# *Value Drug Formulary*

November 2022

## Blue Shield of California

This formulary corresponds with the following plans:
Shield Spectrum PPO℠, Full PPO, Full PPO Savings, Access+ HMO®, Added Advantage POS℠, Local Access+ HMO®, Tandem PPO, Trio HMO

This formulary was last updated on 11/17/2022. This formulary is subject to change and all previous versions of the formulary no longer apply. For the most current information about the *Value Drug Formulary,* visit www.blueshieldca.com/pharmacy.

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield *Summary of Benefits* and *Evidence of Coverage.* For plan and coverage documents, visit https://www.blueshieldca.com/bsca/bsc/wcm/connect/employer/employer_contents_en/policies. For additional information about your plan, call the customer service number on your Blue Shield member ID card.

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# Table of Contents

Informational Section ..... ii
Definitions ..... ii
How do I find a drug on this list? ..... iv
How do I know if the drug listed is a brand or generic drug? ..... iv
What are drug tiers? ..... v
How to read the formulary ..... vi
How often will the formulary change? ..... vii
What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit? ..... viii
What are preventive health drugs? ..... viii
What is a contraceptive drug or device? ..... viii
What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit? ..... ix
What if my drug requires a prior authorization or step therapy? ..... ix
How do I request a prior authorization or a step therapy exception? ..... ix
What if my drug is non-formulary or not listed? ..... x
Participating retail pharmacies ..... x
What are specialty drugs? ..... x
Mail service pharmacy ..... xi
Categorical List of Prescription Drugs ..... 1
Index of Prescription Drugs ..... 184

# Informational Section

The *Blue Shield Value Drug Formulary* is a list of medications that are approved by the Food and Drug Administration (FDA) and are selected based on safety, effectiveness, and cost. This list of generic and brand drugs is covered by your health insurance policy under the prescription drug benefit of the policy.

**Definitions**

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

| Term |
|---|
| "**Brand name drug**" is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters. |
| "**Coinsurance**" is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit. |
| "**Copayment**" is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit. |
| "**Deductible"** is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy. |
| "**Drug Tier"** is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug. |
| **"Enrollee"** is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscriber as defined in this section below. |
| "**Exception request"** is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition. |
| "**Exigent circumstances"** are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug. |

| Term |
| --- |
| "**Formulary"** is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list. |
| "**Generic drug**" is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in ***bold and italicized lowercase letters***. |
| "**Non-formulary drug**" is a prescription drug that is not listed on the health plan's formulary. |
| "**Out-of-pocket costs**" are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan. |
| "**Prescribing provider**" is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee. |
| "**Prescription**" is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed. |
| "**Prescription drug**" is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law. |
| "**Preventive Health Drugs**" are Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, covered at no charge when specific criteria are met.* Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. |
| "**Prior authorization**" is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug. |

* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010.

| Term |
| --- |
| "**Step therapy"** is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met. |
| **"Subscriber"** means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan. |

**How do I find a drug on this list?**

Each drug is listed alphabetically under the column titled "Prescription Drug Name" by its brand or generic name under the therapeutic category and class to which it belongs. This formulary uses the U.S. Pharmacopeia (USP) classification system.

You can search this list using the brand or generic name of the drug by:

- Searching for the category or class to which the drug belongs and searching for the name of the drug in alphabetical order or
- Searching the Alphabetical Index of Drugs by the name of the drug.

Listing a drug on the formulary does not guarantee that it will be prescribed by your doctor or prescriber.

**How do I know if the drug listed is a brand or generic drug?**

- A generic name for a brand name drug is listed after the brand name of the drug in all ***lowercase bold italics***
    - If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all ***lowercase bold italics***
    - When a generic drug is marketed with a brand name, the brand name will be listed after the generic name in parentheses in all CAPITALS.
- A brand name drug is listed in all CAPITALS followed by the generic name

in parentheses in ***lowercase bold italics***.

<u>Example</u>

| Drug Type | How the drug name will appear in the formulary drug list |
|---|---|
| generic drug | ***atorvastatin calcium*** |
| generic drug marketed with a brand name | ***oxycodone/acetaminophen*** (ENDOCET) |
| brand drug | LIPITOR (***atorvastatin calcium)*** |

**What are drug tiers?**

Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier in the *Summary of Benefits* of your Blue Shield *Evidence of Coverage* (EOC).

The column titled "Drug Tier" is the cost level you pay for a drug.

| Drug Tier[†] | Description |
|---|---|
| 1 | Most generic drugs and low-cost, preferred brand drugs |
| 2 | Non-preferred generic drugs, preferred brand drugs, or drugs recommended by the P&T Committee based on drug safety, efficacy, and cost |
| 3 | Non-preferred brand drugs; drugs recommended by the P&T Committee based on safety, efficacy, and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier |
| 4 | Drugs that are biologics; drugs that the FDA or drug manufacturer requires to be distributed by specialty pharmacies; drugs that require training or clinical monitoring for self-administration; or drugs with a plan cost (net of rebates) greater than $600 for a one-month supply |

[†] *Preventive health drugs, including contraceptive drugs and devices are covered at $0 when specific criteria are met.*

Note about multi-source brand drugs: If you or your doctor choose a brand drug when a generic drug equivalent is available, you will pay the difference in cost, plus the Tier 1 copayment or coinsurance. You or your doctor can ask for an exception. See "What if my drug requires a prior authorization or step therapy?" below for more information.

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield *Evidence of Coverage*. For additional information about specific plans, call the customer service number on your Blue Shield member ID card.

**Note:** Blue Shield drug formularies apply to outpatient prescription drug benefits available through plans underwritten by Blue Shield of California (individually and collectively referred to as Blue Shield throughout this document).

**How to read the formulary**

The column titled "Coverage Requirements and Limits" identifies coverage restrictions or limits for drugs when applicable.

| Coverage Requirements and Limits | | Description |
|---|---|---|
| AL1 | Age Limit | Prior authorization may be required if your age does not fall within the FDA, manufacturer, or treatment guideline recommendations. |
| GL | Gender Limit | Prior authorization may be required if the FDA, manufacturer, or treatment guidelines do not recommend the drug for a gender. |
| OAC | Oral Anti-Cancer | There is a maximum limit on the copayment/coinsurance amount for orally administered anti-cancer drugs. Please see your *Summary of Benefits* for more detailed information. |
| PA | Prior Authorization | Prior authorization is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug. |
| PH | Preventive Health Drugs | Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, are covered at $0 when specific criteria are met.* |
| QLC | Quantity Limit | The prescription quantity covered is limited. Prior authorization is required for amounts greater than the limit. |

| | | |
|---|---|---|
| RO | Retail Only | This prescription can be dispensed at retail pharmacies only. It is not covered through mail service. |
| SF | Starter Fill | Blue Shield's Starter Fill Specialty Drug Program allows initial prescriptions for select specialty drugs to be filled for up to a 15-day supply. When this occurs, the copayment or coinsurance will be prorated. |
| SP | Specialty Pharmacy | These drugs are available exclusively through select specialty pharmacies. |
| ST | Step Therapy | Step therapy is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria are met. |

* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010.

**How often will the formulary change?**

This formulary is updated on the first of every month. Formulary changes that may not have prior notice include the following:

- A brand name drug may be moved to a higher tier or removed from the formulary if a new generic drug is added to the formulary,
- A drug may be removed from the formulary when it is removed from the market because the Food and Drug Administration (FDA) deems a drug to be unsafe or the drug's manufacturer removes the drug from the market, or
- A drug is added to the formulary, moved to a lower tier, or has a utilization management requirement removed.

Formulary changes that will have at least 30-day prior notice to an affected enrollee include the following:

- Moving a drug or dosage form to a higher tier,
- Removal of a drug or dosage form from the formulary,
- Adding or changing utilization management requirements or limits for a drug.

- When a step therapy utilization management requirement changes, the new requirement will not require you to repeat the step therapy if you are already taking the drug for your condition as long as the drug is still appropriate, your provider continues to prescribe the drug, and the drug is still considered safe and effective for your condition.

When a drug or dosage form is removed from the formulary, and a drug was previously approved for coverage for your medical condition, coverage for the drug will continue if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

For the most current information about the Blue Shield Value Drug Formulary, visit **blueshieldca.com/pharmacy**.

**What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?**
A medical benefit drug is a drug that is not generally self-administered and administered by a health care professional. The Outpatient Prescription Drug Benefit includes FDA-approved drugs that are self-administered, commonly oral or self-injectable drugs, not otherwise excluded from coverage.

For additional information, check your Blue Shield *Evidence of Coverage* or call the customer service number on your Blue Shield member ID card.

**What are preventive health drugs?**
Preventive health drugs are select drugs required by health reform legislation to be covered at no charge to the member.* Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, visit **blueshieldca.com/pharmacy**.

**What is a contraceptive drug or device?**
Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help prevent pregnancy. With the exceptions of brands that have a generic equivalent, these drugs and devices are covered with no member copayment.*

Brand contraceptives with a generic equivalent generally require a copayment. If your doctor or health care provider determines that a brand contraceptive with a generic equivalent is medically necessary for you, it will be covered without a copayment upon submission of an exception request. You, your representative, or your doctor may submit the request to Blue Shield. You can submit a request by calling the customer

service number on your Blue Shield member ID card.

* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010.

**What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?**
FDA-approved drugs for the treatment of diabetes are included in the formulary drug list. Diabetic testing supplies such as blood glucose test strips, urine test strips, lancets, and insulin syringes/pens covered under the Outpatient Prescription Drug Benefit are also included in the formulary drug list.

**What if my drug requires a prior authorization or step therapy?**
Drug prior authorization involves getting advance approval of coverage for a prescription medication based on medical necessity. Some drugs require a review of the patient's prescription and medical history to determine coverage.

Step therapy means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition.

Step therapy requirements are based on how the FDA recommends a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition.

Your provider may submit a request for a prior authorization or an exception to the step therapy requirement.

**How do I request a prior authorization or a step therapy exception?**
To request prior authorization or a step therapy exception, please call the customer service number on your Blue Shield member ID card. You, your representative, or your doctor may submit the request to Blue Shield.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If an approval or denial is not sent within these timeframes, then the request will be considered approved. If a request is approved, it will continue to be covered for the length of the prescription, including refills.

You are not required to complete step therapy with Blue Shield if a drug you are

currently taking was approved for coverage for your medical condition by your previous health plan or you qualify for a step-therapy exception. In either case, the drug will be covered by Blue Shield without step therapy if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

If Blue Shield denies a request for prior authorization or a step therapy exception request, the member, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the "Grievance Process" section of the EOC.

### What if my drug is non-formulary or not listed?

The exception process involves requesting coverage of a non-formulary drug. A formulary exception, which allows coverage of a non-formulary drug is based on medical necessity.

To request a non-formulary coverage exception, please call the customer service number on your Blue Shield member ID card. You, your representative, or your doctor may submit an exception request to Blue Shield.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If an approval or denial is not sent within these timeframes, then the request will be considered approved. If a request is approved, it will continue to be covered for the length of the prescription, including refills.

If Blue Shield denies a request for prior authorization or an exception request, the member, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the "Grievance Process" section of the EOC.

If you are currently taking the drug and it was approved by your previous health 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 (network) pharmacy unless it is a prescription for a specialty drug. Blue Shield contracts with a wide network of retail pharmacies. To find a network pharmacy, visit **blueshieldca.com/pharmacy.**

### What are specialty drugs?

Specialty drugs are drugs that may require coordination of care, close monitoring, or

extensive patient training for self-administration. These requirements generally cannot be met by a retail pharmacy. Specialty drugs may also require special handling or manufacturing processes (such as biotechnology), restriction to certain physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are usually high-cost.

Specialty drugs may require prior authorization for medical necessity by Blue Shield. Most specialty drugs are available exclusively from a Network Specialty Pharmacy. If coverage is approved, a Network Specialty Pharmacy can provide specialty drugs by mail or, upon your request, can transfer the specialty drug to an associated retail store for pickup. Call the customer service number on your Blue Shield member ID card or visit **blueshieldca.com/pharmacy** if you have questions about specialty drugs.

### Mail service pharmacy

Blue Shield offers an easy-to-use mail service prescription drug program through our contracted mail service pharmacy. You can save time and money using the mail service drug program. It can be a convenient way to fill maintenance medications for up to a 90-day supply. Maintenance medications are drugs that doctors prescribe on an ongoing, regular basis to maintain health. For more information on using the mail service prescription benefit, visit **blueshieldca.com/pharmacy**.

# Categorical List of Prescription Drugs

ANALGESICS (Drugs for Pain) . . . 1
ANESTHETICS (Drugs for Numbing) . . . 7
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (Drugs for Addiction/Substance Abuse) . . 8
ANTIBACTERIALS (Drugs for Bacterial Infections) . . . 9
ANTICONVULSANTS (Drugs for Seizures) . . . 16
ANTIDEMENTIA AGENTS (Drugs for Alzheimer's Disease and Dementia) . . . 20
ANTIDEPRESSANTS (Drugs for Depression) . . . 21
ANTIEMETICS (Drugs for Nausea and Vomiting) . . . 25
ANTIFUNGALS (Drugs for Fungal Infections) . . . 27
ANTIGOUT AGENTS (Drugs for Gout) . . . 28
ANTIMIGRAINE AGENTS (Drugs for Migraine) . . . 28
ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis) . . . 30
ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections) . . . 30
ANTINEOPLASTICS (Drugs for Cancer) . . . 31
ANTIPARASITICS (Drugs for Parasitic Infections) . . . 35
ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease) . . . 36
ANTIPSYCHOTICS (Drugs for Mental Health) . . . 39
ANTISPASTICITY AGENTS (Drugs for Muscle Spasm) . . . 42
ANTIVIRALS (Drugs for Viral Infections) . . . 42
ANXIOLYTICS (Drugs for Anxiety) . . . 49
BIPOLAR AGENTS (Drugs for Bipolar Disorder) . . . 50
BLOOD GLUCOSE REGULATORS (Drugs for Diabetes) . . . 50
BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders) . . . 55
CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation) . . . 57
CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions) . . . 79
DENTAL AND ORAL AGENTS (Drugs for the Mouth) . . . 84
DERMATOLOGICAL AGENTS (Drugs for the Skin) . . . 85
ELECTROLYTES/MINERALS/METALS/VITAMINS . . . 92
GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach) . . . 99
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic, Enzyme or Protein Disorders) . . . 103
GENITOURINARY AGENTS (Drugs for Genital, Bladder, and Kidney) . . . 103
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Drugs for Replacing/Stimulating Adrenal Gland Hormones) . . . 105
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs for Replacing/Stimulating Pituitary Gland Hormones) . . . 107
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones) . . . 108
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for Replacing/Stimulating Thyroid Gland) . . . 125
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (Drugs for Suppressing Hormones from the Pituitary Gland) . . . 127

HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drug for Suppressing Hormones from the Thyroid Gland) . . . . . 128
IMMUNOLOGICAL AGENTS (Drugs for Enhancing or Suppressing the Immune System) . . . . . 128
INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease) . . . . . 132
METABOLIC BONE DISEASE AGENTS (Drugs for the Bone) . . . . . 132
MISCELLANEOUS THERAPEUTIC AGENTS . . . . . 133
OPHTHALMIC AGENTS (Drugs for the Eyes) . . . . . 170
OTIC AGENTS (Drugs for the Ears) . . . . . 174
RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs) . . . . . 174
SKELETAL MUSCLE RELAXANTS (Drugs for Muscle Tightness) . . . . . 182
SLEEP DISORDER AGENTS (Drugs for Sleep Problems) . . . . . 182

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

## ANALGESICS (Drugs for Pain)

## NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs)

| | | |
|---|---|---|
| BUTALBITAL-ASPIRIN-CAFFEINE --50-325-40 MG TAB | TIER 1 | QLC (6 tabs/day) |
| *butalbital-aspirin-caffeine cap 50-325-40 mg* | TIER 1 | QLC (6 caps/day; max 48 caps/30 days) |
| *celecoxib cap 100 mg* | TIER 1 | QLC (2 caps/day) |
| *celecoxib cap 200 mg* | TIER 1 | QLC (2 caps/day) |
| *celecoxib cap 400 mg* | TIER 1 | QLC (1 cap/day) |
| *celecoxib cap 50 mg* | TIER 1 | QLC (2 caps/day) |
| *diclofenac potassium tab 50 mg* | TIER 1 | |
| *diclofenac potassium tab 50 mg* (CATAFLAM) | TIER 1 | |
| *diclofenac sodium soln 1.5%* | TIER 1 | QLC (1 bottle/month) |
| *diclofenac sodium tab delayed release 25 mg* | TIER 1 | |
| *diclofenac sodium tab delayed release 50 mg* | TIER 1 | |
| *diclofenac sodium tab delayed release 75 mg* | TIER 1 | |
| *diclofenac sodium tab er 24hr 100 mg* (DICLOFENAC SODIUM ER) | TIER 1 | |
| *etodolac cap 200 mg* | TIER 1 | |
| *etodolac cap 300 mg* | TIER 1 | |
| *etodolac tab 400 mg* | TIER 1 | |
| *etodolac tab 500 mg* | TIER 1 | |
| *etodolac tab er 24hr 400 mg* (ETODOLAC ER) | TIER 1 | |
| *etodolac tab er 24hr 500 mg* (ETODOLAC ER) | TIER 1 | |
| *etodolac tab er 24hr 600 mg* (ETODOLAC ER) | TIER 1 | |
| FLURBIPROFEN 50 MG TAB | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *flurbiprofen tab 100 mg* | TIER 1 | |
| *flurbiprofen tab 50 mg* | TIER 1 | |
| *ibuprofen tab 400 mg* | TIER 1 | |
| *ibuprofen tab 600 mg* | TIER 1 | |
| *ibuprofen tab 800 mg* | TIER 1 | |
| *indomethacin cap 25 mg* | TIER 1 | |
| *indomethacin cap 50 mg* | TIER 1 | |
| *indomethacin cap er 75 mg* (INDOMETHACIN ER) | TIER 1 | |
| *ketorolac tromethamine tab 10 mg* | TIER 2 | QLC (4 tabs/day, not to exceed 20 tabs/30 days) |
| *meloxicam tab 15 mg* | TIER 1 | |
| *meloxicam tab 7.5 mg* | TIER 1 | |
| *nabumetone tab 500 mg* | TIER 1 | |
| *nabumetone tab 750 mg* | TIER 1 | |
| *naproxen tab 250 mg* | TIER 1 | |
| *naproxen tab 375 mg* | TIER 1 | |
| *naproxen tab 500 mg* | TIER 1 | |
| *naproxen tab ec 375 mg* | TIER 1 | |
| *naproxen tab ec 375 mg* (EC-NAPROXEN) | TIER 1 | |
| *naproxen tab ec 500 mg* | TIER 1 | |
| *naproxen tab ec 500 mg* (EC-NAPROXEN) | TIER 1 | |
| *piroxicam cap 10 mg* | TIER 1 | |
| *piroxicam cap 20 mg* | TIER 1 | |
| *sulindac tab 150 mg* | TIER 1 | |
| *sulindac tab 200 mg* | TIER 1 | |

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

| | | |
|---|---|---|
| *fentanyl td patch 72hr 100 mcg/hr* | TIER 2 | PA, QLC (20 patches/month) |
| *fentanyl td patch 72hr 12 mcg/hr* | TIER 2 | PA, QLC (20 patches/month) |
| *fentanyl td patch 72hr 25 mcg/hr* | TIER 2 | PA, QLC (20 patches/month) |
| *fentanyl td patch 72hr 50 mcg/hr* | TIER 2 | PA, QLC (20 patches/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *fentanyl td patch 72hr 75 mcg/hr* | TIER 2 | PA, QLC (20 patches/month) |
| METHADONE HCL 10 MG/5ML SOLUTION | TIER 3 | PA, QLC (90 ml/day) |
| METHADONE HCL 5 MG/5ML SOLUTION | TIER 3 | PA, QLC (180 ml/day) |
| *methadone hcl conc 10 mg/ml* | TIER 3 | PA, QLC (18 ml/day) |
| *methadone hcl conc 10 mg/ml* (METHADONE HCL INTENSOL) | TIER 3 | PA, QLC (18 ml/day) |
| *methadone hcl soln 10 mg/5ml* | TIER 3 | PA, QLC (90 ml/day) |
| *methadone hcl soln 5 mg/5ml mg/ml* | TIER 3 | PA, QLC (180 ml/day) |
| *methadone hcl tab 10 mg* | TIER 3 | PA, QLC (18 tabs/day) |
| *methadone hcl tab 5 mg* | TIER 3 | PA, QLC (36 tabs/day) |
| *methadone hcl tab for oral susp 40 mg* | TIER 3 | PA, QLC (5 tabs/day) |
| *methadone hcl tab for oral susp 40 mg* (METHADOSE) | TIER 3 | PA, QLC (5 tabs/day) |
| *morphine sulfate tab er 100 mg* (MORPHINE SULFATE ER) | TIER 1 | QLC (3 tabs/day) |
| *morphine sulfate tab er 15 mg* (MORPHINE SULFATE ER) | TIER 1 | QLC (6 tabs/day) |
| *morphine sulfate tab er 200 mg* (MORPHINE SULFATE ER) | TIER 1 | QLC (3 tabs/day) |
| *morphine sulfate tab er 30 mg* (MORPHINE SULFATE ER) | TIER 1 | QLC (6 tabs/day) |
| *morphine sulfate tab er 60 mg* (MORPHINE SULFATE ER) | TIER 1 | QLC (5 tabs/day) |
| TRAMADOL HCL ER (BIPHASIC) ER 100 MG TAB ER 24H, ER 200 MG TAB ER 24H, ER 300 MG TAB ER 24H | TIER 1 | PA, QLC (1 tab/day) |
| *tramadol hcl tab er 24hr 100 mg* (TRAMADOL HCL ER) | TIER 1 | QLC (3 tabs/day) |
| *tramadol hcl tab er 24hr 200 mg* (TRAMADOL HCL ER) | TIER 1 | QLC (1 tab/day) |
| *tramadol hcl tab er 24hr 300 mg* (TRAMADOL HCL ER) | TIER 1 | QLC (1 tab/day) |
| *tramadol hcl tab er 24hr biphasic release 100 mg* (TRAMADOL HCL ER (BIPHASIC)) | TIER 1 | PA, QLC (1 tab/day) |
| *tramadol hcl tab er 24hr biphasic release 200 mg* (TRAMADOL HCL ER (BIPHASIC)) | TIER 1 | PA, QLC (1 tab/day) |
| *tramadol hcl tab er 24hr biphasic release 300 mg* (TRAMADOL HCL ER (BIPHASIC)) | TIER 1 | PA, QLC (1 tab/day) |

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **OPIOID ANALGESICS, SHORT-ACTING (Short-acting Narcotic Pain Relievers)** | | |
| *acetaminophen w/ codeine soln 120-12 mg/5ml* (ACETAMINOPHEN-CODEINE) *0* | TIER 1 | QLC (90 ml/day; max 1260 ml/month) |
| *acetaminophen w/ codeine tab 300-15 mg* (ACETAMINOPHEN-CODEINE #2) | TIER 1 | QLC (12 tabs/day; max 168 tabs/month) |
| *acetaminophen w/ codeine tab 300-15 mg* (ACETAMINOPHEN-CODEINE) | TIER 1 | QLC (12 tabs/day; max 168 tabs/month) |
| *acetaminophen w/ codeine tab 300-30 mg* (ACETAMINOPHEN-CODEINE #3) | TIER 1 | QLC (12 tabs/day; max 168 tabs/month) |
| *acetaminophen w/ codeine tab 300-30 mg* (ACETAMINOPHEN-CODEINE) | TIER 1 | QLC (12 tabs/day; max 168 tabs/month) |
| *acetaminophen w/ codeine tab 300-60 mg* (ACETAMINOPHEN-CODEINE #4) | TIER 1 | QLC (6 tabs/day; max 84 tabs/month) |
| *acetaminophen w/ codeine tab 300-60 mg* (ACETAMINOPHEN-CODEINE) | TIER 1 | QLC (6 tabs/day; max 84 tabs/month) |
| APAP-CAFF-DIHYDROCODEINE (*acetaminophen-caff-dihydrocod*) -- 320.5-30-16 MG CAP | TIER 1 | PA, QLC (10 caps/day; max 140 caps/30 days) |
| *butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg* (BUTALBITAL-APAP-CAFF-COD) | TIER 1 | QLC (6 caps/day; max 84 caps/30 days) |
| *butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg* (ASCOMP-CODEINE) | TIER 1 | QLC (6 caps/day; max 84 caps/30 days) |
| *butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg* (BUTALBITAL-ASA-CAFF-CODEINE) | TIER 1 | QLC (6 caps/day; max 84 caps/30 days) |
| *butorphanol tartrate nasal soln 10 mg/ml* | TIER 1 | QLC (4 canisters/month at 2 canisters/fill) |
| CODEINE SULFATE 15 MG TAB | TIER 1 | QLC (24 tabs/day; max 336 tabs/month) |
| CODEINE SULFATE 30 MG TAB | TIER 1 | QLC (12 tabs/day; max 168 tabs/month) |
| CODEINE SULFATE 60 MG TAB | TIER 1 | QLC (6 tabs/day; max 84 tabs/month) |
| *codeine sulfate tab 30 mg* | TIER 1 | QLC (12 tabs/day; max 168 tabs/month) |
| *codeine sulfate tab 60 mg* | TIER 1 | QLC (6 tabs/day; max 84 tabs/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *fentanyl citrate lozenge on a handle 1200 mcg fentnyl citrte hndle* | TIER 2 | PA, QLC (4 lozenges/day; max 56 lozenges/month) |
| *fentanyl citrate lozenge on a handle 1600 mcg fentnyl citrte hndle* | TIER 2 | PA, QLC (4 lozenges/day; max 56 lozenges/month) |
| *fentanyl citrate lozenge on a handle 200 mcg fentnyl citrte hndle* | TIER 2 | PA, QLC (4 lozenges/day; max 56 lozenges/month) |
| *fentanyl citrate lozenge on a handle 400 mcg fentnyl citrte hndle* | TIER 2 | PA, QLC (4 lozenges/day; max 56 lozenges/month) |
| *fentanyl citrate lozenge on a handle 600 mcg fentnyl citrte hndle* | TIER 2 | PA, QLC (4 lozenges/day; max 56 lozenges/month) |
| *fentanyl citrate lozenge on a handle 800 mcg fentnyl citrte hndle* | TIER 2 | PA, QLC (4 lozenges/day; max 56 lozenges/month) |
| *hydrocodone-acetaminophen tab 10-325 mg* | TIER 1 | QLC (6 tabs/day; max 84 tabs/30 days) |
| *hydrocodone-acetaminophen tab 10-325 mg* (LORCET HD) | TIER 1 | QLC (6 tabs/day; max 84 tabs/30 days) |
| *hydrocodone-acetaminophen tab 5-325 mg* | TIER 1 | QLC (8 tabs/day; max 112 tabs/30 days) |
| *hydrocodone-acetaminophen tab 5-325 mg* (LORCET) | TIER 1 | QLC (8 tabs/day; max 112 tabs/30 days) |
| *hydrocodone-acetaminophen tab 7.5-325 mg* | TIER 1 | QLC (6 tabs/day; max 84 tabs/30 days) |
| *hydrocodone-acetaminophen tab 7.5-325 mg* (LORCET PLUS) | TIER 1 | QLC (6 tabs/day; max 84 tabs/30 days) |
| *hydrocodone-ibuprofen tab 7.5-200 mg* | TIER 2 | QLC (5 tabs/day; max 70 tabs/month) |
| *hydromorphone hcl tab 2 mg* | TIER 1 | QLC (11 tabs/day; max 154 tabs/month) |
| *hydromorphone hcl tab 4 mg* | TIER 1 | QLC (6 tabs/day; max 84 tabs/month) |
| *hydromorphone hcl tab 8 mg* | TIER 1 | QLC (3 tabs/day; max 42 tabs/month) |
| MEPERIDINE HCL 100 MG TAB | TIER 1 | AL1 (Up to 64 yrs old), QLC (9 tabs/day; max 126 tabs/month) |
| MEPERIDINE HCL 50 MG TAB | TIER 1 | AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 252 tabs/month) |
| *meperidine hcl tab 100 mg* | TIER 1 | AL1 (Up to 64 yrs old), QLC (9 tabs/day; max 126 tabs/month) |
| *meperidine hcl tab 50 mg* | TIER 1 | AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 252 tabs/month) |

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| MORPHINE SULFATE 10 MG SUPPOS | TIER 1 | QLC (9 suppositories/day; max 126 suppositories/month) |
| MORPHINE SULFATE 15 MG TAB | TIER 1 | QLC (6 tabs/day; max 84 tabs/month) |
| MORPHINE SULFATE 20 MG SUPPOS | TIER 1 | QLC (5 suppositories/day; max 70 suppositories/month) |
| MORPHINE SULFATE 20 MG/5ML SOLUTION | TIER 1 | QLC (22.5 ml/day; max 315 ml/30 days) |
| MORPHINE SULFATE 30 MG SUPPOS | TIER 1 | QLC (3 suppositories/day; max 42 suppositories/month) |
| MORPHINE SULFATE 30 MG TAB | TIER 1 | QLC (3 tabs/day; max 42 tabs/month) |
| MORPHINE SULFATE 5 MG SUPPOS | TIER 1 | QLC (12 suppositories/day; max 168 suppositories/month) |
| *morphine sulfate oral soln 10 mg/5ml* | TIER 1 | QLC (45 ml/day; max 630 ml/month) |
| *morphine sulfate oral soln 20 mg/5ml* | TIER 1 | QLC (22.5 ml/day; max 315 ml/30 days) |
| *morphine sulfate tab 15 mg* | TIER 1 | QLC (6 tabs/day; max 84 tabs/month) |
| *morphine sulfate tab 30 mg* | TIER 1 | QLC (3 tabs/day; max 42 tabs/month) |
| *oxycodone hcl soln 5 mg/5ml mg/ml* | TIER 2 | QLC (60 ml/day; max 840 ml/month) |
| *oxycodone hcl tab 10 mg* | TIER 1 | QLC (84 tabs/month) |
| *oxycodone hcl tab 15 mg* | TIER 1 | QLC (4 tabs/day; max 56 tabs/month) |
| *oxycodone hcl tab 20 mg* | TIER 1 | QLC (3 tabs/day; max 42 tabs/month) |
| *oxycodone hcl tab 30 mg* | TIER 1 | QLC (2 tabs/day; max 28 tabs/month) |
| *oxycodone hcl tab 5 mg* | TIER 1 | QLC (12 tabs/day; max 168 tabs/month) |
| *oxycodone w/ acetaminophen tab 10-325 mg* (ENDOCET) | TIER 2 | QLC (6 tabs/day; max 84 tabs/month) |
| *oxycodone w/ acetaminophen tab 10-325 mg* (OXYCODONE-ACETAMINOPHEN) | TIER 2 | QLC (6 tabs/day; max 84 tabs/month) |
| *oxycodone w/ acetaminophen tab 2.5-325 mg* (ENDOCET) | TIER 2 | QLC (12 tabs/day; max 168 tabs/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *oxycodone w/ acetaminophen tab 2.5-325 mg* (OXYCODONE-ACETAMINOPHEN) | TIER 2 | QLC (12 tabs/day; max 168 tabs/month) |
| *oxycodone w/ acetaminophen tab 5-325 mg* (ENDOCET) | TIER 2 | QLC (12 tabs/day; max 168 tabs/month) |
| *oxycodone w/ acetaminophen tab 5-325 mg* (OXYCODONE-ACETAMINOPHEN) | TIER 2 | QLC (12 tabs/day; max 168 tabs/month) |
| *oxycodone w/ acetaminophen tab 7.5-325 mg* (ENDOCET) | TIER 2 | QLC (8 tabs/day; max 112 tabs/month) |
| *oxycodone w/ acetaminophen tab 7.5-325 mg* (OXYCODONE-ACETAMINOPHEN) | TIER 2 | QLC (8 tabs/day; max 112 tabs/month) |
| OXYCODONE-ASPIRIN -4.8355-325 MG TAB | TIER 2 | QLC (12 tabs/day; max 168 tabs/month) |
| *oxycodone-aspirin tab 4.8355-325 mg* | TIER 2 | QLC (12 tabs/day; max 168 tabs/month) |
| *tramadol hcl tab 100 mg* | TIER 1 | QLC (4 tabs/day; max 56 tabs/30 days) |
| *tramadol hcl tab 50 mg* | TIER 1 | QLC (8 tabs/day; max 112 tabs/30 days) |
| *tramadol-acetaminophen tab 37.5-325 mg* | TIER 1 | QLC (8 tabs/day; max 112 tabs/30 days) |

## ANESTHETICS (Drugs for Numbing)

## LOCAL ANESTHETICS (Skin Numbing Drugs)

| | | |
|---|---|---|
| *lidocaine hcl soln 4%* | TIER 1 | |
| LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL | TIER 1 | |
| *lidocaine hcl urethral/mucosal gel 2%* | TIER 1 | |
| *lidocaine hcl urethral/mucosal gel prefilled syringe 2%* | TIER 1 | |
| *lidocaine hcl urethral/mucosal gel prefilled syringe 2%* (GLYDO) | TIER 1 | |
| *lidocaine hcl viscous soln 2%* (LIDOCAINE VISCOUS HCL) | TIER 1 | |
| *lidocaine oint 5%* | TIER 3 | QLC (50 gm/month) |
| *lidocaine oint 5%* (LIDOCAINE PAK) | TIER 3 | QLC (50 gm/month) |
| *lidocaine oint 5%* (PREMIUM LIDOCAINE) | TIER 3 | QLC (50 gm/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *lidocaine patch 5%* | TIER 1 | QLC (90 patches/month) |
| *lidocaine-prilocaine cream 2.5-2.5%* | TIER 1 | QLC (30 gm/month) |

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

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

| | | |
|---|---|---|
| *acamprosate calcium tab delayed release 333 mg* | TIER 2 | |
| *disulfiram tab 250 mg* | TIER 1 | |
| *disulfiram tab 500 mg* | TIER 1 | |

### OPIOID DEPENDENCE (Drugs for Opioid Dependence)

| | | |
|---|---|---|
| *buprenorphine hcl sl tab 2 mg (base equiv)* | TIER 1 | QLC (12 tabs/day; not to exceed 7 days therapy/90 days) |
| *buprenorphine hcl sl tab 8 mg (base equiv)* | TIER 1 | QLC (3 tabs/day; not to exceed 7 days supply over 90 days) |
| *buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)* | TIER 1 | QLC (2 films/day) |
| *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)* | TIER 1 | QLC (5 films/day) |
| *buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)* | TIER 1 | QLC (5 films/day) |
| *buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)* | TIER 1 | QLC (3 films/day) |
| *buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)* | TIER 1 | QLC (12 tabs/day) |
| *buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)* | TIER 1 | QLC (3 tabs/day) |

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

| | | |
|---|---|---|
| *naloxone hcl inj 0.4 mg/ml* | TIER 1 | QLC (two 1 ml vials/month) |
| *naloxone hcl inj 4 mg/10ml* | TIER 1 | QLC (two 1 ml vials/month) |
| *naloxone hcl nasal spray 4 mg/0.1ml* | TIER 2 | QLC (2 doses/month) |
| *naloxone hcl soln prefilled syringe 2 mg/2ml mg/ml* | TIER 1 | QLC (2 syringes/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *naltrexone hcl tab 50 mg* | TIER 1 | |

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

| | | |
|---|---|---|
| APO-VARENICLINE (*varenicline tartrate*) - 0.5 MG TAB, -1 MG TAB | TIER 3 | ACA (Preventive Health), QLC (2 tabs/day) |
| *bupropion hcl (smoking deterrent) tab er 12hr 150 mg* (BUPROPION HCL ER (SMOKING DET)) | TIER 1 | ACA (Preventive Health), QLC (2 tabs/day) |
| NICOTROL (*nicotine*) 10 MG INHALER | TIER 3 | ACA (Preventive Health), QLC (16 cartridges/day) |
| NICOTROL NS (*nicotine*) 10 MG/ML SOLUTION | TIER 3 | ACA (Preventive Health), QLC (2 ml/day) |
| VARENICLINE TARTRATE 0.5 MG TAB, 1 MG TAB | TIER 1 | ACA (Preventive Health), QLC (2 tabs/day) |
| VARENICLINE TARTRATE 0.5 MG X 11 & 1 MG X 42 TAB THPK | TIER 1 | ACA (Preventive Health), QLC (1 starting month box/28 days) |

# ANTIBACTERIALS (Drugs for Bacterial Infections)

## AMINOGLYCOSIDES

| | | |
|---|---|---|
| *gentamicin sulfate cream 0.1%* | TIER 1 | |
| *gentamicin sulfate oint 0.1%* | TIER 1 | |
| *neomycin sulfate tab 500 mg* | TIER 1 | |
| *paromomycin sulfate cap 250 mg* | TIER 1 | |

## ANTIBACTERIALS, OTHER

| | | |
|---|---|---|
| *acetic acid otic soln 2%* | TIER 1 | |
| *clindamycin hcl cap 150 mg* | TIER 1 | |
| *clindamycin hcl cap 300 mg* | TIER 1 | |
| *clindamycin hcl cap 75 mg* | TIER 1 | |
| *clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)* | TIER 1 | |
| *clindamycin phosphate swab 1%* | TIER 1 | |
| *clindamycin phosphate swab 1%* (CLINDACIN ETZ) | TIER 1 | |
| *clindamycin phosphate swab 1%* (CLINDACIN-P) | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *clindamycin phosphate vaginal cream 2%* | TIER 1 | |
| *fosfomycin tromethamine powd pack 3 gm (base equivalent)* | TIER 3 | QLC (1 packet/30 days) |
| *linezolid for susp 100 mg/5ml* | TIER 1 | PA |
| *linezolid tab 600 mg* | TIER 1 | PA |
| *methenamine hippurate tab 1 gm* | TIER 1 | |
| *metronidazole cream 0.75%* | TIER 1 | |
| *metronidazole cream 0.75%* (ROSADAN) | TIER 1 | |
| *metronidazole gel 0.75%* | TIER 1 | |
| *metronidazole gel 0.75%* (ROSADAN) | TIER 1 | |
| *metronidazole gel 1%* | TIER 1 | |
| *metronidazole lotion 0.75%* | TIER 1 | |
| *metronidazole tab 250 mg* | TIER 1 | |
| *metronidazole tab 500 mg* | TIER 1 | |
| *metronidazole vaginal gel 0.75%* | TIER 1 | |
| NEOMYCIN-POLYMYXIN B GU (*neomycin/polymyxin b gu*) -40-200000 SOLUTION | TIER 1 | PA, QLC (1 ml/day) |
| *neomycin-polymyxin b gu irrigation soln* | TIER 1 | PA, QLC (1 ml/day) |
| *nitrofurantoin macrocrystalline cap 100 mg* | TIER 1 | |
| *nitrofurantoin macrocrystalline cap 25 mg* | TIER 1 | |
| *nitrofurantoin macrocrystalline cap 50 mg* | TIER 1 | |
| *nitrofurantoin monohydrate macrocrystalline cap 100 mg* (NITROFURANTOIN MONOHYD MACRO) | TIER 1 | |
| *tinidazole tab 250 mg* | TIER 1 | QLC (40 tabs/fill) |
| *tinidazole tab 500 mg* | TIER 1 | QLC (20 tabs/fill) |
| TRIMETHOPRIM 100 MG TAB | TIER 1 | |
| *trimethoprim tab 100 mg* | TIER 1 | |
| *vancomycin hcl cap 125 mg (base equivalent)* | TIER 1 | |
| *vancomycin hcl cap 250 mg (base equivalent)* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| VANDAZOLE (*metronidazole vaginal*) 0.75 % GEL | TIER 1 | |
| XIFAXAN (*rifaximin*) 200 MG TAB | TIER 3 | PA, QLC (8 tabs/day) |
| XIFAXAN (*rifaximin*) 550 MG TAB | TIER 3 | PA, QLC (3 tabs/day) |

## BETA-LACTAM, CEPHALOSPORINS

| | | |
|---|---|---|
| CEFACLOR 125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP | TIER 2 | |
| *cefaclor cap 250 mg* | TIER 2 | |
| *cefaclor cap 500 mg* | TIER 2 | |
| CEFACLOR ER (*cefaclor monohydrate*) 500 MG TAB 12H | TIER 2 | |
| CEFADROXIL 1 GM TAB | TIER 2 | |
| *cefadroxil cap 500 mg* | TIER 2 | |
| *cefadroxil for susp 250 mg/5ml* | TIER 2 | |
| *cefadroxil for susp 500 mg/5ml* | TIER 2 | |
| *cefadroxil tab 1 gm* | TIER 2 | |
| *cefdinir cap 300 mg* | TIER 1 | |
| *cefdinir for susp 125 mg/5ml* | TIER 1 | |
| *cefdinir for susp 250 mg/5ml* | TIER 1 | |
| *cefpodoxime proxetil for susp 100 mg/5ml* | TIER 2 | |
| *cefpodoxime proxetil for susp 50 mg/5ml* | TIER 2 | |
| *cefpodoxime proxetil tab 100 mg* | TIER 2 | |
| *cefpodoxime proxetil tab 200 mg* | TIER 2 | |
| *cefprozil for susp 125 mg/5ml* | TIER 1 | |
| *cefprozil for susp 250 mg/5ml* | TIER 1 | |
| *cefprozil tab 250 mg* | TIER 1 | |
| *cefprozil tab 500 mg* | TIER 1 | |
| *cefuroxime axetil tab 250 mg* | TIER 1 | |
| *cefuroxime axetil tab 500 mg* | TIER 1 | |
| CEPHALEXIN 750 MG CAP | TIER 1 | |
| *cephalexin cap 250 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *cephalexin cap 500 mg* | TIER 1 | |
| *cephalexin cap 750 mg* | TIER 1 | |
| *cephalexin for susp 125 mg/5ml* | TIER 1 | |
| *cephalexin for susp 250 mg/5ml* | TIER 1 | |
| **BETA-LACTAM, PENICILLINS** | | |
| *amoxicillin & k clavulanate for susp 200-28.5 mg/5ml* (AMOXICILLIN-POT CLAVULANATE) | TIER 1 | |
| *amoxicillin & k clavulanate for susp 250-62.5 mg/5ml* (AMOXICILLIN-POT CLAVULANATE) | TIER 1 | |
| *amoxicillin & k clavulanate for susp 400-57 mg/5ml* (AMOXICILLIN-POT CLAVULANATE) | TIER 1 | |
| *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* (AMOXICILLIN-POT CLAVULANATE) | TIER 1 | |
| *amoxicillin & k clavulanate tab 250-125 mg* (AMOXICILLIN-POT CLAVULANATE) | TIER 1 | |
| *amoxicillin & k clavulanate tab 500-125 mg* (AMOXICILLIN-POT CLAVULANATE) | TIER 1 | |
| *amoxicillin & k clavulanate tab 875-125 mg* (AMOXICILLIN-POT CLAVULANATE) | TIER 1 | QLC (2 tabs/day) |
| *amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg* (AMOXICILLIN-POT CLAVULANATE ER) | TIER 2 | |
| *amoxicillin (trihydrate) cap 250 mg* | TIER 1 | |
| *amoxicillin (trihydrate) cap 500 mg* | TIER 1 | |
| *amoxicillin (trihydrate) for susp 125 mg/5ml* | TIER 1 | |
| *amoxicillin (trihydrate) for susp 200 mg/5ml* | TIER 1 | |
| *amoxicillin (trihydrate) for susp 250 mg/5ml* | TIER 1 | |
| *amoxicillin (trihydrate) for susp 400 mg/5ml* | TIER 1 | |
| *amoxicillin (trihydrate) tab 500 mg* | TIER 1 | |
| *amoxicillin (trihydrate) tab 875 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| AMOXICILLIN 125 MG CHEW TAB, 250 MG CHEW TAB | TIER 1 | |
| AMOXICILLIN-POT CLAVULANATE (*amoxicillin & pot clavulanate*) -200-28.5 MG CHEW TAB, -400-57 MG CHEW TAB | TIER 2 | |
| AMOXICILLIN-POT CLAVULANATE ER (*amoxicillin & pot clavulanate*) -1000-62.5 MG TAB 12H | TIER 2 | |
| AMPICILLIN 500 MG CAP | TIER 1 | |
| *dicloxacillin sodium cap 250 mg* | TIER 1 | |
| *dicloxacillin sodium cap 500 mg* | TIER 1 | |
| PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN | TIER 1 | |
| *penicillin v potassium tab 250 mg* | TIER 1 | |
| *penicillin v potassium tab 500 mg* | TIER 1 | |

## MACROLIDES

| | | |
|---|---|---|
| AZITHROMYCIN 1 GM PACKET | TIER 1 | |
| *azithromycin for susp 100 mg/5ml* | TIER 1 | |
| *azithromycin for susp 200 mg/5ml* | TIER 1 | |
| *azithromycin tab 250 mg* | TIER 1 | QLC (12 tabs/30 days) |
| *azithromycin tab 500 mg* | TIER 1 | |
| *azithromycin tab 600 mg* | TIER 1 | |
| CLARITHROMYCIN 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP | TIER 1 | |
| *clarithromycin tab 250 mg* | TIER 1 | QLC (42 tabs/fill) |
| *clarithromycin tab 500 mg* | TIER 1 | QLC (42 tabs/fill) |
| *clarithromycin tab er 24hr 500 mg* (CLARITHROMYCIN ER) | TIER 1 | QLC (42 tabs/fill) |
| ERYTHROMYCIN BASE 250 MG CP DR PART | TIER 3 | PA |
| *erythromycin tab 250 mg* (ERYTHROMYCIN BASE) | TIER 3 | |
| *erythromycin tab 500 mg* (ERYTHROMYCIN BASE) | TIER 3 | |
| *erythromycin tab delayed release 250 mg* | TIER 3 | |
| *erythromycin tab delayed release 250 mg* (ERY-TAB) | TIER 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *erythromycin tab delayed release 250 mg* (ERYTHROMYCIN BASE) | TIER 3 | |
| *erythromycin tab delayed release 333 mg* | TIER 3 | |
| *erythromycin tab delayed release 333 mg* (ERY-TAB) | TIER 3 | |
| *erythromycin tab delayed release 333 mg* (ERYTHROMYCIN BASE) | TIER 3 | |
| *erythromycin tab delayed release 500 mg* | TIER 3 | |
| *erythromycin tab delayed release 500 mg* (ERY-TAB) | TIER 3 | |
| *erythromycin tab delayed release 500 mg* (ERYTHROMYCIN BASE) | TIER 3 | |
| *erythromycin w/ delayed release particles cap 250 mg* (ERYTHROMYCIN BASE) | TIER 3 | PA |
| **QUINOLONES** | | |
| *ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)* | TIER 1 | QLC (3 bottles/fill) |
| CIPROFLOXACIN HCL 100 MG TAB | TIER 1 | QLC (2 tabs/day) |
| *ciprofloxacin hcl ophth soln 0.3% (base equivalent)* | TIER 1 | |
| *ciprofloxacin hcl tab 250 mg (base equiv)* | TIER 1 | QLC (2 tabs/day) |
| *ciprofloxacin hcl tab 500 mg (base equiv)* | TIER 1 | QLC (2 tabs/day) |
| *ciprofloxacin hcl tab 750 mg (base equiv)* | TIER 1 | QLC (2 tabs/day) |
| CIPROFLOXACIN-CIPROFLOX HCL ER (*ciprofloxacin-ciprofloxacin hcl*) -1000 MG TAB 24H | TIER 1 | QLC (14 tabs/fill) |
| CIPROFLOXACIN-CIPROFLOX HCL ER (*ciprofloxacin-ciprofloxacin hcl*) -500 MG TAB 24H | TIER 1 | QLC (3 tabs/fill) |
| *levofloxacin oral soln 25 mg/ml* | TIER 2 | QLC (300 ml/fill) |
| *levofloxacin tab 250 mg* | TIER 1 | QLC (10 tabs/fill) |
| *levofloxacin tab 500 mg* | TIER 1 | QLC (10 tabs/fill) |
| *levofloxacin tab 750 mg* | TIER 1 | QLC (10 tabs/fill) |
| *moxifloxacin hcl tab 400 mg (base equiv)* | TIER 1 | QLC (10 tabs/fill) |
| OFLOXACIN 300 MG TAB | TIER 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *ofloxacin tab 400 mg* | TIER 3 | |
| **SULFONAMIDES** | | |
| *sulfacetamide sodium lotion 10% (acne)* (SULFACETAMIDE SODIUM (ACNE)) | TIER 1 | |
| SULFADIAZINE 500 MG TAB | TIER 1 | |
| *sulfadiazine tab 500 mg* | TIER 1 | |
| *sulfamethoxazole-trimethoprim susp 200-40 mg/5ml* | TIER 1 | |
| *sulfamethoxazole-trimethoprim susp 200-40 mg/5ml* (SULFATRIM PEDIATRIC) | TIER 1 | |
| *sulfamethoxazole-trimethoprim tab 400-80 mg* | TIER 1 | |
| *sulfamethoxazole-trimethoprim tab 800-160 mg* | TIER 1 | |
| **TETRACYCLINES** | | |
| *demeclocycline hcl tab 150 mg* | TIER 2 | |
| *demeclocycline hcl tab 300 mg* | TIER 2 | |
| *doxycycline hyclate cap 100 mg* | TIER 1 | |
| *doxycycline hyclate cap 100 mg* (MORGIDOX) | TIER 1 | |
| *doxycycline hyclate cap 50 mg* | TIER 1 | |
| *doxycycline hyclate cap 50 mg* (MORGIDOX) | TIER 1 | |
| *doxycycline hyclate tab 100 mg* | TIER 1 | |
| *doxycycline hyclate tab 100 mg* (LYMEPAK) | TIER 1 | |
| *doxycycline hyclate tab 20 mg* | TIER 1 | QLC (2 tabs/day) |
| *doxycycline monohydrate for susp 25 mg/5ml* | TIER 1 | |
| *doxycycline monohydrate tab 100 mg* | TIER 1 | |
| *doxycycline monohydrate tab 100 mg* (AVIDOXY) | TIER 1 | |
| *doxycycline monohydrate tab 150 mg* | TIER 2 | |
| *doxycycline monohydrate tab 50 mg* | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *doxycycline monohydrate tab 75 mg* | TIER 2 | |
| *minocycline hcl cap 100 mg* | TIER 1 | |
| *minocycline hcl cap 50 mg* | TIER 1 | |
| *minocycline hcl cap 75 mg* | TIER 1 | |
| *tetracycline hcl cap 250 mg* | TIER 2 | |
| *tetracycline hcl cap 500 mg* | TIER 2 | |

## ANTICONVULSANTS (Drugs for Seizures)

## ANTICONVULSANTS, OTHER (Other Seizure Control Drugs)

| | | |
|---|---|---|
| BRIVIACT (*brivaracetam*) 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB | TIER 4 | ST, QLC (2 tabs/day) |
| BRIVIACT (*brivaracetam*) 10 MG/ML SOLUTION | TIER 4 | ST, QLC (20 ml/day) |
| *divalproex sodium cap delayed release sprinkle 125 mg* | TIER 1 | |
| *divalproex sodium tab delayed release 125 mg* | TIER 1 | |
| *divalproex sodium tab delayed release 250 mg* | TIER 1 | |
| *divalproex sodium tab delayed release 500 mg* | TIER 1 | |
| *divalproex sodium tab er 24 hr 250 mg* (DIVALPROEX SODIUM ER) | TIER 1 | |
| *divalproex sodium tab er 24 hr 500 mg* (DIVALPROEX SODIUM ER) | TIER 1 | |
| *felbamate tab 400 mg* | TIER 2 | |
| *felbamate tab 600 mg* | TIER 2 | |
| *lamotrigine tab 100 mg* | TIER 1 | |
| *lamotrigine tab 100 mg* (SUBVENITE) | TIER 1 | |
| *lamotrigine tab 150 mg* | TIER 1 | |
| *lamotrigine tab 150 mg* (SUBVENITE) | TIER 1 | |
| *lamotrigine tab 200 mg* | TIER 1 | |
| *lamotrigine tab 200 mg* (SUBVENITE) | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *lamotrigine tab 25 mg* | TIER 1 | |
| *lamotrigine tab 25 mg* (SUBVENITE) | TIER 1 | |
| *lamotrigine tab chewable dispersible 25 mg* | TIER 1 | |
| *lamotrigine tab chewable dispersible 5 mg* | TIER 1 | |
| *lamotrigine tab er 24hr 100 mg* (LAMOTRIGINE ER) | TIER 2 | ST, QLC (1 tab/day) |
| *lamotrigine tab er 24hr 200 mg* (LAMOTRIGINE ER) | TIER 2 | ST, QLC (3 tabs/day) |
| *lamotrigine tab er 24hr 25 mg* (LAMOTRIGINE ER) | TIER 2 | ST, QLC (1 tab/day) |
| *lamotrigine tab er 24hr 250 mg* (LAMOTRIGINE ER) | TIER 2 | ST, QLC (2 tabs/day) |
| *lamotrigine tab er 24hr 300 mg* (LAMOTRIGINE ER) | TIER 2 | ST, QLC (2 tabs/day) |
| *lamotrigine tab er 24hr 50 mg* (LAMOTRIGINE ER) | TIER 2 | ST, QLC (1 tab/day) |
| *levetiracetam oral soln 100 mg/ml* | TIER 1 | |
| *levetiracetam tab 1000 mg* | TIER 1 | |
| *levetiracetam tab 1000 mg* (ROWEEPRA) | TIER 1 | |
| *levetiracetam tab 250 mg* | TIER 1 | |
| *levetiracetam tab 500 mg* | TIER 1 | |
| *levetiracetam tab 500 mg* (ROWEEPRA) | TIER 1 | |
| *levetiracetam tab 750 mg* | TIER 1 | |
| *levetiracetam tab 750 mg* (ROWEEPRA) | TIER 1 | |
| *levetiracetam tab er 24hr 500 mg* (LEVETIRACETAM ER) | TIER 1 | QLC (6 tabs/day) |
| *levetiracetam tab er 24hr 500 mg* (ROWEEPRA XR) | TIER 1 | QLC (6 tabs/day) |
| *levetiracetam tab er 24hr 750 mg* (LEVETIRACETAM ER) | TIER 1 | QLC (4 tabs/day) |
| *levetiracetam tab er 24hr 750 mg* (ROWEEPRA XR) | TIER 1 | QLC (4 tabs/day) |
| *topiramate sprinkle cap 15 mg* | TIER 1 | |
| *topiramate sprinkle cap 25 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *topiramate tab 100 mg* | TIER 1 | |
| *topiramate tab 200 mg* | TIER 1 | |
| *topiramate tab 25 mg* | TIER 1 | |
| *topiramate tab 50 mg* | TIER 1 | |
| *valproate sodium oral soln 250 mg/5ml (base equiv)* (VALPROIC ACID) | TIER 1 | |
| *valproic acid cap 250 mg* | TIER 1 | |
| **CALCIUM CHANNEL MODIFYING AGENTS** | | |
| *ethosuximide cap 250 mg* | TIER 1 | |
| *ethosuximide soln 250 mg/5ml* | TIER 1 | |
| **GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS** | | |
| DIAZEPAM (*diazepam (anticonvulsant)*) 2.5 MG GEL, 10 MG GEL, 20 MG GEL | TIER 1 | QLC (1 kit [2 doses]/fill) |
| *gabapentin cap 100 mg* | TIER 1 | |
| *gabapentin cap 300 mg* | TIER 1 | |
| *gabapentin cap 400 mg* | TIER 1 | |
| *gabapentin oral soln 250 mg/5ml* | TIER 2 | |
| *gabapentin tab 600 mg* | TIER 1 | |
| *gabapentin tab 800 mg* | TIER 1 | |
| *phenobarbital elixir 20 mg/5ml* | TIER 1 | |
| *phenobarbital tab 100 mg* | TIER 1 | |
| *phenobarbital tab 15 mg* | TIER 1 | |
| *phenobarbital tab 16.2 mg* | TIER 1 | |
| *phenobarbital tab 30 mg* | TIER 1 | |
| *phenobarbital tab 32.4 mg* | TIER 1 | |
| *phenobarbital tab 60 mg* | TIER 1 | |
| *phenobarbital tab 64.8 mg* | TIER 1 | |
| *phenobarbital tab 97.2 mg* | TIER 1 | |
| *primidone tab 250 mg* | TIER 1 | |
| *primidone tab 50 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **SODIUM CHANNEL AGENTS** | | |
| *carbamazepine cap er 12hr 100 mg* (CARBAMAZEPINE ER) | TIER 1 | |
| *carbamazepine cap er 12hr 200 mg* (CARBAMAZEPINE ER) | TIER 1 | |
| *carbamazepine cap er 12hr 300 mg* (CARBAMAZEPINE ER) | TIER 1 | |
| *carbamazepine chew tab 100 mg* | TIER 1 | |
| *carbamazepine susp 100 mg/5ml* | TIER 1 | |
| *carbamazepine tab 200 mg* | TIER 1 | |
| *carbamazepine tab 200 mg* (EPITOL) | TIER 1 | |
| *carbamazepine tab er 12hr 100 mg* (CARBAMAZEPINE ER) | TIER 1 | |
| *carbamazepine tab er 12hr 200 mg* (CARBAMAZEPINE ER) | TIER 1 | |
| *carbamazepine tab er 12hr 400 mg* (CARBAMAZEPINE ER) | TIER 1 | |
| DILANTIN (*phenytoin sodium extended*) 30 MG CAP, 100 MG CAP | TIER 2 | |
| DILANTIN (*phenytoin*) 125 MG/5ML SUSPENSION | TIER 2 | |
| DILANTIN INFATABS (*phenytoin*) 50 MG CHEW | TIER 2 | |
| *lacosamide oral solution 10 mg/ml* | TIER 1 | QLC (40 ml/day) |
| *lacosamide tab 100 mg* | TIER 1 | QLC (2 tabs/day) |
| *lacosamide tab 150 mg* | TIER 1 | QLC (2 tabs/day) |
| *lacosamide tab 200 mg* | TIER 1 | QLC (2 tabs/day) |
| *lacosamide tab 50 mg* | TIER 1 | QLC (2 tabs/day) |
| *oxcarbazepine susp 300 mg/5ml (60 mg/ml)* | TIER 2 | QLC (40 ml/day) |
| *oxcarbazepine tab 150 mg* | TIER 1 | QLC (16 tabs/day) |
| *oxcarbazepine tab 300 mg* | TIER 1 | QLC (8 tabs/day) |
| *oxcarbazepine tab 600 mg* | TIER 1 | QLC (4 tabs/day) |
| *phenytoin chew tab 50 mg* | TIER 1 | |
| *phenytoin chew tab 50 mg* (PHENYTOIN INFATABS) | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *phenytoin sodium extended cap 100 mg* | TIER 1 | |
| *phenytoin sodium extended cap 200 mg* | TIER 1 | |
| *phenytoin sodium extended cap 300 mg* | TIER 1 | |
| *phenytoin susp 125 mg/5ml* | TIER 1 | |
| *zonisamide cap 100 mg* | TIER 1 | |
| *zonisamide cap 25 mg* | TIER 1 | |
| *zonisamide cap 50 mg* | TIER 1 | |

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

### ANTIDEMENTIA AGENTS, OTHER

| | | |
|---|---|---|
| ERGOLOID MESYLATES 1 MG TAB | TIER 3 | |

### CHOLINESTERASE INHIBITORS

| | | |
|---|---|---|
| *donepezil hydrochloride orally disintegrating tab 10 mg* (DONEPEZIL HCL) | TIER 1 | |
| *donepezil hydrochloride orally disintegrating tab 5 mg* (DONEPEZIL HCL) | TIER 1 | |
| *donepezil hydrochloride tab 10 mg* (DONEPEZIL HCL) | TIER 1 | |
| *donepezil hydrochloride tab 23 mg* (DONEPEZIL HCL) | TIER 1 | ST, QLC (1 tab/day) |
| *donepezil hydrochloride tab 5 mg* (DONEPEZIL HCL) | TIER 1 | |
| *galantamine hydrobromide cap er 24hr 16 mg* (GALANTAMINE HYDROBROMIDE ER) | TIER 2 | |
| *galantamine hydrobromide cap er 24hr 24 mg* (GALANTAMINE HYDROBROMIDE ER) *hr* | TIER 2 | |
| *galantamine hydrobromide cap er 24hr 8 mg* (GALANTAMINE HYDROBROMIDE ER) | TIER 2 | |
| *galantamine hydrobromide tab 12 mg* | TIER 2 | |
| *galantamine hydrobromide tab 4 mg* | TIER 2 | |
| *galantamine hydrobromide tab 8 mg* | TIER 2 | |
| *rivastigmine tartrate cap 1.5 mg (base equivalent)* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *rivastigmine tartrate cap 3 mg (base equivalent)* | TIER 1 | |
| *rivastigmine tartrate cap 4.5 mg (base equivalent)* | TIER 1 | |
| *rivastigmine tartrate cap 6 mg (base equivalent)* | TIER 1 | |
| *rivastigmine td patch 24hr 13.3 mg/24hr* | TIER 3 | QLC (1 patch/day) |
| *rivastigmine td patch 24hr 4.6 mg/24hr* | TIER 3 | QLC (1 patch/day) |
| *rivastigmine td patch 24hr 9.5 mg/24hr* | TIER 3 | QLC (1 patch/day) |

## N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

| | | |
|---|---|---|
| *memantine hcl oral solution 2 mg/ml* | TIER 1 | |
| *memantine hcl tab 10 mg* | TIER 1 | QLC (2 tabs/day) |
| *memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack* | TIER 1 | |
| *memantine hcl tab 5 mg* | TIER 1 | QLC (2 tabs/day) |

# ANTIDEPRESSANTS (Drugs for Depression)

## ANTIDEPRESSANTS, OTHER

| | | |
|---|---|---|
| *bupropion hcl tab 100 mg* | TIER 1 | QLC (4 tabs/day) |
| *bupropion hcl tab 75 mg* | TIER 1 | QLC (6 tabs/day) |
| *bupropion hcl tab er 12hr 100 mg* (BUPROPION HCL ER (SR)) | TIER 1 | QLC (4 tabs/day) |
| *bupropion hcl tab er 12hr 150 mg* (BUPROPION HCL ER (SR)) | TIER 1 | QLC (3 tabs/day) |
| *bupropion hcl tab er 12hr 200 mg* (BUPROPION HCL ER (SR)) | TIER 1 | QLC (2 tabs/day) |
| *bupropion hcl tab er 24hr 150 mg* (BUPROPION HCL ER (XL)) | TIER 1 | QLC (3 tabs/day) |
| *bupropion hcl tab er 24hr 300 mg* (BUPROPION HCL ER (XL)) | TIER 1 | QLC (1 tab/day) |
| MAPROTILINE HCL 25 MG TAB, 50 MG TAB, 75 MG TAB | TIER 1 | |
| *mirtazapine orally disintegrating tab 15 mg* | TIER 1 | |
| *mirtazapine orally disintegrating tab 30 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *mirtazapine orally disintegrating tab 45 mg* | TIER 1 | |
| *mirtazapine tab 15 mg* | TIER 1 | |
| *mirtazapine tab 30 mg* | TIER 1 | |
| *mirtazapine tab 45 mg* | TIER 1 | |
| *mirtazapine tab 7.5 mg* | TIER 1 | |
| PERPHENAZINE-AMITRIPTYLINE -2-10 MG TAB, -2-25 MG TAB, -4-10 MG TAB, -4-25 MG TAB, -4-50 MG TAB | TIER 1 | |

## MONOAMINE OXIDASE INHIBITORS

| | | |
|---|---|---|
| PHENELZINE SULFATE 15 MG TAB | TIER 1 | |
| *phenelzine sulfate tab 15 mg* | TIER 1 | |
| *tranylcypromine sulfate tab 10 mg* | TIER 2 | |

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

| | | |
|---|---|---|
| *citalopram hydrobromide oral soln 10 mg/5ml* | TIER 1 | QLC (40 mg/day) |
| *citalopram hydrobromide tab 10 mg (base equiv)* | TIER 1 | QLC (4 tabs/day) |
| *citalopram hydrobromide tab 20 mg (base equiv)* | TIER 1 | QLC (2 tabs/day) |
| *citalopram hydrobromide tab 40 mg (base equiv)* | TIER 1 | QLC (1 tab/day) |
| *desvenlafaxine succinate tab er 24hr 100 mg (base equiv)* (DESVENLAFAXINE SUCCINATE ER) | TIER 2 | QLC (1 tab/day) |
| *desvenlafaxine succinate tab er 24hr 25 mg (base equiv)* (DESVENLAFAXINE SUCCINATE ER) | TIER 2 | QLC (1 tab/day) |
| *desvenlafaxine succinate tab er 24hr 50 mg (base equiv)* (DESVENLAFAXINE SUCCINATE ER) | TIER 2 | QLC (1 tab/day) |
| *escitalopram oxalate soln 5 mg/5ml (base equiv) mg/ml* | TIER 2 | QLC (24 ml/day) |
| *escitalopram oxalate tab 10 mg (base equiv)* | TIER 1 | QLC (4 tabs/day) |
| *escitalopram oxalate tab 20 mg (base equiv)* | TIER 1 | QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *escitalopram oxalate tab 5 mg (base equiv)* | TIER 1 | QLC (8 tabs/day) |
| FLUOXETINE HCL (PMDD) 10 MG CAP, 20 MG CAP | TIER 1 | |
| FLUOXETINE HCL (PMDD) 10 MG TAB, 20 MG TAB | TIER 1 | QLC (1 tab/day) |
| FLUOXETINE HCL 90 MG CAP DR | TIER 1 | QLC (4 caps/month) |
| *fluoxetine hcl cap 10 mg* | TIER 1 | |
| *fluoxetine hcl cap 20 mg* | TIER 1 | |
| *fluoxetine hcl cap 40 mg* | TIER 1 | |
| *fluoxetine hcl solution 20 mg/5ml* | TIER 1 | |
| *fluoxetine hcl tab 10 mg* | TIER 1 | |
| *fluoxetine hcl tab 20 mg* | TIER 1 | |
| *fluvoxamine maleate tab 100 mg* | TIER 1 | QLC (3 tabs/day) |
| *fluvoxamine maleate tab 25 mg* | TIER 1 | QLC (12 tabs/day) |
| *fluvoxamine maleate tab 50 mg* | TIER 1 | QLC (6 tabs/day) |
| NEFAZODONE HCL 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB | TIER 1 | |
| *paroxetine hcl tab 10 mg* | TIER 1 | |
| *paroxetine hcl tab 20 mg* | TIER 1 | |
| *paroxetine hcl tab 30 mg* | TIER 1 | |
| *paroxetine hcl tab 40 mg* | TIER 1 | |
| *sertraline hcl oral concentrate for solution 20 mg/ml* | TIER 1 | |
| *sertraline hcl tab 100 mg* | TIER 1 | |
| *sertraline hcl tab 25 mg* | TIER 1 | |
| *sertraline hcl tab 50 mg* | TIER 1 | |
| *trazodone hcl tab 100 mg* | TIER 1 | |
| *trazodone hcl tab 150 mg* | TIER 1 | |
| *trazodone hcl tab 300 mg* | TIER 1 | |
| *trazodone hcl tab 50 mg* | TIER 1 | |
| *venlafaxine hcl cap er 24hr 150 mg (base equivalent)* (VENLAFAXINE HCL ER) | TIER 1 | QLC (2 caps/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)* (VENLAFAXINE HCL ER) | TIER 1 | QLC (2 caps/day) |
| *venlafaxine hcl cap er 24hr 75 mg (base equivalent)* (VENLAFAXINE HCL ER) | TIER 1 | QLC (3 caps/day) |
| *venlafaxine hcl tab 100 mg (base equivalent)* | TIER 1 | |
| *venlafaxine hcl tab 25 mg (base equivalent)* | TIER 1 | |
| *venlafaxine hcl tab 37.5 mg (base equivalent)* | TIER 1 | |
| *venlafaxine hcl tab 50 mg (base equivalent)* | TIER 1 | |
| *venlafaxine hcl tab 75 mg (base equivalent)* | TIER 1 | |
| **TRICYCLICS** | | |
| *amitriptyline hcl tab 10 mg* | TIER 1 | |
| *amitriptyline hcl tab 100 mg* | TIER 1 | |
| *amitriptyline hcl tab 150 mg* | TIER 1 | |
| *amitriptyline hcl tab 25 mg* | TIER 1 | |
| *amitriptyline hcl tab 50 mg* | TIER 1 | |
| *amitriptyline hcl tab 75 mg* | TIER 1 | |
| AMOXAPINE 25 MG TAB, 50 MG TAB, 100 MG TAB, 150 MG TAB | TIER 1 | |
| *clomipramine hcl cap 25 mg* | TIER 3 | |
| *clomipramine hcl cap 50 mg* | TIER 3 | |
| *clomipramine hcl cap 75 mg* | TIER 3 | |
| *desipramine hcl tab 10 mg* | TIER 2 | |
| *desipramine hcl tab 100 mg* | TIER 2 | |
| *desipramine hcl tab 150 mg* | TIER 2 | |
| *desipramine hcl tab 25 mg* | TIER 2 | |
| *desipramine hcl tab 50 mg* | TIER 2 | |
| *desipramine hcl tab 75 mg* | TIER 2 | |
| *doxepin hcl cap 10 mg* | TIER 1 | |
| *doxepin hcl cap 100 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *doxepin hcl cap 150 mg* | TIER 1 | |
| *doxepin hcl cap 25 mg* | TIER 1 | |
| *doxepin hcl cap 50 mg* | TIER 1 | |
| *doxepin hcl cap 75 mg* | TIER 1 | |
| *doxepin hcl conc 10 mg/ml* | TIER 1 | |
| *imipramine hcl tab 10 mg* | TIER 1 | |
| *imipramine hcl tab 25 mg* | TIER 1 | |
| *imipramine hcl tab 50 mg* | TIER 1 | |
| NORTRIPTYLINE HCL 10 MG/5ML SOLUTION | TIER 2 | |
| *nortriptyline hcl cap 10 mg* | TIER 1 | |
| *nortriptyline hcl cap 25 mg* | TIER 1 | |
| *nortriptyline hcl cap 50 mg* | TIER 1 | |
| *nortriptyline hcl cap 75 mg* | TIER 1 | |
| *protriptyline hcl tab 10 mg* | TIER 2 | |
| *protriptyline hcl tab 5 mg* | TIER 2 | |
| *trimipramine maleate cap 100 mg* | TIER 3 | |
| *trimipramine maleate cap 25 mg* | TIER 3 | |
| *trimipramine maleate cap 50 mg* | TIER 3 | |

## ANTIEMETICS (Drugs for Nausea and Vomiting)

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

| | | |
|---|---|---|
| *metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) mg/ml* | TIER 1 | |
| *metoclopramide hcl tab 10 mg (base equivalent)* | TIER 1 | |
| *metoclopramide hcl tab 5 mg (base equivalent)* | TIER 1 | |
| *perphenazine tab 16 mg* | TIER 1 | |
| *perphenazine tab 2 mg* | TIER 1 | |
| *perphenazine tab 4 mg* | TIER 1 | |
| *perphenazine tab 8 mg* | TIER 1 | |
| *prochlorperazine maleate tab 10 mg (base equivalent)* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *prochlorperazine maleate tab 5 mg (base equivalent)* | TIER 1 | |
| *prochlorperazine suppos 25 mg* | TIER 2 | |
| *prochlorperazine suppos 25 mg* (COMPRO) | TIER 2 | |
| *promethazine hcl suppos 12.5 mg* | TIER 2 | |
| *promethazine hcl suppos 12.5 mg* (PHENADOZ) | TIER 2 | |
| *promethazine hcl suppos 12.5 mg* (PROMETHEGAN) | TIER 2 | |
| *promethazine hcl suppos 25 mg* | TIER 2 | |
| *promethazine hcl suppos 25 mg* (PHENADOZ) | TIER 2 | |
| *promethazine hcl suppos 25 mg* (PROMETHEGAN) | TIER 2 | |
| *promethazine hcl suppos 50 mg* | TIER 2 | |
| *promethazine hcl tab 12.5 mg* | TIER 1 | |
| *promethazine hcl tab 25 mg* | TIER 1 | |
| *promethazine hcl tab 50 mg* | TIER 1 | |
| PROMETHEGAN (*promethazine hcl*) 50 MG SUPPOS | TIER 2 | |
| *scopolamine td patch 72hr 1 mg/3days* | TIER 1 | |
| *trimethobenzamide hcl cap 300 mg* | TIER 1 | |

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

| | | |
|---|---|---|
| *aprepitant capsule 125 mg* | TIER 2 | PA, QLC (1 cap/7 days) |
| *aprepitant capsule 40 mg* | TIER 2 | PA, QLC (1 cap/month) |
| *aprepitant capsule 80 mg* | TIER 2 | PA, QLC (2 caps/7 days) |
| *aprepitant capsule therapy pack 80 & 125 mg* | TIER 2 | QLC (3 caps/7 days) |
| *granisetron hcl tab 1 mg* | TIER 1 | QLC (12 tabs/fill) |
| ONDANSETRON HCL 24 MG TAB | TIER 1 | QLC (1 tab/fill) |
| *ondansetron hcl oral soln 4 mg/5ml* | TIER 1 | QLC (1 bottle/fill) |
| *ondansetron hcl tab 24 mg* | TIER 1 | QLC (1 tab/fill) |
| *ondansetron hcl tab 4 mg* | TIER 1 | QLC (3 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *ondansetron hcl tab 8 mg* | TIER 1 | QLC (3 tabs/day) |
| *ondansetron orally disintegrating tab 4 mg* | TIER 1 | QLC (3 tabs/day) |
| *ondansetron orally disintegrating tab 8 mg* | TIER 1 | QLC (3 tabs/day) |

## ANTIFUNGALS (Drugs for Fungal Infections)

### ANTIFUNGALS

| | | |
|---|---|---|
| *ciclopirox olamine cream 0.77% (base equiv)* | TIER 1 | |
| *ciclopirox olamine cream 0.77% (base equiv)* (CICLODAN) | TIER 1 | |
| *ciclopirox olamine susp 0.77% (base equiv)* | TIER 1 | |
| *clotrimazole troche 10 mg* | TIER 1 | |
| *econazole nitrate cream 1%* | TIER 1 | |
| *fluconazole for susp 10 mg/ml* | TIER 1 | |
| *fluconazole for susp 40 mg/ml* | TIER 1 | |
| *fluconazole tab 100 mg* | TIER 1 | |
| *fluconazole tab 150 mg* | TIER 1 | |
| *fluconazole tab 200 mg* | TIER 1 | |
| *fluconazole tab 50 mg* | TIER 1 | |
| *griseofulvin microsize susp 125 mg/5ml* | TIER 2 | |
| *itraconazole cap 100 mg* | TIER 2 | PA |
| *ketoconazole cream 2%* | TIER 1 | |
| *ketoconazole shampoo 2%* | TIER 1 | |
| *ketoconazole tab 200 mg* | TIER 1 | |
| MICONAZOLE 3 (*miconazole nitrate vaginal*) 200 MG SUPPOS | TIER 1 | |
| *nystatin cream 100000 unit/gm* | TIER 1 | |
| *nystatin oint 100000 unit/gm* | TIER 1 | |
| *nystatin susp 100000 unit/ml* | TIER 1 | |
| *nystatin tab 500000 unit* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *nystatin topical powder 100000 unit/gm* | TIER 1 | |
| *nystatin topical powder 100000 unit/gm* (NYAMYC) | TIER 1 | |
| *nystatin topical powder 100000 unit/gm* (NYSTOP) | TIER 1 | |
| *terbinafine hcl tab 250 mg* | TIER 1 | QLC (30 tabs/month) |
| *terconazole vaginal cream 0.4%* | TIER 1 | |
| *terconazole vaginal cream 0.8%* | TIER 1 | |
| *voriconazole for susp 40 mg/ml* | TIER 2 | PA |
| *voriconazole tab 200 mg* | TIER 2 | PA |
| *voriconazole tab 50 mg* | TIER 2 | PA |

## ANTIGOUT AGENTS (Drugs for Gout)

### ANTIGOUT AGENTS

| | | |
|---|---|---|
| *allopurinol tab 100 mg* | TIER 1 | |
| *allopurinol tab 300 mg* | TIER 1 | |
| COLCHICINE 0.6 MG CAP | TIER 1 | QLC (2 caps/day) |
| *colchicine tab 0.6 mg* | TIER 1 | QLC (4 tabs/day) |
| *colchicine w/ probenecid tab 0.5-500 mg* (COLCHICINE-PROBENECID) | TIER 1 | |
| *probenecid tab 500 mg* | TIER 1 | |

## ANTIMIGRAINE AGENTS (Drugs for Migraine)

### ERGOT ALKALOIDS (Drugs for Acute Migraine)

| | | |
|---|---|---|
| *dihydroergotamine mesylate inj 1 mg/ml* | TIER 4 | PA, QLC (24 ml/28 days) |
| *dihydroergotamine mesylate nasal spray 4 mg/ml* | TIER 4 | PA, QLC (8 vials/month) |
| ERGOMAR (*ergotamine tartrate*) 2 MG SL TAB | TIER 4 | QLC (20 tabs/28 days) |
| *ergotamine w/ caffeine tab 1-100 mg* (ERGOTAMINE-CAFFEINE) | TIER 3 | QLC (10 tabs/week) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **PROPHYLACTIC (Drugs to Prevent Migraine)** | | |
| AIMOVIG (140 MG DOSE) (*erenumab-aooe*) IMOVIG 70 /ML SOLN -INJ | TIER 2 | PA, QLC (2 injections/28 days) |
| AIMOVIG (*erenumab-aooe*) IMOVIG 140 MG/ML SOLN -INJ | TIER 2 | PA, QLC (1 injection/28 days) |
| AIMOVIG (*erenumab-aooe*) IMOVIG 70 MG/ML SOLN -INJ | TIER 2 | PA, QLC (1 injection/28 days) |
| EMGALITY (*galcanezumab-gnlm*) 120 MG/ML SOLN PRSYR | TIER 2 | PA, QLC (1 syringe/30 days) |
| EMGALITY (*galcanezumab-gnlm*) EMGLITY 120 MG/ML SOLN -INJ | TIER 2 | PA, QLC (1 pen injector/30 days) |
| **SEROTONIN (5-HT) RECEPTOR AGONIST (Drugs for Acute Migraine)** | | |
| *naratriptan hcl tab 1 mg (base equiv)* | TIER 1 | QLC (18 tabs/month) |
| *naratriptan hcl tab 2.5 mg (base equiv)* | TIER 1 | QLC (18 tabs/month) |
| *rizatriptan benzoate oral disintegrating tab 10 mg (base eq)* | TIER 1 | QLC (24 tabs/month) |
| *rizatriptan benzoate oral disintegrating tab 5 mg (base eq)* | TIER 1 | QLC (24 tabs/month) |
| *rizatriptan benzoate tab 10 mg (base equivalent)* | TIER 1 | QLC (24 tabs/month) |
| *rizatriptan benzoate tab 5 mg (base equivalent)* | TIER 1 | QLC (24 tabs/month) |
| *sumatriptan nasal spray 20 mg/act* | TIER 2 | QLC (18 nasal sprays/month) |
| *sumatriptan nasal spray 5 mg/act* | TIER 2 | QLC (18 nasal sprays/month) |
| SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR | TIER 2 | QLC (16 injections/month at 4 injections/fill) |
| *sumatriptan succinate inj 6 mg/0.5ml* | TIER 2 | QLC (16 injections/month at 4 injections/fill) |
| SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART | TIER 2 | QLC (16 injections/month at 4 injections/fill) |
| *sumatriptan succinate solution auto-injector 4 mg/0.5ml* | TIER 2 | QLC (16 injections/month at 4 injections/fill) |
| *sumatriptan succinate solution auto-injector 6 mg/0.5ml* | TIER 2 | QLC (16 injections/month at 4 injections/fill) |
| *sumatriptan succinate solution cartridge 4 mg/0.5ml* (SUMATRIPTAN SUCCINATE REFILL) | TIER 2 | QLC (16 injections/month at 4 injections/fill) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *sumatriptan succinate solution cartridge 6 mg/0.5ml* (SUMATRIPTAN SUCCINATE REFILL) | TIER 2 | QLC (16 injections/month at 4 injections/fill) |
| *sumatriptan succinate tab 100 mg* | TIER 1 | QLC (18 tabs/month) |
| *sumatriptan succinate tab 25 mg* | TIER 1 | QLC (18 tabs/month) |
| *sumatriptan succinate tab 50 mg* | TIER 1 | QLC (18 tabs/month) |
| *zolmitriptan orally disintegrating tab 2.5 mg* | TIER 2 | QLC (18 tabs/month) |
| *zolmitriptan orally disintegrating tab 5 mg* | TIER 2 | QLC (18 tabs/month) |
| *zolmitriptan tab 2.5 mg* | TIER 2 | QLC (18 tabs/month) |
| *zolmitriptan tab 5 mg* | TIER 2 | QLC (18 tabs/month) |

## ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)

### PARASYMPATHOMIMETICS

| | | |
|---|---|---|
| GUANIDINE HCL 125 MG TAB | TIER 1 | |
| PYRIDOSTIGMINE BROMIDE 30 MG TAB | TIER 1 | QLC (6 tabs/day) |
| *pyridostigmine bromide tab 60 mg* | TIER 1 | QLC (25 tabs/day) |

## ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)

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

| | | |
|---|---|---|
| *dapsone tab 100 mg* | TIER 1 | |
| *dapsone tab 25 mg* | TIER 1 | |
| *rifabutin cap 150 mg* | TIER 2 | |

### ANTITUBERCULARS (Drugs for Tuberculosis)

| | | |
|---|---|---|
| CYCLOSERINE 250 MG CAP | TIER 3 | |
| *cycloserine cap 250 mg* | TIER 3 | |
| *ethambutol hcl tab 100 mg* | TIER 1 | |
| *ethambutol hcl tab 400 mg* | TIER 1 | |
| ISONIAZID 50 MG/5ML SYRUP, 100 MG TAB | TIER 1 | |
| *isoniazid tab 100 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *isoniazid tab 300 mg* | TIER 1 | |
| PASER (*aminosalicylic acid*) 4 GM PACKET | TIER 3 | |
| PRIFTIN (*rifapentine*) 150 MG TAB | TIER 2 | |
| *pyrazinamide tab 500 mg* | TIER 1 | |
| *rifampin cap 150 mg* | TIER 1 | |
| *rifampin cap 300 mg* | TIER 1 | |
| RIFATER (*isoniazid-rifampin w/ pyrazinamide*) 50-120-300 MG TAB | TIER 3 | |
| TRECATOR (*ethionamide*) 250 MG TAB | TIER 3 | |

## ANTINEOPLASTICS (Drugs for Cancer)

### ALKYLATING AGENTS

| | | |
|---|---|---|
| CYCLOPHOSPHAMIDE 25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB | TIER 2 | OAC |
| *cyclophosphamide cap 25 mg* | TIER 2 | OAC |
| *cyclophosphamide cap 50 mg* | TIER 2 | OAC |
| GLEOSTINE (*lomustine*) 10 MG CAP, 40 MG CAP, 100 MG CAP | TIER 2 | OAC |
| LEUKERAN (*chlorambucil*) 2 MG TAB | TIER 4 | OAC |
| MATULANE (*procarbazine hcl*) 50 MG CAP | TIER 4 | SP, OAC |

### ANTIANDROGENS

| | | |
|---|---|---|
| *abiraterone acetate tab 250 mg* | TIER 4 | PA, SP, QLC (4 tabs/day), SF, OAC |
| *abiraterone acetate tab 500 mg* | TIER 4 | PA, SP, QLC (2 tabs/day), OAC |
| *bicalutamide tab 50 mg* | TIER 1 | OAC |
| ERLEADA (*apalutamide*) 60 MG TAB | TIER 4 | PA, SP, QLC (4 tabs/day), OAC |
| FLUTAMIDE 125 MG CAP | TIER 1 | OAC |
| *flutamide cap 125 mg* | TIER 1 | OAC |
| XTANDI (*enzalutamide*) 40 MG CAP | TIER 4 | PA, SP, QLC (4 caps/day), SF, OAC |
| XTANDI (*enzalutamide*) 40 MG TAB | TIER 4 | PA, SP, QLC (4 tabs/day), SF, OAC |
| XTANDI (*enzalutamide*) 80 MG TAB | TIER 4 | PA, SP, QLC (2 tabs/day), SF, OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **ANTIANGIOGENIC AGENTS** | | |
| *lenalidomide cap 10 mg* | TIER 4 | PA, SP, QLC (1 cap/day), OAC |
| *lenalidomide cap 15 mg* | TIER 4 | PA, SP, QLC (1 cap/day), OAC |
| *lenalidomide cap 20 mg* | TIER 4 | PA, SP, QLC (1 cap/day) |
| *lenalidomide cap 25 mg* | TIER 4 | PA, SP, QLC (1 cap/day), OAC |
| *lenalidomide cap 5 mg* | TIER 4 | PA, SP, QLC (1 cap/day), OAC |
| *lenalidomide caps 2.5 mg* | TIER 4 | PA, SP, QLC (1 cap/day) |
| POMALYST (*pomalidomide*) 1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP | TIER 4 | PA, SP, QLC (1 cap/day), OAC |
| REVLIMID (*lenalidomide*) 2.5 MG CAP, 20 MG CAP | TIER 4 | PA, SP, QLC (1 cap/day), OAC |
| REVLIMID (*lenalidomide*) 5 MG CAP, 10 MG CAP, 15 MG CAP, 25 MG CAP | TIER 4 | PA, SP, QLC (1 cap/day), OAC |
| THALOMID (*thalidomide*) 150 MG CAP, 200 MG CAP | TIER 4 | PA, SP, QLC (2 caps/day) |
| THALOMID (*thalidomide*) 50 MG CAP, 100 MG CAP | TIER 4 | PA, SP, QLC (1 cap/day) |
| **ANTIESTROGENS/MODIFIERS** | | |
| *tamoxifen citrate tab 10 mg (base equivalent)* | TIER 1 | ACA (Preventive Health), OAC |
| *tamoxifen citrate tab 20 mg (base equivalent)* | TIER 1 | ACA (Preventive Health), OAC |
| *toremifene citrate tab 60 mg (base equivalent)* | TIER 4 | OAC |
| **ANTIMETABOLITES** | | |
| *capecitabine tab 150 mg* | TIER 4 | SP, OAC |
| *capecitabine tab 500 mg* | TIER 4 | SP, OAC |
| DROXIA (*hydroxyurea (sickle cell disease)*) 200 MG CAP, 300 MG CAP, 400 MG CAP | TIER 2 | |
| *hydroxyurea cap 500 mg* | TIER 1 | OAC |
| *mercaptopurine tab 50 mg* | TIER 1 | OAC |
| TABLOID (*thioguanine*) LOID 40 MG | TIER 4 | OAC |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **ANTINEOPLASTICS, OTHER (Other drugs for Cancer)** | | |
| *leucovorin calcium tab 10 mg* | TIER 1 | |
| *leucovorin calcium tab 15 mg* | TIER 1 | |
| *leucovorin calcium tab 25 mg* | TIER 1 | |
| *leucovorin calcium tab 5 mg* | TIER 1 | |
| LYSODREN (*mitotane*) 500 MG TAB | TIER 4 | OAC |
| ZOLINZA (*vorinostat*) 100 MG CAP | TIER 4 | PA, SP, QLC (4 caps/day), SF, OAC |
| **AROMATASE INHIBITORS, 3RD GENERATION** | | |
| *anastrozole tab 1 mg* | TIER 1 | ACA (Preventive Health), OAC |
| *exemestane tab 25 mg* | TIER 2 | OAC |
| *letrozole tab 2.5 mg* | TIER 1 | OAC |
| **ENZYME INHIBITORS** | | |
| ETOPOSIDE 50 MG CAP | TIER 4 | OAC |
| **MOLECULAR TARGET INHIBITORS** | | |
| CAPRELSA (*vandetanib*) 100 MG TAB | TIER 4 | PA, SP, QLC (2 tabs/day), OAC |
| CAPRELSA (*vandetanib*) 300 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day), OAC |
| COMETRIQ (100 MG DAILY DOSE) (*cabozantinib s-malate*) 80 & 20 KIT | TIER 4 | PA, SP, QLC (56 caps/28 days), OAC |
| COMETRIQ (140 MG DAILY DOSE) (*cabozantinib s-malate*) 3 X 20 & 80 KIT | TIER 4 | PA, SP, QLC (112 caps/28 days), OAC |
| COMETRIQ (60 MG DAILY DOSE) (*cabozantinib s-malate*) 20 KIT | TIER 4 | PA, SP, QLC (84 caps/28 days), OAC |
| *erlotinib hcl tab 100 mg (base equivalent)* | TIER 4 | PA, SP, QLC (1 tab/day), SF, OAC |
| *erlotinib hcl tab 150 mg (base equivalent)* | TIER 4 | PA, SP, QLC (1 tab/day), SF, OAC |
| *erlotinib hcl tab 25 mg (base equivalent)* | TIER 4 | PA, SP, QLC (3 tabs/day), SF, OAC |
| *everolimus tab 10 mg* | TIER 4 | PA, SP, QLC (2 tabs/day), OAC |
| *everolimus tab 2.5 mg* | TIER 4 | PA, SP, QLC (1 tab/day), SF, OAC |
| *everolimus tab 5 mg* | TIER 4 | PA, SP, QLC (1 tab/day), SF, OAC |
| *everolimus tab 7.5 mg* | TIER 4 | PA, SP, QLC (2 tabs/day), SF, OAC |
| *everolimus tab for oral susp 2 mg* | TIER 4 | PA, SP, QLC (2 tabs/day), OAC |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *everolimus tab for oral susp 3 mg* | TIER 4 | PA, SP, QLC (4 tabs/day), OAC |
| *everolimus tab for oral susp 5 mg* | TIER 4 | PA, SP, QLC (1 tab/day), OAC |
| GILOTRIF (*afatinib dimaleate*) 20 MG TAB, 30 MG TAB, 40 MG TAB | TIER 3 | PA, SP, QLC (1 tab/day), OAC |
| IBRANCE (*palbociclib*) 125 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day; max 21 tabs/28 days), OAC |
| IBRANCE (*palbociclib*) 75 MG CAP, 100 MG CAP, 125 MG CAP | TIER 4 | PA, SP, QLC (1 cap/day, max 21 caps/28 days), OAC |
| IBRANCE (*palbociclib*) 75 MG TAB, 100 MG TAB | TIER 4 | PA, SP, QLC (1 tab day; max 21 tabs/28 days), OAC |
| *imatinib mesylate tab 100 mg (base equivalent)* | TIER 4 | PA, SP, QLC (8 tabs/day), SF, OAC |
| *imatinib mesylate tab 400 mg (base equivalent)* | TIER 4 | PA, SP, QLC (2 tabs/day), SF, OAC |
| IMBRUVICA (*ibrutinib*) 140 MG CAP | TIER 4 | PA, SP, QLC (4 caps/day), OAC |
| IMBRUVICA (*ibrutinib*) 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day), OAC |
| IMBRUVICA (*ibrutinib*) 70 MG CAP | TIER 4 | PA, SP, QLC (1 cap/day), OAC |
| JAKAFI (*ruxolitinib phosphate*) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB | TIER 4 | PA, SP, QLC (2 tabs/day), SF, OAC |
| *lapatinib ditosylate tab 250 mg (base equiv)* | TIER 3 | PA, SP, QLC (6 tabs/day), OAC |
| LYNPARZA (*olaparib*) 100 MG TAB, 150 MG TAB | TIER 4 | PA, SP, QLC (4 tabs/day), SF, OAC |
| MEKINIST (*trametinib dimethyl sulfoxide*) 0.5 MG TAB | TIER 4 | PA, SP, QLC (3 tabs/day), OAC |
| MEKINIST (*trametinib dimethyl sulfoxide*) 2 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day), OAC |
| ODOMZO (*sonidegib phosphate*) 200 MG CAP | TIER 4 | PA, SP, QLC (1 cap/day), SF, OAC |
| *sorafenib tosylate tab 200 mg (base equivalent)* | TIER 4 | PA, SP, QLC (4 tabs/day), OAC |
| SPRYCEL (*dasatinib*) 100 MG TAB, 140 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day), SF, OAC |
| SPRYCEL (*dasatinib*) 20 MG TAB, 50 MG TAB | TIER 4 | PA, SP, QLC (3 tabs/day), SF, OAC |
| SPRYCEL (*dasatinib*) 70 MG TAB, 80 MG TAB | TIER 4 | PA, SP, QLC (2 tabs/day), SF, OAC |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| STIVARGA (*regorafenib*) 40 MG TAB | TIER 4 | PA, SP, QLC (4 tabs/day), OAC |
| *sunitinib malate cap 12.5 mg (base equivalent)* | TIER 4 | PA, SP, QLC (3 caps/day), OAC |
| *sunitinib malate cap 25 mg (base equivalent)* | TIER 4 | PA, SP, QLC (1 cap/day), OAC |
| *sunitinib malate cap 37.5 mg (base equivalent)* | TIER 4 | PA, SP, QLC (1 cap/day), OAC |
| *sunitinib malate cap 50 mg (base equivalent)* | TIER 4 | PA, SP, QLC (1 cap/day), OAC |
| TAFINLAR (*dabrafenib mesylate*) 50 MG CAP, 75 MG CAP | TIER 4 | PA, SP, QLC (4 caps/day), OAC |
| TASIGNA (*nilotinib hcl*) 50 MG CAP, 150 MG CAP, 200 MG CAP | TIER 4 | PA, SP, QLC (4 caps/day), SF, OAC |
| TIBSOVO (*ivosidenib*) 250 MG TAB | TIER 4 | PA, SP, QLC (2 tabs/day), OAC |
| VERZENIO (*abemaciclib*) 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB | TIER 4 | PA, SP, QLC (2 tabs/day), OAC |
| VOTRIENT (*pazopanib hcl*) 200 MG TAB | TIER 4 | PA, SP, QLC (4 tabs/day), SF, OAC |
| XALKORI (*crizotinib*) 200 MG CAP, 250 MG CAP | TIER 4 | PA, SP, QLC (4 caps/day), SF, OAC |

## RETINOIDS

| | | |
|---|---|---|
| *bexarotene cap 75 mg* | TIER 4 | PA, SP, QLC (8 caps/day), SF, OAC |
| PANRETIN (*alitretinoin*) 0.1 % GEL | TIER 4 | PA |
| *tretinoin cap 10 mg* | TIER 1 | QLC (9 caps/day), OAC |

## TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)

| | | |
|---|---|---|
| MESNEX (*mesna*) 400 MG TAB | TIER 2 | OAC |

# ANTIPARASITICS (Drugs for Parasitic Infections)

## ANTHELMINTHICS (Drugs for Worm Infection)

| | | |
|---|---|---|
| *albendazole tab 200 mg* | TIER 3 | QLC (4 tabs/day) |
| *ivermectin tab 3 mg* | TIER 1 | QLC (8 tabs/fill; max 2 fills/365 days) |
| *praziquantel tab 600 mg* | TIER 3 | |

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

## ANTIPROTOZOALS (Drugs for Protozoal Infection)

| | | |
|---|---|---|
| *atovaquone susp 750 mg/5ml* | TIER 3 | PA |
| *atovaquone-proguanil hcl tab 250-100 mg* | TIER 1 | QLC (1 tab/day) |
| *atovaquone-proguanil hcl tab 62.5-25 mg* | TIER 1 | QLC (3 tabs/day) |
| CHLOROQUINE PHOSPHATE 500 MG TAB | TIER 1 | QLC (25 tabs/30 days) |
| *chloroquine phosphate tab 250 mg* | TIER 1 | QLC (25 tabs/30 days) |
| *chloroquine phosphate tab 500 mg* | TIER 1 | QLC (25 tabs/30 days) |
| COARTEM (*artemether-lumefantrine*) 20-120 MG TAB | TIER 3 | QLC (24 tabs/fill) |
| HYDROXYCHLOROQUINE SULFATE 100 MG TAB, 300 MG TAB | TIER 1 | QLC (2 tabs/day) |
| HYDROXYCHLOROQUINE SULFATE 400 MG TAB | TIER 1 | QLC (1 tab/day) |
| *hydroxychloroquine sulfate tab 200 mg* | TIER 1 | QLC (3 tabs/day) |
| KRINTAFEL (*tafenoquine succinate*) 150 MG TAB | TIER 3 | QLC (2 tabs/28 days) |
| *mefloquine hcl tab 250 mg* | TIER 1 | QLC (5 tabs/fill) |
| *nitazoxanide tab 500 mg* | TIER 3 | PA, QLC (6 tabs/fill) |
| PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB | TIER 1 | |
| *primaquine phosphate tab 26.3 mg (15 mg base)* | TIER 1 | |
| *pyrimethamine tab 25 mg* | TIER 4 | PA, SP |
| *quinine sulfate cap 324 mg* | TIER 1 | QLC (6 caps/day) |

## ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)

## ANTICHOLINERGICS

| | | |
|---|---|---|
| *benztropine mesylate tab 0.5 mg* | TIER 1 | |
| *benztropine mesylate tab 1 mg* | TIER 1 | |
| *benztropine mesylate tab 2 mg* | TIER 1 | |
| TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION | TIER 1 | |
| *trihexyphenidyl hcl oral soln 0.4 mg/ml* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *trihexyphenidyl hcl tab 2 mg* | TIER 1 | |
| *trihexyphenidyl hcl tab 5 mg* | TIER 1 | |
| **ANTIPARKINSON AGENTS, OTHER** | | |
| *amantadine hcl cap 100 mg* | TIER 1 | |
| *amantadine hcl soln 50 mg/5ml* | TIER 1 | |
| *amantadine hcl tab 100 mg* | TIER 1 | |
| CARBIDOPA-LEVODOPA-ENTACAPONE --12.5-50-200 MG TAB, --18.75-75-200 MG TAB, --37.5-150-200 MG TAB | TIER 2 | |
| *carbidopa-levodopa-entacapone tabs 12.5-50-200 mg* | TIER 2 | |
| *carbidopa-levodopa-entacapone tabs 18.75-75-200 mg* | TIER 2 | |
| *carbidopa-levodopa-entacapone tabs 25-100-200 mg* | TIER 2 | |
| *carbidopa-levodopa-entacapone tabs 31.25-125-200 mg* | TIER 2 | |
| *carbidopa-levodopa-entacapone tabs 37.5-150-200 mg* | TIER 2 | |
| *carbidopa-levodopa-entacapone tabs 50-200-200 mg* | TIER 2 | |
| *entacapone tab 200 mg* | TIER 2 | QLC (8 tabs/day) |
| **DOPAMINE AGONISTS** | | |
| *apomorphine hcl soln cartridge 30 mg/3ml* | TIER 4 | PA, SP |
| *bromocriptine mesylate cap 5 mg (base equivalent)* | TIER 1 | |
| *bromocriptine mesylate tab 2.5 mg (base equivalent)* | TIER 1 | |
| *pramipexole dihydrochloride tab 0.125 mg* | TIER 1 | |
| *pramipexole dihydrochloride tab 0.25 mg* | TIER 1 | |
| *pramipexole dihydrochloride tab 0.5 mg* | TIER 1 | |
| *pramipexole dihydrochloride tab 0.75 mg* | TIER 1 | |
| *pramipexole dihydrochloride tab 1 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *pramipexole dihydrochloride tab 1.5 mg* | TIER 1 | |
| *ropinirole hydrochloride tab 0.25 mg* (ROPINIROLE HCL) | TIER 1 | |
| *ropinirole hydrochloride tab 0.5 mg* (ROPINIROLE HCL) | TIER 1 | |
| *ropinirole hydrochloride tab 1 mg* (ROPINIROLE HCL) | TIER 1 | |
| *ropinirole hydrochloride tab 2 mg* (ROPINIROLE HCL) | TIER 1 | |
| *ropinirole hydrochloride tab 3 mg* (ROPINIROLE HCL) | TIER 1 | |
| *ropinirole hydrochloride tab 4 mg* (ROPINIROLE HCL) | TIER 1 | |
| *ropinirole hydrochloride tab 5 mg* (ROPINIROLE HCL) | TIER 1 | |
| *ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)* (ROPINIROLE HCL ER) | TIER 1 | QLC (2 tabs/day) |
| *ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)* (ROPINIROLE HCL ER) *4hr* | TIER 1 | QLC (1 tab/day) |
| *ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)* (ROPINIROLE HCL ER) *2hr* | TIER 1 | QLC (1 tab/day) |
| *ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)* (ROPINIROLE HCL ER) | TIER 1 | QLC (1 tab/day) |
| *ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)* (ROPINIROLE HCL ER) | TIER 1 | QLC (3 tabs/day) |

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

| | | |
|---|---|---|
| *carbidopa & levodopa orally disintegrating tab 10-100 mg* (CARBIDOPA-LEVODOPA) | TIER 1 | QLC (8 tabs/day) |
| *carbidopa & levodopa orally disintegrating tab 25-100 mg* (CARBIDOPA-LEVODOPA) | TIER 1 | QLC (8 tabs/day) |
| *carbidopa & levodopa orally disintegrating tab 25-250 mg* (CARBIDOPA-LEVODOPA) | TIER 1 | QLC (8 tabs/day) |
| *carbidopa & levodopa tab 10-100 mg* (CARBIDOPA-LEVODOPA) | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *carbidopa & levodopa tab 25-100 mg* (CARBIDOPA-LEVODOPA) | TIER 1 | |
| *carbidopa & levodopa tab 25-250 mg* (CARBIDOPA-LEVODOPA) | TIER 1 | |
| *carbidopa & levodopa tab er 25-100 mg* (CARBIDOPA-LEVODOPA ER) | TIER 1 | |
| *carbidopa & levodopa tab er 50-200 mg* (CARBIDOPA-LEVODOPA ER) | TIER 1 | |
| *carbidopa tab 25 mg* | TIER 2 | |
| CARBIDOPA-LEVODOPA -10-100 MG TAB DISP, -25-100 MG TAB DISP, -25-250 MG TAB DISP | TIER 1 | QLC (8 tabs/day) |

## MONOAMINE OXIDASE B (MAO-B) INHIBITORS

| | | |
|---|---|---|
| *rasagiline mesylate tab 0.5 mg (base equiv)* | TIER 2 | QLC (1 tab/day) |
| *rasagiline mesylate tab 1 mg (base equiv)* | TIER 2 | QLC (1 tab/day) |
| *selegiline hcl cap 5 mg* | TIER 1 | |
| *selegiline hcl tab 5 mg* | TIER 1 | |

# ANTIPSYCHOTICS (Drugs for Mental Health)

## 1ST GENERATION/TYPICAL

| | | |
|---|---|---|
| *chlorpromazine hcl tab 10 mg* | TIER 2 | |
| *chlorpromazine hcl tab 100 mg* | TIER 2 | |
| *chlorpromazine hcl tab 200 mg* | TIER 2 | |
| *chlorpromazine hcl tab 25 mg* | TIER 2 | |
| *chlorpromazine hcl tab 50 mg* | TIER 2 | |
| *fluphenazine hcl tab 1 mg* | TIER 2 | |
| *fluphenazine hcl tab 10 mg* | TIER 2 | |
| *fluphenazine hcl tab 2.5 mg* | TIER 2 | |
| *fluphenazine hcl tab 5 mg* | TIER 2 | |
| *haloperidol lactate oral conc 2 mg/ml* | TIER 1 | |
| *haloperidol tab 0.5 mg* | TIER 1 | |
| *haloperidol tab 1 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *haloperidol tab 10 mg* | TIER 1 | |
| *haloperidol tab 2 mg* | TIER 1 | |
| *haloperidol tab 20 mg* | TIER 1 | |
| *haloperidol tab 5 mg* | TIER 1 | |
| *loxapine succinate cap 10 mg* | TIER 1 | |
| *loxapine succinate cap 25 mg* | TIER 1 | |
| *loxapine succinate cap 5 mg* | TIER 1 | |
| *loxapine succinate cap 50 mg* | TIER 1 | |
| PIMOZIDE 1 MG TAB, 2 MG TAB | TIER 1 | |
| *thioridazine hcl tab 10 mg* | TIER 1 | |
| *thioridazine hcl tab 100 mg* | TIER 1 | |
| *thioridazine hcl tab 25 mg* | TIER 1 | |
| *thioridazine hcl tab 50 mg* | TIER 1 | |
| *thiothixene cap 1 mg* | TIER 1 | |
| *thiothixene cap 10 mg* | TIER 1 | |
| *thiothixene cap 2 mg* | TIER 1 | |
| *thiothixene cap 5 mg* | TIER 1 | |
| *trifluoperazine hcl tab 1 mg (base equivalent)* | TIER 1 | |
| *trifluoperazine hcl tab 10 mg (base equivalent)* | TIER 1 | |
| *trifluoperazine hcl tab 2 mg (base equivalent)* | TIER 1 | |
| *trifluoperazine hcl tab 5 mg (base equivalent)* | TIER 1 | |

## 2ND GENERATION/ATYPICAL

| | | |
|---|---|---|
| *aripiprazole oral solution 1 mg/ml* | TIER 2 | QLC (25 ml/day) |
| *aripiprazole tab 10 mg* | TIER 1 | QLC (1 tab/day) |
| *aripiprazole tab 15 mg* | TIER 1 | QLC (1 tab/day) |
| *aripiprazole tab 2 mg* | TIER 1 | QLC (4 tabs/day) |
| *aripiprazole tab 20 mg* | TIER 1 | QLC (1 tab/day) |
| *aripiprazole tab 30 mg* | TIER 1 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *aripiprazole tab 5 mg* | TIER 1 | QLC (2 tabs/day) |
| LATUDA (*lurasidone hcl*) 20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB | TIER 3 | ST, QLC (1 tab/day) |
| LATUDA (*lurasidone hcl*) 80 MG TAB | TIER 3 | ST, QLC (2 tabs/day) |
| *olanzapine orally disintegrating tab 10 mg* | TIER 2 | |
| *olanzapine orally disintegrating tab 15 mg* | TIER 2 | |
| *olanzapine orally disintegrating tab 20 mg* | TIER 2 | |
| *olanzapine orally disintegrating tab 5 mg* | TIER 2 | |
| *olanzapine tab 10 mg* | TIER 1 | |
| *olanzapine tab 15 mg* | TIER 1 | |
| *olanzapine tab 2.5 mg* | TIER 1 | |
| *olanzapine tab 20 mg* | TIER 1 | |
| *olanzapine tab 5 mg* | TIER 1 | |
| *olanzapine tab 7.5 mg* | TIER 1 | |
| QUETIAPINE FUMARATE 150 MG TAB | TIER 1 | |
| *quetiapine fumarate tab 100 mg* | TIER 1 | |
| *quetiapine fumarate tab 200 mg* | TIER 1 | |
| *quetiapine fumarate tab 25 mg* | TIER 1 | |
| *quetiapine fumarate tab 300 mg* | TIER 1 | |
| *quetiapine fumarate tab 400 mg* | TIER 1 | |
| *quetiapine fumarate tab 50 mg* | TIER 1 | |
| *risperidone soln 1 mg/ml* | TIER 1 | |
| *risperidone tab 0.25 mg* | TIER 1 | |
| *risperidone tab 0.5 mg* | TIER 1 | |
| *risperidone tab 1 mg* | TIER 1 | |
| *risperidone tab 2 mg* | TIER 1 | |
| *risperidone tab 3 mg* | TIER 1 | |
| *risperidone tab 4 mg* | TIER 1 | |
| *ziprasidone hcl cap 20 mg* | TIER 1 | |
| *ziprasidone hcl cap 40 mg* | TIER 1 | |
| *ziprasidone hcl cap 60 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *ziprasidone hcl cap 80 mg* | TIER 1 | |
| **TREATMENT-RESISTANT** | | |
| *clozapine tab 100 mg* | TIER 1 | |
| *clozapine tab 200 mg* | TIER 1 | |
| *clozapine tab 25 mg* | TIER 1 | |
| *clozapine tab 50 mg* | TIER 1 | |
| **ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)** | | |
| *baclofen tab 10 mg* | TIER 1 | QLC (8 tabs/day) |
| *baclofen tab 20 mg* | TIER 1 | QLC (4 tabs/day) |
| *baclofen tab 5 mg* | TIER 2 | QLC (3 tabs/day) |
| *dantrolene sodium cap 100 mg* | TIER 2 | |
| *dantrolene sodium cap 25 mg* | TIER 2 | |
| *dantrolene sodium cap 50 mg* | TIER 2 | |
| *tizanidine hcl tab 2 mg (base equivalent)* | TIER 1 | |
| *tizanidine hcl tab 4 mg (base equivalent)* | TIER 1 | |
| **ANTIVIRALS (Drugs for Viral Infections)** | | |
| **ANTI-CYTOMEGALOVIRUS (CMV) AGENTS (Drugs for CMV Infection)** | | |
| *valganciclovir hcl for soln 50 mg/ml (base equiv)* | TIER 1 | QLC (18 ml/day) |
| *valganciclovir hcl tab 450 mg (base equivalent)* | TIER 1 | QLC (2 tabs/day) |
| **ANTI-HEPATITIS B (HBV) AGENTS (Drugs for Hepatitis B)** | | |
| *adefovir dipivoxil tab 10 mg* | TIER 4 | QLC (1 tab/day) |
| *entecavir tab 0.5 mg* | TIER 4 | QLC (1 tab/day) |
| *entecavir tab 1 mg* | TIER 4 | QLC (1 tab/day) |
| EPIVIR HBV (*lamivudine (hbv)*) 5 MG/ML SOLUTION | TIER 2 | QLC (3 bottles/month) |
| *lamivudine tab 100 mg (hbv)* | TIER 1 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **ANTI-HEPATITIS C (HCV) AGENTS (Drugs for Hepatitis C)** | | |
| EPCLUSA (*sofosbuvir-velpatasvir*) 150-37.5 MG PACKET | TIER 4 | PA, SP, QLC (1 packet/day) |
| EPCLUSA (*sofosbuvir-velpatasvir*) 200-50 MG PACKET | TIER 4 | PA, SP, QLC (2 packets/day) |
| EPCLUSA (*sofosbuvir-velpatasvir*) 200-50 MG TAB, 400-100 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day) |
| HARVONI (*ledipasvir-sofosbuvir*) 33.75-150 MG PACKET | TIER 4 | PA, SP, QLC (1 packet/day) |
| HARVONI (*ledipasvir-sofosbuvir*) 45-200 MG PACKET | TIER 4 | PA, SP, QLC (2 packets/day) |
| HARVONI (*ledipasvir-sofosbuvir*) 45-200 MG TAB, 90-400 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day) |
| MAVYRET (*glecaprevir-pibrentasvir*) 100-40 MG TAB | TIER 4 | PA, SP, QLC (3 tabs/day) |
| MAVYRET (*glecaprevir-pibrentasvir*) 50-20 MG PACKET | TIER 4 | PA, SP, QLC (6 packets/day) |
| PEGINTRON (*peginterferon alfa-2b*) 50 MCG/0.5ML KIT | TIER 4 | SP |
| *ribavirin cap 200 mg* | TIER 1 | SP |
| *ribavirin tab 200 mg* | TIER 1 | SP |
| *ribavirin tab 200 mg* (MODERIBA) | TIER 1 | SP |
| VOSEVI (*sofosbuvir-velpatasvir-voxilaprevir*) 400-100-100 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day) |
| **ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)** | | |
| BIKTARVY (*bictegravir-emtricitabine-tenofovir alafenamide fumarate*) 30-120-15 MG TAB, 50-200-25 MG TAB | TIER 2 | QLC (1 tab/day) |
| GENVOYA (*elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide*) 150-150-200-10 MG | TIER 2 | QLC (1 tab/day) |
| ISENTRESS (*raltegravir potassium*) 100 MG PACKET | TIER 2 | QLC (2 packets/day) |
| ISENTRESS (*raltegravir potassium*) 25 MG CHEW TAB, 100 MG CHEW TAB | TIER 2 | QLC (6 tabs/day) |
| ISENTRESS (*raltegravir potassium*) 400 MG TAB | TIER 2 | QLC (4 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ISENTRESS HD (*raltegravir potassium*) 600 MG TAB | TIER 2 | QLC (2 tabs/day) |
| JULUCA (*dolutegravir sodium-rilpivirine hcl*) 50-25 MG TAB | TIER 3 | QLC (1 tab/day) |
| TIVICAY (*dolutegravir sodium*) 10 MG TAB, 25 MG TAB, 50 MG TAB | TIER 3 | QLC (2 tabs/day) |
| TIVICAY PD (*dolutegravir sodium*) 5 MG TAB SOL | TIER 3 | QLC (5 tabs/day) |

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

| | | |
|---|---|---|
| COMPLERA (*emtricitabine-rilpivirine-tenofovir disoproxil fumarate*) 200-25-300 MG | TIER 3 | QLC (1 tab/day) |
| EDURANT (*rilpivirine hcl*) 25 MG TAB | TIER 2 | QLC (2 tabs/day) |
| *efavirenz cap 200 mg* | TIER 2 | QLC (3 caps/day) |
| *efavirenz cap 50 mg* | TIER 2 | QLC (6 caps/day) |
| *efavirenz tab 600 mg* | TIER 2 | QLC (1 tab/day) |
| *efavirenz-lamivudine-tenofovir df tab 400-300-300 mg* | TIER 2 | QLC (1 tab/day) |
| *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* | TIER 2 | QLC (1 tab/day) |
| *etravirine tab 100 mg* | TIER 2 | QLC (4 tabs/day) |
| *etravirine tab 200 mg* | TIER 2 | QLC (2 tabs/day) |
| INTELENCE (*etravirine*) 25 MG TAB | TIER 2 | QLC (12 tabs/day) |
| NEVIRAPINE 50 MG/5ML SUSPENSION | TIER 1 | QLC (40 ml/day) |
| NEVIRAPINE ER 100 MG TAB 24H | TIER 1 | QLC (3 tabs/day) |
| *nevirapine tab 200 mg* | TIER 1 | QLC (2 tabs/day) |
| *nevirapine tab er 24hr 100 mg* (NEVIRAPINE ER) | TIER 1 | QLC (3 tabs/day) |
| *nevirapine tab er 24hr 400 mg* (NEVIRAPINE ER) | TIER 1 | QLC (1 tab/day) |
| ODEFSEY (*emtricitabine-rilpivirine-tenofovir alafenamide fumarate*) 200-25-25 MG | TIER 2 | QLC (1 tab/day) |
| RESCRIPTOR (*delavirdine mesylate*) 200 MG TAB | TIER 2 | QLC (6 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)** | | |
| *abacavir sulfate soln 20 mg/ml (base equiv)* | TIER 1 | QLC (30 ml/day) |
| *abacavir sulfate tab 300 mg (base equiv)* | TIER 1 | QLC (2 tabs/day) |
| *abacavir sulfate-lamivudine tab 600-300 mg* | TIER 1 | QLC (1 tab/day) |
| *abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg* (ABACAVIR-LAMIVUDINE-ZIDOVUDINE) | TIER 1 | QLC (2 tabs/day) |
| CIMDUO (*lamivudine-tenofovir disoproxil fumarate*) 300-300 MG TAB | TIER 2 | QLC (1 tab/day) |
| DESCOVY (*emtricitabine-tenofovir alafenamide fumarate*) 120-15 MG | TIER 2 | QLC (1 tab/day) |
| DESCOVY (*emtricitabine-tenofovir alafenamide fumarate*) 200-25 MG | TIER 2 | ACA (Preventive Health), QLC (1 tab/day; requires confirmation of pre-exposure prophylaxis use.) |
| DIDANOSINE 200 MG CAP DR, 250 MG CAP DR, 400 MG CAP DR | TIER 1 | QLC (1 cap/day) |
| *emtricitabine caps 200 mg* | TIER 2 | QLC (1 cap/day) |
| *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* (EMTRICITABINE-TENOFOVIR DF) | TIER 2 | QLC (1 tab/day) |
| *emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* (EMTRICITABINE-TENOFOVIR DF) | TIER 2 | QLC (1 tab/day) |
| *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* (EMTRICITABINE-TENOFOVIR DF) | TIER 2 | QLC (1 tab/day) |
| *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* (EMTRICITABINE-TENOFOVIR DF) | TIER 2 | ACA (Preventive Health), QLC (1 tab/day) |
| EMTRIVA (*emtricitabine*) 10 MG/ML SOLUTION | TIER 2 | QLC (24 ml/day) |
| *lamivudine oral soln 10 mg/ml* | TIER 1 | QLC (30 ml/day) |
| *lamivudine tab 150 mg* | TIER 1 | QLC (2 tabs/day) |
| *lamivudine tab 300 mg* | TIER 1 | QLC (1 tab/day) |
| *lamivudine-zidovudine tab 150-300 mg* | TIER 1 | QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| STAVUDINE 15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP | TIER 1 | QLC (2 caps/day) |
| *stavudine cap 15 mg* | TIER 1 | QLC (2 caps/day) |
| *stavudine cap 20 mg* | TIER 1 | QLC (2 caps/day) |
| *stavudine cap 30 mg* | TIER 1 | QLC (2 caps/day) |
| *stavudine cap 40 mg* | TIER 1 | QLC (2 caps/day) |
| TEMIXYS (*lamivudine-tenofovir disoproxil fumarate*) 300-300 MG TAB | TIER 2 | QLC (1 tab/day) |
| *tenofovir disoproxil fumarate tab 300 mg* | TIER 2 | QLC (1 tab/day) |
| TRIUMEQ (*abacavir-dolutegravir-lamivudine*) 600-50-300 MG TAB | TIER 3 | QLC (1 tab/day) |
| TRIUMEQ PD (*abacavir-dolutegravir-lamivudine*) 60-5-30 MG TAB SOL | TIER 3 | QLC (6 tabs/day) |
| VIDEX (*didanosine*) 2 GM RECON SOLN, 4 GM RECON SOLN | TIER 3 | |
| VIREAD (*tenofovir disoproxil fumarate*) 150 MG TAB, 200 MG TAB, 250 MG TAB | TIER 2 | QLC (1 tab/day) |
| VIREAD (*tenofovir disoproxil fumarate*) 40 MG/GM POWDER | TIER 2 | QLC (3 bottles/month) |
| *zidovudine cap 100 mg* | TIER 1 | QLC (5 caps/day) |
| *zidovudine syrup 10 mg/ml* | TIER 1 | QLC (60 ml/day) |
| *zidovudine tab 300 mg* | TIER 1 | QLC (2 tabs/day) |

## ANTI-HIV AGENTS, OTHER

| | | |
|---|---|---|
| FUZEON (*enfuvirtide*) 90 MG RECON SOLN | TIER 4 | SP, QLC (1 kit/month) |
| *maraviroc tab 150 mg* | TIER 2 | QLC (2 tabs/day) |
| *maraviroc tab 300 mg* | TIER 2 | QLC (4 tabs/day) |
| SELZENTRY (*maraviroc*) 20 MG/ML SOLUTION | TIER 2 | QLC (60 ml/day) |
| SELZENTRY (*maraviroc*) 25 MG TAB | TIER 2 | QLC (8 tabs/day) |
| SELZENTRY (*maraviroc*) 75 MG TAB | TIER 2 | QLC (2 tabs/day) |

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

| | | |
|---|---|---|
| APTIVUS (*tipranavir*) 100 MG/ML SOLUTION | TIER 2 | QLC (10 ml/day) |
| APTIVUS (*tipranavir*) 250 MG CAP | TIER 2 | QLC (4 caps/day) |
| *atazanavir sulfate cap 150 mg (base equiv)* | TIER 2 | QLC (2 caps/day) |

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *atazanavir sulfate cap 200 mg (base equiv)* | TIER 2 | QLC (2 caps/day) |
| *atazanavir sulfate cap 300 mg (base equiv)* | TIER 2 | QLC (1 cap/day) |
| CRIXIVAN (*indinavir sulfate*) 200 MG CAP | TIER 2 | QLC (9 caps/day) |
| CRIXIVAN (*indinavir sulfate*) 400 MG CAP | TIER 2 | QLC (6 caps/day) |
| *fosamprenavir calcium tab 700 mg (base equiv)* | TIER 2 | QLC (4 tabs/day) |
| INVIRASE (*saquinavir mesylate*) 200 MG CAP | TIER 2 | QLC (4 caps/day) |
| INVIRASE (*saquinavir mesylate*) 500 MG TAB | TIER 2 | QLC (4 tabs/day) |
| LEXIVA (*fosamprenavir calcium*) 50 MG/ML SUSPENSION | TIER 2 | QLC (56 ml/day) |
| *lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)* | TIER 2 | QLC (10 ml/day) |
| *lopinavir-ritonavir tab 100-25 mg* | TIER 2 | QLC (4 tabs/day) |
| *lopinavir-ritonavir tab 200-50 mg* | TIER 2 | QLC (4 tabs/day) |
| NORVIR (*ritonavir*) 100 MG CAP | TIER 2 | QLC (12 caps/day) |
| NORVIR (*ritonavir*) 80 MG/ML SOLUTION | TIER 2 | QLC (15 ml/day) |
| PREZCOBIX (*darunavir-cobicistat*) 800-150 MG TAB | TIER 2 | QLC (1 tab/day) |
| PREZISTA (*darunavir ethanolate*) 100 MG/ML SUSPENSION | TIER 2 | QLC (12 ml/day) |
| PREZISTA (*darunavir ethanolate*) 150 MG TAB | TIER 2 | QLC (4 tabs/day) |
| PREZISTA (*darunavir ethanolate*) 75 MG TAB | TIER 2 | QLC (2 tabs/day) |
| PREZISTA (*darunavir*) 600 MG TAB | TIER 2 | QLC (2 tabs/day) |
| PREZISTA (*darunavir*) 800 MG TAB | TIER 2 | QLC (1 tab/day) |
| REYATAZ (*atazanavir sulfate*) 50 MG PACKET | TIER 2 | QLC (5 packs/day) |
| *ritonavir tab 100 mg* | TIER 2 | QLC (12 tabs/day) |
| VIRACEPT (*nelfinavir mesylate*) 250 MG TAB | TIER 2 | QLC (9 tabs/day) |
| VIRACEPT (*nelfinavir mesylate*) 625 MG TAB | TIER 2 | QLC (4 tabs/day) |

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

## ANTI-INFLUENZA AGENTS (Drugs for Flu)

| | | |
|---|---|---|
| *oseltamivir phosphate cap 30 mg (base equiv)* | TIER 2 | QLC (40 caps/6 months) |
| *oseltamivir phosphate cap 45 mg (base equiv)* | TIER 2 | QLC (20 caps/6 months) |
| *oseltamivir phosphate cap 75 mg (base equiv)* | TIER 2 | QLC (20 caps/6 months) |
| *oseltamivir phosphate for susp 6 mg/ml (base equiv)* | TIER 2 | QLC (6 bottles/6 months) |
| RELENZA DISKHALER (*zanamivir*) 5 MG/ACT AER POW BA | TIER 2 | QLC (2 inhalers/6 months) |
| RIMANTADINE HCL (*rimantadine hydrochloride*) 100 MG TAB | TIER 1 | |
| XOFLUZA (40 MG DOSE) (*baloxavir marboxil*) OFLUZA 1 TAB THPK | TIER 3 | QLC (1 tab/day; max 2 tabs/180 days) |
| XOFLUZA (40 MG DOSE) (*baloxavir marboxil*) OFLUZA 2 20 TAB THPK | TIER 3 | QLC (2 tabs/day, max 2 courses (4 tabs)/180 days) |
| XOFLUZA (80 MG DOSE) (*baloxavir marboxil*) OFLUZA 1 TAB THPK | TIER 3 | QLC (1 tab/day; max 2 tabs/180 days) |
| XOFLUZA (80 MG DOSE) (*baloxavir marboxil*) OFLUZA 2 40 TAB THPK | TIER 3 | QLC (2 tabs/day, max 2 courses (4 tabs)/180 days) |

## ANTIHERPETIC AGENTS (Drugs for Herpes Infection)

| | | |
|---|---|---|
| *acyclovir cap 200 mg* | TIER 1 | |
| *acyclovir susp 200 mg/5ml* | TIER 1 | |
| *acyclovir tab 400 mg* | TIER 1 | |
| *acyclovir tab 800 mg* | TIER 1 | |
| *famciclovir tab 125 mg* | TIER 1 | |
| *famciclovir tab 250 mg* | TIER 1 | |
| *famciclovir tab 500 mg* | TIER 1 | |
| TRIFLURIDINE 1 % SOLUTION | TIER 1 | |
| *valacyclovir hcl tab 1 gm* | TIER 1 | |
| *valacyclovir hcl tab 500 mg* | TIER 1 | |

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

## ANXIOLYTICS (Drugs for Anxiety)

### ANXIOLYTICS, OTHER (Other Drugs for Anxiety)

| | | |
|---|---|---|
| *buspirone hcl tab 10 mg* | TIER 1 | |
| *buspirone hcl tab 15 mg* | TIER 1 | |
| *buspirone hcl tab 30 mg* | TIER 1 | |
| *buspirone hcl tab 5 mg* | TIER 1 | |
| *buspirone hcl tab 7.5 mg* | TIER 1 | |

### BENZODIAZEPINES

| | | |
|---|---|---|
| ALPRAZOLAM INTENSOL 1 MG/ML CONC | TIER 1 | QLC (4 ml/day) |
| *alprazolam tab 0.25 mg* | TIER 1 | QLC (4 tabs/day) |
| *alprazolam tab 0.5 mg* | TIER 1 | QLC (4 tabs/day) |
| *alprazolam tab 1 mg* | TIER 1 | QLC (4 tabs/day) |
| *alprazolam tab 2 mg* | TIER 1 | QLC (2 tabs/day) |
| *chlordiazepoxide hcl cap 10 mg* | TIER 1 | QLC (30 caps/day) |
| *chlordiazepoxide hcl cap 25 mg* | TIER 1 | QLC (12 caps/day) |
| *chlordiazepoxide hcl cap 5 mg* | TIER 1 | QLC (60 caps/day) |
| *clonazepam tab 0.5 mg* | TIER 1 | QLC (40 tabs/day) |
| *clonazepam tab 1 mg* | TIER 1 | QLC (20 tabs/day) |
| *clonazepam tab 2 mg* | TIER 1 | QLC (10 tabs/day) |
| *clorazepate dipotassium tab 15 mg* | TIER 1 | QLC (6 tabs/day) |
| *clorazepate dipotassium tab 3.75 mg* | TIER 1 | QLC (24 tabs/day) |
| *clorazepate dipotassium tab 7.5 mg* | TIER 1 | QLC (12 tabs/day) |
| *diazepam conc 5 mg/ml* | TIER 1 | QLC (12 bottles/month) |
| *diazepam conc 5 mg/ml* (DIAZEPAM INTENSOL) | TIER 1 | QLC (12 bottles/month) |
| *diazepam oral soln 1 mg/ml* | TIER 1 | QLC (60 ml/day) |
| *diazepam tab 10 mg* | TIER 1 | QLC (6 tabs/day) |
| *diazepam tab 2 mg* | TIER 1 | QLC (30 tabs/day) |
| *diazepam tab 5 mg* | TIER 1 | QLC (12 tabs/day) |
| *lorazepam conc 2 mg/ml* | TIER 1 | QLC (150 ml/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *lorazepam conc 2 mg/ml* (LORAZEPAM INTENSOL) | TIER 1 | QLC (150 ml/month) |
| *lorazepam tab 0.5 mg* | TIER 1 | QLC (20 tabs/day) |
| *lorazepam tab 1 mg* | TIER 1 | QLC (10 tabs/day) |
| *lorazepam tab 2 mg* | TIER 1 | QLC (5 tabs/day) |
| *oxazepam cap 10 mg* | TIER 2 | QLC (12 caps/day) |
| *oxazepam cap 15 mg* | TIER 2 | QLC (8 caps/day) |
| *oxazepam cap 30 mg* | TIER 2 | QLC (4 caps/day) |

## BIPOLAR AGENTS (Drugs for Bipolar Disorder)

### MOOD STABILIZERS

| | | |
|---|---|---|
| LITHIUM 8 MEQ/5ML SOLUTION | TIER 1 | |
| LITHIUM CARBONATE 150 MG CAP, 300 MG CAP, 600 MG CAP | TIER 1 | |
| *lithium carbonate cap 150 mg* | TIER 1 | |
| *lithium carbonate cap 300 mg* | TIER 1 | |
| *lithium carbonate cap 600 mg* | TIER 1 | |
| *lithium carbonate tab 300 mg* | TIER 1 | |
| *lithium carbonate tab er 300 mg* (LITHIUM CARBONATE ER) | TIER 1 | |
| *lithium carbonate tab er 450 mg* (LITHIUM CARBONATE ER) | TIER 1 | |

## BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)

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

| | | |
|---|---|---|
| *acarbose tab 100 mg* | TIER 1 | |
| *acarbose tab 25 mg* | TIER 1 | |
| *acarbose tab 50 mg* | TIER 1 | |
| FARXIGA (*dapagliflozin propanediol*) 5 MG TAB, 10 MG TAB | TIER 2 | ST, QLC (1 tab/day) |
| *glimepiride tab 1 mg* | TIER 1 | |
| *glimepiride tab 2 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *glimepiride tab 4 mg* | TIER 1 | |
| *glipizide tab 10 mg* | TIER 1 | |
| *glipizide tab 5 mg* | TIER 1 | |
| *glipizide tab er 24hr 10 mg* (GLIPIZIDE ER) | TIER 1 | |
| *glipizide tab er 24hr 10 mg* (GLIPIZIDE XL) | TIER 1 | |
| *glipizide tab er 24hr 2.5 mg* (GLIPIZIDE ER) | TIER 1 | |
| *glipizide tab er 24hr 2.5 mg* (GLIPIZIDE XL) | TIER 1 | |
| *glipizide tab er 24hr 5 mg* (GLIPIZIDE ER) | TIER 1 | |
| *glipizide tab er 24hr 5 mg* (GLIPIZIDE XL) | TIER 1 | |
| *glipizide-metformin hcl tab 2.5-250 mg* | TIER 1 | |
| *glipizide-metformin hcl tab 2.5-500 mg* | TIER 1 | |
| *glipizide-metformin hcl tab 5-500 mg* | TIER 1 | |
| *glyburide micronized tab 1.5 mg* | TIER 1 | |
| *glyburide micronized tab 3 mg* | TIER 1 | |
| *glyburide micronized tab 6 mg* | TIER 1 | |
| *glyburide tab 1.25 mg* | TIER 1 | |
| *glyburide tab 2.5 mg* | TIER 1 | |
| *glyburide tab 5 mg* | TIER 1 | |
| *glyburide-metformin tab 1.25-250 mg* | TIER 1 | |
| *glyburide-metformin tab 2.5-500 mg* | TIER 1 | |
| *glyburide-metformin tab 5-500 mg* | TIER 1 | |
| GLYXAMBI (*empagliflozin-linagliptin*) 10-5 MG TAB, 25-5 MG TAB | TIER 2 | ST, QLC (1 tab/day) |
| JANUMET (*sitagliptin-metformin hcl*) 50-1000 MG TAB, 50-500 MG TAB | TIER 2 | ST, QLC (2 tabs/day) |
| JANUMET XR (*sitagliptin-metformin hcl*) 50-1000 MG TAB ER 24H | TIER 2 | ST, QLC (2 tabs/day) |
| JANUMET XR (*sitagliptin-metformin hcl*) 50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H | TIER 2 | ST, QLC (1 tab/day) |
| JANUVIA (*sitagliptin phosphate*) 25 MG TAB, 50 MG TAB, 100 MG TAB | TIER 2 | ST, QLC (1 tab/day) |
| JARDIANCE (*empagliflozin*) 10 MG TAB, 25 MG TAB | TIER 2 | ST, QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *metformin hcl tab 1000 mg* | TIER 1 | |
| *metformin hcl tab 500 mg* | TIER 1 | |
| *metformin hcl tab 850 mg* | TIER 1 | |
| *metformin hcl tab er 24hr 500 mg* (METFORMIN HCL ER) | TIER 1 | |
| *metformin hcl tab er 24hr 750 mg* (METFORMIN HCL ER) | TIER 1 | |
| *nateglinide tab 120 mg* | TIER 1 | |
| *nateglinide tab 60 mg* | TIER 1 | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) (*semaglutide*) (MG/1.5ML SOLN PEN | TIER 2 | ST, QLC (1 pen/28 days) |
| OZEMPIC (1 MG/DOSE) (*semaglutide*) 2 MG/1.5ML SOLN PEN | TIER 2 | ST, QLC (2 pens/28 days) |
| OZEMPIC (1 MG/DOSE) (*semaglutide*) 4 MG/3ML SOLN PEN | TIER 2 | ST, QLC (3 ml/ 28 days) |
| OZEMPIC (2 MG/DOSE) (*semaglutide*) 8 MG/3ML SOLN PEN | TIER 2 | ST, QLC (1 pen (3ml)/28 days) |
| *pioglitazone hcl tab 15 mg (base equiv)* | TIER 1 | |
| *pioglitazone hcl tab 30 mg (base equiv)* | TIER 1 | |
| *pioglitazone hcl tab 45 mg (base equiv)* | TIER 1 | |
| *pioglitazone hcl-metformin hcl tab 15-500 mg* | TIER 2 | ST, QLC (3 tabs/day) |
| *pioglitazone hcl-metformin hcl tab 15-850 mg* | TIER 2 | ST, QLC (3 tabs/day) |
| *repaglinide tab 0.5 mg* | TIER 1 | |
| *repaglinide tab 1 mg* | TIER 1 | |
| *repaglinide tab 2 mg* | TIER 1 | |
| RYBELSUS (*semaglutide*) 3 MG TAB, 7 MG TAB, 14 MG TAB | TIER 2 | ST, QLC (1 tab/day) |
| SYNJARDY (*empagliflozin-metformin hcl*) 5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB | TIER 2 | ST, QLC (2 tabs/day) |
| SYNJARDY XR (*empagliflozin-metformin hcl*) 25-1000 MG TAB ER 24H | TIER 2 | ST, QLC (1 tab/day) |
| SYNJARDY XR (*empagliflozin-metformin hcl*) 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H | TIER 2 | ST, QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| TRULICITY (*dulaglutide*) 0.75 MG/0.5ML SOLN PEN, 1.5 MG/0.5ML SOLN PEN, 3 MG/0.5ML SOLN PEN, 4.5 MG/0.5ML SOLN PEN | TIER 2 | ST, QLC (4 pens (2 ml)/28 days) |
| VICTOZA (*liraglutide*) 18 MG/3ML SOLN PEN | TIER 2 | ST, QLC (2 pens/month (2 pack size); 3 pens/month (3 pack size)) |
| XIGDUO XR (*dapagliflozin-metformin hcl*) 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H | TIER 2 | ST, QLC (2 tabs/day) |
| XIGDUO XR (*dapagliflozin-metformin hcl*) 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H | TIER 2 | ST, QLC (1 tab/day) |

## GLYCEMIC AGENTS (Drugs for Low Blood Sugar)

| | | |
|---|---|---|
| BAQSIMI ONE PACK (*glucagon*) 3 MG/DOSE POWDER | TIER 3 | QLC (2 sprayers/30 days) |
| BAQSIMI TWO PACK (*glucagon*) 3 MG/DOSE POWDER | TIER 3 | QLC (2 sprayers/30 days) |
| GLUCAGEN HYPOKIT (*glucagon hcl (rdna)*) 1 MG RECON SOLN | TIER 2 | QLC (2 injections/fill) |
| *glucagon (rdna) for inj kit 1 mg* (GLUCAGON EMERGENCY) | TIER 2 | QLC (2 kits/fill) |
| GLUCAGON EMERGENCY (*glucagon hcl*) 1 MG/ML RECON SOLN | TIER 2 | QLC (2 kits/fill) |

## INSULINS

| | | |
|---|---|---|
| HUMALOG (*insulin lispro*) 100 UNIT/ML SOLN CART, 100 UNIT/ML SOLUTION | TIER 2 | |
| HUMALOG JUNIOR KWIKPEN (*insulin lispro*) KWIK100 UNIT/ML SOLN | TIER 2 | |
| HUMALOG KWIKPEN (*insulin lispro*) 100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN | TIER 2 | |
| HUMALOG MIX 50/50 (*insulin lispro protamine & lispro*) (50-50) 100 UNIT/ML SUSPENSION | TIER 2 | |
| HUMALOG MIX 50/50 KWIKPEN (*insulin lispro protamine & lispro*) KWIK(50-50) 100 UNIT/ML SUSP | TIER 2 | |
| HUMALOG MIX 75/25 (*insulin lispro protamine & lispro*) (75-25) 100 UNIT/ML SUSPENSION | TIER 2 | |

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| HUMALOG MIX 75/25 KWIKPEN (*insulin lispro protamine & lispro*) KWIK(75-25) 100 UNIT/ML SUSP | TIER 2 | |
| HUMULIN 70/30 (*insulin nph isophane & reg (human)*) (70-30) 100 UNIT/ML SUSPENSION | TIER 2 | |
| HUMULIN N (*insulin nph (human) (isophane)*) 100 UIT/ML SUSPESIO | TIER 2 | |
| HUMULIN R (*insulin regular (human)*) 100 UNIT/ML SOLUTION | TIER 2 | |
| HUMULIN R U-500 (CONCENTRATED) (*insulin regular (human)*) HMLIN - (CONCENTATED) NIT/ML SOLTION | TIER 2 | |
| INSULIN DEGLUDEC 100 UNIT/ML SOLUTION | TIER 2 | QLC (3 vials/30 days) |
| INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN | TIER 2 | QLC (10 pens/month) |
| INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN | TIER 2 | QLC (9 pens/month) |
| INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN | TIER 1 | |
| INSULIN LISPRO 100 UNIT/ML SOLUTION | TIER 1 | |
| INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN | TIER 1 | |
| LANTUS (*insulin glargine*) 100 UNIT/ML SOLUTION | TIER 2 | QLC (40 ml (4 vials)/ month) |
| LANTUS SOLOSTAR (*insulin glargine*) 100 UNIT/ML SOLN PEN | TIER 2 | QLC (45 ml (15 pens)/ month) |
| LYUMJEV (*insulin lispro-aabc*) 100 UNIT/ML SOLUTION | TIER 2 | |
| LYUMJEV KWIKPEN (*insulin lispro-aabc*) 100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN | TIER 2 | |
| TOUJEO MAX SOLOSTAR (*insulin glargine*) 300 UNIT/ML SOLN PEN | TIER 2 | QLC (6 pens/month) |
| TOUJEO SOLOSTAR (*insulin glargine*) 300 UNIT/ML SOLN PEN | TIER 2 | QLC (12 pens/month) |
| TRESIBA (*insulin degludec*) 100 UNIT/ML SOLUTION | TIER 2 | QLC (3 vials/30 days) |
| TRESIBA FLEXTOUCH (*insulin degludec*) 100 UNIT/ML SOLN PEN | TIER 2 | QLC (10 pens/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| TRESIBA FLEXTOUCH (*insulin degludec*) 200 UNIT/ML SOLN PEN | TIER 2 | QLC (9 pens/month) |

## BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)

### ANTICOAGULANTS (Blood Thinners)

| | | |
|---|---|---|
| ELIQUIS (*apixaban*) 2.5 MG TAB, 5 MG TAB | TIER 2 | QLC (2 tabs/day) |
| ELIQUIS DVT/PE STARTER PACK (*apixaban*) 5 MG TAB THPK | TIER 2 | QLC (2 tabs/day; 1 starter pack/6 months) |
| *enoxaparin sodium inj 300 mg/3ml* | TIER 4 | QLC (2 ml/day) |
| *enoxaparin sodium inj soln pref syr 100 mg/ml* | TIER 4 | QLC (2 syringes/day) |
| *enoxaparin sodium inj soln pref syr 120 mg/0.8ml* | TIER 4 | QLC (2 syringes/day) |
| *enoxaparin sodium inj soln pref syr 150 mg/ml* | TIER 4 | QLC (2 syringes/day) |
| *enoxaparin sodium inj soln pref syr 30 mg/0.3ml* | TIER 4 | QLC (2 syringes/day) |
| *enoxaparin sodium inj soln pref syr 40 mg/0.4ml* | TIER 4 | QLC (2 syringes/day) |
| *enoxaparin sodium inj soln pref syr 60 mg/0.6ml* | TIER 4 | QLC (2 syringes/day) |
| *enoxaparin sodium inj soln pref syr 80 mg/0.8ml* | TIER 4 | QLC (2 syringes/day) |
| HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR | TIER 1 | |
| *heparin sodium (porcine) inj 1000 unit/ml* | TIER 1 | |
| *heparin sodium (porcine) inj 10000 unit/ml* | TIER 1 | |
| *heparin sodium (porcine) inj 20000 unit/ml* | TIER 1 | |
| *heparin sodium (porcine) inj 5000 unit/ml* | TIER 1 | |
| HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION | TIER 1 | |
| *heparin sodium (porcine) pf inj 5000 unit/0.5ml* | TIER 1 | |
| *warfarin sodium tab 1 mg* | TIER 1 | |
| *warfarin sodium tab 1 mg* (JANTOVEN) | TIER 1 | |
| *warfarin sodium tab 10 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *warfarin sodium tab 10 mg* (JANTOVEN) | TIER 1 | |
| *warfarin sodium tab 2 mg* | TIER 1 | |
| *warfarin sodium tab 2 mg* (JANTOVEN) | TIER 1 | |
| *warfarin sodium tab 2.5 mg* | TIER 1 | |
| *warfarin sodium tab 2.5 mg* (JANTOVEN) | TIER 1 | |
| *warfarin sodium tab 3 mg* | TIER 1 | |
| *warfarin sodium tab 3 mg* (JANTOVEN) | TIER 1 | |
| *warfarin sodium tab 4 mg* | TIER 1 | |
| *warfarin sodium tab 4 mg* (JANTOVEN) | TIER 1 | |
| *warfarin sodium tab 5 mg* | TIER 1 | |
| *warfarin sodium tab 5 mg* (JANTOVEN) | TIER 1 | |
| *warfarin sodium tab 6 mg* | TIER 1 | |
| *warfarin sodium tab 6 mg* (JANTOVEN) | TIER 1 | |
| *warfarin sodium tab 7.5 mg* | TIER 1 | |
| *warfarin sodium tab 7.5 mg* (JANTOVEN) | TIER 1 | |
| XARELTO (*rivaroxaban*) 1 MG/ML RECON SUSP | TIER 2 | QLC (20 ml/day) |
| XARELTO (*rivaroxaban*) 10 MG TAB, 15 MG TAB, 20 MG TAB | TIER 2 | QLC (1 tab/day) |
| XARELTO (*rivaroxaban*) 2.5 MG TAB | TIER 2 | QLC (2 tabs/day) |
| XARELTO STARTER PACK (*rivaroxaban*) 15 & 20 MG TAB THPK | TIER 2 | QLC (1 starter pack/6 months) |

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

| | | |
|---|---|---|
| *anagrelide hcl cap 0.5 mg* | TIER 2 | |
| *anagrelide hcl cap 1 mg* | TIER 2 | |
| FULPHILA (*pegfilgrastim-jmdb*) 6 MG/0.6ML SOLN PRSYR | TIER 4 | PA, SP |
| NEULASTA (*pegfilgrastim*) 6 MG/0.6ML SOLN PRSYR | TIER 4 | PA, SP |
| RETACRIT (*epoetin alfa-epbx*) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION | TIER 4 | PA, SP |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ZARXIO (*filgrastim-sndz*) 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR | TIER 4 | PA, SP |
| ZIEXTENZO (*pegfilgrastim-bmez*) 6 MG/0.6ML SOLN PRSYR | TIER 4 | PA, SP |

## HEMOSTASIS AGENTS (Drugs to Stop Bleeding)

| | | |
|---|---|---|
| *tranexamic acid tab 650 mg* | TIER 1 | QLC (6 tabs/day; max 30 tabs/month) |

## PLATELET MODIFYING AGENTS (Drugs for Heart Attack and Stroke Prevention)

| | | |
|---|---|---|
| *aspirin-dipyridamole cap er 12hr 25-200 mg* (ASPIRIN-DIPYRIDAMOLE ER) | TIER 2 | |
| BRILINTA (*ticagrelor*) 60 MG TAB, 90 MG TAB | TIER 2 | QLC (2 tabs/day) |
| CABLIVI (*caplacizumab-yhdp*) 11 MG KIT | TIER 4 | PA, SP, QLC (1 kit/day) |
| *cilostazol tab 100 mg* | TIER 1 | |
| *cilostazol tab 50 mg* | TIER 1 | |
| *clopidogrel bisulfate tab 75 mg (base equiv)* | TIER 1 | QLC (1 tab/day) |
| *dipyridamole tab 25 mg* | TIER 1 | AL1 (Up to 64 yrs old) |
| *dipyridamole tab 50 mg* | TIER 1 | AL1 (Up to 64 yrs old) |
| *dipyridamole tab 75 mg* | TIER 1 | AL1 (Up to 64 yrs old) |
| *prasugrel hcl tab 10 mg (base equiv)* | TIER 1 | QLC (1 tab/day) |
| *prasugrel hcl tab 5 mg (base equiv)* | TIER 1 | QLC (1 tab/day) |

# CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)

## ALPHA-ADRENERGIC AGONISTS

| | | |
|---|---|---|
| *clonidine hcl tab 0.1 mg* | TIER 1 | |
| *clonidine hcl tab 0.2 mg* | TIER 1 | |
| *clonidine hcl tab 0.3 mg* | TIER 1 | |
| *clonidine td patch weekly 0.1 mg/24hr* | TIER 2 | |
| *clonidine td patch weekly 0.2 mg/24hr* | TIER 2 | |
| *clonidine td patch weekly 0.3 mg/24hr* | TIER 2 | |
| *guanfacine hcl tab 1 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *guanfacine hcl tab 2 mg* | TIER 1 | |
| METHYLDOPA 250 MG TAB, 500 MG TAB | TIER 1 | |
| *methyldopa tab 250 mg* | TIER 1 | |
| *methyldopa tab 500 mg* | TIER 1 | |
| *midodrine hcl tab 10 mg* | TIER 1 | |
| *midodrine hcl tab 2.5 mg* | TIER 1 | |
| *midodrine hcl tab 5 mg* | TIER 1 | |

## ALPHA-ADRENERGIC BLOCKING AGENTS

| | | |
|---|---|---|
| *doxazosin mesylate tab 1 mg* | TIER 1 | |
| *doxazosin mesylate tab 2 mg* | TIER 1 | |
| *doxazosin mesylate tab 4 mg* | TIER 1 | |
| *doxazosin mesylate tab 8 mg* | TIER 1 | |
| *phenoxybenzamine hcl cap 10 mg* | TIER 4 | PA |
| *prazosin hcl cap 1 mg* | TIER 1 | |
| *prazosin hcl cap 2 mg* | TIER 1 | |
| *prazosin hcl cap 5 mg* | TIER 1 | |
| *terazosin hcl cap 1 mg (base equivalent)* | TIER 1 | |
| *terazosin hcl cap 10 mg (base equivalent)* | TIER 1 | |
| *terazosin hcl cap 2 mg (base equivalent)* | TIER 1 | |
| *terazosin hcl cap 5 mg (base equivalent)* | TIER 1 | |

## ANGIOTENSIN II RECEPTOR ANTAGONISTS

| | | |
|---|---|---|
| *candesartan cilexetil tab 16 mg* | TIER 1 | ST, QLC (2 tabs/day) |
| *candesartan cilexetil tab 32 mg* | TIER 1 | ST, QLC (1 tab/day) |
| *candesartan cilexetil tab 4 mg* | TIER 1 | ST, QLC (8 tabs/day) |
| *candesartan cilexetil tab 8 mg* | TIER 1 | ST, QLC (4 tabs/day) |
| *irbesartan tab 150 mg* | TIER 1 | QLC (1 tab/day) |
| *irbesartan tab 300 mg* | TIER 1 | QLC (1 tab/day) |
| *irbesartan tab 75 mg* | TIER 1 | QLC (1 tab/day) |
| *losartan potassium tab 100 mg* | TIER 1 | QLC (1 tab/day) |
| *losartan potassium tab 25 mg* | TIER 1 | QLC (4 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *losartan potassium tab 50 mg* | TIER 1 | QLC (2 tabs/day) |
| *olmesartan medoxomil tab 20 mg* | TIER 1 | QLC (1 tab/day) |
| *olmesartan medoxomil tab 40 mg* | TIER 1 | QLC (1 tab/day) |
| *olmesartan medoxomil tab 5 mg* | TIER 1 | QLC (3 tabs/day) |
| *telmisartan tab 20 mg* | TIER 1 | QLC (1 tab/day) |
| *telmisartan tab 40 mg* | TIER 1 | QLC (1 tab/day) |
| *telmisartan tab 80 mg* | TIER 1 | QLC (2 tabs/day) |
| *valsartan tab 160 mg* | TIER 1 | QLC (2 tabs/day) |
| *valsartan tab 320 mg* | TIER 1 | QLC (1 tab/day) |
| *valsartan tab 40 mg* | TIER 1 | QLC (2 tabs/day) |
| *valsartan tab 80 mg* | TIER 1 | QLC (2 tabs/day) |
| **ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS** | | |
| *benazepril hcl tab 10 mg* | TIER 1 | QLC (1 tab/day) |
| *benazepril hcl tab 20 mg* | TIER 1 | QLC (1 tab/day) |
| *benazepril hcl tab 40 mg* | TIER 1 | QLC (2 tabs/day) |
| *benazepril hcl tab 5 mg* | TIER 1 | QLC (1 tab/day) |
| *captopril tab 100 mg* | TIER 1 | |
| *captopril tab 12.5 mg* | TIER 1 | |
| *captopril tab 25 mg* | TIER 1 | |
| *captopril tab 50 mg* | TIER 1 | |
| *enalapril maleate tab 10 mg* | TIER 1 | |
| *enalapril maleate tab 2.5 mg* | TIER 1 | |
| *enalapril maleate tab 20 mg* | TIER 1 | |
| *enalapril maleate tab 5 mg* | TIER 1 | |
| *fosinopril sodium tab 10 mg* | TIER 1 | QLC (1 tab/day) |
| *fosinopril sodium tab 20 mg* | TIER 1 | QLC (1 tab/day) |
| *fosinopril sodium tab 40 mg* | TIER 1 | QLC (2 tabs/day) |
| *lisinopril tab 10 mg* | TIER 1 | |
| *lisinopril tab 2.5 mg* | TIER 1 | |
| *lisinopril tab 20 mg* | TIER 1 | |
| *lisinopril tab 30 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *lisinopril tab 40 mg* | TIER 1 | |
| *lisinopril tab 5 mg* | TIER 1 | |
| *perindopril erbumine tab 2 mg* | TIER 1 | QLC (1 tab/day) |
| *perindopril erbumine tab 4 mg* | TIER 1 | QLC (1 tab/day) |
| *perindopril erbumine tab 8 mg* | TIER 1 | QLC (2 tabs/day) |
| *quinapril hcl tab 10 mg* | TIER 1 | |
| *quinapril hcl tab 20 mg* | TIER 1 | |
| *quinapril hcl tab 40 mg* | TIER 1 | |
| *quinapril hcl tab 5 mg* | TIER 1 | |
| *ramipril cap 1.25 mg* | TIER 1 | |
| *ramipril cap 10 mg* | TIER 1 | |
| *ramipril cap 2.5 mg* | TIER 1 | |
| *ramipril cap 5 mg* | TIER 1 | |
| *trandolapril tab 1 mg* | TIER 1 | |
| *trandolapril tab 2 mg* | TIER 1 | |
| *trandolapril tab 4 mg* | TIER 1 | |

## ANTIARRHYTHMICS (Drugs for Irregular Heart Rhythm)

| | | |
|---|---|---|
| *amiodarone hcl tab 100 mg* | TIER 1 | |
| *amiodarone hcl tab 200 mg* | TIER 1 | |
| *amiodarone hcl tab 200 mg* (PACERONE) | TIER 1 | |
| *amiodarone hcl tab 400 mg* | TIER 1 | |
| *disopyramide phosphate cap 100 mg* | TIER 1 | |
| *disopyramide phosphate cap 150 mg* | TIER 1 | |
| *dofetilide cap 125 mcg (0.125 mg) (0.* | TIER 3 | |
| *dofetilide cap 250 mcg (0.25 mg)* | TIER 3 | |
| *dofetilide cap 500 mcg (0.5 mg)* | TIER 3 | |
| *flecainide acetate tab 100 mg* | TIER 1 | |
| *flecainide acetate tab 150 mg* | TIER 1 | |
| *flecainide acetate tab 50 mg* | TIER 1 | |
| *mexiletine hcl cap 150 mg* | TIER 1 | |
| *mexiletine hcl cap 200 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *mexiletine hcl cap 250 mg* | TIER 1 | |
| MULTAQ (*dronedarone hcl*) 400 MG TAB | TIER 3 | QLC (2 tabs/day) |
| *propafenone hcl cap er 12hr 225 mg* (PROPAFENONE HCL ER) | TIER 3 | |
| *propafenone hcl cap er 12hr 325 mg* (PROPAFENONE HCL ER) | TIER 3 | |
| *propafenone hcl cap er 12hr 425 mg* (PROPAFENONE HCL ER) | TIER 3 | |
| *propafenone hcl tab 150 mg* | TIER 1 | |
| *propafenone hcl tab 225 mg* | TIER 1 | |
| *propafenone hcl tab 300 mg* | TIER 1 | |
| QUINIDINE SULFATE 200 MG TAB, 300 MG TAB | TIER 1 | |
| *quinidine sulfate tab 200 mg* | TIER 1 | |
| *quinidine sulfate tab 300 mg* | TIER 1 | |
| *sotalol hcl (afib/afl) tab 120 mg* (SOTALOL HCL (AF)) | TIER 1 | |
| *sotalol hcl (afib/afl) tab 160 mg* (SOTALOL HCL (AF)) | TIER 1 | |
| *sotalol hcl (afib/afl) tab 80 mg* (SOTALOL HCL (AF)) | TIER 1 | |
| *sotalol hcl tab 120 mg* | TIER 1 | |
| *sotalol hcl tab 120 mg* (SORINE) | TIER 1 | |
| *sotalol hcl tab 160 mg* | TIER 1 | |
| *sotalol hcl tab 160 mg* (SORINE) | TIER 1 | |
| *sotalol hcl tab 240 mg* | TIER 1 | |
| *sotalol hcl tab 240 mg* (SORINE) | TIER 1 | |
| *sotalol hcl tab 80 mg* | TIER 1 | |
| *sotalol hcl tab 80 mg* (SORINE) | TIER 1 | |

## BETA-ADRENERGIC BLOCKING AGENTS

| | | |
|---|---|---|
| *acebutolol hcl cap 200 mg* | TIER 1 | |
| *acebutolol hcl cap 400 mg* | TIER 1 | |
| *atenolol tab 100 mg* | TIER 1 | |
| *atenolol tab 25 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *atenolol tab 50 mg* | TIER 1 | |
| *betaxolol hcl tab 10 mg* | TIER 2 | |
| *betaxolol hcl tab 20 mg* | TIER 2 | |
| *bisoprolol fumarate tab 10 mg* | TIER 1 | |
| *bisoprolol fumarate tab 5 mg* | TIER 1 | |
| *carvedilol tab 12.5 mg* | TIER 1 | |
| *carvedilol tab 25 mg* | TIER 1 | |
| *carvedilol tab 3.125 mg* | TIER 1 | |
| *carvedilol tab 6.25 mg* | TIER 1 | |
| *labetalol hcl tab 100 mg* | TIER 1 | |
| *labetalol hcl tab 200 mg* | TIER 1 | |
| *labetalol hcl tab 300 mg* | TIER 1 | |
| *metoprolol succinate tab er 24hr 100 mg (tartrate equiv)* (METOPROLOL SUCCINATE ER) | TIER 1 | |
| *metoprolol succinate tab er 24hr 200 mg (tartrate equiv)* (METOPROLOL SUCCINATE ER) | TIER 1 | |
| *metoprolol succinate tab er 24hr 25 mg (tartrate equiv)* (METOPROLOL SUCCINATE ER) | TIER 1 | |
| *metoprolol succinate tab er 24hr 50 mg (tartrate equiv)* (METOPROLOL SUCCINATE ER) | TIER 1 | |
| *metoprolol tartrate tab 100 mg* | TIER 1 | |
| *metoprolol tartrate tab 25 mg* | TIER 1 | |
| *metoprolol tartrate tab 37.5 mg* | TIER 1 | |
| *metoprolol tartrate tab 50 mg* | TIER 1 | |
| *metoprolol tartrate tab 75 mg* | TIER 1 | |
| *nadolol tab 20 mg* | TIER 1 | |
| *nadolol tab 40 mg* | TIER 1 | |
| *nadolol tab 80 mg* | TIER 1 | |
| *nebivolol hcl tab 10 mg (base equivalent)* | TIER 2 | QLC (1 tab/day) |
| *nebivolol hcl tab 2.5 mg (base equivalent)* | TIER 2 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *nebivolol hcl tab 20 mg (base equivalent)* | TIER 2 | QLC (2 tabs/day) |
| *nebivolol hcl tab 5 mg (base equivalent)* | TIER 2 | QLC (1 tab/day) |
| PROPRANOLOL HCL 40 MG/5ML SOLUTION | TIER 1 | |
| *propranolol hcl cap er 24hr 120 mg* (PROPRANOLOL HCL ER) | TIER 1 | |
| *propranolol hcl cap er 24hr 160 mg* (PROPRANOLOL HCL ER) | TIER 1 | |
| *propranolol hcl cap er 24hr 60 mg* (PROPRANOLOL HCL ER) | TIER 1 | |
| *propranolol hcl cap er 24hr 80 mg* (PROPRANOLOL HCL ER) | TIER 1 | |
| *propranolol hcl oral soln 20 mg/5ml* | TIER 1 | |
| *propranolol hcl tab 10 mg* | TIER 1 | |
| *propranolol hcl tab 20 mg* | TIER 1 | |
| *propranolol hcl tab 40 mg* | TIER 1 | |
| *propranolol hcl tab 60 mg* | TIER 1 | |
| *propranolol hcl tab 80 mg* | TIER 1 | |

## CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

| | | |
|---|---|---|
| *amlodipine besylate tab 10 mg (base equivalent)* | TIER 1 | |
| *amlodipine besylate tab 2.5 mg (base equivalent)* | TIER 1 | |
| *amlodipine besylate tab 5 mg (base equivalent)* | TIER 1 | |
| *felodipine tab er 24hr 10 mg* (FELODIPINE ER) | TIER 1 | |
| *felodipine tab er 24hr 2.5 mg* (FELODIPINE ER) | TIER 1 | |
| *felodipine tab er 24hr 5 mg* (FELODIPINE ER) | TIER 1 | |
| *nicardipine hcl cap 20 mg* | TIER 1 | |
| *nicardipine hcl cap 30 mg* | TIER 1 | |
| *nifedipine cap 10 mg* | TIER 1 | |
| *nifedipine cap 20 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *nifedipine tab er 24hr 30 mg* (NIFEDIPINE ER) | TIER 1 | |
| *nifedipine tab er 24hr 60 mg* (NIFEDIPINE ER) | TIER 1 | |
| *nifedipine tab er 24hr 90 mg* (NIFEDIPINE ER) | TIER 1 | |
| *nifedipine tab er 24hr osmotic release 30 mg* (NIFEDIPINE ER OSMOTIC RELEASE) | TIER 1 | |
| *nifedipine tab er 24hr osmotic release 60 mg* (NIFEDIPINE ER OSMOTIC RELEASE) | TIER 1 | |
| *nifedipine tab er 24hr osmotic release 90 mg* (NIFEDIPINE ER OSMOTIC RELEASE) | TIER 1 | |
| *nimodipine cap 30 mg* | TIER 3 | |
| **CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES** | | |
| *diltiazem hcl cap er 12hr 120 mg* (DILTIAZEM HCL ER) | TIER 1 | |
| *diltiazem hcl cap er 12hr 60 mg* (DILTIAZEM HCL ER) | TIER 1 | |
| *diltiazem hcl cap er 12hr 90 mg* (DILTIAZEM HCL ER) | TIER 1 | |
| *diltiazem hcl cap er 24hr 120 mg* (DILT-XR) | TIER 1 | |
| *diltiazem hcl cap er 24hr 120 mg* (DILTIAZEM HCL ER) | TIER 1 | |
| *diltiazem hcl cap er 24hr 180 mg* (DILT-XR) | TIER 1 | |
| *diltiazem hcl cap er 24hr 180 mg* (DILTIAZEM HCL ER) | TIER 1 | |
| *diltiazem hcl cap er 24hr 240 mg* (DILT-XR) | TIER 1 | |
| *diltiazem hcl cap er 24hr 240 mg* (DILTIAZEM HCL ER) | TIER 1 | |
| *diltiazem hcl coated beads cap er 24hr 120 mg* (CARTIA XT) | TIER 1 | |
| *diltiazem hcl coated beads cap er 24hr 120 mg* (DILTIAZEM HCL ER COATED BEADS) | TIER 1 | |
| *diltiazem hcl coated beads cap er 24hr 180 mg* (CARTIA XT) | TIER 1 | |
| *diltiazem hcl coated beads cap er 24hr 180 mg* (DILTIAZEM HCL ER COATED BEADS) | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *diltiazem hcl coated beads cap er 24hr 240 mg* (CARTIA XT) | TIER 1 | |
| *diltiazem hcl coated beads cap er 24hr 240 mg* (DILTIAZEM HCL ER COATED BEADS) | TIER 1 | |
| *diltiazem hcl coated beads cap er 24hr 300 mg* (CARTIA XT) | TIER 1 | |
| *diltiazem hcl coated beads cap er 24hr 300 mg* (DILTIAZEM HCL ER COATED BEADS) | TIER 1 | |
| *diltiazem hcl coated beads cap er 24hr 360 mg* (DILTIAZEM HCL ER COATED BEADS) | TIER 1 | |
| *diltiazem hcl coated beads tab er 24hr 180 mg* (DILTIAZEM HCL ER COATED BEADS) | TIER 1 | |
| *diltiazem hcl coated beads tab er 24hr 180 mg* (MATZIM LA) | TIER 1 | |
| *diltiazem hcl coated beads tab er 24hr 240 mg* (DILTIAZEM HCL ER COATED BEADS) | TIER 1 | |
| *diltiazem hcl coated beads tab er 24hr 240 mg* (MATZIM LA) | TIER 1 | |
| *diltiazem hcl coated beads tab er 24hr 300 mg* (DILTIAZEM HCL ER COATED BEADS) | TIER 1 | |
| *diltiazem hcl coated beads tab er 24hr 300 mg* (MATZIM LA) | TIER 1 | |
| *diltiazem hcl coated beads tab er 24hr 360 mg* (DILTIAZEM HCL ER COATED BEADS) | TIER 1 | |
| *diltiazem hcl coated beads tab er 24hr 360 mg* (MATZIM LA) | TIER 1 | |
| *diltiazem hcl coated beads tab er 24hr 420 mg* (DILTIAZEM HCL ER COATED BEADS) | TIER 1 | |
| *diltiazem hcl coated beads tab er 24hr 420 mg* (MATZIM LA) | TIER 1 | |
| *diltiazem hcl extended release beads cap er 24hr 120 mg* (DILTIAZEM HCL ER BEADS) | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *diltiazem hcl extended release beads cap er 24hr 120 mg* (TAZTIA XT) | TIER 1 | |
| *diltiazem hcl extended release beads cap er 24hr 120 mg* (TIADYLT ER) | TIER 1 | |
| *diltiazem hcl extended release beads cap er 24hr 180 mg* (DILTIAZEM HCL ER BEADS) | TIER 1 | |
| *diltiazem hcl extended release beads cap er 24hr 180 mg* (TAZTIA XT) | TIER 1 | |
| *diltiazem hcl extended release beads cap er 24hr 180 mg* (TIADYLT ER) | TIER 1 | |
| *diltiazem hcl extended release beads cap er 24hr 240 mg* (DILTIAZEM HCL ER BEADS) | TIER 1 | |
| *diltiazem hcl extended release beads cap er 24hr 240 mg* (TAZTIA XT) | TIER 1 | |
| *diltiazem hcl extended release beads cap er 24hr 240 mg* (TIADYLT ER) | TIER 1 | |
| *diltiazem hcl extended release beads cap er 24hr 300 mg* (DILTIAZEM HCL ER BEADS) | TIER 1 | |
| *diltiazem hcl extended release beads cap er 24hr 300 mg* (TAZTIA XT) | TIER 1 | |
| *diltiazem hcl extended release beads cap er 24hr 300 mg* (TIADYLT ER) | TIER 1 | |
| *diltiazem hcl extended release beads cap er 24hr 360 mg* (DILTIAZEM HCL ER BEADS) | TIER 1 | |
| *diltiazem hcl extended release beads cap er 24hr 360 mg* (TAZTIA XT) | TIER 1 | |
| *diltiazem hcl extended release beads cap er 24hr 360 mg* (TIADYLT ER) | TIER 1 | |
| *diltiazem hcl extended release beads cap er 24hr 420 mg* (DILTIAZEM HCL ER BEADS) | TIER 1 | |
| *diltiazem hcl extended release beads cap er 24hr 420 mg* (TIADYLT ER) | TIER 1 | |
| *diltiazem hcl tab 120 mg* | TIER 1 | |
| *diltiazem hcl tab 30 mg* | TIER 1 | |
| *diltiazem hcl tab 60 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *diltiazem hcl tab 90 mg* | TIER 1 | |
| *verapamil hcl cap er 24hr 100 mg* (VERAPAMIL HCL ER) | TIER 1 | |
| *verapamil hcl cap er 24hr 120 mg* (VERAPAMIL HCL ER) | TIER 1 | |
| *verapamil hcl cap er 24hr 180 mg* (VERAPAMIL HCL ER) | TIER 1 | |
| *verapamil hcl cap er 24hr 200 mg* (VERAPAMIL HCL ER) | TIER 1 | |
| *verapamil hcl cap er 24hr 240 mg* (VERAPAMIL HCL ER) | TIER 1 | |
| *verapamil hcl cap er 24hr 300 mg* (VERAPAMIL HCL ER) | TIER 1 | |
| VERAPAMIL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H | TIER 1 | |
| *verapamil hcl tab 120 mg* | TIER 1 | |
| *verapamil hcl tab 40 mg* | TIER 1 | |
| *verapamil hcl tab 80 mg* | TIER 1 | |
| *verapamil hcl tab er 120 mg* (VERAPAMIL HCL ER) | TIER 1 | |
| *verapamil hcl tab er 180 mg* (VERAPAMIL HCL ER) | TIER 1 | |
| *verapamil hcl tab er 240 mg* (VERAPAMIL HCL ER) | TIER 1 | |

## CARDIOVASCULAR AGENTS, OTHER (Other Drugs for Heart and Circulation Conditions)

| | | |
|---|---|---|
| *acetazolamide tab 125 mg* | TIER 1 | |
| *acetazolamide tab 250 mg* | TIER 1 | |
| *amiloride & hydrochlorothiazide tab 5-50 mg* (AMILORIDE-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-10 mg* (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-atorvastatin calcium tab 10-20 mg* (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *amlodipine besylate-atorvastatin calcium tab 10-40 mg* (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-atorvastatin calcium tab 10-80 mg* (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-atorvastatin calcium tab 2.5-10 mg* (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-atorvastatin calcium tab 2.5-20 mg* (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-atorvastatin calcium tab 2.5-40 mg* (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-atorvastatin calcium tab 5-10 mg* (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-atorvastatin calcium tab 5-20 mg* (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-atorvastatin calcium tab 5-40 mg* (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-atorvastatin calcium tab 5-80 mg* (AMLODIPINE-ATORVASTATIN) | TIER 1 | PA, QLC (1 tab/day) |
| *amlodipine besylate-benazepril hcl cap 10-20 mg* (AMLODIPINE BESY-BENAZEPRIL HCL) | TIER 1 | QLC (1 cap/day) |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* (AMLODIPINE BESY-BENAZEPRIL HCL) | TIER 1 | QLC (1 cap/day) |
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* (AMLODIPINE BESY-BENAZEPRIL HCL) | TIER 1 | |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* (AMLODIPINE BESY-BENAZEPRIL HCL) | TIER 1 | |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* (AMLODIPINE BESY-BENAZEPRIL HCL) | TIER 1 | |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* (AMLODIPINE BESY-BENAZEPRIL HCL) | TIER 1 | QLC (2 caps/day) |

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *amlodipine besylate-olmesartan medoxomil tab 10-20 mg* (AMLODIPINE-OLMESARTAN) | TIER 1 | QLC (1 tab/day) |
| *amlodipine besylate-olmesartan medoxomil tab 10-40 mg* (AMLODIPINE-OLMESARTAN) | TIER 1 | QLC (1 tab/day) |
| *amlodipine besylate-olmesartan medoxomil tab 5-20 mg* (AMLODIPINE-OLMESARTAN) | TIER 1 | QLC (1 tab/day) |
| *amlodipine besylate-olmesartan medoxomil tab 5-40 mg* (AMLODIPINE-OLMESARTAN) | TIER 1 | QLC (1 tab/day) |
| *amlodipine besylate-valsartan tab 10-160 mg* | TIER 1 | QLC (1 tab/day) |
| *amlodipine besylate-valsartan tab 10-320 mg* | TIER 1 | QLC (1 tab/day) |
| *amlodipine besylate-valsartan tab 5-160 mg* | TIER 1 | QLC (1 tab/day) |
| *amlodipine besylate-valsartan tab 5-320 mg* | TIER 1 | QLC (1 tab/day) |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg* (AMLODIPINE-VALSARTAN-HCTZ) | TIER 1 | QLC (1 tab/day) |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg* (AMLODIPINE-VALSARTAN-HCTZ) | TIER 1 | QLC (1 tab/day) |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg* (AMLODIPINE-VALSARTAN-HCTZ) | TIER 1 | QLC (1 tab/day) |
| *amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg* (AMLODIPINE-VALSARTAN-HCTZ) | TIER 1 | QLC (1 tab/day) |
| *amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg* (AMLODIPINE-VALSARTAN-HCTZ) | TIER 1 | QLC (1 tab/day) |
| *atenolol & chlorthalidone tab 100-25 mg* (ATENOLOL-CHLORTHALIDONE) | TIER 1 | |
| *atenolol & chlorthalidone tab 50-25 mg* (ATENOLOL-CHLORTHALIDONE) | TIER 1 | |
| *benazepril & hydrochlorothiazide tab 10-12.5 mg* (BENAZEPRIL-HYDROCHLOROTHIAZIDE) | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *benazepril & hydrochlorothiazide tab 20-12.5 mg* (BENAZEPRIL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| *benazepril & hydrochlorothiazide tab 20-25 mg* (BENAZEPRIL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| *benazepril & hydrochlorothiazide tab 5-6.25 mg* (BENAZEPRIL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| *bisoprolol & hydrochlorothiazide tab 10-6.25 mg* (BISOPROLOL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| *bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg* (BISOPROLOL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| *bisoprolol & hydrochlorothiazide tab 5-6.25 mg* (BISOPROLOL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| *candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg* (CANDESARTAN CILEXETIL-HCTZ) | TIER 2 | ST, QLC (2 tabs/day) |
| *candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* (CANDESARTAN CILEXETIL-HCTZ) | TIER 2 | ST, QLC (1 tab/day) |
| *candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* (CANDESARTAN CILEXETIL-HCTZ) | TIER 2 | ST, QLC (1 tab/day) |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE (*captopril & hydrochlorothiazide*) -25-15 MG TAB, -25-25 MG TAB, -50-15 MG TAB, -50-25 MG TAB | TIER 1 | |
| DIGOXIN 0.05 MG/ML SOLUTION | TIER 1 | AL1 (Up to 64 yrs old), QLC (2.5 ml/day) |
| *digoxin oral soln 0.05 mg/ml* | TIER 1 | AL1 (Up to 64 yrs old), QLC (2.5 ml/day) |
| *digoxin tab 125 mcg (0.125 mg) (0.* | TIER 1 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| *digoxin tab 125 mcg (0.125 mg)* (DIGITEK) *(0.* | TIER 1 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| *digoxin tab 250 mcg (0.25 mg)* | TIER 1 | AL1 (Up to 64 yrs old), QLC (0.5 tab/day) |
| *digoxin tab 250 mcg (0.25 mg)* (DIGITEK) | TIER 1 | AL1 (Up to 64 yrs old), QLC (0.5 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *enalapril maleate & hydrochlorothiazide tab 10-25 mg* (ENALAPRIL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| *enalapril maleate & hydrochlorothiazide tab 5-12.5 mg* (ENALAPRIL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| ENTRESTO (*sacubitril-valsartan*) 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB | TIER 2 | QLC (2 tabs/day) |
| *fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg* (FOSINOPRIL SODIUM-HCTZ) | TIER 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg* (FOSINOPRIL SODIUM-HCTZ) | TIER 1 | |
| *irbesartan-hydrochlorothiazide tab 150-12.5 mg* | TIER 1 | QLC (2 tabs/day) |
| *irbesartan-hydrochlorothiazide tab 300-12.5 mg* | TIER 1 | QLC (1 tab/day) |
| *lisinopril & hydrochlorothiazide tab 10-12.5 mg* (LISINOPRIL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| *lisinopril & hydrochlorothiazide tab 20-12.5 mg* (LISINOPRIL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| *lisinopril & hydrochlorothiazide tab 20-25 mg* (LISINOPRIL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* (LOSARTAN POTASSIUM-HCTZ) | TIER 1 | QLC (1 tab/day) |
| *losartan potassium & hydrochlorothiazide tab 100-25 mg* (LOSARTAN POTASSIUM-HCTZ) | TIER 1 | QLC (1 tab/day) |
| *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* (LOSARTAN POTASSIUM-HCTZ) | TIER 1 | QLC (2 tabs/day) |
| METHYLDOPA-HYDROCHLOROTHIAZIDE (*methyldopa & hydrochlorothiazide*) -250-15 MG TAB, -250-25 MG TAB | TIER 1 | |
| *metoprolol & hydrochlorothiazide tab 100-25 mg* (METOPROLOL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| *metoprolol & hydrochlorothiazide tab 100-50 mg* (METOPROLOL-HYDROCHLOROTHIAZIDE) | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *metoprolol & hydrochlorothiazide tab 50-25 mg* (METOPROLOL-HYDROCHLOROTHIAZIDE) | TIER 1 | |
| NADOLOL-BENDROFLUMETHIAZIDE (*nadolol & bendroflumethiazide*) -40-5 MG TAB | TIER 1 | |
| *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* (OLMESARTAN MEDOXOMIL-HCTZ) | TIER 1 | QLC (1 tab/day) |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* (OLMESARTAN MEDOXOMIL-HCTZ) | TIER 1 | QLC (1 tab/day) |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* (OLMESARTAN MEDOXOMIL-HCTZ) | TIER 1 | QLC (1 tab/day) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* (OLMESARTAN-AMLODIPINE-HCTZ) | TIER 1 | ST, QLC (1 tab/day) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg* (OLMESARTAN-AMLODIPINE-HCTZ) | TIER 1 | ST, QLC (1 tab/day) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg* (OLMESARTAN-AMLODIPINE-HCTZ) | TIER 1 | ST, QLC (1 tab/day) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* (OLMESARTAN-AMLODIPINE-HCTZ) | TIER 1 | ST, QLC (1 tab/day) |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* (OLMESARTAN-AMLODIPINE-HCTZ) | TIER 1 | ST, QLC (1 tab/day) |
| *pentoxifylline tab er 400 mg* (PENTOXIFYLLINE ER) | TIER 1 | |
| PROPRANOLOL-HCTZ (*propranolol & hydrochlorothiazide*) -40-25 MG TAB, -80-25 MG TAB | TIER 1 | |
| *quinapril-hydrochlorothiazide tab 10-12.5 mg* | TIER 1 | |
| *quinapril-hydrochlorothiazide tab 20-12.5 mg* | TIER 1 | |
| *quinapril-hydrochlorothiazide tab 20-25 mg* | TIER 1 | |
| *ranolazine tab er 12hr 1000 mg* (RANOLAZINE ER) | TIER 1 | QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *ranolazine tab er 12hr 500 mg* (RANOLAZINE ER) | TIER 1 | QLC (2 tabs/day) |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* (SPIRONOLACTONE-HCTZ) | TIER 1 | |
| *telmisartan-amlodipine tab 40-10 mg* | TIER 2 | ST, QLC (1 tab/day) |
| *telmisartan-amlodipine tab 40-5 mg* | TIER 2 | ST, QLC (1 tab/day) |
| *telmisartan-amlodipine tab 80-10 mg* | TIER 2 | ST, QLC (1 tab/day) |
| *telmisartan-amlodipine tab 80-5 mg* | TIER 2 | ST, QLC (1 tab/day) |
| *telmisartan-hydrochlorothiazide tab 40-12.5 mg* (TELMISARTAN-HCTZ) | TIER 2 | ST, QLC (3 tabs/day) |
| *telmisartan-hydrochlorothiazide tab 80-12.5 mg* (TELMISARTAN-HCTZ) | TIER 2 | ST, QLC (2 tabs/day) |
| *telmisartan-hydrochlorothiazide tab 80-25 mg* (TELMISARTAN-HCTZ) | TIER 2 | ST, QLC (2 tabs/day) |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* (TRIAMTERENE-HCTZ) | TIER 1 | |
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* (TRIAMTERENE-HCTZ) | TIER 1 | |
| *triamterene & hydrochlorothiazide tab 75-50 mg* (TRIAMTERENE-HCTZ) | TIER 1 | |
| *valsartan-hydrochlorothiazide tab 160-12.5 mg* | TIER 1 | QLC (2 tabs/day) |
| *valsartan-hydrochlorothiazide tab 160-25 mg* | TIER 1 | QLC (2 tabs/day) |
| *valsartan-hydrochlorothiazide tab 320-12.5 mg* | TIER 1 | QLC (1 tab/day) |
| *valsartan-hydrochlorothiazide tab 320-25 mg* | TIER 1 | QLC (1 tab/day) |
| *valsartan-hydrochlorothiazide tab 80-12.5 mg* | TIER 1 | QLC (2 tabs/day) |

## DIURETICS, LOOP

| | | |
|---|---|---|
| *bumetanide tab 0.5 mg* | TIER 1 | |
| *bumetanide tab 1 mg* | TIER 1 | |
| *bumetanide tab 2 mg* | TIER 1 | |
| *ethacrynic acid tab 25 mg* | TIER 4 | PA, QLC (8 tabs/day) |
| FUROSEMIDE 8 MG/ML SOLUTION | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *furosemide oral soln 10 mg/ml* | TIER 1 | |
| *furosemide tab 20 mg* | TIER 1 | |
| *furosemide tab 40 mg* | TIER 1 | |
| *furosemide tab 80 mg* | TIER 1 | |
| *torsemide tab 10 mg* | TIER 1 | |
| *torsemide tab 100 mg* | TIER 1 | |
| *torsemide tab 20 mg* | TIER 1 | |
| *torsemide tab 5 mg* | TIER 1 | |
| **DIURETICS, POTASSIUM-SPARING** | | |
| *amiloride hcl tab 5 mg* | TIER 1 | |
| *eplerenone tab 25 mg* | TIER 2 | |
| *eplerenone tab 50 mg* | TIER 2 | |
| *spironolactone tab 100 mg* | TIER 1 | |
| *spironolactone tab 25 mg* | TIER 1 | |
| *spironolactone tab 50 mg* | TIER 1 | |
| **DIURETICS, THIAZIDE** | | |
| CHLOROTHIAZIDE 250 MG TAB, 500 MG TAB | TIER 1 | |
| *chlorothiazide tab 500 mg* | TIER 1 | |
| *chlorthalidone tab 25 mg* | TIER 1 | |
| *chlorthalidone tab 50 mg* | TIER 1 | |
| *hydrochlorothiazide cap 12.5 mg* | TIER 1 | |
| *hydrochlorothiazide tab 12.5 mg* | TIER 1 | |
| *hydrochlorothiazide tab 25 mg* | TIER 1 | |
| *hydrochlorothiazide tab 50 mg* | TIER 1 | |
| *indapamide tab 1.25 mg* | TIER 1 | |
| *indapamide tab 2.5 mg* | TIER 1 | |
| *metolazone tab 10 mg* | TIER 1 | |
| *metolazone tab 2.5 mg* | TIER 1 | |
| *metolazone tab 5 mg* | TIER 1 | |

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

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

| | | |
|---|---|---|
| *choline fenofibrate cap dr 135 mg (fenofibric acid equiv)* | TIER 1 | QLC (1 cap/day) |
| *choline fenofibrate cap dr 45 mg (fenofibric acid equiv)* | TIER 1 | QLC (1 cap/day) |
| *fenofibrate micronized cap 134 mg* | TIER 1 | QLC (1 cap/day) |
| *fenofibrate micronized cap 200 mg* | TIER 1 | QLC (1 cap/day) |
| *fenofibrate micronized cap 67 mg* | TIER 1 | QLC (1 cap/day) |
| *fenofibrate tab 145 mg* | TIER 1 | QLC (1 tab/day) |
| *fenofibrate tab 160 mg* | TIER 1 | QLC (1 tab/day) |
| *fenofibrate tab 48 mg* | TIER 1 | QLC (2 tabs/day) |
| *fenofibrate tab 54 mg* | TIER 1 | QLC (2 tabs/day) |
| *gemfibrozil tab 600 mg* | TIER 1 | QLC (2.5 tabs/day) |

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

| | | |
|---|---|---|
| *atorvastatin calcium tab 10 mg (base equivalent)* | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| *atorvastatin calcium tab 20 mg (base equivalent)* | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| *atorvastatin calcium tab 40 mg (base equivalent)* | TIER 1 | QLC (1 tab/day) |
| *atorvastatin calcium tab 80 mg (base equivalent)* | TIER 1 | QLC (1 tab/day) |
| *fluvastatin sodium cap 20 mg (base equivalent)* | TIER 2 | QLC (1 cap/day) |
| *fluvastatin sodium cap 40 mg (base equivalent)* | TIER 2 | QLC (2 caps/day) |
| *lovastatin tab 10 mg* | TIER 1 | QLC (1 tab/day) |
| *lovastatin tab 20 mg* | TIER 1 | QLC (1 tab/day) |
| *lovastatin tab 40 mg* | TIER 1 | QLC (2 tabs/day) |
| *pravastatin sodium tab 10 mg* | TIER 1 | QLC (1 tab/day) |
| *pravastatin sodium tab 20 mg* | TIER 1 | QLC (1 tab/day) |
| *pravastatin sodium tab 40 mg* | TIER 1 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *pravastatin sodium tab 80 mg* | TIER 1 | QLC (1 tab/day) |
| *rosuvastatin calcium tab 10 mg* | TIER 1 | QLC (1 tab/day) |
| *rosuvastatin calcium tab 20 mg* | TIER 1 | QLC (1 tab/day) |
| *rosuvastatin calcium tab 40 mg* | TIER 1 | QLC (1 tab/day) |
| *rosuvastatin calcium tab 5 mg* | TIER 1 | QLC (1 tab/day) |
| *simvastatin tab 10 mg* | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| *simvastatin tab 20 mg* | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| *simvastatin tab 40 mg* | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| *simvastatin tab 5 mg* | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| *simvastatin tab 80 mg* | TIER 1 | QLC (1 tab/day) |

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

| | | |
|---|---|---|
| *cholestyramine light powder 4 gm/dose* | TIER 1 | |
| *cholestyramine light powder 4 gm/dose* (PREVALITE) | TIER 1 | |
| *cholestyramine light powder packets 4 gm* | TIER 1 | |
| *cholestyramine light powder packets 4 gm* (PREVALITE) | TIER 1 | |
| *cholestyramine powder 4 gm/dose* | TIER 1 | |
| *cholestyramine powder packets 4 gm* | TIER 1 | |
| *colesevelam hcl packet for susp 3.75 gm* | TIER 2 | |
| *colesevelam hcl tab 625 mg* | TIER 2 | |
| *colestipol hcl granule packets 5 gm* | TIER 1 | |
| *colestipol hcl granules 5 gm* | TIER 1 | |
| *colestipol hcl tab 1 gm* | TIER 1 | |
| *ezetimibe tab 10 mg* | TIER 2 | QLC (1 tab/day) |
| *ezetimibe-simvastatin tab 10-10 mg* | TIER 2 | ST, QLC (1 tab/day) |
| *ezetimibe-simvastatin tab 10-20 mg* | TIER 2 | ST, QLC (1 tab/day) |
| *ezetimibe-simvastatin tab 10-40 mg* | TIER 2 | ST, QLC (1 tab/day) |
| *ezetimibe-simvastatin tab 10-80 mg* | TIER 2 | ST, QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *icosapent ethyl cap 0.5 gm* | TIER 3 | PA, QLC (2 caps/day) |
| *icosapent ethyl cap 1 gm* | TIER 3 | PA, QLC (4 caps/day) |
| NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB | TIER 1 | |
| *niacin tab er 1000 mg (antihyperlipidemic)* (NIACIN ER (ANTIHYPERLIPIDEMIC)) | TIER 1 | QLC (2 tabs/day) |
| *niacin tab er 500 mg (antihyperlipidemic)* (NIACIN ER (ANTIHYPERLIPIDEMIC)) | TIER 1 | QLC (4 tabs/day) |
| *niacin tab er 750 mg (antihyperlipidemic)* (NIACIN ER (ANTIHYPERLIPIDEMIC)) | TIER 1 | QLC (2 tabs/day) |
| NIACOR (*niacin (antihyperlipidemic)*) 500 MG TAB | TIER 1 | |
| *omega-3-acid ethyl esters cap 1 gm* | TIER 1 | QLC (4 caps/day) |
| REPATHA (*evolocumab*) 140 MG/ML SOLN PRSYR | TIER 3 | PA, QLC (2 syringes/month) |
| REPATHA PUSHTRONEX SYSTEM (*evolocumab*) 420 MG/3.5ML SOLN CART | TIER 3 | PA, QLC (1 injector/month) |
| REPATHA SURECLICK (*evolocumab*) REPTH140 MG/ML SOLN -INJ | TIER 3 | PA, QLC (2 pens/month) |
| VASCEPA (*icosapent ethyl*) 0.5 GM CAP | TIER 3 | PA, QLC (2 caps/day) |

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

| | | |
|---|---|---|
| *hydralazine hcl tab 10 mg* | TIER 1 | |
| *hydralazine hcl tab 100 mg* | TIER 1 | |
| *hydralazine hcl tab 25 mg* | TIER 1 | |
| *hydralazine hcl tab 50 mg* | TIER 1 | |
| *minoxidil tab 10 mg* | TIER 1 | |
| *minoxidil tab 2.5 mg* | TIER 1 | |

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

| | | |
|---|---|---|
| ISOSORBIDE DINITRATE ER 40 MG TAB | TIER 1 | |
| *isosorbide dinitrate tab 10 mg* | TIER 1 | |
| *isosorbide dinitrate tab 20 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *isosorbide dinitrate tab 30 mg* | TIER 1 | |
| *isosorbide dinitrate tab 40 mg* | TIER 1 | |
| *isosorbide dinitrate tab 5 mg* | TIER 1 | |
| ISOSORBIDE MONONITRATE 10 MG TAB, 20 MG TAB | TIER 1 | |
| *isosorbide mononitrate tab 10 mg* | TIER 1 | |
| *isosorbide mononitrate tab 20 mg* | TIER 1 | |
| *isosorbide mononitrate tab er 24hr 120 mg* (ISOSORBIDE MONONITRATE ER) | TIER 1 | |
| *isosorbide mononitrate tab er 24hr 30 mg* (ISOSORBIDE MONONITRATE ER) | TIER 1 | |
| *isosorbide mononitrate tab er 24hr 60 mg* (ISOSORBIDE MONONITRATE ER) | TIER 1 | |
| NITRO-BID (*nitroglycerin*) -2 % OINTMENT | TIER 3 | |
| NITRO-TIME (*nitroglycerin*) -2.5 MG CAP ER, -6.5 MG CAP ER, -9 MG CAP ER | TIER 1 | |
| *nitroglycerin cap er 2.5 mg* (NITROGLYCERIN ER) | TIER 1 | |
| *nitroglycerin cap er 6.5 mg* (NITROGLYCERIN ER) | TIER 1 | |
| *nitroglycerin cap er 9 mg* (NITROGLYCERIN ER) | TIER 1 | |
| *nitroglycerin sl tab 0.3 mg* | TIER 1 | |
| *nitroglycerin sl tab 0.4 mg* | TIER 1 | |
| *nitroglycerin sl tab 0.6 mg* | TIER 1 | |
| *nitroglycerin td patch 24hr 0.1 mg/hr* | TIER 1 | |
| *nitroglycerin td patch 24hr 0.1 mg/hr* (MINITRAN) | TIER 1 | |
| *nitroglycerin td patch 24hr 0.2 mg/hr* | TIER 1 | |
| *nitroglycerin td patch 24hr 0.2 mg/hr* (MINITRAN) | TIER 1 | |
| *nitroglycerin td patch 24hr 0.4 mg/hr* | TIER 1 | |
| *nitroglycerin td patch 24hr 0.4 mg/hr* (MINITRAN) | TIER 1 | |
| *nitroglycerin td patch 24hr 0.6 mg/hr* | TIER 1 | |
| *nitroglycerin td patch 24hr 0.6 mg/hr* (MINITRAN) | TIER 1 | |

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

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

### ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

| | | |
|---|---|---|
| *amphetamine-dextroamphetamine cap er 24hr 10 mg* (AMPHETAMINE-DEXTROAMPHET ER) *-dextro* | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *amphetamine-dextroamphetamine cap er 24hr 15 mg* (AMPHETAMINE-DEXTROAMPHET ER) *-dextro* | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *amphetamine-dextroamphetamine cap er 24hr 20 mg* (AMPHETAMINE-DEXTROAMPHET ER) *-dextro* | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *amphetamine-dextroamphetamine cap er 24hr 25 mg* (AMPHETAMINE-DEXTROAMPHET ER) *-dextro* | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *amphetamine-dextroamphetamine cap er 24hr 30 mg* (AMPHETAMINE-DEXTROAMPHET ER) *-dextro* | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *amphetamine-dextroamphetamine cap er 24hr 5 mg* (AMPHETAMINE-DEXTROAMPHET ER) *-dextro* | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *amphetamine-dextroamphetamine tab 10 mg -dextro* | TIER 1 | AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| *amphetamine-dextroamphetamine tab 12.5 mg -dextro* | TIER 1 | AL1 (Up to 17 yrs old), QLC (5 tabs/day) |
| *amphetamine-dextroamphetamine tab 15 mg -dextro* | TIER 1 | AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| *amphetamine-dextroamphetamine tab 20 mg -dextro* | TIER 1 | AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| *amphetamine-dextroamphetamine tab 30 mg -dextro* | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| *amphetamine-dextroamphetamine tab 5 mg -dextro* | TIER 1 | AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| *amphetamine-dextroamphetamine tab 7.5 mg -dextro* | TIER 1 | AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| *dextroamphetamine sulfate cap er 24hr 10 mg* (DEXTROAMPHETAMINE SULFATE ER) | TIER 2 | ST, AL1 (Up to 17 yrs old), QLC (6 caps/day) |
| *dextroamphetamine sulfate cap er 24hr 15 mg* (DEXTROAMPHETAMINE SULFATE ER) | TIER 2 | ST, AL1 (Up to 17 yrs old), QLC (4 caps/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *dextroamphetamine sulfate cap er 24hr 5 mg* (DEXTROAMPHETAMINE SULFATE ER) | TIER 2 | ST, AL1 (Up to 17 yrs old), QLC (12 caps/day) |
| *dextroamphetamine sulfate tab 10 mg* | TIER 1 | ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day) |
| *dextroamphetamine sulfate tab 5 mg* | TIER 1 | ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day) |
| VYVANSE (*lisdexamfetamine dimesylate*) 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP | TIER 2 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| VYVANSE (*lisdexamfetamine dimesylate*) 10 MG CHEW TAB, 20 MG CHEW TAB, 30 MG CHEW TAB, 40 MG CHEW TAB, 50 MG CHEW TAB, 60 MG CHEW TAB | TIER 2 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |

## ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

| | | |
|---|---|---|
| *atomoxetine hcl cap 10 mg (base equiv)* | TIER 2 | AL1 (Up to 17 yrs old), QLC (4 caps/day) |
| *atomoxetine hcl cap 100 mg (base equiv)* | TIER 2 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *atomoxetine hcl cap 18 mg (base equiv)* | TIER 2 | AL1 (Up to 17 yrs old), QLC (4 caps/day) |
| *atomoxetine hcl cap 25 mg (base equiv)* | TIER 2 | AL1 (Up to 17 yrs old), QLC (4 caps/day) |
| *atomoxetine hcl cap 40 mg (base equiv)* | TIER 2 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *atomoxetine hcl cap 60 mg (base equiv)* | TIER 2 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *atomoxetine hcl cap 80 mg (base equiv)* | TIER 2 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *dexmethylphenidate hcl cap er 24 hr 10 mg* (DEXMETHYLPHENIDATE HCL ER) | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *dexmethylphenidate hcl cap er 24 hr 15 mg* (DEXMETHYLPHENIDATE HCL ER) | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *dexmethylphenidate hcl cap er 24 hr 20 mg* (DEXMETHYLPHENIDATE HCL ER) | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *dexmethylphenidate hcl cap er 24 hr 25 mg* (DEXMETHYLPHENIDATE HCL ER) | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *dexmethylphenidate hcl cap er 24 hr 30 mg* (DEXMETHYLPHENIDATE HCL ER) | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (1 cap/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *dexmethylphenidate hcl cap er 24 hr 35 mg* (DEXMETHYLPHENIDATE HCL ER) | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *dexmethylphenidate hcl cap er 24 hr 40 mg* (DEXMETHYLPHENIDATE HCL ER) | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *dexmethylphenidate hcl cap er 24 hr 5 mg* (DEXMETHYLPHENIDATE HCL ER) | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *dexmethylphenidate hcl tab 10 mg* | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| *dexmethylphenidate hcl tab 2.5 mg* | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| *dexmethylphenidate hcl tab 5 mg* | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| *guanfacine hcl tab er 24hr 1 mg (base equiv)* (GUANFACINE HCL ER) | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *guanfacine hcl tab er 24hr 2 mg (base equiv)* (GUANFACINE HCL ER) *4hr* | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *guanfacine hcl tab er 24hr 3 mg (base equiv)* (GUANFACINE HCL ER) | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *guanfacine hcl tab er 24hr 4 mg (base equiv)* (GUANFACINE HCL ER) *2hr* | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *methylphenidate hcl cap er 24hr 10 mg (la)* (METHYLPHENIDATE HCL ER (LA)) | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *methylphenidate hcl cap er 24hr 20 mg (la)* (METHYLPHENIDATE HCL ER (LA)) | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *methylphenidate hcl cap er 24hr 30 mg (la)* (METHYLPHENIDATE HCL ER (LA)) | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 caps/day) |
| *methylphenidate hcl cap er 24hr 40 mg (la)* (METHYLPHENIDATE HCL ER (LA)) | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *methylphenidate hcl cap er 24hr 60 mg (la)* (METHYLPHENIDATE HCL ER (LA)) | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 cap/day) |
| *methylphenidate hcl chew tab 10 mg* | TIER 1 | AL1 (Up to 17 yrs old), QLC (6 tabs/day) |
| *methylphenidate hcl chew tab 2.5 mg* | TIER 1 | AL1 (Up to 17 yrs old), QLC (6 tabs/day) |
| *methylphenidate hcl chew tab 5 mg* | TIER 1 | AL1 (Up to 17 yrs old), QLC (6 tabs/day) |
| METHYLPHENIDATE HCL ER 18 MG TAB 24H | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| METHYLPHENIDATE HCL ER 72 MG TAB | TIER 2 | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day) |

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *methylphenidate hcl soln 10 mg/5ml* | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (30 ml/day) |
| *methylphenidate hcl soln 5 mg/5ml mg/ml* | TIER 3 | ST, AL1 (Up to 17 yrs old), QLC (60 ml/day) |
| *methylphenidate hcl tab 10 mg* | TIER 1 | AL1 (Up to 17 yrs old), QLC (6 tabs/day) |
| *methylphenidate hcl tab 20 mg* | TIER 1 | AL1 (Up to 17 yrs old), QLC (3 tabs/day) |
| *methylphenidate hcl tab 5 mg* | TIER 1 | AL1 (Up to 17 yrs old), QLC (12 tabs/day) |
| *methylphenidate hcl tab er 24hr 27 mg* (METHYLPHENIDATE HCL ER) | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *methylphenidate hcl tab er 24hr 36 mg* (METHYLPHENIDATE HCL ER) | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| *methylphenidate hcl tab er 24hr 54 mg* (METHYLPHENIDATE HCL ER) | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *methylphenidate hcl tab er osmotic release (osm) 18 mg* (METHYLPHENIDATE HCL ER (OSM)) | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *methylphenidate hcl tab er osmotic release (osm) 18 mg* (METHYLPHENIDATE HCL ER) | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *methylphenidate hcl tab er osmotic release (osm) 27 mg* (METHYLPHENIDATE HCL ER (OSM)) | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *methylphenidate hcl tab er osmotic release (osm) 27 mg* (METHYLPHENIDATE HCL ER) | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *methylphenidate hcl tab er osmotic release (osm) 36 mg* (METHYLPHENIDATE HCL ER (OSM)) | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| *methylphenidate hcl tab er osmotic release (osm) 36 mg* (METHYLPHENIDATE HCL ER) | TIER 1 | AL1 (Up to 17 yrs old), QLC (2 tabs/day) |
| *methylphenidate hcl tab er osmotic release (osm) 54 mg* (METHYLPHENIDATE HCL ER (OSM)) | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| *methylphenidate hcl tab er osmotic release (osm) 54 mg* (METHYLPHENIDATE HCL ER) | TIER 1 | AL1 (Up to 17 yrs old), QLC (1 tab/day) |
| RELEXXII (*methylphenidate hcl*) 72 MG TAB ER | TIER 2 | PA, AL1 (Up to 17 yrs old), QLC (1 tab/day) |

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **CENTRAL NERVOUS SYSTEM, OTHER** | | |
| ADIPEX-P (*phentermine hcl*) ADIEX-37.5 MG CA | TIER 1 | PA |
| BENZPHETAMINE HCL 25 MG TAB | TIER 1 | PA, QLC (3 tabs/day) |
| *benzphetamine hcl tab 50 mg* | TIER 1 | PA |
| *butalbital-acetaminophen tab 50-325 mg* | TIER 1 | QLC (6 tabs/day; max 48 tabs/30 days) |
| *butalbital-acetaminophen tab 50-325 mg* (BUTALBITAL-APAP) | TIER 1 | QLC (6 tabs/day; max 48 tabs/30 days) |
| *butalbital-acetaminophen-caffeine tab 50-325-40 mg* (BAC) | TIER 1 | QLC (6 tabs/day; max 48 tabs/30 days) |
| *butalbital-acetaminophen-caffeine tab 50-325-40 mg* (BUTALBITAL-APAP-CAFFEINE) | TIER 1 | QLC (6 tabs/day; max 48 tabs/30 days) |
| DIETHYLPROPION HCL ER 75 MG TAB 24H | TIER 1 | PA |
| *diethylpropion hcl tab 25 mg* | TIER 1 | PA |
| LOMAIRA (*phentermine hcl*) 8 MG TAB | TIER 1 | PA |
| *phendimetrazine tartrate tab 35 mg* | TIER 1 | PA |
| *phentermine hcl cap 15 mg* | TIER 1 | PA |
| *phentermine hcl cap 30 mg* | TIER 1 | PA |
| *phentermine hcl cap 37.5 mg* | TIER 1 | PA |
| *phentermine hcl tab 37.5 mg* | TIER 1 | PA |
| *riluzole tab 50 mg* | TIER 1 | |
| **FIBROMYALGIA AGENTS** | | |
| *duloxetine hcl enteric coated pellets cap 20 mg (base eq)* | TIER 1 | QLC (2 caps/day) |
| *duloxetine hcl enteric coated pellets cap 30 mg (base eq)* | TIER 1 | QLC (3 caps/day) |
| *duloxetine hcl enteric coated pellets cap 40 mg (base eq)* | TIER 1 | QLC (2 caps/day) |
| *duloxetine hcl enteric coated pellets cap 60 mg (base eq)* | TIER 1 | QLC (2 caps/day) |
| *pregabalin cap 100 mg* | TIER 2 | QLC (3 caps/day) |
| *pregabalin cap 150 mg* | TIER 2 | QLC (3 caps/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *pregabalin cap 200 mg* | TIER 2 | QLC (3 caps/day) |
| *pregabalin cap 225 mg* | TIER 2 | QLC (2 caps/day) |
| *pregabalin cap 25 mg* | TIER 2 | QLC (3 caps/day) |
| *pregabalin cap 300 mg* | TIER 2 | QLC (2 caps/day) |
| *pregabalin cap 50 mg* | TIER 2 | QLC (3 caps/day) |
| *pregabalin cap 75 mg* | TIER 2 | QLC (3 caps/day) |
| *pregabalin soln 20 mg/ml* | TIER 2 | QLC (30 ml/day) |

## MULTIPLE SCLEROSIS AGENTS

| | | |
|---|---|---|
| *dimethyl fumarate capsule delayed release 120 mg* | TIER 4 | SP, QLC (2 caps/day) |
| *dimethyl fumarate capsule delayed release 240 mg* | TIER 4 | SP, QLC (2 caps/day) |
| *dimethyl fumarate capsule dr starter pack 120 mg & 240 mg* (DIMETHYL FUMARATE STARTER PACK) | TIER 4 | SP, QLC (2 tabs/day; 1 pack/month) |
| EXTAVIA (*interferon beta-1b*) 0.3 MG KIT | TIER 3 | SP, QLC (1 kit/month) |
| GILENYA (*fingolimod hcl*) 0.5 MG CAP | TIER 4 | SP, QLC (1 cap/day) |
| *glatiramer acetate soln prefilled syringe 20 mg/ml* | TIER 4 | SP, QLC (1 syringe/day) |
| *glatiramer acetate soln prefilled syringe 20 mg/ml* (GLATOPA) | TIER 4 | SP, QLC (1 syringe/day) |
| *glatiramer acetate soln prefilled syringe 40 mg/ml* | TIER 4 | SP, QLC (12 syringes/month) |
| *glatiramer acetate soln prefilled syringe 40 mg/ml* (GLATOPA) | TIER 4 | SP, QLC (12 syringes/month) |

# DENTAL AND ORAL AGENTS (Drugs for the Mouth)

## DENTAL AND ORAL AGENTS

| | | |
|---|---|---|
| *cevimeline hcl cap 30 mg* | TIER 1 | |
| *pilocarpine hcl tab 5 mg* | TIER 1 | |
| *pilocarpine hcl tab 7.5 mg* | TIER 1 | |
| *triamcinolone acetonide dental paste 0.1%* | TIER 1 | |
| *triamcinolone acetonide dental paste 0.1%* (ORALONE) | TIER 1 | |

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

## DERMATOLOGICAL AGENTS (Drugs for the Skin)

### ACNE AND ROSACEA AGENTS

| | | |
|---|---|---|
| *acitretin cap 10 mg* | TIER 3 | |
| *acitretin cap 17.5 mg* | TIER 3 | |
| *acitretin cap 25 mg* | TIER 3 | |
| ADAPALENE 0.1 % LOTION | TIER 1 | AL1 (Up to 40 yrs old) |
| *adapalene cream 0.1%* | TIER 1 | AL1 (Up to 40 yrs old) |
| *adapalene gel 0.3%* | TIER 1 | AL1 (Up to 40 yrs old) |
| *adapalene-benzoyl peroxide gel 0.1-2.5%* | TIER 3 | ST, AL1 (Up to 40 yrs old) |
| *azelaic acid gel 15%* | TIER 2 | QLC (1 tube/month) |
| *benzoyl peroxide-erythromycin gel 5-3%* | TIER 1 | |
| *clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%* (CLINDAMYCIN PHOS-BENZOYL PEROX) | TIER 1 | |
| *clindamycin phosphate-benzoyl peroxide gel 1-5%* (CLINDAMYCIN PHOS-BENZOYL PEROX) | TIER 1 | |
| *isotretinoin cap 10 mg* | TIER 1 | |
| *isotretinoin cap 10 mg* (ACCUTANE) | TIER 1 | |
| *isotretinoin cap 10 mg* (AMNESTEEM) | TIER 1 | |
| *isotretinoin cap 10 mg* (CLARAVIS) | TIER 1 | |
| *isotretinoin cap 10 mg* (MYORISAN) | TIER 1 | |
| *isotretinoin cap 10 mg* (ZENATANE) | TIER 1 | |
| *isotretinoin cap 20 mg* | TIER 1 | |
| *isotretinoin cap 20 mg* (ACCUTANE) | TIER 1 | |
| *isotretinoin cap 20 mg* (AMNESTEEM) | TIER 1 | |
| *isotretinoin cap 20 mg* (CLARAVIS) | TIER 1 | |
| *isotretinoin cap 20 mg* (MYORISAN) | TIER 1 | |
| *isotretinoin cap 20 mg* (ZENATANE) | TIER 1 | |
| *isotretinoin cap 25 mg* | TIER 1 | |
| *isotretinoin cap 30 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *isotretinoin cap 30 mg* (ACCUTANE) | TIER 1 | |
| *isotretinoin cap 30 mg* (CLARAVIS) | TIER 1 | |
| *isotretinoin cap 30 mg* (MYORISAN) | TIER 1 | |
| *isotretinoin cap 30 mg* (ZENATANE) | TIER 1 | |
| *isotretinoin cap 35 mg* | TIER 1 | |
| *isotretinoin cap 40 mg* | TIER 1 | |
| *isotretinoin cap 40 mg* (ACCUTANE) | TIER 1 | |
| *isotretinoin cap 40 mg* (AMNESTEEM) | TIER 1 | |
| *isotretinoin cap 40 mg* (CLARAVIS) | TIER 1 | |
| *isotretinoin cap 40 mg* (MYORISAN) | TIER 1 | |
| *isotretinoin cap 40 mg* (ZENATANE) | TIER 1 | |
| *tretinoin cream 0.025%* | TIER 1 | AL1 (Up to 40 yrs old) |
| *tretinoin cream 0.05%* | TIER 1 | AL1 (Up to 40 yrs old) |
| *tretinoin cream 0.1%* | TIER 1 | AL1 (Up to 40 yrs old) |
| *tretinoin gel 0.01%* | TIER 2 | AL1 (Up to 40 yrs old) |
| *tretinoin gel 0.025%* | TIER 1 | AL1 (Up to 40 yrs old) |
| *tretinoin gel 0.05%* | TIER 2 | PA |

## DERMATITIS AND PRURITUS AGENTS (Drugs for Skin Inflammation and Itch)

| | | |
|---|---|---|
| *alclometasone dipropionate oint 0.05%* | TIER 1 | |
| ANUSOL-HC (*hydrocortisone (rectal)*) -2.5 % CREAM | TIER 1 | |
| BETAMETHASONE DIPROPIONATE AUG (*betamethasone dipropionate augmented*) 0.05 % GEL | TIER 1 | |
| *betamethasone dipropionate augmented oint 0.05%* | TIER 1 | |
| *betamethasone dipropionate cream 0.05%* | TIER 1 | |
| *betamethasone dipropionate lotion 0.05%* | TIER 1 | |
| *betamethasone valerate cream 0.1% (base equivalent)* | TIER 1 | |
| *betamethasone valerate lotion 0.1% (base equivalent)* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *betamethasone valerate oint 0.1% (base equivalent)* | TIER 1 | |
| *clobetasol propionate cream 0.05%* | TIER 1 | |
| *clobetasol propionate emollient base cream 0.05%* (CLOBETASOL PROP EMOLLIENT BASE) | TIER 1 | |
| *clobetasol propionate gel 0.05%* | TIER 1 | |
| *clobetasol propionate oint 0.05%* | TIER 1 | |
| *clobetasol propionate soln 0.05%* | TIER 1 | |
| *desonide cream 0.05%* | TIER 1 | |
| *desonide oint 0.05%* | TIER 1 | |
| *desoximetasone cream 0.05%* | TIER 3 | ST |
| *desoximetasone cream 0.25%* | TIER 3 | ST |
| DIFLORASONE DIACETATE 0.05 % CREAM | TIER 3 | ST |
| *fluocinolone acetonide cream 0.01%* | TIER 1 | |
| *fluocinolone acetonide cream 0.025%* | TIER 1 | |
| *fluocinolone acetonide oil 0.01% (body oil)* (FLUOCINOLONE ACETONIDE BODY) *)* | TIER 2 | |
| *fluocinolone acetonide oil 0.01% (scalp oil)* (FLUOCINOLONE ACETONIDE SCALP) *)* | TIER 2 | |
| *fluocinolone acetonide oint 0.025%* | TIER 1 | |
| *fluocinolone acetonide soln 0.01%* | TIER 2 | |
| *fluocinonide cream 0.05%* | TIER 1 | |
| *fluocinonide emulsified base cream 0.05%* | TIER 1 | |
| *fluocinonide gel 0.05%* | TIER 1 | |
| *fluocinonide oint 0.05%* | TIER 1 | |
| *fluocinonide soln 0.05%* | TIER 1 | |
| *fluticasone propionate cream 0.05%* | TIER 1 | |
| *fluticasone propionate oint 0.005%* | TIER 1 | |
| *halobetasol propionate cream 0.05%* | TIER 1 | |
| *halobetasol propionate oint 0.05%* | TIER 1 | |
| HYDROCORTISONE BUTYRATE 0.1 % CREAM | TIER 1 | ST |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| HYDROCORTISONE BUTYRATE 0.1 % SOLUTION | TIER 1 | |
| *hydrocortisone butyrate cream 0.1%* | TIER 1 | ST |
| *hydrocortisone butyrate soln 0.1%* | TIER 1 | |
| *hydrocortisone cream 2.5%* | TIER 1 | |
| *hydrocortisone cream 2.5%* (ALA-CORT) | TIER 1 | |
| *hydrocortisone lotion 2.5%* | TIER 1 | |
| *hydrocortisone oint 2.5%* | TIER 1 | |
| *hydrocortisone perianal cream 1%* (HYDROCORTISONE (PERIANAL)) | TIER 1 | |
| *hydrocortisone perianal cream 1%* (PROCTO-PAK) | TIER 1 | |
| *hydrocortisone perianal cream 2.5%* (HYDROCORTISONE (PERIANAL)) | TIER 1 | |
| *hydrocortisone perianal cream 2.5%* (PROCTO-MED HC) | TIER 1 | |
| *hydrocortisone perianal cream 2.5%* (PROCTOSOL HC) | TIER 1 | |
| *hydrocortisone perianal cream 2.5%* (PROCTOZONE-HC) | TIER 1 | |
| *hydrocortisone valerate cream 0.2%* | TIER 1 | |
| *mometasone furoate solution 0.1% (lotion)* | TIER 1 | |
| *pimecrolimus cream 1%* | TIER 2 | ST, QLC (100 gm/month) |
| PSORCON (*diflorasone diacetate*) 0.05 % CREAM | TIER 3 | ST |
| *selenium sulfide lotion 2.5%* | TIER 1 | QLC (1 bottle/month) |
| *tacrolimus oint 0.03%* | TIER 2 | ST, AL1 (Up to 12 yrs old), QLC (100 gm/month) |
| *tacrolimus oint 0.1%* | TIER 2 | ST, AL1 (At least 16 yrs old), QLC (100 gm/month) |
| *triamcinolone acetonide cream 0.025%* | TIER 1 | |
| *triamcinolone acetonide cream 0.1%* | TIER 1 | |
| *triamcinolone acetonide cream 0.1%* (TRIDERM) | TIER 1 | |
| *triamcinolone acetonide cream 0.5%* | TIER 1 | |
| *triamcinolone acetonide cream 0.5%* (TRIDERM) | TIER 1 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *triamcinolone acetonide lotion 0.025%* | TIER 1 | |
| *triamcinolone acetonide lotion 0.1%* | TIER 1 | |
| *triamcinolone acetonide oint 0.025%* | TIER 1 | |
| *triamcinolone acetonide oint 0.1%* | TIER 1 | |
| *triamcinolone acetonide oint 0.5%* | TIER 1 | |

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

| | | |
|---|---|---|
| *calcipotriene cream 0.005%* | TIER 1 | |
| *calcipotriene oint 0.005%* | TIER 1 | |
| *calcipotriene oint 0.005%* (CALCITRENE) | TIER 1 | |
| *calcipotriene soln 0.005% (50 mcg/ml)* | TIER 1 | |
| CALCITRIOL (*calcitriol (topical)*) 3 MCG/GM OINTMENT | TIER 2 | |
| *clotrimazole w/ betamethasone cream 1-0.05%* (CLOTRIMAZOLE-BETAMETHASONE) | TIER 1 | |
| *clotrimazole w/ betamethasone lotion 1-0.05%* (CLOTRIMAZOLE-BETAMETHASONE) | TIER 1 | |
| FLUOROURACIL (*fluorouracil (topical)*) 2 % SOLUTION, 5 % SOLUTION | TIER 1 | |
| *fluorouracil cream 5%* | TIER 1 | |
| *hydrocortisone acetate w/ pramoxine perianal cream 1-1%* (HYDROCORTISONE ACE-PRAMOXINE) | TIER 1 | |
| *imiquimod cream 5%* | TIER 1 | QLC (24 packs/month, max of 48 packs/6 months) |
| METHOXSALEN RAPID 10 MG CAP | TIER 1 | |
| *methoxsalen rapid cap 10 mg* | TIER 1 | |
| *nystatin-triamcinolone cream 100000-0.1 unit/gm-%* | TIER 1 | |
| *nystatin-triamcinolone oint 100000-0.1 unit/gm-%* | TIER 1 | |
| OTEZLA (*apremilast*) 30 MG TAB | TIER 4 | PA, SP, QLC (2 tabs/day) |
| *podofilox soln 0.5%* | TIER 1 | |
| SALICYLIC ACID 6 % LOTION | TIER 1 | QLC (400 gm/month) |
| *salicylic acid film forming liquid 27.5%* | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *salicylic acid film forming liquid 27.5%* (SALICYLIC ACID WART REMOVER) | TIER 2 | |
| *salicylic acid lotion 6%* | TIER 1 | QLC (400 gm/month) |
| *salicylic acid lotion 6%* (SALITECH FORTE) | TIER 1 | QLC (400 gm/month) |
| *silver sulfadiazine cream 1%* | TIER 1 | |
| *silver sulfadiazine cream 1%* (SSD) | TIER 1 | |
| SODIUM SULFACETAMIDE-BAKUCHIOL (*sulfacetamide sodium in bakuchiol vehicle*) -10 % LIQUID | TIER 1 | |
| SSS 10-5 (*sulfacetamide sodium w/ sulfur*) - -% FOAM | TIER 1 | |
| *sulfacetamide sodium liquid 10%* | TIER 1 | |
| *sulfacetamide sodium liquid 10%* (SODIUM SULFACETAMIDE WASH) | TIER 1 | |
| *sulfacetamide sodium shampoo 10%* (SODIUM SULFACETAMIDE) | TIER 1 | |
| *sulfacetamide sodium w/ sulfur cleanser 10-2%* (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | |
| *sulfacetamide sodium w/ sulfur cleanser 10-5%* (AVAR CLEANSER) | TIER 1 | |
| *sulfacetamide sodium w/ sulfur cleanser 10-5%* (ROSANIL CLEANSER) | TIER 1 | |
| *sulfacetamide sodium w/ sulfur cleanser 10-5%* (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | |
| *sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%* (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | ST, QLC (1 bottle/month) |
| *sulfacetamide sodium w/ sulfur cleansing pad 10-4%* (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | |
| *sulfacetamide sodium w/ sulfur cream 10-2%* (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | |
| *sulfacetamide sodium w/ sulfur cream 10-5%* (SSS 10-5) | TIER 1 | |
| *sulfacetamide sodium w/ sulfur cream 10-5%* (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | |
| *sulfacetamide sodium w/ sulfur cream 9.8-4.8%* (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | ST, QLC (1 bottle/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *sulfacetamide sodium w/ sulfur lotion 9.8-4.8%* (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | ST, QLC (1 bottle/month) |
| *sulfacetamide sodium w/ sulfur susp 8-4%* (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | ST |
| *sulfacetamide sodium w/ sulfur susp 8-4%* (SULFACLEANSE 8/4) | TIER 1 | ST |
| *sulfacetamide sodium w/ sulfur wash 9-4%* (SULFACETAMIDE SOD-SULFUR WASH) | TIER 1 | |
| *sulfacetamide sodium w/ sulfur wash 9-4%* (SULFACETAMIDE SODIUM-SULFUR) | TIER 1 | |
| SULFACETAMIDE SODIUM-SULFUR (*sulfacetamide sodium w/ sulfur*) -10-5 % LOTION, -10-5 % SUSPENSION | TIER 1 | |
| *urea cream 40%* | TIER 1 | |
| *urea cream 40%* (UREMEZ-40) | TIER 1 | |
| *urea lotion 40%* | TIER 1 | |
| *urea lotion 40%* (CEROVEL) | TIER 1 | |
| *urea lotion 40%* (UREA-C40) | TIER 1 | |

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

| | | |
|---|---|---|
| LINDANE 1 % SHAMPOO | TIER 1 | |
| *malathion lotion 0.5%* | TIER 2 | |
| *permethrin cream 5%* | TIER 1 | |
| SPINOSAD 0.9 % SUSPENSION | TIER 1 | QLC (1 bottle/fill) |

## TOPICAL ANTI-INFECTIVES (Drugs for Skin Infection)

| | | |
|---|---|---|
| *ciclopirox gel 0.77%* | TIER 1 | |
| *ciclopirox shampoo 1%* | TIER 1 | |
| *ciclopirox solution 8%* | TIER 1 | |
| *ciclopirox solution 8%* (CICLODAN) | TIER 1 | |
| *clindamycin phosphate gel 1%* | TIER 1 | |
| *clindamycin phosphate lotion 1%* | TIER 1 | |
| *clindamycin phosphate soln 1%* | TIER 1 | |
| ERY (*erythromycin (acne aid)*) 2 % PAD | TIER 1 | |
| *erythromycin gel 2%* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *erythromycin pads 2%* | TIER 1 | |
| *erythromycin soln 2%* | TIER 1 | |
| *mafenide acetate packet for topical soln 5% (50 gm)* | TIER 1 | |
| *mupirocin oint 2%* | TIER 1 | |

## ELECTROLYTES/MINERALS/METALS/VITAMINS

### ELECTROLYTE/MINERAL REPLACEMENT

| | | |
|---|---|---|
| *carglumic acid soluble tab 200 mg* | TIER 4 | PA, SP, QLC (35 tabs/day) |
| MULTIVITAMIN/FLUORIDE (*pediatric multivitamins w/fl*) 0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| *potassium chloride cap er 10 meq* (KLOR-CON SPRINKLE) | TIER 1 | |
| *potassium chloride cap er 10 meq* (POTASSIUM CHLORIDE ER) | TIER 1 | |
| *potassium chloride cap er 8 meq* (KLOR-CON SPRINKLE) | TIER 1 | |
| *potassium chloride cap er 8 meq* (POTASSIUM CHLORIDE ER) | TIER 1 | |
| POTASSIUM CHLORIDE ER 8 MEQ TAB | TIER 1 | |
| *potassium chloride microencapsulated crys er tab 10 meq* (KLOR-CON M10) | TIER 1 | |
| *potassium chloride microencapsulated crys er tab 10 meq* (POTASSIUM CHLORIDE CRYS ER) | TIER 1 | |
| *potassium chloride microencapsulated crys er tab 15 meq* (KLOR-CON M15) | TIER 1 | |
| *potassium chloride microencapsulated crys er tab 15 meq* (POTASSIUM CHLORIDE CRYS ER) | TIER 1 | |
| *potassium chloride microencapsulated crys er tab 20 meq* (KLOR-CON M20) | TIER 1 | |
| *potassium chloride microencapsulated crys er tab 20 meq* (POTASSIUM CHLORIDE CRYS ER) | TIER 1 | |
| *potassium chloride oral soln 10% (20 meq/15ml)* | TIER 2 | PA |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *potassium chloride oral soln 20% (40 meq/15ml)* | TIER 2 | PA |
| *potassium chloride tab er 10 meq* (POTASSIUM CHLORIDE ER) | TIER 1 | |
| *potassium chloride tab er 20 meq (1500 mg)* (POTASSIUM CHLORIDE ER) | TIER 1 | |
| *potassium chloride tab er 8 meq (600 mg)* (KLOR-CON) | TIER 1 | |
| *potassium chloride tab er 8 meq (600 mg)* (POTASSIUM CHLORIDE ER) | TIER 1 | |
| *potassium citrate tab er 10 meq (1080 mg)* (POTASSIUM CITRATE ER) | TIER 1 | |
| *potassium citrate tab er 15 meq (1620 mg)* (POTASSIUM CITRATE ER) | TIER 1 | |
| *potassium citrate tab er 5 meq (540 mg)* (POTASSIUM CITRATE ER) *(40* | TIER 1 | |

## ELECTROLYTE/MINERAL/METAL MODIFIERS (Drugs that Affects Electrolytes/Minerals)

| | | |
|---|---|---|
| CHEMET (*succimer*) 100 MG CAP | TIER 2 | |
| *deferasirox tab for oral susp 125 mg* | TIER 4 | SP, SF |
| *deferasirox tab for oral susp 250 mg* | TIER 4 | SP, SF |
| *deferasirox tab for oral susp 500 mg* | TIER 4 | SP, SF |

## PHOSPHATE BINDERS (Drugs to Lower Phosphate)

| | | |
|---|---|---|
| *calcium acetate (phosphate binder) cap 667 mg (169 mg ca)* (CALCIUM ACETATE (PHOS BINDER)) | TIER 1 | |
| *sevelamer carbonate packet 0.8 gm* | TIER 2 | PA |
| *sevelamer carbonate packet 2.4 gm* | TIER 2 | PA |
| *sevelamer carbonate tab 800 mg* | TIER 1 | |

## POTASSIUM BINDERS (Drugs to Lower Potassium)

| | | |
|---|---|---|
| **sodium polystyrene sulfonate powder*** | TIER 1 | |
| LOKELMA (*sodium zirconium cyclosilicate*) 10 GM PACKET | TIER 3 | QLC (1 pack/day) |
| LOKELMA (*sodium zirconium cyclosilicate*) 5 GM PACKET | TIER 3 | QLC (3 packs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *sodium polystyrene sulfonate oral susp 15 gm/60ml* | TIER 1 | |
| *sodium polystyrene sulfonate oral susp 15 gm/60ml* (KIONEX) | TIER 1 | |
| *sodium polystyrene sulfonate rectal susp 30 gm/120ml* | TIER 1 | |
| SPS (*sodium polystyrene sulfonate*) 15 GM/60ML SUSPENSION | TIER 1 | |

## VITAMINS

| | | |
|---|---|---|
| **pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml*** (MULTI-VIT/IRON/FLUORIDE) | TIER 1 | ACA (Preventive Health) |
| **pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml*** (MULTI-VITAMIN/FLUORIDE/IRON) | TIER 1 | ACA (Preventive Health) |
| **pediatric multiple vitamins w/ fluoride chew tab 0.5 mg**** (MULTIVITAMINS/FLUORIDE) | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| **pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml**** (MULTI-VITAMIN/FLUORIDE) | TIER 1 | ACA (Preventive Health) |
| **pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml**** (MULTI-VITAMIN/FLUORIDE) | TIER 1 | ACA (Preventive Health) |
| **pediatric vitamins acd w/ fluoride soln 0.25 mg/ml**** (TRI-VITE/FLUORIDE) | TIER 1 | ACA (Preventive Health) |
| **pediatric vitamins acd w/ fluoride soln 0.25 mg/ml**** (VITAMINS ACD-FLUORIDE) | TIER 1 | ACA (Preventive Health) |
| **pediatric vitamins acd w/ fluoride soln 0.5 mg/ml**** (ADC/F (0.5MG/ML)) | TIER 1 | ACA (Preventive Health) |
| **pediatric vitamins acd w/ fluoride soln 0.5 mg/ml**** (TRI-VITE/FLUORIDE) | TIER 1 | ACA (Preventive Health) |
| C-NATE DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) -28-1-200 MG AP | TIER 1 | |
| CO-NATAL FA (*prenatal vit w/ ferrous fumarate-folic acid*) - TAB | TIER 1 | |
| COMPLETENATE (*prenatal vit w/ ferrous fumarate-folic acid*) 29-1 MG CHEW TAB | TIER 1 | |
| *cyanocobalamin inj 1000 mcg/ml* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *cyanocobalamin inj 1000 mcg/ml* (DODEX) | TIER 1 | |
| DOTHELLE DHA (*prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*) 53.5-38-1 MG CAP | TIER 1 | |
| ELITE-OB (*prenatal vit w/ iron carbonyl-folic acid*) -50-1.25 MG TAB | TIER 1 | |
| *folic acid tab 1 mg* | TIER 1 | |
| *folic acid tab 1 mg* (KP FOLIC ACID) | TIER 1 | |
| FOLIVANE-OB (*prenatal without a vit w/ fe fum-iron polysacch complex -fa*) -85-1 MG CAP | TIER 1 | |
| *levocarnitine oral soln 1 gm/10ml (10%)* (LEVOCARNITINE SF) *gm/0ml (0%)* | TIER 1 | |
| *levocarnitine oral soln 1 gm/10ml (10%) gm/0ml (0%)* | TIER 1 | |
| *levocarnitine tab 330 mg* | TIER 1 | |
| M-NATAL PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) -27-1 G TAB | TIER 1 | |
| M-VIT (*prenatal vit w/ ferrous fumarate-folic acid*) - TAB | TIER 1 | |
| MULTI-VIT-FLOR (*pediatric multivitamins w/fl*) --0.25 MG CHEW TAB | TIER 1 | QLC (1 tab/day) |
| MULTI-VIT-FLOR (*pediatric multivitamins w/fl*) --0.5 MG CHEW TAB, --1 MG CHEW TAB | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| MULTIVITAMIN/FLUORIDE (*pediatric multivitamins w/fl*) 0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |
| MYNATAL PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) TAB | TIER 1 | |
| MYNATAL-Z (*prenatal vit w/ ferrous fumarate-folic acid*) - TAB | TIER 1 | |
| NEONATAL COMPLETE (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB, 29-1 MG TAB | TIER 1 | |
| NEONATAL PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | TIER 1 | |
| NIVA-PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) -27-1 MG TAB | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| O-CAL FA (*prenatal vit w/ ferrous fumarate-folic acid*) -27-1 MG TAB | TIER 1 | |
| ONE VITE WOMENS PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | TIER 1 | |
| PNV TABS 29-1 (*prenatal vit w/ iron carbonyl-folic acid*) S --MG | TIER 1 | |
| PNV-DHA (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) -27-0.6-0.4-300 MG CAP | TIER 1 | |
| PNV-OMEGA (*prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*) -28-0.6-0.4-340 MG CAP | TIER 1 | |
| PNV-SELECT (*prenatal vit w/ ferrous fumarate-l methylfolate-folic acid*) -27-0.6-0.4 MG TAB | TIER 1 | |
| POT BICARB-POT CHLORIDE (*potassium bicarb & chloride*) -25 MEQ EFFER TAB | TIER 1 | |
| *pot bicarbonate & chloride effer tab 25 meq* (EFFERVESCENT POT CHLORIDE) | TIER 1 | |
| *potassium bicarbonate effer tab 25 meq* | TIER 1 | |
| *potassium bicarbonate effer tab 25 meq* (EFFER-K) | TIER 1 | |
| *potassium bicarbonate effer tab 25 meq* (K-EFFERVESCENT) | TIER 1 | |
| *potassium bicarbonate effer tab 25 meq* (K-PRIME) | TIER 1 | |
| *potassium bicarbonate effer tab 25 meq* (K-VESCENT) | TIER 1 | |
| *potassium bicarbonate effer tab 25 meq* (KLOR-CON/EF) | TIER 1 | |
| PRENAISSANCE (*prenatal w/o vit a w/ fe fumarate-dss-fa-dha*) 29-1.25-325 MG CAP | TIER 1 | |
| PRENATABS FA (*prenatal vit w/ ferrous fumarate-folic acid*) 29-1 MG | TIER 1 | |
| PRENATABS RX (*prenatal vit w/ iron carbonyl-folic acid*) 29-1 MG | TIER 1 | |
| PRENATAL (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PRENATAL 19 (*prenatal vit w/ ferrous fumarate-folic acid*) 19 CHEW TAB, 19 29-1 MG CHEW TAB | TIER 1 | |
| PRENATAL PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | TIER 1 | |
| PRENATAL PLUS IRON (*prenatal vit w/ iron carbonyl-folic acid*) 29-1 MG TAB | TIER 1 | |
| PRENATAL PLUS VITAMIN/MINERAL (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | TIER 1 | |
| PRENATAL VITAMIN PLUS LOW IRON (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | TIER 1 | |
| PRENATAL-U (*prenatal without a vit w/ fe fumarate-folic acid*) -106.5-1 MG CAP | TIER 1 | |
| PRENATRIX (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | TIER 1 | |
| PRENATRYL (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | TIER 1 | |
| PREPLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | TIER 1 | |
| PRETAB (*prenatal vit w/ ferrous fumarate-folic acid*) PRE29-1 MG | TIER 1 | |
| RADIOGARDASE (*prussian blue insoluble (ferric hexacyanoferrate ii)*) 0.5 GM CAP | TIER 3 | |
| RELNATE DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) 28-1-200 MG CAP | TIER 1 | |
| SE-NATAL 19 (*prenatal vit w/ ferrous fumarate-folic acid*) -9 29-MG CHEW TAB | TIER 1 | |
| *sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)* (FLUORITAB) *luoride* | TIER 1 | ACA (Preventive Health) |
| *sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)* (NAFRINSE DROPS) *luoride* | TIER 1 | ACA (Preventive Health) |
| TARON-C DHA (*prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*) -35-1 MG AP | TIER 1 | |
| THRIVITE RX (*prenatal vit w/ iron carbonyl-folic acid*) 29-1 MG TAB | TIER 1 | |
| TL-SELECT (*prenatal w/o vit a w/ fe fumarate-dss-fa-dha*) -29-1.25-325 MG CAP | TIER 1 | |

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| TRICARE (*prenatal vit w/ ferrous fumarate-folic acid*) TAB | TIER 1 | |
| TRINATAL RX 1 (*prenatal vit w/ ferrous fumarate-folic acid*) 60-MG TAB | TIER 1 | |
| TRINATE (*prenatal vit w/ ferrous fumarate-folic acid*) TAB | TIER 1 | |
| VIL-RX (*prenatal vit w/ iron carbonyl-folic acid*) -29-1 MG TAB | TIER 1 | |
| VINATE CARE (*prenatal without a vit w/ fe fumarate-folic acid*) 40-1 MG CHEW TAB | TIER 1 | |
| VINATE M (*prenatal vit w/ selenium-fe fumarate-folic acid*) 27-1 G TAB | TIER 1 | |
| VINATE ONE (*prenatal vit w/ ferrous fumarate-folic acid*) 60-1 MG TAB | TIER 1 | |
| VIRT-C DHA (*prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*) -53.5-38-1 MG AP | TIER 1 | |
| VIRT-NATE DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) -28-1-200 MG CAP | TIER 1 | |
| VIRT-PN (*prenatal vit w/ ferrous fumarate-l methylfolate-folic acid*) -27-0.6-0.4 MG TAB | TIER 1 | |
| VIRT-PN DHA (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) -27-0.6-0.4-300 MG CAP | TIER 1 | |
| VIRT-PN PLUS (*prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*) -28-0.6-0.4-340 MG CAP | TIER 1 | |
| VITAFOL-OB (*prenatal vit w/ ferrous fumarate-folic acid*) - TAB | TIER 1 | |
| VITATHELY WITH GINGER (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB | TIER 1 | |
| VIVA DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) 28-1-200 MG CAP | TIER 1 | |
| VOL-NATE (*prenatal vit w/ ferrous fumarate-folic acid*) -28-1 MG TAB | TIER 1 | |
| VOL-PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) -27-1 MG TAB | TIER 1 | |
| VOL-TAB RX (*prenatal vit w/ iron carbonyl-folic acid*) -29-1 MG | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| WESCAP-C DHA (*prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*) WESAP-53.5-38-1 MG AP | TIER 1 | |
| WESCAP-PN DHA (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) WES-27-0.6-0.4-300 MG | TIER 1 | |
| WESNATE DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) 28-1-200 MG CAP | TIER 1 | |
| WESTAB PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) WES27-1 MG | TIER 1 | |
| ZATEAN-PN DHA (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) -27-0.6-0.4-300 MG CAP | TIER 1 | |
| ZATEAN-PN PLUS (*prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*) -28-0.6-0.4-340 MG CAP | TIER 1 | |

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

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

| | | |
|---|---|---|
| *bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit* (GAVILYTE-H) | TIER 1 | ACA (Preventive Health) |
| *lactulose (encephalopathy) solution 10 gm/15ml* (ENULOSE) | TIER 1 | |
| *lactulose (encephalopathy) solution 10 gm/15ml* (GENERLAC) | TIER 1 | |
| *lactulose (encephalopathy) solution 10 gm/15ml* (LACTULOSE ENCEPHALOPATHY) | TIER 1 | |
| *lactulose solution 10 gm/15ml* | TIER 1 | |
| *lactulose solution 10 gm/15ml* (CONSTULOSE) | TIER 1 | |
| LINZESS (*linaclotide*) 72 MCG CAP, 145 MCG CAP, 290 MCG CAP | TIER 2 | AL1 (At least 18 yrs old), QLC (1 cap/day) |
| MOVANTIK (*naloxegol oxalate*) 12.5 MG TAB, 25 MG TAB | TIER 3 | AL1 (At least 18 yrs old), QLC (1 tab/day) |
| *peg 3350-kcl-sod bicarb-nacl for soln 420 gm* (GAVILYTE-N WITH FLAVOR PACK) | TIER 1 | ACA (Preventive Health) |
| *peg 3350-kcl-sod bicarb-nacl for soln 420 gm* (PEG 3350-KCL-NA BICARB-NACL) | TIER 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *peg 3350-kcl-sod bicarb-nacl for soln 420 gm* (TRILYTE) | TIER 1 | ACA (Preventive Health) |
| PEG-PREP (*bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride*) --210 MG-GM KIT | TIER 1 | ACA (Preventive Health) |
| *sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml* (NA SULFATE-K SULFATE-MG SULF) | TIER 1 | ACA (Preventive Health) |
| SUPREP BOWEL PREP KIT (*sodium sulfate-potassium sulfate-magnesium sulfate*) SU17.5-3.13-1.6 GM/177ML SOLUTION | TIER 2 | ACA (Preventive Health) |

## ANTI-DIARRHEAL AGENTS (Drugs for Diarrhea)

| | | |
|---|---|---|
| *alosetron hcl tab 0.5 mg (base equiv)* | TIER 4 | PA |
| *alosetron hcl tab 1 mg (base equiv)* | TIER 4 | PA |
| *diphenoxylate w/ atropine tab 2.5-0.025 mg* (DIPHENOXYLATE-ATROPINE) | TIER 1 | |
| DIPHENOXYLATE-ATROPINE (*diphenoxylate w/ atropine*) -2.5-0.025 MG/5ML LIQUID | TIER 2 | |

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

| | | |
|---|---|---|
| *dicyclomine hcl cap 10 mg* | TIER 1 | |
| *dicyclomine hcl oral soln 10 mg/5ml* | TIER 1 | |
| *dicyclomine hcl tab 20 mg* | TIER 1 | |
| *glycopyrrolate tab 1 mg* | TIER 1 | |
| *glycopyrrolate tab 2 mg* | TIER 1 | |
| *hyoscyamine sulfate elixir 0.125 mg/5ml* | TIER 1 | |
| *hyoscyamine sulfate elixir 0.125 mg/5ml* (HYOSYNE) | TIER 1 | |
| *hyoscyamine sulfate sl tab 0.125 mg* | TIER 1 | |
| *hyoscyamine sulfate sl tab 0.125 mg* (OSCIMIN) | TIER 1 | |
| *hyoscyamine sulfate sl tab 0.125 mg* (SYMAX-SL) | TIER 1 | |
| *hyoscyamine sulfate soln 0.125 mg/ml* | TIER 1 | |
| *hyoscyamine sulfate soln 0.125 mg/ml* (HYOSYNE) | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *hyoscyamine sulfate tab 0.125 mg* | TIER 1 | |
| *hyoscyamine sulfate tab 0.125 mg* (OSCIMIN) | TIER 1 | |
| *hyoscyamine sulfate tab disint 0.125 mg* | TIER 1 | |
| *hyoscyamine sulfate tab disint 0.125 mg* (ED-SPAZ) | TIER 1 | |
| *hyoscyamine sulfate tab disint 0.125 mg* (NULEV) | TIER 1 | |
| *hyoscyamine sulfate tab disint 0.125 mg* (OSCIMIN) | TIER 1 | |
| *hyoscyamine sulfate tab er 12hr 0.375 mg* (HYOSCYAMINE SULFATE ER) | TIER 1 | |
| *hyoscyamine sulfate tab er 12hr 0.375 mg* (OSCIMIN SR) | TIER 1 | |
| *hyoscyamine sulfate tab er 12hr 0.375 mg* (SYMAX-SR) | TIER 1 | |
| PROPANTHELINE BROMIDE 15 MG TAB | TIER 1 | |

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

| | | |
|---|---|---|
| GAVILYTE-C (*peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*) -240 GM REON SOLN | TIER 1 | ACA (Preventive Health) |
| GOLYTELY (*peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*) 227.1 GM RECON SOLN | TIER 3 | |
| MYALEPT (*metreleptin*) 11.3 MG RECON SOLN | TIER 4 | PA, SP, QLC (1 vial/day) |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* (GAVILYTE-G) *---cl-* | TIER 1 | ACA (Preventive Health) |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* (PEG-3350/ELECTROLYTES) *---cl-* | TIER 1 | ACA (Preventive Health) |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm* (PEG 3350/ELECTROLYTES) *---cl-* | TIER 1 | ACA (Preventive Health) |
| SKYRIZI (*risankizumab-rzaa (crohn's)*) 360 MG/2.4ML SOLN CART | TIER 4 | PA, SP, QLC (1 syringe/56 days) |
| *ursodiol cap 300 mg* | TIER 1 | |
| *ursodiol tab 250 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *ursodiol tab 500 mg* | TIER 1 | |

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

| | | |
|---|---|---|
| *cimetidine tab 300 mg* | TIER 1 | |
| *cimetidine tab 400 mg* | TIER 1 | |
| *cimetidine tab 800 mg* | TIER 1 | |
| *famotidine for susp 40 mg/5ml* | TIER 2 | |
| *famotidine tab 40 mg* | TIER 1 | |
| NIZATIDINE 150 MG CAP, 300 MG CAP | TIER 1 | |
| *nizatidine cap 150 mg* | TIER 1 | |
| *nizatidine cap 300 mg* | TIER 1 | |
| *ranitidine hcl cap 150 mg* | TIER 1 | |
| *ranitidine hcl cap 300 mg* | TIER 1 | |
| *ranitidine hcl syrup 15 mg/ml (75 mg/5ml)* | TIER 1 | |
| *ranitidine hcl tab 300 mg* | TIER 1 | |

## PROTECTANTS (Drugs for Acid Reflux and Ulcers)

| | | |
|---|---|---|
| *misoprostol tab 100 mcg* | TIER 1 | |
| *misoprostol tab 200 mcg* | TIER 1 | |
| *sucralfate susp 1 gm/10ml gm/0ml* | TIER 3 | |
| *sucralfate tab 1 gm* | TIER 1 | |

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

| | | |
|---|---|---|
| *lansoprazole cap delayed release 30 mg* | TIER 1 | QLC (2 caps/day) |
| *omeprazole cap delayed release 10 mg* | TIER 1 | QLC (8 caps/day) |
| *omeprazole cap delayed release 20 mg* | TIER 1 | QLC (4 caps/day) |
| *omeprazole cap delayed release 40 mg* | TIER 1 | QLC (2 caps/day) |
| *pantoprazole sodium ec tab 20 mg (base equiv)* | TIER 1 | QLC (4 tabs/day) |
| *pantoprazole sodium ec tab 40 mg (base equiv)* | TIER 1 | QLC (2 tabs/day) |
| *rabeprazole sodium ec tab 20 mg* | TIER 2 | QLC (3 tabs/day) |

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

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

| | | |
|---|---|---|
| CERDELGA (*eliglustat tartrate*) 84 MG CAP | TIER 4 | PA, SP, QLC (2 caps/day) |
| CREON (*pancrelipase (lipase-protease-amylase)*) 3000-9500 CP DR PART, 6000 CP DR PART, 12000 CP DR PART, 24000-76000 CP DR PART, 36000 CP DR PART | TIER 2 | |
| *cromolyn sodium oral conc 100 mg/5ml* | TIER 2 | |
| NITYR (*nitisinone*) 10 MG TAB | TIER 4 | PA, SP, QLC (14 tabs/day) |
| NITYR (*nitisinone*) 2 MG TAB | TIER 4 | PA, SP, QLC (70 tabs/day) |
| NITYR (*nitisinone*) 5 MG TAB | TIER 4 | PA, SP, QLC (28 tabs/day) |
| ZENPEP (*pancrelipase (lipase-protease-amylase)*) 3000-10000 CP DR PART, 3000-14000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART | TIER 2 | |

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

## ANTISPASMODICS, URINARY (Drugs for Overactive Bladder)

| | | |
|---|---|---|
| *fesoterodine fumarate tab er 24hr 4 mg* (FESOTERODINE FUMARATE ER) *2hr* | TIER 2 | QLC (1 tab/day) |
| *fesoterodine fumarate tab er 24hr 8 mg* (FESOTERODINE FUMARATE ER) | TIER 2 | QLC (1 tab/day) |
| *flavoxate hcl tab 100 mg* | TIER 1 | |
| *oxybutynin chloride syrup 5 mg/5ml mg/ml* | TIER 1 | |
| *oxybutynin chloride tab 5 mg* | TIER 1 | |
| *oxybutynin chloride tab er 24hr 10 mg* (OXYBUTYNIN CHLORIDE ER) | TIER 1 | QLC (3 tabs/day) |
| *oxybutynin chloride tab er 24hr 15 mg* (OXYBUTYNIN CHLORIDE ER) | TIER 1 | QLC (2 tabs/day) |
| *oxybutynin chloride tab er 24hr 5 mg* (OXYBUTYNIN CHLORIDE ER) | TIER 1 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *solifenacin succinate tab 10 mg* | TIER 2 | QLC (1 tab/day) |
| *solifenacin succinate tab 5 mg* | TIER 2 | QLC (1 tab/day) |
| *tolterodine tartrate cap er 24hr 2 mg* (TOLTERODINE TARTRATE ER) *4hr* | TIER 2 | ST, QLC (1 tab/day) |
| *tolterodine tartrate cap er 24hr 4 mg* (TOLTERODINE TARTRATE ER) *2hr* | TIER 2 | ST, QLC (1 tab/day) |
| *tolterodine tartrate tab 1 mg* | TIER 2 | ST, QLC (2 tabs/day) |
| *tolterodine tartrate tab 2 mg* | TIER 2 | ST, QLC (2 tabs/day) |
| *trospium chloride tab 20 mg* | TIER 1 | QLC (2 tabs/day) |

## BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)

| | | |
|---|---|---|
| *alfuzosin hcl tab er 24hr 10 mg* (ALFUZOSIN HCL ER) | TIER 1 | |
| *dutasteride cap 0.5 mg* | TIER 1 | QLC (1 cap/day) |
| *finasteride tab 5 mg* | TIER 1 | |
| *silodosin cap 4 mg* | TIER 1 | QLC (1 cap/day) |
| *silodosin cap 8 mg* | TIER 1 | QLC (1 cap/day) |
| *tamsulosin hcl cap 0.4 mg* | TIER 1 | |

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

| | | |
|---|---|---|
| *bethanechol chloride tab 10 mg* | TIER 1 | |
| *bethanechol chloride tab 25 mg* | TIER 1 | |
| *bethanechol chloride tab 5 mg* | TIER 1 | |
| *bethanechol chloride tab 50 mg* | TIER 1 | |
| CYTRA K CRYSTALS (*potassium citrate-citric acid*) 3300-1002 MG PACET | TIER 1 | |
| ELMIRON (*pentosan polysulfate sodium*) 100 MG CAP | TIER 3 | |
| *penicillamine tab 250 mg* | TIER 4 | PA, QLC (16 tabs/day) |
| *phenazopyridine hcl tab 100 mg* | TIER 1 | |
| *phenazopyridine hcl tab 200 mg* | TIER 1 | |
| *pot phos monobasic w/sod phos di & monobas tab 155-852-130mg* (PHOSPHA 250 NEUTRAL) *ic* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *pot phos monobasic w/sod phos di & monobas tab 155-852-130mg* (PHOSPHO-TRIN 250 NEUTRAL) *ic* | TIER 1 | |
| *pot phos monobasic w/sod phos di & monobas tab 155-852-130mg* (PHOSPHOROUS) *ic* | TIER 1 | |
| *pot phos monobasic w/sod phos di & monobas tab 155-852-130mg* (VIRT-PHOS 250 NEUTRAL) *ic* | TIER 1 | |
| *potassium citrate & citric acid powder pack 3300-1002 mg* (TARON-CRYSTALS) | TIER 1 | |
| *potassium citrate & citric acid soln 1100-334 mg/5ml* (CYTRA-K) | TIER 1 | |
| *potassium citrate & citric acid soln 1100-334 mg/5ml* (POTASSIUM CITRATE-CITRIC ACID) | TIER 1 | |
| *potassium phosphate monobasic tab 500 mg* (PHOSPHO-TRIN K500) | TIER 1 | |
| *sildenafil citrate tab 100 mg* | TIER 1 | PA, RO (Retail Only), QLC (6 tabs/month) |
| *sildenafil citrate tab 25 mg* | TIER 1 | PA, RO (Retail Only), QLC (6 tabs/month) |
| *sildenafil citrate tab 50 mg* | TIER 1 | PA, RO (Retail Only), QLC (6 tabs/month) |
| THIOLA EC (*tiopronin*) EC 100 MG TAB DR, EC 300 MG TAB DR | TIER 4 | PA, SP |
| *tiopronin tab 100 mg* | TIER 4 | PA, SP |

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

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

| | | |
|---|---|---|
| *alclometasone dipropionate cream 0.05%* | TIER 1 | |
| *betamethasone dipropionate augmented cream 0.05%* | TIER 1 | |
| *betamethasone dipropionate augmented lotion 0.05%* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *betamethasone dipropionate oint 0.05%* | TIER 1 | |
| *clobetasol propionate emollient base cream 0.05%* | TIER 1 | |
| *clobetasol propionate emollient base cream 0.05%* (CLOBETASOL PROP EMOLLIENT BASE) | TIER 1 | |
| CORTISONE ACETATE 25 MG TAB | TIER 1 | |
| DEXAMETHASONE 0.5 MG TAB, 0.5 MG/5ML SOLUTION, 0.75 MG TAB, 1 MG TAB | TIER 1 | |
| *dexamethasone elixir 0.5 mg/5ml* | TIER 1 | |
| *dexamethasone elixir 0.5 mg/5ml* (DECADRON) | TIER 1 | |
| DEXAMETHASONE INTENSOL 1 MG/ML CONC | TIER 1 | |
| *dexamethasone tab 0.5 mg* | TIER 1 | |
| *dexamethasone tab 0.5 mg* (DECADRON) | TIER 1 | |
| *dexamethasone tab 0.75 mg* | TIER 1 | |
| *dexamethasone tab 0.75 mg* (DECADRON) | TIER 1 | |
| *dexamethasone tab 1.5 mg* | TIER 1 | |
| *dexamethasone tab 2 mg* | TIER 1 | |
| *dexamethasone tab 4 mg* | TIER 1 | |
| *dexamethasone tab 4 mg* (DECADRON) | TIER 1 | |
| *dexamethasone tab 6 mg* | TIER 1 | |
| *dexamethasone tab 6 mg* (DECADRON) | TIER 1 | |
| *fludrocortisone acetate tab 0.1 mg* | TIER 1 | |
| *hydrocortisone acetate suppos 25 mg* | TIER 1 | |
| *hydrocortisone butyrate oint 0.1%* | TIER 1 | |
| *hydrocortisone valerate oint 0.2%* | TIER 1 | |
| *methylprednisolone tab 16 mg* | TIER 1 | |
| *methylprednisolone tab 32 mg* | TIER 1 | |
| *methylprednisolone tab 4 mg* | TIER 1 | |
| *methylprednisolone tab 8 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *methylprednisolone tab therapy pack 4 mg (21)* | TIER 1 | |
| *mometasone furoate cream 0.1%* | TIER 1 | |
| *mometasone furoate oint 0.1%* | TIER 1 | |
| PREDNICARBATE 0.1 % CREAM, 0.1 % OINTMENT | TIER 1 | |
| *prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)* (PREDNISOLONE SODIUM PHOSPHATE) | TIER 1 | |
| *prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)* (PREDNISOLONE SODIUM PHOSPHATE) | TIER 1 | |
| PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION | TIER 1 | |
| *prednisolone soln 15 mg/5ml* | TIER 1 | |
| PREDNISONE 5 MG/5ML SOLUTION | TIER 1 | |
| PREDNISONE INTENSOL 5 MG/ML CONC | TIER 1 | |
| *prednisone tab 1 mg* | TIER 1 | |
| *prednisone tab 10 mg* | TIER 1 | |
| *prednisone tab 2.5 mg* | TIER 1 | |
| *prednisone tab 20 mg* | TIER 1 | |
| *prednisone tab 5 mg* | TIER 1 | |
| *prednisone tab 50 mg* | TIER 1 | |
| *prednisone tab therapy pack 10 mg (21)* | TIER 1 | |
| *prednisone tab therapy pack 10 mg (48)* | TIER 1 | |
| *prednisone tab therapy pack 5 mg (21)* | TIER 1 | |
| *prednisone tab therapy pack 5 mg (48)* | TIER 1 | |

## 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)

| | | |
|---|---|---|
| *desmopressin acetate nasal spray soln 0.01%* (DESMOPRESSIN ACETATE SPRAY) | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *desmopressin acetate nasal spray soln 0.01% (refrigerated)* (DESMOPRESSIN ACE SPRAY REFRIG) | TIER 1 | |
| *desmopressin acetate tab 0.1 mg* | TIER 1 | |
| *desmopressin acetate tab 0.2 mg* | TIER 1 | |
| INCRELEX (*mecasermin*) 40 MG/4ML SOLUTION | TIER 4 | PA, SP |
| NUTROPIN AQ NUSPIN 10 (*somatropin*) MG/2ML SOLN PEN | TIER 4 | PA, SP |
| NUTROPIN AQ NUSPIN 20 (*somatropin*) MG/2ML SOLN PEN | TIER 4 | PA, SP |
| NUTROPIN AQ NUSPIN 5 (*somatropin*) MG/2ML SOLN PEN | TIER 4 | PA, SP |

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

### ANABOLIC STEROIDS

| | | |
|---|---|---|
| *oxandrolone tab 10 mg* | TIER 3 | QLC (2 tabs/day) |
| *oxandrolone tab 2.5 mg* | TIER 3 | QLC (8 tabs/day) |

### ANDROGENS

| | | |
|---|---|---|
| *danazol cap 100 mg* | TIER 1 | |
| *danazol cap 200 mg* | TIER 1 | |
| *danazol cap 50 mg* | TIER 1 | |
| METHITEST (*methyltestosterone*) 10 MG TAB | TIER 3 | PA |
| TESTOSTERONE 12.5 MG/ACT (1%) GEL, 25 MG/2.5GM (1%) GEL, 50 MG/5GM (1%) GEL | TIER 1 | PA, QLC (300 grams/month) |
| TESTOSTERONE CYPIONATE 100 MG/ML SOLUTION | TIER 1 | QLC (10 ml/month) |
| *testosterone cypionate im inj in oil 100 mg/ml* | TIER 1 | QLC (10 ml/month) |
| *testosterone cypionate im inj in oil 200 mg/ml* | TIER 1 | QLC (10 ml/month) |
| TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION | TIER 1 | QLC (5 ml/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *testosterone enanthate im inj in oil 200 mg/ml* | TIER 1 | QLC (5 ml/month) |
| *testosterone td gel 12.5 mg/act (1%)* | TIER 1 | PA, QLC (300 grams/month) |
| *testosterone td gel 20.25 mg/1.25gm (1.62%)* | TIER 1 | PA, QLC (1 packet/day) |
| *testosterone td gel 20.25 mg/act (1.62%)* | TIER 1 | PA, QLC (2 bottles/month) |
| *testosterone td gel 25 mg/2.5gm (1%)* | TIER 1 | PA, QLC (300 grams/month) |
| *testosterone td gel 40.5 mg/2.5gm (1.62%)* | TIER 1 | PA, QLC (2 packets/day) |
| *testosterone td gel 50 mg/5gm (1%)* | TIER 1 | PA, QLC (300 grams/month) |

## ESTROGENS (Contraceptives and Drugs for Menopause)

| | | |
|---|---|---|
| ANNOVERA (*segesterone acetate-ethinyl estradiol*) 0.013-0.15 MG/24HR RING | TIER 3 | ACA (Preventive Health), QLC (1 ring/ 365 days) |
| BALCOLTRA (*levonorgestrel-ethinyl estradiol-ferrous bisglycinate*) 0.1-20 MG-MCG(21) TAB | TIER 3 | ACA (Preventive Health) |
| CLIMARA PRO (*estradiol-levonorgestrel*) 0.045-0.015 MG/DAY PATCH WK | TIER 3 | QLC (4 patches/month) |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* (AZURETTE) | TIER 1 | ACA (Preventive Health) |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* (BEKYREE) | TIER 1 | ACA (Preventive Health) |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* (DESOGESTREL-ETHINYL ESTRADIOL) | TIER 1 | ACA (Preventive Health) |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* (KARIVA) | TIER 1 | ACA (Preventive Health) |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* (PIMTREA) | TIER 1 | ACA (Preventive Health) |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* (SIMLIYA) | TIER 1 | ACA (Preventive Health) |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* (VIORELE) | TIER 1 | ACA (Preventive Health) |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* (VOLNEA) | TIER 1 | ACA (Preventive Health) |
| *desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg* (CAZIANT) *desog--0.025/25---* | TIER 1 | ACA (Preventive Health) |
| *desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (APRI) | TIER 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (CYRED EQ) | TIER 1 | ACA (Preventive Health) |
| *desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (CYRED) | TIER 1 | ACA (Preventive Health) |
| *desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (DESOGESTREL-ETHINYL ESTRADIOL) | TIER 1 | ACA (Preventive Health) |
| *desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (EMOQUETTE) | TIER 1 | ACA (Preventive Health) |
| *desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (ENSKYCE) | TIER 1 | ACA (Preventive Health) |
| *desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (ISIBLOOM) | TIER 1 | ACA (Preventive Health) |
| *desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (JULEBER) | TIER 1 | ACA (Preventive Health) |
| *desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (KALLIGA) | TIER 1 | ACA (Preventive Health) |
| *desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (RECLIPSEN) | TIER 1 | ACA (Preventive Health) |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg* (DROSPIREN-ETH ESTRAD-LEVOMEFOL) | TIER 1 | ACA (Preventive Health) |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg* (RAJANI) | TIER 1 | ACA (Preventive Health) |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg* (DROSPIREN-ETH ESTRAD-LEVOMEFOL) *---0.0-* | TIER 1 | ACA (Preventive Health) |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg* (TYDEMY) *---0.0-* | TIER 1 | ACA (Preventive Health) |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* | TIER 1 | ACA (Preventive Health) |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* (GIANVI) | TIER 1 | ACA (Preventive Health) |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* (JASMIEL) | TIER 1 | ACA (Preventive Health) |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* (LO-ZUMANDIMINE) | TIER 1 | ACA (Preventive Health) |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* (LORYNA) | TIER 1 | ACA (Preventive Health) |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* (NIKKI) | TIER 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* (VESTURA) | TIER 1 | ACA (Preventive Health) |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* | TIER 1 | ACA (Preventive Health) |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* (OCELLA) | TIER 1 | ACA (Preventive Health) |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* (SYEDA) | TIER 1 | ACA (Preventive Health) |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* (ZARAH) | TIER 1 | ACA (Preventive Health) |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* (ZUMANDIMINE) | TIER 1 | ACA (Preventive Health) |
| *esterified estrogens & methyltestosterone tab 0.625-1.25 mg* (COVARYX HS) | TIER 1 | |
| *esterified estrogens & methyltestosterone tab 0.625-1.25 mg* (EEMT HS) | TIER 1 | |
| *esterified estrogens & methyltestosterone tab 0.625-1.25 mg* (EST ESTROGENS-METHYLTEST HS) | TIER 1 | |
| *esterified estrogens & methyltestosterone tab 0.625-1.25 mg* (EST ESTROGENS-METHYLTEST) | TIER 1 | |
| *esterified estrogens & methyltestosterone tab 1.25-2.5 mg* (COVARYX) | TIER 1 | |
| *esterified estrogens & methyltestosterone tab 1.25-2.5 mg* (EEMT) | TIER 1 | |
| *esterified estrogens & methyltestosterone tab 1.25-2.5 mg* (EST ESTROGENS-METHYLTEST DS) | TIER 1 | |
| *esterified estrogens & methyltestosterone tab 1.25-2.5 mg* (EST ESTROGENS-METHYLTEST) | TIER 1 | |
| *estradiol & norethindrone acetate tab 0.5-0.1 mg* (AMABELZ) | TIER 1 | QLC (1 tab/day) |
| *estradiol & norethindrone acetate tab 0.5-0.1 mg* (ESTRADIOL-NORETHINDRONE ACET) | TIER 1 | QLC (1 tab/day) |
| *estradiol & norethindrone acetate tab 0.5-0.1 mg* (LOPREEZA) | TIER 1 | QLC (1 tab/day) |
| *estradiol & norethindrone acetate tab 0.5-0.1 mg* (MIMVEY LO) | TIER 1 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *estradiol & norethindrone acetate tab 1-0.5 mg* (AMABELZ) | TIER 1 | QLC (1 tab/day) |
| *estradiol & norethindrone acetate tab 1-0.5 mg* (ESTRADIOL-NORETHINDRONE ACET) | TIER 1 | QLC (1 tab/day) |
| *estradiol & norethindrone acetate tab 1-0.5 mg* (LOPREEZA) | TIER 1 | QLC (1 tab/day) |
| *estradiol & norethindrone acetate tab 1-0.5 mg* (MIMVEY) | TIER 1 | QLC (1 tab/day) |
| *estradiol tab 0.5 mg* | TIER 1 | |
| *estradiol tab 1 mg* | TIER 1 | |
| *estradiol tab 2 mg* | TIER 1 | |
| *estradiol td patch twice weekly 0.025 mg/24hr* | TIER 1 | QLC (16 patches/28 days) |
| *estradiol td patch twice weekly 0.025 mg/24hr* (DOTTI) | TIER 1 | QLC (16 patches/28 days) |
| *estradiol td patch twice weekly 0.025 mg/24hr* (LYLLANA) | TIER 1 | QLC (16 patches/28 days) |
| *estradiol td patch twice weekly 0.0375 mg/24hr* | TIER 1 | QLC (16 patches/28 days) |
| *estradiol td patch twice weekly 0.0375 mg/24hr* (DOTTI) | TIER 1 | QLC (16 patches/28 days) |
| *estradiol td patch twice weekly 0.0375 mg/24hr* (LYLLANA) | TIER 1 | QLC (16 patches/28 days) |
| *estradiol td patch twice weekly 0.05 mg/24hr* | TIER 1 | QLC (16 patches/28 days) |
| *estradiol td patch twice weekly 0.05 mg/24hr* (DOTTI) | TIER 1 | QLC (16 patches/28 days) |
| *estradiol td patch twice weekly 0.05 mg/24hr* (LYLLANA) | TIER 1 | QLC (16 patches/28 days) |
| *estradiol td patch twice weekly 0.075 mg/24hr* | TIER 1 | QLC (16 patches/28 days) |
| *estradiol td patch twice weekly 0.075 mg/24hr* (DOTTI) | TIER 1 | QLC (16 patches/28 days) |
| *estradiol td patch twice weekly 0.075 mg/24hr* (LYLLANA) | TIER 1 | QLC (16 patches/28 days) |
| *estradiol td patch twice weekly 0.1 mg/24hr* | TIER 1 | QLC (16 patches/28 days) |
| *estradiol td patch twice weekly 0.1 mg/24hr* (DOTTI) | TIER 1 | QLC (16 patches/28 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *estradiol td patch twice weekly 0.1 mg/24hr* (LYLLANA) | TIER 1 | QLC (16 patches/28 days) |
| *estradiol td patch weekly 0.025 mg/24hr* | TIER 1 | QLC (8 patches/28 days) |
| *estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)* | TIER 1 | QLC (8 patches/28 days) |
| *estradiol td patch weekly 0.05 mg/24hr* | TIER 1 | QLC (8 patches/28 days) |
| *estradiol td patch weekly 0.06 mg/24hr* | TIER 1 | QLC (8 patches/28 days) |
| *estradiol td patch weekly 0.075 mg/24hr* | TIER 1 | QLC (8 patches/28 days) |
| *estradiol td patch weekly 0.1 mg/24hr* | TIER 1 | QLC (8 patches/28 days) |
| *estradiol vaginal cream 0.1 mg/gm* | TIER 2 | |
| *estradiol vaginal tab 10 mcg* | TIER 1 | |
| *estradiol vaginal tab 10 mcg* (YUVAFEM) | TIER 1 | |
| ESTRING (*estradiol vaginal*) 2 MG | TIER 3 | QLC (1 ring/90 days) |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg* (ETHYNODIOL DIAC-ETH ESTRADIOL) | TIER 1 | ACA (Preventive Health) |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg* (KELNOR 1/35) | TIER 1 | ACA (Preventive Health) |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg* (ZOVIA 1/35 (28)) | TIER 1 | ACA (Preventive Health) |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg* (ZOVIA 1/35E (28)) | TIER 1 | ACA (Preventive Health) |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg* (ETHYNODIOL DIAC-ETH ESTRADIOL) | TIER 1 | ACA (Preventive Health) |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg* (KELNOR 1/50) | TIER 1 | ACA (Preventive Health) |
| *etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr* | TIER 2 | ACA (Preventive Health), QLC (1 ring/month) |
| *etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr* (ELURYNG) | TIER 2 | ACA (Preventive Health), QLC (1 ring/month) |
| *levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg* (FAYOSIM) | TIER 1 | ACA (Preventive Health) |
| *levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg* (LEVONORGEST-ETH EST & ETH EST) | TIER 1 | ACA (Preventive Health) |
| *levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg* (RIVELSA) | TIER 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)* (AMETHIA LO) | TIER 1 | ACA (Preventive Health) |
| *levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)* (CAMRESE LO) | TIER 1 | ACA (Preventive Health) |
| *levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)* (LEVONORGEST-ETH ESTRAD 91-DAY) | TIER 1 | ACA (Preventive Health) |
| *levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)* (LOJAIMIESS) | TIER 1 | ACA (Preventive Health) |
| *levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)* (AMETHIA) | TIER 1 | ACA (Preventive Health) |
| *levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)* (ASHLYNA) | TIER 1 | ACA (Preventive Health) |
| *levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)* (CAMRESE) | TIER 1 | ACA (Preventive Health) |
| *levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)* (DAYSEE) | TIER 1 | ACA (Preventive Health) |
| *levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)* (JAIMIESS) | TIER 1 | ACA (Preventive Health) |
| *levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)* (LEVONORGEST-ETH ESTRAD 91-DAY) | TIER 1 | ACA (Preventive Health) |
| *levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)* (SIMPESSE) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* (ICLEVIA) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* (INTROVALE) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* (JOLESSA) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* (LEVONORGEST-ETH ESTRAD 91-DAY) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* (QUASENSE) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* (SETLAKIN) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* (AFIRMELLE) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* (AUBRA EQ) | TIER 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* (AUBRA) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* (AVIANE) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* (DELYLA) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* (FALMINA) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* (LARISSIA) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* (LESSINA) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* (LEVONORGESTREL-ETHINYL ESTRAD) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* (LUTERA) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* (ORSYTHIA) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* (SRONYX) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* (VIENVA) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (ALTAVERA) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (AYUNA) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (CHATEAL EQ) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (CHATEAL) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (KURVELO) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (LEVONORGESTREL-ETHINYL ESTRAD) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (LEVORA 0.15/30 (28)) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (LILLOW) | TIER 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (MARLISSA) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* (PORTIA-28) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg* (ENPRESSE-28) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg* (LEVONEST) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg* (LEVONORG-ETH ESTRAD TRIPHASIC) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg* (MYZILRA) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg* (TRIVORA (28)) | TIER 1 | ACA (Preventive Health) |
| *levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg* | TIER 1 | ACA (Preventive Health), QLC (1 pack/month) |
| *levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg* (AMETHYST) | TIER 1 | ACA (Preventive Health), QLC (1 pack/month) |
| *levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg* (DOLISHALE) | TIER 1 | ACA (Preventive Health), QLC (1 pack/month) |
| LO LOESTRIN FE (*norethindrone acetate-ethinyl estradiol-fe fum (biphasic)*) ESTRIN 1 MG-10 MCG 10 MCG TAB | TIER 2 | ACA (Preventive Health) |
| NATAZIA (*estradiol valerate-dienogest*) 3/2-2/2-3/1 MG TAB | TIER 3 | ACA (Preventive Health) |
| NEXTSTELLIS (*drospirenone-estetrol*) 3-14.2 MG TAB | TIER 3 | ACA (Preventive Health) |
| *norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr* (XULANE) | TIER 1 | ACA (Preventive Health), QLC (3 patches/month) |
| *norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr* (ZAFEMY) | TIER 1 | ACA (Preventive Health), QLC (3 patches/month) |
| *norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg* (BALZIVA) | TIER 1 | ACA (Preventive Health) |
| *norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg* (BRIELLYN) | TIER 1 | ACA (Preventive Health) |
| *norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg* (PHILITH) | TIER 1 | ACA (Preventive Health) |
| *norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg* (VYFEMLA) | TIER 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg* (ZENCHENT) | TIER 1 | ACA (Preventive Health) |
| *norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg* (NECON 0.5/35 (28)) | TIER 1 | ACA (Preventive Health) |
| *norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg* (NORTREL 0.5/35 (28)) | TIER 1 | ACA (Preventive Health) |
| *norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg* (WERA) | TIER 1 | ACA (Preventive Health) |
| *norethindrone & ethinyl estradiol tab 1 mg-35 mcg* (ALYACEN 1/35) | TIER 1 | ACA (Preventive Health) |
| *norethindrone & ethinyl estradiol tab 1 mg-35 mcg* (CYCLAFEM 1/35) | TIER 1 | ACA (Preventive Health) |
| *norethindrone & ethinyl estradiol tab 1 mg-35 mcg* (DASETTA 1/35) | TIER 1 | ACA (Preventive Health) |
| *norethindrone & ethinyl estradiol tab 1 mg-35 mcg* (NORTREL 1/35 (21)) | TIER 1 | ACA (Preventive Health) |
| *norethindrone & ethinyl estradiol tab 1 mg-35 mcg* (NORTREL 1/35 (28)) | TIER 1 | ACA (Preventive Health) |
| *norethindrone & ethinyl estradiol tab 1 mg-35 mcg* (NYLIA 1/35) | TIER 1 | ACA (Preventive Health) |
| *norethindrone & ethinyl estradiol tab 1 mg-35 mcg* (PIRMELLA 1/35) | TIER 1 | ACA (Preventive Health) |
| *norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg* (NORETHIN-ETH ESTRADIOL-FE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg* (WYMZYA FE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg* (KAITLIB FE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg* (LAYOLIS FE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg* (NORETHIN-ETH ESTRADIOL-FE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg* (NORETHINDRON-ETHINYL ESTRAD-FE) *---20/-30/--* | TIER 1 | ACA (Preventive Health) |
| *norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg* (TILIA FE) *---20/-30/--* | TIER 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg* (TRI-LEGEST FE) *---20/-30/--* | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* (AUROVELA 1/20) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* (JUNEL 1/20) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* (LARIN 1/20) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* (LOESTRIN 1/20 (21)) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* (MICROGESTIN 1/20) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* (NORETHINDRONE ACET-ETHINYL EST) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* (AUROVELA 1.5/30) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* (HAILEY 1.5/30) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* (JUNEL 1.5/30) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* (LARIN 1.5/30) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* (LOESTRIN 1.5/30 (21)) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* (MICROGESTIN 1.5/30) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* (NORETHINDRONE ACET-ETHINYL EST) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* (AUROVELA FE 1/20) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* (BLISOVI FE 1/20) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* (HAILEY FE 1/20) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* (JUNEL FE 1/20) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* (LARIN FE 1/20) | TIER 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* (LOESTRIN FE 1/20) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* (MICROGESTIN FE 1/20) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* (NORETHIN ACE-ETH ESTRAD-FE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* (TARINA FE 1/20 EQ) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* (TARINA FE 1/20) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg* (AUROVELA FE 1.5/30) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg* (BLISOVI FE 1.5/30) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg* (HAILEY FE 1.5/30) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg* (JUNEL FE 1.5/30) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg* (LARIN FE 1.5/30) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg* (LOESTRIN FE 1.5/30) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg* (MICROGESTIN FE 1.5/30) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg* (NORETHIN ACE-ETH ESTRAD-FE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* (CHARLOTTE 24 FE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* (FINZALA) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* (MELODETTA 24 FE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* (MIBELAS 24 FE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* (NORETHIN ACE-ETH ESTRAD-FE) | TIER 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* (NORETHINDRONE ACET-ETHINYL EST) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)* (GEMMILY) | TIER 3 | ACA (Preventive Health) |
| *norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)* (MERZEE) | TIER 3 | ACA (Preventive Health) |
| *norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)* (NORETHIN ACE-ETH ESTRAD-FE) | TIER 3 | ACA (Preventive Health) |
| *norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)* (TAYSOFY) | TIER 3 | ACA (Preventive Health) |
| *norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)* (AUROVELA 24 FE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)* (BLISOVI 24 FE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)* (HAILEY 24 FE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)* (JUNEL FE 24) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)* (LARIN 24 FE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)* (MICROGESTIN 24 FE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)* (NORETHIN ACE-ETH ESTRAD-FE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)* (TARINA 24 FE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* (FYAVOLV) | TIER 1 | QLC (1 tab/day) |
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* (JEVANTIQUE LO) | TIER 1 | QLC (1 tab/day) |
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* (NORETHINDRONE-ETH ESTRADIOL) | TIER 1 | QLC (1 tab/day) |
| *norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* (FYAVOLV) | TIER 1 | QLC (1 tab/day) |
| *norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* (JINTELI) | TIER 1 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* (NORETHINDRONE-ETH ESTRADIOL) | TIER 1 | QLC (1 tab/day) |
| *norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg* (ALYACEN 7/7/7) *---/1--* | TIER 1 | ACA (Preventive Health) |
| *norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg* (CYCLAFEM 7/7/7) *---/1--* | TIER 1 | ACA (Preventive Health) |
| *norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg* (DASETTA 7/7/7) *---/1--* | TIER 1 | ACA (Preventive Health) |
| *norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg* (NORTREL 7/7/7) *---/1--* | TIER 1 | ACA (Preventive Health) |
| *norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg* (NYLIA 7/7/7) *---/1--* | TIER 1 | ACA (Preventive Health) |
| *norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg* (PIRMELLA 7/7/7) *---/1--* | TIER 1 | ACA (Preventive Health) |
| *norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg* (ARANELLE) *--/1---* | TIER 1 | ACA (Preventive Health) |
| *norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg* (LEENA) *--/1---* | TIER 1 | ACA (Preventive Health) |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* (ESTARYLLA) | TIER 1 | ACA (Preventive Health) |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* (FEMYNOR) | TIER 1 | ACA (Preventive Health) |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* (MILI) | TIER 1 | ACA (Preventive Health) |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* (MONO-LINYAH) | TIER 1 | ACA (Preventive Health) |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* (MONONESSA) | TIER 1 | ACA (Preventive Health) |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* (NORGESTIMATE-ETH ESTRADIOL) | TIER 1 | ACA (Preventive Health) |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* (NYMYO) | TIER 1 | ACA (Preventive Health) |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* (PREVIFEM) | TIER 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* (SPRINTEC 28) | TIER 1 | ACA (Preventive Health) |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* (VYLIBRA) | TIER 1 | ACA (Preventive Health) |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* (NORGESTIM-ETH ESTRAD TRIPHASIC) *--/0.215-/0.--* | TIER 1 | ACA (Preventive Health) |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* (TRI-LO-ESTARYLLA) *--/0.215-/0.--* | TIER 1 | ACA (Preventive Health) |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* (TRI-LO-MARZIA) *--/0.215-/0.--* | TIER 1 | ACA (Preventive Health) |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* (TRI-LO-MILI) *--/0.215-/0.--* | TIER 1 | ACA (Preventive Health) |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* (TRI-LO-SPRINTEC) *--/0.215-/0.--* | TIER 1 | ACA (Preventive Health) |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* (TRI-VYLIBRA LO) *--/0.215-/0.--* | TIER 1 | ACA (Preventive Health) |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* (NORGESTIM-ETH ESTRAD TRIPHASIC) *--/0.215-/0.25--* | TIER 1 | ACA (Preventive Health) |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* (TRI FEMYNOR) *--/0.215-/0.25--* | TIER 1 | ACA (Preventive Health) |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* (TRI-ESTARYLLA) *--/0.215-/0.25--* | TIER 1 | ACA (Preventive Health) |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* (TRI-LINYAH) *--/0.215-/0.25--* | TIER 1 | ACA (Preventive Health) |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* (TRI-MILI) *--/0.215-/0.25--* | TIER 1 | ACA (Preventive Health) |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* (TRI-NYMYO) *--/0.215-/0.25--* | TIER 1 | ACA (Preventive Health) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* (TRI-PREVIFEM) *--/0.215-/0.25--* | TIER 1 | ACA (Preventive Health) |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* (TRI-SPRINTEC) *--/0.215-/0.25--* | TIER 1 | ACA (Preventive Health) |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* (TRI-VYLIBRA) *--/0.215-/0.25--* | TIER 1 | ACA (Preventive Health) |
| *norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg* (CRYSELLE-28) | TIER 1 | ACA (Preventive Health) |
| *norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg* (ELINEST) | TIER 1 | ACA (Preventive Health) |
| *norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg* (LOW-OGESTREL) | TIER 1 | ACA (Preventive Health) |
| OGESTREL (*norgestrel & ethinyl estradiol*) 0.5-50 MG-MCG TAB | TIER 1 | ACA (Preventive Health) |
| PREMARIN (*estrogens, conjugated vaginal*) 0.625 MG/GM CREAM | TIER 3 | |
| PREMARIN (*estrogens, conjugated*) 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB | TIER 3 | |
| PREMPRO (*conjugated estrogens-medroxyprogesterone acetate*) 0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB | TIER 3 | QLC (28 tabs/month) |
| TWIRLA (*levonorgestrel-ethinyl estradiol*) 120-30 MCG/24HR PATCH WK | TIER 3 | ACA (Preventive Health), QLC (3 patches/28 days) |
| TYBLUME (*levonorgestrel & eth estradiol*) 0.1-20 MG-MCG CHEW TAB | TIER 3 | ACA (Preventive Health) |
| VELIVET (*desogestrel-ethinyl estradiol (triphasic)*) 0.1/0.125/0.15 -0.025 MG TAB | TIER 1 | ACA (Preventive Health) |

## PROGESTINS

| | | |
|---|---|---|
| ELLA (*ulipristal acetate*) 30 MG TAB | TIER 3 | ACA (Preventive Health), QLC (1 tab/fill) |
| ENDOMETRIN (*progesterone (vaginal)*) 100 MG INSERT | TIER 3 | PA |
| *medroxyprogesterone acetate tab 10 mg* | TIER 1 | |
| *medroxyprogesterone acetate tab 2.5 mg* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *medroxyprogesterone acetate tab 5 mg* | TIER 1 | |
| *megestrol acetate susp 40 mg/ml* | TIER 1 | |
| *megestrol acetate tab 20 mg* | TIER 1 | OAC |
| *megestrol acetate tab 40 mg* | TIER 1 | OAC |
| *norethindrone acetate tab 5 mg* | TIER 1 | |
| *norethindrone tab 0.35 mg* | TIER 1 | ACA (Preventive Health) |
| *norethindrone tab 0.35 mg* (CAMILA) | TIER 1 | ACA (Preventive Health) |
| *norethindrone tab 0.35 mg* (DEBLITANE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone tab 0.35 mg* (ERRIN) | TIER 1 | ACA (Preventive Health) |
| *norethindrone tab 0.35 mg* (HEATHER) | TIER 1 | ACA (Preventive Health) |
| *norethindrone tab 0.35 mg* (INCASSIA) | TIER 1 | ACA (Preventive Health) |
| *norethindrone tab 0.35 mg* (JENCYCLA) | TIER 1 | ACA (Preventive Health) |
| *norethindrone tab 0.35 mg* (JOLIVETTE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone tab 0.35 mg* (LYLEQ) | TIER 1 | ACA (Preventive Health) |
| *norethindrone tab 0.35 mg* (LYZA) | TIER 1 | ACA (Preventive Health) |
| *norethindrone tab 0.35 mg* (NORA-BE) | TIER 1 | ACA (Preventive Health) |
| *norethindrone tab 0.35 mg* (NORLYDA) | TIER 1 | ACA (Preventive Health) |
| *norethindrone tab 0.35 mg* (NORLYROC) | TIER 1 | ACA (Preventive Health) |
| *norethindrone tab 0.35 mg* (SHAROBEL) | TIER 1 | ACA (Preventive Health) |
| *norethindrone tab 0.35 mg* (TULANA) | TIER 1 | ACA (Preventive Health) |
| PHEXXI (*lactic acid-citric acid-potassium bitartrate*) 1.8-1-0.4 % GEL | TIER 3 | ACA (Preventive Health), QLC (1 box (12 applicators)/ 30 days) |
| *progesterone cap 100 mg* | TIER 1 | |
| *progesterone cap 200 mg* | TIER 1 | |
| SLYND (*drospirenone*) 4 MG TAB | TIER 3 | ACA (Preventive Health) |

## SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

| | | |
|---|---|---|
| CLOMID (*clomiphene citrate*) 50 MG TAB | TIER 1 | QLC (10 tabs/28 days) |
| CLOMIPHENE CITRATE 50 MG TAB | TIER 1 | QLC (10 tabs/28 days) |
| *raloxifene hcl tab 60 mg* | TIER 1 | ACA (Preventive Health), QLC (1 tab/day) |

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

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for Replacing/Stimulating Thyroid Gland)

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs to Replace Thyroid Hormone)

| | | |
|---|---|---|
| ARMOUR THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB | TIER 3 | |
| *levothyroxine sodium tab 100 mcg* | TIER 1 | |
| *levothyroxine sodium tab 100 mcg* (EUTHYROX) | TIER 1 | |
| *levothyroxine sodium tab 100 mcg* (LEVOXYL) | TIER 3 | |
| *levothyroxine sodium tab 112 mcg* | TIER 1 | |
| *levothyroxine sodium tab 112 mcg* (EUTHYROX) | TIER 1 | |
| *levothyroxine sodium tab 112 mcg* (LEVOXYL) | TIER 3 | |
| *levothyroxine sodium tab 125 mcg* | TIER 1 | |
| *levothyroxine sodium tab 125 mcg* (EUTHYROX) | TIER 1 | |
| *levothyroxine sodium tab 125 mcg* (LEVOXYL) | TIER 3 | |
| *levothyroxine sodium tab 137 mcg* | TIER 1 | |
| *levothyroxine sodium tab 137 mcg* (EUTHYROX) | TIER 1 | |
| *levothyroxine sodium tab 137 mcg* (LEVOXYL) | TIER 3 | |
| *levothyroxine sodium tab 150 mcg* | TIER 1 | |
| *levothyroxine sodium tab 150 mcg* (EUTHYROX) | TIER 1 | |
| *levothyroxine sodium tab 150 mcg* (LEVOXYL) | TIER 3 | |
| *levothyroxine sodium tab 175 mcg* | TIER 1 | |
| *levothyroxine sodium tab 175 mcg* (EUTHYROX) | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *levothyroxine sodium tab 175 mcg* (LEVOXYL) | TIER 3 | |
| *levothyroxine sodium tab 200 mcg* | TIER 1 | |
| *levothyroxine sodium tab 200 mcg* (EUTHYROX) | TIER 1 | |
| *levothyroxine sodium tab 200 mcg* (LEVOXYL) | TIER 3 | |
| *levothyroxine sodium tab 25 mcg* | TIER 1 | |
| *levothyroxine sodium tab 25 mcg* (EUTHYROX) | TIER 1 | |
| *levothyroxine sodium tab 25 mcg* (LEVOXYL) | TIER 3 | |
| *levothyroxine sodium tab 300 mcg* | TIER 1 | |
| *levothyroxine sodium tab 50 mcg* | TIER 1 | |
| *levothyroxine sodium tab 50 mcg* (EUTHYROX) | TIER 1 | |
| *levothyroxine sodium tab 50 mcg* (LEVOXYL) | TIER 3 | |
| *levothyroxine sodium tab 75 mcg* | TIER 1 | |
| *levothyroxine sodium tab 75 mcg* (EUTHYROX) | TIER 1 | |
| *levothyroxine sodium tab 75 mcg* (LEVOXYL) | TIER 3 | |
| *levothyroxine sodium tab 88 mcg* | TIER 1 | |
| *levothyroxine sodium tab 88 mcg* (EUTHYROX) | TIER 1 | |
| *levothyroxine sodium tab 88 mcg* (LEVOXYL) | TIER 3 | |
| *liothyronine sodium tab 25 mcg* | TIER 1 | |
| *liothyronine sodium tab 5 mcg* | TIER 1 | |
| *liothyronine sodium tab 50 mcg* | TIER 1 | |
| NP THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB | TIER 3 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SYNTHROID (*levothyroxine sodium*) 25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB | TIER 2 | |
| *thyroid tab 120 mg (2 grain)* | TIER 3 | |
| *thyroid tab 15 mg (1/4 grain)* | TIER 3 | |
| *thyroid tab 30 mg (1/2 grain)* | TIER 3 | |
| *thyroid tab 60 mg (1 grain)* | TIER 3 | |
| *thyroid tab 90 mg (1 1/2 grain)* | TIER 3 | |

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

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

| | | |
|---|---|---|
| *cabergoline tab 0.5 mg* | TIER 1 | QLC (16 tabs/month) |
| *leuprolide acetate inj kit 5 mg/ml* | TIER 4 | PA, SP |
| OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 200 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR, 1000 MCG/ML SOLUTION | TIER 4 | PA, SP |
| *octreotide acetate inj 100 mcg/ml (0.1 mg/ml)* | TIER 4 | PA, SP |
| *octreotide acetate inj 1000 mcg/ml (1 mg/ml)* | TIER 4 | PA, SP |
| *octreotide acetate inj 200 mcg/ml (0.2 mg/ml)* | TIER 4 | PA, SP |
| *octreotide acetate inj 50 mcg/ml (0.05 mg/ml)* | TIER 4 | PA, SP |
| *octreotide acetate inj 500 mcg/ml (0.5 mg/ml)* | TIER 4 | PA, SP |
| SYNAREL (*nafarelin acetate*) 2 MG/ML SOLUTION | TIER 4 | PA, QLC (16 ml/30 days) |

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

## HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drug for Suppressing Hormones from the Thyroid Gland)

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

| | | |
|---|---|---|
| *methimazole tab 10 mg* | TIER 1 | |
| *methimazole tab 5 mg* | TIER 1 | |
| *propylthiouracil tab 50 mg* | TIER 1 | |
| SSKI (*potassium iodide (expectorant)*) 1 GM/ML SOLUTION | TIER 1 | |

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

### ANGIOEDEMA AGENTS

| | | |
|---|---|---|
| *icatibant acetate inj 30 mg/3ml (base equivalent)* | TIER 4 | PA, SP, QLC (2 syringes/fill; max 12 syringes/2 months) |
| *icatibant acetate inj 30 mg/3ml (base equivalent)* (SAJAZIR) | TIER 4 | PA, SP, QLC (2 syringes/fill; max 12 syringes/2 months) |

### IMMUNOLOGICAL AGENTS, OTHER (Other Drugs that Stimulate or Suppress the Immune System)

| | | |
|---|---|---|
| ARCALYST (*rilonacept*) 220 MG RECON SOLN | TIER 4 | PA, SP |
| DUPIXENT (*dupilumab*) 100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN PEN, 300 MG/2ML SOLN PRSYR | TIER 4 | PA, SP, QLC (2 syringes/28 days) |
| DUPIXENT (*dupilumab*) 200 MG/1.14ML SOLN PRSYR | TIER 4 | PA, SP, QLC (2 syringes/28 days) |
| DUPIXENT (*dupilumab*) 300 MG/2ML SOLN PEN | TIER 4 | PA, SP, QLC (2 pens (4 ml)/ 28 days) |
| OTEZLA (*apremilast*) 10 & 20 & 30 MG TAB THPK | TIER 4 | PA, SP, QLC (1 pack/month) |
| RIDAURA (*auranofin*) 3 MG CAP | TIER 2 | |
| SKYRIZI (150 MG DOSE) (*risankizumab-rzaa*) 75 /0.83ML PREF SY KT | TIER 4 | PA, SP, QLC (1 kit/84 days) |
| SKYRIZI (*risankizumab-rzaa*) 150 MG/ML SOLN PRSYR | TIER 4 | PA, SP, QLC (1 syringe/84 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SKYRIZI PEN (*risankizumab-rzaa*) 150 MG/ML SOLN -INJ | TIER 4 | PA, SP, QLC (1 auto-injector/ 84 days) |
| STELARA (*ustekinumab*) 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR | TIER 4 | PA, SP, QLC (1 syringe/84 days) |
| STELARA (*ustekinumab*) 45 MG/0.5ML SOLUTION | TIER 4 | PA, SP, QLC (1 vial/84 days) |
| TALTZ (*ixekizumab*) 80 MG/ML SOLN PRSYR | TIER 4 | PA, SP, QLC (1 syringe/28 days) |
| TALTZ (*ixekizumab*) TLTZ 80 MG/ML SOLN -INJ | TIER 4 | PA, SP, QLC (1 pen/28 days) |
| TREMFYA (*guselkumab*) 100 MG/ML SOLN PEN | TIER 4 | PA, SP, QLC (1 injection/8 weeks) |
| TREMFYA (*guselkumab*) 100 MG/ML SOLN PRSYR | TIER 4 | PA, SP, QLC (1 syringe/8 weeks) |
| XELJANZ (*tofacitinib citrate*) 1 MG/ML SOLUTION | TIER 4 | PA, SP, QLC (10 ml/day) |
| XELJANZ (*tofacitinib citrate*) 5 MG TAB, 10 MG TAB | TIER 4 | PA, SP, QLC (2 tabs/day) |

## IMMUNOSTIMULANTS (Drugs that Stimulate the Immune System)

| | | |
|---|---|---|
| ACTIMMUNE (*interferon gamma-1b*) 2000000 UNIT/0.5ML SOLUTION | TIER 4 | PA, SP |
| INTRON A (*interferon alfa-2b*) 6000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN | TIER 4 | SP |
| PEGASYS (*peginterferon alfa-2a*) 180 MCG/0.5ML SOLN PRSYR | TIER 4 | PA, SP, QLC (1 pen/week) |
| PEGASYS (*peginterferon alfa-2a*) 180 MCG/ML SOLUTION | TIER 4 | PA, SP, QLC (1 vial/week) |
| PEGASYS PROCLICK (*peginterferon alfa-2a*) PEGSYS 135 MCG/0.5ML SOLN -INJ, PEGSYS 180 MCG/0.5ML SOLN -INJ | TIER 4 | PA, SP, QLC (1 pen/week) |

## IMMUNOSUPPRESSANTS (Drugs to Suppress the Immune System)

| | | |
|---|---|---|
| *azathioprine tab 50 mg* | TIER 1 | |
| *cyclosporine cap 100 mg* | TIER 1 | |
| *cyclosporine cap 25 mg* | TIER 1 | |
| *cyclosporine modified cap 100 mg* | TIER 1 | |

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

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| HUMIRA PEN-PEDIATRIC UC START (*adalimumab*) -80 MG/0.8ML KIT | TIER 4 | PA, SP, QLC (1 carton/year) |
| HUMIRA PEN-PS/UV/ADOL HS START (*adalimumab*) -40 MG/0.8ML KIT | TIER 4 | PA, SP, QLC (4 syringes/year) |
| HUMIRA PEN-PSOR/UVEIT STARTER (*adalimumab*) -80 MG/0.8ML & 40MG/0.4ML KIT | TIER 4 | PA, SP, QLC (1 carton/year) |
| *leflunomide tab 10 mg* | TIER 1 | |
| *leflunomide tab 20 mg* | TIER 1 | |
| METHOTREXATE SODIUM 250 MG/10ML SOLUTION | TIER 1 | QLC (8 ml/month) |
| *methotrexate sodium inj 50 mg/2ml (25 mg/ml)* | TIER 1 | QLC (8 ml/month) |
| *methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)* (METHOTREXATE SODIUM (PF)) | TIER 1 | QLC (8 ml/month) |
| *methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)* (METHOTREXATE SODIUM (PF)) | TIER 1 | QLC (8 ml/month) |
| *methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)* (METHOTREXATE SODIUM (PF)) | TIER 1 | QLC (8 ml/month) |
| *methotrexate sodium tab 2.5 mg (base equiv)* | TIER 1 | OAC |
| *mycophenolate mofetil cap 250 mg* | TIER 1 | |
| *mycophenolate mofetil for oral susp 200 mg/ml* | TIER 1 | |
| *mycophenolate mofetil tab 500 mg* | TIER 1 | |
| *mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)* | TIER 3 | |
| *mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)* | TIER 3 | |
| RINVOQ (*upadacitinib*) 15 MG TAB ER 24H, 30 MG TAB ER 24H | TIER 4 | PA, SP, QLC (1 tab/day) |
| RINVOQ (*upadacitinib*) 45 MG TAB ER 24H | TIER 4 | PA, SP, QLC (1 tab/day; max 56 tabs/365 days) |
| *sirolimus oral soln 1 mg/ml* | TIER 2 | |
| *sirolimus tab 0.5 mg* | TIER 2 | |
| *sirolimus tab 1 mg* | TIER 2 | |
| *sirolimus tab 2 mg* | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *tacrolimus cap 0.5 mg* | TIER 1 | |
| *tacrolimus cap 1 mg* | TIER 1 | |
| *tacrolimus cap 5 mg* | TIER 1 | |
| XELJANZ XR (*tofacitinib citrate*) 11 MG TAB ER 24H, 22 MG TAB ER 24H | TIER 4 | PA, SP, QLC (1 tab/day) |

## INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)

### AMINOSALICYLATES

| | | |
|---|---|---|
| *balsalazide disodium cap 750 mg* | TIER 1 | QLC (9 caps/day) |
| *mesalamine cap er 24hr 0.375 gm* (MESALAMINE ER) | TIER 2 | QLC (4 caps/day) |
| *mesalamine enema 4 gm* | TIER 1 | |
| *mesalamine tab delayed release 1.2 gm* | TIER 2 | QLC (4 tabs/day) |
| *sulfasalazine tab 500 mg* | TIER 1 | |
| *sulfasalazine tab delayed release 500 mg* | TIER 1 | |

### GLUCOCORTICOIDS

| | | |
|---|---|---|
| *budesonide delayed release particles cap 3 mg* | TIER 1 | PA, QLC (3 caps/day) |
| *hydrocortisone enema 100 mg/60ml* | TIER 1 | |
| *hydrocortisone enema 100 mg/60ml* (COLOCORT) | TIER 1 | |
| *hydrocortisone tab 10 mg* | TIER 1 | |
| *hydrocortisone tab 20 mg* | TIER 1 | |
| *hydrocortisone tab 5 mg* | TIER 1 | |

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

### METABOLIC BONE DISEASE AGENTS

| | | |
|---|---|---|
| ALENDRONATE SODIUM 40 MG TAB | TIER 1 | QLC (1 tab/day) |
| ALENDRONATE SODIUM 5 MG TAB | TIER 1 | |
| ALENDRONATE SODIUM 70 MG/75ML SOLUTION | TIER 1 | QLC (4 bottles/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *alendronate sodium oral soln 70 mg/75ml* | TIER 1 | QLC (4 bottles/month) |
| *alendronate sodium tab 10 mg* | TIER 1 | |
| *alendronate sodium tab 35 mg* | TIER 1 | QLC (4 tabs/month) |
| *alendronate sodium tab 5 mg* | TIER 1 | |
| *alendronate sodium tab 70 mg* | TIER 1 | QLC (4 tabs/month) |
| *calcitonin (salmon) nasal soln 200 unit/act* | TIER 1 | QLC (1 bottle/month) |
| *calcitriol cap 0.25 mcg* | TIER 1 | |
| *calcitriol cap 0.5 mcg* | TIER 1 | |
| *cinacalcet hcl tab 30 mg (base equiv)* | TIER 4 | PA |
| *cinacalcet hcl tab 60 mg (base equiv)* | TIER 4 | PA |
| *cinacalcet hcl tab 90 mg (base equiv)* | TIER 4 | PA |
| *ergocalciferol cap 1.25 mg (50000 unit)* | TIER 1 | |
| *ergocalciferol cap 1.25 mg (50000 unit)* (VITAMIN D (ERGOCALCIFEROL)) | TIER 1 | |
| *ibandronate sodium tab 150 mg (base equivalent)* | TIER 1 | QLC (1 tab/month) |
| *risedronate sodium tab 150 mg* | TIER 2 | QLC (1 tab/month) |
| *risedronate sodium tab 30 mg* | TIER 1 | PA |
| *risedronate sodium tab 35 mg* | TIER 2 | QLC (4 tabs/month) |
| *risedronate sodium tab 5 mg* | TIER 2 | QLC (1 tab/day) |
| *risedronate sodium tab delayed release 35 mg* | TIER 2 | QLC (4 tabs/month) |
| TYMLOS (*abaloparatide*) 3120 MCG/1.56ML SOLN PEN | TIER 4 | PA, SP, QLC (1 pen/month) |
| XGEVA (*denosumab*) 120 MG/1.7ML SOLUTION | TIER 4 | PA, SP, QLC (1 vial/month) |

## MISCELLANEOUS THERAPEUTIC AGENTS

| | | |
|---|---|---|
| 1ST TIER UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC, 33G 4 MM MISC | TIER 2 | |
| 1ST TIER UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| 1ST TIER UNILET COMFORTOUCH MISC | TIER 2 | QLC (200 lancets/month) |
| ABOUTTIME PEN NEEDLE PEN 30G 8 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC | TIER 2 | |
| ACCU-CHEK AVIVA PLUS (*glucose blood*) - STRIP | TIER 2 | QLC (200 strips/month) |
| ACCU-CHEK COMPACT PLUS (*glucose blood*) - STRIP | TIER 2 | QLC (200 strips/month) |
| ACCU-CHEK FASTCLIX LANCETS - MISC | TIER 2 | QLC (204 lancets/month) |
| ACCU-CHEK GUIDE (*glucose blood*) - STRIP | TIER 2 | QLC (200 strips/month) |
| ACCU-CHEK MULTICLIX LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| ACCU-CHEK SAFE-T PRO LANCETS -- LANCES MISC | TIER 2 | QLC (200 lancets/month) |
| ACCU-CHEK SMARTVIEW (*glucose blood*) - STRIP | TIER 2 | QLC (200 strips/month) |
| ACCU-CHEK SOFTCLIX LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| ACTI-LANCE 28G - MISC | TIER 2 | QLC (200 lancets/month) |
| ACTI-LANCE LITE LANCETS 28G - MISC | TIER 2 | QLC (200 lancets/month) |
| ACTI-LANCE SPECIAL LANCETS 17G - MISC | TIER 2 | QLC (200 lancets/month) |
| ACTI-LANCE UNIVERSAL 23G - MISC | TIER 2 | QLC (200 lancets/month) |
| ADVANCED MOBILE LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| ADVOCATE INSULIN PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 33G 4 MM MISC | TIER 2 | |
| ADVOCATE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 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 | TIER 2 | |
| ADVOCATE LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| ADVOCATE LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| ADVOCATE SAFETY LANCETS 26G MISC | TIER 2 | QLC (200 lancets/month) |
| ADVOCATE SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| AEROCHAMBER MINI CHAMBER DEVICE | TIER 2 | |
| AEROCHAMBER MV MISC | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| AEROCHAMBER PLUS FLO-VU - MISC | TIER 2 | |
| AEROCHAMBER PLUS FLO-VU LARGE - MISC | TIER 2 | |
| AEROCHAMBER PLUS FLO-VU MEDIUM - MISC | TIER 2 | |
| AEROCHAMBER PLUS FLO-VU SMALL - MISC | TIER 2 | |
| AEROCHAMBER PLUS FLO-VU W/MASK - MISC | TIER 2 | |
| AEROCHAMBER PLUS FLOW VU MISC | TIER 2 | |
| AEROCHAMBER W/FLOWSIGNAL MISC | TIER 2 | |
| AEROCHAMBER Z-STAT PLUS - MISC | TIER 2 | |
| AEROCHAMBER Z-STAT PLUS CHAMBR - MISC | TIER 2 | |
| AEROCHAMBER Z-STAT PLUS/LARGE - MISC | TIER 2 | |
| AEROCHAMBER Z-STAT PLUS/MEDIUM - MISC | TIER 2 | |
| AEROCHAMBER Z-STAT PLUS/SMALL - MISC | TIER 2 | |
| AEROVENT PLUS DEVICE | TIER 2 | |
| AGAMATRIX ULTRA-THIN LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| AIMSCO TWIST LANCETS 32G MISC | TIER 2 | QLC (200 lancets/month) |
| AIMSCO TWIST LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| AIRIAL CHAMBER DEVICE | TIER 2 | |
| AQUALANCE LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE COMFORT LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE HAEMOLANCE PLUS HIGH MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE HAEMOLANCE PLUS LOW MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE HAEMOLANCE PLUS MICRO MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE HAEMOLANCE PLUS NORMAL MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE HAEMOLANCE PLUS PED MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE ID INSULIN SAFETY SYR 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ASSURE ID SAFETY PEN NEEDLES PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 31G 5 MISC | TIER 2 | |
| ASSURE LANCE LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE LANCE LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE LANCE PLUS SAFETY 25G MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE LANCE PLUS SAFETY 30G MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE LANCE SAFETY LANCET 28G MISC | TIER 2 | QLC (200 lancets/month) |
| ASSURE LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| AUM MINI INSULIN PEN NEEDLE PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC | TIER 2 | |
| AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC | TIER 2 | |
| AUM SAFETY PEN NEEDLE PEN 4 MISC, PEN 5 MISC | TIER 2 | |
| AURORA LANCET SUPER THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| AURORA LANCET THIN 23G MISC | TIER 2 | QLC (200 lancets/month) |
| AURORA PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC | TIER 2 | |
| AURORA UNIFINE PENTIPS 31G 5 MISC, 32G 4 MISC | TIER 2 | |
| BD AUTOSHIELD 5MM MISC, 8MM MISC | TIER 2 | |
| BD AUTOSHIELD DUO 30G X 5 MM MISC | TIER 2 | |
| BD INSULIN SYR ULTRAFINE II 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC | TIER 2 | |
| BD INSULIN SYRINGE 25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 1/2" 1 ML MISC, 27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, U-100 1 ML MISC | TIER 2 | |
| BD INSULIN SYRINGE HALF-UNIT -31G X 5/16" 0.3 ML MISC | TIER 2 | |
| BD INSULIN SYRINGE MICROFINE 27G 5/8" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC | TIER 2 | |
| BD INSULIN SYRINGE U-500 -31G X 6MM 0.5 ML MISC | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC | TIER 2 | |
| BD INSULIN SYRINGE U/F 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| BD INSULIN SYRINGE ULTRAFINE 29G 1/2" 0.3 ML MISC, 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, 31G 5/16" 0.5 ML MISC | TIER 2 | |
| BD LANCET ULTRAFINE 30G MISC | TIER 2 | QLC (200 lancets/month) |
| BD LANCET ULTRAFINE 33G MISC | TIER 2 | QLC (200 lancets/month) |
| BD MICROTAINER LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| BD PEN NEEDLE MICRO U/F 32G X 6 MM MISC | TIER 2 | |
| BD PEN NEEDLE MINI U/F 31G X 5 MM MISC | TIER 2 | |
| BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC | TIER 2 | |
| BD PEN NEEDLE NANO U/F 32G X 4 MM MISC | TIER 2 | |
| BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC | TIER 2 | |
| BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC | TIER 2 | |
| BD SAFETY-LOK INSULIN SYRINGE -29G X 1/2" 1 ML MISC | TIER 2 | |
| BD SAFETYGLIDE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC | TIER 2 | |
| BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC | TIER 2 | |
| BD VEO INSULIN SYRINGE U/F 15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC | TIER 2 | |
| BREATHE COMFORT CHAMBER/ADULT DEVICE | TIER 2 | |
| BREATHE COMFORT CHAMBER/CHILD DEVICE | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| BREATHE EASE LARGE DEVICE | TIER 2 | |
| BREATHE EASE MEDIUM DEVICE | TIER 2 | |
| BREATHE EASE SMALL DEVICE | TIER 2 | |
| BREATHERITE COLL SPACER ADULT MISC | TIER 2 | |
| BREATHERITE COLL SPACER CHILD MISC | TIER 2 | |
| BREATHERITE COLL SPACER INFANT MISC | TIER 2 | |
| BREATHERITE MISC | TIER 2 | |
| BREATHERITE RIGID SPACER/MASK MISC | TIER 2 | |
| BREATHERITE SPACER NEONATE MISC | TIER 2 | |
| BREATHERITE SPACER SMALL CHILD MISC | TIER 2 | |
| BREATHERITE VALVED MDI CHAMBER DEVICE | TIER 2 | |
| BREATHERITE/LARGE MASK MISC | TIER 2 | |
| BREATHERITE/MEDIUM MASK MISC | TIER 2 | |
| BREATHERITE/SMALL MASK MISC | TIER 2 | |
| BULLSEYE MINI SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| BULLSEYE SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| CAREFINE PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 8 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC | TIER 2 | |
| CAREONE INSULIN SYRINGE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| CAREONE LANCET SUPER THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| CAREONE LANCET THIN 23G MISC | TIER 2 | QLC (200 lancets/month) |
| CAREONE UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC | TIER 2 | |
| CAREONE UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC | TIER 2 | |
| CARESENS LANCETS MISC | TIER 2 | QLC (200 lancets/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| CARETOUCH INSULIN SYRINGE 28G 5/16" 1 ML MISC, 29G 5/16" 1 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 | TIER 2 | |
| CARETOUCH PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 33G 4 MM MISC | TIER 2 | |
| CARETOUCH SAFETY LANCETS 26G MISC | TIER 2 | QLC (200 lancets/month) |
| CARETOUCH SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| CARETOUCH TWIST LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| CARETOUCH TWIST LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| CARETOUCH TWIST LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| CARETOUCH TWIST MC LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| CAYA (*diaphragm arc-spring*) | TIER 2 | ACA (Preventive Health), QLC (one diaphragm/300 days) |
| CHEMSTRIP K (*acetone (urine) test*) CHEM | TIER 2 | |
| CHEMSTRIP UGK (*urine glucose-ketones test*) CHEM | TIER 2 | |
| CLEANLET LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| CLEVER CHEK LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| CLEVER CHOICE COMFORT EZ 29G 12MM MISC, 33G 4 MM MISC | TIER 2 | |
| CLEVER CHOICE HOLDING CHAMBER DEVICE | TIER 2 | |
| CLEVER CHOICE LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| CLEVER CHOICE LANCETS 23G MISC | TIER 2 | QLC (200 lancets/month) |
| CLEVER CHOICE LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| CLICKFINE PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC | TIER 2 | |
| COAGUCHEK LANCETS MISC | TIER 2 | QLC (200 lancets/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| COMFORT ASSIST INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 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 | TIER 2 | |
| COMFORT ASSURED LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| COMFORT ASSURED LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| COMFORT EZ INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 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 | TIER 2 | |
| COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM MISC | TIER 2 | |
| COMFORT EZ PEN NEEDLES 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, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC, PEN 33G 8 MISC | TIER 2 | |
| COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM MISC | TIER 2 | |
| COMFORT LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| 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, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC | TIER 2 | |
| COMFORT TOUCH LANCETS 31G MISC | TIER 2 | QLC (200 lancets/month) |
| COMFORT TOUCH PLUS LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| COMPACT SPACE CHAMBER DEVICE | TIER 2 | |
| COMPACT SPACE CHAMBER/LG MASK DEVICE | TIER 2 | |
| COMPACT SPACE CHAMBER/MED MASK DEVICE | TIER 2 | |
| COMPACT SPACE CHAMBER/SM MASK DEVICE | TIER 2 | |

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| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| CVS KETONE CARE (*urine glucose-ketones test*) STRIP | TIER 2 | |
| CVS LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| CVS LANCETS MICRO THIN 33G MISC | TIER 2 | QLC (200 lancets/month) |
| CVS LANCETS ORIGINAL MISC | TIER 2 | QLC (200 lancets/month) |
| CVS LANCETS THIN 26G MISC | TIER 2 | QLC (200 lancets/month) |
| CVS LANCETS ULTRA THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| CVS LANCETS ULTRA-THIN 30G - MISC | TIER 2 | QLC (200 lancets/month) |
| CVS ULTRA THIN LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| DIATHRIVE LANCET ULTRA THIN 30 MISC | TIER 2 | QLC (200 lancets/month) |
| DIATHRIVE LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| DIATHRIVE PEN NEEDLE PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC | TIER 2 | |
| DROPLET INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 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 15/64" 0.3 ML MISC, 30G 15/64" 0.5 ML MISC, 30G 15/64" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| DROPLET LANCETS ULTRA THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| DROPLET MICRON 34G X 3.5 MM MISC | TIER 2 | |
| DROPLET PEN NEEDLES PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC | TIER 2 | |
| DROPLET PERSONAL LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| DROPSAFE SAFETY PEN NEEDLES PEN 5 MISC, PEN 6 MISC, PEN 8 MISC | TIER 2 | |
| DRUG MART LANCETS THIN 26G MISC | TIER 2 | QLC (200 lancets/month) |
| DRUG MART ON-THE-GO LANCET 30G -- MISC | TIER 2 | QLC (200 lancets/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| DRUG MART UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC | TIER 2 | |
| DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM MISC | TIER 2 | |
| DRUG MART UNILET LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| DRUG MART UNILET LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| DRUG MART UNILET LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| E-Z JECT LANCET MICRO-THIN 33G -JCT - MISC | TIER 2 | QLC (200 lancets/month) |
| E-Z JECT LANCET SUPER THIN 30G -JCT MISC | TIER 2 | QLC (200 lancets/month) |
| E-Z JECT LANCETS -JCT LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| E-Z JECT LANCETS 21G -JCT LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| E-Z JECT LANCETS THIN 26G -JCT LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| EASIVENT MASK LARGE MISC | TIER 2 | |
| EASIVENT MASK MEDIUM MISC | TIER 2 | |
| EASIVENT MASK SMALL MISC | TIER 2 | |
| EASIVENT MISC | TIER 2 | |
| EASY COMFORT INSULIN SYRINGE 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, 32G 5/16" 1 ML MISC | TIER 2 | |
| EASY COMFORT LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| EASY COMFORT LANCETS TWIST TOP MISC | TIER 2 | QLC (200 lancets/month) |
| EASY COMFORT PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC | TIER 2 | |
| EASY GLIDE PEN NEEDLES 33G X 4 MM MISC | TIER 2 | |
| EASY TOUCH FLIPLOCK INSULIN SY SY 29G 1/2" 1 ML MISC, SY 30G 1/2" 1 ML MISC, SY 30G 5/16" 1 ML MISC, SY 31G 5/16" 1 ML MISC | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| EASY TOUCH INSULIN SAFETY SYR 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC | TIER 2 | |
| EASY TOUCH INSULIN SYRINGE 27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 27G 5/8" 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, 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 | TIER 2 | |
| EASY TOUCH LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH LANCETS 23G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH LANCETS 26G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH LANCETS 28G/TWIST MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH LANCETS 30G/TWIST MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH LANCETS 32G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH LANCETS 32G/TWIST MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH LANCETS 33G/TWIST MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 6 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC | TIER 2 | |
| EASY TOUCH SAFETY LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH SAFETY LANCETS 23G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH SAFETY LANCETS 26G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH SAFETY LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| EASY TOUCH SAFETY PEN NEEDLES PEN 29G 5MM MISC, PEN 29G 8MM MISC, PEN 30G 8 MM MISC | TIER 2 | |
| EASY TOUCH SHEATHLOCK SYRINGE 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| EASY TWIST & CAP LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| ELITE-THIN INSULIN SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -28G 5/16" 0.5 ML MISC, -28G 5/16" 1 ML MISC, -29G 1/2" 0.5 ML MISC, -29G 1/2" 1 ML MISC, -29G 5/16" 0.5 ML MISC, -29G 5/16" 1 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 | TIER 2 | |
| EMBRACE LANCETS ULTRA THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| EMBRACE PRESSURE ACTIVATED 21G MISC | TIER 2 | QLC (200 lancets/month) |
| EMBRACE PRESSURE ACTIVATED 28G MISC | TIER 2 | QLC (200 lancets/month) |
| EQ SPACE CHAMBER ANTI-STATIC - DEVICE | TIER 2 | |
| EQ SPACE CHAMBER ANTI-STATIC L - DEVICE | TIER 2 | |
| EQ SPACE CHAMBER ANTI-STATIC M - DEVICE | TIER 2 | |
| EQ SPACE CHAMBER ANTI-STATIC S -TATIC DEVICE | TIER 2 | |
| EQL COLOR LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| EQL COLOR LANCETS MICRO 33G MISC | TIER 2 | QLC (200 lancets/month) |
| EQL INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 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 | TIER 2 | |
| EQL SUPER THIN LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| EQL THIN LANCETS 26G MISC | TIER 2 | QLC (200 lancets/month) |
| EXEL COMFORT POINT INSULIN SYR EEL 28G 1/2" 0.5 ML MISC, EEL 28G 1/2" 1 ML MISC, EEL 29G 1/2" 0.3 ML MISC, EEL 29G 1/2" 0.5 ML MISC, EEL 29G 1/2" 1 ML MISC, EEL 30G 5/16" 0.3 ML MISC, EEL 30G 5/16" 0.5 ML MISC, EEL 30G 5/16" 1 ML MISC | TIER 2 | |
| EXEL COMFORT POINT PEN NEEDLE EEL PEN 29G 12MM MISC, EEL PEN 31G 4 MM MISC, EEL PEN 31G 6 MM MISC, EEL PEN 31G 8 MM MISC | TIER 2 | |
| EZ SMART BLOOD GLUCOSE LANCETS MISC | TIER 2 | QLC (200 lancets/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| EZ-LETS LANCETS 21G - MISC | TIER 2 | QLC (200 lancets/month) |
| EZ-LETS LANCETS 26G - MISC | TIER 2 | QLC (200 lancets/month) |
| EZ-LETS LANCETS 28G - MISC | TIER 2 | QLC (200 lancets/month) |
| EZ-LETS LANCETS 30G - MISC | TIER 2 | QLC (200 lancets/month) |
| FEMCAP (*cervical caps*) 22 DEVICE, 26 DEVICE, 30 DEVICE | TIER 2 | ACA (Preventive Health), QLC (one cervical cap/300 days) |
| FIFTY50 PEN NEEDLES PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC | TIER 2 | |
| FIFTY50 SAFETY SEAL LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| FIFTY50 SUPERIOR COMFORT SYR 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC | TIER 2 | |
| FIFTY50 UNILET LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| FINE 30 MISC | TIER 2 | QLC (200 lancets/month) |
| FINGERSTIX LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| FLEXICHAMBER ADULT MASK/SMALL MISC | TIER 2 | |
| FLEXICHAMBER CHILD MASK/LARGE MISC | TIER 2 | |
| FLEXICHAMBER CHILD MASK/SMALL MISC | TIER 2 | |
| FLEXICHAMBER DEVICE | TIER 2 | |
| FORA GTEL BLOOD KETONE TEST (*ketone blood test*) STRIP | TIER 2 | |
| FORA LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| FREDS PHARMACY UNIFINE PENTIP+ 5 MISC, 8 MISC | TIER 2 | |
| FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM MISC | TIER 2 | |
| FREDS PHARMACY UNILET LANC 28G MISC | TIER 2 | QLC (200 lancets/month) |
| FREDS PHARMACY UNILET LANC 30G MISC | TIER 2 | QLC (200 lancets/month) |
| FREESTYLE LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| FREESTYLE PRECISION INS SYR 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 | TIER 2 | |
| FREESTYLE UNISTICK II LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| GENTEEL BUTTERFLY TOUCH LANCET MISC | TIER 2 | QLC (200 lancets/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| GENTLE-LET GP LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| GENTLE-LET LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| GLOBAL EASE INJECT PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC | TIER 2 | |
| GLOBAL EASY GLIDE INSULIN SYR 5/16" 0.3 ML MISC, 15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC | TIER 2 | |
| GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC | TIER 2 | |
| GLOBAL INJECT EASE INSULIN SYR 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 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 | TIER 2 | |
| GLOBAL INJECT EASE LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| GLOBAL INJECT EASE LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| GLOBAL INSULIN SYRINGES 1/2" 0.3 ML MISC, 5/16" 0.3 ML MISC | TIER 2 | |
| GLUCOCOM LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| GLUCOCOM LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| GLUCOCOM LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| GLUCOPRO INSULIN SYRINGE 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 | TIER 2 | |
| GNP CLICKFINE PEN NEEDLES PEN 6 MISC, PEN 8 MISC | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| GNP INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 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 | TIER 2 | |
| GNP INSULIN SYRINGES 28GX1/2" /2" /2" ML MISC | TIER 2 | |
| GNP INSULIN SYRINGES 29GX1/2" 0.5 ML MISC, 1 ML MISC | TIER 2 | |
| GNP INSULIN SYRINGES 30G X 5/16" 1 ML MISC | TIER 2 | |
| GNP INSULIN SYRINGES 30GX5/16" 0.3 ML MISC | TIER 2 | |
| GNP INSULIN SYRINGES 31GX5/16" 0.3 ML MISC | TIER 2 | |
| GNP LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| GNP LANCETS MICRO THIN 33G MISC | TIER 2 | QLC (200 lancets/month) |
| GNP LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| GNP LANCETS SUPER THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| GNP LANCETS THIN 26G MISC | TIER 2 | QLC (200 lancets/month) |
| GNP LANCETS THIN MISC | TIER 2 | QLC (200 lancets/month) |
| GNP MICRO THIN LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| GNP STERILE LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| GNP STERILE LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| GNP STERILE LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| GNP SUPER THIN LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| GNP ULTICARE PEN NEEDLES PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC | TIER 2 | |
| GNP ULTIGUARD SAFEPACK NEEDLE 31G 5 MISC, 31G 8 MISC, 32G 4 MISC, 32G 6 MISC | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| GNP ULTRA COM INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 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 | TIER 2 | |
| GOJJI BLOOD KETONE TEST (*ketone blood test*) STRIP | TIER 2 | |
| GOJJI STERILE LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC | TIER 2 | |
| GOODSENSE COLOR LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| GOODSENSE LANCETS 26G UNIV MISC | TIER 2 | QLC (200 lancets/month) |
| GOODSENSE LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| GOODSENSE LANCETS 30G UNIV MISC | TIER 2 | QLC (200 lancets/month) |
| GOODSENSE LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| GOODSENSE LANCETS 33G UNIV MISC | TIER 2 | QLC (200 lancets/month) |
| GOODSENSE PEN NEEDLE PENFINE PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC | TIER 2 | |
| H-E-B INCONTROL LANCETS 28G --LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| H-E-B INCONTROL LANCETS 30G --LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| H-E-B INCONTROL LANCETS 33G --LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| H-E-B INCONTROL PEN NEEDLES --PN 29G 12MM MISC, --PN 31G 5 MM MISC, --PN 31G 6 MM MISC, --PN 31G 8 MM MISC, --PN 32G 4 MM MISC | TIER 2 | |
| H-E-B INCONTROL UNIFINE PENTIP --UNIFINPNTIP 31G 5 MISC, --UNIFINPNTIP 31G 6 MISC, --UNIFINPNTIP 31G 8 MISC, --UNIFINPNTIP 32G 4 MISC, --UNIFINPNTIP 33G 4 MISC | TIER 2 | |
| HAEMOLANCE LOW FLOW LANCETS F MISC | TIER 2 | QLC (200 lancets/month) |
| HAEMOLANCE MISC | TIER 2 | QLC (200 lancets/month) |
| HAEMOLANCE PLUS HIGH FLOW MISC | TIER 2 | QLC (200 lancets/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| HAEMOLANCE PLUS LOW FLOW F MISC | TIER 2 | QLC (200 lancets/month) |
| HAEMOLANCE PLUS MAX FLOW MISC | TIER 2 | QLC (200 lancets/month) |
| HAEMOLANCE PLUS MISC | TIER 2 | QLC (200 lancets/month) |
| HAEMOLANCE PLUS PEDIATRIC FLOW MISC | TIER 2 | QLC (200 lancets/month) |
| HEALTHWISE INSULIN SYR/NEEDLE 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 | TIER 2 | |
| HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC | TIER 2 | |
| HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC | TIER 2 | |
| HEALTHWISE PEN NEEDLES 29G X 12MM MISC | TIER 2 | |
| HEALTHWISE SHORT PEN NEEDLES PEN 5 MISC, PEN 8 MISC | TIER 2 | |
| HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC | TIER 2 | |
| HEALTHY ACCENTS UNIFINE PENTIP 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC | TIER 2 | |
| HEALTHY ACCENTS UNILET LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| HM ULTICARE INSULIN SYRINGE 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC | TIER 2 | |
| HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC | TIER 2 | |
| HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC | TIER 2 | |
| HY-VEE LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| HY-VEE THIN LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| IN TOUCH STERILE LANCETS 30G IN MISC | TIER 2 | QLC (200 lancets/month) |
| INCONTROL ULTICARE PEN NEEDLES PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC | TIER 2 | |
| INSPIRACHAMBER/LARGE DEVICE | TIER 2 | |
| INSPIRACHAMBER/MEDIUM DEVICE | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| INSPIRACHAMBER/MOUTHPIECE DEVICE | TIER 2 | |
| INSPIRACHAMBER/SMALL DEVICE | TIER 2 | |
| INSPIREASE MISC | TIER 2 | |
| 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" 0.3 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 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 | TIER 2 | |
| INSULIN SYRINGE-NEEDLE U-100 --100 29G 1/2" 0.5 ML MISC, --100 29G 1/2" 1 ML MISC, --100 30G 5/16" 0.3 ML MISC, --100 30G 5/16" 0.5 ML MISC, --100 30G 5/16" 1 ML MISC, --100 31G 1/4" 0.3 ML MISC, --100 31G 1/4" 0.5 ML MISC, --100 31G 1/4" 1 ML MISC, --100 31G 5/16" 0.3 ML MISC, --100 31G 5/16" 0.5 ML MISC, --100 31G 5/16" 1 ML MISC | TIER 2 | |
| INSULIN SYRINGE/NEEDLE 27G 1/2" 0.5 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC | TIER 2 | |
| INSUPEN PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC | TIER 2 | |
| INSUPEN SENSITIVE 6 MISC, 8 MISC | TIER 2 | |
| INSUPEN ULTRAFIN 29G 12MM MISC, 30G 8 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC | TIER 2 | |
| KETO-DIASTIX (*urine glucose-ketones test*) - STRIP | TIER 2 | |
| KETONE TEST (*acetone (urine) test*) STRIP | TIER 2 | |
| KETOSTIX (*acetone (urine) test*) STRIP | TIER 2 | |
| KINNEY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| KINNEY THIN LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| KINRAY INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| KMART VALU INSULIN SYRINGE 29G VAL-100 0.5 ML MISC, VAL-100 1 ML MISC | TIER 2 | |
| KMART VALU INSULIN SYRINGE 30G VAL-100 0.3 ML MISC, VAL-100 0.5 ML MISC, VAL-100 1 ML MISC | TIER 2 | |
| KROGER HEALTHPRO LANCET 26G MISC | TIER 2 | QLC (200 lancets/month) |
| KROGER INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 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 | TIER 2 | |
| KROGER LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| KROGER LANCETS MICRO THIN 33G MISC | TIER 2 | QLC (200 lancets/month) |
| KROGER LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| KROGER LANCETS SUPER THIN MISC | TIER 2 | QLC (200 lancets/month) |
| KROGER LANCETS THIN 26G MISC | TIER 2 | QLC (200 lancets/month) |
| KROGER LANCETS THIN MISC | TIER 2 | QLC (200 lancets/month) |
| KROGER LANCETS ULTRATHIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| KROGER PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC | TIER 2 | |
| LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| LANCETS MICRO THIN 33G MISC | TIER 2 | QLC (200 lancets/month) |
| LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| LANCETS SUPER THIN 28G MISC | TIER 2 | QLC (200 lancets/month) |
| LANCETS THIN MISC | TIER 2 | QLC (200 lancets/month) |
| LANCETS ULTRA FINE MISC | TIER 2 | QLC (200 lancets/month) |
| LANCETS ULTRA THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| LANCETS ULTRA THIN MISC | TIER 2 | QLC (200 lancets/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| LEADER INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 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 | TIER 2 | |
| LEADER UNIFINE PENTIPS 31G 5 MISC, 32G 4 MISC | TIER 2 | |
| LEADER UNIFINE PENTIPS PLUS 31G 5 MISC, 31G 8 MISC, 32G 4 MISC | TIER 2 | |
| LIBERTY MEDICAL LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| LIFESCAN UNISTIK 2 MISC | TIER 2 | QLC (200 lancets/month) |
| LIFESCAN UNISTIK II LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| LITE TOUCH LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| LITEAIRE DEVICE | TIER 2 | |
| LITETOUCH INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 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 | TIER 2 | |
| LITETOUCH LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| LITETOUCH PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC | TIER 2 | |
| LIVE BETTER LANCET SUPER THIN MISC | TIER 2 | QLC (200 lancets/month) |
| LIVE BETTER LANCET ULTRA THIN MISC | TIER 2 | QLC (200 lancets/month) |
| LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC | TIER 2 | |
| LONGS LANCETS STANDARD MISC | TIER 2 | QLC (200 lancets/month) |
| LONGS LANCETS THIN MISC | TIER 2 | QLC (200 lancets/month) |
| LONGS LANCETS ULTRA THIN MISC | TIER 2 | QLC (200 lancets/month) |
| MAGELLAN INSULIN SAFETY SYR 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 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 | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| MARATHON MEDICAL PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC | TIER 2 | |
| MAXI-COMFORT INSULIN SYRINGE -1/2" 0.5 ML MISC, -1/2" 1 ML MISC | TIER 2 | |
| MAXI-COMFORT SAFETY PEN NEEDLE -PEN 5MM MISC, -PEN 8MM MISC | TIER 2 | |
| MAXICOMFORT II PEN NEEDLE MAICOMFORT 31G 6 MM MISC | TIER 2 | |
| MAXICOMFORT SYR 27G X 1/2" MAICOMFORT 0.5 ML MISC, MAICOMFORT 1 ML MISC | TIER 2 | |
| MEDIC INSULIN SYRINGE 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC | TIER 2 | |
| MEDICHOICE SAFETY LANCET EXTRA MISC | TIER 2 | QLC (200 lancets/month) |
| MEDICHOICE SAFETY LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| MEDICHOICE SAFETY LANCET NORM MISC | TIER 2 | QLC (200 lancets/month) |
| MEDICINE SHOPPE PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC | TIER 2 | |
| MEDISENSE THIN LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| MEDLANCE EXTRA 21G MISC | TIER 2 | QLC (200 lancets/month) |
| MEDLANCE LITE 25G MISC | TIER 2 | QLC (200 lancets/month) |
| MEDLANCE PLUS EXTRA 21G MISC | TIER 2 | QLC (200 lancets/month) |
| MEDLANCE PLUS LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| MEDLANCE PLUS LITE 25G MISC | TIER 2 | QLC (200 lancets/month) |
| MEDLANCE PLUS SPECIAL 0.8MM MISC | TIER 2 | QLC (200 lancets/month) |
| MEDLANCE PLUS SUPERLITE 30G MISC | TIER 2 | QLC (200 lancets/month) |
| MEDLANCE PLUS UNIVERSAL 21G MISC | TIER 2 | QLC (200 lancets/month) |
| MEDLANCE UNIVERSAL 21G MISC | TIER 2 | QLC (200 lancets/month) |
| MEIJER LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| MEIJER LANCETS THIN MISC | TIER 2 | QLC (200 lancets/month) |
| MEIJER LANCETS UNIVERSAL 21G MISC | TIER 2 | QLC (200 lancets/month) |
| MEIJER LANCETS UNIVERSAL 30G MISC | TIER 2 | QLC (200 lancets/month) |
| MEIJER LANCETS UNIVERSAL 33G MISC | TIER 2 | QLC (200 lancets/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| MEIJER PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC | TIER 2 | |
| MEIJER SUPER THIN LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| *methylergonovine maleate tab 0.2 mg* | TIER 1 | QLC (28 tabs/30 days) |
| *methylergonovine maleate tab 0.2 mg* (METHERGINE) | TIER 1 | QLC (28 tabs/30 days) |
| MICROCHAMBER DEVICE, MISC | TIER 2 | |
| MICRODOT PEN NEEDLE PEN 31G 6 MISC, PEN 32G 4 MISC, PEN 33G 4 MISC | TIER 2 | |
| MICROLET LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| MICROSPACER MISC | TIER 2 | |
| MICROTAINER SAFETY FLOW LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| MM INSULIN SYRINGE/NEEDLE 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 | TIER 2 | |
| MM PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC | TIER 2 | |
| MM TWIST LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC, U-100 1 ML MISC | TIER 2 | |
| MONOJECT ULTRA COMFORT SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC | TIER 2 | |
| MONOLET LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| MONOLET OPD LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| MONOLETTOR SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| MPD SAFETY LANCET 21G MISC | TIER 2 | QLC (200 lancets/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| MPD SAFETY LANCET 23G MISC | TIER 2 | QLC (200 lancets/month) |
| MPD SAFETY LANCET 28G MISC | TIER 2 | QLC (200 lancets/month) |
| MPD SAFETY LANCET 30G MISC | TIER 2 | QLC (200 lancets/month) |
| MS INSULIN SYRINGE 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC | TIER 2 | |
| MYGLUCOHEALTH LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| NOVA MAX PLUS KETONE TEST (*ketone blood test*) STRIP | TIER 2 | |
| NOVA SAFETY LANCETS 23G MISC | TIER 2 | QLC (200 lancets/month) |
| NOVA SAFETY LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| NOVA SUREFLEX LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM MISC | TIER 2 | |
| NOVOFINE PEN NEEDLE 32G X 6 MM MISC | TIER 2 | |
| NOVOFINE PLUS PEN NEEDLE 32G X 4 MM MISC | TIER 2 | |
| NOVOTWIST PEN NEEDLE 32G X 5 MM MISC | TIER 2 | |
| OMNIFLEX DIAPHRAGM (*diaphragms*) | TIER 2 | ACA (Preventive Health) |
| ON CALL LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| ON CALL PLUS LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| ONETOUCH CLUB LANCETS FINE PT MISC | TIER 2 | QLC (200 lancets/month) |
| ONETOUCH DELICA LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| ONETOUCH DELICA LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| ONETOUCH DELICA PLUS LANCET30G MISC | TIER 2 | QLC (200 lancets/month) |
| ONETOUCH DELICA PLUS LANCET33G MISC | TIER 2 | QLC (200 lancets/month) |
| ONETOUCH FINEPOINT LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| ONETOUCH ULTRASOFT LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| OPTICHAMBER ADVANTAGE-LG MASK - MISC | TIER 2 | |
| OPTICHAMBER ADVANTAGE-MED MASK - MISC | TIER 2 | |
| OPTICHAMBER ADVANTAGE-SM MASK - MISC | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| OPTICHAMBER DIAMOND DEVICE, MISC | TIER 2 | |
| OPTICHAMBER DIAMOND-LG MASK - DEVICE | TIER 2 | |
| OPTICHAMBER DIAMOND-MD MASK - MISC | TIER 2 | |
| OPTICHAMBER DIAMOND-SM MASK - MISC | TIER 2 | |
| OPTICHAMBER FACE MASK-LARGE - MISC | TIER 2 | |
| OPTICHAMBER FACE MASK-MEDIUM - MISC | TIER 2 | |
| OPTICHAMBER FACE MASK-SMALL - MISC | TIER 2 | |
| OPTIHALER DEVICE, MISC | TIER 2 | |
| PC LANCETS SUPER THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| PC UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC | TIER 2 | |
| PEN NEEDLES 1/2" 29G X 12MM MISC | TIER 2 | |
| PEN NEEDLES 3/16" 31G X 5 MM MISC | TIER 2 | |
| PEN NEEDLES 5/16" PEN 30G 8 MISC, PEN 31G 8 MISC | TIER 2 | |
| PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 33G 4 MM MISC | TIER 2 | |
| PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC | TIER 2 | |
| PERFECT LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| PERFECT LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| PHARMACIST CHOICE LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| PHARMACY COUNTER LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| PIP LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| PIP LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| POCKET CHAMBER DEVICE | TIER 2 | |
| POCKET SPACER DEVICE | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PRECISION SURE-DOSE SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -29G 1/2" 0.5 ML MISC, -30G 3/8" 0.5 ML MISC, -30G 5/16" 0.3 ML MISC | TIER 2 | |
| PRECISION SUREDOSE PLUS SYR 1/2" 0.3 ML MISC, 1/2" 1 ML MISC | TIER 2 | |
| PRECISION THINS GP LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| PRECISION XTRA KETONE (*ketone blood test*) STRIP | TIER 2 | |
| PREFERRED PLUS INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 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 | TIER 2 | |
| PREFERRED PLUS LANCETS COLORED MISC | TIER 2 | QLC (200 lancets/month) |
| PREFERRED PLUS LANCETS THIN MISC | TIER 2 | QLC (200 lancets/month) |
| PREFERRED PLUS UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC | TIER 2 | |
| PRESSURE ACTIVAT SAFETY LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| PREVENT DROPSAFE PEN NEEDLES PEN 6 MISC, PEN 8 MISC | TIER 2 | |
| PREVENT SAFETY PEN NEEDLES PEN 6 MISC, PEN 8 MISC | TIER 2 | |
| PRIMEAIRE HOLDING CHAMBER DEVICE | TIER 2 | |
| PRO COMFORT INSULIN SYRINGE 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 | TIER 2 | |
| PRO COMFORT LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| PRO COMFORT LANCETS 31G MISC | TIER 2 | QLC (200 lancets/month) |
| PRO COMFORT PEN NEEDLES PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC | TIER 2 | |
| PRO COMFORT SPACER ADULT MISC | TIER 2 | |
| PRO COMFORT SPACER CHILD MISC | TIER 2 | |
| PRO COMFORT SPACER INFANT DEVICE | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PROCARE SPACER/ADULT MASK DEVICE | TIER 2 | |
| PROCARE SPACER/CHILD MASK DEVICE | TIER 2 | |
| PRODIGY INSULIN SYRINGE 28G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC | TIER 2 | |
| PRODIGY LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| PRODIGY SAFETY LANCETS 26G MISC | TIER 2 | QLC (200 lancets/month) |
| PRODIGY TWIST TOP LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| PSS SELECT GP LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| PSS SELECT SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| PTS PANELS KETONE TEST (*ketone blood test*) STRIP | TIER 2 | |
| PURE COMFORT LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| PURE COMFORT PEN NEEDLE PEN 4 MISC, PEN 5 MISC, PEN 6 MISC, PEN 8 MISC | TIER 2 | |
| PURE COMFORT SPACER CHAMBER DEVICE | TIER 2 | |
| PUSH BUTTON SAFETY LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| PUSH BUTTON SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| PX EXTRA SHORT PEN NEEDLES 31G 6 MM MISC | TIER 2 | |
| PX INSULIN SYRINGE 30G 1/2" 0.5 ML MISC | TIER 2 | |
| PX LANCETS MICROTHIN 33G MISC | TIER 2 | QLC (200 lancets/month) |
| PX LANCETS ULTRA THIN 28G MISC | TIER 2 | QLC (200 lancets/month) |
| PX LANCETS ULTRA THIN MISC | TIER 2 | QLC (200 lancets/month) |
| PX MINI PEN NEEDLES 31G 5 MM MISC | TIER 2 | |
| PX PEN NEEDLE PEN 29G 12MM MISC, PEN 31G 8 MM MISC | TIER 2 | |
| PX SHORTLENGTH PEN NEEDLES 31G 8 MM MISC | TIER 2 | |
| QC LANCETS SUPER THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| QC LANCETS ULTRA THIN MISC | TIER 2 | QLC (200 lancets/month) |
| QC PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| QC UNIFINE PENTIPS 32G X 4 MM MISC | TIER 2 | |
| QC UNILET LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| QC UNILET LANCETS MICRO THIN MISC | TIER 2 | QLC (200 lancets/month) |
| RA E-ZJECT COLOR LANCETS 33G -LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| RA E-ZJECT LANCETS 28G -LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| RA E-ZJECT LANCETS THIN 26G -LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| RA E-ZJECT LANCETS THIN 28G -LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| RA E-ZJECT LANCETS ULTRA THIN -LANCTS MISC | TIER 2 | QLC (200 lancets/month) |
| RA INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC | TIER 2 | |
| RA PEN NEEDLES PEN 5 MISC, PEN 8 MISC | TIER 2 | |
| RAYA SURE PEN NEEDLE PEN 29G 12MM MISC, PEN 31G 4 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC | TIER 2 | |
| READYLANCE SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| REALITY INSULIN SYRINGE 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 | TIER 2 | |
| REALITY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| REALITY TRIGGER LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| RELI-ON INSULIN SYRINGE -29G 0.3 ML MISC, -29G 0.5 ML MISC, -29G X 1/2" 1 ML MISC, -30G 0.3 ML MISC, -30G 0.5 ML MISC, -30G 1 ML MISC | TIER 2 | |
| RELION INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 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 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| RELION KETONE (*acetone (urine) test*) STRIP | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| RELION KETONE TEST (*acetone (urine) test*) STRIP | TIER 2 | |
| RELION LANCETS MICRO-THIN 33G - MISC | TIER 2 | QLC (200 lancets/month) |
| RELION LANCETS STANDARD 21G MISC | TIER 2 | QLC (200 lancets/month) |
| RELION LANCETS THIN 26G MISC | TIER 2 | QLC (200 lancets/month) |
| RELION LANCETS ULTRA-THIN 30G - MISC | TIER 2 | QLC (200 lancets/month) |
| RELION MINI PEN NEEDLES 31G X 6 MM MISC | TIER 2 | |
| RELION PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC | TIER 2 | |
| RELION SHORT PEN NEEDLES 31G X 8 MM MISC | TIER 2 | |
| RELION ULTRA THIN LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| RELION ULTRA THIN PLUS LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| REXALL LANCETS ULTRA THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| RIGHTEST GL300 LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| RITEFLO DEVICE | TIER 2 | |
| RUZURGI (*amifampridine*) 10 MG TAB | TIER 4 | PA, SP, QLC (10 tabs/day) |
| SAFE-T-LANCE -- MISC | TIER 2 | QLC (200 lancets/month) |
| SAFE-T-LANCE PLUS -- MISC | TIER 2 | QLC (200 lancets/month) |
| SAFESNAP INSULIN SYRINGE 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC | TIER 2 | |
| SAFETY INSULIN SYRINGES 27G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC | TIER 2 | |
| SAFETY LANCET 21G/PRESSURE ACT MISC | TIER 2 | QLC (200 lancets/month) |
| SAFETY LANCET 23G/PRESSURE ACT MISC | TIER 2 | QLC (200 lancets/month) |
| SAFETY LANCET 28G/PRESSURE ACT MISC | TIER 2 | QLC (200 lancets/month) |
| SAFETY LANCET 30G/PRESSURE ACT MISC | TIER 2 | QLC (200 lancets/month) |
| SAFETY LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| SAFETY LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SAFETY LET LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| SAFETY PEN NEEDLES PEN 5 MISC, PEN 8 MISC | TIER 2 | |
| SAFETY SEAL LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| SAPS HEALTH TWIST TOP LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| SAPS TWIST TOP LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| SAPSCARE TWIST TOP LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| SB INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| SB LANCETS THIN MISC | TIER 2 | QLC (200 lancets/month) |
| SB LANCETS ULTRA THIN MISC | TIER 2 | QLC (200 lancets/month) |
| SECURESAFE INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC | TIER 2 | |
| SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM MISC | TIER 2 | |
| SHOPKO ON-THE-GO LANCETS 30G -- MISC | TIER 2 | QLC (200 lancets/month) |
| SHOPKO UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC | TIER 2 | |
| SHOPKO UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC | TIER 2 | |
| SHOPKO UNILET LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| SHOPKO UNILET LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| SIDE BUTTON SAFETY LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| SINGLE-LET - MISC | TIER 2 | QLC (200 lancets/month) |
| SM LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| SMART SENSE COLOR LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| SMART SENSE STANDARD LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| SMART SENSE SUPER THIN LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| SMART SENSE THIN LANCETS 26G MISC | TIER 2 | QLC (200 lancets/month) |
| SMARTEST LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| SOLUS V2 LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| SOLUS V2 TWIST LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| STERILANCE TL MISC | TIER 2 | QLC (200 lancets/month) |
| SUPER THIN LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| SURE COMFORT INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 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 1/4" 0.3 ML MISC, 31G 1/4" 0.5 ML MISC, 31G 1/4" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| SURE COMFORT LANCETS 18G MISC | TIER 2 | QLC (200 lancets/month) |
| SURE COMFORT LANCETS 21G MISC | TIER 2 | QLC (200 lancets/month) |
| SURE COMFORT LANCETS 23G MISC | TIER 2 | QLC (200 lancets/month) |
| SURE COMFORT LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| SURE COMFORT LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| SURE COMFORT PEN NEEDLES PEN 29G 12.7MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC | TIER 2 | |
| SURE-FINE PEN NEEDLES -PEN 29G 12.7MM MISC, -PEN 31G 5 MM MISC, -PEN 31G 8 MM MISC | TIER 2 | |
| SURE-JECT INSULIN SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -29G 1/2" 0.3 ML MISC, -29G 1/2" 0.5 ML MISC, -29G 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 | TIER 2 | |
| SURE-LANCE FLAT LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| SURE-LANCE LANCETS 26G - MISC | TIER 2 | QLC (200 lancets/month) |
| SURE-LANCE THIN LANCETS 28G - MISC | TIER 2 | QLC (200 lancets/month) |
| SURE-LANCE ULTRA THIN LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| SURE-TOUCH LANCETS UNIVERSAL - MISC | TIER 2 | QLC (200 lancets/month) |
| SURELITE LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| TECHLITE AST LANCETS MISC | TIER 2 | QLC (200 lancets/month) |

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| TECHLITE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 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 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| TECHLITE LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| TECHLITE LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| TECHLITE PEN NEEDLES PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC | TIER 2 | |
| TGT LANCET MICRO THIN 33G MISC | TIER 2 | QLC (200 lancets/month) |
| TGT LANCET THIN 26G MISC | TIER 2 | QLC (200 lancets/month) |
| TGT LANCET ULTRA THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| THINLETS GP LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM MISC | TIER 2 | |
| TODAYS HEALTH PEN NEEDLES 29G X 12MM MISC | TIER 2 | |
| TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM MISC | TIER 2 | |
| TODAYS HEALTH THIN LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| TODAYS HEALTH THIN LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| TOPCARE CLICKFINE PEN NEEDLES PEN 6 MISC, PEN 8 MISC | TIER 2 | |
| TOPCARE LANCETS MICRO-THIN 33G - MISC | TIER 2 | QLC (200 lancets/month) |
| TOPCARE ULTRA COMFORT INS SYR 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 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 | TIER 2 | |
| TRAVEL LANCETS ADVANCED 28G MISC | TIER 2 | QLC (200 lancets/month) |
| TRAVEL LANCETS MISC | TIER 2 | QLC (200 lancets/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| TRUE COMFORT INSULIN SYRINGE 5/16" 0.5 ML MISC, 5/16" 1 ML MISC | TIER 2 | |
| TRUE COMFORT PEN NEEDLES 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 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC | TIER 2 | |
| 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, 32G 5/16" 1 ML MISC | TIER 2 | |
| TRUE COMFORT PRO PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC | TIER 2 | |
| TRUE COMFORT TWIST TOP LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| TRUEPLUS 5-BEVEL PEN NEEDLES 5-PEN 29G 12.7MM MISC, 5-PEN 31G 5 MM MISC, 5-PEN 31G 6 MM MISC, 5-PEN 31G 8 MM MISC, 5-PEN 32G 4 MM MISC | TIER 2 | |
| TRUEPLUS INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 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 | TIER 2 | |
| TRUEPLUS LANCETS 26G MISC | TIER 2 | QLC (200 lancets/month) |
| TRUEPLUS LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| TRUEPLUS LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| TRUEPLUS LANCETS 33G MISC | TIER 2 | QLC (200 lancets/month) |
| TRUEPLUS PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC | TIER 2 | |
| TRUEPLUS SAFETY LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| ULTICARE INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ULTICARE INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 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 1/4" 0.3 ML MISC, 31G 1/4" 0.5 ML MISC, 31G 1/4" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| ULTICARE MICRO PEN NEEDLES PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC | TIER 2 | |
| ULTICARE MINI PEN NEEDLES PEN 30G 5 MISC, PEN 31G 6 MISC, PEN 32G 6 MISC | TIER 2 | |
| ULTICARE PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC | TIER 2 | |
| ULTICARE SHORT PEN NEEDLES PEN 30G 8 MISC, PEN 31G 8 MISC | TIER 2 | |
| ULTIGUARD SAFEPACK PEN NEEDLE PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC | TIER 2 | |
| ULTIGUARD SAFEPACK SYR/NEEDLE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| ULTILET CLASSIC LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| ULTILET INSULIN SYRINGE 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 1/4" 0.3 ML MISC, 31G 1/4" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC | TIER 2 | |
| ULTILET INSULIN SYRINGE SHORT 30G 1/2" 0.3 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 | TIER 2 | |
| ULTILET LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| ULTILET PEN NEEDLE PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ULTILET SAFETY LANCETS 23G MISC | TIER 2 | QLC (200 lancets/month) |
| ULTILET SAFETY LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC | TIER 2 | |
| ULTRA FLO INSULIN PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC | TIER 2 | |
| ULTRA FLO INSULIN SYR 1/2 UNIT 30G " 0.3 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC | TIER 2 | |
| ULTRA FLO INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 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 | TIER 2 | |
| ULTRA THIN LANCETS 31G MISC | TIER 2 | QLC (200 lancets/month) |
| ULTRA THIN PEN NEEDLES 32G X 4 MM MISC | TIER 2 | |
| ULTRA-CARE LANCETS 30G - MISC | TIER 2 | QLC (200 lancets/month) |
| ULTRA-COMFORT INSULIN SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -29G 1/2" 0.3 ML MISC, -29G 1/2" 0.5 ML MISC, -29G 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 | TIER 2 | |
| ULTRA-THIN II AUTO LANCET - MISC | TIER 2 | QLC (200 lancets/month) |
| ULTRA-THIN II INS SYR SHORT -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 | TIER 2 | |
| ULTRA-THIN II INSULIN SYRINGE -1/2" 0.5 ML MISC, -1/2" 1 ML MISC | TIER 2 | |
| ULTRA-THIN II LANCETS - MISC | TIER 2 | QLC (200 lancets/month) |
| ULTRA-THIN II MINI PEN NEEDLE -31G X 5 MM MISC | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ULTRA-THIN II PEN NEEDLE SHORT -31G X 8 MM MISC | TIER 2 | |
| ULTRA-THIN II PEN NEEDLES -29G X 12.7MM MISC | TIER 2 | |
| ULTRACARE INSULIN SYRINGE 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 | TIER 2 | |
| ULTRACARE PEN NEEDLES 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 33G 4 MISC | TIER 2 | |
| UNIFINE PEN NEEDLES 32G X 4 MM MISC | TIER 2 | |
| UNIFINE PENTIPS 29G 12MM MISC, 30G 5 MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC, 33G 4 MM MISC | TIER 2 | |
| UNIFINE PENTIPS PLUS 29G 12MM MISC, 30G 5 MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC | TIER 2 | |
| UNIFINE SAFECONTROL PEN NEEDLE PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 32G 4 MISC | TIER 2 | |
| UNIFINE ULTRA PEN NEEDLE PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC | TIER 2 | |
| UNILET COMFORTOUCH LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| UNILET EXCELITE II MISC | TIER 2 | QLC (200 lancets/month) |
| UNILET EXCELITE MISC | TIER 2 | QLC (200 lancets/month) |
| UNILET G.P. LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| UNILET G.P. SUPERLITE LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| UNILET GP 28 ULTRA THIN MISC | TIER 2 | QLC (200 lancets/month) |
| UNILET LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| UNILET MICRO-THIN 33G - MISC | TIER 2 | QLC (200 lancets/month) |
| UNILET SUPER-THIN 30G - MISC | TIER 2 | QLC (200 lancets/month) |
| UNILET SUPERLITE LANCET MISC | TIER 2 | QLC (200 lancets/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| UNILET ULTRA-THIN 28G - MISC | TIER 2 | QLC (200 lancets/month) |
| UNISTIK 3 GENTLE MISC | TIER 2 | QLC (200 lancets/month) |
| UNISTIK PRO SAFETY LANCET MISC | TIER 2 | QLC (200 lancets/month) |
| UNISTIK SAFETY LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| UNISTIK SAFETY LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| UNISTIK TOUCH SAFETY LANC 21G MISC | TIER 2 | QLC (200 lancets/month) |
| UNISTIK TOUCH SAFETY LANC 23G MISC | TIER 2 | QLC (200 lancets/month) |
| UNISTIK TOUCH SAFETY LANC 28G MISC | TIER 2 | QLC (200 lancets/month) |
| UNISTIK TOUCH SAFETY LANC 30G MISC | TIER 2 | QLC (200 lancets/month) |
| UNIVERSAL 1 LANCETS THIN 26G MISC | TIER 2 | QLC (200 lancets/month) |
| UNIVERSAL 1 LANCETS THIN 33G MISC | TIER 2 | QLC (200 lancets/month) |
| UNIVERSAL 1 LANCETS ULTRA THIN MISC | TIER 2 | QLC (200 lancets/month) |
| VALUE HEALTH INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC | TIER 2 | |
| VALUE PLUS LANCET STANDARD 21G MISC | TIER 2 | QLC (200 lancets/month) |
| VALUE PLUS LANCETS SUPER THIN MISC | TIER 2 | QLC (200 lancets/month) |
| VALUE PLUS LANCETS THIN 26G MISC | TIER 2 | QLC (200 lancets/month) |
| VALUMARK LANCET SUPER THIN 30G MISC | TIER 2 | QLC (200 lancets/month) |
| VALUMARK LANCET ULTRA THIN 28G MISC | TIER 2 | QLC (200 lancets/month) |
| VALUMARK PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC | TIER 2 | |
| VALVED HOLDING CHAMBER DEVICE | TIER 2 | |
| VANISHPOINT INSULIN SYRINGE 29G 1/2" 1 ML MISC, 29G 5/16" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 3/16" 0.5 ML MISC, 30G 3/16" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC | TIER 2 | |
| VIDA MIA UNIFINE PENTIPS 29G 12MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC | TIER 2 | |
| VIDA MIA UNILET LANCETS 28G MISC | TIER 2 | QLC (200 lancets/month) |
| VIDA MIA UNILET LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |
| VITALET PRO LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| VITALET PRO PLUS LANCETS MISC | TIER 2 | QLC (200 lancets/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| VIVAGUARD LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| VORTEX HOLD CHMBR/MASK/CHILD DEVICE | TIER 2 | |
| VORTEX HOLD CHMBR/MASK/TODDLER DEVICE | TIER 2 | |
| VORTEX HOLDING CHAMBER/MASK DEVICE | TIER 2 | |
| VORTEX VALVED HOLDING CHAMBER DEVICE | TIER 2 | |
| VP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC | TIER 2 | |
| WALGREENS ADV TRAVEL LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| WALGREENS LANCETS MICRO THIN MISC | TIER 2 | QLC (200 lancets/month) |
| WALGREENS LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| WALGREENS LANCETS SUPER THIN MISC | TIER 2 | QLC (200 lancets/month) |
| WALGREENS THIN LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| WALGREENS ULTRA THIN LANCETS MISC | TIER 2 | QLC (200 lancets/month) |
| WATCHHALER DEVICE | TIER 2 | |
| WEGMANS UNIFINE PENTIPS PLUS 31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC | TIER 2 | |
| WIDE-SEAL DIAPHRAGM 60 (*diaphragm wide seal*) | TIER 2 | ACA (Preventive Health), QLC (one diaphragm/300 days) |
| WIDE-SEAL DIAPHRAGM 65 (*diaphragm wide seal*) | TIER 2 | ACA (Preventive Health), QLC (one diaphragm/300 days) |
| WIDE-SEAL DIAPHRAGM 70 (*diaphragm wide seal*) | TIER 2 | ACA (Preventive Health), QLC (one diaphragm/300 days) |
| WIDE-SEAL DIAPHRAGM 75 (*diaphragm wide seal*) | TIER 2 | ACA (Preventive Health), QLC (one diaphragm/300 days) |
| WIDE-SEAL DIAPHRAGM 80 (*diaphragm wide seal*) | TIER 2 | ACA (Preventive Health), QLC (one diaphragm/300 days) |
| WIDE-SEAL DIAPHRAGM 85 (*diaphragm wide seal*) | TIER 2 | ACA (Preventive Health), QLC (one diaphragm/300 days) |
| WIDE-SEAL DIAPHRAGM 90 (*diaphragm wide seal*) | TIER 2 | ACA (Preventive Health), QLC (one diaphragm/300 days) |
| WIDE-SEAL DIAPHRAGM 95 (*diaphragm wide seal*) | TIER 2 | ACA (Preventive Health), QLC (one diaphragm/300 days) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| ZEVRX INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC | TIER 2 | |
| ZEVRX PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC | TIER 2 | |
| ZEVRX TWIST TOP LANCETS 30G MISC | TIER 2 | QLC (200 lancets/month) |

## OPHTHALMIC AGENTS (Drugs for the Eyes)

## OPHTHALMIC AGENTS, OTHER (Other Eye Drops)

| | | |
|---|---|---|
| ATROPINE SULFATE (*atropine sulfate (ophthalmic)*) 1 % SOLUTION | TIER 1 | |
| *atropine sulfate ophth soln 1%* | TIER 1 | |
| *bacitracin-polymyxin b ophth oint* (AK-POLY-BAC) *acitracin* | TIER 1 | |
| *bacitracin-polymyxin b ophth oint* (POLYCIN) *acitracin* | TIER 1 | |
| *bacitracin-polymyxin b ophth oint acitracin* | TIER 1 | |
| *bacitracin-polymyxin-neomycin-hc ophth oint 1%* (BACITRA-NEOMYCIN-POLYMYXIN-HC) | TIER 1 | |
| *bacitracin-polymyxin-neomycin-hc ophth oint 1%* (NEO-POLYCIN HC) | TIER 1 | |
| *cyclopentolate hcl ophth soln 0.5%* | TIER 1 | |
| *cyclopentolate hcl ophth soln 1%* | TIER 1 | |
| *cyclopentolate hcl ophth soln 2%* | TIER 1 | |
| DORZOLAMIDE HCL-TIMOLOL MAL (*dorzolamide hcl-timolol maleate*) -22.3-6.8 MG/ML SOLUTION | TIER 1 | |
| *dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf* (DORZOLAMIDE HCL-TIMOLOL MAL PF) | TIER 2 | QLC (2 droperettes/day) |
| *dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml* | TIER 1 | |
| HOMATROPAIRE (*homatropine hbr*) 5 % SOLUTION | TIER 1 | |
| *homatropine hbr ophth soln 5%* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin* (NEO-POLYCIN) | TIER 1 | |
| *neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin* (NEOMYCIN-BACITRACIN ZN-POLYMYX) | TIER 1 | |
| *neomycin-polymyxin-dexamethasone ophth oint 0.1%* | TIER 1 | |
| *neomycin-polymyxin-dexamethasone ophth susp 0.1%* | TIER 1 | |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN -- 1.75-10000-.025 SOLUTION | TIER 1 | |
| NEOMYCIN-POLYMYXIN-HC (*neomycin-polymyxin-hc (ophth)*) --3.5-10000-1 SUSPENSION | TIER 1 | |
| *phenylephrine hcl ophth soln 10%* | TIER 1 | |
| *phenylephrine hcl ophth soln 10%* (ALTAFRIN) | TIER 1 | |
| *phenylephrine hcl ophth soln 2.5%* | TIER 1 | |
| *phenylephrine hcl ophth soln 2.5%* (ALTAFRIN) | TIER 1 | |
| *proparacaine hcl ophth soln 0.5%* | TIER 1 | |
| RESTASIS (*cyclosporine (ophth)*) 0.05 % EMULSION | TIER 1 | QLC (2 vials/day) |
| RESTASIS MULTIDOSE (*cyclosporine (ophth)*) 0.05 % EMULSION | TIER 2 | QLC (one 5.5 ml bottle/month) |
| *sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%* (SULFACETAMIDE-PREDNISOLONE) | TIER 1 | |
| SULFACETAMIDE-PREDNISOLONE (*sulfacetamide sod-prednisolone*) -10-0.23 % SOLUTION | TIER 1 | |
| TOBRADEX (*tobramycin-dexamethasone*) 0.3-0.1 % OINTMENT | TIER 3 | |
| *tobramycin-dexamethasone ophth susp 0.3-0.1%* | TIER 1 | |
| *tropicamide ophth soln 0.5%* | TIER 1 | |
| *tropicamide ophth soln 1%* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **OPHTHALMIC ANTI-ALLERGY AGENTS (Drugs for Eye Allergies)** | | |
| *azelastine hcl ophth soln 0.05%* | TIER 1 | |
| *cromolyn sodium ophth soln 4%* | TIER 1 | |
| *epinastine hcl ophth soln 0.05%* | TIER 1 | |
| LASTACAFT (*alcaftadine*) 0.25 % SOLUTION | TIER 3 | QLC (1 bottle/month) |
| **OPHTHALMIC ANTI-INFECTIVES (Drugs for Eye Infections)** | | |
| BACITRACIN (*bacitracin (ophthalmic)*) 500 UNIT/GM OINTMENT | TIER 1 | |
| *erythromycin ophth oint 5 mg/gm* | TIER 1 | |
| *gatifloxacin ophth soln 0.5%* | TIER 1 | QLC (one 2.5 ml bottle/month) |
| GENTAK (*gentamicin sulfate (ophth)*) 0.3 % OINTMENT | TIER 1 | |
| *gentamicin sulfate ophth soln 0.3%* | TIER 1 | |
| *levofloxacin ophth soln 0.5%* | TIER 1 | |
| *moxifloxacin hcl ophth soln 0.5% (base equiv)* | TIER 1 | |
| *ofloxacin ophth soln 0.3%* | TIER 1 | |
| *polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* | TIER 1 | |
| SULFACETAMIDE SODIUM (*sulfacetamide sodium (ophth)*) 10 % OINTMENT | TIER 1 | |
| *sulfacetamide sodium ophth soln 10%* | TIER 1 | |
| *tobramycin ophth soln 0.3%* | TIER 1 | |
| **OPHTHALMIC ANTI-INFLAMMATORIES (Drugs for Eye Inflammation)** | | |
| DEXAMETHASONE SODIUM PHOSPHATE (*dexamethasone sodium phosphate (ophth)*) 0.1 % SOLUTION | TIER 1 | |
| *diclofenac sodium ophth soln 0.1%* | TIER 1 | |
| *fluorometholone ophth susp 0.1%* | TIER 1 | |
| FLURBIPROFEN SODIUM 0.03 % SOLUTION | TIER 1 | |
| *flurbiprofen sodium ophth soln 0.03%* | TIER 1 | |
| *ketorolac tromethamine ophth soln 0.4%* | TIER 1 | |
| *ketorolac tromethamine ophth soln 0.5%* | TIER 1 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PREDNISOLONE ACETATE (*prednisolone acetate (ophth)*) 1 % SUSPENSION | TIER 1 | |
| PREDNISOLONE ACETATE P-F (*prednisolone acetate (ophth)*) REDNISOLONE -1 % SUSENSION | TIER 1 | |
| PREDNISOLONE SODIUM PHOSPHATE (*prednisolone sodium phosphate (ophth)*) 1 % SOLUTION | TIER 1 | |

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

| | | |
|---|---|---|
| *betaxolol hcl ophth soln 0.5%* | TIER 1 | |
| CARTEOLOL HCL (*carteolol hcl (ophth)*) 1 % SOLUTION | TIER 1 | |
| LEVOBUNOLOL HCL 0.5 % SOLUTION | TIER 1 | |
| *levobunolol hcl ophth soln 0.5%* | TIER 1 | |
| METIPRANOLOL 0.3 % SOLUTION | TIER 1 | |
| TIMOLOL MALEATE (*timolol maleate (ophth)*) 0.25 % GEL F SOLN, 0.5 % GEL F SOLN | TIER 1 | |
| *timolol maleate ophth gel forming soln 0.25%* | TIER 1 | |
| *timolol maleate ophth gel forming soln 0.5%* | TIER 1 | |
| *timolol maleate ophth soln 0.25%* | TIER 1 | |
| *timolol maleate ophth soln 0.5%* | TIER 1 | |

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

| | | |
|---|---|---|
| *acetazolamide cap er 12hr 500 mg* (ACETAZOLAMIDE ER) | TIER 1 | |
| *apraclonidine hcl ophth soln 0.5% (base equivalent)* | TIER 1 | |
| *brimonidine tartrate ophth soln 0.15%* | TIER 3 | |
| *brimonidine tartrate ophth soln 0.2%* | TIER 1 | |
| *dorzolamide hcl ophth soln 2%* | TIER 1 | |
| *methazolamide tab 25 mg* | TIER 2 | |
| *methazolamide tab 50 mg* | TIER 2 | |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| PHOSPHOLINE IODIDE (*echothiophate iodide*) 0.125 % RECON SOLN | TIER 3 | |
| *pilocarpine hcl ophth soln 1%* | TIER 1 | |
| *pilocarpine hcl ophth soln 2%* | TIER 1 | |
| *pilocarpine hcl ophth soln 4%* | TIER 1 | |
| SIMBRINZA (*brinzolamide-brimonidine tartrate*) 1-0.2 % SUSPENSION | TIER 3 | |

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

| | | |
|---|---|---|
| LATANOPROST 0.005 % SOLUTION | TIER 1 | QLC (5 ml/ month) |
| *latanoprost ophth soln 0.005%* | TIER 1 | QLC (5 ml/ month) |
| LUMIGAN (*bimatoprost*) 0.01 % SOLUTION | TIER 2 | ST, QLC (5 ml/month) |
| *travoprost ophth soln 0.004% (benzalkonium free) (bak free)* (TRAVOPROST (BAK FREE)) | TIER 3 | ST, QLC (5 ml/month) |

# OTIC AGENTS (Drugs for the Ears)

## OTIC AGENTS (Drugs for Ears)

| | | |
|---|---|---|
| CIPROFLOXACIN HCL (*ciprofloxacin hcl (otic)*) 0.2 % SOLUTION | TIER 1 | |
| *ciprofloxacin-dexamethasone otic susp 0.3-0.1%* | TIER 3 | |
| DERMOTIC (*fluocinolone acetonide (otic)*) 0.01 % OIL | TIER 2 | |
| *hydrocortisone w/ acetic acid otic soln 1-2%* (HYDROCORTISONE-ACETIC ACID) | TIER 1 | |
| *neomycin-polymyxin-hc otic soln 1%* | TIER 1 | |
| *neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%* | TIER 1 | |
| *ofloxacin otic soln 0.3%* | TIER 1 | |

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

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

| | | |
|---|---|---|
| *budesonide inhalation susp 0.25 mg/2ml* | TIER 1 | QLC (4 ml/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *budesonide inhalation susp 0.5 mg/2ml* | TIER 1 | QLC (4 ml/day) |
| *budesonide inhalation susp 1 mg/2ml* | TIER 1 | QLC (2 ml/day) |
| FLOVENT DISKUS (*fluticasone propionate (inhalation)*) 250 MCG/ACT AER POW BA | TIER 2 | QLC (4 inhalers/month) |
| FLOVENT DISKUS (*fluticasone propionate (inhalation)*) 50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA | TIER 2 | QLC (1 inhaler/month) |
| FLOVENT HFA (*fluticasone propionate hfa*) 44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL | TIER 2 | QLC (2 inhalers/month) |
| *flunisolide nasal soln 25 mcg/act (0.025%) (0.0%)* | TIER 1 | QLC (2 bottles/month) |
| *fluticasone propionate nasal susp 50 mcg/act* | TIER 1 | QLC (1 bottle/month) |
| QVAR REDIHALER (*beclomethasone dipropionate hfa*) 40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA | TIER 2 | QLC (2 inhalers/month) |

## ANTIHISTAMINES (Drugs for Allergies)

| | | |
|---|---|---|
| *azelastine hcl nasal spray 0.1% (137 mcg/spray) mcg/)* | TIER 1 | QLC (1 bottle/25 days) |
| *cyproheptadine hcl syrup 2 mg/5ml* | TIER 1 | |
| *cyproheptadine hcl tab 4 mg* | TIER 1 | |
| *desloratadine tab 5 mg* | TIER 1 | |
| *hydroxyzine hcl syrup 10 mg/5ml* | TIER 1 | |
| *hydroxyzine hcl tab 10 mg* | TIER 1 | |
| *hydroxyzine hcl tab 25 mg* | TIER 1 | |
| *hydroxyzine hcl tab 50 mg* | TIER 1 | |
| HYDROXYZINE PAMOATE 100 MG CAP | TIER 1 | |
| *hydroxyzine pamoate cap 25 mg* | TIER 1 | |
| *hydroxyzine pamoate cap 50 mg* | TIER 1 | |
| *promethazine hcl syrup 6.25 mg/5ml* | TIER 1 | |

## ANTILEUKOTRIENES (Drugs for Asthma)

| | | |
|---|---|---|
| *montelukast sodium chew tab 4 mg (base equiv)* | TIER 1 | QLC (1 tab/day) |
| *montelukast sodium chew tab 5 mg (base equiv)* | TIER 1 | QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *montelukast sodium oral granules packet 4 mg (base equiv)* | TIER 1 | QLC (1 pack/day) |
| *montelukast sodium tab 10 mg (base equiv)* | TIER 1 | QLC (1 tab/day) |
| *zafirlukast tab 10 mg* | TIER 2 | |
| *zafirlukast tab 20 mg* | TIER 2 | |

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

| | | |
|---|---|---|
| ATROVENT HFA (*ipratropium bromide hfa*) 17 MCG/ACT AERO SOLN | TIER 3 | QLC (2 inhalers/month) |
| INCRUSE ELLIPTA (*umeclidinium bromide*) 62.5 MCG/ACT AER POW BA | TIER 2 | QLC (1 inhaler/month) |
| *ipratropium bromide inhal soln 0.02%* | TIER 1 | QLC (120 doses/month) |
| *ipratropium bromide nasal soln 0.03% (21 mcg/spray)* | TIER 1 | QLC (1 bottle/month) |
| *ipratropium bromide nasal soln 0.06% (42 mcg/spray)* | TIER 1 | QLC (3 bottles/month) |
| SPIRIVA HANDIHALER (*tiotropium bromide monohydrate*) 18 MCG CAP | TIER 2 | QLC (30 caps/month) |
| SPIRIVA RESPIMAT (*tiotropium bromide monohydrate*) 1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN | TIER 2 | QLC (1 inhaler/month) |

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

| | | |
|---|---|---|
| *albuterol hfa (generic proair hfa)* | TIER 1 | QLC (2 inhalers/month) |
| *albuterol hfa (generic proventil hfa)* | TIER 1 | QLC (2 inhalers/month) |
| *albuterol hfa (generic ventolin hfa)* | TIER 1 | QLC (2 inhalers/month) |
| ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN | TIER 1 | QLC (4 bottles/month) |
| *albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)* (ALBUTEROL SULFATE HFA) | TIER 1 | QLC (2 inhalers/month) |
| *albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)* | TIER 1 | QLC (375 ml/month) |
| *albuterol sulfate soln nebu 0.5% (5 mg/ml)* | TIER 1 | QLC (5 boxes (150 ml)/ month) |
| *albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)* | TIER 1 | QLC (5 boxes (375 ml)/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)* | TIER 1 | QLC (5 boxes (375 ml)/month) |
| *albuterol sulfate syrup 2 mg/5ml* | TIER 1 | |
| EPINEPHRINE (*epinephrine (anaphylaxis)*) 0.15 MG/0.15ML SOLN -INJ, 0.3 MG/0.3ML SOLN -INJ | TIER 1 | QLC (4 injections/fill; max 6 fills per year) |
| *epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)* | TIER 1 | QLC (4 injections/fill; max 6 fills per year) |
| *epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)* | TIER 1 | QLC (4 injections/fill; max 6 fills per year) |
| EPIPEN 2-PAK (*epinephrine (anaphylaxis)*) -PK 0.3 MG/0.3ML SOLN -INJ | TIER 2 | QLC (4 injections/fill; max 6 fills per year) |
| EPIPEN JR 2-PAK (*epinephrine (anaphylaxis)*) -PK 0.15 MG/0.3ML SOLN -INJ | TIER 2 | QLC (4 injections/fill; max 6 fills per year) |
| *levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)* | TIER 1 | QLC (90 nebs/month) |
| *levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)* | TIER 1 | QLC (90 nebs/month) |
| *levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)* | TIER 1 | QLC (90 nebs/month) |
| *levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)* | TIER 1 | QLC (90 vials/month) |
| LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL | TIER 1 | QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order) |
| STRIVERDI RESPIMAT (*olodaterol hcl*) 2.5 MCG/ACT AERO SOLN | TIER 2 | QLC (1 inhaler/month) |

## CYSTIC FIBROSIS AGENTS

| | | |
|---|---|---|
| CAYSTON (*aztreonam lysine*) 75 MG RECON SOLN | TIER 4 | PA, SP, QLC (1 box/2 months) |
| KALYDECO (*ivacaftor*) 150 MG TAB | TIER 4 | PA, SP, QLC (2 tabs/day) |
| KALYDECO (*ivacaftor*) 25 MG PACKET | TIER 4 | PA, SP, QLC (2 packets/day) |
| KALYDECO (*ivacaftor*) 50 MG PACKET, 75 MG PACKET | TIER 4 | PA, SP, QLC (2 packs/day) |
| SYMDEKO (*tezacaftor-ivacaftor*) 50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK | TIER 4 | PA, SP, QLC (2 tabs/day) |
| TOBRAMYCIN 300 MG/5ML NEBU SOLN | TIER 3 | PA, SP, QLC (1 pack/56 days) |
| *tobramycin nebu soln 300 mg/5ml* | TIER 3 | PA, SP, QLC (1 box/2 months) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| **MAST CELL STABILIZERS (Drugs to Block Mast Cells)** | | |
| *cromolyn sodium soln nebu 20 mg/2ml* | TIER 3 | QLC (2 boxes/month) |
| **PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)** | | |
| *caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)* | TIER 1 | |
| DALIRESP (*roflumilast*) 250 MCG TAB | TIER 3 | PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months) |
| DALIRESP (*roflumilast*) 500 MCG TAB | TIER 3 | PA, QLC (1 tab/day) |
| *roflumilast tab 250 mcg* | TIER 2 | PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months) |
| *roflumilast tab 500 mcg* | TIER 2 | PA, QLC (1 tab/day) |
| *theophylline elixir 80 mg/15ml* | TIER 1 | |
| *theophylline elixir 80 mg/15ml* (ELIXOPHYLLIN) | TIER 1 | |
| *theophylline soln 80 mg/15ml* | TIER 1 | |
| *theophylline tab er 12hr 100 mg* (THEOPHYLLINE ER) | TIER 1 | |
| *theophylline tab er 12hr 200 mg* (THEOPHYLLINE ER) | TIER 1 | |
| *theophylline tab er 12hr 300 mg* (THEOPHYLLINE ER) | TIER 1 | |
| *theophylline tab er 12hr 450 mg* (THEOPHYLLINE ER) | TIER 1 | |
| *theophylline tab er 24hr 400 mg* (THEOPHYLLINE ER) | TIER 1 | |
| *theophylline tab er 24hr 600 mg* (THEOPHYLLINE ER) | TIER 1 | |
| **PULMONARY ANTIHYPERTENSIVES (Drugs for Pulmonary Hypertension)** | | |
| *ambrisentan tab 10 mg* | TIER 4 | PA, SP, QLC (1 tab/day) |
| *ambrisentan tab 5 mg* | TIER 4 | PA, SP, QLC (1 tab/day) |
| *bosentan tab 125 mg* | TIER 4 | PA, SP, QLC (2 tabs/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *bosentan tab 62.5 mg* | TIER 4 | PA, SP, QLC (2 tabs/day) |
| OPSUMIT (*macitentan*) 10 MG TAB | TIER 4 | PA, SP, QLC (1 tab/day) |
| ORENITRAM (*treprostinil diolamine*) 0.125 MG TAB ER, 0.25 MG TAB ER | TIER 4 | PA, SP, QLC (9 tabs/day) |
| ORENITRAM (*treprostinil diolamine*) 1 MG TAB ER | TIER 4 | PA, SP, QLC (42 tabs/day) |
| ORENITRAM (*treprostinil diolamine*) 2.5 MG TAB ER | TIER 4 | PA, SP, QLC (16 tabs/day) |
| ORENITRAM (*treprostinil diolamine*) 5 MG TAB ER | TIER 4 | PA, SP, QLC (8 tabs/day) |
| *sildenafil citrate tab 20 mg* | TIER 1 | PA, SP, QLC (3 tabs/day) |
| *tadalafil tab 20 mg (pah)* (ALYQ) | TIER 4 | PA, SP, QLC (2 tabs/day) |
| *tadalafil tab 20 mg (pah)* (TADALAFIL (PAH)) | TIER 4 | PA, SP, QLC (2 tabs/day) |
| TRACLEER (*bosentan*) 32 MG TAB SOL | TIER 4 | PA, SP, QLC (4 tabs/day) |

## PULMONARY FIBROSIS AGENTS

| | | |
|---|---|---|
| ESBRIET (*pirfenidone*) 267 MG CAP | TIER 4 | PA, SP, QLC (9 caps/day) |
| PIRFENIDONE 534 MG TAB | TIER 4 | PA, SP, QLC (3 tabs/day) |
| *pirfenidone tab 267 mg* | TIER 4 | PA, SP, QLC (9 tabs/day) |
| *pirfenidone tab 801 mg* | TIER 4 | PA, SP, QLC (3 tabs/day) |

## RESPIRATORY TRACT AGENTS, OTHER (Drugs for Allergies, Cough, Cold, and Other Conditions)

| | | |
|---|---|---|
| *acetylcysteine inhal soln 10%* | TIER 3 | |
| *acetylcysteine inhal soln 20%* | TIER 3 | |
| ADVAIR HFA (*fluticasone-salmeterol*) 45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL | TIER 2 | QLC (1 inhaler/month) |
| ANORO ELLIPTA (*umeclidinium-vilanterol*) 62.5-25 MCG/ACT AER POW BA | TIER 2 | QLC (1 inhaler/month) |
| *benzonatate cap 100 mg* | TIER 1 | |
| *benzonatate cap 150 mg* | TIER 1 | |
| *benzonatate cap 200 mg* | TIER 1 | |
| BREO ELLIPTA (*fluticasone furoate-vilanterol*) 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA | TIER 2 | QLC (1 inhaler/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| COMBIVENT RESPIMAT (*ipratropium-albuterol*) 20-100 MCG/ACT AERO SOLN | TIER 3 | QLC (1 inhaler/month) |
| FLUTICASONE-SALMETEROL -55-14 MCG/ACT AER POW BA, -113-14 MCG/ACT AER POW BA, -232-14 MCG/ACT AER POW BA | TIER 1 | QLC (1 inhaler/month) |
| *fluticasone-salmeterol aer powder ba 100-50 mcg/act* | TIER 1 | QLC (1 inhaler/month) |
| *fluticasone-salmeterol aer powder ba 100-50 mcg/act* (WIXELA INHUB) | TIER 1 | QLC (1 inhaler/month) |
| *fluticasone-salmeterol aer powder ba 250-50 mcg/act* (WIXELA INHUB) *-2-* | TIER 1 | QLC (1 inhaler/month) |
| *fluticasone-salmeterol aer powder ba 250-50 mcg/act -2-* | TIER 1 | QLC (1 inhaler/month) |
| *fluticasone-salmeterol aer powder ba 500-50 mcg/act* | TIER 1 | QLC (1 inhaler/month) |
| *fluticasone-salmeterol aer powder ba 500-50 mcg/act* (WIXELA INHUB) | TIER 1 | QLC (1 inhaler/month) |
| *guaifenesin-codeine soln 100-10 mg/5ml* | TIER 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month) |
| *guaifenesin-codeine soln 100-10 mg/5ml* (CHERATUSSIN AC) | TIER 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month) |
| *guaifenesin-codeine soln 100-10 mg/5ml* (G TUSSIN AC) | TIER 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month) |
| *guaifenesin-codeine soln 100-10 mg/5ml* (GUAIATUSSIN AC) | TIER 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month) |
| *guaifenesin-codeine soln 100-10 mg/5ml* (GUAIFENESIN AC) | TIER 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month) |
| *guaifenesin-codeine soln 100-10 mg/5ml* (MAXI-TUSS AC) | TIER 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month) |
| *guaifenesin-codeine soln 100-10 mg/5ml* (ROBAFEN AC) | TIER 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month) |
| *guaifenesin-codeine soln 100-10 mg/5ml* (VIRTUSSIN A/C) | TIER 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *guaifenesin-codeine soln 100-10 mg/5ml* (VIRTUSSIN AC W/ALC) | TIER 1 | AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month) |
| *hydrocod polst-chlorphen polst er susp 10-8 mg/5ml* (HYDROCOD POLST-CPM POLST ER) | TIER 1 | AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month) |
| *hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml* (HYDROCODONE BIT-HOMATROP MBR) *--1.mg/ml* | TIER 1 | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month) |
| *hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml* (HYDROMET) *--1.mg/ml* | TIER 1 | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month) |
| *hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg* (HYDROCODONE BIT-HOMATROP MBR) | TIER 1 | AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/month) |
| *ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* | TIER 1 | QLC (6 boxes [30 doses/box]/month) |
| *promethazine & phenylephrine syrup 6.25-5 mg/5ml* (PROMETHAZINE VC) *-mg/ml* | TIER 1 | |
| *promethazine & phenylephrine syrup 6.25-5 mg/5ml* (PROMETHAZINE-PHENYLEPHRINE) *-mg/ml* | TIER 1 | |
| *promethazine w/ codeine syrup 6.25-10 mg/5ml* (PROMETHAZINE-CODEINE) | TIER 1 | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month) |
| PROMETHAZINE-DM -6.25-15 MG/5ML SOLUTION | TIER 1 | |
| *promethazine-dm syrup 6.25-15 mg/5ml* | TIER 1 | |
| *promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml* (PROMETHAZINE VC/CODEINE) *----mg/ml* | TIER 1 | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month) |
| *promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml* (PROMETHAZINE-PHENYLEPH-CODEINE) *----mg/ml* | TIER 1 | AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month) |
| PSEUDOEPH-CHLORPHEN-HYDROCOD (*pseudoephed-cpm w/ hydrocod*) --60-4-5 MG/5ML SOLUTION | TIER 1 | AL1 (At least 18 yrs old), QLC (20 ml/day; max 7 days therapy/month) |
| *pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml* (BROMFED DM) | TIER 1 | |
| *pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml* (PSEUDOEPH-BROMPHEN-DM) | TIER 1 | |

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *sodium chloride soln nebu 0.9%* | TIER 1 | |
| *sodium chloride soln nebu 10%* | TIER 1 | |
| *sodium chloride soln nebu 3%* | TIER 1 | |
| *sodium chloride soln nebu 3%* (NEBUSAL) | TIER 1 | |
| *sodium chloride soln nebu 7%* | TIER 1 | |
| *sodium chloride soln nebu 7%* (PULMOSAL) | TIER 1 | |
| SYMBICORT (*budesonide-formoterol fumarate dihydrate*) 80-4.5 MCG/ACT AEROSOL, 160-4.5 MCG/ACT AEROSOL | TIER 2 | QLC (1 inhaler/month) |
| TRELEGY ELLIPTA (*fluticasone-umeclidinium-vilanterol*) 100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA | TIER 2 | QLC (60 blister packs/30 days) |

## SKELETAL MUSCLE RELAXANTS (Drugs for Muscle Tightness)

| | | |
|---|---|---|
| *carisoprodol tab 350 mg* | TIER 1 | AL1 (Up to 64 yrs old), QLC (4 tabs/day) |
| *carisoprodol tab 350 mg* (VANADOM) | TIER 1 | AL1 (Up to 64 yrs old), QLC (4 tabs/day) |
| *cyclobenzaprine hcl tab 10 mg* | TIER 1 | AL1 (Up to 64 yrs old) |
| *cyclobenzaprine hcl tab 5 mg* | TIER 1 | AL1 (Up to 64 yrs old) |
| *methocarbamol tab 500 mg* | TIER 1 | AL1 (Up to 64 yrs old) |
| *methocarbamol tab 750 mg* | TIER 1 | AL1 (Up to 64 yrs old) |

## SLEEP DISORDER AGENTS (Drugs for Sleep Problems)

## SLEEP PROMOTING AGENTS (Drugs for Insomnia)

| | | |
|---|---|---|
| *estazolam tab 1 mg* | TIER 1 | QLC (2 tabs/day) |
| *estazolam tab 2 mg* | TIER 1 | QLC (1 tab/day) |
| *eszopiclone tab 1 mg* | TIER 1 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| *eszopiclone tab 2 mg* | TIER 1 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| *eszopiclone tab 3 mg* | TIER 1 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |

| PRESCRIPTION DRUG NAME | DRUG TIER | COVERAGE REQUIREMENTS AND LIMITS |
|---|---|---|
| *ramelteon tab 8 mg* | TIER 2 | ST, QLC (1 tab/day) |
| *temazepam cap 15 mg* | TIER 1 | QLC (2 caps/day) |
| *temazepam cap 22.5 mg* | TIER 3 | QLC (1 cap/day) |
| *temazepam cap 30 mg* | TIER 1 | QLC (1 cap/day) |
| *temazepam cap 7.5 mg* | TIER 3 | QLC (4 caps/day) |
| *zaleplon cap 10 mg* | TIER 1 | AL1 (Up to 64 yrs old), QLC (2 caps/day) |
| *zaleplon cap 5 mg* | TIER 1 | AL1 (Up to 64 yrs old), QLC (4 caps/day) |
| *zolpidem tartrate tab 10 mg* | TIER 1 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| *zolpidem tartrate tab 5 mg* | TIER 1 | AL1 (Up to 64 yrs old), QLC (2 tabs/day) |
| *zolpidem tartrate tab er 12.5 mg* (ZOLPIDEM TARTRATE ER) | TIER 2 | AL1 (Up to 64 yrs old), QLC (1 tab/day) |
| *zolpidem tartrate tab er 6.25 mg* (ZOLPIDEM TARTRATE ER) | TIER 2 | AL1 (Up to 64 yrs old), QLC (2 tabs/day) |

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

| | | |
|---|---|---|
| *modafinil tab 100 mg* | TIER 1 | QLC (3 tabs/day) |
| *modafinil tab 200 mg* | TIER 1 | QLC (2 tabs/day) |

# Alphabetical Index of Prescription Drugs

## ✱


*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** (MULTI-VIT/IRON/FLUORIDE) . . . . . 94
*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** (MULTI-VITAMIN/FLUORIDE/IRON) . . . . . 94
*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg*** (MULTIVITAMINS/FLUORIDE) . . . 94
*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml*** (MULTI-VITAMIN/FLUORIDE) . . . 94
*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml*** (MULTI-VITAMIN/FLUORIDE) . . . . 94
*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml*** (TRI-VITE/FLUORIDE) . . . . . 94
*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml*** (VITAMINS ACD-FLUORIDE) . . . . . 94
*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml*** (ADC/F (0.5MG/ML)) . . . . . 94
*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml*** (TRI-VITE/FLUORIDE) . . . . . 94
*sodium polystyrene sulfonate powder** . . . . 93


## 1


1ST TIER UNIFINE PENTIPS . . . . . 133
1ST TIER UNIFINE PENTIPS PLUS . . . . . 133
1ST TIER UNILET COMFORTOUCH . . . . . 134


## A


abacavir sulfate soln 20 mg/ml (base equiv) . . . . . 45
abacavir sulfate tab 300 mg (base equiv) . . 45
abacavir sulfate-lamivudine tab 600-300 mg . . . . . 45
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (ABACAVIR-LAMIVUDINE-ZIDOVUDINE) . . . . . 45
abiraterone acetate tab 250 mg . . . . . 31
abiraterone acetate tab 500 mg . . . . . 31
ABOUTTIME PEN NEEDLE . . . . . 134
acamprosate calcium tab delayed release 333 mg . . . . . 8
acarbose tab 100 mg . . . . . 50
acarbose tab 25 mg . . . . . 50
acarbose tab 50 mg . . . . . 50
ACCU-CHEK AVIVA PLUS (glucose blood) . . 134
ACCU-CHEK COMPACT PLUS (glucose blood) . . . . . 134
ACCU-CHEK FASTCLIX LANCETS . . . . . 134
ACCU-CHEK GUIDE (glucose blood) . . . . . 134
ACCU-CHEK MULTICLIX LANCETS . . . . . 134
ACCU-CHEK SAFE-T PRO LANCETS . . . . . 134
ACCU-CHEK SMARTVIEW (glucose blood) . . 134
ACCU-CHEK SOFTCLIX LANCETS . . . . . 134
acebutolol hcl cap 200 mg . . . . . 61
acebutolol hcl cap 400 mg . . . . . 61
acetaminophen w/ codeine soln 120-12 mg/5ml (ACETAMINOPHEN-CODEINE) . . . . . 4
acetaminophen w/ codeine tab 300-15 mg (ACETAMINOPHEN-CODEINE #2) . . . . . 4
acetaminophen w/ codeine tab 300-15 mg (ACETAMINOPHEN-CODEINE) . . . . . 4
acetaminophen w/ codeine tab 300-30 mg (ACETAMINOPHEN-CODEINE #3) . . . . . 4
acetaminophen w/ codeine tab 300-30 mg (ACETAMINOPHEN-CODEINE) . . . . . 4
acetaminophen w/ codeine tab 300-60 mg (ACETAMINOPHEN-CODEINE #4) . . . . . 4
acetaminophen w/ codeine tab 300-60 mg (ACETAMINOPHEN-CODEINE) . . . . . 4
acetazolamide cap er 12hr 500 mg (ACETAZOLAMIDE ER) . . . . . 173
acetazolamide tab 125 mg . . . . . 67
acetazolamide tab 250 mg . . . . . 67
acetic acid otic soln 2% . . . . . 9
acetylcysteine inhal soln 10% . . . . . 179
acetylcysteine inhal soln 20% . . . . . 179
acitretin cap 10 mg . . . . . 85
acitretin cap 17.5 mg . . . . . 85
acitretin cap 25 mg . . . . . 85
ACTI-LANCE 28G . . . . . 134

ACTI-LANCE LITE LANCETS 28G . . . . . 134
ACTI-LANCE SPECIAL LANCETS 17G . . . . . 134
ACTI-LANCE UNIVERSAL 23G . . . . . 134
ACTIMMUNE (interferon gamma-1b) . . . . . 129
acyclovir cap 200 mg . . . . . 48
acyclovir susp 200 mg/5ml . . . . . 48
acyclovir tab 400 mg . . . . . 48
acyclovir tab 800 mg . . . . . 48
ADAPALENE . . . . . 85
adapalene cream 0.1% . . . . . 85
adapalene gel 0.3% . . . . . 85
adapalene-benzoyl peroxide gel 0.1-2.5% . . 85
adefovir dipivoxil tab 10 mg . . . . . 42
ADIPEX-P (phentermine hcl) . . . . . 83
ADVAIR HFA (fluticasone-salmeterol) . . . . . 179
ADVANCED MOBILE LANCET . . . . . 134
ADVOCATE INSULIN PEN NEEDLES . . . . . 134
ADVOCATE INSULIN SYRINGE . . . . . 134
ADVOCATE LANCETS . . . . . 134
ADVOCATE LANCETS 30G . . . . . 134
ADVOCATE SAFETY LANCETS . . . . . 134
ADVOCATE SAFETY LANCETS 26G . . . . . 134
AEROCHAMBER MINI CHAMBER . . . . . 134
AEROCHAMBER MV . . . . . 134
AEROCHAMBER PLUS FLO-VU . . . . . 135
AEROCHAMBER PLUS FLO-VU LARGE . . . . . 135
AEROCHAMBER PLUS FLO-VU MEDIUM . . . . . 135
AEROCHAMBER PLUS FLO-VU SMALL . . . . . 135
AEROCHAMBER PLUS FLO-VU W/MASK . . . . . 135
AEROCHAMBER PLUS FLOW VU . . . . . 135
AEROCHAMBER W/FLOWSIGNAL . . . . . 135
AEROCHAMBER Z-STAT PLUS . . . . . 135
AEROCHAMBER Z-STAT PLUS CHAMBR . . . . . 135
AEROCHAMBER Z-STAT PLUS/LARGE . . . . . 135
AEROCHAMBER Z-STAT PLUS/MEDIUM . . . . . 135
AEROCHAMBER Z-STAT PLUS/SMALL . . . . . 135
AEROVENT PLUS . . . . . 135
AGAMATRIX ULTRA-THIN LANCETS . . . . . 135
AIMOVIG (140 MG DOSE) (erenumab-aooe) . . . . . 29
AIMOVIG (erenumab-aooe) . . . . . 29
AIMSCO TWIST LANCETS 32G . . . . . 135
AIMSCO TWIST LANCETS 33G . . . . . 135
AIRIAL CHAMBER . . . . . 135
albendazole tab 200 mg . . . . . 35
albuterol hfa (generic Proair HFA) . . . . . 176
albuterol hfa (generic proventil hfa) . . . . . 176
albuterol hfa (generic ventolin hfa) . . . . . 176
ALBUTEROL SULFATE . . . . . 176
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (ALBUTEROL SULFATE HFA) . . . . . 176
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml) . . . . . 176
albuterol sulfate soln nebu 0.5% (5 mg/ml) . 176
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) . . . . . 176
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) . . . . . 177
albuterol sulfate syrup 2 mg/5ml . . . . . 177
alclometasone dipropionate cream 0.05% 105
alclometasone dipropionate oint 0.05% . . . . 86
ALENDRONATE SODIUM . . . . . 132
alendronate sodium oral soln 70 mg/75ml . 133
alendronate sodium tab 10 mg . . . . . 133
alendronate sodium tab 35 mg . . . . . 133
alendronate sodium tab 5 mg . . . . . 133
alendronate sodium tab 70 mg . . . . . 133
alfuzosin hcl tab er 24hr 10 mg (ALFUZOSIN HCL ER) . . . . . 104
allopurinol tab 100 mg . . . . . 28
allopurinol tab 300 mg . . . . . 28
alosetron hcl tab 0.5 mg (base equiv) . . . . . 100
alosetron hcl tab 1 mg (base equiv) . . . . . 100
ALPRAZOLAM INTENSOL . . . . . 49
alprazolam tab 0.25 mg . . . . . 49
alprazolam tab 0.5 mg . . . . . 49
alprazolam tab 1 mg . . . . . 49
alprazolam tab 2 mg . . . . . 49
amantadine hcl cap 100 mg . . . . . 37
amantadine hcl soln 50 mg/5ml . . . . . 37
amantadine hcl tab 100 mg . . . . . 37

ambrisentan tab 10 mg . . . . . 178
ambrisentan tab 5 mg . . . . . 178
amiloride & hydrochlorothiazide tab 5-50 mg (AMILORIDE-HYDROCHLOROTHIAZIDE) . . . . . 67
amiloride hcl tab 5 mg . . . . . 74
amiodarone hcl tab 100 mg . . . . . 60
amiodarone hcl tab 200 mg . . . . . 60
amiodarone hcl tab 200 mg (PACERONE) . . 60
amiodarone hcl tab 400 mg . . . . . 60
amitriptyline hcl tab 10 mg . . . . . 24
amitriptyline hcl tab 100 mg . . . . . 24
amitriptyline hcl tab 150 mg . . . . . 24
amitriptyline hcl tab 25 mg . . . . . 24
amitriptyline hcl tab 50 mg . . . . . 24
amitriptyline hcl tab 75 mg . . . . . 24
amlodipine besylate tab 10 mg (base equivalent) . . . . . 63
amlodipine besylate tab 2.5 mg (base equivalent) . . . . . 63
amlodipine besylate tab 5 mg (base equivalent) . . . . . 63
amlodipine besylate-atorvastatin calcium tab 10-10 mg (AMLODIPINE-ATORVASTATIN) . . . . . 67
amlodipine besylate-atorvastatin calcium tab 10-20 mg (AMLODIPINE-ATORVASTATIN) . . . . . 67
amlodipine besylate-atorvastatin calcium tab 10-40 mg (AMLODIPINE-ATORVASTATIN) . . . . . 68
amlodipine besylate-atorvastatin calcium tab 10-80 mg (AMLODIPINE-ATORVASTATIN) . . . . . 68
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg (AMLODIPINE-ATORVASTATIN) . . . . 68
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg (AMLODIPINE-ATORVASTATIN) . . . . 68
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg (AMLODIPINE-ATORVASTATIN) . . . . 68
amlodipine besylate-atorvastatin calcium tab 5-10 mg (AMLODIPINE-ATORVASTATIN) . . . . . 68
amlodipine besylate-atorvastatin calcium tab 5-20 mg (AMLODIPINE-ATORVASTATIN) . . . . . 68
amlodipine besylate-atorvastatin calcium tab 5-40 mg (AMLODIPINE-ATORVASTATIN) . . . . . 68
amlodipine besylate-atorvastatin calcium tab 5-80 mg (AMLODIPINE-ATORVASTATIN) . . . . . 68
amlodipine besylate-benazepril hcl cap 10-20 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . . . . 68
amlodipine besylate-benazepril hcl cap 10-40 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . . . . 68
amlodipine besylate-benazepril hcl cap 2.5-10 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . 68
amlodipine besylate-benazepril hcl cap 5-10 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . . . . 68
amlodipine besylate-benazepril hcl cap 5-20 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . . . . 68
amlodipine besylate-benazepril hcl cap 5-40 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . . . . 68
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (AMLODIPINE-OLMESARTAN) . . 69
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (AMLODIPINE-OLMESARTAN) . . 69
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (AMLODIPINE-OLMESARTAN) . . . 69
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (AMLODIPINE-OLMESARTAN) . . . 69
amlodipine besylate-valsartan tab 10-160 mg . . . . . 69
amlodipine besylate-valsartan tab 10-320 mg . . . . . 69
amlodipine besylate-valsartan tab 5-160 mg . . . . . 69
amlodipine besylate-valsartan tab 5-320 mg . . . . . 69
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (AMLODIPINE-VALSARTAN-HCTZ) . . . . . 69
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (AMLODIPINE-VALSARTAN-HCTZ) . . . . . 69
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (AMLODIPINE-VALSARTAN-HCTZ) . . . . . 69

amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (AMLODIPINE-VALSARTAN-HCTZ) . . . . . 69
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (AMLODIPINE-VALSARTAN-HCTZ) . . . . . 69
AMOXAPINE . . . . . 24
AMOXICILLIN . . . . . 13
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml (AMOXICILLIN-POT CLAVULANATE) . 12
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (AMOXICILLIN-POT CLAVULANATE) . 12
amoxicillin & k clavulanate for susp 400-57 mg/5ml (AMOXICILLIN-POT CLAVULANATE) . 12
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (AMOXICILLIN-POT CLAVULANATE) . 12
amoxicillin & k clavulanate tab 250-125 mg (AMOXICILLIN-POT CLAVULANATE) . . . . . 12
amoxicillin & k clavulanate tab 500-125 mg (AMOXICILLIN-POT CLAVULANATE) . . . . . 12
amoxicillin & k clavulanate tab 875-125 mg (AMOXICILLIN-POT CLAVULANATE) . . . . . 12
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg (AMOXICILLIN-POT CLAVULANATE ER) . . . . . 12
amoxicillin (trihydrate) cap 250 mg . . . . . 12
amoxicillin (trihydrate) cap 500 mg . . . . . 12
amoxicillin (trihydrate) for susp 125 mg/5ml . 12
amoxicillin (trihydrate) for susp 200 mg/5ml . 12
amoxicillin (trihydrate) for susp 250 mg/5ml . 12
amoxicillin (trihydrate) for susp 400 mg/5ml . 12
amoxicillin (trihydrate) tab 500 mg . . . . . 12
amoxicillin (trihydrate) tab 875 mg . . . . . 12
AMOXICILLIN-POT CLAVULANATE (amoxicillin & pot clavulanate) . . . . . 13
AMOXICILLIN-POT CLAVULANATE ER (amoxicillin & pot clavulanate) . . . . . 13
amphetamine-dextroamphetamine cap er 24hr 10 mg (AMPHETAMINE-DEXTROAMPHET ER) . . . . . 79
amphetamine-dextroamphetamine cap er 24hr 15 mg (AMPHETAMINE-DEXTROAMPHET ER) . . . . . 79
amphetamine-dextroamphetamine cap er 24hr 20 mg (AMPHETAMINE-DEXTROAMPHET ER) . . . . . 79
amphetamine-dextroamphetamine cap er 24hr 25 mg (AMPHETAMINE-DEXTROAMPHET ER) . . . . . 79
amphetamine-dextroamphetamine cap er 24hr 30 mg (AMPHETAMINE-DEXTROAMPHET ER) . . . . . 79
amphetamine-dextroamphetamine cap er 24hr 5 mg (AMPHETAMINE-DEXTROAMPHET ER) . . . . . 79
amphetamine-dextroamphetamine tab 10 mg . . . . . 79
amphetamine-dextroamphetamine tab 12.5 mg . . . . . 79
amphetamine-dextroamphetamine tab 15 mg . . . . . 79
amphetamine-dextroamphetamine tab 20 mg . . . . . 79
amphetamine-dextroamphetamine tab 30 mg . . . . . 79
amphetamine-dextroamphetamine tab 5 mg . . . . . 79
amphetamine-dextroamphetamine tab 7.5 mg . . . . . 79
AMPICILLIN . . . . . 13
anagrelide hcl cap 0.5 mg . . . . . 56
anagrelide hcl cap 1 mg . . . . . 56
anastrozole tab 1 mg . . . . . 33
ANNOVERA (segesterone acetate-ethinyl estradiol) . . . . . 109
ANORO ELLIPTA (umeclidinium-vilanterol) . . 179
ANUSOL-HC (hydrocortisone (rectal)) . . . . . 86
APAP-CAFF-DIHYDROCODEINE (acetaminophen-caff-dihydrocod) . . . . . 4
APO-VARENICLINE (varenicline tartrate) . . . . . 9
apomorphine hcl soln cartridge 30 mg/3ml . 37

apraclonidine hcl ophth soln 0.5% (base equivalent) . . . 173
aprepitant capsule 125 mg . . . 26
aprepitant capsule 40 mg . . . 26
aprepitant capsule 80 mg . . . 26
aprepitant capsule therapy pack 80 & 125 mg . . . 26
APTIVUS (tipranavir) . . . 46
AQUALANCE LANCETS 30G . . . 135
ARCALYST (rilonacept) . . . 128
aripiprazole oral solution 1 mg/ml . . . 40
aripiprazole tab 10 mg . . . 40
aripiprazole tab 15 mg . . . 40
aripiprazole tab 2 mg . . . 40
aripiprazole tab 20 mg . . . 40
aripiprazole tab 30 mg . . . 40
aripiprazole tab 5 mg . . . 41
ARMOUR THYROID . . . 125
aspirin-dipyridamole cap er 12hr 25-200 mg (ASPIRIN-DIPYRIDAMOLE ER) . . . 57
ASSURE COMFORT LANCETS 28G . . . 135
ASSURE HAEMOLANCE PLUS HIGH . . . 135
ASSURE HAEMOLANCE PLUS LOW . . . 135
ASSURE HAEMOLANCE PLUS MICRO . . . 135
ASSURE HAEMOLANCE PLUS NORMAL . . . 135
ASSURE HAEMOLANCE PLUS PED . . . 135
ASSURE ID INSULIN SAFETY SYR . . . 135
ASSURE ID SAFETY PEN NEEDLES . . . 136
ASSURE LANCE LANCETS . . . 136
ASSURE LANCE LANCETS 21G . . . 136
ASSURE LANCE PLUS SAFETY 25G . . . 136
ASSURE LANCE PLUS SAFETY 30G . . . 136
ASSURE LANCE SAFETY LANCET 28G . . . 136
ASSURE LANCETS . . . 136
atazanavir sulfate cap 150 mg (base equiv) 46
atazanavir sulfate cap 200 mg (base equiv) 47
atazanavir sulfate cap 300 mg (base equiv) 47
atenolol & chlorthalidone tab 100-25 mg (ATENOLOL-CHLORTHALIDONE) . . . 69
atenolol & chlorthalidone tab 50-25 mg (ATENOLOL-CHLORTHALIDONE) . . . 69
atenolol tab 100 mg . . . 61
atenolol tab 25 mg . . . 61
atenolol tab 50 mg . . . 62
atomoxetine hcl cap 10 mg (base equiv) . . . 80
atomoxetine hcl cap 100 mg (base equiv) . . . 80
atomoxetine hcl cap 18 mg (base equiv) . . . 80
atomoxetine hcl cap 25 mg (base equiv) . . . 80
atomoxetine hcl cap 40 mg (base equiv) . . . 80
atomoxetine hcl cap 60 mg (base equiv) . . . 80
atomoxetine hcl cap 80 mg (base equiv) . . . 80
atorvastatin calcium tab 10 mg (base equivalent) . . . 75
atorvastatin calcium tab 20 mg (base equivalent) . . . 75
atorvastatin calcium tab 40 mg (base equivalent) . . . 75
atorvastatin calcium tab 80 mg (base equivalent) . . . 75
atovaquone susp 750 mg/5ml . . . 36
atovaquone-proguanil hcl tab 250-100 mg . 36
atovaquone-proguanil hcl tab 62.5-25 mg . . 36
ATROPINE SULFATE (atropine sulfate (ophthalmic)) . . . 170
atropine sulfate ophth soln 1% . . . 170
ATROVENT HFA (ipratropium bromide hfa) . 176
AUM MINI INSULIN PEN NEEDLE . . . 136
AUM READYGARD DUO PEN NEEDLE . . . 136
AUM SAFETY PEN NEEDLE . . . 136
AURORA LANCET SUPER THIN 30G . . . 136
AURORA LANCET THIN 23G . . . 136
AURORA PEN NEEDLES . . . 136
AURORA UNIFINE PENTIPS . . . 136
azathioprine tab 50 mg . . . 129
azelaic acid gel 15% . . . 85
azelastine hcl nasal spray 0.1% (137 mcg/spray) . . . 175
azelastine hcl ophth soln 0.05% . . . 172
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

BACITRACIN (bacitracin (ophthalmic)) . . . . . 172
bacitracin-polymyxin b ophth oint . . . . . 170
bacitracin-polymyxin b ophth oint (AK-POLY-BAC) . . . . . 170
bacitracin-polymyxin b ophth oint (POLYCIN) . . . . . 170
bacitracin-polymyxin-neomycin-hc ophth oint 1% (BACITRA-NEOMYCIN-POLYMYXIN-HC) . 170
bacitracin-polymyxin-neomycin-hc ophth oint 1% (NEO-POLYCIN HC) . . . . . 170
baclofen tab 10 mg . . . . . 42
baclofen tab 20 mg . . . . . 42
baclofen tab 5 mg . . . . . 42
BALCOLTRA (levonorgestrel-ethinyl estradiol-ferrous bisglycinate) . . . . . 109
balsalazide disodium cap 750 mg . . . . . 132
BAQSIMI ONE PACK (glucagon) . . . . . 53
BAQSIMI TWO PACK (glucagon) . . . . . 53
BD AUTOSHIELD . . . . . 136
BD AUTOSHIELD DUO . . . . . 136
BD INSULIN SYR ULTRAFINE II . . . . . 136
BD INSULIN SYRINGE . . . . . 136
BD INSULIN SYRINGE HALF-UNIT . . . . . 136
BD INSULIN SYRINGE MICROFINE . . . . . 136
BD INSULIN SYRINGE U-500 . . . . . 136
BD INSULIN SYRINGE U/F . . . . . 137
BD INSULIN SYRINGE U/F 1/2UNIT . . . . . 137
BD INSULIN SYRINGE ULTRAFINE . . . . . 137
BD LANCET ULTRAFINE 30G . . . . . 137
BD LANCET ULTRAFINE 33G . . . . . 137
BD MICROTAINER LANCETS . . . . . 137
BD PEN NEEDLE MICRO U/F . . . . . 137
BD PEN NEEDLE MINI U/F . . . . . 137
BD PEN NEEDLE NANO 2ND GEN . . . . . 137
BD PEN NEEDLE NANO U/F . . . . . 137
BD PEN NEEDLE ORIGINAL U/F . . . . . 137
BD PEN NEEDLE SHORT U/F . . . . . 137
BD SAFETY-LOK INSULIN SYRINGE . . . . . 137
BD SAFETYGLIDE INSULIN SYRINGE . . . . . 137
BD VEO INSULIN SYR U/F 1/2UNIT . . . . . 137
BD VEO INSULIN SYRINGE U/F . . . . . 137
benazepril & hydrochlorothiazide tab 10-12.5 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE) . . 69
benazepril & hydrochlorothiazide tab 20-12.5 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE) . . 70
benazepril & hydrochlorothiazide tab 20-25 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE) . . 70
benazepril & hydrochlorothiazide tab 5-6.25 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE) . . 70
benazepril hcl tab 10 mg . . . . . 59
benazepril hcl tab 20 mg . . . . . 59
benazepril hcl tab 40 mg . . . . . 59
benazepril hcl tab 5 mg . . . . . 59
benzonatate cap 100 mg . . . . . 179
benzonatate cap 150 mg . . . . . 179
benzonatate cap 200 mg . . . . . 179
benzoyl peroxide-erythromycin gel 5-3% . . . . 85
BENZPHETAMINE HCL . . . . . 83
benzphetamine hcl tab 50 mg . . . . . 83
benztropine mesylate tab 0.5 mg . . . . . 36
benztropine mesylate tab 1 mg . . . . . 36
benztropine mesylate tab 2 mg . . . . . 36
BETAMETHASONE DIPROPIONATE AUG (betamethasone dipropionate augmented) . . . . . 86
betamethasone dipropionate augmented cream 0.05% . . . . . 105
betamethasone dipropionate augmented lotion 0.05% . . . . . 105
betamethasone dipropionate augmented oint 0.05% . . . . . 86
betamethasone dipropionate cream 0.05% 86
betamethasone dipropionate lotion 0.05% . . 86
betamethasone dipropionate oint 0.05% . . 106
betamethasone valerate cream 0.1% (base equivalent) . . . . . 86
betamethasone valerate lotion 0.1% (base equivalent) . . . . . 86

betamethasone valerate oint 0.1% (base equivalent) . . . . . 87
betaxolol hcl ophth soln 0.5% . . . . . 173
betaxolol hcl tab 10 mg . . . . . 62
betaxolol hcl tab 20 mg . . . . . 62
bethanechol chloride tab 10 mg . . . . . 104
bethanechol chloride tab 25 mg . . . . . 104
bethanechol chloride tab 5 mg . . . . . 104
bethanechol chloride tab 50 mg . . . . . 104
bexarotene cap 75 mg . . . . . 35
bicalutamide tab 50 mg . . . . . 31
BIKTARVY (bictegravir-emtricitabine-tenofovir alafenamide fumarate) . . . . . 43
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit (GAVILYTE-H) . . . . . 99
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE) . 70
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE) . 70
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE) . 70
bisoprolol fumarate tab 10 mg . . . . . 62
bisoprolol fumarate tab 5 mg . . . . . 62
bosentan tab 125 mg . . . . . 178
bosentan tab 62.5 mg . . . . . 179
BREATHE COMFORT CHAMBER/ADULT . . . . . 137
BREATHE COMFORT CHAMBER/CHILD . . . . . 137
BREATHE EASE LARGE . . . . . 138
BREATHE EASE MEDIUM . . . . . 138
BREATHE EASE SMALL . . . . . 138
BREATHERITE . . . . . 138
BREATHERITE COLL SPACER ADULT . . . . . 138
BREATHERITE COLL SPACER CHILD . . . . . 138
BREATHERITE COLL SPACER INFANT . . . . . 138
BREATHERITE RIGID SPACER/MASK . . . . . 138
BREATHERITE SPACER NEONATE . . . . . 138
BREATHERITE SPACER SMALL CHILD . . . . . 138
BREATHERITE VALVED MDI CHAMBER . . . . . 138
BREATHERITE/LARGE MASK . . . . . 138
BREATHERITE/MEDIUM MASK . . . . . 138
BREATHERITE/SMALL MASK . . . . . 138
BREO ELLIPTA (fluticasone furoate-vilanterol) . . . . . 179
BRILINTA (ticagrelor) . . . . . 57
brimonidine tartrate ophth soln 0.15% . . . . . 173
brimonidine tartrate ophth soln 0.2% . . . . . 173
BRIVIACT (brivaracetam) . . . . . 16
bromocriptine mesylate cap 5 mg (base equivalent) . . . . . 37
bromocriptine mesylate tab 2.5 mg (base equivalent) . . . . . 37
budesonide delayed release particles cap 3 mg . . . . . 132
budesonide inhalation susp 0.25 mg/2ml . . . 174
budesonide inhalation susp 0.5 mg/2ml . . . . 175
budesonide inhalation susp 1 mg/2ml . . . . . 175
BULLSEYE MINI SAFETY LANCETS . . . . . 138
BULLSEYE SAFETY LANCETS . . . . . 138
bumetanide tab 0.5 mg . . . . . 73
bumetanide tab 1 mg . . . . . 73
bumetanide tab 2 mg . . . . . 73
buprenorphine hcl sl tab 2 mg (base equiv) . . 8
buprenorphine hcl sl tab 8 mg (base equiv) . . 8
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) . . . . . 8
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) . . . . . 8
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) . . . . . 8
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) . . . . . 8
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) . . . . . 8
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) . . . . . 8
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (BUPROPION HCL ER (SMOKING DET)) 9
bupropion hcl tab 100 mg . . . . . 21
bupropion hcl tab 75 mg . . . . . 21
bupropion hcl tab er 12hr 100 mg (BUPROPION HCL ER (SR)) . . . . . 21

bupropion hcl tab er 12hr 150 mg (BUPROPION HCL ER (SR)) . . . . . 21
bupropion hcl tab er 12hr 200 mg (BUPROPION HCL ER (SR)) . . . . . 21
bupropion hcl tab er 24hr 150 mg (BUPROPION HCL ER (XL)) . . . . . 21
bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL)) . . . . . 21
buspirone hcl tab 10 mg . . . . . 49
buspirone hcl tab 15 mg . . . . . 49
buspirone hcl tab 30 mg . . . . . 49
buspirone hcl tab 5 mg . . . . . 49
buspirone hcl tab 7.5 mg . . . . . 49
butalbital-acetaminophen tab 50-325 mg . . 83
butalbital-acetaminophen tab 50-325 mg (BUTALBITAL-APAP) . . . . . 83
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg (BUTALBITAL-APAP-CAFF-COD) . . . . . 4
butalbital-acetaminophen-caffeine tab 50-325-40 mg (BAC) . . . . . 83
butalbital-acetaminophen-caffeine tab 50-325-40 mg (BUTALBITAL-APAP-CAFFEINE) . . . . 83
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

# C

C-NATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids) . . . . . 94
cabergoline tab 0.5 mg . . . . . 127
CABLIVI (caplacizumab-yhdp) . . . . . 57
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) . . . . . 178
calcipotriene cream 0.005% . . . . . 89
calcipotriene oint 0.005% . . . . . 89
calcipotriene oint 0.005% (CALCITRENE) . . . . . 89
calcipotriene soln 0.005% (50 mcg/ml) . . . . . 89
calcitonin (salmon) nasal soln 200 unit/act . 133
CALCITRIOL (calcitriol (topical)) . . . . . 89
calcitriol cap 0.25 mcg . . . . . 133
calcitriol cap 0.5 mcg . . . . . 133
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (CALCIUM ACETATE (PHOS BINDER)) . . . . . 93
candesartan cilexetil tab 16 mg . . . . . 58
candesartan cilexetil tab 32 mg . . . . . 58
candesartan cilexetil tab 4 mg . . . . . 58
candesartan cilexetil tab 8 mg . . . . . 58
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (CANDESARTAN CILEXETIL-HCTZ) . 70
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (CANDESARTAN CILEXETIL-HCTZ) . 70
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (CANDESARTAN CILEXETIL-HCTZ) . . 70
capecitabine tab 150 mg . . . . . 32
capecitabine tab 500 mg . . . . . 32
CAPRELSA (vandetanib) . . . . . 33
captopril tab 100 mg . . . . . 59
captopril tab 12.5 mg . . . . . 59
captopril tab 25 mg . . . . . 59
captopril tab 50 mg . . . . . 59
CAPTOPRIL-HYDROCHLOROTHIAZIDE (captopril & hydrochlorothiazide) . . . . . 70
carbamazepine cap er 12hr 100 mg (CARBAMAZEPINE ER) . . . . . 19
carbamazepine cap er 12hr 200 mg (CARBAMAZEPINE ER) . . . . . 19
carbamazepine cap er 12hr 300 mg (CARBAMAZEPINE ER) . . . . . 19
carbamazepine chew tab 100 mg . . . . . 19
carbamazepine susp 100 mg/5ml . . . . . 19
carbamazepine tab 200 mg . . . . . 19
carbamazepine tab 200 mg (EPITOL) . . . . . 19
carbamazepine tab er 12hr 100 mg (CARBAMAZEPINE ER) . . . . . 19
carbamazepine tab er 12hr 200 mg (CARBAMAZEPINE ER) . . . . . 19

carbamazepine tab er 12hr 400 mg (CARBAMAZEPINE ER) . . . . . 19
carbidopa & levodopa orally disintegrating tab 10-100 mg (CARBIDOPA-LEVODOPA) . . . 38
carbidopa & levodopa orally disintegrating tab 25-100 mg (CARBIDOPA-LEVODOPA) . . . 38
carbidopa & levodopa orally disintegrating tab 25-250 mg (CARBIDOPA-LEVODOPA) . . . 38
carbidopa & levodopa tab 10-100 mg (CARBIDOPA-LEVODOPA) . . . . . 38
carbidopa & levodopa tab 25-100 mg (CARBIDOPA-LEVODOPA) . . . . . 39
carbidopa & levodopa tab 25-250 mg (CARBIDOPA-LEVODOPA) . . . . . 39
carbidopa & levodopa tab er 25-100 mg (CARBIDOPA-LEVODOPA ER) . . . . . 39
carbidopa & levodopa tab er 50-200 mg (CARBIDOPA-LEVODOPA ER) . . . . . 39
carbidopa tab 25 mg . . . . . 39
CARBIDOPA-LEVODOPA . . . . . 39
CARBIDOPA-LEVODOPA-ENTACAPONE . . . . . 37
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg . . . . . 37
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg . . . . . 37
carbidopa-levodopa-entacapone tabs 25-100-200 mg . . . . . 37
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg . . . . . 37
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg . . . . . 37
carbidopa-levodopa-entacapone tabs 50-200-200 mg . . . . . 37
CAREFINE PEN NEEDLES . . . . . 138
CAREONE INSULIN SYRINGE . . . . . 138
CAREONE LANCET SUPER THIN 30G . . . . . 138
CAREONE LANCET THIN 23G . . . . . 138
CAREONE UNIFINE PENTIPS . . . . . 138
CAREONE UNIFINE PENTIPS PLUS . . . . . 138
CARESENS LANCETS . . . . . 138
CARETOUCH INSULIN SYRINGE . . . . . 139
CARETOUCH PEN NEEDLES . . . . . 139
CARETOUCH SAFETY LANCETS . . . . . 139
CARETOUCH SAFETY LANCETS 26G . . . . . 139
CARETOUCH TWIST LANCETS 28G . . . . . 139
CARETOUCH TWIST LANCETS 30G . . . . . 139
CARETOUCH TWIST LANCETS 33G . . . . . 139
CARETOUCH TWIST MC LANCETS 30G . . . . . 139
carglumic acid soluble tab 200 mg . . . . . 92
carisoprodol tab 350 mg . . . . . 182
carisoprodol tab 350 mg (VANADOM) . . . . . 182
CARTEOLOL HCL (carteolol hcl (ophth)) . . . 173
carvedilol tab 12.5 mg . . . . . 62
carvedilol tab 25 mg . . . . . 62
carvedilol tab 3.125 mg . . . . . 62
carvedilol tab 6.25 mg . . . . . 62
CAYA (diaphragm arc-spring) . . . . . 139
CAYSTON (aztreonam lysine) . . . . . 177
CEFACLOR . . . . . 11
cefaclor cap 250 mg . . . . . 11
cefaclor cap 500 mg . . . . . 11
CEFACLOR ER (cefaclor monohydrate) . . . . . 11
CEFADROXIL . . . . . 11
cefadroxil cap 500 mg . . . . . 11
cefadroxil for susp 250 mg/5ml . . . . . 11
cefadroxil for susp 500 mg/5ml . . . . . 11
cefadroxil tab 1 gm . . . . . 11
cefdinir cap 300 mg . . . . . 11
cefdinir for susp 125 mg/5ml . . . . . 11
cefdinir for susp 250 mg/5ml . . . . . 11
cefpodoxime proxetil for susp 100 mg/5ml . . 11
cefpodoxime proxetil for susp 50 mg/5ml . . . 11
cefpodoxime proxetil tab 100 mg . . . . . 11
cefpodoxime proxetil tab 200 mg . . . . . 11
cefprozil for susp 125 mg/5ml . . . . . 11
cefprozil for susp 250 mg/5ml . . . . . 11
cefprozil tab 250 mg . . . . . 11
cefprozil tab 500 mg . . . . . 11
cefuroxime axetil tab 250 mg . . . . . 11
cefuroxime axetil tab 500 mg . . . . . 11
celecoxib cap 100 mg . . . . . 1
celecoxib cap 200 mg . . . . . 1

celecoxib cap 400 mg . . . . . 1
celecoxib cap 50 mg . . . . . 1
CEPHALEXIN . . . . . 11
cephalexin cap 250 mg . . . . . 11
cephalexin cap 500 mg . . . . . 12
cephalexin cap 750 mg . . . . . 12
cephalexin for susp 125 mg/5ml . . . . . 12
cephalexin for susp 250 mg/5ml . . . . . 12
CERDELGA (eliglustat tartrate) . . . . . 103
cevimeline hcl cap 30 mg . . . . . 84
CHEMET (succimer) . . . . . 93
CHEMSTRIP K (acetone (urine) test) . . . . . 139
CHEMSTRIP UGK (urine glucose-ketones test) . . . . . 139
chlordiazepoxide hcl cap 10 mg . . . . . 49
chlordiazepoxide hcl cap 25 mg . . . . . 49
chlordiazepoxide hcl cap 5 mg . . . . . 49
CHLOROQUINE PHOSPHATE . . . . . 36
chloroquine phosphate tab 250 mg . . . . . 36
chloroquine phosphate tab 500 mg . . . . . 36
CHLOROTHIAZIDE . . . . . 74
chlorothiazide tab 500 mg . . . . . 74
chlorpromazine hcl tab 10 mg . . . . . 39
chlorpromazine hcl tab 100 mg . . . . . 39
chlorpromazine hcl tab 200 mg . . . . . 39
chlorpromazine hcl tab 25 mg . . . . . 39
chlorpromazine hcl tab 50 mg . . . . . 39
chlorthalidone tab 25 mg . . . . . 74
chlorthalidone tab 50 mg . . . . . 74
cholestyramine light powder 4 gm/dose . . . . 76
cholestyramine light powder 4 gm/dose (PREVALITE) . . . . . 76
cholestyramine light powder packets 4 gm . 76
cholestyramine light powder packets 4 gm (PREVALITE) . . . . . 76
cholestyramine powder 4 gm/dose . . . . . 76
cholestyramine powder packets 4 gm . . . . . 76
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) . . . . . 75
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) . . . . . 75
ciclopirox gel 0.77% . . . . . 91
ciclopirox olamine cream 0.77% (base equiv) . . . . . 27
ciclopirox olamine cream 0.77% (base equiv) (CICLODAN) . . . . . 27
ciclopirox olamine susp 0.77% (base equiv) . 27
ciclopirox shampoo 1% . . . . . 91
ciclopirox solution 8% . . . . . 91
ciclopirox solution 8% (CICLODAN) . . . . . 91
cilostazol tab 100 mg . . . . . 57
cilostazol tab 50 mg . . . . . 57
CIMDUO (lamivudine-tenofovir disoproxil fumarate) . . . . . 45
cimetidine tab 300 mg . . . . . 102
cimetidine tab 400 mg . . . . . 102
cimetidine tab 800 mg . . . . . 102
cinacalcet hcl tab 30 mg (base equiv) . . . . 133
cinacalcet hcl tab 60 mg (base equiv) . . . . 133
cinacalcet hcl tab 90 mg (base equiv) . . . . 133
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml) . . . . . 14
CIPROFLOXACIN HCL . . . . . 14
CIPROFLOXACIN HCL (ciprofloxacin hcl (otic)) . . . . . 174
ciprofloxacin hcl ophth soln 0.3% (base equivalent) . . . . . 14
ciprofloxacin hcl tab 250 mg (base equiv) . . 14
ciprofloxacin hcl tab 500 mg (base equiv) . . 14
ciprofloxacin hcl tab 750 mg (base equiv) . . 14
CIPROFLOXACIN-CIPROFLOX HCL ER (ciprofloxacin-ciprofloxacin hcl) . . . . . 14
ciprofloxacin-dexamethasone otic susp 0.3-0.1% . . . . . 174
citalopram hydrobromide oral soln 10 mg/5ml . . . . . 22
citalopram hydrobromide tab 10 mg (base equiv) . . . . . 22
citalopram hydrobromide tab 20 mg (base equiv) . . . . . 22
citalopram hydrobromide tab 40 mg (base equiv) . . . . . 22

CLARITHROMYCIN . . . . . 13
clarithromycin tab 250 mg . . . . . 13
clarithromycin tab 500 mg . . . . . 13
clarithromycin tab er 24hr 500 mg (CLARITHROMYCIN ER) . . . . . 13
CLEANLET LANCETS 28G . . . . . 139
CLEVER CHEK LANCETS . . . . . 139
CLEVER CHOICE COMFORT EZ . . . . . 139
CLEVER CHOICE HOLDING CHAMBER . . . . . 139
CLEVER CHOICE LANCETS 21G . . . . . 139
CLEVER CHOICE LANCETS 23G . . . . . 139
CLEVER CHOICE LANCETS 28G . . . . . 139
CLICKFINE PEN NEEDLES . . . . . 139
CLIMARA PRO (estradiol-levonorgestrel) . . . 109
clindamycin hcl cap 150 mg . . . . . 9
clindamycin hcl cap 300 mg . . . . . 9
clindamycin hcl cap 75 mg . . . . . 9
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) . . . . . 9
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (CLINDAMYCIN PHOS-BENZOYL PEROX) . . . . . 85
clindamycin phosphate gel 1% . . . . . 91
clindamycin phosphate lotion 1% . . . . . 91
clindamycin phosphate soln 1% . . . . . 91
clindamycin phosphate swab 1% . . . . . 9
clindamycin phosphate swab 1% (CLINDACIN ETZ) . . . . . 9
clindamycin phosphate swab 1% (CLINDACIN-P) . . . . . 9
clindamycin phosphate vaginal cream 2% . 10
clindamycin phosphate-benzoyl peroxide gel 1-5% (CLINDAMYCIN PHOS-BENZOYL PEROX) . . . . . 85
clobetasol propionate cream 0.05% . . . . . 87
clobetasol propionate emollient base cream 0.05% . . . . . 106
clobetasol propionate emollient base cream 0.05% (CLOBETASOL PROP EMOLLIENT BASE) . . . . . 87,106
clobetasol propionate gel 0.05% . . . . . 87
clobetasol propionate oint 0.05% . . . . . 87
clobetasol propionate soln 0.05% . . . . . 87
CLOMID (clomiphene citrate) . . . . . 124
CLOMIPHENE CITRATE . . . . . 124
clomipramine hcl cap 25 mg . . . . . 24
clomipramine hcl cap 50 mg . . . . . 24
clomipramine hcl cap 75 mg . . . . . 24
clonazepam tab 0.5 mg . . . . . 49
clonazepam tab 1 mg . . . . . 49
clonazepam tab 2 mg . . . . . 49
clonidine hcl tab 0.1 mg . . . . . 57
clonidine hcl tab 0.2 mg . . . . . 57
clonidine hcl tab 0.3 mg . . . . . 57
clonidine td patch weekly 0.1 mg/24hr . . . . . 57
clonidine td patch weekly 0.2 mg/24hr . . . . . 57
clonidine td patch weekly 0.3 mg/24hr . . . . . 57
clopidogrel bisulfate tab 75 mg (base equiv) . . . . . 57
clorazepate dipotassium tab 15 mg . . . . . 49
clorazepate dipotassium tab 3.75 mg . . . . . 49
clorazepate dipotassium tab 7.5 mg . . . . . 49
clotrimazole troche 10 mg . . . . . 27
clotrimazole w/ betamethasone cream 1-0.05% (CLOTRIMAZOLE-BETAMETHASONE) . . . 89
clotrimazole w/ betamethasone lotion 1-0.05% (CLOTRIMAZOLE-BETAMETHASONE) . . . 89
clozapine tab 100 mg . . . . . 42
clozapine tab 200 mg . . . . . 42
clozapine tab 25 mg . . . . . 42
clozapine tab 50 mg . . . . . 42
CO-NATAL FA (prenatal vit w/ ferrous fumarate-folic acid) . . . . . 94
COAGUCHEK LANCETS . . . . . 139
COARTEM (artemether-lumefantrine) . . . . . 36
CODEINE SULFATE . . . . . 4
codeine sulfate tab 30 mg . . . . . 4
codeine sulfate tab 60 mg . . . . . 4
COLCHICINE . . . . . 28
colchicine tab 0.6 mg . . . . . 28
colchicine w/ probenecid tab 0.5-500 mg (COLCHICINE-PROBENECID) . . . . . 28

colesevelam hcl packet for susp 3.75 gm . . . 76
colesevelam hcl tab 625 mg . . . . . 76
colestipol hcl granule packets 5 gm . . . . . 76
colestipol hcl granules 5 gm . . . . . 76
colestipol hcl tab 1 gm . . . . . 76
COMBIVENT RESPIMAT (ipratropium-albuterol) . . . . . 180
COMETRIQ (100 MG DAILY DOSE) (cabozantinib s-malate) . . . . . 33
COMETRIQ (140 MG DAILY DOSE) (cabozantinib s-malate) . . . . . 33
COMETRIQ (60 MG DAILY DOSE) (cabozantinib s-malate) . . . . . 33
COMFORT ASSIST INSULIN SYRINGE . . . . . 140
COMFORT ASSURED LANCETS 28G . . . . . 140
COMFORT ASSURED LANCETS 33G . . . . . 140
COMFORT EZ INSULIN SYRINGE . . . . . 140
COMFORT EZ MICRO PEN NEEDLES . . . . . 140
COMFORT EZ PEN NEEDLES . . . . . 140
COMFORT EZ SHORT PEN NEEDLES . . . . . 140
COMFORT LANCETS . . . . . 140
COMFORT TOUCH INSULIN PEN NEED . . . . . 140
COMFORT TOUCH LANCETS 31G . . . . . 140
COMFORT TOUCH PLUS LANCETS 30G . . . . . 140
COMPACT SPACE CHAMBER . . . . . 140
COMPACT SPACE CHAMBER/LG MASK . . . . 140
COMPACT SPACE CHAMBER/MED MASK . . . 140
COMPACT SPACE CHAMBER/SM MASK . . . . 140
COMPLERA (emtricitabine-rilpivirine-tenofovir disoproxil fumarate) . . . . . 44
COMPLETENATE (prenatal vit w/ ferrous fumarate-folic acid) . . . . . 94
CORTISONE ACETATE . . . . . 106
CREON (pancrelipase (lipase-protease-amylase)) . . . . . 103
CRIXIVAN (indinavir sulfate) . . . . . 47
cromolyn sodium ophth soln 4% . . . . . 172
cromolyn sodium oral conc 100 mg/5ml . . . 103
cromolyn sodium soln nebu 20 mg/2ml . . . . 178
CVS KETONE CARE (urine glucose-ketones test) . . . . . 141
CVS LANCETS 21G . . . . . 141
CVS LANCETS MICRO THIN 33G . . . . . 141
CVS LANCETS ORIGINAL . . . . . 141
CVS LANCETS THIN 26G . . . . . 141
CVS LANCETS ULTRA THIN 30G . . . . . 141
CVS LANCETS ULTRA-THIN 30G . . . . . 141
CVS ULTRA THIN LANCETS . . . . . 141
cyanocobalamin inj 1000 mcg/ml . . . . . 94
cyanocobalamin inj 1000 mcg/ml (DODEX) . 95
cyclobenzaprine hcl tab 10 mg . . . . . 182
cyclobenzaprine hcl tab 5 mg . . . . . 182
cyclopentolate hcl ophth soln 0.5% . . . . . 170
cyclopentolate hcl ophth soln 1% . . . . . 170
cyclopentolate hcl ophth soln 2% . . . . . 170
CYCLOPHOSPHAMIDE . . . . . 31
cyclophosphamide cap 25 mg . . . . . 31
cyclophosphamide cap 50 mg . . . . . 31
CYCLOSERINE . . . . . 30
cycloserine cap 250 mg . . . . . 30
cyclosporine cap 100 mg . . . . . 129
cyclosporine cap 25 mg . . . . . 129
cyclosporine modified cap 100 mg . . . . . 129
cyclosporine modified cap 100 mg (GENGRAF) . . . . . 130
cyclosporine modified cap 25 mg . . . . . 130
cyclosporine modified cap 25 mg (GENGRAF) . . . . . 130
cyclosporine modified cap 50 mg . . . . . 130
cyclosporine modified oral soln 100 mg/ml 130
cyclosporine modified oral soln 100 mg/ml (GENGRAF) . . . . . 130
cyproheptadine hcl syrup 2 mg/5ml . . . . . 175
cyproheptadine hcl tab 4 mg . . . . . 175
CYTRA K CRYSTALS (potassium citrate-citric acid) . . . . . 104

# D

DALIRESP (roflumilast) . . . . . 178
danazol cap 100 mg . . . . . 108
danazol cap 200 mg . . . . . 108
danazol cap 50 mg . . . . . 108

dantrolene sodium cap 100 mg . . . . . 42
dantrolene sodium cap 25 mg . . . . . 42
dantrolene sodium cap 50 mg . . . . . 42
dapsone tab 100 mg . . . . . 30
dapsone tab 25 mg . . . . . 30
deferasirox tab for oral susp 125 mg . . . . . 93
deferasirox tab for oral susp 250 mg . . . . . 93
deferasirox tab for oral susp 500 mg . . . . . 93
demeclocycline hcl tab 150 mg . . . . . 15
demeclocycline hcl tab 300 mg . . . . . 15
DERMOTIC (fluocinolone acetonide (otic)) 174
DESCOVY (emtricitabine-tenofovir alafenamide fumarate) . . . . . 45
desipramine hcl tab 10 mg . . . . . 24
desipramine hcl tab 100 mg . . . . . 24
desipramine hcl tab 150 mg . . . . . 24
desipramine hcl tab 25 mg . . . . . 24
desipramine hcl tab 50 mg . . . . . 24
desipramine hcl tab 75 mg . . . . . 24
desloratadine tab 5 mg . . . . . 175
desmopressin acetate nasal spray soln 0.01% (DESMOPRESSIN ACETATE SPRAY) . . . . . 107
desmopressin acetate nasal spray soln 0.01% (refrigerated) (DESMOPRESSIN ACE SPRAY REFRIG) . . . . . 108
desmopressin acetate tab 0.1 mg . . . . . 108
desmopressin acetate tab 0.2 mg . . . . . 108
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (AZURETTE) . . . . . 109
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (BEKYREE) . . . . . 109
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (DESOGESTREL-ETHINYL ESTRADIOL) . . . . . 109
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (KARIVA) . . . . . 109
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (PIMTREA) . . . . . 109
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (SIMLIYA) . . . . . 109
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (VIORELE) . . . . . 109
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (VOLNEA) . . . . . 109
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (CAZIANT) . . . . . 109
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (APRI) . . . . . 109
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CYRED EQ) . . . . . 110
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CYRED) . . . . . 110
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (DESOGESTREL-ETHINYL ESTRADIOL) . . . 110
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (EMOQUETTE) . . . . . 110
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (ENSKYCE) . . . . . 110
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (ISIBLOOM) . . . . . 110
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (JULEBER) . . . . . 110
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (KALLIGA) . . . . . 110
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (RECLIPSEN) . . . . . 110
desonide cream 0.05% . . . . . 87
desonide oint 0.05% . . . . . 87
desoximetasone cream 0.05% . . . . . 87
desoximetasone cream 0.25% . . . . . 87
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER) . . . . . 22
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER) . . . . . 22
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER) . . . . . 22
DEXAMETHASONE . . . . . 106
dexamethasone elixir 0.5 mg/5ml . . . . . 106

dexamethasone elixir 0.5 mg/5ml (DECADRON) . . . . . 106
DEXAMETHASONE INTENSOL . . . . . .106
DEXAMETHASONE SODIUM PHOSPHATE (dexamethasone sodium phosphate (ophth)) . . . . . .172
dexamethasone tab 0.5 mg . . . . . 106
dexamethasone tab 0.5 mg (DECADRON) .106
dexamethasone tab 0.75 mg . . . . . .106
dexamethasone tab 0.75 mg (DECADRON) . . . . . 106
dexamethasone tab 1.5 mg . . . . . 106
dexamethasone tab 2 mg . . . . . .106
dexamethasone tab 4 mg . . . . . .106
dexamethasone tab 4 mg (DECADRON) . . 106
dexamethasone tab 6 mg . . . . . .106
dexamethasone tab 6 mg (DECADRON) . . 106
dexmethylphenidate hcl cap er 24 hr 10 mg (DEXMETHYLPHENIDATE HCL ER) . . . . . .80
dexmethylphenidate hcl cap er 24 hr 15 mg (DEXMETHYLPHENIDATE HCL ER) . . . . . .80
dexmethylphenidate hcl cap er 24 hr 20 mg (DEXMETHYLPHENIDATE HCL ER) . . . . . .80
dexmethylphenidate hcl cap er 24 hr 25 mg (DEXMETHYLPHENIDATE HCL ER) . . . . . .80
dexmethylphenidate hcl cap er 24 hr 30 mg (DEXMETHYLPHENIDATE HCL ER) . . . . . .80
dexmethylphenidate hcl cap er 24 hr 35 mg (DEXMETHYLPHENIDATE HCL ER) . . . . . .81
dexmethylphenidate hcl cap er 24 hr 40 mg (DEXMETHYLPHENIDATE HCL ER) . . . . . .81
dexmethylphenidate hcl cap er 24 hr 5 mg (DEXMETHYLPHENIDATE HCL ER) . . . . . .81
dexmethylphenidate hcl tab 10 mg . . . . . .81
dexmethylphenidate hcl tab 2.5 mg . . . . . .81
dexmethylphenidate hcl tab 5 mg . . . . . .81
dextroamphetamine sulfate cap er 24hr 10 mg (DEXTROAMPHETAMINE SULFATE ER) . . . . . .79
dextroamphetamine sulfate cap er 24hr 15 mg (DEXTROAMPHETAMINE SULFATE ER) . . . . . .79
dextroamphetamine sulfate cap er 24hr 5 mg (DEXTROAMPHETAMINE SULFATE ER) . . . . . .80
dextroamphetamine sulfate tab 10 mg . . . . . 80
dextroamphetamine sulfate tab 5 mg . . . . . 80
DIATHRIVE LANCET ULTRA THIN 30 . . . . . 141
DIATHRIVE LANCETS . . . . . 141
DIATHRIVE PEN NEEDLE . . . . . .141
DIAZEPAM (diazepam (anticonvulsant)) . . . . .18
diazepam conc 5 mg/ml . . . . . .49
diazepam conc 5 mg/ml (DIAZEPAM INTENSOL) . . . . . 49
diazepam oral soln 1 mg/ml . . . . . .49
diazepam tab 10 mg . . . . . .49
diazepam tab 2 mg . . . . . .49
diazepam tab 5 mg . . . . . .49
diclofenac potassium tab 50 mg . . . . . 1
diclofenac potassium tab 50 mg (CATAFLAM) . . . . . .1
diclofenac sodium ophth soln 0.1% . . . . . 172
diclofenac sodium soln 1.5% . . . . . .1
diclofenac sodium tab delayed release 25 mg . . . . . 1
diclofenac sodium tab delayed release 50 mg . . . . . 1
diclofenac sodium tab delayed release 75 mg . . . . . 1
diclofenac sodium tab er 24hr 100 mg (DICLOFENAC SODIUM ER) . . . . . 1
dicloxacillin sodium cap 250 mg . . . . . 13
dicloxacillin sodium cap 500 mg . . . . . 13
dicyclomine hcl cap 10 mg . . . . . .100
dicyclomine hcl oral soln 10 mg/5ml . . . . . .100
dicyclomine hcl tab 20 mg . . . . . .100
DIDANOSINE . . . . . .45
DIETHYLPROPION HCL ER . . . . . 83
diethylpropion hcl tab 25 mg . . . . . 83
DIFLORASONE DIACETATE . . . . . 87
DIGOXIN . . . . . 70
digoxin oral soln 0.05 mg/ml . . . . . .70
digoxin tab 125 mcg (0.125 mg) . . . . . .70
digoxin tab 125 mcg (0.125 mg) (DIGITEK) . . .70

digoxin tab 250 mcg (0.25 mg) . . . . . .70
digoxin tab 250 mcg (0.25 mg) (DIGITEK) . . . .70
dihydroergotamine mesylate inj 1 mg/ml . . . 28
dihydroergotamine mesylate nasal spray 4 mg/ml . . . . . .28
DILANTIN (phenytoin sodium extended) . . . . .19
DILANTIN (phenytoin) . . . . . .19
DILANTIN INFATABS (phenytoin) . . . . . .19
diltiazem hcl cap er 12hr 120 mg (DILTIAZEM HCL ER) . . . . . .64
diltiazem hcl cap er 12hr 60 mg (DILTIAZEM HCL ER) . . . . . .64
diltiazem hcl cap er 12hr 90 mg (DILTIAZEM HCL ER) . . . . . .64
diltiazem hcl cap er 24hr 120 mg (DILT-XR) . . 64
diltiazem hcl cap er 24hr 120 mg (DILTIAZEM HCL ER) . . . . . .64
diltiazem hcl cap er 24hr 180 mg (DILT-XR) . . 64
diltiazem hcl cap er 24hr 180 mg (DILTIAZEM HCL ER) . . . . . .64
diltiazem hcl cap er 24hr 240 mg (DILT-XR) . . 64
diltiazem hcl cap er 24hr 240 mg (DILTIAZEM HCL ER) . . . . . .64
diltiazem hcl coated beads cap er 24hr 120 mg (CARTIA XT) . . . . . .64
diltiazem hcl coated beads cap er 24hr 120 mg (DILTIAZEM HCL ER COATED BEADS) . . . . . 64
diltiazem hcl coated beads cap er 24hr 180 mg (CARTIA XT) . . . . . .64
diltiazem hcl coated beads cap er 24hr 180 mg (DILTIAZEM HCL ER COATED BEADS) . . . . . 64
diltiazem hcl coated beads cap er 24hr 240 mg (CARTIA XT) . . . . . .65
diltiazem hcl coated beads cap er 24hr 240 mg (DILTIAZEM HCL ER COATED BEADS) . . . . . 65
diltiazem hcl coated beads cap er 24hr 300 mg (CARTIA XT) . . . . . .65
diltiazem hcl coated beads cap er 24hr 300 mg (DILTIAZEM HCL ER COATED BEADS) . . . . . 65
diltiazem hcl coated beads cap er 24hr 360 mg (DILTIAZEM HCL ER COATED BEADS) . . . . . 65
diltiazem hcl coated beads tab er 24hr 180 mg (DILTIAZEM HCL ER COATED BEADS) . . . . . 65
diltiazem hcl coated beads tab er 24hr 180 mg (MATZIM LA) . . . . . .65
diltiazem hcl coated beads tab er 24hr 240 mg (DILTIAZEM HCL ER COATED BEADS) . . . . . 65
diltiazem hcl coated beads tab er 24hr 240 mg (MATZIM LA) . . . . . .65
diltiazem hcl coated beads tab er 24hr 300 mg (DILTIAZEM HCL ER COATED BEADS) . . . . . 65
diltiazem hcl coated beads tab er 24hr 300 mg (MATZIM LA) . . . . . .65
diltiazem hcl coated beads tab er 24hr 360 mg (DILTIAZEM HCL ER COATED BEADS) . . . . . 65
diltiazem hcl coated beads tab er 24hr 360 mg (MATZIM LA) . . . . . .65
diltiazem hcl coated beads tab er 24hr 420 mg (DILTIAZEM HCL ER COATED BEADS) . . . . . 65
diltiazem hcl coated beads tab er 24hr 420 mg (MATZIM LA) . . . . . .65
diltiazem hcl extended release beads cap er 24hr 120 mg (DILTIAZEM HCL ER BEADS) . . . . . 65
diltiazem hcl extended release beads cap er 24hr 120 mg (TAZTIA XT) . . . . . 66
diltiazem hcl extended release beads cap er 24hr 120 mg (TIADYLT ER) . . . . . .66
diltiazem hcl extended release beads cap er 24hr 180 mg (DILTIAZEM HCL ER BEADS) . . . . . 66
diltiazem hcl extended release beads cap er 24hr 180 mg (TAZTIA XT) . . . . . 66
diltiazem hcl extended release beads cap er 24hr 180 mg (TIADYLT ER) . . . . . .66
diltiazem hcl extended release beads cap er 24hr 240 mg (DILTIAZEM HCL ER BEADS) . . . . . 66
diltiazem hcl extended release beads cap er 24hr 240 mg (TAZTIA XT) . . . . . 66
diltiazem hcl extended release beads cap er 24hr 240 mg (TIADYLT ER) . . . . . .66
diltiazem hcl extended release beads cap er 24hr 300 mg (DILTIAZEM HCL ER BEADS) . . . . . 66

diltiazem hcl extended release beads cap er 24hr 300 mg (TAZTIA XT) . . . . . 66
diltiazem hcl extended release beads cap er 24hr 300 mg (TIADYLT ER) . . . . . 66
diltiazem hcl extended release beads cap er 24hr 360 mg (DILTIAZEM HCL ER BEADS) . . . . . 66
diltiazem hcl extended release beads cap er 24hr 360 mg (TAZTIA XT) . . . . . 66
diltiazem hcl extended release beads cap er 24hr 360 mg (TIADYLT ER) . . . . . 66
diltiazem hcl extended release beads cap er 24hr 420 mg (DILTIAZEM HCL ER BEADS) . . . . . 66
diltiazem hcl extended release beads cap er 24hr 420 mg (TIADYLT ER) . . . . . 66
diltiazem hcl tab 120 mg . . . . . 66
diltiazem hcl tab 30 mg . . . . . 66
diltiazem hcl tab 60 mg . . . . . 66
diltiazem hcl tab 90 mg . . . . . 67
dimethyl fumarate capsule delayed release 120 mg . . . . . 84
dimethyl fumarate capsule delayed release 240 mg . . . . . 84
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (DIMETHYL FUMARATE STARTER PACK) . . . . . 84
diphenoxylate w/ atropine tab 2.5-0.025 mg (DIPHENOXYLATE-ATROPINE) . . . . . 100
DIPHENOXYLATE-ATROPINE (diphenoxylate w/ atropine) . . . . . 100
dipyridamole tab 25 mg . . . . . 57
dipyridamole tab 50 mg . . . . . 57
dipyridamole tab 75 mg . . . . . 57
disopyramide phosphate cap 100 mg . . . . . 60
disopyramide phosphate cap 150 mg . . . . . 60
disulfiram tab 250 mg . . . . . 8
disulfiram tab 500 mg . . . . . 8
divalproex sodium cap delayed release sprinkle 125 mg . . . . . 16
divalproex sodium tab delayed release 125 mg . . . . . 16
divalproex sodium tab delayed release 250 mg . . . . . 16
divalproex sodium tab delayed release 500 mg . . . . . 16
divalproex sodium tab er 24 hr 250 mg (DIVALPROEX SODIUM ER) . . . . . 16
divalproex sodium tab er 24 hr 500 mg (DIVALPROEX SODIUM ER) . . . . . 16
dofetilide cap 125 mcg (0.125 mg) . . . . . 60
dofetilide cap 250 mcg (0.25 mg) . . . . . 60
dofetilide cap 500 mcg (0.5 mg) . . . . . 60
donepezil hydrochloride orally disintegrating tab 10 mg (DONEPEZIL HCL) . . . . . 20
donepezil hydrochloride orally disintegrating tab 5 mg (DONEPEZIL HCL) . . . . . 20
donepezil hydrochloride tab 10 mg (DONEPEZIL HCL) . . . . . 20
donepezil hydrochloride tab 23 mg (DONEPEZIL HCL) . . . . . 20
donepezil hydrochloride tab 5 mg (DONEPEZIL HCL) . . . . . 20
dorzolamide hcl ophth soln 2% . . . . . 173
DORZOLAMIDE HCL-TIMOLOL MAL (dorzolamide hcl-timolol maleate) . . . . . 170
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (DORZOLAMIDE HCL-TIMOLOL MAL PF) . . . . . 170
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml . . . . . 170
DOTHELLE DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3) . . . . . 95
doxazosin mesylate tab 1 mg . . . . . 58
doxazosin mesylate tab 2 mg . . . . . 58
doxazosin mesylate tab 4 mg . . . . . 58
doxazosin mesylate tab 8 mg . . . . . 58
doxepin hcl cap 10 mg . . . . . 24
doxepin hcl cap 100 mg . . . . . 24
doxepin hcl cap 150 mg . . . . . 25
doxepin hcl cap 25 mg . . . . . 25
doxepin hcl cap 50 mg . . . . . 25
doxepin hcl cap 75 mg . . . . . 25

doxepin hcl conc 10 mg/ml....25
doxycycline hyclate cap 100 mg....15
doxycycline hyclate cap 100 mg (MORGIDOX)....15
doxycycline hyclate cap 50 mg....15
doxycycline hyclate cap 50 mg (MORGIDOX)....15
doxycycline hyclate tab 100 mg....15
doxycycline hyclate tab 100 mg (LYMEPAK) 15
doxycycline hyclate tab 20 mg....15
doxycycline monohydrate for susp 25 mg/5ml....15
doxycycline monohydrate tab 100 mg....15
doxycycline monohydrate tab 100 mg (AVIDOXY)....15
doxycycline monohydrate tab 150 mg....15
doxycycline monohydrate tab 50 mg....15
doxycycline monohydrate tab 75 mg....16
DROPLET INSULIN SYRINGE....141
DROPLET LANCETS ULTRA THIN 30G....141
DROPLET MICRON....141
DROPLET PEN NEEDLES....141
DROPLET PERSONAL LANCETS 30G....141
DROPSAFE SAFETY PEN NEEDLES....141
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (DROSPIREN-ETH ESTRAD-LEVOMEFOL)....110
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (RAJANI)....110
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (DROSPIREN-ETH ESTRAD-LEVOMEFOL)....110
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (TYDEMY)....110
drospirenone-ethinyl estradiol tab 3-0.02 mg....110
drospirenone-ethinyl estradiol tab 3-0.02 mg (GIANVI)....110
drospirenone-ethinyl estradiol tab 3-0.02 mg (JASMIEL)....110
drospirenone-ethinyl estradiol tab 3-0.02 mg (LO-ZUMANDIMINE)....110
drospirenone-ethinyl estradiol tab 3-0.02 mg (LORYNA)....110
drospirenone-ethinyl estradiol tab 3-0.02 mg (NIKKI)....110
drospirenone-ethinyl estradiol tab 3-0.02 mg (VESTURA)....111
drospirenone-ethinyl estradiol tab 3-0.03 mg....111
drospirenone-ethinyl estradiol tab 3-0.03 mg (OCELLA)....111
drospirenone-ethinyl estradiol tab 3-0.03 mg (SYEDA)....111
drospirenone-ethinyl estradiol tab 3-0.03 mg (ZARAH)....111
drospirenone-ethinyl estradiol tab 3-0.03 mg (ZUMANDIMINE)....111
DROXIA (hydroxyurea (sickle cell disease))..32
DRUG MART LANCETS THIN 26G....141
DRUG MART ON-THE-GO LANCET 30G....141
DRUG MART UNIFINE PENTIPS....142
DRUG MART UNIFINE PENTIPS PLUS....142
DRUG MART UNILET LANCETS 28G....142
DRUG MART UNILET LANCETS 30G....142
DRUG MART UNILET LANCETS 33G....142
duloxetine hcl enteric coated pellets cap 20 mg (base eq)....83
duloxetine hcl enteric coated pellets cap 30 mg (base eq)....83
duloxetine hcl enteric coated pellets cap 40 mg (base eq)....83
duloxetine hcl enteric coated pellets cap 60 mg (base eq)....83
DUPIXENT (dupilumab)....128
dutasteride cap 0.5 mg....104

# E

E-Z JECT LANCET MICRO-THIN 33G....142
E-Z JECT LANCET SUPER THIN 30G....142
E-Z JECT LANCETS....142

E-Z JECT LANCETS 21G....142
E-Z JECT LANCETS THIN 26G....142
EASIVENT....142
EASIVENT MASK LARGE....142
EASIVENT MASK MEDIUM....142
EASIVENT MASK SMALL....142
EASY COMFORT INSULIN SYRINGE....142
EASY COMFORT LANCETS....142
EASY COMFORT LANCETS TWIST TOP....142
EASY COMFORT PEN NEEDLES....142
EASY GLIDE PEN NEEDLES....142
EASY TOUCH FLIPLOCK INSULIN SY....142
EASY TOUCH INSULIN SAFETY SYR....143
EASY TOUCH INSULIN SYRINGE....143
EASY TOUCH LANCETS 21G....143
EASY TOUCH LANCETS 23G....143
EASY TOUCH LANCETS 26G....143
EASY TOUCH LANCETS 28G....143
EASY TOUCH LANCETS 28G/TWIST....143
EASY TOUCH LANCETS 30G....143
EASY TOUCH LANCETS 30G/TWIST....143
EASY TOUCH LANCETS 32G....143
EASY TOUCH LANCETS 32G/TWIST....143
EASY TOUCH LANCETS 33G/TWIST....143
EASY TOUCH PEN NEEDLES....143
EASY TOUCH SAFETY LANCETS 21G....143
EASY TOUCH SAFETY LANCETS 23G....143
EASY TOUCH SAFETY LANCETS 26G....143
EASY TOUCH SAFETY LANCETS 28G....143
EASY TOUCH SAFETY PEN NEEDLES....143
EASY TOUCH SHEATHLOCK SYRINGE....143
EASY TWIST & CAP LANCETS....144
econazole nitrate cream 1%....27
EDURANT (rilpivirine hcl)....44
efavirenz cap 200 mg....44
efavirenz cap 50 mg....44
efavirenz tab 600 mg....44
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg....44
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg....44
ELIQUIS (apixaban)....55
ELIQUIS DVT/PE STARTER PACK (apixaban)....55
ELITE-OB (prenatal vit w/ iron carbonyl-folic acid)....95
ELITE-THIN INSULIN SYRINGE....144
ELLA (ulipristal acetate)....123
ELMIRON (pentosan polysulfate sodium)....104
EMBRACE LANCETS ULTRA THIN 30G....144
EMBRACE PRESSURE ACTIVATED 21G....144
EMBRACE PRESSURE ACTIVATED 28G....144
EMGALITY (galcanezumab-gnlm)....29
emtricitabine caps 200 mg....45
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (EMTRICITABINE-TENOFOVIR DF)....45
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (EMTRICITABINE-TENOFOVIR DF)....45
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (EMTRICITABINE-TENOFOVIR DF)....45
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (EMTRICITABINE-TENOFOVIR DF)....45
EMTRIVA (emtricitabine)....45
enalapril maleate & hydrochlorothiazide tab 10-25 mg (ENALAPRIL-HYDROCHLOROTHIAZIDE)....71
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg (ENALAPRIL-HYDROCHLOROTHIAZIDE)....71
enalapril maleate tab 10 mg....59
enalapril maleate tab 2.5 mg....59
enalapril maleate tab 20 mg....59
enalapril maleate tab 5 mg....59
ENBREL (etanercept)....130
ENBREL SURECLICK (etanercept)....130
ENDOMETRIN (progesterone (vaginal))....123
enoxaparin sodium inj 300 mg/3ml....55
enoxaparin sodium inj soln pref syr 100 mg/ml....55

enoxaparin sodium inj soln pref syr 120 mg/0.8ml . . . . . 55
enoxaparin sodium inj soln pref syr 150 mg/ml . . . . . 55
enoxaparin sodium inj soln pref syr 30 mg/0.3ml . . . . . 55
enoxaparin sodium inj soln pref syr 40 mg/0.4ml . . . . . 55
enoxaparin sodium inj soln pref syr 60 mg/0.6ml . . . . . 55
enoxaparin sodium inj soln pref syr 80 mg/0.8ml . . . . . 55
entacapone tab 200 mg . . . . . 37
entecavir tab 0.5 mg . . . . . 42
entecavir tab 1 mg . . . . . 42
ENTRESTO (sacubitril-valsartan) . . . . . 71
EPCLUSA (sofosbuvir-velpatasvir) . . . . . 43
epinastine hcl ophth soln 0.05% . . . . . 172
EPINEPHRINE (epinephrine (anaphylaxis)) . . 177
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) . . . . . 177
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) . . . . . 177
EPIPEN 2-PAK (epinephrine (anaphylaxis)) . 177
EPIPEN JR 2-PAK (epinephrine (anaphylaxis)) . . . . . 177
EPIVIR HBV (lamivudine (hbv)) . . . . . 42
eplerenone tab 25 mg . . . . . 74
eplerenone tab 50 mg . . . . . 74
EQ SPACE CHAMBER ANTI-STATIC . . . . . 144
EQ SPACE CHAMBER ANTI-STATIC L . . . . . 144
EQ SPACE CHAMBER ANTI-STATIC M . . . . . 144
EQ SPACE CHAMBER ANTI-STATIC S . . . . . 144
EQL COLOR LANCETS 21G . . . . . 144
EQL COLOR LANCETS MICRO 33G . . . . . 144
EQL INSULIN SYRINGE . . . . . 144
EQL SUPER THIN LANCETS 30G . . . . . 144
EQL THIN LANCETS 26G . . . . . 144
ergocalciferol cap 1.25 mg (50000 unit) . . . . 133
ergocalciferol cap 1.25 mg (50000 unit) (VITAMIN D (ERGOCALCIFEROL)) . . . . . 133
ERGOLOID MESYLATES . . . . . 20
ERGOMAR (ergotamine tartrate) . . . . . 28
ergotamine w/ caffeine tab 1-100 mg (ERGOTAMINE-CAFFEINE) . . . . . 28
ERLEADA (apalutamide) . . . . . 31
erlotinib hcl tab 100 mg (base equivalent) . . 33
erlotinib hcl tab 150 mg (base equivalent) . . 33
erlotinib hcl tab 25 mg (base equivalent) . . . 33
ERY (erythromycin (acne aid)) . . . . . 91
ERYTHROMYCIN BASE . . . . . 13
erythromycin gel 2% . . . . . 91
erythromycin ophth oint 5 mg/gm . . . . . 172
erythromycin pads 2% . . . . . 92
erythromycin soln 2% . . . . . 92
erythromycin tab 250 mg (ERYTHROMYCIN BASE) . . . . . 13
erythromycin tab 500 mg (ERYTHROMYCIN BASE) . . . . . 13
erythromycin tab delayed release 250 mg . . 13
erythromycin tab delayed release 250 mg (ERY-TAB) . . . . . 13
erythromycin tab delayed release 250 mg (ERYTHROMYCIN BASE) . . . . . 14
erythromycin tab delayed release 333 mg . . 14
erythromycin tab delayed release 333 mg (ERY-TAB) . . . . . 14
erythromycin tab delayed release 333 mg (ERYTHROMYCIN BASE) . . . . . 14
erythromycin tab delayed release 500 mg . . 14
erythromycin tab delayed release 500 mg (ERY-TAB) . . . . . 14
erythromycin tab delayed release 500 mg (ERYTHROMYCIN BASE) . . . . . 14
erythromycin w/ delayed release particles cap 250 mg (ERYTHROMYCIN BASE) . . . . . 14
ESBRIET (pirfenidone) . . . . . 179
escitalopram oxalate soln 5 mg/5ml (base equiv) . . . . . 22
escitalopram oxalate tab 10 mg (base equiv) . . . . . 22

escitalopram oxalate tab 20 mg (base equiv) . . . . . 22
escitalopram oxalate tab 5 mg (base equiv) . . . . . 23
estazolam tab 1 mg . . . . . 182
estazolam tab 2 mg . . . . . 182
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (COVARYX HS) . . . . . 111
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EEMT HS) . . . . . 111
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST HS) . . . . . 111
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST) . . . . . 111
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (COVARYX) . . . . . 111
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EEMT) . . . . . 111
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST DS) . . . . . 111
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST) . . 111
estradiol & norethindrone acetate tab 0.5-0.1 mg (AMABELZ) . . . . . 111
estradiol & norethindrone acetate tab 0.5-0.1 mg (ESTRADIOL-NORETHINDRONE ACET) . . . 111
estradiol & norethindrone acetate tab 0.5-0.1 mg (LOPREEZA) . . . . . 111
estradiol & norethindrone acetate tab 0.5-0.1 mg (MIMVEY LO) . . . . . 111
estradiol & norethindrone acetate tab 1-0.5 mg (AMABELZ) . . . . . 112
estradiol & norethindrone acetate tab 1-0.5 mg (ESTRADIOL-NORETHINDRONE ACET) . . . 112
estradiol & norethindrone acetate tab 1-0.5 mg (LOPREEZA) . . . . . 112
estradiol & norethindrone acetate tab 1-0.5 mg (MIMVEY) . . . . . 112
estradiol tab 0.5 mg . . . . . 112
estradiol tab 1 mg . . . . . 112
estradiol tab 2 mg . . . . . 112
estradiol td patch twice weekly 0.025 mg/24hr . . . . . 112
estradiol td patch twice weekly 0.025 mg/24hr (DOTTI) . . . . . 112
estradiol td patch twice weekly 0.025 mg/24hr (LYLLANA) . . . . . 112
estradiol td patch twice weekly 0.0375 mg/24hr . . . . . 112
estradiol td patch twice weekly 0.0375 mg/24hr (DOTTI) . . . . . 112
estradiol td patch twice weekly 0.0375 mg/24hr (LYLLANA) . . . . . 112
estradiol td patch twice weekly 0.05 mg/24hr . . . . . 112
estradiol td patch twice weekly 0.05 mg/24hr (DOTTI) . . . . . 112
estradiol td patch twice weekly 0.05 mg/24hr (LYLLANA) . . . . . 112
estradiol td patch twice weekly 0.075 mg/24hr . . . . . 112
estradiol td patch twice weekly 0.075 mg/24hr (DOTTI) . . . . . 112
estradiol td patch twice weekly 0.075 mg/24hr (LYLLANA) . . . . . 112
estradiol td patch twice weekly 0.1 mg/24hr . . . . . 112
estradiol td patch twice weekly 0.1 mg/24hr (DOTTI) . . . . . 112
estradiol td patch twice weekly 0.1 mg/24hr (LYLLANA) . . . . . 113
estradiol td patch weekly 0.025 mg/24hr . . . 113
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) . . . . . 113
estradiol td patch weekly 0.05 mg/24hr . . . . 113
estradiol td patch weekly 0.06 mg/24hr . . . . 113
estradiol td patch weekly 0.075 mg/24hr . . . 113
estradiol td patch weekly 0.1 mg/24hr . . . . . 113
estradiol vaginal cream 0.1 mg/gm . . . . . 113

estradiol vaginal tab 10 mcg....113
estradiol vaginal tab 10 mcg (YUVAFEM).. 113
ESTRING (estradiol vaginal)....113
eszopiclone tab 1 mg....182
eszopiclone tab 2 mg....182
eszopiclone tab 3 mg....182
ethacrynic acid tab 25 mg....73
ethambutol hcl tab 100 mg....30
ethambutol hcl tab 400 mg....30
ethosuximide cap 250 mg....18
ethosuximide soln 250 mg/5ml.... 18
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (ETHYNODIOL DIAC-ETH ESTRADIOL)....113
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (KELNOR 1/35)....113
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (ZOVIA 1/35 (28))....113
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (ZOVIA 1/35E (28))....113
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (ETHYNODIOL DIAC-ETH ESTRADIOL)....113
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (KELNOR 1/50)....113
etodolac cap 200 mg....1
etodolac cap 300 mg....1
etodolac tab 400 mg....1
etodolac tab 500 mg....1
etodolac tab er 24hr 400 mg (ETODOLAC ER)1
etodolac tab er 24hr 500 mg (ETODOLAC ER)1
etodolac tab er 24hr 600 mg (ETODOLAC ER)1
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr....113
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (ELURYNG)....113
ETOPOSIDE....33
etravirine tab 100 mg.... 44
etravirine tab 200 mg.... 44
everolimus tab 10 mg....33
everolimus tab 2.5 mg....33
everolimus tab 5 mg.... 33
everolimus tab 7.5 mg....33
everolimus tab for oral susp 2 mg.... 33
everolimus tab for oral susp 3 mg.... 34
everolimus tab for oral susp 5 mg.... 34
EXEL COMFORT POINT INSULIN SYR.... 144
EXEL COMFORT POINT PEN NEEDLE....144
exemestane tab 25 mg.... 33
EXTAVIA (interferon beta-1b)....84
EZ SMART BLOOD GLUCOSE LANCETS.... 144
EZ-LETS LANCETS 21G....145
EZ-LETS LANCETS 26G....145
EZ-LETS LANCETS 28G....145
EZ-LETS LANCETS 30G....145
ezetimibe tab 10 mg....76
ezetimibe-simvastatin tab 10-10 mg....76
ezetimibe-simvastatin tab 10-20 mg....76
ezetimibe-simvastatin tab 10-40 mg....76
ezetimibe-simvastatin tab 10-80 mg....76

# F

famciclovir tab 125 mg....48
famciclovir tab 250 mg....48
famciclovir tab 500 mg....48
famotidine for susp 40 mg/5ml....102
famotidine tab 40 mg....102
FARXIGA (dapagliflozin propanediol).... 50
felbamate tab 400 mg....16
felbamate tab 600 mg....16
felodipine tab er 24hr 10 mg (FELODIPINE ER).... 63
felodipine tab er 24hr 2.5 mg (FELODIPINE ER).... 63
felodipine tab er 24hr 5 mg (FELODIPINE ER) .63
FEMCAP (cervical caps).... 145
fenofibrate micronized cap 134 mg....75
fenofibrate micronized cap 200 mg....75
fenofibrate micronized cap 67 mg....75
fenofibrate tab 145 mg.... 75
fenofibrate tab 160 mg.... 75
fenofibrate tab 48 mg....75

fenofibrate tab 54 mg....75
fentanyl citrate lozenge on a handle 1200 mcg....5
fentanyl citrate lozenge on a handle 1600 mcg....5
fentanyl citrate lozenge on a handle 200 mcg....5
fentanyl citrate lozenge on a handle 400 mcg....5
fentanyl citrate lozenge on a handle 600 mcg....5
fentanyl citrate lozenge on a handle 800 mcg....5
fentanyl td patch 72hr 100 mcg/hr....2
fentanyl td patch 72hr 12 mcg/hr....2
fentanyl td patch 72hr 25 mcg/hr....2
fentanyl td patch 72hr 50 mcg/hr....2
fentanyl td patch 72hr 75 mcg/hr....3
fesoterodine fumarate tab er 24hr 4 mg (FESOTERODINE FUMARATE ER)....103
fesoterodine fumarate tab er 24hr 8 mg (FESOTERODINE FUMARATE ER)....103
FIFTY50 PEN NEEDLES....145
FIFTY50 SAFETY SEAL LANCETS....145
FIFTY50 SUPERIOR COMFORT SYR....145
FIFTY50 UNILET LANCETS 33G....145
finasteride tab 5 mg....104
FINE 30....145
FINGERSTIX LANCETS....145
flavoxate hcl tab 100 mg....103
flecainide acetate tab 100 mg....60
flecainide acetate tab 150 mg....60
flecainide acetate tab 50 mg....60
FLEXICHAMBER....145
FLEXICHAMBER ADULT MASK/SMALL....145
FLEXICHAMBER CHILD MASK/LARGE....145
FLEXICHAMBER CHILD MASK/SMALL....145
FLOVENT DISKUS (fluticasone propionate (inhalation))....175
FLOVENT HFA (fluticasone propionate hfa)....175
fluconazole for susp 10 mg/ml....27
fluconazole for susp 40 mg/ml....27
fluconazole tab 100 mg....27
fluconazole tab 150 mg....27
fluconazole tab 200 mg....27
fluconazole tab 50 mg....27
fludrocortisone acetate tab 0.1 mg....106
flunisolide nasal soln 25 mcg/act (0.025%)....175
fluocinolone acetonide cream 0.01%....87
fluocinolone acetonide cream 0.025%....87
fluocinolone acetonide oil 0.01% (body oil) (FLUOCINOLONE ACETONIDE BODY)....87
fluocinolone acetonide oil 0.01% (scalp oil) (FLUOCINOLONE ACETONIDE SCALP)....87
fluocinolone acetonide oint 0.025%....87
fluocinolone acetonide soln 0.01%....87
fluocinonide cream 0.05%....87
fluocinonide emulsified base cream 0.05%....87
fluocinonide gel 0.05%....87
fluocinonide oint 0.05%....87
fluocinonide soln 0.05%....87
fluorometholone ophth susp 0.1%....172
FLUOROURACIL (fluorouracil (topical))....89
fluorouracil cream 5%....89
FLUOXETINE HCL....23
FLUOXETINE HCL (PMDD)....23
fluoxetine hcl cap 10 mg....23
fluoxetine hcl cap 20 mg....23
fluoxetine hcl cap 40 mg....23
fluoxetine hcl solution 20 mg/5ml....23
fluoxetine hcl tab 10 mg....23
fluoxetine hcl tab 20 mg....23
fluphenazine hcl tab 1 mg....39
fluphenazine hcl tab 10 mg....39
fluphenazine hcl tab 2.5 mg....39
fluphenazine hcl tab 5 mg....39
FLURBIPROFEN....1
FLURBIPROFEN SODIUM....172
flurbiprofen sodium ophth soln 0.03%....172
flurbiprofen tab 100 mg....2
flurbiprofen tab 50 mg....2
FLUTAMIDE....31

flutamide cap 125 mg . . . . . 31
fluticasone propionate cream 0.05% . . . . . 87
fluticasone propionate nasal susp 50 mcg/act . . . . . 175
fluticasone propionate oint 0.005% . . . . . 87
FLUTICASONE-SALMETEROL . . . . . 180
fluticasone-salmeterol aer powder ba 100-50 mcg/act . . . . . 180
fluticasone-salmeterol aer powder ba 100-50 mcg/act (WIXELA INHUB) . . . . . 180
fluticasone-salmeterol aer powder ba 250-50 mcg/act . . . . . 180
fluticasone-salmeterol aer powder ba 250-50 mcg/act (WIXELA INHUB) . . . . . 180
fluticasone-salmeterol aer powder ba 500-50 mcg/act . . . . . 180
fluticasone-salmeterol aer powder ba 500-50 mcg/act (WIXELA INHUB) . . . . . 180
fluvastatin sodium cap 20 mg (base equivalent) . . . . . 75
fluvastatin sodium cap 40 mg (base equivalent) . . . . . 75
fluvoxamine maleate tab 100 mg . . . . . 23
fluvoxamine maleate tab 25 mg . . . . . 23
fluvoxamine maleate tab 50 mg . . . . . 23
folic acid tab 1 mg . . . . . 95
folic acid tab 1 mg (KP FOLIC ACID) . . . . . 95
FOLIVANE-OB (prenatal without a vit w/ fe fum-iron polysacch complex -fa) . . . . . 95
FORA GTEL BLOOD KETONE TEST (ketone blood test) . . . . . 145
FORA LANCETS . . . . . 145
fosamprenavir calcium tab 700 mg (base equiv) . . . . . 47
fosfomycin tromethamine powd pack 3 gm (base equivalent) . . . . . 10
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg (FOSINOPRIL SODIUM-HCTZ) . . . . . 71
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg (FOSINOPRIL SODIUM-HCTZ) . . . . . 71
fosinopril sodium tab 10 mg . . . . . 59
fosinopril sodium tab 20 mg . . . . . 59
fosinopril sodium tab 40 mg . . . . . 59
FREDS PHARMACY UNIFINE PENTIP+ . . . . . 145
FREDS PHARMACY UNIFINE PENTIPS . . . . . 145
FREDS PHARMACY UNILET LANC 28G . . . . . 145
FREDS PHARMACY UNILET LANC 30G . . . . . 145
FREESTYLE LANCETS . . . . . 145
FREESTYLE PRECISION INS SYR . . . . . 145
FREESTYLE UNISTICK II LANCETS . . . . . 145
FULPHILA (pegfilgrastim-jmdb) . . . . . 56
FUROSEMIDE . . . . . 73
furosemide oral soln 10 mg/ml . . . . . 74
furosemide tab 20 mg . . . . . 74
furosemide tab 40 mg . . . . . 74
furosemide tab 80 mg . . . . . 74
FUZEON (enfuvirtide) . . . . . 46

# G

gabapentin cap 100 mg . . . . . 18
gabapentin cap 300 mg . . . . . 18
gabapentin cap 400 mg . . . . . 18
gabapentin oral soln 250 mg/5ml . . . . . 18
gabapentin tab 600 mg . . . . . 18
gabapentin tab 800 mg . . . . . 18
galantamine hydrobromide cap er 24hr 16 mg (GALANTAMINE HYDROBROMIDE ER) . . . . 20
galantamine hydrobromide cap er 24hr 24 mg (GALANTAMINE HYDROBROMIDE ER) . . . . 20
galantamine hydrobromide cap er 24hr 8 mg (GALANTAMINE HYDROBROMIDE ER) . . . . . 20
galantamine hydrobromide tab 12 mg . . . . . 20
galantamine hydrobromide tab 4 mg . . . . . 20
galantamine hydrobromide tab 8 mg . . . . . 20
gatifloxacin ophth soln 0.5% . . . . . 172
GAVILYTE-C (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) . . . . . 101
gemfibrozil tab 600 mg . . . . . 75
GENTAK (gentamicin sulfate (ophth)) . . . . . 172
gentamicin sulfate cream 0.1% . . . . . 9
gentamicin sulfate oint 0.1% . . . . . 9
gentamicin sulfate ophth soln 0.3% . . . . . 172

GENTEEL BUTTERFLY TOUCH LANCET . . . . . 145
GENTLE-LET GP LANCETS . . . . . .146
GENTLE-LET LANCETS . . . . . 146
GENVOYA (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide) . . . . . .43
GILENYA (fingolimod hcl) . . . . . .84
GILOTRIF (afatinib dimaleate) . . . . . .34
glatiramer acetate soln prefilled syringe 20 mg/ml . . . . . .84
glatiramer acetate soln prefilled syringe 20 mg/ml (GLATOPA) . . . . . 84
glatiramer acetate soln prefilled syringe 40 mg/ml . . . . . .84
glatiramer acetate soln prefilled syringe 40 mg/ml (GLATOPA) . . . . . 84
GLEOSTINE (lomustine) . . . . . 31
glimepiride tab 1 mg . . . . . .50
glimepiride tab 2 mg . . . . . .50
glimepiride tab 4 mg . . . . . .51
glipizide tab 10 mg . . . . . .51
glipizide tab 5 mg . . . . . .51
glipizide tab er 24hr 10 mg (GLIPIZIDE ER) . . . .51
glipizide tab er 24hr 10 mg (GLIPIZIDE XL) . . . .51
glipizide tab er 24hr 2.5 mg (GLIPIZIDE ER) . . . 51
glipizide tab er 24hr 2.5 mg (GLIPIZIDE XL) . . . 51
glipizide tab er 24hr 5 mg (GLIPIZIDE ER) . . . . .51
glipizide tab er 24hr 5 mg (GLIPIZIDE XL) . . . . .51
glipizide-metformin hcl tab 2.5-250 mg . . . . . .51
glipizide-metformin hcl tab 2.5-500 mg . . . . . .51
glipizide-metformin hcl tab 5-500 mg . . . . . .51
GLOBAL EASE INJECT PEN NEEDLES . . . . . .146
GLOBAL EASY GLIDE INSULIN SYR . . . . . .146
GLOBAL EASY GLIDE PEN NEEDLES . . . . . .146
GLOBAL INJECT EASE INSULIN SYR . . . . . 146
GLOBAL INJECT EASE LANCETS 28G . . . . . 146
GLOBAL INJECT EASE LANCETS 30G . . . . . 146
GLOBAL INSULIN SYRINGES . . . . . 146
GLUCAGEN HYPOKIT (glucagon hcl (rdna)) .53
glucagon (rdna) for inj kit 1 mg (GLUCAGON EMERGENCY) . . . . . .53
GLUCAGON EMERGENCY (glucagon hcl) . . .53
GLUCOCOM LANCETS 28G . . . . . 146
GLUCOCOM LANCETS 30G . . . . . 146
GLUCOCOM LANCETS 33G . . . . . 146
GLUCOPRO INSULIN SYRINGE . . . . . 146
glyburide micronized tab 1.5 mg . . . . . .51
glyburide micronized tab 3 mg . . . . . .51
glyburide micronized tab 6 mg . . . . . .51
glyburide tab 1.25 mg . . . . . .51
glyburide tab 2.5 mg . . . . . .51
glyburide tab 5 mg . . . . . .51
glyburide-metformin tab 1.25-250 mg . . . . . .51
glyburide-metformin tab 2.5-500 mg . . . . . 51
glyburide-metformin tab 5-500 mg . . . . . .51
glycopyrrolate tab 1 mg . . . . . .100
glycopyrrolate tab 2 mg . . . . . .100
GLYXAMBI (empagliflozin-linagliptin) . . . . . 51
GNP CLICKFINE PEN NEEDLES . . . . . .146
GNP INSULIN SYRINGE . . . . . .147
GNP INSULIN SYRINGES . . . . . .147
GNP INSULIN SYRINGES 28GX1/2" . . . . . .147
GNP INSULIN SYRINGES 29GX1/2" . . . . . .147
GNP INSULIN SYRINGES 30GX5/16" . . . . . .147
GNP INSULIN SYRINGES 31GX5/16" . . . . . .147
GNP LANCETS . . . . . .147
GNP LANCETS 21G . . . . . .147
GNP LANCETS MICRO THIN 33G . . . . . .147
GNP LANCETS SUPER THIN 30G . . . . . 147
GNP LANCETS THIN . . . . . .147
GNP LANCETS THIN 26G . . . . . .147
GNP MICRO THIN LANCETS 33G . . . . . .147
GNP STERILE LANCETS 28G . . . . . 147
GNP STERILE LANCETS 30G . . . . . 147
GNP STERILE LANCETS 33G . . . . . 147
GNP SUPER THIN LANCETS 30G . . . . . 147
GNP ULTICARE PEN NEEDLES . . . . . .147
GNP ULTIGUARD SAFEPACK NEEDLE . . . . . .147
GNP ULTRA COM INSULIN SYRINGE . . . . . .148
GOJJI BLOOD KETONE TEST (ketone blood test) . . . . . .148
GOJJI STERILE LANCETS . . . . . .148

GOLYTELY (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) . . . . . 101
GOODSENSE CLICKFINE PEN NEEDLE . . . . . 148
GOODSENSE COLOR LANCETS 33G . . . . . 148
GOODSENSE LANCETS 26G UNIV . . . . . 148
GOODSENSE LANCETS 30G . . . . . 148
GOODSENSE LANCETS 30G UNIV . . . . . 148
GOODSENSE LANCETS 33G . . . . . 148
GOODSENSE LANCETS 33G UNIV . . . . . 148
GOODSENSE PEN NEEDLE PENFINE . . . . . 148
granisetron hcl tab 1 mg . . . . . 26
griseofulvin microsize susp 125 mg/5ml . . . . . 27
guaifenesin-codeine soln 100-10 mg/5ml . . 180
guaifenesin-codeine soln 100-10 mg/5ml (CHERATUSSIN AC) . . . . . 180
guaifenesin-codeine soln 100-10 mg/5ml (G TUSSIN AC) . . . . . 180
guaifenesin-codeine soln 100-10 mg/5ml (GUAIATUSSIN AC) . . . . . 180
guaifenesin-codeine soln 100-10 mg/5ml (GUAIFENESIN AC) . . . . . 180
guaifenesin-codeine soln 100-10 mg/5ml (MAXI-TUSS AC) . . . . . 180
guaifenesin-codeine soln 100-10 mg/5ml (ROBAFEN AC) . . . . . 180
guaifenesin-codeine soln 100-10 mg/5ml (VIRTUSSIN A/C) . . . . . 180
guaifenesin-codeine soln 100-10 mg/5ml (VIRTUSSIN AC W/ALC) . . . . . 181
guanfacine hcl tab 1 mg . . . . . 57
guanfacine hcl tab 2 mg . . . . . 58
guanfacine hcl tab er 24hr 1 mg (base equiv) (GUANFACINE HCL ER) . . . . . 81
guanfacine hcl tab er 24hr 2 mg (base equiv) (GUANFACINE HCL ER) . . . . . 81
guanfacine hcl tab er 24hr 3 mg (base equiv) (GUANFACINE HCL ER) . . . . . 81
guanfacine hcl tab er 24hr 4 mg (base equiv) (GUANFACINE HCL ER) . . . . . 81
GUANIDINE HCL . . . . . 30

# H

H-E-B INCONTROL LANCETS 28G . . . . . 148
H-E-B INCONTROL LANCETS 30G . . . . . 148
H-E-B INCONTROL LANCETS 33G . . . . . 148
H-E-B INCONTROL PEN NEEDLES . . . . . 148
H-E-B INCONTROL UNIFINE PENTIP . . . . . 148
HAEMOLANCE . . . . . 148
HAEMOLANCE LOW FLOW LANCETS . . . . . 148
HAEMOLANCE PLUS . . . . . 149
HAEMOLANCE PLUS HIGH FLOW . . . . . 148
HAEMOLANCE PLUS LOW FLOW . . . . . 149
HAEMOLANCE PLUS MAX FLOW . . . . . 149
HAEMOLANCE PLUS PEDIATRIC FLOW . . . . . 149
halobetasol propionate cream 0.05% . . . . . 87
halobetasol propionate oint 0.05% . . . . . 87
haloperidol lactate oral conc 2 mg/ml . . . . . 39
haloperidol tab 0.5 mg . . . . . 39
haloperidol tab 1 mg . . . . . 39
haloperidol tab 10 mg . . . . . 40
haloperidol tab 2 mg . . . . . 40
haloperidol tab 20 mg . . . . . 40
haloperidol tab 5 mg . . . . . 40
HARVONI (ledipasvir-sofosbuvir) . . . . . 43
HEALTHWISE INSULIN SYR/NEEDLE . . . . . 149
HEALTHWISE MICRON PEN NEEDLES . . . . . 149
HEALTHWISE MINI PEN NEEDLES . . . . . 149
HEALTHWISE PEN NEEDLES . . . . . 149
HEALTHWISE SHORT PEN NEEDLES . . . . . 149
HEALTHWISE UNIFINE PENTIPS . . . . . 149
HEALTHY ACCENTS UNIFINE PENTIP . . . . . 149
HEALTHY ACCENTS UNILET LANCETS . . . . . 149
HEPARIN SODIUM (PORCINE) . . . . . 55
heparin sodium (porcine) inj 1000 unit/ml . . . 55
heparin sodium (porcine) inj 10000 unit/ml . . 55
heparin sodium (porcine) inj 20000 unit/ml . . 55
heparin sodium (porcine) inj 5000 unit/ml . . . 55
HEPARIN SODIUM (PORCINE) PF . . . . . 55
heparin sodium (porcine) pf inj 5000 unit/0.5ml . . . . . 55
HM ULTICARE INSULIN SYRINGE . . . . . 149

HM ULTICARE MINI PEN NEEDLES . . . . . .149
HM ULTICARE SHORT PEN NEEDLES . . . . . .149
HOMATROPAIRE (homatropine hbr) . . . . . .170
homatropine hbr ophth soln 5% . . . . . .170
HUMALOG (insulin lispro) . . . . . 53
HUMALOG JUNIOR KWIKPEN (insulin lispro) . . 53
HUMALOG KWIKPEN (insulin lispro) . . . . . .53
HUMALOG MIX 50/50 (insulin lispro protamine & lispro) . . . . . 53
HUMALOG MIX 50/50 KWIKPEN (insulin lispro protamine & lispro) . . . . . .53
HUMALOG MIX 75/25 (insulin lispro protamine & lispro) . . . . . 53
HUMALOG MIX 75/25 KWIKPEN (insulin lispro protamine & lispro) . . . . . .54
HUMIRA (adalimumab) . . . . . 130
HUMIRA PEDIATRIC CROHNS START (adalimumab) . . . . . 130
HUMIRA PEN (adalimumab) . . . . . .130
HUMIRA PEN-CD/UC/HS STARTER (adalimumab) . . . . . 130
HUMIRA PEN-PEDIATRIC UC START (adalimumab) . . . . . 131
HUMIRA PEN-PS/UV/ADOL HS START (adalimumab) . . . . . 131
HUMIRA PEN-PSOR/UVEIT STARTER (adalimumab) . . . . . 131
HUMULIN 70/30 (insulin nph isophane & reg (human)) . . . . . .54
HUMULIN N (insulin nph (human) (isophane)) . . . . . .54
HUMULIN R (insulin regular (human)) . . . . . .54
HUMULIN R U-500 (CONCENTRATED) (insulin regular (human)) . . . . . .54
HY-VEE LANCETS . . . . . 149
HY-VEE THIN LANCETS . . . . . 149
hydralazine hcl tab 10 mg . . . . . .77
hydralazine hcl tab 100 mg . . . . . 77
hydralazine hcl tab 25 mg . . . . . .77
hydralazine hcl tab 50 mg . . . . . .77
hydrochlorothiazide cap 12.5 mg . . . . . .74
hydrochlorothiazide tab 12.5 mg . . . . . .74
hydrochlorothiazide tab 25 mg . . . . . .74
hydrochlorothiazide tab 50 mg . . . . . .74
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml (HYDROCOD POLST-CPM POLST ER) . . . . . 181
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (HYDROCODONE BIT-HOMATROP MBR) . . . . . 181
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (HYDROMET) . . . . . .181
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (HYDROCODONE BIT-HOMATROP MBR) . . . . 181
hydrocodone-acetaminophen tab 10-325 mg . . . . . 5
hydrocodone-acetaminophen tab 10-325 mg (LORCET HD) . . . . . .5
hydrocodone-acetaminophen tab 5-325 mg5
hydrocodone-acetaminophen tab 5-325 mg (LORCET) . . . . . 5
hydrocodone-acetaminophen tab 7.5-325 mg . . . . . 5
hydrocodone-acetaminophen tab 7.5-325 mg (LORCET PLUS) . . . . . .5
hydrocodone-ibuprofen tab 7.5-200 mg . . . . . 5
hydrocortisone acetate suppos 25 mg . . . . .106
hydrocortisone acetate w/ pramoxine perianal cream 1-1% (HYDROCORTISONE ACE-PRAMOXINE) . . . . . .89
HYDROCORTISONE BUTYRATE . . . . . .87,88
hydrocortisone butyrate cream 0.1% . . . . . .88
hydrocortisone butyrate oint 0.1% . . . . . .106
hydrocortisone butyrate soln 0.1% . . . . . .88
hydrocortisone cream 2.5% . . . . . 88
hydrocortisone cream 2.5% (ALA-CORT) . . . . 88
hydrocortisone enema 100 mg/60ml . . . . . .132
hydrocortisone enema 100 mg/60ml (COLOCORT) . . . . . .132
hydrocortisone lotion 2.5% . . . . . 88
hydrocortisone oint 2.5% . . . . . 88

hydrocortisone perianal cream 1% (HYDROCORTISONE (PERIANAL)) . . . . . 88
hydrocortisone perianal cream 1% (PROCTO-PAK) . . . . . .88
hydrocortisone perianal cream 2.5% (HYDROCORTISONE (PERIANAL)) . . . . . 88
hydrocortisone perianal cream 2.5% (PROCTO-MED HC) . . . . . .88
hydrocortisone perianal cream 2.5% (PROCTOSOL HC) . . . . . 88
hydrocortisone perianal cream 2.5% (PROCTOZONE-HC) . . . . . 88
hydrocortisone tab 10 mg . . . . . .132
hydrocortisone tab 20 mg . . . . . .132
hydrocortisone tab 5 mg . . . . . .132
hydrocortisone valerate cream 0.2% . . . . . .88
hydrocortisone valerate oint 0.2% . . . . . .106
hydrocortisone w/ acetic acid otic soln 1-2% (HYDROCORTISONE-ACETIC ACID) . . . . . .174
hydromorphone hcl tab 2 mg . . . . . .5
hydromorphone hcl tab 4 mg . . . . . .5
hydromorphone hcl tab 8 mg . . . . . .5
HYDROXYCHLOROQUINE SULFATE . . . . . .36
hydroxychloroquine sulfate tab 200 mg . . . . .36
hydroxyurea cap 500 mg . . . . . 32
hydroxyzine hcl syrup 10 mg/5ml . . . . . .175
hydroxyzine hcl tab 10 mg . . . . . .175
hydroxyzine hcl tab 25 mg . . . . . .175
hydroxyzine hcl tab 50 mg . . . . . .175
HYDROXYZINE PAMOATE . . . . . .175
hydroxyzine pamoate cap 25 mg . . . . . .175
hydroxyzine pamoate cap 50 mg . . . . . .175
hyoscyamine sulfate elixir 0.125 mg/5ml . . . 100
hyoscyamine sulfate elixir 0.125 mg/5ml (HYOSYNE) . . . . . .100
hyoscyamine sulfate sl tab 0.125 mg . . . . . .100
hyoscyamine sulfate sl tab 0.125 mg (OSCIMIN) . . . . . .100
hyoscyamine sulfate sl tab 0.125 mg (SYMAX-SL) . . . . . .100
hyoscyamine sulfate soln 0.125 mg/ml . . . . . .100
hyoscyamine sulfate soln 0.125 mg/ml (HYOSYNE) . . . . . .100
hyoscyamine sulfate tab 0.125 mg . . . . . .101
hyoscyamine sulfate tab 0.125 mg (OSCIMIN) . . . . . .101
hyoscyamine sulfate tab disint 0.125 mg . . .101
hyoscyamine sulfate tab disint 0.125 mg (ED-SPAZ) . . . . . .101
hyoscyamine sulfate tab disint 0.125 mg (NULEV) . . . . . 101
hyoscyamine sulfate tab disint 0.125 mg (OSCIMIN) . . . . . .101
hyoscyamine sulfate tab er 12hr 0.375 mg (HYOSCYAMINE SULFATE ER) . . . . . 101
hyoscyamine sulfate tab er 12hr 0.375 mg (OSCIMIN SR) . . . . . .101
hyoscyamine sulfate tab er 12hr 0.375 mg (SYMAX-SR) . . . . . .101

# I

ibandronate sodium tab 150 mg (base equivalent) . . . . . 133
IBRANCE (palbociclib) . . . . . .34
ibuprofen tab 400 mg . . . . . 2
ibuprofen tab 600 mg . . . . . 2
ibuprofen tab 800 mg . . . . . 2
icatibant acetate inj 30 mg/3ml (base equivalent) . . . . . 128
icatibant acetate inj 30 mg/3ml (base equivalent) (SAJAZIR) . . . . . 128
icosapent ethyl cap 0.5 gm . . . . . .77
icosapent ethyl cap 1 gm . . . . . .77
imatinib mesylate tab 100 mg (base equivalent) . . . . . .34
imatinib mesylate tab 400 mg (base equivalent) . . . . . .34
IMBRUVICA (ibrutinib) . . . . . 34
imipramine hcl tab 10 mg . . . . . .25
imipramine hcl tab 25 mg . . . . . .25
imipramine hcl tab 50 mg . . . . . .25
imiquimod cream 5% . . . . . .89

IN TOUCH STERILE LANCETS 30G . . . . . 149
INCONTROL ULTICARE PEN NEEDLES . . . . . 149
INCRELEX (mecasermin) . . . . . 108
INCRUSE ELLIPTA (umeclidinium bromide) . . 176
indapamide tab 1.25 mg . . . . . 74
indapamide tab 2.5 mg . . . . . 74
indomethacin cap 25 mg . . . . . 2
indomethacin cap 50 mg . . . . . 2
indomethacin cap er 75 mg (INDOMETHACIN ER) . . . . . 2
INSPIRACHAMBER/LARGE . . . . . 149
INSPIRACHAMBER/MEDIUM . . . . . 149
INSPIRACHAMBER/MOUTHPIECE . . . . . 150
INSPIRACHAMBER/SMALL . . . . . 150
INSPIREASE . . . . . 150
INSULIN DEGLUDEC . . . . . 54
INSULIN DEGLUDEC FLEXTOUCH . . . . . 54
INSULIN LISPRO . . . . . 54
INSULIN LISPRO (1 UNIT DIAL) . . . . . 54
INSULIN LISPRO JUNIOR KWIKPEN . . . . . 54
INSULIN SYRINGE . . . . . 150
INSULIN SYRINGE-NEEDLE U-100 . . . . . 150
INSULIN SYRINGE/NEEDLE . . . . . 150
INSUPEN PEN NEEDLES . . . . . 150
INSUPEN SENSITIVE . . . . . 150
INSUPEN ULTRAFIN . . . . . 150
INTELENCE (etravirine) . . . . . 44
INTRON A (interferon alfa-2b) . . . . . 129
INVIRASE (saquinavir mesylate) . . . . . 47
ipratropium bromide inhal soln 0.02% . . . . . 176
ipratropium bromide nasal soln 0.03% (21 mcg/spray) . . . . . 176
ipratropium bromide nasal soln 0.06% (42 mcg/spray) . . . . . 176
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml . . . . . 181
irbesartan tab 150 mg . . . . . 58
irbesartan tab 300 mg . . . . . 58
irbesartan tab 75 mg . . . . . 58
irbesartan-hydrochlorothiazide tab 150-12.5 mg . . . . . 71
irbesartan-hydrochlorothiazide tab 300-12.5 mg . . . . . 71
ISENTRESS (raltegravir potassium) . . . . . 43
ISENTRESS HD (raltegravir potassium) . . . . . 44
ISONIAZID . . . . . 30
isoniazid tab 100 mg . . . . . 30
isoniazid tab 300 mg . . . . . 31
ISOSORBIDE DINITRATE ER . . . . . 77
isosorbide dinitrate tab 10 mg . . . . . 77
isosorbide dinitrate tab 20 mg . . . . . 77
isosorbide dinitrate tab 30 mg . . . . . 78
isosorbide dinitrate tab 40 mg . . . . . 78
isosorbide dinitrate tab 5 mg . . . . . 78
ISOSORBIDE MONONITRATE . . . . . 78
isosorbide mononitrate tab 10 mg . . . . . 78
isosorbide mononitrate tab 20 mg . . . . . 78
isosorbide mononitrate tab er 24hr 120 mg (ISOSORBIDE MONONITRATE ER) . . . . . 78
isosorbide mononitrate tab er 24hr 30 mg (ISOSORBIDE MONONITRATE ER) . . . . . 78
isosorbide mononitrate tab er 24hr 60 mg (ISOSORBIDE MONONITRATE ER) . . . . . 78
isotretinoin cap 10 mg . . . . . 85
isotretinoin cap 10 mg (ACCUTANE) . . . . . 85
isotretinoin cap 10 mg (AMNESTEEM) . . . . . 85
isotretinoin cap 10 mg (CLARAVIS) . . . . . 85
isotretinoin cap 10 mg (MYORISAN) . . . . . 85
isotretinoin cap 10 mg (ZENATANE) . . . . . 85
isotretinoin cap 20 mg . . . . . 85
isotretinoin cap 20 mg (ACCUTANE) . . . . . 85
isotretinoin cap 20 mg (AMNESTEEM) . . . . . 85
isotretinoin cap 20 mg (CLARAVIS) . . . . . 85
isotretinoin cap 20 mg (MYORISAN) . . . . . 85
isotretinoin cap 20 mg (ZENATANE) . . . . . 85
isotretinoin cap 25 mg . . . . . 85
isotretinoin cap 30 mg . . . . . 85
isotretinoin cap 30 mg (ACCUTANE) . . . . . 86
isotretinoin cap 30 mg (CLARAVIS) . . . . . 86
isotretinoin cap 30 mg (MYORISAN) . . . . . 86
isotretinoin cap 30 mg (ZENATANE) . . . . . 86
isotretinoin cap 35 mg . . . . . 86

isotretinoin cap 40 mg . . . . . 86
isotretinoin cap 40 mg (ACCUTANE) . . . . . 86
isotretinoin cap 40 mg (AMNESTEEM) . . . . . 86
isotretinoin cap 40 mg (CLARAVIS) . . . . . 86
isotretinoin cap 40 mg (MYORISAN) . . . . . 86
isotretinoin cap 40 mg (ZENATANE) . . . . . 86
itraconazole cap 100 mg . . . . . 27
ivermectin tab 3 mg . . . . . 35

# J

JAKAFI (ruxolitinib phosphate) . . . . . 34
JANUMET (sitagliptin-metformin hcl) . . . . . 51
JANUMET XR (sitagliptin-metformin hcl) . . . . . 51
JANUVIA (sitagliptin phosphate) . . . . . 51
JARDIANCE (empagliflozin) . . . . . 51
JULUCA (dolutegravir sodium-rilpivirine hcl) . 44

# K

KALYDECO (ivacaftor) . . . . . 177
KETO-DIASTIX (urine glucose-ketones test) . . 150
ketoconazole cream 2% . . . . . 27
ketoconazole shampoo 2% . . . . . 27
ketoconazole tab 200 mg . . . . . 27
KETONE TEST (acetone (urine) test) . . . . . 150
ketorolac tromethamine ophth soln 0.4% . . 172
ketorolac tromethamine ophth soln 0.5% . . 172
ketorolac tromethamine tab 10 mg . . . . . 2
KETOSTIX (acetone (urine) test) . . . . . 150
KINNEY LANCETS . . . . . 150
KINNEY THIN LANCETS . . . . . 150
KINRAY INSULIN SYRINGE . . . . . 150
KMART VALU INSULIN SYRINGE 29G . . . . . 151
KMART VALU INSULIN SYRINGE 30G . . . . . 151
KRINTAFEL (tafenoquine succinate) . . . . . 36
KROGER HEALTHPRO LANCET 26G . . . . . 151
KROGER INSULIN SYRINGE . . . . . 151
KROGER LANCETS . . . . . 151
KROGER LANCETS 21G . . . . . 151
KROGER LANCETS MICRO THIN 33G . . . . . 151
KROGER LANCETS SUPER THIN . . . . . 151
KROGER LANCETS THIN . . . . . 151
KROGER LANCETS THIN 26G . . . . . 151
KROGER LANCETS ULTRATHIN 30G . . . . . 151
KROGER PEN NEEDLES . . . . . 151

# L

labetalol hcl tab 100 mg . . . . . 62
labetalol hcl tab 200 mg . . . . . 62
labetalol hcl tab 300 mg . . . . . 62
lacosamide oral solution 10 mg/ml . . . . . 19
lacosamide tab 100 mg . . . . . 19
lacosamide tab 150 mg . . . . . 19
lacosamide tab 200 mg . . . . . 19
lacosamide tab 50 mg . . . . . 19
lactulose (encephalopathy) solution 10 gm/15ml (ENULOSE) . . . . . 99
lactulose (encephalopathy) solution 10 gm/15ml (GENERLAC) . . . . . 99
lactulose (encephalopathy) solution 10 gm/15ml (LACTULOSE ENCEPHALOPATHY) . . 99
lactulose solution 10 gm/15ml . . . . . 99
lactulose solution 10 gm/15ml (CONSTULOSE) . . . . . 99
lamivudine oral soln 10 mg/ml . . . . . 45
lamivudine tab 100 mg (hbv) . . . . . 42
lamivudine tab 150 mg . . . . . 45
lamivudine tab 300 mg . . . . . 45
lamivudine-zidovudine tab 150-300 mg . . . . . 45
lamotrigine tab 100 mg . . . . . 16
lamotrigine tab 100 mg (SUBVENITE) . . . . . 16
lamotrigine tab 150 mg . . . . . 16
lamotrigine tab 150 mg (SUBVENITE) . . . . . 16
lamotrigine tab 200 mg . . . . . 16
lamotrigine tab 200 mg (SUBVENITE) . . . . . 16
lamotrigine tab 25 mg . . . . . 17
lamotrigine tab 25 mg (SUBVENITE) . . . . . 17
lamotrigine tab chewable dispersible 25 mg . . . . . 17
lamotrigine tab chewable dispersible 5 mg . 17
lamotrigine tab er 24hr 100 mg (LAMOTRIGINE ER) . . . . . 17

lamotrigine tab er 24hr 200 mg (LAMOTRIGINE ER) . . . . . 17
lamotrigine tab er 24hr 25 mg (LAMOTRIGINE ER) . . . . . 17
lamotrigine tab er 24hr 250 mg (LAMOTRIGINE ER) . . . . . 17
lamotrigine tab er 24hr 300 mg (LAMOTRIGINE ER) . . . . . 17
lamotrigine tab er 24hr 50 mg (LAMOTRIGINE ER) . . . . . 17
LANCETS . . . . . 151
LANCETS 28G . . . . . 151
LANCETS 30G . . . . . 151
LANCETS 33G . . . . . 151
LANCETS MICRO THIN 33G . . . . . 151
LANCETS SUPER THIN 28G . . . . . 151
LANCETS THIN . . . . . 151
LANCETS ULTRA FINE . . . . . 151
LANCETS ULTRA THIN . . . . . 151
LANCETS ULTRA THIN 30G . . . . . 151
lansoprazole cap delayed release 30 mg . . 102
LANTUS (insulin glargine) . . . . . 54
LANTUS SOLOSTAR (insulin glargine) . . . . . 54
lapatinib ditosylate tab 250 mg (base equiv) . . . . . 34
LASTACAFT (alcaftadine) . . . . . 172
LATANOPROST . . . . . 174
latanoprost ophth soln 0.005% . . . . . 174
LATUDA (lurasidone hcl) . . . . . 41
LEADER INSULIN SYRINGE . . . . . 152
LEADER UNIFINE PENTIPS . . . . . 152
LEADER UNIFINE PENTIPS PLUS . . . . . 152
leflunomide tab 10 mg . . . . . 131
leflunomide tab 20 mg . . . . . 131
lenalidomide cap 10 mg . . . . . 32
lenalidomide cap 15 mg . . . . . 32
lenalidomide cap 20 mg . . . . . 32
lenalidomide cap 25 mg . . . . . 32
lenalidomide cap 5 mg . . . . . 32
lenalidomide caps 2.5 mg . . . . . 32
letrozole tab 2.5 mg . . . . . 33
leucovorin calcium tab 10 mg . . . . . 33
leucovorin calcium tab 15 mg . . . . . 33
leucovorin calcium tab 25 mg . . . . . 33
leucovorin calcium tab 5 mg . . . . . 33
LEUKERAN (chlorambucil) . . . . . 31
leuprolide acetate inj kit 5 mg/ml . . . . . 127
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) . . . . . 177
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) . . . . . 177
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) . . . . . 177
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) . . . . . 177
LEVALBUTEROL TARTRATE . . . . . 177
levetiracetam oral soln 100 mg/ml . . . . . 17
levetiracetam tab 1000 mg . . . . . 17
levetiracetam tab 1000 mg (ROWEEPRA) . . . 17
levetiracetam tab 250 mg . . . . . 17
levetiracetam tab 500 mg . . . . . 17
levetiracetam tab 500 mg (ROWEEPRA) . . . . 17
levetiracetam tab 750 mg . . . . . 17
levetiracetam tab 750 mg (ROWEEPRA) . . . . 17
levetiracetam tab er 24hr 500 mg (LEVETIRACETAM ER) . . . . . 17
levetiracetam tab er 24hr 500 mg (ROWEEPRA XR) . . . . . 17
levetiracetam tab er 24hr 750 mg (LEVETIRACETAM ER) . . . . . 17
levetiracetam tab er 24hr 750 mg (ROWEEPRA XR) . . . . . 17
LEVOBUNOLOL HCL . . . . . 173
levobunolol hcl ophth soln 0.5% . . . . . 173
levocarnitine oral soln 1 gm/10ml (10%) . . . . . 95
levocarnitine oral soln 1 gm/10ml (10%) (LEVOCARNITINE SF) . . . . . 95
levocarnitine tab 330 mg . . . . . 95
levofloxacin ophth soln 0.5% . . . . . 172
levofloxacin oral soln 25 mg/ml . . . . . 14
levofloxacin tab 250 mg . . . . . 14
levofloxacin tab 500 mg . . . . . 14

levofloxacin tab 750 mg . . . . . .14
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (FAYOSIM) . . . . . 113
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (LEVONORGEST-ETH EST & ETH EST) . . . . . 113
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (RIVELSA) . . . . . .113
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (AMETHIA LO) . . . . . .114
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (CAMRESE LO) . . . . . .114
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (LEVONORGEST-ETH ESTRAD 91-DAY) . . . . . 114
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (LOJAIMIESS) . . . . . .114
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (AMETHIA) . . . . . .114
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (ASHLYNA) . . . . . 114
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (CAMRESE) . . . . . .114
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (DAYSEE) . . . . . .114
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (JAIMIESS) . . . . . .114
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (LEVONORGEST-ETH ESTRAD 91-DAY) . . . . . 114
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (SIMPESSE) . . . . . .114
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (ICLEVIA) . . . . . 114
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (INTROVALE) . . . . . .114
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (JOLESSA) . . . . . 114
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (LEVONORGEST-ETH ESTRAD 91-DAY) . . . . . 114
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (QUASENSE) . . . . . 114
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (SETLAKIN) . . . . . .114
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AFIRMELLE) . . . . . .114
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AUBRA EQ) . . . . . .114
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AUBRA) . . . . . 115
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AVIANE) . . . . . 115
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (DELYLA) . . . . . .115
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (FALMINA) . . . . . .115
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LARISSIA) . . . . . .115
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LESSINA) . . . . . 115
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LEVONORGESTREL-ETHINYL ESTRAD) . . . . . .115
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LUTERA) . . . . . .115
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (ORSYTHIA) . . . . . 115
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (SRONYX) . . . . . .115
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (VIENVA) . . . . . .115
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (ALTAVERA) . . . . . .115
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (AYUNA) . . . . . .115
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CHATEAL EQ) . . . . . 115
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CHATEAL) . . . . . .115
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (KURVELO) . . . . . .115

levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (LEVONORGESTREL-ETHINYL ESTRAD) . . . . . 115
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (LEVORA 0.15/30 (28)) . . . . . 115
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (LILLOW) . . . . . 115
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (MARLISSA) . . . . . 116
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (PORTIA-28) . . . . . 116
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (ENPRESSE-28) . . . . . 116
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (LEVONEST) . . . . . 116
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (LEVONORG-ETH ESTRAD TRIPHASIC) . . . . . 116
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (MYZILRA) . . . . . 116
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (TRIVORA (28)) . . . . . 116
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg . . . . . 116
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (AMETHYST) . . . . . 116
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (DOLISHALE) . . . . . 116
levothyroxine sodium tab 100 mcg . . . . . 125
levothyroxine sodium tab 100 mcg (EUTHYROX) . . . . . 125
levothyroxine sodium tab 100 mcg (LEVOXYL) . . . . . 125
levothyroxine sodium tab 112 mcg . . . . . 125
levothyroxine sodium tab 112 mcg (EUTHYROX) . . . . . 125
levothyroxine sodium tab 112 mcg (LEVOXYL) . . . . . 125
levothyroxine sodium tab 125 mcg . . . . . 125
levothyroxine sodium tab 125 mcg (EUTHYROX) . . . . . 125
levothyroxine sodium tab 125 mcg (LEVOXYL) . . . . . 125
levothyroxine sodium tab 137 mcg . . . . . 125
levothyroxine sodium tab 137 mcg (EUTHYROX) . . . . . 125
levothyroxine sodium tab 137 mcg (LEVOXYL) . . . . . 125
levothyroxine sodium tab 150 mcg . . . . . 125
levothyroxine sodium tab 150 mcg (EUTHYROX) . . . . . 125
levothyroxine sodium tab 150 mcg (LEVOXYL) . . . . . 125
levothyroxine sodium tab 175 mcg . . . . . 125
levothyroxine sodium tab 175 mcg (EUTHYROX) . . . . . 125
levothyroxine sodium tab 175 mcg (LEVOXYL) . . . . . 126
levothyroxine sodium tab 200 mcg . . . . . 126
levothyroxine sodium tab 200 mcg (EUTHYROX) . . . . . 126
levothyroxine sodium tab 200 mcg (LEVOXYL) . . . . . 126
levothyroxine sodium tab 25 mcg . . . . . 126
levothyroxine sodium tab 25 mcg (EUTHYROX) . . . . . 126
levothyroxine sodium tab 25 mcg (LEVOXYL) . . . . . 126
levothyroxine sodium tab 300 mcg . . . . . 126
levothyroxine sodium tab 50 mcg . . . . . 126
levothyroxine sodium tab 50 mcg (EUTHYROX) . . . . . 126
levothyroxine sodium tab 50 mcg (LEVOXYL) . . . . . 126
levothyroxine sodium tab 75 mcg . . . . . 126
levothyroxine sodium tab 75 mcg (EUTHYROX) . . . . . 126
levothyroxine sodium tab 75 mcg (LEVOXYL) . . . . . 126
levothyroxine sodium tab 88 mcg . . . . . 126
levothyroxine sodium tab 88 mcg (EUTHYROX) . . . . . 126

levothyroxine sodium tab 88 mcg (LEVOXYL) . . . . . 126
LEXIVA (fosamprenavir calcium) . . . . . 47
LIBERTY MEDICAL LANCETS . . . . . 152
lidocaine hcl soln 4% . . . . . 7
LIDOCAINE HCL URETHRAL/MUCOSAL . . . . . 7
lidocaine hcl urethral/mucosal gel 2% . . . . . 7
lidocaine hcl urethral/mucosal gel prefilled syringe 2% . . . . . 7
lidocaine hcl urethral/mucosal gel prefilled syringe 2% (GLYDO) . . . . . 7
lidocaine hcl viscous soln 2% (LIDOCAINE VISCOUS HCL) . . . . . 7
lidocaine oint 5% . . . . . 7
lidocaine oint 5% (LIDOCAINE PAK) . . . . . 7
lidocaine oint 5% (PREMIUM LIDOCAINE) . . . . . 7
lidocaine patch 5% . . . . . 8
lidocaine-prilocaine cream 2.5-2.5% . . . . . 8
LIFESCAN UNISTIK 2 . . . . . 152
LIFESCAN UNISTIK II LANCETS . . . . . 152
LINDANE . . . . . 91
linezolid for susp 100 mg/5ml . . . . . 10
linezolid tab 600 mg . . . . . 10
LINZESS (linaclotide) . . . . . 99
liothyronine sodium tab 25 mcg . . . . . 126
liothyronine sodium tab 5 mcg . . . . . 126
liothyronine sodium tab 50 mcg . . . . . 126
lisinopril & hydrochlorothiazide tab 10-12.5 mg (LISINOPRIL-HYDROCHLOROTHIAZIDE) . . . . . 71
lisinopril & hydrochlorothiazide tab 20-12.5 mg (LISINOPRIL-HYDROCHLOROTHIAZIDE) . . . . . 71
lisinopril & hydrochlorothiazide tab 20-25 mg (LISINOPRIL-HYDROCHLOROTHIAZIDE) . . . . . 71
lisinopril tab 10 mg . . . . . 59
lisinopril tab 2.5 mg . . . . . 59
lisinopril tab 20 mg . . . . . 59
lisinopril tab 30 mg . . . . . 59
lisinopril tab 40 mg . . . . . 60
lisinopril tab 5 mg . . . . . 60
LITE TOUCH LANCETS . . . . . 152
LITEAIRE . . . . . 152
LITETOUCH INSULIN SYRINGE . . . . . 152
LITETOUCH LANCETS . . . . . 152
LITETOUCH PEN NEEDLES . . . . . 152
LITHIUM . . . . . 50
LITHIUM CARBONATE . . . . . 50
lithium carbonate cap 150 mg . . . . . 50
lithium carbonate cap 300 mg . . . . . 50
lithium carbonate cap 600 mg . . . . . 50
lithium carbonate tab 300 mg . . . . . 50
lithium carbonate tab er 300 mg (LITHIUM CARBONATE ER) . . . . . 50
lithium carbonate tab er 450 mg (LITHIUM CARBONATE ER) . . . . . 50
LIVE BETTER LANCET SUPER THIN . . . . . 152
LIVE BETTER LANCET ULTRA THIN . . . . . 152
LO LOESTRIN FE (norethindrone acetate-ethinyl estradiol-fe fum (biphasic)) . . . . . 116
LOKELMA (sodium zirconium cyclosilicate) . . 93
LOMAIRA (phentermine hcl) . . . . . 83
LONGS INSULIN SYRINGE . . . . . 152
LONGS LANCETS STANDARD . . . . . 152
LONGS LANCETS THIN . . . . . 152
LONGS LANCETS ULTRA THIN . . . . . 152
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) . . . . . 47
lopinavir-ritonavir tab 100-25 mg . . . . . 47
lopinavir-ritonavir tab 200-50 mg . . . . . 47
lorazepam conc 2 mg/ml . . . . . 49
lorazepam conc 2 mg/ml (LORAZEPAM INTENSOL) . . . . . 50
lorazepam tab 0.5 mg . . . . . 50
lorazepam tab 1 mg . . . . . 50
lorazepam tab 2 mg . . . . . 50
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (LOSARTAN POTASSIUM-HCTZ) . . 71
losartan potassium & hydrochlorothiazide tab 100-25 mg (LOSARTAN POTASSIUM-HCTZ) . . . 71
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (LOSARTAN POTASSIUM-HCTZ) . . . 71
losartan potassium tab 100 mg . . . . . 58
losartan potassium tab 25 mg . . . . . 58

losartan potassium tab 50 mg . . . . . 59
lovastatin tab 10 mg . . . . . 75
lovastatin tab 20 mg . . . . . 75
lovastatin tab 40 mg . . . . . 75
loxapine succinate cap 10 mg . . . . . 40
loxapine succinate cap 25 mg . . . . . 40
loxapine succinate cap 5 mg . . . . . 40
loxapine succinate cap 50 mg . . . . . 40
LUMIGAN (bimatoprost) . . . . . 174
LYNPARZA (olaparib) . . . . . 34
LYSODREN (mitotane) . . . . . 33
LYUMJEV (insulin lispro-aabc) . . . . . 54
LYUMJEV KWIKPEN (insulin lispro-aabc) . . . . . 54

# M

M-NATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid) . . . . . 95
M-VIT (prenatal vit w/ ferrous fumarate-folic acid) . . . . . 95
mafenide acetate packet for topical soln 5% (50 gm) . . . . . 92
MAGELLAN INSULIN SAFETY SYR . . . . . 152
malathion lotion 0.5% . . . . . 91
MAPROTILINE HCL . . . . . 21
MARATHON MEDICAL PENTIPS . . . . . 153
maraviroc tab 150 mg . . . . . 46
maraviroc tab 300 mg . . . . . 46
MATULANE (procarbazine hcl) . . . . . 31
MAVYRET (glecaprevir-pibrentasvir) . . . . . 43
MAXI-COMFORT INSULIN SYRINGE . . . . . 153
MAXI-COMFORT SAFETY PEN NEEDLE . . . . . 153
MAXICOMFORT II PEN NEEDLE . . . . . 153
MAXICOMFORT SYR 27G X 1/2" . . . . . 153
MEDIC INSULIN SYRINGE . . . . . 153
MEDICHOICE SAFETY LANCET . . . . . 153
MEDICHOICE SAFETY LANCET EXTRA . . . . . 153
MEDICHOICE SAFETY LANCET NORM . . . . . 153
MEDICINE SHOPPE PEN NEEDLES . . . . . 153
MEDISENSE THIN LANCETS . . . . . 153
MEDLANCE EXTRA 21G . . . . . 153
MEDLANCE LITE 25G . . . . . 153
MEDLANCE PLUS EXTRA 21G . . . . . 153
MEDLANCE PLUS LANCETS . . . . . 153
MEDLANCE PLUS LITE 25G . . . . . 153
MEDLANCE PLUS SPECIAL 0.8MM . . . . . 153
MEDLANCE PLUS SUPERLITE 30G . . . . . 153
MEDLANCE PLUS UNIVERSAL 21G . . . . . 153
MEDLANCE UNIVERSAL 21G . . . . . 153
medroxyprogesterone acetate tab 10 mg . 123
medroxyprogesterone acetate tab 2.5 mg 123
medroxyprogesterone acetate tab 5 mg . . 124
mefloquine hcl tab 250 mg . . . . . 36
megestrol acetate susp 40 mg/ml . . . . . 124
megestrol acetate tab 20 mg . . . . . 124
megestrol acetate tab 40 mg . . . . . 124
MEIJER LANCETS . . . . . 153
MEIJER LANCETS THIN . . . . . 153
MEIJER LANCETS UNIVERSAL 21G . . . . . 153
MEIJER LANCETS UNIVERSAL 30G . . . . . 153
MEIJER LANCETS UNIVERSAL 33G . . . . . 153
MEIJER PEN NEEDLES . . . . . 154
MEIJER SUPER THIN LANCETS . . . . . 154
MEKINIST (trametinib dimethyl sulfoxide) . . . . . 34
meloxicam tab 15 mg . . . . . 2
meloxicam tab 7.5 mg . . . . . 2
memantine hcl oral solution 2 mg/ml . . . . . 21
memantine hcl tab 10 mg . . . . . 21
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack . . . . . 21
memantine hcl tab 5 mg . . . . . 21
MEPERIDINE HCL . . . . . 5
meperidine hcl tab 100 mg . . . . . 5
meperidine hcl tab 50 mg . . . . . 5
mercaptopurine tab 50 mg . . . . . 32
mesalamine cap er 24hr 0.375 gm (MESALAMINE ER) . . . . . 132
mesalamine enema 4 gm . . . . . 132
mesalamine tab delayed release 1.2 gm . . 132
MESNEX (mesna) . . . . . 35
metformin hcl tab 1000 mg . . . . . 52
metformin hcl tab 500 mg . . . . . 52
metformin hcl tab 850 mg . . . . . 52

metformin hcl tab er 24hr 500 mg (METFORMIN HCL ER) . . . . . 52
metformin hcl tab er 24hr 750 mg (METFORMIN HCL ER) . . . . . 52
METHADONE HCL . . . . . 3
methadone hcl conc 10 mg/ml . . . . . 3
methadone hcl conc 10 mg/ml (METHADONE HCL INTENSOL) . . . . . 3
methadone hcl soln 10 mg/5ml . . . . . 3
methadone hcl soln 5 mg/5ml . . . . . 3
methadone hcl tab 10 mg . . . . . 3
methadone hcl tab 5 mg . . . . . 3
methadone hcl tab for oral susp 40 mg . . . . . 3
methadone hcl tab for oral susp 40 mg (METHADOSE) . . . . . 3
methazolamide tab 25 mg . . . . . 173
methazolamide tab 50 mg . . . . . 173
methenamine hippurate tab 1 gm . . . . . 10
methimazole tab 10 mg . . . . . 128
methimazole tab 5 mg . . . . . 128
METHITEST (methyltestosterone) . . . . . 108
methocarbamol tab 500 mg . . . . . 182
methocarbamol tab 750 mg . . . . . 182
METHOTREXATE SODIUM . . . . . 131
methotrexate sodium inj 50 mg/2ml (25 mg/ml) . . . . . 131
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) (METHOTREXATE SODIUM (PF)) . . . . . 131
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) (METHOTREXATE SODIUM (PF)) . . . . . 131
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) (METHOTREXATE SODIUM (PF)) . . . . . 131
methotrexate sodium tab 2.5 mg (base equiv) . . . . . 131
METHOXSALEN RAPID . . . . . 89
methoxsalen rapid cap 10 mg . . . . . 89
METHYLDOPA . . . . . 58
methyldopa tab 250 mg . . . . . 58
methyldopa tab 500 mg . . . . . 58
METHYLDOPA-HYDROCHLOROTHIAZIDE (methyldopa & hydrochlorothiazide) . . . . . 71
methylergonovine maleate tab 0.2 mg . . . . 154
methylergonovine maleate tab 0.2 mg (METHERGINE) . . . . . 154
methylphenidate hcl cap er 24hr 10 mg (la) (METHYLPHENIDATE HCL ER (LA)) . . . . . 81
methylphenidate hcl cap er 24hr 20 mg (la) (METHYLPHENIDATE HCL ER (LA)) . . . . . 81
methylphenidate hcl cap er 24hr 30 mg (la) (METHYLPHENIDATE HCL ER (LA)) . . . . . 81
methylphenidate hcl cap er 24hr 40 mg (la) (METHYLPHENIDATE HCL ER (LA)) . . . . . 81
methylphenidate hcl cap er 24hr 60 mg (la) (METHYLPHENIDATE HCL ER (LA)) . . . . . 81
methylphenidate hcl chew tab 10 mg . . . . . 81
methylphenidate hcl chew tab 2.5 mg . . . . . 81
methylphenidate hcl chew tab 5 mg . . . . . 81
METHYLPHENIDATE HCL ER . . . . . 81
methylphenidate hcl soln 10 mg/5ml . . . . . 82
methylphenidate hcl soln 5 mg/5ml . . . . . 82
methylphenidate hcl tab 10 mg . . . . . 82
methylphenidate hcl tab 20 mg . . . . . 82
methylphenidate hcl tab 5 mg . . . . . 82
methylphenidate hcl tab er 24hr 27 mg (METHYLPHENIDATE HCL ER) . . . . . 82
methylphenidate hcl tab er 24hr 36 mg (METHYLPHENIDATE HCL ER) . . . . . 82
methylphenidate hcl tab er 24hr 54 mg (METHYLPHENIDATE HCL ER) . . . . . 82
methylphenidate hcl tab er osmotic release (osm) 18 mg (METHYLPHENIDATE HCL ER (OSM)) . . . . . 82
methylphenidate hcl tab er osmotic release (osm) 18 mg (METHYLPHENIDATE HCL ER) . . . . 82
methylphenidate hcl tab er osmotic release (osm) 27 mg (METHYLPHENIDATE HCL ER (OSM)) . . . . . 82
methylphenidate hcl tab er osmotic release (osm) 27 mg (METHYLPHENIDATE HCL ER) . . . . 82
methylphenidate hcl tab er osmotic release (osm) 36 mg (METHYLPHENIDATE HCL ER (OSM)) . . . . . 82

methylphenidate hcl tab er osmotic release (osm) 36 mg (METHYLPHENIDATE HCL ER) . . . .82
methylphenidate hcl tab er osmotic release (osm) 54 mg (METHYLPHENIDATE HCL ER (OSM)) . . . . . 82
methylphenidate hcl tab er osmotic release (osm) 54 mg (METHYLPHENIDATE HCL ER) . . . .82
methylprednisolone tab 16 mg . . . . . .106
methylprednisolone tab 32 mg . . . . . .106
methylprednisolone tab 4 mg . . . . . .106
methylprednisolone tab 8 mg . . . . . .106
methylprednisolone tab therapy pack 4 mg (21) . . . . . 107
METIPRANOLOL . . . . . 173
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) . . . . . .25
metoclopramide hcl tab 10 mg (base equivalent) . . . . . .25
metoclopramide hcl tab 5 mg (base equivalent) . . . . . .25
metolazone tab 10 mg . . . . . .74
metolazone tab 2.5 mg . . . . . 74
metolazone tab 5 mg . . . . . .74
metoprolol & hydrochlorothiazide tab 100-25 mg (METOPROLOL-HYDROCHLOROTHIAZIDE) . . . . . 71
metoprolol & hydrochlorothiazide tab 100-50 mg (METOPROLOL-HYDROCHLOROTHIAZIDE) . . . . . 71
metoprolol & hydrochlorothiazide tab 50-25 mg (METOPROLOL-HYDROCHLOROTHIAZIDE) . . . . . 72
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (METOPROLOL SUCCINATE ER) . . . . . 62
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (METOPROLOL SUCCINATE ER) . . . . . 62
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (METOPROLOL SUCCINATE ER) . . . . . 62
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (METOPROLOL SUCCINATE ER) . . . . . 62
metoprolol tartrate tab 100 mg . . . . . 62
metoprolol tartrate tab 25 mg . . . . . .62
metoprolol tartrate tab 37.5 mg . . . . . .62
metoprolol tartrate tab 50 mg . . . . . .62
metoprolol tartrate tab 75 mg . . . . . .62
metronidazole cream 0.75% . . . . . .10
metronidazole cream 0.75% (ROSADAN) . . . .10
metronidazole gel 0.75% . . . . . 10
metronidazole gel 0.75% (ROSADAN) . . . . . 10
metronidazole gel 1% . . . . . 10
metronidazole lotion 0.75% . . . . . .10
metronidazole tab 250 mg . . . . . .10
metronidazole tab 500 mg . . . . . .10
metronidazole vaginal gel 0.75% . . . . . .10
mexiletine hcl cap 150 mg . . . . . .60
mexiletine hcl cap 200 mg . . . . . .60
mexiletine hcl cap 250 mg . . . . . .61
MICONAZOLE 3 (miconazole nitrate vaginal) . . . . . .27
MICROCHAMBER . . . . . .154
MICRODOT PEN NEEDLE . . . . . .154
MICROLET LANCETS . . . . . 154
MICROSPACER . . . . . .154
MICROTAINER SAFETY FLOW LANCET . . . . . 154
midodrine hcl tab 10 mg . . . . . .58
midodrine hcl tab 2.5 mg . . . . . 58
midodrine hcl tab 5 mg . . . . . 58
minocycline hcl cap 100 mg . . . . . .16
minocycline hcl cap 50 mg . . . . . 16
minocycline hcl cap 75 mg . . . . . 16
minoxidil tab 10 mg . . . . . 77
minoxidil tab 2.5 mg . . . . . .77
mirtazapine orally disintegrating tab 15 mg . 21
mirtazapine orally disintegrating tab 30 mg . 21
mirtazapine orally disintegrating tab 45 mg . 22
mirtazapine tab 15 mg . . . . . .22
mirtazapine tab 30 mg . . . . . .22
mirtazapine tab 45 mg . . . . . .22

mirtazapine tab 7.5 mg . . . . . 22
misoprostol tab 100 mcg . . . . . 102
misoprostol tab 200 mcg . . . . . 102
MM INSULIN SYRINGE/NEEDLE . . . . . 154
MM PEN NEEDLES . . . . . 154
MM TWIST LANCETS . . . . . 154
modafinil tab 100 mg . . . . . 183
modafinil tab 200 mg . . . . . 183
mometasone furoate cream 0.1% . . . . . 107
mometasone furoate oint 0.1% . . . . . 107
mometasone furoate solution 0.1% (lotion) . . 88
MONOJECT INSULIN SYRINGE . . . . . 154
MONOJECT ULTRA COMFORT SYRINGE . . . . . 154
MONOLET LANCETS . . . . . 154
MONOLET OPD LANCETS . . . . . 154
MONOLETTOR SAFETY LANCETS . . . . . 154
montelukast sodium chew tab 4 mg (base equiv) . . . . . 175
montelukast sodium chew tab 5 mg (base equiv) . . . . . 175
montelukast sodium oral granules packet 4 mg (base equiv) . . . . . 176
montelukast sodium tab 10 mg (base equiv) . . . . . 176
MORPHINE SULFATE . . . . . 6
morphine sulfate oral soln 10 mg/5ml . . . . . 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
MOVANTIK (naloxegol oxalate) . . . . . 99
moxifloxacin hcl ophth soln 0.5% (base equiv) . . . . . 172
moxifloxacin hcl tab 400 mg (base equiv) . . . 14
MPD SAFETY LANCET 21G . . . . . 154
MPD SAFETY LANCET 23G . . . . . 155
MPD SAFETY LANCET 28G . . . . . 155
MPD SAFETY LANCET 30G . . . . . 155
MS INSULIN SYRINGE . . . . . 155
MULTAQ (dronedarone hcl) . . . . . 61
MULTI-VIT-FLOR (pediatric multivitamins w/fl) 95
MULTIVITAMIN/FLUORIDE (pediatric multivitamins w/fl) . . . . . 92,95
mupirocin oint 2% . . . . . 92
MYALEPT (metreleptin) . . . . . 101
mycophenolate mofetil cap 250 mg . . . . . 131
mycophenolate mofetil for oral susp 200 mg/ml . . . . . 131
mycophenolate mofetil tab 500 mg . . . . . 131
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) . . . . . 131
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) . . . . . 131
MYGLUCOHEALTH LANCETS 30G . . . . . 155
MYNATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid) . . . . . 95
MYNATAL-Z (prenatal vit w/ ferrous fumarate-folic acid) . . . . . 95

# N

nabumetone tab 500 mg . . . . . 2
nabumetone tab 750 mg . . . . . 2
nadolol tab 20 mg . . . . . 62
nadolol tab 40 mg . . . . . 62
nadolol tab 80 mg . . . . . 62
NADOLOL-BENDROFLUMETHIAZIDE (nadolol & bendroflumethiazide) . . . . . 72
naloxone hcl inj 0.4 mg/ml . . . . . 8
naloxone hcl inj 4 mg/10ml . . . . . 8
naloxone hcl nasal spray 4 mg/0.1ml . . . . . 8
naloxone hcl soln prefilled syringe 2 mg/2ml . 8
naltrexone hcl tab 50 mg . . . . . 9

naproxen tab 250 mg . . . . . 2
naproxen tab 375 mg . . . . . 2
naproxen tab 500 mg . . . . . 2
naproxen tab ec 375 mg . . . . . 2
naproxen tab ec 375 mg (EC-NAPROXEN) . . . 2
naproxen tab ec 500 mg . . . . . 2
naproxen tab ec 500 mg (EC-NAPROXEN) . . . 2
naratriptan hcl tab 1 mg (base equiv) . . . . . 29
naratriptan hcl tab 2.5 mg (base equiv) . . . . 29
NATAZIA (estradiol valerate-dienogest) . . . . 116
nateglinide tab 120 mg . . . . . 52
nateglinide tab 60 mg . . . . . 52
nebivolol hcl tab 10 mg (base equivalent) . . 62
nebivolol hcl tab 2.5 mg (base equivalent) . 62
nebivolol hcl tab 20 mg (base equivalent) . . 63
nebivolol hcl tab 5 mg (base equivalent) . . . 63
NEFAZODONE HCL . . . . . 23
neomycin sulfate tab 500 mg . . . . . 9
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (NEO-POLYCIN) . . . 171
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (NEOMYCIN-BACITRACIN ZN-POLYMYX) . . . . . 171
NEOMYCIN-POLYMYXIN B GU (neomycin/polymyxin b gu) . . . . . 10
neomycin-polymyxin b gu irrigation soln . . . . 10
neomycin-polymyxin-dexamethasone ophth oint 0.1% . . . . . 171
neomycin-polymyxin-dexamethasone ophth susp 0.1% . . . . . 171
NEOMYCIN-POLYMYXIN-GRAMICIDIN . . . . . 171
NEOMYCIN-POLYMYXIN-HC (neomycin-polymyxin-hc (ophth)) . . . . . 171
neomycin-polymyxin-hc otic soln 1% . . . . . 174
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% . . . . . 174
NEONATAL COMPLETE (prenatal vit w/ ferrous fumarate-folic acid) . . . . . 95
NEONATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid) . . . . . 95
NEULASTA (pegfilgrastim) . . . . . 56
NEVIRAPINE . . . . . 44
NEVIRAPINE ER . . . . . 44
nevirapine tab 200 mg . . . . . 44
nevirapine tab er 24hr 100 mg (NEVIRAPINE ER) . . . . . 44
nevirapine tab er 24hr 400 mg (NEVIRAPINE ER) . . . . . 44
NEXTSTELLIS (drospirenone-estetrol) . . . . . 116
NIACIN (ANTIHYPERLIPIDEMIC) . . . . . 77
niacin tab er 1000 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERLIPIDEMIC)) . . . . . 77
niacin tab er 500 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERLIPIDEMIC)) . . . . . 77
niacin tab er 750 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERLIPIDEMIC)) . . . . . 77
NIACOR (niacin (antihyperlipidemic)) . . . . . 77
nicardipine hcl cap 20 mg . . . . . 63
nicardipine hcl cap 30 mg . . . . . 63
NICOTROL (nicotine) . . . . . 9
NICOTROL NS (nicotine) . . . . . 9
nifedipine cap 10 mg . . . . . 63
nifedipine cap 20 mg . . . . . 63
nifedipine tab er 24hr 30 mg (NIFEDIPINE ER) 64
nifedipine tab er 24hr 60 mg (NIFEDIPINE ER) 64
nifedipine tab er 24hr 90 mg (NIFEDIPINE ER) 64
nifedipine tab er 24hr osmotic release 30 mg (NIFEDIPINE ER OSMOTIC RELEASE) . . . . . 64
nifedipine tab er 24hr osmotic release 60 mg (NIFEDIPINE ER OSMOTIC RELEASE) . . . . . 64
nifedipine tab er 24hr osmotic release 90 mg (NIFEDIPINE ER OSMOTIC RELEASE) . . . . . 64
nimodipine cap 30 mg . . . . . 64
nitazoxanide tab 500 mg . . . . . 36
NITRO-BID (nitroglycerin) . . . . . 78
NITRO-TIME (nitroglycerin) . . . . . 78
nitrofurantoin macrocrystalline cap 100 mg . 10
nitrofurantoin macrocrystalline cap 25 mg . . 10
nitrofurantoin macrocrystalline cap 50 mg . . 10
nitrofurantoin monohydrate macrocrystalline cap 100 mg (NITROFURANTOIN MONOHYD MACRO) . . . . . 10

nitroglycerin cap er 2.5 mg (NITROGLYCERIN ER) . . . . . 78
nitroglycerin cap er 6.5 mg (NITROGLYCERIN ER) . . . . . 78
nitroglycerin cap er 9 mg (NITROGLYCERIN ER) . . . . . 78
nitroglycerin sl tab 0.3 mg . . . . . 78
nitroglycerin sl tab 0.4 mg . . . . . 78
nitroglycerin sl tab 0.6 mg . . . . . 78
nitroglycerin td patch 24hr 0.1 mg/hr . . . . . 78
nitroglycerin td patch 24hr 0.1 mg/hr (MINITRAN) . . . . . 78
nitroglycerin td patch 24hr 0.2 mg/hr . . . . . 78
nitroglycerin td patch 24hr 0.2 mg/hr (MINITRAN) . . . . . 78
nitroglycerin td patch 24hr 0.4 mg/hr . . . . . 78
nitroglycerin td patch 24hr 0.4 mg/hr (MINITRAN) . . . . . 78
nitroglycerin td patch 24hr 0.6 mg/hr . . . . . 78
nitroglycerin td patch 24hr 0.6 mg/hr (MINITRAN) . . . . . 78
NITYR (nitisinone) . . . . . 103
NIVA-PLUS (prenatal vit w/ ferrous fumarate-folic acid) . . . . . 95
NIZATIDINE . . . . . 102
nizatidine cap 150 mg . . . . . 102
nizatidine cap 300 mg . . . . . 102
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (XULANE) . . . . . 116
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (ZAFEMY) . . . . . 116
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (BALZIVA) . . . . . 116
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (BRIELLYN) . . . . . 116
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (PHILITH) . . . . . 116
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (VYFEMLA) . . . . . 116
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (ZENCHENT) . . . . . 117
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (NECON 0.5/35 (28)) . . . . . 117
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (NORTREL 0.5/35 (28)) . . . . . 117
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (WERA) . . . . . 117
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (ALYACEN 1/35) . . . . . 117
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (CYCLAFEM 1/35) . . . . . 117
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (DASETTA 1/35) . . . . . 117
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (NORTREL 1/35 (21)) . . . . . 117
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (NORTREL 1/35 (28)) . . . . . 117
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (NYLIA 1/35) . . . . . 117
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (PIRMELLA 1/35) . . . . . 117
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (NORETHIN-ETH ESTRADIOL-FE) . . . . . 117
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (WYMZYA FE) . . . . . 117
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (KAITLIB FE) . . . . . 117
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (LAYOLIS FE) . . . . . 117
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (NORETHIN-ETH ESTRADIOL-FE) . . . . . 117
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (NORETHINDRON-ETHINYL ESTRAD-FE) . . . . . 117
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (TILIA FE) . . . . . 117
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (TRI-LEGEST FE) . . . . . 118
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (AUROVELA 1/20) . . . . . 118

norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (JUNEL 1/20) . . . . . 118
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (LARIN 1/20) . . . . . 118
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (LOESTRIN 1/20 (21)) . . . . . 118
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (MICROGESTIN 1/20) . . . . . 118
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (NORETHINDRONE ACET-ETHINYL EST) . . . . . 118
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (AUROVELA 1.5/30) . . . . . 118
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (HAILEY 1.5/30) . . . . . 118
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (JUNEL 1.5/30) . . . . . 118
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (LARIN 1.5/30) . . . . . 118
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (LOESTRIN 1.5/30 (21)) . . . . . 118
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (MICROGESTIN 1.5/30) . . . . . 118
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (NORETHINDRONE ACET-ETHINYL EST) . . . . . 118
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (AUROVELA FE 1/20) . . . . . 118
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (BLISOVI FE 1/20) . . . . . 118
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (HAILEY FE 1/20) . . . . . 118
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (JUNEL FE 1/20) . . . . . 118
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (LARIN FE 1/20) . . . . . 118
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (LOESTRIN FE 1/20) . . . . . 119
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (MICROGESTIN FE 1/20) . . . . . 119
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (NORETHIN ACE-ETH ESTRAD-FE) . . . . . 119
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (TARINA FE 1/20 EQ) . . . . . 119
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (TARINA FE 1/20) . . . . . 119
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (AUROVELA FE 1.5/30) . . . . . 119
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (BLISOVI FE 1.5/30) . . . . . 119
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (HAILEY FE 1.5/30) . . . . . 119
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (JUNEL FE 1.5/30) . . . . . 119
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (LARIN FE 1.5/30) . . . . . 119
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (LOESTRIN FE 1.5/30) . . . . . 119
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (MICROGESTIN FE 1.5/30) . . 119
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (NORETHIN ACE-ETH ESTRAD-FE) . . . . . 119
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (CHARLOTTE 24 FE) . . . . . 119
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (FINZALA) . . . . . 119
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (MELODETTA 24 FE) . . . . . 119
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (MIBELAS 24 FE) . . . . . 119
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD-FE) . . . . . 119
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (NORETHINDRONE ACET-ETHINYL EST) . . . . . 120
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (GEMMILY) . . . . . 120

norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (MERZEE) . . . . . 120
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD-FE) . . . . . 120
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYSOFY) . . . . . 120
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (AUROVELA 24 FE) . . . . . 120
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (BLISOVI 24 FE) . . . . . 120
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (HAILEY 24 FE) . . . . . 120
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (JUNEL FE 24) . . . . . 120
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (LARIN 24 FE) . . . . . 120
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (MICROGESTIN 24 FE) . . . . . 120
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD-FE) . . . . . 120
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (TARINA 24 FE) . . . . . 120
norethindrone acetate tab 5 mg . . . . . 124
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (FYAVOLV) . . . . . 120
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (JEVANTIQUE LO) . . . . . 120
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (NORETHINDRONE-ETH ESTRADIOL) . . . . . 120
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (FYAVOLV) . . . . . 120
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (JINTELI) . . . . . 120
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (NORETHINDRONE-ETH ESTRADIOL) . . . . . 121
norethindrone tab 0.35 mg . . . . . 124
norethindrone tab 0.35 mg (CAMILA) . . . . . 124
norethindrone tab 0.35 mg (DEBLITANE) . . . . 124
norethindrone tab 0.35 mg (ERRIN) . . . . . 124
norethindrone tab 0.35 mg (HEATHER) . . . . . 124
norethindrone tab 0.35 mg (INCASSIA) . . . . . 124
norethindrone tab 0.35 mg (JENCYCLA) . . . 124
norethindrone tab 0.35 mg (JOLIVETTE) . . . . 124
norethindrone tab 0.35 mg (LYLEQ) . . . . . 124
norethindrone tab 0.35 mg (LYZA) . . . . . 124
norethindrone tab 0.35 mg (NORA-BE) . . . . . 124
norethindrone tab 0.35 mg (NORLYDA) . . . . 124
norethindrone tab 0.35 mg (NORLYROC) . . 124
norethindrone tab 0.35 mg (SHAROBEL) . . . . 124
norethindrone tab 0.35 mg (TULANA) . . . . . 124
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (ALYACEN 7/7/7) . . . . . 121
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (CYCLAFEM 7/7/7) . . . . . 121
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (DASETTA 7/7/7) . . . . . 121
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (NORTREL 7/7/7) . . . . . 121
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (NYLIA 7/7/7) . . . . . 121
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (PIRMELLA 7/7/7) . . . . . 121
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (ARANELLE) . . . . . 121
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (LEENA) . . . . . 121
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (ESTARYLLA) . . . . . 121
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (FEMYNOR) . . . . . 121
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MILI) . . . . . 121
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MONO-LINYAH) . . . . . 121
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MONONESSA) . . . . . 121
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (NORGESTIMATE-ETH ESTRADIOL) . . . 121

norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (NYMYO) . . . . . 121
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (PREVIFEM) . . . . . 121
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (SPRINTEC 28) . . . . . 122
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (VYLIBRA) . . . . . 122
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (NORGESTIM-ETH ESTRAD TRIPHASIC) . . . . . 122
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-ESTARYLLA) . . . . 122
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-MARZIA) . . . . . 122
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-MILI) . . . . . 122
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-SPRINTEC) . . . . . 122
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-VYLIBRA LO) . . . . . 122
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (NORGESTIM-ETH ESTRAD TRIPHASIC) . . . . . 122
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI FEMYNOR) . . . . . 122
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-ESTARYLLA) . . . . . 122
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-LINYAH) . . . . . 122
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-MILI) . . . . . 122
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-NYMYO) . . . . . 122
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-PREVIFEM) . . . . . 123
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-SPRINTEC) . . . . . 123
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-VYLIBRA) . . . . . 123
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (CRYSELLE-28) . . . . . 123
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (ELINEST) . . . . . 123
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (LOW-OGESTREL) . . . . . 123
NORTRIPTYLINE HCL . . . . . 25
nortriptyline hcl cap 10 mg . . . . . 25
nortriptyline hcl cap 25 mg . . . . . 25
nortriptyline hcl cap 50 mg . . . . . 25
nortriptyline hcl cap 75 mg . . . . . 25
NORVIR (ritonavir) . . . . . 47
NOVA MAX PLUS KETONE TEST (ketone blood test) . . . . . 155
NOVA SAFETY LANCETS 23G . . . . . 155
NOVA SAFETY LANCETS 28G . . . . . 155
NOVA SUREFLEX LANCETS . . . . . 155
NOVOFINE AUTOCOVER PEN NEEDLE . . . . . 155
NOVOFINE PEN NEEDLE . . . . . 155
NOVOFINE PLUS PEN NEEDLE . . . . . 155
NOVOTWIST PEN NEEDLE . . . . . 155
NP THYROID . . . . . 126
NUTROPIN AQ NUSPIN 10 (somatropin) . . . . . 108
NUTROPIN AQ NUSPIN 20 (somatropin) . . . . . 108
NUTROPIN AQ NUSPIN 5 (somatropin) . . . . . 108
nystatin cream 100000 unit/gm . . . . . 27
nystatin oint 100000 unit/gm . . . . . 27
nystatin susp 100000 unit/ml . . . . . 27
nystatin tab 500000 unit . . . . . 27
nystatin topical powder 100000 unit/gm . . . . 28
nystatin topical powder 100000 unit/gm (NYAMYC) . . . . . 28
nystatin topical powder 100000 unit/gm (NYSTOP) . . . . . 28
nystatin-triamcinolone cream 100000-0.1 unit/gm-% . . . . . 89
nystatin-triamcinolone oint 100000-0.1 unit/gm-% . . . . . 89

# O

O-CAL FA (prenatal vit w/ ferrous fumarate-folic acid) . . . . . 96
OCTREOTIDE ACETATE . . . . . 127
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) . . . . . 127
octreotide acetate inj 1000 mcg/ml (1 mg/ml) . . . . . 127
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) . . . . . 127
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) . . . . . 127
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) . . . . . 127
ODEFSEY (emtricitabine-rilpivirine-tenofovir alafenamide fumarate) . . . . . 44
ODOMZO (sonidegib phosphate) . . . . . 34
OFLOXACIN . . . . . 14
ofloxacin ophth soln 0.3% . . . . . 172
ofloxacin otic soln 0.3% . . . . . 174
ofloxacin tab 400 mg . . . . . 15
OGESTREL (norgestrel & ethinyl estradiol) . . . 123
olanzapine orally disintegrating tab 10 mg . . 41
olanzapine orally disintegrating tab 15 mg . . 41
olanzapine orally disintegrating tab 20 mg . . 41
olanzapine orally disintegrating tab 5 mg . . . 41
olanzapine tab 10 mg . . . . . 41
olanzapine tab 15 mg . . . . . 41
olanzapine tab 2.5 mg . . . . . 41
olanzapine tab 20 mg . . . . . 41
olanzapine tab 5 mg . . . . . 41
olanzapine tab 7.5 mg . . . . . 41
olmesartan medoxomil tab 20 mg . . . . . 59
olmesartan medoxomil tab 40 mg . . . . . 59
olmesartan medoxomil tab 5 mg . . . . . 59
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (OLMESARTAN MEDOXOMIL-HCTZ) . . . . . 72
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (OLMESARTAN MEDOXOMIL-HCTZ) . . . . . 72
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (OLMESARTAN MEDOXOMIL-HCTZ) . . . . . 72
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (OLMESARTAN-AMLODIPINE-HCTZ) . . . . . 72
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (OLMESARTAN-AMLODIPINE-HCTZ) . . . . . 72
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (OLMESARTAN-AMLODIPINE-HCTZ) . . . . . 72
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (OLMESARTAN-AMLODIPINE-HCTZ) . . . . . 72
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (OLMESARTAN-AMLODIPINE-HCTZ) . . . . . 72
omega-3-acid ethyl esters cap 1 gm . . . . . 77
omeprazole cap delayed release 10 mg . . 102
omeprazole cap delayed release 20 mg . . 102
omeprazole cap delayed release 40 mg . . 102
OMNIFLEX DIAPHRAGM (diaphragms) . . . . . 155
ON CALL LANCETS . . . . . 155
ON CALL PLUS LANCETS . . . . . 155
ONDANSETRON HCL . . . . . 26
ondansetron hcl oral soln 4 mg/5ml . . . . . 26
ondansetron hcl tab 24 mg . . . . . 26
ondansetron hcl tab 4 mg . . . . . 26
ondansetron hcl tab 8 mg . . . . . 27
ondansetron orally disintegrating tab 4 mg . 27
ondansetron orally disintegrating tab 8 mg . 27
ONE VITE WOMENS PLUS (prenatal vit w/ ferrous fumarate-folic acid) . . . . . 96
ONETOUCH CLUB LANCETS FINE PT . . . . . 155
ONETOUCH DELICA LANCETS 30G . . . . . 155
ONETOUCH DELICA LANCETS 33G . . . . . 155
ONETOUCH DELICA PLUS LANCET30G . . . . . 155

ONETOUCH DELICA PLUS LANCET33G.....155
ONETOUCH FINEPOINT LANCETS.....155
ONETOUCH ULTRASOFT LANCETS.....155
OPSUMIT (macitentan).....179
OPTICHAMBER ADVANTAGE-LG MASK.....155
OPTICHAMBER ADVANTAGE-MED MASK...155
OPTICHAMBER ADVANTAGE-SM MASK.....155
OPTICHAMBER DIAMOND.....156
OPTICHAMBER DIAMOND-LG MASK.....156
OPTICHAMBER DIAMOND-MD MASK.....156
OPTICHAMBER DIAMOND-SM MASK.....156
OPTICHAMBER FACE MASK-LARGE.....156
OPTICHAMBER FACE MASK-MEDIUM.....156
OPTICHAMBER FACE MASK-SMALL.....156
OPTIHALER.....156
ORENITRAM (treprostinil diolamine).....179
oseltamivir phosphate cap 30 mg (base equiv).....48
oseltamivir phosphate cap 45 mg (base equiv).....48
oseltamivir phosphate cap 75 mg (base equiv).....48
oseltamivir phosphate for susp 6 mg/ml (base equiv).....48
OTEZLA (apremilast).....89,128
oxandrolone tab 10 mg.....108
oxandrolone tab 2.5 mg.....108
oxazepam cap 10 mg.....50
oxazepam cap 15 mg.....50
oxazepam cap 30 mg.....50
oxcarbazepine susp 300 mg/5ml (60 mg/ml).....19
oxcarbazepine tab 150 mg.....19
oxcarbazepine tab 300 mg.....19
oxcarbazepine tab 600 mg.....19
oxybutynin chloride syrup 5 mg/5ml.....103
oxybutynin chloride tab 5 mg.....103
oxybutynin chloride tab er 24hr 10 mg (OXYBUTYNIN CHLORIDE ER).....103
oxybutynin chloride tab er 24hr 15 mg (OXYBUTYNIN CHLORIDE ER).....103
oxybutynin chloride tab er 24hr 5 mg (OXYBUTYNIN CHLORIDE ER).....103
oxycodone hcl soln 5 mg/5ml.....6
oxycodone hcl tab 10 mg.....6
oxycodone hcl tab 15 mg.....6
oxycodone hcl tab 20 mg.....6
oxycodone hcl tab 30 mg.....6
oxycodone hcl tab 5 mg.....6
oxycodone w/ acetaminophen tab 10-325 mg (ENDOCET).....6
oxycodone w/ acetaminophen tab 10-325 mg (OXYCODONE-ACETAMINOPHEN).....6
oxycodone w/ acetaminophen tab 2.5-325 mg (ENDOCET).....6
oxycodone w/ acetaminophen tab 2.5-325 mg (OXYCODONE-ACETAMINOPHEN).....7
oxycodone w/ acetaminophen tab 5-325 mg (ENDOCET).....7
oxycodone w/ acetaminophen tab 5-325 mg (OXYCODONE-ACETAMINOPHEN).....7
oxycodone w/ acetaminophen tab 7.5-325 mg (ENDOCET).....7
oxycodone w/ acetaminophen tab 7.5-325 mg (OXYCODONE-ACETAMINOPHEN).....7
OXYCODONE-ASPIRIN.....7
oxycodone-aspirin tab 4.8355-325 mg.....7
OZEMPIC (0.25 OR 0.5 MG/DOSE) (semaglutide).....52
OZEMPIC (1 MG/DOSE) (semaglutide).....52
OZEMPIC (2 MG/DOSE) (semaglutide).....52

# P

PANRETIN (alitretinoin).....35
pantoprazole sodium ec tab 20 mg (base equiv).....102
pantoprazole sodium ec tab 40 mg (base equiv).....102
paromomycin sulfate cap 250 mg.....9
paroxetine hcl tab 10 mg.....23
paroxetine hcl tab 20 mg.....23
paroxetine hcl tab 30 mg.....23

paroxetine hcl tab 40 mg . . . . . 23
PASER (aminosalicylic acid) . . . . . 31
PC LANCETS SUPER THIN 30G . . . . . 156
PC UNIFINE PENTIPS . . . . . 156
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (GAVILYTE-G) . . . . . 101
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (PEG-3350/ELECTROLYTES) . . . . . 101
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (PEG 3350/ELECTROLYTES) . . . . . 101
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (GAVILYTE-N WITH FLAVOR PACK) . . . . . 99
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (PEG 3350-KCL-NA BICARB-NACL) . . . . . 99
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (TRILYTE) . . . . . 100
PEG-PREP (bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride) . . . . . 100
PEGASYS (peginterferon alfa-2a) . . . . . 129
PEGASYS PROCLICK (peginterferon alfa-2a) . . . . . 129
PEGINTRON (peginterferon alfa-2b) . . . . . 43
PEN NEEDLES . . . . . 156
PEN NEEDLES 1/2" . . . . . 156
PEN NEEDLES 3/16" . . . . . 156
PEN NEEDLES 5/16" . . . . . 156
penicillamine tab 250 mg . . . . . 104
PENICILLIN V POTASSIUM . . . . . 13
penicillin v potassium tab 250 mg . . . . . 13
penicillin v potassium tab 500 mg . . . . . 13
PENTIPS . . . . . 156
pentoxifylline tab er 400 mg (PENTOXIFYLLINE ER) . . . . . 72
PERFECT LANCETS 28G . . . . . 156
PERFECT LANCETS 30G . . . . . 156
perindopril erbumine tab 2 mg . . . . . 60
perindopril erbumine tab 4 mg . . . . . 60
perindopril erbumine tab 8 mg . . . . . 60
permethrin cream 5% . . . . . 91
perphenazine tab 16 mg . . . . . 25
perphenazine tab 2 mg . . . . . 25
perphenazine tab 4 mg . . . . . 25
perphenazine tab 8 mg . . . . . 25
PERPHENAZINE-AMITRIPTYLINE . . . . . 22
PHARMACIST CHOICE LANCETS . . . . . 156
PHARMACY COUNTER LANCETS . . . . . 156
phenazopyridine hcl tab 100 mg . . . . . 104
phenazopyridine hcl tab 200 mg . . . . . 104
phendimetrazine tartrate tab 35 mg . . . . . 83
PHENELZINE SULFATE . . . . . 22
phenelzine sulfate tab 15 mg . . . . . 22
phenobarbital elixir 20 mg/5ml . . . . . 18
phenobarbital tab 100 mg . . . . . 18
phenobarbital tab 15 mg . . . . . 18
phenobarbital tab 16.2 mg . . . . . 18
phenobarbital tab 30 mg . . . . . 18
phenobarbital tab 32.4 mg . . . . . 18
phenobarbital tab 60 mg . . . . . 18
phenobarbital tab 64.8 mg . . . . . 18
phenobarbital tab 97.2 mg . . . . . 18
phenoxybenzamine hcl cap 10 mg . . . . . 58
phentermine hcl cap 15 mg . . . . . 83
phentermine hcl cap 30 mg . . . . . 83
phentermine hcl cap 37.5 mg . . . . . 83
phentermine hcl tab 37.5 mg . . . . . 83
phenylephrine hcl ophth soln 10% . . . . . 171
phenylephrine hcl ophth soln 10% (ALTAFRIN) . . . . . 171
phenylephrine hcl ophth soln 2.5% . . . . . 171
phenylephrine hcl ophth soln 2.5% (ALTAFRIN) . . . . . 171
phenytoin chew tab 50 mg . . . . . 19
phenytoin chew tab 50 mg (PHENYTOIN INFATABS) . . . . . 19
phenytoin sodium extended cap 100 mg . . . 20
phenytoin sodium extended cap 200 mg . . . 20
phenytoin sodium extended cap 300 mg . . . 20
phenytoin susp 125 mg/5ml . . . . . 20
PHEXXI (lactic acid-citric acid-potassium bitartrate) . . . . . 124
PHOSPHOLINE IODIDE (echothiophate iodide) . . . . . 174

pilocarpine hcl ophth soln 1%.....174
pilocarpine hcl ophth soln 2%.....174
pilocarpine hcl ophth soln 4%.....174
pilocarpine hcl tab 5 mg.....84
pilocarpine hcl tab 7.5 mg.....84
pimecrolimus cream 1%.....88
PIMOZIDE.....40
pioglitazone hcl tab 15 mg (base equiv)....52
pioglitazone hcl tab 30 mg (base equiv)....52
pioglitazone hcl tab 45 mg (base equiv)....52
pioglitazone hcl-metformin hcl tab 15-500 mg.....52
pioglitazone hcl-metformin hcl tab 15-850 mg.....52
PIP LANCETS 28G.....156
PIP LANCETS 30G.....156
PIRFENIDONE.....179
pirfenidone tab 267 mg.....179
pirfenidone tab 801 mg.....179
piroxicam cap 10 mg.....2
piroxicam cap 20 mg.....2
PNV TABS 29-1 (prenatal vit w/ iron carbonyl-folic acid).....96
PNV-DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha).....96
PNV-OMEGA (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3).....96
PNV-SELECT (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid).....96
POCKET CHAMBER.....156
POCKET SPACER.....156
podofilox soln 0.5%.....89
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....172
POMALYST (pomalidomide).....32
POT BICARB-POT CHLORIDE (potassium bicarb & chloride).....96
pot bicarbonate & chloride effer tab 25 meq (EFFERVESCENT POT CHLORIDE).....96
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (PHOSPHA 250 NEUTRAL).....104
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (PHOSPHO-TRIN 250 NEUTRAL).....105
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (PHOSPHOROUS).....105
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (VIRT-PHOS 250 NEUTRAL).....105
potassium bicarbonate effer tab 25 meq...96
potassium bicarbonate effer tab 25 meq (EFFER-K).....96
potassium bicarbonate effer tab 25 meq (K-EFFERVESCENT).....96
potassium bicarbonate effer tab 25 meq (K-PRIME).....96
potassium bicarbonate effer tab 25 meq (K-VESCENT).....96
potassium bicarbonate effer tab 25 meq (KLOR-CON/EF).....96
potassium chloride cap er 10 meq (KLOR-CON SPRINKLE).....92
potassium chloride cap er 10 meq (POTASSIUM CHLORIDE ER).....92
potassium chloride cap er 8 meq (KLOR-CON SPRINKLE).....92
potassium chloride cap er 8 meq (POTASSIUM CHLORIDE ER).....92
POTASSIUM CHLORIDE ER.....92
potassium chloride microencapsulated crys er tab 10 meq (KLOR-CON M10).....92
potassium chloride microencapsulated crys er tab 10 meq (POTASSIUM CHLORIDE CRYS ER).....92
potassium chloride microencapsulated crys er tab 15 meq (KLOR-CON M15).....92

potassium chloride microencapsulated crys er tab 15 meq (POTASSIUM CHLORIDE CRYS ER) . . . . . 92
potassium chloride microencapsulated crys er tab 20 meq (KLOR-CON M20) . . . . . 92
potassium chloride microencapsulated crys er tab 20 meq (POTASSIUM CHLORIDE CRYS ER) . . . . . 92
potassium chloride oral soln 10% (20 meq/15ml) . . . . . 92
potassium chloride oral soln 20% (40 meq/15ml) . . . . . 93
potassium chloride tab er 10 meq (POTASSIUM CHLORIDE ER) . . . . . 93
potassium chloride tab er 20 meq (1500 mg) (POTASSIUM CHLORIDE ER) . . . . . 93
potassium chloride tab er 8 meq (600 mg) (KLOR-CON) . . . . . 93
potassium chloride tab er 8 meq (600 mg) (POTASSIUM CHLORIDE ER) . . . . . 93
potassium citrate & citric acid powder pack 3300-1002 mg (TARON-CRYSTALS) . . . . . 105
potassium citrate & citric acid soln 1100-334 mg/5ml (CYTRA-K) . . . . . 105
potassium citrate & citric acid soln 1100-334 mg/5ml (POTASSIUM CITRATE-CITRIC ACID) 105
potassium citrate tab er 10 meq (1080 mg) (POTASSIUM CITRATE ER) . . . . . 93
potassium citrate tab er 15 meq (1620 mg) (POTASSIUM CITRATE ER) . . . . . 93
potassium citrate tab er 5 meq (540 mg) (POTASSIUM CITRATE ER) . . . . . 93
potassium phosphate monobasic tab 500 mg (PHOSPHO-TRIN K500) . . . . . 105
pramipexole dihydrochloride tab 0.125 mg . 37
pramipexole dihydrochloride tab 0.25 mg . . 37
pramipexole dihydrochloride tab 0.5 mg . . . 37
pramipexole dihydrochloride tab 0.75 mg . . 37
pramipexole dihydrochloride tab 1 mg . . . . . 37
pramipexole dihydrochloride tab 1.5 mg . . . 38
prasugrel hcl tab 10 mg (base equiv) . . . . . 57
prasugrel hcl tab 5 mg (base equiv) . . . . . 57
pravastatin sodium tab 10 mg . . . . . 75
pravastatin sodium tab 20 mg . . . . . 75
pravastatin sodium tab 40 mg . . . . . 75
pravastatin sodium tab 80 mg . . . . . 76
praziquantel tab 600 mg . . . . . 35
prazosin hcl cap 1 mg . . . . . 58
prazosin hcl cap 2 mg . . . . . 58
prazosin hcl cap 5 mg . . . . . 58
PRECISION SURE-DOSE SYRINGE . . . . . 157
PRECISION SUREDOSE PLUS SYR . . . . . 157
PRECISION THINS GP LANCETS . . . . . 157
PRECISION XTRA KETONE (ketone blood test) . . . . . 157
PREDNICARBATE . . . . . 107
PREDNISOLONE ACETATE (prednisolone acetate (ophth)) . . . . . 173
PREDNISOLONE ACETATE P-F (prednisolone acetate (ophth)) . . . . . 173
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (PREDNISOLONE SODIUM PHOSPHATE) . . . . . 107
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE) . . . . . 107
PREDNISOLONE SODIUM PHOSPHATE . . . . . 107
PREDNISOLONE SODIUM PHOSPHATE (prednisolone sodium phosphate (ophth)) . 173
prednisolone soln 15 mg/5ml . . . . . 107
PREDNISONE . . . . . 107
PREDNISONE INTENSOL . . . . . 107
prednisone tab 1 mg . . . . . 107
prednisone tab 10 mg . . . . . 107
prednisone tab 2.5 mg . . . . . 107
prednisone tab 20 mg . . . . . 107
prednisone tab 5 mg . . . . . 107
prednisone tab 50 mg . . . . . 107
prednisone tab therapy pack 10 mg (21) . . 107
prednisone tab therapy pack 10 mg (48) . . 107
prednisone tab therapy pack 5 mg (21) . . . 107
prednisone tab therapy pack 5 mg (48) . . . 107

PREFERRED PLUS INSULIN SYRINGE.....157
PREFERRED PLUS LANCETS COLORED.....157
PREFERRED PLUS LANCETS THIN.....157
PREFERRED PLUS UNIFINE PENTIPS.....157
pregabalin cap 100 mg.....83
pregabalin cap 150 mg.....83
pregabalin cap 200 mg.....84
pregabalin cap 225 mg.....84
pregabalin cap 25 mg.....84
pregabalin cap 300 mg.....84
pregabalin cap 50 mg.....84
pregabalin cap 75 mg.....84
pregabalin soln 20 mg/ml.....84
PREMARIN (estrogens, conjugated vaginal).....123
PREMARIN (estrogens, conjugated).....123
PREMPRO (conjugated estrogens-medroxyprogesterone acetate).....123
PRENAISSANCE (prenatal w/o vit a w/ fe fumarate-dss-fa-dha).....96
PRENATABS FA (prenatal vit w/ ferrous fumarate-folic acid).....96
PRENATABS RX (prenatal vit w/ iron carbonyl-folic acid).....96
PRENATAL (prenatal vit w/ ferrous fumarate-folic acid).....96
PRENATAL 19 (prenatal vit w/ ferrous fumarate-folic acid).....97
PRENATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid).....97
PRENATAL PLUS IRON (prenatal vit w/ iron carbonyl-folic acid).....97
PRENATAL PLUS VITAMIN/MINERAL (prenatal vit w/ ferrous fumarate-folic acid).....97
PRENATAL VITAMIN PLUS LOW IRON (prenatal vit w/ ferrous fumarate-folic acid).....97
PRENATAL-U (prenatal without a vit w/ fe fumarate-folic acid).....97
PRENATRIX (prenatal vit w/ ferrous fumarate-folic acid).....97
PRENATRYL (prenatal vit w/ ferrous fumarate-folic acid).....97
PREPLUS (prenatal vit w/ ferrous fumarate-folic acid).....97
PRESSURE ACTIVAT SAFETY LANCET.....157
PRETAB (prenatal vit w/ ferrous fumarate-folic acid).....97
PREVENT DROPSAFE PEN NEEDLES.....157
PREVENT SAFETY PEN NEEDLES.....157
PREZCOBIX (darunavir-cobicistat).....47
PREZISTA (darunavir ethanolate).....47
PREZISTA (darunavir).....47
PRIFTIN (rifapentine).....31
PRIMAQUINE PHOSPHATE.....36
primaquine phosphate tab 26.3 mg (15 mg base).....36
PRIMEAIRE HOLDING CHAMBER.....157
primidone tab 250 mg.....18
primidone tab 50 mg.....18
PRO COMFORT INSULIN SYRINGE.....157
PRO COMFORT LANCETS 30G.....157
PRO COMFORT LANCETS 31G.....157
PRO COMFORT PEN NEEDLES.....157
PRO COMFORT SPACER ADULT.....157
PRO COMFORT SPACER CHILD.....157
PRO COMFORT SPACER INFANT.....157
probenecid tab 500 mg.....28
PROCARE SPACER/ADULT MASK.....158
PROCARE SPACER/CHILD MASK.....158
prochlorperazine maleate tab 10 mg (base equivalent).....25
prochlorperazine maleate tab 5 mg (base equivalent).....26
prochlorperazine suppos 25 mg.....26
prochlorperazine suppos 25 mg (COMPRO).26
PRODIGY INSULIN SYRINGE.....158
PRODIGY LANCETS 28G.....158
PRODIGY SAFETY LANCETS 26G.....158
PRODIGY TWIST TOP LANCETS 28G.....158
progesterone cap 100 mg.....124
progesterone cap 200 mg.....124

promethazine & phenylephrine syrup 6.25-5 mg/5ml (PROMETHAZINE VC) . . . . . 181
promethazine & phenylephrine syrup 6.25-5 mg/5ml (PROMETHAZINE-PHENYLEPHRINE) . 181
promethazine hcl suppos 12.5 mg . . . . . .26
promethazine hcl suppos 12.5 mg (PHENADOZ) . . . . . 26
promethazine hcl suppos 12.5 mg (PROMETHEGAN) . . . . . .26
promethazine hcl suppos 25 mg . . . . . 26
promethazine hcl suppos 25 mg (PHENADOZ) . . . . . 26
promethazine hcl suppos 25 mg (PROMETHEGAN) . . . . . .26
promethazine hcl suppos 50 mg . . . . . 26
promethazine hcl syrup 6.25 mg/5ml . . . . . .175
promethazine hcl tab 12.5 mg . . . . . 26
promethazine hcl tab 25 mg . . . . . .26
promethazine hcl tab 50 mg . . . . . .26
promethazine w/ codeine syrup 6.25-10 mg/5ml (PROMETHAZINE-CODEINE) . . . . . .181
PROMETHAZINE-DM . . . . . 181
promethazine-dm syrup 6.25-15 mg/5ml . . . 181
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (PROMETHAZINE VC/CODEINE) . . . . . .181
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (PROMETHAZINE-PHENYLEPH-CODEINE) . . . . . .181
PROMETHEGAN (promethazine hcl) . . . . . .26
propafenone hcl cap er 12hr 225 mg (PROPAFENONE HCL ER) . . . . . 61
propafenone hcl cap er 12hr 325 mg (PROPAFENONE HCL ER) . . . . . 61
propafenone hcl cap er 12hr 425 mg (PROPAFENONE HCL ER) . . . . . 61
propafenone hcl tab 150 mg . . . . . 61
propafenone hcl tab 225 mg . . . . . 61
propafenone hcl tab 300 mg . . . . . 61
PROPANTHELINE BROMIDE . . . . . .101
proparacaine hcl ophth soln 0.5% . . . . . 171
PROPRANOLOL HCL . . . . . .63
propranolol hcl cap er 24hr 120 mg (PROPRANOLOL HCL ER) . . . . . 63
propranolol hcl cap er 24hr 160 mg (PROPRANOLOL HCL ER) . . . . . 63
propranolol hcl cap er 24hr 60 mg (PROPRANOLOL HCL ER) . . . . . 63
propranolol hcl cap er 24hr 80 mg (PROPRANOLOL HCL ER) . . . . . 63
propranolol hcl oral soln 20 mg/5ml . . . . . .63
propranolol hcl tab 10 mg . . . . . 63
propranolol hcl tab 20 mg . . . . . 63
propranolol hcl tab 40 mg . . . . . 63
propranolol hcl tab 60 mg . . . . . 63
propranolol hcl tab 80 mg . . . . . 63
PROPRANOLOL-HCTZ (propranolol & hydrochlorothiazide) . . . . . .72
propylthiouracil tab 50 mg . . . . . .128
protriptyline hcl tab 10 mg . . . . . 25
protriptyline hcl tab 5 mg . . . . . .25
PSEUDOEPH-CHLORPHEN-HYDROCOD (pseudoephed-cpm w/ hydrocod) . . . . . .181
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (BROMFED DM) . . . . . .181
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (PSEUDOEPH-BROMPHEN-DM) . . . . . .181
PSORCON (diflorasone diacetate) . . . . . .88
PSS SELECT GP LANCETS . . . . . .158
PSS SELECT SAFETY LANCETS . . . . . .158
PTS PANELS KETONE TEST (ketone blood test) . . . . . .158
PURE COMFORT LANCETS 30G . . . . . 158
PURE COMFORT PEN NEEDLE . . . . . .158
PURE COMFORT SPACER CHAMBER . . . . . .158
PUSH BUTTON SAFETY LANCETS . . . . . 158
PUSH BUTTON SAFETY LANCETS 28G . . . . . 158
PX EXTRA SHORT PEN NEEDLES . . . . . .158
PX INSULIN SYRINGE . . . . . 158
PX LANCETS MICROTHIN 33G . . . . . .158
PX LANCETS ULTRA THIN . . . . . 158
PX LANCETS ULTRA THIN 28G . . . . . 158

PX MINI PEN NEEDLES....158
PX PEN NEEDLE....158
PX SHORTLENGTH PEN NEEDLES....158
pyrazinamide tab 500 mg....31
PYRIDOSTIGMINE BROMIDE....30
pyridostigmine bromide tab 60 mg....30
pyrimethamine tab 25 mg....36

# Q

QC LANCETS SUPER THIN 30G....158
QC LANCETS ULTRA THIN....158
QC PEN NEEDLES....158
QC UNIFINE PENTIPS....159
QC UNILET LANCETS 28G....159
QC UNILET LANCETS MICRO THIN....159
QUETIAPINE FUMARATE....41
quetiapine fumarate tab 100 mg....41
quetiapine fumarate tab 200 mg....41
quetiapine fumarate tab 25 mg....41
quetiapine fumarate tab 300 mg....41
quetiapine fumarate tab 400 mg....41
quetiapine fumarate tab 50 mg....41
quinapril hcl tab 10 mg....60
quinapril hcl tab 20 mg....60
quinapril hcl tab 40 mg....60
quinapril hcl tab 5 mg....60
quinapril-hydrochlorothiazide tab 10-12.5 mg....72
quinapril-hydrochlorothiazide tab 20-12.5 mg....72
quinapril-hydrochlorothiazide tab 20-25 mg.72
QUINIDINE SULFATE....61
quinidine sulfate tab 200 mg....61
quinidine sulfate tab 300 mg....61
quinine sulfate cap 324 mg....36
QVAR REDIHALER (beclomethasone dipropionate hfa)....175

# R

RA E-ZJECT COLOR LANCETS 33G....159
RA E-ZJECT LANCETS 28G....159
RA E-ZJECT LANCETS THIN 26G....159
RA E-ZJECT LANCETS THIN 28G....159
RA E-ZJECT LANCETS ULTRA THIN....159
RA INSULIN SYRINGE....159
RA PEN NEEDLES....159
rabeprazole sodium ec tab 20 mg....102
RADIOGARDASE (prussian blue insoluble (ferric hexacyanoferrate ii))....97
raloxifene hcl tab 60 mg....124
ramelteon tab 8 mg....183
ramipril cap 1.25 mg....60
ramipril cap 10 mg....60
ramipril cap 2.5 mg....60
ramipril cap 5 mg....60
ranitidine hcl cap 150 mg....102
ranitidine hcl cap 300 mg....102
ranitidine hcl syrup 15 mg/ml (75 mg/5ml). 102
ranitidine hcl tab 300 mg....102
ranolazine tab er 12hr 1000 mg (RANOLAZINE ER)....72
ranolazine tab er 12hr 500 mg (RANOLAZINE ER)....73
rasagiline mesylate tab 0.5 mg (base equiv)39
rasagiline mesylate tab 1 mg (base equiv)..39
RAYA SURE PEN NEEDLE....159
READYLANCE SAFETY LANCETS....159
REALITY INSULIN SYRINGE....159
REALITY LANCETS....159
REALITY TRIGGER LANCETS....159
RELENZA DISKHALER (zanamivir)....48
RELEXXII (methylphenidate hcl)....82
RELI-ON INSULIN SYRINGE....159
RELION INSULIN SYRINGE....159
RELION KETONE (acetone (urine) test)....159
RELION KETONE TEST (acetone (urine) test).160
RELION LANCETS MICRO-THIN 33G....160
RELION LANCETS STANDARD 21G....160
RELION LANCETS THIN 26G....160
RELION LANCETS ULTRA-THIN 30G....160
RELION MINI PEN NEEDLES....160
RELION PEN NEEDLES....160

RELION SHORT PEN NEEDLES . . . . . 160
RELION ULTRA THIN LANCETS 30G . . . . . 160
RELION ULTRA THIN PLUS LANCETS . . . . . 160
RELNATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids) . . . . . 97
repaglinide tab 0.5 mg . . . . . 52
repaglinide tab 1 mg . . . . . 52
repaglinide tab 2 mg . . . . . 52
REPATHA (evolocumab) . . . . . 77
REPATHA PUSHTRONEX SYSTEM (evolocumab) . . . . . 77
REPATHA SURECLICK (evolocumab) . . . . . 77
RESCRIPTOR (delavirdine mesylate) . . . . . 44
RESTASIS (cyclosporine (ophth)) . . . . . 171
RESTASIS MULTIDOSE (cyclosporine (ophth)) . . . . . 171
RETACRIT (epoetin alfa-epbx) . . . . . 56
REVLIMID (lenalidomide) . . . . . 32
REXALL LANCETS ULTRA THIN 30G . . . . . 160
REYATAZ (atazanavir sulfate) . . . . . 47
ribavirin cap 200 mg . . . . . 43
ribavirin tab 200 mg . . . . . 43
ribavirin tab 200 mg (MODERIBA) . . . . . 43
RIDAURA (auranofin) . . . . . 128
rifabutin cap 150 mg . . . . . 30
rifampin cap 150 mg . . . . . 31
rifampin cap 300 mg . . . . . 31
RIFATER (isoniazid-rifampin w/ pyrazinamide) . . . . . 31
RIGHTEST GL300 LANCETS . . . . . 160
riluzole tab 50 mg . . . . . 83
RIMANTADINE HCL (rimantadine hydrochloride) . . . . . 48
RINVOQ (upadacitinib) . . . . . 131
risedronate sodium tab 150 mg . . . . . 133
risedronate sodium tab 30 mg . . . . . 133
risedronate sodium tab 35 mg . . . . . 133
risedronate sodium tab 5 mg . . . . . 133
risedronate sodium tab delayed release 35 mg . . . . . 133
risperidone soln 1 mg/ml . . . . . 41
risperidone tab 0.25 mg . . . . . 41
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
RITEFLO . . . . . 160
ritonavir tab 100 mg . . . . . 47
rivastigmine tartrate cap 1.5 mg (base equivalent) . . . . . 20
rivastigmine tartrate cap 3 mg (base equivalent) . . . . . 21
rivastigmine tartrate cap 4.5 mg (base equivalent) . . . . . 21
rivastigmine tartrate cap 6 mg (base equivalent) . . . . . 21
rivastigmine td patch 24hr 13.3 mg/24hr . . . . 21
rivastigmine td patch 24hr 4.6 mg/24hr . . . . . 21
rivastigmine td patch 24hr 9.5 mg/24hr . . . . . 21
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) . . . . . 29
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) . . . . . 29
rizatriptan benzoate tab 10 mg (base equivalent) . . . . . 29
rizatriptan benzoate tab 5 mg (base equivalent) . . . . . 29
roflumilast tab 250 mcg . . . . . 178
roflumilast tab 500 mcg . . . . . 178
ropinirole hydrochloride tab 0.25 mg (ROPINIROLE HCL) . . . . . 38
ropinirole hydrochloride tab 0.5 mg (ROPINIROLE HCL) . . . . . 38
ropinirole hydrochloride tab 1 mg (ROPINIROLE HCL) . . . . . 38
ropinirole hydrochloride tab 2 mg (ROPINIROLE HCL) . . . . . 38
ropinirole hydrochloride tab 3 mg (ROPINIROLE HCL) . . . . . 38
ropinirole hydrochloride tab 4 mg (ROPINIROLE HCL) . . . . . 38

ropinirole hydrochloride tab 5 mg (ROPINIROLE HCL) . . . . . 38
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (ROPINIROLE HCL ER) . . . . . 38
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (ROPINIROLE HCL ER) . . . . . 38
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (ROPINIROLE HCL ER) . . . . . 38
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (ROPINIROLE HCL ER) . . . . . 38
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (ROPINIROLE HCL ER) . . . . . 38
rosuvastatin calcium tab 10 mg . . . . . 76
rosuvastatin calcium tab 20 mg . . . . . 76
rosuvastatin calcium tab 40 mg . . . . . 76
rosuvastatin calcium tab 5 mg . . . . . 76
RUZURGI (amifampridine) . . . . . 160
RYBELSUS (semaglutide) . . . . . 52

# S

SAFE-T-LANCE . . . . . 160
SAFE-T-LANCE PLUS . . . . . 160
SAFESNAP INSULIN SYRINGE . . . . . 160
SAFETY INSULIN SYRINGES . . . . . 160
SAFETY LANCET 21G/PRESSURE ACT . . . . . 160
SAFETY LANCET 23G/PRESSURE ACT . . . . . 160
SAFETY LANCET 28G/PRESSURE ACT . . . . . 160
SAFETY LANCET 30G/PRESSURE ACT . . . . . 160
SAFETY LANCETS . . . . . 160
SAFETY LANCETS 21G . . . . . 160
SAFETY LANCETS 28G . . . . . 160
SAFETY LET LANCETS . . . . . 161
SAFETY PEN NEEDLES . . . . . 161
SAFETY SEAL LANCETS . . . . . 161
SALICYLIC ACID . . . . . 89
salicylic acid film forming liquid 27.5% . . . . . 89
salicylic acid film forming liquid 27.5% (SALICYLIC ACID WART REMOVER) . . . . . 90
salicylic acid lotion 6% . . . . . 90
salicylic acid lotion 6% (SALITECH FORTE) . . . . 90
SAPS HEALTH TWIST TOP LANCETS . . . . . 161
SAPS TWIST TOP LANCETS . . . . . 161
SAPSCARE TWIST TOP LANCETS . . . . . 161
SB INSULIN SYRINGE . . . . . 161
SB LANCETS THIN . . . . . 161
SB LANCETS ULTRA THIN . . . . . 161
scopolamine td patch 72hr 1 mg/3days . . . . 26
SE-NATAL 19 (prenatal vit w/ ferrous fumarate-folic acid) . . . . . 97
SECURESAFE INSULIN SYRINGE . . . . . 161
SECURESAFE SAFETY PEN NEEDLES . . . . . 161
selegiline hcl cap 5 mg . . . . . 39
selegiline hcl tab 5 mg . . . . . 39
selenium sulfide lotion 2.5% . . . . . 88
SELZENTRY (maraviroc) . . . . . 46
sertraline hcl oral concentrate for solution 20 mg/ml . . . . . 23
sertraline hcl tab 100 mg . . . . . 23
sertraline hcl tab 25 mg . . . . . 23
sertraline hcl tab 50 mg . . . . . 23
sevelamer carbonate packet 0.8 gm . . . . . 93
sevelamer carbonate packet 2.4 gm . . . . . 93
sevelamer carbonate tab 800 mg . . . . . 93
SHOPKO ON-THE-GO LANCETS 30G . . . . . 161
SHOPKO UNIFINE PENTIPS . . . . . 161
SHOPKO UNIFINE PENTIPS PLUS . . . . . 161
SHOPKO UNILET LANCETS 28G . . . . . 161
SHOPKO UNILET LANCETS 30G . . . . . 161
SIDE BUTTON SAFETY LANCET . . . . . 161
sildenafil citrate tab 100 mg . . . . . 105
sildenafil citrate tab 20 mg . . . . . 179
sildenafil citrate tab 25 mg . . . . . 105
sildenafil citrate tab 50 mg . . . . . 105
silodosin cap 4 mg . . . . . 104
silodosin cap 8 mg . . . . . 104
silver sulfadiazine cream 1% . . . . . 90
silver sulfadiazine cream 1% (SSD) . . . . . 90
SIMBRINZA (brinzolamide-brimonidine tartrate) . . . . . 174
simvastatin tab 10 mg . . . . . 76
simvastatin tab 20 mg . . . . . 76
simvastatin tab 40 mg . . . . . 76

simvastatin tab 5 mg . . . . . 76
simvastatin tab 80 mg . . . . . 76
SINGLE-LET . . . . . 161
sirolimus oral soln 1 mg/ml . . . . . 131
sirolimus tab 0.5 mg . . . . . 131
sirolimus tab 1 mg . . . . . 131
sirolimus tab 2 mg . . . . . 131
SKYRIZI (150 MG DOSE) (risankizumab-rzaa) 128
SKYRIZI (risankizumab-rzaa (crohn's)) . . . . . 101
SKYRIZI (risankizumab-rzaa) . . . . . 128
SKYRIZI PEN (risankizumab-rzaa) . . . . . 129
SLYND (drospirenone) . . . . . 124
SM LANCETS 33G . . . . . 161
SMART SENSE COLOR LANCETS 33G . . . . . 161
SMART SENSE STANDARD LANCETS . . . . . 161
SMART SENSE SUPER THIN LANCETS . . . . . 161
SMART SENSE THIN LANCETS 26G . . . . . 161
SMARTEST LANCETS 28G . . . . . 161
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (NA SULFATE-K SULFATE-MG SULF) . . . . . 100
sodium chloride soln nebu 0.9% . . . . . 182
sodium chloride soln nebu 10% . . . . . 182
sodium chloride soln nebu 3% . . . . . 182
sodium chloride soln nebu 3% (NEBUSAL) . . 182
sodium chloride soln nebu 7% . . . . . 182
sodium chloride soln nebu 7% (PULMOSAL) 182
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (FLUORITAB) . . . . . 97
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (NAFRINSE DROPS) . . . . . 97
sodium polystyrene sulfonate oral susp 15 gm/60ml . . . . . 94
sodium polystyrene sulfonate oral susp 15 gm/60ml (KIONEX) . . . . . 94
sodium polystyrene sulfonate rectal susp 30 gm/120ml . . . . . 94
SODIUM SULFACETAMIDE-BAKUCHIOL (sulfacetamide sodium in bakuchiol vehicle) . . . . . 90
solifenacin succinate tab 10 mg . . . . . 104
solifenacin succinate tab 5 mg . . . . . 104
SOLUS V2 LANCETS 28G . . . . . 161
SOLUS V2 TWIST LANCETS 30G . . . . . 162
sorafenib tosylate tab 200 mg (base equivalent) . . . . . 34
sotalol hcl (afib/afl) tab 120 mg (SOTALOL HCL (AF)) . . . . . 61
sotalol hcl (afib/afl) tab 160 mg (SOTALOL HCL (AF)) . . . . . 61
sotalol hcl (afib/afl) tab 80 mg (SOTALOL HCL (AF)) . . . . . 61
sotalol hcl tab 120 mg . . . . . 61
sotalol hcl tab 120 mg (SORINE) . . . . . 61
sotalol hcl tab 160 mg . . . . . 61
sotalol hcl tab 160 mg (SORINE) . . . . . 61
sotalol hcl tab 240 mg . . . . . 61
sotalol hcl tab 240 mg (SORINE) . . . . . 61
sotalol hcl tab 80 mg . . . . . 61
sotalol hcl tab 80 mg (SORINE) . . . . . 61
SPINOSAD . . . . . 91
SPIRIVA HANDIHALER (tiotropium bromide monohydrate) . . . . . 176
SPIRIVA RESPIMAT (tiotropium bromide monohydrate) . . . . . 176
spironolactone & hydrochlorothiazide tab 25-25 mg (SPIRONOLACTONE-HCTZ) . . . . . 73
spironolactone tab 100 mg . . . . . 74
spironolactone tab 25 mg . . . . . 74
spironolactone tab 50 mg . . . . . 74
SPRYCEL (dasatinib) . . . . . 34
SPS (sodium polystyrene sulfonate) . . . . . 94
SSKI (potassium iodide (expectorant)) . . . . . 128
SSS 10-5 (sulfacetamide sodium w/ sulfur) . . . 90
STAVUDINE . . . . . 46
stavudine cap 15 mg . . . . . 46
stavudine cap 20 mg . . . . . 46
stavudine cap 30 mg . . . . . 46
stavudine cap 40 mg . . . . . 46
STELARA (ustekinumab) . . . . . 129
STERILANCE TL . . . . . 162
STIVARGA (regorafenib) . . . . . 35

STRIVERDI RESPIMAT (olodaterol hcl) . . . . . 177
sucralfate susp 1 gm/10ml . . . . . 102
sucralfate tab 1 gm . . . . . 102
SULFACETAMIDE SODIUM (sulfacetamide sodium (ophth)) . . . . . 172
sulfacetamide sodium liquid 10% . . . . . 90
sulfacetamide sodium liquid 10% (SODIUM SULFACETAMIDE WASH) . . . . . 90
sulfacetamide sodium lotion 10% (acne) (SULFACETAMIDE SODIUM (ACNE)) . . . . . 15
sulfacetamide sodium ophth soln 10% . . . . . 172
sulfacetamide sodium shampoo 10% (SODIUM SULFACETAMIDE) . . . . . 90
sulfacetamide sodium w/ sulfur cleanser 10-2% (SULFACETAMIDE SODIUM-SULFUR) . . . . . 90
sulfacetamide sodium w/ sulfur cleanser 10-5% (AVAR CLEANSER) . . . . . 90
sulfacetamide sodium w/ sulfur cleanser 10-5% (ROSANIL CLEANSER) . . . . . 90
sulfacetamide sodium w/ sulfur cleanser 10-5% (SULFACETAMIDE SODIUM-SULFUR) . . . . . 90
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR) . . . . . 90
sulfacetamide sodium w/ sulfur cleansing pad 10-4% (SULFACETAMIDE SODIUM-SULFUR) . . . . 90
sulfacetamide sodium w/ sulfur cream 10-2% (SULFACETAMIDE SODIUM-SULFUR) . . . . . 90
sulfacetamide sodium w/ sulfur cream 10-5% (SSS 10-5) . . . . . 90
sulfacetamide sodium w/ sulfur cream 10-5% (SULFACETAMIDE SODIUM-SULFUR) . . . . . 90
sulfacetamide sodium w/ sulfur cream 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR) . . . . . 90
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR) . . . . . 91
sulfacetamide sodium w/ sulfur susp 8-4% (SULFACETAMIDE SODIUM-SULFUR) . . . . . 91
sulfacetamide sodium w/ sulfur susp 8-4% (SULFACLEANSE 8/4) . . . . . 91
sulfacetamide sodium w/ sulfur wash 9-4% (SULFACETAMIDE SOD-SULFUR WASH) . . . . . 91
sulfacetamide sodium w/ sulfur wash 9-4% (SULFACETAMIDE SODIUM-SULFUR) . . . . . 91
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% (SULFACETAMIDE-PREDNISOLONE) . . . . . 171
SULFACETAMIDE SODIUM-SULFUR (sulfacetamide sodium w/ sulfur) . . . . . 91
SULFACETAMIDE-PREDNISOLONE (sulfacetamide sod-prednisolone) . . . . . 171
SULFADIAZINE . . . . . 15
sulfadiazine tab 500 mg . . . . . 15
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml . . . . . 15
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml (SULFATRIM PEDIATRIC) . . . . . 15
sulfamethoxazole-trimethoprim tab 400-80 mg . . . . . 15
sulfamethoxazole-trimethoprim tab 800-160 mg . . . . . 15
sulfasalazine tab 500 mg . . . . . 132
sulfasalazine tab delayed release 500 mg . 132
sulindac tab 150 mg . . . . . 2
sulindac tab 200 mg . . . . . 2
sumatriptan nasal spray 20 mg/act . . . . . 29
sumatriptan nasal spray 5 mg/act . . . . . 29
SUMATRIPTAN SUCCINATE . . . . . 29
sumatriptan succinate inj 6 mg/0.5ml . . . . . 29
SUMATRIPTAN SUCCINATE REFILL . . . . . 29
sumatriptan succinate solution auto-injector 4 mg/0.5ml . . . . . 29
sumatriptan succinate solution auto-injector 6 mg/0.5ml . . . . . 29
sumatriptan succinate solution cartridge 4 mg/0.5ml (SUMATRIPTAN SUCCINATE REFILL) . 29
sumatriptan succinate solution cartridge 6 mg/0.5ml (SUMATRIPTAN SUCCINATE REFILL) . 30
sumatriptan succinate tab 100 mg . . . . . 30
sumatriptan succinate tab 25 mg . . . . . 30
sumatriptan succinate tab 50 mg . . . . . 30
sunitinib malate cap 12.5 mg (base equivalent) . . . . . 35

sunitinib malate cap 25 mg (base equivalent) . . . . . 35
sunitinib malate cap 37.5 mg (base equivalent) . . . . . 35
sunitinib malate cap 50 mg (base equivalent) . . . . . 35
SUPER THIN LANCETS . . . . . 162
SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate) . . . . . 100
SURE COMFORT INSULIN SYRINGE . . . . . 162
SURE COMFORT LANCETS 18G . . . . . 162
SURE COMFORT LANCETS 21G . . . . . 162
SURE COMFORT LANCETS 23G . . . . . 162
SURE COMFORT LANCETS 28G . . . . . 162
SURE COMFORT LANCETS 30G . . . . . 162
SURE COMFORT PEN NEEDLES . . . . . 162
SURE-FINE PEN NEEDLES . . . . . 162
SURE-JECT INSULIN SYRINGE . . . . . 162
SURE-LANCE FLAT LANCETS . . . . . 162
SURE-LANCE LANCETS 26G . . . . . 162
SURE-LANCE THIN LANCETS 28G . . . . . 162
SURE-LANCE ULTRA THIN LANCETS . . . . . 162
SURE-TOUCH LANCETS UNIVERSAL . . . . . 162
SURELITE LANCETS . . . . . 162
SYMBICORT (budesonide-formoterol fumarate dihydrate) . . . . . 182
SYMDEKO (tezacaftor-ivacaftor) . . . . . 177
SYNAREL (nafarelin acetate) . . . . . 127
SYNJARDY (empagliflozin-metformin hcl) . . . . 52
SYNJARDY XR (empagliflozin-metformin hcl) . 52
SYNTHROID (levothyroxine sodium) . . . . . 127

# T

TABLOID (thioguanine) . . . . . 32
tacrolimus cap 0.5 mg . . . . . 132
tacrolimus cap 1 mg . . . . . 132
tacrolimus cap 5 mg . . . . . 132
tacrolimus oint 0.03% . . . . . 88
tacrolimus oint 0.1% . . . . . 88
tadalafil tab 20 mg (pah) (ALYQ) . . . . . 179
tadalafil tab 20 mg (pah) (TADALAFIL (PAH)) . . . . . 179
TAFINLAR (dabrafenib mesylate) . . . . . 35
TALTZ (ixekizumab) . . . . . 129
tamoxifen citrate tab 10 mg (base equivalent) . . . . . 32
tamoxifen citrate tab 20 mg (base equivalent) . . . . . 32
tamsulosin hcl cap 0.4 mg . . . . . 104
TARON-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3) . . . . . 97
TASIGNA (nilotinib hcl) . . . . . 35
TECHLITE AST LANCETS . . . . . 162
TECHLITE INSULIN SYRINGE . . . . . 163
TECHLITE LANCETS . . . . . 163
TECHLITE LANCETS 30G . . . . . 163
TECHLITE PEN NEEDLES . . . . . 163
telmisartan tab 20 mg . . . . . 59
telmisartan tab 40 mg . . . . . 59
telmisartan tab 80 mg . . . . . 59
telmisartan-amlodipine tab 40-10 mg . . . . . 73
telmisartan-amlodipine tab 40-5 mg . . . . . 73
telmisartan-amlodipine tab 80-10 mg . . . . . 73
telmisartan-amlodipine tab 80-5 mg . . . . . 73
telmisartan-hydrochlorothiazide tab 40-12.5 mg (TELMISARTAN-HCTZ) . . . . . 73
telmisartan-hydrochlorothiazide tab 80-12.5 mg (TELMISARTAN-HCTZ) . . . . . 73
telmisartan-hydrochlorothiazide tab 80-25 mg (TELMISARTAN-HCTZ) . . . . . 73
temazepam cap 15 mg . . . . . 183
temazepam cap 22.5 mg . . . . . 183
temazepam cap 30 mg . . . . . 183
temazepam cap 7.5 mg . . . . . 183
TEMIXYS (lamivudine-tenofovir disoproxil fumarate) . . . . . 46
tenofovir disoproxil fumarate tab 300 mg . . . 46
terazosin hcl cap 1 mg (base equivalent) . . . 58
terazosin hcl cap 10 mg (base equivalent) . . 58
terazosin hcl cap 2 mg (base equivalent) . . . 58
terazosin hcl cap 5 mg (base equivalent) . . . 58

terbinafine hcl tab 250 mg . . . . . 28
terconazole vaginal cream 0.4% . . . . . 28
terconazole vaginal cream 0.8% . . . . . 28
TESTOSTERONE . . . . . 108
TESTOSTERONE CYPIONATE . . . . . 108
testosterone cypionate im inj in oil 100 mg/ml . . . . . 108
testosterone cypionate im inj in oil 200 mg/ml . . . . . 108
TESTOSTERONE ENANTHATE . . . . . 108
testosterone enanthate im inj in oil 200 mg/ml . . . . . 109
testosterone td gel 12.5 mg/act (1%) . . . . . 109
testosterone td gel 20.25 mg/1.25gm (1.62%) . . . . . 109
testosterone td gel 20.25 mg/act (1.62%) . . 109
testosterone td gel 25 mg/2.5gm (1%) . . . . . 109
testosterone td gel 40.5 mg/2.5gm (1.62%) . 109
testosterone td gel 50 mg/5gm (1%) . . . . . 109
tetracycline hcl cap 250 mg . . . . . 16
tetracycline hcl cap 500 mg . . . . . 16
TGT LANCET MICRO THIN 33G . . . . . 163
TGT LANCET THIN 26G . . . . . 163
TGT LANCET ULTRA THIN 30G . . . . . 163
THALOMID (thalidomide) . . . . . 32
theophylline elixir 80 mg/15ml . . . . . 178
theophylline elixir 80 mg/15ml (ELIXOPHYLLIN) . . . . . 178
theophylline soln 80 mg/15ml . . . . . 178
theophylline tab er 12hr 100 mg (THEOPHYLLINE ER) . . . . . 178
theophylline tab er 12hr 200 mg (THEOPHYLLINE ER) . . . . . 178
theophylline tab er 12hr 300 mg (THEOPHYLLINE ER) . . . . . 178
theophylline tab er 12hr 450 mg (THEOPHYLLINE ER) . . . . . 178
theophylline tab er 24hr 400 mg (THEOPHYLLINE ER) . . . . . 178
theophylline tab er 24hr 600 mg (THEOPHYLLINE ER) . . . . . 178
THINLETS GP LANCETS . . . . . 163
THIOLA EC (tiopronin) . . . . . 105
thioridazine hcl tab 10 mg . . . . . 40
thioridazine hcl tab 100 mg . . . . . 40
thioridazine hcl tab 25 mg . . . . . 40
thioridazine hcl tab 50 mg . . . . . 40
thiothixene cap 1 mg . . . . . 40
thiothixene cap 10 mg . . . . . 40
thiothixene cap 2 mg . . . . . 40
thiothixene cap 5 mg . . . . . 40
THRIVITE RX (prenatal vit w/ iron carbonyl-folic acid) . . . . . 97
thyroid tab 120 mg (2 grain) . . . . . 127
thyroid tab 15 mg (1/4 grain) . . . . . 127
thyroid tab 30 mg (1/2 grain) . . . . . 127
thyroid tab 60 mg (1 grain) . . . . . 127
thyroid tab 90 mg (1 1/2 grain) . . . . . 127
TIBSOVO (ivosidenib) . . . . . 35
TIMOLOL MALEATE (timolol maleate (ophth)) . . . . . 173
timolol maleate ophth gel forming soln 0.25% . . . . . 173
timolol maleate ophth gel forming soln 0.5% . . . . . 173
timolol maleate ophth soln 0.25% . . . . . 173
timolol maleate ophth soln 0.5% . . . . . 173
tinidazole tab 250 mg . . . . . 10
tinidazole tab 500 mg . . . . . 10
tiopronin tab 100 mg . . . . . 105
TIVICAY (dolutegravir sodium) . . . . . 44
TIVICAY PD (dolutegravir sodium) . . . . . 44
tizanidine hcl tab 2 mg (base equivalent) . . . 42
tizanidine hcl tab 4 mg (base equivalent) . . . 42
TL-SELECT (prenatal w/o vit a w/ fe fumarate-dss-fa-dha) . . . . . 97
TOBRADEX (tobramycin-dexamethasone) . 171
TOBRAMYCIN . . . . . 177
tobramycin nebu soln 300 mg/5ml . . . . . 177
tobramycin ophth soln 0.3% . . . . . 172
tobramycin-dexamethasone ophth susp 0.3-0.1% . . . . . 171

TODAYS HEALTH MINI PEN NEEDLES . . . . . 163
TODAYS HEALTH PEN NEEDLES . . . . . 163
TODAYS HEALTH SHORT PEN NEEDLE . . . . . 163
TODAYS HEALTH THIN LANCETS 28G . . . . . 163
TODAYS HEALTH THIN LANCETS 30G . . . . . 163
tolterodine tartrate cap er 24hr 2 mg (TOLTERODINE TARTRATE ER) . . . . . 104
tolterodine tartrate cap er 24hr 4 mg (TOLTERODINE TARTRATE ER) . . . . . 104
tolterodine tartrate tab 1 mg . . . . . 104
tolterodine tartrate tab 2 mg . . . . . 104
TOPCARE CLICKFINE PEN NEEDLES . . . . . 163
TOPCARE LANCETS MICRO-THIN 33G . . . . . 163
TOPCARE ULTRA COMFORT INS SYR . . . . . 163
topiramate sprinkle cap 15 mg . . . . . 17
topiramate sprinkle cap 25 mg . . . . . 17
topiramate tab 100 mg . . . . . 18
topiramate tab 200 mg . . . . . 18
topiramate tab 25 mg . . . . . 18
topiramate tab 50 mg . . . . . 18
toremifene citrate tab 60 mg (base equivalent) . . . . . 32
torsemide tab 10 mg . . . . . 74
torsemide tab 100 mg . . . . . 74
torsemide tab 20 mg . . . . . 74
torsemide tab 5 mg . . . . . 74
TOUJEO MAX SOLOSTAR (insulin glargine) . . . 54
TOUJEO SOLOSTAR (insulin glargine) . . . . . 54
TRACLEER (bosentan) . . . . . 179
TRAMADOL HCL ER (BIPHASIC) . . . . . 3
tramadol hcl tab 100 mg . . . . . 7
tramadol hcl tab 50 mg . . . . . 7
tramadol hcl tab er 24hr 100 mg (TRAMADOL HCL ER) . . . . . 3
tramadol hcl tab er 24hr 200 mg (TRAMADOL HCL ER) . . . . . 3
tramadol hcl tab er 24hr 300 mg (TRAMADOL HCL ER) . . . . . 3
tramadol hcl tab er 24hr biphasic release 100 mg (TRAMADOL HCL ER (BIPHASIC)) . . . . . 3
tramadol hcl tab er 24hr biphasic release 200 mg (TRAMADOL HCL ER (BIPHASIC)) . . . . . 3
tramadol hcl tab er 24hr biphasic release 300 mg (TRAMADOL HCL ER (BIPHASIC)) . . . . . 3
tramadol-acetaminophen tab 37.5-325 mg . . 7
trandolapril tab 1 mg . . . . . 60
trandolapril tab 2 mg . . . . . 60
trandolapril tab 4 mg . . . . . 60
tranexamic acid tab 650 mg . . . . . 57
tranylcypromine sulfate tab 10 mg . . . . . 22
TRAVEL LANCETS . . . . . 163
TRAVEL LANCETS ADVANCED 28G . . . . . 163
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (TRAVOPROST (BAK FREE)) . 174
trazodone hcl tab 100 mg . . . . . 23
trazodone hcl tab 150 mg . . . . . 23
trazodone hcl tab 300 mg . . . . . 23
trazodone hcl tab 50 mg . . . . . 23
TRECATOR (ethionamide) . . . . . 31
TRELEGY ELLIPTA (fluticasone-umeclidinium-vilanterol) . . . . . 182
TREMFYA (guselkumab) . . . . . 129
TRESIBA (insulin degludec) . . . . . 54
TRESIBA FLEXTOUCH (insulin degludec) . . . 54,55
tretinoin cap 10 mg . . . . . 35
tretinoin cream 0.025% . . . . . 86
tretinoin cream 0.05% . . . . . 86
tretinoin cream 0.1% . . . . . 86
tretinoin gel 0.01% . . . . . 86
tretinoin gel 0.025% . . . . . 86
tretinoin gel 0.05% . . . . . 86
triamcinolone acetonide cream 0.025% . . . . 88
triamcinolone acetonide cream 0.1% . . . . . 88
triamcinolone acetonide cream 0.1% (TRIDERM) . . . . . 88
triamcinolone acetonide cream 0.5% . . . . . 88
triamcinolone acetonide cream 0.5% (TRIDERM) . . . . . 88
triamcinolone acetonide dental paste 0.1% 84
triamcinolone acetonide dental paste 0.1% (ORALONE) . . . . . 84

triamcinolone acetonide lotion 0.025%.....89
triamcinolone acetonide lotion 0.1%.....89
triamcinolone acetonide oint 0.025%..... 89
triamcinolone acetonide oint 0.1%.....89
triamcinolone acetonide oint 0.5%.....89
triamterene & hydrochlorothiazide cap 37.5-25 mg (TRIAMTERENE-HCTZ).....73
triamterene & hydrochlorothiazide tab 37.5-25 mg (TRIAMTERENE-HCTZ).....73
triamterene & hydrochlorothiazide tab 75-50 mg (TRIAMTERENE-HCTZ).....73
TRICARE (prenatal vit w/ ferrous fumarate-folic acid).....98
trifluoperazine hcl tab 1 mg (base equivalent).....40
trifluoperazine hcl tab 10 mg (base equivalent).....40
trifluoperazine hcl tab 2 mg (base equivalent).....40
trifluoperazine hcl tab 5 mg (base equivalent).....40
TRIFLURIDINE.....48
TRIHEXYPHENIDYL HCL.....36
trihexyphenidyl hcl oral soln 0.4 mg/ml.....36
trihexyphenidyl hcl tab 2 mg.....37
trihexyphenidyl hcl tab 5 mg.....37
trimethobenzamide hcl cap 300 mg.....26
TRIMETHOPRIM..... 10
trimethoprim tab 100 mg.....10
trimipramine maleate cap 100 mg.....25
trimipramine maleate cap 25 mg.....25
trimipramine maleate cap 50 mg.....25
TRINATAL RX 1 (prenatal vit w/ ferrous fumarate-folic acid).....98
TRINATE (prenatal vit w/ ferrous fumarate-folic acid).....98
TRIUMEQ (abacavir-dolutegravir-lamivudine)..... 46
TRIUMEQ PD (abacavir-dolutegravir-lamivudine)..... 46
tropicamide ophth soln 0.5%.....171
tropicamide ophth soln 1%.....171
trospium chloride tab 20 mg.....104
TRUE COMFORT INSULIN SYRINGE.....164
TRUE COMFORT PEN NEEDLES..... 164
TRUE COMFORT PRO INSULIN SYR.....164
TRUE COMFORT PRO PEN NEEDLES..... 164
TRUE COMFORT TWIST TOP LANCETS.....164
TRUEPLUS 5-BEVEL PEN NEEDLES..... 164
TRUEPLUS INSULIN SYRINGE..... 164
TRUEPLUS LANCETS 26G..... 164
TRUEPLUS LANCETS 28G..... 164
TRUEPLUS LANCETS 30G..... 164
TRUEPLUS LANCETS 33G..... 164
TRUEPLUS PEN NEEDLES.....164
TRUEPLUS SAFETY LANCETS 28G.....164
TRULICITY (dulaglutide).....53
TWIRLA (levonorgestrel-ethinyl estradiol)...123
TYBLUME (levonorgestrel & eth estradiol)...123
TYMLOS (abaloparatide).....133

# U

ULTICARE INSULIN SAFETY SYR.....164
ULTICARE INSULIN SYRINGE..... 165
ULTICARE MICRO PEN NEEDLES.....165
ULTICARE MINI PEN NEEDLES.....165
ULTICARE PEN NEEDLES.....165
ULTICARE SHORT PEN NEEDLES.....165
ULTIGUARD SAFEPACK PEN NEEDLE.....165
ULTIGUARD SAFEPACK SYR/NEEDLE.....165
ULTILET CLASSIC LANCETS.....165
ULTILET INSULIN SYRINGE.....165
ULTILET INSULIN SYRINGE SHORT.....165
ULTILET LANCETS.....165
ULTILET PEN NEEDLE.....165
ULTILET SAFETY LANCETS..... 166
ULTILET SAFETY LANCETS 23G..... 166
ULTRA COMFORT INSULIN SYRINGE..... 166
ULTRA FLO INSULIN PEN NEEDLES.....166
ULTRA FLO INSULIN SYR 1/2 UNIT..... 166
ULTRA FLO INSULIN SYRINGE.....166
ULTRA THIN LANCETS 31G.....166

ULTRA THIN PEN NEEDLES . . . . . 166
ULTRA-CARE LANCETS 30G . . . . . 166
ULTRA-COMFORT INSULIN SYRINGE . . . . . 166
ULTRA-THIN II AUTO LANCET . . . . . 166
ULTRA-THIN II INS SYR SHORT . . . . . 166
ULTRA-THIN II INSULIN SYRINGE . . . . . 166
ULTRA-THIN II LANCETS . . . . . 166
ULTRA-THIN II MINI PEN NEEDLE . . . . . 166
ULTRA-THIN II PEN NEEDLE SHORT . . . . . 167
ULTRA-THIN II PEN NEEDLES . . . . . 167
ULTRACARE INSULIN SYRINGE . . . . . 167
ULTRACARE PEN NEEDLES . . . . . 167
UNIFINE PEN NEEDLES . . . . . 167
UNIFINE PENTIPS . . . . . 167
UNIFINE PENTIPS PLUS . . . . . 167
UNIFINE SAFECONTROL PEN NEEDLE . . . . . 167
UNIFINE ULTRA PEN NEEDLE . . . . . 167
UNILET COMFORTOUCH LANCET . . . . . 167
UNILET EXCELITE . . . . . 167
UNILET EXCELITE II . . . . . 167
UNILET G.P. LANCET . . . . . 167
UNILET G.P. SUPERLITE LANCET . . . . . 167
UNILET GP 28 ULTRA THIN . . . . . 167
UNILET LANCET . . . . . 167
UNILET MICRO-THIN 33G . . . . . 167
UNILET SUPER-THIN 30G . . . . . 167
UNILET SUPERLITE LANCET . . . . . 167
UNILET ULTRA-THIN 28G . . . . . 168
UNISTIK 3 GENTLE . . . . . 168
UNISTIK PRO SAFETY LANCET . . . . . 168
UNISTIK SAFETY LANCETS 28G . . . . . 168
UNISTIK SAFETY LANCETS 30G . . . . . 168
UNISTIK TOUCH SAFETY LANC 21G . . . . . 168
UNISTIK TOUCH SAFETY LANC 23G . . . . . 168
UNISTIK TOUCH SAFETY LANC 28G . . . . . 168
UNISTIK TOUCH SAFETY LANC 30G . . . . . 168
UNIVERSAL 1 LANCETS THIN 26G . . . . . 168
UNIVERSAL 1 LANCETS THIN 33G . . . . . 168
UNIVERSAL 1 LANCETS ULTRA THIN . . . . . 168
urea cream 40% . . . . . 91
urea cream 40% (UREMEZ-40) . . . . . 91
urea lotion 40% . . . . . 91
urea lotion 40% (CEROVEL) . . . . . 91
urea lotion 40% (UREA-C40) . . . . . 91
ursodiol cap 300 mg . . . . . 101
ursodiol tab 250 mg . . . . . 101
ursodiol tab 500 mg . . . . . 102

# V

valacyclovir hcl tab 1 gm . . . . . 48
valacyclovir hcl tab 500 mg . . . . . 48
valganciclovir hcl for soln 50 mg/ml (base equiv) . . . . . 42
valganciclovir hcl tab 450 mg (base equivalent) . . . . . 42
valproate sodium oral soln 250 mg/5ml (base equiv) (VALPROIC ACID) . . . . . 18
valproic acid cap 250 mg . . . . . 18
valsartan tab 160 mg . . . . . 59
valsartan tab 320 mg . . . . . 59
valsartan tab 40 mg . . . . . 59
valsartan tab 80 mg . . . . . 59
valsartan-hydrochlorothiazide tab 160-12.5 mg . . . . . 73
valsartan-hydrochlorothiazide tab 160-25 mg . . . . . 73
valsartan-hydrochlorothiazide tab 320-12.5 mg . . . . . 73
valsartan-hydrochlorothiazide tab 320-25 mg . . . . . 73
valsartan-hydrochlorothiazide tab 80-12.5 mg . . . . . 73
VALUE HEALTH INSULIN SYRINGE . . . . . 168
VALUE PLUS LANCET STANDARD 21G . . . . . 168
VALUE PLUS LANCETS SUPER THIN . . . . . 168
VALUE PLUS LANCETS THIN 26G . . . . . 168
VALUMARK LANCET SUPER THIN 30G . . . . . 168
VALUMARK LANCET ULTRA THIN 28G . . . . . 168
VALUMARK PEN NEEDLES . . . . . 168
VALVED HOLDING CHAMBER . . . . . 168
vancomycin hcl cap 125 mg (base equivalent) . . . . . 10

vancomycin hcl cap 250 mg (base equivalent) . . . . . 10
VANDAZOLE (metronidazole vaginal) . . . . . 11
VANISHPOINT INSULIN SYRINGE . . . . . 168
VARENICLINE TARTRATE . . . . . 9
VASCEPA (icosapent ethyl) . . . . . 77
VELIVET (desogestrel-ethinyl estradiol (triphasic)) . . . . . 123
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (VENLAFAXINE HCL ER) . . . . . 23
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (VENLAFAXINE HCL ER) . . . . . 24
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (VENLAFAXINE HCL ER) . . . . . 24
venlafaxine hcl tab 100 mg (base equivalent) . . . . . 24
venlafaxine hcl tab 25 mg (base equivalent) . . . . . 24
venlafaxine hcl tab 37.5 mg (base equivalent) . . . . . 24
venlafaxine hcl tab 50 mg (base equivalent) . . . . . 24
venlafaxine hcl tab 75 mg (base equivalent) . . . . . 24
verapamil hcl cap er 24hr 100 mg (VERAPAMIL HCL ER) . . . . . 67
verapamil hcl cap er 24hr 120 mg (VERAPAMIL HCL ER) . . . . . 67
verapamil hcl cap er 24hr 180 mg (VERAPAMIL HCL ER) . . . . . 67
verapamil hcl cap er 24hr 200 mg (VERAPAMIL HCL ER) . . . . . 67
verapamil hcl cap er 24hr 240 mg (VERAPAMIL HCL ER) . . . . . 67
verapamil hcl cap er 24hr 300 mg (VERAPAMIL HCL ER) . . . . . 67
VERAPAMIL HCL ER . . . . . 67
verapamil hcl tab 120 mg . . . . . 67
verapamil hcl tab 40 mg . . . . . 67
verapamil hcl tab 80 mg . . . . . 67
verapamil hcl tab er 120 mg (VERAPAMIL HCL ER) . . . . . 67
verapamil hcl tab er 180 mg (VERAPAMIL HCL ER) . . . . . 67
verapamil hcl tab er 240 mg (VERAPAMIL HCL ER) . . . . . 67
VERZENIO (abemaciclib) . . . . . 35
VICTOZA (liraglutide) . . . . . 53
VIDA MIA UNIFINE PENTIPS . . . . . 168
VIDA MIA UNILET LANCETS 28G . . . . . 168
VIDA MIA UNILET LANCETS 30G . . . . . 168
VIDEX (didanosine) . . . . . 46
VIL-RX (prenatal vit w/ iron carbonyl-folic acid) . . . . . 98
VINATE CARE (prenatal without a vit w/ fe fumarate-folic acid) . . . . . 98
VINATE M (prenatal vit w/ selenium-fe fumarate-folic acid) . . . . . 98
VINATE ONE (prenatal vit w/ ferrous fumarate-folic acid) . . . . . 98
VIRACEPT (nelfinavir mesylate) . . . . . 47
VIREAD (tenofovir disoproxil fumarate) . . . . . 46
VIRT-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3) . . . . . 98
VIRT-NATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids) . . . . . 98
VIRT-PN (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid) . . . . . 98
VIRT-PN DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha) . . . . . 98
VIRT-PN PLUS (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3) . . . . . 98
VITAFOL-OB (prenatal vit w/ ferrous fumarate-folic acid) . . . . . 98
VITALET PRO LANCETS . . . . . 168
VITALET PRO PLUS LANCETS . . . . . 168
VITATHELY WITH GINGER (prenatal vit w/ ferrous fumarate-folic acid) . . . . . 98
VIVA DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids) . . . . . 98
VIVAGUARD LANCETS . . . . . 169

VOL-NATE (prenatal vit w/ ferrous fumarate-folic acid) . . . . . 98
VOL-PLUS (prenatal vit w/ ferrous fumarate-folic acid) . . . . . 98
VOL-TAB RX (prenatal vit w/ iron carbonyl-folic acid) . . . . . 98
voriconazole for susp 40 mg/ml . . . . . 28
voriconazole tab 200 mg . . . . . 28
voriconazole tab 50 mg . . . . . 28
VORTEX HOLD CHMBR/MASK/CHILD . . . . . 169
VORTEX HOLD CHMBR/MASK/TODDLER . . . . 169
VORTEX HOLDING CHAMBER/MASK . . . . . 169
VORTEX VALVED HOLDING CHAMBER . . . . . 169
VOSEVI (sofosbuvir-velpatasvir-voxilaprevir) . 43
VOTRIENT (pazopanib hcl) . . . . . 35
VP INSULIN SYRINGE . . . . . 169
VYVANSE (lisdexamfetamine dimesylate) . . . 80

# W

WALGREENS ADV TRAVEL LANCETS . . . . . 169
WALGREENS LANCETS . . . . . 169
WALGREENS LANCETS MICRO THIN . . . . . 169
WALGREENS LANCETS SUPER THIN . . . . . 169
WALGREENS THIN LANCETS . . . . . 169
WALGREENS ULTRA THIN LANCETS . . . . . 169
warfarin sodium tab 1 mg . . . . . 55
warfarin sodium tab 1 mg (JANTOVEN) . . . . . 55
warfarin sodium tab 10 mg . . . . . 55
warfarin sodium tab 10 mg (JANTOVEN) . . . . 56
warfarin sodium tab 2 mg . . . . . 56
warfarin sodium tab 2 mg (JANTOVEN) . . . . . 56
warfarin sodium tab 2.5 mg . . . . . 56
warfarin sodium tab 2.5 mg (JANTOVEN) . . . . 56
warfarin sodium tab 3 mg . . . . . 56
warfarin sodium tab 3 mg (JANTOVEN) . . . . . 56
warfarin sodium tab 4 mg . . . . . 56
warfarin sodium tab 4 mg (JANTOVEN) . . . . . 56
warfarin sodium tab 5 mg . . . . . 56
warfarin sodium tab 5 mg (JANTOVEN) . . . . . 56
warfarin sodium tab 6 mg . . . . . 56
warfarin sodium tab 6 mg (JANTOVEN) . . . . . 56
warfarin sodium tab 7.5 mg . . . . . 56
warfarin sodium tab 7.5 mg (JANTOVEN) . . . . 56
WATCHHALER . . . . . 169
WEGMANS UNIFINE PENTIPS PLUS . . . . . 169
WESCAP-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3) . . . . . 99
WESCAP-PN DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha) . . . . . 99
WESNATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids) . . . . . 99
WESTAB PLUS (prenatal vit w/ ferrous fumarate-folic acid) . . . . . 99
WIDE-SEAL DIAPHRAGM 60 (diaphragm wide seal) . . . . . 169
WIDE-SEAL DIAPHRAGM 65 (diaphragm wide seal) . . . . . 169
WIDE-SEAL DIAPHRAGM 70 (diaphragm wide seal) . . . . . 169
WIDE-SEAL DIAPHRAGM 75 (diaphragm wide seal) . . . . . 169
WIDE-SEAL DIAPHRAGM 80 (diaphragm wide seal) . . . . . 169
WIDE-SEAL DIAPHRAGM 85 (diaphragm wide seal) . . . . . 169
WIDE-SEAL DIAPHRAGM 90 (diaphragm wide seal) . . . . . 169
WIDE-SEAL DIAPHRAGM 95 (diaphragm wide seal) . . . . . 169

# X

XALKORI (crizotinib) . . . . . 35
XARELTO (rivaroxaban) . . . . . 56
XARELTO STARTER PACK (rivaroxaban) . . . . . 56
XELJANZ (tofacitinib citrate) . . . . . 129
XELJANZ XR (tofacitinib citrate) . . . . . 132
XGEVA (denosumab) . . . . . 133
XIFAXAN (rifaximin) . . . . . 11
XIGDUO XR (dapagliflozin-metformin hcl) . . . 53
XOFLUZA (40 MG DOSE) (baloxavir marboxil) . . . . . 48

XOFLUZA (80 MG DOSE) (baloxavir marboxil) . . . . . 48
XTANDI (enzalutamide) . . . . . 31

# Z

zafirlukast tab 10 mg . . . . . 176
zafirlukast tab 20 mg . . . . . 176
zaleplon cap 10 mg . . . . . 183
zaleplon cap 5 mg . . . . . 183
ZARXIO (filgrastim-sndz) . . . . . 57
ZATEAN-PN DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha) . . . . . 99
ZATEAN-PN PLUS (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3) . . . . . 99
ZENPEP (pancrelipase (lipase-protease-amylase)) . . . . . 103
ZEVRX INSULIN SYRINGE . . . . . 170
ZEVRX PEN NEEDLES . . . . . 170
ZEVRX TWIST TOP LANCETS 30G . . . . . 170
zidovudine cap 100 mg . . . . . 46
zidovudine syrup 10 mg/ml . . . . . 46
zidovudine tab 300 mg . . . . . 46
ZIEXTENZO (pegfilgrastim-bmez) . . . . . 57
ziprasidone hcl cap 20 mg . . . . . 41
ziprasidone hcl cap 40 mg . . . . . 41
ziprasidone hcl cap 60 mg . . . . . 41
ziprasidone hcl cap 80 mg . . . . . 42
ZOLINZA (vorinostat) . . . . . 33
zolmitriptan orally disintegrating tab 2.5 mg . 30
zolmitriptan orally disintegrating tab 5 mg . . . 30
zolmitriptan tab 2.5 mg . . . . . 30
zolmitriptan tab 5 mg . . . . . 30
zolpidem tartrate tab 10 mg . . . . . 183
zolpidem tartrate tab 5 mg . . . . . 183
zolpidem tartrate tab er 12.5 mg (ZOLPIDEM TARTRATE ER) . . . . . 183
zolpidem tartrate tab er 6.25 mg (ZOLPIDEM TARTRATE ER) . . . . . 183
zonisamide cap 100 mg . . . . . 20
zonisamide cap 25 mg . . . . . 20
zonisamide cap 50 mg . . . . . 20

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View our nondiscrimination notice and language assistance notice: **blueshieldca.com/notices**. You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**.

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Care at **(888) 256-3650 (TTY: 711)**.

## Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en **blueshieldca.com/notices**. Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711)**.

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Atención al Cliente al **(888) 256-3650 (TTY: 711)**.

## 非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 **blueshieldca.com/notices**。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(888) 256-3650 (TTY: 711)**。

Value ( 11/2022 )

Blue Shield Pharmacy Services
P.O. Box 2080
Oakland, CA 94604-9716

Blue Shield of California is an independent member of the Blue Shield Association