

oscar

# 2020 Formulary

(List of Covered Drugs)



# What is the Oscar Formulary?

---

A formulary is a list of covered drugs selected by Oscar in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. 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 07/01/2020.

---

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:

## 01 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.

## 02 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 158. 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. 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.

---

## 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 him or her 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 Oscar to make an exception to our coverage rules.

Generally, Oscar 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.

---

## Can the Formulary change?

Most changes in drug coverage happen on January 1, but during the year Oscar may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. 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.

### Changes that can affect you this year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. You can find information in the section above entitled "How do I request an exception to the Oscar Formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

## For more information

For more detailed information about your Oscar prescription drug coverage, please visit [www.hioscar.com](http://www.hioscar.com) or call Concierge at 1-855-OSCAR-88. You can also find your plan specific information on our Oscar app available through iTunes or Google Play.

---

## 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 158.

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 <sup>1</sup> 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

---

<sup>1</sup>to be covered at the pharmacy a prescription from your doctor is required

**EXCH OSCAR 4T CA STND eff 07/01/2020**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION</b>		
<b>COX-2 INHIBITORS</b>		
<i>celecoxib cap 50 mg</i> 2		
<i>celecoxib cap 100 mg</i> 2		
<i>celecoxib cap 200 mg</i> 2		
<b>GOUT - DRUGS TO TREAT GOUT</b>		
<i>allopurinol sodium for inj 500 mg</i> 1		
<i>allopurinol tab 100 mg</i> 1		
<i>allopurinol tab 300 mg</i> 1		
<i>colchicine tab 0.6 mg</i> 1 QL (120 tablets / 25 days)		
<i>colchicine w/ probenecid tab 0.5-500 mg</i> 1		
<i>febuxostat tab 40 mg</i> 1 ST; PA**		
<i>febuxostat tab 80 mg</i> 1 ST; PA**		
<i>probenecid tab 500 mg</i> 1		
<b>NON-OPIOID ANALGESICS§</b>		
<i>butilbital-acetaminophen tab 50-325 mg</i> (Tencon) 1 QL (48 tabs / 25 days)		
<i>butilbital-acetaminophen-caffeine cap 50-300-40 mg</i> 1 QL (48 caps / 25 days)		
<i>butilbital-acetaminophen-caffeine cap 50-325-40 mg</i> 1 QL (48 caps / 25 days)		
<i>butilbital-acetaminophen-caffeine tab 50-325-40 mg</i> 1 QL (48 tabs / 25 days)		
<i>butilbital-aspirin-caffeine cap 50-325-40 mg</i> 1 QL (48 caps / 25 days)		
<b>NSAIDS, COMBINATIONS§</b>		
<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		
<b>NSAIDS§</b>		
<i>diclofenac potassium tab 50 mg</i> 1		
<i>diclofenac sodium tab delayed release 25 mg</i> 1		
<i>diclofenac sodium tab delayed release 50 mg</i> 1		
<i>diclofenac sodium tab delayed release 75 mg</i> 1		
<i>diclofenac sodium tab er 24hr 100 mg</i> 1		
<i>etodolac cap 200 mg</i> 1		

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>etodolac cap 300 mg</b>	1	
<b>etodolac tab 400 mg</b>	1	
<b>etodolac tab 500 mg</b>	1	
<b>etodolac tab er 24hr 400 mg</b>	1	
<b>etodolac tab er 24hr 500 mg</b>	1	
<b>etodolac tab er 24hr 600 mg</b>	1	
<b>fenoprofen calcium tab 600 mg</b>	1	
<b>flurbiprofen tab 50 mg</b>	1	
<b>flurbiprofen tab 100 mg</b>	1	
<b>ibuprofen susp 100 mg/5ml</b>	1	
<b>ibuprofen tab 400 mg</b>	1	
<b>ibuprofen tab 600 mg</b>	1	
<b>ibuprofen tab 800 mg</b>	1	
<b>ketoprofen cap er 24hr 200 mg</b>	1	
<b>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</b>	1	
<b>ketorolac tromethamine inj 15 mg/ml</b>	1	
<b>ketorolac tromethamine inj 30 mg/ml</b>	1	
<b>ketorolac tromethamine tab 10 mg</b>	1	QL (20 tabs / 25 days)
<b>meclofenamate sodium cap 50 mg</b>	1	
<b>meclofenamate sodium cap 100 mg</b>	1	
<b>mefenamic acid cap 250 mg</b>	1	
<b>meloxicam tab 7.5 mg</b>	1	
<b>meloxicam tab 15 mg</b>	1	
<b>nabumetone tab 500 mg</b>	1	
<b>nabumetone tab 750 mg</b>	1	
<b>naproxen tab 250 mg</b>	1	
<b>naproxen tab 375 mg</b>	1	
<b>naproxen tab 500 mg</b>	1	
<b>oxaprozin tab 600 mg</b>	1	
<b>piroxicam cap 10 mg</b>	1	
<b>piroxicam cap 20 mg</b>	1	
<b>sulindac tab 150 mg</b>	1	
<b>sulindac tab 200 mg</b>	1	
<b>tolmetin sodium cap 400 mg</b>	1	
<b>tolmetin sodium tab 200 mg</b>	1	
<b>tolmetin sodium tab 600 mg</b>	1	
<b>OPIOID AGONIST/ANTAGONISTS</b>		
<b>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</b>	1	QL (90 units / 25 days)
<b>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</b>	1	QL (90 units / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</b>	1	QL (90 units / 25 days)
<b>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</b>	1	QL (60 units / 25 days)
<b>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</b>	0	QL (90 tabs / 25 days); \$0 copay
<b>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</b>	0	QL (90 tabs / 25 days); \$0 copay
<b>ZUBSOLV SUB 0.7-0.18 (buprenorphine hcl-naloxone hcl dihydrate)</b>	2	QL (90 units / 25 days)
<b>ZUBSOLV SUB 1.4-0.36 (buprenorphine hcl-naloxone hcl dihydrate)</b>	2	QL (90 units / 25 days)
<b>ZUBSOLV SUB 2.9-0.71 (buprenorphine hcl-naloxone hcl dihydrate)</b>	2	QL (90 units / 25 days)
<b>ZUBSOLV SUB 5.7-1.4 (buprenorphine hcl-naloxone hcl dihydrate)</b>	2	QL (90 units / 25 days)
<b>ZUBSOLV SUB 8.6-2.1 (buprenorphine hcl-naloxone hcl dihydrate)</b>	2	QL (60 units / 25 days)
<b>ZUBSOLV SUB 11.4-2.9 (buprenorphine hcl-naloxone hcl dihydrate)</b>	2	QL (30 units / 25 days)

#### **OPIOID ANALGESICS§**

<b>acetaminophen w/ codeine soln 120- 12 mg/5ml</b>	1	QL (2700 ml / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>acetaminophen w/ codeine tab 300-15 mg</b>	1	QL (400 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>acetaminophen w/ codeine tab 300-30 mg</b>	1	QL (360 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>acetaminophen w/ codeine tab 300-60 mg</b>	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</b>	1	QL (48 caps / 25 days)
<b>butorphanol tartrate inj 1 mg/ml</b>	1	
<b>butorphanol tartrate inj 2 mg/ml</b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>butorphanol tartrate nasal soln 10 mg/ml</b>	1	QL (2 bottles / 25 days)
<b>codeine sulf tab 60mg</b>	1	QL (42 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>codeine sulfate tab 30 mg</b>	1	QL (42 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>EMBEDA CAP 20-0.8MG (<i>morphine-naltrexone</i>)</b>	2	QL (60 caps / 25 days), ST
<b>EMBEDA CAP 30-1.2MG (<i>morphine-naltrexone</i>)</b>	2	QL (60 caps / 25 days), ST
<b>EMBEDA CAP 50-2MG (<i>morphine-naltrexone</i>)</b>	2	QL (30 caps / 25 days), ST
<b>EMBEDA CAP 60-2.4MG (<i>morphine-naltrexone</i>)</b>	2	QL (30 caps / 25 days), ST
<b>EMBEDA CAP 80-3.2MG (<i>morphine-naltrexone</i>)</b>	2	QL (30 caps / 25 days), ST
<b>EMBEDA CAP 100-4MG (<i>morphine-naltrexone</i>)</b>	2	PA, ST; High Strength Requires PA
<b>fentanyl citrate lozenge on a handle 200 mcg</b>	1	QL (120 lozenges / 25 days), PA
<b>fentanyl citrate lozenge on a handle 400 mcg</b>	1	QL (120 lozenges / 25 days), PA
<b>fentanyl citrate lozenge on a handle 600 mcg</b>	1	QL (120 lozenges / 25 days), PA
<b>fentanyl citrate lozenge on a handle 800 mcg</b>	1	QL (120 lozenges / 25 days), PA
<b>fentanyl citrate lozenge on a handle 1200 mcg</b>	1	QL (120 lozenges / 25 days), PA
<b>fentanyl citrate lozenge on a handle 1600 mcg</b>	1	QL (120 lozenges / 25 days), PA
<b>fentanyl td patch 72hr 12 mcg/hr</b>	1	QL (10 patches / 25 days), ST
<b>fentanyl td patch 72hr 25 mcg/hr</b>	1	QL (10 patches / 25 days), ST
<b>fentanyl td patch 72hr 50 mcg/hr</b>	1	PA, ST; High Strength Requires PA
<b>fentanyl td patch 72hr 75 mcg/hr</b>	1	PA, ST; High Strength Requires PA
<b>fentanyl td patch 72hr 100 mcg/hr</b>	1	PA, ST; High Strength Requires PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</b>	1	QL (2700 ml / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>hydrocodone-acetaminophen tab 5-325 mg</b>	1	QL (240 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>hydrocodone-acetaminophen tab 7.5-325 mg</b>	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>hydrocodone-acetaminophen tab 10-325 mg</b>	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>hydrocodone-ibuprofen tab 10-200 mg</b>	1	QL (50 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>hydrocodone-ibuprofen tab 10-200 mg</b> (Xylon)	1	QL (50 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
HYDROMORPHON SUP 3MG	3	QL (120 suppositories / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>hydromorphone hcl inj 1 mg/ml</b>	1	
<b>hydromorphone hcl inj 2 mg/ml</b>	1	
<b>hydromorphone hcl inj 4 mg/ml</b>	1	
<b>hydromorphone hcl preservative free (pf) inj 10 mg/ml</b>	1	
<b>hydromorphone hcl tab 2 mg</b>	1	QL (180 tabs / 25 days), ST; 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
<b>hydromorphone hcl tab 4 mg</b>	1	QL (150 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>hydromorphone hcl tab 8 mg</b>	1	QL (60 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>hydromorphone hcl tab er 24hr deter 8 mg</b>	1	QL (30 tabs / 25 days), ST
<b>hydromorphone hcl tab er 24hr deter 12 mg</b>	1	QL (30 tabs / 25 days), ST
<b>hydromorphone hcl tab er 24hr deter 16 mg</b>	1	QL (30 tabs / 25 days), ST
<b>hydromorphone hcl tab er 24hr deter 32 mg</b>	1	PA, ST; High Strength Requires PA
<b>methadone hcl conc 10 mg/ml</b>	1	QL (30 ml / 25 days); (indicated for opioid addiction)
<b>methadone hcl conc 10 mg/ml</b> (Methadone Hcl Intensol)	1	QL (60 mL / 25 days), ST; (generic of Methadone Intensol, indicated for pain)
<b>methadone hcl inj 10 mg/ml</b>	1	QL (20 ml / 25 days), ST
<b>methadone hcl soln 5 mg/5ml</b>	1	QL (450 ml / 25 days), ST
<b>methadone hcl soln 10 mg/5ml</b>	1	QL (300 mL / 25 days), ST
<b>methadone hcl tab 5 mg</b>	1	QL (90 tabs / 25 days), ST
<b>methadone hcl tab 10 mg</b>	1	QL (60 tabs / 25 days), ST
<b>methadone hcl tab for oral susp 40 mg</b>	1	QL (9 tabs / 25 days)
<b>methadone hcl tab for oral susp 40 mg</b> (Methadose)	1	QL (9 tabs / 25 days)
MORPHINE SUL INJ 2MG/ML	3	
MORPHINE SUL INJ 4MG/ML	3	
MORPHINE SUL INJ 5MG/ML	3	
MORPHINE SUL INJ 150/30ML	3	
<b>morpheine sulfate beads cap er 24hr 30 mg</b>	1	QL (30 caps / 25 days), ST
<b>morpheine sulfate beads cap er 24hr 45 mg</b>	1	QL (30 caps / 25 days), ST

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>morphine sulfate beads cap er 24hr 60 mg</i></b>	1	QL (30 caps / 25 days), ST
<b><i>morphine sulfate beads cap er 24hr 75 mg</i></b>	1	QL (30 caps / 25 days), ST
<b><i>morphine sulfate beads cap er 24hr 90 mg</i></b>	1	QL (30 caps / 25 days), ST
<b><i>morphine sulfate beads cap er 24hr 120 mg</i></b>	1	PA, ST; High Strength Requires PA
<b><i>morphine sulfate cap er 24hr 10 mg</i></b>	1	QL (60 caps / 25 days), ST
<b><i>morphine sulfate cap er 24hr 20 mg</i></b>	1	QL (60 caps / 25 days), ST
<b><i>morphine sulfate cap er 24hr 30 mg</i></b>	1	QL (60 caps / 25 days), ST
<b><i>morphine sulfate cap er 24hr 50 mg</i></b>	1	QL (30 caps / 25 days), ST
<b><i>morphine sulfate cap er 24hr 60 mg</i></b>	1	QL (30 caps / 25 days), ST
<b><i>morphine sulfate cap er 24hr 80 mg</i></b>	1	QL (30 caps / 25 days), ST
<b><i>morphine sulfate cap er 24hr 100 mg</i></b>	1	PA, ST; High Strength Requires PA
<b><i>morphine sulfate inj 8 mg/ml</i></b>	1	
<b><i>morphine sulfate inj 10 mg/ml</i></b>	1	
<b><i>morphine sulfate inj pf 0.5 mg/ml</i></b>	1	
<b><i>morphine sulfate inj pf 1 mg/ml</i></b>	1	
<b><i>morphine sulfate iv soln 1 mg/ml</i></b>	1	
<b><i>morphine sulfate iv soln pf 4 mg/ml</i></b>	1	
<b><i>morphine sulfate iv soln pf 8 mg/ml</i></b>	1	
<b><i>morphine sulfate iv soln pf 10 mg/ml</i></b>	1	
<b><i>morphine sulfate oral soln 10 mg/5ml</i></b>	1	QL (900 ml / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b><i>morphine sulfate oral soln 20 mg/5ml</i></b>	1	QL (675 mL / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b><i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i></b>	1	QL (135 mL / 25 days), ST; 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
<b><i>morphine sulfate suppos 5 mg</i></b>	1	QL (180 suppositories / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b><i>morphine sulfate suppos 10 mg</i></b>	1	QL (180 suppositories / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b><i>morphine sulfate suppos 20 mg</i></b>	1	QL (120 supp / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b><i>morphine sulfate suppos 30 mg</i></b>	1	QL (90 supp / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b><i>morphine sulfate tab 15 mg</i></b>	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b><i>morphine sulfate tab 30 mg</i></b>	1	QL (90 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b><i>morphine sulfate tab er 15 mg</i></b>	1	QL (90 tabs / 25 days), ST
<b><i>morphine sulfate tab er 30 mg</i></b>	1	QL (90 tabs / 25 days), ST
<b><i>morphine sulfate tab er 60 mg</i></b>	1	PA, ST; High Strength Requires PA
<b><i>morphine sulfate tab er 100 mg</i></b>	1	PA, ST; High Strength Requires PA
<b><i>morphine sulfate tab er 200 mg</i></b>	1	PA, ST; High Strength Requires PA
<b><i>nalbuphine hcl inj 10 mg/ml</i></b>	1	
<b><i>nalbuphine hcl inj 20 mg/ml</i></b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NUCYNTA ER TAB 50MG ( <b>tapentadol hcl</b> )	2	QL (60 tabs / 25 days), ST
NUCYNTA ER TAB 100MG ( <b>tapentadol hcl</b> )	2	QL (60 tabs / 25 days), ST
NUCYNTA ER TAB 150MG ( <b>tapentadol hcl</b> )	2	PA, ST; High Strength Requires PA
NUCYNTA ER TAB 200MG ( <b>tapentadol hcl</b> )	2	PA, ST; High Strength Requires PA
NUCYNTA ER TAB 250MG ( <b>tapentadol hcl</b> )	2	PA, ST; High Strength Requires PA
NUCYNTA TAB 50MG ( <b>tapentadol hcl</b> )	2	QL (120 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA TAB 75MG ( <b>tapentadol hcl</b> )	2	QL (90 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA TAB 100MG ( <b>tapentadol hcl</b> )	2	QL (60 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>oxycodone hcl cap 5 mg</b>	1	QL (180 caps / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</b>	1	QL (90 mL / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>oxycodone hcl soln 5 mg/5ml</b>	1	QL (900 ml / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>oxycodone hcl tab 5 mg</b>	1	QL (180 tabs / 25 days), ST; 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
<b>oxycodone hcl tab 10 mg</b>	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>oxycodone hcl tab 15 mg</b>	1	QL (120 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>oxycodone hcl tab 20 mg</b>	1	QL (90 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>oxycodone hcl tab 30 mg</b>	1	QL (60 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>oxycodone hcl tab er 12hr deter 10 mg</b>	1	QL (60 tabs / 25 days), ST
<b>oxycodone hcl tab er 12hr deter 15 mg</b>	1	QL (60 tabs / 25 days), ST
<b>oxycodone hcl tab er 12hr deter 20 mg</b>	1	QL (60 tabs / 25 days), ST
<b>oxycodone hcl tab er 12hr deter 30 mg</b>	1	QL (60 tabs / 25 days), ST
<b>oxycodone hcl tab er 12hr deter 40 mg</b>	1	PA, ST; High Strength Requires PA
<b>oxycodone hcl tab er 12hr deter 60 mg</b>	1	PA, ST; High Strength Requires PA
<b>oxycodone hcl tab er 12hr deter 80 mg</b>	1	PA, ST; High Strength Requires PA
<b>oxycodone w/ acetaminophen soln 5-325 mg/5ml</b>	1	QL (1800 ml / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>oxycodone w/ acetaminophen tab 2.5-325 mg</b>	1	QL (360 tabs / 25 days), ST; 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
<b>oxycodone w/ acetaminophen tab 2.5-325 mg</b> (Endocet)	1	QL (360 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>oxycodone w/ acetaminophen tab 5-325 mg</b>	1	QL (360 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>oxycodone w/ acetaminophen tab 5-325 mg</b> (Endocet)	1	QL (360 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>oxycodone w/ acetaminophen tab 7.5-325 mg</b>	1	QL (240 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>oxycodone w/ acetaminophen tab 7.5-325 mg</b> (Endocet)	1	QL (240 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>oxycodone w/ acetaminophen tab 10-325 mg</b>	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>oxycodone w/ acetaminophen tab 10-325 mg</b> (Endocet)	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>oxycodone-aspirin tab 4.8355-325 mg</b>	1	QL (360 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>oxycodone-ibuprofen tab 5-400 mg</b>	1	QL (28 tabs / 25 days), ST; 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
<b>oxymorphone hcl tab 5 mg</b>	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>oxymorphone hcl tab 10 mg</b>	1	QL (90 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>oxymorphone hcl tab er 12hr 5 mg</b>	1	QL (60 tabs / 25 days), ST
<b>oxymorphone hcl tab er 12hr 7.5 mg</b>	1	QL (60 tabs / 25 days), ST
<b>oxymorphone hcl tab er 12hr 10 mg</b>	1	QL (60 tabs / 25 days), ST
<b>oxymorphone hcl tab er 12hr 15 mg</b>	1	QL (60 tabs / 25 days), ST
<b>oxymorphone hcl tab er 12hr 20 mg</b>	1	PA, ST; High Strength Requires PA
<b>oxymorphone hcl tab er 12hr 30 mg</b>	1	PA, ST; High Strength Requires PA
<b>oxymorphone hcl tab er 12hr 40 mg</b>	1	PA, ST; High Strength Requires PA
<b>tramadol hcl tab 50 mg</b>	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>tramadol hcl tab 100 mg</b>	1	QL (90 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<b>tramadol hcl tab er 24hr 100 mg</b>	1	QL (30 tabs / 25 days), ST
<b>tramadol hcl tab er 24hr 200 mg</b>	1	PA, ST; High Strength Requires PA
<b>tramadol hcl tab er 24hr 300 mg</b>	1	PA, ST; High Strength Requires PA
<b>tramadol-acetaminophen tab 37.5-325 mg</b>	1	QL (40 tabs / 25 days), ST; 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
XARTEMIS XR TAB 7.5-325 ( <b>oxycodone w/ acetaminophen</b> )	3	QL (120 tabs / 25 days)
<b>OPIOID PARTIAL AGONISTS§</b>		
BELBUCA MIS 75MCG ( <b>buprenorphine hcl</b> )	2	QL (60 films / 25 days), ST
BELBUCA MIS 150MCG ( <b>buprenorphine hcl</b> )	2	QL (60 films / 25 days), ST
BELBUCA MIS 300MCG ( <b>buprenorphine hcl</b> )	2	QL (60 films / 25 days), ST
BELBUCA MIS 450MCG ( <b>buprenorphine hcl</b> )	2	QL (60 films / 25 days), ST
BELBUCA MIS 600MCG ( <b>buprenorphine hcl</b> )	2	PA, ST; High Strength Requires Prior Auth
BELBUCA MIS 750MCG ( <b>buprenorphine hcl</b> )	2	PA, ST; High Strength Requires Prior Auth
BELBUCA MIS 900MCG ( <b>buprenorphine hcl</b> )	2	PA, ST; High Strength Requires Prior Auth
<b>buprenorphine hcl inj 0.3 mg/ml (base equiv)</b>	1	
<b>buprenorphine hcl sl tab 2 mg (base equiv)</b>	0	QL (90 tabs / 25 days); \$0 copay; Must obtain approval after the first 30 day supply
<b>buprenorphine hcl sl tab 8 mg (base equiv)</b>	0	QL (90 tabs / 25 days); \$0 copay; Must obtain approval after the first 30 day supply
SUBLINER INJ 100/0.5 ( <b>buprenorphine</b> )	4	
SUBLINER INJ 300/1.5 ( <b>buprenorphine</b> )	4	
<b>SALICYLATES</b>		
<b>aspirin chew tab 81 mg</b> (Goodsense Aspirin)	0	OTC, QL (100 tabs / 30 days); \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<b>aspirin tab delayed release 81 mg</b> (Aspirin Enteric Coated Ad)	0	OTC, QL (100 tabs / 30 days); \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<b>diflunisal tab 500 mg</b>	1	

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

## ANESTHETICS - DRUGS FOR NUMBING

### LOCAL ANESTHETICS

LIDO/DEXTROS INJ 5-7.5%	3
<i>lidocaine hcl local inj 0.5%</i>	1
<i>lidocaine hcl local inj 1%</i>	1
<i>lidocaine hcl local inj 2%</i>	1
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	1
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	1
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	1
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	1
<i>lidocaine hcl local preservative free (pf) inj 4%</i>	1

## ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

### ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	1
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	1
<i>chloramphenicol sodium succinate for iv inj 1 gm</i>	1
<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 inj 10 mg/ml</i>	1
<i>gentamicin sulfate inj 40 mg/ml</i>	1
MONUROL PAK GRANULES ( <i>fosfomycin tromethamine</i> )	3
<i>neomycin sulfate tab 500 mg</i>	1
<i>paromomycin sulfate cap 250 mg</i>	1
<i>streptomycin sulfate for inj 1 gm</i>	1
SULFADIAZINE TAB 500MG	3
<i>tinidazole tab 250 mg</i>	1
<i>tinidazole tab 500 mg</i>	1
<i>tobramycin nebu soln 300 mg/5ml</i>	4
<i>tobramycin sulfate for inj 1.2 gm</i>	1
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	1

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i></b>	1	
<b><i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i></b>	1	
<b><i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i></b>	1	
<b><i>ANTI-INFECTIVES - MISCELLANEOUS</i></b>		
ALINIA SUS 100/5ML ( <b><i>nitazoxanide</i></b> )	3	QL (540mL / 25 days)
ALINIA TAB 500MG ( <b><i>nitazoxanide</i></b> )	3	QL (20 tabs / 25 days)
<b><i>atovaquone susp 750 mg/5ml</i></b>	1	
AZACTAM/DEX INJ 1GM ( <b><i>aztreonam-dextrose</i></b> )	3	
AZACTAM/DEX INJ 2GM ( <b><i>aztreonam-dextrose</i></b> )	3	
<b><i>aztreonam for inj 1 gm</i></b>	1	
<b><i>aztreonam for inj 2 gm</i></b>	1	
CAYSTON INH 75MG ( <b><i>aztreonam lysine</i></b> )	4	QL (84 vials / 28 days), PA
<b><i>clindamycin hcl cap 75 mg</i></b>	1	
<b><i>clindamycin hcl cap 150 mg</i></b>	1	
<b><i>clindamycin hcl cap 300 mg</i></b>	1	
<b><i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i></b>	1	
<b><i>clindamycin phosphate inj 9 gm/60ml</i></b>	1	
<b><i>clindamycin phosphate inj 300 mg/2ml</i></b>	1	
<b><i>clindamycin phosphate inj 600 mg/4ml</i></b>	1	
<b><i>clindamycin phosphate inj 900 mg/6ml</i></b>	1	
<b><i>dapsone tab 25 mg</i></b>	1	
<b><i>dapsone tab 100 mg</i></b>	1	
<b><i>daptomycin for iv soln 500 mg</i></b>	1	
DARAPRIM TAB 25MG ( <b><i>pyrimethamine</i></b> )	3	PA
<b><i>doripenem for iv infusion 250 mg</i></b>	1	
<b><i>doripenem for iv infusion 500 mg</i></b>	1	
EMVERM CHW 100MG ( <b><i>mebendazole</i></b> )	3	QL (12 tabs / 365 days)
<b><i>ertapenem sodium for inj 1 gm (base equivalent)</i></b>	1	
<b><i>imipenem-cilastatin intravenous for soln 250 mg</i></b>	1	
<b><i>imipenem-cilastatin intravenous for soln 500 mg</i></b>	1	
INVANZ INJ 1GM ( <b><i>ertapenem sodium</i></b> )	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>ivermectin tab 3 mg</i></b>	1	
<b><i>linezolid for susp 100 mg/5ml</i></b>	1	
<b><i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i></b>	1	
<b><i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i></b>	1	
<b><i>linezolid tab 600 mg</i></b>	1	
<b><i>meropenem iv for soln 1 gm</i></b>	1	
<b><i>meropenem iv for soln 500 mg</i></b>	1	
<b><i>methenamine hippurate tab 1 gm</i></b>	1	
<b><i>metronidazole cap 375 mg</i></b>	1	
<b><i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i></b>	1	
<b><i>metronidazole tab 250 mg</i></b>	1	
<b><i>metronidazole tab 500 mg</i></b>	1	
<b><i>nitrofurantoin macrocrystalline cap 25 mg</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
<b><i>nitrofurantoin macrocrystalline cap 50 mg</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
<b><i>nitrofurantoin macrocrystalline cap 100 mg</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
<b><i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
<b><i>nitrofurantoin susp 25 mg/5ml</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
<b><i>pentamidine isethionate for nebulization soln 300 mg</i></b>	1	
<b><i>pentamidine isethionate for soln 300 mg</i></b>	1	
<b><i>polymyxin b sulfate for inj 500000 unit</i></b>	1	
<b><i>praziquantel tab 600 mg</i></b>	1	QL (24 tabs / 365 days)
<b><i>PRIMSOL SOL 50MG/5ML (trimethoprim hcl)</i></b>	2	
<b><i>SIVEXTRO INJ 200MG (tedizolid phosphate)</i></b>	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SIVEXTRO TAB 200MG ( <b><i>tedizolid phosphate</i></b> )	3	
<b><i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i></b>	1	
<b><i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i></b>	1	
<b><i>sulfamethoxazole-trimethoprim tab 400-80 mg</i></b>	1	
<b><i>sulfamethoxazole-trimethoprim tab 800-160 mg</i></b>	1	
<b><i>trimethoprim tab 100 mg</i></b>	1	
<b><i>vancomycin hcl cap 125 mg (base equivalent)</i></b>	1	QL (80 caps / 10 days)
<b><i>vancomycin hcl cap 250 mg (base equivalent)</i></b>	1	QL (80 caps / 10 days)
<b><i>vancomycin hcl for iv soln 1 gm (base equivalent)</i></b>	1	
<b><i>vancomycin hcl for iv soln 5 gm (base equivalent)</i></b>	1	
<b><i>vancomycin hcl for iv soln 10 gm (base equivalent)</i></b>	1	
<b><i>vancomycin hcl for iv soln 500 mg (base equivalent)</i></b>	1	
<b><i>vancomycin hcl for iv soln 750 mg (base equivalent)</i></b>	1	
XIFAXAN TAB 200MG ( <b><i>rifaximin</i></b> )	2	QL (9 tabs / 25 days)
XIFAXAN TAB 550MG ( <b><i>rifaximin</i></b> )	2	PA
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>		
<b><i>amphotericin b for iv soln 50 mg</i></b>	1	
<b><i>BIO-STATIN CAP 500000 (nystatin)</i></b>	2	
<b><i>BIO-STATIN CAP 1000000 (nystatin)</i></b>	2	
<b><i>CRESEMBA CAP 186 MG (isavuconazonium sulfate)</i></b>	3	
<b><i>fluconazole for susp 10 mg/ml</i></b>	1	
<b><i>fluconazole for susp 40 mg/ml</i></b>	1	
<b><i>fluconazole in nacl 0.9% inj 200 mg/100ml</i></b>	1	
<b><i>fluconazole in nacl 0.9% inj 400 mg/200ml</i></b>	1	
<b><i>fluconazole tab 50 mg</i></b>	1	
<b><i>fluconazole tab 100 mg</i></b>	1	
<b><i>fluconazole tab 150 mg</i></b>	1	
<b><i>fluconazole tab 200 mg</i></b>	1	
FLUCONAZOLE/ INJ NAACL 100	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>griseofulvin microsize susp 125 mg/5ml</b>	1	
<b>griseofulvin microsize tab 500 mg</b>	1	
<b>griseofulvin ultramicrosize tab 125 mg</b>	1	
<b>griseofulvin ultramicrosize tab 250 mg</b>	1	
<b>itraconazole cap 100 mg</b>	1	PA
<b>itraconazole oral soln 10 mg/ml</b>	1	PA
<b>NOXAFIL SUS 40MG/ML (posaconazole)</b>	2	PA
<b>nystatin oral powder</b> (Bio-statin)	1	
<b>nystatin tab 500000 unit</b>	1	
<b>posaconazole tab delayed release 100 mg</b>	1	PA
<b>terbinafine hcl tab 250 mg</b>	1	PA
<b>voriconazole for susp 40 mg/ml</b>	2	PA
<b>voriconazole tab 50 mg</b>	2	PA
<b>voriconazole tab 200 mg</b>	2	PA
<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>		
<b>atovaquone-proguanil hcl tab 62.5-25 mg</b>	1	
<b>atovaquone-proguanil hcl tab 250-100 mg</b>	1	
<b>chloroquine phosphate tab 250 mg</b>	1	
<b>chloroquine phosphate tab 500 mg</b>	1	
<b>COARTEM TAB 20-120MG (artemether-lumefantrine)</b>	3	
<b>mefloquine hcl tab 250 mg</b>	1	
<b>primaquine phosphate tab 26.3 mg (15 mg base)</b>	1	
<b>quinine sulfate cap 324 mg</b>	1	
<b>ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>		
<b>abacavir sulfate soln 20 mg/ml (base equiv)</b>	1	QL (900 mL / 30 days)
<b>abacavir sulfate tab 300 mg (base equiv)</b>	1	QL (60 tabs / 30 days)
<b>APTVUS CAP 250MG (tipranavir)</b>	2	QL (120 caps / 30 days)
<b>APTVUS SOL (tipranavir)</b>	2	QL (285 mL / 28 days)
<b>atazanavir sulfate cap 150 mg (base equiv)</b>	1	QL (30 caps / 30 days)
<b>atazanavir sulfate cap 200 mg (base equiv)</b>	1	QL (60 caps / 30 days)
<b>atazanavir sulfate cap 300 mg (base equiv)</b>	1	QL (30 caps / 30 days)
<b>CRIXIVAN CAP 200MG (indinavir sulfate)</b>	2	QL (450 caps / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CRIXIVAN CAP 400MG ( <i>indinavir sulfate</i> )	2	QL (180 caps / 30 days)
<b><i>didanosine delayed release capsule 200 mg</i></b>	1	QL (30 caps / 30 days)
<b><i>didanosine delayed release capsule 250 mg</i></b>	1	QL (30 caps / 30 days)
<b><i>didanosine delayed release capsule 400 mg</i></b>	1	QL (30 caps / 30 days)
EDURANT TAB 25MG ( <i>rilpivirine hcl</i> )	2	QL (60 tabs / 30 days)
<b><i>efavirenz cap 50 mg</i></b>	1	QL (90 caps / 30 days)
<b><i>efavirenz cap 200 mg</i></b>	1	QL (90 caps / 30 days)
<b><i>efavirenz tab 600 mg</i></b>	1	QL (30 tabs / 30 days)
EMTRIVA CAP 200MG ( <i>emtricitabine</i> )	2	QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML ( <i>emtricitabine</i> )	2	QL (680 ml / 28 days)
<b><i>fosamprenavir calcium tab 700 mg (base equiv)</i></b>	1	QL (120 tabs / 30 days)
FUZEON INJ 90MG ( <i>enfuvirtide</i> )	4	QL (60 vials / 30 days)
INTELENCE TAB 25MG ( <i>etravirine</i> )	2	QL (120 tabs / 30 days)
INTELENCE TAB 100MG ( <i>etravirine</i> )	2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG ( <i>etravirine</i> )	2	QL (60 tabs / 30 days)
INVIRASE CAP 200MG ( <i>saquinavir mesylate</i> )	2	QL (300 caps / 30 days)
INVIRASE TAB 500MG ( <i>saquinavir mesylate</i> )	2	QL (120 tabs / 30 days)
ISENTRESS CHW 25MG ( <i>raltegravir potassium</i> )	2	QL (180 tabs / 30 days)
ISENTRESS CHW 100MG ( <i>raltegravir potassium</i> )	2	QL (180 tabs / 30 days)
ISENTRESS HD TAB 600MG ( <i>raltegravir potassium</i> )	2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG ( <i>raltegravir potassium</i> )	2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG ( <i>raltegravir potassium</i> )	2	QL (120 tabs / 30 days)
<b><i>lamivudine oral soln 10 mg/ml</i></b>	1	QL (900 ml / 30 days)
<b><i>lamivudine tab 150 mg</i></b>	1	QL (60 tabs / 30 days)
<b><i>lamivudine tab 300 mg</i></b>	1	QL (30 tabs / 30 days)
LEXIVA SUS 50MG/ML ( <i>fosamprenavir calcium</i> )	2	QL (1575 mL / 28 days)
<b><i>nevirapine susp 50 mg/5ml</i></b>	1	QL (1200 mL / 30 days)
<b><i>nevirapine tab 200 mg</i></b>	1	QL (60 tabs / 30 days)
<b><i>nevirapine tab er 24hr 100 mg</i></b>	1	QL (90 tabs / 30 days)
<b><i>nevirapine tab er 24hr 400 mg</i></b>	1	QL (30 tabs / 30 days)
NORVIR POW 100MG ( <i>ritonavir</i> )	2	QL (360 packets / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NORVIR SOL 80MG/ML ( <b>ritonavir</b> )	2	QL (480 mL / 30 days)
PREZISTA SUS 100MG/ML ( <b>darunavir ethanolate</b> )	2	QL (400 ml / 30 days)
PREZISTA TAB 75MG ( <b>darunavir ethanolate</b> )	2	QL (300 tabs / 30 days)
PREZISTA TAB 150MG ( <b>darunavir ethanolate</b> )	2	QL (180 tabs / 30 days)
PREZISTA TAB 600MG ( <b>darunavir ethanolate</b> )	2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG ( <b>darunavir ethanolate</b> )	2	QL (30 tabs / 30 days)
RETROVIR INJ 10MG/ML ( <b>zidovudine</b> )	2	
REYATAZ POW 50MG ( <b>atazanavir sulfate</b> )	2	QL (180 packets / 30 days)
<b>ritonavir tab 100 mg</b>	1	QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML ( <b>maraviroc</b> )	2	QL (1840 mL / 30 days)
SELZENTRY TAB 25MG ( <b>maraviroc</b> )	2	QL (240 tabs / 30 days)
SELZENTRY TAB 75MG ( <b>maraviroc</b> )	2	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG ( <b>maraviroc</b> )	2	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG ( <b>maraviroc</b> )	2	QL (120 tabs / 30 days)
<b>stavudine cap 15 mg</b>	1	QL (60 caps / 30 days)
<b>stavudine cap 20 mg</b>	1	QL (60 caps / 30 days)
<b>stavudine cap 30 mg</b>	1	QL (60 caps / 30 days)
<b>stavudine cap 40 mg</b>	1	QL (60 caps / 30 days)
<b>tenofovir disoproxil fumarate tab 300 mg</b>	1	QL (30 tabs / 30 days)
TIVICAY TAB 10MG ( <b>dolutegravir sodium</b> )	2	QL (60 tabs / 30 days)
TIVICAY TAB 25MG ( <b>dolutegravir sodium</b> )	2	QL (60 tabs / 30 days)
TIVICAY TAB 50MG ( <b>dolutegravir sodium</b> )	2	QL (60 tabs / 30 days)
TROGARZO INJ 150MG/ML ( <b>ibalizumab-uiyk</b> )	4	
TYBOST TAB 150MG ( <b>cobicistat</b> )	2	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG ( <b>didanosine</b> )	2	QL (30 caps / 30 days)
VIDEX SOL 2GM ( <b>didanosine</b> )	2	QL (1200 ml / 30 days)
VIDEX SOL 4GM ( <b>didanosine</b> )	2	QL (1200 ml / 30 days)
VIRACEPT TAB 250MG ( <b>nelfinavir mesylate</b> )	2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG ( <b>nelfinavir mesylate</b> )	2	QL (120 tabs / 30 days)
VIREAD POW 40MG/GM ( <b>tenofovir disoproxil fumarate</b> )	2	QL (240 gm / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIREAD TAB 150MG ( <b>tenofovir disoproxil fumarate</b> )	2	QL (30 tabs / 30 days)
VIREAD TAB 200MG ( <b>tenofovir disoproxil fumarate</b> )	2	QL (30 tabs / 30 days)
VIREAD TAB 250MG ( <b>tenofovir disoproxil fumarate</b> )	2	QL (30 tabs / 30 days)
ZERIT SOL 1MG/ML ( <b>stavudine</b> )	2	QL (2400 ml / 30 days)
<b>zidovudine cap 100 mg</b>	1	QL (180 caps / 30 days)
<b>zidovudine syrup 10 mg/ml</b>	1	QL (1800 ml / 30 days)
<b>zidovudine tab 300 mg</b>	1	QL (60 tabs / 30 days)

**ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION**

<b>abacavir sulfate-lamivudine tab 600-300 mg</b>	1	QL (30 tabs / 30 days)
<b>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</b>	1	QL (60 tabs / 30 days)
<b>BIKTARVY TAB (bictegravir-emtricitabine-tenofovir alafenamide fumarate)</b>	2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300 ( <b>lamivudine-tenofovir disoproxil fumarate</b> )	2	QL (30 tabs / 30 days)
COMPLERA TAB ( <b>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</b> )	2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25 ( <b>emtricitabine-tenofovir alafenamide fumarate</b> )	2	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150 ( <b>atazanavir sulfate-cobicistat</b> )	2	QL (30 tabs / 30 days)
GENVOYA TAB ( <b>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</b> )	2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG ( <b>lopinavir-ritonavir</b> )	2	QL (240 tabs / 30 days)
KALETRA TAB 200-50MG ( <b>lopinavir-ritonavir</b> )	2	QL (120 tabs / 30 days)
<b>lamivudine-zidovudine tab 150-300 mg</b>	1	QL (60 tabs / 30 days)
<b>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</b>	1	QL (390 mL / 30 days)
ODEFSEY TAB ( <b>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</b> )	2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150 ( <b>darunavir-cobicistat</b> )	2	QL (30 tabs / 30 days)
STRIBILD TAB ( <b>elvitegravir-cobicistat-emtricitabine-tenofovir df</b> )	2	QL (30 tabs / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYMFI LO TAB ( <b>efavirenz-lamivudine-tenofovir disoproxil fumarate</b> )	2	QL (30 tabs / 30 days)
SYMFI TAB ( <b>efavirenz-lamivudine-tenofovir disoproxil fumarate</b> )	2	QL (30 tabs / 30 days)
TEMIXYS TAB 300-300 ( <b>lamivudine-tenofovir disoproxil fumarate</b> )	2	QL (30 tabs / 30 days)
TRIUMEQ TAB ( <b>abacavir-dolutegravir-lamivudine</b> )	2	QL (30 tabs / 30 days)
TRUVADA TAB 100-150 ( <b>emtricitabine-tenofovir disoproxil fumarate</b> )	2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200 ( <b>emtricitabine-tenofovir disoproxil fumarate</b> )	2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250 ( <b>emtricitabine-tenofovir disoproxil fumarate</b> )	2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300 ( <b>emtricitabine-tenofovir disoproxil fumarate</b> )	2	QL (30 tabs / 30 days), ST; PA**; coverage for pre and post-exposure prophylaxis only

#### **ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS**

<b>cycloserine cap 250 mg</b>	1
<b>ethambutol hcl tab 100 mg</b>	1
<b>ethambutol hcl tab 400 mg</b>	1
<b>isoniazid inj 100 mg/ml</b>	1
<b>isoniazid syrup 50 mg/5ml</b>	1
<b>isoniazid tab 100 mg</b>	1
<b>isoniazid tab 300 mg</b>	1
PASER GRA 4GM ( <b>aminosalicylic acid</b> )	3
PRIFTIN TAB 150MG ( <b>rifapentine</b> )	2
<b>pyrazinamide tab 500 mg</b>	1
<b>rifabutin cap 150 mg</b>	1
RIFAMATE CAP ( <b>isoniazid &amp; rifampin</b> )	2
<b>rifampin cap 150 mg</b>	1
<b>rifampin cap 300 mg</b>	1
<b>rifampin for inj 600 mg</b>	1
RIFATER TAB ( <b>isoniazid-rifampin w/ pyrazinamide</b> )	2
SIRTURO TAB 100MG ( <b>bedaquiline fumarate</b> )	3
TRECATOR TAB 250MG ( <b>ethionamide</b> )	2

#### **ANTIVIRALS\$**

<b>acyclovir cap 200 mg</b>	1
<b>acyclovir sodium for inj 500 mg</b>	1
<b>acyclovir sodium iv soln 50 mg/ml</b>	1
<b>acyclovir susp 200 mg/5ml</b>	1

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>acyclovir tab 400 mg</b>	1	
<b>acyclovir tab 800 mg</b>	1	
<b>adefovir dipivoxil tab 10 mg</b>	4	PA
<b>BARACLUDE SOL (entecavir)</b>	3	
<b>cidofovir iv inj 75 mg/ml</b>	1	
<b>entecavir tab 0.5 mg</b>	4	PA
<b>entecavir tab 1 mg</b>	4	PA
<b>EPIVIR HBV SOL 5MG/ML (<i>lamivudine (hbv)</i>)</b>	2	
<b>famciclovir tab 125 mg</b>	1	
<b>famciclovir tab 250 mg</b>	1	
<b>famciclovir tab 500 mg</b>	1	
<b>lamivudine tab 100 mg (hbv)</b>	1	
<b>oseltamivir phosphate cap 30 mg (base equiv)</b>	1	QL (40 caps / 90 days)
<b>oseltamivir phosphate cap 45 mg (base equiv)</b>	1	QL (20 caps / 90 days)
<b>oseltamivir phosphate cap 75 mg (base equiv)</b>	1	QL (20 caps / 90 days)
<b>oseltamivir phosphate for susp 6 mg/ml (base equiv)</b>	1	QL (360 mL / 90 days)
<b>RELENZA MIS DISKHALE (<i>zanamivir</i>)</b>	2	QL (2 inhalers / 90 days)
<b>ribavirin for inhal soln 6 gm</b>	1	
<b>rimantadine hydrochloride tab 100 mg</b>	1	
<b>valacyclovir hcl tab 1 gm</b>	1	
<b>valacyclovir hcl tab 500 mg</b>	1	
<b>valganciclovir hcl for soln 50 mg/ml (base equiv)</b>	4	QL (1000 mL / 30 days)
<b>valganciclovir hcl tab 450 mg (base equivalent)</b>	4	QL (102 tabs / 30 days), PA
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</b>		
<b>cefaclor cap 250 mg</b>	1	
<b>cefaclor cap 500 mg</b>	1	
<b>cefaclor for susp 125 mg/5ml</b>	1	
<b>cefaclor for susp 250 mg/5ml</b>	1	
<b>cefaclor for susp 375 mg/5ml</b>	1	
<b>cefadroxil cap 500 mg</b>	1	
<b>cefadroxil for susp 250 mg/5ml</b>	1	
<b>cefadroxil for susp 500 mg/5ml</b>	1	
<b>cefadroxil tab 1 gm</b>	1	
<b>cefazolin sodium for inj 1 gm</b>	1	
<b>cefazolin sodium for inj 10 gm</b>	1	
<b>cefazolin sodium for inj 20 gm</b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>cefazolin sodium for inj 500 mg</i></b>	1	
<b><i>cefazolin sodium for iv soln 1 gm</i></b>	1	
<b><i>cefdinir cap 300 mg</i></b>	1	
<b><i>cefdinir for susp 125 mg/5ml</i></b>	1	
<b><i>cefdinir for susp 250 mg/5ml</i></b>	1	
<b><i>cefditoren pivoxil tab 200 mg (base equivalent)</i></b>	1	
<b><i>cefditoren pivoxil tab 400 mg (base equivalent)</i></b>	1	
<b><i>cefepime hcl for inj 1 gm</i></b>	1	
<b><i>cefepime hcl for inj 2 gm</i></b>	1	
<b><i>cefixime cap 400 mg</i></b>	1	
<b><i>cefixime for susp 100 mg/5ml</i></b>	1	
<b><i>cefixime for susp 200 mg/5ml</i></b>	1	
<b><i>cefotaxime sodium for inj 1 gm</i></b>	1	
<b><i>cefotaxime sodium for inj 2 gm</i></b>	1	
<b><i>cefotaxime sodium for inj 10 gm</i></b>	1	
<b><i>cefotaxime sodium for inj 500 mg</i></b>	1	
<b><i>cefotetan disodium for inj 1 gm</i></b>	1	
<b><i>cefotetan disodium for inj 2 gm</i></b>	1	
<b><i>cefotetan disodium for inj 10 gm</i></b>	1	
<b><i>cefoxitin sodium for inj 10 gm</i></b>	1	
<b><i>cefoxitin sodium for iv soln 1 gm</i></b>	1	
<b><i>cefoxitin sodium for iv soln 2 gm</i></b>	1	
<b><i>cefpodoxime proxetil for susp 50 mg/5ml</i></b>	1	
<b><i>cefpodoxime proxetil for susp 100 mg/5ml</i></b>	1	
<b><i>cefpodoxime proxetil tab 100 mg</i></b>	1	
<b><i>cefpodoxime proxetil tab 200 mg</i></b>	1	
<b><i>cefprozil for susp 125 mg/5ml</i></b>	1	
<b><i>cefprozil for susp 250 mg/5ml</i></b>	1	
<b><i>cefprozil tab 250 mg</i></b>	1	
<b><i>cefprozil tab 500 mg</i></b>	1	
<b><i>ceftazidime for inj 1 gm (Tazicef)</i></b>	1	
<b><i>ceftazidime for inj 2 gm</i></b>	1	
<b><i>ceftazidime for inj 6 gm (Tazicef)</i></b>	1	
<b><i>ceftazidime for iv soln 1 gm (Tazicef)</i></b>	1	
<b><i>ceftazidime for iv soln 2 gm (Tazicef)</i></b>	1	
<b><i>ceftibuten cap 400 mg</i></b>	1	
<b><i>ceftibuten for susp 180 mg/5ml</i></b>	1	
<b><i>CEFTIN SUS 125/5ML (cefuroxime axetil)</i></b>	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CEFTIN SUS 250/5ML ( <b>cefuroxime axetil</b> )	2	
<b>ceftriaxone sodium for inj 1 gm</b>	1	
<b>ceftriaxone sodium for inj 2 gm</b>	1	
<b>ceftriaxone sodium for inj 10 gm</b>	1	
<b>ceftriaxone sodium for inj 250 mg</b>	1	
<b>ceftriaxone sodium for inj 500 mg</b>	1	
<b>ceftriaxone sodium for iv soln 1 gm</b>	1	
<b>ceftriaxone sodium for iv soln 2 gm</b>	1	
<b>cefuroxime axetil tab 250 mg</b>	1	
<b>cefuroxime axetil tab 500 mg</b>	1	
<b>cefuroxime sodium for inj 7.5 gm</b>	1	
<b>cefuroxime sodium for inj 750 mg</b>	1	
<b>cefuroxime sodium for iv soln 1.5 gm</b>	1	
<b>cephalexin cap 250 mg</b>	1	
<b>cephalexin cap 500 mg</b>	1	
<b>cephalexin cap 750 mg</b>	1	
<b>cephalexin for susp 125 mg/5ml</b>	1	
<b>cephalexin for susp 250 mg/5ml</b>	1	
<b>cephalexin tab 250 mg</b>	1	
<b>cephalexin tab 500 mg</b>	1	
SUPRAX CHW 100MG ( <b>cefixime</b> )	2	
SUPRAX CHW 200MG ( <b>cefixime</b> )	2	
SUPRAX SUS 500/5ML ( <b>cefixime</b> )	2	
<b>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</b>		
<b>azithromycin for susp 100 mg/5ml</b>	1	
<b>azithromycin for susp 200 mg/5ml</b>	1	
<b>azithromycin iv for soln 500 mg</b>	1	
<b>azithromycin powd pack for susp 1 gm</b>	1	
<b>azithromycin tab 250 mg</b>	1	
<b>azithromycin tab 500 mg</b>	1	
<b>azithromycin tab 600 mg</b>	2	
<b>clarithromycin for susp 125 mg/5ml</b>	1	
<b>clarithromycin for susp 250 mg/5ml</b>	1	
<b>clarithromycin tab 250 mg</b>	1	
<b>clarithromycin tab 500 mg</b>	1	
<b>clarithromycin tab er 24hr 500 mg</b>	1	
DIFICID TAB 200MG ( <b>fidaxomicin</b> )	2	PA
ERYTHROCIN INJ 500MG ( <b>erythromycin lactobionate</b> )	3	
<b>erythromycin ethylsuccinate for susp 200 mg/5ml</b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>erythromycin ethylsuccinate for susp 400 mg/5ml</i></b>	1	
<b><i>erythromycin ethylsuccinate tab 400 mg</i></b>	1	
<b><i>erythromycin ethylsuccinate tab 400 mg (E.e.s. 400)</i></b>	1	
<b><i>erythromycin stearate tab 250 mg (Erythrocin Stearate)</i></b>	1	
<b><i>erythromycin tab 250 mg</i></b>	1	
<b><i>erythromycin tab 500 mg</i></b>	1	
<b><i>erythromycin tab delayed release 250 mg (Ery-tab)</i></b>	1	
<b><i>erythromycin tab delayed release 333 mg (Ery-tab)</i></b>	1	
<b><i>erythromycin tab delayed release 500 mg (Ery-tab)</i></b>	1	
<b><i>erythromycin w/ delayed release particles cap 250 mg</i></b>	1	
PCE TAB 333MG EC ( <b><i>erythromycin base (coated)</i></b> )	3	
PCE TAB 500MG EC ( <b><i>erythromycin base (coated)</i></b> )	3	
ZMAX SUS 2GM ( <b><i>azithromycin</i></b> )	3	

#### **FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS**

CIPRO (10%) SUS 500MG/5 <b><i>(ciprofloxacin)</i></b>	3	
<b><i>ciprofloxacin 200 mg/100ml in d5w</i></b>	1	
<b><i>ciprofloxacin 400 mg/200ml in d5w</i></b>	1	
<b><i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i></b>	1	
<b><i>ciprofloxacin hcl tab 100 mg (base equiv)</i></b>	1	
<b><i>ciprofloxacin hcl tab 250 mg (base equiv)</i></b>	1	
<b><i>ciprofloxacin hcl tab 500 mg (base equiv)</i></b>	1	
<b><i>ciprofloxacin hcl tab 750 mg (base equiv)</i></b>	1	
<b><i>ciprofloxacin iv soln 200 mg/20ml (1%)</i></b>	1	
<b><i>ciprofloxacin iv soln 400 mg/40ml (1%)</i></b>	1	
<b><i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i></b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</b>	1	
FACTIVE TAB 320MG ( <b>gemifloxacin mesylate</b> )	3	
<b>levofloxacin in d5w iv soln 250 mg/50ml</b>	1	
<b>levofloxacin in d5w iv soln 500 mg/100ml</b>	1	
<b>levofloxacin in d5w iv soln 750 mg/150ml</b>	1	
<b>levofloxacin iv soln 25 mg/ml</b>	1	
<b>levofloxacin oral soln 25 mg/ml</b>	1	
<b>levofloxacin tab 250 mg</b>	1	
<b>levofloxacin tab 500 mg</b>	1	
<b>levofloxacin tab 750 mg</b>	1	
<b>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</b>	1	
<b>moxifloxacin hcl tab 400 mg (base equiv)</b>	1	
<b>ofloxacin tab 300 mg</b>	1	
<b>ofloxacin tab 400 mg</b>	1	
<b>HEPATITIS C</b>		
EPCLUSA TAB 400-100 ( <b>sofosbuvir-velpatasvir</b> )	4	QL (28 tabs / 28 days), PA
HARVONI TAB 45-200MG ( <b>ledipasvir-sofosbuvir</b> )	4	QL (28 tabs / 28 days), PA
HARVONI TAB 90-400MG ( <b>ledipasvir-sofosbuvir</b> )	4	QL (28 tabs / 28 days), PA
PEGASYS INJ ( <b>peginterferon alfa-2a</b> )	4	PA
PEGASYS INJ 180MCG/M ( <b>peginterferon alfa-2a</b> )	4	PA
PEGASYS INJ PROCLICK ( <b>peginterferon alfa-2a</b> )	4	PA
REBETOL SOL 40MG/ML ( <b>ribavirin (hepatitis c)</b> )	4	PA
RIBASPHERE TAB 400MG ( <b>ribavirin (hepatitis c)</b> )	1	PA
<b>ribavirin cap 200 mg</b>	1	PA
<b>ribavirin cap 200 mg</b> (Ribasphere)	1	PA
<b>ribavirin tab 200 mg</b>	1	PA
<b>ribavirin tab 200 mg</b> (Ribasphere)	1	PA
<b>ribavirin tab 600 mg</b> (Ribasphere)	1	PA
SOVALDI TAB 200MG ( <b>sofosbuvir</b> )	4	QL (28 tabs / 28 days), PA, ST

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SOVALDI TAB 400MG ( <i>sofosbuvir</i> )	4	QL (28 tabs / 28 days), PA, ST
VOSEVI TAB ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> )	4	QL (28 tabs / 28 days), PA
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>		
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</b>	1	
<b>ampicillin cap 500 mg</b>	1	
<b>ampicillin sodium for inj 1 gm</b>	1	
<b>ampicillin sodium for inj 2 gm</b>	1	
<b>ampicillin sodium for inj 125 mg</b>	1	
<b>ampicillin sodium for inj 250 mg</b>	1	
<b>ampicillin sodium for inj 500 mg</b>	1	
<b>ampicillin sodium for iv soln 1 gm</b>	1	
<b>ampicillin sodium for iv soln 2 gm</b>	1	
<b>ampicillin sodium for iv soln 10 gm</b>	1	
<b>AUGMENTIN SUS 125/5ML (amoxicillin &amp; pot clavulanate)</b>	2	
<b>dicloxacillin sodium cap 250 mg</b>	1	
<b>dicloxacillin sodium cap 500 mg</b>	1	
<b>nafcillin sodium for inj 1 gm</b>	1	
<b>nafcillin sodium for inj 2 gm</b>	1	
<b>nafcillin sodium for iv soln 1 gm</b>	1	
<b>nafcillin sodium for iv soln 2 gm</b>	1	
<b>nafcillin sodium for iv soln 10 gm</b>	1	
<b>oxacillin sodium for inj 1 gm (base equivalent)</b>	1	
<b>oxacillin sodium for inj 2 gm (base equivalent)</b>	1	
<b>oxacillin sodium for iv soln 10 gm (base equivalent)</b>	1	
<b>penicillin g potassium for inj 5000000 unit</b>	1	
<b>penicillin g potassium for inj 20000000 unit</b>	1	
<b>penicillin g potassium for inj 20000000 unit (Pfizerpen)</b>	1	
<b>penicillin g sodium for inj 5000000 unit</b>	1	
<b>penicillin v potassium for soln 125 mg/5ml</b>	1	
<b>penicillin v potassium for soln 250 mg/5ml</b>	1	
<b>penicillin v potassium tab 250 mg</b>	1	
<b>penicillin v potassium tab 500 mg</b>	1	
<b>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</b>	1	
<b>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</b>	1	
<b>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</b>	1	
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
<b>demecclocycline hcl tab 150 mg</b>	1	
<b>demecclocycline hcl tab 300 mg</b>	1	
<b>doxycycline hyclare cap 50 mg</b>	1	
<b>doxycycline hyclare cap 100 mg</b>	1	
<b>doxycycline hyclare cap 100 mg</b> (Morgidox 1x100mg)	1	
<b>doxycycline hyclare for inj 100 mg</b>	1	
<b>doxycycline hyclare for inj 100 mg</b> (Doxy 100)	1	
<b>doxycycline hyclare tab 20 mg</b>	1	
<b>doxycycline hyclare tab 100 mg</b>	1	
<b>doxycycline hyclare tab delayed release 75 mg</b>	1	
<b>doxycycline hyclare tab delayed release 100 mg</b>	1	
<b>doxycycline hyclare tab delayed release 150 mg</b>	1	
<b>doxycycline monohydrate cap 50 mg</b>	1	
<b>doxycycline monohydrate cap 75 mg</b>	1	
<b>doxycycline monohydrate cap 100 mg</b>	1	
<b>doxycycline monohydrate cap 150 mg</b>	1	
<b>doxycycline monohydrate for susp 25 mg/5ml</b>	1	
<b>doxycycline monohydrate tab 50 mg</b>	1	
<b>doxycycline monohydrate tab 75 mg</b>	1	
<b>doxycycline monohydrate tab 100 mg</b> (Avidoxy)	1	
<b>doxycycline monohydrate tab 150 mg</b>	1	
<b>minocycline hcl cap 50 mg</b>	1	
<b>minocycline hcl cap 75 mg</b>	1	
<b>minocycline hcl cap 100 mg</b>	1	
<b>minocycline hcl tab 50 mg</b>	1	
<b>minocycline hcl tab 75 mg</b>	1	
<b>minocycline hcl tab 100 mg</b>	1	
<b>tetracycline hcl cap 250 mg</b>	1	
<b>tetracycline hcl cap 500 mg</b>	1	
<b>VIBRAMYCIN SYP 50MG/5ML (doxycycline calcium)</b>	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER</b>		
<b>ALKYLATING AGENTS</b>		
<i>busulfan inj 6 mg/ml</i>	1	
<i>carmustine for inj 100 mg</i>	1	
<i>cyclophosphamide cap 25 mg</i>	1	OAC
<i>cyclophosphamide cap 50 mg</i>	1	OAC
<i>cyclophosphamide for inj 1 gm</i>	4	
<i>cyclophosphamide for inj 2 gm</i>	4	
<i>cyclophosphamide for inj 500 mg</i>	4	
<i>dacarbazine for inj 100 mg</i>	1	
<i>dacarbazine for inj 200 mg</i>	1	
<i>EMCYT CAP 140MG (estramustine phosphate sodium)</i>	4	OAC
<i>GLEOSTINE CAP 5MG (lomustine)</i>	4	OAC
<i>GLEOSTINE CAP 10MG (lomustine)</i>	4	OAC
<i>GLEOSTINE CAP 40MG (lomustine)</i>	4	OAC
<i>GLEOSTINE CAP 100MG (lomustine)</i>	4	OAC
<i>GLIADEL WAF 7.7MG (carmustine in polifeprosan)</i>	2	
<i>HEXALEN CAP 50MG (altretamine)</i>	2	OAC
<i>ifosfamide for inj 1 gm</i>	1	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	1	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	1	
<i>LEUKERAN TAB 2MG (chlorambucil)</i>	2	OAC
<i>melphalan hcl for inj 50 mg (base equiv)</i>	1	
<i>melphalan tab 2 mg</i>	1	OAC
<i>TEMODAR INJ 100MG (temozolomide)</i>	4	PA
<i>temozolomide cap 5 mg</i>	4	PA; OAC
<i>temozolomide cap 20 mg</i>	4	PA; OAC
<i>temozolomide cap 100 mg</i>	4	PA; OAC
<i>temozolomide cap 140 mg</i>	4	PA; OAC
<i>temozolomide cap 180 mg</i>	4	PA; OAC
<i>temozolomide cap 250 mg</i>	4	PA; OAC
<b>ANTHRACYCLINES</b>		
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	1	
<i>doxorubicin hcl for inj 10 mg</i>	1	
<i>doxorubicin hcl for inj 50 mg</i>	1	
<i>doxorubicin hcl inj 2 mg/ml</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i></b>	1	
<b><i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i></b>	1	
<b><i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i></b>	1	
<b><i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i></b>	1	
<b><i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i></b>	1	
<b><i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i></b>	1	
<b>ANTIBIOTICS</b>		
<b><i>bleomycin sulfate for inj 15 unit</i></b>	1	
<b><i>bleomycin sulfate for inj 30 unit</i></b>	1	
<b><i>mitomycin for iv soln 5 mg</i></b>	1	
<b><i>mitomycin for iv soln 20 mg</i></b>	1	
<b><i>mitomycin for iv soln 40 mg</i></b>	1	
<b>ANTIMETABOLITES</b>		
<b><i>ALIMTA INJ 100MG (pemetrexed disodium)</i></b>	4	
<b><i>ALIMTA INJ 500MG (pemetrexed disodium)</i></b>	4	
<b><i>ARRANON INJ 5MG/ML (nelarabine)</i></b>	2	
<b><i>azacitidine for inj 100 mg</i></b>	4	PA
<b><i>capecitabine tab 150 mg</i></b>	4	QL (120 tabs / 30 days), PA; OAC
<b><i>capecitabine tab 500 mg</i></b>	4	QL (300 tabs / 30 days), PA; OAC
<b><i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i></b>	1	
<b><i>clofarabine iv soln 1 mg/ml</i></b>	1	
<b><i>cytarabine inj 20 mg/ml</i></b>	1	
<b><i>cytarabine inj pf 20 mg/ml</i></b>	1	
<b><i>cytarabine inj pf 100 mg/ml</i></b>	1	
<b><i>decitabine for inj 50 mg</i></b>	4	PA
<b><i>flouxuridine for inj 0.5 gm</i></b>	1	
<b><i>fludarabine phosphate for inj 50 mg</i></b>	1	
<b><i>fludarabine phosphate inj 25 mg/ml</i></b>	1	
<b><i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i></b>	1	
<b><i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i></b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i></b>	1	
<b><i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i></b>	1	
<b><i>fluorouracil iv soln 500 mg/10ml (50 mg/ml) (Adrucil)</i></b>	1	
<b><i>gemcitabine hcl for inj 1 gm</i></b>	4	
<b><i>gemcitabine hcl for inj 2 gm</i></b>	4	
<b><i>gemcitabine hcl for inj 200 mg</i></b>	4	
<b><i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i></b>	4	
<b><i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i></b>	4	
<b><i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i></b>	4	
<b><i>mercaptopurine tab 50 mg</i></b>	1	OAC
<b><i>methotrexate sodium for inj 1 gm</i></b>	1	
<b><i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i></b>	1	
<b><i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i></b>	1	
<b><i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i></b>	1	
<b><i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i></b>	1	
<b><i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i></b>	1	
<b><i>NIPENT INJ 10MG (pentostatin)</i></b>	2	
<b><i>TABLOID TAB 40MG (thioguanine)</i></b>	2	OAC
<b><i>ANTIMITOTIC, TAXOIDS</i></b>		
<b><i>ABRAXANE INJ 100MG (paclitaxel protein-bound particles)</i></b>	2	
<b><i>docetaxel for inj conc 20 mg/ml</i></b>	1	
<b><i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i></b>	1	
<b><i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i></b>	1	
<b><i>DOCETAXEL INJ 20/0.5ML</i></b>	2	
<b><i>DOCETAXEL INJ 80MG/2ML</i></b>	2	
<b><i>DOCETAXEL INJ NON-ALCO</i></b>	2	
<b><i>docetaxel soln for iv infusion 20 mg/2ml</i></b>	1	
<b><i>docetaxel soln for iv infusion 80 mg/8ml</i></b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>docetaxel soln for iv infusion 160 mg/16ml</i></b>	1	
<b><i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i></b>	1	
<b><i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i></b>	1	
<b><i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i></b>	1	
<b><i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i></b>	1	
<b><i>ANTIMITOTIC, VINCA ALKALOIDS</i></b>		
<b><i>vinblastine sulfate inj 1 mg/ml</i></b>	1	
<b><i>vincristine sulfate iv soln 1 mg/ml</i></b>	1	
<b><i>vincristine sulfate iv soln 1 mg/ml (Vincasar Pfs)</i></b>	1	
<b><i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i></b>	1	
<b><i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i></b>	1	
<b><i>BIOLOGIC RESPONSE MODIFIERS</i></b>		
<b><i>ERBITUX INJ 100MG (cetuximab)</i></b>	4	PA
<b><i>ERBITUX INJ 200MG (cetuximab)</i></b>	4	PA
<b><i>ERIVEDGE CAP 150MG (vismodegib)</i></b>	4	QL (30 caps / 30 days), PA; OAC
<b><i>FARYDAK CAP 10MG (panobinostat lactate)</i></b>	4	QL (6 caps / 21 days), PA; OAC
<b><i>FARYDAK CAP 15MG (panobinostat lactate)</i></b>	4	QL (6 caps / 21 days), PA; OAC
<b><i>FARYDAK CAP 20MG (panobinostat lactate)</i></b>	4	QL (6 caps / 21 days), PA; OAC
<b><i>GAZYVA INJ 25MG/ML (obinutuzumab)</i></b>	4	PA
<b><i>IBRANCE CAP 75MG (palbociclib)</i></b>	4	QL (21 caps / 28 days), PA; OAC
<b><i>IBRANCE CAP 100MG (palbociclib)</i></b>	4	QL (21 caps / 28 days), PA; OAC
<b><i>IBRANCE CAP 125MG (palbociclib)</i></b>	4	QL (21 caps / 28 days), PA; OAC
<b><i>IBRANCE TAB 75MG (palbociclib)</i></b>	4	QL (21 tabs / 28 days), PA; OAC
<b><i>IBRANCE TAB 100MG (palbociclib)</i></b>	4	QL (21 tabs / 28 days), PA; OAC
<b><i>IBRANCE TAB 125MG (palbociclib)</i></b>	4	QL (21 tabs / 28 days), PA; OAC
<b><i>KADCYLA INJ 100MG (ado-trastuzumab emtansine)</i></b>	4	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KADCYLA INJ 160MG ( <b>ado-trastuzumab emtansine</b> )	4	PA
KEYTRUDA INJ 100MG/4M ( <b>pembrolizumab</b> )	4	PA
KISQALI TAB 200DOSE ( <b>ribociclib succinate</b> )	4	QL (21 tabs / 28 days), PA; OAC
KISQALI TAB 400DOSE ( <b>ribociclib succinate</b> )	4	QL (42 tabs / 28 days), PA; OAC
KISQALI TAB 600DOSE ( <b>ribociclib succinate</b> )	4	QL (63 tabs / 28 days), PA; OAC
LYNPARZA CAP 50MG ( <b>olaparib</b> )	4	QL (480 caps / 30 days), PA; OAC
LYNPARZA TAB 100MG ( <b>olaparib</b> )	4	QL (120 tabs / 30 days), PA; OAC
LYNPARZA TAB 150MG ( <b>olaparib</b> )	4	QL (120 tabs / 30 days), PA; OAC
RYDAPT CAP 25MG ( <b>midostaurin</b> )	4	QL (224 caps / 28 days), PA; OAC
ZEJULA CAP 100MG ( <b>niraparib tosylate</b> )	4	QL (90 caps / 30 days), PA; OAC
ZOLINZA CAP 100MG ( <b>vorinostat</b> )	4	QL (120 caps / 30 days), PA; OAC
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<b>abiraterone acetate tab 250 mg</b>	4	QL (120 tabs / 30 days), PA; OAC
<b>anastrozole tab 1 mg</b>	1	OAC
<b>bicalutamide tab 50 mg</b>	1	OAC
DEPO-PROVERA INJ 400/ML <b>(medroxyprogesterone acetate (antineoplastic))</b>	3	
ELIGARD INJ 7.5MG ( <b>leuprolide acetate</b> )	4	PA
ELIGARD INJ 22.5MG ( <b>leuprolide acetate (3 month)</b> )	4	PA
ELIGARD INJ 30MG ( <b>leuprolide acetate (4 month)</b> )	4	PA
ELIGARD INJ 45MG ( <b>leuprolide acetate (6 month)</b> )	4	PA
ERLEADA TAB 60MG ( <b>apalutamide</b> )	4	QL (120 tabs / 30 days), PA; OAC
<b>exemestane tab 25 mg</b>	1	PA; OAC
<b>flutamide cap 125 mg</b>	1	OAC
<b>fulvestrant inj 250 mg/5ml</b>	1	
<b>letrozole tab 2.5 mg</b>	1	OAC
<b>leuprolide acetate inj kit 5 mg/ml</b>	4	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LUPR DEP-PED INJ 3M 30MG ( <b>leuprolide acetate (cpp) (3 month)</b> )	4	PA
LUPR DEP-PED INJ 7.5MG ( <b>leuprolide acetate (cpp)</b> )	4	PA
LUPR DEP-PED INJ 11.25MG ( <b>leuprolide acetate (cpp)</b> )	4	PA
LUPR DEP-PED INJ 11.25MG ( <b>leuprolide acetate (cpp) (3 month)</b> )	4	PA
LUPR DEP-PED INJ 15MG ( <b>leuprolide acetate (cpp)</b> )	4	PA
LYSODREN TAB 500MG ( <b>mitotane</b> )	2	OAC
<b>megestrol acetate susp 40 mg/ml</b>	1	OAC
<b>megestrol acetate susp 625 mg/5ml</b>	1	OAC
<b>megestrol acetate tab 20 mg</b>	1	OAC
<b>megestrol acetate tab 40 mg</b>	1	OAC
<b>nilutamide tab 150 mg</b>	1	OAC
NUBEQA TAB 300MG ( <b>darolutamide</b> )	4	QL (120 tabs / 30 days), PA; OAC
<b>tamoxifen citrate tab 10 mg (base equivalent)</b>	1	OAC; \$0 copay for women ages 35 and older for the primary prevention of breast cancer
<b>tamoxifen citrate tab 20 mg (base equivalent)</b>	1	OAC; \$0 copay for women ages 35 and older for the primary prevention of breast cancer
<b>toremifene citrate tab 60 mg (base equivalent)</b>	1	OAC
XTANDI CAP 40MG ( <b>enzalutamide</b> )	4	QL (120 caps / 30 days), PA; OAC
YONSA TAB 125MG ( <b>abiraterone acetate</b> )	4	QL (120 tabs / 30 days), PA; OAC
ZYTIGA TAB 500MG ( <b>abiraterone acetate</b> )	4	QL (60 tabs / 30 days), PA; OAC
<b>KINASE INHIBITORS</b>		
AFINITOR DIS TAB 2MG ( <b>everolimus</b> )	4	QL (60 tabs / 30 days), PA; OAC
AFINITOR DIS TAB 3MG ( <b>everolimus</b> )	4	QL (90 tabs / 30 days), PA; OAC
AFINITOR DIS TAB 5MG ( <b>everolimus</b> )	4	QL (60 tabs / 30 days), PA; OAC
AFINITOR TAB 10MG ( <b>everolimus</b> )	4	QL (30 tabs / 30 days), PA; OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ALECENSA CAP 150MG ( <b>alectinib hcl</b> )	4	QL (240 caps / 30 days), PA; OAC
BOSULIF TAB 100MG ( <b>bosutinib</b> )	4	QL (90 tabs / 30 days), PA; OAC
BOSULIF TAB 400MG ( <b>bosutinib</b> )	4	QL (30 tabs / 30 days), PA; OAC
BOSULIF TAB 500MG ( <b>bosutinib</b> )	4	QL (30 tabs / 30 days), PA; OAC
CALQUENCE CAP 100MG ( <b>acalabrutinib</b> )	4	QL (60 caps / 30 days), PA; OAC
CAPRELSA TAB 100MG ( <b>vandetanib</b> )	4	QL (60 tabs / 30 days), PA; OAC
CAPRELSA TAB 300MG ( <b>vandetanib</b> )	4	QL (30 tabs / 30 days), PA; OAC
COMETRIQ KIT 60MG ( <b>cabozantinib s-malate</b> )	4	QL (1 kit / 28 days), PA; OAC
COMETRIQ KIT 100MG ( <b>cabozantinib s-malate</b> )	4	QL (1 kit / 28 days), PA; OAC
COMETRIQ KIT 140MG ( <b>cabozantinib s-malate</b> )	4	QL (1 kit / 28 days), PA; OAC
<b>erlotinib hcl tab 25 mg (base equivalent)</b>	4	QL (60 tabs / 30 days), PA; OAC
<b>erlotinib hcl tab 100 mg (base equivalent)</b>	4	QL (30 tabs / 30 days), PA; OAC
<b>erlotinib hcl tab 150 mg (base equivalent)</b>	4	QL (30 tabs / 30 days), PA; OAC
<b>everolimus tab 2.5 mg</b>	4	QL (30 tabs / 30 days), PA; OAC
<b>everolimus tab 5 mg</b>	4	QL (30 tabs / 30 days), PA; OAC
<b>everolimus tab 7.5 mg</b>	4	QL (30 tabs / 30 days), PA; OAC
ICLUSIG TAB 15MG ( <b>ponatinib hcl</b> )	4	QL (60 tabs / 30 days), PA; OAC
ICLUSIG TAB 45MG ( <b>ponatinib hcl</b> )	4	QL (30 tabs / 30 days), PA; OAC
IDHIFA TAB 50MG ( <b>enasidenib mesylate</b> )	4	QL (30 tabs / 30 days), PA; OAC
IDHIFA TAB 100MG ( <b>enasidenib mesylate</b> )	4	QL (30 tabs / 30 days), PA; OAC
<b>imatinib mesylate tab 100 mg (base equivalent)</b>	4	QL (90 tabs / 30 days), PA; OAC
<b>imatinib mesylate tab 400 mg (base equivalent)</b>	4	QL (60 tabs / 30 days), PA; OAC
IMBRUVICA CAP 70MG ( <b>ibrutinib</b> )	4	QL (30 caps / 30 days), PA; OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IMBRUVICA CAP 140MG ( <i>ibrutinib</i> )	4	QL (90 caps / 30 days), PA; OAC
IMBRUVICA TAB 140MG ( <i>ibrutinib</i> )	4	QL (30 tabs / 30 days), PA; OAC
IMBRUVICA TAB 280MG ( <i>ibrutinib</i> )	4	QL (30 tabs / 30 days), PA; OAC
IMBRUVICA TAB 420MG ( <i>ibrutinib</i> )	4	QL (30 tabs / 30 days), PA; OAC
IMBRUVICA TAB 560MG ( <i>ibrutinib</i> )	4	QL (30 tabs / 30 days), PA; OAC
INLYTA TAB 1MG ( <i>axitinib</i> )	4	QL (240 tabs / 30 days), PA; OAC
INLYTA TAB 5MG ( <i>axitinib</i> )	4	QL (120 tabs / 30 days), PA; OAC
JAKAFI TAB 5MG ( <i>ruxolitinib phosphate</i> )	4	QL (60 tabs / 30 days), PA; OAC
JAKAFI TAB 10MG ( <i>ruxolitinib phosphate</i> )	4	QL (60 tabs / 30 days), PA; OAC
JAKAFI TAB 15MG ( <i>ruxolitinib phosphate</i> )	4	QL (60 tabs / 30 days), PA; OAC
JAKAFI TAB 20MG ( <i>ruxolitinib phosphate</i> )	4	QL (60 tabs / 30 days), PA; OAC
JAKAFI TAB 25MG ( <i>ruxolitinib phosphate</i> )	4	QL (60 tabs / 30 days), PA; OAC
LENVIMA CAP 4MG ( <i>lenvatinib mesylate</i> )	4	QL (30 caps / 30 days), PA; OAC
LENVIMA CAP 8 MG ( <i>lenvatinib mesylate</i> )	4	QL (60 caps / 30 days), PA; OAC
LENVIMA CAP 10 MG ( <i>lenvatinib mesylate</i> )	4	QL (30 caps / 30 days), PA; OAC
LENVIMA CAP 12MG ( <i>lenvatinib mesylate</i> )	4	QL (90 caps / 30 days), PA; OAC
LENVIMA CAP 14 MG ( <i>lenvatinib mesylate</i> )	4	QL (60 caps / 30 days), PA; OAC
LENVIMA CAP 18 MG ( <i>lenvatinib mesylate</i> )	4	QL (90 caps / 30 days), PA; OAC
LENVIMA CAP 20 MG ( <i>lenvatinib mesylate</i> )	4	QL (60 caps / 30 days), PA; OAC
LENVIMA CAP 24 MG ( <i>lenvatinib mesylate</i> )	4	QL (90 caps / 30 days), PA; OAC
LORBRENA TAB 25MG ( <i>lorlatinib</i> )	4	QL (90 tabs / 30 days), PA; OAC
LORBRENA TAB 100MG ( <i>lorlatinib</i> )	4	QL (30 tabs / 30 days), PA; OAC
MEKINIST TAB 0.5MG ( <i>trametinib dimethyl sulfoxide</i> )	4	QL (90 tabs / 30 days), PA; OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MEKINIST TAB 2MG ( <b>trametinib dimethyl sulfoxide</b> )	4	QL (30 tabs / 30 days), PA; OAC
NEXAVAR TAB 200MG ( <b>sorafenib tosylate</b> )	4	QL (120 tabs / 30 days), PA; OAC
SPRYCEL TAB 20MG ( <b>dasatinib</b> )	4	QL (90 tabs / 30 days), PA; OAC
SPRYCEL TAB 50MG ( <b>dasatinib</b> )	4	QL (30 tabs / 30 days), PA; OAC
SPRYCEL TAB 70MG ( <b>dasatinib</b> )	4	QL (30 tabs / 30 days), PA; OAC
SPRYCEL TAB 80MG ( <b>dasatinib</b> )	4	QL (30 tabs / 30 days), PA; OAC
SPRYCEL TAB 100MG ( <b>dasatinib</b> )	4	QL (30 tabs / 30 days), PA; OAC
SPRYCEL TAB 140MG ( <b>dasatinib</b> )	4	QL (30 tabs / 30 days), PA; OAC
STIVARGA TAB 40MG ( <b>regorafenib</b> )	4	QL (84 tabs / 28 days), PA; OAC
SUTENT CAP 12.5MG ( <b>sunitinib malate</b> )	4	QL (30 caps / 30 days), PA; OAC
SUTENT CAP 25MG ( <b>sunitinib malate</b> )	4	QL (30 caps / 30 days), PA; OAC
SUTENT CAP 37.5MG ( <b>sunitinib malate</b> )	4	QL (30 caps / 30 days), PA; OAC
SUTENT CAP 50MG ( <b>sunitinib malate</b> )	4	QL (30 caps / 30 days), PA; OAC
TAFINLAR CAP 50MG ( <b>dabrafenib mesylate</b> )	4	QL (120 caps / 30 days), PA; OAC
TAFINLAR CAP 75MG ( <b>dabrafenib mesylate</b> )	4	QL (120 caps / 30 days), PA; OAC
TYKERB TAB 250MG ( <b>lapatinib ditosylate</b> )	4	QL (180 tabs / 30 days), PA; OAC
VITRAKVI CAP 25MG ( <b>larotrectinib sulfate</b> )	4	QL (180 caps / 30 days), PA; OAC
VITRAKVI CAP 100MG ( <b>larotrectinib sulfate</b> )	4	QL (60 caps / 30 days), PA; OAC
VITRAKVI SOL 20MG/ML ( <b>larotrectinib sulfate</b> )	4	QL (300 mL / 30 days), PA; OAC
VOTRIENT TAB 200MG ( <b>pazopanib hcl</b> )	4	QL (120 tabs / 30 days), PA; OAC
XALKORI CAP 200MG ( <b>crizotinib</b> )	4	QL (60 caps / 30 days), PA; OAC
XALKORI CAP 250MG ( <b>crizotinib</b> )	4	QL (60 caps / 30 days), PA; OAC
ZELBORAF TAB 240MG ( <b>vemurafenib</b> )	4	QL (240 tabs / 30 days), PA; OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZYDELIG TAB 100MG ( <i>idelalisib</i> )	4	QL (60 tabs / 30 days), PA; OAC
ZYDELIG TAB 150MG ( <i>idelalisib</i> )	4	QL (60 tabs / 30 days), PA; OAC
ZYKADIA CAP 150MG ( <i>ceritinib</i> )	4	QL (90 caps / 30 days), PA; OAC
ZYKADIA TAB 150MG ( <i>ceritinib</i> )	4	QL (90 tabs / 30 days), PA; OAC

#### **MISCELLANEOUS**

<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	1	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	1	
<i>bexarotene cap 75 mg</i>	4	PA; OAC
DROXIA CAP 200MG ( <i>hydroxyurea (sickle cell anemia)</i> )	2	
DROXIA CAP 300MG ( <i>hydroxyurea (sickle cell anemia)</i> )	2	
DROXIA CAP 400MG ( <i>hydroxyurea (sickle cell anemia)</i> )	2	
<i>hydroxyurea cap 500 mg</i>	1	OAC
MATULANE CAP 50MG ( <i>procarbazine hcl</i> )	2	OAC
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	4	PA
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	4	PA
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	4	PA
ODOMZO CAP 200MG ( <i>sonidegib phosphate</i> )	4	QL (30 caps / 30 days), PA; OAC
ONCASPAR INJ 750/ML ( <i>pegaspargase</i> )	4	PA
PHOTOFRIN INJ 75MG ( <i>porfimer sodium</i> )	2	
QUADRAMET INJ 1850MBQ ( <i>samarium sm 153 lexidronam</i> )	2	
TICE BCG INJ ( <i>bcg live intravesical</i> )	2	
<i>tretinoin cap 10 mg</i>	1	OAC
UVADEX INJ 20MCG/ML ( <i>methoxsalen (photopheresis)</i> )	2	
VISTOGARD PAK 10GM ( <i>uridine triacetate (emergency treatment)</i> )	2	QL (20 packets / 5 days)

#### **PLATINUM-BASED AGENTS**

<i>carboplatin iv soln 50 mg/5ml</i>	1	
<i>carboplatin iv soln 150 mg/15ml</i>	1	
<i>carboplatin iv soln 450 mg/45ml</i>	1	
<i>carboplatin iv soln 600 mg/60ml</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>cisplatin inj 50 mg/50ml (1 mg/ml)</b>	1	
<b>cisplatin inj 100 mg/100ml (1 mg/ml)</b>	1	
<b>cisplatin inj 200 mg/200ml (1 mg/ml)</b>	1	
<b>oxaliplatin for iv inj 50 mg</b>	4	
<b>oxaliplatin for iv inj 100 mg</b>	4	
<b>oxaliplatin iv soln 50 mg/10ml</b>	4	
<b>oxaliplatin iv soln 100 mg/20ml</b>	4	
<b>PROTECTIVE AGENTS</b>		
<b>dexrazoxane hcl for inj 250 mg (base equivalent)</b>	1	
<b>dexrazoxane hcl for inj 500 mg (base equivalent)</b>	1	
<b>leucovorin calcium for inj 50 mg</b>	1	
<b>leucovorin calcium for inj 100 mg</b>	1	
<b>leucovorin calcium for inj 200 mg</b>	1	
<b>leucovorin calcium for inj 350 mg</b>	1	
<b>leucovorin calcium for inj 500 mg</b>	1	
<b>leucovorin calcium tab 5 mg</b>	1	OAC
<b>leucovorin calcium tab 10 mg</b>	1	OAC
<b>leucovorin calcium tab 15 mg</b>	1	OAC
<b>leucovorin calcium tab 25 mg</b>	1	OAC
<b>mesna inj 100 mg/ml</b>	1	
<b>MESNEX TAB 400MG (mesna)</b>	4	OAC
<b>TOPOISOMERASE INHIBITORS</b>		
<b>CAMPTOSAR INJ 300/15ML (irinotecan hcl)</b>	2	
<b>etoposide cap 50 mg</b>	1	OAC
<b>etoposide inj 1 gm/50ml (20 mg/ml)</b> (Toposar)	1	
<b>etoposide inj 100 mg/5ml (20 mg/ml)</b>	1	
<b>etoposide inj 100 mg/5ml (20 mg/ml)</b> (Toposar)	1	
<b>etoposide inj 500 mg/25ml (20 mg/ml)</b> (Toposar)	1	
<b>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</b>	4	
<b>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</b>	4	
<b>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</b>	4	
<b>TENIPOSIDE INJ 50MG/5ML</b>	2	
<b>topotecan hcl for inj 4 mg (base equiv)</b>	1	

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

## ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

### **ANTINEOPLASTIC, BCL-2 INHIBITORS**

VENCLEXTA TAB 10MG ( <b><i>venetoclax</i></b> )	4	QL (120 tabs / 30 days), PA; OAC
VENCLEXTA TAB 50MG ( <b><i>venetoclax</i></b> )	4	QL (120 tabs / 30 days), PA; OAC
VENCLEXTA TAB 100MG ( <b><i>venetoclax</i></b> )	4	QL (180 tabs / 30 days), PA; OAC
VENCLEXTA TAB START PK ( <b><i>venetoclax</i></b> )	4	PA; OAC

## CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

### **ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i></b>	1	
<b><i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i></b>	1	
<b><i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i></b>	1	
<b><i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i></b>	1	
<b><i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i></b>	1	
<b><i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i></b>	1	
<b><i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i></b>	1	
<b><i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i></b>	1	
<b><i>moexipril-hydrochlorothiazide tab 15-25 mg</i></b>	1	
<b><i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i></b>	1	
<b><i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i></b>	1	
<b><i>quinapril-hydrochlorothiazide tab 20-25 mg</i></b>	1	
<b><i>trandolapril-verapamil hcl tab er 1-240 mg</i></b>	1	
<b><i>trandolapril-verapamil hcl tab er 2-180 mg</i></b>	1	
<b><i>trandolapril-verapamil hcl tab er 2-240 mg</i></b>	1	
<b><i>trandolapril-verapamil hcl tab er 4-240 mg</i></b>	1	
<b><i>ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE</i></b>		
<b><i>benazepril hcl tab 5 mg</i></b>	1	
<b><i>benazepril hcl tab 10 mg</i></b>	1	
<b><i>benazepril hcl tab 20 mg</i></b>	1	
<b><i>benazepril hcl tab 40 mg</i></b>	1	
<b><i>captopril tab 12.5 mg</i></b>	1	
<b><i>captopril tab 25 mg</i></b>	1	
<b><i>captopril tab 50 mg</i></b>	1	
<b><i>captopril tab 100 mg</i></b>	1	
<b><i>enalapril maleate tab 2.5 mg</i></b>	1	
<b><i>enalapril maleate tab 5 mg</i></b>	1	
<b><i>enalapril maleate tab 10 mg</i></b>	1	
<b><i>enalapril maleate tab 20 mg</i></b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	

**ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

<i>eplerenone tab 25 mg</i>	1
<i>eplerenone tab 50 mg</i>	1

**ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>terazosin hcl cap 10 mg (base equivalent)</i></b>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<b><i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i></b>	1	
<b><i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i></b>	1	
<b><i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i></b>	1	
<b><i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i></b>	1	
<b><i>amlodipine besylate-valsartan tab 5-160 mg</i></b>	1	
<b><i>amlodipine besylate-valsartan tab 5-320 mg</i></b>	1	
<b><i>amlodipine besylate-valsartan tab 10-160 mg</i></b>	1	
<b><i>amlodipine besylate-valsartan tab 10-320 mg</i></b>	1	
<b><i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i></b>	1	
<b><i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i></b>	1	
<b><i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i></b>	1	
<b><i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i></b>	1	
<b><i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i></b>	1	
<b><i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i></b>	1	
<b><i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i></b>	1	
<b><i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i></b>	1	
<b><i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i></b>	1	
<b><i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i></b>	1	
<b><i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i></b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i></b>	1	
<b><i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i></b>	1	
<b><i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i></b>	1	
<b><i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i></b>	1	
<b><i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i></b>	1	
<b><i>olmesartanamlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i></b>	1	
<b><i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i></b>	1	
<b><i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-25 mg</i></b>	1	
<b><i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i></b>	1	
<b><i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-25 mg</i></b>	1	
<b><i>telmisartanamlodipine tab 40-5 mg</i></b>	1	
<b><i>telmisartanamlodipine tab 40-10 mg</i></b>	1	
<b><i>telmisartanamlodipine tab 80-5 mg</i></b>	1	
<b><i>telmisartanamlodipine tab 80-10 mg</i></b>	1	
<b><i>telmisartanhydrochlorothiazide tab 40-12.5 mg</i></b>	1	
<b><i>telmisartanhydrochlorothiazide tab 80-12.5 mg</i></b>	1	
<b><i>telmisartanhydrochlorothiazide tab 80-25 mg</i></b>	1	
<b><i>valsartanhydrochlorothiazide tab 80-12.5 mg</i></b>	1	
<b><i>valsartanhydrochlorothiazide tab 160-12.5 mg</i></b>	1	
<b><i>valsartanhydrochlorothiazide tab 160-25 mg</i></b>	1	
<b><i>valsartanhydrochlorothiazide tab 320-12.5 mg</i></b>	1	
<b><i>valsartanhydrochlorothiazide tab 320-25 mg</i></b>	1	
<b><i>ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</i></b>		
<b><i>candesartan cilexetil tab 4 mg</i></b>	1	
<b><i>candesartan cilexetil tab 8 mg</i></b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
<i>eprosartan mesylate tab 600 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	

#### **ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM**

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	1	
<i>amiodarone hcl tab 100 mg</i> (Pacerone)	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i> (Pacerone)	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	PA
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	1	
<i>lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)</i>	1	
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)</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 cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
MULTAQ TAB 400MG ( <i>dronedarone hcl</i> )	3	PA
NEXTERONE INJ ( <i>amiodarone hcl in dextrose</i> )	3	
NORPACE CAP 100MG CR ( <i>disopyramide phosphate</i> )	2	
NORPACE CAP 150MG CR ( <i>disopyramide phosphate</i> )	2	
<i>procainamide hcl inj 100 mg/ml</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
SOTALOL HCL INJ 150/10ML	3	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 80 mg</i> (Sorine)	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 120 mg</i> (Sorine)	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 160 mg</i> (Sorine)	1	
<i>sotalol hcl tab 240 mg</i>	1	
<i>sotalol hcl tab 240 mg</i> (Sorine)	1	
<b>ANTILIPIDEMICS, BILE ACID RESINS</b>		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder 4 gm/dose</i> (Prevalite)	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR</b>		
<i>ezetimibe tab 10 mg</i>	1	ST; PA**
<b>ANTILIPEMICS, FIBRATES</b>		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 50 mg</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 130 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	2	
<i>fenofibrate tab 160 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS</b>		
<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	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	2	\$0 copay for members age 40 through 75

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i></b>	2	\$0 copay for members age 40 through 75
<b><i>lovastatin tab 10 mg</i></b>	1	\$0 copay for members age 40 through 75
<b><i>lovastatin tab 20 mg</i></b>	1	\$0 copay for members age 40 through 75
<b><i>lovastatin tab 40 mg</i></b>	1	\$0 copay for members age 40 through 75
<b><i>pravastatin sodium tab 10 mg</i></b>	1	\$0 copay for members age 40 through 75
<b><i>pravastatin sodium tab 20 mg</i></b>	1	\$0 copay for members age 40 through 75
<b><i>pravastatin sodium tab 40 mg</i></b>	1	\$0 copay for members age 40 through 75
<b><i>pravastatin sodium tab 80 mg</i></b>	1	\$0 copay for members age 40 through 75
<b><i>rosuvastatin calcium tab 5 mg</i></b>	1	ST; PA**; \$0 copay and no ST for members age 40 through 75
<b><i>rosuvastatin calcium tab 10 mg</i></b>	1	ST; PA**; \$0 copay and no ST for members age 40 through 75
<b><i>rosuvastatin calcium tab 20 mg</i></b>	1	
<b><i>rosuvastatin calcium tab 40 mg</i></b>	1	
<b><i>simvastatin tab 5 mg</i></b>	1	\$0 copay for members age 40 through 75
<b><i>simvastatin tab 10 mg</i></b>	1	\$0 copay for members age 40 through 75
<b><i>simvastatin tab 20 mg</i></b>	1	\$0 copay for members age 40 through 75
<b><i>simvastatin tab 40 mg</i></b>	1	\$0 copay for members age 40 through 75
<b><i>simvastatin tab 80 mg</i></b>	1	ST; PA**

#### **ANTI-LIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL**

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

#### **ANTI-LIPEMICS, OMEGA-3 FATTY ACIDS**

<b><i>omega-3-acid ethyl esters cap 1 gm</i></b>	1	PA
<b><i>VASCEPA CAP 0.5GM (icosapent ethyl)</i></b>	2	
<b><i>VASCEPA CAP 1GM (icosapent ethyl)</i></b>	2	

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

#### ***ANTI-LIPEMICS, PCSK9 INHIBITORS***

REPATHA INJ 140MG/ML ( <b><i>evolocumab</i></b> )	4	QL (2 syringes / 28 days), PA
REPATHA PUSH INJ 420/3.5 ( <b><i>evolocumab</i></b> )	4	QL (1 cartridge / 28 days), PA
REPATHA SURE INJ 140MG/ML ( <b><i>evolocumab</i></b> )	4	QL (2 pens / 28 days), PA

#### ***BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS***

<b><i>atenolol &amp; chlorthalidone tab 50-25 mg</i></b>	1
<b><i>atenolol &amp; chlorthalidone tab 100-25 mg</i></b>	1
<b><i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i></b>	1
<b><i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i></b>	1
<b><i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i></b>	1
<b><i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i></b>	1
<b><i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i></b>	1
<b><i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i></b>	1
<b><i>nadolol &amp; bendroflumethiazide tab 40-5 mg</i></b>	1
<b><i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i></b>	1
<b><i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i></b>	1

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

<b><i>acebutolol hcl cap 200 mg</i></b>	1
<b><i>acebutolol hcl cap 400 mg</i></b>	1
<b><i>atenolol tab 25 mg</i></b>	1
<b><i>atenolol tab 50 mg</i></b>	1
<b><i>atenolol tab 100 mg</i></b>	1
<b><i>betaxolol hcl tab 10 mg</i></b>	1
<b><i>betaxolol hcl tab 20 mg</i></b>	1
<b><i>bisoprolol fumarate tab 5 mg</i></b>	1
<b><i>bisoprolol fumarate tab 10 mg</i></b>	1
<b><i>BYSTOLIC TAB 2.5MG (<i>nebivolol hcl</i>)</i></b>	3
<b><i>BYSTOLIC TAB 5MG (<i>nebivolol hcl</i>)</i></b>	3

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BYSTOLIC TAB 10MG ( <i>nebivolol hcl</i> )	3	
BYSTOLIC TAB 20MG ( <i>nebivolol hcl</i> )	3	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl iv soln 5 mg/ml</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	1	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl inj 1 mg/ml</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

#### **CALCIUM CHANNEL BLOCKER/ANTI-LIPEMIC COMBINATIONS**

<i>amlodipine besylate-atorvastatin</i>	1
<i>calcium tab 2.5-10 mg</i>	
<i>amlodipine besylate-atorvastatin</i>	1
<i>calcium tab 2.5-20 mg</i>	
<i>amlodipine besylate-atorvastatin</i>	1
<i>calcium tab 2.5-40 mg</i>	
<i>amlodipine besylate-atorvastatin</i>	1
<i>calcium tab 5-10 mg</i>	
<i>amlodipine besylate-atorvastatin</i>	1
<i>calcium tab 5-20 mg</i>	
<i>amlodipine besylate-atorvastatin</i>	1
<i>calcium tab 5-40 mg</i>	
<i>amlodipine besylate-atorvastatin</i>	1
<i>calcium tab 5-80 mg</i>	
<i>amlodipine besylate-atorvastatin</i>	1
<i>calcium tab 10-10 mg</i>	
<i>amlodipine besylate-atorvastatin</i>	1
<i>calcium tab 10-20 mg</i>	
<i>amlodipine besylate-atorvastatin</i>	1
<i>calcium tab 10-40 mg</i>	
<i>amlodipine besylate-atorvastatin</i>	1
<i>calcium tab 10-80 mg</i>	

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

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1
<i>CARDENE IV SOL 20/200ML (nicardipine hcl in dextrose)</i>	3
<i>CARDIZEM LA TAB 120MG (diltiazem hcl coated beads)</i>	2
<i>diltiazem hcl cap er 12hr 60 mg</i>	1

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>diltiazem hcl cap er 12hr 90 mg</b>	1	
<b>diltiazem hcl cap er 12hr 120 mg</b>	1	
<b>diltiazem hcl cap er 24hr 120 mg</b>	1	
<b>diltiazem hcl cap er 24hr 180 mg</b>	1	
<b>diltiazem hcl cap er 24hr 240 mg</b>	1	
<b>diltiazem hcl coated beads cap er 24hr 120 mg</b>	1	
<b>diltiazem hcl coated beads cap er 24hr 120 mg</b> (Cartia Xt)	1	
<b>diltiazem hcl coated beads cap er 24hr 180 mg</b>	1	
<b>diltiazem hcl coated beads cap er 24hr 180 mg</b> (Cartia Xt)	1	
<b>diltiazem hcl coated beads cap er 24hr 240 mg</b>	1	
<b>diltiazem hcl coated beads cap er 24hr 240 mg</b> (Cartia Xt)	1	
<b>diltiazem hcl coated beads cap er 24hr 300 mg</b>	1	
<b>diltiazem hcl coated beads cap er 24hr 300 mg</b> (Cartia Xt)	1	
<b>diltiazem hcl coated beads cap er 24hr 360 mg</b>	1	
<b>diltiazem hcl coated beads tab er 24hr 180 mg</b> (Matzim La)	1	
<b>diltiazem hcl coated beads tab er 24hr 240 mg</b> (Matzim La)	1	
<b>diltiazem hcl coated beads tab er 24hr 300 mg</b> (Matzim La)	1	
<b>diltiazem hcl coated beads tab er 24hr 360 mg</b> (Matzim La)	1	
<b>diltiazem hcl coated beads tab er 24hr 420 mg</b> (Matzim La)	1	
<b>diltiazem hcl extended release beads cap er 24hr 120 mg</b>	1	
<b>diltiazem hcl extended release beads cap er 24hr 120 mg</b> (Taztia Xt)	1	
<b>diltiazem hcl extended release beads cap er 24hr 180 mg</b>	1	
<b>diltiazem hcl extended release beads cap er 24hr 180 mg</b> (Taztia Xt)	1	
<b>diltiazem hcl extended release beads cap er 24hr 240 mg</b>	1	
<b>diltiazem hcl extended release beads cap er 24hr 240 mg</b> (Taztia Xt)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>diltiazem hcl extended release beads cap er 24hr 300 mg</b>	1	
<b>diltiazem hcl extended release beads cap er 24hr 300 mg (Taztia Xt)</b>	1	
<b>diltiazem hcl extended release beads cap er 24hr 360 mg</b>	1	
<b>diltiazem hcl extended release beads cap er 24hr 360 mg (Taztia Xt)</b>	1	
<b>diltiazem hcl extended release beads cap er 24hr 420 mg</b>	1	
<b>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</b>	1	
<b>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</b>	1	
<b>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</b>	1	
<b>diltiazem hcl tab 30 mg</b>	1	
<b>diltiazem hcl tab 60 mg</b>	1	
<b>diltiazem hcl tab 90 mg</b>	1	
<b>diltiazem hcl tab 120 mg</b>	1	
DILTIAZEM INJ 100MG	3	
<b>felodipine tab er 24hr 2.5 mg</b>	1	
<b>felodipine tab er 24hr 5 mg</b>	1	
<b>felodipine tab er 24hr 10 mg</b>	1	
<b>isradipine cap 2.5 mg</b>	1	
<b>isradipine cap 5 mg</b>	1	
<b>nicardipine hcl cap 20 mg</b>	1	
<b>nicardipine hcl cap 30 mg</b>	1	
<b>nicardipine hcl iv soln 2.5 mg/ml</b>	1	
<b>nifedipine tab er 24hr 30 mg</b>	1	
<b>nifedipine tab er 24hr 30 mg (Afeditab Cr)</b>	1	
<b>nifedipine tab er 24hr 60 mg</b>	1	
<b>nifedipine tab er 24hr 60 mg (Afeditab Cr)</b>	1	
<b>nifedipine tab er 24hr 90 mg</b>	1	
<b>nifedipine tab er 24hr osmotic release 30 mg</b>	1	
<b>nifedipine tab er 24hr osmotic release 60 mg</b>	1	
<b>nifedipine tab er 24hr osmotic release 90 mg</b>	1	
<b>nimodipine cap 30 mg</b>	1	
<b>nisoldipine tab er 24hr 8.5 mg</b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>nisoldipine tab er 24hr 17 mg</i></b>	1	
<b><i>nisoldipine tab er 24hr 20 mg</i></b>	1	
<b><i>nisoldipine tab er 24hr 25.5 mg</i></b>	1	
<b><i>nisoldipine tab er 24hr 30 mg</i></b>	1	
<b><i>nisoldipine tab er 24hr 34 mg</i></b>	1	
<b><i>nisoldipine tab er 24hr 40 mg</i></b>	1	
<b><i>verapamil hcl cap er 24hr 100 mg</i></b>	1	
<b><i>verapamil hcl cap er 24hr 120 mg</i></b>	1	
<b><i>verapamil hcl cap er 24hr 180 mg</i></b>	1	
<b><i>verapamil hcl cap er 24hr 200 mg</i></b>	1	
<b><i>verapamil hcl cap er 24hr 240 mg</i></b>	1	
<b><i>verapamil hcl cap er 24hr 300 mg</i></b>	1	
<b><i>verapamil hcl cap er 24hr 360 mg</i></b>	1	
<b><i>verapamil hcl iv soln 2.5 mg/ml</i></b>	1	
<b><i>verapamil hcl tab 40 mg</i></b>	1	
<b><i>verapamil hcl tab 80 mg</i></b>	1	
<b><i>verapamil hcl tab 120 mg</i></b>	1	
<b><i>verapamil hcl tab er 120 mg</i></b>	1	
<b><i>verapamil hcl tab er 180 mg</i></b>	1	
<b><i>verapamil hcl tab er 240 mg</i></b>	1	
<b>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</b>		
<b><i>digoxin inj 0.25 mg/ml</i></b>	1	
<b><i>digoxin oral soln 0.05 mg/ml</i></b>	1	
<b><i>digoxin tab 125 mcg (0.125 mg)</i></b>	1	
<b><i>digoxin tab 125 mcg (0.125 mg)</i></b> (Digox)	1	
<b><i>digoxin tab 250 mcg (0.25 mg)</i></b>	1	
<b><i>digoxin tab 250 mcg (0.25 mg) (Digox)</i></b>	1	
<b><i>LANOXIN PED INJ 0.1MG/ML (digoxin)</i></b>	3	
<b><i>LANOXIN TAB 0.0625MG (digoxin)</i></b>	2	
<b><i>LANOXIN TAB 0.1875MG (digoxin)</i></b>	2	
<b>DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS</b>		
<b><i>aliskiren fumarate tab 150 mg (base equivalent)</i></b>	1	
<b><i>aliskiren fumarate tab 300 mg (base equivalent)</i></b>	1	
<b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</b>		
<b><i>acetazolamide cap er 12hr 500 mg</i></b>	1	
<b><i>acetazolamide sodium for inj 500 mg</i></b>	1	
<b><i>acetazolamide tab 125 mg</i></b>	1	
<b><i>acetazolamide tab 250 mg</i></b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ALDACTAZIDE TAB 50/50 <i>(spironolactone &amp; hydrochlorothiazide)</i>	2	
<b>amiloride &amp; hydrochlorothiazide tab 5-50 mg</b>	1	
<b>amiloride hcl tab 5 mg</b>	1	
<b>bumetanide inj 0.25 mg/ml</b>	1	
<b>bumetanide tab 0.5 mg</b>	1	
<b>bumetanide tab 1 mg</b>	1	
<b>bumetanide tab 2 mg</b>	1	
<b>chlorothiazide sodium for inj 500 mg</b>	1	
<b>chlorothiazide tab 250 mg</b>	1	
<b>chlorothiazide tab 500 mg</b>	1	
<b>chlorthalidone tab 25 mg</b>	1	
<b>chlorthalidone tab 50 mg</b>	1	
<b>DIURIL SUS 250/5ML (chlorothiazide)</b>	3	
<b>ethacrynat e sodium for inj 50 mg</b>	1	
<b>ethacrynic acid tab 25 mg</b>	1	
<b>furosemide inj 10 mg/ml</b>	1	
<b>furosemide oral soln 8 mg/ml</b>	1	
<b>furosemide oral soln 10 mg/ml</b>	1	
<b>furosemide tab 20 mg</b>	1	
<b>furosemide tab 40 mg</b>	1	
<b>furosemide tab 80 mg</b>	1	
<b>hydrochlorothiazide cap 12.5 mg</b>	1	
<b>hydrochlorothiazide tab 12.5 mg</b>	1	
<b>hydrochlorothiazide tab 25 mg</b>	1	
<b>hydrochlorothiazide tab 50 mg</b>	1	
<b>indapamide tab 1.25 mg</b>	1	
<b>indapamide tab 2.5 mg</b>	1	
<b>methazolamide tab 25 mg</b>	1	
<b>methazolamide tab 50 mg</b>	1	
<b>methyclothiazide tab 5 mg</b>	1	
<b>metolazone tab 2.5 mg</b>	1	
<b>metolazone tab 5 mg</b>	1	
<b>metolazone tab 10 mg</b>	1	
<b>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</b>	1	
<b>spironolactone tab 25 mg</b>	1	
<b>spironolactone tab 50 mg</b>	1	
<b>spironolactone tab 100 mg</b>	1	
<b>torsemide tab 5 mg</b>	1	
<b>torsemide tab 10 mg</b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>torsemide tab 20 mg</i></b>	1	
<b><i>torsemide tab 100 mg</i></b>	1	
<b><i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i></b>	1	
<b><i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i></b>	1	
<b><i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i></b>	1	
<b><i>triamterene cap 50 mg</i></b>	1	
<b><i>triamterene cap 100 mg</i></b>	1	
<b>MISCELLANEOUS</b>		
<b><i>clonidine hcl tab 0.1 mg</i></b>	1	
<b><i>clonidine hcl tab 0.2 mg</i></b>	1	
<b><i>clonidine hcl tab 0.3 mg</i></b>	1	
<b><i>clonidine td patch weekly 0.1 mg/24hr</i></b>	1	
<b><i>clonidine td patch weekly 0.2 mg/24hr</i></b>	1	
<b><i>clonidine td patch weekly 0.3 mg/24hr</i></b>	1	
<b><i>ENTRESTO TAB 24-26MG (sacubitril-valsartan)</i></b>	2	
<b><i>ENTRESTO TAB 49-51MG (sacubitril-valsartan)</i></b>	2	
<b><i>ENTRESTO TAB 97-103MG (sacubitril-valsartan)</i></b>	2	
<b><i>guanfacine hcl tab 1 mg</i></b>	1	
<b><i>guanfacine hcl tab 2 mg</i></b>	1	
<b><i>hydralazine hcl inj 20 mg/ml</i></b>	1	
<b><i>hydralazine hcl tab 10 mg</i></b>	1	
<b><i>hydralazine hcl tab 25 mg</i></b>	1	
<b><i>hydralazine hcl tab 50 mg</i></b>	1	
<b><i>hydralazine hcl tab 100 mg</i></b>	1	
<b><i>methyldopa tab 250 mg</i></b>	1	
<b><i>methyldopa tab 500 mg</i></b>	1	
<b><i>methyldopate hcl inj 250 mg/5ml</i></b>	1	
<b><i>midodrine hcl tab 2.5 mg</i></b>	1	
<b><i>midodrine hcl tab 5 mg</i></b>	1	
<b><i>midodrine hcl tab 10 mg</i></b>	1	
<b><i>minoxidil tab 2.5 mg</i></b>	1	
<b><i>minoxidil tab 10 mg</i></b>	1	
<b><i>phenoxybenzamine hcl cap 10 mg</i></b>	4	PA
<b><i>ranolazine tab er 12hr 500 mg</i></b>	1	ST; PA**
<b><i>ranolazine tab er 12hr 1000 mg</i></b>	1	ST; PA**
<b>NITRATES - DRUGS TO TREAT HEART CONDITIONS</b>		
<b><i>DILATRATE SR CAP 40MG (isosorbide dinitrate)</i></b>	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>isosorbide dinitrate tab 5 mg</i></b>	1	
<b><i>isosorbide dinitrate tab 10 mg</i></b>	1	
<b><i>isosorbide dinitrate tab 20 mg</i></b>	1	
<b><i>isosorbide dinitrate tab 30 mg</i></b>	1	
<b><i>isosorbide dinitrate tab 40 mg</i></b>	1	
<b><i>isosorbide dinitrate tab er 40 mg</i></b>	1	
<b><i>isosorbide mononitrate tab 10 mg</i></b>	1	
<b><i>isosorbide mononitrate tab 20 mg</i></b>	1	
<b><i>isosorbide mononitrate tab er 24hr 30 mg</i></b>	1	
<b><i>isosorbide mononitrate tab er 24hr 60 mg</i></b>	1	
<b><i>isosorbide mononitrate tab er 24hr 120 mg</i></b>	1	
<b><i>NITRO-BID OIN 2% (nitroglycerin)</i></b>	3	
<b><i>NITRO-DUR DIS 0.3MG/HR (nitroglycerin)</i></b>	2	
<b><i>NITRO-DUR DIS 0.8MG/HR (nitroglycerin)</i></b>	2	
<b><i>NITROGLYCER INJ 5MG/ML</i></b>	3	
<b><i>nitroglycerin iv soln 100 mcg/ml in d5w</i></b>	1	
<b><i>nitroglycerin iv soln 200 mcg/ml in d5w</i></b>	1	
<b><i>nitroglycerin iv soln 400 mcg/ml in d5w</i></b>	1	
<b><i>nitroglycerin sl tab 0.3 mg</i></b>	1	
<b><i>nitroglycerin sl tab 0.4 mg</i></b>	1	
<b><i>nitroglycerin sl tab 0.6 mg</i></b>	1	
<b><i>nitroglycerin td patch 24hr 0.1 mg/hr</i></b>	1	
<b><i>nitroglycerin td patch 24hr 0.1 mg/hr (Minitran)</i></b>	1	
<b><i>nitroglycerin td patch 24hr 0.2 mg/hr</i></b>	1	
<b><i>nitroglycerin td patch 24hr 0.2 mg/hr (Minitran)</i></b>	1	
<b><i>nitroglycerin td patch 24hr 0.4 mg/hr</i></b>	1	
<b><i>nitroglycerin td patch 24hr 0.4 mg/hr (Minitran)</i></b>	1	
<b><i>nitroglycerin td patch 24hr 0.6 mg/hr</i></b>	1	
<b><i>nitroglycerin td patch 24hr 0.6 mg/hr (Minitran)</i></b>	1	
<b><i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i></b>	1	

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

**PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION**

ADEMPAS TAB 0.5MG ( <i>riociguat</i> )	4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG ( <i>riociguat</i> )	4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG ( <i>riociguat</i> )	4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2.5MG ( <i>riociguat</i> )	4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2MG ( <i>riociguat</i> )	4	QL (90 tabs / 30 days), PA
<b><i>ambrisentan tab 5 mg</i></b>	4	QL (30 tabs / 30 days), PA
<b><i>ambrisentan tab 10 mg</i></b>	4	QL (30 tabs / 30 days), PA
<b><i>bosentan tab 62.5 mg</i></b>	4	QL (60 tabs / 30 days), PA
<b><i>bosentan tab 125 mg</i></b>	4	QL (60 tabs / 30 days), PA
<b><i>epoprostenol sodium for inj 0.5 mg</i></b>	4	PA
<b><i>epoprostenol sodium for inj 1.5 mg</i></b>	4	PA
OPSUMIT TAB 10MG ( <i>macitentan</i> )	4	QL (30 tabs / 30 days), PA
ORENITRAM TAB 0.25MG ( <i>treprostinil diolamine</i> )	4	PA
ORENITRAM TAB 0.125MG ( <i>treprostinil diolamine</i> )	4	PA
ORENITRAM TAB 1MG ( <i>treprostinil diolamine</i> )	4	PA
ORENITRAM TAB 2.5MG ( <i>treprostinil diolamine</i> )	4	PA
ORENITRAM TAB 5MG ( <i>treprostinil diolamine</i> )	4	PA
REMODULIN INJ 1MG/ML ( <i>treprostinil</i> )	4	PA
REMODULIN INJ 2.5MG/ML ( <i>treprostinil</i> )	4	PA
REMODULIN INJ 5MG/ML ( <i>treprostinil</i> )	4	PA
REMODULIN INJ 10MG/ML ( <i>treprostinil</i> )	4	PA
<b><i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i></b>	4	PA
<b><i>sildenafil citrate tab 20 mg</i></b>	4	QL (90 tabs / 30 days), PA
<b><i>tadalafil tab 20 mg (pah)</i></b>	4	QL (60 tabs / 30 days), PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRACLEER TAB 32MG ( <b>bosentan</b> )	4	QL (112 tabs / 28 days), PA
TYVASO START SOL 0.6MG/ML ( <b>treprostinil</b> )	4	QL (28 ampules / 28 days), PA
UPTRAVI TAB 200/800 ( <b>selexipag</b> )	4	PA
UPTRAVI TAB 200MCG ( <b>selexipag</b> )	4	QL (140 tabs / 28 days), PA
UPTRAVI TAB 400MCG ( <b>selexipag</b> )	4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG ( <b>selexipag</b> )	4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG ( <b>selexipag</b> )	4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG ( <b>selexipag</b> )	4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG ( <b>selexipag</b> )	4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG ( <b>selexipag</b> )	4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG ( <b>selexipag</b> )	4	QL (60 tabs / 30 days), PA
VENTAVIS SOL 10MCG/ML ( <b>iloprost</b> )	4	QL (270 ampules / 30 days), PA
VENTAVIS SOL 20MCG/ML ( <b>iloprost</b> )	4	QL (270 ampules / 30 days), PA

## CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

### ANTIANXIETY§

ALPRAZOLAM CON 1 MG/ML ( <b>alprazolam</b> )	2	QL (300 mL / 25 days)
<b>alprazolam orally disintegrating tab 0.5 mg</b>	1	QL (150 tabs / 25 days)
<b>alprazolam orally disintegrating tab 0.25 mg</b>	1	QL (150 tabs / 25 days)
<b>alprazolam orally disintegrating tab 1 mg</b>	1	QL (150 tabs / 25 days)
<b>alprazolam orally disintegrating tab 2 mg</b>	1	QL (150 tabs / 25 days)
<b>alprazolam tab 0.5 mg</b>	1	QL (150 tabs / 25 days)
<b>alprazolam tab 0.25 mg</b>	1	QL (150 tabs / 25 days)
<b>alprazolam tab 1 mg</b>	1	QL (150 tabs / 25 days)
<b>alprazolam tab 2 mg</b>	1	QL (150 tabs / 25 days)
<b>lorazepam conc 2 mg/ml</b>	1	QL (150 mL / 25 days)
<b>lorazepam tab 0.5 mg</b>	1	QL (150 tabs / 25 days)
<b>lorazepam tab 1 mg</b>	1	QL (150 tabs / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>lorazepam tab 2 mg</i></b>	1	QL (150 tabs / 25 days)
<b><i>meprobamate tab 200 mg</i></b>	1	
<b><i>meprobamate tab 400 mg</i></b>	1	
<b><i>oxazepam cap 10 mg</i></b>	1	QL (120 caps / 25 days)
<b><i>oxazepam cap 15 mg</i></b>	1	QL (120 caps / 25 days)
<b><i>oxazepam cap 30 mg</i></b>	1	QL (120 caps / 25 days)
<b><u>ANTICONVULSANTS§</u></b>		
<b><i>APTIOM TAB 200MG (eslicarbazepine acetate)</i></b>	3	PA
<b><i>APTIOM TAB 400MG (eslicarbazepine acetate)</i></b>	3	PA
<b><i>APTIOM TAB 600MG (eslicarbazepine acetate)</i></b>	3	PA
<b><i>APTIOM TAB 800MG (eslicarbazepine acetate)</i></b>	3	PA
<b><i>carbamazepine cap er 12hr 100 mg</i></b>	1	
<b><i>carbamazepine cap er 12hr 200 mg</i></b>	1	
<b><i>carbamazepine cap er 12hr 300 mg</i></b>	1	
<b><i>carbamazepine chew tab 100 mg</i></b>	1	
<b><i>carbamazepine susp 100 mg/5ml</i></b>	1	
<b><i>carbamazepine tab 200 mg</i></b>	1	
<b><i>carbamazepine tab 200 mg (Epitol)</i></b>	1	
<b><i>carbamazepine tab er 12hr 100 mg</i></b>	1	
<b><i>carbamazepine tab er 12hr 200 mg</i></b>	1	
<b><i>carbamazepine tab er 12hr 400 mg</i></b>	1	
<b><i>CELONTIN CAP 300MG (methsuximide)</i></b>	3	
<b><i>clobazam suspension 2.5 mg/ml</i></b>	1	PA
<b><i>clobazam tab 10 mg</i></b>	1	PA
<b><i>clobazam tab 20 mg</i></b>	1	PA
<b><i>clonazepam tab 0.5 mg</i></b>	1	
<b><i>clonazepam tab 1 mg</i></b>	1	
<b><i>clonazepam tab 2 mg</i></b>	1	
<b><i>clorazepate dipotassium tab 3.75 mg</i></b>	2	QL (180 tabs / 25 days)
<b><i>clorazepate dipotassium tab 7.5 mg</i></b>	2	QL (180 tabs / 25 days)
<b><i>clorazepate dipotassium tab 15 mg</i></b>	2	QL (180 tabs / 25 days)
<b><i>diazepam conc 5 mg/ml (Diazepam Intensol)</i></b>	1	QL (240 mL / 25 days)
<b><i>diazepam inj 5 mg/ml</i></b>	1	
<b><i>diazepam oral soln 1 mg/ml</i></b>	1	QL (1200 mL / 25 days)
<b><i>diazepam tab 2 mg</i></b>	1	QL (120 tabs / 25 days)
<b><i>diazepam tab 5 mg</i></b>	1	QL (120 tabs / 25 days)
<b><i>diazepam tab 10 mg</i></b>	1	QL (120 tabs / 25 days)
<b><i>DILANTIN CAP 30MG (phenytoin sodium extended)</i></b>	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>divalproex sodium cap delayed release sprinkle 125 mg</i></b>	1	
<b><i>divalproex sodium tab delayed release 125 mg</i></b>	1	
<b><i>divalproex sodium tab delayed release 250 mg</i></b>	1	
<b><i>divalproex sodium tab delayed release 500 mg</i></b>	1	
<b><i>divalproex sodium tab er 24 hr 250 mg</i></b>	1	
<b><i>divalproex sodium tab er 24 hr 500 mg</i></b>	1	
<b><i>ethosuximide cap 250 mg</i></b>	1	
<b><i>ethosuximide soln 250 mg/5ml</i></b>	1	
<b><i>felbamate susp 600 mg/5ml</i></b>	1	
<b><i>felbamate tab 400 mg</i></b>	1	
<b><i>felbamate tab 600 mg</i></b>	1	
<b><i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i></b>	1	
<b><i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i></b>	1	
<b><i>FYCOMPA SUS 0.5MG/ML (perampanel)</i></b>	2	
<b><i>FYCOMPA TAB 2MG (perampanel)</i></b>	2	
<b><i>FYCOMPA TAB 4MG (perampanel)</i></b>	2	
<b><i>FYCOMPA TAB 6MG (perampanel)</i></b>	2	
<b><i>FYCOMPA TAB 8MG (perampanel)</i></b>	2	
<b><i>FYCOMPA TAB 10MG (perampanel)</i></b>	2	
<b><i>FYCOMPA TAB 12MG (perampanel)</i></b>	2	
<b><i>gabapentin cap 100 mg</i></b>	1	
<b><i>gabapentin cap 300 mg</i></b>	1	
<b><i>gabapentin cap 400 mg</i></b>	1	
<b><i>gabapentin oral soln 250 mg/5ml</i></b>	1	
<b><i>gabapentin tab 600 mg</i></b>	1	
<b><i>gabapentin tab 800 mg</i></b>	1	
<b><i>lamotrigine orally disintegrating tab 25 mg</i></b>	2	PA
<b><i>lamotrigine orally disintegrating tab 50 mg</i></b>	2	PA
<b><i>lamotrigine orally disintegrating tab 100 mg</i></b>	2	PA
<b><i>lamotrigine orally disintegrating tab 200 mg</i></b>	2	PA
<b><i>lamotrigine tab 25 mg</i></b>	1	
<b><i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i></b>	1	
<b><i>lamotrigine tab 35 x 25 mg starter kit</i></b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i></b>	1	
<b><i>lamotrigine tab 100 mg</i></b>	1	
<b><i>lamotrigine tab 150 mg</i></b>	1	
<b><i>lamotrigine tab 200 mg</i></b>	1	
<b><i>lamotrigine tab chewable dispersible 5 mg</i></b>	1	
<b><i>lamotrigine tab chewable dispersible 25 mg</i></b>	1	
<b><i>lamotrigine tab er 24hr 25 mg</i></b>	1	ST; PA**
<b><i>lamotrigine tab er 24hr 50 mg</i></b>	1	ST; PA**
<b><i>lamotrigine tab er 24hr 100 mg</i></b>	1	ST; PA**
<b><i>lamotrigine tab er 24hr 200 mg</i></b>	1	ST; PA**
<b><i>lamotrigine tab er 24hr 250 mg</i></b>	1	ST; PA**
<b><i>lamotrigine tab er 24hr 300 mg</i></b>	1	ST; PA**
<b><i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i></b>	1	
<b><i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i></b>	1	
<b><i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i></b>	1	
<b><i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i></b>	1	
<b><i>levetiracetam oral soln 100 mg/ml</i></b>	1	
<b><i>levetiracetam tab 250 mg</i></b>	1	
<b><i>levetiracetam tab 500 mg</i></b>	1	
<b><i>levetiracetam tab 750 mg</i></b>	1	
<b><i>levetiracetam tab 1000 mg</i></b>	1	
<b><i>levetiracetam tab er 24hr 500 mg</i></b>	1	
<b><i>levetiracetam tab er 24hr 750 mg</i></b>	1	
<b><i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i></b>	1	
<b><i>oxcarbazepine tab 150 mg</i></b>	1	
<b><i>oxcarbazepine tab 300 mg</i></b>	1	
<b><i>oxcarbazepine tab 600 mg</i></b>	1	
<b><i>PEGANONE TAB 250MG (ethotoin)</i></b>	3	
<b><i>phenobarbital elixir 20 mg/5ml</i></b>	1	
<b><i>phenobarbital tab 15 mg</i></b>	1	
<b><i>phenobarbital tab 16.2 mg</i></b>	1	
<b><i>phenobarbital tab 30 mg</i></b>	1	
<b><i>phenobarbital tab 32.4 mg</i></b>	1	
<b><i>phenobarbital tab 60 mg</i></b>	1	
<b><i>phenobarbital tab 64.8 mg</i></b>	1	
<b><i>phenobarbital tab 97.2 mg</i></b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>phenobarbital tab 100 mg</i></b>	1	
<b><i>phenytoin chew tab 50 mg</i></b>	1	
<b><i>phenytoin sodium extended cap 100 mg</i></b>	1	
<b><i>phenytoin sodium extended cap 200 mg</i></b>	1	
<b><i>phenytoin sodium extended cap 300 mg</i></b>	1	
<b><i>phenytoin sodium inj 50 mg/ml</i></b>	1	
<b><i>phenytoin susp 125 mg/5ml</i></b>	1	
<b><i>pregabalin cap 25 mg</i></b>	1	ST; PA**
<b><i>pregabalin cap 50 mg</i></b>	1	ST; PA**
<b><i>pregabalin cap 75 mg</i></b>	1	ST; PA**
<b><i>pregabalin cap 100 mg</i></b>	1	ST; PA**
<b><i>pregabalin cap 150 mg</i></b>	1	ST; PA**
<b><i>pregabalin cap 200 mg</i></b>	1	ST; PA**
<b><i>pregabalin cap 225 mg</i></b>	1	ST; PA**
<b><i>pregabalin cap 300 mg</i></b>	1	ST; PA**
<b><i>pregabalin soln 20 mg/ml</i></b>	1	ST; PA**
<b><i>primidone tab 50 mg</i></b>	1	
<b><i>primidone tab 250 mg</i></b>	1	
<b><i>tiagabine hcl tab 2 mg</i></b>	1	
<b><i>tiagabine hcl tab 4 mg</i></b>	1	
<b><i>tiagabine hcl tab 12 mg</i></b>	1	
<b><i>tiagabine hcl tab 16 mg</i></b>	1	
<b><i>topiramate sprinkle cap 15 mg</i></b>	1	
<b><i>topiramate sprinkle cap 25 mg</i></b>	1	
<b><i>topiramate tab 25 mg</i></b>	1	
<b><i>topiramate tab 50 mg</i></b>	1	
<b><i>topiramate tab 100 mg</i></b>	1	
<b><i>topiramate tab 200 mg</i></b>	1	
<b><i>valproate sodium inj 100 mg/ml</i></b>	1	
<b><i>valproate sodium oral soln 250 mg/5ml (base equiv)</i></b>	1	
<b><i>valproic acid cap 250 mg</i></b>	1	
<b><i>vigabatrin powd pack 500 mg</i></b>	4	QL (180 packets / 30 days), PA
<b><i>vigabatrin tab 500 mg</i></b>	4	QL (180 tabs / 30 days), PA
<b><i>VIMPAT INJ 200MG/20 (<i>lacosamide</i>)</i></b>	3	ST; PA**
<b><i>VIMPAT SOL 10MG/ML (<i>lacosamide</i>)</i></b>	3	ST; PA**
<b><i>VIMPAT TAB 50MG (<i>lacosamide</i>)</i></b>	3	ST; PA**
<b><i>VIMPAT TAB 100MG (<i>lacosamide</i>)</i></b>	3	ST; PA**
<b><i>VIMPAT TAB 150MG (<i>lacosamide</i>)</i></b>	3	ST; PA**

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIMPAT TAB 200MG ( <i>lacosamide</i> )	3	ST; PA**
<b><i>zonisamide cap 25 mg</i></b>	1	
<b><i>zonisamide cap 50 mg</i></b>	1	
<b><i>zonisamide cap 100 mg</i></b>	1	
<b>ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS</b>		
<b><i>donepezil hydrochloride orally disintegrating tab 5 mg</i></b>	1	
<b><i>donepezil hydrochloride orally disintegrating tab 10 mg</i></b>	1	
<b><i>donepezil hydrochloride tab 5 mg</i></b>	1	
<b><i>donepezil hydrochloride tab 10 mg</i></b>	1	
<b><i>donepezil hydrochloride tab 23 mg</i></b>	1	
<b><i>ergoloid mesylates tab 1 mg</i></b>	1	
<b><i>galantamine hydrobromide cap er 24hr 8 mg</i></b>	1	
<b><i>galantamine hydrobromide cap er 24hr 16 mg</i></b>	1	
<b><i>galantamine hydrobromide cap er 24hr 24 mg</i></b>	1	
<b><i>galantamine hydrobromide oral soln 4 mg/ml</i></b>	1	
<b><i>galantamine hydrobromide tab 4 mg</i></b>	1	
<b><i>galantamine hydrobromide tab 8 mg</i></b>	1	
<b><i>galantamine hydrobromide tab 12 mg</i></b>	1	
<b><i>memantine hcl cap er 24hr 7 mg</i></b>	1	PA; PA applies for members less than 30 years of age
<b><i>memantine hcl cap er 24hr 14 mg</i></b>	1	PA; PA applies for members less than 30 years of age
<b><i>memantine hcl cap er 24hr 21 mg</i></b>	1	PA; PA applies for members less than 30 years of age
<b><i>memantine hcl cap er 24hr 28 mg</i></b>	1	PA; PA applies for members less than 30 years of age
<b><i>memantine hcl oral solution 2 mg/ml</i></b>	1	PA; PA applies for members less than 30 years of age
<b><i>memantine hcl tab 5 mg</i></b>	1	PA; PA applies for members less than 30 years of age
<b><i>memantine hcl tab 10 mg</i></b>	1	PA; PA applies for members less than 30 years of age

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i></b>	1	PA; PA applies for members less than 30 years of age
<b>NAMENDA XR CAP TITRATIO (<i>memantine hcl</i>)</b>	2	PA; PA applies for members less than 30 years of age
<b><i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i></b>	1	PA
<b><i>rivastigmine tartrate cap 3 mg (base equivalent)</i></b>	1	PA
<b><i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i></b>	1	PA
<b><i>rivastigmine tartrate cap 6 mg (base equivalent)</i></b>	1	PA
<b><i>rivastigmine td patch 24hr 4.6 mg/24hr</i></b>	1	PA
<b><i>rivastigmine td patch 24hr 9.5 mg/24hr</i></b>	1	PA
<b><i>rivastigmine td patch 24hr 13.3 mg/24hr</i></b>	1	PA
<b>ANTIDEPRESSANTS§</b>		
<b><i>amitriptyline hcl tab 10 mg</i></b>	1	QL (150 tabs / 25 days); QL applies to members age 65 and older
<b><i>amitriptyline hcl tab 25 mg</i></b>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<b><i>amitriptyline hcl tab 50 mg</i></b>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<b><i>amitriptyline hcl tab 75 mg</i></b>	1	PA; Members 70 and older subject to PA
<b><i>amitriptyline hcl tab 100 mg</i></b>	1	PA; Members 70 and older subject to PA
<b><i>amitriptyline hcl tab 150 mg</i></b>	1	PA; Members 70 and older subject to PA
<b><i>amoxapine tab 25 mg</i></b>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<b><i>amoxapine tab 50 mg</i></b>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<b><i>amoxapine tab 100 mg</i></b>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>amoxapine tab 150 mg</i></b>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<b><i>bupropion hcl tab 75 mg</i></b>	1	
<b><i>bupropion hcl tab 100 mg</i></b>	1	
<b><i>bupropion hcl tab er 12hr 100 mg</i></b>	1	
<b><i>bupropion hcl tab er 12hr 150 mg</i></b>	1	
<b><i>bupropion hcl tab er 12hr 200 mg</i></b>	1	
<b><i>bupropion hcl tab er 24hr 150 mg</i></b>	1	
<b><i>bupropion hcl tab er 24hr 300 mg</i></b>	1	
<b><i>citalopram hydrobromide oral soln 10 mg/5ml</i></b>	1	
<b><i>citalopram hydrobromide tab 10 mg (base equiv)</i></b>	1	
<b><i>citalopram hydrobromide tab 20 mg (base equiv)</i></b>	1	
<b><i>citalopram hydrobromide tab 40 mg (base equiv)</i></b>	1	
<b><i>desipramine hcl tab 10 mg</i></b>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<b><i>desipramine hcl tab 25 mg</i></b>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<b><i>desipramine hcl tab 50 mg</i></b>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<b><i>desipramine hcl tab 75 mg</i></b>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<b><i>desipramine hcl tab 100 mg</i></b>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<b><i>desipramine hcl tab 150 mg</i></b>	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
<b><i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i></b>	1	ST; (generic of Pristiq) PA**
<b><i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i></b>	1	ST; (generic of Pristiq) PA**
<b><i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i></b>	1	ST; (generic of Pristiq) PA**
<b><i>doxepin hcl cap 10 mg</i></b>	1	QL (90 caps / 25 days); QL applies to members age 65 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>doxepin hcl cap 25 mg</i></b>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<b><i>doxepin hcl cap 50 mg</i></b>	1	QL (90 caps / 25 days); QL applies to members age 65 and older
<b><i>doxepin hcl cap 75 mg</i></b>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<b><i>doxepin hcl cap 100 mg</i></b>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<b><i>doxepin hcl cap 150 mg</i></b>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<b><i>doxepin hcl conc 10 mg/ml</i></b>	1	QL (450 mL / 25 days); QL applies to members age 65 and older
<b><i>duloxetine hcl cap 20 mg</i></b>	1	
<b><i>duloxetine hcl cap 30 mg</i></b>	1	
<b><i>duloxetine hcl cap 60 mg</i></b>	1	
<b><i>EMSAM DIS 6MG/24HR (selegiline)</i></b>	3	PA
<b><i>EMSAM DIS 9MG/24HR (selegiline)</i></b>	3	PA
<b><i>EMSAM DIS 12MG/24H (selegiline)</i></b>	3	PA
<b><i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i></b>	1	
<b><i>escitalopram oxalate tab 5 mg (base equiv)</i></b>	1	
<b><i>escitalopram oxalate tab 10 mg (base equiv)</i></b>	1	
<b><i>escitalopram oxalate tab 20 mg (base equiv)</i></b>	1	
<b><i>FETZIMA CAP 20MG (levomilnacipran hcl)</i></b>	3	ST; PA**
<b><i>FETZIMA CAP 40MG (levomilnacipran hcl)</i></b>	3	ST; PA**
<b><i>FETZIMA CAP 80MG (levomilnacipran hcl)</i></b>	3	ST; PA**
<b><i>FETZIMA CAP 120MG (levomilnacipran hcl)</i></b>	3	ST; PA**
<b><i>FETZIMA CAP TITRATIO (levomilnacipran hcl)</i></b>	3	ST; PA**
<b><i>fluoxetine hcl cap 10 mg</i></b>	1	
<b><i>fluoxetine hcl cap 20 mg</i></b>	1	
<b><i>fluoxetine hcl cap 40 mg</i></b>	1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>fluoxetine hcl cap delayed release 90 mg</b>	1	
<b>fluoxetine hcl solution 20 mg/5ml</b>	1	
<b>fluoxetine hcl tab 10 mg</b>	1	(generic Sarafem not covered)
<b>fluoxetine hcl tab 20 mg</b>	1	(generic Sarafem not covered)
<b>imipramine hcl tab 10 mg</b>	1	QL (120 tabs / 25 days); QL applies to members age 65 and older
<b>imipramine hcl tab 25 mg</b>	1	QL (120 tabs / 25 days); QL applies to members age 65 and older
<b>imipramine hcl tab 50 mg</b>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<b>imipramine pamoate cap 75 mg</b>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<b>imipramine pamoate cap 100 mg</b>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<b>imipramine pamoate cap 125 mg</b>	1	PA; Members 70 and older subject to PA
<b>imipramine pamoate cap 150 mg</b>	1	PA; Members 70 and older subject to PA
<b>maprotiline hcl tab 25 mg</b>	1	
<b>maprotiline hcl tab 50 mg</b>	1	
<b>maprotiline hcl tab 75 mg</b>	1	
<b>MARPLAN TAB 10MG (isocarboxazid)</b>	3	
<b>mirtazapine orally disintegrating tab 15 mg</b>	1	
<b>mirtazapine orally disintegrating tab 30 mg</b>	1	
<b>mirtazapine orally disintegrating tab 45 mg</b>	1	
<b>mirtazapine tab 7.5 mg</b>	1	
<b>mirtazapine tab 15 mg</b>	1	
<b>mirtazapine tab 30 mg</b>	1	
<b>mirtazapine tab 45 mg</b>	1	
<b>nefazodone hcl tab 50 mg</b>	1	
<b>nefazodone hcl tab 100 mg</b>	1	
<b>nefazodone hcl tab 150 mg</b>	1	
<b>nefazodone hcl tab 200 mg</b>	1	
<b>nefazodone hcl tab 250 mg</b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>nortriptyline hcl cap 10 mg</i></b>	1	QL (150 caps / 25 days); QL applies to members age 65 and older
<b><i>nortriptyline hcl cap 25 mg</i></b>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<b><i>nortriptyline hcl cap 50 mg</i></b>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<b><i>nortriptyline hcl cap 75 mg</i></b>	1	PA; Members 70 and older subject to PA
<b><i>nortriptyline hcl soln 10 mg/5ml</i></b>	1	QL (750 mL / 25 days); QL applies to members age 65 and older
<b><i>paroxetine hcl tab 10 mg</i></b>	1	
<b><i>paroxetine hcl tab 20 mg</i></b>	1	
<b><i>paroxetine hcl tab 30 mg</i></b>	1	
<b><i>paroxetine hcl tab 40 mg</i></b>	1	
<b><i>paroxetine hcl tab er 24hr 12.5 mg</i></b>	1	
<b><i>paroxetine hcl tab er 24hr 25 mg</i></b>	1	
<b><i>paroxetine hcl tab er 24hr 37.5 mg</i></b>	1	
<b><i>phenelzine sulfate tab 15 mg</i></b>	1	
<b><i>protriptyline hcl tab 5 mg</i></b>	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
<b><i>protriptyline hcl tab 10 mg</i></b>	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
<b><i>sertraline hcl oral concentrate for solution 20 mg/ml</i></b>	1	
<b><i>sertraline hcl tab 25 mg</i></b>	1	
<b><i>sertraline hcl tab 50 mg</i></b>	1	
<b><i>sertraline hcl tab 100 mg</i></b>	1	
<b><i>tranylcypromine sulfate tab 10 mg</i></b>	1	
<b><i>trazodone hcl tab 50 mg</i></b>	1	
<b><i>trazodone hcl tab 100 mg</i></b>	1	
<b><i>trazodone hcl tab 150 mg</i></b>	1	
<b><i>trazodone hcl tab 300 mg</i></b>	1	
<b><i>trimipramine maleate cap 25 mg</i></b>	1	QL (60 caps / 25 days); QL applies to members age 65 and older
<b><i>trimipramine maleate cap 50 mg</i></b>	1	QL (60 caps / 25 days); QL applies to members age 65 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>trimipramine maleate cap 100 mg</b>	1	QL (30 caps / 25 days); QL applies to members age 65 and older
<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</b>	1	
<b>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</b>	1	
<b>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</b>	1	
<b>venlafaxine hcl tab 25 mg (base equivalent)</b>	1	
<b>venlafaxine hcl tab 37.5 mg (base equivalent)</b>	1	
<b>venlafaxine hcl tab 50 mg (base equivalent)</b>	1	
<b>venlafaxine hcl tab 75 mg (base equivalent)</b>	1	
<b>venlafaxine hcl tab 100 mg (base equivalent)</b>	1	
<b>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</b>	1	
<b>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</b>	1	
<b>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</b>	1	
VIIBRYD KIT STARTER ( <b>vilazodone hcl</b> )	3	ST; PA**
VIIBRYD TAB 10MG ( <b>vilazodone hcl</b> )	3	ST; PA**
VIIBRYD TAB 20MG ( <b>vilazodone hcl</b> )	3	ST; PA**
VIIBRYD TAB 40MG ( <b>vilazodone hcl</b> )	3	ST; PA**

#### **ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS**

##### **DISEASE**

<b>amantadine hcl cap 100 mg</b>	1	
<b>amantadine hcl syrup 50 mg/5ml</b>	1	
<b>amantadine hcl tab 100 mg</b>	1	
APOKYN INJ 10MG/ML ( <b>apomorphine hydrochloride</b> )	4	PA
<b>benztropine mesylate inj 1 mg/ml</b>	1	
<b>benztropine mesylate tab 0.5 mg</b>	1	
<b>benztropine mesylate tab 1 mg</b>	1	
<b>benztropine mesylate tab 2 mg</b>	1	
<b>bromocriptine mesylate cap 5 mg (base equivalent)</b>	1	
<b>bromocriptine mesylate tab 2.5 mg (base equivalent)</b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i></b>	1	
<b><i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i></b>	1	
<b><i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i></b>	1	
<b><i>carbidopa &amp; levodopa tab 10-100 mg</i></b>	1	
<b><i>carbidopa &amp; levodopa tab 25-100 mg</i></b>	1	
<b><i>carbidopa &amp; levodopa tab 25-250 mg</i></b>	1	
<b><i>carbidopa &amp; levodopa tab er 25-100 mg</i></b>	1	
<b><i>carbidopa &amp; levodopa tab er 50-200 mg</i></b>	1	
<b><i>carbidopa tab 25 mg</i></b>	1	
<b><i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i></b>	1	
<b><i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i></b>	1	
<b><i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i></b>	1	
<b><i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i></b>	1	
<b><i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i></b>	1	
<b><i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i></b>	1	
<b><i>entacapone tab 200 mg</i></b>	1	
<b><i>NEUPRO DIS 1MG/24HR (rotigotine)</i></b>	2	
<b><i>NEUPRO DIS 2MG/24HR (rotigotine)</i></b>	2	
<b><i>NEUPRO DIS 3MG/24HR (rotigotine)</i></b>	2	
<b><i>NEUPRO DIS 4MG/24HR (rotigotine)</i></b>	2	
<b><i>NEUPRO DIS 6MG/24HR (rotigotine)</i></b>	2	
<b><i>NEUPRO DIS 8MG/24HR (rotigotine)</i></b>	2	
<b><i>pramipexole dihydrochloride tab 0.5 mg</i></b>	1	
<b><i>pramipexole dihydrochloride tab 0.25 mg</i></b>	1	
<b><i>pramipexole dihydrochloride tab 0.75 mg</i></b>	1	
<b><i>pramipexole dihydrochloride tab 0.125 mg</i></b>	1	
<b><i>pramipexole dihydrochloride tab 1 mg</i></b>	1	
<b><i>pramipexole dihydrochloride tab 1.5 mg</i></b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>pramipexole dihydrochloride tab er 24hr 0.75 mg</b>	1	
<b>pramipexole dihydrochloride tab er 24hr 0.375 mg</b>	1	
<b>pramipexole dihydrochloride tab er 24hr 1.5 mg</b>	1	
<b>pramipexole dihydrochloride tab er 24hr 2.25 mg</b>	1	
<b>pramipexole dihydrochloride tab er 24hr 3 mg</b>	1	
<b>pramipexole dihydrochloride tab er 24hr 3.75 mg</b>	1	
<b>pramipexole dihydrochloride tab er 24hr 4.5 mg</b>	1	
<b>rasagiline mesylate tab 0.5 mg (base equiv)</b>	1	
<b>rasagiline mesylate tab 1 mg (base equiv)</b>	1	ST; PA**
<b>ropinirole hydrochloride tab 0.5 mg</b>	1	
<b>ropinirole hydrochloride tab 0.25 mg</b>	1	
<b>ropinirole hydrochloride tab 1 mg</b>	1	
<b>ropinirole hydrochloride tab 2 mg</b>	1	
<b>ropinirole hydrochloride tab 3 mg</b>	1	
<b>ropinirole hydrochloride tab 4 mg</b>	1	
<b>ropinirole hydrochloride tab 5 mg</b>	1	
<b>selegiline hcl cap 5 mg</b>	1	
<b>selegiline hcl tab 5 mg</b>	1	
<b>tolcapone tab 100 mg</b>	1	
<b>trihexyphenidyl hcl oral soln 0.4 mg/ml</b>	1	
<b>trihexyphenidyl hcl tab 2 mg</b>	1	
<b>trihexyphenidyl hcl tab 5 mg</b>	1	
<b>ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES</b>		
<b>ariPIPRAZOLE oral solution 1 mg/ml</b>	1	
<b>ariPIPRAZOLE orally disintegrating tab 10 mg</b>	1	
<b>ariPIPRAZOLE orally disintegrating tab 15 mg</b>	1	
<b>ariPIPRAZOLE tab 2 mg</b>	1	
<b>ariPIPRAZOLE tab 5 mg</b>	1	
<b>ariPIPRAZOLE tab 10 mg</b>	1	
<b>ariPIPRAZOLE tab 15 mg</b>	1	
<b>ariPIPRAZOLE tab 20 mg</b>	1	
<b>ariPIPRAZOLE tab 30 mg</b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ARISTADA INJ 441MG/1. ( <b>aripiprazole lauroxil</b> )	2	
ARISTADA INJ 662MG/2 ( <b>aripiprazole lauroxil</b> )	2	
ARISTADA INJ 882MG/3 ( <b>aripiprazole lauroxil</b> )	2	
ARISTADA INJ 1064MG ( <b>aripiprazole lauroxil</b> )	2	
ARISTADA INJ INITIO ( <b>aripiprazole lauroxil</b> )	2	
CHLORPROMAZ INJ 25MG/ML	3	
CHLORPROMAZ INJ 50MG/2ML	3	
<b>chlorpromazine hcl tab 10 mg</b>	1	
<b>chlorpromazine hcl tab 25 mg</b>	1	
<b>chlorpromazine hcl tab 50 mg</b>	1	
<b>chlorpromazine hcl tab 100 mg</b>	1	
<b>chlorpromazine hcl tab 200 mg</b>	1	
<b>clozapine orally disintegrating tab 12.5 mg</b>	1	
<b>clozapine orally disintegrating tab 25 mg</b>	1	
<b>clozapine orally disintegrating tab 100 mg</b>	1	
<b>clozapine orally disintegrating tab 150 mg</b>	1	
<b>clozapine orally disintegrating tab 200 mg</b>	1	
<b>clozapine tab 25 mg</b>	1	
<b>clozapine tab 50 mg</b>	1	
<b>clozapine tab 100 mg</b>	1	
<b>clozapine tab 200 mg</b>	1	
<b>fluphenazine decanoate inj 25 mg/ml</b>	1	
<b>fluphenazine hcl elixir 2.5 mg/5ml</b>	1	
<b>fluphenazine hcl inj 2.5 mg/ml</b>	1	
<b>fluphenazine hcl oral conc 5 mg/ml</b>	1	
<b>fluphenazine hcl tab 1 mg</b>	1	
<b>fluphenazine hcl tab 2.5 mg</b>	1	
<b>fluphenazine hcl tab 5 mg</b>	1	
<b>fluphenazine hcl tab 10 mg</b>	1	
<b>haloperidol decanoate im soln 50 mg/ml</b>	1	
<b>haloperidol decanoate im soln 100 mg/ml</b>	1	
<b>haloperidol lactate inj 5 mg/ml</b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>haloperidol lactate oral conc 2 mg/ml</i></b>	1	
<b><i>haloperidol tab 0.5 mg</i></b>	1	
<b><i>haloperidol tab 1 mg</i></b>	1	
<b><i>haloperidol tab 2 mg</i></b>	1	
<b><i>haloperidol tab 5 mg</i></b>	1	
<b><i>haloperidol tab 10 mg</i></b>	1	
<b><i>haloperidol tab 20 mg</i></b>	1	
LATUDA TAB 20MG ( <b><i>lurasidone hcl</i></b> )	2	ST; PA**
LATUDA TAB 40MG ( <b><i>lurasidone hcl</i></b> )	2	ST; PA**
LATUDA TAB 60MG ( <b><i>lurasidone hcl</i></b> )	2	ST; PA**
LATUDA TAB 80MG ( <b><i>lurasidone hcl</i></b> )	2	ST; PA**
LATUDA TAB 120MG ( <b><i>lurasidone hcl</i></b> )	2	ST; PA**
<b><i>loxapine succinate cap 5 mg</i></b>	1	
<b><i>loxapine succinate cap 10 mg</i></b>	1	
<b><i>loxapine succinate cap 25 mg</i></b>	1	
<b><i>loxapine succinate cap 50 mg</i></b>	1	
NUPLAZID TAB 17MG ( <b><i>pimavanserin tartrate</i></b> )	4	PA
<b><i>olanzapine for im inj 10 mg</i></b>	1	
<b><i>olanzapine orally disintegrating tab 5 mg</i></b>	1	
<b><i>olanzapine orally disintegrating tab 10 mg</i></b>	1	
<b><i>olanzapine orally disintegrating tab 15 mg</i></b>	1	
<b><i>olanzapine orally disintegrating tab 20 mg</i></b>	1	
<b><i>olanzapine tab 2.5 mg</i></b>	1	
<b><i>olanzapine tab 5 mg</i></b>	1	
<b><i>olanzapine tab 7.5 mg</i></b>	1	
<b><i>olanzapine tab 10 mg</i></b>	1	
<b><i>olanzapine tab 15 mg</i></b>	1	
<b><i>olanzapine tab 20 mg</i></b>	1	
<b><i>paliperidone tab er 24hr 1.5 mg</i></b>	1	
<b><i>paliperidone tab er 24hr 3 mg</i></b>	1	
<b><i>paliperidone tab er 24hr 6 mg</i></b>	1	
<b><i>paliperidone tab er 24hr 9 mg</i></b>	1	
<b><i>perphenazine tab 2 mg</i></b>	1	
<b><i>perphenazine tab 4 mg</i></b>	1	
<b><i>perphenazine tab 8 mg</i></b>	1	
<b><i>perphenazine tab 16 mg</i></b>	1	
<b><i>quetiapine fumarate tab 25 mg</i></b>	1	
<b><i>quetiapine fumarate tab 50 mg</i></b>	1	
<b><i>quetiapine fumarate tab 100 mg</i></b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>quetiapine fumarate tab 200 mg</i></b>	1	
<b><i>quetiapine fumarate tab 300 mg</i></b>	1	
<b><i>quetiapine fumarate tab 400 mg</i></b>	1	
<b><i>quetiapine fumarate tab er 24hr 50 mg</i></b>	1	
<b><i>quetiapine fumarate tab er 24hr 150 mg</i></b>	1	
<b><i>quetiapine fumarate tab er 24hr 200 mg</i></b>	1	
<b><i>quetiapine fumarate tab er 24hr 300 mg</i></b>	1	
<b><i>quetiapine fumarate tab er 24hr 400 mg</i></b>	1	
<b><i>REXULTI TAB 0.5MG (brexpiprazole)</i></b>	3	ST; PA**
<b><i>REXULTI TAB 0.25MG (brexpiprazole)</i></b>	3	ST; PA**
<b><i>REXULTI TAB 1MG (brexpiprazole)</i></b>	3	ST; PA**
<b><i>REXULTI TAB 2MG (brexpiprazole)</i></b>	3	ST; PA**
<b><i>REXULTI TAB 3MG (brexpiprazole)</i></b>	3	ST; PA**
<b><i>REXULTI TAB 4MG (brexpiprazole)</i></b>	3	ST; PA**
<b><i>risperidone orally disintegrating tab 0.5 mg</i></b>	1	
<b><i>risperidone orally disintegrating tab 0.25 mg</i></b>	1	
<b><i>risperidone orally disintegrating tab 1 mg</i></b>	1	
<b><i>risperidone orally disintegrating tab 2 mg</i></b>	1	
<b><i>risperidone orally disintegrating tab 3 mg</i></b>	1	
<b><i>risperidone orally disintegrating tab 4 mg</i></b>	1	
<b><i>risperidone soln 1 mg/ml</i></b>	1	
<b><i>risperidone tab 0.5 mg</i></b>	1	
<b><i>risperidone tab 0.25 mg</i></b>	1	
<b><i>risperidone tab 1 mg</i></b>	1	
<b><i>risperidone tab 2 mg</i></b>	1	
<b><i>risperidone tab 3 mg</i></b>	1	
<b><i>risperidone tab 4 mg</i></b>	1	
<b><i>SAPHRIS SUB 2.5MG (asenapine maleate)</i></b>	3	ST; PA**
<b><i>SAPHRIS SUB 5MG (asenapine maleate)</i></b>	3	ST; PA**
<b><i>SAPHRIS SUB 10MG (asenapine maleate)</i></b>	3	ST; PA**
<b><i>thioridazine hcl tab 10 mg</i></b>	1	
<b><i>thioridazine hcl tab 25 mg</i></b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>thioridazine hcl tab 50 mg</b>	1	
<b>thioridazine hcl tab 100 mg</b>	1	
<b>thiothixene cap 1 mg</b>	1	
<b>thiothixene cap 2 mg</b>	1	
<b>thiothixene cap 5 mg</b>	1	
<b>thiothixene cap 10 mg</b>	1	
<b>trifluoperazine hcl tab 1 mg (base equivalent)</b>	1	
<b>trifluoperazine hcl tab 2 mg (base equivalent)</b>	1	
<b>trifluoperazine hcl tab 5 mg (base equivalent)</b>	1	
<b>trifluoperazine hcl tab 10 mg (base equivalent)</b>	1	
<b>ziprasidone hcl cap 20 mg</b>	1	
<b>ziprasidone hcl cap 40 mg</b>	1	
<b>ziprasidone hcl cap 60 mg</b>	1	
<b>ziprasidone hcl cap 80 mg</b>	1	

**ATTENTION DEFICIT HYPERACTIVITY DISORDERS**

<b>amphetamine-dextroamphetamine cap er 24hr 5 mg</b>	1	QL (90 caps / 25 days)
<b>amphetamine-dextroamphetamine cap er 24hr 10 mg</b>	1	QL (90 caps / 25 days)
<b>amphetamine-dextroamphetamine cap er 24hr 15 mg</b>	1	QL (30 caps / 25 days)
<b>amphetamine-dextroamphetamine cap er 24hr 20 mg</b>	1	QL (30 caps / 25 days)
<b>amphetamine-dextroamphetamine cap er 24hr 25 mg</b>	1	QL (30 caps / 25 days)
<b>amphetamine-dextroamphetamine cap er 24hr 30 mg</b>	1	QL (30 caps / 25 days)
<b>amphetamine-dextroamphetamine tab 5 mg</b>	1	QL (90 tabs / 25 days)
<b>amphetamine-dextroamphetamine tab 7.5 mg</b>	1	QL (90 tabs / 25 days)
<b>amphetamine-dextroamphetamine tab 10 mg</b>	1	QL (90 tabs / 25 days)
<b>amphetamine-dextroamphetamine tab 12.5 mg</b>	1	QL (90 tabs / 25 days)
<b>amphetamine-dextroamphetamine tab 15 mg</b>	1	QL (60 tabs / 25 days)
<b>amphetamine-dextroamphetamine tab 20 mg</b>	1	QL (60 tabs / 25 days)
<b>amphetamine-dextroamphetamine tab 30 mg</b>	1	QL (30 tabs / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>atomoxetine hcl cap 10 mg (base equiv)</b>	1	
<b>atomoxetine hcl cap 18 mg (base equiv)</b>	1	
<b>atomoxetine hcl cap 25 mg (base equiv)</b>	1	
<b>atomoxetine hcl cap 40 mg (base equiv)</b>	1	
<b>atomoxetine hcl cap 60 mg (base equiv)</b>	1	
<b>atomoxetine hcl cap 80 mg (base equiv)</b>	1	
<b>atomoxetine hcl cap 100 mg (base equiv)</b>	1	
<b>dexmethylphenidate hcl cap er 24 hr 5 mg</b>	1	QL (60 caps / 25 days)
<b>dexmethylphenidate hcl cap er 24 hr 10 mg</b>	1	QL (60 caps / 25 days)
<b>dexmethylphenidate hcl cap er 24 hr 15 mg</b>	1	QL (60 caps / 25 days)
<b>dexmethylphenidate hcl cap er 24 hr 20 mg</b>	1	QL (60 caps / 25 days)
<b>dexmethylphenidate hcl cap er 24 hr 25 mg</b>	1	QL (30 caps / 25 days)
<b>dexmethylphenidate hcl cap er 24 hr 30 mg</b>	1	QL (30 caps / 25 days)
<b>dexmethylphenidate hcl cap er 24 hr 35 mg</b>	1	QL (30 caps / 25 days)
<b>dexmethylphenidate hcl cap er 24 hr 40 mg</b>	1	QL (30 caps / 25 days)
<b>dexmethylphenidate hcl tab 2.5 mg</b>	1	QL (120 tabs / 25 days)
<b>dexmethylphenidate hcl tab 5 mg</b>	1	QL (120 tabs / 25 days)
<b>dexmethylphenidate hcl tab 10 mg</b>	1	QL (60 tabs / 25 days)
<b>dextroamphetamine sulfate cap er 24hr 5 mg</b>	1	QL (120 caps / 25 days)
<b>dextroamphetamine sulfate cap er 24hr 10 mg</b>	1	QL (120 caps / 25 days)
<b>dextroamphetamine sulfate cap er 24hr 15 mg</b>	1	QL (60 caps / 25 days)
<b>dextroamphetamine sulfate oral solution 5 mg/5ml</b>	1	QL (1,200 mL / 25 days)
<b>dextroamphetamine sulfate tab 2.5 mg (Zenzedi)</b>	1	QL (120 tabs / 25 days)
<b>dextroamphetamine sulfate tab 5 mg</b>	1	QL (120 tabs / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>dextroamphetamine sulfate tab 7.5 mg (Zenzedi)</b>	1	QL (120 tabs / 25 days)
<b>dextroamphetamine sulfate tab 10 mg</b>	1	QL (120 tabs / 25 days)
<b>dextroamphetamine sulfate tab 15 mg (Zenzedi)</b>	1	QL (60 tabs / 25 days)
<b>dextroamphetamine sulfate tab 20 mg (Zenzedi)</b>	1	QL (60 tabs / 25 days)
<b>dextroamphetamine sulfate tab 30 mg (Zenzedi)</b>	1	QL (30 tabs / 25 days)
<b>guanfacine hcl tab er 24hr 1 mg (base equiv)</b>	1	ST; PA**
<b>guanfacine hcl tab er 24hr 2 mg (base equiv)</b>	1	ST; PA**
<b>guanfacine hcl tab er 24hr 3 mg (base equiv)</b>	1	ST; PA**
<b>guanfacine hcl tab er 24hr 4 mg (base equiv)</b>	1	ST; PA**
<b>methamphetamine hcl tab 5 mg</b>	1	QL (150 tabs / 25 days)
<b>methylphenidate hcl cap er 10 mg (cd)</b>	1	QL (60 caps / 25 days)
<b>methylphenidate hcl cap er 20 mg (cd)</b>	1	QL (60 caps / 25 days)
<b>methylphenidate hcl cap er 24hr 20 mg (la)</b>	1	QL (60 caps / 25 days)
<b>methylphenidate hcl cap er 24hr 30 mg (la)</b>	1	QL (60 caps / 25 days)
<b>methylphenidate hcl cap er 24hr 40 mg (la)</b>	1	QL (30 caps / 25 days)
<b>methylphenidate hcl cap er 24hr 60 mg (la)</b>	1	QL (30 caps / 25 days)
<b>methylphenidate hcl cap er 30 mg (cd)</b>	1	QL (60 caps / 25 days)
<b>methylphenidate hcl cap er 40 mg (cd)</b>	1	QL (30 caps / 25 days)
<b>methylphenidate hcl cap er 50 mg (cd)</b>	1	QL (30 caps / 25 days)
<b>methylphenidate hcl cap er 60 mg (cd)</b>	1	QL (30 caps / 25 days)
<b>methylphenidate hcl chew tab 2.5 mg</b>	1	QL (180 chew tabs / 25 days)
<b>methylphenidate hcl chew tab 5 mg</b>	1	QL (180 chew tabs / 25 days)
<b>methylphenidate hcl chew tab 10 mg</b>	1	QL (180 chew tabs / 25 days)
<b>methylphenidate hcl soln 5 mg/5ml</b>	1	QL (1800 mL / 25 days)
<b>methylphenidate hcl soln 10 mg/5ml</b>	1	QL (900 mL / 25 days)
<b>methylphenidate hcl tab 5 mg</b>	1	QL (180 tabs / 25 days)
<b>methylphenidate hcl tab 10 mg</b>	1	QL (180 tabs / 25 days)
<b>methylphenidate hcl tab 20 mg</b>	1	QL (90 tabs / 25 days)
<b>methylphenidate hcl tab er 10 mg</b>	1	QL (90 tabs / 25 days)
<b>methylphenidate hcl tab er 20 mg</b>	1	QL (90 tabs / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>methylphenidate hcl tab er 24hr 18 mg</b>	1	QL (60 tabs / 25 days)
<b>methylphenidate hcl tab er 24hr 27 mg</b>	1	QL (60 tabs / 25 days)
<b>methylphenidate hcl tab er 24hr 36 mg</b>	1	QL (60 tabs / 25 days)
<b>methylphenidate hcl tab er 24hr 54 mg</b>	1	QL (30 tabs / 25 days)
<b>methylphenidate hcl tab er osmotic release (osm) 18 mg</b>	1	QL (60 tabs / 25 days)
<b>methylphenidate hcl tab er osmotic release (osm) 27 mg</b>	1	QL (60 tabs / 25 days)
<b>methylphenidate hcl tab er osmotic release (osm) 36 mg</b>	1	QL (60 tabs / 25 days)
<b>methylphenidate hcl tab er osmotic release (osm) 54 mg</b>	1	QL (30 tabs / 25 days)
VYVANSE CAP 10MG ( <b>lisdexamfetamine dimesylate</b> )	2	QL (60 caps / 25 days)
VYVANSE CAP 20MG ( <b>lisdexamfetamine dimesylate</b> )	2	QL (60 caps / 25 days)
VYVANSE CAP 30MG ( <b>lisdexamfetamine dimesylate</b> )	2	QL (60 caps / 25 days)
VYVANSE CAP 40MG ( <b>lisdexamfetamine dimesylate</b> )	2	QL (30 caps / 25 days)
VYVANSE CAP 50MG ( <b>lisdexamfetamine dimesylate</b> )	2	QL (30 caps / 25 days)
VYVANSE CAP 60MG ( <b>lisdexamfetamine dimesylate</b> )	2	QL (30 caps / 25 days)
VYVANSE CAP 70MG ( <b>lisdexamfetamine dimesylate</b> )	2	QL (30 caps / 25 days)
VYVANSE CHW 10MG ( <b>lisdexamfetamine dimesylate</b> )	2	QL (60 tabs / 25 days)
VYVANSE CHW 20MG ( <b>lisdexamfetamine dimesylate</b> )	2	QL (60 tabs / 25 days)
VYVANSE CHW 30MG ( <b>lisdexamfetamine dimesylate</b> )	2	QL (60 tabs / 25 days)
VYVANSE CHW 40MG ( <b>lisdexamfetamine dimesylate</b> )	2	QL (30 tabs / 25 days)
VYVANSE CHW 50MG ( <b>lisdexamfetamine dimesylate</b> )	2	QL (30 tabs / 25 days)
VYVANSE CHW 60MG ( <b>lisdexamfetamine dimesylate</b> )	2	QL (30 tabs / 25 days)
<b>HYPNOTICS§</b>		
BELSOMRA TAB 5MG ( <b>suvorexant</b> )	2	ST; PA**
BELSOMRA TAB 10MG ( <b>suvorexant</b> )	2	ST; PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BELSOMRA TAB 15MG ( <b>suvorexant</b> )	2	ST; PA**
BELSOMRA TAB 20MG ( <b>suvorexant</b> )	2	ST; PA**
<b>doxylamine succinate (sleep) tab 25 mg</b> (Cvs Sleep-aid Nighttime)	1	OTC
<b>eszopiclone tab 1 mg</b>	1	QL (15 tabs / 25 days)
<b>eszopiclone tab 2 mg</b>	1	QL (15 tabs / 25 days)
<b>eszopiclone tab 3 mg</b>	1	QL (15 tabs / 25 days)
HETLIOZ CAP 20MG ( <b>tasimelteon</b> )	4	QL (30 caps / 30 days), PA
<b>ramelteon tab 8 mg</b>	1	QL (15 tabs / 25 days)
<b>temazepam cap 7.5 mg</b>	1	QL (15 caps / 25 days)
<b>temazepam cap 15 mg</b>	1	QL (15 caps / 25 days)
<b>temazepam cap 22.5 mg</b>	1	QL (15 caps / 25 days)
<b>temazepam cap 30 mg</b>	1	QL (15 caps / 25 days)
<b>zaleplon cap 5 mg</b>	1	QL (15 caps / 25 days)
<b>zaleplon cap 10 mg</b>	1	QL (15 caps / 25 days)
<b>zolpidem tartrate tab 5 mg</b>	1	QL (15 tabs / 25 days)
<b>zolpidem tartrate tab 10 mg</b>	1	QL (15 tabs / 25 days)
<b>zolpidem tartrate tab er 6.25 mg</b>	1	QL (15 tabs / 25 days)
<b>zolpidem tartrate tab er 12.5 mg</b>	1	QL (15 tabs / 25 days)
<b>MIGRAINES</b>		
<b>almotriptan malate tab 6.25 mg</b>	2	QL (12 tabs / 25 days)
<b>almotriptan malate tab 12.5 mg</b>	2	QL (12 tabs / 25 days)
<b>dihydroergotamine mesylate inj 1 mg/ml</b>	1	
<b>eletriptan hydrobromide tab 20 mg (base equivalent)</b>	2	QL (12 tabs / 25 days)
<b>eletriptan hydrobromide tab 40 mg (base equivalent)</b>	2	QL (12 tabs / 25 days)
<b>ergotamine w/ caffeine tab 1-100 mg</b>	1	
<b>frovatriptan succinate tab 2.5 mg (base equivalent)</b>	2	QL (18 tabs / 25 days)
<b>naratriptan hcl tab 1 mg (base equiv)</b>	1	QL (12 tabs / 25 days)
<b>naratriptan hcl tab 2.5 mg (base equiv)</b>	1	QL (12 tabs / 25 days)
<b>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</b>	1	QL (18 tabs / 25 days)
<b>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</b>	1	QL (18 tabs / 25 days)
<b>rizatriptan benzoate tab 5 mg (base equivalent)</b>	1	QL (18 tabs / 25 days)
<b>rizatriptan benzoate tab 10 mg (base equivalent)</b>	1	QL (18 tabs / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>sumatriptan nasal spray 5 mg/act</b>	1	QL (24 sprays / 25 days)
<b>sumatriptan nasal spray 20 mg/act</b>	1	QL (12 sprays / 25 days)
<b>sumatriptan succinate inj 6 mg/0.5ml</b>	1	QL (12 vials / 25 days)
<b>sumatriptan succinate solution auto-injector 4 mg/0.5ml</b>	1	QL (18 syringes / 25 days)
<b>sumatriptan succinate solution auto-injector 6 mg/0.5ml</b>	1	QL (12 units / 25 days)
<b>sumatriptan succinate solution cartridge 4 mg/0.5ml</b>	1	QL (18 syringes / 25 days)
<b>sumatriptan succinate solution cartridge 6 mg/0.5ml</b>	1	QL (12 units / 25 days)
<b>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</b>	1	QL (12 units / 25 days)
<b>sumatriptan succinate tab 25 mg</b>	1	QL (12 tabs / 25 days)
<b>sumatriptan succinate tab 50 mg</b>	1	QL (12 tabs / 25 days)
<b>sumatriptan succinate tab 100 mg</b>	1	QL (12 tabs / 25 days)
<b>zolmitriptan orally disintegrating tab 2.5 mg</b>	2	QL (12 tabs / 25 days)
<b>zolmitriptan orally disintegrating tab 5 mg</b>	2	QL (12 tabs / 25 days)
<b>zolmitriptan tab 2.5 mg</b>	2	QL (12 tabs / 25 days)
<b>zolmitriptan tab 5 mg</b>	1	QL (12 tabs / 25 days)
<b>ZOMIG SPR 2.5MG (zolmitriptan)</b>	3	QL (12 sprays / 25 days)
<b>ZOMIG SPR 5MG (zolmitriptan)</b>	3	QL (12 sprays / 25 days)

#### **MISCELLANEOUS**

<b>buspirone hcl tab 5 mg</b>	1	
<b>buspirone hcl tab 7.5 mg</b>	1	
<b>buspirone hcl tab 10 mg</b>	1	
<b>buspirone hcl tab 15 mg</b>	1	
<b>buspirone hcl tab 30 mg</b>	2	
<b>clomipramine hcl cap 25 mg</b>	1	QL (150 caps / 25 days), ST; PA**; QL applies to members age 65 and older
<b>clomipramine hcl cap 50 mg</b>	1	QL (150 caps / 25 days), ST; PA**; QL applies to members age 65 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>clomipramine hcl cap 75 mg</b>	1	QL (90 caps / 25 days), ST; PA**; QL applies to members age 65 and older
<b>fluvoxamine maleate cap er 24hr 100 mg</b>	1	
<b>fluvoxamine maleate cap er 24hr 150 mg</b>	1	
<b>fluvoxamine maleate tab 25 mg</b>	1	
<b>fluvoxamine maleate tab 50 mg</b>	1	
<b>fluvoxamine maleate tab 100 mg</b>	1	
GUANIDINE TAB 125MG	3	
<b>lithium carbonate cap 150 mg</b>	1	
<b>lithium carbonate cap 300 mg</b>	1	
<b>lithium carbonate cap 600 mg</b>	1	
<b>lithium carbonate tab 300 mg</b>	1	
<b>lithium carbonate tab er 300 mg</b>	1	
<b>lithium carbonate tab er 450 mg</b>	1	
LITHIUM SOL 8MEQ/5ML	3	
NUEDEXTA CAP 20-10MG	2	PA
<b>(dextromethorphan hbr-quinidine sulfate)</b>		
<b>pimozide tab 1 mg</b>	1	
<b>pimozide tab 2 mg</b>	1	
<b>pyridostigmine bromide oral soln 60 mg/5ml</b>	1	
<b>pyridostigmine bromide tab 60 mg</b>	1	
<b>pyridostigmine bromide tab er 180 mg</b>	1	
REGONOL INJ 5MG/ML ( <b>pyridostigmine bromide</b> )	3	
<b>riluzole tab 50 mg</b>	1	
<b>tetrabenazine tab 12.5 mg</b>	4	QL (120 tabs / 30 days), PA
<b>tetrabenazine tab 25 mg</b>	4	QL (60 tabs / 30 days), PA

#### **MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS**

AUBAGIO TAB 7MG ( <b>teriflunomide</b> )	4	QL (30 tabs / 30 days), PA
AUBAGIO TAB 14MG ( <b>teriflunomide</b> )	4	QL (30 tabs / 30 days), PA
AVONEX KIT 30MCG ( <b>interferon beta-1a</b> )	4	QL (4 injections / 28 days), PA, ST

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AVONEX PEN KIT 30MCG ( <b>interferon beta-1a</b> )	4	QL (4 injections / 28 days), PA, ST
AVONEX PREFL KIT 30MCG ( <b>interferon beta-1a</b> )	4	QL (4 injections / 28 days), PA, ST
BETASERON INJ 0.3MG ( <b>interferon beta-1b</b> )	4	QL (14 injections / 28 days), PA
COPAXONE INJ 20MG/ML ( <b>glatiramer acetate</b> )	4	QL (30 injections / 30 days), PA
COPAXONE INJ 40MG/ML ( <b>glatiramer acetate</b> )	4	QL (12 syringes / 28 days), PA
<b>dalfampridine tab er 12hr 10 mg</b>	4	QL (60 tabs / 30 days), PA
GILENYA CAP 0.5MG ( <b>fingolimod hcl</b> )	4	QL (30 caps / 30 days), PA
<b>glatiramer acetate soln prefilled syringe 20 mg/ml</b> (Glatopa)	2	QL (30 injections / 30 days), PA
<b>glatiramer acetate soln prefilled syringe 40 mg/ml</b>	2	QL (12 syringes / 28 days), PA
PLEGRIDY INJ ( <b>peginterferon beta-1a</b> )	4	QL (1 carton / 28 days), PA, ST
PLEGRIDY INJ PEN ( <b>peginterferon beta-1a</b> )	4	QL (1 carton / 28 days), PA, ST
PLEGRIDY INJ STARTER ( <b>peginterferon beta-1a</b> )	4	QL (1 kit / 28 days), PA, ST
PLEGRIDY PEN INJ STARTER ( <b>peginterferon beta-1a</b> )	4	QL (1 pack / 28 days), PA, ST
REBIF INJ 22/0.5 ( <b>interferon beta-1a</b> )	4	QL (12 syringes / 28 days), PA
REBIF INJ 44/0.5 ( <b>interferon beta-1a</b> )	4	QL (12 syringes / 28 days), PA
REBIF REBIDO INJ 22/0.5 ( <b>interferon beta-1a</b> )	4	QL (12 syringes / 28 days), PA
REBIF REBIDO INJ 44/0.5 ( <b>interferon beta-1a</b> )	4	QL (12 syringes / 28 days), PA
REBIF REBIDO INJ TITRATN ( <b>interferon beta-1a</b> )	4	QL (1 box / 28 days), PA
REBIF TITRTN INJ PACK ( <b>interferon beta-1a</b> )	4	QL (1 box / 28 days), PA
TECFIDERA CAP 120MG ( <b>dimethyl fumarate</b> )	4	QL (14 caps / 28 days), PA
TECFIDERA CAP 240MG ( <b>dimethyl fumarate</b> )	4	QL (60 caps / 30 days), PA
TECFIDERA MIS STARTER ( <b>dimethyl fumarate</b> )	4	QL (1 kit / 30 days), PA
TYSABRI INJ 300/15ML ( <b>natalizumab</b> )	4	QL (1 vial / 28 days), PA

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

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

**MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS**

<b>baclofen tab 5 mg</b>	1	
<b>baclofen tab 10 mg</b>	1	
<b>baclofen tab 20 mg</b>	1	
<b>carisoprodol tab 250 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>carisoprodol tab 350 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>chlorzoxazone tab 500 mg</b>	1	
<b>cyclobenzaprine hcl tab 5 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>cyclobenzaprine hcl tab 7.5 mg</b>	2	PA; High Risk Medications require PA for members age 70 and older
<b>cyclobenzaprine hcl tab 10 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>dantrolene sodium cap 25 mg</b>	1	
<b>dantrolene sodium cap 50 mg</b>	1	
<b>dantrolene sodium cap 100 mg</b>	1	
<b>metaxalone tab 400 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>metaxalone tab 800 mg</b>	2	PA; High Risk Medications require PA for members age 70 and older
<b>methocarbamol tab 500 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>methocarbamol tab 750 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>orphenadrine citrate inj 30 mg/ml</i></b>	1	
<b><i>orphenadrine citrate tab er 12hr 100 mg</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
<b><i>tizanidine hcl tab 2 mg (base equivalent)</i></b>	1	
<b><i>tizanidine hcl tab 4 mg (base equivalent)</i></b>	1	
<b>NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS</b>		
<b><i>armodafinil tab 50 mg</i></b>	1	PA
<b><i>armodafinil tab 150 mg</i></b>	1	PA
<b><i>armodafinil tab 200 mg</i></b>	1	PA
<b><i>armodafinil tab 250 mg</i></b>	1	PA
<b><i>modafinil tab 100 mg</i></b>	1	PA
<b><i>modafinil tab 200 mg</i></b>	1	PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<b><i>acamprosate calcium tab delayed release 333 mg</i></b>	1	PA
<b><i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i></b>	0	\$0 limited to 2 treatment cycles/year
<b><i>CHANTIX PAK 0.5&amp; 1MG (varenicline tartrate)</i></b>	0	\$0 limited to 2 treatment cycles/year
<b><i>CHANTIX PAK 1MG (varenicline tartrate)</i></b>	0	\$0 limited to 2 treatment cycles/year
<b><i>CHANTIX TAB 0.5MG (varenicline tartrate)</i></b>	0	\$0 limited to 2 treatment cycles/year
<b><i>CHANTIX TAB 1MG (varenicline tartrate)</i></b>	0	\$0 limited to 2 treatment cycles/year
<b><i>disulfiram tab 250 mg</i></b>	1	
<b><i>disulfiram tab 500 mg</i></b>	1	
<b><i>naloxone hcl inj 0.4 mg/ml</i></b>	1	
<b><i>naloxone hcl inj 4 mg/10ml</i></b>	1	
<b><i>naloxone hcl soln cartridge 0.4 mg/ml</i></b>	1	
<b><i>naloxone hcl soln prefilled syringe 2 mg/2ml</i></b>	1	
<b><i>naltrexone hcl tab 50 mg</i></b>	0	\$0 copay
<b><i>NARCAN SPR (naloxone hcl)</i></b>	2	
<b><i>nicotine polacrilex gum 2 mg</i></b>	0	OTC; \$0 limited to 2 treatment cycles/year
<b><i>nicotine polacrilex gum 4 mg</i></b>	0	OTC; \$0 limited to 2 treatment cycles/year
<b><i>nicotine polacrilex gum 4 mg</i></b> (Nicorelief)	0	OTC; \$0 limited to 2 treatment cycles/year

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>nicotine polacrilex lozenge 2 mg</b>	0	OTC; \$0 limited to 2 treatment cycles/year
<b>nicotine polacrilex lozenge 4 mg</b> (Goodsense Nicotine Polacr)	0	OTC; \$0 limited to 2 treatment cycles/year
<b>nicotine td patch 24hr 7 mg/24hr</b>	0	OTC; \$0 limited to 2 treatment cycles/year
<b>nicotine td patch 24hr 7 mg/24hr</b> (Nicotine Step 3)	0	OTC; \$0 limited to 2 treatment cycles/year
<b>nicotine td patch 24hr 7 mg/24hr</b> (Sm Nicotine Transdermal S)	0	OTC; \$0 limited to 2 treatment cycles/year
<b>nicotine td patch 24hr 14 mg/24hr</b>	0	OTC; \$0 limited to 2 treatment cycles/year
<b>nicotine td patch 24hr 14 mg/24hr</b> (Sm Nicotine Transdermal S)	0	OTC; \$0 limited to 2 treatment cycles/year
<b>nicotine td patch 24hr 21 mg/24hr</b>	0	OTC; \$0 limited to 2 treatment cycles/year
<b>nicotine td patch 24hr 21 mg/24hr</b> (Sm Nicotine Transdermal S)	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH ( <b>nicotine</b> )	0	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML ( <b>nicotine</b> )	0	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
VIVITROL INJ 380MG ( <b>naltrexone</b> )	4	QL (1 vial / 30 days), PA

## ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

### ANDROGENS - DRUGS TO REGULATE MALE HORMONES

INTRAROSA SUP 6.5MG ( <i>prasterone vaginal</i> )	3
<b>methyltestosterone cap 10 mg</b>	1
<b>testosterone cypionate im inj in oil 100 mg/ml</b>	1
<b>testosterone cypionate im inj in oil 200 mg/ml</b>	1
<b>testosterone enanthate im inj in oil 200 mg/ml</b>	1
<b>testosterone td gel 10mg/act (2%)</b>	1
<b>testosterone td gel 25 mg/2.5gm (1%)</b>	1

### ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

<b>acarbose tab 25 mg</b>	1
<b>acarbose tab 50 mg</b>	1
<b>acarbose tab 100 mg</b>	1

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	
<b>ANTIDIABETICS, AMYLIN ANALOGS</b>		
SYMLINPEN 60 INJ 1000MCG <i>(pramlintide acetate)</i>	3	ST; PA**
SYMLNPEN 120 INJ 1000MCG <i>(pramlintide acetate)</i>	3	ST; PA**
<b>ANTIDIABETICS, BIGUANIDE</b>		
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
<b>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</b>		
<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	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide-metformin tab 2.5-500 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<i>glyburide-metformin tab 5-500 mg</i>	1	PA; High Risk Medications require PA for members age 70 and older
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS</b>		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	1	
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	1	
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	1	
JANUVIA TAB 25MG ( <i>sitagliptin phosphate</i> )	2	ST; PA**
JANUVIA TAB 50MG ( <i>sitagliptin phosphate</i> )	2	ST; PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JANUVIA TAB 100MG ( <b>sitagliptin phosphate</b> )	2	ST; PA**
<b>ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS</b>		
CYCLOSET TAB 0.8MG ( <b>bromocriptine mesylate (diabetes)</b> )	3	
<b>ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS</b>		
JANUMET TAB 50-500MG ( <b>sitagliptin-metformin hcl</b> )	2	ST; PA**
JANUMET TAB 50-1000 ( <b>sitagliptin-metformin hcl</b> )	2	ST; PA**
JANUMET XR TAB 50-500MG ( <b>sitagliptin-metformin hcl</b> )	2	ST; PA**
JANUMET XR TAB 50-1000 ( <b>sitagliptin-metformin hcl</b> )	2	ST; PA**
JANUMET XR TAB 100-1000 ( <b>sitagliptin-metformin hcl</b> )	2	ST; PA**
JENTADUETO TAB XR ( <b>linagliptin-metformin hcl</b> )	3	ST; PA**
<b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</b>		
OZEMPIC INJ 2/1.5ML ( <b>semaglutide</b> )	2	ST; PA**
TRULICITY INJ 0.75/0.5 ( <b>dulaglutide</b> )	2	ST; PA**
TRULICITY INJ 1.5/0.5 ( <b>dulaglutide</b> )	2	ST; PA**
VICTOZA INJ 18MG/3ML ( <b>liraglutide</b> )	2	ST; PA**
<b>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS</b>		
SOLIQUA INJ 100/33 ( <b>insulin glargine-lixisenatide</b> )	2	ST; PA**
XULTOPHY INJ 100/3.6 ( <b>insulin degludec-liraglutide</b> )	2	ST; PA**
<b>ANTIDIABETICS, INSULIN</b>		
BASAGLAR KWIKPEN ( <b>insulin glargine</b> )	2	
FIASP FLEX INJ TOUCH ( <b>insulin aspart (with niacinamide)</b> )	2	
FIASP INJ 100/ML ( <b>insulin aspart (with niacinamide)</b> )	2	
FIASP PENFIL INJ U-100 ( <b>insulin aspart (with niacinamide)</b> )	2	
HUMULIN INJ 70/30 ( <b>insulin nph isophane &amp; reg (human)</b> )	3	OTC
HUMULIN INJ 70/30KWP ( <b>insulin nph isophane &amp; reg (human)</b> )	3	OTC
HUMULIN N INJ U-100 ( <b>insulin nph (human) (isophane)</b> )	3	OTC
HUMULIN N INJ U-100KWP ( <b>insulin nph (human) (isophane)</b> )	3	OTC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMULIN R INJ U-100 ( <i>insulin regular (human)</i> )	3	OTC
HUMULIN R INJ U-500 ( <i>insulin regular (human)</i> )	2	
LEVEMIR INJ ( <i>insulin detemir</i> )	2	
LEVEMIR INJ FLEXTOUOC ( <i>insulin detemir</i> )	2	
NOVOLIN INJ 70/30 ( <i>insulin nph isophane &amp; reg (human)</i> )	1	OTC; RELION not covered
NOVOLIN INJ 70/30 FP ( <i>insulin nph isophane &amp; reg (human)</i> )	2	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT ( <i>insulin nph (human) (isophane)</i> )	2	OTC; RELION not covered
NOVOLIN N INJ U-100 ( <i>insulin nph (human) (isophane)</i> )	1	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT ( <i>insulin regular (human)</i> )	2	OTC; RELION not covered
NOVOLIN R INJ U-100 ( <i>insulin regular (human)</i> )	1	OTC; RELION not covered
NOVOLOG INJ 100/ML ( <i>insulin aspart</i> )	2	
NOVOLOG INJ FLEXPEN ( <i>insulin aspart</i> )	2	
NOVOLOG INJ PENFILL ( <i>insulin aspart</i> )	2	
NOVOLOG MIX INJ 70/30 ( <i>insulin aspart protamine &amp; aspart (human)</i> )	2	
NOVOLOG MIX INJ FLEXPEN ( <i>insulin aspart protamine &amp; aspart (human)</i> )	2	
TRESIBA FLEX INJ 100UNIT ( <i>insulin degludec</i> )	2	
TRESIBA FLEX INJ 200UNIT ( <i>insulin degludec</i> )	2	
TRESIBA INJ 100UNIT ( <i>insulin degludec</i> )	2	
<b>ANTIDIABETICS, INSULIN SENSITIZER</b>		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
<b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</b>		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<b>ANTIDIABETICS, MEGLITINIDE</b>		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
<b>ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATION</b>		
<i>repaglinide-metformin hcl tab 1-500 mg</i>	1	
<i>repaglinide-metformin hcl tab 2-500 mg</i>	1	
<b>ANTIDIABETICS, SODIUM-GLUC CO-TRANSPORT2 INHIB (SGLT2) COMBO</b>		
<i>SYNJARDY TAB (empagliflozin-metformin hcl)</i>	2	ST; PA**
<i>SYNJARDY TAB 5-500MG (empagliflozin-metformin hcl)</i>	2	ST; PA**
<i>SYNJARDY TAB 5-1000MG (empagliflozin-metformin hcl)</i>	2	ST; PA**
<i>SYNJARDY TAB 12.5-500 (empagliflozin-metformin hcl)</i>	2	ST; PA**
<i>SYNJARDY XR TAB (empagliflozin-metformin hcl)</i>	2	ST; PA**
<i>SYNJARDY XR TAB 5-1000MG (empagliflozin-metformin hcl)</i>	2	ST; PA**
<i>SYNJARDY XR TAB 10-1000 (empagliflozin-metformin hcl)</i>	2	ST; PA**
<i>SYNJARDY XR TAB 25-1000 (empagliflozin-metformin hcl)</i>	2	ST; PA**
<i>XIGDUO XR TAB 2.5-1000 (dapagliflozin-metformin hcl)</i>	2	ST; PA**
<i>XIGDUO XR TAB 5-500MG (dapagliflozin-metformin hcl)</i>	2	ST; PA**
<i>XIGDUO XR TAB 5-1000MG (dapagliflozin-metformin hcl)</i>	2	ST; PA**
<i>XIGDUO XR TAB 10-500MG (dapagliflozin-metformin hcl)</i>	2	ST; PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XIGDUO XR TAB 10-1000 ( <b>dapagliflozin-metformin hcl</b> )	2	ST; PA**
<b>ANTIDIABETICS, SODIUM-GLUC CO-TRANSPORT2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS</b>		
GLYXAMBI TAB 10-5 MG ( <b>empagliflozin-linagliptin</b> )	2	ST; PA**
GLYXAMBI TAB 25-5 MG ( <b>empagliflozin-linagliptin</b> )	2	ST; PA**
QTERN TAB 5-5MG ( <b>dapagliflozin-saxagliptin</b> )	2	ST; PA**
QTERN TAB 10MG/5MG ( <b>dapagliflozin-saxagliptin</b> )	2	ST; PA**
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB</b>		
FARXIGA TAB 5MG ( <b>dapagliflozin propanediol</b> )	2	ST; PA**
FARXIGA TAB 10MG ( <b>dapagliflozin propanediol</b> )	2	ST; PA**
JARDIANCE TAB 10MG ( <b>empagliflozin</b> )	2	ST; PA**
JARDIANCE TAB 25MG ( <b>empagliflozin</b> )	2	ST; PA**
<b>ANTIDIABETICS, SULFONYLUREA</b>		
<b>glimepiride tab 1 mg</b>	1	
<b>glimepiride tab 2 mg</b>	1	
<b>glimepiride tab 4 mg</b>	1	
<b>glipizide tab 5 mg</b>	1	
<b>glipizide tab 10 mg</b>	1	
<b>glipizide tab er 24hr 2.5 mg</b>	1	
<b>glipizide tab er 24hr 5 mg</b>	1	
<b>glipizide tab er 24hr 10 mg</b>	1	
<b>glyburide micronized tab 1.5 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>glyburide micronized tab 3 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>glyburide micronized tab 6 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>glyburide tab 1.25 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>glyburide tab 2.5 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>glyburide tab 5 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS</b>		
<b>alendronate sodium oral soln 70 mg/75ml</b>	1	
<b>alendronate sodium tab 5 mg</b>	1	
<b>alendronate sodium tab 10 mg</b>	1	
<b>alendronate sodium tab 35 mg</b>	1	
<b>alendronate sodium tab 40 mg</b>	1	
<b>alendronate sodium tab 70 mg</b>	1	
<b>FOSAMAX + D TAB 70-2800 (<i>alendronate sodium-cholecalciferol</i>)</b>	3	ST; PA**
<b>FOSAMAX + D TAB 70-5600 (<i>alendronate sodium-cholecalciferol</i>)</b>	3	ST; PA**
<b>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</b>	1	
<b>ibandronate sodium tab 150 mg (base equivalent)</b>	1	
<b>pamidronate disodium for inj 30 mg</b>	1	
<b>pamidronate disodium for inj 90 mg</b>	1	
<b>pamidronate disodium iv soln 3 mg/ml</b>	1	
<b>pamidronate disodium iv soln 9 mg/ml</b>	1	
<b>risedronate sodium tab 5 mg</b>	1	
<b>risedronate sodium tab 30 mg</b>	1	
<b>risedronate sodium tab 35 mg</b>	1	
<b>risedronate sodium tab 150 mg</b>	1	
<b>risedronate sodium tab delayed release 35 mg</b>	1	
<b>zoledronic acid inj conc for iv infusion 4 mg/5ml</b>	4	PA
<b>zoledronic acid iv soln 5 mg/100ml</b>	4	PA
<b>CALCIUM RECEPTOR AGONISTS</b>		
<b>cinacalcet hcl tab 30 mg (base equiv)</b>	4	QL (60 tabs / 30 days), PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>cinacalcet hcl tab 60 mg (base equiv)</i></b>	4	QL (60 tabs / 30 days), PA
<b><i>cinacalcet hcl tab 90 mg (base equiv)</i></b>	4	QL (120 tabs / 30 days), PA
<b>CHELATING AGENTS</b>		
<b><i>CHEMET CAP 100MG (succimer)</i></b>	3	
<b><i>FERRIPROX SOL 100MG/ML (deferiprone)</i></b>	4	PA
<b><i>FERRIPROX TAB 500MG (deferiprone)</i></b>	4	PA
<b><i>FERRIPROX TAB 1000MG (deferiprone)</i></b>	4	PA
<b><i>penicillamine tab 250 mg</i></b>	1	
<b><i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i></b>	1	
<b><i>sodium polystyrene sulfonate oral susp 15 gm/60ml (Kionex)</i></b>	1	
<b><i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i></b>	1	
<b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL</b>		
<b><i>ANNOVERA MIS (segesterone acetate-ethinyl estradiol)</i></b>	0	QL (1 / 300 days)
<b><i>BALCOLTRA TAB 0.1-20 (levonorgestrel-ethinyl estradiol-ferrous bisglycinate)</i></b>	0	
<b><i>DEPO-SQ PROV INJ 104 (medroxyprogesterone acetate (contraceptive))</i></b>	0	QL (4 inj / 300 days)
<b><i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)</i></b>	0	
<b><i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)</i></b>	0	
<b><i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)</i></b>	0	
<b><i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant)</i></b>	0	
<b><i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)</i></b>	0	
<b><i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Aprí)</i></b>	0	
<b><i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)</i></b>	0	
<b><i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)</i></b>	0	
<b><i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)</i></b>	0	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>drospirenone-ethynodiol estradiol tab 3-0.03-0.451 mg</i></b>	0	
<b><i>drospirenone-ethynodiol estradiol tab 3-0.02 mg</i> (Gianvi)</b>	0	
<b><i>drospirenone-ethynodiol estradiol tab 3-0.02 mg</i> (Loryna)</b>	0	
<b><i>drospirenone-ethynodiol estradiol tab 3-0.02 mg</i> (Nikki)</b>	0	
<b><i>drospirenone-ethynodiol estradiol tab 3-0.03 mg</i></b>	0	
<b><i>drospirenone-ethynodiol estradiol tab 3-0.03 mg</i> (Ocella)</b>	0	
<b><i>drospirenone-ethynodiol estradiol tab 3-0.03 mg</i> (Syeda)</b>	0	
<b><i>drospirenone-ethynodiol estradiol tab 3-0.03 mg</i> (Zarah)</b>	0	
<b><i>ELLA TAB 30MG (ulipristal acetate)</i></b>	0	
<b><i>ethynodiol diacetate &amp; ethynodiol estradiol tab 1 mg-35 mcg</i> (Kelnor 1/35)</b>	0	
<b><i>ethynodiol diacetate &amp; ethynodiol estradiol tab 1 mg-35 mcg</i> (Zovia 1/35e)</b>	0	
<b><i>ethynodiol diacetate &amp; ethynodiol estradiol tab 1 mg-50 mcg</i></b>	0	
<b><i>etonogestrel-ethynodiol estradiol vaginal ring 0.120-0.015 mg/24hr</i></b>	0	QL (13 / 300 days)
<b><i>KYLEENA IUD 19.5MG (levonorgestrel iud)</i></b>	0	QL (1 / 300 days)
<b><i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i> (Fayosim)</b>	0	
<b><i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i> (Rivelsa)</b>	0	
<b><i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i></b>	0	
<b><i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> (Amethia)</b>	0	
<b><i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> (Ashlyna)</b>	0	
<b><i>levonorgestrel &amp; ethynodiol estradiol (91-day) tab 0.15-0.03 mg</i></b>	0	
<b><i>levonorgestrel &amp; ethynodiol estradiol (91-day) tab 0.15-0.03 mg</i> (Introvale)</b>	0	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i></b> (Jolessa)	0	
<b><i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i></b> (Quasense)	0	
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i></b> (Aviane)	0	
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i></b> (Delyla)	0	
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i></b> (Falmina)	0	
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i></b> (Lessina)	0	
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i></b> (Lutera)	0	
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i></b> (Orsythia)	0	
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i></b> (Sronyx)	0	
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i></b>	0	
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i></b> (Altavera)	0	
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i></b> (Chateal)	0	
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i></b> (Kurvelo)	0	
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i></b> (Levora 0.15/30-28)	0	
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i></b> (Marlissa)	0	
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i></b> (Portia-28)	0	
<b><i>levonorgestrel tab 1.5 mg</i></b> (Take Action)	0	OTC
<b><i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i></b> (Enpresse-28)	0	
<b><i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i></b> (Levonest)	0	
<b><i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i></b> (Myzilra)	0	
<b><i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i></b> (Trivora-28)	0	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>levonorgestrel-ethynodiol dihydrogen phosphate tab 90-20 mcg (Amethyst)</i></b>	0	
LILETTA IUD 52MG ( <b><i>levonorgestrel (iud)</i></b> )	0	QL (1 / 300 days)
<b><i>medroxyprogesterone acetate im susp 150 mg/ml</i></b>	0	QL (4 inj / 300 days)
<b><i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i></b>	0	QL (4 inj / 300 days)
MIRENA IUD SYSTEM ( <b><i>levonorgestrel (iud)</i></b> )	0	QL (1 / 300 days)
NATAZIA TAB ( <b><i>estradiol valerate-dienogest</i></b> )	0	
NEXPLANON IMP 68MG ( <b><i>etonogestrel</i></b> )	0	QL (1 / 300 days)
<b><i>norelgestromin-ethynodiol dihydrogen phosphate tab 150-35 mcg/24hr (Xulane)</i></b>	0	
<b><i>norethindrone &amp; ethynodiol dihydrogen phosphate tab 0.4 mg-35 mcg (Zenchent)</i></b>	0	
<b><i>norethindrone &amp; ethynodiol dihydrogen phosphate tab 0.5 mg-35 mcg (Necon 0.5/35-28)</i></b>	0	
<b><i>norethindrone &amp; ethynodiol dihydrogen phosphate tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))</i></b>	0	
<b><i>norethindrone &amp; ethynodiol dihydrogen phosphate tab 0.5 mg-35 mcg (Wera)</i></b>	0	
<b><i>norethindrone &amp; ethynodiol dihydrogen phosphate tab 1 mg-35 mcg (Alyacen 1/35)</i></b>	0	
<b><i>norethindrone &amp; ethynodiol dihydrogen phosphate tab 1 mg-35 mcg (Cyclafem 1/35)</i></b>	0	
<b><i>norethindrone &amp; ethynodiol dihydrogen phosphate tab 1 mg-35 mcg (Dasetta 1/35)</i></b>	0	
<b><i>norethindrone &amp; ethynodiol dihydrogen phosphate tab 1 mg-35 mcg (Nortrel 1/35)</i></b>	0	
<b><i>norethindrone &amp; ethynodiol dihydrogen phosphate tab 1 mg-35 mcg (Pirmella 1/35)</i></b>	0	
<b><i>norethindrone &amp; ethynodiol dihydrogen phosphate chew tab 0.4 mg-35 mcg</i></b>	0	
<b><i>norethindrone &amp; ethynodiol dihydrogen phosphate chew tab 0.8 mg-25 mcg</i></b>	0	
<b><i>norethindrone ace &amp; ethynodiol dihydrogen phosphate tab 1 mg-20 mcg</i></b>	0	
<b><i>norethindrone ace &amp; ethynodiol dihydrogen phosphate tab 1 mg-20 mcg (Junel 1/20)</i></b>	0	
<b><i>norethindrone ace &amp; ethynodiol dihydrogen phosphate tab 1.5 mg-30 mcg (Junel 1.5/30)</i></b>	0	
<b><i>norethindrone ace &amp; ethynodiol dihydrogen phosphate tab 1.5 mg-30 mcg (Larin 1.5/30)</i></b>	0	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i></b> (Microgestin 1.5/30)	0	
<b><i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i></b> (Junel Fe 1/20)	0	
<b><i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i></b> (Junel Fe 1.5/30)	0	
<b><i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i></b> (Mibelas 24 Fe)	0	
<b><i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i></b>	0	
<b><i>norethindrone tab 0.35 mg</i></b>	0	
<b><i>norethindrone tab 0.35 mg</i></b> (Camila)	0	
<b><i>norethindrone tab 0.35 mg</i></b> (Errin)	0	
<b><i>norethindrone tab 0.35 mg</i></b> (Heather)	0	
<b><i>norethindrone tab 0.35 mg</i></b> (Jolivette)	0	
<b><i>norethindrone tab 0.35 mg</i></b> (Nora-be)	0	
<b><i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i></b> (Alyacen 7/7/7)	0	
<b><i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i></b> (Cyclafem 7/7/7)	0	
<b><i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i></b> (Dasetta 7/7/7)	0	
<b><i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i></b> (Nortrel 7/7/7)	0	
<b><i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i></b> (Pirmella 7/7/7)	0	
<b><i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i></b> (Aranelle)	0	
<b><i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i></b> (Leena)	0	
<b><i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i></b>	0	
<b><i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i></b> (Mono-linyah)	0	
<b><i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i></b> (Mononessa)	0	
<b><i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i></b> (Previfem)	0	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg (Sprintec 28)</b>	0	
<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</b>	0	
<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</b>	0	
<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Trilinyah)</b>	0	
<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Trisprintec)</b>	0	
<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Trinessa)</b>	0	
<b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28)</b>	0	
<b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg (Elinest)</b>	0	
<b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg (Low-ogestrel)</b>	0	
<b>norgestrel &amp; ethinyl estradiol tab 0.5 mg-50 mcg (Ogestrel)</b>	0	
PARAGARD IUD T380A ( <b>copper (iud)</b> )	0	QL (1 unit / 300 days)
SKYLA IUD 13.5MG ( <b>levonorgestrel (iud)</b> )	0	QL (1 / 300 days)
SLYNDA TAB 4MG ( <b>drospernone</b> )	0	
<b>ENDOMETRIOSIS</b>		
<b>danazol cap 50 mg</b>	1	
<b>danazol cap 100 mg</b>	1	
<b>danazol cap 200 mg</b>	1	
SYNAREL SOL 2MG/ML ( <b>nafarelin acetate</b> )	4	PA
<b>ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES</b>		
CARBAGLU TAB 200MG ( <b>carglumic acid</b> )	4	PA
CERDELGA CAP 84MG ( <b>eliglustat tartrate</b> )	4	QL (60 caps / 30 days), PA
CYSTADANE POW ( <b>betaine</b> )	4	PA
CYSTAGON CAP 50MG ( <b>cysteamine bitartrate</b> )	4	PA
CYSTAGON CAP 150MG ( <b>cysteamine bitartrate</b> )	4	PA
KUVAN POW 100MG ( <b>sapropterin dihydrochloride</b> )	4	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KUVAN POW 500MG ( <b>sapropterin dihydrochloride</b> )	4	PA
KUVAN TAB 100MG ( <b>sapropterin dihydrochloride</b> )	4	PA
<b>nitisinone cap 2 mg</b>	4	PA
<b>nitisinone cap 5 mg</b>	4	PA
<b>nitisinone cap 10 mg</b>	4	PA
ORFADIN CAP 20MG ( <b>nitisinone</b> )	4	PA
ORFADIN SUS 4MG/ML ( <b>nitisinone</b> )	4	PA
<b>sodium phenylbutyrate oral powder 3 gm/teaspoonful</b>	4	PA
<b>sodium phenylbutyrate tab 500 mg</b>	4	QL (1200 tabs / 30 days), PA

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

CLIMARA PRO DIS WEEKLY ( <b>estradiol-levonorgestrel</b> )	2	
DEPO-ESTRADI INJ 5MG/ML ( <b>estradiol cypionate</b> )	3	
DIVIGEL GEL 0.5MG ( <b>estradiol</b> )	3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 0.25MG ( <b>estradiol</b> )	3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 0.75MG ( <b>estradiol</b> )	3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 1.25MG ( <b>estradiol</b> )	3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 1MG/GM ( <b>estradiol</b> )	3	PA; High Risk Medications require PA for members age 70 and older
DUAVEE TAB 0.45-20 ( <b>conjugated estrogens-bazedoxifene</b> )	2	
ELESTRIN GEL 0.06% ( <b>estradiol</b> )	3	PA; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</b>	1	
<b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</b> (Mimvey Lo)	1	
<b>estradiol &amp; norethindrone acetate tab 1-0.5 mg</b>	1	
<b>estradiol &amp; norethindrone acetate tab 1-0.5 mg</b> (Mimvey)	1	
<b>estradiol tab 0.5 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>estradiol tab 1 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>estradiol tab 2 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>estradiol td patch twice weekly 0.1 mg/24hr</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>estradiol td patch twice weekly 0.05 mg/24hr</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>estradiol td patch twice weekly 0.025 mg/24hr</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>estradiol td patch twice weekly 0.075 mg/24hr</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>estradiol td patch twice weekly 0.0375 mg/24hr</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>estradiol td patch weekly 0.1 mg/24hr</b>	1	PA; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>estradiol td patch weekly 0.05 mg/24hr</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
<b><i>estradiol td patch weekly 0.06 mg/24hr</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
<b><i>estradiol td patch weekly 0.025 mg/24hr</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
<b><i>estradiol td patch weekly 0.075 mg/24hr</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
<b><i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
<b><i>estradiol vaginal cream 0.1 mg/gm</i></b>	1	
<b><i>estradiol vaginal tab 10 mcg (YuvaFem)</i></b>	1	
<b><i>estradiol valerate im in oil 20 mg/ml</i></b>	1	
<b><i>estradiol valerate im in oil 40 mg/ml</i></b>	1	
ESTROGEL GEL ( <b><i>estradiol</i></b> )	3	PA; High Risk Medications require PA for members age 70 and older
<b><i>estropipate tab 0.75 mg</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
<b><i>estropipate tab 1.5 mg</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
<b><i>estropipate tab 3 mg</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
EVAMIST SPR 1.53MG ( <b><i>estradiol</i></b> )	3	PA; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MENEST TAB 0.3MG ( <b>esterified estrogens</b> )	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG ( <b>esterified estrogens</b> )	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG ( <b>esterified estrogens</b> )	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG ( <b>esterified estrogens</b> )	3	PA; High Risk Medications require PA for members age 70 and older
<b>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</b>	1	
<b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)</b>	1	
PREMARIN INJ 25MG ( <b>estrogens, conjugated</b> )	3	
PREMARIN TAB 0.3MG ( <b>estrogens, conjugated</b> )	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.9MG ( <b>estrogens, conjugated</b> )	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG ( <b>estrogens, conjugated</b> )	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG ( <b>estrogens, conjugated</b> )	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG ( <b>estrogens, conjugated</b> )	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG ( <b>estrogens, conjugated vaginal</b> )	3	
<b>GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>		
<b>cortisone acetate tab 25 mg</b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DEPO-MEDROL INJ 20MG/ML <b>(methylprednisolone acetate)</b>	3	
DEXAMETHASON CON 1MG/ML <b>(dexamethasone)</b>	2	
<b>dexamethasone elixir 0.5 mg/5ml</b>	1	
<b>dexamethasone sod phosphate preservative free inj 10 mg/ml</b>	1	
<b>dexamethasone sodium phosphate inj 4 mg/ml</b>	1	
<b>dexamethasone sodium phosphate inj 10 mg/ml</b>	1	
<b>dexamethasone sodium phosphate inj 20 mg/5ml</b>	1	
<b>dexamethasone sodium phosphate inj 100 mg/10ml</b>	1	
<b>dexamethasone sodium phosphate inj 120 mg/30ml</b>	1	
<b>dexamethasone soln 0.5 mg/5ml</b>	1	
<b>dexamethasone tab 0.5 mg</b>	1	
<b>dexamethasone tab 0.75 mg</b>	1	
<b>dexamethasone tab 1 mg</b>	1	
<b>dexamethasone tab 1.5 mg</b>	1	
<b>dexamethasone tab 2 mg</b>	1	
<b>dexamethasone tab 4 mg</b>	1	
<b>dexamethasone tab 6 mg</b>	1	
<b>fludrocortisone acetate tab 0.1 mg</b>	1	
<b>hydrocortisone tab 5 mg</b>	1	
<b>hydrocortisone tab 10 mg</b>	1	
<b>hydrocortisone tab 20 mg</b>	1	
MEDROL TAB 2MG ( <b>methylprednisolone</b> )	2	
<b>methylprednisolone acetate inj susp 40 mg/ml</b>	1	
<b>methylprednisolone acetate inj susp 80 mg/ml</b>	1	
<b>methylprednisolone sod succ for inj 40 mg (base equiv)</b>	1	
<b>methylprednisolone sod succ for inj 125 mg (base equiv)</b>	1	
<b>methylprednisolone sod succ for inj 1000 mg (base equiv)</b>	1	
<b>methylprednisolone tab 4 mg</b>	1	
<b>methylprednisolone tab 8 mg</b>	1	
<b>methylprednisolone tab 16 mg</b>	1	
<b>methylprednisolone tab 32 mg</b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>methylprednisolone tab therapy pack 4 mg (21)</i></b>	1	
<b><i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i></b>	1	
<b><i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i></b>	1	
<b><i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i></b>	1	
<b><i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i></b>	1	
<b><i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i></b>	1	
<b><i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i></b>	1	
<b><i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i></b>	1	
<b><i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i></b>	1	
<b><i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i></b>	1	
<b><i>PREDNISONE CON 5MG/ML (prednisone)</i></b>	2	
<b><i>prednisone oral soln 5 mg/5ml</i></b>	1	
<b><i>prednisone tab 1 mg</i></b>	1	
<b><i>prednisone tab 2.5 mg</i></b>	1	
<b><i>prednisone tab 5 mg</i></b>	1	
<b><i>prednisone tab 10 mg</i></b>	1	
<b><i>prednisone tab 20 mg</i></b>	1	
<b><i>prednisone tab 50 mg</i></b>	1	
<b><i>prednisone tab therapy pack 5 mg (21)</i></b>	1	
<b><i>prednisone tab therapy pack 5 mg (48)</i></b>	1	
<b><i>prednisone tab therapy pack 10 mg (21)</i></b>	1	
<b><i>prednisone tab therapy pack 10 mg (48)</i></b>	1	
<b><i>SOLU-CORTEF INJ 100MG (hydrocortisone sod succinate)</i></b>	3	
<b><i>SOLU-CORTEF INJ 250MG (hydrocortisone sod succinate)</i></b>	3	
<b><i>SOLU-CORTEF INJ 500MG (hydrocortisone sod succinate)</i></b>	3	
<b><i>SOLU-CORTEF INJ 1000MG (hydrocortisone sod succinate)</i></b>	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SOLU-MEDROL INJ 2GM <i>(methylprednisolone sod succ)</i>	3	
<b>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</b>		
GLUCAGON KIT 1MG <i>(glucagon (rdna))</i>	2	
ORAL GLUCOSE REPLACEMENT <i>(dextrose (diabetic use))</i>	2	OTC
<b>HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES</b>		
HUMATROPE INJ 5MG <i>(somatropin)</i>	4	PA
HUMATROPE INJ 6MG <i>(somatropin)</i>	4	PA
HUMATROPE INJ 12MG <i>(somatropin)</i>	4	PA
HUMATROPE INJ 24MG <i>(somatropin)</i>	4	PA
<b>MISCELLANEOUS</b>		
<i>cabergoline tab 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
INCRELEX INJ 40MG/4ML <i>(mecasermin)</i>	4	PA
MIACALCIN INJ 200/ML <i>(calcitonin (salmon))</i>	3	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	QL (90 ml / 30 days), PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	QL (90 ml / 30 days), PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	QL (225 ml / 30 days), PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	QL (90 ml / 30 days), PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	QL (45 ml / 30 days), PA
OSPHENA TAB 60MG <i>(ospemifene)</i>	2	
PROLIA SOL 60MG/ML <i>(denosumab)</i>	4	QL (60mg / 24 weeks), PA
<i>raloxifene hcl tab 60 mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
SAMSCA TAB 15MG <i>(tolvaptan)</i>	4	PA
SAMSCA TAB 30MG <i>(tolvaptan)</i>	4	PA
SIGNIFOR INJ 0.3MG/ML <i>(pasireotide diaspartate)</i>	4	QL (60 ampules / 30 days), PA
SIGNIFOR INJ 0.6MG/ML <i>(pasireotide diaspartate)</i>	4	QL (60 ampules / 30 days), PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SIGNIFOR INJ 0.9MG/ML ( <b><i>pasireotide diaspartate</i></b> )	4	QL (60 ampules / 30 days), PA
SOMATULINE INJ 60/0.2ML ( <b><i>lanreotide acetate</i></b> )	4	QL (1 injection / 28 days), PA
SOMATULINE INJ 90/0.3ML ( <b><i>lanreotide acetate</i></b> )	4	QL (1 injection / 28 days), PA
SOMATULINE INJ 120/.5ML ( <b><i>lanreotide acetate</i></b> )	4	QL (1 injection / 28 days), PA
SOMAVERT INJ 10MG ( <b><i>pegvisomant</i></b> )	4	QL (30 vials / 30 days), PA
SOMAVERT INJ 15MG ( <b><i>pegvisomant</i></b> )	4	QL (30 vials / 30 days), PA
SOMAVERT INJ 20MG ( <b><i>pegvisomant</i></b> )	4	QL (30 vials / 30 days), PA
SOMAVERT INJ 25MG ( <b><i>pegvisomant</i></b> )	4	QL (30 vials / 30 days), PA
SOMAVERT INJ 30MG ( <b><i>pegvisomant</i></b> )	4	QL (30 vials / 30 days), PA
TYMLOS INJ ( <b><i>abaloparotide</i></b> )	4	QL (1 pen / 30 days), PA

#### **PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS**

<b><i>calcium acetate (phosphate binder)</i></b>	1	
<b><i>cap 667 mg (169 mg ca)</i></b>		
<b><i>calcium acetate (phosphate binder)</i></b>	1	
<b><i>tab 667 mg</i></b>		
FOSRENOL POW 750MG ( <b><i>lanthanum carbonate</i></b> )	3	
FOSRENOL POW 1000MG ( <b><i>lanthanum carbonate</i></b> )	3	
<b><i>lanthanum carbonate chew tab 500 mg (elemental)</i></b>	1	PA
<b><i>lanthanum carbonate chew tab 750 mg (elemental)</i></b>	1	PA
<b><i>lanthanum carbonate chew tab 1000 mg (elemental)</i></b>	1	PA
PHOSLYRA SOL ( <b><i>calcium acetate (phosphate binder)</i></b> )	2	
<b><i>sevelamer carbonate packet 0.8 gm</i></b>	1	
<b><i>sevelamer carbonate packet 2.4 gm</i></b>	1	
<b><i>sevelamer carbonate tab 800 mg</i></b>	1	
VELPHORO CHW 500MG ( <b><i>sucroferric oxyhydroxide</i></b> )	3	

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

CRINONE GEL 4% VAG ( <b><i>progesterone (vaginal)</i></b> )	2	
-------------------------------------------------------------	---	--

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CRINONE GEL 8% VAG ( <i>progesterone (vaginal)</i> )	2	
LUPANETA KIT 3.75-5 ( <i>leuprolide acetate &amp; norethindrone acetate</i> )	4	PA
LUPANETA KIT 11.25-5 ( <i>leuprolide acetate &amp; norethindrone acetate</i> )	4	PA
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone micronized cap 100 mg</i>	1	
<i>progesterone micronized cap 200 mg</i>	1	
<b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>		
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 25 mcg (Levoxyl)</i>	1	
<i>levothyroxine sodium tab 25 mcg (Unithroid)</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg (Levoxyl)</i>	1	
<i>levothyroxine sodium tab 50 mcg (Unithroid)</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg (Levoxyl)</i>	1	
<i>levothyroxine sodium tab 75 mcg (Unithroid)</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg (Levoxyl)</i>	1	
<i>levothyroxine sodium tab 88 mcg (Unithroid)</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg (Levoxyl)</i>	1	
<i>levothyroxine sodium tab 100 mcg (Unithroid)</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg (Levoxyl)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>levothyroxine sodium tab 112 mcg</i></b> (Unithroid)	1	
<b><i>levothyroxine sodium tab 125 mcg</i></b>	1	
<b><i>levothyroxine sodium tab 125 mcg</i></b> (Levoxyl)	1	
<b><i>levothyroxine sodium tab 125 mcg</i></b> (Unithroid)	1	
<b><i>levothyroxine sodium tab 137 mcg</i></b>	1	
<b><i>levothyroxine sodium tab 137 mcg</i></b> (Levoxyl)	1	
<b><i>levothyroxine sodium tab 150 mcg</i></b>	1	
<b><i>levothyroxine sodium tab 150 mcg</i></b> (Levoxyl)	1	
<b><i>levothyroxine sodium tab 175 mcg</i></b>	1	
<b><i>levothyroxine sodium tab 175 mcg</i></b> (Levoxyl)	1	
<b><i>levothyroxine sodium tab 200 mcg</i></b>	1	
<b><i>levothyroxine sodium tab 200 mcg</i></b> (Levoxyl)	1	
<b><i>levothyroxine sodium tab 200 mcg</i></b> (Unithroid)	1	
<b><i>levothyroxine sodium tab 300 mcg</i></b>	1	
<b><i>levothyroxine sodium tab 300 mcg</i></b> (Unithroid)	1	
<b><i>liothyronine sodium iv soln 10 mcg/ml</i></b>	1	
<b><i>liothyronine sodium tab 5 mcg</i></b>	1	
<b><i>liothyronine sodium tab 25 mcg</i></b>	1	
<b><i>liothyronine sodium tab 50 mcg</i></b>	1	
<b><i>methimazole tab 5 mg</i></b>	1	
<b><i>methimazole tab 10 mg</i></b>	1	
<b><i>propylthiouracil tab 50 mg</i></b>	1	
<b><i>SYNTHROID TAB 25MCG (levothyroxine sodium)</i></b>	2	
<b><i>SYNTHROID TAB 50MCG (levothyroxine sodium)</i></b>	2	
<b><i>SYNTHROID TAB 75MCG (levothyroxine sodium)</i></b>	2	
<b><i>SYNTHROID TAB 88MCG (levothyroxine sodium)</i></b>	2	
<b><i>SYNTHROID TAB 100MCG (levothyroxine sodium)</i></b>	2	
<b><i>SYNTHROID TAB 112MCG (levothyroxine sodium)</i></b>	2	
<b><i>SYNTHROID TAB 125MCG (levothyroxine sodium)</i></b>	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYNTHROID TAB 137MCG ( <i>levothyroxine sodium</i> )	2	
SYNTHROID TAB 150MCG ( <i>levothyroxine sodium</i> )	2	
SYNTHROID TAB 175MCG ( <i>levothyroxine sodium</i> )	2	
SYNTHROID TAB 200MCG ( <i>levothyroxine sodium</i> )	2	
SYNTHROID TAB 300MCG ( <i>levothyroxine sodium</i> )	2	
THYROLAR-1 TAB 60MG ( <i>liotrix (t3-t4)</i> )	3	
THYROLAR-1/2 TAB 30MG ( <i>liotrix (t3-t4)</i> )	3	
THYROLAR-1/4 TAB 15MG ( <i>liotrix (t3-t4)</i> )	3	
THYROLAR-2 TAB 120MG ( <i>liotrix (t3-t4)</i> )	3	
THYROLAR-3 TAB 180MG ( <i>liotrix (t3-t4)</i> )	3	

#### **VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES**

<i>desmopressin acetate inj 4 mcg/ml</i>	1
<i>desmopressin acetate nasal spray soln 0.01%</i>	1
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1
<i>desmopressin acetate tab 0.1 mg</i>	1
<i>desmopressin acetate tab 0.2 mg</i>	1

#### **GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS**

##### **ANTICHOLINERGICS - DRUGS TO TREAT COPD**

<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	1
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	1
<i>CUVPOSA SOL 1MG/5ML (glycopyrrolate)</i>	2
<i>dicyclomine hcl cap 10 mg</i>	1
<i>dicyclomine hcl inj 10 mg/ml</i>	1
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1
<i>dicyclomine hcl tab 20 mg</i>	1
<i>glycopyrrolate inj 0.2 mg/ml</i>	1
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	1
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	1
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	1

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>glycopyrrolate tab 1 mg</b>	1	
<b>glycopyrrolate tab 2 mg</b>	1	
<b>hyoscyamine sulfate sl tab 0.125 mg</b>	1	
<b>hyoscyamine sulfate sl tab 0.125 mg</b> (Oscimin)	1	
<b>hyoscyamine sulfate sl tab 0.125 mg</b> (Symax-sl)	1	
<b>hyoscyamine sulfate tab 0.125 mg</b>	1	
<b>hyoscyamine sulfate tab 0.125 mg</b> (Oscimin)	1	
<b>hyoscyamine sulfate tab disint 0.125 mg</b>	1	
<b>hyoscyamine sulfate tab disint 0.125 mg</b> (Ed-spaz)	1	
<b>hyoscyamine sulfate tab disint 0.125 mg</b> (Nulev)	1	
<b>hyoscyamine sulfate tab er 12hr 0.375 mg</b>	1	
<b>hyoscyamine sulfate tab er 12hr 0.375 mg</b> (Oscimin Sr)	1	
<b>methscopolamine bromide tab 2.5 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>methscopolamine bromide tab 5 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older

#### **ANTIEMETICS**

AKYNZEO CAP 300-0.5 ( <b>netupitant-palonosetron</b> )	3	QL (2 caps / 21 days)
<b>aprepitant capsule 40 mg</b>	1	QL (3 caps / 180 days)
<b>aprepitant capsule 80 mg</b>	1	QL (4 caps / 21 days)
<b>aprepitant capsule 125 mg</b>	1	QL (2 caps / 21 days)
<b>aprepitant capsule therapy pack 80 &amp; 125 mg</b>	1	QL (2 packs / 21 days)
CESAMET CAP 1MG ( <b>nabilone</b> )	3	QL (18 caps / 21 days)
<b>dronabinol cap 2.5 mg</b>	1	QL (60 caps / 25 days)
<b>dronabinol cap 5 mg</b>	1	QL (60 caps / 25 days)
<b>dronabinol cap 10 mg</b>	1	QL (60 caps / 25 days)
<b>granisetron hcl inj 0.1 mg/ml</b>	1	QL (2 mL / 21 days)
<b>granisetron hcl inj 1 mg/ml</b>	1	QL (2 mL / 21 days)
<b>granisetron hcl inj 4 mg/4ml (1 mg/ml)</b>	1	QL (2 mL / 21 days)
<b>granisetron hcl tab 1 mg</b>	1	QL (12 tabs / 21 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>meclizine hcl tab 12.5 mg</i></b>	1	
<b><i>meclizine hcl tab 25 mg</i></b>	1	
<b><i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i></b>	1	
<b><i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i></b>	1	
<b><i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i></b>	1	
<b><i>metoclopramide hcl tab 5 mg (base equivalent)</i></b>	1	
<b><i>metoclopramide hcl tab 10 mg (base equivalent)</i></b>	1	
<b><i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i></b>	1	QL (20 mL / 21 days)
<b><i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i></b>	1	QL (20 mL / 21 days)
<b><i>ondansetron hcl oral soln 4 mg/5ml</i></b>	1	QL (200 mL / 21 days)
<b><i>ondansetron hcl tab 4 mg</i></b>	1	QL (18 tabs / 21 days)
<b><i>ondansetron hcl tab 8 mg</i></b>	1	QL (18 tabs / 21 days)
<b><i>ondansetron hcl tab 24 mg</i></b>	1	QL (2 tabs / 21 days)
<b><i>ondansetron orally disintegrating tab 4 mg</i></b>	1	QL (18 tabs / 21 days)
<b><i>ondansetron orally disintegrating tab 8 mg</i></b>	1	QL (18 tabs / 21 days)
<b><i>prochlorperazine edisylate inj 10 mg/2ml</i></b>	1	
<b><i>prochlorperazine edisylate inj 50 mg/10ml</i></b>	1	
<b><i>prochlorperazine maleate tab 5 mg (base equivalent)</i></b>	1	
<b><i>prochlorperazine maleate tab 10 mg (base equivalent)</i></b>	1	
<b><i>prochlorperazine suppos 25 mg</i></b>	1	
<b><i>prochlorperazine suppos 25 mg (Compro)</i></b>	1	
<b><i>promethazine hcl inj 25 mg/ml</i></b>	1	
<b><i>promethazine hcl inj 50 mg/ml</i></b>	1	
<b><i>promethazine hcl syrup 6.25 mg/5ml</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
<b><i>promethazine hcl tab 12.5 mg</i></b>	1	PA; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>promethazine hcl tab 25 mg</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
<b><i>promethazine hcl tab 50 mg</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
SANCUSO DIS 3.1MG ( <b><i>granisetron</i></b> )	2	QL (2 patches / 21 days)
<b><i>scopolamine td patch 72hr 1 mg/3days</i></b>	1	
<b><i>trimethobenzamide hcl cap 300 mg</i></b>	1	
VARUBI INJ ( <b><i>rolapitant hcl</i></b> )	2	
VARUBI TAB 90MG ( <b><i>rolapitant hcl</i></b> )	2	
<b>H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<b><i>cimetidine hcl soln 300 mg/5ml</i></b>	1	
<b><i>cimetidine tab 200 mg</i></b>	1	
<b><i>cimetidine tab 300 mg</i></b>	1	
<b><i>cimetidine tab 400 mg</i></b>	1	
<b><i>cimetidine tab 800 mg</i></b>	1	
<b><i>famotidine for susp 40 mg/5ml</i></b>	1	
<b><i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i></b>	1	
<b><i>famotidine inj 20 mg/2ml</i></b>	1	
<b><i>famotidine inj 40 mg/4ml</i></b>	1	
<b><i>famotidine inj 200 mg/20ml</i></b>	1	
<b><i>famotidine tab 20 mg</i></b>	1	
<b><i>famotidine tab 40 mg</i></b>	1	
<b><i>nizatidine cap 150 mg</i></b>	1	
<b><i>nizatidine cap 300 mg</i></b>	1	
<b><i>nizatidine oral soln 15 mg/ml</i></b>	1	
<b><i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i></b>	1	
<b><i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i></b>	1	
<b>INFLAMMATORY BOWEL DISEASE</b>		
<b><i>balsalazide disodium cap 750 mg</i></b>	1	
<b><i>budesonide delayed release particles cap 3 mg</i></b>	2	PA
DIPENTUM CAP 250MG ( <b><i>olsalazine sodium</i></b> )	3	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>hydrocortisone enema 100 mg/60ml (Colocort)</b>	1	
<b>mesalamine cap dr 400 mg</b>	1	
<b>mesalamine enema 4 gm</b>	1	
<b>mesalamine suppos 1000 mg</b>	1	
<b>mesalamine tab delayed release 1.2 gm</b>	1	
<b>mesalamine tab delayed release 800 mg</b>	1	
<b>sulfasalazine tab 500 mg</b>	1	
<b>sulfasalazine tab delayed release 500 mg</b>	1	
<b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>		
AMITIZA CAP 8MCG ( <i>lubiprostone</i> )	2	
AMITIZA CAP 24MCG ( <i>lubiprostone</i> )	2	
LINZESS CAP 72MCG ( <i>linaclootide</i> )	2	
LINZESS CAP 145MCG ( <i>linaclootide</i> )	2	
LINZESS CAP 290MCG ( <i>linaclootide</i> )	2	
<b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>		
<b>alosetron hcl tab 0.5 mg (base equiv)</b>	1	PA
<b>alosetron hcl tab 1 mg (base equiv)</b>	1	PA
<b>LAXATIVES</b>		
<b>bisacodyl tab &amp; peg 3350-kcl-sod bicarb-nacl for soln kit</b> (Gavilyte-h)	0	\$0 copay for members age 50 through 74, otherwise not covered
<b>CLENPIQ SOL (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>)</b>	0	\$0 copay for members age 50 through 74, otherwise not covered
<b>GOLYTELY SOL (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)</b>	2	
<b>lactulose (<i>encephalopathy</i>) solution 10 gm/15ml</b> (Enulose)	1	
<b>lactulose (<i>encephalopathy</i>) solution 10 gm/15ml</b> (Generlac)	1	
<b>lactulose solution 10 gm/15ml</b>	1	
<b>MOVIPREP SOL (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)</b>	0	\$0 copay for members age 50 through 74; Tier 2 for all others
<b>OSMOPREP TAB 1.5GM (<i>sodium phosphate monobasic-sodium phosphate dibasic</i>)</b>	3	
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i></b> (Gavilyte-g)	1	
<b><i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i></b>	1	
<b><i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i></b> (Gavilyte-c)	1	
<b><i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i></b>	1	
<b><i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i></b> (Gavilyte-n/flavor Pack)	1	
<b><i>PLENVU SOL (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)</i></b>	0	\$0 copay for members age 50 through 74, otherwise not covered
<b><i>polyethylene glycol 3350 oral powder 17 gm/scoop</i></b>	1	OTC
<b><i>PREPOPIK PAK (sodium picosulfate- magnesium oxide-anhydrous citric acid)</i></b>	0	\$0 copay for members age 50 through 74, otherwise not covered
<b><i>SUPREP BOWEL SOL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)</i></b>	0	\$0 copay for members age 50 through 74; Tier 2 for all others
<b>MISCELLANEOUS</b>		
<b><i>cromolyn sodium oral conc 100 mg/5ml</i></b>	1	PA
<b><i>diphenoxylate w/ atropine liq 2.5- 0.025 mg/5ml</i></b>	1	
<b><i>diphenoxylate w/ atropine tab 2.5- 0.025 mg</i></b>	1	
<b><i>loperamide hcl cap 2 mg</i></b>	1	
<b><i>misoprostol tab 100 mcg</i></b>	1	
<b><i>misoprostol tab 200 mcg</i></b>	1	
<b><i>MOTOFEN TAB 1-0.025 (difenoxin w/ atropine)</i></b>	3	
<b><i>MOVANTIK TAB 12.5MG (naloxegol oxalate)</i></b>	2	
<b><i>MOVANTIK TAB 25MG (naloxegol oxalate)</i></b>	2	
<b><i>SUCRAID SOL 8500/ML (sacrosidase)</i></b>	3	QL (354 ml / 25 days), PA
<b><i>sucralfate tab 1 gm</i></b>	1	
<b><i>ursodiol cap 300 mg</i></b>	1	
<b><i>ursodiol tab 250 mg</i></b>	1	
<b><i>ursodiol tab 500 mg</i></b>	1	

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

### **PANCREATIC ENZYMES**

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

### **PROTON PUMP INHIBITORS§**

DEXILANT CAP 30MG DR <i>(dexlansoprazole)</i>	3	QL (90 caps / 365 days), ST; PA**
DEXILANT CAP 60MG DR <i>(dexlansoprazole)</i>	3	QL (90 caps / 365 days), ST; PA**
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps / 365 days), ST; PA**
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps / 365 days), ST; PA**
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	1	
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	1	
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps / 365 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>lansoprazole cap delayed release 30 mg</i></b>	1	QL (90 caps / 365 days)
<b><i>omeprazole cap delayed release 10 mg</i></b>	1	QL (90 caps / 365 days)
<b><i>omeprazole cap delayed release 20 mg</i></b>	1	QL (90 caps / 365 days)
<b><i>omeprazole cap delayed release 40 mg</i></b>	1	QL (90 caps / 365 days)
<b><i>pantoprazole sodium ec tab 20 mg (base equiv)</i></b>	1	QL (90 tabs / 365 days)
<b><i>pantoprazole sodium ec tab 40 mg (base equiv)</i></b>	1	QL (90 tabs / 365 days)
<b><i>rabeprazole sodium ec tab 20 mg</i></b>	1	QL (90 tabs / 365 days)

#### ***RECTAL,CORTICOSTEROIDS***

<b><i>hydrocortisone perianal cream 1% (Procto-pak)</i></b>	1
<b><i>hydrocortisone perianal cream 2.5% (Proctosol Hc)</i></b>	1
<b><i>hydrocortisone perianal cream 2.5% (Proctozone-hc)</i></b>	1

#### **GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS**

#### **BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE**

<b><i>alfuzosin hcl tab er 24hr 10 mg</i></b>	1
CARDURA XL TAB 4MG ( <b><i>doxazosin mesylate (bph)</i></b> )	3 ST; PA**
CARDURA XL TAB 8MG ( <b><i>doxazosin mesylate (bph)</i></b> )	3 ST; PA**
<b><i>dutasteride cap 0.5 mg</i></b>	1
<b><i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i></b>	1
<b><i>finasteride tab 5 mg</i></b>	1
<b><i>silodosin cap 4 mg</i></b>	1
<b><i>silodosin cap 8 mg</i></b>	1
<b><i>tadalafil tab 2.5 mg</i></b>	1 QL (30 tabs / 25 days), PA
<b><i>tadalafil tab 5 mg</i></b>	1 QL (30 tabs / 25 days), PA
<b><i>tamsulosin hcl cap 0.4 mg</i></b>	1

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

<b><i>CONCEPTROL GEL 4% (nonoxynol-9)</i></b>	0	OTC
<b><i>ENCARE SUP 100MG (nonoxynol-9)</i></b>	0	OTC
<b><i>GYNOL II GEL 3% (nonoxynol-9)</i></b>	0	OTC
<b><i>SHUR-SEAL GEL 2% (nonoxynol-9)</i></b>	0	OTC
<b><i>TODAY SPONGE MIS (nonoxynol-9)</i></b>	0	OTC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VCF VAGINAL AER CONTRACP <b>(nonoxynol-9)</b>	0	OTC
VCF VAGINAL MIS CONTRACP <b>(nonoxynol-9)</b>	0	OTC
<b>MISCELLANEOUS</b>		
<b>bethanechol chloride tab 5 mg</b>	1	
<b>bethanechol chloride tab 10 mg</b>	1	
<b>bethanechol chloride tab 25 mg</b>	1	
<b>bethanechol chloride tab 50 mg</b>	1	
ELMIRON CAP 100MG ( <b>pentosan polysulfate sodium</b> )	3	
<b>flavoxate hcl tab 100 mg</b>	1	
<b>phenazopyridine hcl tab 95 mg</b> (Urinary Pain Relief)	1	OTC
<b>potassium citrate tab er 5 meq (540 mg)</b>	1	
<b>potassium citrate tab er 10 meq (1080 mg)</b>	1	
<b>potassium citrate tab er 15 meq (1620 mg)</b>	1	
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE</b>		
<b>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</b>	1	
<b>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</b>	1	
<b>oxybutynin chloride syrup 5 mg/5ml</b>	1	
<b>oxybutynin chloride tab 5 mg</b>	1	
<b>oxybutynin chloride tab er 24hr 5 mg</b>	1	
<b>oxybutynin chloride tab er 24hr 10 mg</b>	1	
<b>oxybutynin chloride tab er 24hr 15 mg</b>	1	
<b>solifenacin succinate tab 5 mg</b>	1	
<b>solifenacin succinate tab 10 mg</b>	1	
<b>tolterodine tartrate cap er 24hr 2 mg</b>	1	
<b>tolterodine tartrate cap er 24hr 4 mg</b>	1	
<b>tolterodine tartrate tab 1 mg</b>	1	
<b>tolterodine tartrate tab 2 mg</b>	1	
<b>TOVIAZ TAB 4MG (<b>fesoterodine fumarate</b>)</b>	2	
<b>TOVIAZ TAB 8MG (<b>fesoterodine fumarate</b>)</b>	2	
<b>trospium chloride cap er 24hr 60 mg</b>	1	
<b>trospium chloride tab 20 mg</b>	1	

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

### **VAGINAL ANTI-INFECTIVES**

CLEOCIN SUP 100MG ( <i>clindamycin phosphate vaginal</i> )	2
<i>clindamycin phosphate vaginal cream 2%</i>	1
GYNAZOLE-1 CRE 2% ( <i>butoconazole nitrate (one dose)</i> )	3
<i>metronidazole vaginal gel 0.75%</i>	2
<i>metronidazole vaginal gel 0.75% (Vandazole)</i>	2
<i>miconazole nitrate vaginal suppos 200 mg</i> (Miconazole 3)	1
<i>terconazole vaginal cream 0.4%</i>	1
<i>terconazole vaginal cream 0.8%</i>	1
<i>terconazole vaginal suppos 80 mg</i>	1

### **HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS**

#### **ANTICOAGULANTS - BLOOD THINNERS**

ARGATRB/NACL INJ 50MG/50	3
ARGATROBAN INJ 125/125	3
<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	1
ARGATROBAN INJ 250/250	3
ELIQUIS TAB 2.5MG ( <i>apixaban</i> )	2
ELIQUIS TAB 5MG ( <i>apixaban</i> )	2
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	1
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	1
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	1
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	1
<i>enoxaparin sodium inj 100 mg/ml</i>	1
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	1
<i>enoxaparin sodium inj 150 mg/ml</i>	1
<i>enoxaparin sodium inj 300 mg/3ml</i>	1
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1
FRAGMIN INJ 2500/0.2 ( <i>dalteparin sodium</i> )	3
FRAGMIN INJ 5000/0.2 ( <i>dalteparin sodium</i> )	3

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FRAGMIN INJ 7500/0.3 ( <b>dalteparin sodium</b> )	3	
FRAGMIN INJ 10000/ML ( <b>dalteparin sodium</b> )	3	
FRAGMIN INJ 12500UNT ( <b>dalteparin sodium</b> )	3	
FRAGMIN INJ 15000UNT ( <b>dalteparin sodium</b> )	3	
FRAGMIN INJ 18000UNT ( <b>dalteparin sodium</b> )	3	
FRAGMIN INJ 95000UNT ( <b>dalteparin sodium</b> )	3	
<b>heparin sodium (porcine) inj 1000 unit/ml</b>	1	
<b>heparin sodium (porcine) inj 5000 unit/ml</b>	1	
<b>heparin sodium (porcine) inj 10000 unit/ml</b>	1	
<b>heparin sodium (porcine) inj 20000 unit/ml</b>	1	
<b>heparin sodium (porcine) pf inj 5000 unit/0.5ml</b>	1	
PRADAXA CAP 75MG ( <b>dabigatran etexilate mesylate</b> )	3	
PRADAXA CAP 110MG ( <b>dabigatran etexilate mesylate</b> )	3	
PRADAXA CAP 150MG ( <b>dabigatran etexilate mesylate</b> )	3	
<b>warfarin sodium tab 1 mg</b>	1	
<b>warfarin sodium tab 1 mg</b> (Jantoven)	1	
<b>warfarin sodium tab 2 mg</b>	1	
<b>warfarin sodium tab 2 mg</b> (Jantoven)	1	
<b>warfarin sodium tab 2.5 mg</b>	1	
<b>warfarin sodium tab 2.5 mg</b> (Jantoven)	1	
<b>warfarin sodium tab 3 mg</b>	1	
<b>warfarin sodium tab 3 mg</b> (Jantoven)	1	
<b>warfarin sodium tab 4 mg</b>	1	
<b>warfarin sodium tab 4 mg</b> (Jantoven)	1	
<b>warfarin sodium tab 5 mg</b>	1	
<b>warfarin sodium tab 5 mg</b> (Jantoven)	1	
<b>warfarin sodium tab 6 mg</b>	1	
<b>warfarin sodium tab 6 mg</b> (Jantoven)	1	
<b>warfarin sodium tab 7.5 mg</b>	1	
<b>warfarin sodium tab 7.5 mg</b> (Jantoven)	1	
<b>warfarin sodium tab 10 mg</b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>warfarin sodium tab 10 mg (Jantoven)</i></b>	1	
XARELTO STAR TAB 15/20MG <b><i>(rivaroxaban)</i></b>	2	
XARELTO TAB 2.5MG <b><i>(rivaroxaban)</i></b>	2	
XARELTO TAB 10MG <b><i>(rivaroxaban)</i></b>	2	
XARELTO TAB 15MG <b><i>(rivaroxaban)</i></b>	2	
XARELTO TAB 20MG <b><i>(rivaroxaban)</i></b>	2	
<b><i>HEMATOPOIETIC GROWTH FACTORS</i></b>		
ARANESP INJ 10MCG <b><i>(darbepoetin alfa)</i></b>	4	PA
ARANESP INJ 25MCG <b><i>(darbepoetin alfa)</i></b>	4	PA
ARANESP INJ 40MCG <b><i>(darbepoetin alfa)</i></b>	4	PA
ARANESP INJ 60MCG <b><i>(darbepoetin alfa)</i></b>	4	PA
ARANESP INJ 100MCG <b><i>(darbepoetin alfa)</i></b>	4	PA
ARANESP INJ 150MCG <b><i>(darbepoetin alfa)</i></b>	4	PA
ARANESP INJ 200MCG <b><i>(darbepoetin alfa)</i></b>	4	PA
ARANESP INJ 300MCG <b><i>(darbepoetin alfa)</i></b>	4	PA
ARANESP INJ 500MCG <b><i>(darbepoetin alfa)</i></b>	4	PA
MIRCERA INJ 50MCG <b><i>(methoxy polyethylene glycol-epoetin beta)</i></b>	4	PA
MIRCERA INJ 75MCG <b><i>(methoxy polyethylene glycol-epoetin beta)</i></b>	4	PA
MIRCERA INJ 100MCG <b><i>(methoxy polyethylene glycol-epoetin beta)</i></b>	4	PA
MIRCERA INJ 200MCG <b><i>(methoxy polyethylene glycol-epoetin beta)</i></b>	4	PA
MIRCERA SOL 30/0.3ML <b><i>(methoxy polyethylene glycol-epoetin beta)</i></b>	4	PA
MIRCERA SOL 150/0.3 <b><i>(methoxy polyethylene glycol-epoetin beta)</i></b>	4	PA
NEULASTA INJ 6MG/0.6M <b><i>(pegfilgrastim)</i></b>	4	QL (2 injections / 28 days), PA
NEULASTA KIT 6MG/0.6M <b><i>(pegfilgrastim)</i></b>	4	QL (2 injections / 28 days), PA
NIVESTYM INJ 300/0.5 <b><i>(filgrastim-aafi)</i></b>	4	PA
NIVESTYM INJ 300MCG <b><i>(filgrastim-aafi)</i></b>	4	PA
NIVESTYM INJ 480/0.8 <b><i>(filgrastim-aafi)</i></b>	4	PA
NIVESTYM INJ 480MCG <b><i>(filgrastim-aafi)</i></b>	4	PA
PROMACTA TAB 12.5MG <b><i>(eltrombopag olamine)</i></b>	4	QL (30 tabs / 30 days), PA
PROMACTA TAB 25MG <b><i>(eltrombopag olamine)</i></b>	4	QL (30 tabs / 30 days), PA
PROMACTA TAB 50MG <b><i>(eltrombopag olamine)</i></b>	4	QL (60 tabs / 30 days), PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROMACTA TAB 75MG ( <b>eltrombopag olamine</b> )	4	QL (60 tabs / 30 days), PA
RETACRIT INJ 2000UNIT ( <b>epoetin alfa-epbx</b> )	4	PA
RETACRIT INJ 3000UNIT ( <b>epoetin alfa-epbx</b> )	4	PA
RETACRIT INJ 4000UNIT ( <b>epoetin alfa-epbx</b> )	4	PA
RETACRIT INJ 10000UNT ( <b>epoetin alfa-epbx</b> )	4	PA
RETACRIT INJ 40000UNT ( <b>epoetin alfa-epbx</b> )	4	PA
UDENYCA INJ 6MG/.6ML ( <b>pegfilgrastim-cbqv</b> )	4	QL (2 injections / 28 days), PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
HEMLIBRA INJ 30MG/ML ( <b>emicizumab-kxwh</b> )	4	PA
HEMLIBRA INJ 60/0.4 ( <b>emicizumab-kxwh</b> )	4	PA
HEMLIBRA INJ 105/0.7 ( <b>emicizumab-kxwh</b> )	4	PA
HEMLIBRA INJ 150/ML ( <b>emicizumab-kxwh</b> )	4	PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	4	QL (45 syringes / 90 days), PA
<i>pentoxifylline tab er 400 mg</i>	1	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG ( <b>ticagrelor</b> )	2	
BRILINTA TAB 90MG ( <b>ticagrelor</b> )	2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>dipyridamole tab 25 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>dipyridamole tab 50 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>dipyridamole tab 75 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>prasugrel hcl tab 5 mg (base equiv)</b>	1	
<b>prasugrel hcl tab 10 mg (base equiv)</b>	1	
ZONTIVITY TAB 2.08MG ( <b>vorapaxar sulfate</b> )	2	

## IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM

### BIOLOGIC DISEASE-MODIFYING AGENTS

ACTEMRA INJ 80MG/4ML ( <b>tocilizumab</b> )	4	QL (5 vials / 28 days), PA, ST
ACTEMRA INJ 162/0.9 ( <b>tocilizumab</b> )	4	QL (4 syringes / 28 days), PA, ST
ACTEMRA INJ 200/10ML ( <b>tocilizumab</b> )	4	QL (4 vials / 14 days), PA, ST
ACTEMRA INJ 400/20ML ( <b>tocilizumab</b> )	4	QL (2 vials / 14 days), PA, ST
ENBREL INJ 25/0.5ML ( <b>etanercept</b> )	4	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG ( <b>etanercept</b> )	4	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML ( <b>etanercept</b> )	4	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ENBREL MINI INJ 50MG/ML ( <b><i>etanercept</i></b> )	4	QL (8 cartridges / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML ( <b><i>etanercept</i></b> )	4	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA INJ 10/0.1ML ( <b><i>adalimumab</i></b> )	4	QL (2 injections / 28 days), PA
HUMIRA INJ 10MG/0.2 ( <b><i>adalimumab</i></b> )	4	QL (2 injections / 28 days), PA
HUMIRA INJ 20/0.2ML ( <b><i>adalimumab</i></b> )	4	QL (2 injections / 28 days), PA
HUMIRA INJ 40/0.4ML ( <b><i>adalimumab</i></b> )	4	QL (4 injections / 28 days), PA
HUMIRA KIT 20MG/0.4 ( <b><i>adalimumab</i></b> )	4	QL (2 injections / 28 days), PA
HUMIRA KIT 40MG/0.8 ( <b><i>adalimumab</i></b> )	4	QL (4 injections / 28 days), PA
HUMIRA PEDIA INJ CROHNS ( <b><i>adalimumab</i></b> )	4	QL (2 injections / 28 days), PA; (80mg and 40mg dual strength kit)
HUMIRA PEDIA INJ CROHNS ( <b><i>adalimumab</i></b> )	4	QL (3 injections / 28 days), PA; (80mg single strength kit)
HUMIRA PEN INJ 40/0.4ML ( <b><i>adalimumab</i></b> )	4	QL (4 injections / 28 days), PA
HUMIRA PEN INJ CD/UC/HS ( <b><i>adalimumab</i></b> )	4	QL (6 pens / 28 days), PA
HUMIRA PEN INJ PS/UV ( <b><i>adalimumab</i></b> )	4	QL (4 pens / 28 days), PA
HUMIRA PEN KIT CD/UC/HS ( <b><i>adalimumab</i></b> )	4	QL (1 kit / 28 days), PA
HUMIRA PEN KIT PS/UV ( <b><i>adalimumab</i></b> )	4	QL (1 kit / 28 days), PA
KEVZARA INJ 150/1.14 ( <b><i>sarilumab</i></b> )	4	QL (2 pens / 28 days), PA; Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KEVZARA INJ 150/1.14 ( <b>sarilumab</b> )	4	QL (2 syringes / 4 weeks), PA; Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 200/1.14 ( <b>sarilumab</b> )	4	QL (2 pens / 28 days), PA; Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 200/1.14 ( <b>sarilumab</b> )	4	QL (2 syringes / 4 weeks), PA; Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
RINVOQ TAB 15MG ER ( <b>upadacitinib</b> )	4	QL (30 tabs / 30 days), PA; Preferred agent for Rheumatoid Arthritis
SIMPONI ARIA SOL 50MG/4ML ( <b>golimumab</b> )	4	QL (200 mg / 8 weeks), PA
SIMPONI INJ 50/0.5ML ( <b>golimumab</b> )	4	QL (1 injection / 28 days), PA
SIMPONI INJ 100MG/ML ( <b>golimumab</b> )	4	QL (1 injection / 28 days), PA
SKYRIZI INJ 150DOSE ( <b>risankizumab-rzaa</b> )	4	QL (2 syringes / 12 weeks), PA; Preferred agent for Psoriasis
STELARA INJ 45MG/0.5 ( <b>ustekinumab</b> )	4	QL (1 syringe / 84 days), PA; Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
STELARA INJ 90MG/ML ( <b>ustekinumab</b> )	4	QL (1 syringe / 56 days), PA; Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
TALTZ INJ 80MG/ML ( <b>ixekizumab</b> )	4	QL (1 injection / 28 days), PA; Preferred agent for Psoriasis
TREMFYA INJ 100MG/ML ( <b>guselkumab</b> )	4	QL (1 injection / 56 days), PA; Preferred agent for Psoriasis

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XELJANZ TAB 5MG ( <b>tofacitinib citrate</b> )	4	QL (60 tabs / 30 days), PA; Preferred agent for Rheumatoid Arthritis
XELJANZ TAB 10MG ( <b>tofacitinib citrate</b> )	4	QL (60 tabs / 30 days), PA; Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TAB 11MG ( <b>tofacitinib citrate</b> )	4	QL (30 tabs / 30 days), PA; Preferred agent for Rheumatoid Arthritis
XELJANZ XR TAB 22MG ( <b>tofacitinib citrate</b> )	4	QL (30 tabs / 30 days), PA; Preferred agent for Ulcerative Colitis (after failure of Humira)

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

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

**IMMUNOGLOBULIN**

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HYQVIA INJ 30-2400 ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	4	PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE INJ 2MU/0.5 ( <i>interferon gamma-1b</i> )	4	PA
ALFERON N INJ 5MU/ML ( <i>interferon alfa-n3</i> )	4	
ARCALYST INJ 220MG ( <i>rilonacept</i> )	4	QL (4 vials / 28 days), PA
INTRON A INJ 10MU ( <i>interferon alfa-2b</i> )	4	PA
INTRON A INJ 18MU ( <i>interferon alfa-2b</i> )	4	PA
INTRON A INJ 25MU ( <i>interferon alfa-2b</i> )	4	PA
INTRON A INJ 50MU ( <i>interferon alfa-2b</i> )	4	PA
POMALYST CAP 1MG ( <i>pomalidomide</i> )	4	QL (21 caps / 21 days), PA; OAC
POMALYST CAP 2MG ( <i>pomalidomide</i> )	4	QL (21 caps / 21 days), PA; OAC
POMALYST CAP 3MG ( <i>pomalidomide</i> )	4	QL (21 caps / 28 days), PA; OAC
POMALYST CAP 4MG ( <i>pomalidomide</i> )	4	QL (21 caps / 28 days), PA; OAC
REVLIMID CAP 2.5MG ( <i>lenalidomide</i> )	4	QL (28 caps / 28 days), PA; OAC
REVLIMID CAP 5MG ( <i>lenalidomide</i> )	4	QL (28 caps / 28 days), PA; OAC
REVLIMID CAP 10MG ( <i>lenalidomide</i> )	4	QL (28 caps / 28 days), PA; OAC
REVLIMID CAP 15MG ( <i>lenalidomide</i> )	4	QL (28 caps / 28 days), PA; OAC
REVLIMID CAP 20MG ( <i>lenalidomide</i> )	4	QL (21 caps / 28 days), PA; OAC
REVLIMID CAP 25MG ( <i>lenalidomide</i> )	4	QL (21 caps / 28 days), PA; OAC
THALOMID CAP 50MG ( <i>thalidomide</i> )	4	QL (28 caps / 28 days), PA; OAC
THALOMID CAP 100MG ( <i>thalidomide</i> )	4	QL (28 caps / 28 days), PA; OAC
THALOMID CAP 150MG ( <i>thalidomide</i> )	4	QL (56 caps / 28 days), PA; OAC
THALOMID CAP 200MG ( <i>thalidomide</i> )	4	QL (56 caps / 28 days), PA; OAC
<b>IMMUNOSUPPRESSANTS</b>		
AZASAN TAB 75 MG ( <i>azathioprine</i> )	3	
AZASAN TAB 100MG ( <i>azathioprine</i> )	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>azathioprine tab 50 mg</i></b>	1	
<b><i>cyclosporine cap 25 mg</i></b>	1	
<b><i>cyclosporine cap 100 mg</i></b>	1	
<b><i>cyclosporine iv soln 50 mg/ml</i></b>	1	
<b><i>cyclosporine modified cap 25 mg</i></b>	1	
<b><i>cyclosporine modified cap 25 mg</i></b> (Gengraf)	1	
<b><i>cyclosporine modified cap 50 mg</i></b>	1	
<b><i>cyclosporine modified cap 100 mg</i></b>	1	
<b><i>cyclosporine modified cap 100 mg</i></b> (Gengraf)	1	
<b><i>cyclosporine modified oral soln 100 mg/ml</i></b>	1	
<b><i>cyclosporine modified oral soln 100 mg/ml</i></b> (Gengraf)	1	
<b><i>mycophenolate mofetil cap 250 mg</i></b>	1	
<b><i>mycophenolate mofetil for oral susp 200 mg/ml</i></b>	1	
<b><i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i></b>	1	
<b><i>mycophenolate mofetil tab 500 mg</i></b>	1	
<b><i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i></b>	1	
<b><i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i></b>	1	
<b><i>PROGRAF INJ 5MG/ML (tacrolimus)</i></b>	3	
<b><i>SANDIMMUNE SOL 100MG/ML (cyclosporine)</i></b>	3	
<b><i>sirolimus oral soln 1 mg/ml</i></b>	1	
<b><i>sirolimus tab 0.5 mg</i></b>	2	
<b><i>sirolimus tab 1 mg</i></b>	2	
<b><i>sirolimus tab 2 mg</i></b>	2	
<b><i>tacrolimus cap 0.5 mg</i></b>	1	
<b><i>tacrolimus cap 1 mg</i></b>	1	
<b><i>tacrolimus cap 5 mg</i></b>	1	

## VACCINES

<b><i>ACTHIB INJ (<i>haemophilus b polysac conj vac</i>)</i></b>	0	\$0 copay for members age 18 and younger, otherwise not covered
<b><i>ADACEL INJ (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)</i></b>	0	
<b><i>AFLURIA QUAD INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)</i></b>	0	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BEXSERO INJ ( <i>meningococcal vac group b (recombinant omv adjuvanted)</i> )	0	
BOOSTRIX INJ ( <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i> )	0	
DAPTACEL INJ ( <i>diphtheria, acellular pertussis &amp; tetanus toxoids</i> )	0	\$0 copay for members age 18 and younger, otherwise not covered
DIP/TET PED INJ 25-5LFU	0	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10/0.5ML ( <i>hepatitis b vaccine (recomb)</i> )	0	
ENGERIX-B INJ 20MCG/ML ( <i>hepatitis b vaccine (recomb)</i> )	0	
FLUAD INJ 2019-20 ( <i>influenza virus vaccine types a &amp; b surface antigen adjuvant</i> )	0	
FLUAD QUADRI INJ 0.5ML ( <i>influenza virus vacc types a &amp; b surf antigen adjuvant quad</i> )	0	
FLUARIX QUAD INJ 2019-20 ( <i>influenza virus vaccine split quadrivalent</i> )	0	
FLUBLOK QUAD INJ 2019-20 ( <i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i> )	0	
FLUCLVX QUAD INJ 2019-20 ( <i>influenza virus vaccine tissue-cultured subunit quadrivalent</i> )	0	
FLULALVAL QUA INJ 2019-20 ( <i>influenza virus vaccine split quadrivalent</i> )	0	
FLUMIST QUAD SUS 2019-20 ( <i>influenza virus vaccine live quadrivalent</i> )	0	
FLUZONE HD INJ PF 19-20 ( <i>influenza virus vaccine split high-dose preservative free</i> )	0	
FLUZONE QUAD INJ 2019-20 ( <i>influenza virus vaccine split quadrivalent</i> )	0	
GARDASIL 9 INJ ( <i>human papillomavirus (hpv) 9-valent recombinant vaccine</i> )	0	
HAVRIX INJ 720UNIT ( <i>hepatitis a vaccine</i> )	0	
HAVRIX INJ 1440UNIT ( <i>hepatitis a vaccine</i> )	0	
HEPLISAV-B INJ 20/0.5ML ( <i>hepatitis b vaccine recombinant adjuvanted</i> )	0	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HEPLISAV-B INJ 20MCG ( <b>hepatitis b vaccine recombinant adjuvanted</b> )	0	
HIBERIX SOL 10MCG ( <b>haemophilus b polysac conj vac</b> )	0	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ ( <b>diphtheria, acellular pertussis &amp; tetanus toxoids</b> )	0	\$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE ( <b>poliovirus vaccine, ipv</b> )	0	\$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ ( <b>diph-tetanus tox ad-acell pertussis &amp; polio virus, ipv vac</b> )	0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ ( <b>measles, mumps &amp; rubella virus vaccines</b> )	0	
MENACTRA INJ ( <b>meningococcal (a,c,y&amp;w-135) polysaccharide conjugate vaccine</b> )	0	
MENVEO INJ ( <b>meningococcal (a,c,y&amp;w-135) oligosaccharide conjugate vac</b> )	0	
PEDIARIX INJ 0.5ML ( <b>diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac</b> )	0	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB INJ ( <b>haemophilus b polysac conj vac</b> )	0	\$0 copay for members age 18 and younger, otherwise not covered
PENTACEL INJ ( <b>diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac</b> )	0	\$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23 INJ 25/0.5 ( <b>pneumococcal vac polyvalent</b> )	0	
PREVNAR 13 INJ ( <b>pneumococcal 13-valent conjugate vaccine</b> )	0	
PROQUAD INJ ( <b>measles-mumps-rubella-varicella virus vaccines</b> )	0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVA HB INJ 5MCG/0.5 ( <b>hepatitis b vaccine (recomb)</b> )	0	
RECOMBIVA HB INJ 10MCG/ML ( <b>hepatitis b vaccine (recomb)</b> )	0	
RECOMBIVA-HB INJ 40MCG/ML ( <b>hepatitis b vaccine (recomb)</b> )	0	
ROTARIX SUS ( <b>rotavirus vaccine, live oral</b> )	0	\$0 copay for members age 18 and younger, otherwise not covered

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ROTATEQ SOL ( <i>rotavirus vaccine, live oral pentavalent</i> )	0	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX INJ 50/0.5ML ( <i>zoster vaccine recombinant adjuvanted</i> )	0	\$0 copay for members age 19 and older, otherwise not covered
TDVAX INJ 2-2 LF ( <i>tetanus-diphtheria toxoids (td)</i> )	0	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF ( <i>tetanus-diphtheria toxoids (td)</i> )	0	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ ( <i>meningococcal group b vaccine (recombinant)</i> )	0	
TWINRIX INJ ( <i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i> )	0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA INJ 25/0.5ML ( <i>hepatitis a vaccine</i> )	0	
VAQTA INJ 50UNT/ML ( <i>hepatitis a vaccine</i> )	0	
VARIVAX INJ ( <i>varicella virus vaccine live</i> )	0	
ZOSTAVAX INJ ( <i>zoster vaccine live</i> )	0	\$0 copay for members age 19 and older, otherwise not covered

## MEDICAL DEVICES

### CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CAYA DPR ( <i>diaphragm arc-spring</i> )	0	QL (1 / 300 days)
FC2 FEMALE MIS CONDOM ( <i>condoms - female</i> )	0	OTC
FEMCAP MIS 22MM ( <i>cervical caps</i> )	0	QL (1 / 300 days)
FEMCAP MIS 26MM ( <i>cervical caps</i> )	0	QL (1 / 300 days)
FEMCAP MIS 30MM ( <i>cervical caps</i> )	0	QL (1 / 300 days)
OMNIFLEX DPR ( <i>diaphragms</i> )	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 60 ( <i>diaphragm wide seal</i> )	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 65 ( <i>diaphragm wide seal</i> )	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 70 ( <i>diaphragm wide seal</i> )	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 75 ( <i>diaphragm wide seal</i> )	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 80 ( <i>diaphragm wide seal</i> )	0	QL (1 / 300 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WIDE-SEAL DPR KIT 85 ( <b>diaphragm wide seal</b> )	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 90 ( <b>diaphragm wide seal</b> )	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 95 ( <b>diaphragm wide seal</b> )	0	QL (1 / 300 days)
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK BLOOD GLUCOSE TEST KITS <b>(blood glucose monitoring supplies)</b>	2	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS <b>(glucose blood)</b>	2	OTC, QL (204 Test Strips / 25 days)
ALCOHOL WIPE MIS 12"X12" ( <b>alcohol sheets</b> )	2	
ALCOHOL PREP WIPES AND SWABS <b>(alcohol swabs)</b>	2	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION <b>(blood glucose calibration)</b>	2	OTC
GLUCOSE URINE TEST STRIPS ( <b>glucose urine test-(glucose oxidase)</b> )	2	OTC
INSULIN PEN NEEDLES ( <b>insulin pen needle</b> )	2	OTC
INSULIN PEN NEEDLES/SYRINGES <b>(insulin syringe/needle u-100)</b>	2	OTC
KETONE URINE TEST STRIPS ( <b>urine glucose-ketones test</b> )	2	OTC
LANCETS ( <b>lancets</b> )	2	OTC
LANCING DEVICE	2	OTC
MISC LANCETS ( <b>lancets misc.</b> )	2	OTC
SHARPS CONTAINER ( <b>sharps container</b> )	2	OTC
URINE GLUCOSE MONITORING SUPPLIES <b>(urine glucose monitoring supplies)</b>	2	OTC
URINE TEST STRIPS ( <b>multiple urine tests</b> )	2	OTC
<b>MISCELLANEOUS</b>		
ADULT RESPIRATORY MASK <b>(spacer/aerosol-holding chambers)</b>	2	
ADULT RESPIRATORY MASK <b>(spacer/aerosol-holding chambers)</b>	2	OTC
HUMATROPEN MIS FOR 6MG ( <b>injection device</b> )	2	OTC
HUMATROPEN MIS FOR 12MG ( <b>injection device</b> )	2	OTC
HUMATROPEN MIS FOR 24MG ( <b>injection device</b> )	2	OTC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
<b>NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS</b>		
<b>ELECTROLYTES</b>		
FLUORABON DRO ( <b>sodium fluoride</b> )	0	\$0 applies for ages 5 and under, otherwise not covered
<b>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</b>	1	
<b>magnesium sulfate inj 50%</b>	1	
<b>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</b>	1	
<b>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</b>	1	
<b>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</b>	1	
<b>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</b>	1	
<b>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</b>	1	
<b>potassium bicarbonate effer tab 25 meq (K-effervescent)</b>	1	
<b>potassium chloride cap er 8 meq</b>	1	
<b>potassium chloride cap er 10 meq</b>	1	
<b>potassium chloride microencapsulated crys er tab 10 meq</b>	1	
<b>potassium chloride microencapsulated crys er tab 15 meq (Klor-con M15)</b>	1	
<b>potassium chloride microencapsulated crys er tab 20 meq</b>	1	
<b>potassium chloride microencapsulated crys er tab 20 meq (Klor-con M20)</b>	1	
<b>potassium chloride oral soln 10% (20 meq/15ml)</b>	1	PA
<b>potassium chloride oral soln 20% (40 meq/15ml)</b>	1	PA
<b>potassium chloride tab er 8 meq (600 mg)</b>	1	
<b>potassium chloride tab er 8 meq (600 mg) (Klor-con 8)</b>	1	
<b>potassium chloride tab er 10 meq</b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>potassium chloride tab er 10 meq (Klor-con 10)</i></b>	1	
<b><i>potassium chloride tab er 20 meq (1500 mg)</i></b>	1	
<b><i>sodium chloride flush iv soln 0.9%</i></b>	1	
<b><i>sodium chloride inj 2.5 meq/ml (14.6%)</i></b>	1	
<b><i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i></b>	0	\$0 applies for ages 5 and under, otherwise not covered
<b><i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) (Fluoritab)</i></b>	0	\$0 applies for ages 5 and under, otherwise not covered
<b><i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) (Ludent)</i></b>	0	\$0 applies for ages 5 and under, otherwise not covered
<b><i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i></b>	0	\$0 applies for ages 5 and under, otherwise not covered
<b><i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (Fluoritab)</i></b>	0	\$0 applies for ages 5 and under, otherwise not covered
<b><i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (Ludent)</i></b>	0	\$0 applies for ages 5 and under, otherwise not covered
<b><i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i></b>	1	
<b><i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Fluoritab)</i></b>	1	
<b><i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Ludent)</i></b>	1	
<b><i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Nafrinse)</i></b>	1	
<b><i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i></b>	0	\$0 applies for ages 5 and under, otherwise not covered
<b><i>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf) (Flura-drops)</i></b>	0	\$0 applies for ages 5 and under, otherwise not covered
<b><i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab)</i></b>	0	\$0 applies for ages 5 and under, otherwise not covered
<b><i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Nafrinse Drops)</i></b>	0	\$0 applies for ages 5 and under, otherwise not covered

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</b>	0	\$0 applies for ages 5 and under, otherwise not covered
<b>sodium fluoride tab 1 mg f (from 2.2 mg naf)</b>	1	
<b>IV REPLACEMENT SOLUTIONS</b>		
<b>kcl 20 meq/l (0.15%) in nacl 0.9% inj</b>	1	
<b>kcl 20 meq/l (0.15%) in nacl 0.45% inj</b>	1	
<b>kcl 40 meq/l (0.3%) in nacl 0.9% inj</b>	1	
<b>potassium chloride inj 2 meq/ml</b>	1	
<b>sodium chloride iv soln 0.9%</b>	1	
<b>sodium chloride iv soln 0.45%</b>	1	
<b>sodium chloride iv soln 3%</b>	1	
<b>sodium chloride iv soln 5%</b>	1	
<b>sodium chloride preservative free (pf) inj 0.9%</b>	1	
<b>VITAMINS</b>		
<b>calcitriol cap 0.5 mcg</b>	1	
<b>calcitriol cap 0.25 mcg</b>	1	
<b>calcitriol inj 1 mcg/ml</b>	1	
<b>calcitriol oral soln 1 mcg/ml</b>	1	
<b>cholecalciferol cap 1.25 mg (50000 unit)</b>	1	OTC
<b>CITRANATAL CAP HARMONY (prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha)</b>	2	
<b>CITRANATAL CAP MEDLEY (prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha)</b>	2	
<b>CITRANATAL MIS (prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)</b>	2	
<b>CITRANATAL MIS 90 DHA (prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)</b>	2	
<b>CITRANATAL MIS B-CALM (prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa &amp; vit b6)</b>	2	
<b>CITRANATAL PAK ASSURE (prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)</b>	2	
<b>CITRANATAL PAK DHA (prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)</b>	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CITRANATAL TAB BLOOM ( <i>prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid</i> )	2	
CITRANATAL TAB RX ( <i>prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa</i> )	2	
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>folic acid cap 0.8 mg</i>	0	OTC, QL (100 caps / 30 days); \$0 copay for women ages 55 and under, otherwise not covered
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	OTC, QL (100 tabs / 30 days); \$0 copay for women ages 55 and under, otherwise not covered
<i>folic acid tab 800 mcg</i>	0	OTC, QL (100 tabs / 30 days); \$0 copay for women ages 55 and under, otherwise not covered
<i>folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg (Niva-fol)</i>	1	
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
<i>paricalcitol iv soln 2 mcg/ml</i>	1	
<i>paricalcitol iv soln 5 mcg/ml</i>	1	
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i> (Multi-vit/iron/fluoride)	1	
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i> (Multi-vitamin/fluoride/ir)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i></b> (Multivitamin With Fluorid)	1	
<b><i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i></b> (Multivitamin With Fluorid)	1	
<b><i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i></b> (Multivitamin With Fluorid)	1	
<b><i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i></b> (Mvc-fluoride)	1	
<b><i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i></b> (Multi-vit/fluoride)	1	
<b><i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i></b> (Multi-vit/fluoride)	1	
<b><i>pediatric vitamins acd fluoride &amp; fe drops 0.25-10 mg/ml</i></b> (Tri-vit/fluoride/iron)	1	
<b><i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i></b> (Tri-vit/fluoride)	1	
<b><i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i></b> (Tri-vit/fluoride)	1	
<b><i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i></b> (Vitamins A/c/d/fluoride)	1	
<b><i>phytonadione tab 5 mg</i></b>	1	
<b><i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i></b> (Prenatabs Rx)	1	
<b><i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i></b> (Elite-ob)	1	
<b><i>pyridoxine hcl tab 25 mg</i></b>	1	OTC
<b><i>pyridoxine hcl tab 50 mg</i></b>	1	OTC

## OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

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

<b><i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i></b>	1	
<b><i>BLEPHAMIDE OIN S.O.P. (sulfacetamide sod-prednisolone)</i></b>	2	
<b><i>BLEPHAMIDE SUS OP (sulfacetamide sod-prednisolone)</i></b>	2	
<b><i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i></b>	1	
<b><i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i></b>	1	
<b><i>neomycin-polymyxin-hc ophth susp</i></b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</b>	1	
TOBRADEX OIN 0.3-0.1% ( <b>tobramycin-dexamethasone</b> )	2	
TOBRADEX ST SUS 0.3-0.05 ( <b>tobramycin-dexamethasone</b> )	2	
<b>tobramycin-dexamethasone ophth susp 0.3-0.1%</b>	1	
<b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>		
AZASITE SOL 1% ( <b>azithromycin (ophth)</b> )	2	
<b>bacitracin ophth oint 500 unit/gm</b>	1	
<b>bacitracin-polymyxin b ophth oint</b>	1	
<b>bacitracin-polymyxin b ophth oint (Polycin)</b>	1	
BESIVANCE SUS 0.6% ( <b>besifloxacin hcl</b> )	3	
<b>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</b>	1	
<b>erythromycin ophth oint 5 mg/gm</b>	1	
<b>gatifloxacin ophth soln 0.5%</b>	1	
<b>gentamicin sulfate ophth oint 0.3% (Gentak)</b>	1	
<b>gentamicin sulfate ophth soln 0.3%</b>	1	
<b>levofloxacin ophth soln 0.5%</b>	1	
MOXEZA SOL 0.5% ( <b>moxifloxacin hcl (ophth)</b> )	2	
<b>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</b>	1	
<b>moxifloxacin hcl ophth soln 0.5% (base equiv)</b>	1	
NATACYN SUS 5% OP ( <b>natamycin</b> )	2	
<b>neomycin-polomy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</b>	1	
<b>ofloxacin ophth soln 0.3%</b>	1	
<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</b>	1	
<b>sulfacetamide sodium ophth oint 10%</b>	1	
<b>sulfacetamide sodium ophth soln 10%</b>	1	
<b>tobramycin ophth soln 0.3%</b>	1	
<b>trifluridine ophth soln 1%</b>	1	
ZIRGAN GEL 0.15% ( <b>ganciclovir ophthalmic</b> )	3	

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

#### **ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION**

ACUVAIL SOL 0.45% ( <b>ketorolac tromethamine (ophth)</b> )	2	
<b>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</b>	1	
<b>dexamethasone sodium phosphate ophth soln 0.1%</b>	1	
<b>diclofenac sodium ophth soln 0.1%</b>	1	
DUREZOL EMU 0.05% ( <b>difluprednate</b> )	2	ST; PA**
<b>fluorometholone ophth susp 0.1%</b>	1	
<b>flurbiprofen sodium ophth soln 0.03%</b>	1	
FML FORTE SUS 0.25% OP ( <b>fluorometholone (ophth)</b> )	2	
FML OIN 0.1% OP ( <b>fluorometholone (ophth)</b> )	2	
<b>ketorolac tromethamine ophth soln 0.4%</b>	1	
<b>ketorolac tromethamine ophth soln 0.5%</b>	1	
<b>loteprednol etabonate ophth susp 0.5%</b>	1	
MAXIDEX SUS 0.1% OP ( <b>dexamethasone (ophth)</b> )	2	
NEVANAC SUS 0.1% ( <b>nepafenac</b> )	2	ST; PA**
PRED MILD SUS 0.12% OP ( <b>prednisolone acetate (ophth)</b> )	2	
PRED SOD PHO SOL 1% OP <b>prednisolone acetate ophth susp 1%</b>	2	

#### **ANTIALLERGICS - DRUGS TO TREAT ALLERGIES**

ALOCRIL SOL 2% ( <b>nedocromil sodium (ophth)</b> )	3	
ALOMIDE SOL 0.1% OP ( <b>lodoxamide tromethamine</b> )	3	
<b>azelastine hcl ophth soln 0.05%</b>	1	
BEPREVE DRO 1.5% ( <b>bepotastine besilate</b> )	3	
<b>cromolyn sodium ophth soln 4%</b>	1	
EMADINE SOL 0.05% OP ( <b>emedastine difumarate</b> )	3	
<b>epinastine hcl ophth soln 0.05%</b>	1	
LASTACAF T SOL 0.25% ( <b>alcaftadine</b> )	2	
<b>olopatadine hcl ophth soln 0.1% (base equivalent)</b>	1	ST; PA**
<b>olopatadine hcl ophth soln 0.2% (base equivalent)</b>	1	ST; PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PAZEO DRO 0.7% ( <i>olopatadine hcl</i> )	2	
<b>ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA</b>		
ALPHAGAN P SOL 0.1% ( <i>brimonidine tartrate</i> )	3	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
AZOPT SUS 1% OP ( <i>brinzolamide</i> )	2	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETIMOL SOL 0.5% ( <i>timolol</i> )	3	
BETIMOL SOL 0.25% ( <i>timolol</i> )	3	
BETOPTIC-S SUS 0.25% OP ( <i>betaxolol hcl (ophth)</i> )	2	
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	2	
<i>carteolol hcl ophth soln 1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
IOPIDINE SOL 1% OP ( <i>apraclonidine hcl</i> )	3	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
LUMIGAN SOL 0.01% ( <i>bimatoprost</i> )	2	ST; PA**
<i>metipranolol ophth soln 0.3%</i>	1	
PHOSPHOLINE SOL 0.125%OP ( <i>echothiophate iodide</i> )	3	
<i>pilocarpine hcl ophth soln 1%</i>	1	
SIMBRINZA SUS 1-0.2% ( <i>brinzolamide-brimonidine tartrate</i> )	2	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
ZIOPTAN DRO 0.0015% ( <i>tafluprost</i> )	3	ST; PA**
<b>MISCELLANEOUS</b>		
<i>atropine sul sol 1% op</i>	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CYSTARAN SOL 0.44% ( <i>cysteamine hcl</i> )	4	QL (4 bottles / 28 days), PA
LACRISERT MIS 5MG OP ( <i>artificial tear insert</i> )	3	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
RESTASIS EMU 0.05% ( <i>cyclosporine (ophth)</i> )	2	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	

## OTHER

### **IRRIGATION SOLUTIONS**

<i>irrigation solution, physiological (Physiolyte)</i>	1	
<i>irrigation solution, physiological (Physiosol Irrigation)</i>	1	
<i>ringer's solution for irrigation (Tis-u-sol)</i>	1	

## RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS

### **ANAPHYLAXIS TREATMENT AGENTS**

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	(generics manufactured by Teva/Mylan)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	(generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG ( <i>epinephrine (anaphylaxis)</i> )	2	
EPIPEN-JR INJ 0.15MG ( <i>epinephrine (anaphylaxis)</i> )	2	

### **ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§**

BEVESPI AER 9-4.8MCG ( <i>glycopyrrolate-formoterol fumarate</i> )	2	QL (1 package / 25 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (6 boxes / 25 days)

### **ANTICHOLINERGICS§**

INCROUSE ELPT INH 62.5MCG ( <i>umeclidinium bromide</i> )	2	QL (1 package / 25 days)
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (5 boxes / 25 days)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i></b>	1	
SPIRIVA AER 1.25MCG ( <b><i>tiotropium bromide monohydrate</i></b> )	2	QL (1 package / 25 days)
SPIRIVA CAP HANDEHLR ( <b><i>tiotropium bromide monohydrate</i></b> )	2	QL (1 package / 25 days)
SPIRIVA SPR 2.5MCG ( <b><i>tiotropium bromide monohydrate</i></b> )	2	QL (1 package / 25 days)
<b>ANTIHISTAMINES</b>		
<b><i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i></b>	1	QL (2 bottles / 25 days)
<b><i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i></b>	1	QL (2 bottles / 25 days)
<b><i>brompheniramine tannate chew tab 12 mg</i></b>	1	
<b><i>carbinoxamine maleate soln 4 mg/5ml</i></b>	1	
<b><i>carbinoxamine maleate tab 4 mg</i></b>	1	
<b><i>CLARINEX SYP 0.5MG/ML (desloratadine)</i></b>	3	
<b><i>clemastine fumarate tab 2.68 mg</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
<b><i>cyproheptadine hcl syrup 2 mg/5ml</i></b>	1	
<b><i>cyproheptadine hcl tab 4 mg</i></b>	1	
<b><i>desloratadine tab 5 mg</i></b>	1	
<b><i>desloratadine tab orally disintegrating 2.5 mg</i></b>	1	
<b><i>desloratadine tab orally disintegrating 5 mg</i></b>	1	
<b><i>diphenhydramine hcl elixir 12.5 mg/5ml</i></b>	1	
<b><i>diphenhydramine hcl inj 50 mg/ml</i></b>	1	
<b><i>hydroxyzine hcl im soln 25 mg/ml</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
<b><i>hydroxyzine hcl im soln 50 mg/ml</i></b>	1	PA; High Risk Medications require PA for members age 70 and older
<b><i>hydroxyzine hcl syrup 10 mg/5ml</i></b>	1	PA; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>hydroxyzine hcl tab 10 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>hydroxyzine hcl tab 25 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>hydroxyzine hcl tab 50 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>hydroxyzine pamoate cap 25 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>hydroxyzine pamoate cap 50 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>hydroxyzine pamoate cap 100 mg</b>	1	PA; High Risk Medications require PA for members age 70 and older
<b>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</b>	1	
<b>levocetirizine dihydrochloride tab 5 mg</b>	1	
<b>olopatadine hcl nasal soln 0.6%</b>	1	QL (1 container / 25 days)
<b>BETA AGONISTS§</b>		
<b>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</b>	1	QL (2 inhalers / 25 days)
<b>albuterol sulfate soln nebu 0.5% (5 mg/ml)</b>	1	QL (60 mL / 25 days)
<b>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</b>	1	QL (5 boxes / 25 days)
<b>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</b>	1	QL (5 boxes / 25 days)
<b>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</b>	1	QL (5 boxes / 25 days)
<b>albuterol sulfate syrup 2 mg/5ml</b>	1	
<b>albuterol sulfate tab 2 mg</b>	1	
<b>albuterol sulfate tab 4 mg</b>	1	
<b>albuterol sulfate tab er 12hr 4 mg</b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>albuterol sulfate tab er 12hr 8 mg</i></b>	1	
<b><i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i></b>	1	QL (300 mL / 25 days)
<b><i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i></b>	1	QL (300 mL / 25 days)
<b><i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i></b>	1	QL (300 mL / 25 days)
<b><i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i></b>	1	QL (45 mL / 25 days)
<b><i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i></b>	1	QL (2 inhalers / 25 days)
<b><i>metaproterenol sulfate syrup 10 mg/5ml</i></b>	1	
<b><i>metaproterenol sulfate tab 10 mg</i></b>	1	
<b><i>metaproterenol sulfate tab 20 mg</i></b>	1	
<b><i>PERFOROMIST NEB 20MCG (formoterol fumarate)</i></b>	2	QL (2 boxes / 25 days)
<b><i>STRIVERDI AER 2.5MCG (olodaterol hcl)</i></b>	2	QL (1 package / 25 days)
<b><i>terbutaline sulfate inj 1 mg/ml</i></b>	1	
<b><i>terbutaline sulfate tab 2.5 mg</i></b>	1	
<b><i>terbutaline sulfate tab 5 mg</i></b>	1	
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
<b><i>NUCALA INJ 100MG (mepolizumab)</i></b>	4	QL (3 injections / 28 days), PA
<b><i>NUCALA INJ 100MG/ML (mepolizumab)</i></b>	4	QL (3 injections / 28 days), PA
<b><i>XOLAIR INJ 75/0.5 (omalizumab)</i></b>	4	QL (2 syringes / 28 days), PA
<b><i>XOLAIR INJ 150MG/ML (omalizumab)</i></b>	4	QL (4 syringes / 28 days), PA
<b><i>XOLAIR SOL 150MG (omalizumab)</i></b>	4	QL (6 vials / 28 days), PA
<b>COLD/COUGH</b>		
<b><i>benzonatate cap 100 mg</i></b>	1	
<b><i>benzonatate cap 200 mg</i></b>	1	
<b><i>guaifenesin-codeine soln 100-10 mg/5ml</i> (Cheratussin Ac)</b>	1	OTC
<b><i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i></b>	1	
<b><i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i> (Hydromet)</b>	1	
<b><i>hydrocodone w/ homatropine tab 5-1.5 mg</i></b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>hydrocodone w/ homatropine tab 5-1.5 mg (Tussigon)</i></b>	1	
NORTUSS-EX LIQ 200-20/5 <b><i>(dextromethorphan-guaifenesin)</i></b>	2	
<b><i>promethazine &amp; phenylephrine syrup 6.25-6.25-5 mg/5ml</i></b>	1	
<b><i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i></b>	1	
<b><i>promethazine-dm syrup 6.25-15 mg/5ml</i></b>	1	
<b><i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (Promethazine Vc/codeine)</i></b>	1	
<b><i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i></b>	1	
TUZISTRA XR SUS ( <b><i>codeine polistirex-chlorpheniramine polistirex</i></b> )	3	
<b>LEUKOTRIENE MODIFIERS</b>		
<b><i>zileuton tab er 12hr 600 mg</i></b>	2	
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES</b>		
<b><i>montelukast sodium chew tab 4 mg (base equiv)</i></b>	1	
<b><i>montelukast sodium chew tab 5 mg (base equiv)</i></b>	1	
<b><i>montelukast sodium oral granules packet 4 mg (base equiv)</i></b>	1	
<b><i>montelukast sodium tab 10 mg (base equiv)</i></b>	1	
<b><i>zafirlukast tab 10 mg</i></b>	1	
<b><i>zafirlukast tab 20 mg</i></b>	1	
<b>MAST CELL STABILIZERS</b>		
<b><i>cromolyn sodium soln nebu 20 mg/2ml</i></b>	1	QL (2 boxes / 25 days)
<b>MISCELLANEOUS</b>		
<b><i>acetylcysteine inhal soln 10%</i></b>	1	
<b><i>acetylcysteine inhal soln 20%</i></b>	1	
DALIRESP TAB 250MCG ( <b><i>roflumilast</i></b> )	3	PA
DALIRESP TAB 500MCG ( <b><i>roflumilast</i></b> )	3	PA
ESBRIET CAP 267MG ( <b><i>pirfenidone</i></b> )	4	QL (270 caps / 30 days), PA
ESBRIET TAB 267MG ( <b><i>pirfenidone</i></b> )	4	QL (270 tabs / 30 days), PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ESBRIET TAB 801MG ( <b>pirfenidone</b> )	4	QL (90 tabs / 30 days), PA
GLASSIA INJ ( <b>alpha1-proteinase inhibitor (human)</b> )	4	PA
KALYDECO PAK 25MG ( <b>ivacaftor</b> )	4	QL (56 packets / 28 days), PA
KALYDECO PAK 50MG ( <b>ivacaftor</b> )	4	QL (56 packets / 28 days), PA
KALYDECO PAK 75MG ( <b>ivacaftor</b> )	4	QL (56 packets / 28 days), PA
KALYDECO TAB 150MG ( <b>ivacaftor</b> )	4	QL (56 tabs / 28 days), PA
ORKAMBI GRA 100-125 ( <b>lumacaftor-ivacaftor</b> )	4	QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188 ( <b>lumacaftor-ivacaftor</b> )	4	QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125 ( <b>lumacaftor-ivacaftor</b> )	4	QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125 ( <b>lumacaftor-ivacaftor</b> )	4	QL (112 tabs / 28 days), PA
PROLASTIN-C INJ 1000MG ( <b>alpha1-proteinase inhibitor (human)</b> )	4	PA
<b>sodium chloride soln nebu 0.9%</b>	1	
<b>sodium chloride soln nebu 3%</b>	1	
<b>sodium chloride soln nebu 7%</b>	1	
<b>sodium chloride soln nebu 10%</b>	1	
SYMDEKO TAB 50-75MG ( <b>tezacaftor-ivacaftor</b> )	4	QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150 ( <b>tezacaftor-ivacaftor</b> )	4	QL (56 tabs / 28 days), PA
TRIKAFTA TAB ( <b>elexacaftor-tezacaftor-ivacaftor</b> )	4	QL (84 tabs / 28 days), PA
<b>NASAL STEROIDS§</b>		
<b>flunisolide nasal soln 25 mcg/act (0.025%)</b>	1	QL (3 containers / 25 days)
<b>fluticasone propionate nasal susp 50 mcg/act</b>	1	QL (1 container / 25 days)
OMNARIS SPR ( <b>ciclesonide (nasal)</b> )	3	QL (1 package / 25 days), ST; PA**
<b>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</b>	1	OTC, QL (1 bottle / 25 days)
<b>STEROID INHALANTS§</b>		
ARNUITY ELPT INH 50MCG ( <b>fluticasone furoate (inhalation)</b> )	2	QL (1 package / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ARNUITY ELPT INH 100MCG ( <b>fluticasone furoate (inhalation)</b> )	2	QL (1 package / 25 days)
ARNUITY ELPT INH 200MCG ( <b>fluticasone furoate (inhalation)</b> )	2	QL (1 package / 25 days)
<b>budesonide inhalation susp 0.5 mg/2ml</b>	1	QL (2 boxes / 25 days)
<b>budesonide inhalation susp 0.25 mg/2ml</b>	1	QL (3 boxes / 25 days)
<b>budesonide inhalation susp 1 mg/2ml</b>	1	QL (1 box / 25 days)
QVAR REDIHA AER 80MCG ( <b>beclomethasone dipropionate hfa</b> )	2	QL (2 packages / 25 days)
QVAR REDIHAL AER 40MCG ( <b>beclomethasone dipropionate hfa</b> )	2	QL (2 packages / 25 days)
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKU AER 100/50 ( <b>fluticasone-salmeterol</b> )	1	QL (1 package / 25 days)
ADVAIR DISKU AER 250/50 ( <b>fluticasone-salmeterol</b> )	1	QL (1 package / 25 days)
ADVAIR DISKU AER 500/50 ( <b>fluticasone-salmeterol</b> )	1	QL (1 package / 25 days)
ADVAIR HFA AER 45/21 ( <b>fluticasone-salmeterol</b> )	2	QL (1 package / 25 days)
ADVAIR HFA AER 115/21 ( <b>fluticasone-salmeterol</b> )	2	QL (1 package / 25 days)
ADVAIR HFA AER 230/21 ( <b>fluticasone-salmeterol</b> )	2	QL (1 package / 25 days)
BREO ELLIPTA INH 100-25 ( <b>fluticasone furoate-vilanterol</b> )	2	QL (1 package / 25 days)
BREO ELLIPTA INH 200-25 ( <b>fluticasone furoate-vilanterol</b> )	2	QL (1 package / 25 days)
SYMBICORT AER 80-4.5 ( <b>budesonide-formoterol fumarate dihydrate</b> )	2	QL (1 package / 25 days)
SYMBICORT AER 160-4.5 ( <b>budesonide-formoterol fumarate dihydrate</b> )	2	QL (1 package / 25 days)
<b>XANTHINES - DRUGS TO TREAT COPD</b>		
<b>aminophylline inj 25 mg/ml</b>	1	
ELIXOPHYLLIN ELX 80/15ML ( <b>theophylline</b> )	3	
THEO-24 CAP 100MG CR ( <b>theophylline</b> )	3	
THEO-24 CAP 200MG CR ( <b>theophylline</b> )	3	
THEO-24 CAP 300MG CR ( <b>theophylline</b> )	3	
THEO-24 CAP 400MG ER ( <b>theophylline</b> )	3	
<b>theophylline soln 80 mg/15ml</b>	1	
<b>theophylline tab er 12hr 100 mg</b>	1	
(Theochron)		

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>theophylline tab er 12hr 200 mg (Theochron)</i></b>	1	
<b><i>theophylline tab er 12hr 300 mg (Theochron)</i></b>	1	
<b><i>theophylline tab er 12hr 450 mg</i></b>	1	
<b><i>theophylline tab er 24hr 400 mg</i></b>	1	
<b><i>theophylline tab er 24hr 600 mg</i></b>	1	
<b>TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS</b>		
<b>DERMATOLOGY, ACNE</b>		
<b><i>adapalene cream 0.1%</i></b>	2	PA; PA applies for members age 35 and older
<b><i>adapalene gel 0.1%</i></b>	2	PA; PA applies for members age 35 and older
<b><i>adapalene gel 0.3%</i></b>	2	PA; PA applies for members age 35 and older
<b><i>adapalene-benzoyl peroxide gel 0.1-2.5%</i></b>	1	
<b><i>BENZIQ GEL 5.25% (benzoyl peroxide)</i></b>	2	
<b><i>BENZIQ LS GEL 2.75% (benzoyl peroxide)</i></b>	2	
<b><i>benzoyl peroxide liq 2.5% (Bp Wash)</i></b>	1	
<b><i>benzoyl peroxide liq 5.25% (Benziq Wash)</i></b>	1	
<b><i>benzoyl peroxide-erythromycin gel 5-3%</i></b>	1	
<b><i>clindamycin phosphate foam 1%</i></b>	1	
<b><i>clindamycin phosphate gel 1%</i></b>	1	
<b><i>clindamycin phosphate lotion 1%</i></b>	1	
<b><i>clindamycin phosphate soln 1%</i></b>	1	
<b><i>clindamycin phosphate swab 1%</i></b>	1	
<b><i>erythromycin gel 2%</i></b>	1	
<b><i>erythromycin pads 2%</i></b>	1	
<b><i>erythromycin pads 2% (Ery)</i></b>	1	
<b><i>erythromycin soln 2%</i></b>	1	
<b><i>isotretinoin cap 10 mg</i></b>	1	PA
<b><i>isotretinoin cap 20 mg</i></b>	1	PA
<b><i>isotretinoin cap 30 mg</i></b>	1	PA
<b><i>isotretinoin cap 40 mg</i></b>	1	PA
<b><i>sulfacetamide sodium lotion 10% (acne)</i></b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>tretinoin cream 0.1%</b>	2	PA; PA applies for members age 35 and older
<b>tretinoin cream 0.05%</b>	2	PA; PA applies for members age 35 and older
<b>tretinoin cream 0.025%</b>	2	PA; PA applies for members age 35 and older
<b>tretinoin cream 0.025% (Avita)</b>	2	PA; PA applies for members age 35 and older
<b>tretinoin gel 0.01%</b>	2	PA; PA applies for members age 35 and older
<b>tretinoin gel 0.05%</b>	2	PA; PA applies for members age 35 and older
<b>tretinoin gel 0.025%</b>	2	PA; PA applies for members age 35 and older
<b>tretinoin gel 0.025% (Avita)</b>	2	PA; PA applies for members age 35 and older
<b>tretinoin microsphere gel 0.1%</b>	2	PA; PA applies for members age 35 and older
<b>tretinoin microsphere gel 0.04%</b>	2	PA; PA applies for members age 35 and older

#### **DERMATOLOGY, ACTINIC KERATOSIS**

FLUOROPLEX CRE 1% ( <b>fluorouracil (topical)</b> )	3
<b>fluorouracil cream 0.5%</b>	1
<b>fluorouracil cream 5%</b>	1
<b>fluorouracil soln 2%</b>	1
<b>fluorouracil soln 5%</b>	1
<b>imiquimod cream 5%</b>	1
PICATO GEL 0.05% ( <b>ingenol mebutate</b> )	3
PICATO GEL 0.015% ( <b>ingenol mebutate</b> )	3

#### **DERMATOLOGY, ANTIBIOTICS**

BACTROBAN OIN NASAL 2% ( <b>mupirocin calcium</b> )	3
<b>gentamicin sulfate cream 0.1%</b>	1
<b>gentamicin sulfate oint 0.1%</b>	1

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IV PREP WIPE PAD	2	OTC
<b>mupirocin oint 2%</b>	1	QL (30g / 25 days)
<b>silver sulfadiazine cream 1%</b>	1	
<b>silver sulfadiazine cream 1% (Ssd)</b>	1	
SULFAMYLYON CRE 85MG/GM ( <b>mafénide acetate</b> )	3	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<b>ciclopirox gel 0.77%</b>	1	
<b>ciclopirox olamine cream 0.77% (base equiv)</b>	1	
<b>ciclopirox olamine susp 0.77% (base equiv)</b>	1	
<b>ciclopirox shampoo 1%</b>	1	
<b>ciclopirox solution 8%</b>	1	
<b>clotrimazole cream 1%</b>	1	
<b>clotrimazole soln 1%</b>	1	
<b>clotrimazole w/ betamethasone cream 1-0.05%</b>	1	QL (45g / 25 days)
<b>clotrimazole w/ betamethasone lotion 1-0.05%</b>	2	QL (30mL / 25 days)
<b>econazole nitrate cream 1%</b>	1	
ERTACZO CRE 2% ( <b>sertaconazole nitrate</b> )	3	
EXELDERM CRE 1% ( <b>sulconazole nitrate</b> )	3	QL (60g / 21 days), ST; PA**
EXELDERM SOL 1% ( <b>sulconazole nitrate</b> )	3	QL (60mL / 21 days), ST; PA**
JUBLIA SOL 10% ( <b>efinaconazole</b> )	3	QL (4mL / 21 days), PA
<b>ketonazole cream 2%</b>	1	
<b>ketonazole foam 2%</b>	1	QL (100g / 21 days)
MENTAX CRE 1% ( <b>butenafine hcl</b> )	3	
<b>naftifine hcl cream 1%</b>	1	
<b>naftifine hcl cream 2%</b>	1	
<b>nystatin cream 100000 unit/gm</b>	1	
<b>nystatin oint 100000 unit/gm</b>	1	
<b>nystatin topical powder 100000 unit/gm</b>	1	
<b>nystatin topical powder 100000 unit/gm (Nyamyc)</b>	1	
<b>nystatin topical powder 100000 unit/gm (Nystop)</b>	1	
<b>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</b>	1	QL (60g / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i></b>	1	QL (60g / 25 days)
<b><i>oxiconazole nitrate cream 1%</i></b>	1	
<b><i>OXISTAT LOT 1% (oxiconazole nitrate)</i></b>	3	
<b><i>DERMATOLOGY, ANTIPRURITIC</i></b>		
<b><i>doxepin hcl cream 5%</i></b>	1	QL (90 grams / 25 days), ST; PA**
<b><i>DERMATOLOGY, ANTIPSORIATICS</i></b>		
<b><i>acitretin cap 10 mg</i></b>	1	
<b><i>acitretin cap 17.5 mg</i></b>	1	
<b><i>acitretin cap 25 mg</i></b>	1	
<b><i>calcipotriene soln 0.005% (50 mcg/ml)</i></b>	1	
<b><i>calcitriol oint 3 mcg/gm</i></b>	1	
COSENTYX INJ 150MG/ML <b><i>(secukinumab)</i></b>	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 300DOSE <b><i>(secukinumab)</i></b>	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML <b><i>(secukinumab)</i></b>	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE <b><i>(secukinumab)</i></b>	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
<b><i>methoxsalen rapid cap 10 mg</i></b>	1	
<b><i>tazarotene cream 0.1%</i></b>	1	PA
TAZORAC CRE 0.05% <b><i>(tazarotene)</i></b>	2	PA
TAZORAC GEL 0.1% <b><i>(tazarotene)</i></b>	2	PA
TAZORAC GEL 0.05% <b><i>(tazarotene)</i></b>	2	PA
<b><i>DERMATOLOGY, ANTISEBORRHEICS</i></b>		
<b><i>ketoconazole shampoo 2%</i></b>	1	
<b><i>selenium sulfide lotion 2.5%</i></b>	1	
<b><i>DERMATOLOGY, CORTICOSTEROIDS</i></b>		
<b><i>alclometasone dipropionate cream 0.05%</i></b>	1	QL (120g / 25 days)
<b><i>alclometasone dipropionate oint 0.05%</i></b>	1	QL (120g / 25 days)
<b><i>amcinonide lotion 0.1%</i></b>	1	QL (120mL / 25 days)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AMCINONIDE OIN 0.1%	2	QL (120g / 25 days)
<b><i>betamethasone dipropionate augmented cream 0.05%</i></b>	1	QL (120g / 25 days)
<b><i>betamethasone dipropionate augmented gel 0.05%</i></b>	1	QL (120g / 25 days)
<b><i>betamethasone dipropionate augmented lotion 0.05%</i></b>	1	QL (120mL / 25 days)
<b><i>betamethasone dipropionate augmented oint 0.05%</i></b>	1	QL (120g / 25 days)
<b><i>betamethasone dipropionate cream 0.05%</i></b>	1	QL (120g / 25 days)
<b><i>betamethasone dipropionate lotion 0.05%</i></b>	1	QL (120mL / 25 days)
<b><i>betamethasone dipropionate oint 0.05%</i></b>	1	QL (120g / 25 days)
<b><i>betamethasone valerate aerosol foam 0.12%</i></b>	1	QL (120g / 25 days)
<b><i>betamethasone valerate cream 0.1% (base equivalent)</i></b>	1	QL (120g / 25 days)
<b><i>betamethasone valerate lotion 0.1% (base equivalent)</i></b>	1	QL (120mL / 25 days)
<b><i>betamethasone valerate oint 0.1% (base equivalent)</i></b>	1	QL (120g / 25 days)
<b><i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i></b>	2	
<b><i>clobetasol propionate cream 0.05%</i></b>	2	QL (120g / 25 days)
<b><i>clobetasol propionate foam 0.05%</i></b>	2	QL (120g / 25 days)
<b><i>clobetasol propionate gel 0.05%</i></b>	2	QL (120g / 25 days)
<b><i>clobetasol propionate lotion 0.05%</i></b>	2	QL (120mL / 25 days)
<b><i>clobetasol propionate oint 0.05%</i></b>	2	QL (120g / 25 days)
<b><i>clobetasol propionate shampoo 0.05%</i></b>	2	QL (120mL / 25 days)
<b><i>clobetasol propionate soln 0.05%</i></b>	2	QL (120mL / 25 days)
<b><i>clobetasol propionate spray 0.05%</i></b>	2	QL (120mL / 25 days)
<b><i>clocortolone pivalate cream 0.1%</i></b>	1	QL (120g / 25 days)
<b><i>desonide cream 0.05%</i></b>	2	QL (120g / 25 days)
<b><i>desonide lotion 0.05%</i></b>	2	QL (120mL / 25 days)
<b><i>desonide oint 0.05%</i></b>	2	QL (120g / 25 days)
<b><i>desoximetasone cream 0.05%</i></b>	1	QL (120g / 25 days)
<b><i>desoximetasone cream 0.25%</i></b>	1	QL (120g / 25 days)
<b><i>desoximetasone gel 0.05%</i></b>	1	QL (120g / 25 days)
<b><i>desoximetasone oint 0.05%</i></b>	1	QL (120g / 25 days)
<b><i>desoximetasone oint 0.25%</i></b>	1	QL (120g / 25 days)
<b><i>diflorasone diacetate cream 0.05%</i></b>	1	QL (120g / 25 days)
<b><i>diflorasone diacetate oint 0.05%</i></b>	1	QL (120g / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>fluocinolone acetonide cream 0.01%</b>	1	QL (120g / 25 days)
<b>fluocinolone acetonide cream 0.025%</b>	1	QL (120g / 25 days)
<b>fluocinolone acetonide oil 0.01% (body oil)</b>	1	QL (120mL / 25 days)
<b>fluocinolone acetonide oil 0.01% (scalp oil)</b>	1	QL (120mL / 25 days)
<b>fluocinolone acetonide oint 0.025%</b>	1	QL (120g / 25 days)
<b>fluocinolone acetonide soln 0.01%</b>	1	QL (120mL / 25 days)
<b>fluocinonide cream 0.05%</b>	1	QL (120g / 25 days)
<b>fluocinonide gel 0.05%</b>	1	QL (120g / 25 days)
<b>fluocinonide oint 0.05%</b>	1	QL (120g / 25 days)
<b>fluocinonide soln 0.05%</b>	1	QL (120mL / 25 days)
<b>fluticasone propionate cream 0.05%</b>	1	QL (120g / 25 days)
<b>fluticasone propionate lotion 0.05%</b>	1	QL (120mL / 25 days)
<b>fluticasone propionate oint 0.005%</b>	1	QL (120g / 25 days)
<b>halobetasol propionate cream 0.05%</b>	1	QL (120g / 25 days)
<b>halobetasol propionate oint 0.05%</b>	1	QL (120g / 25 days)
<b>hydrocortisone butyrate cream 0.1%</b>	1	QL (120g / 25 days)
<b>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</b>	1	QL (120g / 25 days)
<b>hydrocortisone butyrate oint 0.1%</b>	1	QL (120g / 25 days)
<b>hydrocortisone butyrate soln 0.1%</b>	1	QL (120mL / 25 days)
<b>hydrocortisone cream 1%</b>	1	QL (120g / 25 days)
<b>hydrocortisone cream 1% (Ala-cort)</b>	1	QL (120g / 25 days)
<b>hydrocortisone cream 2.5%</b>	1	QL (120g / 25 days)
<b>hydrocortisone lotion 2.5%</b>	1	QL (120mL / 25 days)
<b>hydrocortisone oint 1%</b>	1	QL (120g / 25 days)
<b>hydrocortisone oint 2.5%</b>	1	QL (120g / 25 days)
<b>hydrocortisone valerate cream 0.2%</b>	1	QL (120g / 25 days)
<b>hydrocortisone valerate oint 0.2%</b>	1	QL (120g / 25 days)
<b>mometasone furoate cream 0.1%</b>	1	QL (120g / 25 days)
<b>mometasone furoate oint 0.1%</b>	1	QL (120g / 25 days)
<b>mometasone furoate solution 0.1% (lotion)</b>	1	QL (120mL / 25 days)
<b>prednicarbate cream 0.1%</b>	1	QL (120g / 25 days)
<b>prednicarbate oint 0.1%</b>	1	QL (120g / 25 days)
<b>triamcinolone acetonide aerosol soln 0.147 mg/gm</b>	1	QL (120g / 25 days)
<b>triamcinolone acetonide cream 0.1%</b>	1	QL (120g / 25 days)
<b>triamcinolone acetonide cream 0.1% (Triderm)</b>	1	QL (120g / 25 days)
<b>triamcinolone acetonide cream 0.5%</b>	1	QL (120g / 25 days)
<b>triamcinolone acetonide cream 0.025%</b>	1	QL (120g / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (120mL / 25 days)
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (120mL / 25 days)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (120g / 25 days)
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (120g / 25 days)
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine hcl gel 2%</i> (7t Lido Gel)	1	QL (30gm / 25 days)
<i>lidocaine hcl soln 4%</i>	1	QL (50mL / 25 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (60mL / 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (60mL / 25 days)
<i>lidocaine patch 5%</i>	2	QL (90 patches / 25 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30gm / 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	
<i>pramoxine hcl gel 1%</i> (Pramox Gel)	1	
SYNERA DIS 70-70MG ( <i>lidocaine-tetracaine</i> )	3	QL (2 patches / 25 days)
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>CONDYLOX GEL 0.5%</i> ( <i>podofilox</i> )	3	
<i>DENAVIR CRE 1%</i> ( <i>penciclovir</i> )	3	
<i>diclofenac sodium gel 1%</i>	1	QL (300g / 25 days)
<i>EUCRISA OIN 2%</i> ( <i>crisaborole</i> )	2	ST; PA**
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 10%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
<i>podofilox soln 0.5%</i>	1	
RECTIV OIN 0.4% ( <i>nitroglycerin (intra-anal)</i> )	3	
<i>tacrolimus oint 0.1%</i>	1	
<i>tacrolimus oint 0.03%</i>	1	
TARGETIN GEL 1% ( <i>bexarotene (topical)</i> )	4	PA
<b>DERMATOLOGY, ROSACEA</b>		
<i>azelaic acid gel 15%</i>	1	ST; PA**
FINACEA AER 15% ( <i>azelaic acid</i> )	2	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole cream 0.75%</i> (Rosadan)	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MIRVASO GEL 0.33% ( <b>brimonidine tartrate (topical)</b> )	3	
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
crotamiton lotion 10% (Crotan)	1	
EURAX CRE 10% ( <b>crotamiton</b> )	3	
lindane shampoo 1%	1	
malathion lotion 0.5%	1	
permethrin cream 5%	1	
SKLICE LOT 0.5% ( <b>ivermectin (pediculicide)</b> )	3	
spinosad susp 0.9%	1	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX GEL 0.01% ( <b>becaplermin</b> )	3	PA
<b>sodium chloride irrigation soln 0.9%</b>	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
cevimeline hcl cap 30 mg	1	
chlorhexidine gluconate soln 0.12%	1	
chlorhexidine gluconate soln 0.12% (Periogard)	1	
clotrimazole troche 10 mg	1	
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
nystatin susp 100000 unit/ml	1	
ORAVIG TAB 50MG ( <b>miconazole (mouth-throat)</b> )	3	QL (14 tabs / 25 days)
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
triamcinolone acetonide dental paste 0.1%	1	
triamcinolone acetonide dental paste 0.1% (Oralone Dental Paste)	1	
<b>OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR</b>		
acetic acid otic soln 2%	1	
CIPRO HC SUS OTIC ( <b>ciprofloxacin-hydrocortisone</b> )	3	
CIPRODEX SUS 0.3-0.1% ( <b>ciprofloxacin-dexamethasone</b> )	2	
COLY-MYCIN S SUS OTIC ( <b>neomycin-colistin-hc-thonzonium</b> )	3	
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
<b>neomycin-polymyxin-hc otic soln 1%</b>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b><i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i></b>	1	
<b><i>ofloxacin otic soln 0.3%</i></b>	1	

## Index

7	
7t Lido Gel	
see <i>lidocaine hcl gel 2%</i>	155
A	
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	18
<i>abacavir sulfate tab 300 mg (base equiv)</i>	18
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	21
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	21
<i>abacavir-dolutegravir-lamivudine</i>	
see TRIUMEQ TAB	22
<i>abaloparatide</i>	
see TYMLOS INJ	108
<i>abiraterone acetate</i>	
see YONSA TAB 125MG	36
see ZYTIGA TAB 500MG	36
<i>abiraterone acetate tab 250 mg</i>	35
ABRAXANE INJ 100MG	33
<i>acalabrutinib</i>	
see CALQUENCE CAP 100MG	37
<i>acamprosate calcium tab delayed release 333 mg</i>	87
<i>acarbose tab 100 mg</i>	88
<i>acarbose tab 25 mg</i>	88
<i>acarbose tab 50 mg</i>	88
ACCU-CHEK BLOOD GLUCOSE TEST	
KITS	133
ACCU-CHEK BLOOD GLUCOSE TEST	
STRIPS	133
<i>acebutolol hcl cap 200 mg</i>	51
<i>acebutolol hcl cap 400 mg</i>	51
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	3
<i>acetaminophen w/ codeine tab 300-15 mg</i>	3
<i>acetaminophen w/ codeine tab 300-30 mg</i>	3
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3
<i>acetazolamide cap er 12hr 500 mg</i>	56
<i>acetazolamide sodium for inj 500 mg</i>	56
<i>acetazolamide tab 125 mg</i>	56
<i>acetazolamide tab 250 mg</i>	56
<i>acetic acid otic soln 2%</i>	156
<i>acetylcysteine inhal soln 10%</i>	146
<i>acetylcysteine inhal soln 20%</i>	146
<i>acitretin cap 10 mg</i>	152
<i>acitretin cap 17.5 mg</i>	152
<i>acitretin cap 25 mg</i>	152
ACTEMRA INJ 162/0.9	124
ACTEMRA INJ 200/10ML	124
ACTEMRA INJ 400/20ML	124
ACTEMRA INJ 80MG/4ML	124
ACTHIB INJ	129
ACTIMMUNE INJ 2MU/0.5	128
ACUVAIL SOL 0.45%	140
<i>acyclovir cap 200 mg</i>	22
<i>acyclovir sodium for inj 500 mg</i>	22
<i>acyclovir sodium iv soln 50 mg/ml</i>	22
<i>acyclovir susp 200 mg/5ml</i>	22
<i>acyclovir tab 400 mg</i>	23
<i>acyclovir tab 800 mg</i>	23
ADACEL INJ	129
<i>adalimumab</i>	
see HUMIRA INJ 10/0.1ML	125
see HUMIRA INJ 10MG/0.2	125
see HUMIRA INJ 20/0.2ML	125
see HUMIRA INJ 40/0.4ML	125
see HUMIRA KIT 20MG/0.4	125
see HUMIRA KIT 40MG/0.8	125
see HUMIRA PEDIA INJ CROHNS	125
see HUMIRA PEN INJ 40/0.4ML	125
see HUMIRA PEN INJ CD/UC/HS	125
see HUMIRA PEN INJ PS/UV	125
see HUMIRA PEN KIT CD/UC/HS	125
see HUMIRA PEN KIT PS/UV	125
<i>adapalene cream 0.1%</i>	149
<i>adapalene gel 0.1%</i>	149
<i>adapalene gel 0.3%</i>	149
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	149
<i>adefoviro dipivoxil tab 10 mg</i>	23
ADEMPAS TAB 0.5MG	60
ADEMPAS TAB 1.5MG	60
ADEMPAS TAB 1MG	60

ADEMPAS TAB 2.5MG.....	60	see LASTACRAFT SOL 0.25%.....	140
ADEMPAS TAB 2MG.....	60	<b>alclometasone dipropionate cream 0.05%</b> .....	152
<b>ado-trastuzumab emtansine</b>		<b>alclometasone dipropionate oint 0.05%</b> .....	152
see KADCYLA INJ 100MG .....	34	ALCOHOL PREP WIPES AND SWABS .133	
see KADCYLA INJ 160MG .....	35	<b>alcohol sheets</b>	
Adrucil		see ALCOH-WIPE MIS 12 .....	133
see <b>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</b> .....	33	<b>alcohol swabs</b>	
ADULT RESPIRATORY MASK.....	133	see ALCOHOL PREP WIPES AND SWABS.....	133
ADVAIR DISKU AER 100/50 .....	148	ALCOH-WIPE MIS 12.....	133
ADVAIR DISKU AER 250/50 .....	148	ALDACTAZIDE TAB 50/50 .....	57
ADVAIR DISKU AER 500/50 .....	148	ALECENSA CAP 150MG .....	37
ADVAIR HFA AER 115/21 .....	148	<b>alectinib hcl</b>	
ADVAIR HFA AER 230/21 .....	148	see ALECENSA CAP 150MG .....	37
ADVAIR HFA AER 45/21 .....	148	<b>alendronate sodium oral soln 70 mg/75ml</b> .....	94
Afeditab Cr		<b>alendronate sodium tab 10 mg</b> .....	94
see <b>nifedipine tab er 24hr 30 mg</b> .....	55	<b>alendronate sodium tab 35 mg</b> .....	94
see <b>nifedipine tab er 24hr 60 mg</b> .....	55	<b>alendronate sodium tab 40 mg</b> .....	94
AFINITOR DIS TAB 2MG .....	36	<b>alendronate sodium tab 5 mg</b> .....	94
AFINITOR DIS TAB 3MG .....	36	<b>alendronate sodium tab 70 mg</b> .....	94
AFINITOR DIS TAB 5MG .....	36	<b>alendronate sodium-cholecalciferol</b>	
AFINITOR TAB 10MG.....	36	see FOSAMAX + D TAB 70-2800.....	94
AFLURIA QUAD INJ 2019-20.....	129	see FOSAMAX + D TAB 70-5600.....	94
AKYNZEO CAP 300-0.5.....	112	ALFERON N INJ 5MU/ML.....	128
Ala-cort		<b>alfuzosin hcl tab er 24hr 10 mg</b> .....	118
see <b>hydrocortisone cream 1%</b> ..	154	ALIMTA INJ 100MG .....	32
<b>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</b> ....	144	ALIMTA INJ 500MG .....	32
<b>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</b> .....	144	ALINIA SUS 100/5ML.....	15
<b>albuterol sulfate soln nebu 0.5% (5 mg/ml)</b> .....	144	ALINIA TAB 500MG .....	15
<b>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</b> .....	144	<b>aliskiren fumarate tab 150 mg (base equivalent)</b> .....	56
<b>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</b> .....	144	<b>aliskiren fumarate tab 300 mg (base equivalent)</b> .....	56
<b>albuterol sulfate syrup 2 mg/5ml</b> .....	144	<b>allopurinol sodium for inj 500 mg</b> ..	1
<b>albuterol sulfate tab 2 mg</b> .....	144	<b>allopurinol tab 100 mg</b> .....	1
<b>albuterol sulfate tab 4 mg</b> .....	144	<b>allopurinol tab 300 mg</b> .....	1
<b>albuterol sulfate tab er 12hr 4 mg</b> .....	144	<b>almotriptan malate tab 12.5 mg</b> ..	82
<b>albuterol sulfate tab er 12hr 8 mg</b> .....	145	<b>almotriptan malate tab 6.25 mg</b> ..	82
<b>alcaftadine</b>		ALOCRIL SOL 2% .....	140
		<b>alogliptin benzoate tab 12.5 mg (base equiv)</b> .....	89
		<b>alogliptin benzoate tab 25 mg (base equiv)</b> .....	89

<b>alogliptin benzoate tab 6.25 mg (base equiv)</b> .....	89
ALOMIDE SOL 0.1% OP .....	140
<b>alosetron hcl tab 0.5 mg (base equiv)</b> .....	115
<b>alosetron hcl tab 1 mg (base equiv)</b> .....	115
<b>alpha1-proteinase inhibitor (human)</b>	
see GLASSIA INJ.....	147
see PROLASTIN-C INJ 1000MG.....	147
ALPHAGAN P SOL 0.1% .....	141
<b>alprazolam</b>	
see ALPRAZOLAM CON 1 MG/ML.....	61
ALPRAZOLAM CON 1 MG/ML.....	61
<b>alprazolam orally disintegrating tab 0.25 mg</b> .....	61
<b>alprazolam orally disintegrating tab 0.5 mg</b> .....	61
<b>alprazolam orally disintegrating tab 1 mg</b> .....	61
<b>alprazolam orally disintegrating tab 2 mg</b> .....	61
<b>alprazolam tab 0.25 mg</b> .....	61
<b>alprazolam tab 0.5 mg</b> .....	61
<b>alprazolam tab 1 mg</b> .....	61
<b>alprazolam tab 2 mg</b> .....	61
Altavera	
see <b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> .....	97
<b>altretamine</b>	
see HEXALEN CAP 50MG.....	31
Alyacen 1/35	
see <b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</b> .....	98
Alyacen 7/7/7	
see <b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg- mcg</b> .....	99
<b>amantadine hcl cap 100 mg</b> .....	72
<b>amantadine hcl syrup 50 mg/5ml</b> .....	72
<b>amantadine hcl tab 100 mg</b> .....	72
<b>ambrisentan tab 10 mg</b> .....	60
<b>ambrisentan tab 5 mg</b> .....	60
<b>amcinonide lotion 0.1%</b> .....	152
AMCINONIDE OIN 0.1% .....	153
Amethia	
<b>see levonorg-eth est tab 0.15- 0.03mg(84) &amp; eth est tab 0.01mg(7)</b> .....	96
Amethyst	
see <b>levonorgestrel-ethinyl estradiol (continuous) tab 90- 20 mcg</b> .....	98
<b>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</b> .....	14
<b>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</b> .....	14
<b>amiloride &amp; hydrochlorothiazide tab 5-50 mg</b> .....	57
<b>amiloride hcl tab 5 mg</b> .....	57
<b>aminophylline inj 25 mg/ml</b> .....	148
<b>aminosalicylic acid</b>	
see PASER GRA 4GM.....	22
<b>amiodarone hcl in dextrose</b>	
see NEXTERONE INJ.....	48
<b>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</b> .....	47
<b>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</b> .....	47
<b>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</b> .....	47
<b>amiodarone hcl tab 100 mg</b> .....	47
<b>amiodarone hcl tab 200 mg</b> .....	47
<b>amiodarone hcl tab 400 mg</b> .....	47
AMITIZA CAP 24MCG .....	115
AMITIZA CAP 8MCG.....	115
<b>amitriptyline hcl tab 10 mg</b> .....	67
<b>amitriptyline hcl tab 100 mg</b> .....	67
<b>amitriptyline hcl tab 150 mg</b> .....	67
<b>amitriptyline hcl tab 25 mg</b> .....	67
<b>amitriptyline hcl tab 50 mg</b> .....	67
<b>amitriptyline hcl tab 75 mg</b> .....	67
<b>amlodipine besylate tab 10 mg (base equivalent)</b> .....	53
<b>amlodipine besylate tab 2.5 mg (base equivalent)</b> .....	53
<b>amlodipine besylate tab 5 mg (base equivalent)</b> .....	53
<b>amlodipine besylate-atorvastatin calcium tab 10-10 mg</b> .....	53
<b>amlodipine besylate-atorvastatin calcium tab 10-20 mg</b> .....	53

<b>amlodipine besylate-atorvastatin</b>	
<b>calcium tab 10-40 mg</b>	53
<b>amlodipine besylate-atorvastatin</b>	
<b>calcium tab 10-80 mg</b>	53
<b>amlodipine besylate-atorvastatin</b>	
<b>calcium tab 2.5-10 mg</b>	53
<b>amlodipine besylate-atorvastatin</b>	
<b>calcium tab 2.5-20 mg</b>	53
<b>amlodipine besylate-atorvastatin</b>	
<b>calcium tab 2.5-40 mg</b>	53
<b>amlodipine besylate-atorvastatin</b>	
<b>calcium tab 5-10 mg</b>	53
<b>amlodipine besylate-atorvastatin</b>	
<b>calcium tab 5-20 mg</b>	53
<b>amlodipine besylate-atorvastatin</b>	
<b>calcium tab 5-40 mg</b>	53
<b>amlodipine besylate-atorvastatin</b>	
<b>calcium tab 5-80 mg</b>	53
<b>amlodipine besylate-benazepril hcl</b>	
<b>cap 10-20 mg</b>	42
<b>amlodipine besylate-benazepril hcl</b>	
<b>cap 10-40 mg</b>	42
<b>amlodipine besylate-benazepril hcl</b>	
<b>cap 2.5-10 mg</b>	42
<b>amlodipine besylate-benazepril hcl</b>	
<b>cap 5-10 mg</b>	42
<b>amlodipine besylate-benazepril hcl</b>	
<b>cap 5-20 mg</b>	42
<b>amlodipine besylate-benazepril hcl</b>	
<b>cap 5-40 mg</b>	42
<b>amlodipine besylate-olmesartan</b>	
<b>medoxomil tab 10-20 mg</b>	45
<b>amlodipine besylate-olmesartan</b>	
<b>medoxomil tab 10-40 mg</b>	45
<b>amlodipine besylate-olmesartan</b>	
<b>medoxomil tab 5-20 mg</b>	45
<b>amlodipine besylate-olmesartan</b>	
<b>medoxomil tab 5-40 mg</b>	45
<b>amlodipine besylate-valsartan tab</b>	
<b>10-160 mg</b>	45
<b>amlodipine besylate-valsartan tab</b>	
<b>10-320 mg</b>	45
<b>amlodipine besylate-valsartan tab</b>	
<b>5-160 mg</b>	45
<b>amlodipine besylate-valsartan tab</b>	
<b>5-320 mg</b>	45
<b>amlodipine-valsartan-</b>	
<b>hydrochlorothiazide tab 10-160-</b>	
<b>12.5 mg</b>	45
<b>amlodipine-valsartan-</b>	
<b>hydrochlorothiazide tab 10-160-</b>	
<b>25 mg</b>	45
<b>amlodipine-valsartan-</b>	
<b>hydrochlorothiazide tab 10-320-</b>	
<b>25 mg</b>	45
<b>amlodipine-valsartan-</b>	
<b>hydrochlorothiazide tab 5-160-</b>	
<b>12.5 mg</b>	45
<b>amlodipine-valsartan-</b>	
<b>hydrochlorothiazide tab 5-160-25</b>	
<b>mg</b>	45
<b>amoxapine tab 100 mg</b>	67
<b>amoxapine tab 150 mg</b>	68
<b>amoxapine tab 25 mg</b>	67
<b>amoxapine tab 50 mg</b>	67
<b>amoxicillin (trihydrate) cap 250 mg</b>	28
<b>amoxicillin (trihydrate) cap 500 mg</b>	28
<b>amoxicillin (trihydrate) chew tab</b>	
<b>125 mg</b>	28
<b>amoxicillin (trihydrate) chew tab</b>	
<b>250 mg</b>	28
<b>amoxicillin (trihydrate) for susp</b>	
<b>125 mg/5ml</b>	28
<b>amoxicillin (trihydrate) for susp</b>	
<b>200 mg/5ml</b>	28
<b>amoxicillin (trihydrate) for susp</b>	
<b>250 mg/5ml</b>	28
<b>amoxicillin (trihydrate) for susp</b>	
<b>400 mg/5ml</b>	28
<b>amoxicillin (trihydrate) tab 500 mg</b>	28
<b>amoxicillin (trihydrate) tab 875 mg</b>	28
<b>amoxicillin &amp; k clavulanate chew</b>	
<b>tab 200-28.5 mg</b>	28
<b>amoxicillin &amp; k clavulanate chew</b>	
<b>tab 400-57 mg</b>	28
<b>amoxicillin &amp; k clavulanate for susp</b>	
<b>200-28.5 mg/5ml</b>	28
<b>amoxicillin &amp; k clavulanate for susp</b>	
<b>250-62.5 mg/5ml</b>	28

<b>amoxicillin &amp; k clavulanate for susp</b>	28
<b>400-57 mg/5ml</b>	28
<b>amoxicillin &amp; k clavulanate for susp</b>	28
<b>600-42.9 mg/5ml</b>	28
<b>amoxicillin &amp; k clavulanate tab</b>	28
<b>250-125 mg</b>	28
<b>amoxicillin &amp; k clavulanate tab</b>	28
<b>500-125 mg</b>	28
<b>amoxicillin &amp; k clavulanate tab</b>	28
<b>875-125 mg</b>	28
<b>amoxicillin &amp; k clavulanate tab er</b>	28
<b>12hr 1000-62.5 mg</b>	28
<b>amoxicillin &amp; pot clavulanate</b>	29
see AUGMENTIN SUS 125/5ML	29
<b>amphetamine-dextroamphetamine</b>	78
<b>cap er 24hr 10 mg</b>	78
<b>amphetamine-dextroamphetamine</b>	78
<b>cap er 24hr 15 mg</b>	78
<b>amphetamine-dextroamphetamine</b>	78
<b>cap er 24hr 20 mg</b>	78
<b>amphetamine-dextroamphetamine</b>	78
<b>cap er 24hr 25 mg</b>	78
<b>amphetamine-dextroamphetamine</b>	78
<b>cap er 24hr 30 mg</b>	78
<b>amphetamine-dextroamphetamine</b>	78
<b>cap er 24hr 5 mg</b>	78
<b>amphetamine-dextroamphetamine</b>	78
<b>tab 10 mg</b>	78
<b>amphetamine-dextroamphetamine</b>	78
<b>tab 12.5 mg</b>	78
<b>amphetamine-dextroamphetamine</b>	78
<b>tab 15 mg</b>	78
<b>amphetamine-dextroamphetamine</b>	78
<b>tab 20 mg</b>	78
<b>amphetamine-dextroamphetamine</b>	78
<b>tab 30 mg</b>	78
<b>amphetamine-dextroamphetamine</b>	78
<b>tab 5 mg</b>	78
<b>amphetamine-dextroamphetamine</b>	78
<b>tab 7.5 mg</b>	78
<b>amphotericin b for iv soln 50 mg</b>	17
<b>ampicillin &amp; sulbactam sodium for</b>	
<b>inj 1.5 (1-0.5) gm</b>	28
<b>ampicillin &amp; sulbactam sodium for</b>	
<b>inj 3 (2-1) gm</b>	28
<b>ampicillin &amp; sulbactam sodium for</b>	
<b>iv soln 15 (10-5) gm</b>	29
<b>ampicillin cap 500 mg</b>	29
<b>ampicillin sodium for inj 1 gm</b>	29
<b>ampicillin sodium for inj 125 mg</b>	29
<b>ampicillin sodium for inj 2 gm</b>	29
<b>ampicillin sodium for inj 250 mg</b>	29
<b>ampicillin sodium for inj 500 mg</b>	29
<b>ampicillin sodium for iv soln 1 gm</b>	29
<b>ampicillin sodium for iv soln 10 gm</b>	29
<b>ampicillin sodium for iv soln 2 gm</b>	29
<b>anagrelide hcl cap 0.5 mg</b>	123
<b>anagrelide hcl cap 1 mg</b>	123
<b>anastrozole tab 1 mg</b>	35
<b>ANNOVERA MIS</b>	95
<b>apalutamide</b>	
see ERLEADA TAB 60MG	35
<b>apixaban</b>	
see ELIQUIS TAB 2.5MG	120
see ELIQUIS TAB 5MG	120
<b>APOKYN INJ 10MG/ML</b>	72
<b>apomorphine hydrochloride</b>	
see APOKYN INJ 10MG/ML	72
<b>apraclonidine hcl</b>	
see IOPIDINE SOL 1% OP	141
<b>apraclonidine hcl ophth soln 0.5%</b>	
<b>(base equivalent)</b>	141
<b>apremilast</b>	
see OTEZLA TAB 10/20/30	127
see OTEZLA TAB 30MG	127
<b>aprepitant capsule 125 mg</b>	112
<b>aprepitant capsule 40 mg</b>	112
<b>aprepitant capsule 80 mg</b>	112
<b>aprepitant capsule therapy pack 80 &amp; 125 mg</b>	112
<b>Aprí</b>	
see <b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	95
<b>APTIOM TAB 200MG</b>	62
<b>APTIOM TAB 400MG</b>	62
<b>APTIOM TAB 600MG</b>	62
<b>APTIOM TAB 800MG</b>	62
<b>APTIVUS CAP 250MG</b>	18
<b>APTIVUS SOL</b>	18
<b>Aranelle</b>	
see <b>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</b>	99

ARANESP INJ 100MCG.....	122
ARANESP INJ 10MCG .....	122
ARANESP INJ 150MCG.....	122
ARANESP INJ 200MCG.....	122
ARANESP INJ 25MCG .....	122
ARANESP INJ 300MCG.....	122
ARANESP INJ 40MCG .....	122
ARANESP INJ 500MCG.....	122
ARANESP INJ 60MCG .....	122
ARCALYST INJ 220MG.....	128
ARGATRB/NACL INJ 50MG/50 .....	120
ARGATROBAN INJ 125/125 .....	120
<b>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</b> .....	120
ARGATROBAN INJ 250/250 .....	120
<b>aripiprazole lauroxil</b>	
see ARISTADA INJ 1064MG.....	75
see ARISTADA INJ 441MG/1. ....	75
see ARISTADA INJ 662MG/2.....	75
see ARISTADA INJ 882MG/3.....	75
see ARISTADA INJ INITIO.....	75
<b>aripiprazole oral solution 1 mg/ml</b>	
.....	74
<b>aripiprazole orally disintegrating tab 10 mg</b> .....	74
<b>aripiprazole orally disintegrating tab 15 mg</b> .....	74
<b>aripiprazole tab 10 mg</b> .....	74
<b>aripiprazole tab 15 mg</b> .....	74
<b>aripiprazole tab 2 mg</b> .....	74
<b>aripiprazole tab 20 mg</b> .....	74
<b>aripiprazole tab 30 mg</b> .....	74
<b>aripiprazole tab 5 mg</b> .....	74
ARISTADA INJ 1064MG .....	75
ARISTADA INJ 441MG/1.....	75
ARISTADA INJ 662MG/2 .....	75
ARISTADA INJ 882MG/3 .....	75
ARISTADA INJ INITIO .....	75
<b>armodafinil tab 150 mg</b> .....	87
<b>armodafinil tab 200 mg</b> .....	87
<b>armodafinil tab 250 mg</b> .....	87
<b>armodafinil tab 50 mg</b> .....	87
ARNUTITY ELPT INH 100MCG .....	148
ARNUTITY ELPT INH 200MCG .....	148
ARNUTITY ELPT INH 50MCG.....	147
ARRANON INJ 5MG/ML.....	32
<b>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</b> .....	40
<b>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</b> .....	40
<b>artemether-lumefantrine</b>	
see COARTEM TAB 20-120MG.....	18
<b>artificial tear insert</b>	
see LACRISERT MIS 5MG OP .....	142
<b>asenapine maleate</b>	
see SAPHRIS SUB 10MG .....	77
see SAPHRIS SUB 2.5MG .....	77
see SAPHRIS SUB 5MG .....	77
Ashlyna	
see <b>levonorg-eth est tab 0.15- 0.03mg(84) &amp; eth est tab 0.01mg(7)</b> .....	96
<b>aspirin chew tab 81 mg</b> .....	13
Aspirin Enteric Coated Ad	
see <b>aspirin tab delayed release 81 mg</b> .....	13
<b>aspirin tab delayed release 81 mg</b> .....	13
<b>aspirin-dipyridamole cap er 12hr 25-200 mg</b> .....	123
<b>atazanavir sulfate</b>	
see REYATAZ POW 50MG .....	20
<b>atazanavir sulfate cap 150 mg (base equiv)</b> .....	18
<b>atazanavir sulfate cap 200 mg (base equiv)</b> .....	18
<b>atazanavir sulfate cap 300 mg (base equiv)</b> .....	18
<b>atazanavir sulfate-cobicistat</b>	
see EVOTAZ TAB 300-150 .....	21
<b>atenolol &amp; chlorthalidone tab 100- 25 mg</b> .....	51
<b>atenolol &amp; chlorthalidone tab 50-25 mg</b> .....	51
<b>atenolol tab 100 mg</b> .....	51
<b>atenolol tab 25 mg</b> .....	51
<b>atenolol tab 50 mg</b> .....	51
<b>atomoxetine hcl cap 10 mg (base equiv)</b> .....	79
<b>atomoxetine hcl cap 100 mg (base equiv)</b> .....	79
<b>atomoxetine hcl cap 18 mg (base equiv)</b> .....	79

<b>atomoxetine hcl cap 25 mg (base equiv)</b> .....	79	AZASAN TAB 100MG .....	128
<b>atomoxetine hcl cap 40 mg (base equiv)</b> .....	79	AZASAN TAB 75 MG .....	128
<b>atomoxetine hcl cap 60 mg (base equiv)</b> .....	79	AZASITE SOL 1% .....	139
<b>atomoxetine hcl cap 80 mg (base equiv)</b> .....	79	<b>azathioprine</b>	
<b>atorvastatin calcium tab 10 mg (base equivalent)</b> .....	49	see AZASAN TAB 100MG .....	128
<b>atorvastatin calcium tab 20 mg (base equivalent)</b> .....	49	see AZASAN TAB 75 MG .....	128
<b>atorvastatin calcium tab 40 mg (base equivalent)</b> .....	49	<b>azathioprine tab 50 mg</b> .....	129
<b>atorvastatin calcium tab 80 mg (base equivalent)</b> .....	49	<b>azelaic acid</b>	
<b>atovaquone susp 750 mg/5ml</b> .....	15	see FINACEA AER 15% .....	155
<b>atovaquone-proguanil hcl tab 250-100 mg</b> .....	18	<b>azelaic acid gel 15%</b> .....	155
<b>atovaquone-proguanil hcl tab 62.5-25 mg</b> .....	18	<b>azelastine hcl nasal spray 0.1% (137 mcg/spray)</b> .....	143
<b>atropine sul sol 1% op</b> .....	141	<b>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</b> .....	143
<b>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</b> .....	111	<b>azelastine hcl ophth soln 0.05%</b> .....	140
<b>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</b> .....	111	<b>azithromycin</b>	
AUBAGIO TAB 14MG .....	84	see ZMAX SUS 2GM .....	26
AUBAGIO TAB 7MG .....	84	<b>azithromycin (ophth)</b>	
AUGMENTIN SUS 125/5ML .....	29	see AZASITE SOL 1% .....	139
Aviane		<b>azithromycin for susp 100 mg/5ml</b> .....	25
see <b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b> .....	97	<b>azithromycin for susp 200 mg/5ml</b> .....	25
Avidoxy		<b>azithromycin iv for soln 500 mg</b> .....	25
see <b>doxycycline monohydrate tab 100 mg</b> .....	30	<b>azithromycin powd pack for susp 1 gm</b> .....	25
Avita		<b>azithromycin tab 250 mg</b> .....	25
see <b>tretinooin cream 0.025%</b> .....	150	<b>azithromycin tab 500 mg</b> .....	25
see <b>tretinooin gel 0.025%</b> .....	150	<b>azithromycin tab 600 mg</b> .....	25
AVONEX KIT 30MCG .....	84	AZOPT SUS 1% OP .....	141
AVONEX PEN KIT 30MCG .....	85	<b>aztreonam for inj 1 gm</b> .....	15
AVONEX PREFL KIT 30MCG .....	85	<b>aztreonam for inj 2 gm</b> .....	15
<b>axitinib</b>		<b>aztreonam lysine</b>	
see INLYTA TAB 1MG .....	38	see CAYSTON INH 75MG .....	15
see INLYTA TAB 5MG .....	38	<b>aztreonam-dextrose</b>	
<b>azacitidine for inj 100 mg</b> .....	32	see AZACTAM/DEX INJ 1GM .....	15
AZACTAM/DEX INJ 1GM .....	15	see AZACTAM/DEX INJ 2GM .....	15
AZACTAM/DEX INJ 2GM .....	15	Azurette	
		see <b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</b> .....	95
		B	
		<b>bacitracin ophth oint 500 unit/gm</b> .....	139
		<b>bacitracin-polymyxin b ophth oint</b> .....	139

<b>bacitracin-polymyxin-neomycin-hc</b>	
<b>ophth oint 1%</b>	138
<b>baclofen tab 10 mg</b>	86
<b>baclofen tab 20 mg</b>	86
<b>baclofen tab 5 mg</b>	86
BACTROBAN OIN NASAL 2%	150
BALCOLTRA TAB 0.1-20.....	95
<b>balsalazide disodium cap 750 mg</b>	
.....	114
BARACLUDE SOL.....	23
BASAGLAR KWIKPEN.....	90
<b>bcg live intravesical</b>	
see TICE BCG INJ .....	40
<b>becaplermin</b>	
see REGRANEX GEL 0.01% .....	156
<b>beclomethasone dipropionate hfa</b>	
see QVAR REDIHA AER 80MCG.....	148
see QVAR REDIHAL AER 40MCG....	148
<b>bedaquiline fumarate</b>	
see SIRTURO TAB 100MG .....	22
BELBUCA MIS 150MCG.....	13
BELBUCA MIS 300MCG.....	13
BELBUCA MIS 450MCG.....	13
BELBUCA MIS 600MCG.....	13
BELBUCA MIS 750MCG.....	13
BELBUCA MIS 75MCG .....	13
BELBUCA MIS 900MCG.....	13
BELSOMRA TAB 10MG .....	81
BELSOMRA TAB 15MG .....	82
BELSOMRA TAB 20MG .....	82
BELSOMRA TAB 5MG .....	81
<b>benazepril &amp; hydrochlorothiazide</b>	
<b>tab 10-12.5 mg</b>	42
<b>benazepril &amp; hydrochlorothiazide</b>	
<b>tab 20-12.5 mg</b>	42
<b>benazepril &amp; hydrochlorothiazide</b>	
<b>tab 20-25 mg</b>	42
<b>benazepril &amp; hydrochlorothiazide</b>	
<b>tab 5-6.25 mg</b>	42
<b>benazepril hcl tab 10 mg</b>	43
<b>benazepril hcl tab 20 mg</b>	43
<b>benazepril hcl tab 40 mg</b>	43
<b>benazepril hcl tab 5 mg</b>	43
BENZIQ GEL 5.25%.....	149
BENZIQ LS GEL 2.75%.....	149
Benziq Wash	
see <b>benzoyl peroxide liq 5.25%</b>	149
<b>benzonatate cap 100 mg</b>	145
<b>benzonatate cap 200 mg</b>	145
<b>benzoyl peroxide</b>	
see BENZIQ GEL 5.25% .....	149
see BENZIQ LS GEL 2.75% .....	149
<b>benzoyl peroxide liq 2.5%</b>	149
<b>benzoyl peroxide liq 5.25%</b>	149
<b>benzoyl peroxide-erythromycin gel</b>	
<b>5-3%</b>	149
<b>benztropine mesylate inj 1 mg/ml</b>	
.....	72
<b>benztropine mesylate tab 0.5 mg</b>	.72
<b>benztropine mesylate tab 1 mg</b>	.72
<b>benztropine mesylate tab 2 mg</b>	.72
<b>bepotastine besilate</b>	
see BEPREVE DRO 1.5% .....	140
BEPREVE DRO 1.5%.....	140
<b>besifloxacin hcl</b>	
see BESIVANCE SUS 0.6%.....	139
BESIVANCE SUS 0.6%.....	139
<b>betaine</b>	
see CYSTADANE POW .....	100
<b>betamethasone dipropionate</b>	
<b>augmented cream 0.05%</b>	153
<b>betamethasone dipropionate</b>	
<b>augmented gel 0.05%</b>	153
<b>betamethasone dipropionate</b>	
<b>augmented lotion 0.05%</b>	153
<b>betamethasone dipropionate</b>	
<b>augmented oint 0.05%</b>	153
<b>betamethasone dipropionate cream</b>	
<b>0.05%</b>	153
<b>betamethasone dipropionate lotion</b>	
<b>0.05%</b>	153
<b>betamethasone dipropionate oint</b>	
<b>0.05%</b>	153
<b>betamethasone valerate aerosol</b>	
<b>foam 0.12%</b>	153
<b>betamethasone valerate cream</b>	
<b>0.1% (base equivalent)</b>	153
<b>betamethasone valerate lotion</b>	
<b>0.1% (base equivalent)</b>	153
<b>betamethasone valerate oint 0.1%</b>	
<b>(base equivalent)</b>	153
BETASERON INJ 0.3MG.....	85
<b>betaxolol hcl (ophth)</b>	
see BETOPTIC-S SUS 0.25% OP.....	141

<b>betaxolol hcl ophth soln 0.5%</b> .....	141
<b>betaxolol hcl tab 10 mg</b> .....	51
<b>betaxolol hcl tab 20 mg</b> .....	51
<b>bethanechol chloride tab 10 mg</b> ..	119
<b>bethanechol chloride tab 25 mg</b> ..	119
<b>bethanechol chloride tab 5 mg</b> ....	119
<b>bethanechol chloride tab 50 mg</b> ..	119
BETIMOL SOL 0.25% .....	141
BETIMOL SOL 0.5% .....	141
BETOPTIC-S SUS 0.25% OP.....	141
BEVESPI AER 9-4.8MCG .....	142
<b>bexarotene (topical)</b>	
see TARGRETIN GEL 1%.....	155
<b>bexarotene cap 75 mg</b> .....	40
BEXZERO INJ.....	130
<b>bicalutamide tab 50 mg</b> .....	35
<b>bictegravir-emtricitabine-tenofovir alafenamide fumarate</b>	
see BIKTARVY TAB.....	21
BIKTARVY TAB .....	21
<b>bimatoprost</b>	
see LUMIGAN SOL 0.01% .....	141
<b>bimatoprost ophth soln 0.03%</b> ....	141
Bio-statin	
see <b>nystatin oral powder</b> .....	18
BIO-STATIN CAP 1000000.....	17
BIO-STATIN CAP 500000 .....	17
<b>bisacodyl tab &amp; peg 3350-kcl-sod bicarb-nacl for soln kit</b> .....	115
<b>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</b> .....	51
<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</b> .....	51
<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</b> .....	51
<b>bisoprolol fumarate tab 10 mg</b> .....	51
<b>bisoprolol fumarate tab 5 mg</b> .....	51
<b>bleomycin sulfate for inj 15 unit</b> ... <td>32</td>	32
<b>bleomycin sulfate for inj 30 unit</b> ... <td>32</td>	32
BLEPHAMIDE OIN S.O.P. .....	138
BLEPHAMIDE SUS OP.....	138
<b>blood glucose calibration</b>	
see BLOOD GLUCOSE CALIBRATION SOLUTION.....	133
BLOOD GLUCOSE CALIBRATION SOLUTION.....	133
<b>blood glucose monitoring supplies</b>	
see ACCU-CHEK BLOOD GLUCOSE TEST KITS .....	133
BOOSTRIX INJ.....	130
<b>bosentan</b>	
see TRACLEER TAB 32MG .....	61
<b>bosentan tab 125 mg</b> .....	60
<b>bosentan tab 62.5 mg</b> .....	60
BOSULIF TAB 100MG.....	37
BOSULIF TAB 400MG.....	37
BOSULIF TAB 500MG.....	37
<b>bosutinib</b>	
see BOSULIF TAB 100MG.....	37
see BOSULIF TAB 400MG.....	37
see BOSULIF TAB 500MG.....	37
Bp Wash	
see <b>benzoyl peroxide liq 2.5%</b> ..	149
BREO ELLIPTA INH 100-25.....	148
BREO ELLIPTA INH 200-25.....	148
<b>brexpiprazole</b>	
see REXULTI TAB 0.25MG.....	77
see REXULTI TAB 0.5MG .....	77
see REXULTI TAB 1MG .....	77
see REXULTI TAB 2MG .....	77
see REXULTI TAB 3MG .....	77
see REXULTI TAB 4MG .....	77
BRILINTA TAB 60MG.....	123
BRILINTA TAB 90MG .....	123
<b>brimonidine tartrate</b>	
see ALPHAGAN P SOL 0.1%.....	141
<b>brimonidine tartrate (topical)</b>	
see MIRVASO GEL 0.33% .....	156
<b>brimonidine tartrate ophth soln 0.15%</b> .....	141
<b>brimonidine tartrate ophth soln 0.2%</b> .....	141
<b>brinzolamide</b>	
see AZOPT SUS 1% OP.....	141
<b>brinzolamide-brimonidine tartrate</b>	
see SIMBRINZA SUS 1-0.2% .....	141
<b>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</b>	
.....	140
<b>bromocriptine mesylate (diabetes)</b>	
see CYCLOSET TAB 0.8MG .....	90
<b>bromocriptine mesylate cap 5 mg (base equivalent)</b>	
.....	72

<b>bromocriptine mesylate tab 2.5 mg (base equivalent)</b>	72
<b>brompheniramine tannate chew tab 12 mg</b>	143
<b>budesonide delayed release particles cap 3 mg</b>	114
<b>budesonide inhalation susp 0.25 mg/2ml</b>	148
<b>budesonide inhalation susp 0.5 mg/2ml</b>	148
<b>budesonide inhalation susp 1 mg/2ml</b>	148
<b>budesonide-formoterol fumarate dihydrate</b>	
see SYMBICORT AER 160-4.5	148
see SYMBICORT AER 80-4.5	148
<b>bumetanide inj 0.25 mg/ml</b>	57
<b>bumetanide tab 0.5 mg</b>	57
<b>bumetanide tab 1 mg</b>	57
<b>bumetanide tab 2 mg</b>	57
<b>buprenorphine</b>	
see SUBLOCADE INJ 100/0.5	13
see SUBLOCADE INJ 300/1.5	13
<b>buprenorphine hcl</b>	
see BELBUCA MIS 150MCG	13
see BELBUCA MIS 300MCG	13
see BELBUCA MIS 450MCG	13
see BELBUCA MIS 600MCG	13
see BELBUCA MIS 750MCG	13
see BELBUCA MIS 75MCG	13
see BELBUCA MIS 900MCG	13
<b>buprenorphine hcl inj 0.3 mg/ml (base equiv)</b>	13
<b>buprenorphine hcl sl tab 2 mg (base equiv)</b>	13
<b>buprenorphine hcl sl tab 8 mg (base equiv)</b>	13
<b>buprenorphine hcl-naloxone hcl dihydrate</b>	
see ZUBSOLV SUB 0.7-0.18	3
see ZUBSOLV SUB 1.4-0.36	3
see ZUBSOLV SUB 11.4-2.9	3
see ZUBSOLV SUB 2.9-0.71	3
see ZUBSOLV SUB 5.7-1.4	3
see ZUBSOLV SUB 8.6-2.1	3
<b>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</b>	3

<b>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</b>	2
<b>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</b>	2
<b>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</b>	3
<b>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</b>	3
<b>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</b>	3
<b>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</b>	87
<b>bupropion hcl tab 100 mg</b>	68
<b>bupropion hcl tab 75 mg</b>	68
<b>bupropion hcl tab er 12hr 100 mg</b>	68
<b>bupropion hcl tab er 12hr 150 mg</b>	68
<b>bupropion hcl tab er 12hr 200 mg</b>	68
<b>bupropion hcl tab er 24hr 150 mg</b>	68
<b>bupropion hcl tab er 24hr 300 mg</b>	68
<b>buspirone hcl tab 10 mg</b>	83
<b>buspirone hcl tab 15 mg</b>	83
<b>buspirone hcl tab 30 mg</b>	83
<b>buspirone hcl tab 5 mg</b>	83
<b>buspirone hcl tab 7.5 mg</b>	83
<b>busulfan inj 6 mg/ml</b>	31
<b>butalbital-acetaminophen tab 50- 325 mg</b>	1
<b>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</b>	3
<b>butalbital-acetaminophen-caffeine cap 50-300-40 mg</b>	1
<b>butalbital-acetaminophen-caffeine cap 50-325-40 mg</b>	1
<b>butalbital-acetaminophen-caffeine tab 50-325-40 mg</b>	1
<b>butalbital-aspirin-caffeine cap 50- 325-40 mg</b>	1
<b>butenafine hcl</b>	
see MENTAX CRE 1%	151
<b>butoconazole nitrate (one dose)</b>	
see GYNAZOLE-1 CRE 2%	120
<b>butorphanol tartrate inj 1 mg/ml</b>	3
<b>butorphanol tartrate inj 2 mg/ml</b>	3
<b>butorphanol tartrate nasal soln 10 mg/ml</b>	4
BYSTOLIC TAB 10MG	52
BYSTOLIC TAB 2.5MG	51

BYSTOLIC TAB 20MG .....	52
BYSTOLIC TAB 5MG.....	51
C	
<b>cabergoline tab 0.5 mg .....</b>	107
<b>cabozantinib s-malate</b>	
see COMETRIQ KIT 100MG.....	37
see COMETRIQ KIT 140MG.....	37
see COMETRIQ KIT 60MG .....	37
<b>calcipotriene soln 0.005% (50 mcg/ml) .....</b>	152
<b>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</b>	
.....	153
<b>calcitonin (salmon)</b>	
see MIACALCIN INJ 200/ML .....	107
<b>calcitonin (salmon) nasal soln 200 unit/act .....</b>	107
<b>calcitriol cap 0.25 mcg .....</b>	136
<b>calcitriol cap 0.5 mcg .....</b>	136
<b>calcitriol inj 1 mcg/ml .....</b>	136
<b>calcitriol oint 3 mcg/gm.....</b>	152
<b>calcitriol oral soln 1 mcg/ml .....</b>	136
<b>calcium acetate (phosphate binder)</b>	
see PHOSLYRA SOL.....	108
<b>calcium acetate (phosphate binder)</b>	
<b>cap 667 mg (169 mg ca).....</b>	108
<b>calcium acetate (phosphate binder)</b>	
<b>tab 667 mg .....</b>	108
CALQUENCE CAP 100MG .....	37
Camila	
see <b>norethindrone tab 0.35 mg ..</b>	99
CAMPTOSAR INJ 300/15ML .....	41
<b>candesartan cilexetil tab 16 mg ..</b>	47
<b>candesartan cilexetil tab 32 mg ..</b>	47
<b>candesartan cilexetil tab 4 mg ..</b>	46
<b>candesartan cilexetil tab 8 mg ..</b>	46
<b>candesartan cilexetil-</b>	
<b>hydrochlorothiazide tab 16-12.5 mg .....</b>	45
<b>candesartan cilexetil-</b>	
<b>hydrochlorothiazide tab 32-12.5 mg .....</b>	45
<b>candesartan cilexetil-</b>	
<b>hydrochlorothiazide tab 32-25 mg .....</b>	45
<b>capecitabine tab 150 mg .....</b>	32
<b>capecitabine tab 500 mg .....</b>	32
CAPRELSA TAB 100MG.....	37
CAPRELSA TAB 300MG.....	37
<b>captopril &amp; hydrochlorothiazide tab 25-15 mg .....</b>	42
<b>captopril &amp; hydrochlorothiazide tab 25-25 mg .....</b>	42
<b>captopril &amp; hydrochlorothiazide tab 50-15 mg .....</b>	42
<b>captopril &amp; hydrochlorothiazide tab 50-25 mg .....</b>	42
<b>captopril tab 100 mg .....</b>	43
<b>captopril tab 12.5 mg .....</b>	43
<b>captopril tab 25 mg .....</b>	43
<b>captopril tab 50 mg .....</b>	43
CARBAGLU TAB 200MG.....	100
<b>carbamazepine cap er 12hr 100 mg .....</b>	62
<b>carbamazepine cap er 12hr 200 mg .....</b>	62
<b>carbamazepine cap er 12hr 300 mg .....</b>	62
<b>carbamazepine chew tab 100 mg ..</b>	62
<b>carbamazepine susp 100 mg/5ml ..</b>	62
<b>carbamazepine tab 200 mg .....</b>	62
<b>carbamazepine tab er 12hr 100 mg .....</b>	62
<b>carbamazepine tab er 12hr 200 mg .....</b>	62
<b>carbamazepine tab er 12hr 400 mg .....</b>	62
<b>carbidopa &amp; levodopa orally</b>	
<b>disintegrating tab 10-100 mg ..</b>	73
<b>carbidopa &amp; levodopa orally</b>	
<b>disintegrating tab 25-100 mg ..</b>	73
<b>carbidopa &amp; levodopa orally</b>	
<b>disintegrating tab 25-250 mg ..</b>	73
<b>carbidopa &amp; levodopa tab 10-100 mg .....</b>	73
<b>carbidopa &amp; levodopa tab 25-100 mg .....</b>	73
<b>carbidopa &amp; levodopa tab 25-250 mg .....</b>	73
<b>carbidopa &amp; levodopa tab er 25-100 mg .....</b>	73
<b>carbidopa &amp; levodopa tab er 50-200 mg .....</b>	73
<b>carbidopa tab 25 mg .....</b>	73

<b>carbidopa-levodopa-entacapone</b>	
<b>tabs 12.5-50-200 mg</b>	73
<b>carbidopa-levodopa-entacapone</b>	
<b>tabs 18.75-75-200 mg</b>	73
<b>carbidopa-levodopa-entacapone</b>	
<b>tabs 25-100-200 mg</b>	73
<b>carbidopa-levodopa-entacapone</b>	
<b>tabs 31.25-125-200 mg</b>	73
<b>carbidopa-levodopa-entacapone</b>	
<b>tabs 37.5-150-200 mg</b>	73
<b>carbidopa-levodopa-entacapone</b>	
<b>tabs 50-200-200 mg</b>	73
<b>carbinoxamine maleate soln 4 mg/5ml</b>	143
<b>carbinoxamine maleate tab 4 mg</b>	143
<b>carboplatin iv soln 150 mg/15ml</b>	40
<b>carboplatin iv soln 450 mg/45ml</b>	40
<b>carboplatin iv soln 50 mg/5ml</b>	40
<b>carboplatin iv soln 600 mg/60ml</b>	40
CARDENE IV SOL 20/200ML	53
CARDIZEM LA TAB 120MG	53
CARDURA XL TAB 4MG	118
CARDURA XL TAB 8MG	118
<b>carglumic acid</b>	
see CARBAGLU TAB 200MG	100
<b>carisoprodol tab 250 mg</b>	86
<b>carisoprodol tab 350 mg</b>	86
<b>carmustine for inj 100 mg</b>	31
<b>carmustine in polifeprosan</b>	
see GLIADEL WAF 7.7MG	31
<b>carteolol hcl ophth soln 1%</b>	141
Cartia Xt	
see <b>diltiazem hcl coated beads</b>	
<b>cap er 24hr 120 mg</b>	54
see <b>diltiazem hcl coated beads</b>	
<b>cap er 24hr 180 mg</b>	54
see <b>diltiazem hcl coated beads</b>	
<b>cap er 24hr 240 mg</b>	54
see <b>diltiazem hcl coated beads</b>	
<b>cap er 24hr 300 mg</b>	54
<b>carvedilol phosphate cap er 24hr</b>	
<b>10 mg</b>	52
<b>carvedilol phosphate cap er 24hr</b>	
<b>20 mg</b>	52
<b>carvedilol phosphate cap er 24hr</b>	
<b>40 mg</b>	52

<b>carvedilol phosphate cap er 24hr</b>	
<b>80 mg</b>	52
<b>carvedilol tab 12.5 mg</b>	52
<b>carvedilol tab 25 mg</b>	52
<b>carvedilol tab 3.125 mg</b>	52
<b>carvedilol tab 6.25 mg</b>	52
CAYA DPR	132
CAYSTON INH 75MG	15
Caziant	
see <b>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</b>	95
<b>cefaclor cap 250 mg</b>	23
<b>cefaclor cap 500 mg</b>	23
<b>cefaclor for susp 125 mg/5ml</b>	23
<b>cefaclor for susp 250 mg/5ml</b>	23
<b>cefaclor for susp 375 mg/5ml</b>	23
<b>cefadroxil cap 500 mg</b>	23
<b>cefadroxil for susp 250 mg/5ml</b>	23
<b>cefadroxil for susp 500 mg/5ml</b>	23
<b>cefadroxil tab 1 gm</b>	23
<b>cefazolin sodium for inj 1 gm</b>	23
<b>cefazolin sodium for inj 10 gm</b>	23
<b>cefazolin sodium for inj 20 gm</b>	23
<b>cefazolin sodium for inj 500 mg</b>	24
<b>cefazolin sodium for iv soln 1 gm</b>	24
<b>cefdinir cap 300 mg</b>	24
<b>cefdinir for susp 125 mg/5ml</b>	24
<b>cefdinir for susp 250 mg/5ml</b>	24
<b>cefditoren pivoxil tab 200 mg (base equivalent)</b>	24
<b>cefditoren pivoxil tab 400 mg (base equivalent)</b>	24
<b>cefeprazole hcl for inj 1 gm</b>	24
<b>cefeprazole hcl for inj 2 gm</b>	24
<b>cefixime</b>	
see SUPRAX CHW 100MG	25
see SUPRAX CHW 200MG	25
see SUPRAX SUS 500/5ML	25
<b>cefixime cap 400 mg</b>	24
<b>cefixime for susp 100 mg/5ml</b>	24
<b>cefixime for susp 200 mg/5ml</b>	24
<b>cefotaxime sodium for inj 1 gm</b>	24
<b>cefotaxime sodium for inj 10 gm</b>	24
<b>cefotaxime sodium for inj 2 gm</b>	24
<b>cefotaxime sodium for inj 500 mg</b>	24
<b>cefotetan disodium for inj 1 gm</b>	24

<b>cefotetan disodium for inj 10 gm</b>	24	CELONTIN CAP 300MG.....	62
<b>cefotetan disodium for inj 2 gm</b>	24	<b>cephalexin cap 250 mg</b> .....	25
<b>cefoxitin sodium for inj 10 gm</b>	24	<b>cephalexin cap 500 mg</b> .....	25
<b>cefoxitin sodium for iv soln 1 gm</b>	24	<b>cephalexin cap 750 mg</b> .....	25
<b>cefoxitin sodium for iv soln 2 gm</b>	24	<b>cephalexin for susp 125 mg/5ml</b> ..	25
<b>cefpodoxime proxetil for susp 100 mg/5ml</b> .....	24	<b>cephalexin for susp 250 mg/5ml</b> ..	25
<b>cefpodoxime proxetil for susp 50 mg/5ml</b> .....	24	<b>cephalexin tab 250 mg</b> .....	25
<b>cefpodoxime proxetil tab 100 mg</b>	24	<b>cephalexin tab 500 mg</b> .....	25
<b>cefpodoxime proxetil tab 200 mg</b>	24	CERDELGA CAP 84MG .....	100
<b>cefprozil for susp 125 mg/5ml</b> .....	24	<b>ceritinib</b>	
<b>cefprozil for susp 250 mg/5ml</b> .....	24	see ZYKADIA CAP 150MG .....	40
<b>cefprozil tab 250 mg</b> .....	24	see ZYKADIA TAB 150MG .....	40
<b>cefprozil tab 500 mg</b> .....	24	<b>cervical caps</b>	
<b>ceftazidime for inj 1 gm</b> .....	24	see FEMCAP MIS 22MM.....	132
<b>ceftazidime for inj 2 gm</b> .....	24	see FEMCAP MIS 26MM.....	132
<b>ceftazidime for inj 6 gm</b> .....	24	see FEMCAP MIS 30MM.....	132
<b>ceftazidime for iv soln 1 gm</b> .....	24	CESAMET CAP 1MG.....	112
<b>ceftazidime for iv soln 2 gm</b> .....	24	<b>cetuximab</b>	
<b>ceftibuten cap 400 mg</b> .....	24	see ERBITUX INJ 100MG .....	34
<b>ceftibuten for susp 180 mg/5ml</b> .....	24	see ERBITUX INJ 200MG .....	34
CEFTIN SUS 125/5ML .....	24	<b>cevimeline hcl cap 30 mg</b> .....	156
CEFTIN SUS 250/5ML .....	25	CHANTIX PAK 0.5& 1MG.....	87
<b>ceftriaxone sodium for inj 1 gm</b> .....	25	CHANTIX PAK 1MG .....	87
<b>ceftriaxone sodium for inj 10 gm</b> .....	25	CHANTIX TAB 0.5MG .....	87
<b>ceftriaxone sodium for inj 2 gm</b> .....	25	CHANTIX TAB 1MG .....	87
<b>ceftriaxone sodium for inj 250 mg</b> .....	25	Chateal	
<b>ceftriaxone sodium for inj 500 mg</b> .....	25	see <b>levonorgestrel &amp; ethynodiol tab 0.15 mg-30 mcg</b> .....	97
<b>ceftriaxone sodium for iv soln 1 gm</b> .....	25	CHEMET CAP 100MG .....	95
<b>ceftriaxone sodium for iv soln 2 gm</b> .....	25	Cheratussin Ac	
<b>cefuroxime axetil</b>		see <b>guaifenesin-codeine soln 100-10 mg/5ml</b> .....	145
see CEFTIN SUS 125/5ML .....	24	<b>chlorambucil</b>	
see CEFTIN SUS 250/5ML .....	25	see LEUKERAN TAB 2MG .....	31
<b>cefuroxime axetil tab 250 mg</b> .....	25	<b>chloramphenicol sodium succinate for iv inj 1 gm</b> .....	14
<b>cefuroxime axetil tab 500 mg</b> .....	25	<b>chlorhexidine gluconate soln 0.12%</b> .....	156
<b>cefuroxime sodium for inj 7.5 gm</b> .....	25	<b>chloroquine phosphate tab 250 mg</b> .....	18
<b>cefuroxime sodium for inj 750 mg</b> .....	25	<b>chloroquine phosphate tab 500 mg</b> .....	18
<b>cefuroxime sodium for iv soln 1.5 gm</b> .....	25	<b>chlorothiazide</b>	
<b>celecoxib cap 100 mg</b> .....	1	see DIURIL SUS 250/5ML .....	57
<b>celecoxib cap 200 mg</b> .....	1	<b>chlorothiazide sodium for inj 500 mg</b> .....	57
<b>celecoxib cap 50 mg</b> .....	1	<b>chlorothiazide tab 250 mg</b> .....	57

<b>chlorothiazide tab 500 mg</b>	57
CHLORPROMAZ INJ 25MG/ML	75
CHLORPROMAZ INJ 50MG/2ML	75
<b>chlorpromazine hcl tab 10 mg</b>	75
<b>chlorpromazine hcl tab 100 mg</b>	75
<b>chlorpromazine hcl tab 200 mg</b>	75
<b>chlorpromazine hcl tab 25 mg</b>	75
<b>chlorpromazine hcl tab 50 mg</b>	75
<b>chlorthalidone tab 25 mg</b>	57
<b>chlorthalidone tab 50 mg</b>	57
<b>chlorzoxazone tab 500 mg</b>	86
<b>cholecalciferol cap 1.25 mg (50000 unit)</b>	136
<b>cholestyramine light powder 4 gm/dose</b>	48
<b>cholestyramine light powder packets 4 gm</b>	48
<b>cholestyramine powder 4 gm/dose</b>	48
<b>cholestyramine powder packets 4 gm</b>	48
<b>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</b>	49
<b>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</b>	49
<b>ciclesonide (nasal)</b>	
see OMNARIS SPR	147
<b>ciclopirox gel 0.77%</b>	151
<b>ciclopirox olamine cream 0.77% (base equiv)</b>	151
<b>ciclopirox olamine susp 0.77% (base equiv)</b>	151
<b>ciclopirox shampoo 1%</b>	151
<b>ciclopirox solution 8%</b>	151
<b>cidofovir iv inj 75 mg/ml</b>	23
<b>cilostazol tab 100 mg</b>	123
<b>cilostazol tab 50 mg</b>	123
CIMDUO TAB 300-300	21
<b>cimetidine hcl soln 300 mg/5ml</b>	114
<b>cimetidine tab 200 mg</b>	114
<b>cimetidine tab 300 mg</b>	114
<b>cimetidine tab 400 mg</b>	114
<b>cimetidine tab 800 mg</b>	114
<b>cinacalcet hcl tab 30 mg (base equiv)</b>	94
<b>cinacalcet hcl tab 60 mg (base equiv)</b>	95

<b>cinacalcet hcl tab 90 mg (base equiv)</b>	95
CIPRO (10%) SUS 500MG/5	26
CIPRO HC SUS OTIC	156
CIPRODEX SUS 0.3-0.1%	156
<b>ciprofloxacin</b>	
see CIPRO (10%) SUS 500MG/5	26
<b>ciprofloxacin 200 mg/100ml in d5w</b>	26
<b>ciprofloxacin 400 mg/200ml in d5w</b>	26
<b>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</b>	26
<b>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</b>	139
<b>ciprofloxacin hcl tab 100 mg (base equiv)</b>	26
<b>ciprofloxacin hcl tab 250 mg (base equiv)</b>	26
<b>ciprofloxacin hcl tab 500 mg (base equiv)</b>	26
<b>ciprofloxacin hcl tab 750 mg (base equiv)</b>	26
<b>ciprofloxacin iv soln 200 mg/20ml (1%)</b>	26
<b>ciprofloxacin iv soln 400 mg/40ml (1%)</b>	26
<b>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</b>	27
<b>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</b>	26
<b>ciprofloxacin-dexamethasone</b>	
see CIPRODEX SUS 0.3-0.1%	156
<b>ciprofloxacin-hydrocortisone</b>	
see CIPRO HC SUS OTIC	156
<b>cisplatin inj 100 mg/100ml (1 mg/ml)</b>	41
<b>cisplatin inj 200 mg/200ml (1 mg/ml)</b>	41
<b>cisplatin inj 50 mg/50ml (1 mg/ml)</b>	41
<b>citalopram hydrobromide oral soln 10 mg/5ml</b>	68
<b>citalopram hydrobromide tab 10 mg (base equiv)</b>	68
<b>citalopram hydrobromide tab 20 mg (base equiv)</b>	68

<b>citalopram hydrobromide tab 40</b>	
<b>mg (base equiv)</b>	68
CITRANATAL CAP HARMONY	136
CITRANATAL CAP MEDLEY	136
CITRANATAL MIS	136
CITRANATAL MIS 90 DHA	136
CITRANATAL MIS B-CALM	136
CITRANATAL PAK ASSURE	136
CITRANATAL PAK DHA	136
CITRANATAL TAB BLOOM	137
CITRANATAL TAB RX	137
<b>cladribine iv soln 10 mg/10ml (1 mg/ml)</b>	32
CLARINEX SYP 0.5MG/ML	143
<b>clarithromycin for susp 125 mg/5ml</b>	25
<b>clarithromycin for susp 250 mg/5ml</b>	25
<b>clarithromycin tab 250 mg</b>	25
<b>clarithromycin tab 500 mg</b>	25
<b>clarithromycin tab er 24hr 500 mg</b>	25
<b>clemastine fumarate tab 2.68 mg</b>	
.....	143
CLENPIQ SOL	115
CLEOCIN SUP 100MG	120
CLIMARA PRO DIS WEEKLY	101
<b>clindamycin hcl cap 150 mg</b>	15
<b>clindamycin hcl cap 300 mg</b>	15
<b>clindamycin hcl cap 75 mg</b>	15
<b>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</b>	15
<b>clindamycin phosphate foam 1%</b>	149
<b>clindamycin phosphate gel 1%</b>	149
<b>clindamycin phosphate inj 300 mg/2ml</b>	15
<b>clindamycin phosphate inj 600 mg/4ml</b>	15
<b>clindamycin phosphate inj 9 gm/60ml</b>	15
<b>clindamycin phosphate inj 900 mg/6ml</b>	15
<b>clindamycin phosphate lotion 1%</b>	149
<b>clindamycin phosphate soln 1%</b>	149
<b>clindamycin phosphate swab 1%</b>	149
<b>clindamycin phosphate vaginal</b>	
<b>cream 2%</b>	120
<b>clobazam suspension 2.5 mg/ml</b>	62
<b>clobazam tab 10 mg</b>	62
<b>clobazam tab 20 mg</b>	62
<b>clobetasol propionate cream 0.05%</b>	153
<b>clobetasol propionate foam 0.05%</b>	153
<b>clobetasol propionate gel 0.05%</b>	153
<b>clobetasol propionate lotion 0.05%</b>	153
<b>clobetasol propionate oint 0.05%</b>	153
<b>clobetasol propionate shampoo 0.05%</b>	153
<b>clobetasol propionate soln 0.05%</b>	153
<b>clobetasol propionate spray 0.05%</b>	153
<b>clocortolone pivalate cream 0.1%</b>	153
<b>clofarabine iv soln 1 mg/ml</b>	32
<b>clomipramine hcl cap 25 mg</b>	83
<b>clomipramine hcl cap 50 mg</b>	83
<b>clomipramine hcl cap 75 mg</b>	84
<b>clonazepam tab 0.5 mg</b>	62
<b>clonazepam tab 1 mg</b>	62
<b>clonazepam tab 2 mg</b>	62
<b>clonidine hcl tab 0.1 mg</b>	58
<b>clonidine hcl tab 0.2 mg</b>	58
<b>clonidine hcl tab 0.3 mg</b>	58
<b>clonidine td patch weekly 0.1 mg/24hr</b>	58
<b>clonidine td patch weekly 0.2 mg/24hr</b>	58
<b>clonidine td patch weekly 0.3 mg/24hr</b>	58
<b>clopидогrel bisulfate tab 300 mg (base equiv)</b>	123
<b>clopидогrel bisulfate tab 75 mg (base equiv)</b>	123
<b>clorazepate dipotassium tab 15 mg</b>	62
<b>clorazepate dipotassium tab 3.75 mg</b>	62

<b>clorazepate dipotassium tab 7.5</b>	
mg .....	62
<b>clotrimazole cream 1%</b> .....	151
<b>clotrimazole soln 1%</b> .....	151
<b>clotrimazole troche 10 mg</b> .....	156
<b>clotrimazole w/ betamethasone</b>	
<b>cream 1-0.05%</b> .....	151
<b>clotrimazole w/ betamethasone</b>	
<b>lotion 1-0.05%</b> .....	151
<b>clozapine orally disintegrating tab</b>	
<b>100 mg</b> .....	75
<b>clozapine orally disintegrating tab</b>	
<b>12.5 mg</b> .....	75
<b>clozapine orally disintegrating tab</b>	
<b>150 mg</b> .....	75
<b>clozapine orally disintegrating tab</b>	
<b>200 mg</b> .....	75
<b>clozapine orally disintegrating tab</b>	
<b>25 mg</b> .....	75
<b>clozapine tab 100 mg</b> .....	75
<b>clozapine tab 200 mg</b> .....	75
<b>clozapine tab 25 mg</b> .....	75
<b>clozapine tab 50 mg</b> .....	75
COARTEM TAB 20-120MG .....	18
<b>cobicistat</b>	
see TYBOST TAB 150MG.....	20
<b>codeine polistirex-</b>	
<b>chlorpheniramine polistirex</b>	
see TUZISTRA XR SUS .....	146
<b>codeine sulf tab 60mg</b> .....	4
<b>codeine sulfate tab 30 mg</b> .....	4
<b>colchicine tab 0.6 mg</b> .....	1
<b>colchicine w/ probenecid tab 0.5-</b>	
<b>500 mg</b> .....	1
<b>colestipol hcl granule packets 5 gm</b>	
.....	49
<b>colestipol hcl granules 5 gm</b> .....	49
<b>colestipol hcl tab 1 gm</b> .....	49
Colocort	
see <b>hydrocortisone enema 100</b>	
<b>mg/60ml</b> .....	115
COLY-MYCIN S SUS OTIC.....	156
COMETRIQ KIT 100MG .....	37
COMETRIQ KIT 140MG .....	37
COMETRIQ KIT 60MG.....	37
COMPLERA TAB.....	21
Compro	
see <b>prochlorperazine suppos 25</b>	
<b>mg</b> .....	113
CONCEPTROL GEL 4%.....	118
<b>condoms - female</b>	
see FC2 FEMALE MIS CONDOM .....	132
CONDYLOX GEL 0.5% .....	155
<b>conjugated estrogens-</b>	
<b>bazedoxifene</b>	
see DUAVEE TAB 0.45-20 .....	101
COPAXONE INJ 20MG/ML.....	85
COPAXONE INJ 40MG/ML.....	85
<b>copper (iud)</b>	
see PARAGARD IUD T380A.....	100
<b>cortisone acetate tab 25 mg</b> .....	104
COSENTYX INJ 150MG/ML.....	152
COSENTYX INJ 300DOSE .....	152
COSENTYX PEN INJ 150MG/ML.....	152
COSENTYX PEN INJ 300DOSE .....	152
CREON CAP 12000UNT .....	117
CREON CAP 24000UNT .....	117
CREON CAP 3000UNIT .....	117
CREON CAP 36000UNT .....	117
CREON CAP 6000UNIT .....	117
CRESEMBA CAP 186 MG .....	17
CRINONE GEL 4% VAG .....	108
CRINONE GEL 8% VAG .....	109
<b>crisaborole</b>	
see EUCRISA OIN 2%.....	155
CRIXIVAN CAP 200MG.....	18
CRIXIVAN CAP 400MG.....	19
<b>crizotinib</b>	
see XALKORI CAP 200MG .....	39
see XALKORI CAP 250MG .....	39
<b>cromolyn sodium ophth soln 4%</b> .....	140
<b>cromolyn sodium oral conc 100 mg/5ml</b> .....	116
<b>cromolyn sodium soln nebu 20 mg/2ml</b> .....	146
<b>crotamiton</b>	
see EURAX CRE 10% .....	156
<b>crotamiton lotion 10%</b> .....	156
Crotan	
see <b>crotamiton lotion 10%</b> .....	156
Cryselle-28	
see <b>norgestrel &amp; ethinyl estradiol</b>	
<b>tab 0.3 mg-30 mcg</b> .....	100
CUVPOSA SOL 1MG/5ML .....	111

Cvs Sleep-aid Nighttime  
 see **doxylamine succinate (sleep)**  
**tab 25 mg** ..... 82  
**cyanocobalamin inj 1000 mcg/ml**  
..... 137  
**Cyclafem** 1/35  
 see **norethindrone & ethinyl  
estradiol tab 1 mg-35 mcg** ..... 98  
**Cyclafem** 7/7/7  
 see **norethindrone-eth estradiol  
tab 0.5-35/0.75-35/1-35 mg-  
mcg** ..... 99  
**cyclobenzaprine hcl tab 10 mg** ..... 86  
**cyclobenzaprine hcl tab 5 mg** ..... 86  
**cyclobenzaprine hcl tab 7.5 mg** ..... 86  
**cyclophosphamide cap 25 mg** ..... 31  
**cyclophosphamide cap 50 mg** ..... 31  
**cyclophosphamide for inj 1 gm** ..... 31  
**cyclophosphamide for inj 2 gm** ..... 31  
**cyclophosphamide for inj 500 mg** ..... 31  
**cycloserine cap 250 mg** ..... 22  
**CYCLOSET TAB 0.8MG** ..... 90  
**cyclosporine**  
 see **SANDIMMUNE SOL 100MG/ML** 129  
**cyclosporine (ophth)**  
 see **RESTASIS EMU 0.05%** ..... 142  
**cyclosporine cap 100 mg** ..... 129  
**cyclosporine cap 25 mg** ..... 129  
**cyclosporine iv soln 50 mg/ml** ..... 129  
**cyclosporine modified cap 100 mg**  
..... 129  
**cyclosporine modified cap 25 mg** 129  
**cyclosporine modified cap 50 mg** 129  
**cyclosporine modified oral soln 100  
mg/ml** ..... 129  
**cyproheptadine hcl syrup 2  
mg/5ml** ..... 143  
**cyproheptadine hcl tab 4 mg** ..... 143  
**CYSTADANE POW** ..... 100  
**CYSTAGON CAP 150MG** ..... 100  
**CYSTAGON CAP 50MG** ..... 100  
**CYSTARAN SOL 0.44%** ..... 142  
**cysteamine bitartrate**  
 see **CYSTAGON CAP 150MG** ..... 100  
 see **CYSTAGON CAP 50MG** ..... 100  
**cysteamine hcl**  
 see **CYSTARAN SOL 0.44%** ..... 142

**cytarabine inj 20 mg/ml** ..... 32  
**cytarabine inj pf 100 mg/ml** ..... 32  
**cytarabine inj pf 20 mg/ml** ..... 32  
**D**  
**dabigatran etexilate mesylate**  
 see **PRADAXA CAP 110MG** ..... 121  
 see **PRADAXA CAP 150MG** ..... 121  
 see **PRADAXA CAP 75MG** ..... 121  
**dabrafenib mesylate**  
 see **TAFINLAR CAP 50MG** ..... 39  
 see **TAFINLAR CAP 75MG** ..... 39  
**dacarbazine for inj 100 mg** ..... 31  
**dacarbazine for inj 200 mg** ..... 31  
**dalfampridine tab er 12hr 10 mg** ..... 85  
**DALIRESP TAB 250MCG** ..... 146  
**DALIRESP TAB 500MCG** ..... 146  
**dalteparin sodium**  
 see **FRAGMIN INJ 10000/ML** ..... 121  
 see **FRAGMIN INJ 12500UNT** ..... 121  
 see **FRAGMIN INJ 15000UNT** ..... 121  
 see **FRAGMIN INJ 18000UNT** ..... 121  
 see **FRAGMIN INJ 2500/0.2** ..... 120  
 see **FRAGMIN INJ 5000/0.2** ..... 120  
 see **FRAGMIN INJ 7500/0.3** ..... 121  
 see **FRAGMIN INJ 95000UNT** ..... 121  
**danazol cap 100 mg** ..... 100  
**danazol cap 200 mg** ..... 100  
**danazol cap 50 mg** ..... 100  
**dantrolene sodium cap 100 mg** ..... 86  
**dantrolene sodium cap 25 mg** ..... 86  
**dantrolene sodium cap 50 mg** ..... 86  
**dapagliflozin propanediol**  
 see **FARXIGA TAB 10MG** ..... 93  
 see **FARXIGA TAB 5MG** ..... 93  
**dapagliflozin-metformin hcl**  
 see **XIGDUO XR TAB 10-1000** ..... 93  
 see **XIGDUO XR TAB 10-500MG** ..... 92  
 see **XIGDUO XR TAB 2.5-1000** ..... 92  
 see **XIGDUO XR TAB 5-1000MG** ..... 92  
 see **XIGDUO XR TAB 5-500MG** ..... 92  
**dapagliflozin-saxagliptin**  
 see **QTERN TAB 10MG/5MG** ..... 93  
 see **QTERN TAB 5-5MG** ..... 93  
**dapsone tab 100 mg** ..... 15  
**dapsone tab 25 mg** ..... 15  
**DAPTACEL INJ** ..... 130  
**daptomycin for iv soln 500 mg** ..... 15

DARAPRIM TAB 25MG .....	15
<b>darbepoetin alfa</b>	
see ARANESP INJ 100MCG .....	122
see ARANESP INJ 10MCG .....	122
see ARANESP INJ 150MCG .....	122
see ARANESP INJ 200MCG .....	122
see ARANESP INJ 25MCG .....	122
see ARANESP INJ 300MCG .....	122
see ARANESP INJ 40MCG .....	122
see ARANESP INJ 500MCG .....	122
see ARANESP INJ 60MCG .....	122
<b>darifenacin hydrobromide tab er 24hr 15 mg (base equiv) .....</b>	119
<b>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) .....</b>	119
<b>darolutamide</b>	
see NUBEQA TAB 300MG.....	36
<b>darunavir ethanolate</b>	
see PREZISTA SUS 100MG/ML.....	20
see PREZISTA TAB 150MG.....	20
see PREZISTA TAB 600MG.....	20
see PREZISTA TAB 75MG .....	20
see PREZISTA TAB 800MG.....	20
<b>darunavir-cobicistat</b>	
see PREZCOBIX TAB 800-150 .....	21
<b>dasatinib</b>	
see SPRYCEL TAB 100MG.....	39
see SPRYCEL TAB 140MG.....	39
see SPRYCEL TAB 20MG .....	39
see SPRYCEL TAB 50MG .....	39
see SPRYCEL TAB 70MG .....	39
see SPRYCEL TAB 80MG .....	39
Dasetta 1/35	
see <b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg .....</b>	98
Dasetta 7/7/7	
see <b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg- mcg .....</b>	99
<b>daunorubicin hcl iv soln 20 mg/4ml (base equiv) .....</b>	31
<b>decitabine for inj 50 mg .....</b>	32
<b>deferiprone</b>	
see FERRIPROX SOL 100MG/ML.....	95
see FERRIPROX TAB 1000MG .....	95
see FERRIPROX TAB 500MG.....	95
Delyla	
<b>see <i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg ....</i></b>	97
<b>demeclocycline hcl tab 150 mg .....</b>	30
<b>demeclocycline hcl tab 300 mg .....</b>	30
DENAVIR CRE 1% .....	155
<b>denosumab</b>	
see PROLIA SOL 60MG/ML .....	107
DEPO-ESTRADI INJ 5MG/ML.....	101
DEPO-MEDROL INJ 20MG/ML .....	105
DEPO-PROVERA INJ 400/ML .....	35
DEPO-SQ PROV INJ 104 .....	95
DESCOVY TAB 200/25.....	21
<b>desipramine hcl tab 10 mg .....</b>	68
<b>desipramine hcl tab 100 mg .....</b>	68
<b>desipramine hcl tab 150 mg .....</b>	68
<b>desipramine hcl tab 25 mg .....</b>	68
<b>desipramine hcl tab 50 mg .....</b>	68
<b>desipramine hcl tab 75 mg .....</b>	68
<b>desloratadine</b>	
see CLARINEX SYP 0.5MG/ML.....	143
<b>desloratadine tab 5 mg .....</b>	143
<b>desloratadine tab orally disintegrating 2.5 mg .....</b>	143
<b>desloratadine tab orally disintegrating 5 mg .....</b>	143
<b>desmopressin acetate inj 4 mcg/ml .....</b>	111
<b>desmopressin acetate nasal spray soln 0.01% .....</b>	111
<b>desmopressin acetate nasal spray soln 0.01% (refrigerated) .....</b>	111
<b>desmopressin acetate tab 0.1 mg .....</b>	111
<b>desmopressin acetate tab 0.2 mg .....</b>	111
<b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5) ....</b>	95
<b>desogest-ethin est tab 0.1- 0.025/0.125-0.025/0.15- 0.025mg-mg .....</b>	95
<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg .....</b>	95
<b>desonide cream 0.05% .....</b>	153
<b>desonide lotion 0.05% .....</b>	153
<b>desonide oint 0.05% .....</b>	153
<b>desoximetasone cream 0.05% .....</b>	153
<b>desoximetasone cream 0.25% .....</b>	153

<b>desoximetasone gel 0.05%</b> .....	153
<b>desoximetasone oint 0.05%</b> .....	153
<b>desoximetasone oint 0.25%</b> .....	153
<b>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</b> .....	68
<b>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</b> .....	68
<b>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</b> .....	68
DEXAMETHASON CON 1MG/ML.....	105
<b>dexamethasone</b>	
see DEXAMETHASON CON 1MG/ML	
.....	105
<b>dexamethasone (ophth)</b>	
see MAXIDEX SUS 0.1% OP.....	140
<b>dexamethasone elixir 0.5 mg/5ml</b>	
.....	105
<b>dexamethasone sod phosphate</b>	
preservative free inj 10 mg/ml	105
<b>dexamethasone sodium phosphate</b>	
inj 10 mg/ml .....	105
<b>dexamethasone sodium phosphate</b>	
inj 100 mg/10ml.....	105
<b>dexamethasone sodium phosphate</b>	
inj 120 mg/30ml.....	105
<b>dexamethasone sodium phosphate</b>	
inj 20 mg/5ml .....	105
<b>dexamethasone sodium phosphate</b>	
inj 4 mg/ml .....	105
<b>dexamethasone sodium phosphate</b>	
ophth soln 0.1%.....	140
<b>dexamethasone soln 0.5 mg/5ml</b>	
.....	105
<b>dexamethasone tab 0.5 mg</b> .....	105
<b>dexamethasone tab 0.75 mg</b> .....	105
<b>dexamethasone tab 1 mg</b> .....	105
<b>dexamethasone tab 1.5 mg</b> .....	105
<b>dexamethasone tab 2 mg</b> .....	105
<b>dexamethasone tab 4 mg</b> .....	105
<b>dexamethasone tab 6 mg</b> .....	105
DEXILANT CAP 30MG DR.....	117
DEXILANT CAP 60MG DR.....	117
<b>dexlansoprazole</b>	
see DEXILANT CAP 30MG DR.....	117
see DEXILANT CAP 60MG DR.....	117
<b>dexamethylphenidate hcl cap er 24 hr 10 mg</b> .....	79
<b>dexamethylphenidate hcl cap er 24 hr 15 mg</b> .....	79
<b>dexamethylphenidate hcl cap er 24 hr 20 mg</b> .....	79
<b>dexamethylphenidate hcl cap er 24 hr 25 mg</b> .....	79
<b>dexamethylphenidate hcl cap er 24 hr 30 mg</b> .....	79
<b>dexamethylphenidate hcl cap er 24 hr 35 mg</b> .....	79
<b>dexamethylphenidate hcl cap er 24 hr 40 mg</b> .....	79
<b>dexamethylphenidate hcl cap er 24 hr 5 mg</b> .....	79
<b>dexamethylphenidate hcl tab 10 mg</b>	
.....	79
<b>dexamethylphenidate hcl tab 2.5 mg</b>	
.....	79
<b>dexamethylphenidate hcl tab 5 mg</b>	79
<b>dexrazoxane hcl for inj 250 mg</b>	
(base equivalent).....	41
<b>dexrazoxane hcl for inj 500 mg</b>	
(base equivalent).....	41
<b>dextroamphetamine sulfate cap er 24hr 10 mg</b> .....	79
<b>dextroamphetamine sulfate cap er 24hr 15 mg</b> .....	79
<b>dextroamphetamine sulfate cap er 24hr 5 mg</b> .....	79
<b>dextroamphetamine sulfate oral solution 5 mg/5ml</b> .....	79
<b>dextroamphetamine sulfate tab 10 mg</b> .....	80
<b>dextroamphetamine sulfate tab 15 mg</b> .....	80
<b>dextroamphetamine sulfate tab 2.5 mg</b> .....	79
<b>dextroamphetamine sulfate tab 20 mg</b> .....	80
<b>dextroamphetamine sulfate tab 30 mg</b> .....	80
<b>dextroamphetamine sulfate tab 5 mg</b> .....	79
<b>dextroamphetamine sulfate tab 7.5 mg</b> .....	80
<b>dextromethorphan hbr-quinidine sulfate</b>	

<b>see</b> NUEDEXTA CAP 20-10MG .....	84
<b>dextromethorphan-guaifenesin</b>	
<b>see</b> NORTUSS-EX LIQ 200-20/5.....	146
<b>dextrose (diabetic use)</b>	
<b>see</b> ORAL GLUCOSE REPLACEMENT .....	107
<b>diaphragm arc-spring</b>	
<b>see</b> CAYA DPR .....	132
<b>diaphragm wide seal</b>	
<b>see</b> WIDE-SEAL DPR KIT 60.....	132
<b>see</b> WIDE-SEAL DPR KIT 65.....	132
<b>see</b> WIDE-SEAL DPR KIT 70.....	132
<b>see</b> WIDE-SEAL DPR KIT 75.....	132
<b>see</b> WIDE-SEAL DPR KIT 80.....	132
<b>see</b> WIDE-SEAL DPR KIT 85.....	133
<b>see</b> WIDE-SEAL DPR KIT 90.....	133
<b>see</b> WIDE-SEAL DPR KIT 95.....	133
<b>diaphragms</b>	
<b>see</b> OMNIFLEX DPR.....	132
<b>diazepam conc 5 mg/ml</b>	62
<b>diazepam inj 5 mg/ml</b>	62
Diazepam Intensol	
<b>see</b> <b>diazepam conc 5 mg/ml</b> .....	62
<b>diazepam oral soln 1 mg/ml</b>	62
<b>diazepam tab 10 mg</b>	62
<b>diazepam tab 2 mg</b>	62
<b>diazepam tab 5 mg</b>	62
<b>diclofenac potassium tab 50 mg</b> ....	1
<b>diclofenac sodium gel 1%</b> .....	155
<b>diclofenac sodium ophth soln 0.1%</b> .....	140
<b>diclofenac sodium tab delayed release 25 mg</b> .....	1
<b>diclofenac sodium tab delayed release 50 mg</b> .....	1
<b>diclofenac sodium tab delayed release 75 mg</b> .....	1
<b>diclofenac sodium tab er 24hr 100 mg</b> .....	1
<b>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</b> .....	1
<b>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</b> .....	1
<b>dicloxacillin sodium cap 250 mg</b> ...	29
<b>dicloxacillin sodium cap 500 mg</b> ...	29
<b>dicyclomine hcl cap 10 mg</b> .....	111
<b>dicyclomine hcl inj 10 mg/ml</b> .....	111
<b>dicyclomine hcl oral soln 10 mg/5ml</b> .....	111
<b>dicyclomine hcl tab 20 mg</b> .....	111
<b>didanosine</b>	
<b>see</b> VIDEX EC CAP 125MG.....	20
<b>see</b> VIDEX SOL 2GM.....	20
<b>see</b> VIDEX SOL 4GM.....	20
<b>didanosine delayed release capsule 200 mg</b> .....	19
<b>didanosine delayed release capsule 250 mg</b> .....	19
<b>didanosine delayed release capsule 400 mg</b> .....	19
<b>difenoxin w/ atropine</b>	
<b>see</b> MOTOFEN TAB 1-0.025.....	116
DIFICID TAB 200MG .....	25
<b>diflorasone diacetate cream 0.05%</b> .....	153
<b>diflunisal tab 500 mg</b> .....	13
<b>diluprednate</b>	
<b>see</b> DUREZOL EMU 0.05% .....	140
Digoxin	
<b>see</b> <b>digoxin tab 125 mcg (0.125 mg)</b> .....	56
<b>see</b> <b>digoxin tab 250 mcg (0.25 mg)</b> .....	56
<b>digoxin</b>	
<b>see</b> LANOXIN PED INJ 0.1MG/ML.....	56
<b>see</b> LANOXIN TAB 0.0625MG .....	56
<b>see</b> LANOXIN TAB 0.1875MG .....	56
<b>digoxin inj 0.25 mg/ml</b> .....	56
<b>digoxin oral soln 0.05 mg/ml</b> .....	56
<b>digoxin tab 125 mcg (0.125 mg)</b> .....	56
<b>digoxin tab 250 mcg (0.25 mg)</b> .....	56
<b>dihydroergotamine mesylate inj 1 mg/ml</b> .....	82
DILANTIN CAP 30MG .....	62
DILATRATE SR CAP 40MG.....	58
<b>diltiazem hcl cap er 12hr 120 mg</b> .....	54
<b>diltiazem hcl cap er 12hr 60 mg</b> .....	53
<b>diltiazem hcl cap er 12hr 90 mg</b> .....	54
<b>diltiazem hcl cap er 24hr 120 mg</b> .....	54
<b>diltiazem hcl cap er 24hr 180 mg</b> .....	54
<b>diltiazem hcl cap er 24hr 240 mg</b> .....	54
<b>diltiazem hcl coated beads</b>	
<b>see</b> CARDIZEM LA TAB 120MG .....	53

<b>diltiazem hcl coated beads cap er</b>	
<b>24hr 120 mg</b>	54
<b>diltiazem hcl coated beads cap er</b>	
<b>24hr 180 mg</b>	54
<b>diltiazem hcl coated beads cap er</b>	
<b>24hr 240 mg</b>	54
<b>diltiazem hcl coated beads cap er</b>	
<b>24hr 300 mg</b>	54
<b>diltiazem hcl coated beads cap er</b>	
<b>24hr 360 mg</b>	54
<b>diltiazem hcl coated beads tab er</b>	
<b>24hr 180 mg</b>	54
<b>diltiazem hcl coated beads tab er</b>	
<b>24hr 240 mg</b>	54
<b>diltiazem hcl coated beads tab er</b>	
<b>24hr 300 mg</b>	54
<b>diltiazem hcl coated beads tab er</b>	
<b>24hr 360 mg</b>	54
<b>diltiazem hcl coated beads tab er</b>	
<b>24hr 420 mg</b>	54
<b>diltiazem hcl extended release</b>	
<b>beads cap er 24hr 120 mg</b>	54
<b>diltiazem hcl extended release</b>	
<b>beads cap er 24hr 180 mg</b>	54
<b>diltiazem hcl extended release</b>	
<b>beads cap er 24hr 240 mg</b>	54
<b>diltiazem hcl extended release</b>	
<b>beads cap er 24hr 300 mg</b>	55
<b>diltiazem hcl extended release</b>	
<b>beads cap er 24hr 360 mg</b>	55
<b>diltiazem hcl extended release</b>	
<b>beads cap er 24hr 420 mg</b>	55
<b>diltiazem hcl iv soln 125 mg/25ml</b>	
<b>(5 mg/ml)</b>	55
<b>diltiazem hcl iv soln 25 mg/5ml (5</b>	
<b>mg/ml)</b>	55
<b>diltiazem hcl iv soln 50 mg/10ml</b>	
<b>(5 mg/ml)</b>	55
<b>diltiazem hcl tab 120 mg</b>	55
<b>diltiazem hcl tab 30 mg</b>	55
<b>diltiazem hcl tab 60 mg</b>	55
<b>diltiazem hcl tab 90 mg</b>	55
DILTIAZEM INJ 100MG	55
<b>dimethyl fumarate</b>	
see TECFIDERA CAP 120MG	85
see TECFIDERA CAP 240MG	85
see TECFIDERA MIS STARTER	85
<b>DIP/TET PED INJ 25-5LFU</b>	130
<b>DIPENTUM CAP 250MG</b>	114
<b>diph-ac pert-tet tox ad-polio ipv-</b>	
<b>haemophil b poly vac</b>	
see PENTACEL INJ	131
<b>diphenhydramine hcl elixir 12.5</b>	
<b>mg/5ml</b>	143
<b>diphenhydramine hcl inj 50 mg/ml</b>	
.....	143
<b>diphenoxylate w/ atropine liq 2.5-</b>	
<b>0.025 mg/5ml</b>	116
<b>diphenoxylate w/ atropine tab 2.5-</b>	
<b>0.025 mg</b>	116
<b>diph-tetanus tox ad-acell pertussis</b>	
<b>&amp; polio virus, ipv vac</b>	
see KINRIX INJ	131
<b>diph-tetanus tox-acell pert-</b>	
<b>hepatitis b recomb-polio ipv vac</b>	
see PEDIARIX INJ 0.5ML	131
<b>diphtheria, acellular pertussis &amp;</b>	
<b>tetanus toxoids</b>	
see DAPTACEL INJ	130
see INFANRIX INJ	131
<b>dipyridamole tab 25 mg</b>	124
<b>dipyridamole tab 50 mg</b>	124
<b>dipyridamole tab 75 mg</b>	124
<b>disopyramide phosphate</b>	
see NORPACE CAP 100MG CR	48
see NORPACE CAP 150MG CR	48
<b>disopyramide phosphate cap 100</b>	
<b>mg</b>	47
<b>disopyramide phosphate cap 150</b>	
<b>mg</b>	47
<b>disulfiram tab 250 mg</b>	87
<b>disulfiram tab 500 mg</b>	87
DIURIL SUS 250/5ML	57
<b>divalproex sodium cap delayed</b>	
<b>release sprinkle 125 mg</b>	63
<b>divalproex sodium tab delayed</b>	
<b>release 125 mg</b>	63
<b>divalproex sodium tab delayed</b>	
<b>release 250 mg</b>	63
<b>divalproex sodium tab delayed</b>	
<b>release 500 mg</b>	63
<b>divalproex sodium tab er 24 hr 250</b>	
<b>mg</b>	63

<b>divalproex sodium tab er 24 hr 500 mg</b> .....	63
DIVIGEL GEL 0.25MG.....	101
DIVIGEL GEL 0.5MG .....	101
DIVIGEL GEL 0.75MG.....	101
DIVIGEL GEL 1.25MG.....	101
DIVIGEL GEL 1MG/GM.....	101
<b>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</b> .....	33
<b>docetaxel for inj conc 20 mg/ml</b> ... 33	
<b>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</b> .....	33
DOCETAXEL INJ 20/0.5ML.....	33
DOCETAXEL INJ 80MG/2ML.....	33
DOCETAXEL INJ NON-ALCO .....	33
<b>docetaxel soln for iv infusion 160 mg/16ml</b> .....	34
<b>docetaxel soln for iv infusion 20 mg/2ml</b> .....	33
<b>docetaxel soln for iv infusion 80 mg/8ml</b> .....	33
<b>dofetilide cap 125 mcg (0.125 mg)</b> .....	47
<b>dofetilide cap 250 mcg (0.25 mg)</b> 47	
<b>dofetilide cap 500 mcg (0.5 mg)</b> ... 47	
<b>dolutegravir sodium</b>	
see TIVICAY TAB 10MG.....	20
see TIVICAY TAB 25MG.....	20
see TIVICAY TAB 50MG.....	20
<b>donepezil hydrochloride orally disintegrating tab 10 mg</b> .....	66
<b>donepezil hydrochloride orally disintegrating tab 5 mg</b> .....	66
<b>donepezil hydrochloride tab 10 mg</b> .....	66
<b>donepezil hydrochloride tab 23 mg</b> .....	66
<b>donepezil hydrochloride tab 5 mg</b> 66	
<b>doripenem for iv infusion 250 mg</b> 15	
<b>doripenem for iv infusion 500 mg</b> 15	
<b>dorzolamide hcl ophth soln 2%</b> ... 141	
<b>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</b> ..... 141	
<b>doxazosin mesylate (bph)</b>	
see CARDURA XL TAB 4MG.....	118
see CARDURA XL TAB 8MG.....	118
<b>doxazosin mesylate tab 1 mg</b> .....	44

<b>doxazosin mesylate tab 2 mg</b> .....	44
<b>doxazosin mesylate tab 4 mg</b> .....	44
<b>doxazosin mesylate tab 8 mg</b> .....	44
<b>doxepin hcl cap 10 mg</b> .....	68
<b>doxepin hcl cap 100 mg</b> .....	69
<b>doxepin hcl cap 150 mg</b> .....	69
<b>doxepin hcl cap 25 mg</b> .....	69
<b>doxepin hcl cap 50 mg</b> .....	69
<b>doxepin hcl cap 75 mg</b> .....	69
<b>doxepin hcl conc 10 mg/ml</b> .....	69
<b>doxepin hcl cream 5%</b> .....	152
<b>doxercalciferol cap 0.5 mcg</b> .....	137
<b>doxercalciferol cap 1 mcg</b> .....	137
<b>doxercalciferol cap 2.5 mcg</b> .....	137
<b>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</b> .....	137
<b>doxorubicin hcl for inj 10 mg</b> .....	31
<b>doxorubicin hcl for inj 50 mg</b> .....	31
<b>doxorubicin hcl inj 2 mg/ml</b> .....	31
<b>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</b> .....	32
<b>Doxy 100</b>	
see <b>doxycycline hyclate for inj 100 mg</b> .....	30
<b>doxycycline calcium</b>	
see VIBRAMYCIN SYP 50MG/5ML ....	30
<b>doxycycline hyclate cap 100 mg</b> ...30	
<b>doxycycline hyclate cap 50 mg</b> .....30	
<b>doxycycline hyclate for inj 100 mg</b> .....	30
<b>doxycycline hyclate tab 100 mg</b> ....30	
<b>doxycycline hyclate tab 20 mg</b> ....30	
<b>doxycycline hyclate tab delayed release 100 mg</b> .....	30
<b>doxycycline hyclate tab delayed release 150 mg</b> .....	30
<b>doxycycline hyclate tab delayed release 75 mg</b> .....	30
<b>doxycycline monohydrate cap 100 mg</b> .....	30
<b>doxycycline monohydrate cap 150 mg</b> .....	30
<b>doxycycline monohydrate cap 50 mg</b> .....	30
<b>doxycycline monohydrate cap 75 mg</b> .....	30

<b>doxycycline monohydrate for susp</b>	
<b>25 mg/5ml</b>	30
<b>doxycycline monohydrate tab 100 mg</b>	30
<b>doxycycline monohydrate tab 150 mg</b>	30
<b>doxycycline monohydrate tab 50 mg</b>	30
<b>doxycycline monohydrate tab 75 mg</b>	30
<b>doxylamine succinate (sleep) tab 25 mg</b>	82
<b>dronabinol cap 10 mg</b>	112
<b>dronabinol cap 2.5 mg</b>	112
<b>dronabinol cap 5 mg</b>	112
<b>dronedarone hcl</b>	
see MULTAQ TAB 400MG	48
<b>drospirenone</b>	
see SLYND TAB 4MG	100
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg</b>	96
<b>drospirenone-ethinyl estradiol tab 3-0.03 mg</b>	96
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</b>	96
DROXIA CAP 200MG	40
DROXIA CAP 300MG	40
DROXIA CAP 400MG	40
DUAVEE TAB 0.45-20	101
<b>dulaglutide</b>	
see TRULICITY INJ 0.75/0.5	90
see TRULICITY INJ 1.5/0.5	90
<b>duloxetine hcl cap 20 mg</b>	69
<b>duloxetine hcl cap 30 mg</b>	69
<b>duloxetine hcl cap 60 mg</b>	69
DUREZOL EMU 0.05%	140
<b>dutasteride cap 0.5 mg</b>	118
<b>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</b>	118
E	
E.e.s. 400	
see <b>erythromycin ethylsuccinate tab 400 mg</b>	26
<b>echothiophate iodide</b>	
see PHOSPHOLINE SOL 0.125%OP141	
<b>econazole nitrate cream 1%</b>	151

<b>Ed-spaZ</b>	
see <b>hyoscyamine sulfate tab disint 0.125 mg</b>	112
EDURANT TAB 25MG	19
<b>efavirenz cap 200 mg</b>	19
<b>efavirenz cap 50 mg</b>	19
<b>efavirenz tab 600 mg</b>	19
<b>efavirenz-lamivudine-tenofovir disoproxil fumarate</b>	
see SYMFI LO TAB	22
see SYMFI TAB	22
<b>efinaconazole</b>	
see JUBLIA SOL 10%	151
ELESTRIN GEL 0.06%	101
<b>eletriptan hydrobromide tab 20 mg (base equivalent)</b>	82
<b>eletriptan hydrobromide tab 40 mg (base equivalent)</b>	82
<b>elexacaftor-tezacaftor-ivacaftor</b>	
see TRIKAFTA TAB	147
ELIGARD INJ 22.5MG	35
ELIGARD INJ 30MG	35
ELIGARD INJ 45MG	35
ELIGARD INJ 7.5MG	35
<b>eliglustat tartrate</b>	
see CERDELGA CAP 84MG	100
Elinest	
see <b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b>	100
ELIQUIS TAB 2.5MG	120
ELIQUIS TAB 5MG	120
Elite-ob	
see <b>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</b>	138
ELIXOPHYLLIN ELX 80/15ML	148
ELLA TAB 30MG	96
ELMIRON CAP 100MG	119
<b>eltrombopag olamine</b>	
see PROMACTA TAB 12.5MG	122
see PROMACTA TAB 25MG	122
see PROMACTA TAB 50MG	122
see PROMACTA TAB 75MG	123
<b>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</b>	
see GENVOYA TAB	21

<b>elvitegravir-cobicistat-</b>	see COMPLERA TAB .....	21
<b>emtricitabine-tenofovir df</b>		
see STRIBILD TAB.....	21	
EMADINE SOL 0.05% OP.....	140	
EMBEDA CAP 100-4MG.....	4	
EMBEDA CAP 20-0.8MG .....	4	
EMBEDA CAP 30-1.2MG .....	4	
EMBEDA CAP 50-2MG .....	4	
EMBEDA CAP 60-2.4MG .....	4	
EMBEDA CAP 80-3.2MG .....	4	
EMCYT CAP 140MG .....	31	
<b>emedastine difumarate</b>		
see EMADINE SOL 0.05% OP .....	140	
<b>emicizumab-kxwh</b>		
see HEMLIBRA INJ 105/0.7 .....	123	
see HEMLIBRA INJ 150/ML.....	123	
see HEMLIBRA INJ 30MG/ML .....	123	
see HEMLIBRA INJ 60/0.4.....	123	
Emoquette		
see <b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	95	
<b>empagliflozin</b>		
see JARDIANCE TAB 10MG .....	93	
see JARDIANCE TAB 25MG .....	93	
<b>empagliflozin-linagliptin</b>		
see GLYXAMBI TAB 10-5 MG .....	93	
see GLYXAMBI TAB 25-5 MG .....	93	
<b>empagliflozin-metformin hcl</b>		
see SYNJARDY TAB .....	92	
see SYNJARDY TAB 12.5-500 .....	92	
see SYNJARDY TAB 5-1000MG.....	92	
see SYNJARDY TAB 5-500MG .....	92	
see SYNJARDY XR TAB .....	92	
see SYNJARDY XR TAB 10-1000.....	92	
see SYNJARDY XR TAB 25-1000.....	92	
see SYNJARDY XR TAB 5-1000MG... 92		
EMSAM DIS 12MG/24H .....	69	
EMSAM DIS 6MG/24HR .....	69	
EMSAM DIS 9MG/24HR .....	69	
<b>emtricitabine</b>		
see EMTRIVA CAP 200MG .....	19	
see EMTRIVA SOL 10MG/ML .....	19	
<b>emtricitabine-rilpivirine-tenofovir</b>		
<b>    alafenamide fumarate</b>		
see ODEFSEY TAB .....	21	
<b>emtricitabine-rilpivirine-tenofovir</b>		
<b>    disoproxil fumarate</b>		
see TRUVADA TAB 100-150 .....	22	
see TRUVADA TAB 133-200.....	22	
see TRUVADA TAB 167-250 .....	22	
see TRUVADA TAB 200-300 .....	22	
EMTRIVA CAP 200MG .....	19	
EMTRIVA SOL 10MG/ML .....	19	
EMVERM CHW 100MG.....	15	
<b>enalapril maleate &amp;</b>		
<b>    hydrochlorothiazide tab 10-25 mg</b>		
see <b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b>	43	
<b>enalapril maleate &amp;</b>		
<b>    hydrochlorothiazide tab 5-12.5 mg</b>		
see <b>enalapril maleate tab 10 mg</b>	43	
see <b>enalapril maleate tab 2.5 mg</b>	43	
see <b>enalapril maleate tab 20 mg</b>	43	
see <b>enalapril maleate tab 5 mg</b>	43	
<b>enasidenib mesylate</b>		
see IDHIFA TAB 100MG .....	37	
see IDHIFA TAB 50MG .....	37	
ENBREL INJ 25/0.5ML .....	124	
ENBREL INJ 25MG .....	124	
ENBREL INJ 50MG/ML .....	124	
ENBREL MINI INJ 50MG/ML .....	125	
ENBREL SRCLK INJ 50MG/ML.....	125	
ENCARE SUP 100MG .....	118	
Endocet		
see <b>oxycodone w/ acetaminophen tab 10-325 mg</b>	11	
see <b>oxycodone w/ acetaminophen tab 2.5-325 mg</b>	11	
see <b>oxycodone w/ acetaminophen tab 5-325 mg</b>	11	
see <b>oxycodone w/ acetaminophen tab 7.5-325 mg</b>	11	
<b>enfuvirtide</b>		
see FUZEON INJ 90MG .....	19	
ENGERIX-B INJ 10/0.5ML .....	130	
ENGERIX-B INJ 20MCG/ML.....	130	
<b>exenatide injection 100 mcg/ml</b>		
see BYDUREON 100MCG/ML .....	120	

<b>enoxaparin sodium inj 120</b>	
mg/0.8ml .....	120
<b>enoxaparin sodium inj 150 mg/ml</b>	
.....	120
<b>enoxaparin sodium inj 30</b>	
mg/0.3ml .....	120
<b>enoxaparin sodium inj 300 mg/3ml</b>	
.....	120
<b>enoxaparin sodium inj 40</b>	
mg/0.4ml .....	120
<b>enoxaparin sodium inj 60</b>	
mg/0.6ml .....	120
<b>enoxaparin sodium inj 80</b>	
mg/0.8ml .....	120
Enpresse-28	
see <b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b>	97
Enskyce	
see <b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	95
<b>entacapone tab 200 mg</b>	73
<b>entecavir</b>	
see BARACLUDE SOL.....	23
<b>entecavir tab 0.5 mg</b>	23
<b>entecavir tab 1 mg</b>	23
ENTRESTO TAB 24-26MG.....	58
ENTRESTO TAB 49-51MG.....	58
ENTRESTO TAB 97-103MG .....	58
Enulose	
see <b>lactulose (encephalopathy) solution 10 gm/15ml</b>	115
<b>enzalutamide</b>	
see XTANDI CAP 40MG.....	36
EPCLUSIA TAB 400-100.....	27
<b>epinastine hcl ophth soln 0.05%</b>	140
<b>epinephrine (anaphylaxis)</b>	
see EPIPEN 2-PAK INJ 0.3MG .....	142
see EPIPEN-JR INJ 0.15MG.....	142
<b>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</b>	142
<b>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</b>	142
<b>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</b>	142
EPIPEN 2-PAK INJ 0.3MG .....	142
EPIPEN-JR INJ 0.15MG .....	142

<b>epirubicin hcl iv soln 200</b>	
mg/100ml (2 mg/ml) .....	32
<b>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</b>	32
Epitol	
see <b>carbamazepine tab 200 mg</b>	62
EPIVIR HBV SOL 5MG/ML .....	23
<b>eplerenone tab 25 mg</b>	44
<b>eplerenone tab 50 mg</b>	44
<b>epoetin alfa-epbx</b>	
see RETACRIT INJ 10000UNT.....	123
see RETACRIT INJ 2000UNIT.....	123
see RETACRIT INJ 3000UNIT.....	123
see RETACRIT INJ 40000UNT.....	123
see RETACRIT INJ 4000UNIT.....	123
<b>epoprostenol sodium for inj 0.5 mg</b>	60
<b>epoprostenol sodium for inj 1.5 mg</b>	60
<b>eprosartan mesylate tab 600 mg</b>	47
ERBITUX INJ 100MG .....	34
ERBITUX INJ 200MG .....	34
<b>ergocalciferol cap 1.25 mg (50000 unit)</b>	137
<b>ergoloid mesylates tab 1 mg</b>	66
<b>ergotamine w/ caffeine tab 1-100 mg</b>	82
ERIVEDGE CAP 150MG.....	34
ERLEADA TAB 60MG.....	35
<b>erlotinib hcl tab 100 mg (base equivalent)</b>	37
<b>erlotinib hcl tab 150 mg (base equivalent)</b>	37
<b>erlotinib hcl tab 25 mg (base equivalent)</b>	37
Errin	
see <b>norethindrone tab 0.35 mg</b>	99
ERTACZO CRE 2%.....	151
<b>ertapenem sodium</b>	
see INVANZ INJ 1GM .....	15
<b>ertapenem sodium for inj 1 gm (base equivalent)</b>	15
Ery	
see <b>erythromycin pads 2%</b>	149
Ery-tab	
see <b>erythromycin tab delayed release 250 mg</b>	26

see <b>erythromycin tab delayed release 333 mg</b>	26
see <b>erythromycin tab delayed release 500 mg</b>	26
ERYTHROCIN INJ 500MG	25
Erythrocin Stearate	
see <b>erythromycin stearate tab 250 mg</b>	26
<b>erythromycin base (coated)</b>	
see PCE TAB 333MG EC	26
see PCE TAB 500MG EC	26
<b>erythromycin ethylsuccinate for susp 200 mg/5ml</b>	25
<b>erythromycin ethylsuccinate for susp 400 mg/5ml</b>	26
<b>erythromycin ethylsuccinate tab 400 mg</b>	26
<b>erythromycin gel 2%</b>	149
<b>erythromycin lactobionate</b>	
see ERYTHROCIN INJ 500MG	25
<b>erythromycin ophth oint 5 mg/gm</b>	139
<b>erythromycin pads 2%</b>	149
<b>erythromycin soln 2%</b>	149
<b>erythromycin stearate tab 250 mg</b>	26
<b>erythromycin tab 250 mg</b>	26
<b>erythromycin tab 500 mg</b>	26
<b>erythromycin tab delayed release 250 mg</b>	26
<b>erythromycin tab delayed release 333 mg</b>	26
<b>erythromycin tab delayed release 500 mg</b>	26
<b>erythromycin w/ delayed release particles cap 250 mg</b>	26
ESBRIET CAP 267MG	146
ESBRIET TAB 267MG	146
ESBRIET TAB 801MG	147
<b>escitalopram oxalate soln 5 mg/5ml (base equiv)</b>	69
<b>escitalopram oxalate tab 10 mg (base equiv)</b>	69
<b>escitalopram oxalate tab 20 mg (base equiv)</b>	69
<b>escitalopram oxalate tab 5 mg (base equiv)</b>	69

<b>eslicarbazepine acetate</b>	
see APTIOM TAB 200MG	62
see APTIOM TAB 400MG	62
see APTIOM TAB 600MG	62
see APTIOM TAB 800MG	62
<b>esomeprazole magnesium cap delayed release 20 mg (base eq)</b>	117
<b>esomeprazole magnesium cap delayed release 40 mg (base eq)</b>	117
<b>esomeprazole sodium for intravenous soln 20 mg (base equiv)</b>	117
<b>esomeprazole sodium for intravenous soln 40 mg (base equiv)</b>	117
<b>esterified estrogens</b>	
see MENEST TAB 0.3MG	104
see MENEST TAB 0.625MG	104
see MENEST TAB 1.25MG	104
see MENEST TAB 2.5MG	104
<b>estradiol</b>	
see DIVIGEL GEL 0.25MG	101
see DIVIGEL GEL 0.5MG	101
see DIVIGEL GEL 0.75MG	101
see DIVIGEL GEL 1.25MG	101
see DIVIGEL GEL 1MG/GM	101
see ELESTRIN GEL 0.06%	101
see ESTROGEL GEL	103
see EVAMIST SPR 1.53MG	103
<b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</b>	102
<b>estradiol &amp; norethindrone acetate tab 1-0.5 mg</b>	102
<b>estradiol cypionate</b>	
see DEPO-ESTRADI INJ 5MG/ML	101
<b>estradiol tab 0.5 mg</b>	102
<b>estradiol tab 1 mg</b>	102
<b>estradiol tab 2 mg</b>	102
<b>estradiol td patch twice weekly 0.025 mg/24hr</b>	102
<b>estradiol td patch twice weekly 0.0375 mg/24hr</b>	102
<b>estradiol td patch twice weekly 0.05 mg/24hr</b>	102

<b>estradiol td patch twice weekly</b>	124
<b>0.075 mg/24hr</b>	102
<b>estradiol td patch twice weekly 0.1 mg/24hr</b>	102
<b>estradiol td patch weekly 0.025 mg/24hr</b>	103
<b>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</b>	103
<b>estradiol td patch weekly 0.05 mg/24hr</b>	103
<b>estradiol td patch weekly 0.06 mg/24hr</b>	103
<b>estradiol td patch weekly 0.075 mg/24hr</b>	103
<b>estradiol vaginal cream 0.1 mg/gm</b>	103
<b>estradiol vaginal tab 10 mcg</b>	103
<b>estradiol valerate im in oil 20 mg/ml</b>	103
<b>estradiol valerate im in oil 40 mg/ml</b>	103
<b>estradiol valerate-dienogest</b>	98
see NATAZIA TAB	98
<b>estradiol-levonorgestrel</b>	
see CLIMARA PRO DIS WEEKLY	101
<b>estramustine phosphate sodium</b>	
see EMCYT CAP 140MG	31
<b>ESTROGEL GEL</b>	103
<b>estrogens, conjugated</b>	
see PREMARIN INJ 25MG	104
see PREMARIN TAB 0.3MG	104
see PREMARIN TAB 0.45MG	104
see PREMARIN TAB 0.625MG	104
see PREMARIN TAB 0.9MG	104
see PREMARIN TAB 1.25MG	104
<b>estrogens, conjugated vaginal</b>	
see PREMARIN VAG CRE 0.625MG	104
<b>estropipate tab 0.75 mg</b>	103
<b>estropipate tab 1.5 mg</b>	103
<b>estropipate tab 3 mg</b>	103
<b>eszopiclone tab 1 mg</b>	82
<b>eszopiclone tab 2 mg</b>	82
<b>eszopiclone tab 3 mg</b>	82
<b>etanercept</b>	
see ENBREL INJ 25/0.5ML	124
<b>see ENBREL INJ 25MG</b>	124
<b>see ENBREL INJ 50MG/ML</b>	124
<b>see ENBREL MINI INJ 50MG/ML</b>	125
<b>see ENBREL SRCLK INJ 50MG/ML</b>	125
<b>ethacrylate sodium for inj 50 mg</b>	57
<b>ethacrynic acid tab 25 mg</b>	57
<b>ethambutol hcl tab 100 mg</b>	22
<b>ethambutol hcl tab 400 mg</b>	22
<b>ethionamide</b>	
see TRECATOR TAB 250MG	22
<b>ethosuximide cap 250 mg</b>	63
<b>ethosuximide soln 250 mg/5ml</b>	63
<b>ethotoxin</b>	
see PEGANONE TAB 250MG	64
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</b>	96
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</b>	96
<b>etodolac cap 200 mg</b>	1
<b>etodolac cap 300 mg</b>	2
<b>etodolac tab 400 mg</b>	2
<b>etodolac tab 500 mg</b>	2
<b>etodolac tab er 24hr 400 mg</b>	2
<b>etodolac tab er 24hr 500 mg</b>	2
<b>etodolac tab er 24hr 600 mg</b>	2
<b>etonogestrel</b>	
see NEXPLANON IMP 68MG	98
<b>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</b>	96
<b>etoposide cap 50 mg</b>	41
<b>etoposide inj 1 gm/50ml (20 mg/ml)</b>	41
<b>etoposide inj 100 mg/5ml (20 mg/ml)</b>	41
<b>etoposide inj 500 mg/25ml (20 mg/ml)</b>	41
<b>etravirine</b>	
see INTELENCE TAB 100MG	19
see INTELENCE TAB 200MG	19
see INTELENCE TAB 25MG	19
<b>EUCRISA OIN 2%</b>	155
<b>EURAX CRE 10%</b>	156
<b>EVAMIST SPR 1.53MG</b>	103
<b>everolimus</b>	
see AFINITOR DIS TAB 2MG	36
see AFINITOR DIS TAB 3MG	36
see AFINITOR DIS TAB 5MG	36

see AFINITOR TAB 10MG.....	36
<b>everolimus tab 2.5 mg .....</b>	37
<b>everolimus tab 5 mg .....</b>	37
<b>everolimus tab 7.5 mg .....</b>	37
<b>evolocumab</b>	
see REPATHA INJ 140MG/ML .....	51
see REPATHA PUSH INJ 420/3.5 .....	51
see REPATHA SURE INJ 140MG/ML .....	51
EVOTAZ TAB 300-150.....	21
EXELDERM CRE 1% .....	151
EXELDERM SOL 1% .....	151
<b>exemestane tab 25 mg.....</b>	35
<b>ezetimibe tab 10 mg .....</b>	49
<b>ezetimibe-simvastatin tab 10-10 mg.....</b>	49
<b>ezetimibe-simvastatin tab 10-20 mg.....</b>	49
<b>ezetimibe-simvastatin tab 10-40 mg.....</b>	49
<b>ezetimibe-simvastatin tab 10-80 mg.....</b>	49
F	
FACTIVE TAB 320MG.....	27
Falmina	
see <b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg .....</b>	97
<b>famciclovir tab 125 mg .....</b>	23
<b>famciclovir tab 250 mg .....</b>	23
<b>famciclovir tab 500 mg .....</b>	23
<b>famotidine for susp 40 mg/5ml .....</b>	114
<b>famotidine in nacl 0.9% iv soln 20 mg/50ml.....</b>	114
<b>famotidine inj 20 mg/2ml .....</b>	114
<b>famotidine inj 200 mg/20ml .....</b>	114
<b>famotidine inj 40 mg/4ml .....</b>	114
<b>famotidine tab 20 mg .....</b>	114
<b>famotidine tab 40 mg .....</b>	114
FARXIGA TAB 10MG .....	93
FARXIGA TAB 5MG .....	93
FARYDAK CAP 10MG.....	34
FARYDAK CAP 15MG.....	34
FARYDAK CAP 20MG.....	34
Fayosim	
see <b>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est 0.01 mg .....</b>	96
FC2 FEMALE MIS CONDOM .....	132
<b>febuxostat tab 40 mg .....</b>	1
<b>febuxostat tab 80 mg .....</b>	1
<b>felbamate susp 600 mg/5ml .....</b>	63
<b>felbamate tab 400 mg .....</b>	63
<b>felbamate tab 600 mg .....</b>	63
<b>felodipine tab er 24hr 10 mg .....</b>	55
<b>felodipine tab er 24hr 2.5 mg .....</b>	55
<b>felodipine tab er 24hr 5 mg .....</b>	55
FEMCAP MIS 22MM .....	132
FEMCAP MIS 26MM .....	132
FEMCAP MIS 30MM .....	132
<b>fenofibrate cap 150 mg .....</b>	49
<b>fenofibrate cap 50 mg .....</b>	49
<b>fenofibrate micronized cap 130 mg .....</b>	49
<b>fenofibrate micronized cap 134 mg .....</b>	49
<b>fenofibrate micronized cap 200 mg .....</b>	49
<b>fenofibrate micronized cap 43 mg .....</b>	49
<b>fenofibrate micronized cap 67 mg .....</b>	49
<b>fenofibrate tab 145 mg .....</b>	49
<b>fenofibrate tab 160 mg .....</b>	49
<b>fenofibrate tab 48 mg .....</b>	49
<b>fenofibrate tab 54 mg .....</b>	49
<b>fenoprofen calcium tab 600 mg .....</b>	2
<b>fentanyl citrate lozenge on a handle 1200 mcg .....</b>	4
<b>fentanyl citrate lozenge on a handle 1600 mcg .....</b>	4
<b>fentanyl citrate lozenge on a handle 200 mcg .....</b>	4
<b>fentanyl citrate lozenge on a handle 400 mcg .....</b>	4
<b>fentanyl citrate lozenge on a handle 600 mcg .....</b>	4
<b>fentanyl citrate lozenge on a handle 800 mcg .....</b>	4
<b>fentanyl td patch 72hr 100 mcg/hr .....</b>	4
<b>fentanyl td patch 72hr 12 mcg/hr .....</b>	4
<b>fentanyl td patch 72hr 25 mcg/hr .....</b>	4
<b>fentanyl td patch 72hr 50 mcg/hr .....</b>	4
<b>fentanyl td patch 72hr 75 mcg/hr .....</b>	4
FERRIPROX SOL 100MG/ML.....	95
FERRIPROX TAB 1000MG .....	95
FERRIPROX TAB 500MG .....	95

<b>fesoterodine fumarate</b>	
see TOVIAZ TAB 4MG .....	119
see TOVIAZ TAB 8MG .....	119
FETZIMA CAP 120MG .....	69
FETZIMA CAP 20MG.....	69
FETZIMA CAP 40MG.....	69
FETZIMA CAP 80MG.....	69
FETZIMA CAP TITRATIO.....	69
FIASP FLEX INJ TOUCH .....	90
FIASP INJ 100/ML.....	90
FIASP PENFIL INJ U-100.....	90
<b>fidaxomicin</b>	
see DIFICID TAB 200MG .....	25
<b>filgrastim-aafi</b>	
see NIVESTYM INJ 300/0.5 .....	122
see NIVESTYM INJ 300MCG .....	122
see NIVESTYM INJ 480/0.8 .....	122
see NIVESTYM INJ 480MCG .....	122
FINACEA AER 15%.....	155
<b>finasteride tab 5 mg</b> .....	118
<b> fingolimod hcl</b>	
see GILENYA CAP 0.5MG .....	85
<b>flavoxate hcl tab 100 mg</b> .....	119
<b>flecainide acetate tab 100 mg</b> .....	47
<b>flecainide acetate tab 150 mg</b> .....	47
<b>flecainide acetate tab 50 mg</b> .....	47
<b>flexuridine for inj 0.5 gm</b> .....	32
FLUAD INJ 2019-20 .....	130
FLUAD QUADRI INJ 0.5ML .....	130
FLUARIX QUAD INJ 2019-20.....	130
FLUBLOK QUAD INJ 2019-20.....	130
FLUCLVX QUAD INJ 2019-20 .....	130
<b>fluconazole for susp 10 mg/ml</b> .....	17
<b>fluconazole for susp 40 mg/ml</b> .....	17
<b>fluconazole in nacl 0.9% inj 200 mg/100ml</b> .....	17
<b>fluconazole in nacl 0.9% inj 400 mg/200ml</b> .....	17
<b>fluconazole tab 100 mg</b> .....	17
<b>fluconazole tab 150 mg</b> .....	17
<b>fluconazole tab 200 mg</b> .....	17
<b>fluconazole tab 50 mg</b> .....	17
FLUCONAZOLE/ INJ NACL 100 .....	17
<b>fludarabine phosphate for inj 50 mg</b> .....	32
<b>fludarabine phosphate inj 25 mg/ml</b> .....	32
<b>fludrocortisone acetate tab 0.1 mg</b>	
.....	105
FLULALVAL QUA INJ 2019-20.....	130
FLUMIST QUAD SUS 2019-20 .....	130
<b>flunisolide nasal soln 25 mcg/act (0.025%)</b> .....	147
<b>fluocinolone acetonide (otic) oil 0.01%</b> .....	156
<b>fluocinolone acetonide cream 0.01%</b> .....	154
<b>fluocinolone acetonide cream 0.025%</b> .....	154
<b>fluocinolone acetonide oil 0.01% (body oil)</b> .....	154
<b>fluocinolone acetonide oil 0.01% (scalp oil)</b> .....	154
<b>fluocinolone acetonide oint 0.025%</b> .....	154
<b>fluocinolone acetonide soln 0.01%</b> .....	154
<b>fluocinonide cream 0.05%</b> .....	154
<b>fluocinonide gel 0.05%</b> .....	154
<b>fluocinonide oint 0.05%</b> .....	154
<b>fluocinonide soln 0.05%</b> .....	154
FLUORABON DRO .....	134
Floritab	
see <b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</b> .....	135
see <b>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</b> .....	135
see <b>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</b> .....	135
see <b>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</b> .....	135
<b>fluorometholone (ophth)</b>	
see FML FORTE SUS 0.25% OP .....	140
see FML OIN 0.1% OP .....	140
<b>fluorometholone ophth susp 0.1%</b>	
.....	140
FLUOROPLEX CRE 1% .....	150
<b>fluorouracil (topical)</b>	
see FLUOROPLEX CRE 1% .....	150
<b>fluorouracil cream 0.5%</b> .....	150
<b>fluorouracil cream 5%</b> .....	150
<b>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</b> .....	32

<b>fluorouracil iv soln 2.5 gm/50ml</b>	
(50 mg/ml) .....	32
<b>fluorouracil iv soln 5 gm/100ml</b>	
(50 mg/ml) .....	33
<b>fluorouracil iv soln 500 mg/10ml</b>	
(50 mg/ml) .....	33
<b>fluorouracil soln 2%</b>	150
<b>fluorouracil soln 5%</b>	150
<b>fluoxetine hcl cap 10 mg</b>	69
<b>fluoxetine hcl cap 20 mg</b>	69
<b>fluoxetine hcl cap 40 mg</b>	69
<b>fluoxetine hcl cap delayed release</b>	
<b>90 mg</b> .....	70
<b>fluoxetine hcl solution 20 mg/5ml</b>	
.....	70
<b>fluoxetine hcl tab 10 mg</b>	70
<b>fluoxetine hcl tab 20 mg</b>	70
<b>fluphenazine decanoate inj 25</b>	
mg/ml .....	75
<b>fluphenazine hcl elixir 2.5 mg/5ml</b>	
.....	75
<b>fluphenazine hcl inj 2.5 mg/ml</b> ....	75
<b>fluphenazine hcl oral conc 5 mg/ml</b>	
.....	75
<b>fluphenazine hcl tab 1 mg</b>	75
<b>fluphenazine hcl tab 10 mg</b>	75
<b>fluphenazine hcl tab 2.5 mg</b>	75
<b>fluphenazine hcl tab 5 mg</b>	75
Flura-drops	
see <b>sodium fluoride soln 0.25</b>	
<b>mg/drop f (from 0.55 mg/drop</b>	
<b>naf)</b> .....	135
<b>flurbiprofen sodium ophth soln</b>	
<b>0.03%</b> .....	140
<b>flurbiprofen tab 100 mg</b>	2
<b>flurbiprofen tab 50 mg</b>	2
<b>flutamide cap 125 mg</b>	35
<b>fluticasone furoate (inhalation)</b>	
see ARNUITY ELPT INH 100MCG ....	148
see ARNUITY ELPT INH 200MCG ....	148
see ARNUITY ELPT INH 50MCG.....	147
<b>fluticasone furoate-vilanterol</b>	
see BREO ELLIPTA INH 100-25.....	148
see BREO ELLIPTA INH 200-25.....	148
<b>fluticasone propionate cream</b>	
<b>0.05%</b> .....	154

<b>fluticasone propionate lotion</b>	
<b>0.05%</b> .....	154
<b>fluticasone propionate nasal susp</b>	
<b>50 mcg/act</b> .....	147
<b>fluticasone propionate oint 0.005%</b>	
.....	154
<b>fluticasone-salmeterol</b>	
see ADVAIR DISKU AER 100/50.....	148
see ADVAIR DISKU AER 250/50.....	148
see ADVAIR DISKU AER 500/50.....	148
see ADVAIR HFA AER 115/21.....	148
see ADVAIR HFA AER 230/21.....	148
see ADVAIR HFA AER 45/21 .....	148
<b>fluvastatin sodium cap 20 mg</b>	
<b>(base equivalent)</b> .....	49
<b>fluvastatin sodium cap 40 mg</b>	
<b>(base equivalent)</b> .....	49
<b>fluvastatin sodium tab er 24 hr 80</b>	
<b>mg (base equivalent)</b> .....	50
<b>fluvoxamine maleate cap er 24hr</b>	
<b>100 mg</b> .....	84
<b>fluvoxamine maleate cap er 24hr</b>	
<b>150 mg</b> .....	84
<b>fluvoxamine maleate tab 100 mg</b>	84
<b>fluvoxamine maleate tab 25 mg</b> ...	84
<b>fluvoxamine maleate tab 50 mg</b> ...	84
FLUZONE HD INJ PF 19-20.....	130
FLUZONE QUAD INJ 2019-20.....	130
FML FORTE SUS 0.25% OP .....	140
FML OIN 0.1% OP .....	140
<b>folic acid cap 0.8 mg</b> .....	137
<b>folic acid tab 1 mg</b> .....	137
<b>folic acid tab 400 mcg</b> .....	137
<b>folic acid tab 800 mcg</b> .....	137
<b>folic acid-pyridoxine-</b>	
<b>cyanocobalamin tab 2.5-25-2 mg</b>	
.....	137
<b>fondaparinux sodium subcutaneous</b>	
<b>inj 10 mg/0.8ml</b> .....	120
<b>fondaparinux sodium subcutaneous</b>	
<b>inj 2.5 mg/0.5ml</b> .....	120
<b>fondaparinux sodium subcutaneous</b>	
<b>inj 5 mg/0.4ml</b> .....	120
<b>fondaparinux sodium subcutaneous</b>	
<b>inj 7.5 mg/0.6ml</b> .....	120
<b>formoterol fumarate</b>	
see PERFOROMIST NEB 20MCG.....	145

FOSAMAX + D TAB 70-2800 .....	94
FOSAMAX + D TAB 70-5600 .....	94
<b>fosamprenavir calcium</b>	
see LEXIVA SUS 50MG/ML.....	19
<b>fosamprenavir calcium tab 700 mg (base equiv)</b> .....	19
<b>fosfomycin tromethamine</b>	
see MONUROL PAK GRANULES .....	14
<b>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</b> .....	43
<b>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</b> .....	43
<b>fosinopril sodium tab 10 mg</b> .....	44
<b>fosinopril sodium tab 20 mg</b> .....	44
<b>fosinopril sodium tab 40 mg</b> .....	44
<b>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</b> .....	63
<b>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</b> .....	63
FOSRENOL POW 1000MG .....	108
FOSRENOL POW 750MG.....	108
FRAGMIN INJ 10000/ML .....	121
FRAGMIN INJ 12500UNT.....	121
FRAGMIN INJ 15000UNT.....	121
FRAGMIN INJ 18000UNT.....	121
FRAGMIN INJ 2500/0.2 .....	120
FRAGMIN INJ 5000/0.2 .....	120
FRAGMIN INJ 7500/0.3 .....	121
FRAGMIN INJ 95000UNT.....	121
<b>frovatriptan succinate tab 2.5 mg (base equivalent)</b> .....	82
<b>fulvestrant inj 250 mg/5ml</b> .....	35
<b>furosemide inj 10 mg/ml</b> .....	57
<b>furosemide oral soln 10 mg/ml</b> .....	57
<b>furosemide oral soln 8 mg/ml</b> .....	57
<b>furosemide tab 20 mg</b> .....	57
<b>furosemide tab 40 mg</b> .....	57
<b>furosemide tab 80 mg</b> .....	57
FUZEON INJ 90MG .....	19
FYCOMPA SUS 0.5MG/ML.....	63
FYCOMPA TAB 10MG .....	63
FYCOMPA TAB 12MG .....	63
FYCOMPA TAB 2MG.....	63
FYCOMPA TAB 4MG.....	63
FYCOMPA TAB 6MG.....	63
<b>FYCOMPA TAB 8MG</b> .....	63
<b>G</b>	
<b>gabapentin cap 100 mg</b> .....	63
<b>gabapentin cap 300 mg</b> .....	63
<b>gabapentin cap 400 mg</b> .....	63
<b>gabapentin oral soln 250 mg/5ml</b> .....	63
<b>gabapentin tab 600 mg</b> .....	63
<b>gabapentin tab 800 mg</b> .....	63
<b>galantamine hydrobromide cap er 24hr 16 mg</b> .....	66
<b>galantamine hydrobromide cap er 24hr 24 mg</b> .....	66
<b>galantamine hydrobromide cap er 24hr 8 mg</b> .....	66
<b>galantamine hydrobromide oral soln 4 mg/ml</b> .....	66
<b>galantamine hydrobromide tab 12 mg</b> .....	66
<b>galantamine hydrobromide tab 4 mg</b> .....	66
<b>galantamine hydrobromide tab 8 mg</b> .....	66
<b>ganciclovir ophthalmic</b>	
see ZIRGAN GEL 0.15% .....	139
GARDASIL 9 INJ.....	130
<b>gatifloxacin ophth soln 0.5%</b> .....	139
Gavilyte-c	
see <b>peg 3350-kcl-na bicarb-nacl- na sulfate for soln 240 gm</b> .....	116
Gavilyte-g	
see <b>peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm</b> .....	116
Gavilyte-h	
see <b>bisacodyl tab &amp; peg 3350-kcl- sod bicarb-nacl for soln kit</b> .....	115
Gavilyte-n/flavor Pack	
see <b>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</b> .....	116
GAZYVA INJ 25MG/ML.....	34
<b>gemcitabine hcl for inj 1 gm</b> .....	33
<b>gemcitabine hcl for inj 2 gm</b> .....	33
<b>gemcitabine hcl for inj 200 mg</b> .....	33
<b>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</b> .....	33
<b>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</b> .....	33

<b>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</b>	33
<b>gemfibrozil tab 600 mg</b>	49
<b>gemifloxacin mesylate</b>	
see FACTIVE TAB 320MG	27
<b>Generlac</b>	
see <b>lactulose (encephalopathy) solution 10 gm/15ml</b>	115
<b>Gengraf</b>	
see <b>cyclosporine modified cap 100 mg</b>	129
see <b>cyclosporine modified cap 25 mg</b>	129
see <b>cyclosporine modified oral soln 100 mg/ml</b>	129
<b>Gentak</b>	
see <b>gentamicin sulfate ophth oint 0.3%</b>	139
<b>gentamicin in saline inj 0.8 mg/ml</b>	14
<b>gentamicin in saline inj 1 mg/ml</b>	14
<b>gentamicin in saline inj 1.2 mg/ml</b>	14
<b>gentamicin in saline inj 1.6 mg/ml</b>	14
<b>gentamicin in saline inj 2 mg/ml</b>	14
<b>gentamicin sulfate cream 0.1%</b>	150
<b>gentamicin sulfate inj 10 mg/ml</b>	14
<b>gentamicin sulfate inj 40 mg/ml</b>	14
<b>gentamicin sulfate oint 0.1%</b>	150
<b>gentamicin sulfate ophth oint 0.3%</b>	139
<b>gentamicin sulfate ophth soln 0.3%</b>	139
<b>GENVOYA TAB</b>	21
<b>Gianvi</b>	
see <b>drospernone-ethinyl estradiol tab 3-0.02 mg</b>	96
<b>GILENYA CAP 0.5MG</b>	85
<b>GLASSIA INJ</b>	147
<b>glatiramer acetate</b>	
see COPAXONE INJ 20MG/ML	85
see COPAXONE INJ 40MG/ML	85
<b>glatiramer acetate soln prefilled syringe 20 mg/ml</b>	85
<b>glatiramer acetate soln prefilled syringe 40 mg/ml</b>	85

<b>Glatopa</b>	
see <b>glatiramer acetate soln prefilled syringe 20 mg/ml</b>	85
<b>GLEOSTINE CAP 100MG</b>	31
<b>GLEOSTINE CAP 10MG</b>	31
<b>GLEOSTINE CAP 40MG</b>	31
<b>GLEOSTINE CAP 5MG</b>	31
<b>GLIADEL WAF 7.7MG</b>	31
<b>glimepiride tab 1 mg</b>	93
<b>glimepiride tab 2 mg</b>	93
<b>glimepiride tab 4 mg</b>	93
<b>glipizide tab 10 mg</b>	93
<b>glipizide tab 5 mg</b>	93
<b>glipizide tab er 24hr 10 mg</b>	93
<b>glipizide tab er 24hr 2.5 mg</b>	93
<b>glipizide tab er 24hr 5 mg</b>	93
<b>glipizide-metformin hcl tab 2.5-250 mg</b>	89
<b>glipizide-metformin hcl tab 2.5-500 mg</b>	89
<b>glipizide-metformin hcl tab 5-500 mg</b>	89
<b>glucagon (rdna)</b>	
see GLUCAGON KIT 1MG	107
<b>GLUCAGON KIT 1MG</b>	107
<b>glucose blood</b>	
see ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	133
<b>GLUCOSE URINE TEST STRIPS</b>	133
<b>glucose urine test-(glucose oxidase)</b>	
see GLUCOSE URINE TEST STRIPS	133
<b>glyburide micronized tab 1.5 mg</b>	93
<b>glyburide micronized tab 3 mg</b>	93
<b>glyburide micronized tab 6 mg</b>	93
<b>glyburide tab 1.25 mg</b>	94
<b>glyburide tab 2.5 mg</b>	94
<b>glyburide tab 5 mg</b>	94
<b>glyburide-metformin tab 1.25-250 mg</b>	89
<b>glyburide-metformin tab 2.5-500 mg</b>	89
<b>glyburide-metformin tab 5-500 mg</b>	89
<b>glycopyrrolate</b>	
see CUVPOSA SOL 1MG/5ML	111
<b>glycopyrrolate inj 0.2 mg/ml</b>	111

<b>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</b> .....	111
<b>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</b> .....	111
<b>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</b> .....	111
<b>glycopyrrolate tab 1 mg</b> .....	112
<b>glycopyrrolate tab 2 mg</b> .....	112
<b>glycopyrrolate-formoterol fumarate</b>	
see BEVESPI AER 9-4.8MCG .....	142
GLYXAMBI TAB 10-5 MG.....	93
GLYXAMBI TAB 25-5 MG.....	93
<b>golimumab</b>	
see SIMPONI ARIA SOL 50MG/4ML	126
see SIMPONI INJ 100MG/ML.....	126
see SIMPONI INJ 50/0.5ML .....	126
<b>GOLYTELY SOL</b> .....	115
GoodSense Aspirin	
see <b>aspirin chew tab 81 mg</b> .....	13
GoodSense Nicotine Polacr	
see <b>nicotine polacrilex lozenge 4 mg</b> .....	88
<b>granisetron</b>	
see SANCUSO DIS 3.1MG .....	114
<b>granisetron hcl inj 0.1 mg/ml</b> .....	112
<b>granisetron hcl inj 1 mg/ml</b> .....	112
<b>granisetron hcl inj 4 mg/4ml (1 mg/ml)</b> .....	112
<b>granisetron hcl tab 1 mg</b> .....	112
<b>griseofulvin microsize susp 125 mg/5ml</b> .....	18
<b>griseofulvin microsize tab 500 mg</b> .....	18
<b>griseofulvin ultramicrosize tab 125 mg</b> .....	18
<b>griseofulvin ultramicrosize tab 250 mg</b> .....	18
<b>guaifenesin-codeine soln 100-10 mg/5ml</b> .....	145
<b>guanfacine hcl tab 1 mg</b> .....	58
<b>guanfacine hcl tab 2 mg</b> .....	58
<b>guanfacine hcl tab er 24hr 1 mg (base equiv)</b> .....	80
<b>guanfacine hcl tab er 24hr 2 mg (base equiv)</b> .....	80
<b>guanfacine hcl tab er 24hr 3 mg (base equiv)</b> .....	80

<b>guanfacine hcl tab er 24hr 4 mg (base equiv)</b> .....	80
GUANIDINE TAB 125MG .....	84
<b>guselkumab</b>	
see TREMFYA INJ 100MG/ML.....	126
GYNAZOLE-1 CRE 2% .....	120
GYNOL II GEL 3% .....	118
<b>H</b>	
<b>haemophilus b polysac conj vac</b>	
see ACTHIB INJ .....	129
see HIBERIX SOL 10MCG.....	131
see PEDVAX HIB INJ .....	131
<b>halobetasol propionate cream 0.05%</b> .....	154
<b>halobetasol propionate oint 0.05%</b> .....	154
<b>haloperidol decanoate im soln 100 mg/ml</b> .....	75
<b>haloperidol decanoate im soln 50 mg/ml</b> .....	75
<b>haloperidol lactate inj 5 mg/ml</b> ....	75
<b>haloperidol lactate oral conc 2 mg/ml</b> .....	76
<b>haloperidol tab 0.5 mg</b> .....	76
<b>haloperidol tab 1 mg</b> .....	76
<b>haloperidol tab 10 mg</b> .....	76
<b>haloperidol tab 2 mg</b> .....	76
<b>haloperidol tab 20 mg</b> .....	76
<b>haloperidol tab 5 mg</b> .....	76
HARVONI TAB 45-200MG.....	27
HARVONI TAB 90-400MG.....	27
HAVRIX INJ 1440UNIT .....	130
HAVRIX INJ 720UNIT .....	130
Heather	
see <b>norethindrone tab 0.35 mg</b> ...	99
HEMLIBRA INJ 105/0.7 .....	123
HEMLIBRA INJ 150/ML.....	123
HEMLIBRA INJ 30MG/ML .....	123
HEMLIBRA INJ 60/0.4.....	123
<b>heparin sodium (porcine) inj 1000 unit/ml</b> .....	121
<b>heparin sodium (porcine) inj 10000 unit/ml</b> .....	121
<b>heparin sodium (porcine) inj 20000 unit/ml</b> .....	121
<b>heparin sodium (porcine) inj 5000 unit/ml</b> .....	121

<b>heparin sodium (porcine) pf inj</b>	
<b>5000 unit/0.5ml</b>	121
<b>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</b>	
see TWINRIX INJ	132
<b>hepatitis a vaccine</b>	
see HAVRIX INJ 1440UNIT	130
see HAVRIX INJ 720UNIT	130
see VAQTA INJ 25/0.5ML	132
see VAQTA INJ 50UNT/ML	132
<b>hepatitis b vaccine (recomb)</b>	
see ENGERIX-B INJ 10/0.5ML	130
see ENGERIX-B INJ 20MCG/ML	130
see RECOMBIVA HB INJ 10MCG/ML	
.....	131
see RECOMBIVA HB INJ 5MCG/0.5	131
see RECOMBIVA-HB INJ 40MCG/ML	
.....	131
<b>hepatitis b vaccine recombinant adjuvanted</b>	
see HEPLISAV-B INJ 20/0.5ML	130
see HEPLISAV-B INJ 20MCG	131
HEPLISAV-B INJ 20/0.5ML	130
HEPLISAV-B INJ 20MCG	131
HETLIOZ CAP 20MG	82
HEXALEN CAP 50MG	31
HIBERIX SOL 10MCG	131
<b>human papillomavirus (hpv) 9-valent recombinant vaccine</b>	
see GARDASIL 9 INJ	130
HUMATROPE INJ 12MG	107
HUMATROPE INJ 24MG	107
HUMATROPE INJ 5MG	107
HUMATROPE INJ 6MG	107
HUMATROPEN MIS FOR 12MG	133
HUMATROPEN MIS FOR 24MG	133
HUMATROPEN MIS FOR 6MG	133
HUMIRA INJ 10/0.1ML	125
HUMIRA INJ 10MG/0.2	125
HUMIRA INJ 20/0.2ML	125
HUMIRA INJ 40/0.4ML	125
HUMIRA KIT 20MG/0.4	125
HUMIRA KIT 40MG/0.8	125
HUMIRA PEDIA INJ CROHNS	125
HUMIRA PEN INJ 40/0.4ML	125
HUMIRA PEN INJ CD/UC/HS	125
HUMIRA PEN INJ PS/UV	125
HUMIRA PEN KIT CD/UC/HS	125
HUMIRA PEN KIT PS/UV	125
HUMULIN INJ 70/30	90
HUMULIN INJ 70/30KWP	90
HUMULIN N INJ U-100	90
HUMULIN N INJ U-100KWP	90
HUMULIN R INJ U-100	91
HUMULIN R INJ U-500	91
<b>hydralazine hcl inj 20 mg/ml</b>	58
<b>hydralazine hcl tab 10 mg</b>	58
<b>hydralazine hcl tab 100 mg</b>	58
<b>hydralazine hcl tab 25 mg</b>	58
<b>hydralazine hcl tab 50 mg</b>	58
<b>hydrochlorothiazide cap 12.5 mg</b>	57
<b>hydrochlorothiazide tab 12.5 mg</b>	57
<b>hydrochlorothiazide tab 25 mg</b>	57
<b>hydrochlorothiazide tab 50 mg</b>	57
<b>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</b>	145
<b>hydrocodone w/ homatropine tab 5-1.5 mg</b>	145, 146
<b>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</b>	5
<b>hydrocodone-acetaminophen tab 10-325 mg</b>	5
<b>hydrocodone-acetaminophen tab 5-325 mg</b>	5
<b>hydrocodone-acetaminophen tab 7.5-325 mg</b>	5
<b>hydrocodone-ibuprofen tab 10-200 mg</b>	5
<b>hydrocortisone butyrate cream 0.1%</b>	154
<b>hydrocortisone butyrate</b>	
<b>hydrophilic lipo base cream 0.1%</b>	
.....	154
<b>hydrocortisone butyrate oint 0.1%</b>	
.....	154
<b>hydrocortisone butyrate soln 0.1%</b>	
.....	154
<b>hydrocortisone cream 1%</b>	154
<b>hydrocortisone cream 2.5%</b>	154
<b>hydrocortisone enema 100 mg/60ml</b>	115
<b>hydrocortisone lotion 2.5%</b>	154
<b>hydrocortisone oint 1%</b>	154
<b>hydrocortisone oint 2.5%</b>	154

<b>hydrocortisone perianal cream 1%</b>	118
<b>hydrocortisone perianal cream 2.5%</b>	118
<b>hydrocortisone sod succinate</b>	
see SOLU-CORTEF INJ 1000MG.....	106
see SOLU-CORTEF INJ 100MG .....	106
see SOLU-CORTEF INJ 250MG .....	106
see SOLU-CORTEF INJ 500MG .....	106
<b>hydrocortisone tab 10 mg</b>	105
<b>hydrocortisone tab 20 mg</b>	105
<b>hydrocortisone tab 5 mg</b>	105
<b>hydrocortisone valerate cream 0.2%</b>	154
<b>hydrocortisone valerate oint 0.2%</b>	154
<b>hydrocortisone w/ acetic acid otic soln 1-2%</b>	156
Hydromet	
see <b>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</b>	145
<b>HYDROMORPHON SUP 3MG.....</b>	5
<b>hydromorphone hcl inj 1 mg/ml</b>	5
<b>hydromorphone hcl inj 2 mg/ml</b>	5
<b>hydromorphone hcl inj 4 mg/ml</b>	5
<b>hydromorphone hcl preservative free (pf) inj 10 mg/ml</b>	5
<b>hydromorphone hcl tab 2 mg</b>	5
<b>hydromorphone hcl tab 4 mg</b>	6
<b>hydromorphone hcl tab 8 mg</b>	6
<b>hydromorphone hcl tab er 24hr deter 12 mg</b>	6
<b>hydromorphone hcl tab er 24hr deter 16 mg</b>	6
<b>hydromorphone hcl tab er 24hr deter 32 mg</b>	6
<b>hydromorphone hcl tab er 24hr deter 8 mg</b>	6
<b>hydroxychloroquine sulfate tab 200 mg</b>	127
<b>hydroxyurea (sickle cell anemia)</b>	
see DROXIA CAP 200MG.....	40
see DROXIA CAP 300MG.....	40
see DROXIA CAP 400MG.....	40
<b>hydroxyurea cap 500 mg</b>	40
<b>hydroxyzine hcl im soln 25 mg/ml</b>	143
<b>hydroxyzine hcl im soln 50 mg/ml</b>	143
<b>hydroxyzine hcl syrup 10 mg/5ml</b>	143
<b>hydroxyzine hcl tab 10 mg</b>	144
<b>hydroxyzine hcl tab 25 mg</b>	144
<b>hydroxyzine hcl tab 50 mg</b>	144
<b>hydroxyzine pamoate cap 100 mg</b>	144
<b>hydroxyzine pamoate cap 25 mg</b>	144
<b>hydroxyzine pamoate cap 50 mg</b>	144
<b>hyoscyamine sulfate sl tab 0.125 mg</b>	112
<b>hyoscyamine sulfate tab 0.125 mg</b>	112
<b>hyoscyamine sulfate tab disint 0.125 mg</b>	112
<b>hyoscyamine sulfate tab er 12hr 0.375 mg</b>	112
HYQVIA INJ 10-800.....	127
HYQVIA INJ 2.5-200 .....	127
HYQVIA INJ 20-1600 .....	127
HYQVIA INJ 30-2400 .....	128
HYQVIA INJ 5-400 .....	127
I	
<b>ibalizumab-uiyk</b>	
see TROGARZO INJ 150MG/ML.....	20
<b>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</b>	94
<b>ibandronate sodium tab 150 mg (base equivalent)</b>	94
IBRANCE CAP 100MG .....	34
IBRANCE CAP 125MG .....	34
IBRANCE CAP 75MG .....	34
IBRANCE TAB 100MG .....	34
IBRANCE TAB 125MG .....	34
IBRANCE TAB 75MG .....	34
<b>ibrutinib</b>	
see IMBRUVICA CAP 140MG .....	38
see IMBRUVICA CAP 70MG.....	37
see IMBRUVICA TAB 140MG .....	38
see IMBRUVICA TAB 280MG .....	38
see IMBRUVICA TAB 420MG .....	38
see IMBRUVICA TAB 560MG .....	38
<b>ibuprofen susp 100 mg/5ml</b>	2
<b>ibuprofen tab 400 mg</b>	2
<b>ibuprofen tab 600 mg</b>	2

<b>ibuprofen tab 800 mg</b>	2
<b>icatibant acetate inj 30 mg/3ml (base equivalent)</b>	123
ICLUSIG TAB 15MG	37
ICLUSIG TAB 45MG	37
<b>icosapent ethyl</b>	
see VASCEPA CAP 0.5GM	50
see VASCEPA CAP 1GM	50
<b>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</b>	32
<b>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</b>	32
<b>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</b>	32
<b>idelalisib</b>	
see ZYDELIG TAB 100MG	40
see ZYDELIG TAB 150MG	40
IDHIFA TAB 100MG	37
IDHIFA TAB 50MG	37
<b>ifosfamide for inj 1 gm</b>	31
<b>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</b>	31
<b>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</b>	31
<b>iloprost</b>	
see VENTAVIS SOL 10MCG/ML	61
see VENTAVIS SOL 20MCG/ML	61
<b>imatinib mesylate tab 100 mg (base equivalent)</b>	37
<b>imatinib mesylate tab 400 mg (base equivalent)</b>	37
IMBRUVICA CAP 140MG	38
IMBRUVICA CAP 70MG	37
IMBRUVICA TAB 140MG	38
IMBRUVICA TAB 280MG	38
IMBRUVICA TAB 420MG	38
IMBRUVICA TAB 560MG	38
<b>imipenem-cilastatin intravenous for soln 250 mg</b>	15
<b>imipenem-cilastatin intravenous for soln 500 mg</b>	15
<b>imipramine hcl tab 10 mg</b>	70
<b>imipramine hcl tab 25 mg</b>	70
<b>imipramine hcl tab 50 mg</b>	70
<b>imipramine pamoate cap 100 mg</b>	70
<b>imipramine pamoate cap 125 mg</b>	70
<b>imipramine pamoate cap 150 mg</b>	70

<b>imipramine pamoate cap 75 mg</b>	70
<b>imiquimod cream 5%</b>	150
<b>immune globulin (human)- hyaluronidase (human recombinant)</b>	
see HYQVIA INJ 10-800	127
see HYQVIA INJ 2.5-200	127
see HYQVIA INJ 20-1600	127
see HYQVIA INJ 30-2400	128
see HYQVIA INJ 5-400	127
INCRELEX INJ 40MG/4ML	107
INCRUSE ELPT INH 62.5MCG	142
<b>indapamide tab 1.25 mg</b>	57
<b>indapamide tab 2.5 mg</b>	57
<b>indinavir sulfate</b>	
see CRIXIVAN CAP 200MG	18
see CRIXIVAN CAP 400MG	19
INFANRIX INJ	131
<b>influenza virus vac recom- hemagglutinin (ha) quadrivalent</b>	
see FLUBLOK QUAD INJ 2019-20	130
<b>influenza virus vacc types a &amp; b surf antigen adjuvant quad</b>	
see FLUAD QUADRI INJ 0.5ML	130
<b>influenza virus vaccine live quadrivalent</b>	
see FLUMIST QUAD SUS 2019-20	130
<b>influenza virus vaccine split high- dose preservative free</b>	
see FLUZONE HD INJ PF 19-20	130
<b>influenza virus vaccine split quadrivalent</b>	
see AFLURIA QUAD INJ 2019-20	129
see FLUARIX QUAD INJ 2019-20	130
see FLULAVAL QUA INJ 2019-20	130
see FLUZONE QUAD INJ 2019-20	130
<b>influenza virus vaccine tissue- cultured subunit quadrivalent</b>	
see FLUCLVX QUAD INJ 2019-20	130
<b>influenza virus vaccine types a &amp; b surface antigen adjuvant</b>	
see FLUAD INJ 2019-20	130
<b>ingenol mebutate</b>	
see PICATO GEL 0.015%	150
see PICATO GEL 0.05%	150
<b>injection device</b>	
see HUMATROPEM MIS FOR 12MG	133

see HUMATROPEN MIS FOR 24MG	133
see HUMATROPEN MIS FOR 6MG...	133
INLYTA TAB 1MG.....	38
INLYTA TAB 5MG.....	38
<b>insulin aspart</b>	
see NOVOLOG INJ 100/ML.....	91
see NOVOLOG INJ FLEXPEN .....	91
see NOVOLOG INJ PENFILL .....	91
<b>insulin aspart (with niacinamide)</b>	
see FIASP FLEX INJ TOUCH.....	90
see FIASP INJ 100/ML .....	90
see FIASP PENFIL INJ U-100.....	90
<b>insulin aspart protamine &amp; aspart (human)</b>	
see NOVOLOG MIX INJ 70/30.....	91
see NOVOLOG MIX INJ FLEXPEN.....	91
<b>insulin degludec</b>	
see TRESIBA FLEX INJ 100UNIT.....	91
see TRESIBA FLEX INJ 200UNIT.....	91
see TRESIBA INJ 100UNIT.....	91
<b>insulin degludec-liraglutide</b>	
see XULTOPHY INJ 100/3.6.....	90
<b>insulin detemir</b>	
see LEVEMIR INJ.....	91
see LEVEMIR INJ FLEXTOU.....	91
<b>insulin glargine</b>	
see BASAGLAR KWIKPEN .....	90
<b>insulin glargine-lixisenatide</b>	
see SOLIQUA INJ 100/33 .....	90
<b>insulin nph (human) (isophane)</b>	
see HUMULIN N INJ U-100 .....	90
see HUMULIN N INJ U-100KWP .....	90
see NOVOLIN N INJ 100 UNIT.....	91
see NOVOLIN N INJ U-100.....	91
<b>insulin nph isophane &amp; reg (human)</b>	
see HUMULIN INJ 70/30 .....	90
see HUMULIN INJ 70/30KWP .....	90
see NOVOLIN INJ 70/30 .....	91
see NOVOLIN INJ 70/30 FP .....	91
<b>insulin pen needle</b>	
see INSULIN PEN NEEDLES .....	133
INSULIN PEN NEEDLES .....	133
INSULIN PEN NEEDLES/SYRINGES ...	133
<b>insulin regular (human)</b>	
see HUMULIN R INJ U-100.....	91
see HUMULIN R INJ U-500.....	91
see NOVOLIN R INJ 100 UNIT.....	91
see NOVOLIN R INJ U-100 .....	91
<b>insulin syringe/needle u-100</b>	
see INSULIN PEN	
NEEDLES/SYRINGES .....	133
INTELENCE TAB 100MG .....	19
INTELENCE TAB 200MG .....	19
INTELENCE TAB 25MG .....	19
<b>interferon alfa-2b</b>	
seeINTRON A INJ 10MU .....	128
seeINTRON A INJ 18MU .....	128
seeINTRON A INJ 25MU .....	128
seeINTRON A INJ 50MU .....	128
<b>interferon alfa-n3</b>	
see ALFERON N INJ 5MU/ML.....	128
<b>interferon beta-1a</b>	
see AVONEX KIT 30MCG .....	84
see AVONEX PEN KIT 30MCG .....	85
see AVONEX PREFL KIT 30MCG.....	85
see REBIF INJ 22/0.5 .....	85
see REBIF INJ 44/0.5.....	85
see REBIF REBIDO INJ 22/0.5 .....	85
see REBIF REBIDO INJ 44/0.5 .....	85
see REBIF REBIDO INJ TITRATN .....	85
see REBIF TITRTN INJ PACK .....	85
<b>interferon beta-1b</b>	
see BETASERON INJ 0.3MG .....	85
<b>interferon gamma-1b</b>	
see ACTIMMUNE INJ 2MU/0.5 .....	128
INTRAROSA SUP 6.5MG.....	88
INTRON A INJ 10MU.....	128
INTRON A INJ 18MU.....	128
INTRON A INJ 25MU.....	128
INTRON A INJ 50MU.....	128
Introvale	
see <b>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</b> .....	96
INVANZ INJ 1GM .....	15
INVIRASE CAP 200MG .....	19
INVIRASE TAB 500MG .....	19
IOPIDINE SOL 1% OP.....	141
IPOL INJ INACTIVE .....	131
<b>ipratropium bromide inhal soln 0.02%</b>	142
<b>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</b>	142

<b>ipratropium bromide nasal soln</b>	
<b>0.06% (42 mcg/spray)</b>	143
<b>ipratropium-albuterol nebu soln</b>	
<b>0.5-2.5(3) mg/3ml</b>	142
<b>irbesartan tab 150 mg</b>	47
<b>irbesartan tab 300 mg</b>	47
<b>irbesartan tab 75 mg</b>	47
<b>irbesartan-hydrochlorothiazide tab</b>	
<b>150-12.5 mg</b>	45
<b>irbesartan-hydrochlorothiazide tab</b>	
<b>300-12.5 mg</b>	45
<b>irinotecan hcl</b>	
see CAMPTOSAR INJ 300/15ML	41
<b>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</b>	41
<b>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</b>	41
<b>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</b>	41
<b>irrigation solution, physiological</b>	142
<b>isavuconazonium sulfate</b>	
see CRESEMPA CAP 186 MG	17
<b>ISENTRESS CHW 100MG</b>	19
<b>ISENTRESS CHW 25MG</b>	19
<b>ISENTRESS HD TAB 600MG</b>	19
<b>ISENTRESS POW 100MG</b>	19
<b>ISENTRESS TAB 400MG</b>	19
<b>isocarboxazid</b>	
see MARPLAN TAB 10MG	70
<b>isoniazid &amp; rifampin</b>	
see RIFAMATE CAP	22
<b>isoniazid inj 100 mg/ml</b>	22
<b>isoniazid syrup 50 mg/5ml</b>	22
<b>isoniazid tab 100 mg</b>	22
<b>isoniazid tab 300 mg</b>	22
<b>isoniazid-rifampin w/ pyrazinamide</b>	
see RIFATER TAB	22
<b>isosorbide dinitrate</b>	
see DILATRATE SR CAP 40MG	58
<b>isosorbide dinitrate tab 10 mg</b>	59
<b>isosorbide dinitrate tab 20 mg</b>	59
<b>isosorbide dinitrate tab 30 mg</b>	59
<b>isosorbide dinitrate tab 40 mg</b>	59
<b>isosorbide dinitrate tab 5 mg</b>	59
<b>isosorbide dinitrate tab er 40 mg</b>	59

<b>isosorbide mononitrate tab 10 mg</b>	
.....	59
<b>isosorbide mononitrate tab 20 mg</b>	
.....	59
<b>isosorbide mononitrate tab er 24hr</b>	
<b>120 mg</b>	59
<b>isosorbide mononitrate tab er 24hr</b>	
<b>30 mg</b>	59
<b>isosorbide mononitrate tab er 24hr</b>	
<b>60 mg</b>	59
<b>isotretinoin cap 10 mg</b>	
.....	149
<b>isotretinoin cap 20 mg</b>	
.....	149
<b>isotretinoin cap 30 mg</b>	
.....	149
<b>isotretinoin cap 40 mg</b>	
.....	149
<b>isradipine cap 2.5 mg</b>	
.....	55
<b>isradipine cap 5 mg</b>	
.....	55
<b>itraconazole cap 100 mg</b>	
.....	18
<b>itraconazole oral soln 10 mg/ml</b>	
.....	18
IV PREP WIPE PAD	151
<b>ivacaftor</b>	
see KALYDECO PAK 25MG	147
see KALYDECO PAK 50MG	147
see KALYDECO PAK 75MG	147
see KALYDECO TAB 150MG	147
<b>ivermectin (pediculicide)</b>	
see SKLICE LOT 0.5%	156
<b>ivermectin tab 3 mg</b>	
.....	16
<b>ixekizumab</b>	
see TALTZ INJ 80MG/ML	126
<b>J</b>	
<b>JAKAFI TAB 10MG</b>	
.....	38
<b>JAKAFI TAB 15MG</b>	
.....	38
<b>JAKAFI TAB 20MG</b>	
.....	38
<b>JAKAFI TAB 25MG</b>	
.....	38
<b>JAKAFI TAB 5MG</b>	
.....	38
<b>Jantoven</b>	
see <b>warfarin sodium tab 1 mg</b>	121
see <b>warfarin sodium tab 10 mg</b>	122
see <b>warfarin sodium tab 2 mg</b>	121
see <b>warfarin sodium tab 2.5 mg</b>	
.....	121
see <b>warfarin sodium tab 3 mg</b>	121
see <b>warfarin sodium tab 4 mg</b>	121
see <b>warfarin sodium tab 5 mg</b>	121
see <b>warfarin sodium tab 6 mg</b>	121
see <b>warfarin sodium tab 7.5 mg</b>	
.....	121

JANUMET TAB 50-1000 .....	90
JANUMET TAB 50-500MG .....	90
JANUMET XR TAB 100-1000.....	90
JANUMET XR TAB 50-1000 .....	90
JANUMET XR TAB 50-500MG .....	90
JANUVIA TAB 100MG .....	90
JANUVIA TAB 25MG.....	89
JANUVIA TAB 50MG.....	89
JARDIANCE TAB 10MG .....	93
JARDIANCE TAB 25MG .....	93
JENTADUETO TAB XR.....	90
Jinteli see <b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</b> .....	104
Jolessa see <b>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</b> .....	97
Jolivette see <b>norethindrone tab 0.35 mg</b> ..	99
JUBLIA SOL 10% .....	151
Junel 1.5/30 see <b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> ...	98
Junel 1/20 see <b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b> .....	98
Junel Fe 1.5/30 see <b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</b> .....	99
Junel Fe 1/20 see <b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</b> .	99
<b>K</b>	
KADCYLA INJ 100MG.....	34
KADCYLA INJ 160MG.....	35
KALETRA TAB 100-25MG.....	21
KALETRA TAB 200-50MG.....	21
KALYDECO PAK 25MG.....	147
KALYDECO PAK 50MG.....	147
KALYDECO PAK 75MG.....	147
KALYDECO TAB 150MG .....	147
Kariva see <b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</b> .....	95
<b>kcl 20 meq/l (0.15%) in nacl</b>	
<b>0.45% inj</b> .....	136
<b>kcl 20 meq/l (0.15%) in nacl 0.9%</b>	
<b>inj</b> .....	136
<b>kcl 40 meq/l (0.3%) in nacl 0.9%</b>	
<b>inj</b> .....	136
K-effervescent see <b>potassium bicarbonate effer tab 25 meq</b> .....	134
Kelnor 1/35 see <b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</b> .....	96
<b>ketoconazole cream 2%</b> .....	151
<b>ketoconazole foam 2%</b> .....	151
<b>ketoconazole shampoo 2%</b> .....	152
KETONE URINE TEST STRIPS .....	133
<b>ketoprofen cap er 24hr 200 mg</b> .....	2
<b>ketorolac tromethamine (ophth)</b>	
see ACUVAIL SOL 0.45% .....	140
<b>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</b> .....	2
<b>ketorolac tromethamine inj 15 mg/ml</b> .....	2
<b>ketorolac tromethamine inj 30 mg/ml</b> .....	2
<b>ketorolac tromethamine ophth soln 0.4%</b> .....	140
<b>ketorolac tromethamine ophth soln 0.5%</b> .....	140
<b>ketorolac tromethamine tab 10 mg</b> .....	2
KEVZARA INJ 150/1.14.....	125, 126
KEVZARA INJ 200/1.14.....	126
KEYTRUDA INJ 100MG/4M.....	35
KINRIX INJ .....	131
Kionex see <b>sodium polystyrene sulfonate oral susp 15 gm/60ml</b> .....	95
KISQALI TAB 200DOSE.....	35
KISQALI TAB 400DOSE.....	35
KISQALI TAB 600DOSE.....	35
Klor-con 10 see <b>potassium chloride tab er 10 meq</b> .....	135
Klor-con 8 see <b>potassium chloride tab er 8 meq (600 mg)</b> .....	134

Klor-con M15	
see <b>potassium chloride</b>	
<b>microencapsulated crys er tab</b>	
<b>15 meq</b> .....	134
Klor-con M20	
see <b>potassium chloride</b>	
<b>microencapsulated crys er tab</b>	
<b>20 meq</b> .....	134
Kurvelo	
see <b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	97
KUVAN POW 100MG	100
KUVAN POW 500MG	101
KUVAN TAB 100MG	101
KYLEENA IUD 19.5MG	96
L	
<b>labetalol hcl iv soln 5 mg/ml</b>	52
<b>labetalol hcl tab 100 mg</b>	52
<b>labetalol hcl tab 200 mg</b>	52
<b>labetalol hcl tab 300 mg</b>	52
<b>lacosamide</b>	
see VIMPAT INJ 200MG/20	65
see VIMPAT SOL 10MG/ML	65
see VIMPAT TAB 100MG	65
see VIMPAT TAB 150MG	65
see VIMPAT TAB 200MG	66
see VIMPAT TAB 50MG	65
LACRISERT MIS 5MG OP	142
<b>lactic acid (ammonium lactate)</b>	
<b>cream 12%</b>	155
<b>lactic acid (ammonium lactate)</b>	
<b>lotion 10%</b>	155
<b>lactulose (encephalopathy)</b>	
<b>solution 10 gm/15ml</b>	115
<b>lactulose solution 10 gm/15ml</b>	115
<b>lamivudine (hbv)</b>	
see EPIVIR HBV SOL 5MG/ML	23
<b>lamivudine oral soln 10 mg/ml</b>	19
<b>lamivudine tab 100 mg (hbv)</b>	23
<b>lamivudine tab 150 mg</b>	19
<b>lamivudine tab 300 mg</b>	19
<b>lamivudine-tenofovir disoproxil fumarate</b>	
see CIMDUO TAB 300-300	21
see TEMIXYS TAB 300-300	22

<b>lamivudine-zidovudine tab 150-300 mg</b>	21
<b>lamotrigine orally disintegrating tab 100 mg</b>	63
<b>lamotrigine orally disintegrating tab 200 mg</b>	63
<b>lamotrigine orally disintegrating tab 25 mg</b>	63
<b>lamotrigine orally disintegrating tab 50 mg</b>	63
<b>lamotrigine tab 100 mg</b>	64
<b>lamotrigine tab 150 mg</b>	64
<b>lamotrigine tab 200 mg</b>	64
<b>lamotrigine tab 25 mg</b>	63
<b>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</b>	63
<b>lamotrigine tab 35 x 25 mg starter kit</b>	63
<b>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</b>	64
<b>lamotrigine tab chewable dispersible 25 mg</b>	64
<b>lamotrigine tab chewable dispersible 5 mg</b>	64
<b>lamotrigine tab er 24hr 100 mg</b>	64
<b>lamotrigine tab er 24hr 200 mg</b>	64
<b>lamotrigine tab er 24hr 25 mg</b>	64
<b>lamotrigine tab er 24hr 250 mg</b>	64
<b>lamotrigine tab er 24hr 300 mg</b>	64
<b>lamotrigine tab er 24hr 50 mg</b>	64
<b>lancets</b>	
see LANCETS	133
LANCETS	133
<b>lancets misc.</b>	
see MISC LANCETS	133
LANCING DEVICE	133
LANOXIN PED INJ 0.1MG/ML	56
LANOXIN TAB 0.0625MG	56
LANOXIN TAB 0.1875MG	56
<b>lanreotide acetate</b>	
see SOMATULINE INJ 120/.5ML	108
see SOMATULINE INJ 60/0.2ML	108
see SOMATULINE INJ 90/0.3ML	108
<b>lansoprazole cap delayed release 15 mg</b>	117
<b>lansoprazole cap delayed release 30 mg</b>	118

<b>lanthanum carbonate</b>	see FOSRENOL POW 1000MG.....	108
	see FOSRENOL POW 750MG .....	108
<b>lanthanum carbonate chew tab</b>		
<b>  1000 mg (elemental)</b>	.....	108
<b>lanthanum carbonate chew tab 500 mg (elemental)</b>	.....	108
<b>lanthanum carbonate chew tab 750 mg (elemental)</b>	.....	108
<b>lapatinib ditosylate</b>		
see TYKERB TAB 250MG.....	39	
Larin 1.5/30		
see <b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> ...	98	
<b>larotrectinib sulfate</b>		
see VITRAKVI CAP 100MG .....	39	
see VITRAKVI CAP 25MG.....	39	
see VITRAKVI SOL 20MG/ML .....	39	
LASTACAFT SOL 0.25% .....	140	
<b>latanoprost ophth soln 0.005%</b> ... 141		
LATUDA TAB 120MG.....	76	
LATUDA TAB 20MG .....	76	
LATUDA TAB 40MG .....	76	
LATUDA TAB 60MG .....	76	
LATUDA TAB 80MG .....	76	
<b>ledipasvir-sofosbuvir</b>		
see HARVONI TAB 45-200MG.....	27	
see HARVONI TAB 90-400MG.....	27	
Leena		
see <b>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</b> .....	99	
<b>leflunomide tab 10 mg</b> .....	127	
<b>leflunomide tab 20 mg</b> .....	127	
<b>lenalidomide</b>		
see REVLIMID CAP 10MG .....	128	
see REVLIMID CAP 15MG .....	128	
see REVLIMID CAP 2.5MG.....	128	
see REVLIMID CAP 20MG .....	128	
see REVLIMID CAP 25MG .....	128	
see REVLIMID CAP 5MG.....	128	
<b>lenvatinib mesylate</b>		
see LENVIMA CAP 10 MG.....	38	
see LENVIMA CAP 12MG.....	38	
see LENVIMA CAP 14 MG.....	38	
see LENVIMA CAP 18 MG.....	38	
see LENVIMA CAP 20 MG.....	38	
see LENVIMA CAP 24 MG .....	38	
see LENVIMA CAP 4MG .....	38	
see LENVIMA CAP 8 MG.....	38	
LENVIMA CAP 10 MG.....	38	
LENVIMA CAP 12MG.....	38	
LENVIMA CAP 14 MG.....	38	
LENVIMA CAP 18 MG.....	38	
LENVIMA CAP 20 MG.....	38	
LENVIMA CAP 24 MG.....	38	
LENVIMA CAP 4MG.....	38	
LENVIMA CAP 8 MG.....	38	
Lessina		
see <b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b> ....	97	
<b>letrozole tab 2.5 mg</b> .....	35	
<b>leucovorin calcium for inj 100 mg</b> 41		
<b>leucovorin calcium for inj 200 mg</b> 41		
<b>leucovorin calcium for inj 350 mg</b> 41		
<b>leucovorin calcium for inj 50 mg</b> ...41		
<b>leucovorin calcium for inj 500 mg</b> 41		
<b>leucovorin calcium tab 10 mg</b> .....	41	
<b>leucovorin calcium tab 15 mg</b> .....	41	
<b>leucovorin calcium tab 25 mg</b> .....	41	
<b>leucovorin calcium tab 5 mg</b> .....	41	
LEUKERAN TAB 2MG .....	31	
<b>leuprolide acetate</b>		
see ELIGARD INJ 7.5MG.....	35	
<b>leuprolide acetate (3 month)</b>		
see ELIGARD INJ 22.5MG .....	35	
<b>leuprolide acetate (4 month)</b>		
see ELIGARD INJ 30MG .....	35	
<b>leuprolide acetate (6 month)</b>		
see ELIGARD INJ 45MG .....	35	
<b>leuprolide acetate (cpp)</b>		
see LUPR DEP-PED INJ 11.25MG .....	36	
see LUPR DEP-PED INJ 15MG.....	36	
see LUPR DEP-PED INJ 7.5MG .....	36	
<b>leuprolide acetate (cpp) (3 month)</b>		
see LUPR DEP-PED INJ 11.25MG .....	36	
see LUPR DEP-PED INJ 3M 30MG .....	36	
<b>leuprolide acetate &amp; norethindrone acetate</b>		
see LUPANETA KIT 11.25-5.....	109	
see LUPANETA KIT 3.75-5 .....	109	
<b>leuprolide acetate inj kit 5 mg/ml</b> 35		
<b>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</b> .....	145	

<b>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</b>	145	see FETZIMA CAP 80MG .....69
<b>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</b>	145	see FETZIMA CAP TITRATIO .....69
<b>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</b>	145	<b>Levonest</b>
<b>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</b>	145	see <b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b> .....97
LEVEMIR INJ	91	<b>levonor-eth est tab 0.15-0.025/0.03 mg &amp;eth est 0.01 mg</b> .....96
LEVEMIR INJ FLEXTOUCH	91	<b>levonorgestrel (iud)</b>
<b>levetiracetam in sodium chloride iv soln 1000 mg/100ml</b>	64	see KYLEENA IUD 19.5MG .....96
<b>levetiracetam in sodium chloride iv soln 1500 mg/100ml</b>	64	see LILETTA IUD 52MG .....98
<b>levetiracetam in sodium chloride iv soln 500 mg/100ml</b>	64	see MIRENA IUD SYSTEM .....98
<b>levetiracetam inj 500 mg/5ml (100 mg/ml)</b>	64	see SKYLA IUD 13.5MG .....100
<b>levetiracetam oral soln 100 mg/ml</b>	64	<b>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</b> .....96, 97
<b>levetiracetam tab 1000 mg</b>	64	<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b> .....97
<b>levetiracetam tab 250 mg</b>	64	<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> .....97
<b>levetiracetam tab 500 mg</b>	64	<b>levonorgestrel tab 1.5 mg</b> .....97
<b>levetiracetam tab 750 mg</b>	64	<b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b> .....97
<b>levetiracetam tab er 24hr 500 mg</b>	64	<b>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</b> .....98
<b>levetiracetam tab er 24hr 750 mg</b>	64	<b>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</b>
<b>levobunolol hcl ophth soln 0.5%</b>	141	see BALCOLTRA TAB 0.1-20 .....95
<b>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</b>	144	<b>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</b> .....96
<b>levocetirizine dihydrochloride tab 5 mg</b>	144	<b>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</b> .....96
<b>levofloxacin in d5w iv soln 250 mg/50ml</b>	27	Levora 0.15/30-28
<b>levofloxacin in d5w iv soln 500 mg/100ml</b>	27	see <b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> .....97
<b>levofloxacin in d5w iv soln 750 mg/150ml</b>	27	<b>levothyroxine sodium</b>
<b>levofloxacin iv soln 25 mg/ml</b>	27	see SYNTROID TAB 100MCG .....110
<b>levofloxacin ophth soln 0.5%</b>	139	see SYNTROID TAB 112MCG .....110
<b>levofloxacin oral soln 25 mg/ml</b>	27	see SYNTROID TAB 125MCG .....110
<b>levofloxacin tab 250 mg</b>	27	see SYNTROID TAB 137MCG .....111
<b>levofloxacin tab 500 mg</b>	27	see SYNTROID TAB 150MCG .....111
<b>levofloxacin tab 750 mg</b>	27	see SYNTROID TAB 175MCG .....111
<b>levomilnacipran hcl</b>		see SYNTROID TAB 200MCG .....111
see FETZIMA CAP 120MG	69	see SYNTROID TAB 25MCG .....110
see FETZIMA CAP 20MG	69	see SYNTROID TAB 300MCG .....111
see FETZIMA CAP 40MG	69	

see SYNTROID TAB 50MCG .....	110
see SYNTROID TAB 75MCG .....	110
see SYNTROID TAB 88MCG .....	110
<b>levothyroxine sodium tab 100 mcg</b>	
.....	109
<b>levothyroxine sodium tab 112 mcg</b>	
.....	109, 110
<b>levothyroxine sodium tab 125 mcg</b>	
.....	110
<b>levothyroxine sodium tab 137 mcg</b>	
.....	110
<b>levothyroxine sodium tab 150 mcg</b>	
.....	110
<b>levothyroxine sodium tab 175 mcg</b>	
.....	110
<b>levothyroxine sodium tab 200 mcg</b>	
.....	110
<b>levothyroxine sodium tab 25 mcg</b>	
.....	109
<b>levothyroxine sodium tab 300 mcg</b>	
.....	110
<b>levothyroxine sodium tab 50 mcg</b>	
.....	109
<b>levothyroxine sodium tab 75 mcg</b>	
.....	109
<b>levothyroxine sodium tab 88 mcg</b>	
.....	109
<b>Levoxyl</b>	
see <b>levothyroxine sodium tab 100</b>	
<b>mcg</b> .....	109
see <b>levothyroxine sodium tab 112</b>	
<b>mcg</b> .....	109
see <b>levothyroxine sodium tab 125</b>	
<b>mcg</b> .....	110
see <b>levothyroxine sodium tab 137</b>	
<b>mcg</b> .....	110
see <b>levothyroxine sodium tab 150</b>	
<b>mcg</b> .....	110
see <b>levothyroxine sodium tab 175</b>	
<b>mcg</b> .....	110
see <b>levothyroxine sodium tab 200</b>	
<b>mcg</b> .....	110
see <b>levothyroxine sodium tab 25</b>	
<b>mcg</b> .....	109
see <b>levothyroxine sodium tab 50</b>	
<b>mcg</b> .....	109

see <b>levothyroxine sodium tab 75</b>	
<b>mcg</b> .....	109
see <b>levothyroxine sodium tab 88</b>	
<b>mcg</b> .....	109
<b>LEXIVA SUS 50MG/ML</b> .....	19
<b>LIDO/DEXTROS INJ 5-7.5%</b> .....	14
<b>lidocaine hcl (cardiac) iv pf soln</b>	
<b>pref syr 50 mg/5ml(1%)</b> .....	47
<b>lidocaine hcl (cardiac) iv soln pref</b>	
<b>syr 100 mg/5ml (2%)</b> .....	47
<b>lidocaine hcl (cardiac) iv soln pref</b>	
<b>syr 50 mg/5ml (1%)</b> .....	47
<b>lidocaine hcl gel 2%</b> .....	155
<b>lidocaine hcl laryngotracheal soln</b>	
<b>4%</b> .....	156
<b>lidocaine hcl local inj 0.5%</b> .....	14
<b>lidocaine hcl local inj 1%</b> .....	14
<b>lidocaine hcl local inj 2%</b> .....	14
<b>lidocaine hcl local preservative free</b>	
<b>(pf) inj 0.5%</b> .....	14
<b>lidocaine hcl local preservative free</b>	
<b>(pf) inj 1.5%</b> .....	14
<b>lidocaine hcl local preservative free</b>	
<b>(pf) inj 1%</b> .....	14
<b>lidocaine hcl local preservative free</b>	
<b>(pf) inj 2%</b> .....	14
<b>lidocaine hcl local preservative free</b>	
<b>(pf) inj 4%</b> .....	14
<b>lidocaine hcl soln 4%</b> .....	155
<b>lidocaine hcl urethral/mucosal gel</b>	
<b>2%</b> .....	155
<b>lidocaine hcl urethral/mucosal gel</b>	
<b>prefilled syringe 2%</b> .....	155
<b>lidocaine hcl viscous soln 2%</b> .....	156
<b>lidocaine hcl(cardiac) iv pf soln</b>	
<b>pref syr 100 mg/5ml (2%)</b> .....	48
<b>lidocaine iv infusion in d5w inj 4</b>	
<b>mg/ml</b> .....	48
<b>lidocaine iv infusion in d5w inj 8</b>	
<b>mg/ml</b> .....	48
<b>lidocaine patch 5%</b> .....	155
<b>lidocaine-prilocaine cream 2.5-</b>	
<b>2.5%</b> .....	155
<b>lidocaine-prilocaine cream kit 2.5-</b>	
<b>2.5%</b> .....	155
<b>lidocaine-tetracaine</b>	
see <b>SYNERA DIS 70-70MG</b> .....	155

LILETTA IUD 52MG .....	98
<b>linaclotide</b>	
see LINZESS CAP 145MCG .....	115
see LINZESS CAP 290MCG .....	115
see LINZESS CAP 72MCG.....	115
<b>linagliptin-metformin hcl</b>	
see JENTADUETO TAB XR.....	90
<b>lindane shampoo 1%</b> .....	156
<b>linezolid for susp 100 mg/5ml</b> .....	16
<b>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</b> .....	16
<b>linezolid iv soln 600 mg/300ml (2 mg/ml)</b> .....	16
<b>linezolid tab 600 mg</b> .....	16
LINZESS CAP 145MCG.....	115
LINZESS CAP 290MCG.....	115
LINZESS CAP 72MCG .....	115
<b>liothyronine sodium iv soln 10 mcg/ml</b> .....	110
<b>liothyronine sodium tab 25 mcg</b> .....	110
<b>liothyronine sodium tab 5 mcg</b> ....	110
<b>liothyronine sodium tab 50 mcg</b> .....	110
<b>liotrix (t3-t4)</b>	
see THYROLAR-1 TAB 60MG .....	111
see THYROLAR-1/2 TAB 30MG.....	111
see THYROLAR-1/4 TAB 15MG.....	111
see THYROLAR-2 TAB 120MG.....	111
see THYROLAR-3 TAB 180MG.....	111
<b>liraglutide</b>	
see VICTOZA INJ 18MG/3ML .....	90
<b>lisdexamfetamine dimesylate</b>	
see VYVANSE CAP 10MG .....	81
see VYVANSE CAP 20MG .....	81
see VYVANSE CAP 30MG .....	81
see VYVANSE CAP 40MG .....	81
see VYVANSE CAP 50MG .....	81
see VYVANSE CAP 60MG .....	81
see VYVANSE CAP 70MG .....	81
see VYVANSE CHW 10MG.....	81
see VYVANSE CHW 20MG.....	81
see VYVANSE CHW 30MG.....	81
see VYVANSE CHW 40MG.....	81
see VYVANSE CHW 50MG.....	81
see VYVANSE CHW 60MG.....	81
<b>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</b> .....	43
<b>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</b> .....	43
<b>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</b> .....	43
<b>lisinopril tab 10 mg</b> .....	44
<b>lisinopril tab 2.5 mg</b> .....	44
<b>lisinopril tab 20 mg</b> .....	44
<b>lisinopril tab 30 mg</b> .....	44
<b>lisinopril tab 40 mg</b> .....	44
<b>lisinopril tab 5 mg</b> .....	44
<b>lithium carbonate cap 150 mg</b> .....	84
<b>lithium carbonate cap 300 mg</b> .....	84
<b>lithium carbonate cap 600 mg</b> .....	84
<b>lithium carbonate tab 300 mg</b> .....	84
<b>lithium carbonate tab er 300 mg</b> .....	84
<b>lithium carbonate tab er 450 mg</b> .....	84
LITHIUM SOL 8MEQ/5ML.....	84
<b>lodoxamide tromethamine</b>	
see ALOMIDE SOL 0.1% OP.....	140
<b>lomustine</b>	
see GLEOSTINE CAP 100MG .....	31
see GLEOSTINE CAP 10MG.....	31
see GLEOSTINE CAP 40MG.....	31
see GLEOSTINE CAP 5MG .....	31
<b>loperamide hcl cap 2 mg</b> .....	116
<b>lopinavir-ritonavir</b>	
see KALETRA TAB 100-25MG .....	21
see KALETRA TAB 200-50MG .....	21
<b>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</b> .....	21
<b>lorazepam conc 2 mg/ml</b> .....	61
<b>lorazepam tab 0.5 mg</b> .....	61
<b>lorazepam tab 1 mg</b> .....	61
<b>lorazepam tab 2 mg</b> .....	62
LORBRENA TAB 100MG.....	38
LORBRENA TAB 25MG .....	38
<b>lorlatinib</b>	
see LORBRENA TAB 100MG .....	38
see LORBRENA TAB 25MG .....	38
Loryna	
see <b>drosipirenone-ethinyl estradiol tab 3-0.02 mg</b> .....	96
<b>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</b> .....	46

<b>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</b> .....	46	see LATUDA TAB 60MG.....	76																
<b>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</b> .....	45	see LATUDA TAB 80MG.....	76																
<b>losartan potassium tab 100 mg</b> .....	47	Lutera																	
<b>losartan potassium tab 25 mg</b> .....	47	see <b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b> ....	97																
<b>losartan potassium tab 50 mg</b> .....	47	LYNPARZA CAP 50MG .....	35																
<b>loteprednol etabonate ophth susp 0.5%</b> .....	140	LYNPARZA TAB 100MG.....	35																
<b>lovastatin tab 10 mg</b> .....	50	LYNPARZA TAB 150MG.....	35																
<b>lovastatin tab 20 mg</b> .....	50	LYSODREN TAB 500MG.....	36																
<b>lovastatin tab 40 mg</b> .....	50	M																	
Low-ogestrel		<b>macitentan</b>																	
see <b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b> .....	100	see OPSUMIT TAB 10MG .....	60																
<b>loxapine succinate cap 10 mg</b> .....	76	<b>mafenide acetate</b>																	
<b>loxapine succinate cap 25 mg</b> .....	76	see SULFAMYLON CRE 85MG/GM ...	151																
<b>loxapine succinate cap 5 mg</b> .....	76	<b>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</b> .....	134																
<b>loxapine succinate cap 50 mg</b> .....	76	<b>magnesium sulfate inj 50%</b> .....	134																
<b>lubiprostone</b>		<b>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</b> .....	134																
see AMITIZA CAP 24MCG .....	115	<b>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</b> .....	134																
see AMITIZA CAP 8MCG.....	115	<b>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</b> .....	134																
Ludent		<b>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</b> .....	134																
see <b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</b> .....	135	<b>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</b> .....	134																
see <b>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</b> .....	135	<b>malathion lotion 0.5%</b> .....	156																
see <b>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</b> .....	135	<b>maprotiline hcl tab 25 mg</b> .....	70																
<b>lumacaftor-ivacaftor</b>		<b>maprotiline hcl tab 50 mg</b> .....	70																
see ORKAMBI GRA 100-125.....	147	<b>maprotiline hcl tab 75 mg</b> .....	70																
see ORKAMBI GRA 150-188.....	147	<b>maraviroc</b>																	
see ORKAMBI TAB 100-125.....	147	see SELZENTRY SOL 20MG/ML.....	20																
see ORKAMBI TAB 200-125.....	147	see SELZENTRY TAB 150MG.....	20																
LUMIGAN SOL 0.01%.....	141	see SELZENTRY TAB 25MG.....	20																
LUPANETA KIT 11.25-5 .....	109	see SELZENTRY TAB 300MG .....	20																
LUPANETA KIT 3.75-5.....	109	see SELZENTRY TAB 75MG.....	20																
LUPR DEP-PED INJ 11.25MG.....	36	Marlissa																	
LUPR DEP-PED INJ 15MG .....	36	see <b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> .....	97																
LUPR DEP-PED INJ 3M 30MG .....	36																		
LUPR DEP-PED INJ 7.5MG.....	36	<b>lurasidone hcl</b>		see MARPLAN TAB 10MG .....	70	see LATUDA TAB 120MG.....	76	see LATUDA TAB 20MG .....	76	see MATULANE CAP 50MG .....	40	see LATUDA TAB 40MG .....	76	Matzim La		see <b>diltiazem hcl coated beads tab er 24hr 180 mg</b> .....	54	see <b>diltiazem hcl coated beads tab er 24hr 240 mg</b> .....	54
<b>lurasidone hcl</b>		see MARPLAN TAB 10MG .....	70																
see LATUDA TAB 120MG.....	76	see LATUDA TAB 20MG .....	76	see MATULANE CAP 50MG .....	40	see LATUDA TAB 40MG .....	76	Matzim La		see <b>diltiazem hcl coated beads tab er 24hr 180 mg</b> .....	54	see <b>diltiazem hcl coated beads tab er 24hr 240 mg</b> .....	54						
see LATUDA TAB 20MG .....	76	see MATULANE CAP 50MG .....	40																
see LATUDA TAB 40MG .....	76	Matzim La																	
see <b>diltiazem hcl coated beads tab er 24hr 180 mg</b> .....	54																		
see <b>diltiazem hcl coated beads tab er 24hr 240 mg</b> .....	54																		

<b>see diltiazem hcl coated beads</b>	
<b>tab er 24hr 300 mg</b>	54
<b>see diltiazem hcl coated beads</b>	
<b>tab er 24hr 360 mg</b>	54
<b>see diltiazem hcl coated beads</b>	
<b>tab er 24hr 420 mg</b>	54
MAXIDEX SUS 0.1% OP	140
<b>measles, mumps &amp; rubella virus vaccines</b>	
<b>see M-M-R II INJ</b>	131
<b>measles-mumps-rubella-varicella virus vaccines</b>	
<b>see PROQUAD INJ</b>	131
<b>mebendazole</b>	
<b>see EMVERM CHW 100MG</b>	15
<b>mecasermin</b>	
<b>see INCRELEX INJ 40MG/4ML</b>	107
<b>meclizine hcl tab 12.5 mg</b>	113
<b>meclizine hcl tab 25 mg</b>	113
<b>meclofenamate sodium cap 100 mg</b>	2
<b>meclofenamate sodium cap 50 mg</b>	2
MEDROL TAB 2MG	105
<b>medroxyprogesterone acetate (antineoplastic)</b>	
<b>see DEPO-PROVERA INJ 400/ML</b>	35
<b>medroxyprogesterone acetate (contraceptive)</b>	
<b>see DEPO-SQ PROV INJ 104</b>	95
<b>medroxyprogesterone acetate im susp 150 mg/ml</b>	98
<b>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</b>	98
<b>medroxyprogesterone acetate tab 10 mg</b>	109
<b>medroxyprogesterone acetate tab 2.5 mg</b>	109
<b>medroxyprogesterone acetate tab 5 mg</b>	109
<b>mefenamic acid cap 250 mg</b>	2
<b>mefloquine hcl tab 250 mg</b>	18
<b>megestrol acetate susp 40 mg/ml</b>	36
<b>megestrol acetate susp 625 mg/5ml</b>	36
<b>megestrol acetate tab 20 mg</b>	36
<b>megestrol acetate tab 40 mg</b>	36
MEKINIST TAB 0.5MG	38
<b>MEKINIST TAB 2MG</b>	39
<b>meloxicam tab 15 mg</b>	2
<b>meloxicam tab 7.5 mg</b>	2
<b>melphalan hcl for inj 50 mg (base equiv)</b>	31
<b>melphalan tab 2 mg</b>	31
<b>memantine hcl</b>	
<b>see NAMENDA XR CAP TITRATIO</b>	67
<b>memantine hcl cap er 24hr 14 mg</b>	66
<b>memantine hcl cap er 24hr 21 mg</b>	66
<b>memantine hcl cap er 24hr 28 mg</b>	66
<b>memantine hcl cap er 24hr 7 mg</b>	66
<b>memantine hcl oral solution 2 mg/ml</b>	66
<b>memantine hcl tab 10 mg</b>	66
<b>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</b>	67
<b>memantine hcl tab 5 mg</b>	66
MENACTRA INJ	131
MENEST TAB 0.3MG	104
MENEST TAB 0.625MG	104
MENEST TAB 1.25MG	104
MENEST TAB 2.5MG	104
<b>meningococcal (a,c,y&amp;w-135) oligosaccharide conjugate vac</b>	
<b>see MENVEO INJ</b>	131
<b>meningococcal (a,c,y&amp;w-135) polysaccharide conjugate vaccine</b>	
<b>see MENACTRA INJ</b>	131
<b>meningococcal group b vaccine (recombinant)</b>	
<b>see TRUMENBA INJ</b>	132
<b>meningococcal vac group b (recombinant omv adjuvanted)</b>	
<b>see BEXSERO INJ</b>	130
MENTAX CRE 1%	151
MENVEO INJ	131
<b>mepolizumab</b>	
<b>see NUCALA INJ 100MG</b>	145
<b>see NUCALA INJ 100MG/ML</b>	145
<b>meprobamate tab 200 mg</b>	62
<b>meprobamate tab 400 mg</b>	62
<b>mercaptopurine tab 50 mg</b>	33
<b>meropenem iv for soln 1 gm</b>	16
<b>meropenem iv for soln 500 mg</b>	16
<b>mesalamine cap dr 400 mg</b>	115
<b>mesalamine enema 4 gm</b>	115

<b>mesalamine suppos 1000 mg</b>	115
<b>mesalamine tab delayed release</b>	
<b>1.2 gm</b>	115
<b>mesalamine tab delayed release</b>	
<b>800 mg</b>	115
<b>mesna</b>	
see MESNEX TAB 400MG	41
<b>mesna inj 100 mg/ml</b>	41
MESNEX TAB 400MG	41
<b>metaproterenol sulfate syrup 10 mg/5ml</b>	145
<b>metaproterenol sulfate tab 10 mg</b>	
.....	145
<b>metaproterenol sulfate tab 20 mg</b>	
.....	145
<b>metaxalone tab 400 mg</b>	86
<b>metaxalone tab 800 mg</b>	86
<b>metformin hcl tab 1000 mg</b>	89
<b>metformin hcl tab 500 mg</b>	89
<b>metformin hcl tab 850 mg</b>	89
<b>metformin hcl tab er 24hr 500 mg</b>	
.....	89
<b>metformin hcl tab er 24hr 750 mg</b>	
.....	89
<b>methadone hcl conc 10 mg/ml</b>	6
<b>methadone hcl inj 10 mg/ml</b>	6
Methadone Hcl Intensol	
see <b>methadone hcl conc 10 mg/ml</b>	
<b>mg/ml</b>	6
<b>methadone hcl soln 10 mg/5ml</b>	6
<b>methadone hcl soln 5 mg/5ml</b>	6
<b>methadone hcl tab 10 mg</b>	6
<b>methadone hcl tab 5 mg</b>	6
<b>methadone hcl tab for oral susp 40 mg</b>	
.....	6
Methadose	
see <b>methadone hcl tab for oral susp 40 mg</b>	
<b>6</b>	
<b>methamphetamine hcl tab 5 mg</b>	80
<b>methazolamide tab 25 mg</b>	57
<b>methazolamide tab 50 mg</b>	57
<b>methenamine hippurate tab 1 gm</b>	16
<b>methimazole tab 10 mg</b>	110
<b>methimazole tab 5 mg</b>	110
<b>methocarbamol tab 500 mg</b>	86
<b>methocarbamol tab 750 mg</b>	86
<b>methotrexate sodium for inj 1 gm</b>	33
<b>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</b>	33
<b>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</b>	33
<b>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</b>	33
<b>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</b>	33
<b>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</b>	33
<b>methotrexate sodium tab 2.5 mg (base equiv)</b>	127
<b>methoxsalen (photopheresis)</b>	
see UVADEX INJ 20MCG/ML	40
<b>methoxsalen rapid cap 10 mg</b>	152
<b>methoxy polyethylene glycol-epoetin beta</b>	
see MIRCERA INJ 100MCG	122
see MIRCERA INJ 200MCG	122
see MIRCERA INJ 50MCG	122
see MIRCERA INJ 75MCG	122
see MIRCERA SOL 150/0.3	122
see MIRCERA SOL 30/0.3ML	122
<b>methscopolamine bromide tab 2.5 mg</b>	
.....	112
<b>methscopolamine bromide tab 5 mg</b>	
.....	112
<b>methsuximide</b>	
see CELONTIN CAP 300MG	62
<b>methyclothiazide tab 5 mg</b>	57
<b>methyldopa tab 250 mg</b>	58
<b>methyldopa tab 500 mg</b>	58
<b>methyldopate hcl inj 250 mg/5ml</b>	58
<b>methylphenidate hcl cap er 10 mg (cd)</b>	80
<b>methylphenidate hcl cap er 20 mg (cd)</b>	80
<b>methylphenidate hcl cap er 24hr 20 mg (la)</b>	80
<b>methylphenidate hcl cap er 24hr 30 mg (la)</b>	80
<b>methylphenidate hcl cap er 24hr 40 mg (la)</b>	80
<b>methylphenidate hcl cap er 24hr 60 mg (la)</b>	80
<b>methylphenidate hcl cap er 30 mg (cd)</b>	80

<b>methylphenidate hcl cap er 40 mg</b>	
(cd) .....	80
<b>methylphenidate hcl cap er 50 mg</b>	
(cd) .....	80
<b>methylphenidate hcl cap er 60 mg</b>	
(cd) .....	80
<b>methylphenidate hcl chew tab 10 mg</b>	80
<b>methylphenidate hcl chew tab 2.5 mg</b>	80
<b>methylphenidate hcl chew tab 5 mg</b>	80
<b>methylphenidate hcl soln 10 mg/5ml</b>	80
<b>methylphenidate hcl soln 5 mg/5ml</b>	80
<b>methylphenidate hcl tab 10 mg</b>	80
<b>methylphenidate hcl tab 20 mg</b>	80
<b>methylphenidate hcl tab 5 mg</b>	80
<b>methylphenidate hcl tab er 10 mg</b>	80
<b>methylphenidate hcl tab er 20 mg</b>	80
<b>methylphenidate hcl tab er 24hr 18 mg</b>	81
<b>methylphenidate hcl tab er 24hr 27 mg</b>	81
<b>methylphenidate hcl tab er 24hr 36 mg</b>	81
<b>methylphenidate hcl tab er 24hr 54 mg</b>	81
<b>methylphenidate hcl tab er osmotic release (osm) 18 mg</b>	81
<b>methylphenidate hcl tab er osmotic release (osm) 27 mg</b>	81
<b>methylphenidate hcl tab er osmotic release (osm) 36 mg</b>	81
<b>methylphenidate hcl tab er osmotic release (osm) 54 mg</b>	81
<b>methylprednisolone</b>	
see MEDROL TAB 2MG.....	105
<b>methylprednisolone acetate</b>	
see DEPO-MEDROL INJ 20MG/ML..	105
<b>methylprednisolone acetate inj susp 40 mg/ml</b>	105
<b>methylprednisolone acetate inj susp 80 mg/ml</b>	105
<b>methylprednisolone sod succ</b>	
see SOLU-MEDROL INJ 2GM .....	107

<b>methylprednisolone sod succ for inj</b>	
1000 mg (base equiv) .....	105
<b>methylprednisolone sod succ for inj</b>	
125 mg (base equiv) .....	105
<b>methylprednisolone sod succ for inj</b>	
40 mg (base equiv) .....	105
<b>methylprednisolone tab 16 mg</b>	105
<b>methylprednisolone tab 32 mg</b>	105
<b>methylprednisolone tab 4 mg</b>	105
<b>methylprednisolone tab 8 mg</b>	105
<b>methylprednisolone tab therapy pack 4 mg (21)</b>	106
<b>methyltestosterone cap 10 mg</b>	88
<b>metipranolol ophth soln 0.3%</b>	141
<b>metoclopramide hcl inj 5 mg/ml (base equivalent)</b>	113
<b>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</b>	113
<b>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</b>	113
<b>metoclopramide hcl tab 10 mg (base equivalent)</b>	113
<b>metoclopramide hcl tab 5 mg (base equivalent)</b>	113
<b>metolazone tab 10 mg</b>	57
<b>metolazone tab 2.5 mg</b>	57
<b>metolazone tab 5 mg</b>	57
<b>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</b>	51
<b>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</b>	51
<b>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</b>	51
<b>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</b>	52
<b>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</b>	52
<b>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</b>	52
<b>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</b>	52
<b>metoprolol tartrate iv soln 5 mg/5ml</b>	52
<b>metoprolol tartrate iv soln cart inj</b>	
5 mg/5ml (1 mg/ml) .....	52
<b>metoprolol tartrate tab 100 mg</b>	52

<b>metoprolol tartrate tab 25 mg</b>	52
<b>metoprolol tartrate tab 50 mg</b>	52
<b>metronidazole cap 375 mg</b>	16
<b>metronidazole cream 0.75%</b>	155
<b>metronidazole gel 0.75%</b>	155
<b>metronidazole in nacl 0.79% iv soln 500 mg/100ml</b>	16
<b>metronidazole lotion 0.75%</b>	155
<b>metronidazole tab 250 mg</b>	16
<b>metronidazole tab 500 mg</b>	16
<b>metronidazole vaginal gel 0.75%</b>	120
<b>mexiletine hcl cap 150 mg</b>	48
<b>mexiletine hcl cap 200 mg</b>	48
<b>mexiletine hcl cap 250 mg</b>	48
MIACALCIN INJ 200/ML	107
Mibelas 24 Fe	
see <b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</b>	99
<b>miconazole (mouth-throat)</b>	
see ORAVIG TAB 50MG	156
Miconazole 3	
see <b>miconazole nitrate vaginal suppos 200 mg</b>	120
<b>miconazole nitrate vaginal suppos 200 mg</b>	120
Microgestin 1.5/30	
see <b>norethindrone ace &amp; ethynil estradiol tab 1.5 mg-30 mcg</b>	99
<b>midodrine hcl tab 10 mg</b>	58
<b>midodrine hcl tab 2.5 mg</b>	58
<b>midodrine hcl tab 5 mg</b>	58
<b>midostaurin</b>	
see RYDAPT CAP 25MG	35
<b>miglitol tab 100 mg</b>	89
<b>miglitol tab 25 mg</b>	89
<b>miglitol tab 50 mg</b>	89
Mimvey	
see <b>estradiol &amp; norethindrone acetate tab 1-0.5 mg</b>	102
Mimvey Lo	
see <b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</b>	102
Minitran	
see <b>nitroglycerin td patch 24hr 0.1 mg/hr</b>	59

<b>see nitroglycerin td patch 24hr 0.2 mg/hr</b>	59
<b>see nitroglycerin td patch 24hr 0.4 mg/hr</b>	59
<b>see nitroglycerin td patch 24hr 0.6 mg/hr</b>	59
<b>minocycline hcl cap 100 mg</b>	30
<b>minocycline hcl cap 50 mg</b>	30
<b>minocycline hcl cap 75 mg</b>	30
<b>minocycline hcl tab 100 mg</b>	30
<b>minocycline hcl tab 50 mg</b>	30
<b>minocycline hcl tab 75 mg</b>	30
<b>minoxidil tab 10 mg</b>	58
<b>minoxidil tab 2.5 mg</b>	58
MIRCERA INJ 100MCG	122
MIRCERA INJ 200MCG	122
MIRCERA INJ 50MCG	122
MIRCERA INJ 75MCG	122
MIRCERA SOL 150/0.3	122
MIRCERA SOL 30/0.3ML	122
MIRENA IUD SYSTEM	98
<b>mirtazapine orally disintegrating tab 15 mg</b>	70
<b>mirtazapine orally disintegrating tab 30 mg</b>	70
<b>mirtazapine orally disintegrating tab 45 mg</b>	70
<b>mirtazapine tab 15 mg</b>	70
<b>mirtazapine tab 30 mg</b>	70
<b>mirtazapine tab 45 mg</b>	70
<b>mirtazapine tab 7.5 mg</b>	70
MIRVASO GEL 0.33%	156
MISC LANCETS	133
<b>misoprostol tab 100 mcg</b>	116
<b>misoprostol tab 200 mcg</b>	116
<b>mitomycin for iv soln 20 mg</b>	32
<b>mitomycin for iv soln 40 mg</b>	32
<b>mitomycin for iv soln 5 mg</b>	32
<b>mitotane</b>	
see LYSODREN TAB 500MG	36
<b>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</b>	40
<b>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</b>	40
<b>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</b>	40
M-M-R II INJ	131

<b>modafinil tab 100 mg</b>	87
<b>modafinil tab 200 mg</b>	87
<b>moexipril hcl tab 15 mg</b>	44
<b>moexipril hcl tab 7.5 mg</b>	44
<b>moexipril-hydrochlorothiazide tab 15-12.5 mg</b>	43
<b>moexipril-hydrochlorothiazide tab 15-25 mg</b>	43
<b>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</b>	43
<b>mometasone furoate cream 0.1%</b>	154
<b>mometasone furoate oint 0.1%</b>	154
<b>mometasone furoate solution 0.1% (lotion)</b>	154
Mono-linyah	
see <b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b>	99
Mononessa	
see <b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b>	99
<b>montelukast sodium chew tab 4 mg (base equiv)</b>	146
<b>montelukast sodium chew tab 5 mg (base equiv)</b>	146
<b>montelukast sodium oral granules packet 4 mg (base equiv)</b>	146
<b>montelukast sodium tab 10 mg (base equiv)</b>	146
MONUROL PAK GRANULES	14
Morgidox 1x100mg	
see <b>doxycycline hyclate cap 100 mg</b>	30
MORPHINE SUL INJ 150/30ML	6
MORPHINE SUL INJ 2MG/ML	6
MORPHINE SUL INJ 4MG/ML	6
MORPHINE SUL INJ 5MG/ML	6
<b>morphine sulfate beads cap er 24hr 120 mg</b>	7
<b>morphine sulfate beads cap er 24hr 30 mg</b>	6
<b>morphine sulfate beads cap er 24hr 45 mg</b>	6
<b>morphine sulfate beads cap er 24hr 60 mg</b>	7
<b>morphine sulfate beads cap er 24hr 75 mg</b>	7

<b>morphine sulfate beads cap er 24hr 90 mg</b>	7
<b>morphine sulfate cap er 24hr 10 mg</b>	7
<b>morphine sulfate cap er 24hr 100 mg</b>	7
<b>morphine sulfate cap er 24hr 20 mg</b>	7
<b>morphine sulfate cap er 24hr 30 mg</b>	7
<b>morphine sulfate cap er 24hr 50 mg</b>	7
<b>morphine sulfate cap er 24hr 60 mg</b>	7
<b>morphine sulfate cap er 24hr 80 mg</b>	7
<b>morphine sulfate inj 10 mg/ml</b>	7
<b>morphine sulfate inj 8 mg/ml</b>	7
<b>morphine sulfate inj pf 0.5 mg/ml</b>	7
<b>morphine sulfate inj pf 1 mg/ml</b>	7
<b>morphine sulfate iv soln 1 mg/ml</b>	7
<b>morphine sulfate iv soln pf 10 mg/ml</b>	7
<b>morphine sulfate iv soln pf 4 mg/ml</b>	7
<b>morphine sulfate iv soln pf 8 mg/ml</b>	7
<b>morphine sulfate oral soln 10 mg/5ml</b>	7
<b>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</b>	7
<b>morphine sulfate oral soln 20 mg/5ml</b>	7
<b>morphine sulfate suppos 10 mg</b>	8
<b>morphine sulfate suppos 20 mg</b>	8
<b>morphine sulfate suppos 30 mg</b>	8
<b>morphine sulfate suppos 5 mg</b>	8
<b>morphine sulfate tab 15 mg</b>	8
<b>morphine sulfate tab 30 mg</b>	8
<b>morphine sulfate tab er 100 mg</b>	8
<b>morphine sulfate tab er 15 mg</b>	8
<b>morphine sulfate tab er 200 mg</b>	8
<b>morphine sulfate tab er 30 mg</b>	8
<b>morphine sulfate tab er 60 mg</b>	8
<b>morphine-naltrexone</b>	
see EMBEDA CAP 100-4MG	4
see EMBEDA CAP 20-0.8MG	4

see EMBEDA CAP 30-1.2MG .....	4
see EMBEDA CAP 50-2MG .....	4
see EMBEDA CAP 60-2.4MG .....	4
see EMBEDA CAP 80-3.2MG .....	4
MOTOFEN TAB 1-0.025 .....	116
MOVANTIK TAB 12.5MG.....	116
MOVANTIK TAB 25MG.....	116
MOVIPREP SOL .....	115
MOXEZA SOL 0.5%.....	139
<b>moxifloxacin hcl (ophth)</b>	
see MOXEZA SOL 0.5%.....	139
<b>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj .....</b>	27
<b>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) .....</b>	139
<b>moxifloxacin hcl ophth soln 0.5% (base equiv) .....</b>	139
<b>moxifloxacin hcl tab 400 mg (base equiv) .....</b>	27
MULTAQ TAB 400MG .....	48
<b>multiple urine tests</b>	
see URINE TEST STRIPS.....	133
Multi-vit/fluoride	
see <b>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml.</b>	138
see <b>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml ...</b>	138
Multi-vit/iron/fluoride	
see <b>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml .....</b>	137
Multivitamin With Fluorid	
see <b>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg .....</b>	138
see <b>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg.</b>	138
see <b>pediatric multiple vitamins w/ fluoride chew tab 1 mg .....</b>	138
Multi-vitamin/fluoride/ir	
see <b>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml .....</b>	137
<b>mupirocin calcium</b>	
see BACTROBAN OIN NASAL 2% ...	150
<b>mupirocin oint 2%</b> .....	151
Mvc-fluoride	
see <b>pediatric multiple vitamins w/ fluoride chew tab 1 mg.....</b>	138
<b>mycophenolate mofetil cap 250 mg .....</b>	129
<b>mycophenolate mofetil for oral susp 200 mg/ml .....</b>	129
<b>mycophenolate mofetil hcl for iv soln 500 mg (base equiv) .....</b>	129
<b>mycophenolate mofetil tab 500 mg .....</b>	129
<b>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) .....</b>	129
<b>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) .....</b>	129
Myzilra	
see <b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....</b>	97
N	
<b>nabilone</b>	
see CESAMET CAP 1MG .....	112
<b>nabumetone tab 500 mg .....</b>	2
<b>nabumetone tab 750 mg .....</b>	2
<b>nadolol &amp; bendroflumethiazide tab 40-5 mg .....</b>	51
<b>nadolol tab 20 mg .....</b>	52
<b>nadolol tab 40 mg .....</b>	52
<b>nadolol tab 80 mg .....</b>	52
<b>nafarelin acetate</b>	
see SYNAREL SOL 2MG/ML .....	100
<b>nafcillin sodium for inj 1 gm .....</b>	29
<b>nafcillin sodium for inj 2 gm .....</b>	29
<b>nafcillin sodium for iv soln 1 gm....</b>	29
<b>nafcillin sodium for iv soln 10 gm.</b>	29
<b>nafcillin sodium for iv soln 2 gm....</b>	29
Nafrinse	
see <b>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) .....</b>	135
Nafrinse Drops	
see <b>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) .....</b>	135
<b>naftifine hcl cream 1%</b> .....	151
<b>naftifine hcl cream 2%</b> .....	151
<b>nalbuphine hcl inj 10 mg/ml.....</b>	8
<b>nalbuphine hcl inj 20 mg/ml.....</b>	8
<b>naloxegol oxalate</b>	

see MOVANTIK TAB 12.5MG .....	116
see MOVANTIK TAB 25MG .....	116
<b>naloxone hcl</b>	
see NARCAN SPR.....	87
<b>naloxone hcl inj 0.4 mg/ml</b> .....	87
<b>naloxone hcl inj 4 mg/10ml</b> .....	87
<b>naloxone hcl soln cartridge 0.4 mg/ml</b> .....	87
<b>naloxone hcl soln prefilled syringe 2 mg/2ml</b> .....	87
<b>naltrexone</b>	
see VIVITROL INJ 380MG.....	88
<b>naltrexone hcl tab 50 mg</b> .....	87
NAMENDA XR CAP TITRATIO .....	67
<b>naproxen tab 250 mg</b> .....	2
<b>naproxen tab 375 mg</b> .....	2
<b>naproxen tab 500 mg</b> .....	2
<b>naratriptan hcl tab 1 mg (base equiv)</b> .....	82
<b>naratriptan hcl tab 2.5 mg (base equiv)</b> .....	82
NARCAN SPR.....	87
NATACYN SUS 5% OP.....	139
<b>natalizumab</b>	
see TYSABRI INJ 300/15ML.....	85
<b>natamycin</b>	
see NATACYN SUS 5% OP .....	139
NATAZIA TAB .....	98
<b>nateglinide tab 120 mg</b> .....	92
<b>nateglinide tab 60 mg</b> .....	92
<b>nebivolol hcl</b>	
see BYSTOLIC TAB 10MG .....	52
see BYSTOLIC TAB 2.5MG.....	51
see BYSTOLIC TAB 20MG .....	52
see BYSTOLIC TAB 5MG.....	51
Necon 0.5/35-28	
see <b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</b> ...	98
<b>nedocromil sodium (ophth)</b>	
see ALOCRIL SOL 2% .....	140
<b>nefazodone hcl tab 100 mg</b> .....	70
<b>nefazodone hcl tab 150 mg</b> .....	70
<b>nefazodone hcl tab 200 mg</b> .....	70
<b>nefazodone hcl tab 250 mg</b> .....	70
<b>nefazodone hcl tab 50 mg</b> .....	70
<b>nelarabine</b>	
see ARRANON INJ 5MG/ML.....	32

<b>nelfinavir mesylate</b>	
see VIRACEPT TAB 250MG .....	20
see VIRACEPT TAB 625MG .....	20
<b>neomycin sulfate tab 500 mg</b> .....	14
<b>neomycin-colistin-hc-thonzonium</b>	
see COLY-MYCIN S SUS OTIC .....	156
<b>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</b> .....	139
<b>neomycin-polymyxin-dexamethasone ophth oint 0.1%</b> .....	138
<b>neomycin-polymyxin-dexamethasone ophth susp 0.1%</b> .....	138
<b>neomycin-polymyxin-hc ophth susp</b> .....	138
<b>neomycin-polymyxin-hc otic soln 1%</b> .....	156
<b>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</b> ..	157
<b>nepafenac</b>	
see NEVANAC SUS 0.1%.....	140
<b>netupitant-palonosetron</b>	
see AKYNZEO CAP 300-0.5 .....	112
NEULASTA INJ 6MG/0.6M .....	122
NEULASTA KIT 6MG/0.6M.....	122
NEUPRO DIS 1MG/24HR.....	73
NEUPRO DIS 2MG/24HR.....	73
NEUPRO DIS 3MG/24HR.....	73
NEUPRO DIS 4MG/24HR.....	73
NEUPRO DIS 6MG/24HR.....	73
NEUPRO DIS 8MG/24HR.....	73
NEVANAC SUS 0.1%.....	140
<b>nevirapine susp 50 mg/5ml</b> .....	19
<b>nevirapine tab 200 mg</b> .....	19
<b>nevirapine tab er 24hr 100 mg</b> .....	19
<b>nevirapine tab er 24hr 400 mg</b> .....	19
NEXAVAR TAB 200MG .....	39
NEXPLANON IMP 68MG .....	98
NEXTERONE INJ .....	48
<b>niacin tab er 1000 mg (antihyperlipidemic)</b> .....	50
<b>niacin tab er 500 mg (antihyperlipidemic)</b> .....	50
<b>niacin tab er 750 mg (antihyperlipidemic)</b> .....	50

<b>nicardipine hcl cap 20 mg</b>	55
<b>nicardipine hcl cap 30 mg</b>	55
<b>nicardipine hcl in dextrose</b>	
see CARDENE IV SOL 20/200ML	53
<b>nicardipine hcl iv soln 2.5 mg/ml.</b>	55
<b>Nicorelief</b>	
see <b>nicotine polacrilex gum 4 mg</b>	
.....	87
<b>nicotine</b>	
see NICOTROL INH	88
see NICOTROL NS SPR 10MG/ML	88
<b>nicotine polacrilex gum 2 mg</b>	87
<b>nicotine polacrilex gum 4 mg</b>	87
<b>nicotine polacrilex lozenge 2 mg</b>	88
<b>nicotine polacrilex lozenge 4 mg</b>	88
<b>Nicotine Step 3</b>	
see <b>nicotine td patch 24hr 7 mg/24hr</b>	
.....	88
<b>nicotine td patch 24hr 14 mg/24hr</b>	
.....	88
<b>nicotine td patch 24hr 21 mg/24hr</b>	
.....	88
<b>nicotine td patch 24hr 7 mg/24hr</b>	88
<b>NICOTROL INH</b>	88
<b>NICOTROL NS SPR 10MG/ML</b>	88
<b>nifedipine tab er 24hr 30 mg</b>	55
<b>nifedipine tab er 24hr 60 mg</b>	55
<b>nifedipine tab er 24hr 90 mg</b>	55
<b>nifedipine tab er 24hr osmotic release 30 mg</b>	55
<b>nifedipine tab er 24hr osmotic release 60 mg</b>	55
<b>nifedipine tab er 24hr osmotic release 90 mg</b>	55
<b>Nikki</b>	
see <b>drospirenone-ethinylestradiol tab 3-0.02 mg</b>	
.....	96
<b>nilutamide tab 150 mg</b>	36
<b>nimodipine cap 30 mg</b>	55
<b>NIPENT INJ 10MG</b>	33
<b>niraparib tosylate</b>	
see ZEJULA CAP 100MG	35
<b>nisoldipine tab er 24hr 17 mg</b>	56
<b>nisoldipine tab er 24hr 20 mg</b>	56
<b>nisoldipine tab er 24hr 25.5 mg</b>	56
<b>nisoldipine tab er 24hr 30 mg</b>	56
<b>nisoldipine tab er 24hr 34 mg</b>	56
<b>nisoldipine tab er 24hr 40 mg</b>	56
<b>nisoldipine tab er 24hr 8.5 mg</b>	55
<b>nitazoxanide</b>	
see ALINIA SUS 100/5ML	15
see ALINIA TAB 500MG	15
<b>nitisinone</b>	
see ORFADIN CAP 20MG	101
see ORFADIN SUS 4MG/ML	101
<b>nitisinone cap 10 mg</b>	101
<b>nitisinone cap 2 mg</b>	101
<b>nitisinone cap 5 mg</b>	101
<b>NITRO-BID OIN 2%</b>	59
<b>NITRO-DUR DIS 0.3MG/HR</b>	59
<b>NITRO-DUR DIS 0.8MG/HR</b>	59
<b>nitrofurantoin macrocrystalline cap 100 mg</b>	16
<b>nitrofurantoin macrocrystalline cap 25 mg</b>	16
<b>nitrofurantoin macrocrystalline cap 50 mg</b>	16
<b>nitrofurantoin monohydrate macrocrystalline cap 100 mg</b>	16
<b>nitrofurantoin susp 25 mg/5ml</b>	16
<b>NITROGLYCER INJ 5MG/ML</b>	59
<b>nitroglycerin</b>	
see NITRO-BID OIN 2%	59
see NITRO-DUR DIS 0.3MG/HR	59
see NITRO-DUR DIS 0.8MG/HR	59
<b>nitroglycerin (intra-anal)</b>	
see RECTIV OIN 0.4%	155
<b>nitroglycerin iv soln 100 mcg/ml in d5w</b>	
.....	59
<b>nitroglycerin iv soln 200 mcg/ml in d5w</b>	
.....	59
<b>nitroglycerin iv soln 400 mcg/ml in d5w</b>	
.....	59
<b>nitroglycerin sl tab 0.3 mg</b>	59
<b>nitroglycerin sl tab 0.4 mg</b>	59
<b>nitroglycerin sl tab 0.6 mg</b>	59
<b>nitroglycerin td patch 24hr 0.1 mg/hr</b>	
.....	59
<b>nitroglycerin td patch 24hr 0.2 mg/hr</b>	
.....	59
<b>nitroglycerin td patch 24hr 0.4 mg/hr</b>	
.....	59
<b>nitroglycerin td patch 24hr 0.6 mg/hr</b>	
.....	59

<b><i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i></b> .....	59
Niva-fol	
see <b><i>folic acid-pyridoxine- cyanocobalamin tab 2.5-25-2 mg</i></b> .....	137
NIVESTYM INJ 300/0.5.....	122
NIVESTYM INJ 300MCG.....	122
NIVESTYM INJ 480/0.8.....	122
NIVESTYM INJ 480MCG.....	122
<b><i>nizatidine cap 150 mg</i></b> .....	114
<b><i>nizatidine cap 300 mg</i></b> .....	114
<b><i>nizatidine oral soln 15 mg/ml</i></b> .....	114
<b><i>nooxynol-9</i></b>	
see CONCEPTROL GEL 4%.....	118
see ENCARE SUP 100MG .....	118
see GYNOL II GEL 3% .....	118
see SHUR-SEAL GEL 2%.....	118
see TODAY SPONGE MIS .....	118
see VCF VAGINAL AER CONTRACP	119
see VCF VAGINAL MIS CONTRACP	119
Nora-be	
see <b><i>norethindrone tab 0.35 mg</i></b> .....	99
<b><i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i></b> .....	98
<b><i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i></b> .....	98
<b><i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i></b> .....	98
<b><i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i></b> .....	98
<b><i>norethindrone &amp; ethinyl estradiol- fe chew tab 0.4 mg-35 mcg</i></b> .....	98
<b><i>norethindrone &amp; ethinyl estradiol- fe chew tab 0.8 mg-25 mcg</i></b> .....	98
<b><i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i></b> .....	98
<b><i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i></b> .....	98, 99
<b><i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i></b> .....	99
<b><i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i></b> .....	99
<b><i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i></b> .....	99

<b><i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i></b> .....	99
<b><i>norethindrone acetate tab 5 mg</i></b> .....	109
<b><i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i></b> .....	104
<b><i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i></b> .....	104
<b><i>norethindrone tab 0.35 mg</i></b> .....	99
<b><i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i></b> .....	99
<b><i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i></b> .....	99
<b><i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i></b> .....	99, 100
<b><i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i></b> .....	100
<b><i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i></b> .....	100
<b><i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i></b> .....	100
<b><i>norgestrel &amp; ethinyl estradiol tab 0.5 mg-50 mcg</i></b> .....	100
NORPACE CAP 100MG CR .....	48
NORPACE CAP 150MG CR .....	48
Nortrel 0.5/35 (28)	
see <b><i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i></b> .....	98
Nortrel 1/35	
see <b><i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i></b> .....	98
Nortrel 7/7/7	
see <b><i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg- mcg</i></b> .....	99
<b><i>nortriptyline hcl cap 10 mg</i></b> .....	71
<b><i>nortriptyline hcl cap 25 mg</i></b> .....	71
<b><i>nortriptyline hcl cap 50 mg</i></b> .....	71
<b><i>nortriptyline hcl cap 75 mg</i></b> .....	71
<b><i>nortriptyline hcl soln 10 mg/5ml</i></b> .....	71
NORTUSS-EX LIQ 200-20/5 .....	146
NORVIR POW 100MG .....	19
NORVIR SOL 80MG/ML .....	20
NOVOLIN INJ 70/30 .....	91
NOVOLIN INJ 70/30 FP .....	91
NOVOLIN N INJ 100 UNIT .....	91
NOVOLIN N INJ U-100 .....	91

NOVOLIN R INJ 100 UNIT .....	91
NOVOLIN R INJ U-100 .....	91
NOVOLOG INJ 100/ML.....	91
NOVOLOG INJ FLEXPEN .....	91
NOVOLOG INJ PENFILL.....	91
NOVOLOG MIX INJ 70/30.....	91
NOVOLOG MIX INJ FLEXPEN .....	91
NOXAFIL SUS 40MG/ML.....	18
NUBEQA TAB 300MG .....	36
NUCALA INJ 100MG .....	145
NUCALA INJ 100MG/ML.....	145
NUCYNTA ER TAB 100MG.....	9
NUCYNTA ER TAB 150MG.....	9
NUCYNTA ER TAB 200MG .....	9
NUCYNTA ER TAB 250MG.....	9
NUCYNTA ER TAB 50MG .....	9
NUCYNTA TAB 100MG.....	9
NUCYNTA TAB 50MG .....	9
NUCYNTA TAB 75MG .....	9
NUEDEXTA CAP 20-10MG.....	84
Nulev see <b>hyoscyamine sulfate tab</b> <b>disint 0.125 mg</b> .....	112
NUPLAZID TAB 17MG.....	76
Nyamyc see <b>nystatin topical powder</b> <b>100000 unit/gm</b> .....	151
<b>nystatin</b> see BIO-STATIN CAP 1000000.....	17
see BIO-STATIN CAP 500000 .....	17
<b>nystatin cream 100000 unit/gm</b> .....	151
<b>nystatin oint 100000 unit/gm</b> .....	151
<b>nystatin oral powder</b> .....	18
<b>nystatin susp 100000 unit/ml</b> .....	156
<b>nystatin tab 500000 unit</b> .....	18
<b>nystatin topical powder 100000</b> <b>unit/gm</b> .....	151
<b>nystatin-triamcinolone cream</b> <b>100000-0.1 unit/gm-%</b> .....	151
<b>nystatin-triamcinolone oint</b> <b>100000-0.1 unit/gm-%</b> .....	152
Nystop see <b>nystatin topical powder</b> <b>100000 unit/gm</b> .....	151
0	
<b>obinutuzumab</b> see GAZYVA INJ 25MG/ML.....	34

Ocella	
see <b>drospernone-ethinyl estradiol tab 3-0.03 mg</b> .....	96
<b>octreotide acetate inj 100 mcg/ml</b> <b>(0.1 mg/ml)</b> .....	107
<b>octreotide acetate inj 1000 mcg/ml</b> <b>(1 mg/ml)</b> .....	107
<b>octreotide acetate inj 200 mcg/ml</b> <b>(0.2 mg/ml)</b> .....	107
<b>octreotide acetate inj 50 mcg/ml</b> <b>(0.05 mg/ml)</b> .....	107
<b>octreotide acetate inj 500 mcg/ml</b> <b>(0.5 mg/ml)</b> .....	107
ODEFSEY TAB .....	21
ODOMZO CAP 200MG .....	40
<b>ofloxacin ophth soln 0.3%</b> .....	139
<b>ofloxacin otic soln 0.3%</b> .....	157
<b>ofloxacin tab 300 mg</b> .....	27
<b>ofloxacin tab 400 mg</b> .....	27
Ogestrel see <b>norgestrel &amp; ethinyl estradiol</b> <b>tab 0.5 mg-50 mcg</b> .....	100
<b>olanzapine for im inj 10 mg</b> .....	76
<b>olanzapine orally disintegrating tab</b> <b>10 mg</b> .....	76
<b>olanzapine orally disintegrating tab</b> <b>15 mg</b> .....	76
<b>olanzapine orally disintegrating tab</b> <b>20 mg</b> .....	76
<b>olanzapine orally disintegrating tab</b> <b>5 mg</b> .....	76
<b>olanzapine tab 10 mg</b> .....	76
<b>olanzapine tab 15 mg</b> .....	76
<b>olanzapine tab 2.5 mg</b> .....	76
<b>olanzapine tab 20 mg</b> .....	76
<b>olanzapine tab 5 mg</b> .....	76
<b>olanzapine tab 7.5 mg</b> .....	76
<b>olaparib</b> see LYNPARZA CAP 50MG.....	35
see LYNPARZA TAB 100MG .....	35
see LYNPARZA TAB 150MG .....	35
<b>olmesartan medoxomil tab 20 mg</b> .....	47
<b>olmesartan medoxomil tab 40 mg</b> .....	47
<b>olmesartan medoxomil tab 5 mg</b> .....	47
<b>olmesartan medoxomil-</b> <b>hydrochlorothiazide tab 20-12.5</b> <b>mg</b> .....	46

<b>olmesartan medoxomil-</b>	
<b>hydrochlorothiazide tab 40-12.5</b>	
mg .....	46
<b>olmesartan medoxomil-</b>	
<b>hydrochlorothiazide tab 40-25</b>	
mg .....	46
<b>olmesartan-amldipine-</b>	
<b>hydrochlorothiazide tab 20-5-</b>	
<b>12.5 mg</b> .....	46
<b>olmesartan-amldipine-</b>	
<b>hydrochlorothiazide tab 40-10-</b>	
<b>12.5 mg</b> .....	46
<b>olmesartan-amldipine-</b>	
<b>hydrochlorothiazide tab 40-10-25</b>	
mg .....	46
<b>olmesartan-amldipine-</b>	
<b>hydrochlorothiazide tab 40-5-</b>	
<b>12.5 mg</b> .....	46
<b>olmesartan-amldipine-</b>	
<b>hydrochlorothiazide tab 40-5-25</b>	
mg .....	46
<b>olodaterol hcl</b>	
see STRIVERDI AER 2.5MCG .....	145
<b>olopatadine hcl</b>	
see PAZEO DRO 0.7% .....	141
<b>olopatadine hcl nasal soln 0.6%</b>	.144
<b>olopatadine hcl ophth soln 0.1%</b>	
<b>(base equivalent)</b> .....	140
<b>olopatadine hcl ophth soln 0.2%</b>	
<b>(base equivalent)</b> .....	140
<b>olsalazine sodium</b>	
see DIPENTUM CAP 250MG .....	114
<b>omalizumab</b>	
see XOLAIR INJ 150MG/ML .....	145
see XOLAIR INJ 75/0.5.....	145
see XOLAIR SOL 150MG .....	145
<b>omega-3-acid ethyl esters cap 1</b>	
gm .....	50
<b>omeprazole cap delayed release 10</b>	
mg .....	118
<b>omeprazole cap delayed release 20</b>	
mg .....	118
<b>omeprazole cap delayed release 40</b>	
mg .....	118
OMNARIS SPR .....	147
OMNIFLEX DPR .....	132
ONCASPAR INJ 750/ML .....	40

<b>ondansetron hcl inj 4 mg/2ml (2</b>	
<b>mg/ml) .....</b>	113
<b>ondansetron hcl inj 40 mg/20ml (2</b>	
<b>mg/ml) .....</b>	113
<b>ondansetron hcl oral soln 4</b>	
<b>mg/5ml .....</b>	113
<b>ondansetron hcl tab 24 mg .....</b>	113
<b>ondansetron hcl tab 4 mg .....</b>	113
<b>ondansetron hcl tab 8 mg .....</b>	113
<b>ondansetron orally disintegrating</b>	
<b>tab 4 mg .....</b>	113
<b>ondansetron orally disintegrating</b>	
<b>tab 8 mg .....</b>	113
OPSUMIT TAB 10MG .....	60
ORAL GLUCOSE REPLACEMENT .....	107
Oralone Dental Paste	
see <b>triamcinolone acetonide</b>	
<b>dental paste 0.1% .....</b>	156
ORAVIG TAB 50MG .....	156
ORENITRAM TAB 0.125MG .....	60
ORENITRAM TAB 0.25MG .....	60
ORENITRAM TAB 1MG .....	60
ORENITRAM TAB 2.5MG .....	60
ORENITRAM TAB 5MG .....	60
ORFADIN CAP 20MG.....	101
ORFADIN SUS 4MG/ML .....	101
ORKAMBI GRA 100-125.....	147
ORKAMBI GRA 150-188.....	147
ORKAMBI TAB 100-125 .....	147
ORKAMBI TAB 200-125 .....	147
<b>orphenadrine citrate inj 30 mg/ml</b>	
.....	87
<b>orphenadrine citrate tab er 12hr</b>	
<b>100 mg .....</b>	87
Orsythia	
see <b>levonorgestrel &amp; ethinyl</b>	
<b>estradiol tab 0.1 mg-20 mcg ....</b>	97
Oscimin	
see <b>hyoscyamine sulfate sl tab</b>	
<b>0.125 mg .....</b>	112
see <b>hyoscyamine sulfate tab</b>	
<b>0.125 mg .....</b>	112
Oscimin Sr	
see <b>hyoscyamine sulfate tab er</b>	
<b>12hr 0.375 mg .....</b>	112
<b>oseltamivir phosphate cap 30 mg</b>	
<b>(base equiv) .....</b>	23

<b>oseltamivir phosphate cap 45 mg (base equiv)</b>	23
<b>oseltamivir phosphate cap 75 mg (base equiv)</b>	23
<b>oseltamivir phosphate for susp 6 mg/ml (base equiv)</b>	23
OSMOPREP TAB 1.5GM	115
<b>ospemifene</b>	
see OSPHENA TAB 60MG	107
OSPHENA TAB 60MG	107
OTEZLA TAB 10/20/30	127
OTEZLA TAB 30MG	127
<b>oxacillin sodium for inj 1 gm (base equivalent)</b>	29
<b>oxacillin sodium for inj 2 gm (base equivalent)</b>	29
<b>oxacillin sodium for iv soln 10 gm (base equivalent)</b>	29
<b>oxaliplatin for iv inj 100 mg</b>	41
<b>oxaliplatin for iv inj 50 mg</b>	41
<b>oxaliplatin iv soln 100 mg/20ml</b>	41
<b>oxaliplatin iv soln 50 mg/10ml</b>	41
<b>oxaprozin tab 600 mg</b>	2
<b>oxazepam cap 10 mg</b>	62
<b>oxazepam cap 15 mg</b>	62
<b>oxazepam cap 30 mg</b>	62
<b>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</b>	64
<b>oxcarbazepine tab 150 mg</b>	64
<b>oxcarbazepine tab 300 mg</b>	64
<b>oxcarbazepine tab 600 mg</b>	64
<b>oxiconazole nitrate</b>	
see OXISTAT LOT 1%	152
<b>oxiconazole nitrate cream 1%</b>	152
OXISTAT LOT 1%	152
<b>oxybutynin chloride syrup 5 mg/5ml</b>	119
<b>oxybutynin chloride tab 5 mg</b>	119
<b>oxybutynin chloride tab er 24hr 10 mg</b>	119
<b>oxybutynin chloride tab er 24hr 15 mg</b>	119
<b>oxybutynin chloride tab er 24hr 5 mg</b>	119
<b>oxycodone hcl cap 5 mg</b>	9
<b>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</b>	9

<b>oxycodone hcl soln 5 mg/5ml</b>	9
<b>oxycodone hcl tab 10 mg</b>	10
<b>oxycodone hcl tab 15 mg</b>	10
<b>oxycodone hcl tab 20 mg</b>	10
<b>oxycodone hcl tab 30 mg</b>	10
<b>oxycodone hcl tab 5 mg</b>	9
<b>oxycodone hcl tab er 12hr deter 10 mg</b>	10
<b>oxycodone hcl tab er 12hr deter 15 mg</b>	10
<b>oxycodone hcl tab er 12hr deter 20 mg</b>	10
<b>oxycodone hcl tab er 12hr deter 30 mg</b>	10
<b>oxycodone hcl tab er 12hr deter 40 mg</b>	10
<b>oxycodone hcl tab er 12hr deter 60 mg</b>	10
<b>oxycodone hcl tab er 12hr deter 80 mg</b>	10
<b>oxycodone w/ acetaminophen</b>	
see XARTEMIS XR TAB 7.5-325	13
<b>oxycodone w/ acetaminophen soln 5-325 mg/5ml</b>	10
<b>oxycodone w/ acetaminophen tab 10-325 mg</b>	11
<b>oxycodone w/ acetaminophen tab 2.5-325 mg</b>	10, 11
<b>oxycodone w/ acetaminophen tab 5-325 mg</b>	11
<b>oxycodone w/ acetaminophen tab 7.5-325 mg</b>	11
<b>oxycodone-aspirin tab 4.8355-325 mg</b>	11
<b>oxycodone-ibuprofen tab 5-400 mg</b>	11
<b>oxymorphone hcl tab 10 mg</b>	12
<b>oxymorphone hcl tab 5 mg</b>	12
<b>oxymorphone hcl tab er 12hr 10 mg</b>	12
<b>oxymorphone hcl tab er 12hr 15 mg</b>	12
<b>oxymorphone hcl tab er 12hr 20 mg</b>	12
<b>oxymorphone hcl tab er 12hr 30 mg</b>	12

<b>oxymorphone hcl tab er 12hr 40</b>	
mg .....	12
<b>oxymorphone hcl tab er 12hr 5 mg</b>	
.....	12
<b>oxymorphone hcl tab er 12hr 7.5</b>	
mg .....	12
OZEMPIC INJ 2/1.5ML .....	90
P	
Pacerone	
see <b>amiodarone hcl tab 100 mg</b> ..47	
see <b>amiodarone hcl tab 200 mg</b> ..47	
<b>paclitaxel iv conc 100 mg/16.7ml</b>	
(6 mg/ml) .....	34
<b>paclitaxel iv conc 150 mg/25ml (6</b>	
mg/ml) .....	34
<b>paclitaxel iv conc 30 mg/5ml (6</b>	
mg/ml) .....	34
<b>paclitaxel iv conc 300 mg/50ml (6</b>	
mg/ml) .....	34
<b>paclitaxel protein-bound particles</b>	
see ABRAXANE INJ 100MG .....	33
<b>palbociclib</b>	
see IBRANCE CAP 100MG.....	34
see IBRANCE CAP 125MG.....	34
see IBRANCE CAP 75MG.....	34
see IBRANCE TAB 100MG.....	34
see IBRANCE TAB 125MG.....	34
see IBRANCE TAB 75MG.....	34
<b>paliperidone tab er 24hr 1.5 mg</b> ...	76
<b>paliperidone tab er 24hr 3 mg</b> .....	76
<b>paliperidone tab er 24hr 6 mg</b> .....	76
<b>paliperidone tab er 24hr 9 mg</b> .....	76
<b>pamidronate disodium for inj 30</b>	
mg .....	94
<b>pamidronate disodium for inj 90</b>	
mg .....	94
<b>pamidronate disodium iv soln 3</b>	
mg/ml .....	94
<b>pamidronate disodium iv soln 9</b>	
mg/ml .....	94
<b>pancrelipase (lipase-protease-</b>	
<b>    amylase)</b>	
see CREON CAP 12000UNT.....	117
see CREON CAP 24000UNT.....	117
see CREON CAP 3000UNIT .....	117
see CREON CAP 36000UNT.....	117
see CREON CAP 6000UNIT .....	117
see VIOKACE TAB 10440 .....	117
see VIOKACE TAB 20880 .....	117
see ZENPEP CAP 10000UNT.....	117
see ZENPEP CAP 15000UNT.....	117
see ZENPEP CAP 20000UNT.....	117
see ZENPEP CAP 25000 .....	117
see ZENPEP CAP 3000UNIT.....	117
see ZENPEP CAP 40000 .....	117
see ZENPEP CAP 5000UNIT.....	117
<b>panobinostat lactate</b>	
see FARYDAK CAP 10MG .....	34
see FARYDAK CAP 15MG .....	34
see FARYDAK CAP 20MG .....	34
<b>pantoprazole sodium ec tab 20 mg</b>	
(base equiv) .....	118
<b>pantoprazole sodium ec tab 40 mg</b>	
(base equiv) .....	118
PARAGARD IUD T380A.....	100
<b>paricalcitol cap 1 mcg</b> .....	137
<b>paricalcitol cap 2 mcg</b> .....	137
<b>paricalcitol cap 4 mcg</b> .....	137
<b>paricalcitol iv soln 2 mcg/ml</b> .....	137
<b>paricalcitol iv soln 5 mcg/ml</b> .....	137
<b>paromomycin sulfate cap 250 mg</b> .14	
<b>paroxetine hcl tab 10 mg</b> .....	71
<b>paroxetine hcl tab 20 mg</b> .....	71
<b>paroxetine hcl tab 30 mg</b> .....	71
<b>paroxetine hcl tab 40 mg</b> .....	71
<b>paroxetine hcl tab er 24hr 12.5 mg</b>	
.....	71
<b>paroxetine hcl tab er 24hr 25 mg</b> .71	
<b>paroxetine hcl tab er 24hr 37.5 mg</b>	
.....	71
PASER GRA 4GM .....	22
<b>pasireotide diaspartate</b>	
see SIGNIFOR INJ 0.3MG/ML .....	107
see SIGNIFOR INJ 0.6MG/ML .....	107
see SIGNIFOR INJ 0.9MG/ML .....	108
PAZEO DRO 0.7% .....	141
<b>pazopanib hcl</b>	
see VOTRIENT TAB 200MG.....	39
PCE TAB 333MG EC .....	26
PCE TAB 500MG EC .....	26
PEDIARIX INJ 0.5ML .....	131
<b>pediatric multiple vitamins w/ fl-fe</b>	
<b>    drops 0.25-10 mg/ml</b> .....	137

<b>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</b>	138	see PLEGRIDY INJ .....	85
<b>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</b>	138	see PLEGRIDY INJ PEN .....	85
<b>pediatric multiple vitamins w/ fluoride chew tab 1 mg</b>	138	see PLEGRIDY INJ STARTER .....	85
<b>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</b>	138	see PLEGRIDY PEN INJ STARTER.....	85
<b>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</b>	138	<b>pegvisomant</b>	
PEDIATRIC RESPIRATORY MASK.....	134	see SOMAVERT INJ 10MG .....	108
<b>pediatric vitamins acd fluoride &amp; fe drops 0.25-10 mg/ml</b>	138	see SOMAVERT INJ 15MG .....	108
<b>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</b>	138	see SOMAVERT INJ 20MG .....	108
<b>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</b>	138	see SOMAVERT INJ 25MG .....	108
PEDVAX HIB INJ .....	131	see SOMAVERT INJ 30MG .....	108
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</b>	115, 116	<b>pembrolizumab</b>	
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</b>	116	see KEYTRUDA INJ 100MG/4M .....	35
<b>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</b>		<b>pemetrexed disodium</b>	
see MOVIPREP SOL.....	115	see ALIMTA INJ 100MG.....	32
see PLENNU SOL.....	116	see ALIMTA INJ 500MG.....	32
<b>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</b>	116	<b>penciclovir</b>	
<b>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</b>		see DENAVIR CRE 1%.....	155
see GOLYTELY SOL .....	115	<b>penicillamine tab 250 mg</b>	95
PEGANONE TAB 250MG.....	64	<b>penicillin g potassium for inj 20000000 unit</b>	29
<b>pegaspargase</b>		<b>penicillin g potassium for inj</b>	
see ONCASPAR INJ 750/ML.....	40	5000000 unit .....	29
PEGASYS INJ .....	27	<b>penicillin g sodium for inj 5000000 unit</b>	29
PEGASYS INJ 180MCG/M.....	27	<b>penicillin v potassium for soln 125 mg/5ml</b>	29
PEGASYS INJ PROCLICK .....	27	<b>penicillin v potassium for soln 250 mg/5ml</b>	29
<b>pegfilgrastim</b>		<b>penicillin v potassium tab 250 mg</b>	29
see NEULASTA INJ 6MG/0.6M .....	122	<b>penicillin v potassium tab 500 mg</b>	29
see NEULASTA KIT 6MG/0.6M.....	122	PENTACEL INJ .....	131
<b>pegfilgrastim-cbqv</b>		<b>pentamidine isethionate for nebulization soln 300 mg</b>	16
see UDENYCA INJ 6MG/.6ML .....	123	<b>pentamidine isethionate for soln 300 mg</b>	16
<b>peginterferon alfa-2a</b>		<b>pentosan polysulfate sodium</b>	
see PEGASYS INJ.....	27	see ELMIRON CAP 100MG.....	119
see PEGASYS INJ 180MCG/M.....	27	<b>pentostatin</b>	
see PEGASYS INJ PROCLICK .....	27	see NIPENT INJ 10MG .....	33
<b>peginterferon beta-1a</b>		<b>pentoxifylline tab er 400 mg</b>	123
		<b>perampanel</b>	
		see FYCOMPA SUS 0.5MG/ML .....	63
		see FYCOMPA TAB 10MG.....	63
		see FYCOMPA TAB 12MG.....	63
		see FYCOMPA TAB 2MG .....	63
		see FYCOMPA TAB 4MG .....	63
		see FYCOMPA TAB 6MG .....	63

see FYCOMPA TAB 8MG.....	63
PERFOROMIST NEB 20MCG .....	145
<b>perindopril erbumine tab 2 mg .....</b>	44
<b>perindopril erbumine tab 4 mg .....</b>	44
<b>perindopril erbumine tab 8 mg .....</b>	44
Periogard	
see <b>chlorhexidine gluconate soln 0.12%</b> .....	156
<b>permethrin cream 5% .....</b>	156
<b>perphenazine tab 16 mg .....</b>	76
<b>perphenazine tab 2 mg .....</b>	76
<b>perphenazine tab 4 mg .....</b>	76
<b>perphenazine tab 8 mg .....</b>	76
Pfizerpen	
see <b>penicillin g potassium for inj 20000000 unit</b> .....	29
<b>phenazopyridine hcl tab 95 mg ...</b>	119
<b>phenelzine sulfate tab 15 mg.....</b>	71
<b>phenobarbital elixir 20 mg/5ml ....</b>	64
<b>phenobarbital tab 100 mg.....</b>	65
<b>phenobarbital tab 15 mg .....</b>	64
<b>phenobarbital tab 16.2 mg .....</b>	64
<b>phenobarbital tab 30 mg .....</b>	64
<b>phenobarbital tab 32.4 mg .....</b>	64
<b>phenobarbital tab 60 mg .....</b>	64
<b>phenobarbital tab 64.8 mg .....</b>	64
<b>phenobarbital tab 97.2 mg .....</b>	64
<b>phenoxybenzamine hcl cap 10 mg</b>	58
<b>phenylephrine hcl ophth soln 10%</b>	
.....	142
<b>phenylephrine hcl ophth soln 2.5%</b>	
.....	142
<b>phenytoin chew tab 50 mg .....</b>	65
<b>phenytoin sodium extended</b>	
see DILANTIN CAP 30MG .....	62
<b>phenytoin sodium extended cap 100 mg .....</b>	65
<b>phenytoin sodium extended cap 200 mg .....</b>	65
<b>phenytoin sodium extended cap 300 mg .....</b>	65
<b>phenytoin sodium inj 50 mg/ml .....</b>	65
<b>phenytoin susp 125 mg/5ml .....</b>	65
PHOSLYRA SOL.....	108
PHOSPHOLINE SOL 0.125%OP .....	141
PHOTOFRIN INJ 75MG .....	40
Physiolyte	
see <b>irrigation solution, physiological</b> .....	142
Physiosol Irrigation	
see <b>irrigation solution, physiological</b> .....	142
<b>phytonadione tab 5 mg .....</b>	138
PICATO GEL 0.015%.....	150
PICATO GEL 0.05% .....	150
<b>pilocarpine hcl ophth soln 1%</b> .....	141
<b>pilocarpine hcl tab 5 mg .....</b>	156
<b>pilocarpine hcl tab 7.5 mg .....</b>	156
<b>pimavanserin tartrate</b>	
see NUPLAZID TAB 17MG .....	76
<b>pimozide tab 1 mg .....</b>	84
<b>pimozide tab 2 mg .....</b>	84
<b>pindolol tab 10 mg .....</b>	52
<b>pindolol tab 5 mg .....</b>	52
<b>pioglitazone hcl tab 15 mg (base equiv)</b>	
.....	91
<b>pioglitazone hcl tab 30 mg (base equiv)</b>	
.....	91
<b>pioglitazone hcl tab 45 mg (base equiv)</b>	
.....	91
<b>pioglitazone hcl-glimepiride tab 30-2 mg .....</b>	92
<b>pioglitazone hcl-glimepiride tab 30-4 mg .....</b>	92
<b>pioglitazone hcl-metformin hcl tab 15-500 mg .....</b>	91
<b>pioglitazone hcl-metformin hcl tab 15-850 mg .....</b>	91
<b>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm) .....</b>	29
<b>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm) .....</b>	29
<b>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) .....</b>	30
<b>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm) .....</b>	30
<b>pirfenidone</b>	
see ESBRIET CAP 267MG .....	146
see ESBRIET TAB 267MG .....	146
see ESBRIET TAB 801MG .....	147
Pirmella 1/35	
see <b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg .....</b>	98
Pirmella 7/7/7	

see <b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</b>	99
<b>piroxicam cap 10 mg</b>	2
<b>piroxicam cap 20 mg</b>	2
PLEGRIDY INJ	85
PLEGRIDY INJ PEN	85
PLEGRIDY INJ STARTER	85
PLEGRIDY PEN INJ STARTER	85
PLENUV SOL	116
<b>pneumococcal 13-valent conjugate vaccine</b>	
see PREVNAR 13 INJ	131
<b>pneumococcal vac polyvalent</b>	
see PNEUMOVAX 23 INJ 25/0.5	131
PNEUMOVAX 23 INJ 25/0.5	131
<b>podofilox</b>	
see CONDYLOX GEL 0.5%	155
<b>podofilox soln 0.5%</b>	155
<b>poliovirus vaccine, ipv</b>	
see IPOL INJ INACTIVE	131
Polycin	
see <b>bacitracin-polymyxin b ophth oint</b>	139
<b>polyethylene glycol 3350 oral powder 17 gm/scoop</b>	116
<b>polymyxin b sulfate for inj 500000 unit</b>	16
<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</b>	139
<b>pomalidomide</b>	
see POMALYST CAP 1MG	128
see POMALYST CAP 2MG	128
see POMALYST CAP 3MG	128
see POMALYST CAP 4MG	128
POMALYST CAP 1MG	128
POMALYST CAP 2MG	128
POMALYST CAP 3MG	128
POMALYST CAP 4MG	128
<b>ponatinib hcl</b>	
see ICLUSIG TAB 15MG	37
see ICLUSIG TAB 45MG	37
<b>porfimer sodium</b>	
see PHOTOFRIN INJ 75MG	40
Portia-28	
see <b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	97

<b>posaconazole</b>	
see NOXAFIL SUS 40MG/ML	18
<b>posaconazole tab delayed release 100 mg</b>	18
<b>potassium bicarbonate effer tab 25 meq</b>	134
<b>potassium chloride cap er 10 meq</b>	134
<b>potassium chloride cap er 8 meq</b>	134
<b>potassium chloride inj 2 meq/ml</b>	136
<b>potassium chloride</b>	
<b>microencapsulated crys er tab 10 meq</b>	134
<b>potassium chloride</b>	
<b>microencapsulated crys er tab 15 meq</b>	134
<b>potassium chloride</b>	
<b>microencapsulated crys er tab 20 meq</b>	134
<b>potassium chloride oral soln 10% (20 meq/15ml)</b>	134
<b>potassium chloride oral soln 20% (40 meq/15ml)</b>	134
<b>potassium chloride tab er 10 meq</b>	134, 135
<b>potassium chloride tab er 20 meq (1500 mg)</b>	135
<b>potassium chloride tab er 8 meq (600 mg)</b>	134
<b>potassium citrate tab er 10 meq (1080 mg)</b>	119
<b>potassium citrate tab er 15 meq (1620 mg)</b>	119
<b>potassium citrate tab er 5 meq (540 mg)</b>	119
PRADAXA CAP 110MG	121
PRADAXA CAP 150MG	121
PRADAXA CAP 75MG	121
<b>pramipexole dihydrochloride tab 0.125 mg</b>	73
<b>pramipexole dihydrochloride tab 0.25 mg</b>	73
<b>pramipexole dihydrochloride tab 0.5 mg</b>	73
<b>pramipexole dihydrochloride tab 0.75 mg</b>	73

<b>pramipexole dihydrochloride tab 1 mg</b> .....	73
<b>pramipexole dihydrochloride tab 1.5 mg</b> .....	73
<b>pramipexole dihydrochloride tab er 24hr 0.375 mg</b> .....	74
<b>pramipexole dihydrochloride tab er 24hr 0.75 mg</b> .....	74
<b>pramipexole dihydrochloride tab er 24hr 1.5 mg</b> .....	74
<b>pramipexole dihydrochloride tab er 24hr 2.25 mg</b> .....	74
<b>pramipexole dihydrochloride tab er 24hr 3 mg</b> .....	74
<b>pramipexole dihydrochloride tab er 24hr 3.75 mg</b> .....	74
<b>pramipexole dihydrochloride tab er 24hr 4.5 mg</b> .....	74
<b>pramlintide acetate</b>	
see SYMLINPEN 60 INJ 1000MCG ....	89
see SYMLNPEN 120 INJ 1000MCG ...	89
<b>Pramox Gel</b>	
see <b>pramoxine hcl gel 1%</b> .....	155
<b>pramoxine hcl gel 1%</b> .....	155
<b>prasterone vaginal</b>	
see INTRAROSA SUP 6.5MG.....	88
<b>prasugrel hcl tab 10 mg (base equiv)</b> .....	124
<b>prasugrel hcl tab 5 mg (base equiv)</b> .....	124
<b>pravastatin sodium tab 10 mg</b> .....	50
<b>pravastatin sodium tab 20 mg</b> .....	50
<b>pravastatin sodium tab 40 mg</b> .....	50
<b>pravastatin sodium tab 80 mg</b> .....	50
<b>praziquantel tab 600 mg</b> .....	16
<b>prazosin hcl cap 1 mg</b> .....	44
<b>prazosin hcl cap 2 mg</b> .....	44
<b>prazosin hcl cap 5 mg</b> .....	44
PRED MILD SUS 0.12% OP.....	140
PRED SOD PHO SOL 1% OP .....	140
<b>prednicarbate cream 0.1%</b> .....	154
<b>prednicarbate oint 0.1%</b> .....	154
<b>prednisolone acetate (ophth)</b>	
see PRED MILD SUS 0.12% OP .....	140
<b>prednisolone acetate ophth susp 1%</b> .....	140

<b>prednisolone sod phos orally</b>	
<b>disintegr tab 10 mg (base eq)</b> .....	106
<b>prednisolone sod phos orally</b>	
<b>disintegr tab 15 mg (base eq)</b> .....	106
<b>prednisolone sod phos orally</b>	
<b>disintegr tab 30 mg (base eq)</b> .....	106
<b>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</b> .....	106
<b>prednisolone sod phosphate oral</b>	
<b>soln 10 mg/5ml (base equiv)</b> ....	106
<b>prednisolone sod phosphate oral</b>	
<b>soln 15 mg/5ml (base equiv)</b> ....	106
<b>prednisolone sod phosphate oral</b>	
<b>soln 20 mg/5ml (base equiv)</b> ....	106
<b>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</b> .....	106
<b>prednisolone syrup 15 mg/5ml (usp solution equivalent)</b> .....	106
<b>prednisone</b>	
see PREDNISONE CON 5MG/ML .....	106
<b>PREDNISONE CON 5MG/ML</b> .....	106
<b>prednisone oral soln 5 mg/5ml</b> .....	106
<b>prednisone tab 1 mg</b> .....	106
<b>prednisone tab 10 mg</b> .....	106
<b>prednisone tab 2.5 mg</b> .....	106
<b>prednisone tab 20 mg</b> .....	106
<b>prednisone tab 5 mg</b> .....	106
<b>prednisone tab 50 mg</b> .....	106
<b>prednisone tab therapy pack 10 mg (21)</b> .....	106
<b>prednisone tab therapy pack 10 mg (48)</b> .....	106
<b>prednisone tab therapy pack 5 mg (21)</b> .....	106
<b>prednisone tab therapy pack 5 mg (48)</b> .....	106
<b>pregabalin cap 100 mg</b> .....	65
<b>pregabalin cap 150 mg</b> .....	65
<b>pregabalin cap 200 mg</b> .....	65
<b>pregabalin cap 225 mg</b> .....	65
<b>pregabalin cap 25 mg</b> .....	65
<b>pregabalin cap 300 mg</b> .....	65
<b>pregabalin cap 50 mg</b> .....	65
<b>pregabalin cap 75 mg</b> .....	65
<b>pregabalin soln 20 mg/ml</b> .....	65
PREMARIN INJ 25MG .....	104
PREMARIN TAB 0.3MG .....	104

PREMARIN TAB 0.45MG .....	104
PREMARIN TAB 0.625MG.....	104
PREMARIN TAB 0.9MG.....	104
PREMARIN TAB 1.25MG .....	104
PREMARIN VAG CRE 0.625MG.....	104
Prenatabs Rx see <b>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</b> .....	138
<b>prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid</b> see CITRANATAL TAB BLOOM.....	137
<b>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</b> .....	138
<b>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</b> .....	138
<b>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</b> see CITRANATAL MIS.....	136
see CITRANATAL MIS 90 DHA.....	136
see CITRANATAL PAK ASSURE.....	136
see CITRANATAL PAK DHA .....	136
<b>prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa &amp; vit b6</b> see CITRANATAL MIS B-CALM.....	136
<b>prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha</b> see CITRANATAL CAP HARMONY....	136
<b>prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha</b> see CITRANATAL CAP MEDLEY .....	136
<b>prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa</b> see CITRANATAL TAB RX.....	137
PREPOPIK PAK .....	116
Prevalite see <b>cholestyramine light powder 4 gm/dose</b> .....	48
Previfem see <b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b>	99
PREVNAR 13 INJ.....	131
PREZCOBIX TAB 800-150 .....	21
PREZISTA SUS 100MG/ML.....	20
PREZISTA TAB 150MG.....	20
PREZISTA TAB 600MG.....	20
PREZISTA TAB 75MG .....	20
PREZISTA TAB 800MG.....	20
PRIFTIN TAB 150MG .....	22
<b>primaquine phosphate tab 26.3 mg (15 mg base)</b> .....	18
<b>primidone tab 250 mg</b> .....	65
<b>primidone tab 50 mg</b> .....	65
PRIMSOL SOL 50MG/5ML.....	16
<b>probenecid tab 500 mg</b> .....	1
<b>procainamide hcl inj 100 mg/ml</b> .....	48
<b>procarbazine hcl</b> see MATULANE CAP 50MG .....	40
<b>prochlorperazine edisylate inj 10 mg/2ml</b> .....	113
<b>prochlorperazine edisylate inj 50 mg/10ml</b> .....	113
<b>prochlorperazine maleate tab 10 mg (base equivalent)</b> .....	113
<b>prochlorperazine maleate tab 5 mg (base equivalent)</b> .....	113
<b>prochlorperazine suppos 25 mg</b> ...113	
Procto-pak see <b>hydrocortisone perianal cream 1%</b> .....	118
Proctosol Hc see <b>hydrocortisone perianal cream 2.5%</b> .....	118
Proctozone-hc see <b>hydrocortisone perianal cream 2.5%</b> .....	118
<b>progesterone (vaginal)</b> see CRINONE GEL 4% VAG.....	108
see CRINONE GEL 8% VAG.....	109
<b>progesterone micronized cap 100 mg</b> .....	109
<b>progesterone micronized cap 200 mg</b> .....	109
PROGRAF INJ 5MG/ML.....	129
PROLASTIN-C INJ 1000MG.....	147
PROLIA SOL 60MG/ML.....	107
PROMACTA TAB 12.5MG.....	122
PROMACTA TAB 25MG.....	122
PROMACTA TAB 50MG.....	122
PROMACTA TAB 75MG.....	123
<b>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</b> .....	146
<b>promethazine hcl inj 25 mg/ml</b> ....113	
<b>promethazine hcl inj 50 mg/ml</b> ....113	

<b>promethazine hcl syrup 6.25</b>	
mg/5ml.....	113
<b>promethazine hcl tab 12.5 mg</b>	113
<b>promethazine hcl tab 25 mg</b>	114
<b>promethazine hcl tab 50 mg</b>	114
Promethazine Vc/codeine	
see <b>promethazine-phenylephrine-codeine syrup 6.25-5-10</b>	
mg/5ml.....	146
<b>promethazine w/ codeine syrup 6.25-10 mg/5ml</b>	146
<b>promethazine-dm syrup 6.25-15</b>	
mg/5ml.....	146
<b>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</b>	146
.....	146
<b>propafenone hcl cap er 12hr 225</b>	
mg.....	48
<b>propafenone hcl cap er 12hr 325</b>	
mg.....	48
<b>propafenone hcl cap er 12hr 425</b>	
mg.....	48
<b>propafenone hcl tab 150 mg</b>	48
<b>propafenone hcl tab 225 mg</b>	48
<b>propafenone hcl tab 300 mg</b>	48
<b>proparacaine hcl ophth soln 0.5%</b>	
.....	142
<b>propranolol &amp; hydrochlorothiazide tab 40-25 mg</b>	51
<b>propranolol &amp; hydrochlorothiazide tab 80-25 mg</b>	51
<b>propranolol hcl cap er 24hr 120 mg</b>	
.....	52
<b>propranolol hcl cap er 24hr 160 mg</b>	
.....	52
<b>propranolol hcl cap er 24hr 60 mg</b>	
.....	52
<b>propranolol hcl cap er 24hr 80 mg</b>	
.....	52
<b>propranolol hcl inj 1 mg/ml</b>	52
<b>propranolol hcl oral soln 20</b>	
mg/5ml.....	52
<b>propranolol hcl oral soln 40</b>	
mg/5ml.....	52
<b>propranolol hcl tab 10 mg</b>	53
<b>propranolol hcl tab 20 mg</b>	53
<b>propranolol hcl tab 40 mg</b>	53

<b>propranolol hcl tab 60 mg</b>	53
<b>propranolol hcl tab 80 mg</b>	53
<b>propylthiouracil tab 50 mg</b>	110
PROQUAD INJ	131
<b>protriptyline hcl tab 10 mg</b>	71
<b>protriptyline hcl tab 5 mg</b>	71
<b>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</b>	146
<b>pyrazinamide tab 500 mg</b>	22
<b>pyridostigmine bromide</b>	
see REGONOL INJ 5MG/ML.....	84
<b>pyridostigmine bromide oral soln 60 mg/5ml</b>	84
<b>pyridostigmine bromide tab 60 mg</b>	84
<b>pyridostigmine bromide tab er 180 mg</b>	84
<b>pyridoxine hcl tab 25 mg</b>	138
<b>pyridoxine hcl tab 50 mg</b>	138
<b>pyrimethamine</b>	
see DARAPRIM TAB 25MG .....	15
<b>Q</b>	
QTERN TAB 10MG/5MG .....	93
QTERN TAB 5-5MG .....	93
QUADRAMET INJ 1850MBQ .....	40
Quasense	
see <b>levonorgestrel &amp; ethynodiol (91-day) tab 0.15-0.03 mg</b>	97
<b>quetiapine fumarate tab 100 mg</b>	76
<b>quetiapine fumarate tab 200 mg</b>	77
<b>quetiapine fumarate tab 25 mg</b>	76
<b>quetiapine fumarate tab 300 mg</b>	77
<b>quetiapine fumarate tab 400 mg</b>	77
<b>quetiapine fumarate tab 50 mg</b>	76
<b>quetiapine fumarate tab er 24hr 150 mg</b>	77
<b>quetiapine fumarate tab er 24hr 200 mg</b>	77
<b>quetiapine fumarate tab er 24hr 300 mg</b>	77
<b>quetiapine fumarate tab er 24hr 400 mg</b>	77
<b>quetiapine fumarate tab er 24hr 50 mg</b>	77
<b>quinapril hcl tab 10 mg</b>	44
<b>quinapril hcl tab 20 mg</b>	44

<b>quinapril hcl tab 40 mg</b>	44
<b>quinapril hcl tab 5 mg</b>	44
<b>quinapril-hydrochlorothiazide tab 10-12.5 mg</b>	43
<b>quinapril-hydrochlorothiazide tab 20-12.5 mg</b>	43
<b>quinapril-hydrochlorothiazide tab 20-25 mg</b>	43
<b>quinine sulfate cap 324 mg</b>	18
QVAR REDIHA AER 80MCG	148
QVAR REDIHAL AER 40MCG	148
R	
<b>rabeprazole sodium ec tab 20 mg</b>	118
<b>raloxifene hcl tab 60 mg</b>	107
<b>raltegravir potassium</b>	
see ISENTRESS CHW 100MG	19
see ISENTRESS CHW 25MG	19
see ISENTRESS HD TAB 600MG	19
see ISENTRESS POW 100MG	19
see ISENTRESS TAB 400MG	19
<b>ramelteon tab 8 mg</b>	82
<b>ramipril cap 1.25 mg</b>	44
<b>ramipril cap 10 mg</b>	44
<b>ramipril cap 2.5 mg</b>	44
<b>ramipril cap 5 mg</b>	44
<b>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</b>	114
<b>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</b>	114
<b>ranolazine tab er 12hr 1000 mg</b>	58
<b>ranolazine tab er 12hr 500 mg</b>	58
<b>rasagiline mesylate tab 0.5 mg (base equiv)</b>	74
<b>rasagiline mesylate tab 1 mg (base equiv)</b>	74
REBETOL SOL 40MG/ML	27
REBIF INJ 22/0.5	85
REBIF INJ 44/0.5	85
REBIF REBIDO INJ 22/0.5	85
REBIF REBIDO INJ 44/0.5	85
REBIF REBIDO INJ TITRATN	85
REBIF TITRTN INJ PACK	85
Reclipsen	
see <b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	95
RECOMBIVA HB INJ 10MCG/ML	131
RECOMBIVA HB INJ 5MCG/0.5	131
RECOMBIVA-HB INJ 40MCG/ML	131
RECTIV OIN 0.4%	155
REGIONOL INJ 5MG/ML	84
<b>regorafenib</b>	
see STIVARGA TAB 40MG	39
REGRANEX GEL 0.01%	156
RELENZA MIS DISKHALE	23
REMODULIN INJ 10MG/ML	60
REMODULIN INJ 1MG/ML	60
REMODULIN INJ 2.5MG/ML	60
REMODULIN INJ 5MG/ML	60
<b>repaglinide tab 0.5 mg</b>	92
<b>repaglinide tab 1 mg</b>	92
<b>repaglinide tab 2 mg</b>	92
<b>repaglinide-metformin hcl tab 1- 500 mg</b>	92
<b>repaglinide-metformin hcl tab 2- 500 mg</b>	92
REPATHA INJ 140MG/ML	51
REPATHA PUSH INJ 420/3.5	51
REPATHA SURE INJ 140MG/ML	51
RESTASIS EMU 0.05%	142
RETACRIT INJ 10000UNT	123
RETACRIT INJ 2000UNIT	123
RETACRIT INJ 3000UNIT	123
RETACRIT INJ 40000UNT	123
RETACRIT INJ 4000UNIT	123
RETROVIR INJ 10MG/ML	20
REVLIMID CAP 10MG	128
REVLIMID CAP 15MG	128
REVLIMID CAP 2.5MG	128
REVLIMID CAP 20MG	128
REVLIMID CAP 25MG	128
REVLIMID CAP 5MG	128
REXULTI TAB 0.25MG	77
REXULTI TAB 0.5MG	77
REXULTI TAB 1MG	77
REXULTI TAB 2MG	77
REXULTI TAB 3MG	77
REXULTI TAB 4MG	77
REYATAZ POW 50MG	20
Ribasphere	
see <b>ribavirin cap 200 mg</b>	27
see <b>ribavirin tab 200 mg</b>	27
see <b>ribavirin tab 600 mg</b>	27
RIBASPHERE TAB 400MG	27

<b>ribavirin (hepatitis c)</b>	
see REBETOL SOL 40MG/ML .....	27
see RIBASPHERE TAB 400MG.....	27
<b>ribavirin cap 200 mg</b> .....	27
<b>ribavirin for inhal soln 6 gm</b> .....	23
<b>ribavirin tab 200 mg</b> .....	27
<b>ribavirin tab 600 mg</b> .....	27
<b>ribociclib succinate</b>	
see KISQALI TAB 200DOSE.....	35
see KISQALI TAB 400DOSE.....	35
see KISQALI TAB 600DOSE.....	35
<b>rifabutin cap 150 mg</b> .....	22
RIFAMATE CAP .....	22
<b>rifampin cap 150 mg</b> .....	22
<b>rifampin cap 300 mg</b> .....	22
<b>rifampin for inj 600 mg</b> .....	22
<b>rifapentine</b>	
see PRIFTIN TAB 150MG .....	22
RIFATER TAB .....	22
<b>rifaximin</b>	
see XIFAXAN TAB 200MG.....	17
see XIFAXAN TAB 550MG.....	17
<b>rilonacept</b>	
see ARCALYST INJ 220MG .....	128
<b>rilpivirine hcl</b>	
see EDURANT TAB 25MG.....	19
<b>riluzole tab 50 mg</b> .....	84
<b>rimantadine hydrochloride tab 100 mg</b> .....	23
<b>ringer's solution for irrigation</b> .....	142
RINVOQ TAB 15MG ER .....	126
<b>riociguat</b>	
see ADEMPAS TAB 0.5MG .....	60
see ADEMPAS TAB 1.5MG .....	60
see ADEMPAS TAB 1MG .....	60
see ADEMPAS TAB 2.5MG .....	60
see ADEMPAS TAB 2MG .....	60
<b>risankizumab-rzaa</b>	
see SKYRIZI INJ 150DOSE .....	126
<b>risedronate sodium tab 150 mg</b> ....	94
<b>risedronate sodium tab 30 mg</b> .....	94
<b>risedronate sodium tab 35 mg</b> .....	94
<b>risedronate sodium tab 5 mg</b> .....	94
<b>risedronate sodium tab delayed release 35 mg</b> .....	94
<b>risperidone orally disintegrating tab 0.25 mg</b> .....	77
<b>risperidone orally disintegrating tab 0.5 mg</b> .....	77
<b>risperidone orally disintegrating tab 1 mg</b> .....	77
<b>risperidone orally disintegrating tab 2 mg</b> .....	77
<b>risperidone orally disintegrating tab 3 mg</b> .....	77
<b>risperidone orally disintegrating tab 4 mg</b> .....	77
<b>risperidone soln 1 mg/ml</b> .....	77
<b>risperidone tab 0.25 mg</b> .....	77
<b>risperidone tab 0.5 mg</b> .....	77
<b>risperidone tab 1 mg</b> .....	77
<b>risperidone tab 2 mg</b> .....	77
<b>risperidone tab 3 mg</b> .....	77
<b>risperidone tab 4 mg</b> .....	77
<b>ritonavir</b>	
see NORVIR POW 100MG.....	19
see NORVIR SOL 80MG/ML .....	20
<b>ritonavir tab 100 mg</b> .....	20
<b>rivaroxaban</b>	
see XARELTO STAR TAB 15/20MG .122	
see XARELTO TAB 10MG .....	122
see XARELTO TAB 15MG .....	122
see XARELTO TAB 2.5MG .....	122
see XARELTO TAB 20MG .....	122
<b>rivastigmine tartrate cap 1.5 mg (base equivalent)</b> .....	67
<b>rivastigmine tartrate cap 3 mg (base equivalent)</b> .....	67
<b>rivastigmine tartrate cap 4.5 mg (base equivalent)</b> .....	67
<b>rivastigmine tartrate cap 6 mg (base equivalent)</b> .....	67
<b>rivastigmine td patch 24hr 13.3 mg/24hr</b> .....	67
<b>rivastigmine td patch 24hr 4.6 mg/24hr</b> .....	67
<b>rivastigmine td patch 24hr 9.5 mg/24hr</b> .....	67
Rivelsa	
see <b>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est 0.01 mg</b> .....	96

<b>rizatriptan benzoate oral</b>	see JAKAFI TAB 10MG .....	38
<b>disintegrating tab 10 mg (base eq)</b>	see JAKAFI TAB 15MG .....	38
.....	see JAKAFI TAB 20MG .....	38
<b>rizatriptan benzoate oral</b>	see JAKAFI TAB 25MG .....	38
<b>disintegrating tab 5 mg (base eq)</b>	see JAKAFI TAB 5MG .....	38
.....	RYDAPT CAP 25MG .....	35
<b>S</b>	S	
<b>sacrosidase</b>	see SUCRAID SOL 8500/ML .....	116
<b>sacubitril-valsartan</b>	see ENTRESTO TAB 24-26MG .....	58
	see ENTRESTO TAB 49-51MG .....	58
	see ENTRESTO TAB 97-103MG .....	58
<b>samarium sm 153 lexicronam</b>	see QUADRAMET INJ 1850MBQ .....	40
<b>SAMSCA TAB 15MG</b>	SAMSCA TAB 15MG .....	107
<b>SAMSCA TAB 30MG</b>	SAMSCA TAB 30MG .....	107
<b>SANCUSO DIS 3.1MG</b>	SANCUSO DIS 3.1MG .....	114
<b>SANDIMMUNE SOL 100MG/ML</b>	SANDIMMUNE SOL 100MG/ML .....	129
<b>SAPHRIS SUB 10MG</b>	SAPHRIS SUB 10MG .....	77
<b>SAPHRIS SUB 2.5MG</b>	SAPHRIS SUB 2.5MG .....	77
<b>SAPHRIS SUB 5MG</b>	SAPHRIS SUB 5MG .....	77
<b>sapropterin dihydrochloride</b>	see KUVAN POW 100MG .....	100
	see KUVAN POW 500MG .....	101
	see KUVAN TAB 100MG .....	101
<b>saquinavir mesylate</b>	see INVIRASE CAP 200MG .....	19
	see INVIRASE TAB 500MG .....	19
<b>sarilumab</b>	see KEVZARA INJ 150/1.14 .....	125, 126
	see KEVZARA INJ 200/1.14 .....	126
<b>scopolamine td patch 72hr 1 mg/3days</b>	scopolamine td patch 72hr 1 mg/3days .....	114
<b>secukinumab</b>	see COSENTYX INJ 150MG/ML .....	152
	see COSENTYX INJ 300DOSE .....	152
	see COSENTYX PEN INJ 150MG/ML .....	152
	see COSENTYX PEN INJ 300DOSE .....	152
<b>segestrone acetate-ethinylestradiol</b>	see ANNOVERA MIS .....	95
<b>selegiline</b>	see EMSAM DIS 12MG/24H .....	69
	see EMSAM DIS 6MG/24HR .....	69
	see EMSAM DIS 9MG/24HR .....	69
<b>selegiline hcl cap 5 mg</b>	selegiline hcl cap 5 mg .....	74
<b>rizatriptan benzoate oral</b>	see ROTARIX SUS .....	131
<b>rotavirus vaccine, live oral</b>	see ROTAVIRUS VACCINE, LIVE ORAL .....	131
<b>rotavirus vaccine, live oral</b>	see ROTAVIRUS VACCINE, LIVE ORAL .....	131
<b>pentavalent</b>	see ROTATEQ SOL .....	132
<b>rotigotine</b>	see NEUPRO DIS 1MG/24HR .....	73
	see NEUPRO DIS 2MG/24HR .....	73
	see NEUPRO DIS 3MG/24HR .....	73
	see NEUPRO DIS 4MG/24HR .....	73
	see NEUPRO DIS 6MG/24HR .....	73
	see NEUPRO DIS 8MG/24HR .....	73
<b>ruxolitinib phosphate</b>	see RYDAPT CAP 25MG .....	35

<b>selegiline hcl tab 5 mg</b>	74
<b>selenium sulfide lotion 2.5%</b>	152
<b>selexipag</b>	
see UPTRAVI TAB 1000MCG	61
see UPTRAVI TAB 1200MCG	61
see UPTRAVI TAB 1400MCG	61
see UPTRAVI TAB 1600MCG	61
see UPTRAVI TAB 200/800	61
see UPTRAVI TAB 200MCG	61
see UPTRAVI TAB 400MCG	61
see UPTRAVI TAB 600MCG	61
see UPTRAVI TAB 800MCG	61
SELZENTRY SOL 20MG/ML	20
SELZENTRY TAB 150MG	20
SELZENTRY TAB 25MG	20
SELZENTRY TAB 300MG	20
SELZENTRY TAB 75MG	20
<b>semaglutide</b>	
see OZEMPIC INJ 2/1.5ML	90
<b>sertaconazole nitrate</b>	
see ERTACZO CRE 2%	151
<b>sertraline hcl oral concentrate for solution 20 mg/ml</b>	71
<b>sertraline hcl tab 100 mg</b>	71
<b>sertraline hcl tab 25 mg</b>	71
<b>sertraline hcl tab 50 mg</b>	71
<b>sevelamer carbonate packet 0.8 gm</b>	108
<b>sevelamer carbonate packet 2.4 gm</b>	108
<b>sevelamer carbonate tab 800 mg</b>	108
<b>sharps container</b>	
see SHARPS CONTAINER	133
SHARPS CONTAINER	133
SHINGRIX INJ 50/0.5ML	132
SHUR-SEAL GEL 2%	118
SIGNIFOR INJ 0.3MG/ML	107
SIGNIFOR INJ 0.6MG/ML	107
SIGNIFOR INJ 0.9MG/ML	108
<b>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</b>	60
<b>sildenafil citrate tab 20 mg</b>	60
<b>silodosin cap 4 mg</b>	118
<b>silodosin cap 8 mg</b>	118
<b>silver sulfadiazine cream 1%</b>	151
SIMBRINZA SUS 1-0.2%	141
SIMPONI ARIA SOL 50MG/4ML	126
SIMPONI INJ 100MG/ML	126
SIMPONI INJ 50/0.5ML	126
<b>simvastatin tab 10 mg</b>	50
<b>simvastatin tab 20 mg</b>	50
<b>simvastatin tab 40 mg</b>	50
<b>simvastatin tab 5 mg</b>	50
<b>simvastatin tab 80 mg</b>	50
<b>sirolimus oral soln 1 mg/ml</b>	129
<b>sirolimus tab 0.5 mg</b>	129
<b>sirolimus tab 1 mg</b>	129
<b>sirolimus tab 2 mg</b>	129
SIRTURO TAB 100MG	22
<b>sitagliptin phosphate</b>	
see JANUVIA TAB 100MG	90
see JANUVIA TAB 25MG	89
see JANUVIA TAB 50MG	89
<b>sitagliptin-metformin hcl</b>	
see JANUMET TAB 50-1000	90
see JANUMET TAB 50-500MG	90
see JANUMET XR TAB 100-1000	90
see JANUMET XR TAB 50-1000	90
see JANUMET XR TAB 50-500MG	90
SIVEXTRO INJ 200MG	16
SIVEXTRO TAB 200MG	17
SKLICE LOT 0.5%	156
SKYLA IUD 13.5MG	100
SKYRIZI INJ 150DOSE	126
SLYND TAB 4MG	100
Sm Nicotine Transdermal S	
see <b>nicotine td patch 24hr 14 mg/24hr</b>	88
see <b>nicotine td patch 24hr 21 mg/24hr</b>	88
see <b>nicotine td patch 24hr 7 mg/24hr</b>	88
<b>sodium chloride flush iv soln 0.9%</b>	135
<b>sodium chloride inj 2.5 meq/ml (14.6%)</b>	135
<b>sodium chloride irrigation soln 0.9%</b>	156
<b>sodium chloride iv soln 0.45%</b>	136
<b>sodium chloride iv soln 0.9%</b>	136
<b>sodium chloride iv soln 3%</b>	136
<b>sodium chloride iv soln 5%</b>	136
<b>sodium chloride preservative free (pf) inj 0.9%</b>	136

<b>sodium chloride soln nebu 0.9%</b>	147
<b>sodium chloride soln nebu 10%</b>	147
<b>sodium chloride soln nebu 3%</b>	147
<b>sodium chloride soln nebu 7%</b>	147
<b>sodium fluoride</b>	
see FLUORABON DRO	134
<b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</b>	135
<b>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</b>	135
<b>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</b>	135
<b>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</b>	135
<b>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</b>	135
<b>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</b>	135
<b>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</b>	136
<b>sodium fluoride tab 1 mg f (from 2.2 mg naf)</b>	136
<b>sodium phenylbutyrate oral powder 3 gm/teaspoonful</b>	101
<b>sodium phenylbutyrate tab 500 mg</b>	101
<b>sodium phosphate monobasic-sodium phosphate dibasic</b>	
see OSMOPREP TAB 1.5GM	115
<b>sodium picosulfate-magnesium oxide-anhydrous citric acid</b>	
see CLENPIQ SOL	115
see PREPOPIK PAK	116
<b>sodium polystyrene sulfonate oral susp 15 gm/60ml</b>	95
<b>sodium polystyrene sulfonate rectal susp 30 gm/120ml</b>	95
<b>sodium sulfate-potassium sulfate-magnesium sulfate</b>	
see SUPREP BOWEL SOL PREP KIT	116
<b>sofosbuvir</b>	
see SOVALDI TAB 200MG	27
see SOVALDI TAB 400MG	28
<b>sofosbuvir-velpatasvir</b>	
see EPCLUSA TAB 400-100	27
<b>sofosbuvir-velpatasvir-voxilaprevir</b>	
see VOSEVI TAB	28
<b>solifenacin succinate tab 10 mg</b>	119
<b>solifenacin succinate tab 5 mg</b>	119
SOLIQUA INJ 100/33	90
SOLU-CORTEF INJ 1000MG	106
SOLU-CORTEF INJ 100MG	106
SOLU-CORTEF INJ 250MG	106
SOLU-CORTEF INJ 500MG	106
SOLU-MEDROL INJ 2GM	107
<b>somatropin</b>	
see HUMATROPE INJ 12MG	107
see HUMATROPE INJ 24MG	107
see HUMATROPE INJ 5MG	107
see HUMATROPE INJ 6MG	107
SOMATULINE INJ 120/.5ML	108
SOMATULINE INJ 60/0.2ML	108
SOMATULINE INJ 90/0.3ML	108
SOMAVERT INJ 10MG	108
SOMAVERT INJ 15MG	108
SOMAVERT INJ 20MG	108
SOMAVERT INJ 25MG	108
SOMAVERT INJ 30MG	108
<b>sonidegib phosphate</b>	
see ODOMZO CAP 200MG	40
<b>sorafenib tosylate</b>	
see NEXAVAR TAB 200MG	39
<b>Sorine</b>	
see <b>sotalol hcl tab 120 mg</b>	48
see <b>sotalol hcl tab 160 mg</b>	48
see <b>sotalol hcl tab 240 mg</b>	48
see <b>sotalol hcl tab 80 mg</b>	48
<b>sotalol hcl (afib/afl) tab 120 mg</b>	48
<b>sotalol hcl (afib/afl) tab 160 mg</b>	48
<b>sotalol hcl (afib/afl) tab 80 mg</b>	48
SOTALOL HCL INJ 150/10ML	48
<b>sotalol hcl tab 120 mg</b>	48
<b>sotalol hcl tab 160 mg</b>	48
<b>sotalol hcl tab 240 mg</b>	48
<b>sotalol hcl tab 80 mg</b>	48
SOVALDI TAB 200MG	27
SOVALDI TAB 400MG	28
<b>spacer/aerosol-holding chamber supplies - masks</b>	
see PEDIATRIC RESPIRATORY MASK	
.....	134
<b>spacer/aerosol-holding chambers</b>	
see ADULT RESPIRATORY MASK	133

<b>spinosad susp 0.9%</b>	156
SPIRIVA AER 1.25MCG	143
SPIRIVA CAP HANDHLR	143
SPIRIVA SPR 2.5MCG	143
<b>spironolactone &amp; hydrochlorothiazide</b>	
see ALDACTAZIDE TAB 50/50	57
<b>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</b>	57
<b>spironolactone tab 100 mg</b>	57
<b>spironolactone tab 25 mg</b>	57
<b>spironolactone tab 50 mg</b>	57
Sprintec 28	
see <b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b>	
.....	100
SPRYCEL TAB 100MG	39
SPRYCEL TAB 140MG	39
SPRYCEL TAB 20MG	39
SPRYCEL TAB 50MG	39
SPRYCEL TAB 70MG	39
SPRYCEL TAB 80MG	39
Sronyx	
see <b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b>	97
Ssd	
see <b>silver sulfadiazine cream 1%</b>	
.....	151
<b>stavudine</b>	
see ZERIT SOL 1MG/ML	21
<b>stavudine cap 15 mg</b>	20
<b>stavudine cap 20 mg</b>	20
<b>stavudine cap 30 mg</b>	20
<b>stavudine cap 40 mg</b>	20
STELARA INJ 45MG/0.5	126
STELARA INJ 90MG/ML	126
STIVARGA TAB 40MG	39
<b>streptomycin sulfate for inj 1 gm</b>	14
STRIBILD TAB	21
STRIVERDI AER 2.5MCG	145
SUBLOCADE INJ 100/0.5	13
SUBLOCADE INJ 300/1.5	13
<b>succimer</b>	
see CHEMET CAP 100MG	95
SUCRAID SOL 8500/ML	116
<b>sucralfate tab 1 gm</b>	116

<b>sucroferric oxyhydroxide</b>	
see VELPHORO CHW 500MG	108
<b>sulconazole nitrate</b>	
see EXELDERM CRE 1%	151
see EXELDERM SOL 1%	151
<b>sulfacetamide sodium lotion 10% (acne)</b>	149
<b>sulfacetamide sodium ophth oint 10%</b>	139
<b>sulfacetamide sodium ophth soln 10%</b>	139
<b>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</b>	139
<b>sulfacetamide sod-prednisolone</b>	
see BLEPHAMIDE OIN S.O.P.	138
see BLEPHAMIDE SUS OP	138
SULFADIAZINE TAB 500MG	14
<b>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</b>	17
<b>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</b>	17
<b>sulfamethoxazole-trimethoprim tab 400-80 mg</b>	17
<b>sulfamethoxazole-trimethoprim tab 800-160 mg</b>	17
SULFAMYLYON CRE 85MG/GM	151
<b>sulfasalazine tab 500 mg</b>	115
<b>sulfasalazine tab delayed release 500 mg</b>	115
<b>sulindac tab 150 mg</b>	2
<b>sulindac tab 200 mg</b>	2
<b>sumatriptan nasal spray 20 mg/act</b>	83
<b>sumatriptan nasal spray 5 mg/act</b>	83
<b>sumatriptan succinate inj 6 mg/0.5ml</b>	83
<b>sumatriptan succinate solution auto-injector 4 mg/0.5ml</b>	83
<b>sumatriptan succinate solution auto-injector 6 mg/0.5ml</b>	83
<b>sumatriptan succinate solution cartridge 4 mg/0.5ml</b>	83
<b>sumatriptan succinate solution cartridge 6 mg/0.5ml</b>	83
<b>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</b>	83

<b>sumatriptan succinate tab 100 mg</b>	83
<b>sumatriptan succinate tab 25 mg</b>	83
<b>sumatriptan succinate tab 50 mg</b>	83
<b>sunitinib malate</b>	
see SUTENT CAP 12.5MG	39
see SUTENT CAP 25MG	39
see SUTENT CAP 37.5MG	39
see SUTENT CAP 50MG	39
SUPRAX CHW 100MG	25
SUPRAX CHW 200MG	25
SUPRAX SUS 500/5ML	25
SUPREP BOWEL SOL PREP KIT	116
SUTENT CAP 12.5MG	39
SUTENT CAP 25MG	39
SUTENT CAP 37.5MG	39
SUTENT CAP 50MG	39
<b>suvorexant</b>	
see BELSOMRA TAB 10MG	81
see BELSOMRA TAB 15MG	82
see BELSOMRA TAB 20MG	82
see BELSOMRA TAB 5MG	81
Syeda	
see <b>dospirenone-ethinyl estradiol tab 3-0.03 mg</b>	96
Symax-sl	
see <b>hyoscyamine sulfate sl tab 0.125 mg</b>	112
SYMBICORT AER 160-4.5	148
SYMBICORT AER 80-4.5	148
SYMDEKO TAB 100-150	147
SYMDEKO TAB 50-75MG	147
SYMFI LO TAB	22
SYMFI TAB	22
SYMLINPEN 60 INJ 1000MCG	89
SYMLNPEN 120 INJ 1000MCG	89
SYNAREL SOL 2MG/ML	100
SYNERA DIS 70-70MG	155
SYNJARDY TAB	92
SYNJARDY TAB 12.5-500	92
SYNJARDY TAB 5-1000MG	92
SYNJARDY TAB 5-500MG	92
SYNJARDY XR TAB	92
SYNJARDY XR TAB 10-1000	92
SYNJARDY XR TAB 25-1000	92
SYNJARDY XR TAB 5-1000MG	92
SYNTHROID TAB 100MCG	110
SYNTHROID TAB 112MCG	110
SYNTHROID TAB 125MCG	110
SYNTHROID TAB 137MCG	111
SYNTHROID TAB 150MCG	111
SYNTHROID TAB 175MCG	111
SYNTHROID TAB 200MCG	111
SYNTHROID TAB 25MCG	110
SYNTHROID TAB 300MCG	111
SYNTHROID TAB 50MCG	110
SYNTHROID TAB 75MCG	110
SYNTHROID TAB 88MCG	110
T	
TABLOID TAB 40MG	33
<b>tacrolimus</b>	
see PROGRAF INJ 5MG/ML	129
<b>tacrolimus cap 0.5 mg</b>	129
<b>tacrolimus cap 1 mg</b>	129
<b>tacrolimus cap 5 mg</b>	129
<b>tacrolimus oint 0.03%</b>	155
<b>tacrolimus oint 0.1%</b>	155
<b>tadalafil tab 2.5 mg</b>	118
<b>tadalafil tab 20 mg (pah)</b>	60
<b>tadalafil tab 5 mg</b>	118
TAFINLAR CAP 50MG	39
TAFINLAR CAP 75MG	39
<b>tafluprost</b>	
see ZIOPTAN DRO 0.0015%	141
Take Action	
see <b>levonorgestrel tab 1.5 mg</b>	97
TALTZ INJ 80MG/ML	126
<b>tamoxifen citrate tab 10 mg (base equivalent)</b>	36
<b>tamoxifen citrate tab 20 mg (base equivalent)</b>	36
<b>tamsulosin hcl cap 0.4 mg</b>	118
<b>tapentadol hcl</b>	
see NUCYNTA ER TAB 100MG	9
see NUCYNTA ER TAB 150MG	9
see NUCYNTA ER TAB 200MG	9
see NUCYNTA ER TAB 250MG	9
see NUCYNTA ER TAB 50MG	9
see NUCYNTA TAB 100MG	9
see NUCYNTA TAB 50MG	9
see NUCYNTA TAB 75MG	9
TARGRETIN GEL 1%	155
<b>tasimelteon</b>	
see HETLIOZ CAP 20MG	82

<b>tazarotene</b>	
see TAZORAC CRE 0.05% .....	152
see TAZORAC GEL 0.05% .....	152
see TAZORAC GEL 0.1%.....	152
<b>tazarotene cream 0.1%</b> .....	152
Tazicef	
see <b>ceftazidime for inj 1 gm</b> .....	24
see <b>ceftazidime for inj 6 gm</b> .....	24
see <b>ceftazidime for iv soln 1 gm</b> 24	
see <b>ceftazidime for iv soln 2 gm</b> 24	
TAZORAC CRE 0.05% .....	152
TAZORAC GEL 0.05% .....	152
TAZORAC GEL 0.1%.....	152
Taztia Xt	
see <b>diltiazem hcl extended release beads cap er 24hr 120 mg</b> .....	54
see <b>diltiazem hcl extended release beads cap er 24hr 180 mg</b> .....	54
see <b>diltiazem hcl extended release beads cap er 24hr 240 mg</b> .....	54
see <b>diltiazem hcl extended release beads cap er 24hr 300 mg</b> .....	55
see <b>diltiazem hcl extended release beads cap er 24hr 360 mg</b> .....	55
TDVAX INJ 2-2 LF.....	132
TECFIDERA CAP 120MG .....	85
TECFIDERA CAP 240MG .....	85
TECFIDERA MIS STARTER.....	85
<b>tedizolid phosphate</b>	
see SIVEXTRO INJ 200MG .....	16
see SIVEXTRO TAB 200MG .....	17
<b>telmisartan tab 20 mg</b> .....	47
<b>telmisartan tab 40 mg</b> .....	47
<b>telmisartan tab 80 mg</b> .....	47
<b>telmisartan-amlodipine tab 40-10 mg</b> .....	46
<b>telmisartan-amlodipine tab 40-5 mg</b> .....	46
<b>telmisartan-amlodipine tab 80-10 mg</b> .....	46
<b>telmisartan-amlodipine tab 80-5 mg</b> .....	46
<b>telmisartan-hydrochlorothiazide</b>	
<b>tab 40-12.5 mg</b> .....	46
<b>telmisartan-hydrochlorothiazide</b>	
<b>tab 80-12.5 mg</b> .....	46
<b>telmisartan-hydrochlorothiazide</b>	
<b>tab 80-25 mg</b> .....	46
<b>temazepam cap 15 mg</b> .....	82
<b>temazepam cap 22.5 mg</b> .....	82
<b>temazepam cap 30 mg</b> .....	82
<b>temazepam cap 7.5 mg</b> .....	82
TEMIXYS TAB 300-300.....	22
TEMODAR INJ 100MG .....	31
<b>temozolomide</b>	
see TEMODAR INJ 100MG.....	31
<b>temozolomide cap 100 mg</b> .....	31
<b>temozolomide cap 140 mg</b> .....	31
<b>temozolomide cap 180 mg</b> .....	31
<b>temozolomide cap 20 mg</b> .....	31
<b>temozolomide cap 250 mg</b> .....	31
<b>temozolomide cap 5 mg</b> .....	31
Tencon	
see <b>butalbital-acetaminophen tab 50-325 mg</b> .....	1
TENIPOSIDE INJ 50MG/5ML .....	41
TENIVAC INJ 5-2LF.....	132
<b>tenofovir disoproxil fumarate</b>	
see VIREAD POW 40MG/GM.....	20
see VIREAD TAB 150MG.....	21
see VIREAD TAB 200MG.....	21
see VIREAD TAB 250MG.....	21
<b>tenofovir disoproxil fumarate tab 300 mg</b> .....	20
<b>terazosin hcl cap 1 mg (base equivalent)</b> .....	44
<b>terazosin hcl cap 10 mg (base equivalent)</b> .....	45
<b>terazosin hcl cap 2 mg (base equivalent)</b> .....	44
<b>terazosin hcl cap 5 mg (base equivalent)</b> .....	44
<b>terbinafine hcl tab 250 mg</b> .....	18
<b>terbutaline sulfate inj 1 mg/ml</b> .....	145
<b>terbutaline sulfate tab 2.5 mg</b> .....	145
<b>terbutaline sulfate tab 5 mg</b> .....	145
<b>terconazole vaginal cream 0.4%</b> .....	120
<b>terconazole vaginal cream 0.8%</b> .....	120

<b>terconazole vaginal suppos 80 mg</b>	120
<b>teriflunomide</b>	
see AUBAGIO TAB 14MG	84
see AUBAGIO TAB 7MG	84
<b>testosterone cypionate im inj in oil 100 mg/ml</b>	88
<b>testosterone cypionate im inj in oil 200 mg/ml</b>	88
<b>testosterone enanthate im inj in oil 200 mg/ml</b>	88
<b>testosterone td gel 10mg/act (2%)</b>	88
<b>testosterone td gel 25 mg/2.5gm (1%)</b>	88
<b>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</b>	
see ADACEL INJ	129
see BOOSTRIX INJ	130
<b>tetanus-diphtheria toxoids (td)</b>	
see TDVAX INJ 2-2 LF	132
see TENIVAC INJ 5-2LF	132
<b>tetrabenazine tab 12.5 mg</b>	84
<b>tetrabenazine tab 25 mg</b>	84
<b>tetracycline hcl cap 250 mg</b>	30
<b>tetracycline hcl cap 500 mg</b>	30
<b>tezacaftor-ivacaftor</b>	
see SYMDEKO TAB 100-150	147
see SYMDEKO TAB 50-75MG	147
<b>thalidomide</b>	
see THALOMID CAP 100MG	128
see THALOMID CAP 150MG	128
see THALOMID CAP 200MG	128
see THALOMID CAP 50MG	128
THALOMID CAP 100MG	128
THALOMID CAP 150MG	128
THALOMID CAP 200MG	128
THALOMID CAP 50MG	128
THEO-24 CAP 100MG CR	148
THEO-24 CAP 200MG CR	148
THEO-24 CAP 300MG CR	148
THEO-24 CAP 400MG ER	148
Theochron	
see <b>theophylline tab er 12hr 100 mg</b>	148
see <b>theophylline tab er 12hr 200 mg</b>	149

<b>see theophylline tab er 12hr 300 mg</b>	149
<b>theophylline</b>	
see ELIXOPHYLLIN ELX 80/15ML	148
see THEO-24 CAP 100MG CR	148
see THEO-24 CAP 200MG CR	148
see THEO-24 CAP 300MG CR	148
see THEO-24 CAP 400MG ER	148
<b>theophylline soln 80 mg/15ml</b>	148
<b>theophylline tab er 12hr 100 mg</b>	148
<b>theophylline tab er 12hr 200 mg</b>	149
<b>theophylline tab er 12hr 300 mg</b>	149
<b>theophylline tab er 12hr 450 mg</b>	149
<b>theophylline tab er 24hr 400 mg</b>	149
<b>theophylline tab er 24hr 600 mg</b>	149
<b>thioguanine</b>	
see TABLOID TAB 40MG	33
<b>thioridazine hcl tab 10 mg</b>	77
<b>thioridazine hcl tab 100 mg</b>	78
<b>thioridazine hcl tab 25 mg</b>	77
<b>thioridazine hcl tab 50 mg</b>	78
<b>thiothixene cap 1 mg</b>	78
<b>thiothixene cap 10 mg</b>	78
<b>thiothixene cap 2 mg</b>	78
<b>thiothixene cap 5 mg</b>	78
THYROLAR-1 TAB 60MG	111
THYROLAR-1/2 TAB 30MG	111
THYROLAR-1/4 TAB 15MG	111
THYROLAR-2 TAB 120MG	111
THYROLAR-3 TAB 180MG	111
<b>tiagabine hcl tab 12 mg</b>	65
<b>tiagabine hcl tab 16 mg</b>	65
<b>tiagabine hcl tab 2 mg</b>	65
<b>tiagabine hcl tab 4 mg</b>	65
<b>ticagrelor</b>	
see BRILINTA TAB 60MG	123
see BRILINTA TAB 90MG	123
TICE BCG INJ	40
<b>timolol</b>	
see BETIMOL SOL 0.25%	141
see BETIMOL SOL 0.5%	141
<b>timolol maleate ophth gel forming soln 0.25%</b>	141
<b>timolol maleate ophth gel forming soln 0.5%</b>	141
<b>timolol maleate ophth soln 0.25%</b>	141

<b>timolol maleate ophth soln 0.5%</b>	141
<b>timolol maleate ophth soln 0.5% (once-daily)</b>	141
<b>timolol maleate tab 10 mg</b>	53
<b>timolol maleate tab 20 mg</b>	53
<b>timolol maleate tab 5 mg</b>	53
<b>tinidazole tab 250 mg</b>	14
<b>tinidazole tab 500 mg</b>	14
<b>tiotropium bromide monohydrate</b>	
see SPIRIVA AER 1.25MCG	143
see SPIRIVA CAP HANDIHLR	143
see SPIRIVA SPR 2.5MCG	143
<b>tipranavir</b>	
see APTIVUS CAP 250MG	18
see APTIVUS SOL	18
Tis-u-sol	
see <b>ringer's solution for irrigation</b>	
.....	142
TIVICAY TAB 10MG	20
TIVICAY TAB 25MG	20
TIVICAY TAB 50MG	20
<b>tizanidine hcl tab 2 mg (base equivalent)</b>	87
<b>tizanidine hcl tab 4 mg (base equivalent)</b>	87
TOBRADEX OIN 0.3-0.1%	139
TOBRADEX ST SUS 0.3-0.05	139
<b>tobramycin nebu soln 300 mg/5ml</b>	
.....	14
<b>tobramycin ophth soln 0.3%</b>	139
<b>tobramycin sulfate for inj 1.2 gm</b>	14
<b>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</b>	14
<b>tobramycin sulfate inj 10 mg/ml (base equivalent)</b>	15
<b>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</b>	15
<b>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</b>	15
<b>tobramycin-dexamethasone</b>	
see TOBRADEX OIN 0.3-0.1%	139
see TOBRADEX ST SUS 0.3-0.05	139
<b>tobramycin-dexamethasone ophth susp 0.3-0.1%</b>	139
<b>tocilizumab</b>	
see ACTEMRA INJ 162/0.9	124
see ACTEMRA INJ 200/10ML	124
see ACTEMRA INJ 400/20ML	124
see ACTEMRA INJ 80MG/4ML	124
<b>TODAY SPONGE MIS</b>	118
<b>tofacitinib citrate</b>	
see XELJANZ TAB 10MG	127
see XELJANZ TAB 5MG	127
see XELJANZ XR TAB 11MG	127
see XELJANZ XR TAB 22MG	127
<b>tolcapone tab 100 mg</b>	74
<b>tolmetin sodium cap 400 mg</b>	2
<b>tolmetin sodium tab 200 mg</b>	2
<b>tolmetin sodium tab 600 mg</b>	2
<b>tolterodine tartrate cap er 24hr 2 mg</b>	119
<b>tolterodine tartrate cap er 24hr 4 mg</b>	119
<b>tolterodine tartrate tab 1 mg</b>	119
<b>tolterodine tartrate tab 2 mg</b>	119
<b>tolvaptan</b>	
see SAMSCA TAB 15MG	107
see SAMSCA TAB 30MG	107
<b>topiramate sprinkle cap 15 mg</b>	65
<b>topiramate sprinkle cap 25 mg</b>	65
<b>topiramate tab 100 mg</b>	65
<b>topiramate tab 200 mg</b>	65
<b>topiramate tab 25 mg</b>	65
<b>topiramate tab 50 mg</b>	65
Toposar	
see <b>etoposide inj 1 gm/50ml (20 mg/ml)</b>	41
see <b>etoposide inj 100 mg/5ml (20 mg/ml)</b>	41
see <b>etoposide inj 500 mg/25ml (20 mg/ml)</b>	41
<b>topotecan hcl for inj 4 mg (base equiv)</b>	41
<b>toremifene citrate tab 60 mg (base equivalent)</b>	36
<b>torsemide tab 10 mg</b>	57
<b>torsemide tab 100 mg</b>	58
<b>torsemide tab 20 mg</b>	58
<b>torsemide tab 5 mg</b>	57
TOVIAZ TAB 4MG	119
TOVIAZ TAB 8MG	119
TRACLEER TAB 32MG	61
<b>tramadol hcl tab 100 mg</b>	12

<b>tramadol hcl tab 50 mg</b>	12	TRESIBA FLEX INJ 200UNIT	91
<b>tramadol hcl tab er 24hr 100 mg</b>	12	TRESIBA INJ 100UNIT	91
<b>tramadol hcl tab er 24hr 200 mg</b>	12	<b>tretinoin cap 10 mg</b>	40
<b>tramadol hcl tab er 24hr 300 mg</b>	12	<b>tretinoin cream 0.025%</b>	150
<b>tramadol-acetaminophen tab 37.5-325 mg</b>	12	<b>tretinoin cream 0.05%</b>	150
<b>trametinib dimethyl sulfoxide</b>		<b>tretinoin cream 0.1%</b>	150
see MEKINIST TAB 0.5MG	38	<b>tretinoin gel 0.01%</b>	150
see MEKINIST TAB 2MG	39	<b>tretinoin gel 0.025%</b>	150
<b>trandolapril tab 1 mg</b>	44	<b>tretinoin gel 0.05%</b>	150
<b>trandolapril tab 2 mg</b>	44	<b>tretinoin microsphere gel 0.04%</b>	150
<b>trandolapril tab 4 mg</b>	44	<b>tretinoin microsphere gel 0.1%</b>	150
<b>trandolapril-verapamil hcl tab er 1-240 mg</b>	43	<b>triamcinolone acetonide aerosol soln 0.147 mg/gm</b>	154
<b>trandolapril-verapamil hcl tab er 2-180 mg</b>	43	<b>triamcinolone acetonide cream 0.025%</b>	154
<b>trandolapril-verapamil hcl tab er 2-240 mg</b>	43	<b>triamcinolone acetonide cream 0.1%</b>	154
<b>trandolapril-verapamil hcl tab er 4-240 mg</b>	43	<b>triamcinolone acetonide cream 0.5%</b>	154
<b>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</b>	123	<b>triamcinolone acetonide dental paste 0.1%</b>	156
<b>tranexamic acid tab 650 mg</b>	123	<b>triamcinolone acetonide lotion 0.025%</b>	155
<b>tranylcypromine sulfate tab 10 mg</b>	71	<b>triamcinolone acetonide lotion 0.1%</b>	155
<b>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</b>	141	<b>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</b>	147
<b>trazodone hcl tab 100 mg</b>	71	<b>triamcinolone acetonide oint 0.025%</b>	155
<b>trazodone hcl tab 150 mg</b>	71	<b>triamcinolone acetonide oint 0.1%</b>	155
<b>trazodone hcl tab 300 mg</b>	71	<b>triamcinolone acetonide oint 0.5%</b>	155
<b>trazodone hcl tab 50 mg</b>	71	<b>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</b>	58
TRECATOR TAB 250MG	22	<b>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</b>	58
TREMFYA INJ 100MG/ML	126	<b>triamterene &amp; hydrochlorothiazide tab 75-50 mg</b>	58
<b>treprostinil</b>		<b>triamterene cap 100 mg</b>	58
see REMODULIN INJ 10MG/ML	60	<b>triamterene cap 50 mg</b>	58
see REMODULIN INJ 1MG/ML	60	Triderm	
see REMODULIN INJ 2.5MG/ML	60	see <b>triamcinolone acetonide cream 0.1%</b>	
see REMODULIN INJ 5MG/ML	60	<b>trifluoperazine hcl tab 1 mg (base equivalent)</b>	78
see TYVASO START SOL 0.6MG/ML	61		
<b>treprostinil diolamine</b>			
see ORENITRAM TAB 0.125MG	60		
see ORENITRAM TAB 0.25MG	60		
see ORENITRAM TAB 1MG	60		
see ORENITRAM TAB 2.5MG	60		
see ORENITRAM TAB 5MG	60		
TRESIBA FLEX INJ 100UNIT	91		

<b>trifluoperazine hcl tab 10 mg (base equivalent)</b> .....	78
<b>trifluoperazine hcl tab 2 mg (base equivalent)</b> .....	78
<b>trifluoperazine hcl tab 5 mg (base equivalent)</b> .....	78
<b>trifluridine ophth soln 1%</b> .....	139
<b>trihexyphenidyl hcl oral soln 0.4 mg/ml</b> .....	74
<b>trihexyphenidyl hcl tab 2 mg</b> .....	74
<b>trihexyphenidyl hcl tab 5 mg</b> .....	74
TRIKAFTA TAB.....	147
Tri-linyah see <b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</b> .....	100
<b>trimethobenzamide hcl cap 300 mg</b> .....	114
<b>trimethoprim hcl</b> see PRIMSOL SOL 50MG/5ML.....	16
<b>trimethoprim tab 100 mg</b> .....	17
<b>trimipramine maleate cap 100 mg</b> ..... <sup>72</sup>	
<b>trimipramine maleate cap 25 mg</b> .....	.71
<b>trimipramine maleate cap 50 mg</b> .....	.71
Trinessa see <b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</b> .....	100
Tri-sprintec see <b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</b> .....	100
TRIUMEQ TAB.....	22
Tri-vit/fluoride see <b>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</b> .....	138
see <b>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</b> .....	138
Tri-vit/fluoride/iron see <b>pediatric vitamins acd fluoride &amp; fe drops 0.25-10 mg/ml</b> .....	138
Trivora-28 see <b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b> .....	97
TROGARZO INJ 150MG/ML .....	20

<b>tropicamide ophth soln 0.5%</b> .....	142
<b>tropicamide ophth soln 1%</b> .....	142
<b>trospium chloride cap er 24hr 60 mg</b> .....	119
<b>trospium chloride tab 20 mg</b> .....	119
TRULICITY INJ 0.75/0.5 .....	.90
TRULICITY INJ 1.5/0.5 .....	.90
TRUMENBA INJ .....	132
TRUVADA TAB 100-150 .....	.22
TRUVADA TAB 133-200 .....	.22
TRUVADA TAB 167-250 .....	.22
TRUVADA TAB 200-300 .....	.22
Tussigon see <b>hydrocodone w/ homatropine tab 5-1.5 mg</b> .....	146
TUZISTRA XR SUS .....	146
TWINRIX INJ .....	132
TYBOST TAB 150MG.....	.20
TYKERB TAB 250MG.....	.39
TYMLOS INJ .....	108
TYSABRI INJ 300/15ML.....	.85
TYVASO START SOL 0.6MG/ML .....	.61
U	
UDENYCA INJ 6MG/.6ML .....	.123
<b>ulipristal acetate</b> see ELLA TAB 30MG .....	.96
<b>umeclidinium bromide</b> see INCRUSE ELPT INH 62.5MCG... <td>142</td>	142
Unithroid see <b>levothyroxine sodium tab 100 mcg</b> .....	109
see <b>levothyroxine sodium tab 112 mcg</b> .....	.110
see <b>levothyroxine sodium tab 125 mcg</b> .....	.110
see <b>levothyroxine sodium tab 200 mcg</b> .....	.110
see <b>levothyroxine sodium tab 25 mcg</b> .....	.109
see <b>levothyroxine sodium tab 300 mcg</b> .....	.110
see <b>levothyroxine sodium tab 50 mcg</b> .....	.109
see <b>levothyroxine sodium tab 75 mcg</b> .....	.109
see <b>levothyroxine sodium tab 88 mcg</b> .....	.109

<b>upadacitinib</b>	
see RINVOQ TAB 15MG ER .....	126
UPTRAVI TAB 1000MCG .....	61
UPTRAVI TAB 1200MCG .....	61
UPTRAVI TAB 1400MCG .....	61
UPTRAVI TAB 1600MCG .....	61
UPTRAVI TAB 200/800 .....	61
UPTRAVI TAB 200MCG .....	61
UPTRAVI TAB 400MCG .....	61
UPTRAVI TAB 600MCG .....	61
UPTRAVI TAB 800MCG .....	61
<b>uridine triacetate (emergency treatment)</b>	
see VISTOGARD PAK 10GM .....	40
<b>Urinary Pain Relief</b>	
see <b>phenazopyridine hcl tab 95 mg</b> .....	119
<b>urine glucose monitoring supplies</b>	
see URINE GLUCOSE MONITORING SUPPLIES .....	133
<b>URINE GLUCOSE MONITORING SUPPLIES</b> .....	133
<b>urine glucose-ketones test</b>	
see KETONE URINE TEST STRIPS..	133
<b>URINE TEST STRIPS</b> .....	133
<b>ursodiol cap 300 mg</b> .....	116
<b>ursodiol tab 250 mg</b> .....	116
<b>ursodiol tab 500 mg</b> .....	116
<b>ustekinumab</b>	
see STELARA INJ 45MG/0.5 .....	126
see STELARA INJ 90MG/ML .....	126
UVADEX INJ 20MCG/ML .....	40
V	
<b>valacyclovir hcl tab 1 gm</b> .....	23
<b>valacyclovir hcl tab 500 mg</b> .....	23
<b>valganciclovir hcl for soln 50 mg/ml (base equiv)</b> .....	23
<b>valganciclovir hcl tab 450 mg (base equivalent)</b> .....	23
<b>valproate sodium inj 100 mg/ml</b> .....	65
<b>valproate sodium oral soln 250 mg/5ml (base equiv)</b> .....	65
<b>valproic acid cap 250 mg</b> .....	65
<b>valsartan tab 160 mg</b> .....	47
<b>valsartan tab 320 mg</b> .....	47
<b>valsartan tab 40 mg</b> .....	47
<b>valsartan tab 80 mg</b> .....	47
<b>valsartan-hydrochlorothiazide tab 160-12.5 mg</b> .....	46
<b>valsartan-hydrochlorothiazide tab 160-25 mg</b> .....	46
<b>valsartan-hydrochlorothiazide tab 320-12.5 mg</b> .....	46
<b>valsartan-hydrochlorothiazide tab 320-25 mg</b> .....	46
<b>valsartan-hydrochlorothiazide tab 80-12.5 mg</b> .....	46
<b>vancomycin hcl cap 125 mg (base equivalent)</b> .....	17
<b>vancomycin hcl cap 250 mg (base equivalent)</b> .....	17
<b>vancomycin hcl for iv soln 1 gm (base equivalent)</b> .....	17
<b>vancomycin hcl for iv soln 10 gm (base equivalent)</b> .....	17
<b>vancomycin hcl for iv soln 5 gm (base equivalent)</b> .....	17
<b>vancomycin hcl for iv soln 500 mg (base equivalent)</b> .....	17
<b>vancomycin hcl for iv soln 750 mg (base equivalent)</b> .....	17
Vandazole	
see <b>metronidazole vaginal gel 0.75%</b> .....	120
<b>vandetanib</b>	
see CAPRELSA TAB 100MG .....	37
see CAPRELSA TAB 300MG .....	37
VAQTA INJ 25/0.5ML .....	132
VAQTA INJ 50UNT/ML .....	132
<b>varenicline tartrate</b>	
see CHANTIX PAK 0.5& 1MG .....	87
see CHANTIX PAK 1MG .....	87
see CHANTIX TAB 0.5MG .....	87
see CHANTIX TAB 1MG .....	87
<b>varicella virus vaccine live</b>	
see VARIVAX INJ .....	132
VARIVAX INJ .....	132
VARUBI INJ .....	114
VARUBI TAB 90MG .....	114
VASCEPA CAP 0.5GM .....	50
VASCEPA CAP 1GM .....	50
VCF VAGINAL AER CONTRACP .....	119
VCF VAGINAL MIS CONTRACP .....	119
Velvet	

see <b>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</b> .....	95
VELPHORO CHW 500MG .....	108
<b>vemurafenib</b>	
see ZELBORAF TAB 240MG.....	39
VENCLEXTA TAB 100MG .....	42
VENCLEXTA TAB 10MG.....	42
VENCLEXTA TAB 50MG.....	42
VENCLEXTA TAB START PK.....	42
<b>venetoclax</b>	
see VENCLEXTA TAB 100MG .....	42
see VENCLEXTA TAB 10MG.....	42
see VENCLEXTA TAB 50MG.....	42
see VENCLEXTA TAB START PK .....	42
<b>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</b> .....	72
<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</b> .....	72
<b>venlafaxine hcl tab 100 mg (base equivalent)</b> .....	72
<b>venlafaxine hcl tab 25 mg (base equivalent)</b> .....	72
<b>venlafaxine hcl tab 37.5 mg (base equivalent)</b> .....	72
<b>venlafaxine hcl tab 50 mg (base equivalent)</b> .....	72
<b>venlafaxine hcl tab 75 mg (base equivalent)</b> .....	72
<b>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</b> .....	72
<b>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</b> .....	72
<b>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</b> .....	72
VENTAVIS SOL 10MCG/ML.....	61
VENTAVIS SOL 20MCG/ML.....	61
<b>verapamil hcl cap er 24hr 100 mg</b> .....	56
<b>verapamil hcl cap er 24hr 120 mg</b> .....	56
<b>verapamil hcl cap er 24hr 180 mg</b> .....	56
<b>verapamil hcl cap er 24hr 200 mg</b> .....	56
<b>verapamil hcl cap er 24hr 240 mg</b> .....	56
<b>verapamil hcl cap er 24hr 300 mg</b> .....	56
<b>verapamil hcl cap er 24hr 360 mg</b> .....	56
<b>verapamil hcl iv soln 2.5 mg/ml</b> ...	56

<b>verapamil hcl tab 120 mg</b> .....	56
<b>verapamil hcl tab 40 mg</b> .....	56
<b>verapamil hcl tab 80 mg</b> .....	56
<b>verapamil hcl tab er 120 mg</b> .....	56
<b>verapamil hcl tab er 180 mg</b> .....	56
<b>verapamil hcl tab er 240 mg</b> .....	56
VIBRAMYCIN SYP 50MG/5ML.....	30
VICTOZA INJ 18MG/3ML .....	90
VIDEX EC CAP 125MG .....	20
VIDEX SOL 2GM.....	20
VIDEX SOL 4GM.....	20
<b>vigabatrin powd pack 500 mg</b> .....	65
<b>vigabatrin tab 500 mg</b> .....	65
VIIBRYD KIT STARTER .....	72
VIIBRYD TAB 10MG .....	72
VIIBRYD TAB 20MG .....	72
VIIBRYD TAB 40MG .....	72
<b>vilazodone hcl</b>	
see VIIBRYD KIT STARTER.....	72
see VIIBRYD TAB 10MG.....	72
see VIIBRYD TAB 20MG.....	72
see VIIBRYD TAB 40MG.....	72
VIMPAT INJ 200MG/20.....	65
VIMPAT SOL 10MG/ML .....	65
VIMPAT TAB 100MG .....	65
VIMPAT TAB 150MG .....	65
VIMPAT TAB 200MG .....	66
VIMPAT TAB 50MG .....	65
<b>vinblastine sulfate inj 1 mg/ml</b> .....	34
Vincasar Pfs	
see <b>vincristine sulfate iv soln 1 mg/ml</b> .....	34
<b>vincristine sulfate iv soln 1 mg/ml</b> .....	34
<b>vinorelbine tartrate inj 10 mg/ml (base equiv)</b> .....	34
<b>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</b> .....	34
VIOKACE TAB 10440.....	117
VIOKACE TAB 20880.....	117
Viorele	
see <b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</b> .....	95
VIRACEPT TAB 250MG.....	20
VIRACEPT TAB 625MG.....	20
VIREAD POW 40MG/GM .....	20

VIREAD TAB 150MG .....	21
VIREAD TAB 200MG .....	21
VIREAD TAB 250MG .....	21
<b>vismodegib</b>	
see ERIVEDGE CAP 150MG.....	34
VISTOGARD PAK 10GM .....	40
Vitamins A/c/d/fluoride	
see <b>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</b> .....	138
VITRAKVI CAP 100MG .....	39
VITRAKVI CAP 25MG .....	39
VITRAKVI SOL 20MG/ML .....	39
VIVITROL INJ 380MG .....	88
<b>vorapaxar sulfate</b>	
see ZONTIVITY TAB 2.08MG.....	124
<b>voriconazole for susp 40 mg/ml</b> ...	18
<b>voriconazole tab 200 mg</b> .....	18
<b>voriconazole tab 50 mg</b> .....	18
<b>vorinostat</b>	
see ZOLINZA CAP 100MG .....	35
VOSEVI TAB.....	28
VOTRIENT TAB 200MG .....	39
VYVANSE CAP 10MG.....	81
VYVANSE CAP 20MG.....	81
VYVANSE CAP 30MG.....	81
VYVANSE CAP 40MG.....	81
VYVANSE CAP 50MG.....	81
VYVANSE CAP 60MG.....	81
VYVANSE CAP 70MG.....	81
VYVANSE CHW 10MG.....	81
VYVANSE CHW 20MG.....	81
VYVANSE CHW 30MG.....	81
VYVANSE CHW 40MG.....	81
VYVANSE CHW 50MG.....	81
VYVANSE CHW 60MG.....	81
<b>W</b>	
<b>warfarin sodium tab 1 mg</b> .....	121
<b>warfarin sodium tab 10 mg</b> ....	121, 122
<b>warfarin sodium tab 2 mg</b> .....	121
<b>warfarin sodium tab 2.5 mg</b> .....	121
<b>warfarin sodium tab 3 mg</b> .....	121
<b>warfarin sodium tab 4 mg</b> .....	121
<b>warfarin sodium tab 5 mg</b> .....	121
<b>warfarin sodium tab 6 mg</b> .....	121
<b>warfarin sodium tab 7.5 mg</b> .....	121
Wera	
see <b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</b> ....	98
WIDE-SEAL DPR KIT 60.....	132
WIDE-SEAL DPR KIT 65.....	132
WIDE-SEAL DPR KIT 70.....	132
WIDE-SEAL DPR KIT 75.....	132
WIDE-SEAL DPR KIT 80.....	132
WIDE-SEAL DPR KIT 85.....	133
WIDE-SEAL DPR KIT 90.....	133
WIDE-SEAL DPR KIT 95.....	133
<b>X</b>	
XALKORI CAP 200MG.....	39
XALKORI CAP 250MG.....	39
XARELTO STAR TAB 15/20MG.....	122
XARELTO TAB 10MG.....	122
XARELTO TAB 15MG.....	122
XARELTO TAB 2.5MG .....	122
XARELTO TAB 20MG.....	122
XARTEMIS XR TAB 7.5-325.....	13
XELJANZ TAB 10MG .....	127
XELJANZ TAB 5MG .....	127
XELJANZ XR TAB 11MG.....	127
XELJANZ XR TAB 22MG.....	127
XIFAXAN TAB 200MG.....	17
XIFAXAN TAB 550MG.....	17
XIGDUO XR TAB 10-1000 .....	93
XIGDUO XR TAB 10-500MG .....	92
XIGDUO XR TAB 2.5-1000.....	92
XIGDUO XR TAB 5-1000MG .....	92
XIGDUO XR TAB 5-500MG .....	92
XOLAIR INJ 150MG/ML .....	145
XOLAIR INJ 75/0.5 .....	145
XOLAIR SOL 150MG .....	145
XTANDI CAP 40MG.....	36
Xulane	
see <b>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</b> .....	98
XULTOPHY INJ 100/3.6 .....	90
Xylon	
see <b>hydrocodone-ibuprofen tab 10-200 mg</b> .....	5
<b>Y</b>	
YONSA TAB 125MG.....	36
Yuvafem	
see <b>estradiol vaginal tab 10 mcg</b>	
.....	103

<b>Z</b>	
<b>zafirlukast tab 10 mg</b>	146
<b>zafirlukast tab 20 mg</b>	146
<b>zaleplon cap 10 mg</b>	82
<b>zaleplon cap 5 mg</b>	82
<b>zanamivir</b>	
see RELENZA MIS DISKHALE	23
<b>Zarah</b>	
see <b>drospirenone-ethinyl estradiol tab 3-0.03 mg</b>	96
<b>ZEJULA CAP 100MG</b>	35
<b>ZELBORAF TAB 240MG</b>	39
<b>Zenchent</b>	
see <b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</b>	98
<b>ZENPEP CAP 10000UNT</b>	117
<b>ZENPEP CAP 15000UNT</b>	117
<b>ZENPEP CAP 20000UNT</b>	117
<b>ZENPEP CAP 25000</b>	117
<b>ZENPEP CAP 3000UNIT</b>	117
<b>ZENPEP CAP 40000</b>	117
<b>ZENPEP CAP 5000UNIT</b>	117
<b>Zenzedi</b>	
see <b>dextroamphetamine sulfate tab 15 mg</b>	80
see <b>dextroamphetamine sulfate tab 2.5 mg</b>	79
see <b>dextroamphetamine sulfate tab 20 mg</b>	80
see <b>dextroamphetamine sulfate tab 30 mg</b>	80
see <b>dextroamphetamine sulfate tab 7.5 mg</b>	80
<b>ZERIT SOL 1MG/ML</b>	21
<b>zidovudine</b>	
see RETROVIR INJ 10MG/ML	20
<b>zidovudine cap 100 mg</b>	21
<b>zidovudine syrup 10 mg/ml</b>	21
<b>zidovudine tab 300 mg</b>	21
<b>zileuton tab er 12hr 600 mg</b>	146
<b>ZIOPTAN DRO 0.0015%</b>	141
<b>ziprasidone hcl cap 20 mg</b>	78
<b>ziprasidone hcl cap 40 mg</b>	78
<b>ziprasidone hcl cap 60 mg</b>	78
<b>ziprasidone hcl cap 80 mg</b>	78
<b>ZIRGAN GEL 0.15%</b>	139
<b>ZMAX SUS 2GM</b>	26
<b>zoledronic acid inj conc for iv infusion 4 mg/5ml</b>	94
<b>zoledronic acid iv soln 5 mg/100ml</b>	94
<b>ZOLINZA CAP 100MG</b>	35
<b>zolmitriptan</b>	
see ZOMIG SPR 2.5MG	83
see ZOMIG SPR 5MG	83
<b>zolmitriptan orally disintegrating tab 2.5 mg</b>	83
<b>zolmitriptan orally disintegrating tab 5 mg</b>	83
<b>zolmitriptan tab 2.5 mg</b>	83
<b>zolmitriptan tab 5 mg</b>	83
<b>zolpidem tartrate tab 10 mg</b>	82
<b>zolpidem tartrate tab 5 mg</b>	82
<b>zolpidem tartrate tab er 12.5 mg</b>	82
<b>zolpidem tartrate tab er 6.25 mg</b>	82
<b>ZOMIG SPR 2.5MG</b>	83
<b>ZOMIG SPR 5MG</b>	83
<b>zonisamide cap 100 mg</b>	66
<b>zonisamide cap 25 mg</b>	66
<b>zonisamide cap 50 mg</b>	66
<b>ZONTIVITY TAB 2.08MG</b>	124
<b>ZOSTAVAX INJ</b>	132
<b>zoster vaccine live</b>	
see ZOSTAVAX INJ	132
<b>zoster vaccine recombinant adjuvanted</b>	
see SHINGRIX INJ 50/0.5ML	132
<b>Zovia 1/35e</b>	
see <b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</b>	96
<b>ZUBSOLV SUB 0.7-0.18</b>	3
<b>ZUBSOLV SUB 1.4-0.36</b>	3
<b>ZUBSOLV SUB 11.4-2.9</b>	3
<b>ZUBSOLV SUB 2.9-0.71</b>	3
<b>ZUBSOLV SUB 5.7-1.4</b>	3
<b>ZUBSOLV SUB 8.6-2.1</b>	3
<b>ZYDELIG TAB 100MG</b>	40
<b>ZYDELIG TAB 150MG</b>	40
<b>ZYKADIA CAP 150MG</b>	40
<b>ZYKADIA TAB 150MG</b>	40
<b>ZYTIGA TAB 500MG</b>	36

