RELAXANTS .....	181
VISCOSUPPLEMENTS - DRUGS TO TREAT JOINT CONDITIONS.....	181
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE .....</b>	<b>182</b>
NASAL AGENT COMBINATIONS.....	182
NASAL ANTIALLERGY.....	182
NASAL ANTICHOLINERGICS .....	182
NASAL STEROIDS.....	182
SYMPATHOMIMETIC DECONGESTANTS.....	182
<b>NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES .....</b>	<b>182</b>
ALS AGENTS.....	182
DEPOLARIZING MUSCLE RELAXANTS.....	182
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS.....	182
NONDEPOLARIZING MUSCLE RELAXANTS.....	182
<b>NUTRIENTS - DRUGS FOR NUTRITION.....</b>	<b>183</b>
CARBOHYDRATES.....	183

PROTEINS .....	183
<b>OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS .....</b>	<b>183</b>
BETA-BLOCKERS - OPHTHALMIC.....	183
CYCLOPLEGIC MYDRIATICS .....	184
MIOTICS .....	184
OPHTHALMIC - ANGIOGENESIS INHIBITORS .....	184
OPHTHALMIC ADRENERGIC AGENTS.....	184
OPHTHALMIC ANTI-INFECTIVES .....	184
OPHTHALMIC IMMUNOMODULATORS .....	185
OPHTHALMIC INTEGRIN ANTAGONISTS.....	185
OPHTHALMIC LOCAL ANESTHETICS .....	185
OPHTHALMIC STEROIDS .....	185
OPHTHALMICS - MISC. ....	186
PROSTAGLANDINS - OPHTHALMIC .....	187
<b>OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR .....</b>	<b>187</b>
OTIC AGENTS - MISCELLANEOUS.....	187
OTIC ANTI-INFECTIVES .....	187
OTIC COMBINATIONS .....	187
OTIC STEROIDS.....	187
<b>OXYTOCICS - DRUGS FOR PREGNANCY .....</b>	<b>188</b>
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING.....	188
OXYTOCICS - DRUGS FOR PREGNANCY .....	188
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS.....</b>	<b>188</b>
IMMUNE SERUMS.....	188
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS .....</b>	<b>188</b>
AMINOPENICILLINS.....	188
NATURAL PENICILLINS .....	189
PENICILLIN COMBINATIONS.....	189
PENICILLINASE-RESISTANT PENICILLINS.....	190
<b>PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING .....</b>	<b>190</b>
LIQUID VEHICLES .....	190
SEMI SOLID VEHICLES .....	190
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES .....</b>	<b>191</b>
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES.....	191
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS .....</b>	<b>191</b>
AGENTS FOR CHEMICAL DEPENDENCY .....	191
ANTI-CATAPLECTIC AGENTS .....	191
ANTIDEMENTIA AGENTS - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS....	191
COMBINATION PSYCHOTHERAPEUTICS .....	193
MOVEMENT DISORDER DRUG THERAPY.....	193
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS .....	193
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS.....	195

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS .....	195
SMOKING DETERRENTS.....	195
TRANSTHYRETIN AMYLOIDOSIS AGENTS .....	195
<b>RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS ...</b>	<b>196</b>
ALPHA-PROTEINASE INHIBITOR (HUMAN).....	196
CYSTIC FIBROSIS AGENTS .....	196
PULMONARY FIBROSIS AGENTS.....	196
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS.....</b>	<b>196</b>
GLYCYLCYCLINES .....	196
TETRACYCLINES - DRUGS TO TREAT INFECTIONS .....	196
<b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS .....</b>	<b>197</b>
ANTITHYROID AGENTS.....	197
THYROID HORMONES.....	197
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID .....</b>	<b>199</b>
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS .....	199
H-2 ANTAGONISTS .....	200
MISC. ANTI-ULCER.....	201
PROTON PUMP INHIBITORS .....	201
ULCER DRUGS - PROSTAGLANDINS .....	201
ULCER THERAPY COMBINATIONS .....	201
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE ....</b>	<b>202</b>
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC).....	202
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS .....	202
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS.....	202
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS.....	202
<b>VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS .....</b>	<b>202</b>
VAGINAL ANTI-INFECTIVES.....	202
VAGINAL ESTROGENS.....	203
VAGINAL PROGESTINS.....	203
<b>VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>	<b>203</b>
ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR ACUTE ALLERGIC REACTION ..	203
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS .....	203
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS ..	203
<b>VITAMINS - DRUGS FOR NUTRITION .....</b>	<b>204</b>
OIL SOLUBLE VITAMINS.....	204
WATER SOLUBLE VITAMINS .....	204
<b>Index .....</b>	<b>205</b>

## 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:

<b>Tier</b>	<b>Definition</b>
Tier 1:	Lowest plan member copayment: <b>All generic drugs</b> , including those on this <b>Formulary</b> .
Tier 2:	Intermediate plan member copayment: Preferred brand-name products on this <b>Formulary</b> selected for Tier 2.
Tier 3:	Highest plan member copayment: Brand-name products on this <b>Formulary</b> 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](http://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

<b>Term</b>	<b>Definition</b>
<b>#</b>	Brand Drug is covered with \$0 copayment if prescriber indicates “Dispense as Written” (DAW)
<b>ACA</b>	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.
<b>AGE</b>	Age Restriction
<b>GNDR</b>	Gender Restriction
<b>ONC</b>	Oral oncology drugs might not be subject to a Copay amount. Refer to your booklet-certificate for benefits that are specific to your plan.
<b>PA</b>	Prior Authorization
<b>QL</b>	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



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

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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	
<b>ANALEPTICS</b>		
<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	
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - DRUGS TO TREAT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER</b>		
<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	
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI TAB 75MG ( <i>solriamfetol hcl</i> )	Tier 2	
SUNOSI TAB 150MG ( <i>solriamfetol hcl</i> )	Tier 2	
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS</b>		
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  
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>STIMULANTS - MISC.</b>		
<b>armodafinil tab 50 mg</b>	Tier 1	PA
<b>armodafinil tab 150 mg</b>	Tier 1	PA
<b>armodafinil tab 200 mg</b>	Tier 1	PA
<b>armodafinil tab 250 mg</b>	Tier 1	PA
AZSTARYS CAP 26.1-5.2 <b>(serdexmethylphenidate chloride-dexmethylphenidate hcl)</b>	Tier 2	
AZSTARYS CAP 39.2-7.8 <b>(serdexmethylphenidate chloride-dexmethylphenidate hcl)</b>	Tier 2	
AZSTARYS CAP 52.3-10. <b>(serdexmethylphenidate chloride-dexmethylphenidate hcl)</b>	Tier 2	
<b>dexmethylphenidate hcl cap er 24 hr 5 mg</b>	Tier 1	
<b>dexmethylphenidate hcl cap er 24 hr 10 mg</b>	Tier 1	
<b>dexmethylphenidate hcl cap er 24 hr 15 mg</b>	Tier 1	
<b>dexmethylphenidate hcl cap er 24 hr 20 mg</b>	Tier 1	
<b>dexmethylphenidate hcl cap er 24 hr 25 mg</b>	Tier 1	
<b>dexmethylphenidate hcl cap er 24 hr 30 mg</b>	Tier 1	
<b>dexmethylphenidate hcl cap er 24 hr 35 mg</b>	Tier 1	
<b>dexmethylphenidate hcl cap er 24 hr 40 mg</b>	Tier 1	
<b>dexmethylphenidate hcl tab 2.5 mg</b>	Tier 1	
<b>dexmethylphenidate hcl tab 5 mg</b>	Tier 1	
<b>dexmethylphenidate hcl tab 10 mg</b>	Tier 1	
FOCALIN TAB 2.5MG <b>(dexmethylphenidate hcl)</b>	Tier 3	
FOCALIN TAB 5MG <b>(dexmethylphenidate hcl)</b>	Tier 3	
FOCALIN TAB 10MG <b>(dexmethylphenidate hcl)</b>	Tier 3	
METHYLIN SOL 5MG/5ML <b>(methylphenidate hcl)</b>	Tier 3	
METHYLIN SOL 10MG/5ML <b>(methylphenidate hcl)</b>	Tier 3	
<b>methylphenidate hcl cap er 10 mg (cd)</b>	Tier 1	
<b>methylphenidate hcl cap er 20 mg (cd)</b>	Tier 1	
<b>methylphenidate hcl cap er 24hr 10 mg (la)</b>	Tier 1	
<b>methylphenidate hcl cap er 24hr 10 mg (xr)</b>	Tier 1	
<b>methylphenidate hcl cap er 24hr 15 mg (xr)</b>	Tier 1	
<b>methylphenidate hcl cap er 24hr 20 mg (la)</b>	Tier 1	
<b>methylphenidate hcl cap er 24hr 20 mg (xr)</b>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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 hcl tab er osmotic release (osm) 72 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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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RITALIN TAB 5MG ( <i>methylphenidate hcl</i> )	Tier 3	
RITALIN TAB 10MG ( <i>methylphenidate hcl</i> )	Tier 3	
RITALIN TAB 20MG ( <i>methylphenidate hcl</i> )	Tier 3	

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

#### ALLERGENIC EXTRACTS

GRASSTK 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)
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ADALIMU-ADAZ INJ 40/0.4ML	Tier 2	PA, QL (4 syringes every 28 days)
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)
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30

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>RASUVO INJ 10MG (methotrexate (antirheumatic))</b>	Tier 2	PA, QL (4 injections every 28 days)
<b>RASUVO INJ 12.5MG (methotrexate (antirheumatic))</b>	Tier 2	PA, QL (4 injections every 28 days)
<b>RASUVO INJ 15MG (methotrexate (antirheumatic))</b>	Tier 2	PA, QL (4 injections every 28 days)
<b>RASUVO INJ 17.5MG (methotrexate (antirheumatic))</b>	Tier 2	PA, QL (4 injections every 28 days)
<b>RASUVO INJ 20MG (methotrexate (antirheumatic))</b>	Tier 2	PA, QL (4 injections every 28 days)
<b>RASUVO INJ 22.5MG (methotrexate (antirheumatic))</b>	Tier 2	PA, QL (4 injections every 28 days)
<b>RASUVO INJ 25MG (methotrexate (antirheumatic))</b>	Tier 2	PA, QL (4 injections every 28 days)
<b>RASUVO INJ 30MG (methotrexate (antirheumatic))</b>	Tier 2	PA, QL (4 injections every 28 days)
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
<b>KEVZARA INJ 150/1.14 (sarilumab)</b>	Tier 2	PA, QL (2 injections every 28 days)
<b>KEVZARA INJ 200/1.14 (sarilumab)</b>	Tier 2	PA, QL (2 injections every 28 days)
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<b>celecoxib cap 50 mg</b>	Tier 1	
<b>celecoxib cap 100 mg</b>	Tier 1	
<b>celecoxib cap 200 mg</b>	Tier 1	
<b>celecoxib cap 400 mg</b>	Tier 1	
<b>diclofenac potassium tab 50 mg</b>	Tier 1	
<b>diclofenac sod dr tab 75 mg &amp; capsaicin cr 0.025% ther pack (Previdolrx Plus Analgesic)</b>	Tier 1	PA
<b>diclofenac sodium tab delayed release 25 mg</b>	Tier 1	
<b>diclofenac sodium tab delayed release 50 mg</b>	Tier 1	
<b>diclofenac sodium tab delayed release 75 mg</b>	Tier 1	
<b>diclofenac sodium tab er 24hr 100 mg</b>	Tier 1	
<b>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</b>	Tier 1	
<b>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</b>	Tier 1	
<b>etodolac cap 200 mg</b>	Tier 1	
<b>etodolac cap 300 mg</b>	Tier 1	
<b>etodolac tab 400 mg</b>	Tier 1	
<b>etodolac tab 500 mg</b>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>etodolac tab er 24hr 400 mg</i>	Tier 1	
<i>etodolac tab er 24hr 500 mg</i>	Tier 1	
<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	

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<b>naproxen tab ec 500 mg</b> (Ec-naproxen)	Tier 1	
<b>oxaprozin cap 300 mg</b>	Tier 1	
<b>oxaprozin tab 600 mg</b>	Tier 1	
<b>piroxicam cap 10 mg</b>	Tier 1	
<b>piroxicam cap 20 mg</b>	Tier 1	
<b>sulindac tab 150 mg</b>	Tier 1	
<b>sulindac tab 200 mg</b>	Tier 1	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA TAB 10/20/30 ( <b>apremilast</b> )	Tier 2	PA, QL (55 tabs every 28 days)
OTEZLA TAB 30MG ( <b>apremilast</b> )	Tier 2	PA, QL (2 tabs every 1 day)
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<b>leflunomide tab 10 mg</b>	Tier 1	
<b>leflunomide tab 20 mg</b>	Tier 1	
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL INJ 25/0.5ML ( <b>etanercept</b> )	Tier 2	PA, QL (8 syringes every 28 days)
ENBREL INJ 25MG ( <b>etanercept</b> )	Tier 2	PA, QL (8 vials every 28 days)
ENBREL INJ 50MG/ML ( <b>etanercept</b> )	Tier 2	PA, QL (4 syringes every 28 days)
ENBREL MINI INJ 50MG/ML ( <b>etanercept</b> )	Tier 2	PA, QL (4 injections every 28 days)
ENBREL SRCLK INJ 50MG/ML ( <b>etanercept</b> )	Tier 2	PA, QL (4 pens every 28 days)
<b>ANALGESICS - NONNARCOTIC - DRUGS TO TREAT PAIN AND FEVER</b>		
<b>ANALGESIC COMBINATIONS</b>		
<b>butalbital-acetaminophen tab 50-325 mg</b>	Tier 1	
<b>butalbital-acetaminophen tab 50-325 mg</b> (Tencon)	Tier 1	
<b>butalbital-acetaminophen-caffeine tab 50-325-40 mg</b>	Tier 1	
<b>butalbital-acetaminophen-caffeine tab 50-325-40 mg</b> (Bac)	Tier 1	
<b>butalbital-aspirin-caffeine cap 50-325-40 mg</b>	Tier 1	
<b>ANALGESICS OTHER</b>		
<b>acetaminophen iv soln 10 mg/ml</b>	Tier 1	
<b>clonidine hcl inj (for epidural infusion) 100 mcg/ml</b>	Tier 1	
<b>clonidine hcl inj (for epidural infusion) 500 mcg/ml</b>	Tier 1	

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**PRESCRIPTION DRUG NAME**

**DRUG TIER COVERAGE  
REQUIREMENTS AND  
LIMITS**

**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
<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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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	
<i>meperidine hcl inj 100 mg/ml</i>	Tier 1	
<i>meperidine hcl oral soln 50 mg/5ml</i>	Tier 1	PA

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>meperidine hcl tab 50 mg</i></b>	Tier 1	PA
<b><i>methadone hcl conc 10 mg/ml</i></b>	Tier 1	
<b><i>methadone hcl conc 10 mg/ml</i></b> (Methadone Hydrochloride I)	Tier 1	PA
<b><i>methadone hcl soln 5 mg/5ml</i></b>	Tier 1	PA
<b><i>methadone hcl soln 10 mg/5ml</i></b>	Tier 1	PA
<b><i>methadone hcl tab 5 mg</i></b>	Tier 1	PA
<b><i>methadone hcl tab 10 mg</i></b>	Tier 1	PA
<b><i>methadone hcl tab for oral susp 40 mg</i></b>	Tier 1	
<b><i>methadone hcl tab for oral susp 40 mg</i></b> (Methadose)	Tier 1	
<b><i>morphine sulf for microinfusion pf inj 200 mg/20ml (10mg/ml)</i></b> (Mitigo)	Tier 1	
<b><i>morphine sulf for microinfusion pf inj 500 mg/20ml (25mg/ml)</i></b> (Mitigo)	Tier 1	
<b><i>morphine sulfate beads cap er 24hr 30 mg</i></b>	Tier 1	PA
<b><i>morphine sulfate beads cap er 24hr 45 mg</i></b>	Tier 1	PA
<b><i>morphine sulfate beads cap er 24hr 60 mg</i></b>	Tier 1	PA
<b><i>morphine sulfate beads cap er 24hr 75 mg</i></b>	Tier 1	PA
<b><i>morphine sulfate beads cap er 24hr 90 mg</i></b>	Tier 1	PA
<b><i>morphine sulfate beads cap er 24hr 120 mg</i></b>	Tier 1	PA
<b><i>morphine sulfate cap er 24hr 10 mg</i></b>	Tier 1	PA
<b><i>morphine sulfate cap er 24hr 20 mg</i></b>	Tier 1	PA
<b><i>morphine sulfate cap er 24hr 30 mg</i></b>	Tier 1	PA
<b><i>morphine sulfate cap er 24hr 50 mg</i></b>	Tier 1	PA
<b><i>morphine sulfate cap er 24hr 60 mg</i></b>	Tier 1	PA
<b><i>morphine sulfate cap er 24hr 80 mg</i></b>	Tier 1	PA
<b><i>morphine sulfate cap er 24hr 100 mg</i></b>	Tier 1	PA
<b><i>morphine sulfate inj pf 0.5 mg/ml</i></b>	Tier 1	
<b><i>morphine sulfate inj pf 0.5 mg/ml</i></b> (Duramorph)	Tier 1	
<b><i>morphine sulfate inj pf 1 mg/ml</i></b>	Tier 1	
<b><i>morphine sulfate inj pf 1 mg/ml</i></b> (Duramorph)	Tier 1	
<b><i>morphine sulfate iv soln 4 mg/ml</i></b>	Tier 1	
<b><i>morphine sulfate iv soln 8 mg/ml</i></b>	Tier 1	
<b><i>morphine sulfate iv soln 10 mg/ml</i></b>	Tier 1	
<b><i>morphine sulfate oral soln 10 mg/5ml</i></b>	Tier 1	PA
<b><i>morphine sulfate oral soln 20 mg/5ml</i></b>	Tier 1	PA
<b><i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i></b>	Tier 1	PA
<b><i>morphine sulfate tab 15 mg</i></b>	Tier 1	PA

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<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	
<b>OPIOID COMBINATIONS</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	QL (2700 mL every 25 days)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>acetaminophen w/ codeine tab 300-15 mg</b>	Tier 1	QL (400 tabs every 25 days)
<b>acetaminophen w/ codeine tab 300-30 mg</b>	Tier 1	QL (360 tabs every 25 days)
<b>acetaminophen w/ codeine tab 300-60 mg</b>	Tier 1	QL (180 tabs every 25 days)
<b>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</b>	Tier 1	QL (300 caps every 25 days)
<b>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg (Trezix)</b>	Tier 1	QL (300 caps every 25 days)
<b>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</b>	Tier 1	
<b>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</b>	Tier 1	
<b>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</b>	Tier 1	
<b>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp/codeine)</b>	Tier 1	
<b>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</b>	Tier 1	PA, QL (2700 mL every 25 days)
<b>hydrocodone-acetaminophen tab 5-300 mg</b>	Tier 1	PA, QL (240 tabs every 25 days)
<b>hydrocodone-acetaminophen tab 5-325 mg</b>	Tier 1	PA, QL (240 tabs every 25 days)
<b>hydrocodone-acetaminophen tab 7.5-300 mg</b>	Tier 1	PA, QL (180 tabs every 25 days)
<b>hydrocodone-acetaminophen tab 7.5-325 mg</b>	Tier 1	PA, QL (180 tabs every 25 days)
<b>hydrocodone-acetaminophen tab 10-300 mg</b>	Tier 1	PA, QL (180 tabs every 25 days)
<b>hydrocodone-acetaminophen tab 10-325 mg</b>	Tier 1	PA, QL (180 tabs every 25 days)
<b>hydrocodone-ibuprofen tab 5-200 mg</b>	Tier 1	PA, QL (50 tabs every 25 days)
<b>hydrocodone-ibuprofen tab 7.5-200 mg</b>	Tier 1	PA, QL (50 tabs every 25 days)
<b>hydrocodone-ibuprofen tab 10-200 mg</b>	Tier 1	PA, QL (50 tabs every 25 days)
<b>oxycodone w/ acetaminophen tab 2.5-325 mg</b>	Tier 1	PA, QL (360 tabs every 25 days)
<b>oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)</b>	Tier 1	PA, QL (360 tabs every 25 days)

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<b><i>oxycodone w/ acetaminophen tab 5-325 mg</i></b>	Tier 1	PA, QL (360 tabs every 25 days)
<b><i>oxycodone w/ acetaminophen tab 5-325 mg (Endocet)</i></b>	Tier 1	PA, QL (360 tabs every 25 days)
<b><i>oxycodone w/ acetaminophen tab 7.5-325 mg</i></b>	Tier 1	PA, QL (240 tabs every 25 days)
<b><i>oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)</i></b>	Tier 1	PA, QL (240 tabs every 25 days)
<b><i>oxycodone w/ acetaminophen tab 10-325 mg</i></b>	Tier 1	PA, QL (180 tabs every 25 days)
<b><i>oxycodone w/ acetaminophen tab 10-325 mg (Endocet)</i></b>	Tier 1	PA, QL (180 tabs every 25 days)
<b><i>tramadol-acetaminophen tab 37.5-325 mg</i></b>	Tier 1	QL (40 tabs every 25 days)

### **OPIOID PARTIAL AGONISTS**

<b><i>BELBUCA MIS 75MCG (buprenorphine hcl)</i></b>	Tier 2	PA
<b><i>BELBUCA MIS 150MCG (buprenorphine hcl)</i></b>	Tier 2	PA
<b><i>BELBUCA MIS 300MCG (buprenorphine hcl)</i></b>	Tier 2	PA
<b><i>BELBUCA MIS 450MCG (buprenorphine hcl)</i></b>	Tier 2	PA
<b><i>BELBUCA MIS 600MCG (buprenorphine hcl)</i></b>	Tier 2	PA
<b><i>BELBUCA MIS 750MCG (buprenorphine hcl)</i></b>	Tier 2	PA
<b><i>BELBUCA MIS 900MCG (buprenorphine hcl)</i></b>	Tier 2	PA
<b><i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i></b>	Tier 1	
<b><i>buprenorphine hcl sl tab 2 mg (base equiv)</i></b>	Tier 1	
<b><i>buprenorphine hcl sl tab 8 mg (base equiv)</i></b>	Tier 1	
<b><i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i></b>	Tier 1	
<b><i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i></b>	Tier 1	
<b><i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i></b>	Tier 1	
<b><i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i></b>	Tier 1	
<b><i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i></b>	Tier 1	
<b><i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i></b>	Tier 1	
<b><i>buprenorphine td patch weekly 5 mcg/hr</i></b>	Tier 1	PA
<b><i>buprenorphine td patch weekly 7.5 mcg/hr</i></b>	Tier 1	PA
<b><i>buprenorphine td patch weekly 10 mcg/hr</i></b>	Tier 1	PA
<b><i>buprenorphine td patch weekly 15 mcg/hr</i></b>	Tier 1	PA
<b><i>buprenorphine td patch weekly 20 mcg/hr</i></b>	Tier 1	PA

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

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

### **ANDROGENS**

<b><i>danazol cap 50 mg</i></b>	Tier 1	
<b><i>danazol cap 100 mg</i></b>	Tier 1	
<b><i>danazol cap 200 mg</i></b>	Tier 1	
<b><i>methyltestosterone cap 10 mg</i></b>	Tier 1	PA
<b>NATESTO GEL 5.5MG (<i>testosterone</i>)</b>	Tier 2	PA
<b><i>testosterone cypionate im inj in oil 100 mg/ml</i></b>	Tier 1	
<b><i>testosterone cypionate im inj in oil 100 mg/ml</i></b> (Depo-testosterone)	Tier 1	
<b><i>testosterone cypionate im inj in oil 200 mg/ml</i></b>	Tier 1	
<b><i>testosterone cypionate im inj in oil 200 mg/ml</i></b> (Depo-testosterone)	Tier 1	
<b><i>testosterone enanthate im inj in oil 200 mg/ml</i></b>	Tier 1	
<b><i>testosterone td gel 10mg/act (2%)</i></b>	Tier 1	PA
<b><i>testosterone td gel 12.5 mg/act (1%)</i></b>	Tier 1	PA
<b><i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i></b>	Tier 1	PA
<b><i>testosterone td gel 20.25 mg/act (1.62%)</i></b>	Tier 1	PA
<b><i>testosterone td gel 25 mg/2.5gm (1%)</i></b>	Tier 1	PA
<b><i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i></b>	Tier 1	PA
<b><i>testosterone td gel 50 mg/5gm (1%)</i></b>	Tier 1	PA

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40



PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<b>testosterone td soln 30 mg/act</b>	Tier 1	PA
XYOSTED INJ 50/0.5 ( <b>testosterone enanthate</b> )	Tier 2	
XYOSTED INJ 75/0.5 ( <b>testosterone enanthate</b> )	Tier 2	
XYOSTED INJ 100/0.5 ( <b>testosterone enanthate</b> )	Tier 2	

## ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS

### INTRARECTAL STEROIDS

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

### RECTAL COMBINATIONS

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

### RECTAL STEROIDS

<b>hydrocortisone perianal cream 1%</b>	Tier 1	
<b>hydrocortisone perianal cream 1%</b> (Proctocort)	Tier 1	
<b>hydrocortisone perianal cream 2.5%</b>	Tier 1	
<b>hydrocortisone perianal cream 2.5%</b> (Procto-med Hc)	Tier 1	
<b>hydrocortisone perianal cream 2.5%</b> (Proctosol Hc)	Tier 1	
<b>hydrocortisone perianal cream 2.5%</b> (Proctozone-hc)	Tier 1	

### VASODILATING AGENTS

<b>nitroglycerin oint 0.4%</b>	Tier 1	
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## ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES

### ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS</b>		
<b>ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS</b>		
<i>metronidazole cap 375 mg</i>	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	
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<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	
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone susp 750 mg/5ml</i>	Tier 1	
<i>nitazoxanide tab 500 mg</i>	Tier 1	
<b>CARBAPENEMS</b>		
<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	
<b>CHLORAMPHENICOLS</b>		
<i>chloramphenicol sodium succinate for iv inj 1 gm</i>	Tier 1	
<b>CYCLIC LIPOPEPTIDES</b>		
<i>daptomycin for iv soln 350 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 42

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>daptomycin for iv soln 500 mg</i>	Tier 1	
<b>GLYCOPEPTIDES</b>		
<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	
<b>LEPROSTATICS</b>		
<i>dapsone tab 25 mg</i>	Tier 1	
<i>dapsone tab 100 mg</i>	Tier 1	
<b>LINCOSAMIDES</b>		
<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	
<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	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>lincomycin hcl inj 300 mg/ml</i>	Tier 1	
<b>MONOBACTAMS</b>		
<i>aztreonam for inj 1 gm</i>	Tier 1	
<i>aztreonam for inj 2 gm</i>	Tier 1	
<b>OXAZOLIDINONES</b>		
<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	
<b>POLYMYXINS</b>		
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	Tier 1	
<i>polymyxin b sulfate for inj 500000 unit</i>	Tier 1	
<b>URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS</b>		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 1	QL (1 packet every 25 days)
<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	
<b>ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 1	
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 1	
<b>NITRATES</b>		
<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	
<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	
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	Tier 1	
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<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	
<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	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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<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</i> (Alprazolam Xr)	Tier 1	
<i>alprazolam tab er 24hr 1 mg</i>	Tier 1	
<i>alprazolam tab er 24hr 1 mg</i> (Alprazolam Xr)	Tier 1	
<i>alprazolam tab er 24hr 2 mg</i>	Tier 1	
<i>alprazolam tab er 24hr 2 mg</i> (Alprazolam Xr)	Tier 1	
<i>alprazolam tab er 24hr 3 mg</i>	Tier 1	
<i>alprazolam tab er 24hr 3 mg</i> (Alprazolam Xr)	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	
<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	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>ANTIARRHYTHMICS TYPE I-B</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	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<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	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	Tier 1	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	Tier 1	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	Tier 1	
<i>amiodarone hcl tab 100 mg</i>	Tier 1	
<i>amiodarone hcl tab 100 mg (Pacerone)</i>	Tier 1	
<i>amiodarone hcl tab 200 mg</i>	Tier 1	
<i>amiodarone hcl tab 200 mg (Pacerone)</i>	Tier 1	
<i>amiodarone hcl tab 400 mg</i>	Tier 1	
<i>amiodarone hcl tab 400 mg (Pacerone)</i>	Tier 1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 1	PA
<i>ibutilide fumarate inj 1 mg/10ml</i>	Tier 1	
MULTAQ TAB 400MG ( <i>dronedarone hcl</i> )	Tier 2	
TIKOSYN CAP 125MCG ( <i>dofetilide</i> )	Tier 3	PA
TIKOSYN CAP 250MCG ( <i>dofetilide</i> )	Tier 3	PA

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
TIKOSYN CAP 500MCG ( <i>dofetilide</i> )	Tier 3	PA
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 1	
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA INJ 10MG/0.5 ( <i>benralizumab</i> )	Tier 2	PA
FASENRA INJ 30MG/ML ( <i>benralizumab</i> )	Tier 2	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML ( <i>benralizumab</i> )	Tier 2	PA, QL (1 syringe every 56 days)
NUCALA INJ 40MG/0.4 ( <i>mepolizumab</i> )	Tier 2	PA, QL (1 injection every 28 days)
NUCALA INJ 100MG/ML ( <i>mepolizumab</i> )	Tier 2	PA, QL (3 injections every 28 days)
TEZSPIRE INJ 210MG ( <i>tezepelumab-ekko</i> )	Tier 2	PA, QL (1 pen every 28 days)
TEZSPIRE SOL 210MG ( <i>tezepelumab-ekko</i> )	Tier 2	PA, QL (1 syringe every 28 days)
XOLAIR INJ 75/0.5 ( <i>omalizumab</i> )	Tier 2	PA, QL (2 pens every 28 days)
XOLAIR INJ 150MG/ML ( <i>omalizumab</i> )	Tier 2	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML ( <i>omalizumab</i> )	Tier 2	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML ( <i>omalizumab</i> )	Tier 2	PA, QL (4 pens every 28 days)
XOLAIR SOL 150MG ( <i>omalizumab</i> )	Tier 2	PA, QL (8 vials every 28 days)
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	
SPIRIVA AER 1.25MCG ( <i>tiotropium bromide monohydrate</i> )	Tier 2	
SPIRIVA CAP HANDIHLR ( <i>tiotropium bromide monohydrate</i> )	Tier 2	
SPIRIVA SPR 2.5MCG ( <i>tiotropium bromide monohydrate</i> )	Tier 2	
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	Tier 1	
YUPELRI SOL ( <i>revefenacin</i> )	Tier 2	

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<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Tier 1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	Tier 1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1	
<i>zafirlukast tab 10 mg</i>	Tier 1	
<i>zafirlukast tab 20 mg</i>	Tier 1	
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>roflumilast tab 250 mcg</i>	Tier 1	
<i>roflumilast tab 500 mcg</i>	Tier 1	
<b>STEROID INHALANTS</b>		
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 1	
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 1	
<i>budesonide inhalation susp 1 mg/2ml</i>	Tier 1	
<b>PULMICORT INH 90MCG (budesonide (inhalation))</b>	Tier 2	
<b>PULMICORT INH 180MCG (budesonide (inhalation))</b>	Tier 2	
<b>PULMICORT SUS 0.5MG/2 (budesonide (inhalation))</b>	Tier 3	
<b>PULMICORT SUS 0.25MG/2 (budesonide (inhalation))</b>	Tier 3	
<b>PULMICORT SUS 1MG/2ML (budesonide (inhalation))</b>	Tier 3	
<b>SYMPATHOMIMETICS</b>		
<b>AIRSUPRA AER 90-80MCG (albuterol-budesonide)</b>	Tier 2	
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	
<i>albuterol sulfate tab 2 mg</i>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>albuterol sulfate tab 4 mg</i></b>	Tier 1	
<b><i>ANORO ELLIPT AER 62.5-25 (umeclidinium-vilanterol)</i></b>	Tier 2	
<b><i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i></b>	Tier 1	
<b><i>BREO ELLIPTA INH 50-25MCG (fluticasone furoate-vilanterol)</i></b>	Tier 2	
<b><i>BREO ELLIPTA INH 100-25 (fluticasone furoate-vilanterol)</i></b>	Tier 2	
<b><i>BREO ELLIPTA INH 200-25 (fluticasone furoate-vilanterol)</i></b>	Tier 2	
<b><i>BREZTRI AERO AER SPHERE (budesonide-glycopyrrolate-formoterol fumarate)</i></b>	Tier 2	
<b><i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i></b>	Tier 1	
<b><i>fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub)</i></b>	Tier 1	
<b><i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i></b>	Tier 1	
<b><i>fluticasone-salmeterol aer powder ba 250-50 mcg/act (Wixela Inhub)</i></b>	Tier 1	
<b><i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i></b>	Tier 1	
<b><i>fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)</i></b>	Tier 1	
<b><i>formoterol fumarate soln nebu 20 mcg/2ml</i></b>	Tier 1	
<b><i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i></b>	Tier 1	
<b><i>isoproterenol hcl inj 0.2 mg/ml</i></b>	Tier 1	
<b><i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i></b>	Tier 1	
<b><i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i></b>	Tier 1	
<b><i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i></b>	Tier 1	
<b><i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i></b>	Tier 1	
<b><i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i></b>	Tier 1	
<b><i>SEREVENT DIS AER 50MCG (salmeterol xinafoate)</i></b>	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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</i> (Elixophyllin)	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</i> (Jantoven)	Tier 1	
<i>warfarin sodium tab 2 mg</i>	Tier 1	
<i>warfarin sodium tab 2 mg</i> (Jantoven)	Tier 1	
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	
<i>warfarin sodium tab 2.5 mg</i> (Jantoven)	Tier 1	
<i>warfarin sodium tab 3 mg</i>	Tier 1	
<i>warfarin sodium tab 3 mg</i> (Jantoven)	Tier 1	
<i>warfarin sodium tab 4 mg</i>	Tier 1	
<i>warfarin sodium tab 4 mg</i> (Jantoven)	Tier 1	
<i>warfarin sodium tab 5 mg</i>	Tier 1	
<i>warfarin sodium tab 5 mg</i> (Jantoven)	Tier 1	
<i>warfarin sodium tab 6 mg</i>	Tier 1	
<i>warfarin sodium tab 6 mg</i> (Jantoven)	Tier 1	
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	
<i>warfarin sodium tab 7.5 mg</i> (Jantoven)	Tier 1	
<i>warfarin sodium tab 10 mg</i>	Tier 1	
<i>warfarin sodium tab 10 mg</i> (Jantoven)	Tier 1	

#### DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG ( <i>apixaban</i> )	Tier 2	
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# - 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 51

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ELIQUIS TAB 2.5MG ( <i>apixaban</i> )	Tier 2	
ELIQUIS TAB 5MG ( <i>apixaban</i> )	Tier 2	
XARELTO STAR TAB 15/20MG ( <i>rivaroxaban</i> )	Tier 2	
XARELTO SUS 1MG/ML ( <i>rivaroxaban</i> )	Tier 2	
XARELTO TAB 2.5MG ( <i>rivaroxaban</i> )	Tier 2	
XARELTO TAB 10MG ( <i>rivaroxaban</i> )	Tier 2	
XARELTO TAB 15MG ( <i>rivaroxaban</i> )	Tier 2	
XARELTO TAB 20MG ( <i>rivaroxaban</i> )	Tier 2	

### HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	Tier 1	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<b>clonazepam orally disintegrating tab 0.125 mg</b>	Tier 1	
<b>clonazepam orally disintegrating tab 1 mg</b>	Tier 1	
<b>clonazepam orally disintegrating tab 2 mg</b>	Tier 1	
<b>clonazepam tab 0.5 mg</b>	Tier 1	
<b>clonazepam tab 1 mg</b>	Tier 1	
<b>clonazepam tab 2 mg</b>	Tier 1	
<b>diazepam rectal gel delivery system 2.5 mg</b>	Tier 1	
<b>diazepam rectal gel delivery system 10 mg</b>	Tier 1	
<b>diazepam rectal gel delivery system 20 mg</b>	Tier 1	
NAYZILAM SPR 5MG ( <b>midazolam (anticonvulsant)</b> )	Tier 2	
VALTOCO SPR 5MG ( <b>diazepam (anticonvulsant)</b> )	Tier 2	
VALTOCO SPR 10MG ( <b>diazepam (anticonvulsant)</b> )	Tier 2	
VALTOCO SPR 15MG ( <b>diazepam (anticonvulsant)</b> )	Tier 2	
VALTOCO SPR 20MG ( <b>diazepam (anticonvulsant)</b> )	Tier 2	

**ANTICONVULSANTS - MISC.**

APTIOM TAB 200MG ( <b>eslicarbazepine acetate</b> )	Tier 2	
APTIOM TAB 400MG ( <b>eslicarbazepine acetate</b> )	Tier 2	
APTIOM TAB 600MG ( <b>eslicarbazepine acetate</b> )	Tier 2	
APTIOM TAB 800MG ( <b>eslicarbazepine acetate</b> )	Tier 2	
<b>carbamazepine cap er 12hr 100 mg</b>	Tier 1	
<b>carbamazepine cap er 12hr 200 mg</b>	Tier 1	
<b>carbamazepine cap er 12hr 300 mg</b>	Tier 1	
<b>carbamazepine chew tab 100 mg</b>	Tier 1	
<b>carbamazepine susp 100 mg/5ml</b>	Tier 1	
<b>carbamazepine tab 200 mg</b>	Tier 1	
<b>carbamazepine tab 200 mg (Eitol)</b>	Tier 1	
<b>carbamazepine tab er 12hr 100 mg</b>	Tier 1	
<b>carbamazepine tab er 12hr 200 mg</b>	Tier 1	
<b>carbamazepine tab er 12hr 400 mg</b>	Tier 1	
CARBATROL CAP 100MG ( <b>carbamazepine</b> )	Tier 3	
CARBATROL CAP 200MG ( <b>carbamazepine</b> )	Tier 3	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>CARBATROL CAP 300MG (<i>carbamazepine</i>)</b>	Tier 3	
<b><i>gabapentin cap 100 mg</i></b>	Tier 1	
<b><i>gabapentin cap 300 mg</i></b>	Tier 1	
<b><i>gabapentin cap 400 mg</i></b>	Tier 1	
<b><i>gabapentin oral soln 250 mg/5ml</i></b>	Tier 1	
<b><i>gabapentin tab 600 mg</i></b>	Tier 1	
<b><i>gabapentin tab 800 mg</i></b>	Tier 1	
<b><i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i></b>	Tier 1	
<b><i>lacosamide oral solution 10 mg/ml</i></b>	Tier 1	
<b><i>lacosamide tab 50 mg</i></b>	Tier 1	
<b><i>lacosamide tab 100 mg</i></b>	Tier 1	
<b><i>lacosamide tab 150 mg</i></b>	Tier 1	
<b><i>lacosamide tab 200 mg</i></b>	Tier 1	
<b><i>lamotrigine orally disintegrating tab 25 mg</i></b>	Tier 1	
<b><i>lamotrigine orally disintegrating tab 50 mg</i></b>	Tier 1	
<b><i>lamotrigine orally disintegrating tab 100 mg</i></b>	Tier 1	
<b><i>lamotrigine orally disintegrating tab 200 mg</i></b>	Tier 1	
<b><i>lamotrigine tab 25 mg</i></b>	Tier 1	
<b><i>lamotrigine tab 25 mg</i> (Subvenite)</b>	Tier 1	
<b><i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i></b>	Tier 1	
<b><i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i></b> (Subvenite Starter Kit/ora)	Tier 1	
<b><i>lamotrigine tab 35 x 25 mg starter kit</i></b>	Tier 1	
<b><i>lamotrigine tab 35 x 25 mg starter kit</i></b> (Subvenite Starter Kit/blu)	Tier 1	
<b><i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i></b>	Tier 1	
<b><i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i></b> (Subvenite Starter Kit/gre)	Tier 1	
<b><i>lamotrigine tab 100 mg</i></b>	Tier 1	
<b><i>lamotrigine tab 100 mg</i></b> (Subvenite)	Tier 1	
<b><i>lamotrigine tab 150 mg</i></b>	Tier 1	
<b><i>lamotrigine tab 150 mg</i></b> (Subvenite)	Tier 1	
<b><i>lamotrigine tab 200 mg</i></b>	Tier 1	
<b><i>lamotrigine tab 200 mg</i></b> (Subvenite)	Tier 1	
<b><i>lamotrigine tab chewable dispersible 5 mg</i></b>	Tier 1	
<b><i>lamotrigine tab chewable dispersible 25 mg</i></b>	Tier 1	
<b><i>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</i></b>	Tier 1	

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<b><i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i></b>	Tier 1	
<b><i>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</i></b>	Tier 1	
<b><i>lamotrigine tab er 24hr 25 mg</i></b>	Tier 1	
<b><i>lamotrigine tab er 24hr 50 mg</i></b>	Tier 1	
<b><i>lamotrigine tab er 24hr 100 mg</i></b>	Tier 1	
<b><i>lamotrigine tab er 24hr 200 mg</i></b>	Tier 1	
<b><i>lamotrigine tab er 24hr 250 mg</i></b>	Tier 1	
<b><i>lamotrigine tab er 24hr 300 mg</i></b>	Tier 1	
<b><i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i></b>	Tier 1	
<b><i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i></b>	Tier 1	
<b><i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i></b>	Tier 1	
<b><i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i></b>	Tier 1	
<b><i>levetiracetam oral soln 100 mg/ml</i></b>	Tier 1	
<b><i>levetiracetam tab 250 mg</i></b>	Tier 1	
<b><i>levetiracetam tab 500 mg</i></b>	Tier 1	
<b><i>levetiracetam tab 500 mg (Roweepra)</i></b>	Tier 1	
<b><i>levetiracetam tab 750 mg</i></b>	Tier 1	
<b><i>levetiracetam tab 1000 mg</i></b>	Tier 1	
<b><i>levetiracetam tab er 24hr 500 mg</i></b>	Tier 1	
<b><i>levetiracetam tab er 24hr 750 mg</i></b>	Tier 1	
<b>MYSOLINE TAB 50MG (<i>primidone</i>)</b>	Tier 3	
<b>MYSOLINE TAB 250MG (<i>primidone</i>)</b>	Tier 3	
<b>NEURONTIN CAP 100MG (<i>gabapentin</i>)</b>	Tier 3	
<b>NEURONTIN CAP 300MG (<i>gabapentin</i>)</b>	Tier 3	
<b>NEURONTIN CAP 400MG (<i>gabapentin</i>)</b>	Tier 3	
<b>NEURONTIN SOL 250/5ML (<i>gabapentin</i>)</b>	Tier 3	
<b>NEURONTIN TAB 600MG (<i>gabapentin</i>)</b>	Tier 3	
<b>NEURONTIN TAB 800MG (<i>gabapentin</i>)</b>	Tier 3	
<b><i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i></b>	Tier 1	
<b><i>oxcarbazepine tab 150 mg</i></b>	Tier 1	
<b><i>oxcarbazepine tab 300 mg</i></b>	Tier 1	
<b><i>oxcarbazepine tab 600 mg</i></b>	Tier 1	
<b>OXTELLAR XR TAB 150MG (<i>oxcarbazepine</i>)</b>	Tier 2	
<b>OXTELLAR XR TAB 300MG (<i>oxcarbazepine</i>)</b>	Tier 2	
<b>OXTELLAR XR TAB 600MG (<i>oxcarbazepine</i>)</b>	Tier 2	
<b><i>pregabalin cap 25 mg</i></b>	Tier 1	

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<i>pregabalin cap 50 mg</i>	Tier 1
<i>pregabalin cap 75 mg</i>	Tier 1
<i>pregabalin cap 100 mg</i>	Tier 1
<i>pregabalin cap 150 mg</i>	Tier 1
<i>pregabalin cap 200 mg</i>	Tier 1
<i>pregabalin cap 225 mg</i>	Tier 1
<i>pregabalin cap 300 mg</i>	Tier 1
<i>pregabalin soln 20 mg/ml</i>	Tier 1
<i>primidone tab 50 mg</i>	Tier 1
<i>primidone tab 250 mg</i>	Tier 1
<i>rufinamide susp 40 mg/ml</i>	Tier 1
<i>rufinamide tab 200 mg</i>	Tier 1
<i>rufinamide tab 400 mg</i>	Tier 1
TOPAMAX SPR CAP 15MG ( <i>topiramate</i> )	Tier 3
TOPAMAX SPR CAP 25MG ( <i>topiramate</i> )	Tier 3
TOPAMAX TAB 25MG ( <i>topiramate</i> )	Tier 3
TOPAMAX TAB 50MG ( <i>topiramate</i> )	Tier 3
TOPAMAX TAB 100MG ( <i>topiramate</i> )	Tier 3
TOPAMAX TAB 200MG ( <i>topiramate</i> )	Tier 3
<i>topiramate cap er 24hr 25 mg</i>	Tier 1
<i>topiramate cap er 24hr 50 mg</i>	Tier 1
<i>topiramate cap er 24hr 100 mg</i>	Tier 1
<i>topiramate cap er 24hr 200 mg</i>	Tier 1
<i>topiramate sprinkle cap 15 mg</i>	Tier 1
<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
<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 25MG ( <i>cenobamate</i> )	Tier 2

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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	
<b>GABA MODULATORS</b>		
<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</i> (Vigadrone)	Tier 1	PA, QL (6 packets every 1 day)
<i>vigabatrin powd pack 500 mg</i> (Vigpoder)	Tier 1	PA, QL (6 packets every 1 day)
<i>vigabatrin tab 500 mg</i>	Tier 1	PA, QL (6 tabs every 1 day)
<b>HYDANTOINS</b>		
<i>fosphenytoin sodium inj 100 mg/2ml</i> ( <i>phenytoin equiv</i> )	Tier 1	
<i>fosphenytoin sodium inj 500 mg/10ml</i> ( <i>phenytoin equiv</i> )	Tier 1	
<i>phenytoin chew tab 50 mg</i> (Phenytoin)	Tier 1	
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 200 mg</i> (Phenytek)	Tier 1	
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 300 mg</i> (Phenytek)	Tier 1	
<i>phenytoin sodium inj 50 mg/ml</i>	Tier 1	
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	
<b>SUCCINIMIDES</b>		
<i>ethosuximide cap 250 mg</i>	Tier 1	
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	
<i>methsuximide cap 300 mg</i>	Tier 1	
ZARONTIN CAP 250MG ( <i>ethosuximide</i> )	Tier 3	
ZARONTIN SOL 250/5ML ( <i>ethosuximide</i> )	Tier 3	
<b>VALPROIC ACID</b>		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	
<i>valproate sodium inj 100 mg/ml</i>	Tier 1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	
<i>valproic acid cap 250 mg</i>	Tier 1	

**ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION**

**ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**

<i>mirtazapine orally disintegrating tab 15 mg</i>	Tier 1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	Tier 1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	Tier 1	
<i>mirtazapine tab 7.5 mg</i>	Tier 1	
<i>mirtazapine tab 15 mg</i>	Tier 1	
<i>mirtazapine tab 30 mg</i>	Tier 1	
<i>mirtazapine tab 45 mg</i>	Tier 1	
REMERON SLTB TAB 15MG ( <i>mirtazapine</i> )	Tier 3	
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)**

<i>phenelzine sulfate tab 15 mg</i>	Tier 1	
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<b>CELEXA TAB 10MG (citalopram hydrobromide)</b>	Tier 3	
<b>CELEXA TAB 20MG (citalopram hydrobromide)</b>	Tier 3	
<b>CELEXA TAB 40MG (citalopram hydrobromide)</b>	Tier 3	
<b>citalopram hydrobromide oral soln 10 mg/5ml</b>	Tier 1	
<b>citalopram hydrobromide tab 10 mg (base equiv)</b>	Tier 1	
<b>citalopram hydrobromide tab 20 mg (base equiv)</b>	Tier 1	
<b>citalopram hydrobromide tab 40 mg (base equiv)</b>	Tier 1	
<b>escitalopram oxalate soln 5 mg/5ml (base equiv)</b>	Tier 1	
<b>escitalopram oxalate tab 5 mg (base equiv)</b>	Tier 1	
<b>escitalopram oxalate tab 10 mg (base equiv)</b>	Tier 1	
<b>escitalopram oxalate tab 20 mg (base equiv)</b>	Tier 1	
<b>fluoxetine hcl cap 10 mg</b>	Tier 1	
<b>fluoxetine hcl cap 20 mg</b>	Tier 1	
<b>fluoxetine hcl cap 40 mg</b>	Tier 1	
<b>fluoxetine hcl cap delayed release 90 mg</b>	Tier 1	
<b>fluoxetine hcl solution 20 mg/5ml</b>	Tier 1	
<b>fluoxetine hcl tab 10 mg</b>	Tier 1	
<b>fluoxetine hcl tab 20 mg</b>	Tier 1	
<b>fluvoxamine maleate cap er 24hr 100 mg</b>	Tier 1	
<b>fluvoxamine maleate cap er 24hr 150 mg</b>	Tier 1	
<b>fluvoxamine maleate tab 25 mg</b>	Tier 1	
<b>fluvoxamine maleate tab 50 mg</b>	Tier 1	
<b>fluvoxamine maleate tab 100 mg</b>	Tier 1	
<b>paroxetine hcl oral susp 10 mg/5ml (base equiv)</b>	Tier 1	
<b>paroxetine hcl tab 10 mg</b>	Tier 1	
<b>paroxetine hcl tab 20 mg</b>	Tier 1	
<b>paroxetine hcl tab 30 mg</b>	Tier 1	
<b>paroxetine hcl tab 40 mg</b>	Tier 1	
<b>paroxetine hcl tab er 24hr 12.5 mg</b>	Tier 1	
<b>paroxetine hcl tab er 24hr 25 mg</b>	Tier 1	
<b>paroxetine hcl tab er 24hr 37.5 mg</b>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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	
<b>SEROTONIN MODULATORS</b>		
<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	
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	Tier 1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Tier 1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 1	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Tier 1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 1	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	Tier 1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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<b><i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i></b>	Tier 1	
<b><i>venlafaxine hcl tab 25 mg (base equivalent)</i></b>	Tier 1	
<b><i>venlafaxine hcl tab 37.5 mg (base equivalent)</i></b>	Tier 1	
<b><i>venlafaxine hcl tab 50 mg (base equivalent)</i></b>	Tier 1	
<b><i>venlafaxine hcl tab 75 mg (base equivalent)</i></b>	Tier 1	
<b><i>venlafaxine hcl tab 100 mg (base equivalent)</i></b>	Tier 1	
<b><i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i></b>	Tier 1	

**TRICYCLIC AGENTS**

<b><i>amitriptyline hcl tab 10 mg</i></b>	Tier 1	
<b><i>amitriptyline hcl tab 25 mg</i></b>	Tier 1	
<b><i>amitriptyline hcl tab 50 mg</i></b>	Tier 1	
<b><i>amitriptyline hcl tab 75 mg</i></b>	Tier 1	
<b><i>amitriptyline hcl tab 100 mg</i></b>	Tier 1	
<b><i>amitriptyline hcl tab 150 mg</i></b>	Tier 1	
<b><i>amoxapine tab 25 mg</i></b>	Tier 1	
<b><i>amoxapine tab 50 mg</i></b>	Tier 1	
<b><i>amoxapine tab 100 mg</i></b>	Tier 1	
<b><i>amoxapine tab 150 mg</i></b>	Tier 1	
<b><i>clomipramine hcl cap 25 mg</i></b>	Tier 1	
<b><i>clomipramine hcl cap 50 mg</i></b>	Tier 1	
<b><i>clomipramine hcl cap 75 mg</i></b>	Tier 1	
<b><i>desipramine hcl tab 10 mg</i></b>	Tier 1	
<b><i>desipramine hcl tab 25 mg</i></b>	Tier 1	
<b><i>desipramine hcl tab 50 mg</i></b>	Tier 1	
<b><i>desipramine hcl tab 75 mg</i></b>	Tier 1	
<b><i>desipramine hcl tab 100 mg</i></b>	Tier 1	
<b><i>desipramine hcl tab 150 mg</i></b>	Tier 1	
<b><i>doxepin hcl cap 10 mg</i></b>	Tier 1	
<b><i>doxepin hcl cap 25 mg</i></b>	Tier 1	
<b><i>doxepin hcl cap 50 mg</i></b>	Tier 1	
<b><i>doxepin hcl cap 75 mg</i></b>	Tier 1	
<b><i>doxepin hcl cap 100 mg</i></b>	Tier 1	
<b><i>doxepin hcl cap 150 mg</i></b>	Tier 1	
<b><i>doxepin hcl conc 10 mg/ml</i></b>	Tier 1	
<b><i>imipramine hcl tab 10 mg</i></b>	Tier 1	
<b><i>imipramine hcl tab 25 mg</i></b>	Tier 1	
<b><i>imipramine hcl tab 50 mg</i></b>	Tier 1	
<b><i>imipramine pamoate cap 75 mg</i></b>	Tier 1	
<b><i>imipramine pamoate cap 100 mg</i></b>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>imipramine pamoate cap 125 mg</i>	Tier 1
<i>imipramine pamoate cap 150 mg</i>	Tier 1
<i>nortriptyline hcl cap 10 mg</i>	Tier 1
<i>nortriptyline hcl cap 25 mg</i>	Tier 1
<i>nortriptyline hcl cap 50 mg</i>	Tier 1
<i>nortriptyline hcl cap 75 mg</i>	Tier 1
<i>nortriptyline hcl soln 10 mg/5ml</i>	Tier 1
PAMELOR CAP 10MG ( <i>nortriptyline hcl</i> )	Tier 3
PAMELOR CAP 25MG ( <i>nortriptyline hcl</i> )	Tier 3
PAMELOR CAP 50MG ( <i>nortriptyline hcl</i> )	Tier 3
<i>protriptyline hcl tab 5 mg</i>	Tier 1
<i>protriptyline hcl tab 10 mg</i>	Tier 1
<i>trimipramine maleate cap 25 mg</i>	Tier 1
<i>trimipramine maleate cap 50 mg</i>	Tier 1
<i>trimipramine maleate cap 100 mg</i>	Tier 1

#### ANTIDIABETICS - DRUGS TO TREAT DIABETES

##### ALPHA-GLUCOSIDASE INHIBITORS

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

##### ANTIDIABETIC - AMYLIN ANALOGS

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

##### ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-850MG ( <i>pioglitazone hcl-metformin hcl</i> )	Tier 3
DUETACT TAB 30-2MG ( <i>pioglitazone hcl-glimepiride</i> )	Tier 3
DUETACT TAB 30-4MG ( <i>pioglitazone hcl-glimepiride</i> )	Tier 3
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
GLYXAMBI TAB 10-5 MG ( <i>empagliflozin-linagliptin</i> )	Tier 2	
GLYXAMBI TAB 25-5 MG ( <i>empagliflozin-linagliptin</i> )	Tier 2	
JANUMET TAB 50-500MG ( <i>sitagliptin-metformin hcl</i> )	Tier 2	
JANUMET TAB 50-1000 ( <i>sitagliptin-metformin hcl</i> )	Tier 2	
JANUMET XR TAB 50-500MG ( <i>sitagliptin-metformin hcl</i> )	Tier 2	
JANUMET XR TAB 50-1000 ( <i>sitagliptin-metformin hcl</i> )	Tier 2	
JANUMET XR TAB 100-1000 ( <i>sitagliptin-metformin hcl</i> )	Tier 2	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	Tier 1	
<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	

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<b>TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)</b>	Tier 2	
<b>XIGDUO XR TAB 2.5-1000 (dapagliflozin propanediol-metformin hcl)</b>	Tier 2	
<b>XIGDUO XR TAB 5-500MG (dapagliflozin propanediol-metformin hcl)</b>	Tier 2	
<b>XIGDUO XR TAB 5-1000MG (dapagliflozin propanediol-metformin hcl)</b>	Tier 2	
<b>XIGDUO XR TAB 10-500MG (dapagliflozin propanediol-metformin hcl)</b>	Tier 2	
<b>XIGDUO XR TAB 10-1000 (dapagliflozin propanediol-metformin hcl)</b>	Tier 2	
<b>XULTOPHY INJ 100/3.6 (insulin degludec-liraglutide)</b>	Tier 2	
<b>BIGUANIDES</b>		
<b>metformin hcl oral soln 500 mg/5ml</b>	Tier 1	
<b>metformin hcl tab 500 mg</b>	Tier 1	
<b>metformin hcl tab 850 mg</b>	Tier 1	ACA
<b>metformin hcl tab 1000 mg</b>	Tier 1	
<b>metformin hcl tab er 24hr 500 mg</b>	Tier 1	
<b>metformin hcl tab er 24hr 750 mg</b>	Tier 1	
<b>DIABETIC OTHER</b>		
<b>BAQSIMI ONE POW 3MG/DOSE (glucagon)</b>	Tier 2	
<b>BAQSIMI TWO POW 3MG/DOSE (glucagon)</b>	Tier 2	
<b>diazoxide susp 50 mg/ml</b>	Tier 1	
<b>glucagon (rdna) for inj kit 1 mg</b>	Tier 1	
<b>GVOKE HYPO 1 INJ 1MG/.2ML (glucagon)</b>	Tier 2	
<b>GVOKE HYPO 1 INJ .5/.1ML (glucagon)</b>	Tier 2	
<b>GVOKE HYPO 2 INJ 1MG/.2ML (glucagon)</b>	Tier 2	
<b>GVOKE HYPO 2 INJ .5/.1ML (glucagon)</b>	Tier 2	
<b>GVOKE KIT SOL 1MG/0.2M (glucagon)</b>	Tier 2	
<b>GVOKE PFS INJ (glucagon)</b>	Tier 2	
<b>mifepristone tab 300 mg</b>	Tier 1	PA, QL (4 tabs every 1 day)
<b>ZEGALOGUE INJ 0.6/0.6 (dasiglucagon hcl)</b>	Tier 2	
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<b>JANUVIA TAB 25MG (sitagliptin phosphate)</b>	Tier 2	
<b>JANUVIA TAB 50MG (sitagliptin phosphate)</b>	Tier 2	
<b>JANUVIA TAB 100MG (sitagliptin phosphate)</b>	Tier 2	
<b>saxagliptin hcl tab 2.5 mg (base equiv)</b>	Tier 1	
<b>saxagliptin hcl tab 5 mg (base equiv)</b>	Tier 1	

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**PRESCRIPTION DRUG NAME**

**DRUG TIER COVERAGE  
REQUIREMENTS AND  
LIMITS**

**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
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 &amp; reg (human)</i> )	Tier 2
NOVOLIN INJ 70/30 FP ( <i>insulin nph isophane &amp; 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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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 &amp; aspart (human)</i> )	Tier 2	
NOVOLOG MIX INJ FLEXPEN ( <i>insulin aspart protamine &amp; 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	
<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 XI)</i>	Tier 1	
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	
<i>glipizide tab er 24hr 5 mg (Glipizide XI)</i>	Tier 1	
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	
<i>glipizide tab er 24hr 10 mg (Glipizide XI)</i>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA</b>		
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl cap 2 mg</i>	Tier 1	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
<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
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING</b>		
<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)
<b>BENZODIAZEPINE ANTAGONISTS</b>		
<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	

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<b>OPIOID ANTAGONISTS</b>		
<i><b>naloxone hcl inj 0.4 mg/ml</b></i>	Tier 1	
<i><b>naloxone hcl inj 4 mg/10ml</b></i>	Tier 1	
<i><b>naloxone hcl nasal spray 4 mg/0.1ml</b></i>	Tier 1	
<i><b>naloxone hcl soln cartridge 0.4 mg/ml</b></i>	Tier 1	
<i><b>naloxone hcl soln prefilled syringe 2 mg/2ml</b></i>	Tier 1	
<i><b>naltrexone hcl tab 50 mg</b></i>	Tier 1	
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i><b>granisetron hcl inj 1 mg/ml</b></i>	Tier 1	
<i><b>granisetron hcl inj 4 mg/4ml (1 mg/ml)</b></i>	Tier 1	
<i><b>granisetron hcl tab 1 mg</b></i>	Tier 1	
<i><b>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</b></i>	Tier 1	
<i><b>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</b></i>	Tier 1	
<i><b>ondansetron hcl inj soln pref syr 4 mg/2ml</b></i>	Tier 1	
<i><b>ondansetron hcl oral soln 4 mg/5ml</b></i>	Tier 1	
<i><b>ondansetron hcl tab 4 mg</b></i>	Tier 1	
<i><b>ondansetron hcl tab 8 mg</b></i>	Tier 1	
<i><b>ondansetron hcl tab 24 mg</b></i>	Tier 1	
<i><b>ondansetron orally disintegrating tab 4 mg</b></i>	Tier 1	
<i><b>ondansetron orally disintegrating tab 8 mg</b></i>	Tier 1	
<i><b>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</b></i>	Tier 1	
<i><b>palonosetron hcl iv soln pref syr 0.25 mg/5ml (base equiv)</b></i>	Tier 1	
<i><b>SANCUSO DIS 3.1MG (granisetron)</b></i>	Tier 2	
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i><b>meclizine hcl tab 12.5 mg</b></i>	Tier 1	
<i><b>meclizine hcl tab 25 mg</b></i>	Tier 1	
<i><b>meclizine hcl tab 50 mg</b></i>	Tier 1	
<i><b>scopolamine td patch 72hr 1 mg/3days</b></i>	Tier 1	
<i><b>trimethobenzamide hcl cap 300 mg</b></i>	Tier 1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<i><b>doxylamine-pyridoxine tab delayed release 10-10 mg</b></i>	Tier 1	
<i><b>dronabinol cap 2.5 mg</b></i>	Tier 1	
<i><b>dronabinol cap 5 mg</b></i>	Tier 1	
<i><b>dronabinol cap 10 mg</b></i>	Tier 1	
<i><b>MARINOL CAP 2.5MG (dronabinol)</b></i>	Tier 3	

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**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 &amp; 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>caspofungin acetate for iv soln 50 mg</i>	Tier 1	
<i>caspofungin 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	

**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**

<i>DIFLUCAN SUS 10MG/ML (fluconazole)</i>	Tier 3	
<i>DIFLUCAN SUS 40MG/ML (fluconazole)</i>	Tier 3	
<i>DIFLUCAN TAB 100MG (fluconazole)</i>	Tier 3	
<i>DIFLUCAN TAB 200MG (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	

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<b>posaconazole iv soln 300 mg/16.7ml (18 mg/ml)</b>	Tier 1	
<b>posaconazole susp 40 mg/ml</b>	Tier 1	
<b>VFEND SUS 40MG/ML (voriconazole)</b>	Tier 3	
<b>VFEND TAB 50MG (voriconazole)</b>	Tier 3	
<b>VFEND TAB 200MG (voriconazole)</b>	Tier 3	
<b>voriconazole for inj 200 mg</b>	Tier 1	
<b>voriconazole for susp 40 mg/ml</b>	Tier 1	
<b>voriconazole tab 50 mg</b>	Tier 1	
<b>voriconazole tab 200 mg</b>	Tier 1	

### ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES

#### ANTIHISTAMINES - ETHANOLAMINES

<b>carbinoxamine maleate soln 4 mg/5ml</b>	Tier 1	
<b>carbinoxamine maleate tab 4 mg</b>	Tier 1	
<b>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</b>	Tier 1	
<b>clemastine fumarate tab 2.68 mg</b>	Tier 1	
<b>diphenhydramine hcl elixir 12.5 mg/5ml</b>	Tier 1	
<b>diphenhydramine hcl inj 50 mg/ml</b>	Tier 1	

#### ANTIHISTAMINES - NON-SEDATING

<b>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</b>	Tier 1	
<b>desloratadine tab 5 mg</b>	Tier 1	
<b>desloratadine tab orally disintegrating 2.5 mg</b>	Tier 1	
<b>desloratadine tab orally disintegrating 5 mg</b>	Tier 1	
<b>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</b>	Tier 1	
<b>levocetirizine dihydrochloride tab 5 mg</b>	Tier 1	

#### ANTIHISTAMINES - PHENOTHIAZINES

<b>promethazine hcl inj 25 mg/ml</b>	Tier 1	
<b>promethazine hcl inj 50 mg/ml</b>	Tier 1	
<b>promethazine hcl oral soln 6.25 mg/5ml</b>	Tier 1	
<b>promethazine hcl suppos 12.5 mg</b>	Tier 1	
<b>promethazine hcl suppos 12.5 mg</b> (Promethegan)	Tier 1	
<b>promethazine hcl suppos 25 mg</b>	Tier 1	
<b>promethazine hcl suppos 25 mg</b> (Promethegan)	Tier 1	
<b>promethazine hcl suppos 50 mg</b> (Promethegan)	Tier 1	
<b>promethazine hcl tab 12.5 mg</b>	Tier 1	
<b>promethazine hcl tab 25 mg</b>	Tier 1	

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<i>promethazine hcl tab 50 mg</i>	Tier 1	
<b>ANTI-HISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	
<b>ANTI-HYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL TAB 180MG ( <i>bempedoic acid</i> )	Tier 2	
<b>ANTI-HYPERLIPIDEMICS - COMBINATIONS</b>		
<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	
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	
<b>ANTI-HYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl cap 0.5 gm</i>	Tier 1	
<i>icosapent ethyl cap 1 gm</i>	Tier 1	
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 1	
<b>BILE ACID SEQUESTRANTS</b>		
<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	

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<b><i>colestipol hcl granules 5 gm</i></b>	Tier 1	
<b><i>colestipol hcl tab 1 gm</i></b>	Tier 1	
<b>QUESTRAN POW 4GM (<i>cholestyramine</i>)</b>	Tier 3	
<b>QUESTRAN POW 4GM LITE (<i>cholestyramine light</i>)</b>	Tier 3	
<b>FIBRIC ACID DERIVATIVES</b>		
<b><i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i></b>	Tier 1	
<b><i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i></b>	Tier 1	
<b><i>fenofibrate cap 150 mg</i></b>	Tier 1	
<b><i>fenofibrate micronized cap 43 mg</i></b>	Tier 1	
<b><i>fenofibrate micronized cap 67 mg</i></b>	Tier 1	
<b><i>fenofibrate micronized cap 134 mg</i></b>	Tier 1	
<b><i>fenofibrate micronized cap 200 mg</i></b>	Tier 1	
<b><i>fenofibrate tab 48 mg</i></b>	Tier 1	
<b><i>fenofibrate tab 54 mg</i></b>	Tier 1	
<b><i>fenofibrate tab 145 mg</i></b>	Tier 1	
<b><i>fenofibrate tab 160 mg</i></b>	Tier 1	
<b><i>fenofibric acid tab 35 mg</i></b>	Tier 1	
<b><i>fenofibric acid tab 105 mg</i></b>	Tier 1	
<b><i>gemfibrozil tab 600 mg</i></b>	Tier 1	
<b>LOPID TAB 600MG (<i>gemfibrozil</i>)</b>	Tier 3	
<b>TRILIPIX CAP 45MG (<i>choline fenofibrate</i>)</b>	Tier 3	
<b>TRILIPIX CAP 135MG (<i>choline fenofibrate</i>)</b>	Tier 3	
<b>HMG COA REDUCTASE INHIBITORS</b>		
<b><i>atorvastatin calcium tab 10 mg (base equivalent)</i></b>	Tier 1	AGE; ACA
<b><i>atorvastatin calcium tab 20 mg (base equivalent)</i></b>	Tier 1	AGE; ACA
<b><i>atorvastatin calcium tab 40 mg (base equivalent)</i></b>	Tier 1	
<b><i>atorvastatin calcium tab 80 mg (base equivalent)</i></b>	Tier 1	
<b><i>fluvastatin sodium cap 20 mg (base equivalent)</i></b>	Tier 1	AGE; ACA
<b><i>fluvastatin sodium cap 40 mg (base equivalent)</i></b>	Tier 1	AGE; ACA
<b><i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i></b>	Tier 1	AGE; ACA
<b><i>lovastatin tab 10 mg</i></b>	Tier 1	AGE; ACA

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<b><i>lovastatin tab 20 mg</i></b>	Tier 1	AGE; ACA
<b><i>lovastatin tab 40 mg</i></b>	Tier 1	AGE; ACA
<b><i>pitavastatin calcium tab 1 mg</i></b>	Tier 1	AGE; ACA
<b><i>pitavastatin calcium tab 2 mg</i></b>	Tier 1	AGE; ACA
<b><i>pitavastatin calcium tab 4 mg</i></b>	Tier 1	AGE; ACA
<b><i>pravastatin sodium tab 10 mg</i></b>	Tier 1	AGE; ACA
<b><i>pravastatin sodium tab 20 mg</i></b>	Tier 1	AGE; ACA
<b><i>pravastatin sodium tab 40 mg</i></b>	Tier 1	AGE; ACA
<b><i>pravastatin sodium tab 80 mg</i></b>	Tier 1	AGE; ACA
<b><i>rosuvastatin calcium tab 5 mg</i></b>	Tier 1	AGE; ACA
<b><i>rosuvastatin calcium tab 10 mg</i></b>	Tier 1	AGE; ACA
<b><i>rosuvastatin calcium tab 20 mg</i></b>	Tier 1	
<b><i>rosuvastatin calcium tab 40 mg</i></b>	Tier 1	
<b><i>simvastatin tab 5 mg</i></b>	Tier 1	AGE; ACA
<b><i>simvastatin tab 10 mg</i></b>	Tier 1	AGE; ACA
<b><i>simvastatin tab 20 mg</i></b>	Tier 1	AGE; ACA
<b><i>simvastatin tab 40 mg</i></b>	Tier 1	AGE; ACA
<b><i>simvastatin tab 80 mg</i></b>	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	
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<b><i>ezetimibe tab 10 mg</i></b>	Tier 1	
<b>NICOTINIC ACID DERIVATIVES</b>		
<b><i>niacin tab er 500 mg (antihyperlipidemic)</i></b>	Tier 1	
<b><i>niacin tab er 750 mg (antihyperlipidemic)</i></b>	Tier 1	
<b><i>niacin tab er 1000 mg (antihyperlipidemic)</i></b>	Tier 1	
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
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)
<b>ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<b>ACE INHIBITORS</b>		
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	

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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	
<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	

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Authorization **QL** - Quantity Limits

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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	
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
<i>metirosine cap 250 mg</i>	Tier 1	QL (16 caps every 1 day)
<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 1	
<i>phentolamine mesylate for inj 5 mg</i>	Tier 1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<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	
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
CARDURA TAB 1MG ( <i>doxazosin mesylate</i> )	Tier 3	
CARDURA TAB 2MG ( <i>doxazosin mesylate</i> )	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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CARDURA TAB 4MG ( <i>doxazosin mesylate</i> )	Tier 3	
CARDURA TAB 8MG ( <i>doxazosin mesylate</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	
<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

ACCURETIC TAB 10-12.5 ( <i>quinapril-hydrochlorothiazide</i> )	Tier 3	
ACCURETIC TAB 20-12.5 ( <i>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	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i></b>	Tier 1	
<b><i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i></b>	Tier 1	
<b><i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i></b>	Tier 1	
<b><i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i></b>	Tier 1	
<b><i>amlodipine besylate-valsartan tab 5-160 mg</i></b>	Tier 1	
<b><i>amlodipine besylate-valsartan tab 5-320 mg</i></b>	Tier 1	
<b><i>amlodipine besylate-valsartan tab 10-160 mg</i></b>	Tier 1	
<b><i>amlodipine besylate-valsartan tab 10-320 mg</i></b>	Tier 1	
<b><i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i></b>	Tier 1	
<b><i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i></b>	Tier 1	
<b><i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i></b>	Tier 1	
<b><i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i></b>	Tier 1	
<b><i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i></b>	Tier 1	
<b><i>atenolol &amp; chlorthalidone tab 50-25 mg</i></b>	Tier 1	
<b><i>atenolol &amp; chlorthalidone tab 100-25 mg</i></b>	Tier 1	
<b><i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i></b>	Tier 1	
<b><i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i></b>	Tier 1	
<b><i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i></b>	Tier 1	
<b><i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i></b>	Tier 1	
<b><i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i></b>	Tier 1	
<b><i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i></b>	Tier 1	
<b><i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i></b>	Tier 1	
<b><i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i></b>	Tier 1	
<b><i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i></b>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</b>	Tier 1	
<b>captopril &amp; hydrochlorothiazide tab 25-15 mg</b>	Tier 1	
<b>captopril &amp; hydrochlorothiazide tab 25-25 mg</b>	Tier 1	
<b>captopril &amp; hydrochlorothiazide tab 50-15 mg</b>	Tier 1	
<b>captopril &amp; hydrochlorothiazide tab 50-25 mg</b>	Tier 1	
<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b>	Tier 1	
<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</b>	Tier 1	
<b>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</b>	Tier 1	
<b>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</b>	Tier 1	
<b>irbesartan-hydrochlorothiazide tab 150-12.5 mg</b>	Tier 1	
<b>irbesartan-hydrochlorothiazide tab 300-12.5 mg</b>	Tier 1	
<b>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</b>	Tier 1	
<b>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</b>	Tier 1	
<b>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</b>	Tier 1	
<b>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</b>	Tier 1	
<b>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</b>	Tier 1	
<b>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</b>	Tier 1	
<b>LOTENSIN HCT TAB 10-12.5 (benazepril &amp; hydrochlorothiazide)</b>	Tier 3	
<b>LOTENSIN HCT TAB 20-12.5 (benazepril &amp; hydrochlorothiazide)</b>	Tier 3	
<b>LOTENSIN HCT TAB 20-25MG (benazepril &amp; hydrochlorothiazide)</b>	Tier 3	
<b>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</b>	Tier 1	
<b>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</b>	Tier 1	
<b>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</b>	Tier 1	

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>valsartan-hydrochlorothiazide tab 160-12.5 mg</b>	Tier 1	
<b>valsartan-hydrochlorothiazide tab 160-25 mg</b>	Tier 1	
<b>valsartan-hydrochlorothiazide tab 320-12.5 mg</b>	Tier 1	
<b>valsartan-hydrochlorothiazide tab 320-25 mg</b>	Tier 1	
<b>VASERETIC TAB 10-25MG (enalapril maleate &amp; hydrochlorothiazide)</b>	Tier 3	
<b>DIRECT RENIN INHIBITORS</b>		
<b>aliskiren fumarate tab 150 mg (base equivalent)</b>	Tier 1	
<b>aliskiren fumarate tab 300 mg (base equivalent)</b>	Tier 1	
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<b>eplerenone tab 25 mg</b>	Tier 1	
<b>eplerenone tab 50 mg</b>	Tier 1	
<b>VASODILATORS</b>		
<b>hydralazine hcl inj 20 mg/ml</b>	Tier 1	
<b>hydralazine hcl tab 10 mg</b>	Tier 1	
<b>hydralazine hcl tab 25 mg</b>	Tier 1	
<b>hydralazine hcl tab 50 mg</b>	Tier 1	
<b>hydralazine hcl tab 100 mg</b>	Tier 1	
<b>minoxidil tab 2.5 mg</b>	Tier 1	
<b>minoxidil tab 10 mg</b>	Tier 1	
<b>nitroprusside sodium in nacl 0.9% iv soln 20 mg/100ml</b>	Tier 1	
<b>nitroprusside sodium in nacl 0.9% iv soln 50 mg/100ml</b>	Tier 1	
<b>nitroprusside sodium iv soln 25 mg/ml</b>	Tier 1	
<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<b>atovaquone-proguanil hcl tab 62.5-25 mg</b>	Tier 1	
<b>atovaquone-proguanil hcl tab 250-100 mg</b>	Tier 1	
<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>		
<b>chloroquine phosphate tab 250 mg</b>	Tier 1	Up to 10 day supply; Limit of one fill per 60 days
<b>chloroquine phosphate tab 500 mg</b>	Tier 1	Up to 10 day supply; Limit of one fill per 60 days
<b>hydroxychloroquine sulfate tab 200 mg</b>	Tier 1	Up to 10 day supply; Limit of one fill per 60 days
<b>mefloquine hcl tab 250 mg</b>	Tier 1	

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

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

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

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Authorization **QL** - Quantity Limits

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i></b>	Tier 1	
TABLOID TAB 40MG ( <b><i>thioguanine</i></b> )	Tier 3	ONC
TREXALL TAB 5MG ( <b><i>methotrexate sodium</i></b> )	Tier 3	ONC
TREXALL TAB 7.5MG ( <b><i>methotrexate sodium</i></b> )	Tier 3	ONC
TREXALL TAB 10MG ( <b><i>methotrexate sodium</i></b> )	Tier 3	ONC
TREXALL TAB 15MG ( <b><i>methotrexate sodium</i></b> )	Tier 3	ONC
XELODA TAB 150MG ( <b><i>capecitabine</i></b> )	Tier 3	PA; ONC
XELODA TAB 500MG ( <b><i>capecitabine</i></b> )	Tier 3	PA; ONC
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
INLYTA TAB 1MG ( <b><i>axitinib</i></b> )	Tier 2	PA; ONC
INLYTA TAB 5MG ( <b><i>axitinib</i></b> )	Tier 2	PA; ONC
LENVIMA CAP 4MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 2	PA; ONC
LENVIMA CAP 8 MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 2	PA; ONC
LENVIMA CAP 10 MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 2	PA; ONC
LENVIMA CAP 12MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 2	PA; ONC
LENVIMA CAP 14 MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 2	PA; ONC
LENVIMA CAP 18 MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 2	PA; ONC
LENVIMA CAP 20 MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 2	PA; ONC
LENVIMA CAP 24 MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 2	PA; ONC
ZIRABEV INJ 100/4ML ( <b><i>bevacizumab-bvzr</i></b> )	Tier 2	PA
ZIRABEV INJ 400/16ML ( <b><i>bevacizumab-bvzr</i></b> )	Tier 2	PA
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
HERZUMA INJ 150MG ( <b><i>trastuzumab-pkrb</i></b> )	Tier 2	PA
HERZUMA INJ 420MG ( <b><i>trastuzumab-pkrb</i></b> )	Tier 2	PA
OGIVRI INJ 150MG ( <b><i>trastuzumab-dkst</i></b> )	Tier 2	PA
OGIVRI INJ 420MG ( <b><i>trastuzumab-dkst</i></b> )	Tier 2	PA
PERJETA INJ 420/14ML ( <b><i>pertuzumab</i></b> )	Tier 2	PA
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
RUXIENCE INJ 100/10ML ( <b><i>rituximab-pvvr</i></b> )	Tier 2	PA
RUXIENCE INJ 500/50ML ( <b><i>rituximab-pvvr</i></b> )	Tier 2	PA
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<b><i>erlotinib hcl tab 25 mg (base equivalent)</i></b>	Tier 1	PA; ONC
<b><i>erlotinib hcl tab 100 mg (base equivalent)</i></b>	Tier 1	PA; ONC
<b><i>erlotinib hcl tab 150 mg (base equivalent)</i></b>	Tier 1	PA; ONC
<b><i>gefitinib tab 250 mg</i></b>	Tier 1	PA, QL (1 tab every 1 day); ONC
TAGRISSO TAB 40MG ( <b><i>osimertinib mesylate</i></b> )	Tier 2	PA; ONC
TAGRISSO TAB 80MG ( <b><i>osimertinib mesylate</i></b> )	Tier 2	PA; ONC

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
ERIVEDGE CAP 150MG ( <i>vismodegib</i> )	Tier 2	PA; ONC
ODOMZO CAP 200MG ( <i>sonidegib phosphate</i> )	Tier 2	PA; ONC
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<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
<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
<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
<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
<b>ANTINEOPLASTIC ANTIBIOTICS</b>		
<i>bleomycin sulfate for inj 15 unit</i>	Tier 1	
<i>bleomycin sulfate for inj 30 unit</i>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>dactinomycin for inj 0.5 mg</i></b>	Tier 1	
<b><i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i></b>	Tier 1	
<b><i>doxorubicin hcl for inj 10 mg</i></b>	Tier 1	
<b><i>doxorubicin hcl for inj 50 mg</i></b>	Tier 1	
<b><i>doxorubicin hcl for inj 50 mg (Adriamycin)</i></b>	Tier 1	
<b><i>doxorubicin hcl inj 2 mg/ml</i></b>	Tier 1	
<b><i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i></b>	Tier 1	
<b><i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i></b>	Tier 1	
<b><i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i></b>	Tier 1	
<b><i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i></b>	Tier 1	
<b><i>mitomycin for iv soln 5 mg</i></b>	Tier 1	
<b><i>mitomycin for iv soln 5 mg (Mutamycin)</i></b>	Tier 1	
<b><i>mitomycin for iv soln 20 mg</i></b>	Tier 1	
<b><i>mitomycin for iv soln 20 mg (Mutamycin)</i></b>	Tier 1	
<b><i>mitomycin for iv soln 40 mg</i></b>	Tier 1	
<b><i>mitomycin for iv soln 40 mg (Mutamycin)</i></b>	Tier 1	
<b><i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i></b>	Tier 1	
<b><i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i></b>	Tier 1	
<b><i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i></b>	Tier 1	
<b><i>valrubicin soln for intravesical instillation 40 mg/ml</i></b>	Tier 1	
<b>ANTINEOPLASTIC COMBINATIONS</b>		
<b><i>KISQALI 200 PAK FEMARA (ribociclib succinate-letrozole)</i></b>	Tier 2	PA, QL (54 tabs every 30 days); ONC
<b><i>KISQALI 400 PAK FEMARA (ribociclib succinate-letrozole)</i></b>	Tier 2	PA, QL (75 tabs every 30 days); ONC
<b><i>KISQALI 600 PAK FEMARA (ribociclib succinate-letrozole)</i></b>	Tier 2	PA, QL (99 tabs every 30 days); ONC
<b><i>LONSURF TAB 15-6.14 (trifluridine-tipiracil)</i></b>	Tier 2	PA; ONC
<b><i>LONSURF TAB 20-8.19 (trifluridine-tipiracil)</i></b>	Tier 2	PA; ONC
<b><i>PHESGO SOL (pertuzumab-trastuzumab-hyaluronidase-zzxf)</i></b>	Tier 2	PA
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
<b><i>ALECENSA CAP 150MG (alectinib hcl)</i></b>	Tier 2	PA; ONC
<b><i>ALUNBRIG PAK (brigatinib)</i></b>	Tier 2	PA; ONC
<b><i>ALUNBRIG TAB 30MG (brigatinib)</i></b>	Tier 2	PA; ONC

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ALUNBRIG TAB 90MG ( <i>brigatinib</i> )	Tier 2	PA; ONC
ALUNBRIG TAB 180MG ( <i>brigatinib</i> )	Tier 2	PA; ONC
AUGTYRO CAP 40MG ( <i>repotrectinib</i> )	Tier 2	PA; ONC
<i>bortezomib for inj 3.5 mg</i>	Tier 1	PA
BOSULIF CAP 50MG ( <i>bosutinib</i> )	Tier 2	PA; ONC
BOSULIF CAP 100MG ( <i>bosutinib</i> )	Tier 2	PA; ONC
BOSULIF TAB 100MG ( <i>bosutinib</i> )	Tier 2	PA; ONC
BOSULIF TAB 400MG ( <i>bosutinib</i> )	Tier 2	PA; ONC
BOSULIF TAB 500MG ( <i>bosutinib</i> )	Tier 2	PA; ONC
BRAFTOVI CAP 75MG ( <i>encorafenib</i> )	Tier 2	PA; ONC
BRUKINSA CAP 80MG ( <i>zanubrutinib</i> )	Tier 2	PA; ONC
CABOMETYX TAB 20MG ( <i>cabozantinib s-malate</i> )	Tier 2	PA; ONC
CABOMETYX TAB 40MG ( <i>cabozantinib s-malate</i> )	Tier 2	PA; ONC
CABOMETYX TAB 60MG ( <i>cabozantinib s-malate</i> )	Tier 2	PA; ONC
CALQUENCE TAB 100MG ( <i>acalabrutinib maleate</i> )	Tier 2	PA; ONC
COPIKTRA CAP 15MG ( <i>duvelisib</i> )	Tier 2	PA; ONC
COPIKTRA CAP 25MG ( <i>duvelisib</i> )	Tier 2	PA; ONC
COTELLIC TAB 20MG ( <i>cobimetinib fumarate</i> )	Tier 2	PA; ONC
<i>everolimus tab 2.5 mg</i>	Tier 1	PA; ONC
<i>everolimus tab 5 mg</i>	Tier 1	PA; ONC
<i>everolimus tab 7.5 mg</i>	Tier 1	PA; ONC
<i>everolimus tab 10 mg</i>	Tier 1	PA; ONC
<i>everolimus tab for oral susp 2 mg</i>	Tier 1	PA; ONC
<i>everolimus tab for oral susp 3 mg</i>	Tier 1	PA; ONC
<i>everolimus tab for oral susp 5 mg</i>	Tier 1	PA; ONC
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

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<b><i>imatinib mesylate tab 400 mg (base equivalent)</i></b>	Tier 1	PA; ONC
KISQALI TAB 200DOSE ( <b><i>ribociclib succinate</i></b> )	Tier 2	PA, QL (21 tabs every 28 days); ONC
KISQALI TAB 400DOSE ( <b><i>ribociclib succinate</i></b> )	Tier 2	PA, QL (42 tabs every 28 days); ONC
KISQALI TAB 600DOSE ( <b><i>ribociclib succinate</i></b> )	Tier 2	PA, QL (63 tabs every 28 days); ONC
KOSELUGO CAP 10MG ( <b><i>selumetinib sulfate</i></b> )	Tier 2	PA; ONC
KOSELUGO CAP 25MG ( <b><i>selumetinib sulfate</i></b> )	Tier 2	PA; ONC
KRAZATI TAB 200MG ( <b><i>adagrasib</i></b> )	Tier 2	PA; ONC
<b><i>lapatinib ditosylate tab 250 mg (base equiv)</i></b>	Tier 1	PA; ONC
LUMAKRAS TAB 120MG ( <b><i>sotorasib</i></b> )	Tier 2	PA; ONC
LUMAKRAS TAB 320MG ( <b><i>sotorasib</i></b> )	Tier 2	PA; ONC
LYNPARZA TAB 100MG ( <b><i>olaparib</i></b> )	Tier 2	PA; ONC
LYNPARZA TAB 150MG ( <b><i>olaparib</i></b> )	Tier 2	PA; ONC
MEKTOVI TAB 15MG ( <b><i>binimetinib</i></b> )	Tier 2	PA; ONC
NINLARO CAP 2.3MG ( <b><i>ixazomib citrate</i></b> )	Tier 2	PA, QL (6 caps every 28 days); ONC
NINLARO CAP 3MG ( <b><i>ixazomib citrate</i></b> )	Tier 2	PA, QL (6 caps every 28 days); ONC
NINLARO CAP 4MG ( <b><i>ixazomib citrate</i></b> )	Tier 2	PA, QL (6 caps every 28 days); ONC
<b><i>pazopanib hcl tab 200 mg (base equiv)</i></b>	Tier 1	PA; ONC
RETEVMO CAP 40MG ( <b><i>selpercatinib</i></b> )	Tier 2	PA; ONC
RETEVMO CAP 80MG ( <b><i>selpercatinib</i></b> )	Tier 2	PA; ONC
<b><i>romidepsin for iv inj 10 mg</i></b>	Tier 1	PA
ROZLYTREK CAP 100MG ( <b><i>entrectinib</i></b> )	Tier 2	PA; ONC
ROZLYTREK CAP 200MG ( <b><i>entrectinib</i></b> )	Tier 2	PA; ONC
ROZLYTREK PAK 50MG ( <b><i>entrectinib</i></b> )	Tier 2	PA; ONC
RYDAPT CAP 25MG ( <b><i>midostaurin</i></b> )	Tier 2	PA; ONC
<b><i>sorafenib tosylate tab 200 mg (base equivalent)</i></b>	Tier 1	PA; ONC
SPRYCEL TAB 20MG ( <b><i>dasatinib</i></b> )	Tier 2	PA; ONC
SPRYCEL TAB 50MG ( <b><i>dasatinib</i></b> )	Tier 2	PA; ONC
SPRYCEL TAB 70MG ( <b><i>dasatinib</i></b> )	Tier 2	PA; ONC
SPRYCEL TAB 80MG ( <b><i>dasatinib</i></b> )	Tier 2	PA; ONC
SPRYCEL TAB 100MG ( <b><i>dasatinib</i></b> )	Tier 2	PA; ONC
SPRYCEL TAB 140MG ( <b><i>dasatinib</i></b> )	Tier 2	PA; ONC
STIVARGA TAB 40MG ( <b><i>regorafenib</i></b> )	Tier 2	PA; ONC

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>sunitinib malate cap 12.5 mg (base equivalent)</b>	Tier 1	PA; ONC
<b>sunitinib malate cap 25 mg (base equivalent)</b>	Tier 1	PA; ONC
<b>sunitinib malate cap 37.5 mg (base equivalent)</b>	Tier 1	PA; ONC
<b>sunitinib malate cap 50 mg (base equivalent)</b>	Tier 1	PA; ONC
<b>temsirolimus soln for iv infusion 25 mg/ml</b>	Tier 1	PA
VITRAKVI CAP 25MG ( <b>larotrectinib sulfate</b> )	Tier 2	PA; ONC
VITRAKVI CAP 100MG ( <b>larotrectinib sulfate</b> )	Tier 2	PA; ONC
VITRAKVI SOL 20MG/ML ( <b>larotrectinib sulfate</b> )	Tier 2	PA; ONC
XOSPATA TAB 40MG ( <b>gilteritinib fumarate</b> )	Tier 2	PA; ONC
ZEJULA TAB 100MG ( <b>niraparib tosylate</b> )	Tier 2	PA; ONC
ZEJULA TAB 200MG ( <b>niraparib tosylate</b> )	Tier 2	PA; ONC
ZEJULA TAB 300MG ( <b>niraparib tosylate</b> )	Tier 2	PA; ONC
ZELBORAF TAB 240MG ( <b>vemurafenib</b> )	Tier 2	PA; ONC
ZOLINZA CAP 100MG ( <b>vorinostat</b> )	Tier 3	PA; ONC
ZYDELIG TAB 100MG ( <b>idelalisib</b> )	Tier 2	PA; ONC
ZYDELIG TAB 150MG ( <b>idelalisib</b> )	Tier 2	PA; ONC
ZYKADIA TAB 150MG ( <b>ceritinib</b> )	Tier 2	PA; ONC
<b>ANTINEOPLASTICS MISC.</b>		
<b>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</b>	Tier 1	
<b>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</b>	Tier 1	
BESREMI SOL 500MCG ( <b>ropeginterferon alfa-2b-njft</b> )	Tier 2	PA, QL (2 syringes every 28 days)
<b>bexarotene cap 75 mg</b>	Tier 1	PA; ONC
<b>dacarbazine for inj 100 mg</b>	Tier 1	
<b>dacarbazine for inj 200 mg</b>	Tier 1	
<b>hydroxyurea cap 500 mg</b>	Tier 1	ONC
MATULANE CAP 50MG ( <b>procarbazine hcl</b> )	Tier 3	ONC
<b>tretinoin cap 10 mg</b>	Tier 1	ONC
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
<b>dexrazoxane hcl for inj 250 mg (base equivalent)</b>	Tier 1	
<b>dexrazoxane hcl for inj 500 mg (base equivalent)</b>	Tier 1	
<b>leucovorin calcium for inj 50 mg</b>	Tier 1	
<b>leucovorin calcium for inj 100 mg</b>	Tier 1	
<b>leucovorin calcium for inj 200 mg</b>	Tier 1	
<b>leucovorin calcium for inj 350 mg</b>	Tier 1	
<b>leucovorin calcium for inj 500 mg</b>	Tier 1	

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<i>leucovorin calcium inj 100 mg/10ml (10 mg/ml)</i>	Tier 1	
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	Tier 1	
<i>leucovorin calcium tab 5 mg</i>	Tier 1	ONC
<i>leucovorin calcium tab 10 mg</i>	Tier 1	ONC
<i>leucovorin calcium tab 15 mg</i>	Tier 1	ONC
<i>leucovorin calcium tab 25 mg</i>	Tier 1	ONC
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	Tier 1	PA
<i>levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)</i>	Tier 1	PA
<i>levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)</i>	Tier 1	PA
<i>mesna inj 100 mg/ml</i>	Tier 1	
<b>MITOTIC INHIBITORS</b>		
<i>docetaxel for inj conc 20 mg/ml</i>	Tier 1	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	Tier 1	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	Tier 1	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	Tier 1	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	Tier 1	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	Tier 1	
<i>eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)</i>	Tier 1	PA
<i>etoposide cap 50 mg</i>	Tier 1	ONC
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	Tier 1	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	Tier 1	
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	Tier 1	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	Tier 1	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	Tier 1	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	Tier 1	
<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	
<b>TOPOISOMERASE I INHIBITORS</b>		
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<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	
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### 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	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab er 50-200 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 92

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i></b>	Tier 1	
<b><i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i></b>	Tier 1	
<b><i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i></b>	Tier 1	
<b><i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i></b>	Tier 1	
<b><i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i></b>	Tier 1	
<b><i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i></b>	Tier 1	
DHIVY TAB 25-100MG ( <b><i>carbidopa-levodopa</i></b> )	Tier 3	
INBRIJA CAP 42MG ( <b><i>levodopa</i></b> )	Tier 2	PA, QL (10 caps every 1 day)
NEUPRO DIS 1MG/24HR ( <b><i>rotigotine</i></b> )	Tier 2	
NEUPRO DIS 2MG/24HR ( <b><i>rotigotine</i></b> )	Tier 2	
NEUPRO DIS 3MG/24HR ( <b><i>rotigotine</i></b> )	Tier 2	
NEUPRO DIS 4MG/24HR ( <b><i>rotigotine</i></b> )	Tier 2	
NEUPRO DIS 6MG/24HR ( <b><i>rotigotine</i></b> )	Tier 2	
NEUPRO DIS 8MG/24HR ( <b><i>rotigotine</i></b> )	Tier 2	
PARLODEL CAP 5MG ( <b><i>bromocriptine mesylate</i></b> )	Tier 3	
PARLODEL TAB 2.5MG ( <b><i>bromocriptine mesylate</i></b> )	Tier 3	
<b><i>pramipexole dihydrochloride tab 0.5 mg</i></b>	Tier 1	
<b><i>pramipexole dihydrochloride tab 0.25 mg</i></b>	Tier 1	
<b><i>pramipexole dihydrochloride tab 0.75 mg</i></b>	Tier 1	
<b><i>pramipexole dihydrochloride tab 0.125 mg</i></b>	Tier 1	
<b><i>pramipexole dihydrochloride tab 1 mg</i></b>	Tier 1	
<b><i>pramipexole dihydrochloride tab 1.5 mg</i></b>	Tier 1	
<b><i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i></b>	Tier 1	
<b><i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i></b>	Tier 1	
<b><i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i></b>	Tier 1	
<b><i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i></b>	Tier 1	
<b><i>pramipexole dihydrochloride tab er 24hr 3 mg</i></b>	Tier 1	
<b><i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i></b>	Tier 1	

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

### **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

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

### **ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES**

#### **ANTIMANIC AGENTS**

<b><i>lithium carbonate cap 150 mg</i></b>	Tier 1	
<b><i>lithium carbonate cap 300 mg</i></b>	Tier 1	
<b><i>lithium carbonate cap 600 mg</i></b>	Tier 1	
<b><i>lithium carbonate tab 300 mg</i></b>	Tier 1	
<b><i>lithium carbonate tab er 300 mg</i></b>	Tier 1	
<b><i>lithium carbonate tab er 450 mg</i></b>	Tier 1	
<b><i>lithium oral solution 8 meq/5ml</i></b>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>ANTIPSYCHOTICS - MISC.</b>		
<i><b>lurasidone hcl tab 20 mg</b></i>	Tier 1	
<i><b>lurasidone hcl tab 40 mg</b></i>	Tier 1	
<i><b>lurasidone hcl tab 60 mg</b></i>	Tier 1	
<i><b>lurasidone hcl tab 80 mg</b></i>	Tier 1	
<i><b>lurasidone hcl tab 120 mg</b></i>	Tier 1	
VRAYLAR CAP 1.5MG ( <i><b>cariprazine hcl</b></i> )	Tier 2	
VRAYLAR CAP 3MG ( <i><b>cariprazine hcl</b></i> )	Tier 2	
VRAYLAR CAP 4.5MG ( <i><b>cariprazine hcl</b></i> )	Tier 2	
VRAYLAR CAP 6MG ( <i><b>cariprazine hcl</b></i> )	Tier 2	
<i><b>ziprasidone hcl cap 20 mg</b></i>	Tier 1	
<i><b>ziprasidone hcl cap 40 mg</b></i>	Tier 1	
<i><b>ziprasidone hcl cap 60 mg</b></i>	Tier 1	
<i><b>ziprasidone hcl cap 80 mg</b></i>	Tier 1	
<i><b>ziprasidone mesylate for inj 20 mg (base equivalent)</b></i>	Tier 1	
<b>BENZISOXAZOLES</b>		
<i><b>paliperidone tab er 24hr 1.5 mg</b></i>	Tier 1	
<i><b>paliperidone tab er 24hr 3 mg</b></i>	Tier 1	
<i><b>paliperidone tab er 24hr 6 mg</b></i>	Tier 1	
<i><b>paliperidone tab er 24hr 9 mg</b></i>	Tier 1	
PERSERIS INJ 90MG ( <i><b>risperidone</b></i> )	Tier 2	
PERSERIS INJ 120MG ( <i><b>risperidone</b></i> )	Tier 2	
RISPERDAL SOL 1MG/ML ( <i><b>risperidone</b></i> )	Tier 3	
RISPERDAL TAB 0.5MG ( <i><b>risperidone</b></i> )	Tier 3	
RISPERDAL TAB 1MG ( <i><b>risperidone</b></i> )	Tier 3	
RISPERDAL TAB 2MG ( <i><b>risperidone</b></i> )	Tier 3	
RISPERDAL TAB 3MG ( <i><b>risperidone</b></i> )	Tier 3	
RISPERDAL TAB 4MG ( <i><b>risperidone</b></i> )	Tier 3	
<i><b>risperidone microspheres for im extended rel susp 12.5 mg</b></i>	Tier 1	
<i><b>risperidone microspheres for im extended rel susp 25 mg</b></i>	Tier 1	
<i><b>risperidone microspheres for im extended rel susp 37.5 mg</b></i>	Tier 1	
<i><b>risperidone microspheres for im extended rel susp 50 mg</b></i>	Tier 1	
<i><b>risperidone orally disintegrating tab 0.5 mg</b></i>	Tier 1	
<i><b>risperidone orally disintegrating tab 0.25 mg</b></i>	Tier 1	
<i><b>risperidone orally disintegrating tab 1 mg</b></i>	Tier 1	
<i><b>risperidone orally disintegrating tab 2 mg</b></i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<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
<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

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

### **DIHYDROINDOLONES**

<b><i>molindone hcl tab 5 mg</i></b>	Tier 1
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<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	
<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	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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	
<b>THIOXANTHENES</b>		
<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	
<b>ANTISEPTICS &amp; DISINFECTANTS - PRODUCTS TO DISINFECT</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS - PRODUCTS TO DISINFECT</b>		
<i>formaldehyde solution 10%</i>	Tier 1	
<i>hydrogen peroxide soln 30%</i>	Tier 1	
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>		
<b>ANTIRETROVIRALS</b>		
<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)
<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)
CABENUVA SUS 400-600 ( <i>cabotegravir &amp; rilpivirine</i> )	Tier 2	QL (4 mL every 22 days)
CABENUVA SUS 600-900 ( <i>cabotegravir &amp; rilpivirine</i> )	Tier 2	
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

# - Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications  
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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)
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)

# - 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

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>lamivudine-zidovudine tab 150-300 mg</i></b>	Tier 1	QL (2 tabs every 1 day)
<b><i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i></b>	Tier 1	QL (16 mL every 1 day); Up to 14 day supply; Limit of one fill per 60 days
<b><i>lopinavir-ritonavir tab 100-25 mg</i></b>	Tier 1	QL (10 tabs every 1 day)
<b><i>lopinavir-ritonavir tab 200-50 mg</i></b>	Tier 1	QL (4 tabs every 1 day)
<b><i>maraviroc tab 150 mg</i></b>	Tier 1	QL (2 tabs every 1 day)
<b><i>maraviroc tab 300 mg</i></b>	Tier 1	QL (4 tabs every 1 day)
<b><i>nevirapine susp 50 mg/5ml</i></b>	Tier 1	QL (40 mL every 1 day)
<b><i>nevirapine tab 200 mg</i></b>	Tier 1	QL (2 tabs every 1 day)
<b><i>nevirapine tab er 24hr 400 mg</i></b>	Tier 1	QL (1 tab every 1 day)
<b>ODEFSEY TAB (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>)</b>	Tier 2	QL (1 tab every 1 day)
<b>RETROVIR CAP 100MG (<i>zidovudine</i>)</b>	Tier 3	QL (6 caps every 1 day)
<b>RETROVIR SYP 50MG/5ML (<i>zidovudine</i>)</b>	Tier 3	QL (64 mL every 1 day)
<b><i>ritonavir tab 100 mg</i></b>	Tier 1	QL (12 tabs every 1 day)
<b>STRIBILD TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>)</b>	Tier 2	QL (1 tab every 1 day)
<b>SYMTUZA TAB (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>)</b>	Tier 2	QL (1 tab every 1 day)
<b><i>tenofovir disoproxil fumarate tab 300 mg</i></b>	Tier 1	QL (1 tab every 1 day)
<b>TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>)</b>	Tier 2	QL (12 tabs every 1 day)
<b>TIVICAY TAB 50MG (<i>dolutegravir sodium</i>)</b>	Tier 2	QL (2 tabs every 1 day)
<b>TRIUMEQ PD TAB (<i>abacavir-dolutegravir-lamivudine</i>)</b>	Tier 2	QL (6 tabs every 1 day)
<b>TRIUMEQ TAB (<i>abacavir-dolutegravir-lamivudine</i>)</b>	Tier 2	QL (1 tab every 1 day)
<b>VIREAD POW 40MG/GM (<i>tenofovir disoproxil fumarate</i>)</b>	Tier 3	QL (8 gm every 1 day)
<b>VIREAD TAB 150MG (<i>tenofovir disoproxil fumarate</i>)</b>	Tier 3	QL (1 tab every 1 day)
<b>VIREAD TAB 200MG (<i>tenofovir disoproxil fumarate</i>)</b>	Tier 3	QL (1 tab every 1 day)
<b>VIREAD TAB 250MG (<i>tenofovir disoproxil fumarate</i>)</b>	Tier 3	QL (1 tab every 1 day)
<b>VIREAD TAB 300MG (<i>tenofovir disoproxil fumarate</i>)</b>	Tier 3	QL (1 tab every 1 day)
<b><i>zidovudine cap 100 mg</i></b>	Tier 1	QL (6 caps every 1 day)
<b><i>zidovudine syrup 10 mg/ml</i></b>	Tier 1	QL (64 mL every 1 day)
<b><i>zidovudine tab 300 mg</i></b>	Tier 1	QL (2 tabs every 1 day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>CMV AGENTS</b>		
<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)
<b>HEPATITIS AGENTS</b>		
<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)
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)
<b>HERPES AGENTS</b>		
<i>acyclovir cap 200 mg</i>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>acyclovir sodium iv soln 50 mg/ml</i></b>	Tier 1	
<b><i>acyclovir susp 200 mg/5ml</i></b>	Tier 1	
<b><i>acyclovir tab 400 mg</i></b>	Tier 1	
<b><i>acyclovir tab 800 mg</i></b>	Tier 1	
<b><i>famciclovir tab 125 mg</i></b>	Tier 1	
<b><i>famciclovir tab 250 mg</i></b>	Tier 1	
<b><i>famciclovir tab 500 mg</i></b>	Tier 1	
<b><i>valacyclovir hcl tab 1 gm</i></b>	Tier 1	
<b><i>valacyclovir hcl tab 500 mg</i></b>	Tier 1	

### **INFLUENZA AGENTS**

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

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

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

<b><i>carvedilol phosphate cap er 24hr 10 mg</i></b>	Tier 1	
<b><i>carvedilol phosphate cap er 24hr 20 mg</i></b>	Tier 1	
<b><i>carvedilol phosphate cap er 24hr 40 mg</i></b>	Tier 1	
<b><i>carvedilol phosphate cap er 24hr 80 mg</i></b>	Tier 1	
<b><i>carvedilol tab 3.125 mg</i></b>	Tier 1	
<b><i>carvedilol tab 6.25 mg</i></b>	Tier 1	
<b><i>carvedilol tab 12.5 mg</i></b>	Tier 1	
<b><i>carvedilol tab 25 mg</i></b>	Tier 1	
<b>COREG TAB 3.125MG (<i>carvedilol</i>)</b>	Tier 3	
<b>COREG TAB 6.25MG (<i>carvedilol</i>)</b>	Tier 3	
<b>COREG TAB 12.5MG (<i>carvedilol</i>)</b>	Tier 3	
<b>COREG TAB 25MG (<i>carvedilol</i>)</b>	Tier 3	
<b><i>labetalol hcl iv soln 5 mg/ml</i></b>	Tier 1	
<b><i>labetalol hcl tab 100 mg</i></b>	Tier 1	
<b><i>labetalol hcl tab 200 mg</i></b>	Tier 1	
<b><i>labetalol hcl tab 300 mg</i></b>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<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	
<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	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<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

**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

# - 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 105

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>diltiazem hcl coated beads cap er 24hr 120 mg</i></b>	Tier 1	
<b><i>diltiazem hcl coated beads cap er 24hr 120 mg</i></b> (Cartia Xt)	Tier 1	
<b><i>diltiazem hcl coated beads cap er 24hr 180 mg</i></b>	Tier 1	
<b><i>diltiazem hcl coated beads cap er 24hr 180 mg</i></b> (Cartia Xt)	Tier 1	
<b><i>diltiazem hcl coated beads cap er 24hr 240 mg</i></b>	Tier 1	
<b><i>diltiazem hcl coated beads cap er 24hr 240 mg</i></b> (Cartia Xt)	Tier 1	
<b><i>diltiazem hcl coated beads cap er 24hr 300 mg</i></b>	Tier 1	
<b><i>diltiazem hcl coated beads cap er 24hr 300 mg</i></b> (Cartia Xt)	Tier 1	
<b><i>diltiazem hcl coated beads cap er 24hr 360 mg</i></b>	Tier 1	
<b><i>diltiazem hcl extended release beads cap er 24hr 120 mg</i></b>	Tier 1	
<b><i>diltiazem hcl extended release beads cap er 24hr 120 mg</i></b> (Taztia Xt)	Tier 1	
<b><i>diltiazem hcl extended release beads cap er 24hr 120 mg</i></b> (Tiadylt Er)	Tier 1	
<b><i>diltiazem hcl extended release beads cap er 24hr 180 mg</i></b>	Tier 1	
<b><i>diltiazem hcl extended release beads cap er 24hr 180 mg</i></b> (Taztia Xt)	Tier 1	
<b><i>diltiazem hcl extended release beads cap er 24hr 180 mg</i></b> (Tiadylt Er)	Tier 1	
<b><i>diltiazem hcl extended release beads cap er 24hr 240 mg</i></b>	Tier 1	
<b><i>diltiazem hcl extended release beads cap er 24hr 240 mg</i></b> (Taztia Xt)	Tier 1	
<b><i>diltiazem hcl extended release beads cap er 24hr 240 mg</i></b> (Tiadylt Er)	Tier 1	
<b><i>diltiazem hcl extended release beads cap er 24hr 300 mg</i></b>	Tier 1	
<b><i>diltiazem hcl extended release beads cap er 24hr 300 mg</i></b> (Taztia Xt)	Tier 1	
<b><i>diltiazem hcl extended release beads cap er 24hr 300 mg</i></b> (Tiadylt Er)	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>diltiazem hcl extended release beads cap er 24hr 360 mg</b>	Tier 1	
<b>diltiazem hcl extended release beads cap er 24hr 360 mg</b> (Taztia Xt)	Tier 1	
<b>diltiazem hcl extended release beads cap er 24hr 360 mg</b> (Tiadylt Er)	Tier 1	
<b>diltiazem hcl extended release beads cap er 24hr 420 mg</b>	Tier 1	
<b>diltiazem hcl extended release beads cap er 24hr 420 mg</b> (Tiadylt Er)	Tier 1	
<b>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</b>	Tier 1	
<b>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</b>	Tier 1	
<b>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</b>	Tier 1	
<b>diltiazem hcl tab 30 mg</b>	Tier 1	
<b>diltiazem hcl tab 60 mg</b>	Tier 1	
<b>diltiazem hcl tab 90 mg</b>	Tier 1	
<b>diltiazem hcl tab 120 mg</b>	Tier 1	
<b>felodipine tab er 24hr 2.5 mg</b>	Tier 1	
<b>felodipine tab er 24hr 5 mg</b>	Tier 1	
<b>felodipine tab er 24hr 10 mg</b>	Tier 1	
<b>isradipine cap 2.5 mg</b>	Tier 1	
<b>isradipine cap 5 mg</b>	Tier 1	
<b>levamlodipine maleate tab 2.5 mg</b>	Tier 1	
<b>levamlodipine maleate tab 5 mg</b>	Tier 1	
<b>nicardipine hcl cap 20 mg</b>	Tier 1	
<b>nicardipine hcl cap 30 mg</b>	Tier 1	
<b>nicardipine hcl iv soln 2.5 mg/ml</b>	Tier 1	
<b>nifedipine cap 10 mg</b>	Tier 1	
<b>nifedipine cap 20 mg</b>	Tier 1	
<b>nifedipine tab er 24hr 30 mg</b>	Tier 1	
<b>nifedipine tab er 24hr 60 mg</b>	Tier 1	
<b>nifedipine tab er 24hr 90 mg</b>	Tier 1	
<b>nifedipine tab er 24hr osmotic release 30 mg</b>	Tier 1	
<b>nifedipine tab er 24hr osmotic release 60 mg</b>	Tier 1	
<b>nifedipine tab er 24hr osmotic release 90 mg</b>	Tier 1	
<b>nimodipine cap 30 mg</b>	Tier 1	
<b>nisoldipine tab er 24hr 8.5 mg</b>	Tier 1	
<b>nisoldipine tab er 24hr 17 mg</b>	Tier 1	
<b>nisoldipine tab er 24hr 20 mg</b>	Tier 1	
<b>nisoldipine tab er 24hr 25.5 mg</b>	Tier 1	
<b>nisoldipine tab er 24hr 30 mg</b>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<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	
<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	

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

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

**IMPOTENCE AGENTS - DRUGS TO TREAT ERECTILE DYSFUNCTION**

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

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>ildenafil hcl orally disintegrating tab 10 mg</i></b>	Tier 1	QL (18 tabs every 75 days), AGE
<b><i>ildenafil hcl tab 2.5 mg</i></b>	Tier 1	QL (18 tabs every 75 days), AGE
<b><i>ildenafil hcl tab 5 mg</i></b>	Tier 1	QL (18 tabs every 75 days), AGE
<b><i>ildenafil hcl tab 10 mg</i></b>	Tier 1	QL (18 tabs every 75 days), AGE
<b><i>ildenafil hcl tab 20 mg</i></b>	Tier 1	QL (18 tabs every 75 days), AGE
<b>PROSTAGLANDIN VASODILATORS</b>		
<b><i>epoprostenol sodium for inj 0.5 mg</i></b>	Tier 1	PA
<b><i>epoprostenol sodium for inj 1.5 mg</i></b>	Tier 1	PA
<b>FLOLAN INJ 0.5MG (<i>epoprostenol sodium</i>)</b>	Tier 3	PA
<b>FLOLAN INJ 1.5MG (<i>epoprostenol sodium</i>)</b>	Tier 3	PA
<b>ORENITRAM TAB 0.25MG (<i>treprostinil diolamine</i>)</b>	Tier 2	PA
<b>ORENITRAM TAB 0.125MG (<i>treprostinil diolamine</i>)</b>	Tier 2	PA
<b>ORENITRAM TAB 1MG (<i>treprostinil diolamine</i>)</b>	Tier 2	PA
<b>ORENITRAM TAB 2.5MG (<i>treprostinil diolamine</i>)</b>	Tier 2	PA
<b>ORENITRAM TAB 5MG (<i>treprostinil diolamine</i>)</b>	Tier 2	PA
<b>ORENITRAM TAB MONTH 1 (<i>treprostinil diolamine</i>)</b>	Tier 2	PA
<b>ORENITRAM TAB MONTH 2 (<i>treprostinil diolamine</i>)</b>	Tier 2	PA
<b>ORENITRAM TAB MONTH 3 (<i>treprostinil diolamine</i>)</b>	Tier 2	PA
<b><i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i></b>	Tier 1	PA
<b><i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i></b>	Tier 1	PA
<b><i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i></b>	Tier 1	PA
<b><i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i></b>	Tier 1	PA
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<b><i>ambrisentan tab 5 mg</i></b>	Tier 1	PA, QL (1 tab every 1 day)
<b><i>ambrisentan tab 10 mg</i></b>	Tier 1	PA, QL (1 tab every 1 day)
<b><i>bosentan tab 62.5 mg</i></b>	Tier 1	PA, QL (2 tabs every 1 day)
<b><i>bosentan tab 125 mg</i></b>	Tier 1	PA, QL (2 tabs every 1 day)
<b>OPSUMIT TAB 10MG (<i>macitentan</i>)</b>	Tier 2	PA, QL (1 tab every 1 day)

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111

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
REVATIO SUS 10MG/ML ( <i>sildenafil citrate (pulmonary hypertension)</i> )	Tier 3	PA, QL (224 mL every 30 days)
REVATIO TAB 20MG ( <i>sildenafil citrate (pulmonary hypertension)</i> )	Tier 3	PA, QL (12 tabs every 1 day)
<i>sildenafil citrate for suspension 10 mg/ml</i>	Tier 1	PA, QL (224 mL every 30 days)
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	Tier 1	PA
<i>sildenafil citrate tab 20 mg</i>	Tier 1	PA, QL (12 tabs every 1 day)
<i>tadalafil tab 20 mg (pah)</i>	Tier 1	PA, QL (2 tabs every 1 day)
<i>tadalafil tab 20 mg (pah)</i> (Alyq)	Tier 1	PA, QL (2 tabs every 1 day)
TADLIQ SUS 20MG/5ML ( <i>tadalafil (pulmonary hypertension)</i> )	Tier 2	PA, QL (10 mL every 1 day)
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI INJ 1800MCG ( <i>selexipag</i> )	Tier 2	PA
UPTRAVI PACK TAB 200/800 ( <i>selexipag</i> )	Tier 2	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG ( <i>selexipag</i> )	Tier 2	PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG ( <i>selexipag</i> )	Tier 2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG ( <i>selexipag</i> )	Tier 2	PA, QL (2 tabs every 1 day)
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)
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
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)
<b>SINUS NODE INHIBITORS</b>		
CORLANOR TAB 5MG ( <i>ivabradine hcl</i> )	Tier 2	
CORLANOR TAB 7.5MG ( <i>ivabradine hcl</i> )	Tier 2	
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
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	

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112



**PRESCRIPTION DRUG NAME**

**DRUG TIER COVERAGE  
REQUIREMENTS AND  
LIMITS**

**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
<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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<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	

**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	
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**CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL**

**COMBINATION CONTRACEPTIVES - ORAL**

<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 1	GNDR; ACA
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (Azurette)	Tier 1	GNDR; ACA
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (Kariva)	Tier 1	GNDR; ACA
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (Pimtrea)	Tier 1	GNDR; ACA
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (Simliya)	Tier 1	GNDR; ACA

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<b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</b> (Viorele)	Tier 1	GNDR; ACA
<b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</b> (Volnea)	Tier 1	GNDR; ACA
<b>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</b> (Velivet)	Tier 1	GNDR; ACA
<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> (Apri)	Tier 1	GNDR; ACA
<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> (Cyred Eq)	Tier 1	GNDR; ACA
<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> (Enskyce)	Tier 1	GNDR; ACA
<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> (Isibloom)	Tier 1	GNDR; ACA
<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> (Juleber)	Tier 1	GNDR; ACA
<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> (Kalliga)	Tier 1	GNDR; ACA
<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> (Reclipsen)	Tier 1	GNDR; ACA
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</b>	Tier 1	GNDR; ACA
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</b>	Tier 1	GNDR; ACA
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</b> (Tydemy)	Tier 1	GNDR; ACA
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg</b>	Tier 1	GNDR; ACA
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg</b> (Jasmiel)	Tier 1	GNDR; ACA
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg</b> (Lo-zumandimine)	Tier 1	GNDR; ACA
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg</b> (Loryna)	Tier 1	GNDR; ACA
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg</b> (Nikki)	Tier 1	GNDR; ACA
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg</b> (Vestura)	Tier 1	GNDR; ACA
<b>drospirenone-ethinyl estradiol tab 3-0.03 mg</b>	Tier 1	GNDR; ACA
<b>drospirenone-ethinyl estradiol tab 3-0.03 mg</b> (Ocella)	Tier 1	GNDR; ACA
<b>drospirenone-ethinyl estradiol tab 3-0.03 mg</b> (Syeda)	Tier 1	GNDR; ACA

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i></b> (Zumandimine)	Tier 1	GNDR; ACA
<b><i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i></b>	Tier 1	GNDR; ACA
<b><i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i></b> (Kelnor 1/35)	Tier 1	GNDR; ACA
<b><i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i></b> (Zovia 1/35)	Tier 1	GNDR; ACA
<b><i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i></b>	Tier 1	GNDR; ACA
<b><i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i></b> (Kelnor 1/50)	Tier 1	GNDR; ACA
<b><i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i></b>	Tier 1	GNDR; ACA
<b><i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i></b> (Rivelsa)	Tier 1	GNDR; ACA
<b><i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i></b>	Tier 1	GNDR; ACA
<b><i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i></b> (Camrese Lo)	Tier 1	GNDR; ACA
<b><i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i></b> (Lojaimiess)	Tier 1	GNDR; ACA
<b><i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i></b>	Tier 1	GNDR; ACA
<b><i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i></b> (Ashlyna)	Tier 1	GNDR; ACA
<b><i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i></b> (Camrese)	Tier 1	GNDR; ACA
<b><i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i></b> (Daysee)	Tier 1	GNDR; ACA
<b><i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i></b> (Jaimiess)	Tier 1	GNDR; ACA
<b><i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i></b> (Simpesse)	Tier 1	GNDR; ACA
<b><i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i></b>	Tier 1	GNDR; ACA
<b><i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i></b> (Iclevia)	Tier 1	GNDR; ACA
<b><i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i></b> (Introvale)	Tier 1	GNDR; ACA
<b><i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i></b> (Jolessa)	Tier 1	GNDR; ACA

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</b> (Setlakin)	Tier 1	GNDR; ACA
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b>	Tier 1	GNDR; ACA
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b> (Afirmelle)	Tier 1	GNDR; ACA
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b> (Aubra Eq)	Tier 1	GNDR; ACA
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b> (Aviane)	Tier 1	GNDR; ACA
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b> (Delyla)	Tier 1	GNDR; ACA
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b> (Falmina)	Tier 1	GNDR; ACA
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b> (Lessina)	Tier 1	GNDR; ACA
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b> (Lutera)	Tier 1	GNDR; ACA
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b> (Sronyx)	Tier 1	GNDR; ACA
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b> (Vienva)	Tier 1	GNDR; ACA
<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	Tier 1	GNDR; ACA
<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> (Altavera)	Tier 1	GNDR; ACA
<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> (Ayuna)	Tier 1	GNDR; ACA
<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> (Chateal Eq)	Tier 1	GNDR; ACA
<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> (Kurvelo)	Tier 1	GNDR; ACA
<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> (Levora 0.15/30-28)	Tier 1	GNDR; ACA
<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> (Marlissa)	Tier 1	GNDR; ACA
<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> (Portia-28)	Tier 1	GNDR; ACA
<b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b>	Tier 1	GNDR; ACA
<b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b> (Enpresse-28)	Tier 1	GNDR; ACA

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b> (Levonest)	Tier 1	GNDR; ACA
<b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b> (Trivora-28)	Tier 1	GNDR; ACA
<b>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</b>	Tier 1	GNDR; ACA
<b>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</b> (Amethyst)	Tier 1	GNDR; ACA
<b>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</b> (Dolishale)	Tier 1	GNDR; ACA
<b>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</b>	Tier 1	GNDR; ACA
<b>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</b> (Joyeaux)	Tier 1	GNDR; ACA
<b>LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))</b>	Tier 2	GNDR; ACA
<b>NATAZIA TAB (estradiol valerate-dienogest)</b>	Tier 2	GNDR; ACA
<b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</b> (Balziva)	Tier 1	GNDR; ACA
<b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</b> (Briellyn)	Tier 1	GNDR; ACA
<b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</b> (Philith)	Tier 1	GNDR; ACA
<b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</b> (Vyfemla)	Tier 1	GNDR; ACA
<b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</b> (Necon 0.5/35-28)	Tier 1	GNDR; ACA
<b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</b> (Nortrel 0.5/35 (28))	Tier 1	GNDR; ACA
<b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</b> (Wera)	Tier 1	GNDR; ACA
<b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</b> (Alyacen 1/35)	Tier 1	GNDR; ACA
<b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</b> (Dasetta 1/35)	Tier 1	GNDR; ACA
<b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</b> (Nortrel 1/35)	Tier 1	GNDR; ACA
<b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</b> (Nylia 1/35)	Tier 1	GNDR; ACA
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</b>	Tier 1	GNDR; ACA

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</b> (Wymzya Fe)	Tier 1	GNDR; ACA
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</b>	Tier 1	GNDR; ACA
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</b> (Kaitlib Fe)	Tier 1	GNDR; ACA
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</b> (Layolis Fe)	Tier 1	GNDR; ACA
<b>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</b>	Tier 1	GNDR; ACA
<b>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</b> (Tilia Fe)	Tier 1	GNDR; ACA
<b>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</b> (Tri-legest Fe)	Tier 1	GNDR; ACA
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b>	Tier 1	GNDR; ACA
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b> (Aurovela 1/20)	Tier 1	GNDR; ACA
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b> (Junel 1/20)	Tier 1	GNDR; ACA
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b> (Larin 1/20)	Tier 1	GNDR; ACA
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b> (Loestrin 1/20-21)	Tier 1	GNDR; ACA
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b> (Microgestin 1/20)	Tier 1	GNDR; ACA
<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b>	Tier 1	GNDR; ACA
<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> (Aurovela 1.5/30)	Tier 1	GNDR; ACA
<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> (Hailey 1.5/30)	Tier 1	GNDR; ACA
<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> (Junel 1.5/30)	Tier 1	GNDR; ACA
<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> (Larin 1.5/30)	Tier 1	GNDR; ACA
<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> (Loestrin 1.5/30-21)	Tier 1	GNDR; ACA
<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> (Microgestin 1.5/30)	Tier 1	GNDR; ACA
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</b>	Tier 1	GNDR; ACA

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i></b> (Gemmyly)	Tier 1	GNDR; ACA
<b><i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i></b> (Merzee)	Tier 1	GNDR; ACA
<b><i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i></b> (Taysofy)	Tier 1	GNDR; ACA
<b><i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i></b> (Aurovela 24 Fe)	Tier 1	GNDR; ACA
<b><i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i></b> (Blisovi 24 Fe)	Tier 1	GNDR; ACA
<b><i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i></b> (Hailey 24 Fe)	Tier 1	GNDR; ACA
<b><i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i></b> (Junel Fe 24)	Tier 1	GNDR; ACA
<b><i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i></b> (Larin 24 Fe)	Tier 1	GNDR; ACA
<b><i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i></b> (Microgestin 24 Fe)	Tier 1	GNDR; ACA
<b><i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i></b> (Tarina 24 Fe)	Tier 1	GNDR; ACA
<b><i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i></b> (Alyacen 7/7/7)	Tier 1	GNDR; ACA
<b><i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i></b> (Dasetta 7/7/7)	Tier 1	GNDR; ACA
<b><i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i></b> (Nortrel 7/7/7)	Tier 1	GNDR; ACA
<b><i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i></b> (Nylia 7/7/7)	Tier 1	GNDR; ACA
<b><i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i></b> (Aranelle)	Tier 1	GNDR; ACA
<b><i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i></b> (Leena)	Tier 1	GNDR; ACA
<b><i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i></b>	Tier 1	GNDR; ACA
<b><i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i></b> (Estarylla)	Tier 1	GNDR; ACA
<b><i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i></b> (Mili)	Tier 1	GNDR; ACA
<b><i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i></b> (Mono-linyah)	Tier 1	GNDR; ACA
<b><i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i></b> (Nymyo)	Tier 1	GNDR; ACA

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<b><i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i></b> (Sprintec 28)	Tier 1	GNDR; ACA
<b><i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i></b> (Vylibra)	Tier 1	GNDR; ACA
<b><i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i></b>	Tier 1	GNDR; ACA
<b><i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i></b> (Tri-lo-estarylla)	Tier 1	GNDR; ACA
<b><i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i></b> (Tri-lo-marzia)	Tier 1	GNDR; ACA
<b><i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i></b> (Tri-lo-mili)	Tier 1	GNDR; ACA
<b><i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i></b> (Tri-lo-sprintec)	Tier 1	GNDR; ACA
<b><i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i></b> (Tri-vylibra Lo)	Tier 1	GNDR; ACA
<b><i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i></b>	Tier 1	GNDR; ACA
<b><i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i></b> (Tri-estarylla)	Tier 1	GNDR; ACA
<b><i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i></b> (Tri-linyah)	Tier 1	GNDR; ACA
<b><i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i></b> (Tri-mili)	Tier 1	GNDR; ACA
<b><i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i></b> (Tri-nymyo)	Tier 1	GNDR; ACA
<b><i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i></b> (Tri-sprintec)	Tier 1	GNDR; ACA
<b><i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i></b> (Tri-vylibra)	Tier 1	GNDR; ACA
<b><i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i></b> (Cryselle-28)	Tier 1	GNDR; ACA
<b><i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i></b> (Elinest)	Tier 1	GNDR; ACA
<b><i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i></b> (Low-ogestrel)	Tier 1	GNDR; ACA
<b><i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i></b> (Turqoz)	Tier 1	GNDR; ACA
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<b><i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i></b>	Tier 1	GNDR; ACA

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</b> (Xulane)	Tier 1	GNDR; ACA
<b>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</b> (Zafemy)	Tier 1	GNDR; ACA
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
<b>ANNOVERA MIS (segesterone acetate-ethinyl estradiol)</b>	Tier 2	QL (1 ring every 300 days), GNDR; ACA
<b>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</b>	Tier 1	QL (13 rings every 300 days), GNDR; ACA
<b>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</b> (Eluryng)	Tier 1	QL (13 rings every 300 days), GNDR; ACA
<b>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</b> (Enilloring)	Tier 1	QL (13 rings every 300 days), GNDR; ACA
<b>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</b> (Haloette)	Tier 1	QL (13 rings every 300 days), GNDR; ACA
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
<b>medroxyprogesterone acetate im susp 150 mg/ml</b>	Tier 1	QL (4 injections every 300 days), GNDR; ACA
<b>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</b>	Tier 1	QL (4 injections every 300 days), GNDR; ACA
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
<b>KYLEENA IUD 19.5MG (levonorgestrel (iud))</b>	Tier 2	GNDR; ACA
<b>MIRENA IUD SYSTEM (levonorgestrel (iud))</b>	Tier 2	GNDR; ACA
<b>SKYLA IUD 13.5MG (levonorgestrel (iud))</b>	Tier 2	GNDR; ACA
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<b>norethindrone tab 0.35 mg</b>	Tier 1	GNDR; ACA
<b>norethindrone tab 0.35 mg</b> (Camila)	Tier 1	GNDR; ACA
<b>norethindrone tab 0.35 mg</b> (Deblitane)	Tier 1	GNDR; ACA
<b>norethindrone tab 0.35 mg</b> (Emzahh)	Tier 1	GNDR; ACA
<b>norethindrone tab 0.35 mg</b> (Errin)	Tier 1	GNDR; ACA
<b>norethindrone tab 0.35 mg</b> (Heather)	Tier 1	GNDR; ACA
<b>norethindrone tab 0.35 mg</b> (Incassia)	Tier 1	GNDR; ACA
<b>norethindrone tab 0.35 mg</b> (Jencycla)	Tier 1	GNDR; ACA
<b>norethindrone tab 0.35 mg</b> (Lyleq)	Tier 1	GNDR; ACA
<b>norethindrone tab 0.35 mg</b> (Lyza)	Tier 1	GNDR; ACA
<b>norethindrone tab 0.35 mg</b> (Nora-be)	Tier 1	GNDR; ACA
<b>norethindrone tab 0.35 mg</b> (Norlyroc)	Tier 1	GNDR; ACA
<b>norethindrone tab 0.35 mg</b> (Sharobel)	Tier 1	GNDR; ACA

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>betamethasone sod phosphate &amp; 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 susp 22.75 mg/ml</i>	Tier 1	PA, QL (1.8 mL every 1 day)
<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	
<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	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>dexamethasone tab therapy pack 1.5 mg (21)</b> (Hidex 6-day)	Tier 1	
<b>dexamethasone tab therapy pack 1.5 mg (35)</b>	Tier 1	
<b>dexamethasone tab therapy pack 1.5 mg (51)</b>	Tier 1	
<b>hydrocortisone tab 5 mg</b>	Tier 1	
<b>hydrocortisone tab 10 mg</b>	Tier 1	
<b>hydrocortisone tab 20 mg</b>	Tier 1	
<b>MEDROL TAB 2MG (methylprednisolone)</b>	Tier 3	
<b>MEDROL TAB 4MG (methylprednisolone)</b>	Tier 3	
<b>MEDROL TAB 8MG (methylprednisolone)</b>	Tier 3	
<b>MEDROL TAB 16MG (methylprednisolone)</b>	Tier 3	
<b>methylprednisolone acetate inj susp 40 mg/ml</b>	Tier 1	
<b>methylprednisolone acetate inj susp 80 mg/ml</b>	Tier 1	
<b>methylprednisolone sod succ for inj 40 mg (base equiv)</b>	Tier 1	
<b>methylprednisolone sod succ for inj 125 mg (base equiv)</b>	Tier 1	
<b>methylprednisolone sod succ for inj 500 mg (base equiv)</b>	Tier 1	
<b>methylprednisolone sod succ for inj 1000 mg (base equiv)</b>	Tier 1	
<b>methylprednisolone tab 4 mg</b>	Tier 1	
<b>methylprednisolone tab 8 mg</b>	Tier 1	
<b>methylprednisolone tab 16 mg</b>	Tier 1	
<b>methylprednisolone tab 32 mg</b>	Tier 1	
<b>methylprednisolone tab therapy pack 4 mg (21)</b>	Tier 1	
<b>PEDIAPRED SOL 5MG/5ML (prednisolone sodium phosphate)</b>	Tier 3	
<b>prednisolone sod phos orally disintegr tab 10 mg (base eq)</b>	Tier 1	
<b>prednisolone sod phos orally disintegr tab 15 mg (base eq)</b>	Tier 1	
<b>prednisolone sod phos orally disintegr tab 30 mg (base eq)</b>	Tier 1	
<b>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</b>	Tier 1	
<b>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</b>	Tier 1	

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125

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<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 acetone inj susp 40 mg/ml</i>	Tier 1	
UCERIS TAB 9MG ( <i>budesonide</i> )	Tier 1	

#### MINERALOCORTICIDS

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

##### ANTITUSSIVES - DRUGS TO TREAT COUGH

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

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126

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm)</i>	Tier 1	
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**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	
<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	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i></b>	Tier 1	
<b><i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i></b>	Tier 1	
<b><i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i></b>	Tier 1	
<b><i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i></b>	Tier 1	AGE
<b><i>dapsone gel 5%</i></b>	Tier 1	
<b><i>dapsone gel 7.5%</i></b>	Tier 1	
<b>EPIDUO FORTE GEL 0.3-2.5% (<i>adapalene-benzoyl peroxide</i>)</b>	Tier 2	
<b>EPIDUO GEL 0.1-2.5% (<i>adapalene-benzoyl peroxide</i>)</b>	Tier 2	
<b><i>erythromycin gel 2%</i></b>	Tier 1	
<b><i>erythromycin pads 2%</i> (Ery)</b>	Tier 1	
<b><i>erythromycin soln 2%</i></b>	Tier 1	
<b><i>isotretinoin cap 10 mg</i></b>	Tier 1	
<b><i>isotretinoin cap 10 mg</i></b> (Accutane)	Tier 1	
<b><i>isotretinoin cap 10 mg</i></b> (Amnesteem)	Tier 1	
<b><i>isotretinoin cap 10 mg</i></b> (Claravis)	Tier 1	
<b><i>isotretinoin cap 10 mg</i></b> (Zenatane)	Tier 1	
<b><i>isotretinoin cap 20 mg</i></b>	Tier 1	
<b><i>isotretinoin cap 20 mg</i></b> (Accutane)	Tier 1	
<b><i>isotretinoin cap 20 mg</i></b> (Amnesteem)	Tier 1	
<b><i>isotretinoin cap 20 mg</i></b> (Claravis)	Tier 1	
<b><i>isotretinoin cap 20 mg</i></b> (Zenatane)	Tier 1	
<b><i>isotretinoin cap 30 mg</i></b>	Tier 1	
<b><i>isotretinoin cap 30 mg</i></b> (Accutane)	Tier 1	
<b><i>isotretinoin cap 30 mg</i></b> (Claravis)	Tier 1	
<b><i>isotretinoin cap 30 mg</i></b> (Zenatane)	Tier 1	
<b><i>isotretinoin cap 40 mg</i></b>	Tier 1	
<b><i>isotretinoin cap 40 mg</i></b> (Accutane)	Tier 1	
<b><i>isotretinoin cap 40 mg</i></b> (Amnesteem)	Tier 1	
<b><i>isotretinoin cap 40 mg</i></b> (Claravis)	Tier 1	
<b><i>isotretinoin cap 40 mg</i></b> (Zenatane)	Tier 1	
<b>KLARON LOT 10% (<i>sulfacetamide sodium (acne)</i>)</b>	Tier 3	
<b>ONEXTON GEL 1.2-3.75 (<i>clindamycin phosphate-benzoyl peroxide</i>)</b>	Tier 2	
<b><i>resorcinol-sulfur lotion 2-5%</i></b>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
RETIN-A CRE 0.1% ( <i>tretinoin</i> )	Tier 3	AGE
RETIN-A CRE 0.05% ( <i>tretinoin</i> )	Tier 3	AGE
RETIN-A CRE 0.025% ( <i>tretinoin</i> )	Tier 3	AGE
RETIN-A GEL 0.01% ( <i>tretinoin</i> )	Tier 3	AGE
RETIN-A GEL 0.025% ( <i>tretinoin</i> )	Tier 3	AGE
<i>sulfacetamide sodium lotion 10% (acne)</i>	Tier 1	
<i>sulfacetamide sodium w/ sulfur emulsion 10-1% (Sulfamez Wash)</i>	Tier 1	
<i>tretinoin cream 0.1%</i>	Tier 1	AGE
<i>tretinoin cream 0.05%</i>	Tier 1	AGE
<i>tretinoin cream 0.025%</i>	Tier 1	AGE
<i>tretinoin gel 0.01%</i>	Tier 1	AGE
<i>tretinoin gel 0.05%</i>	Tier 1	AGE
<i>tretinoin gel 0.025%</i>	Tier 1	AGE
<i>tretinoin microsphere gel 0.1%</i>	Tier 1	AGE
<i>tretinoin microsphere gel 0.04%</i>	Tier 1	AGE
<i>tretinoin microsphere gel 0.08%</i>	Tier 1	AGE
TWYNEO CRE 0.1-3% ( <i>tretinoin-benzoyl peroxide</i> )	Tier 2	AGE
WINLEVI CRE 1% ( <i>clascoterone</i> )	Tier 2	
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<i>diclofenac epolamine patch 1.3%</i>	Tier 1	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	Tier 1	
<i>diclofenac sodium soln 1.5%</i>	Tier 1	
<b>ANTIBIOTICS - TOPICAL</b>		
<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	
<b>ANTIFUNGALS - TOPICAL</b>		
<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	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Tier 1	
<i>econazole nitrate cream 1%</i>	Tier 1	
<i>ketoconazole cream 2%</i>	Tier 1	
<i>ketoconazole 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	
<i>sulconazole nitrate cream 1%</i>	Tier 1	
<i>sulconazole nitrate solution 1%</i>	Tier 1	
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<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	
<b>ANTIPSORIATICS</b>		
<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	

# - 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

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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
<i>tazarotene gel 0.1%</i>	Tier 1	PA
<i>tazarotene gel 0.05%</i>	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	
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide lotion 2.5%</i>	Tier 1	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir oint 5%</i>	Tier 1	
<i>penciclovir cream 1%</i>	Tier 1	
<b>BURN PRODUCTS</b>		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	Tier 1	
<i>silver sulfadiazine cream 1%</i>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>silver sulfadiazine cream 1% (Ssd)</i>	Tier 1	
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	
<i>amcinonide oint 0.1%</i>	Tier 1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	Tier 1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 1	
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	
<i>betamethasone valerate aerosol foam 0.12%</i>	Tier 1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Tier 1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	
<i>BRYHALI LOT 0.01% (halobetasol propionate)</i>	Tier 2	PA
<i>clobetasol propionate cream 0.05%</i>	Tier 1	
<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	
<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	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>desoximetasone spray 0.25%</b>	Tier 1	
<b>ENSTILAR AER (calcipotriene-betamethasone dipropionate)</b>	Tier 2	
<b>fluocinolone acetonide cream 0.01%</b>	Tier 1	
<b>fluocinolone acetonide cream 0.025%</b>	Tier 1	
<b>fluocinolone acetonide oil 0.01% (body oil)</b>	Tier 1	
<b>fluocinolone acetonide oil 0.01% (scalp oil)</b>	Tier 1	
<b>fluocinolone acetonide oint 0.025%</b>	Tier 1	
<b>fluocinolone acetonide soln 0.01%</b>	Tier 1	
<b>fluocinonide cream 0.05%</b>	Tier 1	
<b>fluocinonide emulsified base cream 0.05%</b>	Tier 1	
<b>fluocinonide gel 0.05%</b>	Tier 1	
<b>fluocinonide oint 0.05%</b>	Tier 1	
<b>fluocinonide soln 0.05%</b>	Tier 1	
<b>fluticasone propionate cream 0.05%</b>	Tier 1	
<b>fluticasone propionate lotion 0.05%</b>	Tier 1	
<b>fluticasone propionate oint 0.005%</b>	Tier 1	
<b>halobetasol propionate cream 0.05%</b>	Tier 1	
<b>halobetasol propionate oint 0.05%</b>	Tier 1	
<b>hydrocortisone butyrate cream 0.1%</b>	Tier 1	
<b>hydrocortisone butyrate oint 0.1%</b>	Tier 1	
<b>hydrocortisone butyrate soln 0.1%</b>	Tier 1	
<b>hydrocortisone cream 1%</b>	Tier 1	
<b>hydrocortisone cream 1% (Ala-cort)</b>	Tier 1	
<b>hydrocortisone cream 2.5%</b>	Tier 1	
<b>hydrocortisone lotion 2.5%</b>	Tier 1	
<b>hydrocortisone oint 1%</b>	Tier 1	
<b>hydrocortisone oint 2.5%</b>	Tier 1	
<b>hydrocortisone valerate cream 0.2%</b>	Tier 1	
<b>hydrocortisone valerate oint 0.2%</b>	Tier 1	
<b>lidocaine-hydrocortisone acetate cream 1-1%</b>	Tier 1	PA
<b>mometasone furoate cream 0.1%</b>	Tier 1	
<b>mometasone furoate oint 0.1%</b>	Tier 1	
<b>mometasone furoate solution 0.1% (lotion)</b>	Tier 1	
<b>triamcinolone acet cr 0.1% &amp; dimeth cr 5% &amp; silicone tape</b> (Nutriarx Creampak)	Tier 1	
<b>triamcinolone acet cr 0.1% &amp; dimeth cr 5% &amp; silicone tape</b> (Sanadermr Skin Repair So)	Tier 1	
<b>triamcinolone acetonide cream 0.1%</b>	Tier 1	
<b>triamcinolone acetonide cream 0.5%</b>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>triamcinolone acetonide cream 0.5%</i> (Triderm)	Tier 1	
<i>triamcinolone acetonide cream 0.025%</i>	Tier 1	
<i>triamcinolone acetonide lotion 0.1%</i>	Tier 1	
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1	
<b>ECZEMA AGENTS</b>		
ADBRY INJ 150MG/ML ( <i>tralokinumab-ldrm</i> )	Tier 2	PA, QL (4 syringes every 28 days)
CIBINQO TAB 50MG ( <i>abrocitinib</i> )	Tier 2	PA, QL (1 tab every 1 day)
CIBINQO TAB 100MG ( <i>abrocitinib</i> )	Tier 2	PA, QL (1 tab every 1 day)
CIBINQO TAB 200MG ( <i>abrocitinib</i> )	Tier 2	PA, QL (1 tab every 1 day)
DUPIXENT INJ 200/1.14 ( <i>dupilumab</i> )	Tier 2	PA, QL (2.28 mL every 28 days)
DUPIXENT INJ 200MG ( <i>dupilumab</i> )	Tier 2	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML ( <i>dupilumab</i> )	Tier 2	PA, QL (4 syringes every 28 days)
OPZELURA CRE 1.5% ( <i>ruxolitinib phosphate (topical)</i> )	Tier 2	
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
<i>urea cream 39%</i> (Uredeb)	Tier 1	
<i>urea cream 40%</i>	Tier 1	
<i>urea cream 40%</i> (Uremez-40)	Tier 1	
<b>EMOLLIENTS</b>		
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1	
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod cream 3.75%</i>	Tier 1	
<i>imiquimod cream 5%</i>	Tier 1	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus cream 1%</i>	Tier 1	
<i>tacrolimus oint 0.1%</i>	Tier 1	
<i>tacrolimus oint 0.03%</i>	Tier 1	
<b>KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS</b>		
<i>podofilox gel 0.5%</i>	Tier 1	
<i>podofilox soln 0.5%</i>	Tier 1	

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**PRESCRIPTION DRUG NAME**

**DRUG TIER COVERAGE REQUIREMENTS AND LIMITS**

**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-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
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i> (Relador Pak Plus)	Tier 1	PA

**MISC. TOPICAL**

<i>benzoin compound tincture</i>	Tier 1	
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**PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL**

EUCRISA OIN 2% ( <i>crisaborole</i> )	Tier 2	PA
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**ROSACEA AGENTS**

<i>azelaic acid gel 15%</i>	Tier 1	
<i>brimonidine tartrate gel 0.33%</i> (base equivalent)	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORACEA CAP 40MG ( <i>doxycycline (rosacea)</i> )	Tier 1	
SOOLANTRA CRE 1% ( <i>ivermectin (rosacea)</i> )	Tier 1	
<b>SCABICIDES &amp; PEDICULICIDES</b>		
<i>crotamiton lotion 10%</i> (Crotan)	Tier 1	
<i>malathion lotion 0.5%</i>	Tier 1	
<i>permethrin cream 5%</i>	Tier 1	
<i>spinosad susp 0.9%</i>	Tier 1	
<b>TAR PRODUCTS</b>		
<i>coal tar soln 20%</i>	Tier 1	
<b>DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS</b>		
<b>DIAGNOSTIC DRUGS</b>		
<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	
<b>DIAGNOSTIC PRODUCTS, MISC.</b>		
<i>ultrasound - gel</i>	Tier 1	
<b>DIAGNOSTIC TESTS</b>		
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	
<b>MISCELLANEOUS CONTRAST MEDIA</b>		
<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	

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136



PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<b><i>gadoterate meglumine iv soln 10 mmol/20ml (0.5 mmol/ml)</i></b>	Tier 1	
<b><i>gadoterate meglumine iv soln 10 mmol/20ml (0.5 mmol/ml)</i></b> (Clariscan)	Tier 1	
<b><i>gadoterate meglumine iv soln 50 mmol/100ml (0.5 mmol/ml)</i></b>	Tier 1	
<b><i>gadoterate meglumine iv soln 50 mmol/100ml (0.5 mmol/ml)</i></b> (Clariscan)	Tier 1	
<b><i>gadoterate meglumine iv soln prefilled syringe 5 mmol/10ml</i></b> (Clariscan)	Tier 1	
<b><i>gadoterate meglumine iv soln prefilled syringe 7.5 mmol/15ml</i></b> (Clariscan)	Tier 1	
<b><i>gadoterate meglumine iv soln prefilled syringe 10 mmol/20ml</i></b> (Clariscan)	Tier 1	

#### **RADIOGRAPHIC CONTRAST MEDIA**

<b><i>iodixanol inj 270 mg/ml (iodine equivalent)</i></b>	Tier 1	
<b><i>iodixanol inj 320 mg/ml (iodine equivalent)</i></b>	Tier 1	
<b><i>iopamidol inj 41%</i></b>	Tier 1	
<b><i>iopamidol inj 61%</i></b>	Tier 1	
<b><i>iopamidol iv soln 41%</i></b>	Tier 1	

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

##### **NUTRITIONAL SUPPLEMENTS**

<b><i>nutritional supplement caps</i></b> (Asilnasal Rms)	Tier 1	
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#### **DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS**

##### **DIGESTIVE ENZYMES**

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

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137

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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	
<i>acetazolamide tab 250 mg</i>	Tier 1	
<i>dichlorphenamide tab 50 mg</i>	Tier 1	PA, QL (4 tabs every 1 day)
<i>dichlorphenamide tab 50 mg (Ormalvi)</i>	Tier 1	PA, QL (4 tabs every 1 day)
<i>methazolamide tab 25 mg</i>	Tier 1	
<i>methazolamide tab 50 mg</i>	Tier 1	

### DIURETIC COMBINATIONS

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

### LOOP DIURETICS

<i>bumetanide inj 0.25 mg/ml</i>	Tier 1	
<i>bumetanide tab 0.5 mg</i>	Tier 1	
<i>bumetanide tab 1 mg</i>	Tier 1	
<i>bumetanide tab 2 mg</i>	Tier 1	

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<i>ethacrynate sodium for inj 50 mg</i>	Tier 1	
<i>ethacrynic acid tab 25 mg</i>	Tier 1	
<i>furosemide inj 10 mg/ml</i>	Tier 1	
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	
<i>furosemide tab 20 mg</i>	Tier 1	
<i>furosemide tab 40 mg</i>	Tier 1	
<i>furosemide tab 80 mg</i>	Tier 1	
LASIX TAB 20MG ( <i>furosemide</i> )	Tier 3	
LASIX TAB 40MG ( <i>furosemide</i> )	Tier 3	
LASIX TAB 80MG ( <i>furosemide</i> )	Tier 3	
<i>torsemide tab 5 mg</i>	Tier 1	
<i>torsemide tab 10 mg</i>	Tier 1	
<i>torsemide tab 20 mg</i>	Tier 1	
<i>torsemide tab 100 mg</i>	Tier 1	
<b>OSMOTIC DIURETICS</b>		
<i>mannitol iv soln 10%</i> (Osmitrol Viaflex)	Tier 1	
<i>mannitol iv soln 20%</i>	Tier 1	
<i>mannitol iv soln 20%</i> (Osmitrol Viaflex)	Tier 1	
<i>mannitol iv soln 25%</i>	Tier 1	
<b>POTASSIUM SPARING DIURETICS</b>		
<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	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<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	

# - 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

139

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>metolazone tab 10 mg</i>	Tier 1	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES</b>		
<b>BONE DENSITY REGULATORS - DRUGS TO TREAT BONE LOSS</b>		
<i>ACTONEL TAB 35MG (risedronate sodium)</i>	Tier 3	
<i>ACTONEL TAB 150MG (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	
<i>ATELVIA TAB (risedronate sodium)</i>	Tier 3	
<i>calcitonin (salmon) inj 200 unit/ml</i>	Tier 1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	
<i>FOSAMAX TAB 70MG (alendronate sodium)</i>	Tier 3	
<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	
<i>PROLIA INJ 60MG/ML (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)
<i>TYMLOS INJ (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
<b>FERTILITY REGULATORS</b>		
<i>clomiphene citrate tab 50 mg (Clomid)</i>	Tier 1	
<i>FOLLISTIM AQ INJ 300UNIT (follitropin beta)</i>	Tier 2	PA, QL (15 cartridges 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 140

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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
<b>GNRH/LHRH ANTAGONISTS</b>		
<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	
<b>GROWTH HORMONES</b>		
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
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)
<b>HORMONE RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS</b>		
EVISTA TAB 60MG ( <i>raloxifene hcl</i> )	Tier 3	
<i>raloxifene hcl tab 60 mg</i>	Tier 1	AGE; ACA
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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
<b>METABOLIC MODIFIERS</b>		
<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	
<i>doxercalciferol cap 2.5 mcg</i>	Tier 1	
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	Tier 1	
ELFABRIO SOL 20/10ML ( <i>pegunigalsidase alfa-iwxj</i> )	Tier 2	PA
FABRAZYME INJ 5MG ( <i>agalsidase beta</i> )	Tier 2	PA
FABRAZYME INJ 35MG ( <i>agalsidase beta</i> )	Tier 2	PA
GALAFOLD CAP 123MG ( <i>migalastat hcl</i> )	Tier 2	PA, QL (14 capsules every 28 days)
<i>levocarnitine inj 200 mg/ml</i>	Tier 1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1	
<i>levocarnitine tab 330 mg</i>	Tier 1	
<i>nitisinone cap 2 mg</i>	Tier 1	PA
<i>nitisinone cap 5 mg</i>	Tier 1	PA
<i>nitisinone cap 10 mg</i>	Tier 1	PA
<i>nitisinone cap 20 mg</i>	Tier 1	PA
ORFADIN CAP 2MG ( <i>nitisinone</i> )	Tier 2	PA
ORFADIN CAP 5MG ( <i>nitisinone</i> )	Tier 2	PA
ORFADIN CAP 10MG ( <i>nitisinone</i> )	Tier 2	PA
ORFADIN CAP 20MG ( <i>nitisinone</i> )	Tier 2	PA
ORFADIN SUS 4MG/ML ( <i>nitisinone</i> )	Tier 2	PA
<i>paricalcitol cap 1 mcg</i>	Tier 1	
<i>paricalcitol cap 2 mcg</i>	Tier 1	
<i>paricalcitol cap 4 mcg</i>	Tier 1	
<i>paricalcitol iv soln 2 mcg/ml</i>	Tier 1	
<i>paricalcitol iv soln 5 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 142

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>PHEBURANE MIS 483/GM (sodium phenylbutyrate)</b>	Tier 2	PA, QL (46.4 gm every 1 day)
<b>ROCALTRON CAP 0.5MCG (calcitriol)</b>	Tier 3	
<b>ROCALTRON CAP 0.25MCG (calcitriol)</b>	Tier 3	
<b>ROCALTRON SOL 1MCG/ML (calcitriol)</b>	Tier 3	
<b>sapropterin dihydrochloride powder packet 100 mg</b>	Tier 1	PA
<b>sapropterin dihydrochloride powder packet 100 mg (Javygtor)</b>	Tier 1	PA
<b>sapropterin dihydrochloride powder packet 500 mg</b>	Tier 1	PA
<b>sapropterin dihydrochloride powder packet 500 mg (Javygtor)</b>	Tier 1	PA
<b>sapropterin dihydrochloride tab 100 mg</b>	Tier 1	PA
<b>sapropterin dihydrochloride tab 100 mg (Javygtor)</b>	Tier 1	PA
<b>sodium benzoate &amp; sodium phenylacetate iv soln 10-10%</b>	Tier 1	
<b>sodium phenylbutyrate oral powder 3 gm/teaspoonful</b>	Tier 1	PA, QL (26.6 gm every 1 day)
<b>sodium phenylbutyrate tab 500 mg</b>	Tier 1	PA, QL (40 tabs every 1 day)
<b>ZEMPLAR CAP 1MCG (paricalcitol)</b>	Tier 3	
<b>ZEMPLAR CAP 2MCG (paricalcitol)</b>	Tier 3	
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
<b>KERENDIA TAB 10MG (finerenone)</b>	Tier 2	
<b>KERENDIA TAB 20MG (finerenone)</b>	Tier 2	
<b>POSTERIOR PITUITARY HORMONES</b>		
<b>desmopressin acetate inj 4 mcg/ml</b>	Tier 1	
<b>desmopressin acetate nasal spray soln 0.01%</b>	Tier 1	
<b>desmopressin acetate nasal spray soln 0.01% (refrigerated)</b>	Tier 1	
<b>desmopressin acetate preservative free (pf) inj 4 mcg/ml</b>	Tier 1	
<b>desmopressin acetate tab 0.1 mg</b>	Tier 1	
<b>desmopressin acetate tab 0.2 mg</b>	Tier 1	
<b>vasopressin iv soln 20 unit/ml (for iv infusion)</b>	Tier 1	
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
<b>mifepristone tab 200 mg</b>	Tier 1	
<b>PROLACTIN INHIBITORS</b>		
<b>cabergoline tab 0.5 mg</b>	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

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>SOMATOSTATIC AGENTS</b>		
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	Tier 1	PA, QL (1 syringe every 28 days)
<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)
SOMATULINE INJ 120/.5ML ( <i>lanreotide acetate</i> )	Tier 2	PA, QL (1 syringe every 28 days)
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
<i>tolvaptan tab 15 mg</i>	Tier 1	PA
<i>tolvaptan tab 30 mg</i>	Tier 1	PA
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>		
<b>ESTROGEN COMBINATIONS</b>		
CLIMARA PRO DIS WEEKLY ( <i>estradiol-levonorgestrel</i> )	Tier 2	
COMBIPATCH DIS ( <i>estradiol &amp; norethindrone acetate</i> )	Tier 2	
DUAVEE TAB 0.45-20 ( <i>conjugated estrogens-bazedoxifene</i> )	Tier 2	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i> (Amabelz)	Tier 1	

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144



PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<b>estradiol &amp; norethindrone acetate tab 1-0.5 mg</b>	Tier 1	
<b>estradiol &amp; norethindrone acetate tab 1-0.5 mg</b> (Mimvey)	Tier 1	
MYFEMBREE TAB ( <b>relugolix-estradiol-norethindrone acetate</b> )	Tier 2	
<b>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</b>	Tier 1	
<b>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</b> (Fyavolv)	Tier 1	
<b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</b>	Tier 1	
<b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</b> (Fyavolv)	Tier 1	
<b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</b> (Jinteli)	Tier 1	
ORIAHNN CAP ( <b>elagolix sodium-estradiol-norethindrone acetate</b> )	Tier 2	
PREMPHASE TAB ( <b>conjugated estrogens-medroxyprogesterone acetate</b> )	Tier 2	
PREMPRO TAB ( <b>conjugated estrogens-medroxyprogesterone acetate</b> )	Tier 2	
PREMPRO TAB 0.3-1.5 ( <b>conjugated estrogens-medroxyprogesterone acetate</b> )	Tier 2	
PREMPRO TAB 0.45-1.5 ( <b>conjugated estrogens-medroxyprogesterone acetate</b> )	Tier 2	
PREMPRO TAB 0.625-5 ( <b>conjugated estrogens-medroxyprogesterone acetate</b> )	Tier 2	

**ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES**

ESTRACE TAB 0.5MG ( <b>estradiol</b> )	Tier 3	
ESTRACE TAB 1MG ( <b>estradiol</b> )	Tier 3	
ESTRACE TAB 2MG ( <b>estradiol</b> )	Tier 3	
<b>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</b>	Tier 1	
<b>estradiol tab 0.5 mg</b>	Tier 1	
<b>estradiol tab 1 mg</b>	Tier 1	
<b>estradiol tab 2 mg</b>	Tier 1	
<b>estradiol td gel 0.5 mg/0.5gm (0.1%)</b>	Tier 1	
<b>estradiol td gel 0.25 mg/0.25gm (0.1%)</b>	Tier 1	
<b>estradiol td gel 0.75 mg/0.75gm (0.1%)</b>	Tier 1	
<b>estradiol td gel 1 mg/gm (0.1%)</b>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i></b>	Tier 1	
<b><i>estradiol td patch twice weekly 0.1 mg/24hr</i></b>	Tier 1	
<b><i>estradiol td patch twice weekly 0.1 mg/24hr (Dotti)</i></b>	Tier 1	
<b><i>estradiol td patch twice weekly 0.1 mg/24hr (Lyllana)</i></b>	Tier 1	
<b><i>estradiol td patch twice weekly 0.05 mg/24hr</i></b>	Tier 1	
<b><i>estradiol td patch twice weekly 0.05 mg/24hr (Dotti)</i></b>	Tier 1	
<b><i>estradiol td patch twice weekly 0.05 mg/24hr (Lyllana)</i></b>	Tier 1	
<b><i>estradiol td patch twice weekly 0.025 mg/24hr</i></b>	Tier 1	
<b><i>estradiol td patch twice weekly 0.025 mg/24hr (Dotti)</i></b>	Tier 1	
<b><i>estradiol td patch twice weekly 0.025 mg/24hr (Lyllana)</i></b>	Tier 1	
<b><i>estradiol td patch twice weekly 0.075 mg/24hr</i></b>	Tier 1	
<b><i>estradiol td patch twice weekly 0.075 mg/24hr (Dotti)</i></b>	Tier 1	
<b><i>estradiol td patch twice weekly 0.075 mg/24hr (Lyllana)</i></b>	Tier 1	
<b><i>estradiol td patch twice weekly 0.0375 mg/24hr</i></b>	Tier 1	
<b><i>estradiol td patch twice weekly 0.0375 mg/24hr (Dotti)</i></b>	Tier 1	
<b><i>estradiol td patch twice weekly 0.0375 mg/24hr (Lyllana)</i></b>	Tier 1	
<b><i>estradiol td patch weekly 0.1 mg/24hr</i></b>	Tier 1	
<b><i>estradiol td patch weekly 0.05 mg/24hr</i></b>	Tier 1	
<b><i>estradiol td patch weekly 0.06 mg/24hr</i></b>	Tier 1	
<b><i>estradiol td patch weekly 0.025 mg/24hr</i></b>	Tier 1	
<b><i>estradiol td patch weekly 0.075 mg/24hr</i></b>	Tier 1	
<b><i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i></b>	Tier 1	
<b><i>estradiol valerate im in oil 10 mg/ml</i></b>	Tier 1	
<b><i>estradiol valerate im in oil 20 mg/ml</i></b>	Tier 1	
<b><i>estradiol valerate im in oil 40 mg/ml</i></b>	Tier 1	

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**PRESCRIPTION DRUG NAME**

**DRUG TIER COVERAGE  
REQUIREMENTS AND  
LIMITS**

**FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS**

**FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS**

CIPRO (5%) SUS 250MG/5 ( <i>ciprofloxacin</i> )	Tier 3
CIPRO (10%) SUS 500MG/5 ( <i>ciprofloxacin</i> )	Tier 3
CIPRO TAB 250MG ( <i>ciprofloxacin hcl</i> )	Tier 3
CIPRO TAB 500MG ( <i>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
<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
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**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
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# - 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

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</b>	Tier 1	
<b>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</b>	Tier 1	
<b>metoclopramide hcl tab 5 mg (base equivalent)</b>	Tier 1	
<b>metoclopramide hcl tab 10 mg (base equivalent)</b>	Tier 1	
REGLAN TAB 5MG ( <b>metoclopramide hcl</b> )	Tier 3	
REGLAN TAB 10MG ( <b>metoclopramide hcl</b> )	Tier 3	
<b>INFLAMMATORY BOWEL AGENTS</b>		
AVSOLA INJ 100MG ( <b>infliximab-axxq</b> )	Tier 2	PA, QL (5 vials every 42 days)
AZULFIDINE TAB 500MG ( <b>sulfasalazine</b> )	Tier 3	
AZULFIDINE TAB 500MG EN ( <b>sulfasalazine</b> )	Tier 3	
<b>balsalazide disodium cap 750 mg</b>	Tier 1	
<b>mesalamine cap dr 400 mg</b>	Tier 1	
<b>mesalamine cap er 24hr 0.375 gm</b>	Tier 1	
<b>mesalamine cap er 500 mg</b>	Tier 1	
<b>mesalamine enema 4 gm</b>	Tier 1	
<b>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</b>	Tier 1	
<b>mesalamine suppos 1000 mg</b>	Tier 1	
<b>mesalamine tab delayed release 1.2 gm</b>	Tier 1	
<b>mesalamine tab delayed release 800 mg</b>	Tier 1	
REMICADE INJ 100MG ( <b>infliximab</b> )	Tier 2	PA, QL (5 vials every 42 days)
ROWASA KIT 4GM ( <b>mesalamine w/ cleanser</b> )	Tier 3	
SKYRIZI INJ 180/1.2 ( <b>risankizumab-rzaa (crohn's)</b> )	Tier 2	PA, QL (1 cartridge every 56 days)
SKYRIZI INJ 360/2.4 ( <b>risankizumab-rzaa (crohn's)</b> )	Tier 2	PA, QL (1 cartridge every 56 days)
SKYRIZI SOL 60MG/ML ( <b>risankizumab-rzaa (crohn's)</b> )	Tier 2	PA, QL (3 vials every 56 days)
STELARA INJ 5MG/ML ( <b>ustekinumab (iv)</b> )	Tier 2	PA, QL (4 vials every 56 days)
<b>sulfasalazine tab 500 mg</b>	Tier 1	
<b>sulfasalazine tab delayed release 500 mg</b>	Tier 1	
<b>INTESTINAL ACIDIFIERS</b>		
<b>lactulose (encephalopathy) solution 10 gm/15ml</b>	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

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>lactulose (encephalopathy) solution 10 gm/15ml (Enulose)</i></b>	Tier 1	
<b><i>lactulose (encephalopathy) solution 10 gm/15ml (Generlac)</i></b>	Tier 1	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<b><i>alosetron hcl tab 0.5 mg (base equiv)</i></b>	Tier 1	PA
<b><i>alosetron hcl tab 1 mg (base equiv)</i></b>	Tier 1	PA
<b><i>LINZESS CAP 72MCG (linaclotide)</i></b>	Tier 2	
<b><i>LINZESS CAP 145MCG (linaclotide)</i></b>	Tier 2	
<b><i>LINZESS CAP 290MCG (linaclotide)</i></b>	Tier 2	
<b><i>VIBERZI TAB 75MG (eluxadoline)</i></b>	Tier 2	
<b><i>VIBERZI TAB 100MG (eluxadoline)</i></b>	Tier 2	
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
<b><i>alvimopan cap 12 mg</i></b>	Tier 1	
<b><i>MOVANTIK TAB 12.5MG (naloxegol oxalate)</i></b>	Tier 2	
<b><i>MOVANTIK TAB 25MG (naloxegol oxalate)</i></b>	Tier 2	
<b><i>SYMPROIC TAB 0.2MG (naldemedine tosylate)</i></b>	Tier 2	
<b>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</b>		
<b><i>AURYXIA TAB 210MG (ferric citrate)</i></b>	Tier 2	
<b><i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i></b>	Tier 1	
<b><i>calcium acetate (phosphate binder) tab 667 mg</i></b>	Tier 1	
<b><i>sevelamer carbonate packet 0.8 gm</i></b>	Tier 1	
<b><i>sevelamer carbonate packet 2.4 gm</i></b>	Tier 1	
<b><i>sevelamer carbonate tab 800 mg</i></b>	Tier 1	
<b><i>sevelamer hcl tab 400 mg</i></b>	Tier 1	
<b><i>sevelamer hcl tab 800 mg</i></b>	Tier 1	
<b>GENERAL ANESTHETICS - DRUGS FOR ANESTHESIA DURING SURGERY</b>		
<b>ANESTHETICS - MISC.</b>		
<b><i>etomidate iv soln 2 mg/ml</i></b>	Tier 1	
<b><i>ketamine hcl inj 10 mg/ml</i></b>	Tier 1	
<b><i>ketamine hcl inj 50 mg/ml</i></b>	Tier 1	
<b><i>ketamine hcl inj 100 mg/ml</i></b>	Tier 1	
<b><i>propofol iv emul 200 mg/20ml (10 mg/ml)</i></b>	Tier 1	
<b><i>propofol iv emul 200 mg/20ml (10 mg/ml)</i></b> (Fresenius Propoven)	Tier 1	
<b><i>propofol iv emul 500 mg/50ml (10 mg/ml)</i></b>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<b>propofol iv emul 500 mg/50ml (10 mg/ml)</b> (Fresenius Propoven)	Tier 1	
<b>propofol iv emul 1000 mg/100ml (10 mg/ml)</b>	Tier 1	
<b>propofol iv emul 1000 mg/100ml (10 mg/ml)</b> (Fresenius Propoven)	Tier 1	

**VOLATILE ANESTHETICS**

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

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

**ALKALINIZERS**

<b>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</b>	Tier 1	
<b>potassium citrate &amp; citric acid powder pack 3300-1002 mg</b> (Cytra K Crystals)	Tier 1	
<b>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</b>	Tier 1	
<b>potassium citrate tab er 5 meq (540 mg)</b>	Tier 1	
<b>potassium citrate tab er 10 meq (1080 mg)</b>	Tier 1	
<b>potassium citrate tab er 15 meq (1620 mg)</b>	Tier 1	
<b>sodium citrate &amp; citric acid soln 500-334 mg/5ml</b>	Tier 1	
UROCIT-K 5 TAB ( <b>potassium citrate (alkalinizer)</b> )	Tier 3	
UROCIT-K 10 TAB ( <b>potassium citrate (alkalinizer)</b> )	Tier 3	
UROCIT-K 15 TAB ( <b>potassium citrate (alkalinizer)</b> )	Tier 3	

**GENITOURINARY IRRIGANTS**

<b>acetic acid irrigation soln 0.25%</b>	Tier 1	
<b>glycine irrigation soln 1.5%</b>	Tier 1	
<b>neomycin-polymyxin b gu irrigation soln</b>	Tier 1	
<b>sodium chloride irrigation soln 0.9%</b>	Tier 1	
<b>sodium chloride irrigation soln 0.9%</b> (Argyle Sterile Saline)	Tier 1	
<b>sodium chloride irrigation soln 0.9%</b> (Curity Sterile Saline)	Tier 1	

**PROSTATIC HYPERTROPHY AGENTS**

<b>alfuzosin hcl tab er 24hr 10 mg</b>	Tier 1	
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
AVODART CAP 0.5MG ( <i>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	
FLOMAX CAP 0.4MG ( <i>tamsulosin hcl</i> )	Tier 3	
PROSCAR TAB 5MG ( <i>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	
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine hcl tab 200 mg</i> (Phenazo)	Tier 1	
<b>URINARY STONE AGENTS</b>		
<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
<b>GOUT AGENTS - DRUGS TO TREAT GOUT</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	
<b>GOUT AGENTS - DRUGS TO TREAT GOUT</b>		
<i>allopurinol sodium for inj 500 mg</i>	Tier 1	
<i>allopurinol tab 100 mg</i>	Tier 1	
<i>allopurinol tab 300 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	
<b>URICOSURICS</b>		
<i>probenecid tab 500 mg</i>	Tier 1	
<b>HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
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

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ALPROLIX INJ 4000UNIT ( <b><i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i></b> )	Tier 2	PA
ELOCTATE INJ 250UNIT ( <b><i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i></b> )	Tier 2	PA
ELOCTATE INJ 500UNIT ( <b><i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i></b> )	Tier 2	PA
ELOCTATE INJ 750UNIT ( <b><i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i></b> )	Tier 2	PA
ELOCTATE INJ 1000UNIT ( <b><i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i></b> )	Tier 2	PA
ELOCTATE INJ 1500UNIT ( <b><i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i></b> )	Tier 2	PA
ELOCTATE INJ 2000UNIT ( <b><i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i></b> )	Tier 2	PA
ELOCTATE INJ 3000UNIT ( <b><i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i></b> )	Tier 2	PA
ELOCTATE INJ 4000UNIT ( <b><i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i></b> )	Tier 2	PA
ELOCTATE INJ 5000UNIT ( <b><i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i></b> )	Tier 2	PA
ELOCTATE INJ 6000UNIT ( <b><i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i></b> )	Tier 2	PA
ESPEROCT INJ 500UNIT ( <b><i>antihemophilic factor (recombinant) glycopegylated-exei)</i></b> )	Tier 2	PA
ESPEROCT INJ 1000UNIT ( <b><i>antihemophilic factor (recombinant) glycopegylated-exei)</i></b> )	Tier 2	PA
ESPEROCT INJ 1500UNIT ( <b><i>antihemophilic factor (recombinant) glycopegylated-exei)</i></b> )	Tier 2	PA
ESPEROCT INJ 2000UNIT ( <b><i>antihemophilic factor (recombinant) glycopegylated-exei)</i></b> )	Tier 2	PA
ESPEROCT INJ 3000UNIT ( <b><i>antihemophilic factor (recombinant) glycopegylated-exei)</i></b> )	Tier 2	PA
JIVI INJ 500 UNIT ( <b><i>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</i></b> )	Tier 2	PA
JIVI INJ 1000UNIT ( <b><i>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</i></b> )	Tier 2	PA
JIVI INJ 2000UNIT ( <b><i>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</i></b> )	Tier 2	PA
JIVI INJ 3000UNIT ( <b><i>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</i></b> )	Tier 2	PA
KOGENATE FS INJ 250UNIT ( <b><i>antihemophilic factor (recombinant) (rfviii)</i></b> )	Tier 2	PA

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

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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
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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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
XYNTHA SOLOF INJ 2000UNIT ( <i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i> )	Tier 2	PA
XYNTHA SOLOF INJ 3000UNIT ( <i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i> )	Tier 2	PA
XYNTHA SOLOF KIT 250UNIT ( <i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i> )	Tier 2	PA
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	Tier 1	PA, QL (45 syringes every 90 days)
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i> (Sajazir)	Tier 1	PA, QL (45 syringes every 90 days)
<b>COMPLEMENT INHIBITORS</b>		
EMPAVELI INJ 1080MG ( <i>pegcetacoplan</i> )	Tier 2	PA, QL (10 vials every 30 days)
RUCONEST INJ 2100UNIT ( <i>c1 esterase inhibitor (recombinant)</i> )	Tier 2	PA, QL (60 vials every 90 days)
SOLIRIS INJ 10MG/ML ( <i>eculizumab</i> )	Tier 3	PA
<b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE TAB 100MG ( <i>fostatinib disodium</i> )	Tier 2	PA, QL (2 tabs every 1 day)

# - Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 156  
**AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
TAVALISSE TAB 150MG ( <i>fostamatinib disodium</i> )	Tier 2	PA, QL (2 tabs every 1 day)
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tab er 400 mg</i>	Tier 1	
<b>PLASMA EXPANDERS</b>		
<i>dextran 40 inj 10% in d5w</i> (Lmd 10% Dextrose 5%)	Tier 1	
<i>dextran 40 inj 10% in saline</i> (Lmd 10% Sodium Chloride 0)	Tier 1	
<i>hetastarch (hes /0.7 or /0.75) 6% in nacl 0.9% iv soln</i>	Tier 1	
<b>PLASMA KALLIKREIN INHIBITORS</b>		
ORLADEYO CAP 110MG ( <i>berotralstat hcl</i> )	Tier 2	PA, QL (1 cap every 1 day)
ORLADEYO CAP 150MG ( <i>berotralstat hcl</i> )	Tier 2	PA, QL (1 cap every 1 day)
TAKHZYRO INJ 150MG/ML ( <i>lanadelumab-flyo</i> )	Tier 2	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML ( <i>lanadelumab-flyo</i> )	Tier 2	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML ( <i>lanadelumab-flyo</i> )	Tier 2	PA, QL (2 vials every 28 days)
<b>PLATELET AGGREGATION INHIBITORS</b>		
<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	

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**AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

157

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>tirofiban hcl in nacl 0.9% iv soln 12.5 mg/250ml (base eq)</i></b>	Tier 1	
<b>PROTAMINE</b>		
<b><i>protamine sulfate inj 10 mg/ml</i></b>	Tier 1	
<b>HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
<b>CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)</b>	Tier 2	PA, QL (2 caps every 1 day)
<b>CEREZYME INJ 400UNIT (<i>imiglucerase</i>)</b>	Tier 2	PA, QL (60 units/kg every 14 days)
<b><i>miglustat cap 100 mg</i></b>	Tier 1	PA, QL (3 caps every 1 day)
<b><i>miglustat cap 100 mg</i> (Yargesa)</b>	Tier 1	PA, QL (3 caps every 1 day)
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
<b>ENDARI POW 5GM (<i>glutamine (sickle cell)</i>)</b>	Tier 2	PA, QL (6 packets every 1 day)
<b>SIKLOS TAB 100MG (<i>hydroxyurea (sickle cell disease)</i>)</b>	Tier 2	
<b>SIKLOS TAB 1000MG (<i>hydroxyurea (sickle cell disease)</i>)</b>	Tier 2	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
<b>ARANESP INJ 10MCG (<i>darbepoetin alfa</i>)</b>	Tier 2	PA
<b>ARANESP INJ 25MCG (<i>darbepoetin alfa</i>)</b>	Tier 2	PA
<b>ARANESP INJ 40MCG (<i>darbepoetin alfa</i>)</b>	Tier 2	PA
<b>ARANESP INJ 60MCG (<i>darbepoetin alfa</i>)</b>	Tier 2	PA
<b>ARANESP INJ 100MCG (<i>darbepoetin alfa</i>)</b>	Tier 2	PA
<b>ARANESP INJ 150MCG (<i>darbepoetin alfa</i>)</b>	Tier 2	PA
<b>ARANESP INJ 200MCG (<i>darbepoetin alfa</i>)</b>	Tier 2	PA
<b>ARANESP INJ 300MCG (<i>darbepoetin alfa</i>)</b>	Tier 2	PA
<b>ARANESP INJ 500MCG (<i>darbepoetin alfa</i>)</b>	Tier 2	PA
<b>DOPTELET TAB 20MG (<i>avatrombopag maleate</i>)</b>	Tier 2	PA, QL (2 tabs every 1 day)
<b>DOPTELET TAB 20MG (<i>avatrombopag maleate</i>)</b>	Tier 2	PA, QL (3 tabs every 1 day)
<b>FYLNETRA INJ 6MG/0.6 (<i>pegfilgrastim-pbbk</i>)</b>	Tier 2	PA, QL (2 syringes every 28 days)
<b>NIVESTYM INJ 300/0.5 (<i>filgrastim-aafi</i>)</b>	Tier 2	PA
<b>NIVESTYM INJ 300MCG (<i>filgrastim-aafi</i>)</b>	Tier 2	PA
<b>NIVESTYM INJ 480/0.8 (<i>filgrastim-aafi</i>)</b>	Tier 2	PA
<b>NIVESTYM INJ 480MCG (<i>filgrastim-aafi</i>)</b>	Tier 2	PA
<b>NYVEPRIA INJ 6/0.6ML (<i>pegfilgrastim-apgf</i>)</b>	Tier 2	PA, QL (2 syringes every 28 days)
<b>PROCRIT INJ 2000/ML (<i>epoetin alfa</i>)</b>	Tier 2	PA

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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
RETACRIT INJ 3000UNIT ( <i>epoetin alfa-epbx</i> )	Tier 2	PA
RETACRIT INJ 4000UNIT ( <i>epoetin alfa-epbx</i> )	Tier 2	PA
RETACRIT INJ 10000UNIT ( <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
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### **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	
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>phenobarbital elixir 20 mg/5ml</i></b>	Tier 1	
<b><i>phenobarbital sodium inj 65 mg/ml</i></b>	Tier 1	
<b><i>phenobarbital sodium inj 130 mg/ml</i></b>	Tier 1	
<b><i>phenobarbital tab 15 mg</i></b>	Tier 1	
<b><i>phenobarbital tab 16.2 mg</i></b>	Tier 1	
<b><i>phenobarbital tab 30 mg</i></b>	Tier 1	
<b><i>phenobarbital tab 32.4 mg</i></b>	Tier 1	
<b><i>phenobarbital tab 60 mg</i></b>	Tier 1	
<b><i>phenobarbital tab 64.8 mg</i></b>	Tier 1	
<b><i>phenobarbital tab 97.2 mg</i></b>	Tier 1	
<b><i>phenobarbital tab 100 mg</i></b>	Tier 1	
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<b><i>doxepin hcl (sleep) tab 3 mg (base equiv)</i></b>	Tier 1	
<b><i>doxepin hcl (sleep) tab 6 mg (base equiv)</i></b>	Tier 1	
<b>NON-BARBITURATE HYPNOTICS</b>		
<b><i>AMBIEN CR TAB 6.25MG (zolpidem tartrate)</i></b>	Tier 3	QL (90 tabs every 75 days)
<b><i>AMBIEN CR TAB 12.5MG (zolpidem tartrate)</i></b>	Tier 3	QL (90 tabs every 75 days)
<b><i>AMBIEN TAB 5MG (zolpidem tartrate)</i></b>	Tier 3	QL (90 tabs every 75 days)
<b><i>AMBIEN TAB 10MG (zolpidem tartrate)</i></b>	Tier 3	QL (90 tabs every 75 days)
<b><i>dexmedetomidine hcl in nacl 0.9% iv soln 80 mcg/20ml</i></b>	Tier 1	
<b><i>dexmedetomidine hcl in nacl 0.9% iv soln 200 mcg/50ml</i></b>	Tier 1	
<b><i>dexmedetomidine hcl in nacl 0.9% iv soln 400 mcg/100ml</i></b>	Tier 1	
<b><i>dexmedetomidine hcl iv soln 200 mcg/2ml</i></b>	Tier 1	
<b><i>estazolam tab 1 mg</i></b>	Tier 1	
<b><i>estazolam tab 2 mg</i></b>	Tier 1	
<b><i>eszopiclone tab 1 mg</i></b>	Tier 1	QL (90 tabs every 75 days)
<b><i>eszopiclone tab 2 mg</i></b>	Tier 1	QL (90 tabs every 75 days)
<b><i>eszopiclone tab 3 mg</i></b>	Tier 1	QL (90 tabs every 75 days)
<b><i>midazolam 50 mg/50ml-sodium chloride 0.9% iv soln</i></b>	Tier 1	
<b><i>midazolam 100 mg/100ml-sodium chloride 0.9% iv soln</i></b>	Tier 1	
<b><i>midazolam hcl inj 2 mg/2ml (base equivalent)</i></b>	Tier 1	
<b><i>midazolam hcl inj 5 mg/5ml (base equivalent)</i></b>	Tier 1	
<b><i>midazolam hcl inj 5 mg/ml (base equivalent)</i></b>	Tier 1	
<b><i>midazolam hcl inj 10 mg/2ml (base equivalent)</i></b>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>midazolam hcl inj 10 mg/10ml (base equivalent)</b>	Tier 1	
<b>midazolam hcl inj 25 mg/5ml (base equivalent)</b>	Tier 1	
<b>midazolam hcl inj 50 mg/10ml (base equivalent)</b>	Tier 1	
<b>midazolam hcl inj pf 2 mg/2ml (base equivalent)</b>	Tier 1	
<b>midazolam hcl inj pf 5 mg/5ml (base equivalent)</b>	Tier 1	
<b>midazolam hcl inj pf 5 mg/ml (base equivalent)</b>	Tier 1	
<b>midazolam hcl inj pf 10 mg/2ml (base equivalent)</b>	Tier 1	
<b>midazolam hcl syrup 2 mg/ml (base equivalent)</b>	Tier 1	
<b>RESTORIL CAP 7.5MG (temazepam)</b>	Tier 3	
<b>RESTORIL CAP 15MG (temazepam)</b>	Tier 3	
<b>RESTORIL CAP 22.5MG (temazepam)</b>	Tier 3	
<b>RESTORIL CAP 30MG (temazepam)</b>	Tier 3	
<b>temazepam cap 7.5 mg</b>	Tier 1	
<b>temazepam cap 15 mg</b>	Tier 1	
<b>temazepam cap 22.5 mg</b>	Tier 1	
<b>temazepam cap 30 mg</b>	Tier 1	
<b>triazolam tab 0.25 mg</b>	Tier 1	
<b>triazolam tab 0.125 mg</b>	Tier 1	
<b>zaleplon cap 5 mg</b>	Tier 1	QL (90 caps every 75 days)
<b>zaleplon cap 10 mg</b>	Tier 1	QL (90 caps every 75 days)
<b>zolpidem tartrate tab 5 mg</b>	Tier 1	QL (90 tabs every 75 days)
<b>zolpidem tartrate tab 10 mg</b>	Tier 1	QL (90 tabs every 75 days)
<b>zolpidem tartrate tab er 6.25 mg</b>	Tier 1	QL (90 tabs every 75 days)
<b>zolpidem tartrate tab er 12.5 mg</b>	Tier 1	QL (90 tabs every 75 days)
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
<b>BELSOMRA TAB 5MG (suvorexant)</b>	Tier 2	
<b>BELSOMRA TAB 10MG (suvorexant)</b>	Tier 2	
<b>BELSOMRA TAB 15MG (suvorexant)</b>	Tier 2	
<b>BELSOMRA TAB 20MG (suvorexant)</b>	Tier 2	
<b>DAYVIGO TAB 5MG (lemborexant)</b>	Tier 2	
<b>DAYVIGO TAB 10MG (lemborexant)</b>	Tier 2	
<b>QUVIVIQ TAB 25MG (daridorexant hcl)</b>	Tier 2	
<b>QUVIVIQ TAB 50MG (daridorexant hcl)</b>	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
<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)
<b>LAXATIVES - DRUGS TO TREAT CONSTIPATION</b>		
<b>LAXATIVE COMBINATIONS</b>		
<i>CLENPIQ SOL (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 (Gavilyte-g)</i>	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (Gavilyte-c)</i>	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
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>lactulose solution 10 gm/15ml</i>	Tier 1	
<i>lactulose solution 10 gm/15ml (Constulose)</i>	Tier 1	
<b>LUBRICANT LAXATIVES</b>		
<i>mineral oil</i>	Tier 1	
<b>LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR NUMBING</b>		
<b>LOCAL ANESTHETIC COMBINATIONS</b>		
<i>articaine-epinephrine solution cartridge 4%-1:100000 (Articadent Dental)</i>	Tier 1	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i>	Tier 1	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000 (Marcaine/epinephrine)</i>	Tier 1	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000 (Sensorcaine/epinephrine)</i>	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 (Sensorcaine/epinephrine)</i>	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) (Sensorcaine-mpf/epinephri)</i>	Tier 1	

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**AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

162

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

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<b><i>mepivacaine hcl preservative free (pf) inj 1%</i></b> (Polocaine-mpf)	Tier 1	
<b><i>mepivacaine hcl preservative free (pf) inj 1.5%</i></b> (Polocaine-mpf)	Tier 1	
<b><i>mepivacaine hcl preservative free (pf) inj 2%</i></b> (Polocaine-mpf)	Tier 1	
<b><i>ropivacaine hcl inj 2 mg/ml</i></b>	Tier 1	
<b><i>ropivacaine hcl inj 5 mg/ml</i></b>	Tier 1	
<b><i>ropivacaine hcl inj 7.5 mg/ml</i></b>	Tier 1	
<b><i>ropivacaine hcl inj 10 mg/ml</i></b>	Tier 1	
<b>LOCAL ANESTHETICS - ESTERS</b>		
<b><i>chloroprocaine hcl preservative free (pf) inj 2%</i></b>	Tier 1	
<b><i>chloroprocaine hcl preservative free (pf) inj 3%</i></b>	Tier 1	
<b>MACROLIDES - DRUGS TO TREAT INFECTIONS</b>		
<b>AZITHROMYCIN</b>		
<b><i>azithromycin for susp 100 mg/5ml</i></b>	Tier 1	
<b><i>azithromycin for susp 200 mg/5ml</i></b>	Tier 1	
<b><i>azithromycin iv for soln 500 mg</i></b>	Tier 1	
<b><i>azithromycin powd pack for susp 1 gm</i></b>	Tier 1	
<b><i>azithromycin tab 250 mg</i></b>	Tier 1	QL (6 tabs every 5 days); Limit of one fill per 60 days
<b><i>azithromycin tab 500 mg</i></b>	Tier 1	
<b><i>azithromycin tab 600 mg</i></b>	Tier 1	
<b>CLARITHROMYCIN</b>		
<b><i>clarithromycin for susp 125 mg/5ml</i></b>	Tier 1	
<b><i>clarithromycin for susp 250 mg/5ml</i></b>	Tier 1	
<b><i>clarithromycin tab 250 mg</i></b>	Tier 1	
<b><i>clarithromycin tab 500 mg</i></b>	Tier 1	
<b><i>clarithromycin tab er 24hr 500 mg</i></b>	Tier 1	
<b>ERYTHROMYCINS</b>		
<b><i>erythromycin ethylsuccinate for susp 200 mg/5ml</i></b>	Tier 1	
<b><i>erythromycin ethylsuccinate for susp 400 mg/5ml</i></b>	Tier 1	
<b><i>erythromycin ethylsuccinate tab 400 mg</i></b>	Tier 1	
<b><i>erythromycin ethylsuccinate tab 400 mg</i></b> (E.e.s. 400)	Tier 1	
<b><i>erythromycin lactobionate for inj 500 mg</i></b>	Tier 1	

# - Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications  
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164

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<b>erythromycin lactobionate for inj 500 mg</b> (Erythrocin Lactobionate)	Tier 1	
<b>erythromycin stearate tab 250 mg</b> (Erythrocin Stearate)	Tier 1	
<b>erythromycin tab 250 mg</b>	Tier 1	
<b>erythromycin tab 500 mg</b>	Tier 1	
<b>erythromycin tab delayed release 250 mg</b>	Tier 1	
<b>erythromycin tab delayed release 250 mg</b> (Ery-tab)	Tier 1	
<b>erythromycin tab delayed release 333 mg</b>	Tier 1	
<b>erythromycin tab delayed release 333 mg</b> (Ery-tab)	Tier 1	
<b>erythromycin tab delayed release 500 mg</b>	Tier 1	
<b>erythromycin tab delayed release 500 mg</b> (Ery-tab)	Tier 1	
<b>erythromycin w/ delayed release particles cap 250 mg</b>	Tier 1	

#### **FIDAXOMICIN**

DIFICID SUS ( <b>fidaxomicin</b> )	Tier 2	
DIFICID TAB 200MG ( <b>fidaxomicin</b> )	Tier 2	

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

#### **DIABETIC SUPPLIES**

ACCU-CHEK KIT FASTCLIX ( <b>lancets misc.</b> )	Tier 2	
ACCU-CHEK KIT SOFTCLIX ( <b>lancets misc.</b> )	Tier 2	
ACTI-LANCE MIS 28G ( <b>lancets</b> )	Tier 3	
ACTI-LANCE MIS LITE 28G ( <b>lancets</b> )	Tier 3	
ACTI-LANCE MIS SPEC 17G ( <b>lancets</b> )	Tier 3	
ACTI-LANCE MIS UNIV 23G ( <b>lancets</b> )	Tier 3	
ADVATE SAFE MIS LANC 26G ( <b>lancets</b> )	Tier 3	
ADVOCATE MIS LANC 30G ( <b>lancets</b> )	Tier 3	
ADVOCATE MIS LANCETS ( <b>lancets</b> )	Tier 3	
AGAMATRIX MIS 33G ( <b>lancets</b> )	Tier 3	
AIMSCO TWIST MIS 32G ( <b>lancets</b> )	Tier 3	
AIMSCO TWIST MIS 33G ( <b>lancets</b> )	Tier 3	
AQUALANCE MIS 30G ( <b>lancets</b> )	Tier 3	
ASSURE CMFRT MIS 28G ( <b>lancets</b> )	Tier 3	
ASSURE LANCE MIS 21G ( <b>lancets</b> )	Tier 3	
ASSURE LANCE MIS 28G ( <b>lancets</b> )	Tier 3	
ASSURE LANCE MIS LOW FLOW ( <b>lancets</b> )	Tier 3	
ASSURE LANCE MIS MICRO ( <b>lancets</b> )	Tier 3	

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165

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

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166

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

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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	
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)

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
RELION ULTRA MIS THIN PLS ( <i>lancets</i> )	Tier 3	
RIGHTEST 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	
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	
SMARTEST 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	

# - 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

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

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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	
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	
<b>MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AJOVY INJ 225/1.5 ( <i>fremanezumab-vfrm</i> )	Tier 2	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
EMGALITY INJ 100MG/ML ( <b>galcanezumab-gnlm</b> )	Tier 2	
EMGALITY INJ 120MG/ML ( <b>galcanezumab-gnlm</b> )	Tier 2	
NURTEC TAB 75MG ODT ( <b>rimegepant sulfate</b> )	Tier 2	
QULIPTA TAB 10MG ( <b>atogepant</b> )	Tier 2	
QULIPTA TAB 30MG ( <b>atogepant</b> )	Tier 2	
QULIPTA TAB 60MG ( <b>atogepant</b> )	Tier 2	
UBRELVY TAB 50MG ( <b>ubrogepant</b> )	Tier 2	
UBRELVY TAB 100MG ( <b>ubrogepant</b> )	Tier 2	
<b>MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES</b>		
<b>dihydroergotamine mesylate inj 1 mg/ml</b>	Tier 1	
<b>SEROTONIN AGONISTS</b>		
<b>almotriptan malate tab 6.25 mg</b>	Tier 1	QL (36 tabs every 75 days)
<b>almotriptan malate tab 12.5 mg</b>	Tier 1	QL (36 tabs every 75 days)
<b>eletriptan hydrobromide tab 20 mg (base equivalent)</b>	Tier 1	QL (36 tabs every 75 days)
<b>eletriptan hydrobromide tab 40 mg (base equivalent)</b>	Tier 1	QL (36 tabs every 75 days)
<b>frovatriptan succinate tab 2.5 mg (base equivalent)</b>	Tier 1	QL (54 tabs every 75 days)
IMITREX INJ 4MG/0.5 ( <b>sumatriptan succinate</b> )	Tier 3	QL (54 injections every 75 days)
IMITREX INJ 6MG/0.5 ( <b>sumatriptan succinate</b> )	Tier 3	QL (36 injections every 75 days)
IMITREX TAB 25MG ( <b>sumatriptan succinate</b> )	Tier 3	QL (36 tabs every 75 days)
IMITREX TAB 50MG ( <b>sumatriptan succinate</b> )	Tier 3	QL (36 tabs every 75 days)
IMITREX TAB 100MG ( <b>sumatriptan succinate</b> )	Tier 3	QL (36 tabs every 75 days)
<b>naratriptan hcl tab 1 mg (base equiv)</b>	Tier 1	QL (36 tabs every 75 days)
<b>naratriptan hcl tab 2.5 mg (base equiv)</b>	Tier 1	QL (36 tabs every 75 days)
ONZETRA XSAI MIS 11MG ( <b>sumatriptan succinate</b> )	Tier 2	QL (64 nosepieces every 75 days)
RELPAK TAB 20MG ( <b>eletriptan hydrobromide</b> )	Tier 3	QL (36 tabs every 75 days)
RELPAK TAB 40MG ( <b>eletriptan hydrobromide</b> )	Tier 3	QL (36 tabs every 75 days)
<b>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</b>	Tier 1	QL (54 tabs every 75 days)
<b>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</b>	Tier 1	QL (54 tabs every 75 days)
<b>rizatriptan benzoate tab 5 mg (base equivalent)</b>	Tier 1	QL (54 tabs every 75 days)

# - Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 175  
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>rizatriptan benzoate tab 10 mg (base equivalent)</i></b>	Tier 1	QL (54 tabs every 75 days)
<b><i>sumatriptan nasal spray 5 mg/act</i></b>	Tier 1	QL (72 inhalations every 75 days)
<b><i>sumatriptan nasal spray 20 mg/act</i></b>	Tier 1	QL (36 inhalations every 75 days)
<b><i>sumatriptan succinate inj 6 mg/0.5ml</i></b>	Tier 1	QL (40 injections every 75 days)
<b><i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i></b>	Tier 1	QL (54 injections every 75 days)
<b><i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i></b>	Tier 1	QL (36 injections every 75 days)
<b><i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i></b>	Tier 1	QL (54 injections every 75 days)
<b><i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i></b>	Tier 1	QL (36 injections every 75 days)
<b><i>sumatriptan succinate tab 25 mg</i></b>	Tier 1	QL (36 tabs every 75 days)
<b><i>sumatriptan succinate tab 50 mg</i></b>	Tier 1	QL (36 tabs every 75 days)
<b><i>sumatriptan succinate tab 100 mg</i></b>	Tier 1	QL (36 tabs every 75 days)
<b>ZEMBRACE SYM INJ 3/0.5ML (<i>sumatriptan succinate</i>)</b>	Tier 2	QL (72 injections every 75 days)
<b><i>zolmitriptan nasal spray 5 mg/spray unit</i></b>	Tier 1	QL (36 inhalations every 75 days)
<b><i>zolmitriptan orally disintegrating tab 2.5 mg</i></b>	Tier 1	QL (36 tabs every 75 days)
<b><i>zolmitriptan orally disintegrating tab 5 mg</i></b>	Tier 1	QL (36 tabs every 75 days)
<b><i>zolmitriptan tab 2.5 mg</i></b>	Tier 1	QL (36 tabs every 75 days)
<b><i>zolmitriptan tab 5 mg</i></b>	Tier 1	QL (36 tabs every 75 days)

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

### **POTASSIUM**

<b><i>potassium acetate inj 2 meq/ml</i></b>	Tier 1
<b><i>potassium bicarbonate effer tab 25 meq</i></b> (Effer-k)	Tier 1
<b><i>potassium bicarbonate effer tab 25 meq</i></b> (K-prime)	Tier 1
<b><i>potassium bicarbonate effer tab 25 meq</i></b> (Klor-con/ef)	Tier 1
<b><i>potassium chloride cap er 8 meq</i></b>	Tier 1
<b><i>potassium chloride cap er 10 meq</i></b>	Tier 1
<b><i>potassium chloride inj 2 meq/ml</i></b>	Tier 1
<b><i>potassium chloride inj 10 meq/50ml</i></b>	Tier 1
<b><i>potassium chloride inj 10 meq/100ml</i></b>	Tier 1

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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 cycler tab 10 meq</i>	Tier 1	
<i>potassium chloride microencapsulated cycler tab 10 meq (Klor-con M10)</i>	Tier 1	
<i>potassium chloride microencapsulated cycler tab 15 meq</i>	Tier 1	
<i>potassium chloride microencapsulated cycler tab 15 meq (Klor-con M15)</i>	Tier 1	
<i>potassium chloride microencapsulated cycler tab 20 meq</i>	Tier 1	
<i>potassium chloride microencapsulated cycler tab 20 meq (Klor-con M20)</i>	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	
<i>potassium chloride powder packet 20 meq (Klor-con)</i>	Tier 1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1	
<i>potassium chloride tab er 8 meq (600 mg) (Klor-con 8)</i>	Tier 1	
<i>potassium chloride tab er 10 meq</i>	Tier 1	
<i>potassium chloride tab er 10 meq (Klor-con 10)</i>	Tier 1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 1	

#### **MISCELLANEOUS THERAPEUTIC CLASSES**

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

<i>penicillamine cap 250 mg</i>	Tier 1	
<i>penicillamine tab 250 mg</i>	Tier 1	
<i>trientine hcl cap 250 mg</i>	Tier 1	

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

<i>lenalidomide cap 5 mg</i>	Tier 1	PA; ONC
<i>lenalidomide cap 10 mg</i>	Tier 1	PA; ONC
<i>lenalidomide cap 15 mg</i>	Tier 1	PA; ONC
<i>lenalidomide cap 20 mg</i>	Tier 1	PA, QL (42 caps every 28 days); ONC

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>lenalidomide cap 25 mg</i></b>	Tier 1	PA, QL (42 caps every 28 days); ONC
<b><i>lenalidomide caps 2.5 mg</i></b>	Tier 1	PA; ONC
<b>REVLIMID CAP 2.5MG (<i>lenalidomide</i>)</b>	Tier 2	PA; ONC
<b>REVLIMID CAP 5MG (<i>lenalidomide</i>)</b>	Tier 2	PA; ONC
<b>REVLIMID CAP 10MG (<i>lenalidomide</i>)</b>	Tier 2	PA; ONC
<b>REVLIMID CAP 15MG (<i>lenalidomide</i>)</b>	Tier 2	PA; ONC
<b>REVLIMID CAP 20MG (<i>lenalidomide</i>)</b>	Tier 2	PA, QL (42 caps every 28 days); ONC
<b>REVLIMID CAP 25MG (<i>lenalidomide</i>)</b>	Tier 2	PA, QL (42 caps every 28 days); ONC
<b>THALOMID CAP 50MG (<i>thalidomide</i>)</b>	Tier 2	PA; ONC
<b>THALOMID CAP 100MG (<i>thalidomide</i>)</b>	Tier 2	PA; ONC

#### **IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT**

<b><i>azathioprine tab 50 mg</i></b>	Tier 1	
<b><i>azathioprine tab 75 mg</i></b>	Tier 1	
<b><i>azathioprine tab 75 mg</i> (Azasan)</b>	Tier 1	
<b><i>azathioprine tab 100 mg</i></b>	Tier 1	
<b><i>azathioprine tab 100 mg</i> (Azasan)</b>	Tier 1	
<b><i>cyclosporine cap 25 mg</i></b>	Tier 1	
<b><i>cyclosporine cap 100 mg</i></b>	Tier 1	
<b><i>cyclosporine iv soln 50 mg/ml</i></b>	Tier 1	
<b><i>cyclosporine modified cap 25 mg</i></b>	Tier 1	
<b><i>cyclosporine modified cap 25 mg</i></b> (Gengraf)	Tier 1	
<b><i>cyclosporine modified cap 50 mg</i></b>	Tier 1	
<b><i>cyclosporine modified cap 100 mg</i></b>	Tier 1	
<b><i>cyclosporine modified cap 100 mg</i></b> (Gengraf)	Tier 1	
<b><i>cyclosporine modified oral soln 100 mg/ml</i></b>	Tier 1	
<b><i>cyclosporine modified oral soln 100 mg/ml</i></b> (Gengraf)	Tier 1	
<b>ENSPRYNG INJ (<i>satralizumab-mwge</i>)</b>	Tier 2	PA, QL (1 injection every 28 days)
<b><i>everolimus tab 0.5 mg</i></b>	Tier 1	
<b><i>everolimus tab 0.25 mg</i></b>	Tier 1	
<b><i>everolimus tab 0.75 mg</i></b>	Tier 1	
<b><i>everolimus tab 1 mg</i></b>	Tier 1	
<b><i>mycophenolate mofetil cap 250 mg</i></b>	Tier 1	
<b><i>mycophenolate mofetil for oral susp 200 mg/ml</i></b>	Tier 1	
<b><i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i></b>	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

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>mycophenolate mofetil tab 500 mg</i></b>	Tier 1	
<b><i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i></b>	Tier 1	
<b><i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i></b>	Tier 1	
<b><i>sirolimus oral soln 1 mg/ml</i></b>	Tier 1	
<b><i>sirolimus tab 0.5 mg</i></b>	Tier 1	
<b><i>sirolimus tab 1 mg</i></b>	Tier 1	
<b><i>sirolimus tab 2 mg</i></b>	Tier 1	
<b><i>tacrolimus cap 0.5 mg</i></b>	Tier 1	
<b><i>tacrolimus cap 1 mg</i></b>	Tier 1	
<b><i>tacrolimus cap 5 mg</i></b>	Tier 1	
<b>IRRIGATION SOLUTIONS - PRODUCTS USED IN SURGERY AND WOUND CARE</b>		
<b><i>irrigation solution, physiological (Physiolyte)</i></b>	Tier 1	
<b><i>irrigation solution, physiological (Physiosol Irrigation)</i></b>	Tier 1	
<b><i>lactated ringer's for irrigation</i></b>	Tier 1	
<b><i>ringer's solution for irrigation</i></b>	Tier 1	
<b><i>ringer's solution for irrigation (Tis-u-sol)</i></b>	Tier 1	
<b><i>water for irrigation, sterile irrigation soln</i></b>	Tier 1	
<b><i>water for irrigation, sterile irrigation soln (Argyle Sterile Water 100m)</i></b>	Tier 1	
<b>POTASSIUM REMOVING AGENTS - DRUGS TO LOWER POTASSIUM</b>		
<b><i>sodium polystyrene sulfonate oral susp 15 gm/60ml (Sps)</i></b>	Tier 1	
<b><i>sodium polystyrene sulfonate powder</i></b>	Tier 1	
<b>VELTASSA POW 8.4GM (<i>patiomer sorbitex calcium</i>)</b>	Tier 2	
<b>VELTASSA POW 16.8GM (<i>patiomer sorbitex calcium</i>)</b>	Tier 2	
<b>VELTASSA POW 25.2GM (<i>patiomer sorbitex calcium</i>)</b>	Tier 2	
<b>SCLEROSING AGENTS - DRUGS TO TREAT VEIN CONDITIONS</b>		
<b><i>sodium tetradecyl sulfate inj 1% (Sotradecol)</i></b>	Tier 1	
<b><i>sodium tetradecyl sulfate inj 3%</i></b>	Tier 1	
<b><i>sodium tetradecyl sulfate inj 3% (Sotradecol)</i></b>	Tier 1	
<b>MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<b><i>lidocaine hcl laryngotracheal soln 4%</i></b>	Tier 1	
<b><i>lidocaine hcl viscous soln 2%</i></b>	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

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troche 10 mg</i>	Tier 1	
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
<i>chlorhexidine gluconate soln 0.12%</i> (Periogard)	Tier 1	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
<i>triamcinolone acetonide dental paste 0.1%</i> (Kourzeq)	Tier 1	
<i>triamcinolone acetonide dental paste 0.1%</i> (Oralone Dental Paste)	Tier 1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl cap 30 mg</i>	Tier 1	
EPISIL LIQ ( <i>oral wound care products</i> )	Tier 2	
MUGARD LIQ ( <i>oral wound care products</i> )	Tier 2	PA
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	
SALAGEN TAB 5MG ( <i>pilocarpine hcl (oral)</i> )	Tier 3	
SALAGEN TAB 7.5MG ( <i>pilocarpine hcl (oral)</i> )	Tier 3	
<b>MULTIVITAMINS - DRUGS FOR NUTRITION</b>		
<b>PRENATAL VITAMINS</b>		
<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	
<b>MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<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	

# - Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 180  
**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
<b><i>baclofen intrathecal inj 40 mg/20ml (2000 mcg/ml)</i></b>	Tier 1	
<b><i>baclofen oral soln 5 mg/5ml</i></b>	Tier 1	
<b><i>baclofen oral soln 10 mg/5ml</i></b>	Tier 1	
<b><i>baclofen tab 5 mg</i></b>	Tier 1	
<b><i>baclofen tab 10 mg</i></b>	Tier 1	
<b><i>baclofen tab 20 mg</i></b>	Tier 1	
<b><i>carisoprodol tab 350 mg</i></b>	Tier 1	
<b><i>chlorzoxazone tab 500 mg</i></b>	Tier 1	
<b><i>cyclobenzaprine hcl tab 5 mg</i></b>	Tier 1	
<b><i>cyclobenzaprine hcl tab 10 mg</i></b>	Tier 1	
<b>LYVISPAH GRA 5MG (<i>baclofen</i>)</b>	Tier 2	
<b>LYVISPAH GRA 10MG (<i>baclofen</i>)</b>	Tier 2	
<b>LYVISPAH GRA 20MG (<i>baclofen</i>)</b>	Tier 2	
<b><i>metaxalone tab 800 mg</i></b>	Tier 1	
<b><i>methocarbamol inj 1000 mg/10ml</i></b>	Tier 1	
<b><i>methocarbamol tab 500 mg</i></b>	Tier 1	
<b><i>methocarbamol tab 750 mg</i></b>	Tier 1	
<b><i>orphenadrine citrate inj 30 mg/ml</i></b>	Tier 1	
<b><i>orphenadrine citrate tab er 12hr 100 mg</i></b>	Tier 1	
<b><i>tizanidine hcl cap 2 mg (base equivalent)</i></b>	Tier 1	
<b><i>tizanidine hcl cap 4 mg (base equivalent)</i></b>	Tier 1	
<b><i>tizanidine hcl cap 6 mg (base equivalent)</i></b>	Tier 1	
<b><i>tizanidine hcl tab 2 mg (base equivalent)</i></b>	Tier 1	
<b><i>tizanidine hcl tab 4 mg (base equivalent)</i></b>	Tier 1	
<b>ZANAFLEX TAB 4MG (<i>tizanidine hcl</i>)</b>	Tier 3	
<b>DIRECT MUSCLE RELAXANTS</b>		
<b><i>dantrolene sodium cap 25 mg</i></b>	Tier 1	
<b><i>dantrolene sodium cap 50 mg</i></b>	Tier 1	
<b><i>dantrolene sodium cap 100 mg</i></b>	Tier 1	
<b><i>dantrolene sodium for iv soln 20 mg</i></b>	Tier 1	
<b><i>dantrolene sodium for iv soln 20 mg (Revonto)</i></b>	Tier 1	
<b>VISCOSUPPLEMENTS - DRUGS TO TREAT JOINT CONDITIONS</b>		
<b>DUROLANE INJ 60MG/3ML (<i>sodium hyaluronate (viscosupplement)</i>)</b>	Tier 2	PA
<b>EUFLEXXA INJ 10MG/ML (<i>sodium hyaluronate (viscosupplement)</i>)</b>	Tier 2	PA
<b>GELSYN-3 INJ 16.8/2ML (<i>sodium hyaluronate (viscosupplement)</i>)</b>	Tier 2	PA
<b>SUPARTZ FX INJ 25/2.5ML (<i>sodium hyaluronate (viscosupplement)</i>)</b>	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 181

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE</b>		
<b>NASAL AGENT COMBINATIONS</b>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	Tier 1	
<b>NASAL ANTIALLERGY</b>		
<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	
<b>NASAL ANTICHOLINERGICS</b>		
<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	
<b>NASAL STEROIDS</b>		
<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	
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
<i>epinephrine hcl nasal soln 0.1%</i>	Tier 1	
<b>NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES</b>		
<b>ALS AGENTS</b>		
<i>RADICAVA ORS SUS 105/5ML (edaravone)</i>	Tier 2	PA, QL (2.5 mL every 1 day)
<i>RADICAVA ORS SUS STARTER (edaravone)</i>	Tier 2	PA, QL (2.5 mL every 1 day)
<i>riluzole tab 50 mg</i>	Tier 1	
<b>DEPOLARIZING MUSCLE RELAXANTS</b>		
<i>succinylcholine chloride inj 20 mg/ml</i>	Tier 1	
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
<i>DYSPORT INJ 300UNIT (abobotulinumtoxina)</i>	Tier 2	PA
<i>DYSPORT INJ 500UNIT (abobotulinumtoxina)</i>	Tier 2	PA
<i>XEOMIN INJ 50 UNIT (incobotulinumtoxina)</i>	Tier 2	PA
<i>XEOMIN INJ 100UNIT (incobotulinumtoxina)</i>	Tier 2	PA
<i>XEOMIN INJ 200UNIT (incobotulinumtoxina)</i>	Tier 2	PA
<b>NONDEPOLARIZING MUSCLE RELAXANTS</b>		
<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	

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**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
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<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	

#### 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> (Plenamaine)	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	

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**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
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<b>timolol maleate preservative free ophth soln 0.5%</b> (Timolol Maleate)	Tier 1	
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<b>timolol maleate preservative free ophth soln 0.25%</b>	Tier 1	
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### CYCLOPLEGIC MYDRIATICS

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

<b>pilocarpine hcl ophth soln 1%</b>	Tier 1	
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<b>pilocarpine hcl ophth soln 2%</b>	Tier 1	
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<b>pilocarpine hcl ophth soln 4%</b>	Tier 1	
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### OPHTHALMIC - ANGIOGENESIS INHIBITORS

BYOOVIZ INJ 0.5MG ( <b>ranibizumab-nuna</b> )	Tier 2	PA
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CIMERLI INJ 0.3MG ( <b>ranibizumab-eqrn</b> )	Tier 2	PA
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CIMERLI INJ 0.5MG ( <b>ranibizumab-eqrn</b> )	Tier 2	PA
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### OPHTHALMIC ADRENERGIC AGENTS

ALPHAGAN P SOL 0.1% ( <b>brimonidine tartrate</b> )	Tier 2	
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ALPHAGAN P SOL 0.15% ( <b>brimonidine tartrate</b> )	Tier 2	
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<b>apraclonidine hcl ophth soln 0.5%</b> (base equivalent)	Tier 1	
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<b>brimonidine tartrate ophth soln 0.1%</b>	Tier 1	
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<b>brimonidine tartrate ophth soln 0.2%</b>	Tier 1	
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<b>brimonidine tartrate ophth soln 0.15%</b>	Tier 1	
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SIMBRINZA SUS 1-0.2% ( <b>brinzolamide-brimonidine tartrate</b> )	Tier 2	
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### OPHTHALMIC ANTI-INFECTIVES

<b>bacitracin ophth oint 500 unit/gm</b>	Tier 1	
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<b>bacitracin-polymyxin b ophth oint</b>	Tier 1	
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<b>bacitracin-polymyxin b ophth oint</b> (Polycin)	Tier 1	
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BESIVANCE SUS 0.6% ( <b>besifloxacin hcl</b> )	Tier 2	
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<b>ciprofloxacin hcl ophth soln 0.3%</b> (base equivalent)	Tier 1	
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<b>erythromycin ophth oint 5 mg/gm</b>	Tier 1	
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<b>gatifloxacin ophth soln 0.5%</b>	Tier 1	
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**AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>gentamicin sulfate ophth soln 0.3%</b>	Tier 1	
<b>levofloxacin ophth soln 1.5%</b>	Tier 1	
<b>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</b>	Tier 1	
<b>moxifloxacin hcl ophth soln 0.5% (base equiv)</b>	Tier 1	
<b>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</b>	Tier 1	
<b>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (Neo-polycin)</b>	Tier 1	
<b>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</b>	Tier 1	
<b>OCUFLOX DRO 0.3% OP (ofloxacin (ophth))</b>	Tier 3	
<b>ofloxacin ophth soln 0.3%</b>	Tier 1	
<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</b>	Tier 1	
<b>sulfacetamide sodium ophth oint 10%</b>	Tier 1	
<b>sulfacetamide sodium ophth soln 10%</b>	Tier 1	
<b>tobramycin ophth soln 0.3%</b>	Tier 1	
<b>TOBREX OIN 0.3% OP (tobramycin (ophth))</b>	Tier 3	
<b>trifluridine ophth soln 1%</b>	Tier 1	
<b>VIGAMOX DRO 0.5% (moxifloxacin hcl (ophth))</b>	Tier 3	
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
<b>RESTASIS EMU 0.05% OP (cyclosporine (ophth))</b>	Tier 1	
<b>RESTASIS MUL EMU 0.05% OP (cyclosporine (ophth))</b>	Tier 2	
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
<b>XIIDRA DRO 5% (lifitegrast)</b>	Tier 2	
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<b>proparacaine hcl ophth soln 0.5%</b>	Tier 1	
<b>tetracaine hcl ophth soln 0.5%</b>	Tier 1	
<b>tetracaine hcl ophth soln 0.5% (Altaoine)</b>	Tier 1	
<b>OPHTHALMIC STEROIDS</b>		
<b>bacitracin-polymyxin-neomycin-hc ophth oint 1%</b>	Tier 1	
<b>bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-polycin Hc)</b>	Tier 1	
<b>dexamethasone sodium phosphate ophth soln 0.1%</b>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<b>difluprednate ophth emulsion 0.05%</b>	Tier 1	
<b>fluorometholone ophth susp 0.1%</b>	Tier 1	
<b>loteprednol etabonate ophth gel 0.5%</b>	Tier 1	
<b>loteprednol etabonate ophth susp 0.2%</b>	Tier 1	
<b>loteprednol etabonate ophth susp 0.5%</b>	Tier 1	
MAXITROL OIN 0.1% OP ( <b>neomycin-polymyxin-dexameth</b> )	Tier 3	
MAXITROL SUS 0.1% OP ( <b>neomycin-polymyxin-dexameth</b> )	Tier 3	
<b>neomycin-polymyxin-dexamethasone ophth oint 0.1%</b>	Tier 1	
<b>neomycin-polymyxin-dexamethasone ophth susp 0.1%</b>	Tier 1	
<b>neomycin-polymyxin-hc ophth susp</b>	Tier 1	
PRED SOD PHO SOL 1% OP	Tier 3	
<b>prednisolone acetate ophth susp 1%</b>	Tier 1	
<b>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</b>	Tier 1	
TOBRADEX OIN 0.3-0.1% ( <b>tobramycin-dexamethasone</b> )	Tier 2	
<b>tobramycin-dexamethasone ophth susp 0.3-0.1%</b>	Tier 1	

**OPHTHALMICS - MISC.**

ACULAR LS SOL 0.4% ( <b>ketorolac tromethamine (ophth)</b> )	Tier 3	
ACULAR SOL 0.5% OP ( <b>ketorolac tromethamine (ophth)</b> )	Tier 3	
<b>azelastine hcl ophth soln 0.05%</b>	Tier 1	
<b>bepotastine besilate ophth soln 1.5%</b>	Tier 1	
<b>brinzolamide ophth susp 1%</b>	Tier 1	
<b>bromfenac sodium ophth soln 0.07% (base equivalent)</b>	Tier 1	
<b>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</b>	Tier 1	
<b>bromfenac sodium ophth soln 0.075% (base equivalent)</b>	Tier 1	
<b>cromolyn sodium ophth soln 4%</b>	Tier 1	
<b>diclofenac sodium ophth soln 0.1%</b>	Tier 1	
<b>dorzolamide hcl ophth soln 2%</b>	Tier 1	
<b>epinastine hcl ophth soln 0.05%</b>	Tier 1	
<b>fluorescein sodium iv soln 10%</b>	Tier 1	

# - Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications  
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>fluorescein sodium iv soln 10%</i> (Ak-fluor)	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%</i> (Altafluor Benox)	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	
ILEVRO DRO 0.3% OP ( <i>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	
PROLENSA SOL 0.07% ( <i>bromfenac sodium (ophth)</i> )	Tier 2	

#### **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	
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##### **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%</i> (Flac)	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	

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187

**PRESCRIPTION DRUG NAME**

**DRUG TIER COVERAGE  
REQUIREMENTS AND  
LIMITS**

**OXYTOCICS - DRUGS FOR PREGNANCY**

**ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING**

<i>carboprost tromethamine im soln 250 mcg/ml</i>	Tier 1
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**OXYTOCICS - DRUGS FOR PREGNANCY**

<i>methylergonovine maleate inj 0.2 mg/ml</i>	Tier 1
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<i>methylergonovine maleate tab 0.2 mg</i>	Tier 1
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<i>methylergonovine maleate tab 0.2 mg</i> (Methergine)	Tier 1
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<i>oxytocin inj 10 unit/ml</i>	Tier 1
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**PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS**

**IMMUNE SERUMS**

CUTAQUIG SOL 1.65GM ( <i>immune globulin (human)-hipp</i> )	Tier 2	PA
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CUTAQUIG SOL 1GM ( <i>immune globulin (human)-hipp</i> )	Tier 2	PA
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CUTAQUIG SOL 2GM ( <i>immune globulin (human)-hipp</i> )	Tier 2	PA
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CUTAQUIG SOL 3.3GM ( <i>immune globulin (human)-hipp</i> )	Tier 2	PA
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CUTAQUIG SOL 4GM ( <i>immune globulin (human)-hipp</i> )	Tier 2	PA
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CUTAQUIG SOL 8GM ( <i>immune globulin (human)-hipp</i> )	Tier 2	PA
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**PENICILLINS - DRUGS TO TREAT INFECTIONS**

**AMINOPENICILLINS**

<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1
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<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1
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<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1
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<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1
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<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1
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<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1
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<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1
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<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1
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<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 1
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<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1
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<i>ampicillin cap 500 mg</i>	Tier 1
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<i>ampicillin sodium for inj 1 gm</i>	Tier 1
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<i>ampicillin sodium for inj 2 gm</i>	Tier 1
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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<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	
<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 &amp; k clavulanate chew tab 200-28.5 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	Tier 1	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	Tier 1	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i></b>	Tier 1	
<b><i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i></b>	Tier 1	
<b><i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i></b>	Tier 1	
<b>AUGMENTIN SUS 125/5ML (<i>amoxicillin &amp; pot clavulanate</i>)</b>	Tier 3	
<b>AUGMENTIN SUS ES-600 (<i>amoxicillin &amp; pot clavulanate</i>)</b>	Tier 3	
<b>AUGMENTIN TAB 500MG (<i>amoxicillin &amp; pot clavulanate</i>)</b>	Tier 3	
<b><i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i></b>	Tier 1	
<b><i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i></b>	Tier 1	
<b><i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i></b>	Tier 1	
<b><i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i></b>	Tier 1	
<b><i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i></b>	Tier 1	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<b><i>dicloxacillin sodium cap 250 mg</i></b>	Tier 1	
<b><i>dicloxacillin sodium cap 500 mg</i></b>	Tier 1	
<b><i>nafcillin sodium for inj 1 gm</i></b>	Tier 1	
<b><i>nafcillin sodium for inj 2 gm</i></b>	Tier 1	
<b><i>nafcillin sodium for iv soln 10 gm</i></b>	Tier 1	
<b><i>oxacillin sodium for inj 1 gm (base equivalent)</i></b>	Tier 1	
<b><i>oxacillin sodium for inj 2 gm (base equivalent)</i></b>	Tier 1	
<b><i>oxacillin sodium for iv soln 10 gm (base equivalent)</i></b>	Tier 1	
<b>PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING</b>		
<b>LIQUID VEHICLES</b>		
<b><i>bacteriostatic sodium chloride inj soln 0.9%</i></b>	Tier 1	
<b><i>glycine diluent for injection</i></b>	Tier 1	
<b><i>water for injection</i></b>	Tier 1	
<b>SEMI SOLID VEHICLES</b>		
<b><i>white petrolatum topical gel</i></b>	Tier 1	
<b><i>white petrolatum topical gel (Vaseline)</i></b>	Tier 1	

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**PRESCRIPTION DRUG NAME**

**DRUG TIER COVERAGE  
REQUIREMENTS AND  
LIMITS**

**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

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

**AGENTS FOR CHEMICAL DEPENDENCY**

<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 1
<i>disulfiram tab 250 mg</i>	Tier 1

**ANTI-CATAPLECTIC AGENTS**

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

**ANTIDEMENTIA AGENTS - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS**

ARICEPT TAB 5MG ( <i>donepezil hydrochloride</i> )	Tier 3
ARICEPT TAB 10MG ( <i>donepezil hydrochloride</i> )	Tier 3
ARICEPT TAB 23MG ( <i>donepezil hydrochloride</i> )	Tier 3
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>donepezil hydrochloride orally disintegrating tab 10 mg</b>	Tier 1	
<b>donepezil hydrochloride tab 5 mg</b>	Tier 1	
<b>donepezil hydrochloride tab 10 mg</b>	Tier 1	
<b>donepezil hydrochloride tab 23 mg</b>	Tier 1	
<b>EXELON DIS 4.6MG/24 (rivastigmine)</b>	Tier 3	
<b>EXELON DIS 9.5MG/24 (rivastigmine)</b>	Tier 3	
<b>EXELON DIS 13.3/24 (rivastigmine)</b>	Tier 3	
<b>galantamine hydrobromide cap er 24hr 8 mg</b>	Tier 1	
<b>galantamine hydrobromide cap er 24hr 16 mg</b>	Tier 1	
<b>galantamine hydrobromide cap er 24hr 24 mg</b>	Tier 1	
<b>galantamine hydrobromide oral soln 4 mg/ml</b>	Tier 1	
<b>galantamine hydrobromide tab 4 mg</b>	Tier 1	
<b>galantamine hydrobromide tab 8 mg</b>	Tier 1	
<b>galantamine hydrobromide tab 12 mg</b>	Tier 1	
<b>memantine hcl cap er 24hr 7 mg</b>	Tier 1	
<b>memantine hcl cap er 24hr 14 mg</b>	Tier 1	
<b>memantine hcl cap er 24hr 21 mg</b>	Tier 1	
<b>memantine hcl cap er 24hr 28 mg</b>	Tier 1	
<b>memantine hcl oral solution 2 mg/ml</b>	Tier 1	
<b>memantine hcl tab 5 mg</b>	Tier 1	
<b>memantine hcl tab 10 mg</b>	Tier 1	
<b>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</b>	Tier 1	
<b>NAMZARIC CAP (memantine hcl-donepezil hcl)</b>	Tier 2	
<b>NAMZARIC CAP 7-10MG (memantine hcl-donepezil hcl)</b>	Tier 2	
<b>NAMZARIC CAP 14-10MG (memantine hcl-donepezil hcl)</b>	Tier 2	
<b>NAMZARIC CAP 21-10MG (memantine hcl-donepezil hcl)</b>	Tier 2	
<b>NAMZARIC CAP 28-10MG (memantine hcl-donepezil hcl)</b>	Tier 2	
<b>rivastigmine tartrate cap 1.5 mg (base equivalent)</b>	Tier 1	
<b>rivastigmine tartrate cap 3 mg (base equivalent)</b>	Tier 1	
<b>rivastigmine tartrate cap 4.5 mg (base equivalent)</b>	Tier 1	

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<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	
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
<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	
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
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)
<b>MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS</b>		
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)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>COPAXONE INJ 40MG/ML (glatiramer acetate)</b>	Tier 2	PA, QL (12 injections every 28 days)
<b>dalfampridine tab er 12hr 10 mg</b>	Tier 1	PA, QL (2 tabs every 1 day)
<b>dimethyl fumarate capsule delayed release 120 mg</b>	Tier 1	PA, QL (14 caps every 28 days)
<b>dimethyl fumarate capsule delayed release 240 mg</b>	Tier 1	PA, QL (2 caps every 1 day)
<b>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</b>	Tier 1	PA, QL (2 caps every 1 day)
<b>fingolimod hcl cap 0.5 mg (base equiv)</b>	Tier 1	PA, QL (1 cap every 1 day)
<b>glatiramer acetate soln prefilled syringe 20 mg/ml</b>	Tier 1	PA, QL (1 injection every 1 day)
<b>glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)</b>	Tier 1	PA, QL (1 injection every 1 day)
<b>glatiramer acetate soln prefilled syringe 40 mg/ml</b>	Tier 1	PA, QL (12 injections every 28 days)
<b>glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)</b>	Tier 1	PA, QL (12 injections every 28 days)
<b>KESIMPTA INJ 20/.4ML (ofatumumab (ms))</b>	Tier 2	PA, QL (1 pen every 28 days)
<b>MAYZENT PAK STARTER (siponimod fumarate)</b>	Tier 2	PA, QL (12 tabs every 5 days)
<b>MAYZENT PAK STARTER (siponimod fumarate)</b>	Tier 2	PA, QL (7 tabs every 4 days)
<b>MAYZENT TAB 0.25MG (siponimod fumarate)</b>	Tier 2	PA, QL (12 tabs every 5 days)
<b>MAYZENT TAB 1MG (siponimod fumarate)</b>	Tier 2	PA, QL (1 tab every 1 day)
<b>MAYZENT TAB 2MG (siponimod fumarate)</b>	Tier 2	PA, QL (1 tab every 1 day)
<b>OCREVUS INJ 300/10ML (ocrelizumab)</b>	Tier 2	PA, QL (2 vials every 24 weeks)
<b>REBIF INJ 22/0.5 (interferon beta-1a)</b>	Tier 2	PA, QL (6 mL every 28 days)
<b>REBIF INJ 44/0.5 (interferon beta-1a)</b>	Tier 2	PA, QL (6 mL every 28 days)
<b>REBIF REBIDO INJ 22/0.5 (interferon beta-1a)</b>	Tier 2	PA, QL (6 mL every 28 days)
<b>REBIF REBIDO INJ 44/0.5 (interferon beta-1a)</b>	Tier 2	PA, QL (6 mL every 28 days)
<b>REBIF REBIDO INJ TITRATN (interferon beta-1a)</b>	Tier 2	PA, QL (12 injections every 28 days)
<b>REBIF TITRTN INJ PACK (interferon beta-1a)</b>	Tier 2	PA, QL (12 syringes every 28 days)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>teriflunomide tab 7 mg</i></b>	Tier 1	PA, QL (1 tab every 1 day)
<b><i>teriflunomide tab 14 mg</i></b>	Tier 1	PA, QL (1 tab every 1 day)
<b>TYSABRI INJ 300/15ML (<i>natalizumab</i>)</b>	Tier 2	PA, QL (15 mL every 28 days)
<b>VUMERITY CAP 231MG (<i>diroximel fumarate</i>)</b>	Tier 2	PA, QL (4 caps every 1 day)
<b>ZEPOSIA 7DAY CAP STR PACK (<i>ozanimod hcl</i>)</b>	Tier 2	PA, QL (7 caps every 7 days)
<b>ZEPOSIA CAP .92MG (<i>ozanimod hcl</i>)</b>	Tier 2	PA, QL (1 cap every 1 day)
<b>ZEPOSIA CAP STR KIT (<i>ozanimod hcl</i>)</b>	Tier 2	PA, QL (28 caps every 28 days)
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>		
<b><i>gabapentin (once-daily) tab 300 mg</i></b>	Tier 1	
<b><i>gabapentin (once-daily) tab 600 mg</i></b>	Tier 1	
<b>GRALISE TAB 300MG (<i>gabapentin (once-daily)</i>)</b>	Tier 2	
<b>GRALISE TAB 450MG (<i>gabapentin (once-daily)</i>)</b>	Tier 2	
<b>GRALISE TAB 600MG (<i>gabapentin (once-daily)</i>)</b>	Tier 2	
<b>GRALISE TAB 750MG (<i>gabapentin (once-daily)</i>)</b>	Tier 2	
<b>GRALISE TAB 900MG (<i>gabapentin (once-daily)</i>)</b>	Tier 2	
<b><i>pregabalin tab er 24hr 82.5 mg</i></b>	Tier 1	
<b><i>pregabalin tab er 24hr 165 mg</i></b>	Tier 1	
<b><i>pregabalin tab er 24hr 330 mg</i></b>	Tier 1	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>		
<b><i>ergoloid mesylates tab 1 mg</i></b>	Tier 1	
<b><i>pimozide tab 1 mg</i></b>	Tier 1	
<b><i>pimozide tab 2 mg</i></b>	Tier 1	
<b>SMOKING DETERRENTS</b>		
<b><i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i></b>	Tier 1	ACA
<b><i>varenicline tartrate tab 0.5 mg (base equiv)</i></b>	Tier 1	ACA
<b><i>varenicline tartrate tab 1 mg (base equiv)</i></b>	Tier 1	ACA
<b><i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i></b>	Tier 1	ACA
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
<b>TEGSEDI INJ 284/1.5 (<i>inotersen sodium</i>)</b>	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 195

**PRESCRIPTION DRUG NAME**

**DRUG TIER COVERAGE  
REQUIREMENTS AND  
LIMITS**

**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)
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**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)
<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	
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**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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<b>doxycycline monohydrate tab 100 mg</b> (Avidoxy)	Tier 1	
<b>doxycycline monohydrate tab 150 mg</b>	Tier 1	
<b>minocycline hcl cap 50 mg</b>	Tier 1	
<b>minocycline hcl cap 75 mg</b>	Tier 1	
<b>minocycline hcl cap 100 mg</b>	Tier 1	
<b>minocycline hcl tab 50 mg</b>	Tier 1	
<b>minocycline hcl tab 75 mg</b>	Tier 1	
<b>minocycline hcl tab 100 mg</b>	Tier 1	
<b>tetracycline hcl cap 250 mg</b>	Tier 1	
<b>tetracycline hcl cap 500 mg</b>	Tier 1	
VIBRAMYCIN CAP 100MG ( <b>doxycycline hyclate</b> )	Tier 3	
VIBRAMYCIN SUS 25MG/5ML ( <b>doxycycline monohydrate</b> )	Tier 3	

### THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

#### ANTITHYROID AGENTS

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

#### THYROID HORMONES

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

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197

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<b>levothyroxine sodium tab 88 mcg</b> (Levo-t)	Tier 1	
<b>levothyroxine sodium tab 88 mcg</b> (Levoxyl)	Tier 1	
<b>levothyroxine sodium tab 88 mcg</b> (Unithroid)	Tier 1	
<b>levothyroxine sodium tab 100 mcg</b>	Tier 1	
<b>levothyroxine sodium tab 100 mcg</b> (Euthyrox)	Tier 1	
<b>levothyroxine sodium tab 100 mcg</b> (Levo-t)	Tier 1	
<b>levothyroxine sodium tab 100 mcg</b> (Levoxyl)	Tier 1	
<b>levothyroxine sodium tab 100 mcg</b> (Unithroid)	Tier 1	
<b>levothyroxine sodium tab 112 mcg</b>	Tier 1	
<b>levothyroxine sodium tab 112 mcg</b> (Euthyrox)	Tier 1	
<b>levothyroxine sodium tab 112 mcg</b> (Levo-t)	Tier 1	
<b>levothyroxine sodium tab 112 mcg</b> (Levoxyl)	Tier 1	
<b>levothyroxine sodium tab 112 mcg</b> (Unithroid)	Tier 1	
<b>levothyroxine sodium tab 125 mcg</b>	Tier 1	
<b>levothyroxine sodium tab 125 mcg</b> (Euthyrox)	Tier 1	
<b>levothyroxine sodium tab 125 mcg</b> (Levo-t)	Tier 1	
<b>levothyroxine sodium tab 125 mcg</b> (Levoxyl)	Tier 1	
<b>levothyroxine sodium tab 125 mcg</b> (Unithroid)	Tier 1	
<b>levothyroxine sodium tab 137 mcg</b>	Tier 1	
<b>levothyroxine sodium tab 137 mcg</b> (Euthyrox)	Tier 1	
<b>levothyroxine sodium tab 137 mcg</b> (Levo-t)	Tier 1	
<b>levothyroxine sodium tab 137 mcg</b> (Levoxyl)	Tier 1	
<b>levothyroxine sodium tab 137 mcg</b> (Unithroid)	Tier 1	
<b>levothyroxine sodium tab 150 mcg</b>	Tier 1	
<b>levothyroxine sodium tab 150 mcg</b> (Euthyrox)	Tier 1	
<b>levothyroxine sodium tab 150 mcg</b> (Levo-t)	Tier 1	
<b>levothyroxine sodium tab 150 mcg</b> (Levoxyl)	Tier 1	
<b>levothyroxine sodium tab 150 mcg</b> (Unithroid)	Tier 1	
<b>levothyroxine sodium tab 175 mcg</b>	Tier 1	
<b>levothyroxine sodium tab 175 mcg</b> (Euthyrox)	Tier 1	
<b>levothyroxine sodium tab 175 mcg</b> (Levo-t)	Tier 1	
<b>levothyroxine sodium tab 175 mcg</b> (Levoxyl)	Tier 1	
<b>levothyroxine sodium tab 175 mcg</b> (Unithroid)	Tier 1	
<b>levothyroxine sodium tab 200 mcg</b>	Tier 1	
<b>levothyroxine sodium tab 200 mcg</b> (Euthyrox)	Tier 1	
<b>levothyroxine sodium tab 200 mcg</b> (Levo-t)	Tier 1	
<b>levothyroxine sodium tab 200 mcg</b> (Levoxyl)	Tier 1	
<b>levothyroxine sodium tab 200 mcg</b> (Unithroid)	Tier 1	
<b>levothyroxine sodium tab 300 mcg</b>	Tier 1	
<b>levothyroxine sodium tab 300 mcg</b> (Levo-t)	Tier 1	
<b>levothyroxine sodium tab 300 mcg</b> (Unithroid)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>liothyronine sodium iv soln 10 mcg/ml</i>	Tier 1	
<i>liothyronine sodium tab 5 mcg</i>	Tier 1	
<i>liothyronine sodium tab 25 mcg</i>	Tier 1	
<i>liothyronine sodium tab 50 mcg</i>	Tier 1	
SYNTHROID TAB 25MCG ( <i>levothyroxine sodium</i> )	Tier 2	
SYNTHROID TAB 50MCG ( <i>levothyroxine sodium</i> )	Tier 2	
SYNTHROID TAB 75MCG ( <i>levothyroxine sodium</i> )	Tier 2	
SYNTHROID TAB 88MCG ( <i>levothyroxine sodium</i> )	Tier 2	
SYNTHROID TAB 100MCG ( <i>levothyroxine sodium</i> )	Tier 2	
SYNTHROID TAB 112MCG ( <i>levothyroxine sodium</i> )	Tier 2	
SYNTHROID TAB 125MCG ( <i>levothyroxine sodium</i> )	Tier 2	
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	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b><i>dicyclomine hcl inj 10 mg/ml</i></b>	Tier 1	
<b><i>dicyclomine hcl oral soln 10 mg/5ml</i></b>	Tier 1	
<b><i>dicyclomine hcl tab 20 mg</i></b>	Tier 1	
<b><i>glycopyrrolate inj 0.2 mg/ml</i></b>	Tier 1	
<b><i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i></b>	Tier 1	
<b><i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i></b>	Tier 1	
<b><i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i></b>	Tier 1	
<b><i>glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml)</i></b>	Tier 1	
<b><i>glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml</i></b>	Tier 1	
<b><i>glycopyrrolate oral soln 1 mg/5ml</i></b>	Tier 1	
<b><i>glycopyrrolate tab 1 mg</i></b>	Tier 1	
<b><i>glycopyrrolate tab 2 mg</i></b>	Tier 1	
<b><i>hyoscyamine sulfate elixir 0.125 mg/5ml</i></b>	Tier 1	
<b><i>hyoscyamine sulfate sl tab 0.125 mg</i></b>	Tier 1	
<b><i>hyoscyamine sulfate sl tab 0.125 mg (Oscimin)</i></b>	Tier 1	
<b><i>hyoscyamine sulfate soln 0.125 mg/ml</i></b>	Tier 1	
<b><i>hyoscyamine sulfate tab 0.125 mg</i></b>	Tier 1	
<b><i>hyoscyamine sulfate tab 0.125 mg (Oscimin)</i></b>	Tier 1	
<b><i>hyoscyamine sulfate tab disint 0.125 mg</i></b>	Tier 1	
<b><i>hyoscyamine sulfate tab disint 0.125 mg (Nulev)</i></b>	Tier 1	
<b><i>methscopolamine bromide tab 2.5 mg</i></b>	Tier 1	
<b><i>methscopolamine bromide tab 5 mg</i></b>	Tier 1	
<b>H-2 ANTAGONISTS</b>		
<b><i>cimetidine tab 200 mg</i></b>	Tier 1	
<b><i>cimetidine tab 300 mg</i></b>	Tier 1	
<b><i>cimetidine tab 400 mg</i></b>	Tier 1	
<b><i>cimetidine tab 800 mg</i></b>	Tier 1	
<b><i>famotidine for susp 40 mg/5ml</i></b>	Tier 1	
<b><i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i></b>	Tier 1	
<b><i>famotidine inj 40 mg/4ml</i></b>	Tier 1	
<b><i>famotidine inj 200 mg/20ml</i></b>	Tier 1	
<b><i>famotidine preservative free inj 20 mg/2ml</i></b>	Tier 1	
<b><i>famotidine tab 20 mg</i></b>	Tier 1	
<b><i>famotidine tab 40 mg</i></b>	Tier 1	
<b><i>nizatidine cap 150 mg</i></b>	Tier 1	
<b><i>nizatidine cap 300 mg</i></b>	Tier 1	
<b>PEPCID TAB 20MG (<i>famotidine</i>)</b>	Tier 3	

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**AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior  
Authorization **QL** - Quantity Limits



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
PEPCID TAB 40MG ( <i>famotidine</i> )	Tier 3	
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate tab 1 gm</i>	Tier 1	
<b>PROTON PUMP INHIBITORS</b>		
<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	
<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	
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol tab 100 mcg</i>	Tier 1	
<i>misoprostol tab 200 mcg</i>	Tier 1	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i>	Tier 1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	Tier 1	
TALICIA CAP ( <i>amoxicillin-rifabutin-omeprazole</i> )	Tier 2	

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201

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	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	
<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	
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
<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	
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<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	
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl tab 100 mg</i>	Tier 1	
<b>VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS</b>		
<b>VAGINAL ANTI-INFECTIVES</b>		
<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</i> (Miconazole 3)	Tier 1	

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202

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<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>estradiol vaginal tab 10 mcg</i>	Tier 1	
<i>estradiol vaginal tab 10 mcg (Yuvafem)</i>	Tier 1	
IMVEXXY MAIN SUP 4MCG ( <i>estradiol vaginal</i> )	Tier 2	
IMVEXXY MAIN SUP 10MCG ( <i>estradiol vaginal</i> )	Tier 2	
IMVEXXY STRT SUP 4MCG ( <i>estradiol vaginal</i> )	Tier 2	
IMVEXXY STRT SUP 10MCG ( <i>estradiol vaginal</i> )	Tier 2	
VAGIFEM TAB 10MCG ( <i>estradiol vaginal</i> )	Tier 1	

#### 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	

# - Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 203  
**AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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

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## Index

<b>A</b>	
<b>abacavir-dolutegravir-lamivudine</b>	
see TRIUMEQ PD TAB .....	101
see TRIUMEQ TAB.....	101
<b>abacavir sulfate-lamivudine tab 600-300 mg</b> .....	99
<b>abacavir sulfate soln 20 mg/ml (base equiv)</b> .....	99
<b>abacavir sulfate tab 300 mg (base equiv)</b> .....	99
<b>abaloparatide</b>	
see TYMLOS INJ.....	140
ABILIFY MAIN INJ 300MG.....	98
ABILIFY MAIN INJ 400MG.....	98
<b>abiraterone acetate micronized</b>	
see YONSA TAB 125MG .....	86
<b>abiraterone acetate tab 250 mg</b> .....	86
<b>abiraterone acetate tab 500 mg</b> .....	86
<b>abobotulinumtoxina</b>	
see DYSPORT INJ 300UNIT .....	182
see DYSPORT INJ 500UNIT .....	182
<b>abrocitinib</b>	
see CIBINQO TAB 100MG .....	134
see CIBINQO TAB 200MG.....	134
see CIBINQO TAB 50MG .....	134
<b>acalabrutinib maleate</b>	
see CALQUENCE TAB 100MG.....	88
<b>acamprosate calcium tab delayed release 333 mg</b> .....	191
<b>acarbose tab 100 mg</b> .....	63
<b>acarbose tab 25 mg</b> .....	63
<b>acarbose tab 50 mg</b> .....	63
ACCU-CHEK KIT FASTCLIX .....	165
ACCU-CHEK KIT SOFTCLIX.....	165
ACCU-CHEK TES AVIVA PL .....	136
ACCU-CHEK TES GUIDE.....	136
ACCU-CHEK TES SMART.....	136
ACCUPRIL TAB 10MG.....	74
ACCUPRIL TAB 20MG.....	74
ACCUPRIL TAB 40MG.....	74
ACCUPRIL TAB 5MG .....	74
ACCURETIC TAB 10-12.5.....	77
ACCURETIC TAB 20-12.5 .....	77
Accutane	
see <b>isotretinoin cap 10 mg</b> .....	128
see <b>isotretinoin cap 20 mg</b> .....	128
see <b>isotretinoin cap 30 mg</b> .....	128
see <b>isotretinoin cap 40 mg</b> .....	128
<b>acebutolol hcl cap 200 mg</b> .....	104
<b>acebutolol hcl cap 400 mg</b> .....	104
<b>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</b> .....	38
<b>acetaminophen iv soln 10 mg/ml</b> .....	33
<b>acetaminophen w/ codeine soln 120-12 mg/5ml</b> .....	37
<b>acetaminophen w/ codeine tab 300-15 mg</b> .....	38
<b>acetaminophen w/ codeine tab 300-30 mg</b> .....	38
<b>acetaminophen w/ codeine tab 300-60 mg</b> .....	38
<b>acetazolamide cap er 12hr 500 mg</b> .....	138
<b>acetazolamide sodium for inj 500 mg</b> ...	138
<b>acetazolamide tab 125 mg</b> .....	138
<b>acetazolamide tab 250 mg</b> .....	138
<b>acetic acid irrigation soln 0.25%</b> .....	150
<b>acetic acid otic soln 2%</b> .....	187
<b>acetylcysteine inhal soln 10%</b> .....	127
<b>acetylcysteine inhal soln 20%</b> .....	127
<b>acetylcysteine inj 200 mg/ml</b> .....	68
<b>acitretin cap 10 mg</b> .....	130
<b>acitretin cap 17.5 mg</b> .....	130
<b>acitretin cap 25 mg</b> .....	130
ACTI-LANCE MIS 28G .....	165
ACTI-LANCE MIS LITE 28G.....	165
ACTI-LANCE MIS SPEC 17G.....	165
ACTI-LANCE MIS UNIV 23G.....	165
ACTONEL TAB 150MG.....	140
ACTONEL TAB 35MG .....	140
ACTOPLUS MET TAB 15-850MG .....	63
ACULAR LS SOL 0.4% .....	186
ACULAR SOL 0.5% OP .....	186
<b>acyclovir cap 200 mg</b> .....	102
<b>acyclovir oint 5%</b> .....	131
<b>acyclovir sodium iv soln 50 mg/ml</b> .....	103
<b>acyclovir susp 200 mg/5ml</b> .....	103

<b>acyclovir tab 400 mg</b> .....	103	ADVATE INJ 500UNIT .....	151
<b>acyclovir tab 800 mg</b> .....	103	ADVCATE SAFE MIS LANC 26G.....	165
<b>adagrasib</b>		ADVOCATE MIS LANC 30G .....	165
see KRAZATI TAB 200MG .....	89	ADVOCATE MIS LANCETS.....	165
ADALIMU-ADAZ INJ 40/0.4ML .....	29, 30	ADYNOVATE INJ 1000UNIT.....	152
<b>adalimumab-adaz</b>		ADYNOVATE INJ 1500UNIT.....	152
see HYRIMOZ-CROH INJ UC SP.....	30	ADYNOVATE INJ 2000UNIT.....	152
see HYRIMOZ INJ 10/0.1ML .....	30	ADYNOVATE INJ 250UNIT.....	152
see HYRIMOZ INJ 20/0.2ML.....	30	ADYNOVATE INJ 3000UNIT.....	152
see HYRIMOZ INJ 40/0.4ML .....	30	ADYNOVATE INJ 500UNIT .....	152
see HYRIMOZ INJ 40/0.8ML .....	30	ADYNOVATE INJ 750UNIT.....	152
see HYRIMOZ INJ 80/0.8ML.....	30	Afirmelle	
see HYRIMOZ-PED INJ CROHNS .....	30	see <b>levonorgestrel &amp; ethinyl estradiol</b>	
see HYRIMOZ-PLAQ INJ PSORIASI .....	30	<b>tab 0.1 mg-20 mcg</b> .....	117
see HYRIMOZ SENS INJ 80/0.8ML.....	30	AFSTYLA KIT 1000UNIT .....	152
<b>adapalene-benzoyl peroxide</b>		AFSTYLA KIT 1500UNIT.....	152
see EPIDUO FORTE GEL 0.3-2.5% .....	128	AFSTYLA KIT 2000UNIT.....	152
see EPIDUO GEL 0.1-2.5% .....	128	AFSTYLA KIT 2500UNIT.....	152
<b>adapalene-benzoyl peroxide gel 0.1-2.5%</b>		AFSTYLA KIT 250UNIT .....	152
.....	127	AFSTYLA KIT 3000UNIT.....	152
<b>adapalene-benzoyl peroxide gel 0.3-</b>		AFSTYLA KIT 500UNIT .....	152
<b>2.5%</b> .....	127	<b>agalsidase beta</b>	
<b>adapalene cream 0.1%</b> .....	127	see FABRAZYME INJ 35MG .....	142
<b>adapalene gel 0.1%</b> .....	127	see FABRAZYME INJ 5MG .....	142
<b>adapalene gel 0.3%</b> .....	127	AGAMATRIX MIS 33G.....	165
ADBRY INJ 150MG/ML.....	134	AIMSCO TWIST MIS 32G.....	165
<b>adefovir dipivoxil tab 10 mg</b> .....	102	AIMSCO TWIST MIS 33G.....	165
ADEMPAS TAB 0.5MG .....	112	AIRSUPRA AER 90-80MCG.....	49
ADEMPAS TAB 1.5MG .....	112	AJOVY INJ 225/1.5.....	174
ADEMPAS TAB 1MG.....	112	Ak-fluor	
ADEMPAS TAB 2.5MG.....	112	see <b>fluorescein sodium iv soln 10%</b> ...187	
ADEMPAS TAB 2MG .....	112	AKLIEF CRE 0.005% .....	127
<b>adenosine iv soln 12 mg/4ml</b> .....	46	Ala-cort	
<b>adenosine iv soln 3 mg/ml (diagnostic)</b>		see <b>hydrocortisone cream 1%</b> .....	133
.....	136	<b>albendazole tab 200 mg</b> .....	41
<b>adenosine iv soln 6 mg/2ml</b> .....	46	<b>albuterol-budesonide</b>	
Adriamycin		see AIRSUPRA AER 90-80MCG.....	49
see <b>doxorubicin hcl for inj 50 mg</b> .....	87	<b>albuterol sulfate inhal aero 108 mcg/act</b>	
ADVATE INJ 1000UNIT.....	151	<b>(90mcg base equiv)</b> .....	49
ADVATE INJ 1500UNIT.....	151	<b>albuterol sulfate soln nebu 0.083% (2.5</b>	
ADVATE INJ 2000UNIT .....	151	<b>mg/3ml)</b> .....	49
ADVATE INJ 250UNIT .....	151	<b>albuterol sulfate soln nebu 0.5% (5</b>	
ADVATE INJ 3000UNIT .....	152	<b>mg/ml)</b> .....	49
ADVATE INJ 4000UNIT .....	152		

<b>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</b> .....	49	<b>alprazolam orally disintegrating tab 0.5 mg</b> .....	45
<b>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</b> .....	49	<b>alprazolam orally disintegrating tab 1 mg</b> .....	45
<b>albuterol sulfate syrup 2 mg/5ml</b> .....	49	<b>alprazolam orally disintegrating tab 2 mg</b> .....	45
<b>albuterol sulfate tab 2 mg</b> .....	49	<b>alprazolam tab 0.25 mg</b> .....	45
<b>albuterol sulfate tab 4 mg</b> .....	50	<b>alprazolam tab 0.5 mg</b> .....	45
<b>alclometasone dipropionate cream 0.05%</b> .....	132	<b>alprazolam tab 1 mg</b> .....	45
<b>alclometasone dipropionate oint 0.05%</b> .....	132	<b>alprazolam tab 2 mg</b> .....	46
ALECENSA CAP 150MG .....	87	<b>alprazolam tab er 24hr 0.5 mg</b> .....	46
<b>alectinib hcl</b>		<b>alprazolam tab er 24hr 1 mg</b> .....	46
see ALECENSA CAP 150MG .....	87	<b>alprazolam tab er 24hr 2 mg</b> .....	46
<b>alendronate sodium</b>		<b>alprazolam tab er 24hr 3 mg</b> .....	46
see FOSAMAX TAB 70MG .....	140	Alprazolam Xr	
<b>alendronate sodium oral soln 70 mg/75ml</b> .....	140	see <b>alprazolam tab er 24hr 0.5 mg</b> .....	46
<b>alendronate sodium tab 10 mg</b> .....	140	see <b>alprazolam tab er 24hr 1 mg</b> .....	46
<b>alendronate sodium tab 35 mg</b> .....	140	see <b>alprazolam tab er 24hr 2 mg</b> .....	46
<b>alendronate sodium tab 5 mg</b> .....	140	see <b>alprazolam tab er 24hr 3 mg</b> .....	46
<b>alendronate sodium tab 70 mg</b> .....	140	ALPROLIX INJ 1000UNIT.....	152
<b>alfuzosin hcl tab er 24hr 10 mg</b> .....	150	ALPROLIX INJ 2000UNIT .....	152
<b>aliskiren fumarate tab 150 mg (base equivalent)</b> .....	81	ALPROLIX INJ 250UNIT .....	152
<b>aliskiren fumarate tab 300 mg (base equivalent)</b> .....	81	ALPROLIX INJ 3000UNIT .....	152
<b>allopurinol sodium for inj 500 mg</b> .....	151	ALPROLIX INJ 4000UNIT .....	153
<b>allopurinol tab 100 mg</b> .....	151	ALPROLIX INJ 500UNIT .....	152
<b>allopurinol tab 300 mg</b> .....	151	<b>alprostadil (vasodilator)</b>	
<b>almotriptan malate tab 12.5 mg</b> .....	175	see MUSE SUP 1000MCG .....	110
<b>almotriptan malate tab 6.25 mg</b> .....	175	see MUSE SUP 250MCG .....	110
<b>alosetron hcl tab 0.5 mg (base equiv)</b> ..	149	see MUSE SUP 500MCG .....	110
<b>alosetron hcl tab 1 mg (base equiv)</b> .....	149	Altacaine	
<b>alpha1-proteinase inhibitor (human)</b>		see <b>tetracaine hcl ophth soln 0.5%</b> ...	185
see PROLASTIN-C INJ 1000MG.....	196	ALTACE CAP 1.25MG .....	75
see ZEMAIRA INJ 1000MG.....	196	ALTACE CAP 10MG .....	75
see ZEMAIRA INJ 4000MG.....	196	ALTACE CAP 2.5MG.....	75
see ZEMAIRA INJ 5000MG.....	196	ALTACE CAP 5MG .....	75
ALPHAGAN P SOL 0.1% .....	184	Altafluor Benox	
ALPHAGAN P SOL 0.15%.....	184	see <b>fluorescein w/ benoxinate ophth soln 0.25-0.4%</b> .....	187
<b>alprazolam orally disintegrating tab 0.25 mg</b> .....	45	Altafrin	
		see <b>phenylephrine hcl ophth soln 10%</b> .....	184
		see <b>phenylephrine hcl ophth soln 2.5%</b> .....	184
		Altavera	

see **levonorgestrel & ethinyl estradiol**  
**tab 0.15 mg-30 mcg** .....117  
ALUNBRIG PAK .....87  
ALUNBRIG TAB 180MG .....88  
ALUNBRIG TAB 30MG .....87  
ALUNBRIG TAB 90MG .....88  
**alvimopan cap 12 mg** .....149  
Alyacen 1/35  
see **norethindrone & ethinyl estradiol**  
**tab 1 mg-35 mcg** .....118  
Alyacen 7/7/7  
see **norethindrone-eth estradiol tab**  
**0.5-35/0.75-35/1-35 mg-mcg** .....121  
Alyq  
see **tadalafil tab 20 mg (pah)** .....112  
Amabelz  
see **estradiol & norethindrone acetate**  
**tab 0.5-0.1 mg** .....144  
**amantadine hcl cap 100 mg** .....92  
**amantadine hcl soln 50 mg/5ml** .....92  
**amantadine hcl tab 100 mg** .....92  
AMBIEN CR TAB 12.5MG .....160  
AMBIEN CR TAB 6.25MG .....160  
AMBIEN TAB 10MG .....160  
AMBIEN TAB 5MG .....160  
**ambrisentan tab 10 mg** .....111  
**ambrisentan tab 5 mg** .....111  
**amcinonide oint 0.1%** .....132  
Amethyst  
see **levonorgestrel-ethinyl estradiol**  
**(continuous) tab 90-20 mcg** .....118  
**amikacin sulfate inj 1 gm/4ml (250**  
**mg/ml)** .....29  
**amikacin sulfate inj 500 mg/2ml (250**  
**mg/ml)** .....29  
**amiloride & hydrochlorothiazide tab 5-50**  
**mg** .....138  
**amiloride hcl tab 5 mg** .....139  
**amino acid infusion 15%** .....183  
**amino acids cap** .....183  
Aminoam Rms  
see **amino acids cap** .....183  
**aminocaproic acid inj 250 mg/ml** .....159

**aminocaproic acid oral soln 0.25 gm/ml**  
.....159  
**aminocaproic acid tab 1000 mg** .....159  
**aminocaproic acid tab 500 mg** .....159  
**aminophylline inj 25 mg/ml** .....51  
Aminorelief Rms  
see **amino acids cap** .....183  
Aminosyn li  
see **amino acid infusion 15%** .....183  
**amiodarone hcl inj 150 mg/3ml (50**  
**mg/ml)** .....47  
**amiodarone hcl inj 450 mg/9ml (50**  
**mg/ml)** .....47  
**amiodarone hcl inj 900 mg/18ml (50**  
**mg/ml)** .....47  
**amiodarone hcl tab 100 mg** .....47  
**amiodarone hcl tab 200 mg** .....47  
**amiodarone hcl tab 400 mg** .....47  
**amitriptyline hcl tab 100 mg** .....62  
**amitriptyline hcl tab 10 mg** .....62  
**amitriptyline hcl tab 150 mg** .....62  
**amitriptyline hcl tab 25 mg** .....62  
**amitriptyline hcl tab 50 mg** .....62  
**amitriptyline hcl tab 75 mg** .....62  
**amlodipine besylate-atorvastatin calcium**  
see CADUET TAB 10-10MG .....110  
see CADUET TAB 10-20MG .....110  
see CADUET TAB 10-40MG .....110  
see CADUET TAB 10-80MG .....110  
see CADUET TAB 5-10MG .....109  
see CADUET TAB 5-20MG .....109  
see CADUET TAB 5-40MG .....110  
see CADUET TAB 5-80MG .....110  
**amlodipine besylate-atorvastatin calcium**  
**tab 10-10 mg** .....109  
**amlodipine besylate-atorvastatin calcium**  
**tab 10-20 mg** .....109  
**amlodipine besylate-atorvastatin calcium**  
**tab 10-40 mg** .....109  
**amlodipine besylate-atorvastatin calcium**  
**tab 10-80 mg** .....109  
**amlodipine besylate-atorvastatin calcium**  
**tab 2.5-10 mg** .....109



<b>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</b> .....	109	<b>amlodipine besylate-valsartan tab 5-320 mg</b> .....	78
<b>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</b> .....	109	<b>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</b> .....	78
<b>amlodipine besylate-atorvastatin calcium tab 5-10 mg</b> .....	109	<b>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</b> .....	78
<b>amlodipine besylate-atorvastatin calcium tab 5-20 mg</b> .....	109	<b>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</b> .....	78
<b>amlodipine besylate-atorvastatin calcium tab 5-40 mg</b> .....	109	<b>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</b> .....	78
<b>amlodipine besylate-atorvastatin calcium tab 5-80 mg</b> .....	109	<b>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</b> .....	78
<b>amlodipine besylate-benazepril hcl cap 10-20 mg</b> .....	77	<b>Amnesteem</b>	
<b>amlodipine besylate-benazepril hcl cap 10-40 mg</b> .....	77	see <b>isotretinoin cap 10 mg</b> .....	128
<b>amlodipine besylate-benazepril hcl cap 2.5-10 mg</b> .....	77	see <b>isotretinoin cap 20 mg</b> .....	128
<b>amlodipine besylate-benazepril hcl cap 5-10 mg</b> .....	77	see <b>isotretinoin cap 40 mg</b> .....	128
<b>amlodipine besylate-benazepril hcl cap 5-20 mg</b> .....	77	<b>amoxapine tab 100 mg</b> .....	62
<b>amlodipine besylate-benazepril hcl cap 5-40 mg</b> .....	77	<b>amoxapine tab 150 mg</b> .....	62
<b>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</b> .....	78	<b>amoxapine tab 25 mg</b> .....	62
<b>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</b> .....	78	<b>amoxapine tab 50 mg</b> .....	62
<b>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</b> .....	78	<b>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</b> .....	201
<b>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</b> .....	78	<b>amoxicillin (trihydrate) cap 250 mg</b> .....	188
<b>amlodipine besylate tab 10 mg (base equivalent)</b> .....	105	<b>amoxicillin (trihydrate) cap 500 mg</b> .....	188
<b>amlodipine besylate tab 2.5 mg (base equivalent)</b> .....	105	<b>amoxicillin (trihydrate) chew tab 125 mg</b> .....	188
<b>amlodipine besylate tab 5 mg (base equivalent)</b> .....	105	<b>amoxicillin (trihydrate) chew tab 250 mg</b> .....	188
<b>amlodipine besylate-valsartan tab 10-160 mg</b> .....	78	<b>amoxicillin (trihydrate) for susp 125 mg/5ml</b> .....	188
<b>amlodipine besylate-valsartan tab 10-320 mg</b> .....	78	<b>amoxicillin (trihydrate) for susp 200 mg/5ml</b> .....	188
<b>amlodipine besylate-valsartan tab 5-160 mg</b> .....	78	<b>amoxicillin (trihydrate) for susp 250 mg/5ml</b> .....	188
		<b>amoxicillin (trihydrate) for susp 400 mg/5ml</b> .....	188
		<b>amoxicillin (trihydrate) tab 500 mg</b> .....	188
		<b>amoxicillin (trihydrate) tab 875 mg</b> .....	188
		<b>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</b> .....	189

<b>amoxicillin &amp; k clavulanate chew tab 400-57 mg</b> .....	189	<b>amphetamine-dextroamphetamine tab 10 mg</b> .....	24
<b>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</b> .....	189	<b>amphetamine-dextroamphetamine tab 12.5 mg</b> .....	24
<b>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</b> .....	189	<b>amphetamine-dextroamphetamine tab 15 mg</b> .....	24
<b>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</b> .....	189	<b>amphetamine-dextroamphetamine tab 20 mg</b> .....	24
<b>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</b> .....	189	<b>amphetamine-dextroamphetamine tab 30 mg</b> .....	24
<b>amoxicillin &amp; k clavulanate tab 250-125 mg</b> .....	189	<b>amphetamine-dextroamphetamine tab 5 mg</b> .....	24
<b>amoxicillin &amp; k clavulanate tab 500-125 mg</b> .....	189	<b>amphetamine-dextroamphetamine tab 7.5 mg</b> .....	24
<b>amoxicillin &amp; k clavulanate tab 875-125 mg</b> .....	189	<b>amphetamine sulfate tab 10 mg</b> .....	24
<b>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</b> .....	189	<b>amphetamine sulfate tab 5 mg</b> .....	24
<b>amoxicillin &amp; pot clavulanate</b>		<b>amphotericin b for iv soln 50 mg</b> .....	70
see AUGMENTIN SUS 125/5ML .....	190	<b>amphotericin b liposome iv for susp 50 mg</b> .....	70
see AUGMENTIN SUS ES-600 .....	190	<b>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</b> .....	189
see AUGMENTIN TAB 500MG .....	190	<b>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</b> .....	189
<b>amoxicillin-rifabutin-omeprazole</b>		<b>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</b> .....	190
see TALICIA CAP .....	201	<b>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</b> .....	190
<b>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</b> .....	24	<b>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</b> .....	190
<b>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</b> .....	24	<b>ampicillin cap 500 mg</b> .....	188
<b>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</b> .....	24	<b>ampicillin sodium for inj 125 mg</b> .....	189
<b>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</b> .....	24	<b>ampicillin sodium for inj 1 gm</b> .....	188
<b>amphetamine-dextroamphetamine cap er 24hr 10 mg</b> .....	24	<b>ampicillin sodium for inj 250 mg</b> .....	189
<b>amphetamine-dextroamphetamine cap er 24hr 15 mg</b> .....	24	<b>ampicillin sodium for inj 2 gm</b> .....	188
<b>amphetamine-dextroamphetamine cap er 24hr 20 mg</b> .....	24	<b>ampicillin sodium for inj 500 mg</b> .....	189
<b>amphetamine-dextroamphetamine cap er 24hr 25 mg</b> .....	24	<b>ampicillin sodium for iv soln 10 gm</b> .....	189
<b>amphetamine-dextroamphetamine cap er 24hr 30 mg</b> .....	24	<b>ampicillin sodium for iv soln 1 gm</b> .....	189
<b>amphetamine-dextroamphetamine cap er 24hr 5 mg</b> .....	24	<b>ampicillin sodium for iv soln 2 gm</b> .....	189
		<b>anagrelide hcl cap 0.5 mg</b> .....	157
		<b>anagrelide hcl cap 1 mg</b> .....	157
		Ana-lex	
		see <b>lidocaine-hydrocortisone acetate rectal cream kit 2-2%</b> .....	41
		<b>anastrozole tab 1 mg</b> .....	86

ANNOVERA MIS.....	123	see ADVATE INJ 1000UNIT.....	151
Anodyne Lpt		see ADVATE INJ 1500UNIT.....	151
see <b>lidocaine-prilocaine cream kit 2.5-2.5%</b> .....	135	see ADVATE INJ 2000UNIT .....	151
ANORO ELLIPT AER 62.5-25.....	50	see ADVATE INJ 250UNIT .....	151
<b>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</b>		see ADVATE INJ 3000UNIT .....	152
see JIVI INJ 1000UNIT .....	153	see ADVATE INJ 4000UNIT .....	152
see JIVI INJ 2000UNIT .....	153	see ADVATE INJ 500UNIT .....	151
see JIVI INJ 3000UNIT .....	153	see KOVALTRY INJ 1000UNIT .....	154
see JIVI INJ 500 UNIT .....	153	see KOVALTRY INJ 2000UNIT .....	154
<b>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</b>		see KOVALTRY INJ 250UNIT.....	154
see NOVOEIGHT INJ 1000UNIT .....	154	see KOVALTRY INJ 3000UNIT .....	154
see NOVOEIGHT INJ 1500UNIT .....	154	see KOVALTRY INJ 500UNIT .....	154
see NOVOEIGHT INJ 2000UNIT.....	154	<b>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</b>	
see NOVOEIGHT INJ 250UNIT .....	154	see NUWIQ INJ 1000UNIT.....	155
see NOVOEIGHT INJ 3000UNIT.....	154	see NUWIQ INJ 1500UNIT.....	155
see NOVOEIGHT INJ 500UNIT .....	154	see NUWIQ INJ 2000UNIT .....	155
<b>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviii,fc)</b>		see NUWIQ INJ 2500UNIT .....	155
see ELOCTATE INJ 1000UNIT .....	153	see NUWIQ INJ 250UNIT.....	155
see ELOCTATE INJ 1500UNIT .....	153	see NUWIQ INJ 3000UNIT .....	155
see ELOCTATE INJ 2000UNIT.....	153	see NUWIQ INJ 4000UNIT.....	155
see ELOCTATE INJ 250UNIT .....	153	see NUWIQ INJ 500UNIT .....	155
see ELOCTATE INJ 3000UNIT.....	153	see NUWIQ KIT 1000UNIT.....	155
see ELOCTATE INJ 4000UNIT .....	153	see NUWIQ KIT 1500UNIT .....	155
see ELOCTATE INJ 5000UNIT.....	153	see NUWIQ KIT 2000UNIT .....	155
see ELOCTATE INJ 500UNIT .....	153	see NUWIQ KIT 2500UNIT .....	155
see ELOCTATE INJ 6000UNIT.....	153	see NUWIQ KIT 250UNIT.....	155
see ELOCTATE INJ 750UNIT .....	153	see NUWIQ KIT 3000UNIT .....	155
see ELOCTATE INJ 750UNIT .....	153	see NUWIQ KIT 4000UNIT .....	155
<b>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</b>		see NUWIQ KIT 500UNIT .....	155
see XYNTHA INJ 1000UNIT .....	156	<b>antihemophilic factor (recombinant) (rfviii)</b>	
see XYNTHA INJ 2000UNIT .....	156	see KOGENATE FS INJ 1000UNIT.....	154
see XYNTHA INJ 250UNIT .....	156	see KOGENATE FS INJ 2000UNIT .....	154
see XYNTHA INJ 500UNIT .....	156	see KOGENATE FS INJ 250UNIT .....	153
see XYNTHA SOLOF INJ 1000UNIT.....	156	see KOGENATE FS INJ 3000UNIT .....	154
see XYNTHA SOLOF INJ 2000UNIT ....	156	see KOGENATE FS INJ 500UNIT .....	154
see XYNTHA SOLOF INJ 3000UNIT ....	156	<b>antihemophilic factor (recombinant) glycopegylated-exei</b>	
see XYNTHA SOLOF INJ 500UNIT .....	156	see ESPEROCT INJ 1000UNIT .....	153
see XYNTHA SOLOF KIT 250UNIT .....	156	see ESPEROCT INJ 1500UNIT .....	153
<b>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</b>		see ESPEROCT INJ 2000UNIT .....	153
		see ESPEROCT INJ 3000UNIT .....	153
		see ESPEROCT INJ 500UNIT .....	153

<b>antihemophilic factor (recombinant) pegylated</b>	
see ADYNOVATE INJ 1000UNIT.....	152
see ADYNOVATE INJ 1500UNIT.....	152
see ADYNOVATE INJ 2000UNIT.....	152
see ADYNOVATE INJ 250UNIT.....	152
see ADYNOVATE INJ 3000UNIT.....	152
see ADYNOVATE INJ 500UNIT.....	152
see ADYNOVATE INJ 750UNIT.....	152
<b>antihemophilic factor (recombinant) single chain</b>	
see AFSTYLA KIT 1000UNIT.....	152
see AFSTYLA KIT 1500UNIT.....	152
see AFSTYLA KIT 2000UNIT.....	152
see AFSTYLA KIT 2500UNIT.....	152
see AFSTYLA KIT 250UNIT.....	152
see AFSTYLA KIT 3000UNIT.....	152
see AFSTYLA KIT 500UNIT.....	152
<b>apalutamide</b>	
see ERLEADA TAB 240MG.....	86
see ERLEADA TAB 60MG.....	86
<b>apixaban</b>	
see ELIQUIS ST P TAB 5MG.....	51
see ELIQUIS TAB 2.5MG.....	52
see ELIQUIS TAB 5MG.....	52
<b>apomorphine hcl soln cartridge 30 mg/3ml.....</b>	92
<b>apraclonidine hcl ophth soln 0.5% (base equivalent).....</b>	184
<b>apremilast</b>	
see OTEZLA TAB 10/20/30.....	33
see OTEZLA TAB 30MG.....	33
<b>aprepitant capsule 125 mg.....</b>	70
<b>aprepitant capsule 40 mg.....</b>	70
<b>aprepitant capsule 80 mg.....</b>	70
<b>aprepitant capsule therapy pack 80 &amp; 125 mg.....</b>	70
Apri	
see <b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg.....</b>	115
APTIOM TAB 200MG.....	54
APTIOM TAB 400MG.....	54
APTIOM TAB 600MG.....	54
APTIOM TAB 800MG.....	54
AQUALANCE MIS 30G.....	165
Aranelle	
see <b>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg.....</b>	121
ARANESP INJ 100MCG.....	158
ARANESP INJ 10MCG.....	158
ARANESP INJ 150MCG.....	158
ARANESP INJ 200MCG.....	158
ARANESP INJ 25MCG.....	158
ARANESP INJ 300MCG.....	158
ARANESP INJ 40MCG.....	158
ARANESP INJ 500MCG.....	158
ARANESP INJ 60MCG.....	158
<b>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv).....</b>	50
<b>argatroban inj 250 mg/2.5ml (concentrate for iv infusion).....</b>	53
<b>argatroban iv soln 50 mg/50ml (1 mg/ml) .....</b>	53
Argyle Sterile Saline	
see <b>sodium chloride irrigation soln 0.9%.....</b>	150
Argyle Sterile Water 100m	
see <b>water for irrigation, sterile irrigation soln.....</b>	179
ARICEPT TAB 10MG.....	191
ARICEPT TAB 23MG.....	191
ARICEPT TAB 5MG.....	191
<b>aripiprazole</b>	
see ABILIFY MAIN INJ 300MG.....	98
see ABILIFY MAIN INJ 400MG.....	98
<b>aripiprazole orally disintegrating tab 10 mg.....</b>	99
<b>aripiprazole orally disintegrating tab 15 mg.....</b>	99
<b>aripiprazole oral solution 1 mg/ml.....</b>	99
<b>aripiprazole tab 10 mg.....</b>	99
<b>aripiprazole tab 15 mg.....</b>	99
<b>aripiprazole tab 20 mg.....</b>	99
<b>aripiprazole tab 2 mg.....</b>	99
<b>aripiprazole tab 30 mg.....</b>	99
<b>aripiprazole tab 5 mg.....</b>	99
<b>armodafinil tab 150 mg.....</b>	27
<b>armodafinil tab 200 mg.....</b>	27

<b>armodafinil tab 250 mg</b> .....	27	<b>atenolol &amp; chlorthalidone tab 50-25 mg</b>	78
<b>armodafinil tab 50 mg</b> .....	27	<b>atenolol tab 100 mg</b> .....	104
<b>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</b> .....	90	<b>atenolol tab 25 mg</b> .....	104
<b>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</b> .....	90	<b>atenolol tab 50 mg</b> .....	104
Articadent Dental		<b>atogepant</b>	
see <b>articaine-epinephrine solution cartridge 4%-1:100000</b> .....	162	see QULIPTA TAB 10MG .....	175
<b>articaine-epinephrine solution cartridge 4%-1:100000</b> .....	162	see QULIPTA TAB 30MG .....	175
Ascomp/codeine		see QULIPTA TAB 60MG .....	175
see <b>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</b> .....	38	<b>atomoxetine hcl</b>	
<b>asenapine maleate sl tab 10 mg (base equiv)</b> .....	96	see STRATTERA CAP 100MG .....	26
<b>asenapine maleate sl tab 2.5 mg (base equiv)</b> .....	96	see STRATTERA CAP 10MG .....	26
<b>asenapine maleate sl tab 5 mg (base equiv)</b> .....	96	see STRATTERA CAP 18MG .....	26
Ashlyna		see STRATTERA CAP 25MG .....	26
see <b>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</b> .....	116	see STRATTERA CAP 40MG .....	26
.....		see STRATTERA CAP 60MG .....	26
Asilnasal Rms		see STRATTERA CAP 80MG .....	26
see <b>nutritional supplement caps</b> .....	137	<b>atomoxetine hcl cap 100 mg (base equiv)</b> .....	26
<b>aspirin-dipyridamole cap er 12hr 25-200 mg</b> .....	157	<b>atomoxetine hcl cap 10 mg (base equiv)</b> .....	26
ASSURE CMFRT MIS 28G .....	165	<b>atomoxetine hcl cap 18 mg (base equiv)</b> .....	26
ASSURE LANCE MIS 21G .....	165	<b>atomoxetine hcl cap 25 mg (base equiv)</b> .....	26
ASSURE LANCE MIS 28G .....	165	<b>atomoxetine hcl cap 40 mg (base equiv)</b> .....	26
ASSURE LANCE MIS LOW FLOW .....	165	<b>atomoxetine hcl cap 60 mg (base equiv)</b> .....	26
ASSURE LANCE MIS MICRO .....	165	<b>atomoxetine hcl cap 80 mg (base equiv)</b> .....	26
ASSURE LANCE MIS SAFE 25G .....	166	<b>atorvastatin calcium tab 10 mg (base equivalent)</b> .....	73
ASSURE LANCE MIS SAFE 30G .....	166	<b>atorvastatin calcium tab 20 mg (base equivalent)</b> .....	73
<b>atazanavir sulfate cap 150 mg (base equiv)</b> .....	99	<b>atorvastatin calcium tab 40 mg (base equivalent)</b> .....	73
<b>atazanavir sulfate cap 200 mg (base equiv)</b> .....	99	<b>atorvastatin calcium tab 80 mg (base equivalent)</b> .....	73
<b>atazanavir sulfate cap 300 mg (base equiv)</b> .....	99	<b>atovaquone-proguanil hcl tab 250-100 mg</b> .....	81
ATELVIA TAB .....	140	<b>atovaquone-proguanil hcl tab 62.5-25 mg</b> .....	81
<b>atenolol &amp; chlorthalidone tab 100-25 mg</b> .....	78	<b>atovaquone susp 750 mg/5ml</b> .....	42

<b>atracurium besylate iv soln 100 mg/10ml</b> .....	182	AUSTEDO XR TAB TITR KIT .....	193
<b>atracurium besylate preservative free (pf) iv soln 50 mg/5ml</b> .....	182	AUTO LANCET MIS .....	166
<b>atropine sulfate inj 8 mg/20ml (0.4 mg/ml)</b> .....	199	AUTOSHIELD MIS 30GX5MM.....	173
<b>atropine sulfate iv soln 0.4 mg/ml</b> .....	199	AUVI-Q INJ 0.15MG .....	203
<b>atropine sulfate iv soln 1 mg/ml</b> .....	199	AUVI-Q INJ 0.1MG .....	203
<b>atropine sulfate ophth soln 1%</b> .....	184	AUVI-Q INJ 0.3MG.....	203
<b>atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)</b> .....	199	<b>avatrombopag maleate</b> see DOPTLET TAB 20MG.....	158
<b>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</b> .....	199	Aviane see <b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b> .....	117
Aubra Eq see <b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b> .....	117	Avidoxy see <b>doxycycline monohydrate tab 100 mg</b> .....	197
AUGMENTIN SUS 125/5ML.....	190	AVODART CAP 0.5MG .....	151
AUGMENTIN SUS ES-600 .....	190	AVONEX PEN KIT 30MCG.....	193
AUGMENTIN TAB 500MG.....	190	AVONEX PREFL KIT 30MCG.....	193
AUGTYRO CAP 40MG.....	88	AVSOLA INJ 100MG.....	148
AURORA LANCE MIS 30G.....	166	<b>axitinib</b> see INLYTA TAB 1MG .....	85
AURORA LANCE MIS THIN 23G .....	166	see INLYTA TAB 5MG.....	85
Aurovela 1/20 see <b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b> .....	119	Ayuna see <b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> .....	117
Aurovela 1.5/30 see <b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> .....	119	<b>azacitidine for inj 100 mg</b> .....	83
Aurovela 24 Fe see <b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b> ..	121	Azasan see <b>azathioprine tab 100 mg</b> .....	178
Aurovela Fe 1/20 see <b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</b> .....	120	see <b>azathioprine tab 75 mg</b> .....	178
Aurovela Fe 1.5/30 see <b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</b> .....	120	<b>azathioprine tab 100 mg</b> .....	178
AURYXIA TAB 210MG .....	149	<b>azathioprine tab 50 mg</b> .....	178
AUSTEDO TAB 12MG .....	193	<b>azathioprine tab 75 mg</b> .....	178
AUSTEDO TAB 6MG.....	193	<b>azelaic acid</b> see FINACEA AER 15%.....	135
AUSTEDO TAB 9MG.....	193	<b>azelaic acid gel 15%</b> .....	135
AUSTEDO XR TAB 12MG .....	193	<b>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</b> .....	182
AUSTEDO XR TAB 24MG.....	193	<b>azelastine hcl nasal spray 0.1% (137 mcg/spray)</b> .....	182
AUSTEDO XR TAB 6MG.....	193	<b>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</b> .....	182
		<b>azelastine hcl ophth soln 0.05%</b> .....	186
		<b>azithromycin for susp 100 mg/5ml</b> .....	164
		<b>azithromycin for susp 200 mg/5ml</b> .....	164
		<b>azithromycin iv for soln 500 mg</b> .....	164

<b>azithromycin powd pack for susp 1 gm</b>	164	BAQSIMI TWO POW 3MG/DOSE	65
<b>azithromycin tab 250 mg</b>	164	BD MICROTAIN MIS LANCETS	166
<b>azithromycin tab 500 mg</b>	164	BD PEN NEEDL MIS 29GX12.7	173
<b>azithromycin tab 600 mg</b>	164	BD PEN NEEDL MIS 31GX5MM	173
AZSTARYS CAP 26.1-5.2	27	BD PEN NEEDL MIS 31GX8MM	173
AZSTARYS CAP 39.2-7.8	27	BD PEN NEEDL MIS 32GX4MM	174
AZSTARYS CAP 52.3-10	27	BD PEN NEEDL MIS 32GX6MM	174
<b>aztreonam for inj 1 gm</b>	44	BD U-500 MIS 31GX6MM	174
<b>aztreonam for inj 2 gm</b>	44	BELBUCA MIS 150MCG	39
AZULFIDINE TAB 500MG	148	BELBUCA MIS 300MCG	39
AZULFIDINE TAB 500MG EN	148	BELBUCA MIS 450MCG	39
Azurette		BELBUCA MIS 600MCG	39
see <b>desogest-eth estrad &amp; eth estrad</b>		BELBUCA MIS 750MCG	39
<b>tab 0.15-0.02/0.01 mg(21/5)</b>	114	BELBUCA MIS 75MCG	39
<b>B</b>		BELBUCA MIS 900MCG	39
Bac		BELSOMRA TAB 10MG	161
see <b>butalbital-acetaminophen-caffeine</b>		BELSOMRA TAB 15MG	161
<b>tab 50-325-40 mg</b>	33	BELSOMRA TAB 20MG	161
<b>bacitracin ophth oint 500 unit/gm</b>	184	BELSOMRA TAB 5MG	161
<b>bacitracin-polymyxin b ophth oint</b>	184	<b>bempedoic acid</b>	
<b>bacitracin-polymyxin-neomycin-hc ophth</b>		see NEXLETOL TAB 180MG	72
<b>oint 1%</b>	185	<b>bempedoic acid-ezetimibe</b>	
<b>baclofen</b>		see NEXLIZET TAB 180/10MG	72
see LYVISPAH GRA 10MG	181	<b>benazepril &amp; hydrochlorothiazide</b>	
see LYVISPAH GRA 20MG	181	see LOTENSIN HCT TAB 10-12.5	79
see LYVISPAH GRA 5MG	181	see LOTENSIN HCT TAB 20-12.5	79
<b>baclofen intrathecal inj 10 mg/20ml (500</b>		see LOTENSIN HCT TAB 20-25MG	79
<b>mcg/ml)</b>	180	<b>benazepril &amp; hydrochlorothiazide tab 10-</b>	
<b>baclofen intrathecal inj 20 mg/20ml</b>		<b>12.5 mg</b>	78
<b>(1000 mcg/ml)</b>	180	<b>benazepril &amp; hydrochlorothiazide tab 20-</b>	
<b>baclofen intrathecal inj 40 mg/20ml</b>		<b>12.5 mg</b>	78
<b>(2000 mcg/ml)</b>	181	<b>benazepril &amp; hydrochlorothiazide tab 20-</b>	
<b>baclofen oral soln 10 mg/5ml</b>	181	<b>25 mg</b>	78
<b>baclofen oral soln 5 mg/5ml</b>	181	<b>benazepril &amp; hydrochlorothiazide tab 5-</b>	
<b>baclofen tab 10 mg</b>	181	<b>6.25 mg</b>	78
<b>baclofen tab 20 mg</b>	181	<b>benazepril hcl</b>	
<b>baclofen tab 5 mg</b>	181	see LOTENSIN TAB 10MG	75
<b>bacteriostatic sodium chloride inj soln</b>		see LOTENSIN TAB 20MG	75
<b>0.9%</b>	190	see LOTENSIN TAB 40MG	75
<b>balsalazide disodium cap 750 mg</b>	148	<b>benazepril hcl tab 10 mg</b>	75
Balziva		<b>benazepril hcl tab 20 mg</b>	75
see <b>norethindrone &amp; ethinyl estradiol</b>		<b>benazepril hcl tab 40 mg</b>	75
<b>tab 0.4 mg-35 mcg</b>	118	<b>benazepril hcl tab 5 mg</b>	75
BAQSIMI ONE POW 3MG/DOSE	65	<b>bendamustine hcl for iv soln 100 mg</b>	82

<b>bendamustine hcl for iv soln 25 mg</b> .....	82
<b>benralizumab</b>	
see FASENRA INJ 10MG/0.5 .....	48
see FASENRA INJ 30MG/ML .....	48
see FASENRA PEN INJ 30MG/ML .....	48
BENZAC AC LIQ 5% WASH .....	127
BENZAMYCIN GEL 5-3% .....	127
Benzepro	
see <b>benzoyl peroxide foam 5.3%</b> .....	127
<b>benzoin compound tincture</b> .....	135
<b>benzonatate cap 100 mg</b> .....	126
<b>benzonatate cap 150 mg</b> .....	126
<b>benzonatate cap 200 mg</b> .....	126
<b>benzoyl peroxide</b>	
see BENZAC AC LIQ 5% WASH .....	127
<b>benzoyl peroxide-erythromycin</b>	
see BENZAMYCIN GEL 5-3% .....	127
<b>benzoyl peroxide-erythromycin gel 5-3%</b>	
.....	127
<b>benzoyl peroxide foam 5.3%</b> .....	127
<b>benzoyl peroxide foam 9.8%</b> .....	127
<b>benzoyl peroxide-hydrocortisone lotion</b>	
<b>5-0.5%</b> .....	127
<b>benztropine mesylate inj 1 mg/ml</b> .....	92
<b>benztropine mesylate tab 0.5 mg</b> .....	92
<b>benztropine mesylate tab 1 mg</b> .....	92
<b>benztropine mesylate tab 2 mg</b> .....	92
<b>bepotastine besilate ophth soln 1.5%</b> ..	186
<b>berotralstat hcl</b>	
see ORLADEYO CAP 110MG .....	157
see ORLADEYO CAP 150MG .....	157
<b>besifloxacin hcl</b>	
see BESIVANCE SUS 0.6% .....	184
BESIVANCE SUS 0.6% .....	184
BESREMI SOL 500MCG .....	90
<b>betaine powder for oral solution</b> .....	142
<b>betamethasone dipropionate augmented</b>	
<b>cream 0.05%</b> .....	132
<b>betamethasone dipropionate augmented</b>	
<b>gel 0.05%</b> .....	132
<b>betamethasone dipropionate augmented</b>	
<b>lotion 0.05%</b> .....	132
<b>betamethasone dipropionate augmented</b>	
<b>oint 0.05%</b> .....	132
<b>betamethasone dipropionate cream</b>	
<b>0.05%</b> .....	132
<b>betamethasone dipropionate lotion</b>	
<b>0.05%</b> .....	132
<b>betamethasone sod phosphate &amp; acetate</b>	
<b>inj susp 6 (3-3) mg/ml</b> .....	124
<b>betamethasone valerate aerosol foam</b>	
<b>0.12%</b> .....	132
<b>betamethasone valerate cream 0.1%</b>	
<b>(base equivalent)</b> .....	132
<b>betamethasone valerate lotion 0.1%</b>	
<b>(base equivalent)</b> .....	132
<b>betamethasone valerate oint 0.1% (base</b>	
<b>equivalent)</b> .....	132
BETASERON INJ 0.3MG .....	193
<b>betaxolol hcl (ophth)</b>	
see BETOPTIC-S SUS 0.25% OP .....	183
<b>betaxolol hcl ophth soln 0.5%</b> .....	183
<b>betaxolol hcl tab 10 mg</b> .....	104
<b>betaxolol hcl tab 20 mg</b> .....	104
<b>bethanechol chloride tab 10 mg</b> .....	202
<b>bethanechol chloride tab 25 mg</b> .....	202
<b>bethanechol chloride tab 50 mg</b> .....	202
<b>bethanechol chloride tab 5 mg</b> .....	202
BETOPTIC-S SUS 0.25% OP .....	183
<b>bevacizumab-bvzr</b>	
see ZIRABEV INJ 100/4ML .....	85
see ZIRABEV INJ 400/16ML .....	85
<b>bexarotene cap 75 mg</b> .....	90
<b>bexarotene gel 1%</b> .....	130
<b>bicalutamide</b>	
see CASODEX TAB 50MG .....	86
<b>bicalutamide tab 50 mg</b> .....	86
<b>bictegravir-emtricitabine-tenofovir</b>	
<b>alafenamide fumarate</b>	
see BIKTARVY TAB .....	99
BIKTARVY TAB .....	99
<b>bimatoprost ophth soln 0.03%</b> .....	187
<b>binimetinib</b>	
see MEKTOVI TAB 15MG .....	89
<b>bismuth subcit-metronidazole-</b>	
<b>tetracycline cap 140-125-125 mg</b> .....	201
<b>bisoprolol &amp; hydrochlorothiazide tab 10-</b>	
<b>6.25 mg</b> .....	78



<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</b> .....	78	see ALUNBRIG PAK .....	87
<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</b> .....	78	see ALUNBRIG TAB 180MG .....	88
<b>bisoprolol fumarate tab 10 mg</b> .....	104	see ALUNBRIG TAB 30MG.....	87
<b>bisoprolol fumarate tab 5 mg</b> .....	104	see ALUNBRIG TAB 90MG .....	88
<b>bivalirudin trifluoroacetate for iv soln 250 mg (base equiv)</b> .....	53	BRILINTA TAB 60MG .....	157
<b>bivalirudin trifluoroacetate iv soln 250 mg/50ml (base eq)</b> .....	53	BRILINTA TAB 90MG .....	157
<b>bleomycin sulfate for inj 15 unit</b> .....	86	<b>brimonidine tartrate</b>	
<b>bleomycin sulfate for inj 30 unit</b> .....	86	see ALPHAGAN P SOL 0.1% .....	184
Blisovi 24 Fe		see ALPHAGAN P SOL 0.15%.....	184
see <b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b> ..	121	<b>brimonidine tartrate gel 0.33% (base equivalent)</b> .....	135
Blisovi Fe 1/20		<b>brimonidine tartrate ophth soln 0.1%</b> ..	184
see <b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</b> .....	120	<b>brimonidine tartrate ophth soln 0.15%</b> ..	184
Blisovi Fe 1.5/30		<b>brimonidine tartrate ophth soln 0.2%</b> ..	184
see <b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</b> .....	120	<b>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</b> .....	183
<b>bortezomib for inj 3.5 mg</b> .....	88	<b>brinzolamide-brimonidine tartrate</b>	
<b>bosentan tab 125 mg</b> .....	111	see SIMBRINZA SUS 1-0.2% .....	184
<b>bosentan tab 62.5 mg</b> .....	111	<b>brinzolamide ophth susp 1%</b> .....	186
BOSULIF CAP 100MG .....	88	Bromfed Dm	
BOSULIF CAP 50MG.....	88	see <b>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</b> .....	127
BOSULIF TAB 100MG .....	88	<b>bromfenac sodium (ophth)</b>	
BOSULIF TAB 400MG .....	88	see PROLENSA SOL 0.07% .....	187
BOSULIF TAB 500MG .....	88	<b>bromfenac sodium ophth soln 0.07% (base equivalent)</b> .....	186
<b>bosutinib</b>		<b>bromfenac sodium ophth soln 0.075% (base equivalent)</b> .....	186
see BOSULIF CAP 100MG.....	88	<b>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</b> .....	186
see BOSULIF CAP 50MG .....	88	<b>bromocriptine mesylate</b>	
see BOSULIF TAB 100MG .....	88	see PARLODEL CAP 5MG .....	93
see BOSULIF TAB 400MG .....	88	see PARLODEL TAB 2.5MG .....	93
see BOSULIF TAB 500MG .....	88	<b>bromocriptine mesylate cap 5 mg (base equivalent)</b> .....	92
BRAFTOVI CAP 75MG .....	88	<b>bromocriptine mesylate tab 2.5 mg (base equivalent)</b> .....	92
BREO ELLIPTA INH 100-25.....	50	BRUKINSA CAP 80MG .....	88
BREO ELLIPTA INH 200-25.....	50	BRYHALI LOT 0.01% .....	132
BREO ELLIPTA INH 50-25MCG .....	50	<b>budesonide</b>	
BREZTRI AERO AER SPHERE .....	50	see UCERIS TAB 9MG .....	126
Brielllyn		<b>budesonide (inhalation)</b>	
see <b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</b> .....	118	see PULMICORT INH 180MCG.....	49
<b>brigatinib</b>		see PULMICORT INH 90MCG .....	49

see PULMICORT SUS 0.25MG/2 .....	49	see BELBUCA MIS 75MCG .....	39
see PULMICORT SUS 0.5MG/2 .....	49	see BELBUCA MIS 900MCG.....	39
see PULMICORT SUS 1MG/2ML .....	49	<b>buprenorphine hcl inj 0.3 mg/ml (base equiv)</b> .....	39
<b>budesonide delayed release particles cap 3 mg</b> .....	124	<b>buprenorphine hcl-naloxone hcl dihydrate</b>	
<b>budesonide-glycopyrrolate-formoterol fumarate</b>		see ZUBSOLV SUB 0.7-0.18.....	40
see BREZTRI AERO AER SPHERE .....	50	see ZUBSOLV SUB 1.4-0.36.....	40
<b>budesonide inhalation susp 0.25 mg/2ml</b> .....	49	see ZUBSOLV SUB 11.4-2.9.....	40
<b>budesonide inhalation susp 0.5 mg/2ml</b> .....	49	see ZUBSOLV SUB 2.9-0.71.....	40
<b>budesonide inhalation susp 1 mg/2ml</b> .....	49	see ZUBSOLV SUB 5.7-1.4 .....	40
<b>budesonide rectal foam 2 mg/act</b> .....	41	see ZUBSOLV SUB 8.6-2.1 .....	40
<b>bumetanide inj 0.25 mg/ml</b> .....	138	<b>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</b> .....	39
<b>bumetanide tab 0.5 mg</b> .....	138	<b>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</b> .....	39
<b>bumetanide tab 1 mg</b> .....	138	<b>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</b> .....	39
<b>bumetanide tab 2 mg</b> .....	138	<b>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</b> .....	39
<b>bupivacaine 0.75% in dextrose inj 8.25%</b> .....	163	<b>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</b> .....	39
<b>bupivacaine hcl inj 0.25%</b> .....	163	<b>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</b> .....	39
<b>bupivacaine hcl inj 0.5%</b> .....	163	<b>buprenorphine hcl sl tab 2 mg (base equiv)</b> .....	39
<b>bupivacaine hcl preservative free (pf) inj 0.25%</b> .....	163	<b>buprenorphine hcl sl tab 8 mg (base equiv)</b> .....	39
<b>bupivacaine hcl preservative free (pf) inj 0.5%</b> .....	163	<b>buprenorphine td patch weekly 10 mcg/hr</b> .....	39
<b>bupivacaine hcl preservative free (pf) inj 0.75%</b> .....	163	<b>buprenorphine td patch weekly 15 mcg/hr</b> .....	39
<b>bupivacaine inj 0.25% w/ epinephrine 1:200000</b> .....	162	<b>buprenorphine td patch weekly 20 mcg/hr</b> .....	39
<b>bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)</b> .....	162	<b>buprenorphine td patch weekly 5 mcg/hr</b> .....	39
<b>bupivacaine inj 0.5% w/ epinephrine 1:200000</b> .....	162	<b>buprenorphine td patch weekly 7.5 mcg/hr</b> .....	39
<b>bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)</b> .....	162	<b>bupropion hcl</b>	
Bupivacaine Spinal		see WELLBUTRIN TAB 100MG SR.....	59
see <b>bupivacaine 0.75% in dextrose inj 8.25%</b> .....	163	see WELLBUTRIN TAB 150MG SR .....	59
<b>buprenorphine hcl</b>		see WELLBUTRIN TAB 200MG SR .....	59
see BELBUCA MIS 150MCG.....	39	<b>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</b> .....	195
see BELBUCA MIS 300MCG.....	39		
see BELBUCA MIS 450MCG.....	39		
see BELBUCA MIS 600MCG.....	39		
see BELBUCA MIS 750MCG.....	39		

<b>bupropion hcl tab 100 mg</b> .....	59	<b>cabozantinib s-malate</b>	
<b>bupropion hcl tab 75 mg</b> .....	59	see CABOMETYX TAB 20MG.....	88
<b>bupropion hcl tab er 12hr 100 mg</b> .....	59	see CABOMETYX TAB 40MG.....	88
<b>bupropion hcl tab er 12hr 150 mg</b> .....	59	see CABOMETYX TAB 60MG.....	88
<b>bupropion hcl tab er 12hr 200 mg</b> .....	59	CADUET TAB 10-10MG.....	110
<b>bupropion hcl tab er 24hr 150 mg</b> .....	59	CADUET TAB 10-20MG .....	110
<b>bupropion hcl tab er 24hr 300 mg</b> .....	59	CADUET TAB 10-40MG.....	110
<b>bupirone hcl tab 10 mg</b> .....	45	CADUET TAB 10-80MG.....	110
<b>bupirone hcl tab 15 mg</b> .....	45	CADUET TAB 5-10MG.....	109
<b>bupirone hcl tab 30 mg</b> .....	45	CADUET TAB 5-20MG.....	109
<b>bupirone hcl tab 5 mg</b> .....	45	CADUET TAB 5-40MG.....	110
<b>bupirone hcl tab 7.5 mg</b> .....	45	CADUET TAB 5-80MG.....	110
<b>busulfan</b>		<b>caffeine citrate inj 60 mg/3ml (10 mg/ml</b>	
see MYLERAN TAB 2MG.....	83	<b>base equiv)</b> .....	26
<b>busulfan inj 6 mg/ml</b> .....	82	<b>caffeine citrate oral soln 60 mg/3ml (10</b>	
<b>butalbital-acetaminophen-caffeine tab</b>		<b>mg/ml base equiv)</b> .....	26
<b>50-325-40 mg</b> .....	33	<b>calcipotriene-betamethasone</b>	
<b>butalbital-acetaminophen-caff w/ cod</b>		<b>dipropionate</b>	
<b>cap 50-300-40-30 mg</b> .....	38	see ENSTILAR AER.....	133
<b>butalbital-acetaminophen-caff w/ cod</b>		<b>calcipotriene oint 0.005%</b> .....	130
<b>cap 50-325-40-30 mg</b> .....	38	<b>calcipotriene soln 0.005% (50 mcg/ml)</b>	
<b>butalbital-acetaminophen tab 50-325 mg</b>		.....	130
.....	33	<b>calcitonin (salmon) inj 200 unit/ml</b> .....	140
<b>butalbital-aspirin-caffeine cap 50-325-40</b>		<b>calcitonin (salmon) nasal soln 200</b>	
<b>mg</b> .....	33	<b>unit/act</b> .....	140
<b>butalbital-aspirin-caff w/ codeine cap</b>		Calcitrene	
<b>50-325-40-30 mg</b> .....	38	see <b>calcipotriene oint 0.005%</b> .....	130
<b>butorphanol tartrate inj 1 mg/ml</b> .....	40	<b>calcitriol</b>	
<b>butorphanol tartrate inj 2 mg/ml</b> .....	40	see ROCALTROL CAP 0.25MCG.....	143
<b>butorphanol tartrate nasal soln 10 mg/ml</b>		see ROCALTROL CAP 0.5MCG .....	143
.....	40	see ROCALTROL SOL 1MCG/ML .....	143
BYOOVIZ INJ 0.5MG.....	184	<b>calcitriol cap 0.25 mcg</b> .....	142
<b>C</b>		<b>calcitriol cap 0.5 mcg</b> .....	142
<b>c1 esterase inhibitor (recombinant)</b>		<b>calcitriol inj 1 mcg/ml</b> .....	142
see RUCONEST INJ 2100UNIT .....	156	<b>calcitriol oral soln 1 mcg/ml</b> .....	142
CABENUVA SUS 400-600 .....	99	<b>calcium, magnesium, potassium, &amp;</b>	
CABENUVA SUS 600-900 .....	99	<b>sodium oxybates</b>	
<b>cabergoline tab 0.5 mg</b> .....	143	see XYWAV SOL 0.5GM/ML.....	191
CABOMETYX TAB 20MG.....	88	<b>calcium acetate (phosphate binder) cap</b>	
CABOMETYX TAB 40MG.....	88	<b>667 mg (169 mg ca)</b> .....	149
CABOMETYX TAB 60MG.....	88	<b>calcium acetate (phosphate binder) tab</b>	
<b>cabotegravir &amp; rilpivirine</b>		<b>667 mg</b> .....	149
see CABENUVA SUS 400-600 .....	99	CALQUENCE TAB 100MG.....	88
see CABENUVA SUS 600-900 .....	99	Camila	

see <b>norethindrone tab 0.35 mg</b> .....	123	<b>carbamazepine susp 100 mg/5ml</b> .....	54
Camrese		<b>carbamazepine tab 200 mg</b> .....	54
see <b>levonorg-eth est tab 0.15-</b>		<b>carbamazepine tab er 12hr 100 mg</b> .....	54
<b>0.03mg(84) &amp; eth est tab 0.01mg(7)</b>		<b>carbamazepine tab er 12hr 200 mg</b> .....	54
.....	116	<b>carbamazepine tab er 12hr 400 mg</b> .....	54
Camrese Lo		CARBATROL CAP 100MG.....	54
see <b>levonorg-eth est tab 0.1-</b>		CARBATROL CAP 200MG.....	54
<b>0.02mg(84) &amp; eth est tab 0.01mg(7)</b>		CARBATROL CAP 300MG.....	55
.....	116	<b>carbidopa &amp; levodopa orally</b>	
<b>candesartan cilexetil-</b>		<b>disintegrating tab 10-100 mg</b> .....	92
<b>hydrochlorothiazide tab 16-12.5 mg</b> ...	78	<b>carbidopa &amp; levodopa orally</b>	
<b>candesartan cilexetil-</b>		<b>disintegrating tab 25-100 mg</b> .....	92
<b>hydrochlorothiazide tab 32-12.5 mg</b> ...	78	<b>carbidopa &amp; levodopa orally</b>	
<b>candesartan cilexetil-</b>		<b>disintegrating tab 25-250 mg</b> .....	92
<b>hydrochlorothiazide tab 32-25 mg</b> .....	79	<b>carbidopa &amp; levodopa tab 10-100 mg</b> .....	92
<b>candesartan cilexetil tab 16 mg</b> .....	76	<b>carbidopa &amp; levodopa tab 25-100 mg</b> ...	92
<b>candesartan cilexetil tab 32 mg</b> .....	76	<b>carbidopa &amp; levodopa tab 25-250 mg</b> ....	92
<b>candesartan cilexetil tab 4 mg</b> .....	76	<b>carbidopa &amp; levodopa tab er 25-100 mg</b>	92
<b>candesartan cilexetil tab 8 mg</b> .....	76	<b>carbidopa &amp; levodopa tab er 50-200 mg</b>	
<b>capecitabine</b>		.....	92
see XELODA TAB 150MG.....	85	<b>carbidopa-levodopa</b>	
see XELODA TAB 500MG .....	85	see DHIVY TAB 25-100MG .....	93
<b>capecitabine tab 150 mg</b> .....	83	see RYTARY CAP 145MG.....	94
<b>capecitabine tab 500 mg</b> .....	83	see RYTARY CAP 195MG.....	94
<b>captopril &amp; hydrochlorothiazide tab 25-15</b>		see RYTARY CAP 245MG .....	94
<b>mg</b> .....	79	see RYTARY CAP 95MG .....	94
<b>captopril &amp; hydrochlorothiazide tab 25-</b>		see SINEMET TAB 10-100MG.....	94
<b>25 mg</b> .....	79	see SINEMET TAB 25-100MG .....	94
<b>captopril &amp; hydrochlorothiazide tab 50-15</b>		<b>carbidopa-levodopa-entacapone tabs</b>	
<b>mg</b> .....	79	<b>12.5-50-200 mg</b> .....	93
<b>captopril &amp; hydrochlorothiazide tab 50-</b>		<b>carbidopa-levodopa-entacapone tabs</b>	
<b>25 mg</b> .....	79	<b>18.75-75-200 mg</b> .....	93
<b>captopril tab 100 mg</b> .....	75	<b>carbidopa-levodopa-entacapone tabs 25-</b>	
<b>captopril tab 12.5 mg</b> .....	75	<b>100-200 mg</b> .....	93
<b>captopril tab 25 mg</b> .....	75	<b>carbidopa-levodopa-entacapone tabs</b>	
<b>captopril tab 50 mg</b> .....	75	<b>31.25-125-200 mg</b> .....	93
<b>carbamazepine</b>		<b>carbidopa-levodopa-entacapone tabs</b>	
see CARBATROL CAP 100MG.....	54	<b>37.5-150-200 mg</b> .....	93
see CARBATROL CAP 200MG.....	54	<b>carbidopa-levodopa-entacapone tabs</b>	
see CARBATROL CAP 300MG.....	55	<b>50-200-200 mg</b> .....	93
<b>carbamazepine cap er 12hr 100 mg</b> .....	54	<b>carbidopa tab 25 mg</b> .....	92
<b>carbamazepine cap er 12hr 200 mg</b> .....	54	<b>carbinoxamine maleate soln 4 mg/5ml</b> ..	71
<b>carbamazepine cap er 12hr 300 mg</b> .....	54	<b>carbinoxamine maleate tab 4 mg</b> .....	71
<b>carbamazepine chew tab 100 mg</b> .....	54	<b>carboplatin iv soln 1000 mg/100ml</b> .....	83

<b>carboplatin iv soln 150 mg/15ml</b> .....	82	<b>carvedilol phosphate cap er 24hr 10 mg</b> .....	103
<b>carboplatin iv soln 450 mg/45ml</b> .....	82	<b>carvedilol phosphate cap er 24hr 20 mg</b> .....	103
<b>carboplatin iv soln 50 mg/5ml</b> .....	82	<b>carvedilol phosphate cap er 24hr 40 mg</b> .....	103
<b>carboplatin iv soln 600 mg/60ml</b> .....	82	<b>carvedilol phosphate cap er 24hr 80 mg</b> .....	103
<b>carboprost tromethamine im soln 250 mcg/ml</b> .....	188	<b>carvedilol tab 12.5 mg</b> .....	103
<b>cardioplegic soln</b> .....	109	<b>carvedilol tab 25 mg</b> .....	103
CARDURA TAB 1MG.....	76	<b>carvedilol tab 3.125 mg</b> .....	103
CARDURA TAB 2MG.....	76	<b>carvedilol tab 6.25 mg</b> .....	103
CARDURA TAB 4MG.....	77	CASODEX TAB 50MG .....	86
CARDURA TAB 8MG.....	77	<b>caspofungin acetate for iv soln 50 mg</b> ...	70
CAREONE LANC MIS 30G.....	166	<b>caspofungin acetate for iv soln 70 mg</b> ...	70
CAREONE LANC MIS THIN 23G.....	166	<b>cefaclor cap 250 mg</b> .....	113
CARESENS 30G MIS LANCETS.....	166	<b>cefaclor cap 500 mg</b> .....	113
CARETOUCH MIS LANC 26G .....	166	<b>cefaclor for susp 250 mg/5ml</b> .....	113
CARETOUCH MIS LANC 28G .....	166	<b>cefadroxil cap 500 mg</b> .....	113
CARETOUCH MIS LANC 30G .....	166	<b>cefadroxil for susp 250 mg/5ml</b> .....	113
CARETOUCH MIS TWIST 28.....	166	<b>cefadroxil for susp 500 mg/5ml</b> .....	113
CARETOUCH MIS TWIST 30.....	166	<b>cefadroxil tab 1 gm</b> .....	113
CARETOUCH MIS TWIST 33.....	166	<b>cefazolin sodium for inj 10 gm</b> .....	113
<b>carglumic acid soluble tab 200 mg</b> .....	142	<b>cefazolin sodium for inj 1 gm</b> .....	113
<b>cariprazine hcl</b>		<b>cefazolin sodium for inj 2 gm</b> .....	113
see VRAYLAR CAP 1.5MG.....	95	<b>cefazolin sodium for inj 3 gm</b> .....	113
see VRAYLAR CAP 3MG .....	95	<b>cefazolin sodium for inj 500 mg</b> .....	113
see VRAYLAR CAP 4.5MG.....	95	<b>cefazolin sodium for iv soln 1 gm</b> .....	113
see VRAYLAR CAP 6MG .....	95	<b>cefdinir cap 300 mg</b> .....	113
<b>carisoprodol tab 350 mg</b> .....	181	<b>cefdinir for susp 125 mg/5ml</b> .....	113
<b>carmustine for inj 100 mg</b> .....	83	<b>cefdinir for susp 250 mg/5ml</b> .....	113
<b>carteolol hcl ophth soln 1%</b> .....	183	<b>cefepime hcl for inj 1 gm</b> .....	114
Cartia Xt		<b>cefepime hcl for iv soln 2 gm</b> .....	114
see <b>diltiazem hcl coated beads cap er</b> <b>24hr 120 mg</b> .....	106	<b>cefixime cap 400 mg</b> .....	114
see <b>diltiazem hcl coated beads cap er</b> <b>24hr 180 mg</b> .....	106	<b>cefixime for susp 100 mg/5ml</b> .....	114
see <b>diltiazem hcl coated beads cap er</b> <b>24hr 240 mg</b> .....	106	<b>cefixime for susp 200 mg/5ml</b> .....	114
see <b>diltiazem hcl coated beads cap er</b> <b>24hr 300 mg</b> .....	106	<b>cefotetan disodium for inj 1 gm</b> .....	113
<b>carvedilol</b>		<b>cefotetan disodium for inj 2 gm</b> .....	113
see COREG TAB 12.5MG.....	103	<b>cefoxitin sodium for iv soln 10 gm</b> .....	113
see COREG TAB 25MG .....	103	<b>cefoxitin sodium for iv soln 1 gm</b> .....	113
see COREG TAB 3.125MG .....	103	<b>cefoxitin sodium for iv soln 2 gm</b> .....	113
see COREG TAB 6.25MG.....	103	<b>cefpodoxime proxetil for susp 100 mg/5ml</b> .....	114

<b>cefpodoxime proxetil for susp 50 mg/5ml</b>	58
.....	114
<b>cefpodoxime proxetil tab 100 mg</b>	114
<b>cefpodoxime proxetil tab 200 mg</b>	114
<b>cefprozil for susp 125 mg/5ml</b>	113
<b>cefprozil for susp 250 mg/5ml</b>	113
<b>cefprozil tab 250 mg</b>	113
<b>cefprozil tab 500 mg</b>	113
<b>ceftazidime for inj 1 gm</b>	114
<b>ceftazidime for inj 6 gm</b>	114
<b>ceftazidime for iv soln 1 gm</b>	114
<b>ceftazidime for iv soln 2 gm</b>	114
<b>ceftazidime for iv soln 6 gm</b>	114
<b>ceftriaxone sodium for inj 10 gm</b>	114
<b>ceftriaxone sodium for inj 1 gm</b>	114
<b>ceftriaxone sodium for inj 250 mg</b>	114
<b>ceftriaxone sodium for inj 2 gm</b>	114
<b>ceftriaxone sodium for inj 500 mg</b>	114
<b>ceftriaxone sodium for iv soln 1 gm</b>	114
<b>ceftriaxone sodium for iv soln 2 gm</b>	114
<b>ceftriaxone sodium in dextrose inj 20 mg/ml</b>	114
<b>ceftriaxone sodium in dextrose inj 40 mg/ml</b>	114
<b>cefuroxime axetil tab 250 mg</b>	113
<b>cefuroxime axetil tab 500 mg</b>	113
<b>cefuroxime sodium for inj 750 mg</b>	113
<b>cefuroxime sodium for iv soln 1.5 gm</b>	113
<b>celecoxib cap 100 mg</b>	31
<b>celecoxib cap 200 mg</b>	31
<b>celecoxib cap 400 mg</b>	31
<b>celecoxib cap 50 mg</b>	31
CELEXA TAB 10MG	60
CELEXA TAB 20MG	60
CELEXA TAB 40MG	60
<b>cenobamate</b>	
see XCOPRI PAK 100-150	57
see XCOPRI PAK 12.5-25	57
see XCOPRI PAK 150-200	57
see XCOPRI PAK 50-100MG	57
see XCOPRI TAB 100MG	58
see XCOPRI TAB 150MG	58
see XCOPRI TAB 200MG	58
see XCOPRI TAB 25MG	57
see XCOPRI TAB 50MG	58
<b>cephalexin cap 250 mg</b>	113
<b>cephalexin cap 500 mg</b>	113
<b>cephalexin cap 750 mg</b>	113
<b>cephalexin for susp 125 mg/5ml</b>	113
<b>cephalexin for susp 250 mg/5ml</b>	113
<b>cephalexin tab 250 mg</b>	113
<b>cephalexin tab 500 mg</b>	113
CERDELGA CAP 84MG	158
CEREZYME INJ 400UNIT	158
<b>ceritinib</b>	
see ZYKADIA TAB 150MG	90
<b>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</b>	71
<b>cetorelix acetate for inj kit 0.25 mg</b>	141
<b>cevimeline hcl cap 30 mg</b>	180
Charlotte 24 Fe	
see <b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</b>	120
Chateal Eq	
see <b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	117
<b>chlorambucil</b>	
see LEUKERAN TAB 2MG	83
<b>chloramphenicol sodium succinate for iv inj 1 gm</b>	42
<b>chlordiazepoxide-amitriptyline tab 10-25 mg</b>	193
<b>chlordiazepoxide-amitriptyline tab 5-12.5 mg</b>	193
<b>chlordiazepoxide hcl cap 10 mg</b>	46
<b>chlordiazepoxide hcl cap 25 mg</b>	46
<b>chlordiazepoxide hcl cap 5 mg</b>	46
<b>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</b>	199
<b>chlorhexidine gluconate soln 0.12%</b>	180
<b>chlorprocaine hcl preservative free (pf) inj 2%</b>	164
<b>chlorprocaine hcl preservative free (pf) inj 3%</b>	164
<b>chloroquine phosphate tab 250 mg</b>	81
<b>chloroquine phosphate tab 500 mg</b>	81
<b>chlorothiazide sodium for inj 500 mg</b>	139
<b>chlorpromazine hcl inj 25 mg/ml</b>	98

<b>chlorpromazine hcl inj 50 mg/2ml</b> .....	98	CIMERLI INJ 0.3MG .....	184
<b>chlorpromazine hcl tab 100 mg</b> .....	98	CIMERLI INJ 0.5MG .....	184
<b>chlorpromazine hcl tab 10 mg</b> .....	98	<b>cimetidine tab 200 mg</b> .....	200
<b>chlorpromazine hcl tab 200 mg</b> .....	98	<b>cimetidine tab 300 mg</b> .....	200
<b>chlorpromazine hcl tab 25 mg</b> .....	98	<b>cimetidine tab 400 mg</b> .....	200
<b>chlorpromazine hcl tab 50 mg</b> .....	98	<b>cimetidine tab 800 mg</b> .....	200
<b>chlorthalidone tab 25 mg</b> .....	139	<b>cinacalcet hcl tab 30 mg (base equiv)</b> ..	142
<b>chlorthalidone tab 50 mg</b> .....	139	<b>cinacalcet hcl tab 60 mg (base equiv)</b> ..	142
<b>chlorzoxazone tab 500 mg</b> .....	181	<b>cinacalcet hcl tab 90 mg (base equiv)</b> ..	142
<b>cholestyramine</b>		CIPRO (10%) SUS 500MG/5 .....	147
see QUESTRAN POW 4GM .....	73	CIPRO (5%) SUS 250MG/5 .....	147
<b>cholestyramine light</b>		<b>ciprofloxacin</b>	
see QUESTRAN POW 4GM LITE .....	73	see CIPRO (10%) SUS 500MG/5 .....	147
<b>cholestyramine light powder 4 gm/dose</b>		see CIPRO (5%) SUS 250MG/5 .....	147
.....	72	<b>ciprofloxacin 200 mg/100ml in d5w</b> ....	147
<b>cholestyramine light powder packets 4</b>		<b>ciprofloxacin 400 mg/200ml in d5w</b> ....	147
<b>gm</b> .....	72	<b>ciprofloxacin-dexamethasone otic susp</b>	
<b>cholestyramine powder 4 gm/dose</b> .....	72	<b>0.3-0.1%</b> .....	187
<b>cholestyramine powder packets 4 gm</b> ..	72	<b>ciprofloxacin hcl</b>	
<b>choline fenofibrate</b>		see CIPRO TAB 250MG .....	147
see TRILIPIX CAP 135MG .....	73	see CIPRO TAB 500MG .....	147
see TRILIPIX CAP 45MG .....	73	<b>ciprofloxacin hcl ophth soln 0.3% (base</b>	
<b>choline fenofibrate cap dr 135 mg</b>		<b>equivalent)</b> .....	184
<b>(fenofibric acid equiv)</b> .....	73	<b>ciprofloxacin hcl otic soln 0.2% (base</b>	
<b>choline fenofibrate cap dr 45 mg</b>		<b>equivalent)</b> .....	187
<b>(fenofibric acid equiv)</b> .....	73	<b>ciprofloxacin hcl tab 250 mg (base equiv)</b>	
<b>choriogonadotropin alfa</b>		.....	147
see OVIDREL INJ .....	141	<b>ciprofloxacin hcl tab 500 mg (base equiv)</b>	
CIBINQO TAB 100MG .....	134	.....	147
CIBINQO TAB 200MG .....	134	<b>ciprofloxacin hcl tab 750 mg (base equiv)</b>	
CIBINQO TAB 50MG .....	134	.....	147
Ciclodan		CIPRO TAB 250MG .....	147
see <b>ciclopirox solution 8%</b> .....	129	CIPRO TAB 500MG .....	147
<b>ciclopirox gel 0.77%</b> .....	129	<b>cisatracurium besylate (pf) iv soln 10</b>	
<b>ciclopirox olamine cream 0.77% (base</b>		<b>mg/5ml (2 mg/ml)</b> .....	182
<b>equiv)</b> .....	129	<b>cisatracurium besylate (pf) iv soln 200</b>	
<b>ciclopirox olamine susp 0.77% (base</b>		<b>mg/20ml (10 mg/ml)</b> .....	183
<b>equiv)</b> .....	129	<b>cisatracurium besylate iv soln 20</b>	
<b>ciclopirox shampoo 1%</b> .....	129	<b>mg/10ml (2 mg/ml)</b> .....	183
<b>ciclopirox solution 8%</b> .....	129	<b>cisplatin inj 100 mg/100ml (1 mg/ml)</b> ....	83
<b>cidofovir iv inj 75 mg/ml</b> .....	102	<b>cisplatin inj 200 mg/200ml (1 mg/ml)</b> ....	83
<b>cilostazol tab 100 mg</b> .....	157	<b>cisplatin inj 50 mg/50ml (1 mg/ml)</b> .....	83
<b>cilostazol tab 50 mg</b> .....	157	<b>citalopram hydrobromide</b>	
CIMDUO TAB 300-300 .....	99	see CELEXA TAB 10MG .....	60

see CELEXA TAB 20MG .....	60	CLENPIQ SOL.....	162
see CELEXA TAB 40MG .....	60	CLEVER CHECK MIS .....	166
<b>citalopram hydrobromide oral soln 10</b>		CLEVER CHECK MIS 30G.....	166
<b>mg/5ml</b> .....	60	CLIMARA PRO DIS WEEKLY .....	144
<b>citalopram hydrobromide tab 10 mg (base</b>		Clindacin	
<b>equiv)</b> .....	60	see <b>clindamycin phosphate foam 1%</b>	127
<b>citalopram hydrobromide tab 20 mg</b>		Clindacin Etz Pledgets	
<b>(base equiv)</b> .....	60	see <b>clindamycin phosphate swab 1%</b>	127
<b>citalopram hydrobromide tab 40 mg</b>		Clindacin-p	
<b>(base equiv)</b> .....	60	see <b>clindamycin phosphate swab 1%</b>	127
<b>cladribine iv soln 10 mg/10ml (1 mg/ml)</b>	83	<b>clindamycin hcl cap 150 mg</b> .....	43
Claravis		<b>clindamycin hcl cap 300 mg</b> .....	43
see <b>isotretinoin cap 10 mg</b> .....	128	<b>clindamycin hcl cap 75 mg</b> .....	43
see <b>isotretinoin cap 20 mg</b> .....	128	<b>clindamycin palmitate hcl for soln 75</b>	
see <b>isotretinoin cap 30 mg</b> .....	128	<b>mg/5ml (base equiv)</b> .....	43
see <b>isotretinoin cap 40 mg</b> .....	128	<b>clindamycin phosphate-benzoyl peroxide</b>	
Clariscan		see ONEXTON GEL 1.2-3.75 .....	128
see <b>gadoterate meglumine iv soln 10</b>		<b>clindamycin phosphate-benzoyl peroxide</b>	
<b>mmol/20ml (0.5 mmol/ml)</b> .....	137	<b>gel 1.2-2.5%</b> .....	128
see <b>gadoterate meglumine iv soln 2.5</b>		<b>clindamycin phosphate-benzoyl peroxide</b>	
<b>mmol/5ml (0.5 mmol/ml)</b> .....	136	<b>gel 1.2-3.75%</b> .....	128
see <b>gadoterate meglumine iv soln 50</b>		<b>clindamycin phosphate-benzoyl peroxide</b>	
<b>mmol/100ml (0.5 mmol/ml)</b> .....	137	<b>gel 1-5%</b> .....	128
see <b>gadoterate meglumine iv soln 5</b>		<b>clindamycin phosphate foam 1%</b> .....	127
<b>mmol/10ml (0.5 mmol/ml)</b> .....	136	<b>clindamycin phosphate gel 1%</b> .....	127
see <b>gadoterate meglumine iv soln 7.5</b>		<b>clindamycin phosphate in d5w iv soln 300</b>	
<b>mmol/15ml (0.5 mmol/ml)</b> .....	136	<b>mg/50ml</b> .....	43
see <b>gadoterate meglumine iv soln</b>		<b>clindamycin phosphate in d5w iv soln 600</b>	
<b>prefilled syringe 10 mmol/20ml</b> .....	137	<b>mg/50ml</b> .....	43
see <b>gadoterate meglumine iv soln</b>		<b>clindamycin phosphate in d5w iv soln 900</b>	
<b>prefilled syringe 5 mmol/10ml</b> .....	137	<b>mg/50ml</b> .....	43
see <b>gadoterate meglumine iv soln</b>		<b>clindamycin phosphate inj 900 mg/6ml</b>	43
<b>prefilled syringe 7.5 mmol/15ml</b> .....	137	<b>clindamycin phosphate inj 9 gm/60ml</b> ...43	
<b>clarithromycin for susp 125 mg/5ml</b> .....	164	<b>clindamycin phosphate lotion 1%</b> .....	127
<b>clarithromycin for susp 250 mg/5ml</b> ....	164	<b>clindamycin phosphate soln 1%</b> .....	127
<b>clarithromycin tab 250 mg</b> .....	164	<b>clindamycin phosphate swab 1%</b> .....	127
<b>clarithromycin tab 500 mg</b> .....	164	<b>clindamycin phosphate-tretinoin gel 1.2-</b>	
<b>clarithromycin tab er 24hr 500 mg</b> .....	164	<b>0.025%</b> .....	128
<b>clascoterone</b>		<b>clindamycin phosphate vaginal cream 2%</b>	
see WINLEVI CRE 1% .....	129	.....	202
CLEANLET 28G MIS LANCETS.....	166	<b>clindamycin phosph-benzoyl peroxide</b>	
<b>clemastine fumarate syrup 0.67 mg/5ml</b>		<b>(refrig) gel 1.2 (1)-5%</b> .....	127
<b>(0.5 mg/5ml base eq)</b> .....	71	Clinisol Sf 15%	
<b>clemastine fumarate tab 2.68 mg</b> .....	71	see <b>amino acid infusion 15%</b> .....	183



<b>clobazam suspension 2.5 mg/ml</b> .....	53	<b>clonidine hcl tab er 24hr 0.17 mg (base equivalent)</b> .....	77
<b>clobazam tab 10 mg</b> .....	53	<b>clonidine td patch weekly 0.1 mg/24hr</b> ..	77
<b>clobazam tab 20 mg</b> .....	53	<b>clonidine td patch weekly 0.2 mg/24hr</b> ..	77
<b>clobetasol propionate cream 0.05%</b> ...	132	<b>clonidine td patch weekly 0.3 mg/24hr</b> ..	77
<b>clobetasol propionate emollient base cream 0.05%</b> .....	132	<b>clopidogrel bisulfate tab 300 mg (base equiv)</b> .....	157
<b>clobetasol propionate foam 0.05%</b> .....	132	<b>clopidogrel bisulfate tab 75 mg (base equiv)</b> .....	157
<b>clobetasol propionate gel 0.05%</b> .....	132	<b>clorazepate dipotassium tab 15 mg</b> .....	46
<b>clobetasol propionate lotion 0.05%</b> .....	132	<b>clorazepate dipotassium tab 3.75 mg</b> ...	46
<b>clobetasol propionate oint 0.05%</b> .....	132	<b>clorazepate dipotassium tab 7.5 mg</b> .....	46
<b>clobetasol propionate shampoo 0.05%</b> .....	132	<b>clotrimazole cream 1%</b> .....	129
<b>clobetasol propionate soln 0.05%</b> .....	132	<b>clotrimazole soln 1%</b> .....	129
Clodan		<b>clotrimazole troche 10 mg</b> .....	180
see <b>clobetasol propionate shampoo 0.05%</b> .....	132	<b>clotrimazole w/ betamethasone cream 1-0.05%</b> .....	129
<b>clofarabine iv soln 1 mg/ml</b> .....	84	<b>clotrimazole w/ betamethasone lotion 1-0.05%</b> .....	130
Clomid		<b>clozapine</b>	
see <b>clomiphene citrate tab 50 mg</b> .....	140	see CLOZARIL TAB 100MG .....	96
<b>clomiphene citrate tab 50 mg</b> .....	140	see CLOZARIL TAB 200MG .....	96
<b>clomipramine hcl cap 25 mg</b> .....	62	see CLOZARIL TAB 25MG .....	96
<b>clomipramine hcl cap 50 mg</b> .....	62	see CLOZARIL TAB 50MG .....	96
<b>clomipramine hcl cap 75 mg</b> .....	62	<b>clozapine orally disintegrating tab 100 mg</b> .....	96
<b>clonazepam orally disintegrating tab 0.125 mg</b> .....	54	<b>clozapine orally disintegrating tab 12.5 mg</b> .....	96
<b>clonazepam orally disintegrating tab 0.25 mg</b> .....	53	<b>clozapine orally disintegrating tab 150 mg</b> .....	96
<b>clonazepam orally disintegrating tab 0.5 mg</b> .....	53	<b>clozapine orally disintegrating tab 200 mg</b> .....	96
<b>clonazepam orally disintegrating tab 1 mg</b> .....	54	<b>clozapine orally disintegrating tab 25 mg</b> .....	96
<b>clonazepam orally disintegrating tab 2 mg</b> .....	54	<b>clozapine tab 100 mg</b> .....	96
<b>clonazepam tab 0.5 mg</b> .....	54	<b>clozapine tab 200 mg</b> .....	96
<b>clonazepam tab 1 mg</b> .....	54	<b>clozapine tab 25 mg</b> .....	96
<b>clonazepam tab 2 mg</b> .....	54	<b>clozapine tab 50 mg</b> .....	96
<b>clonidine hcl inj (for epidural infusion) 100 mcg/ml</b> .....	33	CLOZARIL TAB 100MG .....	96
<b>clonidine hcl inj (for epidural infusion) 500 mcg/ml</b> .....	33	CLOZARIL TAB 200MG .....	96
<b>clonidine hcl tab 0.1 mg</b> .....	77	CLOZARIL TAB 25MG .....	96
<b>clonidine hcl tab 0.2 mg</b> .....	77	CLOZARIL TAB 50MG .....	96
<b>clonidine hcl tab 0.3 mg</b> .....	77	COAGUCHEK MIS LANCETS .....	166
<b>clonidine hcl tab er 12hr 0.1 mg</b> .....	26		

<b>coagulation factor ix (recomb) fc fusion protein (rfixfc)</b>	
see ALPROLIX INJ 1000UNIT.....	152
see ALPROLIX INJ 2000UNIT.....	152
see ALPROLIX INJ 250UNIT.....	152
see ALPROLIX INJ 3000UNIT.....	152
see ALPROLIX INJ 4000UNIT.....	153
see ALPROLIX INJ 500UNIT.....	152
<b>coagulation factor ix (recombinant) glycopegylated</b>	
see REBINYN INJ 3000UNIT.....	155
see REBINYN SOL 1000UNIT.....	155
see REBINYN SOL 2000UNIT.....	155
see REBINYN SOL 500UNIT.....	155
<b>coagulation factor viia (recombinant)</b>	
see NOVOSEVEN RT INJ 1MG.....	154
see NOVOSEVEN RT INJ 2MG.....	154
see NOVOSEVEN RT INJ 5MG.....	154
see NOVOSEVEN RT INJ 8MG.....	155
<b>coagulation factor viia (recombinant)-jncw</b>	
see SEVENFACT INJ 1MG.....	156
see SEVENFACT INJ 5MG.....	156
<b>coal tar soln 20%</b> .....	136
<b>cobimetinib fumarate</b>	
see COTELLIC TAB 20MG.....	88
<b>codeine sulfate tab 30 mg</b> .....	34
<b>colchicine</b>	
see MITIGARE CAP 0.6MG.....	151
<b>colchicine tab 0.6 mg</b> .....	151
<b>colchicine w/ probenecid tab 0.5-500 mg</b> .....	151
<b>colesevelam hcl packet for susp 3.75 gm</b> .....	72
<b>colesevelam hcl tab 625 mg</b> .....	72
COLESTID GRA 5GM.....	72
COLESTID TAB 1GM.....	72
<b>colestipol hcl</b>	
see COLESTID GRA 5GM.....	72
see COLESTID TAB 1GM.....	72
<b>colestipol hcl granule packets 5 gm</b> .....	72
<b>colestipol hcl granules 5 gm</b> .....	73
<b>colestipol hcl tab 1 gm</b> .....	73
<b>colistimethate sod for inj 150 mg (colistin base activity)</b> .....	44
COMBIPATCH DIS.....	144
COMFORT ASSU MIS LANC 28G.....	166
COMFORT ASSU MIS LANC 33G.....	166
COMFORT EZ MIS 21G.....	166
COMFORT EZ MIS 23G.....	166
COMFORT EZ MIS 28G.....	166
COMFORTOUCH MIS LANCET.....	166
COMFORT TCH MIS LANC 28G.....	166
COMFORT TCH MIS LANC 30G.....	166
COMFORT TCH MIS LANC 31G.....	166
Compro	
see <b>prochlorperazine suppos 25 mg</b> ...98	
<b>conjugated estrogens-basedoxifene</b>	
see DUAVEE TAB 0.45-20.....	144
<b>conjugated estrogens-medroxyprogesterone acetate</b>	
see PREMPHASE TAB.....	145
see PREMPRO TAB.....	145
see PREMPRO TAB 0.3-1.5.....	145
see PREMPRO TAB 0.45-1.5.....	145
see PREMPRO TAB 0.625-5.....	145
Constulose	
see <b>lactulose solution 10 gm/15ml</b> .....	162
COPAXONE INJ 40MG/ML.....	194
COPIKTRA CAP 15MG.....	88
COPIKTRA CAP 25MG.....	88
COREG TAB 12.5MG.....	103
COREG TAB 25MG.....	103
COREG TAB 3.125MG.....	103
COREG TAB 6.25MG.....	103
CORGARD TAB 20MG.....	104
CORGARD TAB 40MG.....	104
CORLANOR TAB 5MG.....	112
CORLANOR TAB 7.5MG.....	112
CORTEF TAB 10MG.....	124
CORTEF TAB 20MG.....	124
CORTEF TAB 5MG.....	124
CORTIFOAM AER 90MG.....	41
COSENTYX INJ 150MG/ML.....	131
COSENTYX INJ 300DOSE.....	131
COSENTYX INJ 75MG/0.5.....	131
COSENTYX PEN INJ 150MG/ML.....	131

COSENTYX PEN INJ 300DOSE .....	131	<b>cyclophosphamide for inj 1 gm</b> .....	83
COSENTYX UNO INJ 300/2ML .....	131	<b>cyclophosphamide for inj 2 gm</b> .....	83
<b>cosyntropin for inj 0.25 mg</b> .....	136	<b>cyclophosphamide for inj 500 mg</b> .....	83
COTELIC TAB 20MG .....	88	<b>cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)</b> .....	83
CREON CAP 12000UNT .....	137	<b>cyclophosphamide iv soln 2 gm/10ml (200 mg/ml)</b> .....	83
CREON CAP 24000UNT .....	137	<b>cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml)</b> .....	83
CREON CAP 3000UNIT .....	137	<b>cycloserine cap 250 mg</b> .....	82
CREON CAP 36000UNT .....	137	<b>cyclosporine (ophth)</b>	
CREON CAP 6000UNIT .....	137	see RESTASIS EMU 0.05% OP .....	185
CRINONE GEL 4% VAG.....	203	see RESTASIS MUL EMU 0.05% OP .....	185
CRINONE GEL 8% VAG.....	203	<b>cyclosporine cap 100 mg</b> .....	178
<b>crisaborole</b>		<b>cyclosporine cap 25 mg</b> .....	178
see EUCRISA OIN 2% .....	135	<b>cyclosporine iv soln 50 mg/ml</b> .....	178
<b>cromolyn sodium ophth soln 4%</b> .....	186	<b>cyclosporine modified cap 100 mg</b> .....	178
<b>cromolyn sodium oral conc 100 mg/5ml</b>		<b>cyclosporine modified cap 25 mg</b> .....	178
.....	147	<b>cyclosporine modified cap 50 mg</b> .....	178
<b>cromolyn sodium soln nebu 20 mg/2ml</b>	48	<b>cyclosporine modified oral soln 100 mg/ml</b> .....	178
<b>crotamiton lotion 10%</b> .....	136	<b>cyproheptadine hcl syrup 2 mg/5ml</b> .....	72
Crotan		<b>cyproheptadine hcl tab 4 mg</b> .....	72
see <b>crotamiton lotion 10%</b> .....	136	Cyred Eq	
Cryselle-28		see <b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> .....	115
see <b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b> .....	122	<b>cytarabine inj 20 mg/ml</b> .....	84
Curity Sterile Saline		<b>cytarabine inj pf 100 mg/ml</b> .....	84
see <b>sodium chloride irrigation soln 0.9%</b> .....	150	<b>cytarabine inj pf 20 mg/ml</b> .....	84
CUTAQUIG SOL 1.65GM .....	188	Cytra K Crystals	
CUTAQUIG SOL 1GM.....	188	see <b>potassium citrate &amp; citric acid powder pack 3300-1002 mg</b> .....	150
CUTAQUIG SOL 2GM .....	188	<b>D</b>	
CUTAQUIG SOL 3.3GM.....	188	<b>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</b> .....	53
CUTAQUIG SOL 4GM.....	188	<b>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</b> .....	53
CUTAQUIG SOL 8GM .....	188	<b>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</b> .....	53
CVS LANCETS MIS 21G .....	166	<b>dacarbazine for inj 100 mg</b> .....	90
CVS LANCETS MIS 30G .....	166	<b>dacarbazine for inj 200 mg</b> .....	90
CVS LANCETS MIS 33G.....	166	<b>dactinomycin for inj 0.5 mg</b> .....	87
CVS LANCETS MIS ORIGINAL.....	166	<b>dalfampridine tab er 12hr 10 mg</b> .....	194
CVS LANCETS MIS THIN 26G.....	166	<b>dalteparin sodium</b>	
CVS LANCETS MIS THIN 30G .....	166		
CVS LANCETS MIS THIN 33G.....	166		
<b>cyclobenzaprine hcl tab 10 mg</b> .....	181		
<b>cyclobenzaprine hcl tab 5 mg</b> .....	181		
<b>cyclopentolate hcl ophth soln 1%</b> .....	184		
<b>cyclophosphamide cap 25 mg</b> .....	83		
<b>cyclophosphamide cap 50 mg</b> .....	83		

see FRAGMIN INJ 10000/ML.....	52
see FRAGMIN INJ 12500UNT.....	52
see FRAGMIN INJ 15000UNT.....	52
see FRAGMIN INJ 18000UNT.....	52
see FRAGMIN INJ 2500/0.2.....	52
see FRAGMIN INJ 2500/ML.....	52
see FRAGMIN INJ 5000/0.2.....	52
see FRAGMIN INJ 7500/0.3.....	52
see FRAGMIN INJ 95000UNT.....	52
<b>danazol cap 100 mg</b> .....	40
<b>danazol cap 200 mg</b> .....	40
<b>danazol cap 50 mg</b> .....	40
<b>dantrolene sodium cap 100 mg</b> .....	181
<b>dantrolene sodium cap 25 mg</b> .....	181
<b>dantrolene sodium cap 50 mg</b> .....	181
<b>dantrolene sodium for iv soln 20 mg</b> .....	181
<b>dapagliflozin propanediol</b>	
see FARXIGA TAB 10MG.....	67
see FARXIGA TAB 5MG.....	67
<b>dapagliflozin propanediol-metformin hcl</b>	
see XIGDUO XR TAB 10-1000.....	65
see XIGDUO XR TAB 10-500MG.....	65
see XIGDUO XR TAB 2.5-1000.....	65
see XIGDUO XR TAB 5-1000MG.....	65
see XIGDUO XR TAB 5-500MG.....	65
<b>dapsone gel 5%</b> .....	128
<b>dapsone gel 7.5%</b> .....	128
<b>dapsone tab 100 mg</b> .....	43
<b>dapsone tab 25 mg</b> .....	43
<b>daptomycin for iv soln 350 mg</b> .....	42
<b>daptomycin for iv soln 500 mg</b> .....	43
<b>darbepoetin alfa</b>	
see ARANESP INJ 100MCG.....	158
see ARANESP INJ 10MCG.....	158
see ARANESP INJ 150MCG.....	158
see ARANESP INJ 200MCG.....	158
see ARANESP INJ 25MCG.....	158
see ARANESP INJ 300MCG.....	158
see ARANESP INJ 40MCG.....	158
see ARANESP INJ 500MCG.....	158
see ARANESP INJ 60MCG.....	158
<b>daridorexant hcl</b>	
see QUVIVIQ TAB 25MG.....	161
see QUVIVIQ TAB 50MG.....	161
<b>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</b> .....	202
<b>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</b> .....	202
<b>darolutamide</b>	
see NUBEQA TAB 300MG.....	86
<b>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</b>	
see SYMTUZA TAB.....	101
<b>darunavir tab 600 mg</b> .....	99
<b>darunavir tab 800 mg</b> .....	99
<b>dasatinib</b>	
see SPRYCEL TAB 100MG.....	89
see SPRYCEL TAB 140MG.....	89
see SPRYCEL TAB 20MG.....	89
see SPRYCEL TAB 50MG.....	89
see SPRYCEL TAB 70MG.....	89
see SPRYCEL TAB 80MG.....	89
Dasetta 1/35	
see <b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</b> .....	118
Dasetta 7/7/7	
see <b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</b> .....	121
<b>dasiglucagon hcl</b>	
see ZEGALOGUE INJ 0.6/0.6.....	65
<b>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</b> .....	87
Daysee	
see <b>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</b> .....	116
DAYVIGO TAB 10MG.....	161
DAYVIGO TAB 5MG.....	161
Deblitane	
see <b>norethindrone tab 0.35 mg</b> .....	123
<b>decitabine for inj 50 mg</b> .....	84
<b>deferasirox granules packet 180 mg</b> .....	68
<b>deferasirox granules packet 360 mg</b> .....	68
<b>deferasirox granules packet 90 mg</b> .....	68
<b>deferasirox tab 180 mg</b> .....	68
<b>deferasirox tab 360 mg</b> .....	68
<b>deferasirox tab 90 mg</b> .....	68
<b>deferasirox tab for oral susp 125 mg</b> .....	68

<b>deferasirox tab for oral susp 250 mg</b> .....	68	<b>desmopressin acetate tab 0.1 mg</b> .....	143
<b>deferasirox tab for oral susp 500 mg</b> .....	68	<b>desmopressin acetate tab 0.2 mg</b> .....	143
<b>deferiprone tab 1000 mg</b> .....	68	<b>desogest-eth estrad &amp; eth estrad tab</b>	
<b>deferiprone tab 500 mg</b> .....	68	<b>0.15-0.02/0.01 mg(21/5)</b> .....	114, 115
<b>deferoxamine mesylate for inj 2 gm</b> .....	68	<b>desogest-ethin est tab 0.1-0.025/0.125-</b>	
<b>deferoxamine mesylate for inj 500 mg</b> .....	68	<b>0.025/0.15-0.025mg-mg</b> .....	115
<b>deflazacort susp 22.75 mg/ml</b> .....	124	<b>desogestrel &amp; ethinyl estradiol tab 0.15</b>	
<b>deflazacort tab 18 mg</b> .....	124	<b>mg-30 mcg</b> .....	115
<b>deflazacort tab 30 mg</b> .....	124	<b>desonide cream 0.05%</b> .....	132
<b>deflazacort tab 36 mg</b> .....	124	<b>desonide lotion 0.05%</b> .....	132
<b>deflazacort tab 6 mg</b> .....	124	<b>desonide oint 0.05%</b> .....	132
Delyla		<b>desoximetasone cream 0.05%</b> .....	132
see <b>levonorgestrel &amp; ethinyl estradiol</b>		<b>desoximetasone cream 0.25%</b> .....	132
<b>tab 0.1 mg-20 mcg</b> .....	117	<b>desoximetasone gel 0.05%</b> .....	132
<b>demeclocycline hcl tab 150 mg</b> .....	196	<b>desoximetasone oint 0.25%</b> .....	132
<b>demeclocycline hcl tab 300 mg</b> .....	196	<b>desoximetasone spray 0.25%</b> .....	133
<b>denosumab</b>		<b>desvenlafaxine succinate tab er 24hr 100</b>	
see PROLIA INJ 60MG/ML .....	140	<b>mg (base equiv)</b> .....	61
Depo-testosterone		<b>desvenlafaxine succinate tab er 24hr 25</b>	
see <b>testosterone cypionate im inj in oil</b>		<b>mg (base equiv)</b> .....	61
<b>100 mg/ml</b> .....	40	<b>desvenlafaxine succinate tab er 24hr 50</b>	
see <b>testosterone cypionate im inj in oil</b>		<b>mg (base equiv)</b> .....	61
<b>200 mg/ml</b> .....	40	DETROL TAB 1MG.....	202
DESCOVY TAB 120-15MG.....	99	DETROL TAB 2MG .....	202
DESCOVY TAB 200/25MG .....	99	<b>deutetrabenazine</b>	
<b>desflurane inhal soln</b> .....	150	see AUSTEDO TAB 12MG .....	193
<b>desipramine hcl tab 100 mg</b> .....	62	see AUSTEDO TAB 6MG.....	193
<b>desipramine hcl tab 10 mg</b> .....	62	see AUSTEDO TAB 9MG.....	193
<b>desipramine hcl tab 150 mg</b> .....	62	see AUSTEDO XR TAB 12MG .....	193
<b>desipramine hcl tab 25 mg</b> .....	62	see AUSTEDO XR TAB 24MG.....	193
<b>desipramine hcl tab 50 mg</b> .....	62	see AUSTEDO XR TAB 6MG.....	193
<b>desipramine hcl tab 75 mg</b> .....	62	see AUSTEDO XR TAB TITR KIT .....	193
<b>desloratadine tab 5 mg</b> .....	71	<b>dexamethasone elixir 0.5 mg/5ml</b> .....	124
<b>desloratadine tab orally disintegrating</b>		<b>dexamethasone sodium phosphate inj</b>	
<b>2.5 mg</b> .....	71	<b>100 mg/10ml</b> .....	124
<b>desloratadine tab orally disintegrating 5</b>		<b>dexamethasone sodium phosphate inj 10</b>	
<b>mg</b> .....	71	<b>mg/ml</b> .....	124
<b>desmopressin acetate inj 4 mcg/ml</b> .....	143	<b>dexamethasone sodium phosphate inj 120</b>	
<b>desmopressin acetate nasal spray soln</b>		<b>mg/30ml</b> .....	124
<b>0.01%</b> .....	143	<b>dexamethasone sodium phosphate inj 20</b>	
<b>desmopressin acetate nasal spray soln</b>		<b>mg/5ml</b> .....	124
<b>0.01% (refrigerated)</b> .....	143	<b>dexamethasone sodium phosphate inj 4</b>	
<b>desmopressin acetate preservative free</b>		<b>mg/ml</b> .....	124
<b>(pf) inj 4 mcg/ml</b> .....	143		

<b>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</b> .....	124
<b>dexamethasone sodium phosphate ophth soln 0.1%</b> .....	185
<b>dexamethasone sod phos inj sol pref syr 10 mg/ml (pf)</b> .....	124
<b>dexamethasone sod phosphate preservative free inj 10 mg/ml</b> .....	124
<b>dexamethasone soln 0.5 mg/5ml</b> .....	124
<b>dexamethasone tab 0.5 mg</b> .....	124
<b>dexamethasone tab 0.75 mg</b> .....	124
<b>dexamethasone tab 1.5 mg</b> .....	124
<b>dexamethasone tab 1 mg</b> .....	124
<b>dexamethasone tab 2 mg</b> .....	124
<b>dexamethasone tab 4 mg</b> .....	124
<b>dexamethasone tab 6 mg</b> .....	124
<b>dexamethasone tab therapy pack 1.5 mg (21)</b> .....	124, 125
<b>dexamethasone tab therapy pack 1.5 mg (35)</b> .....	125
<b>dexamethasone tab therapy pack 1.5 mg (51)</b> .....	125
<b>DEXEDRINE CAP 10MG CR</b> .....	24
<b>dexmedetomidine hcl in nacl 0.9% iv soln 200 mcg/50ml</b> .....	160
<b>dexmedetomidine hcl in nacl 0.9% iv soln 400 mcg/100ml</b> .....	160
<b>dexmedetomidine hcl in nacl 0.9% iv soln 80 mcg/20ml</b> .....	160
<b>dexmedetomidine hcl iv soln 200 mcg/2ml</b> .....	160
<b>dexmethylphenidate hcl</b> see FOCALIN TAB 10MG .....	27
see FOCALIN TAB 2.5MG.....	27
see FOCALIN TAB 5MG.....	27
<b>dexmethylphenidate hcl cap er 24 hr 10 mg</b> .....	27
<b>dexmethylphenidate hcl cap er 24 hr 15 mg</b> .....	27
<b>dexmethylphenidate hcl cap er 24 hr 20 mg</b> .....	27
<b>dexmethylphenidate hcl cap er 24 hr 25 mg</b> .....	27
<b>dexmethylphenidate hcl cap er 24 hr 30 mg</b> .....	27
<b>dexmethylphenidate hcl cap er 24 hr 35 mg</b> .....	27
<b>dexmethylphenidate hcl cap er 24 hr 40 mg</b> .....	27
<b>dexmethylphenidate hcl cap er 24 hr 5 mg</b> .....	27
<b>dexmethylphenidate hcl tab 10 mg</b> .....	27
<b>dexmethylphenidate hcl tab 2.5 mg</b> .....	27
<b>dexmethylphenidate hcl tab 5 mg</b> .....	27
<b>dextrazoxane hcl for inj 250 mg (base equivalent)</b> .....	90
<b>dextrazoxane hcl for inj 500 mg (base equivalent)</b> .....	90
<b>dextran 40 inj 10% in d5w</b> .....	157
<b>dextran 40 inj 10% in saline</b> .....	157
<b>dextroamphetamine sulfate</b> see DEXEDRINE CAP 10MG CR.....	24
<b>dextroamphetamine sulfate cap er 24hr 10 mg</b> .....	24
<b>dextroamphetamine sulfate cap er 24hr 15 mg</b> .....	24
<b>dextroamphetamine sulfate cap er 24hr 5 mg</b> .....	24
<b>dextroamphetamine sulfate oral solution 5 mg/5ml</b> .....	25
<b>dextroamphetamine sulfate tab 10 mg</b> ..	25
<b>dextroamphetamine sulfate tab 15 mg</b> ..	25
<b>dextroamphetamine sulfate tab 2.5 mg</b> ..	25
<b>dextroamphetamine sulfate tab 20 mg</b> ..	25
<b>dextroamphetamine sulfate tab 30 mg</b> ..	25
<b>dextroamphetamine sulfate tab 5 mg</b> ....	25
<b>dextroamphetamine sulfate tab 7.5 mg</b> ..	25
<b>dextrose inj 10%</b> .....	183
<b>dextrose inj 25%</b> .....	183
<b>dextrose inj 5%</b> .....	183
<b>dextrose inj 50%</b> .....	183
<b>dextrose inj 70%</b> .....	183
<b>DHIVY TAB 25-100MG</b> .....	93
<b>DIATHRIVE MIS LANCETS</b> .....	166
<b>DIATHRIVE MIS UT 30G</b> .....	166
<b>diazepam (anticonvulsant)</b> see VALTOCO SPR 10MG .....	54

see VALTOCO SPR 15MG .....	54	DIFICID SUS.....	165
see VALTOCO SPR 20MG.....	54	DIFICID TAB 200MG .....	165
see VALTOCO SPR 5MG .....	54	DIFLUCAN SUS 10MG/ML .....	70
<b>diazepam conc 5 mg/ml</b> .....	46	DIFLUCAN SUS 40MG/ML .....	70
<b>diazepam inj 5 mg/ml</b> .....	46	DIFLUCAN TAB 100MG .....	70
<b>diazepam oral soln 1 mg/ml</b> .....	46	DIFLUCAN TAB 200MG .....	70
<b>diazepam rectal gel delivery system 10</b>		<b>diflunisal tab 500 mg</b> .....	34
<b>mg</b> .....	54	<b>difluprednate ophth emulsion 0.05%</b> ..	186
<b>diazepam rectal gel delivery system 2.5</b>		<b>digoxin inj 0.25 mg/ml</b> .....	108
<b>mg</b> .....	54	<b>digoxin oral soln 0.05 mg/ml</b> .....	108
<b>diazepam rectal gel delivery system 20</b>		<b>digoxin tab 125 mcg (0.125 mg)</b> .....	108
<b>mg</b> .....	54	<b>digoxin tab 250 mcg (0.25 mg)</b> .....	108
<b>diazepam tab 10 mg</b> .....	46	<b>digoxin tab 62.5 mcg (0.0625 mg)</b> .....	108
<b>diazepam tab 2 mg</b> .....	46	<b>dihydroergotamine mesylate inj 1 mg/ml</b>	
<b>diazepam tab 5 mg</b> .....	46	.....	175
<b>diazoxide susp 50 mg/ml</b> .....	65	<b>diltiazem hcl cap er 12hr 120 mg</b> .....	105
<b>dichlorphenamide tab 50 mg</b> .....	138	<b>diltiazem hcl cap er 12hr 60 mg</b> .....	105
<b>diclofenac epolamine patch 1.3%</b> .....	129	<b>diltiazem hcl cap er 12hr 90 mg</b> .....	105
<b>diclofenac potassium tab 50 mg</b> .....	31	<b>diltiazem hcl cap er 24hr 120 mg</b> .....	105
<b>diclofenac sod dr tab 75 mg &amp; capsaicin</b>		<b>diltiazem hcl cap er 24hr 180 mg</b> .....	105
<b>cr 0.025% ther pack</b> .....	31	<b>diltiazem hcl cap er 24hr 240 mg</b> .....	105
<b>diclofenac sodium (actinic keratoses) gel</b>		<b>diltiazem hcl coated beads cap er 24hr</b>	
<b>3%</b> .....	130	<b>120 mg</b> .....	106
<b>diclofenac sodium gel 1% (1.16%</b>		<b>diltiazem hcl coated beads cap er 24hr</b>	
<b>diethylamine equiv)</b> .....	129	<b>180 mg</b> .....	106
<b>diclofenac sodium ophth soln 0.1%</b> .....	186	<b>diltiazem hcl coated beads cap er 24hr</b>	
<b>diclofenac sodium soln 1.5%</b> .....	129	<b>240 mg</b> .....	106
<b>diclofenac sodium tab delayed release 25</b>		<b>diltiazem hcl coated beads cap er 24hr</b>	
<b>mg</b> .....	31	<b>300 mg</b> .....	106
<b>diclofenac sodium tab delayed release 50</b>		<b>diltiazem hcl coated beads cap er 24hr</b>	
<b>mg</b> .....	31	<b>360 mg</b> .....	106
<b>diclofenac sodium tab delayed release 75</b>		<b>diltiazem hcl extended release beads</b>	
<b>mg</b> .....	31	see TIAZAC CAP 120MG/24 .....	108
<b>diclofenac sodium tab er 24hr 100 mg</b> .....	31	see TIAZAC CAP 180MG/24 .....	108
<b>diclofenac w/ misoprostol tab delayed</b>		see TIAZAC CAP 240MG/24 .....	108
<b>release 50-0.2 mg</b> .....	31	see TIAZAC CAP 300MG/24 .....	108
<b>diclofenac w/ misoprostol tab delayed</b>		see TIAZAC CAP 360MG/24 .....	108
<b>release 75-0.2 mg</b> .....	31	see TIAZAC CAP 420MG/24 .....	108
<b>dicloxacillin sodium cap 250 mg</b> .....	190	<b>diltiazem hcl extended release beads cap</b>	
<b>dicloxacillin sodium cap 500 mg</b> .....	190	<b>er 24hr 120 mg</b> .....	106
<b>dicyclomine hcl cap 10 mg</b> .....	199	<b>diltiazem hcl extended release beads cap</b>	
<b>dicyclomine hcl inj 10 mg/ml</b> .....	200	<b>er 24hr 180 mg</b> .....	106
<b>dicyclomine hcl oral soln 10 mg/5ml</b> ...	200	<b>diltiazem hcl extended release beads cap</b>	
<b>dicyclomine hcl tab 20 mg</b> .....	200	<b>er 24hr 240 mg</b> .....	106

<b>diltiazem hcl extended release beads cap er 24hr 300 mg</b> .....	106	<b>divalproex sodium tab delayed release 125 mg</b> .....	59
<b>diltiazem hcl extended release beads cap er 24hr 360 mg</b> .....	107	<b>divalproex sodium tab delayed release 250 mg</b> .....	59
<b>diltiazem hcl extended release beads cap er 24hr 420 mg</b> .....	107	<b>divalproex sodium tab delayed release 500 mg</b> .....	59
<b>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</b> .....	107	<b>divalproex sodium tab er 24 hr 250 mg</b> .	59
<b>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</b> .....	107	<b>divalproex sodium tab er 24 hr 500 mg</b> .	59
<b>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</b> .....	107	<b>dobutamine hcl inj 12.5 mg/ml</b> .....	108
<b>diltiazem hcl tab 120 mg</b> .....	107	<b>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</b> .....	91
<b>diltiazem hcl tab 30 mg</b> .....	107	<b>docetaxel for inj conc 20 mg/ml</b> .....	91
<b>diltiazem hcl tab 60 mg</b> .....	107	<b>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</b> .....	91
<b>diltiazem hcl tab 90 mg</b> .....	107	<b>docetaxel soln for iv infusion 160 mg/16ml</b> .....	91
Dilt-xr		<b>docetaxel soln for iv infusion 20 mg/2ml</b> .....	91
see <b>diltiazem hcl cap er 24hr 120 mg</b>	105	<b>docetaxel soln for iv infusion 80 mg/8ml</b> .....	91
see <b>diltiazem hcl cap er 24hr 180 mg</b>	105	<b>dofetilide</b>	
see <b>diltiazem hcl cap er 24hr 240 mg</b>	105	see TIKOSYN CAP 125MCG.....	47
<b>dimethyl fumarate capsule delayed release 120 mg</b> .....	194	see TIKOSYN CAP 250MCG.....	47
<b>dimethyl fumarate capsule delayed release 240 mg</b> .....	194	see TIKOSYN CAP 500MCG .....	48
<b>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</b> .....	194	<b>dofetilide cap 125 mcg (0.125 mg)</b> .....	47
<b>diphenhydramine hcl elixir 12.5 mg/5ml</b>	71	<b>dofetilide cap 250 mcg (0.25 mg)</b> .....	47
<b>diphenhydramine hcl inj 50 mg/ml</b> .....	71	<b>dofetilide cap 500 mcg (0.5 mg)</b> .....	47
<b>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</b> .....	68	Dolishale	
<b>diphenoxylate w/ atropine tab 2.5-0.025 mg</b> .....	68	see <b>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</b> .....	118
<b>dipyridamole iv soln 5 mg/ml</b> .....	136	<b>dolutegravir sodium</b>	
<b>dipyridamole tab 25 mg</b> .....	157	see TIVICAY PD TAB 5MG .....	101
<b>dipyridamole tab 50 mg</b> .....	157	see TIVICAY TAB 50MG .....	101
<b>dipyridamole tab 75 mg</b> .....	157	<b>dolutegravir sodium-lamivudine</b>	
<b>diroximel fumarate</b>		see DOVATO TAB 50-300MG .....	100
see VUMERITY CAP 231MG .....	195	<b>donepezil hydrochloride</b>	
<b>disopyramide phosphate cap 100 mg</b> ....	46	see ARICEPT TAB 10MG.....	191
<b>disopyramide phosphate cap 150 mg</b> ....	46	see ARICEPT TAB 23MG .....	191
<b>disulfiram tab 250 mg</b> .....	191	see ARICEPT TAB 5MG .....	191
<b>divalproex sodium cap delayed release sprinkle 125 mg</b> .....	58	<b>donepezil hydrochloride orally disintegrating tab 10 mg</b> .....	192
		<b>donepezil hydrochloride orally disintegrating tab 5 mg</b> .....	191
		<b>donepezil hydrochloride tab 10 mg</b> .....	192



<b>donepezil hydrochloride tab 23 mg</b> .....	192	<b>doxercalciferol cap 1 mcg</b> .....	142
<b>donepezil hydrochloride tab 5 mg</b> .....	192	<b>doxercalciferol cap 2.5 mcg</b> .....	142
<b>dopamine hcl inj 40 mg/ml</b> .....	108	<b>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</b>	
DOPTELET TAB 20MG.....	158	.....	142
<b>dornase alfa</b>		<b>doxorubicin hcl for inj 10 mg</b> .....	87
see PULMOZYME SOL 1MG/ML.....	196	<b>doxorubicin hcl for inj 50 mg</b> .....	87
<b>dorzolamide hcl ophth soln 2%</b> .....	186	<b>doxorubicin hcl inj 2 mg/ml</b> .....	87
<b>dorzolamide hcl-timolol maleate ophth</b>		<b>doxorubicin hcl liposomal inj (for iv</b>	
<b>soln 2-0.5%</b> .....	183	<b>infusion) 2 mg/ml</b> .....	87
<b>dorzolamide hcl-timolol maleate pf ophth</b>		Doxy 100	
<b>soln 2-0.5%</b> .....	183	see <b>doxycycline hyclate for inj 100 mg</b>	
Dotti		.....	196
see <b>estradiol td patch twice weekly</b>		<b>doxycycline (monohydrate)</b>	
<b>0.025 mg/24hr</b> .....	146	see VIBRAMYCIN SUS 25MG/5ML .....	197
see <b>estradiol td patch twice weekly</b>		<b>doxycycline (rosacea)</b>	
<b>0.0375 mg/24hr</b> .....	146	see ORACEA CAP 40MG .....	136
see <b>estradiol td patch twice weekly</b>		<b>doxycycline hyclate</b>	
<b>0.05 mg/24hr</b> .....	146	see VIBRAMYCIN CAP 100MG .....	197
see <b>estradiol td patch twice weekly</b>		<b>doxycycline hyclate cap 100 mg</b> .....	196
<b>0.075 mg/24hr</b> .....	146	<b>doxycycline hyclate cap 50 mg</b> .....	196
see <b>estradiol td patch twice weekly 0.1</b>		<b>doxycycline hyclate for inj 100 mg</b> .....	196
<b>mg/24hr</b> .....	146	<b>doxycycline hyclate tab 100 mg</b> .....	196
DOVATO TAB 50-300MG .....	100	<b>doxycycline hyclate tab 20 mg</b> .....	196
<b>doxazosin mesylate</b>		<b>doxycycline monohydrate cap 100 mg</b> 196	
see CARDURA TAB 1MG .....	76	<b>doxycycline monohydrate cap 50 mg</b> ..196	
see CARDURA TAB 2MG.....	76	<b>doxycycline monohydrate for susp 25</b>	
see CARDURA TAB 4MG.....	77	<b>mg/5ml</b> .....	196
see CARDURA TAB 8MG.....	77	<b>doxycycline monohydrate tab 100 mg</b> 196,	
<b>doxazosin mesylate tab 1 mg</b> .....	77	197	
<b>doxazosin mesylate tab 2 mg</b> .....	77	<b>doxycycline monohydrate tab 150 mg</b> .197	
<b>doxazosin mesylate tab 4 mg</b> .....	77	<b>doxycycline monohydrate tab 50 mg</b> ...196	
<b>doxazosin mesylate tab 8 mg</b> .....	77	<b>doxycycline monohydrate tab 75 mg</b> ...196	
<b>doxepin hcl (sleep) tab 3 mg (base equiv)</b>		<b>doxylamine-pyridoxine tab delayed</b>	
.....	160	<b>release 10-10 mg</b> .....	69
<b>doxepin hcl (sleep) tab 6 mg (base equiv)</b>		<b>dronabinol</b>	
.....	160	see MARINOL CAP 2.5MG.....	69
<b>doxepin hcl cap 100 mg</b> .....	62	<b>dronabinol cap 10 mg</b> .....	69
<b>doxepin hcl cap 10 mg</b> .....	62	<b>dronabinol cap 2.5 mg</b> .....	69
<b>doxepin hcl cap 150 mg</b> .....	62	<b>dronabinol cap 5 mg</b> .....	69
<b>doxepin hcl cap 25 mg</b> .....	62	<b>dronedarone hcl</b>	
<b>doxepin hcl cap 50 mg</b> .....	62	see MULTAQ TAB 400MG .....	47
<b>doxepin hcl cap 75 mg</b> .....	62	<b>droperidol inj 2.5 mg/ml</b> .....	45
<b>doxepin hcl conc 10 mg/ml</b> .....	62	DROPLET LANC MIS 30G.....	166
<b>doxercalciferol cap 0.5 mcg</b> .....	142	DROPLET PERS MIS LANC 30G.....	166

<b>drospirenone-ethinyl estradiol tab 3-0.02 mg</b> .....	115	see COPIKTRA CAP 15MG.....	88
<b>drospirenone-ethinyl estradiol tab 3-0.03 mg</b> .....	115, 116	see COPIKTRA CAP 25MG.....	88
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</b> .....	115	DYSPORT INJ 300UNIT.....	182
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</b> .....	115	DYSPORT INJ 500UNIT.....	182
<b>droxidopa cap 100 mg</b> .....	203	<b>E</b>	
<b>droxidopa cap 200 mg</b> .....	203	E.e.s. 400	
<b>droxidopa cap 300 mg</b> .....	203	see <b>erythromycin ethylsuccinate tab 400 mg</b> .....	164
DUAVEE TAB 0.45-20.....	144	EASY COMFORT MIS 30G.....	167
DUETACT TAB 30-2MG.....	63	EASY COMFORT MIS LANC/30G.....	167
DUETACT TAB 30-4MG.....	63	EASY COMFORT MIS TWIST.....	167
<b>dulaglutide</b>		EASY TOUCH MIS LANC/21G.....	167
see TRULICITY INJ 0.75/0.5.....	66	EASY TOUCH MIS LANC/23G.....	167
see TRULICITY INJ 1.5/0.5.....	66	EASY TOUCH MIS LANC/26G.....	167
see TRULICITY INJ 3/0.5.....	66	EASY TOUCH MIS LANC/28G.....	167
see TRULICITY INJ 4.5/0.5.....	66	EASY TOUCH MIS LANC/30G.....	167
<b>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</b> .....	61	EASY TOUCH MIS LANC/32G.....	167
<b>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</b> .....	61	EASY TOUCH MIS LANC/33G.....	167
<b>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</b> .....	61	Ec-naproxen	
<b>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</b> .....	61	see <b>naproxen tab ec 375 mg</b> .....	32
<b>dupilumab</b>		see <b>naproxen tab ec 500 mg</b> .....	33
see DUPIXENT INJ 200/1.14.....	134	<b>econazole nitrate cream 1%</b> .....	130
see DUPIXENT INJ 200MG.....	134	<b>eculizumab</b>	
see DUPIXENT INJ 300/2ML.....	134	see SOLIRIS INJ 10MG/ML.....	156
DUPIXENT INJ 200/1.14.....	134	<b>edaravone</b>	
DUPIXENT INJ 200MG.....	134	see RADICAVA ORS SUS 105/5ML.....	182
DUPIXENT INJ 300/2ML.....	134	see RADICAVA ORS SUS STARTER.....	182
Duramorph		<b>efavirenz cap 200 mg</b> .....	100
see <b>morphine sulfate inj pf 0.5 mg/ml</b> .....	36	<b>efavirenz cap 50 mg</b> .....	100
see <b>morphine sulfate inj pf 1 mg/ml</b> .....	36	<b>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</b> .....	100
DUROLANE INJ 60MG/3ML.....	181	<b>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</b> .....	100
<b>dutasteride</b>		<b>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</b> .....	100
see AVODART CAP 0.5MG.....	151	<b>efavirenz tab 600 mg</b> .....	100
<b>dutasteride cap 0.5 mg</b> .....	151	Effer-k	
<b>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</b> .....	151	see <b>potassium bicarbonate effer tab 25 meq</b> .....	176
<b>duvelisib</b>		<b>elagolix sodium</b>	
		see ORLISSA TAB 150MG.....	141
		see ORLISSA TAB 200MG.....	141
		<b>elagolix sodium-estradiol-norethindrone acetate</b>	

see ORIAHNN CAP .....145

**eletriptan hydrobromide**

see RELPAX TAB 20MG .....175

see RELPAX TAB 40MG .....175

**eletriptan hydrobromide tab 20 mg (base equivalent)** .....175

**eletriptan hydrobromide tab 40 mg (base equivalent)** .....175

ELFABRIO SOL 20/10ML .....142

ELIGARD INJ 22.5MG .....86

ELIGARD INJ 30MG .....86

ELIGARD INJ 45MG .....86

ELIGARD INJ 7.5MG .....86

**eliglustat tartrate**

see CERDELGA CAP 84MG .....158

Elinest

see **norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg** .....122

ELIQUIS ST P TAB 5MG .....51

ELIQUIS TAB 2.5MG .....52

ELIQUIS TAB 5MG .....52

Elite-ob

see **prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg** .....180

Elixophyllin

see **theophylline elixir 80 mg/15ml** .....51

ELOCTATE INJ 1000UNIT .....153

ELOCTATE INJ 1500UNIT .....153

ELOCTATE INJ 2000UNIT .....153

ELOCTATE INJ 250UNIT .....153

ELOCTATE INJ 3000UNIT .....153

ELOCTATE INJ 4000UNIT .....153

ELOCTATE INJ 5000UNIT .....153

ELOCTATE INJ 500UNIT .....153

ELOCTATE INJ 6000UNIT .....153

ELOCTATE INJ 750UNIT .....153

**eltrombopag olamine**

see PROMACTA PAK 25MG .....159

see PROMACTA POW 12.5MG .....159

see PROMACTA TAB 12.5MG .....159

see PROMACTA TAB 25MG .....159

see PROMACTA TAB 50MG .....159

see PROMACTA TAB 75MG .....159

Eluryng

see **etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr** .....123

**eluxadoline**

see VIBERZI TAB 100MG .....149

see VIBERZI TAB 75MG .....149

**elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide**

see GENVOYA TAB .....100

**elvitegravir-cobicistat-emtricitabine-tenofovir df**

see STRIBILD TAB .....101

EMBRACE LANC MIS 21G .....167

EMBRACE LANC MIS 28G .....167

EMBRACE LANC MIS THIN 30G .....167

EMGALITY INJ 100MG/ML .....175

EMGALITY INJ 120MG/ML .....175

**empagliflozin**

see JARDIANCE TAB 10MG .....67

see JARDIANCE TAB 25MG .....67

**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 .....64

see SYNJARDY TAB 12.5-500 .....64

see SYNJARDY TAB 5-1000MG .....64

see SYNJARDY TAB 5-500MG .....64

see SYNJARDY XR TAB .....64

see SYNJARDY XR TAB 10-1000 .....64

see SYNJARDY XR TAB 25-1000 .....64

see SYNJARDY XR TAB 5-1000MG .....64

EMPAVELI INJ 1080MG .....156

**emtricitabine**

see EMTRIVA CAP 200MG .....100

see EMTRIVA SOL 10MG/ML .....100

**emtricitabine caps 200 mg** .....100

**emtricitabine- rilpivirine-tenofovir alafenamide fumarate**

see ODEFSEY TAB .....101

**emtricitabine-tenofovir alafenamide fumarate**

see DESCOVY TAB 120-15MG .....99

see DESCOVY TAB 200/25MG.....	99
<b>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</b> .....	100
<b>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</b> .....	100
<b>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</b> .....	100
<b>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</b> .....	100
EMTRIVA CAP 200MG.....	100
EMTRIVA SOL 10MG/ML.....	100
EMVERM CHW 100MG.....	41
Emzahn	
see <b>norethindrone tab 0.35 mg</b> .....	123
<b>enalaprilat iv inj 1.25 mg/ml</b> .....	75
<b>enalapril maleate &amp; hydrochlorothiazide</b>	
see VASERETIC TAB 10-25MG.....	81
<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</b> .....	79
<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b> .....	79
<b>enalapril maleate oral soln 1 mg/ml</b> .....	75
<b>enalapril maleate tab 10 mg</b> .....	75
<b>enalapril maleate tab 2.5 mg</b> .....	75
<b>enalapril maleate tab 20 mg</b> .....	75
<b>enalapril maleate tab 5 mg</b> .....	75
ENBREL INJ 25/0.5ML.....	33
ENBREL INJ 25MG.....	33
ENBREL INJ 50MG/ML.....	33
ENBREL MINI INJ 50MG/ML.....	33
ENBREL SRCLK INJ 50MG/ML.....	33
<b>encorafenib</b>	
see BRAFTOVI CAP 75MG.....	88
ENDARI POW 5GM.....	158
Endocet	
see <b>oxycodone w/ acetaminophen tab 10-325 mg</b> .....	39
see <b>oxycodone w/ acetaminophen tab 2.5-325 mg</b> .....	38
see <b>oxycodone w/ acetaminophen tab 5-325 mg</b> .....	39
see <b>oxycodone w/ acetaminophen tab 7.5-325 mg</b> .....	39
ENDOMETRIN SUP 100MG.....	203

<b>enfuvirtide</b>	
see FUZEON INJ 90MG.....	100
Enilloring	
see <b>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</b> .....	123
<b>enoxaparin sodium inj 300 mg/3ml</b> .....	52
<b>enoxaparin sodium inj soln pref syr 100 mg/ml</b> .....	52
<b>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</b> .....	52
<b>enoxaparin sodium inj soln pref syr 150 mg/ml</b> .....	52
<b>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</b> .....	52
<b>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</b> .....	52
<b>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</b> .....	52
<b>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</b> .....	52
Enpresse-28	
see <b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b> .....	117
Enskyce	
see <b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> .....	115
ENSPRYNG INJ.....	178
ENSTILAR AER.....	133
<b>entacapone tab 200 mg</b> .....	92
<b>entecavir tab 0.5 mg</b> .....	102
<b>entecavir tab 1 mg</b> .....	102
<b>entrectinib</b>	
see ROZLYTREK CAP 100MG.....	89
see ROZLYTREK CAP 200MG.....	89
see ROZLYTREK PAK 50MG.....	89
ENTRESTO TAB 24-26MG.....	110
ENTRESTO TAB 49-51MG.....	110
ENTRESTO TAB 97-103MG.....	110
Enulose	
see <b>lactulose (encephalopathy) solution 10 gm/15ml</b> .....	149
<b>enzalutamide</b>	
see XTANDI CAP 40MG.....	86
see XTANDI TAB 40MG.....	86

see XTANDI TAB 80MG .....	86	<b>epoprostenol sodium for inj 1.5 mg</b> .....	111
EPCLUSA PAK 150-37.5 .....	102	<b>eptifibatide iv soln 200 mg/100ml (2</b>	
EPCLUSA PAK 200-50MG .....	102	<b>mg/ml)</b> .....	157
EPCLUSA TAB 200-50MG .....	102	<b>eptifibatide iv soln 20 mg/10ml (2 mg/ml)</b>	
EPCLUSA TAB 400-100 .....	102	.....	157
<b>ephedrine sulfate iv soln 50 mg/ml</b> .....	203	<b>eptifibatide iv soln 75 mg/100ml (0.75</b>	
EPIDUO FORTE GEL 0.3-2.5% .....	128	<b>mg/ml)</b> .....	157
EPIDUO GEL 0.1-2.5% .....	128	EQL LANCETS MIS 21G COLR.....	167
<b>epinastine hcl ophth soln 0.05%</b> .....	186	EQL LANCETS MIS 33G COLR.....	167
<b>epinephrine (anaphylaxis)</b>		EQL LANCETS MIS THIN 26G .....	167
see AUVI-Q INJ 0.15MG .....	203	EQL LANCETS MIS THIN 30G .....	167
see AUVI-Q INJ 0.1MG .....	203	<b>ergocalciferol cap 1.25 mg (50000 unit)</b>	
see AUVI-Q INJ 0.3MG .....	203	.....	204
<b>epinephrine hcl nasal soln 0.1%</b> .....	182	<b>ergoloid mesylates tab 1 mg</b> .....	195
<b>epinephrine inj 1 mg/ml (1:1000)</b> .....	203	<b>eribulin mesylate inj 1 mg/2ml (0.5</b>	
<b>epinephrine inj 30 mg/30ml (1 mg/ml)</b>		<b>mg/ml)</b> .....	91
<b>(1:1000)</b> .....	203	ERIVEDGE CAP 150MG .....	86
<b>epinephrine solution auto-injector 0.15</b>		ERLEADA TAB 240MG .....	86
<b>mg/0.15ml (1:1000)</b> .....	203	ERLEADA TAB 60MG .....	86
<b>epinephrine solution auto-injector 0.3</b>		<b>erlotinib hcl tab 100 mg (base equivalent)</b>	
<b>mg/0.3ml (1:1000)</b> .....	203	.....	85
EPISIL LIQ .....	180	<b>erlotinib hcl tab 150 mg (base equivalent)</b>	
Epitol		.....	85
see <b>carbamazepine tab 200 mg</b> .....	54	<b>erlotinib hcl tab 25 mg (base equivalent)</b>	
<b>eplerenone tab 25 mg</b> .....	81	.....	85
<b>eplerenone tab 50 mg</b> .....	81	Errin	
<b>epoetin alfa</b>		see <b>norethindrone tab 0.35 mg</b> .....	123
see PROCRI INJ 10000/ML .....	159	<b>ertapenem sodium for inj 1 gm (base</b>	
see PROCRI INJ 2000/ML .....	158	<b>equivalent)</b> .....	42
see PROCRI INJ 20000/ML.....	159	Ery	
see PROCRI INJ 3000/ML .....	159	see <b>erythromycin pads 2%</b> .....	128
see PROCRI INJ 4000/ML .....	159	Ery-tab	
see PROCRI INJ 40000/ML .....	159	see <b>erythromycin tab delayed release</b>	
<b>epoetin alfa-epbx</b>		<b>250 mg</b> .....	165
see RETACRI INJ 10000UNT .....	159	see <b>erythromycin tab delayed release</b>	
see RETACRI INJ 20000UNI.....	159	<b>333 mg</b> .....	165
see RETACRI INJ 2000UNIT .....	159	see <b>erythromycin tab delayed release</b>	
see RETACRI INJ 3000UNIT.....	159	<b>500 mg</b> .....	165
see RETACRI INJ 40000UNT .....	159	Erythrocin Lactobionate	
see RETACRI INJ 4000UNIT.....	159	see <b>erythromycin lactobionate for inj</b>	
<b>epoprostenol sodium</b>		<b>500 mg</b> .....	165
see FLOLAN INJ 0.5MG .....	111	Erythrocin Stearate	
see FLOLAN INJ 1.5MG .....	111	see <b>erythromycin stearate tab 250 mg</b>	
<b>epoprostenol sodium for inj 0.5 mg</b> .....	111	.....	165

<b>erythromycin ethylsuccinate for susp 200 mg/5ml</b> .....	164	<b>esomeprazole magnesium cap delayed release 40 mg (base eq)</b> .....	201
<b>erythromycin ethylsuccinate for susp 400 mg/5ml</b> .....	164	<b>esomeprazole magnesium for delayed release susp packet 10 mg</b> .....	201
<b>erythromycin ethylsuccinate tab 400 mg</b> .....	164	<b>esomeprazole magnesium for delayed release susp packet 20 mg</b> .....	201
<b>erythromycin gel 2%</b> .....	128	<b>esomeprazole magnesium for delayed release susp packet 40 mg</b> .....	201
<b>erythromycin lactobionate for inj 500 mg</b> .....	164, 165	<b>esomeprazole sodium for intravenous soln 40 mg (base equiv)</b> .....	201
<b>erythromycin ophth oint 5 mg/gm</b> .....	184	ESPEROCT INJ 1000UNIT .....	153
<b>erythromycin pads 2%</b> .....	128	ESPEROCT INJ 1500UNIT .....	153
<b>erythromycin soln 2%</b> .....	128	ESPEROCT INJ 2000UNIT .....	153
<b>erythromycin stearate tab 250 mg</b> .....	165	ESPEROCT INJ 3000UNIT .....	153
<b>erythromycin tab 250 mg</b> .....	165	ESPEROCT INJ 500UNIT .....	153
<b>erythromycin tab 500 mg</b> .....	165	Estarylla	
<b>erythromycin tab delayed release 250 mg</b> .....	165	see <b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b> .....	121
<b>erythromycin tab delayed release 333 mg</b> .....	165	<b>estazolam tab 1 mg</b> .....	160
<b>erythromycin tab delayed release 500 mg</b> .....	165	<b>estazolam tab 2 mg</b> .....	160
<b>erythromycin w/ delayed release particles cap 250 mg</b> .....	165	ESTRACE TAB 0.5MG .....	145
<b>escitalopram oxalate soln 5 mg/5ml (base equiv)</b> .....	60	ESTRACE TAB 1MG .....	145
<b>escitalopram oxalate tab 10 mg (base equiv)</b> .....	60	ESTRACE TAB 2MG.....	145
<b>escitalopram oxalate tab 20 mg (base equiv)</b> .....	60	<b>estradiol</b>	
<b>escitalopram oxalate tab 5 mg (base equiv)</b> .....	60	see ESTRACE TAB 0.5MG .....	145
<b>eslicarbazepine acetate</b>		see ESTRACE TAB 1MG .....	145
see APTIOM TAB 200MG .....	54	see ESTRACE TAB 2MG.....	145
see APTIOM TAB 400MG .....	54	<b>estradiol &amp; norethindrone acetate</b>	
see APTIOM TAB 600MG .....	54	see COMBIPATCH DIS.....	144
see APTIOM TAB 800MG .....	54	<b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</b> .....	144
<b>esmolol hcl inj 100 mg/10ml</b> .....	104	<b>estradiol &amp; norethindrone acetate tab 1-0.5 mg</b> .....	145
<b>esmolol hcl-sodium chloride iv soln 2000 mg/100ml</b> .....	104	<b>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</b> .....	145
<b>esmolol hcl-sodium chloride iv soln 2500 mg/250ml</b> .....	104	<b>estradiol-levonorgestrel</b>	
<b>esomeprazole magnesium cap delayed release 20 mg (base eq)</b> .....	201	see CLIMARA PRO DIS WEEKLY .....	144
		<b>estradiol tab 0.5 mg</b> .....	145
		<b>estradiol tab 1 mg</b> .....	145
		<b>estradiol tab 2 mg</b> .....	145
		<b>estradiol td gel 0.25 mg/0.25gm (0.1%)</b> .....	145
		<b>estradiol td gel 0.5 mg/0.5gm (0.1%)</b> ...	145

<b>estradiol td gel 0.75 mg/0.75gm (0.1%)</b>	see ENBREL INJ 50MG/ML .....	33
.....	see ENBREL MINI INJ 50MG/ML.....	33
<b>estradiol td gel 1.25 mg/1.25gm (0.1%)</b>	see ENBREL SRCLK INJ 50MG/ML.....	33
<b>estradiol td gel 1 mg/gm (0.1%)</b>	<b>ethacrynate sodium for inj 50 mg</b> .....	139
<b>estradiol td patch twice weekly 0.025 mg/24hr</b>	<b>ethacrynic acid tab 25 mg</b> .....	139
.....	<b>ethambutol hcl tab 100 mg</b> .....	82
<b>estradiol td patch twice weekly 0.0375 mg/24hr</b>	<b>ethambutol hcl tab 400 mg</b> .....	82
.....	<b>ethosuximide</b>	
<b>estradiol td patch twice weekly 0.05 mg/24hr</b>	see ZARONTIN CAP 250MG.....	58
.....	see ZARONTIN SOL 250/5ML.....	58
<b>estradiol td patch twice weekly 0.075 mg/24hr</b>	<b>ethosuximide cap 250 mg</b> .....	58
.....	<b>ethosuximide soln 250 mg/5ml</b> .....	58
<b>estradiol td patch twice weekly 0.1 mg/24hr</b>	<b>ethyl chloride aerosol spray</b> .....	135
.....	<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</b> .....	116
<b>estradiol td patch weekly 0.025 mg/24hr</b>	<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</b> .....	116
.....	<b>etodolac cap 200 mg</b> .....	31
<b>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</b>	<b>etodolac cap 300 mg</b> .....	31
.....	<b>etodolac tab 400 mg</b> .....	31
<b>estradiol td patch weekly 0.05 mg/24hr</b>	<b>etodolac tab 500 mg</b> .....	31
.....	<b>etodolac tab er 24hr 400 mg</b> .....	32
<b>estradiol td patch weekly 0.06 mg/24hr</b>	<b>etodolac tab er 24hr 500 mg</b> .....	32
.....	<b>etodolac tab er 24hr 600 mg</b> .....	32
<b>estradiol td patch weekly 0.075 mg/24hr</b>	<b>etomidate iv soln 2 mg/ml</b> .....	149
.....	<b>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</b> .....	123
<b>estradiol td patch weekly 0.1 mg/24hr</b>	<b>etoposide cap 50 mg</b> .....	91
<b>estradiol vaginal</b>	<b>etoposide inj 100 mg/5ml (20 mg/ml)</b> ....	91
see IMVEXXY MAIN SUP 10MCG.....	<b>etoposide inj 1 gm/50ml (20 mg/ml)</b> .....	91
see IMVEXXY MAIN SUP 4MCG .....	<b>etoposide inj 500 mg/25ml (20 mg/ml)</b> .	91
see IMVEXXY STRT SUP 10MCG .....	<b>etravirine tab 100 mg</b> .....	100
see IMVEXXY STRT SUP 4MCG.....	<b>etravirine tab 200 mg</b> .....	100
see VAGIFEM TAB 10MCG .....	EUCRISA OIN 2% .....	135
<b>estradiol vaginal cream 0.1 mg/gm</b> .....	EUFLEXXA INJ 10MG/ML.....	181
<b>estradiol vaginal tab 10 mcg</b> .....	Euthyrox	
<b>estradiol valerate-dienogest</b>	see <b>levothyroxine sodium tab 100 mcg</b>	198
see NATAZIA TAB .....	.....	198
<b>estradiol valerate im in oil 10 mg/ml</b> .....	see <b>levothyroxine sodium tab 112 mcg</b>	198
<b>estradiol valerate im in oil 20 mg/ml</b> ....	.....	198
<b>estradiol valerate im in oil 40 mg/ml</b> ....	see <b>levothyroxine sodium tab 125 mcg</b>	198
<b>eszopiclone tab 1 mg</b> .....	.....	198
<b>eszopiclone tab 2 mg</b> .....	see <b>levothyroxine sodium tab 137 mcg</b>	198
<b>eszopiclone tab 3 mg</b> .....	.....	198
<b>etanercept</b>		
see ENBREL INJ 25/0.5ML .....		
see ENBREL INJ 25MG.....		

see <b>levothyroxine sodium tab 150 mcg</b>	E-ZJECT LANC MIS 33G.....	167
.....	E-ZJECT MIS 21G.....	166
see <b>levothyroxine sodium tab 175 mcg</b>	E-ZJECT MIS 21G COLR.....	167
.....	E-ZJECT MIS 30G.....	167
see <b>levothyroxine sodium tab 200 mcg</b>	E-ZJECT MIS 32G COLR.....	167
.....	E-ZJECT MIS LANC 21G.....	167
see <b>levothyroxine sodium tab 25 mcg</b>	E-ZJECT MIS THIN 26G.....	167
.....	EZ-LETS 21G MIS LANCETS.....	167
see <b>levothyroxine sodium tab 50 mcg</b>	EZ-LETS 26G MIS LANCETS.....	167
.....	EZ-LETS 28G MIS LANCETS.....	167
see <b>levothyroxine sodium tab 75 mcg</b>	EZ-LETS 30G MIS LANCETS.....	167
.....	<b>F</b>	
see <b>levothyroxine sodium tab 88 mcg</b>	FABRAZYME INJ 35MG.....	142
.....	FABRAZYME INJ 5MG.....	142
<b>everolimus tab 0.25 mg</b> .....	Falmina	
178	see <b>levonorgestrel &amp; ethinyl estradiol</b>	
<b>everolimus tab 0.5 mg</b> .....	<b>tab 0.1 mg-20 mcg</b> .....	117
178	<b>famciclovir tab 125 mg</b> .....	103
<b>everolimus tab 0.75 mg</b> .....	<b>famciclovir tab 250 mg</b> .....	103
178	<b>famciclovir tab 500 mg</b> .....	103
<b>everolimus tab 10 mg</b> .....	<b>famotidine</b>	
88	see PEPCID TAB 20MG.....	200
<b>everolimus tab 1 mg</b> .....	see PEPCID TAB 40MG.....	201
178	<b>famotidine for susp 40 mg/5ml</b> .....	200
<b>everolimus tab 2.5 mg</b> .....	<b>famotidine inj 200 mg/20ml</b> .....	200
88	<b>famotidine inj 40 mg/4ml</b> .....	200
<b>everolimus tab 5 mg</b> .....	<b>famotidine in nacl 0.9% iv soln 20</b>	
88	<b>mg/50ml</b> .....	200
<b>everolimus tab 7.5 mg</b> .....	<b>famotidine preservative free inj 20</b>	
88	<b>mg/2ml</b> .....	200
<b>everolimus tab for oral susp 2 mg</b> .....	<b>famotidine tab 20 mg</b> .....	200
88	<b>famotidine tab 40 mg</b> .....	200
<b>everolimus tab for oral susp 3 mg</b> .....	FARXIGA TAB 10MG.....	67
88	FARXIGA TAB 5MG.....	67
<b>everolimus tab for oral susp 5 mg</b> .....	FASENRA INJ 10MG/0.5.....	48
88	FASENRA INJ 30MG/ML.....	48
EVISTA TAB 60MG.....	FASENRA PEN INJ 30MG/ML.....	48
141	FASTCLIX MIS LANCETS.....	167
<b>evolocumab</b>	<b>febuxostat tab 40 mg</b> .....	151
see REPATHA INJ 140MG/ML.....	<b>febuxostat tab 80 mg</b> .....	151
74	<b>felbamate susp 600 mg/5ml</b> .....	57
see REPATHA PUSH INJ 420/3.5.....	<b>felbamate tab 400 mg</b> .....	57
74	<b>felbamate tab 600 mg</b> .....	57
see REPATHA SURE INJ 140MG/ML.....	<b>felodipine tab er 24hr 10 mg</b> .....	107
74		
EXELON DIS 13.3/24.....		
192		
EXELON DIS 4.6MG/24.....		
192		
EXELON DIS 9.5MG/24.....		
192		
<b>exemestane tab 25 mg</b> .....		
86		
<b>ezetimibe-simvastatin</b>		
see VYTORIN TAB 10-10MG.....		72
see VYTORIN TAB 10-20MG.....		72
see VYTORIN TAB 10-40MG.....		72
see VYTORIN TAB 10-80MG.....		72
<b>ezetimibe-simvastatin tab 10-10 mg</b> .....		72
<b>ezetimibe-simvastatin tab 10-20 mg</b> .....		72
<b>ezetimibe-simvastatin tab 10-40 mg</b> .....		72
<b>ezetimibe-simvastatin tab 10-80 mg</b> .....		72
<b>ezetimibe tab 10 mg</b> .....		74



<b>felodipine tab er 24hr 2.5 mg</b> .....	107	<b>fantanyl citrate preservative free (pf) inj</b>	
<b>felodipine tab er 24hr 5 mg</b> .....	107	<b>250 mcg/5ml</b> .....	34
<b>fenofibrate cap 150 mg</b> .....	73	<b>fantanyl citrate preservative free (pf) inj</b>	
<b>fenofibrate micronized cap 134 mg</b> .....	73	<b>500 mcg/10ml</b> .....	34
<b>fenofibrate micronized cap 200 mg</b> .....	73	<b>fantanyl citrate preservative free (pf) inj</b>	
<b>fenofibrate micronized cap 43 mg</b> .....	73	<b>50 mcg/ml</b> .....	34
<b>fenofibrate micronized cap 67 mg</b> .....	73	<b>fantanyl citrate soln prefilled syringe 100</b>	
<b>fenofibrate tab 145 mg</b> .....	73	<b>mcg/2ml</b> .....	34
<b>fenofibrate tab 160 mg</b> .....	73	<b>fantanyl td patch 72hr 100 mcg/hr</b> .....	35
<b>fenofibrate tab 48 mg</b> .....	73	<b>fantanyl td patch 72hr 12 mcg/hr</b> .....	34
<b>fenofibrate tab 54 mg</b> .....	73	<b>fantanyl td patch 72hr 25 mcg/hr</b> .....	34
<b>fenofibric acid tab 105 mg</b> .....	73	<b>fantanyl td patch 72hr 37.5 mcg/hr</b> .....	34
<b>fenofibric acid tab 35 mg</b> .....	73	<b>fantanyl td patch 72hr 50 mcg/hr</b> .....	35
FENSOLVI INJ 45MG .....	141	<b>fantanyl td patch 72hr 62.5 mcg/hr</b> .....	35
<b>fantanyl citrate buccal tab 100 mcg (base</b>		<b>fantanyl td patch 72hr 75 mcg/hr</b> .....	35
<b>equiv)</b> .....	34	<b>fantanyl td patch 72hr 87.5 mcg/hr</b> .....	35
<b>fantanyl citrate buccal tab 200 mcg (base</b>		<b>ferric citrate</b>	
<b>equiv)</b> .....	34	see AURYXIA TAB 210MG .....	149
<b>fantanyl citrate buccal tab 400 mcg (base</b>		<b>fesoterodine fumarate tab er 24hr 4 mg</b>	
<b>equiv)</b> .....	34	.....	202
<b>fantanyl citrate buccal tab 600 mcg (base</b>		<b>fesoterodine fumarate tab er 24hr 8 mg</b>	
<b>equiv)</b> .....	34	.....	202
<b>fantanyl citrate buccal tab 800 mcg (base</b>		FIASP FLEX INJ TOUCH .....	66
<b>equiv)</b> .....	34	FIASP INJ 100/ML .....	66
<b>fantanyl citrate lozenge on a handle 1200</b>		FIASP PENFIL INJ U-100 .....	66
<b>mcg</b> .....	34	<b>fidaxomicin</b>	
<b>fantanyl citrate lozenge on a handle 1600</b>		see DIFICID SUS .....	165
<b>mcg</b> .....	34	see DIFICID TAB 200MG .....	165
<b>fantanyl citrate lozenge on a handle 200</b>		FIFTY50 SAFE MIS LANCETS .....	167
<b>mcg</b> .....	34	<b>filgrastim-aafi</b>	
<b>fantanyl citrate lozenge on a handle 400</b>		see NIVESTYM INJ 300/0.5 .....	158
<b>mcg</b> .....	34	see NIVESTYM INJ 300MCG .....	158
<b>fantanyl citrate lozenge on a handle 600</b>		see NIVESTYM INJ 480/0.8 .....	158
<b>mcg</b> .....	34	see NIVESTYM INJ 480MCG .....	158
<b>fantanyl citrate lozenge on a handle 800</b>		FINACEA AER 15% .....	135
<b>mcg</b> .....	34	<b>finasteride</b>	
<b>fantanyl citrate pf soln prefilled syringe</b>		see PROSCAR TAB 5MG .....	151
<b>50 mcg/ml</b> .....	34	<b>finasteride tab 5 mg</b> .....	151
<b>fantanyl citrate preservative free (pf) inj</b>		<b>finerenone</b>	
<b>1000 mcg/20ml</b> .....	34	see KERENDIA TAB 10MG .....	143
<b>fantanyl citrate preservative free (pf) inj</b>		see KERENDIA TAB 20MG .....	143
<b>100 mcg/2ml</b> .....	34	FINGERSTIX MIS LANCETS .....	167
<b>fantanyl citrate preservative free (pf) inj</b>		<b>ingolimod hcl cap 0.5 mg (base equiv)</b> 194	
<b>2500 mcg/50ml</b> .....	34	Finzala	

see <b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</b> .....	120
Flac	
see <b>fluocinolone acetonide (otic) oil 0.01%</b> .....	187
<b>flavoxate hcl tab 100 mg</b> .....	202
<b>flecainide acetate tab 100 mg</b> .....	47
<b>flecainide acetate tab 150 mg</b> .....	47
<b>flecainide acetate tab 50 mg</b> .....	47
FLOLAN INJ 0.5MG .....	111
FLOLAN INJ 1.5MG .....	111
FLOMAX CAP 0.4MG.....	151
<b>floxuridine for inj 0.5 gm</b> .....	84
<b>fluconazole</b>	
see DIFLUCAN SUS 10MG/ML .....	70
see DIFLUCAN SUS 40MG/ML .....	70
see DIFLUCAN TAB 100MG.....	70
see DIFLUCAN TAB 200MG .....	70
<b>fluconazole for susp 10 mg/ml</b> .....	70
<b>fluconazole for susp 40 mg/ml</b> .....	70
<b>fluconazole in nacl 0.9% inj 200 mg/100ml</b> .....	70
<b>fluconazole in nacl 0.9% inj 400 mg/200ml</b> .....	70
<b>fluconazole tab 100 mg</b> .....	70
<b>fluconazole tab 150 mg</b> .....	70
<b>fluconazole tab 200 mg</b> .....	70
<b>fluconazole tab 50 mg</b> .....	70
<b>flucytosine cap 250 mg</b> .....	70
<b>fludarabine phosphate for inj 50 mg</b> .....	84
<b>fludarabine phosphate inj 25 mg/ml</b> .....	84
<b>fludrocortisone acetate tab 0.1 mg</b> .....	126
<b>flumazenil iv soln 0.5 mg/5ml (0.1 mg/ml)</b> .....	68
<b>flumazenil iv soln 1 mg/10ml (0.1 mg/ml)</b> .....	68
<b>flunisolide nasal soln 25 mcg/act (0.025%)</b> .....	182
<b>fluocinolone acetonide (otic) oil 0.01%</b> .....	187
<b>fluocinolone acetonide cream 0.01%</b> ..	133
<b>fluocinolone acetonide cream 0.025%</b> ..	133
<b>fluocinolone acetonide oil 0.01% (body oil)</b> .....	133

<b>fluocinolone acetonide oil 0.01% (scalp oil)</b> .....	133
<b>fluocinolone acetonide oint 0.025%</b> .....	133
<b>fluocinolone acetonide soln 0.01%</b> .....	133
<b>fluocinonide cream 0.05%</b> .....	133
<b>fluocinonide emulsified base cream 0.05%</b> .....	133
<b>fluocinonide gel 0.05%</b> .....	133
<b>fluocinonide oint 0.05%</b> .....	133
<b>fluocinonide soln 0.05%</b> .....	133
<b>fluorescein sodium iv soln 10%</b> .....	186, 187
<b>fluorescein w/ benoxinate ophth soln 0.25-0.4%</b> .....	187
<b>fluorescein w/ proparacaine ophth soln 0.25-0.5%</b> .....	187
<b>fluorometholone ophth susp 0.1%</b> .....	186
<b>fluorouracil cream 5%</b> .....	130
<b>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</b> .....	84
<b>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</b> .....	84
<b>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</b> .....	84
<b>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</b> .....	84
<b>fluorouracil soln 2%</b> .....	130
<b>fluorouracil soln 5%</b> .....	130
<b>fluoxetine hcl cap 10 mg</b> .....	60
<b>fluoxetine hcl cap 20 mg</b> .....	60
<b>fluoxetine hcl cap 40 mg</b> .....	60
<b>fluoxetine hcl cap delayed release 90 mg</b> .....	60
<b>fluoxetine hcl solution 20 mg/5ml</b> .....	60
<b>fluoxetine hcl tab 10 mg</b> .....	60
<b>fluoxetine hcl tab 20 mg</b> .....	60
<b>fluphenazine decanoate inj 25 mg/ml</b> ....	98
<b>fluphenazine hcl elixir 2.5 mg/5ml</b> .....	98
<b>fluphenazine hcl inj 2.5 mg/ml</b> .....	98
<b>fluphenazine hcl oral conc 5 mg/ml</b> .....	98
<b>fluphenazine hcl tab 10 mg</b> .....	98
<b>fluphenazine hcl tab 1 mg</b> .....	98
<b>fluphenazine hcl tab 2.5 mg</b> .....	98
<b>fluphenazine hcl tab 5 mg</b> .....	98
<b>flurbiprofen sodium ophth soln 0.03%</b> .....	187

<b>flurbiprofen tab 100 mg</b> .....	32	<b>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</b> .....	52
<b>flurbiprofen tab 50 mg</b> .....	32	<b>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</b> .....	52
<b>fluticasone furoate-vilanterol</b>		<b>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</b> .....	52
see BREO ELLIPTA INH 100-25 .....	50	<b>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</b> .....	52
see BREO ELLIPTA INH 200-25 .....	50	FORA LANCETS MIS 30G .....	167
see BREO ELLIPTA INH 50-25MCG .....	50	FORA MIS LANCETS .....	167
<b>fluticasone propionate cream 0.05%</b> ...	133	<b>formaldehyde solution 10%</b> .....	99
<b>fluticasone propionate lotion 0.05%</b> ...	133	<b>formoterol fumarate soln nebu 20 mcg/2ml</b> .....	50
<b>fluticasone propionate nasal susp 50 mcg/act</b> .....	182	FOSAMAX TAB 70MG .....	140
<b>fluticasone propionate oint 0.005%</b> ....	133	<b>fosamprenavir calcium tab 700 mg (base equiv)</b> .....	100
<b>fluticasone-salmeterol aer powder ba 100-50 mcg/act</b> .....	50	<b>fosaprepitant dimeglumine for iv infusion 150 mg (base eq)</b> .....	70
<b>fluticasone-salmeterol aer powder ba 250-50 mcg/act</b> .....	50	<b>foscarnet sodium inj 6000 mg/250ml (24 mg/ml)</b> .....	102
<b>fluticasone-salmeterol aer powder ba 500-50 mcg/act</b> .....	50	<b>fosfomycin tromethamine powd pack 3 gm (base equivalent)</b> .....	44
<b>fluticasone-umeclidinium-vilanterol</b>		<b>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</b> .....	79
see TRELEGY AER 100MCG .....	51	<b>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</b> .....	79
see TRELEGY AER 200MCG .....	51	<b>fosinopril sodium tab 10 mg</b> .....	75
<b>fluvastatin sodium cap 20 mg (base equivalent)</b> .....	73	<b>fosinopril sodium tab 20 mg</b> .....	75
<b>fluvastatin sodium cap 40 mg (base equivalent)</b> .....	73	<b>fosinopril sodium tab 40 mg</b> .....	75
<b>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</b> .....	73	<b>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</b> .....	58
<b>fluvoxamine maleate cap er 24hr 100 mg</b> .....	60	<b>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</b> .....	58
<b>fluvoxamine maleate cap er 24hr 150 mg</b> .....	60	<b>fostamatinib disodium</b>	
<b>fluvoxamine maleate tab 100 mg</b> .....	60	see TAVALISSE TAB 100MG .....	156
<b>fluvoxamine maleate tab 25 mg</b> .....	60	see TAVALISSE TAB 150MG .....	157
<b>fluvoxamine maleate tab 50 mg</b> .....	60	FRAGMIN INJ 10000/ML .....	52
FOCALIN TAB 10MG .....	27	FRAGMIN INJ 12500UNT .....	52
FOCALIN TAB 2.5MG .....	27	FRAGMIN INJ 15000UNT .....	52
FOCALIN TAB 5MG .....	27	FRAGMIN INJ 18000UNT .....	52
FOLLISTIM AQ INJ 300UNIT .....	140	FRAGMIN INJ 2500/0.2 .....	52
FOLLISTIM AQ INJ 600UNIT .....	141	FRAGMIN INJ 2500/ML .....	52
FOLLISTIM AQ INJ 900UNIT .....	141	FRAGMIN INJ 5000/0.2 .....	52
<b>follitropin beta</b>		FRAGMIN INJ 7500/0.3 .....	52
see FOLLISTIM AQ INJ 300UNIT .....	140		
see FOLLISTIM AQ INJ 600UNIT .....	141		
see FOLLISTIM AQ INJ 900UNIT .....	141		
<b>fomepizole inj 1 gm/ml (for iv infusion)</b> ..	68		

FRAGMIN INJ 95000UNT .....	52
FREESTYLE MIS LANCETS.....	167
<b>fremanezumab-vfrm</b>	
see AJOVY INJ 225/1.5.....	174
Fresenius Propoven	
see <b>propofol iv emul 1000 mg/100ml (10 mg/ml)</b> .....	150
see <b>propofol iv emul 200 mg/20ml (10 mg/ml)</b> .....	149
see <b>propofol iv emul 500 mg/50ml (10 mg/ml)</b> .....	150
<b>frovatriptan succinate tab 2.5 mg (base equivalent)</b> .....	175
<b>fulvestrant inj soln pref syr 250 mg/5ml</b> .....	86
<b>furosemide</b>	
see LASIX TAB 20MG.....	139
see LASIX TAB 40MG .....	139
see LASIX TAB 80MG .....	139
<b>furosemide inj 10 mg/ml</b> .....	139
<b>furosemide oral soln 10 mg/ml</b> .....	139
<b>furosemide oral soln 8 mg/ml</b> .....	139
<b>furosemide tab 20 mg</b> .....	139
<b>furosemide tab 40 mg</b> .....	139
<b>furosemide tab 80 mg</b> .....	139
FUZEON INJ 90MG .....	100
Fyavolv	
see <b>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</b> .....	145
see <b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</b> .....	145
FYCOMPA SUS 0.5MG/ML.....	53
FYCOMPA TAB 10MG.....	53
FYCOMPA TAB 12MG.....	53
FYCOMPA TAB 2MG .....	53
FYCOMPA TAB 4MG .....	53
FYCOMPA TAB 6MG .....	53
FYCOMPA TAB 8MG .....	53
FYLNTRA INJ 6MG/0.6 .....	158
<b>G</b>	
<b>gabapentin</b>	
see NEURONTIN CAP 100MG .....	56
see NEURONTIN CAP 300MG .....	56
see NEURONTIN CAP 400MG .....	56
see NEURONTIN SOL 250/5ML.....	56
see NEURONTIN TAB 600MG.....	56
see NEURONTIN TAB 800MG.....	56
<b>gabapentin (once-daily)</b>	
see GRALISE TAB 300MG.....	195
see GRALISE TAB 450MG.....	195
see GRALISE TAB 600MG.....	195
see GRALISE TAB 750MG .....	195
see GRALISE TAB 900MG.....	195
<b>gabapentin (once-daily) tab 300 mg</b> ...	195
<b>gabapentin (once-daily) tab 600 mg</b> ...	195
<b>gabapentin cap 100 mg</b> .....	55
<b>gabapentin cap 300 mg</b> .....	55
<b>gabapentin cap 400 mg</b> .....	55
<b>gabapentin oral soln 250 mg/5ml</b> .....	55
<b>gabapentin tab 600 mg</b> .....	55
<b>gabapentin tab 800 mg</b> .....	55
<b>gadobutrol inj 1 mmol/ml (604.72 mg/ml)</b> .....	136
<b>gadoterate meglumine iv soln 10 mmol/20ml (0.5 mmol/ml)</b> .....	137
<b>gadoterate meglumine iv soln 2.5 mmol/5ml (0.5 mmol/ml)</b> .....	136
<b>gadoterate meglumine iv soln 50 mmol/100ml (0.5 mmol/ml)</b> .....	137
<b>gadoterate meglumine iv soln 5 mmol/10ml (0.5 mmol/ml)</b> .....	136
<b>gadoterate meglumine iv soln 7.5 mmol/15ml (0.5 mmol/ml)</b> .....	136
<b>gadoterate meglumine iv soln prefilled syringe 10 mmol/20ml</b> .....	137
<b>gadoterate meglumine iv soln prefilled syringe 5 mmol/10ml</b> .....	137
<b>gadoterate meglumine iv soln prefilled syringe 7.5 mmol/15ml</b> .....	137
GALAFOLD CAP 123MG .....	142
<b>galantamine hydrobromide cap er 24hr 16 mg</b> .....	192
<b>galantamine hydrobromide cap er 24hr 24 mg</b> .....	192
<b>galantamine hydrobromide cap er 24hr 8 mg</b> .....	192
<b>galantamine hydrobromide oral soln 4 mg/ml</b> .....	192

<b>galantamine hydrobromide tab 12 mg</b> ..192	<b>gentamicin in saline inj 0.8 mg/ml</b> .....29
<b>galantamine hydrobromide tab 4 mg</b> ....192	<b>gentamicin in saline inj 1.2 mg/ml</b> .....29
<b>galantamine hydrobromide tab 8 mg</b> ....192	<b>gentamicin in saline inj 1.6 mg/ml</b> .....29
<b>galcanezumab-gnlm</b>	<b>gentamicin in saline inj 1 mg/ml</b> .....29
see EMGALITY INJ 100MG/ML .....175	<b>gentamicin in saline inj 2 mg/ml</b> .....29
see EMGALITY INJ 120MG/ML.....175	<b>gentamicin sulfate cream 0.1%</b> .....129
<b>ganciclovir sodium for inj 500 mg</b> .....102	<b>gentamicin sulfate inj 10 mg/ml</b> .....29
GANIRELIX AC INJ 250/0.5.....141	<b>gentamicin sulfate inj 40 mg/ml</b> .....29
<b>gatifloxacin ophth soln 0.5%</b> .....184	<b>gentamicin sulfate oint 0.1%</b> .....129
Gavilyte-c	<b>gentamicin sulfate ophth soln 0.3%</b> .....185
see <b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</b> .....162	GENTEEL MIS LANCETS.....167
Gavilyte-g	GENTLE-LET MIS 26G.....167
see <b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</b> .....162	GENTLE-LET MIS 28G.....167
GAVRETO CAP 100MG.....88	GENTLE-LET MIS LANCETS.....167
<b>gefitinib tab 250 mg</b> .....85	GENVOYA TAB .....100
GELSYN-3 INJ 16.8/2ML .....181	<b>gilteritinib fumarate</b>
<b>gemcitabine hcl for inj 1 gm</b> .....84	see XOSPATA TAB 40MG.....90
<b>gemcitabine hcl for inj 200 mg</b> .....84	<b>glatiramer acetate</b>
<b>gemcitabine hcl for inj 2 gm</b> .....84	see COPAXONE INJ 40MG/ML.....194
<b>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</b> .....84	<b>glatiramer acetate soln prefilled syringe 20 mg/ml</b> .....194
<b>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</b> .....84	<b>glatiramer acetate soln prefilled syringe 40 mg/ml</b> .....194
<b>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</b> .....84	Glatopa
<b>gemfibrozil</b>	see <b>glatiramer acetate soln prefilled syringe 20 mg/ml</b> .....194
see LOPID TAB 600MG .....73	see <b>glatiramer acetate soln prefilled syringe 40 mg/ml</b> .....194
<b>gemfibrozil tab 600 mg</b> .....73	<b>glimepiride tab 1 mg</b> .....67
Gemmily	<b>glimepiride tab 2 mg</b> .....67
see <b>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</b> .121	<b>glimepiride tab 4 mg</b> .....67
GEMTESA TAB 75MG.....202	<b>glipizide-metformin hcl tab 2.5-250 mg</b> 63
Generlac	<b>glipizide-metformin hcl tab 2.5-500 mg</b> 63
see <b>lactulose (encephalopathy) solution 10 gm/15ml</b> .....149	<b>glipizide-metformin hcl tab 5-500 mg</b> ...63
Gengraf	<b>glipizide tab 10 mg</b> .....67
see <b>cyclosporine modified cap 100 mg</b> .....178	<b>glipizide tab 5 mg</b> .....67
see <b>cyclosporine modified cap 25 mg</b> .....178	<b>glipizide tab er 24hr 10 mg</b> .....67
see <b>cyclosporine modified oral soln 100 mg/ml</b> .....178	<b>glipizide tab er 24hr 2.5 mg</b> .....67
	<b>glipizide tab er 24hr 5 mg</b> .....67
	Glipizide Xl
	see <b>glipizide tab er 24hr 10 mg</b> .....67
	see <b>glipizide tab er 24hr 2.5 mg</b> .....67
	see <b>glipizide tab er 24hr 5 mg</b> .....67
	GLOBAL 28G MIS LANCETS .....167

GLOBAL 30G MIS LANCETS .....	167
<b>glucagon</b>	
see BAQSIMI ONE POW 3MG/DOSE ....	65
see BAQSIMI TWO POW 3MG/DOSE ...	65
see GVOKE HYPO 1 INJ .5/.1ML.....	65
see GVOKE HYPO 1 INJ 1MG/.2ML.....	65
see GVOKE HYPO 2 INJ .5/.1ML.....	65
see GVOKE HYPO 2 INJ 1MG/.2ML.....	65
see GVOKE KIT SOL 1MG/0.2M .....	65
see GVOKE PFS INJ .....	65
<b>glucagon (rdna) for inj kit 1 mg</b> .....	65
GLUCOCOM MIS 28G .....	167
GLUCOCOM MIS 30G.....	167
GLUCOCOM MIS 33G.....	168
<b>glucose blood</b>	
see ACCU-CHEK TES AVIVA PL.....	136
see ACCU-CHEK TES GUIDE.....	136
see ACCU-CHEK TES SMART.....	136
see ONETOUCH TES ULTRA.....	136
see ONETOUCH TES VERIO .....	136
<b>glutamine (sickle cell)</b>	
see ENDARI POW 5GM.....	158
<b>glyburide-metformin tab 1.25-250 mg</b> ...	63
<b>glyburide-metformin tab 2.5-500 mg</b> ...	63
<b>glyburide-metformin tab 5-500 mg</b> .....	63
<b>glyburide micronized tab 1.5 mg</b> .....	68
<b>glyburide micronized tab 3 mg</b> .....	68
<b>glyburide micronized tab 6 mg</b> .....	68
<b>glyburide tab 1.25 mg</b> .....	68
<b>glyburide tab 2.5 mg</b> .....	68
<b>glyburide tab 5 mg</b> .....	68
<b>glycine diluent for injection</b> .....	190
<b>glycine irrigation soln 1.5%</b> .....	150
<b>glycopyrrolate inj 0.2 mg/ml</b> .....	200
<b>glycopyrrolate inj 0.4 mg/2ml (0.2</b> <b>mg/ml)</b> .....	200
<b>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</b> .....	200
<b>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</b> .....	200
<b>glycopyrrolate inj pf soln prefilled syringe</b> <b>0.2 mg/ml</b> .....	200
<b>glycopyrrolate inj pf soln pref syr 0.4</b> <b>mg/2ml (0.2 mg/ml)</b> .....	200

<b>glycopyrrolate oral soln 1 mg/5ml</b> .....	200
<b>glycopyrrolate tab 1 mg</b> .....	200
<b>glycopyrrolate tab 2 mg</b> .....	200
Glydo	
see <b>lidocaine hcl urethral/mucosal gel</b> <b>prefilled syringe 2%</b> .....	135
GLYXAMBI TAB 10-5 MG .....	64
GLYXAMBI TAB 25-5 MG .....	64
GNP LANCETS MIS 21G.....	168
GNP LANCETS MIS 28G .....	168
GNP LANCETS MIS 30G.....	168
GNP LANCETS MIS 33G .....	168
GNP LANCETS MIS THIN 26G .....	168
GOJJI LANCET MIS 30G .....	168
<b>golimumab</b>	
see SIMPONI ARIA SOL 50MG/4ML.....	30
GOODSENSE MIS LANC 26G.....	168
GOODSENSE MIS LANC 30G .....	168
GOODSENSE MIS LANC 33G.....	168
GRALISE TAB 300MG .....	195
GRALISE TAB 450MG .....	195
GRALISE TAB 600MG .....	195
GRALISE TAB 750MG .....	195
GRALISE TAB 900MG.....	195
<b>granisetron</b>	
see SANCUSO DIS 3.1MG .....	69
<b>granisetron hcl inj 1 mg/ml</b> .....	69
<b>granisetron hcl inj 4 mg/4ml (1 mg/ml)</b> ..	69
<b>granisetron hcl tab 1 mg</b> .....	69
<b>grass mixed pollens allergen extract</b>	
see ORALAIR SUB 300 IR.....	29
GRASTEK SUB 2800BAU .....	29
<b>griseofulvin microsize susp 125 mg/5ml</b> .....	70
<b>griseofulvin microsize tab 500 mg</b> .....	70
<b>griseofulvin ultramicrosize tab 125 mg</b> ..	70
<b>griseofulvin ultramicrosize tab 250 mg</b> ..	70
<b>guanfacine hcl tab 1 mg</b> .....	77
<b>guanfacine hcl tab 2 mg</b> .....	77
<b>guanfacine hcl tab er 24hr 1 mg (base</b> <b>equiv)</b> .....	26
<b>guanfacine hcl tab er 24hr 2 mg (base</b> <b>equiv)</b> .....	26

<b>guanfacine hcl tab er 24hr 3 mg (base equiv)</b> .....	26	<b>haloperidol lactate oral conc 2 mg/ml</b> ...	96
<b>guanfacine hcl tab er 24hr 4 mg (base equiv)</b> .....	26	<b>haloperidol tab 0.5 mg</b> .....	96
<b>guselkumab</b>		<b>haloperidol tab 10 mg</b> .....	96
see TREMFYA INJ 100MG/ML .....	131	<b>haloperidol tab 1 mg</b> .....	96
GVOKE HYPO 1 INJ .5/.1ML.....	65	<b>haloperidol tab 20 mg</b> .....	96
GVOKE HYPO 1 INJ 1MG/.2ML.....	65	<b>haloperidol tab 2 mg</b> .....	96
GVOKE HYPO 2 INJ .5/.1ML .....	65	<b>haloperidol tab 5 mg</b> .....	96
GVOKE HYPO 2 INJ 1MG/.2ML.....	65	HARVONI PAK .....	102
GVOKE KIT SOL 1MG/0.2M .....	65	HARVONI PAK 45-200MG.....	102
GVOKE PFS INJ .....	65	HARVONI TAB 45-200MG .....	102
<b>H</b>		HARVONI TAB 90-400MG.....	102
HAEMOLANCE MIS HIGH FLO .....	168	Heather	
HAEMOLANCE MIS LOW FLOW .....	168	see <b>norethindrone tab 0.35 mg</b> .....	123
HAEMOLANCE MIS PLUS .....	168	<b>heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%</b> .....	53
HAEMOLANCE MIS PLUS LOW .....	168	<b>heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9%</b> .....	53
HAEMOLANCE MIS PLUS MAX.....	168	<b>heparin sodium (porcine) inj 10000 unit/ml</b> .....	53
HAEMOLANCE MIS PLUS PED .....	168	<b>heparin sodium (porcine) inj 1000 unit/ml</b> .....	53
HAEMOLANCE MIS RETRACT.....	168	<b>heparin sodium (porcine) inj 20000 unit/ml</b> .....	53
Hailey 1.5/30		<b>heparin sodium (porcine) inj 5000 unit/ml</b> .....	53
see <b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> .....	119	<b>heparin sodium (porcine) pf inj 1000 unit/ml</b> .....	53
Hailey 24 Fe		<b>heparin sodium (porcine) pf inj 5000 unit/0.5ml</b> .....	53
see <b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b> ..	121	HERZUMA INJ 150MG .....	85
Hailey Fe 1/20		HERZUMA INJ 420MG .....	85
see <b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</b> .....	120	<b>hetastarch (hes /0.7 or /0.75) 6% in nacl 0.9% iv soln</b> .....	157
Hailey Fe 1.5/30		Hidex 6-day	
see <b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</b> .....	120	see <b>dexamethasone tab therapy pack 1.5 mg (21)</b> .....	125
<b>halobetasol propionate</b>		<b>histrelin acetate (cpp)</b>	
see BRYHALI LOT 0.01% .....	132	see SUPPRELIN LA KIT 50MG .....	142
<b>halobetasol propionate cream 0.05%</b> ..	133	HUMATROPE INJ 12MG .....	141
<b>halobetasol propionate oint 0.05%</b> .....	133	HUMATROPE INJ 24MG .....	141
Haloette		HUMATROPE INJ 6MG.....	141
see <b>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</b> .....	123	HUMULIN R INJ U-500.....	66
<b>haloperidol decanoate im soln 100 mg/ml</b> .....	96	HYCAMTIN CAP 0.25MG .....	91
<b>haloperidol decanoate im soln 50 mg/ml</b> .....	96	HYCAMTIN CAP 1MG.....	91
<b>haloperidol lactate inj 5 mg/ml</b> .....	96		

<b>hydralazine hcl inj 20 mg/ml</b> .....	81	<b>hydrocodone bitartrate tab er 24hr deter</b>	
<b>hydralazine hcl tab 100 mg</b> .....	81	<b>20 mg</b> .....	35
<b>hydralazine hcl tab 10 mg</b> .....	81	<b>hydrocodone bitartrate tab er 24hr deter</b>	
<b>hydralazine hcl tab 25 mg</b> .....	81	<b>30 mg</b> .....	35
<b>hydralazine hcl tab 50 mg</b> .....	81	<b>hydrocodone bitartrate tab er 24hr deter</b>	
<b>hydrochlorothiazide cap 12.5 mg</b> .....	139	<b>40 mg</b> .....	35
<b>hydrochlorothiazide tab 12.5 mg</b> .....	139	<b>hydrocodone bitartrate tab er 24hr deter</b>	
<b>hydrochlorothiazide tab 25 mg</b> .....	139	<b>60 mg</b> .....	35
<b>hydrochlorothiazide tab 50 mg</b> .....	139	<b>hydrocodone bitartrate tab er 24hr deter</b>	
<b>hydrocodone-acetaminophen soln 7.5-</b>		<b>80 mg</b> .....	35
<b>325 mg/15ml</b> .....	38	<b>hydrocodone-ibuprofen tab 10-200 mg</b>	38
<b>hydrocodone-acetaminophen tab 10-300</b>		<b>hydrocodone-ibuprofen tab 5-200 mg</b> ..	38
<b>mg</b> .....	38	<b>hydrocodone-ibuprofen tab 7.5-200 mg</b>	
<b>hydrocodone-acetaminophen tab 10-325</b>		.....	38
<b>mg</b> .....	38	<b>hydrocod polst-chlorphen polst er susp</b>	
<b>hydrocodone-acetaminophen tab 5-300</b>		<b>10-8 mg/5ml</b> .....	126
<b>mg</b> .....	38	<b>hydrocortisone</b>	
<b>hydrocodone-acetaminophen tab 5-325</b>		see CORTEF TAB 10MG .....	124
<b>mg</b> .....	38	see CORTEF TAB 20MG .....	124
<b>hydrocodone-acetaminophen tab 7.5-300</b>		see CORTEF TAB 5MG.....	124
<b>mg</b> .....	38	<b>hydrocortisone acetate (intrarectal)</b>	
<b>hydrocodone-acetaminophen tab 7.5-325</b>		see CORTIFOAM AER 90MG.....	41
<b>mg</b> .....	38	<b>hydrocortisone acetate w/ pramoxine</b>	
<b>hydrocodone bitart-homatropine</b>		see PROCTOFOAM AER HC 1%.....	41
<b>methylbromide tab 5-1.5 mg</b> .....	126	<b>hydrocortisone acetate w/ pramoxine</b>	
<b>hydrocodone bitart-homatropine</b>		<b>perianal cream 1-1%</b> .....	41
<b>methylbrom soln 5-1.5 mg/5ml</b> .....	126	<b>hydrocortisone butyrate cream 0.1%</b> ...	133
<b>hydrocodone bitartrate cap er 12hr 10 mg</b>		<b>hydrocortisone butyrate oint 0.1%</b> .....	133
.....	35	<b>hydrocortisone butyrate soln 0.1%</b> .....	133
<b>hydrocodone bitartrate cap er 12hr 15 mg</b>		<b>hydrocortisone cream 1%</b> .....	133
.....	35	<b>hydrocortisone cream 2.5%</b> .....	133
<b>hydrocodone bitartrate cap er 12hr 20 mg</b>		<b>hydrocortisone enema 100 mg/60ml</b> .....	41
.....	35	<b>hydrocortisone lotion 2.5%</b> .....	133
<b>hydrocodone bitartrate cap er 12hr 30 mg</b>		<b>hydrocortisone oint 1%</b> .....	133
.....	35	<b>hydrocortisone oint 2.5%</b> .....	133
<b>hydrocodone bitartrate cap er 12hr 40 mg</b>		<b>hydrocortisone perianal cream 1%</b> .....	41
.....	35	<b>hydrocortisone perianal cream 2.5%</b> .....	41
<b>hydrocodone bitartrate cap er 12hr 50 mg</b>		<b>hydrocortisone tab 10 mg</b> .....	125
.....	35	<b>hydrocortisone tab 20 mg</b> .....	125
<b>hydrocodone bitartrate tab er 24hr deter</b>		<b>hydrocortisone tab 5 mg</b> .....	125
<b>100 mg</b> .....	35	<b>hydrocortisone valerate cream 0.2%</b> ...	133
<b>hydrocodone bitartrate tab er 24hr deter</b>		<b>hydrocortisone valerate oint 0.2%</b> .....	133
<b>120 mg</b> .....	35	<b>hydrocortisone w/ acetic acid otic soln 1-</b>	
		<b>2%</b> .....	187



<b>hydrogen peroxide soln 30%</b> .....	99	HYRIMOZ-PED INJ CROHNS .....	30
Hydromet		HYRIMOZ-PLAQ INJ PSORIASI .....	30
see <b>hydrocodone bitart-homatropine</b>		HYRIMOZ SENS INJ 80/0.8ML.....	30
<b>methylbrom soln 5-1.5 mg/5ml</b> .....	126	<b>I</b>	
<b>hydromorphone hcl inj 1 mg/ml</b> .....	35	<b>ibandronate sodium iv soln 3 mg/3ml</b>	
<b>hydromorphone hcl inj 2 mg/ml</b> .....	35	<b>(base equivalent)</b> .....	140
<b>hydromorphone hcl liqd 1 mg/ml</b> .....	35	<b>ibandronate sodium tab 150 mg (base</b>	
<b>hydromorphone hcl preservative free (pf)</b>		<b>equivalent)</b> .....	140
<b>inj 10 mg/ml</b> .....	35	IBRANCE CAP 100MG .....	88
<b>hydromorphone hcl tab 2 mg</b> .....	35	IBRANCE CAP 125MG .....	88
<b>hydromorphone hcl tab 4 mg</b> .....	35	IBRANCE CAP 75MG.....	88
<b>hydromorphone hcl tab 8 mg</b> .....	35	IBRANCE TAB 100MG .....	88
<b>hydromorphone hcl tab er 24hr 12 mg</b> ...35		IBRANCE TAB 125MG.....	88
<b>hydromorphone hcl tab er 24hr 16 mg</b> ...35		IBRANCE TAB 75MG .....	88
<b>hydromorphone hcl tab er 24hr 32 mg</b> ...35		Ibu	
<b>hydromorphone hcl tab er 24hr 8 mg</b> .....	35	see <b>ibuprofen tab 400 mg</b> .....	32
<b>hydroxychloroquine sulfate tab 200 mg</b> 81		see <b>ibuprofen tab 600 mg</b> .....	32
<b>hydroxyurea (sickle cell disease)</b>		see <b>ibuprofen tab 800 mg</b> .....	32
see SIKLOS TAB 1000MG.....	158	<b>ibuprofen-famotidine tab 800-26.6 mg</b> .32	
see SIKLOS TAB 100MG .....	158	<b>ibuprofen lysine iv soln 10 mg/ml (base</b>	
<b>hydroxyurea cap 500 mg</b> .....	90	<b>equivalent)</b> .....	32
<b>hydroxyzine hcl im soln 25 mg/ml</b> .....	45	<b>ibuprofen susp 100 mg/5ml</b> .....	32
<b>hydroxyzine hcl im soln 50 mg/ml</b> .....	45	<b>ibuprofen tab 400 mg</b> .....	32
<b>hydroxyzine hcl syrup 10 mg/5ml</b> .....	45	<b>ibuprofen tab 600 mg</b> .....	32
<b>hydroxyzine hcl tab 10 mg</b> .....	45	<b>ibuprofen tab 800 mg</b> .....	32
<b>hydroxyzine hcl tab 25 mg</b> .....	45	<b>ibutilide fumarate inj 1 mg/10ml</b> .....	47
<b>hydroxyzine hcl tab 50 mg</b> .....	45	<b>icatibant acetate subcutaneous soln pref</b>	
<b>hydroxyzine pamoate cap 100 mg</b> .....	45	<b>syr 30 mg/3ml</b> .....	156
<b>hydroxyzine pamoate cap 25 mg</b> .....	45	Iclevia	
<b>hydroxyzine pamoate cap 50 mg</b> .....	45	see <b>levonorgestrel &amp; ethinyl estradiol</b>	
<b>hyoscyamine sulfate elixir 0.125 mg/5ml</b>		<b>(91-day) tab 0.15-0.03 mg</b> .....	116
.....	200	<b>icosapent ethyl cap 0.5 gm</b> .....	72
<b>hyoscyamine sulfate sl tab 0.125 mg</b> ...200		<b>icosapent ethyl cap 1 gm</b> .....	72
<b>hyoscyamine sulfate soln 0.125 mg/ml</b>		<b>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</b>	
.....	200	.....	87
<b>hyoscyamine sulfate tab 0.125 mg</b> .....	200	<b>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</b>	
<b>hyoscyamine sulfate tab disint 0.125 mg</b>		.....	87
.....	200	<b>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</b> .87	
HYRIMOZ-CROH INJ UC SP .....	30	<b>idelalisib</b>	
HYRIMOZ INJ 10/0.1ML .....	30	see ZYDELIG TAB 100MG .....	90
HYRIMOZ INJ 20/0.2ML.....	30	see ZYDELIG TAB 150MG .....	90
HYRIMOZ INJ 40/0.4ML .....	30	<b>ifosfamide for inj 1 gm</b> .....	83
HYRIMOZ INJ 40/0.8ML.....	30	<b>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</b> .83	
HYRIMOZ INJ 80/0.8ML.....	30	<b>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</b> 83	

ILEVRO DRO 0.3% OP.....	187	see XEOMIN INJ 100UNIT .....	182
ILUMYA SOL 100MG/ML.....	131	see XEOMIN INJ 200UNIT.....	182
<b>imatinib mesylate tab 100 mg (base equivalent)</b> .....	88	see XEOMIN INJ 50 UNIT .....	182
<b>imatinib mesylate tab 400 mg (base equivalent)</b> .....	89	INCONTROL MIS LANC 28G.....	168
<b>imiglucerase</b>		INCONTROL MIS LANC 30G.....	168
see CEREZYME INJ 400UNIT .....	158	INCONTROL MIS LANC 33G.....	168
<b>imipenem-cilastatin intravenous for soln 250 mg</b> .....	42	<b>indapamide tab 1.25 mg</b> .....	139
<b>imipenem-cilastatin intravenous for soln 500 mg</b> .....	42	<b>indapamide tab 2.5 mg</b> .....	139
<b>imipramine hcl tab 10 mg</b> .....	62	<b>indocyanine green for iv soln 25 mg</b> ....	136
<b>imipramine hcl tab 25 mg</b> .....	62	<b>indomethacin cap 25 mg</b> .....	32
<b>imipramine hcl tab 50 mg</b> .....	62	<b>indomethacin cap 50 mg</b> .....	32
<b>imipramine pamoate cap 100 mg</b> .....	62	<b>indomethacin cap er 75 mg</b> .....	32
<b>imipramine pamoate cap 125 mg</b> .....	63	<b>indomethacin suppos 50 mg</b> .....	32
<b>imipramine pamoate cap 150 mg</b> .....	63	<b>indomethacin susp 25 mg/5ml</b> .....	32
<b>imipramine pamoate cap 75 mg</b> .....	62	<b>infliximab</b>	
<b>imiquimod cream 3.75%</b> .....	134	see REMICADE INJ 100MG .....	148
<b>imiquimod cream 5%</b> .....	134	<b>infliximab-axxq</b>	
IMITREX INJ 4MG/0.5 .....	175	see AVSOLA INJ 100MG.....	148
IMITREX INJ 6MG/0.5 .....	175	INGREZZA CAP 40-80MG.....	193
IMITREX TAB 100MG .....	175	INGREZZA CAP 40MG .....	193
IMITREX TAB 25MG .....	175	INGREZZA CAP 60MG .....	193
IMITREX TAB 50MG .....	175	INGREZZA CAP 80MG .....	193
<b>immune globulin (human)-hipp</b>		INLYTA TAB 1MG .....	85
see CUTAQUIG SOL 1.65GM .....	188	INLYTA TAB 5MG.....	85
see CUTAQUIG SOL 1GM.....	188	<b>inotersen sodium</b>	
see CUTAQUIG SOL 2GM .....	188	see TEGSEDI INJ 284/1.5 .....	195
see CUTAQUIG SOL 3.3GM.....	188	<b>insulin aspart</b>	
see CUTAQUIG SOL 4GM .....	188	see NOVOLOG INJ 100/ML .....	67
see CUTAQUIG SOL 8GM .....	188	see NOVOLOG INJ FLEXPEN .....	67
IMVEXXY MAIN SUP 10MCG.....	203	see NOVOLOG INJ PENFILL.....	67
IMVEXXY MAIN SUP 4MCG .....	203	<b>insulin aspart (with niacinamide)</b>	
IMVEXXY STRT SUP 10MCG .....	203	see FIASP FLEX INJ TOUCH .....	66
IMVEXXY STRT SUP 4MCG.....	203	see FIASP INJ 100/ML.....	66
Inatal Gt		see FIASP PENFIL INJ U-100 .....	66
see <b>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</b> .....	180	<b>insulin aspart protamine &amp; aspart (human)</b>	
INBRIJA CAP 42MG.....	93	see NOVOLOG MIX INJ 70/30 .....	67
Incassia		see NOVOLOG MIX INJ FLEXPEN .....	67
see <b>norethindrone tab 0.35 mg</b> .....	123	<b>insulin degludec</b>	
<b>incobotulinumtoxina</b>		see TRESIBA FLEX INJ 100UNIT .....	67
		see TRESIBA FLEX INJ 200UNIT.....	67
		see TRESIBA INJ 100UNIT .....	67
		<b>insulin degludec-liraglutide</b>	
		see XULTOPHY INJ 100/3.6 .....	65

<b>insulin glargine</b>	
see LANTUS INJ 100/ML .....	66
see LANTUS SOLOS INJ 100/ML.....	66
see TOUJEO MAX INJ 300/ML.....	67
see TOUJEO SOLO INJ 300/ML .....	67
<b>insulin glargine-lixisenatide</b>	
see SOLIQUA INJ 100/33.....	64
<b>insulin infusion disposable pump</b>	
see OMNIPOD 5 G6 KIT INTRO .....	169
see OMNIPOD 5 G6 MIS PODS .....	170
<b>insulin nph (human) (isophane)</b>	
see NOVOLIN N INJ 100 UNIT.....	66
see NOVOLIN N INJ U-100 .....	66
<b>insulin nph isophane &amp; reg (human)</b>	
see NOVOLIN INJ 70/30.....	66
see NOVOLIN INJ 70/30 FP .....	66
<b>insulin pen needle</b>	
see AUTOSHIELD MIS 30GX5MM.....	173
see BD PEN NEEDL MIS 29GX12.7 .....	173
see BD PEN NEEDL MIS 31GX5MM.....	173
see BD PEN NEEDL MIS 31GX8MM.....	173
see BD PEN NEEDL MIS 32GX4MM.....	174
see BD PEN NEEDL MIS 32GX6MM.....	174
<b>insulin regular (human)</b>	
see HUMULIN R INJ U-500.....	66
see NOVOLIN R INJ 100 UNIT .....	66
see NOVOLIN R INJ U-100.....	66
INSULIN SYRG MIS 0.3/29G .....	174
INSULIN SYRG MIS 0.3/30G.....	174
INSULIN SYRG MIS 0.3/31G.....	174
INSULIN SYRG MIS 0.5/28G .....	174
INSULIN SYRG MIS 0.5/29G .....	174
INSULIN SYRG MIS 0.5/30G.....	174
INSULIN SYRG MIS 0.5/31G.....	174
INSULIN SYRG MIS 1ML.....	174
INSULIN SYRG MIS 1ML/27G.....	174
INSULIN SYRG MIS 1ML/28G.....	174
INSULIN SYRG MIS 1ML/29G.....	174
INSULIN SYRG MIS 1ML/30G .....	174
INSULIN SYRG MIS 1ML/31G .....	174
INSULIN SYRG MIS 2/27.5G .....	174
INSULIN SYRG MIS 29GX1/2.....	174
<b>insulin syringe/needle u-100</b>	
see INSULIN SYRG MIS 0.3/29G .....	174
see INSULIN SYRG MIS 0.3/30G.....	174
see INSULIN SYRG MIS 0.5/28G .....	174
see INSULIN SYRG MIS 0.5/29G .....	174
see INSULIN SYRG MIS 0.5/30G.....	174
see INSULIN SYRG MIS 0.5/31G.....	174
see INSULIN SYRG MIS 1ML/27G.....	174
see INSULIN SYRG MIS 1ML/28G.....	174
see INSULIN SYRG MIS 1ML/29G.....	174
see INSULIN SYRG MIS 1ML/30G .....	174
see INSULIN SYRG MIS 1ML/31G .....	174
see INSULIN SYRG MIS 2/27.5G .....	174
see INSULIN SYRG MIS 29GX1/2 .....	174
<b>insulin syringe/needle u-500</b>	
see BD U-500 MIS 31GX6MM.....	174
<b>insulin syringes (disposable)</b>	
see INSULIN SYRG MIS 1ML.....	174
<b>interferon beta-1a</b>	
see AVONEX PEN KIT 30MCG.....	193
see AVONEX PREFL KIT 30MCG.....	193
see REBIF INJ 22/0.5 .....	194
see REBIF INJ 44/0.5 .....	194
see REBIF REBIDO INJ 22/0.5 .....	194
see REBIF REBIDO INJ 44/0.5 .....	194
see REBIF REBIDO INJ TITRATN .....	194
see REBIF TITRTN INJ PACK .....	194
<b>interferon beta-1b</b>	
see BETASERON INJ 0.3MG.....	193
IN TOUCH LAN MIS 30G .....	168
Introvale	
see <b>levonorgestrel &amp; ethinyl estradiol</b>	
<b>(91-day) tab 0.15-0.03 mg</b> .....	116
<b>iodixanol inj 270 mg/ml (iodine</b>	
<b>equivalent)</b> .....	137
<b>iodixanol inj 320 mg/ml (iodine</b>	
<b>equivalent)</b> .....	137
<b>iopamidol inj 41%</b> .....	137
<b>iopamidol inj 61%</b> .....	137
<b>iopamidol iv soln 41%</b> .....	137
<b>ipratropium-albuterol nebu soln 0.5-</b>	
<b>2.5(3) mg/3ml</b> .....	50
<b>ipratropium bromide inhal soln 0.02%</b> ..	48
<b>ipratropium bromide nasal soln 0.03% (21</b>	
<b>mcg/spray)</b> .....	182

<b>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</b> .....	182	<b>isosorbide mononitrate tab er 24hr 60 mg</b> .....	44
<b>irbesartan-hydrochlorothiazide tab 150-12.5 mg</b> .....	79	<b>isosulfan blue subcutaneous soln 1%</b> ...	136
<b>irbesartan-hydrochlorothiazide tab 300-12.5 mg</b> .....	79	<b>isotretinoin cap 10 mg</b> .....	128
<b>irbesartan tab 150 mg</b> .....	76	<b>isotretinoin cap 20 mg</b> .....	128
<b>irbesartan tab 300 mg</b> .....	76	<b>isotretinoin cap 30 mg</b> .....	128
<b>irbesartan tab 75 mg</b> .....	76	<b>isotretinoin cap 40 mg</b> .....	128
<b>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</b> .....	91	<b>isradipine cap 2.5 mg</b> .....	107
<b>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</b> .....	92	<b>isradipine cap 5 mg</b> .....	107
<b>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</b>	91	<b>itraconazole cap 100 mg</b> .....	70
<b>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</b> .....	92	<b>itraconazole oral soln 10 mg/ml</b> .....	70
<b>irrigation solution, physiological</b> .....	179	<b>ivabradine hcl</b>	
ISENTRESS CHW 100MG .....	100	see CORLANOR TAB 5MG .....	112
ISENTRESS CHW 25MG .....	100	see CORLANOR TAB 7.5MG .....	112
ISENTRESS HD TAB 600MG.....	100	<b>ivermectin</b>	
ISENTRESS POW 100MG .....	100	see STROMECHOL TAB 3MG .....	41
ISENTRESS TAB 400MG .....	100	<b>ivermectin (rosacea)</b>	
Isibloom		see SOOLANTRA CRE 1%.....	136
see <b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> .....	115	<b>ivermectin tab 3 mg</b> .....	41
<b>isoflurane inhal soln</b> .....	150	<b>ixazomib citrate</b>	
<b>isoniazid inj 100 mg/ml</b> .....	82	see NINLARO CAP 2.3MG .....	89
<b>isoniazid syrup 50 mg/5ml</b> .....	82	see NINLARO CAP 3MG.....	89
<b>isoniazid tab 100 mg</b> .....	82	see NINLARO CAP 4MG.....	89
<b>isoniazid tab 300 mg</b> .....	82	<b>J</b>	
<b>isopropyl alcohol 99%</b> .....	114	Jaimiess	
<b>isoproterenol hcl inj 0.2 mg/ml</b> .....	50	see <b>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</b> .....	116
<b>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</b> .....	110	Jantoven	
<b>isosorbide dinitrate tab 10 mg</b> .....	44	see <b>warfarin sodium tab 10 mg</b> .....	51
<b>isosorbide dinitrate tab 20 mg</b> .....	44	see <b>warfarin sodium tab 1 mg</b> .....	51
<b>isosorbide dinitrate tab 30 mg</b> .....	44	see <b>warfarin sodium tab 2.5 mg</b> .....	51
<b>isosorbide dinitrate tab 5 mg</b> .....	44	see <b>warfarin sodium tab 2 mg</b> .....	51
<b>isosorbide mononitrate tab 10 mg</b> .....	44	see <b>warfarin sodium tab 3 mg</b> .....	51
<b>isosorbide mononitrate tab 20 mg</b> .....	44	see <b>warfarin sodium tab 4 mg</b> .....	51
<b>isosorbide mononitrate tab er 24hr 120 mg</b> .....	44	see <b>warfarin sodium tab 5 mg</b> .....	51
<b>isosorbide mononitrate tab er 24hr 30 mg</b> .....	44	see <b>warfarin sodium tab 6 mg</b> .....	51
		see <b>warfarin sodium tab 7.5 mg</b> .....	51
		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 .....	65

JANUVIA TAB 25MG .....	65	Junel Fe 24	
JANUVIA TAB 50MG .....	65	see <b>norethindrone ace-ethinyl</b>	
JARDIANCE TAB 10MG .....	67	<b>estradiol-fe tab 1 mg-20 mcg (24)</b> ..121	
JARDIANCE TAB 25MG .....	67	<b>K</b>	
Jasmiel		Kaitlib Fe	
see <b>drospirenone-ethinyl estradiol tab</b>		see <b>norethindrone &amp; ethinyl estradiol-</b>	
<b>3-0.02 mg</b> .....	115	<b>fe chew tab 0.8 mg-25 mcg</b> .....	119
Javygtor		Kalliga	
see <b>sapropterin dihydrochloride</b>		see <b>desogestrel &amp; ethinyl estradiol tab</b>	
<b>powder packet 100 mg</b> .....	143	<b>0.15 mg-30 mcg</b> .....	115
see <b>sapropterin dihydrochloride</b>		Kariva	
<b>powder packet 500 mg</b> .....	143	see <b>desogest-eth estrad &amp; eth estrad</b>	
see <b>sapropterin dihydrochloride tab</b>		<b>tab 0.15-0.02/0.01 mg(21/5)</b> .....	114
<b>100 mg</b> .....	143	Kelnor 1/35	
Jencycla		see <b>ethynodiol diacetate &amp; ethinyl</b>	
see <b>norethindrone tab 0.35 mg</b> .....	123	<b>estradiol tab 1 mg-35 mcg</b> .....	116
Jinteli		Kelnor 1/50	
see <b>norethindrone acetate-ethinyl</b>		see <b>ethynodiol diacetate &amp; ethinyl</b>	
<b>estradiol tab 1 mg-5 mcg</b> .....	145	<b>estradiol tab 1 mg-50 mcg</b> .....	116
JIVI INJ 1000UNIT .....	153	KERENDIA TAB 10MG .....	143
JIVI INJ 2000UNIT.....	153	KERENDIA TAB 20MG .....	143
JIVI INJ 3000UNIT .....	153	KESIMPTA INJ 20/.4ML .....	194
JIVI INJ 500 UNIT .....	153	<b>ketamine hcl inj 100 mg/ml</b> .....	149
Jolessa		<b>ketamine hcl inj 10 mg/ml</b> .....	149
see <b>levonorgestrel &amp; ethinyl estradiol</b>		<b>ketamine hcl inj 50 mg/ml</b> .....	149
<b>(91-day) tab 0.15-0.03 mg</b> .....	116	<b>ketoconazole cream 2%</b> .....	130
Joyeaux		<b>ketoconazole shampoo 2%</b> .....	130
see <b>levonorgestrel-ethinyl estradiol-fe</b>		<b>ketoconazole tab 200 mg</b> .....	70
<b>tab 0.1 mg-20 mcg (21)</b> .....	118	<b>ketorolac tromethamine (ophth)</b>	
Juleber		see ACULAR LS SOL 0.4% .....	186
see <b>desogestrel &amp; ethinyl estradiol tab</b>		see ACULAR SOL 0.5% OP .....	186
<b>0.15 mg-30 mcg</b> .....	115	<b>ketorolac tromethamine im inj 60 mg/2ml</b>	
Junel 1/20		<b>(30 mg/ml)</b> .....	32
see <b>norethindrone ace &amp; ethinyl</b>		<b>ketorolac tromethamine inj 15 mg/ml</b> ....	32
<b>estradiol tab 1 mg-20 mcg</b> .....	119	<b>ketorolac tromethamine inj 30 mg/ml</b> ...	32
Junel 1.5/30		<b>ketorolac tromethamine ophth soln 0.4%</b>	
see <b>norethindrone ace &amp; ethinyl</b>		.....	187
<b>estradiol tab 1.5 mg-30 mcg</b> .....	119	<b>ketorolac tromethamine ophth soln 0.5%</b>	
Junel Fe 1/20		.....	187
see <b>norethindrone ace &amp; ethinyl</b>		<b>ketorolac tromethamine tab 10 mg</b> .....	32
<b>estradiol-fe tab 1 mg-20 mcg</b> .....	120	KEVZARA INJ 150/1.14 .....	31
Junel Fe 1.5/30		KEVZARA INJ 200/1.14 .....	31
see <b>norethindrone ace &amp; ethinyl</b>		KINNEY MIS LANCETS .....	168
<b>estradiol-fe tab 1.5 mg-30 mcg</b> .....	120	KINNEY THIN MIS LANCETS .....	168

KISQALI 200 PAK FEMARA .....	87	KOVALTRY INJ 1000UNIT .....	154
KISQALI 400 PAK FEMARA .....	87	KOVALTRY INJ 2000UNIT .....	154
KISQALI 600 PAK FEMARA .....	87	KOVALTRY INJ 250UNIT .....	154
KISQALI TAB 200DOSE .....	89	KOVALTRY INJ 3000UNIT .....	154
KISQALI TAB 400DOSE .....	89	KOVALTRY INJ 500UNIT .....	154
KISQALI TAB 600DOSE .....	89	K-prime	
KLARON LOT 10% .....	128	see <b>potassium bicarbonate effer tab 25 meq</b> .....	176
Klayesta		KRAZATI TAB 200MG .....	89
see <b>nystatin topical powder 100000 unit/gm</b> .....	130	KROGER LANCE MIS .....	168
Klor-con		KROGER LANCE MIS 26G .....	168
see <b>potassium chloride powder packet 20 meq</b> .....	177	KROGER LANCE MIS THIN .....	168
Klor-con/ef		KROGER LANCE MIS THIN 30G .....	168
see <b>potassium bicarbonate effer tab 25 meq</b> .....	176	Kurvelo	
Klor-con 10		see <b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> .....	117
see <b>potassium chloride tab er 10 meq</b> .....	177	KYLEENA IUD 19.5MG .....	123
Klor-con 8		<b>L</b>	
see <b>potassium chloride tab er 8 meq (600 mg)</b> .....	177	<b>labetalol hcl iv soln 5 mg/ml</b> .....	103
Klor-con M10		<b>labetalol hcl tab 100 mg</b> .....	103
see <b>potassium chloride microencapsulated crys er tab 10 meq</b> .....	177	<b>labetalol hcl tab 200 mg</b> .....	103
Klor-con M15		<b>labetalol hcl tab 300 mg</b> .....	103
see <b>potassium chloride microencapsulated crys er tab 15 meq</b> .....	177	<b>lacosamide iv inj 200 mg/20ml (10 mg/ml)</b> .....	55
Klor-con M20		<b>lacosamide oral solution 10 mg/ml</b> .....	55
see <b>potassium chloride microencapsulated crys er tab 20 meq</b> .....	177	<b>lacosamide tab 100 mg</b> .....	55
KOGENATE FS INJ 1000UNIT .....	154	<b>lacosamide tab 150 mg</b> .....	55
KOGENATE FS INJ 2000UNIT .....	154	<b>lacosamide tab 200 mg</b> .....	55
KOGENATE FS INJ 250UNIT .....	153	<b>lacosamide tab 50 mg</b> .....	55
KOGENATE FS INJ 3000UNIT .....	154	<b>lactated ringer's for irrigation</b> .....	179
KOGENATE FS INJ 500UNIT .....	154	<b>lactic acid (ammonium lactate) cream 12%</b> .....	134
KOSELUGO CAP 10MG .....	89	<b>lactic acid (ammonium lactate) lotion 12%</b> .....	134
KOSELUGO CAP 25MG .....	89	<b>lactulose (encephalopathy) solution 10 gm/15ml</b> .....	148, 149
Kourzeq		<b>lactulose solution 10 gm/15ml</b> .....	162
see <b>triamcinolone acetonide dental paste 0.1%</b> .....	180	<b>lamivudine oral soln 10 mg/ml</b> .....	100
		<b>lamivudine tab 100 mg (hbv)</b> .....	102
		<b>lamivudine tab 150 mg</b> .....	100
		<b>lamivudine tab 300 mg</b> .....	100
		<b>lamivudine-tenofovir disoproxil fumarate</b>	
		see CIMDUO TAB 300-300 .....	99

<b>lamivudine-zidovudine tab 150-300 mg</b>	101
<b>lamotrigine orally disintegrating tab 100 mg</b>	55
<b>lamotrigine orally disintegrating tab 200 mg</b>	55
<b>lamotrigine orally disintegrating tab 25 mg</b>	55
<b>lamotrigine orally disintegrating tab 50 mg</b>	55
<b>lamotrigine tab 100 mg</b>	55
<b>lamotrigine tab 150 mg</b>	55
<b>lamotrigine tab 200 mg</b>	55
<b>lamotrigine tab 25 mg</b>	55
<b>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</b>	55
<b>lamotrigine tab 35 x 25 mg starter kit</b>	55
<b>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</b>	55
<b>lamotrigine tab chewable dispersible 25 mg</b>	55
<b>lamotrigine tab chewable dispersible 5 mg</b>	55
<b>lamotrigine tab disint 21 x 25 mg &amp; 7 x 50 mg titration kit</b>	55
<b>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</b>	56
<b>lamotrigine tab disint 42 x 50mg &amp; 14 x 100mg titration kit</b>	56
<b>lamotrigine tab er 24hr 100 mg</b>	56
<b>lamotrigine tab er 24hr 200 mg</b>	56
<b>lamotrigine tab er 24hr 250 mg</b>	56
<b>lamotrigine tab er 24hr 25 mg</b>	56
<b>lamotrigine tab er 24hr 300 mg</b>	56
<b>lamotrigine tab er 24hr 50 mg</b>	56
<b>lanadelumab-flyo</b>	
see TAKHZYRO INJ 150MG/ML	157
see TAKHZYRO INJ 300/2ML	157
<b>lancet devices</b>	
see ONETOUCH DEL MIS LANC DEV	170
LANCET DEVIC MIS 30G	168
LANCET MICRO MIS THIN 33G	168
<b>lancets</b>	
see ACTI-LANCE MIS 28G	165

see ACTI-LANCE MIS LITE 28G	165
see ACTI-LANCE MIS SPEC 17G	165
see ACTI-LANCE MIS UNIV 23G	165
see ADVCATE SAFE MIS LANC 26G	165
see ADVOCATE MIS LANC 30G	165
see ADVOCATE MIS LANCETS	165
see AGAMATRIX MIS 33G	165
see AIMSCO TWIST MIS 32G	165
see AIMSCO TWIST MIS 33G	165
see AQUALANCE MIS 30G	165
see ASSURE CMFRT MIS 28G	165
see ASSURE LANCE MIS 21G	165
see ASSURE LANCE MIS 28G	165
see ASSURE LANCE MIS LOW FLOW	165
see ASSURE LANCE MIS MICRO	165
see ASSURE LANCE MIS SAFE 25G	166
see ASSURE LANCE MIS SAFE 30G	166
see AURORA LANCE MIS 30G	166
see AURORA LANCE MIS THIN 23G	166
see AUTO LANCET MIS	166
see BD MICROTAIN MIS LANCETS	166
see CAREONE LANC MIS 30G	166
see CAREONE LANC MIS THIN 23G	166
see CARESENS 30G MIS LANCETS	166
see CARETOUCH MIS LANC 26G	166
see CARETOUCH MIS LANC 28G	166
see CARETOUCH MIS LANC 30G	166
see CARETOUCH MIS TWIST 28	166
see CARETOUCH MIS TWIST 30	166
see CARETOUCH MIS TWIST 33	166
see CLEANLET 28G MIS LANCETS	166
see CLEVER CHECK MIS	166
see CLEVER CHECK MIS 30G	166
see COAGUCHEK MIS LANCETS	166
see COMFORT ASSU MIS LANC 28G	166
see COMFORT ASSU MIS LANC 33G	166
see COMFORT EZ MIS 21G	166
see COMFORT EZ MIS 23G	166
see COMFORT EZ MIS 28G	166
see COMFORTOUCH MIS LANCET	166
see COMFORT TCH MIS LANC 28G	166
see COMFORT TCH MIS LANC 30G	166
see COMFORT TCH MIS LANC 31G	166
see CVS LANCETS MIS 21G	166

see CVS LANCETS MIS 30G .....166  
 see CVS LANCETS MIS 33G.....166  
 see CVS LANCETS MIS ORIGINAL.....166  
 see CVS LANCETS MIS THIN 26G.....166  
 see CVS LANCETS MIS THIN 30G .....166  
 see CVS LANCETS MIS THIN 33G.....166  
 see DIATHRIVE MIS LANCETS .....166  
 see DIATHRIVE MIS UT 30G .....166  
 see DROPLET LANC MIS 30G .....166  
 see DROPLET PERS MIS LANC 30G ....166  
 see EASY COMFORT MIS 30G.....167  
 see EASY COMFORT MIS LANC/30G .167  
 see EASY COMFORT MIS TWIST .....167  
 see EASY TOUCH MIS LANC/21G .....167  
 see EASY TOUCH MIS LANC/23G .....167  
 see EASY TOUCH MIS LANC/26G .....167  
 see EASY TOUCH MIS LANC/28G .....167  
 see EASY TOUCH MIS LANC/30G .....167  
 see EASY TOUCH MIS LANC/32G .....167  
 see EASY TOUCH MIS LANC/33G .....167  
 see EMBRACE LANC MIS 21G.....167  
 see EMBRACE LANC MIS 28G.....167  
 see EMBRACE LANC MIS THIN 30G....167  
 see EQL LANCETS MIS 21G COLR.....167  
 see EQL LANCETS MIS 33G COLR.....167  
 see EQL LANCETS MIS THIN 26G.....167  
 see EQL LANCETS MIS THIN 30G.....167  
 see E-ZJECT LANC MIS 33G.....167  
 see E-ZJECT MIS 21G.....166  
 see E-ZJECT MIS 21G COLR.....167  
 see E-ZJECT MIS 30G .....167  
 see E-ZJECT MIS 32G COLR .....167  
 see E-ZJECT MIS LANC 21G.....167  
 see E-ZJECT MIS THIN 26G .....167  
 see EZ-LETS 21G MIS LANCETS .....167  
 see EZ-LETS 26G MIS LANCETS .....167  
 see EZ-LETS 28G MIS LANCETS .....167  
 see EZ-LETS 30G MIS LANCETS .....167  
 see FASTCLIX MIS LANCETS.....167  
 see FIFTY50 SAFE MIS LANCETS .....167  
 see FINGERSTIX MIS LANCETS.....167  
 see FORA LANCETS MIS 30G.....167  
 see FORA MIS LANCETS .....167  
 see FREESTYLE MIS LANCETS.....167  
 see GENTEEL MIS LANCETS.....167  
 see GENTLE-LET MIS 26G.....167  
 see GENTLE-LET MIS 28G.....167  
 see GENTLE-LET MIS LANCETS.....167  
 see GLOBAL 28G MIS LANCETS .....167  
 see GLOBAL 30G MIS LANCETS .....167  
 see GLUCOCOM MIS 28G .....167  
 see GLUCOCOM MIS 30G.....167  
 see GLUCOCOM MIS 33G .....168  
 see GNP LANCETS MIS 21G.....168  
 see GNP LANCETS MIS 28G .....168  
 see GNP LANCETS MIS 30G.....168  
 see GNP LANCETS MIS 33G .....168  
 see GNP LANCETS MIS THIN 26G .....168  
 see GOJJI LANCET MIS 30G .....168  
 see GOODSENSE MIS LANC 26G.....168  
 see GOODSENSE MIS LANC 30G .....168  
 see GOODSENSE MIS LANC 33G.....168  
 see HAEMOLANCE MIS HIGH FLO .....168  
 see HAEMOLANCE MIS LOW FLOW ...168  
 see HAEMOLANCE MIS PLUS .....168  
 see HAEMOLANCE MIS PLUS LOW ....168  
 see HAEMOLANCE MIS PLUS MAX....168  
 see HAEMOLANCE MIS PLUS PED .....168  
 see HAEMOLANCE MIS RETRACT.....168  
 see INCONTROL MIS LANC 28G.....168  
 see INCONTROL MIS LANC 30G .....168  
 see INCONTROL MIS LANC 33G.....168  
 see IN TOUCH LAN MIS 30G .....168  
 see KINNEY MIS LANCETS .....168  
 see KINNEY THIN MIS LANCETS .....168  
 see KROGER LANCE MIS .....168  
 see KROGER LANCE MIS 26G .....168  
 see KROGER LANCE MIS THIN .....168  
 see KROGER LANCE MIS THIN 30G ...168  
 see LANCET DEVIC MIS 30G .....168  
 see LANCET MICRO MIS THIN 33G ....168  
 see LANCETS MICR MIS THIN 33G ....168  
 see LANCETS MIS 21G .....168  
 see LANCETS MIS 21G COLR.....168  
 see LANCETS MIS 28G .....168  
 see LANCETS MIS 33G .....168  
 see LANCETS MIS ORIGINAL .....168  
 see LANCETS MIS THIN .....169



see LANCETS MIS THIN 26G .....169  
 see LANCETS MIS THIN 30G .....169  
 see LANCETS SUPR MIS THIN 28G .....169  
 see LANCET STAND MIS 21G .....168  
 see LANCETS THIN MIS 26G .....169  
 see LANCETS ULTR MIS THIN .....169  
 see LANCETS ULTR MIS THIN 31G .....169  
 see LANCET SUPER MIS THIN 30G .....168  
 see LANCET ULTRA MIS THIN 30G .....168  
 see LANCING DEVI MIS 25G .....169  
 see LANCING DEVI MIS 30G .....169  
 see LITETOUCH MIS LANCETS .....169  
 see LITE TOUCH MIS LANCETS .....169  
 see LONGS LANCET MIS STANDARD.169  
 see LONGS LANCET MIS THIN .....169  
 see LONGS LANCET MIS ULTRA TH ...169  
 see MEDICHOICE MIS LANCET .....169  
 see MEDLANCE MIS 30G PLUS .....169  
 see MEDLANCE MIS PLUS 30G .....169  
 see MEDLANCE PLS MIS 0.8MM .....169  
 see MEDLANCE PLS MIS EXTR 21G .....169  
 see MEDLANCE PLS MIS LITE 25G .....169  
 see MEDLANCE PLS MIS UNIV 21G .....169  
 see MEIJER LANCE MIS COLOR .....169  
 see MEIJER LANCE MIS UNIV 21G .....169  
 see MEIJER LANCE MIS UNIV 30G .....169  
 see MEIJER LANCE MIS UNIVERSA .....169  
 see MEIJER MIS LANCETS .....169  
 see MICROLET MIS LANCETS .....169  
 see MICRO THIN MIS LANC 33G .....169  
 see MM TWIST MIS LANCETS .....169  
 see MOBILE LANCE MIS 30G .....169  
 see MONOLET MIS LANCETS .....169  
 see MONOLET OPD MIS LANCETS .....169  
 see MONOLETTOR MIS LANCETS .....169  
 see MYGLUCOHEALT MIS LANC 30G 169  
 see NOVA SAFETY MIS LANC 23G .....169  
 see NOVA SAFETY MIS LANC 28G .....169  
 see NOVA SURE MIS LANCETS .....169  
 see ONETOUCH DEL MIS LANC DEV ..170  
 see ONETOUCH DEL MIS PLUS 30G ...170  
 see ONETOUCH DEL MIS PLUS 33G ...170  
 see ONETOUCH US MIS 2 30G .....170  
 see ON-THE-GO MIS LANC 30G .....170  
 see PERFECT 28G MIS LANCETS .....170  
 see PERFECT 30G MIS LANCETS .....170  
 see PHARMACY COU MIS LANCETS ..170  
 see PIP LANCETS MIS 28G .....170  
 see PIP LANCETS MIS 30G .....170  
 see PRO COMFORT MIS 31G .....170  
 see PRO COMFORT MIS LANC 30G ...170  
 see PRO COMFORT MIS LANCETS .....170  
 see PRODIGY MIS 26G .....170  
 see PRODIGY MIS 28G .....170  
 see PSS SAFE LAN MIS .....170  
 see PSS SEL LANC MIS .....170  
 see PURE COMFORT MIS 30G LAN .....170  
 see PX LANCETS MIS 28G .....170  
 see PX LANCETS MIS 33G .....170  
 see QC LANCETS MIS 28G .....170  
 see QC LANCETS MIS 30G .....170  
 see RA E-ZJECT MIS 28G .....170  
 see RA E-ZJECT MIS THIN 26G .....170  
 see RA E-ZJECT MIS THIN 28G .....170  
 see RA E-ZJECT MIS ULT THIN .....170  
 see READYLANCE MIS 21G .....170  
 see READYLANCE MIS 23G .....170  
 see READYLANCE MIS 26G .....170  
 see READYLANCE MIS 28G .....170  
 see READYLANCE MIS 30G .....170  
 see REALITY MIS LANCETS .....170  
 see REALITY TRIG MIS LANCETS .....170  
 see RELION LANCE MIS THIN 26G .....170  
 see RELION LANCE MIS THIN 30G .....170  
 see RELION MICRO MIS THIN 33G .....170  
 see RELION ULTRA MIS THIN 30G .....170  
 see RELION ULTRA MIS THIN PLS .....171  
 see RIGHTEST MIS GL300 .....171  
 see SAFE-T-LANCE MIS 21G .....171  
 see SAFE-T-LANCE MIS 25G .....171  
 see SAFE-T-LANCE MIS HI FLOW .....171  
 see SAFE-T-LANCE MIS LOW FLOW ...171  
 see SAFE-T-LANCE MIS NOR FLOW ....171  
 see SAFE-T-PRO MIS LANCETS .....171  
 see SAFE-T-PRO MIS PLUS .....171  
 see SAFETY 21G MIS LANCETS .....171  
 see SAFETY 23G MIS LANCETS .....171  
 see SAFETY 28G MIS LANCETS .....171

see SAFETY MIS LANCETS .....	171	see TWIST LANCET MIS 30G MULT ....	172
see SAPSCARE MIS TWIST .....	171	see ULTILET MIS 26G .....	172
see SAPS HEALTH MIS TWIST .....	171	see ULTILET MIS 28G .....	172
see SAPS TWIST MIS 30G .....	171	see ULTILET MIS 30G .....	172
see SB LANCETS MIS THIN .....	171	see ULTILET MIS 33G .....	172
see SB LANCETS MIS ULTR THN .....	171	see ULTILET MIS LANCETS .....	172
see SINGLE-LET MIS 23G .....	171	see ULTILET MIS SAFETY .....	172
see SMARTEST MIS LANCETS .....	171	see ULTILET SAFE MIS 21G .....	172
see SMART SENSE MIS LANC 21G .....	171	see ULTRA THIN MIS 28G .....	172
see SMART SENSE MIS LANC 26G .....	171	see ULTRA THIN MIS 30G .....	172
see SMART SENSE MIS LANC 30G .....	171	see ULTRA THIN MIS 31G .....	172
see SMART SENSE MIS LANC 33G .....	171	see ULTRA THIN MIS 33G .....	172
see SM LANCETS MIS 33G .....	171	see ULTRA THIN MIS LAN 31G .....	172
see SOFTCLIX MIS LANCETS .....	171	see ULTRA THIN MIS LANC 28G .....	172
see SOLUS V2 MIS LANC 28G .....	171	see ULTRA THIN MIS LANC 30G .....	172
see SOLUS V2 MIS LANC 30G .....	171	see ULTRA THIN MIS LANCETS .....	172
see STERILANCE MIS TL 28G .....	171	see UNILET EXCEL MIS 23G .....	172
see STERILANCE MIS TL 30G .....	171	see UNILET EX II MIS 28G .....	172
see STERILANCE MIS TL 32G .....	171	see UNILET G.P. MIS 21G .....	172
see SUPER THIN MIS LANC 28G .....	171	see UNILET G.P MIS SUPR 23G .....	172
see SUPER THIN MIS LANCETS .....	171	see UNILET GP 28 MIS ULT THIN .....	172
see SURE COMFORT MIS LANC 18G ....	171	see UNILET LANCE MIS 21G .....	172
see SURE COMFORT MIS LANC 21G ....	171	see UNILET LANCE MIS 28G .....	173
see SURE COMFORT MIS LANC 23G ...	171	see UNILET LANCE MIS 33G .....	173
see SURE COMFORT MIS LANC 30G ...	171	see UNILET LANC MIS 33G .....	172
see SURE COMFORT MIS LANCETS .....	171	see UNILET LANCT MIS 28G .....	173
see SUREFLEX MIS LANCETS .....	171	see UNILET LANCT MIS 30G .....	173
see SURELITE MIS LANCETS .....	172	see UNILET LANCT MIS 33G .....	173
see TECHLITE AST MIS LANCETS .....	172	see UNILET MICRO MIS 33G .....	173
see TECHLITE MIS LANC 26G .....	172	see UNILET MIS 21G .....	173
see TECHLITE MIS LANCETS .....	172	see UNILET SUPER MIS 23G .....	173
see TGT LANCET MIS 26G .....	172	see UNILET SUPER MIS G.P. 23G .....	173
see TGT LANCET MIS 30G .....	172	see UNISTIK 3 MIS GENT 30G .....	173
see TGT LANCET MIS 33G .....	172	see UNISTIK PRO MIS LANC 21G .....	173
see THIN LANCETS MIS 26G .....	172	see UNISTIK PRO MIS LANC 28G .....	173
see THIN LANCETS MIS 30G .....	172	see UNISTIK SAFE MIS LANC 28G .....	173
see THINLETS GP MIS 26G .....	172	see UNISTIK SAFE MIS LANC 30G .....	173
see TOPCARE MIS LANC 33G .....	172	see UNISTIK TOUC MIS LANC 21G .....	173
see TRAVEL LANCE MIS ADV 28G .....	172	see UNISTIK TOUC MIS LANC 23G .....	173
see TRUE COMFORT MIS LANC 30G ..	172	see UNISTIK TOUC MIS LANC 28G .....	173
see TRUPLUS LANC MIS 26G .....	172	see UNISTIK TOUC MIS LANC 30G .....	173
see TRUPLUS LANC MIS 28G .....	172	see UNITSTIK PRO MIS LANC 25G .....	173
see TRUPLUS LANC MIS 30G .....	172	see UNIVERSAL 1 MIS 33G .....	173
see TRUPLUS LANC MIS 33G .....	172	see UNIVERSAL 1 MIS LANC 26G .....	173

see UNIVERSAL 1 MIS LANC 30G.....	173
see VERIFINE LAN MIS MINI 21G.....	173
see VERIFINE LAN MIS MINI 23G.....	173
see VERIFINE LAN MIS MINI 28G.....	173
see VERIFINE LAN MIS MINI 30G.....	173
see VERIFINE MIS UNIV 28G.....	173
see VERIFINE MIS UNIV 30G.....	173
see VERIFINE MIS UNIV 33G.....	173
see VIVAGUARD MIS 28G.....	173
see VIVAGUARD MIS 30G.....	173
see ZEVRX TWIST MIS LANC 30G.....	173
LANCETS MICR MIS THIN 33G.....	168
LANCETS MIS.....	168
LANCETS MIS 21G.....	168
LANCETS MIS 21G COLR.....	168
LANCETS MIS 26G.....	168
LANCETS MIS 28G.....	168
LANCETS MIS 30G.....	168
LANCETS MIS 33G.....	168
<b>lancets misc.</b>	
see ACCU-CHEK KIT FASTCLIX.....	165
see ACCU-CHEK KIT SOFTCLIX.....	165
LANCETS MIS ORIGINAL.....	168
LANCETS MIS THIN.....	169
LANCETS MIS THIN 26G.....	169
LANCETS MIS THIN 30G.....	169
LANCETS SUPR MIS THIN 28G.....	169
LANCET STAND MIS 21G.....	168
LANCETS THIN MIS.....	169
LANCETS THIN MIS 26G.....	169
LANCETS ULTR MIS THIN.....	169
LANCETS ULTR MIS THIN 31G.....	169
LANCET SUPER MIS THIN 30G.....	168
LANCET ULTRA MIS THIN 30G.....	168
LANCING DEVI MIS 25G.....	169
LANCING DEVI MIS 30G.....	169
<b>lanreotide acetate</b>	
see SOMATULINE INJ 120/.5ML.....	144
see SOMATULINE INJ 60/0.2ML.....	144
see SOMATULINE INJ 90/0.3ML.....	144
<b>lanreotide acetate extended release inj</b>	
<b>120 mg/0.5ml.....</b>	<b>144</b>
<b>lansoprazole cap delayed release 15 mg</b>	
.....	201

<b>lansoprazole cap delayed release 30 mg</b>	
.....	201
LANTUS INJ 100/ML.....	66
LANTUS SOLOS INJ 100/ML.....	66
<b>lapatinib ditosylate tab 250 mg (base</b>	
<b>equiv).....</b>	<b>89</b>
Larin 1/20	
see <b>norethindrone ace &amp; ethinyl</b>	
<b>estradiol tab 1 mg-20 mcg.....</b>	<b>119</b>
Larin 1.5/30	
see <b>norethindrone ace &amp; ethinyl</b>	
<b>estradiol tab 1.5 mg-30 mcg.....</b>	<b>119</b>
Larin 24 Fe	
see <b>norethindrone ace-ethinyl</b>	
<b>estradiol-fe tab 1 mg-20 mcg (24) ..</b>	<b>121</b>
Larin Fe 1/20	
see <b>norethindrone ace &amp; ethinyl</b>	
<b>estradiol-fe tab 1 mg-20 mcg.....</b>	<b>120</b>
Larin Fe 1.5/30	
see <b>norethindrone ace &amp; ethinyl</b>	
<b>estradiol-fe tab 1.5 mg-30 mcg .....</b>	<b>120</b>
<b>larotrectinib sulfate</b>	
see VITRAKVI CAP 100MG.....	90
see VITRAKVI CAP 25MG.....	90
see VITRAKVI SOL 20MG/ML.....	90
LASIX TAB 20MG.....	139
LASIX TAB 40MG.....	139
LASIX TAB 80MG.....	139
<b>latanoprost ophth soln 0.005%.....</b>	<b>187</b>
Layolis Fe	
see <b>norethindrone &amp; ethinyl estradiol-</b>	
<b>fe chew tab 0.8 mg-25 mcg.....</b>	<b>119</b>
<b>ledipasvir-sofosbuvir</b>	
see HARVONI PAK.....	102
see HARVONI PAK 45-200MG.....	102
see HARVONI TAB 45-200MG.....	102
see HARVONI TAB 90-400MG.....	102
Leena	
see <b>norethindrone-eth estradiol tab</b>	
<b>0.5-35/1-35/0.5-35 mg-mcg.....</b>	<b>121</b>
<b>leflunomide tab 10 mg.....</b>	<b>33</b>
<b>leflunomide tab 20 mg.....</b>	<b>33</b>
<b>lemborexant</b>	
see DAYVIGO TAB 10MG.....	161

see DAYVIGO TAB 5MG .....	161	<b>leucovorin calcium tab 10 mg</b> .....	91
<b>lenalidomide</b>		<b>leucovorin calcium tab 15 mg</b> .....	91
see REVLIMID CAP 10MG .....	178	<b>leucovorin calcium tab 25 mg</b> .....	91
see REVLIMID CAP 15MG .....	178	<b>leucovorin calcium tab 5 mg</b> .....	91
see REVLIMID CAP 2.5MG .....	178	LEUKERAN TAB 2MG .....	83
see REVLIMID CAP 20MG .....	178	<b>leuprolide acetate</b>	
see REVLIMID CAP 25MG .....	178	see ELIGARD INJ 7.5MG .....	86
see REVLIMID CAP 5MG .....	178	<b>leuprolide acetate (3 month)</b>	
<b>lenalidomide cap 10 mg</b> .....	177	see ELIGARD INJ 22.5MG .....	86
<b>lenalidomide cap 15 mg</b> .....	177	<b>leuprolide acetate (4 month)</b>	
<b>lenalidomide cap 20 mg</b> .....	177	see ELIGARD INJ 30MG .....	86
<b>lenalidomide cap 25 mg</b> .....	178	<b>leuprolide acetate (6 month)</b>	
<b>lenalidomide cap 5 mg</b> .....	177	see ELIGARD INJ 45MG .....	86
<b>lenalidomide caps 2.5 mg</b> .....	178	<b>leuprolide acetate (cpp)</b>	
<b>lenvatinib mesylate</b>		see LUPR DEP-PED INJ 11.25MG .....	141
see LENVIMA CAP 10 MG .....	85	see LUPR DEP-PED INJ 15MG .....	141
see LENVIMA CAP 12MG .....	85	see LUPR DEP-PED INJ 7.5MG .....	141
see LENVIMA CAP 14 MG .....	85	<b>leuprolide acetate (cpp) (3 month)</b>	
see LENVIMA CAP 18 MG .....	85	see LUPR DEP-PED INJ 11.25MG .....	141
see LENVIMA CAP 20 MG .....	85	see LUPR DEP-PED INJ 3M 30MG .....	141
see LENVIMA CAP 24 MG.....	85	<b>leuprolide acetate (cpp) (6 month)</b>	
see LENVIMA CAP 4MG.....	85	see FENSOLVI INJ 45MG .....	141
see LENVIMA CAP 8 MG.....	85	see LUPRON DEPOT INJ 45MG .....	142
LENVIMA CAP 10 MG .....	85	<b>leuprolide acetate inj kit 1 mg/0.2ml (5</b>	
LENVIMA CAP 12MG .....	85	<b>mg/ml)</b> .....	86
LENVIMA CAP 14 MG .....	85	<b>levalbuterol hcl soln nebu 0.31 mg/3ml</b>	
LENVIMA CAP 18 MG .....	85	<b>(base equiv)</b> .....	50
LENVIMA CAP 20 MG .....	85	<b>levalbuterol hcl soln nebu 0.63 mg/3ml</b>	
LENVIMA CAP 24 MG.....	85	<b>(base equiv)</b> .....	50
LENVIMA CAP 4MG.....	85	<b>levalbuterol hcl soln nebu 1.25 mg/3ml</b>	
LENVIMA CAP 8 MG.....	85	<b>(base equiv)</b> .....	50
Lessina		<b>levalbuterol hcl soln nebu conc 1.25</b>	
see <b>levonorgestrel &amp; ethinyl estradiol</b>		<b>mg/0.5ml (base equiv)</b> .....	50
<b>tab 0.1 mg-20 mcg</b> .....	117	<b>levalbuterol tartrate inhal aerosol 45</b>	
<b>letrozole tab 2.5 mg</b> .....	86	<b>mcg/act (base equiv)</b> .....	50
<b>leucovorin calcium for inj 100 mg</b> .....	90	<b>levamlodipine maleate tab 2.5 mg</b> .....	107
<b>leucovorin calcium for inj 200 mg</b> .....	90	<b>levamlodipine maleate tab 5 mg</b> .....	107
<b>leucovorin calcium for inj 350 mg</b> .....	90	<b>levetiracetam inj 500 mg/5ml (100</b>	
<b>leucovorin calcium for inj 500 mg</b> .....	90	<b>mg/ml)</b> .....	56
<b>leucovorin calcium for inj 50 mg</b> .....	90	<b>levetiracetam in sodium chloride iv soln</b>	
<b>leucovorin calcium inj 100 mg/10ml (10</b>		<b>1000 mg/100ml</b> .....	56
<b>mg/ml)</b> .....	91	<b>levetiracetam in sodium chloride iv soln</b>	
<b>leucovorin calcium inj 500 mg/50ml (10</b>		<b>1500 mg/100ml</b> .....	56
<b>mg/ml)</b> .....	91		

<b>levetiracetam in sodium chloride iv soln</b>	
<b>500 mg/100ml</b> .....	56
<b>levetiracetam oral soln 100 mg/ml</b> .....	56
<b>levetiracetam tab 1000 mg</b> .....	56
<b>levetiracetam tab 250 mg</b> .....	56
<b>levetiracetam tab 500 mg</b> .....	56
<b>levetiracetam tab 750 mg</b> .....	56
<b>levetiracetam tab er 24hr 500 mg</b> .....	56
<b>levetiracetam tab er 24hr 750 mg</b> .....	56
<b>levobunolol hcl ophth soln 0.5%</b> .....	183
<b>levocarnitine inj 200 mg/ml</b> .....	142
<b>levocarnitine oral soln 1 gm/10ml (10%)</b> .....	142
<b>levocarnitine tab 330 mg</b> .....	142
<b>levocetirizine dihydrochloride soln 2.5</b> <b>mg/5ml (0.5 mg/ml)</b> .....	71
<b>levocetirizine dihydrochloride tab 5 mg</b> .....	71
<b>levodopa</b>	
see INBRIJA CAP 42MG .....	93
<b>levofloxacin in d5w iv soln 250 mg/50ml</b> .....	147
<b>levofloxacin in d5w iv soln 500 mg/100ml</b> .....	147
<b>levofloxacin in d5w iv soln 750 mg/150ml</b> .....	147
<b>levofloxacin iv soln 25 mg/ml</b> .....	147
<b>levofloxacin ophth soln 1.5%</b> .....	185
<b>levofloxacin oral soln 25 mg/ml</b> .....	147
<b>levofloxacin tab 250 mg</b> .....	147
<b>levofloxacin tab 500 mg</b> .....	147
<b>levofloxacin tab 750 mg</b> .....	147
<b>levoleucovorin calcium for iv inj 50 mg</b> <b>(base equiv)</b> .....	91
<b>levoleucovorin calcium iv soln pf 175</b> <b>mg/17.5ml (base equiv)</b> .....	91
<b>levoleucovorin calcium iv soln pf 250</b> <b>mg/25ml (base equiv)</b> .....	91
<b>Levonest</b>	
see <b>levonorgestrel-eth estra tab 0.05-</b> <b>30/0.075-40/0.125-30mg-mcg</b> .....	118
<b>levonor-eth est tab 0.15-0.02/0.025/0.03</b> <b>mg &amp; eth est 0.01 mg</b> .....	116
<b>levonorgestrel (iud)</b>	
see KYLEENA IUD 19.5MG .....	123
see MIRENA IUD SYSTEM .....	123
see SKYLA IUD 13.5MG .....	123
<b>levonorgestrel &amp; ethinyl estradiol (91-</b> <b>day) tab 0.15-0.03 mg</b> .....	116, 117
<b>levonorgestrel &amp; ethinyl estradiol tab 0.15</b> <b>mg-30 mcg</b> .....	117
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1</b> <b>mg-20 mcg</b> .....	117
<b>levonorgestrel-eth estra tab 0.05-</b> <b>30/0.075-40/0.125-30mg-mcg</b> ...	117, 118
<b>levonorgestrel-ethinyl estradiol</b> <b>(continuous) tab 90-20 mcg</b> .....	118
<b>levonorgestrel-ethinyl estradiol-fe tab 0.1</b> <b>mg-20 mcg (21)</b> .....	118
<b>levonorg-eth est tab 0.1-0.02mg(84) &amp;</b> <b>eth est tab 0.01mg(7)</b> .....	116
<b>levonorg-eth est tab 0.15-0.03mg(84) &amp;</b> <b>eth est tab 0.01mg(7)</b> .....	116
<b>Levora 0.15/30-28</b>	
see <b>levonorgestrel &amp; ethinyl estradiol</b> <b>tab 0.15 mg-30 mcg</b> .....	117
<b>Levo-t</b>	
see <b>levothyroxine sodium tab 100 mcg</b> .....	198
see <b>levothyroxine sodium tab 112 mcg</b> .....	198
see <b>levothyroxine sodium tab 125 mcg</b> .....	198
see <b>levothyroxine sodium tab 137 mcg</b> .....	198
see <b>levothyroxine sodium tab 150 mcg</b> .....	198
see <b>levothyroxine sodium tab 175 mcg</b> .....	198
see <b>levothyroxine sodium tab 200 mcg</b> .....	198
see <b>levothyroxine sodium tab 25 mcg</b> .....	197
see <b>levothyroxine sodium tab 300 mcg</b> .....	198
see <b>levothyroxine sodium tab 50 mcg</b> .....	197
see <b>levothyroxine sodium tab 75 mcg</b> .....	197

see <b>levothyroxine sodium tab 88 mcg</b>	see <b>levothyroxine sodium tab 175 mcg</b>
.....198	.....198
<b>levothyroxine sodium</b>	see <b>levothyroxine sodium tab 200 mcg</b>
see SYNTHROID TAB 100MCG.....199	.....198
see SYNTHROID TAB 112MCG.....199	see <b>levothyroxine sodium tab 25 mcg</b>
see SYNTHROID TAB 125MCG.....199	.....197
see SYNTHROID TAB 137MCG.....199	see <b>levothyroxine sodium tab 50 mcg</b>
see SYNTHROID TAB 150MCG.....199	.....197
see SYNTHROID TAB 175MCG.....199	see <b>levothyroxine sodium tab 75 mcg</b>
see SYNTHROID TAB 200MCG.....199	.....197
see SYNTHROID TAB 25MCG.....199	see <b>levothyroxine sodium tab 88 mcg</b>
see SYNTHROID TAB 300MCG.....199	.....198
see SYNTHROID TAB 50MCG.....199	<b>lidocaine hcl(cardiac) iv pf soln pref syr</b>
see SYNTHROID TAB 75MCG.....199	<b>100 mg/5ml (2%)</b> .....47
see SYNTHROID TAB 88MCG.....199	<b>lidocaine hcl (cardiac) iv pf soln pref syr</b>
<b>levothyroxine sodium for iv inj 100 mcg</b>	<b>50 mg/5ml(1%)</b> .....47
.....197	<b>lidocaine hcl (cardiac) iv soln pref syr 100</b>
<b>levothyroxine sodium for iv inj 200 mcg</b>	<b>mg/5ml (2%)</b> .....47
.....197	<b>lidocaine hcl (cardiac) iv soln pref syr 50</b>
<b>levothyroxine sodium for iv inj 500 mcg</b>	<b>mg/5ml (1%)</b> .....47
.....197	<b>lidocaine hcl cream 3%</b> .....135
<b>levothyroxine sodium tab 100 mcg</b> .....198	<b>lidocaine hcl laryngotracheal soln 4%</b> .179
<b>levothyroxine sodium tab 112 mcg</b> .....198	<b>lidocaine hcl local inj 0.5%</b> .....163
<b>levothyroxine sodium tab 125 mcg</b> .....198	<b>lidocaine hcl local inj 1%</b> .....163
<b>levothyroxine sodium tab 137 mcg</b> .....198	<b>lidocaine hcl local inj 2%</b> .....163
<b>levothyroxine sodium tab 150 mcg</b> .....198	<b>lidocaine hcl local preservative free (pf)</b>
<b>levothyroxine sodium tab 175 mcg</b> .....198	<b>inj 0.5%</b> .....163
<b>levothyroxine sodium tab 200 mcg</b> .....198	<b>lidocaine hcl local preservative free (pf)</b>
<b>levothyroxine sodium tab 25 mcg</b> .....197	<b>inj 1.5%</b> .....163
<b>levothyroxine sodium tab 300 mcg</b> .....198	<b>lidocaine hcl local preservative free (pf)</b>
<b>levothyroxine sodium tab 50 mcg</b> .....197	<b>inj 1%</b> .....163
<b>levothyroxine sodium tab 75 mcg</b> .....197	<b>lidocaine hcl local preservative free (pf)</b>
<b>levothyroxine sodium tab 88 mcg</b> .197, 198	<b>inj 2%</b> .....163
Levoxyl	<b>lidocaine hcl local preservative free (pf)</b>
see <b>levothyroxine sodium tab 100 mcg</b>	<b>inj 4%</b> .....163
.....198	<b>lidocaine hcl lotion 3%</b> .....135
see <b>levothyroxine sodium tab 112 mcg</b>	<b>lidocaine hcl soln 4%</b> .....135
.....198	<b>lidocaine hcl urethral/mucosal gel</b>
see <b>levothyroxine sodium tab 125 mcg</b>	<b>prefilled syringe 2%</b> .....135
.....198	<b>lidocaine hcl viscous soln 2%</b> .....179
see <b>levothyroxine sodium tab 137 mcg</b>	<b>lidocaine-hydrocortisone acetate cream</b>
.....198	<b>1-1%</b> .....133
see <b>levothyroxine sodium tab 150 mcg</b>	<b>lidocaine-hydrocortisone acetate rectal</b>
.....198	<b>cream kit 2-2%</b> .....41

<b>lidocaine inj 0.5% w/ epinephrine-1:200000</b> .....	163	<b>lisdexamfetamine dimesylate cap 20 mg</b> .....	25
<b>lidocaine inj 1.5% w/ epinephrine-1:200000</b> .....	163	<b>lisdexamfetamine dimesylate cap 30 mg</b> .....	25
<b>lidocaine inj 1% w/ epinephrine-1:100000</b> .....	163	<b>lisdexamfetamine dimesylate cap 40 mg</b> .....	25
<b>lidocaine inj 2% w/ epinephrine-1:100000</b> .....	163	<b>lisdexamfetamine dimesylate cap 50 mg</b> .....	25
<b>lidocaine inj 2% w/ epinephrine-1:200000</b> .....	163	<b>lisdexamfetamine dimesylate cap 60 mg</b> .....	25
<b>lidocaine iv infusion in d5w inj 4 mg/ml</b> .47		<b>lisdexamfetamine dimesylate cap 70 mg</b> .....	25
<b>lidocaine iv infusion in d5w inj 8 mg/ml</b> .47		<b>lisdexamfetamine dimesylate chew tab 10 mg</b> .....	25
<b>lidocaine-menthol patch 4-1%</b> .....	135	<b>lisdexamfetamine dimesylate chew tab 20 mg</b> .....	25
<b>lidocaine oint 5%</b> .....	135	<b>lisdexamfetamine dimesylate chew tab 30 mg</b> .....	25
<b>lidocaine patch 5%</b> .....	135	<b>lisdexamfetamine dimesylate chew tab 40 mg</b> .....	25
<b>lidocaine-prilocaine cream 2.5-2.5%</b> ..	135	<b>lisdexamfetamine dimesylate chew tab 50 mg</b> .....	25
<b>lidocaine-prilocaine cream kit 2.5-2.5%</b> .....	135	<b>lisdexamfetamine dimesylate chew tab 60 mg</b> .....	26
Lidocan		<b>lisinopril</b>	
see <b>lidocaine patch 5%</b> .....	135	see ZESTRIL TAB 10MG.....	76
Lidopin		see ZESTRIL TAB 2.5MG .....	76
see <b>lidocaine hcl cream 3%</b> .....	135	see ZESTRIL TAB 20MG .....	76
<b>lifitegrast</b>		see ZESTRIL TAB 30MG .....	76
see XIIDRA DRO 5% .....	185	see ZESTRIL TAB 40MG.....	76
<b>linaclotide</b>		see ZESTRIL TAB 5MG .....	76
see LINZESS CAP 145MCG .....	149	<b>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</b> .....	79
see LINZESS CAP 290MCG .....	149	<b>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</b> .....	79
see LINZESS CAP 72MCG .....	149	<b>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</b> .....	79
<b>lincomycin hcl inj 300 mg/ml</b> .....	44	<b>lisinopril tab 10 mg</b> .....	75
<b>linezolid for susp 100 mg/5ml</b> .....	44	<b>lisinopril tab 2.5 mg</b> .....	75
<b>linezolid iv soln 600 mg/300ml (2 mg/ml)</b> .....	44	<b>lisinopril tab 20 mg</b> .....	75
<b>linezolid tab 600 mg</b> .....	44	<b>lisinopril tab 30 mg</b> .....	75
LINZESS CAP 145MCG .....	149	<b>lisinopril tab 40 mg</b> .....	75
LINZESS CAP 290MCG .....	149	<b>lisinopril tab 5 mg</b> .....	75
LINZESS CAP 72MCG .....	149	LITETOUCH MIS LANCETS .....	169
<b>liothyronine sodium iv soln 10 mcg/ml</b> .199			
<b>liothyronine sodium tab 25 mcg</b> .....	199		
<b>liothyronine sodium tab 50 mcg</b> .....	199		
<b>liothyronine sodium tab 5 mcg</b> .....	199		
<b>liraglutide</b>			
see VICTOZA INJ 18MG/3ML.....	66		
<b>lisdexamfetamine dimesylate cap 10 mg</b> .....	25		

LITE TOUCH MIS LANCETS .....	169	<b>lorazepam tab 1 mg</b> .....	46
<b>lithium carbonate cap 150 mg</b> .....	94	<b>lorazepam tab 2 mg</b> .....	46
<b>lithium carbonate cap 300 mg</b> .....	94	Loryna	
<b>lithium carbonate cap 600 mg</b> .....	94	see <b>drospirenone-ethinyl estradiol tab</b>	
<b>lithium carbonate tab 300 mg</b> .....	94	<b>3-0.02 mg</b> .....	115
<b>lithium carbonate tab er 300 mg</b> .....	94	<b>losartan potassium &amp;</b>	
<b>lithium carbonate tab er 450 mg</b> .....	94	<b>hydrochlorothiazide tab 100-12.5 mg</b> .79	
<b>lithium oral solution 8 meq/5ml</b> .....	94	<b>losartan potassium &amp;</b>	
Lmd 10% Dextrose 5%		<b>hydrochlorothiazide tab 100-25 mg</b> ...79	
see <b>dextran 40 inj 10% in d5w</b> .....	157	<b>losartan potassium &amp;</b>	
Lmd 10% Sodium Chloride 0		<b>hydrochlorothiazide tab 50-12.5 mg</b> ...79	
see <b>dextran 40 inj 10% in saline</b> .....	157	<b>losartan potassium tab 100 mg</b> .....	76
Loestrin 1/20-21		<b>losartan potassium tab 25 mg</b> .....	76
see <b>norethindrone ace &amp; ethinyl</b>		<b>losartan potassium tab 50 mg</b> .....	76
<b>estradiol tab 1 mg-20 mcg</b> .....	119	LOTENSIN HCT TAB 10-12.5 .....	79
Loestrin 1.5/30-21		LOTENSIN HCT TAB 20-12.5 .....	79
see <b>norethindrone ace &amp; ethinyl</b>		LOTENSIN HCT TAB 20-25MG .....	79
<b>estradiol tab 1.5 mg-30 mcg</b> .....	119	LOTENSIN TAB 10MG .....	75
Loestrin Fe 1/20		LOTENSIN TAB 20MG .....	75
see <b>norethindrone ace &amp; ethinyl</b>		LOTENSIN TAB 40MG .....	75
<b>estradiol-fe tab 1 mg-20 mcg</b> .....	120	<b>loteprednol etabonate ophth gel 0.5%</b> 186	
Loestrin Fe 1.5/30		<b>loteprednol etabonate ophth susp 0.2%</b>	
see <b>norethindrone ace &amp; ethinyl</b>		.....	186
<b>estradiol-fe tab 1.5 mg-30 mcg</b> .....	120	<b>loteprednol etabonate ophth susp 0.5%</b>	
Lojaimiess		.....	186
see <b>levonorg-eth est tab 0.1-</b>		<b>lovastatin tab 10 mg</b> .....	73
<b>0.02mg(84) &amp; eth est tab 0.01mg(7)</b>		<b>lovastatin tab 20 mg</b> .....	74
.....	116	<b>lovastatin tab 40 mg</b> .....	74
LO LOESTRIN TAB 1-10-10 .....	118	Low-ogestrel	
LONGS LANCET MIS STANDARD .....	169	see <b>norgestrel &amp; ethinyl estradiol tab</b>	
LONGS LANCET MIS THIN .....	169	<b>0.3 mg-30 mcg</b> .....	122
LONGS LANCET MIS ULTRA TH .....	169	<b>loxapine succinate cap 10 mg</b> .....	96
LONSURF TAB 15-6.14 .....	87	<b>loxapine succinate cap 25 mg</b> .....	96
LONSURF TAB 20-8.19 .....	87	<b>loxapine succinate cap 50 mg</b> .....	96
<b>loperamide hcl cap 2 mg</b> .....	68	<b>loxapine succinate cap 5 mg</b> .....	96
LOPID TAB 600MG .....	73	Lo-zumandimine	
<b>lopinavir-ritonavir soln 400-100 mg/5ml</b>		see <b>drospirenone-ethinyl estradiol tab</b>	
<b>(80-20 mg/ml)</b> .....	101	<b>3-0.02 mg</b> .....	115
<b>lopinavir-ritonavir tab 100-25 mg</b> .....	101	<b>lubiprostone cap 24 mcg</b> .....	147
<b>lopinavir-ritonavir tab 200-50 mg</b> .....	101	<b>lubiprostone cap 8 mcg</b> .....	147
<b>lorazepam conc 2 mg/ml</b> .....	46	LUMAKRAS TAB 120MG .....	89
<b>lorazepam inj 2 mg/ml</b> .....	46	LUMAKRAS TAB 320MG .....	89
<b>lorazepam inj 4 mg/ml</b> .....	46	LUMRYZ PAK 6GM .....	191
<b>lorazepam tab 0.5 mg</b> .....	46	LUMRYZ PAK 7.5GM .....	191



LUMRYZ PAK 9GM.....	191
LUMRYZ PKG 4.5GM .....	191
LUPR DEP-PED INJ 11.25MG .....	141
LUPR DEP-PED INJ 15MG .....	141
LUPR DEP-PED INJ 3M 30MG .....	141
LUPR DEP-PED INJ 7.5MG .....	141
LUPRON DEPOT INJ 45MG .....	142
<b>lurasidone hcl tab 120 mg</b> .....	95
<b>lurasidone hcl tab 20 mg</b> .....	95
<b>lurasidone hcl tab 40 mg</b> .....	95
<b>lurasidone hcl tab 60 mg</b> .....	95
<b>lurasidone hcl tab 80 mg</b> .....	95
Lutera	
see <b>levonorgestrel &amp; ethinyl estradiol</b>	
<b>tab 0.1 mg-20 mcg</b> .....	117
Lyleq	
see <b>norethindrone tab 0.35 mg</b> .....	123
Lyllana	
see <b>estradiol td patch twice weekly</b>	
<b>0.025 mg/24hr</b> .....	146
see <b>estradiol td patch twice weekly</b>	
<b>0.0375 mg/24hr</b> .....	146
see <b>estradiol td patch twice weekly</b>	
<b>0.05 mg/24hr</b> .....	146
see <b>estradiol td patch twice weekly</b>	
<b>0.075 mg/24hr</b> .....	146
see <b>estradiol td patch twice weekly 0.1</b>	
<b>mg/24hr</b> .....	146
LYNPARZA TAB 100MG .....	89
LYNPARZA TAB 150MG .....	89
LYSODREN TAB 500MG.....	86
LYVISPAH GRA 10MG.....	181
LYVISPAH GRA 20MG.....	181
LYVISPAH GRA 5MG .....	181
Lyza	
see <b>norethindrone tab 0.35 mg</b> .....	123
<b>M</b>	
<b>macitentan</b>	
see OPSUMIT TAB 10MG .....	111
<b>mafenide acetate packet for topical soln</b>	
<b>5% (50 gm)</b> .....	131
<b>malathion lotion 0.5%</b> .....	136
<b>mannitol iv soln 10%</b> .....	139
<b>mannitol iv soln 20%</b> .....	139

<b>mannitol iv soln 25%</b> .....	139
<b>maraviroc tab 150 mg</b> .....	101
<b>maraviroc tab 300 mg</b> .....	101
Marcaine/epinephrine	
see <b>bupivacaine inj 0.5% w/</b>	
<b>epinephrine 1:200000</b> .....	162
MARINOL CAP 2.5MG.....	69
Marlissa	
see <b>levonorgestrel &amp; ethinyl estradiol</b>	
<b>tab 0.15 mg-30 mcg</b> .....	117
MATULANE CAP 50MG .....	90
MAXITROL OIN 0.1% OP .....	186
MAXITROL SUS 0.1% OP .....	186
MAYZENT PAK STARTER.....	194
MAYZENT TAB 0.25MG.....	194
MAYZENT TAB 1MG .....	194
MAYZENT TAB 2MG .....	194
<b>mebendazole</b>	
see EMVERM CHW 100MG .....	41
<b>meclizine hcl tab 12.5 mg</b> .....	69
<b>meclizine hcl tab 25 mg</b> .....	69
<b>meclizine hcl tab 50 mg</b> .....	69
<b>meclofenamate sodium cap 100 mg</b> .....	32
<b>meclofenamate sodium cap 50 mg</b> .....	32
MEDICHOICE MIS LANCET.....	169
MEDLANCE MIS 30G PLUS.....	169
MEDLANCE MIS PLUS 30G.....	169
MEDLANCE PLS MIS 0.8MM .....	169
MEDLANCE PLS MIS EXTR 21G.....	169
MEDLANCE PLS MIS LITE 25G.....	169
MEDLANCE PLS MIS UNIV 21G .....	169
MEDROL TAB 16MG .....	125
MEDROL TAB 2MG.....	125
MEDROL TAB 4MG.....	125
MEDROL TAB 8MG.....	125
<b>medroxyprogesterone acetate</b>	
see PROVERA TAB 10MG.....	191
see PROVERA TAB 2.5MG .....	191
see PROVERA TAB 5MG .....	191
<b>medroxyprogesterone acetate im susp</b>	
<b>150 mg/ml</b> .....	123
<b>medroxyprogesterone acetate im susp</b>	
<b>prefilled syr 150 mg/ml</b> .....	123

<b>medroxyprogesterone acetate tab 10 mg</b>	191	<b>meperidine hcl oral soln 50 mg/5ml</b>	35
.....	191	<b>meperidine hcl tab 50 mg</b>	36
<b>medroxyprogesterone acetate tab 2.5 mg</b>	191	<b>mepivacaine hcl inj 1%</b>	163
.....	191	<b>mepivacaine hcl inj 2%</b>	163
<b>medroxyprogesterone acetate tab 5 mg</b>	191	<b>mepivacaine hcl preservative free (pf) inj</b>	
.....	191	<b>1.5%</b>	164
<b>mefenamic acid cap 250 mg</b>	32	<b>mepivacaine hcl preservative free (pf) inj</b>	
<b>mefloquine hcl tab 250 mg</b>	81	<b>1%</b>	164
<b>megestrol acetate susp 40 mg/ml</b>	86	<b>mepivacaine hcl preservative free (pf) inj</b>	
<b>megestrol acetate susp 625 mg/5ml</b>	191	<b>2%</b>	164
<b>megestrol acetate tab 20 mg</b>	86	<b>mepolizumab</b>	
<b>megestrol acetate tab 40 mg</b>	86	see NUCALA INJ 100MG/ML	48
MEIJER LANCE MIS COLOR	169	see NUCALA INJ 40MG/0.4	48
MEIJER LANCE MIS UNIV 21G	169	<b>meprobamate tab 200 mg</b>	45
MEIJER LANCE MIS UNIV 30G	169	<b>meprobamate tab 400 mg</b>	45
MEIJER LANCE MIS UNIVERSA	169	<b>mercaptapurine tab 50 mg</b>	84
MEIJER MIS LANCETS	169	<b>meropenem iv for soln 1 gm</b>	42
MEKTOVI TAB 15MG	89	<b>meropenem iv for soln 500 mg</b>	42
<b>meloxicam susp 7.5 mg/5ml</b>	32	Merzee	
<b>meloxicam tab 15 mg</b>	32	see <b>norethindrone ace-ethinyl</b>	
<b>meloxicam tab 7.5 mg</b>	32	<b>estradiol-fe cap 1 mg-20 mcg (24)</b>	121
<b>melphalan hcl for inj 50 mg (base equiv)</b>	83	<b>mesalamine cap dr 400 mg</b>	148
.....	83	<b>mesalamine cap er 24hr 0.375 gm</b>	148
<b>memantine hcl cap er 24hr 14 mg</b>	192	<b>mesalamine cap er 500 mg</b>	148
<b>memantine hcl cap er 24hr 21 mg</b>	192	<b>mesalamine enema 4 gm</b>	148
<b>memantine hcl cap er 24hr 28 mg</b>	192	<b>mesalamine rectal enema 4 gm &amp;</b>	
<b>memantine hcl cap er 24hr 7 mg</b>	192	<b>cleanser wipe kit</b>	148
<b>memantine hcl-donepezil hcl</b>		<b>mesalamine suppos 1000 mg</b>	148
see NAMZARIC CAP	192	<b>mesalamine tab delayed release 1.2 gm</b>	148
see NAMZARIC CAP 14-10MG	192	.....	148
see NAMZARIC CAP 21-10MG	192	<b>mesalamine tab delayed release 800 mg</b>	148
see NAMZARIC CAP 28-10MG	192	.....	148
see NAMZARIC CAP 7-10MG	192	<b>mesalamine w/ cleanser</b>	
<b>memantine hcl oral solution 2 mg/ml</b>	192	see ROWASA KIT 4GM	148
<b>memantine hcl tab 10 mg</b>	192	<b>mesna inj 100 mg/ml</b>	91
<b>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg</b>		<b>metaxalone tab 800 mg</b>	181
<b>titration pack</b>	192	<b>metformin hcl oral soln 500 mg/5ml</b>	65
<b>memantine hcl tab 5 mg</b>	192	<b>metformin hcl tab 1000 mg</b>	65
MENOPUR INJ 75UNIT	141	<b>metformin hcl tab 500 mg</b>	65
<b>menotropins</b>		<b>metformin hcl tab 850 mg</b>	65
see MENOPUR INJ 75UNIT	141	<b>metformin hcl tab er 24hr 500 mg</b>	65
<b>meperidine hcl inj 100 mg/ml</b>	35	<b>metformin hcl tab er 24hr 750 mg</b>	65
<b>meperidine hcl inj 25 mg/ml</b>	35	<b>methadone hcl conc 10 mg/ml</b>	36
<b>meperidine hcl inj 50 mg/ml</b>	35	<b>methadone hcl soln 10 mg/5ml</b>	36

<b>methadone hcl soln 5 mg/5ml</b> .....	36	<b>methotrexate sodium inj pf 1000</b>	
<b>methadone hcl tab 10 mg</b> .....	36	<b>mg/40ml (25 mg/ml)</b> .....	84
<b>methadone hcl tab 5 mg</b> .....	36	<b>methotrexate sodium inj pf 250 mg/10ml</b>	
<b>methadone hcl tab for oral susp 40 mg</b> ..	36	<b>(25 mg/ml)</b> .....	84
Methadone Hydrochloride I		<b>methotrexate sodium inj pf 50 mg/2ml</b>	
see <b>methadone hcl conc 10 mg/ml</b> .....	36	<b>(25 mg/ml)</b> .....	84
Methadose		<b>methotrexate sodium tab 2.5 mg (base</b>	
see <b>methadone hcl tab for oral susp 40</b>		<b>equiv)</b> .....	84
<b>mg</b> .....	36	<b>methoxsalen rapid cap 10 mg</b> .....	131
<b>methamphetamine hcl tab 5 mg</b> .....	26	<b>methscopolamine bromide tab 2.5 mg</b> .....	200
<b>methazolamide tab 25 mg</b> .....	138	<b>methscopolamine bromide tab 5 mg</b> ..	200
<b>methazolamide tab 50 mg</b> .....	138	<b>methsuximide cap 300 mg</b> .....	58
<b>methenamine hippurate tab 1 gm</b> .....	44	<b>methylene blue iv soln 50 mg/10ml (5</b>	
<b>methenamine mandelate tab 0.5 gm</b> .....	44	<b>mg/ml)</b> .....	68
<b>methenamine mandelate tab 1 gm</b> .....	44	<b>methylergonovine maleate inj 0.2 mg/ml</b>	
Methergine		.....	188
see <b>methylergonovine maleate tab 0.2</b>		<b>methylergonovine maleate tab 0.2 mg</b> .....	188
<b>mg</b> .....	188	METHYLIN SOL 10MG/5ML.....	27
<b>methimazole tab 10 mg</b> .....	197	METHYLIN SOL 5MG/5ML .....	27
<b>methimazole tab 5 mg</b> .....	197	<b>methylphenidate hcl</b>	
<b>methocarbamol inj 1000 mg/10ml</b> .....	181	see METHYLIN SOL 10MG/5ML .....	27
<b>methocarbamol tab 500 mg</b> .....	181	see METHYLIN SOL 5MG/5ML .....	27
<b>methocarbamol tab 750 mg</b> .....	181	see RITALIN TAB 10MG.....	29
<b>methotrexate (antirheumatic)</b>		see RITALIN TAB 20MG .....	29
see RASUVO INJ 10MG .....	31	see RITALIN TAB 5MG.....	29
see RASUVO INJ 12.5MG .....	31	<b>methylphenidate hcl cap er 10 mg (cd)</b> ..	27
see RASUVO INJ 15MG .....	31	<b>methylphenidate hcl cap er 20 mg (cd)</b> .	27
see RASUVO INJ 17.5MG .....	31	<b>methylphenidate hcl cap er 24hr 10 mg</b>	
see RASUVO INJ 20MG .....	31	<b>(la)</b> .....	27
see RASUVO INJ 22.5MG .....	31	<b>methylphenidate hcl cap er 24hr 10 mg</b>	
see RASUVO INJ 25MG.....	31	<b>(xr)</b> .....	27
see RASUVO INJ 30MG .....	31	<b>methylphenidate hcl cap er 24hr 15 mg</b>	
see RASUVO INJ 7.5MG.....	30	<b>(xr)</b> .....	27
<b>methotrexate sodium</b>		<b>methylphenidate hcl cap er 24hr 20 mg</b>	
see TREXALL TAB 10MG.....	85	<b>(la)</b> .....	27
see TREXALL TAB 15MG .....	85	<b>methylphenidate hcl cap er 24hr 20 mg</b>	
see TREXALL TAB 5MG.....	85	<b>(xr)</b> .....	27
see TREXALL TAB 7.5MG .....	85	<b>methylphenidate hcl cap er 24hr 30 mg</b>	
<b>methotrexate sodium for inj 1 gm</b> .....	84	<b>(la)</b> .....	28
<b>methotrexate sodium inj 250 mg/10ml</b>		<b>methylphenidate hcl cap er 24hr 30 mg</b>	
<b>(25 mg/ml)</b> .....	84	<b>(xr)</b> .....	28
<b>methotrexate sodium inj 50 mg/2ml (25</b>		<b>methylphenidate hcl cap er 24hr 40 mg</b>	
<b>mg/ml)</b> .....	84	<b>(la)</b> .....	28

<b>methylphenidate hcl cap er 24hr 40 mg (xr)</b> .....	28	see MEDROL TAB 8MG.....	125
<b>methylphenidate hcl cap er 24hr 50 mg (xr)</b> .....	28	<b>methylprednisolone acetate inj susp 40 mg/ml</b> .....	125
<b>methylphenidate hcl cap er 24hr 60 mg (la)</b> .....	28	<b>methylprednisolone acetate inj susp 80 mg/ml</b> .....	125
<b>methylphenidate hcl cap er 24hr 60 mg (xr)</b> .....	28	<b>methylprednisolone sod succ for inj 1000 mg (base equiv)</b> .....	125
<b>methylphenidate hcl cap er 30 mg (cd)</b> .....	28	<b>methylprednisolone sod succ for inj 125 mg (base equiv)</b> .....	125
<b>methylphenidate hcl cap er 40 mg (cd)</b> .....	28	<b>methylprednisolone sod succ for inj 40 mg (base equiv)</b> .....	125
<b>methylphenidate hcl cap er 50 mg (cd)</b> .....	28	<b>methylprednisolone sod succ for inj 500 mg (base equiv)</b> .....	125
<b>methylphenidate hcl cap er 60 mg (cd)</b> .....	28	<b>methylprednisolone tab 16 mg</b> .....	125
<b>methylphenidate hcl chew tab 10 mg</b> .....	28	<b>methylprednisolone tab 32 mg</b> .....	125
<b>methylphenidate hcl chew tab 2.5 mg</b> .....	28	<b>methylprednisolone tab 4 mg</b> .....	125
<b>methylphenidate hcl chew tab 5 mg</b> .....	28	<b>methylprednisolone tab 8 mg</b> .....	125
<b>methylphenidate hcl soln 10 mg/5ml</b> .....	28	<b>methylprednisolone tab therapy pack 4 mg (21)</b> .....	125
<b>methylphenidate hcl soln 5 mg/5ml</b> .....	28	<b>methyltestosterone cap 10 mg</b> .....	40
<b>methylphenidate hcl tab 10 mg</b> .....	28	<b>metoclopramide hcl</b>	
<b>methylphenidate hcl tab 20 mg</b> .....	28	see REGLAN TAB 10MG.....	148
<b>methylphenidate hcl tab 5 mg</b> .....	28	see REGLAN TAB 5MG .....	148
<b>methylphenidate hcl tab er 10 mg</b> .....	28	<b>metoclopramide hcl inj 5 mg/ml (base equivalent)</b> .....	147
<b>methylphenidate hcl tab er 20 mg</b> .....	28	<b>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</b> .....	148
<b>methylphenidate hcl tab er 24hr 18 mg</b> .....	28	<b>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</b> .....	148
<b>methylphenidate hcl tab er 24hr 27 mg</b> .....	28	<b>metoclopramide hcl tab 10 mg (base equivalent)</b> .....	148
<b>methylphenidate hcl tab er 24hr 36 mg</b> .....	28	<b>metoclopramide hcl tab 5 mg (base equivalent)</b> .....	148
<b>methylphenidate hcl tab er 24hr 54 mg</b> .....	28	<b>metolazone tab 10 mg</b> .....	140
<b>methylphenidate hcl tab er osmotic release (osm) 18 mg</b> .....	28	<b>metolazone tab 2.5 mg</b> .....	139
<b>methylphenidate hcl tab er osmotic release (osm) 27 mg</b> .....	28	<b>metolazone tab 5 mg</b> .....	139
<b>methylphenidate hcl tab er osmotic release (osm) 36 mg</b> .....	28	<b>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</b> .....	79
<b>methylphenidate hcl tab er osmotic release (osm) 54 mg</b> .....	28	<b>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</b> .....	79
<b>methylphenidate hcl tab er osmotic release (osm) 72 mg</b> .....	28	<b>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</b> .....	79
<b>methylphenidate td patch 10 mg/9hr</b> .....	28	<b>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</b> .....	104
<b>methylphenidate td patch 15 mg/9hr</b> .....	28		
<b>methylphenidate td patch 20 mg/9hr</b> .....	28		
<b>methylphenidate td patch 30 mg/9hr</b> .....	28		
<b>methylprednisolone</b>			
see MEDROL TAB 16MG .....	125		
see MEDROL TAB 2MG.....	125		
see MEDROL TAB 4MG.....	125		

<b>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</b> .....	104	Microgestin 1/20	see <b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b> .....	119
<b>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</b> .....	104	Microgestin 1.5/30	see <b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> .....	119
<b>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</b> .....	104	Microgestin 24 Fe	see <b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b> ..	121
<b>metoprolol tartrate iv soln 5 mg/5ml</b> ....	104	Microgestin Fe 1/20	see <b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</b> .....	120
<b>metoprolol tartrate tab 100 mg</b> .....	104	Microgestin Fe 1.5/30	see <b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</b> .....	120
<b>metoprolol tartrate tab 25 mg</b> .....	104	MICROLET MIS LANCETS .....		169
<b>metoprolol tartrate tab 37.5 mg</b> .....	104	MICRO THIN MIS LANC 33G .....		169
<b>metoprolol tartrate tab 50 mg</b> .....	104	<b>midazolam (anticonvulsant)</b>	see NAYZILAM SPR 5MG.....	54
<b>metoprolol tartrate tab 75 mg</b> .....	104	<b>midazolam 100 mg/100ml-sodium chloride 0.9% iv soln</b> .....		160
METROCREAM CRE 0.75%.....	135	<b>midazolam 50 mg/50ml-sodium chloride 0.9% iv soln</b> .....		160
METROGEL GEL 1%.....	135	<b>midazolam hcl inj 10 mg/10ml (base equivalent)</b> .....		161
METROLOTION LOT 0.75% .....	135	<b>midazolam hcl inj 10 mg/2ml (base equivalent)</b> .....		160
<b>metronidazole (topical)</b>		<b>midazolam hcl inj 25 mg/5ml (base equivalent)</b> .....		161
see METROCREAM CRE 0.75% .....	135	<b>midazolam hcl inj 2 mg/2ml (base equivalent)</b> .....		160
see METROGEL GEL 1%.....	135	<b>midazolam hcl inj 50 mg/10ml (base equivalent)</b> .....		161
see METROLOTION LOT 0.75% .....	135	<b>midazolam hcl inj 5 mg/5ml (base equivalent)</b> .....		160
<b>metronidazole cap 375 mg</b> .....	42	<b>midazolam hcl inj 5 mg/ml (base equivalent)</b> .....		160
<b>metronidazole cream 0.75%</b> .....	135	<b>midazolam hcl inj pf 10 mg/2ml (base equivalent)</b> .....		161
<b>metronidazole gel 0.75%</b> .....	135	<b>midazolam hcl inj pf 2 mg/2ml (base equivalent)</b> .....		161
<b>metronidazole gel 1%</b> .....	135	<b>midazolam hcl inj pf 5 mg/5ml (base equivalent)</b> .....		161
<b>metronidazole iv soln 500 mg/100ml</b> ....	42			
<b>metronidazole lotion 0.75%</b> .....	135			
<b>metronidazole tab 250 mg</b> .....	42			
<b>metronidazole tab 500 mg</b> .....	42			
<b>metronidazole vaginal gel 0.75%</b> .....	202			
<b>metyrosine cap 250 mg</b> .....	76			
<b>mexiletine hcl cap 150 mg</b> .....	47			
<b>mexiletine hcl cap 200 mg</b> .....	47			
<b>mexiletine hcl cap 250 mg</b> .....	47			
Mibelas 24 Fe				
see <b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</b> .....	120			
<b>micafungin sodium for iv soln 100 mg</b> ....	70			
<b>micafungin sodium for iv soln 50 mg</b> .....	70			
Miconazole 3				
see <b>miconazole nitrate vaginal suppos 200 mg</b> .....	202			
<b>miconazole nitrate vaginal suppos 200 mg</b> .....	202			
<b>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</b> .....	130			

<b>midazolam hcl inj pf 5 mg/ml (base equivalent)</b> .....	161
<b>midazolam hcl syrup 2 mg/ml (base equivalent)</b> .....	161
<b>midodrine hcl tab 10 mg</b> .....	204
<b>midodrine hcl tab 2.5 mg</b> .....	203
<b>midodrine hcl tab 5 mg</b> .....	204
<b>midostaurin</b>	
see RYDAPT CAP 25MG .....	89
<b>mifepristone tab 200 mg</b> .....	143
<b>mifepristone tab 300 mg</b> .....	65
<b>migalastat hcl</b>	
see GALAFOLD CAP 123MG .....	142
<b>miglitol tab 100 mg</b> .....	63
<b>miglitol tab 25 mg</b> .....	63
<b>miglitol tab 50 mg</b> .....	63
<b>miglustat cap 100 mg</b> .....	158
Mili	
see <b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b> .....	121
<b>milrinone lactate in dextrose 5% iv soln 20 mg/100ml</b> .....	109
<b>milrinone lactate in dextrose 5% iv soln 40 mg/200ml</b> .....	109
<b>milrinone lactate iv soln 10 mg/10ml (base equivalent)</b> .....	109
<b>milrinone lactate iv soln 20 mg/20ml (base equivalent)</b> .....	109
<b>milrinone lactate iv soln 50 mg/50ml (base equivalent)</b> .....	109
Mimvey	
see <b>estradiol &amp; norethindrone acetate tab 1-0.5 mg</b> .....	145
<b>mineral oil</b> .....	162
<b>minocycline hcl cap 100 mg</b> .....	197
<b>minocycline hcl cap 50 mg</b> .....	197
<b>minocycline hcl cap 75 mg</b> .....	197
<b>minocycline hcl tab 100 mg</b> .....	197
<b>minocycline hcl tab 50 mg</b> .....	197
<b>minocycline hcl tab 75 mg</b> .....	197
<b>minoxidil tab 10 mg</b> .....	81
<b>minoxidil tab 2.5 mg</b> .....	81
<b>mirabegron tab er 24 hr 25 mg</b> .....	202
<b>mirabegron tab er 24 hr 50 mg</b> .....	202

MIRENA IUD SYSTEM .....	123
<b>mirtazapine</b>	
see REMERON SLTB TAB 15MG .....	59
see REMERON SLTB TAB 30MG .....	59
see REMERON SLTB TAB 45MG .....	59
see REMERON TAB 15MG .....	59
see REMERON TAB 30MG .....	59
<b>mirtazapine orally disintegrating tab 15 mg</b> .....	59
<b>mirtazapine orally disintegrating tab 30 mg</b> .....	59
<b>mirtazapine orally disintegrating tab 45 mg</b> .....	59
<b>mirtazapine tab 15 mg</b> .....	59
<b>mirtazapine tab 30 mg</b> .....	59
<b>mirtazapine tab 45 mg</b> .....	59
<b>mirtazapine tab 7.5 mg</b> .....	59
<b>misoprostol tab 100 mcg</b> .....	201
<b>misoprostol tab 200 mcg</b> .....	201
MITIGARE CAP 0.6MG .....	151
Mitigo	
see <b>morphine sulf for microinfusion pf inj 200 mg/20ml (10mg/ml)</b> .....	36
see <b>morphine sulf for microinfusion pf inj 500 mg/20ml (25mg/ml)</b> .....	36
<b>mitomycin for iv soln 20 mg</b> .....	87
<b>mitomycin for iv soln 40 mg</b> .....	87
<b>mitomycin for iv soln 5 mg</b> .....	87
<b>mitotane</b>	
see LYSODREN TAB 500MG .....	86
<b>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</b> .....	87
<b>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</b> .....	87
<b>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</b> .....	87
MM TWIST MIS LANCETS .....	169
MOBILE LANCE MIS 30G .....	169
<b>modafinil tab 100 mg</b> .....	28
<b>modafinil tab 200 mg</b> .....	28
<b>moexipril hcl tab 15 mg</b> .....	75
<b>moexipril hcl tab 7.5 mg</b> .....	75
<b>molindone hcl tab 10 mg</b> .....	98
<b>molindone hcl tab 25 mg</b> .....	98

<b>molindone hcl tab 5 mg</b> .....	97	<b>morphine sulfate inj pf 1 mg/ml</b> .....	36
<b>mometasone furoate cream 0.1%</b> .....	133	<b>morphine sulfate iv soln 10 mg/ml</b> .....	36
<b>mometasone furoate nasal susp 50</b>		<b>morphine sulfate iv soln 4 mg/ml</b> .....	36
<b>mcg/act</b> .....	182	<b>morphine sulfate iv soln 8 mg/ml</b> .....	36
<b>mometasone furoate oint 0.1%</b> .....	133	<b>morphine sulfate oral soln 100 mg/5ml</b>	
<b>mometasone furoate solution 0.1%</b>		<b>(20 mg/ml)</b> .....	36
<b>(lotion)</b> .....	133	<b>morphine sulfate oral soln 10 mg/5ml</b> ....	36
Mondoxyne NI		<b>morphine sulfate oral soln 20 mg/5ml</b> ...	36
see <b>doxycycline monohydrate cap 100</b>		<b>morphine sulfate tab 15 mg</b> .....	36
<b>mg</b> .....	196	<b>morphine sulfate tab 30 mg</b> .....	37
MONOLET MIS LANCETS .....	169	<b>morphine sulfate tab er 100 mg</b> .....	37
MONOLET OPD MIS LANCETS .....	169	<b>morphine sulfate tab er 15 mg</b> .....	37
MONOLETTOR MIS LANCETS.....	169	<b>morphine sulfate tab er 200 mg</b> .....	37
Mono-linyah		<b>morphine sulfate tab er 30 mg</b> .....	37
see <b>norgestimate &amp; ethinyl estradiol</b>		<b>morphine sulfate tab er 60 mg</b> .....	37
<b>tab 0.25 mg-35 mcg</b> .....	121	<b>morphine sulf for microinfusion pf inj 200</b>	
<b>montelukast sodium chew tab 4 mg (base</b>		<b>mg/20ml (10mg/ml)</b> .....	36
<b>equiv)</b> .....	49	<b>morphine sulf for microinfusion pf inj 500</b>	
<b>montelukast sodium chew tab 5 mg (base</b>		<b>mg/20ml (25mg/ml)</b> .....	36
<b>equiv)</b> .....	49	MOUNJARO INJ 10MG/0.5 .....	66
<b>montelukast sodium oral granules packet</b>		MOUNJARO INJ 12.5/0.5 .....	66
<b>4 mg (base equiv)</b> .....	49	MOUNJARO INJ 15MG/0.5 .....	66
<b>montelukast sodium tab 10 mg (base</b>		MOUNJARO INJ 2.5/0.5.....	66
<b>equiv)</b> .....	49	MOUNJARO INJ 5MG/0.5.....	66
<b>morphine sulfate beads cap er 24hr 120</b>		MOUNJARO INJ 7.5/0.5.....	66
<b>mg</b> .....	36	MOVANTIK TAB 12.5MG .....	149
<b>morphine sulfate beads cap er 24hr 30</b>		MOVANTIK TAB 25MG .....	149
<b>mg</b> .....	36	<b>moxifloxacin hcl (ophth)</b>	
<b>morphine sulfate beads cap er 24hr 45</b>		see VIGAMOX DRO 0.5% .....	185
<b>mg</b> .....	36	<b>moxifloxacin hcl 400 mg/250ml in</b>	
<b>morphine sulfate beads cap er 24hr 60</b>		<b>sodium chloride 0.8% inj</b> .....	147
<b>mg</b> .....	36	<b>moxifloxacin hcl ophth soln 0.5% (base</b>	
<b>morphine sulfate beads cap er 24hr 75 mg</b>		<b>eq) (2 times daily)</b> .....	185
.....	36	<b>moxifloxacin hcl ophth soln 0.5% (base</b>	
<b>morphine sulfate beads cap er 24hr 90</b>		<b>equiv)</b> .....	185
<b>mg</b> .....	36	<b>moxifloxacin hcl tab 400 mg (base equiv)</b>	
<b>morphine sulfate cap er 24hr 100 mg</b> ....	36	.....	147
<b>morphine sulfate cap er 24hr 10 mg</b> .....	36	MUGARD LIQ .....	180
<b>morphine sulfate cap er 24hr 20 mg</b> .....	36	MULTAQ TAB 400MG .....	47
<b>morphine sulfate cap er 24hr 30 mg</b> .....	36	<b>mupirocin oint 2%</b> .....	129
<b>morphine sulfate cap er 24hr 50 mg</b> .....	36	MUSE SUP 1000MCG .....	110
<b>morphine sulfate cap er 24hr 60 mg</b> .....	36	MUSE SUP 250MCG .....	110
<b>morphine sulfate cap er 24hr 80 mg</b> .....	36	MUSE SUP 500MCG .....	110
<b>morphine sulfate inj pf 0.5 mg/ml</b> .....	36	Mutamycin	

see <b>mitomycin for iv soln 20 mg</b> .....	87
see <b>mitomycin for iv soln 40 mg</b> .....	87
see <b>mitomycin for iv soln 5 mg</b> .....	87
<b>mycophenolate mofetil cap 250 mg</b> .....	178
<b>mycophenolate mofetil for oral susp 200 mg/ml</b> .....	178
<b>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</b> .....	178
<b>mycophenolate mofetil tab 500 mg</b> .....	179
<b>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</b> .....	179
<b>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</b> .....	179
MYFEMBREE TAB.....	145
MYGLUCOHEALT MIS LANC 30G .....	169
MYLERAN TAB 2MG.....	83
MYSOLINE TAB 250MG.....	56
MYSOLINE TAB 50MG .....	56
<b>N</b>	
<b>nabumetone tab 500 mg</b> .....	32
<b>nabumetone tab 750 mg</b> .....	32
<b>nadolol</b>	
see CORGARD TAB 20MG .....	104
see CORGARD TAB 40MG .....	104
<b>nadolol tab 20 mg</b> .....	104
<b>nadolol tab 40 mg</b> .....	104
<b>nadolol tab 80 mg</b> .....	104
<b>nafcillin sodium for inj 1 gm</b> .....	190
<b>nafcillin sodium for inj 2 gm</b> .....	190
<b>nafcillin sodium for iv soln 10 gm</b> .....	190
<b>naftifine hcl</b>	
see NAFTIN GEL 1% .....	130
see NAFTIN GEL 2%.....	130
<b>naftifine hcl cream 1%</b> .....	130
<b>naftifine hcl cream 2%</b> .....	130
<b>naftifine hcl gel 2%</b> .....	130
NAFTIN GEL 1% .....	130
NAFTIN GEL 2%.....	130
<b>nalbuphine hcl inj 10 mg/ml</b> .....	40
<b>nalbuphine hcl inj 20 mg/ml</b> .....	40
<b>naldemedine tosylate</b>	
see SYMPROIC TAB 0.2MG .....	149
<b>naloxegol oxalate</b>	
see MOVANTIK TAB 12.5MG .....	149
see MOVANTIK TAB 25MG.....	149
<b>naloxone hcl inj 0.4 mg/ml</b> .....	69
<b>naloxone hcl inj 4 mg/10ml</b> .....	69
<b>naloxone hcl nasal spray 4 mg/0.1ml</b> .....	69
<b>naloxone hcl soln cartridge 0.4 mg/ml</b> ..	69
<b>naloxone hcl soln prefilled syringe 2 mg/2ml</b> .....	69
<b>naltrexone hcl tab 50 mg</b> .....	69
NAMZARIC CAP.....	192
NAMZARIC CAP 14-10MG .....	192
NAMZARIC CAP 21-10MG .....	192
NAMZARIC CAP 28-10MG .....	192
NAMZARIC CAP 7-10MG.....	192
<b>naproxen sodium tab 275 mg</b> .....	32
<b>naproxen sodium tab 550 mg</b> .....	32
<b>naproxen tab 250 mg</b> .....	32
<b>naproxen tab 375 mg</b> .....	32
<b>naproxen tab 500 mg</b> .....	32
<b>naproxen tab ec 375 mg</b> .....	32
<b>naproxen tab ec 500 mg</b> .....	32, 33
<b>naratriptan hcl tab 1 mg (base equiv)</b> ....	175
<b>naratriptan hcl tab 2.5 mg (base equiv)</b>	175
<b>natalizumab</b>	
see TYSABRI INJ 300/15ML .....	195
NATAZIA TAB.....	118
<b>nateglinide tab 120 mg</b> .....	67
<b>nateglinide tab 60 mg</b> .....	67
NATESTO GEL 5.5MG .....	40
NAYZILAM SPR 5MG.....	54
<b>nebivolol hcl tab 10 mg (base equivalent)</b>	
.....	104
<b>nebivolol hcl tab 2.5 mg (base equivalent)</b>	
.....	104
<b>nebivolol hcl tab 20 mg (base equivalent)</b>	
.....	104
<b>nebivolol hcl tab 5 mg (base equivalent)</b>	
.....	104
Nebusal	
see <b>sodium chloride soln nebu 3%</b> ....	127
Necon 0.5/35-28	
see <b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</b> .....	118
<b>nefazodone hcl tab 100 mg</b> .....	61
<b>nefazodone hcl tab 150 mg</b> .....	61



<b>nefazodone hcl tab 200 mg</b> .....	61	NEUPRO DIS 8MG/24HR.....	93
<b>nefazodone hcl tab 250 mg</b> .....	61	NEURONTIN CAP 100MG.....	56
<b>nefazodone hcl tab 50 mg</b> .....	61	NEURONTIN CAP 300MG.....	56
<b>nelarabine iv soln 5 mg/ml</b> .....	84	NEURONTIN CAP 400MG.....	56
<b>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</b> .....	185	NEURONTIN SOL 250/5ML.....	56
<b>neomycin-polymy-dexameth</b>		NEURONTIN TAB 600MG.....	56
see MAXITROL OIN 0.1% OP.....	186	NEURONTIN TAB 800MG.....	56
see MAXITROL SUS 0.1% OP.....	186	<b>nevirapine susp 50 mg/5ml</b> .....	101
<b>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</b> .....	185	<b>nevirapine tab 200 mg</b> .....	101
<b>neomycin-polymyxin b gu irrigation soln</b> .....	150	<b>nevirapine tab er 24hr 400 mg</b> .....	101
<b>neomycin-polymyxin-dexamethasone ophth oint 0.1%</b> .....	186	NEXLETOL TAB 180MG.....	72
<b>neomycin-polymyxin-dexamethasone ophth susp 0.1%</b> .....	186	NEXLIZET TAB 180/10MG.....	72
<b>neomycin-polymyxin-hc ophth susp</b> .....	186	<b>niacin tab er 1000 mg (antihyperlipidemic)</b> .....	74
<b>neomycin-polymyxin-hc otic soln 1%</b> .....	187	<b>niacin tab er 500 mg (antihyperlipidemic)</b> .....	74
<b>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</b> .....	187	<b>niacin tab er 750 mg (antihyperlipidemic)</b> .....	74
<b>neomycin sulfate tab 500 mg</b> .....	29	<b>nicardipine hcl cap 20 mg</b> .....	107
Neo-polycin		<b>nicardipine hcl cap 30 mg</b> .....	107
see <b>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</b> .....	185	<b>nicardipine hcl iv soln 2.5 mg/ml</b> .....	107
Neo-polycin Hc		<b>nifedipine</b>	
see <b>bacitracin-polymyxin-neomycin-hc ophth oint 1%</b> .....	185	see PROCARDIA XL TAB 30MG CR.....	108
<b>neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)</b> .....	82	see PROCARDIA XL TAB 60MG CR.....	108
<b>neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)</b> .....	82	see PROCARDIA XL TAB 90MG CR.....	108
<b>neostigmine methylsulfate soln pref syr 3 mg/3ml (1 mg/ml)</b> .....	82	<b>nifedipine cap 10 mg</b> .....	107
<b>nepafenac</b>		<b>nifedipine cap 20 mg</b> .....	107
see ILEVRO DRO 0.3% OP.....	187	<b>nifedipine tab er 24hr 30 mg</b> .....	107
Neuac		<b>nifedipine tab er 24hr 60 mg</b> .....	107
see <b>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</b> .....	127	<b>nifedipine tab er 24hr 90 mg</b> .....	107
NEUPRO DIS 1MG/24HR.....	93	<b>nifedipine tab er 24hr osmotic release 30 mg</b> .....	107
NEUPRO DIS 2MG/24HR.....	93	<b>nifedipine tab er 24hr osmotic release 60 mg</b> .....	107
NEUPRO DIS 3MG/24HR.....	93	<b>nifedipine tab er 24hr osmotic release 90 mg</b> .....	107
NEUPRO DIS 4MG/24HR.....	93	Nikki	
NEUPRO DIS 6MG/24HR.....	93	see <b>drospirenone-ethinyl estradiol tab 3-0.02 mg</b> .....	115
		<b>nilutamide tab 150 mg</b> .....	86
		<b>nimodipine cap 30 mg</b> .....	107
		NINLARO CAP 2.3MG.....	89
		NINLARO CAP 3MG.....	89
		NINLARO CAP 4MG.....	89

<b>nintedanib esylate</b>	
see OFEV CAP 100MG .....	196
see OFEV CAP 150MG .....	196
<b>niraparib tosylate</b>	
see ZEJULA TAB 100MG.....	90
see ZEJULA TAB 200MG .....	90
see ZEJULA TAB 300MG .....	90
<b>nisoldipine tab er 24hr 17 mg</b> .....	107
<b>nisoldipine tab er 24hr 20 mg</b> .....	107
<b>nisoldipine tab er 24hr 25.5 mg</b> .....	107
<b>nisoldipine tab er 24hr 30 mg</b> .....	107
<b>nisoldipine tab er 24hr 34 mg</b> .....	108
<b>nisoldipine tab er 24hr 40 mg</b> .....	108
<b>nisoldipine tab er 24hr 8.5 mg</b> .....	107
<b>nitazoxanide tab 500 mg</b> .....	42
<b>nitisinone</b>	
see ORFADIN CAP 10MG.....	142
see ORFADIN CAP 20MG .....	142
see ORFADIN CAP 2MG .....	142
see ORFADIN CAP 5MG .....	142
see ORFADIN SUS 4MG/ML .....	142
<b>nitisinone cap 10 mg</b> .....	142
<b>nitisinone cap 20 mg</b> .....	142
<b>nitisinone cap 2 mg</b> .....	142
<b>nitisinone cap 5 mg</b> .....	142
<b>nitrofurantoin macrocrystalline cap 100 mg</b> .....	44
<b>nitrofurantoin macrocrystalline cap 25 mg</b> .....	44
<b>nitrofurantoin macrocrystalline cap 50 mg</b> .....	44
<b>nitrofurantoin monohydrate macrocrystalline cap 100 mg</b> .....	44
<b>nitrofurantoin susp 25 mg/5ml</b> .....	44
<b>nitroglycerin</b>	
see NITROLINGUAL SPR 400MCG .....	45
see NITROSTAT SUB 0.3MG .....	45
see NITROSTAT SUB 0.4MG .....	45
see NITROSTAT SUB 0.6MG .....	45
<b>nitroglycerin iv soln 100 mcg/ml in d5w</b> .....	44
<b>nitroglycerin iv soln 200 mcg/ml in d5w</b> .....	44
<b>nitroglycerin iv soln 400 mcg/ml in d5w</b> .....	45
<b>nitroglycerin oint 0.4%</b> .....	41
<b>nitroglycerin sl tab 0.3 mg</b> .....	45
<b>nitroglycerin sl tab 0.4 mg</b> .....	45
<b>nitroglycerin sl tab 0.6 mg</b> .....	45
<b>nitroglycerin td patch 24hr 0.1 mg/hr</b> ....	45
<b>nitroglycerin td patch 24hr 0.2 mg/hr</b> ....	45
<b>nitroglycerin td patch 24hr 0.4 mg/hr</b> ...	45
<b>nitroglycerin td patch 24hr 0.6 mg/hr</b> ...	45
<b>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</b> .....	45
<b>NITROLINGUAL SPR 400MCG</b> .....	45
<b>nitroprusside sodium in nacl 0.9% iv soln 20 mg/100ml</b> .....	81
<b>nitroprusside sodium in nacl 0.9% iv soln 50 mg/100ml</b> .....	81
<b>nitroprusside sodium iv soln 25 mg/ml</b> ..	81
<b>NITROSTAT SUB 0.3MG</b> .....	45
<b>NITROSTAT SUB 0.4MG</b> .....	45
<b>NITROSTAT SUB 0.6MG</b> .....	45
<b>NIVESTYM INJ 300/0.5</b> .....	158
<b>NIVESTYM INJ 300MCG</b> .....	158
<b>NIVESTYM INJ 480/0.8</b> .....	158
<b>NIVESTYM INJ 480MCG</b> .....	158
<b>nizatidine cap 150 mg</b> .....	200
<b>nizatidine cap 300 mg</b> .....	200
Nora-be	
see <b>norethindrone tab 0.35 mg</b> .....	123
<b>NORDITROPIN INJ 10/1.5ML</b> .....	141
<b>NORDITROPIN INJ 15/1.5ML</b> .....	141
<b>NORDITROPIN INJ 30/3ML</b> .....	141
<b>NORDITROPIN INJ 5/1.5ML</b> .....	141
<b>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</b> .....	122, 123
<b>norepinephrine bitartrate iv soln 1 mg/ml (base equivalent)</b> .....	204
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</b> .....	118, 119
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</b> .....	119
<b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</b> .....	118
<b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</b> .....	118

<b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</b> .....	118	Nortrel 1/35 see <b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</b> .....	118
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</b> .....	120	Nortrel 7/7/7 see <b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</b> .....	121
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</b> .....	119, 120	<b>nortriptyline hcl</b> see PAMELOR CAP 10MG.....	63
<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> .....	119	see PAMELOR CAP 25MG .....	63
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b> .....	119	see PAMELOR CAP 50MG .....	63
<b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</b> .....	120	<b>nortriptyline hcl cap 10 mg</b> .....	63
<b>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</b> .....	120, 121	<b>nortriptyline hcl cap 25 mg</b> .....	63
<b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b> .....	121	<b>nortriptyline hcl cap 50 mg</b> .....	63
<b>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</b> see LO LOESTRIN TAB 1-10-10 .....	118	<b>nortriptyline hcl cap 75 mg</b> .....	63
<b>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</b> .....	145	<b>nortriptyline hcl soln 10 mg/5ml</b> .....	63
<b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</b> .....	145	NOVA SAFETY MIS LANC 23G .....	169
<b>norethindrone acetate tab 5 mg</b> .....	191	NOVA SAFETY MIS LANC 28G .....	169
<b>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</b> .....	119	NOVA SURE MIS LANCETS.....	169
<b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</b> .....	121	NOVOEIGHT INJ 1000UNIT .....	154
<b>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</b> .....	121	NOVOEIGHT INJ 1500UNIT .....	154
<b>norethindrone tab 0.35 mg</b> .....	123	NOVOEIGHT INJ 2000UNIT.....	154
<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b> .....	121, 122	NOVOEIGHT INJ 250UNIT .....	154
<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</b> .....	122	NOVOEIGHT INJ 3000UNIT.....	154
<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</b> .....	122	NOVOEIGHT INJ 500UNIT .....	154
<b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b> .....	122	NOVOLIN INJ 70/30.....	66
Norlyroc see <b>norethindrone tab 0.35 mg</b> .....	123	NOVOLIN INJ 70/30 FP .....	66
Nortrel 0.5/35 (28) see <b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</b> .....	118	NOVOLIN N INJ 100 UNIT .....	66
		NOVOLIN N INJ U-100 .....	66
		NOVOLIN R INJ 100 UNIT .....	66
		NOVOLIN R INJ U-100.....	66
		NOVOLOG INJ 100/ML .....	67
		NOVOLOG INJ FLEXPEN .....	67
		NOVOLOG INJ PENFILL.....	67
		NOVOLOG MIX INJ 70/30 .....	67
		NOVOLOG MIX INJ FLEXPEN .....	67
		NOVOSEVEN RT INJ 1MG .....	154
		NOVOSEVEN RT INJ 2MG.....	154
		NOVOSEVEN RT INJ 5MG.....	154
		NOVOSEVEN RT INJ 8MG.....	155
		NUBEQA TAB 300MG .....	86
		NUCALA INJ 100MG/ML .....	48
		NUCALA INJ 40MG/0.4.....	48
		Nulev	

see <b>hyoscyamine sulfate tab disint</b>	
<b>0.125 mg</b> .....	200
NURTEC TAB 75MG ODT .....	175
Nutriarx Creampak	
see <b>triamcinolone acet cr 0.1% &amp;</b>	
<b>dimeth cr 5% &amp; silicone tape</b> .....	133
<b>nutritional supplement caps</b> .....	137
NUWIQ INJ 1000UNIT .....	155
NUWIQ INJ 1500UNIT .....	155
NUWIQ INJ 2000UNIT .....	155
NUWIQ INJ 2500UNIT .....	155
NUWIQ INJ 250UNIT .....	155
NUWIQ INJ 3000UNIT .....	155
NUWIQ INJ 4000UNIT .....	155
NUWIQ INJ 500UNIT .....	155
NUWIQ KIT 1000UNIT .....	155
NUWIQ KIT 1500UNIT .....	155
NUWIQ KIT 2000UNIT .....	155
NUWIQ KIT 2500UNIT .....	155
NUWIQ KIT 250UNIT .....	155
NUWIQ KIT 3000UNIT .....	155
NUWIQ KIT 4000UNIT .....	155
NUWIQ KIT 500UNIT .....	155
Nyamyc	
see <b>nystatin topical powder 100000</b>	
<b>unit/gm</b> .....	130
Nylia 1/35	
see <b>norethindrone &amp; ethinyl estradiol</b>	
<b>tab 1 mg-35 mcg</b> .....	118
Nylia 7/7/7	
see <b>norethindrone-eth estradiol tab</b>	
<b>0.5-35/0.75-35/1-35 mg-mcg</b> .....	121
Nymyo	
see <b>norgestimate &amp; ethinyl estradiol</b>	
<b>tab 0.25 mg-35 mcg</b> .....	121
<b>nystatin cream 100000 unit/gm</b> .....	130
<b>nystatin oint 100000 unit/gm</b> .....	130
<b>nystatin susp 100000 unit/ml</b> .....	180
<b>nystatin tab 500000 unit</b> .....	70
<b>nystatin topical powder 100000 unit/gm</b>	
.....	130
<b>nystatin-triamcinolone cream 100000-0.1</b>	
<b>unit/gm-%</b> .....	130

<b>nystatin-triamcinolone oint 100000-0.1</b>	
<b>unit/gm-%</b> .....	130
Nystop	
see <b>nystatin topical powder 100000</b>	
<b>unit/gm</b> .....	130
NYVEPRIA INJ 6/0.6ML .....	158
<b>O</b>	
Ocella	
see <b>drospirenone-ethinyl estradiol tab</b>	
<b>3-0.03 mg</b> .....	115
<b>ocrelizumab</b>	
see OCREVUS INJ 300/10ML .....	194
OCREVUS INJ 300/10ML .....	194
<b>octreotide acetate inj 1000 mcg/ml (1</b>	
<b>mg/ml)</b> .....	144
<b>octreotide acetate inj 100 mcg/ml (0.1</b>	
<b>mg/ml)</b> .....	144
<b>octreotide acetate inj 200 mcg/ml (0.2</b>	
<b>mg/ml)</b> .....	144
<b>octreotide acetate inj 500 mcg/ml (0.5</b>	
<b>mg/ml)</b> .....	144
<b>octreotide acetate inj 50 mcg/ml (0.05</b>	
<b>mg/ml)</b> .....	144
<b>octreotide acetate subcutaneous soln</b>	
<b>pref syr 100 mcg/ml</b> .....	144
<b>octreotide acetate subcutaneous soln</b>	
<b>pref syr 500 mcg/ml</b> .....	144
<b>octreotide acetate subcutaneous soln</b>	
<b>pref syr 50 mcg/ml</b> .....	144
OCUFLOX DRO 0.3% OP .....	185
ODEFSEY TAB .....	101
ODOMZO CAP 200MG .....	86
<b>ofatumumab (ms)</b>	
see KESIMPTA INJ 20/.4ML .....	194
OFEV CAP 100MG .....	196
OFEV CAP 150MG .....	196
<b>ofloxacin (ophth)</b>	
see OCUFLOX DRO 0.3% OP .....	185
<b>ofloxacin ophth soln 0.3%</b> .....	185
<b>ofloxacin otic soln 0.3%</b> .....	187
<b>ofloxacin tab 300 mg</b> .....	147
<b>ofloxacin tab 400 mg</b> .....	147
OGIVRI INJ 150MG .....	85
OGIVRI INJ 420MG .....	85

<b>olanzapine</b>	
see ZYPREXA TAB 10MG .....	97
see ZYPREXA TAB 15MG.....	97
see ZYPREXA TAB 2.5MG.....	97
see ZYPREXA TAB 20MG.....	97
see ZYPREXA TAB 5MG.....	97
see ZYPREXA TAB 7.5MG.....	97
see ZYPREXA ZYDI TAB 10MG .....	97
see ZYPREXA ZYDI TAB 15MG .....	97
see ZYPREXA ZYDI TAB 20MG .....	97
see ZYPREXA ZYDI TAB 5MG.....	97
<b>olanzapine-fluoxetine hcl cap 12-25 mg</b>	
.....	193
<b>olanzapine-fluoxetine hcl cap 12-50 mg</b>	
.....	193
<b>olanzapine-fluoxetine hcl cap 3-25 mg</b>	193
<b>olanzapine-fluoxetine hcl cap 6-25 mg</b>	193
<b>olanzapine-fluoxetine hcl cap 6-50 mg</b>	193
<b>olanzapine for im inj 10 mg</b> .....	97
<b>olanzapine orally disintegrating tab 10 mg</b>	
.....	97
<b>olanzapine orally disintegrating tab 15 mg</b>	
.....	97
<b>olanzapine orally disintegrating tab 20 mg</b>	
.....	97
<b>olanzapine orally disintegrating tab 5 mg</b>	
.....	97
<b>olanzapine tab 10 mg</b> .....	97
<b>olanzapine tab 15 mg</b> .....	97
<b>olanzapine tab 2.5 mg</b> .....	97
<b>olanzapine tab 20 mg</b> .....	97
<b>olanzapine tab 5 mg</b> .....	97
<b>olanzapine tab 7.5 mg</b> .....	97
<b>olaparib</b>	
see LYNPARZA TAB 100MG.....	89
see LYNPARZA TAB 150MG.....	89
<b>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</b>	
.....	80
<b>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</b>	
.....	80
<b>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</b>	80
<b>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</b>	
.....	80
<b>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</b>	80
<b>olmesartan medoxomil-amlodipine- hydrochlorothiazide</b>	
see TRIBENZOR20- TAB 5-12.5MG .....	80
see TRIBENZOR40- TAB 10-12.5 .....	80
see TRIBENZOR40- TAB 10-25MG.....	80
see TRIBENZOR40- TAB 5-12.5MG.....	80
see TRIBENZOR40- TAB 5-25MG .....	80
<b>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</b>	80
<b>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</b>	80
<b>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</b>	80
<b>olmesartan medoxomil tab 20 mg</b> .....	76
<b>olmesartan medoxomil tab 40 mg</b> .....	76
<b>olmesartan medoxomil tab 5 mg</b> .....	76
<b>olodaterol hcl</b>	
see STRIVERDI AER 2.5MCG.....	51
<b>olopatadine hcl nasal soln 0.6%</b> .....	182
<b>olopatadine hcl ophth soln 0.2% (base equivalent)</b> .....	187
<b>omalizumab</b>	
see XOLAIR INJ 150MG/ML .....	48
see XOLAIR INJ 300/2ML .....	48
see XOLAIR INJ 75/0.5 .....	48
see XOLAIR SOL 150MG .....	48
<b>omega-3-acid ethyl esters cap 1 gm</b> .....	72
<b>omeprazole cap delayed release 10 mg</b>	
.....	201
<b>omeprazole cap delayed release 20 mg</b>	
.....	201
<b>omeprazole cap delayed release 40 mg</b>	
.....	201
OMNIPOD 5 G6 KIT INTRO .....	169
OMNIPOD 5 G6 MIS PODS.....	170
<b>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</b> .....	69
<b>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</b>	
.....	69

<b>ondansetron hcl inj soln pref syr 4 mg/2ml</b> .....	69	ORLISSA TAB 200MG.....	141
<b>ondansetron hcl oral soln 4 mg/5ml</b> .....	69	ORLADEYO CAP 110MG.....	157
<b>ondansetron hcl tab 24 mg</b> .....	69	ORLADEYO CAP 150MG.....	157
<b>ondansetron hcl tab 4 mg</b> .....	69	Ormalvi	
<b>ondansetron hcl tab 8 mg</b> .....	69	see <b>dichlorphenamide tab 50 mg</b> .....	138
<b>ondansetron orally disintegrating tab 4 mg</b> .....	69	<b>orphenadrine citrate inj 30 mg/ml</b> .....	181
<b>ondansetron orally disintegrating tab 8 mg</b> .....	69	<b>orphenadrine citrate tab er 12hr 100 mg</b> .....	181
ONETOUCH DEL MIS LANC DEV .....	170	Oscimin	
ONETOUCH DEL MIS PLUS 30G .....	170	see <b>hyoscyamine sulfate sl tab 0.125 mg</b> .....	200
ONETOUCH DEL MIS PLUS 33G .....	170	see <b>hyoscyamine sulfate tab 0.125 mg</b> .....	200
ONETOUCH TES ULTRA .....	136	<b>oseltamivir phosphate cap 30 mg (base equiv)</b> .....	103
ONETOUCH TES VERIO .....	136	<b>oseltamivir phosphate cap 45 mg (base equiv)</b> .....	103
ONETOUCH US MIS 2 30G.....	170	<b>oseltamivir phosphate cap 75 mg (base equiv)</b> .....	103
ONEXTON GEL 1.2-3.75 .....	128	<b>oseltamivir phosphate for susp 6 mg/ml (base equiv)</b> .....	103
ON-THE-GO MIS LANC 30G.....	170	<b>osimertinib mesylate</b>	
ONZETRA XSAI MIS 11MG .....	175	see TAGRISSO TAB 40MG.....	85
OPSUMIT TAB 10MG .....	111	see TAGRISSO TAB 80MG.....	85
OPZELURA CRE 1.5% .....	134	Osmitrol Viaflex	
ORACEA CAP 40MG .....	136	see <b>mannitol iv soln 10%</b> .....	139
ORALAIR SUB 300 IR.....	29	see <b>mannitol iv soln 20%</b> .....	139
Oralone Dental Paste		OZEZLA TAB 10/20/30.....	33
see <b>triamcinolone acetonide dental paste 0.1%</b> .....	180	OZEZLA TAB 30MG .....	33
<b>oral wound care products</b>		OVIDREL INJ .....	141
see EPISIL LIQ .....	180	<b>oxacillin sodium for inj 1 gm (base equivalent)</b> .....	190
see MUGARD LIQ .....	180	<b>oxacillin sodium for inj 2 gm (base equivalent)</b> .....	190
ORENITRAM TAB 0.125MG .....	111	<b>oxacillin sodium for iv soln 10 gm (base equivalent)</b> .....	190
ORENITRAM TAB 0.25MG .....	111	<b>oxaliplatin for iv inj 100 mg</b> .....	83
ORENITRAM TAB 1MG .....	111	<b>oxaliplatin for iv inj 50 mg</b> .....	83
ORENITRAM TAB 2.5MG .....	111	<b>oxaliplatin iv soln 100 mg/20ml</b> .....	83
ORENITRAM TAB 5MG.....	111	<b>oxaliplatin iv soln 200 mg/40ml</b> .....	83
ORENITRAM TAB MONTH 1 .....	111	<b>oxaliplatin iv soln 50 mg/10ml</b> .....	83
ORENITRAM TAB MONTH 2.....	111	<b>oxaprozin cap 300 mg</b> .....	33
ORENITRAM TAB MONTH 3.....	111	<b>oxaprozin tab 600 mg</b> .....	33
ORFADIN CAP 10MG.....	142	<b>oxazepam cap 10 mg</b> .....	46
ORFADIN CAP 20MG .....	142		
ORFADIN CAP 2MG .....	142		
ORFADIN CAP 5MG .....	142		
ORFADIN SUS 4MG/ML .....	142		
ORIAHNN CAP .....	145		
ORLISSA TAB 150MG .....	141		

<b>oxazepam cap 15 mg</b> .....	46
<b>oxazepam cap 30 mg</b> .....	46
<b>oxcarbazepine</b>	
see OXTELLAR XR TAB 150MG.....	56
see OXTELLAR XR TAB 300MG.....	56
see OXTELLAR XR TAB 600MG.....	56
<b>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</b> .....	56
<b>oxcarbazepine tab 150 mg</b> .....	56
<b>oxcarbazepine tab 300 mg</b> .....	56
<b>oxcarbazepine tab 600 mg</b> .....	56
<b>oxiconazole nitrate cream 1%</b> .....	130
OXTELLAR XR TAB 150MG.....	56
OXTELLAR XR TAB 300MG.....	56
OXTELLAR XR TAB 600MG.....	56
<b>oxybutynin chloride solution 5 mg/5ml</b> .....	202
<b>oxybutynin chloride tab 5 mg</b> .....	202
<b>oxybutynin chloride tab er 24hr 10 mg</b> .....	202
<b>oxybutynin chloride tab er 24hr 15 mg</b> .....	202
<b>oxybutynin chloride tab er 24hr 5 mg</b> .....	202
<b>oxycodone hcl cap 5 mg</b> .....	37
<b>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</b> .....	37
<b>oxycodone hcl soln 5 mg/5ml</b> .....	37
<b>oxycodone hcl tab 10 mg</b> .....	37
<b>oxycodone hcl tab 15 mg</b> .....	37
<b>oxycodone hcl tab 20 mg</b> .....	37
<b>oxycodone hcl tab 30 mg</b> .....	37
<b>oxycodone hcl tab 5 mg</b> .....	37
<b>oxycodone hcl tab er 12hr deter 10 mg</b> .....	37
<b>oxycodone hcl tab er 12hr deter 20 mg</b> .....	37
<b>oxycodone hcl tab er 12hr deter 40 mg</b> .....	37
<b>oxycodone w/ acetaminophen tab 10-325 mg</b> .....	39
<b>oxycodone w/ acetaminophen tab 2.5-325 mg</b> .....	38
<b>oxycodone w/ acetaminophen tab 5-325 mg</b> .....	39
<b>oxycodone w/ acetaminophen tab 7.5-325 mg</b> .....	39
<b>oxymorphone hcl tab 10 mg</b> .....	37
<b>oxymorphone hcl tab 5 mg</b> .....	37
<b>oxytocin inj 10 unit/ml</b> .....	188

**ozanimod hcl**

see ZEPOSIA 7DAY CAP STR PACK ....	195
see ZEPOSIA CAP .92MG .....	195
see ZEPOSIA CAP STR KIT .....	195
OZEMPIC INJ 2MG/3ML.....	66
OZEMPIC INJ 4MG/3ML.....	66
OZEMPIC INJ 8MG/3ML.....	66

**P**

Pacerone

see <b>amiodarone hcl tab 100 mg</b> .....	47
see <b>amiodarone hcl tab 200 mg</b> .....	47
see <b>amiodarone hcl tab 400 mg</b> .....	47

<b>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</b> .....	91
---	----

<b>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</b> .....	91
---	----

<b>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</b> .....	91
---	----

<b>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</b> .....	91
---	----

**palbociclib**

see IBRANCE CAP 100MG.....	88
see IBRANCE CAP 125MG .....	88
see IBRANCE CAP 75MG.....	88
see IBRANCE TAB 100MG .....	88
see IBRANCE TAB 125MG.....	88
see IBRANCE TAB 75MG .....	88

<b>paliperidone tab er 24hr 1.5 mg</b> .....	95
--	----

<b>paliperidone tab er 24hr 3 mg</b> .....	95
--	----

<b>paliperidone tab er 24hr 6 mg</b> .....	95
--	----

<b>paliperidone tab er 24hr 9 mg</b> .....	95
--	----

<b>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</b> .....	69
---	----

<b>palonosetron hcl iv soln pref syr 0.25 mg/5ml (base equiv)</b> .....	69
---	----

PAMELOR CAP 10MG.....	63
-----------------------	----

PAMELOR CAP 25MG .....	63
------------------------	----

PAMELOR CAP 50MG.....	63
-----------------------	----

<b>pamidronate disodium iv soln 3 mg/ml</b> .....	140
---	-----

<b>pamidronate disodium iv soln 9 mg/ml</b> .....	140
---	-----

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

see CREON CAP 12000UNT .....	137
see CREON CAP 24000UNT .....	137
see CREON CAP 3000UNIT .....	137
see CREON CAP 36000UNT .....	137

see CREON CAP 6000UNIT .....	137	PEDIAPRED SOL 5MG/5ML.....	125
see VIOKACE TAB 10440.....	137	<b>peg 3350-kcl-na bicarb-nacl-na sulfate</b>	
see VIOKACE TAB 20880 .....	137	<b>for soln 236 gm</b> .....	162
see ZENPEP CAP 10000UNT .....	138	<b>peg 3350-kcl-na bicarb-nacl-na sulfate</b>	
see ZENPEP CAP 15000UNT .....	138	<b>for soln 240 gm</b> .....	162
see ZENPEP CAP 20000UNT .....	138	<b>peg 3350-kcl-sod bicarb-nacl for soln</b>	
see ZENPEP CAP 25000UNT.....	138	<b>420 gm</b> .....	162
see ZENPEP CAP 3000UNIT .....	138	PEGASYS INJ .....	102
see ZENPEP CAP 40000UNT .....	138	PEGASYS INJ 180MCG/M.....	102
see ZENPEP CAP 5000UNIT.....	138	<b>pegcetacoplan</b>	
see ZENPEP CAP 60000UNT .....	138	see EMPAVELI INJ 1080MG.....	156
<b>pantoprazole sodium ec tab 20 mg (base</b>		<b>pegfilgrastim-apgf</b>	
<b>equiv)</b> .....	201	see NYVEPRIA INJ 6/0.6ML .....	158
<b>pantoprazole sodium ec tab 40 mg (base</b>		<b>pegfilgrastim-pbbk</b>	
<b>equiv)</b> .....	201	see FYLNETRA INJ 6MG/0.6 .....	158
<b>pantoprazole sodium for iv soln 40 mg</b>		<b>peginterferon alfa-2a</b>	
<b>(base equiv)</b> .....	201	see PEGASYS INJ .....	102
Paraplatin		see PEGASYS INJ 180MCG/M.....	102
see <b>carboplatin iv soln 1000 mg/100ml</b>		<b>pegunigalsidase alfa-iwxj</b>	
.....	83	see ELFABRIO SOL 20/10ML .....	142
<b>paricalcitol</b>		<b>pemetrexed disodium for iv soln 1000 mg</b>	
see ZEMPLAR CAP 1MCG .....	143	<b>(base equiv)</b> .....	85
see ZEMPLAR CAP 2MCG.....	143	<b>pemetrexed disodium for iv soln 100 mg</b>	
<b>paricalcitol cap 1 mcg</b> .....	142	<b>(base equiv)</b> .....	84
<b>paricalcitol cap 2 mcg</b> .....	142	<b>pemetrexed disodium for iv soln 500 mg</b>	
<b>paricalcitol cap 4 mcg</b> .....	142	<b>(base equiv)</b> .....	84
<b>paricalcitol iv soln 2 mcg/ml</b> .....	142	<b>pemetrexed disodium for iv soln 750 mg</b>	
<b>paricalcitol iv soln 5 mcg/ml</b> .....	142	<b>(base equiv)</b> .....	84
PARLODEL CAP 5MG.....	93	<b>penciclovir cream 1%</b> .....	131
PARLODEL TAB 2.5MG .....	93	<b>penicillamine cap 250 mg</b> .....	177
<b>paroxetine hcl oral susp 10 mg/5ml (base</b>		<b>penicillamine tab 250 mg</b> .....	177
<b>equiv)</b> .....	60	<b>penicillin g potassium for inj 20000000</b>	
<b>paroxetine hcl tab 10 mg</b> .....	60	<b>unit</b> .....	189
<b>paroxetine hcl tab 20 mg</b> .....	60	<b>penicillin g potassium for inj 5000000</b>	
<b>paroxetine hcl tab 30 mg</b> .....	60	<b>unit</b> .....	189
<b>paroxetine hcl tab 40 mg</b> .....	60	<b>penicillin g sodium for inj 5000000 unit</b>	
<b>paroxetine hcl tab er 24hr 12.5 mg</b> .....	60	.....	189
<b>paroxetine hcl tab er 24hr 25 mg</b> .....	60	<b>penicillin v potassium for soln 125 mg/5ml</b>	
<b>paroxetine hcl tab er 24hr 37.5 mg</b> .....	60	.....	189
<b>patiromer sorbitex calcium</b>		<b>penicillin v potassium for soln 250</b>	
see VELTASSA POW 16.8GM.....	179	<b>mg/5ml</b> .....	189
see VELTASSA POW 25.2GM .....	179	<b>penicillin v potassium tab 250 mg</b> .....	189
see VELTASSA POW 8.4GM .....	179	<b>penicillin v potassium tab 500 mg</b> .....	189
<b>pazopanib hcl tab 200 mg (base equiv)</b> .89			



**pentamidine isethionate for inj soln 300 mg** .....42  
**pentamidine isethionate for nebulization soln 300 mg**.....42  
**pentazocine w/ naloxone hcl tab 50-0.5 mg** .....40  
**pentobarbital sodium inj 50 mg/ml** .....159  
**pentoxifylline tab er 400 mg**.....157  
 PEPCID TAB 20MG.....200  
 PEPCID TAB 40MG .....201  
**perampanel**  
 see FYCOMPA SUS 0.5MG/ML.....53  
 see FYCOMPA TAB 10MG.....53  
 see FYCOMPA TAB 12MG.....53  
 see FYCOMPA TAB 2MG .....53  
 see FYCOMPA TAB 4MG .....53  
 see FYCOMPA TAB 6MG .....53  
 see FYCOMPA TAB 8MG .....53  
 PERFECT 28G MIS LANCETS .....170  
 PERFECT 30G MIS LANCETS .....170  
**perindopril erbumine tab 2 mg**.....75  
**perindopril erbumine tab 4 mg** .....75  
**perindopril erbumine tab 8 mg**.....75  
 Periogard  
 see **chlorhexidine gluconate soln 0.12%**  
 .....180  
 PERJETA INJ 420/14ML .....85  
**permethrin cream 5%** .....136  
**perphenazine-amitriptyline tab 2-10 mg**  
 .....193  
**perphenazine-amitriptyline tab 2-25 mg**  
 .....193  
**perphenazine-amitriptyline tab 4-10 mg**  
 .....193  
**perphenazine-amitriptyline tab 4-25 mg**  
 .....193  
**perphenazine-amitriptyline tab 4-50 mg**  
 .....193  
**perphenazine tab 16 mg** .....98  
**perphenazine tab 2 mg** .....98  
**perphenazine tab 4 mg** .....98  
**perphenazine tab 8 mg** .....98  
 PERSERIS INJ 120MG.....95  
 PERSERIS INJ 90MG .....95

**pertuzumab**  
 see PERJETA INJ 420/14ML .....85  
**pertuzumab-trastuzumab-hyaluronidase-zzxf**  
 see PHESGO SOL .....87  
 Pfizerpen  
 see **penicillin g potassium for inj 2000000 unit** .....189  
 see **penicillin g potassium for inj 5000000 unit**.....189  
 PHARMACY COU MIS LANCETS .....170  
 PHEBURANE MIS 483/GM .....143  
 Phenazo  
 see **phenazopyridine hcl tab 200 mg** .151  
**phenazopyridine hcl tab 200 mg** .....151  
**phenelzine sulfate tab 15 mg** .....59  
**phenobarbital elixir 20 mg/5ml** .....160  
**phenobarbital sodium inj 130 mg/ml** ....160  
**phenobarbital sodium inj 65 mg/ml** .....160  
**phenobarbital tab 100 mg** .....160  
**phenobarbital tab 15 mg** .....160  
**phenobarbital tab 16.2 mg**.....160  
**phenobarbital tab 30 mg** .....160  
**phenobarbital tab 32.4 mg** .....160  
**phenobarbital tab 60 mg** .....160  
**phenobarbital tab 64.8 mg**.....160  
**phenobarbital tab 97.2 mg** .....160  
**phenoxybenzamine hcl cap 10 mg** .....76  
**phentolamine mesylate for inj 5 mg**.....76  
**phenylephrine hcl iv soln 10 mg/ml** .....204  
**phenylephrine hcl ophth soln 10%** .....184  
**phenylephrine hcl ophth soln 2.5%** .....184  
 Phenytek  
 see **phenytoin sodium extended cap 200 mg** .....58  
 see **phenytoin sodium extended cap 300 mg** .....58  
 Phenytoin  
 see **phenytoin chew tab 50 mg** .....58  
**phenytoin chew tab 50 mg** .....58  
**phenytoin sodium extended cap 100 mg**  
 .....58  
**phenytoin sodium extended cap 200 mg**  
 .....58

<b>phenytoin sodium extended cap 300 mg</b>	58	<b>pioglitazone hcl-metformin hcl tab 15-850 mg</b>	64
.....	58	<b>pioglitazone hcl tab 15 mg (base equiv)</b>	67
<b>phenytoin sodium inj 50 mg/ml</b>	58	<b>pioglitazone hcl tab 30 mg (base equiv)</b>	67
<b>phenytoin susp 125 mg/5ml</b>	58	<b>pioglitazone hcl tab 45 mg (base equiv)</b>	67
PHESGO SOL	87	<b>piperacillin sod-tazobactam na for inj</b>	
Philith		<b>3.375 gm (3-0.375 gm)</b>	190
see <b>norethindrone &amp; ethinyl estradiol</b>		<b>piperacillin sod-tazobactam sod for inj</b>	
<b>tab 0.4 mg-35 mcg</b>	118	<b>13.5 gm (12-1.5 gm)</b>	190
Physiolyte		<b>piperacillin sod-tazobactam sod for inj</b>	
see <b>irrigation solution, physiological</b>	179	<b>2.25 gm (2-0.25 gm)</b>	190
Physiosol Irrigation		<b>piperacillin sod-tazobactam sod for inj</b>	
see <b>irrigation solution, physiological</b>	179	<b>4.5 gm (4-0.5 gm)</b>	190
<b>phytonadione inj 10 mg/ml</b>	204	<b>piperacillin sod-tazobactam sod for inj</b>	
<b>phytonadione inj 1 mg/0.5ml (2 mg/ml)</b>	204	<b>40.5 gm (36-4.5 gm)</b>	190
.....	204	PIP LANCETS MIS 28G	170
<b>phytonadione tab 5 mg</b>	204	PIP LANCETS MIS 30G	170
<b>pilocarpine hcl (oral)</b>		<b>pirfenidone cap 267 mg</b>	196
see SALAGEN TAB 5MG	180	<b>pirfenidone tab 267 mg</b>	196
see SALAGEN TAB 7.5MG	180	<b>pirfenidone tab 801 mg</b>	196
<b>pilocarpine hcl ophth soln 1%</b>	184	<b>piroxicam cap 10 mg</b>	33
<b>pilocarpine hcl ophth soln 2%</b>	184	<b>piroxicam cap 20 mg</b>	33
<b>pilocarpine hcl ophth soln 4%</b>	184	<b>pitavastatin calcium tab 1 mg</b>	74
<b>pilocarpine hcl tab 5 mg</b>	180	<b>pitavastatin calcium tab 2 mg</b>	74
<b>pilocarpine hcl tab 7.5 mg</b>	180	<b>pitavastatin calcium tab 4 mg</b>	74
<b>pimecrolimus cream 1%</b>	134	<b>pitolisant hcl</b>	
<b>pimozide tab 1 mg</b>	195	see WAKIX TAB 17.8MG	26
<b>pimozide tab 2 mg</b>	195	see WAKIX TAB 4.45MG	26
Pimtrex		Plenaminate	
see <b>desogest-eth estrad &amp; eth estrad</b>		see <b>amino acid infusion 15%</b>	183
<b>tab 0.15-0.02/0.01 mg(21/5)</b>	114	<b>plerixafor subcutaneous inj 24 mg/1.2ml</b>	
<b>pindolol tab 10 mg</b>	104	<b>(20 mg/ml)</b>	159
<b>pindolol tab 5 mg</b>	104	Pnv-dha	
<b>pioglitazone hcl-glimepiride</b>		see <b>prenat w/o a w/fefum-methfol-fa-</b>	
see DUETACT TAB 30-2MG	63	<b>dha cap 27-0.6-0.4-300 mg</b>	180
see DUETACT TAB 30-4MG	63	Pnv-select	
<b>pioglitazone hcl-glimepiride tab 30-2 mg</b>	64	see <b>prenatal vit w/ fe fum-</b>	
.....	64	<b>methylfolate-fa tab 27-0.6-0.4 mg</b>	180
<b>pioglitazone hcl-glimepiride tab 30-4 mg</b>	64	<b>podofilox gel 0.5%</b>	134
.....	64	<b>podofilox soln 0.5%</b>	134
<b>pioglitazone hcl-metformin hcl</b>		Polocaine	
see ACTOPLUS MET TAB 15-850MG	63	see <b>mepivacaine hcl inj 1%</b>	163
<b>pioglitazone hcl-metformin hcl tab 15-500 mg</b>	64	see <b>mepivacaine hcl inj 2%</b>	163
		Polocaine-mpf	

see **mepivacaine hcl preservative free (pf) inj 1.5%** .....164

see **mepivacaine hcl preservative free (pf) inj 1%** .....164

see **mepivacaine hcl preservative free (pf) inj 2%** .....164

Polycin  
see **bacitracin-polymyxin b ophth oint** .....184

**polymyxin b sulfate for inj 500000 unit** .44

**polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%** .....185

Portia-28  
see **levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg** .....117

**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** .....150

**potassium acetate inj 2 meq/ml**.....176

**potassium bicarbonate effer tab 25 meq** .....176

**potassium chloride cap er 10 meq** .....176

**potassium chloride cap er 8 meq**.....176

**potassium chloride inj 10 meq/100ml** ...176

**potassium chloride inj 10 meq/50ml** ....176

**potassium chloride inj 20 meq/100ml**...177

**potassium chloride inj 20 meq/50ml** ....177

**potassium chloride inj 2 meq/ml** .....176

**potassium chloride inj 40 meq/100ml** ..177

**potassium chloride microencapsulated crys er tab 10 meq** .....177

**potassium chloride microencapsulated crys er tab 15 meq**.....177

**potassium chloride microencapsulated crys er tab 20 meq**.....177

**potassium chloride oral soln 10% (20 meq/15ml)** .....177

**potassium chloride oral soln 20% (40 meq/15ml)** .....177

**potassium chloride powder packet 20 meq**.....177

**potassium chloride tab er 10 meq**.....177

**potassium chloride tab er 20 meq (1500 mg)**.....177

**potassium chloride tab er 8 meq (600 mg)** .....177

**potassium citrate (alkalinizer)**  
see UROCIT-K 10 TAB.....150  
see UROCIT-K 15 TAB.....150  
see UROCIT-K 5 TAB .....150

**potassium citrate & citric acid powder pack 3300-1002 mg** .....150

**potassium citrate & citric acid soln 1100-334 mg/5ml** .....150

**potassium citrate tab er 10 meq (1080 mg)** .....150

**potassium citrate tab er 15 meq (1620 mg)** .....150

**potassium citrate tab er 5 meq (540 mg)** .....150

**pralsetinib**  
see GAVRETO CAP 100MG.....88

**pramipexole dihydrochloride tab 0.125 mg** .....93

**pramipexole dihydrochloride tab 0.25 mg** .....93

**pramipexole dihydrochloride tab 0.5 mg** .....93

**pramipexole dihydrochloride tab 0.75 mg** .....93

**pramipexole dihydrochloride tab 1.5 mg** .....93

**pramipexole dihydrochloride tab 1 mg** ..93

**pramipexole dihydrochloride tab er 24hr 0.375 mg** .....93

**pramipexole dihydrochloride tab er 24hr 0.75 mg**.....93

**pramipexole dihydrochloride tab er 24hr 1.5 mg** .....93

**pramipexole dihydrochloride tab er 24hr 2.25 mg**.....93

**pramipexole dihydrochloride tab er 24hr 3.75 mg**.....93

**pramipexole dihydrochloride tab er 24hr 3 mg** .....93

<b>pramipexole dihydrochloride tab er 24hr</b>	
<b>4.5 mg</b> .....	94
<b>pramlintide acetate</b>	
see SYMLINPEN 60 INJ 1000MCG.....	63
see SYMLINPEN 120 INJ 1000MCG .....	63
<b>prasugrel hcl tab 10 mg (base equiv) ...</b>	157
<b>prasugrel hcl tab 5 mg (base equiv) .....</b>	157
<b>pravastatin sodium tab 10 mg</b> .....	74
<b>pravastatin sodium tab 20 mg</b> .....	74
<b>pravastatin sodium tab 40 mg</b> .....	74
<b>pravastatin sodium tab 80 mg</b> .....	74
<b>praziquantel tab 600 mg</b> .....	41
<b>prazosin hcl cap 1 mg</b> .....	77
<b>prazosin hcl cap 2 mg</b> .....	77
<b>prazosin hcl cap 5 mg</b> .....	77
<b>prednisolone acetate ophth susp 1%</b> ....	186
<b>prednisolone sodium phosphate</b>	
see PEDIAPRED SOL 5MG/5ML.....	125
<b>prednisolone sodium phosphate oral soln</b>	
<b>25 mg/5ml (base eq)</b> .....	126
<b>prednisolone sod phos orally disintegr</b>	
<b>tab 10 mg (base eq)</b> .....	125
<b>prednisolone sod phos orally disintegr</b>	
<b>tab 15 mg (base eq)</b> .....	125
<b>prednisolone sod phos orally disintegr</b>	
<b>tab 30 mg (base eq)</b> .....	125
<b>prednisolone sod phosphate oral soln 15</b>	
<b>mg/5ml (base equiv)</b> .....	125
<b>prednisolone sod phosph oral soln 6.7</b>	
<b>mg/5ml (5 mg/5ml base)</b> .....	125
<b>prednisolone soln 15 mg/5ml</b> .....	126
<b>prednisolone tab 5 mg</b> .....	126
<b>prednisone oral soln 5 mg/5ml</b> .....	126
<b>prednisone tab 10 mg</b> .....	126
<b>prednisone tab 1 mg</b> .....	126
<b>prednisone tab 2.5 mg</b> .....	126
<b>prednisone tab 20 mg</b> .....	126
<b>prednisone tab 50 mg</b> .....	126
<b>prednisone tab 5 mg</b> .....	126
<b>prednisone tab therapy pack 10 mg (21)</b>	
.....	126
<b>prednisone tab therapy pack 10 mg (48)</b>	
.....	126
<b>prednisone tab therapy pack 5 mg (21)</b>	126
<b>prednisone tab therapy pack 5 mg (48)</b>	
.....	126
<b>PRED SOD PHO SOL 1% OP</b> .....	186
<b>pregabalin cap 100 mg</b> .....	57
<b>pregabalin cap 150 mg</b> .....	57
<b>pregabalin cap 200 mg</b> .....	57
<b>pregabalin cap 225 mg</b> .....	57
<b>pregabalin cap 25 mg</b> .....	56
<b>pregabalin cap 300 mg</b> .....	57
<b>pregabalin cap 50 mg</b> .....	57
<b>pregabalin cap 75 mg</b> .....	57
<b>pregabalin soln 20 mg/ml</b> .....	57
<b>pregabalin tab er 24hr 165 mg</b> .....	195
<b>pregabalin tab er 24hr 330 mg</b> .....	195
<b>pregabalin tab er 24hr 82.5 mg</b> .....	195
<b>PREMPHASE TAB</b> .....	145
<b>PREMPRO TAB</b> .....	145
<b>PREMPRO TAB 0.3-1.5</b> .....	145
<b>PREMPRO TAB 0.45-1.5</b> .....	145
<b>PREMPRO TAB 0.625-5</b> .....	145
<b>Prenatal 19</b>	
see <b>prenatal vit w/ fe fumarate-fa chew</b>	
<b>tab 29-1 mg</b> .....	180
<b>prenatal vit w/ dss-iron carbonyl-fa tab</b>	
<b>90-1 mg</b> .....	180
<b>prenatal vit w/ fe fumarate-fa chew tab</b>	
<b>29-1 mg</b> .....	180
<b>prenatal vit w/ fe fumarate-fa tab 28-1 mg</b>	
.....	180
<b>prenatal vit w/ fe fum-methylfolate-fa</b>	
<b>tab 27-0.6-0.4 mg</b> .....	180
<b>prenatal vit w/ iron carbonyl-fa tab 50-</b>	
<b>1.25 mg</b> .....	180
<b>prenat w/o a w/fefum-methfol-fa-dha</b>	
<b>cap 27-0.6-0.4-300 mg</b> .....	180
<b>Prevalite</b>	
see <b>cholestyramine light powder 4</b>	
<b>gm/dose</b> .....	72
see <b>cholestyramine light powder</b>	
<b>packets 4 gm</b> .....	72
<b>Previdolrx Plus Analgesic</b>	
see <b>diclofenac sod dr tab 75 mg &amp;</b>	
<b>capsaicin cr 0.025% ther pack</b> .....	31

<b>primaquine phosphate tab 26.3 mg (15 mg base)</b> .....	82	Proctozone-hc	
<b>primidone</b>		see <b>hydrocortisone perianal cream 2.5%</b> .....	41
see MYSOLINE TAB 250MG .....	56	PRODIGY MIS 26G .....	170
see MYSOLINE TAB 50MG .....	56	PRODIGY MIS 28G .....	170
<b>primidone tab 250 mg</b> .....	57	<b>progesterone (vaginal)</b>	
<b>primidone tab 50 mg</b> .....	57	see CRINONE GEL 4% VAG .....	203
<b>probenecid tab 500 mg</b> .....	151	see CRINONE GEL 8% VAG.....	203
<b>procainamide hcl inj 100 mg/ml</b> .....	46	see ENDOMETRIN SUP 100MG .....	203
<b>procainamide hcl inj 500 mg/ml</b> .....	46	<b>progesterone cap 100 mg</b> .....	191
<b>procarbazine hcl</b>		<b>progesterone cap 200 mg</b> .....	191
see MATULANE CAP 50MG .....	90	<b>progesterone im in oil 50 mg/ml</b> .....	191
PROCARDIA XL TAB 30MG CR .....	108	PROLASTIN-C INJ 1000MG.....	196
PROCARDIA XL TAB 60MG CR.....	108	PROLENSA SOL 0.07% .....	187
PROCARDIA XL TAB 90MG CR .....	108	PROLIA INJ 60MG/ML .....	140
Procentra		PROMACTA PAK 25MG .....	159
see <b>dextroamphetamine sulfate oral solution 5 mg/5ml</b> .....	25	PROMACTA POW 12.5MG .....	159
<b>prochlorperazine edisylate inj 10 mg/2ml</b> .....	98	PROMACTA TAB 12.5MG .....	159
<b>prochlorperazine maleate tab 10 mg (base equivalent)</b> .....	98	PROMACTA TAB 25MG.....	159
<b>prochlorperazine maleate tab 5 mg (base equivalent)</b> .....	98	PROMACTA TAB 50MG .....	159
<b>prochlorperazine suppos 25 mg</b> .....	98	PROMACTA TAB 75MG.....	159
PRO COMFORT MIS 31G .....	170	<b>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</b> .....	126
PRO COMFORT MIS LANC 30G .....	170	<b>promethazine-dm syrup 6.25-15 mg/5ml</b> .....	126
PRO COMFORT MIS LANCETS .....	170	<b>promethazine hcl inj 25 mg/ml</b> .....	71
PROCRIT INJ 10000/ML .....	159	<b>promethazine hcl inj 50 mg/ml</b> .....	71
PROCRIT INJ 2000/ML .....	158	<b>promethazine hcl oral soln 6.25 mg/5ml</b> .....	71
PROCRIT INJ 20000/ML.....	159	<b>promethazine hcl suppos 12.5 mg</b> .....	71
PROCRIT INJ 3000/ML .....	159	<b>promethazine hcl suppos 25 mg</b> .....	71
PROCRIT INJ 4000/ML.....	159	<b>promethazine hcl suppos 50 mg</b> .....	71
PROCRIT INJ 40000/ML .....	159	<b>promethazine hcl tab 12.5 mg</b> .....	71
Proctocort		<b>promethazine hcl tab 25 mg</b> .....	71
see <b>hydrocortisone perianal cream 1%</b> .....	41	<b>promethazine hcl tab 50 mg</b> .....	72
PROCTOFOAM AER HC 1%.....	41	Promethazine Vc	
Procto-med Hc		see <b>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</b> .....	126
see <b>hydrocortisone perianal cream 2.5%</b> .....	41	<b>promethazine w/ codeine syrup 6.25-10 mg/5ml</b> .....	126
Proctosol Hc		Promethegan	
see <b>hydrocortisone perianal cream 2.5%</b> .....	41	see <b>promethazine hcl suppos 12.5 mg</b> .....	71
		see <b>promethazine hcl suppos 25 mg</b> .....	71
		see <b>promethazine hcl suppos 50 mg</b> .....	71
		<b>propafenone hcl cap er 12hr 225 mg</b> .....	47

<b>propafenone hcl cap er 12hr 325 mg</b> .....	47	PURE COMFORT MIS 30G LAN.....	170
<b>propafenone hcl cap er 12hr 425 mg</b> .....	47	PX LANCETS MIS 28G .....	170
<b>propafenone hcl tab 150 mg</b> .....	47	PX LANCETS MIS 33G .....	170
<b>propafenone hcl tab 225 mg</b> .....	47	<b>pyrazinamide tab 500 mg</b> .....	82
<b>propafenone hcl tab 300 mg</b> .....	47	<b>pyridostigmine bromide oral soln 60</b>	
<b>proparacaine hcl ophth soln 0.5%</b> .....	185	<b>mg/5ml</b> .....	82
<b>propofol iv emul 1000 mg/100ml (10</b>		<b>pyridostigmine bromide tab 60 mg</b> .....	82
<b>mg/ml)</b> .....	150	<b>pyridostigmine bromide tab er 180 mg</b> ..	82
<b>propofol iv emul 200 mg/20ml (10 mg/ml)</b>		<b>pyridoxine hcl inj 100 mg/ml</b> .....	204
.....	149	<b>pyrimethamine tab 25 mg</b> .....	82
<b>propofol iv emul 500 mg/50ml (10 mg/ml)</b>		<b>Q</b>	
.....	149, 150	QC LANCETS MIS 28G.....	170
<b>propranolol hcl cap er 24hr 120 mg</b> .....	105	QC LANCETS MIS 30G .....	170
<b>propranolol hcl cap er 24hr 160 mg</b> .....	105	QELBREE CAP 100MG ER .....	26
<b>propranolol hcl cap er 24hr 60 mg</b> .....	105	QELBREE CAP 150MG ER .....	26
<b>propranolol hcl cap er 24hr 80 mg</b> .....	105	QELBREE CAP 200MG ER .....	26
<b>propranolol hcl inj 1 mg/ml</b> .....	105	QUESTRAN POW 4GM .....	73
<b>propranolol hcl oral soln 20 mg/5ml</b> .....	105	QUESTRAN POW 4GM LITE .....	73
<b>propranolol hcl oral soln 40 mg/5ml</b> .....	105	<b>quetiapine fumarate</b>	
<b>propranolol hcl tab 10 mg</b> .....	105	see SEROQUEL TAB 100MG .....	97
<b>propranolol hcl tab 20 mg</b> .....	105	see SEROQUEL TAB 200MG .....	97
<b>propranolol hcl tab 40 mg</b> .....	105	see SEROQUEL TAB 25MG .....	97
<b>propranolol hcl tab 60 mg</b> .....	105	see SEROQUEL TAB 300MG .....	97
<b>propranolol hcl tab 80 mg</b> .....	105	see SEROQUEL TAB 400MG .....	97
<b>propylthiouracil tab 50 mg</b> .....	197	see SEROQUEL TAB 50MG.....	97
PROSCAR TAB 5MG .....	151	<b>quetiapine fumarate tab 100 mg</b> .....	97
<b>protamine sulfate inj 10 mg/ml</b> .....	158	<b>quetiapine fumarate tab 150 mg</b> .....	97
<b>protriptyline hcl tab 10 mg</b> .....	63	<b>quetiapine fumarate tab 200 mg</b> .....	97
<b>protriptyline hcl tab 5 mg</b> .....	63	<b>quetiapine fumarate tab 25 mg</b> .....	97
PROVERA TAB 10MG.....	191	<b>quetiapine fumarate tab 300 mg</b> .....	97
PROVERA TAB 2.5MG .....	191	<b>quetiapine fumarate tab 400 mg</b> .....	97
PROVERA TAB 5MG .....	191	<b>quetiapine fumarate tab 50 mg</b> .....	97
<b>pseudoephed-bromphen-dm syrup 30-2-</b>		<b>quetiapine fumarate tab er 24hr 150 mg</b> 97	
<b>10 mg/5ml</b> .....	126, 127	<b>quetiapine fumarate tab er 24hr 200 mg</b>	
PSS SAFE LAN MIS.....	170	.....	97
PSS SEL LANC MIS.....	170	<b>quetiapine fumarate tab er 24hr 300 mg</b>	
PULMICORT INH 180MCG.....	49	.....	97
PULMICORT INH 90MCG .....	49	<b>quetiapine fumarate tab er 24hr 400 mg</b>	
PULMICORT SUS 0.25MG/2 .....	49	.....	97
PULMICORT SUS 0.5MG/2 .....	49	<b>quetiapine fumarate tab er 24hr 50 mg</b> .97	
PULMICORT SUS 1MG/2ML .....	49	<b>quinapril hcl</b>	
Pulmosal		see ACCUPRIL TAB 10MG .....	74
see <b>sodium chloride soln nebu 7%</b> ....	127	see ACCUPRIL TAB 20MG.....	74
PULMOZYME SOL 1MG/ML.....	196	see ACCUPRIL TAB 40MG.....	74

see ACCUPRIL TAB 5MG .....	74
<b>quinapril hcl tab 10 mg</b> .....	75
<b>quinapril hcl tab 20 mg</b> .....	75
<b>quinapril hcl tab 40 mg</b> .....	75
<b>quinapril hcl tab 5 mg</b> .....	75
<b>quinapril-hydrochlorothiazide</b>	
see ACCURETIC TAB 10-12.5 .....	77
see ACCURETIC TAB 20-12.5 .....	77
<b>quinidine gluconate tab er 324 mg</b> .....	46
<b>quinine sulfate cap 324 mg</b> .....	82
QULIPTA TAB 10MG .....	175
QULIPTA TAB 30MG .....	175
QULIPTA TAB 60MG .....	175
QUVIVIQ TAB 25MG .....	161
QUVIVIQ TAB 50MG .....	161
<b>R</b>	
<b>rabeprazole sodium ec tab 20 mg</b> .....	201
RADICAVA ORS SUS 105/5ML .....	182
RADICAVA ORS SUS STARTER .....	182
RA E-ZJECT MIS 28G .....	170
RA E-ZJECT MIS THIN 26G .....	170
RA E-ZJECT MIS THIN 28G .....	170
RA E-ZJECT MIS ULT THIN .....	170
RAGWITEK SUB .....	29
<b>raloxifene hcl</b>	
see EVISTA TAB 60MG .....	141
<b>raloxifene hcl tab 60 mg</b> .....	141
<b>raltegravir potassium</b>	
see ISENTRESS CHW 100MG .....	100
see ISENTRESS CHW 25MG .....	100
see ISENTRESS HD TAB 600MG .....	100
see ISENTRESS POW 100MG .....	100
see ISENTRESS TAB 400MG .....	100
<b>ramelteon tab 8 mg</b> .....	162
<b>ramipril</b>	
see ALTACE CAP 1.25MG .....	75
see ALTACE CAP 10MG .....	75
see ALTACE CAP 2.5MG .....	75
see ALTACE CAP 5MG .....	75
<b>ramipril cap 1.25 mg</b> .....	75
<b>ramipril cap 10 mg</b> .....	76
<b>ramipril cap 2.5 mg</b> .....	75
<b>ramipril cap 5 mg</b> .....	76
<b>ranibizumab-eqrn</b>	

see CIMERLI INJ 0.3MG .....	184
see CIMERLI INJ 0.5MG .....	184
<b>ranibizumab-nuna</b>	
see BYOOVIZ INJ 0.5MG .....	184
<b>ranolazine tab er 12hr 1000 mg</b> .....	44
<b>ranolazine tab er 12hr 500 mg</b> .....	44
<b>rasagiline mesylate tab 0.5 mg (base equiv)</b> .....	94
<b>rasagiline mesylate tab 1 mg (base equiv)</b> .....	94
RASUVO INJ 10MG .....	31
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 .....	170
READYLANCE MIS 23G .....	170
READYLANCE MIS 26G .....	170
READYLANCE MIS 28G .....	170
READYLANCE MIS 30G .....	170
REALITY MIS LANCETS .....	170
REALITY TRIG MIS LANCETS .....	170
REBIF INJ 22/0.5 .....	194
REBIF INJ 44/0.5 .....	194
REBIF REBIDO INJ 22/0.5 .....	194
REBIF REBIDO INJ 44/0.5 .....	194
REBIF REBIDO INJ TITRATN .....	194
REBIF TITRTN INJ PACK .....	194
REBINYN INJ 3000UNIT .....	155
REBINYN SOL 1000UNIT .....	155
REBINYN SOL 2000UNIT .....	155
REBINYN SOL 500UNIT .....	155
Reclipsen	
see <b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> .....	115
<b>regadenoson iv inj 0.4 mg/5ml (0.08 mg/ml)</b> .....	136
REGLAN TAB 10MG .....	148
REGLAN TAB 5MG .....	148
<b>regorafenib</b>	

see STIVARGA TAB 40MG.....	89
Relador Pak	
see <b>lidocaine-prilocaine cream kit 2.5-2.5%</b> .....	135
Relador Pak Plus	
see <b>lidocaine-prilocaine cream kit 2.5-2.5%</b> .....	135
RELENZA MIS DISKHALE .....	103
RELION LANCE MIS THIN 26G .....	170
RELION LANCE MIS THIN 30G .....	170
RELION MICRO MIS THIN 33G .....	170
RELION ULTRA MIS THIN 30G .....	170
RELION ULTRA MIS THIN PLS.....	171
RELPAK TAB 20MG.....	175
RELPAK TAB 40MG.....	175
<b>relugolix-estradiol-norethindrone acetate</b>	
see MYFEMBREE TAB.....	145
REMERON SLTB TAB 15MG .....	59
REMERON SLTB TAB 30MG.....	59
REMERON SLTB TAB 45MG.....	59
REMERON TAB 15MG.....	59
REMERON TAB 30MG.....	59
REMICADE INJ 100MG .....	148
<b>remifentanil hcl for iv soln 1 mg</b> .....	37
<b>remifentanil hcl for iv soln 2 mg</b> .....	37
<b>remifentanil hcl for iv soln 5 mg</b> .....	37
<b>repaglinide tab 0.5 mg</b> .....	67
<b>repaglinide tab 1 mg</b> .....	67
<b>repaglinide tab 2 mg</b> .....	67
REPATHA INJ 140MG/ML .....	74
REPATHA PUSH INJ 420/3.5 .....	74
REPATHA SURE INJ 140MG/ML.....	74
<b>repotrectinib</b>	
see AUGTYRO CAP 40MG.....	88
<b>resorcinol-sulfur lotion 2-5%</b> .....	128
RESTASIS EMU 0.05% OP .....	185
RESTASIS MUL EMU 0.05% OP .....	185
RESTORIL CAP 15MG .....	161
RESTORIL CAP 22.5MG.....	161
RESTORIL CAP 30MG.....	161
RESTORIL CAP 7.5MG.....	161
RETACRIT INJ 10000UNT .....	159
RETACRIT INJ 20000UNI.....	159

RETACRIT INJ 2000UNIT .....	159
RETACRIT INJ 3000UNIT .....	159
RETACRIT INJ 40000UNT .....	159
RETACRIT INJ 4000UNIT.....	159
RETEVMO CAP 40MG.....	89
RETEVMO CAP 80MG .....	89
RETIN-A CRE 0.025% .....	129
RETIN-A CRE 0.05% .....	129
RETIN-A CRE 0.1% .....	129
RETIN-A GEL 0.01% .....	129
RETIN-A GEL 0.025% .....	129
RETROVIR CAP 100MG.....	101
RETROVIR SYP 50MG/5ML.....	101
REVATIO SUS 10MG/ML .....	112
REVATIO TAB 20MG .....	112
<b>revefenacin</b>	
see YUPELRI SOL .....	48
REVLIMID CAP 10MG.....	178
REVLIMID CAP 15MG .....	178
REVLIMID CAP 2.5MG .....	178
REVLIMID CAP 20MG .....	178
REVLIMID CAP 25MG .....	178
REVLIMID CAP 5MG .....	178
Revonto	
see <b>dantrolene sodium for iv soln 20 mg</b> .....	181
<b>ribavirin cap 200 mg</b> .....	102
<b>ribavirin tab 200 mg</b> .....	102
<b>ribociclib succinate</b>	
see KISQALI TAB 200DOSE.....	89
see KISQALI TAB 400DOSE .....	89
see KISQALI TAB 600DOSE .....	89
<b>ribociclib succinate-letrozole</b>	
see KISQALI 200 PAK FEMARA .....	87
see KISQALI 400 PAK FEMARA .....	87
see KISQALI 600 PAK FEMARA .....	87
<b>rifabutin cap 150 mg</b> .....	82
<b>rifampin cap 150 mg</b> .....	82
<b>rifampin cap 300 mg</b> .....	82
<b>rifampin for inj 600 mg</b> .....	82
<b>rifaximin</b>	
see XIFAXAN TAB 550MG .....	42
RIGHTEST MIS GL300 .....	171
<b>riluzole tab 50 mg</b> .....	182



<b>rimantadine hydrochloride tab 100 mg</b>	103
<b>rimegepant sulfate</b>	
see NURTEC TAB 75MG ODT .....	175
<b>ringer's solution for irrigation</b> .....	179
RINVOQ TAB 15MG ER .....	30
RINVOQ TAB 30MG ER .....	30
RINVOQ TAB 45MG ER .....	30
<b>riociguat</b>	
see ADEMPAS TAB 0.5MG .....	112
see ADEMPAS TAB 1.5MG .....	112
see ADEMPAS TAB 1MG.....	112
see ADEMPAS TAB 2.5MG.....	112
see ADEMPAS TAB 2MG .....	112
<b>risankizumab-rzaa</b>	
see SKYRIZI INJ 150MG/ML .....	131
see SKYRIZI PEN INJ 150MG/ML.....	131
<b>risankizumab-rzaa (crohn's)</b>	
see SKYRIZI INJ 180/1.2.....	148
see SKYRIZI INJ 360/2.4 .....	148
see SKYRIZI SOL 60MG/ML .....	148
<b>risedronate sodium</b>	
see ACTONEL TAB 150MG.....	140
see ACTONEL TAB 35MG .....	140
see ATELVIA TAB .....	140
<b>risedronate sodium tab 150 mg</b> .....	140
<b>risedronate sodium tab 30 mg</b> .....	140
<b>risedronate sodium tab 35 mg</b> .....	140
<b>risedronate sodium tab 5 mg</b> .....	140
<b>risedronate sodium tab delayed release</b>	
<b>35 mg</b> .....	140
RISPERDAL SOL 1MG/ML.....	95
RISPERDAL TAB 0.5MG .....	95
RISPERDAL TAB 1MG .....	95
RISPERDAL TAB 2MG .....	95
RISPERDAL TAB 3MG .....	95
RISPERDAL TAB 4MG .....	95
<b>risperidone</b>	
see PERSERIS INJ 120MG.....	95
see PERSERIS INJ 90MG .....	95
see RISPERDAL SOL 1MG/ML.....	95
see RISPERDAL TAB 0.5MG.....	95
see RISPERDAL TAB 1MG .....	95
see RISPERDAL TAB 2MG .....	95
see RISPERDAL TAB 3MG .....	95
see RISPERDAL TAB 4MG .....	95
see RISPERDAL TAB 4MG .....	95
<b>risperidone microspheres for im</b>	
<b>extended rel susp 12.5 mg</b> .....	95
<b>risperidone microspheres for im</b>	
<b>extended rel susp 25 mg</b> .....	95
<b>risperidone microspheres for im</b>	
<b>extended rel susp 37.5 mg</b> .....	95
<b>risperidone microspheres for im</b>	
<b>extended rel susp 50 mg</b> .....	95
<b>risperidone orally disintegrating tab 0.25</b>	
<b>mg</b> .....	95
<b>risperidone orally disintegrating tab 0.5</b>	
<b>mg</b> .....	95
<b>risperidone orally disintegrating tab 1 mg</b>	
.....	95
<b>risperidone orally disintegrating tab 2 mg</b>	
.....	95
<b>risperidone orally disintegrating tab 3 mg</b>	
.....	96
<b>risperidone orally disintegrating tab 4 mg</b>	
.....	96
<b>risperidone soln 1 mg/ml</b> .....	96
<b>risperidone tab 0.25 mg</b> .....	96
<b>risperidone tab 0.5 mg</b> .....	96
<b>risperidone tab 1 mg</b> .....	96
<b>risperidone tab 2 mg</b> .....	96
<b>risperidone tab 3 mg</b> .....	96
<b>risperidone tab 4 mg</b> .....	96
RITALIN TAB 10MG .....	29
RITALIN TAB 20MG .....	29
RITALIN TAB 5MG.....	29
<b>ritonavir tab 100 mg</b> .....	101
<b>rituximab-pvvr</b>	
see RUXIENCE INJ 100/10ML .....	85
see RUXIENCE INJ 500/50ML.....	85
<b>rivaroxaban</b>	
see XARELTO STAR TAB 15/20MG .....	52
see XARELTO SUS 1MG/ML .....	52
see XARELTO TAB 10MG .....	52
see XARELTO TAB 15MG .....	52
see XARELTO TAB 2.5MG.....	52
see XARELTO TAB 20MG.....	52
<b>rivastigmine</b>	
see EXELON DIS 13.3/24 .....	192

see EXELON DIS 4.6MG/24 .....	192	<b>ropinirole hydrochloride tab 1 mg</b> .....	94
see EXELON DIS 9.5MG/24 .....	192	<b>ropinirole hydrochloride tab 2 mg</b> .....	94
<b>rivastigmine tartrate cap 1.5 mg (base equivalent)</b> .....	192	<b>ropinirole hydrochloride tab 3 mg</b> .....	94
<b>rivastigmine tartrate cap 3 mg (base equivalent)</b> .....	192	<b>ropinirole hydrochloride tab 4 mg</b> .....	94
<b>rivastigmine tartrate cap 4.5 mg (base equivalent)</b> .....	192	<b>ropinirole hydrochloride tab 5 mg</b> .....	94
<b>rivastigmine tartrate cap 6 mg (base equivalent)</b> .....	193	<b>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</b> .....	94
<b>rivastigmine td patch 24hr 13.3 mg/24hr</b> .....	193	<b>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</b> .....	94
<b>rivastigmine td patch 24hr 4.6 mg/24hr</b> .....	193	<b>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</b> .....	94
<b>rivastigmine td patch 24hr 9.5 mg/24hr</b> .....	193	<b>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</b> .....	94
Rivelsa		<b>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</b> .....	94
see <b>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</b> .....	116	<b>ropivacaine hcl inj 10 mg/ml</b> .....	164
<b>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</b> .....	175	<b>ropivacaine hcl inj 2 mg/ml</b> .....	164
<b>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</b> .....	175	<b>ropivacaine hcl inj 5 mg/ml</b> .....	164
<b>rizatriptan benzoate tab 10 mg (base equivalent)</b> .....	176	<b>ropivacaine hcl inj 7.5 mg/ml</b> .....	164
<b>rizatriptan benzoate tab 5 mg (base equivalent)</b> .....	175	<b>rosuvastatin calcium tab 10 mg</b> .....	74
ROCALTROL CAP 0.25MCG .....	143	<b>rosuvastatin calcium tab 20 mg</b> .....	74
ROCALTROL CAP 0.5MCG .....	143	<b>rosuvastatin calcium tab 40 mg</b> .....	74
ROCALTROL SOL 1MCG/ML .....	143	<b>rosuvastatin calcium tab 5 mg</b> .....	74
<b>rocuronium bromide iv soln 100 mg/10ml (10 mg/ml)</b> .....	183	<b>rotigotine</b>	
<b>rocuronium bromide iv soln 50 mg/5ml (10 mg/ml)</b> .....	183	see NEUPRO DIS 1MG/24HR .....	93
<b>roflumilast (topical)</b>		see NEUPRO DIS 2MG/24HR .....	93
see ZORYVE CRE 0.3% .....	131	see NEUPRO DIS 3MG/24HR .....	93
<b>roflumilast tab 250 mcg</b> .....	49	see NEUPRO DIS 4MG/24HR .....	93
<b>roflumilast tab 500 mcg</b> .....	49	see NEUPRO DIS 6MG/24HR .....	93
<b>romidepsin for iv inj 10 mg</b> .....	89	see NEUPRO DIS 8MG/24HR .....	93
<b>ropeginterferon alfa-2b-njft</b>		ROWASA KIT 4GM .....	148
see BESREMI SOL 500MCG .....	90	Rowepra	
<b>ropinirole hydrochloride tab 0.25 mg</b> .....	94	see <b>levetiracetam tab 500 mg</b> .....	56
<b>ropinirole hydrochloride tab 0.5 mg</b> .....	94	ROZLYTREK CAP 100MG .....	89
		ROZLYTREK CAP 200MG .....	89
		ROZLYTREK PAK 50MG .....	89
		RUCONEST INJ 2100UNIT .....	156
		<b>rufinamide susp 40 mg/ml</b> .....	57
		<b>rufinamide tab 200 mg</b> .....	57
		<b>rufinamide tab 400 mg</b> .....	57
		RUXIENCE INJ 100/10ML .....	85
		RUXIENCE INJ 500/50ML .....	85
		<b>ruxolitinib phosphate (topical)</b>	
		see OPZELURA CRE 1.5% .....	134

RYBELSUS TAB 14MG .....	66
RYBELSUS TAB 3MG .....	66
RYBELSUS TAB 7MG .....	66
RYDAPT CAP 25MG .....	89
RYTARY CAP 145MG .....	94
RYTARY CAP 195MG .....	94
RYTARY CAP 245MG .....	94
RYTARY CAP 95MG .....	94

## S

### **sacubitril-valsartan**

see ENTRESTO TAB 24-26MG .....	110
see ENTRESTO TAB 49-51MG .....	110
see ENTRESTO TAB 97-103MG .....	110
SAFE-T-LANCE MIS 21G .....	171
SAFE-T-LANCE MIS 25G .....	171
SAFE-T-LANCE MIS HI FLOW .....	171
SAFE-T-LANCE MIS LOW FLOW .....	171
SAFE-T-LANCE MIS NOR FLOW .....	171
SAFE-T-PRO MIS LANCETS .....	171
SAFE-T-PRO MIS PLUS .....	171
SAFETY 21G MIS LANCETS .....	171
SAFETY 23G MIS LANCETS .....	171
SAFETY 28G MIS LANCETS .....	171
SAFETY 30G MIS LANCETS .....	171
SAFETY MIS LANCETS .....	171

Sajazir

    see **icatibant acetate subcutaneous**

<b>soln pref syr 30 mg/3ml</b> .....	156
SALAGEN TAB 5MG .....	180
SALAGEN TAB 7.5MG .....	180

### **salmeterol xinafoate**

    see SEREVENT DIS AER 50MCG ..... 50 |

**salsalate tab 750 mg** ..... 34 |

SanadermrX Skin Repair So

    see **triamcinolone acet cr 0.1% &**

<b>dimeth cr 5% &amp; silicone tape</b> .....	133
SANCUSO DIS 3.1MG .....	69

### **sapropterin dihydrochloride powder**

**packet 100 mg** ..... 143 |

### **sapropterin dihydrochloride powder**

**packet 500 mg** ..... 143 |

### **sapropterin dihydrochloride tab 100 mg**

    ..... 143 |

SAPSCARE MIS TWIST ..... 171 |

SAPS HEALTH MIS TWIST .....	171
SAPS TWIST MIS 30G .....	171

### **sarilumab**

see KEVZARA INJ 150/1.14 .....	31
see KEVZARA INJ 200/1.14 .....	31

### **satralizumab-mwge**

see ENSPRYNG INJ .....	178
------------------------	-----

**saxagliptin hcl tab 2.5 mg (base equiv)** .65

**saxagliptin hcl tab 5 mg (base equiv)** .....65

**saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg** ..... 64 |

**saxagliptin-metformin hcl tab er 24hr 5-1000 mg** ..... 64 |

**saxagliptin-metformin hcl tab er 24hr 5-500 mg** ..... 64 |

SB LANCETS MIS THIN ..... 171 |

SB LANCETS MIS ULTR THN ..... 171 |

**scopolamine td patch 72hr 1 mg/3days**.69

### **secukinumab**

see COSENTYX INJ 150MG/ML .....	131
see COSENTYX INJ 300DOSE .....	131
see COSENTYX INJ 75MG/0.5 .....	131
see COSENTYX PEN INJ 150MG/ML .....	131
see COSENTYX PEN INJ 300DOSE .....	131
see COSENTYX UNO INJ 300/2ML .....	131

### **segesterone acetate-ethinyl estradiol**

    see ANNOVERA MIS ..... 123 |

**selegiline hcl cap 5 mg** ..... 94 |

**selegiline hcl tab 5 mg** ..... 94 |

**selenium sulfide lotion 2.5%** ..... 131 |

### **selexipag**

see UPTRAVI INJ 1800MCG .....	112
see UPTRAVI PACK TAB 200/800 .....	112
see UPTRAVI TAB 1000MCG .....	112
see UPTRAVI TAB 1200MCG .....	112
see UPTRAVI TAB 1400MCG .....	112
see UPTRAVI TAB 1600MCG .....	112
see UPTRAVI TAB 200MCG .....	112
see UPTRAVI TAB 400MCG .....	112
see UPTRAVI TAB 600MCG .....	112
see UPTRAVI TAB 800MCG .....	112

### **selpercatinib**

see RETEVMO CAP 40MG .....	89
see RETEVMO CAP 80MG .....	89

<b>selumetinib sulfate</b>	
see KOSELUGO CAP 10MG .....	89
see KOSELUGO CAP 25MG .....	89
<b>semaglutide</b>	
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 <b>bupivacaine hcl inj 0.25%</b> .....	163
see <b>bupivacaine hcl inj 0.5%</b> .....	163
Sensorcaine/epinephrine	
see <b>bupivacaine inj 0.25% w/ epinephrine 1:200000</b> .....	162
see <b>bupivacaine inj 0.5% w/ epinephrine 1:200000</b> .....	162
Sensorcaine-mpf	
see <b>bupivacaine hcl preservative free (pf) inj 0.25%</b> .....	163
see <b>bupivacaine hcl preservative free (pf) inj 0.5%</b> .....	163
see <b>bupivacaine hcl preservative free (pf) inj 0.75%</b> .....	163
Sensorcaine-mpf/epinephri	
see <b>bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)</b> .....	162
<b>serdexmethylphenidate chloride- dexmethylphenidate hcl</b>	
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 .....	50
SEROQUEL TAB 100MG .....	97
SEROQUEL TAB 200MG .....	97
SEROQUEL TAB 25MG .....	97
SEROQUEL TAB 300MG .....	97
SEROQUEL TAB 400MG .....	97
SEROQUEL TAB 50MG .....	97
<b>sertraline hcl oral concentrate for solution 20 mg/ml</b> .....	61
<b>sertraline hcl tab 100 mg</b> .....	61
<b>sertraline hcl tab 25 mg</b> .....	61
<b>sertraline hcl tab 50 mg</b> .....	61
Setlakin	
see <b>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</b> .....	117
<b>sevelamer carbonate packet 0.8 gm</b> ....	149
<b>sevelamer carbonate packet 2.4 gm</b> ....	149
<b>sevelamer carbonate tab 800 mg</b> .....	149
<b>sevelamer hcl tab 400 mg</b> .....	149
<b>sevelamer hcl tab 800 mg</b> .....	149
SEVENFACT INJ 1MG .....	156
SEVENFACT INJ 5MG .....	156
<b>sevoflurane inhal soln</b> .....	150
Sharobel	
see <b>norethindrone tab 0.35 mg</b> .....	123
<b>short ragweed pollen allergen extract</b>	
see RAGWITEK SUB .....	29
SIKLOS TAB 1000MG .....	158
SIKLOS TAB 100MG .....	158
<b>sildenafil citrate (pulmonary hypertension)</b>	
see REVATIO SUS 10MG/ML .....	112
see REVATIO TAB 20MG .....	112
<b>sildenafil citrate for suspension 10 mg/ml</b> .....	112
<b>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</b> .....	112
<b>sildenafil citrate tab 100 mg</b> .....	110
<b>sildenafil citrate tab 20 mg</b> .....	112
<b>sildenafil citrate tab 25 mg</b> .....	110
<b>sildenafil citrate tab 50 mg</b> .....	110
<b>silodosin cap 4 mg</b> .....	151
<b>silodosin cap 8 mg</b> .....	151
<b>silver sulfadiazine cream 1%</b> .....	131, 132
SIMBRINZA SUS 1-0.2% .....	184
Simliya	
see <b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</b> .....	114
Simpesse	
see <b>levonorg-eth est tab 0.15- 0.03mg(84) &amp; eth est tab 0.01mg(7)</b> .....	116
SIMPONI ARIA SOL 50MG/4ML .....	30
<b>simvastatin</b>	
see ZOCOR TAB 10MG .....	74

see ZOCOR TAB 20MG .....	74	<b>sodium chloride soln nebu 0.9%</b> .....	127
see ZOCOR TAB 40MG .....	74	<b>sodium chloride soln nebu 10%</b> .....	127
<b>simvastatin tab 10 mg</b> .....	74	<b>sodium chloride soln nebu 3%</b> .....	127
<b>simvastatin tab 20 mg</b> .....	74	<b>sodium chloride soln nebu 7%</b> .....	127
<b>simvastatin tab 40 mg</b> .....	74	<b>sodium citrate &amp; citric acid soln 500-334</b>	
<b>simvastatin tab 5 mg</b> .....	74	<b>mg/5ml</b> .....	150
<b>simvastatin tab 80 mg</b> .....	74	<b>sodium hyaluronate (viscosupplement)</b>	
SINEMET TAB 10-100MG .....	94	see DUROLANE INJ 60MG/3ML .....	181
SINEMET TAB 25-100MG .....	94	see EUFLEXXA INJ 10MG/ML .....	181
SINGLE-LET MIS 23G .....	171	see GELSYN-3 INJ 16.8/2ML .....	181
<b>siponimod fumarate</b>		see SUPARTZ FX INJ 25/2.5ML .....	181
see MAYZENT PAK STARTER .....	194	<b>sodium oxybate</b>	
see MAYZENT TAB 0.25MG .....	194	see LUMRYZ PAK 6GM .....	191
see MAYZENT TAB 1MG .....	194	see LUMRYZ PAK 7.5GM .....	191
see MAYZENT TAB 2MG .....	194	see LUMRYZ PAK 9GM .....	191
<b>sirolimus oral soln 1 mg/ml</b> .....	179	see LUMRYZ PKG 4.5GM .....	191
<b>sirolimus tab 0.5 mg</b> .....	179	<b>sodium phenylbutyrate</b>	
<b>sirolimus tab 1 mg</b> .....	179	see PHEBURANE MIS 483/GM .....	143
<b>sirolimus tab 2 mg</b> .....	179	<b>sodium phenylbutyrate oral powder 3</b>	
<b>sitagliptin-metformin hcl</b>		<b>gm/teaspoonful</b> .....	143
see JANUMET TAB 50-1000 .....	64	<b>sodium phenylbutyrate tab 500 mg</b> .....	143
see JANUMET TAB 50-500MG .....	64	<b>sodium picosulfate-magnesium oxide-</b>	
see JANUMET XR TAB 100-1000 .....	64	<b>anhydrous citric acid</b>	
see JANUMET XR TAB 50-1000 .....	64	see CLENPIQ SOL .....	162
see JANUMET XR TAB 50-500MG .....	64	<b>sodium polystyrene sulfonate oral susp</b>	
<b>sitagliptin phosphate</b>		<b>15 gm/60ml</b> .....	179
see JANUVIA TAB 100MG .....	65	<b>sodium polystyrene sulfonate powder</b> .....	179
see JANUVIA TAB 25MG .....	65	<b>sodium tetradecyl sulfate inj 1%</b> .....	179
see JANUVIA TAB 50MG .....	65	<b>sodium tetradecyl sulfate inj 3%</b> .....	179
SKYLA IUD 13.5MG .....	123	<b>sodium thiosulfate iv soln 250 mg/ml</b>	
SKYRIZI INJ 150MG/ML .....	131	<b>(25%)</b> .....	68
SKYRIZI INJ 180/1.2 .....	148	<b>sod sulfate-pot sulf-mg sulf oral sol 17.5-</b>	
SKYRIZI INJ 360/2.4 .....	148	<b>3.13-1.6 gm/177ml</b> .....	162
SKYRIZI PEN INJ 150MG/ML .....	131	<b>sofosbuvir-velpatasvir</b>	
SKYRIZI SOL 60MG/ML .....	148	see EPCLUSA PAK 150-37.5 .....	102
SMARTEST MIS LANCETS .....	171	see EPCLUSA PAK 200-50MG .....	102
SMART SENSE MIS LANC 21G .....	171	see EPCLUSA TAB 200-50MG .....	102
SMART SENSE MIS LANC 26G .....	171	see EPCLUSA TAB 400-100 .....	102
SMART SENSE MIS LANC 30G .....	171	<b>sofosbuvir-velpatasvir-voxilaprevir</b>	
SMART SENSE MIS LANC 33G .....	171	see VOSEVI TAB .....	102
SM LANCETS MIS 33G .....	171	SOFTCLIX MIS LANCETS .....	171
<b>sodium benzoate &amp; sodium</b>		SOGROYA INJ 10MG/1.5 .....	141
<b>phenylacetate iv soln 10-10%</b> .....	143	SOGROYA INJ 15MG/1.5 .....	141
<b>sodium chloride irrigation soln 0.9%</b> .....	150	SOGROYA INJ 5MG/1.5 .....	141

<b>solifenacin succinate tab 10 mg</b> .....	202	SPIRIVA CAP HANDIHLR.....	48
<b>solifenacin succinate tab 5 mg</b> .....	202	SPIRIVA SPR 2.5MCG.....	48
SOLIQUA INJ 100/33.....	64	<b>spironolactone &amp; hydrochlorothiazide tab</b>	
SOLIRIS INJ 10MG/ML .....	156	<b>25-25 mg</b> .....	138
<b>solriamfetol hcl</b>		<b>spironolactone susp 25 mg/5ml</b> .....	139
see SUNOSI TAB 150MG .....	26	<b>spironolactone tab 100 mg</b> .....	139
see SUNOSI TAB 75MG.....	26	<b>spironolactone tab 25 mg</b> .....	139
SOLUS V2 MIS LANC 28G .....	171	<b>spironolactone tab 50 mg</b> .....	139
SOLUS V2 MIS LANC 30G.....	171	Sprintec 28	
<b>somapacitan-beco</b>		see <b>norgestimate &amp; ethinyl estradiol</b>	
see SOGROYA INJ 10MG/1.5 .....	141	<b>tab 0.25 mg-35 mcg</b> .....	122
see SOGROYA INJ 15MG/1.5 .....	141	SPRYCEL TAB 100MG .....	89
see SOGROYA INJ 5MG/1.5.....	141	SPRYCEL TAB 140MG .....	89
<b>somatropin</b>		SPRYCEL TAB 20MG.....	89
see HUMATROPE INJ 12MG .....	141	SPRYCEL TAB 50MG.....	89
see HUMATROPE INJ 24MG .....	141	SPRYCEL TAB 70MG.....	89
see HUMATROPE INJ 6MG.....	141	SPRYCEL TAB 80MG.....	89
see NORDITROPIN INJ 10/1.5ML.....	141	Sps	
see NORDITROPIN INJ 15/1.5ML.....	141	see <b>sodium polystyrene sulfonate oral</b>	
see NORDITROPIN INJ 30/3ML.....	141	<b>susp 15 gm/60ml</b> .....	179
see NORDITROPIN INJ 5/1.5ML .....	141	Sronyx	
SOMATULINE INJ 120/.5ML .....	144	see <b>levonorgestrel &amp; ethinyl estradiol</b>	
SOMATULINE INJ 60/0.2ML .....	144	<b>tab 0.1 mg-20 mcg</b> .....	117
SOMATULINE INJ 90/0.3ML .....	144	Ssd	
<b>sonidegib phosphate</b>		see <b>silver sulfadiazine cream 1%</b> .....	132
see ODOMZO CAP 200MG.....	86	STELARA INJ 45MG/0.5 .....	131
SOOLANTRA CRE 1%.....	136	STELARA INJ 5MG/ML.....	148
<b>sorafenib tosylate tab 200 mg (base</b>		STELARA INJ 90MG/ML .....	131
<b>equivalent)</b> .....	89	STERILANCE MIS TL 28G.....	171
<b>sotalol hcl (afib/afl) tab 120 mg</b> .....	105	STERILANCE MIS TL 30G.....	171
<b>sotalol hcl (afib/afl) tab 160 mg</b> .....	105	STERILANCE MIS TL 32G.....	171
<b>sotalol hcl (afib/afl) tab 80 mg</b> .....	105	STIOLTO AER 2.5-2.5 .....	51
<b>sotalol hcl tab 120 mg</b> .....	105	STIVARGA TAB 40MG.....	89
<b>sotalol hcl tab 160 mg</b> .....	105	STRATTERA CAP 100MG.....	26
<b>sotalol hcl tab 240 mg</b> .....	105	STRATTERA CAP 10MG .....	26
<b>sotalol hcl tab 80 mg</b> .....	105	STRATTERA CAP 18MG .....	26
<b>sotorasib</b>		STRATTERA CAP 25MG.....	26
see LUMAKRAS TAB 120MG .....	89	STRATTERA CAP 40MG .....	26
see LUMAKRAS TAB 320MG.....	89	STRATTERA CAP 60MG .....	26
Sotradecol		STRATTERA CAP 80MG .....	26
see <b>sodium tetradecyl sulfate inj 1%</b> 179		<b>streptomycin sulfate for inj 1 gm</b> .....	29
see <b>sodium tetradecyl sulfate inj 3%</b> 179		STRIBILD TAB .....	101
<b>spinosad susp 0.9%</b> .....	136	STRIVERDI AER 2.5MCG.....	51
SPIRIVA AER 1.25MCG .....	48	STROMECTOL TAB 3MG.....	41

Subvenite	
see <b>lamotrigine tab 100 mg</b> .....	55
see <b>lamotrigine tab 150 mg</b> .....	55
see <b>lamotrigine tab 200 mg</b> .....	55
see <b>lamotrigine tab 25 mg</b> .....	55
Subvenite Starter Kit/blu	
see <b>lamotrigine tab 35 x 25 mg starter kit</b> .....	55
Subvenite Starter Kit/gre	
see <b>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</b> .....	55
Subvenite Starter Kit/ora	
see <b>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</b> .....	55
<b>succinylcholine chloride inj 20 mg/ml</b> ..	182
<b>sucralfate tab 1 gm</b> .....	201
<b>sufentanil citrate inj 100 mcg/2ml (50 mcg/ml)</b> .....	37
<b>sufentanil citrate inj 250 mcg/5ml (50 mcg/ml)</b> .....	37
<b>sufentanil citrate inj 50 mcg/ml</b> .....	37
<b>sulconazole nitrate cream 1%</b> .....	130
<b>sulconazole nitrate solution 1%</b> .....	130
<b>sulfacetamide sodium (acne)</b>	
see KLARON LOT 10%.....	128
<b>sulfacetamide sodium lotion 10% (acne)</b> .....	129
<b>sulfacetamide sodium ophth oint 10%</b> .....	185
<b>sulfacetamide sodium ophth soln 10%</b> .....	185
<b>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</b> .....	186
<b>sulfacetamide sodium w/ sulfur emulsion 10-1%</b> .....	129
<b>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</b> .....	42
<b>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</b> .....	42
<b>sulfamethoxazole-trimethoprim tab 400-80 mg</b> .....	42
<b>sulfamethoxazole-trimethoprim tab 800-160 mg</b> .....	42
Sulfamez Wash	
see <b>sulfacetamide sodium w/ sulfur emulsion 10-1%</b> .....	129
<b>sulfasalazine</b>	
see AZULFIDINE TAB 500MG.....	148
see AZULFIDINE TAB 500MG EN.....	148
<b>sulfasalazine tab 500 mg</b> .....	148
<b>sulfasalazine tab delayed release 500 mg</b> .....	148
Sulfatrim Pediatric	
see <b>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</b> .....	42
<b>sulindac tab 150 mg</b> .....	33
<b>sulindac tab 200 mg</b> .....	33
<b>sumatriptan nasal spray 20 mg/act</b> .....	176
<b>sumatriptan nasal spray 5 mg/act</b> .....	176
<b>sumatriptan succinate</b>	
see IMITREX INJ 4MG/0.5.....	175
see IMITREX INJ 6MG/0.5.....	175
see IMITREX TAB 100MG.....	175
see IMITREX TAB 25MG.....	175
see IMITREX TAB 50MG.....	175
see ONZETRA XSAI MIS 11MG.....	175
see ZEMBRACE SYM INJ 3/0.5ML.....	176
<b>sumatriptan succinate inj 6 mg/0.5ml</b> ..	176
<b>sumatriptan succinate solution auto-injector 4 mg/0.5ml</b> .....	176
<b>sumatriptan succinate solution auto-injector 6 mg/0.5ml</b> .....	176
<b>sumatriptan succinate solution cartridge 4 mg/0.5ml</b> .....	176
<b>sumatriptan succinate solution cartridge 6 mg/0.5ml</b> .....	176
<b>sumatriptan succinate tab 100 mg</b> .....	176
<b>sumatriptan succinate tab 25 mg</b> .....	176
<b>sumatriptan succinate tab 50 mg</b> .....	176
<b>sunitinib malate cap 12.5 mg (base equivalent)</b> .....	90
<b>sunitinib malate cap 25 mg (base equivalent)</b> .....	90
<b>sunitinib malate cap 37.5 mg (base equivalent)</b> .....	90
<b>sunitinib malate cap 50 mg (base equivalent)</b> .....	90
SUNOSI TAB 150MG.....	26
SUNOSI TAB 75MG.....	26
SUPARTZ FX INJ 25/2.5ML.....	181

SUPER THIN MIS LANC 28G .....	171
SUPER THIN MIS LANCETS .....	171
SUPPRELIN LA KIT 50MG .....	142
SURE COMFORT MIS LANC 18G .....	171
SURE COMFORT MIS LANC 21G .....	171
SURE COMFORT MIS LANC 23G .....	171
SURE COMFORT MIS LANC 30G .....	171
SURE COMFORT MIS LANCETS.....	171
SUREFLEX MIS LANCETS.....	171
SURELITE MIS LANCETS .....	172

**suvorexant**

see BELSOMRA TAB 10MG .....	161
see BELSOMRA TAB 15MG .....	161
see BELSOMRA TAB 20MG .....	161
see BELSOMRA TAB 5MG.....	161

Syeda

see **drospirenone-ethinyl estradiol tab**

**3-0.03 mg**.....115

SYMLINPEN 60 INJ 1000MCG.....	63
SYMLNPEN 120 INJ 1000MCG .....	63
SYMPROIC TAB 0.2MG .....	149
SYMTUZA TAB.....	101
SYNJARDY TAB .....	64
SYNJARDY TAB 12.5-500.....	64
SYNJARDY TAB 5-1000MG .....	64
SYNJARDY TAB 5-500MG .....	64
SYNJARDY XR TAB .....	64
SYNJARDY XR TAB 10-1000 .....	64
SYNJARDY XR TAB 25-1000.....	64
SYNJARDY XR TAB 5-1000MG .....	64
SYNTHROID TAB 100MCG.....	199
SYNTHROID TAB 112MCG.....	199
SYNTHROID TAB 125MCG .....	199
SYNTHROID TAB 137MCG .....	199
SYNTHROID TAB 150MCG.....	199
SYNTHROID TAB 175MCG .....	199
SYNTHROID TAB 200MCG .....	199
SYNTHROID TAB 25MCG.....	199
SYNTHROID TAB 300MCG .....	199
SYNTHROID TAB 50MCG .....	199
SYNTHROID TAB 75MCG.....	199
SYNTHROID TAB 88MCG .....	199

**T**

TABLOID TAB 40MG .....	85
------------------------	----

<b>tacrolimus cap 0.5 mg</b> .....	179
<b>tacrolimus cap 1 mg</b> .....	179
<b>tacrolimus cap 5 mg</b> .....	179
<b>tacrolimus oint 0.03%</b> .....	134
<b>tacrolimus oint 0.1%</b> .....	134

**tadalafil (pulmonary hypertension)**

see TADLIQ SUS 20MG/5ML.....112

<b>tadalafil tab 10 mg</b> .....	110
<b>tadalafil tab 2.5 mg</b> .....	110
<b>tadalafil tab 20 mg</b> .....	110
<b>tadalafil tab 20 mg (pah)</b> .....	112
<b>tadalafil tab 5 mg</b> .....	110

TADLIQ SUS 20MG/5ML.....112

**tafluprost preservative free (pf) ophth**

**soln 0.0015%**.....187

TAGRISO TAB 40MG.....	85
TAGRISO TAB 80MG.....	85
TAKHZYRO INJ 150MG/ML .....	157
TAKHZYRO INJ 300/2ML .....	157
TALICIA CAP .....	201

**tamoxifen citrate tab 10 mg (base equivalent)** .....

86

**tamoxifen citrate tab 20 mg (base equivalent)** .....

86

**tamsulosin hcl**

see FLOMAX CAP 0.4MG.....151

**tamsulosin hcl cap 0.4 mg** .....

151

**tapinarof**

see VTAMA CRE 1% .....

131

Tarina 24 Fe

see **norethindrone ace-ethinyl**

**estradiol-fe tab 1 mg-20 mcg (24)** ..121

Tarina Fe 1/20 Eq

see **norethindrone ace & ethinyl**

**estradiol-fe tab 1 mg-20 mcg**.....120

**tasimelteon capsule 20 mg** .....

162

TAVALISSE TAB 100MG .....

156

TAVALISSE TAB 150MG.....

157

Taysofy

see **norethindrone ace-ethinyl**

**estradiol-fe cap 1 mg-20 mcg (24)** .121

**tazarotene cream 0.1%**.....

131

**tazarotene gel 0.05%**.....

131

**tazarotene gel 0.1%**.....

131



Tazicef	
see <b>ceftazidime for inj 1 gm</b> .....	114
see <b>ceftazidime for iv soln 1 gm</b> .....	114
see <b>ceftazidime for iv soln 2 gm</b> .....	114
see <b>ceftazidime for iv soln 6 gm</b> .....	114
Taztia Xt	
see <b>diltiazem hcl extended release beads cap er 24hr 120 mg</b> .....	106
see <b>diltiazem hcl extended release beads cap er 24hr 180 mg</b> .....	106
see <b>diltiazem hcl extended release beads cap er 24hr 240 mg</b> .....	106
see <b>diltiazem hcl extended release beads cap er 24hr 300 mg</b> .....	106
see <b>diltiazem hcl extended release beads cap er 24hr 360 mg</b> .....	107
TECHLITE AST MIS LANCETS.....	172
TECHLITE MIS LANC 26G .....	172
TECHLITE MIS LANCETS.....	172
TEGSEDI INJ 284/1.5 .....	195
<b>telmisartan-amlodipine tab 40-10 mg</b> ...	80
<b>telmisartan-amlodipine tab 40-5 mg</b> ....	80
<b>telmisartan-amlodipine tab 80-10 mg</b> ...	80
<b>telmisartan-amlodipine tab 80-5 mg</b> ....	80
<b>telmisartan-hydrochlorothiazide tab 40-12.5 mg</b> .....	80
<b>telmisartan-hydrochlorothiazide tab 80-12.5 mg</b> .....	80
<b>telmisartan-hydrochlorothiazide tab 80-25 mg</b> .....	80
<b>telmisartan tab 20 mg</b> .....	76
<b>telmisartan tab 40 mg</b> .....	76
<b>telmisartan tab 80 mg</b> .....	76
<b>temazepam</b>	
see RESTORIL CAP 15MG .....	161
see RESTORIL CAP 22.5MG .....	161
see RESTORIL CAP 30MG .....	161
see RESTORIL CAP 7.5MG.....	161
<b>temazepam cap 15 mg</b> .....	161
<b>temazepam cap 22.5 mg</b> .....	161
<b>temazepam cap 30 mg</b> .....	161
<b>temazepam cap 7.5 mg</b> .....	161
<b>temozolomide cap 100 mg</b> .....	83
<b>temozolomide cap 140 mg</b> .....	83
<b>temozolomide cap 180 mg</b> .....	83
<b>temozolomide cap 20 mg</b> .....	83
<b>temozolomide cap 250 mg</b> .....	83
<b>temozolomide cap 5 mg</b> .....	83
<b>temsirolimus soln for iv infusion 25 mg/ml</b> .....	90
Tencon	
see <b>butalbital-acetaminophen tab 50-325 mg</b> .....	33
<b>tenofovir alafenamide fumarate</b>	
see VEMLIDY TAB 25MG.....	102
<b>tenofovir disoproxil fumarate</b>	
see VIREAD POW 40MG/GM .....	101
see VIREAD TAB 150MG .....	101
see VIREAD TAB 200MG.....	101
see VIREAD TAB 250MG.....	101
see VIREAD TAB 300MG.....	101
<b>tenofovir disoproxil fumarate tab 300 mg</b> .....	101
<b>terazosin hcl cap 10 mg (base equivalent)</b> .....	77
<b>terazosin hcl cap 1 mg (base equivalent)</b> .....	77
<b>terazosin hcl cap 2 mg (base equivalent)</b> .....	77
<b>terazosin hcl cap 5 mg (base equivalent)</b> .....	77
<b>terbinafine hcl tab 250 mg</b> .....	70
<b>terbutaline sulfate inj 1 mg/ml</b> .....	51
<b>terbutaline sulfate tab 2.5 mg</b> .....	51
<b>terbutaline sulfate tab 5 mg</b> .....	51
<b>terconazole vaginal cream 0.4%</b> .....	203
<b>terconazole vaginal cream 0.8%</b> .....	203
<b>terconazole vaginal suppos 80 mg</b> .....	203
<b>teriflunomide tab 14 mg</b> .....	195
<b>teriflunomide tab 7 mg</b> .....	195
<b>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</b> .....	140
Terrell	
see <b>isoflurane inhal soln</b> .....	150
<b>testosterone</b>	
see NATESTO GEL 5.5MG .....	40
<b>testosterone cypionate im inj in oil 100 mg/ml</b> .....	40

<b>testosterone cypionate im inj in oil 200 mg/ml</b> .....	40	THIN LANCETS MIS 26G .....	172
<b>testosterone enanthate</b>		THIN LANCETS MIS 30G .....	172
see XYOSTED INJ 100/0.5 .....	41	THINLETS GP MIS 26G .....	172
see XYOSTED INJ 50/0.5 .....	41	<b>thioguanine</b>	
see XYOSTED INJ 75/0.5 .....	41	see TABLOID TAB 40MG .....	85
<b>testosterone enanthate im inj in oil 200 mg/ml</b> .....	40	<b>thioridazine hcl tab 100 mg</b> .....	98
<b>testosterone td gel 10mg/act (2%)</b> .....	40	<b>thioridazine hcl tab 10 mg</b> .....	98
<b>testosterone td gel 12.5 mg/act (1%)</b> .....	40	<b>thioridazine hcl tab 25 mg</b> .....	98
<b>testosterone td gel 20.25 mg/1.25gm (1.62%)</b> .....	40	<b>thioridazine hcl tab 50 mg</b> .....	98
<b>testosterone td gel 20.25 mg/act (1.62%)</b> .....	40	<b>thiotepa for inj 100 mg</b> .....	83
<b>testosterone td gel 25 mg/2.5gm (1%)</b> ..	40	<b>thiotepa for inj 15 mg</b> .....	83
<b>testosterone td gel 40.5 mg/2.5gm (1.62%)</b> .....	40	<b>thiothixene cap 10 mg</b> .....	99
<b>testosterone td gel 50 mg/5gm (1%)</b> ....	40	<b>thiothixene cap 1 mg</b> .....	99
<b>testosterone td soln 30 mg/act</b> .....	41	<b>thiothixene cap 2 mg</b> .....	99
<b>tetrabenazine tab 12.5 mg</b> .....	193	<b>thiothixene cap 5 mg</b> .....	99
<b>tetrabenazine tab 25 mg</b> .....	193	Tiadylt Er	
<b>tetracaine hcl ophth soln 0.5%</b> .....	185	see <b>diltiazem hcl extended release beads cap er 24hr 120 mg</b> .....	106
<b>tetracycline hcl cap 250 mg</b> .....	197	see <b>diltiazem hcl extended release beads cap er 24hr 180 mg</b> .....	106
<b>tetracycline hcl cap 500 mg</b> .....	197	see <b>diltiazem hcl extended release beads cap er 24hr 240 mg</b> .....	106
<b>tezepelumab-ekko</b>		see <b>diltiazem hcl extended release beads cap er 24hr 300 mg</b> .....	106
see TEZSPIRE INJ 210MG .....	48	see <b>diltiazem hcl extended release beads cap er 24hr 360 mg</b> .....	107
see TEZSPIRE SOL 210MG.....	48	see <b>diltiazem hcl extended release beads cap er 24hr 420 mg</b> .....	107
TEZSPIRE INJ 210MG .....	48	<b>tiagabine hcl tab 12 mg</b> .....	58
TEZSPIRE SOL 210MG.....	48	<b>tiagabine hcl tab 16 mg</b> .....	58
TGT LANCET MIS 26G .....	172	<b>tiagabine hcl tab 2 mg</b> .....	58
TGT LANCET MIS 30G .....	172	<b>tiagabine hcl tab 4 mg</b> .....	58
TGT LANCET MIS 33G .....	172	TIAZAC CAP 120MG/24 .....	108
<b>thalidomide</b>		TIAZAC CAP 180MG/24 .....	108
see THALOMID CAP 100MG .....	178	TIAZAC CAP 240MG/24 .....	108
see THALOMID CAP 50MG.....	178	TIAZAC CAP 300MG/24 .....	108
THALOMID CAP 100MG .....	178	TIAZAC CAP 360MG/24 .....	108
THALOMID CAP 50MG.....	178	TIAZAC CAP 420MG/24 .....	108
<b>theophylline elixir 80 mg/15ml</b> .....	51	<b>ticagrelor</b>	
<b>theophylline soln 80 mg/15ml</b> .....	51	see BRILINTA TAB 60MG .....	157
<b>theophylline tab er 12hr 300 mg</b> .....	51	see BRILINTA TAB 90MG .....	157
<b>theophylline tab er 12hr 450 mg</b> .....	51	<b>tigecycline for iv soln 50 mg</b> .....	196
<b>theophylline tab er 24hr 400 mg</b> .....	51	TIKOSYN CAP 125MCG.....	47
<b>theophylline tab er 24hr 600 mg</b> .....	51	TIKOSYN CAP 250MCG.....	47
<b>thiamine hcl inj 100 mg/ml</b> .....	204		

TIKOSYN CAP 500MCG .....	48	see MOUNJARO INJ 10MG/0.5 .....	66
<b>tildrakizumab-asmn</b>		see MOUNJARO INJ 12.5/0.5 .....	66
see ILUMYA SOL 100MG/ML.....	131	see MOUNJARO INJ 15MG/0.5 .....	66
Tilia Fe		see MOUNJARO INJ 2.5/0.5 .....	66
see <b>norethindrone ac-ethinyl estrad-fe</b>		see MOUNJARO INJ 5MG/0.5 .....	66
<b>tab 1-20/1-30/1-35 mg-mcg</b> .....	119	see MOUNJARO INJ 7.5/0.5 .....	66
Timolol Maleate		Tis-u-sol	
see <b>timolol maleate preservative free</b>		see <b>ringer's solution for irrigation</b> .....	179
<b>ophth soln 0.5%</b> .....	184	TIVICAY PD TAB 5MG .....	101
<b>timolol maleate ophth gel forming soln</b>		TIVICAY TAB 50MG .....	101
<b>0.25%</b> .....	183	<b>tizanidine hcl</b>	
<b>timolol maleate ophth gel forming soln</b>		see ZANAFLEX TAB 4MG .....	181
<b>0.5%</b> .....	183	<b>tizanidine hcl cap 2 mg (base equivalent)</b>	
<b>timolol maleate ophth soln 0.25%</b> .....	183	.....	181
<b>timolol maleate ophth soln 0.5%</b> .....	183	<b>tizanidine hcl cap 4 mg (base equivalent)</b>	
<b>timolol maleate ophth soln 0.5% (once-</b>		.....	181
<b>daily)</b> .....	183	<b>tizanidine hcl cap 6 mg (base equivalent)</b>	
<b>timolol maleate preservative free ophth</b>		.....	181
<b>soln 0.25%</b> .....	184	<b>tizanidine hcl tab 2 mg (base equivalent)</b>	
<b>timolol maleate preservative free ophth</b>		.....	181
<b>soln 0.5%</b> .....	184	<b>tizanidine hcl tab 4 mg (base equivalent)</b>	
<b>timolol maleate tab 10 mg</b> .....	105	.....	181
<b>timolol maleate tab 20 mg</b> .....	105	TOBRADEX OIN 0.3-0.1%.....	186
<b>timolol maleate tab 5 mg</b> .....	105	<b>tobramycin (ophth)</b>	
<b>timothy grass pollen allergen extract</b>		see TOBEX OIN 0.3% OP .....	185
see GRASTEK SUB 2800BAU .....	29	<b>tobramycin-dexamethasone</b>	
<b>tinidazole tab 250 mg</b> .....	42	see TOBRADEX OIN 0.3-0.1% .....	186
<b>tinidazole tab 500 mg</b> .....	42	<b>tobramycin-dexamethasone ophth susp</b>	
<b>tiopronin tab 100 mg</b> .....	151	<b>0.3-0.1%</b> .....	186
<b>tiopronin tab delayed release 100 mg</b> ..	151	<b>tobramycin nebu soln 300 mg/4ml</b> .....	29
<b>tiopronin tab delayed release 300 mg</b> ...	151	<b>tobramycin nebu soln 300 mg/5ml</b> .....	29
<b>tiotropium bromide monohydrate</b>		<b>tobramycin ophth soln 0.3%</b> .....	185
see SPIRIVA AER 1.25MCG .....	48	<b>tobramycin sulfate for inj 1.2 gm</b> .....	29
see SPIRIVA CAP HANDIHLR.....	48	<b>tobramycin sulfate inj 1.2 gm/30ml (40</b>	
see SPIRIVA SPR 2.5MCG.....	48	<b>mg/ml) (base equiv)</b> .....	29
<b>tiotropium bromide monohydrate inhal</b>		<b>tobramycin sulfate inj 10 mg/ml (base</b>	
<b>cap 18 mcg (base equiv)</b> .....	48	<b>equivalent)</b> .....	29
<b>tiotropium bromide-olodaterol hcl</b>		<b>tobramycin sulfate inj 2 gm/50ml (40</b>	
see STIOLTO AER 2.5-2.5 .....	51	<b>mg/ml) (base equiv)</b> .....	29
<b>tirofiban hcl in nacl 0.9% iv soln 12.5</b>		<b>tobramycin sulfate inj 80 mg/2ml (40</b>	
<b>mg/250ml (base eq)</b> .....	158	<b>mg/ml) (base equiv)</b> .....	29
<b>tirofiban hcl in nacl 0.9% iv soln 5</b>		TOBEX OIN 0.3% OP .....	185
<b>mg/100ml (base equiv)</b> .....	157	<b>tofacinib citrate</b>	
<b>tirzepatide</b>		see XELJANZ SOL 1MG/ML.....	30

see XELJANZ TAB 10MG.....	30	<b>toremifene citrate tab 60 mg (base equivalent)</b> .....	86
see XELJANZ TAB 5MG .....	30	<b>torsemide tab 100 mg</b> .....	139
see XELJANZ XR TAB 11MG.....	30	<b>torsemide tab 10 mg</b> .....	139
see XELJANZ XR TAB 22MG .....	30	<b>torsemide tab 20 mg</b> .....	139
<b>tolcapone tab 100 mg</b> .....	92	<b>torsemide tab 5 mg</b> .....	139
<b>tolterodine tartrate</b>		TOUJEO MAX INJ 300/ML .....	67
see DETROL TAB 1MG.....	202	TOUJEO SOLO INJ 300/ML .....	67
see DETROL TAB 2MG .....	202	<b>tralokinumab-ldrm</b>	
<b>tolterodine tartrate cap er 24hr 2 mg</b> ..	202	see ADBRY INJ 150MG/ML.....	134
<b>tolterodine tartrate cap er 24hr 4 mg</b> ..	202	<b>tramadol-acetaminophen tab 37.5-325 mg</b> .....	39
<b>tolterodine tartrate tab 1 mg</b> .....	202	<b>tramadol hcl oral soln 5 mg/ml</b> .....	37
<b>tolterodine tartrate tab 2 mg</b> .....	202	<b>tramadol hcl tab 50 mg</b> .....	37
<b>tolvaptan tab 15 mg</b> .....	144	<b>tramadol hcl tab er 24hr 100 mg</b> .....	37
<b>tolvaptan tab 30 mg</b> .....	144	<b>tramadol hcl tab er 24hr 200 mg</b> .....	37
TOPAMAX SPR CAP 15MG .....	57	<b>tramadol hcl tab er 24hr 300 mg</b> .....	37
TOPAMAX SPR CAP 25MG .....	57	<b>tramadol hcl tab er 24hr biphasic release 100 mg</b> .....	37
TOPAMAX TAB 100MG .....	57	<b>tramadol hcl tab er 24hr biphasic release 200 mg</b> .....	37
TOPAMAX TAB 200MG .....	57	<b>tramadol hcl tab er 24hr biphasic release 300 mg</b> .....	37
TOPAMAX TAB 25MG .....	57	<b>trandolapril tab 1 mg</b> .....	76
TOPAMAX TAB 50MG.....	57	<b>trandolapril tab 2 mg</b> .....	76
TOPCARE MIS LANC 33G.....	172	<b>trandolapril tab 4 mg</b> .....	76
<b>topiramate</b>		<b>trandolapril-verapamil hcl tab er 1-240 mg</b> .....	80
see TOPAMAX SPR CAP 15MG .....	57	<b>trandolapril-verapamil hcl tab er 2-180 mg</b> .....	80
see TOPAMAX SPR CAP 25MG .....	57	<b>trandolapril-verapamil hcl tab er 2-240 mg</b> .....	80
see TOPAMAX TAB 100MG .....	57	<b>trandolapril-verapamil hcl tab er 4-240 mg</b> .....	80
see TOPAMAX TAB 200MG .....	57	<b>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</b> .....	159
see TOPAMAX TAB 25MG .....	57	<b>tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%</b> .....	159
see TOPAMAX TAB 50MG.....	57	<b>tranexamic acid tab 650 mg</b> .....	159
<b>topiramate cap er 24hr 100 mg</b> .....	57	<b>tranylcypromine sulfate tab 10 mg</b> .....	59
<b>topiramate cap er 24hr 200 mg</b> .....	57	<b>trastuzumab-dkst</b>	
<b>topiramate cap er 24hr 25 mg</b> .....	57	see OGIVRI INJ 150MG.....	85
<b>topiramate cap er 24hr 50 mg</b> .....	57	see OGIVRI INJ 420MG.....	85
<b>topiramate sprinkle cap 15 mg</b> .....	57	<b>trastuzumab-pkrb</b>	
<b>topiramate sprinkle cap 25 mg</b> .....	57		
<b>topiramate tab 100 mg</b> .....	57		
<b>topiramate tab 200 mg</b> .....	57		
<b>topiramate tab 25 mg</b> .....	57		
<b>topiramate tab 50 mg</b> .....	57		
<b>topotecan hcl</b>			
see HYCAMTIN CAP 0.25MG .....	91		
see HYCAMTIN CAP 1MG.....	91		
<b>topotecan hcl for inj 4 mg (base equiv)</b> ..	92		
<b>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</b> .....	92		

see HERZUMA INJ 150MG.....	85	<b>tretinoin gel 0.01%</b> .....	129
see HERZUMA INJ 420MG.....	85	<b>tretinoin gel 0.025%</b> .....	129
TRAVEL LANCE MIS ADV 28G.....	172	<b>tretinoin gel 0.05%</b> .....	129
<b>travoprost ophth soln 0.004%</b>		<b>tretinoin microsphere gel 0.04%</b> .....	129
<b>(benzalkonium free) (bak free)</b> .....	187	<b>tretinoin microsphere gel 0.08%</b> .....	129
<b>trazodone hcl tab 100 mg</b> .....	61	<b>tretinoin microsphere gel 0.1%</b> .....	129
<b>trazodone hcl tab 150 mg</b> .....	61	TREXALL TAB 10MG.....	85
<b>trazodone hcl tab 300 mg</b> .....	61	TREXALL TAB 15MG.....	85
<b>trazodone hcl tab 50 mg</b> .....	61	TREXALL TAB 5MG.....	85
TRELEGY AER 100MCG .....	51	TREXALL TAB 7.5MG .....	85
TRELEGY AER 200MCG.....	51	Trezix	
TREMFYA INJ 100MG/ML .....	131	see <b>acetaminophen-caffeine-</b>	
<b>treprostinil diolamine</b>		<b>dihydrocodeine cap 320.5-30-16 mg</b>	
see ORENITRAM TAB 0.125MG .....	111	.....	38
see ORENITRAM TAB 0.25MG.....	111	<b>triamcinolone acet cr 0.1% &amp; dimeth cr</b>	
see ORENITRAM TAB 1MG .....	111	<b>5% &amp; silicone tape</b> .....	133
see ORENITRAM TAB 2.5MG .....	111	<b>triamcinolone acetonide cream 0.025%</b>	
see ORENITRAM TAB 5MG.....	111	.....	134
see ORENITRAM TAB MONTH 1.....	111	<b>triamcinolone acetonide cream 0.1%</b> ..	133
see ORENITRAM TAB MONTH 2.....	111	<b>triamcinolone acetonide cream 0.5%</b> 133,	
see ORENITRAM TAB MONTH 3.....	111	134	
<b>treprostinil inj soln 100 mg/20ml (5</b>		<b>triamcinolone acetonide dental paste</b>	
<b>mg/ml)</b> .....	111	<b>0.1%</b> .....	180
<b>treprostinil inj soln 200 mg/20ml (10</b>		<b>triamcinolone acetonide inj susp 40</b>	
<b>mg/ml)</b> .....	111	<b>mg/ml</b> .....	126
<b>treprostinil inj soln 20 mg/20ml (1 mg/ml)</b>		<b>triamcinolone acetonide lotion 0.025%</b>	
.....	111	.....	134
<b>treprostinil inj soln 50 mg/20ml (2.5</b>		<b>triamcinolone acetonide lotion 0.1%</b> ...	134
<b>mg/ml)</b> .....	111	<b>triamcinolone acetonide oint 0.025%</b> ..	134
TRESIBA FLEX INJ 100UNIT .....	67	<b>triamcinolone acetonide oint 0.1%</b> .....	134
TRESIBA FLEX INJ 200UNIT.....	67	<b>triamcinolone acetonide oint 0.5%</b> .....	134
TRESIBA INJ 100UNIT .....	67	<b>triamterene &amp; hydrochlorothiazide cap</b>	
<b>tretinoin</b>		<b>37.5-25 mg</b> .....	138
see RETIN-A CRE 0.025%.....	129	<b>triamterene &amp; hydrochlorothiazide tab</b>	
see RETIN-A CRE 0.05% .....	129	<b>37.5-25 mg</b> .....	138
see RETIN-A CRE 0.1% .....	129	<b>triamterene &amp; hydrochlorothiazide tab</b>	
see RETIN-A GEL 0.01% .....	129	<b>75-50 mg</b> .....	138
see RETIN-A GEL 0.025% .....	129	<b>triamterene cap 100 mg</b> .....	139
<b>tretinoin-benzoyl peroxide</b>		<b>triamterene cap 50 mg</b> .....	139
see TWYNEO CRE 0.1-3% .....	129	<b>triazolam tab 0.125 mg</b> .....	161
<b>tretinoin cap 10 mg</b> .....	90	<b>triazolam tab 0.25 mg</b> .....	161
<b>tretinoin cream 0.025%</b> .....	129	TRIBENZOR20- TAB 5-12.5MG.....	80
<b>tretinoin cream 0.05%</b> .....	129	TRIBENZOR40- TAB 10-12.5 .....	80
<b>tretinoin cream 0.1%</b> .....	129	TRIBENZOR40- TAB 10-25MG.....	80

TRIBENZOR40- TAB 5-12.5MG.....80  
 TRIBENZOR40- TAB 5-25MG .....80  
 Triderm  
     see **triamcinolone acetonide cream**  
         **0.5%** .....134  
**trientine hcl cap 250 mg** .....177  
 Tri-estarylla  
     see **norgestimate-eth estrad tab 0.18-**  
         **35/0.215-35/0.25-35 mg-mcg** .....122  
**trifarotene**  
     see AKLIEF CRE 0.005% .....127  
**trifluoperazine hcl tab 10 mg (base**  
     **equivalent)** .....98  
**trifluoperazine hcl tab 1 mg (base**  
     **equivalent)** .....98  
**trifluoperazine hcl tab 2 mg (base**  
     **equivalent)** .....98  
**trifluoperazine hcl tab 5 mg (base**  
     **equivalent)** .....98  
**trifluridine ophth soln 1%** .....185  
**trifluridine-tipiracil**  
     see LONSURF TAB 15-6.14.....87  
     see LONSURF TAB 20-8.19.....87  
**trihexyphenidyl hcl oral soln 0.4 mg/ml** 92  
**trihexyphenidyl hcl tab 2 mg** .....92  
**trihexyphenidyl hcl tab 5 mg** .....92  
 TRIJARDY XR TAB .....65  
 Tri-legest Fe  
     see **norethindrone ac-ethinyl estrad-fe**  
         **tab 1-20/1-30/1-35 mg-mcg**.....119  
 Tri-linyah  
     see **norgestimate-eth estrad tab 0.18-**  
         **35/0.215-35/0.25-35 mg-mcg** .....122  
 TRILIPIX CAP 135MG .....73  
 TRILIPIX CAP 45MG .....73  
 Tri-lo-estarylla  
     see **norgestimate-eth estrad tab 0.18-**  
         **25/0.215-25/0.25-25 mg-mcg** .....122  
 Tri-lo-marzia  
     see **norgestimate-eth estrad tab 0.18-**  
         **25/0.215-25/0.25-25 mg-mcg** .....122  
 Tri-lo-mili  
     see **norgestimate-eth estrad tab 0.18-**  
         **25/0.215-25/0.25-25 mg-mcg** .....122

Tri-lo-sprintec  
     see **norgestimate-eth estrad tab 0.18-**  
         **25/0.215-25/0.25-25 mg-mcg** .....122  
**trimethobenzamide hcl cap 300 mg** .....69  
**trimethoprim tab 100 mg** .....42  
 Tri-mili  
     see **norgestimate-eth estrad tab 0.18-**  
         **35/0.215-35/0.25-35 mg-mcg** .....122  
**trimipramine maleate cap 100 mg** .....63  
**trimipramine maleate cap 25 mg** .....63  
**trimipramine maleate cap 50 mg** .....63  
 Trinate  
     see **prenatal vit w/ fe fumarate-fa tab**  
         **28-1 mg** .....180  
 TRINTELLIX TAB 10MG .....61  
 TRINTELLIX TAB 20MG .....61  
 TRINTELLIX TAB 5MG.....61  
 Tri-nymyo  
     see **norgestimate-eth estrad tab 0.18-**  
         **35/0.215-35/0.25-35 mg-mcg** .....122  
 Tri-sprintec  
     see **norgestimate-eth estrad tab 0.18-**  
         **35/0.215-35/0.25-35 mg-mcg** .....122  
 TRIUMEQ PD TAB .....101  
 TRIUMEQ TAB.....101  
 Trivora-28  
     see **levonorgestrel-eth estra tab 0.05-**  
         **30/0.075-40/0.125-30mg-mcg** .....118  
 Tri-vylibra  
     see **norgestimate-eth estrad tab 0.18-**  
         **35/0.215-35/0.25-35 mg-mcg** .....122  
 Tri-vylibra Lo  
     see **norgestimate-eth estrad tab 0.18-**  
         **25/0.215-25/0.25-25 mg-mcg** .....122  
**tropicamide ophth soln 0.5%** .....184  
**tropicamide ophth soln 1%** .....184  
**trospium chloride cap er 24hr 60 mg** ...202  
**trospium chloride tab 20 mg** .....202  
 TRUE COMFORT MIS LANC 30G .....172  
 TRULICITY INJ 0.75/0.5 .....66  
 TRULICITY INJ 1.5/0.5.....66  
 TRULICITY INJ 3/0.5 .....66  
 TRULICITY INJ 4.5/0.5.....66  
 TRUPLUS LANC MIS 26G .....172

TRUPLUS LANC MIS 28G .....	172
TRUPLUS LANC MIS 30G .....	172
TRUPLUS LANC MIS 33G .....	172
Turqoz	
see <b>norgestrel &amp; ethinyl estradiol tab</b>	
<b>0.3 mg-30 mcg</b> .....	122
TWIST LANCET MIS 30G .....	172
TWIST LANCET MIS 30G MULT .....	172
TWYNEO CRE 0.1-3% .....	129
Tydemyl	
see <b>drospirenone-ethinyl estrad-</b>	
<b>levomefolate tab 3-0.03-0.451 mg</b> .....	115
TYMLOS INJ.....	140
TYSABRI INJ 300/15ML .....	195
<b>U</b>	
UBRELVY TAB 100MG.....	175
UBRELVY TAB 50MG .....	175
<b>ubrogepant</b>	
see UBRELVY TAB 100MG.....	175
see UBRELVY TAB 50MG .....	175
UCERIS TAB 9MG .....	126
ULTILET MIS 26G.....	172
ULTILET MIS 28G.....	172
ULTILET MIS 30G.....	172
ULTILET MIS 33G.....	172
ULTILET MIS LANCETS.....	172
ULTILET MIS SAFETY .....	172
ULTILET SAFE MIS 21G .....	172
<b>ultrasound - gel</b> .....	136
ULTRA THIN MIS 28G .....	172
ULTRA THIN MIS 30G .....	172
ULTRA THIN MIS 31G .....	172
ULTRA THIN MIS 33G .....	172
ULTRA THIN MIS LAN 31G.....	172
ULTRA THIN MIS LANC 28G .....	172
ULTRA THIN MIS LANC 30G.....	172
ULTRA THIN MIS LANCETS .....	172
<b>umeclidinium-vilanterol</b>	
see ANORO ELLIPT AER 62.5-25.....	50
UNILET EXCEL MIS 23G.....	172
UNILET EX II MIS 28G.....	172
UNILET G.P. MIS 21G .....	172
UNILET G.P MIS SUPR 23G .....	172
UNILET GP 28 MIS ULT THIN .....	172

UNILET LANCE MIS 21G.....	172
UNILET LANCE MIS 28G.....	173
UNILET LANCE MIS 33G.....	173
UNILET LANC MIS 33G .....	172
UNILET LANCT MIS 28G.....	173
UNILET LANCT MIS 30G.....	173
UNILET LANCT MIS 33G.....	173
UNILET MICRO MIS 33G.....	173
UNILET MIS 21G .....	173
UNILET SUPER MIS 23G .....	173
UNILET SUPER MIS G.P. 23G .....	173
UNISTIK 3 MIS GENT 30G .....	173
UNISTIK PRO MIS LANC 21G .....	173
UNISTIK PRO MIS LANC 28G.....	173
UNISTIK SAFE MIS LANC 28G .....	173
UNISTIK SAFE MIS LANC 30G .....	173
UNISTIK TOUC MIS LANC 21G.....	173
UNISTIK TOUC MIS LANC 23G.....	173
UNISTIK TOUC MIS LANC 28G.....	173
UNISTIK TOUC MIS LANC 30G.....	173
Unithroid	
see <b>levothyroxine sodium tab 100 mcg</b>	
.....	198
see <b>levothyroxine sodium tab 112 mcg</b>	
.....	198
see <b>levothyroxine sodium tab 125 mcg</b>	
.....	198
see <b>levothyroxine sodium tab 137 mcg</b>	
.....	198
see <b>levothyroxine sodium tab 150 mcg</b>	
.....	198
see <b>levothyroxine sodium tab 175 mcg</b>	
.....	198
see <b>levothyroxine sodium tab 200 mcg</b>	
.....	198
see <b>levothyroxine sodium tab 25 mcg</b>	
.....	197
see <b>levothyroxine sodium tab 300 mcg</b>	
.....	198
see <b>levothyroxine sodium tab 50 mcg</b>	
.....	197
see <b>levothyroxine sodium tab 75 mcg</b>	
.....	197

see <b>levothyroxine sodium tab 88 mcg</b>	
.....	198
UNITSTIK PRO MIS LANC 25G .....	173
UNIVERSAL 1 MIS 33G .....	173
UNIVERSAL 1 MIS LANC 26G .....	173
UNIVERSAL 1 MIS LANC 30G .....	173
<b>upadacitinib</b>	
see RINVOQ TAB 15MG ER .....	30
see RINVOQ TAB 30MG ER .....	30
see RINVOQ TAB 45MG ER .....	30
UPTRAVI INJ 1800MCG.....	112
UPTRAVI PACK TAB 200/800.....	112
UPTRAVI TAB 1000MCG .....	112
UPTRAVI TAB 1200MCG .....	112
UPTRAVI TAB 1400MCG .....	112
UPTRAVI TAB 1600MCG .....	112
UPTRAVI TAB 200MCG.....	112
UPTRAVI TAB 400MCG.....	112
UPTRAVI TAB 600MCG.....	112
UPTRAVI TAB 800MCG.....	112
<b>urea cream 39%</b> .....	134
<b>urea cream 40%</b> .....	134
Uredeb	
see <b>urea cream 39%</b> .....	134
Uremez-40	
see <b>urea cream 40%</b> .....	134
<b>uridine triacetate (emergency treatment)</b>	
see VISTOGARD PAK 10GM .....	68
UROCIT-K 10 TAB.....	150
UROCIT-K 15 TAB .....	150
UROCIT-K 5 TAB .....	150
URSO 250 TAB 250MG.....	147
<b>ursodiol</b>	
see URSO 250 TAB 250MG .....	147
see URSO FORTE TAB 500MG .....	147
<b>ursodiol cap 300 mg</b> .....	147
<b>ursodiol tab 250 mg</b> .....	147
<b>ursodiol tab 500 mg</b> .....	147
URSO FORTE TAB 500MG .....	147
<b>ustekinumab</b>	
see STELARA INJ 45MG/0.5 .....	131
see STELARA INJ 90MG/ML .....	131
<b>ustekinumab (iv)</b>	
see STELARA INJ 5MG/ML.....	148

<b>V</b>	
VAGIFEM TAB 10MCG.....	203
<b>valacyclovir hcl tab 1 gm</b> .....	103
<b>valacyclovir hcl tab 500 mg</b> .....	103
<b>valbenazine tosylate</b>	
see INGREZZA CAP 40-80MG.....	193
see INGREZZA CAP 40MG .....	193
see INGREZZA CAP 60MG .....	193
see INGREZZA CAP 80MG .....	193
<b>valganciclovir hcl for soln 50 mg/ml (base equiv)</b> .....	102
<b>valganciclovir hcl tab 450 mg (base equivalent)</b> .....	102
<b>valproate sodium inj 100 mg/ml</b> .....	59
<b>valproate sodium oral soln 250 mg/5ml (base equiv)</b> .....	59
<b>valproic acid cap 250 mg</b> .....	59
<b>valrubicin soln for intravesical instillation 40 mg/ml</b> .....	87
<b>valsartan-hydrochlorothiazide tab 160-12.5 mg</b> .....	81
<b>valsartan-hydrochlorothiazide tab 160-25 mg</b> .....	81
<b>valsartan-hydrochlorothiazide tab 320-12.5 mg</b> .....	81
<b>valsartan-hydrochlorothiazide tab 320-25 mg</b> .....	81
<b>valsartan-hydrochlorothiazide tab 80-12.5 mg</b> .....	80
<b>valsartan oral soln 4 mg/ml</b> .....	76
<b>valsartan tab 160 mg</b> .....	76
<b>valsartan tab 320 mg</b> .....	76
<b>valsartan tab 40 mg</b> .....	76
<b>valsartan tab 80 mg</b> .....	76
VALTOCO SPR 10MG .....	54
VALTOCO SPR 15MG .....	54
VALTOCO SPR 20MG.....	54
VALTOCO SPR 5MG .....	54
<b>vancomycin hcl cap 125 mg (base equivalent)</b> .....	43
<b>vancomycin hcl cap 250 mg (base equivalent)</b> .....	43
<b>vancomycin hcl for iv soln 1.25 gm (base equivalent)</b> .....	43



<b>vancomycin hcl for iv soln 1.5 gm (base equivalent)</b> .....	43	<b>VEMLIDY TAB 25MG</b> .....	102
<b>vancomycin hcl for iv soln 100 gm (base equivalent)</b> .....	43	<b>vemurafenib</b>	
<b>vancomycin hcl for iv soln 10 gm (base equivalent)</b> .....	43	see ZELBORAF TAB 240MG .....	90
<b>vancomycin hcl for iv soln 1 gm (base equivalent)</b> .....	43	<b>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</b> .....	62
<b>vancomycin hcl for iv soln 500 mg (base equivalent)</b> .....	43	<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</b> .....	61
<b>vancomycin hcl for iv soln 5 gm (base equivalent)</b> .....	43	<b>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</b> .....	61
<b>vancomycin hcl for iv soln 750 mg (base equivalent)</b> .....	43	<b>venlafaxine hcl tab 100 mg (base equivalent)</b> .....	62
<b>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</b> .....	43	<b>venlafaxine hcl tab 25 mg (base equivalent)</b> .....	62
<b>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</b> .....	43	<b>venlafaxine hcl tab 37.5 mg (base equivalent)</b> .....	62
<b>varafenil hcl orally disintegrating tab 10 mg</b> .....	111	<b>venlafaxine hcl tab 50 mg (base equivalent)</b> .....	62
<b>varafenil hcl tab 10 mg</b> .....	111	<b>venlafaxine hcl tab 75 mg (base equivalent)</b> .....	62
<b>varafenil hcl tab 2.5 mg</b> .....	111	<b>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</b> .....	62
<b>varafenil hcl tab 20 mg</b> .....	111	<b>verapamil hcl cap er 24hr 100 mg</b> .....	108
<b>varafenil hcl tab 5 mg</b> .....	111	<b>verapamil hcl cap er 24hr 120 mg</b> .....	108
<b>varenicline tartrate tab 0.5 mg (base equiv)</b> .....	195	<b>verapamil hcl cap er 24hr 180 mg</b> .....	108
<b>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</b> .....	195	<b>verapamil hcl cap er 24hr 200 mg</b> .....	108
<b>varenicline tartrate tab 1 mg (base equiv)</b> .....	195	<b>verapamil hcl cap er 24hr 240 mg</b> .....	108
Vaseline		<b>verapamil hcl cap er 24hr 300 mg</b> .....	108
see <b>white petrolatum topical gel</b> .....	190	<b>verapamil hcl cap er 24hr 360 mg</b> .....	108
VASERETIC TAB 10-25MG.....	81	<b>verapamil hcl iv soln 2.5 mg/ml</b> .....	108
<b>vasopressin iv soln 20 unit/ml (for iv infusion)</b> .....	143	<b>verapamil hcl tab 120 mg</b> .....	108
<b>vecuronium bromide for inj 10 mg</b> .....	183	<b>verapamil hcl tab 40 mg</b> .....	108
<b>vecuronium bromide for inj 20 mg</b> .....	183	<b>verapamil hcl tab 80 mg</b> .....	108
Velivet		<b>verapamil hcl tab er 120 mg</b> .....	108
see <b>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</b> .....	115	<b>verapamil hcl tab er 180 mg</b> .....	108
VELTASSA POW 16.8GM .....	179	<b>verapamil hcl tab er 240 mg</b> .....	108
VELTASSA POW 25.2GM .....	179	<b>vericiguat</b>	
VELTASSA POW 8.4GM .....	179	see VERQUVO TAB 10MG.....	112
		see VERQUVO TAB 2.5MG .....	112
		see VERQUVO TAB 5MG .....	112
		<b>VERIFINE LAN MIS MINI 21G</b> .....	173
		<b>VERIFINE LAN MIS MINI 23G</b> .....	173
		<b>VERIFINE LAN MIS MINI 28G</b> .....	173
		<b>VERIFINE LAN MIS MINI 30G</b> .....	173
		<b>VERIFINE MIS UNIV 28G</b> .....	173

VERIFINE MIS UNIV 30G.....	173		see <b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</b> .....	115
VERIFINE MIS UNIV 33G.....	173		VIREAD POW 40MG/GM.....	101
VERQUVO TAB 10MG.....	112		VIREAD TAB 150MG.....	101
VERQUVO TAB 2.5MG.....	112		VIREAD TAB 200MG.....	101
VERQUVO TAB 5MG.....	112		VIREAD TAB 250MG.....	101
Vestura			VIREAD TAB 300MG.....	101
see <b>drospirenone-ethinyl estradiol tab 3-0.02 mg</b> .....	115		<b>vismodegib</b>	
VFEND SUS 40MG/ML.....	71		see ERIVEDGE CAP 150MG.....	86
VFEND TAB 200MG.....	71		VISTOGARD PAK 10GM.....	68
VFEND TAB 50MG.....	71		VITRAKVI CAP 100MG.....	90
<b>vibegron</b>			VITRAKVI CAP 25MG.....	90
see GEMTESA TAB 75MG.....	202		VITRAKVI SOL 20MG/ML.....	90
VIBERZI TAB 100MG.....	149		VIVAGUARD MIS 28G.....	173
VIBERZI TAB 75MG.....	149		VIVAGUARD MIS 30G.....	173
VIBRAMYCIN CAP 100MG.....	197		Volnea	
VIBRAMYCIN SUS 25MG/5ML.....	197		see <b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</b> .....	115
VICTOZA INJ 18MG/3ML.....	66		<b>voriconazole</b>	
Vienna			see VFEND SUS 40MG/ML.....	71
see <b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b> .....	117		see VFEND TAB 200MG.....	71
<b>vigabatrin powd pack 500 mg</b> .....	58		see VFEND TAB 50MG.....	71
<b>vigabatrin tab 500 mg</b> .....	58		<b>voriconazole for inj 200 mg</b> .....	71
Vigadrone			<b>voriconazole for susp 40 mg/ml</b> .....	71
see <b>vigabatrin powd pack 500 mg</b> .....	58		<b>voriconazole tab 200 mg</b> .....	71
VIGAMOX DRO 0.5%.....	185		<b>voriconazole tab 50 mg</b> .....	71
Vigpoder			<b>vorinostat</b>	
see <b>vigabatrin powd pack 500 mg</b> .....	58		see ZOLINZA CAP 100MG.....	90
<b>vilazodone hcl tab 10 mg</b> .....	61		<b>vortioxetine hbr</b>	
<b>vilazodone hcl tab 20 mg</b> .....	61		see TRINTELLIX TAB 10MG.....	61
<b>vilazodone hcl tab 40 mg</b> .....	61		see TRINTELLIX TAB 20MG.....	61
<b>viloxazine hcl (adhd)</b>			see TRINTELLIX TAB 5MG.....	61
see QELBREE CAP 100MG ER.....	26		VOSEVI TAB.....	102
see QELBREE CAP 150MG ER.....	26		VRAYLAR CAP 1.5MG.....	95
see QELBREE CAP 200MG ER.....	26		VRAYLAR CAP 3MG.....	95
<b>vinblastine sulfate inj 1 mg/ml</b> .....	91		VRAYLAR CAP 4.5MG.....	95
<b>vincristine sulfate iv soln 1 mg/ml</b> .....	91		VRAYLAR CAP 6MG.....	95
<b>vinorelbine tartrate inj 10 mg/ml (base equiv)</b> .....	91		VTAMA CRE 1%.....	131
<b>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</b> .....	91		VUMERITY CAP 231MG.....	195
VIKACE TAB 10440.....	137		Vyfemla	
VIKACE TAB 20880.....	137		see <b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</b> .....	118
Viorele			Vylibra	

see <b>norgestimate &amp; ethinyl estradiol</b>			
<b>tab 0.25 mg-35 mcg</b> .....	122		
VYTORIN TAB 10-10MG .....	72		
VYTORIN TAB 10-20MG.....	72		
VYTORIN TAB 10-40MG.....	72		
VYTORIN TAB 10-80MG.....	72		
<b>W</b>			
WAKIX TAB 17.8MG .....	26		
WAKIX TAB 4.45MG .....	26		
<b>warfarin sodium tab 10 mg</b> .....	51		
<b>warfarin sodium tab 1 mg</b> .....	51		
<b>warfarin sodium tab 2.5 mg</b> .....	51		
<b>warfarin sodium tab 2 mg</b> .....	51		
<b>warfarin sodium tab 3 mg</b> .....	51		
<b>warfarin sodium tab 4 mg</b> .....	51		
<b>warfarin sodium tab 5 mg</b> .....	51		
<b>warfarin sodium tab 6 mg</b> .....	51		
<b>warfarin sodium tab 7.5 mg</b> .....	51		
<b>water for injection</b> .....	190		
<b>water for irrigation, sterile irrigation soln</b>			
.....	179		
WELLBUTRIN TAB 100MG SR.....	59		
WELLBUTRIN TAB 150MG SR.....	59		
WELLBUTRIN TAB 200MG SR .....	59		
Wera			
see <b>norethindrone &amp; ethinyl estradiol</b>			
<b>tab 0.5 mg-35 mcg</b> .....	118		
<b>white petrolatum topical gel</b> .....	190		
WINLEVI CRE 1% .....	129		
Wixela Inhub			
see <b>fluticasone-salmeterol aer powder</b>			
<b>ba 100-50 mcg/act</b> .....	50		
see <b>fluticasone-salmeterol aer powder</b>			
<b>ba 250-50 mcg/act</b> .....	50		
see <b>fluticasone-salmeterol aer powder</b>			
<b>ba 500-50 mcg/act</b> .....	50		
Wymzya Fe			
see <b>norethindrone &amp; ethinyl estradiol-</b>			
<b>fe chew tab 0.4 mg-35 mcg</b> .....	119		
<b>X</b>			
XARELTO STAR TAB 15/20MG .....	52	XARELTO TAB 2.5MG.....	52
XARELTO SUS 1MG/ML .....	52	XARELTO TAB 20MG.....	52
XARELTO TAB 10MG .....	52	XCOPRI PAK 100-150 .....	57
XARELTO TAB 15MG .....	52	XCOPRI PAK 12.5-25 .....	57
		XCOPRI PAK 150-200 .....	57
		XCOPRI PAK 50-100MG .....	57
		XCOPRI TAB 100MG.....	58
		XCOPRI TAB 150MG.....	58
		XCOPRI TAB 200MG .....	58
		XCOPRI TAB 25MG.....	57
		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.....	85
		XELODA TAB 500MG .....	85
		XEOMIN INJ 100UNIT .....	182
		XEOMIN INJ 200UNIT .....	182
		XEOMIN INJ 50 UNIT .....	182
		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% .....	185
		XOLAIR INJ 150MG/ML .....	48
		XOLAIR INJ 300/2ML.....	48
		XOLAIR INJ 75/0.5 .....	48
		XOLAIR SOL 150MG .....	48
		XOSPATA TAB 40MG.....	90
		XTANDI CAP 40MG .....	86
		XTANDI TAB 40MG .....	86
		XTANDI TAB 80MG .....	86
		Xulane	
		see <b>norelgestromin-ethinyl estradiol td</b>	
		<b>ptwk 150-35 mcg/24hr</b> .....	123
		XULTOPHY INJ 100/3.6 .....	65
		XYNTHA INJ 1000UNIT .....	156
		XYNTHA INJ 2000UNIT.....	156
		XYNTHA INJ 250UNIT .....	156
		XYNTHA INJ 500UNIT .....	156

XYNTHA SOLOF INJ 1000UNIT .....	156	see <b>isotretinoin cap 20 mg</b> .....	128
XYNTHA SOLOF INJ 2000UNIT .....	156	see <b>isotretinoin cap 30 mg</b> .....	128
XYNTHA SOLOF INJ 3000UNIT .....	156	see <b>isotretinoin cap 40 mg</b> .....	128
XYNTHA SOLOF INJ 500UNIT .....	156	ZENPEP CAP 10000UNT .....	138
XYNTHA SOLOF KIT 250UNIT .....	156	ZENPEP CAP 15000UNT .....	138
XYOSTED INJ 100/0.5 .....	41	ZENPEP CAP 20000UNT .....	138
XYOSTED INJ 50/0.5 .....	41	ZENPEP CAP 25000UNT .....	138
XYOSTED INJ 75/0.5 .....	41	ZENPEP CAP 3000UNIT .....	138
XYWAV SOL 0.5GM/ML.....	191	ZENPEP CAP 40000UNT .....	138
<b>Y</b>		ZENPEP CAP 5000UNIT .....	138
Yargesa		ZENPEP CAP 60000UNT .....	138
see <b>miglustat cap 100 mg</b> .....	158	Zenzedi	
YONSA TAB 125MG .....	86	see <b>dextroamphetamine sulfate tab 10</b>	
YUPELRI SOL .....	48	<b>mg</b> .....	25
Yuvaferm		see <b>dextroamphetamine sulfate tab 15</b>	
see <b>estradiol vaginal tab 10 mcg</b> .....	203	<b>mg</b> .....	25
<b>Z</b>		see <b>dextroamphetamine sulfate tab 2.5</b>	
Zafemy		<b>mg</b> .....	25
see <b>norelgestromin-ethinyl estradiol td</b>		see <b>dextroamphetamine sulfate tab 20</b>	
<b>ptwk 150-35 mcg/24hr</b> .....	123	<b>mg</b> .....	25
<b>zafirlukast tab 10 mg</b> .....	49	see <b>dextroamphetamine sulfate tab 30</b>	
<b>zafirlukast tab 20 mg</b> .....	49	<b>mg</b> .....	25
<b>zaleplon cap 10 mg</b> .....	161	see <b>dextroamphetamine sulfate tab 5</b>	
<b>zaleplon cap 5 mg</b> .....	161	<b>mg</b> .....	25
ZANAFLEX TAB 4MG.....	181	see <b>dextroamphetamine sulfate tab 7.5</b>	
<b>zanamivir</b>		<b>mg</b> .....	25
see RELENZA MIS DISKHALE .....	103	ZEPOSIA 7DAY CAP STR PACK .....	195
<b>zanubrutinib</b>		ZEPOSIA CAP .92MG .....	195
see BRUKINSA CAP 80MG .....	88	ZEPOSIA CAP STR KIT .....	195
ZARONTIN CAP 250MG.....	58	Zeruvia	
ZARONTIN SOL 250/5ML.....	58	see <b>lidocaine-menthol patch 4-1%</b> ....	135
ZEGALOGUE INJ 0.6/0.6 .....	65	ZESTRIL TAB 10MG.....	76
ZEJULA TAB 100MG.....	90	ZESTRIL TAB 2.5MG .....	76
ZEJULA TAB 200MG .....	90	ZESTRIL TAB 20MG .....	76
ZEJULA TAB 300MG .....	90	ZESTRIL TAB 30MG .....	76
ZELBORAF TAB 240MG.....	90	ZESTRIL TAB 40MG.....	76
ZEMAIRA INJ 1000MG.....	196	ZESTRIL TAB 5MG .....	76
ZEMAIRA INJ 4000MG.....	196	ZEVRX TWIST MIS LANC 30G .....	173
ZEMAIRA INJ 5000MG.....	196	<b>zidovudine</b>	
ZEMBRACE SYM INJ 3/0.5ML .....	176	see RETROVIR CAP 100MG .....	101
ZEMPLAR CAP 1MCG .....	143	see RETROVIR SYP 50MG/5ML.....	101
ZEMPLAR CAP 2MCG.....	143	<b>zidovudine cap 100 mg</b> .....	101
Zenatane		<b>zidovudine syrup 10 mg/ml</b> .....	101
see <b>isotretinoin cap 10 mg</b> .....	128	<b>zidovudine tab 300 mg</b> .....	101

<b>ziprasidone hcl cap 20 mg</b> .....	95	<b>zolpidem tartrate tab er 6.25 mg</b> .....	161
<b>ziprasidone hcl cap 40 mg</b> .....	95	<b>zonisamide cap 100 mg</b> .....	57
<b>ziprasidone hcl cap 60 mg</b> .....	95	<b>zonisamide cap 25 mg</b> .....	57
<b>ziprasidone hcl cap 80 mg</b> .....	95	<b>zonisamide cap 50 mg</b> .....	57
<b>ziprasidone mesylate for inj 20 mg (base equivalent)</b> .....	95	ZORYVE CRE 0.3% .....	131
ZIRABEV INJ 100/4ML .....	85	Zovia 1/35	
ZIRABEV INJ 400/16ML .....	85	see <b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</b> .....	116
ZOCOR TAB 10MG .....	74	ZUBSOLV SUB 0.7-0.18 .....	40
ZOCOR TAB 20MG .....	74	ZUBSOLV SUB 1.4-0.36 .....	40
ZOCOR TAB 40MG .....	74	ZUBSOLV SUB 11.4-2.9 .....	40
<b>zoledronic acid inj conc for iv infusion 4 mg/5ml</b> .....	140	ZUBSOLV SUB 2.9-0.71 .....	40
<b>zoledronic acid iv soln 5 mg/100ml</b> .....	140	ZUBSOLV SUB 5.7-1.4 .....	40
ZOLINZA CAP 100MG .....	90	ZUBSOLV SUB 8.6-2.1 .....	40
<b>zolmitriptan nasal spray 5 mg/spray unit</b> .....	176	Zumandimine	
<b>zolmitriptan orally disintegrating tab 2.5 mg</b> .....	176	see <b>drospirenone-ethinyl estradiol tab 3-0.03 mg</b> .....	116
<b>zolmitriptan orally disintegrating tab 5 mg</b> .....	176	ZYDELIG TAB 100MG .....	90
<b>zolmitriptan tab 2.5 mg</b> .....	176	ZYDELIG TAB 150MG .....	90
<b>zolmitriptan tab 5 mg</b> .....	176	ZYKADIA TAB 150MG .....	90
<b>zolpidem tartrate</b>		ZYPREXA TAB 10MG .....	97
see AMBIEN CR TAB 12.5MG .....	160	ZYPREXA TAB 15MG .....	97
see AMBIEN CR TAB 6.25MG .....	160	ZYPREXA TAB 2.5MG .....	97
see AMBIEN TAB 10MG .....	160	ZYPREXA TAB 20MG .....	97
see AMBIEN TAB 5MG .....	160	ZYPREXA TAB 5MG .....	97
<b>zolpidem tartrate tab 10 mg</b> .....	161	ZYPREXA TAB 7.5MG .....	97
<b>zolpidem tartrate tab 5 mg</b> .....	161	ZYPREXA ZYDI TAB 10MG .....	97
<b>zolpidem tartrate tab er 12.5 mg</b> .....	161	ZYPREXA ZYDI TAB 15MG .....	97
		ZYPREXA ZYDI TAB 20MG .....	97
		ZYPREXA ZYDI TAB 5MG .....	97