

Medicaid List of Covered Drugs (Formulary) 2023

Blue Plus

Blue Advantage (Families and Children*, Minnesota Senior Care Plus (MSC+)) and MinnesotaCare

(*This is also known as the Prepaid Medical Assistance Program (PMAP))

Blue Plus Health Plan
3400 Yankee Drive
Eagan, MN 55121

Member Services: **1-800-711-9862** (toll free), **TTY 711**, Monday through Friday from 8 a.m. to 5 p.m. Central Time

bluecrossmn.com/publicprograms

The information included in this list of covered drugs was correct as of 10/2023. To get the most current information, go to **bluecrossmn.com/publicprograms**. If you have questions, contact Member Services at the number listed on this page. You can ask for a printed copy of this Medicaid List of Covered Drugs at any time.

DHS Accepted Date 09/21/2023

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. Members must use Blue Plus network pharmacies to receive prescription drug benefits.

This list is subject to change and is not all-inclusive. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. Note to existing members: This list of covered drugs has changed since last year and may change throughout the year. Please review this document to make sure the drugs you take are still on the list. Please contact Member Services at the number listed on this page with questions. You can also find updates to this list at **bluecrossmn.com/publicprograms**.

If you have Medicare, you need to get most of your prescription drugs through the Medicare Prescription Drug Program (Medicare Part D). You must be enrolled in a Medicare prescription drug plan to get Medicare prescription drug benefits.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

The counties in our service area are listed below by program:

Blue Advantage Families and Children service area counties are: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Douglas, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, McLeod, Mahnommen, Marshall, Martin, Meeker, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Red Lake, Redwood, Renville, Rice, Rock, Roseau, St. Louis, Sherburne, Sibley, Stearns, Steele, Stevens, Swift, Todd, Traverse, Wabasha, Wadena, Washington, Watonwan, Wilkin, Winona, Wright and Yellow Medicine.

Blue Advantage MSC+ service area counties are: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Douglas, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, McLeod, Mahnommen, Marshall, Martin, Meeker, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Rice, Rock, Roseau, St. Louis, Scott, Sherburne, Sibley, Stearns, Steele, Stevens, Swift, Todd, Traverse, Wabasha, Wadena, Washington, Watonwan, Wilkin, Winona, Wright and Yellow Medicine.

Blue Plus MinnesotaCare service area counties are: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Douglas, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, McLeod, Mahnommen, Marshall, Martin, Meeker, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Red Lake, Redwood, Renville, Rice, Rock, Roseau, St. Louis, Sherburne, Sibley, Stearns, Steele, Stevens, Swift, Todd, Traverse, Wabasha, Wadena, Washington, Watonwan, Wilkin, Winona, Wright and Yellow Medicine.

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

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請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

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Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်, ကိးဘဉ် လီၤဝဲစီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທສໂປທິໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

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Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Civil Rights Notice

Discrimination is against the law. Blue Plus does not discriminate on the basis of any of the following:

- Race
- Color
- National origin
- Creed
- Religion
- Sexual orientation
- Public assistance status
- Age
- Disability (including physical or mental impairment)
- Sex (including sex Stereotypes and gender identity)
- Marital status
- Political beliefs
- Medical condition
- Health status
- Receipt of health care services
- Claims experience
- Medical history
- Genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Blue Plus. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Blue Plus

3400 Yankee Drive, Eagan, MN 55122

Toll Free: **1-800-711-9862** TTY: **711**

Fax: **651-662-9478** Email: Civil.Rights.Coord@bluecrossmn.com

Auxiliary Aids and Services: Blue Plus provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** Blue Plus at Civil.Rights.Coord@bluecrossmn.com, or call Blue AdvantageSM and MinnesotaCare Member Services at **1-800-711-9862** (this call is free), or your preferred relay services.

Language Assistance Services: Blue Plus provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** Blue Plus at Civil.Rights.Coord@bluecrossmn.com, or call Blue AdvantageSM and MinnesotaCare Member Services at **1-800-711-9862** (this call is free), or your preferred relay services.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Blue Plus. You may also contact any of the following agencies directly to file a discrimination complaint

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- Race
- Color
- National origin
- Age
- Disability
- Sex
- Religion (in some cases)

Contact the **OCR** directly to file a complaint:

Office for Civil Rights, U.S. Department of Health and Human Services
Midwest Region

233 N. Michigan Avenue, Suite 240 Chicago, IL 60601

Customer Response Center: 1-800-368-1019, TTY: 800-537-7697

Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- Race
- Color
- National origin
- Religion
- Creed
- Sex
- Sexual orientation
- Marital status
- Public assistance status
- Disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights

540 Fairview Avenue North, Suite 201, St. Paul, MN 55104

651-539-1100 (voice), 800-657-3704 (toll-free), 711 or 800-627-3529 (MN Relay), 651-296-9042 (fax)

Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- Race
- Color
- National origin
- Religion (in some cases)
- Age
- Disability (including physical or mental impairment)
- Sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

IMPORTANT INFORMATION

What is a list of covered drugs?

A list of covered drugs includes the prescription drugs covered by Blue Plus. The drugs on the list are selected by Blue Plus with the help of a team of doctors and pharmacists. Blue Plus will generally cover the drugs listed in the list of covered drugs as long as the drug is medically necessary, the prescription is filled at a Blue Plus network pharmacy, and other requirements related to the drug are followed.

Most drugs and certain supplies are available up to a 34-day supply. Certain drugs you take on a regular basis for a chronic or long-term condition are available up to a 90-day supply and are listed on the 90-Day Supply Program.

Does the list of covered drugs ever change?

The Blue Plus list of covered drugs can change during the course of a calendar year. If changes affect the coverage of a drug you are taking, Blue Plus will make reasonable efforts to contact you and your prescriber to tell you about the change. Blue Plus will also tell you about alternative drugs that are covered.

Examples of some changes that may occur are:

- A drug you are taking is no longer preferred (Refer to “What is a Preferred Drug List?” below).
- A drug is removed from the list of covered drugs for safety reasons.
- Prior authorization requirements have changed. (Refer to “Are there any restrictions on my coverage?”)

How are drugs listed in the list of covered drugs?

There are three ways to find your drug within the formulary:

1. Medical Condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Heart and Circulatory Drugs.” If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

2. Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the index that begins on page 124. The index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

3. Blue Plus Over-The-Counter Drug Listing

Blue Plus covers certain over-the-counter (OTC) drugs at little or no cost to you if you’re a member of Blue Advantage or MinnesotaCare. OTC drugs are included in the drug categories depending on the type of medical condition they are used to treat. For example, some drugs used to treat allergies are listed under the category “Cough/Cold/Allergy.”

What is a Preferred Drug List?

In Minnesota, all health plans are required to use the Minnesota Department of Human Services' (DHS) Preferred Drug List (PDL). The PDL is created by DHS, in consultation with the Drug Formulary Committee, to let prescribers and members know about drugs or drug classes that are cost effective. Generally, drugs that are "preferred" are more cost effective and drugs that are "non-preferred" are less cost effective. Preferred drugs are available to members with fewer restrictions. Non-preferred drugs require a prior authorization. To get a non-preferred drug, your doctor or health care provider must get prior authorization. The PDL is included as part of Blue Plus' list of covered drugs. Blue Plus' complete list of covered drugs includes other drugs in addition to those on the PDL. The PDL is available on DHS's website at <http://minnesota.magellanmedicaid.com/pdl.asp>.

What are generic or biosimilar drugs?

A generic drug is approved by the Food and Drug Administration (FDA) and has the same active ingredients as the brand name drug. It produces the same clinical effect as the brand name drug.

A biosimilar drug is an FDA-approved biologic drug (most often an injectable prescription drug) that is highly similar to an already-approved biological product. It has no clinically meaningful differences in terms of safety and effectiveness. Biosimilar drugs are not the same as generic drugs, but like generics, biosimilar drugs may offer more affordable treatment options.

Generic or biosimilar substitution means a generic version or biosimilar version of a drug is given instead of the brand name or non-biosimilar version of the drug.

Blue Plus will cover the brand name or non-biosimilar version of the drug only when:

1. Your prescriber informs Blue Plus in writing that the brand name or non-biosimilar version of the drug is medically necessary; OR
2. Blue Plus may prefer the dispensing of certain brand name versions over the generic or non-biosimilar version over the biosimilar version of the drug; OR
3. Minnesota law requires the dispensing of the brand name or non-biosimilar version of the drug.

Within the list of covered drugs, brand name drugs are capitalized (e.g., ZYTIGA) and generic drugs are listed in lowercase boldface (e.g., **valproic acid**).

What are over-the-counter drugs?

Drugs and products that are available for purchase without a prescription are referred to as over-the-counter (OTC). Although an OTC product is available without a prescription, if a doctor writes a prescription for an OTC product, Blue Plus may cover it. Within the list of covered drugs, OTC drugs and products are identified by the abbreviation OTC-C in the Drug Status column in the list.

What are specialty drugs?

Specialty drugs are used by people with complex or chronic diseases. These drugs often require special handling, dispensing, or monitoring by a specially trained pharmacist.

If you are prescribed a drug that is on the Blue Plus Specialty Drug List, your prescriber will need to send the prescription to one of Blue Plus' specialty pharmacies listed here.

Accredo Health Group, Inc.
Toll free: **1-866-470-2245**, TTY **1-800-716-3231**
Fax: **1-888-302-1028**
24 hours a day, seven days a week

Children's Home Care (for hemophilia medications only)
Toll free: **1-866-656-1020**, TTY **711**
Fax: **1-877-828-3939**
Monday through Friday from 8 a.m. to 5 p.m. Central Time

Fairview Specialty Pharmacy Service
Toll free: **1-800-595-7140**, TTY **711**
Fax: **1-877-828-3939**
Monday through Friday from 8 a.m. to 7 p.m.; Saturday from 8 a.m. to 4 p.m. Central Time

North Memorial Health Pharmacy — Specialty Center
3435 W. Broadway Ave.
Robbinsdale, MN 55422
Pharmacists available by phone 24/7 at **1-877-520-5307**, TTY **711** or **763-581-6333**
Fax: **763-581-2814**
Monday through Friday from 8 a.m. to 5 p.m. Central Time

Thrifty White Specialty Pharmacy
Pharmacists Available 24/7/365 by phone at **1-855-611-3399**, TTY **711**
Fax: **1-855-423-8300**
Monday through Friday from 8 a.m. to 8 p.m.; Saturday from 9 a.m. to 5 p.m. Central Time;
Sunday: Closed

You will also need to call the specialty pharmacy to set up an account. You will need to have your Blue Plus member identification card when you call the specialty pharmacy.

What if a drug is not on the list of covered drugs?

Not all drugs are covered. If a drug you want to take is not listed in the list of covered drugs, you can call Member Services at **1-800-711-9862** (toll free), TTY **711** and ask if the drug is covered. If not, it is considered a “non-formulary” drug. If you need a drug that is not included in the list of covered drugs, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Blue Plus. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Blue Plus.
- You can ask Blue Plus to make an exception and cover your drug. See below for information about how to request an exception.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include the following:

Prior authorization: Blue Plus requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Blue Plus before you fill your prescription. If you don't get approval, Blue Plus may not cover the drug.

Quantity limits: For certain drugs, Blue Plus limits the amount of the drug that we will cover.

Age requirements: Some drugs have age requirements. A prior authorization may be needed depending on your age and the specific drug prescribed.

You can find out if your drug requires prior authorization, has quantity limits, or has an age requirement by looking in this list of covered drugs. An exception to a drug restriction or limit can be made if your doctor submits a statement or documentation supporting the request. Refer to *Prescription Drugs* in Section 7: Covered Services of your Member Handbook for more information. You can also get more information about the restrictions applied to specific covered drugs by calling Member Services at **1-800-711-9862** (toll free), **TTY 711** or by visiting our website at **bluecrossmn.com/publicprograms**. Also refer to “Can I ask for an exception to the coverage restrictions?”

4. Excluded drugs: Some drugs are excluded from the list of covered drugs. This means they are not covered. Excluded drugs include the following:

- Drugs used to treat sexual or erectile dysfunction
- Drugs used to enhance fertility
- Drugs used for cosmetic purposes, including drugs to treat hair loss
- Drugs excluded from coverage by federal or state law
- Experimental drugs, investigational drugs, or drugs not approved or authorized by the Food and Drug Administration (FDA)
- Medical cannabis

Can I ask for an exception to the coverage restrictions?

Yes. You or your health care provider can get the Formulary exception prescriber fax form from **covermymeds.com** or by calling Member Services at **1-800-711-9862** (toll free), **TTY 711**. Your provider must return this form to the fax number or address listed on the document. To allow for a thorough review and to ensure that you or your health care provider gets a response within 24 hours, all information requested in the form should be provided, including documentation of which medications have been tried and failed, including the dosages used and the reason for failure (e.g., side effects).

What will a prescription cost?

All copay information for prescriptions is listed in the Member Handbook in Section 6: Cost-Sharing. If you have additional questions, call Member Services at **1-800-711-9862** (toll free), **TTY 711** or visit our website at **bluecrossmn.com/publicprograms**.

TABLE OF CONTENTS

How are drugs listed in the list of covered drugs?	i
What is a preferred drug list?	ii
What are generic or biosimilar drugs?	ii
What are specialty drugs?	ii
Are there any restrictions on my coverage?	iii
Can I ask for an exception to the coverage restrictions?	iv
List of covered drugs	2
Index	126

Below is the key for abbreviations within the drug list:

AL	Age limit		
caps	Capsules	liq	Liquid
chew tabs	Chewable tablets	lotn	Lotion
conc	Concentrate	NP	Non-preferred drug
C	Covered drug	ODT	Orally disintegrating tablets
crm	Cream	oint	Ointment
DR	Delayed-release	P	Preferred drug
ER	Extended-release	SL	Sublingual
IM	Intramuscular	soln	Solution
inhal	Inhalation	supp	Suppositories
inj	Injection	susp	Suspension
IR	Immediate release	tabs	Tablets
IV	Intravenous		
OTC-C	Covered over-the-counter drug		
PA	Prior authorization		
QL	Quantity limit		
SF	Split fill program drug		
SP	Specialty drug		
ST	Step therapy		

NOTE: All non-preferred (NP) drugs require a prior authorization and will reject at the pharmacy if a prior approval has not been granted.

The information in the Additional requirements or limits on coverage column identify if Blue Plus has any special requirements for coverage of your drug.

Drug Name	Drug Status	Additional requirements or limits on coverage
ANTI-INFECTIVE AGENTS		
PENICILLINS		
amoxicillin (trihydrate) cap 250 mg, 500 mg	C	
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	C	
amoxicillin (trihydrate) tab 500 mg, 875 mg	C	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml	P	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	P	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	P	
amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg	P	
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	P	
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 200-28.5 mg, 400-57 mg	NP	PA
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	NP	PA
AMPICILLIN - ampicillin cap 500 mg	C	
dicloxacillin sodium cap 250 mg, 500 mg	C	
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	C	
penicillin v potassium tab 250 mg, 500 mg	C	
CEPHALOSPORINS		
CEFACLOR - cefaclor cap 250 mg, 500 mg	P	
CEFACLOR - cefaclor for susp 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	P	
CEFACLOR ER - cefaclor monohydrate tab er 12hr 500 mg	NP	PA
CEFADROXIL - cefadroxil tab 1 gm	NP	PA
cefadroxil cap 500 mg	P	
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	P	
cefdinir cap 300 mg	P	
cefdinir for susp 125 mg/5ml, 250 mg/5ml	P	
cefixime cap 400 mg (Suprax)	NP	PA
cefixime for susp 100 mg/5ml, 200 mg/5ml (Suprax)	NP	PA
cefepodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	NP	PA
cefepodoxime proxetil tab 100 mg, 200 mg	NP	PA
cefprozil for susp 125 mg/5ml, 250 mg/5ml	P	
cefprozil tab 250 mg, 500 mg	P	
cefuroxime axetil tab 250 mg, 500 mg	P	

Drug Name	Drug Status	Additional requirements or limits on coverage
CEPHALEXIN - cephalexin cap 750 mg	P	
CEPHALEXIN - cephalexin tab 250 mg, 500 mg	NP	PA
cephalexin cap 250 mg, 500 mg (Keflex)	P	
cephalexin for susp 125 mg/5ml, 250 mg/5ml	P	
SUPRAX - cefixime cap 400 mg	P	
SUPRAX - cefixime chew tab 100 mg, 200 mg	NP	PA
SUPRAX - cefixime for susp 200 mg/5ml, 500 mg/5ml	NP	PA
MACROLIDES		
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	P	
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax)	P	
azithromycin tab 250 mg, 500 mg, 600 mg (Zithromax)	P	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	NP	PA
clarithromycin tab er 24hr 500 mg	NP	PA
clarithromycin tab 250 mg, 500 mg	P	
DIFICID - fidaxomicin tab 200 mg	C	
DIFICID - fidaxomicin for susp 40 mg/ml	C	
E.E.S. GRANULES - erythromycin ethylsuccinate for susp 200 mg/5ml	NP	PA
E.E.S. 400 - erythromycin ethylsuccinate tab 400 mg	P	
ERYPED 200 - erythromycin ethylsuccinate for susp 200 mg/5ml	NP	PA
ERYPED 400 - erythromycin ethylsuccinate for susp 400 mg/5ml	NP	PA
ERYTHROCIN STEARATE - erythromycin stearate tab 250 mg	NP	PA
ERYTHROMYCIN - erythromycin w/ delayed release particles cap 250 mg	P	
ERYTHROMYCIN ETHYLSUCCINATE - erythromycin ethylsuccinate tab 400 mg	NP	PA
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	NP	PA
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	NP	PA
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	NP	PA
erythromycin tab 250 mg, 500 mg	NP	PA
ZITHROMAX - azithromycin for susp 100 mg/5ml, 200 mg/5ml	NP	PA
ZITHROMAX - azithromycin tab 250 mg, 500 mg	NP	PA
ZITHROMAX - azithromycin powd pack for susp 1 gm	NP	PA
ZITHROMAX TRI-PAK - azithromycin tab 500 mg	NP	PA
ZITHROMAX Z-PAK - azithromycin tab 250 mg	NP	PA
TETRACYCLINES		
demeclocycline hcl tab 150 mg, 300 mg	C	

Drug Name	Drug Status	Additional requirements or limits on coverage
doxycycline hyclate cap 50 mg	C	
doxycycline hyclate cap 100 mg (Vibramycin)	C	
doxycycline hyclate tab 20 mg, 100 mg	C	
doxycycline monohydrate cap 50 mg, 100 mg	C	
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	C	
doxycycline monohydrate tab 75 mg, 100 mg	C	
minocycline hcl cap 50 mg (Minocin)	C	
minocycline hcl cap 75 mg, 100 mg	C	
FLUOROQUINOLONES		
BAXDELA - delafloxacin meglumine tab 450 mg (base equiv)	NP	PA
CIPRO - ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml), 500 mg/5ml (10%) (10 gm/100ml)	NP	PA
CIPRO - ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv)	NP	PA
CIPROFLOXACIN HCL - ciprofloxacin hcl tab 100 mg (base equiv)	P	
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro)	P	
ciprofloxacin hcl tab 750 mg (base equiv)	P	
LEVOFLOXACIN - levofloxacin oral soln 25 mg/ml	P	
levofloxacin tab 250 mg	P	
levofloxacin tab 500 mg, 750 mg (Levaquin)	P	
moxifloxacin hcl tab 400 mg (base equiv) (Avelox)	NP	PA
OFLOXACIN - ofloxacin tab 300 mg	NP	PA
ofloxacin tab 400 mg	NP	PA
AMINOGLYCOSIDES		
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	C	PA, QL (28 vials/28 days), SP
BETHKIS - tobramycin nebu soln 300 mg/4ml	P	SP
KITABIS PAK - tobramycin nebu soln 300 mg/5ml	P	SP
neomycin sulfate tab 500 mg	C	
TOBI - tobramycin nebu soln 300 mg/5ml	NP	PA, SP
TOBI PODHALER - tobramycin inhal cap 28 mg	NP	PA, SP
TOBRAMYCIN - tobramycin nebu soln 300 mg/5ml	NP	PA, SP
tobramycin nebu soln 300 mg/5ml (Tobi)	NP	PA, SP
tobramycin nebu soln 300 mg/4ml (Bethkis)	NP	PA, SP
TUBERCULOSIS		
ethambutol hcl tab 100 mg, 400 mg (Myambutol)	C	
ISONIAZID - isoniazid tab 100 mg	C	

Drug Name	Drug Status	Additional requirements or limits on coverage
isoniazid syrup 50 mg/5ml	C	
isoniazid tab 300 mg	C	
PRIFTIN - rifapentine tab 150 mg	C	
pyrazinamide tab 500 mg	C	
rifabutin cap 150 mg (Mycobutin)	C	
rifampin cap 150 mg, 300 mg (Rifadin)	C	
FUNGAL INFECTIONS		
ANCOBON - flucytosine cap 250 mg, 500 mg	NP	PA
CRESEMBA - isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)	NP	PA
DIFLUCAN - fluconazole tab 100 mg, 150 mg, 200 mg	NP	PA
DIFLUCAN - fluconazole for susp 10 mg/ml, 40 mg/ml	NP	PA
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)	P	
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)	P	
flucytosine cap 250 mg, 500 mg (Ancobon)	NP	PA
griseofulvin microsize susp 125 mg/5ml	NP	PA
griseofulvin microsize tab 500 mg	NP	PA
griseofulvin ultramicrosize tab 125 mg, 250 mg	NP	PA
itraconazole cap 100 mg (Sporanox)	NP	PA, QL (120 capsules/30 days)
itraconazole oral soln 10 mg/ml (Sporanox)	NP	PA, QL (1200 mls/30 days)
ketoconazole tab 200 mg	NP	PA
NOXAFIL - posaconazole tab delayed release 100 mg	NP	PA
NOXAFIL - posaconazole susp 40 mg/ml	NP	PA
nystatin tab 500000 unit	NP	PA
posaconazole susp 40 mg/ml (Noxafil)	NP	PA
posaconazole tab delayed release 100 mg (Noxafil)	NP	PA
SPORANOX - itraconazole oral soln 10 mg/ml	NP	PA, QL (1200 mls/30 days)
SPORANOX - itraconazole cap 100 mg	NP	PA, QL (120 capsules/30 days)
terbinafine hcl tab 250 mg	P	QL (30 tablets/30 days)
TOLSURA - itraconazole cap 65 mg	NP	PA, QL (120 capsules/30 days)
voriconazole for susp 40 mg/ml (Vfend)	C	PA
voriconazole tab 50 mg, 200 mg (Vfend)	C	PA
VIRAL INFECTIONS		
CYTOMEGALOVIRUS		
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	C	
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	C	
HEPATITIS		
adefovir dipivoxil tab 10 mg (Hepsera)	NP	PA

Drug Name	Drug Status	Additional requirements or limits on coverage
BARACLUDE - entecavir tab 0.5 mg, 1 mg	NP	PA
BARACLUDE - entecavir oral soln 0.05 mg/ml	P	
entecavir tab 0.5 mg, 1 mg (Baraclude)	P	
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	NP	PA, SP
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg	NP	PA, SP
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	NP	PA, SP
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	NP	PA, SP
lamivudine tab 100 mg (hbv) (EpiVir hbv)	P	
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	NP	PA, SP
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	P	PA, SP
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	P	PA, SP
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	P	SP
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	P	SP
RIBAVIRIN - ribavirin cap 200 mg	P	SP
RIBAVIRIN - ribavirin tab 200 mg	P	SP
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	NP	PA, SP
SOVALDI - sofosbuvir tab 200 mg, 400 mg	NP	PA, SP
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	NP	PA, SP
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	NP	PA
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	P	PA, SP
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	NP	PA, SP
HERPES		
acyclovir cap 200 mg (Zovirax)	P	
acyclovir susp 200 mg/5ml (Zovirax)	P	
acyclovir tab 400 mg, 800 mg (Zovirax)	P	
famciclovir tab 125 mg, 250 mg, 500 mg	NP	PA
SITAVIG - acyclovir buccal tab 50 mg	NP	PA
valacyclovir hcl tab 500 mg, 1 gm (Valtrex)	P	
VALTREX - valacyclovir hcl tab 500 mg, 1 gm	NP	PA
HIV/AIDS		
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	C	QL (4 bottles/30 days)
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	C	QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	C	QL (30 tablets/30 days)
APTIVUS - tipranavir cap 250 mg	C	QL (120 capsules/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv) (Reyataz)	C	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	C	QL (60 capsules/30 days)
BIKTARVY - bicitgravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	C	QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	C	QL (30 tablets/30 days)
darunavir tab 600 mg (Prezista)	C	QL (60 tablets/30 days)
darunavir tab 800 mg (Prezista)	C	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	C	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	C	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	C	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	C	QL (30 tablets/30 days)
EFAVIRENZ - efavirenz cap 50 mg	C	QL (90 capsules/30 days)
EFAVIRENZ - efavirenz cap 200 mg	C	QL (60 capsules/30 days)
efavirenz tab 600 mg (Sustiva)	C	QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla)	C	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo)	C	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi)	C	QL (30 tablets/30 days)
emtricitabine caps 200 mg (Emtriva)	C	QL (30 capsules/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada)	C	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	C	QL (680 mls/28 days)
etravirine tab 100 mg, 200 mg (Intence)	C	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	C	QL (30 tablets/30 days)
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	C	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	C	QL (60 vials/30 days), SP
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	C	QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	C	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	C	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	C	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	C	QL (60 tablets/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	C	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	C	QL (30 tablets/30 days)
lamivudine oral soln 10 mg/ml (Epivir)	C	QL (960 mls/30 days)
lamivudine tab 150 mg (Epivir)	C	QL (60 tablets/30 days)
lamivudine tab 300 mg (Epivir)	C	QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg (Combivir)	C	QL (60 tablets/30 days)
LEXIVA - fosamprenavir calcium susp 50 mg/ml (base equiv)	C	QL (1800 mls/30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	C	QL (480 mls/30 days)
lopinavir-ritonavir tab 100-25 mg (Kaletra)	C	QL (180 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg (Kaletra)	C	QL (120 tablets/30 days)
maraviroc tab 150 mg (Selzentry)	C	QL (60 tablets/30 days)
maraviroc tab 300 mg (Selzentry)	C	QL (120 tablets/30 days)
NEVIRAPINE - nevirapine susp 50 mg/5ml	C	QL (1200 mls/30 days)
NEVIRAPINE ER - nevirapine tab er 24hr 100 mg	C	QL (90 tablets/30 days)
nevirapine tab er 24hr 400 mg (Viramune xr)	C	QL (30 tablets/30 days)
nevirapine tab 200 mg (Viramune)	C	QL (60 tablets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	C	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	C	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	C	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	C	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	C	QL (180 tablets/30 days)
PREZISTA - darunavir tab 600 mg	C	QL (60 tablets/30 days)
PREZISTA - darunavir tab 800 mg	C	QL (30 tablets/30 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	C	QL (240 packets/30 days)
ritonavir tab 100 mg (Norvir)	C	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	C	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	C	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 25 mg	C	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg	C	QL (60 tablets/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	C	QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	C	QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg (Viread)	C	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 10 mg (base equiv)	C	QL (240 tablets/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
TIVICAY - dolutegravir sodium tab 25 mg (base equiv), 50 mg (base equiv)	C	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	C	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	C	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	C	QL (180 tablets/30 days)
TYBOST - cobicistat tab 150 mg	C	QL (30 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 250 mg	C	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	C	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	C	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	C	QL (4 bottles/30 days)
zidovudine cap 100 mg (Retrovir)	C	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml (Retrovir)	C	QL (1920 mls/30 days)
zidovudine tab 300 mg	C	QL (60 tablets/30 days)
INFLUENZA		
oseltamivir phosphate cap 30 mg (base equiv), 45 mg (base equiv), 75 mg (base equiv) (Tamiflu)	P	
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	P	
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	P	
TAMIFLU - oseltamivir phosphate cap 30 mg (base equiv), 45 mg (base equiv), 75 mg (base equiv)	P	
TAMIFLU - oseltamivir phosphate for susp 6 mg/ml (base equiv)	P	
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)	NP	PA
MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone)	C	
chloroquine phosphate tab 250 mg, 500 mg	C	
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	C	
KRINTAFEL - tafenoquine succinate tab 150 mg (base equivalent)	C	
mefloquine hcl tab 250 mg	C	
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	C	
pyrimethamine tab 25 mg (Daraprim)	C	
WORM INFECTIONS		
albendazole tab 200 mg (Albenza)	C	

Drug Name	Drug Status	Additional requirements or limits on coverage
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	C	
ivermectin tab 3 mg (Stromectol)	C	QL (10 tablets/90 days)
praziquantel tab 600 mg (Biltricide)	C	
OTHER ANTI-INFECTIVES		
ALINIA - nitazoxanide for susp 100 mg/5ml	C	QL (300 mls/90 days)
atovaquone susp 750 mg/5ml (Mepron)	C	
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)	NP	PA, SP
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin)	C	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric granules)	C	
dapsone tab 25 mg, 100 mg	C	
IMPAVIDO - miltefosine cap 50 mg	C	
linezolid for susp 100 mg/5ml (Zyvox)	C	
linezolid tab 600 mg (Zyvox)	C	
metronidazole tab 250 mg, 500 mg (Flagyl)	C	
nitazoxanide tab 500 mg (Alinia)	C	QL (12 tablets/90 days)
nitrofurantoin macrocrystalline cap 50 mg, 100 mg (Macrochantin)	C	
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	C	
nitrofurantoin susp 25 mg/5ml	C	
SULFADIAZINE - sulfadiazine tab 500 mg	C	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	C	
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	C	
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	C	
trimethoprim tab 100 mg	C	
vancomycin hcl cap 125 mg (base equivalent), 250 mg (base equivalent) (Vancocin hcl)	C	
XIFAXAN - rifaximin tab 550 mg	C	
IMMUNIZING AGENTS		
IMMUNIZING AGENTS		
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	C	AL (>=60 yr)
ACAM2000 - smallpox vaccine for percutaneous inj	C	
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	C	
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	C	
AFLURIA QUADRIVALENT 2023-2024 - influenza virus vac split quadrivalent susp pref syr 0.5ml	C	

Drug Name	Drug Status	Additional requirements or limits on coverage
AFLURIA QUADRIVALENT 2023-2024 - influenza virus vaccine split quadrivalent im inj	C	
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	C	AL (>=60 yr)
BCG VACCINE - bcg vaccine for inj soln 50 mg	C	
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	C	
BIOTHRAX - anthrax vaccine adsorbed inj	C	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	C	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	C	
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	C	
DENGVAIXIA - dengue virus vaccine live tetravalent for subcutaneous susp	C	
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	C	
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	C	
FLUAD QUADRIVALENT 2023-2024 - influenza vac type a&b surface ant adj quad pref syr 0.5 ml	C	
FLUARIX QUADRIVALENT 2023-2024 - influenza virus vac split quadrivalent susp pref syr 0.5ml	C	
FLUBLOK QUADRIVALENT 2023-2024 - influenza vac recomb ha quad pf soln pref syr 0.5 ml	C	
FLUCELVAX QUADRIVALENT 2023-2024 - influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	C	
FLUCELVAX QUADRIVALENT 2023-2024 - influenza vac tissue-cultured subunit quadrivalent im susp	C	
FLULAVAL QUADRIVALENT 2023-2024 - influenza virus vac split quadrivalent susp pref syr 0.5ml	C	
FLUMIST QUADRIVALENT 2023-2024 - influenza virus vaccine live quadrivalent intranasal susp	C	
FLUZONE HIGH-DOSE PF 2023-2024 - influenza vac split high-dose quad pf susp pref syr 0.7 ml	C	
FLUZONE QUADRIVALENT 2023-2024 - influenza virus vac split quadrivalent susp pref syr 0.5ml	C	
FLUZONE QUADRIVALENT 2023-2024 - influenza virus vaccine split quadrivalent im inj	C	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	C	AL (9 yr to 45 yr)
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	C	AL (9 yr to 45 yr)

Drug Name	Drug Status	Additional requirements or limits on coverage
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	C	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	C	
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	C	
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	C	
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	C	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	C	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	C	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	C	
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	C	
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	C	
MENACTRA - meningococcal (a, c, y, and w-135) diphth conjugate vaccine	C	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	C	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	C	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	C	
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	C	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	C	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	C	
PNEUMOVAX 23 - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	C	
PNEUMOVAX 23/1 DOSE - pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	C	
PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	C	
PREVNAR 13 - pneumococcal 13-valent conjugate vaccine inj	C	
PREVNAR 20 - pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	C	
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	C	
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	C	

Drug Name	Drug Status	Additional requirements or limits on coverage
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	C	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	C	
RABAVERT - rabies vaccine, pcec for inj	C	
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	C	
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	C	
ROTARIX - rotavirus vaccine, live oral susp	C	
ROTARIX - rotavirus vaccine, live for oral susp	C	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	C	
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	C	AL (>=19 yr)
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	C	
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	C	
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml, 2.4 mcg/0.5ml	C	
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	C	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	C	
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml	C	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	C	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	C	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	C	
VAXCHORA - cholera vaccine live attenuated for oral susp	C	
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	C	
VAXELIS - diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	C	
VAXNEUVANCE - pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	C	
VIVOTIF - typhoid vaccine cap delayed release	C	
YF-VAX - yellow fever vaccine subcutaneous inj	C	
PASSIVE IMMUNIZING AGENTS		
CUTAQUIG - immune globulin (human)-hipp subcutaneous inj 1 gm/6ml, 1.65 gm/10ml, 2 gm/12ml, 3.3 gm/20ml, 4 gm/24ml, 8 gm/48ml	C	PA, SP
CUVITRU - immune globulin (human) subcutaneous inj 1 gm/5ml, 2 gm/10ml, 4 gm/20ml, 8 gm/40ml, 10 gm/50ml	C	PA, SP

Drug Name	Drug Status	Additional requirements or limits on coverage
HIZENTRA - immune globulin (human) subcutaneous soln pref syr 1 gm/5ml, 2 gm/10ml, 4 gm/20ml	C	PA, SP
HIZENTRA - immune globulin (human) subcutaneous inj 1 gm/5ml, 2 gm/10ml, 4 gm/20ml, 10 gm/50ml	C	PA, SP
HYQVIA - immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit	C	PA, SP
HYQVIA - immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit	C	PA, SP
HYQVIA - immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit	C	PA, SP
HYQVIA - immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit	C	PA, SP
HYQVIA - immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit	C	PA, SP
XEMBIFY - immune globulin (human)-klhw subcutaneous inj 1 gm/5ml, 2 gm/10ml, 4 gm/20ml, 10 gm/50ml	C	PA, SP
CANCER DRUGS		
CANCER DRUGS		
abiraterone acetate tab 250 mg (Zytiga)	C	PA, QL (120 tablets/30 days), SF, SP
abiraterone acetate tab 500 mg (Zytiga)	C	PA, QL (60 tablets/30 days), SF, SP
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	C	SP
ALECENSA - alectinib hcl cap 150 mg (base equivalent)	C	PA, QL (240 capsules/30 days), SP
anastrozole tab 1 mg (Arimidex)	C	
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	C	PA, QL (30 tablets/30 days), SF, SP
BALVERSA - erdafitinib tab 3 mg	C	PA, QL (90 tablets/30 days), SF, SP
BALVERSA - erdafitinib tab 4 mg	C	PA, QL (60 tablets/30 days), SF, SP
BALVERSA - erdafitinib tab 5 mg	C	PA, QL (30 tablets/30 days), SF, SP
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	C	PA, QL (2 syringes/28 days), SP
bexarotene cap 75 mg (Targretin)	C	PA, SF, SP
bicalutamide tab 50 mg (Casodex)	C	SP
BOSULIF - bosutinib tab 100 mg	C	PA, QL (90 tablets/30 days), SF, SP
BOSULIF - bosutinib tab 500 mg	C	PA, QL (30 tablets/30 days), SF, SP

Drug Name	Drug Status	Additional requirements or limits on coverage
BRAFTOVI - encorafenib cap 75 mg	C	PA, QL (180 capsules/30 days), SP
BRUKINSA - zanubrutinib cap 80 mg	C	PA, QL (120 capsules/30 days), SP
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	C	PA, QL (30 tablets/30 days), SF, SP
CALQUENCE - acalabrutinib maleate tab 100 mg	C	PA, QL (60 tablets/30 days), SF, SP
capecitabine tab 150 mg, 500 mg (Xeloda)	C	PA, SP
CAPRELSA - vandetanib tab 100 mg	C	PA, QL (60 tablets/30 days), SP
CAPRELSA - vandetanib tab 300 mg	C	PA, QL (30 tablets/30 days), SP
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	C	PA, QL (1 carton/28 days), SF, SP
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	C	PA, QL (1 carton/28 days), SF, SP
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	C	PA, QL (1 carton/28 days), SF, SP
COPIKTRA - duvelisib cap 15 mg, 25 mg	C	PA, QL (56 capsules/28 days), SF, SP
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	C	PA, QL (63 tablets/28 days), SP
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	C	SP
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide)	C	SP
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)	C	PA, QL (60 tablets/30 days), SF, SP
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)	C	PA, QL (30 tablets/30 days), SF, SP
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	C	SP
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	C	SP
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	C	SP
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	C	SP
EMCYT - estramustine phosphate sodium cap 140 mg	C	SP
ERIVEDGE - vismodegib cap 150 mg	C	PA, QL (30 capsules/30 days), SF, SP
ERLEADA - apalutamide tab 60 mg	C	PA, QL (120 tablets/30 days), SP
ERLEADA - apalutamide tab 240 mg	C	PA, QL (30 tablets/30 days), SP
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	C	PA, QL (60 tablets/30 days), SF, SP
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva)	C	PA, QL (30 tablets/30 days), SF, SP
ETOPOSIDE - etoposide cap 50 mg	C	SP

Drug Name	Drug Status	Additional requirements or limits on coverage
EULEXIN - flutamide cap 125 mg	C	SP
everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz)	C	PA, QL (60 tablets/30 days), SP
everolimus tab for oral susp 3 mg (Afinitor disperz)	C	PA, QL (90 tablets/30 days), SP
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor)	C	PA, QL (30 tablets/30 days), SF, SP
exemestane tab 25 mg (Aromasin)	C	
EXKIVITY - mobocertinib succinate cap 40 mg	C	PA, QL (120 capsules/30 days), SF, SP
FIRMAGON - degarelix acetate for inj 80 mg (base equiv), 120 mg/vial (240 mg dose)	C	SP
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	C	PA, QL (21 capsules/28 days), SP
fulvestrant inj soln pref syr 250 mg/5ml (Faslodex)	C	SP
GAVRETO - pralsetinib cap 100 mg	C	PA, QL (120 capsules/30 days), SF, SP
gefitinib tab 250 mg (Iressa)	C	PA, QL (30 tablets/30 days), SF, SP
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	C	PA, QL (30 tablets/30 days), SP
GLEOSTINE - lomustine cap 10 mg, 40 mg, 100 mg	C	SP
HYCAMTIN - topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	C	PA, SP
HYDROXYPROGESTERONE CAPROATE - hydroxyprogesterone caproate im in oil 1.25 gm/5ml	C	SP
hydroxyurea cap 500 mg (Hydrea)	C	SP
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg	C	PA, QL (21 capsules/28 days), SP
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg	C	PA, QL (21 tablets/28 days), SP
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	C	PA, QL (30 tablets/30 days), SF, SP
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	C	PA, QL (90 tablets/30 days), SF, SP
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	C	PA, QL (60 tablets/30 days), SF, SP
IMBRUVICA - ibrutinib tab 140 mg, 280 mg, 420 mg	C	PA, QL (30 tablets/30 days), SP
IMBRUVICA - ibrutinib oral susp 70 mg/ml	C	PA, QL (216 ml/30 days), SP
IMBRUVICA - ibrutinib cap 70 mg	C	PA, QL (30 capsules/30 days), SP
IMBRUVICA - ibrutinib cap 140 mg	C	PA, QL (90 capsules/30 days), SP
INLYTA - axitinib tab 1 mg	C	PA, QL (180 tablets/30 days), SF, SP
INLYTA - axitinib tab 5 mg	C	PA, QL (120 tablets/30 days), SF, SP

Drug Name	Drug Status	Additional requirements or limits on coverage
INQOVI - decitabine-cedazuridine tab 35-100 mg	C	PA, QL (5 tablets/28 days), SP
INREBIC - fedratinib hcl cap 100 mg	C	PA, QL (120 capsules/30 days), SF, SP
IRESSA - gefitinib tab 250 mg	C	PA, QL (30 tablets/30 days), SF, SP
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	C	PA, QL (60 tablets/30 days), SF, SP
JAYPIRCA - pirtobrutinib tab 50 mg	C	PA, SF, SP
JAYPIRCA - pirtobrutinib tab 100 mg	C	PA, QL (60 tablets/30 days), SF, SP
KISQALI - ribociclib succinate tab pack 200 mg daily dose	C	PA, QL (21 tablets/28 days), SP
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	C	PA, QL (42 tablets/28 days), SP
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	C	PA, QL (63 tablets/28 days), SP
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	C	PA, QL (49 tablets/28 days), SP
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	C	PA, QL (70 tablets/28 days), SP
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	C	PA, QL (91 tablets/28 days), SP
KOSELUGO - selumetinib sulfate cap 10 mg	C	PA, QL (240 capsules/30 days), SP
KOSELUGO - selumetinib sulfate cap 25 mg	C	PA, QL (120 capsules/30 days), SP
KRAZATI - adagrasib tab 200 mg	C	PA, QL (180 tablets/30 days), SF, SP
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb)	C	PA, QL (180 tablets/30 days), SP
lenalidomide caps 2.5 mg (Revlimid)	C	PA, QL (30 capsules/30 days), SP
lenalidomide cap 5 mg, 10 mg (Revlimid)	C	PA, QL (30 capsules/30 days), SP
lenalidomide cap 15 mg, 20 mg, 25 mg (Revlimid)	C	PA, QL (21 capsules/28 days), SP
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)	C	PA, QL (30 capsules/30 days), SF, SP
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	C	PA, QL (90 capsules/30 days), SF, SP
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	C	PA, QL (60 capsules/30 days), SF, SP
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	C	PA, QL (90 capsules/30 days), SF, SP

Drug Name	Drug Status	Additional requirements or limits on coverage
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	C	PA, QL (60 capsules/30 days), SF, SP
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	C	PA, QL (90 capsules/30 days), SF, SP
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)	C	PA, QL (30 capsules/30 days), SF, SP
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	C	PA, QL (60 capsules/30 days), SF, SP
letrozole tab 2.5 mg (Femara)	C	
leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg	C	
LEUKERAN - chlorambucil tab 2 mg	C	SP
LEUPROLIDE ACETATE - leuprolide acetate (3 month) for inj 22.5 mg	C	SP
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	C	PA, QL (60 tablets/28 days), SP
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	C	PA, QL (80 tablets/28 days), SP
LORBRENA - lorlatinib tab 25 mg	C	PA, QL (90 tablets/30 days), SF, SP
LORBRENA - lorlatinib tab 100 mg	C	PA, QL (30 tablets/30 days), SF, SP
LUMAKRAS - sotorasib tab 120 mg	C	PA, QL (240 tablets/30 days), SF, SP
LUMAKRAS - sotorasib tab 320 mg	C	PA, QL (90 tablets/30 days), SF, SP
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg	C	SP
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg	C	SP
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	C	SP
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	C	SP
LYNPARZA - olaparib tab 100 mg, 150 mg	C	PA, QL (120 tablets/30 days), SF, SP
LYSODREN - mitotane tab 500 mg	C	PA, SP
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)	C	PA, QL (84 tablets/28 days), SF, SP
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)	C	PA, QL (112 tablets/28 days), SF, SP
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)	C	PA, QL (140 tablets/28 days), SF, SP
MATULANE - procarbazine hcl cap 50 mg	C	PA, SP
megestrol acetate susp 40 mg/ml	P	
megestrol acetate tab 20 mg, 40 mg	P	

Drug Name	Drug Status	Additional requirements or limits on coverage
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	C	PA, QL (1170 mls/28 days), SP
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	C	PA, QL (90 tablets/30 days), SP
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	C	PA, QL (30 tablets/30 days), SP
MEKTOVI - binimetinib tab 15 mg	C	PA, QL (180 tablets/30 days), SP
MELPHALAN - melphalan tab 2 mg	C	SP
mercaptopurine tab 50 mg	C	SP
MESNEX - mesna tab 400 mg	C	
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)	C	
methotrexate sodium tab 2.5 mg (base equiv)	C	
MYLERAN - busulfan tab 2 mg	C	SP
nilutamide tab 150 mg (Nilandron)	C	SP
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	C	PA, QL (3 capsules/28 days), SP
NUBEQA - darolutamide tab 300 mg	C	PA, QL (120 tablets/30 days), SP
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)	C	PA, QL (30 capsules/30 days), SF, SP
ONUREG - azacitidine tab 200 mg, 300 mg	C	PA, QL (14 tablets/28 days), SP
ORGOVYX - relugolix tab 120 mg	C	PA, QL (30 tablets/30 days), SP
ORSERDU - elacestrant hydrochloride tab 86 mg, 345 mg	C	PA, SP
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	C	PA, QL (14 tablets/21 days), SP
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	C	PA, QL (28 tablets/28 days), SP
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	C	PA, QL (56 tablets/28 days), SP
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	C	PA, QL (56 tablets/28 days), SP
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	C	PA, QL (21 capsules/28 days), SP
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	C	SP
QINLOCK - ripretinib tab 50 mg	C	PA, QL (90 tablets/30 days), SP
RETEVMO - selpercatinib cap 40 mg	C	PA, QL (180 capsules/30 days), SF, SP
RETEVMO - selpercatinib cap 80 mg	C	PA, QL (120 capsules/30 days), SF, SP
REVLIMID - lenalidomide caps 2.5 mg	C	PA, QL (30 capsules/30 days), SP

Drug Name	Drug Status	Additional requirements or limits on coverage
REVLIMID - lenalidomide cap 5 mg, 10 mg	C	PA, QL (30 capsules/30 days), SP
REVLIMID - lenalidomide cap 15 mg, 20 mg, 25 mg	C	PA, QL (21 capsules/28 days), SP
REZLIDHIA - olutasidenib cap 150 mg	C	PA, QL (60 capsules/30 days), SF, SP
REZUROCK - belumosudil mesylate tab 200 mg	NP	PA, SP
ROZLYTREK - entrectinib cap 100 mg	C	PA, QL (30 capsules/30 days), SF, SP
ROZLYTREK - entrectinib cap 200 mg	C	PA, QL (90 capsules/30 days), SF, SP
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	C	PA, QL (120 tablets/30 days), SF, SP
RYDAPT - midostaurin cap 25 mg	C	PA, QL (240 capsules/30 days), SP
SCSEMBLIX - asciminib hcl tab 20 mg	C	PA, QL (60 tablets/30 days), SP
SCSEMBLIX - asciminib hcl tab 40 mg	C	PA, QL (300 tablets/30 days), SP
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar)	C	PA, QL (120 tablets/30 days), SF, SP
SPRYCEL - dasatinib tab 20 mg	C	PA, QL (90 tablets/30 days), SF, SP
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	C	PA, QL (30 tablets/30 days), SF, SP
STIVARGA - regorafenib tab 40 mg	C	PA, QL (84 tablets/28 days), SP
sunitinib malate cap 12.5 mg (base equivalent) (Sutent)	C	PA, QL (90 capsules/30 days), SF, SP
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent)	C	PA, QL (30 capsules/30 days), SF, SP
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	C	SP
TABLOID - thioguanine tab 40 mg	C	SP
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	C	PA, QL (112 tablets/28 days), SP
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	C	PA, QL (120 capsules/30 days), SP
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	C	PA, QL (840 tablets/28 days), SP
TAGRISSE - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	C	PA, QL (30 tablets/30 days), SF, SP
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	C	PA, QL (90 capsules/30 days), SF, SP
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	C	PA, QL (30 capsules/30 days), SF, SP

Drug Name	Drug Status	Additional requirements or limits on coverage
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	C	
TASIGNA - nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	C	PA, QL (120 capsules/30 days), SF, SP
TAZVERIK - tazemetostat hbr tab 200 mg	C	PA, QL (240 tablets/30 days), SP
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg (Temodar)	C	PA, SP
TEPMETKO - tepotinib hcl tab 225 mg	C	PA, QL (60 tablets/30 days), SF, SP
THALOMID - thalidomide cap 50 mg, 100 mg	C	PA, QL (30 capsules/30 days), SP
THALOMID - thalidomide cap 150 mg, 200 mg	C	PA, QL (60 capsules/30 days), SP
TIBSOVO - ivosidenib tab 250 mg	C	PA, QL (60 tablets/30 days), SP
TICE BCG - bcg live intravesical for susp 50 mg	C	
toremifene citrate tab 60 mg (base equivalent) (Fareston)	C	SP
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg, 11.25 mg, 22.5 mg	C	SP
tretinoin cap 10 mg	C	PA, SP
TREXALL - methotrexate sodium tab 5 mg (base equiv), 7.5 mg (base equiv), 10 mg (base equiv), 15 mg (base equiv)	C	
TUKYSA - tucatinib tab 50 mg	C	PA, QL (300 tablets/30 days), SP
TUKYSA - tucatinib tab 150 mg	C	PA, QL (120 tablets/30 days), SP
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	C	PA, QL (120 capsules/30 days), SP
valrubicin soln for intravesical instillation 40 mg/ml (Valstar)	C	SP
VENCLEXTA - venetoclax tab 10 mg	C	PA, QL (60 tablets/30 days), SP
VENCLEXTA - venetoclax tab 50 mg	C	PA, QL (30 tablets/30 days), SP
VENCLEXTA - venetoclax tab 100 mg	C	PA, QL (180 tablets/30 days), SP
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	C	PA, QL (1 pack/180 days), SP
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	C	PA, QL (60 tablets/30 days), SF, SP
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	C	PA, QL (300 mls/30 days), SF, SP
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	C	PA, QL (180 capsules/30 days), SF, SP
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	C	PA, QL (60 capsules/30 days), SF, SP

Drug Name	Drug Status	Additional requirements or limits on coverage
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg	C	PA, QL (30 tablets/30 days), SF, SP
VONJO - pacritinib citrate cap 100 mg	C	PA, QL (120 capsules/30 days), SF, SP
VOTRIENT - pazopanib hcl tab 200 mg (base equiv)	C	PA, QL (120 tablets/30 days), SF, SP
WELIREG - belzutifan tab 40 mg	C	PA, QL (90 tablets/30 days), SF, SP
XALKORI - crizotinib cap 200 mg, 250 mg	C	PA, QL (120 capsules/30 days), SF, SP
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)	C	PA, QL (90 tablets/30 days), SP
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)	C	PA, QL (1 box/28 days), SF, SP
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	C	PA, QL (24 tablets/28 days), SF, SP
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	C	PA, QL (32 tablets/28 days), SF, SP
XTANDI - enzalutamide cap 40 mg	C	PA, QL (120 capsules/30 days), SF, SP
XTANDI - enzalutamide tab 40 mg	C	PA, QL (120 tablets/30 days), SF, SP
XTANDI - enzalutamide tab 80 mg	C	PA, QL (60 tablets/30 days), SF, SP
YONSA - abiraterone acetate micronized tab 125 mg	C	PA, QL (120 tablets/30 days), SF, SP
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	C	PA, QL (30 tablets/30 days), SF, SP
ZELBORAF - vemurafenib tab 240 mg	C	PA, QL (240 tablets/30 days), SP
ZOLINZA - vorinostat cap 100 mg	C	PA, QL (120 capsules/30 days), SF, SP
ZYDELIG - idelalisib tab 100 mg, 150 mg	C	PA, QL (60 tablets/30 days), SP
ZYKADIA - ceritinib tab 150 mg	C	PA, QL (90 tablets/30 days), SF, SP
HORMONES, DIABETES AND RELATED DRUGS		
CORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg (Entocort ec)	C	
budesonide tab er 24hr 9 mg (Uceris)	NP	PA
DEXAMETHASONE - dexamethasone tab 0.5 mg, 0.75 mg, 1 mg	C	
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	C	
dexamethasone elixir 0.5 mg/5ml	C	

Drug Name	Drug Status	Additional requirements or limits on coverage
dexamethasone tab 1.5 mg, 2 mg, 4 mg, 6 mg	C	
fludrocortisone acetate tab 0.1 mg	C	
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef)	C	
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	C	
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol)	C	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	C	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	C	
PREDNISON - prednisone oral soln 5 mg/5ml	C	
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	C	
UCERIS - budesonide tab er 24hr 9 mg	NP	PA
MALE HORMONES		
danazol cap 50 mg, 100 mg, 200 mg	C	
FORTESTA - testosterone td gel 10mg/act (2%)	NP	PA, QL (2 pump bottles/30 days)
NATESTO - testosterone nasal gel 5.5 mg/act	NP	PA, QL (3 pump bottles/30 days)
TESTIM - testosterone td gel 50 mg/5gm (1%)	NP	PA, QL (60 packets/30 days)
TESTOSTERONE - testosterone td gel 50 mg/5gm (1%)	NP	PA, QL (60 packets/30 days)
testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml (Depo-testosterone)	C	
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	C	
TESTOSTERONE PUMP - testosterone td gel 12.5 mg/act (1%)	NP	PA, QL (4 pump bottles/30 days)
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%), 40.5 mg/2.5gm (1.62%) (Androgel)	NP	PA, QL (60 packets/30 days)
testosterone td gel 12.5 mg/act (1%)	P	PA, QL (4 pump bottles/30 days)
testosterone td gel 20.25 mg/1.25gm (1.62%) (Androgel)	NP	PA, QL (30 packets/30 days)
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	P	PA, QL (2 pump bottles/30 days)
testosterone td gel 10mg/act (2%) (Fortesta)	NP	PA, QL (2 pump bottles/30 days)
testosterone td soln 30 mg/act	NP	PA, QL (2 pump bottles/30 days)
VOGELXO - testosterone td gel 50 mg/5gm (1%)	NP	PA, QL (60 packets/30 days)
VOGELXO PUMP - testosterone td gel 12.5 mg/act (1%)	NP	PA, QL (4 pump bottles/30 days)
ESTROGENS		

Drug Name	Drug Status	Additional requirements or limits on coverage
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day	C	QL (8 patches/28 days)
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	C	
estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg (Activella)	C	
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)	C	
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)	C	QL (8 patches/28 days)
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)	C	QL (4 patches/28 days)
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen)	C	
ESTROGEL - estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	C	QL (1 pump/30 days)
MYFEMBREE - relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	C	PA, QL (30 tablets/30 days)
PROGESTINS		
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)	C	
megestrol acetate susp 625 mg/5ml (Megace es)	NP	PA
norethindrone acetate tab 5 mg (Aygestin)	C	
progesterone cap 100 mg, 200 mg (Prometrium)	C	
progesterone im in oil 50 mg/ml	C	
BIRTH CONTROL		
CAYA - diaphragm arc-spring	C	
CONDOMS - VARIOUS	OTC-C	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	C	QL (28 tablets/21 days)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	C	QL (28 tablets/21 days)
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	C	QL (28 tablets/21 days)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	C	QL (28 tablets/21 days)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	C	QL (28 tablets/21 days)
ELLA - ulipristal acetate tab 30 mg	C	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg	C	QL (28 tablets/21 days)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Nuvaring)	C	QL (1 ring/21 days)
FC2 FEMALE CONDOM - condoms - female	OTC-C	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	C	QL (28 tablets/21 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	C	QL (28 tablets/21 days)
levonorgestrel tab 1.5 mg	OTC-C	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	C	QL (28 tablets/21 days)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	C	QL (3 patches/21 days)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg	C	QL (28 tablets/21 days)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Ortho-novum 1/35)	C	QL (28 tablets/21 days)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	C	QL (28 tablets/21 days)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	C	QL (28 tablets/21 days)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)	C	QL (28 tablets/21 days)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)	C	QL (28 tablets/21 days)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)	C	QL (28 tablets/21 days)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)	C	QL (28 tablets/21 days)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)	C	QL (28 tablets/21 days)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	C	QL (28 tablets/21 days)
norethindrone tab 0.35 mg (Ortho micronor)	C	QL (28 tablets/21 days)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7)	C	QL (28 tablets/21 days)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	C	QL (28 tablets/21 days)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)	C	QL (28 tablets/21 days)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)	C	QL (28 tablets/21 days)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	C	QL (28 tablets/21 days)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	C	QL (28 tablets/21 days)
OMNIFLEX DIAPHRAGM - diaphragms	C	
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	C	
WIDE-SEAL SILICONE DIAPHRAGMS - VARIOUS SIZES	C	
DIABETES		
acarbose tab 25 mg, 50 mg, 100 mg (Precose)	P	

Drug Name	Drug Status	Additional requirements or limits on coverage
ALOGLIPTIN - alogliptin benzoate tab 6.25 mg (base equiv), 12.5 mg (base equiv), 25 mg (base equiv)	NP	PA, QL (30 tablets/30 days)
ALOGLIPTIN/METFORMIN HCL - alogliptin-metformin hcl tab 12.5-500 mg	NP	PA, QL (60 tablets/30 days)
ALOGLIPTIN/METFORMIN HYDROCHLORIDE - alogliptin-metformin hcl tab 12.5-1000 mg	NP	PA, QL (60 tablets/30 days)
ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	NP	PA, QL (30 tablets/30 days)
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	P	QL (4 injection devices/28 days), ST
BYETTA - exenatide soln pen-injector 5 mcg/0.02ml, 10 mcg/0.04ml	P	QL (1 pen/30 days), ST
diazoxide susp 50 mg/ml (Proglycem)	C	
DUETACT - pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg	NP	PA
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	P	QL (30 tablets/30 days), ST
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl)	C	
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl)	C	
glipizide tab 5 mg, 10 mg	C	
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	C	
glucagon (rdna) for inj kit 1 mg (Glucagon emergency kit)	C	
glucose gel 40%	OTC-C	
GLUCOSE TABLETS - VARIOUS	OTC-C	
glyburide micronized tab 1.5 mg, 3 mg, 6 mg (Glynase)	C	
glyburide tab 1.25 mg, 2.5 mg, 5 mg	C	
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	NP	PA, QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	C	
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	C	
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	C	
GVOKE PFS - glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml, 1 mg/0.2ml	C	
INVOKAMET - canagliflozin-metformin hcl tab 50-500 mg, 50-1000 mg, 150-500 mg, 150-1000 mg	NP	PA, QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg, 150-500 mg, 150-1000 mg	NP	PA, QL (60 tablets/30 days)
INVOKANA - canagliflozin tab 100 mg, 300 mg	P	QL (30 tablets/30 days), ST
JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	P	QL (60 tablets/30 days), ST

Drug Name	Drug Status	Additional requirements or limits on coverage
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	NP	PA, QL (30 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	NP	PA, QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	P	QL (30 tablets/30 days), ST
JARDIANCE - empagliflozin tab 10 mg, 25 mg	P	QL (30 tablets/30 days), ST
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg, 2.5-850 mg, 2.5-1000 mg	P	QL (60 tablets/30 days), ST
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	NP	PA, QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	NP	PA, QL (30 tablets/30 days)
KAZANO - alogliptin-metformin hcl tab 12.5-500 mg, 12.5-1000 mg	NP	PA, QL (60 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	P	QL (60 tablets/30 days), ST
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg	P	QL (30 tablets/30 days), ST
metformin hcl tab er 24hr 500 mg (Glucophage xr)	C	QL (120 tablets/30 days)
metformin hcl tab er 24hr 750 mg (Glucophage xr)	C	QL (60 tablets/30 days)
metformin hcl tab 500 mg, 850 mg, 1000 mg (Glucophage)	C	
miglitol tab 25 mg, 50 mg, 100 mg	NP	PA
nateglinide tab 60 mg, 120 mg (Starlix)	C	
NESINA - alogliptin benzoate tab 6.25 mg (base equiv), 12.5 mg (base equiv), 25 mg (base equiv)	NP	PA, QL (30 tablets/30 days)
ONGLYZA - saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv)	P	QL (30 tablets/30 days), ST
OSENI - alogliptin-pioglitazone tab 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	NP	PA, QL (30 tablets/30 days)
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	NP	PA, QL (1 pen/28 days)
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos)	P	
pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg (Duetact)	NP	PA
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met)	NP	PA
QTERN - dapagliflozin-saxagliptin tab 5-5 mg, 10-5 mg	NP	PA, QL (30 tablets/30 days)
repaglinide tab 0.5 mg	C	
repaglinide tab 1 mg, 2 mg (Prandin)	C	
RYBELSUS - semaglutide tab 3 mg	NP	PA, QL (30 tablets/180 days)
RYBELSUS - semaglutide tab 7 mg, 14 mg	NP	PA, QL (30 tablets/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv) (Onglyza)	C	QL (30 tablets/30 days), ST
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (Kombiglyze xr)	C	QL (60 tablets/30 days), ST
saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg (Kombiglyze xr)	C	QL (30 tablets/30 days), ST
SEGLUROMET - ertugliflozin-metformin hcl tab 2.5-500 mg	NP	PA, QL (120 tablets/30 days)
SEGLUROMET - ertugliflozin-metformin hcl tab 2.5-1000 mg, 7.5-500 mg, 7.5-1000 mg	NP	PA, QL (60 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	NP	PA, QL (6 pens/30 days)
STEGLATRO - ertugliflozin l-pyroglutamic acid tab 5 mg (base equiv)	NP	PA, QL (60 tablets/30 days)
STEGLATRO - ertugliflozin l-pyroglutamic acid tab 15 mg (base equiv)	NP	PA, QL (30 tablets/30 days)
STEGLUJAN - ertugliflozin-sitagliptin tab 5-100 mg, 15-100 mg	NP	PA, QL (30 tablets/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	P	QL (4 pens/30 days), ST
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	P	QL (4 pens/30 days), ST
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	NP	PA, QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	NP	PA, QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	NP	PA, QL (30 tablets/30 days)
TRADJENTA - linagliptin tab 5 mg	P	QL (30 tablets/30 days), ST
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	NP	PA, QL (60 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	NP	PA, QL (30 tablets/30 days)
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg	NP	PA, QL (60 tablets/30 days)
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	NP	PA, QL (4 pens/28 days)
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	P	QL (3 pens/30 days), ST
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg	NP	PA, QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	NP	PA, QL (30 tablets/30 days)
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	NP	PA, QL (5 pens/30 days)

DIABETES - INSULINS

Drug Name	Drug Status	Additional requirements or limits on coverage
RAPID-ACTING INSULINS		
ADMELOG - insulin lispro inj soln 100 unit/ml	NP	PA, QL (45 ml/30 days)
ADMELOG SOLOSTAR - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	NP	PA, QL (45 ml/30 days)
APIDRA - insulin glulisine inj 100 unit/ml	NP	PA, QL (45 ml/30 days)
APIDRA SOLOSTAR - insulin glulisine soln pen-injector inj 100 unit/ml	NP	PA, QL (45 ml/30 days)
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	NP	PA, QL (45 ml/30 days)
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	NP	PA, QL (45 ml/30 days)
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	NP	PA, QL (45 ml/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	P	QL (45 ml/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	P	QL (45 ml/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	P	QL (45 ml/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	P	QL (45 ml/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml	NP	PA, QL (45 ml/30 days)
INSULIN ASPART - insulin aspart inj soln 100 unit/ml	P	QL (45 ml/30 days)
INSULIN ASPART FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	P	QL (45 ml/30 days)
INSULIN ASPART PENFILL - insulin aspart soln cartridge 100 unit/ml	P	QL (45 ml/30 days)
INSULIN LISPRO - insulin lispro inj soln 100 unit/ml	P	QL (45 ml/30 days)
INSULIN LISPRO JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	P	QL (45 ml/30 days)
INSULIN LISPRO KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	P	QL (45 ml/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	NP	PA, QL (45 ml/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	NP	PA, QL (45 ml/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	NP	PA, QL (45 ml/30 days)
NOVOLOG - insulin aspart inj soln 100 unit/ml	P	QL (45 ml/30 days)
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	P	QL (45 ml/30 days)
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	P	QL (45 ml/30 days)
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	P	QL (45 ml/30 days)
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	P	QL (45 ml/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
SHORT-ACTING INSULINS		
AFREZZA - insulin regular (human) inhalation powder 4 unit/ cartridge	NP	PA, QL (2520 cartridges/30 days)
AFREZZA - insulin regular (human) inhalation powder 8 unit/ cartridge	NP	PA, QL (1260 cartridges/30 days)
AFREZZA - insulin regular (human) inhalation powder 12 unit/ cartridge	NP	PA, QL (900 cartridges/30 days)
AFREZZA - insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit	NP	PA, QL (1800 cartridges/30 days)
AFREZZA - insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit	NP	PA, QL (1080 cartridges/30 days)
AFREZZA - insulin regular (human) inh powd 60x4 & 60x8 & 60x12 ut/cart	NP	PA, QL (1260 cartridges/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	P	QL (45 ml/30 days)
HUMULIN R U-500 (CONCENTRATED) - insulin regular (human) inj 500 unit/ml	P	QL (45 ml/30 days)
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	P	QL (45 ml/30 days)
NOVOLIN R - insulin regular (human) inj 100 unit/ml	P	QL (45 ml/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	NP	PA, QL (45 ml/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	NP	PA, QL (45 ml/30 days)
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	P	QL (45 ml/30 days)
RELION R - insulin regular (human) inj 100 unit/ml	OTC-C	QL (45 ml/30 days)
INTERMEDIATE-ACTING INSULINS		
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)	P	QL (45 ml/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	P	QL (45 ml/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	P	QL (45 ml/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	P	QL (45 ml/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	P	QL (45 ml/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	NP	PA, QL (45 ml/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	P	QL (45 ml/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	P	QL (45 ml/30 days)
INSULIN ASPART PROTAMINE/INSULIN ASPART - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	P	QL (45 ml/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	P	QL (45 ml/30 days)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	P	QL (45 ml/30 days)
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	P	QL (45 ml/30 days)
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	NP	PA, QL (45 ml/30 days)
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	NP	PA, QL (45 ml/30 days)
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	P	QL (45 ml/30 days)
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	NP	PA, QL (45 ml/30 days)
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	NP	PA, QL (45 ml/30 days)
NOVOLIN 70/30 FLEXPEN RELION - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	NP	PA, QL (45 ml/30 days)
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	NP	PA, QL (45 ml/30 days)
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	P	QL (45 ml/30 days)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	P	QL (45 ml/30 days)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	P	QL (45 ml/30 days)
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	P	QL (45 ml/30 days)
BASAL INSULINS		
BASAGLAR KWIKPEN - insulin glargine soln pen-injector 100 unit/ml	NP	PA, QL (45 ml/30 days)
INSULIN DEGLUDEC - insulin degludec inj 100 unit/ml	NP	PA, QL (45 ml/30 days)
INSULIN DEGLUDEC FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	NP	PA, QL (45 ml/30 days)
INSULIN GLARGINE - insulin glargine inj 100 unit/ml	NP	PA, QL (45 ml/30 days)
INSULIN GLARGINE - insulin glargine-yfgn soln pen-injector 100 unit/ml	NP	PA, QL (45 ml/30 days)
INSULIN GLARGINE - insulin glargine-yfgn inj 100 unit/ml	NP	PA, QL (45 ml/30 days)
INSULIN GLARGINE SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	NP	PA, QL (45 ml/30 days)
LANTUS - insulin glargine inj 100 unit/ml	P	QL (45 ml/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	P	QL (45 ml/30 days)
LEVEMIR - insulin detemir inj 100 unit/ml	P	QL (45 ml/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
LEVEMIR FLEXPEN - insulin detemir soln pen-injector 100 unit/ml	P	QL (45 ml/30 days)
REZVOGLAR KWIKPEN - insulin glargine-aglr soln pen-injector 100 unit/ml	C	QL (45 mls/30 days)
SEMGLEE - insulin glargine-yfgn soln pen-injector 100 unit/ml	NP	PA, QL (45 ml/30 days)
SEMGLEE - insulin glargine-yfgn inj 100 unit/ml	NP	PA, QL (45 ml/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	NP	PA, QL (45 ml/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	NP	PA, QL (45 mls/30 days)
TRESIBA - insulin degludec inj 100 unit/ml	NP	PA, QL (45 ml/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	NP	PA, QL (45 ml/30 days)
THYROID REGULATION		
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)	C	
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)	C	
methimazole tab 5 mg, 10 mg (Tapazole)	C	
propylthiouracil tab 50 mg	C	
GROWTH HORMONE		
GENOTROPIN - somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	NP	PA, SP
GENOTROPIN MINIQUICK - somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg	NP	PA, SP
HUMATROPE - somatropin for inj cartridge 6 mg (18 unit), 12 mg (36 unit), 24 mg	NP	PA, SP
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	C	SP
NORDITROPIN FLEXPEN - somatropin solution pen-injector 5 mg/1.5ml, 10 mg/1.5ml, 15 mg/1.5ml, 30 mg/3ml	P	PA, SP
NUTROPIN AQ NUSPIN 10 - somatropin solution pen-injector 10 mg/2ml	P	PA, SP
NUTROPIN AQ NUSPIN 20 - somatropin solution pen-injector 20 mg/2ml	P	PA, SP
NUTROPIN AQ NUSPIN 5 - somatropin solution pen-injector 5 mg/2ml	P	PA, SP
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	NP	PA, SP
OMNITROPE - somatropin for inj 5.8 mg	NP	PA, SP
SAIZEN - somatropin (non-refrigerated) for inj 5 mg, 8.8 mg	NP	PA, SP
SEROSTIM - somatropin (non-refrigerated) for subcutaneous inj 4 mg, 5 mg, 6 mg	NP	PA, SP

Drug Name	Drug Status	Additional requirements or limits on coverage
ZOMACTON - somatropin for subcutaneous inj 5 mg	NP	PA, SP
ZOMACTON - somatropin for inj 10 mg	NP	PA, SP
ZORBTIVE - somatropin (non-refrigerated) for subcutaneous inj 8.8 mg	NP	PA, SP
OTHER HORMONES AND RELATED DRUGS		
ACTONEL - risedronate sodium tab 35 mg	NP	PA, QL (4 tablets/28 days)
ACTONEL - risedronate sodium tab 150 mg	NP	PA, QL (1 tablet/30 days)
ALENDRONATE SODIUM - alendronate sodium tab 5 mg	P	QL (30 tablets/30 days)
alendronate sodium oral soln 70 mg/75ml	P	QL (75 ml/7 days)
alendronate sodium tab 10 mg	P	QL (30 tablets/30 days)
alendronate sodium tab 35 mg	P	QL (4 tablets/28 days)
alendronate sodium tab 70 mg (Fosamax)	P	QL (4 tablets/28 days)
ATELVIA - risedronate sodium tab delayed release 35 mg	NP	PA, QL (4 tablets/28 days)
betaine powder for oral solution (Cystadane)	C	SP
BINOSTO - alendronate sodium effervescent tab 70 mg	NP	PA, QL (4 tablets/28 days)
cabergoline tab 0.5 mg	C	
calcitonin (salmon) nasal soln 200 unit/act	P	
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol)	C	
calcitriol oral soln 1 mcg/ml (Rocaltrol)	C	
carglumic acid soluble tab 200 mg (Carbaglu)	C	PA, SP
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar)	C	PA, SP
desmopressin acetate inj 4 mcg/ml (Ddavp)	C	
desmopressin acetate nasal spray soln 0.01% (Ddavp)	C	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	C	
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp)	C	
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp)	C	
EVISTA - raloxifene hcl tab 60 mg	NP	PA
FORTEO - teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	P	QL (1 pen/28 days), SP
FOSAMAX - alendronate sodium tab 70 mg	NP	PA, QL (4 tablets/28 days)
FOSAMAX PLUS D - alendronate sodium-cholecalciferol tab 70-2800 mg-unit, 70-5600 mg-unit	NP	PA, QL (4 tablets/28 days)
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	P	QL (1 tablet/30 days)
JYNARQUE - tolvaptan tab therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	C	PA, QL (56 tablets/28 days), SP
JYNARQUE - tolvaptan tab 15 mg	C	PA, QL (60 tablets/30 days), SP
JYNARQUE - tolvaptan tab 30 mg	C	PA, QL (30 tablets/30 days), SP
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	C	

Drug Name	Drug Status	Additional requirements or limits on coverage
levocarnitine tab 330 mg (Carnitor)	C	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg	C	SP
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg	C	SP
methylergonovine maleate tab 0.2 mg	C	
NITYR - nitisinone tab 2 mg, 5 mg, 10 mg	C	SP
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml) (Sandostatin)	C	SP
ORLISSA - elagolix sodium tab 150 mg (base equiv)	C	PA, QL (30 tablets/30 days)
ORLISSA - elagolix sodium tab 200 mg (base equiv)	C	PA, QL (60 tablets/30 days)
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml	C	PA, SP
raloxifene hcl tab 60 mg (Evista)	P	
REVCOVI - elapegamase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	C	SP
risedronate sodium tab delayed release 35 mg (Atelvia)	NP	PA, QL (4 tablets/28 days)
risedronate sodium tab 5 mg, 30 mg (Actonel)	NP	PA, QL (30 tablets/30 days)
risedronate sodium tab 35 mg (Actonel)	NP	PA, QL (4 tablets/28 days)
risedronate sodium tab 150 mg (Actonel)	NP	PA, QL (1 tablet/30 days)
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan)	C	PA, SP
sapropterin dihydrochloride tab 100 mg (Kuvan)	C	PA, SP
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)	C	PA, SP
sodium phenylbutyrate tab 500 mg (Buphenyl)	C	PA, SP
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	C	PA, SP
TERIPARATIDE - teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	NP	PA, QL (1 pen/28 days), SP
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	NP	PA, QL (1 pen/30 days), SP
VOXZOGO - vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg	C	PA, QL (30 vials/30 days), SP
HEART AND CIRCULATORY DRUGS		
ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATI		
ACCUPRIL - quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg	NP	PA
ACCURETIC - quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	NP	PA
ALTACE - ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg	NP	PA
benazepril & hydrochlorothiazide tab 5-6.25 mg	P	

Drug Name	Drug Status	Additional requirements or limits on coverage
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct)	P	
benazepril hcl tab 5 mg	P	
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin)	P	
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	P	
CAPTOPRIL/HYDROCHLOROTHIAZIDE - captopril & hydrochlorothiazide tab 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	P	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	P	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	P	
enalapril maleate oral soln 1 mg/ml (Epaned)	NP	PA
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec)	P	
EPANED - enalapril maleate oral soln 1 mg/ml	NP	PA
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	P	
fosinopril sodium tab 10 mg, 20 mg, 40 mg	P	
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	P	
lisinopril tab 2.5 mg, 30 mg, 40 mg (Zestril)	P	
lisinopril tab 5 mg, 10 mg, 20 mg (Prinivil)	P	
LOTENSIN - benazepril hcl tab 10 mg, 20 mg, 40 mg	NP	PA
LOTENSIN HCT - benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	NP	PA
moexipril hcl tab 7.5 mg, 15 mg	P	
PERINDOPRIL ERBUMINE - perindopril erbumine tab 8 mg	P	
perindopril erbumine tab 2 mg, 4 mg	P	
QBRELIS - lisinopril oral soln 1 mg/ml	NP	PA
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril)	P	
QUINAPRIL/HYDROCHLOROTHIAZIDE - quinapril-hydrochlorothiazide tab 20-12.5 mg, 20-25 mg	P	
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace)	P	
trandolapril tab 1 mg, 2 mg, 4 mg	P	
VASERETIC - enalapril maleate & hydrochlorothiazide tab 10-25 mg	NP	PA
VASOTEC - enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg	NP	PA
ZESTORETIC - lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	NP	PA
ZESTRIL - lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg	NP	PA

ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBS) AND COMBINATIONS

Drug Name	Drug Status	Additional requirements or limits on coverage
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg (Exforge hct)	NP	PA, QL (30 tablets/30 days)
ATACAND - candesartan cilexetil tab 4 mg, 8 mg, 16 mg	NP	PA, QL (60 tablets/30 days)
ATACAND - candesartan cilexetil tab 32 mg	NP	PA, QL (30 tablets/30 days)
ATACAND HCT - candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg	NP	PA, QL (30 tablets/30 days)
AVALIDE - irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg	NP	PA, QL (30 tablets/30 days)
AVAPRO - irbesartan tab 75 mg, 150 mg, 300 mg	NP	PA, QL (30 tablets/30 days)
BENICAR - olmesartan medoxomil tab 5 mg	NP	PA, QL (60 tablets/30 days)
BENICAR - olmesartan medoxomil tab 20 mg, 40 mg	NP	PA, QL (30 tablets/30 days)
BENICAR HCT - olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	NP	PA, QL (30 tablets/30 days)
candesartan cilexetil tab 4 mg, 8 mg, 16 mg (Atacand)	NP	PA, QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg (Atacand)	NP	PA, QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct)	NP	PA, QL (30 tablets/30 days)
COZAAR - losartan potassium tab 25 mg, 50 mg	NP	PA, QL (60 tablets/30 days)
COZAAR - losartan potassium tab 100 mg	NP	PA, QL (30 tablets/30 days)
DIOVAN - valsartan tab 40 mg, 80 mg, 160 mg	NP	PA, QL (60 tablets/30 days)
DIOVAN - valsartan tab 320 mg	NP	PA, QL (30 tablets/30 days)
DIOVAN HCT - valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg	NP	PA, QL (30 tablets/30 days)
EDARBI - azilsartan medoxomil tab 40 mg, 80 mg	NP	PA, QL (30 tablets/30 days)
EDARBYCLOR - azilsartan medoxomil-chlorthalidone tab 40-12.5 mg, 40-25 mg	NP	PA, QL (30 tablets/30 days)
EXFORGE HCT - amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	NP	PA, QL (30 tablets/30 days)
HYZAAR - losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg	NP	PA, QL (30 tablets/30 days)
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro)	P	QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide)	P	QL (30 tablets/30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar)	P	QL (30 tablets/30 days)
losartan potassium tab 25 mg, 50 mg (Cozaar)	P	QL (60 tablets/30 days)
losartan potassium tab 100 mg (Cozaar)	P	QL (30 tablets/30 days)
MICARDIS - telmisartan tab 20 mg, 40 mg, 80 mg	NP	PA, QL (30 tablets/30 days)
MICARDIS HCT - telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg	NP	PA, QL (30 tablets/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
MICARDIS HCT - telmisartan-hydrochlorothiazide tab 80-12.5 mg	NP	PA, QL (60 tablets/30 days)
olmesartan medoxomil tab 5 mg (Benicar)	NP	PA, QL (60 tablets/30 days)
olmesartan medoxomil tab 20 mg, 40 mg (Benicar)	NP	PA, QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct)	NP	PA, QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor)	NP	PA, QL (30 tablets/30 days)
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	NP	PA, QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg (Micardis hct)	NP	PA, QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)	NP	PA, QL (60 tablets/30 days)
TRIBENZOR - olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg	NP	PA, QL (30 tablets/30 days)
valsartan tab 40 mg, 80 mg, 160 mg (Diovan)	P	QL (60 tablets/30 days)
valsartan tab 320 mg (Diovan)	P	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct)	P	QL (30 tablets/30 days)
BETA BLOCKERS AND COMBINATIONS		
acebutolol hcl cap 200 mg, 400 mg	NP	PA
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	NP	PA
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	NP	PA
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin)	P	
betaxolol hcl tab 10 mg, 20 mg	NP	PA
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac)	NP	PA
bisoprolol fumarate tab 5 mg, 10 mg	P	
BYSTOLIC - nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)	NP	PA
carvedilol phosphate cap er 24hr 10 mg, 20 mg, 40 mg, 80 mg (Coreg cr)	NP	PA
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	P	
COREG - carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg	NP	PA
COREG CR - carvedilol phosphate cap er 24hr 10 mg, 20 mg, 40 mg, 80 mg	NP	PA
CORGARD - nadolol tab 20 mg, 40 mg	NP	PA
HEMANGEOL - propranolol hcl oral soln 4.28 mg/ml (3.75 mg/ml base equiv)	NP	PA

Drug Name	Drug Status	Additional requirements or limits on coverage
INDERAL LA - propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg	NP	PA
INDERAL XL - propranolol hcl sustained-release beads cap er 24hr 80 mg, 120 mg	NP	PA
INNOPRAN XL - propranolol hcl sustained-release beads cap er 24hr 80 mg, 120 mg	NP	PA
KAPSPARGO SPRINKLE - metoprolol succ cap er 24hr sprinkle 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)	NP	PA
labetalol hcl tab 100 mg, 200 mg, 300 mg	P	
LOPRESSOR - metoprolol tartrate tab 50 mg, 100 mg	NP	PA
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	NP	PA
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl)	P	
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg	P	
metoprolol tartrate tab 50 mg, 100 mg (Lopressor)	P	
nadolol tab 20 mg, 40 mg, 80 mg (Corgard)	P	
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic)	NP	PA
pindolol tab 5 mg, 10 mg	P	
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	P	
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la)	P	
propranolol hcl oral soln 20 mg/5ml	P	
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	P	
TENORETIC 100 - atenolol & chlorthalidone tab 100-25 mg	NP	PA
TENORETIC 50 - atenolol & chlorthalidone tab 50-25 mg	NP	PA
TENORMIN - atenolol tab 25 mg, 50 mg, 100 mg	NP	PA
timolol maleate tab 5 mg, 10 mg, 20 mg	NP	PA
TOPROL XL - metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)	NP	PA
CALCIUM CHANNEL BLOCKERS AND COMBINATIONS		
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc)	P	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	NP	PA
amlodipine besylate-atorvastatin calcium tab 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Caduet)	NP	PA

Drug Name	Drug Status	Additional requirements or limits on coverage
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	P	
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)	P	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)	NP	PA, QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)	P	QL (30 tablets/30 days)
AZOR - amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	NP	PA, QL (30 tablets/30 days)
CADUET - amlodipine besylate-atorvastatin calcium tab 5-10 mg, 5-20 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	NP	PA
CARDIZEM - diltiazem hcl tab 30 mg, 60 mg, 120 mg	NP	PA
CARDIZEM CD - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	NP	PA
CARDIZEM LA - diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	NP	PA
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg	P	
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	P	
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd)	P	
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)	P	
diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Cardizem la)	NP	PA
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)	P	
diltiazem hcl tab 90 mg	P	
ENTRESTO - sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	P	
EXFORGE - amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg	NP	PA, QL (30 tablets/30 days)
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	P	
isradipine cap 2.5 mg, 5 mg	P	
LOTREL - amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg	NP	PA
nicardipine hcl cap 20 mg, 30 mg	P	
nifedipine cap 10 mg (Procardia)	P	
nifedipine cap 20 mg	P	
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg (Adalat cc)	P	
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)	P	
nimodipine cap 30 mg	NP	PA

Drug Name	Drug Status	Additional requirements or limits on coverage
NISOLDIPINE ER - nisoldipine tab er 24hr 20 mg, 25.5 mg, 30 mg, 40 mg	NP	PA
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg (Sular)	NP	PA
NORVASC - amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	NP	PA
NYMALIZE - nimodipine oral soln 6 mg/ml	NP	PA
PROCARDIA XL - nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg	NP	PA
SULAR - nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg	NP	PA
TELMISARTAN/AMLODIPINE - telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg	NP	PA, QL (30 tablets/30 days)
TIAZAC - diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	NP	PA
TRANDOLAPRIL/VERAPAMIL HCL ER - trandolapril-verapamil hcl tab er 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	NP	PA
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)	P	
verapamil hcl cap er 24hr 300 mg (Verelan pm)	P	
VERAPAMIL HCL SR - verapamil hcl cap er 24hr 360 mg	P	
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)	P	
verapamil hcl tab 40 mg, 80 mg	P	
verapamil hcl tab 120 mg (Calan)	P	
VERAPAMIL HYDROCHLORIDE ER - verapamil hcl cap er 24hr 100 mg, 200 mg	P	
VERELAN - verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg, 360 mg	NP	PA
VERELAN PM - verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg	NP	PA
CHEST PAIN		
isosorbide dinitrate tab 5 mg (Isordil titradose)	C	
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg	C	
ISOSORBIDE MONONITRATE - isosorbide mononitrate tab 10 mg, 20 mg	C	
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	C	
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	C	
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur)	C	
CHOLESTEROL LOWERING		
ALTOPREV - lovastatin tab er 24hr 20 mg, 40 mg, 60 mg	NP	PA
ANTARA - fenofibrate micronized cap 90 mg	NP	PA
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent) (Lipitor)	P	

Drug Name	Drug Status	Additional requirements or limits on coverage
cholestyramine light powder packets 4 gm	P	
cholestyramine light powder 4 gm/dose (Questran light)	P	
cholestyramine powder packets 4 gm (Questran)	P	
cholestyramine powder 4 gm/dose (Questran)	P	
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv) (Trilipix)	NP	PA
colesevelam hcl packet for susp 3.75 gm (Welchol)	NP	PA
colesevelam hcl tab 625 mg (Welchol)	NP	PA
COLESTID - colestipol hcl tab 1 gm	NP	PA
COLESTID - colestipol hcl granules 5 gm	NP	PA
COLESTID FLAVORED - colestipol hcl granules 5 gm	NP	PA
colestipol hcl granules 5 gm (Colestid flavored)	P	
colestipol hcl tab 1 gm (Colestid)	P	
CRESTOR - rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg	NP	PA
EZALLOR SPRINKLE - rosuvastatin calcium sprinkle cap 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)	NP	PA
ezetimibe tab 10 mg (Zetia)	P	
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin)	NP	PA
FENOFIBRATE - fenofibrate cap 50 mg, 150 mg	NP	PA
FENOFIBRATE MICRONIZED - fenofibrate micronized cap 90 mg	NP	PA
fenofibrate micronized cap 43 mg, 130 mg	NP	PA
fenofibrate micronized cap 67 mg, 134 mg, 200 mg	P	
fenofibrate tab 40 mg, 120 mg (Fenofibrate)	NP	PA
fenofibrate tab 48 mg, 145 mg (Tricor)	P	
fenofibrate tab 54 mg, 160 mg	P	
FENOFIBRIC ACID - fenofibric acid tab 35 mg, 105 mg	NP	PA
FENOGLIDE - fenofibrate tab 40 mg, 120 mg	NP	PA
FIBRICOR - fenofibric acid tab 35 mg, 105 mg	NP	PA
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent)	NP	PA
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	NP	PA
gemfibrozil tab 600 mg (Lopid)	P	
icosapent ethyl cap 0.5 gm (Vascepa)	NP	PA, QL (240 capsules/30 days)
icosapent ethyl cap 1 gm (Vascepa)	NP	PA, QL (120 capsules/30 days)
LESCOL XL - fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	NP	PA

Drug Name	Drug Status	Additional requirements or limits on coverage
LIPITOR - atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent)	NP	PA
LIPOFEN - fenofibrate cap 50 mg, 150 mg	NP	PA
LIVALO - pitavastatin calcium tab 1 mg, 2 mg, 4 mg	NP	PA
LOPID - gemfibrozil tab 600 mg	NP	PA
lovastatin tab 10 mg, 20 mg, 40 mg	P	
LOVAZA - omega-3-acid ethyl esters cap 1 gm	NP	PA
NEXLETOL - bempedoic acid tab 180 mg	NP	PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	NP	PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan)	P	
NIACOR - niacin (antihyperlipidemic) tab 500 mg	NP	PA
omega-3-acid ethyl esters cap 1 gm (Lovaza)	NP	PA
PRALUENT - alirocumab subcutaneous solution auto-injector 75 mg/ml, 150 mg/ml	NP	PA, QL (2 pens/28 days)
pravastatin sodium tab 10 mg	P	
pravastatin sodium tab 20 mg, 40 mg, 80 mg (Pravachol)	P	
QUESTRAN - cholestyramine powder 4 gm/dose	NP	PA
QUESTRAN - cholestyramine powder packets 4 gm	NP	PA
QUESTRAN LIGHT - cholestyramine light powder 4 gm/dose	NP	PA
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	NP	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	NP	PA, QL (2 systems/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	NP	PA, QL (2 pens/28 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor)	P	
simvastatin tab 5 mg, 10 mg, 20 mg, 40 mg, 80 mg (Zocor)	P	
TRICOR - fenofibrate tab 48 mg, 145 mg	NP	PA
TRILIPIX - choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv)	NP	PA
VASCEPA - icosapent ethyl cap 0.5 gm	NP	PA, QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	NP	PA, QL (120 capsules/30 days)
VYTORIN - ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	NP	PA
WELCHOL - colesevelam hcl tab 625 mg	NP	PA
WELCHOL - colesevelam hcl packet for susp 3.75 gm	NP	PA
ZETIA - ezetimibe tab 10 mg	NP	PA

Drug Name	Drug Status	Additional requirements or limits on coverage
ZOCOR - simvastatin tab 10 mg, 20 mg, 40 mg	NP	PA
ZYPITAMAG - pitavastatin magnesium tab 2 mg (base equiv), 4 mg (base equiv)	NP	PA
FLUID RETENTION		
acetazolamide cap er 12hr 500 mg	C	
acetazolamide tab 125 mg, 250 mg	C	
amiloride hcl tab 5 mg	C	
bumetanide tab 0.5 mg, 1 mg, 2 mg (Bumex)	C	
chlorthalidone tab 25 mg, 50 mg	C	
furosemide oral soln 10 mg/ml	C	
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	C	
hydrochlorothiazide cap 12.5 mg	C	
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	C	
indapamide tab 1.25 mg, 2.5 mg	C	
metolazone tab 2.5 mg, 5 mg, 10 mg	C	
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	C	
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone)	C	
torsemide tab 5 mg, 20 mg, 100 mg	C	
torsemide tab 10 mg (Demadex)	C	
triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)	C	
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	C	
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	C	
HEART RHYTHM		
amiodarone hcl tab 200 mg	C	
BETAPACE - sotalol hcl tab 80 mg, 120 mg, 160 mg	NP	PA
BETAPACE AF - sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg	NP	PA
disopyramide phosphate cap 100 mg, 150 mg (Norpace)	C	
flecainide acetate tab 50 mg, 100 mg, 150 mg	C	
mexiletine hcl cap 150 mg, 200 mg, 250 mg	C	
propafenone hcl tab 150 mg, 225 mg, 300 mg	C	
sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg (Betapace af)	P	
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace)	P	
sotalol hcl tab 240 mg	P	
SOTYLIZE - sotalol hcl oral solution 5 mg/ml	NP	PA
OTHER HEART RELATED DRUGS		
ADCIRCA - tadalafil tab 20 mg (PAH)	NP	PA, QL (60 tablets/30 days), SP
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg	NP	PA, QL (90 tablets/30 days), SP

Drug Name	Drug Status	Additional requirements or limits on coverage
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) (Tekturna)	NP	PA, QL (30 tablets/30 days)
ambrisentan tab 5 mg, 10 mg (Letairis)	P	PA, QL (30 tablets/30 days), SP
bosentan tab 62.5 mg, 125 mg (Tracleer)	NP	PA, QL (60 tablets/30 days), SP
CARDURA - doxazosin mesylate tab 1 mg, 2 mg, 4 mg	NP	PA, QL (30 tablets/30 days)
CARDURA - doxazosin mesylate tab 8 mg	NP	PA, QL (60 tablets/30 days)
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg (Catapres)	C	
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	C	
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	C	
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	C	
digoxin oral soln 0.05 mg/ml (Digoxin)	C	
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin)	C	
doxazosin mesylate tab 1 mg, 2 mg, 4 mg (Cardura)	P	QL (30 tablets/30 days)
doxazosin mesylate tab 8 mg (Cardura)	P	QL (60 tablets/30 days)
eplerenone tab 25 mg, 50 mg (Inspra)	C	
guanfacine hcl tab 1 mg, 2 mg	C	
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	C	
LETAIRIS - ambrisentan tab 5 mg, 10 mg	NP	PA, QL (30 tablets/30 days), SP
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	C	
minoxidil tab 2.5 mg, 10 mg	C	
OPSUMIT - macitentan tab 10 mg	NP	PA, QL (30 tablets/30 days), SP
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)	NP	PA, SP
ORENITRAM TITRATION KIT MONTH 1 - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg	NP	PA, QL (1 pack/180 day), SP
ORENITRAM TITRATION KIT MONTH 2 - treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg	NP	PA, QL (1 pack/180 day), SP
ORENITRAM TITRATION KIT MONTH 3 - treprostinil tab er titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg	NP	PA, QL (1 pack/180 days), SP
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	C	
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress)	C	
REVATIO - sildenafil citrate tab 20 mg	NP	PA, QL (90 tablets/30 days), SP
REVATIO - sildenafil citrate for suspension 10 mg/ml	NP	PA, QL (2 bottles/30 days), SP
sildenafil citrate for suspension 10 mg/ml (Revatio)	P	PA, QL (2 bottles/30 days), SP
sildenafil citrate tab 20 mg (Revatio)	P	PA, QL (90 tablets/30 days), SP
tadalafil tab 20 mg (PAH) (Adcirca)	NP	PA, QL (60 tablets/30 days), SP
TEKTURNA - aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)	NP	PA, QL (30 tablets/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 300-12.5 mg, 300-25 mg	P	QL (30 tablets/30 days)
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent)	P	QL (30 capsules/30 days)
terazosin hcl cap 10 mg (base equivalent)	P	QL (60 capsules/30 days)
TRACLEER - bosentan tab 62.5 mg, 125 mg	P	PA, QL (60 tablets/30 days), SP
TRACLEER - bosentan tab for oral susp 32 mg	NP	PA, QL (120 tablets/30 days), SP
TYVASO - treprostinil inhalation solution 0.6 mg/ml	NP	PA, QL (28 ampules/28 days), SP
TYVASO DPI MAINTENANCE KIT - treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge	NP	PA, QL (112 cartridges/28 days), SP
TYVASO DPI TITRATION KIT - treprostinil inh powder 112 x 16mcg & 84 x 32mcg	NP	PA, QL (1 kit/180 days), SP
TYVASO DPI TITRATION KIT - treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg	NP	PA, QL (1 kit/180 days), SP
TYVASO REFILL - treprostinil inhalation solution 0.6 mg/ml	NP	PA, QL (28 ampules/28 days), SP
TYVASO STARTER - treprostinil inhalation solution 0.6 mg/ml	NP	PA, QL (1 kit/180 days), SP
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	NP	PA, QL (60 tablets/30 days), SP
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	NP	PA, QL (1 pack/180 days), SP
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	NP	PA, QL (270 ampules/30 days), SP
VYNDAMAX - tafamidis cap 61 mg	C	PA, QL (30 capsules/30 days), SP
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	C	PA, QL (120 capsules/30 days), SP
BEE STING KITS		
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000), 0.3 mg/0.3ml (1:1000)	NP	PA
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (NDC: 00093598519 and 00093598527) (Epipen-jr 2-pak)	NP	PA
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (NDC: 49502010101 and 49502010102) (Epipen-jr 2-pak)	P	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (NDC: 00093598619 and 00093598627) (Epipen 2-pak)	NP	PA
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (NDC: 49502010201 and 49502010202) (Epipen 2-pak)	P	
EPIPEN 2-PAK - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	P	

Drug Name	Drug Status	Additional requirements or limits on coverage
EPIPEN-JR 2-PAK - epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	P	
SYMJEPI - epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)	P	
SYMJEPI - epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)	P	
RESPIRATORY AGENTS		
ANTI-HISTAMINES		
ALLEGRA ALLERGY CHILDRENS - fexofenadine hcl orally disintegrating tab 30 mg	OTC-C	
cetirizine hcl chew tab 5 mg, 10 mg	NP	PA
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	P	
cetirizine hcl syrup 1 mg/ml (5 mg/5ml)	P	
cetirizine hcl tab 5 mg, 10 mg	P	
chlorpheniramine maleate syrup 2 mg/5ml	OTC-C	
chlorpheniramine maleate tab 4 mg	OTC-C	
CLARINEX - desloratadine tab 5 mg	NP	PA
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg	C	
cyproheptadine hcl syrup 2 mg/5ml	C	
cyproheptadine hcl tab 4 mg	C	
DESLORATADINE ODT - desloratadine tab orally disintegrating 2.5 mg, 5 mg	NP	PA
desloratadine tab 5 mg (Clarinet)	NP	PA
diphenhydramine hcl cap 25 mg	OTC-C	
diphenhydramine hcl chew tab 12.5 mg	OTC-C	
diphenhydramine hcl elixir 12.5 mg/5ml	C	
diphenhydramine hcl elixir 12.5 mg/5ml	OTC-C	
diphenhydramine hcl liquid 12.5 mg/5ml	OTC-C	
diphenhydramine hcl tab disint 12.5 mg	OTC-C	
diphenhydramine hcl tab 25 mg	OTC-C	
fexofenadine hcl susp 30 mg/5ml (6 mg/ml)	OTC-C	
fexofenadine hcl tab 60 mg, 180 mg	OTC-C	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	P	
levocetirizine dihydrochloride tab 5 mg	P	
loratadine oral soln 5 mg/5ml	P	
loratadine rapidly-disintegrating tab 10 mg (Claritin)	P	
loratadine syrup 5 mg/5ml	P	
loratadine tab 10 mg	P	
promethazine hcl suppos 12.5 mg, 25 mg	C	

Drug Name	Drug Status	Additional requirements or limits on coverage
promethazine hcl syrup 6.25 mg/5ml	C	
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	C	
NASAL PRODUCTS		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	P	QL (2 bottles/30 days)
azelastine hcl nasal spray 0.15% (205.5 mcg/spray) (Astepro)	P	QL (2 bottles/30 days)
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (Dymista)	NP	PA, QL (1 bottle/30 days)
BECONASE AQ - beclomethasone dipropionate monohyd nasal susp 42 mcg/spray	NP	PA, QL (2 bottles/30 days)
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	OTC-C	
DYMISTA - azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	NP	PA, QL (1 bottle/30 days)
flunisolide nasal soln 25 mcg/act (0.025%)	NP	PA, QL (3 bottles/30 days)
fluticasone propionate nasal susp 50 mcg/act	P	QL (1 bottle/30 days)
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	P	QL (2 bottles/30 days)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	P	QL (3 bottles/30 days)
mometasone furoate nasal susp 50 mcg/act (Nasonex)	P	QL (2 bottles/30 days)
NEO-SYNEPHRINE COLD+ALLERGY MILD STRENGTH - phenylephrine hcl nasal soln 0.25%	OTC-C	
olopatadine hcl nasal soln 0.6% (Patanase)	NP	PA, QL (1 bottle/30 days)
OMNARIS - ciclesonide nasal susp 50 mcg/act	NP	PA, QL (1 bottle/30 days)
oxymetazoline hcl nasal soln 0.05%	OTC-C	
PATANASE - olopatadine hcl nasal soln 0.6%	NP	PA, QL (1 bottle/30 days)
phenylephrine hcl nasal soln 1%	OTC-C	
phenylephrine hcl tab 10 mg	OTC-C	
pseudoephedrine hcl tab er 12hr 120 mg	OTC-C	
pseudoephedrine hcl tab 30 mg, 60 mg	OTC-C	
QNASL - beclomethasone dipropionate nasal aerosol 80 mcg/ act	NP	PA, QL (1 canister/30 days)
QNASL CHILDRENS - beclomethasone dipropionate nasal aerosol 40 mcg/act	NP	PA, QL (1 canister/30 days)
RYALTRIS - olopatadine hcl-mometasone furoate nasal susp 665-25 mcg/act	NP	PA, QL (1 bottle/30 days)
saline nasal spray 0.65%	OTC-C	
SUDAFED 24 HOUR - pseudoephedrine hcl tab er 24hr 240 mg	OTC-C	
triamcinolone acetonide nasal aerosol suspension 55 mcg/ act	OTC-C	QL (1 inhaler/30 days)
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	NP	PA, QL (2 bottles/30 days)
ZETONNA - ciclesonide nasal aerosol soln 37 mcg/act (50 mcg/ valve)	NP	PA, QL (1 canister/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
COUGH/COLD/ALLERGY		
acetylcysteine inhal soln 10%, 20%	C	
benzonatate cap 100 mg (Tessalon perles)	C	
benzonatate cap 200 mg	C	
brompheniramine & phenylephrine elixir 1-2.5 mg/5ml	OTC-C	
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	P	
CLARINEX-D 12 HOUR - desloratadine & pseudoephedrine tab er 12hr 2.5-120 mg	NP	PA
dextromethorphan polistirex extended release susp 30 mg/5ml	OTC-C	
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	OTC-C	
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	OTC-C	
dextromethorphan-guaifenesin tab er 12hr 30-600 mg, 60-1200 mg	OTC-C	
fexofenadine-pseudoephedrine tab er 12hr 60-120 mg	OTC-C	
fexofenadine-pseudoephedrine tab er 24hr 180-240 mg	OTC-C	
guaifenesin liquid 100 mg/5ml	OTC-C	
guaifenesin syrup 100 mg/5ml	OTC-C	
guaifenesin tab er 12hr 600 mg, 1200 mg	OTC-C	
guaifenesin tab 200 mg, 400 mg	OTC-C	
guaifenesin-codeine soln 100-10 mg/5ml	OTC-C	
loratadine & pseudoephedrine tab er 12hr 5-120 mg	P	
loratadine & pseudoephedrine tab er 24hr 10-240 mg	P	
MUCINEX FOR KIDS - guaifenesin granules packet 100 mg	OTC-C	
MUCINEX MAXIMUM STRENGTH - guaifenesin tab er 12hr 1200 mg	OTC-C	
promethazine-dm syrup 6.25-15 mg/5ml	C	
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg, 120-1200 mg	OTC-C	
ROBITUSSIN CHILDRENS COUGH LONG-ACTING - dextromethorphan hbr syrup 7.5 mg/5ml	OTC-C	
sodium chloride soln nebu 0.9%, 3%, 10%	C	
sodium chloride soln nebu 7% (Hyper-sal)	C	
ASTHMA/COPD		
ACCOLATE - zafirlukast tab 10 mg, 20 mg	NP	PA
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	P	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	P	QL (1 canister/30 days)
AIRDUO DIGIHALER 113/14 - fluticasone-salmeterol aer powder ba 113-14 mcg/act w/sensor	NP	PA, QL (1 inhaler/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
AIRDUO DIGIHALER 232/14 - fluticasone-salmeterol aer powder ba 232-14 mcg/act w/sensor	NP	PA, QL (1 inhaler/30 days)
AIRDUO DIGIHALER 55/14 - fluticasone-salmeterol aer powder ba 55-14 mcg/act w/ sensor	NP	PA, QL (1 inhaler/30 days)
AIRDUO RESPICLICK 113/14 - fluticasone-salmeterol aer powder ba 113-14 mcg/act	NP	PA, QL (1 inhaler/30 days)
AIRDUO RESPICLICK 232/14 - fluticasone-salmeterol aer powder ba 232-14 mcg/act	NP	PA, QL (1 inhaler/30 days)
AIRDUO RESPICLICK 55/14 - fluticasone-salmeterol aer powder ba 55-14 mcg/act	NP	PA, QL (1 inhaler/30 days)
ALBUTEROL SULFATE - albuterol sulfate soln nebu 0.5% (5 mg/ml)	P	
ALBUTEROL SULFATE HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	NP	PA, QL (2 inhalers/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	NP	PA, QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	P	
albuterol sulfate syrup 2 mg/5ml	P	
albuterol sulfate tab 2 mg, 4 mg	NP	PA
ALVESCO - ciclesonide inhal aerosol 80 mcg/act	NP	PA, QL (1 canister/30 days)
ALVESCO - ciclesonide inhal aerosol 160 mcg/act	NP	PA, QL (2 canisters/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	P	QL (1 inhaler/30 days)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana)	NP	PA
ARMONAIR DIGIHALER - fluticasone propionate aer pow ba 55 mcg/act with sensor, 113 mcg/act with sensor, 232 mcg/act with sensor	NP	PA, QL (1 inhaler/30 days)
ARNUIITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act	NP	PA, QL (1 inhaler/30 days)
ARNUIITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act, 200 mcg/act	NP	PA, QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	NP	PA, QL (1 canister/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	P	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	P	QL (1 canister/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	P	QL (1 canister/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	P	QL (2 canisters/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
BEVESPI AEROSPHERE - glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act	NP	PA, QL (1 inhaler/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	NP	PA, QL (1 inhaler/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	NP	PA, QL (1 inhaler (60 blisters)/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	NP	PA, QL (1 canister/30 days)
BROVANA - arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	NP	PA
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)	P	
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breyna) (Symbicort)	C	QL (3 inhalers/30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breyna) (Symbicort)	C	QL (3 inhalers/30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort)	NP	PA, QL (3 inhalers/30 days)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	P	QL (2 canisters/30 days)
DALIRESP - roflumilast tab 250 mcg, 500 mcg	NP	PA
DUAKLIR PRESSAIR - aclidinium br-formoterol fum aero pow br act 400-12 mcg/act	NP	PA, QL (1 inhaler/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	P	QL (3 inhalers/30 days)
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	C	PA, QL (1 pen/56 days), SP
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/act	P	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 100 mcg/act	P	QL (60 blisters/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/act	P	QL (240 blisters/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	P	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	P	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	P	QL (2 canisters/30 days)
FLUTICASONE FUROATE/VILANTEROL ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	C	QL (1 inhaler/30 days)
FLUTICASONE FUROATE/VILANTEROL ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	C	QL (1 inhaler (60 blisters)/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	C	QL (1 canister/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	C	QL (1 canister/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	C	QL (2 canisters/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	NP	PA, QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	C	QL (1 canister/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus)	NP	PA, QL (1 inhaler/30 days)
formoterol fumarate soln nebu 20 mcg/2ml (Perforomist)	NP	PA
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	NP	PA, QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	P	
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	P	
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	NP	PA
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex)	NP	PA
LEVALBUTEROL TARTRATE HFA - levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	NP	PA, QL (2 inhalers/30 days)
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair)	P	
montelukast sodium oral granules packet 4 mg (base equiv) (Singulair)	NP	PA
montelukast sodium tab 10 mg (base equiv) (Singulair)	P	
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	C	PA, QL (1 syringe/28 days), SP
NUCALA - mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml, 100 mg/ml	C	PA, QL (1 syringe/28 days), SP
PERFOROMIST - formoterol fumarate soln nebu 20 mcg/2ml	NP	PA
PROAIR DIGIHALER - albuterol sulfate aer pow ba 108 mcg/act with sensor	NP	PA, QL (2 inhalers/30 days)
PROAIR RESPICLICK - albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)	NP	PA, QL (2 inhalers/30 days)
PROVENTIL HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	NP	PA, QL (2 inhalers/30 days)
PULMICORT - budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	NP	PA

Drug Name	Drug Status	Additional requirements or limits on coverage
PULMICORT FLEXHALER - budesonide inhal aero powd 90 mcg/act (breath activated)	P	QL (1 canister/30 days)
PULMICORT FLEXHALER - budesonide inhal aero powd 180 mcg/act (breath activated)	P	QL (2 canisters/30 days)
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	NP	PA, QL (1 canister/30 days)
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	NP	PA, QL (2 canisters/30 days)
roflumilast tab 250 mcg, 500 mcg (Daliresp)	C	
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	P	QL (60 blisters/30 days)
SINGULAIR - montelukast sodium tab 10 mg (base equiv)	NP	PA
SINGULAIR - montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)	NP	PA
SINGULAIR - montelukast sodium oral granules packet 4 mg (base equiv)	NP	PA
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	P	QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	P	QL (1 cartridge/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	P	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	P	QL (1 inhaler/30 days)
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	NP	PA, QL (1 inhaler/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	P	QL (3 inhalers/30 days)
theophylline elixir 80 mg/15ml	C	
theophylline soln 80 mg/15ml	C	
theophylline tab er 12hr 300 mg, 450 mg	C	
theophylline tab er 24hr 400 mg, 600 mg	C	
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	NP	PA, QL (1 inhaler/30 days)
TUDORZA PRESSAIR - aclidinium bromide aerosol powd breath activated 400 mcg/act	P	QL (1 inhaler/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	P	QL (2 inhalers/30 days)
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	C	PA, SP
XOPENEX HFA - levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	P	QL (2 inhalers/30 days)
YUPELRI - revefenacin inhalation solution 175 mcg/3ml	NP	PA

Drug Name	Drug Status	Additional requirements or limits on coverage
zafirlukast tab 10 mg, 20 mg (Accolate)	P	
zileuton tab er 12hr 600 mg (Zyflo cr)	NP	PA
ZYFLO - zileuton tab 600 mg	NP	PA
OTHER RESPIRATORY DRUGS		
KALYDECO - ivacaftor tab 150 mg	C	PA, QL (60 tablets/30 days), SP
KALYDECO - ivacaftor packet 13.4 mg, 25 mg, 50 mg, 75 mg	C	PA, QL (60 packets/30 days), SP
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	C	PA, QL (120 tablets/30 days), SP
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	C	PA, QL (60 packets/30 days), SP
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	C	SP
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	C	PA, QL (56 tablets/28 days), SP
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	C	PA, QL (60 tablets/30 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	C	PA, QL (56 packets/28 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	C	PA, QL (56 packets/28 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	C	PA, QL (90 tablets/30 days), SP
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	C	PA, QL (90 tablets/30 days), SP
GASTROINTESTINAL DRUGS		
LAXATIVES		
bisacodyl suppos 10 mg	OTC-C	
bisacodyl tab delayed release 5 mg	OTC-C	
calcium polycarbophil tab 625 mg	OTC-C	
docusate sodium cap 50 mg, 100 mg, 250 mg	OTC-C	
docusate sodium enema 283 mg/5ml	OTC-C	
docusate sodium liquid 150 mg/15ml	OTC-C	
EQ DAILY FIBER - psyllium powder 63%	OTC-C	
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	C	
glycerin suppos 1 gm, 1.2 gm, 1.5 gm, 2 gm, 3 gm, 2.1 gm, 80.7%	OTC-C	
KONSYL DAILY FIBER - psyllium powder 60.3%	OTC-C	
lactulose solution 10 gm/15ml	C	
magnesium citrate soln	OTC-C	
magnesium hydroxide susp 400 mg/5ml	OTC-C	

Drug Name	Drug Status	Additional requirements or limits on coverage
METAMUCIL MULTIHEALTH FIBER - psyllium powder 55.46%, 63%	OTC-C	
methylcellulose powder laxative	OTC-C	
methylcellulose tab 500 mg	OTC-C	
mineral oil	OTC-C	
PEDIA-LAX - glycerin suppos 1 gm	OTC-C	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	C	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)	C	
polyethylene glycol 3350 oral powder 17 gm/scoop	OTC-C	
psyllium cap 400 mg, 0.52 gm	OTC-C	
psyllium powder 28.3%, 30%, 30.9%, 33%, 48.57%, 49%, 58.6%, 95%, 100%	OTC-C	
sennosides syrup 8.8 mg/5ml	OTC-C	
sennosides tab 8.6 mg	OTC-C	
sennosides-docusate sodium tab 8.6-50 mg	OTC-C	
sodium phosphates - enema (pediatric)	OTC-C	
sodium phosphates - enema	OTC-C	
SORBITOL - sorbitol oral solution 70%	OTC-C	
ANTIDIARRHEALS		
bismuth subsalicylate chew tab 262 mg	OTC-C	
bismuth subsalicylate susp 262 mg/15ml, 525 mg/15ml	OTC-C	
bismuth subsalicylate tab 262 mg	OTC-C	
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	C	
loperamide hcl cap 2 mg	C	
loperamide hcl cap 2 mg	OTC-C	
loperamide hcl liq 1 mg/5ml (0.2 mg/ml)	OTC-C	
loperamide hcl tab 2 mg	OTC-C	
ANTACIDS		
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml, 400-400-40 mg/5ml	OTC-C	
ANTACID SOFT CHEWS - calcium carbonate (antacid) chew tab 1177 mg (471 mg ca)	OTC-C	
calcium carbonate (antacid) chew tab 400 mg, 420 mg, 500 mg, 750 mg, 1000 mg	OTC-C	
calcium carbonate (antacid) susp 1250 mg/5ml	OTC-C	
magnesium oxide tab 250 mg, 400 mg	OTC-C	
sodium bicarbonate tab 650 mg	OTC-C	

Drug Name	Drug Status	Additional requirements or limits on coverage
TUMS CHEWY DELIGHTS - calcium carbonate (antacid) chew tab 1177 mg (471 mg ca)	OTC-C	
ULCER/GERD		
ACIPHEX - rabeprazole sodium ec tab 20 mg	NP	PA, QL (30 Tablets/30 Days; 120 Days Supply/365 Days)
DEXILANT - dexlansoprazole cap delayed release 30 mg, 60 mg	NP	PA, QL (30 Capsules/30 Days; 120 Days Supply/365 Days)
dicyclomine hcl cap 10 mg	C	
dicyclomine hcl oral soln 10 mg/5ml	C	
dicyclomine hcl tab 20 mg	C	
esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq) (Nexium)	P	QL (30 Capsules/30 Days; 120 Days Supply/365 Days)
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (Nexium)	NP	PA, QL (30 Packets/30 Days; 120 Days Supply/365 Days)
famotidine for susp 40 mg/5ml	C	
famotidine tab 10 mg	OTC-C	
famotidine tab 20 mg, 40 mg (Pepcid)	C	
glycopyrrolate tab 1 mg, 2 mg	C	
hyoscyamine sulfate elixir 0.125 mg/5ml	C	
hyoscyamine sulfate sl tab 0.125 mg (Levsin/sl)	C	
hyoscyamine sulfate soln 0.125 mg/ml	C	
hyoscyamine sulfate tab disint 0.125 mg (Anaspaz)	C	
hyoscyamine sulfate tab er 12hr 0.375 mg (Levbid)	C	
hyoscyamine sulfate tab 0.125 mg (Levsin)	C	
lansoprazole cap delayed release 15 mg, 30 mg (Prevacid)	P	QL (30 Capsules/30 Days; 120 Days Supply/365 Days)
lansoprazole tab delayed release orally disintegrating 15 mg, 30 mg (Prevacid solutab)	NP	PA, QL (30 Tablets/30 Days; 120 days Supply/365 Days)
misoprostol tab 100 mcg, 200 mcg (Cytotec)	C	
NEXIUM - esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq)	NP	PA, QL (30 Capsules/30 Days; 120 Days Supply/365 Days)
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	P	QL (30 Packets/30 Days; 120 Days Supply/365 Days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg	P	QL (30 Packets/30 Days; 120 Days Supply/365 Days)
NIZATIDINE - nizatidine cap 150 mg, 300 mg	C	
omeprazole cap delayed release 10 mg, 20 mg, 40 mg	P	QL (30 Capsules/30 Days; 120 Days Supply/365 Days)
omeprazole-sodium bicarbonate cap 20-1100 mg, 40-1100 mg (Zegerid)	NP	PA, QL (30 Capsules/30 Days; 120 Days Supply/365 Days)
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg, 40-1680 mg (Zegerid)	NP	PA, QL (30 Packets/30 Days; 120 Days Supply/365 Days)

Drug Name	Drug Status	Additional requirements or limits on coverage
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix)	P	QL (30 Tablets/30 Days; 120 Days Supply/365 Days)
pantoprazole sodium for delayed release susp packet 40 mg (Protonix)	NP	PA, QL (30 Packets/30 Days; 120 Days Supply/365 Days)
PREVACID - lansoprazole cap delayed release 30 mg	NP	PA, QL (30 Capsules/30 Days; 120 Days Supply/365 Days)
PREVACID SOLUTAB - lansoprazole tab delayed release orally disintegrating 15 mg, 30 mg	NP	PA, QL (30 Tablets/30 Days; 120 days Supply/365 Days)
PRILOSEC - omeprazole magnesium for delayed release susp packet 2.5 mg	NP	PA, QL (60 Packets/30 Days; 120 Days Supply/365 Days)
PRILOSEC - omeprazole magnesium for delayed release susp packet 10 mg	NP	PA, QL (30 Packets/30 Days; 120 Days Supply/ 365 Days)
PROTONIX - pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv)	NP	PA, QL (30 Tablets/30 Days; 120 Days Supply/365 Days)
PROTONIX - pantoprazole sodium for delayed release susp packet 40 mg	NP	PA, QL (30 Packets/30 Days; 120 Days Supply/ 365 Days)
RABEPRAZOLE SODIUM DR SPRINKLE - rabeprazole sodium capsule sprinkle dr 10 mg	NP	PA, QL (30 Capsules/30 Days; 120 Days Supply/365 Days)
rabeprazole sodium ec tab 20 mg (Aciphex)	NP	PA, QL (30 Tablets/30 Days; 120 Days Supply/365 Days)
ranitidine hcl tab 75 mg, 150 mg	OTC-C	
sucralfate tab 1 gm (Carafate)	C	
ZEGERID - omeprazole-sodium bicarbonate cap 20-1100 mg, 40-1100 mg	NP	PA, QL (30 Capsules/30 Days; 120 Days Supply/365 Days)
ZEGERID - omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg, 40-1680 mg	NP	PA, QL (30 Packets/30 Days; 120 Days Supply/365 Days)
NAUSEA AND VOMITING		
AKYNZEO - netupitant-palonosetron cap 300-0.5 mg	NP	PA, QL (2 capsules/30 days)
ANZEMET - dolasetron mesylate tab 50 mg	NP	PA, QL (7 tablets/30 days)
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	C	QL (2 packs/30 days)
aprepitant capsule 40 mg (Emend)	C	
aprepitant capsule 80 mg (Emend)	C	QL (4 capsules/30 days)
aprepitant capsule 125 mg (Emend)	C	QL (2 capsules/30 days)
dronabinol cap 2.5 mg, 5 mg, 10 mg (Marinol)	C	
granisetron hcl tab 1 mg	NP	PA, QL (14 tablets/30 days)
meclizine hcl chew tab 25 mg	OTC-C	
meclizine hcl tab 12.5 mg, 25 mg	C	
meclizine hcl tab 12.5 mg, 25 mg	OTC-C	
ONDANSETRON HCL - ondansetron hcl tab 24 mg	C	QL (1 tablet/30 days)
ondansetron hcl oral soln 4 mg/5ml	P	QL (2 bottles/30 days)
ondansetron hcl tab 4 mg, 8 mg (Zofran)	P	QL (21 tablets/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
ondansetron orally disintegrating tab 4 mg, 8 mg	P	QL (21 tablets/30 days)
SANCUSO - granisetron td patch 3.1 mg/24hr (contains 34.3 mg)	NP	PA, QL (2 patches/30 days)
scopolamine td patch 72hr 1 mg/3days (Transderm-scop)	NP	PA
TRANSDERM-SCOP - scopolamine td patch 72hr 1 mg/3days	P	
DIGESTIVE ENZYMES		
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	P	
CVS DAIRY RELIEF EXTRA STRENGTH - lactase tab 4500 unit	OTC-C	
lactase chew tab 9000 unit	OTC-C	
lactase tab 3000 unit, 9000 unit	OTC-C	
PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 2600-8800-15200 unit, 4200-14200-24600 unit, 10500-35500-61500 unit, 16800-56800-98400 unit, 21000-54700-83900 unit, 37000-97300-149900 unit	NP	PA
PERTZYE - pancrelipase (lip-prot-amyl) dr cap 4000-14375-15125 unit, 8000-28750-30250 unit, 16000-57500-60500 unit, 24000-86250-90750 unit	NP	PA
VIOKACE - pancrelipase (lip-prot-amyl) tab 10440-39150-39150 unit, 20880-78300-78300 unit	NP	PA
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit	P	
OTHER GASTROINTESTINAL DRUGS		
APRISO - mesalamine cap er 24hr 0.375 gm	P	
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	NP	PA
AZULFIDINE - sulfasalazine tab 500 mg	NP	PA
AZULFIDINE EN-TABS - sulfasalazine tab delayed release 500 mg	NP	PA
balsalazide disodium cap 750 mg (Colazal)	P	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	P	
calcium acetate (phosphate binder) tab 667 mg	P	
CANASA - mesalamine suppos 1000 mg	P	
CHENODAL - chenodiol tab 250 mg	C	SP
CIMZIA - certolizumab pegol prefilled syringe kit 2 x 200 mg/ml	NP	PA, QL (2 kits/28 days), SP
CIMZIA STARTER KIT - certolizumab pegol prefilled syringe kit 6 x 200 mg/ml	NP	PA, QL (1 kit/180 days), SP
COLAZAL - balsalazide disodium cap 750 mg	NP	PA
DELZICOL - mesalamine cap dr 400 mg	P	

Drug Name	Drug Status	Additional requirements or limits on coverage
DIPENTUM - olsalazine sodium cap 250 mg	NP	PA
FOSRENOL - lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental)	NP	PA
FOSRENOL - lanthanum carbonate oral powder pack 750 mg (elemental), 1000 mg (elemental)	NP	PA
GIMOTI - metoclopramide hcl nasal spray 15 mg/act	NP	PA
lactulose (encephalopathy) solution 10 gm/15ml	C	
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol)	NP	PA
LIALDA - mesalamine tab delayed release 1.2 gm	P	
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	C	PA, QL (30 capsules/30 days)
lubiprostone cap 8 mcg (Amitiza)	C	PA, QL (120 capsules/30 days)
lubiprostone cap 24 mcg (Amitiza)	C	PA, QL (60 capsules/30 days)
mesalamine cap dr 400 mg (Delzicol)	NP	PA
mesalamine cap er 24hr 0.375 gm (Apriso)	NP	PA
mesalamine cap er 500 mg (Pentasa)	NP	PA
MESALAMINE DR - mesalamine tab delayed release 800 mg	NP	PA
mesalamine enema 4 gm	NP	PA
mesalamine rectal enema 4 gm & cleanser wipe kit (Rowasa)	NP	PA
mesalamine suppos 1000 mg (Canasa)	NP	PA
mesalamine tab delayed release 1.2 gm (Lialda)	NP	PA
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	C	
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan)	C	
METOCLOPRAMIDE ODT - metoclopramide hcl orally disintegrating tab 5 mg (base eq)	NP	PA
MOTEGRITY - prucalopride succinate tab 1 mg (base equivalent), 2 mg (base equivalent)	C	PA, QL (30 tablets/30 days)
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	C	PA, QL (30 tablets/30 days)
PENTASA - mesalamine cap er 250 mg, 500 mg	P	
RELISTOR - methylnaltrexone bromide tab 150 mg	C	PA, QL (90 tablets/30 days)
RELISTOR - methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml), 12 mg/0.6ml (20 mg/ml)	C	PA, QL (30 syringes/30 days)
RELISTOR - methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml)	C	PA, QL (60 vials/30 days)
RENVELA - sevelamer carbonate packet 0.8 gm, 2.4 gm	NP	PA
ROWASA - mesalamine rectal enema 4 gm & cleanser wipe kit	P	
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	NP	PA

Drug Name	Drug Status	Additional requirements or limits on coverage
sevelamer carbonate tab 800 mg (Renvela)	P	
sevelamer hcl tab 800 mg (Renagel)	NP	PA
SEVELAMER HYDROCHLORIDE - sevelamer hcl tab 400 mg	NP	PA
SFROWASA - mesalamine sulfite-free (sf) enema 4 gm/60ml	P	
simethicone cap 125 mg	OTC-C	
simethicone chew tab 80 mg, 125 mg	OTC-C	
simethicone susp 40 mg/0.6ml	OTC-C	
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	NP	PA, QL (1 cartridge/56 days), SP
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	P	
sulfasalazine tab 500 mg (Azulfidine)	P	
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)	C	PA, QL (30 tablets/30 days)
TRULANCE - plecanatide tab 3 mg	C	PA, QL (30 tablets/30 days)
ursodiol cap 300 mg (Actigall)	C	
ursodiol tab 250 mg (Urso 250)	C	
ursodiol tab 500 mg (Urso forte)	C	
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	NP	PA
GENITOURINARY DRUGS		
URINARY TRACT SPASMS		
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg (Urecholine)	C	
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv) (Enablex)	NP	PA, QL (30 tablets/30 days)
DETROL - tolterodine tartrate tab 1 mg, 2 mg	NP	PA, QL (60 tablets/30 days)
DETROL LA - tolterodine tartrate cap er 24hr 2 mg, 4 mg	NP	PA, QL (30 capsules/30 days)
DITROPAN XL - oxybutynin chloride tab er 24hr 5 mg	NP	PA, QL (30 tablets/30 days)
fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz)	C	QL (30 tablets/30 days)
flavoxate hcl tab 100 mg	NP	PA
GELNIQUE - oxybutynin chloride td gel 10%	NP	PA, QL (30 sachets/30 days)
GEMTESA - vibegron tab 75 mg	NP	PA, QL (30 tablets/30 days)
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	NP	PA, QL (300 ml/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	NP	PA, QL (30 tablets/30 days)
OXYBUTYNIN CHLORIDE - oxybutynin chloride tab 2.5 mg	P	QL (90 tablets/30 days)
oxybutynin chloride syrup 5 mg/5ml	P	QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	P	QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg, 15 mg (Ditropan xl)	P	QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	P	QL (120 tablets/30 days)
OXYTROL - oxybutynin td patch twice weekly 3.9 mg/24hr	P	QL (8 patches/28 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
solifenacin succinate tab 5 mg, 10 mg (Vesicare)	P	QL (30 tablets/30 days)
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la)	P	QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg, 2 mg (Detrol)	P	QL (60 tablets/30 days)
TOVIAZ - fesoterodine fumarate tab er 24hr 4 mg, 8 mg	P	QL (30 tablets/30 days)
tropium chloride cap er 24hr 60 mg	NP	PA, QL (30 capsules/30 days)
tropium chloride tab 20 mg	NP	PA, QL (60 tablets/30 days)
VESICARE - solifenacin succinate tab 5 mg, 10 mg	NP	PA, QL (30 tablets/30 days)
VESICARE LS - solifenacin succinate susp 5 mg/5ml (1 mg/ml)	NP	PA, QL (300 ml/30 days)
VAGINAL PRODUCTS		
clindamycin phosphate vaginal cream 2% (Cleocin)	C	
clotrimazole vaginal cream 1%, 2%	OTC-C	
ENCARE - nonoxynol-9 vaginal suppos 100 mg	OTC-C	
estradiol vaginal cream 0.1 mg/gm (Estrace)	C	QL (6 tubes/365 days)
estradiol vaginal tab 10 mcg (Vagifem)	C	
metronidazole vaginal gel 0.75% (Metrogel-vaginal)	C	
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit	OTC-C	
miconazole nitrate vaginal cream 2%, 4% (200 mg/5gm)	OTC-C	
miconazole nitrate vaginal suppos 100 mg	OTC-C	
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit	OTC-C	
miconazole nitrate vaginal supp 1200 mg & 2% cream kit	OTC-C	
MONISTAT 7 COMBINATION PACK - miconazole nitrate vag app 100 mg & 2% cream 9 gm kit	OTC-C	
terconazole vaginal cream 0.4%, 0.8%	C	
terconazole vaginal suppos 80 mg	C	
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 foam 12.5%	OTC-C	
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 gel 4%	OTC-C	
VCF VAGINAL CONTRACEPTIVE - nonoxynol-9 film 28%	OTC-C	
OTHER GENITOURINARY DRUGS		
acetic acid irrigation soln 0.25%	C	
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	P	QL (30 tablets/30 days)
AVODART - dutasteride cap 0.5 mg	NP	PA, QL (30 capsules/30 days)
CARDURA XL - doxazosin mesylate tab er 24 hr 4 mg (base equiv), 8 mg (base equiv)	NP	PA, QL (30 tablets/30 days)
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg	C	SP
dutasteride cap 0.5 mg (Avodart)	P	QL (30 capsules/30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	NP	PA, QL (30 capsules/30 days)
FILSPARI - sparsentan tab 200 mg, 400 mg	C	PA, QL (30 tablets/30 days), SP
finasteride tab 5 mg (Proscar)	P	QL (30 tablets/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
FLOMAX - tamsulosin hcl cap 0.4 mg	NP	PA, QL (60 capsules/30 days)
JALYN - dutasteride-tamsulosin hcl cap 0.5-0.4 mg	NP	PA, QL (30 capsules/30 days)
K-PHOS NO 2 - potassium & sodium acid phosphates tab 305-700 mg	C	
NEOMYCIN/POLYMYXIN B SULFATES - neomycin-polymyxin b gu irrigation soln	C	
phenazopyridine hcl tab 100 mg, 200 mg (Pyridium)	C	
potassium citrate & citric acid soln 1100-334 mg/5ml	C	
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	C	
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	C	
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	C	
PROSCAR - finasteride tab 5 mg	NP	PA, QL (30 tablets/30 days)
RAPAFLO - silodosin cap 4 mg, 8 mg	NP	PA, QL (30 capsules/30 days)
silodosin cap 4 mg, 8 mg (Rapaflo)	NP	PA, QL (30 capsules/30 days)
sodium chloride irrigation soln 0.9%	C	
sodium citrate & citric acid soln 500-334 mg/5ml	C	
tamsulosin hcl cap 0.4 mg (Flomax)	P	QL (60 capsules/30 days)
CENTRAL NERVOUS SYSTEM DRUGS		
ANXIETY		
alprazolam tab er 24hr 0.5 mg, 1 mg (Xanax xr)	C	QL (30 tablets/30 days)
alprazolam tab er 24hr 2 mg (Xanax xr)	C	QL (60 tablets/30 days)
alprazolam tab 0.25 mg, 0.5 mg, 1 mg (Xanax)	C	QL (120 tablets/30 days)
alprazolam tab 2 mg (Xanax)	C	QL (90 tablets/30 days)
bupirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg	C	
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg	C	QL (120 capsules/30 days)
diazepam conc 5 mg/ml	C	QL (240 mls/30 days)
diazepam tab 2 mg, 5 mg, 10 mg (Valium)	C	QL (120 tablets/30 days)
hydroxyzine hcl syrup 10 mg/5ml	C	
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg	C	
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril)	C	
lorazepam conc 2 mg/ml	C	QL (150 mls/30 days)
lorazepam tab 0.5 mg, 1 mg (Ativan)	C	QL (90 tablets/30 days)
lorazepam tab 2 mg (Ativan)	C	QL (150 tablets/30 days)
DEPRESSION		
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	C	
APLENZIN - bupropion hbr tab er 24hr 174 mg, 348 mg, 522 mg	NP	PA, QL (30 tablets/30 days)
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr)	P	QL (60 tablets/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl)	P	QL (30 tablets/30 days)
bupropion hcl tab 75 mg	P	QL (60 tablets/30 days)
bupropion hcl tab 100 mg	P	QL (120 tablets/30 days)
BUPROPION HYDROCHLORIDE ER - bupropion hcl tab er 24hr 450 mg	NP	PA, QL (30 tablets/30 days)
CELEXA - citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv)	NP	PA, QL (30 tablets/30 days)
CITALOPRAM HYDROBROMIDE - citalopram hydrobromide cap 30 mg	NP	PA, QL (30 capsules/30 days)
citalopram hydrobromide oral soln 10 mg/5ml	P	QL (600 mls/30 days)
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa)	P	QL (30 tablets/30 days)
CYMBALTA - duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq)	NP	PA, QL (60 capsules/30 days)
desipramine hcl tab 10 mg, 25 mg (Norpramin)	C	
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg	C	
DESVENLAFAXINE ER - desvenlafaxine tab er 24hr 50 mg, 100 mg	NP	PA, QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq)	NP	PA, QL (30 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg, 50 mg, 100 mg, 150 mg	C	
doxepin hcl conc 10 mg/ml	C	
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta)	P	QL (60 capsules/30 days)
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	NP	PA, QL (90 capsules/30 days)
EFFEXOR XR - venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 150 mg (base equivalent)	NP	PA, QL (30 capsules/30 days)
EFFEXOR XR - venlafaxine hcl cap er 24hr 75 mg (base equivalent)	NP	PA, QL (90 capsules/30 days)
escitalopram oxalate soln 5 mg/5ml (base equiv)	NP	PA, QL (600 mls/30 days)
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro)	P	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	NP	PA, QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	NP	PA, QL (1 pack/28 days)
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	NP	PA, QL (4 capsules/28 days)
fluoxetine hcl cap 10 mg (Prozac)	P	QL (30 capsules/30 days)
fluoxetine hcl cap 20 mg (Prozac)	P	QL (120 capsules/30 days)
fluoxetine hcl cap 40 mg (Prozac)	P	QL (60 capsules/30 days)
fluoxetine hcl solution 20 mg/5ml	P	QL (600 mls/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
fluoxetine hcl tab 10 mg	NP	PA, QL (30 tablets/30 days)
fluoxetine hcl tab 20 mg	NP	PA, QL (120 tablets/30 days)
fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo)	NP	PA, QL (30 tablets/30 days)
FLUOXETINE HYDROCHLORIDE - fluoxetine hcl tab 60 mg	NP	PA, QL (30 tablets/30 days)
fluvoxamine maleate cap er 24hr 100 mg, 150 mg	NP	PA, QL (60 capsules/30 days)
fluvoxamine maleate tab 25 mg, 50 mg	P	QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg	P	QL (90 tablets/30 days)
FORFIVO XL - bupropion hcl tab er 24hr 450 mg	NP	PA, QL (30 tablets/30 days)
imipramine hcl tab 10 mg, 25 mg, 50 mg (Tofranil)	C	
LEXAPRO - escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	NP	PA, QL (30 tablets/30 days)
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab)	P	QL (30 tablets/30 days)
mirtazapine tab 7.5 mg, 45 mg	P	QL (30 tablets/30 days)
mirtazapine tab 15 mg, 30 mg (Remeron)	P	QL (30 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	P	
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	C	
paroxetine hcl oral susp 10 mg/5ml (base equiv) (Paxil)	NP	PA, QL (900 ml/30 days)
paroxetine hcl tab er 24hr 12.5 mg (Paxil cr)	NP	PA, QL (30 tablets/30 days)
paroxetine hcl tab er 24hr 25 mg, 37.5 mg (Paxil cr)	NP	PA, QL (60 tablets/30 days)
paroxetine hcl tab 10 mg, 20 mg, 40 mg (Paxil)	P	QL (30 tablets/30 days)
paroxetine hcl tab 30 mg (Paxil)	P	QL (60 tablets/30 days)
PAXIL - paroxetine hcl oral susp 10 mg/5ml (base equiv)	NP	PA, QL (900 mls/30 days)
PAXIL - paroxetine hcl tab 10 mg, 20 mg, 40 mg	NP	PA, QL (30 tablets/30 days)
PAXIL - paroxetine hcl tab 30 mg	NP	PA, QL (60 tablets/30 days)
PAXIL CR - paroxetine hcl tab er 24hr 12.5 mg	NP	PA, QL (30 tablets/30 days)
PAXIL CR - paroxetine hcl tab er 24hr 25 mg, 37.5 mg	NP	PA, QL (60 tablets/30 days)
PRISTIQ - desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	NP	PA, QL (30 tablets/30 days)
PROZAC - fluoxetine hcl cap 10 mg	NP	PA, QL (30 capsules/30 days)
PROZAC - fluoxetine hcl cap 20 mg	NP	PA, QL (120 capsules/30 days)
PROZAC - fluoxetine hcl cap 40 mg	NP	PA, QL (60 capsules/30 days)
REMERON - mirtazapine tab 15 mg, 30 mg	NP	PA, QL (30 tablets/30 days)
REMERON SOLTAB - mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg	NP	PA, QL (30 tablets/30 days)
sertraline hcl oral concentrate for solution 20 mg/ml	P	QL (300 mls/30 days)
sertraline hcl tab 25 mg, 50 mg (Zoloft)	P	QL (30 tablets/30 days)
sertraline hcl tab 100 mg (Zoloft)	P	QL (60 tablets/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
SERTRALINE HYDROCHLORIDE - sertraline hcl cap 150 mg, 200 mg	NP	PA, QL (30 capsules/30 days)
trazodone hcl tab 50 mg, 100 mg, 150 mg, 300 mg	P	
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	NP	PA, QL (30 tablets/30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 150 mg (base equivalent) (Effexor xr)	P	QL (30 capsules/30 days)
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)	P	QL (90 capsules/30 days)
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent), 150 mg (base equivalent), 225 mg (base equivalent)	NP	PA, QL (30 tablets/30 days)
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	NP	PA, QL (90 tablets/30 days)
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	P	QL (90 tablets/30 days)
VIIBRYD - vilazodone hcl tab 10 mg, 20 mg, 40 mg	NP	PA, QL (30 tablets/30 days)
VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	NP	PA, QL (1 kit/180 days)
WELLBUTRIN SR - bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg	NP	PA, QL (60 tablets/30 days)
WELLBUTRIN XL - bupropion hcl tab er 24hr 150 mg, 300 mg	NP	PA, QL (30 tablets/30 days)
ZOLOFT - sertraline hcl oral concentrate for solution 20 mg/ml	NP	PA, QL (300 mls/30 days)
ZOLOFT - sertraline hcl tab 25 mg, 50 mg	NP	PA, QL (30 tablets/30 days)
ZOLOFT - sertraline hcl tab 100 mg	NP	PA, QL (60 tablets/30 days)
PSYCHOTIC AND BIPOLAR DISORDERS		
ABILIFY - aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg	NP	PA, QL (30 tablets/30 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	P	QL (1 injection/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	P	QL (1 injection/28 days)
ABILIFY MYCITE MAINTENANCE KIT - aripiprazole tab 2 mg with sensor&strips (for pod) maint pak	NP	PA, QL (30 tablets/30 days)
ABILIFY MYCITE MAINTENANCE KIT - aripiprazole tab 5 mg with sensor&strips (for pod) maint pak	NP	PA, QL (30 tablets/30 days)
ABILIFY MYCITE MAINTENANCE KIT - aripiprazole tab 10 mg with sensor&strips(for pod) maint pak	NP	PA, QL (30 tablets/30 days)
ABILIFY MYCITE MAINTENANCE KIT - aripiprazole tab 15 mg with sensor&strips(for pod) maint pak	NP	PA, QL (30 tablets/30 days)
ABILIFY MYCITE MAINTENANCE KIT - aripiprazole tab 20 mg with sensor&strips(for pod) maint pak	NP	PA, QL (30 tablets/30 days)
ABILIFY MYCITE MAINTENANCE KIT - aripiprazole tab 30 mg with sensor&strips(for pod) maint pak	NP	PA, QL (30 tablets/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
ABILIFY MYCITE STARTER KIT - aripiprazole tab 2 mg with sensor, strips & pod starter pak	NP	PA, QL (30 tablets/30 days)
ABILIFY MYCITE STARTER KIT - aripiprazole tab 5 mg with sensor, strips & pod starter pak	NP	PA, QL (30 tablets/30 days)
ABILIFY MYCITE STARTER KIT - aripiprazole tab 10 mg with sensor, strips & pod starter pak	NP	PA, QL (30 tablets/30 days)
ABILIFY MYCITE STARTER KIT - aripiprazole tab 15 mg with sensor, strips & pod starter pak	NP	PA, QL (30 tablets/30 days)
ABILIFY MYCITE STARTER KIT - aripiprazole tab 20 mg with sensor, strips & pod starter pak	NP	PA, QL (30 tablets/30 days)
ABILIFY MYCITE STARTER KIT - aripiprazole tab 30 mg with sensor, strips & pod starter pak	NP	PA, QL (30 tablets/30 days)
aripiprazole oral solution 1 mg/ml	P	QL (900 mls/30 days)
aripiprazole orally disintegrating tab 10 mg, 15 mg	NP	PA, QL (60 tablets/30 days)
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify)	P	QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml	NP	PA, QL (1 syringe/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	NP	PA, QL (1 syringe/56 days)
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	NP	PA, QL (1 syringe/180 days)
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris)	NP	PA, QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	NP	PA, QL (30 capsules/30 days)
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	C	
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	P	QL (90 tablets/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 150 mg	P	QL (180 tablets/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 200 mg	P	QL (120 tablets/30 days)
clozapine orally disintegrating tab 25 mg (Fazaclon)	P	QL (270 tablets/30 days)
clozapine orally disintegrating tab 100 mg (Fazaclon)	P	QL (90 tablets/30 days)
clozapine tab 25 mg (Clozaril)	P	QL (90 tablets/30 days)
clozapine tab 50 mg	P	QL (90 tablets/30 days)
clozapine tab 100 mg (Clozaril)	P	QL (270 tablets/30 days)
clozapine tab 200 mg	P	QL (120 tablets/30 days)
CLOZARIL - clozapine tab 25 mg, 50 mg	NP	PA, QL (90 tablets/30 days)
CLOZARIL - clozapine tab 100 mg	NP	PA, QL (270 tablets/30 days)
CLOZARIL - clozapine tab 200 mg	NP	PA, QL (120 tablets/30 days)
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	NP	PA, QL (60 tablets/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	NP	PA, QL (1 pack/180 days)
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	C	
GEODON - ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg	NP	PA, QL (60 capsules/30 days)
GEODON - ziprasidone mesylate for inj 20 mg (base equivalent)	NP	PA, QL (60 vials/30 days)
haloperidol lactate oral conc 2 mg/ml	C	
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	C	
INVEGA - paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg	NP	PA, QL (30 tablets/30 days)
INVEGA - paliperidone tab er 24hr 6 mg	NP	PA, QL (60 tablets/30 days)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	P	QL (1 syringe/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	P	QL (1 injection/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	P	QL (1 syringe/84 days)
LATUDA - lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg	P	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 80 mg	P	QL (60 tablets/30 days)
LITHIUM CARBONATE - lithium carbonate cap 600 mg	C	
lithium carbonate cap 150 mg, 600 mg (Lithium carbonate)	C	
lithium carbonate cap 300 mg	C	
lithium carbonate tab er 300 mg (Lithobid)	C	
lithium carbonate tab er 450 mg	C	
lithium carbonate tab 300 mg	C	
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	C	
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda)	C	QL (30 tablets/30 days)
lurasidone hcl tab 80 mg (Latuda)	C	QL (60 tablets/30 days)
NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent)	NP	PA, QL (30 capsules/30 days), SP
NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent)	NP	PA, QL (30 tablets/30 days), SP
olanzapine for im inj 10 mg (Zyprexa)	P	QL (90 vials/30 days)
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis)	NP	PA, QL (30 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa)	P	QL (30 tablets/30 days)
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega)	NP	PA, QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg (Invega)	NP	PA, QL (60 tablets/30 days)
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	C	
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	NP	PA, QL (1 kit/28 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	C	
prochlorperazine suppos 25 mg	C	
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	P	QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr)	P	QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr)	P	QL (30 tablets/30 days)
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel)	P	QL (90 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg (Seroquel)	P	QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	NP	PA, QL (30 tablets/30 days)
RISPERDAL - risperidone soln 1 mg/ml	NP	PA, QL (480 mls/30 days)
RISPERDAL - risperidone tab 0.5 mg, 1 mg, 2 mg, 3 mg	NP	PA, QL (60 tablets/30 days)
RISPERDAL - risperidone tab 4 mg	NP	PA, QL (120 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg, 50 mg	P	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	P	QL (60 tablets/30 days)
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg	P	QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	P	QL (120 tablets/30 days)
risperidone soln 1 mg/ml (Risperdal)	P	QL (480 mls/30 days)
risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal)	P	QL (60 tablets/30 days)
risperidone tab 4 mg (Risperdal)	P	QL (120 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)	NP	PA, QL (60 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	NP	PA, QL (30 patches/30 days)
SEROQUEL - quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg	NP	PA, QL (90 tablets/30 days)
SEROQUEL - quetiapine fumarate tab 300 mg, 400 mg	NP	PA, QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg	NP	PA, QL (60 tablets/30 days)
SEROQUEL XR - quetiapine fumarate tab er 24hr 150 mg, 200 mg	NP	PA, QL (30 tablets/30 days)
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	C	
VERSACLOZ - clozapine susp 50 mg/ml	NP	PA, QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)	NP	PA, QL (1 pack/180 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	NP	PA, QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	P	QL (60 capsules/30 days)
ziprasidone mesylate for inj 20 mg (base equivalent) (Geodon)	NP	PA, QL (60 vials/30 days)
ZYPREXA - olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg	NP	PA, QL (30 tablets/30 days)
ZYPREXA - olanzapine for im inj 10 mg	NP	PA, QL (90 vials/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg (base eq), 300 mg (base eq)	NP	PA, QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg (base eq)	NP	PA, QL (1 vial/28 days)
ZYPREXA ZYDIS - olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg	NP	PA, QL (30 tablets/30 days)
SLEEP AIDS		
AMBIEN - zolpidem tartrate tab 5 mg, 10 mg	NP	PA, QL (30 tablets/30 days)
AMBIEN CR - zolpidem tartrate tab er 6.25 mg, 12.5 mg	NP	PA, QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg	NP	PA, QL (30 tablets/30 days)
DAYVIGO - lemborexant tab 5 mg, 10 mg	NP	PA, QL (30 tablets/30 days)
diphenhydramine hcl (sleep) tab 25 mg	OTC-C	
diphenhydramine-acetaminophen tab 25-500 mg (sleep)	OTC-C	
EDLUAR - zolpidem tartrate sl tab 5 mg, 10 mg	NP	PA, QL (30 tablets/30 days)
estazolam tab 1 mg, 2 mg	C	QL (30 tablets/30 days)
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	P	QL (30 tablets/30 days)
HETLIOZ - tasimelteon capsule 20 mg	NP	PA, QL (30 capsules/30 days), SP
HETLIOZ LQ - tasimelteon oral susp 4 mg/ml	NP	PA, QL (158 ml/30 days), SP
LUNESTA - eszopiclone tab 1 mg, 2 mg, 3 mg	NP	PA, QL (30 tablets/30 days)
phenobarbital elixir 20 mg/5ml	C	
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	C	
QUVIVIQ - daridorexant hcl tab 25 mg, 50 mg	NP	PA, QL (30 tablets/30 days)
ramelteon tab 8 mg (Rozerem)	NP	PA, QL (30 tablets/30 days)
ROZEREM - ramelteon tab 8 mg	P	QL (30 tablets/30 days)
temazepam cap 15 mg, 30 mg (Restoril)	C	QL (30 capsules/30 days)
zaleplon cap 5 mg, 10 mg	P	QL (30 capsules/30 days)
ZOLPIDEM TARTRATE - zolpidem tartrate cap 7.5 mg	P	QL (30 capsules/30 days)
ZOLPIDEM TARTRATE - zolpidem tartrate sl tab 1.75 mg, 3.5 mg	NP	PA, QL (30 tablets/30 days)
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)	NP	PA, QL (30 tablets/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
zolpidem tartrate tab 5 mg, 10 mg (Ambien)	P	QL (30 tablets/30 days)
HYPERACTIVITY/NARCOLEPSY		
ADDERALL XR - amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg	P	QL (30 capsules/30 days)
ADZENYS XR-ODT - amphetamine tab extended release disintegrating 3.1 mg, 6.3 mg	NP	PA, QL (60 tablets/30 days)
ADZENYS XR-ODT - amphetamine tab extended release disintegrating 9.4 mg, 12.5 mg, 15.7 mg, 18.8 mg	NP	PA, QL (30 tablets/30 days)
amphetamine sulfate tab 5 mg (Evekeo)	NP	PA, QL (90 tablets/30 days)
amphetamine sulfate tab 10 mg (Evekeo)	NP	PA, QL (180 tablets/30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg (Adderall xr)	P	QL (30 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)	P	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg (Adderall)	P	QL (90 tablets/30 days)
APTENSIO XR - methylphenidate hcl cap er 24hr 10 mg (xr), 15 mg (xr), 20 mg (xr), 30 mg (xr), 40 mg (xr), 50 mg (xr), 60 mg (xr)	NP	PA, QL (30 capsules/30 days)
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)	C	
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)	P	QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	P	QL (30 capsules/30 days)
AZSTARYS - serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg, 39.2-7.8 mg, 52.3-10.4 mg	NP	PA, QL (30 capsules/30 days)
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	C	
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	C	QL (120 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg	P	QL (30 tablets/30 days)
CONCERTA - methylphenidate hcl tab er osmotic release (osm) 36 mg	P	QL (60 tablets/30 days)
CONTRAVE - naltrexone hcl-bupropion hcl tab er 12hr 8-90 mg	P	PA, QL (120 tablets/30 days)
COTEMPLA XR-ODT - methylphenidate tab extended release disintegrating 8.6 mg	NP	PA, QL (30 tablets/30 days)
COTEMPLA XR-ODT - methylphenidate tab extended release disintegrating 17.3 mg, 25.9 mg	NP	PA, QL (60 tablets/30 days)
DAYTRANA - methylphenidate td patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	NP	PA, QL (30 patches/30 days)
DEXEDRINE - dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg	NP	PA, QL (120 capsules/30 days)
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	P	QL (30 capsules/30 days)
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)	P	QL (60 tablets/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	P	QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)	P	QL (120 capsules/30 days)
dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra)	NP	PA, QL (1800 mls/30 days)
dextroamphetamine sulfate tab 5 mg, 15 mg, 20 mg	P	QL (90 tablets/30 days)
dextroamphetamine sulfate tab 5 mg (Zenzedi)	NP	PA, QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	P	QL (180 tablets/30 days)
dextroamphetamine sulfate tab 10 mg (Zenzedi)	NP	PA, QL (180 tablets/30 days)
dextroamphetamine sulfate tab 15 mg, 20 mg (Zenzedi)	NP	PA, QL (90 tablets/30 days)
dextroamphetamine sulfate tab 30 mg	P	QL (60 tablets/30 days)
dextroamphetamine sulfate tab 30 mg (Zenzedi)	NP	PA, QL (60 tablets/30 days)
DYANAVEL XR - amphetamine extended release susp 2.5 mg/ml	NP	PA, QL (240 mls/30 days)
DYANAVEL XR - amphetamine chew tab extended release 5 mg, 10 mg, 15 mg, 20 mg	NP	PA, QL (30 tablets/30 days)
EVEKEO - amphetamine sulfate tab 5 mg	NP	PA, QL (90 tablets/30 days)
EVEKEO - amphetamine sulfate tab 10 mg	NP	PA, QL (180 tablets/30 days)
EVEKEO ODT - amphetamine sulfate orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg	NP	PA, QL (60 tablets/30 days)
FOCALIN - dexamethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg	NP	PA, QL (60 tablets/30 days)
FOCALIN XR - dexamethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	NP	PA, QL (30 capsules/30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv)	P	QL (30 tablets/30 days)
INTUNIV - guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv)	NP	PA, QL (30 tablets/30 days)
JORNAY PM - methylphenidate hcl cap delayed er 24hr 20 mg (pm), 40 mg (pm), 60 mg (pm), 80 mg (pm), 100 mg (pm)	NP	PA, QL (30 capsules/30 days)
METHYLIN - methylphenidate hcl soln 5 mg/5ml	P	QL (450 mls/30 days)
METHYLIN - methylphenidate hcl soln 10 mg/5ml	P	QL (900 mls/30 days)
methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)	NP	PA, QL (30 capsules/30 days)
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la), 60 mg (la) (Ritalin la)	NP	PA, QL (30 capsules/30 days)
methylphenidate hcl cap er 24hr 10 mg (xr), 15 mg (xr), 20 mg (xr), 30 mg (xr), 40 mg (xr), 50 mg (xr), 60 mg (xr) (AG Aptensio xr)	NP	PA, QL (30 capsules/30 days)
methylphenidate hcl chew tab 2.5 mg, 5 mg	NP	PA, QL (90 tablets/30 days)
methylphenidate hcl chew tab 10 mg	NP	PA, QL (180 tablets/30 days)
methylphenidate hcl soln 5 mg/5ml (Methylin)	P	QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml (Methylin)	P	QL (900 mls/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta)	P	QL (30 tablets/30 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	P	QL (60 tablets/30 days)
methylphenidate hcl tab er 10 mg, 20 mg	P	QL (90 tablets/30 days)
methylphenidate hcl tab er 24hr 27 mg, 54 mg	P	QL (30 tablets/30 days)
methylphenidate hcl tab er 24hr 36 mg	P	QL (60 tablets/30 days)
methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin)	P	QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLORIDE ER - methylphenidate hcl tab er 24hr 18 mg	P	QL (30 tablets/30 days)
METHYLPHENIDATE HYDROCHLORIDE ER - methylphenidate hcl tab er osmotic release (osm) 72 mg	NP	PA, QL (30 tablets/30 days)
methylphenidate td patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr (Daytrana)	NP	PA, QL (30 patches/30 days)
modafinil tab 100 mg, 200 mg (Provigil)	C	
MYDAYIS - amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	NP	PA, QL (30 capsules/30 days)
ORLISTAT - orlistat cap 120 mg	NP	PA, QL (90 capsules/30 days)
phentermine hcl cap 15 mg, 30 mg	C	QL (30 capsules/30 days)
phentermine hcl cap 37.5 mg (Adipex-p)	C	QL (30 capsules/30 days)
phentermine hcl tab 37.5 mg (Adipex-p)	C	QL (30 tablets/30 days)
QELBREE - viloxazine hcl cap er 24hr 100 mg	NP	PA, QL (30 capsules/30 days)
QELBREE - viloxazine hcl cap er 24hr 150 mg	NP	PA, QL (60 capsules/30 days)
QELBREE - viloxazine hcl cap er 24hr 200 mg	NP	PA, QL (90 capsules/30 days)
QUILLICHEW ER - methylphenidate hcl chew tab extended release 20 mg, 40 mg	NP	PA, QL (30 tablets/30 days)
QUILLICHEW ER - methylphenidate hcl chew tab extended release 30 mg	NP	PA, QL (60 tablets/30 days)
QUILLIVANT XR - methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml)	NP	PA, QL (360 mls/30 days)
RITALIN - methylphenidate hcl tab 5 mg, 10 mg, 20 mg	NP	PA, QL (90 tablets/30 days)
RITALIN LA - methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la)	P	QL (30 capsules/30 days)
SAXENDA - liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml)	P	PA, QL (5 pens/30 days)
STRATTERA - atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)	NP	PA, QL (60 capsules/30 days)
STRATTERA - atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)	NP	PA, QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	P	QL (30 capsules/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	NP	PA, QL (30 tablets/30 days)
WEGOVY - semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5ml, 0.5 mg/0.5ml, 1 mg/0.5ml	P	PA, QL (8 pens/180 days)
WEGOVY - semaglutide (weight mngmt) soln auto-injector 1.7 mg/0.75ml, 2.4 mg/0.75ml	P	PA, QL (4 pens/28 days)
XELSTRYM - dextroamphetamine td patch 4.5 mg/9hr, 9 mg/9hr, 13.5 mg/9hr, 18 mg/9hr	NP	PA, QL (30 patches/30 days)
XENICAL - orlistat cap 120 mg	NP	PA, QL (90 capsules/30 days)
ZENZEDI - dextroamphetamine sulfate tab 2.5 mg, 7.5 mg	NP	PA, QL (90 tablets/30 days)
MULTIPLE SCLEROSIS		
AMPYRA - dalfampridine tab er 12hr 10 mg	NP	PA, QL (60 tablets/30 days), SP
AUBAGIO - teriflunomide tab 7 mg, 14 mg	P	PA, QL (30 tablets/30 days), SP
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	P	PA, QL (4 syringes/28 days), SP
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	P	PA, QL (4 pens/28 days), SP
BAFIERTAM - monomethyl fumarate capsule delayed release 95 mg	NP	PA, QL (120 capsules/30 days), SP
BETASERON - interferon beta-1b for inj kit 0.3 mg	P	PA, QL (14 vials/28 days), SP
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	P	PA, QL (30 syringes/30 days), SP
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	NP	PA, QL (12 syringes/28 days), SP
dalfampridine tab er 12hr 10 mg (Ampyra)	NP	PA, QL (60 tablets/30 days), SP
dimethyl fumarate capsule delayed release 120 mg (Tecfidera)	P	PA, QL (56 capsules/180 days), SP
dimethyl fumarate capsule delayed release 240 mg (Tecfidera)	P	PA, QL (60 capsules/30 days), SP
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pack)	NP	PA, QL (1 kit/180 days), SP
EXTAVIA - interferon beta-1b for inj kit 0.3 mg	NP	PA, QL (15 vials/30 days), SP
fingolimod hcl cap 0.5 mg (base equiv) (Gilenya)	NP	PA, QL (30 capsules/30 days), SP
GILENYA - fingolimod hcl cap 0.25 mg (base equiv), 0.5 mg (base equiv)	P	PA, QL (30 capsules/30 days), SP
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	NP	PA, QL (30 syringes/30 days), SP
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	NP	PA, QL (12 syringes/28 days), SP
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	NP	PA, QL (1 syringe/28 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)	NP	PA, QL (8 tablets/301 days), SP

Drug Name	Drug Status	Additional requirements or limits on coverage
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	NP	PA, QL (10 tablets/301 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	NP	PA, QL (12 tablets/301 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	NP	PA, QL (14 tablets/301 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	NP	PA, QL (9 tablets/301 days), SP
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	NP	PA, QL (20 tablets/301 days), SP
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	NP	PA, QL (120 tablets/30 days), SP
MAYZENT - siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)	NP	PA, QL (30 tablets/30 days), SP
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	NP	PA, QL (7 tablets/180 days), SP
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	NP	PA, QL (12 tablets/180 days), SP
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	NP	PA, QL (2 pens/28 days), SP
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	NP	PA, QL (2 syringes/28 days), SP
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	C	PA, QL (2 syringes/28 days), SP
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	NP	PA, QL (1 kit/180 days), SP
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	NP	PA, QL (1 kit/180 days), SP
PONVORY - ponesimod tab 20 mg	NP	PA, QL (30 tablets/30 days), SP
PONVORY 14-DAY STARTER PACK - ponesimod tab starter pack 2,3,4,5,6,7,8,9 & 10 mg	NP	PA, QL (14 tablets/180 days), SP
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	P	PA, QL (12 syringes/28 days), SP
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	P	PA, QL (12 syringes/28 days), SP
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	P	PA, QL (1 kit/180 days), SP
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	P	PA, QL (1 kit/180 days), SP
TECFIDERA - dimethyl fumarate capsule delayed release 120 mg	NP	PA, QL (56 capsules/180 days), SP
TECFIDERA - dimethyl fumarate capsule delayed release 240 mg	NP	PA, QL (60 capsules/30 days), SP
TECFIDERA STARTER PACK - dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	NP	PA, QL (1 kit/180 days), SP

Drug Name	Drug Status	Additional requirements or limits on coverage
teriflunomide tab 7 mg, 14 mg (Aubagio)	C	PA, QL (30 tablets/30 days), SP
VUMERITY - diroximel fumarate capsule delayed release 231 mg	NP	PA, QL (120 capsules/30 days), SP
ZEPOSIA - ozanimod hcl cap 0.92 mg	NP	PA, QL (30 capsules/30 days), SP
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	NP	PA, QL (28 capsules/180 days), SP
ZEPOSIA 7-DAY STARTER PACK - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	NP	PA, QL (1 kit/180 days), SP
OTHER CENTRAL NERVOUS SYSTEM DRUGS		
acamprosate calcium tab delayed release 333 mg	C	
ARICEPT - donepezil hydrochloride tab 5 mg, 10 mg, 23 mg	NP	PA
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)	P	
disulfiram tab 250 mg, 500 mg (Antabuse)	C	
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	P	
donepezil hydrochloride tab 5 mg, 10 mg (Aricept)	P	
donepezil hydrochloride tab 23 mg (Aricept)	NP	PA
EXELON - rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr	NP	PA
FLUOXETINE HYDROCHLORIDE - fluoxetine hcl (pmdd) tab 10 mg, 20 mg	NP	PA
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	P	
gabapentin oral soln 250 mg/5ml (Neurontin)	P	
gabapentin tab 600 mg, 800 mg (Neurontin)	P	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	NP	PA
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	NP	PA
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg (Razadyne)	NP	PA
GRALISE - gabapentin (once-daily) tab 300 mg, 450 mg, 750 mg	NP	PA, QL (30 tablets/30 days)
GRALISE - gabapentin (once-daily) tab 600 mg	NP	PA, QL (90 tablets/30 days)
GRALISE - gabapentin (once-daily) tab 900 mg	NP	PA, QL (60 tablets/30 days)
HORIZANT - gabapentin enacarbil tab er 300 mg, 600 mg	NP	PA, QL (60 tablets/30 days)
LUCEMYRA - lofexidine hcl tab 0.18 mg (base equivalent)	C	
LYBALVI - olanzapine-samidorphane l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg	NP	PA, QL (30 tablets/30 days)
LYRICA - pregabalin soln 20 mg/ml	NP	PA, QL (900 mls/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
LYRICA - pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg	NP	PA, QL (90 capsules/30 days)
LYRICA - pregabalin cap 225 mg, 300 mg	NP	PA, QL (60 capsules/30 days)
LYRICA CR - pregabalin tab er 24hr 82.5 mg, 165 mg	NP	PA, QL (30 tablets/30 days)
LYRICA CR - pregabalin tab er 24hr 330 mg	NP	PA, QL (60 tablets/30 days)
memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg (Namenda xr)	NP	PA
memantine hcl oral solution 2 mg/ml	NP	PA
memantine hcl tab 5 mg, 10 mg (Namenda)	P	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pack)	C	
NAMENDA - memantine hcl tab 5 mg, 10 mg	NP	PA
NAMENDA TITRATION PAK - memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	NP	PA
NAMENDA XR - memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg	NP	PA
NAMZARIC - memantine-donepezil cap er 24hr 7 & 14 & 21 & 28-10 mg pack	NP	PA
NAMZARIC - memantine hcl-donepezil hcl cap er 24hr 7-10 mg, 14-10 mg, 21-10 mg, 28-10 mg	NP	PA
NEURONTIN - gabapentin cap 100 mg, 300 mg, 400 mg	NP	PA
NEURONTIN - gabapentin tab 600 mg, 800 mg	NP	PA
NEURONTIN - gabapentin oral soln 250 mg/5ml	NP	PA
nicotine polacrilex gum 2 mg, 4 mg	P	
nicotine polacrilex lozenge 2 mg, 4 mg	P	
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	P	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	NP	PA, QL (504 cartridges/30 days)
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	NP	PA, QL (120 mls/30 days)
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	C	PA, QL (60 capsules/30 days)
olanzapine-fluoxetine hcl cap 3-25 mg, 6-25 mg, 6-50 mg, 12-50 mg (Symbyax)	NP	PA
olanzapine-fluoxetine hcl cap 12-25 mg	NP	PA
paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle)	NP	PA
PIMOZIDE - pimozide tab 1 mg, 2 mg	C	
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg (Lyrica)	P	QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg (Lyrica)	P	QL (60 capsules/30 days)
pregabalin soln 20 mg/ml (Lyrica)	NP	PA, QL (900 mls/30 days)
pregabalin tab er 24hr 82.5 mg, 165 mg (Lyrica cr)	NP	PA, QL (30 tablets/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
pregabalin tab er 24hr 330 mg (Lyrica cr)	NP	PA, QL (60 tablets/30 days)
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	NP	PA
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon)	NP	PA
SAVELLA - milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	P	QL (60 tablets/30 days)
SAVELLA TITRATION PACK - milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	P	QL (1 pack/180 days)
SYMBYAX - olanzapine-fluoxetine hcl cap 3-25 mg, 6-25 mg	NP	PA
TEGSEDI - inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq)	C	PA, QL (4 syringes/28 days), SP
VARENICLINE STARTING MONTH BOX - varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	P	
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	P	
PAIN RELIEF DRUGS		
NON-NARCOTIC DRUGS		
acetaminophen cap 500 mg	OTC-C	
acetaminophen chew tab 80 mg, 160 mg	OTC-C	
acetaminophen disintegrating tab 80 mg, 160 mg	OTC-C	
acetaminophen liquid 160 mg/5ml	OTC-C	
acetaminophen soln 160 mg/5ml	OTC-C	
acetaminophen suppos 120 mg, 325 mg, 650 mg	OTC-C	
acetaminophen susp 80 mg/0.8ml, 160 mg/5ml	OTC-C	
acetaminophen tab er 650 mg	OTC-C	
acetaminophen tab 325 mg, 500 mg	OTC-C	
aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg	OTC-C	
aspirin chew tab 81 mg	OTC-C	
aspirin tab delayed release 81 mg, 325 mg	OTC-C	
aspirin tab 325 mg	OTC-C	
aspirin-acetaminophen-caffeine tab 250-250-65 mg	OTC-C	
butalbital-acetaminophen tab 50-325 mg	C	QL (180 tablets/30 days)
FEVERALL INFANTS - acetaminophen suppos 80 mg	OTC-C	
salsalate tab 500 mg, 750 mg	C	
TENCON - butalbital-acetaminophen tab 50-325 mg	C	QL (180 tablets/30 days)
NARCOTIC DRUGS		
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	C	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)	C	QL (360 tablets/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4)	C	QL (180 tablets/30 days)
ACETAMINOPHEN/CODEINE - acetaminophen w/ codeine soln 120-12 mg/5ml	C	QL (2700 mls/30 days)
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)	P	QL (60 films/30 days)
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	NP	PA, QL (6 tablets/90 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	NP	PA, QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv) (Suboxone)	NP	PA, QL (60 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	P	QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	P	QL (90 tablets/30 days)
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr (Butrans)	NP	PA, QL (4 patches/28 days)
butorphanol tartrate nasal soln 10 mg/ml	C	QL (3 bottles/30 days)
CODEINE SULFATE - codeine sulfate tab 15 mg, 60 mg	C	QL (180 tablets/30 days)
codeine sulfate tab 30 mg (Codeine sulfate)	C	QL (180 tablets/30 days)
fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg (Actiq)	C	PA, QL (120 lozenges/30 days)
fentanyl td patch 72hr 12 mcg/hr, 75 mcg/hr, 100 mcg/hr (Duragesic)	NP	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 25 mcg/hr, 50 mcg/hr (Duragesic)	P	QL (15 patches/30 days)
fentanyl td patch 72hr 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	NP	PA, QL (15 patches/30 days)
HYDROCODONE BITARTRATE ER - hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	NP	PA, QL (60 capsules/30 days)
hydrocodone bitartrate tab er 24hr deter 20 mg, 30 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg (Hysingla er)	NP	PA, QL (30 tablets/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	C	QL (2700 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg (Norco)	C	QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg (Norco)	C	QL (240 tablets/30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	C	QL (150 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	C	QL (1440 mls/30 days)
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	NP	PA, QL (30 tablets/30 days)
hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid)	C	QL (180 tablets/30 days)
HYSINGLA ER - hydrocodone bitartrate tab er 24hr deter 20 mg, 30 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg	NP	PA, QL (30 tablets/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
METHADONE HCL - methadone hcl soln 5 mg/5ml	NP	PA, QL (900 mls/30 days)
METHADONE HCL - methadone hcl soln 10 mg/5ml	NP	PA, QL (450 mls/30 days)
methadone hcl conc 10 mg/ml (Methadose)	NP	PA, QL (90 mls/30 days)
methadone hcl soln 5 mg/5ml (Methadone hcl)	NP	PA, QL (900 mls/30 days)
methadone hcl soln 10 mg/5ml (Methadone hcl)	NP	PA, QL (450 mls/30 days)
methadone hcl tab for oral susp 40 mg	C	QL (90 tablets/30 days)
methadone hcl tab 5 mg, 10 mg (Dolophine)	NP	PA, QL (90 tablets/30 days)
MORPHINE SULFATE - morphine sulfate oral soln 20 mg/5ml	C	QL (1350 ml/30 days)
MORPHINE SULFATE - morphine sulfate tab 15 mg	C	QL (360 tablets/30 days)
MORPHINE SULFATE - morphine sulfate tab 30 mg	C	QL (180 tablets/30 days)
MORPHINE SULFATE ER - morphine sulfate cap er 24hr 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	NP	PA, QL (60 capsules/30 days)
MORPHINE SULFATE ER - morphine sulfate beads cap er 24hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg, 120 mg	NP	PA, QL (30 capsules/30 days)
morphine sulfate oral soln 10 mg/5ml	C	QL (2700 mls/30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	C	QL (270 mls/30 days)
morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg (MS Contin)	P	QL (90 tablets/30 days)
morphine sulfate tab 15 mg (Morphine sulfate)	C	QL (360 tablets/30 days)
morphine sulfate tab 30 mg (Morphine sulfate)	C	QL (180 tablets/30 days)
MS CONTIN - morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg	NP	PA, QL (90 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	NP	PA, QL (60 tablets/30 days)
OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 10 mg, 20 mg, 40 mg	NP	PA, QL (60 tablets/30 days)
OXYCODONE HCL ER - oxycodone hcl tab er 12hr deter 80 mg	NP	PA, QL (120 tablets/30 days)
oxycodone hcl soln 5 mg/5ml	C	QL (5400 mls/30 days)
oxycodone hcl tab 5 mg (Roxicodone)	C	QL (360 tablets/30 days)
oxycodone hcl tab 10 mg, 20 mg	C	QL (180 tablets/30 days)
oxycodone hcl tab 15 mg, 30 mg (Roxicodone)	C	QL (180 tablets/30 days)
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)	C	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	C	QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	C	QL (180 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	NP	PA, QL (60 tablets/30 days)
OXYCONTIN - oxycodone hcl tab er 12hr deter 60 mg, 80 mg	NP	PA, QL (120 tablets/30 days)
OXYMORPHONE HYDROCHLORIDE ER - oxymorphone hcl tab er 12hr 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	NP	PA, QL (60 tablets/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	P	QL (120 films/30 days)
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv)	P	QL (60 films/30 days)
tramadol hcl tab 50 mg (Ultram)	C	QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	C	QL (240 tablets/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg	NP	PA, QL (60 capsules/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 36 mg	NP	PA, QL (240 capsules/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq), 2.9-0.71 mg (base eq), 5.7-1.4 mg (base eq), 11.4-2.9 mg (base eq)	NP	PA, QL (30 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	NP	PA, QL (90 tablets/30 days)
ZUBSOLV - buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	NP	PA, QL (60 tablets/30 days)
RHEUMATOID AND OSTEOARTHRITIS		
ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	NP	PA, QL (4 syringes/28 days), SP
ACTEMRA ACTPEN - tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	NP	PA, QL (4 pens/28 days), SP
ARCALYST - rilonacept for inj 220 mg	C	PA, QL (8 vials/28 days), SP
ARTHROTEC 50 - diclofenac w/ misoprostol tab delayed release 50-0.2 mg	NP	PA
ARTHROTEC 75 - diclofenac w/ misoprostol tab delayed release 75-0.2 mg	NP	PA
CELEBREX - celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg	NP	PA
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex)	P	
diclofenac potassium tab 50 mg	C	
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg	P	
diclofenac sodium tab er 24hr 100 mg	P	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50)	NP	PA
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75)	NP	PA
DUEXIS - ibuprofen-famotidine tab 800-26.6 mg	NP	PA, QL (90 tablets/30 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	P	PA, QL (4 syringes/28 days), SP
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	P	PA, QL (8 vials/28 days), SP
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	P	PA, QL (4 cartridges/28 days), SP
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	P	PA, QL (4 syringes/28 days), SP

Drug Name	Drug Status	Additional requirements or limits on coverage
etodolac cap 200 mg, 300 mg	C	
etodolac tab 400 mg (Lodine)	C	
etodolac tab 500 mg	C	
FENOPROFEN CALCIUM - fenoprofen calcium cap 200 mg	NP	PA
fenoprofen calcium cap 400 mg (Nalfon)	NP	PA
fenoprofen calcium tab 600 mg (Nalfon)	NP	PA
FLURBIPROFEN - flurbiprofen tab 50 mg	P	
flurbiprofen tab 100 mg	P	
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	C	PA, QL (2 syringes/28 days), SP
HADLIMA PUSH TOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	C	PA, QL (2 pens/28 days), SP
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	P	PA, QL (2 syringes/28 days), SP
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml	P	PA, QL (1 kit/180 days), SP
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	P	PA, QL (2 pens/28 days), SP
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml	P	PA, QL (1 kit/180 days), SP
HUMIRA PEN-PEDIATRIC UC STARTER PACK - adalimumab pen-injector kit 80 mg/0.8ml	P	PA, QL (1 kit/180 days), SP
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml	P	PA, QL (1 kit/180 days), SP
ibuprofen chew tab 100 mg	OTC-C	
ibuprofen susp 40 mg/ml, 100 mg/5ml	OTC-C	
ibuprofen susp 100 mg/5ml	C	
ibuprofen tab 200 mg	OTC-C	
ibuprofen tab 400 mg, 600 mg, 800 mg	P	
ibuprofen-famotidine tab 800-26.6 mg (Duexis)	NP	PA, QL (90 tablets/30 days)
indomethacin cap 25 mg, 50 mg	P	
KETOPROFEN - ketoprofen cap 25 mg, 50 mg, 75 mg	P	
KETOPROFEN ER - ketoprofen cap er 24hr 200 mg	NP	PA
KETOROLAC TROMETHAMINE - ketorolac tromethamine nasal spray 15.75 mg/spray	NP	PA, QL (5 bottles/5 days)
ketorolac tromethamine tab 10 mg	P	QL (20 tablets/5 days)
KEVZARA - sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml	NP	PA, QL (2 pens/28 days), SP
KEVZARA - sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml	NP	PA, QL (2 syringes/28 days), SP

Drug Name	Drug Status	Additional requirements or limits on coverage
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	NP	PA, QL (28 syringes/28 days), SP
leflunomide tab 10 mg, 20 mg (Arava)	C	
MECLOFENAMATE SODIUM - meclufenamate sodium cap 50 mg, 100 mg	NP	PA
mefenamic acid cap 250 mg	NP	PA
meloxicam cap 5 mg, 10 mg	NP	PA
meloxicam tab 7.5 mg, 15 mg (Mobic)	P	
nabumetone tab 500 mg, 750 mg	P	
NALFON - fenoprofen calcium tab 600 mg	NP	PA
NALFON - fenoprofen calcium cap 400 mg	NP	PA
NAPRELAN - naproxen sodium tab er 24hr 375 mg (base equiv), 500 mg (base equiv), 750 mg (base equiv)	NP	PA
naproxen sodium tab er 24hr 375 mg (base equiv), 500 mg (base equiv), 750 mg (base equiv) (Naprelan)	NP	PA
naproxen sodium tab 220 mg	OTC-C	
naproxen sodium tab 275 mg, 550 mg	P	
naproxen tab ec 375 mg (Ec-naprosyn)	P	
naproxen tab ec 500 mg (Ec-naproxen)	P	
naproxen tab 250 mg, 375 mg, 500 mg	P	
naproxen-esomeprazole magnesium tab dr 375-20 mg, 500-20 mg (Vimovo)	NP	PA, QL (60 tablets/30 days)
OLUMIANT - baricitinib tab 1 mg, 2 mg, 4 mg	NP	PA, QL (30 tablets/30 days), SP
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	NP	PA, QL (4 syringes/28 days), SP
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	NP	PA, QL (4 syringes/28 days), SP
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	NP	PA, QL (1 kit/180 days), SP
OTEZLA - apremilast tab 30 mg	NP	PA, QL (60 tablets/30 days), SP
oxaprozin tab 600 mg (Daypro)	NP	PA
piroxicam cap 10 mg, 20 mg (Feldene)	C	
RELAFEN DS - nabumetone tab 1000 mg	NP	PA
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	NP	PA, QL (30 tablets/30 days), SP
RINVOQ - upadacitinib tab er 24hr 45 mg	NP	PA, QL (84 tablets/365 days), SP
SIMPONI - golimumab subcutaneous soln auto-injector 50 mg/0.5ml, 100 mg/ml	NP	PA, QL (1 syringe/28 days), SP
SIMPONI - golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml, 100 mg/ml	NP	PA, QL (1 syringe/28 days), SP
sulindac tab 150 mg, 200 mg	P	

Drug Name	Drug Status	Additional requirements or limits on coverage
VIMOVO - naproxen-esomeprazole magnesium tab dr 375-20 mg, 500-20 mg	NP	PA, QL (60 tablets/30 days)
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	NP	PA, QL (240 ml/30 days), SP
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	P	PA, QL (60 tablets/30 days), SP
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	P	PA, QL (240 tablets/365 days), SP
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	NP	PA, QL (30 tablets/30 days), SP
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)	NP	PA, QL (120 tablets/365 days), SP
ZIPSOR - diclofenac potassium cap 25 mg	NP	PA
ZORVOLEX - diclofenac cap 18 mg, 35 mg	NP	PA
MIGRAINE HEADACHES		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	NP	PA, QL (1 injection/28 days)
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	NP	PA, QL (1 syringe/28 days)
AJOVY - fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	P	PA, QL (3 injection devices/84 days)
AJOVY - fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	P	PA, QL (3 syringes/84 days)
almotriptan malate tab 6.25 mg, 12.5 mg	NP	PA, QL (12 tablets/30 days)
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	C	QL (24 ampules/28 days)
eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax)	NP	PA, QL (12 tablets/30 days)
ELYXYB - celecoxib oral soln 120 mg/4.8ml (25 mg/ml)	NP	PA, QL (6 bottles/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	P	PA, QL (1 pen/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	C	PA, QL (9 syringes/180 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	P	PA, QL (1 syringe/28 days)
FROVA - frovatriptan succinate tab 2.5 mg (base equivalent)	NP	PA, QL (18 tablets/30 days)
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	NP	PA, QL (18 tablets/30 days)
IMITREX - sumatriptan succinate tab 25 mg, 50 mg, 100 mg	NP	PA, QL (18 tablets/30 days)
IMITREX - sumatriptan nasal spray 5 mg/act, 20 mg/act	P	QL (12 units/30 days)
IMITREX STATDOSE REFILL - sumatriptan succinate solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	P	QL (12 doses/30 days)
IMITREX STATDOSE SYSTEM - sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	P	QL (12 doses/30 days)
MAXALT - rizatriptan benzoate tab 10 mg (base equivalent)	NP	PA, QL (18 tablets/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
MAXALT-MLT - rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	NP	PA, QL (18 tablets/30 days)
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge)	NP	PA, QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	NP	PA, QL (16 tablets/30 days)
ONZETRA XSAIL - sumatriptan succinate exhaler powder 11 mg/nosepiece	NP	PA, QL (2 kits/30 days)
QULIPTA - atogepant tab 10 mg, 30 mg, 60 mg	NP	PA, QL (30 tablets/30 days)
RELPAK - eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent)	P	QL (12 tablets/30 days)
REYVOW - lasmiditan succinate tab 50 mg, 100 mg	NP	PA, QL (8 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 10 mg (base eq) (Maxalt-mlt)	P	QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	P	QL (18 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	P	QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act, 20 mg/act (Imitrex)	NP	PA, QL (12 units/30 days)
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	NP	PA, QL (10 vials/30 days)
SUMATRIPTAN SUCCINATE REFILL - sumatriptan succinate solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	NP	PA, QL (12 doses/30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose system)	NP	PA, QL (12 doses/30 days)
sumatriptan succinate tab 25 mg, 50 mg, 100 mg (Imitrex)	P	QL (18 tablets/30 days)
sumatriptan-naproxen sodium tab 85-500 mg (Treximet)	NP	PA, QL (18 tablets/30 days)
TOSYMRA - sumatriptan nasal spray 10 mg/act	NP	PA, QL (18 sprays/30 days)
TREXIMET - sumatriptan-naproxen sodium tab 85-500 mg	NP	PA, QL (18 tablets/30 days)
TRUDHESA - dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act	NP	PA, QL (3 boxes/28 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	P	PA, QL (16 tablets/30 days)
ZEMBRACE SYMTOUCH - sumatriptan succinate solution auto-injector 3 mg/0.5ml	NP	PA, QL (24 syringes/30 days)
zolmitriptan nasal spray 5 mg/spray unit (Zomig)	NP	PA, QL (2 boxes/30 days)
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg (Zomig zmt)	NP	PA, QL (12 tablets/30 days)
zolmitriptan tab 2.5 mg, 5 mg (Zomig)	NP	PA, QL (12 tablets/30 days)
ZOMIG - zolmitriptan tab 2.5 mg, 5 mg	NP	PA, QL (12 tablets/30 days)
ZOMIG - zolmitriptan nasal spray 2.5 mg/spray unit, 5 mg/spray unit	NP	PA, QL (2 boxes/30 days)
GOUT		
allopurinol tab 100 mg, 300 mg (Zyloprim)	C	
colchicine tab 0.6 mg (Colcrys)	C	
colchicine w/ probenecid tab 0.5-500 mg	C	

Drug Name	Drug Status	Additional requirements or limits on coverage
MITIGARE - colchicine cap 0.6 mg	C	
probenecid tab 500 mg	C	
NEUROMUSCULAR DRUGS		
SEIZURES		
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	NP	PA
BANZEL - rufinamide tab 200 mg, 400 mg	NP	PA
BANZEL - rufinamide susp 40 mg/ml	NP	PA
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	NP	PA
BRIVIACT - brivaracetam oral soln 10 mg/ml	NP	PA
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol)	NP	PA
carbamazepine chew tab 100 mg	P	
carbamazepine susp 100 mg/5ml (Tegretol)	P	
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr)	P	
carbamazepine tab 200 mg (Tegretol)	P	
CARBATROL - carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	NP	PA
CELONTIN - methsuximide cap 300 mg	P	
clobazam suspension 2.5 mg/ml (Onfi)	NP	PA, QL (480 mls/30 days)
clobazam tab 10 mg, 20 mg (Onfi)	P	QL (60 tablets/30 days)
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	C	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 2 mg	C	QL (60 tablets/30 days)
clonazepam tab 0.5 mg, 1 mg (Klonopin)	C	QL (90 tablets/30 days)
clonazepam tab 2 mg (Klonopin)	C	QL (60 tablets/30 days)
DEPAKOTE - divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg	NP	PA
DEPAKOTE ER - divalproex sodium tab er 24 hr 250 mg, 500 mg	NP	PA
DEPAKOTE SPRINKLES - divalproex sodium cap delayed release sprinkle 125 mg	NP	PA
DIACOMIT - stiripentol cap 250 mg, 500 mg	NP	PA, SP
DIACOMIT - stiripentol packet 250 mg, 500 mg	NP	PA, SP
DIASTAT ACUDIAL - diazepam rectal gel delivery system 10 mg, 20 mg	P	QL (2 twin pack(s)/30 days)
DIASTAT PEDIATRIC - diazepam rectal gel delivery system 2.5 mg	P	QL (2 twin pack(s)/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg, 10 mg, 20 mg	P	QL (2 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg, 100 mg	P	
DILANTIN INFATABS - phenytoin chew tab 50 mg	NP	PA
DILANTIN-125 - phenytoin susp 125 mg/5ml	NP	PA
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	P	
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote)	P	
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er)	P	
ELEPSIA XR - levetiracetam tab er 24hr 1000 mg, 1500 mg	NP	PA
EPIDIOLEX - cannabidiol soln 100 mg/ml	NP	PA, SP
ethosuximide cap 250 mg (Zarontin)	P	
ethosuximide soln 250 mg/5ml (Zarontin)	P	
felbamate susp 600 mg/5ml (Felbatol)	P	
felbamate tab 400 mg, 600 mg (Felbatol)	P	
FELBATOL - felbamate tab 400 mg, 600 mg	NP	PA
FELBATOL - felbamate susp 600 mg/5ml	P	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	NP	PA, QL (360 mls/30 days), SP
FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	NP	PA
FYCOMPA - perampanel susp 0.5 mg/ml	NP	PA
KEPPRA - levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg	NP	PA
KEPPRA - levetiracetam oral soln 100 mg/ml	NP	PA
KEPPRA XR - levetiracetam tab er 24hr 500 mg, 750 mg	NP	PA
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat)	P	
LAMICTAL - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	NP	PA
LAMICTAL CHEWABLE DISPERSIBLE - lamotrigine tab chewable dispersible 5 mg, 25 mg	NP	PA
LAMICTAL ODT - lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg	NP	PA
LAMICTAL ODT - lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	NP	PA
LAMICTAL ODT - lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	NP	PA
LAMICTAL ODT - lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	NP	PA
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE - lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	NP	PA

Drug Name	Drug Status	Additional requirements or limits on coverage
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE - lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	NP	PA
LAMICTAL STARTER/TAKING VALPROATE - lamotrigine tab 35 x 25 mg starter kit	NP	PA
LAMICTAL XR - lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg	NP	PA
LAMICTAL XR - lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit	NP	PA
LAMICTAL XR - lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	NP	PA
LAMICTAL XR - lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	NP	PA
lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg (Lamictal odt)	NP	PA
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di)	P	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit (Lamictal odt)	NP	PA
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit (Lamictal odt)	NP	PA
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt)	NP	PA
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr)	P	
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal)	P	
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/taking valproate)	NP	PA
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not taking carbamazepine)	NP	PA
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/taking carbamazepine/not taking valproate)	NP	PA
levetiracetam oral soln 100 mg/ml (Keppra)	P	
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr)	P	
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra)	P	
methsuximide cap 300 mg (Celontin)	C	
MYSOLINE - primidone tab 50 mg, 250 mg	NP	PA
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	P	QL (10 bottles/30 days)
ONFI - clobazam tab 10 mg, 20 mg	NP	PA, QL (60 tablets/30 days)
ONFI - clobazam suspension 2.5 mg/ml	NP	PA, QL (480 mls/30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	P	
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal)	P	

Drug Name	Drug Status	Additional requirements or limits on coverage
OXTELLAR XR - oxcarbazepine tab er 24hr 150 mg, 300 mg, 600 mg	NP	PA
PHENYTEK - phenytoin sodium extended cap 200 mg, 300 mg	P	
phenytoin chew tab 50 mg (Dilantin infatabs)	P	
phenytoin sodium extended cap 100 mg (Dilantin)	P	
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek)	P	
phenytoin susp 125 mg/5ml (Dilantin-125)	P	
PRIMIDONE - primidone tab 125 mg	P	
primidone tab 50 mg, 250 mg (Mysoline)	P	
QUDEXY XR - topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg, 200 mg	NP	PA
rufinamide susp 40 mg/ml (Banzel)	NP	PA
rufinamide tab 200 mg, 400 mg (Banzel)	NP	PA
SABRIL - vigabatrin tab 500 mg	NP	PA, SP
SABRIL - vigabatrin powd pack 500 mg	NP	PA, SP
SPRITAM - levetiracetam tab disintegrating soluble 250 mg, 500 mg, 750 mg, 1000 mg	NP	PA
SYMPAZAN - clobazam oral film 5 mg	NP	PA, QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg, 20 mg	NP	PA, QL (60 films/30 days)
TEGRETOL - carbamazepine tab 200 mg	NP	PA
TEGRETOL - carbamazepine susp 100 mg/5ml	NP	PA
TEGRETOL-XR - carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	NP	PA
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril)	NP	PA
TOPAMAX - topiramate tab 25 mg, 50 mg, 100 mg, 200 mg	NP	PA
TOPAMAX SPRINKLE - topiramate sprinkle cap 15 mg, 25 mg	NP	PA
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle)	P	
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax)	P	
TRILEPTAL - oxcarbazepine tab 150 mg, 300 mg, 600 mg	NP	PA
TRILEPTAL - oxcarbazepine susp 300 mg/5ml (60 mg/ml)	NP	PA
TROKENDI XR - topiramate cap er 24hr 25 mg, 50 mg, 100 mg, 200 mg	NP	PA
valproate sodium oral soln 250 mg/5ml (base equiv) (Depakene)	P	
valproic acid cap 250 mg (Depakene)	P	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	P	QL (5 boxes/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	P	QL (5 boxes/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	P	QL (5 boxes/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	P	QL (5 boxes/30 days)
vigabatrin powd pack 500 mg (Sabril)	NP	PA, SP
vigabatrin tab 500 mg (Sabril)	NP	PA, SP
VIMPAT - lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	NP	PA
VIMPAT - lacosamide oral solution 10 mg/ml	NP	PA
XCOPRI - cenobamate tab 50 mg, 100 mg, 150 mg, 200 mg	NP	PA
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg, 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	NP	PA
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	NP	PA
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	NP	PA
ZARONTIN - ethosuximide cap 250 mg	NP	PA
ZARONTIN - ethosuximide soln 250 mg/5ml	NP	PA
ZONEGRAN - zonisamide cap 25 mg, 100 mg	NP	PA
zonisamide cap 25 mg, 100 mg (Zonegran)	P	
zonisamide cap 50 mg	P	
PARKINSON'S DISEASE		
amantadine hcl cap 100 mg	C	
amantadine hcl soln 50 mg/5ml	C	
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg	C	
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	C	
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	C	
carbidopa & levodopa tab er 25-100 mg, 50-200 mg (Sinemet cr)	P	
carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg (Sinemet)	P	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50)	P	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75)	P	
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100)	P	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125)	P	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150)	P	
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200)	P	

Drug Name	Drug Status	Additional requirements or limits on coverage
CARBIDOPA/LEVODOPA ODT - carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	P	
entacapone tab 200 mg (Comtan)	P	
GOCOVRI - amantadine hcl cap er 24hr 68.5 mg (base equivalent), 137 mg (base equivalent)	NP	PA, SP
INBRIJA - levodopa inhal powder cap 42 mg	NP	PA, SP
MIRAPEX ER - pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	NP	PA
NEUPRO - rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	NP	PA
NOURIANZ - istradefylline tab 20 mg, 40 mg	NP	PA, SP
ONGENTYS - opicapone cap 25 mg, 50 mg	NP	PA
pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg (Mirapex er)	NP	PA
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg (Mirapex)	P	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 6 mg (base equivalent), 12 mg (base equivalent)	NP	PA
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent), 8 mg (base equivalent) (Requip xl)	NP	PA
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	P	
RYTARY - carbidopa & levodopa cap er 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	NP	PA
selegiline hcl cap 5 mg	C	
selegiline hcl tab 5 mg	C	
SINEMET - carbidopa & levodopa tab 10-100 mg, 25-100 mg	NP	PA
STALEVO 100 - carbidopa-levodopa-entacapone tabs 25-100-200 mg	NP	PA
STALEVO 125 - carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	NP	PA
STALEVO 150 - carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	NP	PA
STALEVO 200 - carbidopa-levodopa-entacapone tabs 50-200-200 mg	NP	PA
STALEVO 50 - carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	NP	PA
STALEVO 75 - carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	NP	PA
tolcapone tab 100 mg (Tasmar)	NP	PA
TRIHEXYPHENIDYL HCL - trihexyphenidyl hcl oral soln 0.4 mg/ml	C	
trihexyphenidyl hcl tab 2 mg, 5 mg	C	

Drug Name	Drug Status	Additional requirements or limits on coverage
XADAGO - safinamide mesylate tab 50 mg (base equiv), 100 mg (base equiv)	NP	PA
MUSCLE RELAXANTS		
baclofen tab 10 mg, 20 mg	C	
chlorzoxazone tab 500 mg	C	
cyclobenzaprine hcl tab 5 mg, 10 mg	C	
dantrolene sodium cap 25 mg, 50 mg (Dantrium)	C	
methocarbamol tab 500 mg (Robaxin)	C	
methocarbamol tab 750 mg (Robaxin-750)	C	
orphenadrine citrate tab er 12hr 100 mg	C	
tizanidine hcl tab 2 mg (base equivalent)	C	
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	C	
OTHER NEUROMUSCULAR DRUGS		
EVRYSDI - risdiplam for soln 0.75 mg/ml	C	PA, QL (240 mls/30 days), SP
FIRDAPSE - amifampridine phosphate tab 10 mg (base equivalent)	C	PA, QL (240 tablets/30 days), SP
pyridostigmine bromide tab 60 mg (Mestinon)	C	
RADICAVA ORS - edaravone oral susp 105 mg/5ml	C	PA, QL (50 mls/28 days), SP
RADICAVA ORS STARTER KIT - edaravone oral susp 105 mg/5ml	C	PA, QL (70 mls/180 days), SP
riluzole tab 50 mg (Rilutek)	C	SP
SUPPLEMENTS		
VITAMINS		
ascorbic acid chew tab 500 mg	OTC-C	
ascorbic acid tab 250 mg, 500 mg, 1000 mg	OTC-C	
beta carotene cap 25000 unit	OTC-C	
cholecalciferol cap 10 mcg (400 unit), 25 mcg (1000 unit), 50 mcg (2000 unit), 125 mcg (5000 unit), 1.25 mg (50000 unit)	OTC-C	
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)	OTC-C	
cholecalciferol tab 10 mcg (400 unit), 25 mcg (1000 unit)	OTC-C	
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	C	
ergocalciferol soln 200 mcg/ml (8000 unit/ml)	OTC-C	
niacin cap er 250 mg, 500 mg	P	
niacin tab er 250 mg, 500 mg, 750 mg	P	
niacin tab 50 mg, 100 mg, 250 mg, 500 mg	P	
NIACIN TR - niacin tab er 1000 mg	P	
phytonadione tab 5 mg (Mephyton)	C	
pyridoxine hcl tab 25 mg, 50 mg, 100 mg	OTC-C	

Drug Name	Drug Status	Additional requirements or limits on coverage
riboflavin tab 100 mg	OTC-C	
thiamine hcl tab 50 mg, 100 mg, 250 mg	OTC-C	
vitamin a cap 2400 mcg (8000 unit), 3 mg (10000 unit), 7.5 mg (25000 unit)	OTC-C	
vitamin e cap 45 mg (100 unit), 100 unit, 90 mg (200 unit), 134 mg (200 unit), 200 unit, 400 unit, 450 mg (1000 unit), 670 mg (1000 unit), 1000 unit, 180 mg (400 unit), 268 mg (400 unit)	OTC-C	
vitamin e soln 6.75 mg/0.3ml (15 unit/0.3ml)	OTC-C	
MULTIVITAMINS		
ADVANCED DIABETIC MULTIVITAMIN FORMULA - multiple vitamins w/ minerals tab	OTC-C	
ALIVE ULTRA POTENCY WOMENS 50+ - multiple vitamins w/ minerals tab	OTC-C	
b-complex w/ c & folic acid cap 1 mg	C	
b-complex w/ c & folic acid tab	C	
b-complex w/ c & folic acid tab	OTC-C	
b-complex w/ c & folic acid tab 0.8 mg	OTC-C	
b-complex w/ c & folic acid tab 1 mg (Nephro-vite rx)	C	
b-complex w/ c & folic acid tab 5 mg	C	
BASIC AM - multiple vitamins w/ minerals tab	OTC-C	
BASIC PM - multiple vitamins w/ minerals tab	OTC-C	
BIO-35 GLUTEN-FREE - multiple vitamins w/ minerals cap	OTC-C	
BIO-35 IRON FREE - multiple vitamins w/ minerals cap	OTC-C	
BIOCAL - multiple vitamins w/ minerals cap	OTC-C	
BPROTECTED PEDIA POLY-VITE - pediatric multiple vitamin drops	OTC-C	
BPROTECTED PEDIA POLY-VITE/IRON - pediatric multiple vitamins w/ iron drops 10 mg/ml	OTC-C	
BURIED TREASURE ACTIVE 55 - multiple vitamins w/ minerals liquid	OTC-C	
CAL-DAY 1000 - multiple vitamins w/ minerals tab	OTC-C	
CENTRAVITES ADULTS - multiple vitamins w/ minerals tab	OTC-C	
CENTRAVITES 50 PLUS - multiple vitamins w/ minerals tab	OTC-C	
CENTRUM CARDIO - multiple vitamins w/ minerals tab	OTC-C	
CENTRUM KIDS - pediatric multiple vitamin w/ minerals chew tab	OTC-C	
CENTRUM MEN - multiple vitamins w/ minerals tab	OTC-C	
CENTRUM SILVER ULTRA WOMENS - multiple vitamins w/ minerals tab	OTC-C	

Drug Name	Drug Status	Additional requirements or limits on coverage
CENTRUM SPECIALIST HEART - multiple vitamins w/ minerals tab	OTC-C	
CENTRUM SPECIALIST IMMUNE SUPPORT - multiple vitamins w/ minerals tab	OTC-C	
CENTRUM SPECIALIST VISION - multiple vitamins w/ minerals tab	OTC-C	
CENTRUM ULTRA WOMENS - multiple vitamins w/ minerals tab	OTC-C	
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS - multiple vitamins w/ minerals tab	OTC-C	
CHOICEFUL MULTIVITAMIN - multiple vitamins w/ minerals cap	OTC-C	
CLASSIC PRENATAL - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	OTC-C	
CVS ONE DAILY MENS 50+ ADVANCED - multiple vitamins w/ minerals tab	OTC-C	
CVS PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-0.8 mg	OTC-C	
CVS SPECTRAVITE ULTRA MENS HEALTH - multiple vitamins w/ minerals tab	OTC-C	
CVS SPECTRAVITE ULTRA WOMENS HEALTH - multiple vitamins w/ minerals tab	OTC-C	
DECUBI-VITE - multiple vitamins w/ minerals cap	OTC-C	
DEKAS PLUS - multiple vitamins w/ minerals cap	OTC-C	
DERMAVITE - multiple vitamins w/ minerals tab	OTC-C	
EQ COMPLETE MULTIVITAMIN - multiple vitamins w/ minerals tab	OTC-C	
EQ ONE DAILY MENS HEALTH - multiple vitamins w/ minerals tab	OTC-C	
EQ ONE DAILY WOMENS HEALTH - multiple vitamins w/ minerals tab	OTC-C	
EQL ONE DAILY MENS - multiple vitamins w/ minerals tab	OTC-C	
EQL PRENATAL FORMULA - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	OTC-C	
FITNESS TABS FOR MEN AM/PM/LYCOPENE - multiple vitamins w/ minerals tab	OTC-C	
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE - multiple vitamins w/ minerals tab	OTC-C	
FLINTSTONES COMPLETE - pediatric multiple vitamins w/ iron chew tab 10 mg	OTC-C	
FLORIVA PLUS - pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml	C	
FREEDA VITE - multiple vitamins w/ minerals tab	OTC-C	
GERI-FREEDA SENIOR FORMULA - multiple vitamins w/ minerals tab	OTC-C	
GNP PRENATAL - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	OTC-C	

Drug Name	Drug Status	Additional requirements or limits on coverage
HAIR/SKIN/NAILS - multiple vitamins w/ minerals cap	OTC-C	
ICAPS AREDS FORMULA - multiple vitamins w/ minerals tab	OTC-C	
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH - multiple vitamins w/ minerals tab	OTC-C	
KP PRENATAL MULTIVITAMINS - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	OTC-C	
M-NATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	C	
MASONATAL - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	OTC-C	
MEGAVITE FRUITS & VEGGIES - multiple vitamins w/ minerals tab	OTC-C	
MEGAVITE GOLDEN YEARS 55+ - multiple vitamins w/ minerals tab	OTC-C	
MENS MULTI VITAMIN & MINERAL FORMULA - multiple vitamins w/ minerals tab	OTC-C	
MENS 50+ ADVANCED - multiple vitamins w/ minerals cap	OTC-C	
MENS 50+ MULTI VITAMIN & MINERAL FORMULA - multiple vitamins w/ minerals tab	OTC-C	
MULTI PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-0.8 mg	OTC-C	
MULTI VITAMIN - multiple vitamin tab	OTC-C	
MULTI VITAMIN/D-3 - multiple vitamin tab	OTC-C	
MULTI-VITAMIN MONOCAPS - multiple vitamins w/ minerals tab	OTC-C	
multiple vitamin tab	OTC-C	
multiple vitamins w/ iron tab	OTC-C	
multiple vitamins w/ minerals cap	OTC-C	
multiple vitamins w/ minerals liquid	OTC-C	
multiple vitamins w/ minerals tab (Strovite forte)	OTC-C	
MULTIVITAMIN ADULTS - multiple vitamins w/ minerals tab	OTC-C	
MULTIVITAMIN INFANT & TODDLER - pediatric multiple vitamin drops	OTC-C	
MULTIVITAMIN INFANT/TODDLER - pediatric multiple vitamin drops	OTC-C	
MULTIVITAMIN MEN - multiple vitamins w/ minerals tab	OTC-C	
MULTIVITAMIN W/IRON/INFANT/TODDLER - pediatric multiple vitamins w/ iron drops 11 mg/ml	OTC-C	
MULTIVITAMIN/FLUORIDE - pediatric multiple vitamins w/ fluoride chew tab 0.25 mg, 0.5 mg, 1 mg	C	
MVW COMPLETE FORMULATION - multiple vitamins w/ minerals cap	OTC-C	
NATRUL-VITES - multiple vitamins w/ minerals tab	OTC-C	
NEONATAL PRENATAL VITAMIN - prenatal vit w/ fe fumarate-fa tab 27-0.8 mg	OTC-C	

Drug Name	Drug Status	Additional requirements or limits on coverage
NIVA-PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	C	
NO IRON MULTIPLE VITAMIN/MINERALS - multiple vitamins w/ minerals tab	OTC-C	
OCUVITE ADULT FORMULA - multiple vitamins w/ minerals cap	OTC-C	
OCUVITE ADULT 50+ - multiple vitamins w/ minerals cap	OTC-C	
OCUVITE LUTEIN - multiple vitamins w/ minerals cap	OTC-C	
OMNICAP - multiple vitamin tab	OTC-C	
ONCOVITE - multiple vitamins w/ minerals tab	OTC-C	
ONE DAILY MENS FORMULA W/O IRON - multiple vitamins w/ minerals tab	OTC-C	
ONE-A-DAY ENERGY - multiple vitamins w/ minerals tab	OTC-C	
ONE-A-DAY MENOPAUSE FORMULA - multiple vitamins w/ minerals tab	OTC-C	
ONE-A-DAY MENS HEALTH FORMULA - multiple vitamins w/ minerals tab	OTC-C	
ONE-A-DAY MENS PRO EDGE - multiple vitamins w/ minerals tab	OTC-C	
ONE-A-DAY MENS 50+ ADVANTAGE - multiple vitamins w/ minerals tab	OTC-C	
ONE-A-DAY TEEN ADVANTAGE - multiple vitamins w/ minerals tab	OTC-C	
OPURITY - multiple vitamins w/ minerals tab	OTC-C	
PARVLEX - multiple vitamins w/ minerals tab	OTC-C	
PC PEDIATRIC POLY-VITAMIN - pediatric multiple vitamin drops	OTC-C	
pediatric multiple vitamin chew tab	OTC-C	
pediatric multiple vitamin w/ minerals chew tab	OTC-C	
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml	C	
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml, 0.5 mg/ml	C	
pediatric multiple vitamins w/ iron chew tab 15 mg, 18 mg	OTC-C	
pediatric vitamins acid w/ fluoride soln 0.25 mg/ml, 0.5 mg/ml	C	
POLY-VI-SOL - pediatric multiple vitamin drops	OTC-C	
POLY-VI-SOL/IRON - pediatric multiple vitamins w/ iron drops 11 mg/ml	OTC-C	
POLY-VITA - pediatric multiple vitamin drops	OTC-C	
POLY-VITE PEDIATRIC - pediatric multiple vitamin drops	OTC-C	
POLY-VITE/IRON - pediatric multiple vitamins w/ iron drops 11 mg/ml	OTC-C	
PRENATABS RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	OTC-C	

Drug Name	Drug Status	Additional requirements or limits on coverage
PRENATAL - prenatal multivitamins & minerals w/iron & fa tab 0.8 mg	OTC-C	
PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-0.8 mg, 28-0.8 mg	OTC-C	
PRENATAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	C	
PRENATAL AND IRON - prenatal multivitamins & minerals w/ iron & fa tab 0.8 mg	OTC-C	
PRENATAL COMPLETE - prenatal vit w/ fe fumarate-fa tab 14-0.4 mg	OTC-C	
PRENATAL FORTE - prenatal multivitamins & minerals w/iron & fa tab 0.8 mg	OTC-C	
PRENATAL MULTIVITAMIN - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	OTC-C	
PRENATAL ONE DAILY - prenatal vit w/ fe fumarate-fa tab 27-0.8 mg	OTC-C	
PRENATAL PLUS - prenatal vit w/ fe fumarate-fa tab 27-1 mg	C	
PRENATAL PLUS VITAMIN AND MINERAL - prenatal vit w/ fe fumarate-fa tab 27-1 mg	C	
prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	OTC-C	
PRENATAL VITAMIN & MINERAL - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	OTC-C	
PRENATAL VITAMIN/IRON - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	OTC-C	
PRENATAL VITAMINS - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	OTC-C	
PRENATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	C	
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	C	
PRENATAL-U - prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	C	
PRESERVISION AREDS - multiple vitamins w/ minerals cap	OTC-C	
PRESERVISION AREDS - multiple vitamins w/ minerals tab	OTC-C	
PRESERVISION AREDS 2 - multiple vitamins w/ minerals cap	OTC-C	
PRESERVISION/LUTEIN - multiple vitamins w/ minerals cap	OTC-C	
PRO-CAL - multiple vitamins w/ minerals tab	OTC-C	
PROCERV HP - multiple vitamins w/ minerals tab	OTC-C	
PRORENAL+D - multiple vitamins w/ minerals tab	OTC-C	
PRORENAL+D/OMEGA-3 - multiple vitamins w/ minerals cap	OTC-C	
PROTECT CARDIO AF - multiple vitamins w/ minerals cap	OTC-C	
PROTECT PLUS SO - multiple vitamins w/ minerals cap	OTC-C	
PROVIT - multiple vitamins w/ minerals tab	OTC-C	
PX PRENATAL MULTIVITAMINS - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	OTC-C	

Drug Name	Drug Status	Additional requirements or limits on coverage
QC PRENATAL - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	OTC-C	
QUIN B STRONG - multiple vitamins w/ minerals tab	OTC-C	
QUINTABS - multiple vitamin tab	OTC-C	
QUINTABS-M - multiple vitamins w/ minerals tab	OTC-C	
RA PRENATAL - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	OTC-C	
RA PRENATAL FORMULA/FOLICACID - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	OTC-C	
RENAPLEX-D - multiple vitamins w/ minerals tab	OTC-C	
SENTRY - multiple vitamins w/ minerals tab	OTC-C	
SENTRY SENIOR/LUTEIN - multiple vitamins w/ minerals tab	OTC-C	
SM B-COMPLEX/VITAMIN C - b-complex w/ c & folic acid tab	OTC-C	
SM ONE DAILY MENS - multiple vitamins w/ minerals tab	OTC-C	
SM ONE DAILY WOMENS - multiple vitamins w/ minerals tab	OTC-C	
SM PRENATAL VITAMINS - prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	OTC-C	
SOLO - multiple vitamins w/ minerals tab	OTC-C	
SOURCECF - multiple vitamins w/ minerals cap	OTC-C	
speciality vitamin product tab	C	
SUPER ANTIOXIDANT - multiple vitamins w/ minerals cap	OTC-C	
T-VITES - multiple vitamins w/ minerals tab	OTC-C	
THERA - multiple vitamin tab	OTC-C	
THERA M PLUS - multiple vitamins w/ minerals tab	OTC-C	
THERA-M - multiple vitamins w/ minerals tab	OTC-C	
THERA-TABS M - multiple vitamins w/ minerals tab	OTC-C	
THERABETIC MULTI-VITAMIN - multiple vitamins w/ minerals tab	OTC-C	
THERAGRAN-M - multiple vitamins w/ minerals tab	OTC-C	
THERAGRAN-M ADVANCED - multiple vitamins w/ minerals tab	OTC-C	
THERAGRAN-M ADVANCED 50 PLUS - multiple vitamins w/ minerals tab	OTC-C	
THERAGRAN-M PREMIER - multiple vitamins w/ minerals tab	OTC-C	
THERAGRAN-M PREMIER 50 PLUS - multiple vitamins w/ minerals tab	OTC-C	
THEREMS-M - multiple vitamins w/ minerals tab	OTC-C	
TRINATE - prenatal vit w/ fe fumarate-fa tab 28-1 mg	C	
VITABEX - multiple vitamins w/ minerals cap	OTC-C	
VITAMIN D3 COMPLETE - multiple vitamins w/ minerals tab	OTC-C	
VITASANA - multiple vitamins w/ minerals tab	OTC-C	
VITATRUM - multiple vitamins w/ minerals tab	OTC-C	

Drug Name	Drug Status	Additional requirements or limits on coverage
VITRUM 50+ SENIOR MULTI - multiple vitamins w/ minerals tab	OTC-C	
WOMENS MULTI VITAMIN & MINERAL FORMULA - multiple vitamins w/ minerals tab	OTC-C	
WOMENS 50+ MULTI VITAMIN - multiple vitamins w/ minerals tab	OTC-C	
YELETS TEENAGE FORMULA - multiple vitamins w/ minerals tab	OTC-C	
MINERALS AND ELECTROLYTES		
CAL-CITRATE PLUS VITAMIN D - calcium cit-vitamin d tab 250 mg-2.5 mcg(100 unit) (elem ca)	OTC-C	
CAL-QUICK - calcium carb-cholecalciferol liq 500 mg-10 mcg(400 unit)/5ml	OTC-C	
CALCET CREAMY BITES - calcium citrate-vitamin d chew tab 500 mg-10 mcg (400 unit)	OTC-C	
CALCIUM - calcium carb-cholecalcif chew tab 500 mg-2.5mcg (100 unit), 500 mg-10 mcg (400 unit)	OTC-C	
calcium carb-cholecalcif chew tab 500 mg-15 mcg (600 unit), 600 mg-10 mcg (400 unit)	OTC-C	
calcium carb-cholecalciferol cap 600 mg-12.5 mcg (500 unit)	OTC-C	
calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit), 500 mg-3.125 mcg (125 unit), 500 mg-10 mcg (400 unit), 500 mg-15 mcg (600 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit)	OTC-C	
calcium carb-vit d w/ minerals chew tab 600 mg-400 unit, 600 mg-800 unit	OTC-C	
calcium carb-vit d w/ minerals tabs 600 mg-200 unit, 600 mg-400 unit, 600 mg-800 unit	OTC-C	
CALCIUM CARBONATE - calcium carbonate chew tab 1250 mg (500 mg elemental ca)	OTC-C	
calcium carbonate tab 600 mg, 1250 mg (500 mg elemental ca), 1500 mg (600 mg elemental ca)	OTC-C	
calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit), 600 mg-5 mcg(200 unit)	OTC-C	
calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)	OTC-C	
calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit), 600 mg-5 mcg (200 unit), 600 mg-10 mcg (400 unit)	OTC-C	
calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca), 315 mg-6.25 mcg(250 unit) (elem ca)	OTC-C	
calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)	OTC-C	
CALCIUM CITRATE + D3 - calcium cit-vitamin d tab 250 mg-5 mcg(200 unit) (elem ca)	OTC-C	
calcium citrate tab 950 mg (200 mg elemental ca)	OTC-C	

Drug Name	Drug Status	Additional requirements or limits on coverage
CALCIUM CITRATE W/D - calcium cit-vit d tab 200 mg-3.125 mcg(125 unit) (elem ca)	OTC-C	
CALCIUM CITRATE W/VITAMIN D - calcium cit-vitamin d tab 250 mg-1.25 mcg(50 unit) (elem ca)	OTC-C	
CALCIUM CITRATE+ D - calcium cit-vitamin d tab 250 mg-5 mcg(200 unit) (elem ca)	OTC-C	
calcium citrate-vitamin d chew tab 500 mg-12.5 mcg(500 unit)	OTC-C	
CALCIUM CITRATE/VITAMIN D3 - calcium citrate-vitamin d liquid 1000-0.01 mg(400 unit)/30ml	OTC-C	
CALCIUM 1000 + D - calcium carb-cholecalciferol tab 1000 mg-20 mcg (800 unit)	OTC-C	
CALCIUM 1200 - calcium carb-vit d w/ minerals chew tab 1200 mg-1000 unit	OTC-C	
CALCIUM/VITAMIN D - calcium carbonate-vitamin d tab 600 mg-3.125 mcg (125 unit)	OTC-C	
CALCIUM/VITAMIN D - calcium carb-cholecalciferol cap 600 mg-10 mcg (400 unit)	OTC-C	
calcium 500 mg w/ vitamin d tab	OTC-C	
calcium 600 mg w/ vitamin d tab	OTC-C	
CALTRATE MINIS PLUS MINERALS - calcium carb-vit d w/ minerals tabs 300 mg-800 unit	OTC-C	
CALTRATE 600+D3 SOFT CHEWS - calcium carb-cholecalcif chew tab 600 mg-20 mcg (800 unit)	OTC-C	
CERASPORT - oral electrolyte solution	OTC-C	
CERASPORT EX1 - oral electrolyte solution	OTC-C	
ENFAMIL ENFALYTE - oral electrolyte solution	OTC-C	
EQL CALCIUM/VITAMIN D - calcium carb-cholecalciferol cap 600 mg-2.5 mcg (100 unit)	OTC-C	
LIQUID CALCIUM WITH D3 MAXIMUM STRENGTH - calcium carb-cholecalciferol cap 600 mg-25 mcg (1000 unit)	OTC-C	
MAG-G - magnesium gluconate tab 500 mg (27 mg elemental mg)	OTC-C	
magnesium chloride tab dr 64 mg (elemental mg)	OTC-C	
MAGNESIUM GLUCONATE - magnesium gluconate tab 500 mg	OTC-C	
magnesium gluconate tab 27.5 mg (elemental mg)	OTC-C	
magnesium oxide tab 400 mg (240 mg elemental mg), 250 mg (mg supplement), 500 mg (mg supplement)	OTC-C	
magnesium tab 250 mg	OTC-C	
oral electrolyte solution	OTC-C	
oyster shell calcium tab 500 mg	OTC-C	
OYSTER SHELL CALCIUM/D - calcium carbonate-vitamin d tab 500 mg-5 mcg (200 unit)	OTC-C	

Drug Name	Drug Status	Additional requirements or limits on coverage
OYSTER SHELL CALCIUM/VITAMIN D - calcium carb-cholecalciferol tab 250 mg-6.25 mcg (250 unit)	OTC-C	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	C	
potassium bicarbonate effer tab 25 meq	C	
potassium chloride cap er 8 meq, 10 meq	C	
potassium chloride microencapsulated crys er tab 10 meq, 20 meq	C	
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	C	
potassium chloride powder packet 20 meq	C	
potassium chloride tab er 8 meq (600 mg)	C	
potassium chloride tab er 10 meq (K-tab)	C	
sodium chloride tab 1 gm	OTC-C	
SODIUM FLUORIDE - sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	C	
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	C	
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	C	
UPCAL D - calcium cit-vit d oral powd 500 mg-12.5 mcg(500 unit)/5gm	OTC-C	
UPCAL D - calcium cit-vitamin d powder pack 500 mg-12.5 mcg (500 unit)	OTC-C	
BLOOD MODIFYING DRUGS		
BLOOD MODIFYING DRUGS		
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	P	PA, QL (QL is based on weight), SP
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	P	PA, QL (QL is based on weight), SP
AFSTYLA - antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit	P	PA, QL (QL is based on weight), SP
ALPHANATE - antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	P	PA, QL (QL is based on weight), SP
ALPHANINE SD - coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	P	PA, QL (QL is based on weight), SP
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	P	PA, QL (QL is based on weight), SP
ALTUVIIIO - antihemophilic fact rcmb fc-vwf-xten-ehrl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	C	PA, QL (1 ml/30 days), SP

Drug Name	Drug Status	Additional requirements or limits on coverage
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	P	PA, SP
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	P	PA, SP
ARIXTRA - fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml	NP	PA, QL (30 syringes/90 days)
aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox)	NP	PA
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	P	PA, QL (QL is based on weight), SP
BERINERT - c1 esterase inhibitor (human) for iv inj kit 500 unit	P	PA, QL (10 vials/30 days), SP
BRILINTA - ticagrelor tab 60 mg, 90 mg	P	
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	C	QL (58 vials/365 days), SP
cilostazol tab 50 mg, 100 mg	C	
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit	P	PA, QL (20 vials/30 days), SP
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	P	
clopidogrel bisulfate tab 300 mg (base equiv)	P	
COAGADEX - coagulation factor x (human) for inj 250 unit, 500 unit	P	PA, QL (QL is based on weight), SP
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	P	PA, QL (QL is based on weight), SP
cyanocobalamin inj 1000 mcg/ml	C	
cyanocobalamin tab er 1000 mcg	OTC-C	
cyanocobalamin tab 100 mcg, 250 mcg, 500 mcg, 1000 mcg	OTC-C	
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa)	C	QL (60 capsules/30 days)
dipyridamole tab 25 mg, 50 mg, 75 mg	P	
DOPTELET - avatrombopag maleate tab 20 mg (base equiv)	C	PA, QL (60 tablets/30 days), SP
DROXIA - hydroxyurea cap 200 mg, 300 mg, 400 mg	P	PA, SP
EFFIENT - prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)	NP	PA
ELIQUIS - apixaban tab 2.5 mg	P	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	P	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	P	QL (1 pack/180 days)
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	P	PA, QL (QL is based on weight), SP
EMPAVELI - pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	C	PA, QL (8 vials/28 days), SP
ENDARI - glutamine (sickle cell) powd pack 5 gm	P	PA, SP

Drug Name	Drug Status	Additional requirements or limits on coverage
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)	P	QL (30 syringes/90 days)
enoxaparin sodium inj 300 mg/3ml (Lovenox)	P	QL (10 vials/90 days)
EPOGEN - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml	P	PA, SP
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	P	PA, QL (QL is based on weight), SP
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	P	PA, QL (QL is based on weight), SP
FERRETTS - ferrous fumarate tab 325 mg (106 mg elemental fe)	OTC-C	
ferrous fumarate tab 324 mg (106 mg elemental fe)	OTC-C	
FERROUS GLUCONATE - ferrous gluconate tab 324 mg (38 mg elemental iron)	OTC-C	
ferrous gluconate tab 240 mg (27 mg elemental fe), 324 mg (37.5 mg elemental iron)	OTC-C	
FERROUS SULFATE - ferrous sulfate tab ec 324 mg (65 mg fe equivalent)	OTC-C	
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)	OTC-C	
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	OTC-C	
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	OTC-C	
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	OTC-C	
ferrous sulfate tab er 142 mg (45 mg fe equivalent)	OTC-C	
ferrous sulfate tab 325 mg (65 mg elemental fe)	OTC-C	
FIRAZYR - icatibant acetate subcutaneous soln pref syr 30 mg/3ml	NP	PA, QL (6 syringes/30 days), SP
folic acid tab 400 mcg, 800 mcg	OTC-C	
folic acid tab 1 mg	C	
folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg	C	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	NP	PA, QL (30 syringes/90 days)
FRAGMIN - dalteparin sodium soln prefilled syr 2500 unit/0.2ml, 5000 unit/0.2ml, 7500 unit/0.3ml, 10000 unit/ml, 12500 unit/0.5ml, 15000 unit/0.6ml, 18000 unit/0.72ml	NP	PA, QL (30 syringes/90 days)
FRAGMIN - dalteparin sodium subcutaneous soln 10000 unit/4ml	P	QL (30 vials/90 days)
FRAGMIN - dalteparin sodium subcutaneous soln 95000 unit/3.8ml	P	QL (10 vials/90 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit, 3000 unit	NP	PA, QL (QL Varies by patient weight), SP
HEMLIBRA - emicizumab-kxwh subcutaneous soln 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml	C	PA, QL (QL is based on weight), SP

Drug Name	Drug Status	Additional requirements or limits on coverage
HEMOFIL M - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	P	PA, QL (QL is based on weight), SP
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	P	PA, QL (QL is based on weight), SP
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)	NP	PA, QL (6 syringes/30 days), SP
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	P	PA, QL (QL is based on weight), SP
IXINITY - coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	P	PA, QL (QL is based on weight), SP
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	P	PA, QL (QL is based on weight), SP
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit	P	PA, QL (QL is based on weight), SP
KOATE - antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	P	PA, QL (QL is based on weight), SP
KOATE-DVI - antihemophilic factor (human) for inj 500 unit, 1000 unit	P	PA, QL (QL is based on weight), SP
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	P	PA, QL (QL is based on weight), SP
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	P	PA, QL (QL is based on weight), SP
LOVENOX - enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml	NP	PA, QL (30 syringes/90 days)
LOVENOX - enoxaparin sodium inj 300 mg/3ml	NP	PA, QL (10 vials/90 days)
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	C	SP
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	C	SP
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	P	PA, QL (QL is based on weight), SP
NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	P	PA, QL (QL is based on weight), SP
NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	P	PA, QL (QL is based on weight), SP
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	P	PA, QL (QL is based on weight), SP
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1500 unit	P	PA, QL (QL Based on weight), SP
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	P	PA, QL (QL is based on weight), SP
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	P	PA, QL (QL is based on weight), SP

Drug Name	Drug Status	Additional requirements or limits on coverage
NUWIQ - antihemophilic factor recombinant (b2-domain deleted, rFVIII) for injection kit 1500 unit	P	PA, QL (QL Based on weight), SP
OBIZUR - antihemophilic factor (recombinant porcine) rFVIII for injection 500 unit	P	PA, QL (QL is based on weight), SP
ORLADEYO - berotralstat hydrochloride capsule 110 mg, 150 mg	NP	PA, QL (30 capsules/30 days), SP
OXBRYTA - voxelotor tablet 300 mg, 500 mg	P	PA, QL (90 tablets/30 days), SP
OXBRYTA - voxelotor tablet for oral suspension 300 mg	P	PA, QL (90 tablets/30 days), SP
pentoxifylline tablet extended release 400 mg	C	
PLAVIX - clopidogrel bisulfate tablet 75 mg (base equivalent)	NP	PA
polysaccharide iron complex capsule 150 mg (iron equivalent)	OTC-C	
PRADAXA - dabigatran etexilate mesylate capsule 75 mg (etexilate base equivalent), 150 mg (etexilate base equivalent)	P	QL (60 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate capsule 110 mg (etexilate base equivalent)	P	QL (120 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate pellet pack 20 mg, 150 mg	P	QL (60 packets/30 days)
PRADAXA - dabigatran etexilate mesylate pellet pack 30 mg, 40 mg, 50 mg, 110 mg	P	QL (120 packets/30 days)
prasugrel hydrochloride tablet 5 mg (base equivalent), 10 mg (base equivalent) (Effient)	P	
PROCRIPT - epoetin alfa injection 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	NP	PA, SP
PROFILNINE - factor IX complex for injection 500 unit, 1000 unit, 1500 unit	P	PA, QL (QL is based on weight), SP
PROMACTA - eltrombopag olamine powder pack for suspension 25 mg (base equivalent), 12.5 mg (base equivalent)	C	PA, QL (30 packets/30 days), SP
PROMACTA - eltrombopag olamine tablet 12.5 mg (base equivalent), 25 mg (base equivalent)	C	PA, QL (30 tablets/30 days), SP
PROMACTA - eltrombopag olamine tablet 50 mg (base equivalent), 75 mg (base equivalent)	C	PA, QL (60 tablets/30 days), SP
REBINYN - coagulation factor IX recombinant glycopegylated for injection 500 unit, 1000 unit, 2000 unit, 3000 unit	P	PA, QL (QL is based on weight), SP
RECOMBINATE - antihemophilic factor recombinant (rFVIII) for injection 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	P	PA, QL (QL is based on weight), SP
RETACRIT - epoetin alfa-epbx injection 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	P	PA, SP
RIXUBIS - coagulation factor IX (recombinant) for injection 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	P	PA, QL (QL is based on weight), SP
RUCONEST - c1 esterase inhibitor (recombinant) for intravenous injection 2100 unit	NP	PA, QL (8 vials/30 days), SP
SAVAYSA - edoxaban tosylate tablet 15 mg (base equivalent), 30 mg (base equivalent), 60 mg (base equivalent)	NP	PA, QL (30 tablets/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
SEVENFACT - coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 5 mg (5000 mcg)	C	PA, QL (QL is based on weight), SP
SIKLOS - hydroxyurea tab 100 mg, 1000 mg	NP	PA, SP
TAKHZYRO - lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	NP	PA, QL (2 syringes/28 days), SP
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	NP	PA, QL (2 vials/28 days), SP
TAVALISSE - fostamatinib disodium tab 100 mg (base equivalent), 150 mg (base equivalent)	C	PA, QL (60 tablets/30 days), SP
TAVNEOS - avacopan cap 10 mg	NP	PA, QL (180 capsules/30 days), SP
tranexamic acid tab 650 mg (Lysteda)	C	
TRETTEN - coagulation factor xiii a-subunit for inj 2000-3125 unit	P	PA, QL (QL is based on weight), SP
VONVENDI - von willebrand factor (recombinant) for inj 650 unit, 1300 unit	P	PA, QL (QL is based on weight), SP
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg (Coumadin)	P	
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	P	PA, QL (QL is based on weight), SP
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	P	PA, QL (QL is based on weight), SP
XARELTO - rivaroxaban for susp 1 mg/ml	NP	PA, QL (4 bottles/30 days)
XARELTO - rivaroxaban tab 2.5 mg	NP	PA, QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	P	QL (30 tablets/30 days)
XARELTO - rivaroxaban tab 15 mg	P	QL (60 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	NP	PA, QL (51 tablets/30 days)
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	P	PA, QL (QL is based on weight), SP
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	P	PA, QL (QL is based on weight), SP
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	P	PA, QL (QL is based on weight), SP
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	P	PA, QL (QL is based on weight), SP
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	C	SP
ZONTIVITY - vorapaxar sulfate tab 2.08 mg (base equivalent)	NP	PA
TOPICAL PRODUCTS		
EYE		
ANTI-INFECTIVES		
AZASITE - azithromycin ophth soln 1%	NP	PA

Drug Name	Drug Status	Additional requirements or limits on coverage
BACITRACIN - bacitracin ophth oint 500 unit/gm	NP	PA
bacitracin-polymyxin b ophth oint	C	
BESIVANCE - besifloxacin hcl ophth susp 0.6% (base equiv)	NP	PA
CILOXAN - ciprofloxacin hcl ophth oint 0.3%	NP	PA
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	P	
erythromycin ophth oint 5 mg/gm	C	
gatifloxacin ophth soln 0.5% (Zymaxid)	NP	PA
gentamicin sulfate ophth soln 0.3%	C	
LEVOFLOXACIN - levofloxacin ophth soln 1.5%	NP	PA
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	P	
MOXIFLOXACIN HYDROCHLORIDE - moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	NP	PA
NATACYN - natamycin ophth susp 5%	NP	PA
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	C	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	C	
OCUFLOX - ofloxacin ophth soln 0.3%	NP	PA
ofloxacin ophth soln 0.3% (Ocuflox)	P	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	C	
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth oint 10%	NP	PA
sulfacetamide sodium ophth soln 10% (Bleph-10)	C	
tobramycin ophth soln 0.3% (Tobrex)	C	
TRIFLURIDINE - trifluridine ophth soln 1%	C	
VIGAMOX - moxifloxacin hcl ophth soln 0.5% (base equiv)	NP	PA
ZYMAXID - gatifloxacin ophth soln 0.5%	NP	PA
STERIODS AND COMBINATION PRODUCTS		
ALREX - loteprednol etabonate ophth susp 0.2%	NP	PA
bacitracin-polymyxin-neomycin-hc ophth oint 1%	C	
DEXAMETHASONE SODIUM PHOSPHATE - dexamethasone sodium phosphate ophth soln 0.1%	C	
difluprednate ophth emulsion 0.05% (Durezol)	NP	PA
DUREZOL - difluprednate ophth emulsion 0.05%	NP	PA
fluorometholone ophth susp 0.1% (Fml liquifilm)	P	
INVELTYS - loteprednol etabonate ophth susp 1%	NP	PA
LOTEMAX - loteprednol etabonate ophth oint 0.5%	NP	PA
LOTEMAX - loteprednol etabonate ophth susp 0.5%	NP	PA

Drug Name	Drug Status	Additional requirements or limits on coverage
LOTEMAX - loteprednol etabonate ophth gel 0.5%	NP	PA
LOTEMAX SM - loteprednol etabonate ophth gel 0.38%	NP	PA
LOTEPREDNOL ETABONATE - loteprednol etabonate ophth gel 0.5%	NP	PA
loteprednol etabonate ophth susp 0.5% (Lotemax)	NP	PA
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	C	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	C	
PREDNISOLONE ACETATE - prednisolone acetate ophth susp 1%	P	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	C	
GLAUCOMA		
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%, 0.15%	P	
APRACLONIDINE - apraclonidine hcl ophth soln 0.5% (base equivalent)	NP	PA
AZOPT - brinzolamide ophth susp 1%	NP	PA
BETAXOLOL HCL - betaxolol hcl ophth soln 0.5%	NP	PA
BETIMOL - timolol ophth soln 0.25%, 0.5%	NP	PA
BETOPTIC-S - betaxolol hcl ophth susp 0.25%	NP	PA
bimatoprost ophth soln 0.03%	NP	PA, QL (2.5 mls/30 days)
brimonidine tartrate ophth soln 0.15% (Alphagan p)	NP	PA
brimonidine tartrate ophth soln 0.2%	P	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan)	NP	PA
brinzolamide ophth susp 1% (Azopt)	NP	PA
CARTEOLOL HCL - carteolol hcl ophth soln 1%	NP	PA
COMBIGAN - brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	P	
COSOPT - dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	NP	PA
COSOPT PF - dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf	NP	PA
dorzolamide hcl ophth soln 2% (Trusopt)	P	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt)	P	
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (Cosopt pf)	NP	PA
IOPIDINE - apraclonidine hcl ophth soln 1% (base equivalent)	NP	PA
ISTALOL - timolol maleate ophth soln 0.5% (once-daily)	NP	PA

Drug Name	Drug Status	Additional requirements or limits on coverage
latanoprost ophth soln 0.005% (Xalatan)	P	QL (2.5 mls/30 days)
LEVOBUNOLOL HCL - levobunolol hcl ophth soln 0.5%	NP	PA
LUMIGAN - bimatoprost ophth soln 0.01%	NP	PA, QL (2.5 mls/30 days)
pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto carpine)	C	
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	NP	PA
ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	NP	PA
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	NP	PA
timolol maleate ophth gel forming soln 0.25%, 0.5% (Timoptic-xe)	P	
timolol maleate ophth soln 0.25%, 0.5% (Timoptic)	P	
timolol maleate ophth soln 0.5% (once-daily) (Istalol)	NP	PA
timolol maleate preservative free ophth soln 0.25%, 0.5% (Timoptic ocudose)	NP	PA
TIMOPTIC OCUDOSE - timolol maleate preservative free ophth soln 0.25%, 0.5%	NP	PA
TRAVATAN Z - travoprost ophth soln 0.004% (benzalkonium free) (bak free)	P	QL (2.5 mls/30 days)
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	NP	PA, QL (2.5 mls/30 days)
VYZULTA - latanoprostene bunod ophth soln 0.024%	NP	PA, QL (2.5 mls/30 days)
XALATAN - latanoprost ophth soln 0.005%	NP	PA, QL (2.5 mls/30 days)
XELPROS - latanoprost ophth emulsion 0.005%	NP	PA, QL (2.5 mls/30 days)
ZIOPTAN - tafluprost preservative free (pf) ophth soln 0.0015%	NP	PA, QL (30 containers/30 days)
OTHER EYE PRODUCTS		
ACULAR - ketorolac tromethamine ophth soln 0.5%	NP	PA
ACULAR LS - ketorolac tromethamine ophth soln 0.4%	NP	PA
ACUVAIL - ketorolac tromethamine (pf) ophth soln 0.45%	NP	PA
ALOCRIIL - nedocromil sodium ophth soln 2%	NP	PA
ALOMIDE - Iodoxamide tromethamine ophth soln 0.1%	NP	PA
artificial tear ophth ointment	OTC-C	
artificial tear ophth solution	OTC-C	
ARTIFICIAL TEARS - hypromellose ophth soln 0.4%	OTC-C	
atropine sulfate ophth soln 1% (Atropine sulfate)	C	
azelastine hcl ophth soln 0.05%	NP	PA
bepotastine besilate ophth soln 1.5% (Bepreve)	NP	PA
BEPREVE - bepotastine besilate ophth soln 1.5%	NP	PA
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	NP	PA

Drug Name	Drug Status	Additional requirements or limits on coverage
BROMSITE - bromfenac sodium ophth soln 0.075% (base equivalent)	NP	PA
carboxymethylcellulose sodium (pf) ophth soln 0.5%	OTC-C	
carboxymethylcellulose sodium ophth soln 0.5%	OTC-C	
CROMOLYN SODIUM - cromolyn sodium ophth soln 4%	P	
cyclopentolate hcl ophth soln 1% (Cyclogyl)	C	
cyclosporine (ophth) emulsion 0.05% (Restasis)	C	PA, QL (60 vials/30 days)
dextran 70-hypromellose ophth soln 0.1-0.3%	OTC-C	
dextran 70-hypromellose (pf) ophth soln 0.1-0.3%	OTC-C	
diclofenac sodium ophth soln 0.1%	P	
epinastine hcl ophth soln 0.05% (Elestat)	NP	PA
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	NP	PA
HOMATROPAIRE - homatropine hbr ophth soln 5%	C	
ILEVRO - nepafenac ophth susp 0.3%	NP	PA
ketorolac tromethamine ophth soln 0.4% (Acular Is)	P	
ketorolac tromethamine ophth soln 0.5% (Acular)	P	
ketotifen fumarate ophth soln 0.025% (base equiv)	P	
MURO 128 - sodium chloride hypertonic ophth soln 2%	OTC-C	
NEVANAC - nepafenac ophth susp 0.1%	NP	PA
olopatadine hcl ophth soln 0.1% (base equivalent) (Patanol)	P	
olopatadine hcl ophth soln 0.1% (base equivalent), 0.2% (base equivalent)	OTC-C	
olopatadine hcl ophth soln 0.2% (base equivalent) (Pataday)	P	
PATADAY EXTRA STRENGTH - olopatadine hcl ophth soln 0.7% (base equivalent)	OTC-C	
polyethylene glycol-propylene glycol ophth soln 0.4-0.3%	OTC-C	
polyethylene glycol-propylene glycol pf op soln 0.4-0.3%	OTC-C	
polyvinyl alcohol ophth soln 1.4%	OTC-C	
polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)	OTC-C	
PROLENSA - bromfenac sodium ophth soln 0.07% (base equivalent)	NP	PA
PURE & GENTLE LUBRICANT - hypromellose ophth soln 0.3%	OTC-C	
sodium chloride hypertonic ophth oint 5%	OTC-C	
sodium chloride hypertonic ophth soln 5%	OTC-C	
white petrolatum-mineral oil ophth ointment	OTC-C	
ZADITOR - ketotifen fumarate ophth soln 0.025% (base equiv)	NP	PA
ZERVIAE - cetirizine hcl ophth soln 0.24% (base equiv)	NP	PA
EAR		

Drug Name	Drug Status	Additional requirements or limits on coverage
acetic acid otic soln 2%	C	
carbamide peroxide 6.5% otic soln	OTC-C	
CIPRO HC - ciprofloxacin-hydrocortisone otic susp 0.2-1%	P	
CIPRODEX - ciprofloxacin-dexamethasone otic susp 0.3-0.1%	P	
CIPROFLOXACIN - ciprofloxacin hcl otic soln 0.2% (base equivalent)	NP	PA
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex)	NP	PA
CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF - ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%	NP	PA
CORTISPORIN-TC - neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	NP	PA
HYDROCORTISONE/ACETIC ACID - hydrocortisone w/ acetic acid otic soln 1-2%	C	
neomycin-polymyxin-hc otic soln 1%	P	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	P	
ofloxacin otic soln 0.3% (Floxin otic)	P	
OTOVEL - ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%	NP	PA
MOUTH AND THROAT (LOCAL)		
cevimeline hcl cap 30 mg (Evoxac)	C	
chlorhexidine gluconate soln 0.12% (Peridex)	C	
clotrimazole troche 10 mg	C	
FLUORIDEX SENSITIVITY RELIEF/SLS FREE - sodium fluoride-potassium nitrate paste 1.1-5%	C	
lidocaine hcl viscous soln 2%	C	
nystatin susp 100000 unit/ml	P	
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen)	C	
sodium fluoride cream 1.1% (Prevident 5000 plus)	C	
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	C	
sodium fluoride paste 1.1% (Prevident 5000 boost)	C	
stannous fluoride gel 0.4%	C	
stannous fluoride gel 0.4%	OTC-C	
triamcinolone acetonide dental paste 0.1%	C	
ANORECTAL AGENTS		
dibucaine perianal ointment 1%	OTC-C	
hydrocortisone enema 100 mg/60ml (Cortenema)	C	
hydrocortisone perianal cream 2.5% (Anusol-hc)	C	
phenyleph-shark liver oil-cocoa butter suppos 0.25-3-85.5%	OTC-C	
phenylephrine-cocoa butter suppos 0.25-85.39%	OTC-C	

Drug Name	Drug Status	Additional requirements or limits on coverage
phenylephrine-shark liver oil-mo-pet oint 0.25-3-14-71.9%	OTC-C	
UCERIS - budesonide rectal foam 2 mg/act	NP	PA
SKIN CONDITIONS/PRODUCTS		
ACNE		
ACANYA - clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	NP	PA
ACNE MEDICATION 10 - benzoyl peroxide lotion 10%	P	
ACNE MEDICATION 5 - benzoyl peroxide lotion 5%	P	
adapalene cream 0.1% (Differin)	NP	PA
adapalene gel 0.1%	P	
adapalene gel 0.1%	OTC-C	
adapalene gel 0.3% (pump) (Differin)	NP	PA
adapalene gel 0.3% (Differin)	P	
adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo)	NP	PA
adapalene-benzoyl peroxide gel 0.3-2.5% (Epiduo forte)	NP	PA
AKLIEF - trifarotene cream 0.005%	NP	PA
AMZEEQ - minocycline hcl micronized foam 4%	NP	PA
ATRALIN - tretinoin gel 0.05%	NP	PA
azelaic acid gel 15% (Finacea)	C	
benzoyl peroxide cloth 6%	NP	PA
benzoyl peroxide cream 10%	OTC-C	
benzoyl peroxide foam 5.3%	NP	PA
benzoyl peroxide gel 2.5%, 5%, 10%	P	
benzoyl peroxide liq 4%	NP	PA
benzoyl peroxide liq 5% (Benzac ac wash)	P	
benzoyl peroxide liq 10%	P	
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	P	
CLEOCIN-T - clindamycin phosphate lotion 1%	NP	PA
CLINDACIN PAC - clindamycin phosphate swab 1% & cleanser kit	NP	PA
CLINDAGEL - clindamycin phosphate gel 1%	NP	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac)	P	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Neuac)	NP	PA
clindamycin phosphate foam 1% (Evoclin)	NP	PA
clindamycin phosphate gel 1%	P	
clindamycin phosphate gel 1% (Clindagel)	NP	PA
clindamycin phosphate lotion 1% (Cleocin-t)	P	

Drug Name	Drug Status	Additional requirements or limits on coverage
clindamycin phosphate soln 1% (Cleocin-t)	P	
clindamycin phosphate swab 1% (Cleocin-t)	P	
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin)	P	
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin Pump)	NP	PA
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (Acanya)	P	
clindamycin phosphate-tretinoin gel 1.2-0.025% (Ziana)	NP	PA
dapsone gel 5%, 7.5% (Aczone)	NP	PA
ERY - erythromycin pads 2%	P	
erythromycin gel 2% (Erygel)	P	
erythromycin soln 2%	P	
FABIOR - tazarotene (acne) foam 0.1%	NP	PA
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	C	
ivermectin cream 1% (Soolantra)	C	
metronidazole cream 0.75% (Metrocream)	C	
metronidazole gel 0.75%	C	
NEUAC KIT - clindamycin-benzoyl perox gel 1.2-5% & moisturizer cr kit	NP	PA
ONEXTON - clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	NP	PA
RETIN-A - tretinoin cream 0.025%, 0.05%, 0.1%	P	
RETIN-A - tretinoin gel 0.01%, 0.025%	P	
RETIN-A MICRO - tretinoin microsphere gel 0.04%, 0.06%, 0.1%	NP	PA
RETIN-A MICRO PUMP - tretinoin microsphere gel 0.04%, 0.08%, 0.1%	NP	PA
SODIUM SULFACETAMIDE/SULFUR - sulfacetamide sodium w/ sulfur susp 9-4.25%, 10-5%	NP	PA
SODIUM SULFACETAMIDE/SULFUR CLEANSER - sulfacetamide sodium w/ sulfur lotion 10-5%	P	
SSS 10-5 - sulfacetamide sodium w/ sulfur foam 10-5%	P	
sulfacetamide sodium lotion 10% (acne) (Klaron)	P	
sulfacetamide sodium w/ sulfur cleanser 9-4% (Sumaxin wash)	P	
sulfacetamide sodium w/ sulfur cleanser 9-4.5% (Sumadan wash)	P	
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% (Plexion cleanser)	P	
sulfacetamide sodium w/ sulfur cleanser 10-2% (Avar Is cleanser)	P	

Drug Name	Drug Status	Additional requirements or limits on coverage
sulfacetamide sodium w/ sulfur cleanser 10-5%	P	
sulfacetamide sodium w/ sulfur cleanser 10-5% (Avar cleanser)	NP	PA
sulfacetamide sodium w/ sulfur cleansing pad 10-4% (Sumaxin)	P	
sulfacetamide sodium w/ sulfur cream 9.8-4.8% (Plexion)	P	
sulfacetamide sodium w/ sulfur cream 10-2% (Avar-e Is)	P	
sulfacetamide sodium w/ sulfur cream 10-5%	P	
sulfacetamide sodium w/ sulfur emulsion 10-1%	NP	PA
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (Plexion)	P	
sulfacetamide sodium w/ sulfur susp 8-4%	NP	PA
tazarotene cream 0.1% (Tazorac)	NP	PA
tretinoin cream 0.025% (Avita)	NP	PA
tretinoin cream 0.05%, 0.1% (Retin-a)	NP	PA
tretinoin gel 0.01% (Retin-a)	NP	PA
tretinoin gel 0.025% (Avita)	NP	PA
tretinoin gel 0.05% (Atralin)	NP	PA
tretinoin microsphere gel 0.04%, 0.1% (Retin-a micro)	NP	PA
WINLEVI - clascoterone cream 1%	NP	PA
ZIANA - clindamycin phosphate-tretinoin gel 1.2-0.025%	NP	PA
ANTI-INFECTIVES		
acyclovir cream 5% (Zovirax)	NP	PA
acyclovir oint 5% (Zovirax)	P	
bacitracin oint 500 unit/gm	OTC-C	
bacitracin zinc oint 500 unit/gm	OTC-C	
bacitracin-polymyxin b oint	OTC-C	
BENSAL HP - salicylic acid oint 3%	NP	PA
chlorhexidine gluconate liquid 4%	OTC-C	
ciclopirox gel 0.77%	NP	PA
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	P	
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	P	
ciclopirox shampoo 1% (Loprox shampoo)	NP	PA
ciclopirox solution 8% (Penlac Nail Lacquer)	P	QL (6.6 mls/30 days)
clotrimazole cream 1%	P	
clotrimazole soln 1% (OTC)	NP	PA
clotrimazole soln 1%	P	
clotrimazole w/ betamethasone cream 1-0.05%	P	
clotrimazole w/ betamethasone lotion 1-0.05%	NP	PA
DENAVIR - penciclovir cream 1%	P	

Drug Name	Drug Status	Additional requirements or limits on coverage
docosanol cream 10%	OTC-C	
econazole nitrate cream 1%	P	
EXELDERM - sulconazole nitrate solution 1%	NP	PA
EXELDERM - sulconazole nitrate cream 1%	NP	PA
FIRST AID ANTISEPTIC OINTMENT - povidone-iodine oint 10%	OTC-C	
HYDROGEN PEROXIDE - hydrogen peroxide soln 3%	OTC-C	
JUBLIA - efinaconazole soln 10%	NP	PA, QL (4 mls/30 days)
KERYDIN - tavaborole soln 5%	NP	PA, QL (4 mls/30 days)
ketoconazole cream 2%	P	
ketoconazole foam 2% (Extina)	NP	PA
ketoconazole shampoo 2%	P	
LOPROX - ciclopirox olamine susp 0.77% (base equiv)	NP	PA
LOPROX SHAMPOO - ciclopirox shampoo 1%	NP	PA
LULICONAZOLE - luliconazole cream 1%	NP	PA
LUZU - luliconazole cream 1%	NP	PA
MEDIPLAST - salicylic acid plaster 40%	OTC-C	
miconazole nitrate aerosol pow 2%	OTC-C	
miconazole nitrate cream 2%	P	
miconazole nitrate powder 2%	P	
MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM - miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	NP	PA
mupirocin calcium cream 2%	NP	PA
mupirocin oint 2%	P	
NAFTIFINE HCL - naftifine hcl cream 1%	NP	PA
naftifine hcl cream 2% (Naftin)	NP	PA
naftifine hcl gel 2% (Naftin)	NP	PA
NAFTIN - naftifine hcl gel 1%, 2%	NP	PA
neomycin-bacitracin-polymyxin oint	OTC-C	
nystatin cream 100000 unit/gm	P	
nystatin oint 100000 unit/gm	P	
nystatin topical powder 100000 unit/gm	P	
oxiconazole nitrate cream 1% (Oxistat)	NP	PA
OXISTAT - oxiconazole nitrate cream 1%	NP	PA
penciclovir cream 1% (Denavir)	C	
povidone-iodine soln 10%	OTC-C	
salicylic acid liquid 17%	OTC-C	
salicylic acid pad 40%	OTC-C	
salicylic acid shampoo 6% (Salex)	C	

Drug Name	Drug Status	Additional requirements or limits on coverage
SALIMEZ - salicylic acid cream 6%	C	
silver sulfadiazine cream 1% (Silvadene)	C	
SULCONAZOLE NITRATE - sulconazole nitrate solution 1%	NP	PA
SULCONAZOLE NITRATE - sulconazole nitrate cream 1%	NP	PA
tavaborole soln 5% (Kerydin)	NP	PA, QL (4 mls/30 days)
terbinafine hcl cream 1%	P	
tolnaftate aerosol pow 1%	OTC-C	
tolnaftate cream 1%	P	
tolnaftate powder 1%	OTC-C	
tolnaftate soln 1%	NP	PA
VUSION - miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	NP	PA
XEPI - ozenoxacin cream 1%	NP	PA
XERESE - acyclovir-hydrocortisone cream 5-1%	NP	PA
ZOVIRAX - acyclovir cream 5%	NP	PA
ZOVIRAX - acyclovir oint 5%	NP	PA
CORTICOSTEROIDS		
alclometasone dipropionate cream 0.05%	C	QL (120 grams/30 days)
alclometasone dipropionate oint 0.05%	C	QL (120 grams/30 days)
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	C	QL (200 grams/28 days)
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	C	QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	C	QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05% (Diprolene)	C	QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	C	QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	C	QL (120 mls/30 days)
betamethasone valerate aerosol foam 0.12% (Luxiq)	C	QL (150 grams/30 days)
betamethasone valerate cream 0.1% (base equivalent)	C	QL (135 grams/30 days)
betamethasone valerate lotion 0.1% (base equivalent)	C	QL (120 mls/30 days)
betamethasone valerate oint 0.1% (base equivalent)	C	QL (135 grams/30 days)
clobetasol propionate cream 0.05% (Temovate)	C	QL (210 grams/28 days)
clobetasol propionate emollient base cream 0.05%	C	QL (210 grams/28 days)
clobetasol propionate gel 0.05%	C	QL (210 grams/28 days)
clobetasol propionate oint 0.05% (Temovate)	C	QL (210 grams/28 days)
clobetasol propionate shampoo 0.05% (Clobex)	C	QL (236 mls/30 days)
clobetasol propionate soln 0.05%	C	QL (200 mls/28 days)
desonide oint 0.05%	C	QL (120 grams/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
desoximetasone cream 0.25% (Topicort)	C	QL (120 grams/30 days)
fluocinolone acetonide cream 0.01%	C	QL (120 grams/30 days)
fluocinolone acetonide cream 0.025% (Synalar)	C	QL (120 grams/30 days)
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs body)	C	QL (118.28 mls/30 days)
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs scalp)	C	QL (118.28 mls/30 days)
fluocinolone acetonide oint 0.025% (Synalar)	C	QL (120 grams/30 days)
fluocinolone acetonide soln 0.01% (Synalar)	C	QL (120 mls/30 days)
fluocinonide cream 0.05%	C	QL (120 grams/30 days)
fluocinonide emulsified base cream 0.05%	C	QL (120 grams/30 days)
fluocinonide gel 0.05%	C	QL (120 grams/30 days)
fluocinonide oint 0.05%	C	QL (120 grams/30 days)
fluocinonide soln 0.05%	C	QL (120 mls/30 days)
fluticasone propionate cream 0.05%	C	QL (120 grams/30 days)
fluticasone propionate oint 0.005%	C	QL (120 grams/30 days)
halobetasol propionate cream 0.05% (Ultravate)	C	QL (200 grams/28 days)
halobetasol propionate oint 0.05% (Ultravate)	C	QL (200 grams/28 days)
hydrocortisone acetate cream 1%	OTC-C	
HYDROCORTISONE BUTYRATE - hydrocortisone butyrate soln 0.1%	C	QL (120 mls/30 days)
hydrocortisone butyrate oint 0.1%	C	QL (135 grams/30 days)
hydrocortisone cream 0.5%	OTC-C	
hydrocortisone cream 1%, 2.5%	C	QL (454 grams/30 days)
hydrocortisone cream 1%	OTC-C	QL (454 grams/30 days)
hydrocortisone lotion 1%	OTC-C	
hydrocortisone lotion 2.5%	C	QL (118 mls/30 days)
hydrocortisone oint 0.5%	OTC-C	
hydrocortisone oint 1%, 2.5%	C	QL (454 grams/30 days)
hydrocortisone oint 1%	OTC-C	QL (454 grams/30 days)
hydrocortisone valerate cream 0.2%	C	QL (120 grams/30 days)
mometasone furoate cream 0.1% (Elocon)	C	QL (135 grams/30 days)
mometasone furoate oint 0.1%	C	QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	C	QL (120 mls/30 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	P	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	NP	PA
PREDNICARBATE - prednicarbate oint 0.1%	C	QL (120 grams/30 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	C	QL (454 grams/30 days)
triamcinolone acetonide lotion 0.025%, 0.1%	C	QL (120 mls/30 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
triamcinolone acetonide oint 0.025%, 0.1%	C	QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%	C	QL (120 grams/30 days)
OTHER SKIN PRODUCTS		
ADBRY - tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	NP	PA, QL (4 syringes/28 days), SP
CALAMINE - calamine-zinc oxide lotion	OTC-C	
calcipotriene cream 0.005% (Dovonex)	C	
calcipotriene soln 0.005% (50 mcg/ml)	C	
capsaicin cream 0.025%, 0.075%, 0.1%	OTC-C	
CAPZASIN-P - capsaicin cream 0.035%	OTC-C	
coal tar shampoo 0.5%, 1%	OTC-C	
COSENTYX - secukinumab subcutaneous soln auto-injector 300 mg/2ml	NP	PA, QL (1 pen/28 days), SP
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	NP	PA, QL (1 syringe/28 days), SP
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	NP	PA, QL (2 syringes/28 days), SP
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	NP	PA, QL (1 pen/28 days), SP
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	NP	PA, QL (2 pens/28 days), SP
CROTAN - crotamiton lotion 10%	NP	PA
DICLOFENAC EPOLAMINE - diclofenac epolamine patch 1.3%	NP	PA, QL (60 patches/30 days)
diclofenac sodium gel 1% (1.16% diethylamine equiv)	P	QL (10 tubes/30 days)
diclofenac sodium gel 1% (1.16% diethylamine equiv) (Voltaren)	OTC-C	QL (10 tubes/30 days)
DRYSOL - aluminum chloride soln 20%	C	
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml	P	PA, QL (2 pens/28 days), SP
DUPIXENT - dupilumab subcutaneous soln pen-injector 300 mg/2ml	P	PA, QL (4 pens/28 days), SP
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml, 200 mg/1.14ml	P	PA, QL (2 syringes/28 days), SP
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	P	PA, QL (4 syringes/28 days), SP
EUCRISA - crisaborole oint 2%	NP	PA
FLECTOR - diclofenac epolamine patch 1.3%	NP	PA, QL (60 patches/30 days)
FLUOROURACIL - fluorouracil soln 2%, 5%	C	
fluorouracil cream 5% (Efudex)	C	
imiquimod cream 5% (Aldara)	C	
LAC-HYDRIN FIVE - lactic acid (ammonium lactate) lotion 5%	OTC-C	

Drug Name	Drug Status	Additional requirements or limits on coverage
lactic acid (ammonium lactate) cream 12% (Lac-hydrin)	C	
lactic acid (ammonium lactate) lotion 12%	C	
lactic acid (ammonium lactate) lotion 12%	OTC-C	
LICART - diclofenac epolamine patch 24hr 1.3%	NP	PA, QL (30 systems/30 days)
lidocaine hcl cream 3%	C	
lidocaine hcl gel 2%	C	PA, QL (150 mls/30 days)
lidocaine hcl soln 4%	C	PA, QL (150 mls/30 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	C	PA, QL (150 mls/30 days)
lidocaine patch 5% (Lidoderm)	NP	PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	C	PA, QL (60 grams/30 days)
LIDODERM - lidocaine patch 5%	NP	PA, QL (90 patches/30 days)
LINDANE - lindane shampoo 1%	NP	PA
malathion lotion 0.5% (Ovide)	NP	PA
METHOXSALEN - methoxsalen rapid cap 10 mg	C	
NATROBA - spinosad susp 0.9%	P	
OPZELURA - ruxolitinib phosphate cream 1.5%	NP	PA, QL (1 tube/30 days)
OVACE PLUS - sulfacetamide sodium cream 10%	NP	PA
OVACE PLUS - sulfacetamide sodium shampoo 10%	NP	PA
OVIDE - malathion lotion 0.5%	NP	PA
permethrin cream 5% (Elimite)	P	
permethrin creme rinse 1%	P	
permethrin lotion 1%	P	
pyreth-piperonyl butox sham-permeth aero-nit remov spray kit	NP	PA
pyreth-piperonyl butox sham-permeth aero-nit remover gel kit	NP	PA
pyrethrins-piperonyl butoxide liq 0.3-3%, 0.33-4%	P	
pyrethrins-piperonyl butoxide shampoo 0.33-4%	P	
QC CALAMINE - calamine lotion	OTC-C	
selenium sulfide lotion 2.5%	C	
SILIQ - brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml	NP	PA, QL (2 syringes/28 days), SP
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	NP	PA, QL (1 syringe/84 days), SP
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	NP	PA, QL (1 pen/84 days), SP
SPINOSAD - spinosad susp 0.9%	NP	PA
STELARA - ustekinumab inj 45 mg/0.5ml	NP	PA, QL (1 vial/84 days), SP
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	NP	PA, QL (1 syringe/84 days), SP
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	NP	PA, QL (1 syringe/56 days), SP
sulfacetamide sodium liquid 10% (Ovace wash)	C	

Drug Name	Drug Status	Additional requirements or limits on coverage
tacrolimus oint 0.03%, 0.1% (Protopic)	C	ST
TALTZ - ixekizumab subcutaneous soln auto-injector 80 mg/ml	NP	PA, QL (1 injection/28 days), SP
TALTZ - ixekizumab subcutaneous soln prefilled syringe 80 mg/ml	NP	PA, QL (1 injection/28 days), SP
TREMFYA - guselkumab soln pen-injector 100 mg/ml	NP	PA, QL (1 pen/56 days), SP
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	NP	PA, QL (1 syringe/56 days), SP
TRIPLE PASTE - zinc oxide oint 12.8%	OTC-C	
urea cream 40%	C	
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	C	SP
zinc oxide oint 20%, 40%	OTC-C	
ZTLIDO - lidocaine patch 1.8% (36 mg)	NP	PA, QL (90 patches/30 days)
MISCELLANEOUS CATEGORIES		
DIABETIC SUPPLIES		
BLOOD GLUCOSE MONITORS, TEST STRIPS, AND MONITOR Calibration Liquids		
ACCU-CHEK AVIVA - blood glucose calibration - liquid	OTC-C	
ACCU-CHEK AVIVA PLUS - glucose blood test strip	P	QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use)
ACCU-CHEK AVIVA PLUS - blood glucose monitoring kit w/ device	P	
ACCU-CHEK GUIDE - glucose blood test strip	P	QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use)
ACCU-CHEK GUIDE - blood glucose monitoring kit w/ device	P	
ACCU-CHEK GUIDE CONTROL LEVEL 1/LEVEL2 - blood glucose calibration - liquid	OTC-C	
ACCU-CHEK GUIDE ME - blood glucose monitoring kit w/ device	P	
ACCU-CHEK SMARTVIEW CONTROL - blood glucose calibration - liquid	OTC-C	
ACCU-CHEK SMARTVIEW STRIP - glucose blood test strip	P	QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use)
AGAMATRIX CONTROL HIGH - blood glucose calibration - liquid - high	OTC-C	
AGAMATRIX CONTROL NORMAL - blood glucose calibration - liquid	OTC-C	
AGAMATRIX CONTROL NORMAL - blood glucose calibration - liquid - normal	OTC-C	
AGAMATRIX PRESTO - blood glucose monitoring kit w/ device	NP	PA
AGAMATRIX PRESTO TEST STRIPS - glucose blood test strip	NP	PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use)

Drug Name	Drug Status	Additional requirements or limits on coverage
ALBUSTIX - albumin (urine) test strip	OTC-C	
CHEMSTRIP MICRAL - albumin (urine) test strip	OTC-C	
CHEMSTRIP-K - acetone (urine) test strip	OTC-C	
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring devices	P	
CONTOUR BLOOD GLUCOSE TEST STRIPS - glucose blood test strip	P	QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use)
CONTOUR HIGH CONTROL - blood glucose calibration - liquid - high	OTC-C	
CONTOUR LOW CONTROL - blood glucose calibration - liquid - low	OTC-C	
CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring kit w/ device	P	
CONTOUR NEXT BLOOD GLUCOSE TEST STRIP - glucose blood test strip	P	QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use)
CONTOUR NEXT CONTROL LEVEL 1 - blood glucose calibration - liquid - low	OTC-C	
CONTOUR NEXT CONTROL LEVEL 2 - blood glucose calibration - liquid - normal	OTC-C	
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring kit w/ device	P	
CONTOUR NEXT ONE BLOOD GL - blood glucose monitoring devices	P	
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring kit	P	
CONTOUR NORMAL CONTROL - blood glucose calibration - liquid - normal	OTC-C	
DEXCOM G6 RECEIVER - continuous blood glucose system receiver	P	QL (1 receiver/365 days)
DEXCOM G6 SENSOR - continuous blood glucose system sensor	P	QL (3 sensors/30 days)
DEXCOM G6 TRANSMITTER - continuous blood glucose system transmitter	P	QL (1 transmitter/90 days)
DEXCOM G7 RECEIVER - continuous blood glucose system receiver	C	QL (1 receiver/365 days)
DEXCOM G7 SENSOR - continuous blood glucose system sensor	C	QL (3 sensors/30 days)
FORA CONTROL SOLUTION HIGH - blood glucose calibration - liquid - high	OTC-C	
FORA CONTROL SOLUTION LOW - blood glucose calibration - liquid - low	OTC-C	

Drug Name	Drug Status	Additional requirements or limits on coverage
FORA CONTROL SOLUTION NORMAL - blood glucose calibration - liquid - normal	OTC-C	
FORA G20 BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring kit w/ device	NP	PA
FORA G20 BLOOD GLUCOSE TEST STRIPS - glucose blood test strip	NP	PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use)
FREESTYLE CONTROL SOLUTION - blood glucose calibration - liquid	OTC-C	
FREESTYLE FREEDOM LITE - blood glucose monitoring kit w/ device	NP	PA
FREESTYLE INSULINX BLOOD - glucose blood test strip	NP	PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use)
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM - continuous blood glucose system receiver	P	QL (1 reader/365 days)
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM - continuous blood glucose system sensor	P	QL (2 sensors/28 days)
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM - continuous blood glucose system receiver	P	QL (1 reader/365 days)
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM - continuous blood glucose system sensor	P	QL (2 sensors/28 days)
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM - continuous blood glucose system sensor	P	QL (2 sensors/28 days)
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring devices	NP	PA
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring kit w/ device	NP	PA
FREESTYLE LITE TEST STRIP - glucose blood test strip	NP	PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use)
FREESTYLE TEST STRIPS - glucose blood test strip	NP	PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use)
GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING - blood glucose monitoring kit w/ device	NP	PA
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS - glucose blood test strip	NP	PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use)
GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1 - blood glucose calibration - liquid	OTC-C	
GLUCOCARD SHINE - blood glucose monitoring devices	NP	PA
GLUCOCARD SHINE - blood glucose monitoring kit w/ device	NP	PA

Drug Name	Drug Status	Additional requirements or limits on coverage
GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1 - blood glucose calibration - liquid	OTC-C	
GLUCOCARD SHINE TEST STRIPS - glucose blood test strip	NP	PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use)
GLUCOCARD SHINE XL - blood glucose monitoring devices	NP	PA
KETOCARE - acetone (urine) test strip	OTC-C	
KETONE - acetone (urine) test strip	OTC-C	
KETONE TEST STRIPS - acetone (urine) test strip	OTC-C	
KETOSTIX - acetone (urine) test strip	OTC-C	
MEDISENSE GLUCOSE KETONE CONTROL SOLUTION 1-NORMAL - blood glucose calibration - liquid	OTC-C	
MEDISENSE HIGH/MID/LOW CONTROL SOLUTION - blood glucose calibration - liquid	OTC-C	
ONETOUCH ULTRA - glucose blood test strip	NP	PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use)
ONETOUCH ULTRA BLUE - glucose blood test strip	NP	PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use)
ONETOUCH ULTRA CONTROL - blood glucose calibration - liquid	OTC-C	
ONETOUCH ULTRA 2 - blood glucose monitoring kit w/ device	NP	PA
ONETOUCH VERIO - blood glucose monitoring kit w/ device	NP	PA
ONETOUCH VERIO CONTROL SOLUTION HIGH - blood glucose calibration - liquid - high	OTC-C	
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring kit w/ device	NP	PA
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring kit w/ device	NP	PA
ONETOUCH VERIO MID CONTROL SOLUTION - blood glucose calibration - liquid	OTC-C	
ONETOUCH VERIO TEST STRIPS - glucose blood test strip	NP	PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use)
PRECISION GLUCOSE KETONE CONTROL SOLUTION 1-LOW, 1-HIGH - blood glucose calibration - liquid	OTC-C	
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS - glucose blood test strip	NP	PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use)
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM - blood glucose monitoring kit w/ device	NP	PA
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING - blood glucose monitoring devices	NP	PA

Drug Name	Drug Status	Additional requirements or limits on coverage
PRODIGY CONTROL SOLUTION - blood glucose calibration - liquid - high	OTC-C	
PRODIGY CONTROL SOLUTION LOW - blood glucose calibration - liquid - low	OTC-C	
PRODIGY NO CODING BLOOD GLUCOSE KIT - blood glucose monitoring kit w/ device	NP	PA
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS - glucose blood test strip	NP	PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use)
PRODIGY POCKET BLOOD GLUCOSE METER KIT - blood glucose monitoring kit w/ device	NP	PA
PRODIGY VOICE BLOOD GLUCOSE METER KIT - blood glucose monitoring kit w/ device	NP	PA
RELION KETONE TEST STRIPS - acetone (urine) test strip	OTC-C	
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH - blood glucose monitoring devices	NP	PA
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART - blood glucose monitoring kit w/ device	NP	PA
TRUE METRIX AIR W/BLUETOOTH SMART - blood glucose monitoring kit w/ device	NP	PA
TRUE METRIX BLOOD GLUCOSE METER - blood glucose monitoring kit w/ device	NP	PA
TRUE METRIX BLOOD GLUCOSE TEST STRIPS - glucose blood test strip	NP	PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use)
TRUE METRIX CONTROL SOLUTION LEVEL 1 - blood glucose calibration - liquid - low	OTC-C	
TRUE METRIX CONTROL SOLUTION LEVEL 2 - blood glucose calibration - liquid - normal	OTC-C	
TRUE METRIX CONTROL SOLUTION LEVEL 3 - blood glucose calibration - liquid - high	OTC-C	
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS - glucose blood test strip	NP	PA, QL (102 Strips/30 Days with no insulin use; 204 Strips/30 Days with insulin use)
OTHER DIABETIC SUPPLIES		
ALCOHOL PREP PADS - VARIOUS	OTC-C	
INSULIN SYRINGES - VARIOUS SIZES	C	
LANCET DEVICES - VARIOUS - lancet devices	OTC-C	
LANCETS - VARIOUS	OTC-C	
OMNIPOD CLASSIC PODS (GEN 3) - insulin infusion disposable pump reservoir	C	PA, QL (30 pods/30 days)
OMNIPOD DASH INTRO KIT (GEN 4) - insulin infusion disposable pump kit	C	PA, QL (1 kit/720 days)

Drug Name	Drug Status	Additional requirements or limits on coverage
OMNIPOD DASH PDM KIT (GEN 4) - insulin infusion disposable pump kit	C	PA, QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	C	PA, QL (30 pods/30 days)
OMNIPOD 5 G6 INTRO KIT (GEN 5) - insulin infusion disposable pump kit	C	PA, QL (1 kit/720 days)
OMNIPOD 5 G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	C	PA, QL (30 pods/30 days)
PEN NEEDLES - VARIOUS	OTC-C	
RESPIRATORY INHALER-ASSIST DEVICES		
AEROCHAMBER MINI AEROSOL CHAMBER - spacer/aerosol-holding chambers - device	C	
AEROCHAMBER MV - spacer/aerosol-holding chambers - device	C	
AEROCHAMBER PLUS FLOW-VU - spacer/aerosol-holding chambers - device	C	
AEROCHAMBER PLUS FLOW-VU/MASK - spacer/aerosol-holding chambers - device	C	
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU - spacer/aerosol-holding chambers - device	C	
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL - spacer/aerosol-holding chambers - device	C	
AEROCHAMBER Z-STAT PLUS/LARGE MASK - spacer/aerosol-holding chambers - device	C	
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK - spacer/aerosol-holding chambers - device	C	
AEROCHAMBER Z-STAT PLUS/SMALL MASK - spacer/aerosol-holding chambers - device	C	
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE - spacer/aerosol-holding chambers - device	C	
MISCELLANEOUS DRUGS		
ASTAGRAF XL - tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg	NP	PA
azathioprine tab 50 mg (Imuran)	P	
azathioprine tab 75 mg, 100 mg	P	
azathioprine tab 75 mg, 100 mg (Azasan)	NP	PA
CELLCEPT - mycophenolate mofetil cap 250 mg	NP	PA
CELLCEPT - mycophenolate mofetil tab 500 mg	NP	PA
CELLCEPT - mycophenolate mofetil for oral susp 200 mg/ml	P	
CHARCOAL ACTIVATED - charcoal activated for oral susp 28 gm	OTC-C	
charcoal activated liq	OTC-C	
CHEMET - succimer cap 100 mg	C	

Drug Name	Drug Status	Additional requirements or limits on coverage
cyclosporine cap 25 mg, 100 mg (Sandimmune)	P	
cyclosporine modified cap 25 mg, 100 mg (Neoral)	P	
cyclosporine modified cap 50 mg	P	
cyclosporine modified oral soln 100 mg/ml (Neoral)	P	
deferasirox granules packet 90 mg, 180 mg, 360 mg (Jadenu sprinkle)	C	SP
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (Exjade)	C	SP
deferasirox tab 90 mg, 180 mg, 360 mg (Jadenu)	C	SP
ENSPRYNG - satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	NP	PA, QL (1 syringe/28 days), SP
ENVARUSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg, 4 mg	NP	PA
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	NP	PA
IMURAN - azathioprine tab 50 mg	NP	PA
irrigation solution, physiological	C	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	NP	PA
lactated ringer's for irrigation	C	
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	C	
mycophenolate mofetil cap 250 mg (Cellcept)	P	
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	NP	PA
mycophenolate mofetil tab 500 mg (Cellcept)	P	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic)	NP	PA
MYFORTIC - mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)	NP	PA
naloxone hcl inj 0.4 mg/ml, 4 mg/10ml	P	
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	NP	PA
naloxone hcl nasal spray 4 mg/0.1ml (Narcan)	OTC-C	
naloxone hcl soln prefilled syringe 2 mg/2ml	P	
NALOXONE HYDROCHLORIDE - naloxone hcl soln cartridge 0.4 mg/ml	C	
naltrexone hcl tab 50 mg	C	
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	P	
NEORAL - cyclosporine modified cap 25 mg, 100 mg	NP	PA
NEORAL - cyclosporine modified oral soln 100 mg/ml	NP	PA
penicillamine tab 250 mg (Depen titratabs)	C	SP
PROGRAF - tacrolimus cap 0.5 mg, 1 mg, 5 mg	NP	PA
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	C	
RAPAMUNE - sirolimus tab 0.5 mg, 1 mg, 2 mg	P	

Drug Name	Drug Status	Additional requirements or limits on coverage
RAPAMUNE - sirolimus oral soln 1 mg/ml	P	
SANDIMMUNE - cyclosporine cap 25 mg, 100 mg	NP	PA
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	NP	PA
sirolimus oral soln 1 mg/ml (Rapamune)	NP	PA
sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	NP	PA
sodium polystyrene sulfonate powder	C	
SPS - sodium polystyrene sulfonate oral susp 15 gm/60ml	C	
starch-maltodextrin oral thickening powder	OTC-C	
tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf)	P	
ZIMHI - naloxone hcl soln prefilled syringe 5 mg/0.5ml	NP	PA
ZOKINVY - lonafarnib cap 50 mg, 75 mg	C	PA, QL (120 capsules/30 days), SP
ZORTRESS - everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	NP	PA

INDEX

A

abacavir sulfate-lamivudine tab 600-300 mg (Epzicom).....	6
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen).....	6
abacavir sulfate tab 300 mg (base equiv) (Ziagen).....	6
ABILIFY.....	64
ABILIFY MAINTENA.....	64
ABILIFY MYCITE MAINTENANCE KIT.....	64
ABILIFY MYCITE STARTER KIT.....	65
abiraterone acetate tab 250 mg (Zytiga).....	14
abiraterone acetate tab 500 mg (Zytiga).....	14
ABRYSVO.....	10
ACAM2000.....	10
acamprosate calcium tab delayed release 333 mg.....	74
ACANYA.....	110
acarbose tab 25 mg, 50 mg, 100 mg (Precose).....	25
ACCOLATE.....	48
ACCU-CHEK AVIVA.....	118
ACCU-CHEK AVIVA PLUS.....	118
ACCU-CHEK GUIDE.....	118
ACCU-CHEK GUIDE CONTROL LEVEL1/LEVEL2.....	118
ACCU-CHEK GUIDE ME.....	118
ACCU-CHEK SMARTVIEW CONTROL.....	118
ACCU-CHEK SMARTVIEW STRIP.....	118
ACCUPRIL.....	34
ACCURETIC.....	34
acebutolol hcl cap 200 mg, 400 mg.....	37
ACETAMINOPHEN/CODEINE.....	77
acetaminophen cap 500 mg.....	76
acetaminophen chew tab 80 mg, 160 mg.....	76
acetaminophen disintegrating tab 80 mg, 160 mg.....	76
acetaminophen liquid 160 mg/5ml.....	76
acetaminophen soln 160 mg/5ml.....	76
acetaminophen suppos 120 mg, 325 mg, 650 mg.....	76
acetaminophen susp 80 mg/0.8ml, 160 mg/5ml.....	76
acetaminophen tab er 650 mg.....	76
acetaminophen tab 325 mg, 500 mg.....	76
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine).....	76
acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3).....	76
acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4).....	77
acetazolamide cap er 12hr 500 mg.....	43
acetazolamide tab 125 mg, 250 mg.....	43
acetic acid irrigation soln 0.25%.....	60
acetic acid otic soln 2%.....	109
acetylcysteine inhal soln 10%, 20%.....	48
ACIPHEX.....	55
ACNE MEDICATION 5.....	110
ACNE MEDICATION 10.....	110
ACTEMRA.....	79
ACTEMRA ACTPEN.....	79
ACTHIB.....	10
ACTIMMUNE.....	14
ACTONEL.....	33

ACULAR.....	107
ACULAR LS.....	107
ACUVAIL.....	107
acyclovir cap 200 mg (Zovirax).....	6
acyclovir cream 5% (Zovirax).....	112
acyclovir oint 5% (Zovirax).....	112
acyclovir susp 200 mg/5ml (Zovirax).....	6
acyclovir tab 400 mg, 800 mg (Zovirax).....	6
ADACEL.....	10
adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo).....	110
adapalene-benzoyl peroxide gel 0.3-2.5% (Epiduo forte).....	110
adapalene cream 0.1% (Differin).....	110
adapalene gel 0.1%.....	110
adapalene gel 0.3% (Differin).....	110
ADBRY.....	116
ADCIRCA.....	43
ADDERALL XR.....	69
adefovir dipivoxil tab 10 mg (Hepsera).....	5
ADEMPAS.....	43
ADMELOG.....	29
ADMELOG SOLOSTAR.....	29
ADVAIR DISKUS.....	48
ADVAIR HFA.....	48
ADVANCED DIABETIC MULTIVITAMIN FORMULA.....	91
ADVATE.....	99
ADYNOVATE.....	99
ADZENYS XR-ODT.....	69
AEROCHAMBER MINI AEROSOL CHAMBER.....	123
AEROCHAMBER MV.....	123
AEROCHAMBER PLUS FLOW-VU.....	123
AEROCHAMBER PLUS FLOW-VU/MASK.....	123
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL.....	123
AEROCHAMBER Z-STAT PLUS/LARGE MASK.....	123
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK.....	123
AEROCHAMBER Z-STAT PLUS/SMALL MASK.....	123
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU.....	123
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE.....	123
AFLURIA QUADRIVALENT 2023-2024.....	10
AFREZZA.....	30
AFSTYLA.....	99
AGAMATRIX CONTROL HIGH.....	118
AGAMATRIX CONTROL NORMAL.....	118
AGAMATRIX PRESTO.....	118
AGAMATRIX PRESTO TEST STRIPS.....	118
AIMOVIG.....	82
AIMSCO LUBRICATED.....	24
AIRDUO DIGIHALER 113/14.....	48
AIRDUO DIGIHALER 232/14.....	49
AIRDUO DIGIHALER 55/14.....	49
AIRDUO RESPICLICK 113/14.....	49
AIRDUO RESPICLICK 232/14.....	49
AIRDUO RESPICLICK 55/14.....	49
AJOVY.....	82
AKLIEF.....	110
AKYNZEO.....	56
albendazole tab 200 mg (Albenza).....	9

ALBUSTIX.....	119
ALBUTEROL SULFATE.....	49
ALBUTEROL SULFATE HFA.....	49
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	49
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv).....	49
albuterol sulfate syrup 2 mg/5ml.....	49
albuterol sulfate tab 2 mg, 4 mg.....	49
alclometasone dipropionate cream 0.05%.....	114
alclometasone dipropionate oint 0.05%.....	114
ALCOHOL PREP PADS.....	122
ALECENSA.....	14
ALENDRONATE SODIUM.....	33
alendronate sodium oral soln 70 mg/75ml.....	33
alendronate sodium tab 10 mg.....	33
alendronate sodium tab 35 mg.....	33
alendronate sodium tab 70 mg (Fosamax).....	33
alfuzosin hcl tab er 24hr 10 mg (Uroxatral).....	60
ALINIA.....	10
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent) (Tekturna).....	44
ALIVE ULTRA POTENCY WOMENS 50+.....	91
ALLEGRA ALLERGY CHILDRENS.....	46
allopurinol tab 100 mg, 300 mg (Zyloprim).....	83
almotriptan malate tab 6.25 mg, 12.5 mg.....	82
ALOCRI.....	107
ALOGLIPTIN.....	26
ALOGLIPTIN/METFORMIN HCL.....	26
ALOGLIPTIN/METFORMIN HYDROCHLORIDE.....	26
ALOGLIPTIN/PIOGLITAZONE.....	26
ALOMIDE.....	107
ALPHAGAN P.....	106
ALPHANATE.....	99
ALPHANINE SD.....	99
alprazolam tab er 24hr 0.5 mg, 1 mg (Xanax xr).....	61
alprazolam tab er 24hr 2 mg (Xanax xr).....	61
alprazolam tab 0.25 mg, 0.5 mg, 1 mg (Xanax).....	61
alprazolam tab 2 mg (Xanax).....	61
ALPROLIX.....	99
ALREX.....	105
ALTACE.....	34
ALTOPREV.....	40
ALTUVIIIO.....	99
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml, 400-400-40 mg/5ml.....	54
ALVESCO.....	49
amantadine hcl cap 100 mg.....	88
amantadine hcl soln 50 mg/5ml.....	88
AMBIEN.....	68
AMBIEN CR.....	68
ambrisentan tab 5 mg, 10 mg (Letairis).....	44
amiloride hcl tab 5 mg.....	43
amiodarone hcl tab 200 mg.....	43
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	61
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg.....	38
amlodipine besylate-atorvastatin calcium tab 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Caduet).....	38
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg.....	39
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel).....	39

amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor).....	39
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent) (Norvasc).....	38
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge).....	39
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg (Exforge hct).....	36
AMOXICILLIN/CLAVULANATE POTASSIUM.....	2
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml.....	2
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin).....	2
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600).....	2
amoxicillin & k clavulanate tab 250-125 mg, 875-125 mg.....	2
amoxicillin & k clavulanate tab 500-125 mg (Augmentin).....	2
amoxicillin (trihydrate) cap 250 mg, 500 mg.....	2
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml.....	2
amoxicillin (trihydrate) tab 500 mg, 875 mg.....	2
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg (Adderall xr).....	69
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall).....	69
amphetamine-dextroamphetamine tab 20 mg (Adderall).....	69
amphetamine sulfate tab 5 mg (Evekeo).....	69
amphetamine sulfate tab 10 mg (Evekeo).....	69
AMPICILLIN.....	2
AMPYRA.....	72
AMZEEQ.....	110
anastrozole tab 1 mg (Arimidex).....	14
ANCOBON.....	5
ANORO ELLIPTA.....	49
ANTACID SOFT CHEWS.....	54
ANTARA.....	40
ANZEMET.....	56
APIDRA.....	29
APIDRA SOLOSTAR.....	29
ALENZIN.....	61
APRACLONIDINE.....	106
aprepitant capsule 40 mg (Emend).....	56
aprepitant capsule 80 mg (Emend).....	56
aprepitant capsule 125 mg (Emend).....	56
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack).....	56
APRISO.....	57
APTENSIO XR.....	69
APTIOM.....	84
APTIVUS.....	6
ARANESP ALBUMIN FREE.....	100
ARCALYST.....	79
AREXVY.....	11
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (Brovana).....	49
ARICEPT.....	74
ARIKAYCE.....	4
aripiprazole orally disintegrating tab 10 mg, 15 mg.....	65
aripiprazole oral solution 1 mg/ml.....	65
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg (Abilify).....	65
ARISTADA.....	65
ARISTADA INITIO.....	65
ARIXTRA.....	100
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil).....	69
ARMONAIR DIGIHALER.....	49
ARNUIITY ELLIPTA.....	49
ARTHROTEC 50.....	79

ARTHROTEC 75.....	79
artificial tear ophth ointment.....	107
artificial tear ophth solution.....	107
ARTIFICIAL TEARS.....	107
ascorbic acid chew tab 500 mg.....	90
ascorbic acid tab 250 mg, 500 mg, 1000 mg.....	90
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv) (Saphris).....	65
ASMANEX HFA.....	49
ASMANEX TWISTHALER 30 METERED DOSES.....	49
ASMANEX TWISTHALER 60 METERED DOSES.....	49
ASMANEX TWISTHALER 120 METERED DOSES.....	49
aspirin-acetaminophen-caffeine tab 250-250-65 mg.....	76
aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg.....	76
aspirin chew tab 81 mg.....	76
aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox).....	100
aspirin tab delayed release 81 mg, 325 mg.....	76
aspirin tab 325 mg.....	76
ASTAGRAF XL.....	123
ATACAND.....	36
ATACAND HCT.....	36
atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv) (Reyataz).....	7
atazanavir sulfate cap 200 mg (base equiv) (Reyataz).....	7
ATELVIA.....	33
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50).....	37
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100).....	37
atenolol tab 25 mg, 50 mg, 100 mg (Tenormin).....	37
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera).....	69
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera).....	69
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent) (Lipitor).....	40
atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg (Malarone).....	9
atovaquone susp 750 mg/5ml (Mepron).....	10
ATRALIN.....	110
atropine sulfate ophth soln 1% (Atropine sulfate).....	107
ATROVENT HFA.....	49
AUBAGIO.....	72
AURYXIA.....	57
AVALIDE.....	36
AVAPRO.....	36
AVODART.....	60
AVONEX.....	72
AVONEX PEN.....	72
AYVAKIT.....	14
AZASITE.....	104
azathioprine tab 75 mg, 100 mg.....	123
azathioprine tab 75 mg, 100 mg (Azasan).....	123
azathioprine tab 50 mg (Imuran).....	123
azelaic acid gel 15% (Finacea).....	110
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (Dymista).....	47
azelastine hcl nasal spray 0.1% (137 mcg/spray).....	47
azelastine hcl nasal spray 0.15% (205.5 mcg/spray) (Astepro).....	47
azelastine hcl ophth soln 0.05%.....	107
AZITHROMYCIN.....	3
azithromycin for susp 100 mg/5ml, 200 mg/5ml (Zithromax).....	3
azithromycin tab 250 mg, 500 mg, 600 mg (Zithromax).....	3

AZOPT.....	106
AZOR.....	39
AZSTARYS.....	69
AZULFIDINE.....	57
AZULFIDINE EN-TABS.....	57
B	
BACITRACIN.....	105
bacitracin oint 500 unit/gm.....	112
bacitracin-polymyxin b oint.....	112
bacitracin-polymyxin b ophth oint.....	105
bacitracin-polymyxin-neomycin-hc ophth oint 1%.....	105
bacitracin zinc oint 500 unit/gm.....	112
baclofen tab 10 mg, 20 mg.....	90
BAFIERTAM.....	72
balsalazide disodium cap 750 mg (Colзал).....	57
BALVERSA.....	14
BANZEL.....	84
BARACLUDE.....	6
BASAGLAR KWIKPEN.....	31
BASIC AM.....	91
BASIC PM.....	91
BAXDELA.....	4
BCG VACCINE.....	11
b-complex w/ c & folic acid cap 1 mg.....	91
b-complex w/ c & folic acid tab.....	91
b-complex w/ c & folic acid tab 0.8 mg.....	91
b-complex w/ c & folic acid tab 5 mg.....	91
b-complex w/ c & folic acid tab 1 mg (Nephro-vite rx).....	91
BD INSULIN SYRINGE/U-500/.....	122
BECONASE AQ.....	47
BELBUCA.....	77
BELSOMRA.....	68
benazepril & hydrochlorothiazide tab 5-6.25 mg.....	34
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin hct).....	35
benazepril hcl tab 5 mg.....	35
benazepril hcl tab 10 mg, 20 mg, 40 mg (Lotensin).....	35
BENEFIX.....	100
BENICAR.....	36
BENICAR HCT.....	36
BENSAL HP.....	112
BENZNIDAZOLE.....	10
benzonatate cap 200 mg.....	48
benzonatate cap 100 mg (Tessalon perles).....	48
benzoyl peroxide cloth 6%.....	110
benzoyl peroxide cream 10%.....	110
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin).....	110
benzoyl peroxide foam 5.3%.....	110
benzoyl peroxide gel 2.5%, 5%, 10%.....	110
benzoyl peroxide liq 4%.....	110
benzoyl peroxide liq 10%.....	110
benzoyl peroxide liq 5% (Benzac ac wash).....	110
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg.....	88
bepotastine besilate ophth soln 1.5% (Bepreve).....	107
BEPREVE.....	107
BERINERT.....	100

BESIVANCE.....	105
BESREMI.....	14
beta carotene cap 25000 unit.....	90
betaine powder for oral solution (Cystadane).....	33
BETAMETHASONE DIPROPIONATE AUGMENTED.....	114
betamethasone dipropionate augmented cream 0.05% (Diprolene af).....	114
betamethasone dipropionate augmented lotion 0.05%.....	114
betamethasone dipropionate augmented oint 0.05% (Diprolene).....	114
betamethasone dipropionate cream 0.05%.....	114
betamethasone dipropionate lotion 0.05%.....	114
betamethasone valerate aerosol foam 0.12% (Luxiq).....	114
betamethasone valerate cream 0.1% (base equivalent).....	114
betamethasone valerate lotion 0.1% (base equivalent).....	114
betamethasone valerate oint 0.1% (base equivalent).....	114
BETAPACE.....	43
BETAPACE AF.....	43
BETASERON.....	72
BETAXOLOL HCL.....	106
betaxolol hcl tab 10 mg, 20 mg.....	37
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg (Urecholine).....	59
BETHKIS.....	4
BETIMOL.....	106
BETOPTIC-S.....	106
BEVESPI AEROSPHERE.....	50
bexarotene cap 75 mg (Targretin).....	14
BEXSERO.....	11
bicalutamide tab 50 mg (Casodex).....	14
BIKTARVY.....	7
bimatoprost ophth soln 0.03%.....	106
BINOSTO.....	33
BIOCAL.....	91
BIO-35 GLUTEN-FREE.....	91
BIO-35 IRON FREE.....	91
BIOTHRAX.....	11
bisacodyl suppos 10 mg.....	53
bisacodyl tab delayed release 5 mg.....	53
bismuth subsalicylate chew tab 262 mg.....	54
bismuth subsalicylate susp 262 mg/15ml, 525 mg/15ml.....	54
bismuth subsalicylate tab 262 mg.....	54
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg (Ziac).....	37
bisoprolol fumarate tab 5 mg, 10 mg.....	37
BOOSTRIX.....	11
bosentan tab 62.5 mg, 125 mg (Tracleer).....	44
BOSULIF.....	14
BPROTECTED PEDIA POLY-VITE.....	91
BPROTECTED PEDIA POLY-VITE/IRON.....	91
BRAFTOVI.....	15
BREO ELLIPTA.....	50
BREZTRI AEROSPHERE.....	50
BRILINTA.....	100
brimonidine tartrate ophth soln 0.2%.....	106
brimonidine tartrate ophth soln 0.15% (Alphagan p).....	106
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (Combigan).....	106
brinzolamide ophth susp 1% (Azopt).....	106
BRIVIACT.....	84
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily).....	107

bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel).....	88
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel).....	88
brompheniramine & phenylephrine elixir 1-2.5 mg/5ml.....	48
BROMSITE.....	108
BROVANA.....	50
BRUKINSA.....	15
budesonide delayed release particles cap 3 mg (Entocort ec).....	22
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act (Symbicort).....	50
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Symbicort).....	50
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Symbicort).....	50
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort).....	50
budesonide tab er 24hr 9 mg (Uceris).....	22
bumetanide tab 0.5 mg, 1 mg, 2 mg (Bumex).....	43
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv) (Suboxone).....	77
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone).....	77
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....	77
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....	77
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv).....	77
buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr (Butrans).....	77
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban).....	74
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg (Wellbutrin sr).....	61
bupropion hcl tab er 24hr 150 mg, 300 mg (Wellbutrin xl).....	62
bupropion hcl tab 75 mg.....	62
bupropion hcl tab 100 mg.....	62
BUPROPION HYDROCHLORIDE ER.....	62
BURIED TREASURE ACTIVE 55.....	91
buspiron hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg.....	61
butalbital-acetaminophen tab 50-325 mg.....	76
butorphanol tartrate nasal soln 10 mg/ml.....	77
BYDUREON BCISE.....	26
BYETTA.....	26
BYSTOLIC.....	37

C

cabergoline tab 0.5 mg.....	33
CABLIVI.....	100
CABOMETYX.....	15
CADUET.....	39
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv).....	69
CALAMINE.....	116
CALCET CREAMY BITES.....	97
calcipotriene cream 0.005% (Dovonex).....	116
calcipotriene soln 0.005% (50 mcg/ml).....	116
calcitonin (salmon) nasal soln 200 unit/act.....	33
CAL-CITRATE PLUS VITAMIN D.....	97
calcitriol cap 0.25 mcg, 0.5 mcg (Rocaltrol).....	33
calcitriol oral soln 1 mcg/ml (Rocaltrol).....	33
CALCIUM.....	97
CALCIUM 1200.....	98
CALCIUM/VITAMIN D.....	98
CALCIUM 1000 + D.....	98
calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....	57
calcium acetate (phosphate binder) tab 667 mg.....	57
calcium carb-cholecalciferol chew tab 500 mg-15 mcg (600 unit), 600 mg-10 mcg (400 unit).....	97
calcium carb-cholecalciferol cap 600 mg-12.5 mcg (500 unit).....	97

calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit), 500 mg-3.125 mcg (125 unit), 500 mg-10 mcg (400 unit), 500 mg-15 mcg (600 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit).....	97
CALCIUM CARBONATE.....	97
calcium carbonate (antacid) chew tab 400 mg, 420 mg, 500 mg, 750 mg, 1000 mg.....	54
calcium carbonate (antacid) susp 1250 mg/5ml.....	54
calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit), 600 mg-5 mcg(200 unit).....	97
calcium carbonate tab 600 mg, 1250 mg (500 mg elemental ca), 1500 mg (600 mg elemental ca).....	97
calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit).....	97
calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit), 600 mg-5 mcg (200 unit), 600 mg-10 mcg (400 unit).....	97
calcium carb-vit d w/ minerals chew tab 600 mg-400 unit, 600 mg-800 unit.....	97
calcium carb-vit d w/ minerals tabs 600 mg-200 unit, 600 mg-400 unit, 600 mg-800 unit.....	97
CALCIUM CITRATE/VITAMIN D3.....	98
CALCIUM CITRATE+ D.....	98
CALCIUM CITRATE + D3.....	97
calcium citrate tab 950 mg (200 mg elemental ca).....	97
calcium citrate-vitamin d chew tab 500 mg-12.5 mcg(500 unit).....	98
CALCIUM CITRATE W/D.....	98
CALCIUM CITRATE W/VITAMIN D.....	98
calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca).....	97
calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca), 315 mg-6.25 mcg(250 unit) (elem ca).....	97
calcium 500 mg w/ vitamin d tab.....	98
calcium 600 mg w/ vitamin d tab.....	98
calcium polycarbophil tab 625 mg.....	53
CAL-DAY 1000.....	91
CALQUENCE.....	15
CAL-QUICK.....	97
CALTRATE 600+D3 SOFT CHEWS.....	98
CALTRATE MINIS PLUS MINERALS.....	98
CANASA.....	57
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand hct).....	36
candesartan cilexetil tab 4 mg, 8 mg, 16 mg (Atacand).....	36
candesartan cilexetil tab 32 mg (Atacand).....	36
capecitabine tab 150 mg, 500 mg (Xeloda).....	15
CAPLYTA.....	65
CAPRELSA.....	15
capsaicin cream 0.025%, 0.075%, 0.1%.....	116
CAPTOPRIL/HYDROCHLOROTHIAZIDE.....	35
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg.....	35
CAPZASIN-P.....	116
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg (Carbatrol).....	84
carbamazepine chew tab 100 mg.....	84
carbamazepine susp 100 mg/5ml (Tegretol).....	84
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg (Tegretol-xr).....	84
carbamazepine tab 200 mg (Tegretol).....	84
carbamide peroxide 6.5% otic soln.....	109
CARBATROL.....	84
CARBIDOPA/LEVODOPA ODT.....	89
carbidopa & levodopa tab er 25-100 mg, 50-200 mg (Sinemet cr).....	88
carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg (Sinemet).....	88
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (Stalevo 50).....	88
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (Stalevo 75).....	88
carbidopa-levodopa-entacapone tabs 25-100-200 mg (Stalevo 100).....	88
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (Stalevo 125).....	88
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg (Stalevo 150).....	88
carbidopa-levodopa-entacapone tabs 50-200-200 mg (Stalevo 200).....	88

carboxymethylcellulose sodium ophth soln 0.5%	108
carboxymethylcellulose sodium (pf) ophth soln 0.5%	108
CARDIZEM.....	39
CARDIZEM CD.....	39
CARDIZEM LA.....	39
CARDURA.....	44
CARDURA XL.....	60
carglumic acid soluble tab 200 mg (Carbaglu)	33
CARTEOLOL HCL.....	106
carvedilol phosphate cap er 24hr 10 mg, 20 mg, 40 mg, 80 mg (Coreg cr)	37
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (Coreg)	37
CAYA.....	24
CAYSTON.....	10
CEFACLOR.....	2
CEFACLOR ER.....	2
CEFADROXIL.....	2
cefadroxil cap 500 mg	2
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	2
cefdinir cap 300 mg	2
cefdinir for susp 125 mg/5ml, 250 mg/5ml	2
cefixime cap 400 mg (Suprax)	2
cefixime for susp 100 mg/5ml, 200 mg/5ml (Suprax)	2
cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml	2
cefpodoxime proxetil tab 100 mg, 200 mg	2
cefprozil for susp 125 mg/5ml, 250 mg/5ml	2
cefprozil tab 250 mg, 500 mg	2
cefuroxime axetil tab 250 mg, 500 mg	2
CELEBREX.....	79
celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg (Celebrex)	79
CELEXA.....	62
CELLCEPT.....	123
CELONTIN.....	84
CENTRAVITES ADULTS.....	91
CENTRAVITES 50 PLUS.....	91
CENTRUM CARDIO.....	91
CENTRUM KIDS.....	91
CENTRUM MEN.....	91
CENTRUM SILVER ULTRA WOMENS.....	91
CENTRUM SPECIALIST HEART.....	92
CENTRUM SPECIALIST IMMUNE SUPPORT.....	92
CENTRUM SPECIALIST VISION.....	92
CENTRUM ULTRA WOMENS.....	92
CEPHALEXIN.....	3
cephalexin cap 250 mg, 500 mg (Keflex)	3
cephalexin for susp 125 mg/5ml, 250 mg/5ml	3
CERASPORT.....	98
CERASPORT EX1.....	98
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS.....	92
cetirizine hcl chew tab 5 mg, 10 mg	46
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	46
cetirizine hcl syrup 1 mg/ml (5 mg/5ml)	46
cetirizine hcl tab 5 mg, 10 mg	46
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	48
cevimeline hcl cap 30 mg (Evoxac)	109
CHARCOAL ACTIVATED.....	123
charcoal activated liq	123

CHEMET.....	123
CHEMSTRIP-K.....	119
CHEMSTRIP MICRAL.....	119
CHENODAL.....	57
chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg.....	61
chlorhexidine gluconate liquid 4%.....	112
chlorhexidine gluconate soln 0.12% (Peridex).....	109
chloroquine phosphate tab 250 mg, 500 mg.....	9
chlorpheniramine maleate syrup 2 mg/5ml.....	46
chlorpheniramine maleate tab 4 mg.....	46
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....	65
chlorthalidone tab 25 mg, 50 mg.....	43
chlorzoxazone tab 500 mg.....	90
CHOICEFUL MULTIVITAMIN.....	92
cholecalciferol cap 10 mcg (400 unit), 25 mcg (1000 unit), 50 mcg (2000 unit), 125 mcg (5000 unit), 1.25 mg (50000 unit).....	90
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml).....	90
cholecalciferol tab 10 mcg (400 unit), 25 mcg (1000 unit).....	90
cholestyramine light powder 4 gm/dose (Questran light).....	41
cholestyramine light powder packets 4 gm.....	41
cholestyramine powder 4 gm/dose (Questran).....	41
cholestyramine powder packets 4 gm (Questran).....	41
choline fenofibrate cap dr 45 mg (fenofibric acid equiv), 135 mg (fenofibric acid equiv) (Trilipix).....	41
ciclopirox gel 0.77%.....	112
ciclopirox olamine cream 0.77% (base equiv) (Loprox).....	112
ciclopirox olamine susp 0.77% (base equiv) (Loprox).....	112
ciclopirox shampoo 1% (Loprox shampoo).....	112
ciclopirox solution 8% (Penlac Nail Lacquer).....	112
cilostazol tab 50 mg, 100 mg.....	100
CILOXAN.....	105
CIMZIA.....	57
CIMZIA STARTER KIT.....	57
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv) (Sensipar).....	33
CINRYZE.....	100
CIPRO.....	4
CIPRODEX.....	109
CIPROFLOXACIN.....	109
CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF.....	109
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (Ciprodex).....	109
CIPROFLOXACIN HCL.....	4
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan).....	105
ciprofloxacin hcl tab 750 mg (base equiv).....	4
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv) (Cipro).....	4
CIPRO HC.....	109
CITALOPRAM HYDROBROMIDE.....	62
citalopram hydrobromide oral soln 10 mg/5ml.....	62
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv) (Celexa).....	62
CLARINEX.....	46
CLARINEX-D 12 HOUR.....	48
CLARITHROMYCIN.....	3
clarithromycin tab er 24hr 500 mg.....	3
clarithromycin tab 250 mg, 500 mg.....	3
CLASSIC PRENATAL.....	92
CLEMASTINE FUMARATE.....	46
CLEOCIN-T.....	110
CLINDACIN PAC.....	110

CLINDAGEL.....	110
clindamycin hcl cap 75 mg, 150 mg, 300 mg (Cleocin).....	10
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric granules).....	10
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (Acanya).....	111
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin).....	111
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin Pump).....	111
clindamycin phosphate foam 1% (Evoclin).....	110
clindamycin phosphate gel 1%.....	110
clindamycin phosphate gel 1% (Clindagel).....	110
clindamycin phosphate lotion 1% (Cleocin-t).....	110
clindamycin phosphate soln 1% (Cleocin-t).....	111
clindamycin phosphate swab 1% (Cleocin-t).....	111
clindamycin phosphate-tretinoin gel 1.2-0.025% (Ziana).....	111
clindamycin phosphate vaginal cream 2% (Cleocin).....	60
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac).....	110
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Neuac).....	110
clobazam suspension 2.5 mg/ml (Onfi).....	84
clobazam tab 10 mg, 20 mg (Onfi).....	84
clobetasol propionate cream 0.05% (Temovate).....	114
clobetasol propionate emollient base cream 0.05%.....	114
clobetasol propionate gel 0.05%.....	114
clobetasol propionate oint 0.05% (Temovate).....	114
clobetasol propionate shampoo 0.05% (Clobex).....	114
clobetasol propionate soln 0.05%.....	114
clonazepam orally disintegrating tab 2 mg.....	84
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg.....	84
clonazepam tab 0.5 mg, 1 mg (Klonopin).....	84
clonazepam tab 2 mg (Klonopin).....	84
clonidine hcl tab er 12hr 0.1 mg (Kapvay).....	69
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg (Catapres).....	44
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1).....	44
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2).....	44
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3).....	44
clopidogrel bisulfate tab 300 mg (base equiv).....	100
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix).....	100
clotrimazole cream 1%.....	112
clotrimazole soln 1%.....	112
clotrimazole troche 10 mg.....	109
clotrimazole vaginal cream 1%, 2%.....	60
clotrimazole w/ betamethasone cream 1-0.05%.....	112
clotrimazole w/ betamethasone lotion 1-0.05%.....	112
CLOZAPINE ODT.....	65
clozapine orally disintegrating tab 25 mg (Fazaclo).....	65
clozapine orally disintegrating tab 100 mg (Fazaclo).....	65
clozapine tab 50 mg.....	65
clozapine tab 200 mg.....	65
clozapine tab 25 mg (Clozaril).....	65
clozapine tab 100 mg (Clozaril).....	65
CLOZARIL.....	65
COAGADEX.....	100
coal tar shampoo 0.5%, 1%.....	116
CODEINE SULFATE.....	77
codeine sulfate tab 30 mg (Codeine sulfate).....	77
COLAZAL.....	57
colchicine tab 0.6 mg (Colcrys).....	83
colchicine w/ probenecid tab 0.5-500 mg.....	83

colesevelam hcl packet for susp 3.75 gm (Welchol)	41
colesevelam hcl tab 625 mg (Welchol)	41
COLESTID.....	41
COLESTID FLAVORED.....	41
colestipol hcl granules 5 gm (Colestid flavored)	41
colestipol hcl tab 1 gm (Colestid)	41
COMBIGAN.....	106
COMBIPATCH.....	24
COMBIVENT RESPIMAT.....	50
COMETRIQ.....	15
COMPLERA.....	7
CONCERTA.....	69
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM.....	119
CONTOUR BLOOD GLUCOSE TEST STRIPS.....	119
CONTOUR HIGH CONTROL.....	119
CONTOUR LOW CONTROL.....	119
CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM.....	119
CONTOUR NEXT BLOOD GLUCOSE TEST STRIP.....	119
CONTOUR NEXT CONTROL LEVEL 1.....	119
CONTOUR NEXT CONTROL LEVEL 2.....	119
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM.....	119
CONTOUR NEXT ONE BLOOD GL.....	119
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM.....	119
CONTOUR NORMAL CONTROL.....	119
CONTRAVE.....	69
COPAXONE.....	72
COPIKTRA.....	15
COREG.....	37
COREG CR.....	37
CORGARD.....	37
CORIFACT.....	100
CORTISPORIN-TC.....	109
COSENTYX.....	116
COSENTYX SENSOREADY PEN.....	116
COSOPT.....	106
COSOPT PF.....	106
COTELLIC.....	15
COTEMPLA XR-ODT.....	69
COZAAR.....	36
CREON.....	57
CRESEMBA.....	5
CRESTOR.....	41
CROMOLYN SODIUM.....	108
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	47
CROTAN.....	116
CUTAQUIG.....	13
CUVITRU.....	13
CVS DAIRY RELIEF EXTRA STRENGTH.....	57
CVS GLUCOSE.....	26
CVS ONE DAILY MENS 50+ ADVANCED.....	92
CVS PRENATAL.....	92
CVS SPECTRAVITE ULTRA MEN.....	92
CVS SPECTRAVITE ULTRA WOMENS HEALTH.....	92
cyanocobalamin inj 1000 mcg/ml	100
cyanocobalamin tab er 1000 mcg	100
cyanocobalamin tab 100 mcg, 250 mcg, 500 mcg, 1000 mcg	100

cyclobenzaprine hcl tab 5 mg, 10 mg.....	90
cyclopentolate hcl ophth soln 1% (Cyclogyl).....	108
CYCLOPHOSPHAMIDE.....	15
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide).....	15
cyclosporine cap 25 mg, 100 mg (Sandimmune).....	124
cyclosporine modified cap 50 mg.....	124
cyclosporine modified cap 25 mg, 100 mg (Neoral).....	124
cyclosporine modified oral soln 100 mg/ml (Neoral).....	124
cyclosporine (ophth) emulsion 0.05% (Restasis).....	108
CYMBALTA.....	62
cyproheptadine hcl syrup 2 mg/5ml.....	46
cyproheptadine hcl tab 4 mg.....	46
CYSTAGON.....	60
D	
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq) (Pradaxa).....	100
dalfampridine tab er 12hr 10 mg (Ampyra).....	72
DALIRESP.....	50
danazol cap 50 mg, 100 mg, 200 mg.....	23
dantrolene sodium cap 25 mg, 50 mg (Dantrium).....	90
dapsone gel 5%, 7.5% (Aczone).....	111
dapsone tab 25 mg, 100 mg.....	10
DAPTACEL.....	11
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv) (Enablex).....	59
darunavir tab 600 mg (Prezista).....	7
darunavir tab 800 mg (Prezista).....	7
DAURISMO.....	15
DAYTRANA.....	69
DAYVIGO.....	68
DECUBI-VITE.....	92
deferasirox granules packet 90 mg, 180 mg, 360 mg (Jadenu sprinkle).....	124
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (Exjade).....	124
deferasirox tab 90 mg, 180 mg, 360 mg (Jadenu).....	124
DEKAS PLUS.....	92
DELSTRIGO.....	7
DELZICOL.....	57
demeclocycline hcl tab 150 mg, 300 mg.....	3
DENAVIR.....	112
DENGVAXIA.....	11
DEPAKOTE.....	84
DEPAKOTE ER.....	84
DEPAKOTE SPRINKLES.....	84
DEPO-ESTRADIOL.....	24
DERMAVITE.....	92
DESCOVY.....	7
desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg.....	62
desipramine hcl tab 10 mg, 25 mg (Norpramin).....	62
DESLORATADINE ODT.....	46
desloratadine tab 5 mg (Clarinet).....	46
desmopressin acetate inj 4 mcg/ml (Ddavp).....	33
desmopressin acetate nasal spray soln 0.01% (Ddavp).....	33
desmopressin acetate nasal spray soln 0.01% (refrigerated).....	33
desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp).....	33
desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp).....	33
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette).....	24
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	24

desonide oint 0.05%.....	114
desoximetasone cream 0.25% (Topicort).....	115
DESVENLAFAXINE ER.....	62
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq).....	62
DETROL.....	59
DETROL LA.....	59
DEXAMETHASONE.....	22
dexamethasone elixir 0.5 mg/5ml.....	22
DEXAMETHASONE SODIUM PHOSPHATE.....	105
dexamethasone tab 1.5 mg, 2 mg, 4 mg, 6 mg.....	23
DEXCOM G6 RECEIVER.....	119
DEXCOM G7 RECEIVER.....	119
DEXCOM G6 SENSOR.....	119
DEXCOM G7 SENSOR.....	119
DEXCOM G6 TRANSMITTER.....	119
DEXEDRINE.....	69
DEXILANT.....	55
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr).....	69
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin).....	69
dextran 70-hypromellose ophth soln 0.1-0.3%.....	108
dextran 70-hypromellose (pf) ophth soln 0.1-0.3%.....	108
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine).....	70
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine).....	70
dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra).....	70
dextroamphetamine sulfate tab 10 mg.....	70
dextroamphetamine sulfate tab 30 mg.....	70
dextroamphetamine sulfate tab 5 mg, 15 mg, 20 mg.....	70
dextroamphetamine sulfate tab 15 mg, 20 mg (Zenedi).....	70
dextroamphetamine sulfate tab 5 mg (Zenedi).....	70
dextroamphetamine sulfate tab 10 mg (Zenedi).....	70
dextroamphetamine sulfate tab 30 mg (Zenedi).....	70
dextromethorphan-guaifenesin liquid 10-100 mg/5ml.....	48
dextromethorphan-guaifenesin syrup 10-100 mg/5ml.....	48
dextromethorphan-guaifenesin tab er 12hr 30-600 mg, 60-1200 mg.....	48
dextromethorphan polistirex extended release susp 30 mg/5ml.....	48
DIACOMIT.....	84
DIASTAT ACUDIAL.....	84
DIASTAT PEDIATRIC.....	84
diazepam conc 5 mg/ml.....	61
DIAZEPAM RECTAL GEL.....	85
diazepam tab 2 mg, 5 mg, 10 mg (Valium).....	61
diazoxide susp 50 mg/ml (Proglycem).....	26
dibucaine perianal ointment 1%.....	109
DICLOFENAC EPOLAMINE.....	116
diclofenac potassium tab 50 mg.....	79
diclofenac sodium gel 1% (1.16% diethylamine equiv).....	116
diclofenac sodium gel 1% (1.16% diethylamine equiv) (Voltaren).....	116
diclofenac sodium ophth soln 0.1%.....	108
diclofenac sodium tab delayed release 25 mg, 50 mg, 75 mg.....	79
diclofenac sodium tab er 24hr 100 mg.....	79
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Arthrotec 50).....	79
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Arthrotec 75).....	79
dicloxacillin sodium cap 250 mg, 500 mg.....	2
dicyclomine hcl cap 10 mg.....	55
dicyclomine hcl oral soln 10 mg/5ml.....	55
dicyclomine hcl tab 20 mg.....	55

DIFICID.....	3
DIFLUCAN.....	5
difluprednate ophth emulsion 0.05% (Durezol).....	105
digoxin oral soln 0.05 mg/ml (Digoxin).....	44
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin).....	44
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45).....	82
DILANTIN.....	85
DILANTIN-125.....	85
DILANTIN INFATABS.....	85
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg.....	39
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	39
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd).....	39
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac).....	39
diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Cardizem la).....	39
diltiazem hcl tab 90 mg.....	39
diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem).....	39
dimethyl fumarate capsule delayed release 120 mg (Tecfidera).....	72
dimethyl fumarate capsule delayed release 240 mg (Tecfidera).....	72
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pack).....	72
DIOVAN.....	36
DIOVAN HCT.....	36
DIPENTUM.....	58
diphenhydramine-acetaminophen tab 25-500 mg (sleep).....	68
diphenhydramine hcl cap 25 mg.....	46
diphenhydramine hcl chew tab 12.5 mg.....	46
diphenhydramine hcl elixir 12.5 mg/5ml.....	46
diphenhydramine hcl liquid 12.5 mg/5ml.....	46
diphenhydramine hcl (sleep) tab 25 mg.....	68
diphenhydramine hcl tab disint 12.5 mg.....	46
diphenhydramine hcl tab 25 mg.....	46
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil).....	54
dipyridamole tab 25 mg, 50 mg, 75 mg.....	100
disopyramide phosphate cap 100 mg, 150 mg (Norpac).....	43
disulfiram tab 250 mg, 500 mg (Antabuse).....	74
DITROPAN XL.....	59
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles).....	85
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote).....	85
divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er).....	85
docosanol cream 10%.....	113
docusate sodium cap 50 mg, 100 mg, 250 mg.....	53
docusate sodium enema 283 mg/5ml.....	53
docusate sodium liquid 150 mg/15ml.....	53
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....	74
donepezil hydrochloride tab 5 mg, 10 mg (Aricept).....	74
donepezil hydrochloride tab 23 mg (Aricept).....	74
DOPTELET.....	100
dorzolamide hcl ophth soln 2% (Trusopt).....	106
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (Cosopt pf).....	106
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt).....	106
DOVATO.....	7
doxazosin mesylate tab 1 mg, 2 mg, 4 mg (Cardura).....	44
doxazosin mesylate tab 8 mg (Cardura).....	44
doxepin hcl cap 10 mg, 25 mg, 50 mg, 100 mg, 150 mg.....	62
doxepin hcl conc 10 mg/ml.....	62
doxycycline hyclate cap 50 mg.....	4
doxycycline hyclate cap 100 mg (Vibramycin).....	4

doxycycline hyclate tab 20 mg, 100 mg.....	4
doxycycline monohydrate cap 50 mg, 100 mg.....	4
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin).....	4
doxycycline monohydrate tab 75 mg, 100 mg.....	4
dronabinol cap 2.5 mg, 5 mg, 10 mg (Marinol).....	56
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28).....	24
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz).....	24
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz).....	24
DROXIA.....	100
DRYSOL.....	116
DUAKLIR PRESSAIR.....	50
DUETACT.....	26
DUEXIS.....	79
DULERA.....	50
duloxetine hcl enteric coated pellets cap 40 mg (base eq).....	62
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta).....	62
DUPIXENT.....	116
DUREZOL.....	105
dutasteride cap 0.5 mg (Avodart).....	60
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn).....	60
DYANAVAL XR.....	70
DYMISTA.....	47
E	
econazole nitrate cream 1%.....	113
EDARBI.....	36
EDARBYCLOR.....	36
EDLUAR.....	68
EDURANT.....	7
E.E.S. 400.....	3
E.E.S. GRANULES.....	3
EFAVIRENZ.....	7
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla).....	7
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi).....	7
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo).....	7
efavirenz tab 600 mg (Sustiva).....	7
EFFEXOR XR.....	62
EFFIENT.....	100
ELEPSIA XR.....	85
eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent) (Relpax).....	82
ELIGARD.....	15
ELIQUIS.....	100
ELIQUIS STARTER PACK.....	100
ELLA.....	24
ELOCTATE.....	100
ELYXYB.....	82
EMCYT.....	15
EMGALITY.....	82
EMPAVELI.....	100
emtricitabine caps 200 mg (Emtriva).....	7
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada).....	7
EMTRIVA.....	7
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....	35
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic).....	35
enalapril maleate oral soln 1 mg/ml (Epaned).....	35
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec).....	35

ENBREL.....	79
ENBREL MINI.....	79
ENBREL SURECLICK.....	79
ENCARE.....	60
ENDARI.....	100
ENFAMIL ENFALYTE.....	98
ENGERIX-B.....	11
enoxaparin sodium inj 300 mg/3ml (Lovenox).....	101
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox).....	101
ENSPRYNG.....	124
entacapone tab 200 mg (Comtan).....	89
entecavir tab 0.5 mg, 1 mg (Baraclude).....	6
ENTRESTO.....	39
ENVARUSUS XR.....	124
EPANED.....	35
EPCLUSA.....	6
EPIDIOLEX.....	85
epinastine hcl ophth soln 0.05% (Elestat).....	108
EPINEPHRINE.....	45
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak).....	45
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak).....	45
EPIPEN-JR 2-PAK.....	46
EPIPEN 2-PAK.....	45
eplerenone tab 25 mg, 50 mg (Inspra).....	44
EPOGEN.....	101
EQ COMPLETE MULTIVITAMIN.....	92
EQ DAILY FIBER.....	53
EQL CALCIUM/VITAMIN D.....	98
EQL ONE DAILY MENS.....	92
EQL PRENATAL FORMULA.....	92
EQ ONE DAILY MENS HEALTH.....	92
EQ ONE DAILY WOMENS HEALTH.....	92
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol).....	90
ergocalciferol soln 200 mcg/ml (8000 unit/ml).....	90
ERIVEDGE.....	15
ERLEADA.....	15
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva).....	15
erlotinib hcl tab 25 mg (base equivalent) (Tarceva).....	15
ERY.....	111
ERYPED 200.....	3
ERYPED 400.....	3
ERYTHROCIN STEARATE.....	3
ERYTHROMYCIN.....	3
ERYTHROMYCIN ETHYLSUCCINATE.....	3
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules).....	3
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400).....	3
erythromycin gel 2% (Erygel).....	111
erythromycin ophth oint 5 mg/gm.....	105
erythromycin soln 2%.....	111
erythromycin tab delayed release 250 mg, 333 mg, 500 mg.....	3
erythromycin tab 250 mg, 500 mg.....	3
escitalopram oxalate soln 5 mg/5ml (base equiv).....	62
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro).....	62
esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq) (Nexium).....	55
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (Nexium).....	55

ESPEROCT.....	101
estazolam tab 1 mg, 2 mg.....	68
estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg (Activella).....	24
estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace).....	24
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot).....	24
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara).....	24
estradiol vaginal cream 0.1 mg/gm (Estrace).....	60
estradiol vaginal tab 10 mcg (Vagifem).....	60
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen).....	24
ESTROGEL.....	24
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta).....	68
ethambutol hcl tab 100 mg, 400 mg (Myambutol).....	4
ethosuximide cap 250 mg (Zarontin).....	85
ethosuximide soln 250 mg/5ml (Zarontin).....	85
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....	24
etodolac cap 200 mg, 300 mg.....	80
etodolac tab 500 mg.....	80
etodolac tab 400 mg (Lodine).....	80
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Nuvaring).....	24
ETOPOSIDE.....	15
etravirine tab 100 mg, 200 mg (Intelence).....	7
EUCRISA.....	116
EULEXIN.....	16
EVEKEO.....	70
EVEKEO ODT.....	70
everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz).....	16
everolimus tab for oral susp 3 mg (Afinitor disperz).....	16
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor).....	16
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress).....	124
EVISTA.....	33
EVOTAZ.....	7
EVRYSDI.....	90
EXELDERM.....	113
EXELON.....	74
exemestane tab 25 mg (Aromasin).....	16
EXFORGE.....	39
EXFORGE HCT.....	36
EXKIVITY.....	16
EXTAVIA.....	72
EZALLOR SPRINKLE.....	41
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin).....	41
ezetimibe tab 10 mg (Zetia).....	41
F	
FABIOR.....	111
famciclovir tab 125 mg, 250 mg, 500 mg.....	6
famotidine for susp 40 mg/5ml.....	55
famotidine tab 10 mg.....	55
famotidine tab 20 mg, 40 mg (Pepcid).....	55
FANAPT.....	65
FANAPT TITRATION PACK.....	66
FARXIGA.....	26
FASENRA PEN.....	50
FC2 FEMALE CONDOM.....	24

FEIBA.....	101
felbamate susp 600 mg/5ml (Felbatol).....	85
felbamate tab 400 mg, 600 mg (Felbatol).....	85
FELBATOL.....	85
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	39
FENOFIBRATE.....	41
FENOFIBRATE MICRONIZED.....	41
fenofibrate micronized cap 43 mg, 130 mg.....	41
fenofibrate micronized cap 67 mg, 134 mg, 200 mg.....	41
fenofibrate tab 54 mg, 160 mg.....	41
fenofibrate tab 40 mg, 120 mg (Fenoglide).....	41
fenofibrate tab 48 mg, 145 mg (Tricor).....	41
FENOFIBRIC ACID.....	41
FENOGLIDE.....	41
FENOPROFEN CALCIUM.....	80
fenopropfen calcium cap 400 mg (Nalfon).....	80
fenopropfen calcium tab 600 mg (Nalfon).....	80
fantanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg (Actiq).....	77
fantanyl td patch 72hr 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr.....	77
fantanyl td patch 72hr 12 mcg/hr, 75 mcg/hr, 100 mcg/hr (Duragesic).....	77
fantanyl td patch 72hr 25 mcg/hr, 50 mcg/hr (Duragesic).....	77
FERRETTIS.....	101
ferrous fumarate tab 324 mg (106 mg elemental fe).....	101
FERROUS GLUCONATE.....	101
ferrous gluconate tab 240 mg (27 mg elemental fe), 324 mg (37.5 mg elemental iron).....	101
FERROUS SULFATE.....	101
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent).....	101
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe).....	101
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe).....	101
ferrous sulfate tab ec 325 mg (65 mg fe equivalent).....	101
ferrous sulfate tab er 142 mg (45 mg fe equivalent).....	101
ferrous sulfate tab 325 mg (65 mg elemental fe).....	101
fesoterodine fumarate tab er 24hr 4 mg, 8 mg (Toviaz).....	59
FETZIMA.....	62
FETZIMA TITRATION PACK.....	62
FEVERALL INFANTS.....	76
fexofenadine hcl susp 30 mg/5ml (6 mg/ml).....	46
fexofenadine hcl tab 60 mg, 180 mg.....	46
fexofenadine-pseudoephedrine tab er 12hr 60-120 mg.....	48
fexofenadine-pseudoephedrine tab er 24hr 180-240 mg.....	48
FIASP.....	29
FIASP FLEXTOUCH.....	29
FIASP PENFILL.....	29
FIBRICOR.....	41
FILSPARI.....	60
finasteride tab 5 mg (Proscar).....	60
ingolimod hcl cap 0.5 mg (base equiv) (Gilenya).....	72
FINTEPLA.....	85
FIRAZYR.....	101
FIRDAPSE.....	90
FIRMAGON.....	16
FIRST AID ANTISEPTIC OINTMENT.....	113
FITNESS TABS FOR MEN AM/PM/LYCOPENE.....	92
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE.....	92
flavoxate hcl tab 100 mg.....	59
flecainide acetate tab 50 mg, 100 mg, 150 mg.....	43

FLECTOR.....	116
FLINTSTONES COMPLETE.....	92
FLOMAX.....	61
FLORIVA PLUS.....	92
FLOVENT DISKUS.....	50
FLOVENT HFA.....	50
FLUAD QUADRIVALENT 2023-2024.....	11
FLUARIX QUADRIVALENT 2023-2024.....	11
FLUBLOK QUADRIVALENT 2023-2024.....	11
FLUCELVAX QUADRIVALENT 2023-2024.....	11
fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan).....	5
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan).....	5
flucytosine cap 250 mg, 500 mg (Ancobon).....	5
fludrocortisone acetate tab 0.1 mg.....	23
FLULAVAL QUADRIVALENT 2023-2024.....	11
FLUMIST QUADRIVALENT 2023-2024.....	11
flunisolide nasal soln 25 mcg/act (0.025%).....	47
fluocinolone acetonide cream 0.01%.....	115
fluocinolone acetonide cream 0.025% (Synalar).....	115
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs body).....	115
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs scalp).....	115
fluocinolone acetonide oint 0.025% (Synalar).....	115
fluocinolone acetonide soln 0.01% (Synalar).....	115
fluocinonide cream 0.05%.....	115
fluocinonide emulsified base cream 0.05%.....	115
fluocinonide gel 0.05%.....	115
fluocinonide oint 0.05%.....	115
fluocinonide soln 0.05%.....	115
FLUORIDEX SENSITIVITY RELIEF/SLS FREE.....	109
fluorometholone ophth susp 0.1% (Fml liquifilm).....	105
FLUOROURACIL.....	116
fluorouracil cream 5% (Efudex).....	116
FLUOXETINE DR.....	62
fluoxetine hcl cap 10 mg (Prozac).....	62
fluoxetine hcl cap 20 mg (Prozac).....	62
fluoxetine hcl cap 40 mg (Prozac).....	62
fluoxetine hcl solution 20 mg/5ml.....	62
fluoxetine hcl tab 10 mg.....	63
fluoxetine hcl tab 20 mg.....	63
fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo).....	63
FLUOXETINE HYDROCHLORIDE.....	63
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg.....	66
FLURBIPROFEN.....	80
FLURBIPROFEN SODIUM.....	108
flurbiprofen tab 100 mg.....	80
FLUTICASONE FUROATE/VILANTEROL ELLIPTA.....	50
FLUTICASONE PROPIONATE/SALMETEROL.....	51
FLUTICASONE PROPIONATE/SALMETEROL HFA.....	51
fluticasone propionate cream 0.05%.....	115
FLUTICASONE PROPIONATE HFA.....	51
fluticasone propionate nasal susp 50 mcg/act.....	47
fluticasone propionate oint 0.005%.....	115
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus).....	51
fluvastatin sodium cap 20 mg (base equivalent), 40 mg (base equivalent).....	41
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl).....	41
flvoxamine maleate cap er 24hr 100 mg, 150 mg.....	63

fluvoxamine maleate tab 100 mg	63
fluvoxamine maleate tab 25 mg, 50 mg	63
FLUZONE HIGH-DOSE PF 2023-2024.....	11
FLUZONE QUADRIVALENT 2023-2024.....	11
FOCALIN.....	70
FOCALIN XR.....	70
folic acid tab 400 mcg, 800 mcg	101
folic acid tab 1 mg	101
folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg	101
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml (Arixtra)	101
FORA CONTROL SOLUTION HIGH.....	119
FORA CONTROL SOLUTION LOW.....	119
FORA CONTROL SOLUTION NORMAL.....	120
FORA G20 BLOOD GLUCOSE MONITORING SYSTEM.....	120
FORA G20 BLOOD GLUCOSE TEST STRIPS.....	120
FORFIVO XL.....	63
formoterol fumarate soln nebu 20 mcg/2ml (Perforomist)	51
FORTEO.....	33
FORTESTA.....	23
FOSAMAX.....	33
FOSAMAX PLUS D.....	33
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	7
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	35
fosinopril sodium tab 10 mg, 20 mg, 40 mg	35
FOSRENOL.....	58
FOTIVDA.....	16
FRAGMIN.....	101
FREEDAVITE.....	92
FREESTYLE CONTROL SOLUTION.....	120
FREESTYLE FREEDOM LITE.....	120
FREESTYLE INSULINX BLOOD.....	120
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM.....	120
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM.....	120
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM.....	120
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM.....	120
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM.....	120
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM.....	120
FREESTYLE LITE TEST STRIP.....	120
FREESTYLE TEST STRIPS.....	120
FROVA.....	82
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	82
fulvestrant inj soln pref syr 250 mg/5ml (Faslodex)	16
furosemide oral soln 10 mg/ml	43
furosemide tab 20 mg, 40 mg, 80 mg (Lasix)	43
FUZEON.....	7
FYCOMPA.....	85
G	
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin)	74
gabapentin oral soln 250 mg/5ml (Neurontin)	74
gabapentin tab 600 mg, 800 mg (Neurontin)	74
GALANTAMINE HYDROBROMIDE.....	74
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg (Razadyne er)	74
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg (Razadyne)	74
GARDASIL 9.....	11
gatifloxacin ophth soln 0.5% (Zymaxid)	105

GAVILYTE-C.....	53
GAVRETO.....	16
gefitinib tab 250 mg (Iressa).....	16
GELNIQUE.....	59
gemfibrozil tab 600 mg (Lopid).....	41
GEMTESA.....	59
GENOTROPIN.....	32
GENOTROPIN MINIQUICK.....	32
gentamicin sulfate ophth soln 0.3%.....	105
GENVOYA.....	7
GEODON.....	66
GERI-FREEDA SENIOR FORMULA.....	92
GILENYA.....	72
GILOTRIF.....	16
GIMOTI.....	58
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone).....	72
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone).....	72
GLEOSTINE.....	16
glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl).....	26
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg.....	26
glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl).....	26
glipizide tab 5 mg, 10 mg.....	26
glucagon (rdna) for inj kit 1 mg (Glucagon emergency kit).....	26
GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING.....	120
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS.....	120
GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1.....	120
GLUCOCARD SHINE.....	120
GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1.....	121
GLUCOCARD SHINE TEST STRIPS.....	121
GLUCOCARD SHINE XL.....	121
glucose gel 40%.....	26
glyburide micronized tab 1.5 mg, 3 mg, 6 mg (Glynase).....	26
glyburide tab 1.25 mg, 2.5 mg, 5 mg.....	26
glycerin suppos 1 gm, 1.2 gm, 1.5 gm, 2 gm, 3 gm, 2.1 gm, 80.7%.....	53
glycopyrrolate tab 1 mg, 2 mg.....	55
GLYXAMBI.....	26
GNP PRENATAL.....	92
GOCOVRI.....	89
GRALISE.....	74
granisetron hcl tab 1 mg.....	56
griseofulvin microsize susp 125 mg/5ml.....	5
griseofulvin microsize tab 500 mg.....	5
griseofulvin ultramicrosize tab 125 mg, 250 mg.....	5
guaifenesin-codeine soln 100-10 mg/5ml.....	48
guaifenesin liquid 100 mg/5ml.....	48
guaifenesin syrup 100 mg/5ml.....	48
guaifenesin tab er 12hr 600 mg, 1200 mg.....	48
guaifenesin tab 200 mg, 400 mg.....	48
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv).....	70
guanfacine hcl tab 1 mg, 2 mg.....	44
GVOKE HYOPEN 1-PACK.....	26
GVOKE HYOPEN 2-PACK.....	26
GVOKE KIT.....	26
GVOKE PFS.....	26

H

HADLIMA.....	80
HADLIMA PUSH TOUCH.....	80
HAEGARDA.....	101
HAIR/SKIN/NAILS.....	93
halobetasol propionate cream 0.05% (Ultravate).....	115
halobetasol propionate oint 0.05% (Ultravate).....	115
haloperidol lactate oral conc 2 mg/ml.....	66
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg.....	66
HARVONI.....	6
HAVRIX.....	12
HEMANGEOL.....	37
HEMLIBRA.....	101
HEMOFIL M.....	102
HEPLISAV-B.....	12
HETLIOZ.....	68
HETLIOZ LQ.....	68
HIBERIX.....	12
HIZENTRA.....	14
HOMATROPAIRE.....	108
HORIZANT.....	74
HUMALOG.....	29
HUMALOG JUNIOR KWIKPEN.....	29
HUMALOG KWIKPEN.....	29
HUMALOG MIX 50/50.....	30
HUMALOG MIX 75/25.....	30
HUMALOG MIX 50/50 KWIKPEN.....	30
HUMALOG MIX 75/25 KWIKPEN.....	30
HUMATE-P.....	102
HUMATROPE.....	32
HUMIRA.....	80
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	80
HUMIRA PEN.....	80
HUMIRA PEN-CD/UC/HS STARTER.....	80
HUMIRA PEN-PEDIATRIC UC STARTER PACK.....	80
HUMIRA PEN-PS/UV STARTER.....	80
HUMULIN 70/30.....	30
HUMULIN 70/30 KWIKPEN.....	30
HUMULIN N.....	30
HUMULIN N KWIKPEN.....	30
HUMULIN R.....	30
HUMULIN R U-500 (CONCENTRATED).....	30
HUMULIN R U-500 KWIKPEN.....	30
HYCAMTIN.....	16
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....	44
hydrochlorothiazide cap 12.5 mg.....	43
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg.....	43
hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....	77
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg (Norco).....	77
hydrocodone-acetaminophen tab 5-325 mg (Norco).....	77
HYDROCODONE BITARTRATE ER.....	77
hydrocodone bitartrate tab er 24hr deter 20 mg, 30 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg (Hysingla er).....	77
hydrocodone-ibuprofen tab 7.5-200 mg.....	77
HYDROCORTISONE/ACETIC ACID.....	109
hydrocortisone acetate cream 1%.....	115

HYDROCORTISONE BUTYRATE.....	115
hydrocortisone butyrate oint 0.1%.....	115
hydrocortisone cream 0.5%.....	115
hydrocortisone cream 1%.....	115
hydrocortisone cream 1%, 2.5%.....	115
hydrocortisone enema 100 mg/60ml (Cortenema).....	109
hydrocortisone lotion 1%.....	115
hydrocortisone lotion 2.5%.....	115
hydrocortisone oint 0.5%.....	115
hydrocortisone oint 1%.....	115
hydrocortisone oint 1%, 2.5%.....	115
hydrocortisone perianal cream 2.5% (Anusol-hc).....	109
hydrocortisone tab 5 mg, 10 mg, 20 mg (Cortef).....	23
hydrocortisone valerate cream 0.2%.....	115
HYDROGEN PEROXIDE.....	113
hydromorphone hcl liqd 1 mg/ml (Dilaudid).....	77
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg.....	77
hydromorphone hcl tab 2 mg, 4 mg, 8 mg (Dilaudid).....	77
hydroxychloroquine sulfate tab 200 mg (Plaquenil).....	9
HYDROXYPROGESTERONE CAPROATE.....	16
hydroxyurea cap 500 mg (Hydrea).....	16
hydroxyzine hcl syrup 10 mg/5ml.....	61
hydroxyzine hcl tab 10 mg, 25 mg, 50 mg.....	61
hydroxyzine pamoate cap 25 mg, 50 mg (Vistaril).....	61
hyoscyamine sulfate elixir 0.125 mg/5ml.....	55
hyoscyamine sulfate sl tab 0.125 mg (Levsin/sl).....	55
hyoscyamine sulfate soln 0.125 mg/ml.....	55
hyoscyamine sulfate tab disint 0.125 mg (Anaspaz).....	55
hyoscyamine sulfate tab er 12hr 0.375 mg (Levbid).....	55
hyoscyamine sulfate tab 0.125 mg (Levsin).....	55
HYQVIA.....	14
HYSINGLA ER.....	77
HYZAAR.....	36
I	
ibandronate sodium tab 150 mg (base equivalent) (Boniva).....	33
IBRANCE.....	16
ibuprofen chew tab 100 mg.....	80
ibuprofen-famotidine tab 800-26.6 mg (Duexis).....	80
ibuprofen susp 100 mg/5ml.....	80
ibuprofen susp 40 mg/ml, 100 mg/5ml.....	80
ibuprofen tab 200 mg.....	80
ibuprofen tab 400 mg, 600 mg, 800 mg.....	80
ICAPS AREDS FORMULA.....	93
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr).....	102
ICLUSIG.....	16
icosapent ethyl cap 0.5 gm (Vascepa).....	41
icosapent ethyl cap 1 gm (Vascepa).....	41
IDELVION.....	102
ILEVRO.....	108
imatinib mesylate tab 100 mg (base equivalent) (Gleevec).....	16
imatinib mesylate tab 400 mg (base equivalent) (Gleevec).....	16
IMBRUVICA.....	16
imipramine hcl tab 10 mg, 25 mg, 50 mg (Tofranil).....	63
imiquimod cream 5% (Aldara).....	116
IMITREX.....	82

IMITREX STATDOSE REFILL.....	82
IMITREX STATDOSE SYSTEM.....	82
IMOVAX RABIES (H.D.C.V.).....	12
IMPAVIDO.....	10
IMURAN.....	124
INBRIJA.....	89
INCRELEX.....	32
INCRUSE ELLIPTA.....	51
indapamide tab 1.25 mg, 2.5 mg.....	43
INDERAL LA.....	38
INDERAL XL.....	38
indomethacin cap 25 mg, 50 mg.....	80
INFANRIX.....	12
INLYTA.....	16
INNOPRAN XL.....	38
INQOVI.....	17
INREBIC.....	17
INSULIN ASPART.....	29
INSULIN ASPART FLEXPEN.....	29
INSULIN ASPART PENFILL.....	29
INSULIN ASPART PROTAMINE/INSULIN ASPART.....	30
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN.....	31
INSULIN DEGLUDEC.....	31
INSULIN DEGLUDEC FLEXTOUCH.....	31
INSULIN GLARGINE.....	31
INSULIN GLARGINE SOLOSTAR.....	31
INSULIN LISPRO.....	29
INSULIN LISPRO JUNIOR KWIKPEN.....	29
INSULIN LISPRO KWIKPEN.....	29
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN.....	31
INTELENCE.....	7
INTUNIV.....	70
INVEGA.....	66
INVEGA HAFYERA.....	66
INVEGA SUSTENNA.....	66
INVEGA TRINZA.....	66
INVELTYS.....	105
INVOKAMET.....	26
INVOKAMET XR.....	26
INVOKANA.....	26
IOPIDINE.....	106
IPOL INACTIVATED IPV.....	12
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....	51
ipratropium bromide inhal soln 0.02%.....	51
ipratropium bromide nasal soln 0.03% (21 mcg/spray).....	47
ipratropium bromide nasal soln 0.06% (42 mcg/spray).....	47
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg (Avalide).....	36
irbesartan tab 75 mg, 150 mg, 300 mg (Avapro).....	36
IRESSA.....	17
irrigation solution, physiological.....	124
ISENTRESS.....	7
ISENTRESS HD.....	8
ISONIAZID.....	4
isoniazid syrup 50 mg/5ml.....	5
isoniazid tab 300 mg.....	5
isosorbide dinitrate tab 10 mg, 20 mg, 30 mg.....	40

isorbide dinitrate tab 5 mg (Isordil titradose).....	40
ISOSORBIDE MONONITRATE.....	40
isorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg.....	40
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg.....	111
isradipine cap 2.5 mg, 5 mg.....	39
ISTALOL.....	106
itraconazole cap 100 mg (Sporanox).....	5
itraconazole oral soln 10 mg/ml (Sporanox).....	5
ivermectin cream 1% (Soolantra).....	111
ivermectin tab 3 mg (Stromectol).....	10
IXIARO.....	12
IXINITY.....	102
J	
JAKAFI.....	17
JALYN.....	61
JANUMET.....	26
JANUMET XR.....	27
JANUVIA.....	27
JARDIANCE.....	27
JAYPIRCA.....	17
JENTADUETO.....	27
JENTADUETO XR.....	27
JIVI.....	102
JORNAY PM.....	70
JUBLIA.....	113
JULUCA.....	8
JYNARQUE.....	33
JYNNEOS.....	12
K	
KALYDECO.....	53
KAPSPARGO SPRINKLE.....	38
KAZANO.....	27
KEPPRA.....	85
KEPPRA XR.....	85
KERYDIN.....	113
KESIMPTA.....	72
KETOCARE.....	121
ketoconazole cream 2%.....	113
ketoconazole foam 2% (Extina).....	113
ketoconazole shampoo 2%.....	113
ketoconazole tab 200 mg.....	5
KETONE.....	121
KETONE TEST STRIPS.....	121
KETOPROFEN.....	80
KETOPROFEN ER.....	80
KETOROLAC TROMETHAMINE.....	80
ketorolac tromethamine ophth soln 0.5% (Acular).....	108
ketorolac tromethamine ophth soln 0.4% (Acular Is).....	108
ketorolac tromethamine tab 10 mg.....	80
KETOSTIX.....	121
ketotifen fumarate ophth soln 0.025% (base equiv).....	108
KEVZARA.....	80
KINERET.....	81
KINRIX.....	12

KISQALI.....	17
KISQALI FEMARA 200 DOSE.....	17
KISQALI FEMARA 400 DOSE.....	17
KISQALI FEMARA 600 DOSE.....	17
KITABIS PAK.....	4
KLOXXADO.....	124
KOATE.....	102
KOATE-DVI.....	102
KOGENATE FS.....	102
KOMBIGLYZE XR.....	27
KONSYL DAILY FIBER.....	53
KOSELUGO.....	17
KOVALTRY.....	102
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH.....	93
K-PHOS NO 2.....	61
KP PRENATAL MULTIVITAMINS.....	93
KRAZATI.....	17
KRINTAFEL.....	9
KROGER AUTOLET LANCING DE.....	122

L

labetalol hcl tab 100 mg, 200 mg, 300 mg.....	38
LAC-HYDRIN FIVE.....	116
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg (Vimpat).....	85
lactase chew tab 9000 unit.....	57
lactase tab 3000 unit, 9000 unit.....	57
lactated ringer's for irrigation.....	124
lactic acid (ammonium lactate) cream 12% (Lac-hydrin).....	117
lactic acid (ammonium lactate) lotion 12%.....	117
lactulose (encephalopathy) solution 10 gm/15ml.....	58
lactulose solution 10 gm/15ml.....	53
LAMICTAL.....	85
LAMICTAL CHEWABLE DISPERSIBLE.....	85
LAMICTAL ODT.....	85
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE.....	85
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE.....	86
LAMICTAL STARTER/TAKING VALPROATE.....	86
LAMICTAL XR.....	86
lamivudine oral soln 10 mg/ml (Epivir).....	8
lamivudine tab 150 mg (Epivir).....	8
lamivudine tab 300 mg (Epivir).....	8
lamivudine tab 100 mg (hbv) (Epivir hbv).....	6
lamivudine-zidovudine tab 150-300 mg (Combivir).....	8
lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg (Lamictal odt).....	86
lamotrigine tab chewable dispersible 5 mg, 25 mg (Lamictal chewable di).....	86
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (Lamictal odt).....	86
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit (Lamictal odt).....	86
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit (Lamictal odt).....	86
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg (Lamictal xr).....	86
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg (Lamictal).....	86
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not taking carbamazepine).....	86
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/taking carbamazepine/not taking valproate).....	86
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/taking valproate).....	86
LANCETS - VARIOUS.....	122
lansoprazole cap delayed release 15 mg, 30 mg (Prevacid).....	55

lansoprazole tab delayed release orally disintegrating 15 mg, 30 mg (Prevacid solutab).....	55
lanthanum carbonate chew tab 500 mg (elemental), 750 mg (elemental), 1000 mg (elemental) (Fosrenol).....	58
LANTUS.....	31
LANTUS SOLOSTAR.....	31
lapatinib ditosylate tab 250 mg (base equiv) (Tykerb).....	17
latanoprost ophth soln 0.005% (Xalatan).....	107
LATUDA.....	66
LEDIPASVIR/SOFOSBUVIR.....	6
leflunomide tab 10 mg, 20 mg (Arava).....	81
lenalidomide cap 15 mg, 20 mg, 25 mg (Revlimid).....	17
lenalidomide cap 5 mg, 10 mg (Revlimid).....	17
lenalidomide caps 2.5 mg (Revlimid).....	17
LENVIMA 4 MG DAILY DOSE.....	18
LENVIMA 8 MG DAILY DOSE.....	18
LENVIMA 10 MG DAILY DOSE.....	17
LENVIMA 12MG DAILY DOSE.....	17
LENVIMA 14 MG DAILY DOSE.....	17
LENVIMA 18 MG DAILY DOSE.....	17
LENVIMA 20 MG DAILY DOSE.....	18
LENVIMA 24 MG DAILY DOSE.....	18
LESCOL XL.....	41
LETAIRIS.....	44
letrozole tab 2.5 mg (Femara).....	18
leucovorin calcium tab 5 mg, 10 mg, 15 mg, 25 mg.....	18
LEUKERAN.....	18
LEUPROLIDE ACETATE.....	18
levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate).....	51
levabuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv) (Xopenex).....	51
LEVALBUTEROL TARTRATE HFA.....	51
LEVEMIR.....	31
LEVEMIR FLEXPEN.....	32
levetiracetam oral soln 100 mg/ml (Keppra).....	86
levetiracetam tab er 24hr 500 mg, 750 mg (Keppra xr).....	86
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg (Keppra).....	86
LEVOBUNOLOL HCL.....	107
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor).....	33
levocarnitine tab 330 mg (Carnitor).....	34
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml).....	46
levocetirizine dihydrochloride tab 5 mg.....	46
LEVOFLOXACIN.....	4
levofloxacin tab 250 mg.....	4
levofloxacin tab 500 mg, 750 mg (Levaquin).....	4
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	24
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg.....	25
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	25
levonorgestrel tab 1.5 mg.....	25
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid).....	32
LEXAPRO.....	63
LEXIVA.....	8
LIALDA.....	58
LICART.....	117
lidocaine hcl cream 3%.....	117
lidocaine hcl gel 2%.....	117
lidocaine hcl soln 4%.....	117

lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....	117
lidocaine hcl viscous soln 2%.....	109
lidocaine patch 5% (Lidoderm).....	117
lidocaine-prilocaine cream 2.5-2.5%.....	117
LIDODERM.....	117
LINDANE.....	117
linezolid for susp 100 mg/5ml (Zyvox).....	10
linezolid tab 600 mg (Zyvox).....	10
LINZESS.....	58
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel).....	32
LIPITOR.....	42
LIPOFEN.....	42
LIQUID CALCIUM WITH D3 MAXIMUM STRENGTH.....	98
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic).....	35
lisinopril tab 5 mg, 10 mg, 20 mg (Prinivil).....	35
lisinopril tab 2.5 mg, 30 mg, 40 mg (Zestril).....	35
LITHIUM CARBONATE.....	66
lithium carbonate cap 300 mg.....	66
lithium carbonate cap 150 mg, 600 mg (Lithium carbonate).....	66
lithium carbonate tab er 450 mg.....	66
lithium carbonate tab er 300 mg (Lithobid).....	66
lithium carbonate tab 300 mg.....	66
LIVALO.....	42
LOKELMA.....	124
LONSURF.....	18
loperamide hcl cap 2 mg.....	54
loperamide hcl liq 1 mg/5ml (0.2 mg/ml).....	54
loperamide hcl tab 2 mg.....	54
LOPID.....	42
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra).....	8
lopinavir-ritonavir tab 100-25 mg (Kaletra).....	8
lopinavir-ritonavir tab 200-50 mg (Kaletra).....	8
LOPRESSOR.....	38
LOPROX.....	113
LOPROX SHAMPOO.....	113
loratadine & pseudoephedrine tab er 12hr 5-120 mg.....	48
loratadine & pseudoephedrine tab er 24hr 10-240 mg.....	48
loratadine oral soln 5 mg/5ml.....	46
loratadine rapidly-disintegrating tab 10 mg (Claritin).....	46
loratadine syrup 5 mg/5ml.....	46
loratadine tab 10 mg.....	46
lorazepam conc 2 mg/ml.....	61
lorazepam tab 0.5 mg, 1 mg (Ativan).....	61
lorazepam tab 2 mg (Ativan).....	61
LORBRENA.....	18
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg (Hyzaar).....	36
losartan potassium tab 25 mg, 50 mg (Cozaar).....	36
losartan potassium tab 100 mg (Cozaar).....	36
LOTEMAX.....	105
LOTEMAX SM.....	106
LOTENSIN.....	35
LOTENSIN HCT.....	35
LOTEPREDNOL ETABONATE.....	106
loteprednol etabonate ophth susp 0.5% (Lotemax).....	106
LOTREL.....	39
lovastatin tab 10 mg, 20 mg, 40 mg.....	42

LOVAZA.....	42
LOVENOX.....	102
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg.....	66
lubiprostone cap 8 mcg (Amitiza).....	58
lubiprostone cap 24 mcg (Amitiza).....	58
LUCEMYRA.....	74
LULICONAZOLE.....	113
LUMAKRAS.....	18
LUMIGAN.....	107
LUNESTA.....	68
LUPRON DEPOT (1-MONTH).....	18
LUPRON DEPOT (3-MONTH).....	18
LUPRON DEPOT (4-MONTH).....	18
LUPRON DEPOT (6-MONTH).....	18
LUPRON DEPOT-PED (1-MONTH).....	34
LUPRON DEPOT-PED (3-MONTH).....	34
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg (Latuda).....	66
lurasidone hcl tab 80 mg (Latuda).....	66
LUZU.....	113
LYBALVI.....	74
LYNPARZA.....	18
LYRICA.....	74
LYRICA CR.....	75
LYSODREN.....	18
LYTGOBI.....	18
LYUMJEV.....	29
LYUMJEV KWIKPEN.....	29
M	
MAG-G.....	98
magnesium chloride tab dr 64 mg (elemental mg).....	98
magnesium citrate soln.....	53
MAGNESIUM GLUCONATE.....	98
magnesium gluconate tab 27.5 mg (elemental mg).....	98
magnesium hydroxide susp 400 mg/5ml.....	53
magnesium oxide tab 250 mg, 400 mg.....	54
magnesium oxide tab 400 mg (240 mg elemental mg), 250 mg (mg supplement), 500 mg (mg supplement).....	98
magnesium tab 250 mg.....	98
malathion lotion 0.5% (Ovide).....	117
maraviroc tab 150 mg (Selzentry).....	8
maraviroc tab 300 mg (Selzentry).....	8
MASONATAL.....	93
MATULANE.....	18
MAVENCLAD.....	72
MAVYRET.....	6
MAXALT.....	82
MAXALT-MLT.....	83
MAYZENT.....	73
MAYZENT STARTER PACK.....	73
meclizine hcl chew tab 25 mg.....	56
meclizine hcl tab 12.5 mg, 25 mg.....	56
MECLOFENAMATE SODIUM.....	81
MEDIPLAST.....	113
MEDISENSE GLUCOSE KETONE CONTROL SOLUTION 1-NORMAL.....	121
MEDISENSE HIGH/MID/LOW CONTROL SOLUTION.....	121
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera).....	24

mefenamic acid cap 250 mg.....	81
mefloquine hcl tab 250 mg.....	9
MEGAVITE FRUITS & VEGGIES.....	93
MEGAVITE GOLDEN YEARS 55+.....	93
megestrol acetate susp 40 mg/ml.....	18
megestrol acetate susp 625 mg/5ml (Megace es).....	24
megestrol acetate tab 20 mg, 40 mg.....	18
MEKINIST.....	19
MEKTOVI.....	19
meloxicam cap 5 mg, 10 mg.....	81
meloxicam tab 7.5 mg, 15 mg (Mobic).....	81
MELPHALAN.....	19
memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg (Namenda xr).....	75
memantine hcl oral solution 2 mg/ml.....	75
memantine hcl tab 5 mg, 10 mg (Namenda).....	75
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (Namenda titration pack).....	75
MENACTRA.....	12
MENQUADFI.....	12
MENS 50+ ADVANCED.....	93
MENS 50+ MULTI VITAMIN & MINERAL FORMULA.....	93
MENS MULTI VITAMIN & MINERAL FORMULA.....	93
MENVEO.....	12
mercaptopurine tab 50 mg.....	19
mesalamine cap dr 400 mg (Delzicol).....	58
mesalamine cap er 24hr 0.375 gm (Apriso).....	58
mesalamine cap er 500 mg (Pentasa).....	58
MESALAMINE DR.....	58
mesalamine enema 4 gm.....	58
mesalamine rectal enema 4 gm & cleanser wipe kit (Rowasa).....	58
mesalamine suppos 1000 mg (Canasa).....	58
mesalamine tab delayed release 1.2 gm (Lialda).....	58
MESNEX.....	19
METAMUCIL MULTIHEALTH FIBER.....	54
metformin hcl tab er 24hr 500 mg (Glucophage xr).....	27
metformin hcl tab er 24hr 750 mg (Glucophage xr).....	27
metformin hcl tab 500 mg, 850 mg, 1000 mg (Glucophage).....	27
METHADONE HCL.....	78
methadone hcl conc 10 mg/ml (Methadose).....	78
methadone hcl soln 5 mg/5ml (Methadone hcl).....	78
methadone hcl soln 10 mg/5ml (Methadone hcl).....	78
methadone hcl tab for oral susp 40 mg.....	78
methadone hcl tab 5 mg, 10 mg (Dolophine).....	78
methimazole tab 5 mg, 10 mg (Tapazole).....	32
methocarbamol tab 750 mg (Robaxin-750).....	90
methocarbamol tab 500 mg (Robaxin).....	90
METHOTREXATE SODIUM.....	19
methotrexate sodium tab 2.5 mg (base equiv).....	19
METHOXSALEN.....	117
methsuximide cap 300 mg (Celontin).....	86
methylcellulose powder laxative.....	54
methylcellulose tab 500 mg.....	54
methylergonovine maleate tab 0.2 mg.....	34
METHYLIN.....	70
methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 30 mg (la), 40 mg (la), 60 mg (la) (Ritalin la).....	70
methylphenidate hcl cap er 24hr 10 mg (xr), 15 mg (xr), 20 mg (xr), 30 mg (xr), 40 mg (xr), 50 mg (xr), 60 mg (xr) (AG Aptensio xr).....	70

methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd).....	70
methylphenidate hcl chew tab 10 mg.....	70
methylphenidate hcl chew tab 2.5 mg, 5 mg.....	70
methylphenidate hcl soln 5 mg/5ml (Methylin).....	70
methylphenidate hcl soln 10 mg/5ml (Methylin).....	70
methylphenidate hcl tab er 24hr 36 mg.....	71
methylphenidate hcl tab er 24hr 27 mg, 54 mg.....	71
methylphenidate hcl tab er 10 mg, 20 mg.....	71
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg (Concerta).....	71
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta).....	71
methylphenidate hcl tab 5 mg, 10 mg, 20 mg (Ritalin).....	71
METHYLPHENIDATE HYDROCHLORIDE ER.....	71
methylphenidate td patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr (Daytrana).....	71
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg (Medrol).....	23
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak).....	23
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	58
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent) (Reglan).....	58
METOCLOPRAMIDE ODT.....	58
metolazone tab 2.5 mg, 5 mg, 10 mg.....	43
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg.....	38
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv) (Toprol xl).....	38
metoprolol tartrate tab 25 mg, 37.5 mg, 75 mg.....	38
metoprolol tartrate tab 50 mg, 100 mg (Lopressor).....	38
metronidazole cream 0.75% (Metrocream).....	111
metronidazole gel 0.75%.....	111
metronidazole tab 250 mg, 500 mg (Flagyl).....	10
metronidazole vaginal gel 0.75% (Metrogel-vaginal).....	60
mexiletine hcl cap 150 mg, 200 mg, 250 mg.....	43
MICARDIS.....	36
MICARDIS HCT.....	36
MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM.....	113
miconazole nitrate aerosol pow 2%.....	113
miconazole nitrate cream 2%.....	113
miconazole nitrate powder 2%.....	113
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit.....	60
miconazole nitrate vaginal cream 2%, 4% (200 mg/5gm).....	60
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit.....	60
miconazole nitrate vaginal supp 1200 mg & 2% cream kit.....	60
miconazole nitrate vaginal suppos 100 mg.....	60
midodrine hcl tab 2.5 mg, 5 mg, 10 mg.....	44
miglitol tab 25 mg, 50 mg, 100 mg.....	27
mineral oil.....	54
minocycline hcl cap 75 mg, 100 mg.....	4
minocycline hcl cap 50 mg (Minocin).....	4
minoxidil tab 2.5 mg, 10 mg.....	44
MIRAPEX ER.....	89
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg (Remeron soltab).....	63
mirtazapine tab 7.5 mg, 45 mg.....	63
mirtazapine tab 15 mg, 30 mg (Remeron).....	63
misoprostol tab 100 mcg, 200 mcg (Cytotec).....	55
MITIGARE.....	84
M-M-R II.....	12
M-NATAL PLUS.....	93
modafinil tab 100 mg, 200 mg (Provigil).....	71
moexipril hcl tab 7.5 mg, 15 mg.....	35

mometasone furoate cream 0.1% (Elocon).....	115
mometasone furoate nasal susp 50 mcg/act (Nasonex).....	47
mometasone furoate oint 0.1%.....	115
mometasone furoate solution 0.1% (lotion).....	115
MONISTAT 7 COMBINATION PACK.....	60
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv) (Singulair).....	51
montelukast sodium oral granules packet 4 mg (base equiv) (Singulair).....	51
montelukast sodium tab 10 mg (base equiv) (Singulair).....	51
MORPHINE SULFATE.....	78
MORPHINE SULFATE ER.....	78
morphine sulfate oral soln 10 mg/5ml.....	78
morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....	78
morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg (MS Contin).....	78
morphine sulfate tab 15 mg (Morphine sulfate).....	78
morphine sulfate tab 30 mg (Morphine sulfate).....	78
MOTEGRITY.....	58
MOVANTIK.....	58
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox).....	105
moxifloxacin hcl tab 400 mg (base equiv) (Avelox).....	4
MOXIFLOXACIN HYDROCHLORIDE.....	105
MS CONTIN.....	78
MUCINEX FOR KIDS.....	48
MUCINEX MAXIMUM STRENGTH.....	48
multiple vitamins w/ iron tab.....	93
multiple vitamins w/ minerals cap.....	93
multiple vitamins w/ minerals liquid.....	93
multiple vitamins w/ minerals tab (Strovite forte).....	93
multiple vitamin tab.....	93
MULTI PRENATAL.....	93
MULTI VITAMIN.....	93
MULTI VITAMIN/D-3.....	93
MULTIVITAMIN/FLUORIDE.....	93
MULTIVITAMIN ADULTS.....	93
MULTIVITAMIN INFANT/TODDLER.....	93
MULTIVITAMIN INFANT & TODDLER.....	93
MULTIVITAMIN MEN.....	93
MULTI-VITAMIN MONOCAPS.....	93
MULTIVITAMIN W/IRON/INFANT/TODDLER.....	93
mupirocin calcium cream 2%.....	113
mupirocin oint 2%.....	113
MURO 128.....	108
MVW COMPLETE FORMULATION.....	93
mycophenolate mofetil cap 250 mg (Cellcept).....	124
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept).....	124
mycophenolate mofetil tab 500 mg (Cellcept).....	124
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv) (Myfortic).....	124
MYDAYIS.....	71
MYFEMBREE.....	24
MYFORTIC.....	124
MYLERAN.....	19
MYRBETRIQ.....	59
MYSOLINE.....	86
N	
nabumetone tab 500 mg, 750 mg.....	81

nadolol tab 20 mg, 40 mg, 80 mg (Corgard).....	38
NAFTIFINE HCL.....	113
naftifine hcl cream 2% (Naftin).....	113
naftifine hcl gel 2% (Naftin).....	113
NAFTIN.....	113
NALFON.....	81
naloxone hcl inj 0.4 mg/ml, 4 mg/10ml.....	124
naloxone hcl nasal spray 4 mg/0.1ml (Narcan).....	124
naloxone hcl soln prefilled syringe 2 mg/2ml.....	124
NALOXONE HYDROCHLORIDE.....	124
naltrexone hcl tab 50 mg.....	124
NAMENDA.....	75
NAMENDA TITRATION PAK.....	75
NAMENDA XR.....	75
NAMZARIC.....	75
NAPRELAN.....	81
naproxen-esomeprazole magnesium tab dr 375-20 mg, 500-20 mg (Vimovo).....	81
naproxen sodium tab er 24hr 375 mg (base equiv), 500 mg (base equiv), 750 mg (base equiv) (Naprelan).....	81
naproxen sodium tab 220 mg.....	81
naproxen sodium tab 275 mg, 550 mg.....	81
naproxen tab ec 375 mg (Ec-naprosyn).....	81
naproxen tab ec 500 mg (Ec-naproxen).....	81
naproxen tab 250 mg, 375 mg, 500 mg.....	81
naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv) (Amerge).....	83
NARCAN.....	124
NATACYN.....	105
nateglinide tab 60 mg, 120 mg (Starlix).....	27
NATESTO.....	23
NATROBA.....	117
NATRUL-VITES.....	93
NAYZILAM.....	86
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent) (Bystolic).....	38
NEFAZODONE HYDROCHLORIDE.....	63
NEOMYCIN/POLYMYXIN/GRAMICIDIN.....	105
NEOMYCIN/POLYMYXIN B SULFATES.....	61
neomycin-bacitracin-polymyxin oint.....	113
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....	105
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol).....	106
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol).....	106
neomycin-polymyxin-hc otic soln 1%.....	109
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....	109
neomycin sulfate tab 500 mg.....	4
NEONATAL PRENATAL VITAMIN.....	93
NEORAL.....	124
NEO-SYNEPHRINE COLD+ALLERGY MILD STRENGTH.....	47
NESINA.....	27
NEUAC KIT.....	111
NEUPRO.....	89
NEURONTIN.....	75
NEVANAC.....	108
NEVIRAPINE.....	8
NEVIRAPINE ER.....	8
nevirapine tab er 24hr 400 mg (Viramune xr).....	8
nevirapine tab 200 mg (Viramune).....	8
NEXIUM.....	55

NEXLETOL.....	42
NEXLIZET.....	42
niacin cap er 250 mg, 500 mg.....	90
niacin tab er 250 mg, 500 mg, 750 mg.....	90
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic) (Niaspan).....	42
niacin tab 50 mg, 100 mg, 250 mg, 500 mg.....	90
NIACIN TR.....	90
NIACOR.....	42
nicardipine hcl cap 20 mg, 30 mg.....	39
nicotine polacrilex gum 2 mg, 4 mg.....	75
nicotine polacrilex lozenge 2 mg, 4 mg.....	75
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr.....	75
NICOTROL INHALER.....	75
NICOTROL NS.....	75
nifedipine cap 20 mg.....	39
nifedipine cap 10 mg (Procardia).....	39
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg (Adalat cc).....	39
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl).....	39
nilutamide tab 150 mg (Nilandron).....	19
nimodipine cap 30 mg.....	39
NINLARO.....	19
NISOLDIPINE ER.....	40
nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg (Sular).....	40
nitazoxanide tab 500 mg (Alinia).....	10
nitrofurantoin macrocrystalline cap 50 mg, 100 mg (Macrochantin).....	10
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid).....	10
nitrofurantoin susp 25 mg/5ml.....	10
nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat).....	40
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-dur).....	40
NITYR.....	34
NIVA-PLUS.....	94
NIVESTYM.....	102
NIZATIDINE.....	55
NO IRON MULTIPLE VITAMIN/MINERALS.....	94
NORDITROPIN FLEXPRO.....	32
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....	25
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg.....	25
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg.....	25
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Ortho-novum 1/35).....	25
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20).....	25
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30).....	25
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21).....	25
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21).....	25
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe).....	25
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....	25
norethindrone acetate tab 5 mg (Aygestin).....	24
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe).....	25
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg.....	25
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7).....	25
norethindrone tab 0.35 mg (Ortho micronor).....	25
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen).....	25
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg.....	25
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo).....	25
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	25
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor).....	63

NORVASC.....	40
NOURIANZ.....	89
NOVOEIGHT.....	102
NOVOLIN 70/30.....	31
NOVOLIN 70/30 FLEXPEN.....	31
NOVOLIN 70/30 FLEXPEN RELION.....	31
NOVOLIN 70/30 RELION.....	31
NOVOLIN N.....	31
NOVOLIN N FLEXPEN.....	31
NOVOLIN N FLEXPEN RELION.....	31
NOVOLIN N RELION.....	31
NOVOLIN R.....	30
NOVOLIN R FLEXPEN.....	30
NOVOLIN R FLEXPEN RELION.....	30
NOVOLIN R RELION.....	30
NOVOLOG.....	29
NOVOLOG FLEXPEN.....	29
NOVOLOG FLEXPEN RELION.....	29
NOVOLOG MIX 70/30.....	31
NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	31
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION.....	31
NOVOLOG MIX 70/30 RELION.....	31
NOVOLOG PENFILL.....	29
NOVOLOG RELION.....	29
NOVOSEVEN RT.....	102
NOXAFIL.....	5
NUBEQA.....	19
NUCALA.....	51
NUCYNTA ER.....	78
NUDEXTA.....	75
NUPLAZID.....	66
NURTEC.....	83
NUTROPIN AQ NUSPIN 5.....	32
NUTROPIN AQ NUSPIN 10.....	32
NUTROPIN AQ NUSPIN 20.....	32
NUWIQ.....	102
NYMALIZE.....	40
nystatin cream 100000 unit/gm.....	113
nystatin oint 100000 unit/gm.....	113
nystatin susp 100000 unit/ml.....	109
nystatin tab 500000 unit.....	5
nystatin topical powder 100000 unit/gm.....	113
nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....	115
nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....	115
O	
OBIZUR.....	103
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml) (Sandostatin).....	34
OCUFLOX.....	105
OCUVITE ADULT 50+.....	94
OCUVITE ADULT FORMULA.....	94
OCUVITE LUTEIN.....	94
ODEFSEY.....	8
ODOMZO.....	19
OFLOXACIN.....	4

ofloxacin ophth soln 0.3% (Ocuflox).....	105
ofloxacin otic soln 0.3% (Floxin otic).....	109
ofloxacin tab 400 mg.....	4
olanzapine-fluoxetine hcl cap 12-25 mg.....	75
olanzapine-fluoxetine hcl cap 3-25 mg, 6-25 mg, 6-50 mg, 12-50 mg (Symbyax).....	75
olanzapine for im inj 10 mg (Zyprexa).....	66
olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydys).....	66
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa).....	66
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg (Tribenzor).....	37
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct).....	37
olmesartan medoxomil tab 20 mg, 40 mg (Benicar).....	37
olmesartan medoxomil tab 5 mg (Benicar).....	37
olopatadine hcl nasal soln 0.6% (Patanase).....	47
olopatadine hcl ophth soln 0.1% (base equivalent), 0.2% (base equivalent).....	108
olopatadine hcl ophth soln 0.2% (base equivalent) (Pataday).....	108
olopatadine hcl ophth soln 0.1% (base equivalent) (Patanol).....	108
OLUMIANT.....	81
omega-3-acid ethyl esters cap 1 gm (Lovaza).....	42
omeprazole cap delayed release 10 mg, 20 mg, 40 mg.....	55
omeprazole-sodium bicarbonate cap 20-1100 mg, 40-1100 mg (Zegerid).....	55
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg, 40-1680 mg (Zegerid).....	55
OMNARIS.....	47
OMNICAP.....	94
OMNIFLEX DIAPHRAGM.....	25
OMNIPOD CLASSIC PODS (GEN 3).....	122
OMNIPOD DASH INTRO KIT (GEN 4).....	122
OMNIPOD DASH PDM KIT (GEN 4).....	123
OMNIPOD DASH PODS (GEN 4).....	123
OMNIPOD 5 G6 INTRO KIT (GEN 5).....	123
OMNIPOD 5 G6 PODS (GEN 5).....	123
OMNITROPE.....	32
ONCOVITE.....	94
ONDANSETRON HCL.....	56
ondansetron hcl oral soln 4 mg/5ml.....	56
ondansetron hcl tab 4 mg, 8 mg (Zofran).....	56
ondansetron orally disintegrating tab 4 mg, 8 mg.....	57
ONE-A-DAY ENERGY.....	94
ONE-A-DAY MENOPAUSE FORMULA.....	94
ONE-A-DAY MENS 50+ ADVANTAGE.....	94
ONE-A-DAY MENS HEALTH FORMULA.....	94
ONE-A-DAY MENS PRO EDGE.....	94
ONE-A-DAY TEEN ADVANTAGE.....	94
ONE DAILY MENS FORMULA W/O IRON.....	94
ONETOUCH ULTRA.....	121
ONETOUCH ULTRA 2.....	121
ONETOUCH ULTRA BLUE.....	121
ONETOUCH ULTRA CONTROL.....	121
ONETOUCH VERIO.....	121
ONETOUCH VERIO CONTROL SOLUTION HIGH.....	121
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM.....	121
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM.....	121
ONETOUCH VERIO MID CONTROL SOLUTION.....	121
ONETOUCH VERIO TEST STRIPS.....	121
ONEXTON.....	111
ONFI.....	86

ONGENTYS.....	89
ONGLYZA.....	27
ONUREG.....	19
ONZETRA XSAIL.....	83
OPSUMIT.....	44
OPURITY.....	94
OPZELURA.....	117
oral electrolyte solution.....	98
ORENCIA.....	81
ORENCIA CLICKJECT.....	81
ORENITRAM.....	44
ORENITRAM TITRATION KIT MONTH 1.....	44
ORENITRAM TITRATION KIT MONTH 2.....	44
ORENITRAM TITRATION KIT MONTH 3.....	44
ORGOVYX.....	19
ORLISSA.....	34
ORKAMBI.....	53
ORLADEYO.....	103
ORLISTAT.....	71
orphenadrine citrate tab er 12hr 100 mg.....	90
ORSERDU.....	19
oseltamivir phosphate cap 30 mg (base equiv), 45 mg (base equiv), 75 mg (base equiv) (Tamiflu).....	9
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu).....	9
OSENI.....	27
OTEZLA.....	81
OTOVEL.....	109
OVACE PLUS.....	117
OVIDE.....	117
oxaprozin tab 600 mg (Daypro).....	81
OXBRYTA.....	103
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal).....	86
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal).....	86
oxiconazole nitrate cream 1% (Oxistat).....	113
OXISTAT.....	113
OXTELLAR XR.....	87
OXYBUTYNIN CHLORIDE.....	59
oxybutynin chloride syrup 5 mg/5ml.....	59
oxybutynin chloride tab er 24hr 10 mg, 15 mg (Ditropan xl).....	59
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl).....	59
oxybutynin chloride tab 5 mg.....	59
OXYCODONE HCL ER.....	78
oxycodone hcl soln 5 mg/5ml.....	78
oxycodone hcl tab 10 mg, 20 mg.....	78
oxycodone hcl tab 15 mg, 30 mg (Roxicodone).....	78
oxycodone hcl tab 5 mg (Roxicodone).....	78
oxycodone w/ acetaminophen tab 5-325 mg (Percocet).....	78
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet).....	78
oxycodone w/ acetaminophen tab 10-325 mg (Percocet).....	78
OXYCONTIN.....	78
oxymetazoline hcl nasal soln 0.05%.....	47
OXYMORPHONE HYDROCHLORIDE ER.....	78
OXYTROL.....	59
OYSTER SHELL CALCIUM/D.....	98
OYSTER SHELL CALCIUM/VITAMIN D.....	99
oyster shell calcium tab 500 mg.....	98
OZEMPIC.....	27

P

paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg (Invega).....	66
paliperidone tab er 24hr 6 mg (Invega).....	66
PALYNZIQ.....	34
PANCREAZE.....	57
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix).....	56
pantoprazole sodium for delayed release susp packet 40 mg (Protonix).....	56
paroxetine hcl oral susp 10 mg/5ml (base equiv) (Paxil).....	63
paroxetine hcl tab er 24hr 25 mg, 37.5 mg (Paxil cr).....	63
paroxetine hcl tab er 24hr 12.5 mg (Paxil cr).....	63
paroxetine hcl tab 10 mg, 20 mg, 40 mg (Paxil).....	63
paroxetine hcl tab 30 mg (Paxil).....	63
paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle).....	75
PARVLEX.....	94
PATADAY EXTRA STRENGTH.....	108
PATANASE.....	47
PAXIL.....	63
PAXIL CR.....	63
PC PEDIATRIC POLY-VITAMIN.....	94
PEDIA-LAX.....	54
PEDIARIX.....	12
pediatric multiple vitamin chew tab.....	94
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml.....	94
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml, 0.5 mg/ml.....	94
pediatric multiple vitamins w/ iron chew tab 15 mg, 18 mg.....	94
pediatric multiple vitamin w/ minerals chew tab.....	94
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml, 0.5 mg/ml.....	94
PEDVAX HIB.....	12
PEGASYS.....	6
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely).....	54
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack).....	54
PEMAZYRE.....	19
penciclovir cream 1% (Denavir).....	113
penicillamine tab 250 mg (Depen titratabs).....	124
PENICILLIN V POTASSIUM.....	2
penicillin v potassium tab 250 mg, 500 mg.....	2
PEN NEEDLES - VARIOUS.....	123
PENTACEL.....	12
PENTASA.....	58
pentoxifylline tab er 400 mg.....	103
PERFOROMIST.....	51
PERINDOPRIL ERBUMINE.....	35
perindopril erbumine tab 2 mg, 4 mg.....	35
permethrin cream 5% (Elimite).....	117
permethrin creme rinse 1%.....	117
permethrin lotion 1%.....	117
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg.....	66
PERSERIS.....	66
PERTZYE.....	57
phenazopyridine hcl tab 100 mg, 200 mg (Pyridium).....	61
phenobarbital elixir 20 mg/5ml.....	68
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg.....	68
phenoxybenzamine hcl cap 10 mg (Dibenzyline).....	44
phentermine hcl cap 15 mg, 30 mg.....	71
phentermine hcl cap 37.5 mg (Adipex-p).....	71

phentermine hcl tab 37.5 mg (Adipex-p).....	71
phenylephrine-cocoa butter suppos 0.25-85.39%.....	109
phenylephrine hcl nasal soln 1%.....	47
phenylephrine hcl tab 10 mg.....	47
phenylephrine-shark liver oil-mo-pet oint 0.25-3-14-71.9%.....	110
phenyleph-shark liver oil-cocoa butter suppos 0.25-3-85.5%.....	109
PHENYTEK.....	87
phenytoin chew tab 50 mg (Dilantin infatabs).....	87
phenytoin sodium extended cap 200 mg, 300 mg (Phenytek).....	87
phenytoin sodium extended cap 100 mg (Dilantin).....	87
phenytoin susp 125 mg/5ml (Dilantin-125).....	87
phytonadione tab 5 mg (Mephyton).....	90
pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto carpine).....	107
pilocarpine hcl tab 5 mg, 7.5 mg (Salagen).....	109
PIMOZIDE.....	75
pindolol tab 5 mg, 10 mg.....	38
pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg (Duetact).....	27
pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met).....	27
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos).....	27
PIQRAY 200MG DAILY DOSE.....	19
PIQRAY 250MG DAILY DOSE.....	19
PIQRAY 300MG DAILY DOSE.....	19
piroxicam cap 10 mg, 20 mg (Feldene).....	81
PLAVIX.....	103
PLEGRIDY.....	73
PLEGRIDY STARTER PACK.....	73
PNEUMOVAX 23.....	12
PNEUMOVAX 23/1 DOSE.....	12
polyethylene glycol 3350 oral powder 17 gm/scoop.....	54
polyethylene glycol-propylene glycol ophth soln 0.4-0.3%.....	108
polyethylene glycol-propylene glycol pf op soln 0.4-0.3%.....	108
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim).....	105
polysaccharide iron complex cap 150 mg (iron equivalent).....	103
polyvinyl alcohol ophth soln 1.4%.....	108
polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%).....	108
POLY-VI-SOL.....	94
POLY-VI-SOL/IRON.....	94
POLY-VITA.....	94
POLY-VITE/IRON.....	94
POLY-VITE PEDIATRIC.....	94
POMALYST.....	19
PONVORY.....	73
PONVORY 14-DAY STARTER PACK.....	73
posaconazole susp 40 mg/ml (Noxafil).....	5
posaconazole tab delayed release 100 mg (Noxafil).....	5
potassium bicarbonate effer tab 25 meq.....	99
potassium chloride cap er 8 meq, 10 meq.....	99
potassium chloride microencapsulated crys er tab 10 meq, 20 meq.....	99
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml).....	99
potassium chloride powder packet 20 meq.....	99
potassium chloride tab er 10 meq (K-tab).....	99
potassium chloride tab er 8 meq (600 mg).....	99
potassium citrate & citric acid soln 1100-334 mg/5ml.....	61
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5).....	61
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10).....	61
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15).....	61

pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral).....	99
povidone-iodine soln 10%.....	113
PRADAXA.....	103
PRALUENT.....	42
pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg (Mirapex er).....	89
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg (Mirapex).....	89
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient).....	103
pravastatin sodium tab 10 mg.....	42
pravastatin sodium tab 20 mg, 40 mg, 80 mg (Pravachol).....	42
praziquantel tab 600 mg (Biltricide).....	10
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress).....	44
PRECISION GLUCOSE KETONE CONTROL SOLUTION 1-LOW, 1-HIGH.....	121
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS.....	121
PREDNICARBATE.....	115
PREDNISOLONE ACETATE.....	106
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....	23
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred).....	23
PREDNISON.....	23
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg.....	23
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg (Lyrica).....	75
pregabalin cap 225 mg, 300 mg (Lyrica).....	75
pregabalin soln 20 mg/ml (Lyrica).....	75
pregabalin tab er 24hr 82.5 mg, 165 mg (Lyrica cr).....	75
pregabalin tab er 24hr 330 mg (Lyrica cr).....	76
PREHEVBRIO.....	12
PRENATABS RX.....	94
PRENATAL.....	95
PRENATAL 19.....	95
PRENATAL AND IRON.....	95
PRENATAL COMPLETE.....	95
PRENATAL FORTE.....	95
PRENATAL MULTIVITAMIN.....	95
PRENATAL ONE DAILY.....	95
PRENATAL PLUS.....	95
PRENATAL PLUS VITAMIN AND MINERAL.....	95
PRENATAL-U.....	95
PRENATAL VITAMIN/IRON.....	95
PRENATAL VITAMIN & MINERAL.....	95
PRENATAL VITAMINS.....	95
prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....	95
PRESERVISION/LUTEIN.....	95
PRESERVISION AREDS.....	95
PRESERVISION AREDS 2.....	95
PREVACID.....	56
PREVACID SOLUTAB.....	56
PREVNAR 13.....	12
PREVNAR 20.....	12
PREZCOBIX.....	8
PREZISTA.....	8
PRIFTIN.....	5
PRILOSEC.....	56
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate).....	9
PRIMIDONE.....	87
primidone tab 50 mg, 250 mg (Mysoline).....	87
PRIORIX.....	12

PRISTIQ.....	63
PROAIR DIGIHALER.....	51
PROAIR RESPICLICK.....	51
probenecid tab 500 mg.....	84
PRO-CAL.....	95
PROCARDIA XL.....	40
PROCERV HP.....	95
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent).....	67
prochlorperazine suppos 25 mg.....	67
PROCRIT.....	103
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING.....	121
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM.....	121
PRODIGY CONTROL SOLUTION.....	122
PRODIGY CONTROL SOLUTION LOW.....	122
PRODIGY NO CODING BLOOD GLUCOSE KIT.....	122
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS.....	122
PRODIGY POCKET BLOOD GLUCOSE METER KIT.....	122
PRODIGY VOICE BLOOD GLUCOSE METER KIT.....	122
PROFILNINE.....	103
progesterone cap 100 mg, 200 mg (Prometrium).....	24
progesterone im in oil 50 mg/ml.....	24
PROGRAF.....	124
PROLENSA.....	108
PROMACTA.....	103
promethazine-dm syrup 6.25-15 mg/5ml.....	48
promethazine hcl suppos 12.5 mg, 25 mg.....	46
promethazine hcl syrup 6.25 mg/5ml.....	47
promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....	47
propafenone hcl tab 150 mg, 225 mg, 300 mg.....	43
PROPRANOLOL HCL.....	38
propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la).....	38
propranolol hcl oral soln 20 mg/5ml.....	38
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg.....	38
propylthiouracil tab 50 mg.....	32
PROQUAD.....	12
PRORENAL+D.....	95
PRORENAL+D/OMEGA-3.....	95
PROSCAR.....	61
PROTECT CARDIO AF.....	95
PROTECT PLUS SO.....	95
PROTONIX.....	56
PROVENTIL HFA.....	51
PROVIT.....	95
PROZAC.....	63
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg, 120-1200 mg.....	48
pseudoephedrine hcl tab er 12hr 120 mg.....	47
pseudoephedrine hcl tab 30 mg, 60 mg.....	47
psyllium cap 400 mg, 0.52 gm.....	54
psyllium powder 28.3%, 30%, 30.9%, 33%, 48.57%, 49%, 58.6%, 95%, 100%.....	54
PULMICORT.....	51
PULMICORT FLEXHALER.....	52
PULMOZYME.....	53
PURE & GENTLE LUBRICANT.....	108
PURIXAN.....	19
PX PRENATAL MULTIVITAMINS.....	95
pyrazinamide tab 500 mg.....	5

pyreth-piperonyl butox sham-permeth aero-nit remover gel kit.....	117
pyreth-piperonyl butox sham-permeth aero-nit remov spray kit.....	117
pyrethrins-piperonyl butoxide liq 0.3-3%, 0.33-4%.....	117
pyrethrins-piperonyl butoxide shampoo 0.33-4%.....	117
pyridostigmine bromide tab 60 mg (Mestinon).....	90
pyridoxine hcl tab 25 mg, 50 mg, 100 mg.....	90
pyrimethamine tab 25 mg (Daraprim).....	9
Q	
QBRELIS.....	35
QC CALAMINE.....	117
QC PRENATAL.....	96
QELBREE.....	71
QINLOCK.....	19
QNASL.....	47
QNASL CHILDRENS.....	47
QTERN.....	27
QUADRACEL.....	13
QUDEXY XR.....	87
QUESTRAN.....	42
QUESTRAN LIGHT.....	42
QUETIAPINE FUMARATE.....	67
quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr).....	67
quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr).....	67
quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel).....	67
quetiapine fumarate tab 300 mg, 400 mg (Seroquel).....	67
QUILLICHEW ER.....	71
QUILLIVANT XR.....	71
QUINAPRIL/HYDROCHLOROTHIAZIDE.....	35
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril).....	35
QUIN B STRONG.....	96
QUINTABS.....	96
QUINTABS-M.....	96
QULIPTA.....	83
QUVIVIQ.....	68
QVAR REDIHALER.....	52
R	
RABAVERT.....	13
RABEPRAZOLE SODIUM DR SPRINKLE.....	56
rabeprazole sodium ec tab 20 mg (Aciphex).....	56
RADICAVA ORS.....	90
RADICAVA ORS STARTER KIT.....	90
raloxifene hcl tab 60 mg (Evista).....	34
ramelteon tab 8 mg (Rozerem).....	68
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace).....	35
ranitidine hcl tab 75 mg, 150 mg.....	56
RAPAFLO.....	61
RAPAMUNE.....	124
RA PRENATAL.....	96
RA PRENATAL FORMULA/FOLICACID.....	96
REBIF.....	73
REBIF REBIDOSE.....	73
REBIF REBIDOSE TITRATION.....	73
REBIF TITRATION PACK.....	73
REBINYN.....	103

RECOMBINATE.....	103
RECOMBIVAX HB.....	13
RELAFEN DS.....	81
RELENZA DISKHALER.....	9
RELION KETONE TEST STRIPS.....	122
RELION R.....	30
RELISTOR.....	58
RELPAK.....	83
REMERON.....	63
REMERON SOLTAB.....	63
RENAPLEX-D.....	96
REVELA.....	58
repaglinide tab 0.5 mg.....	27
repaglinide tab 1 mg, 2 mg (Prandin).....	27
REPATHA.....	42
REPATHA PUSHTRONEX SYSTEM.....	42
REPATHA SURECLICK.....	42
RETACRIT.....	103
RETEVMO.....	19
RETIN-A.....	111
RETIN-A MICRO.....	111
RETIN-A MICRO PUMP.....	111
REVATIO.....	44
REVCIVI.....	34
REVLIMID.....	19
REXULTI.....	67
REYATAZ.....	8
REYVOW.....	83
REZLIDHIA.....	20
REZUROCK.....	20
REZVOGLAR KWIKPEN.....	32
RHOPRESSA.....	107
RIBAVIRIN.....	6
riboflavin tab 100 mg.....	91
rifabutin cap 150 mg (Mycobutin).....	5
rifampin cap 150 mg, 300 mg (Rifadin).....	5
riluzole tab 50 mg (Rilutek).....	90
RINVOQ.....	81
risedronate sodium tab delayed release 35 mg (Atelvia).....	34
risedronate sodium tab 5 mg, 30 mg (Actonel).....	34
risedronate sodium tab 35 mg (Actonel).....	34
risedronate sodium tab 150 mg (Actonel).....	34
RISPERDAL.....	67
RISPERDAL CONSTA.....	67
RISPERIDONE ODT.....	67
risperidone orally disintegrating tab 4 mg.....	67
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg.....	67
risperidone soln 1 mg/ml (Risperdal).....	67
risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal).....	67
risperidone tab 4 mg (Risperdal).....	67
RITALIN.....	71
RITALIN LA.....	71
ritonavir tab 100 mg (Norvir).....	8
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent).....	76
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr (Exelon).....	76

RIXUBIS.....	103
rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 10 mg (base eq) (Maxalt-mlt).....	83
rizatriptan benzoate tab 5 mg (base equivalent).....	83
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt).....	83
ROBITUSSIN CHILDRENS COUGH LONG-ACTING.....	48
ROCKLATAN.....	107
roflumilast tab 250 mcg, 500 mcg (Daliresp).....	52
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent), 6 mg (base equivalent), 12 mg (base equivalent).....	89
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent), 8 mg (base equivalent) (Requip xl).....	89
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg.....	89
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg (Crestor).....	42
ROTARIX.....	13
ROTATEQ.....	13
ROWASA.....	58
ROZEREM.....	68
ROZLYTREK.....	20
RUBRACA.....	20
RUCONEST.....	103
rufinamide susp 40 mg/ml (Banzel).....	87
rufinamide tab 200 mg, 400 mg (Banzel).....	87
RUKOBIA.....	8
RYALTRIS.....	47
RYBELSUS.....	27
RYDAPT.....	20
RYTARY.....	89
S	
SABRIL.....	87
SAIZEN.....	32
salicylic acid liquid 17%.....	113
salicylic acid pad 40%.....	113
salicylic acid shampoo 6% (Salex).....	113
SALIMEZ.....	114
saline nasal spray 0.65%.....	47
salsalate tab 500 mg, 750 mg.....	76
SANCUSO.....	57
SANDIMMUNE.....	125
SAPHRIS.....	67
sapropterin dihydrochloride powder packet 100 mg, 500 mg (Kuvan).....	34
sapropterin dihydrochloride tab 100 mg (Kuvan).....	34
SAVAYSA.....	103
SAVELLA.....	76
SAVELLA TITRATION PACK.....	76
saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv) (Onglyza).....	28
saxagliptin-metformin hcl tab er 24hr 5-500 mg, 5-1000 mg (Kombiglyze xr).....	28
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (Kombiglyze xr).....	28
SAXENDA.....	71
SCEMBLIX.....	20
scopolamine td patch 72hr 1 mg/3days (Transderm-scop).....	57
SECUADO.....	67
SEGLUROMET.....	28
selegiline hcl cap 5 mg.....	89
selegiline hcl tab 5 mg.....	89
selenium sulfide lotion 2.5%.....	117
SELZENTRY.....	8
SEMGLEE.....	32

sennosides-docusate sodium tab 8.6-50 mg	54
sennosides syrup 8.8 mg/5ml	54
sennosides tab 8.6 mg	54
SENTRY.....	96
SENTRY SENIOR/LUTEIN.....	96
SEREVENT DISKUS.....	52
SEROQUEL.....	67
SEROQUEL XR.....	67
SEROSTIM.....	32
sertraline hcl oral concentrate for solution 20 mg/ml	63
sertraline hcl tab 25 mg, 50 mg (Zoloft)	63
sertraline hcl tab 100 mg (Zoloft)	63
SERTRALINE HYDROCHLORIDE.....	64
sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela)	58
sevelamer carbonate tab 800 mg (Renvela)	59
sevelamer hcl tab 800 mg (Renagel)	59
SEVELAMER HYDROCHLORIDE.....	59
SEVENFACT.....	104
SFROWASA.....	59
SHINGRIX.....	13
SIKLOS.....	104
sildenafil citrate for suspension 10 mg/ml (Revatio)	44
sildenafil citrate tab 20 mg (Revatio)	44
SILIQ.....	117
silodosin cap 4 mg, 8 mg (Rapaflo)	61
silver sulfadiazine cream 1% (Silvadene)	114
SIMBRINZA.....	107
simethicone cap 125 mg	59
simethicone chew tab 80 mg, 125 mg	59
simethicone susp 40 mg/0.6ml	59
SIMPONI.....	81
simvastatin tab 5 mg, 10 mg, 20 mg, 40 mg, 80 mg (Zocor)	42
SINEMET.....	89
SINGULAIR.....	52
sirolimus oral soln 1 mg/ml (Rapamune)	125
sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune)	125
SITAVIG.....	6
SKYRIZI.....	59
SKYRIZI PEN.....	117
SM B-COMPLEX/VITAMIN C.....	96
SM ONE DAILY MENS.....	96
SM ONE DAILY WOMENS.....	96
SM PRENATAL VITAMINS.....	96
sodium bicarbonate tab 650 mg	54
sodium chloride hypertonic ophth oint 5%	108
sodium chloride hypertonic ophth soln 5%	108
sodium chloride irrigation soln 0.9%	61
sodium chloride soln nebu 0.9%, 3%, 10%	48
sodium chloride soln nebu 7% (Hyper-sal)	48
sodium chloride tab 1 gm	99
sodium citrate & citric acid soln 500-334 mg/5ml	61
SODIUM FLUORIDE.....	99
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	99
sodium fluoride cream 1.1% (Prevident 5000 plus)	109
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	109
sodium fluoride paste 1.1% (Prevident 5000 boost)	109

sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf).....	99
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl).....	34
sodium phenylbutyrate tab 500 mg (Buphenyl).....	34
sodium phosphates - enema.....	54
sodium phosphates - enema (pediatric).....	54
sodium polystyrene sulfonate powder.....	125
SODIUM SULFACETAMIDE/SULFUR.....	111
SODIUM SULFACETAMIDE/SULFUR CLEANSER.....	111
SOFOSBUVIR/VELPATASVIR.....	6
solifenacin succinate tab 5 mg, 10 mg (Vesicare).....	60
SOLQUA 100/33.....	28
SOLO.....	96
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar).....	20
SORBITOL.....	54
sotalol hcl (afib/afi) tab 80 mg, 120 mg, 160 mg (Betapace af).....	43
sotalol hcl tab 240 mg.....	43
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace).....	43
SOTYLIZE.....	43
SOURCECF.....	96
SOVALDI.....	6
speciality vitamin product tab.....	96
SPINOSAD.....	117
SPIRIVA HANDIHALER.....	52
SPIRIVA RESPIMAT.....	52
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide).....	43
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone).....	43
SPORANOX.....	5
SPRITAM.....	87
SPRYCEL.....	20
SPS.....	125
SSS 10-5.....	111
STALEVO 50.....	89
STALEVO 75.....	89
STALEVO 100.....	89
STALEVO 125.....	89
STALEVO 150.....	89
STALEVO 200.....	89
stannous fluoride gel 0.4%.....	109
starch-maltodextrin oral thickening powder.....	125
STEGLATRO.....	28
STEGLUJAN.....	28
STELARA.....	117
STIOLTO RESPIMAT.....	52
STIVARGA.....	20
STRATTERA.....	71
STRENSIQ.....	34
STRIBILD.....	8
STRIVERDI RESPIMAT.....	52
SUBOXONE.....	79
sucralfate tab 1 gm (Carafate).....	56
SUDAFED 24 HOUR.....	47
SULAR.....	40
SULCONAZOLE NITRATE.....	114
SULFACETAMIDE SODIUM.....	105
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE.....	106
sulfacetamide sodium liquid 10% (Ovace wash).....	117

sulfacetamide sodium lotion 10% (acne) (Klaron).....	111
sulfacetamide sodium ophth soln 10% (Bleph-10).....	105
sulfacetamide sodium w/ sulfur cleanser 10-5%.....	112
sulfacetamide sodium w/ sulfur cleanser 10-5% (Avar cleanser).....	112
sulfacetamide sodium w/ sulfur cleanser 10-2% (Avar Is cleanser).....	111
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% (Plexion cleanser).....	111
sulfacetamide sodium w/ sulfur cleanser 9-4.5% (Sumadan wash).....	111
sulfacetamide sodium w/ sulfur cleanser 9-4% (Sumaxin wash).....	111
sulfacetamide sodium w/ sulfur cleansing pad 10-4% (Sumaxin).....	112
sulfacetamide sodium w/ sulfur cream 10-5%.....	112
sulfacetamide sodium w/ sulfur cream 10-2% (Avar-e Is).....	112
sulfacetamide sodium w/ sulfur cream 9.8-4.8% (Plexion).....	112
sulfacetamide sodium w/ sulfur emulsion 10-1%.....	112
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (Plexion).....	112
sulfacetamide sodium w/ sulfur susp 8-4%.....	112
SULFADIAZINE.....	10
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	10
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim).....	10
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds).....	10
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs).....	59
sulfasalazine tab 500 mg (Azulfidine).....	59
sulindac tab 150 mg, 200 mg.....	81
sumatriptan-naproxen sodium tab 85-500 mg (Treximet).....	83
sumatriptan nasal spray 5 mg/act, 20 mg/act (Imitrex).....	83
sumatriptan succinate inj 6 mg/0.5ml (Imitrex).....	83
SUMATRIPTAN SUCCINATE REFILL.....	83
sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose system).....	83
sumatriptan succinate tab 25 mg, 50 mg, 100 mg (Imitrex).....	83
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent).....	20
sunitinib malate cap 12.5 mg (base equivalent) (Sutent).....	20
SUPER ANTIOXIDANT.....	96
SUPRAX.....	3
SYMBICORT.....	52
SYMBYAX.....	76
SYMDEKO.....	53
SYMJEPI.....	46
SYMLINPEN 60.....	28
SYMLINPEN 120.....	28
SYMPAZAN.....	87
SYMPROIC.....	59
SYMTUZA.....	8
SYNJARDY.....	28
SYNJARDY XR.....	28
SYNRIBO.....	20
T	
TABLOID.....	20
TABRECTA.....	20
tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf).....	125
tacrolimus oint 0.03%, 0.1% (Protopic).....	118
tadalafil tab 20 mg (PAH) (Adcirca).....	44
TAFINLAR.....	20
TAGRISSO.....	20
TAKHZYRO.....	104
TALTZ.....	118
TALZENNA.....	20

TAMIFLU.....	9
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	21
tamsulosin hcl cap 0.4 mg (Flomax)	61
TASIGNA.....	21
tavorole soln 5% (Kerydin)	114
TAVALISSE.....	104
TAVNEOS.....	104
tazarotene cream 0.1% (Tazorac)	112
TAZVERIK.....	21
TDVAX.....	13
TECFIDERA.....	73
TECFIDERA STARTER PACK.....	73
TEGRETOL.....	87
TEGRETOL-XR.....	87
TEGSEDI.....	76
TEKTURNA.....	44
TEKTURNA HCT.....	45
TELMISARTAN/AMLODIPINE.....	40
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg (Micardis hct)	37
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)	37
telmisartan tab 20 mg, 40 mg, 80 mg (Micardis)	37
temazepam cap 15 mg, 30 mg (Restoril)	68
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg (Temodar)	21
TENCON.....	76
TENIVAC.....	13
tenofovir disoproxil fumarate tab 300 mg (Viread)	8
TENORETIC 50.....	38
TENORETIC 100.....	38
TENORMIN.....	38
TEPMETKO.....	21
terazosin hcl cap 10 mg (base equivalent)	45
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent)	45
terbinafine hcl cream 1%	114
terbinafine hcl tab 250 mg	5
terconazole vaginal cream 0.4%, 0.8%	60
terconazole vaginal suppos 80 mg	60
teriflunomide tab 7 mg, 14 mg (Aubagio)	74
TERIPARATIDE.....	34
TESTIM.....	23
TESTOSTERONE.....	23
testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml (Depo-testosterone)	23
TESTOSTERONE ENANTHATE.....	23
TESTOSTERONE PUMP.....	23
testosterone td gel 12.5 mg/act (1%)	23
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	23
testosterone td gel 10mg/act (2%) (Fortesta)	23
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%), 40.5 mg/2.5gm (1.62%) (Androgel)	23
testosterone td gel 20.25 mg/1.25gm (1.62%) (Androgel)	23
testosterone td soln 30 mg/act	23
THALOMID.....	21
theophylline elixir 80 mg/15ml	52
theophylline soln 80 mg/15ml	52
theophylline tab er 12hr 300 mg, 450 mg	52
theophylline tab er 24hr 400 mg, 600 mg	52
THERA.....	96
THERABETIC MULTI-VITAMIN.....	96

THERAGRAN-M.....	96
THERAGRAN-M ADVANCED.....	96
THERAGRAN-M ADVANCED 50 PLUS.....	96
THERAGRAN-M PREMIER.....	96
THERAGRAN-M PREMIER 50 PLUS.....	96
THERA-M.....	96
THERA M PLUS.....	96
THERA-TABS M.....	96
THEREMS-M.....	96
thiamine hcl tab 50 mg, 100 mg, 250 mg.....	91
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg.....	67
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril).....	87
THIAZAC.....	40
TIBSOVO.....	21
TICE BCG.....	21
TICOVAC.....	13
timolol maleate ophth gel forming soln 0.25%, 0.5% (Timoptic-xe).....	107
timolol maleate ophth soln 0.25%, 0.5% (Timoptic).....	107
timolol maleate ophth soln 0.5% (once-daily) (Istalol).....	107
timolol maleate preservative free ophth soln 0.25%, 0.5% (Timoptic ocudose).....	107
timolol maleate tab 5 mg, 10 mg, 20 mg.....	38
TIMOPTIC OCUDOSE.....	107
TIVICAY.....	8
TIVICAY PD.....	9
tizanidine hcl tab 2 mg (base equivalent).....	90
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex).....	90
TOBI.....	4
TOBI PODHALER.....	4
TOBRAMYCIN.....	4
tobramycin nebu soln 300 mg/4ml (Bethkis).....	4
tobramycin nebu soln 300 mg/5ml (Tobi).....	4
tobramycin ophth soln 0.3% (Tobrex).....	105
tolcapone tab 100 mg (Tasmar).....	89
tolnaftate aerosol pow 1%.....	114
tolnaftate cream 1%.....	114
tolnaftate powder 1%.....	114
tolnaftate soln 1%.....	114
TOLSURA.....	5
tolterodine tartrate cap er 24hr 2 mg, 4 mg (Detrol la).....	60
tolterodine tartrate tab 1 mg, 2 mg (Detrol).....	60
TOPAMAX.....	87
TOPAMAX SPRINKLE.....	87
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle).....	87
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg (Topamax).....	87
TOPROL XL.....	38
toremifene citrate tab 60 mg (base equivalent) (Fareston).....	21
torseamide tab 5 mg, 20 mg, 100 mg.....	43
torseamide tab 10 mg (Demadex).....	43
TOSYMRA.....	83
TOUJEO MAX SOLOSTAR.....	32
TOUJEO SOLOSTAR.....	32
TOVIAZ.....	60
TRACLEER.....	45
TRADJENTA.....	28
tramadol-acetaminophen tab 37.5-325 mg (Ultracet).....	79
tramadol hcl tab 50 mg (Ultram).....	79

TRANDOLAPRIL/VERAPAMIL HCL ER.....	40
trandolapril tab 1 mg, 2 mg, 4 mg.....	35
tranexamic acid tab 650 mg (Lysteda).....	104
TRANSDERM-SCOP.....	57
TRAVATAN Z.....	107
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z).....	107
trazodone hcl tab 50 mg, 100 mg, 150 mg, 300 mg.....	64
TRELEGY ELLIPTA.....	52
TRELSTAR MIXJECT.....	21
TREMFYA.....	118
TRESIBA.....	32
TRESIBA FLEXTOUCH.....	32
tretinoin cap 10 mg.....	21
tretinoin cream 0.05%, 0.1% (Retin-a).....	112
tretinoin cream 0.025% (Avita).....	112
tretinoin gel 0.05% (Atralin).....	112
tretinoin gel 0.025% (Avita).....	112
tretinoin gel 0.01% (Retin-a).....	112
tretinoin microsphere gel 0.04%, 0.1% (Retin-a micro).....	112
TRETTEN.....	104
TREXALL.....	21
TREXIMET.....	83
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%.....	115
triamcinolone acetonide dental paste 0.1%.....	109
triamcinolone acetonide lotion 0.025%, 0.1%.....	115
triamcinolone acetonide nasal aerosol suspension 55 mcg/act.....	47
triamcinolone acetonide oint 0.5%.....	116
triamcinolone acetonide oint 0.025%, 0.1%.....	116
triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide).....	43
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25).....	43
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide).....	43
TRIBENZOR.....	37
TRICOR.....	42
TRIFLURIDINE.....	105
TRIHEXYPHENIDYL HCL.....	89
trihexyphenidyl hcl tab 2 mg, 5 mg.....	89
TRIJARDY XR.....	28
TRIKAFTA.....	53
TRILEPTAL.....	87
TRILIPIX.....	42
trimethoprim tab 100 mg.....	10
TRINATE.....	96
TRINTELLIX.....	64
TRIPLE PASTE.....	118
TRIUMEQ.....	9
TRIUMEQ PD.....	9
TROKENDI XR.....	87
tropium chloride cap er 24hr 60 mg.....	60
tropium chloride tab 20 mg.....	60
TRUDHESA.....	83
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH.....	122
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART.....	122
TRUE METRIX AIR W/BLUETOOTH SMART.....	122
TRUE METRIX BLOOD GLUCOSE METER.....	122
TRUE METRIX BLOOD GLUCOSE TEST STRIPS.....	122
TRUE METRIX CONTROL SOLUTION LEVEL 1.....	122

TRUE METRIX CONTROL SOLUTION LEVEL 2.....	122
TRUE METRIX CONTROL SOLUTION LEVEL 3.....	122
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS.....	122
TRULANCE.....	59
TRULICITY.....	28
TRUMENBA.....	13
TUDORZA PRESSAIR.....	52
TUKYSA.....	21
TUMS CHEWY DELIGHTS.....	55
TURALIO.....	21
T-VITES.....	96
TWINRIX.....	13
TYBOST.....	9
TYMLOS.....	34
TYPHIM VI.....	13
TYVASO.....	45
TYVASO DPI MAINTENANCE KIT.....	45
TYVASO DPI TITRATION KIT.....	45
TYVASO REFILL.....	45
TYVASO STARTER.....	45
U	
UBRELVY.....	83
UCERIS.....	23
UPCAL D.....	99
UPTRAVI.....	45
UPTRAVI TITRATION PACK.....	45
urea cream 40%.....	118
ursodiol cap 300 mg (Actigall).....	59
ursodiol tab 250 mg (Urso 250).....	59
ursodiol tab 500 mg (Urso forte).....	59
V	
valacyclovir hcl tab 500 mg, 1 gm (Valtrex).....	6
VALCHLOR.....	118
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte).....	5
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte).....	5
valproate sodium oral soln 250 mg/5ml (base equiv) (Depakene).....	87
valproic acid cap 250 mg (Depakene).....	87
valrubicin soln for intravesical instillation 40 mg/ml (Valstar).....	21
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan hct).....	37
valsartan tab 40 mg, 80 mg, 160 mg (Diovan).....	37
valsartan tab 320 mg (Diovan).....	37
VALTOCO 5 MG DOSE.....	88
VALTOCO 10 MG DOSE.....	87
VALTOCO 15 MG DOSE.....	87
VALTOCO 20 MG DOSE.....	87
VALTRES.....	6
vancomycin hcl cap 125 mg (base equivalent), 250 mg (base equivalent) (Vancocin hcl).....	10
VAQTA.....	13
VARENICLINE STARTING MONTH BOX.....	76
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv).....	76
VARIVAX.....	13
VASCEPA.....	42
VASERETIC.....	35
VASOTEC.....	35

VAXCHORA.....	13
VAXELIS.....	13
VAXNEUVANCE.....	13
VCF VAGINAL CONTRACEPTIVE.....	60
VELIVET.....	25
VELPHORO.....	59
VEMLIDY.....	6
VENCLEXTA.....	21
VENCLEXTA STARTING PACK.....	21
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 150 mg (base equivalent) (Effexor xr).....	64
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr).....	64
venlafaxine hcl tab er 24hr 75 mg (base equivalent).....	64
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent), 150 mg (base equivalent), 225 mg (base equivalent).....	64
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent).....	64
VENTAVIS.....	45
VENTOLIN HFA.....	52
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan).....	40
verapamil hcl cap er 24hr 300 mg (Verelan pm).....	40
VERAPAMIL HCL SR.....	40
verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr).....	40
verapamil hcl tab 40 mg, 80 mg.....	40
verapamil hcl tab 120 mg (Calan).....	40
VERAPAMIL HYDROCHLORIDE ER.....	40
VERELAN.....	40
VERELAN PM.....	40
VERSACLOZ.....	67
VERZENIO.....	21
VESICARE.....	60
VESICARE LS.....	60
VICTOZA.....	28
vigabatrin powd pack 500 mg (Sabril).....	88
vigabatrin tab 500 mg (Sabril).....	88
VIGAMOX.....	105
VIIBRYD.....	64
VIIBRYD STARTER PACK.....	64
VIMOVO.....	82
VIMPAT.....	88
VIOKACE.....	57
VIRACEPT.....	9
VIREAD.....	9
VITABEX.....	96
vitamin a cap 2400 mcg (8000 unit), 3 mg (10000 unit), 7.5 mg (25000 unit).....	91
VITAMIN D3 COMPLETE.....	96
vitamin e cap 45 mg (100 unit), 100 unit, 90 mg (200 unit), 134 mg (200 unit), 200 unit, 400 unit, 450 mg (1000 unit), 670 mg (1000 unit), 1000 unit, 180 mg (400 unit), 268 mg (400 unit).....	91
vitamin e soln 6.75 mg/0.3ml (15 unit/0.3ml).....	91
VITASANA.....	96
VITATRUM.....	96
VITRAKVI.....	21
VITRUM 50+ SENIOR MULTI.....	97
VIVOTIF.....	13
VIZIMPRO.....	22
VOGELXO.....	23
VOGELXO PUMP.....	23
VONJO.....	22

VONVENDI.....	104
voriconazole for susp 40 mg/ml (Vfend).....	5
voriconazole tab 50 mg, 200 mg (Vfend).....	5
VOSEVI.....	6
VOTRIENT.....	22
VOXZOGO.....	34
VRAYLAR.....	67
VUMERITY.....	74
VUSION.....	114
VYNDAMAX.....	45
VYNDAQEL.....	45
VYTORIN.....	42
VYVANSE.....	71
VYZULTA.....	107
W	
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg (Coumadin).....	104
WEGOVY.....	72
WELCHOL.....	42
WELIREG.....	22
WELLBUTRIN SR.....	64
WELLBUTRIN XL.....	64
white petrolatum-mineral oil ophth ointment.....	108
WIDE-SEAL SILICONE DIAPHR.....	25
WILATE.....	104
WINLEVI.....	112
WOMENS 50+ MULTI VITAMIN.....	97
WOMENS MULTI VITAMIN & MINERAL FORMULA.....	97
X	
XADAGO.....	90
XALATAN.....	107
XALKORI.....	22
XARELTO.....	104
XARELTO STARTER PACK.....	104
XCOPRI.....	88
XELJANZ.....	82
XELJANZ XR.....	82
XELPROS.....	107
XELSTRYM.....	72
XEMBIFY.....	14
XENICAL.....	72
XEPI.....	114
XERESE.....	114
XHANCE.....	47
XIFAXAN.....	10
XIGDUO XR.....	28
XOFLUZA.....	9
XOLAIR.....	52
XOPENEX HFA.....	52
XOSPATA.....	22
XPOVIO.....	22
XPOVIO 60 MG TWICE WEEKLY.....	22
XPOVIO 80 MG TWICE WEEKLY.....	22
XTAMPZA ER.....	79
XTANDI.....	22

XULTOPHY 100/3.6.....	28
XYNTHA.....	104
XYNTHA SOLOFUSE.....	104
Y	
YELETS TEENAGE FORMULA.....	97
YF-VAX.....	13
YONSA.....	22
YUPELRI.....	52
Z	
ZADITOR.....	108
zafirlukast tab 10 mg, 20 mg (Accolate).....	53
zaleplon cap 5 mg, 10 mg.....	68
ZARONTIN.....	88
ZEGERID.....	56
ZEJULA.....	22
ZELBORAF.....	22
ZEMBRACE SYMTOUCH.....	83
ZENPEP.....	57
ZENZEDI.....	72
ZEPATIER.....	6
ZEPOSIA.....	74
ZEPOSIA 7-DAY STARTER PACK.....	74
ZEPOSIA STARTER KIT.....	74
ZERVIAE.....	108
ZESTORETIC.....	35
ZESTRIL.....	35
ZETIA.....	42
ZETONNA.....	47
ZIANA.....	112
zidovudine cap 100 mg (Retrovir).....	9
zidovudine syrup 10 mg/ml (Retrovir).....	9
zidovudine tab 300 mg.....	9
ZIEXTENZO.....	104
zileuton tab er 12hr 600 mg (Zyflo cr).....	53
ZIMHI.....	125
zinc oxide oint 20%, 40%.....	118
ZIOPTAN.....	107
ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg (Geodon).....	68
ziprasidone mesylate for inj 20 mg (base equivalent) (Geodon).....	68
ZIPSOR.....	82
ZITHROMAX.....	3
ZITHROMAX TRI-PAK.....	3
ZITHROMAX Z-PAK.....	3
ZOCOR.....	43
ZOKINVY.....	125
ZOLINZA.....	22
zolmitriptan nasal spray 5 mg/spray unit (Zomig).....	83
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg (Zomig zmt).....	83
zolmitriptan tab 2.5 mg, 5 mg (Zomig).....	83
ZOLOFT.....	64
ZOLPIDEM TARTRATE.....	68
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr).....	68
zolpidem tartrate tab 5 mg, 10 mg (Ambien).....	69
ZOMACTON.....	33

ZOMIG.....	83
ZONEGRAN.....	88
zonisamide cap 50 mg.....	88
zonisamide cap 25 mg, 100 mg (Zonegran).....	88
ZONTIVITY.....	104
ZORBTIVE.....	33
ZORTRESS.....	125
ZORVOLEX.....	82
ZOVIRAX.....	114
ZTLIDO.....	118
ZUBSOLV.....	79
ZYDELIG.....	22
ZYFLO.....	53
ZYKADIA.....	22
ZYMAXID.....	105
ZYPITAMAG.....	43
ZYPREXA.....	68
ZYPREXA RELPREVV.....	68
ZYPREXA ZYDIS.....	68