

Oscar 2023 Formulary

List of Covered Drugs



oscar

What is the Oscar Formulary?

A formulary is a list of covered drugs selected by your Plan, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our Pharmacy Benefits Manager CVS/Caremark manages the Pharmacy & Therapeutics (P&T) committee and Formulary for Oscar.

Oscar will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Oscar network pharmacy, and other plan rules are followed. This Formulary was updated as of 05/09/2023.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., BYSTOLIC) and generic drugs are listed in lower-case italics (e.g., *carvedilol*). There are two ways to find your drug within the formulary:

1 Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Antiarrhythmics. If you know what your drug is used for, look for the category name in the list that begins page 1. Then look under the category name for your drug.

2 Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 119. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Oscar covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. CVS/Caremark is delegated for Utilization Management and handles the review of Prior Authorizations and Appeals for Oscar Members.

These requirements and limits may include:

- **Prior Authorization:** Oscar requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Oscar before you fill your prescriptions. If you don't get approval, Oscar may not cover the drug.
- **Quantity Limits:** For certain drugs, Oscar limits the amount of the drug being filled. For example Oscar may limit a drug to only 48 pills in a 1-month timeframe. These amounts will be listed in the formulary below if they are applicable to your medication.
- **Step Therapy:** In some cases, Oscar requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Oscar may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Oscar will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1.

Health plans to which the formulary applies

\$0 Cost Share EPO AI-AN	Gold 80 EPO AI-AN	Silver 70 EPO Off-Ex
Bronze 60 EPO	Minimum Coverage EPO	Silver 73 EPO
Bronze 60 EPO AI-AN	Minimum Coverage EPO Select	Silver 87 EPO
Bronze 60 HDHP EPO	Platinum 90 EPO	Silver 94 EPO
Bronze 60 HDHP EPO AI-AN	Platinum 90 EPO AI-AN	Silver Classic EPO
Bronze Simple EPO	Silver 70 EPO	Silver Classic-PCP Saver EPO
Gold 80 EPO	Silver 70 EPO AI-AN	

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Concierge and ask if your drug is covered.

If you learn that Oscar does not cover your drug, you can ask Concierge for similar drugs that are covered by Oscar. Discuss these alternatives with your doctor and ask them to prescribe one of the alternatives that are covered by Oscar.

How do I request an exception to the Oscar Formulary?

Your Doctor can ask us to make an exception to our coverage rules. Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects. CVS/Caremark is delegated for Utilization Management and handles the review of Formulary Exceptions.

Can the Formulary change?

Please note, the formulary is reviewed and updated on a monthly basis and may be subject to change. Most changes in drug coverage occur on January 1, but Oscar may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new utilization management restrictions. If you are impacted by a change to the formulary, Oscar will aim to notify you at least 60 days prior to the change becoming effective.

If we make such a change, you or your prescriber may request an exception for continued coverage. You can find information in the section above entitled "How do I request an exception to the Oscar Formulary?"

You can contact Concierge to find out if your drug is still covered, visit hioscar.com and log in to your plan specific account, or use the Oscar app drug search feature.

For more information

For more detailed information about your Oscar prescription drug coverage, such as plan-specific coverage documents that include cost sharing, please visit hioscar.com/forms or call Concierge at **855-672-2755**. You can also find your plan specific information on our Oscar app available through your app store.

Formulary Terminology

The formulary that begins on page 1 provides coverage information about the drugs covered by Oscar. If you have trouble finding your drug in the list, turn to the Index that begins on page 119. The information in the Requirements/Limits column tells you if Oscar has any special requirements for coverage of your drug.

Abbreviation	Term	Description
PA	Prior Authorization	Your physician must get approval from Oscar to cover this medication
QL	Quantity Limits	Some drugs have a limit of how much you can fill at a time
ST	Step Therapy	For some drugs you must first try certain drugs to treat your medical condition before we will cover another drug for that condition
OTC	Over-the-counter	Medications that can be purchased with ¹ or without a prescription from your physician
PA**	Prior Authorization if Step Therapy is not met	A Prior Authorization will be needed if you do not meet the step therapy

Prescription Drugs Administered in Physician Offices and Outpatient Facilities. These medications are commonly referred to as ‘Physician-Administered Drugs’ and are applied towards the Medical Benefit portion of your Oscar plan. When prescription drugs are Covered under your Medical benefit, they can not be billed under the Prescription Drug Coverage section of this Policy.

¹To be covered at the pharmacy a prescription from your doctor is required.

Definitions

Term	Description
Coverage document	Is a health plan contract, evidence of coverage, certificate of coverage, schedule of benefits, or any other contract for health coverage between an enrollee or subscriber and health plan.
Dosage form	Is the physical form in which a prescription drug is produced and dispensed, such as a tablet, a capsule, or an injectable.
Established name	Is the official nonproprietary name for a prescription drug, as defined in section 111225 of the Health and Safety Code, which must appear on the label pursuant to section 111355 of the Health and Safety Code.
Exception request	Is the process by which an enrollee requests and gains access to clinically appropriate nonformulary drugs as set forth in sections 1367.24, 1367.241, and 1367.244 of the Health and Safety Code.
Exigent circumstances	Is when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee’s life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a nonformulary drug.
Formulary	Is the complete list of prescription drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product.
Nonformulary drug	Is any prescription drug where an enrollee’s copayment or out-of-pocket costs are different than the copayment or out-of-pocket costs for a formulary prescription drug, except as otherwise provided by law or regulation.

Definitions

Term	Description
<p>Prescription drug or drug</p>	<p>Is a drug approved by the federal Food and Drug Administration (FDA) for sale to consumers that requires a prescription and is not provided for use on an inpatient basis. The term “drug” or “prescription drug” includes:</p> <p>(a) disposable devices that are medically necessary for the administration of a covered prescription drug, such as spacers and inhalers for the administration of aerosol outpatient prescription drugs;</p> <p>(b) syringes for self-injectable prescription drugs that are not dispensed in pre-filled syringes;</p> <p>(c) drugs, devices, and FDA-approved products covered under the prescription drug benefit of the product pursuant to sections 1367.002, 1367.25, and 1367.51 of the Health and Safety Code, including any such over-the-counter drugs, devices, and FDA-approved products; and</p> <p>(d) at the option of the health plan, any vaccines or other healthcare benefits covered under the prescription drug benefit of the health plan product.</p>
<p>Product</p>	<p>Is a discrete package of healthcare coverage benefits that a health plan offers for a particular policy with a specific network service area.</p>
<p>Quantity Limit</p>	<p>Is a restriction on the number of doses or any other limitations on the quantity of a prescription drug a health plan will cover during a specific time period.</p>
<p>Strength</p>	<p>Is the amount of active ingredient or ingredients present in each dose of a prescription drug.</p>

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS.....	3
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION	3
ANALGESICS - ANTI-INFLAMMATORY	12
ANALGESICS - OPIOID	12
ANESTHETICS - DRUGS FOR NUMBING.....	12
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS	12
ANTIASTHMATIC AND BRONCHODILATOR AGENTS.....	26
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION	27
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER	27
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	34
ANTIPSYCHOTICS/ANTIMANIC AGENTS	35
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS	35
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	36
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	48
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS.....	64
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	64
DERMATOLOGICALS	64
DIURETICS - DRUGS TO TREAT HEART CONDITIONS.....	64
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES	64
ENDOCRINE AND METABOLIC AGENTS - MISC.....	79
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	79
GASTROINTESTINAL AGENTS - MISC.	84
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS.....	84
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	86
HEMATOPOIETIC AGENTS	88
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS.....	88
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM.....	88
LAXATIVES.....	97
MACROLIDES.....	97
MEDICAL DEVICES	97
MEDICAL DEVICES AND SUPPLIES	98
MIGRAINE PRODUCTS.....	99
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS.....	99
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS	99
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	102
OTHER.....	105
PASSIVE IMMUNIZING AND TREATMENT AGENTS	106
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	106
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	106

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS	111
TOXOIDS	118
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY	
INCONTINENCE	118
VASOPRESSORS	118
Index	119

CA 4T STND Effective 05/01/2023

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TABS 75mg, 150mg (<i>solriamfetol hcl</i>)	3	PA, QL (30 tabs every 30 days)
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
<i>celecoxib caps 50mg, 100mg, 200mg</i>	2	
GOUT - DRUGS TO TREAT GOUT		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>allopurinol sodium solr 500mg</i>	1	
<i>colchicine tabs .6mg</i>	2	QL (120 tablets every 25 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>febuxostat tabs 40mg, 80mg</i>	3	PA
<i>probenecid tabs 500mg</i>	1	
NON-OPIOID ANALGESICS		
<i>butalbital-acetaminophen tab 50-325 mg</i> (Tencon)	1	QL (48 tabs every 25 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL (48 caps every 25 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL (48 caps every 25 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs every 25 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (48 caps every 25 days)
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
<i>diclofenac potassium tabs 50mg</i>	1	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	1	
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	1	
<i>flurbiprofen tabs 50mg, 100mg</i>	1	
<i>ibuprofen susp 100mg/5ml</i> (Goodsense Ibuprofen Child)	1	OTC
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>ketorolac tromethamine soln 15mg/ml, 30mg/ml, 60mg/2ml</i>	1	

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ketorolac tromethamine tabs 10mg</i>	1	QL (20 tabs every 25 days)
<i>meclofenamate sodium caps 50mg, 100mg</i>	2	
<i>mefenamic acid caps 250mg</i>	1	
<i>meloxicam tabs 7.5mg, 15mg</i>	1	
<i>nabumetone tabs 500mg, 750mg</i>	1	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin tabs 600mg</i>	1	
<i>piroxicam caps 10mg, 20mg</i>	1	
<i>sulindac tabs 150mg, 200mg</i>	1	
<i>tolmetin sodium caps 400mg; tabs 600mg</i>	1	
NSAIDS, COMBINATIONS		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (2 units every day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	PV	QL (3 units every day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	PV	QL (3 units every day); \$0 copay
ZUBSOLV SUB 0.7-0.18 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	QL (3 units every day)
ZUBSOLV SUB 1.4-0.36 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	QL (3 units every day)
ZUBSOLV SUB 2.9-0.71 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	QL (3 units every day)
ZUBSOLV SUB 5.7-1.4 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	QL (3 units every day)
ZUBSOLV SUB 8.6-2.1 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	QL (2 units every day)
ZUBSOLV SUB 11.4-2.9 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	QL (1 unit every day)

OAC - Oral Anti-Cancer **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **PV** - Preventative Service **QL** - Quantity Limits **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	ST, QL (2700 ml every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	ST, QL (400 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	ST, QL (360 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	ST, QL (180 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (48 caps every 25 days)
<i>butorphanol tartrate soln 1mg/ml, 2mg/ml</i>	1	
<i>butorphanol tartrate soln 10mg/ml</i>	1	QL (2 bottles every 25 days)
<i>codeine sulfate tabs 30mg</i>	1	ST, QL (42 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
CODEINE SULFATE TABS 60mg	2	ST, QL (42 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
EMBEDA CAP 20-0.8MG (<i>morphine-naltrexone</i>)	2	ST, QL (60 caps every 25 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EMBEDA CAP 30-1.2MG (<i>morphine-naltrexone</i>)	2	ST, QL (60 caps every 25 days)
EMBEDA CAP 50-2MG (<i>morphine-naltrexone</i>)	2	ST, QL (30 caps every 25 days)
EMBEDA CAP 60-2.4MG (<i>morphine-naltrexone</i>)	2	ST, QL (30 caps every 25 days)
EMBEDA CAP 80-3.2MG (<i>morphine-naltrexone</i>)	2	ST, QL (30 caps every 25 days)
EMBEDA CAP 100-4MG (<i>morphine-naltrexone</i>)	2	ST, PA; High Strength Requires PA
<i>fentanyl pt72 12mcg/hr, 25mcg/hr</i>	1	ST, QL (10 patches every 25 days)
<i>fentanyl pt72 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	1	ST, PA; High Strength Requires PA
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	1	PA, QL (120 lozenges every 25 days)
<i>hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg</i>	1	ST, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate t24a 100mg, 120mg</i>	1	ST, PA; High Strength Requires PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	ST, QL (2700 ml every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	ST, QL (240 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	ST, QL (180 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	ST, QL (180 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	ST, QL (50 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl soln 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml</i>	1	Injectable Only
<i>hydromorphone hcl tabs 2mg</i>	1	ST, QL (180 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tabs 4mg</i>	1	ST, QL (150 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tabs 8mg</i>	1	ST, QL (60 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tb24 8mg, 12mg, 16mg</i>	1	ST, QL (30 tabs every 25 days)
<i>hydromorphone hcl tb24 32mg</i>	1	ST, PA; High Strength Requires PA
<i>methadone hcl conc 10mg/ml</i>	1	QL (30 ml every 25 days); (indicated for opioid addiction)
<i>methadone hcl conc 10mg/ml</i> (Methadone Hydrochloride I)	1	ST, QL (60 mL every 25 days); (generic of Methadone Intensol, indicated for pain)
<i>methadone hcl soln 5mg/5ml</i>	1	ST, QL (450 ml every 25 days)
<i>methadone hcl soln 10mg/5ml</i>	1	ST, QL (300 mL every 25 days)
<i>methadone hcl soln 10mg/ml</i>	1	ST, QL (20 ml every 25 days)
<i>methadone hcl tabs 5mg</i>	1	ST, QL (90 tabs every 25 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methadone hcl tabs 10mg</i>	1	ST, QL (60 tabs every 25 days)
<i>methadone hcl tbso 40mg</i>	1	QL (9 tabs every 25 days)
<i>methadone hcl tbso 40mg</i> (Methadose)	1	QL (9 tabs every 25 days)
<i>morphine sulfate cp24 10mg, 20mg, 30mg</i>	1	ST, QL (60 caps every 25 days)
<i>morphine sulfate cp24 50mg, 60mg, 80mg</i>	1	ST, QL (30 caps every 25 days)
<i>morphine sulfate cp24 100mg; tbc 60mg, 100mg, 200mg</i>	1	ST, PA; High Strength Requires PA
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 150mg/30ml	3	
<i>morphine sulfate soln 10mg/5ml</i>	1	ST, QL (900 ml every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln 20mg/5ml</i>	1	ST, QL (675 mL every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln 100mg/5ml</i>	1	ST, QL (135 mL every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln .5mg/ml, 1mg/ml, 4mg/ml, 10mg/ml</i>	1	
<i>morphine sulfate tabs 15mg</i>	1	ST, QL (180 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tabs 30mg</i>	1	ST, QL (90 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>morphine sulfate tbcr 15mg, 30mg</i>	1	ST, QL (90 tabs every 25 days)
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg</i>	1	ST, QL (30 caps every 25 days)
<i>morphine sulfate beads cp24 120mg</i>	1	ST, PA; High Strength Requires PA
<i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i>	1	
<i>oxycodone hcl caps 5mg</i>	1	ST, QL (180 caps every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl conc 100mg/5ml</i>	1	ST, QL (90 mL every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl soln 5mg/5ml</i>	1	ST, QL (900 ml every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl t12a 10mg, 15mg, 20mg, 30mg</i>	1	ST, QL (60 tabs every 25 days)
<i>oxycodone hcl t12a 40mg, 60mg, 80mg</i>	1	ST, PA; High Strength Requires PA
<i>oxycodone hcl tabs 5mg, 10mg</i>	1	ST, QL (180 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tabs 15mg</i>	1	ST, QL (120 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxycodone hcl tabs 20mg</i>	1	ST, QL (90 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tabs 30mg</i>	1	ST, QL (60 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	ST, QL (360 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	ST, QL (360 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	ST, QL (240 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	ST, QL (180 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	ST, QL (360 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1	ST, QL (28 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tabs 5mg</i>	1	ST, QL (180 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tabs 10mg</i>	1	ST, QL (90 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg</i>	2	ST, QL (60 tabs every 25 days)
<i>oxymorphone hcl tb12 20mg, 30mg, 40mg</i>	2	ST, PA; High Strength Requires PA
<i>tramadol hcl tabs 50mg</i>	1	ST, QL (180 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tabs 100mg</i>	1	ST, QL (90 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tb24 100mg</i>	1	ST, QL (30 tabs every 25 days)
<i>tramadol hcl tb24 200mg, 300mg</i>	1	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	ST, QL (40 tabs every 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPIOID PARTIAL AGONISTS		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg (buprenorphine hcl)	2	ST, QL (60 films every 25 days)
BELBUCA FILM 600mcg, 750mcg, 900mcg (buprenorphine hcl)	2	ST, PA; High Strength Requires Prior Auth
buprenorphine hcl soln .3mg/ml	1	
buprenorphine hcl subl 2mg, 8mg	PV	QL (90 tabs every 30 days); \$0 copay
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml (buprenorphine)	4	
SALICYLATES		
aspirin chew 81mg (Goodsense Aspirin)	1	QL (100 tabs every 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
aspirin tbec 81mg (Aspirin Enteric Coated Ad)	1	QL (100 tabs every 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
diflunisal tabs 500mg	1	
ANALGESICS - ANTI-INFLAMMATORY		
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
indomethacin caps 25mg, 50mg	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
levorphanol tartrate tabs 2mg, 3mg	3	PA; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages"
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
LIDO/DEXTROS INJ 5-7.5%	3	
lidocaine hcl (local anesth.) soln .5%, 1%, 1.5%, 2%, 4%	1	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate soln 1gm/4ml, 500mg/2ml	1	

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>chloramphenicol sodium succinate solr 1gm</i>	1	
<i>fosfomycin tromethamine pack 3gm</i>	2	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate soln 10mg/ml, 40mg/ml</i>	1	
<i>neomycin sulfate tabs 500mg</i>	1	
<i>paromomycin sulfate caps 250mg</i>	1	
<i>streptomycin sulfate solr 1gm</i>	1	
SULFADIAZINE TABS 500mg	1	
<i>tinidazole tabs 250mg, 500mg</i>	1	
<i>tobramycin nebu 300mg/4ml</i>	4	PA, QL (224 ml every 28 days)
<i>tobramycin nebu 300mg/5ml</i>	4	PA, QL (280 mL every 28 days)
<i>tobramycin sulfate soln 1.2gm/30ml, 10mg/ml</i>	1	
<i>tobramycin sulfate soln 40mg/ml, 80mg/2ml</i>	1	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days
<i>tobramycin sulfate solr 1.2gm</i>	1	QL (2 vials every day); Initial limit allows up to a 10 day course every 365 days
ANTI-INFECTIVES - MISCELLANEOUS		
ALINIA SUSR 100mg/5ml (<i>nitazoxanide</i>)	3	QL (540mL every 25 days)
<i>atovaquone susp 750mg/5ml</i>	3	
AZACTAM/DEX INJ 1GM (<i>aztreonam-dextrose</i>)	3	
AZACTAM/DEX INJ 2GM (<i>aztreonam-dextrose</i>)	3	
<i>aztreonam solr 1gm, 2gm</i>	1	
CAYSTON SOLR 75mg (<i>aztreonam lysine</i>)	4	PA, QL (84 vials every 28 days)
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
clindamycin phosphate soln 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
dapsone tabs 25mg, 100mg	1	
daptomycin solr 500mg	3	
EMVERM CHEW 100mg (mebendazole)	3	PA, QL (12 tabs every 365 days)
ertapenem sodium solr 1gm	3	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
imipenem-cilastatin intravenous for soln 250 mg	1	
imipenem-cilastatin intravenous for soln 500 mg	1	
INVANZ SOLR 1gm (ertapenem sodium)	3	
ivermectin tabs 3mg	1	QL (12 tabs every 91 days)
linezolid soln 600mg/300ml; susr 100mg/5ml	1	
linezolid tabs 600mg	3	
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	1	
meropenem solr 1gm	3	QL (6 vials every day); Initial limit allows up to a 14 day course every 365 days
meropenem solr 500mg	3	QL (12 vials every day); Initial limit allows up to a 14 day course every 365 days
methenamine hippurate tabs 1gm	1	
metronidazole soln 500mg/100ml; tabs 250mg, 500mg	1	
nitazoxanide tabs 500mg	3	QL (20 tabs every 25 days)
nitrofurantoin susp 25mg/5ml	3	
nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg	1	
nitrofurantoin monohyd macro caps 100mg	1	
pentamidine isethionate solr 300mg	1	
polymyxin b sulfata solr 500000unit	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>praziquantel tabs 600mg</i>	3	QL (24 tabs every 365 days)
PRIMSOL SOLN 50mg/5ml (<i>trimethoprim hcl</i>)	2	
<i>pyrimethamine tabs 25mg</i>	2	PA
SIVEXTRO SOLR 200mg; TABS 200mg (<i>tedizolid phosphate</i>)	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>trimethoprim tabs 100mg</i>	1	
<i>vancomycin hcl caps 125mg, 250mg</i>	3	QL (80 caps every 10 days)
<i>vancomycin hcl solr 1gm</i>	3	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl solr 5gm, 10gm</i>	3	QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl solr 500mg, 750mg</i>	3	QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days
XIFAXAN TABS 200mg (<i>rifaximin</i>)	3	QL (9 tabs every 25 days)
XIFAXAN TABS 550mg (<i>rifaximin</i>)	3	PA
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
<i>amphotericin b solr 50mg</i>	1	QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days
BIO-STATIN CAPS 500000unit, 1000000unit (<i>nystatin</i>)	2	
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
FLUCONAZOLE/ INJ NAACL 100	3	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	3	PA
<i>nystatin tabs 500000unit</i>	1	
<i>terbinafine hcl tabs 250mg</i>	1	QL (180 tabs every 365 days)
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	3	PA
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	1	
COARTEM TAB 20-120MG (<i>artemether-lumefantrine</i>)	3	
<i>mefloquine hcl tabs 250mg</i>	1	
<i>primaquine phosphate tabs 26.3mg</i>	1	
<i>quinine sulfate caps 324mg</i>	1	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate soln 20mg/ml</i>	1	QL (900 mL every 30 days)
<i>abacavir sulfate tabs 300mg</i>	1	QL (60 tabs every 30 days)
APRETUDE SUER 600mg/3ml (<i>cabotegravir</i>)	PV	QL (6mL every 30 days)
APTIVUS CAPS 250mg (<i>tipranavir</i>)	2	QL (120 caps every 30 days)
APTIVUS SOLN 100mg/ml (<i>tipranavir</i>)	2	QL (285 mL every 28 days)
<i>atazanavir sulfate caps 150mg, 300mg</i>	1	QL (30 caps every 30 days)
<i>atazanavir sulfate caps 200mg</i>	1	QL (60 caps every 30 days)
CRIXIVAN CAPS 200mg (<i>indinavir sulfate</i>)	2	QL (450 caps every 30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CRIXIVAN CAPS 400mg (<i>indinavir sulfate</i>)	2	QL (180 caps every 30 days)
<i>didanosine cpdr 200mg, 250mg, 400mg</i>	1	QL (30 caps every 30 days)
EDURANT TABS 25mg (<i>rilpivirine hcl</i>)	2	QL (60 tabs every 30 days)
<i>efavirenz caps 50mg, 200mg</i>	1	QL (90 caps every 30 days)
<i>efavirenz tabs 600mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine caps 200mg</i>	1	QL (30 caps every 30 days)
EMTRIVA SOLN 10mg/ml (<i>emtricitabine</i>)	2	QL (680 ml every 28 days)
<i>etravirine tabs 100mg</i>	1	QL (120 tabs every 30 days)
<i>etravirine tabs 200mg</i>	1	QL (60 tabs every 30 days)
<i>fosamprenavir calcium tabs 700mg</i>	1	QL (120 tabs every 30 days)
FUZEON SOLR 90mg (<i>enfuvirtide</i>)	4	QL (60 vials every 30 days)
INTELENCE TABS 25mg (<i>etravirine</i>)	2	QL (120 tabs every 30 days)
INVIRASE CAPS 200mg (<i>saquinavir mesylate</i>)	2	QL (300 caps every 30 days)
INVIRASE TABS 500mg (<i>saquinavir mesylate</i>)	2	QL (120 tabs every 30 days)
ISENTRESS CHEW 25mg, 100mg (<i>raltegravir potassium</i>)	2	QL (180 tabs every 30 days)
ISENTRESS PACK 100mg (<i>raltegravir potassium</i>)	2	QL (60 packets every 30 days)
ISENTRESS TABS 400mg (<i>raltegravir potassium</i>)	2	QL (120 tabs every 30 days)
ISENTRESS HD TABS 600mg (<i>raltegravir potassium</i>)	2	QL (60 tabs every 30 days)
<i>lamivudine soln 10mg/ml</i>	1	QL (960 ml every 30 days)
<i>lamivudine tabs 150mg</i>	1	QL (60 tabs every 30 days)
<i>lamivudine tabs 300mg</i>	1	QL (30 tabs every 30 days)
LEXIVA SUSP 50mg/ml (<i>fosamprenavir calcium</i>)	2	QL (1575 mL every 28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>maraviroc tabs 150mg</i>	1	QL (60 tabs every 30 days)
<i>maraviroc tabs 300mg</i>	1	QL (120 tabs every 30 days)
<i>nevirapine susp 50mg/5ml</i>	1	QL (1200 mL every 30 days)
<i>nevirapine tabs 200mg</i>	1	QL (60 tabs every 30 days)
<i>nevirapine tb24 100mg</i>	1	QL (90 tabs every 30 days)
<i>nevirapine tb24 400mg</i>	1	QL (30 tabs every 30 days)
NORVIR PACK 100mg (<i>ritonavir</i>)	2	QL (360 packets every 30 days)
NORVIR SOLN 80mg/ml (<i>ritonavir</i>)	2	QL (480 mL every 30 days)
PREZISTA TABS 75mg (<i>darunavir</i>)	2	QL (300 tabs every 30 days)
PREZISTA TABS 150mg (<i>darunavir</i>)	2	QL (180 tabs every 30 days)
PREZISTA TABS 600mg (<i>darunavir</i>)	2	QL (60 tabs every 30 days)
PREZISTA TABS 800mg (<i>darunavir</i>)	2	QL (30 tabs every 30 days)
RESCRIPTOR TABS 100mg (<i>delavirdine mesylate</i>)	3	QL (900 tabs every 30 days)
RESCRIPTOR TABS 200mg (<i>delavirdine mesylate</i>)	3	QL (180 tabs every 30 days)
RETROVIR IV INFUSION SOLN 10mg/ml (<i>zidovudine</i>)	2	
REYATAZ PACK 50mg (<i>atazanavir sulfate</i>)	2	QL (180 packets every 30 days)
<i>ritonavir tabs 100mg</i>	1	QL (360 tabs every 30 days)
SELZENTRY SOLN 20mg/ml (<i>maraviroc</i>)	2	QL (1840 mL every 30 days)
SELZENTRY TABS 25mg (<i>maraviroc</i>)	2	QL (240 tabs every 30 days)
SELZENTRY TABS 75mg (<i>maraviroc</i>)	2	QL (60 tabs every 30 days)
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	1	QL (60 caps every 30 days)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	QL (30 tabs every 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TIVICAY TABS 10mg, 25mg, 50mg (dolutegravir sodium)	2	QL (60 tabs every 30 days)
TROGARZO SOLN 200mg/1.33ml (ibalizumab-uiyk)	4	
TYBOST TABS 150mg (cobicistat)	2	QL (30 tabs every 30 days)
VIRACEPT TABS 250mg (nelfinavir mesylate)	2	QL (300 tabs every 30 days)
VIRACEPT TABS 625mg (nelfinavir mesylate)	2	QL (120 tabs every 30 days)
VIREAD POWD 40mg/gm (tenofovir disoproxil fumarate)	2	QL (240 gm every 30 days)
VIREAD TABS 150mg, 200mg, 250mg (tenofovir disoproxil fumarate)	2	QL (30 tabs every 30 days)
ZERIT SOLR 1mg/ml (stavudine)	2	QL (2400 ml every 30 days)
zidovudine caps 100mg	1	QL (180 caps every 30 days)
zidovudine syrp 50mg/5ml	1	QL (1920 ml every 30 days)
zidovudine tabs 300mg	1	QL (60 tabs every 30 days)
ANTIRETROVIRAL AGENTS^		
PREZISTA SUSP 100mg/ml (darunavir)	2	QL (400 ml every 30 days)
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	1	QL (30 tabs every 30 days)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	1	QL (60 tabs every 30 days)
BIKTARVY TAB (bictegravir-emtricitabine-tenofovir alafenamide fumarate)	2	QL (30 tabs every 30 days)
CABENUVA SUS 400-600 (cabotegravir & rilpivirine)	2	QL (1 box every 30 days)
CABENUVA SUS 600-900 (cabotegravir & rilpivirine)	2	QL (1 box every 30 days)
CIMDUO TAB 300-300 (lamivudine-tenofovir disoproxil fumarate)	2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG (emtricitabine-tenofovir alafenamide fumarate)	2	QL (30 tabs every 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DESCOVY TAB 200/25MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	2	PA, QL (30 tabs every 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG (<i>dolutegravir sodium-lamivudine</i>)	2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	PV	QL (30 tabs every 30 days); \$0 for pre-exposure prophylaxis only; Tier 1B for all others
EVOTAZ TAB 300-150 (<i>atazanavir sulfate-cobicistat</i>)	2	QL (30 tabs every 30 days)
GENVOYA TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	2	QL (30 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (480 ml every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (240 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (120 tabs every 30 days)
ODEFSEY TAB (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>)	2	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150 (<i>darunavir-cobicistat</i>)	2	QL (30 tabs every 30 days)
TEMIXYS TAB 300-300 (<i>lamivudine-tenofovir disoproxil fumarate</i>)	2	QL (30 tabs every 30 days)
TRIUMEQ PD TAB (<i>abacavir-dolutegravir-lamivudine</i>)	2	QL (180 tabs every 30 days)
TRIUMEQ TAB (<i>abacavir-dolutegravir-lamivudine</i>)	2	QL (30 tabs every 30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine caps 250mg</i>	1	
<i>ethambutol hcl tabs 100mg, 400mg</i>	1	
<i>isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg</i>	1	
PASER PACK 4gm (<i>aminosalicylic acid</i>)	3	
PRIFTIN TABS 150mg (<i>rifapentine</i>)	2	
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifabutin caps 150mg</i>	2	
RIFAMATE CAP (<i>isoniazid & rifampin</i>)	2	
<i>rifampin caps 150mg, 300mg; solr 600mg</i>	1	
RIFATER TAB (<i>isoniazid-rifampin w/ pyrazinamide</i>)	2	
SIRTURO TABS 100mg (<i>bedaquiline fumarate</i>)	4	PA
TRECTOR TABS 250mg (<i>ethionamide</i>)	2	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	1	
<i>acyclovir sodium soln 50mg/ml</i>	1	
<i>adefovir dipivoxil tabs 10mg</i>	4	PA
BARACLUDGE SOLN .05mg/ml (<i>entecavir</i>)	3	PA, QL (630 mL every 30 days)
<i>cidofovir soln 75mg/ml</i>	1	
<i>entecavir tabs .5mg, 1mg</i>	3	PA, QL (30 tabs every 30 days)
EPIVIR HBV SOLN 5mg/ml (<i>lamivudine (hbv)</i>)	2	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1	
<i>lamivudine (hbv) tabs 100mg</i>	1	
<i>oseltamivir phosphate caps 30mg</i>	2	QL (40 caps every 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	2	QL (20 caps every 90 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	2	QL (360 mL every 90 days)
RELENZA DISKHALER AEPB 5mg/blister (<i>zanamivir</i>)	2	QL (2 inhalers every 90 days)
<i>ribavirin solr 6gm</i>	1	
<i>rimantadine hydrochloride tabs 100mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>valacyclovir hcl tabs 500mg, 1000mg</i>	1	
<i>valganciclovir hcl solr 50mg/ml</i>	4	QL (1000 mL every 30 days)
<i>valganciclovir hcl tabs 450mg</i>	4	QL (120 tabs every 30 days)
VEMLIDY TABS 25mg (<i>tenofovir alafenamide fumarate</i>)	4	PA, QL (30 tabs every 30 days)

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	1	
<i>cefazolin sodium solr 1gm, 10gm, 500mg</i>	1	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	1	
<i>cefditoren pivoxil tabs 200mg, 400mg</i>	1	
<i>cefepime hcl solr 1gm, 2gm</i>	3	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	2	
<i>cefotaxime sodium solr 1gm, 2gm</i>	1	
<i>cefotetan disodium solr 1gm, 2gm</i>	1	
<i>cefoxitin sodium solr 1gm, 2gm, 10gm</i>	1	
<i>cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	1	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<i>ceftazidime solr 1gm, 2gm</i> (Tazicef)	1	
<i>ceftazidime solr 2gm</i>	1	
CEFTIN SUSR 125mg/5ml, 250mg/5ml (<i>cefuroxime axetil</i>)	2	
<i>ceftriaxone sodium solr 1gm, 2gm, 250mg, 500mg</i>	3	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>ceftriaxone sodium solr 10gm</i>	3	QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>cefuroxime axetil tabs 250mg, 500mg</i>	1	
<i>cefuroxime sodium solr 1.5gm, 750mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml (<i>cefixime</i>)	2	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin pack 1gm; solr 500mg; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg</i>	1	
<i>azithromycin tabs 600mg</i>	2	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	1	
DIFICID TABS 200mg (<i>fidaxomicin</i>)	2	PA
ERYTHROCIN LACTOBIONATE SOLR 500mg (<i>erythromycin lactobionate</i>)	3	
<i>erythromycin base cpep 250mg</i>	1	
<i>erythromycin base tabs 250mg, 500mg</i>	2	
<i>erythromycin base tbec 250mg, 333mg, 500mg</i> (Ery-tab)	2	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml</i>	3	
<i>erythromycin ethylsuccinate tabs 400mg</i>	1	
<i>erythromycin ethylsuccinate tabs 400mg</i> (E.e.s. 400)	1	
<i>erythromycin stearate tabs 250mg</i> (Erythrocin Stearate)	1	
PCE TBEC 333mg, 500mg (<i>erythromycin base (coated)</i>)	3	
ZMAX SUSR 2gm (<i>azithromycin</i>)	3	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO SUSR 500mg/5ml (<i>ciprofloxacin</i>)	3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	1	
FACTIVE TABS 320mg (<i>gemifloxacin mesylate</i>)	3	
<i>levofloxacin soln 25mg/ml</i>	1	QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl tabs 400mg</i>	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
<i>ofloxacin tabs 300mg, 400mg</i>	1	
HEPATITIS C		
EPCLUSA PAK 150-37.5 (<i>sofosbuvir-velpatasvir</i>)	4	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG (<i>sofosbuvir-velpatasvir</i>)	4	PA, QL (28 pellets every 28 days)
EPCLUSA TAB 400-100 (<i>sofosbuvir-velpatasvir</i>)	4	PA, QL (28 tabs every 28 days)
HARVONI PAK (<i>ledipasvir-sofosbuvir</i>)	4	PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG (<i>ledipasvir-sofosbuvir</i>)	4	PA, QL (28 pellets every 28 days)
HARVONI TAB 45-200MG (<i>ledipasvir-sofosbuvir</i>)	4	PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG (<i>ledipasvir-sofosbuvir</i>)	4	PA, QL (28 tabs every 28 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml (<i>peginterferon alfa-2a</i>)	4	PA
PEGASYS PROCLICK SOAJ 135mcg/0.5ml (<i>peginterferon alfa-2a</i>)	4	PA
REBETOL SOLN 40mg/ml (<i>ribavirin (hepatitis c)</i>)	4	PA
<i>ribavirin (hepatitis c) caps 200mg</i>	1	PA
<i>ribavirin (hepatitis c) tabs 200mg</i>	3	PA
SOVALDI PACK 150mg, 200mg (<i>sofosbuvir</i>)	4	PA, QL (28 pellets every 28 days)
SOVALDI TABS 200mg, 400mg (<i>sofosbuvir</i>)	4	PA, QL (28 tabs every 28 days)
VOSEVI TAB (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	4	PA, QL (28 tabs every 28 days)
ZEPATIER TAB 50-100MG (<i>elbasvir-grazoprevir</i>)	4	PA, QL (28 tabs every 28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin caps 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	3	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	3	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	3	
<i>ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	3	
<i>AUGMENTIN SUS 125/5ML (amoxicillin & pot clavulanate)</i>	2	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	1	
<i>nafcillin sodium solr 1gm, 2gm, 10gm</i>	3	
<i>oxacillin sodium solr 1gm, 2gm, 10gm</i>	1	
<i>penicillin g potassium solr 5000000unit, 20000000unit</i>	1	
<i>penicillin g potassium solr 20000000unit (Pfizerpen)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>penicillin g sodium solr 5000000unit</i>	1	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	3	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>demeclocycline hcl tabs 150mg, 300mg</i>	1	
<i>doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg; susr 25mg/5ml; tabs 50mg, 75mg, 150mg</i>	1	
<i>doxycycline (monohydrate) tabs 100mg (Avidoxy)</i>	1	
<i>doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg, 100mg; tbec 100mg</i>	1	
<i>doxycycline hyclate caps 100mg (Morgidox 1x100mg)</i>	1	
<i>doxycycline hyclate solr 100mg (Doxy 100)</i>	1	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	1	
<i>tetracycline hcl caps 250mg, 500mg</i>	3	QL (120 caps every 30 days)
VIBRAMYCIN SYRP 50mg/5ml (doxycycline calcium)	3	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist (fluticasone propionate (inhalation))	2	QL (1 package every 25 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act (fluticasone propionate hfa)	2	QL (1 package every 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYMPATHOMIMETICS		
BREZTRI AERO AER SPHERE <i>(budesonide-glycopyrrolate-formoterol fumarate)</i>	2	QL (1 package every 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB 45-105MG <i>(dextromethorphan hydrobromide-bupropion hydrochloride)</i>	3	PA, QL (60 tabs every 30 days)
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>busulfan soln 6mg/ml</i>	1	
CARMUSTINE SOLR 50mg, 300mg <i>carmustine solr 100mg</i>	2 1	
<i>cyclophosphamide caps 25mg, 50mg</i>	1	
<i>cyclophosphamide solr 1gm, 2gm, 500mg</i>	4	
<i>dacarbazine solr 100mg, 200mg</i>	1	
EMCYT CAPS 140mg (<i>estramustine phosphate sodium</i>)	4	
GLEOSTINE CAPS 5mg, 10mg, 40mg, 100mg (<i>lomustine</i>)	4	
GLIADEL WAF 7.7MG (<i>carmustine in polifeprosan</i>)	2	
HEXALEN CAPS 50mg (<i>altretamine</i>) <i>ifosfamide soln 1gm/20ml, 3gm/60ml; solr 1gm</i>	2 1	
LEUKERAN TABS 2mg (<i>chlorambucil</i>) <i>melphalan tabs 2mg</i>	2 1	
<i>melphalan hcl solr 50mg</i>	1	
TEMODAR SOLR 100mg (<i>temozolomide</i>) <i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	4 4	PA PA
ANTHRACYCLINES		
<i>daunorubicin hcl soln 20mg/4ml</i>	1	
<i>doxorubicin hcl soln 2mg/ml; solr 10mg, 50mg</i>	1	
<i>doxorubicin hcl liposomal inj 2mg/ml</i>	1	
<i>epirubicin hcl soln 50mg/25ml, 200mg/100ml</i>	1	
<i>idarubicin hcl soln 5mg/5ml, 10mg/10ml, 20mg/20ml</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIBIOTICS		
<i>bleomycin sulfate solr 15unit, 30unit</i>	1	
<i>mitomycin solr 5mg, 20mg, 40mg</i>	1	
ANTIMETABOLITES		
ARRANON SOLN 5mg/ml (<i>nelarabine</i>)	2	
<i>azacitidine susr 100mg</i>	4	PA
<i>capecitabine tabs 150mg, 500mg</i>	4	PA
<i>cladribine soln 10mg/10ml</i>	1	
<i>clofarabine soln 1mg/ml</i>	1	
<i>cytarabine soln 20mg/ml, 100mg/ml</i>	1	
<i>decitabine solr 50mg</i>	4	PA
<i>floxuridine solr .5gm</i>	1	
<i>fludarabine phosphate soln 50mg/2ml; solr 50mg</i>	1	
<i>fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml</i>	1	
<i>fluorouracil soln 500mg/10ml (Adrucil)</i>	1	
<i>gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg</i>	4	
<i>mercaptopurine tabs 50mg</i>	1	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm</i>	1	
NIPENT SOLR 10mg (<i>pentostatin</i>)	2	
<i>pemetrexed disodium solr 100mg, 500mg</i>	4	
TABLOID TABS 40mg (<i>thioguanine</i>)	2	
ANTIMITOTIC, TAXOIDS		
DOCETAXEL CONC 20mg/0.5ml, 80mg/2ml	2	
<i>docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml; soln 20mg/2ml, 80mg/8ml, 160mg/16ml</i>	1	
DOCETAXEL (NON-ALCOHOL FO SOLN 20mg/ml, 80mg/4ml, 160mg/8ml	2	
<i>paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml</i>	1	
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	1	
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate soln 1mg/ml</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>vincristine sulfate soln 1mg/ml</i>	1	
<i>vincristine sulfate soln 1mg/ml</i> (Vincasar Pfs)	1	
<i>vinorelbine tartrate soln 10mg/ml, 50mg/5ml</i>	1	
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX SOLN 100mg/50ml, 200mg/100ml (<i>cetuximab</i>)	4	PA
ERIVEDGE CAPS 150mg (<i>vismodegib</i>)	4	PA, QL (30 caps every 30 days)
FARYDAK CAPS 10mg, 15mg, 20mg (<i>panobinostat lactate</i>)	4	PA, QL (6 caps every 21 days)
GAZYVA SOLN 1000mg/40ml (<i>obinutuzumab</i>)	4	PA
IBRANCE CAPS 75mg, 100mg, 125mg (<i>palbociclib</i>)	4	PA, QL (21 caps every 28 days)
IBRANCE TABS 75mg, 100mg, 125mg (<i>palbociclib</i>)	4	PA, QL (21 tabs every 28 days)
KADCYLA SOLR 100mg, 160mg (<i>ado-trastuzumab emtansine</i>)	4	PA
KEYTRUDA SOLN 100mg/4ml (<i>pembrolizumab</i>)	4	PA
KISQALI TBPK 200mg (<i>ribociclib succinate</i>)	4	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TBPK 200mg (<i>ribociclib succinate</i>)	4	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TBPK 200mg (<i>ribociclib succinate</i>)	4	PA, QL (63 tabs every 28 days)
KISQALI 200 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	4	PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	4	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	4	PA, QL (91 tabs every 28 days)
LYNPARZA CAPS 50mg (<i>olaparib</i>)	4	PA, QL (480 caps every 30 days)
LYNPARZA TABS 100mg, 150mg (<i>olaparib</i>)	4	PA, QL (120 tabs every 30 days)
RYDAPT CAPS 25mg (<i>midostaurin</i>)	4	PA, QL (224 caps every 28 days)
ZEJULA CAPS 100mg (<i>niraparib tosylate</i>)	4	PA, QL (90 caps every 30 days)
ZOLINZA CAPS 100mg (<i>vorinostat</i>)	4	PA, QL (120 caps every 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tabs 250mg</i>	4	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tabs 500mg</i>	4	PA, QL (60 tabs every 30 days)
<i>anastrozole tabs 1mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tabs 50mg</i>	1	
DEPO-PROVERA SUSP 400mg/ml <i>(medroxyprogesterone acetate (antineoplastic))</i>	3	
ELIGARD KIT 7.5mg <i>(leuprolide acetate)</i>	4	PA
ELIGARD KIT 22.5mg <i>(leuprolide acetate (3 month))</i>	4	PA
ELIGARD KIT 30mg <i>(leuprolide acetate (4 month))</i>	4	PA
ELIGARD KIT 45mg <i>(leuprolide acetate (6 month))</i>	4	PA
ERLEADA TABS 60mg <i>(apalutamide)</i>	4	PA, QL (120 tabs every 30 days)
ERLEADA TABS 240mg <i>(apalutamide)</i>	4	PA, QL (30 tabs every 30 days)
<i>exemestane tabs 25mg</i>	1	PA; \$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>flutamide caps 125mg</i>	1	
<i>fulvestrant sosy 250mg/5ml</i>	4	
<i>letrozole tabs 2.5mg</i>	1	
<i>leuprolide acetate kit 1mg/0.2ml</i>	4	PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg <i>(leuprolide acetate (cpp))</i>	4	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg <i>(leuprolide acetate (cpp) (3 month))</i>	4	PA
LYSODREN TABS 500mg <i>(mitotane)</i>	2	
<i>megestrol acetate susp 40mg/ml; tabs 20mg, 40mg</i>	1	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nilutamide tabs 150mg</i>	1	
<i>tamoxifen citrate tabs 10mg, 20mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tabs 60mg</i>	2	
XTANDI CAPS 40mg (<i>enzalutamide</i>)	4	PA, QL (120 caps every 30 days)
XTANDI TABS 40mg (<i>enzalutamide</i>)	4	PA, QL (120 tabs every 30 days)
XTANDI TABS 80mg (<i>enzalutamide</i>)	4	PA, QL (60 tabs every 30 days)
KINASE INHIBITORS		
ALECENSA CAPS 150mg (<i>alectinib hcl</i>)	4	PA, QL (240 caps every 30 days)
BOSULIF TABS 100mg (<i>bosutinib</i>)	4	PA, QL (90 tabs every 30 days)
BOSULIF TABS 400mg, 500mg (<i>bosutinib</i>)	4	PA, QL (30 tabs every 30 days)
CALQUENCE CAPS 100mg (<i>acalabrutinib</i>)	4	PA, QL (60 caps every 30 days)
CAPRELSA TABS 100mg (<i>vandetanib</i>)	4	PA, QL (60 tabs every 30 days)
CAPRELSA TABS 300mg (<i>vandetanib</i>)	4	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 20mg (<i>cabozantinib s-malate</i>)	4	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG (<i>cabozantinib s-malate</i>)	4	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG (<i>cabozantinib s-malate</i>)	4	PA, QL (1 kit every 28 days)
<i>erlotinib hcl tabs 25mg</i>	4	PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tabs 100mg, 150mg</i>	4	PA, QL (30 tabs every 30 days)
<i>everolimus tabs 2.5mg, 5mg, 7.5mg</i>	4	PA, QL (30 tabs every 30 days)
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg (<i>ponatinib hcl</i>)	4	PA, QL (30 tabs every 30 days)
IDHIFA TABS 50mg, 100mg (<i>enasidenib mesylate</i>)	4	PA, QL (30 tabs every 30 days)
<i>imatinib mesylate tabs 100mg</i>	4	PA, QL (90 tabs every 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>imatinib mesylate tabs 400mg</i>	4	PA, QL (60 tabs every 30 days)
IMBRUVICA CAPS 70mg (<i>ibrutinib</i>)	4	PA, QL (30 caps every 30 days)
IMBRUVICA CAPS 140mg (<i>ibrutinib</i>)	4	PA, QL (90 caps every 30 days)
IMBRUVICA SUSP 70mg/ml (<i>ibrutinib</i>)	4	PA, QL (240 mL every 30 days)
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg (<i>ibrutinib</i>)	4	PA, QL (30 tabs every 30 days)
INLYTA TABS 1mg (<i>axitinib</i>)	4	PA, QL (240 tabs every 30 days)
INLYTA TABS 5mg (<i>axitinib</i>)	4	PA, QL (120 tabs every 30 days)
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg (<i>ruxolitinib phosphate</i>)	4	PA, QL (60 tabs every 30 days)
<i>lapatinib ditosylate tabs 250mg</i>	4	PA, QL (180 tabs every 30 days)
LENVIMA 4 MG DAILY DOSE CPPK 4mg (<i>lenvatinib mesylate</i>)	4	PA, QL (30 caps every 30 days)
LENVIMA 8 MG DAILY DOSE CPPK 4mg (<i>lenvatinib mesylate</i>)	4	PA, QL (60 caps every 30 days)
LENVIMA 10 MG DAILY DOSE CPPK 10mg (<i>lenvatinib mesylate</i>)	4	PA, QL (30 caps every 30 days)
LENVIMA 12MG DAILY DOSE CPPK 4mg (<i>lenvatinib mesylate</i>)	4	PA, QL (90 caps every 30 days)
LENVIMA 20 MG DAILY DOSE CPPK 10mg (<i>lenvatinib mesylate</i>)	4	PA, QL (60 caps every 30 days)
LENVIMA CAP 14 MG (<i>lenvatinib mesylate</i>)	4	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG (<i>lenvatinib mesylate</i>)	4	PA, QL (90 caps every 30 days)
LENVIMA CAP 24 MG (<i>lenvatinib mesylate</i>)	4	PA, QL (90 caps every 30 days)
LORBRENA TABS 25mg (<i>lorlatinib</i>)	4	PA, QL (90 tabs every 30 days)
LORBRENA TABS 100mg (<i>lorlatinib</i>)	4	PA, QL (30 tabs every 30 days)
MEKINIST TABS 2mg (<i>trametinib dimethyl sulfoxide</i>)	4	PA, QL (30 tabs every 30 days)
MEKINIST TABS .5mg (<i>trametinib dimethyl sulfoxide</i>)	4	PA, QL (90 tabs every 30 days)
NEXAVAR TABS 200mg (<i>sorafenib tosylate</i>)	4	PA, QL (120 tabs every 30 days)

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<i>sorafenib tosylate tabs 200mg</i>	4	PA, QL (120 tabs every 30 days)
SPRYCEL TABS 20mg (<i>dasatinib</i>)	4	PA, QL (90 tabs every 30 days)
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg (<i>dasatinib</i>)	4	PA, QL (30 tabs every 30 days)
STIVARGA TABS 40mg (<i>regorafenib</i>)	4	PA, QL (84 tabs every 28 days)
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	4	PA, QL (30 caps every 30 days)
TAFINLAR CAPS 50mg, 75mg (<i>dabrafenib mesylate</i>)	4	PA, QL (120 caps every 30 days)
VITRAKVI CAPS 25mg (<i>larotrectinib sulfate</i>)	4	PA, QL (180 caps every 30 days)
VITRAKVI CAPS 100mg (<i>larotrectinib sulfate</i>)	4	PA, QL (60 caps every 30 days)
VITRAKVI SOLN 20mg/ml (<i>larotrectinib sulfate</i>)	4	PA, QL (300 mL every 30 days)
VOTRIENT TABS 200mg (<i>pazopanib hcl</i>)	4	PA, QL (120 tabs every 30 days)
XALKORI CAPS 200mg, 250mg (<i>crizotinib</i>)	4	PA, QL (120 caps every 30 days)
ZELBORAF TABS 240mg (<i>vemurafenib</i>)	4	PA, QL (240 tabs every 30 days)
ZYDELIG TABS 100mg, 150mg (<i>idelalisib</i>)	4	PA, QL (60 tabs every 30 days)
ZYKADIA CAPS 150mg (<i>ceritinib</i>)	4	PA, QL (90 caps every 30 days)
ZYKADIA TABS 150mg (<i>ceritinib</i>)	4	PA, QL (90 tabs every 30 days)

MISCELLANEOUS

<i>arsenic trioxide soln 10mg/10ml, 12mg/6ml</i>	1	
<i>bexarotene caps 75mg</i>	4	PA
DROXIA CAPS 200mg, 300mg, 400mg (<i>hydroxyurea (sickle cell disease)</i>)	2	
<i>hydroxyurea caps 500mg</i>	1	
MATULANE CAPS 50mg (<i>procarbazine hcl</i>)	2	
<i>mitoxantrone hcl conc 2mg/ml</i>	4	PA
ODOMZO CAPS 200mg (<i>sonidegib phosphate</i>)	4	PA, QL (30 caps every 30 days)
ONCASPAR SOLN 750unit/ml (<i>pegaspargase</i>)	4	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PHOTOFRIN SOLR 75mg (<i>porfimer sodium</i>)	2	
QUADRAMET SOLN 1850mbq/ml (<i>samarium sm 153 lexidronam</i>)	2	
TICE BCG SUSR 50mg (<i>bcg live intravesical</i>)	2	
<i>tretinoin (chemotherapy) caps 10mg</i>	1	
UVADEX SOLN 20mcg/ml (<i>methoxsalen (photopheresis)</i>)	2	
VISTOGARD PACK 10gm (<i>uridine triacetate (emergency treatment)</i>)	2	QL (20 packets every 5 days)
PLATINUM-BASED AGENTS		
<i>carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	1	
<i>cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	1	
<i>oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg</i>	4	
PROTECTIVE AGENTS		
<i>dexrazoxane hcl solr 250mg, 500mg</i>	1	
<i>leucovorin calcium solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg</i>	1	
<i>mesna soln 100mg/ml</i>	1	
MESNEX TABS 400mg (<i>mesna</i>)	4	
TOPOISOMERASE INHIBITORS		
<i>etoposide caps 50mg; soln 100mg/5ml</i>	1	
<i>etoposide soln 1gm/50ml, 100mg/5ml, 500mg/25ml (Toposar)</i>	1	
<i>irinotecan hcl soln 40mg/2ml, 100mg/5ml, 500mg/25ml</i>	4	
<i>irinotecan hcl soln 300mg/15ml</i>	1	
TENIPOSIDE SOLN 10mg/ml	2	
<i>topotecan hcl solr 4mg</i>	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>carboplatin soln 1000mg/100ml (Paraplatin)</i>	1	
ANTINEOPLASTIC ENZYME INHIBITORS		
CALQUENCE TABS 100mg (<i>acalabrutinib maleate</i>)	4	PA, QL (60 tabs every 30 days)

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KOSELUGO CAPS 10mg (<i>selumetinib sulfate</i>)	4	PA, QL (240 caps every 30 days)
KOSELUGO CAPS 25mg (<i>selumetinib sulfate</i>)	4	PA, QL (120 caps every 30 days)
TAGRISSE TABS 40mg, 80mg (<i>osimertinib mesylate</i>)	4	PA, QL (30 tabs every 30 days)
VERZENIO TABS 50mg, 100mg, 150mg, 200mg (<i>abemaciclib</i>)	4	PA, QL (60 tabs every 30 days)
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TABS 10mg, 50mg (<i>venetoclax</i>)	4	PA, QL (120 tabs every 30 days)
VENCLEXTA TABS 100mg (<i>venetoclax</i>)	4	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK (<i>venetoclax</i>)	4	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
BENZISOXAZOLES		
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml (<i>paliperidone palmitate</i>)	2	QL (1 injection every 25 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml (<i>paliperidone palmitate</i>)	2	QL (1 injection every 84 days)
PERSERIS PRSY 90mg, 120mg (<i>risperidone</i>)	2	QL (1 injection every 25 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg (<i>risperidone microspheres</i>)	2	QL (2 injections every 25 days)
DIBENZAPINES		
ZYPREXA RELPREVV SUSR 210mg, 300mg (<i>olanzapine pamoate</i>)	2	QL (2 injections every 25 days)
ZYPREXA RELPREVV SUSR 405mg (<i>olanzapine pamoate</i>)	2	QL (1 injection every 25 days)
QUINOLINONE DERIVATIVES		
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg (<i>aripiprazole</i>)	2	QL (1 injection every 25 days)
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
ANTIRETROVIRALS		
SUNLENCA SOLN 463.5mg/1.5ml (<i>lenacapavir sodium</i>)	4	QL (6mL every 24 weeks)
SUNLENCA TBPK 300mg (<i>lenacapavir sodium</i>)	4	QL (1 pack every year)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100 (<i>nirmatrelvir-ritonavir</i>)	PV	
PAXLOVID TAB 300-100 (<i>nirmatrelvir-ritonavir</i>)	PV	QL (40 capsules every 30 days)
HEPATITIS AGENTS		
EPCLUSA TAB 200-50MG (<i>sofosbuvir-velpatasvir</i>)	4	PA, QL (28 tabs every 28 days)
MISC. ANTIVIRALS		
LAGEVRIO CAPS 200mg	PV	QL (30 tablets every 30 days)

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
TRANDOLAPRIL-VERAPAMIL HCL TAB ER 2-240 MG	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone tabs 25mg, 50mg</i>	1	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	1	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BYVALSON TAB 5-80MG (<i>nebivolol-valsartan</i>)	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	1	
<i>eprosartan mesylate tabs 600mg</i>	1	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	1	
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	1	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl soln 50mg/ml, 900mg/18ml; tabs 200mg, 400mg</i>	1	
<i>amiodarone hcl tabs 100mg, 200mg (Pacerone)</i>	1	
<i>disopyramide phosphate caps 100mg, 150mg</i>	1	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	1	PA
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	1	
<i>lidocaine hcl (cardiac) sosy 50mg/5ml, 100mg/5ml</i>	1	
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	1	
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	1	
<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MULTAQ TABS 400mg (<i>dronedarone hcl</i>)	3	PA
NEXTERONE INJ (<i>amiodarone hcl in dextrose</i>)	3	
NORPACE CR CP12 100mg, 150mg (<i>disopyramide phosphate</i>)	2	
<i>procainamide hcl soln 100mg/ml</i>	1	
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	1	
<i>quinidine sulfate tabs 200mg, 300mg</i>	1	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i> (Sorine)	1	
<i>sotalol hcl (afib/afI) tabs 80mg, 120mg, 160mg</i>	1	
SOTALOL HYDROCHLORIDE SOLN 150mg/10ml	3	
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	1	
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	1	
<i>cholestyramine light powd 4gm/dose</i> (Prevalite)	1	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tabs 10mg</i>	1	PA
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate cpdr 45mg, 135mg</i>	1	
<i>fenofibrate caps 50mg, 150mg; tabs 48mg, 54mg, 160mg</i>	1	
<i>fenofibrate tabs 145mg</i>	2	
<i>fenofibrate micronized caps 43mg, 67mg, 130mg, 134mg, 200mg</i>	1	
<i>gemfibrozil tabs 600mg</i>	1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium tabs 10mg, 20mg</i>	1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tabs 40mg, 80mg</i>	1	
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	2	\$0 copay for members age 40 through 75
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 5mg, 10mg</i>	1	PA; \$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 20mg, 40mg</i>	1	PA
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	1	\$0 copay for members age 40 through 75
<i>simvastatin tabs 80mg</i>	1	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>icosapent ethyl caps 1gm</i>	1	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
VASCEPA CAPS .5gm (<i>icosapent ethyl</i>)	2	PA
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT SOAJ 75mg/ml, 150mg/ml (<i>alirocumab</i>)	4	PA, QL (2 pens every 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	

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

<i>acebutolol hcl caps 200mg, 400mg</i>	1	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	1	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	1	
<i>labetalol hcl soln 5mg/ml; tabs 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate soln 5mg/5ml; tabs 25mg, 50mg, 100mg</i>	1	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>pindolol tabs 5mg, 10mg</i>	1	
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 1mg/ml, 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	1	

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	1	
CARDENE IV SOL 20/200ML (<i>nicardipine hcl in dextrose</i>)	3	
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; soln 25mg/5ml, 50mg/10ml, 125mg/25ml; tabs 30mg, 60mg, 90mg, 120mg</i>	1	
DILTIAZEM HCL SOLR 100mg	3	
<i>diltiazem hcl tb24 180mg, 240mg, 300mg, 360mg, 420mg (Matzim La)</i>	1	
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg (Cartia Xt)</i>	1	
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg (Taztia Xt)</i>	1	
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	1	
<i>isradipine caps 2.5mg, 5mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nicardipine hcl caps 20mg, 30mg; soln 2.5mg/ml</i>	1	
<i>nifedipine tb24 30mg, 60mg (Afeditab Cr)</i>	1	
<i>nifedipine tb24 30mg, 60mg, 90mg</i>	1	
<i>nimodipine caps 30mg</i>	3	
<i>nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg</i>	1	
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; soln 2.5mg/ml; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg</i>	1	
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digoxin soln .05mg/ml, .25mg/ml; tabs 62.5mcg, 125mcg, 250mcg</i>	1	
<i>digoxin tabs 125mcg, 250mcg (Digox)</i>	1	
LANOXIN TABS 187.5mcg (<i>digoxin</i>)	2	
LANOXIN PEDIATRIC SOLN .1mg/ml (<i>digoxin</i>)	3	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
<i>aliskiren fumarate tabs 150mg, 300mg</i>	1	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	1	
<i>acetazolamide sodium solr 500mg</i>	1	
ALDACTAZIDE TAB 50/50 (<i>spironolactone & hydrochlorothiazide</i>)	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl tabs 5mg</i>	1	
<i>bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg</i>	1	
<i>chlorothiazide sodium solr 500mg</i>	1	
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
DIURIL SUSP 250mg/5ml (<i>chlorothiazide</i>)	3	
<i>ethacrynate sodium solr 50mg</i>	1	
<i>ethacrynic acid tabs 25mg</i>	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	1	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide tabs 1.25mg, 2.5mg</i>	1	
<i>mannitol soln 5%, 10%, 15%</i> (Osmitrol Viaflex)	1	
<i>mannitol soln 20%, 25%</i>	1	
<i>methazolamide tabs 25mg, 50mg</i>	1	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	1	
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	1	
<i>triamterene caps 50mg, 100mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	1	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	1	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg (<i>ivabradine hcl</i>)	2	
ENTRESTO TAB 24-26MG (<i>sacubitril-valsartan</i>)	2	
ENTRESTO TAB 49-51MG (<i>sacubitril-valsartan</i>)	2	
ENTRESTO TAB 97-103MG (<i>sacubitril-valsartan</i>)	2	
<i>guanfacine hcl tabs 1mg, 2mg</i>	1	
<i>hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>methyldopa tabs 250mg, 500mg</i>	1	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	1	
<i>minoxidil tabs 2.5mg, 10mg</i>	1	
<i>phenoxybenzamine hcl caps 10mg</i>	3	PA
<i>ranolazine tb12 500mg, 1000mg</i>	1	ST; PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
DILATRATE SR CPR 40mg (<i>isosorbide dinitrate</i>)	3	
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	1	
NITRO-BID OINT 2% (<i>nitroglycerin</i>)	3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr (<i>nitroglycerin</i>)	2	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr (Minitran)</i>	1	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg</i>	1	
NITROGLYCERIN SOLN 5mg/ml	3	
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	1	
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	1	
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	1	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg (<i>riociguat</i>)	4	PA, QL (90 tabs every 30 days)
<i>ambrisentan tabs 5mg, 10mg</i>	4	PA, QL (30 tabs every 30 days)
<i>bosentan tabs 62.5mg, 125mg</i>	4	PA, QL (60 tabs every 30 days)
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	4	PA
OPSUMIT TABS 10mg (<i>macitentan</i>)	4	PA, QL (30 tabs every 30 days)
ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg (<i>treprostinil diolamine</i>)	4	PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml (<i>treprostinil</i>)	4	PA
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml</i>	4	PA
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	4	PA, QL (360 tabs every 30 days)

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

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTI-ANXIETY - DRUGS TO TREAT ANXIETY

<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg</i>	1	QL (150 tabs every 25 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml (<i>alprazolam</i>)	2	QL (300 mL every 25 days)
<i>lorazepam conc 2mg/ml</i>	1	QL (150 mL every 25 days)
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	1	QL (150 tabs every 25 days)
<i>meprobamate tabs 200mg, 400mg</i>	1	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	1	QL (120 caps every 25 days)

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

APTIOM TABS 200mg, 400mg, 600mg, 800mg (<i>eslicarbazepine acetate</i>)	3	PA
BRIVIACT SOLN 10mg/ml, 50mg/5ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg (<i>brivaracetam</i>)	3	PA
<i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	1	
<i>carbamazepine tabs 200mg</i> (Epitol)	1	
CELONTIN CAPS 300mg (<i>methsuximide</i>)	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	2	PA
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	1	
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	2	QL (180 tabs every 25 days)
<i>diazepam conc 5mg/ml</i> (Diazepam Intensol)	1	QL (240 mL every 25 days)
<i>diazepam soln 5mg/5ml</i>	1	QL (1200 mL every 25 days)
<i>diazepam soln 5mg/ml</i>	1	
<i>diazepam tabs 2mg, 5mg, 10mg</i>	1	QL (120 tabs every 25 days)
DILANTIN CAPS 30mg (<i>phenytoin sodium extended</i>)	3	
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	1	
EPIDIOLEX SOLN 100mg/ml (<i>cannabidiol</i>)	4	PA, QL (800 mL every 30 days)
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1	
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	2	
<i>fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml</i>	1	
FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg (<i>perampanel</i>)	2	
<i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg</i>	1	
<i>lacosamide soln 10mg/ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg</i>	3	PA
<i>lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg</i>	1	
<i>lamotrigine tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	1	PA
<i>lamotrigine tbdp 25mg, 50mg, 100mg, 200mg</i>	2	PA
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	1	
PEGANONE TABS 250mg (<i>ethotoin</i>)	3	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1	
<i>phenytoin chew 50mg; susp 125mg/5ml</i>	1	
<i>phenytoin sodium soln 50mg/ml</i>	1	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	1	PA
<i>primidone tabs 50mg, 250mg</i>	1	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	1	
<i>topiramate csp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	1	
<i>valproate sodium soln 100mg/ml, 250mg/5ml</i>	1	
<i>valproic acid caps 250mg</i>	1	
<i>vigabatrin pack 500mg</i>	4	PA, QL (180 packets every 30 days)
<i>vigabatrin tabs 500mg</i>	4	PA, QL (180 tabs every 30 days)
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	1	
<i>ergoloid mesylates tabs 1mg</i>	1	
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	1	

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP TITRATIO (<i>memantine hcl</i>)	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1	PA
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	1	PA
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl tabs 10mg</i>	1	QL (150 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 25mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 50mg</i>	1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 75mg, 100mg, 150mg</i>	1	
<i>amoxapine tabs 25mg, 50mg, 100mg</i>	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tabs 150mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg</i>	1	
<i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	1	
<i>desipramine hcl tabs 10mg, 25mg, 50mg</i>	1	QL (90 tabs every 30 days); QL applies to members age 65 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desipramine hcl tabs 75mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 100mg, 150mg</i>	1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	1	PA, QL (30 tabs every 25 days); (generic of Pristiq)
<i>doxepin hcl caps 10mg, 25mg, 50mg</i>	1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl caps 75mg</i>	1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl caps 100mg, 150mg</i>	1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10mg/ml</i>	1	QL (450 mL every 30 days); QL applies to members age 65 and older
<i>duloxetine hcl cpep 20mg, 30mg, 60mg</i>	1	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr (<i>selegiline</i>)	3	PA
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	1	
FETZIMA CP24 20mg, 40mg, 80mg, 120mg (<i>levomilnacipran hcl</i>)	3	PA, QL (30 caps every 25 days)
FETZIMA CAP TITRATIO (<i>levomilnacipran hcl</i>)	3	PA, QL (30 caps every 25 days)
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml</i>	1	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	1	(generic Sarafem not covered)
<i>imipramine hcl tabs 10mg, 25mg</i>	1	QL (120 tabs every 30 days); QL applies to members age 65 and older

OAC - Oral Anti-Cancer **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **PV** - Preventative Service **QL** - Quantity Limits **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>imipramine hcl tabs 50mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate caps 75mg, 100mg</i>	1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate caps 125mg, 150mg</i>	1	
<i>maprotiline hcl tabs 25mg, 50mg, 75mg</i>	1	
MARPLAN TABS 10mg (<i>isocarboxazid</i>)	3	
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	1	
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	1	
<i>nortriptyline hcl caps 10mg</i>	1	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 25mg</i>	1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 50mg</i>	1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 75mg</i>	1	
<i>nortriptyline hcl soln 10mg/5ml</i>	1	QL (750 mL every 30 days); QL applies to members age 65 and older
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg</i>	1	
<i>phenelzine sulfate tabs 15mg</i>	1	
<i>protriptyline hcl tabs 5mg</i>	1	QL (90 tabs every 30 days); QL applies to members age 65 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>protriptyline hcl tabs 10mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	1	
<i>tranylcypromine sulfate tabs 10mg</i>	1	
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	1	
<i>trimipramine maleate caps 25mg, 50mg</i>	1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate caps 100mg</i>	1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg</i>	1	
VIIBRYD KIT STARTER (<i>vilazodone hcl</i>)	3	PA
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	3	PA

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	1	
APOKYN SOCT 30mg/3ml (<i>apomorphine hydrochloride</i>)	4	PA, QL (20 cartridges every 25 days)
<i>benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	1	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	1	
<i>carbidopa tabs 25mg</i>	3	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
entacapone tabs 200mg	1	
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr (rotigotine)	2	
pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
rasagiline mesylate tabs 1mg	2	PA
rasagiline mesylate tabs .5mg	2	
ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
selegiline hcl caps 5mg; tabs 5mg	1	
tolcapone tabs 100mg	1	
trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg	1	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	
aripiprazole tbdp 10mg, 15mg	1	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml (aripiprazole lauroxil)	2	
ARISTADA INITIO PRSY 675mg/2.4ml (aripiprazole lauroxil)	2	
asenapine maleate subl 2.5mg, 5mg, 10mg	2	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CHLORPROMAZINE HCL SOLN 25mg/ml, 50mg/2ml	1	
chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg	1	
clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg	1	
fluphenazine decanoate soln 25mg/ml	1	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg	1	
haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
haloperidol decanoate soln 50mg/ml, 100mg/ml	1	
haloperidol lactate conc 2mg/ml; soln 5mg/ml	1	
LATUDA TABS 20mg, 40mg, 60mg, 120mg (lurasidone hcl)	2	PA, QL (30 tabs / 30 days)
LATUDA TABS 80mg (lurasidone hcl)	2	PA, QL (60 tabs / 30 days)
loxapine succinate caps 5mg, 10mg, 25mg, 50mg	1	
lurasidone hcl tabs 20mg, 40mg, 60mg, 120mg	2	PA, QL (30 tabs / 30 days)
lurasidone hcl tabs 80mg	2	PA, QL (60 tabs / 30 days)
NUPLAZID TABS 17mg (pimavanserin tartrate)	4	PA
olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg	1	
paliperidone tb24 1.5mg, 3mg, 6mg, 9mg	2	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	1	
quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg	1	
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg (brexpiprazole)	3	PA

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	1	
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	1	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	1	
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	1	

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

<i>amphetamine sulfate tabs 10mg</i>	3	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs every 30 days)
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	1	
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	2	QL (60 caps every 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	1	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg</i>	1	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	1	QL (2,160 mL every 30 days)
<i>dextroamphetamine sulfate tabs 2.5mg, 7.5mg</i> (Zenedi)	1	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	1	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tabs 15mg</i>	1	QL (90 tabs every 30 days)
<i>dextroamphetamine sulfate tabs 15mg</i> (Zenedi)	1	QL (90 tabs every 30 days)
<i>dextroamphetamine sulfate tabs 20mg, 30mg</i>	1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tabs 20mg, 30mg</i> (Zenedi)	1	QL (60 tabs every 30 days)
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	1	ST; PA**
<i>methamphetamine hcl tabs 5mg</i>	3	QL (150 tabs every 30 days)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg</i>	3	QL (180 tabs every 30 days)
<i>methylphenidate hcl cp24 20mg, 30mg</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cp24 40mg, 60mg</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cpcr 10mg, 20mg, 30mg</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cpcr 40mg, 50mg, 60mg</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl soln 5mg/5ml</i>	3	QL (2,160 mL every 30 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	3	QL (1080 mL every 30 days)
<i>methylphenidate hcl tabs 5mg, 10mg</i>	1	QL (180 tabs every 30 days)
<i>methylphenidate hcl tabs 20mg</i>	1	QL (90 tabs every 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl tb24 18mg, 27mg, 36mg; tbc 18mg, 27mg, 36mg</i>	3	QL (60 tabs every 30 days)
<i>methylphenidate hcl tb24 54mg; tbc 54mg</i>	3	QL (30 tabs every 30 days)
<i>methylphenidate hcl tbc 10mg, 20mg</i>	2	QL (90 tabs every 30 days)

HYPNOTICS - DRUGS TO TREAT INSOMNIA

BELSOMRA TABS 5mg, 10mg, 15mg, 20mg (<i>suvorexant</i>)	2	PA
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>doxylamine succinate (sleep) tabs 25mg</i>	1	OTC
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	1	QL (30 tabs every 25 days)
HETLIOZ CAPS 20mg (<i>tasimelteon</i>)	4	PA, QL (30 caps every 30 days)
<i>ramelteon tabs 8mg</i>	1	QL (30 tabs every 25 days)
<i>tasimelteon caps 20mg</i>	4	PA, QL (30 caps every 30 days)
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	1	QL (15 caps every 25 days)
<i>zaleplon caps 5mg</i>	1	QL (30 caps every 25 days)
<i>zaleplon caps 10mg</i>	1	QL (60 caps every 25 days)
<i>zolpidem tartrate tabs 5mg, 10mg; tbc 6.25mg, 12.5mg</i>	1	QL (30 tabs every 25 days)

MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES

AIMOVIG SOAJ 70mg/ml (<i>erenumab-aooe</i>)	2	PA, QL (2 injections every 25 days)
AIMOVIG SOAJ 140mg/ml (<i>erenumab-aooe</i>)	2	PA, QL (1 injection every 25 days)
AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml (<i>fremanezumab-vfrm</i>)	2	PA, QL (3 injections every 75 days)
<i>almotriptan malate tabs 6.25mg</i>	2	QL (18 tabs every 25 days)
<i>almotriptan malate tabs 12.5mg</i>	2	QL (12 tabs every 25 days)
<i>eletriptan hydrobromide tabs 20mg</i>	2	QL (18 tabs every 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>eletriptan hydrobromide tabs 40mg</i>	2	QL (12 tabs every 25 days)
EMGALITY SOAJ 120mg/ml; SOSY 120mg/ml (<i>galcanezumab-gnlm</i>)	2	PA, QL (2 injections every 25 days)
EMGALITY SOSY 100mg/ml (<i>galcanezumab-gnlm</i>)	2	PA, QL (3 injections every 25 days)
<i>naratriptan hcl tabs 1mg</i>	1	QL (18 tabs every 25 days)
<i>naratriptan hcl tabs 2.5mg</i>	1	QL (12 tabs every 25 days)
<i>rizatriptan benzoate tabs 5mg; tbdp 5mg</i>	1	QL (27 tabs every 25 days)
<i>rizatriptan benzoate tabs 10mg; tbdp 10mg</i>	1	QL (18 tabs every 25 days)
<i>sumatriptan soln 5mg/act</i>	2	QL (36 sprays every 25 days)
<i>sumatriptan soln 20mg/act</i>	2	QL (12 sprays every 25 days)
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml</i>	2	QL (18 syringes every 25 days)
<i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml; sosy 6mg/0.5ml</i>	2	QL (12 units every 25 days)
<i>sumatriptan succinate soln 6mg/0.5ml</i>	2	QL (12 vials every 25 days)
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	1	QL (18 tabs every 25 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	3	ST, QL (9 tabs every 25 days); PA**
<i>zolmitriptan soln 2.5mg</i>	1	QL (18 sprays every 25 days)
<i>zolmitriptan soln 5mg</i>	1	QL (12 sprays every 25 days)
<i>zolmitriptan tabs 2.5mg; tbdp 2.5mg</i>	2	QL (18 tabs every 25 days)
<i>zolmitriptan tabs 5mg</i>	1	QL (12 tabs every 25 days)
<i>zolmitriptan tbdp 5mg</i>	2	QL (12 tabs every 25 days)
MISCELLANEOUS		
<i>bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg</i>	1	
<i>bupirone hcl tabs 30mg</i>	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clomipramine hcl caps 25mg, 50mg</i>	3	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl caps 75mg</i>	3	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i>	1	
GUANIDINE HCL TABS 125mg	3	
LITHIUM SOLN 8meq/5ml	3	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg</i>	1	
NUEDEXTA CAP 20-10MG <i>(dextromethorphan hbr-quinidine sulfate)</i>	2	PA
<i>pimozide tabs 1mg, 2mg</i>	1	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg</i>	1	
<i>pyridostigmine bromide tbcr 180mg</i>	2	
REGONOL SOLN 10mg/2ml <i>(pyridostigmine bromide)</i>	3	
<i>riluzole tabs 50mg</i>	3	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg <i>(milnacipran hcl)</i>	3	PA
SAVELLA MIS TITR PAK <i>(milnacipran hcl)</i>	3	PA
<i>tetrabenazine tabs 12.5mg</i>	4	PA, QL (120 tabs every 30 days)
<i>tetrabenazine tabs 25mg</i>	4	PA, QL (60 tabs every 30 days)

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

AUBAGIO TABS 7mg, 14mg <i>(teriflunomide)</i>	4	PA, QL (30 tabs every 30 days)
AVONEX KIT 30mcg/vial; PSKT 30mcg/0.5ml <i>(interferon beta-1a)</i>	4	PA, QL (4 injections every 28 days)
AVONEX PEN AJKT 30mcg/0.5ml <i>(interferon beta-1a)</i>	4	PA, QL (4 injections every 28 days)
BETASERON KIT .3mg <i>(interferon beta-1b)</i>	4	PA, QL (14 injections every 28 days)
COPAXONE SOSY 20mg/ml <i>(glatiramer acetate)</i>	4	PA, QL (30 injections every 30 days)

OAC - Oral Anti-Cancer **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **PV** - Preventative Service **QL** - Quantity Limits **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COPAXONE SOSY 40mg/ml (glatiramer acetate)	4	PA, QL (12 syringes every 28 days)
dalfampridine tb12 10mg	4	PA, QL (60 tabs every 30 days)
dimethyl fumarate cpdr 120mg	4	PA, QL (14 caps every 28 days)
dimethyl fumarate cpdr 240mg	4	PA, QL (60 caps every 30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	PA, QL (1 kit every 30 days)
 fingolimod hcl caps .5mg	4	PA, QL (30 caps every 30 days)
MAYZENT TABS 2mg (siponimod fumarate)	4	PA, QL (30 tabs every 30 days)
MAYZENT TABS .25mg (siponimod fumarate)	4	PA, QL (112 tabs every 28 days)
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml (peginterferon beta-1a)	4	PA, QL (1 carton every 28 days)
PLEGRIDY INJ STARTER (peginterferon beta-1a)	4	PA, QL (1 kit every 28 days)
PLEGRIDY PEN INJ STARTER (peginterferon beta-1a)	4	PA, QL (1 pack every 28 days)
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml (interferon beta-1a)	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN (interferon beta-1a)	4	PA, QL (1 box every 28 days)
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml (interferon beta-1a)	4	PA, QL (12 syringes every 28 days)
REBIF TITRTN INJ PACK (interferon beta-1a)	4	PA, QL (1 box every 28 days)
TYSABRI CONC 300mg/15ml (natalizumab)	4	PA, QL (1 vial every 28 days)
VUMERITY CPDR 231mg (diroximel fumarate)	4	PA, QL (106 caps every 30 days)
VUMERITY CPDR 231mg (diroximel fumarate)	4	PA, QL (120 caps every 30 days)
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
baclofen tabs 5mg, 10mg, 20mg	1	
carisoprodol tabs 350mg	1	
chlorzoxazone tabs 500mg	1	
cyclobenzaprine hcl tabs 5mg, 10mg	1	
dantrolene sodium caps 25mg, 50mg, 100mg	1	

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>metaxalone tabs 400mg, 800mg</i>	2	
<i>methocarbamol tabs 500mg, 750mg</i>	1	
<i>orphenadrine citrate soln 60mg/2ml; tb12 100mg</i>	1	
<i>tizanidine hcl tabs 2mg, 4mg</i>	1	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	1	PA, QL (30 tabs every 30 days)
<i>modafinil tabs 100mg, 200mg</i>	3	PA, QL (30 tabs every 30 days)
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tbec 333mg</i>	1	PA
APO-VARENICLINE TABS .5mg, 1mg <i>(varenicline tartrate)</i>	PV	\$0 limited to 2 treatment cycles/year
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	PV	\$0 limited to 2 treatment cycles/year
<i>disulfiram tabs 250mg, 500mg</i>	1	
<i>naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i>	1	
<i>naltrexone hcl tabs 50mg</i>	PV	\$0 copay
<i>nicotine pt24 7mg/24hr</i> (Nicotine Step 3)	PV	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	PV	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i> (Sm Nicotine Transdermal S)	PV	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2mg, 4mg</i>	PV	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4mg</i> (Nicorelief)	PV	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozg 2mg</i> (Goodsense Nicotine)	PV	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozg 4mg</i> (Goodsense Nicotine Polacr)	PV	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10mg <i>(nicotine)</i>	PV	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10mg/ml <i>(nicotine)</i>	PV	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
VARENICLINE TARTRATE TABS .5mg, 1mg	PV	\$0 limited to 2 treatment cycles/year

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	PV	\$0 limited to 2 treatment cycles/year
VIVITROL SUSR 380mg (<i>naltrexone</i>)	4	PA, QL (1 vial every 28 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>CEPHALOSPORINS - 3RD GENERATION</i>		
<i>ceftazidime solr 6gm</i>	1	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>COMBINATION CONTRACEPTIVES - ORAL</i>		
LO LOESTRIN TAB 1-10-10 (<i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>)	PV	
DERMATOLOGICALS		
<i>ANTIBIOTICS - TOPICAL</i>		
ALTABAX OINT 1% (<i>retapamulin</i>)	2	
XEPI CREA 1% (<i>ozenoxacin</i>)	2	
<i>ANTIFUNGALS - TOPICAL</i>		
<i>luliconazole crea 1%</i>	2	
<i>oxiconazole nitrate crea 1%</i>	2	PA
<i>ANTIVIRALS - TOPICAL</i>		
<i>acyclovir topical oint 5%</i>	2	PA
<i>CORTICOSTEROIDS - TOPICAL</i>		
<i>diflorasone diacetate oint .05%</i>	2	
<i>halcinonide crea .1%</i>	3	QL (60g every 30 days)
<i>MISC. TOPICAL</i>		
DRYSOL SOLN 20% (<i>aluminum chloride</i>)	2	
HYPERCARE SOLN 15% (<i>aluminum chloride in alcohol</i>)	2	OTC
XERAC AC SOLN 6.25% (<i>aluminum chloride in alcohol</i>)	2	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>LOOP DIURETICS</i>		
FUROSCIX CTKT 80mg/10ml (<i>furosemide</i>)	4	ST, QL (5 kits every 3 months)
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
<i>ANDROGENS - DRUGS TO REGULATE MALE HORMONES</i>		
ANADROL-50 TABS 50mg (<i>oxymetholone</i>)	3	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INTRAROSA INST 6.5mg (<i>prasterone vaginal</i>)	3	
<i>methyltestosterone caps 10mg</i>	3	PA
<i>oxandrolone tabs 2.5mg, 10mg</i>	2	PA
<i>testosterone gel 10mg/act, 25mg/2.5gm</i>	3	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate soln 200mg/ml</i>	1	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tabs 25mg, 50mg, 100mg</i>	1	
<i>miglitol tabs 25mg, 50mg, 100mg</i>	1	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500mcg/1.5ml (<i>pramlintide acetate</i>)	3	ST; PA**
SYMLINPEN 120 SOPN 2700mcg/2.7ml (<i>pramlintide acetate</i>)	3	ST; PA**
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl tabs 500mg, 1000mg; tb24 500mg, 750mg</i>	1	
<i>metformin hcl tabs 850mg</i>	1	\$0 copay for members age 35-70 for prevention of diabetes
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	1	
JANUVIA TABS 25mg, 50mg, 100mg (<i>sitagliptin phosphate</i>)	2	ST, QL (30 tabs every 30 days); PA**
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET TABS .8mg (<i>bromocriptine mesylate (diabetes)</i>)	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
JANUMET TAB 50-500MG (<i>sitagliptin-metformin hcl</i>)	2	ST, QL (60 tabs every 30 days); PA**
JANUMET TAB 50-1000 (<i>sitagliptin-metformin hcl</i>)	2	ST, QL (60 tabs every 30 days); PA**
JANUMET XR TAB 50-500MG (<i>sitagliptin-metformin hcl</i>)	2	ST, QL (60 tabs every 30 days); PA**
JANUMET XR TAB 50-1000 (<i>sitagliptin-metformin hcl</i>)	2	ST, QL (60 tabs every 30 days); PA**
JANUMET XR TAB 100-1000 (<i>sitagliptin-metformin hcl</i>)	2	ST, QL (30 tabs every 30 days); PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC SOPN 2mg/1.5ml, 2mg/3ml, 4mg/3ml (<i>semaglutide</i>)	2	PA, QL (1 pen every 28 days)
OZEMPIC INJ 8MG/3ML (<i>semaglutide</i>)	2	PA, QL (1 pen every 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg (<i>semaglutide</i>)	2	PA, QL (30 tablets every 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml (<i>dulaglutide</i>)	2	PA, QL (4 pens every 28 days)
VICTOZA SOPN 18mg/3ml (<i>liraglutide</i>)	2	PA, QL (3 pens every 30 days)
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33 (<i>insulin glargine-lixisenatide</i>)	2	ST, QL (6 pens every 30 days); PA**
XULTOPHY INJ 100/3.6 (<i>insulin degludec-liraglutide</i>)	2	ST, QL (5 pens every 30 days); PA**
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN SOPN 100unit/ml (<i>insulin glargine</i>)	2	
FIASP FLEX INJ TOUCH (<i>insulin aspart (with niacinamide)</i>)	2	
FIASP INJ 100/ML (<i>insulin aspart (with niacinamide)</i>)	2	
FIASP PENFIL INJ U-100 (<i>insulin aspart (with niacinamide)</i>)	2	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml (<i>insulin regular (human)</i>))	2	
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml (<i>insulin regular (human)</i>)	2	
LEVEMIR SOLN 100unit/ml (<i>insulin detemir</i>)	2	

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LEVEMIR FLEXPEN SOPN 100unit/ml (insulin detemir)	2	
NOVOLIN INJ 70/30 (insulin nph isophane & reg (human))	1	OTC; RELION not covered
NOVOLIN INJ 70/30 FP (insulin nph isophane & reg (human))	2	OTC; RELION not covered
NOVOLIN N SUSP 100unit/ml (insulin nph (human) (isophane))	1	OTC; RELION not covered
NOVOLIN N FLEXPEN SUPN 100unit/ml (insulin nph (human) (isophane))	2	OTC; RELION not covered
NOVOLIN R SOLN 100unit/ml (insulin regular (human))	1	OTC; RELION not covered
NOVOLIN R FLEXPEN SOPN 100unit/ml (insulin regular (human))	2	OTC; RELION not covered
NOVOLOG SOLN 100unit/ml (insulin aspart)	2	
NOVOLOG FLEXPEN SOPN 100unit/ml (insulin aspart)	2	
NOVOLOG MIX INJ 70/30 (insulin aspart protamine & aspart (human))	2	
NOVOLOG MIX INJ FLEXPEN (insulin aspart protamine & aspart (human))	2	
NOVOLOG PENFILL SOCT 100unit/ml (insulin aspart)	2	
TRESIBA SOLN 100unit/ml (insulin degludec)	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml (insulin degludec)	2	
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl tabs 15mg, 30mg, 45mg	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
ANTIDIABETICS, MEGLITINIDE		
nateglinide tabs 60mg, 120mg	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
SYNJARDY TAB (<i>empagliflozin-metformin hcl</i>)	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY TAB 5-500MG (<i>empagliflozin-metformin hcl</i>)	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY TAB 12.5-500 (<i>empagliflozin-metformin hcl</i>)	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY XR TAB (<i>empagliflozin-metformin hcl</i>)	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY XR TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	2	ST, QL (60 tabs every 30 days); PA**
SYNJARDY XR TAB 10-1000 (<i>empagliflozin-metformin hcl</i>)	2	ST, QL (30 tabs every 30 days); PA**
SYNJARDY XR TAB 25-1000 (<i>empagliflozin-metformin hcl</i>)	2	ST, QL (30 tabs every 30 days); PA**
XIGDUO XR TAB 2.5-1000 (<i>dapagliflozin-metformin hcl</i>)	2	ST, QL (60 tabs every 30 days); PA**
XIGDUO XR TAB 5-500MG (<i>dapagliflozin-metformin hcl</i>)	2	ST, QL (30 tabs every 30 days); PA**
XIGDUO XR TAB 5-1000MG (<i>dapagliflozin-metformin hcl</i>)	2	ST, QL (60 tabs every 30 days); PA**
XIGDUO XR TAB 10-500MG (<i>dapagliflozin-metformin hcl</i>)	2	ST, QL (30 tabs every 30 days); PA**
XIGDUO XR TAB 10-1000 (<i>dapagliflozin-metformin hcl</i>)	2	ST, QL (30 tabs every 30 days); PA**
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG (<i>empagliflozin-linagliptin</i>)	2	ST, QL (30 tabs every 30 days); PA**
GLYXAMBI TAB 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	ST, QL (30 tabs every 30 days); PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB		
FARXIGA TABS 5mg, 10mg (<i>dapagliflozin propanediol</i>)	2	ST, QL (30 tabs every 30 days); PA**
JARDIANCE TABS 10mg, 25mg (<i>empagliflozin</i>)	2	ST, QL (30 tabs every 30 days); PA**
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	1	
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	1	
<i>ibandronate sodium soln 3mg/3ml; tabs 150mg</i>	1	
<i>pamidronate disodium soln 30mg/10ml, 90mg/10ml; solr 30mg, 90mg</i>	1	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i>	2	
<i>zoledronic acid conc 4mg/5ml; soln 5mg/100ml</i>	4	PA
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl tabs 30mg, 60mg</i>	4	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tabs 90mg</i>	4	PA, QL (120 tabs every 30 days)
CHELATING AGENTS		
CHEMET CAPS 100mg (<i>succimer</i>)	3	
<i>deferiprone tabs 500mg, 1000mg</i>	4	PA
FERRIPROX SOLN 100mg/ml (<i>deferiprone</i>)	4	PA
FERRIPROX TWICE-A-DAY TABS 1000mg (<i>deferiprone</i>)	4	PA
<i>penicillamine tabs 250mg</i>	3	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	1	
<i>sodium polystyrene sulfonate susp 15gm/60ml (Kionex)</i>	1	
THYROSAFE TABS 65mg (<i>potassium iodide (antidote)</i>)	2	OTC
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
ANNOVERA MIS (<i>segesterone acetate-ethinyl estradiol</i>)	PV	QL (1 every 300 days)
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml (<i>medroxyprogesterone acetate (contraceptive)</i>)	PV	QL (4 inj every 300 days)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)</i>	PV	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	PV	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	PV	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant)	PV	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)	PV	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri)	PV	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)	PV	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)	PV	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)	PV	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	PV	
drospirenone-ethinyl estradiol tab 3-0.02 mg (Gianvi)	PV	
drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna)	PV	
drospirenone-ethinyl estradiol tab 3-0.02 mg (Nikki)	PV	
drospirenone-ethinyl estradiol tab 3-0.03 mg	PV	
drospirenone-ethinyl estradiol tab 3-0.03 mg (Ocella)	PV	
drospirenone-ethinyl estradiol tab 3-0.03 mg (Syeda)	PV	
ELLA TABS 30mg (ulipristal acetate)	PV	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35)	PV	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e)	PV	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	PV	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	PV	QL (13 every 300 days)
KYLEENA IUD 19.5mg (levonorgestrel (iud))	PV	QL (1 every 300 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Fayosim)	PV	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa)	PV	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	PV	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Amethia)	PV	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna)	PV	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	PV	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Introvale)	PV	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Jolessa)	PV	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Quasense)	PV	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane)	PV	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla)	PV	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina)	PV	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina)	PV	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera)	PV	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Orsythia)	PV	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx)	PV	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	PV	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera)	PV	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal)	PV	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo)	PV	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30-28)	PV	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa)	PV	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28)	PV	
levonorgestrel (emergency oc) tabs 1.5mg (Take Action)	PV	OTC
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28)	PV	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest)	PV	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Myzilra)	PV	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora-28)	PV	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst)	PV	
LILETTA IUD 20.1mcg/day (levonorgestrel (iud))	PV	QL (1 every 300 days)
medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml	PV	QL (4 inj every 300 days)
MIRENA IUD 20mcg/day (levonorgestrel (iud))	PV	QL (1 every 300 days)
NEXPLANON IMPL 68mg (etonogestrel)	PV	QL (1 every 300 days)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)	PV	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Zenchent)	PV	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35-28)	PV	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	PV	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera)	PV	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35)	PV	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Cyclafem 1/35)	PV	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35)	PV	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (Nortrel 1/35)	PV	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (Nylia 1/35)	PV	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (Pirmella 1/35)	PV	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	PV	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	PV	
<i>norethindrone (contraceptive) tabs .35mg</i>	PV	
<i>norethindrone (contraceptive) tabs .35mg</i> (Camila)	PV	
<i>norethindrone (contraceptive) tabs .35mg</i> (Errin)	PV	
<i>norethindrone (contraceptive) tabs .35mg</i> (Heather)	PV	
<i>norethindrone (contraceptive) tabs .35mg</i> (Jolivette)	PV	
<i>norethindrone (contraceptive) tabs .35mg</i> (Nora-be)	PV	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	PV	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (Junel 1/20)	PV	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (Junel 1.5/30)	PV	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (Larin 1.5/30)	PV	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (Microgestin 1.5/30)	PV	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (Junel Fe 1/20)	PV	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Junel Fe 1.5/30)	PV	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	PV	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (Alyacen 7/7/7)	PV	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (Cyclafem 7/7/7)	PV	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (Dasetta 7/7/7)	PV	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (Nortrel 7/7/7)	PV	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (Pirmella 7/7/7)	PV	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> (Aranelle)	PV	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> (Leena)	PV	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	PV	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Mono-lynyah)	PV	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Mononessa)	PV	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Previfem)	PV	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Sprintec 28)	PV	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	PV	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	PV	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-lynyah)	PV	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-sprintec)	PV	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Trinessa)	PV	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (Cryselle-28)	PV	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (Elinest)	PV	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (Low-ogestrel)	PV	
<i>norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg</i> (Ogestrel)	PV	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PARAGARD IUD T380A (<i>copper (iud)</i>)	PV	QL (1 unit every 300 days)
SKYLA IUD 13.5mg (<i>levonorgestrel (iud)</i>)	PV	QL (1 every 300 days)
ENDOMETRIOSIS		
<i>danazol caps 50mg, 100mg, 200mg</i>	1	
SYNAREL SOLN 2mg/ml (<i>nafarelin acetate</i>)	4	PA
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
<i>*betaine powder for oral solution***</i>	4	PA
<i>carglumic acid tbs 200mg</i>	4	PA
CERDELGA CAPS 84mg (<i>eliglustat tartrate</i>)	4	PA, QL (56 caps every 28 days)
CYSTAGON CAPS 50mg, 150mg (<i>cysteamine bitartrate</i>)	4	PA
MYALEPT SOLR 11.3mg (<i>metreleptin</i>)	4	PA, QL (30 vials every 30 days)
<i>nitisinone caps 2mg, 5mg, 10mg</i>	4	PA
ORFADIN CAPS 20mg; SUSP 4mg/ml (<i>nitisinone</i>)	4	PA
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	4	PA
<i>sodium phenylbutyrate powd 3gm/tsp</i>	4	PA, QL (600g every 30 days)
<i>sodium phenylbutyrate tabs 500mg</i>	4	PA, QL (1200 tabs every 30 days)
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
CLIMARA PRO DIS WEEKLY (<i>estradiol-levonorgestrel</i>)	2	
DEPO-ESTRADIOL OIL 5mg/ml (<i>estradiol cypionate</i>)	3	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm (<i>estradiol</i>)	3	
DUAVEE TAB 0.45-20 (<i>conjugated estrogens-bazedoxifene</i>)	2	
ELESTRIN GEL .06% (<i>estradiol estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg</i>)	3 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg (Mimvey Lo)	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey)	1	
estradiol vaginal crea .1mg/gm	1	
estradiol vaginal tabs 10mcg (Yuvaferm)	1	
estradiol valerate oil 20mg/ml, 40mg/ml	1	
ESTROGEL GEL .06% (estradiol)	3	
EVAMIST SOLN 1.53mg/spray (estradiol)	3	
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg (esterified estrogens)	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)	1	
PREMARIN CREA .625mg/gm (estrogens, conjugated vaginal)	2	
PREMARIN SOLR 25mg; TABS .3mg, .45mg, .625mg, .9mg, 1.25mg (estrogens, conjugated)	3	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
cortisone acetate tabs 25mg	1	
DEPO-MEDROL SUSP 20mg/ml (methylprednisolone acetate)	3	
dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml (dexamethasone)	2	
dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
fludrocortisone acetate tabs .1mg	1	
hydrocortisone tabs 5mg, 10mg, 20mg	1	
MEDROL TABS 2mg (methylprednisolone)	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	1	
<i>methylprednisolone acetate susp 40mg/ml, 80mg/ml</i>	1	
<i>methylprednisolone sod succ solr 40mg, 125mg, 1000mg</i>	1	
<i>prednisolone soln 15mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	1	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	1	
PREDNISONE INTENSOL CONC 5mg/ml (prednisone)	2	
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg (hydrocortisone sod succinate)	3	
SOLU-MEDROL SOLR 2gm (methylprednisolone sod succ)	3	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
<i>glucagon (rdna) kit 1mg</i>	2	
INSTA-GLUCOSE GEL 77.4% (dextrose (diabetic use))	2	OTC
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
HUMATROPE CART 6mg, 12mg, 24mg (somatropin)	4	PA
HUMATROPE COMBO PACK SOLR 5mg (somatropin)	4	PA
MISCELLANEOUS		
<i>cabergoline tabs .5mg</i>	1	
<i>calcitonin (salmon) soln 200unit/act</i>	2	
CHORIONIC GONADOTROPIN SOLR 10000unit	4	PA
INCRELEX SOLN 40mg/4ml (mecasermin)	4	PA
MIACALCIN SOLN 200unit/ml (calcitonin (salmon))	3	
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	4	PA, QL (90 ml every 30 days)
<i>octreotide acetate soln 200mcg/ml</i>	4	PA, QL (225 ml every 30 days)

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>octreotide acetate soln 1000mcg/ml</i>	4	PA, QL (45 ml every 30 days)
OCTREOTIDE ACETATE SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	4	PA, QL (90 mL every 30 days)
OSPHENA TABS 60mg (<i>ospemifene</i>)	2	
PROLIA SOSY 60mg/ml (<i>denosumab</i>)	4	PA, QL (60mg every 24 weeks)
<i>raloxifene hcl tabs 60mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml (<i>pasireotide diaspertate</i>)	4	PA, QL (60 ampules every 30 days)
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml (<i>lanreotide acetate</i>)	4	PA, QL (1 injection every 28 days)
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg (<i>pegvisomant</i>)	4	PA, QL (30 vials every 30 days)
<i>tolvaptan tabs 15mg, 30mg</i>	4	PA
TYMLOS SOPN 3120mcg/1.56ml (<i>abaloparatide</i>)	4	PA, QL (1 pen every 30 days)

PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	1	
FOSRENOL PACK 750mg, 1000mg (<i>lanthanum carbonate</i>)	3	
PHOSLYRA SOLN 667mg/5ml (<i>calcium acetate (phosphate binder)</i>)	2	
<i>sevelamer carbonate pack .8gm, 2.4gm</i>	2	
<i>sevelamer carbonate tabs 800mg</i>	3	
VELPHORO CHEW 500mg (<i>sucroferric oxyhydroxide</i>)	3	

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

CRINONE GEL 4%, 8% (<i>progesterone (vaginal)</i>)	2	
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	1	
<i>norethindrone acetate tabs 5mg</i>	1	
<i>progesterone caps 100mg, 200mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg (LevoxyI)</i>	1	
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg (Unithroid)</i>	1	
<i>liothyronine sodium soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg</i>	1	
<i>methimazole tabs 5mg, 10mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg (<i>levothyroxine sodium</i>)	2	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
<i>desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg</i>	1	
<i>desmopressin acetate spray soln .01%</i>	1	
<i>desmopressin acetate spray refrigerated soln .01%</i>	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
GROWTH HORMONES		
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml (<i>somatropin</i>)	4	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10mg, 20mg (<i>finerenone</i>)	3	PA, QL (30 tabs every 30 days)
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone tabs 200mg</i>	PV	
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
<i>atropine sulfate sosy .25mg/5ml, 1mg/10ml</i>	1	

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg	1	
glycopyrrolate soln .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; tabs 1mg, 2mg	1	
hyoscyamine sulfate subl .125mg (Symax-sl)	1	
hyoscyamine sulfate subl .125mg; tabs .125mg (Oscimin)	1	
hyoscyamine sulfate subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg	1	
hyoscyamine sulfate tb12 .375mg (Oscimin Sr)	1	
hyoscyamine sulfate tbdp .125mg (Ed-spaz)	1	
hyoscyamine sulfate tbdp .125mg (Nulev)	1	
methscopolamine bromide tabs 2.5mg, 5mg	1	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO CAP 300-0.5 (netupitant-palonosetron)	3	QL (2 caps every 21 days)
aprepitant caps 40mg	3	QL (3 caps every 180 days)
aprepitant caps 80mg	3	QL (4 caps every 21 days)
aprepitant caps 125mg	3	QL (2 caps every 21 days)
aprepitant capsule therapy pack 80 & 125 mg	3	QL (2 packs every 21 days)
CESAMET CAPS 1mg (nabilone)	3	QL (18 caps every 21 days)
dronabinol caps 2.5mg, 5mg, 10mg	2	QL (60 caps every 25 days)
granisetron hcl soln 1mg/ml, 4mg/4ml	1	QL (2 mL every 21 days)
granisetron hcl tabs 1mg	1	QL (12 tabs every 21 days)
meclizine hcl tabs 12.5mg, 25mg	1	
metoclopramide hcl soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ondansetron tbdp 4mg, 8mg</i>	1	QL (60 tabs every 30 days)
<i>ondansetron hcl soln 4mg/2ml, 40mg/20ml</i>	1	QL (20 mL every 21 days)
<i>ondansetron hcl soln 4mg/5ml</i>	1	QL (200 mL every 21 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	1	QL (60 tabs every 30 days)
<i>ondansetron hcl tabs 24mg</i>	1	QL (2 tabs every 21 days)
<i>prochlorperazine supp 25mg</i>	2	
<i>prochlorperazine supp 25mg (Compro)</i>	2	
<i>prochlorperazine edisylate soln 10mg/2ml, 50mg/10ml</i>	1	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	1	
<i>promethazine hcl soln 25mg/ml, 50mg/ml; syrp 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	1	
SANCUSO PTCH 3.1mg/24hr <i>(granisetron)</i>	2	PA
<i>scopolamine pt72 1mg/3days</i>	1	
<i>trimethobenzamide hcl caps 300mg</i>	1	
VARUBI EMUL 166.5mg/92.5ml; TBPk <i>90mg (rolapitant hcl)</i>	2	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	1	
<i>cimetidine hcl soln 300mg/5ml</i>	1	
<i>famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml; susr 40mg/5ml; tabs 20mg, 40mg</i>	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>nizatidine caps 150mg, 300mg; soln 15mg/ml</i>	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium caps 750mg</i>	1	
<i>budesonide cpep 3mg</i>	2	PA
DIPENTUM CAPS 250mg (<i>olsalazine sodium</i>)	3	PA
<i>hydrocortisone (intrarectal) enem 100mg/60ml (Colocort)</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>mesalamine cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm</i>	2	
<i>mesalamine tbec 800mg</i>	2	PA
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS CAPS 72mcg, 145mcg, 290mcg <i>(linaclotide)</i>	2	
<i>lubiprostone caps 8mcg, 24mcg</i>	1	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl tabs .5mg, 1mg</i>	3	PA
LAXATIVES		
GOLYTELY SOL <i>(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)</i>	2	
<i>lactulose soln 10gm/15ml</i>	1	
<i>lactulose (encephalopathy) soln 10gm/15ml</i> (Enulose)	1	
<i>lactulose (encephalopathy) soln 10gm/15ml</i> (Generlac)	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (Gavilyte-g)	1	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i> (Gavilyte-c)	1	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (Gavilyte-n/flavor Pack)	1	\$0 copay for members age 45 through 75
PEG-PREP KIT <i>(bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride)</i>	1	\$0 copay for members age 45 through 75
<i>polyethylene glycol 3350 powd 17gm/scoop</i>	1	OTC
SUPREP BOWEL SOL PREP KIT <i>(sodium sulfate-potassium sulfate-magnesium sulfate)</i>	2	
MISCELLANEOUS		
<i>cromolyn sodium (mastocytosis) conc 100mg/5ml</i>	1	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
loperamide hcl caps 2mg	1	
misoprostol tabs 100mcg, 200mcg	1	
MOTOFEN TAB 1-0.025 (difenoxin w/ atropine)	3	
MOVANTIK TABS 12.5mg, 25mg (naloxegol oxalate)	2	
SUCRAID SOLN 8500unit/ml (sacrosidase)	3	PA, QL (354 mL every 25 days)
sucralfate tabs 1gm	1	
ursodiol caps 300mg; tabs 250mg, 500mg	1	

PANCREATIC ENZYMES

CREON CAP 3000UNIT (pancrelipase (lipase-protease-amylase))	2	PA
CREON CAP 6000UNIT (pancrelipase (lipase-protease-amylase))	2	PA
CREON CAP 12000UNT (pancrelipase (lipase-protease-amylase))	2	PA
CREON CAP 24000UNT (pancrelipase (lipase-protease-amylase))	2	PA
CREON CAP 36000UNT (pancrelipase (lipase-protease-amylase))	2	PA
VIOKACE TAB 10440 (pancrelipase (lipase-protease-amylase))	2	PA
VIOKACE TAB 20880 (pancrelipase (lipase-protease-amylase))	2	PA
ZENPEP CAP 3000UNIT (pancrelipase (lipase-protease-amylase))	2	PA
ZENPEP CAP 5000UNIT (pancrelipase (lipase-protease-amylase))	2	PA
ZENPEP CAP 10000UNT (pancrelipase (lipase-protease-amylase))	2	PA
ZENPEP CAP 15000UNT (pancrelipase (lipase-protease-amylase))	2	PA
ZENPEP CAP 20000UNT (pancrelipase (lipase-protease-amylase))	2	PA
ZENPEP CAP 25000UNT (pancrelipase (lipase-protease-amylase))	2	PA
ZENPEP CAP 40000UNT (pancrelipase (lipase-protease-amylase))	2	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

<i>dexlansoprazole cpdr 30mg, 60mg</i>	1	ST, QL (30 caps every 30 days); PA**
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	3	PA, QL (30 caps every 30 days)
<i>esomeprazole sodium solr 40mg</i>	1	
<i>lansoprazole cpdr 15mg, 30mg</i>	1	QL (30 caps every 30 days)
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1	QL (30 caps every 30 days)
<i>pantoprazole sodium tbec 20mg, 40mg</i>	1	QL (30 tabs every 30 days)
<i>rabeprazole sodium tbec 20mg</i>	2	PA, QL (30 tabs every 30 days)

RECTAL, CORTICOSTEROIDS

<i>hydrocortisone (rectal) crea 1%</i> (Procto-pak)	1	
<i>hydrocortisone (rectal) crea 2.5%</i> (Proctosol Hc)	1	
<i>hydrocortisone (rectal) crea 2.5%</i> (Proctozone-hc)	1	

GASTROINTESTINAL AGENTS - MISC.

INFLAMMATORY BOWEL AGENTS

REMICADE SOLR 100mg (<i>infliximab</i>)	4	PA
STELARA SOLN 130mg/26ml (<i>ustekinumab (iv)</i>)	4	PA, QL (4 vials every 365 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

<i>alfuzosin hcl tb24 10mg</i>	1	
CARDURA XL TB24 4mg, 8mg (<i>doxazosin mesylate (bph)</i>)	3	ST; PA**
<i>dutasteride caps .5mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tabs 5mg</i>	1	
<i>silodosin caps 4mg, 8mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tadalafil tabs 2.5mg, 5mg</i>	1	PA, QL (30 tabs every 30 days)
<i>tamsulosin hcl caps .4mg</i>	1	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
ENCARE SUPP 100mg (<i>nonoxynol-9</i>)	PV	OTC
OPTIONS GYNOL II VAGINAL GEL 3% (<i>nonoxynol-9</i>)	PV	OTC
SHUR-SEAL GEL 2% (<i>nonoxynol-9</i>)	PV	OTC
TODAY SPONGE MISC 1000mg (<i>nonoxynol-9</i>)	PV	OTC
VCF VAGINAL CONTRACEPTIVE FILM 28%; FOAM 12.5%; GEL 4% (<i>nonoxynol-9</i>)	PV	OTC
MISCELLANEOUS		
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	1	
ELMIRON CAPS 100mg (<i>pentosan polysulfate sodium</i>)	3	
<i>flavoxate hcl tabs 100mg</i>	1	
<i>phenazopyridine hcl tabs 95mg</i> (Urinary Pain Relief)	1	OTC
<i>potassium citrate (alkalinizer) tbcr 15meq, 540mg, 1080mg</i>	1	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	1	
<i>oxybutynin chloride syrp 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	1	
<i>solifenacin succinate tabs 5mg, 10mg</i>	1	
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	1	
<i>tropium chloride cp24 60mg; tabs 20mg</i>	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100mg (<i>clindamycin phosphate vaginal</i>)	2	
<i>clindamycin phosphate vaginal crea 2%</i>	1	
GYNAZOLE-1 CREA 2% (<i>butoconazole nitrate (one dose)</i>)	3	
<i>metronidazole vaginal gel .75%</i>	2	
<i>miconazole nitrate vaginal supp 200mg</i> (Miconazole 3)	1	

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<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	1	

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

ARGATRB/NACL INJ 50MG/50	3	
<i>argatroban soln 250mg/2.5ml</i>	1	
ARGATROBAN INJ 125/125	3	
ARGATROBAN INJ 250/250	3	
ELIQUIS TABS 2.5mg (<i>apixaban</i>)	2	QL (60 tablets every 30 days)
ELIQUIS TABS 5mg (<i>apixaban</i>)	2	QL (74 tablets every 30 days)
ELIQUIS STARTER PACK TBPk 5mg (<i>apixaban</i>)	2	QL (1 starter pack every 365 days)
<i>enoxaparin sodium soln 300mg/3ml; sosal 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	2	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	3	
FRAGMIN SOLN 9500unit/3.8ml; SOSY 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unit/0.72ml (<i>dalteparin sodium</i>)	3	
<i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	1	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i> (Jantoven)	1	
XARELTO SUSR 1mg/ml (<i>rivaroxaban</i>)	2	PA, QL (20mL every 30 days)
XARELTO TABS 2.5mg, 10mg (<i>rivaroxaban</i>)	2	QL (60 tablets every 30 days)
XARELTO TABS 15mg, 20mg (<i>rivaroxaban</i>)	2	QL (30 tablets every 30 days)
XARELTO STAR TAB 15/20MG (<i>rivaroxaban</i>)	2	QL (51 tablets every 365 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml (darbepoetin alfa)	4	PA
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml (methoxy polyethylene glycol-epoetin beta)	4	PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml (filgrastim-aafi)	4	PA
PROMACTA TABS 12.5mg, 25mg (eltrombopag olamine)	4	PA, QL (30 tabs every 30 days)
PROMACTA TABS 50mg, 75mg (eltrombopag olamine)	4	PA, QL (60 tabs every 30 days)
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml (epoetin alfa-epbx)	4	PA
MISCELLANEOUS		
anagrelide hcl caps .5mg, 1mg	2	
cilostazol tabs 50mg, 100mg	1	
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml (emicizumab-kxwh)	4	PA
icatibant acetate sosy 30mg/3ml	4	PA, QL (45 syringes every 90 days)
pentoxifylline tbc 400mg	1	
tranexamic acid soln 1000mg/10ml; tabs 650mg	1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg (ticagrelor)	2	
clopidogrel bisulfate tabs 75mg, 300mg	1	
dipyridamole tabs 25mg, 50mg, 75mg	1	
prasugrel hcl tabs 5mg, 10mg	1	

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HEMATOPOIETIC AGENTS		
HEMATOPOIETIC GROWTH FACTORS		
NYVEPRIA SOSY 6mg/0.6ml (pegfilgrastim-apgf)	4	PA
IRON		
FERROUS FUMARATE TABS 29mg	1	OTC
ferrous fumarate tabs 324mg	1	OTC
ferrous gluconate tabs 240mg	1	OTC
FERROUS GLUCONATE TABS 324mg	1	OTC
ferrous sulfate elix 220mg/5ml; tbec 325mg	1	OTC
FERROUS SULFATE LIQD 220mg/5ml; TBEC 324mg	1	OTC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NON-BARBITURATE HYPNOTICS		
quazepam tabs 15mg	2	ST
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
BIOLOGIC DISEASE-MODIFYING AGENTS		
ACTEMRA SOSY 162mg/0.9ml (tocilizumab)	4	PA, QL (4 syringes every 28 days)
ACTEMRA ACTPEN SOAJ 162mg/0.9ml (tocilizumab)	4	PA, QL (4 syringes every 28 days)
ENBREL SOLN 25mg/0.5ml (etanercept)	4	PA, QL (8 vials every 28 days)
ENBREL SOLR 25mg; SOSY 50mg/ml (etanercept)	4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SOSY 25mg/0.5ml (etanercept)	4	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI SOCT 50mg/ml (etanercept)	4	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

OAC - Oral Anti-Cancer **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **PV** - Preventative Service **QL** - Quantity Limits **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ENBREL SURECLICK SOAJ 50mg/ml (etanercept)	4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA PSKT 10mg/0.1ml, 10mg/0.2ml, 20mg/0.4ml (adalimumab)	4	PA, QL (2 injections every 28 days)
HUMIRA PSKT 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml (adalimumab)	4	PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS (adalimumab)	4	PA, QL (2 injections every 28 days); (80mg and 40mg dual strength kit)
HUMIRA PEDIATRIC CROHNS D 80mg/0.8ml (adalimumab)	4	PA, QL (3 injections every 28 days); (80mg single strength kit)
HUMIRA PEN PNKT 40mg/0.4ml (adalimumab)	4	PA, QL (4 injections every 28 days)
HUMIRA PEN KIT PS/UV (adalimumab)	4	PA, QL (1 kit every 28 days)
HUMIRA PEN-CD/UC/HS START 40mg/0.8ml (adalimumab)	4	PA, QL (6 pens every 28 days)
HUMIRA PEN-CD/UC/HS START 80mg/0.8ml (adalimumab)	4	PA, QL (1 kit every 28 days)
HUMIRA PEN-PS/UV STARTER 40mg/0.8ml (adalimumab)	4	PA, QL (4 pens every 28 days)
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml (sarilumab)	4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml (sarilumab)	4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RINVOQ TB24 15mg (upadacitinib)	4	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Psoriatic Arthritis, and Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)
RINVOQ TB24 30mg (upadacitinib)	4	PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis. Preferred agent for Ulcerative Colitis (after failure of Humira).
RINVOQ TB24 45mg (upadacitinib)	4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira). Dose is one time induction dose for UC diagnosis only
SIMPONI SOAJ 50mg/0.5ml, 100mg/ml; SOSY 50mg/0.5ml, 100mg/ml (golimumab)	4	PA, QL (1 injection every 28 days)
SIMPONI ARIA SOLN 50mg/4ml (golimumab)	4	PA, QL (200 mg every 8 weeks)
SKYRIZI PSKT 75mg/0.83ml (risankizumab-rzaa)	4	PA, QL (2 syringes every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml (risankizumab-rzaa (crohn's))	4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease
SKYRIZI SOLN 600mg/10ml (risankizumab-rzaa (crohn's))	4	PA, QL (3 vials every 56 days); Preferred Agent for Crohn's Disease
SKYRIZI SOSY 150mg/ml (risankizumab-rzaa)	4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SKYRIZI PEN SOAJ 150mg/ml (risankizumab-rzaa)	4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
STELARA SOLN 45mg/0.5ml (ustekinumab)	4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOSY 45mg/0.5ml (ustekinumab)	4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOSY 90mg/ml (ustekinumab)	4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml (ixekizumab)	4	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml (guselkumab)	4	PA, QL (1 injection every 56 days); Preferred agent for Psoriasis
XELJANZ TABS 5mg (tofacitinib citrate)	4	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ TABS 10mg (tofacitinib citrate)	4	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TB24 11mg (tofacitinib citrate)	4	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XELJANZ XR TB24 22mg (<i>tofacitinib citrate</i>)	4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS

<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
<i>leflunomide tabs 10mg, 20mg</i>	1	
<i>methotrexate sodium tabs 2.5mg</i>	1	
OTEZLA TABS 30mg (<i>apremilast</i>)	4	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30 (<i>apremilast</i>)	4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis

IMMUNOGLOBULIN

HYQVIA INJ 2.5-200 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	4	PA
HYQVIA INJ 5-400 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	4	PA
HYQVIA INJ 10-800 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	4	PA
HYQVIA INJ 20-1600 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	4	PA
HYQVIA INJ 30-2400 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	4	PA

IMMUNOMODULATORS

ACTIMMUNE SOLN 2000000unit/0.5ml (<i>interferon gamma-1b</i>)	4	PA
ALFERON N SOLN 5000000unit/ml (<i>interferon alfa-n3</i>)	4	
ARCALYST SOLR 220mg (<i>rilonacept</i>)	4	PA, QL (8 vials every 28 days)
POMALYST CAPS 1mg, 2mg, 3mg, 4mg (<i>pomalidomide</i>)	4	PA, QL (21 caps every 28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg (lenalidomide)	4	PA, QL (28 caps every 28 days)
REVLIMID CAPS 20mg, 25mg (lenalidomide)	4	PA, QL (21 caps every 28 days)
THALOMID CAPS 50mg, 100mg (thalidomide)	4	PA, QL (28 caps every 28 days)
THALOMID CAPS 150mg, 200mg (thalidomide)	4	PA, QL (56 caps every 28 days)
IMMUNOSUPPRESSANTS		
azathioprine tabs 50mg, 75mg, 100mg	1	
cyclosporine caps 25mg, 100mg	3	
cyclosporine soln 50mg/ml	1	
cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml	1	
cyclosporine modified (for microemulsion) caps 25mg, 100mg; soln 100mg/ml (Gengraf)	1	
mycophenolate mofetil caps 250mg; tabs 500mg	2	
mycophenolate mofetil susr 200mg/ml	3	
mycophenolate mofetil hcl solr 500mg	1	
mycophenolate sodium tbec 180mg, 360mg	3	
PROGRAF SOLN 5mg/ml (tacrolimus)	3	
SANDIMMUNE SOLN 100mg/ml (cyclosporine)	3	
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	3	
tacrolimus caps 1mg, 5mg	3	
tacrolimus caps .5mg	1	
VACCINES		
ACTHIB INJ (haemophilus b polysac conj vac)	PV	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ (tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))	PV	
AFLURIA QUAD INJ 2022-23 (influenza virus vaccine split quadrivalent)	PV	
BEXSERO INJ (meningococcal vac group b (recombant omv adjuvanted))	PV	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BOOSTRIX INJ (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	PV	
DAPTACEL INJ (<i>diphtheria, acellular pertussis & tetanus toxoids</i>)	PV	\$0 copay for members age 18 and younger, otherwise not covered
DENGVAXIA SUS (<i>dengue virus vaccine live tetravalent</i>)	PV	
DIP/TET PED INJ 25-5LFU	PV	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml (<i>hepatitis b vaccine (recomb)</i>)	PV	
FLUAD INJ 2020-21 (<i>influenza virus vaccine types a & b surface antigen adjuvant</i>)	PV	
FLUAD QUADRIVALENT INFLUE PRSY .5ml (<i>influenza virus vacc types a & b surf antigen adjuvant quad</i>)	PV	
FLUARIX QUAD INJ 2022-23 (<i>influenza virus vaccine split quadrivalent</i>)	PV	
FLUBLOK QUAD INJ 2022-23 (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	PV	
FLUCLVX QUAD INJ 2022-23 (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	PV	
FLUMIST QUAD SUS 2022-23 (<i>influenza virus vaccine live quadrivalent</i>)	PV	
FLUZONE HD INJ 2022-23 (<i>influenza virus vac split high-dose quad preservative free</i>)	PV	
FLUZONE QUAD INJ 2022-23 (<i>influenza virus vaccine split quadrivalent</i>)	PV	
GARDASIL 9 INJ (<i>human papillomavirus (hvp) 9-valent recombinant vaccine</i>)	PV	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml (<i>hepatitis a vaccine</i>)	PV	
HEPLISAV-B SOLN 20mcg/0.5ml; SOSY 20mcg/0.5ml (<i>hepatitis b vaccine recombinant adjuvanted</i>)	PV	
HIBERIX SOLR 10mcg (<i>haemophilus b polysac conj vac</i>)	PV	\$0 copay for members age 18 and younger, otherwise not covered

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INFANRIX INJ (<i>diphtheria, acellular pertussis & tetanus toxoids</i>)	PV	\$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE (<i>poliovirus vaccine, ipv</i>)	PV	\$0 copay for members age 18 and younger, otherwise not covered
JANSSEN COVID-19 VACCINE SUSP .5ml (<i>covid-19 (sars-cov-2) adenovirus vaccine</i>)	PV	
KINRIX INJ (<i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>)	PV	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ (<i>measles, mumps & rubella virus vaccines</i>)	PV	
MENACTRA INJ (<i>meningococcal (a,c,y&w-135) polysacch diphth conj vaccine</i>)	PV	
MENQUADFI INJ (<i>meningococcal (a,c,y&w-135) polysacch tetanus conj vaccine</i>)	PV	
MENVEO INJ (<i>meningococcal (a,c,y&w-135) oligosaccharide conjugate vac</i>)	PV	
MENVEO SOL (<i>meningococcal (a,c,y&w-135) oligosaccharide conjugate vac</i>)	PV	
MODERNA COVID-19 VACCINE SUSP 100mcg/0.5ml (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	PV	
PEDIARIX INJ 0.5ML (<i>diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac</i>)	PV	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB SUSP 7.5mcg/0.5ml (<i>haemophilus b polysac conj vac</i>)	PV	\$0 copay for members age 18 and younger, otherwise not covered
PENTACEL INJ (<i>diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac</i>)	PV	\$0 copay for members age 18 and younger, otherwise not covered
PFIZER-BIONTECH COVID-19 SUSP 30mcg/0.3ml (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	PV	
PNEUMOVAX 23/1 DOSE INJ 25mcg/0.5ml (<i>pneumococcal vac polyvalent</i>)	PV	
PREHEVBRIO SUSP 10mcg/ml (<i>hepatitis b vaccine 3-antigen recombinant</i>)	PV	
PREVNAR 13 INJ (<i>pneumococcal 13-valent conjugate vaccine</i>)	PV	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PREVNAR 20 INJ (<i>pneumococcal 20-valent conjugate vaccine</i>)	PV	
PRIORIX INJ (<i>measles, mumps & rubella virus vaccines</i>)	PV	
PROQUAD INJ (<i>measles-mumps-rubella-varicella virus vaccines</i>)	PV	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML (<i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>)	PV	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml (<i>hepatitis b vaccine (recomb)</i>)	PV	
ROTARIX SUS (<i>rotavirus vaccine, live oral</i>)	PV	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL (<i>rotavirus vaccine, live oral pentavalent</i>)	PV	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50mcg/0.5ml (<i>zoster vaccine recombinant adjuvanted</i>)	PV	\$0 copay for members age 19 and older, otherwise not covered
TDVAX INJ 2-2 LF (<i>tetanus-diphtheria toxoids (td)</i>)	PV	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF (<i>tetanus-diphtheria toxoids (td)</i>)	PV	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ (<i>meningococcal group b vaccine (recombinant)</i>)	PV	
TWINRIX INJ (<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>)	PV	\$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25unit/0.5ml, 50unit/ml (<i>hepatitis a vaccine</i>)	PV	
VARIVAX INJ 1350pfu/0.5ml (<i>varicella virus vaccine live</i>)	PV	
VAXNEUVANCE INJ (<i>pneumococcal 15-valent conjugate vaccine</i>)	PV	
ZOSTAVAX SUSR 19400unt/0.65ml (<i>zoster vaccine live</i>)	PV	\$0 copay for members age 19 and older, otherwise not covered

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LAXATIVES		
LAXATIVE COMBINATIONS		
SUTAB TAB (<i>sodium sulfate-magnesium sulfate-potassium chloride</i>)	2	
MACROLIDES		
FIDAXOMICIN		
DIFICID SUSR 40mg/ml (<i>fidaxomicin</i>)	2	PA
MEDICAL DEVICES		
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
CAYA DPR (<i>diaphragm arc-spring</i>)	PV	QL (1 every 300 days)
CONDOMS MIS	PV	QL (12 condoms every 30 days), OTC
FC2 FEMALE MIS CONDOM (<i>condoms - female</i>)	PV	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM (<i>cervical caps</i>)	PV	QL (1 every 300 days)
FEMCAP MIS 26MM (<i>cervical caps</i>)	PV	QL (1 every 300 days)
FEMCAP MIS 30MM (<i>cervical caps</i>)	PV	QL (1 every 300 days)
OMNIFLEX DPR (<i>diaphragms</i>)	PV	QL (1 every 300 days)
WIDE-SEAL SILICONE DIAPHR DPRH 2% (<i>diaphragm wide seal</i>)	PV	QL (1 every 300 days)
DIABETIC SUPPLIES		
ACCU-CHEK BLOOD GLUCOSE TEST KITS (<i>blood glucose monitoring supplies</i>)	2	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS (<i>glucose blood</i>)	2	QL (204 Test Strips every 25 days), OTC
ALCOH-WIPE MIS 12"X12" (<i>alcohol sheets</i>)	2	
ALCOHOL PREP WIPES AND SWABS (<i>alcohol swabs</i>)	2	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION (<i>blood glucose calibration</i>)	2	OTC
GLUCOSE URINE TEST STRIPS (<i>glucose urine test-(glucose oxidase)</i>)	2	OTC
INSULIN PEN NEEDLES (<i>insulin pen needle</i>)	2	
INSULIN PEN NEEDLES/SYRINGES (<i>insulin syringe/needle u-100</i>)	2	OTC
KETONE URINE TEST STRIPS (<i>urine glucose-ketones test</i>)	2	OTC
LANCETS (<i>lancets</i>)	2	OTC
LANCING DEVICE	2	OTC
MISC LANCETS (<i>lancets misc.</i>)	2	OTC
NOVOFINE PEN NEEDLES	2	OTC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SHARPS CONTAINER (<i>sharps container</i>)	2	OTC
URINE GLUCOSE MONITORING SUPPLIES (<i>urine glucose monitoring supplies</i>)	2	OTC
URINE TEST STRIPS (<i>multiple urine tests</i>)	2	OTC
MISCELLANEOUS		
ADULT RESPIRATORY MASK (<i>spacer/aerosol-holding chambers</i>)	2	
ADULT RESPIRATORY MASK (<i>spacer/aerosol-holding chambers</i>)	2	OTC
HUMATROPEN MIS FOR 6MG (<i>injection device</i>)	2	OTC
HUMATROPEN MIS FOR 12MG (<i>injection device</i>)	2	OTC
HUMATROPEN MIS FOR 24MG (<i>injection device</i>)	2	OTC
PEDIATRIC RESPIRATORY MASK (<i>spacer/aerosol-holding chamber supplies - masks</i>)	2	
PEDIATRIC RESPIRATORY MASK (<i>spacer/aerosol-holding chamber supplies - masks</i>)	2	OTC
MEDICAL DEVICES AND SUPPLIES		
DIABETIC SUPPLIES		
DEXCOM G5 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	2	PA, QL (1 device every year)
DEXCOM G5 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	2	PA, QL (1 every 90 days)
DEXCOM G6 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	2	PA, QL (1 device every year)
DEXCOM G6 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	2	PA, QL (3 every 30 days)
DEXCOM G6 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	2	PA, QL (1 every 90 days)
FREESTY LIBR KIT 2 SENSOR (<i>continuous blood glucose system sensor</i>)	1	PA, QL (1 every 14 days)
FREESTY LIBR KIT 3 SENSOR (<i>continuous blood glucose system sensor</i>)	1	PA, QL (1 every 14 days)
FREESTY LIBR MIS 2 READER (<i>continuous blood glucose system receiver</i>)	1	PA, QL (1 device every year)
FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)	1	PA, QL (1 every 14 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FREESTYLE MIS READER (<i>continuous blood glucose system receiver</i>)	1	PA, QL (1 device every year)
OMNIPOD 5 G6 KIT INTRO (<i>insulin infusion disposable pump</i>)	2	PA
OMNIPOD 5 G6 MIS PODS (<i>insulin infusion disposable pump</i>)	2	PA
OMNIPOD DASH KIT INTRO (<i>insulin infusion disposable pump</i>)	2	PA
OMNIPOD DASH MIS PODS (<i>insulin infusion disposable pump</i>)	2	PA
OMNIPOD MIS CLASSIC (<i>insulin infusion disposable pump</i>)	2	PA
OMNIPOD PDM KIT CLASSIC (<i>insulin infusion disposable pump</i>)	2	PA

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

NURTEC TBDP 75mg (<i>rimegepant sulfate</i>)	3	PA, QL (16 tabs every 30 days)
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SEROTONIN AGONISTS

frovatriptan succinate tabs 2.5mg	2	ST, QL (12 tabs every 30 days)
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MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

MUSCLE RELAXANT COMBINATIONS

carisoprodol w/ aspirin & codeine tab 200-325-16 mg	2	
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NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES

magnesium sulfate soln 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	1	
potassium bicarbonate tbf 25meq (K-effervescent)	1	
potassium chloride cpcr 8meq, 10meq; tbc 8meq, 10meq, 20meq	1	
potassium chloride soln 10%, 20%	1	PA
potassium chloride tbc 8meq (Klor-con 8)	1	
potassium chloride tbc 10meq (Klor-con 10)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>potassium chloride microencapsulated crystals er tbc 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er tbc 15meq</i> (Klor-con M15)	1	
<i>potassium chloride microencapsulated crystals er tbc 20meq</i> (Klor-con M20)	1	
<i>sodium chloride soln 2.5meq/ml</i>	1	
<i>sodium chloride flush soln .9%</i>	1	
<i>sodium fluoride chew 1mg</i> (Fluoritab)	1	
<i>sodium fluoride chew 1mg</i> (Ludent)	1	
<i>sodium fluoride chew 1mg; tabs 1mg</i>	1	
<i>sodium fluoride chew 2.2mg</i> (Nafrinse)	1	
<i>sodium fluoride chew .25mg, .5mg</i> (Ludent)	1	\$0 applies for ages 5 and under
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	1	\$0 applies for ages 5 and under
<i>sodium fluoride chew .25mg, .5mg; soln .125mg/drop</i> (Fluoritab)	1	\$0 applies for ages 5 and under
<i>sodium fluoride soln .25mg/drop</i> (Flura-drops)	1	\$0 applies for ages 5 and under
<i>sodium fluoride soln .125mg/drop</i> (Nafrinse Drops)	1	\$0 applies for ages 5 and under
IV REPLACEMENT SOLUTIONS		
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
<i>potassium chloride soln 2meq/ml</i>	1	
<i>sodium chloride soln .45%, .9%, 3%, 5%</i>	1	
VITAMINS		
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	1	
<i>cholecalciferol caps 50000unit</i>	1	OTC
CITRANATAL CAP HARMONY (prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha)	2	
CITRANATAL CAP MEDLEY (prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha)	2	
CITRANATAL MIS (prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CITRANATAL MIS 90 DHA (prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)	2	
CITRANATAL MIS B-CALM (prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa & vit b6)	2	
CITRANATAL PAK ASSURE (prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)	2	
CITRANATAL PAK DHA (prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)	2	
CITRANATAL TAB BLOOM (prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid)	2	
CITRANATAL TAB RX (prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa)	2	
cyanocobalamin soln 1000mcg/ml	1	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	2	
doxercalciferol soln 4mcg/2ml	1	
ergocalciferol caps 50000unit	1	
folic acid caps 800mcg	PV	QL (100 caps every 30 days), OTC
folic acid tabs 1mg	1	
folic acid tabs 400mcg, 800mcg	PV	QL (100 tabs every 30 days), OTC
folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg (Av-vite Fb Forte)	1	
NIVA-FOL TAB (folic acid-pyridoxine-cyanocobalamin)	1	OTC
paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml	1	
*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** (Multi-vit/iron/fluoride)	1	OTC
*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** (Multi-vitamin/fluoride/ir)	1	
*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg*** (Multivitamin/fluoride)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
*pediatric multiple vitamins w/ fluoride chew tab 0.25 mg*** (Multivitamin/fluoride)	1	
*pediatric multiple vitamins w/ fluoride chew tab 1 mg*** (Multivitamin/fluoride)	1	
*pediatric multiple vitamins w/ fluoride chew tab 1 mg*** (Mvc-fluoride)	1	
*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml*** (Multi-vitamin/fluoride Dr)	1	
*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml*** (Multi-vit/fluoride)	1	
*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml*** (Tri-vit/fluoride)	1	
*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml*** (Tri-vit/fluoride)	1	
*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml*** (Vitamins A/c/d/fluoride)	1	
phytonadione tabs 5mg	3	
*prenatal vit w/ iron carbonyl-fa tab 29-1 mg*** (Prenatabs Rx)	1	OTC
*prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg*** (Elite-ob)	1	
pyridoxine hcl tabs 25mg, 50mg	1	OTC

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION

bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
BLEPHAMIDE OIN S.O.P. (sulfacetamide sod-prednisolone)	2	
BLEPHAMIDE SUS OP (sulfacetamide sod-prednisolone)	2	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TOBRADEX OIN 0.3-0.1% (tobramycin-dexamethasone)	2	
TOBRADEX ST SUS 0.3-0.05 (tobramycin-dexamethasone)	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE SOLN 1% (azithromycin (ophth))	2	
bacitracin (ophthalmic) oint 500unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
bacitracin-polymyxin b ophth oint (Polycin)	1	
BESIVANCE SUSP .6% (besifloxacin hcl)	3	
ciprofloxacin hcl (ophth) soln .3%	1	
erythromycin (ophth) oint 5mg/gm	1	
gatifloxacin (ophth) soln .5%	1	
gentamicin sulfate (ophth) oint .3% (Gentak)	1	
gentamicin sulfate (ophth) soln .3%	1	QL (20 mL every 30 days)
levofloxacin (ophth) soln .5%	1	
moxifloxacin hcl (ophth) soln .5%	1	
NATACYN SUSP 5% (natamycin)	2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin (ophth) soln .3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) oint 10%; soln 10%	1	
tobramycin (ophth) soln .3%	1	
trifluridine soln 1%	1	
ZIRGAN GEL .15% (ganciclovir ophthalmic)	3	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACUVAIL SOLN .45% (ketorolac tromethamine (ophth))	2	
bromfenac sodium (ophth) soln .09%	1	
dexamethasone sodium phosphate (ophth) soln .1%	1	
diclofenac sodium (ophth) soln .1%	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>difluprednate emul .05%</i>	1	ST; PA**
<i>flurbiprofen sodium soln .03%</i>	1	
FML OINT .1% (<i>fluorometholone (ophth)</i>)	2	
FML FORTE SUSP .25% (<i>fluorometholone (ophth)</i>)	2	
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	1	
<i>loteprednol etabonate susp .5%</i>	1	
MAXIDEX SUSP .1% (<i>dexamethasone (ophth)</i>)	2	
NEVANAC SUSP .1% (<i>nepafenac</i>)	2	ST; PA**
PRED MILD SUSP .12% (<i>prednisolone acetate (ophth)</i>)	2	
<i>prednisolone acetate (ophth) susp 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
ALOCRIOL SOLN 2% (<i>nedocromil sodium (ophth)</i>)	3	
ALOMIDE SOLN .1% (<i>lodoxamide tromethamine</i>)	3	
<i>azelastine hcl (ophth) soln .05%</i>	1	
<i>bepotastine besilate soln 1.5%</i>	1	
<i>cromolyn sodium (ophth) soln 4%</i>	1	
EMADINE SOLN .05% (<i>emedastine difumarate</i>)	3	
<i>epinastine hcl (ophth) soln .05%</i>	1	
LASTACFT SOLN .25% (<i>alcaftadine</i>)	2	
<i>olopatadine hcl soln .1%, .2%</i>	1	PA
PATADAY EXTRA STRENGTH SOLN .7% (<i>olopatadine hcl</i>)	2	OTC
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOLN .1% (<i>brimonidine tartrate</i>)	3	
<i>apraclonidine hcl soln .5%</i>	1	
<i>betaxolol hcl (ophth) soln .5%</i>	1	
BETIMOL SOLN .25%, .5% (<i>timolol</i>)	3	
BETOPTIC-S SUSP .25% (<i>betaxolol hcl (ophth)</i>)	2	
<i>bimatoprost soln .03%</i>	1	
<i>brimonidine tartrate soln .2%</i>	1	
<i>brimonidine tartrate soln .15%</i>	2	

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>brinzolamide susp 1%</i>	1	
<i>carteolol hcl (ophth) soln 1%</i>	1	
<i>dorzolamide hcl soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
IOPIDINE SOLN 1% (<i>apraclonidine hcl</i>)	3	
<i>latanoprost soln .005%</i>	1	
<i>levobunolol hcl soln .5%</i>	1	
LUMIGAN SOLN .01% (<i>bimatoprost</i>)	2	ST; PA**
PHOSPHOLINE IODIDE SOLR .125% (<i>echothiophate iodide</i>)	3	
<i>pilocarpine hcl soln 1%</i>	1	
SIMBRINZA SUS 1-0.2% (<i>brinzolamide-brimonidine tartrate</i>)	2	
<i>tafluprost soln .015mg/ml</i>	1	ST; PA**
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	1	
<i>travoprost soln .004%</i>	1	
MISCELLANEOUS		
<i>atropine sulfate (ophthalmic) soln 1%</i>	1	
CYSTARAN SOLN .44% (<i>cysteamine hcl</i>)	4	PA, QL (4 bottles every 28 days)
LACRISERT INST 5mg (<i>artificial tear insert</i>)	3	
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	1	
<i>proparacaine hcl soln .5%</i>	1	
RESTASIS EMUL .05% (<i>cyclosporine (ophth)</i>)	1	PA; Single-Dose
RESTASIS MULTIDOSE EMUL .05% (<i>cyclosporine (ophth)</i>)	2	PA; Multi-Dose
<i>tropicamide soln .5%, 1%</i>	1	
OTHER		
IRRIGATION SOLUTIONS		
<i>*irrigation solution, physiological**</i> (Physiolyte)	1	
<i>*irrigation solution, physiological**</i> (Physiosol Irrigation)	1	
<i>ringer's solution for irrigation</i> (Tis-u-sol)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
MICRHOGAM ULTRA-FILTERED SOSY 250unit (<i>rho d immune globulin (human)</i>)	4	
RHOGAM ULTRA-FILTERED PLU SOSY 1500unit (<i>rho d immune globulin (human)</i>)	4	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
MAYZENT STARTER PACK TBP .25mg (<i>siponimod fumarate</i>)	4	PA, QL (1 pack every 365 days)
ZEPOSIA CAPS .92mg (<i>ozanimod hcl</i>)	4	PA, QL (30 every 30 Days)
ZEPOSIA 7DAY CAP STR PACK (<i>ozanimod hcl</i>)	4	PA, QL (1 every 365 Days)
ZEPOSIA CAP STR KIT (<i>ozanimod hcl</i>)	4	PA, QL (1 kit every 365 days)
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANAPHYLAXIS TREATMENT AGENTS		
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml</i>	1	QL (4 auto-injectors every 25 days)
EIPEN 2-PAK SOAJ .3mg/0.3ml (<i>epinephrine (anaphylaxis)</i>)	2	QL (4 auto-injectors every 25 days)
EIPEN-JR 2-PAK SOAJ .15mg/0.3ml (<i>epinephrine (anaphylaxis)</i>)	2	QL (4 auto-injectors every 25 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25 (<i>umeclidinium-vilanterol</i>)	2	QL (1 package every 25 days)
BEVESPI AER 9-4.8MCG (<i>glycopyrrolate-formoterol fumarate</i>)	2	QL (1 package every 25 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (6 boxes every 25 days)
TRELEGY AER 100MCG (<i>fluticasone-umeclidinium-vilanterol</i>)	2	QL (1 package every 30 days)
TRELEGY AER 200MCG (<i>fluticasone-umeclidinium-vilanterol</i>)	2	QL (1 package every 25 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
INCRUSE ELLIPTA AEPB 62.5mcg/inh (<i>umeclidinium bromide</i>)	2	QL (1 package every 25 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ipratropium bromide soln .02%</i>	1	QL (5 boxes every 25 days)
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	1	
SPIRIVA HANDIHALER CAPS 18mcg (tiotropium bromide monohydrate)	2	QL (1 package every 25 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act (tiotropium bromide monohydrate)	2	QL (1 package every 25 days)
ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl soln .1%, .15%</i>	1	QL (2 bottles every 25 days)
<i>carbinoxamine maleate soln 4mg/5ml; tabs 4mg</i>	1	
CLARINEX SYRP .5mg/ml (desloratadine)	3	
<i>clemastine fumarate tabs 2.68mg</i>	1	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	1	
<i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i>	1	
<i>diphenhydramine hcl elix 12.5mg/5ml; soln 50mg/ml</i>	1	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	1	
<i>hydroxyzine pamoate caps 25mg, 50mg, 100mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	1	
<i>olopatadine hcl (nasal) soln .6%</i>	1	QL (1 container every 25 days)
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate aers 108mcg/act</i>	1	QL (2 inhalers every 25 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1	QL (60 mL every 30 days)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	1	QL (5 boxes every 25 days)
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg; tb12 4mg, 8mg</i>	1	
<i>formoterol fumarate nebu 20mcg/2ml</i>	2	QL (60 vials every 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levalbuterol hcl nebu 1.25mg/0.5ml</i>	1	QL (45 mL every 30 days)
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	1	QL (300 mL every 30 days)
<i>levalbuterol tartrate aero 45mcg/act</i>	1	QL (2 inhalers every 30 days)
<i>metaproterenol sulfate syrp 10mg/5ml</i>	1	
STRIVERDI RESPIMAT AERS 2.5mcg/act (<i>olodaterol hcl</i>)	2	QL (1 package every 25 days)
<i>terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg</i>	1	
<i>BIOLOGIC RESPONSE MODIFIERS</i>		
NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 100mg/ml (<i>mepolizumab</i>)	4	PA, QL (3 injections every 28 days)
XOLAIR SOLR 150mg (<i>omalizumab</i>)	4	PA, QL (8 vials every 28 days)
XOLAIR SOSY 75mg/0.5ml (<i>omalizumab</i>)	4	PA, QL (2 syringes every 28 days)
XOLAIR SOSY 150mg/ml (<i>omalizumab</i>)	4	PA, QL (8 syringes every 28 days)
<i>COLD/COUGH</i>		
<i>benzonatate caps 100mg, 200mg</i>	1	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (Cheratussin Ac)	1	OTC
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> (Hydromet)	1	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i> (Tussigon)	1	
NORTUSS-EX LIQ 200-20/5 (<i>dextromethorphan-guaifenesin</i>)	2	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> (Promethazine Vc/codeine)	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
TUZISTRA XR SUS (<i>codeine polistirex-chlorpheniramine polistirex</i>)	3	
VITUZ SOL 5-4MG (<i>hydrocodone-chlorpheniramine</i>)	3	
LEUKOTRIENE MODIFIERS		
<i>zileuton tb12 600mg</i>	3	
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	1	
<i>zafirlukast tabs 10mg, 20mg</i>	1	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	QL (2 boxes every 25 days)
MISCELLANEOUS		
<i>acetylcysteine soln 10%, 20%</i>	2	
KALYDECO PACK 25mg, 50mg, 75mg (<i>ivacaftor</i>)	4	PA, QL (56 packets every 28 days)
KALYDECO TABS 150mg (<i>ivacaftor</i>)	4	PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 100-125 (<i>lumacaftor-ivacaftor</i>)	4	PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188 (<i>lumacaftor-ivacaftor</i>)	4	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125 (<i>lumacaftor-ivacaftor</i>)	4	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125 (<i>lumacaftor-ivacaftor</i>)	4	PA, QL (112 tabs every 28 days)
<i>pirfenidone caps 267mg</i>	4	PA, QL (270 caps every 30 days)
<i>pirfenidone tabs 267mg</i>	4	PA, QL (270 tabs every 30 days)
<i>pirfenidone tabs 801mg</i>	4	PA, QL (90 tabs every 30 days)
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg (<i>alpha1-proteinase inhibitor (human)</i>)	4	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>roflumilast tabs 250mcg, 500mcg</i>	3	PA
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	1	
SYMDEKO TAB 50-75MG (<i>tezacaftor-ivacaftor</i>)	4	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150 (<i>tezacaftor-ivacaftor</i>)	4	PA, QL (56 tabs every 28 days)
TRIKAFTA TAB (<i>elexacaftor-tezacaftor-ivacaftor</i>)	4	PA, QL (84 tabs every 28 days)
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>flunisolide (nasal) soln .025%</i>	1	QL (3 containers every 25 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	1	QL (1 container every 25 days)
OMNARIS SUSP 50mcg/act (<i>ciclesonide (nasal)</i>)	3	ST, QL (1 package every 25 days); PA**
<i>triamcinolone acetonide (nasal) aero 55mcg/act</i>	1	QL (1 bottle every 25 days), OTC
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act (<i>fluticasone furoate (inhalation)</i>)	2	QL (1 package every 25 days)
<i>budesonide (inhalation) susp 1mg/2ml</i>	1	QL (1 box every 25 days)
<i>budesonide (inhalation) susp .5mg/2ml</i>	1	QL (2 boxes every 25 days)
<i>budesonide (inhalation) susp .25mg/2ml</i>	1	QL (3 boxes every 25 days)
QVAR REDIHALER AERB 40mcg/act, 80mcg/act (<i>beclomethasone dipropionate hfa</i>)	2	QL (2 packages every 25 days)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKU AER 100/50 (<i>fluticasone-salmeterol</i>)	1	QL (1 package every 25 days)
ADVAIR DISKU AER 250/50 (<i>fluticasone-salmeterol</i>)	1	QL (1 package every 25 days)
ADVAIR DISKU AER 500/50 (<i>fluticasone-salmeterol</i>)	1	QL (1 package every 25 days)
ADVAIR HFA AER 45/21 (<i>fluticasone-salmeterol</i>)	2	QL (1 package every 25 days)
ADVAIR HFA AER 115/21 (<i>fluticasone-salmeterol</i>)	2	QL (1 package every 25 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADVAIR HFA AER 230/21 (fluticasone-salmeterol)	2	QL (1 package every 25 days)
BREO ELLIPTA INH 100-25 (fluticasone furoate-vilanterol)	2	QL (1 package every 25 days)
BREO ELLIPTA INH 200-25 (fluticasone furoate-vilanterol)	2	QL (1 package every 25 days)
SYMBICORT AER 80-4.5 (budesonide-formoterol fumarate dihydrate)	2	QL (1 package every 25 days)
SYMBICORT AER 160-4.5 (budesonide-formoterol fumarate dihydrate)	2	QL (1 package every 25 days)

XANTHINES - DRUGS TO TREAT COPD

aminophylline soln 25mg/ml	1	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg (theophylline)	3	
theophylline elix 80mg/15ml (Elixophyllin)	3	
theophylline soln 80mg/15ml; tb12 450mg; tb24 400mg, 600mg	1	
theophylline tb12 300mg (Theochron)	1	

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

adapalene crea .1%; gel .1%, .3%	2	PA; PA applies for members age 35 and older
adapalene-benzoyl peroxide gel 0.1-2.5%	1	
BENZIQ GEL 5.25% (benzoyl peroxide)	2	
BENZIQ LS GEL 2.75% (benzoyl peroxide)	2	
benzoyl peroxide liqd 2.5% (Bp Wash)	1	OTC
benzoyl peroxide-erythromycin gel 5-3%	1	QL (47g every 30 days)
clindamycin phosphate (topical) foam 1%; swab 1%	1	
clindamycin phosphate (topical) gel 1%	1	QL (75g every 25 days)
clindamycin phosphate (topical) lotn 1%; soln 1%	1	QL (60mL every 25 days)
erythromycin (acne aid) gel 2%	1	QL (60g every 25 days)
erythromycin (acne aid) pads 2%	1	
erythromycin (acne aid) pads 2% (Ery)	1	
erythromycin (acne aid) soln 2%	1	QL (60mL every 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	2	PA
<i>sulfacetamide sodium (acne) lotn 10%</i>	1	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin crea .025%; gel .025%</i> (Avita)	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel .04%, .1%</i>	2	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
FLUOROPLEX CREA 1% (<i>fluorouracil (topical)</i>)	3	
<i>fluorouracil (topical) crea .5%, 5%; soln 2%, 5%</i>	1	
<i>imiquimod crea 5%</i>	1	
PICATO GEL .015%, .05% (<i>ingenol mebutate</i>)	3	
DERMATOLOGY, ANTIBIOTICS		
BACTROBAN NASAL OINT 2% (<i>mupirocin calcium</i>)	3	
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	1	QL (120g every 30 days)
IV PREP WIPE PAD	2	OTC
<i>mupirocin oint 2%</i>	1	QL (30g every 25 days)
<i>silver sulfadiazine crea 1%</i>	1	
<i>silver sulfadiazine crea 1%</i> (Ssd)	1	
SULFAMYLON CREA 85mg/gm (<i>mafenide acetate</i>)	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel .77%</i>	1	QL (120g every 25 days)
<i>ciclopirox sham 1%</i>	1	QL (120mL every 25 days)
<i>ciclopirox soln 8%</i>	1	
<i>ciclopirox olamine crea .77%</i>	1	QL (120g every 25 days)
<i>ciclopirox olamine susp .77%</i>	1	QL (120mL every 25 days)
<i>clotrimazole (topical) crea 1%</i>	1	QL (120g every 25 days)

OAC - Oral Anti-Cancer **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **PV** - Preventative Service **QL** - Quantity Limits **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clotrimazole (topical) soln 1%</i>	1	QL (120mL every 25 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (60g every 25 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	2	QL (60mL every 25 days)
<i>econazole nitrate crea 1%</i>	1	QL (60g every 25 days)
ERTACZO CREA 2% (<i>sertaconazole nitrate</i>)	3	QL (60g every 25 days)
<i>ketoconazole (topical) crea 2%</i>	1	QL (120g every 25 days)
MENTAX CREA 1% (<i>butenafine hcl</i>)	3	QL (60g every 25 days)
<i>naftifine hcl crea 1%, 2%</i>	1	QL (60g every 25 days)
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	1	QL (120g every 25 days)
<i>nystatin (topical) powd 100000unit/gm (Nyamyc)</i>	1	QL (120g every 25 days)
<i>nystatin (topical) powd 100000unit/gm (Nystop)</i>	1	QL (120g every 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	QL (60g every 25 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	QL (60g every 25 days)
<i>sulconazole nitrate crea 1%</i>	1	ST, QL (60g every 21 days); PA**
<i>sulconazole nitrate soln 1%</i>	1	ST, QL (60mL every 21 days); PA**
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl (antipruritic) crea 5%</i>	3	ST, QL (90 grams every 25 days); PA**
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	2	
<i>calcipotriene soln .005%</i>	1	
<i>calcitriol (topical) oint 3mcg/gm</i>	3	
COSENTYX SOSY 75mg/0.5ml, 150mg/ml (<i>secukinumab</i>)	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COSENTYX SOSY 150mg/ml (secukinumab)	4	PA, QL (300mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150mg/ml (secukinumab)	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150mg/ml (secukinumab)	4	PA, QL (300mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
methoxsalen rapid caps 10mg	1	
tazarotene crea .1%	1	PA
TAZORAC CREA .05%; GEL .05%, .1% (tazarotene)	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) sham 2%	1	
selenium sulfide lotn 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
alclometasone dipropionate crea .05%; oint .05%	1	QL (300g every 25 days)
amcinonide lotn .1%	1	QL (240mL every 25 days)
AMCINONIDE OINT .1%	2	QL (240g every 25 days)
betamethasone dipropionate (topical) crea .05%; oint .05%	1	QL (240g every 25 days)
betamethasone dipropionate (topical) lotn .05%	1	QL (240mL every 25 days)
betamethasone dipropionate augmented crea .05%; gel .05%; oint .05%	1	QL (240g every 25 days)
betamethasone dipropionate augmented lotn .05%	1	QL (240mL every 25 days)
betamethasone valerate crea .1%; oint .1%	1	QL (240g every 25 days)
betamethasone valerate lotn .1%	1	QL (240mL every 25 days)
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%</i>	2	QL (240g every 25 days)
<i>clobetasol propionate liqd .05%; sham .05%</i>	2	QL (300mL every 25 days)
<i>clobetasol propionate lotn .05%; soln .05%</i>	2	QL (240mL every 25 days)
<i>desonide crea .05%; oint .05%</i>	2	QL (300g every 25 days)
<i>desonide lotn .05%</i>	2	QL (300mL every 25 days)
<i>desoximetasone crea .25%; oint .25%</i>	1	QL (240g every 25 days)
<i>fluocinolone acetonide crea .01%, .025%; oint .025%</i>	1	QL (300g every 25 days)
<i>fluocinolone acetonide oil .01%; soln .01%</i>	1	QL (300mL every 25 days)
<i>fluocinonide crea .05%; gel .05%; oint .05%</i>	1	QL (240g every 25 days)
<i>fluocinonide soln .05%</i>	1	QL (240mL every 25 days)
<i>fluticasone propionate crea .05%; oint .005%</i>	1	QL (240g every 25 days)
<i>fluticasone propionate lotn .05%</i>	1	QL (300mL every 25 days)
<i>halobetasol propionate crea .05%; oint .05%</i>	1	QL (240g every 25 days)
<i>hydrocortisone (topical) crea 1% (Ala-cort)</i>	1	QL (300g every 25 days)
<i>hydrocortisone (topical) crea 1%, 2.5%; oint 2.5%</i>	1	QL (300g every 25 days)
<i>hydrocortisone (topical) lotn 2.5%</i>	1	QL (300mL every 25 days)
<i>hydrocortisone butyrate crea .1%; oint .1%</i>	1	QL (240g every 25 days)
<i>hydrocortisone butyrate soln .1%</i>	1	QL (240mL every 25 days)
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1	QL (240g every 25 days)
<i>mometasone furoate crea .1%; oint .1%</i>	1	QL (240g every 25 days)
<i>mometasone furoate soln .1%</i>	1	QL (240mL every 25 days)
<i>prednicarbate crea .1%; oint .1%</i>	1	QL (240g every 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>triamcinolone acetonide (topical) crea .1%</i> (Triderm)	1	QL (240g every 25 days)
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%</i>	1	QL (240g every 25 days)
<i>triamcinolone acetonide (topical) lotn .025%, .1%</i>	1	QL (240mL every 25 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine ptch 5%</i>	2	PA, QL (90 patches every 25 days)
<i>lidocaine hcl gel 2%</i> (7t Lido Gel)	1	QL (30gm every 25 days)
<i>lidocaine hcl gel 2%; prsy 2%</i>	1	QL (60mL every 25 days)
<i>lidocaine hcl soln 4%</i>	1	QL (50mL every 25 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30gm every 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	
PRAMOX GEL GEL 1% (<i>pramoxine hcl</i>)	1	
SYNERA DIS 70-70MG (<i>lidocaine-tetracaine</i>)	3	QL (2 patches every 25 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical) gel 1%</i>	4	PA
CONDYLOX GEL .5% (<i>podofilox</i>)	3	
<i>diclofenac sodium (topical) gel 1%</i>	1	QL (300g every 25 days)
EUCRISA OINT 2% (<i>crisaborole</i>)	2	PA, QL (60 grams every 25 days)
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	1	
<i>podofilox soln .5%</i>	1	
RECTIV OINT .4% (<i>nitroglycerin (intra-anal)</i>)	3	
<i>tacrolimus (topical) oint .03%, .1%</i>	3	
DERMATOLOGY, ROSACEA		
<i>azelaic acid gel 15%</i>	1	PA
<i>brimonidine tartrate (topical) gel .33%</i>	3	
FINACEA FOAM 15% (<i>azelaic acid</i>)	2	
<i>metronidazole (topical) crea .75%</i> (Rosadan)	1	QL (60g every 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>metronidazole (topical) crea .75%; gel .75%</i>	1	QL (60g every 30 days)
<i>metronidazole (topical) lotn .75%</i>	2	QL (60 mL every 30 days)
MIRVASO GEL .33% (<i>brimonidine tartrate (topical)</i>)	3	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotamiton lotn 10%</i> (CroTan)	1	
EURAX CREA 10% (<i>crotamiton</i>)	3	
<i>ivermectin (pediculicide) lotn .5%</i>	1	PA
<i>lindane sham 1%</i>	1	
<i>malathion lotn .5%</i>	1	
<i>permethrin crea 5%</i>	1	
<i>spinosad susp .9%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
REGANEX GEL .01% (<i>becaplermin</i>)	3	PA, QL (30g every 25 days)
<i>sodium chloride (gu irrigant) soln .9%</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl caps 30mg</i>	1	
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	1	
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i> (Periogard)	1	
<i>clotrimazole troc 10mg</i>	1	QL (90 lozenges every 30 days)
<i>lidocaine hcl (mouth-throat) soln 2%, 4%</i>	1	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	1	
ORAVIG TABS 50mg (<i>miconazole (mouth-throat)</i>)	3	QL (14 tabs every 25 days)
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	1	
<i>triamcinolone acetonide (mouth) pste .1%</i>	1	
<i>triamcinolone acetonide (mouth) pste .1%</i> (Oralone Dental Paste)	1	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid (otic) soln 2%</i>	1	
CIPRO HC SUS OTIC (<i>ciprofloxacin-hydrocortisone</i>)	3	

OAC - Oral Anti-Cancer OTC - Over the counter PA - Prior Authorization PA** - PA Applies if Step is Not Met PV - Preventative Service QL - Quantity Limits ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
COLY-MYCIN S SUS OTIC (<i>neomycin-colistin-hc-thonzonium</i>)	3	
<i>fluocinolone acetonide (otic) oil .01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic) soln .3%</i>	1	

TOXOIDS

TOXOID COMBINATIONS

VAXELIS INJ (<i>diph-tet tox-acell pert ad-polio ipv-hib-hepatitis b recomb</i>)	PV	\$0 copay for members age 18 and younger, otherwise not covered
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URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>fesoterodine fumarate tb24 4mg, 8mg</i>	3	PA, QL (30 tabs every 30 days)
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VASOPRESSORS

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

<i>droxidopa caps 100mg</i>	4	PA, QL (450 capsules every 30 days)
<i>droxidopa caps 200mg, 300mg</i>	4	PA, QL (180 capsules every 30 days)

Index

- *
 - ***betaine powder for oral solution*****75
 - ***irrigation solution, physiological****.....105
 - ***pediatric multiple vitamins w/ fl-
fe drops 0.25-10 mg/ml****.....101
 - ***pediatric multiple vitamins w/
fluoride chew tab 0.25 mg***** 102
 - ***pediatric multiple vitamins w/
fluoride chew tab 0.5 mg***** ..101
 - ***pediatric multiple vitamins w/
fluoride chew tab 1 mg*****102
 - ***pediatric multiple vitamins w/
fluoride soln 0.25 mg/ml***** ..102
 - ***pediatric multiple vitamins w/
fluoride soln 0.5 mg/ml*****102
 - ***pediatric vitamins acd w/ fluoride
soln 0.25 mg/ml*****102
 - ***pediatric vitamins acd w/ fluoride
soln 0.5 mg/ml*****102
 - ***prenatal vit w/ iron carbonyl-fa
tab 29-1 mg*****102
 - ***prenatal vit w/ iron carbonyl-fa
tab 50-1.25 mg*****102
- 7**
- 7t Lido Gel
 - see **lidocaine hcl**.....116
- A**
- abacavir-dolutegravir-lamivudine**
 - see TRIUMEQ PD TAB.....20
 - see TRIUMEQ TAB20
- abacavir sulfate**16
- abacavir sulfate-lamivudine tab
600-300 mg**.....19
- abacavir sulfate-lamivudine-
zidovudine tab 300-150-300 mg**
.....19
- abaloparatide**
 - see TYMLOS78
- abemaciclib**
 - see VERZENIO35
- ABILIFY MAINTENA35
- abiraterone acetate**.....30
- acalabrutinib**
 - see CALQUENCE.....31
- acalabrutinib maleate**
 - see CALQUENCE.....34
- acamprosate calcium**63
- acarbose**65
- ACCU-CHEK BLOOD GLUCOSE TEST
KITS.....97
- ACCU-CHEK BLOOD GLUCOSE TEST
STRIPS97
- acebutolol hcl**.....43
- acetaminophen w/ codeine soln
120-12 mg/5ml**.....5
- acetaminophen w/ codeine tab
300-15 mg**5
- acetaminophen w/ codeine tab
300-30 mg**5
- acetaminophen w/ codeine tab
300-60 mg**5
- acetazolamide**45
- acetazolamide sodium**.....45
- acetic acid (otic)**117
- acetylcysteine**109
- acitretin**113
- ACTEMRA.....88
- ACTEMRA ACTPEN88
- ACTHIB INJ93
- ACTIMMUNE92
- ACUVAIL103
- acyclovir**21
- acyclovir sodium**21
- acyclovir topical**64
- ADACEL INJ.....93
- adalimumab**
 - see HUMIRA89
 - see HUMIRA PEDIA INJ CROHNS ..89
 - see HUMIRA PEDIATRIC CROHNS D
.....89
 - see HUMIRA PEN89
 - see HUMIRA PEN-CD/UC/HS START
.....89
 - see HUMIRA PEN KIT PS/UV.....89
 - see HUMIRA PEN-PS/UV STARTER .89
- adapalene**111
- adapalene-benzoyl peroxide gel
0.1-2.5%**111
- adefovir dipivoxil**21
- ADEMPAS.....47

ado-trastuzumab emtansine	
see KADCYLA.....	29
Adrucil	
see fluorouracil	28
ADULT RESPIRATORY MASK	98
ADVAIR DISKU AER 100/50	110
ADVAIR DISKU AER 250/50	110
ADVAIR DISKU AER 500/50	110
ADVAIR HFA AER 115/21.....	110
ADVAIR HFA AER 230/21.....	111
ADVAIR HFA AER 45/21	110
Afeditab Cr	
see nifedipine	45
AFLURIA QUAD INJ 2022-23	93
AIMOVIG	59
AJOVY	59
AKYNZEO CAP 300-0.5	80
Ala-cort	
see hydrocortisone (topical) ...	115
albuterol sulfate	107
alcaftadine	
see LASTACRAFT	104
alclometasone dipropionate	114
ALCOHOL PREP WIPES AND SWABS..	97
alcohol sheets	
see ALCOH-WIPE MIS 12.....	97
alcohol swabs	
see ALCOHOL PREP WIPES AND	
SWABS	97
ALCOH-WIPE MIS 12	97
ALDACTAZIDE TAB 50/50.....	45
ALECENSA	31
alectinib hcl	
see ALECENSA	31
alendronate sodium	69
ALFERON N	92
alfuzosin hcl	84
ALINIA	13
alirocumab	
see PRALUENT	42
aliskiren fumarate	45
allopurinol	3
allopurinol sodium	3
almotriptan malate	59
ALOCRIAL	104
alogliptin benzoate	65
ALOMIDE	104
alosetron hcl	82
alpha1-proteinase inhibitor	
(human)	
see PROLASTIN-C.....	109
ALPHAGAN P.....	104
alprazolam	48
see ALPRAZOLAM INTENSOL.....	48
ALPRAZOLAM INTENSOL	48
ALTABAX	64
Altavera	
see levonorgestrel & ethinyl	
estradiol tab 0.15 mg-30 mcg	71
altretamine	
see HEXALEN	27
aluminum chloride	
see DRY SOL	64
aluminum chloride in alcohol	
see HYPERCARE	64
see XERAC AC.....	64
Alyacen 1/35	
see norethindrone & ethinyl	
estradiol tab 1 mg-35 mcg	72
Alyacen 7/7/7	
see norethindrone-eth estradiol	
tab 0.5-35/0.75-35/1-35 mg-	
mcg	73
amantadine hcl	54
ambrisentan	47
amcinonide	114
AMCINONIDE	114
Amethia	
see levonorg-eth est tab 0.15-	
0.03mg(84) & eth est tab	
0.01mg(7)	71
Amethyst	
see levonorgestrel-ethinyl	
estradiol (continuous) tab 90-	
20 mcg	72
amikacin sulfate	12
amiloride & hydrochlorothiazide	
tab 5-50 mg	45
amiloride hcl	45
aminophylline	111
aminosalicylic acid	
see PASER.....	21
amiodarone hcl	40
amiodarone hcl in dextrose	

see NEXTERONE INJ41
amitriptyline hcl51
amlodipine besylate44
amlodipine besylate-atorvastatin calcium tab 10-10 mg44
amlodipine besylate-atorvastatin calcium tab 10-20 mg44
amlodipine besylate-atorvastatin calcium tab 10-40 mg44
amlodipine besylate-atorvastatin calcium tab 10-80 mg44
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg43
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg43
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg43
amlodipine besylate-atorvastatin calcium tab 5-10 mg44
amlodipine besylate-atorvastatin calcium tab 5-20 mg44
amlodipine besylate-atorvastatin calcium tab 5-40 mg44
amlodipine besylate-atorvastatin calcium tab 5-80 mg44
amlodipine besylate-benazepril hcl cap 10-20 mg36
amlodipine besylate-benazepril hcl cap 10-40 mg36
amlodipine besylate-benazepril hcl cap 2.5-10 mg36
amlodipine besylate-benazepril hcl cap 5-10 mg36
amlodipine besylate-benazepril hcl cap 5-20 mg36
amlodipine besylate-benazepril hcl cap 5-40 mg36
amlodipine besylate-olmesartan medoxomil tab 10-20 mg38
amlodipine besylate-olmesartan medoxomil tab 10-40 mg38
amlodipine besylate-olmesartan medoxomil tab 5-20 mg38
amlodipine besylate-olmesartan medoxomil tab 5-40 mg38
amlodipine besylate-valsartan tab 10-160 mg38

amlodipine besylate-valsartan tab 10-320 mg38
amlodipine besylate-valsartan tab 5-160 mg38
amlodipine besylate-valsartan tab 5-320 mg38
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg38
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg38
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg38
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg38
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg38
amoxapine51
amoxicillin25
amoxicillin & k clavulanate chew tab 200-28.5 mg25
amoxicillin & k clavulanate chew tab 400-57 mg25
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml25
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml25
amoxicillin & k clavulanate for susp 400-57 mg/5ml25
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml25
amoxicillin & k clavulanate tab 250-125 mg25
amoxicillin & k clavulanate tab 500-125 mg25
amoxicillin & k clavulanate tab 875-125 mg25
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg25
amoxicillin & pot clavulanate
 see AUGMENTIN SUS 125/5ML25
amphetamine-dextroamphetamine cap er 24hr 10 mg57

amphetamine-dextroamphetamine cap er 24hr 15 mg	57	APO-VARENICLINE	63
amphetamine-dextroamphetamine cap er 24hr 20 mg	57	apraclonidine hcl	104
amphetamine-dextroamphetamine cap er 24hr 25 mg	57	see IOPIDINE	105
amphetamine-dextroamphetamine cap er 24hr 30 mg	57	apremilast	
amphetamine-dextroamphetamine cap er 24hr 5 mg	57	see OTEZLA	92
amphetamine-dextroamphetamine tab 10 mg	57	see OTEZLA TAB 10/20/30	92
amphetamine-dextroamphetamine tab 12.5 mg	57	aprepitant	80
amphetamine-dextroamphetamine tab 15 mg	57	aprepitant capsule therapy pack 80 & 125 mg	80
amphetamine-dextroamphetamine tab 20 mg	57	APRETUDE	16
amphetamine-dextroamphetamine tab 30 mg	57	Apri	
amphetamine-dextroamphetamine tab 5 mg	57	see desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	70
amphetamine-dextroamphetamine tab 7.5 mg	57	APTOM	48
amphetamine sulfate	57	APTIVUS	16
amphotericin b	15	Aranelle	
ampicillin	25	see norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	74
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	25	ARANESP ALBUMIN FREE	87
ampicillin & sulbactam sodium for inj 3 (2-1) gm	25	ARCALYST	92
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	25	ARGATRB/NACL INJ 50MG/50	86
ampicillin sodium	25	argatroban	86
ANADROL-50	64	ARGATROBAN INJ 125/125	86
anagrelide hcl	87	ARGATROBAN INJ 250/250	86
anastrozole	30	aripiprazole	55
ANNOVERA MIS	69	see ABILIFY MAINTENA	35
ANORO ELLIPT AER 62.5-25	106	aripiprazole lauroxil	
apalutamide		see ARISTADA	55
see ERLEADA	30	see ARISTADA INITIO	55
apixaban		ARISTADA	55
see ELIQUIS	86	ARISTADA INITIO	55
see ELIQUIS STARTER PACK	86	armodafinil	63
APOKYN	54	ARNUITY ELLIPTA	110
apomorphine hydrochloride		ARRANON	28
see APOKYN	54	arsenic trioxide	33
		artemether-lumefantrine	
		see COARTEM TAB 20-120MG	16
		artificial tear insert	
		see LACRISERT	105
		asenapine maleate	55
		Ashlyna	
		see levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	71
		aspirin	12

aspirin-dipyridamole cap er 12hr	
25-200 mg	87
Aspirin Enteric Coated Ad	
see aspirin	12
atazanavir sulfate	16
see REYATAZ	18
atazanavir sulfate-cobicistat	
see EVOTAZ TAB 300-150	20
atenolol	43
atenolol & chlorthalidone tab 100-	
25 mg	42
atenolol & chlorthalidone tab 50-25	
mg	42
atomoxetine hcl	57
atorvastatin calcium	42
atovaquone	13
atovaquone-proguanil hcl tab 250-	
100 mg	16
atovaquone-proguanil hcl tab 62.5-	
25 mg	16
atropine sulfate	79
atropine sulfate (ophthalmic)	105
AUBAGIO	61
AUGMENTIN SUS 125/5ML	25
AUVELITY TAB 45-105MG	27
Aviane	
see levonorgestrel & ethinyl	
estradiol tab 0.1 mg-20 mcg ..	71
Avidoxy	
see doxycycline (monohydrate)	26
Avita	
see tretinoin	112
AVONEX.....	61
AVONEX PEN	61
Av-vite Fb Forte	
see folic acid-pyridoxine-	
cyanocobalamin tab 2.5-25-2	
mg	101
axitinib	
see INLYTA.....	32
azacitidine	28
AZACTAM/DEX INJ 1GM	13
AZACTAM/DEX INJ 2GM	13
AZASITE	103
azathioprine	93
azelaic acid	116
see FINACEA.....	116
azelastine hcl	107
azelastine hcl (ophth)	104
azithromycin	23
see ZMAX.....	23
azithromycin (ophth)	
see AZASITE.....	103
aztreonam	13
aztreonam-dextrose	
see AZACTAM/DEX INJ 1GM.....	13
see AZACTAM/DEX INJ 2GM.....	13
aztreonam lysine	
see CAYSTON	13
Azurette	
see desogest-eth estrad & eth	
estrad tab 0.15-0.02/0.01	
mg(21/5)	69
B	
bacitracin (ophthalmic)	103
bacitracin-polymyxin b ophth oint	
.....	103
bacitracin-polymyxin-neomycin-hc	
ophth oint 1%	102
baclofen	62
BACTROBAN NASAL	112
balsalazide disodium	81
BARACLUDGE	21
BASAGLAR KWIKPEN	66
bcg live intravesical	
see TICE BCG	34
becaplermin	
see REGRANEX.....	117
beclomethasone dipropionate hfa	
see QVAR REDIHALER	110
bedaquiline fumarate	
see SIRTURO	21
BELBUCA	12
BELSOMRA.....	59
benazepril & hydrochlorothiazide	
tab 10-12.5 mg	36
benazepril & hydrochlorothiazide	
tab 20-12.5 mg	36
benazepril & hydrochlorothiazide	
tab 20-25 mg	36
benazepril & hydrochlorothiazide	
tab 5-6.25 mg	36
benazepril hcl	37
BENZIQU	111

BENZIQ LS	111	BLEPHAMIDE OIN S.O.P.	102
benzonatate	108	BLEPHAMIDE SUS OP	102
benzoyl peroxide	111	blood glucose calibration	
see BENZIQ	111	see BLOOD GLUCOSE CALIBRATION	
see BENZIQ LS.....	111	SOLUTION	97
benzoyl peroxide-erythromycin gel		BLOOD GLUCOSE CALIBRATION	
5-3%	111	SOLUTION	97
benztropine mesylate	54	blood glucose monitoring supplies	
bepotastine besilate	104	see ACCU-CHEK BLOOD GLUCOSE	
besifloxacin hcl		TEST KITS	97
see BESIVANCE	103	BOOSTRIX INJ	94
BESIVANCE	103	bosentan	47
betamethasone dipropionate		BOSULIF	31
(topical)	114	bosutinib	
betamethasone dipropionate		see BOSULIF	31
augmented	114	Bp Wash	
betamethasone valerate	114	see benzoyl peroxide	111
BETASERON	61	BREO ELLIPTA INH 100-25	111
betaxolol hcl	43	BREO ELLIPTA INH 200-25	111
betaxolol hcl (ophth)	104	brexpiprazole	
see BETOPTIC-S	104	see REXULTI.....	56
bethanechol chloride	85	BREZTRI AERO AER SPHERE	27
BETIMOL	104	BRILINTA	87
BETOPTIC-S	104	brimonidine tartrate	104
BEVESPI AER 9-4.8MCG	106	see ALPHAGAN P	104
bexarotene	33	brimonidine tartrate (topical)	116
bexarotene (topical)	116	see MIRVASO	117
BEXSERO INJ	93	brinzolamide	105
bicalutamide	30	brinzolamide-brimonidine tartrate	
bictegravir-emtricitabine-tenofovir		see SIMBRINZA SUS 1-0.2%.....	105
alafenamide fumarate		brivaracetam	
see BIKTARVY TAB	19	see BRIVIACT	48
BIKTARVY TAB.....	19	BRIVIACT.....	48
bimatoprost	104	bromfenac sodium (ophth)	103
see LUMIGAN	105	bromocriptine mesylate	54
BIO-STATIN	15	bromocriptine mesylate (diabetes)	
bisacodyl-peg 3350-pot chloride-		see CYCLOSET	65
sod bicarb-sod chloride		budesonide	81
see PEG-PREP KIT	82	budesonide (inhalation)	110
bisoprolol & hydrochlorothiazide		budesonide-formoterol fumarate	
tab 10-6.25 mg	42	dihydrate	
bisoprolol & hydrochlorothiazide		see SYMBICORT AER 160-4.5.....	111
tab 2.5-6.25 mg	42	see SYMBICORT AER 80-4.5.....	111
bisoprolol & hydrochlorothiazide		budesonide-glycopyrrolate-	
tab 5-6.25 mg	42	formoterol fumarate	
bisoprolol fumarate	43	see BREZTRI AERO AER SPHERE ...	27
bleomycin sulfate	28	bumetanide	45

buprenorphine	
see SUBLOCADE.....	12
buprenorphine hcl	12
see BELBUCA.....	12
buprenorphine hcl-naloxone hcl dihydrate	
see ZUBSOLV SUB 0.7-0.18.....	4
see ZUBSOLV SUB 1.4-0.36.....	4
see ZUBSOLV SUB 11.4-2.9.....	4
see ZUBSOLV SUB 2.9-0.71.....	4
see ZUBSOLV SUB 5.7-1.4.....	4
see ZUBSOLV SUB 8.6-2.1.....	4
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	4
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	4
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	4
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	4
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	4
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	4
bupropion hcl	51
bupropion hcl (smoking deterrent)	63
buspironone hcl	60
bussulfan	27
butalbital-acetaminophen-caffeine cap 50-300-40 mg	3
butalbital-acetaminophen-caffeine cap 50-325-40 mg	3
butalbital-acetaminophen-caffeine tab 50-325-40 mg	3
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	5
butalbital-acetaminophen tab 50-325 mg	3
butalbital-aspirin-caffeine cap 50-325-40 mg	3
butenafine hcl	
see MENTAX.....	113
butoconazole nitrate (one dose)	
see GYNAZOLE-1.....	85
butorphanol tartrate	5
BYVALSON TAB 5-80MG.....	39

C	
CABENUVA SUS 400-600.....	19
CABENUVA SUS 600-900.....	19
cabergoline	77
cabotegravir	
see APRETUDE.....	16
cabotegravir & rilpivirine	
see CABENUVA SUS 400-600.....	19
see CABENUVA SUS 600-900.....	19
cabozantinib s-malate	
see COMETRIQ.....	31
see COMETRIQ KIT 100MG.....	31
see COMETRIQ KIT 140MG.....	31
calcipotriene	113
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	114
calcitonin (salmon)	77
see MIACALCIN.....	77
calcitriol	100
calcitriol (topical)	113
calcium acetate (phosphate binder)	78
see PHOSLYRA.....	78
CALQUENCE.....	31, 34
Camila	
see norethindrone (contraceptive)	73
candesartan cilexetil	40
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	39
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	39
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	39
cannabidiol	
see EPIDIOLEX.....	49
capecitabine	28
CAPRELSA.....	31
captopril	37
captopril & hydrochlorothiazide tab 25-15 mg	36
captopril & hydrochlorothiazide tab 25-25 mg	36

captopril & hydrochlorothiazide tab 50-15 mg36
captopril & hydrochlorothiazide tab 50-25 mg36
carbamazepine.....48
carbidopa54
carbidopa & levodopa orally disintegrating tab 10-100 mg ...54
carbidopa & levodopa orally disintegrating tab 25-100 mg ...54
carbidopa & levodopa orally disintegrating tab 25-250 mg ...54
carbidopa & levodopa tab 10-100 mg.....54
carbidopa & levodopa tab 25-100 mg.....54
carbidopa & levodopa tab 25-250 mg.....54
carbidopa & levodopa tab er 25-100 mg55
carbidopa & levodopa tab er 50-200 mg55
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg55
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg55
carbidopa-levodopa-entacapone tabs 25-100-200 mg55
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg55
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg55
carbidopa-levodopa-entacapone tabs 50-200-200 mg55
carbinoxamine maleate107
carboplatin34
CARDENE IV SOL 20/200ML44
CARDURA XL84
carglumic acid75
carisoprodol62
carisoprodol w/ aspirin & codeine tab 200-325-16 mg99
carmustine27
CARMUSTINE.....27
carmustine in polifeprosan
see GLIADEL WAF 7.7MG.....27
carteolol hcl (ophth)105

Cartia Xt
see **diltiazem hcl coated beads**..44
carvedilol43
carvedilol phosphate43
CAYA DPR97
CAYSTON13
Caziant
see **desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg**70
cefaclor22
cefadroxil22
cefazolin sodium22
cefdinir22
cefditoren pivoxil22
cefepime hcl22
cefixime22
see SUPRAX23
cefotaxime sodium22
cefotetan disodium22
cefoxitin sodium22
cefpodoxime proxetil22
cefprozil22
ceftazidime22, 64
CEFTIN22
ceftriaxone sodium22
cefuroxime axetil22
see CEFTIN.....22
cefuroxime sodium22
celecoxib3
CELONTIN48
cephalexin23
CERDELGA75
ceritinib
see ZYKADIA33
cervical caps
see FEMCAP MIS 22MM97
see FEMCAP MIS 26MM97
see FEMCAP MIS 30MM97
CESAMET80
cetuximab
see ERBITUX29
cevimeline hcl117
Chateal
see **levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg** 71
CHEMET69

Cheratussin Ac		citalopram hydrobromide	51
see guaifenesin-codeine soln 100-10 mg/5ml	108	CITRANATAL CAP HARMONY	100
chlorambucil		CITRANATAL CAP MEDLEY	100
see LEUKERAN	27	CITRANATAL MIS	100
chloramphenicol sodium succinate		CITRANATAL MIS 90 DHA	101
.....	13	CITRANATAL MIS B-CALM	101
chlorhexidine gluconate (mouth-throat)	117	CITRANATAL PAK ASSURE	101
chloroquine phosphate	16	CITRANATAL PAK DHA	101
chlorothiazide		CITRANATAL TAB BLOOM	101
see DIURIL	45	CITRANATAL TAB RX	101
chlorothiazide sodium	45	cladribine	28
chlorpromazine hcl	56	CLARINEX	107
CHLORPROMAZINE HCL	56	clarithromycin	23
chlorthalidone	45	clemastine fumarate	107
chlorzoxazone	62	CLEOCIN	85
cholecalciferol	100	CLIMARA PRO DIS WEEKLY	75
cholestyramine	41	clindamycin hcl	13
cholestyramine light	41	clindamycin palmitate hydrochloride	13
choline fenofibrate	41	clindamycin phosphate	14
CHORIONIC GONADOTROPIN	77	clindamycin phosphate (topical)	111
ciclesonide (nasal)		clindamycin phosphate vaginal	85
see OMNARIS	110	see CLEOCIN	85
ciclopirox	112	clobazam	49
ciclopirox olamine	112	clobetasol propionate	115
cidofovir	21	clofarabine	28
cilostazol	87	clomipramine hcl	61
CIMDUO TAB 300-300	19	clonazepam	49
cimetidine	81	clonidine	46
cimetidine hcl	81	clonidine hcl	46
cinacalcet hcl	69	clopidogrel bisulfate	87
CIPRO	23	clorazepate dipotassium	49
ciprofloxacin		clotrimazole	117
see CIPRO	23	clotrimazole (topical)	112, 113
ciprofloxacin 200 mg/100ml in d5w	23	clotrimazole w/ betamethasone cream 1-0.05%	113
ciprofloxacin 400 mg/200ml in d5w	23	clotrimazole w/ betamethasone lotion 1-0.05%	113
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	118	clozapine	56
ciprofloxacin hcl	23	COARTEM TAB 20-120MG	16
ciprofloxacin hcl (ophth)	103	cobicistat	
ciprofloxacin-hydrocortisone		see TYBOST	19
see CIPRO HC SUS OTIC	117	codeine polistirex-chlorpheniramine polistirex	
CIPRO HC SUS OTIC	117	see TUZISTRA XR SUS	109
cisplatin	34	codeine sulfate	5
		CODEINE SULFATE	5

colchicine.....3
colchicine w/ probenecid tab 0.5-500 mg3
colestipol hcl.....41
Colocort
 see **hydrocortisone (intrarectal)**
 81
COLY-MYCIN S SUS OTIC118
COMETRIQ31
COMETRIQ KIT 100MG.....31
COMETRIQ KIT 140MG.....31
Compro
 see **prochlorperazine**81
condoms - female
 see FC2 FEMALE MIS CONDOM.....97
CONDOMS MIS97
CONDYLOX.....116
conjugated estrogens-bazedoxifene
 see DUAVEE TAB 0.45-2075
continuous blood glucose system receiver
 see DEXCOM G5 MIS RECEIVER98
 see DEXCOM G6 MIS RECEIVER98
 see FREESTYLE MIS READER.....99
 see FREESTY LIBR MIS 2 READER..98
continuous blood glucose system sensor
 see DEXCOM G6 MIS SENSOR.....98
 see FREESTYLE KIT SENSOR.....98
 see FREESTY LIBR KIT 2 SENSOR..98
 see FREESTY LIBR KIT 3 SENSOR..98
continuous blood glucose system transmitter
 see DEXCOM G5 MIS TRANSMIT98
 see DEXCOM G6 MIS TRANSMIT98
COPAXONE61, 62
copper (iud)
 see PARAGARD IUD T380A75
CORLANOR.....46
cortisone acetate76
COSENTYX113, 114
COSENTYX SENSOREADY PEN.....114
covid-19 (sars-cov-2) adenovirus vaccine
 see JANSSEN COVID-19 VACCINE .95

covid-19 (sars-cov-2) mrna virus vaccine
 see MODERNA COVID-19 VACCINE 95
 see PFIZER-BIONTECH COVID-19..95
CREON CAP 12000UNT83
CREON CAP 24000UNT83
CREON CAP 3000UNIT83
CREON CAP 36000UNT83
CREON CAP 6000UNIT83
CRINONE78
crisaborole
 see EUCRISA116
CRIXIVAN.....16, 17
crizotinib
 see XALKORI33
cromolyn sodium109
cromolyn sodium (mastocytosis) 82
cromolyn sodium (ophth).....104
crotamiton117
 see EURAX.....117
Crotan
 see **crotamiton**117
Cryselle-28
 see **norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg**74
cyanocobalamin101
Cyclafem 1/35
 see **norethindrone & ethinyl estradiol tab 1 mg-35 mcg**.....72
Cyclafem 7/7/7
 see **norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg**73
cyclobenzaprine hcl.....62
cyclophosphamide.....27
cycloserine.....21
CYCLOSET.....65
cyclosporine.....93
 see SANDIMMUNE93
cyclosporine (ophth)
 see RESTASIS105
 see RESTASIS MULTIDOSE105
cyclosporine modified (for microemulsion)93
cyproheptadine hcl107
CYSTAGON.....75
CYSTARAN105

cysteamine bitartrate	
see CYSTAGON	75
cysteamine hcl	
see CYSTARAN	105
cytarabine	28
D	
dabrafenib mesylate	
see TAFINLAR	33
dacarbazine	27
dalfampridine	62
dalteparin sodium	
see FRAGMIN	86
danazol	75
dantrolene sodium	62
dapagliflozin-metformin hcl	
see XIGDUO XR TAB 10-1000	68
see XIGDUO XR TAB 10-500MG	68
see XIGDUO XR TAB 2.5-1000	68
see XIGDUO XR TAB 5-1000MG	68
see XIGDUO XR TAB 5-500MG	68
dapagliflozin propanediol	
see FARXIGA	68
dapsone	14
DAPTACEL INJ	94
daptomycin	14
darbepoetin alfa	
see ARANESP ALBUMIN FREE	87
darifenacin hydrobromide	85
darunavir	
see PREZISTA	18, 19
darunavir-cobicistat	
see PREZCOBIX TAB 800-150	20
dasatinib	
see SPRYCEL	33
Dasetta 1/35	
see norethindrone & ethinyl estradiol tab 1 mg-35 mcg	72
Dasetta 7/7/7	
see norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	74
daunorubicin hcl	27
decitabine	28
deferiprone	69
see FERRIPROX	69
see FERRIPROX TWICE-A-DAY	69
delavirdine mesylate	
see RESCRIPTOR	18
Delyla	
see levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg ..	71
demeclocycline hcl	26
dengue virus vaccine live tetravalent	
see DENGVAXIA SUS	94
DENGVAXIA SUS	94
denosumab	
see PROLIA	78
DEPO-ESTRADIOL	75
DEPO-MEDROL	76
DEPO-PROVERA	30
DEPO-SUBQ PROVERA 104	69
DESCOVY TAB 120-15MG	19
DESCOVY TAB 200/25MG	20
desipramine hcl	51, 52
desloratadine	107
see CLARINEX	107
desmopressin acetate	79
desmopressin acetate spray	79
desmopressin acetate spray refrigerated	79
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 69, 70	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	70
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	70
desonide	115
desoximetasone	115
desvenlafaxine succinate	52
dexamethasone	76
see DEXAMETHASONE INTENSOL ..	76
dexamethasone (ophth)	
see MAXIDEX	104
DEXAMETHASONE INTENSOL	76
dexamethasone sodium phosphate	76
dexamethasone sodium phosphate (ophth)	103
DEXCOM G5 MIS RECEIVER	98
DEXCOM G5 MIS TRANSMIT	98
DEXCOM G6 MIS RECEIVER	98

DEXCOM G6 MIS SENSOR	98	DILANTIN	49
DEXCOM G6 MIS TRANSMIT	98	DILATRATE SR.....	47
dexlansoprazole	84	diltiazem hcl	44
dexmethylphenidate hcl	57, 58	DILTIAZEM HCL	44
dexrazoxane hcl	34	diltiazem hcl coated beads	44
dextroamphetamine sulfate	58	diltiazem hcl extended release	
dextromethorphan-guaifenesin		beads	44
see NORTUSS-EX LIQ 200-20/5...108		dimethyl fumarate	62
dextromethorphan hbr-quinidine		dimethyl fumarate capsule dr	
sulfate		starter pack 120 mg & 240 mg .62	
see NUEDEXTA CAP 20-10MG	61	DIP/TET PED INJ 25-5LFU	94
dextromethorphan hydrobromide-		DIPENTUM	81
bupropion hydrochloride		diph-ac pert-tet tox ad-polio ipv-	
see AUVELITY TAB 45-105MG	27	haemophil b poly vac	
dextrose (diabetic use)		see PENTACEL INJ	95
see INSTA-GLUCOSE	77	diphenhydramine hcl	107
diaphragm arc-spring		diphenoxylate w/ atropine liq 2.5-	
see CAYA DPR.....	97	0.025 mg/5ml	83
diaphragms		diphenoxylate w/ atropine tab 2.5-	
see OMNIFLEX DPR.....	97	0.025 mg	83
diaphragm wide seal		diph-tetanus tox-acell pert-	
see WIDE-SEAL SILICONE DIAPHR 97		hepatitis b recomb-polio ipv vac	
diazepam	49	see PEDIARIX INJ 0.5ML	95
Diazepam Intensol		diph-tetanus tox ad-acell pertussis	
see diazepam	49	& polio virus, ipv vac	
diclofenac potassium	3	see KINRIX INJ	95
diclofenac sodium	3	see QUADRACEL INJ 0.5ML.....	96
diclofenac sodium (ophth)	103	diph-tet tox-acell pert ad-polio ipv-	
diclofenac sodium (topical)	116	hib-hepatitis b recomb	
diclofenac w/ misoprostol tab		see VAXELIS INJ.....	118
delayed release 50-0.2 mg	4	diphtheria, acellular pertussis &	
diclofenac w/ misoprostol tab		tetanus toxoids	
delayed release 75-0.2 mg	4	see DAPTACEL INJ	94
dicloxacillin sodium	25	see INFANRIX INJ.....	95
dicyclomine hcl	80	dipyridamole	87
didanosine	17	diroximel fumarate	
difenoxin w/ atropine		see VUMERITY	62
see MOTOFEN TAB 1-0.025.....	83	disopyramide phosphate	40
DIFICID	23, 97	see NORPACE CR.....	41
diflorasone diacetate	64	disulfiram	63
diflunisal	12	DIURIL	45
difluprednate	104	divalproex sodium	49
Digox		DIVIGEL	75
see digoxin	45	docetaxel	28
digoxin	45	DOCETAXEL	28
see LANOXIN	45	DOCETAXEL (NON-ALCOHOL FO	28
see LANOXIN PEDIATRIC.....	45	dofetilide	40

dolutegravir sodium
 see TIVICAY19
dolutegravir sodium-lamivudine
 see DOVATO TAB 50-300MG20
donepezil hydrochloride50
dorzolamide hcl105
dorzolamide hcl-timolol maleate
ophth soln 22.3-6.8 mg/ml105
 DOVATO TAB 50-300MG20
doxazosin mesylate38
doxazosin mesylate (bph)
 see CARDURA XL84
doxepin hcl52
doxepin hcl (antipruritic)113
doxepin hcl (sleep)59
doxercalciferol101
doxorubicin hcl27
doxorubicin hcl liposomal27
 Doxy 100
 see **doxycycline hyclate**26
doxycycline (monohydrate)26
doxycycline calcium
 see VIBRAMYCIN26
doxycycline hyclate26
doxylamine succinate (sleep)59
dronabinol80
dronedarone hcl
 see MULTAQ41
drospirenone-ethinyl estradiol tab
3-0.02 mg70
drospirenone-ethinyl estradiol tab
3-0.03 mg70
drospirenone-ethinyl estrad-
levomefolate tab 3-0.03-0.451
mg70
 DROXIA33
droxidopa118
 DRY SOL64
 DUAVEE TAB 0.45-2075
dulaglutide
 see TRULICITY66
duloxetine hcl52
dutasteride84
dutasteride-tamsulosin hcl cap 0.5-
0.4 mg84

E

E.e.s. 400

see **erythromycin ethylsuccinate**
23
echothiophate iodide
 see PHOSPHOLINE IODIDE105
econazole nitrate113
 Ed-spaz
 see **hyoscyamine sulfate**80
 EDURANT17
efavirenz17
efavirenz-lamivudine-tenofovir df
tab 400-300-300 mg20
efavirenz-lamivudine-tenofovir df
tab 600-300-300 mg20
elbasvir-grazoprevir
 see ZEPATIER TAB 50-100MG24
 ELESTRIN75
eletriptan hydrobromide59, 60
elexacator-tezacator-ivacaftor
 see TRIKAFTA TAB110
 ELIGARD30
eliglustat tartrate
 see CERDELGA75
 Elinest
 see **norgestrel & ethinyl estradiol**
tab 0.3 mg-30 mcg74
 ELIQUIS86
 ELIQUIS STARTER PACK86
 Elite-ob
 see ***prenatal vit w/ iron**
carbonyl-fa tab 50-1.25 mg***
102
 Elixophyllin
 see **theophylline**111
 ELLA70
 ELMIRON85
eltrombopag olamine
 see PROMACTA87
elvitegravir-cobicistat-
emtricitabine-tenofovir
alafenamide
 see GENVOYA TAB20
 EMADINE104
 EMBEDA CAP 100-4MG6
 EMBEDA CAP 20-0.8MG5
 EMBEDA CAP 30-1.2MG6
 EMBEDA CAP 50-2MG6
 EMBEDA CAP 60-2.4MG6

EMBEDA CAP 80-3.2MG	6	enalapril maleate &	
EMCYT	27	hydrochlorothiazide tab 10-25	
emedastine difumarate		mg.....	37
see EMADINE	104	enalapril maleate &	
EMGALITY	60	hydrochlorothiazide tab 5-12.5	
emicizumab-kxwh		mg.....	37
see HEMLIBRA	87	enasidenib mesylate	
Emoquette		see IDHIFA.....	31
see desogestrel & ethinyl		ENBREL	88
estradiol tab 0.15 mg-30 mcg	70	ENBREL MINI.....	88
empagliflozin		ENBREL SURECLICK	89
see JARDIANCE.....	68	ENCARE	85
empagliflozin-linagliptin		enfuvirtide	
see GLYXAMBI TAB 10-5 MG	68	see FUZEON	17
see GLYXAMBI TAB 25-5 MG	68	ENGERIX-B	94
empagliflozin-metformin hcl		enoxaparin sodium.....	86
see SYNJARDY TAB.....	68	Enpresse-28	
see SYNJARDY TAB 12.5-500	68	see levonorgestrel-eth estra tab	
see SYNJARDY TAB 5-1000MG	68	0.05-30/0.075-40/0.125-	
see SYNJARDY TAB 5-500MG	68	30mg-mcg	72
see SYNJARDY XR TAB	68	Enskyce	
see SYNJARDY XR TAB 10-1000 ...	68	see desogestrel & ethinyl	
see SYNJARDY XR TAB 25-1000 ...	68	estradiol tab 0.15 mg-30 mcg	70
see SYNJARDY XR TAB 5-1000MG..	68	entacapone	55
EMSAM	52	entecavir.....	21
emtricitabine.....	17	see BARACLUDGE	21
see EMTRIVA	17	ENTRESTO TAB 24-26MG	46
emtricitabine-rilpivirine-tenofovir		ENTRESTO TAB 49-51MG	46
alafenamide fumarate		ENTRESTO TAB 97-103MG	46
see ODEFSEY TAB	20	Enulose	
emtricitabine-tenofovir		see lactulose (encephalopathy)	82
alafenamide fumarate		enzalutamide	
see DESCOVY TAB 120-15MG	19	see XTANDI.....	31
see DESCOVY TAB 200/25MG	20	EPCLUSA PAK 150-37.5	24
emtricitabine-tenofovir disoproxil		EPCLUSA PAK 200-50MG.....	24
fumarate tab 100-150 mg.....	20	EPCLUSA TAB 200-50MG.....	36
emtricitabine-tenofovir disoproxil		EPCLUSA TAB 400-100	24
fumarate tab 133-200 mg.....	20	EPIDIOLEX	49
emtricitabine-tenofovir disoproxil		epinastine hcl (ophth)	104
fumarate tab 167-250 mg.....	20	epinephrine (anaphylaxis).....	106
emtricitabine-tenofovir disoproxil		see EIPEN 2-PAK.....	106
fumarate tab 200-300 mg.....	20	see EIPEN-JR 2-PAK	106
EMTRIVA.....	17	EIPEN 2-PAK	106
EMVERM	14	EIPEN-JR 2-PAK.....	106
enalapril maleate	37	epirubicin hcl	27
		Epitol	
		see carbamazepine	48

EPIVIR HBV	21	see EVAMIST	76
eplerenone	38	estradiol & norethindrone acetate	
epoetin alfa-epbx		tab 0.5-0.1 mg	76
see RETACRIT	87	estradiol & norethindrone acetate	
epoprostenol sodium	47	tab 1-0.5 mg	76
eprosartan mesylate	40	estradiol cypionate	
ERBITUX	29	see DEPO-ESTRADIOL	75
erenumab-aooe		estradiol-levonorgestrel	
see AIMOVIG	59	see CLIMARA PRO DIS WEEKLY	75
ergocalciferol	101	estradiol vaginal	76
ergoloid mesylates	50	estradiol valerate	76
ERIVEDGE	29	estramustine phosphate sodium	
ERLEADA	30	see EMCYT	27
erlotinib hcl	31	ESTROGEL	76
Errin		estrogens, conjugated	
see norethindrone		see PREMARIN	76
(contraceptive)	73	estrogens, conjugated vaginal	
ERTACZO	113	see PREMARIN	76
ertapenem sodium	14	eszopiclone	59
see INVANZ	14	etanercept	
Ery		see ENBREL	88
see erythromycin (acne aid)	111	see ENBREL MINI	88
Ery-tab		see ENBREL SURECLICK	89
see erythromycin base	23	ethacrynate sodium	45
ERYTHROCIN LACTOBIONATE	23	ethacrynic acid	45
Erythrocin Stearate		ethambutol hcl	21
see erythromycin stearate	23	ethionamide	
erythromycin (acne aid)	111	see TRECATOR	21
erythromycin (ophth)	103	ethosuximide	49
erythromycin base	23	ethotoin	
erythromycin base (coated)		see PEGANONE	50
see PCE	23	ethynodiol diacetate & ethinyl	
erythromycin ethylsuccinate	23	estradiol tab 1 mg-35 mcg	70
erythromycin lactobionate		ethynodiol diacetate & ethinyl	
see ERYTHROCIN LACTOBIONATE	23	estradiol tab 1 mg-50 mcg	70
erythromycin stearate	23	etodolac	3
escitalopram oxalate	52	etonogestrel	
eslicarbazepine acetate		see NEXPLANON	72
see APTIOM	48	etonogestrel-ethinyl estradiol va	
esomeprazole magnesium	84	ring 0.120-0.015 mg/24hr	70
esomeprazole sodium	84	etoposide	34
esterified estrogens		etravirine	17
see MENEST	76	see INTELENCE	17
estradiol	75	EUCRISA	116
see DIVIGEL	75	EURAX	117
see ELESTRIN	75	EVAMIST	76
see ESTROGEL	76	everolimus	31

EVOTAZ TAB 300-150.....	20	FETZIMA CAP TITRATIO	52
exemestane	30	FIASP FLEX INJ TOUCH	66
ezetimibe	41	FIASP INJ 100/ML	66
ezetimibe-simvastatin tab 10-10		FIASP PENFIL INJ U-100	66
mg	41	fidaxomicin	
ezetimibe-simvastatin tab 10-20		see DIFICID	23, 97
mg	41	filgrastim-aafi	
ezetimibe-simvastatin tab 10-40		see NIVESTYM	87
mg	41	FINACEA	116
ezetimibe-simvastatin tab 10-80		finasteride	84
mg	41	finerenone	
F		see KERENDIA	79
FACTIVE	23	fingolimod hcl	62
Falmina		flavoxate hcl	85
see levonorgestrel & ethinyl		flecainide acetate	40
estradiol tab 0.1 mg-20 mcg ..	71	FLOVENT DISKUS.....	26
famciclovir	21	FLOVENT HFA	26
famotidine	81	floxuridine	28
famotidine in nacl 0.9% iv soln 20		FLUAD INJ 2020-21.....	94
mg/50ml	81	FLUAD QUADRIVALENT INFLUE	94
FARXIGA.....	68	FLUARIX QUAD INJ 2022-23	94
FARYDAK	29	FLUBLOK QUAD INJ 2022-23	94
Fayosim		FLUCLVX QUAD INJ 2022-23.....	94
see levonor-eth est tab 0.15-		fluconazole	15
0.02/0.025/0.03 mg &eth est		FLUCONAZOLE/ INJ NACL 100	16
0.01 mg	71	fluconazole in nacl 0.9% inj 200	
FC2 FEMALE MIS CONDOM	97	mg/100ml	15
febuxostat	3	fluconazole in nacl 0.9% inj 400	
felbamate	49	mg/200ml	16
felodipine	44	fludarabine phosphate	28
FEMCAP MIS 22MM.....	97	fludrocortisone acetate	76
FEMCAP MIS 26MM.....	97	FLUMIST QUAD SUS 2022-23	94
FEMCAP MIS 30MM.....	97	flunisolide (nasal)	110
fenofibrate	41	fluocinolone acetonide	115
fenofibrate micronized	41	fluocinolone acetonide (otic)	118
fentanyl	6	fluocinonide	115
fentanyl citrate	6	Fluoritab	
FERRIPROX	69	see sodium fluoride	100
FERRIPROX TWICE-A-DAY	69	fluorometholone (ophth)	
ferrous fumarate	88	see FML.....	104
FERROUS FUMARATE	88	see FML FORTE	104
ferrous gluconate	88	FLUOROPLEX	112
FERROUS GLUCONATE.....	88	fluorouracil	28
ferrous sulfate	88	fluorouracil (topical)	112
FERROUS SULFATE.....	88	see FLUOROPLEX.....	112
fesoterodine fumarate	118	fluoxetine hcl	52
FETZIMA.....	52	fluphenazine decanoate	56

fluphenazine hcl	56	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	37
Flura-drops		fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	37
see sodium fluoride	100	fosphenytoin sodium	49
flurbiprofen	3	FOSRENOL.....	78
flurbiprofen sodium	104	FRAGMIN.....	86
flutamide	30	FREESTYLE KIT SENSOR.....	98
fluticasone furoate (inhalation)		FREESTYLE MIS READER.....	99
see ARNUITY ELLIPTA.....	110	FREESTY LIBR KIT 2 SENSOR.....	98
fluticasone furoate-vilanterol		FREESTY LIBR KIT 3 SENSOR.....	98
see BREQ ELLIPTA INH 100-25....	111	FREESTY LIBR MIS 2 READER.....	98
see BREQ ELLIPTA INH 200-25....	111	fremanezumab-vfrm	
fluticasone propionate	115	see AJOVY.....	59
fluticasone propionate (inhalation)		frovatriptan succinate	99
see FLOVENT DISKUS.....	26	fulvestrant	30
fluticasone propionate (nasal) ..	110	FUROSCIX.....	64
fluticasone propionate hfa		furosemide	46
see FLOVENT HFA.....	26	see FUROSCIX.....	64
fluticasone-salmeterol		FUZEON.....	17
see ADVAIR DISKU AER 100/50...110		FYCOMPA.....	49
see ADVAIR DISKU AER 250/50...110		G	
see ADVAIR DISKU AER 500/50...110		gabapentin	49
see ADVAIR HFA AER 115/21.....110		galantamine hydrobromide	50
see ADVAIR HFA AER 230/21.....111		galcanezumab-gnlm	
see ADVAIR HFA AER 45/21.....110		see EMGALITY.....	60
fluticasone-umeclidinium-vilanterol		ganciclovir ophthalmic	
see TRELEGY AER 100MCG.....106		see ZIRGAN.....	103
see TRELEGY AER 200MCG.....106		GARDASIL 9 INJ.....	94
fluvastatin sodium	42	gatifloxacin (ophth)	103
fluvoxamine maleate	61	Gavilyte-c	
FLUZONE HD INJ 2022-23.....	94	see peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	82
FLUZONE QUAD INJ 2022-23.....	94	Gavilyte-g	
FML.....	104	see peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	82
FML FORTE.....	104	Gavilyte-n/flavor Pack	
folic acid	101	see peg 3350-kcl-sod bicarb-nacl for soln 420 gm	82
folic acid-pyridoxine-cyanocobalamin		GAZYVA.....	29
see NIVA-FOL TAB.....	101	gemcitabine hcl	28
folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg		gemfibrozil	41
.....	101	gemifloxacin mesylate	
fondaparinux sodium	86	see FACTIVE.....	23
formoterol fumarate	107	Generlac	
fosamprenavir calcium	17		
see LEXIVA.....	17		
fosfomycin tromethamine	13		
fosinopril sodium	37		

see ***lactulose (encephalopathy)*** 82
 Gengraf
 see ***cyclosporine modified (for microemulsion)***93
 Gentak
 see ***gentamicin sulfate (ophth)***
 103
gentamicin in saline inj 0.8 mg/ml
 13
gentamicin in saline inj 1.2 mg/ml
 13
gentamicin in saline inj 1.6 mg/ml
 13
gentamicin in saline inj 1 mg/ml.13
gentamicin in saline inj 2 mg/ml.13
gentamicin sulfate13
gentamicin sulfate (ophth).....103
gentamicin sulfate (topical)112
 GENVOYA TAB20
 Gianvi
 see ***drospirenone-ethinyl estradiol tab 3-0.02 mg***70
glatiramer acetate
 see COPAXONE.....61, 62
 GLEOSTINE27
 GLIADEL WAF 7.7MG27
glimepiride.....68
glipizide69
glipizide-metformin hcl tab 2.5-250 mg.....65
glipizide-metformin hcl tab 2.5-500 mg.....65
glipizide-metformin hcl tab 5-500 mg.....65
glucagon (rdna)77
glucose blood
 see ACCU-CHEK BLOOD GLUCOSE TEST STRIPS97
glucose urine test-(glucose oxidase)
 see GLUCOSE URINE TEST STRIPS 97
 GLUCOSE URINE TEST STRIPS.....97
glyburide.....69
glyburide-metformin tab 1.25-250 mg.....65
glyburide-metformin tab 2.5-500 mg.....65

glyburide-metformin tab 5-500 mg
 65
glyburide micronized.....69
glycopyrrolate.....80
glycopyrrolate-formoterol fumarate
 see BEVESPI AER 9-4.8MCG.....106
 GLYXAMBI TAB 10-5 MG68
 GLYXAMBI TAB 25-5 MG68
golimumab
 see SIMPONI90
 see SIMPONI ARIA.....90
 GOLYTELY SOL82
 Goodsense Aspirin
 see ***aspirin***12
 Goodsense Ibuprofen Child
 see ***ibuprofen***3
 Goodsense Nicotine
 see ***nicotine polacrilex***63
 Goodsense Nicotine Polacr
 see ***nicotine polacrilex***63
granisetron
 see SANCUSO81
granisetron hcl.....80
griseofulvin microsize16
griseofulvin ultramicrosize.....16
guaifenesin-codeine soln 100-10 mg/5ml108
guanfacine hcl.....46
guanfacine hcl (adhd)58
 GUANIDINE HCL61
guselkumab
 see TREMFYA91
 GYNAZOLE-185
H
haemophilus b polysac conj vac
 see ACTHIB INJ.....93
 see HIBERIX94
 see PEDVAX HIB95
halcinonide64
halobetasol propionate.....115
haloperidol.....56
haloperidol decanoate.....56
haloperidol lactate56
 HARVONI PAK.....24
 HARVONI PAK 45-200MG24
 HARVONI TAB 45-200MG24
 HARVONI TAB 90-400MG24

HAVRIX	94	hydrocodone-acetaminophen tab	
Heather		10-325 mg	6
see norethindrone		hydrocodone-acetaminophen tab 5-	
(contraceptive)	73	325 mg	6
HEMLIBRA.....	87	hydrocodone-acetaminophen tab	
heparin sodium (porcine)	86	7.5-325 mg	6
hepatitis a (inactivated)-hepatitis b		hydrocodone bitart-homatropine	
(recombinant) vaccines		methylbromide tab 5-1.5 mg ..	108
see TWINRIX INJ.....	96	hydrocodone bitart-homatropine	
hepatitis a vaccine		methylbrom soln 5-1.5 mg/5ml	
see HAVRIX.....	94	.....	108
see VAQTA	96	hydrocodone bitartrate	6
hepatitis b vaccine (recomb)		hydrocodone-chlorpheniramine	
see ENGERIX-B	94	see VITUZ SOL 5-4MG.....	109
see RECOMBIVAX HB	96	hydrocodone-ibuprofen tab 10-200	
hepatitis b vaccine 3-antigen		mg	7
recombinant		hydrocodone w/ homatropine tab	
see PREHEVBRIO.....	95	5-1.5 mg	108
hepatitis b vaccine recombinant		hydrocortisone	76
adjuvanted		hydrocortisone (intrarectal)	81
see HEPLISAV-B.....	94	hydrocortisone (rectal)	84
HEPLISAV-B	94	hydrocortisone (topical)	115
HETLIOZ	59	hydrocortisone butyrate	115
HEXALEN	27	hydrocortisone sod succinate	
HIBERIX	94	see SOLU-CORTEF	77
human papillomavirus (hpv) 9-		hydrocortisone valerate	115
valent recombinant vaccine		hydrocortisone w/ acetic acid otic	
see GARDASIL 9 INJ	94	soln 1-2%	118
HUMATROPE.....	77	Hydromet	
HUMATROPE COMBO PACK.....	77	see hydrocodone bitart-	
HUMATROPEN MIS FOR 12MG.....	98	homatropine methylbrom soln	
HUMATROPEN MIS FOR 24MG.....	98	5-1.5 mg/5ml	108
HUMATROPEN MIS FOR 6MG.....	98	hydromorphone hcl	7
HUMIRA.....	89	hydroxychloroquine sulfate	92
HUMIRA PEDIA INJ CROHNS	89	hydroxyurea	33
HUMIRA PEDIATRIC CROHNS D.....	89	hydroxyurea (sickle cell disease)	
HUMIRA PEN	89	see DROXIA.....	33
HUMIRA PEN-CD/UC/HS START.....	89	hydroxyzine hcl	107
HUMIRA PEN KIT PS/UV	89	hydroxyzine pamoate	107
HUMIRA PEN-PS/UV STARTER.....	89	hyoscyamine sulfate	80
HUMULIN R U-500 (CONCENTR.....	66	HYPERCARE.....	64
HUMULIN R U-500 KWIKPEN.....	66	HYQVIA INJ 10-800	92
hydralazine hcl	46	HYQVIA INJ 2.5-200	92
hydrochlorothiazide	46	HYQVIA INJ 20-1600	92
hydrocodone-acetaminophen soln		HYQVIA INJ 30-2400	92
7.5-325 mg/15ml	6	HYQVIA INJ 5-400.....	92

I	
ibalizumab-uiyk	
see TROGARZO	19
ibandronate sodium	69
IBRANCE.....	29
ibrutinib	
see IMBRUVICA.....	32
ibuprofen	3
icatibant acetate	87
ICLUSIG	31
icosapent ethyl	42
see VASCEPA.....	42
idarubicin hcl	27
idelalisib	
see ZYDELIG	33
IDHIFA	31
ifosfamide	27
iloprost	
see VENTAVIS.....	48
imatinib mesylate	31, 32
IMBRUVICA	32
imipenem-cilastatin intravenous	
for soln 250 mg	14
for soln 500 mg	14
imipramine hcl	52, 53
imipramine pamoate	53
imiquimod	112
immune globulin (human)-	
hyaluronidase (human	
recombinant)	
see HYQVIA INJ 10-800	92
see HYQVIA INJ 2.5-200	92
see HYQVIA INJ 20-1600.....	92
see HYQVIA INJ 30-2400.....	92
see HYQVIA INJ 5-400	92
INCRELEX	77
INCRUSE ELLIPTA.....	106
indapamide	46
indinavir sulfate	
see CRIXIVAN	16, 17
indomethacin	12
INFANRIX INJ	95
infliximab	
see REMICADE.....	84
influenza virus vaccine live	
quadrivalent	
see FLUMIST QUAD SUS 2022-23 ..	94
influenza virus vaccine split	
quadrivalent	
see AFLURIA QUAD INJ 2022-23 ...	93
see FLUARIX QUAD INJ 2022-23 ...	94
see FLUZONE QUAD INJ 2022-23 ..	94
influenza virus vaccine tissue-	
cultured subunit quadrivalent	
see FLUCLVX QUAD INJ 2022-23 ...	94
influenza virus vaccine types a & b	
surface antigen adjuvant	
see FLUAD INJ 2020-21	94
influenza virus vacc types a & b	
surf antigen adjuvant quad	
see FLUAD QUADRIVALENT INFLUE94	
influenza virus vac recomb	
hemagglutinin (ha) quadrivalent	
see FLUBLOK QUAD INJ 2022-23 ...	94
influenza virus vac split high-dose	
quad preservative free	
see FLUZONE HD INJ 2022-23	94
ingenol mebutate	
see PICATO	112
injection device	
see HUMATROPEN MIS FOR 12MG .98	
see HUMATROPEN MIS FOR 24MG .98	
see HUMATROPEN MIS FOR 6MG ...98	
INLYTA	32
INSTA-GLUCOSE.....	77
insulin aspart	
see NOVOLOG.....	67
see NOVOLOG FLEXPEN	67
see NOVOLOG PENFILL	67
insulin aspart (with niacinamide)	
see FIASP FLEX INJ TOUCH.....	66
see FIASP INJ 100/ML.....	66
see FIASP PENFIL INJ U-100	66
insulin aspart protamine & aspart	
(human)	
see NOVOLOG MIX INJ 70/30.....	67
see NOVOLOG MIX INJ FLEXPEN....	67
insulin degludec	
see TRESIBA.....	67
see TRESIBA FLEXTOUCH	67
insulin degludec-liraglutide	
see XULTOPHY INJ 100/3.6.....	66
insulin detemir	

see LEVEMIR	66
see LEVEMIR FLEXPEN	67
insulin glargine	
see BASAGLAR KWIKPEN.....	66
insulin glargine-lixisenatide	
see SOLIQUA INJ 100/33.....	66
insulin infusion disposable pump	
see OMNIPOD 5 G6 KIT INTRO	99
see OMNIPOD 5 G6 MIS PODS	99
see OMNIPOD DASH KIT INTRO	99
see OMNIPOD DASH MIS PODS	99
see OMNIPOD MIS CLASSIC.....	99
see OMNIPOD PDM KIT CLASSIC ...	99
insulin nph (human) (isophane)	
see NOVOLIN N.....	67
see NOVOLIN N FLEXPEN.....	67
insulin nph isophane & reg (human)	
see NOVOLIN INJ 70/30	67
see NOVOLIN INJ 70/30 FP	67
insulin pen needle	
see INSULIN PEN NEEDLES.....	97
INSULIN PEN NEEDLES	97
INSULIN PEN NEEDLES/SYRINGES ...	97
insulin regular (human)	
see HUMULIN R U-500 (CONCENTR66	
see HUMULIN R U-500 KWIKPEN ...	66
see NOVOLIN R.....	67
see NOVOLIN R FLEXPEN.....	67
insulin syringe/needle u-100	
see INSULIN PEN	
NEEDLES/SYRINGES	97
INTELENCE	17
interferon alfa-n3	
see ALFERON N.....	92
interferon beta-1a	
see AVONEX	61
see AVONEX PEN.....	61
see REBIF	62
see REBIF REBIDO INJ TITRATN ...	62
see REBIF REBIDOSE.....	62
see REBIF TITRTN INJ PACK	62
interferon beta-1b	
see BETASERON.....	61
interferon gamma-1b	
see ACTIMMUNE.....	92
INTRAROSA.....	65

Introvale	
see levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	71
INVANZ	14
INVEGA SUSTENNA	35
INVEGA TRINZA.....	35
INVIRASE	17
IOPIDINE	105
IPOL INJ INACTIVE.....	95
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	106
ipratropium bromide	107
ipratropium bromide (nasal)	107
irbesartan	40
irbesartan-hydrochlorothiazide tab 150-12.5 mg	39
irbesartan-hydrochlorothiazide tab 300-12.5 mg	39
irinotecan hcl	34
ISENTRESS	17
ISENTRESS HD	17
isocarboxazid	
see MARPLAN	53
isoniazid	21
isoniazid & rifampin	
see RIFAMATE CAP	21
isoniazid-rifampin w/ pyrazinamide	
see RIFATER TAB	21
isosorbide dinitrate	47
see DILATRATE SR	47
isosorbide mononitrate	47
isotretinoin	112
isradipine	44
itraconazole	16
ivabradine hcl	
see CORLANOR	46
ivacaftor	
see KALYDECO	109
ivermectin	14
ivermectin (pediculicide)	117
IV PREP WIPE PAD.....	112
ixekizumab	
see TALTZ	91
J	
JAKAFI	32

JANSSEN COVID-19 VACCINE	95	see potassium bicarbonate	99
Jantoven		Kelnor 1/35	
see warfarin sodium	86	see ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	70
JANUMET TAB 50-1000	66	KERENDIA.....	79
JANUMET TAB 50-500MG	66	ketoconazole (topical)	113, 114
JANUMET XR TAB 100-1000.....	66	KETONE URINE TEST STRIPS.....	97
JANUMET XR TAB 50-1000	66	ketorolac tromethamine	3, 4
JANUMET XR TAB 50-500MG.....	66	ketorolac tromethamine (ophth)	
JANUVIA	65	.....	104
JARDIANCE	68	see ACUVAIL.....	103
Jinteli		KEVZARA	89
see norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	76	KEYTRUDA	29
Jolessa		KINRIX INJ.....	95
see levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	71	Kionex	
Jolivette		see sodium polystyrene sulfonate	
see norethindrone (contraceptive)	73	.....	69
Junel 1/20		KISQALI	29
see norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	73	KISQALI 200 PAK FEMARA.....	29
Junel 1.5/30		KISQALI 400 PAK FEMARA.....	29
see norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg ..	73	KISQALI 600 PAK FEMARA.....	29
Junel Fe 1/20		Klor-con 10	
see norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg 73		see potassium chloride	99
Junel Fe 1.5/30		Klor-con 8	
see norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg		see potassium chloride	99
.....	73	Klor-con M15	
K		see potassium chloride microencapsulated crystals er	
KADCYLA	29	.....	100
KALYDECO	109	Klor-con M20	
Kariva		see potassium chloride microencapsulated crystals er	
see desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	70	.....	100
kcl 20 meq/l (0.15%) in nacl 0.45% inj	100	KOSELUGO.....	35
kcl 20 meq/l (0.15%) in nacl 0.9% inj	100	Kurvelo	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	100	see levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg 71	
K-effervescent		KYLEENA.....	70
		L	
		labetalol hcl	43
		lacosamide	49
		LACRISERT.....	105
		lactic acid (ammonium lactate) .	116
		lactulose	82
		lactulose (encephalopathy)	82
		LAGEVRIO.....	36
		lamivudine	17

lamivudine (hbv).....21
 see EPIVIR HBV21
lamivudine-tenofovir disoproxil fumarate
 see CIMDUO TAB 300-30019
 see TEMIXYS TAB 300-30020
lamivudine-zidovudine tab 150-300 mg.....20
lamotrigine49
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit49
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit49
lancets
 see LANCETS97
 LANCETS97
lancets misc.
 see MISC LANCETS97
 LANCING DEVICE97
 LANOXIN45
 LANOXIN PEDIATRIC45
lanreotide acetate
 see SOMATULINE DEPOT78
lansoprazole84
lanthanum carbonate
 see FOSRENOL.....78
lapatinib ditosylate32
 Larin 1.5/30
 see **norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg** ..73
larotrectinib sulfate
 see VITRAKVI33
 LASTACRAFT104
latanoprost.....105
 LATUDA56
ledipasvir-sofosbuvir
 see HARVONI PAK24
 see HARVONI PAK 45-200MG.....24
 see HARVONI TAB 45-200MG.....24
 see HARVONI TAB 90-400MG.....24
 Leena
 see **norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg**74
leflunomide92
lenacapavir sodium
 see SUNLENCA.....35

lenalidomide
 see REVLIMID93
lenvatinib mesylate
 see LENVIMA 10 MG DAILY DOSE ..32
 see LENVIMA 12MG DAILY DOSE ...32
 see LENVIMA 20 MG DAILY DOSE ..32
 see LENVIMA 4 MG DAILY DOSE32
 see LENVIMA 8 MG DAILY DOSE ...32
 see LENVIMA CAP 14 MG32
 see LENVIMA CAP 18 MG32
 see LENVIMA CAP 24 MG32
 LENVIMA 10 MG DAILY DOSE32
 LENVIMA 12MG DAILY DOSE32
 LENVIMA 20 MG DAILY DOSE32
 LENVIMA 4 MG DAILY DOSE32
 LENVIMA 8 MG DAILY DOSE32
 LENVIMA CAP 14 MG32
 LENVIMA CAP 18 MG32
 LENVIMA CAP 24 MG32
 Lessina
 see **levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg** ..71
letrozole.....30
leucovorin calcium34
 LEUKERAN27
leuprolide acetate30
 see ELIGARD30
leuprolide acetate (3 month)
 see ELIGARD30
leuprolide acetate (4 month)
 see ELIGARD30
leuprolide acetate (6 month)
 see ELIGARD30
leuprolide acetate (cpp)
 see LUPRON DEPOT-PED (1-MONTH30
leuprolide acetate (cpp) (3 month)
 see LUPRON DEPOT-PED (3-MONTH30
levalbuterol hcl108
levalbuterol tartrate108
 LEVEMIR66
 LEVEMIR FLEXPEN67
levetiracetam50
levetiracetam in sodium chloride iv soln 1000 mg/100ml50

levetiracetam in sodium chloride iv soln 1500 mg/100ml	50	see levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	71
levetiracetam in sodium chloride iv soln 500 mg/100ml	50	levorphanol tartrate	12
levobunolol hcl	105	levothyroxine sodium	79
levocetirizine dihydrochloride ...	107	see SYNTHROID	79
levofloxacin	23, 24	Levoxyl	
levofloxacin (ophth)	103	see levothyroxine sodium	79
levofloxacin in d5w iv soln 250 mg/50ml	24	LEXIVA	17
levofloxacin in d5w iv soln 500 mg/100ml	24	LIDO/DEXTROS INJ 5-7.5%	12
levofloxacin in d5w iv soln 750 mg/150ml	24	lidocaine	116
levomilnacipran hcl		lidocaine hcl	116
see FETZIMA	52	lidocaine hcl (cardiac)	40
see FETZIMA CAP TITRATIO	52	lidocaine hcl (local anesth.)	12
Levonest		lidocaine hcl (mouth-throat)	117
see levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	72	lidocaine iv infusion in d5w inj 4 mg/ml	40
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	71	lidocaine iv infusion in d5w inj 8 mg/ml	40
levonorgestrel (emergency oc) ...	72	lidocaine-prilocaine cream 2.5-2.5%	116
levonorgestrel (iud)		lidocaine-prilocaine cream kit 2.5-2.5%	116
see KYLEENA	70	lidocaine-tetracaine	
see LILETTA	72	see SYNERA DIS 70-70MG	116
see MIRENA	72	LILETTA	72
see SKYLA	75	linaclotide	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	71	see LINZESS	82
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	71, 72	lindane	117
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	71	linezolid	14
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	72	linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	14
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	72	LINZESS	82
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	71	liothyronine sodium	79
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	71	liraglutide	
Levora 0.15/30-28		see VICTOZA	66
		lisinopril	37
		lisinopril & hydrochlorothiazide tab 10-12.5 mg	37
		lisinopril & hydrochlorothiazide tab 20-12.5 mg	37
		lisinopril & hydrochlorothiazide tab 20-25 mg	37
		LITHIUM	61
		lithium carbonate	61
		lodoxamide tromethamine	
		see ALOMIDE	104
		LO LOESTRIN TAB 1-10-10	64

lomustine	
see GLEOSTINE.....	27
loperamide hcl	83
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	20
lopinavir-ritonavir tab 100-25 mg	20
lopinavir-ritonavir tab 200-50 mg	20
lorazepam	48
LORBRENA	32
lorlatinib	
see LORBRENA.....	32
Loryna	
see drospirenone-ethinyl estradiol tab 3-0.02 mg	70
losartan potassium	40
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	39
losartan potassium & hydrochlorothiazide tab 100-25 mg	39
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	39
loteprednol etabonate	104
lovastatin	42
Low-ogestrel	
see norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	74
loxapine succinate	56
lubiprostone	82
Ludent	
see sodium fluoride	100
luliconazole	64
lumacaftor-ivacaftor	
see ORKAMBI GRA 100-125	109
see ORKAMBI GRA 150-188	109
see ORKAMBI TAB 100-125.....	109
see ORKAMBI TAB 200-125.....	109
LUMIGAN	105
LUPRON DEPOT-PED (1-MONTH	30
LUPRON DEPOT-PED (3-MONTH	30
lurasidone hcl	56
see LATUDA.....	56
Lutera	
	see levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg ..
LYNPARZA.....	29
LYSODREN	30
M	
macitentan	
see OPSUMIT	47
mafenide acetate	
see SULFAMYLON	112
magnesium sulfate	99
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	99
malathion	117
mannitol	46
maprotiline hcl	53
maraviroc	18
see SELZENTRY.....	18
Marlissa	
see levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg 72	
MARPLAN	53
MATULANE	33
Matzim La	
see diltiazem hcl	44
MAXIDEX	104
MAYZENT	62
MAYZENT STARTER PACK	106
measles, mumps & rubella virus vaccines	
see M-M-R II INJ	95
see PRIORIX INJ	96
measles-mumps-rubella-varicella virus vaccines	
see PROQUAD INJ	96
mebendazole	
see EMVERM.....	14
mecasermin	
see INCRELEX.....	77
meclizine hcl	80
meclofenamate sodium	4
MEDROL	76
medroxyprogesterone acetate	78
medroxyprogesterone acetate (antineoplastic)	
see DEPO-PROVERA.....	30
medroxyprogesterone acetate (contraceptive)	72

see DEPO-SUBQ PROVERA 104.....69
mefenamic acid.....4
mefloquine hcl16
megestrol acetate30
megestrol acetate (appetite)30
 MEKINIST32
meloxicam4
melphalan27
melphalan hcl.....27
memantine hcl51
 see NAMENDA XR CAP TITRATIO ...51
**memantine hcl tab 28 x 5 mg & 21
 x 10 mg titration pack**51
 MENACTRA INJ95
 MENEST.....76
**meningococcal (a,c,y&w-135)
 oligosaccharide conjugate vac**
 see MENVEO INJ95
 see MENVEO SOL95
**meningococcal (a,c,y&w-135)
 polysacch diphth conj vaccine**
 see MENACTRA INJ95
**meningococcal (a,c,y&w-135)
 polysacch tetanus conj vaccine**
 see MENQUADFI INJ95
**meningococcal group b vaccine
 (recombinant)**
 see TRUMENBA INJ96
**meningococcal vac group b
 (recombant omv adjuvanted)**
 see BEXSERO INJ93
 MENQUADFI INJ.....95
 MENTAX.....113
 MENVEO INJ.....95
 MENVEO SOL.....95
mepolizumab
 see NUCALA.....108
meprobamate.....48
mercaptopurine.....28
meropenem.....14
mesalamine.....82
mesna34
 see MESNEX34
 MESNEX.....34
metaproterenol sulfate108
metaxalone63
metformin hcl65

methadone hcl7, 8
 Methadone Hydrochloride I
 see **methadone hcl**.....7
 Methadose
 see **methadone hcl**.....8
methamphetamine hcl.....58
methazolamide46
methenamine hippurate14
methimazole79
methocarbamol63
methotrexate sodium28, 92
methoxsalen (photopheresis)
 see UVADEX34
methoxsalen rapid.....114
**methoxy polyethylene glycol-
 epoetin beta**
 see MIRCERA87
methscopolamine bromide80
methsuximide
 see CELONTIN48
methyl dopa46
methylphenidate hcl58, 59
methylprednisolone77
 see MEDROL.....76
methylprednisolone acetate77
 see DEPO-MEDROL76
methylprednisolone sod succ77
 see SOLU-MEDROL77
methyltestosterone65
metoclopramide hcl.....80
metolazone46
**metoprolol & hydrochlorothiazide
 tab 100-25 mg**.....43
**metoprolol & hydrochlorothiazide
 tab 100-50 mg**.....43
**metoprolol & hydrochlorothiazide
 tab 50-25 mg**.....43
metoprolol succinate.....43
metoprolol tartrate43
metreleptin
 see MYALEPT75
metronidazole14
metronidazole (topical).....116, 117
metronidazole vaginal.....85
mexiletine hcl40
 MIACALCIN77
miconazole (mouth-throat)

see ORAVIG117
 Miconazole 3
 see **miconazole nitrate vaginal** ..85
miconazole nitrate vaginal85
 MICRHOGAM ULTRA-FILTERED106
 Microgestin 1.5/30
 see **norethindrone ace & ethinyl
 estradiol tab 1.5 mg-30 mcg** ..73
midodrine hcl46
midostaurin
 see RYDAPT29
mifepristone79
miglitol65
milnacipran hcl
 see SAVELLA61
 see SAVELLA MIS TITR PAK61
 Mimvey
 see **estradiol & norethindrone
 acetate tab 1-0.5 mg**76
 Mimvey Lo
 see **estradiol & norethindrone
 acetate tab 0.5-0.1 mg**76
 Minitran
 see **nitroglycerin**47
minocycline hcl26
minoxidil46
 MIRCERA87
 MIRENA72
mirtazapine53
 MIRVASO117
 MISC LANCETS97
misoprostol83
mitomycin28
mitotane
 see LYSODREN30
mitoxantrone hcl33
 M-M-R II INJ95
modafinil63
 MODERNA COVID-19 VACCINE95
moexipril hcl37
mometasone furoate115
 Mono-linyah
 see **norgestimate & ethinyl
 estradiol tab 0.25 mg-35 mcg** 74
 Mononessa
 see **norgestimate & ethinyl
 estradiol tab 0.25 mg-35 mcg** 74

montelukast sodium109
 Morgidox 1x100mg
 see **doxycycline hyclate**26
morphine-naltrexone
 see EMBEDA CAP 100-4MG6
 see EMBEDA CAP 20-0.8MG5
 see EMBEDA CAP 30-1.2MG6
 see EMBEDA CAP 50-2MG6
 see EMBEDA CAP 60-2.4MG6
 see EMBEDA CAP 80-3.2MG6
morphine sulfate8, 9
 MORPHINE SULFATE8
morphine sulfate beads9
 MOTOFEN TAB 1-0.02583
 MOVANTIK83
moxifloxacin hcl24
moxifloxacin hcl (ophth)103
**moxifloxacin hcl 400 mg/250ml in
 sodium chloride 0.8% inj**24
 MULTAQ41
multiple urine tests
 see URINE TEST STRIPS98
 Multi-vit/fluoride
 see ***pediatric multiple vitamins
 w/ fluoride soln 0.25
 mg/ml*****102
 Multi-vit/iron/fluoride
 see ***pediatric multiple vitamins
 w/ fl-fe drops 0.25-10
 mg/ml****101
 Multivitamin/fluoride
 see ***pediatric multiple vitamins
 w/ fluoride chew tab 0.25
 mg*****102
 see ***pediatric multiple vitamins
 w/ fluoride chew tab 0.5
 mg*****101
 see ***pediatric multiple vitamins
 w/ fluoride chew tab 1 mg*****
 102
 Multi-vitamin/fluoride/ir
 see ***pediatric multiple vitamins
 w/ fl-fe drops 0.25-10
 mg/ml****101
 Multi-vitamin/fluoride Dr

see ***pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml*****
102
mupirocin112
mupirocin calcium
 see BACTROBAN NASAL112
 Mvc-fluoride
 see ***pediatric multiple vitamins w/ fluoride chew tab 1 mg*****
102
 MYALEPT.....75
mycophenolate mofetil.....93
mycophenolate mofetil hcl93
mycophenolate sodium93
 Myzilra
 see **levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg**72

N

nabilone
 see CESAMET.....80
nabumetone.....4
nadolol.....43
nafarelin acetate
 see SYNAREL75
naftillin sodium.....25
 Nafrinse
 see **sodium fluoride**100
 Nafrinse Drops
 see **sodium fluoride**100
naftifine hcl.....113
nalbuphine hcl9
naloxegol oxalate
 see MOVANTIK.....83
naloxone hcl.....63
naltrexone
 see VIVITROL64
naltrexone hcl.....63
 NAMENDA XR CAP TITRATIO.....51
naproxen4
naratriptan hcl60
 NATACYN103
natalizumab
 see TYSABRI.....62
natamycin
 see NATACYN103
nateglinide67

nebivolol hcl.....43
nebivolol-valsartan
 see BYVALSON TAB 5-80MG39
 Necon 0.5/35-28
 see **norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg**..72
nedocromil sodium (ophth)
 see ALOCRIAL.....104
nefazodone hcl.....53
nelarabine
 see ARRANON28
nelfinavir mesylate
 see VIRACEPT19
neomycin-colistin-hc-thonzonium
 see COLY-MYCIN S SUS OTIC.....118
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml
103
neomycin-polymyxin-dexamethasone ophth oint 0.1%
102
neomycin-polymyxin-dexamethasone ophth susp 0.1%
102
neomycin-polymyxin-hc ophth susp
102
neomycin-polymyxin-hc otic soln 1%118
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%118
neomycin sulfate.....13
nepafenac
 see NEVANAC.....104
netupitant-palonosetron
 see AKYNZEO CAP 300-0.580
 NEUPRO.....55
 NEVANAC104
nevirapine.....18
 NEXAVAR32
 NEXPLANON72
 NEXTERONE INJ.....41
niacin (antihyperlipidemic)42
nicardipine hcl45
nicardipine hcl in dextrose
 see CARDENE IV SOL 20/200ML...44
 Nicorelief
 see **nicotine polacrilex**63

nicotine	63	see OPTIONS GYNOL II VAGINAL...	85
see NICOTROL INHALER.....	63	see SHUR-SEAL.....	85
see NICOTROL NS	63	see TODAY SPONGE.....	85
nicotine polacrilex	63	see VCF VAGINAL CONTRACEPTIVE	85
Nicotine Step 3		Nora-be	
see nicotine	63	see norethindrone	
NICOTROL INHALER	63	(contraceptive).....	73
NICOTROL NS.....	63	NORDITROPIN FLEXPRO.....	79
nifedipine	45	norelgestromin-ethinyl estradiol td	
Nikki		ptwk 150-35 mcg/24hr	72
see drospirenone-ethinyl		norethindrone (contraceptive)	73
estradiol tab 3-0.02 mg	70	norethindrone & ethinyl estradiol-	
nilutamide	31	fe chew tab 0.4 mg-35 mcg	73
nimodipine	45	norethindrone & ethinyl estradiol-	
NIPENT.....	28	fe chew tab 0.8 mg-25 mcg	73
niraparib tosylate		norethindrone & ethinyl estradiol	
see ZEJULA	29	tab 0.4 mg-35 mcg	72
nirmatrelvir-ritonavir		norethindrone & ethinyl estradiol	
see PAXLOVID TAB 150-100	36	tab 0.5 mg-35 mcg	72
see PAXLOVID TAB 300-100	36	norethindrone & ethinyl estradiol	
nisoldipine	45	tab 1 mg-35 mcg	72, 73
nitazoxanide	14	norethindrone ace & ethinyl	
see ALINIA	13	estradiol-fe tab 1.5 mg-30 mcg 73	
nitisinone	75	norethindrone ace & ethinyl	
see ORFADIN.....	75	estradiol-fe tab 1 mg-20 mcg ...	73
NITRO-BID.....	47	norethindrone ace & ethinyl	
NITRO-DUR.....	47	estradiol tab 1.5 mg-30 mcg	73
nitrofurantoin	14	norethindrone ace & ethinyl	
nitrofurantoin macrocrystal	14	estradiol tab 1 mg-20 mcg	73
nitrofurantoin monohyd macro	14	norethindrone ace-ethinyl	
nitroglycerin	47	estradiol-fe tab 1 mg-20 mcg	
see NITRO-BID	47	(24)	73
see NITRO-DUR	47	norethindrone acetate	78
NITROGLYCERIN	47	norethindrone acetate-ethinyl	
nitroglycerin (intra-anal)		estradiol-fe fum (biphasic)	
see RECTIV.....	116	see LO LOESTRIN TAB 1-10-10	64
nitroglycerin iv soln 100 mcg/ml in		norethindrone acetate-ethinyl	
d5w	47	estradiol tab 0.5 mg-2.5 mcg	76
nitroglycerin iv soln 200 mcg/ml in		norethindrone acetate-ethinyl	
d5w	47	estradiol tab 1 mg-5 mcg	76
nitroglycerin iv soln 400 mcg/ml in		norethindrone-eth estradiol tab	
d5w	47	0.5-35/0.75-35/1-35 mg-mcg 73,	
NIVA-FOL TAB	101	74	
NIVESTYM.....	87	norethindrone-eth estradiol tab	
nizatidine	81	0.5-35/1-35/0.5-35 mg-mcg	74
nonoxynol-9		norgestimate & ethinyl estradiol	
see ENCARE	85	tab 0.25 mg-35 mcg	74

norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg .74
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg .74
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg74
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg74
 NORPACE CR41
 Nortrel 0.5/35 (28)
 see **norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg** ..72
 Nortrel 1/35
 see **norethindrone & ethinyl estradiol tab 1 mg-35 mcg**73
 Nortrel 7/7/7
 see **norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg**74
nortriptyline hcl53
 NORTUSS-EX LIQ 200-20/5108
 NORVIR18
 NOVOFINE PEN NEEDLES97
 NOVOLIN INJ 70/3067
 NOVOLIN INJ 70/30 FP67
 NOVOLIN N67
 NOVOLIN N FLEXPEN67
 NOVOLIN R67
 NOVOLIN R FLEXPEN67
 NOVOLOG67
 NOVOLOG FLEXPEN67
 NOVOLOG MIX INJ 70/3067
 NOVOLOG MIX INJ FLEXPEN67
 NOVOLOG PENFILL67
 NUCALA108
 NUEDEXTA CAP 20-10MG61
 Nulev
 see **hyoscyamine sulfate**80
 NUPLAZID56
 NURTEC99
 Nyamyc
 see **nystatin (topical)**113
 Nylia 1/35
 see **norethindrone & ethinyl estradiol tab 1 mg-35 mcg**73
nystatin16
 see BIO-STATIN15

nystatin (mouth-throat)117
nystatin (topical)113
nystatin-triamcinolone cream 100000-0.1 unit/gm-%113
nystatin-triamcinolone oint 100000-0.1 unit/gm-%113
 Nystop
 see **nystatin (topical)**113
 NYVEPRIA88
O
obinutuzumab
 see GAZYVA29
 Ocella
 see **drospirenone-ethinyl estradiol tab 3-0.03 mg**70
octreotide acetate77, 78
 OCTREOTIDE ACETATE78
 ODEFSEY TAB20
 ODOMZO33
ofloxacin24
ofloxacin (ophth)103
ofloxacin (otic)118
 Ogestrel
 see **norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg**74
olanzapine56
olanzapine pamoate
 see ZYPREXA RELPREVV35
olaparib
 see LYNPARZA29
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg39
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg39
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg39
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg39
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg39
olmesartan medoxomil40

olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg	39	see levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg ..	71
olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg	39	Oscimin	
olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg	39	see hyoscyamine sulfate	80
olodaterol hcl		Oscimin Sr	
see STRIVERDI RESPIMAT	108	see hyoscyamine sulfate	80
olopatadine hcl	104	oseltamivir phosphate	21
see PATADAY EXTRA STRENGTH ..	104	osimertinib mesylate	
olopatadine hcl (nasal)	107	see TAGRISSO	35
olsalazine sodium		Osmitrol Viaflex	
see DIPENTUM	81	see mannitol	46
omalizumab		ospemifene	
see XOLAIR	108	see OSPHENA	78
omega-3-acid ethyl esters cap 1 gm	42	OSPHENA.....	78
omeprazole	84	OTEZLA	92
OMNARIS	110	OTEZLA TAB 10/20/30	92
OMNIFLEX DPR	97	oxacillin sodium	25
OMNIPOD 5 G6 KIT INTRO	99	oxaliplatin	34
OMNIPOD 5 G6 MIS PODS	99	oxandrolone	65
OMNIPOD DASH KIT INTRO	99	oxaprozin	4
OMNIPOD DASH MIS PODS	99	oxazepam	48
OMNIPOD MIS CLASSIC	99	oxcarbazepine	50
OMNIPOD PDM KIT CLASSIC.....	99	oxiconazole nitrate	64
ONCASPAR.....	33	oxybutynin chloride	85
ondansetron	81	oxycodone-aspirin tab 4.8355-325 mg	10
ondansetron hcl	81	oxycodone hcl	9, 10
OPSUMIT	47	oxycodone-ibuprofen tab 5-400 mg	11
OPTIONS GYNOL II VAGINAL	85	oxycodone w/ acetaminophen tab 10-325 mg	10
Oralone Dental Paste		oxycodone w/ acetaminophen tab 2.5-325 mg	10
see triamcinolone acetonide (mouth)	117	oxycodone w/ acetaminophen tab 5-325 mg	10
ORAVIG	117	oxycodone w/ acetaminophen tab 7.5-325 mg	10
ORENITRAM	47	oxymetholone	
ORFADIN	75	see ANADROL-50	64
ORKAMBI GRA 100-125.....	109	oxymorphone hcl	11
ORKAMBI GRA 150-188.....	109	ozanimod hcl	
ORKAMBI TAB 100-125	109	see ZEPOSIA.....	106
ORKAMBI TAB 200-125	109	see ZEPOSIA 7DAY CAP STR PACK	106
orphenadrine citrate	63	see ZEPOSIA CAP STR KIT	106
Orsythia		OZEMPIC	66
		OZEMPIC INJ 8MG/3ML.....	66

ozenoxacin	
see XEPI	64
P	
Pacerone	
see amiodarone hcl	40
paclitaxel	28
paclitaxel protein-bound particles for iv susp 100 mg	28
palbociclib	
see IBRANCE	29
paliperidone	56
paliperidone palmitate	
see INVEGA SUSTENNA	35
see INVEGA TRINZA	35
pamidronate disodium	69
pancrelipase (lipase-protease- amylase)	
see CREON CAP 12000UNT	83
see CREON CAP 24000UNT	83
see CREON CAP 3000UNIT	83
see CREON CAP 36000UNT	83
see CREON CAP 6000UNIT	83
see VIOKACE TAB 10440	83
see VIOKACE TAB 20880	83
see ZENPEP CAP 10000UNT	83
see ZENPEP CAP 15000UNT	83
see ZENPEP CAP 20000UNT	83
see ZENPEP CAP 25000UNT	83
see ZENPEP CAP 3000UNIT	83
see ZENPEP CAP 40000UNT	83
see ZENPEP CAP 5000UNIT	83
panobinostat lactate	
see FARYDAK	29
pantoprazole sodium	84
PARAGARD IUD T380A	75
Paraplatin	
see carboplatin	34
paricalcitol	101
paromomycin sulfate	13
paroxetine hcl	53
PASER	21
pasireotide diaspertate	
see SIGNIFOR	78
PATADAY EXTRA STRENGTH	104
PAXLOVID TAB 150-100	36
PAXLOVID TAB 300-100	36
pazopanib hcl	
see VOTRIENT	33
PCE	23
PEDIARIX INJ 0.5ML	95
PEDIATRIC RESPIRATORY MASK	98
PEDVAX HIB	95
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	82
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	82
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	82
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	82
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	
see GOLYTELY SOL	82
PEGANONE	50
pegaspargase	
see ONCASPAR	33
PEGASYS	24
PEGASYS PROCLICK	24
pegfilgrastim-apgf	
see NYVEPRIA	88
peginterferon alfa-2a	
see PEGASYS	24
see PEGASYS PROCLICK	24
peginterferon beta-1a	
see PLEGRIDY	62
see PLEGRIDY INJ STARTER	62
see PLEGRIDY PEN INJ STARTER ...	62
PEG-PREP KIT	82
pegvisomant	
see SOMAVERT	78
pembrolizumab	
see KEYTRUDA	29
pemetrexed disodium	28
penicillamine	69
penicillin g potassium	25
penicillin g sodium	26
penicillin v potassium	26
PENTACEL INJ	95
pentamidine isethionate	14
pentosan polysulfate sodium	
see ELMIRON	85
pentostatin	
see NIPENT	28
pentoxifylline	87

perampanel	
see FYCOMPA	49
perindopril erbumine	37
Periogard	
see chlorhexidine gluconate	
(mouth-throat)	117
permethrin	117
perphenazine	56
PERSERIS	35
PFIZER-BIONTECH COVID-19	95
Pfizerpen	
see penicillin g potassium	25
phenazopyridine hcl	85
phenelzine sulfate	53
phenobarbital	50
phenoxybenzamine hcl	46
phenylephrine hcl (mydriatic) ...	105
phenytoin	50
phenytoin sodium	50
phenytoin sodium extended	50
see DILANTIN	49
PHOSLYRA	78
PHOSPHOLINE IODIDE	105
PHOTOFRIN	34
Physiolyte	
see *irrigation solution,	
physiological**	105
Physiosol Irrigation	
see *irrigation solution,	
physiological**	105
phytonadione	102
PICATO	112
pilocarpine hcl	105
pilocarpine hcl (oral)	117
pimavanserin tartrate	
see NUPLAZID	56
pimozide	61
pindolol	43
pioglitazone hcl	67
pioglitazone hcl-glimepiride tab	
30-2 mg	67
pioglitazone hcl-glimepiride tab	
30-4 mg	67
pioglitazone hcl-metformin hcl tab	
15-500 mg	67
pioglitazone hcl-metformin hcl tab	
15-850 mg	67
piperacillin sod-tazobactam na for	
inj 3.375 gm (3-0.375 gm)	26
piperacillin sod-tazobactam sod for	
inj 2.25 gm (2-0.25 gm)	26
piperacillin sod-tazobactam sod for	
inj 4.5 gm (4-0.5 gm)	26
piperacillin sod-tazobactam sod for	
inj 40.5 gm (36-4.5 gm)	26
pirfenidone	109
Pirmella 1/35	
see norethindrone & ethinyl	
estradiol tab 1 mg-35 mcg	73
Pirmella 7/7/7	
see norethindrone-eth estradiol	
tab 0.5-35/0.75-35/1-35 mg-	
mcg	74
piroxicam	4
PLEGRIDY	62
PLEGRIDY INJ STARTER	62
PLEGRIDY PEN INJ STARTER	62
pneumococcal 13-valent conjugate	
vaccine	
see PREVNAR 13 INJ	95
pneumococcal 15-valent conjugate	
vaccine	
see VAXNEUVANCE INJ	96
pneumococcal 20-valent conjugate	
vaccine	
see PREVNAR 20 INJ	96
pneumococcal vac polyvalent	
see PNEUMOVAX 23/1 DOSE	95
PNEUMOVAX 23/1 DOSE	95
podofilox	116
see CONDYLOX	116
poliovirus vaccine, ipv	
see IPOL INJ INACTIVE	95
Polycin	
see bacitracin-polymyxin b ophth	
oint	103
polyethylene glycol 3350	82
polymyxin b sulfate	14
polymyxin b-trimethoprim ophth	
soln 10000 unit/ml-0.1%	103
pomalidomide	
see POMALYST	92
POMALYST	92
ponatinib hcl	

see ICLUSIG31
porfimer sodium
 see PHOTOFRIN34
 Portia-28
 see **levonorgestrel & ethinyl
 estradiol tab 0.15 mg-30 mcg** 72
potassium bicarbonate99
potassium chloride.....99, 100
potassium chloride
microencapsulated crystals er 100
potassium citrate (alkalinizer)85
potassium iodide (antidote)
 see THYROSAFE69
 PRALUENT.....42
pramipexole dihydrochloride.....55
pramlintide acetate
 see SYMLINPEN 12065
 see SYMLINPEN 6065
 PRAMOX GEL116
pramoxine hcl
 see PRAMOX GEL.....116
prasterone vaginal
 see INTRAROSA65
prasugrel hcl87
pravastatin sodium42
praziquantel.....15
prazosin hcl38
 PRED MILD104
prednicarbate115
prednisolone77
prednisolone acetate (ophth)104
 see PRED MILD104
 PREDNISOLONE SODIUM PHOSP104
prednisolone sodium phosphate..77
prednisone77
 see PREDNISONE INTENSOL77
 PREDNISONE INTENSOL77
pregabalin.....50
 PREHEVBRIO95
 PREMARIN76
 Prenatabs Rx
 see ***prenatal vit w/ iron
 carbonyl-fa tab 29-1 mg*****.102
**prenatal vit w/ docusate-fe
 carbonyl-fe gluconate-folic acid**
 see CITRANATAL TAB BLOOM101

**prenatal w/o vit a w/ fe carbonyl-
 fe gluconate-dss-fa-dha**
 see CITRANATAL MIS100
 see CITRANATAL MIS 90 DHA.....101
 see CITRANATAL PAK ASSURE.....101
 see CITRANATAL PAK DHA101
**prenatal w/o vit a w/ fe carbonyl-
 fe gluconate-fa & vit b6**
 see CITRANATAL MIS B-CALM101
**prenatal w/o vit a w/ fe fumarate-
 fe carbonyl-dss-fa-dha**
 see CITRANATAL CAP HARMONY ..100
**prenatal w/o vit a w/ fe fumarate-
 fe carbonyl-fa-dha**
 see CITRANATAL CAP MEDLEY100
**prenatal without vit a w/ fe
 carbonyl-fe gluc-docusate-fa**
 see CITRANATAL TAB RX101
 Prevalite
 see **cholestyramine light**41
 Previfem
 see **norgestimate & ethinyl
 estradiol tab 0.25 mg-35 mcg** 74
 PREVNAR 13 INJ95
 PREVNAR 20 INJ96
 PREZCOBIX TAB 800-15020
 PREZISTA18, 19
 PRIFTIN21
primaquine phosphate16
primidone50
 PRIMSOL15
 PRIORIX INJ96
probenecid.....3
procainamide hcl.....41
procarbazine hcl
 see MATULANE.....33
prochlorperazine81
prochlorperazine edisylate81
prochlorperazine maleate81
 Procto-pak
 see **hydrocortisone (rectal)**84
 Proctosol Hc
 see **hydrocortisone (rectal)**84
 Proctozone-hc
 see **hydrocortisone (rectal)**84
progesterone78
progesterone (vaginal)

see CRINONE.....	78
PROGRAF	93
PROLASTIN-C	109
PROLIA.....	78
PROMACTA.....	87
promethazine & phenylephrine	
syrup 6.25-5 mg/5ml	108
promethazine-dm syrup 6.25-15	
mg/5ml	108
promethazine hcl	81
promethazine-phenylephrine-	
codeine syrup 6.25-5-10 mg/5ml	
.....	109
Promethazine Vc/codeine	
see promethazine-phenylephrine-	
codeine syrup 6.25-5-10	
mg/5ml	109
promethazine w/ codeine syrup	
6.25-10 mg/5ml	108
propafenone hcl	41
proparacaine hcl	105
propranolol & hydrochlorothiazide	
tab 40-25 mg	43
propranolol & hydrochlorothiazide	
tab 80-25 mg	43
propranolol hcl	43
propylthiouracil	79
PROQUAD INJ.....	96
protriptyline hcl	53, 54
pseudoephed-bromphen-dm syrup	
30-2-10 mg/5ml	109
pyrazinamide	21
pyridostigmine bromide	61
see REGONOL	61
pyridoxine hcl	102
pyrimethamine	15
Q	
QUADRACEL INJ 0.5ML	96
QUADRAMET	34
Quasense	
see levonorgestrel & ethinyl	
estradiol (91-day) tab 0.15-	
0.03 mg	71
quazepam	88
quetiapine fumarate	56
quinapril hcl	38

quinapril-hydrochlorothiazide tab	
10-12.5 mg	37
quinapril-hydrochlorothiazide tab	
20-12.5 mg	37
quinapril-hydrochlorothiazide tab	
20-25 mg	37
quinidine sulfate	41
quinine sulfate	16
QVAR REDHALER.....	110
R	
rabeprazole sodium	84
raloxifene hcl	78
raltegravir potassium	
see ISENTRESS.....	17
see ISENTRESS HD.....	17
ramelteon	59
ramipril	38
ranolazine	46
rasagiline mesylate	55
REBETOL	24
REBIF	62
REBIF REBIDO INJ TITRATN	62
REBIF REBIDOSE	62
REBIF TITRTN INJ PACK	62
Reclipsen	
see desogestrel & ethinyl	
estradiol tab 0.15 mg-30 mcg 70	
RECOMBIVAX HB	96
RECTIV	116
REGONOL	61
regorafenib	
see STIVARGA	33
REGRANEX	117
RELENZA DISKHALER	21
REMICADE	84
REMODULIN	47
repaglinide	68
RESCRIPTOR	18
RESTASIS	105
RESTASIS MULTIDOSE.....	105
RETACRIT	87
retapamulin	
see ALTABAX	64
RETROVIR IV INFUSION.....	18
REVLIMID	93
REXULTI	56
REYATAZ	18

rho d immune globulin (human)	
see MICRHOGAM ULTRA-FILTERED	
.....	106
see RHOGAM ULTRA-FILTERED PLU	
.....	106
RHOGAM ULTRA-FILTERED PLU	106
ribavirin	21
ribavirin (hepatitis c)	24
see REBETOL	24
ribociclib succinate	
see KISQALI	29
ribociclib succinate-letrozole	
see KISQALI 200 PAK FEMARA	29
see KISQALI 400 PAK FEMARA	29
see KISQALI 600 PAK FEMARA	29
rifabutin	21
RIFAMATE CAP	21
rifampin	21
rifapentine	
see PRIFTIN	21
RIFATER TAB	21
rifaximin	
see XIFAXAN	15
rilonacept	
see ARCALYST	92
rilpivirine hcl	
see EDURANT	17
riluzole	61
rimantadine hydrochloride	21
rimegepant sulfate	
see NURTEC	99
ringer's solution for irrigation	105
RINVOQ	90
riociguat	
see ADEMPAS	47
risankizumab-rzaa	
see SKYRIZI	90
see SKYRIZI PEN	91
risankizumab-rzaa (crohn's)	
see SKYRIZI	90
risedronate sodium	69
RISPERDAL CONSTA	35
risperidone	57
see PERSERIS	35
risperidone microspheres	
see RISPERDAL CONSTA	35
ritonavir	18
	see NORVIR

	18
rivaroxaban	
see XARELTO	86
see XARELTO STAR TAB 15/20MG	86
rivastigmine	51
rivastigmine tartrate	51
Rivelsa	
see levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	71
rizatriptan benzoate	60
roflumilast	110
rolapitant hcl	
see VARUBI	81
ropinirole hydrochloride	55
Rosadan	
see metronidazole (topical)	116
rosuvastatin calcium	42
ROTARIX SUS	96
ROTATEQ SOL	96
rotavirus vaccine, live oral	
see ROTARIX SUS	96
rotavirus vaccine, live oral pentavalent	
see ROTATEQ SOL	96
rotigotine	
see NEUPRO	55
ruxolitinib phosphate	
see JAKAFI	32
RYBELSUS	66
RYDAPT	29
S	
sacrosidase	
see SUCRAID	83
sacubitril-valsartan	
see ENTRESTO TAB 24-26MG	46
see ENTRESTO TAB 49-51MG	46
see ENTRESTO TAB 97-103MG	46
samarium sm 153 lexidronam	
see QUADRAMET	34
SANCUSO	81
SANDIMMUNE	93
sapropterin dihydrochloride	75
saquinavir mesylate	
see INVIRASE	17
sarilumab	
see KEVZARA	89

SAVELLA.....	61	see JANUMET TAB 50-1000.....	66
SAVELLA MIS TITR PAK.....	61	see JANUMET TAB 50-500MG	66
scopolamine	81	see JANUMET XR TAB 100-1000 ...	66
secukinumab		see JANUMET XR TAB 50-1000	66
see COSENTYX.....	113, 114	see JANUMET XR TAB 50-500MG ...	66
see COSENTYX SENSOREADY PEN	114		
segesterone acetate-ethinyl estradiol			
see ANNOVERA MIS.....	69	sitagliptin phosphate	
selegiline		see JANUVIA.....	65
see EMSAM.....	52	SIVEXTRO	15
selegiline hcl	55	SKYLA	75
selenium sulfide	114	SKYRIZI.....	90
selexipag		SKYRIZI PEN	91
see UPTRAVI	48	Sm Nicotine Transdermal S	
see UPTRAVI PACK TAB 200/800 ...	48	see nicotine	63
selumetinib sulfate		sodium chloride	100
see KOSELUGO	35	sodium chloride (gu irrigant)	117
SELZENTRY	18	sodium chloride (inhalant)	110
semaglutide		sodium chloride flush	100
see OZEMPIC.....	66	sodium fluoride	100
see OZEMPIC INJ 8MG/3ML	66	sodium phenylbutyrate	75
see RYBELSUS	66	sodium polystyrene sulfonate	69
sertaconazole nitrate		sodium sulfate-magnesium sulfate-potassium chloride	
see ERTACZO	113	see SUTAB TAB.....	97
sertraline hcl	54	sodium sulfate-potassium sulfate-magnesium sulfate	
sevelamer carbonate	78	see SUPREP BOWEL SOL PREP KIT.	82
sharps container		sofosbuvir	
see SHARPS CONTAINER.....	98	see SOVALDI	24
SHARPS CONTAINER	98	sofosbuvir-velpatasvir	
SHINGRIX	96	see EPCLUSA PAK 150-37.5	24
SHUR-SEAL	85	see EPCLUSA PAK 200-50MG	24
SIGNIFOR	78	see EPCLUSA TAB 200-50MG	36
sildenafil citrate (pulmonary hypertension)	47	see EPCLUSA TAB 400-100	24
silodosin	84	sofosbuvir-velpatasvir-voxilaprevir	
silver sulfadiazine	112	see VOSEVI TAB.....	24
SIMBRINZA SUS 1-0.2%	105	solifenacin succinate	85
SIMPONI.....	90	SOLQUA INJ 100/33	66
SIMPONI ARIA	90	solriamfetol hcl	
simvastatin	42	see SUNOSI	3
siponimod fumarate		SOLU-CORTEF	77
see MAYZENT	62	SOLU-MEDROL.....	77
see MAYZENT STARTER PACK.....	106	somatropin	
sirolimus	93	see HUMATROPE	77
SIRTURO	21	see HUMATROPE COMBO PACK.....	77
sitagliptin-metformin hcl		see NORDITROPIN FLEXPOR	79
		SOMATULINE DEPOT	78
		SOMAVERT.....	78

sonidegib phosphate	
see ODOMZO	33
sorafenib tosylate	33
see NEXAVAR	32
Sorine	
see sotalol hcl	41
sotalol hcl	41
sotalol hcl (afib/afl)	41
SOTALOL HYDROCHLORIDE	41
SOVALDI	24
spacer/aerosol-holding chambers	
see ADULT RESPIRATORY MASK	98
spacer/aerosol-holding chamber supplies - masks	
see PEDIATRIC RESPIRATORY MASK	98
spinosad	117
SPIRIVA HANDIHALER	107
SPIRIVA RESPIMAT	107
spironolactone	46
spironolactone & hydrochlorothiazide	
see ALDACTAZIDE TAB 50/50	45
spironolactone & hydrochlorothiazide tab 25-25 mg	46
Sprintec 28	
see norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	74
SPRYCEL	33
Sronyx	
see levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg ..	71
Ssd	
see silver sulfadiazine	112
stavudine	18
see ZERIT	19
STELARA	84, 91
STIVARGA	33
streptomycin sulfate	13
STRIVERDI RESPIMAT	108
SUBLOCADE	12
succimer	
see CHEMET	69
SUCRAID	83
sucralfate	83
sucroferric oxyhydroxide	
see VELPHORO	78
sulconazole nitrate	113
sulfacetamide sodium (acne)	112
sulfacetamide sodium (ophth) ...	103
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	102
sulfacetamide sod-prednisolone	
see BLEPHAMIDE OIN S.O.P.	102
see BLEPHAMIDE SUS OP	102
SULFADIAZINE	13
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	15
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	15
sulfamethoxazole-trimethoprim tab 400-80 mg	15
sulfamethoxazole-trimethoprim tab 800-160 mg	15
SULFAMYLON	112
sulfasalazine	82
sulindac	4
sumatriptan	60
sumatriptan-naproxen sodium tab 85-500 mg	60
sumatriptan succinate	60
sunitinib malate	33
SUNLENCA	35
SUNOSI	3
SUPRAX	23
SUPREP BOWEL SOL PREP KIT	82
SUTAB TAB	97
suvorexant	
see BELSOMRA	59
Syeda	
see drospirenone-ethinyl estradiol tab 3-0.03 mg	70
Symax-sl	
see hyoscyamine sulfate	80
SYMBICORT AER 160-4.5	111
SYMBICORT AER 80-4.5	111
SYMDEKO TAB 100-150	110
SYMDEKO TAB 50-75MG	110
SYMLINPEN 120	65
SYMLINPEN 60	65
SYNAREL	75
SYNERA DIS 70-70MG	116
SYNJARDY TAB	68

SYNJARDY TAB 12.5-500.....	68	telmisartan-hydrochlorothiazide	
SYNJARDY TAB 5-1000MG.....	68	tab 40-12.5 mg	39
SYNJARDY TAB 5-500MG.....	68	telmisartan-hydrochlorothiazide	
SYNJARDY XR TAB.....	68	tab 80-12.5 mg	39
SYNJARDY XR TAB 10-1000.....	68	telmisartan-hydrochlorothiazide	
SYNJARDY XR TAB 25-1000.....	68	tab 80-25 mg	40
SYNJARDY XR TAB 5-1000MG.....	68	temazepam	59
SYNTHROID.....	79	TEMIXYS TAB 300-300.....	20
T		TEMODAR.....	27
TABLOID.....	28	temozolomide	27
tacrolimus	93	see TEMODAR.....	27
see PROGRAF.....	93	Tencon	
tacrolimus (topical)	116	see butalbital-acetaminophen tab	
tadalafil	85	50-325 mg	3
tadalafil (pulmonary hypertension)		TENIPOSIDE.....	34
.....	48	TENIVAC INJ 5-2LF.....	96
TAFINLAR.....	33	tenofovir alafenamide fumarate	
tafluprost	105	see VEMLIDY.....	22
TAGRISSE.....	35	tenofovir disoproxil fumarate	18
Take Action		see VIREAD.....	19
see levonorgestrel (emergency		terazosin hcl	38
oc)	72	terbinafine hcl	16
TALTZ.....	91	terbutaline sulfate	108
tamoxifen citrate	31	terconazole vaginal	86
tamsulosin hcl	85	teriflunomide	
tasimelteon	59	see AUBAGIO.....	61
see HETLIOZ.....	59	testosterone	65
tazarotene	114	testosterone cypionate	65
see TAZORAC.....	114	testosterone enanthate	65
Tazicef		tetanus-diphtheria toxoids (td)	
see ceftazidime	22	see TDVAX INJ 2-2 LF.....	96
TAZORAC.....	114	see TENIVAC INJ 5-2LF.....	96
Taztia Xt		tetanus toxoid-diphtheria-acellular	
see diltiazem hcl extended		pertussis adsorb (tdap)	
release beads	44	see ADACEL INJ.....	93
TDVAX INJ 2-2 LF.....	96	see BOOSTRIX INJ.....	94
tedizolid phosphate		tetrabenazine	61
see SIVEXTRO.....	15	tetracycline hcl	26
telmisartan	40	tezacaftor-ivacaftor	
telmisartan-amlodipine tab 40-10		see SYMDEKO TAB 100-150.....	110
mg	39	see SYMDEKO TAB 50-75MG.....	110
telmisartan-amlodipine tab 40-5		thalidomide	
mg	39	see THALOMID.....	93
telmisartan-amlodipine tab 80-10		THALOMID.....	93
mg	39	THEO-24.....	111
telmisartan-amlodipine tab 80-5		Theochron	
mg	39	see theophylline	111

theophylline	111	topiramate	50
see THEO-24.....	111	Toposar	
thioguanine		see etoposide	34
see TABLOID	28	topotecan hcl	34
thioridazine hcl	57	toremifene citrate	31
thiothixene	57	torseamide	46
THYROSAFE.....	69	tramadol-acetaminophen tab 37.5-325 mg	11
tiagabine hcl	50	tramadol hcl	11
ticagrelor		trametinib dimethyl sulfoxide	
see BRILINTA	87	see MEKINIST	32
TICE BCG.....	34	trandolapril	38
timolol		trandolapril-verapamil hcl tab er 1-240 mg	37
see BETIMOL	104	trandolapril-verapamil hcl tab er 2-180 mg	37
timolol maleate	43	trandolapril-verapamil hcl tab er 2-240 mg	37
timolol maleate (ophth)	105	TRANDOLAPRIL-VERAPAMIL HCL TAB	
tinidazole	13	ER 2-240 MG	37
tiotropium bromide monohydrate		trandolapril-verapamil hcl tab er 4-240 mg	37
see SPIRIVA HANDIHALER	107	tranexamic acid	87
see SPIRIVA RESPIMAT	107	tranylcypromine sulfate	54
tipranavir		travoprost	105
see APTIVUS.....	16	trazodone hcl	54
Tis-u-sol		TRECATOR	21
see ringer's solution for irrigation		TRELEGY AER 100MCG.....	106
.....	105	TRELEGY AER 200MCG.....	106
TIVICAY.....	19	TREMFYA	91
tizanidine hcl	63	treprostinil	
TOBRADEX OIN 0.3-0.1%.....	103	see REMODULIN.....	47
TOBRADEX ST SUS 0.3-0.05.....	103	see TYVASO.....	48
tobramycin	13	see TYVASO REFILL	48
tobramycin (ophth)	103	see TYVASO STARTER.....	48
tobramycin-dexamethasone		treprostinil diolamine	
see TOBRADEX OIN 0.3-0.1%	103	see ORENITRAM	47
see TOBRADEX ST SUS 0.3-0.05	103	TRESIBA	67
tobramycin-dexamethasone ophth susp 0.3-0.1%	103	TRESIBA FLEXTOUCH	67
tobramycin sulfate	13	tretinoin	112
tocilizumab		tretinoin (chemotherapy)	34
see ACTEMRA	88	tretinoin microsphere	112
see ACTEMRA ACTPEN	88	triamcinolone acetonide (mouth)	
TODAY SPONGE	85	.....	117
tofacitinib citrate		triamcinolone acetonide (nasal)	110
see XELJANZ	91	triamcinolone acetonide (topical)	
see XELJANZ XR	91, 92	.....	116
tolcapone	55		
tolmetin sodium	4		
tolterodine tartrate	85		
tolvaptan	78		

triamterene	46	TRUMENBA INJ	96
triamterene & hydrochlorothiazide cap 37.5-25 mg	46	Tussigon	
triamterene & hydrochlorothiazide tab 37.5-25 mg	46	see hydrocodone w/ homatropine tab 5-1.5 mg	108
triamterene & hydrochlorothiazide tab 75-50 mg	46	TUZISTRA XR SUS.....	109
Triderm		TWINRIX INJ	96
see triamcinolone acetonide (topical)	116	TYBOST	19
trifluoperazine hcl	57	TYMLOS.....	78
trifluridine	103	TYSABRI.....	62
trihexyphenidyl hcl	55	TYVASO	48
TRIKAFTA TAB	110	TYVASO REFILL.....	48
Tri-linyah		TYVASO STARTER	48
see norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mcg	74	U	
trimethobenzamide hcl	81	ulipristal acetate	
trimethoprim	15	see ELLA	70
trimethoprim hcl		umeclidinium bromide	
see PRIMSOLOL	15	see INCRUSE ELLIPTA	106
trimipramine maleate	54	umeclidinium-vilanterol	
Trinessa		see ANORO ELLIPT AER 62.5-25 ..	106
see norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mcg	74	Unithroid	
Tri-sprintec		see levothyroxine sodium	79
see norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mcg	74	upadacitinib	
TRIUMEQ PD TAB	20	see RINVOQ	90
TRIUMEQ TAB.....	20	UPTRAVI.....	48
Tri-vit/fluoride		UPTRAVI PACK TAB 200/800	48
see *pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***	102	uridine triacetate (emergency treatment)	
see *pediatric vitamins acd w/ fluoride soln 0.5 mg/ml*** ..	102	see VISTOGARD	34
Trivora-28		Urinary Pain Relief	
see levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	72	see phenazopyridine hcl	85
TROGARZO	19	urine glucose-ketones test	
tropicamide	105	see KETONE URINE TEST STRIPS ..	97
trospium chloride	85	urine glucose monitoring supplies	
TRULICITY	66	see URINE GLUCOSE MONITORING SUPPLIES	98
		URINE GLUCOSE MONITORING SUPPLIES.....	98
		URINE TEST STRIPS	98
		ursodiol	83
		ustekinumab	
		see STELARA	91
		ustekinumab (iv)	
		see STELARA	84
		UVADEX.....	34
		V	
		valacyclovir hcl	22
		valganciclovir hcl	22

valproate sodium	50	VIBRAMYCIN	26
valproic acid	50	VICTOZA.....	66
valsartan	40	vigabatrin	50
valsartan-hydrochlorothiazide tab		VIIBRYD KIT STARTER.....	54
160-12.5 mg	40	vilazodone hcl	54
valsartan-hydrochlorothiazide tab		see VIIBRYD KIT STARTER	54
160-25 mg	40	vinblastine sulfate	28
valsartan-hydrochlorothiazide tab		Vincasar Pfs	
320-12.5 mg	40	see vincristine sulfate	29
valsartan-hydrochlorothiazide tab		vincristine sulfate	29
320-25 mg	40	vinorelbine tartrate	29
valsartan-hydrochlorothiazide tab		VIOKACE TAB 10440	83
80-12.5 mg	40	VIOKACE TAB 20880	83
vancomycin hcl	15	Viorele	
vandetanib		see desogest-eth estrad & eth	
see CAPRELSA	31	estradiol tab 0.15-0.02/0.01	
VAQTA.....	96	mg(21/5)	70
varenicline tartrate		VIRACEPT	19
see APO-VARENICLINE.....	63	VIREAD	19
VARENICLINE TARTRATE.....	63	vismodegib	
varenicline tartrate tab 11 x 0.5 mg		see ERIVEDGE	29
& 42 x 1 mg start pack	64	VISTOGARD	34
varicella virus vaccine live		Vitamins A/c/d/fluoride	
see VARIVAX	96	see *pediatric vitamins acid w/	
VARIVAX.....	96	fluoride soln 0.25 mg/ml***	
VARUBI	81	.....	102
VASCEPA	42	VITRAKVI.....	33
VAXELIS INJ	118	VITUZ SOL 5-4MG	109
VAXNEUVANCE INJ.....	96	VIVITROL.....	64
VCF VAGINAL CONTRACEPTIVE.....	85	voriconazole	16
Velivet		vorinostat	
see desogest-ethin est tab 0.1-		see ZOLINZA	29
0.025/0.125-0.025/0.15-		VOSEVI TAB	24
0.025mg-mg	70	VOTRIENT	33
VELPHORO	78	VUMERITY.....	62
VEMLIDY.....	22	W	
vemurafenib		warfarin sodium	86
see ZELBORAF	33	Wera	
VENCLEXTA.....	35	see norethindrone & ethinyl	
VENCLEXTA TAB START PK.....	35	estradiol tab 0.5 mg-35 mcg ..	72
venetoclax		WIDE-SEAL SILICONE DIAPHR.....	97
see VENCLEXTA	35	X	
see VENCLEXTA TAB START PK	35	XALKORI.....	33
venlafaxine hcl	54	XARELTO	86
VENTAVIS	48	XARELTO STAR TAB 15/20MG.....	86
verapamil hcl	45	XELJANZ	91
VERZENIO.....	35	XELJANZ XR.....	91, 92

XEPI.....	64	see dextroamphetamine sulfate	58
XERAC AC	64	ZEPATIER TAB 50-100MG.....	24
XIFAXAN.....	15	ZEPOSIA	106
XIGDUO XR TAB 10-1000.....	68	ZEPOSIA 7DAY CAP STR PACK	106
XIGDUO XR TAB 10-500MG.....	68	ZEPOSIA CAP STR KIT	106
XIGDUO XR TAB 2.5-1000.....	68	ZERIT.....	19
XIGDUO XR TAB 5-1000MG.....	68	zidovudine	19
XIGDUO XR TAB 5-500MG.....	68	see RETROVIR IV INFUSION	18
XOLAIR.....	108	zileuton	109
XTANDI	31	ziprasidone hcl	57
Xulane		ZIRGAN	103
see norelgestromin-ethinyl		ZMAX	23
estradiol td ptwk 150-35		zoledronic acid	69
mcg/24hr	72	ZOLINZA.....	29
XULTOPHY INJ 100/3.6	66	zolmitriptan	60
Y		zolpidem tartrate	59
Yuvaferm		zonisamide	50
see estradiol vaginal	76	ZOSTAVAX	96
Z		zoster vaccine live	
zafirlukast	109	see ZOSTAVAX.....	96
zaleplon	59	zoster vaccine recombinant	
zanamivir		adjuvanted	
see RELENZA DISKHALER.....	21	see SHINGRIX	96
ZEJULA.....	29	Zovia 1/35e	
ZELBORAF.....	33	see ethynodiol diacetate & ethinyl	
Zenchant		estradiol tab 1 mg-35 mcg	70
see norethindrone & ethinyl		ZUBSOLV SUB 0.7-0.18	4
estradiol tab 0.4 mg-35 mcg ..	72	ZUBSOLV SUB 1.4-0.36	4
ZENPEP CAP 10000UNT	83	ZUBSOLV SUB 11.4-2.9.....	4
ZENPEP CAP 15000UNT	83	ZUBSOLV SUB 2.9-0.71	4
ZENPEP CAP 20000UNT	83	ZUBSOLV SUB 5.7-1.4.....	4
ZENPEP CAP 25000UNT	83	ZUBSOLV SUB 8.6-2.1.....	4
ZENPEP CAP 3000UNIT	83	ZYDELIG.....	33
ZENPEP CAP 40000UNT	83	ZYKADIA.....	33
ZENPEP CAP 5000UNIT	83	ZYPREXA RELPREVV	35
Zenzedi			