

# Blue Shield of California Promise Health Plan Medi-Cal Drug Formulary (Preferred Drug List) December 2021

This formulary is for the following plans: Blue Shield of California Promise Health Plan Medi-Cal Los Angeles and Blue Shield of California Promise Health Plan Medi-Cal San Diego.

We last updated it on 12/01/2021 . This formulary may change and all earlier versions of the formulary no longer apply. For the most current information about the *Medi-Cal Drug Formulary*, visit [www.blueshieldca.com/promise/medi-cal](http://www.blueshieldca.com/promise/medi-cal).

You can find information about drug benefits in the Member Handbook/Evidence of Coverage. For plan and coverage documents, visit [www.blueshieldca.com/promise/medi-cal](http://www.blueshieldca.com/promise/medi-cal). For additional information about your plan, please call Customer Care at (800) 605-2556 (Los Angeles County) or (855) 699-5557 (San Diego County).

Blue Shield of California Promise Health Plan is contracted with L.A. Care Health Plan to provide Medi-Cal managed care services in Los Angeles County.

You can get this document for free in other formats, such as large print, braille, and/or audio. Call (800) 605-2556 (Los Angeles County) or (855) 699-5557 (San Diego County) (TTY: 711), 8:00 a.m. – 6: 00 p.m., Monday through Friday. The call is free.



Promise Health Plan

# Medi-Cal Formulary

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## Informational Section

The Blue Shield of California Promise Health Plan Medi-Cal Formulary is a list of covered drugs (Formulary). This list includes drugs used to treat common health problems. A team of doctors and pharmacists meets four times a year to decide which drugs should be on the drug list. They review new and old drugs and choose the ones that are safe and work best.

### Definitions

The following words and definitions will be used throughout the formulary drug list.

Word
" <b>Brand name drug</b> " is a drug that is sold under a trademark name. We will list the brand name drug in all CAPITAL letters.
" <b>Drug Tier</b> " shows a group of drugs and how we cover them (see below).
" <b>Enrollee</b> ", or " <b>member</b> " is a person enrolled in a health plan and receives services from the plan.
" <b>Exception request</b> " is when the member requests for the plan to cover a drug. The health plan must cover the drug if medically required to treat the members condition.
" <b>Exigent circumstances</b> " are when a member suffers from a health condition that may seriously risk their life, health, or daily life. This is also when a member currently uses a drug that is not covered.
" <b>Formulary</b> " or " <b>preferred drug list</b> " is the list of drugs covered under the drug benefit.
" <b>Generic drug</b> " is the same drug as its brand name version in strength, how it is taken, quality, and safety. A generic drug is listed in <b><i>bold and italicized lowercase letters</i></b> .
" <b>Non-formulary drug</b> " is a drug not listed on the plan's drug list.
" <b>Prescribing provider</b> " may prescribe a drug to treat a medical condition for a member.
" <b>Prescription</b> " is an oral, written, or electronic order by a prescribing provider that contains the name of the drug, amount, date, provider's name and contact signature of the provider (if in writing), and, the medical condition or purpose for which the drug is being prescribed (if requested by the member).
" <b>Prescription drug</b> " is a drug that requires a prescription and prescribed by the member's provider.
" <b>Prior authorization</b> " is a plan's requirement that the member or provider get the health plan's approval for a drug before the plan will cover it. The plan will approve the drug when it is medically required.
" <b>Step therapy</b> " is when the plan requires the member to try one or more drugs to treat the medical condition before it will cover a certain drug. If the member's provider submits a request for approval, the plan will approve the drug when it is medically required.

## How do I use the Blue Shield of California Promise Health Plan Medi-Cal Formulary?

To look for a drug, check the index at the end. It lists all of the drugs on the Formulary. Next to your drug, you will see the page number where you can find it. The drugs are listed in alphabetical order under the column "Prescription Drug Name" under its category and class. This formulary uses the U.S. Pharmacopeia (USP) classification system.

To look for a drug class, check the Drug Category Listing and Table.

Even if the drug is on the list, this does not guarantee that your doctor will prescribe it.

The Formulary covers generics and certain brands when available. If there is an approved generic drug, then we will cover the generic only.

- A generic name for a brand name drug is listed after the brand name of the drug in all ***bold and lowercase italics***.
  - If both a generic and brand name are covered, we will list the generic separately from the brand name in all lowercase italics.
  - When a drug is sold as a brand name, we will list the brand name after the generic name in parentheses in all CAPITALS.
- We will list a brand name drug in all CAPITALS followed by the generic name in parentheses in lowercase italics.

### Example:

Drug Type	How the drug name will appear in the formulary drug list
generic drug	<b><i>atorvastatin calcium</i></b>
generic drug marketed with a brand name	<b><i>oxycodone/acetaminophen</i></b> (ENDOCET)
brand drug	LIPITOR ( <b><i>atorvastatin calcium</i></b> )

Some drugs are injections that are not listed, but they may be covered for up to a 10-day supply after you leave the hospital. These include drugs for parenteral nutrition (TPN), lipids, and other unlisted drugs and antibiotics.

## What are drug tiers?

Drugs are placed into drug tiers:

Drug Tier	What Does it mean?
<b>Covered (Tier 1)</b>	These drugs are covered on the Drug List (Formulary) at \$0 co-payment.
<b>Medi-Cal Carve Out (Tier 2)</b>	These drugs are carved out by the Department of Health Care Services. This means these drugs are covered by the Medi-Cal Fee-for Service program and can be billed to the State.
<b>Medical Benefit (Tier 3)</b>	These drugs may be available at the doctor's office or medical setting.

## How to read the formulary

The column titled "Coverage Requirements and Limitations" shows how the drug is covered and if there are limits.

Coverage Requirements and Limitations	What does it stand for	What does it mean
<b>AL1</b>	Age Restrictions	We cover some drugs only for some ages.
<b>PA</b>	Prior Authorization Required	Our requirement is that you or your doctor get our approval for a drug before we will cover it. We will approve the drug when it is medically required.
<b>QL</b>	Quantity Limit	We cover some drugs for only certain amount.
<b>ST</b>	Step Therapy Required	Our requirement is that you try one or more drugs to treat the medical condition before we will cover a certain drug. If your doctor submits a request for approval, we will approve the drug when it is medically required.

<b>STAR</b>	Extended Day Supply	You may fill this drug for a 90 day supply
<b>MDD</b>	Max Daily Dose	We limit the amount of this drug covered per day.
<b>C</b>	Custom	This drug has special limits.
<b>QLC</b>	Quantity Limit (Custom)	We limit the amount of this drug covered each fill, or within a time frame.
<b>SP</b>	Specialty Pharmacy	A network specialty pharmacy will fill this drug.

## How often will the formulary change?

The formulary may change monthly. We update the formulary on the 1<sup>st</sup> of every month. Some changes that can happen without notice include:

- When we remove a brand name drug if a generic is available
- When we remove a drug taken off the market because the Food and Drug Administration (FDA) has found it unsafe or if the manufacturer has removed it
- When we add a drug to the formulary or if we remove a limit (like prior authorization or step therapy)

Changes to the formulary in which we will notify you at least 30 days before include:

- When we remove a drug or dosage form
- When we add or change limits on the drug

## What is covered under the outpatient prescription drug benefit?

Your prescription drug benefit covers FDA-approved drugs, including oral medications and injections you may give yourself. It also covers diabetic test strips, lancets, syringes and needles for insulin injections.

## What is a medical benefit drug?

A medical benefit drug is a drug that usually is given as an injection or infusion in a medical setting. Your doctor can call us at (877) 792-2731, or fax at (866) 712-2731 to request that medical benefit drug be covered.

## **What if my drug requires a prior authorization or step therapy?**

A prior authorization means that your doctor asks for approval for the drug because it is medically necessary. A step therapy means that you need to try certain drugs before we cover your drug.

You may ask for an exception by calling Customer Care at (800) 605-2556 (Los Angeles County) or (855) 699-5557 (San Diego County). Or your doctor can call us at (877) 792-2731, or fax at (866) 712-2731 to request that drug be covered. If a decision is not made within 24 hours, then the request will be approved, including refills.

If you are currently taking the drug and it was approved by your previous plan, we will not require you to try other drugs first. If the drug is safe and effective for your condition, we will continue to cover it.

## **What if my drug is not on the Blue Shield of California Promise Health Plan Medical Formulary?**

If your doctor gives you a drug that is not on the drug list, you can ask your doctor for another drug that is on formulary or you may request for us to cover the drug (exception) by calling Customer Care at (800) 605-2556 (Los Angeles County) or (855) 699-5557 (San Diego County). Your doctor can call us at (877) 792-2731, or fax at (866) 712-2731 to request that drug be covered. If a decision is not made within 24 hours, then the request will be approved, including refills.

If you are currently taking the drug and it was approved by your previous plan or by us, we will not require you to try other drugs first. If the drug is safe and effective for your condition, we will continue to cover it.

## **Participating retail pharmacies**

You can fill prescriptions at any participating pharmacy (network pharmacy), unless it is for a specialty drug. You may find a network pharmacy by visiting:

<https://promise.blueshieldca.com/ca/pharmacysearch?version=2020&lob=mcal>

## **What are specialty drugs?**

Specialty drugs require extra training before you take them, extra visits with your doctor, need special handling and transport, and are usually high-cost. These drugs may require prior authorization or non-formulary exception. If approved, a network specialty pharmacy will deliver them by mail. Please visit:

<https://promise.blueshieldca.com/ca/pharmacysearch?version=2020&lob=mcal> for more information.

### **What if I have additional questions?**

If you want a copy of the Blue Shield of California Promise Health Plan Medi-Cal Formulary, or have questions, please call Customer Care at (800) 605-2556 (Los Angeles County) or (855) 699-5557 (San Diego County).

## Discrimination is Against the Law

Blue Shield of California Promise Health Plan complies with applicable state and federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. Blue Shield of California Promise Health Plan does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability.

Blue Shield of California Promise Health Plan provides:

- Aids and services at no cost to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Language services at no cost to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Blue Shield of California Promise Health Plan Civil Rights Coordinator.

If you believe that Blue Shield of California Promise Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability, you can file a grievance with:

Blue Shield of California Promise Health Plan  
Civil Rights Coordinator  
601 Potrero Grande Drive  
Monterey Park, CA 91755  
Phone: (844) 883-2233 (TTY: 711)  
Fax: (323) 889-2228  
Email: [BSCPHPCivilRights@blueshieldca.com](mailto:BSCPHPCivilRights@blueshieldca.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

# Language Assistance Notice for LA County

## English:

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-605-2556. (TTY: 711).

## 繁體中文 (Chinese):

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-605-2556 (TTY : 711)。

## 한국어 (Korean):

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-605-2556 (TTY: 711)번으로 전화해 주십시오.

## Русский (Russian):

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-605-2556 (телетайп: 711).

## Kreyòl Ayisyen (Haitian-Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-605-2556 (TTY: 711).

## Français (French):

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-605-2556 (TTY: 711).

## Português (Portuguese):

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-605-2556 (TTY: 711).

## Italiano (Italian):

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-605-2556 (TTY: 711).

## فارسی (Farsi):

1-800-605-2556 با باشد می فراهم شما برای رایگان بصورت زبانی تسهیلات، کنید می گفتگو فارسی زبان به اگر: توجه بگیرد تماس (TTY: 771)

## हिंदी (Hindi):

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-605-2556 (TTY: 711) पर कॉल करें।

## Hmong (Hmong):

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-605-2556 (TTY: 711).

## Español (Spanish):

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-605-2556 (TTY: 711).

## Language Assistance Notice for LA County (Continued)

### Tiếng Việt (Vietnamese):

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-605-2556 (TTY: 711).

### Tagalog (Tagalog - Filipino):

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-605-2556 (TTY: 711).

### العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-605-2556 (711:YTT)

### Polski (Polish):

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-605-2556 (TTY: 711).

### ພາສາລາວ (Lao):

ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-605-2556 (TTY: 711).

### 日本語 (Japanese):

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-605-2556 (TTY:711) まで、お電話にてご連絡ください。

### ภาษาไทย (Thai):

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-605-2556 (TTY: 711).

### λληνικά (Greek):

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-605-2556 (TTY: 711).

### ਪੰਜਾਬੀ ਦੇ (Punjabi):

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤਾਮਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-605-2556 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

### ខ្មែរ (Cambodian)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្មើល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-605-2556 (TTY: 711)។

### Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք 1-800-605-2556 (TTY (հեռատիպ) 711):

# Language Assistance Notice for San Diego County

## English:

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-855-699-5557. (TTY: 711).

## 繁體中文 (Chinese):

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-699-5557 (TTY : 711)

## 한국어 (Korean):

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## Italiano (Italian):

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## فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-699-5557 تماس بگیرید (711:TTY).

## हिंदी (Hindi):

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-699-5557 (TTY: 711) पर कॉल करें।

## Hmong (Hmong):

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-699-5557 (TTY: 711).

## Español (Spanish):

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-699-5557 (TTY: 711).

## Tiếng Việt (Vietnamese):

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-699-5557 (TTY: 711).

## Tagalog (Tagalog - Filipino):

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## العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-699-5557 (711:TTY).

## Language Assistance Notice for San Diego County (Continued)

### ພາສາລາວ (Lao):

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່ວມໃຫ້ທ່ານ. ໂທ 1-855-699-5557 (TTY: 711).

### 日本語 (Japanese):

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-699-5557 (TTY:711) まで、お電話にてご連絡ください。

### ภาษาไทย (Thai):

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-699-5557 (TTY: 711).

### ਪੰਜਾਬੀ ਦੇ (Punjabi):

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-699-5557 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

### ខ្មែរ (Cambodian):

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-699-5557 (TTY: 711)។

### Հայերեն (Armenian):

Ուժեղացրե՛ք ձեր խոսքը և ասե՛ք հայերեն, ասպս ձեզ անվճար կարող են տրամադրվել լեզվակազմակերպչական ծառայություններ: Չանգահարե՛ք 1-855-699-5557 (TTY (հեռախոս)՝ 711

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ANALGESICS (Drugs for Pain)</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs)</b>		
<i>aspirin 325 mg tab</i>	1-Covered	
<i>aspirin 81 mg chew tab</i>	1-Covered	
<i>aspirin 81 mg tab dr</i>	1-Covered	
<i>aspirin ec 325 mg tab dr</i>	1-Covered	
BUTALBITAL-ASPIRIN-CAFFEINE	1-Covered	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1-Covered	QL (48 PER 30 DAY(S)), MDD (6 Per Day)
<i>celecoxib cap 100 mg</i>	1-Covered	ST
<i>celecoxib cap 200 mg</i>	1-Covered	ST
<i>celecoxib cap 400 mg</i>	1-Covered	ST
<i>celecoxib cap 50 mg</i>	1-Covered	ST
<i>diclofenac sodium tab delayed release 25 mg</i>	1-Covered	
<i>diclofenac sodium tab delayed release 50 mg</i>	1-Covered	
<i>diclofenac sodium tab delayed release 75 mg</i>	1-Covered	
<i>diclofenac sodium tab er 24hr 100 mg</i> (DICLOFENAC SODIUM ER)	1-Covered	
<i>diflunisal tab 500 mg</i>	1-Covered	
<i>etodolac tab er 24hr 600 mg</i> (ETODOLAC ER)	1-Covered	PA
FLURBIPROFEN	1-Covered	
<i>flurbiprofen tab 100 mg</i>	1-Covered	
<i>flurbiprofen tab 50 mg</i>	1-Covered	
<i>ibuprofen 100 mg/5ml suspension</i>	1-Covered	QL (120 PER FILL(S)), QLC (LIMIT TO 2 FILLS OF 120ML IN 30 DAYS)
<i>ibuprofen 200 mg tab</i>	1-Covered	
<i>ibuprofen chew tab 100 mg</i>	1-Covered	
<i>ibuprofen infants 50 mg/1.25ml suspension</i>	1-Covered	

AL1 – Age Restrictions; PA – Prior Authorization Required; QL – Quantity Limit; ST – Step Therapy Required; STAR – Extended Day Supply; MDD – Max Daily Dose; C – Custom; QLC – Quantity Limit (Custom); SP – Specialty Pharmacy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>ibuprofen tab 400 mg</i>	1-Covered	
<i>ibuprofen tab 600 mg</i>	1-Covered	
<i>ibuprofen tab 800 mg</i>	1-Covered	
<i>indomethacin cap 25 mg</i>	1-Covered	
<i>indomethacin cap 50 mg</i>	1-Covered	
<i>indomethacin cap er 75 mg</i> (INDOMETHACIN ER)	1-Covered	
KETOPROFEN 50 MG CAP, 75 MG CAP	1-Covered	
<i>ketoprofen cap 50 mg</i>	1-Covered	
<i>ketoprofen cap 75 mg</i>	1-Covered	
<i>meloxicam tab 15 mg</i>	1-Covered	
<i>meloxicam tab 7.5 mg</i>	1-Covered	
<i>naproxen sodium tab 275 mg</i>	1-Covered	
<i>naproxen sodium tab 550 mg</i>	1-Covered	
<i>naproxen tab 250 mg</i>	1-Covered	
<i>naproxen tab 375 mg</i>	1-Covered	
<i>naproxen tab 500 mg</i>	1-Covered	
<i>piroxicam cap 10 mg</i>	1-Covered	
<i>piroxicam cap 20 mg</i>	1-Covered	
<i>salsalate tab 500 mg</i>	1-Covered	
<i>salsalate tab 750 mg</i>	1-Covered	
<i>sulindac tab 150 mg</i>	1-Covered	
<i>sulindac tab 200 mg</i>	1-Covered	
TOLMETIN SODIUM	1-Covered	

## **OPIOID ANALGESICS, LONG-ACTING (Long-acting Narcotic Pain Relievers)**

BELBUCA ( <i>buprenorphine hcl</i> )	2-Medical Carve out	
BUPRENORPHINE	2-Medical Carve out	
<i>buprenorphine td patch weekly 10 mcg/hr</i>	2-Medical Carve out	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>buprenorphine td patch weekly 15 mcg/hr</i>	2-Medical Carve out	
<i>buprenorphine td patch weekly 20 mcg/hr</i>	2-Medical Carve out	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	2-Medical Carve out	
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	2-Medical Carve out	
BUTRANS ( <i>buprenorphine</i> )	2-Medical Carve out	
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1-Covered	PA, QL (10 PER 30 DAY(S))
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1-Covered	PA, QL (10 PER 30 DAY(S))
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1-Covered	PA, QL (10 PER 30 DAY(S))
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1-Covered	PA, QL (10 PER 30 DAY(S))
METHADONE HCL 5 MG/5ML SOLUTION, 10 MG/5ML SOLUTION	1-Covered	PA
<i>methadone hcl conc 10 mg/ml</i>	1-Covered	PA
<i>methadone hcl conc 10 mg/ml (METHADONE HCL INTENSOL)</i>	1-Covered	PA
<i>methadone hcl soln 10 mg/5ml</i>	1-Covered	PA
<i>methadone hcl soln 5 mg/5ml</i>	1-Covered	PA
<i>methadone hcl tab 10 mg</i>	1-Covered	QL (60 PER 30 DAYS)
<i>methadone hcl tab 5 mg</i>	1-Covered	QL (60 PER 30 DAYS)
<i>methadone hcl tab for oral susp 40 mg</i>	1-Covered	PA
<i>methadone hcl tab for oral susp 40 mg (METHADOSE)</i>	1-Covered	PA
<i>morphine sulfate tab er 100 mg (MORPHINE SULFATE ER)</i>	1-Covered	PA
<i>morphine sulfate tab er 15 mg (MORPHINE SULFATE ER)</i>	1-Covered	QL (90 PER 30 DAYS)
<i>morphine sulfate tab er 200 mg (MORPHINE SULFATE ER)</i>	1-Covered	PA
<i>morphine sulfate tab er 30 mg (MORPHINE SULFATE ER)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>morphine sulfate tab er 60 mg (MORPHINE SULFATE ER)</i>	1-Covered	PA

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
OXYCODONE HCL ER 10 MG TB12 DET	1-Covered	PA, QL (60 PER 30 DAY(S))
SUBLOCADE ( <i>buprenorphine</i> )	2-Medical Carve out	

## **OPIOID ANALGESICS, SHORT-ACTING (Short-acting Narcotic Pain Relievers)**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> (ACETAMINOPHEN-CODEINE)	1-Covered	QL (240 PER 30 DAY(S)), AL1 (At least 12 yrs old)
<i>acetaminophen w/ codeine tab 300-15 mg</i> (ACETAMINOPHEN-CODEINE #2)	1-Covered	QL (100 PER 30 DAYS), AL1 (At least 12 yrs old), QLC (LIMIT 100 TABS TOTAL APAP/CODEINE TABLETS PER MONTH)
<i>acetaminophen w/ codeine tab 300-15 mg</i> (ACETAMINOPHEN-CODEINE)	1-Covered	QL (100 PER 30 DAYS), AL1 (At least 12 yrs old), QLC (LIMIT 100 TABS TOTAL APAP/CODEINE TABLETS PER MONTH)
<i>acetaminophen w/ codeine tab 300-30 mg</i> (ACETAMINOPHEN-CODEINE #3)	1-Covered	QL (100 PER 30 DAYS), AL1 (At least 12 yrs old), QLC (LIMIT 100 TABS TOTAL APAP/CODEINE TABLETS PER MONTH)
<i>acetaminophen w/ codeine tab 300-30 mg</i> (ACETAMINOPHEN-CODEINE)	1-Covered	QL (100 PER 30 DAYS), AL1 (At least 12 yrs old), QLC (LIMIT 100 TABS TOTAL APAP/CODEINE TABLETS PER MONTH)
<i>acetaminophen w/ codeine tab 300-60 mg</i> (ACETAMINOPHEN-CODEINE #4)	1-Covered	QL (100 PER 30 DAYS), AL1 (At least 12 yrs old), QLC (LIMIT 100 TABS TOTAL APAP/CODEINE TABLETS PER MONTH)
<i>acetaminophen w/ codeine tab 300-60 mg</i> (ACETAMINOPHEN-CODEINE)	1-Covered	QL (100 PER 30 DAYS), AL1 (At least 12 yrs old), QLC (LIMIT 100 TABS TOTAL APAP/CODEINE TABLETS PER MONTH)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> (ASCOMP-CODEINE)	1-Covered	QL (60 PER 30 DAYS), AL1 (At least 12 yrs old)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> (BUTALBITAL-ASA-CAFF-CODEINE)	1-Covered	QL (60 PER 30 DAYS), AL1 (At least 12 yrs old)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1-Covered	PA
CODEINE SULFATE	1-Covered	PA, AL1 (At least 12 yrs old)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>codeine sulfate tab 30 mg</i>	1-Covered	PA, AL1 (At least 12 yrs old)
<i>codeine sulfate tab 60 mg</i>	1-Covered	PA, AL1 (At least 12 yrs old)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1-Covered	QL (100 PER 30 DAY(S)), QLC (LIMIT 100 TABS OF HYDROCODONE PRODUCTS PER 30 DAYS)
<i>hydrocodone-acetaminophen tab 10-325 mg (LORCET HD)</i>	1-Covered	QL (100 PER 30 DAY(S)), QLC (LIMIT 100 TABS OF HYDROCODONE PRODUCTS PER 30 DAYS)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1-Covered	QL (100 PER 30 DAY(S)), QLC (LIMIT 100 TABS OF HYDROCODONE PRODUCTS PER 30 DAYS)
<i>hydrocodone-acetaminophen tab 5-325 mg (LORCET)</i>	1-Covered	QL (100 PER 30 DAY(S)), QLC (LIMIT 100 TABS OF HYDROCODONE PRODUCTS PER 30 DAYS)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1-Covered	QL (100 PER 30 DAY(S)), QLC (LIMIT 100 TABS OF HYDROCODONE PRODUCTS PER 30 DAYS)
<i>hydrocodone-acetaminophen tab 7.5-325 mg (LORCET PLUS)</i>	1-Covered	QL (100 PER 30 DAY(S)), QLC (LIMIT 100 TABS OF HYDROCODONE PRODUCTS PER 30 DAYS)
HYDROMORPHONE HCL 3 MG SUPPOS	1-Covered	
<i>hydromorphone hcl liqd 1 mg/ml</i>	1-Covered	
<i>hydromorphone hcl tab 2 mg</i>	1-Covered	QL (60 PER 30 DAYS)
<i>hydromorphone hcl tab 4 mg</i>	1-Covered	QL (60 PER 30 DAYS)
<i>hydromorphone hcl tab 8 mg</i>	1-Covered	QL (60 PER 30 DAYS)
MEPERIDINE HCL 50 MG TAB, 100 MG TAB	1-Covered	QL (100 PER 30 DAYS)
<i>meperidine hcl tab 100 mg</i>	1-Covered	QL (100 PER 30 DAYS)
<i>meperidine hcl tab 50 mg</i>	1-Covered	QL (100 PER 30 DAYS)
MORPHINE SULFATE 15 MG TAB, 30 MG TAB	1-Covered	QL (90 PER 30 DAYS)
MORPHINE SULFATE 5 MG SUPPOS, 10 MG SUPPOS, 20 MG SUPPOS, 30 MG SUPPOS	1-Covered	QL (24 PER 30 DAY(S)), QLC (LIMIT #24 SUPPOSITORIES IN 30 DAYS)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>morphine sulfate oral soln 10 mg/5ml</i>	1-Covered	PA
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> (MORPHINE SULFATE (CONCENTRATE))	1-Covered	PA
<i>morphine sulfate oral soln 20 mg/5ml</i>	1-Covered	PA
<i>morphine sulfate tab 15 mg</i>	1-Covered	QL (90 PER 30 DAYS)
<i>morphine sulfate tab 30 mg</i>	1-Covered	QL (90 PER 30 DAYS)
<i>oxycodone hcl cap 5 mg</i>	1-Covered	PA
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1-Covered	PA
<i>oxycodone hcl soln 5 mg/5ml</i>	1-Covered	PA
<i>oxycodone hcl tab 15 mg</i>	1-Covered	PA
<i>oxycodone hcl tab 30 mg</i>	1-Covered	PA
<i>oxycodone hcl tab 5 mg</i>	1-Covered	PA
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (ENDOCET)	1-Covered	QL (100 PER 30 DAY(S)), QLC (LIMIT 100 TABS PER 30 DAYS OF TOTAL OXYCODONE APAP AND OXYCODONE ASA PER MONTH)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	1-Covered	QL (100 PER 30 DAY(S)), QLC (LIMIT 100 TABS PER 30 DAYS OF TOTAL OXYCODONE APAP AND OXYCODONE ASA PER MONTH)
OXYCODONE-ACETAMINOPHEN ( <i>oxycodone w/ acetaminophen</i> ) - 5-325 MG/5ML SOLUTION	1-Covered	PA
OXYCODONE-ASPIRIN	1-Covered	QL (100 PER 30 DAY(S))
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1-Covered	QL (100 PER 30 DAY(S))
TRAMADOL HCL	1-Covered	QL (4 PER 1 DAY(S))
<i>tramadol hcl tab 50 mg</i>	1-Covered	QL (100 PER 30 DAYS), AL1 (At least 12 yrs old)

## **ANESTHETICS (Drugs for Numbing)**

### **LOCAL ANESTHETICS (Skin Numbing Drugs)**

<i>lidocaine hcl local inj 1%</i>	1-Covered	PA
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>lidocaine hcl local preservative free (pf) inj 1%</i> (LIDOCAINE HCL (PF))	1-Covered	PA
<i>lidocaine hcl viscous soln 2%</i> (LIDOCAINE VISCOUS HCL)	1-Covered	

## **ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (Drugs for Addiction/Substance Abuse)**

### **ALCOHOL DETERRENTS/ANTI-CRAVING (Drugs for Alcohol Dependence)**

<i>acamprosate calcium tab delayed release 333 mg</i>	2-Medical Carve out
ANTABUSE ( <i>disulfiram</i> )	2-Medical Carve out
<i>disulfiram tab 250 mg</i>	2-Medical Carve out
<i>disulfiram tab 500 mg</i>	2-Medical Carve out
VIVITROL ( <i>naltrexone</i> )	2-Medical Carve out

### **OPIOID DEPENDENCE (Drugs for Opioid Dependence)**

BUNAVAIL ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	2-Medical Carve out
BUPRENEX ( <i>buprenorphine hcl</i> )	2-Medical Carve out
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	2-Medical Carve out
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	2-Medical Carve out
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	2-Medical Carve out
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2-Medical Carve out
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2-Medical Carve out
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2-Medical Carve out

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 C – Custom; QLC – Quantity Limit (Custom); SP – Specialty Pharmacy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2-Medical Carve out	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2-Medical Carve out	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2-Medical Carve out	
LUCEMYRA ( <i>lofexidine hcl</i> )	2-Medical Carve out	
PROBUPHINE IMPLANT KIT ( <i>buprenorphine hcl</i> )	2-Medical Carve out	
SUBOXONE ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	2-Medical Carve out	
ZUBSOLV ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )	2-Medical Carve out	

### **OPIOID REVERSAL AGENTS (Drugs for Opioid Overdose)**

EVZIO ( <i>naloxone hcl</i> )	2-Medical Carve out	
KLOXXADO ( <i>naloxone hcl</i> )	2-Medical Carve out	
LIFEMS NALOXONE ( <i>naloxone hcl</i> )	2-Medical Carve out	
NALOXONE HCL	2-Medical Carve out	
<i>naloxone hcl inj 0.4 mg/ml</i>	2-Medical Carve out	
<i>naloxone hcl inj 4 mg/10ml</i>	2-Medical Carve out	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2-Medical Carve out	
<i>naltrexone hcl tab 50 mg</i>	2-Medical Carve out	
NARCAN ( <i>naloxone hcl</i> )	2-Medical Carve out	

### **SMOKING CESSATION AGENTS (Drugs to Help Quit Smoking)**

APO-VARENICLINE ( <i>varenicline tartrate</i> )	1-Covered	PA, QL (2 PER 1 DAY(S))
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> (BUPROPION HCL ER (SMOKING DET))	1-Covered	QL (2 PER 1 DAY(S))

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CHANTIX ( <i>varenicline tartrate</i> )	1-Covered	PA, QL (2 PER 1 DAY(S))
CHANTIX CONTINUING MONTH PAK ( <i>varenicline tartrate</i> )	1-Covered	PA, QL (2 PER 1 DAY(S))
CHANTIX STARTING MONTH PAK ( <i>varenicline tartrate</i> )	1-Covered	PA
<i>nicotine 14 mg/24hr patch 24hr</i>	1-Covered	QL (1 PER 1 DAY(S))
<i>nicotine 21 mg/24hr patch 24hr</i>	1-Covered	QL (1 PER 1 DAY(S))
<i>nicotine 7 mg/24hr patch 24hr</i>	1-Covered	QL (1 PER 1 DAY(S))
<i>nicotine polacrilex 2 mg gum</i>	1-Covered	QL (24 PER 1 DAY(S))
<i>nicotine polacrilex 2 mg lozenge</i>	1-Covered	QL (24 PER 1 DAY(S))
<i>nicotine polacrilex 4 mg gum</i>	1-Covered	QL (24 PER 1 DAY(S))
<i>nicotine polacrilex 4 mg lozenge</i>	1-Covered	QL (24 PER 1 DAY(S))
NICOTROL ( <i>nicotine</i> )	1-Covered	PA
NICOTROL NS ( <i>nicotine</i> )	1-Covered	PA
VARENICLINE TARTRATE	1-Covered	PA, QL (2 PER 1 DAY(S))

## ANTIBACTERIALS (Drugs for Bacterial Infections)

### AMINOGLYCOSIDES

<i>gentamicin sulfate cream 0.1%</i>	1-Covered
<i>gentamicin sulfate oint 0.1%</i>	1-Covered
<i>neomycin sulfate tab 500 mg</i>	1-Covered
<i>paromomycin sulfate cap 250 mg</i>	1-Covered

### ANTIBACTERIALS, OTHER

<i>*methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg***</i> (PHOSPHASAL)	1-Covered	PA
<i>*methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg***</i> (UR N-C)	1-Covered	PA
<i>*methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg***</i> (URETRON D/S)	1-Covered	PA
<i>*methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg***</i> (URIN DS)	1-Covered	PA

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>*methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg***</i> (UTIRA-C)	1-Covered	PA
<i>*methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg***</i> (UTRONA-C)	1-Covered	PA
<i>acetic acid otic soln 2%</i>	1-Covered	
<i>bacitracin 500 unit/gm ointment</i>	1-Covered	
<i>bacitracin zinc oint 500 unit/gm</i>	1-Covered	
<i>bacitracin zinc oint 500 unit/gm</i> (BACITRACIN ZINC-ALOE)	1-Covered	
<i>bacitracin zinc oint 500 unit/gm</i> (CVS BACITRACIN ZINC)	1-Covered	
<i>bacitracin zinc oint 500 unit/gm</i> (CVS BACITRACIN)	1-Covered	
<i>bacitracin zinc oint 500 unit/gm</i> (EQ BACITRACIN ZINC)	1-Covered	
<i>bacitracin zinc oint 500 unit/gm</i> (EQL BACITRACIN ZINC)	1-Covered	
<i>bacitracin zinc oint 500 unit/gm</i> (GNP BACITRACIN ZINC)	1-Covered	
<i>bacitracin zinc oint 500 unit/gm</i> (HM BACITRACIN ZINC)	1-Covered	
<i>bacitracin zinc oint 500 unit/gm</i> (KP BACITRACIN ZINC)	1-Covered	
<i>bacitracin zinc oint 500 unit/gm</i> (RA BACITRACIN ZINC FIRST AID)	1-Covered	
<i>bacitracin zinc oint 500 unit/gm</i> (RA BACITRACIN)	1-Covered	
<i>bacitracin zinc oint 500 unit/gm</i> (SM ANTIBIOTIC)	1-Covered	
CLEOCIN ( <i>clindamycin phosphate vaginal</i> ) 100 MG SUPPOS	1-Covered	
<i>clindamycin hcl cap 150 mg</i>	1-Covered	
<i>clindamycin hcl cap 300 mg</i>	1-Covered	
<i>clindamycin hcl cap 75 mg</i>	1-Covered	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>clindamycin phosphate swab 1%</i>	1-Covered	
<i>clindamycin phosphate swab 1%</i> (CLINDACIN ETZ)	1-Covered	
<i>clindamycin phosphate swab 1%</i> (CLINDACIN-P)	1-Covered	
<i>clindamycin phosphate vaginal cream 2%</i>	1-Covered	
double antibiotic (bacitracin-polymyxin b oint) 500-10000 unit/gm ointment	1-Covered	
METRONIDAZOLE	1-Covered	PA
<i>metronidazole cap 375 mg</i>	1-Covered	
<i>metronidazole cream 0.75%</i>	1-Covered	
<i>metronidazole cream 0.75%</i> (ROSADAN)	1-Covered	
<i>metronidazole gel 0.75%</i>	1-Covered	
<i>metronidazole gel 0.75%</i> (ROSADAN)	1-Covered	
<i>metronidazole gel 1%</i>	1-Covered	
<i>metronidazole in nacl 0.74% iv soln 500 mg/100ml</i>	1-Covered	PA
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	1-Covered	PA
<i>metronidazole tab 250 mg</i>	1-Covered	
<i>metronidazole tab 500 mg</i>	1-Covered	
<i>metronidazole vaginal gel 0.75%</i>	1-Covered	
<i>metronidazole vaginal gel 0.75%</i> (VANDAZOLE)	1-Covered	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1-Covered	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1-Covered	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (NITROFURANTOIN MONOHYD MACRO)	1-Covered	
<i>nitrofurantoin susp 25 mg/5ml</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
TRIMETHOPRIM	1-Covered	
<i>trimethoprim tab 100 mg</i>	1-Covered	
<i>triple antibiotic (neomycin-bacitracin-polymyxin oint) 3.5-400-5000 ointment</i>	1-Covered	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1-Covered	QL (56 PER 14 DAY(S))

## **BETA-LACTAM, CEPHALOSPORINS**

CEFACLOR	1-Covered	
<i>cefaclor cap 250 mg</i>	1-Covered	
<i>cefaclor cap 500 mg</i>	1-Covered	
<i>cefdinir cap 300 mg</i>	1-Covered	QL (20 PER 10 DAY(S))
<i>cefdinir for susp 125 mg/5ml</i>	1-Covered	QL (200 PER 10 DAY(S))
<i>cefdinir for susp 250 mg/5ml</i>	1-Covered	QL (200 PER 10 DAY(S))
<i>cephalexin cap 250 mg</i>	1-Covered	
<i>cephalexin cap 500 mg</i>	1-Covered	
<i>cephalexin for susp 125 mg/5ml</i>	1-Covered	
<i>cephalexin for susp 250 mg/5ml</i>	1-Covered	

## **BETA-LACTAM, PENICILLINS**

AMOXICILLIN	1-Covered	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml (AMOXICILLIN-POT CLAVULANATE)</i>	1-Covered	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml (AMOXICILLIN-POT CLAVULANATE)</i>	1-Covered	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml (AMOXICILLIN-POT CLAVULANATE)</i>	1-Covered	QL (300 PER FILL), QLC (1 FILL IN 30 DAYS)
<i>amoxicillin &amp; k clavulanate tab 250-125 mg (AMOXICILLIN-POT CLAVULANATE)</i>	1-Covered	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg (AMOXICILLIN-POT CLAVULANATE)</i>	1-Covered	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg (AMOXICILLIN-POT CLAVULANATE)</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i> (AMOXICILLIN-POT CLAVULANATE ER)	1-Covered	QL (40 PER FILL(S)), MFL (1 / 30 day(s))
<i>amoxicillin (trihydrate) cap 250 mg</i>	1-Covered	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1-Covered	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1-Covered	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1-Covered	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1-Covered	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1-Covered	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1-Covered	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1-Covered	
AMOXICILLIN-POT CLAVULANATE ( <i>amoxicillin &amp; pot clavulanate</i> )	1-Covered	
AMOXICILLIN-POT CLAVULANATE ER ( <i>amoxicillin &amp; pot clavulanate</i> )	1-Covered	QL (40 PER FILL(S)), MFL (1 / 30 day(s))
AMPICILLIN	1-Covered	
<i>dicloxacillin sodium cap 250 mg</i>	1-Covered	
<i>dicloxacillin sodium cap 500 mg</i>	1-Covered	
PENICILLIN V POTASSIUM	1-Covered	
<i>penicillin v potassium tab 250 mg</i>	1-Covered	
<i>penicillin v potassium tab 500 mg</i>	1-Covered	

## MACROLIDES

AZITHROMYCIN	1-Covered	QL (1 PER 30 DAYS)
<i>azithromycin for susp 100 mg/5ml</i>	1-Covered	
<i>azithromycin for susp 200 mg/5ml</i>	1-Covered	
<i>azithromycin tab 250 mg</i>	1-Covered	QL (6 PER FILL(S)), MFL (2 / 30 day(s))
<i>azithromycin tab 500 mg</i>	1-Covered	QL (3 PER FILL(S)), MFL (2 / 30 day(s))
<i>azithromycin tab 600 mg</i>	1-Covered	QL (2 PER 7 DAY(S)), MFL (8 / 28 day(s))

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>clarithromycin tab 500 mg</i>	1-Covered	QL (28 PER 14 DAY(S))
E.E.S. 400 ( <i>erythromycin ethylsuccinate</i> )	1-Covered	
ERYTHROCIN STEARATE ( <i>erythromycin stearate</i> )	1-Covered	
ERYTHROMYCIN BASE	1-Covered	
ERYTHROMYCIN ETHYLSUCCINATE	1-Covered	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1-Covered	
<i>erythromycin tab 250 mg</i> (ERYTHROMYCIN BASE)	1-Covered	
<i>erythromycin tab 500 mg</i> (ERYTHROMYCIN BASE)	1-Covered	
<i>erythromycin tab delayed release 250 mg</i>	1-Covered	
<i>erythromycin tab delayed release 250 mg</i> (ERY-TAB)	1-Covered	
<i>erythromycin tab delayed release 250 mg</i> (ERYTHROMYCIN BASE)	1-Covered	
<i>erythromycin tab delayed release 333 mg</i>	1-Covered	
<i>erythromycin tab delayed release 333 mg</i> (ERY-TAB)	1-Covered	
<i>erythromycin tab delayed release 333 mg</i> (ERYTHROMYCIN BASE)	1-Covered	
<i>erythromycin tab delayed release 500 mg</i>	1-Covered	
<i>erythromycin tab delayed release 500 mg</i> (ERY-TAB)	1-Covered	
<i>erythromycin tab delayed release 500 mg</i> (ERYTHROMYCIN BASE)	1-Covered	
<i>erythromycin w/ delayed release particles cap 250 mg</i> (ERYTHROMYCIN BASE)	1-Covered	

## QUINOLONES

CILOXAN ( <i>ciprofloxacin hcl (ophth)</i> ) 0.3 % OINTMENT	1-Covered	
<i>ciprofloxacin hcl ophth soln 0.3%</i> (base equivalent)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1-Covered	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1-Covered	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1-Covered	
<i>levofloxacin tab 250 mg</i>	1-Covered	
<i>levofloxacin tab 500 mg</i>	1-Covered	
<i>levofloxacin tab 750 mg</i>	1-Covered	

## **SULFONAMIDES**

<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1-Covered	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml (SULFATRIM PEDIATRIC)</i>	1-Covered	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1-Covered	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1-Covered	

## **TETRACYCLINES**

<i>doxycycline hyclate cap 100 mg</i>	1-Covered	AL1 (At least 8 yrs old)
<i>doxycycline hyclate cap 100 mg (MORGIDOX)</i>	1-Covered	AL1 (At least 8 yrs old)
<i>doxycycline hyclate tab 20 mg</i>	1-Covered	QL (60 PER 30 DAYS)
<i>doxycycline monohydrate cap 100 mg</i>	1-Covered	AL1 (At least 8 yrs old)
<i>doxycycline monohydrate cap 100 mg (MONDOXYNE NL)</i>	1-Covered	AL1 (At least 8 yrs old)
<i>doxycycline monohydrate cap 100 mg (OKEBO)</i>	1-Covered	AL1 (At least 8 yrs old)
<i>doxycycline monohydrate cap 50 mg</i>	1-Covered	AL1 (At least 8 yrs old)
<i>doxycycline monohydrate cap 50 mg (MONDOXYNE NL)</i>	1-Covered	AL1 (At least 8 yrs old)
<i>minocycline hcl cap 100 mg</i>	1-Covered	
<i>minocycline hcl cap 50 mg</i>	1-Covered	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ANTICONVULSANTS (Drugs for Seizures)</b>		
<b>ANTICONVULSANTS, OTHER (Other Seizure Control Drugs)</b>		
DEPAKENE ( <i>valproate sodium</i> )	1-Covered	
DEPAKENE ( <i>valproic acid</i> )	1-Covered	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1-Covered	
<i>divalproex sodium tab delayed release 125 mg</i>	1-Covered	
<i>divalproex sodium tab delayed release 250 mg</i>	1-Covered	
<i>divalproex sodium tab delayed release 500 mg</i>	1-Covered	
<i>divalproex sodium tab er 24 hr 250 mg</i> (DIVALPROEX SODIUM ER)	1-Covered	
<i>divalproex sodium tab er 24 hr 500 mg</i> (DIVALPROEX SODIUM ER)	1-Covered	
<i>lamotrigine tab 100 mg</i>	1-Covered	
<i>lamotrigine tab 100 mg</i> (SUBVENITE)	1-Covered	
<i>lamotrigine tab 150 mg</i>	1-Covered	
<i>lamotrigine tab 150 mg</i> (SUBVENITE)	1-Covered	
<i>lamotrigine tab 200 mg</i>	1-Covered	
<i>lamotrigine tab 200 mg</i> (SUBVENITE)	1-Covered	
<i>lamotrigine tab 25 mg</i>	1-Covered	
<i>lamotrigine tab 25 mg</i> (SUBVENITE)	1-Covered	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1-Covered	PA
<i>lamotrigine tab chewable dispersible 5 mg</i>	1-Covered	PA
<i>levetiracetam oral soln 100 mg/ml</i>	1-Covered	
<i>levetiracetam tab 1000 mg</i>	1-Covered	
<i>levetiracetam tab 1000 mg</i> (ROWEEPRA)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>levetiracetam tab 250 mg</i>	1-Covered	
<i>levetiracetam tab 500 mg</i>	1-Covered	
<i>levetiracetam tab 500 mg (ROWEEPRA)</i>	1-Covered	
<i>levetiracetam tab 750 mg</i>	1-Covered	
<i>levetiracetam tab 750 mg (ROWEEPRA)</i>	1-Covered	
<i>levetiracetam tab er 24hr 500 mg (LEVETIRACETAM ER)</i>	1-Covered	MDD (6 Per Day)
<i>levetiracetam tab er 24hr 500 mg (ROWEEPRA XR)</i>	1-Covered	MDD (6 Per Day)
<i>levetiracetam tab er 24hr 750 mg (LEVETIRACETAM ER)</i>	1-Covered	QL (120 PER 30 DAY(S))
<i>levetiracetam tab er 24hr 750 mg (ROWEEPRA XR)</i>	1-Covered	QL (120 PER 30 DAY(S))
<i>topiramate cap er 24hr sprinkle 150 mg (TOPIRAMATE ER)</i>	2-Medical Carve out	
<i>topiramate sprinkle cap 15 mg</i>	1-Covered	
<i>topiramate sprinkle cap 25 mg</i>	1-Covered	
<i>topiramate tab 100 mg</i>	1-Covered	
<i>topiramate tab 200 mg</i>	1-Covered	
<i>topiramate tab 25 mg</i>	1-Covered	
<i>topiramate tab 50 mg</i>	1-Covered	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1-Covered	
<i>valproate sodium oral soln 250 mg/5ml (base equiv) (VALPROIC ACID)</i>	1-Covered	
<i>valproic acid cap 250 mg</i>	1-Covered	

## **CALCIUM CHANNEL MODIFYING AGENTS**

<i>CELONTIN (methsuximide)</i>	1-Covered	
<i>ethosuximide cap 250 mg</i>	1-Covered	
<i>ethosuximide soln 250 mg/5ml</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>GAMMA-AMINOBTYRIC ACID (GABA) AUGMENTING AGENTS</b>		
DIAZEPAM ( <i>diazepam (anticonvulsant)</i> ) 10 MG GEL	1-Covered	
<i>gabapentin cap 100 mg</i>	1-Covered	
<i>gabapentin cap 300 mg</i>	1-Covered	
<i>gabapentin cap 400 mg</i>	1-Covered	
<i>gabapentin oral soln 250 mg/5ml</i>	1-Covered	
<i>gabapentin tab 600 mg</i>	1-Covered	
<i>gabapentin tab 800 mg</i>	1-Covered	
<i>phenobarbital elixir 20 mg/5ml</i>	1-Covered	
<i>phenobarbital tab 100 mg</i>	1-Covered	
<i>phenobarbital tab 15 mg</i>	1-Covered	
<i>phenobarbital tab 30 mg</i>	1-Covered	
<i>phenobarbital tab 32.4 mg</i>	1-Covered	
<i>phenobarbital tab 60 mg</i>	1-Covered	
<i>phenobarbital tab 64.8 mg</i>	1-Covered	
<i>phenobarbital tab 97.2 mg</i>	1-Covered	
<i>primidone tab 250 mg</i>	1-Covered	
<i>primidone tab 50 mg</i>	1-Covered	
<b>SODIUM CHANNEL AGENTS</b>		
<i>carbamazepine cap er 12hr 100 mg</i> (CARBAMAZEPINE ER)	1-Covered	
<i>carbamazepine cap er 12hr 200 mg</i> (CARBAMAZEPINE ER)	1-Covered	
<i>carbamazepine cap er 12hr 300 mg</i> (CARBAMAZEPINE ER)	1-Covered	
<i>carbamazepine chew tab 100 mg</i>	1-Covered	
<i>carbamazepine susp 100 mg/5ml</i>	1-Covered	
<i>carbamazepine tab 200 mg</i>	1-Covered	
<i>carbamazepine tab 200 mg</i> (EPITOL)	1-Covered	
<i>carbamazepine tab er 12hr 100 mg</i> (CARBAMAZEPINE ER)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>carbamazepine tab er 12hr 200 mg</i> (CARBAMAZEPINE ER)	1-Covered	
<i>carbamazepine tab er 12hr 400 mg</i> (CARBAMAZEPINE ER)	1-Covered	
CARBATROL ( <i>carbamazepine</i> )	1-Covered	
DILANTIN ( <i>phenytoin sodium extended</i> )	1-Covered	
DILANTIN ( <i>phenytoin</i> )	1-Covered	
DILANTIN INFATABS ( <i>phenytoin</i> )	1-Covered	
<i>oxcarbazepine tab 150 mg</i>	1-Covered	
<i>oxcarbazepine tab 300 mg</i>	1-Covered	
<i>oxcarbazepine tab 600 mg</i>	1-Covered	
<i>phenytoin chew tab 50 mg</i>	1-Covered	
<i>phenytoin chew tab 50 mg</i> (PHENYTOIN INFATABS)	1-Covered	
<i>phenytoin sodium extended cap 100 mg</i>	1-Covered	
<i>phenytoin susp 125 mg/5ml</i>	1-Covered	
TEGRETOL ( <i>carbamazepine</i> )	1-Covered	
TEGRETOL-XR ( <i>carbamazepine</i> )	1-Covered	
<i>zonisamide cap 100 mg</i>	1-Covered	
<i>zonisamide cap 25 mg</i>	1-Covered	
<i>zonisamide cap 50 mg</i>	1-Covered	

## **ANTIDEMENTIA AGENTS (Drugs for Alzheimer's Disease and Dementia)**

### **CHOLINESTERASE INHIBITORS**

<i>donepezil hydrochloride orally disintegrating tab 10 mg</i> (DONEPEZIL HCL)	1-Covered
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i> (DONEPEZIL HCL)	1-Covered
<i>donepezil hydrochloride tab 10 mg</i> (DONEPEZIL HCL)	1-Covered

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 ST – Step Therapy Required; STAR – Extended Day Supply; MDD – Max Daily Dose;  
 C – Custom; QLC – Quantity Limit (Custom); SP – Specialty Pharmacy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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<i>donepezil hydrochloride tab 5 mg</i> (DONEPEZIL HCL)	1-Covered	
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### **N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST**

<i>memantine hcl tab 10 mg</i>	1-Covered	
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<i>memantine hcl tab 5 mg</i>	1-Covered	
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### **ANTIDEPRESSANTS (Drugs for Depression)**

#### **ANTIDEPRESSANTS, OTHER**

<i>bupropion hcl tab 100 mg</i>	1-Covered	
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<i>bupropion hcl tab 75 mg</i>	1-Covered	
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<i>bupropion hcl tab er 12hr 100 mg</i> (BUPROPION HCL ER (SR))	1-Covered	QL (60 PER 30 DAYS)
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<i>bupropion hcl tab er 12hr 150 mg</i> (BUPROPION HCL ER (SR))	1-Covered	QL (60 PER 30 DAYS)
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<i>bupropion hcl tab er 12hr 200 mg</i> (BUPROPION HCL ER (SR))	1-Covered	QL (60 PER 30 DAYS)
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<i>bupropion hcl tab er 24hr 150 mg</i> (BUPROPION HCL ER (XL))	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day)
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<i>bupropion hcl tab er 24hr 300 mg</i> (BUPROPION HCL ER (XL))	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day)
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LYBALVI ( <i>olanzapine-samidorphan l-malate</i> )	2-Medical Carve out	
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<i>mirtazapine orally disintegrating tab 15 mg</i>	1-Covered	QL (30 PER 30 DAYS), AL1 (At least 18 yrs old)
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<i>mirtazapine orally disintegrating tab 30 mg</i>	1-Covered	QL (30 PER 30 DAYS), AL1 (At least 18 yrs old), MDD (1 Per Day)
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<i>mirtazapine orally disintegrating tab 45 mg</i>	1-Covered	QL (30 PER 30 DAYS), AL1 (At least 18 yrs old), MDD (1 Per Day)
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<i>mirtazapine tab 15 mg</i>	1-Covered	QL (30 PER 30 DAYS), AL1 (At least 18 yrs old), MDD (1 Per Day)
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<i>mirtazapine tab 30 mg</i>	1-Covered	QL (30 PER 30 DAYS), AL1 (At least 18 yrs old), MDD (1 Per Day)
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<i>mirtazapine tab 45 mg</i>	1-Covered	QL (30 PER 30 DAYS), AL1 (At least 18 yrs old), MDD (1 Per Day)
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<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	2-Medical Carve out	
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 C – Custom; QLC – Quantity Limit (Custom); SP – Specialty Pharmacy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	2-Medical Carve out	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	2-Medical Carve out	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	2-Medical Carve out	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	2-Medical Carve out	
SYMBYAX ( <i>olanzapine-fluoxetine hcl</i> )	2-Medical Carve out	

## **MONOAMINE OXIDASE INHIBITORS**

EMSAM ( <i>selegiline</i> )	2-Medical Carve out	
MARPLAN ( <i>isocarboxazid</i> )	2-Medical Carve out	
NARDIL ( <i>phenelzine sulfate</i> )	2-Medical Carve out	
PARNATE ( <i>tranylcypromine sulfate</i> )	2-Medical Carve out	
<i>phenelzine sulfate tab 15 mg</i>	2-Medical Carve out	
<i>tranylcypromine sulfate tab 10 mg</i>	2-Medical Carve out	

## **SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)**

<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1-Covered	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1-Covered	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1-Covered	
FLUOXETINE HCL (PMDD) 10 MG CAP	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
FLUOXETINE HCL (PMDD) 20 MG CAP	1-Covered	QL (120 PER 30 DAY(S))
<i>fluoxetine hcl cap 10 mg</i>	1-Covered	QL (30 PER 30 DAY(S)), MDD (1 Per Day)
<i>fluoxetine hcl cap 20 mg</i>	1-Covered	QL (120 PER 30 DAY(S))
<i>fluvoxamine maleate tab 100 mg</i>	1-Covered	QL (3 PER 1 DAY(S)), AL1 (At least 8 yrs old)
<i>fluvoxamine maleate tab 25 mg</i>	1-Covered	QL (12 PER 1 DAY(S)), AL1 (At least 8 yrs old)
<i>fluvoxamine maleate tab 50 mg</i>	1-Covered	QL (6 PER 1 DAY(S)), AL1 (At least 8 yrs old)
<i>paroxetine hcl tab 10 mg</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day)
<i>paroxetine hcl tab 20 mg</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day)
<i>paroxetine hcl tab 30 mg</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day)
<i>paroxetine hcl tab 40 mg</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day)
<i>sertraline hcl tab 100 mg</i>	1-Covered	QL (60 PER 30 DAYS)
<i>sertraline hcl tab 25 mg</i>	1-Covered	QL (60 PER 30 DAYS)
<i>sertraline hcl tab 50 mg</i>	1-Covered	QL (60 PER 30 DAYS)
<i>trazodone hcl tab 100 mg</i>	1-Covered	
<i>trazodone hcl tab 150 mg</i>	1-Covered	
<i>trazodone hcl tab 50 mg</i>	1-Covered	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1-Covered	QL (60 PER 30 DAYS)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1-Covered	QL (60 PER 30 DAYS)
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1-Covered	QL (60 PER 30 DAYS)

## TRICYCLICS

<i>amitriptyline hcl tab 10 mg</i>	1-Covered	
<i>amitriptyline hcl tab 100 mg</i>	1-Covered	
<i>amitriptyline hcl tab 150 mg</i>	1-Covered	
<i>amitriptyline hcl tab 25 mg</i>	1-Covered	
<i>amitriptyline hcl tab 50 mg</i>	1-Covered	
<i>amitriptyline hcl tab 75 mg</i>	1-Covered	
AMOXAPINE	1-Covered	
<i>clomipramine hcl cap 25 mg</i>	1-Covered	PA
<i>clomipramine hcl cap 50 mg</i>	1-Covered	PA
<i>clomipramine hcl cap 75 mg</i>	1-Covered	PA
<i>desipramine hcl tab 10 mg</i>	1-Covered	
<i>desipramine hcl tab 100 mg</i>	1-Covered	
<i>desipramine hcl tab 150 mg</i>	1-Covered	
<i>desipramine hcl tab 25 mg</i>	1-Covered	
<i>desipramine hcl tab 50 mg</i>	1-Covered	
<i>desipramine hcl tab 75 mg</i>	1-Covered	
DOXEPIN HCL	1-Covered	
<i>doxepin hcl cap 10 mg</i>	1-Covered	
<i>doxepin hcl cap 100 mg</i>	1-Covered	
<i>doxepin hcl cap 25 mg</i>	1-Covered	
<i>doxepin hcl cap 50 mg</i>	1-Covered	
<i>doxepin hcl cap 75 mg</i>	1-Covered	
<i>doxepin hcl conc 10 mg/ml</i>	1-Covered	
<i>imipramine hcl tab 10 mg</i>	1-Covered	
<i>imipramine hcl tab 25 mg</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>imipramine hcl tab 50 mg</i>	1-Covered	
<i>nortriptyline hcl cap 10 mg</i>	1-Covered	
<i>nortriptyline hcl cap 25 mg</i>	1-Covered	
<i>nortriptyline hcl cap 50 mg</i>	1-Covered	
<i>nortriptyline hcl cap 75 mg</i>	1-Covered	

## **ANTIEMETICS (Drugs for Nausea and Vomiting)**

### **ANTIEMETICS, OTHER (Other Drugs for Nausea and Vomiting)**

<i>meclizine hcl 12.5 mg tab</i>	1-Covered	
<i>meclizine hcl 25 mg chew tab</i>	1-Covered	
<i>meclizine hcl tab 25 mg</i>	1-Covered	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1-Covered	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1-Covered	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1-Covered	
<i>perphenazine tab 16 mg</i>	2-Medical Carve out	
<i>perphenazine tab 2 mg</i>	2-Medical Carve out	
<i>perphenazine tab 4 mg</i>	2-Medical Carve out	
<i>perphenazine tab 8 mg</i>	2-Medical Carve out	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1-Covered	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1-Covered	
<i>prochlorperazine suppos 25 mg</i>	1-Covered	
<i>prochlorperazine suppos 25 mg (COMPRO)</i>	1-Covered	
<i>promethazine hcl suppos 12.5 mg</i>	1-Covered	
<i>promethazine hcl suppos 12.5 mg (PHENADOZ)</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>promethazine hcl suppos 12.5 mg</i> (PHENERGAN)	1-Covered	
<i>promethazine hcl suppos 12.5 mg</i> (PROMETHEGAN)	1-Covered	
<i>promethazine hcl suppos 25 mg</i>	1-Covered	
<i>promethazine hcl suppos 25 mg</i> (PHENADOZ)	1-Covered	
<i>promethazine hcl suppos 25 mg</i> (PHENERGAN)	1-Covered	
<i>promethazine hcl suppos 25 mg</i> (PROMETHEGAN)	1-Covered	
<i>promethazine hcl suppos 50 mg</i>	1-Covered	
<i>promethazine hcl suppos 50 mg</i> (PHENERGAN)	1-Covered	
<i>promethazine hcl tab 12.5 mg</i>	1-Covered	
<i>promethazine hcl tab 25 mg</i>	1-Covered	
<i>promethazine hcl tab 50 mg</i>	1-Covered	
PROMETHEGAN ( <i>promethazine hcl</i> )	1-Covered	
<i>trimethobenzamide hcl cap 300 mg</i>	1-Covered	

### **EMETOGENIC THERAPY ADJUNCTS (Drugs for Nausea and Vomiting)**

<i>aprepitant capsule 125 mg</i>	1-Covered	PA
<i>aprepitant capsule 40 mg</i>	1-Covered	PA
<i>aprepitant capsule 80 mg</i>	1-Covered	PA
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1-Covered	PA
<i>dronabinol cap 10 mg</i>	1-Covered	PA
<i>dronabinol cap 2.5 mg</i>	1-Covered	PA
<i>dronabinol cap 5 mg</i>	1-Covered	PA
ONDANSETRON HCL 24 MG TAB	1-Covered	PA
<i>ondansetron hcl tab 24 mg</i>	1-Covered	PA
<i>ondansetron hcl tab 4 mg</i>	1-Covered	MDD (3 Per Day)
<i>ondansetron hcl tab 8 mg</i>	1-Covered	MDD (3 Per Day)
<i>ondansetron orally disintegrating tab 4 mg</i>	1-Covered	MDD (3 Per Day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>ondansetron orally disintegrating tab 8 mg</i>	1-Covered	MDD (3 Per Day)

## **ANTIFUNGALS (Drugs for Fungal Infections)**

### **ANTIFUNGALS**

<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1-Covered	QLC (90 GRAMS/MONTH)
<i>ciclopirox olamine cream 0.77% (base equiv)</i> (CICLODAN)	1-Covered	QLC (90 GRAMS/MONTH)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1-Covered	QLC (60 ML/MONTH)
clotrimazole 1 % cream	1-Covered	
<i>clotrimazole soln 1%</i>	1-Covered	
<i>clotrimazole soln 1%</i> (CVS CLOTRIMAZOLE)	1-Covered	
<i>clotrimazole soln 1%</i> (FUNGICURE INTENSIVE/NAILGUARD)	1-Covered	
<i>clotrimazole troche 10 mg</i>	1-Covered	
clotrimazole vaginal 1 % cream	1-Covered	
<i>fluconazole for susp 10 mg/ml</i>	1-Covered	QL (70 PER 30 DAY(S))
<i>fluconazole for susp 40 mg/ml</i>	1-Covered	QL (70 PER 30 DAY(S))
<i>fluconazole in dextrose inj 200 mg/100ml</i>	1-Covered	PA
<i>fluconazole in dextrose inj 400 mg/200ml</i>	1-Covered	PA
<i>fluconazole tab 100 mg</i>	1-Covered	
<i>fluconazole tab 150 mg</i>	1-Covered	QL (2 PER 30 DAY(S))
<i>fluconazole tab 200 mg</i>	1-Covered	
<i>fluconazole tab 50 mg</i>	1-Covered	
<i>flucytosine cap 250 mg</i>	1-Covered	
<i>flucytosine cap 500 mg</i>	1-Covered	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1-Covered	MDD (20 Per Day)
<i>griseofulvin microsize tab 500 mg</i>	1-Covered	QL (60 PER 30 DAYS)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>griseofulvin ultramicrosize tab 125 mg</i>	1-Covered	QL (60 PER 30 DAYS)
<i>griseofulvin ultramicrosize tab 250 mg</i>	1-Covered	QL (60 PER 30 DAYS)
<i>itraconazole cap 100 mg</i>	1-Covered	PA
<i>ketoconazole cream 2%</i>	1-Covered	
<i>ketoconazole shampoo 2%</i>	1-Covered	
<i>ketoconazole tab 200 mg</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day)
LAMISIL AT SPRAY ( <i>terbinafine hcl (topical)</i> )	1-Covered	
LOTRIMIN AF ( <i>miconazole nitrate (topical)</i> )	1-Covered	
<i>miconazole 7 100 mg suppos</i>	1-Covered	
<i>miconazole 7 2 % cream</i>	1-Covered	
<i>miconazole nitrate 2 % aero powd</i>	1-Covered	
<i>miconazole nitrate 2 % cream</i>	1-Covered	
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm) (MICONAZOLE 3)</i>	1-Covered	
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm) (QC 3 DAY)</i>	1-Covered	
MONISTAT 3 ( <i>miconazole nitrate vaginal</i> )	1-Covered	
<i>nystatin cream 100000 unit/gm</i>	1-Covered	
<i>nystatin oint 100000 unit/gm</i>	1-Covered	
<i>nystatin susp 100000 unit/ml</i>	1-Covered	
<i>nystatin tab 500000 unit</i>	1-Covered	
<i>terbinafine hcl 1 % cream</i>	1-Covered	
<i>terbinafine hcl tab 250 mg</i>	1-Covered	
<i>tioconazole-1 6.5 % ointment</i>	1-Covered	
<i>tolnaftate 1 % cream</i>	1-Covered	
<i>tolnaftate 1 % solution</i>	1-Covered	

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**PRESCRIPTION DRUG  
NAME****DRUG TIER****COVERAGE  
REQUIREMENTS AND  
LIMITS****ANTIGOUT AGENTS (Drugs for Gout)****ANTIGOUT AGENTS**

<i>allopurinol tab 100 mg</i>	1-Covered
<i>allopurinol tab 300 mg</i>	1-Covered
<i>colchicine tab 0.6 mg</i>	1-Covered
<i>colchicine w/ probenecid tab 0.5-500 mg</i> (COLCHICINE-PROBENECID)	1-Covered
<i>probenecid tab 500 mg</i>	1-Covered

**ANTIMIGRAINE AGENTS (Drugs for Migraine)****ERGOT ALKALOIDS**

<i>ergotamine w/ caffeine tab 1-100 mg</i> (ERGOTAMINE-CAFFEINE)	1-Covered
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**SEROTONIN (5-HT) RECEPTOR AGONIST**

<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1-Covered	QL (12 PER 30 DAY(S)), AL1 (At least 6 yrs old)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1-Covered	QL (12 PER 30 DAY(S)), AL1 (At least 6 yrs old)
<i>sumatriptan nasal spray 20 mg/act</i>	1-Covered	QL (6 PER 30 DAY(S))
<i>sumatriptan nasal spray 5 mg/act</i>	1-Covered	QL (6 PER 30 DAY(S))
SUMATRIPTAN SUCCINATE	1-Covered	QLC (2ML [4 SYRINGES/CARTRIDGES] PER 30 DAYS)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1-Covered	QLC (2ML [4 SYRINGES/CARTRIDGES] PER 30 DAYS)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1-Covered	QLC (2ML [4 SYRINGES/CARTRIDGES] PER 30 DAYS)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	1-Covered	QLC (2ML [4 SYRINGES/CARTRIDGES] PER 30 DAYS)
<i>sumatriptan succinate tab 100 mg</i>	1-Covered	QL (9 PER 30 DAY(S))

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C – Custom; QLC – Quantity Limit (Custom); SP – Specialty Pharmacy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>sumatriptan succinate tab 25 mg</i>	1-Covered	QL (9 PER 30 DAY(S))
<i>sumatriptan succinate tab 50 mg</i>	1-Covered	QL (9 PER 30 DAY(S))

## **ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)**

### **PARASYMPATHOMIMETICS**

<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1-Covered	
<i>pyridostigmine bromide tab 60 mg</i>	1-Covered	
<i>pyridostigmine bromide tab er 180 mg</i> (PYRIDOSTIGMINE BROMIDE ER)	1-Covered	

## **ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)**

### **ANTIMYCOBACTERIALS, OTHER (Other Drugs for Mycobacterial Infection)**

<i>dapsone tab 100 mg</i>	1-Covered	
<i>dapsone tab 25 mg</i>	1-Covered	
<i>rifabutin cap 150 mg</i>	1-Covered	

### **ANTITUBERCULARS (Drugs for Tuberculosis)**

<i>ethambutol hcl tab 100 mg</i>	1-Covered	
<i>ethambutol hcl tab 400 mg</i>	1-Covered	
ISONIAZID 50 MG/5ML SYRUP, 100 MG TAB	1-Covered	
<i>isoniazid tab 100 mg</i>	1-Covered	
<i>isoniazid tab 300 mg</i>	1-Covered	
PRIFTIN ( <i>rifapentine</i> )	1-Covered	AL1 (At least 12 yrs old)
<i>pyrazinamide tab 500 mg</i>	1-Covered	
<i>rifampin cap 150 mg</i>	1-Covered	
<i>rifampin cap 300 mg</i>	1-Covered	

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 ST – Step Therapy Required; STAR – Extended Day Supply; MDD – Max Daily Dose;  
 C – Custom; QLC – Quantity Limit (Custom); SP – Specialty Pharmacy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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## ANTINEOPLASTICS (Drugs for Cancer)

### ALKYLATING AGENTS

CYCLOPHOSPHAMIDE 25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB	1-Covered	PA
<i>cyclophosphamide cap 25 mg</i>	1-Covered	PA
<i>cyclophosphamide cap 50 mg</i>	1-Covered	PA
GLEOSTINE ( <i>Iomustine</i> ) 10 MG CAP, 40 MG CAP, 100 MG CAP	1-Covered	PA
HEXALEN ( <i>altretamine</i> )	1-Covered	
LEUKERAN ( <i>chlorambucil</i> )	1-Covered	PA
MATULANE ( <i>procarbazine hcl</i> )	1-Covered	PA, SP
<i>melfalan tab 2 mg</i>	1-Covered	PA
MYLERAN ( <i>busulfan</i> )	1-Covered	
<i>temozolomide cap 20 mg</i>	1-Covered	PA, SP

### ANTIANDROGENS

<i>bicalutamide tab 50 mg</i>	1-Covered	PA
FLUTAMIDE	1-Covered	PA
<i>flutamide cap 125 mg</i>	1-Covered	PA

### ANTIANGIOGENIC AGENTS

THALOMID ( <i>thalidomide</i> ) 50 MG CAP	1-Covered	PA, SP
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### ANTIESTROGENS/MODIFIERS

EMCYT ( <i>estramustine phosphate sodium</i> )	1-Covered	PA
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1-Covered	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1-Covered	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	1-Covered	PA

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>ANTIMETABOLITES</b>		
<i>capecitabine tab 500 mg</i>	1-Covered	PA, SP
DROXIA ( <i>hydroxyurea (sickle cell anemia)</i> )	1-Covered	
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	1-Covered	PA
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i> (ADRUCIL)	1-Covered	PA
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	1-Covered	PA
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i> (ADRUCIL)	1-Covered	PA
<i>hydroxyurea cap 500 mg</i>	1-Covered	PA
<i>mercaptopurine tab 50 mg</i>	1-Covered	PA
TABLOID ( <i>thioguanine</i> )	1-Covered	PA
<b>ANTINEOPLASTICS, OTHER (Other drugs for Cancer)</b>		
<i>leucovorin calcium tab 10 mg</i>	1-Covered	
<i>leucovorin calcium tab 15 mg</i>	1-Covered	
<i>leucovorin calcium tab 25 mg</i>	1-Covered	
<i>leucovorin calcium tab 5 mg</i>	1-Covered	
LYSODREN ( <i>mitotane</i> )	1-Covered	PA
<b>AROMATASE INHIBITORS, 3RD GENERATION</b>		
<i>anastrozole tab 1 mg</i>	1-Covered	
<i>letrozole tab 2.5 mg</i>	1-Covered	
<b>ENZYME INHIBITORS</b>		
ETOPOSIDE	1-Covered	PA
<b>MOLECULAR TARGET INHIBITORS</b>		
JAKAFI ( <i>ruxolitinib phosphate</i> )	1-Covered	PA, SP, QL (2 PER 1 DAY(S))
<b>RETINOIDS</b>		
<i>tretinoin cap 10 mg</i>	1-Covered	PA

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**PRESCRIPTION DRUG  
NAME****DRUG TIER****COVERAGE  
REQUIREMENTS AND  
LIMITS****ANTIPARASITICS (Drugs for Parasitic Infections)****ANTHELMINTHICS (Drugs for Worm Infection)**

EMVERM ( <i>mebendazole</i> )	1-Covered
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<i>praziquantel tab 600 mg</i>	1-Covered
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**ANTIPROTOZOALS (Drugs for Protozoal Infection)**

CHLOROQUINE PHOSPHATE	1-Covered	PA, QL (25 PER 30 DAY(S))
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<i>chloroquine phosphate tab 250 mg</i>	1-Covered	QL (25 PER 30 DAY(S))
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<i>chloroquine phosphate tab 500 mg</i>	1-Covered	PA, QL (25 PER 30 DAY(S))
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HYDROXYCHLOROQUINE SULFATE 100 MG TAB	1-Covered	QL (4 PER 1 DAY(S))
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HYDROXYCHLOROQUINE SULFATE 300 MG TAB	1-Covered	QL (2 PER 1 DAY(S))
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HYDROXYCHLOROQUINE SULFATE 400 MG TAB	1-Covered	QL (1 PER 1 DAY(S))
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<i>hydroxychloroquine sulfate tab 200 mg</i>	1-Covered	QL (3 PER 1 DAY(S))
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<i>mefloquine hcl tab 250 mg</i>	1-Covered
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PRIMAQUINE PHOSPHATE	1-Covered
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<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1-Covered
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**ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)****ANTICHOLINERGICS**

<i>benztropine mesylate inj 1 mg/ml</i>	2-Medical Carve out
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<i>benztropine mesylate tab 0.5 mg</i>	2-Medical Carve out
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<i>benztropine mesylate tab 1 mg</i>	2-Medical Carve out
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<i>benztropine mesylate tab 2 mg</i>	2-Medical Carve out
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
COGENTIN ( <i>benztropine mesylate</i> )	2-Medical Carve out	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	2-Medical Carve out	
<i>trihexyphenidyl hcl tab 2 mg</i>	2-Medical Carve out	
<i>trihexyphenidyl hcl tab 5 mg</i>	2-Medical Carve out	

## **ANTIPARKINSON AGENTS, OTHER**

<i>amantadine hcl cap 100 mg</i>	2-Medical Carve out	
<i>amantadine hcl soln 50 mg/5ml</i>	2-Medical Carve out	
<i>amantadine hcl syrup 50 mg/5ml</i>	2-Medical Carve out	
<i>amantadine hcl tab 100 mg</i>	2-Medical Carve out	
<i>entacapone tab 200 mg</i>	1-Covered	ST
GOCOVRI ( <i>amantadine hcl</i> )	2-Medical Carve out	
OSMOLEX ER ( <i>amantadine hcl</i> ) ER 129 MG TAB ER 24H, ER 193 MG TAB ER 24H, ER 258 MG TAB ER 24H	2-Medical Carve out	

## **DOPAMINE AGONISTS**

<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1-Covered	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1-Covered	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1-Covered	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1-Covered	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1-Covered	
<i>pramipexole dihydrochloride tab 1 mg</i>	1-Covered	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>ropinirole hydrochloride tab 0.25 mg</i> (ROPINIROLE HCL)	1-Covered	
<i>ropinirole hydrochloride tab 0.5 mg</i> (ROPINIROLE HCL)	1-Covered	
<i>ropinirole hydrochloride tab 1 mg</i> (ROPINIROLE HCL)	1-Covered	
<i>ropinirole hydrochloride tab 2 mg</i> (ROPINIROLE HCL)	1-Covered	
<i>ropinirole hydrochloride tab 3 mg</i> (ROPINIROLE HCL)	1-Covered	
<i>ropinirole hydrochloride tab 4 mg</i> (ROPINIROLE HCL)	1-Covered	
<i>ropinirole hydrochloride tab 5 mg</i> (ROPINIROLE HCL)	1-Covered	

## **DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS**

<i>carbidopa &amp; levodopa tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	1-Covered	
<i>carbidopa &amp; levodopa tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	1-Covered	
<i>carbidopa &amp; levodopa tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	1-Covered	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> (CARBIDOPA-LEVODOPA ER)	1-Covered	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> (CARBIDOPA-LEVODOPA ER)	1-Covered	

## **MONOAMINE OXIDASE B (MAO-B) INHIBITORS**

SELEGILINE HCL	1-Covered	
<i>selegiline hcl cap 5 mg</i>	1-Covered	
<i>selegiline hcl tab 5 mg</i>	1-Covered	

## **ANTIPSYCHOTICS (Drugs for Mental Health)**

### **1ST GENERATION/TYPICAL**

ADASUVE ( <i>loxapine</i> )	2-Medical Carve out	
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
CHLORPROMAZINE HCL 30 MG/ML CONC, 50 MG/2ML SOLUTION, 100 MG/ML CONC	2-Medical Carve out	
<i>chlorpromazine hcl inj 25 mg/ml</i>	2-Medical Carve out	
<i>chlorpromazine hcl tab 10 mg</i>	2-Medical Carve out	
<i>chlorpromazine hcl tab 100 mg</i>	2-Medical Carve out	
<i>chlorpromazine hcl tab 200 mg</i>	2-Medical Carve out	
<i>chlorpromazine hcl tab 25 mg</i>	2-Medical Carve out	
<i>chlorpromazine hcl tab 50 mg</i>	2-Medical Carve out	
<i>fluphenazine decanoate inj 25 mg/ml</i>	2-Medical Carve out	
FLUPHENAZINE HCL	2-Medical Carve out	
<i>fluphenazine hcl tab 1 mg</i>	2-Medical Carve out	
<i>fluphenazine hcl tab 10 mg</i>	2-Medical Carve out	
<i>fluphenazine hcl tab 2.5 mg</i>	2-Medical Carve out	
<i>fluphenazine hcl tab 5 mg</i>	2-Medical Carve out	
HALDOL ( <i>haloperidol lactate</i> )	2-Medical Carve out	
HALDOL DECANOATE ( <i>haloperidol decanoate</i> )	2-Medical Carve out	
<i>haloperidol decanoate im soln 100 mg/ml</i>	2-Medical Carve out	
<i>haloperidol decanoate im soln 50 mg/ml</i>	2-Medical Carve out	
<i>haloperidol lactate inj 5 mg/ml</i>	2-Medical Carve out	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2-Medical Carve out	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>haloperidol tab 0.5 mg</i>	2-Medical Carve out	
<i>haloperidol tab 1 mg</i>	2-Medical Carve out	
<i>haloperidol tab 10 mg</i>	2-Medical Carve out	
<i>haloperidol tab 2 mg</i>	2-Medical Carve out	
<i>haloperidol tab 20 mg</i>	2-Medical Carve out	
<i>haloperidol tab 5 mg</i>	2-Medical Carve out	
<i>loxapine succinate cap 10 mg</i>	2-Medical Carve out	
<i>loxapine succinate cap 25 mg</i>	2-Medical Carve out	
<i>loxapine succinate cap 5 mg</i>	2-Medical Carve out	
<i>loxapine succinate cap 50 mg</i>	2-Medical Carve out	
MOLINDONE HCL	2-Medical Carve out	
ORAP ( <i>pimozide</i> )	2-Medical Carve out	
PIMOZIDE	2-Medical Carve out	
<i>thioridazine hcl tab 10 mg</i>	2-Medical Carve out	
<i>thioridazine hcl tab 100 mg</i>	2-Medical Carve out	
<i>thioridazine hcl tab 25 mg</i>	2-Medical Carve out	
<i>thioridazine hcl tab 50 mg</i>	2-Medical Carve out	
<i>thiothixene cap 1 mg</i>	2-Medical Carve out	
<i>thiothixene cap 10 mg</i>	2-Medical Carve out	
<i>thiothixene cap 2 mg</i>	2-Medical Carve out	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>thiothixene cap 5 mg</i>	2-Medical Carve out	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	2-Medical Carve out	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	2-Medical Carve out	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	2-Medical Carve out	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	2-Medical Carve out	

## **2ND GENERATION/ATYPICAL**

ABILIFY ( <i>aripiprazole</i> )	2-Medical Carve out	
ABILIFY MAINTENA ( <i>aripiprazole</i> )	2-Medical Carve out	
ABILIFY MYCITE ( <i>aripiprazole</i> )	2-Medical Carve out	
ABILIFY MYCITE MAINTENANCE KIT ( <i>aripiprazole</i> )	2-Medical Carve out	SP
ABILIFY MYCITE STARTER KIT ( <i>aripiprazole</i> )	2-Medical Carve out	SP
<i>aripiprazole oral solution 1 mg/ml</i>	2-Medical Carve out	
<i>aripiprazole orally disintegrating tab 10 mg</i>	2-Medical Carve out	
<i>aripiprazole orally disintegrating tab 15 mg</i>	2-Medical Carve out	
<i>aripiprazole tab 10 mg</i>	2-Medical Carve out	
<i>aripiprazole tab 15 mg</i>	2-Medical Carve out	
<i>aripiprazole tab 2 mg</i>	2-Medical Carve out	
<i>aripiprazole tab 20 mg</i>	2-Medical Carve out	
<i>aripiprazole tab 30 mg</i>	2-Medical Carve out	
<i>aripiprazole tab 5 mg</i>	2-Medical Carve out	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ARISTADA ( <i>aripiprazole lauroxil</i> )	2-Medical Carve out	
ARISTADA INITIO ( <i>aripiprazole lauroxil</i> )	2-Medical Carve out	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	2-Medical Carve out	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	2-Medical Carve out	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	2-Medical Carve out	
CAPLYTA ( <i>lumateperone tosylate</i> )	2-Medical Carve out	
FANAPT ( <i>iloperidone</i> )	2-Medical Carve out	
FANAPT TITRATION PACK ( <i>iloperidone</i> )	2-Medical Carve out	
GEODON ( <i>ziprasidone hcl</i> )	2-Medical Carve out	
GEODON ( <i>ziprasidone mesylate</i> )	2-Medical Carve out	
INVEGA ( <i>paliperidone</i> )	2-Medical Carve out	
INVEGA HAFYERA ( <i>paliperidone palmitate</i> )	2-Medical Carve out	
INVEGA SUSTENNA ( <i>paliperidone palmitate</i> )	2-Medical Carve out	
INVEGA TRINZA ( <i>paliperidone palmitate</i> )	2-Medical Carve out	
LATUDA ( <i>lurasidone hcl</i> )	2-Medical Carve out	
NUPLAZID ( <i>pimavanserin tartrate</i> )	2-Medical Carve out	
<i>olanzapine for im inj 10 mg</i>	2-Medical Carve out	
<i>olanzapine orally disintegrating tab 10 mg</i>	2-Medical Carve out	
<i>olanzapine orally disintegrating tab 15 mg</i>	2-Medical Carve out	
<i>olanzapine orally disintegrating tab 20 mg</i>	2-Medical Carve out	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>olanzapine orally disintegrating tab 5 mg</i>	2-Medical Carve out	
<i>olanzapine tab 10 mg</i>	2-Medical Carve out	
<i>olanzapine tab 15 mg</i>	2-Medical Carve out	
<i>olanzapine tab 2.5 mg</i>	2-Medical Carve out	
<i>olanzapine tab 20 mg</i>	2-Medical Carve out	
<i>olanzapine tab 5 mg</i>	2-Medical Carve out	
<i>olanzapine tab 7.5 mg</i>	2-Medical Carve out	
<i>paliperidone tab er 24hr 1.5 mg</i> (PALIPERIDONE ER)	2-Medical Carve out	
<i>paliperidone tab er 24hr 3 mg</i> (PALIPERIDONE ER)	2-Medical Carve out	
<i>paliperidone tab er 24hr 6 mg</i> (PALIPERIDONE ER)	2-Medical Carve out	
<i>paliperidone tab er 24hr 9 mg</i> (PALIPERIDONE ER)	2-Medical Carve out	
PERSERIS ( <i>risperidone</i> )	2-Medical Carve out	
<i>quetiapine fumarate tab 100 mg</i>	2-Medical Carve out	
<i>quetiapine fumarate tab 200 mg</i>	2-Medical Carve out	
<i>quetiapine fumarate tab 25 mg</i>	2-Medical Carve out	
<i>quetiapine fumarate tab 300 mg</i>	2-Medical Carve out	
<i>quetiapine fumarate tab 400 mg</i>	2-Medical Carve out	
<i>quetiapine fumarate tab 50 mg</i>	2-Medical Carve out	
<i>quetiapine fumarate tab er 24hr 150 mg</i> (QUETIAPINE FUMARATE ER)	2-Medical Carve out	
<i>quetiapine fumarate tab er 24hr 200 mg</i> (QUETIAPINE FUMARATE ER)	2-Medical Carve out	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>quetiapine fumarate tab er 24hr 300 mg</i> (QUETIAPINE FUMARATE ER)	2-Medical Carve out	
<i>quetiapine fumarate tab er 24hr 400 mg</i> (QUETIAPINE FUMARATE ER)	2-Medical Carve out	
<i>quetiapine fumarate tab er 24hr 50 mg</i> (QUETIAPINE FUMARATE ER)	2-Medical Carve out	
REXULTI ( <i>brexpiprazole</i> )	2-Medical Carve out	
RISPERDAL ( <i>risperidone</i> )	2-Medical Carve out	
RISPERDAL CONSTA ( <i>risperidone microspheres</i> )	2-Medical Carve out	
RISPERDAL M-TAB ( <i>risperidone</i> )	2-Medical Carve out	
RISPERIDONE	2-Medical Carve out	
<i>risperidone orally disintegrating tab 0.5 mg</i>	2-Medical Carve out	
<i>risperidone orally disintegrating tab 0.5 mg</i> (RISPERIDONE M-TAB)	2-Medical Carve out	
<i>risperidone orally disintegrating tab 1 mg</i>	2-Medical Carve out	
<i>risperidone orally disintegrating tab 1 mg</i> (RISPERIDONE M-TAB)	2-Medical Carve out	
<i>risperidone orally disintegrating tab 2 mg</i>	2-Medical Carve out	
<i>risperidone orally disintegrating tab 2 mg</i> (RISPERIDONE M-TAB)	2-Medical Carve out	
<i>risperidone orally disintegrating tab 3 mg</i>	2-Medical Carve out	
<i>risperidone orally disintegrating tab 3 mg</i> (RISPERIDONE M-TAB)	2-Medical Carve out	
<i>risperidone orally disintegrating tab 4 mg</i>	2-Medical Carve out	
<i>risperidone orally disintegrating tab 4 mg</i> (RISPERIDONE M-TAB)	2-Medical Carve out	
<i>risperidone soln 1 mg/ml</i>	2-Medical Carve out	
<i>risperidone tab 0.25 mg</i>	2-Medical Carve out	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>risperidone tab 0.5 mg</i>	2-Medical Carve out	
<i>risperidone tab 1 mg</i>	2-Medical Carve out	
<i>risperidone tab 2 mg</i>	2-Medical Carve out	
<i>risperidone tab 3 mg</i>	2-Medical Carve out	
<i>risperidone tab 4 mg</i>	2-Medical Carve out	
SAPHRIS ( <i>asenapine maleate</i> )	2-Medical Carve out	
SECUADO ( <i>asenapine</i> )	2-Medical Carve out	
SEROQUEL ( <i>quetiapine fumarate</i> )	2-Medical Carve out	
SEROQUEL XR ( <i>quetiapine fumarate</i> )	2-Medical Carve out	
VRAYLAR ( <i>cariprazine hcl</i> )	2-Medical Carve out	
<i>ziprasidone hcl cap 20 mg</i>	2-Medical Carve out	
<i>ziprasidone hcl cap 40 mg</i>	2-Medical Carve out	
<i>ziprasidone hcl cap 60 mg</i>	2-Medical Carve out	
<i>ziprasidone hcl cap 80 mg</i>	2-Medical Carve out	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	2-Medical Carve out	
ZYPREXA ( <i>olanzapine</i> )	2-Medical Carve out	
ZYPREXA RELPREVV ( <i>olanzapine pamoate</i> )	2-Medical Carve out	
ZYPREXA ZYDIS ( <i>olanzapine</i> )	2-Medical Carve out	

## **TREATMENT-RESISTANT**

CLOZAPINE	2-Medical Carve out
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>clozapine orally disintegrating tab 100 mg</i>	2-Medical Carve out	
<i>clozapine orally disintegrating tab 25 mg</i>	2-Medical Carve out	
<i>clozapine tab 100 mg</i>	2-Medical Carve out	
<i>clozapine tab 200 mg</i>	2-Medical Carve out	
<i>clozapine tab 25 mg</i>	2-Medical Carve out	
<i>clozapine tab 50 mg</i>	2-Medical Carve out	
CLOZARIL ( <i>clozapine</i> )	2-Medical Carve out	
FAZACLO ( <i>clozapine</i> )	2-Medical Carve out	
VERSACLOZ ( <i>clozapine</i> )	2-Medical Carve out	

## **ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)**

<i>baclofen tab 10 mg</i>	1-Covered	QL (90 PER 30 DAYS)
<i>baclofen tab 20 mg</i>	1-Covered	QL (90 PER 30 DAYS)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1-Covered	QL (90 PER 30 DAY(S))
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1-Covered	QL (90 PER 30 DAY(S))

## **ANTIVIRALS (Drugs for Viral Infections)**

### **ANTI-HEPATITIS B (HBV) AGENTS (Drugs for Hepatitis B)**

EPIVIR HBV ( <i>lamivudine (hbv)</i> ) 5 MG/ML SOLUTION	1-Covered	PA
<i>lamivudine tab 100 mg (hbv)</i>	1-Covered	PA
VEMLIDY ( <i>tenofovir alafenamide fumarate</i> )	2-Medical Carve out	

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 ST – Step Therapy Required; STAR – Extended Day Supply; MDD – Max Daily Dose;  
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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### ANTI-HEPATITIS C (HCV) AGENTS (Drugs for Hepatitis C)

PEGINTRON ( <i>peginterferon alfa-2b</i> )	1-Covered	SP
<i>ribavirin tab 200 mg</i>	1-Covered	PA
<i>ribavirin tab 200 mg</i> (MODERIBA)	1-Covered	PA
<i>ribavirin tab 200 mg</i> (RIBASPHERE)	1-Covered	PA
SOFOSBUVIR-VELPATASVIR	1-Covered	PA, SP

### ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

BIKTARVY ( <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i> )	2-Medical Carve out
DOVATO ( <i>dolutegravir sodium-lamivudine</i> )	2-Medical Carve out
GENVOYA ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	2-Medical Carve out
ISENTRESS ( <i>raltegravir potassium</i> )	2-Medical Carve out
ISENTRESS HD ( <i>raltegravir potassium</i> )	2-Medical Carve out
JULUCA ( <i>dolutegravir sodium- rilpivirine hcl</i> )	2-Medical Carve out
STRIBILD ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i> )	2-Medical Carve out
TIVICAY ( <i>dolutegravir sodium</i> )	2-Medical Carve out
TIVICAY PD ( <i>dolutegravir sodium</i> )	2-Medical Carve out

### ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

ATRIPLA ( <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> )	2-Medical Carve out
COMPLERA ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> )	2-Medical Carve out
DELSTRIGO ( <i>doravirine-lamivudine-tenofovir disoproxil fumarate</i> )	2-Medical Carve out

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
EDURANT ( <i>rilpivirine hcl</i> )	2-Medical Carve out	
<i>efavirenz cap 200 mg</i>	2-Medical Carve out	
<i>efavirenz cap 50 mg</i>	2-Medical Carve out	
<i>efavirenz tab 600 mg</i>	2-Medical Carve out	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (EFAVIRENZ-EMTRICITAB-TENOFOVIR)	2-Medical Carve out	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	2-Medical Carve out	
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2-Medical Carve out	
<i>etravirine tab 100 mg</i>	2-Medical Carve out	
<i>etravirine tab 200 mg</i>	2-Medical Carve out	
INTELENCE ( <i>etravirine</i> )	2-Medical Carve out	
NEVIRAPINE	2-Medical Carve out	
NEVIRAPINE ER	2-Medical Carve out	
<i>nevirapine tab 200 mg</i>	2-Medical Carve out	
<i>nevirapine tab er 24hr 100 mg</i> (NEVIRAPINE ER)	2-Medical Carve out	
<i>nevirapine tab er 24hr 400 mg</i> (NEVIRAPINE ER)	2-Medical Carve out	
ODEFSEY ( <i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i> )	2-Medical Carve out	
PIFELTRO ( <i>doravirine</i> )	2-Medical Carve out	
RESCRIPTOR ( <i>delavirdine mesylate</i> )	2-Medical Carve out	
SUSTIVA ( <i>efavirenz</i> )	2-Medical Carve out	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
SYMFI ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	2-Medical Carve out	
SYMFI LO ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	2-Medical Carve out	
VIRAMUNE ( <i>nevirapine</i> )	2-Medical Carve out	
VIRAMUNE XR ( <i>nevirapine</i> )	2-Medical Carve out	

## **ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)**

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	2-Medical Carve out	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2-Medical Carve out	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2-Medical Carve out	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (ABACAVIR-LAMIVUDINE-ZIDOVUDINE)</i>	2-Medical Carve out	
CIMDUO ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	2-Medical Carve out	
COMBIVIR ( <i>lamivudine-zidovudine</i> )	2-Medical Carve out	
DESCOVY ( <i>emtricitabine-tenofovir alafenamide fumarate</i> )	2-Medical Carve out	
<i>emtricitabine caps 200 mg</i>	2-Medical Carve out	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (EMTRICITABINE-TENOFOVIR DF)</i>	2-Medical Carve out	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (EMTRICITABINE-TENOFOVIR DF)</i>	2-Medical Carve out	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (EMTRICITABINE-TENOFOVIR DF)</i>	2-Medical Carve out	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (EMTRICITABINE-TENOFOVIR DF)</i>	2-Medical Carve out	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
EMTRIVA ( <i>emtricitabine</i> )	2-Medical Carve out	
EPIVIR ( <i>lamivudine</i> )	2-Medical Carve out	
EPZICOM ( <i>abacavir sulfate-lamivudine</i> )	2-Medical Carve out	
<i>lamivudine oral soln 10 mg/ml</i>	2-Medical Carve out	
<i>lamivudine tab 150 mg</i>	2-Medical Carve out	
<i>lamivudine tab 300 mg</i>	2-Medical Carve out	
<i>lamivudine-zidovudine tab 150-300 mg</i>	2-Medical Carve out	
STAVUDINE	2-Medical Carve out	
<i>stavudine cap 15 mg</i>	2-Medical Carve out	
<i>stavudine cap 20 mg</i>	2-Medical Carve out	
<i>stavudine cap 30 mg</i>	2-Medical Carve out	
<i>stavudine cap 40 mg</i>	2-Medical Carve out	
TEMIXYS ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	2-Medical Carve out	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2-Medical Carve out	
TRIUMEQ ( <i>abacavir-dolutegravir-lamivudine</i> )	2-Medical Carve out	
TRIZIVIR ( <i>abacavir sulfate-lamivudine-zidovudine</i> )	2-Medical Carve out	
TRUVADA ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	2-Medical Carve out	
VIREAD ( <i>tenofovir disoproxil fumarate</i> )	2-Medical Carve out	
ZERIT ( <i>stavudine</i> )	2-Medical Carve out	
ZIAGEN ( <i>abacavir sulfate</i> )	2-Medical Carve out	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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### ANTI-HIV AGENTS, OTHER

CABENUVA ( <i>cabotegravir &amp; rilpivirine</i> )	2-Medical Carve out	
FUZEON ( <i>enfuvirtide</i> )	2-Medical Carve out	SP
RUKOBIA ( <i>fostemsavir tromethamine</i> )	2-Medical Carve out	
SELZENTRY ( <i>maraviroc</i> )	2-Medical Carve out	
TROGARZO ( <i>ibalizumab-uiyk</i> )	2-Medical Carve out	
TYBOST ( <i>cobicistat</i> )	2-Medical Carve out	

### ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

APTIVUS ( <i>tipranavir</i> )	2-Medical Carve out	
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2-Medical Carve out	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2-Medical Carve out	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	2-Medical Carve out	
CRIXIVAN ( <i>indinavir sulfate</i> )	2-Medical Carve out	
EVOTAZ ( <i>atazanavir sulfate-cobicistat</i> )	2-Medical Carve out	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	2-Medical Carve out	
INVIRASE ( <i>saquinavir mesylate</i> )	2-Medical Carve out	
KALETRA ( <i>lopinavir-ritonavir</i> )	2-Medical Carve out	
LEXIVA ( <i>fosamprenavir calcium</i> )	2-Medical Carve out	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2-Medical Carve out	
<i>lopinavir-ritonavir tab 100-25 mg</i>	2-Medical Carve out	

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<i>lopinavir-ritonavir tab 200-50 mg</i>	2-Medical Carve out	
NORVIR ( <i>ritonavir</i> )	2-Medical Carve out	
PREZCOBIX ( <i>darunavir-cobicistat</i> )	2-Medical Carve out	
PREZISTA ( <i>darunavir ethanolate</i> )	2-Medical Carve out	
REYATAZ ( <i>atazanavir sulfate</i> )	2-Medical Carve out	
<i>ritonavir tab 100 mg</i>	2-Medical Carve out	
SYMTUZA ( <i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	2-Medical Carve out	
VIRACEPT ( <i>nelfinavir mesylate</i> )	2-Medical Carve out	

### **ANTI-INFLUENZA AGENTS (Drugs for Flu)**

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1-Covered	QL (10 PER 30 DAY(S)), MFL (1 / 180 day(s))
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1-Covered	QL (10 PER 30 DAY(S)), MFL (1 / 180 day(s))
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1-Covered	QL (10 PER 30 DAY(S)), MFL (1 / 180 day(s))
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1-Covered	QL (120 PER FILL(S)), MFL (120 / 180 day(s))
RELENZA DISKHALER ( <i>zanamivir</i> )	1-Covered	QL (20 PER 30 DAY(S))

### **ANTIHERPETIC AGENTS (Drugs for Herpes Infection)**

<i>acyclovir cap 200 mg</i>	1-Covered	
<i>acyclovir susp 200 mg/5ml</i>	1-Covered	
<i>acyclovir tab 400 mg</i>	1-Covered	
<i>acyclovir tab 800 mg</i>	1-Covered	
TRIFLURIDINE	1-Covered	
<i>trifluridine ophth soln 1%</i>	1-Covered	
<i>valacyclovir hcl tab 1 gm</i>	1-Covered	QL (60 PER 30 DAY(S))
<i>valacyclovir hcl tab 500 mg</i>	1-Covered	QL (60 PER 30 DAY(S))

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**PRESCRIPTION DRUG  
NAME****DRUG TIER****COVERAGE  
REQUIREMENTS AND  
LIMITS****ANXIOLYTICS (Drugs for Anxiety)****ANXIOLYTICS, OTHER (Other Drugs for Anxiety)**

<i>bupirone hcl tab 10 mg</i>	1-Covered
<i>bupirone hcl tab 15 mg</i>	1-Covered
<i>bupirone hcl tab 30 mg</i>	1-Covered
<i>bupirone hcl tab 5 mg</i>	1-Covered
<i>bupirone hcl tab 7.5 mg</i>	1-Covered

**BENZODIAZEPINES**

ALPRAZOLAM INTENSOL	1-Covered	
<i>alprazolam tab 0.25 mg</i>	1-Covered	QL (100 PER 30 DAYS)
<i>alprazolam tab 0.5 mg</i>	1-Covered	QL (100 PER 30 DAYS)
<i>alprazolam tab 1 mg</i>	1-Covered	QL (100 PER 30 DAYS)
<i>alprazolam tab 2 mg</i>	1-Covered	QL (100 PER 30 DAYS)
<i>clonazepam tab 0.5 mg</i>	1-Covered	QL (120 PER 30 DAY(S))
<i>clonazepam tab 1 mg</i>	1-Covered	QL (120 PER 30 DAY(S))
<i>clonazepam tab 2 mg</i>	1-Covered	QL (120 PER 30 DAY(S))
<i>diazepam conc 5 mg/ml</i>	1-Covered	
<i>diazepam conc 5 mg/ml</i> (DIAZEPAM INTENSOL)	1-Covered	
<i>diazepam oral soln 1 mg/ml</i>	1-Covered	
<i>diazepam tab 10 mg</i>	1-Covered	QL (100 PER 30 DAYS)
<i>diazepam tab 2 mg</i>	1-Covered	QL (100 PER 30 DAYS)
<i>diazepam tab 5 mg</i>	1-Covered	QL (100 PER 30 DAYS)
<i>lorazepam conc 2 mg/ml</i>	1-Covered	
<i>lorazepam conc 2 mg/ml</i> (LORAZEPAM INTENSOL)	1-Covered	
<i>lorazepam tab 0.5 mg</i>	1-Covered	QL (100 PER 30 DAYS)
<i>lorazepam tab 1 mg</i>	1-Covered	QL (100 PER 30 DAYS)
<i>lorazepam tab 2 mg</i>	1-Covered	QL (100 PER 30 DAYS)
<i>oxazepam cap 10 mg</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>oxazepam cap 15 mg</i>	1-Covered	
<i>oxazepam cap 30 mg</i>	1-Covered	

## **BIPOLAR AGENTS (Drugs for Bipolar Disorder)**

### **MOOD STABILIZERS**

LITHIUM	2-Medical Carve out	
LITHIUM CARBONATE	2-Medical Carve out	
<i>lithium carbonate cap 150 mg</i>	2-Medical Carve out	
<i>lithium carbonate cap 300 mg</i>	2-Medical Carve out	
<i>lithium carbonate cap 600 mg</i>	2-Medical Carve out	
<i>lithium carbonate tab 300 mg</i>	2-Medical Carve out	
<i>lithium carbonate tab er 300 mg</i> (LITHIUM CARBONATE ER)	2-Medical Carve out	
<i>lithium carbonate tab er 450 mg</i> (LITHIUM CARBONATE ER)	2-Medical Carve out	
LITHOBID ( <i>lithium carbonate</i> )	2-Medical Carve out	

## **BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)**

### **ANTIDIABETIC AGENTS (Drugs for High Blood Sugar)**

<i>acarbose tab 100 mg</i>	1-Covered	QL (3 PER 1 DAYS)
<i>acarbose tab 25 mg</i>	1-Covered	QL (12 PER 1 DAYS)
<i>acarbose tab 50 mg</i>	1-Covered	QL (6 PER 1 DAYS)
ADLYXIN ( <i>lixisenatide</i> )	1-Covered	ST
ADLYXIN STARTER PACK ( <i>lixisenatide</i> )	1-Covered	ST
ALOGLIPTIN BENZOATE	1-Covered	ST
ALOGLIPTIN-METFORMIN HCL	1-Covered	ST

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ALOGLIPTIN-PIOGLITAZONE	1-Covered	ST
AVANDIA ( <i>rosiglitazone maleate</i> )	1-Covered	QL (60 PER 30 DAYS)
<i>glimepiride tab 1 mg</i>	1-Covered	STAR
<i>glimepiride tab 2 mg</i>	1-Covered	STAR
<i>glimepiride tab 4 mg</i>	1-Covered	STAR
<i>glipizide tab 10 mg</i>	1-Covered	STAR
<i>glipizide tab 5 mg</i>	1-Covered	STAR
<i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE ER)	1-Covered	STAR
<i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE XL)	1-Covered	STAR
<i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE ER)	1-Covered	STAR
<i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE XL)	1-Covered	STAR
<i>glipizide tab er 24hr 5 mg</i> (GLIPIZIDE ER)	1-Covered	STAR
<i>glipizide tab er 24hr 5 mg</i> (GLIPIZIDE XL)	1-Covered	STAR
<i>glyburide tab 1.25 mg</i>	1-Covered	STAR
<i>glyburide tab 2.5 mg</i>	1-Covered	STAR
<i>glyburide tab 5 mg</i>	1-Covered	STAR
<i>glyburide-metformin tab 1.25-250 mg</i>	1-Covered	STAR
<i>glyburide-metformin tab 2.5-500 mg</i>	1-Covered	STAR
<i>glyburide-metformin tab 5-500 mg</i>	1-Covered	STAR
JARDIANCE ( <i>empagliflozin</i> )	1-Covered	QL (1 PER 1 DAYS)
<i>metformin hcl tab 1000 mg</i>	1-Covered	STAR
<i>metformin hcl tab 500 mg</i>	1-Covered	STAR
<i>metformin hcl tab 850 mg</i>	1-Covered	STAR
<i>metformin hcl tab er 24hr 500 mg</i> (METFORMIN HCL ER)	1-Covered	STAR
<i>metformin hcl tab er 24hr 750 mg</i> (METFORMIN HCL ER)	1-Covered	STAR

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>nateglinide tab 120 mg</i>	1-Covered	ST
<i>nateglinide tab 60 mg</i>	1-Covered	ST
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1-Covered	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1-Covered	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1-Covered	
SYNJARDY ( <i>empagliflozin-metformin hcl</i> ) 5-1000 MG TAB	1-Covered	QL (2 PER 1 DAY(S))
SYNJARDY ( <i>empagliflozin-metformin hcl</i> ) 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB	1-Covered	QL (2 PER 1 DAYS)
SYNJARDY XR ( <i>empagliflozin-metformin hcl</i> ) 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	1-Covered	QL (2 PER 1 DAYS)
SYNJARDY XR ( <i>empagliflozin-metformin hcl</i> ) 25-1000 MG TAB ER 24H	1-Covered	QL (1 PER 1 DAYS)
SYNJARDY XR ( <i>empagliflozin-metformin hcl</i> ) 5-1000 MG TAB ER 24H	1-Covered	QL (2 PER 1)
TOLBUTAMIDE	1-Covered	
TRULICITY ( <i>dulaglutide</i> )	1-Covered	ST, QL (2 PER 28 DAY(S)), QLC (1 pen/week)
VICTOZA 18 MG/3ML SOLN PEN (2 PEN PACK)	1-Covered	ST, QLC (6 ml (2 pens)/30 days)
VICTOZA 18 MG/3ML SOLN PEN (3 PEN PACK)	1-Covered	ST, QLC (9 ml (3 pens)/30 days)

### **GLYCEMIC AGENTS (Drugs for Low Blood Sugar)**

BAQSIMI ONE PACK ( <i>glucagon</i> )	1-Covered	QL (2 PER 30 DAY(S))
BAQSIMI TWO PACK ( <i>glucagon</i> )	1-Covered	QL (2 PER 30 DAY(S))
<i>glucagon (rdna) for inj kit 1 mg</i> (GLUCAGON EMERGENCY)	1-Covered	
GLUCAGON EMERGENCY ( <i>glucagon (rdna)</i> )	1-Covered	
GLUCAGON EMERGENCY ( <i>glucagon hcl</i> )	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ADMELOG ( <i>insulin lispro</i> )	1-Covered	
ADMELOG SOLOSTAR ( <i>insulin lispro</i> )	1-Covered	
BASAGLAR KWIKPEN ( <i>insulin glargine</i> )	1-Covered	
HUMALOG ( <i>insulin lispro</i> ) 100 UNIT/ML SOLN CART	1-Covered	
HUMALOG MIX 75/25 ( <i>insulin lispro protamine &amp; lispro</i> )	1-Covered	
HUMULIN 70/30 ( <i>insulin nph isophane &amp; reg (human)</i> )	1-Covered	
HUMULIN 70/30 KWIKPEN ( <i>insulin nph isophane &amp; reg (human)</i> )	1-Covered	
HUMULIN N ( <i>insulin nph (human) (isophane)</i> )	1-Covered	
HUMULIN R ( <i>insulin regular (human)</i> )	1-Covered	
HUMULIN R U-500 (CONCENTRATED) ( <i>insulin regular (human)</i> )	1-Covered	
INSULIN LISPRO	1-Covered	
INSULIN LISPRO (1 UNIT DIAL)	1-Covered	
INSULIN LISPRO PROT & LISPRO ( <i>insulin lispro protamine &amp; lispro</i> )	1-Covered	
NOVOLIN 70/30 ( <i>insulin nph isophane &amp; reg (human)</i> )	1-Covered	
NOVOLIN 70/30 RELION ( <i>insulin nph isophane &amp; reg (human)</i> )	1-Covered	
NOVOLIN N ( <i>insulin nph (human) (isophane)</i> )	1-Covered	
NOVOLIN N RELION ( <i>insulin nph (human) (isophane)</i> )	1-Covered	
NOVOLIN R ( <i>insulin regular (human)</i> )	1-Covered	
NOVOLIN R RELION ( <i>insulin regular (human)</i> )	1-Covered	

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**PRESCRIPTION DRUG  
NAME****DRUG TIER****COVERAGE  
REQUIREMENTS AND  
LIMITS****BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)****ANTICOAGULANTS (Blood Thinners)**

COUMADIN ( <i>warfarin sodium</i> )	1-Covered	
ELIQUIS ( <i>apixaban</i> )	1-Covered	QL (2 PER 1 DAY(S))
ELIQUIS DVT/PE STARTER PACK ( <i>apixaban</i> )	1-Covered	QL (2 PER 1 DAY(S)), QLC (1 PACK/6 MONTHS)
<i>enoxaparin sodium inj 100 mg/ml</i>	1-Covered	PA
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	1-Covered	PA
<i>enoxaparin sodium inj 150 mg/ml</i>	1-Covered	PA
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	1-Covered	PA
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	1-Covered	PA
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	1-Covered	PA
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	1-Covered	PA
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1-Covered	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1-Covered	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1-Covered	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1-Covered	
<i>warfarin sodium tab 1 mg</i>	1-Covered	
<i>warfarin sodium tab 1 mg</i> (JANTOVEN)	1-Covered	
<i>warfarin sodium tab 10 mg</i>	1-Covered	
<i>warfarin sodium tab 10 mg</i> (JANTOVEN)	1-Covered	
<i>warfarin sodium tab 2 mg</i>	1-Covered	
<i>warfarin sodium tab 2 mg</i> (JANTOVEN)	1-Covered	
<i>warfarin sodium tab 2.5 mg</i>	1-Covered	
<i>warfarin sodium tab 2.5 mg</i> (JANTOVEN)	1-Covered	

AL1 – Age Restrictions; PA – Prior Authorization Required; QL – Quantity Limit;  
ST – Step Therapy Required; STAR – Extended Day Supply; MDD – Max Daily Dose;  
C – Custom; QLC – Quantity Limit (Custom); SP – Specialty Pharmacy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>warfarin sodium tab 3 mg</i>	1-Covered	
<i>warfarin sodium tab 3 mg</i> (JANTOVEN)	1-Covered	
<i>warfarin sodium tab 4 mg</i>	1-Covered	
<i>warfarin sodium tab 4 mg</i> (JANTOVEN)	1-Covered	
<i>warfarin sodium tab 5 mg</i>	1-Covered	
<i>warfarin sodium tab 5 mg</i> (JANTOVEN)	1-Covered	
<i>warfarin sodium tab 6 mg</i>	1-Covered	
<i>warfarin sodium tab 6 mg</i> (JANTOVEN)	1-Covered	
<i>warfarin sodium tab 7.5 mg</i>	1-Covered	
<i>warfarin sodium tab 7.5 mg</i> (JANTOVEN)	1-Covered	
XARELTO ( <i>rivaroxaban</i> ) 10 MG TAB, 15 MG TAB, 20 MG TAB	1-Covered	QL (1 PER 1 DAY(S))
XARELTO STARTER PACK ( <i>rivaroxaban</i> )	1-Covered	QLC (1 PACK/6 MONTHS)

## **BLOOD PRODUCTS AND MODIFIERS, OTHER (Blood Formation Drugs)**

<i>anagrelide hcl cap 0.5 mg</i>	1-Covered	
<i>anagrelide hcl cap 1 mg</i>	1-Covered	
EPOGEN ( <i>epoetin alfa</i> )	1-Covered	PA, SP
PROCRIT ( <i>epoetin alfa</i> )	1-Covered	PA, SP
RETACRIT ( <i>epoetin alfa-epbx</i> )	1-Covered	PA, SP

## **HEMOSTASIS AGENTS (Drugs to Stop Bleeding)**

ADVATE ( <i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i> )	2-Medical Carve out	
ADYNOVATE ( <i>antihemophilic factor (recombinant) pegylated</i> )	2-Medical Carve out	
AFSTYLA ( <i>antihemophilic factor (recombinant) single chain</i> )	2-Medical Carve out	
ALPHANATE ( <i>antihemophilic factor/von willebrand factor complex (human)</i> )	2-Medical Carve out	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ALPHANATE/VWF COMPLEX/HUMAN ( <i>antihemophilic factor/von willebrand factor complex (human)</i> )	2-Medical Carve out	
ALPHANINE SD ( <i>coagulation factor ix</i> )	2-Medical Carve out	
ALPROLIX ( <i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i> )	2-Medical Carve out	
BEBULIN ( <i>factor ix complex</i> )	2-Medical Carve out	
BENEFIX ( <i>coagulation factor ix (recombinant)</i> )	2-Medical Carve out	
COAGADEX ( <i>coagulation factor x (human)</i> )	2-Medical Carve out	
CORIFACT ( <i>factor xiii concentrate (human)</i> )	2-Medical Carve out	
ELOCTATE ( <i>antihemophilic factor (rcmb) fc fusion protein (bdd-rfviii fc)</i> )	2-Medical Carve out	
ESPEROCT ( <i>antihemophilic factor (recombinant) glycopegylated-exei</i> )	2-Medical Carve out	
FEIBA ( <i>antiinhibitor coagulant complex</i> )	2-Medical Carve out	
FIBRYGA ( <i>fibrinogen concentrate (human)</i> )	2-Medical Carve out	
HELIXATE FS ( <i>antihemophilic factor (recombinant)</i> )	2-Medical Carve out	
HEMLIBRA ( <i>emicizumab-kxwh</i> )	2-Medical Carve out	
HEMOPIL M ( <i>antihemophilic factor (human)</i> )	2-Medical Carve out	
HUMATE-P ( <i>antihemophilic factor/von willebrand factor complex (human)</i> )	2-Medical Carve out	
IDELVION ( <i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i> )	2-Medical Carve out	
IXINITY ( <i>coagulation factor ix (recombinant)</i> )	2-Medical Carve out	
JIVI ( <i>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</i> )	2-Medical Carve out	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
KCENTRA ( <i>prothrombin complex concentrate human</i> )	2-Medical Carve out	
KOATE ( <i>antihemophilic factor human</i> )	2-Medical Carve out	
KOATE-DVI ( <i>antihemophilic factor human</i> )	2-Medical Carve out	
KOGENATE FS ( <i>antihemophilic factor recombinant</i> )	2-Medical Carve out	
KOGENATE FS BIO-SET ( <i>antihemophilic factor recombinant</i> )	2-Medical Carve out	
KOVALTRY ( <i>antihemophilic factor (rcmb) plasma/albumin free (raht-pfm)</i> )	2-Medical Carve out	
MONOCLATE-P ( <i>antihemophilic factor human</i> )	2-Medical Carve out	
MONONINE ( <i>coagulation factor ix</i> )	2-Medical Carve out	
NOVOEIGHT ( <i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i> )	2-Medical Carve out	
NOVOSEVEN RT ( <i>coagulation factor viia recombinant</i> )	2-Medical Carve out	
NUWIQ ( <i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i> )	2-Medical Carve out	
OBIZUR ( <i>antihemophilic factor recombinant porcine</i> ) (rpfviii)	2-Medical Carve out	
<i>phytonadione tab 5 mg</i>	1-Covered	
PROFILNINE ( <i>factor ix complex</i> )	2-Medical Carve out	
PROFILNINE SD ( <i>factor ix complex</i> )	2-Medical Carve out	
REBINYN ( <i>coagulation factor ix recombinant glycopegylated</i> )	2-Medical Carve out	
RECOMBINATE ( <i>antihemophilic factor recombinant</i> )	2-Medical Carve out	
RIASTAP ( <i>fibrinogen concentrate human</i> )	2-Medical Carve out	
RIXUBIS ( <i>coagulation factor ix recombinant</i> )	2-Medical Carve out	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
SEVENFACT ( <i>coagulation factor viia (recombinant)-jncw</i> )	2-Medical Carve out	
TRETEN ( <i>coagulation factor xiii a-subunit (recombinant)</i> )	2-Medical Carve out	
VONVENDI ( <i>von willebrand factor (recombinant)</i> )	2-Medical Carve out	
WILATE ( <i>antihemophilic factor/von willebrand factor complex (human)</i> )	2-Medical Carve out	
XYNTHA ( <i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i> )	2-Medical Carve out	
XYNTHA SOLOFUSE ( <i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i> )	2-Medical Carve out	

## **PLATELET MODIFYING AGENTS**

<i>cilostazol tab 100 mg</i>	1-Covered
<i>cilostazol tab 50 mg</i>	1-Covered
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1-Covered
<i>dipyridamole tab 25 mg</i>	1-Covered
<i>dipyridamole tab 50 mg</i>	1-Covered
<i>dipyridamole tab 75 mg</i>	1-Covered

## **CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)**

### **ALPHA-ADRENERGIC AGONISTS**

<i>clonidine hcl tab 0.1 mg</i>	1-Covered
<i>clonidine hcl tab 0.2 mg</i>	1-Covered
<i>clonidine hcl tab 0.3 mg</i>	1-Covered
<i>guanfacine hcl tab 1 mg</i>	1-Covered
<i>guanfacine hcl tab 2 mg</i>	1-Covered
METHYLDOPA	1-Covered
<i>methyldopa tab 250 mg</i>	1-Covered
<i>methyldopa tab 500 mg</i>	1-Covered

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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### **ALPHA-ADRENERGIC BLOCKING AGENTS**

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

### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

<i>irbesartan tab 150 mg</i>	1-Covered	
<i>irbesartan tab 300 mg</i>	1-Covered	
<i>irbesartan tab 75 mg</i>	1-Covered	
<i>losartan potassium tab 100 mg</i>	1-Covered	STAR
<i>losartan potassium tab 25 mg</i>	1-Covered	STAR
<i>losartan potassium tab 50 mg</i>	1-Covered	STAR
<i>valsartan tab 160 mg</i>	1-Covered	
<i>valsartan tab 320 mg</i>	1-Covered	
<i>valsartan tab 40 mg</i>	1-Covered	
<i>valsartan tab 80 mg</i>	1-Covered	

### **ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS**

<i>benazepril hcl tab 10 mg</i>	1-Covered	STAR
<i>benazepril hcl tab 20 mg</i>	1-Covered	STAR
<i>benazepril hcl tab 40 mg</i>	1-Covered	STAR

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>benazepril hcl tab 5 mg</i>	1-Covered	STAR
<i>captopril tab 100 mg</i>	1-Covered	STAR
<i>captopril tab 12.5 mg</i>	1-Covered	STAR
<i>captopril tab 25 mg</i>	1-Covered	STAR
<i>captopril tab 50 mg</i>	1-Covered	STAR
<i>enalapril maleate tab 10 mg</i>	1-Covered	STAR
<i>enalapril maleate tab 2.5 mg</i>	1-Covered	STAR
<i>enalapril maleate tab 20 mg</i>	1-Covered	STAR
<i>enalapril maleate tab 5 mg</i>	1-Covered	STAR
<i>fosinopril sodium tab 10 mg</i>	1-Covered	
<i>fosinopril sodium tab 20 mg</i>	1-Covered	
<i>fosinopril sodium tab 40 mg</i>	1-Covered	
<i>lisinopril tab 10 mg</i>	1-Covered	STAR
<i>lisinopril tab 2.5 mg</i>	1-Covered	STAR
<i>lisinopril tab 20 mg</i>	1-Covered	STAR
<i>lisinopril tab 30 mg</i>	1-Covered	STAR
<i>lisinopril tab 40 mg</i>	1-Covered	STAR
<i>lisinopril tab 5 mg</i>	1-Covered	STAR
<i>moexipril hcl tab 15 mg</i>	1-Covered	
<i>moexipril hcl tab 7.5 mg</i>	1-Covered	
<i>quinapril hcl tab 10 mg</i>	1-Covered	
<i>quinapril hcl tab 20 mg</i>	1-Covered	
<i>quinapril hcl tab 40 mg</i>	1-Covered	
<i>quinapril hcl tab 5 mg</i>	1-Covered	
<i>ramipril cap 1.25 mg</i>	1-Covered	
<i>ramipril cap 10 mg</i>	1-Covered	
<i>ramipril cap 2.5 mg</i>	1-Covered	
<i>ramipril cap 5 mg</i>	1-Covered	
<i>trandolapril tab 1 mg</i>	1-Covered	
<i>trandolapril tab 2 mg</i>	1-Covered	
<i>trandolapril tab 4 mg</i>	1-Covered	

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**PRESCRIPTION DRUG  
NAME****DRUG TIER****COVERAGE  
REQUIREMENTS AND  
LIMITS****ANTIARRHYTHMICS (Drugs for Irregular Heart Rhythm)**

<i>amiodarone hcl tab 200 mg</i>	1-Covered
<i>amiodarone hcl tab 200 mg</i> (PACERONE)	1-Covered
<i>disopyramide phosphate cap 100 mg</i>	1-Covered
<i>flecainide acetate tab 100 mg</i>	1-Covered
<i>flecainide acetate tab 150 mg</i>	1-Covered
<i>flecainide acetate tab 50 mg</i>	1-Covered
<i>mexiletine hcl cap 150 mg</i>	1-Covered
<i>mexiletine hcl cap 200 mg</i>	1-Covered
<i>mexiletine hcl cap 250 mg</i>	1-Covered
<i>propafenone hcl tab 150 mg</i>	1-Covered
<i>propafenone hcl tab 225 mg</i>	1-Covered
<i>propafenone hcl tab 300 mg</i>	1-Covered
<i>quinidine gluconate tab er 324 mg</i> (QUINIDINE GLUCONATE ER)	1-Covered
QUINIDINE SULFATE	1-Covered
<i>sotalol hcl (afib/af) tab 120 mg</i> (SOTALOL HCL (AF))	1-Covered
<i>sotalol hcl (afib/af) tab 160 mg</i> (SOTALOL HCL (AF))	1-Covered
<i>sotalol hcl (afib/af) tab 80 mg</i> (SOTALOL HCL (AF))	1-Covered
<i>sotalol hcl tab 120 mg</i>	1-Covered
<i>sotalol hcl tab 120 mg</i> (SORINE)	1-Covered
<i>sotalol hcl tab 160 mg</i>	1-Covered
<i>sotalol hcl tab 160 mg</i> (SORINE)	1-Covered
<i>sotalol hcl tab 240 mg</i>	1-Covered
<i>sotalol hcl tab 240 mg</i> (SORINE)	1-Covered
<i>sotalol hcl tab 80 mg</i>	1-Covered
<i>sotalol hcl tab 80 mg</i> (SORINE)	1-Covered

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<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>atenolol tab 100 mg</i>	1-Covered	STAR
<i>atenolol tab 25 mg</i>	1-Covered	STAR
<i>atenolol tab 50 mg</i>	1-Covered	STAR
<i>bisoprolol fumarate tab 10 mg</i>	1-Covered	
<i>bisoprolol fumarate tab 5 mg</i>	1-Covered	
<i>carvedilol tab 12.5 mg</i>	1-Covered	STAR
<i>carvedilol tab 25 mg</i>	1-Covered	STAR
<i>carvedilol tab 3.125 mg</i>	1-Covered	STAR
<i>carvedilol tab 6.25 mg</i>	1-Covered	STAR
<i>labetalol hcl tab 100 mg</i>	1-Covered	
<i>labetalol hcl tab 200 mg</i>	1-Covered	
<i>labetalol hcl tab 300 mg</i>	1-Covered	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day), STAR
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)</i>	1-Covered	QL (60 PER 30 DAYS), MDD (2 Per Day), STAR
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day), STAR
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day), STAR
<i>metoprolol tartrate tab 100 mg</i>	1-Covered	STAR
<i>metoprolol tartrate tab 25 mg</i>	1-Covered	STAR
<i>metoprolol tartrate tab 50 mg</i>	1-Covered	STAR
<i>nadolol tab 20 mg</i>	1-Covered	STAR
<i>nadolol tab 40 mg</i>	1-Covered	STAR
<i>nadolol tab 80 mg</i>	1-Covered	STAR
<i>pindolol tab 10 mg</i>	1-Covered	STAR
<i>pindolol tab 5 mg</i>	1-Covered	STAR
PROPRANOLOL HCL	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>propranolol hcl cap er 24hr 120 mg</i> (PROPRANOLOL HCL ER)	1-Covered	
<i>propranolol hcl cap er 24hr 160 mg</i> (PROPRANOLOL HCL ER)	1-Covered	
<i>propranolol hcl cap er 24hr 60 mg</i> (PROPRANOLOL HCL ER)	1-Covered	
<i>propranolol hcl cap er 24hr 80 mg</i> (PROPRANOLOL HCL ER)	1-Covered	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1-Covered	
<i>propranolol hcl tab 10 mg</i>	1-Covered	
<i>propranolol hcl tab 20 mg</i>	1-Covered	
<i>propranolol hcl tab 40 mg</i>	1-Covered	
<i>propranolol hcl tab 60 mg</i>	1-Covered	
<i>propranolol hcl tab 80 mg</i>	1-Covered	

## **CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES**

<i>amlodipine besylate tab 10 mg</i> (base equivalent)	1-Covered	STAR
<i>amlodipine besylate tab 2.5 mg</i> (base equivalent)	1-Covered	STAR
<i>amlodipine besylate tab 5 mg</i> (base equivalent)	1-Covered	STAR
<i>felodipine tab er 24hr 10 mg</i> (FELODIPINE ER)	1-Covered	
<i>felodipine tab er 24hr 2.5 mg</i> (FELODIPINE ER)	1-Covered	
<i>felodipine tab er 24hr 5 mg</i> (FELODIPINE ER)	1-Covered	
<i>nicardipine hcl cap 20 mg</i>	1-Covered	
<i>nicardipine hcl cap 30 mg</i>	1-Covered	
<i>nifedipine cap 10 mg</i>	1-Covered	
<i>nifedipine cap 20 mg</i>	1-Covered	
<i>nifedipine tab er 24hr 30 mg</i> (AFEDITAB CR)	1-Covered	
<i>nifedipine tab er 24hr 30 mg</i> (NIFEDIPINE ER)	1-Covered	
<i>nifedipine tab er 24hr 60 mg</i> (AFEDITAB CR)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>nifedipine tab er 24hr 60 mg</i> (NIFEDIPINE ER)	1-Covered	
<i>nifedipine tab er 24hr 90 mg</i> (NIFEDIPINE ER)	1-Covered	
<i>nifedipine tab er 24hr osmotic release 30 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	1-Covered	
<i>nifedipine tab er 24hr osmotic release 60 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	1-Covered	
<i>nifedipine tab er 24hr osmotic release 90 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	1-Covered	
NISOLDIPINE ER ER 20 MG TAB ER 24H, ER 30 MG TAB ER 24H, ER 40 MG TAB ER 24H	1-Covered	

## **CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES**

<i>diltiazem hcl cap er 12hr 120 mg</i> (DILTIAZEM HCL ER)	1-Covered	
<i>diltiazem hcl cap er 12hr 60 mg</i> (DILTIAZEM HCL ER)	1-Covered	
<i>diltiazem hcl cap er 12hr 90 mg</i> (DILTIAZEM HCL ER)	1-Covered	
<i>diltiazem hcl cap er 24hr 120 mg</i> (DILT-XR)	1-Covered	
<i>diltiazem hcl cap er 24hr 120 mg</i> (DILTIAZEM HCL ER)	1-Covered	
<i>diltiazem hcl cap er 24hr 180 mg</i> (DILT-XR)	1-Covered	
<i>diltiazem hcl cap er 24hr 180 mg</i> (DILTIAZEM HCL ER)	1-Covered	
<i>diltiazem hcl cap er 24hr 240 mg</i> (DILT-XR)	1-Covered	
<i>diltiazem hcl cap er 24hr 240 mg</i> (DILTIAZEM HCL ER)	1-Covered	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (CARTIA XT)	1-Covered	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (DILTIAZEM CD)	1-Covered	

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 C – Custom; QLC – Quantity Limit (Custom); SP – Specialty Pharmacy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (DILTIAZEM HCL ER COATED BEADS)	1-Covered	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (CARTIA XT)	1-Covered	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (DILTIAZEM CD)	1-Covered	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (DILTIAZEM HCL ER COATED BEADS)	1-Covered	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (CARTIA XT)	1-Covered	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (DILTIAZEM CD)	1-Covered	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (DILTIAZEM HCL ER COATED BEADS)	1-Covered	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (CARTIA XT)	1-Covered	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (DILTIAZEM CD)	1-Covered	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (DILTIAZEM HCL ER COATED BEADS)	1-Covered	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i> (DILTIAZEM HCL ER COATED BEADS)	1-Covered	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (DILTIAZEM HCL ER BEADS)	1-Covered	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (TAZTIA XT)	1-Covered	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (TIADYL T ER)	1-Covered	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (DILTIAZEM HCL ER BEADS)	1-Covered	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (TAZTIA XT)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (TIADYL T ER)	1-Covered	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (DILTIAZEM HCL ER BEADS)	1-Covered	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (TAZTIA XT)	1-Covered	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (TIADYL T ER)	1-Covered	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (DILTIAZEM HCL ER BEADS)	1-Covered	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (TAZTIA XT)	1-Covered	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (TIADYL T ER)	1-Covered	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (DILTIAZEM HCL ER BEADS)	1-Covered	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (TAZTIA XT)	1-Covered	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (TIADYL T ER)	1-Covered	
<i>diltiazem hcl tab 120 mg</i>	1-Covered	
<i>diltiazem hcl tab 30 mg</i>	1-Covered	
<i>diltiazem hcl tab 60 mg</i>	1-Covered	
<i>diltiazem hcl tab 90 mg</i>	1-Covered	
<i>verapamil hcl tab 120 mg</i>	1-Covered	
<i>verapamil hcl tab 40 mg</i>	1-Covered	
<i>verapamil hcl tab 80 mg</i>	1-Covered	
<i>verapamil hcl tab er 120 mg</i> (VERAPAMIL HCL ER)	1-Covered	
<i>verapamil hcl tab er 180 mg</i> (VERAPAMIL HCL ER)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>verapamil hcl tab er 240 mg</i> (VERAPAMIL HCL ER)	1-Covered	
<b>CARDIOVASCULAR AGENTS, OTHER</b>		
<i>acetazolamide tab 125 mg</i>	1-Covered	
<i>acetazolamide tab 250 mg</i>	1-Covered	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> (AMILORIDE-HYDROCHLOROTHIAZIDE)	1-Covered	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	1-Covered	QL (30 PER 30 DAY(S)), MDD (1 Per Day), STAR
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day), STAR
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day), STAR
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day), STAR
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day), STAR
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day), STAR
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> (ATENOLOL-CHLOROTHALIDONE)	1-Covered	STAR
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> (ATENOLOL-CHLOROTHALIDONE)	1-Covered	STAR
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	1-Covered	STAR
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	1-Covered	STAR
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	1-Covered	STAR

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	1-Covered	STAR
BENAZEPRIL-HYDROCHLOROTHIAZIDE ( <i>benazepril &amp; hydrochlorothiazide</i> )	1-Covered	STAR
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	1-Covered	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	1-Covered	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	1-Covered	
CAPTOPRIL-HYDROCHLOROTHIAZIDE ( <i>captopril &amp; hydrochlorothiazide</i> )	1-Covered	STAR
DIGOXIN	1-Covered	
<i>digoxin oral soln 0.05 mg/ml</i>	1-Covered	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1-Covered	STAR
<i>digoxin tab 125 mcg (0.125 mg)</i> (DIGITEK)	1-Covered	STAR
<i>digoxin tab 250 mcg (0.25 mg)</i>	1-Covered	STAR
<i>digoxin tab 250 mcg (0.25 mg)</i> (DIGITEK)	1-Covered	STAR
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1-Covered	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1-Covered	
LANOXIN ( <i>digoxin</i> ) 125 MCG TAB, 250 MCG TAB	1-Covered	STAR
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	1-Covered	STAR
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	1-Covered	STAR
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	1-Covered	STAR

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)	1-Covered	STAR
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> (LOSARTAN POTASSIUM-HCTZ)	1-Covered	STAR
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)	1-Covered	STAR
<i>pentoxifylline tab er 400 mg</i> (PENTOXIFYLLINE ER)	1-Covered	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> (SPIRONOLACTONE-HCTZ)	1-Covered	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i> (TRIAMTERENE-HCTZ)	1-Covered	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> (TRIAMTERENE-HCTZ)	1-Covered	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> (TRIAMTERENE-HCTZ)	1-Covered	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1-Covered	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1-Covered	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1-Covered	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1-Covered	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1-Covered	

## **DIURETICS, LOOP**

<i>bumetanide tab 0.5 mg</i>	1-Covered	
<i>bumetanide tab 1 mg</i>	1-Covered	
<i>bumetanide tab 2 mg</i>	1-Covered	
FUROSEMIDE	1-Covered	STAR
<i>furosemide oral soln 10 mg/ml</i>	1-Covered	STAR
<i>furosemide tab 20 mg</i>	1-Covered	STAR

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>furosemide tab 40 mg</i>	1-Covered	STAR
<i>furosemide tab 80 mg</i>	1-Covered	STAR

### **DIURETICS, POTASSIUM-SPARING**

<i>amiloride hcl tab 5 mg</i>	1-Covered	
<i>spironolactone tab 100 mg</i>	1-Covered	
<i>spironolactone tab 25 mg</i>	1-Covered	
<i>spironolactone tab 50 mg</i>	1-Covered	

### **DIURETICS, THIAZIDE**

CHLOROTHIAZIDE	1-Covered	
<i>chlorothiazide tab 500 mg</i>	1-Covered	
<i>chlorthalidone tab 25 mg</i>	1-Covered	
<i>chlorthalidone tab 50 mg</i>	1-Covered	
DIURIL ( <i>chlorothiazide</i> )	1-Covered	
<i>hydrochlorothiazide cap 12.5 mg</i>	1-Covered	STAR
<i>hydrochlorothiazide tab 25 mg</i>	1-Covered	STAR
<i>hydrochlorothiazide tab 50 mg</i>	1-Covered	STAR
<i>indapamide tab 1.25 mg</i>	1-Covered	
<i>indapamide tab 2.5 mg</i>	1-Covered	
METHYCLOTHIAZIDE	1-Covered	
<i>metolazone tab 10 mg</i>	1-Covered	
<i>metolazone tab 2.5 mg</i>	1-Covered	
<i>metolazone tab 5 mg</i>	1-Covered	

### **DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES (Drugs for High Cholesterol)**

<i>fenofibrate micronized cap 134 mg</i>	1-Covered	
<i>fenofibrate micronized cap 200 mg</i>	1-Covered	
<i>fenofibrate micronized cap 67 mg</i>	1-Covered	
<i>fenofibrate tab 160 mg</i>	1-Covered	
<i>fenofibrate tab 54 mg</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>gemfibrozil tab 600 mg</i>	1-Covered	

### **DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS (Drugs for High Cholesterol)**

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1-Covered	QL (30 PER 30 DAY(S)), MDD (1 Per Day), STAR
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day), STAR
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day), STAR
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day), STAR
<i>lovastatin tab 10 mg</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day), STAR
<i>lovastatin tab 20 mg</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day), STAR
<i>lovastatin tab 40 mg</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day), STAR
<i>rosuvastatin calcium tab 10 mg</i>	1-Covered	ST, QL (30 PER 30 DAY(S))
<i>rosuvastatin calcium tab 20 mg</i>	1-Covered	ST, QL (30 PER 30 DAY(S))
<i>rosuvastatin calcium tab 40 mg</i>	1-Covered	ST, QL (30 PER 30 DAY(S))
<i>rosuvastatin calcium tab 5 mg</i>	1-Covered	ST, QL (30 PER 30 DAY(S))
<i>simvastatin tab 10 mg</i>	1-Covered	STAR
<i>simvastatin tab 20 mg</i>	1-Covered	STAR
<i>simvastatin tab 40 mg</i>	1-Covered	STAR
<i>simvastatin tab 5 mg</i>	1-Covered	STAR

### **DYSLIPIDEMICS, OTHER (Other Drugs for High Cholesterol)**

<i>cholestyramine light powder 4 gm/dose</i>	1-Covered	
<i>cholestyramine light powder 4 gm/dose (PREVALITE)</i>	1-Covered	
<i>cholestyramine powder 4 gm/dose</i>	1-Covered	
<i>colestipol hcl granule packets 5 gm</i>	1-Covered	
<i>colestipol hcl granules 5 gm</i>	1-Covered	
<i>colestipol hcl tab 1 gm</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>ezetimibe tab 10 mg</i>	1-Covered	
<i>niacin cap er 250 mg</i> (NIACIN ER)	1-Covered	
<i>niacin cap er 500 mg</i> (NIACIN ER)	1-Covered	
NIACIN ER	1-Covered	
<i>niacin tab 100 mg</i>	1-Covered	
<i>niacin tab 100 mg</i> (PX NIACIN)	1-Covered	
<i>niacin tab 100 mg</i> (RA NIACIN)	1-Covered	
<i>niacin tab 250 mg</i>	1-Covered	
<i>niacin tab 250 mg</i> (GNP NIACIN)	1-Covered	
<i>niacin tab 250 mg</i> (PLAIN NIACIN)	1-Covered	
<i>niacin tab 50 mg</i>	1-Covered	
<i>niacin tab 50 mg</i> (NIACIN-50)	1-Covered	
<i>niacin tab 500 mg</i>	1-Covered	
<i>niacin tab 500 mg</i> (KP NIACIN)	1-Covered	
<i>niacin tab 500 mg</i> (PLAIN NIACIN)	1-Covered	
<i>niacin tab 500 mg</i> (RA NIACIN)	1-Covered	
<i>niacin tab 500 mg</i> (RA NO FLUSH NIACIN)	1-Covered	
<i>niacin tab er 250 mg</i> (ENDUR-ACIN)	1-Covered	
<i>niacin tab er 250 mg</i> (GNP NIACIN TR)	1-Covered	
<i>niacin tab er 250 mg</i> (HM NIACIN TR)	1-Covered	
<i>niacin tab er 250 mg</i> (HM NIACIN)	1-Covered	
<i>niacin tab er 250 mg</i> (NIACIN ER)	1-Covered	
<i>niacin tab er 250 mg</i> (SLO-NIACIN)	1-Covered	
<i>niacin tab er 250 mg</i> (SM NIACIN CR)	1-Covered	
<i>niacin tab er 500 mg (antihyperlipidemic)</i> (NIACIN ER (ANTHYPERLIPIDEMIC))	1-Covered	
<i>niacin tab er 500 mg</i> (ENDUR-ACIN)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>niacin tab er 500 mg</i> (NIACIN ER)	1-Covered	
<i>niacin tab er 750 mg</i> (ENDUR-ACIN)	1-Covered	
<i>niacin tab er 750 mg</i> (NIACIN ER)	1-Covered	
<i>omega-3-acid ethyl esters cap 1 gm</i>	1-Covered	QL (4 PER 1 DAY(S))
<i>omega-3-acid ethyl esters cap 1 gm</i> (TRIKLO)	1-Covered	QL (4 PER 1 DAY(S))

### **VASODILATORS, DIRECT-ACTING ARTERIAL (Drugs for Relaxing Arteries)**

<i>hydralazine hcl tab 10 mg</i>	1-Covered	
<i>hydralazine hcl tab 100 mg</i>	1-Covered	
<i>hydralazine hcl tab 25 mg</i>	1-Covered	
<i>hydralazine hcl tab 50 mg</i>	1-Covered	
<i>minoxidil tab 10 mg</i>	1-Covered	
<i>minoxidil tab 2.5 mg</i>	1-Covered	

### **VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS (Drugs for Relaxing Arteries and Veins)**

ISOSORBIDE DINITRATE ER	1-Covered	STAR
<i>isosorbide dinitrate tab 10 mg</i>	1-Covered	STAR
<i>isosorbide dinitrate tab 20 mg</i>	1-Covered	STAR
<i>isosorbide dinitrate tab 30 mg</i>	1-Covered	STAR
<i>isosorbide dinitrate tab 5 mg</i>	1-Covered	STAR
<i>isosorbide mononitrate tab 10 mg</i>	1-Covered	STAR
<i>isosorbide mononitrate tab 20 mg</i>	1-Covered	STAR
<i>isosorbide mononitrate tab er 24hr 120 mg</i> (ISOSORBIDE MONONITRATE ER)	1-Covered	STAR
<i>isosorbide mononitrate tab er 24hr 30 mg</i> (ISOSORBIDE MONONITRATE ER)	1-Covered	STAR
<i>isosorbide mononitrate tab er 24hr 60 mg</i> (ISOSORBIDE MONONITRATE ER)	1-Covered	STAR

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
NITRO-BID ( <i>nitroglycerin</i> )	1-Covered	
NITRO-TIME ( <i>nitroglycerin</i> )	1-Covered	
NITROGLYCERIN 400 MCG/SPRAY AERO SOLN	1-Covered	
<i>nitroglycerin cap er 2.5 mg</i> (NITROGLYCERIN ER)	1-Covered	
<i>nitroglycerin cap er 6.5 mg</i> (NITROGLYCERIN ER)	1-Covered	
<i>nitroglycerin cap er 9 mg</i> (NITROGLYCERIN ER)	1-Covered	
<i>nitroglycerin sl tab 0.3 mg</i>	1-Covered	
<i>nitroglycerin sl tab 0.4 mg</i>	1-Covered	
<i>nitroglycerin sl tab 0.6 mg</i>	1-Covered	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1-Covered	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> (MINITRAN)	1-Covered	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1-Covered	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> (MINITRAN)	1-Covered	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1-Covered	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> (MINITRAN)	1-Covered	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1-Covered	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> (MINITRAN)	1-Covered	
<i>nitroglycerin tl soln 0.4 mg/spray</i> (400 mcg/spray)	1-Covered	

## **CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)**

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES**

<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (AMPHETAMINE-DEXTROAMPHET ER)	1-Covered	QL (30 PER 30 DAYS), AL1 (6 to 18 yrs old)
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (AMPHETAMINE-DEXTROAMPHET ER)	1-Covered	QL (30 PER 30 DAYS), AL1 (6 to 18 yrs old), MDD (1 Per Day)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (AMPHETAMINE-DEXTROAMPHET ER)	1-Covered	QL (30 PER 30 DAYS), AL1 (6 to 18 yrs old)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (AMPHETAMINE-DEXTROAMPHET ER)	1-Covered	QL (30 PER 30 DAYS), AL1 (6 to 18 yrs old)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (AMPHETAMINE-DEXTROAMPHET ER)	1-Covered	QL (30 PER 30 DAYS), AL1 (6 to 18 yrs old)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (AMPHETAMINE-DEXTROAMPHET ER)	1-Covered	QL (30 PER 30 DAYS), AL1 (6 to 18 yrs old)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1-Covered	AL1 (3 to 18 yrs old)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1-Covered	AL1 (3 to 18 yrs old)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1-Covered	AL1 (3 to 18 yrs old)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1-Covered	AL1 (3 to 18 yrs old)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1-Covered	AL1 (3 to 18 yrs old)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1-Covered	AL1 (3 to 18 yrs old)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1-Covered	AL1 (3 to 18 yrs old)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	1-Covered	AL1 (3 to 18 yrs old)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	1-Covered	AL1 (3 to 18 yrs old)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	1-Covered	AL1 (3 to 18 yrs old)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>dextroamphetamine sulfate tab 10 mg</i>	1-Covered	AL1 (3 to 18 yrs old)
<i>dextroamphetamine sulfate tab 10 mg (ZENZEDI)</i>	1-Covered	AL1 (3 to 18 yrs old)
<i>dextroamphetamine sulfate tab 5 mg</i>	1-Covered	AL1 (3 to 18 yrs old)
<i>dextroamphetamine sulfate tab 5 mg (ZENZEDI)</i>	1-Covered	AL1 (3 to 18 yrs old)

## **ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES**

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1-Covered	PA
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1-Covered	PA
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1-Covered	PA
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1-Covered	PA
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1-Covered	PA
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1-Covered	PA
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1-Covered	PA
<i>guanfacine hcl tab er 24hr 1 mg (base equiv) (GUANFACINE HCL ER)</i>	1-Covered	QL (1 PER 1 DAY(S))
<i>guanfacine hcl tab er 24hr 2 mg (base equiv) (GUANFACINE HCL ER)</i>	1-Covered	QL (1 PER 1 DAY(S))
<i>guanfacine hcl tab er 24hr 3 mg (base equiv) (GUANFACINE HCL ER)</i>	1-Covered	QL (1 PER 1 DAY(S))
<i>guanfacine hcl tab er 24hr 4 mg (base equiv) (GUANFACINE HCL ER)</i>	1-Covered	QL (1 PER 1 DAY(S))
<i>methylphenidate hcl cap er 10 mg (cd) (METHYLPHENIDATE HCL ER (CD))</i>	1-Covered	AL1 (6 to 18 yrs old)
<i>methylphenidate hcl cap er 20 mg (cd) (METHYLPHENIDATE HCL ER (CD))</i>	1-Covered	AL1 (6 to 18 yrs old)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>methylphenidate hcl cap er 30 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	1-Covered	AL1 (6 to 18 yrs old)
<i>methylphenidate hcl cap er 40 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	1-Covered	AL1 (6 to 18 yrs old)
<i>methylphenidate hcl cap er 50 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	1-Covered	AL1 (6 to 18 yrs old)
<i>methylphenidate hcl cap er 60 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	1-Covered	AL1 (6 to 18 yrs old)
METHYLPHENIDATE HCL ER 18 MG TAB 24H	1-Covered	ST, QL (30 PER 30 DAY(S)), AL1 (6 to 18 yrs old), MDD (1 Per Day)
<i>methylphenidate hcl tab 10 mg</i>	1-Covered	AL1 (6 to 18 yrs old)
<i>methylphenidate hcl tab 20 mg</i>	1-Covered	AL1 (6 to 18 yrs old)
<i>methylphenidate hcl tab 5 mg</i>	1-Covered	AL1 (6 to 18 yrs old)
<i>methylphenidate hcl tab er 10 mg</i> (METHYLPHENIDATE HCL ER)	1-Covered	ST, QL (30 PER 30 DAY(S)), AL1 (6 to 18 yrs old), MDD (1 Per Day)
<i>methylphenidate hcl tab er 20 mg</i> (METADATE ER)	1-Covered	ST, QL (30 PER 30 DAY(S)), AL1 (6 to 18 yrs old), MDD (1 Per Day)
<i>methylphenidate hcl tab er 20 mg</i> (METHYLPHENIDATE HCL ER)	1-Covered	ST, QL (30 PER 30 DAY(S)), AL1 (6 to 18 yrs old), MDD (1 Per Day)
<i>methylphenidate hcl tab er 24hr 27 mg</i> (METHYLPHENIDATE HCL ER)	1-Covered	ST, QL (30 PER 30 DAY(S)), AL1 (6 to 18 yrs old), MDD (1 Per Day)
<i>methylphenidate hcl tab er 24hr 36 mg</i> (METHYLPHENIDATE HCL ER)	1-Covered	ST, QL (30 PER 30 DAY(S)), AL1 (6 to 18 yrs old), MDD (1 Per Day)
<i>methylphenidate hcl tab er 24hr 54 mg</i> (METHYLPHENIDATE HCL ER)	1-Covered	ST, QL (30 PER 30 DAY(S)), AL1 (6 to 18 yrs old), MDD (1 Per Day)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> (METHYLPHENIDATE HCL ER)	1-Covered	ST, QL (30 PER 30 DAY(S)), AL1 (6 to 18 yrs old), MDD (1 Per Day)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> (METHYLPHENIDATE HCL ER)	1-Covered	ST, QL (30 PER 30 DAY(S)), AL1 (6 to 18 yrs old), MDD (1 Per Day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> (METHYLPHENIDATE HCL ER)	1-Covered	ST, QL (30 PER 30 DAY(S)), AL1 (6 to 18 yrs old), MDD (1 Per Day)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> (METHYLPHENIDATE HCL ER)	1-Covered	ST, QL (30 PER 30 DAY(S)), AL1 (6 to 18 yrs old), MDD (1 Per Day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>CENTRAL NERVOUS SYSTEM, OTHER</b>		
<i>acetaminophen 120 mg suppos</i>	1-Covered	
<i>acetaminophen 160 mg/5ml liquid</i>	1-Covered	QL (120 PER FILL(S)), QLC (LIMIT TO 2 FILLS OF 120ML IN 30 DAYS)
<i>acetaminophen 160 mg/5ml solution</i>	1-Covered	QL (120 PER FILL(S)), QLC (LIMIT TO 2 FILLS OF 120ML IN 30 DAYS)
<i>acetaminophen 325 mg tab</i>	1-Covered	QL (60 PER 30 DAY(S))
<i>acetaminophen 500 mg tab</i>	1-Covered	QL (60 PER 30 DAY(S))
<i>acetaminophen childrens 160 mg/5ml suspension</i>	1-Covered	QL (120 PER FILL(S)), QLC (LIMIT TO 2 FILLS OF 120ML IN 30 DAYS)
<i>acetaminophen elixir 160 mg/5ml (APAP)</i>	1-Covered	QLC (LIMIT TO 2 FILLS OF 120ML IN 30 DAYS)
<i>acetaminophen elixir 160 mg/5ml (APRA)</i>	1-Covered	QLC (LIMIT TO 2 FILLS OF 120ML IN 30 DAYS)
<i>acetaminophen elixir 160 mg/5ml (CHILDRENS ASPIRIN FREE)</i>	1-Covered	QLC (LIMIT TO 2 FILLS OF 120ML IN 30 DAYS)
<i>acetaminophen elixir 160 mg/5ml (MEDI-TABS CHILDRENS)</i>	1-Covered	QLC (LIMIT TO 2 FILLS OF 120ML IN 30 DAYS)
<i>acetaminophen elixir 160 mg/5ml (PAIN RELIEF CHILDRENS)</i>	1-Covered	QLC (LIMIT TO 2 FILLS OF 120ML IN 30 DAYS)
<i>acetaminophen extra strength 500 mg cap</i>	1-Covered	QL (60 PER 30 DAY(S))
<i>acetaminophen suppos 650 mg</i>	1-Covered	
<i>acetaminophen suppos 650 mg (ACEPHEN)</i>	1-Covered	
<i>acetaminophen suppos 650 mg (FEVERALL ADULTS)</i>	1-Covered	
<i>butalbital-acetaminophen tab 50-325 mg</i>	1-Covered	QL (48 PER 30 DAY(S)), MDD (6 Per Day)
<i>butalbital-acetaminophen tab 50-325 mg (BUTALBITAL-APAP)</i>	1-Covered	QL (48 PER 30 DAY(S)), MDD (6 Per Day)
<i>butalbital-acetaminophen tab 50-325 mg (MARTEN-TAB)</i>	1-Covered	QL (48 PER 30 DAY(S)), MDD (6 Per Day)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg (BAC)</i>	1-Covered	QL (48 PER 30 DAY(S)), MDD (6 Per Day)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg (BUTALBITAL-APAP-CAFFEINE)</i>	1-Covered	QL (48 PER 30 DAY(S)), MDD (6 Per Day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
migraine relief (aspirin-acetaminophen-caffeine) 250-250-65 mg tab	1-Covered	
<i>riluzole tab 50 mg</i>	1-Covered	PA
TENCON ( <i>butalbital-acetaminophen</i> )	1-Covered	QL (48 PER 30 DAY(S))

## **FIBROMYALGIA AGENTS**

<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1-Covered	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1-Covered	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1-Covered	
<i>pregabalin cap 100 mg</i>	1-Covered	PA, QL (3 PER 1 DAY(S))
<i>pregabalin cap 150 mg</i>	1-Covered	PA, QL (3 PER 1 DAY(S))
<i>pregabalin cap 200 mg</i>	1-Covered	PA, QL (3 PER 1 DAY(S))
<i>pregabalin cap 225 mg</i>	1-Covered	PA, QL (2 PER 1 DAY(S))
<i>pregabalin cap 25 mg</i>	1-Covered	PA, QL (3 PER 1 DAY(S))
<i>pregabalin cap 300 mg</i>	1-Covered	PA, QL (2 PER 1 DAY(S))
<i>pregabalin cap 50 mg</i>	1-Covered	PA, QL (3 PER 1 DAY(S))
<i>pregabalin cap 75 mg</i>	1-Covered	PA, QL (3 PER 1 DAY(S))
<i>pregabalin soln 20 mg/ml</i>	1-Covered	PA, QLC (30ML/DAY)
SAVELLA ( <i>milnacipran hcl</i> )	1-Covered	PA
SAVELLA TITRATION PACK ( <i>milnacipran hcl</i> )	1-Covered	PA

## **MULTIPLE SCLEROSIS AGENTS**

AVONEX PEN ( <i>interferon beta-1a</i> )	1-Covered	PA, SP
AVONEX PREFILLED ( <i>interferon beta-1a</i> )	1-Covered	PA, SP
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1-Covered	PA, SP, QL (2 PER 1 DAY(S))
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1-Covered	PA, SP, QL (2 PER 1 DAY(S))
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> (DIMETHYL FUMARATE STARTER PACK)	1-Covered	PA, SP

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	1-Covered	PA, SP, QLC (1 SYRINGE/DAY)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> (GLATOPA)	1-Covered	PA, SP, QLC (1 SYRINGE/DAY)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1-Covered	PA, SP, QLC (12 SYRINGES/MONTH)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> (GLATOPA)	1-Covered	PA, SP, QLC (12 SYRINGES/MONTH)
PLEGRIDY ( <i>peginterferon beta-1a</i> )	1-Covered	PA, SP
PLEGRIDY STARTER PACK ( <i>peginterferon beta-1a</i> )	1-Covered	PA, SP

## **DENTAL AND ORAL AGENTS (Drugs for the Mouth)**

### **DENTAL AND ORAL AGENTS**

<i>chlorhexidine gluconate soln 0.12%</i>	1-Covered	
<i>chlorhexidine gluconate soln 0.12%</i> (PAROEX)	1-Covered	
<i>chlorhexidine gluconate soln 0.12%</i> (PERIOGARD)	1-Covered	
<i>triamcinolone acetonide dental paste 0.1%</i>	1-Covered	
<i>triamcinolone acetonide dental paste 0.1%</i> (ORALONE)	1-Covered	

## **DERMATOLOGICAL AGENTS (Drugs for the Skin)**

### **ACNE AND ROSACEA AGENTS**

<i>adapalene gel 0.1%</i>	1-Covered	
<i>adapalene gel 0.1%</i> (ADAPALENE TREATMENT)	1-Covered	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1-Covered	ST
DIFFERIN ( <i>adapalene</i> ) 0.1 % GEL	1-Covered	
<i>isotretinoin cap 10 mg</i>	1-Covered	PA
<i>isotretinoin cap 10 mg</i> (ACCUTANE)	1-Covered	PA

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>isotretinoin cap 10 mg</i> (AMNESTEEM)	1-Covered	PA
<i>isotretinoin cap 10 mg</i> (CLARAVIS)	1-Covered	PA
<i>isotretinoin cap 10 mg</i> (MYORISAN)	1-Covered	PA
<i>isotretinoin cap 10 mg</i> (ZENATANE)	1-Covered	PA
<i>isotretinoin cap 20 mg</i>	1-Covered	PA
<i>isotretinoin cap 20 mg</i> (ACCUTANE)	1-Covered	PA
<i>isotretinoin cap 20 mg</i> (AMNESTEEM)	1-Covered	PA
<i>isotretinoin cap 20 mg</i> (CLARAVIS)	1-Covered	PA
<i>isotretinoin cap 20 mg</i> (MYORISAN)	1-Covered	PA
<i>isotretinoin cap 20 mg</i> (ZENATANE)	1-Covered	PA
<i>isotretinoin cap 30 mg</i>	1-Covered	PA
<i>isotretinoin cap 30 mg</i> (ACCUTANE)	1-Covered	PA
<i>isotretinoin cap 30 mg</i> (CLARAVIS)	1-Covered	PA
<i>isotretinoin cap 30 mg</i> (MYORISAN)	1-Covered	PA
<i>isotretinoin cap 30 mg</i> (ZENATANE)	1-Covered	PA
<i>isotretinoin cap 40 mg</i>	1-Covered	PA
<i>isotretinoin cap 40 mg</i> (ACCUTANE)	1-Covered	PA
<i>isotretinoin cap 40 mg</i> (AMNESTEEM)	1-Covered	PA
<i>isotretinoin cap 40 mg</i> (CLARAVIS)	1-Covered	PA
<i>isotretinoin cap 40 mg</i> (MYORISAN)	1-Covered	PA
<i>isotretinoin cap 40 mg</i> (ZENATANE)	1-Covered	PA

## **DERMATITIS AND PRURITUS AGENTS**

<i>ammonium lactate 12 % cream</i>	1-Covered	
<i>ammonium lactate 12 % lotion</i>	1-Covered	
ANUSOL-HC ( <i>hydrocortisone rectal</i> )	1-Covered	
<i>betamethasone dipropionate cream 0.05%</i>	1-Covered	ST

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>betamethasone dipropionate lotion 0.05%</i>	1-Covered	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1-Covered	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1-Covered	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1-Covered	
<i>clobetasol propionate cream 0.05%</i>	1-Covered	ST
<i>clobetasol propionate emollient base cream 0.05%</i> (CLOBETASOL PROP EMOLLIENT BASE)	1-Covered	ST
<i>clobetasol propionate gel 0.05%</i>	1-Covered	ST
<i>clobetasol propionate oint 0.05%</i>	1-Covered	ST
<i>clobetasol propionate soln 0.05%</i>	1-Covered	ST
<i>clobetasol propionate soln 0.05%</i> (CORMAX SCALP APPLICATION)	1-Covered	ST
<i>desonide cream 0.05%</i>	1-Covered	ST
<i>desonide oint 0.05%</i>	1-Covered	ST
<i>fluocinolone acetonide cream 0.01%</i>	1-Covered	ST
<i>fluocinolone acetonide cream 0.025%</i>	1-Covered	ST
<i>fluocinolone acetonide oint 0.025%</i>	1-Covered	ST
<i>fluocinolone acetonide soln 0.01%</i>	1-Covered	ST
<i>fluocinonide cream 0.05%</i>	1-Covered	
<i>fluocinonide gel 0.05%</i>	1-Covered	
<i>fluocinonide oint 0.05%</i>	1-Covered	
<i>fluocinonide soln 0.05%</i>	1-Covered	
hydrocortisone cream 1%	1-Covered	
<i>hydrocortisone cream 2.5%</i>	1-Covered	
<i>hydrocortisone cream 2.5%</i> (ALACORT)	1-Covered	
<i>hydrocortisone lotion 2.5%</i>	1-Covered	
<i>hydrocortisone oint 0.5%</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>hydrocortisone oint 0.5%</i> (SM HYDROCORTISONE)	1-Covered	
<i>hydrocortisone oint 1%</i>	1-Covered	
<i>hydrocortisone oint 2.5%</i>	1-Covered	
<i>hydrocortisone perianal cream 1%</i> (HYDROCORTISONE (PERIANAL))	1-Covered	
<i>hydrocortisone perianal cream 1%</i> (PROCTO-PAK)	1-Covered	
<i>hydrocortisone perianal cream 2.5%</i> (HYDROCORTISONE (PERIANAL))	1-Covered	
<i>hydrocortisone perianal cream 2.5%</i> (PROCTO-MED HC)	1-Covered	
<i>hydrocortisone perianal cream 2.5%</i> (PROCTOSOL HC)	1-Covered	
<i>hydrocortisone perianal cream 2.5%</i> (PROCTOZONE-HC)	1-Covered	
<i>hydrocortisone-aloe vera cream 1%</i>	1-Covered	
<i>hydrocortisone-aloe vera cream 1%</i> (CORTIZONE-10 INTENSIVE HEALING)	1-Covered	
<i>hydrocortisone-aloe vera cream 1%</i> (CORTIZONE-10 PLUS)	1-Covered	
<i>hydrocortisone-aloe vera cream 1%</i> (CORTIZONE-10/ALOE)	1-Covered	
<i>hydrocortisone-aloe vera cream 1%</i> (GNP HYDROCORTISONE/ALOE)	1-Covered	
<i>hydrocortisone-aloe vera cream 1%</i> (HM HYDROCORTISONE PLUS)	1-Covered	
<i>hydrocortisone-aloe vera cream 1%</i> (HM HYDROCORTISONE-ALOE MAX ST)	1-Covered	
<i>hydrocortisone-aloe vera cream 1%</i> (HYDROCORTISONE/ALOE MAX STR)	1-Covered	
<i>hydrocortisone-aloe vera cream 1%</i> (KLS HYDROCORTISONE PLUS)	1-Covered	
<i>hydrocortisone-aloe vera cream 1%</i> (RA HYDROCORTISONE PLUS)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>hydrocortisone-aloe vera cream 1% (SM HYDROCORTISONE PLUS)</i>	1-Covered	
<i>hydrocortisone-aloe vera cream 1% (SM HYDROCORTISONE-ALOE MAX ST)</i>	1-Covered	
<i>hydrocortisone-aloe vera cream 1% (TGT ANTI-ITCH/ALOE MAX ST)</i>	1-Covered	
<i>pimecrolimus cream 1%</i>	1-Covered	PA
selenium sulfide lotion 1%	1-Covered	
<i>selenium sulfide lotion 2.5%</i>	1-Covered	
<i>tacrolimus oint 0.03%</i>	1-Covered	PA
<i>tacrolimus oint 0.1%</i>	1-Covered	PA
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	1-Covered	
<i>triamcinolone acetonide cream 0.025%</i>	1-Covered	
<i>triamcinolone acetonide cream 0.1%</i>	1-Covered	
<i>triamcinolone acetonide cream 0.5%</i>	1-Covered	
<i>triamcinolone acetonide lotion 0.025%</i>	1-Covered	
<i>triamcinolone acetonide lotion 0.1%</i>	1-Covered	
<i>triamcinolone acetonide oint 0.025%</i>	1-Covered	
<i>triamcinolone acetonide oint 0.1%</i>	1-Covered	
<i>triamcinolone acetonide oint 0.5%</i>	1-Covered	

### **DERMATOLOGICAL AGENTS, OTHER (Other Drugs for the Skin)**

benzoyl peroxide 10 % gel	1-Covered	
benzoyl peroxide 5 % gel	1-Covered	
benzoyl peroxide cream 10%	1-Covered	
<i>benzoyl peroxide gel 2.5%</i>	1-Covered	
<i>benzoyl peroxide gel 2.5% (ACNE MEDICATION 2.5)</i>	1-Covered	
benzoyl peroxide wash 10 % liquid	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>benzoyl peroxide wash 5 % liquid</i>	1-Covered	
<i>calcipotriene cream 0.005%</i>	1-Covered	PA
<i>calcipotriene oint 0.005%</i>	1-Covered	PA
<i>calcipotriene oint 0.005%</i> (CALCITRENE)	1-Covered	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1-Covered	PA
<i>chlorhexidine gluconate liquid 4%</i>	1-Covered	
<i>chlorhexidine gluconate liquid 4%</i> (BETASEPT SURGICAL SCRUB)	1-Covered	
CORTISPORIN ( <i>bacitracin-polymyxin-neomycin hc</i> )	1-Covered	
DRITHO-CREME HP ( <i>anthralin</i> )	1-Covered	
DRYSOL ( <i>aluminum chloride</i> )	1-Covered	
EPIFOAM ( <i>pramoxine-hc</i> )	1-Covered	
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i> (HYDROCORTISONE ACE-PRAMOXINE)	1-Covered	
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i> (HYDROCORT-PRAMOXINE (PERIANAL))	1-Covered	
<i>podofilox soln 0.5%</i>	1-Covered	
<i>pramoxine-calamine lotion 1-8%</i> (CALAGESIC)	1-Covered	
<i>pramoxine-calamine lotion 1-8%</i> (CALAHIST)	1-Covered	
<i>pramoxine-calamine lotion 1-8%</i> (CALAMINE MEDICATED)	1-Covered	
<i>pramoxine-calamine lotion 1-8%</i> (CALAMINE PLUS)	1-Covered	
<i>pramoxine-calamine lotion 1-8%</i> (CALDYPHEN)	1-Covered	
<i>pramoxine-calamine lotion 1-8%</i> (CVS CALAMINE PLUS)	1-Covered	
<i>pramoxine-calamine lotion 1-8%</i> (EQL CALAMINE MEDICATED)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>pramoxine-calamine lotion 1-8%</i> (GNP CALDYPHEN)	1-Covered	
<i>pramoxine-calamine lotion 1-8%</i> (GOODSENSE MEDICATED CALAMINE)	1-Covered	
<i>pramoxine-calamine lotion 1-8%</i> (SM CALDYPHEN)	1-Covered	
<i>pramoxine-hc cream 1-2.5%</i> (HYDROCORTISONE ACE-PRAMOXINE)	1-Covered	
PROCTOFOAM HC ( <i>hydrocortisone acetate w/ pramoxine</i> )	1-Covered	
RA DAYLOGIC ACNE FOAMING WASH ( <i>benzoyl peroxide</i> )	1-Covered	
SANTYL ( <i>collagenase</i> )	1-Covered	QL (60 PER 30 DAYS)
<i>silver sulfadiazine cream 1%</i>	1-Covered	
<i>silver sulfadiazine cream 1%</i> (SSD)	1-Covered	

## **PEDICULICIDES/SCABICIDES (Drugs for Lice and Scabies)**

BEDDING SPRAY LICE TREATMENT	1-Covered	
CVS BEDDING SPRAY LICE TREAT	1-Covered	
CVS LICE SOLUTION 3-STEP ( <i>pyrethrins-piperonyl butoxide-permethrin-nit remover</i> )	1-Covered	
CVS LICE-BEDBUG-MITE	1-Covered	
GNP HOME LICE/BEDBUG/DUST MITE	1-Covered	
GNP LICE BEDDING	1-Covered	
LICIDE	1-Covered	
<i>permethrin cream 5%</i>	1-Covered	
<i>permethrin creme rinse 1%</i> (CVS LICE TREATMENT)	1-Covered	
<i>permethrin creme rinse 1%</i> (GNP LICE TREATMENT)	1-Covered	
<i>permethrin creme rinse 1%</i> (HM LICE TREATMENT)	1-Covered	
<i>permethrin creme rinse 1%</i> (LICE TREATMENT CREME RINSE)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>permethrin creme rinse 1%</i> (LICE TREATMENT)	1-Covered	
<i>permethrin creme rinse 1%</i> (SB LICE TREATMENT)	1-Covered	
<i>permethrin lotion 1%</i> (LICE TREATMENT)	1-Covered	
<i>permethrin lotion 1%</i> (RA LICE TREATMENT)	1-Covered	
<i>permethrin lotion 1%</i> (SM LICE TREATMENT)	1-Covered	
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (COMPLETE LICE TREATMENT)	1-Covered	
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (CVS LICE SOLUTION)	1-Covered	
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (EQ COMPLETE LICE TREATMENT)	1-Covered	
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (GNP LICE SOLUTION)	1-Covered	
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (LICE SOLUTION COMPLETE)	1-Covered	
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (LICE SOLUTION)	1-Covered	
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (LICIDE COMPLETE LICE TREATMENT)	1-Covered	
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (RA LICE SOLUTION)	1-Covered	
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (SM LICE SOLUTION KIT)	1-Covered	
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (SM LICE SOLUTION)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (STOP LICE COMPLETE TREATMENT)	1-Covered	
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (TGT LICE COMPLETE 1-2-3)	1-Covered	
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i> (LICE TREATMENT)	1-Covered	
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i> (LICIDE MAXIMUM STRENGTH)	1-Covered	
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i> (SM LICE KILLING)	1-Covered	
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i> (STOP LICE MAXIMUM STRENGTH)	1-Covered	
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (CVS LICE KILLING)	1-Covered	
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (EQ LICE KILLING MAX ST)	1-Covered	
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (EQL LICE KILLING MAX ST)	1-Covered	
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (GNP LICE TREATMENT)	1-Covered	
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (HM LICE KILLING MAX ST)	1-Covered	
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (LICE KILLING MAXIMUM STRENGTH)	1-Covered	
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (LICE KILLING)	1-Covered	
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (LICIDE)	1-Covered	
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (RA LICE MAXIMUM STRENGTH)	1-Covered	
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (RID LICE KILLING SHAMPOO)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (SB LICE KILLING MAX ST)	1-Covered	
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (SM LICE KILLING MAX STRENGTH)	1-Covered	
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (STOP LICE MAXIMUM STRENGTH)	1-Covered	
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (TGT LICE KILLING MAX ST)	1-Covered	
RA LICE BEDDING	1-Covered	
RID COMPLETE LICE ELIMINATION ( <i>pyrethrins-piperonyl butoxide-permethrin-nit remover</i> )	1-Covered	
RID ESSENTIAL LICE ELIMINATION ( <i>pyrethrins-piperonyl butoxide</i> )	1-Covered	
SM BEDDING LICE TREATMENT	1-Covered	
STOP LICE	1-Covered	
STOP LICE STEP 3	1-Covered	

## TOPICAL ANTI-INFECTIVES

<i>ciclopirox gel 0.77%</i>	1-Covered	QLC (100 GRAMS/MONTH)
<i>ciclopirox shampoo 1%</i>	1-Covered	QLC (120ml/month)
<i>ciclopirox solution 8%</i>	1-Covered	
<i>ciclopirox solution 8%</i> (CICLODAN)	1-Covered	
<i>clindamycin phosphate gel 1%</i>	1-Covered	
<i>clindamycin phosphate lotion 1%</i>	1-Covered	
<i>clindamycin phosphate soln 1%</i>	1-Covered	
ERY ( <i>erythromycin (acne aid)</i> )	1-Covered	
<i>erythromycin pads 2%</i>	1-Covered	
<i>erythromycin soln 2%</i>	1-Covered	
<i>mupirocin calcium cream 2%</i>	1-Covered	PA
<i>mupirocin oint 2%</i>	1-Covered	QL (22 PER 30 DAY(S))

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**PRESCRIPTION DRUG  
NAME**

**DRUG TIER**

**COVERAGE  
REQUIREMENTS AND  
LIMITS**

**ELECTROLYTES/MINERALS/METALS/VITAMINS**

**ELECTROLYTE/MINERAL REPLACEMENT**

CLINIMIX/DEXTROSE (4.25/5) <i>(amino acid infusion in d5w)</i>	1-Covered	PA
ferrous sulfate 325 (65 fe) mg tab	1-Covered	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> (POTASSIUM CHLORIDE IN NAACL)	1-Covered	PA
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> (POTASSIUM CHLORIDE IN NAACL)	1-Covered	PA
LEVOCARNITINE (DIETARY) 330 MG TAB	1-Covered	
MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB	1-Covered	STAR
MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB	1-Covered	STAR
<i>oral electrolytes (generic pedialyte)</i>	1-Covered	QL (2 PER FILL(S)), AL1 (Up to 3 yrs old), MFL (4 / 30 day(s))
<i>potassium chloride cap er 10 meq</i> (KLOR-CON SPRINKLE)	1-Covered	
<i>potassium chloride cap er 10 meq</i> (POTASSIUM CHLORIDE ER)	1-Covered	
POTASSIUM CHLORIDE ER	1-Covered	
POTASSIUM CHLORIDE IN NAACL 10- 0.9 MEQ/L-% SOLUTION, 40-0.9 MEQ/L-% SOLUTION	1-Covered	PA
<i>potassium chloride microencapsulated crys er tab 10 meq</i> (KLOR-CON M10)	1-Covered	
<i>potassium chloride microencapsulated crys er tab 10 meq</i> (POTASSIUM CHLORIDE CRYC ER)	1-Covered	
<i>potassium chloride microencapsulated crys er tab 20 meq</i> (KLOR-CON M20)	1-Covered	
<i>potassium chloride microencapsulated crys er tab 20 meq</i> (POTASSIUM CHLORIDE CRYC ER)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1-Covered	
<i>potassium chloride tab er 10 meq (KLOR-CON 10)</i>	1-Covered	
<i>potassium chloride tab er 10 meq (POTASSIUM CHLORIDE ER)</i>	1-Covered	
<i>potassium chloride tab er 20 meq (1500 mg) (POTASSIUM CHLORIDE ER)</i>	1-Covered	
<i>potassium chloride tab er 8 meq (600 mg) (KLOR-CON)</i>	1-Covered	
<i>potassium chloride tab er 8 meq (600 mg) (POTASSIUM CHLORIDE ER)</i>	1-Covered	
SODIUM CHLORIDE 0.9 % SOLUTION	1-Covered	PA
<i>sodium chloride irrigation soln 0.9%</i>	1-Covered	
<i>sodium chloride irrigation soln 0.9% (ARGYLE STERILE SALINE)</i>	1-Covered	
<i>sodium chloride irrigation soln 0.9% (CURITY STERILE SALINE)</i>	1-Covered	
<i>sodium chloride iv soln 0.9%</i>	1-Covered	PA
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	1-Covered	STAR
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (FLUORITAB)</i>	1-Covered	STAR
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (LUDENT)</i>	1-Covered	STAR
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1-Covered	STAR
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) (FLUORITAB)</i>	1-Covered	STAR
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) (LUDENT)</i>	1-Covered	STAR
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1-Covered	STAR
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (FLUORITAB)</i>	1-Covered	STAR
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (LUDENT)</i>	1-Covered	STAR

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (NAFRINSE)</i>	1-Covered	STAR

## **ELECTROLYTE/MINERAL/METAL MODIFIERS**

CHEMET ( <i>succimer</i> )	1-Covered	PA
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## **PHOSPHATE BINDERS (Drugs to Lower Phosphate)**

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (CALCIUM ACETATE (PHOS BINDER))</i>	1-Covered	QL (270 PER 30 DAYS), AL1 (At least 21 yrs old)
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1-Covered	QL (270 PER 30 DAY(S)), AL1 (At least 21 yrs old)
<i>calcium acetate (phosphate binder) tab 667 mg (CALCIUM ACETATE (PHOS BINDER))</i>	1-Covered	QL (270 PER 30 DAY(S)), AL1 (At least 21 yrs old)
<i>calcium acetate (phosphate binder) tab 667 mg (CALPHRON)</i>	1-Covered	QL (270 PER 30 DAY(S)), AL1 (At least 21 yrs old)
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	1-Covered	PA
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	1-Covered	PA
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	1-Covered	PA
<i>sevelamer carbonate tab 800 mg</i>	1-Covered	PA

## **POTASSIUM BINDERS**

<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1-Covered	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml (KIONEX)</i>	1-Covered	
SPS ( <i>sodium polystyrene sulfonate</i> )	1-Covered	

## **VITAMINS**

<i>*bioflavonoid products tab** (ANTI-ALLERGY)</i>	1-Covered	
<i>*bioflavonoid products tab** (BIOFLEX)</i>	1-Covered	
<i>*bioflavonoid products tab** (CEMILL/BIOFLAVONOIDS)</i>	1-Covered	

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<i>*bioflavonoid products tab**</i> (EASY-C)	1-Covered	
<i>*bioflavonoid products tab**</i> (ESTER-C)	1-Covered	
<i>*bioflavonoid products tab**</i> (FLEXGEN)	1-Covered	
<i>*bioflavonoid products tab**</i> (HI C- 500)	1-Covered	
<i>*bioflavonoid products tab**</i> (PAN- C 500/BIOFLAVONOIDS)	1-Covered	
<i>*bioflavonoid products tab**</i> (SPAN C)	1-Covered	
<i>*bioflavonoid products tab**</i> (SUPER C-500)	1-Covered	
<i>*bioflavonoid products tab**</i> (SUPER-C 1000)	1-Covered	
<i>*bioflavonoid products tab**</i> (TRI SUPER FLAVONS)	1-Covered	
<i>*bioflavonoid products tab**</i> (VASOFLEX HD)	1-Covered	
<i>*bioflavonoid products tab**</i> (VASOFLEX)	1-Covered	
<i>*bioflavonoid products tab**</i> (VITA C/BIOFLAVONOIDS/ROSE HIPS)	1-Covered	
<i>*bioflavonoid products tab**</i> (VITAMIN C PLUS)	1-Covered	
<i>*bioflavonoid products tab**</i> (VITAMIN C/BIOFLAVONOIDS)	1-Covered	
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (ANIMAL CHEWS)	1-Covered	STAR
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (ANIMAL SHAPES)	1-Covered	STAR
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (BITE-A-MINS)	1-Covered	STAR
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (BOUNTY BEARS/C)	1-Covered	STAR
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (CHEWABLE VITE CHILDRENS)	1-Covered	STAR

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (CHILDRENS CHEW MULTIVITAMIN)	1-Covered	STAR
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (CHILDRENS CHEWABLE MULTI VITS)	1-Covered	STAR
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (CHILDRENS CHEWABLE VITAMINS)	1-Covered	STAR
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (CHILDRENS MULTIVITAMIN)	1-Covered	STAR
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (DINO-LIFE)	1-Covered	STAR
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (FLINSTONES GUMMIES OMEGA-3 DHA)	1-Covered	STAR
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (FLINSTONES PLUS CALCIUM)	1-Covered	STAR
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (FLINSTONES/MY FIRST)	1-Covered	STAR
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (FRUITY CHEWS)	1-Covered	STAR
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (GERBER GROW MIGHTY)	1-Covered	STAR
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (GNP ANIMAL SHAPES)	1-Covered	STAR
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (GNP LITTLE ONES CHILDRENS)	1-Covered	STAR
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (LITTLE ANIMALS)	1-Covered	STAR
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (MULTIVITAMIN CHILDRENS (W/ FA))	1-Covered	STAR
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (POLY VITAMIN)	1-Covered	STAR
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (SM ANIMAL SHAPES KIDS FIRST)	1-Covered	STAR

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>*pediatric multiple vitamin w/ c &amp; fa chew tab**</i> (ZOO FRIENDS GUMMIES)	1-Covered	STAR
<i>*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***</i> (TRI-VIT/FLUORIDE)	1-Covered	STAR
<i>*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***</i> (TRI-VITAMIN/FLUORIDE)	1-Covered	STAR
<i>*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***</i> (TRI-VITE/FLUORIDE)	1-Covered	STAR
<i>*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***</i> (VITAMINS ACD-FLUORIDE)	1-Covered	STAR
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i> (ADC/F (0.5MG/ML))	1-Covered	STAR
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i> (TRI-VIT/FLUORIDE)	1-Covered	STAR
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i> (TRI-VITAMIN/FLUORIDE)	1-Covered	STAR
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i> (TRI-VITE/FLUORIDE)	1-Covered	STAR
B-12 DOTS ( <i>cyanocobalamin</i> )	1-Covered	
calcium 500 + d 500-200 mg-unit tab	1-Covered	
calcium 500 + d3 500-600 mg-unit tab	1-Covered	
calcium 500+d 500-400 mg-unit tab	1-Covered	
calcium 600+d3 600-800 mg-unit tab	1-Covered	
calcium 600-d 600-400 mg-unit tab	1-Covered	
<i>calcium ascorbate tab 500 mg</i>	1-Covered	
<i>calcium ascorbate tab 500 mg</i> (C-500 NON-ACID)	1-Covered	
calcium carbonate 600 mg tab	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	1-Covered	
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	1-Covered	
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i> (CALCIUM 600)	1-Covered	
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i> (CALTRATE 600)	1-Covered	
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i> (CVS CALCIUM)	1-Covered	
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	1-Covered	
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	1-Covered	
<i>calcium carbonate-vitamin d tab 500 mg-125 unit</i>	1-Covered	
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	1-Covered	
<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	1-Covered	
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	1-Covered	
CALCIUM GLUCONATE 500 MG TAB	1-Covered	
CALCIUM LACTATE 648 MG TAB	1-Covered	
<i>calcium tab 600 mg</i>	1-Covered	
<i>calcium tab 600 mg</i> (CVS CALCIUM)	1-Covered	
<i>calcium tab 600 mg</i> (RA CALCIUM HIGH POTENCY)	1-Covered	
CLASSIC PRENATAL ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	1-Covered	STAR
CVS PRENATAL ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	1-Covered	STAR
<i>cyanocobalamin tab 500 mcg</i> (B-12)	1-Covered	
<i>cyanocobalamin tab 500 mcg</i> (CVS B-12)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>cyanocobalamin tab 500 mcg</i> (EQL VITAMIN B-12)	1-Covered	
<i>cyanocobalamin tab 500 mcg</i> (GNP VITAMIN B-12)	1-Covered	
<i>cyanocobalamin tab 500 mcg</i> (HM VITAMIN B-12)	1-Covered	
<i>cyanocobalamin tab 500 mcg</i> (HM VITAMIN B12)	1-Covered	
<i>cyanocobalamin tab 500 mcg</i> (QC VITAMIN B12)	1-Covered	
<i>cyanocobalamin tab 500 mcg</i> (SM VITAMIN B-12)	1-Covered	
<i>cyanocobalamin tab 500 mcg</i> (VITAMIN B 12)	1-Covered	
<i>cyanocobalamin tab 500 mcg</i> (VITAMIN B-12)	1-Covered	
<i>cyanocobalamin tab 500 mcg</i> (VITAMIN B12)	1-Covered	
<i>dextrose 5% in lactated ringers</i> (DEXTROSE IN LACTATED RINGERS)	1-Covered	PA
<i>dextrose 5% w/ sodium chloride 0.45%</i> (DEXTROSE-NACL)	1-Covered	PA
<i>dextrose 5% w/ sodium chloride 0.45%</i> (DEXTROSE-SODIUM CHLORIDE)	1-Covered	PA
<i>dextrose inj 10%</i>	1-Covered	PA
<i>dextrose inj 5%</i>	1-Covered	PA
<i>dextrose inj 5%</i> (GLUCOSE)	1-Covered	PA
DEXTROSE-NACL ( <i>dextrose w/ sodium chloride</i> ) -10-0.45 % SOLUTION	1-Covered	PA
EQL PRENATAL FORMULA ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	1-Covered	STAR
FEOSOL ( <i>ferrous sulfate dried</i> )	1-Covered	
FERROUS SULFATE 220 (44 FE) MG/5ML LIQUID, 324 (65 FE) MG TAB DR, 324 MG TAB DR	1-Covered	
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i> (FERROUS SULFATE IRON)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i> (GNP IRON)	1-Covered	
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i> (HM IRON)	1-Covered	
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i> (PX IRON)	1-Covered	
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	1-Covered	
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i> (FEROSUL)	1-Covered	
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i> (IRON SUPPLEMENT)	1-Covered	
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	1-Covered	
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> (BPROTECTED PEDIA IRON)	1-Covered	
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> (FE-VITE IRON)	1-Covered	
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> (IRON SUPPLEMENT CHILDRENS)	1-Covered	
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> (PC PEDIATRIC IRON DROPS)	1-Covered	
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	1-Covered	
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i> (FE TABS)	1-Covered	
FOLIC ACID 20 MG CAP	1-Covered	
<i>folic acid tab 1 mg</i>	1-Covered	
<i>folic acid tab 1 mg</i> (KP FOLIC ACID)	1-Covered	
<i>folic acid tab 400 mcg</i>	1-Covered	
<i>folic acid tab 400 mcg</i> (FOLATE)	1-Covered	
<i>folic acid tab 400 mcg</i> (GNP FOLIC ACID)	1-Covered	
<i>folic acid tab 400 mcg</i> (HM FOLIC ACID)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>folic acid tab 400 mcg</i> (PX FOLIC ACID)	1-Covered	
<i>folic acid tab 400 mcg</i> (RA FOLIC ACID)	1-Covered	
<i>folic acid tab 400 mcg</i> (SM FOLIC ACID)	1-Covered	
<i>folic acid tab 400 mcg</i> (YL FOLIC ACID)	1-Covered	
<i>folic acid tab 800 mcg</i>	1-Covered	
<i>folic acid tab 800 mcg</i> (CVS FOLIC ACID)	1-Covered	
<i>folic acid tab 800 mcg</i> (FA-8)	1-Covered	
<i>folic acid tab 800 mcg</i> (KP FOLIC ACID)	1-Covered	
<i>folic acid tab 800 mcg</i> (QC FOLIC ACID)	1-Covered	
<i>folic acid tab 800 mcg</i> (RA FOLIC ACID)	1-Covered	
GNP PRENATAL ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	1-Covered	STAR
GOODSENSE PRENATAL VITAMINS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	1-Covered	STAR
HM PRENATAL ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	1-Covered	STAR
JENLIVA PRENATAL/POSTNATAL ( <i>prenatal multivit-min w/fe-fa</i> )	1-Covered	
KP PRENATAL MULTIVITAMINS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	1-Covered	STAR
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1-Covered	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> (LEVOCARNITINE SF)	1-Covered	
<i>levocarnitine tab 330 mg</i>	1-Covered	
MULTI PRENATAL ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	1-Covered	STAR
<i>multivitamin/fluoride 0.25 mg chew tab</i>	1-Covered	STAR

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>multivitamin/fluoride 0.25 mg/ml solution</i>	1-Covered	
<i>multivitamin/fluoride 0.5 mg/ml solution</i>	1-Covered	STAR
<i>multivitamin/fluoride/iron 0.25-10 mg/ml solution</i>	1-Covered	STAR
<b>NEONATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	1-Covered	
<b>NEONATAL VITAMIN (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	1-Covered	STAR
<b>ONE VITE WOMENS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	1-Covered	STAR
<i>oyster shell calcium tab 500 mg</i>	1-Covered	
<i>oyster shell calcium tab 500 mg (CALCIUM OYSTER SHELL)</i>	1-Covered	
<i>oyster shell calcium tab 500 mg (OYSCO 500)</i>	1-Covered	
<i>oyster shell calcium tab 500 mg (OYSTERCAL)</i>	1-Covered	
<i>oyster shell calcium tab 500 mg (RA HI-CAL)</i>	1-Covered	
<i>oyster shell calcium tab 500 mg (RA OYSTER SHELL CALCIUM)</i>	1-Covered	
<i>oyster shell calcium tab 500 mg (SB OYSTER SHELL CALCIUM)</i>	1-Covered	
<i>pot bicarbonate &amp; chloride effer tab 25 meq (EFFERVESCENT POT CHLORIDE)</i>	1-Covered	
<i>potassium bicarbonate effer tab 25 meq</i>	1-Covered	
<i>potassium bicarbonate effer tab 25 meq (EFFER-K)</i>	1-Covered	
<i>potassium bicarbonate effer tab 25 meq (K-EFFERVESCENT)</i>	1-Covered	
<i>potassium bicarbonate effer tab 25 meq (K-PRIME)</i>	1-Covered	
<i>potassium bicarbonate effer tab 25 meq (K-VESCENT)</i>	1-Covered	
<i>potassium bicarbonate effer tab 25 meq (KLOR-CON/EF)</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
POTASSIUM GLUCONATE	1-Covered	
<i>potassium gluconate tab 2 meq</i> (CVS POTASSIUM GLUCONATE)	1-Covered	
<i>potassium gluconate tab 595 mg</i> (99 mg equiv k)	1-Covered	
<i>potassium gluconate tab 595 mg</i> (99 mg equiv k) (CVS POTASSIUM GLUCONATE)	1-Covered	
<i>potassium gluconate tab 595 mg</i> (99 mg equiv k) (GNP POTASSIUM GLUCONATE)	1-Covered	
<i>potassium gluconate tab 595 mg</i> (99 mg equiv k) (HM POTASSIUM)	1-Covered	
<i>potassium gluconate tab 595 mg</i> (99 mg equiv k) (QC POTASSIUM)	1-Covered	
<i>potassium gluconate tab 595 mg</i> (99 mg equiv k) (RA POTASSIUM GLUCONATE)	1-Covered	
<i>potassium gluconate tab 595 mg</i> (99 mg equiv k) (SD POTASSIUM GLUCONATE)	1-Covered	
<i>potassium gluconate tab 595 mg</i> (99 mg equiv k) (SM POTASSIUM)	1-Covered	
PRE-NATAL FORMULA ( <i>prenatal multivitamin w/fe-fa</i> )	1-Covered	STAR
PRENATABS FA ( <i>prenatal vit w/ferrous fumarate-folic acid</i> )	1-Covered	
PRENATAL ( <i>prenatal vit w/ferrous fumarate-folic acid</i> ) 27-0.8 MG TAB, 28-0.8 MG TAB	1-Covered	STAR
PRENATAL (W/IRON & FA) ( <i>prenatal multivitamin w/fe-fa</i> )	1-Covered	STAR
PRENATAL 28-0.8 MG TAB	1-Covered	
PRENATAL FORTE ( <i>prenatal multivitamin w/fe-fa</i> )	1-Covered	STAR
PRENATAL LOW IRON ( <i>prenatal vit w/ferrous fumarate-folic acid</i> )	1-Covered	STAR
PRENATAL ONE DAILY ( <i>prenatal vit w/ferrous fumarate-folic acid</i> )	1-Covered	STAR
PRENATAL VITAMIN ( <i>prenatal vit w/ferrous fumarate-folic acid</i> )	1-Covered	STAR

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
PRENATAL VITAMIN AND MINERAL ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	1-Covered	STAR
PRENATAL VITAMINS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	1-Covered	STAR
PRENATAL/IRON ( <i>prenatal multivitamin w/fe-fa</i> )	1-Covered	STAR
PRENATAL/IRON ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	1-Covered	STAR
PX PRENATAL MULTIVITAMINS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	1-Covered	STAR
<i>pyridoxine hcl tab 250 mg</i> (B-6)	1-Covered	
<i>pyridoxine hcl tab 250 mg</i> (NEURO-K-250 VITAMIN B6)	1-Covered	
<i>pyridoxine hcl tab 250 mg</i> (VITAMIN B6)	1-Covered	
QC PRENATAL ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	1-Covered	STAR
RA OYSTER SHELL CALCIUM/D2 ( <i>calcium carbonate-ergocalciferol</i> ) 500-200 MG-UNIT TAB	1-Covered	
RA PRENATAL ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	1-Covered	STAR
RA PRENATAL FORMULA ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	1-Covered	STAR
RIGHT STEP PRENATAL ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	1-Covered	STAR
<i>ringer's solution</i> (RINGERS)	1-Covered	PA
SM PRENATAL VITAMINS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	1-Covered	STAR
<i>sodium fluoride soln 0.5 mg/ml f</i> (from 1.1 mg/ml naf)	1-Covered	STAR
TRI-VI-SOL A/C/D ( <i>pediatric vitamins adc</i> )	1-Covered	STAR
vitamin b-6 (pyridoxine) 25 mg tab	1-Covered	
vitamin b-6 (pyridoxine) 100 mg tab	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>vitamin b-6 (pyridoxine) 50 mg tab</i>	1-Covered	
<i>vitamin c 1000 mg tab</i>	1-Covered	
<i>vitamin c 250 mg tab</i>	1-Covered	
<i>vitamin c 500 mg chew tab</i>	1-Covered	
<i>vitamin c 500 mg tab</i>	1-Covered	
<i>vitamin c 500 mg/5ml liquid</i>	1-Covered	

## **GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)**

### **ANTI-CONSTIPATION AGENTS (Drugs for Constipation)**

<i>AMITIZA (lubiprostone)</i>	1-Covered	PA
<i>bisacodyl 10 mg suppos</i>	1-Covered	
<i>bisacodyl ec 5 mg tab dr</i>	1-Covered	
<i>docusate sodium 100 mg cap</i>	1-Covered	
<i>docusate sodium 250 mg cap</i>	1-Covered	
<i>docusate sodium 50 mg/5ml liquid</i>	1-Covered	
<i>docusate sodium 60 mg/15ml syrup</i>	1-Covered	
<i>docusate sodium cap 50 mg (CVS STOOL SOFTENER)</i>	1-Covered	
<i>docusate sodium cap 50 mg (RA COL-RITE)</i>	1-Covered	
<i>glycerin suppos 1 gm (CVS GLYCERIN CHILD)</i>	1-Covered	
<i>glycerin suppos 1 gm (GLYCERIN (INFANTS &amp; CHILDREN))</i>	1-Covered	
<i>glycerin suppos 1 gm (GLYCERIN (PEDIATRIC))</i>	1-Covered	
<i>glycerin suppos 1 gm (GLYCERIN CHILDRENS)</i>	1-Covered	
<i>glycerin suppos 1.2 gm (GLYCERIN (CHILD))</i>	1-Covered	
<i>glycerin suppos 1.2 gm (GLYCERIN (INFANTS &amp; CHILDREN))</i>	1-Covered	
<i>glycerin suppos 1.2 gm (GLYCERIN (PEDIATRIC))</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>glycerin suppos 1.2 gm</i> (GNP GLYCERIN (INFANT))	1-Covered	
<i>glycerin suppos 1.2 gm</i> (GNP GLYCERIN CHILD)	1-Covered	
<i>glycerin suppos 1.2 gm</i> (SB GLYCERIN PEDIATRIC)	1-Covered	
<i>glycerin suppos 1.2 gm</i> (SM GLYCERIN PEDIATRIC)	1-Covered	
<i>glycerin suppos 2 gm</i> (AVEDANA GLYCERIN (ADULT))	1-Covered	
<i>glycerin suppos 2 gm</i> (CVS GLYCERIN ADULT)	1-Covered	
<i>glycerin suppos 2 gm</i> (GLYCERIN (ADULT))	1-Covered	
<i>glycerin suppos 2 gm</i> (GLYCERIN ADULT)	1-Covered	
<i>glycerin suppos 2.1 gm</i> (CVS GLYCERIN ADULT)	1-Covered	
<i>glycerin suppos 2.1 gm</i> (GLYCERIN (ADULT))	1-Covered	
<i>glycerin suppos 2.1 gm</i> (GNP GLYCERIN (ADULT))	1-Covered	
<i>glycerin suppos 2.1 gm</i> (PX GLYCERIN)	1-Covered	
<i>glycerin suppos 2.1 gm</i> (SB GLYCERIN ADULT)	1-Covered	
<i>glycerin suppos 80.7%</i> (RA GLYCERIN ADULT)	1-Covered	
<i>glycerin suppos 80.7%</i> (RA GLYCERIN CHILD)	1-Covered	
<i>glycerin suppos 80.7%</i> (SM GLYCERIN PEDIATRIC)	1-Covered	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i> (ENULOSE)	1-Covered	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i> (GENERLAC)	1-Covered	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i> (LACTULOSE ENCEPHALOPATHY)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>lactulose solution 10 gm/15ml</i>	1-Covered	
<i>lactulose solution 10 gm/15ml</i> (CONSTULOSE)	1-Covered	
LUBIPROSTONE	1-Covered	PA
<i>magnesium citrate soln</i>	1-Covered	
<i>magnesium citrate soln</i> (CITRATE OF MAGNESIA)	1-Covered	
<i>magnesium citrate soln</i> (CITROMA)	1-Covered	
<i>magnesium citrate soln</i> (CVS CITRATE OF MAGNESIA)	1-Covered	
<i>magnesium citrate soln</i> (CVS MAGNESIUM CITRATE)	1-Covered	
<i>magnesium citrate soln</i> (EQ MAGNESIUM CITRATE)	1-Covered	
<i>magnesium citrate soln</i> (EQL MAGNESIUM CITRATE)	1-Covered	
<i>magnesium citrate soln</i> (GNP MAGNESIUM CITRATE)	1-Covered	
<i>magnesium citrate soln</i> (GOODSENSE MAGNESIUM CITRATE)	1-Covered	
<i>magnesium citrate soln</i> (HM MAGNESIUM CITRATE)	1-Covered	
<i>magnesium citrate soln</i> (QC MAGNESIUM CITRATE)	1-Covered	
<i>magnesium citrate soln</i> (RA MAGNESIUM CITRATE)	1-Covered	
<i>magnesium citrate soln</i> (SB MAGNESIUM CITRATE)	1-Covered	
<i>magnesium citrate soln</i> (SM MAGNESIUM CITRATE)	1-Covered	
PEDIA-LAX ( <i>glycerin (laxative)</i> ) -1 GM SUPPOS	1-Covered	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (GAVILYTE-N WITH FLAVOR PACK)	1-Covered	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (PEG 3350-KCL-NA BICARB-NACL)	1-Covered	

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<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (TRILYTE)	1-Covered	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (CLEARLAX)	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (CVS PURELAX)	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (EQ CLEARLAX)	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (EQL CLEARLAX)	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (GAVILAX)	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (GENTLELAX)	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (GLYCOLAX)	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (GNP CLEARLAX)	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (GOODSENSE CLEARLAX)	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (HM CLEARLAX)	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (KLS LAXACLEAR)	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (MM CLEARLAX)	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (PEG 3350)	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (PEGYLAX)	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (QC NATURA-LAX)	1-Covered	QL (527 PER 30 DAY(S))

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (RA LAXATIVE)	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (SB POLYETHYLENE GLYCOL 3350)	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (SM CLEARLAX)	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (SMOOTH LAX)	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (SW CLEARLAX)	1-Covered	QL (527 PER 30 DAY(S))
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (TGT POWDERLAX)	1-Covered	QL (527 PER 30 DAY(S))

## **ANTI-DIARRHEAL AGENTS (Drugs for Diarrhea)**

ANTI-DIARRHEAL ( <i>loperamide hcl</i> )	1-Covered
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (DIPHENOXYLATE-ATROPINE)	1-Covered
DIPHENOXYLATE-ATROPINE ( <i>diphenoxylate w/ atropine</i> )	1-Covered
<i>loperamide hcl cap 2 mg</i>	1-Covered
<i>loperamide hcl cap 2 mg</i> (ANTI-DIARRHEAL)	1-Covered
<i>loperamide hcl cap 2 mg</i> (CVS ANTI-DIARRHEAL)	1-Covered
<i>loperamide hcl cap 2 mg</i> (EQ ANTI-DIARRHEAL)	1-Covered
<i>loperamide hcl cap 2 mg</i> (GNP ANTI-DIARRHEAL)	1-Covered
<i>loperamide hcl cap 2 mg</i> (HM ANTI-DIARRHEAL)	1-Covered
<i>loperamide hcl cap 2 mg</i> (HM LOPERAMIDE HCL)	1-Covered
<i>loperamide hcl cap 2 mg</i> (QC ANTI-DIARRHEAL)	1-Covered

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>loperamide hcl cap 2 mg</i> (RA ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl cap 2 mg</i> (SM ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl cap 2 mg</i> (TGT LOPERAMIDE HCL)	1-Covered	
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i>	1-Covered	
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i> (ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i> (EQ ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i> (GNP ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i> (MEIJER ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i> (RA ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i> (SM ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl tab 2 mg</i>	1-Covered	
<i>loperamide hcl tab 2 mg</i> (ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl tab 2 mg</i> (CVS ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl tab 2 mg</i> (DIAMODE)	1-Covered	
<i>loperamide hcl tab 2 mg</i> (EQ ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl tab 2 mg</i> (EQL ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl tab 2 mg</i> (GNP ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl tab 2 mg</i> (HM ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl tab 2 mg</i> (KLS ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl tab 2 mg</i> (LOPERAMIDE A-D)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>loperamide hcl tab 2 mg</i> (MEIJER ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl tab 2 mg</i> (MM ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl tab 2 mg</i> (PX ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl tab 2 mg</i> (QC ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl tab 2 mg</i> (RA ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl tab 2 mg</i> (SB ANTI-DIARRHEA)	1-Covered	
<i>loperamide hcl tab 2 mg</i> (SM ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl tab 2 mg</i> (SR ANTI-DIARRHEAL)	1-Covered	
<i>loperamide hcl tab 2 mg</i> (TGT ANTI-DIARRHEAL)	1-Covered	

## **ANTISPASMODICS, GASTROINTESTINAL (Other Drugs for Bowel and Stomach)**

<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i> (CHLORDIAZEPOXIDE-CLIDINIUM)	1-Covered	QL (8 PER 1 DAY(S)), MDD (8 Per Day)
<i>dicyclomine hcl cap 10 mg</i>	1-Covered	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1-Covered	
<i>dicyclomine hcl tab 20 mg</i>	1-Covered	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1-Covered	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> (HYOSYNE)	1-Covered	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1-Covered	
<i>hyoscyamine sulfate sl tab 0.125 mg</i> (OSCIMIN)	1-Covered	
<i>hyoscyamine sulfate sl tab 0.125 mg</i> (SYMAX-SL)	1-Covered	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>hyoscyamine sulfate soln 0.125 mg/ml</i> (HYOSYNE)	1-Covered	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1-Covered	
<i>hyoscyamine sulfate tab 0.125 mg</i> (OSCIMIN)	1-Covered	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (HYOSCYAMINE SULFATE ER)	1-Covered	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (OSCIMIN SR)	1-Covered	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (SYMAX-SR)	1-Covered	
PROPANTHELINE BROMIDE	1-Covered	

## **GASTROINTESTINAL AGENTS, OTHER (Other Drugs for Bowel and Stomach)**

<i>ALLI (orlistat)</i>	1-Covered	PA
<i>antacid &amp; antigas 200-200-20 mg/5ml suspension</i>	1-Covered	
<i>antacid calcium 500 mg chew tab</i>	1-Covered	
<i>antacid extra strength 400-400-40 mg/5ml suspension</i>	1-Covered	
<i>antacid extra strength 750 mg chew tab</i>	1-Covered	
<i>bismuth subsalicylate 262 mg chew tab</i>	1-Covered	
<i>bismuth subsalicylate 262 mg tab</i>	1-Covered	
<i>calcium carbonate (antacid) chew tab 400 mg</i> (CHILDRENS PEPTO)	1-Covered	
<i>calcium carbonate (antacid) chew tab 400 mg</i> (CHILDRENS SOOTHE)	1-Covered	
<i>calcium carbonate (antacid) chew tab 400 mg</i> (MAALOX CHILDRENS)	1-Covered	
<i>calcium carbonate (antacid) chew tab 400 mg</i> (RA STOMACH RELIEF KIDS)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>gas relief (simethicone) 125 mg cap</i>	1-Covered	
<i>gas relief (simethicone) 125 mg chew tab</i>	1-Covered	
<i>gas relief (simethicone) 20 mg/0.3ml liquid</i>	1-Covered	
<i>gas relief (simethicone) 20 mg/0.3ml suspension</i>	1-Covered	
<i>gas relief (simethicone) 80 mg chew tab</i>	1-Covered	
<i>GAVILYTE-C (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)</i>	1-Covered	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (GAVILYTE-G)</i>	1-Covered	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (PEG-3350/ELECTROLYTES)</i>	1-Covered	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (PEG 3350/ELECTROLYTES)</i>	1-Covered	
<i>ursodiol cap 300 mg</i>	1-Covered	

## **HISTAMINE2 (H2) RECEPTOR ANTAGONISTS (Drugs for Acid Reflux and Ulcers)**

<i>CIMETIDINE HCL</i>	1-Covered	
<i>cimetidine hcl soln 300 mg/5ml</i>	1-Covered	
<i>cimetidine tab 200 mg</i>	1-Covered	
<i>cimetidine tab 200 mg (CIMETIDINE 200)</i>	1-Covered	
<i>cimetidine tab 200 mg (CIMETIDINE ACID REDUCER)</i>	1-Covered	
<i>cimetidine tab 200 mg (CVS HEARTBURN RELIEF)</i>	1-Covered	
<i>cimetidine tab 200 mg (EQ ACID REDUCER)</i>	1-Covered	
<i>cimetidine tab 200 mg (EQ CIMETIDINE)</i>	1-Covered	
<i>cimetidine tab 200 mg (EQ HEARTBURN RELIEF)</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>cimetidine tab 200 mg</i> (GNP HEARTBURN RELIEF 200)	1-Covered	
<i>cimetidine tab 200 mg</i> (GNP HEARTBURN RELIEF)	1-Covered	
<i>cimetidine tab 200 mg</i> (HEARTBURN RELIEF)	1-Covered	
<i>cimetidine tab 200 mg</i> (PX ACID REDUCER)	1-Covered	
<i>cimetidine tab 200 mg</i> (RA ACID REDUCER)	1-Covered	
<i>cimetidine tab 200 mg</i> (SB CIMETIDINE)	1-Covered	
<i>cimetidine tab 200 mg</i> (SM ACID REDUCER)	1-Covered	
<i>cimetidine tab 200 mg</i> (TGT ACID REDUCER)	1-Covered	
<i>cimetidine tab 300 mg</i>	1-Covered	
<i>cimetidine tab 400 mg</i>	1-Covered	
<i>cimetidine tab 800 mg</i>	1-Covered	
famotidine 10 mg tab	1-Covered	
famotidine 20 mg tab	1-Covered	
<i>famotidine tab 40 mg</i>	1-Covered	

### **PROTECTANTS (Drugs for Acid Reflux and Ulcers)**

<i>misoprostol tab 100 mcg</i>	1-Covered	PA
<i>misoprostol tab 200 mcg</i>	1-Covered	PA
<i>sucralfate tab 1 gm</i>	1-Covered	

### **PROTON PUMP INHIBITORS (Drugs for Acid Reflux and Ulcers)**

<i>lansoprazole 15 mg cap dr</i>	1-Covered	ST
<i>lansoprazole cap delayed release 30 mg</i>	1-Covered	QL (2 PER 1 DAY(S))
OMEPRAZOLE	1-Covered	
<i>omeprazole cap delayed release 10 mg</i>	1-Covered	
<i>omeprazole cap delayed release 20 mg</i>	1-Covered	QL (60 PER 30 DAYS)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>omeprazole cap delayed release 40 mg</i>	1-Covered	QL (2 PER 1 DAY(S))
<i>omeprazole delayed release tab 20 mg</i>	1-Covered	
<i>omeprazole delayed release tab 20 mg (CVS OMEPRAZOLE)</i>	1-Covered	
<i>omeprazole delayed release tab 20 mg (EQ OMEPRAZOLE)</i>	1-Covered	
<i>omeprazole delayed release tab 20 mg (EQL OMEPRAZOLE)</i>	1-Covered	
<i>omeprazole delayed release tab 20 mg (GNP OMEPRAZOLE)</i>	1-Covered	
<i>omeprazole delayed release tab 20 mg (HM OMEPRAZOLE)</i>	1-Covered	
<i>omeprazole delayed release tab 20 mg (KLS OMEPRAZOLE)</i>	1-Covered	
<i>omeprazole delayed release tab 20 mg (PX OMEPRAZOLE)</i>	1-Covered	
<i>omeprazole delayed release tab 20 mg (RA OMEPRAZOLE)</i>	1-Covered	
<i>omeprazole delayed release tab 20 mg (SB OMEPRAZOLE)</i>	1-Covered	
<i>omeprazole delayed release tab 20 mg (SM OMEPRAZOLE)</i>	1-Covered	
<i>omeprazole delayed release tab 20 mg (TGT OMEPRAZOLE)</i>	1-Covered	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1-Covered	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1-Covered	QL (2 PER 1 DAY(S))
SW OMEPRAZOLE	1-Covered	

## **GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic, Enzyme or Protein Disorders)**

AMONDYS 45 ( <i>casimersen</i> )	3-Medical Benefit	
CREON ( <i>pancrelipase (lipase-protease-amylase)</i> ) 6000 UNIT CP DR PART	1-Covered	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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## GENITOURINARY AGENTS (Drugs for Genital, Bladder, and Kidney)

### ANTISPASMODICS, URINARY (Drugs for Overactive Bladder)

<i>oxybutynin chloride syrup 5 mg/5ml</i>	1-Covered	
<i>oxybutynin chloride tab 5 mg</i>	1-Covered	
<i>oxybutynin chloride tab er 24hr 10 mg</i> (OXYBUTYNIN CHLORIDE ER)	1-Covered	
<i>oxybutynin chloride tab er 24hr 15 mg</i> (OXYBUTYNIN CHLORIDE ER)	1-Covered	
<i>oxybutynin chloride tab er 24hr 5 mg</i> (OXYBUTYNIN CHLORIDE ER)	1-Covered	
OXYTROL FOR WOMEN ( <i>oxybutynin</i> )	1-Covered	ST
<i>tropium chloride tab 20 mg</i>	1-Covered	ST

### BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)

<i>alfuzosin hcl tab er 24hr 10 mg</i> (ALFUZOSIN HCL ER)	1-Covered	PA
<i>finasteride tab 5 mg</i>	1-Covered	
<i>tamsulosin hcl cap 0.4 mg</i>	1-Covered	

### GENITOURINARY AGENTS, OTHER (Other Drugs for Genital, Bladder, and Kidney)

<i>bethanechol chloride tab 10 mg</i>	1-Covered	
<i>bethanechol chloride tab 25 mg</i>	1-Covered	
<i>bethanechol chloride tab 5 mg</i>	1-Covered	
<i>bethanechol chloride tab 50 mg</i>	1-Covered	
CYTRA-3 ( <i>pot &amp; sod citrates w/citric ac</i> )	1-Covered	
<i>penicillamine cap 250 mg</i>	1-Covered	PA, QL (16 PER 1 DAY(S))
<i>phenazopyridine hcl tab 100 mg</i>	1-Covered	
<i>phenazopyridine hcl tab 200 mg</i>	1-Covered	
<i>phenazopyridine hcl tab 95 mg</i>	1-Covered	
<i>phenazopyridine hcl tab 95 mg</i> (AZO TABS)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>phenazopyridine hcl tab 95 mg</i> (AZO URINARY PAIN RELIEF)	1-Covered	
<i>phenazopyridine hcl tab 95 mg</i> (AZO-STANDARD)	1-Covered	
<i>phenazopyridine hcl tab 95 mg</i> (CVS URINARY PAIN RELIEF)	1-Covered	
<i>phenazopyridine hcl tab 95 mg</i> (EQ URINARY PAIN RELIEF)	1-Covered	
<i>phenazopyridine hcl tab 95 mg</i> (GNP URINARY PAIN RELIEF)	1-Covered	
<i>phenazopyridine hcl tab 95 mg</i> (QC AZO)	1-Covered	
<i>phenazopyridine hcl tab 95 mg</i> (QC URINARY PAIN RELIEF)	1-Covered	
<i>phenazopyridine hcl tab 95 mg</i> (RA URINARY PAIN RELIEF)	1-Covered	
<i>phenazopyridine hcl tab 95 mg</i> (RA URINARY TRACT PAIN RELIEF)	1-Covered	
<i>phenazopyridine hcl tab 95 mg</i> (SB URINARY PAIN RELIEF)	1-Covered	
<i>phenazopyridine hcl tab 95 mg</i> (SM URINARY PAIN RELIEF)	1-Covered	
<i>phenazopyridine hcl tab 95 mg</i> (URINARY PAIN RELIEF)	1-Covered	
<i>phenazopyridine hcl tab 95 mg</i> (URISTAT)	1-Covered	
<i>pot &amp; sod citrates w/ cit ac soln</i> <i>550-500-334 mg/5ml</i> (POT & SOD CIT-CIT AC)	1-Covered	
<i>pot &amp; sod citrates w/ cit ac soln</i> <i>550-500-334 mg/5ml</i> (TRICITRATES)	1-Covered	
<i>pot &amp; sod citrates w/ cit ac soln</i> <i>550-500-334 mg/5ml</i> (VIRTRATE-3)	1-Covered	
<i>sodium citrate &amp; citric acid soln</i> <i>500-334 mg/5ml</i> (CYTRA-2)	1-Covered	
<i>sodium citrate &amp; citric acid soln</i> <i>500-334 mg/5ml</i> (SOD CITRATE- CITRIC ACID)	1-Covered	
<i>sodium citrate &amp; citric acid soln</i> <i>500-334 mg/5ml</i> (VIRTRATE-2)	1-Covered	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VCF VAGINAL CONTRACEPTIVE ( <i>nonoxynol-9</i> ) 12.5 % FOAM	1-Covered	

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Drugs for Replacing/Stimulating Adrenal Gland Hormones)

### HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Glucocorticoids)

<i>betamethasone dipropionate augmented cream 0.05%</i>	1-Covered	ST
<i>betamethasone dipropionate oint 0.05%</i>	1-Covered	ST
<i>desonide lotion 0.05%</i>	1-Covered	ST
DEXAMETHASONE 0.5 MG/5ML SOLUTION, 1 MG TAB, 2 MG TAB	1-Covered	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1-Covered	
<i>dexamethasone elixir 0.5 mg/5ml</i> (DECADRON)	1-Covered	
DEXAMETHASONE INTENSOL	1-Covered	
<i>dexamethasone tab 0.5 mg</i>	1-Covered	
<i>dexamethasone tab 0.5 mg</i> (DECADRON)	1-Covered	
<i>dexamethasone tab 0.75 mg</i>	1-Covered	
<i>dexamethasone tab 0.75 mg</i> (DECADRON)	1-Covered	
<i>dexamethasone tab 1.5 mg</i>	1-Covered	
<i>dexamethasone tab 4 mg</i>	1-Covered	
<i>dexamethasone tab 4 mg</i> (DECADRON)	1-Covered	
<i>dexamethasone tab 6 mg</i>	1-Covered	
<i>dexamethasone tab 6 mg</i> (DECADRON)	1-Covered	
<i>fludrocortisone acetate tab 0.1 mg</i>	1-Covered	
<i>hydrocortisone acetate suppos 25 mg</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>hydrocortisone acetate suppos 25 mg</i> (ANUCORT-HC)	1-Covered	
<i>hydrocortisone acetate suppos 25 mg</i> (ANUSOL-HC)	1-Covered	
<i>hydrocortisone acetate suppos 25 mg</i> (HEMMOREX-HC)	1-Covered	
<i>methylprednisolone tab 16 mg</i>	1-Covered	
<i>methylprednisolone tab 32 mg</i>	1-Covered	
<i>methylprednisolone tab 4 mg</i>	1-Covered	
<i>methylprednisolone tab 8 mg</i>	1-Covered	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1-Covered	
MILLIPRED ( <i>prednisolone</i> )	1-Covered	
MILLIPRED DP ( <i>prednisolone</i> )	1-Covered	
MILLIPRED DP 12-DAY ( <i>prednisolone</i> )	1-Covered	
<i>mometasone furoate cream 0.1%</i>	1-Covered	
<i>mometasone furoate oint 0.1%</i>	1-Covered	
PREDNISOLONE	1-Covered	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> (PREDNISOLONE SODIUM PHOSPHATE)	1-Covered	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)	1-Covered	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1-Covered	
PREDNISON	1-Covered	
PREDNISON INTENSOL	1-Covered	
<i>prednison tab 1 mg</i>	1-Covered	
<i>prednison tab 10 mg</i>	1-Covered	
<i>prednison tab 2.5 mg</i>	1-Covered	
<i>prednison tab 20 mg</i>	1-Covered	
<i>prednison tab 20 mg</i> (DELTASONE)	1-Covered	

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 ST – Step Therapy Required; STAR – Extended Day Supply; MDD – Max Daily Dose;  
 C – Custom; QLC – Quantity Limit (Custom); SP – Specialty Pharmacy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>prednisone tab 5 mg</i>	1-Covered	
<i>prednisone tab 50 mg</i>	1-Covered	
<i>prednisone tab therapy pack 10 mg (21)</i>	1-Covered	
<i>prednisone tab therapy pack 10 mg (48)</i>	1-Covered	
<i>prednisone tab therapy pack 5 mg (21)</i>	1-Covered	
<i>prednisone tab therapy pack 5 mg (48)</i>	1-Covered	

## **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs for Replacing/Stimulating Pituitary Gland Hormones)**

### **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs to Replace/Stimulate Pituitary Gland Hormones)**

<i>desmopressin acetate inj 4 mcg/ml</i>	1-Covered	PA
<i>desmopressin acetate nasal spray soln 0.01% (DESMOPRESSIN ACETATE SPRAY)</i>	1-Covered	PA
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated) (DESMOPRESSIN ACE SPRAY REFRIG)</i>	1-Covered	PA
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml (DESMOPRESSIN ACETATE PF)</i>	1-Covered	PA
<i>desmopressin acetate tab 0.1 mg</i>	1-Covered	
<i>desmopressin acetate tab 0.2 mg</i>	1-Covered	

## **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones)**

### **ANDROGENS**

<i>danazol cap 100 mg</i>	1-Covered	
<i>danazol cap 200 mg</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>danazol cap 50 mg</i>	1-Covered	
TESTOSTERONE 12.5 MG/ACT (1%) GEL, 50 MG/5GM (1%) GEL	1-Covered	PA
TESTOSTERONE CYPIONATE 100 MG/ML SOLUTION, 200 MG/ML SOLUTION	1-Covered	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1-Covered	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1-Covered	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	1-Covered	PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	1-Covered	PA
VOGELXO ( <i>testosterone</i> )	1-Covered	PA
VOGELXO PUMP ( <i>testosterone</i> )	1-Covered	PA

## **ESTROGENS (Contraceptives and Drugs for Menopause)**

<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (AZURETTE)	1-Covered	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (BEKYREE)	1-Covered	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (DESOGESTREL-ETHINYL ESTRADIOL)	1-Covered	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (KARIVA)	1-Covered	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (KIMIDESS)	1-Covered	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (PIMTREA)	1-Covered	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (SIMLIYA)	1-Covered	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (VIORELE)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (VOLNEA)	1-Covered	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (APRI)	1-Covered	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (CYRED EQ)	1-Covered	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (CYRED)	1-Covered	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (DESOGESTREL-ETHINYL ESTRADIOL)	1-Covered	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (EMOQUETTE)	1-Covered	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (ENSKYCE)	1-Covered	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (ISIBLOOM)	1-Covered	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (JULEBER)	1-Covered	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (KALLIGA)	1-Covered	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (RECLIPSEN)	1-Covered	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1-Covered	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (GIANVI)	1-Covered	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (JASMIEL)	1-Covered	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (LO-ZUMANDIMINE)	1-Covered	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (LORYNA)	1-Covered	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (NIKKI)	1-Covered	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (VESTURA)	1-Covered	
<i>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</i> (COVARYX HS)	1-Covered	PA

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</i> (EEMT HS)	1-Covered	PA
<i>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST HS)	1-Covered	PA
<i>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST)	1-Covered	PA
<i>estradiol tab 0.5 mg</i>	1-Covered	
<i>estradiol tab 1 mg</i>	1-Covered	
<i>estradiol tab 2 mg</i>	1-Covered	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1-Covered	QL (16 PER 28 DAY(S))
<i>estradiol td patch twice weekly 0.025 mg/24hr</i> (DOTTI)	1-Covered	QL (16 PER 28 DAY(S))
<i>estradiol td patch twice weekly 0.025 mg/24hr</i> (LYLLANA)	1-Covered	QL (16 PER 28 DAY(S))
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1-Covered	QL (16 PER 28 DAY(S))
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> (DOTTI)	1-Covered	QL (16 PER 28 DAY(S))
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> (LYLLANA)	1-Covered	QL (16 PER 28 DAY(S))
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1-Covered	QL (16 PER 28 DAY(S))
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> (DOTTI)	1-Covered	QL (16 PER 28 DAY(S))
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> (LYLLANA)	1-Covered	QL (16 PER 28 DAY(S))
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1-Covered	QL (16 PER 28 DAY(S))
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> (DOTTI)	1-Covered	QL (16 PER 28 DAY(S))
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> (LYLLANA)	1-Covered	QL (16 PER 28 DAY(S))
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1-Covered	QL (16 PER 28 DAY(S))

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> (DOTTI)	1-Covered	QL (16 PER 28 DAY(S))
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> (LYLLANA)	1-Covered	QL (16 PER 28 DAY(S))
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1-Covered	QL (8 PER 28 DAY(S))
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1-Covered	QL (8 PER 28 DAY(S))
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1-Covered	QL (8 PER 28 DAY(S))
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1-Covered	QL (8 PER 28 DAY(S))
<i>estradiol vaginal cream 0.1 mg/gm</i>	1-Covered	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	1-Covered	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> (KELNOR 1/35)	1-Covered	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> (ZOVIA 1/35 (28))	1-Covered	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> (ZOVIA 1/35E (28))	1-Covered	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	1-Covered	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i> (KELNOR 1/50)	1-Covered	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i> (ZOVIA 1/50E (28))	1-Covered	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	1-Covered	QL (1 PER 28 DAY(S))
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (ELURYNG)	1-Covered	QL (1 PER 28 DAY(S))
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> (AFIRMELLE)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> (AUBRA EQ)	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> (AUBRA)	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> (AVIANE)	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> (DELYLA)	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> (FALMINA)	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> (LARISSIA)	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> (LESSINA)	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> (LEVONORGESTREL-ETHINYL ESTRAD)	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> (LUTERA)	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> (ORSYTHIA)	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> (SRONYX)	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> (VIENVA)	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (ALTAVERA)	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (AYUNA)	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (CHATEAL EQ)	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (CHATEAL)	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (KURVELO)	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (LEVONORGESTREL-ETHINYL ESTRAD)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (LEVORA 0.15/30 (28))	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (LILLOW)	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (MARLISSA)	1-Covered	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (PORTIA-28)	1-Covered	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (ENPRESSE-28)	1-Covered	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (LEVONEST)	1-Covered	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (LEVONORG-ETH ESTRAD TRIPHASIC)	1-Covered	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (MYZILRA)	1-Covered	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (TRIVORA (28))	1-Covered	
MENEST ( <i>esterified estrogens</i> )	1-Covered	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (XULANE)	1-Covered	QL (3 PER 28 DAY(S))
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (ZAFEMY)	1-Covered	QL (3 PER 28 DAY(S))
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i> (BALZIVA)	1-Covered	
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i> (BRIELLYN)	1-Covered	
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i> (GILDAGIA)	1-Covered	
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i> (PHILITH)	1-Covered	
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i> (VYFEMLA)	1-Covered	
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i> (ZENCHENT)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i> (NECON 0.5/35 (28))	1-Covered	
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i> (NORTREL 0.5/35 (28))	1-Covered	
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i> (WERA)	1-Covered	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i> (ALYACEN 1/35)	1-Covered	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i> (CYCLAFEM 1/35)	1-Covered	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i> (DASETTA 1/35)	1-Covered	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i> (NORTREL 1/35 (21))	1-Covered	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i> (NORTREL 1/35 (28))	1-Covered	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i> (PIRMELLA 1/35)	1-Covered	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> (TILIA FE)	1-Covered	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> (TRI-LEGEST FE)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i> (AUROVELA 1/20)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i> (JUNEL 1/20)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i> (LARIN 1/20)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i> (MICROGESTIN 1/20)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i> (NORETHINDRONE ACET-ETHINYL EST)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> (AUROVELA 1.5/30)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> (HAILEY 1.5/30)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> (JUNEL 1.5/30)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> (LARIN 1.5/30)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> (MICROGESTIN 1.5/30)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> (NORETHINDRONE ACET-ETHINYL EST)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> (AUROVELA FE 1/20)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> (BLISOVI FE 1/20)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> (HAILEY FE 1/20)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> (JUNEL FE 1/20)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> (LARIN FE 1/20)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> (MICROGESTIN FE 1/20)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> (NORETHIN ACE-ETH ESTRAD-FE)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> (TARINA FE 1/20 EQ)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> (TARINA FE 1/20)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (AUROVELA FE 1.5/30)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (BLISOVI FE 1.5/30)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (HAILEY FE 1.5/30)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (JUNEL FE 1.5/30)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (LARIN FE 1.5/30)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (LOESTRIN FE 1.5/30)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (MICROGESTIN FE 1.5/30)	1-Covered	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (NORETHIN ACE-ETH ESTRAD-FE)	1-Covered	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (ALYACEN 7/7/7)	1-Covered	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (CYCLAFEM 7/7/7)	1-Covered	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (DASETTA 7/7/7)	1-Covered	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (NECON 7/7/7)	1-Covered	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (NORTREL 7/7/7)	1-Covered	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (NYLIA 7/7/7)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (PIRMELLA 7/7/7)	1-Covered	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> (ARANELLE)	1-Covered	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> (LEENA)	1-Covered	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> (ESTARYLLA)	1-Covered	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> (FEMYNOR)	1-Covered	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> (MILI)	1-Covered	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> (MONO-LINYAH)	1-Covered	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> (MONONESSA)	1-Covered	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> (NORGESTIMATE-ETH ESTRADIOL)	1-Covered	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> (NYMYO)	1-Covered	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> (PREVIFEM)	1-Covered	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> (SPRINTEC 28)	1-Covered	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> (VYLIBRA)	1-Covered	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (NORGESTIM-ETH ESTRAD TRIPHASIC)	1-Covered	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (TRILO-ESTARYLLA)	1-Covered	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (TRILO-MARZIA)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (TRILOMILI)	1-Covered	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (TRILOSPRINTEC)	1-Covered	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (TRIVYLIBRA LO)	1-Covered	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (TRINESSA LO)	1-Covered	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (NORGESTIM-ETH ESTRAD TRIPHASIC)	1-Covered	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRIFEMYNOR)	1-Covered	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRIFESTARYLLA)	1-Covered	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRILINYAH)	1-Covered	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRIMILI)	1-Covered	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRINMYO)	1-Covered	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRIPREVIFEM)	1-Covered	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRISPRINTEC)	1-Covered	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRIVYLIBRA)	1-Covered	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRINESSA (28))	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i> (CRYSSELLE-28)	1-Covered	
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i> (ELINEST)	1-Covered	
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i> (LOW-OGESTREL)	1-Covered	
OGESTREL ( <i>norgestrel &amp; ethinyl estradiol</i> )	1-Covered	
PREMARIN ( <i>estrogens, conjugated vaginal</i> )	1-Covered	QL (43 PER 30 DAY(S))
PREMARIN ( <i>estrogens, conjugated</i> ) 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	1-Covered	
PREMPHASE ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	1-Covered	
PREMPRO ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	1-Covered	
TYBLUME ( <i>levonorgestrel &amp; eth estradiol</i> )	1-Covered	

## PROGESTINS

DEPO-PROVERA ( <i>medroxyprogesterone acetate antineoplastic</i> )	1-Covered	
DEPO-SUBQ PROVERA 104 ( <i>medroxyprogesterone acetate contraceptive</i> )	1-Covered	
HYDROXYPROGESTERONE CAPROATE ( <i>hydroxyprogesterone caproate antineoplastic</i> )	1-Covered	PA
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	1-Covered	PA, SP
<i>levonorgestrel tab 1.5 mg</i> (generic for plan b one-step)	1-Covered	QL (1 PER FILL(S))
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1-Covered	QL (1 PER 84 DAYS)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1-Covered	QL (1 PER 84 DAYS)
<i>medroxyprogesterone acetate tab 10 mg</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1-Covered	
<i>medroxyprogesterone acetate tab 5 mg</i>	1-Covered	
<i>megestrol acetate susp 40 mg/ml</i>	1-Covered	QL (600 PER 30 DAY(S))
<i>megestrol acetate tab 20 mg</i>	1-Covered	
<i>megestrol acetate tab 40 mg</i>	1-Covered	
<i>norethindrone acetate tab 5 mg</i>	1-Covered	
<i>norethindrone tab 0.35 mg</i>	1-Covered	
<i>norethindrone tab 0.35 mg (CAMILA)</i>	1-Covered	
<i>norethindrone tab 0.35 mg (DEBLITANE)</i>	1-Covered	
<i>norethindrone tab 0.35 mg (ERRIN)</i>	1-Covered	
<i>norethindrone tab 0.35 mg (HEATHER)</i>	1-Covered	
<i>norethindrone tab 0.35 mg (INCASSIA)</i>	1-Covered	
<i>norethindrone tab 0.35 mg (JENCYCLA)</i>	1-Covered	
<i>norethindrone tab 0.35 mg (JOLIVETTE)</i>	1-Covered	
<i>norethindrone tab 0.35 mg (LYLEQ)</i>	1-Covered	
<i>norethindrone tab 0.35 mg (LYZA)</i>	1-Covered	
<i>norethindrone tab 0.35 mg (NORA-BE)</i>	1-Covered	
<i>norethindrone tab 0.35 mg (NORLYDA)</i>	1-Covered	
<i>norethindrone tab 0.35 mg (NORLYROC)</i>	1-Covered	
<i>norethindrone tab 0.35 mg (SHAROBEL)</i>	1-Covered	
<i>norethindrone tab 0.35 mg (TULANA)</i>	1-Covered	

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**PRESCRIPTION DRUG  
NAME****DRUG TIER****COVERAGE  
REQUIREMENTS AND  
LIMITS****HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING  
(THYROID) (Drugs for the Thyroid)****HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING  
(THYROID) (Drugs to Replace Thyroid Hormone)**

ARMOUR THYROID	1-Covered	
<i>levothyroxine sodium tab 100 mcg</i>	1-Covered	STAR
<i>levothyroxine sodium tab 100 mcg</i> (EUTHYROX)	1-Covered	STAR
<i>levothyroxine sodium tab 100 mcg</i> (LEVO-T)	1-Covered	STAR
<i>levothyroxine sodium tab 100 mcg</i> (LEVOXYL)	1-Covered	STAR
<i>levothyroxine sodium tab 100 mcg</i> (UNITHROID)	1-Covered	STAR
<i>levothyroxine sodium tab 112 mcg</i>	1-Covered	STAR
<i>levothyroxine sodium tab 112 mcg</i> (LEVO-T)	1-Covered	STAR
<i>levothyroxine sodium tab 112 mcg</i> (LEVOXYL)	1-Covered	STAR
<i>levothyroxine sodium tab 112 mcg</i> (UNITHROID)	1-Covered	STAR
<i>levothyroxine sodium tab 125 mcg</i>	1-Covered	STAR
<i>levothyroxine sodium tab 125 mcg</i> (LEVO-T)	1-Covered	STAR
<i>levothyroxine sodium tab 125 mcg</i> (LEVOXYL)	1-Covered	STAR
<i>levothyroxine sodium tab 125 mcg</i> (UNITHROID)	1-Covered	STAR
<i>levothyroxine sodium tab 137 mcg</i>	1-Covered	STAR
<i>levothyroxine sodium tab 137 mcg</i> (LEVO-T)	1-Covered	STAR
<i>levothyroxine sodium tab 137 mcg</i> (LEVOXYL)	1-Covered	STAR
<i>levothyroxine sodium tab 137 mcg</i> (UNITHROID)	1-Covered	STAR

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>levothyroxine sodium tab 150 mcg</i>	1-Covered	STAR
<i>levothyroxine sodium tab 150 mcg</i> (LEVO-T)	1-Covered	STAR
<i>levothyroxine sodium tab 150 mcg</i> (LEVOXYL)	1-Covered	STAR
<i>levothyroxine sodium tab 150 mcg</i> (UNITHROID)	1-Covered	STAR
<i>levothyroxine sodium tab 175 mcg</i>	1-Covered	STAR
<i>levothyroxine sodium tab 175 mcg</i> (LEVO-T)	1-Covered	STAR
<i>levothyroxine sodium tab 175 mcg</i> (LEVOXYL)	1-Covered	STAR
<i>levothyroxine sodium tab 175 mcg</i> (UNITHROID)	1-Covered	STAR
<i>levothyroxine sodium tab 200 mcg</i>	1-Covered	STAR
<i>levothyroxine sodium tab 200 mcg</i> (LEVO-T)	1-Covered	STAR
<i>levothyroxine sodium tab 200 mcg</i> (LEVOXYL)	1-Covered	STAR
<i>levothyroxine sodium tab 200 mcg</i> (UNITHROID)	1-Covered	STAR
<i>levothyroxine sodium tab 25 mcg</i>	1-Covered	STAR
<i>levothyroxine sodium tab 25 mcg</i> (LEVO-T)	1-Covered	STAR
<i>levothyroxine sodium tab 25 mcg</i> (LEVOXYL)	1-Covered	STAR
<i>levothyroxine sodium tab 25 mcg</i> (UNITHROID)	1-Covered	STAR
<i>levothyroxine sodium tab 300 mcg</i>	1-Covered	STAR
<i>levothyroxine sodium tab 300 mcg</i> (LEVO-T)	1-Covered	STAR
<i>levothyroxine sodium tab 300 mcg</i> (UNITHROID)	1-Covered	STAR
<i>levothyroxine sodium tab 50 mcg</i>	1-Covered	STAR
<i>levothyroxine sodium tab 50 mcg</i> (LEVO-T)	1-Covered	STAR
<i>levothyroxine sodium tab 50 mcg</i> (LEVOXYL)	1-Covered	STAR

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>levothyroxine sodium tab 50 mcg</i> (UNITHROID)	1-Covered	STAR
<i>levothyroxine sodium tab 75 mcg</i>	1-Covered	STAR
<i>levothyroxine sodium tab 75 mcg</i> (LEVO-T)	1-Covered	STAR
<i>levothyroxine sodium tab 75 mcg</i> (LEVOXYL)	1-Covered	STAR
<i>levothyroxine sodium tab 75 mcg</i> (UNITHROID)	1-Covered	STAR
<i>levothyroxine sodium tab 88 mcg</i>	1-Covered	STAR
<i>levothyroxine sodium tab 88 mcg</i> (LEVO-T)	1-Covered	STAR
<i>levothyroxine sodium tab 88 mcg</i> (LEVOXYL)	1-Covered	STAR
<i>levothyroxine sodium tab 88 mcg</i> (UNITHROID)	1-Covered	STAR
SYNTHROID ( <i>levothyroxine sodium</i> )	1-Covered	
<i>thyroid tab 120 mg (2 grain)</i>	1-Covered	STAR
<i>thyroid tab 120 mg (2 grain)</i> (NP THYROID)	1-Covered	STAR
<i>thyroid tab 15 mg (1/4 grain)</i>	1-Covered	STAR
<i>thyroid tab 15 mg (1/4 grain)</i> (NP THYROID)	1-Covered	STAR
<i>thyroid tab 30 mg (1/2 grain)</i>	1-Covered	STAR
<i>thyroid tab 30 mg (1/2 grain)</i> (NP THYROID)	1-Covered	STAR
<i>thyroid tab 60 mg (1 grain)</i>	1-Covered	STAR
<i>thyroid tab 60 mg (1 grain)</i> (NP THYROID)	1-Covered	STAR
<i>thyroid tab 90 mg (1 1/2 grain)</i>	1-Covered	STAR
<i>thyroid tab 90 mg (1 1/2 grain)</i> (NP THYROID)	1-Covered	STAR

## **HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (Drugs for Suppressing Hormones from the Pituitary Gland)**

## **HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (Drugs to Suppress Pituitary Hormones)**

<i>leuprolide acetate inj kit 5 mg/ml</i>	1-Covered	PA, SP
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LUPRON DEPOT-PED (1-MONTH) ( <i>leuprolide acetate (cpp)</i> ) --15 MG KIT	1-Covered	PA
SYNAREL ( <i>nafarelin acetate</i> )	1-Covered	PA

## HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drugs for the Thyroid)

### ANTITHYROID AGENTS (Drugs to Suppress Thyroid Hormone)

<i>methimazole tab 10 mg</i>	1-Covered
<i>methimazole tab 5 mg</i>	1-Covered
<i>propylthiouracil tab 50 mg</i>	1-Covered

## IMMUNOLOGICAL AGENTS (Drugs for Enhancing or Suppressing the Immune System)

### IMMUNOGLOBULINS

HYPERHEP B ( <i>hepatitis b immune globulin (human)</i> )	3-Medical Benefit
HYPERTET S/D ( <i>tetanus immune globulin (human)</i> )	3-Medical Benefit
NABI-HB ( <i>hepatitis b immune globulin (human)</i> )	3-Medical Benefit

### IMMUNOLOGICAL AGENTS, OTHER

RIDAURA ( <i>auranofin</i> )	1-Covered	PA
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### IMMUNOSTIMULANTS

INTRON A ( <i>interferon alfa-2b</i> )	1-Covered	SP
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### IMMUNOSUPPRESSANTS (Drugs to Suppress the Immune System)

<i>azathioprine tab 50 mg</i>	1-Covered
<i>cyclosporine cap 100 mg</i>	1-Covered
<i>cyclosporine cap 25 mg</i>	1-Covered
<i>cyclosporine modified cap 100 mg</i>	1-Covered
<i>cyclosporine modified cap 100 mg</i> (GENGRAF)	1-Covered

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>cyclosporine modified cap 25 mg</i>	1-Covered	
<i>cyclosporine modified cap 25 mg</i> (GENGRAF)	1-Covered	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1-Covered	
<i>cyclosporine modified oral soln 100 mg/ml</i> (GENGRAF)	1-Covered	
ENBREL ( <i>etanercept</i> ) 25 MG RECON SOLN	1-Covered	PA, SP, QLC (8 vials/28 days)
ENBREL ( <i>etanercept</i> ) 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR	1-Covered	PA, SP, QLC (4 syringes [1 kit]/28 days)
ENBREL ( <i>etanercept</i> ) 25 MG/0.5ML SOLUTION	1-Covered	PA, QL (4 PER 28 DAY(S)), SP
ENBREL SURECLICK ( <i>etanercept</i> )	1-Covered	PA, SP, QLC (4 pens [1 kit]/28 days)
HUMIRA ( <i>adalimumab</i> ) 10 MG/0.1ML PEF SY KT, 10 MG/0.2ML PEF SY KT, 20 MG/0.2ML PEF SY KT, 20 MG/0.4ML PEF SY KT, 40 MG/0.4ML PEF SY KT, 40 MG/0.8ML PEF SY KT	1-Covered	PA, SP, QLC (2 syringes [1 kit]/28 days)
HUMIRA ( <i>adalimumab</i> ) 80 MG/0.8ML PEN KIT	1-Covered	PA, SP, QLC (3 pens [1 kit]/year)
HUMIRA PEDIATRIC CROHNS START ( <i>adalimumab</i> ) 40 MG/0.8ML PEF SY KT	1-Covered	PA, SP, QLC (3 or 6 syringes/year depending upon package size)
HUMIRA PEDIATRIC CROHNS START ( <i>adalimumab</i> ) 80 MG/0.8ML & 40MG/0.4ML PEF SY KT	1-Covered	PA, SP, QLC (2 syringes [1 kit]/year)
HUMIRA PEDIATRIC CROHNS START ( <i>adalimumab</i> ) 80 MG/0.8ML PEF SY KT	1-Covered	PA, SP, QLC (3 syringes [1 kit]/year)
HUMIRA PEN ( <i>adalimumab</i> )	1-Covered	PA, SP, QLC (2 pens [1 kit]/28 days)
HUMIRA PEN-CD/UC/HS STARTER ( <i>adalimumab</i> ) -40 MG/0.8ML KIT	1-Covered	PA, SP, QLC (6 pens [1 kit]/year)
HUMIRA PEN-CD/UC/HS STARTER ( <i>adalimumab</i> ) -80 MG/0.8ML KIT	1-Covered	PA, SP, QLC (3 pens [1 kit]/year)
HUMIRA PEN-PEDIATRIC UC START ( <i>adalimumab</i> )	1-Covered	PA, SP, QLC (3 pens [1 kit]/year)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
HUMIRA PEN-PS/UV/ADOL HS START ( <i>adalimumab</i> )	1-Covered	PA, SP, QLC (4 pens [1 kit]/year)
HUMIRA PEN-PSOR/UEIT STARTER ( <i>adalimumab</i> )	1-Covered	PA, SP, QLC (3 pens [1 kit]/year)
<i>leflunomide tab 10 mg</i>	1-Covered	
<i>leflunomide tab 20 mg</i>	1-Covered	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1-Covered	
<i>mycophenolate mofetil cap 250 mg</i>	1-Covered	AL1 (At least 21 yrs old)
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1-Covered	PA
<i>mycophenolate mofetil tab 500 mg</i>	1-Covered	AL1 (At least 21 yrs old)
SANDIMMUNE ( <i>cyclosporine</i> ) 25 MG CAP, 100 MG/ML SOLUTION	1-Covered	
<i>sirolimus oral soln 1 mg/ml</i>	1-Covered	PA
<i>tacrolimus cap 0.5 mg</i>	1-Covered	AL1 (At least 21 yrs old)
<i>tacrolimus cap 1 mg</i>	1-Covered	AL1 (At least 21 yrs old)
<i>tacrolimus cap 5 mg</i>	1-Covered	AL1 (At least 21 yrs old)

## VACCINES

ADACEL ( <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i> )	1-Covered	AL1 (At least 19 yrs old)
AFLURIA QUADRIVALENT ( <i>influenza virus vaccine split quadrivalent</i> ) 0.5 ML SUSP PRSYR, SUSPENSION	1-Covered	AL1 (At least 19 yrs old)
BEXSERO ( <i>meningococcal vac group b (recombinant omv adjuvanted)</i> )	1-Covered	QL (2 PER LIFETIME), AL1 (19 to 25 yrs old)
BOOSTRIX ( <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i> )	1-Covered	AL1 (At least 19 yrs old)
ENGERIX-B ( <i>hepatitis b vaccine (recomb)</i> ) -20 MCG/ML SUSPENSION	1-Covered	QL (3 PER LIFETIME), AL1 (At least 19 yrs old)
FLUAD ( <i>influenza virus vaccine types a &amp; b surface antigen adjuvant</i> )	1-Covered	AL1 (At least 65 yrs old)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
FLUARIX QUADRIVALENT ( <i>influenza virus vaccine split quadrivalent</i> )	1-Covered	AL1 (At least 19 yrs old)
FLUBLOK QUADRIVALENT ( <i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i> )	1-Covered	AL1 (At least 19 yrs old)
FLUCELVAX QUADRIVALENT ( <i>influenza virus vaccine tissue-cultured subunit quadrivalent</i> )	1-Covered	AL1 (At least 19 yrs old)
FLULAVAL QUADRIVALENT ( <i>influenza virus vaccine split quadrivalent</i> )	1-Covered	AL1 (At least 19 yrs old)
FLUZONE HIGH-DOSE ( <i>influenza virus vaccine split high-dose preservative free</i> )	1-Covered	AL1 (At least 65 yrs old)
FLUZONE HIGH-DOSE QUADRIVALENT ( <i>influenza virus vac split high-dose quad preservative free</i> )	1-Covered	AL1 (At least 65 yrs old)
FLUZONE QUADRIVALENT ( <i>influenza virus vaccine split quadrivalent</i> ) 0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION	1-Covered	AL1 (At least 19 yrs old)
GARDASIL 9 ( <i>human papillomavirus (hpv) 9-valent recombinant vaccine</i> )	1-Covered	QL (3 PER LIFETIME), AL1 (19 to 45 yrs old)
HAVRIX ( <i>hepatitis a vaccine</i> )	1-Covered	QL (2 PER LIFETIME), AL1 (At least 19 yrs old)
HEPLISAV-B ( <i>hepatitis b vaccine recombinant adjuvanted</i> ) -20 MCG/0.5ML SOLN PRSYR	1-Covered	AL1 (At least 19 yrs old), QLC (LIMIT TO 2 DOSES PER LIFETIME)
HEPLISAV-B ( <i>hepatitis b vaccine recombinant adjuvanted</i> ) -20 MCG/0.5ML SOLUTION	1-Covered	AL1 (At least 19 yrs old), QLC (2 doses per lifetime)
IMOVAX RABIES ( <i>rabies virus vaccine, hdc</i> )	3-Medical Benefit	
M-M-R II ( <i>measles, mumps &amp; rubella virus vaccines</i> )	1-Covered	QL (2 PER LIFETIME), AL1 (At least 19 yrs old)
MENACTRA ( <i>meningococcal (a,c,y&amp;w-135) polysacch diphth conj vaccine</i> )	1-Covered	QL (2 PER LIFETIME), AL1 (At least 19 yrs old)
MENQUADFI ( <i>meningococcal (a,c,y&amp;w-135) polysacch tetanus conj vaccine</i> )	1-Covered	QL (2 PER LIFETIME), AL1 (At least 19 yrs old)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
MENVEO ( <i>meningococcal (a,c,y&amp;w-135) oligosaccharide conjugate vac</i> )	1-Covered	QL (1 PER LIFETIME), AL1 (19 to 55 yrs old)
NOVAVAX COVID-19 VACCINE ( <i>covid-19 (sars-cov-2) subunit (spike) protein virus vaccine</i> )	2-Medical Carve out	
PNEUMOVAX 23 ( <i>pneumococcal vac polyvalent</i> )	1-Covered	QL (2 PER LIFETIME), AL1 (At least 19 yrs old)
PREVNAR 13 ( <i>pneumococcal 13-valent conjugate vaccine</i> )	1-Covered	QL (1 PER LIFETIME), AL1 (At least 19 yrs old)
PREVNAR 20 ( <i>pneumococcal 20-valent conjugate vaccine</i> )	1-Covered	QL (1 PER LIFETIME), AL1 (At least 19 yrs old)
RABAVERT ( <i>rabies vaccine, pcec</i> )	1-Covered	AL1 (At least 19 yrs old)
RECOMBIVAX HB ( <i>hepatitis b vaccine (recomb)</i> )	1-Covered	QL (3 PER LIFETIME), AL1 (At least 19 yrs old)
SHINGRIX ( <i>zoster vaccine recombinant adjuvanted</i> )	1-Covered	QL (2 PER LIFETIME), AL1 (At least 50 yrs old)
TDVAX ( <i>tetanus-diphtheria toxoids (td)</i> )	1-Covered	AL1 (At least 19 yrs old)
TENIVAC ( <i>tetanus-diphtheria toxoids (td)</i> )	1-Covered	AL1 (At least 19 yrs old)
TETANUS-DIPHTHERIA TOXOIDS TD ( <i>tetanus-diphtheria toxoids (td)</i> )	1-Covered	AL1 (At least 19 yrs old)
TRUMENBA ( <i>meningococcal group b vaccine (recombinant)</i> )	1-Covered	QL (2 PER LIFETIME), AL1 (19 to 25 yrs old)
TWINRIX ( <i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i> )	1-Covered	QL (3 PER LIFETIME), AL1 (At least 19 yrs old)
VAQTA ( <i>hepatitis a vaccine</i> )	1-Covered	QL (2 PER LIFETIME), AL1 (At least 19 yrs old)
VARIVAX ( <i>varicella virus vaccine live</i> )	1-Covered	QL (2 PER LIFETIME), AL1 (At least 19 yrs old)
VAXNEUVANCE ( <i>pneumococcal 15-valent conjugate vaccine</i> )	1-Covered	QL (0.5 PER LIFETIME), AL1 (At least 19 yrs old)
ZOSTAVAX ( <i>zoster vaccine live</i> )	1-Covered	QL (1 PER LIFETIME), AL1 (At least 60 yrs old)

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**PRESCRIPTION DRUG  
NAME****DRUG TIER****COVERAGE  
REQUIREMENTS AND  
LIMITS****INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)****AMINOSALICYLATES**

<i>balsalazide disodium cap 750 mg</i>	1-Covered	
<i>mesalamine cap dr 400 mg</i>	1-Covered	QL (6 PER 1 DAY(S))
<i>mesalamine enema 4 gm</i>	1-Covered	
<i>sulfasalazine tab 500 mg</i>	1-Covered	
<i>sulfasalazine tab delayed release 500 mg</i>	1-Covered	

**GLUCOCORTICOIDS**

<i>hydrocortisone enema 100 mg/60ml</i>	1-Covered	
<i>hydrocortisone enema 100 mg/60ml (COLOCORT)</i>	1-Covered	
<i>hydrocortisone tab 10 mg</i>	1-Covered	
<i>hydrocortisone tab 20 mg</i>	1-Covered	
<i>hydrocortisone tab 5 mg</i>	1-Covered	

**METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)****METABOLIC BONE DISEASE AGENTS**

ALENDRONATE SODIUM 40 MG TAB	1-Covered	PA, STAR
ALENDRONATE SODIUM 5 MG TAB	1-Covered	
<i>alendronate sodium tab 10 mg</i>	1-Covered	PA, STAR
<i>alendronate sodium tab 35 mg</i>	1-Covered	STAR
<i>alendronate sodium tab 5 mg</i>	1-Covered	STAR
<i>alendronate sodium tab 70 mg</i>	1-Covered	STAR
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1-Covered	PA
<i>calcitriol cap 0.25 mcg</i>	1-Covered	
<i>calcitriol cap 0.5 mcg</i>	1-Covered	
<i>calcitriol oral soln 1 mcg/ml</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1-Covered	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1-Covered	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1-Covered	PA
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1-Covered	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i> (VITAMIN D (ERGOCALCIFEROL))	1-Covered	
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	1-Covered	
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i> (CALCIDOL)	1-Covered	
FOSAMAX PLUS D ( <i>alendronate sodium-cholecalciferol</i> ) 70-2800 MG-UNIT TAB	1-Covered	PA
vitamin d (cholecalciferol) 400 unit cap	1-Covered	
vitamin d (cholecalciferol) 400 unit tab	1-Covered	
VITAMIN D2 ( <i>ergocalciferol</i> ) 10 MCG (400 UNIT) TAB	1-Covered	

## MISCELLANEOUS THERAPEUTIC AGENTS

ALCOH-WIPE	1-Covered
ALCOHOL PREP 70 % PAD	1-Covered
ALCOHOL WIPES ( <i>isopropyl alcohol (skin cleanser)</i> )	1-Covered
AUTOLET PLATFORMS	1-Covered
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML MISC	1-Covered
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML MISC	1-Covered
CAREONE UNIFINE PENTIPS PLUS 33G X 4 MM MISC	1-Covered

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
CARETOUCH INSULIN SYRINGE 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	1-Covered	
CARETOUCH PEN NEEDLES 29G X 12MM MISC	1-Covered	
COMFORT TOUCH INSULIN PEN NEED PEN 31G 4 MISC, PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC	1-Covered	
CONDOMS LATEX LUBRICATED	1-Covered	
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	1-Covered	
CVS ISOPROPYL ALCOHOL WIPES ( <i>isopropyl alcohol (skin cleanser)</i> )	1-Covered	
EASY TOUCH INSULIN SYRINGE 27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC	1-Covered	
ESSENTRA WIPES 9X9"	1-Covered	
FC FEMALE CONDOM	1-Covered	
FC2 FEMALE CONDOM	1-Covered	
FLUAD QUADRIVALENT ( <i>influenza virus vacc types a &amp; b surf antigen adjuvant quad</i> )	1-Covered	AL1 (At least 65 yrs old)
FREESTYLE FLASH SYSTEM	1-Covered	QLC (Limit 1 Meter per 365 days)
FREESTYLE FREEDOM	1-Covered	QLC (Limit 1 Meter per 365 days)
FREESTYLE FREEDOM LITE	1-Covered	QLC (Limit 1 Meter per 365 days)
FREESTYLE INSULINX SYSTEM	1-Covered	QLC (Limit 1 Meter per 365 days)
FREESTYLE INSULINX TEST ( <i>glucose blood</i> )	1-Covered	QL (100 PER 30 DAY(S))
FREESTYLE LITE	1-Covered	QLC (Limit 1 Meter per 365 days)
FREESTYLE LITE TEST ( <i>glucose blood</i> )	1-Covered	QL (100 PER 30 DAY(S))
FREESTYLE PRECISION NEO SYSTEM	1-Covered	QLC (Limit 1 Meter per 365 days)
FREESTYLE PRECISION NEO TEST ( <i>glucose blood</i> )	1-Covered	QL (100 PER 30 DAY(S))

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
FREESTYLE SIDEKICK II	1-Covered	QLC (Limit 1 Meter per 365 days)
FREESTYLE SYSTEM	1-Covered	QLC (Limit 1 Meter per 365 days)
FREESTYLE TEST ( <i>glucose blood</i> )	1-Covered	QL (100 PER 30 DAY(S))
GENTEEL CONTACT TIPS (BLUE)	1-Covered	
GENTEEL CONTACT TIPS (CLEAR)	1-Covered	
GENTEEL CONTACT TIPS (GREEN)	1-Covered	
GENTEEL CONTACT TIPS (ORANGE)	1-Covered	
GENTEEL CONTACT TIPS (RAINBOW)	1-Covered	
GENTEEL CONTACT TIPS (VIOLET)	1-Covered	
GENTEEL CONTACT TIPS (YELLOW)	1-Covered	
GENTEEL NOZZLES	1-Covered	
GENTLE-LET PLATFORMS	1-Covered	
GNP INSULIN SYRINGES	1-Covered	
GNP INSULIN SYRINGES 28GX1/2"	1-Covered	
GNP INSULIN SYRINGES 29GX1/2"	1-Covered	
GNP INSULIN SYRINGES 30GX5/16"	1-Covered	
GNP INSULIN SYRINGES 31GX5/16"	1-Covered	
GNP ISOPROPYL ALCOHOL WIPES ( <i>isopropyl alcohol (skin cleanser)</i> )	1-Covered	
H-E-B INCONTROL PEN NEEDLES	1-Covered	
H-E-B INCONTROL UNIFINE PENTIP	1-Covered	
HM ULTICARE MINI PEN NEEDLES	1-Covered	
INSULIN PEN NEEDLES	1-Covered	
INSULIN SYRINGE 0.3 ML	1-Covered	
INSULIN SYRINGE 0.5 ML	1-Covered	
INSULIN SYRINGE 1 ML	1-Covered	
INSULIN SYRINGE-NEEDLE U-100 -- 30G X 5/6" ML MISC	1-Covered	
ISOPROPYL ALCOHOL ( <i>isopropyl alcohol (skin cleanser)</i> ) 70 % MISC	1-Covered	
ISOPROPYL ALCOHOL WIPES ( <i>isopropyl alcohol (skin cleanser)</i> )	1-Covered	
LANCET TRANSPORTER CASE	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
LANCETS	1-Covered	
MEDPURA ALCOHOL PADS <i>(isopropyl alcohol (skin cleanser))</i>	1-Covered	
<i>methylergonovine maleate tab 0.2 mg</i>	1-Covered	
<i>methylergonovine maleate tab 0.2 mg</i> (METHERGINE)	1-Covered	
MONOJECTOR END CAPS	1-Covered	
MONOJECTOR OPD END CAPS	1-Covered	
ONETOUCH SURESOFT LANCING DEV	1-Covered	
OPTICHAMBER DIAMOND-LG MASK	1-Covered	
OPTICHAMBER DIAMOND-MD MASK	1-Covered	
OPTICHAMBER DIAMOND-SM MASK	1-Covered	
OSMOLEX ER ( <i>amantadine hcl</i> ) 129 & 193 MG TB24 THPK	2-Medical Carve out	
PENLET II REPLACEMENT CAP	1-Covered	
PRECISION XTRA DEVICE, W/DEVICE KIT	1-Covered	QLC (Limit 1 Meter per 365 days)
PREVENT DROPSAFE PEN NEEDLES	1-Covered	
PSS SELECT PLATFORMS	1-Covered	
RA ISOPROPYL ALCOHOL WIPES <i>(isopropyl alcohol (skin cleanser))</i>	1-Covered	
RELION PEN NEEDLES	1-Covered	
RIGHTEST ALTERNATE SITE ADAPT	1-Covered	
STERILANCE PA	1-Covered	
TRUE COMFORT PEN NEEDLES PEN 31G 8 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC	1-Covered	
TRUE COMFORT PRO INSULIN SYR 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 0.5 ML MISC	1-Covered	
TRUE COMFORT PRO PEN NEEDLES	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ULTICARE MINI PEN NEEDLES 30G X 5 MM MISC	1-Covered	
ULTICARE SHORT PEN NEEDLES 30G X 8 MM MISC	1-Covered	
ULTICARE TUBERCULIN SAFETY SYR 27G X 5/8" 1 ML MISC	1-Covered	
ULTIGUARD SAFEPACK PEN NEEDLE PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC	1-Covered	
ULTIGUARD SAFEPACK SYR/NEEDLE	1-Covered	
ULTRA FLO INSULIN PEN NEEDLES PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 33G 4 MISC	1-Covered	
ULTRA FLO INSULIN SYR 1/2 UNIT	1-Covered	
ULTRA FLO INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	1-Covered	
ULTRALANCE	1-Covered	
UNIFINE PEN NEEDLES	1-Covered	
UNIFINE PENTIPS	1-Covered	
UNIFINE ULTRA PEN NEEDLE	1-Covered	
UNISTIK 1	1-Covered	
UNISTIK 2	1-Covered	
UNISTIK 2 COMFORT	1-Covered	
UNISTIK 2 EXTRA	1-Covered	
UNISTIK 2 NEONATAL	1-Covered	
UNISTIK 2 NORMAL	1-Covered	
UNISTIK 2 SUPER	1-Covered	
UNISTIK 3	1-Covered	
UNISTIK 3 COMFORT	1-Covered	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
UNISTIK 3 EXTRA	1-Covered	
UNISTIK 3 NEONATAL	1-Covered	
UNISTIK 3 NORMAL	1-Covered	
UNISTIK CZT COMFORT	1-Covered	
UNISTIK CZT NORMAL	1-Covered	
UNISTIK NORMAL	1-Covered	
ZEVRX INSULIN SYRINGE	1-Covered	
ZEVRX PEN NEEDLES	1-Covered	

## OPHTHALMIC AGENTS (Drugs for the Eyes)

### OPHTHALMIC AGENTS, OTHER (Other Eye Drops)

ATROPINE SULFATE ( <i>atropine sulfate ophthalmic</i> ) 1 % SOLUTION	1-Covered	
<i>bacitracin-polymyxin b ophth oint</i>	1-Covered	
<i>bacitracin-polymyxin b ophth oint</i> (AK-POLY-BAC)	1-Covered	
<i>bacitracin-polymyxin b ophth oint</i> (POLYCIN)	1-Covered	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> (BACITRA-NEOMYCIN-POLYMYXIN-HC)	1-Covered	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> (NEO-POLYCIN HC)	1-Covered	
BEOVU ( <i>brolucizumab-dbll</i> )	3-Medical Benefit	
BLEPHAMIDE ( <i>sulfacetamide sod-prednisolone</i> )	1-Covered	
CORTISPORIN ( <i>neomycin-polymyxin-hc</i> )	1-Covered	
<i>cyclopentolate hcl ophth soln 0.5%</i>	1-Covered	
<i>cyclopentolate hcl ophth soln 1%</i>	1-Covered	
<i>cyclopentolate hcl ophth soln 2%</i>	1-Covered	
DORZOLAMIDE HCL-TIMOLOL MAL ( <i>dorzolamide hcl-timolol maleate</i> )	1-Covered	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1-Covered	QL (10 PER 30 DAY(S))

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
HOMATROPAIRE ( <i>homatropine hbr</i> )	1-Covered	
<i>homatropine hbr ophth soln 5%</i>	1-Covered	
MURO 128 ( <i>sodium chloride hypertonic</i> ) 18 % SOLUTION	1-Covered	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> (NEO-POLYCYN)	1-Covered	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> (NEOMYCIN-BACITRACIN ZN-POLYMYX)	1-Covered	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1-Covered	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1-Covered	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1-Covered	
NEOMYCIN-POLYMYXIN-HC ( <i>neomycin-polymyxin-hc (ophth)</i> )	1-Covered	
<i>phenylephrine hcl ophth soln 10%</i>	1-Covered	
<i>phenylephrine hcl ophth soln 10%</i> (ALTAFRIN)	1-Covered	
<i>phenylephrine hcl ophth soln 2.5%</i>	1-Covered	
<i>phenylephrine hcl ophth soln 2.5%</i> (ALTAFRIN)	1-Covered	
<i>proparacaine hcl ophth soln 0.5%</i>	1-Covered	PA
<i>sodium chloride hypertonic ophth soln 5%</i> (ALTACHLORE)	1-Covered	
<i>sodium chloride hypertonic ophth soln 5%</i> (CVS SODIUM CHLORIDE)	1-Covered	
<i>sodium chloride hypertonic ophth soln 5%</i> (RA OPHTHALMIC)	1-Covered	
<i>sodium chloride hypertonic ophth soln 5%</i> (SOCHLOR)	1-Covered	
<i>sodium chloride hypertonic ophth soln 5%</i> (SODIUM CHLORIDE HYPERTONIC))	1-Covered	
SULFACETAMIDE-PREDNISOLONE ( <i>sulfacetamide sod-prednisolone</i> )	1-Covered	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TOBRADEX ( <i>tobramycin-dexamethasone</i> ) 0.3-0.1 % OINTMENT	1-Covered	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1-Covered	

## OPHTHALMIC ANTI-ALLERGY AGENTS (Drugs for Eye Allergies)

ALOMIDE ( <i>Iodoxamide tromethamine</i> )	1-Covered	
<i>cromolyn sodium ophth soln 4%</i>	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (ALAWAY CHILDRENS ALLERGY)	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (ALAWAY)	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (ALLERGY EYE DROPS)	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (CLARITIN EYE)	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (CVS ALLERGY EYE DROPS)	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (CVS EYE ITCH RELIEF)	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (EQ EYE ITCH RELIEF)	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (EQ ITCHY EYE DROPS)	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (EYE ITCH RELIEF)	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (GNP EYE ITCH RELIEF)	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (GNP ITCHY EYE)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (GOODSENSE ITCHY EYE)	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (HM EYE ITCH RELIEF)	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (KP KETOTIFEN FUMARATE)	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (RA ANTIHISTAMINE EYE DROPS)	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (RA EYE ITCH RELIEF)	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (SM EYE ITCH RELIEF)	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (TGT EYE ITCH RELIEF)	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (THERATEARS ALLERGY)	1-Covered	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> (WAL-ZYR)	1-Covered	

## **OPHTHALMIC ANTI-INFECTIVES (Drugs for Eye Infections)**

BACITRACIN ( <i>bacitracin ophthalmic</i> )	1-Covered	
BLEPH-10 ( <i>sulfacetamide sodium ophth</i> )	1-Covered	
<i>erythromycin ophth oint 5 mg/gm</i>	1-Covered	
GENTAK ( <i>gentamicin sulfate ophth</i> )	1-Covered	
<i>gentamicin sulfate ophth soln 0.3%</i>	1-Covered	
<i>ofloxacin ophth soln 0.3%</i>	1-Covered	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1-Covered	
SULFACETAMIDE SODIUM ( <i>sulfacetamide sodium ophth</i> )	1-Covered	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sulfacetamide sodium ophth soln 10%</i>	1-Covered	
<i>tobramycin ophth soln 0.3%</i>	1-Covered	
TOBREX ( <i>tobramycin (ophth)</i> ) 0.3 % OINTMENT	1-Covered	

## OPHTHALMIC ANTI-INFLAMMATORIES (Drugs for Eye Inflammation)

DEXAMETHASONE SODIUM PHOSPHATE ( <i>dexamethasone sodium phosphate (ophth)</i> )	1-Covered	
<i>diclofenac sodium ophth soln 0.1%</i>	1-Covered	
<i>fluorometholone ophth susp 0.1%</i>	1-Covered	
FLURBIPROFEN SODIUM	1-Covered	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1-Covered	
FML ( <i>fluorometholone (ophth)</i> )	1-Covered	
FML FORTE ( <i>fluorometholone (ophth)</i> )	1-Covered	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1-Covered	
PRED MILD ( <i>prednisolone acetate (ophth)</i> )	1-Covered	
PREDNISOLONE SODIUM PHOSPHATE ( <i>prednisolone sodium phosphate (ophth)</i> )	1-Covered	

## OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS (Drugs for Glaucoma)

<i>betaxolol hcl ophth soln 0.5%</i>	1-Covered	
BETIMOL ( <i>timolol</i> )	1-Covered	
BETOPTIC-S ( <i>betaxolol hcl (ophth)</i> )	1-Covered	
LEVOBUNOLOL HCL	1-Covered	
<i>levobunolol hcl ophth soln 0.5%</i>	1-Covered	
TIMOLOL MALEATE ( <i>timolol maleate (ophth)</i> )	1-Covered	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1-Covered	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>timolol maleate ophth gel forming soln 0.5%</i>	1-Covered	
<i>timolol maleate ophth soln 0.25%</i>	1-Covered	
<i>timolol maleate ophth soln 0.5%</i>	1-Covered	

## OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER (Drugs for Glaucoma)

ALPHAGAN P ( <i>brimonidine tartrate</i> ) ALHAGAN 0.1 % SOLUTION	1-Covered	QL (1 PER 30 DAYS)
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1-Covered	
<i>brimonidine tartrate ophth soln 0.2%</i>	1-Covered	
<i>dorzolamide hcl ophth soln 2%</i>	1-Covered	
IOPIDINE ( <i>apraclonidine hcl</i> ) 1 % SOLUTION	1-Covered	
<i>methazolamide tab 25 mg</i>	1-Covered	
<i>methazolamide tab 50 mg</i>	1-Covered	
PHOSPHOLINE IODIDE ( <i>echothiophate iodide</i> )	1-Covered	
<i>pilocarpine hcl ophth soln 1%</i>	1-Covered	
<i>pilocarpine hcl ophth soln 2%</i>	1-Covered	

## OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)

LATANOPROST	1-Covered	
<i>latanoprost ophth soln 0.005%</i>	1-Covered	

## OTIC AGENTS (Drugs for the Ears)

### OTIC AGENTS (Drugs for Ears)

ear wax removal drops ( <i>carbamide peroxide</i> ) 6.5 % solution	1-Covered	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> (ACETASOL HC)	1-Covered	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> (HYDROCORTISONE-ACETIC ACID)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>neomycin-polymyxin-hc otic soln 1%</i>	1-Covered	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1-Covered	
<i>ofloxacin otic soln 0.3%</i>	1-Covered	QL (5 PER 30 DAY(S))

## **RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)**

### **ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS (Drugs for Asthma and COPD)**

<i>budesonide inhalation susp 0.25 mg/2ml</i>	1-Covered	AL1 (1 to 8 yrs old)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1-Covered	AL1 (1 to 8 yrs old)
FLOVENT DISKUS ( <i>fluticasone propionate (inhalation)</i> )	1-Covered	
FLOVENT HFA ( <i>fluticasone propionate hfa</i> )	1-Covered	
<i>fluticasone propionate 50 mcg/act suspension</i>	1-Covered	QL (16 PER 30 DAY(S))
PULMICORT FLEXHALER ( <i>budesonide (inhalation)</i> ) 180 MCG/ACT AER POW BA	1-Covered	
QVAR REDHALER ( <i>beclomethasone dipropionate hfa</i> )	1-Covered	
<i>triamcinolone acetonide 55 mcg/act aerosol</i>	1-Covered	QL (17 PER 30 DAY(S))

### **ANTIHISTAMINES**

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1-Covered	QL (1 PER 30 DAYS)
<i>cetirizine hcl 1 mg/ml solution</i>	1-Covered	ST
<i>cetirizine hcl 10 mg tab</i>	1-Covered	
<i>cetirizine hcl tab 5 mg</i>	1-Covered	
<i>cetirizine hcl tab 5 mg (KP CETIRIZINE HCL)</i>	1-Covered	
<i>chlorpheniramine maleate syrup 2 mg/5ml (DIABETIC TUSSIN ALLERGY)</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>chlorpheniramine maleate syrup 2 mg/5ml</i> (ED CHLORPED JR)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i>	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (ALLER-CHLOR)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (ALLERGY 4 HOUR)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (ALLERGY RELIEF)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (ALLERGY)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (ALLERGY-TIME)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (CHLORHIST)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (CVS ALLERGY RELIEF)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (ED-CHLORTAN)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (EQ CHLORTABS)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (EQL ALLERGY)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (GNP ALLERGY RELIEF)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (GNP ALLERGY)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (HM ALLERGY RELIEF)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (PHARBECHLOR)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (QC ALLERGY RELIEF 4-HOUR)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (QC CHLOR-PHENIRAMINE)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (RA ALLERGY RELIEF)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (RA CHLORPHENIRAMINE MALEATE)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>chlorpheniramine maleate tab 4 mg</i> (SB CHLORPHENIRAMINE)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (SM ALLERGY 4 HOUR)	1-Covered	
<i>chlorpheniramine maleate tab 4 mg</i> (WAL-FINATE)	1-Covered	
CLEMASTINE FUMARATE 2.68 MG TAB	1-Covered	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1-Covered	
<i>cyproheptadine hcl tab 4 mg</i>	1-Covered	
diphenhydramine hcl 12.5 mg/5ml elixir	1-Covered	
diphenhydramine hcl 12.5 mg/5ml liquid	1-Covered	
diphenhydramine hcl 25 mg cap	1-Covered	
diphenhydramine hcl 25 mg tab	1-Covered	
diphenhydramine hcl 50 mg cap	1-Covered	
fexofenadine hcl 180 mg tab	1-Covered	ST
fexofenadine hcl 60 mg tab	1-Covered	ST
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1-Covered	
<i>hydroxyzine hcl tab 10 mg</i>	1-Covered	
<i>hydroxyzine hcl tab 25 mg</i>	1-Covered	
<i>hydroxyzine hcl tab 50 mg</i>	1-Covered	
HYDROXYZINE PAMOATE	1-Covered	
<i>hydroxyzine pamoate cap 25 mg</i>	1-Covered	
<i>hydroxyzine pamoate cap 50 mg</i>	1-Covered	
loratadine 10 mg tab	1-Covered	QL (30 PER 30 DAY(S)), MDD (1 Per Day)
loratadine 10 mg tab disp	1-Covered	
loratadine childrens 5 mg/5ml syrup	1-Covered	QL (150 PER 30 DAY(S))
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1-Covered	AL1 (At least 2 yrs old)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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## ANTILEUKOTRIENES

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1-Covered	ST
<i>montelukast sodium tab 10 mg (base equiv)</i>	1-Covered	QL (30 PER 30 DAYS), MDD (1 Per Day)

## BRONCHODILATORS, ANTICHOLINERGIC (Drugs for Asthma and COPD Symptoms)

ATROVENT HFA ( <i>ipratropium bromide hfa</i> )	1-Covered	
INCRUSE ELLIPTA ( <i>umeclidinium bromide</i> )	1-Covered	C (RESTRICTED TO THE DIAGNOSIS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).)
<i>ipratropium bromide inhal soln 0.02%</i>	1-Covered	
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1-Covered	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1-Covered	

## BRONCHODILATORS, SYMPATHOMIMETIC (Drugs for Asthma and COPD Symptoms)

ALBUTEROL SULFATE ER	1-Covered	
ALBUTEROL SULFATE HFA	1-Covered	QL (2 PER 30 [DAYS]), QLC (Limited to 2 inhalers per 30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (ALBUTEROL SULFATE HFA)</i>	1-Covered	QL (2 PER 30 DAY(S)), QLC (Limited to 2 inhalers per 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1-Covered	
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1-Covered	
<i>albuterol sulfate syrup 2 mg/5ml</i>	1-Covered	
<i>albuterol sulfate tab 2 mg</i>	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>albuterol sulfate tab 4 mg</i>	1-Covered	
EPINEPHRINE ( <i>epinephrine (anaphylaxis)</i> ) 0.3 MG/0.3ML SOLN -INJ	1-Covered	QL (2 PER FILL(S))
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1-Covered	QL (2 PER FILL(S))
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1-Covered	QL (2 PER FILL(S))
LEVAlBUTEROL TARTRATE	1-Covered	QL (30 PER 30 DAY(S))
METAPROTERENOL SULFATE	1-Covered	
<i>pseudoephedrine hcl 30 mg tab</i>	1-Covered	
<i>pseudoephedrine hcl 60 mg tab</i>	1-Covered	
SEREVENT DISKUS ( <i>salmeterol xinafoate</i> )	1-Covered	QL (60 PER 30 DAYS)
<i>terbutaline sulfate tab 2.5 mg</i>	1-Covered	
<i>terbutaline sulfate tab 5 mg</i>	1-Covered	

### **PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)**

ELIXOPHYLLIN ( <i>theophylline</i> )	1-Covered	
THEO-24 ( <i>theophylline</i> )	1-Covered	
THEOCHRON ( <i>theophylline</i> )	1-Covered	
THEOPHYLLINE ER	1-Covered	
<i>theophylline soln 80 mg/15ml</i>	1-Covered	
<i>theophylline tab er 12hr 100 mg</i> (THEOPHYLLINE ER)	1-Covered	
<i>theophylline tab er 12hr 200 mg</i> (THEOPHYLLINE ER)	1-Covered	
<i>theophylline tab er 12hr 300 mg</i> (THEOCHRON)	1-Covered	
<i>theophylline tab er 12hr 300 mg</i> (THEOPHYLLINE ER)	1-Covered	
<i>theophylline tab er 12hr 450 mg</i> (THEOPHYLLINE ER)	1-Covered	
<i>theophylline tab er 24hr 400 mg</i> (THEOPHYLLINE ER)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>theophylline tab er 24hr 600 mg</i> (THEOPHYLLINE ER)	1-Covered	

### **PULMONARY ANTIHYPERTENSIVES (Drugs for Pulmonary Hypertension)**

<i>ambrisentan tab 10 mg</i>	1-Covered	PA, QL (1 PER 1 DAY(S)), SP
<i>ambrisentan tab 5 mg</i>	1-Covered	PA, QL (1 PER 1 DAY(S)), SP
<i>bosentan tab 125 mg</i>	1-Covered	PA, QL (2 PER 1 DAY(S)), SP
<i>bosentan tab 62.5 mg</i>	1-Covered	PA, QL (2 PER 1 DAY(S)), SP
<i>sildenafil citrate tab 20 mg</i>	1-Covered	PA, QL (3 PER 1 DAY(S)), SP
<i>tadalafil tab 20 mg (pah)</i> (ALYQ)	1-Covered	PA, QL (2 PER 1 DAY(S)), SP
<i>tadalafil tab 20 mg (pah)</i> (TADALAFIL (PAH))	1-Covered	PA, QL (2 PER 1 DAY(S)), SP

### **RESPIRATORY TRACT AGENTS, OTHER (Other Drugs for Breathing Conditions)**

<i>acetylcysteine inhal soln 10%</i>	1-Covered	
<i>acetylcysteine inhal soln 20%</i>	1-Covered	
<i>benzonatate cap 100 mg</i>	1-Covered	
BEVESPI AEROSPHERE ( <i>glycopyrrolate-formoterol fumarate</i> )	1-Covered	ST
<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i> (CHILDRENS COLD & ALLERGY)	1-Covered	QL (120 PER FILL(S)), QLC (Limit to 2 fills of 120ML in 30 days)
<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i> (COLD & ALLERGY CHILDRENS)	1-Covered	QL (120 PER FILL(S)), QLC (Limit to 2 fills of 120ML in 30 days)
<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i> (COLD & ALLERGY)	1-Covered	QL (120 PER FILL(S)), QLC (Limit to 2 fills of 120ML in 30 days)
<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i> (COLD/ALLERGY CHILDRENS)	1-Covered	QL (120 PER FILL(S)), QLC (Limit to 2 fills of 120ML in 30 days)
<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i> (CVS COLD & ALLERGY CHILDRENS)	1-Covered	QL (120 PER FILL(S)), QLC (Limit to 2 fills of 120ML in 30 days)
<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i> (DIMAPHEN CHILDRENS)	1-Covered	QL (120 PER FILL(S)), QLC (Limit to 2 fills of 120ML in 30 days)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i> (GNP COLD/ALLERGY CHILDRENS)	1-Covered	QL (120 PER FILL(S)), QLC (Limit to 2 fills of 120ML in 30 days)
<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i> (HM COLD & ALLERGY CHILDRENS)	1-Covered	QL (120 PER FILL(S)), QLC (Limit to 2 fills of 120ML in 30 days)
<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i> (PX DIBROMM COLD/ALLERGY CHILD)	1-Covered	QL (120 PER FILL(S)), QLC (Limit to 2 fills of 120ML in 30 days)
<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i> (RA CHILDRENS COLD & ALLERGY)	1-Covered	QL (120 PER FILL(S)), QLC (Limit to 2 fills of 120ML in 30 days)
<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i> (RA COLD & ALLERGY)	1-Covered	QL (120 PER FILL(S)), QLC (Limit to 2 fills of 120ML in 30 days)
<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i> (RYNEX PE)	1-Covered	QL (120 PER FILL(S)), QLC (Limit to 2 fills of 120ML in 30 days)
<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i> (SB COLD & ALLERGY CHILDRENS)	1-Covered	QL (120 PER FILL(S)), QLC (Limit to 2 fills of 120ML in 30 days)
<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i> (SM COLD & ALLERGY CHILDRENS)	1-Covered	QL (120 PER FILL(S)), QLC (Limit to 2 fills of 120ML in 30 days)
<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i> (WAL-TAP CHILDRENS)	1-Covered	QL (120 PER FILL(S)), QLC (Limit to 2 fills of 120ML in 30 days)
<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i> (BROTAPP)	1-Covered	
<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i> (EQ COLD/ALLERGY CHILDRENS)	1-Covered	
<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i> (RYNEX PSE)	1-Covered	
<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i> (SM COLD & ALLERGY CHILDRENS)	1-Covered	
<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i> (WAL-TAP COLD/ALLERGY)	1-Covered	

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BROTAPP DM ( <i>pseudoephed-bromphen-dm</i> )	1-Covered	
COMBIVENT RESPIMAT ( <i>ipratropium-albuterol</i> )	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (BIOCOTRON)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (CVS TUSSIN DM)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (DIABETIC SILTUSSIN-DM)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (DIABETIC TUSSIN DM)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (DIABETIC TUSSIN FOR CHILDREN)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (G-TRON)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (GILTUSS COUGH & CHEST CHILDREN)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (GILTUSS COUGH & CHEST)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (GILTUSS DIABETIC COUGH & COLD)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (GILTUSS HONEY CGH/CHEST CONGES)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (GILTUSS HONEY CGH/CHST CHILD)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (GNP TUSSIN DM COUGH)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (GNP TUSSIN DM)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (GUAIASORB DM)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (HM TUSSIN ADULT DM)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (MAXI-TUSS G)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (MEDI-TUSSIN DM DIABETIC)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (PEDIATRIC FORMULA COUGH/CONGST)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (PX TUSSIN DM)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (QC TUSSIN DM COUGH/CONGESTION)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (RA TUSSIN CGH/CHEST CONGEST DM)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (RA TUSSIN COUGH)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (RA TUSSIN DM)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (ROBAFEN DM CGH/CHEST CONGEST)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (ROBAFEN DM COUGH)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (ROBAFEN DM PEAK COLD CGH/CONG)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (ROBITUSSIN COLD COUGH+ CHEST)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (ROBITUSSIN TO GO CGH/CHEST DM)	1-Covered	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (SAFE TUSSIN DM)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (SB COUGH CONTROL DM)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (SILTUSSIN DM DAS)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (SORBUGEN NR)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (TGT COUGH FORMULA DM)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (TOLU-SED DM)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (TUSNEL DIABETIC)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (TUSSIN DM CLEAR)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (TUSSIN DM COUGH + CHEST)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (TUSSIN DM)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (WAL-TUSSIN DM CGH/CHEST CONG)	1-Covered	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (WAL-TUSSIN DM)	1-Covered	
FLUTICASONE-SALMETEROL	1-Covered	QL (1 PER 30 DAYS)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</i>	1-Covered	QL (60 PER 30 DAY(S))
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</i> (WIXELA INHUB)	1-Covered	QL (60 PER 30 DAY(S))
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose</i>	1-Covered	QL (60 PER 30 DAY(S))

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose</i> (WIXELA INHUB)	1-Covered	QL (60 PER 30 DAY(S))
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i>	1-Covered	QL (60 PER 30 DAY(S))
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i> (WIXELA INHUB)	1-Covered	QL (60 PER 30 DAY(S))
<i>guaifenesin tab er 12hr 600 mg</i> (CVS MUCUS EXTENDED RELEASE)	1-Covered	
<i>guaifenesin tab er 12hr 600 mg</i> (EQ T2 HOUR MUCUS RELIEF)	1-Covered	
<i>guaifenesin tab er 12hr 600 mg</i> (EQ MUCUS ER)	1-Covered	
<i>guaifenesin tab er 12hr 600 mg</i> (EQL MUCUS-ER)	1-Covered	
<i>guaifenesin tab er 12hr 600 mg</i> (GNP MUCUS ER)	1-Covered	
<i>guaifenesin tab er 12hr 600 mg</i> (HM MUCUS ER)	1-Covered	
<i>guaifenesin tab er 12hr 600 mg</i> (HM MUCUS RELIEF)	1-Covered	
<i>guaifenesin tab er 12hr 600 mg</i> (MUCUS RELIEF ER)	1-Covered	
<i>guaifenesin tab er 12hr 600 mg</i> (MUCUS RELIEF)	1-Covered	
<i>guaifenesin tab er 12hr 600 mg</i> (MUCUS-ER)	1-Covered	
<i>guaifenesin tab er 12hr 600 mg</i> (PA MUCUS RELIEF)	1-Covered	
<i>guaifenesin tab er 12hr 600 mg</i> (QC MUCUS RELIEF)	1-Covered	
<i>guaifenesin tab er 12hr 600 mg</i> (RA MUCUS RELIEF)	1-Covered	
<i>guaifenesin tab er 12hr 600 mg</i> (SM MUCUS ER)	1-Covered	
<i>guaifenesin tab er 12hr 600 mg</i> (SM MUCUS RELIEF)	1-Covered	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	1-Covered	AL1 (At least 18 yrs old)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (CHERATUSSIN AC)	1-Covered	AL1 (At least 18 yrs old)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (G TUSSIN AC)	1-Covered	AL1 (At least 18 yrs old)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (GUAIA TUSSIN AC)	1-Covered	AL1 (At least 18 yrs old)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (GUAIFENESIN AC)	1-Covered	AL1 (At least 18 yrs old)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (MAXI-TUSS AC)	1-Covered	AL1 (At least 18 yrs old)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (ROBAFEN AC)	1-Covered	AL1 (At least 18 yrs old)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (VIRTUSSIN A/C)	1-Covered	AL1 (At least 18 yrs old)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (VIRTUSSIN AC W/ALC)	1-Covered	AL1 (At least 18 yrs old)
<i>guaifenesin-dm 100-10 mg/5ml syrup</i>	1-Covered	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1-Covered	QL (540 PER 30 DAY(S))
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i> (PROMETHAZINE VC PLAIN)	1-Covered	AL1 (At least 2 yrs old)
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i> (PROMETHAZINE VC)	1-Covered	AL1 (At least 2 yrs old)
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i> (PROMETHAZINE-PHENYLEPHRINE)	1-Covered	AL1 (At least 2 yrs old)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> (PROMETHAZINE-CODEINE)	1-Covered	QL (240 PER 30 DAYS), AL1 (At least 18 yrs old), QLC (LIMIT 240ML (8OZ) PER 30 DAYS)
PROMETHAZINE-DM	1-Covered	AL1 (At least 2 yrs old)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1-Covered	AL1 (At least 2 yrs old)
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> (PROMETHAZINE VC/CODEINE)	1-Covered	AL1 (At least 18 yrs old)
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> (PROMETHAZINE-PHENYLEPH-CODEINE)	1-Covered	AL1 (At least 18 yrs old)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>pseudoephed-chlorphen-dm liq 15-1-5 mg/5ml</i> (KIDKARE COUGH/COLD)	1-Covered	
<i>pseudoephed-chlorphen-dm liq 15-1-5 mg/5ml</i> (PEDIA RELIEF COUGH/COLD)	1-Covered	
<i>pseudoephedrine-guaifenesin er 60-600 mg tab er 12h</i>	1-Covered	
<i>sodium chloride soln nebu 0.9%</i>	1-Covered	
<i>sodium chloride soln nebu 10%</i>	1-Covered	
<i>sodium chloride soln nebu 3%</i>	1-Covered	
<i>sodium chloride soln nebu 3%</i> (NEBUSAL)	1-Covered	
<i>triprolidine &amp; pseudoephedrine tab 2.5-60 mg</i> (APRODINE)	1-Covered	
<i>triprolidine &amp; pseudoephedrine tab 2.5-60 mg</i> (ED A-HIST PSE)	1-Covered	
<i>triprolidine &amp; pseudoephedrine tab 2.5-60 mg</i> (WAL-ACT)	1-Covered	

## **SKELETAL MUSCLE RELAXANTS (Drugs for Muscle Tightness)**

<i>carisoprodol tab 350 mg</i>	1-Covered	QL (90 PER 30 DAY(S))
<i>carisoprodol tab 350 mg</i> (VANADOM)	1-Covered	QL (90 PER 30 DAY(S))
<i>cyclobenzaprine hcl tab 10 mg</i>	1-Covered	QL (90 PER 30 DAYS)
<i>cyclobenzaprine hcl tab 5 mg</i>	1-Covered	QL (90 PER 30 DAY(S))
<i>methocarbamol tab 500 mg</i>	1-Covered	QL (90 PER 30 DAY(S))
<i>methocarbamol tab 750 mg</i>	1-Covered	QL (90 PER 30 DAY(S))

## **SLEEP DISORDER AGENTS (Drugs for Sleep Problems)**

### **SLEEP PROMOTING AGENTS (Drugs for Insomnia)**

<i>diphenhydramine hcl (sleep) 25 mg tab</i>	1-Covered	
<i>diphenhydramine hcl (sleep) 50 mg cap</i>	1-Covered	
FLURAZEPAM HCL	1-Covered	AL1 (Up to 65 yrs old)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>temazepam cap 15 mg</i>	1-Covered	
<i>temazepam cap 30 mg</i>	1-Covered	
<i>temazepam cap 7.5 mg</i>	1-Covered	
<i>triazolam tab 0.125 mg</i>	1-Covered	QL (14 PER 30 DAY(S))
<i>triazolam tab 0.25 mg</i>	1-Covered	QL (14 PER 30 DAY(S))
<i>zaleplon cap 10 mg</i>	1-Covered	ST
<i>zaleplon cap 5 mg</i>	1-Covered	ST
<i>zolpidem tartrate tab 10 mg</i>	1-Covered	
<i>zolpidem tartrate tab 5 mg</i>	1-Covered	

### **WAKEFULNESS PROMOTING AGENTS (Drugs for Excessive Daytime Sleepiness)**

<i>modafinil tab 100 mg</i>	1-Covered	PA, QL (3 PER 1 DAY(S))
<i>modafinil tab 200 mg</i>	1-Covered	PA, QL (2 PER 1 DAY(S))

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ALBUTEROL SULFATE HFA.....	155	alprazolam tab 2 mg.....	49
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (ALBUTEROL SULFATE HFA).....	155	ALPROLIX (coagulation factor ix (recomb) fc fusion protein (rfixfc)).....	56
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml).....	155	amantadine hcl cap 100 mg.....	33
albuterol sulfate soln nebu 0.5% (5 mg/ml).....	155	amantadine hcl soln 50 mg/5ml.....	33
albuterol sulfate syrup 2 mg/5ml.....	155	amantadine hcl syrup 50 mg/5ml.....	33
albuterol sulfate tab 2 mg.....	155	amantadine hcl tab 100 mg.....	33
albuterol sulfate tab 4 mg.....	156	ambrisentan tab 10 mg.....	157
ALCOH-WIPE.....	141	ambrisentan tab 5 mg.....	157
Alcohol Prep 70 % PAD.....	141	amiloride & hydrochlorothiazide tab 5-50 mg (AMILORIDE-HYDROCHLOROTHIAZIDE).....	67
ALCOHOL WIPES (isopropyl alcohol (skin cleanser)).....	141	amiloride hcl tab 5 mg.....	70
ALENDRONATE SODIUM.....	140	amiodarone hcl tab 200 mg.....	61
alendronate sodium tab 10 mg.....	140	amiodarone hcl tab 200 mg (PACERONE).....	61
alendronate sodium tab 35 mg.....	140	AMITIZA (lubiprostone).....	103
alendronate sodium tab 5 mg.....	140	amitriptyline hcl tab 10 mg.....	23
alendronate sodium tab 70 mg.....	140	amitriptyline hcl tab 100 mg.....	23
		amitriptyline hcl tab 150 mg.....	23
		amitriptyline hcl tab 25 mg.....	23
		amitriptyline hcl tab 50 mg.....	23
		amitriptyline hcl tab 75 mg.....	23

amlodipine besylate tab 10 mg (base equivalent) . . . . .	63	amoxicillin (trihydrate) for susp 200 mg/5ml. 13	
amlodipine besylate tab 2.5 mg (base equivalent) . . . . .	63	amoxicillin (trihydrate) for susp 250 mg/5ml. 13	
amlodipine besylate tab 5 mg (base equivalent) . . . . .	63	amoxicillin (trihydrate) for susp 400 mg/5ml. 13	
amlodipine besylate-benazepril hcl cap 10-20 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . . . . .	67	amoxicillin (trihydrate) tab 500 mg . . . . .	13
amlodipine besylate-benazepril hcl cap 10-40 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . . . . .	67	amoxicillin (trihydrate) tab 875 mg . . . . .	13
amlodipine besylate-benazepril hcl cap 2.5-10 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . . . . .	67	AMOXICILLIN-POT CLAVULANATE (amoxicillin & pot clavulanate) . . . . .	13
amlodipine besylate-benazepril hcl cap 5-10 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . . . . .	67	AMOXICILLIN-POT CLAVULANATE ER (amoxicillin & pot clavulanate) . . . . .	13
amlodipine besylate-benazepril hcl cap 5-20 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . . . . .	67	amphetamine-dextroamphetamine cap er 24hr 10 mg (AMPHETAMINE-DEXTROAMPHETER) . . . . .	74
amlodipine besylate-benazepril hcl cap 5-40 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . . . . .	67	amphetamine-dextroamphetamine cap er 24hr 15 mg (AMPHETAMINE-DEXTROAMPHETER) . . . . .	75
Ammonium Lactate 12 % CREAM . . . . .	81	amphetamine-dextroamphetamine cap er 24hr 20 mg (AMPHETAMINE-DEXTROAMPHETER) . . . . .	75
Ammonium Lactate 12 % LOTION . . . . .	81	amphetamine-dextroamphetamine cap er 24hr 25 mg (AMPHETAMINE-DEXTROAMPHETER) . . . . .	75
AMONDYS 45 (casimersen) . . . . .	113	amphetamine-dextroamphetamine cap er 24hr 30 mg (AMPHETAMINE-DEXTROAMPHETER) . . . . .	75
AMOXAPINE . . . . .	23	amphetamine-dextroamphetamine cap er 24hr 5 mg (AMPHETAMINE-DEXTROAMPHETER) . . . . .	75
AMOXICILLIN . . . . .	12	amphetamine-dextroamphetamine tab 10 mg . . . . .	75
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml (AMOXICILLIN-POT CLAVULANATE) . . . . .	12	amphetamine-dextroamphetamine tab 12.5 mg . . . . .	75
amoxicillin & k clavulanate for susp 400-57 mg/5ml (AMOXICILLIN-POT CLAVULANATE) . . . . .	12	amphetamine-dextroamphetamine tab 15 mg . . . . .	75
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (AMOXICILLIN-POT CLAVULANATE) . . . . .	12	amphetamine-dextroamphetamine tab 20 mg . . . . .	75
amoxicillin & k clavulanate tab 250-125 mg (AMOXICILLIN-POT CLAVULANATE) . . . . .	12	amphetamine-dextroamphetamine tab 30 mg . . . . .	75
amoxicillin & k clavulanate tab 500-125 mg (AMOXICILLIN-POT CLAVULANATE) . . . . .	12	amphetamine-dextroamphetamine tab 5 mg . . . . .	75
amoxicillin & k clavulanate tab 875-125 mg (AMOXICILLIN-POT CLAVULANATE) . . . . .	12	amphetamine-dextroamphetamine tab 7.5 mg . . . . .	75
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg (AMOXICILLIN-POT CLAVULANATE ER) . . . . .	13		
amoxicillin (trihydrate) cap 250 mg . . . . .	13		
amoxicillin (trihydrate) cap 500 mg . . . . .	13		
amoxicillin (trihydrate) for susp 125 mg/5ml. 13			

AMPICILLIN.....	13	Aspirin 81 MG CHEW TAB.....	1
anagrelide hcl cap 0.5 mg.....	55	Aspirin 81 MG TAB DR.....	1
anagrelide hcl cap 1 mg.....	55	Aspirin EC 325 MG TAB DR.....	1
anastrozole tab 1 mg.....	31	atazanavir sulfate cap 150 mg (base equiv)	47
ANTABUSE (disulfiram).....	7	atazanavir sulfate cap 200 mg (base equiv)	47
Antacid & Antigas 200-200-20 MG/5ML		atazanavir sulfate cap 300 mg (base equiv)	47
SUSPENSION.....	110	atenolol & chlorthalidone tab 100-25 mg	
Antacid Calcium 500 MG CHEW TAB.....	110	(ATENOLOL-CHLORTHALIDONE).....	67
Antacid Extra Strength 400-400-40 MG/5ML		atenolol & chlorthalidone tab 50-25 mg	
SUSPENSION.....	110	(ATENOLOL-CHLORTHALIDONE).....	67
Antacid Extra Strength 750 MG CHEW TAB.....	110	atenolol tab 100 mg.....	62
ANTI-DIARRHEAL (loperamide hcl).....	107	atenolol tab 25 mg.....	62
ANUSOL-HC (hydrocortisone (rectal)).....	81	atenolol tab 50 mg.....	62
APO-VARENICLINE (varenicline tartrate).....	8	atomoxetine hcl cap 10 mg (base equiv)...	76
apraclonidine hcl ophth soln 0.5% (base		atomoxetine hcl cap 100 mg (base equiv)...	76
equivalent).....	151	atomoxetine hcl cap 18 mg (base equiv)...	76
aprepitant capsule 125 mg.....	25	atomoxetine hcl cap 25 mg (base equiv)...	76
aprepitant capsule 40 mg.....	25	atomoxetine hcl cap 40 mg (base equiv)...	76
aprepitant capsule 80 mg.....	25	atomoxetine hcl cap 60 mg (base equiv)...	76
aprepitant capsule therapy pack 80 & 125		atomoxetine hcl cap 80 mg (base equiv)...	76
mg.....	25	atorvastatin calcium tab 10 mg (base	
APTIVUS (tipranavir).....	47	equivalent).....	71
aripiprazole oral solution 1 mg/ml.....	37	atorvastatin calcium tab 20 mg (base	
aripiprazole orally disintegrating tab 10 mg.....	37	equivalent).....	71
aripiprazole orally disintegrating tab 15 mg.....	37	atorvastatin calcium tab 40 mg (base	
aripiprazole tab 10 mg.....	37	equivalent).....	71
aripiprazole tab 15 mg.....	37	atorvastatin calcium tab 80 mg (base	
aripiprazole tab 2 mg.....	37	equivalent).....	71
aripiprazole tab 20 mg.....	37	ATRIPLA (efavirenz-emtricitabine-tenofovir	
aripiprazole tab 30 mg.....	37	disoproxil fumarate).....	43
aripiprazole tab 5 mg.....	37	ATROPINE SULFATE (atropine sulfate	
ARISTADA (aripiprazole lauroxil).....	38	(ophthalmic)).....	146
ARISTADA INITIO (aripiprazole lauroxil).....	38	ATROVENT HFA (ipratropium bromide hfa).....	155
ARMOUR THYROID.....	132	AUTOLET PLATFORMS.....	141
asenapine maleate sl tab 10 mg (base		AVANDIA (rosiglitazone maleate).....	51
equiv).....	38	AVONEX PEN (interferon beta-1a).....	79
asenapine maleate sl tab 2.5 mg (base		AVONEX PREFILLED (interferon beta-1a).....	79
equiv).....	38	azathioprine tab 50 mg.....	135
asenapine maleate sl tab 5 mg (base		azelastine hcl nasal spray 0.1% (137	
equiv).....	38	mcg/spray).....	152
Aspirin 325 MG TAB.....	1	AZITHROMYCIN.....	13

azithromycin for susp 100 mg/5ml.....	13
azithromycin for susp 200 mg/5ml.....	13
azithromycin tab 250 mg.....	13
azithromycin tab 500 mg.....	13
azithromycin tab 600 mg.....	13

## B

B-12 DOTS (cyanocobalamin).....	95
BACITRACIN (bacitracin (ophthalmic)).....	149
Bacitracin 500 UNIT/GM OINTMENT.....	10
bacitracin zinc oint 500 unit/gm.....	10
bacitracin zinc oint 500 unit/gm (BACITRACIN ZINC-ALOE).....	10
bacitracin zinc oint 500 unit/gm (CVS BACITRACIN ZINC).....	10
bacitracin zinc oint 500 unit/gm (CVS BACITRACIN).....	10
bacitracin zinc oint 500 unit/gm (EQ BACITRACIN ZINC).....	10
bacitracin zinc oint 500 unit/gm (EQL BACITRACIN ZINC).....	10
bacitracin zinc oint 500 unit/gm (GNP BACITRACIN ZINC).....	10
bacitracin zinc oint 500 unit/gm (HM BACITRACIN ZINC).....	10
bacitracin zinc oint 500 unit/gm (KP BACITRACIN ZINC).....	10
bacitracin zinc oint 500 unit/gm (RA BACITRACIN ZINC FIRST AID).....	10
bacitracin zinc oint 500 unit/gm (RA BACITRACIN).....	10
bacitracin zinc oint 500 unit/gm (SM ANTIBIOTIC).....	10
bacitracin-polymyxin b ophth oint.....	146
bacitracin-polymyxin b ophth oint (AK-POLY-BAC).....	146
bacitracin-polymyxin b ophth oint (POLYCIN).....	146
bacitracin-polymyxin-neomycin-hc ophth oint 1% (BACITRA-NEOMYCIN-POLYMYXIN-HC).....	146
bacitracin-polymyxin-neomycin-hc ophth oint 1% (NEO-POLYCIN HC).....	146
baclofen tab 10 mg.....	42
baclofen tab 20 mg.....	42
balsalazide disodium cap 750 mg.....	140
BAQSIMI ONE PACK (glucagon).....	52
BAQSIMI TWO PACK (glucagon).....	52
BASAGLAR KWIKPEN (insulin glargine).....	53
BD ECLIPSE SYRINGE.....	141
BD SAFETYGLIDE SYRINGE/NEEDLE.....	141
BEBULIN (factor ix complex).....	56
BEDDING SPRAY LICE TREATMENT.....	86
BELBUCA (buprenorphine hcl).....	2
benazepril & hydrochlorothiazide tab 10-12.5 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE).....	67
benazepril & hydrochlorothiazide tab 20-12.5 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE).....	67
benazepril & hydrochlorothiazide tab 20-25 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE).....	67
benazepril & hydrochlorothiazide tab 5-6.25 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE).....	68
benazepril hcl tab 10 mg.....	59
benazepril hcl tab 20 mg.....	59
benazepril hcl tab 40 mg.....	59
benazepril hcl tab 5 mg.....	60
BENAZEPRIL-HYDROCHLOROTHIAZIDE (benazepril & hydrochlorothiazide).....	68
BENEFIX (coagulation factor ix (recombinant)).....	56
benzonatate cap 100 mg.....	157
Benzoyl Peroxide 10 % GEL.....	84
Benzoyl Peroxide 5 % GEL.....	84
BENZOYL PEROXIDE CREAM 10%.....	84
benzoyl peroxide gel 2.5%.....	84
benzoyl peroxide gel 2.5% (ACNE MEDICATION 2.5).....	84
Benzoyl Peroxide Wash 10 % LIQUID.....	84
Benzoyl Peroxide Wash 5 % LIQUID.....	85
benzoyl peroxide-erythromycin gel 5-3%.....	80
benztropine mesylate inj 1 mg/ml.....	32
benztropine mesylate tab 0.5 mg.....	32

benztropine mesylate tab 1 mg.....	32	BLEPHAMIDE (sulfacetamide sod-	
benztropine mesylate tab 2 mg.....	32	prednisolone).....	146
BEOVU (brolucizumab-dbil).....	146	BOOSTRIX (tetanus toxoid-diphtheria-acellular	
betamethasone dipropionate augmented		pertussis adsorb (tdap)).....	137
cream 0.05%.....	116	bosentan tab 125 mg.....	157
betamethasone dipropionate cream 0.05%	81	bosentan tab 62.5 mg.....	157
betamethasone dipropionate lotion 0.05%..	82	brimonidine tartrate ophth soln 0.2%.....	151
betamethasone dipropionate oint 0.05%..	116	bromocriptine mesylate tab 2.5 mg (base	
betamethasone valerate cream 0.1% (base		equivalent).....	33
equivalent).....	82	brompheniramine & phenylephrine elixir 1-2.5	
betamethasone valerate lotion 0.1% (base		mg/5ml (CHILDRENS COLD & ALLERGY)....	157
equivalent).....	82	brompheniramine & phenylephrine elixir 1-2.5	
betamethasone valerate oint 0.1% (base		mg/5ml (COLD & ALLERGY CHILDRENS)....	157
equivalent).....	82	brompheniramine & phenylephrine elixir 1-2.5	
betaxolol hcl ophth soln 0.5%.....	150	mg/5ml (COLD & ALLERGY).....	157
bethanechol chloride tab 10 mg.....	114	brompheniramine & phenylephrine elixir 1-2.5	
bethanechol chloride tab 25 mg.....	114	mg/5ml (COLD/ALLERGY CHILDRENS).....	157
bethanechol chloride tab 5 mg.....	114	brompheniramine & phenylephrine elixir 1-2.5	
bethanechol chloride tab 50 mg.....	114	mg/5ml (CVS COLD & ALLERGY	
BETIMOL (timolol).....	150	CHILDRENS).....	157
BETOPTIC-S (betaxolol hcl (ophth)).....	150	brompheniramine & phenylephrine elixir 1-2.5	
BEVESPI AEROSPHERE (glycopyrrolate-		mg/5ml (DIMAPHEN CHILDRENS).....	157
formoterol fumarate).....	157	brompheniramine & phenylephrine elixir 1-2.5	
BEXSERO (meningococcal vac group b		mg/5ml (GNP COLD/ALLERGY CHILDRENS)	158
(recombant omv adjuvanted)).....	137	brompheniramine & phenylephrine elixir 1-2.5	
bicalutamide tab 50 mg.....	30	mg/5ml (HM COLD & ALLERGY	
BIKTARVY (bictegravir-emtricitabine-tenofovir		CHILDRENS).....	158
alafenamide fumarate).....	43	brompheniramine & phenylephrine elixir 1-2.5	
Bisacodyl 10 MG SUPPOS.....	103	mg/5ml (PX DIBROMM COLD/ALLERGY	
Bisacodyl EC 5 MG TAB DR.....	103	CHILD).....	158
Bismuth Subsalicylate 262 MG CHEW TAB..	110	brompheniramine & phenylephrine elixir 1-2.5	
Bismuth Subsalicylate 262 MG TAB.....	110	mg/5ml (RA CHILDRENS COLD & ALLERGY)	158
bisoprolol & hydrochlorothiazide tab 10-6.25		brompheniramine & phenylephrine elixir 1-2.5	
mg (BISOPROLOL-HYDROCHLOROTHIAZIDE) .68		mg/5ml (RA COLD & ALLERGY).....	158
bisoprolol & hydrochlorothiazide tab 2.5-6.25		brompheniramine & phenylephrine elixir 1-2.5	
mg (BISOPROLOL-HYDROCHLOROTHIAZIDE) .68		mg/5ml (RYNEX PE).....	158
bisoprolol & hydrochlorothiazide tab 5-6.25		brompheniramine & phenylephrine elixir 1-2.5	
mg (BISOPROLOL-HYDROCHLOROTHIAZIDE) .68		mg/5ml (SB COLD & ALLERGY CHILDRENS) .	158
bisoprolol fumarate tab 10 mg.....	62	brompheniramine & phenylephrine elixir 1-2.5	
bisoprolol fumarate tab 5 mg.....	62	mg/5ml (SM COLD & ALLERGY CHILDRENS)	158
BLEPH-10 (sulfacetamide sodium (ophth)).	149		

brompheniramine & phenylephrine elixir 1-2.5 mg/5ml (WAL-TAP CHILDRENS).....	158	buprenorphine td patch weekly 10 mcg/hr..	2
brompheniramine & pseudoephedrine elixir 1-15 mg/5ml (BROTAPP).....	158	buprenorphine td patch weekly 15 mcg/hr..	3
brompheniramine & pseudoephedrine elixir 1-15 mg/5ml (EQ COLD/ALLERGY CHILDRENS).....	158	buprenorphine td patch weekly 20 mcg/hr..	3
brompheniramine & pseudoephedrine elixir 1-15 mg/5ml (RYNEX PSE).....	158	buprenorphine td patch weekly 5 mcg/hr...	3
brompheniramine & pseudoephedrine elixir 1-15 mg/5ml (SM COLD & ALLERGY CHILDRENS).....	158	buprenorphine td patch weekly 7.5 mcg/hr.	3
brompheniramine & pseudoephedrine elixir 1-15 mg/5ml (WAL-TAP COLD/ALLERGY).....	158	bupropion hcl (smoking deterrent) tab er 12hr 150 mg (BUPROPION HCL ER (SMOKING DET))	8
BROTAPP DM (pseudoephed-bromphen-dm).....	159	bupropion hcl tab 100 mg.....	20
budesonide inhalation susp 0.25 mg/2ml..	152	bupropion hcl tab 75 mg.....	20
budesonide inhalation susp 0.5 mg/2ml...	152	bupropion hcl tab er 12hr 100 mg (BUPROPION HCL ER (SR)).....	20
bumetanide tab 0.5 mg.....	69	bupropion hcl tab er 12hr 150 mg (BUPROPION HCL ER (SR)).....	20
bumetanide tab 1 mg.....	69	bupropion hcl tab er 12hr 200 mg (BUPROPION HCL ER (SR)).....	20
bumetanide tab 2 mg.....	69	bupropion hcl tab er 24hr 150 mg (BUPROPION HCL ER (XL)).....	20
BUNAVAIL (buprenorphine hcl-naloxone hcl dihydrate).....	7	bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL)).....	20
BUPRENEX (buprenorphine hcl).....	7	bupirone hcl tab 10 mg.....	49
BUPRENORPHINE.....	2	bupirone hcl tab 15 mg.....	49
buprenorphine hcl inj 0.3 mg/ml (base equiv).....	7	bupirone hcl tab 30 mg.....	49
buprenorphine hcl sl tab 2 mg (base equiv) ..	7	bupirone hcl tab 5 mg.....	49
buprenorphine hcl sl tab 8 mg (base equiv) ..	7	bupirone hcl tab 7.5 mg.....	49
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv).....	7	butalbital-acetaminophen tab 50-325 mg..	78
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv).....	7	butalbital-acetaminophen tab 50-325 mg (BUTALBITAL-APAP).....	78
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv).....	7	butalbital-acetaminophen tab 50-325 mg (MARTEN-TAB).....	78
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv).....	8	butalbital-acetaminophen-caffeine tab 50-325-40 mg (BAC).....	78
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....	8	butalbital-acetaminophen-caffeine tab 50-325-40 mg (BUTALBITAL-APAP-CAFFEINE)....	78
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....	8	butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (ASCOMP-CODEINE).....	4
		butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (BUTALBITAL-ASA-CAFF-CODEINE) ..	4
		BUTALBITAL-ASPIRIN-CAFFEINE.....	1
		butalbital-aspirin-caffeine cap 50-325-40 mg.	1
		butorphanol tartrate nasal soln 10 mg/ml....	4
		BUTRANS (buprenorphine).....	3

# C

CABENUVA (cabotegravir & rilpivirine) . . . . .	47	calcium carbonate tab 1500 mg (600 mg elemental ca) (CALCIUM 600) . . . . .	96
calcipotriene cream 0.005% . . . . .	85	calcium carbonate tab 1500 mg (600 mg elemental ca) (CALTRATE 600) . . . . .	96
calcipotriene oint 0.005% . . . . .	85	calcium carbonate tab 1500 mg (600 mg elemental ca) (CVS CALCIUM) . . . . .	96
calcipotriene oint 0.005% (CALCITRENE) . . . . .	85	CALCIUM CARBONATE-CHOLECALCIFEROL TAB 250 MG-125 UNIT . . . . .	96
calcipotriene soln 0.005% (50 mcg/ml) . . . . .	85	CALCIUM CARBONATE-VITAMIN D TAB 250 MG-125 UNIT . . . . .	96
calcitonin (salmon) nasal soln 200 unit/act. . . . .	140	CALCIUM CARBONATE-VITAMIN D TAB 500 MG-125 UNIT . . . . .	96
calcitriol cap 0.25 mcg . . . . .	140	CALCIUM CARBONATE-VITAMIN D TAB 500 MG-200 UNIT . . . . .	96
calcitriol cap 0.5 mcg . . . . .	140	CALCIUM CARBONATE-VITAMIN D TAB 500 MG-400 UNIT . . . . .	96
calcitriol oral soln 1 mcg/ml . . . . .	140	CALCIUM CARBONATE-VITAMIN D TAB 600 MG-400 UNIT . . . . .	96
Calcium 500 + D 500-200 MG-UNIT TAB . . . . .	95	CALCIUM GLUCONATE . . . . .	96
Calcium 500 + D3 500-600 MG-UNIT TAB . . . . .	95	CALCIUM LACTATE . . . . .	96
Calcium 500+D 500-400 MG-UNIT TAB . . . . .	95	calcium tab 600 mg . . . . .	96
Calcium 600+D3 600-800 MG-UNIT TAB . . . . .	95	calcium tab 600 mg (CVS CALCIUM) . . . . .	96
Calcium 600-D 600-400 MG-UNIT TAB . . . . .	95	calcium tab 600 mg (RA CALCIUM HIGH POTENCY) . . . . .	96
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (CALCIUM ACETATE (PHOS BINDER)) . . . . .	92	capecitabine tab 500 mg . . . . .	31
calcium acetate (phosphate binder) tab 667 mg . . . . .	92	CAPLYTA (lumateperone tosylate) . . . . .	38
calcium acetate (phosphate binder) tab 667 mg (CALCIUM ACETATE (PHOS BINDER)) . . . . .	92	captopril tab 100 mg . . . . .	60
calcium acetate (phosphate binder) tab 667 mg (CALPHRON) . . . . .	92	captopril tab 12.5 mg . . . . .	60
calcium ascorbate tab 500 mg . . . . .	95	captopril tab 25 mg . . . . .	60
calcium ascorbate tab 500 mg (C-500 NON-ACID) . . . . .	95	captopril tab 50 mg . . . . .	60
calcium carbonate (antacid) chew tab 400 mg (CHILDRENS PEPTO) . . . . .	110	CAPTOPRIL-HYDROCHLOROTHIAZIDE (captopril & hydrochlorothiazide) . . . . .	68
calcium carbonate (antacid) chew tab 400 mg (CHILDRENS SOOTHE) . . . . .	110	carbamazepine cap er 12hr 100 mg (CARBAMAZEPINE ER) . . . . .	18
calcium carbonate (antacid) chew tab 400 mg (MAALOX CHILDRENS) . . . . .	110	carbamazepine cap er 12hr 200 mg (CARBAMAZEPINE ER) . . . . .	18
calcium carbonate (antacid) chew tab 400 mg (RA STOMACH RELIEF KIDS) . . . . .	110	carbamazepine cap er 12hr 300 mg (CARBAMAZEPINE ER) . . . . .	18
Calcium Carbonate 600 MG TAB . . . . .	95	carbamazepine chew tab 100 mg . . . . .	18
CALCIUM CARBONATE TAB 1250 MG (500 MG ELEMENTAL CA) . . . . .	96	carbamazepine susp 100 mg/5ml . . . . .	18
calcium carbonate tab 1500 mg (600 mg elemental ca) . . . . .	96	carbamazepine tab 200 mg . . . . .	18

carbamazepine tab 200 mg (EPITOL).....	18	cephalexin for susp 250 mg/5ml.....	12
carbamazepine tab er 12hr 100 mg (CARBAMAZEPINE ER).....	18	Cetirizine HCl 1 MG/ML SOLUTION.....	152
carbamazepine tab er 12hr 200 mg (CARBAMAZEPINE ER).....	19	Cetirizine HCl 10 MG TAB.....	152
carbamazepine tab er 12hr 400 mg (CARBAMAZEPINE ER).....	19	cetirizine hcl tab 5 mg.....	152
CARBATROL (carbamazepine).....	19	cetirizine hcl tab 5 mg (KP CETIRIZINE HCL) .	152
carbidopa & levodopa tab 10-100 mg (CARBIDOPA-LEVODOPA).....	34	CHANTIX (varenicline tartrate).....	9
carbidopa & levodopa tab 25-100 mg (CARBIDOPA-LEVODOPA).....	34	CHANTIX CONTINUING MONTH PAK (varenicline tartrate).....	9
carbidopa & levodopa tab 25-250 mg (CARBIDOPA-LEVODOPA).....	34	CHANTIX STARTING MONTH PAK (varenicline tartrate).....	9
carbidopa & levodopa tab er 25-100 mg (CARBIDOPA-LEVODOPA ER).....	34	CHEMET (succimer).....	92
carbidopa & levodopa tab er 50-200 mg (CARBIDOPA-LEVODOPA ER).....	34	chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg (CHLORDIAZEPOXIDE-CLIDINIUM) .	109
CAREONE UNIFINE PENTIPS PLUS.....	141	chlorhexidine gluconate liquid 4%.....	85
CARETOUCH INSULIN SYRINGE.....	142	chlorhexidine gluconate liquid 4% (BETASEPT SURGICAL SCRUB).....	85
CARETOUCH PEN NEEDLES.....	142	chlorhexidine gluconate soln 0.12%.....	80
carisoprodol tab 350 mg.....	164	chlorhexidine gluconate soln 0.12% (PAROEX).....	80
carisoprodol tab 350 mg (VANADOM).....	164	chlorhexidine gluconate soln 0.12% (PERIOGARD).....	80
carvedilol tab 12.5 mg.....	62	CHLOROQUINE PHOSPHATE.....	32
carvedilol tab 25 mg.....	62	chloroquine phosphate tab 250 mg.....	32
carvedilol tab 3.125 mg.....	62	chloroquine phosphate tab 500 mg.....	32
carvedilol tab 6.25 mg.....	62	CHLOROTHIAZIDE.....	70
CEFACTOR.....	12	chlorothiazide tab 500 mg.....	70
cefaclor cap 250 mg.....	12	chlorpheniramine maleate syrup 2 mg/5ml (DIABETIC TUSSIN ALLERGY).....	152
cefaclor cap 500 mg.....	12	chlorpheniramine maleate syrup 2 mg/5ml (ED CHLORPED JR).....	153
cefdinir cap 300 mg.....	12	chlorpheniramine maleate tab 4 mg.....	153
cefdinir for susp 125 mg/5ml.....	12	chlorpheniramine maleate tab 4 mg (ALLER- CHLOR).....	153
cefdinir for susp 250 mg/5ml.....	12	chlorpheniramine maleate tab 4 mg (ALLERGY 4 HOUR).....	153
celecoxib cap 100 mg.....	1	chlorpheniramine maleate tab 4 mg (ALLERGY RELIEF).....	153
celecoxib cap 200 mg.....	1	chlorpheniramine maleate tab 4 mg (ALLERGY).....	153
celecoxib cap 400 mg.....	1	chlorpheniramine maleate tab 4 mg (ALLERGY-TIME).....	153
celecoxib cap 50 mg.....	1		
CELONTIN (methsuximide).....	17		
cephalexin cap 250 mg.....	12		
cephalexin cap 500 mg.....	12		
cephalexin for susp 125 mg/5ml.....	12		

chlorpheniramine maleate tab 4 mg (CHLORHIST) . . . . .	153	cholestyramine light powder 4 gm/dose . . . . .	71
chlorpheniramine maleate tab 4 mg (CVS ALLERGY RELIEF) . . . . .	153	cholestyramine light powder 4 gm/dose (PREVALITE) . . . . .	71
chlorpheniramine maleate tab 4 mg (ED-CHLORTAN) . . . . .	153	cholestyramine powder 4 gm/dose . . . . .	71
chlorpheniramine maleate tab 4 mg (EQ CHLORTABS) . . . . .	153	ciclopirox gel 0.77% . . . . .	89
chlorpheniramine maleate tab 4 mg (EQL ALLERGY) . . . . .	153	ciclopirox olamine cream 0.77% (base equiv) . . . . .	26
chlorpheniramine maleate tab 4 mg (GNP ALLERGY RELIEF) . . . . .	153	ciclopirox olamine cream 0.77% (base equiv) (CICLODAN) . . . . .	26
chlorpheniramine maleate tab 4 mg (GNP ALLERGY) . . . . .	153	ciclopirox olamine susp 0.77% (base equiv) .	26
chlorpheniramine maleate tab 4 mg (HM ALLERGY RELIEF) . . . . .	153	ciclopirox shampoo 1% . . . . .	89
chlorpheniramine maleate tab 4 mg (PHARBECHLOR) . . . . .	153	ciclopirox solution 8% . . . . .	89
chlorpheniramine maleate tab 4 mg (QC ALLERGY RELIEF 4-HOUR) . . . . .	153	ciclopirox solution 8% (CICLODAN) . . . . .	89
chlorpheniramine maleate tab 4 mg (QC CHLOR-PHENIRAMINE) . . . . .	153	cilostazol tab 100 mg . . . . .	58
chlorpheniramine maleate tab 4 mg (RA ALLERGY RELIEF) . . . . .	153	cilostazol tab 50 mg . . . . .	58
chlorpheniramine maleate tab 4 mg (RA CHLORPHENIRAMINE MALEATE) . . . . .	153	CILOXAN (ciprofloxacin hcl (ophth)) . . . . .	14
chlorpheniramine maleate tab 4 mg (SB CHLORPHENIRAMINE) . . . . .	154	CIMDUO (lamivudine-tenofovir disoproxil fumarate) . . . . .	45
chlorpheniramine maleate tab 4 mg (SM ALLERGY 4 HOUR) . . . . .	154	CIMETIDINE HCL . . . . .	111
chlorpheniramine maleate tab 4 mg (WAL-FINATE) . . . . .	154	cimetidine hcl soln 300 mg/5ml . . . . .	111
CHLORPROMAZINE HCL . . . . .	35	cimetidine tab 200 mg . . . . .	111
chlorpromazine hcl inj 25 mg/ml . . . . .	35	cimetidine tab 200 mg (CIMETIDINE 200) . . .	111
chlorpromazine hcl tab 10 mg . . . . .	35	cimetidine tab 200 mg (CIMETIDINE ACID REDUCER) . . . . .	111
chlorpromazine hcl tab 100 mg . . . . .	35	cimetidine tab 200 mg (CVS HEARTBURN RELIEF) . . . . .	111
chlorpromazine hcl tab 200 mg . . . . .	35	cimetidine tab 200 mg (EQ ACID REDUCER) . . . . .	111
chlorpromazine hcl tab 25 mg . . . . .	35	cimetidine tab 200 mg (EQ CIMETIDINE) . . .	111
chlorpromazine hcl tab 50 mg . . . . .	35	cimetidine tab 200 mg (EQ HEARTBURN RELIEF) . . . . .	111
chlorthalidone tab 25 mg . . . . .	70	cimetidine tab 200 mg (GNP HEARTBURN RELIEF 200) . . . . .	112
chlorthalidone tab 50 mg . . . . .	70	cimetidine tab 200 mg (GNP HEARTBURN RELIEF) . . . . .	112
		cimetidine tab 200 mg (HEARTBURN RELIEF) . . . . .	112
		cimetidine tab 200 mg (PX ACID REDUCER) . . . . .	112
		cimetidine tab 200 mg (RA ACID REDUCER) . . . . .	112

cimetidine tab 200 mg (SB CIMETIDINE) . . . .	112	CLINIMIX/DEXTROSE (4.25/5) (amino acid infusion in d5w) . . . . .	90
cimetidine tab 200 mg (SM ACID REDUCER) . . . . .	112	clobetasol propionate cream 0.05% . . . . .	82
cimetidine tab 200 mg (TGT ACID REDUCER) . . . . .	112	clobetasol propionate emollient base cream 0.05% (CLOBETASOL PROP EMOLLIENT BASE) 82	
cimetidine tab 300 mg . . . . .	112	clobetasol propionate gel 0.05% . . . . .	82
cimetidine tab 400 mg . . . . .	112	clobetasol propionate oint 0.05% . . . . .	82
cimetidine tab 800 mg . . . . .	112	clobetasol propionate soln 0.05% . . . . .	82
cinacalcet hcl tab 30 mg (base equiv) . . . .	141	clobetasol propionate soln 0.05% (CORMAX SCALP APPLICATION) . . . . .	82
cinacalcet hcl tab 60 mg (base equiv) . . . .	141	clomipramine hcl cap 25 mg . . . . .	23
cinacalcet hcl tab 90 mg (base equiv) . . . .	141	clomipramine hcl cap 50 mg . . . . .	23
ciprofloxacin hcl ophth soln 0.3% (base equivalent) . . . . .	14	clomipramine hcl cap 75 mg . . . . .	23
ciprofloxacin hcl tab 250 mg (base equiv) . .	15	clonazepam tab 0.5 mg . . . . .	49
ciprofloxacin hcl tab 500 mg (base equiv) . .	15	clonazepam tab 1 mg . . . . .	49
ciprofloxacin hcl tab 750 mg (base equiv) . .	15	clonazepam tab 2 mg . . . . .	49
citalopram hydrobromide tab 10 mg (base equiv) . . . . .	21	clonidine hcl tab 0.1 mg . . . . .	58
citalopram hydrobromide tab 20 mg (base equiv) . . . . .	21	clonidine hcl tab 0.2 mg . . . . .	58
citalopram hydrobromide tab 40 mg (base equiv) . . . . .	21	clonidine hcl tab 0.3 mg . . . . .	58
clarithromycin tab 500 mg . . . . .	14	clopidogrel bisulfate tab 75 mg (base equiv) . . . . .	58
CLASSIC PRENATAL (prenatal vit w/ ferrous fumarate-folic acid) . . . . .	96	Clotrimazole 1 % CREAM . . . . .	26
CLEMASTINE FUMARATE . . . . .	154	clotrimazole soln 1% . . . . .	26
CLEOCIN (clindamycin phosphate vaginal) .10		clotrimazole soln 1% (CVS CLOTRIMAZOLE) . .26	
clindamycin hcl cap 150 mg . . . . .	10	clotrimazole soln 1% (FUNGICURE INTENSIVE/NAILGUARD) . . . . .	26
clindamycin hcl cap 300 mg . . . . .	10	clotrimazole troche 10 mg . . . . .	26
clindamycin hcl cap 75 mg . . . . .	10	Clotrimazole Vaginal 1 % CREAM . . . . .	26
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) . . . . .	10	CLOZAPINE . . . . .	41
clindamycin phosphate gel 1% . . . . .	89	clozapine orally disintegrating tab 100 mg . .42	
clindamycin phosphate lotion 1% . . . . .	89	clozapine orally disintegrating tab 25 mg . . .42	
clindamycin phosphate soln 1% . . . . .	89	clozapine tab 100 mg . . . . .	42
clindamycin phosphate swab 1% . . . . .	11	clozapine tab 200 mg . . . . .	42
clindamycin phosphate swab 1% (CLINDACIN ETZ) . . . . .	11	clozapine tab 25 mg . . . . .	42
clindamycin phosphate swab 1% (CLINDACIN-P) . . . . .	11	clozapine tab 50 mg . . . . .	42
clindamycin phosphate vaginal cream 2%. 11		CLOZARIL (clozapine) . . . . .	42
		COAGADEX (coagulation factor x (human)) . . . . .	56
		CODEINE SULFATE . . . . .	4
		codeine sulfate tab 30 mg . . . . .	5
		codeine sulfate tab 60 mg . . . . .	5

COGENTIN (benztropine mesylate).....	33	cyanocobalamin tab 500 mcg (HM VITAMIN B12).....	97
colchicine tab 0.6 mg.....	28	cyanocobalamin tab 500 mcg (QC VITAMIN B12).....	97
colchicine w/ probenecid tab 0.5-500 mg (COLCHICINE-PROBENECID).....	28	cyanocobalamin tab 500 mcg (SM VITAMIN B-12).....	97
colestipol hcl granule packets 5 gm.....	71	cyanocobalamin tab 500 mcg (VITAMIN B 12).....	97
colestipol hcl granules 5 gm.....	71	cyanocobalamin tab 500 mcg (VITAMIN B-12).....	97
colestipol hcl tab 1 gm.....	71	cyanocobalamin tab 500 mcg (VITAMIN B12).....	97
COMBIVENT RESPIMAT (ipratropium-albuterol).....	159	cyclobenzaprine hcl tab 10 mg.....	164
COMBIVIR (lamivudine-zidovudine).....	45	cyclobenzaprine hcl tab 5 mg.....	164
COMFORT TOUCH INSULIN PEN NEED.....	142	cyclopentolate hcl ophth soln 0.5%.....	146
COMPLERA (emtricitabine-rilpivirine-tenofovir disoproxil fumarate).....	43	cyclopentolate hcl ophth soln 1%.....	146
CONDOMS LATEX LUBRICATED.....	142	cyclopentolate hcl ophth soln 2%.....	146
CORIFACT (factor xiii concentrate (human))	56	CYCLOPHOSPHAMIDE.....	30
CORTISPORIN (bacitracin-polymyxin-neomycin hc).....	85	cyclophosphamide cap 25 mg.....	30
CORTISPORIN (neomycin-polymyxin-hc)...	146	cyclophosphamide cap 50 mg.....	30
COUMADIN (warfarin sodium).....	54	cyclosporine cap 100 mg.....	135
CREON (pancrelipase (lipase-protease-amylase)).....	113	cyclosporine cap 25 mg.....	135
CRIVAN (indinavir sulfate).....	47	cyclosporine modified cap 100 mg.....	135
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%).....	142	cyclosporine modified cap 100 mg (GENGRAF).....	135
cromolyn sodium ophth soln 4%.....	148	cyclosporine modified cap 25 mg.....	136
CVS BEDDING SPRAY LICE TREAT.....	86	cyclosporine modified cap 25 mg (GENGRAF).....	136
CVS ISOPROPYL ALCOHOL WIPES (isopropyl alcohol (skin cleanser)).....	142	cyclosporine modified oral soln 100 mg/ml (GENGRAF).....	136
CVS LICE SOLUTION 3-STEP (pyrethrins-piperonyl butoxide-permethrin-nit remover)	86	cyclosporine modified oral soln 100 mg/ml (GENGRAF).....	136
CVS LICE-BEDBUG-MITE.....	86	cyproheptadine hcl syrup 2 mg/5ml.....	154
CVS PRENATAL (prenatal vit w/ ferrous fumarate-folic acid).....	96	cyproheptadine hcl tab 4 mg.....	154
cyanocobalamin tab 500 mcg (B-12).....	96	CYTRA-3 (pot & sod citrates w/citric ac)...	114
cyanocobalamin tab 500 mcg (CVS B-12)..	96	<b>D</b>	
cyanocobalamin tab 500 mcg (EQL VITAMIN B-12).....	97	danazol cap 100 mg.....	118
cyanocobalamin tab 500 mcg (GNP VITAMIN B-12).....	97	danazol cap 200 mg.....	118
cyanocobalamin tab 500 mcg (HM VITAMIN B-12).....	97	danazol cap 50 mg.....	119
		dapsone tab 100 mg.....	29
		dapsone tab 25 mg.....	29

DELSTRIGO (doravirine-lamivudine-tenofovir disoproxil fumarate).....	43	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (SIMLIYA).....	119
DEPAKENE (valproate sodium).....	16	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (VIORELE).....	119
DEPAKENE (valproic acid).....	16	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (VOLNEA).....	120
DEPO-PROVERA (medroxyprogesterone acetate (antineoplastic)).....	130	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (APRI).....	120
DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate (contraceptive)).....	130	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CYRED EQ).....	120
DESCOVY (emtricitabine-tenofovir alafenamide fumarate).....	45	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CYRED).....	120
desipramine hcl tab 10 mg.....	23	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (DESOGESTREL-ETHINYL ESTRADIOL)...	120
desipramine hcl tab 100 mg.....	23	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (EMOQUETTE).....	120
desipramine hcl tab 150 mg.....	23	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (ENSKYCE).....	120
desipramine hcl tab 25 mg.....	23	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (ISIBLOOM).....	120
desipramine hcl tab 50 mg.....	23	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (JULEBER).....	120
desipramine hcl tab 75 mg.....	23	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (KALLIGA).....	120
desmopressin acetate inj 4 mcg/ml.....	118	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (RECLIPSEN).....	120
desmopressin acetate nasal spray soln 0.01% (DESMOPRESSIN ACETATE SPRAY).....	118	desonide cream 0.05%.....	82
desmopressin acetate nasal spray soln 0.01% (refrigerated) (DESMOPRESSIN ACE SPRAY REFRIG).....	118	desonide lotion 0.05%.....	116
desmopressin acetate preservative free (pf) inj 4 mcg/ml (DESMOPRESSIN ACETATE PF).....	118	desonide oint 0.05%.....	82
desmopressin acetate tab 0.1 mg.....	118	DEXAMETHASONE.....	116
desmopressin acetate tab 0.2 mg.....	118	dexamethasone elixir 0.5 mg/5ml.....	116
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (AZURETTE).....	119	dexamethasone elixir 0.5 mg/5ml (DECADRON).....	116
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (BEKYREE).....	119	DEXAMETHASONE INTENSOL.....	116
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (DESOGESTREL-ETHINYL ESTRADIOL).....	119	DEXAMETHASONE SODIUM PHOSPHATE (dexamethasone sodium phosphate (ophth)).....	150
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (KARIVA).....	119	dexamethasone tab 0.5 mg.....	116
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (KIMIDESS).....	119	dexamethasone tab 0.5 mg (DECADRON).....	116
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (PIMTREA).....	119	dexamethasone tab 0.75 mg.....	116

dexamethasone tab 0.75 mg (DECADRON).....	116	dextromethorphan-guaifenesin liquid 10-100 mg/5ml (GILTUSS HONEY CGH/CHEST CONGES).....	159
dexamethasone tab 1.5 mg.....	116	dextromethorphan-guaifenesin liquid 10-100 mg/5ml (GILTUSS HONEY CGH/CHST CHILD).....	159
dexamethasone tab 4 mg.....	116	dextromethorphan-guaifenesin liquid 10-100 mg/5ml (GNP TUSSIN DM COUGH).....	159
dexamethasone tab 4 mg (DECADRON) ..	116	dextromethorphan-guaifenesin liquid 10-100 mg/5ml (GNP TUSSIN DM).....	159
dexamethasone tab 6 mg.....	116	dextromethorphan-guaifenesin liquid 10-100 mg/5ml (GUAIASORB DM).....	160
dexamethasone tab 6 mg (DECADRON) ..	116	dextromethorphan-guaifenesin liquid 10-100 mg/5ml (HM TUSSIN ADULT DM).....	160
dextroamphetamine sulfate cap er 24hr 10 mg (DEXTROAMPHETAMINE SULFATE ER).....	75	dextromethorphan-guaifenesin liquid 10-100 mg/5ml (MAXI-TUSS G).....	160
dextroamphetamine sulfate cap er 24hr 15 mg (DEXTROAMPHETAMINE SULFATE ER).....	75	dextromethorphan-guaifenesin liquid 10-100 mg/5ml (MEDI-TUSSIN DM DIABETIC).....	160
dextroamphetamine sulfate cap er 24hr 5 mg (DEXTROAMPHETAMINE SULFATE ER).....	75	dextromethorphan-guaifenesin liquid 10-100 mg/5ml (PEDIATRIC FORMULA COUGH/CONGST).....	160
dextroamphetamine sulfate tab 10 mg.....	76	dextromethorphan-guaifenesin liquid 10-100 mg/5ml (PX TUSSIN DM).....	160
dextroamphetamine sulfate tab 10 mg (ZENZEDI).....	76	dextromethorphan-guaifenesin liquid 10-100 mg/5ml (QC TUSSIN DM COUGH/CONGESTION).....	160
dextroamphetamine sulfate tab 5 mg.....	76	dextromethorphan-guaifenesin liquid 10-100 mg/5ml (RA TUSSIN CGH/CHEST CONGEST DM).....	160
dextroamphetamine sulfate tab 5 mg (ZENZEDI).....	76	dextromethorphan-guaifenesin liquid 10-100 mg/5ml (RA TUSSIN COUGH).....	160
dextromethorphan-guaifenesin liquid 10-100 mg/5ml.....	159	dextromethorphan-guaifenesin liquid 10-100 mg/5ml (RA TUSSIN DM).....	160
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (BIOCOTRON).....	159	dextromethorphan-guaifenesin liquid 10-100 mg/5ml (ROBAFEN DM CGH/CHEST CONGEST).....	160
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (CVS TUSSIN DM).....	159	dextromethorphan-guaifenesin liquid 10-100 mg/5ml (ROBAFEN DM COUGH).....	160
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (DIABETIC SILTUSSIN-DM).....	159	dextromethorphan-guaifenesin liquid 10-100 mg/5ml (ROBAFEN DM PEAK COLD CGH/CONG).....	160
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (DIABETIC TUSSIN DM).....	159		
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (DIABETIC TUSSIN FOR CHILDREN) ..	159		
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (G-TRON).....	159		
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (GILTUSS COUGH & CHEST CHILDREN).....	159		
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (GILTUSS COUGH & CHEST).....	159		
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (GILTUSS DIABETIC COUGH & COLD).....	159		

dextromethorphan-guaifenesin liquid 10-100 mg/5ml (ROBITUSSIN COLD COUGH+ CHEST) . . . . .	160	DEXTROSE-NACL (dextrose w/ sodium chloride) . . . . .	97
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (ROBITUSSIN TO GO CGH/CHEST DM) . . . . .	160	DIAZEPAM (diazepam (anticonvulsant)) . . . . .	18
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (SAFE TUSSIN DM) . . . . .	161	diazepam conc 5 mg/ml . . . . .	49
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (SB COUGH CONTROL DM) . . . . .	161	diazepam conc 5 mg/ml (DIAZEPAM INTENSOL) . . . . .	49
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (SILTUSSIN DM DAS) . . . . .	161	diazepam oral soln 1 mg/ml . . . . .	49
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (SORBUGEN NR) . . . . .	161	diazepam tab 10 mg . . . . .	49
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (TGT COUGH FORMULA DM) . . . . .	161	diazepam tab 2 mg . . . . .	49
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (TOLU-SED DM) . . . . .	161	diazepam tab 5 mg . . . . .	49
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (TUSNEL DIABETIC) . . . . .	161	diclofenac sodium ophth soln 0.1% . . . . .	150
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (TUSSIN DM CLEAR) . . . . .	161	diclofenac sodium tab delayed release 25 mg . . . . .	1
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (TUSSIN DM COUGH + CHEST) . . . . .	161	diclofenac sodium tab delayed release 50 mg . . . . .	1
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (TUSSIN DM) . . . . .	161	diclofenac sodium tab delayed release 75 mg . . . . .	1
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (WAL-TUSSIN DM CGH/CHEST CONG) . . . . .	161	diclofenac sodium tab er 24hr 100 mg (DICLOFENAC SODIUM ER) . . . . .	1
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (WAL-TUSSIN DM) . . . . .	161	dicloxacillin sodium cap 250 mg . . . . .	13
dextrose 5% in lactated ringers (DEXTROSE IN LACTATED RINGERS) . . . . .	97	dicloxacillin sodium cap 500 mg . . . . .	13
dextrose 5% w/ sodium chloride 0.45% (DEXTROSE-NACL) . . . . .	97	dicyclomine hcl cap 10 mg . . . . .	109
dextrose 5% w/ sodium chloride 0.45% (DEXTROSE-SODIUM CHLORIDE) . . . . .	97	dicyclomine hcl oral soln 10 mg/5ml . . . . .	109
dextrose inj 10% . . . . .	97	dicyclomine hcl tab 20 mg . . . . .	109
dextrose inj 5% . . . . .	97	DIFFERIN (adapalene) . . . . .	80
dextrose inj 5% (GLUCOSE) . . . . .	97	diflunisal tab 500 mg . . . . .	1
		DIGOXIN . . . . .	68
		digoxin oral soln 0.05 mg/ml . . . . .	68
		digoxin tab 125 mcg (0.125 mg) . . . . .	68
		digoxin tab 125 mcg (0.125 mg) (DIGITEK) . . . . .	68
		digoxin tab 250 mcg (0.25 mg) . . . . .	68
		digoxin tab 250 mcg (0.25 mg) (DIGITEK) . . . . .	68
		DILANTIN (phenytoin sodium extended) . . . . .	19
		DILANTIN (phenytoin) . . . . .	19
		DILANTIN INFATABS (phenytoin) . . . . .	19
		diltiazem hcl cap er 12hr 120 mg (DILTIAZEM HCL ER) . . . . .	64
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fluphenazine hcl tab 2.5 mg	35	folic acid tab 400 mcg (FOLATE)	98
fluphenazine hcl tab 5 mg	35	folic acid tab 400 mcg (GNP FOLIC ACID)	98
FLURAZEPAM HCL	164	folic acid tab 400 mcg (HM FOLIC ACID)	98
FLURBIPROFEN	1	folic acid tab 400 mcg (PX FOLIC ACID)	99
FLURBIPROFEN SODIUM	150	folic acid tab 400 mcg (RA FOLIC ACID)	99
flurbiprofen sodium ophth soln 0.03%	150	folic acid tab 400 mcg (SM FOLIC ACID)	99
flurbiprofen tab 100 mg	1	folic acid tab 400 mcg (YL FOLIC ACID)	99
flurbiprofen tab 50 mg	1	folic acid tab 800 mcg	99
FLUTAMIDE	30	folic acid tab 800 mcg (CVS FOLIC ACID)	99
flutamide cap 125 mg	30	folic acid tab 800 mcg (FA-8)	99
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gabapentin tab 800 mg.....	18	glimepiride tab 2 mg.....	51
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Gas Relief (Simethicone) 125 MG CHEW TAB.....	111	glipizide tab 5 mg.....	51
Gas Relief (Simethicone) 20 MG/0.3ML LIQUID.....	111	glipizide tab er 24hr 10 mg (GLIPIZIDE ER)...	51
Gas Relief (Simethicone) 20 MG/0.3ML SUSPENSION.....	111	glipizide tab er 24hr 10 mg (GLIPIZIDE XL)...	51
Gas Relief (Simethicone) 80 MG CHEW TAB.....	111	glipizide tab er 24hr 2.5 mg (GLIPIZIDE ER)...	51
GAVILYTE-C (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate).....	111	glipizide tab er 24hr 2.5 mg (GLIPIZIDE XL)...	51
gemfibrozil tab 600 mg.....	71	glipizide tab er 24hr 5 mg (GLIPIZIDE ER)....	51
GENTAK (gentamicin sulfate (ophth)).....	149	glipizide tab er 24hr 5 mg (GLIPIZIDE XL)....	51
gentamicin sulfate cream 0.1%.....	9	glucagon (rdna) for inj kit 1 mg (GLUCAGON EMERGENCY).....	52
gentamicin sulfate oint 0.1%.....	9	GLUCAGON EMERGENCY (glucagon (rdna)).....	52
gentamicin sulfate ophth soln 0.3%.....	149	GLUCAGON EMERGENCY (glucagon hcl)...	52
GENTEEL CONTACT TIPS (BLUE).....	143	glyburide tab 1.25 mg.....	51
GENTEEL CONTACT TIPS (CLEAR).....	143	glyburide tab 2.5 mg.....	51
GENTEEL CONTACT TIPS (GREEN).....	143	glyburide tab 5 mg.....	51
GENTEEL CONTACT TIPS (ORANGE).....	143	glyburide-metformin tab 1.25-250 mg.....	51
GENTEEL CONTACT TIPS (RAINBOW).....	143	glyburide-metformin tab 2.5-500 mg.....	51
GENTEEL CONTACT TIPS (VIOLET).....	143	glyburide-metformin tab 5-500 mg.....	51
GENTEEL CONTACT TIPS (YELLOW).....	143	glycerin suppos 1 gm (CVS GLYCERIN CHILD).....	103
GENTEEL NOZZLES.....	143	glycerin suppos 1 gm (GLYCERIN (INFANTS & CHILDREN)).....	103
GENTLE-LET PLATFORMS.....	143	glycerin suppos 1 gm (GLYCERIN (PEDIATRIC)).....	103
GENVOYA (elvitegravir-cobicistat-entricitabine-tenofovir alafenamide).....	43	glycerin suppos 1 gm (GLYCERIN CHILDRENS).....	103
GEODON (ziprasidone hcl).....	38	glycerin suppos 1.2 gm (GLYCERIN (CHILD)).....	103
GEODON (ziprasidone mesylate).....	38	glycerin suppos 1.2 gm (GLYCERIN (INFANTS & CHILDREN)).....	103
glatiramer acetate soln prefilled syringe 20 mg/ml.....	80		

glycerin suppos 1.2 gm (GLYCERIN (PEDIATRIC))	103	GNP PRENATAL (prenatal vit w/ ferrous fumarate-folic acid)	99
glycerin suppos 1.2 gm (GNP GLYCERIN (INFANT))	104	GOCOVRI (amantadine hcl)	33
glycerin suppos 1.2 gm (GNP GLYCERIN CHILD)	104	GOODSENSE PRENATAL VITAMINS (prenatal vit w/ ferrous fumarate-folic acid)	99
glycerin suppos 1.2 gm (SB GLYCERIN PEDIATRIC)	104	griseofulvin microsize susp 125 mg/5ml	26
glycerin suppos 1.2 gm (SM GLYCERIN PEDIATRIC)	104	griseofulvin microsize tab 500 mg	26
glycerin suppos 2 gm (AVEDANA GLYCERIN (ADULT))	104	griseofulvin ultramicrosize tab 125 mg	27
glycerin suppos 2 gm (CVS GLYCERIN ADULT)	104	griseofulvin ultramicrosize tab 250 mg	27
glycerin suppos 2 gm (GLYCERIN (ADULT))	104	guaifenesin tab er 12hr 600 mg (CVS MUCUS EXTENDED RELEASE)	162
glycerin suppos 2 gm (GLYCERIN ADULT)	104	guaifenesin tab er 12hr 600 mg (EQ 12 HOUR MUCUS RELIEF)	162
glycerin suppos 2.1 gm (CVS GLYCERIN ADULT)	104	guaifenesin tab er 12hr 600 mg (EQ MUCUS ER)	162
glycerin suppos 2.1 gm (GLYCERIN (ADULT))	104	guaifenesin tab er 12hr 600 mg (EQL MUCUS-ER)	162
glycerin suppos 2.1 gm (GNP GLYCERIN (ADULT))	104	guaifenesin tab er 12hr 600 mg (GNP MUCUS ER)	162
glycerin suppos 2.1 gm (PX GLYCERIN)	104	guaifenesin tab er 12hr 600 mg (HM MUCUS ER)	162
glycerin suppos 2.1 gm (SB GLYCERIN ADULT)	104	guaifenesin tab er 12hr 600 mg (HM MUCUS RELIEF)	162
glycerin suppos 80.7% (RA GLYCERIN ADULT)	104	guaifenesin tab er 12hr 600 mg (MUCUS RELIEF ER)	162
glycerin suppos 80.7% (RA GLYCERIN CHILD)	104	guaifenesin tab er 12hr 600 mg (MUCUS RELIEF)	162
glycerin suppos 80.7% (SM GLYCERIN PEDIATRIC)	104	guaifenesin tab er 12hr 600 mg (MUCUS-ER)	162
GNP HOME LICE/BEDBUG/DUST MITE	86	guaifenesin tab er 12hr 600 mg (PA MUCUS RELIEF)	162
GNP INSULIN SYRINGES	143	guaifenesin tab er 12hr 600 mg (QC MUCUS RELIEF)	162
GNP INSULIN SYRINGES 28GX1/2"	143	guaifenesin tab er 12hr 600 mg (RA MUCUS RELIEF)	162
GNP INSULIN SYRINGES 29GX1/2"	143	guaifenesin tab er 12hr 600 mg (SM MUCUS ER)	162
GNP INSULIN SYRINGES 30GX5/16"	143	guaifenesin tab er 12hr 600 mg (SM MUCUS RELIEF)	162
GNP INSULIN SYRINGES 31GX5/16"	143	guaifenesin-codeine soln 100-10 mg/5ml	162
GNP ISOPROPYL ALCOHOL WIPES (isopropyl alcohol (skin cleanser))	143		
GNP LICE BEDDING	86		

guaifenesin-codeine soln 100-10 mg/5ml (CHERATUSSIN AC).....	163	haloperidol tab 2 mg.....	36
guaifenesin-codeine soln 100-10 mg/5ml (G TUSSIN AC).....	163	haloperidol tab 20 mg.....	36
guaifenesin-codeine soln 100-10 mg/5ml (GUAIA TUSSIN AC).....	163	haloperidol tab 5 mg.....	36
guaifenesin-codeine soln 100-10 mg/5ml (GUAIFENESIN AC).....	163	HAVRIX (hepatitis a vaccine).....	138
guaifenesin-codeine soln 100-10 mg/5ml (MAXI-TUSS AC).....	163	HELIXATE FS (antihemophilic factor (recombinant)).....	56
guaifenesin-codeine soln 100-10 mg/5ml (ROBAFEN AC).....	163	HEMLIBRA (emicizumab-kxwh).....	56
guaifenesin-codeine soln 100-10 mg/5ml (VIRTUSSIN A/C).....	163	HEMOFIL M (antihemophilic factor (human)).....	56
guaifenesin-codeine soln 100-10 mg/5ml (VIRTUSSIN AC W/ALC).....	163	heparin sodium (porcine) inj 1000 unit/ml... 54	
guaifENESin-DM 100-10 MG/5ML SYRUP....	163	heparin sodium (porcine) inj 10000 unit/ml... 54	
guanfacine hcl tab 1 mg.....	58	heparin sodium (porcine) inj 20000 unit/ml... 54	
guanfacine hcl tab 2 mg.....	58	heparin sodium (porcine) inj 5000 unit/ml... 54	
guanfacine hcl tab er 24hr 1 mg (base equiv) (GUANFACINE HCL ER).....	76	HEPLISAV-B (hepatitis b vaccine recombinant adjuvanted).....	138
guanfacine hcl tab er 24hr 2 mg (base equiv) (GUANFACINE HCL ER).....	76	HEXALEN (altretamine).....	30
guanfacine hcl tab er 24hr 3 mg (base equiv) (GUANFACINE HCL ER).....	76	HM PRENATAL (prenatal vit w/ ferrous fumarate-folic acid).....	99
guanfacine hcl tab er 24hr 4 mg (base equiv) (GUANFACINE HCL ER).....	76	HM ULTICARE MINI PEN NEEDLES.....	143
		HOMATROPAIRE (homatropine hbr).....	147
		homatropine hbr ophth soln 5%.....	147
		HUMALOG (insulin lispro).....	53
		HUMALOG MIX 75/25 (insulin lispro protamine & lispro).....	53
		HUMATE-P (antihemophilic factor/von willebrand factor complex (human)).....	56
		HUMIRA (adalimumab).....	136
		HUMIRA PEDIATRIC CROHNS START (adalimumab).....	136
		HUMIRA PEN (adalimumab).....	136
		HUMIRA PEN-CD/UC/HS STARTER (adalimumab).....	136
		HUMIRA PEN-PEDIATRIC UC START (adalimumab).....	136
		HUMIRA PEN-PS/UV/ADOL HS START (adalimumab).....	137
		HUMIRA PEN-PSOR/UEVIT STARTER (adalimumab).....	137
		HUMULIN 70/30 (insulin nph isophane & reg (human)).....	53

## H

H-E-B INCONTROL PEN NEEDLES.....	143
H-E-B INCONTROL UNIFINE PENTIP.....	143
HALDOL (haloperidol lactate).....	35
HALDOL DECANOATE (haloperidol decanoate).....	35
haloperidol decanoate im soln 100 mg/ml... 35	
haloperidol decanoate im soln 50 mg/ml... 35	
haloperidol lactate inj 5 mg/ml.....	35
haloperidol lactate oral conc 2 mg/ml.... 35	
haloperidol tab 0.5 mg.....	36
haloperidol tab 1 mg.....	36
haloperidol tab 10 mg.....	36

HUMULIN 70/30 KWIKPEN (insulin nph isophane & reg (human))	53	hydrocortisone enema 100 mg/60ml	140
HUMULIN N (insulin nph (human) (isophane))	53	hydrocortisone enema 100 mg/60ml (COLOCORT)	140
HUMULIN R (insulin regular (human))	53	hydrocortisone lotion 2.5%	82
HUMULIN R U-500 (CONCENTRATED) (insulin regular (human))	53	hydrocortisone oint 0.5%	82
hydralazine hcl tab 10 mg	73	hydrocortisone oint 0.5% (SM HYDROCORTISONE)	83
hydralazine hcl tab 100 mg	73	HYDROCORTISONE OINT 1%	83
hydralazine hcl tab 25 mg	73	hydrocortisone oint 2.5%	83
hydralazine hcl tab 50 mg	73	hydrocortisone perianal cream 1% (HYDROCORTISONE (PERIANAL))	83
hydrochlorothiazide cap 12.5 mg	70	hydrocortisone perianal cream 1% (PROCTO-PAK)	83
hydrochlorothiazide tab 25 mg	70	hydrocortisone perianal cream 2.5% (HYDROCORTISONE (PERIANAL))	83
hydrochlorothiazide tab 50 mg	70	hydrocortisone perianal cream 2.5% (PROCTO-MED HC)	83
hydrocodone-acetaminophen tab 10-325 mg	5	hydrocortisone perianal cream 2.5% (PROCTOSOL HC)	83
hydrocodone-acetaminophen tab 10-325 mg (LORCET HD)	5	hydrocortisone perianal cream 2.5% (PROCTOZONE-HC)	83
hydrocodone-acetaminophen tab 5-325 mg	5	hydrocortisone tab 10 mg	140
hydrocodone-acetaminophen tab 5-325 mg (LORCET)	5	hydrocortisone tab 20 mg	140
hydrocodone-acetaminophen tab 7.5-325 mg	5	hydrocortisone tab 5 mg	140
hydrocodone-acetaminophen tab 7.5-325 mg (LORCET PLUS)	5	hydrocortisone w/ acetic acid otic soln 1-2% (ACETASOL HC)	151
hydrocortisone acetate suppos 25 mg	116	hydrocortisone w/ acetic acid otic soln 1-2% (HYDROCORTISONE-ACETIC ACID)	151
hydrocortisone acetate suppos 25 mg (ANUCORT-HC)	117	hydrocortisone-aloe vera cream 1%	83
hydrocortisone acetate suppos 25 mg (ANUSOL-HC)	117	hydrocortisone-aloe vera cream 1% (CORTIZONE-10 INTENSIVE HEALING)	83
hydrocortisone acetate suppos 25 mg (HEMMOREX-HC)	117	hydrocortisone-aloe vera cream 1% (CORTIZONE-10 PLUS)	83
hydrocortisone acetate w/ pramoxine perianal cream 1-1% (HYDROCORTISONE ACE-PRAMOXINE)	85	hydrocortisone-aloe vera cream 1% (CORTIZONE-10/ALOE)	83
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1% (HYDROCORT-PRAMOXINE (PERIANAL))	85	hydrocortisone-aloe vera cream 1% (GNP HYDROCORTISONE/ALOE)	83
HYDROCORTISONE CREAM 1%	82	hydrocortisone-aloe vera cream 1% (HM HYDROCORTISONE PLUS)	83
hydrocortisone cream 2.5%	82	hydrocortisone-aloe vera cream 1% (HM HYDROCORTISONE-ALOE MAX ST)	83
hydrocortisone cream 2.5% (ALA-CORT)	82		

hydrocortisone-aloe vera cream 1% (HYDROCORTISONE/ALOE MAX STR).....	83	hyoscyamine sulfate soln 0.125 mg/ml (HYOSYNE).....	110
hydrocortisone-aloe vera cream 1% (KLS HYDROCORTISONE PLUS).....	83	hyoscyamine sulfate tab 0.125 mg.....	110
hydrocortisone-aloe vera cream 1% (RA HYDROCORTISONE PLUS).....	83	hyoscyamine sulfate tab 0.125 mg (OSCIMIN).....	110
hydrocortisone-aloe vera cream 1% (SM HYDROCORTISONE PLUS).....	84	hyoscyamine sulfate tab er 12hr 0.375 mg (HYOSCYAMINE SULFATE ER).....	110
hydrocortisone-aloe vera cream 1% (SM HYDROCORTISONE-ALOE MAX ST).....	84	hyoscyamine sulfate tab er 12hr 0.375 mg (OSCIMIN SR).....	110
hydrocortisone-aloe vera cream 1% (TGT ANTI-ITCH/ALOE MAX ST).....	84	hyoscyamine sulfate tab er 12hr 0.375 mg (SYMEX-SR).....	110
HYDROMORPHONE HCL.....	5	HYPERHEP B (hepatitis b immune globulin (human)).....	135
hydromorphone hcl liqd 1 mg/ml.....	5	HYPERTET S/D (tetanus immune globulin (human)).....	135
hydromorphone hcl tab 2 mg.....	5		
hydromorphone hcl tab 4 mg.....	5	<b>I</b>	
hydromorphone hcl tab 8 mg.....	5	ibuprofen 100 MG/5ML SUSPENSION.....	1
HYDROXYCHLOROQUINE SULFATE.....	32	ibuprofen 200 MG TAB.....	1
hydroxychloroquine sulfate tab 200 mg.....	32	IBUPROFEN CHEW TAB 100 MG.....	1
HYDROXYPROGESTERONE CAPROATE (hydroxyprogesterone caproate (antineoplastic)).....	130	ibuprofen Infants 50 MG/1.25ML SUSPENSION	1
hydroxyprogesterone caproate im in oil 250 mg/ml.....	130	ibuprofen tab 400 mg.....	2
hydroxyurea cap 500 mg.....	31	ibuprofen tab 600 mg.....	2
hydroxyzine hcl syrup 10 mg/5ml.....	154	ibuprofen tab 800 mg.....	2
hydroxyzine hcl tab 10 mg.....	154	IDELVION (coagulation factor ix recomb albumin fusion protein (rix-fp)).....	56
hydroxyzine hcl tab 25 mg.....	154	imipramine hcl tab 10 mg.....	23
hydroxyzine hcl tab 50 mg.....	154	imipramine hcl tab 25 mg.....	23
HYDROXYZINE PAMOATE.....	154	imipramine hcl tab 50 mg.....	24
hydroxyzine pamoate cap 25 mg.....	154	IMOVAX RABIES (rabies virus vaccine, hdc)	138
hydroxyzine pamoate cap 50 mg.....	154	INCRUSE ELLIPTA (umeclidinium bromide) ..	155
hyoscyamine sulfate elixir 0.125 mg/5ml...	109	indapamide tab 1.25 mg.....	70
hyoscyamine sulfate elixir 0.125 mg/5ml (HYOSYNE).....	109	indapamide tab 2.5 mg.....	70
hyoscyamine sulfate sl tab 0.125 mg.....	109	indomethacin cap 25 mg.....	2
hyoscyamine sulfate sl tab 0.125 mg (OSCIMIN).....	109	indomethacin cap 50 mg.....	2
hyoscyamine sulfate sl tab 0.125 mg (SYMEX- SL).....	109	indomethacin cap er 75 mg (INDOMETHACIN ER).....	2
hyoscyamine sulfate soln 0.125 mg/ml.....	109	INSULIN LISPRO.....	53
		INSULIN LISPRO (1 UNIT DIAL).....	53
		INSULIN LISPRO PROT & LISPRO (insulin lispro protamine & lispro).....	53

INSULIN PEN NEEDLES .....	143	isosorbide mononitrate tab 10 mg.....	73
INSULIN SYRINGE 0.3 ML .....	143	isosorbide mononitrate tab 20 mg.....	73
INSULIN SYRINGE 0.5 ML .....	143	isosorbide mononitrate tab er 24hr 120 mg (ISOSORBIDE MONONITRATE ER).....	73
INSULIN SYRINGE 1 ML .....	143	isosorbide mononitrate tab er 24hr 30 mg (ISOSORBIDE MONONITRATE ER).....	73
INSULIN SYRINGE-NEEDLE U-100.....	143	isosorbide mononitrate tab er 24hr 60 mg (ISOSORBIDE MONONITRATE ER).....	73
INTELENCE (etravirine) .....	44	isotretinoin cap 10 mg.....	80
INTRON A (interferon alfa-2b).....	135	isotretinoin cap 10 mg (ACCUTANE).....	80
INVEGA (paliperidone) .....	38	isotretinoin cap 10 mg (AMNESTEEM).....	81
INVEGA HAFYERA (paliperidone palmitate) .	38	isotretinoin cap 10 mg (CLARAVIS).....	81
INVEGA SUSTENNA (paliperidone palmitate)	38	isotretinoin cap 10 mg (MYORISAN).....	81
INVEGA TRINZA (paliperidone palmitate)...	38	isotretinoin cap 10 mg (ZENATANE).....	81
INVIRASE (saquinavir mesylate) .....	47	isotretinoin cap 20 mg.....	81
IOPIDINE (apraclonidine hcl) .....	151	isotretinoin cap 20 mg (ACCUTANE).....	81
ipratropium bromide inhal soln 0.02%.....	155	isotretinoin cap 20 mg (AMNESTEEM).....	81
ipratropium bromide nasal soln 0.03% (21 mcg/spray) .....	155	isotretinoin cap 20 mg (CLARAVIS).....	81
ipratropium bromide nasal soln 0.06% (42 mcg/spray) .....	155	isotretinoin cap 20 mg (MYORISAN).....	81
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....	163	isotretinoin cap 20 mg (ZENATANE).....	81
irbesartan tab 150 mg.....	59	isotretinoin cap 30 mg.....	81
irbesartan tab 300 mg.....	59	isotretinoin cap 30 mg (ACCUTANE).....	81
irbesartan tab 75 mg.....	59	isotretinoin cap 30 mg (CLARAVIS).....	81
irbesartan-hydrochlorothiazide tab 150-12.5 mg.....	68	isotretinoin cap 30 mg (MYORISAN).....	81
irbesartan-hydrochlorothiazide tab 300-12.5 mg.....	68	isotretinoin cap 30 mg (ZENATANE).....	81
ISENTRESS (raltegravir potassium).....	43	isotretinoin cap 40 mg.....	81
ISENTRESS HD (raltegravir potassium).....	43	isotretinoin cap 40 mg (ACCUTANE).....	81
ISONIAZID.....	29	isotretinoin cap 40 mg (AMNESTEEM).....	81
isoniazid tab 100 mg.....	29	isotretinoin cap 40 mg (CLARAVIS).....	81
isoniazid tab 300 mg.....	29	isotretinoin cap 40 mg (MYORISAN).....	81
ISOPROPYL ALCOHOL (isopropyl alcohol (skin cleanser)).....	143	isotretinoin cap 40 mg (ZENATANE).....	81
ISOPROPYL ALCOHOL WIPES (isopropyl alcohol (skin cleanser)) .....	143	itraconazole cap 100 mg.....	27
ISOSORBIDE DINITRATE ER.....	73	IXINITY (coagulation factor ix (recombinant)).....	56
isosorbide dinitrate tab 10 mg.....	73		
isosorbide dinitrate tab 20 mg.....	73	<b>J</b>	
isosorbide dinitrate tab 30 mg.....	73	JAKAFI (ruxolitinib phosphate).....	31
isosorbide dinitrate tab 5 mg.....	73	JARDIANCE (empagliflozin).....	51
		JENLIVA PRENATAL/POSTNATAL (prenatal multivit-min w/fe-fa).....	99

JIVI (antihemophil fact(rcmb) pegylated-aucl  
(bdd-rfviii peg-aucl)) ..... 56  
JULUCA (dolutegravir sodium-rilpivirine hcl) . 43

## K

KALETRA (lopinavir-ritonavir) ..... 47  
KCENTRA (prothrombin complex concentrate  
human) ..... 57  
kcl 20 meq/l (0.15%) in nacl 0.9% inj  
(POTASSIUM CHLORIDE IN NAACL) ..... 90  
kcl 40 meq/l (0.3%) in nacl 0.9% inj  
(POTASSIUM CHLORIDE IN NAACL) ..... 90  
ketoconazole cream 2% ..... 27  
ketoconazole shampoo 2% ..... 27  
ketoconazole tab 200 mg ..... 27  
KETOPROFEN ..... 2  
ketoprofen cap 50 mg ..... 2  
ketoprofen cap 75 mg ..... 2  
ketorolac tromethamine ophth soln 0.5% .. 150  
ketotifen fumarate ophth soln 0.025% (base  
equiv) ..... 148  
ketotifen fumarate ophth soln 0.025% (base  
equiv) (ALAWAY CHILDRENS ALLERGY) ..... 148  
ketotifen fumarate ophth soln 0.025% (base  
equiv) (ALAWAY) ..... 148  
ketotifen fumarate ophth soln 0.025% (base  
equiv) (ALLERGY EYE DROPS) ..... 148  
ketotifen fumarate ophth soln 0.025% (base  
equiv) (CLARITIN EYE) ..... 148  
ketotifen fumarate ophth soln 0.025% (base  
equiv) (CVS ALLERGY EYE DROPS) ..... 148  
ketotifen fumarate ophth soln 0.025% (base  
equiv) (CVS EYE ITCH RELIEF) ..... 148  
ketotifen fumarate ophth soln 0.025% (base  
equiv) (EQ EYE ITCH RELIEF) ..... 148  
ketotifen fumarate ophth soln 0.025% (base  
equiv) (EQ ITCHY EYE DROPS) ..... 148  
ketotifen fumarate ophth soln 0.025% (base  
equiv) (EYE ITCH RELIEF) ..... 148  
ketotifen fumarate ophth soln 0.025% (base  
equiv) (GNP EYE ITCH RELIEF) ..... 148

ketotifen fumarate ophth soln 0.025% (base  
equiv) (GNP ITCHY EYE) ..... 148  
ketotifen fumarate ophth soln 0.025% (base  
equiv) (GOODSENSE ITCHY EYE) ..... 149  
ketotifen fumarate ophth soln 0.025% (base  
equiv) (HM EYE ITCH RELIEF) ..... 149  
ketotifen fumarate ophth soln 0.025% (base  
equiv) (KP KETOTIFEN FUMARATE) ..... 149  
ketotifen fumarate ophth soln 0.025% (base  
equiv) (RA ANTIHISTAMINE EYE DROPS) ..... 149  
ketotifen fumarate ophth soln 0.025% (base  
equiv) (RA EYE ITCH RELIEF) ..... 149  
ketotifen fumarate ophth soln 0.025% (base  
equiv) (SM EYE ITCH RELIEF) ..... 149  
ketotifen fumarate ophth soln 0.025% (base  
equiv) (TGT EYE ITCH RELIEF) ..... 149  
ketotifen fumarate ophth soln 0.025% (base  
equiv) (THERATEARS ALLERGY) ..... 149  
ketotifen fumarate ophth soln 0.025% (base  
equiv) (WAL-ZYR) ..... 149  
KLOXXADO (naloxone hcl) ..... 8  
KOATE (antihemophilic factor (human)) ..... 57  
KOATE-DVI (antihemophilic factor (human)) 57  
KOGENATE FS (antihemophilic factor  
(recombinant)) ..... 57  
KOGENATE FS BIO-SET (antihemophilic factor  
(recombinant)) ..... 57  
KOVALTRY (antihemophilic factor (rcmb)  
plasma/albumin free (rahf-pfm)) ..... 57  
KP PRENATAL MULTIVITAMINS (prenatal vit w/  
ferrous fumarate-folic acid) ..... 99

## L

labetalol hcl tab 100 mg ..... 62  
labetalol hcl tab 200 mg ..... 62  
labetalol hcl tab 300 mg ..... 62  
lactulose (encephalopathy) solution 10  
gm/15ml (ENULOSE) ..... 104  
lactulose (encephalopathy) solution 10  
gm/15ml (GENERLAC) ..... 104

lactulose (encephalopathy) solution 10 gm/15ml (LACTULOSE ENCEPHALOPATHY) .	104	leucovorin calcium tab 25 mg . . . . .	31
lactulose solution 10 gm/15ml . . . . .	105	leucovorin calcium tab 5 mg . . . . .	31
lactulose solution 10 gm/15ml (CONSTULOSE) . . . . .	105	LEUKERAN (chlorambucil) . . . . .	30
LAMISIL AT SPRAY (terbinafine hcl (topical)) .	27	leuprolide acetate inj kit 5 mg/ml . . . . .	134
lamivudine oral soln 10 mg/ml . . . . .	46	LEVALBUTEROL TARTRATE . . . . .	156
lamivudine tab 100 mg (hbv) . . . . .	42	levetiracetam oral soln 100 mg/ml . . . . .	16
lamivudine tab 150 mg . . . . .	46	levetiracetam tab 1000 mg . . . . .	16
lamivudine tab 300 mg . . . . .	46	levetiracetam tab 1000 mg (ROWEEPRA) . . . . .	16
lamivudine-zidovudine tab 150-300 mg . . . . .	46	levetiracetam tab 250 mg . . . . .	17
lamotrigine tab 100 mg . . . . .	16	levetiracetam tab 500 mg . . . . .	17
lamotrigine tab 100 mg (SUBVENITE) . . . . .	16	levetiracetam tab 500 mg (ROWEEPRA) . . . . .	17
lamotrigine tab 150 mg . . . . .	16	levetiracetam tab 750 mg . . . . .	17
lamotrigine tab 150 mg (SUBVENITE) . . . . .	16	levetiracetam tab 750 mg (ROWEEPRA) . . . . .	17
lamotrigine tab 200 mg . . . . .	16	levetiracetam tab er 24hr 500 mg (LEVETIRACETAM ER) . . . . .	17
lamotrigine tab 200 mg (SUBVENITE) . . . . .	16	levetiracetam tab er 24hr 500 mg (ROWEEPRA XR) . . . . .	17
lamotrigine tab 25 mg . . . . .	16	levetiracetam tab er 24hr 750 mg (LEVETIRACETAM ER) . . . . .	17
lamotrigine tab 25 mg (SUBVENITE) . . . . .	16	levetiracetam tab er 24hr 750 mg (ROWEEPRA XR) . . . . .	17
lamotrigine tab chewable dispersible 25 mg . . . . .	16	LEVOBUNOLOL HCL . . . . .	150
lamotrigine tab chewable dispersible 5 mg .	16	levobunolol hcl ophth soln 0.5% . . . . .	150
LANCET TRANSPORTER CASE . . . . .	143	LEVOCARNITINE (DIETARY) . . . . .	90
Lancets . . . . .	144	levocarnitine oral soln 1 gm/10ml (10%) . . . . .	99
LANOXIN (digoxin) . . . . .	68	levocarnitine oral soln 1 gm/10ml (10%) (LEVOCARNITINE SF) . . . . .	99
Lansoprazole 15 MG CAP DR . . . . .	112	levocarnitine tab 330 mg . . . . .	99
lansoprazole cap delayed release 30 mg .	112	levofloxacin tab 250 mg . . . . .	15
lanthanum carbonate chew tab 1000 mg (elemental) . . . . .	92	levofloxacin tab 500 mg . . . . .	15
lanthanum carbonate chew tab 500 mg (elemental) . . . . .	92	levofloxacin tab 750 mg . . . . .	15
lanthanum carbonate chew tab 750 mg (elemental) . . . . .	92	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AFIRMELLE) . . . . .	122
LATANOPROST . . . . .	151	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AUBRA EQ) . . . . .	123
latanoprost ophth soln 0.005% . . . . .	151	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AUBRA) . . . . .	123
LATUDA (lurasidone hcl) . . . . .	38	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AVIANE) . . . . .	123
leflunomide tab 10 mg . . . . .	137	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (DELYLA) . . . . .	123
leflunomide tab 20 mg . . . . .	137		
letrozole tab 2.5 mg . . . . .	31		
leucovorin calcium tab 10 mg . . . . .	31		
leucovorin calcium tab 15 mg . . . . .	31		

levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (FALMINA) . . . . .	123	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (ENPRESSE-28) . . . . .	124
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LARISSIA) . . . . .	123	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (LEVONEST) . . . . .	124
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LESSINA) . . . . .	123	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (LEVONORG-ETH ESTRAD TRIPHASIC) . . . . .	124
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LEVONORGESTREL-ETHINYL ESTRAD) . . . . .	123	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (MYZILRA) . . . . .	124
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LUTERA) . . . . .	123	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (TRIVORA (28)) . . . . .	124
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (ORSYTHIA) . . . . .	123	levothyroxine sodium tab 100 mcg . . . . .	132
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (SRONYX) . . . . .	123	levothyroxine sodium tab 100 mcg (EUTHYROX) . . . . .	132
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (VIENVA) . . . . .	123	levothyroxine sodium tab 100 mcg (LEVO-T) . . . . .	132
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (ALTAVERA) . . . . .	123	levothyroxine sodium tab 100 mcg (LEVOXYL) . . . . .	132
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (AYUNA) . . . . .	123	levothyroxine sodium tab 100 mcg (UNITHROID) . . . . .	132
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CHATEAL EQ) . . . . .	123	levothyroxine sodium tab 112 mcg . . . . .	132
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CHATEAL) . . . . .	123	levothyroxine sodium tab 112 mcg (LEVO-T) . . . . .	132
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (KURVELO) . . . . .	123	levothyroxine sodium tab 112 mcg (LEVOXYL) . . . . .	132
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (LEVONORGESTREL-ETHINYL ESTRAD) . . . . .	123	levothyroxine sodium tab 112 mcg (UNITHROID) . . . . .	132
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (LEVORA 0.15/30 (28)) . . . . .	124	levothyroxine sodium tab 125 mcg . . . . .	132
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (LILLOW) . . . . .	124	levothyroxine sodium tab 125 mcg (LEVO-T) . . . . .	132
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (MARLISSA) . . . . .	124	levothyroxine sodium tab 125 mcg (LEVOXYL) . . . . .	132
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (PORTIA-28) . . . . .	124	levothyroxine sodium tab 125 mcg (UNITHROID) . . . . .	132
LEVONORGESTREL TAB 1.5 MG (Generic for Plan B One-Step) . . . . .	130	levothyroxine sodium tab 137 mcg . . . . .	132
		levothyroxine sodium tab 137 mcg (LEVO-T) . . . . .	132
		levothyroxine sodium tab 137 mcg (LEVOXYL) . . . . .	132
		levothyroxine sodium tab 137 mcg (UNITHROID) . . . . .	132

levothyroxine sodium tab 150 mcg.....	133	levothyroxine sodium tab 75 mcg	
levothyroxine sodium tab 150 mcg (LEVO-		(LEVOXYL).....	134
T).....	133	levothyroxine sodium tab 75 mcg	
levothyroxine sodium tab 150 mcg		(UNITHROID).....	134
(LEVOXYL).....	133	levothyroxine sodium tab 88 mcg.....	134
levothyroxine sodium tab 150 mcg		levothyroxine sodium tab 88 mcg (LEVO-T)	134
(UNITHROID).....	133	levothyroxine sodium tab 88 mcg	
levothyroxine sodium tab 175 mcg.....	133	(LEVOXYL).....	134
levothyroxine sodium tab 175 mcg (LEVO-		levothyroxine sodium tab 88 mcg	
T).....	133	(UNITHROID).....	134
levothyroxine sodium tab 175 mcg		LEXIVA (fosamprenavir calcium).....	47
(LEVOXYL).....	133	LICIDE.....	86
levothyroxine sodium tab 175 mcg		lidocaine hcl local inj 1%.....	6
(UNITHROID).....	133	lidocaine hcl local preservative free (pf) inj 1%	
levothyroxine sodium tab 200 mcg.....	133	(LIDOCAINE HCL (PF)).....	7
levothyroxine sodium tab 200 mcg (LEVO-		lidocaine hcl viscous soln 2% (LIDOCAINE	
T).....	133	VISCOUS HCL).....	7
levothyroxine sodium tab 200 mcg		LIFEMS NALOXONE (naloxone hcl).....	8
(LEVOXYL).....	133	lisinopril & hydrochlorothiazide tab 10-12.5 mg	
levothyroxine sodium tab 200 mcg		(LISINOPRIL-HYDROCHLOROTHIAZIDE).....	68
(UNITHROID).....	133	lisinopril & hydrochlorothiazide tab 20-12.5 mg	
levothyroxine sodium tab 25 mcg.....	133	(LISINOPRIL-HYDROCHLOROTHIAZIDE).....	68
levothyroxine sodium tab 25 mcg (LEVO-T)	133	lisinopril & hydrochlorothiazide tab 20-25 mg	
levothyroxine sodium tab 25 mcg		(LISINOPRIL-HYDROCHLOROTHIAZIDE).....	68
(LEVOXYL).....	133	lisinopril tab 10 mg.....	60
levothyroxine sodium tab 25 mcg		lisinopril tab 2.5 mg.....	60
(UNITHROID).....	133	lisinopril tab 20 mg.....	60
levothyroxine sodium tab 300 mcg.....	133	lisinopril tab 30 mg.....	60
levothyroxine sodium tab 300 mcg (LEVO-		lisinopril tab 40 mg.....	60
T).....	133	lisinopril tab 5 mg.....	60
levothyroxine sodium tab 300 mcg		LITHIUM.....	50
(UNITHROID).....	133	LITHIUM CARBONATE.....	50
levothyroxine sodium tab 50 mcg.....	133	lithium carbonate cap 150 mg.....	50
levothyroxine sodium tab 50 mcg (LEVO-T)	133	lithium carbonate cap 300 mg.....	50
levothyroxine sodium tab 50 mcg		lithium carbonate cap 600 mg.....	50
(LEVOXYL).....	133	lithium carbonate tab 300 mg.....	50
levothyroxine sodium tab 50 mcg		lithium carbonate tab er 300 mg (LITHIUM	
(UNITHROID).....	134	CARBONATE ER).....	50
levothyroxine sodium tab 75 mcg.....	134	lithium carbonate tab er 450 mg (LITHIUM	
levothyroxine sodium tab 75 mcg (LEVO-T)	134	CARBONATE ER).....	50
		LITHOBID (lithium carbonate).....	50

loperamide hcl cap 2 mg.....	107	loperamide hcl tab 2 mg (EQ ANTI- DIARRHEAL).....	108
loperamide hcl cap 2 mg (ANTI- DIARRHEAL).....	107	loperamide hcl tab 2 mg (EQL ANTI- DIARRHEAL).....	108
loperamide hcl cap 2 mg (CVS ANTI- DIARRHEAL).....	107	loperamide hcl tab 2 mg (GNP ANTI- DIARRHEAL).....	108
loperamide hcl cap 2 mg (EQ ANTI- DIARRHEAL).....	107	loperamide hcl tab 2 mg (HM ANTI- DIARRHEAL).....	108
loperamide hcl cap 2 mg (GNP ANTI- DIARRHEAL).....	107	loperamide hcl tab 2 mg (KLS ANTI- DIARRHEAL).....	108
loperamide hcl cap 2 mg (HM ANTI- DIARRHEAL).....	107	loperamide hcl tab 2 mg (LOPERAMIDE A- D).....	108
loperamide hcl cap 2 mg (HM LOPERAMIDE HCL).....	107	loperamide hcl tab 2 mg (MEIJER ANTI- DIARRHEAL).....	109
loperamide hcl cap 2 mg (QC ANTI- DIARRHEAL).....	107	loperamide hcl tab 2 mg (MM ANTI- DIARRHEAL).....	109
loperamide hcl cap 2 mg (RA ANTI- DIARRHEAL).....	108	loperamide hcl tab 2 mg (PX ANTI- DIARRHEAL).....	109
loperamide hcl cap 2 mg (SM ANTI- DIARRHEAL).....	108	loperamide hcl tab 2 mg (QC ANTI- DIARRHEAL).....	109
loperamide hcl cap 2 mg (TGT LOPERAMIDE HCL).....	108	loperamide hcl tab 2 mg (RA ANTI- DIARRHEAL).....	109
loperamide hcl liq 1 mg/5ml (0.2 mg/ml)...	108	loperamide hcl tab 2 mg (SB ANTI- DIARRHEA).....	109
loperamide hcl liq 1 mg/5ml (0.2 mg/ml) (ANTI-DIARRHEAL).....	108	loperamide hcl tab 2 mg (SM ANTI- DIARRHEAL).....	109
loperamide hcl liq 1 mg/5ml (0.2 mg/ml) (EQ ANTI-DIARRHEAL).....	108	loperamide hcl tab 2 mg (SR ANTI- DIARRHEAL).....	109
loperamide hcl liq 1 mg/5ml (0.2 mg/ml) (GNP ANTI-DIARRHEAL).....	108	loperamide hcl tab 2 mg (TGT ANTI- DIARRHEAL).....	109
loperamide hcl liq 1 mg/5ml (0.2 mg/ml) (MEIJER ANTI-DIARRHEAL).....	108	lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....	47
loperamide hcl liq 1 mg/5ml (0.2 mg/ml) (RA ANTI-DIARRHEAL).....	108	lopinavir-ritonavir tab 100-25 mg.....	47
loperamide hcl liq 1 mg/5ml (0.2 mg/ml) (SM ANTI-DIARRHEAL).....	108	lopinavir-ritonavir tab 200-50 mg.....	48
loperamide hcl tab 2 mg.....	108	Loratadine 10 MG TAB.....	154
loperamide hcl tab 2 mg (ANTI- DIARRHEAL).....	108	Loratadine 10 MG TAB DISP.....	154
loperamide hcl tab 2 mg (CVS ANTI- DIARRHEAL).....	108	Loratadine Childrens 5 MG/5ML SYRUP.....	154
loperamide hcl tab 2 mg (DIAMODE).....	108	lorazepam conc 2 mg/ml.....	49
		lorazepam conc 2 mg/ml (LORAZEPAM INTENSOL).....	49
		lorazepam tab 0.5 mg.....	49

lorazepam tab 1 mg . . . . .	49	magnesium citrate soln (EQL MAGNESIUM CITRATE) . . . . .	105
lorazepam tab 2 mg . . . . .	49	magnesium citrate soln (GNP MAGNESIUM CITRATE) . . . . .	105
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (LOSARTAN POTASSIUM-HCTZ) . . . . .	69	magnesium citrate soln (GOODSENSE MAGNESIUM CITRATE) . . . . .	105
losartan potassium & hydrochlorothiazide tab 100-25 mg (LOSARTAN POTASSIUM-HCTZ) . . . . .	69	magnesium citrate soln (HM MAGNESIUM CITRATE) . . . . .	105
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (LOSARTAN POTASSIUM-HCTZ) . . . . .	69	magnesium citrate soln (QC MAGNESIUM CITRATE) . . . . .	105
losartan potassium tab 100 mg . . . . .	59	magnesium citrate soln (RA MAGNESIUM CITRATE) . . . . .	105
losartan potassium tab 25 mg . . . . .	59	magnesium citrate soln (SB MAGNESIUM CITRATE) . . . . .	105
losartan potassium tab 50 mg . . . . .	59	magnesium citrate soln (SM MAGNESIUM CITRATE) . . . . .	105
LOTRIMIN AF (miconazole nitrate (topical)) . . . . .	27	MARPLAN (isocarboxazid) . . . . .	21
lovastatin tab 10 mg . . . . .	71	MATULANE (procarbazine hcl) . . . . .	30
lovastatin tab 20 mg . . . . .	71	Meclizine HCl 12.5 MG TAB . . . . .	24
lovastatin tab 40 mg . . . . .	71	Meclizine HCl 25 MG CHEW TAB . . . . .	24
loxapine succinate cap 10 mg . . . . .	36	MECLIZINE HCL TAB 25 MG . . . . .	24
loxapine succinate cap 25 mg . . . . .	36	MEDPURA ALCOHOL PADS (isopropyl alcohol (skin cleanser)) . . . . .	144
loxapine succinate cap 5 mg . . . . .	36	medroxyprogesterone acetate im susp 150 mg/ml . . . . .	130
loxapine succinate cap 50 mg . . . . .	36	medroxyprogesterone acetate im susp prefilled syr 150 mg/ml . . . . .	130
LUBIPROSTONE . . . . .	105	medroxyprogesterone acetate tab 10 mg . . . . .	130
LUCEMYRA (lofexidine hcl) . . . . .	8	medroxyprogesterone acetate tab 2.5 mg . . . . .	131
LUPRON DEPOT-PED (1-MONTH) (leuprolide acetate (cpp)) . . . . .	135	medroxyprogesterone acetate tab 5 mg . . . . .	131
LYBALVI (olanzapine-samidorpham I-malate) . . . . .	20	mefloquine hcl tab 250 mg . . . . .	32
LYSODREN (mitotane) . . . . .	31	megestrol acetate susp 40 mg/ml . . . . .	131
<b>M</b>		megestrol acetate tab 20 mg . . . . .	131
M-M-R II (measles, mumps & rubella virus vaccines) . . . . .	138	megestrol acetate tab 40 mg . . . . .	131
magnesium citrate soln . . . . .	105	meloxicam tab 15 mg . . . . .	2
magnesium citrate soln (CITRATE OF MAGNESIA) . . . . .	105	meloxicam tab 7.5 mg . . . . .	2
magnesium citrate soln (CITROMA) . . . . .	105	melphalan tab 2 mg . . . . .	30
magnesium citrate soln (CVS CITRATE OF MAGNESIA) . . . . .	105	memantine hcl tab 10 mg . . . . .	20
magnesium citrate soln (CVS MAGNESIUM CITRATE) . . . . .	105	memantine hcl tab 5 mg . . . . .	20
magnesium citrate soln (EQ MAGNESIUM CITRATE) . . . . .	105	MENACTRA (meningococcal (a,c,y&w-135) polysacch diphth conj vaccine) . . . . .	138

MENEST (esterified estrogens).....	124	methyldopa tab 500 mg.....	58
MENQUADFI (meningococcal (a,c,y&w-135) polysacch tetanus conj vaccine).....	138	methylergonovine maleate tab 0.2 mg....	144
MENVEO (meningococcal (a,c,y&w-135) oligosaccharide conjugate vac).....	139	methylergonovine maleate tab 0.2 mg (METHERGINE).....	144
MEPERIDINE HCL.....	5	methylphenidate hcl cap er 10 mg (cd) (METHYLPHENIDATE HCL ER (CD)).....	76
meperidine hcl tab 100 mg.....	5	methylphenidate hcl cap er 20 mg (cd) (METHYLPHENIDATE HCL ER (CD)).....	76
meperidine hcl tab 50 mg.....	5	methylphenidate hcl cap er 30 mg (cd) (METHYLPHENIDATE HCL ER (CD)).....	77
mercaptopurine tab 50 mg.....	31	methylphenidate hcl cap er 40 mg (cd) (METHYLPHENIDATE HCL ER (CD)).....	77
mesalamine cap dr 400 mg.....	140	methylphenidate hcl cap er 50 mg (cd) (METHYLPHENIDATE HCL ER (CD)).....	77
mesalamine enema 4 gm.....	140	methylphenidate hcl cap er 60 mg (cd) (METHYLPHENIDATE HCL ER (CD)).....	77
METAPROTERENOL SULFATE.....	156	METHYLPHENIDATE HCL ER.....	77
metformin hcl tab 1000 mg.....	51	methylphenidate hcl tab 10 mg.....	77
metformin hcl tab 500 mg.....	51	methylphenidate hcl tab 20 mg.....	77
metformin hcl tab 850 mg.....	51	methylphenidate hcl tab 5 mg.....	77
metformin hcl tab er 24hr 500 mg (METFORMIN HCL ER).....	51	methylphenidate hcl tab er 10 mg (METHYLPHENIDATE HCL ER).....	77
metformin hcl tab er 24hr 750 mg (METFORMIN HCL ER).....	51	methylphenidate hcl tab er 20 mg (METADATE ER).....	77
METHADONE HCL.....	3	methylphenidate hcl tab er 20 mg (METHYLPHENIDATE HCL ER).....	77
methadone hcl conc 10 mg/ml.....	3	methylphenidate hcl tab er 24hr 27 mg (METHYLPHENIDATE HCL ER).....	77
methadone hcl conc 10 mg/ml (METHADONE HCL INTENSOL).....	3	methylphenidate hcl tab er 24hr 36 mg (METHYLPHENIDATE HCL ER).....	77
methadone hcl soln 10 mg/5ml.....	3	methylphenidate hcl tab er 24hr 54 mg (METHYLPHENIDATE HCL ER).....	77
methadone hcl soln 5 mg/5ml.....	3	methylphenidate hcl tab er osmotic release (osm) 18 mg (METHYLPHENIDATE HCL ER)....	77
methadone hcl tab 10 mg.....	3	methylphenidate hcl tab er osmotic release (osm) 27 mg (METHYLPHENIDATE HCL ER)....	77
methadone hcl tab 5 mg.....	3	methylphenidate hcl tab er osmotic release (osm) 36 mg (METHYLPHENIDATE HCL ER)....	77
methadone hcl tab for oral susp 40 mg.....	3	methylphenidate hcl tab er osmotic release (osm) 54 mg (METHYLPHENIDATE HCL ER)....	77
methadone hcl tab for oral susp 40 mg (METHADOSE).....	3	methylprednisolone tab 16 mg.....	117
methazolamide tab 25 mg.....	151		
methazolamide tab 50 mg.....	151		
methimazole tab 10 mg.....	135		
methimazole tab 5 mg.....	135		
methocarbamol tab 500 mg.....	164		
methocarbamol tab 750 mg.....	164		
methotrexate sodium tab 2.5 mg (base equiv).....	137		
METHYLCLOTHIAZIDE.....	70		
METHYLDOPA.....	58		
methyldopa tab 250 mg.....	58		

methylprednisolone tab 32 mg.....	117	metronidazole tab 500 mg.....	11
methylprednisolone tab 4 mg.....	117	metronidazole vaginal gel 0.75%.....	11
methylprednisolone tab 8 mg.....	117	metronidazole vaginal gel 0.75%	
methylprednisolone tab therapy pack 4 mg		(VANDAZOLE).....	11
(21).....	117	mexiletine hcl cap 150 mg.....	61
metoclopramide hcl soln 5 mg/5ml (10		mexiletine hcl cap 200 mg.....	61
mg/10ml) (base equiv).....	24	mexiletine hcl cap 250 mg.....	61
metoclopramide hcl tab 10 mg (base		Miconazole 7 100 MG SUPPOS.....	27
equivalent).....	24	Miconazole 7 2 % CREAM.....	27
metoclopramide hcl tab 5 mg (base		Miconazole Nitrate 2 % AERO POWD.....	27
equivalent).....	24	Miconazole Nitrate 2 % CREAM.....	27
metolazone tab 10 mg.....	70	miconazole nitrate vaginal cream 4% (200	
metolazone tab 2.5 mg.....	70	mg/5gm) (MICONAZOLE 3).....	27
metolazone tab 5 mg.....	70	miconazole nitrate vaginal cream 4% (200	
metoprolol succinate tab er 24hr 100 mg		mg/5gm) (QC 3 DAY).....	27
(tartrate equiv) (METOPROLOL SUCCINATE		Migraine Relief (ASPIRIN-ACETAMINOPHEN-	
ER).....	62	CAFFEINE) 250-250-65 MG TAB.....	79
metoprolol succinate tab er 24hr 200 mg		MILLIPRED (prednisolone).....	117
(tartrate equiv) (METOPROLOL SUCCINATE		MILLIPRED DP (prednisolone).....	117
ER).....	62	MILLIPRED DP 12-DAY (prednisolone).....	117
metoprolol succinate tab er 24hr 25 mg		minocycline hcl cap 100 mg.....	15
(tartrate equiv) (METOPROLOL SUCCINATE		minocycline hcl cap 50 mg.....	15
ER).....	62	minoxidil tab 10 mg.....	73
metoprolol succinate tab er 24hr 50 mg		minoxidil tab 2.5 mg.....	73
(tartrate equiv) (METOPROLOL SUCCINATE		mirtazapine orally disintegrating tab 15 mg.	20
ER).....	62	mirtazapine orally disintegrating tab 30 mg.	20
metoprolol tartrate tab 100 mg.....	62	mirtazapine orally disintegrating tab 45 mg.	20
metoprolol tartrate tab 25 mg.....	62	mirtazapine tab 15 mg.....	20
metoprolol tartrate tab 50 mg.....	62	mirtazapine tab 30 mg.....	20
METRONIDAZOLE.....	11	mirtazapine tab 45 mg.....	20
metronidazole cap 375 mg.....	11	misoprostol tab 100 mcg.....	112
metronidazole cream 0.75%.....	11	misoprostol tab 200 mcg.....	112
metronidazole cream 0.75% (ROSADAN).....	11	modafinil tab 100 mg.....	165
metronidazole gel 0.75%.....	11	modafinil tab 200 mg.....	165
metronidazole gel 0.75% (ROSADAN).....	11	moexipril hcl tab 15 mg.....	60
metronidazole gel 1%.....	11	moexipril hcl tab 7.5 mg.....	60
metronidazole in nacl 0.74% iv soln 500		MOLINDONE HCL.....	36
mg/100ml.....	11	mometasone furoate cream 0.1%.....	117
metronidazole in nacl 0.79% iv soln 500		mometasone furoate oint 0.1%.....	117
mg/100ml.....	11	MONISTAT 3 (miconazole nitrate vaginal)...	27
metronidazole tab 250 mg.....	11		

MONOCLATE-P (antihemophilic factor (human))	57
MONOJECTOR END CAPS	144
MONOJECTOR OPD END CAPS	144
MONONINE (coagulation factor ix)	57
montelukast sodium chew tab 4 mg (base equiv)	155
montelukast sodium chew tab 5 mg (base equiv)	155
montelukast sodium oral granules packet 4 mg (base equiv)	155
montelukast sodium tab 10 mg (base equiv)	155
MORPHINE SULFATE	5
morphine sulfate oral soln 10 mg/5ml	6
morphine sulfate oral soln 100 mg/5ml (20 mg/ml) (MORPHINE SULFATE (CONCENTRATE))	6
morphine sulfate oral soln 20 mg/5ml	6
morphine sulfate tab 15 mg	6
morphine sulfate tab 30 mg	6
morphine sulfate tab er 100 mg (MORPHINE SULFATE ER)	3
morphine sulfate tab er 15 mg (MORPHINE SULFATE ER)	3
morphine sulfate tab er 200 mg (MORPHINE SULFATE ER)	3
morphine sulfate tab er 30 mg (MORPHINE SULFATE ER)	3
morphine sulfate tab er 60 mg (MORPHINE SULFATE ER)	3
MULTI PRENATAL (prenatal vit w/ ferrous fumarate-folic acid)	99
Multivitamin/Fluoride 0.25 MG CHEW TAB	99
Multivitamin/Fluoride 0.25 MG/ML SOLUTION	100
Multivitamin/Fluoride 0.5 MG CHEW TAB	90
Multivitamin/Fluoride 0.5 MG/ML SOLUTION	100
Multivitamin/Fluoride 1 MG CHEW TAB	90
Multivitamin/Fluoride/Iron 0.25-10 MG/ML SOLUTION	100

mupirocin calcium cream 2%	89
mupirocin oint 2%	89
MURO 128 (sodium chloride hypertonic)	147
mycophenolate mofetil cap 250 mg	137
mycophenolate mofetil for oral susp 200 mg/ml	137
mycophenolate mofetil tab 500 mg	137
MYLERAN (busulfan)	30

## N

NABI-HB (hepatitis b immune globulin (human))	135
nadolol tab 20 mg	62
nadolol tab 40 mg	62
nadolol tab 80 mg	62
NALOXONE HCL	8
naloxone hcl inj 0.4 mg/ml	8
naloxone hcl inj 4 mg/10ml	8
naloxone hcl soln prefilled syringe 2 mg/2ml	8
naltrexone hcl tab 50 mg	8
naproxen sodium tab 275 mg	2
naproxen sodium tab 550 mg	2
naproxen tab 250 mg	2
naproxen tab 375 mg	2
naproxen tab 500 mg	2
NARCAN (naloxone hcl)	8
NARDIL (phenelzine sulfate)	21
nateglinide tab 120 mg	52
nateglinide tab 60 mg	52
neomycin sulfate tab 500 mg	9
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (NEO-POLYCYN)	147
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (NEOMYCIN-BACITRACIN ZN-POLYMYX)	147
neomycin-polymyxin-dexamethasone ophth oint 0.1%	147
neomycin-polymyxin-dexamethasone ophth susp 0.1%	147
NEOMYCIN-POLYMYXIN-GRAMICIDIN	147

NEOMYCIN-POLYMYXIN-HC (neomycin-polymyxin-hc (ophth))	147	niacin tab er 500 mg (ENDUR-ACIN)	72
neomycin-polymyxin-hc otic soln 1%	152	niacin tab er 500 mg (NIACIN ER)	73
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	152	niacin tab er 750 mg (ENDUR-ACIN)	73
NEONATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid)	100	niacin tab er 750 mg (NIACIN ER)	73
NEONATAL VITAMIN (prenatal vit w/ ferrous fumarate-folic acid)	100	nicardipine hcl cap 20 mg	63
NEVIRAPINE	44	nicardipine hcl cap 30 mg	63
NEVIRAPINE ER	44	Nicotine 14 MG/24HR PATCH 24HR	9
nevirapine tab 200 mg	44	Nicotine 21 MG/24HR PATCH 24HR	9
nevirapine tab er 24hr 100 mg (NEVIRAPINE ER)	44	Nicotine 7 MG/24HR PATCH 24HR	9
nevirapine tab er 24hr 400 mg (NEVIRAPINE ER)	44	Nicotine Polacrilex 2 MG GUM	9
niacin cap er 250 mg (NIACIN ER)	72	Nicotine Polacrilex 2 MG LOZENGE	9
niacin cap er 500 mg (NIACIN ER)	72	Nicotine Polacrilex 4 MG GUM	9
NIACIN ER	72	Nicotine Polacrilex 4 MG LOZENGE	9
niacin tab 100 mg	72	NICOTROL (nicotine)	9
niacin tab 100 mg (PX NIACIN)	72	NICOTROL NS (nicotine)	9
niacin tab 100 mg (RA NIACIN)	72	nifedipine cap 10 mg	63
niacin tab 250 mg	72	nifedipine cap 20 mg	63
niacin tab 250 mg (GNP NIACIN)	72	nifedipine tab er 24hr 30 mg (AFEDITAB CR)	63
niacin tab 250 mg (PLAIN NIACIN)	72	nifedipine tab er 24hr 30 mg (NIFEDIPINE ER)	63
niacin tab 50 mg	72	nifedipine tab er 24hr 60 mg (AFEDITAB CR)	63
niacin tab 50 mg (NIACIN-50)	72	nifedipine tab er 24hr 60 mg (NIFEDIPINE ER)	64
niacin tab 500 mg	72	nifedipine tab er 24hr 90 mg (NIFEDIPINE ER)	64
niacin tab 500 mg (KP NIACIN)	72	nifedipine tab er 24hr osmotic release 30 mg (NIFEDIPINE ER OSMOTIC RELEASE)	64
niacin tab 500 mg (PLAIN NIACIN)	72	nifedipine tab er 24hr osmotic release 60 mg (NIFEDIPINE ER OSMOTIC RELEASE)	64
niacin tab 500 mg (RA NIACIN)	72	nifedipine tab er 24hr osmotic release 90 mg (NIFEDIPINE ER OSMOTIC RELEASE)	64
niacin tab 500 mg (RA NO FLUSH NIACIN)	72	NISOLDIPINE ER	64
niacin tab er 250 mg (ENDUR-ACIN)	72	NITRO-BID (nitroglycerin)	74
niacin tab er 250 mg (GNP NIACIN TR)	72	NITRO-TIME (nitroglycerin)	74
niacin tab er 250 mg (HM NIACIN TR)	72	nitrofurantoin macrocrystalline cap 100 mg	11
niacin tab er 250 mg (HM NIACIN)	72	nitrofurantoin macrocrystalline cap 50 mg	11
niacin tab er 250 mg (NIACIN ER)	72	nitrofurantoin monohydrate macrocrystalline cap 100 mg (NITROFURANTOIN MONOHYD MACRO)	11
niacin tab er 250 mg (SLO-NIACIN)	72	nitrofurantoin susp 25 mg/5ml	11
niacin tab er 250 mg (SM NIACIN CR)	72	NITROGLYCERIN	74
niacin tab er 500 mg (antihyperlipidemic) (NIACIN ER (ANTHYPERLIPIDEMIC))	72	nitroglycerin cap er 2.5 mg (NITROGLYCERIN ER)	74

nitroglycerin cap er 6.5 mg (NITROGLYCERIN ER).....	74	norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (WERA).....	125
nitroglycerin cap er 9 mg (NITROGLYCERIN ER).....	74	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (ALYACEN 1/35).....	125
nitroglycerin sl tab 0.3 mg.....	74	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (CYCLAFEM 1/35).....	125
nitroglycerin sl tab 0.4 mg.....	74	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (DASETTA 1/35).....	125
nitroglycerin sl tab 0.6 mg.....	74	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (NORTREL 1/35 (21)).....	125
nitroglycerin td patch 24hr 0.1 mg/hr.....	74	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (NORTREL 1/35 (28)).....	125
nitroglycerin td patch 24hr 0.1 mg/hr (MINITRAN).....	74	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (PIRMELLA 1/35).....	125
nitroglycerin td patch 24hr 0.2 mg/hr.....	74	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (TILIA FE).....	125
nitroglycerin td patch 24hr 0.2 mg/hr (MINITRAN).....	74	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (TRI-LEGEST FE).....	125
nitroglycerin td patch 24hr 0.4 mg/hr.....	74	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (AUROVELA 1/20).....	125
nitroglycerin td patch 24hr 0.4 mg/hr (MINITRAN).....	74	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (JUNEL 1/20).....	125
nitroglycerin td patch 24hr 0.6 mg/hr.....	74	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (LARIN 1/20).....	125
nitroglycerin td patch 24hr 0.6 mg/hr (MINITRAN).....	74	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (MICROGESTIN 1/20).....	125
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....	74	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (NORETHINDRONE ACET-ETHINYL EST).....	125
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (XULANE).....	124	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (AUROVELA 1.5/30).....	126
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (ZAFEMY).....	124	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (HAILEY 1.5/30).....	126
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (BALZIVA).....	124	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (JUNEL 1.5/30).....	126
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (BRIELLYN).....	124	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (LARIN 1.5/30).....	126
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (GILDAGIA).....	124	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (MICROGESTIN 1.5/30).....	126
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (PHILITH).....	124		
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (VYFEMLA).....	124		
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (ZENCHENT).....	124		
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (NECON 0.5/35 (28)).....	125		
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (NORTREL 0.5/35 (28)).....	125		

norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (NORETHINDRONE ACET-ETHINYL EST).....	126	norethindrone tab 0.35 mg (CAMILA).....	131
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (AUROVELA FE 1/20).....	126	norethindrone tab 0.35 mg (DEBLITANE)....	131
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (BLISOVI FE 1/20).....	126	norethindrone tab 0.35 mg (ERRIN).....	131
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (HAILEY FE 1/20).....	126	norethindrone tab 0.35 mg (HEATHER)....	131
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (JUNEL FE 1/20).....	126	norethindrone tab 0.35 mg (INCASSIA)....	131
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (LARIN FE 1/20).....	126	norethindrone tab 0.35 mg (JENCYCLA)...	131
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (MICROGESTIN FE 1/20).....	126	norethindrone tab 0.35 mg (JOLIVETTE)....	131
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (NORETHIN ACE-ETH ESTRAD-FE).....	126	norethindrone tab 0.35 mg (LYLEQ).....	131
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (TARINA FE 1/20 EQ).....	126	norethindrone tab 0.35 mg (LYZA).....	131
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (TARINA FE 1/20).....	127	norethindrone tab 0.35 mg (NORA-BE)....	131
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (AUROVELA FE 1.5/30)....	127	norethindrone tab 0.35 mg (NORLYDA)....	131
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (BLISOVI FE 1.5/30).....	127	norethindrone tab 0.35 mg (NORLYROC)..	131
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (HAILEY FE 1.5/30).....	127	norethindrone tab 0.35 mg (SHAROBEL)....	131
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (JUNEL FE 1.5/30).....	127	norethindrone tab 0.35 mg (TULANA).....	131
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (LARIN FE 1.5/30).....	127	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (ALYACEN 7/7/7).....	127
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (LOESTRIN FE 1.5/30).....	127	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (CYCLAFEM 7/7/7).....	127
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (MICROGESTIN FE 1.5/30)..	127	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (DASETTA 7/7/7).....	127
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (NORETHIN ACE-ETH ESTRAD-FE).....	127	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (NECON 7/7/7).....	127
norethindrone acetate tab 5 mg.....	131	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (NORTREL 7/7/7).....	127
norethindrone tab 0.35 mg.....	131	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (NYLIA 7/7/7).....	127
		norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (PIRMELLA 7/7/7).....	128
		norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (ARANELLE).....	128
		norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (LEENA).....	128
		norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (ESTARYLLA).....	128
		norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (FEMYNOR).....	128
		norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MILI).....	128
		norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MONO-LINYAH).....	128

norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MONONESSA) . . . . .	128	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-PREVIFEM) . . . . .	129
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (NORGESTIMATE-ETH ESTRADIOL) . . . . .	128	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-SPRINTEC) . . . . .	129
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (NYMYO) . . . . .	128	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-VYLIBRA) . . . . .	129
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (PREVIFEM) . . . . .	128	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRINESSA (28)) . . . . .	129
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (SPRINTEC 28) . . . . .	128	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (CRYSSELLE-28) . . . . .	130
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (VYLIBRA) . . . . .	128	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (ELINEST) . . . . .	130
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (NORGESTIM-ETH ESTRAD TRIPHASIC) . . . . .	128	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (LOW-OGESTREL) . . . . .	130
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-ESTARYLLA) . . . . .	128	nortriptyline hcl cap 10 mg . . . . .	24
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-MARZIA) . . . . .	128	nortriptyline hcl cap 25 mg . . . . .	24
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-MILI) . . . . .	129	nortriptyline hcl cap 50 mg . . . . .	24
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-SPRINTEC) . . . . .	129	nortriptyline hcl cap 75 mg . . . . .	24
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-VYLIBRA LO) . . . . .	129	NORVIR (ritonavir) . . . . .	48
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRINESSA LO) . . . . .	129	NOVAVAX COVID-19 VACCINE (covid-19 (sars-cov-2) subunit (spike) protein virus vaccine) . . . . .	139
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (NORGESTIM-ETH ESTRAD TRIPHASIC) . . . . .	129	NOVOEIGHT (antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)) . . . . .	57
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI FEMYNOR) . . . . .	129	NOVOLIN 70/30 (insulin nph isophane & reg (human)) . . . . .	53
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-ESTARYLLA) . . . . .	129	NOVOLIN 70/30 RELION (insulin nph isophane & reg (human)) . . . . .	53
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-LINYAH) . . . . .	129	NOVOLIN N (insulin nph (human) (isophane)) . . . . .	53
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-MILI) . . . . .	129	NOVOLIN N RELION (insulin nph (human) (isophane)) . . . . .	53
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-NYMYO) . . . . .	129	NOVOLIN R (insulin regular (human)) . . . . .	53
		NOVOLIN R RELION (insulin regular (human)) . . . . .	53
		NOVOSEVEN RT (coagulation factor viia (recombinant)) . . . . .	57
		NUPLAZID (pimavanserin tartrate) . . . . .	38
		NUWIQ (antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)) . . . . .	57
		nystatin cream 100000 unit/gm . . . . .	27

nystatin oint 100000 unit/gm.....	27
nystatin susp 100000 unit/ml.....	27
nystatin tab 500000 unit.....	27

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OBIZUR (antihemophilic factor (recombinant porcine) (rpfviii)).....	57
ODEFSEY (emtricitabine- rilpivirine-tenofovir alafenamide fumarate).....	44
ofloxacin ophth soln 0.3%.....	149
ofloxacin otic soln 0.3%.....	152
OGESTREL (norgestrel & ethinyl estradiol).....	130
olanzapine for im inj 10 mg.....	38
olanzapine orally disintegrating tab 10 mg.....	38
olanzapine orally disintegrating tab 15 mg.....	38
olanzapine orally disintegrating tab 20 mg.....	38
olanzapine orally disintegrating tab 5 mg.....	39
olanzapine tab 10 mg.....	39
olanzapine tab 15 mg.....	39
olanzapine tab 2.5 mg.....	39
olanzapine tab 20 mg.....	39
olanzapine tab 5 mg.....	39
olanzapine tab 7.5 mg.....	39
olanzapine-fluoxetine hcl cap 12-25 mg.....	20
olanzapine-fluoxetine hcl cap 12-50 mg.....	21
olanzapine-fluoxetine hcl cap 3-25 mg.....	21
olanzapine-fluoxetine hcl cap 6-25 mg.....	21
olanzapine-fluoxetine hcl cap 6-50 mg.....	21
omega-3-acid ethyl esters cap 1 gm.....	73
omega-3-acid ethyl esters cap 1 gm (TRIKLO).....	73
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omeprazole cap delayed release 40 mg.....	113
omeprazole delayed release tab 20 mg.....	113
omeprazole delayed release tab 20 mg (CVS OMEPRAZOLE).....	113
omeprazole delayed release tab 20 mg (EQ OMEPRAZOLE).....	113
omeprazole delayed release tab 20 mg (EQL OMEPRAZOLE).....	113
omeprazole delayed release tab 20 mg (GNP OMEPRAZOLE).....	113
omeprazole delayed release tab 20 mg (HM OMEPRAZOLE).....	113
omeprazole delayed release tab 20 mg (KLS OMEPRAZOLE).....	113
omeprazole delayed release tab 20 mg (PX OMEPRAZOLE).....	113
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ondansetron hcl tab 24 mg.....	25
ondansetron hcl tab 4 mg.....	25
ondansetron hcl tab 8 mg.....	25
ondansetron orally disintegrating tab 4 mg.....	25
ondansetron orally disintegrating tab 8 mg.....	26
ONE VITE WOMENS (prenatal vit w/ ferrous fumarate-folic acid).....	100
ONETOUCH SURESOFT LANCING DEV.....	144
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ORAL ELECTROLYTES (Generic Pedialyte).....	90
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oseltamivir phosphate cap 30 mg (base equiv).....	48
oseltamivir phosphate cap 45 mg (base equiv).....	48
oseltamivir phosphate cap 75 mg (base equiv).....	48
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oxazepam cap 10 mg	49
oxazepam cap 15 mg	50
oxazepam cap 30 mg	50
oxcarbazepine tab 150 mg	19
oxcarbazepine tab 300 mg	19
oxcarbazepine tab 600 mg	19
oxybutynin chloride syrup 5 mg/5ml	114
oxybutynin chloride tab 5 mg	114
oxybutynin chloride tab er 24hr 10 mg (OXYBUTYNIN CHLORIDE ER)	114
oxybutynin chloride tab er 24hr 15 mg (OXYBUTYNIN CHLORIDE ER)	114
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oxycodone hcl cap 5 mg	6
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	6
OXYCODONE HCL ER	4
oxycodone hcl soln 5 mg/5ml	6
oxycodone hcl tab 15 mg	6
oxycodone hcl tab 30 mg	6
oxycodone hcl tab 5 mg	6
oxycodone w/ acetaminophen tab 5-325 mg (ENDOCET)	6
oxycodone w/ acetaminophen tab 5-325 mg (OXYCODONE-ACETAMINOPHEN)	6
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oyster shell calcium tab 500 mg	100
oyster shell calcium tab 500 mg (CALCIUM OYSTER SHELL)	100
oyster shell calcium tab 500 mg (OYSCO 500)	100
oyster shell calcium tab 500 mg (OYSTERCAL)	100
oyster shell calcium tab 500 mg (RA HI- CAL)	100
oyster shell calcium tab 500 mg (RA OYSTER SHELL CALCIUM)	100

oyster shell calcium tab 500 mg (SB OYSTER SHELL CALCIUM)	100
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## P

paliperidone tab er 24hr 1.5 mg (PALIPERIDONE ER)	39
paliperidone tab er 24hr 3 mg (PALIPERIDONE ER)	39
paliperidone tab er 24hr 6 mg (PALIPERIDONE ER)	39
paliperidone tab er 24hr 9 mg (PALIPERIDONE ER)	39
pantoprazole sodium ec tab 20 mg (base equiv)	113
pantoprazole sodium ec tab 40 mg (base equiv)	113
PARNATE (tranylcypromine sulfate)	21
paromomycin sulfate cap 250 mg	9
paroxetine hcl tab 10 mg	22
paroxetine hcl tab 20 mg	22
paroxetine hcl tab 30 mg	22
paroxetine hcl tab 40 mg	22
PEDIA-LAX (glycerin (laxative))	105
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (GAVILYTE-G)	111
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (PEG-3350/ELECTROLYTES)	111
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (PEG 3350/ELECTROLYTES)	111
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (GAVILYTE-N WITH FLAVOR PACK)	105
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (PEG 3350-KCL-NA BICARB-NAACL)	105
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (TRILYTE)	106
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penicillamine cap 250 mg	114
PENICILLIN V POTASSIUM	13
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permethrin creme rinse 1% (CVS LICE TREATMENT).....	86	phenazopyridine hcl tab 95 mg (SB URINARY PAIN RELIEF).....	115
permethrin creme rinse 1% (GNP LICE TREATMENT).....	86	phenazopyridine hcl tab 95 mg (SM URINARY PAIN RELIEF).....	115
permethrin creme rinse 1% (HM LICE TREATMENT).....	86	phenazopyridine hcl tab 95 mg (URINARY PAIN RELIEF).....	115
permethrin creme rinse 1% (LICE TREATMENT CREME RINSE).....	86	phenazopyridine hcl tab 95 mg (URISTAT) ..	115
permethrin creme rinse 1% (LICE TREATMENT).....	87	phenelzine sulfate tab 15 mg.....	21
permethrin creme rinse 1% (SB LICE TREATMENT).....	87	phenobarbital elixir 20 mg/5ml.....	18
permethrin lotion 1% (LICE TREATMENT).....	87	phenobarbital tab 100 mg.....	18
permethrin lotion 1% (RA LICE TREATMENT) ..	87	phenobarbital tab 15 mg.....	18
permethrin lotion 1% (SM LICE TREATMENT) ..	87	phenobarbital tab 30 mg.....	18
perphenazine tab 16 mg.....	24	phenobarbital tab 32.4 mg.....	18
perphenazine tab 2 mg.....	24	phenobarbital tab 60 mg.....	18
perphenazine tab 4 mg.....	24	phenobarbital tab 64.8 mg.....	18
perphenazine tab 8 mg.....	24	phenobarbital tab 97.2 mg.....	18
PERSERIS (risperidone).....	39	phenoxybenzamine hcl cap 10 mg.....	59
phenazopyridine hcl tab 100 mg.....	114	phenylephrine hcl ophth soln 10%.....	147
phenazopyridine hcl tab 200 mg.....	114	phenylephrine hcl ophth soln 10% (ALTAFRIN).....	147
phenazopyridine hcl tab 95 mg.....	114	phenylephrine hcl ophth soln 2.5%.....	147
phenazopyridine hcl tab 95 mg (AZO TABS).....	114	phenylephrine hcl ophth soln 2.5% (ALTAFRIN).....	147
phenazopyridine hcl tab 95 mg (AZO URINARY PAIN RELIEF).....	115	phenytoin chew tab 50 mg.....	19
phenazopyridine hcl tab 95 mg (AZO-STANDARD).....	115	phenytoin chew tab 50 mg (PHENYTOIN INFATABS).....	19
phenazopyridine hcl tab 95 mg (CVS URINARY PAIN RELIEF).....	115	phenytoin sodium extended cap 100 mg... ..	19
phenazopyridine hcl tab 95 mg (EQ URINARY PAIN RELIEF).....	115	phenytoin susp 125 mg/5ml.....	19
phenazopyridine hcl tab 95 mg (GNP URINARY PAIN RELIEF).....	115	PHOSPHOLINE IODIDE (echothiophate iodide).....	151
phenazopyridine hcl tab 95 mg (QC AZO).....	115	phytonadione tab 5 mg.....	57
phenazopyridine hcl tab 95 mg (QC URINARY PAIN RELIEF).....	115	PIFELTRO (doravirine).....	44
		pilocarpine hcl ophth soln 1%.....	151
		pilocarpine hcl ophth soln 2%.....	151
		pimecrolimus cream 1%.....	84
		PIMOZIDE.....	36
		pindolol tab 10 mg.....	62

pindolol tab 5 mg.....	62	polyethylene glycol 3350 oral powder 17 gm/scoop (PEGYLAX).....	106
pioglitazone hcl tab 15 mg (base equiv)....	52	polyethylene glycol 3350 oral powder 17 gm/scoop (QC NATURA-LAX).....	106
pioglitazone hcl tab 30 mg (base equiv)....	52	polyethylene glycol 3350 oral powder 17 gm/scoop (RA LAXATIVE).....	107
pioglitazone hcl tab 45 mg (base equiv)....	52	polyethylene glycol 3350 oral powder 17 gm/scoop (SB POLYETHYLENE GLYCOL 3350).....	107
piroxicam cap 10 mg.....	2	polyethylene glycol 3350 oral powder 17 gm/scoop (SM CLEARLAX).....	107
piroxicam cap 20 mg.....	2	polyethylene glycol 3350 oral powder 17 gm/scoop (SMOOTH LAX).....	107
PLEGRIDY (peginterferon beta-1a).....	80	polyethylene glycol 3350 oral powder 17 gm/scoop (SW CLEARLAX).....	107
PLEGRIDY STARTER PACK (peginterferon beta-1a).....	80	polyethylene glycol 3350 oral powder 17 gm/scoop (TGT POWDERLAX).....	107
PNEUMOVAX 23 (pneumococcal vac polyvalent).....	139	polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....	149
podofilox soln 0.5%.....	85	pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (POT & SOD CIT-CIT AC).....	115
polyethylene glycol 3350 oral powder 17 gm/scoop.....	106	pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (TRICITRATES).....	115
polyethylene glycol 3350 oral powder 17 gm/scoop (CLEARLAX).....	106	pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (VIRTRATE-3).....	115
polyethylene glycol 3350 oral powder 17 gm/scoop (CVS PURELAX).....	106	pot bicarbonate & chloride effer tab 25 meq (EFFERVESCENT POT CHLORIDE).....	100
polyethylene glycol 3350 oral powder 17 gm/scoop (EQ CLEARLAX).....	106	potassium bicarbonate effer tab 25 meq (EFFER-K).....	100
polyethylene glycol 3350 oral powder 17 gm/scoop (EQL CLEARLAX).....	106	potassium bicarbonate effer tab 25 meq (K-EFFERVESCENT).....	100
polyethylene glycol 3350 oral powder 17 gm/scoop (GAVILAX).....	106	potassium bicarbonate effer tab 25 meq (K-PRIME).....	100
polyethylene glycol 3350 oral powder 17 gm/scoop (GENTLELAX).....	106	potassium bicarbonate effer tab 25 meq (K-VESCENT).....	100
polyethylene glycol 3350 oral powder 17 gm/scoop (GLYCOLAX).....	106	potassium bicarbonate effer tab 25 meq (KLOR-CON/EF).....	100
polyethylene glycol 3350 oral powder 17 gm/scoop (GNP CLEARLAX).....	106	potassium chloride cap er 10 meq (KLOR-CON SPRINKLE).....	90
polyethylene glycol 3350 oral powder 17 gm/scoop (GOODSENSE CLEARLAX).....	106		
polyethylene glycol 3350 oral powder 17 gm/scoop (HM CLEARLAX).....	106		
polyethylene glycol 3350 oral powder 17 gm/scoop (KLS LAXACLEAR).....	106		
polyethylene glycol 3350 oral powder 17 gm/scoop (MM CLEARLAX).....	106		
polyethylene glycol 3350 oral powder 17 gm/scoop (PEG 3350).....	106		

potassium chloride cap er 10 meq (POTASSIUM CHLORIDE ER).....	90	potassium gluconate tab 595 mg (99 mg equiv k) (SD POTASSIUM GLUCONATE).....	101
POTASSIUM CHLORIDE ER.....	90	potassium gluconate tab 595 mg (99 mg equiv k) (SM POTASSIUM).....	101
POTASSIUM CHLORIDE IN NACL.....	90	pramipexole dihydrochloride tab 0.125 mg..	33
potassium chloride microencapsulated crys er tab 10 meq (KLOR-CON M10).....	90	pramipexole dihydrochloride tab 0.25 mg..	33
potassium chloride microencapsulated crys er tab 10 meq (POTASSIUM CHLORIDE CRY S ER).....	90	pramipexole dihydrochloride tab 0.5 mg...	33
potassium chloride microencapsulated crys er tab 20 meq (KLOR-CON M20).....	90	pramipexole dihydrochloride tab 0.75 mg..	33
potassium chloride microencapsulated crys er tab 20 meq (POTASSIUM CHLORIDE CRY S ER).....	90	pramipexole dihydrochloride tab 1 mg.....	33
potassium chloride oral soln 10% (20 meq/15ml).....	91	pramipexole dihydrochloride tab 1.5 mg...	33
potassium chloride tab er 10 meq (KLOR-CON 10).....	91	pramoxine-calamine lotion 1-8% (CALAGESIC).....	85
potassium chloride tab er 10 meq (POTASSIUM CHLORIDE ER).....	91	pramoxine-calamine lotion 1-8% (CALAHIST)	85
potassium chloride tab er 20 meq (1500 mg) (POTASSIUM CHLORIDE ER).....	91	pramoxine-calamine lotion 1-8% (CALAMINE MEDICATED).....	85
potassium chloride tab er 8 meq (600 mg) (KLOR-CON).....	91	pramoxine-calamine lotion 1-8% (CALAMINE PLUS).....	85
potassium chloride tab er 8 meq (600 mg) (POTASSIUM CHLORIDE ER).....	91	pramoxine-calamine lotion 1-8% (CALAMINE PLUS).....	85
POTASSIUM GLUCONATE.....	101	pramoxine-calamine lotion 1-8% (EQL CALAMINE MEDICATED).....	85
potassium gluconate tab 2 meq (CVS POTASSIUM GLUCONATE).....	101	pramoxine-calamine lotion 1-8% (GNP CALDYPHEN).....	86
potassium gluconate tab 595 mg (99 mg equiv k).....	101	pramoxine-calamine lotion 1-8% (GOODSENSE MEDICATED CALAMINE).....	86
potassium gluconate tab 595 mg (99 mg equiv k) (CVS POTASSIUM GLUCONATE)....	101	pramoxine-calamine lotion 1-8% (SM CALDYPHEN).....	86
potassium gluconate tab 595 mg (99 mg equiv k) (GNP POTASSIUM GLUCONATE)...	101	pramoxine-hc cream 1-2.5% (HYDROCORTISONE ACE-PRAMOXINE).....	86
potassium gluconate tab 595 mg (99 mg equiv k) (HM POTASSIUM).....	101	praziquantel tab 600 mg.....	32
potassium gluconate tab 595 mg (99 mg equiv k) (QC POTASSIUM).....	101	prazosin hcl cap 1 mg.....	59
potassium gluconate tab 595 mg (99 mg equiv k) (RA POTASSIUM GLUCONATE).....	101	prazosin hcl cap 2 mg.....	59
		prazosin hcl cap 5 mg.....	59
		PRE-NATAL FORMULA (prenatal multivit-min w/fe-fa).....	101
		PRECISION XTRA.....	144
		PRED MILD (prednisolone acetate (ophth))	150
		PREDNISOLONE.....	117

prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (PREDNISOLONE SODIUM PHOSPHATE).....	117	PRENATAL (prenatal vit w/ ferrous fumarate-folic acid).....	101
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE).....	117	PRENATAL (W/IRON & FA) (prenatal multivit-min w/fe-fa).....	101
PREDNISOLONE SODIUM PHOSPHATE (prednisolone sodium phosphate (ophth))	.150	Prenatal 28-0.8 MG TAB.....	101
prednisolone syrup 15 mg/5ml (usp solution equivalent).....	117	PRENATAL FORTE (prenatal multivit-min w/fe-fa).....	101
PREDNISONONE.....	117	PRENATAL LOW IRON (prenatal vit w/ ferrous fumarate-folic acid).....	101
PREDNISONONE INTENSOL.....	117	PRENATAL ONE DAILY (prenatal vit w/ ferrous fumarate-folic acid).....	101
prednisone tab 1 mg.....	117	PRENATAL VITAMIN (prenatal vit w/ ferrous fumarate-folic acid).....	101
prednisone tab 10 mg.....	117	PRENATAL VITAMIN AND MINERAL (prenatal vit w/ ferrous fumarate-folic acid).....	102
prednisone tab 2.5 mg.....	117	PRENATAL VITAMINS (prenatal vit w/ ferrous fumarate-folic acid).....	102
prednisone tab 20 mg.....	117	PRENATAL/IRON (prenatal multivit-min w/fe-fa).....	102
prednisone tab 20 mg (DELTASONE).....	117	PRENATAL/IRON (prenatal vit w/ ferrous fumarate-folic acid).....	102
prednisone tab 5 mg.....	118	PREVENT DROPSAFE PEN NEEDLES.....	144
prednisone tab 50 mg.....	118	PREVNAR 13 (pneumococcal 13-valent conjugate vaccine).....	139
prednisone tab therapy pack 10 mg (21) ..	118	PREVNAR 20 (pneumococcal 20-valent conjugate vaccine).....	139
prednisone tab therapy pack 10 mg (48) ..	118	PREZCOBIX (darunavir-cobicistat).....	48
prednisone tab therapy pack 5 mg (21) ...	118	PREZISTA (darunavir ethanolate).....	48
prednisone tab therapy pack 5 mg (48) ...	118	PRIFTIN (rifapentine).....	29
pregabalin cap 100 mg.....	79	PRIMAQUINE PHOSPHATE.....	32
pregabalin cap 150 mg.....	79	primaquine phosphate tab 26.3 mg (15 mg base).....	32
pregabalin cap 200 mg.....	79	primidone tab 250 mg.....	18
pregabalin cap 225 mg.....	79	primidone tab 50 mg.....	18
pregabalin cap 25 mg.....	79	probenecid tab 500 mg.....	28
pregabalin cap 300 mg.....	79	PROBUPHINE IMPLANT KIT (buprenorphine hcl).....	8
pregabalin cap 50 mg.....	79	prochlorperazine maleate tab 10 mg (base equivalent).....	24
pregabalin cap 75 mg.....	79	prochlorperazine maleate tab 5 mg (base equivalent).....	24
pregabalin soln 20 mg/ml.....	79		
PREMARIN (estrogens, conjugated vaginal).....	130		
PREMARIN (estrogens, conjugated).....	130		
PREMPHASE (conjugated estrogens-medroxyprogesterone acetate).....	130		
PREMPRO (conjugated estrogens-medroxyprogesterone acetate).....	130		
PRENATABS FA (prenatal vit w/ ferrous fumarate-folic acid).....	101		

prochlorperazine suppos 25 mg.....	24	promethazine-phenylephrine-codeine syrup	
prochlorperazine suppos 25 mg (COMPRO)	24	6.25-5-10 mg/5ml (PROMETHAZINE-	
PROCRIT (epoetin alfa).....	55	PHENYLEPH-CODEINE).....	163
PROCTOFOAM HC (hydrocortisone acetate		PROMETHEGAN (promethazine hcl).....	25
w/ pramoxine).....	86	propafenone hcl tab 150 mg.....	61
PROFILNINE (factor ix complex).....	57	propafenone hcl tab 225 mg.....	61
PROFILNINE SD (factor ix complex).....	57	propafenone hcl tab 300 mg.....	61
promethazine & phenylephrine syrup 6.25-5		PROPANTHELINE BROMIDE.....	110
mg/5ml (PROMETHAZINE VC PLAIN).....	163	proparacaine hcl ophth soln 0.5%.....	147
promethazine & phenylephrine syrup 6.25-5		PROPRANOLOL HCL.....	62
mg/5ml (PROMETHAZINE VC).....	163	propranolol hcl cap er 24hr 120 mg	
promethazine & phenylephrine syrup 6.25-5		(PROPRANOLOL HCL ER).....	63
mg/5ml (PROMETHAZINE-PHENYLEPHRINE).	163	propranolol hcl cap er 24hr 160 mg	
promethazine hcl suppos 12.5 mg.....	24	(PROPRANOLOL HCL ER).....	63
promethazine hcl suppos 12.5 mg		propranolol hcl cap er 24hr 60 mg	
(PHENADOZ).....	24	(PROPRANOLOL HCL ER).....	63
promethazine hcl suppos 12.5 mg		propranolol hcl cap er 24hr 80 mg	
(PHENERGAN).....	25	(PROPRANOLOL HCL ER).....	63
promethazine hcl suppos 12.5 mg		propranolol hcl oral soln 20 mg/5ml.....	63
(PROMETHEGAN).....	25	propranolol hcl tab 10 mg.....	63
promethazine hcl suppos 25 mg.....	25	propranolol hcl tab 20 mg.....	63
promethazine hcl suppos 25 mg		propranolol hcl tab 40 mg.....	63
(PHENADOZ).....	25	propranolol hcl tab 60 mg.....	63
promethazine hcl suppos 25 mg		propranolol hcl tab 80 mg.....	63
(PHENERGAN).....	25	propylthiouracil tab 50 mg.....	135
promethazine hcl suppos 25 mg		pseudoephed-chlorphen-dm liq 15-1-5	
(PROMETHEGAN).....	25	mg/5ml (KIDKARE COUGH/COLD).....	164
promethazine hcl suppos 50 mg.....	25	pseudoephed-chlorphen-dm liq 15-1-5	
promethazine hcl suppos 50 mg		mg/5ml (PEDIA RELIEF COUGH/COLD).....	164
(PHENERGAN).....	25	Pseudoephedrine HCl 30 MG TAB.....	156
promethazine hcl syrup 6.25 mg/5ml.....	154	Pseudoephedrine HCl 60 MG TAB.....	156
promethazine hcl tab 12.5 mg.....	25	Pseudoephedrine-Guaifenesin ER 60-600 MG	
promethazine hcl tab 25 mg.....	25	TAB ER 12H.....	164
promethazine hcl tab 50 mg.....	25	PSS SELECT PLATFORMS.....	144
promethazine w/ codeine syrup 6.25-10		PULMICORT FLEXHALER (budesonide	
mg/5ml (PROMETHAZINE-CODEINE).....	163	(inhalation)).....	152
PROMETHAZINE-DM.....	163	PX PRENATAL MULTIVITAMINS (prenatal vit w/	
promethazine-dm syrup 6.25-15 mg/5ml...	163	ferrous fumarate-folic acid).....	102
promethazine-phenylephrine-codeine syrup		pyrazinamide tab 500 mg.....	29
6.25-5-10 mg/5ml (PROMETHAZINE			
VC/CODEINE).....	163		

pyreth-piperonyl butox sham-permeth aerno- nit remover gel kit (COMPLETE LICE TREATMENT) . . . . .	87	pyrethrins-piperonyl butoxide shampoo 0.33- 4% (EQ LICE KILLING MAX ST) . . . . .	88
pyreth-piperonyl butox sham-permeth aerno- nit remover gel kit (CVS LICE SOLUTION) . . . . .	87	pyrethrins-piperonyl butoxide shampoo 0.33- 4% (EQL LICE KILLING MAX ST) . . . . .	88
pyreth-piperonyl butox sham-permeth aerno- nit remover gel kit (EQ COMPLETE LICE TREATMENT) . . . . .	87	pyrethrins-piperonyl butoxide shampoo 0.33- 4% (GNP LICE TREATMENT) . . . . .	88
pyreth-piperonyl butox sham-permeth aerno- nit remover gel kit (GNP LICE SOLUTION) . . . . .	87	pyrethrins-piperonyl butoxide shampoo 0.33- 4% (HM LICE KILLING MAX ST) . . . . .	88
pyreth-piperonyl butox sham-permeth aerno- nit remover gel kit (LICE SOLUTION COMPLETE) . . . . .	87	pyrethrins-piperonyl butoxide shampoo 0.33- 4% (LICE KILLING MAXIMUM STRENGTH) . . . . .	88
pyreth-piperonyl butox sham-permeth aerno- nit remover gel kit (LICE SOLUTION) . . . . .	87	pyrethrins-piperonyl butoxide shampoo 0.33- 4% (LICE KILLING) . . . . .	88
pyreth-piperonyl butox sham-permeth aerno- nit remover gel kit (LICIDE COMPLETE LICE TREATMENT) . . . . .	87	pyrethrins-piperonyl butoxide shampoo 0.33- 4% (LICIDE) . . . . .	88
pyreth-piperonyl butox sham-permeth aerno- nit remover gel kit (RA LICE SOLUTION) . . . . .	87	pyrethrins-piperonyl butoxide shampoo 0.33- 4% (RA LICE MAXIMUM STRENGTH) . . . . .	88
pyreth-piperonyl butox sham-permeth aerno- nit remover gel kit (SM LICE SOLUTION KIT) . . . . .	87	pyrethrins-piperonyl butoxide shampoo 0.33- 4% (RID LICE KILLING SHAMPOO) . . . . .	88
pyreth-piperonyl butox sham-permeth aerno- nit remover gel kit (SM LICE SOLUTION) . . . . .	87	pyrethrins-piperonyl butoxide shampoo 0.33- 4% (SB LICE KILLING MAX ST) . . . . .	89
pyreth-piperonyl butox sham-permeth aerno- nit remover gel kit (STOP LICE COMPLETE TREATMENT) . . . . .	88	pyrethrins-piperonyl butoxide shampoo 0.33- 4% (SM LICE KILLING MAX STRENGTH) . . . . .	89
pyreth-piperonyl butox sham-permeth aerno- nit remover gel kit (TGT LICE COMPLETE 1-2- 3) . . . . .	88	pyrethrins-piperonyl butoxide shampoo 0.33- 4% (STOP LICE MAXIMUM STRENGTH) . . . . .	89
pyrethrins-piperonyl butoxide liq 0.33-4% (LICE TREATMENT) . . . . .	88	pyrethrins-piperonyl butoxide shampoo 0.33- 4% (TGT LICE KILLING MAX ST) . . . . .	89
pyrethrins-piperonyl butoxide liq 0.33-4% (LICIDE MAXIMUM STRENGTH) . . . . .	88	pyridostigmine bromide oral soln 60 mg/5ml	29
pyrethrins-piperonyl butoxide liq 0.33-4% (SM LICE KILLING) . . . . .	88	pyridostigmine bromide tab 60 mg . . . . .	29
pyrethrins-piperonyl butoxide liq 0.33-4% (STOP LICE MAXIMUM STRENGTH) . . . . .	88	pyridostigmine bromide tab er 180 mg (PYRIDOSTIGMINE BROMIDE ER) . . . . .	29
pyrethrins-piperonyl butoxide shampoo 0.33- 4% (CVS LICE KILLING) . . . . .	88	pyridoxine hcl tab 250 mg (B-6) . . . . .	102
		pyridoxine hcl tab 250 mg (NEURO-K-250 VITAMIN B6) . . . . .	102
		pyridoxine hcl tab 250 mg (VITAMIN B6) . . . . .	102
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		QC PRENATAL (prenatal vit w/ ferrous fumarate-folic acid) . . . . .	102
		quetiapine fumarate tab 100 mg . . . . .	39
		quetiapine fumarate tab 200 mg . . . . .	39
		quetiapine fumarate tab 25 mg . . . . .	39

quetiapine fumarate tab 300 mg	39
quetiapine fumarate tab 400 mg	39
quetiapine fumarate tab 50 mg	39
quetiapine fumarate tab er 24hr 150 mg (QUETIAPINE FUMARATE ER)	39
quetiapine fumarate tab er 24hr 200 mg (QUETIAPINE FUMARATE ER)	39
quetiapine fumarate tab er 24hr 300 mg (QUETIAPINE FUMARATE ER)	40
quetiapine fumarate tab er 24hr 400 mg (QUETIAPINE FUMARATE ER)	40
quetiapine fumarate tab er 24hr 50 mg (QUETIAPINE FUMARATE ER)	40
quinapril hcl tab 10 mg	60
quinapril hcl tab 20 mg	60
quinapril hcl tab 40 mg	60
quinapril hcl tab 5 mg	60
quinidine gluconate tab er 324 mg (QUINIDINE GLUCONATE ER)	61
QUINIDINE SULFATE	61
QVAR REDHALER (beclomethasone dipropionate hfa)	152

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RA DAYLOGIC ACNE FOAMING WASH (benzoyl peroxide)	86
RA ISOPROPYL ALCOHOL WIPES (isopropyl alcohol (skin cleanser))	144
RA LICE BEDDING	89
RA OYSTER SHELL CALCIUM/D2 (calcium carbonate-ergocalciferol)	102
RA PRENATAL (prenatal vit w/ ferrous fumarate-folic acid)	102
RA PRENATAL FORMULA (prenatal vit w/ ferrous fumarate-folic acid)	102
RABAVERT (rabies vaccine, pcec)	139
ramipril cap 1.25 mg	60
ramipril cap 10 mg	60
ramipril cap 2.5 mg	60
ramipril cap 5 mg	60

REBINYN (coagulation factor ix (recombinant) glycopegylated)	57
RECOMBINATE (antihemophilic factor (recombinant))	57
RECOMBIVAX HB (hepatitis b vaccine (recomb))	139
RELENZA DISKHALER (zanamivir)	48
RELION PEN NEEDLES	144
RESCRIPTOR (delavirdine mesylate)	44
RETACRIT (epoetin alfa-epbx)	55
REXULTI (brexpiprazole)	40
REYATAZ (atazanavir sulfate)	48
RIASTAP (fibrinogen concentrate (human))	57
ribavirin tab 200 mg	43
ribavirin tab 200 mg (MODERIBA)	43
ribavirin tab 200 mg (RIBASPHERE)	43
RID COMPLETE LICE ELIMINATION (pyrethrins- piperonyl butoxide-permethrin-nit remover)	89
RID ESSENTIAL LICE ELIMINATION (pyrethrins- piperonyl butoxide)	89
RIDAURA (auranofin)	135
rifabutin cap 150 mg	29
rifampin cap 150 mg	29
rifampin cap 300 mg	29
RIGHT STEP PRENATAL (prenatal vit w/ ferrous fumarate-folic acid)	102
RIGHTEST ALTERNATE SITE ADAPT	144
riluzole tab 50 mg	79
ringer's solution (RINGERS)	102
RISPERDAL (risperidone)	40
RISPERDAL CONSTA (risperidone microspheres)	40
RISPERDAL M-TAB (risperidone)	40
RISPERIDONE	40
risperidone orally disintegrating tab 0.5 mg	40
risperidone orally disintegrating tab 0.5 mg (RISPERIDONE M-TAB)	40
risperidone orally disintegrating tab 1 mg	40
risperidone orally disintegrating tab 1 mg (RISPERIDONE M-TAB)	40
risperidone orally disintegrating tab 2 mg	40

risperidone orally disintegrating tab 2 mg (RISPERIDONE M-TAB).....	40
risperidone orally disintegrating tab 3 mg... 40	40
risperidone orally disintegrating tab 3 mg (RISPERIDONE M-TAB).....	40
risperidone orally disintegrating tab 4 mg... 40	40
risperidone orally disintegrating tab 4 mg (RISPERIDONE M-TAB).....	40
risperidone soln 1 mg/ml.....	40
risperidone tab 0.25 mg.....	40
risperidone tab 0.5 mg.....	41
risperidone tab 1 mg.....	41
risperidone tab 2 mg.....	41
risperidone tab 3 mg.....	41
risperidone tab 4 mg.....	41
ritonavir tab 100 mg.....	48
RIXUBIS (coagulation factor ix (recombinant)).....	57
rizatriptan benzoate tab 10 mg (base equivalent).....	28
rizatriptan benzoate tab 5 mg (base equivalent).....	28
ropinirole hydrochloride tab 0.25 mg (ROPINIROLE HCL).....	34
ropinirole hydrochloride tab 0.5 mg (ROPINIROLE HCL).....	34
ropinirole hydrochloride tab 1 mg (ROPINIROLE HCL).....	34
ropinirole hydrochloride tab 2 mg (ROPINIROLE HCL).....	34
ropinirole hydrochloride tab 3 mg (ROPINIROLE HCL).....	34
ropinirole hydrochloride tab 4 mg (ROPINIROLE HCL).....	34
ropinirole hydrochloride tab 5 mg (ROPINIROLE HCL).....	34
rosuvastatin calcium tab 10 mg.....	71
rosuvastatin calcium tab 20 mg.....	71
rosuvastatin calcium tab 40 mg.....	71
rosuvastatin calcium tab 5 mg.....	71
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sumatriptan nasal spray 20 mg/act . . . . .	28	tamoxifen citrate tab 20 mg (base equivalent) . . . . .	30
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sumatriptan succinate solution auto-injector 6 mg/0.5ml . . . . .	28	TEGRETOL-XR (carbamazepine) . . . . .	19
sumatriptan succinate solution cartridge 6 mg/0.5ml (SUMATRIPTAN SUCCINATE REFILL) . . . . .	28	temazepam cap 15 mg . . . . .	165
sumatriptan succinate tab 100 mg . . . . .	28	temazepam cap 30 mg . . . . .	165
sumatriptan succinate tab 25 mg . . . . .	29	temazepam cap 7.5 mg . . . . .	165
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testosterone cypionate im inj in oil 200 mg/ml.....	119	thyroid tab 60 mg (1 grain).....	134
testosterone td gel 12.5 mg/act (1%).....	119	thyroid tab 60 mg (1 grain) (NP THYROID) ..	134
testosterone td gel 50 mg/5gm (1%).....	119	thyroid tab 90 mg (1 1/2 grain).....	134
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theophylline tab er 12hr 300 mg (THEOPHYLLINE ER).....	156	tizanidine hcl tab 2 mg (base equivalent) ..	42
theophylline tab er 12hr 450 mg (THEOPHYLLINE ER).....	156	tizanidine hcl tab 4 mg (base equivalent) ..	42
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thioridazine hcl tab 25 mg.....	36	TOLBUTAMIDE.....	52
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thiothixene cap 1 mg.....	36	Tolnaftate 1 % CREAM.....	27
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thiothixene cap 2 mg.....	36	topiramate cap er 24hr sprinkle 150 mg (TOPIRAMATE ER).....	17
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thyroid tab 120 mg (2 grain).....	134	topiramate sprinkle cap 25 mg.....	17
thyroid tab 120 mg (2 grain) (NP THYROID) .	134	topiramate tab 100 mg.....	17
thyroid tab 15 mg (1/4 grain).....	134	topiramate tab 200 mg.....	17
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trandolapril tab 1 mg.....	60	TRIFLURIDINE.....	48
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tranlycypromine sulfate tab 10 mg.....	21	trihexyphenidyl hcl tab 2 mg.....	33
trazodone hcl tab 100 mg.....	22	trihexyphenidyl hcl tab 5 mg.....	33
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UNISTIK NORMAL.....	146	equivalent) (VENLAFAXINE HCL ER).....	22
ursodiol cap 300 mg.....	111	venlafaxine hcl tab 100 mg (base	
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		verapamil hcl tab 40 mg.....	66
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