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Molina Healthcare of California
Preferred Drug List
(Formulary)

Molina Healthcare of California Preferred Drug List (Formulary)

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INTRODUCTION

We are pleased to provide the 2019 *Molina Healthcare of California Preferred Drug List (Formulary)* as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review. Molina Healthcare of California only covers drugs made by a manufacturer that participates in the Federal Medicaid drug rebate program.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. All the information in the document is provided as a reference for drug therapy selection.

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.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of a Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an advisory body of clinical professionals. The P&T Committee's voting members include physicians and pharmacists, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, general principles are noted below.

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., *atorvastatin*).
- The second column (labeled Drug Tier) will list what tier the drug is placed on in the Drug Formulary.
- The third column (Requirements/Limits) contains any special requirements for coverage of your drug.
- If the OTC and Prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products require their own entry.
- Dosage forms on the document will be consistent with the category and use where listed.

PRESCRIPTION QUANTITY

Prescriptions should be written for a therapeutic supply of medications (the amount to appropriately treat a medical condition) up to a maximum of a 60-day supply for some medications prescribed monthly. Trial quantities may be used when initiating new treatments, if appropriate.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. In this document, *lowercase italicized* type indicates generic availability. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log in to www.molinahealthcare.com to check coverage.

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (866) 508-6445. The forms may be obtained by logging into the website www.molinahealthcare.com. Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

To ensure the quickest response possible from Molina Healthcare of California's Pharmacy Department, please provide relevant information with the Prior Authorization request. The following are examples:

Class of Medication/Diagnosis

Cholesterol Lowering

Diabetes

Non-Formulary/Non-Preferred Medication

Requested Clinical Information

Lipid Panel, Cardiovascular risk factors

A1c Report

Medication Log and/or Progress Notes documenting previous use of Formulary medications

CATEGORIES OF CONSIDERATION

NSAIDs

NSAID use in the following conditions deserves special consideration of potential risks: history of GI bleeding or ulcer, chronic anticoagulation, asthma, aspirin allergy, renal failure, hypertension or congestive heart failure.

OPIOID ANALGESICS

Limited to 4 grams of acetaminophen per day.

TETRACYCLINES

Contraindicated for children less than 8 years old or pregnant and nursing mothers.

NON-COVERED/EXCLUDED MEDICATIONS

Please note that certain medications are not covered. These include, but are not limited to:

- Drugs/Drug manufacturers not eligible for Federal Medicaid funds; not participating in Federal Medicaid Rebate Program
- Medications used for sexual dysfunction
- Medications used for cosmetic purposes
- Experimental or investigational medications
- Non-legend drug preparations (benzoic and salicylic acid ointment, salicylic acid cream, ointment, or liquid, sodium chloride, zinc oxide paste)
- Non-legend analgesics
- Vitamin combinations for persons > 5 years old (except prenatal vitamins)
- Supplements or other non-FDA approved products
- Non-legend Cough and Cold (OTC products containing guaifenesin or dextromethorphan)
- Household products (hand lotions, moisturizers, etc.)
- Belladonna alkaloids with phenobarbital
- Silver nitrate 75% and potassium nitrate 25% topical applicator sticks
- Silver nitrate topical solution
- Dental products
- Bepreve, Istalol and bromfenac sodium
- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related or similar drugs (frequently referred to as "DESI 5 and 6" drugs)

CARVED-OUT MEDICATIONS (medications covered under Medi-Cal Fee-for-Service)

The following types of medications are covered by the Medi-Cal Fee-for-Service (FFS) program directly, even when the member is enrolled in Molina managed care. For questions about a benefit or service listed here, please call Medi-Cal Support at 1-800-541-5555.

- Psychiatric Drugs
- Monoamine Oxidase Inhibitors (MAOIs)
- Select Antiparkinsonian Agents
- Mood Stabilizers
- HIV Drugs
- Detoxification Agents
- Hemophiliac Blood Products

PRESCRIPTION CLAIMS PROCESSOR

Molina Healthcare has selected CVS Caremark as the Pharmacy Benefit Management (PBM) Company to manage the prescription benefit for Molina members.

- Questions on processing claims, formulary status or rejected claims may be directed to the CVS Caremark Help Desk at (800) 770-8014.
- Membership and eligibility concerns may be addressed by calling the Molina Membership Services at (888) 665-4621.
- Provider-related questions may be addressed by calling the Molina Provider Services Help Desk at (888) 665-4621.

URGENT AND AFTER-HOURS MEDICATION POLICY

To prevent a member's condition from worsening in an urgent situation, it may be necessary to dispense a 72-hour supply of an acute medication before prior authorization may be obtained from Molina. (e.g., a member is discharged from a hospital after regular business hours with a special antibiotic prescription).

Pharmacies are instructed to use their professional judgment. Molina will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions. Pharmacies may contact CVS Caremark Help Desk at (800) 770-8014 to obtain an override for a 72-hour supply.

Pharmacies may call Molina at (888) 665-4621 on the following business day to obtain authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these urgent circumstances.

LEGEND

AGE	Age Limit
MED	Max 90 mg Morphine Equivalent Dose per day
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
PA, QL	Quantity Limit is applied after Prior Authorization approval
QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step Therapy
<i>lowercase</i>	Indicates generic availability
UPPERCASE	Indicates brand availability

REQUESTING FORMULARY CHANGES

If you are a prescriber and would like to request a formulary change, please submit your request and rationale to Molina's Pharmacy Department with your contact information.

Fax: 562-499-0790

NOTICE

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FORMULARY UPDATES

Please review the formulary changes which pertain to the Pharmacy Benefit unless denoted otherwise. If you have questions, contact Molina Health Plan's Pharmacy Help Desk.

Key			
AGE= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA= Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	MED= Max 90 mg Morphine Equivalent Dose per day

Effective Date	Product Name	Change	Comments
4/1/2019	erythromycin tab 250MG, 500MG	Remove from formulary	Prefer azithromycin, clarithromycin
4/1/2019	ERY-TAB EC 250MG, 333MG, 500MG	Remove from formulary	Prefer azithromycin, clarithromycin
4/1/2019	ERYTHROCIN TAB 250MG	Remove from formulary	Prefer azithromycin, clarithromycin
4/1/2019	E.E.S. 400 TAB 400MG	Remove from formulary	Prefer azithromycin, clarithromycin
4/1/2019	MAVYRET TAB 100-40MG	Remove from formulary	
4/1/2019	HARVONI TAB 90-400MG	Remove from formulary	Prefer ledip-sofosb tab 90-400MG
4/1/2019	EPCLUSA TAB 400-100	Remove from formulary	Prefer sofos/velpat tab 400-100
4/1/2019	sofos/velpat tab 400-100	Add to formulary with PA	
4/1/2019	ledip-sofosb tab 90-400MG	Add to formulary with PA	
4/1/2019	prednisolone soln 25MG/5ML	Remove from formulary	Prefer prednisolone 15mg/5ml
4/1/2019	nitroglycerin cap 2.5MG ER, 6.5MG ER, 9MG ER	Remove from formulary	Prefer isosorbide dinitrate, isosorbide mononitrate, nitroglycerin patch
4/1/2019	metoprolol tartrate tab 75MG	Remove from formulary	Prefer metoprolol tartrate 25mg, 50mg, 100mg
4/1/2019	verapamil SR cap	Remove from formulary	Prefer verapamil ER tablets
4/1/2019	hydrochlorothiazide tab 12.5MG	Remove from formulary	Prefer capsules
4/1/2019	fenofibric acid cap 45MG DR	Remove from formulary	Prefer fenofibrate 48mg, 54mg, 145mg, 160mg
4/1/2019	fenofibric acid tab 35MG	Remove from formulary	Prefer fenofibrate 48mg, 54mg, 145mg, 160mg
4/1/2019	fenofibrate cap 43MG, 67MG, 134MG, 200MG	Remove from formulary	Prefer fenofibrate 48mg, 54mg, 145mg, 160mg
4/1/2019	promethazine sup 50MG	Remove from formulary	Prefer promethazine tab, promethazine 12.5mg or 25mg supp
4/1/2019	fluticasone spray 50MCG	Remove from formulary	Prefer generic OTC
4/1/2019	ipratropium bromide powder	Remove from formulary	
4/1/2019	albuterol sulfate powder	Remove from formulary	
4/1/2019	polyethylene glycol 3350	Remove from formulary	Prefer PEG canister

Effective Date	Product Name	Change	Comments
4/1/2019	AUBAGIO TAB	Add to formulary with PA	
4/1/2019	GILENYA CAP	Add to formulary with PA	
4/1/2019	naproxen sodium tab 275MG, 550MG	Remove from formulary	Prefer naproxen 220mg, 250mg, 375mg, 500mg
4/1/2019	clobazam tab 10MG, 20MG	Remove PA	
4/1/2019	tiagabine tab 2MG, 4MG	Remove PA	
4/1/2019	vigabatrin tab 500MG	Remove PA	
4/1/2019	vigabatrin powder 500MG	Remove PA	
4/1/2019	VIMPAT TAB 50MG, 100MG, 150MG, 200MG, 10MG/ML SOL	Remove PA	
4/1/2019	BANZEL TAB 200MG, 400MG, 40MG/ML SUS	Remove PA	
4/1/2019	triamcinolone acetonide powder	Remove from formulary	
4/1/2019	formoterol fumarate powder	Remove from formulary	
4/1/2019	PLEGRIDY	Add to formulary with PA	
4/1/2019	NIVESTYM INJ	Add to formulary with PA	
4/1/2019	UDENYCA INJ 6MG/.6ML	Add to formulary with PA	
4/1/2019	FULPHILA INJ 6/0.6ML	Add to formulary with PA	
4/1/2019	capsaicin cream	Add to formulary	

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 18 years old & under
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1	QL (150 ea / 30 days); Covered for ages 18 years old & under
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 18 years old & under
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 18 years old & under
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 18 years old & under
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 18 years old & under
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 18 years old & under
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Tier 1	QL (120 ea / 30 days), PA; Covered for ages 18 years old & under

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Tier 1	QL (120 ea / 30 days), PA; Covered for ages 18 years old & under
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Tier 1	QL (60 ea / 30 days), PA; Covered for ages 18 years old & under
<i>dextroamphetamine sulfate tab 5 mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 3 - 18 years old
<i>dextroamphetamine sulfate tab 10 mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 3 - 18 years old
<i>zenzedi tab 5mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 3 - 18 years old
<i>zenzedi tab 10mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 3 - 18 years old

ANALEPTICS

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	QL (120 mL in lifetime); Covered for ages 1 years old & under
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ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old

Drug Name	Drug Tier	Requirements/Limits
STIMULANTS - MISC.		
<i>armodafinil tab 50 mg</i>	Tier 1	QL (30 ea / 30 days), PA
<i>armodafinil tab 150 mg</i>	Tier 1	QL (30 ea / 30 days), PA
<i>armodafinil tab 200 mg</i>	Tier 1	QL (30 ea / 30 days), PA
<i>armodafinil tab 250 mg</i>	Tier 1	QL (30 ea / 30 days), PA
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 18 years old & under
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 18 years old & under
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 18 years old & under
<i>metadate tab 20mg er</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	QL (450 mL / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	QL (900 mL / 30 days); Covered for ages 18 years old & under
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 18 years old

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab er 24hr 18 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 64 years old
<i>methylphenidate hcl tab er 24hr 27 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 6 - 18 years old
<i>methylphenidate hcl tab er 24hr 54 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 6 - 18 years old
<i>modafinil tab 100 mg</i>	Tier 1	QL (30 ea / 30 days), PA
<i>modafinil tab 200 mg</i>	Tier 1	QL (60 ea / 30 days), PA

AMINOGLYCOSIDES

AMINOGLYCOSIDES

<i>neomycin sulfate tab 500 mg</i>	Tier 1
<i>paromomycin sulfate cap 250 mg</i>	Tier 1

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10/0.1ML	Tier 1	SP, QL (4 ea / 28 days), PA
HUMIRA INJ 10MG/0.2	Tier 1	SP, QL (2 ea / 28 days), PA
HUMIRA INJ 20/0.2ML	Tier 1	SP, QL (4 ea / 28 days), PA
HUMIRA INJ 40/0.4ML	Tier 1	SP, QL (2 ea / 28 days), PA
HUMIRA KIT 20MG/0.4	Tier 1	SP, QL (2 ea / 24 days), PA
HUMIRA KIT 40MG/0.8	Tier 1	SP, QL (2 ea / 24 days), PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIA INJ CROHNS	Tier 1	SP, QL (2 ea / 24 days), PA
HUMIRA PEDIA INJ CROHNS	Tier 1	SP, QL (2 ea / 28 days), PA
HUMIRA PEN INJ 40/0.4ML	Tier 1	SP, QL (2 ea / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	Tier 1	SP, QL (2 ea / 24 days), PA
HUMIRA PEN INJ CD/UC/HS	Tier 1	SP, QL (2 ea / 24 days), PA
HUMIRA PEN INJ PS/UV	Tier 1	SP, QL (2 ea / 24 days), PA
HUMIRA PEN KIT CD/UC/HS	Tier 1	SP, QL (2 ea / 28 days), PA
HUMIRA PEN KIT PS/UV	Tier 1	SP, QL (4 ea / 28 days), PA

GOLD COMPOUNDS

RIDAURA CAP 3MG	Tier 1	
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INTERLEUKIN-6 RECEPTOR INHIBITORS

KEVZARA INJ 150/1.14	Tier 1	SP, PA
KEVZARA INJ 200/1.14	Tier 1	SP, PA

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib cap 50 mg</i>	Tier 1	PA
<i>celecoxib cap 100 mg</i>	Tier 1	QL (120 ea / 30 days), PA
<i>celecoxib cap 200 mg</i>	Tier 1	QL (60 ea / 30 days), PA
<i>celecoxib cap 400 mg</i>	Tier 1	QL (120 ea / 30 days), PA
<i>diclofenac potassium tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	
<i>etodolac tab 400 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>etodolac tab 500 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>flurbiprofen tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>flurbiprofen tab 100 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>ibuprofen cap 200 mg</i>	Tier 1	OTC
<i>ibuprofen chew tab 100 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen susp 40 mg/ml</i>	Tier 1	OTC, QL (4800 mL / 30 days)
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1	QL (4800 mL / 30 days)
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1	OTC, QL (4800 mL / 30 days)
<i>ibuprofen tab 100 mg</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 200 mg</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ibuprofen tab 400 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>ibuprofen tab 600 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>ibuprofen tab 800 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>indomethacin cap 25 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>indomethacin cap 50 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	QL (4 ea / day, max 5 day supply); Covered for ages 64 years old & under
<i>meloxicam tab 7.5 mg</i>	Tier 1	
<i>meloxicam tab 15 mg</i>	Tier 1	
<i>nabumetone tab 500 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>nabumetone tab 750 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>naproxen dr tab 375mg</i>	Tier 1	QL (90 ea / 30 days)
<i>naproxen dr tab 500mg</i>	Tier 1	QL (90 ea / 30 days)
<i>naproxen sodium tab 220 mg</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>naproxen susp 125 mg/5ml</i>	Tier 1	QL (3000 mL / 30 days)
<i>naproxen tab 250 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>naproxen tab 375 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>naproxen tab 500 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>oxaprozin tab 600 mg</i>	Tier 1	QL (90 ea / 30 days), PA
<i>piroxicam cap 10 mg</i>	Tier 1	QL (120 ea / 30 days), PA
<i>piroxicam cap 20 mg</i>	Tier 1	QL (60 ea / 30 days), PA
<i>sulindac tab 150 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>sulindac tab 200 mg</i>	Tier 1	QL (90 ea / 30 days)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	Tier 1	SP, PA
OTEZLA TAB 30MG	Tier 1	SP, PA

Drug Name	Drug Tier	Requirements/Limits
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PYRIMIDINE SYNTHESIS INHIBITORS

<i>leflunomide tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>leflunomide tab 20 mg</i>	Tier 1	QL (30 ea / 30 days)

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL INJ 25/0.5ML	Tier 1	SP, QL (4 mL / 24 days), PA
ENBREL INJ 25MG	Tier 1	SP, QL (4 ea / 24 days), PA
ENBREL INJ 50MG/ML	Tier 1	SP, QL (4 mL / 24 days), PA
ENBREL MINI INJ 50MG/ML	Tier 1	SP, QL (2 mL / 28 days), PA
ENBREL SRCLK INJ 50MG/ML	Tier 1	SP, QL (4 mL / 24 days), PA

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>butalbital-acetaminophen tab 50-325 mg</i>	Tier 1	QL (300 ea / 30 days); Covered for ages 64 years old & under
<i>butalbital-acetaminophen-cafeine cap 50-325-40 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>butalbital-acetaminophen-cafeine tab 50-325-40 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>butalbital-aspirin-cafeine cap 50-325-40 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 64 years old & under

ANALGESICS OTHER

<i>acetaminophen cap 500 mg</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen chew tab 80 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen chew tab 160 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen disintegrating tab 80 mg</i>	Tier 1	OTC, QL (1500 ea / 30 days)
<i>acetaminophen disintegrating tab 160 mg</i>	Tier 1	OTC, QL (750 ea / 30 days)
<i>acetaminophen elixir 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen liquid 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen liquid 167 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen soln 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen suppos 120 mg</i>	Tier 1	OTC, QL (1020 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen suppos 325 mg</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>acetaminophen suppos 650 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen susp 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen tab 325 mg</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 500 mg</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab er 650 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
FEVERALL INF SUP 80MG	Tier 1	OTC, QL (1500 ea / 30 days)
<i>pain & fever sol 160/5ml</i>	Tier 1	OTC

SALICYLATES

<i>aspirin chew tab 81 mg</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab 325 mg</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>aspirin tab delayed release 81 mg</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>aspirin tab delayed release 325 mg</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>salsalate tab 500 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>salsalate tab 750 mg</i>	Tier 1	QL (120 ea / 30 days)

ANALGESICS - OPIOID

OPIOID AGONISTS

<i>codeine sulfate tab 30 mg</i>	Tier 1	QL (360 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	QL (10 ea / 30 days), PA; MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	QL (10 ea / 30 days), PA; MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	QL (10 ea / 30 days), PA; MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	QL (10 ea / 30 days), PA; MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	QL (10 ea / 30 days), PA; MED
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	QL (360 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	QL (360 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>meperidine hcl oral soln 50 mg/5ml</i>	Tier 1	QL (500 mL / 25 days), PA; MED; Max 7 day supply for initial fill or PA required; Covered for ages 64 years old & under
<i>meperidine hcl tab 50 mg</i>	Tier 1	QL (300 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required; Covered for ages 64 years old & under
<i>meperidine hcl tab 100 mg</i>	Tier 1	QL (240 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required; Covered for ages 64 years old & under
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	PA; MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	PA; MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	PA; MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab 15 mg</i>	Tier 1	QL (90 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab 30 mg</i>	Tier 1	QL (90 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab er 15 mg</i>	Tier 1	QL (90 ea / 30 days), ST; Requires prior use of IR Opioid; MED
<i>morphine sulfate tab er 30 mg</i>	Tier 1	QL (90 ea / 30 days), ST; Requires prior use of IR Opioid; MED

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab er 60 mg</i>	Tier 1	QL (90 ea / 30 days), ST; Requires prior use of IR Opioid; MED
<i>morphine sulfate tab er 100 mg</i>	Tier 1	QL (90 ea / 30 days), ST; Requires prior use of IR Opioid; MED
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	PA; QL (max quantity 240 per fill, max 1 fill per 90 days); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 5 mg</i>	Tier 1	PA; QL (max quantity 90 per fill, max 1 fill per 90 days); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 10 mg</i>	Tier 1	PA; QL (max quantity 90 per fill, max 1 fill per 90 days); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 15 mg</i>	Tier 1	PA; QL (max quantity 90 per fill, max 1 fill per 90 days); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 20 mg</i>	Tier 1	PA; QL (max quantity 90 per fill, max 1 fill per 90 days); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 30 mg</i>	Tier 1	PA; QL (max quantity 90 per fill, max 1 fill per 90 days); MED; Max 7 day supply for initial fill or PA required
<i>tramadol hcl tab 50 mg</i>	Tier 1	QL (240 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	QL (3750 mL / 25 days), PA; MED; Max 7 day supply for initial fill or PA required
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Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Tier 1	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 5-325mg</i>	Tier 1	QL (240 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 7.5-325</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 10-325mg</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	QL (3750 mL / 25 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	QL (240 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 ea / 30 days), PA; MED; Max 7 day supply for initial fill or PA required

ANDROGENS-ANABOLIC

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	

ANORECTAL AGENTS

RECTAL COMBINATIONS

<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i>	Tier 1	OTC
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RECTAL LOCAL ANESTHETICS

<i>dibucaine rectal ointment 1%</i>	Tier 1	OTC
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RECTAL STEROIDS

<i>hydrocortisone rectal cream 2.5%</i>	Tier 1	
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ANTACIDS

ANTACID COMBINATIONS

<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg</i>	Tier 1	OTC

ANTACIDS - BICARBONATE

<i>sodium bicarbonate tab 325 mg</i>	Tier 1	OTC
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Drug Name	Drug Tier	Requirements/Limits
<i>sodium bicarbonate tab 650 mg</i>	Tier 1	OTC
ANTACIDS - CALCIUM SALTS		
<i>calcium carb tab 648mg</i>	Tier 1	OTC, QL (480 ea / 30 days)
<i>calcium carbonate (antacid) chew tab 400 mg</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg</i>	Tier 1	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Tier 1	OTC, QL (500 mL / 25 days)
ANTACIDS - MAGNESIUM SALTS		
<i>magnesium oxide tab 400 mg</i>	Tier 1	OTC
<i>magnesium tab 400mg</i>	Tier 1	OTC
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tab 200 mg</i>	Tier 1	PA
<i>ivermectin tab 3 mg</i>	Tier 1	QL (300 ea / 30 days)
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>metronidazole tab 250 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>metronidazole tab 500 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>trimethoprim tab 100 mg</i>	Tier 1	QL (180 ea / 30 days)
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>sulfatrim pd sus 200-40/5</i>	Tier 1	QL (1200 mL / 30 days)
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750 mg/5ml</i>	Tier 1	
GLYCOPEPTIDES		
<i>FIRVANQ SOL 25MG/ML</i>	Tier 1	QL (1200 mL / 30 days)
<i>FIRVANQ SOL 50MG/ML</i>	Tier 1	QL (1200 mL / 30 days)
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>dapsone tab 100 mg</i>	Tier 1	QL (90 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
LINCOSAMIDES		
<i>clindamycin hcl cap 150 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	Covered for ages 18 years old & under
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	Tier 1	PA
<i>linezolid tab 600 mg</i>	Tier 1	PA
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 1	QL (60 ea / 30 days), ST; Requires trial of beta blocker/calcium channel blockers and long-acting nitrate
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 1	QL (60 ea / 30 days), ST; Requires trial of beta blocker/calcium channel blockers and long-acting nitrate
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>minitran dis 0.2mg/hr</i>	Tier 1	QL (30 ea / 30 days)
<i>minitran dis 0.4mg/hr</i>	Tier 1	QL (30 ea / 30 days)
<i>minitran dis 0.6mg/hr</i>	Tier 1	QL (30 ea / 30 days)
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Tier 1	QL (30 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		

<i>buspirone hcl tab 5 mg</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 6 years old & over
<i>buspirone hcl tab 7.5 mg</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 6 years old & over
<i>buspirone hcl tab 10 mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 6 years old & over
<i>buspirone hcl tab 15 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 6 years old & over
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); Covered for ages 64 years old & under
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 64 years old & under
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 64 years old & under
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 64 years old & under
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 64 years old & under
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 64 years old & under
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under

BENZODIAZEPINES

<i>alprazolam tab 0.5 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 18 years old & over
<i>alprazolam tab 0.25 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 18 years old & over
<i>alprazolam tab 1 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 18 years old & over

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tab 2 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 18 years old & over
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 6 - 64 years old
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 - 64 years old
<i>diazepam conc 5 mg/ml</i>	Tier 1	QL (90 mL / 30 days), PA; Covered for ages 64 years old & under
<i>diazepam oral soln 1 mg/ml</i>	Tier 1	QL (120 mL / 30 days); Covered for ages 64 years old & under
<i>diazepam tab 2 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>diazepam tab 5 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>diazepam tab 10 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>lorazepam conc 2 mg/ml</i>	Tier 1	QL (90 mL / 30 days); Covered for ages 12 years old & over
<i>lorazepam tab 0.5 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 12 years old & over
<i>lorazepam tab 1 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 12 years old & over

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam tab 2 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 12 years old & over
<i>oxazepam cap 10 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 years old & over
<i>oxazepam cap 15 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 6 years old & over
<i>oxazepam cap 30 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 6 years old & over

ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i>	Tier 1	
<i>disopyramide phosphate cap 150 mg</i>	Tier 1	QL (150 ea / 30 days); Covered for ages 64 years old & under
<i>quinidine sulfate tab 300 mg</i>	Tier 1	

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl cap 150 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>mexiletine hcl cap 200 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>mexiletine hcl cap 250 mg</i>	Tier 1	QL (180 ea / 30 days)

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	Tier 1	QL (210 ea / 30 days)
<i>flecainide acetate tab 100 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>flecainide acetate tab 150 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>propafenone hcl tab 150 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>propafenone hcl tab 225 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>propafenone hcl tab 300 mg</i>	Tier 1	

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 200 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>pacerone tab 200mg</i>	Tier 1	QL (120 ea / 30 days)

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 1	QL (780 mL / 30 days)
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ANTIASTHMATIC - MONOCLONAL ANTIBODIES

XOLAIR INJ 75/0.5	Tier 1	SP, QL (2.5 mL / 24 days), PA
XOLAIR INJ 150MG/ML	Tier 1	SP, QL (5 mL / 24 days), PA
XOLAIR SOL 150MG	Tier 1	SP, QL (5 ea / 24 days), PA

Drug Name	Drug Tier	Requirements/Limits
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	Tier 1	
INCRUSE ELPT INH 62.5MCG	Tier 1	QL (30 ea / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	QL (300 mL / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 9 years old & under
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 14 years old & under
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELPT INH 50MCG	Tier 1	QL (30 ea / 30 days)
ARNUITY ELPT INH 100MCG	Tier 1	QL (30 ea / 30 days)
ARNUITY ELPT INH 200MCG	Tier 1	QL (30 ea / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 1	QL (120 mL / 30 days); Covered for ages 9 years old & under
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 1	QL (120 mL / 30 days); Covered for ages 9 years old & under
FLOVENT HFA AER 44MCG	Tier 1	QL (10.6 gm / 30 days); Covered for ages 11 years old & under
FLOVENT HFA AER 110MCG	Tier 1	QL (12 gm / 30 days); Covered for ages 11 years old & under
QVAR REDIHA AER 80MCG	Tier 1	QL (10.6 gm / 30 days)
QVAR REDIHAL AER 40MCG	Tier 1	QL (10.6 gm / 30 days)
SYMPATHOMIMETICS		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (18 gm / 25 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (8.5 gm / 25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	QL (150 ea / 30 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL / 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	QL (225 mL / 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (150 mL / 30 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	QL (4500 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate tab 4 mg</i>	Tier 1	QL (240 ea / 30 days)
ANORO ELLIPT AER 62.5-25	Tier 1	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Tier 1	QL (1.2 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Tier 1	QL (1.2 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Tier 1	QL (1.2 ea / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QL (360 mL / 30 days)
STRIVERDI AER 2.5MCG	Tier 1	QL (60 gm / 30 days)
SYMBICORT AER 80-4.5	Tier 1	QL (10.2 gm / 25 days); Covered for ages 11 years old & under
SYMBICORT AER 160-4.5	Tier 1	QL (10.2 gm / 25 days); Covered for ages 11 years old & under
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>terbutaline sulfate tab 5 mg</i>	Tier 1	QL (180 ea / 30 days)
VENTOLIN HFA AER	Tier 1	QL (18.6 gm / 30 days)
VENTOLIN HFA AER	Tier 1	QL (36 gm / 51 days)

XANTHINES - DRUGS TO TREAT COPD

<i>theochron tab 100mg cr</i>	Tier 1	QL (120 ea / 30 days)
<i>theochron tab 200mg cr</i>	Tier 1	QL (120 ea / 30 days)
<i>theochron tab 300mg cr</i>	Tier 1	QL (120 ea / 30 days)
<i>theophylline soln 80 mg/15ml</i>	Tier 1	
<i>theophylline tab er 12hr 100 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>theophylline tab er 12hr 200 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>theophylline tab er 12hr 300 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>theophylline tab er 12hr 450 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>theophylline tab er 24hr 400 mg</i>	Tier 1	
<i>theophylline tab er 24hr 600 mg</i>	Tier 1	QL (90 ea / 30 days)

ANTICOAGULANTS - BLOOD THINNERS

COUMARIN ANTICOAGULANTS

COUMADIN TAB 1MG	Tier 1	QL (300 ea / 30 days)
COUMADIN TAB 2.5MG	Tier 1	QL (300 ea / 30 days)
COUMADIN TAB 2MG	Tier 1	QL (300 ea / 30 days)
COUMADIN TAB 3MG	Tier 1	QL (300 ea / 30 days)
COUMADIN TAB 4MG	Tier 1	QL (300 ea / 30 days)
COUMADIN TAB 5MG	Tier 1	QL (300 ea / 30 days)
COUMADIN TAB 6MG	Tier 1	QL (300 ea / 30 days)
COUMADIN TAB 7.5MG	Tier 1	QL (300 ea / 30 days)
COUMADIN TAB 10MG	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 1 mg</i>	Tier 1	QL (300 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium tab 2 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 3 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 4 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 5 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 6 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 10 mg</i>	Tier 1	QL (300 ea / 30 days)

DIRECT FACTOR XA INHIBITORS

<i>XARELTO STAR TAB 15/20MG</i>	Tier 1	PA
<i>XARELTO TAB 10MG</i>	Tier 1	QL (30 ea / 30 days), PA
<i>XARELTO TAB 15MG</i>	Tier 1	QL (60 ea / 30 days), PA
<i>XARELTO TAB 20MG</i>	Tier 1	QL (30 ea / 30 days), PA

HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium inj 30 mg/0.3ml</i>	Tier 1	SP, QL (4.2 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	Tier 1	SP, QL (5.6 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	Tier 1	SP, QL (8.4 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	Tier 1	SP, QL (11.2 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 100 mg/ml</i>	Tier 1	SP, QL (14 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	Tier 1	SP, QL (11.2 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 150 mg/ml</i>	Tier 1	SP, QL (14 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 1	SP; QL (max 7 day supply per 180 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 1	SP, PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 1	PA

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 2500/0.2	Tier 1	SP, PA
FRAGMIN INJ 5000/0.2	Tier 1	SP, PA
FRAGMIN INJ 7500/0.3	Tier 1	SP, PA
FRAGMIN INJ 10000/ML	Tier 1	SP, PA
FRAGMIN INJ 12500UNT	Tier 1	SP, PA
FRAGMIN INJ 15000UNT	Tier 1	SP, PA
FRAGMIN INJ 18000UNT	Tier 1	SP, PA

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam tab 10 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>clobazam tab 20 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>clonazepam tab 0.5 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>clonazepam tab 1 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>clonazepam tab 2 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	Tier 1	QL (2 ea / 25 days)
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 1	QL (2 ea / 25 days)
<i>diazepam rectal gel delivery system 20 mg</i>	Tier 1	QL (2 ea / 25 days)

ANTICONVULSANTS - MISC.

BANZEL SUS 40MG/ML	Tier 1	QL (2400 mL / 30 days)
BANZEL TAB 200MG	Tier 1	QL (480 ea / 30 days)
BANZEL TAB 400MG	Tier 1	QL (240 ea / 30 days)
<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1	
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1	
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1	
<i>carbamazepine chew tab 100 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>carbamazepine tab 200 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 1	QL (240 ea / 30 days)
CARBATROL CAP 100MG	Tier 1	
CARBATROL CAP 200MG	Tier 1	
CARBATROL CAP 300MG	Tier 1	
<i>epitol tab 200mg</i>	Tier 1	QL (240 ea / 30 days)
<i>gabapentin cap 100 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>gabapentin cap 300 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>gabapentin cap 400 mg</i>	Tier 1	QL (270 ea / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	
<i>gabapentin tab 600 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>gabapentin tab 800 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>lamotrigine tab 25 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>lamotrigine tab 100 mg</i>	Tier 1	QL (240 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab 150 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>lamotrigine tab 200 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	QL (900 mL / 30 days)
<i>levetiracetam tab 250 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>levetiracetam tab 500 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>levetiracetam tab 750 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>levetiracetam tab 1000 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 1	QL (120 ea / 30 days)
LYRICA CAP 25MG	Tier 1	QL (90 ea / 30 days), PA
LYRICA CAP 50MG	Tier 1	QL (180 ea / 30 days), PA
LYRICA CAP 75MG	Tier 1	QL (240 ea / 30 days), PA
LYRICA CAP 100MG	Tier 1	QL (90 ea / 30 days), PA
LYRICA CAP 150MG	Tier 1	QL (90 ea / 30 days), PA
LYRICA CAP 200MG	Tier 1	QL (90 ea / 30 days), PA
LYRICA CAP 225MG	Tier 1	QL (60 ea / 30 days), PA
LYRICA CAP 300MG	Tier 1	QL (60 ea / 30 days), PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 1	
<i>oxcarbazepine tab 150 mg</i>	Tier 1	
<i>oxcarbazepine tab 300 mg</i>	Tier 1	
<i>oxcarbazepine tab 600 mg</i>	Tier 1	
<i>primidone tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>primidone tab 250 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>roweepra tab 500mg</i>	Tier 1	QL (180 ea / 30 days)
<i>roweepra tab 750mg</i>	Tier 1	QL (120 ea / 30 days)
<i>roweepra tab 1000mg</i>	Tier 1	QL (90 ea / 30 days)
<i>roweepra xr tab 500mg xr</i>	Tier 1	QL (180 ea / 30 days)
<i>roweepra xr tab 750mg xr</i>	Tier 1	QL (120 ea / 30 days)
<i>subvenite tab 25mg</i>	Tier 1	QL (300 ea / 30 days)
<i>subvenite tab 100mg</i>	Tier 1	QL (240 ea / 30 days)
<i>subvenite tab 150mg</i>	Tier 1	QL (120 ea / 30 days)
<i>subvenite tab 200mg</i>	Tier 1	QL (120 ea / 30 days)
TEGRETOL SUS 100/5ML	Tier 1	QL (1800 mL / 30 days)
TEGRETOL TAB 200MG	Tier 1	QL (240 ea / 30 days)
TEGRETOL-XR TAB 100MG	Tier 1	QL (240 ea / 30 days)
TEGRETOL-XR TAB 200MG	Tier 1	QL (240 ea / 30 days)
TEGRETOL-XR TAB 400MG	Tier 1	QL (240 ea / 30 days)
<i>topiramate sprinkle cap 15 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>topiramate sprinkle cap 25 mg</i>	Tier 1	QL (240 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tab 25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>topiramate tab 50 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>topiramate tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>topiramate tab 200 mg</i>	Tier 1	QL (60 ea / 30 days)
VIMPAT SOL 10MG/ML	Tier 1	QL (600 mL / 30 days)
VIMPAT TAB 50MG	Tier 1	QL (60 ea / 30 days)
VIMPAT TAB 100MG	Tier 1	QL (60 ea / 30 days)
VIMPAT TAB 150MG	Tier 1	QL (60 ea / 30 days)
VIMPAT TAB 200MG	Tier 1	QL (60 ea / 30 days)
<i>zonisamide cap 25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>zonisamide cap 50 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>zonisamide cap 100 mg</i>	Tier 1	QL (180 ea / 30 days)
GABA MODULATORS		
<i>tiagabine hcl tab 2 mg</i>	Tier 1	QL (840 ea / 30 days)
<i>tiagabine hcl tab 4 mg</i>	Tier 1	QL (420 ea / 30 days)
<i>vigabatrin powd pack 500 mg</i>	Tier 1	SP, QL (180 ea / 30 days)
<i>vigabatrin tab 500 mg</i>	Tier 1	SP, QL (180 ea / 30 days)
<i>vigadrone pow 500mg</i>	Tier 1	SP, QL (180 ea / 30 days)
HYDANTOINS		
DILANTIN CAP 30MG	Tier 1	QL (180 ea / 30 days)
DILANTIN CAP 100MG	Tier 1	QL (180 ea / 30 days)
DILANTIN CHW 50MG	Tier 1	QL (150 ea / 30 days)
DILANTIN-125 SUS 125/5ML	Tier 1	QL (600 mL / 30 days)
<i>phenytoin chew tab 50 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	QL (600 mL / 30 days)
SUCCINIMIDES		
<i>ethosuximide cap 250 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	QL (900 mL / 30 days)
VALPROIC ACID		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	QL (450 ea / 30 days)
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	QL (300 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	QL (3000 mL / 30 days)
<i>valproic acid cap 250 mg</i>	Tier 1	QL (600 ea / 30 days)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine tab 15 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>mirtazapine tab 30 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>mirtazapine tab 45 mg</i>	Tier 1	QL (30 ea / 30 days)

ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tab 75 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>bupropion hcl tab 100 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>maprotiline hcl tab 25 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>maprotiline hcl tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>maprotiline hcl tab 75 mg</i>	Tier 1	

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	QL (600 mL / 30 days)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1	QL (60 ea / 30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 1	QL (60 ea / 30 days)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	QL (90 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tab 10 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>paroxetine hcl tab 20 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>paroxetine hcl tab 30 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>paroxetine hcl tab 40 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	
<i>sertraline hcl tab 25 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>sertraline hcl tab 50 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sertraline hcl tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)
SEROTONIN MODULATORS		
<i>trazodone hcl tab 50 mg</i>	Tier 1	
<i>trazodone hcl tab 100 mg</i>	Tier 1	
<i>trazodone hcl tab 150 mg</i>	Tier 1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Tier 1	QL (60 ea / 30 days), PA
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 1	QL (60 ea / 30 days), PA
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1	QL (60 ea / 30 days), PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 1	QL (90 ea / 30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Tier 1	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Tier 1	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Tier 1	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Tier 1	QL (90 ea / 30 days)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Tier 1	QL (90 ea / 30 days)
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 64 years old & under

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>amitriptyline hcl tab 100 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>amitriptyline hcl tab 150 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>clomipramine hcl cap 25 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>clomipramine hcl cap 50 mg</i>	Tier 1	
<i>clomipramine hcl cap 75 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>desipramine hcl tab 10 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>desipramine hcl tab 25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>desipramine hcl tab 50 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>desipramine hcl tab 75 mg</i>	Tier 1	
<i>desipramine hcl tab 100 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>desipramine hcl tab 150 mg</i>	Tier 1	
<i>doxepin hcl cap 10 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>doxepin hcl cap 25 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>doxepin hcl cap 50 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>doxepin hcl cap 75 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>doxepin hcl cap 100 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>doxepin hcl cap 150 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 64 years old & under
<i>doxepin hcl conc 10 mg/ml</i>	Tier 1	Covered for ages 64 years old & under
<i>imipramine hcl tab 10 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>imipramine hcl tab 25 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>imipramine hcl tab 50 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>nortriptyline hcl cap 10 mg</i>	Tier 1	QL (180 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl cap 25 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>nortriptyline hcl cap 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>nortriptyline hcl cap 75 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>protriptyline hcl tab 5 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>protriptyline hcl tab 10 mg</i>	Tier 1	QL (240 ea / 30 days)

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>acarbose tab 50 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>acarbose tab 100 mg</i>	Tier 1	QL (120 ea / 30 days)

ANTIDIABETIC COMBINATIONS

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 1	ST; Requires trial of metformin or metformin-containing product AND a Sulfonyleurea or Sulfonyleurea Combination
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 1	ST; Requires trial of metformin or metformin-containing product AND a Sulfonyleurea or Sulfonyleurea Combination
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Tier 1	ST; Requires trial of metformin or metformin-containing product AND a Sulfonyleurea or Sulfonyleurea Combination
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Tier 1	ST; Requires trial of metformin or metformin-containing product AND a Sulfonyleurea or Sulfonyleurea Combination

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Tier 1	ST; Requires trial of metformin or metformin-containing product AND a Sulfonyleurea or Sulfonyleurea Combination
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Tier 1	ST; Requires trial of metformin or metformin-containing product AND a Sulfonyleurea or Sulfonyleurea Combination
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Tier 1	ST; Requires trial of metformin or metformin-containing product AND a Sulfonyleurea or Sulfonyleurea Combination
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Tier 1	ST; Requires trial of metformin or metformin-containing product AND a Sulfonyleurea or Sulfonyleurea Combination
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1	QL (120 ea / 30 days)
SEGLUROMET TAB 2.5-500	Tier 1	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
SEGLUROMET TAB 2.5-1000	Tier 1	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
SEGLUROMET TAB 7.5-500	Tier 1	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination

Drug Name	Drug Tier	Requirements/Limits
SEGLUROMET TAB 7.5-1000	Tier 1	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
<i>BIGUANIDES</i>		
<i>metformin hcl tab 500 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>metformin hcl tab 850 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>metformin hcl tab 1000 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>DIABETIC OTHER</i>		
GLUCAGON KIT 1MG	Tier 1	QL (2 ea / 25 days)
GLUCOSE CHEW TABS	Tier 1	OTC
<i>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</i>		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Tier 1	ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 1	ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 1	ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination
<i>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</i>		
OZEMPIC INJ 2/1.5ML	Tier 1	PA
VICTOZA INJ 18MG/3ML	Tier 1	PA
<i>INSULIN</i>		
ADMELOG INJ 100U/ML	Tier 1	QL (30 mL / 30 days)
ADMELOG SOLO INJ 100U/ML	Tier 1	QL (30 mL / 30 days); Covered for ages 18 years old & under
BASAGLAR INJ 100UNIT	Tier 1	QL (30 mL / 25 days)

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX INJ 50/50	Tier 1	QL (30 mL / 25 days)
HUMALOG MIX INJ 50/50KWP	Tier 1	QL (30 mL / 25 days); Covered for ages 18 years old & under
HUMALOG MIX INJ 75/25KWP	Tier 1	QL (30 mL / 25 days); Covered for ages 18 years old & under
HUMALOG MIX SUS 75/25	Tier 1	QL (30 mL / 25 days)
HUMULIN INJ 70/30	Tier 1	OTC, QL (30 mL / 25 days)
HUMULIN INJ 70/30KWP	Tier 1	OTC, QL (30 mL / 25 days); Covered for ages 18 years old & under
HUMULIN N INJ U-100	Tier 1	OTC, QL (30 mL / 25 days)
HUMULIN N INJ U-100KWP	Tier 1	OTC, QL (30 mL / 25 days); Covered for ages 18 years old & under
HUMULIN R INJ U-100	Tier 1	OTC, QL (30 mL / 25 days)
HUMULIN R INJ U-500	Tier 1	QL (20 mL / 25 days)
NOVOLIN INJ 70/30	Tier 1	OTC, QL (30 mL / 25 days)
NOVOLIN INJ FLEXPEN	Tier 1	OTC, QL (30 mL / 25 days); Covered for ages 18 years old & under
NOVOLIN N INJ U-100	Tier 1	OTC, QL (30 mL / 25 days)
NOVOLIN R INJ U-100	Tier 1	OTC, QL (30 mL / 25 days)
NOVOLOG MIX INJ 70/30	Tier 1	QL (30 mL / 25 days)
NOVOLOG MIX INJ FLEXPEN	Tier 1	QL (30 mL / 25 days); Covered for ages 18 years old & under

INSULIN SENSITIZING AGENTS

<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)

MEGLITINIDE ANALOGUES

<i>nateglinide tab 60 mg</i>	Tier 1	
<i>nateglinide tab 120 mg</i>	Tier 1	
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>repaglinide tab 1 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>repaglinide tab 2 mg</i>	Tier 1	QL (180 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
STEGLATRO TAB 5MG	Tier 1	QL (30 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
STEGLATRO TAB 15MG	Tier 1	QL (30 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination

SULFONYLUREAS

<i>chlorpropamide tab 100 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>chlorpropamide tab 250 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>glimepiride tab 1 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>glimepiride tab 2 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>glimepiride tab 4 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>glipizide tab 5 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>glipizide tab 10 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>glipizide xl tab 2.5mg</i>	Tier 1	QL (60 ea / 30 days)
<i>glipizide xl tab 5mg</i>	Tier 1	QL (60 ea / 30 days)
<i>glipizide xl tab 10mg</i>	Tier 1	QL (60 ea / 30 days)
<i>glyburide micronized tab 1.5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>glyburide micronized tab 3 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>glyburide micronized tab 6 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>glyburide tab 1.25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>glyburide tab 2.5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>glyburide tab 5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>tolbutamide tab 500 mg</i>	Tier 1	QL (180 ea / 30 days)

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>bismuth subsalicylate chew tab 262 mg</i>	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i>	Tier 1	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i>	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg</i>	Tier 1	OTC

ANTIPERISTALTIC AGENTS

<i>anti-diarrhe liq 1mg/5ml</i>	Tier 1	OTC
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Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>loperamide hcl cap 2 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>loperamide hcl cap 2 mg</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>loperamide hcl tab 2 mg</i>	Tier 1	OTC
<i>loperamide sus 1mg/7.5</i>	Tier 1	OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

CHEMET CAP 100MG	Tier 1	PA
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ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT3 RECEPTOR ANTAGONISTS

<i>granisetron hcl tab 1 mg</i>	Tier 1	QL (60 ea / 30 days), ST; Requires trial of ondansetron
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	PA
<i>ondansetron hcl tab 4 mg</i>	Tier 1	QL (90 ea / 25 days)
<i>ondansetron hcl tab 8 mg</i>	Tier 1	QL (90 ea / 25 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	QL (90 ea / 25 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QL (90 ea / 25 days)

ANTIEMETICS - ANTICHOLINERGIC

<i>dimenhydrinate tab 50 mg</i>	Tier 1	OTC
<i>meclizine hcl chew tab 25 mg</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>meclizine hcl tab 25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>meclizine hcl tab 25 mg</i>	Tier 1	OTC, QL (120 ea / 30 days)
TRANSDERM-SC DIS 1.5MG	Tier 1	PA; Covered for ages 64 years old & under

ANTIEMETICS - MISCELLANEOUS

<i>fructose-dextrose-phosphoric acid oral soln</i>	Tier 1	OTC
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SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

<i>aprepitant capsule 40 mg</i>	Tier 1	PA
<i>aprepitant capsule 80 mg</i>	Tier 1	PA
<i>aprepitant capsule 125 mg</i>	Tier 1	PA

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin tab 500000 unit</i>	Tier 1	QL (240 ea / 30 days)
<i>terbinafine hcl tab 250 mg</i>	Tier 1	QL (30 ea / 30 days)

IMIDAZOLE-RELATED ANTIFUNGALS

<i>fluconazole for susp 10 mg/ml</i>	Tier 1	QL (35 mL / 25 days); Covered for ages 12 years old & under
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	QL (35 mL / 25 days); Covered for ages 12 years old & under
<i>fluconazole tab 50 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>fluconazole tab 100 mg</i>	Tier 1	QL (21 ea / 25 days)
<i>fluconazole tab 150 mg</i>	Tier 1	QL (2 ea / 25 days)
<i>fluconazole tab 200 mg</i>	Tier 1	QL (21 ea / 25 days)
<i>ketoconazole tab 200 mg</i>	Tier 1	QL (60 ea / 30 days)

ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES

ANTI-HISTAMINES - ALKYLAMINES

<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	Tier 1	OTC
<i>chlorpheniramine tab 4 mg</i>	Tier 1	OTC
<i>chlorpheniramine tab er 12 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)

ANTI-HISTAMINES - ETHANOLAMINES

<i>allergy rel elx 12.5/5ml</i>	Tier 1	OTC, QL (2400 mL / 30 days); Covered for ages 12 years old & under
<i>carbinoxamine maleate soln 4 mg/5ml</i>	Tier 1	
<i>carbinoxamine maleate tab 4 mg</i>	Tier 1	
<i>clemastine fumarate tab 1.34 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>clemastine fumarate tab 2.68 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>diphenhydramine hcl cap 25 mg</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl cap 50 mg</i>	Tier 1	OTC, QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>diphenhydramine hcl chew tab 12.5 mg</i>	Tier 1	OTC; Covered for ages 12 years old & under
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Tier 1	QL (2400 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl inj 50 mg/ml</i>	Tier 1	Covered for ages 64 years old & under

Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 12 years old & under
<i>diphenhydramine hcl tab disint 12.5 mg</i>	Tier 1	OTC; Covered for ages 64 years old & under
<i>diphenhydramine hcl tab 25 mg</i>	Tier 1	OTC; Covered for ages 64 years old & under

ANTI-HISTAMINES - NON-SEDATING

<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Tier 1	QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>cetirizine hcl tab 10 mg</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cetirizine tab 5mg</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>loratadine rapidly-disintegrating tab 10 mg</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 12 years old & under
<i>loratadine syrup 5 mg/5ml</i>	Tier 1	OTC, QL (300 mL / 30 days); Covered for ages 12 years old & under
<i>loratadine tab 10 mg</i>	Tier 1	OTC, QL (30 ea / 30 days)

ANTI-HISTAMINES - PHENOTHIAZINES

<i>promethazine hcl inj 25 mg/ml</i>	Tier 1	QL (3000 mL / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl inj 50 mg/ml</i>	Tier 1	QL (1500 mL / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl suppos 12.5 mg</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl suppos 25 mg</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Tier 1	QL (3000 mL / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 2 - 64 years old

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl tab 25 mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 2 - 64 years old
<i>promethazine hcl tab 50 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 2 - 64 years old

ANTIHISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	QL (600 mL / 30 days); Covered for ages 64 years old & under
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 64 years old & under

ANTIHYPERLIPIDEMICS

BILE ACID SEQUESTRANTS

<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	QL (240 gm / 30 days)
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	QL (1440 gm / 30 days)
<i>colestipol hcl tab 1 gm</i>	Tier 1	QL (480 ea / 30 days)
<i>prevalite pow 4gm</i>	Tier 1	QL (240 gm / 30 days)

FIBRIC ACID DERIVATIVES

<i>fenofibrate tab 48 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>fenofibrate tab 54 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>fenofibrate tab 145 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>fenofibrate tab 160 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>gemfibrozil tab 600 mg</i>	Tier 1	QL (120 ea / 30 days)

HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Tier 1	
<i>lovastatin tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>lovastatin tab 20 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>lovastatin tab 40 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>pravastatin sodium tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>pravastatin sodium tab 20 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>pravastatin sodium tab 40 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>pravastatin sodium tab 80 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>simvastatin tab 5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>simvastatin tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>simvastatin tab 20 mg</i>	Tier 1	QL (30 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tab 40 mg</i>	Tier 1	QL (30 ea / 30 days)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	Tier 1	QL (30 ea / 30 days), PA
NICOTINIC ACID DERIVATIVES		
<i>niacor tab 500mg</i>	Tier 1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML	Tier 1	SP, QL (2 mL / 24 days), PA
REPATHA PUSH INJ 420/3.5	Tier 1	SP, QL (3.5 mL / 24 days), PA
REPATHA SURE INJ 140MG/ML	Tier 1	SP, QL (2 mL / 24 days), PA

ANTIHYPERTENSIVES

ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>benazepril hcl tab 5 mg</i>	Tier 1	
<i>benazepril hcl tab 10 mg</i>	Tier 1	
<i>benazepril hcl tab 20 mg</i>	Tier 1	
<i>benazepril hcl tab 40 mg</i>	Tier 1	
<i>captopril tab 12.5 mg</i>	Tier 1	
<i>captopril tab 25 mg</i>	Tier 1	
<i>captopril tab 50 mg</i>	Tier 1	
<i>captopril tab 100 mg</i>	Tier 1	
<i>enalapril maleate tab 2.5 mg</i>	Tier 1	
<i>enalapril maleate tab 5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>enalapril maleate tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>enalapril maleate tab 20 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>fosinopril sodium tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>fosinopril sodium tab 20 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>fosinopril sodium tab 40 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>lisinopril tab 2.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>lisinopril tab 5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>lisinopril tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>lisinopril tab 20 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>lisinopril tab 30 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>lisinopril tab 40 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>quinapril hcl tab 5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>quinapril hcl tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>quinapril hcl tab 20 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>quinapril hcl tab 40 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>ramipril cap 1.25 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>ramipril cap 2.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>ramipril cap 5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>ramipril cap 10 mg</i>	Tier 1	QL (30 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril tab 1 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>trandolapril tab 2 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>trandolapril tab 4 mg</i>	Tier 1	QL (30 ea / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>irbesartan tab 75 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>irbesartan tab 150 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>irbesartan tab 300 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>losartan potassium tab 25 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>losartan potassium tab 50 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>losartan potassium tab 100 mg</i>	Tier 1	QL (30 ea / 30 days)
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine hcl tab 0.1 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>guanfacine hcl tab 1 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>guanfacine hcl tab 2 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>methyldopa tab 250 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>methyldopa tab 500 mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>prazosin hcl cap 1 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>prazosin hcl cap 2 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>prazosin hcl cap 5 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1	QL (60 ea / 30 days)
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	QL (60 ea / 30 days)
ANTIHYPERTENSIVE COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>atenolol & chlorthalidone tab 100-25 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	Tier 1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	Tier 1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	Tier 1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>hydralazine hcl tab 25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>hydralazine hcl tab 50 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>hydralazine hcl tab 100 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>minoxidil tab 2.5 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>minoxidil tab 10 mg</i>	Tier 1	QL (150 ea / 30 days)

ANTIMALARIALS - DRUGS TO TREAT MALARIA

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>chloroquine phosphate tab 250 mg</i>	Tier 1	QL (10 ea / 3 days)
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	QL (5 ea / 3 days)
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	QL (180 ea / 30 days)
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ANTIMYCOBACTERIAL AGENTS

ANTIMYCOBACTERIAL AGENTS

<i>ethambutol hcl tab 100 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>ethambutol hcl tab 400 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	QL (900 mL / 30 days)
<i>isoniazid tab 100 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>isoniazid tab 300 mg</i>	Tier 1	QL (90 ea / 30 days)
PRIFTIN TAB 150MG	Tier 1	QL (32 ea / 28 days)
<i>pyrazinamide tab 500 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>rifampin cap 150 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>rifampin cap 300 mg</i>	Tier 1	QL (120 ea / 30 days)

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>cyclophosphamide cap 25 mg</i>	Tier 1	QL (480 ea / 30 days)
<i>cyclophosphamide cap 50 mg</i>	Tier 1	QL (480 ea / 30 days)
GLEOSTINE CAP 10MG	Tier 1	
GLEOSTINE CAP 40MG	Tier 1	
GLEOSTINE CAP 100MG	Tier 1	
LEUKERAN TAB 2MG	Tier 1	QL (240 ea / 30 days)
<i>melphalan tab 2 mg</i>	Tier 1	
<i>temozolomide cap 5 mg</i>	Tier 1	SP, PA
<i>temozolomide cap 20 mg</i>	Tier 1	SP, PA
<i>temozolomide cap 100 mg</i>	Tier 1	SP, PA
<i>temozolomide cap 140 mg</i>	Tier 1	SP, PA

Drug Name	Drug Tier	Requirements/Limits
<i>temozolomide cap 180 mg</i>	Tier 1	SP, PA
<i>temozolomide cap 250 mg</i>	Tier 1	SP, PA
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	Tier 1	SP, PA
<i>capecitabine tab 500 mg</i>	Tier 1	SP, PA
<i>mercaptopurine tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 25 days)
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 25 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1	QL (720 ea / 30 days)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>anastrozole tab 1 mg</i>	Tier 1	
<i>bicalutamide tab 50 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>flutamide cap 125 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>letrozole tab 2.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 1	SP, PA
LYSODREN TAB 500MG	Tier 1	
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>megestrol acetate tab 20 mg</i>	Tier 1	QL (1200 ea / 30 days)
<i>megestrol acetate tab 40 mg</i>	Tier 1	QL (600 ea / 30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 1	QL (60 ea / 30 days)
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 1	QL (60 ea / 30 days)
ZOLADEX IMP 3.6MG	Tier 1	SP, PA
ZOLADEX IMP 10.8MG	Tier 1	SP, PA
ANTINEOPLASTIC ENZYME INHIBITORS		
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 1	SP, QL (180 ea / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 1	SP, QL (60 ea / 30 days), PA
NEXAVAR TAB 200MG	Tier 1	SP, QL (120 ea / 30 days), PA
SPRYCEL TAB 20MG	Tier 1	SP, QL (30 ea / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TAB 50MG	Tier 1	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 70MG	Tier 1	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 100MG	Tier 1	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 140MG	Tier 1	SP, QL (30 ea / 30 days), PA
SUTENT CAP 12.5MG	Tier 1	SP, QL (30 ea / 30 days), PA
SUTENT CAP 25MG	Tier 1	SP, QL (30 ea / 30 days), PA
SUTENT CAP 37.5MG	Tier 1	SP, QL (30 ea / 30 days), PA
SUTENT CAP 50MG	Tier 1	SP, QL (30 ea / 30 days), PA
TYKERB TAB 250MG	Tier 1	SP, QL (180 ea / 30 days), PA

ANTINEOPLASTICS MISC.

ACTIMMUNE INJ 2MU/0.5	Tier 1	SP, PA
<i>hydroxyurea cap 500 mg</i>	Tier 1	
INTRON A INJ 10MU	Tier 1	SP, PA
INTRON A INJ 25MU	Tier 1	SP, PA
MATULANE CAP 50MG	Tier 1	PA
<i>tretinoin cap 10 mg</i>	Tier 1	PA

CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS

<i>leucovorin calcium tab 5 mg</i>	Tier 1	
<i>leucovorin calcium tab 10 mg</i>	Tier 1	
<i>leucovorin calcium tab 15 mg</i>	Tier 1	
<i>leucovorin calcium tab 25 mg</i>	Tier 1	

MITOTIC INHIBITORS

<i>etoposide cap 50 mg</i>	Tier 1	PA
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ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON COMT INHIBITORS

<i>entacapone tab 200 mg</i>	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
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ANTIPARKINSON DOPAMINERGICS

<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 1	QL (180 ea / 30 days)
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>carbidopa & levodopa tab 25-100 mg</i>	Tier 1	QL (360 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	QL (180 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	QL (360 ea / 30 days)

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>selegiline hcl cap 5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>selegiline hcl tab 5 mg</i>	Tier 1	QL (60 ea / 30 days)

ANTIPSYCHOTICS/ANTIMANIC AGENTS

PHENOTHIAZINES

<i>compro sup 25mg</i>	Tier 1	QL (360 ea / 30 days)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	QL (300 ea / 30 days); Covered for ages 6 years old & over

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 6 years old & over
<i>prochlorperazine suppos 25 mg</i>	Tier 1	QL (360 ea / 30 days)

ANTISEPTICS & DISINFECTANTS

CHLORINE ANTISEPTICS

<i>betasept liq 4%</i>	Tier 1	OTC
<i>chlorhexidine gluconate liquid 4%</i>	Tier 1	OTC

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

CMV AGENTS

<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 1	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 1	PA

HEPATITIS AGENTS

<i>adefovir dipivoxil tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
BARACLUDE SOL .05MG/ML	Tier 1	QL (900 mL / 30 days)
<i>entecavir tab 0.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>entecavir tab 1 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	QL (90 ea / 30 days)
<i>ledip-sofosb tab 90-400mg</i>	Tier 1	SP, QL (30 ea / 30 days), PA; Preferred Agent
<i>moderiba tab 200mg</i>	Tier 1	SP, PA; QL (max 14 day supply)
PEGASYS INJ	Tier 1	SP, PA
PEGASYS INJ 180MCG/M	Tier 1	SP, PA
PEGASYS INJ PROCLICK	Tier 1	SP, PA
PEGINTRON KIT 50MCG	Tier 1	SP, PA
<i>ribasphere cap 200mg</i>	Tier 1	SP, PA; QL (max 14 day supply)
<i>ribasphere tab 200mg</i>	Tier 1	SP, PA; QL (max 14 day supply)
<i>ribavirin cap 200 mg</i>	Tier 1	SP, PA; QL (max 14 day supply)
<i>ribavirin tab 200 mg</i>	Tier 1	SP, PA; QL (max 14 day supply)
<i>sofos/velpat tab 400-100</i>	Tier 1	SP, QL (30 ea / 30 days), PA; Preferred Agent
SOVALDI TAB 400MG	Tier 1	SP, QL (30 ea / 30 days), PA
VOSEVI TAB	Tier 1	SP, QL (30 ea / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ZEPATIER TAB 50-100MG	Tier 1	SP, QL (30 ea / 30 days), PA

HERPES AGENTS

<i>acyclovir cap 200 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>acyclovir susp 200 mg/5ml</i>	Tier 1	QL (750 mL / 30 days)
<i>acyclovir tab 400 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>acyclovir tab 800 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>famciclovir tab 125 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>famciclovir tab 250 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>famciclovir tab 500 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>valacyclovir hcl tab 1 gm</i>	Tier 1	QL (240 ea / 30 days)
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	QL (240 ea / 30 days)

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (max quantity 10 per fill)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	QL (max quantity 180 per fill); Covered for ages 12 years old & under
RELENZA MIS DISKHALE	Tier 1	QL (max quantity 20 per fill)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)

BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol tab 3.125 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>carvedilol tab 6.25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>carvedilol tab 12.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>carvedilol tab 25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>labetalol hcl tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>labetalol hcl tab 200 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>labetalol hcl tab 300 mg</i>	Tier 1	QL (180 ea / 30 days)

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl cap 200 mg</i>	Tier 1	QL (480 ea / 30 days)
<i>acebutolol hcl cap 400 mg</i>	Tier 1	QL (480 ea / 30 days)
<i>atenolol tab 25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>atenolol tab 50 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>atenolol tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 1	QL (90 ea / 30 days)
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	QL (120 ea / 30 days)
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	QL (90 ea / 30 days)
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	QL (60 ea / 30 days)
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	QL (90 ea / 30 days)

BETA BLOCKERS NON-SELECTIVE

<i>HEMANGEOL SOL 4.28/ML</i>	Tier 1	PA; QL (max 7 day supply for initial fill or PA required)
<i>nadolol tab 20 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>nadolol tab 40 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>nadolol tab 80 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>propranolol hcl cap er 24hr 80 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>propranolol hcl cap er 24hr 120 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>propranolol hcl cap er 24hr 160 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>propranolol hcl inj 1 mg/ml</i>	Tier 1	PA; QL (max 7 day supply for initial fill or PA required)
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	PA; QL (max 7 day supply for initial fill or PA required)
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	PA; QL (max 7 day supply for initial fill or PA required)
<i>propranolol hcl tab 10 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>propranolol hcl tab 20 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>propranolol hcl tab 40 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>propranolol hcl tab 60 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>propranolol hcl tab 80 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>sorine tab 80mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sorine tab 120mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sorine tab 160mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sorine tab 240mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sotalol hcl (afib/afl) tab 80 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sotalol hcl (afib/afl) tab 120 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sotalol hcl (afib/afl) tab 160 mg</i>	Tier 1	
<i>sotalol hcl tab 80 mg</i>	Tier 1	QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl tab 120 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sotalol hcl tab 160 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sotalol hcl tab 240 mg</i>	Tier 1	QL (60 ea / 30 days)

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

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

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days)
<i>cartia xt cap 120/24hr</i>	Tier 1	QL (30 ea / 30 days)
<i>cartia xt cap 180/24hr</i>	Tier 1	QL (60 ea / 30 days)
<i>cartia xt cap 240/24hr</i>	Tier 1	QL (30 ea / 30 days)
<i>cartia xt cap 300/24hr</i>	Tier 1	QL (30 ea / 30 days)
<i>dilt-xr cap 120mg</i>	Tier 1	QL (60 ea / 30 days)
<i>dilt-xr cap 180mg</i>	Tier 1	QL (60 ea / 30 days)
<i>dilt-xr cap 240mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 120 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 180 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 240 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>diltiazem hcl tab 30 mg</i>	Tier 1	QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl tab 60 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>diltiazem hcl tab 90 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>diltiazem hcl tab 120 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>nifedipine cap 10 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>nifedipine cap 20 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>taztia xt cap 120mg/24</i>	Tier 1	QL (60 ea / 30 days)
<i>taztia xt cap 180mg/24</i>	Tier 1	QL (60 ea / 30 days)
<i>taztia xt cap 240mg/24</i>	Tier 1	QL (60 ea / 30 days)
<i>taztia xt cap 300mg/24</i>	Tier 1	QL (60 ea / 30 days)
<i>taztia xt cap 360mg/24</i>	Tier 1	QL (60 ea / 30 days)
<i>verapamil hcl tab 40 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>verapamil hcl tab 80 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>verapamil hcl tab 120 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>verapamil hcl tab er 120 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>verapamil hcl tab er 180 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>verapamil hcl tab er 240 mg</i>	Tier 1	QL (90 ea / 30 days)

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	Covered for ages 12 years old & under
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 1	QL (30 ea / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	QL (30 ea / 30 days)
LANOXIN TAB 0.25MG	Tier 1	QL (30 ea / 30 days)
LANOXIN TAB 0.125MG	Tier 1	QL (30 ea / 30 days)

CARDIOVASCULAR AGENTS - MISC.

PERIPHERAL VASODILATORS

<i>niacin cap 500mg</i>	Tier 1	OTC
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Drug Name	Drug Tier	Requirements/Limits
PROSTAGLANDIN VASODILATORS		
REMODULIN INJ 1MG/ML	Tier 1	SP, PA
REMODULIN INJ 2.5MG/ML	Tier 1	SP, PA
REMODULIN INJ 5MG/ML	Tier 1	SP, PA
REMODULIN INJ 10MG/ML	Tier 1	SP, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	Tier 1	SP, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	Tier 1	SP, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	Tier 1	SP, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	Tier 1	SP, PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	Tier 1	SP, QL (30 ea / 30 days), PA
<i>ambrisentan tab 10 mg</i>	Tier 1	SP, QL (30 ea / 30 days), PA
LETAIRIS TAB 5MG	Tier 1	SP, QL (30 ea / 30 days), PA
LETAIRIS TAB 10MG	Tier 1	SP, QL (30 ea / 30 days), PA
OPSUMIT TAB 10MG	Tier 1	SP, QL (30 ea / 30 days), PA
TRACLEER TAB 32MG	Tier 1	SP, PA
TRACLEER TAB 62.5MG	Tier 1	SP, QL (60 ea / 30 days), PA
TRACLEER TAB 125MG	Tier 1	SP, QL (60 ea / 30 days), PA
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate tab 20 mg</i>	Tier 1	SP, QL (90 ea / 30 days), PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRA VI TAB 200MCG	Tier 1	SP, QL (60 ea / 30 days), PA
UPTRA VI TAB 400MCG	Tier 1	SP, QL (60 ea / 30 days), PA
UPTRA VI TAB 600MCG	Tier 1	SP, QL (60 ea / 30 days), PA
UPTRA VI TAB 800MCG	Tier 1	SP, QL (60 ea / 30 days), PA
UPTRA VI TAB 1000MCG	Tier 1	SP, QL (60 ea / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 1200MCG	Tier 1	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1400MCG	Tier 1	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1600MCG	Tier 1	SP, QL (60 ea / 30 days), PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>cephalexin cap 250 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>cephalexin cap 500 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under

CEPHALOSPORINS - 2ND GENERATION

<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	QL (2 ea / day, max 10 day supply)
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	QL (2 ea / day, max 10 day supply)

CEPHALOSPORINS - 3RD GENERATION

<i>cefdinir cap 300 mg</i>	Tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under

CHEMICALS

BULK CHEMICALS - B'S

BUDESONIDE POW	Tier 1	
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BULK CHEMICALS - E'S

ETHYL OLEATE LIQ	Tier 1	OTC
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BULK CHEMICALS - P'S

PROGESTERONE POW MICRONIZ	Tier 1	
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CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

COMBINATION CONTRACEPTIVES - ORAL

<i>altavera tab</i>	Tier 1	QL (28 ea / 28 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>alyacen tab 1/35</i>	Tier 1	QL (28 ea / 28 days)
<i>alyacen tab 7/7/7</i>	Tier 1	QL (28 ea / 28 days)
<i>amethia lo tab</i>	Tier 1	QL (30 ea / 30 days)
<i>amethia tab</i>	Tier 1	QL (30 ea / 30 days)
<i>amethyst tab 90-20mcg</i>	Tier 1	QL (30 ea / 30 days)
<i>apri tab</i>	Tier 1	QL (28 ea / 28 days)
<i>aranelle tab</i>	Tier 1	QL (28 ea / 28 days)
<i>ashlyna tab</i>	Tier 1	QL (30 ea / 30 days)
<i>aubra eq tab 0.1-0.02</i>	Tier 1	QL (28 ea / 28 days)
<i>aubra tab 0.1-0.02</i>	Tier 1	QL (28 ea / 28 days)
<i>aurovela 24 tab fe 1/20</i>	Tier 1	QL (28 ea / 28 days)
<i>aurovela fe tab 1/20</i>	Tier 1	QL (28 ea / 28 days)
<i>aurovela tab 1.5/30</i>	Tier 1	QL (28 ea / 28 days)
<i>aviane tab</i>	Tier 1	QL (28 ea / 28 days)
<i>azurette tab 28 day</i>	Tier 1	QL (28 ea / 28 days)
BALCOLTRA TAB 0.1-20	Tier 1	QL (28 ea / 28 days)
<i>balziva tab</i>	Tier 1	
<i>bekyree tab</i>	Tier 1	QL (28 ea / 28 days)
<i>blisovi 24 tab fe 1/20</i>	Tier 1	QL (28 ea / 28 days)
<i>blisovi fe tab 1.5/30</i>	Tier 1	QL (28 ea / 28 days)
<i>briellyn tab</i>	Tier 1	
<i>camrese lo tab</i>	Tier 1	QL (30 ea / 30 days)
<i>camrese tab</i>	Tier 1	QL (30 ea / 30 days)
<i>caziant pak</i>	Tier 1	QL (28 ea / 28 days)
<i>chateal eq tab 0.15/30</i>	Tier 1	QL (28 ea / 28 days)
<i>chateal tab 0.15/30</i>	Tier 1	QL (28 ea / 28 days)
<i>cryselle-28 tab 28 tabs</i>	Tier 1	QL (28 ea / 28 days)
<i>cyclafem tab 1/35</i>	Tier 1	QL (28 ea / 28 days)
<i>cyclafem tab 7/7/7</i>	Tier 1	QL (28 ea / 28 days)
<i>cyred eq tab</i>	Tier 1	QL (28 ea / 28 days)
<i>cyred tab</i>	Tier 1	QL (28 ea / 28 days)
<i>dasetta tab 1/35</i>	Tier 1	QL (28 ea / 28 days)
<i>dasetta tab 7/7/7</i>	Tier 1	QL (28 ea / 28 days)
<i>daysee tab</i>	Tier 1	QL (30 ea / 30 days)
<i>delyla tab 0.1-0.02</i>	Tier 1	QL (28 ea / 28 days)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 1	QL (28 ea / 28 days)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Tier 1	QL (28 ea / 28 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Tier 1	QL (28 ea / 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 1	QL (28 ea / 28 days)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 1	QL (28 ea / 28 days)
<i>elinest tab</i>	Tier 1	QL (28 ea / 28 days)
<i>emoquette tab</i>	Tier 1	QL (28 ea / 28 days)
<i>enpresse-28 tab</i>	Tier 1	QL (28 ea / 28 days)
<i>enskyce tab</i>	Tier 1	QL (28 ea / 28 days)
<i>estarylla tab 0.25-35</i>	Tier 1	QL (28 ea / 21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>FALESSA KIT</i>	Tier 1	QL (28 ea / 28 days)
<i>falmina tab</i>	Tier 1	QL (28 ea / 28 days)
<i>fayosim tab</i>	Tier 1	QL (30 ea / 30 days)
<i>femynor tab 0.25-35</i>	Tier 1	QL (28 ea / 21 days)
<i>gianvi tab 3-0.02mg</i>	Tier 1	QL (28 ea / 28 days)
<i>hailey 24 tab fe</i>	Tier 1	QL (28 ea / 28 days)
<i>introvale tab</i>	Tier 1	QL (30 ea / 30 days)
<i>isibloom tab</i>	Tier 1	QL (28 ea / 28 days)
<i>jasmiel tab 3-0.02mg</i>	Tier 1	QL (28 ea / 28 days)
<i>jolessa tab</i>	Tier 1	QL (30 ea / 30 days)
<i>juleber tab</i>	Tier 1	QL (28 ea / 28 days)
<i>junel 1.5/30 tab</i>	Tier 1	QL (28 ea / 28 days)
<i>junel 1/20 tab</i>	Tier 1	QL (28 ea / 28 days)
<i>junel fe 24 tab 1/20</i>	Tier 1	QL (28 ea / 28 days)
<i>junel fe tab 1.5/30</i>	Tier 1	QL (28 ea / 28 days)
<i>junel fe tab 1/20</i>	Tier 1	QL (28 ea / 28 days)
<i>kaitlib fe chw</i>	Tier 1	QL (28 ea / 28 days)
<i>kariva tab 28 day</i>	Tier 1	QL (28 ea / 28 days)
<i>kelnor 1/50 tab</i>	Tier 1	QL (28 ea / 28 days)
<i>kelnor tab 1/35</i>	Tier 1	
<i>kurvelo tab 0.15/30</i>	Tier 1	QL (28 ea / 28 days)
<i>larin 24 tab fe 1/20</i>	Tier 1	QL (28 ea / 28 days)
<i>larin fe tab 1.5/30</i>	Tier 1	QL (28 ea / 28 days)
<i>larin fe tab 1/20</i>	Tier 1	QL (28 ea / 28 days)
<i>larin tab 1.5/30</i>	Tier 1	QL (28 ea / 28 days)
<i>larin tab 1/20</i>	Tier 1	QL (28 ea / 28 days)
<i>larissia tab</i>	Tier 1	QL (28 ea / 28 days)
<i>layolis fe chw</i>	Tier 1	QL (28 ea / 28 days)
<i>leena tab</i>	Tier 1	QL (28 ea / 28 days)
<i>lessina tab</i>	Tier 1	QL (28 ea / 28 days)
<i>levonest tab</i>	Tier 1	QL (28 ea / 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Tier 1	QL (30 ea / 30 days)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	Tier 1	QL (30 ea / 30 days)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Tier 1	QL (30 ea / 30 days)
<i>levora-28 tab 0.15/30</i>	Tier 1	QL (28 ea / 28 days)
<i>lillow tab 0.15/30</i>	Tier 1	QL (28 ea / 28 days)
LO LOESTRIN TAB 1-10-10	Tier 1	QL (28 ea / 28 days)
<i>loryna tab 3-0.02mg</i>	Tier 1	QL (28 ea / 28 days)
<i>low-ogestrel tab</i>	Tier 1	QL (28 ea / 28 days)
<i>lutra tab</i>	Tier 1	QL (28 ea / 28 days)
<i>marlissa tab 0.15/30</i>	Tier 1	QL (28 ea / 28 days)
<i>melodetta chw 24 fe</i>	Tier 1	QL (28 ea / 28 days)
<i>mibelas 24 chw fe</i>	Tier 1	QL (28 ea / 28 days)
<i>microgestin tab 1.5/30</i>	Tier 1	QL (28 ea / 28 days)
<i>microgestin tab 1/20</i>	Tier 1	QL (28 ea / 28 days)
<i>microgestin tab fe1.5/30</i>	Tier 1	QL (28 ea / 28 days)
<i>microgestin tab fe 1/20</i>	Tier 1	QL (28 ea / 28 days)
<i>mili tab 0.25/35</i>	Tier 1	QL (28 ea / 21 days)
<i>mono-lynyah tab 0.25-35</i>	Tier 1	QL (28 ea / 21 days)
<i>mononessa tab</i>	Tier 1	QL (28 ea / 21 days)
<i>myzilra tab</i>	Tier 1	QL (28 ea / 28 days)
NATAZIA TAB	Tier 1	QL (28 ea / 28 days)
<i>necon tab 0.5/35</i>	Tier 1	QL (28 ea / 28 days)
<i>nikki tab 3-0.02mg</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 1	QL (28 ea / 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	Tier 1	QL (28 ea / 28 days)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 1	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>nortrel tab 0.5/35</i>	Tier 1	QL (28 ea / 28 days)
<i>nortrel tab 1/35</i>	Tier 1	QL (28 ea / 28 days)
<i>nortrel tab 7/7/7</i>	Tier 1	QL (28 ea / 28 days)
<i>ocella tab 3-0.03mg</i>	Tier 1	QL (28 ea / 28 days)
<i>ogestrel tab</i>	Tier 1	QL (28 ea / 28 days)
<i>orsythia tab</i>	Tier 1	QL (28 ea / 28 days)
<i>philith tab 0.4-35</i>	Tier 1	
<i>pimtrea tab</i>	Tier 1	QL (28 ea / 28 days)
<i>pirmella tab 1/35</i>	Tier 1	QL (28 ea / 28 days)
<i>pirmella tab 7/7/7</i>	Tier 1	QL (28 ea / 28 days)
<i>portia-28 tab</i>	Tier 1	QL (28 ea / 28 days)
<i>previfem tab</i>	Tier 1	QL (28 ea / 21 days)
<i>reclipsen tab</i>	Tier 1	QL (28 ea / 28 days)
<i>rivelsa tab</i>	Tier 1	QL (30 ea / 30 days)
<i>setlakin tab</i>	Tier 1	QL (30 ea / 30 days)
<i>sprintec 28 tab 28 day</i>	Tier 1	QL (28 ea / 21 days)
<i>sronyx tab</i>	Tier 1	QL (28 ea / 28 days)
<i>syeda tab 3-0.03mg</i>	Tier 1	QL (28 ea / 28 days)
<i>tarina 24 fe tab</i>	Tier 1	QL (28 ea / 28 days)
<i>tarina fe tab 1/20</i>	Tier 1	QL (28 ea / 28 days)
<i>tarina fe tab 1/20 eq</i>	Tier 1	QL (28 ea / 28 days)
<i>TAYTULLA CAP 1MG/20MC</i>	Tier 1	QL (28 ea / 28 days)
<i>tilia fe tab</i>	Tier 1	QL (28 ea / 28 days)
<i>tri femynor tab</i>	Tier 1	QL (28 ea / 28 days)
<i>tri-estaryll tab</i>	Tier 1	QL (28 ea / 28 days)
<i>tri-legest tab fe</i>	Tier 1	QL (28 ea / 28 days)
<i>tri-linyah tab</i>	Tier 1	QL (28 ea / 28 days)
<i>tri-lo tab estaryll</i>	Tier 1	QL (28 ea / 28 days)
<i>tri-lo- tab marzia</i>	Tier 1	QL (28 ea / 28 days)
<i>tri-lo- tab sprintec</i>	Tier 1	QL (28 ea / 28 days)
<i>tri-mili tab</i>	Tier 1	QL (28 ea / 28 days)
<i>tri-previfem tab</i>	Tier 1	QL (28 ea / 28 days)
<i>tri-sprintec tab</i>	Tier 1	QL (28 ea / 28 days)
<i>tri-vylibra tab</i>	Tier 1	QL (28 ea / 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tri-vylibra tab lo</i>	Tier 1	QL (28 ea / 28 days)
<i>trivora-28 tab</i>	Tier 1	QL (28 ea / 28 days)
<i>tydemy tab</i>	Tier 1	QL (28 ea / 28 days)
<i>velivet pak</i>	Tier 1	QL (28 ea / 28 days)
<i>vienva tab 0.1-20</i>	Tier 1	QL (28 ea / 28 days)
<i>viorele tab</i>	Tier 1	QL (28 ea / 28 days)
<i>vyfemla tab 0.4-35</i>	Tier 1	
<i>vylibra tab 0.25-35</i>	Tier 1	QL (28 ea / 21 days)
<i>wera tab 0.5/35</i>	Tier 1	QL (28 ea / 28 days)
<i>wymzya fe chw 0.4mg-35</i>	Tier 1	QL (28 ea / 28 days)
<i>zarah tab 3-0.03mg</i>	Tier 1	QL (28 ea / 28 days)
<i>zovia 1/35e tab</i>	Tier 1	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>xulane dis 150-35</i>	Tier 1	QL (3 ea / 28 days)
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING MIS	Tier 1	QL (1 ea / 28 days)
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A	Tier 1	
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	Tier 1	
<i>levonorgestrel tab 1.5 mg</i>	Tier 1	OTC
PLAN B TAB 1.5MG	Tier 1	OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG	Tier 1	SP
PROGESTIN CONTRACEPTIVES - INJECTABLE		
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 1	QL (1 mL / 71 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 1	QL (4 mL / 310 days)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	Tier 1	SP, QL (1 ea in lifetime)
LILETTA IUD 52MG	Tier 1	SP, QL (1 ea in lifetime)
MIRENA IUD SYSTEM	Tier 1	SP, QL (1 ea in lifetime)
SKYLA IUD 13.5MG	Tier 1	SP, QL (1 ea in lifetime)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila tab 0.35mg</i>	Tier 1	QL (28 ea / 28 days)
<i>deblitane tab 0.35mg</i>	Tier 1	QL (28 ea / 28 days)
<i>errin tab 0.35mg</i>	Tier 1	QL (28 ea / 28 days)
<i>heather tab 0.35mg</i>	Tier 1	QL (28 ea / 28 days)
<i>incassia tab 0.35mg</i>	Tier 1	QL (28 ea / 28 days)
<i>jencycla tab 0.35mg</i>	Tier 1	QL (28 ea / 28 days)
<i>jolivette tab 0.35mg</i>	Tier 1	QL (28 ea / 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lyza tab 0.35mg</i>	Tier 1	QL (28 ea / 28 days)
<i>nora-be tab 0.35mg</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone tab 0.35 mg</i>	Tier 1	QL (28 ea / 28 days)
<i>norlyda tab 0.35mg</i>	Tier 1	QL (28 ea / 28 days)
<i>norlyroc tab 0.35mg</i>	Tier 1	QL (28 ea / 28 days)
<i>sharobel tab 0.35mg</i>	Tier 1	QL (28 ea / 28 days)
<i>tulana tab 0.35mg</i>	Tier 1	QL (28 ea / 28 days)

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

<i>budesonide delayed release particles cap 3 mg</i>	Tier 1	
<i>decadron elx 0.5/5ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>decadron tab 0.5mg</i>	Tier 1	QL (360 ea / 30 days)
<i>decadron tab 0.75mg</i>	Tier 1	QL (300 ea / 30 days)
<i>decadron tab 4mg</i>	Tier 1	QL (300 ea / 30 days)
<i>decadron tab 6mg</i>	Tier 1	QL (300 ea / 30 days)
<i>deltasone tab 20mg</i>	Tier 1	QL (180 ea / 30 days)
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>dexamethasone tab 0.75 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>dexamethasone tab 1 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>dexamethasone tab 1.5 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>dexamethasone tab 2 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>dexamethasone tab 4 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>dexamethasone tab 6 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>hydrocortisone tab 5 mg</i>	Tier 1	QL (720 ea / 30 days)
<i>hydrocortisone tab 10 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>hydrocortisone tab 20 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>methylprednisolone tab 4 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>methylprednisolone tab 32 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	QL (360 ea / 30 days)
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Tier 1	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>prednisone tab 1 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>prednisone tab 2.5 mg</i>	Tier 1	QL (240 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab 5 mg</i>	Tier 1	QL (480 ea / 30 days)
<i>prednisone tab 10 mg</i>	Tier 1	QL (270 ea / 30 days)
<i>prednisone tab 20 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>prednisone tab 50 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	

MINERALOCORTICIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	QL (150 ea / 30 days)
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COUGH/COLD/ALLERGY

ANTITUSSIVES

<i>benzonatate cap 100 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>benzonatate cap 200 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>hydromet syp 5-1.5/5</i>	Tier 1	QL (1800 mL / 30 days)

COUGH/COLD/ALLERGY COMBINATIONS

<i>bromfed dm syp</i>	Tier 1	QL (1800 mL / 30 days)
<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	Tier 1	OTC, QL (480 mL / 25 days)
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Tier 1	OTC, QL (60 ea / 30 days); Covered for ages 4 years old & over
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Tier 1	OTC, PA
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	Tier 1	OTC, PA
<i>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml</i>	Tier 1	OTC, QL (180 mL / 25 days)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); Covered for ages 2 years old & over
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); Covered for ages 64 years old & under

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 1	QL (240 mL / 25 days); Covered for ages 2 - 64 years old
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 1	QL (180 mL / 25 days); Covered for ages 4 - 64 years old
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); Covered for ages 2 - 64 years old
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	Tier 1	OTC, PA
<i>virtussin sol dac</i>	Tier 1	OTC, QL (1800 mL / 30 days)

EXPECTORANTS

<i>guaifenesin liquid 100 mg/5ml</i>	Tier 1	OTC, PA
<i>guaifenesin syrup 100 mg/5ml</i>	Tier 1	OTC, PA
<i>guaifenesin tab 200 mg</i>	Tier 1	OTC, PA
<i>guaifenesin tab 400 mg</i>	Tier 1	OTC, PA
<i>guaifenesin tab er 12hr 600 mg</i>	Tier 1	OTC, PA

MISC. RESPIRATORY INHALANTS

<i>sodium chloride soln nebu 0.9%</i>	Tier 1	
<i>sodium chloride soln nebu 3%</i>	Tier 1	
<i>sodium chloride soln nebu 7%</i>	Tier 1	

MUCOLYTICS

<i>acetylcysteine inhal soln 20%</i>	Tier 1	QL (3600 mL / 30 days)
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DERMATOLOGICALS

ACNE PRODUCTS

<i>acne foaming liq wash 10%</i>	Tier 1	OTC, QL (240 gm / 25 days); Covered for ages 10 - 35 years old
ACNE MEDICAT LOT 10%	Tier 1	OTC; Covered for ages 10 - 29 years old
<i>avita cre 0.025%</i>	Tier 1	QL (135 gm / 77 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old

Drug Name	Drug Tier	Requirements/Limits
<i>avita gel 0.025%</i>	Tier 1	QL (135 gm / 77 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old
BENZOYL PER GEL 2.5%	Tier 1	OTC, QL (60 gm / 25 days); Covered for ages 10 - 29 years old
<i>benzoyl per liq 5% wash</i>	Tier 1	OTC, QL (240 gm / 25 days); Covered for ages 10 - 29 years old
<i>benzoyl per liq 10% wash</i>	Tier 1	OTC, QL (240 gm / 25 days); Covered for ages 10 - 29 years old
<i>benzoyl peroxide gel 5%</i>	Tier 1	OTC; Covered for ages 10 years old & over
<i>benzoyl peroxide gel 10%</i>	Tier 1	OTC; Covered for ages 10 - 29 years old
BENZOYL PEROXIDE LOTION 5%	Tier 1	OTC; Covered for ages 10 - 29 years old
<i>bp wash liq 5%</i>	Tier 1	OTC, QL (240 gm / 25 days); Covered for ages 10 - 35 years old
<i>bp wash liq 10%</i>	Tier 1	OTC, QL (240 gm / 25 days); Covered for ages 10 - 35 years old
<i>3-in-1 clean liq 5%</i>	Tier 1	OTC, QL (240 gm / 25 days); Covered for ages 10 - 35 years old
<i>clindamycin phosphate gel 1%</i>	Tier 1	QL (180 mL / 77 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate lotion 1%</i>	Tier 1	QL (300 mL / 30 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old
<i>clindamycin phosphate soln 1%</i>	Tier 1	
DIFFERIN GEL 0.1%	Tier 1	OTC, QL (45 gm / 25 days); Covered for ages 10 - 35 years old
<i>erythromycin soln 2%</i>	Tier 1	QL (450 mL / 30 days); Covered for ages 10 - 29 years old
<i>foaming face liq wsh 10%</i>	Tier 1	OTC, QL (240 gm / 25 days); Covered for ages 10 - 29 years old
<i>isotretinoin cap 10 mg</i>	Tier 1	PA
<i>isotretinoin cap 20 mg</i>	Tier 1	PA
<i>isotretinoin cap 30 mg</i>	Tier 1	PA
<i>isotretinoin cap 40 mg</i>	Tier 1	PA
<i>panoxyl wash liq 10%</i>	Tier 1	OTC, QL (240 gm / 25 days); Covered for ages 10 - 29 years old
<i>tretinoin cream 0.1%</i>	Tier 1	QL (135 gm / 77 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old
<i>tretinoin cream 0.05%</i>	Tier 1	QL (135 gm / 77 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin cream 0.025%</i>	Tier 1	QL (135 gm / 77 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old
<i>tretinoin gel 0.01%</i>	Tier 1	QL (135 gm / 77 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old
<i>tretinoin gel 0.025%</i>	Tier 1	QL (135 gm / 77 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; Covered for ages 10 - 35 years old

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>diclofenac sodium gel 1%</i>	Tier 1	PA
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ANTIBIOTICS - TOPICAL

<i>bacitracin oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin-polymyxin b oint</i>	Tier 1	OTC
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	QL (max quantity 30 per fill)
<i>mupirocin oint 2%</i>	Tier 1	QL (44 gm / 25 days)
<i>neomycin-bacitracin-polymyxin oint</i>	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	Tier 1	OTC

ANTIFUNGALS - TOPICAL

<i>antifungal cre 2%</i>	Tier 1	OTC, QL (150 gm / 25 days)
<i>cavilon cre 2%</i>	Tier 1	OTC, QL (150 gm / 25 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Tier 1	QL (600 gm / 30 days)
<i>clotrimazole cream 1%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole cream 1%</i>	Tier 1	OTC
<i>clotrimazole soln 1%</i>	Tier 1	
<i>clotrimazole soln 1%</i>	Tier 1	OTC
<i>fungicure spr intens</i>	Tier 1	OTC
<i>ketoconazole cream 2%</i>	Tier 1	QL (60 gm / 25 days)
<i>ketoconazole shampoo 2%</i>	Tier 1	QL (120 mL / 25 days)
<i>micaderm cre 2%</i>	Tier 1	OTC, QL (150 gm / 25 days)
<i>miconazole nitrate aerosol pow 2%</i>	Tier 1	OTC
<i>miconazole nitrate cream 2%</i>	Tier 1	OTC, QL (150 gm / 25 days)
<i>miconazole nitrate ointment 2%</i>	Tier 1	OTC
<i>miconazole nitrate powder 2%</i>	Tier 1	OTC
<i>nystatin cream 100000 unit/gm</i>	Tier 1	QL (90 gm / 25 days)
<i>nystatin oint 100000 unit/gm</i>	Tier 1	QL (90 gm / 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	Tier 1	QL (30 gm / 25 days)
<i>podactin cre 2%</i>	Tier 1	OTC, QL (150 gm / 25 days)
<i>remedy cre antifung</i>	Tier 1	OTC, QL (150 mL / 25 days)
<i>sm antifungl cre 2%</i>	Tier 1	OTC, QL (150 gm / 25 days)
<i>soothe&cool cre inzo 2%</i>	Tier 1	OTC, QL (150 gm / 25 days)
<i>terbinafine hcl cream 1%</i>	Tier 1	OTC, QL (30 gm / 25 days)
<i>tineacide cre</i>	Tier 1	OTC, QL (150 gm / 25 days)
<i>tolnaftate aerosol pow 1%</i>	Tier 1	OTC
<i>tolnaftate cream 1%</i>	Tier 1	OTC
<i>tolnaftate powder 1%</i>	Tier 1	OTC
<i>tolnaftate soln 1%</i>	Tier 1	OTC

ANTI-HISTAMINES-TOPICAL

<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	Tier 1	OTC
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ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

<i>fluorouracil cream 5%</i>	Tier 1	
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ANTIPSORIATICS

<i>calcipotriene oint 0.005%</i>	Tier 1	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 1	PA
<i>calcitrene oin 0.005%</i>	Tier 1	PA

ANTISEBORRHEIC PRODUCTS

<i>selenium sulfide lotion 1%</i>	Tier 1	OTC
<i>selenium sulfide lotion 2.5%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS - TOPICAL		
<i>acyclovir cream 5%</i>	Tier 1	PA; Covered for ages 18 years old & under
<i>acyclovir oint 5%</i>	Tier 1	PA; Covered for ages 18 years old & under
<i>docosanol cream 10%</i>	Tier 1	OTC, QL (2 gm / 15 days)
BURN PRODUCTS		
<i>silver sulfadiazine cream 1%</i>	Tier 1	
<i>ssd cre 1%</i>	Tier 1	
CORTICOSTEROIDS - TOPICAL		
<i>ala-cort cre 2.5%</i>	Tier 1	QL (60 gm / 25 days)
<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	Tier 1	QL (50 gm / 25 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 1	
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	
<i>betamethasone dipropionate oint 0.05%</i>	Tier 1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Tier 1	QL (60 mL / 25 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	
<i>clobetasol propionate cream 0.05%</i>	Tier 1	
<i>clobetasol propionate gel 0.05%</i>	Tier 1	
<i>clobetasol propionate oint 0.05%</i>	Tier 1	
<i>clobetasol propionate soln 0.05%</i>	Tier 1	
<i>desonide cream 0.05%</i>	Tier 1	ST; Requires trial of 3 preferred low potency steroids
<i>desonide oint 0.05%</i>	Tier 1	
<i>desoximetasone cream 0.25%</i>	Tier 1	
<i>fluocinolone acetonide cream 0.025%</i>	Tier 1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Tier 1	QL (120 mL / 25 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Tier 1	QL (120 mL / 25 days)
<i>fluocinolone acetonide oint 0.025%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide cream 0.05%</i>	Tier 1	
<i>fluocinonide emulsified base cream 0.05%</i>	Tier 1	
<i>fluocinonide gel 0.05%</i>	Tier 1	
<i>fluocinonide oint 0.05%</i>	Tier 1	QL (60 gm / 25 days), ST; Requires trial of mometasone crm & either fluocinolone crm or triamcinolone acetonide crm 0.5%
<i>fluocinonide soln 0.05%</i>	Tier 1	QL (60 mL / 25 days)
<i>fluticasone propionate cream 0.05%</i>	Tier 1	
<i>fluticasone propionate oint 0.005%</i>	Tier 1	
<i>halobetasol propionate cream 0.05%</i>	Tier 1	
<i>halobetasol propionate oint 0.05%</i>	Tier 1	
<i>hydrocort cre 0.5%</i>	Tier 1	OTC
<i>hydrocortisone cream 0.5%</i>	Tier 1	OTC
<i>hydrocortisone cream 1%</i>	Tier 1	OTC
<i>hydrocortisone cream 1%- rx</i>	Tier 1	
<i>hydrocortisone cream 2.5%</i>	Tier 1	QL (60 gm / 25 days)
<i>hydrocortisone lotion 1%</i>	Tier 1	OTC
<i>hydrocortisone lotion 2.5%</i>	Tier 1	QL (60 mL / 25 days)
<i>hydrocortisone oint 0.5%</i>	Tier 1	OTC
<i>hydrocortisone oint 1%</i>	Tier 1	OTC
<i>hydrocortisone oint 1%- rx</i>	Tier 1	
<i>hydrocortisone oint 2.5%</i>	Tier 1	QL (60 gm / 25 days)
<i>hydrocortisone valerate cream 0.2%</i>	Tier 1	
<i>hydrocortisone-aloe vera cream 0.5%</i>	Tier 1	OTC
<i>hydrocortisone-aloe vera cream 1%</i>	Tier 1	OTC
<i>mometasone furoate cream 0.1%</i>	Tier 1	QL (45 gm / 25 days)
<i>mometasone furoate oint 0.1%</i>	Tier 1	QL (45 gm / 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 1	
<i>prednicarbate cream 0.1%</i>	Tier 1	
<i>prednicarbate oint 0.1%</i>	Tier 1	
<i>triamcinolone acetonide cream 0.1%</i>	Tier 1	
<i>triamcinolone acetonide cream 0.5%</i>	Tier 1	
<i>triamcinolone acetonide cream 0.025%</i>	Tier 1	
<i>triamcinolone acetonide lotion 0.1%</i>	Tier 1	
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1	
<i>triderm cre 0.1%</i>	Tier 1	
<i>triderm cre 0.5%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
EMOLLIENTS		
<i>al12 lot 12%</i>	Tier 1	OTC, QL (225 gm / 25 days)
<i>amlactin lot 12%</i>	Tier 1	OTC, QL (225 gm / 25 days)
<i>emollient - ointment</i>	Tier 1	OTC
<i>geri-hydrola cre 12%</i>	Tier 1	OTC, QL (280 gm / 25 days)
<i>geri-hydrola lot 12%</i>	Tier 1	OTC, QL (225 mL / 25 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	QL (280 gm / 25 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	OTC, QL (280 gm / 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1	QL (225 gm / 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1	OTC, QL (225 gm / 25 days)
<i>skin trtment lot 12%</i>	Tier 1	OTC, QL (225 gm / 25 days)
ENZYMES - TOPICAL		
<i>SANTYL OIN 250/GM</i>	Tier 1	QL (30 gm / 30 days), PA
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 5%</i>	Tier 1	QL (24 ea / 25 days), PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus cream 1%</i>	Tier 1	QL (60 gm / 30 days), PA
<i>tacrolimus oint 0.1%</i>	Tier 1	QL (30 gm / 25 days), PA
<i>tacrolimus oint 0.03%</i>	Tier 1	QL (30 gm / 25 days), PA; Covered for ages 2 years old & over
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox soln 0.5%</i>	Tier 1	QL (7 mL / 180 days)
LOCAL ANESTHETICS - TOPICAL		
<i>ARTH PAIN CRE 0.075%</i>	Tier 1	OTC
<i>capsaicin cream 0.1%</i>	Tier 1	OTC
<i>capsaicin cream 0.025%</i>	Tier 1	OTC
<i>glydo gel 2%</i>	Tier 1	
<i>lidocaine cream 4%</i>	Tier 1	OTC
<i>lidocaine hcl gel 2%</i>	Tier 1	OTC
<i>lidocaine hcl gel 2%- rx</i>	Tier 1	
<i>lidocaine hcl soln 4%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine patch 4%</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>lidocaine patch 5%</i>	Tier 1	QL (90 ea / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (60 gm / 25 days)
<i>sure result cre sr 0.025</i>	Tier 1	OTC
MISC. TOPICAL		
<i>americerin cre</i>	Tier 1	OTC
<i>dermacerin cre</i>	Tier 1	OTC
<i>hydrocerin cre plus</i>	Tier 1	OTC
<i>kerodex-51 cre dry/oily</i>	Tier 1	OTC
<i>kerodex-71 cre wet</i>	Tier 1	OTC
<i>minerin cre</i>	Tier 1	OTC
ROSACEA AGENTS		
<i>metronidazole cream 0.75%</i>	Tier 1	
<i>metronidazole gel 0.75%</i>	Tier 1	
<i>metronidazole lotion 0.75%</i>	Tier 1	
<i>rosadan cre 0.75%</i>	Tier 1	
<i>rosadan gel 0.75%</i>	Tier 1	
SCABICIDES & PEDICULICIDES		
<i>lice trtmnt liq 1%</i>	Tier 1	OTC
<i>malathion lotion 0.5%</i>	Tier 1	ST; Requires trial of a permethrin AND pyrethrins/piperonyl butoxide
<i>permethrin aerosol 0.5%</i>	Tier 1	OTC
<i>permethrin cream 5%</i>	Tier 1	
<i>permethrin lotion 1%</i>	Tier 1	OTC
<i>pyreth-piperonyl butox sham-permeth</i>	Tier 1	OTC
<i>aero-nit remover gel kit</i>		
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	Tier 1	OTC
<i>spinosad susp 0.9%</i>	Tier 1	ST; Requires trial of malathion
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN INJ 1.1MG	Tier 1	SP, QL (2 ea / 180 days), PA
DIAGNOSTIC TESTS		
ACETONE (URINE) TEST STRIP	Tier 1	OTC
TRUE METRIX TES GLUCOSE	Tier 1	OTC, QL (50 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX TES GLUCOSE	Tier 1	OTC, QL (200 ea / 25 days), ST; Max of #50/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	Tier 1	QL (180 ea / 30 days)
CREON CAP 6000UNIT	Tier 1	QL (180 ea / 30 days)
CREON CAP 12000UNT	Tier 1	QL (180 ea / 30 days)
CREON CAP 24000UNT	Tier 1	QL (180 ea / 30 days)
CREON CAP 36000UNT	Tier 1	QL (180 ea / 30 days)
ZENPEP CAP 3000UNIT	Tier 1	QL (180 ea / 30 days)
ZENPEP CAP 5000UNIT	Tier 1	
ZENPEP CAP 15000UNT	Tier 1	QL (180 ea / 30 days)
ZENPEP CAP 20000UNT	Tier 1	QL (180 ea / 30 days)
ZENPEP CAP 25000	Tier 1	QL (180 ea / 30 days)
ZENPEP CAP 40000	Tier 1	QL (180 ea / 30 days)

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>acetazolamide tab 125 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>acetazolamide tab 250 mg</i>	Tier 1	QL (120 ea / 30 days)

DIURETIC COMBINATIONS

ALDACTAZIDE TAB 50/50	Tier 1	QL (60 ea / 30 days)
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	QL (120 ea / 30 days)

LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>bumetanide tab 1 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>bumetanide tab 2 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	Covered for ages 12 years old & under

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	Covered for ages 12 years old & under
<i>furosemide tab 20 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>furosemide tab 40 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>furosemide tab 80 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>torsemide tab 5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>torsemide tab 10 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>torsemide tab 20 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>torsemide tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)

POTASSIUM SPARING DIURETICS

<i>amiloride hcl tab 5 mg</i>	Tier 1	
<i>spironolactone tab 25 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>spironolactone tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>spironolactone tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone tab 25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>chlorthalidone tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>indapamide tab 1.25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>indapamide tab 2.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>metolazone tab 2.5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>metolazone tab 5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>metolazone tab 10 mg</i>	Tier 1	QL (60 ea / 30 days)

ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

<i>alendronate sodium tab 5 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>alendronate sodium tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>alendronate sodium tab 35 mg</i>	Tier 1	QL (4 ea / 28 days)
<i>alendronate sodium tab 40 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>alendronate sodium tab 70 mg</i>	Tier 1	QL (4 ea / 28 days)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QL (30 mL / 30 days); Covered for ages 50 years old & over
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QL (1 ea / 28 days)
PROLIA SOL 60MG/ML	Tier 1	SP, PA
TYMLOS INJ	Tier 1	SP, PA

GROWTH HORMONES

OMNITROPE INJ 5.8MG	Tier 1	SP, PA
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Drug Name	Drug Tier	Requirements/Limits
HORMONE RECEPTOR MODULATORS		
<i>raloxifene hcl tab 60 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 50 years old & over
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	Tier 1	SP, PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPR DEP-PED INJ 3M 30MG	Tier 1	SP, PA
LUPR DEP-PED INJ 7.5MG	Tier 1	SP, PA
LUPR DEP-PED INJ 11.25MG	Tier 1	SP, PA
LUPR DEP-PED INJ 15MG	Tier 1	SP, PA
SYNAREL SOL 2MG/ML	Tier 1	SP, PA
METABOLIC MODIFIERS		
<i>calcitriol cap 0.5 mcg</i>	Tier 1	QL (120 ea / 30 days)
<i>calcitriol cap 0.25 mcg</i>	Tier 1	QL (120 ea / 30 days)
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 1	SP, PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 1	SP, PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 1	SP, PA
ELAPRASE INJ 6MG/3ML	Tier 1	SP, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1	QL (1800 mL / 30 days)
<i>levocarnitine tab 330 mg</i>	Tier 1	QL (540 ea / 30 days)
SENSIPAR TAB 30MG	Tier 1	SP, PA
SENSIPAR TAB 60MG	Tier 1	SP, PA
SENSIPAR TAB 90MG	Tier 1	SP, PA
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 1	PA
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	SP, QL (120 ea / 30 days)
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	SP, QL (150 ea / 30 days)
STIMATE SOL 1.5MG/ML	Tier 1	SP, PA
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 1	SP, PA
SANDOSTATIN KIT LAR 20MG	Tier 1	SP, PA
SANDOSTATIN KIT LAR 30MG	Tier 1	SP, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ESTROGEN COMBINATIONS		
<i>fyavolv tab 0.5-2.5</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	QL (28 ea / 28 days)

Drug Name	Drug Tier	Requirements/Limits
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		

<i>estradiol tab 0.5 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>estradiol tab 1 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>estradiol tab 2 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1	QL (2 ea / day, max quantity 20 per fill)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1	QL (2 ea / day, max quantity 20 per fill)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	QL (2 ea / day, max quantity 20 per fill)
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1	PA
<i>levofloxacin tab 250 mg</i>	Tier 1	QL (1 ea / day, max 10 day supply)
<i>levofloxacin tab 500 mg</i>	Tier 1	QL (1 ea / day, max 10 day supply)
<i>levofloxacin tab 750 mg</i>	Tier 1	QL (1 ea / day, max 10 day supply)

GASTROINTESTINAL AGENTS - MISC.

ANTIFLATULENTS

<i>simethicone cap 125 mg</i>	Tier 1	OTC
<i>simethicone cap 180 mg</i>	Tier 1	OTC
<i>simethicone chew tab 80 mg</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg</i>	Tier 1	OTC
<i>simethicone susp 40 mg/0.6ml</i>	Tier 1	OTC

GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol cap 300 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>ursodiol tab 250 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>ursodiol tab 500 mg</i>	Tier 1	QL (60 ea / 30 days)

GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	QL (180 ea / 30 days)
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	QL (180 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	Tier 1	QL (120 ea / 30 days)
balsalazide disodium cap 750 mg	Tier 1	
sulfasalazine tab 500 mg	Tier 1	QL (300 ea / 30 days)
sulfasalazine tab delayed release 500 mg	Tier 1	QL (240 ea / 30 days)
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy) solution 10 gm/15ml	Tier 1	QL (5400 mL / 30 days)
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	Tier 1	
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
potassium citrate & citric acid soln 1100-334 mg/5ml	Tier 1	
potassium citrate tab er 5 meq (540 mg)	Tier 1	QL (90 ea / 30 days)
potassium citrate tab er 10 meq (1080 mg)	Tier 1	QL (90 ea / 30 days)
sodium citrate & citric acid soln 500-334 mg/5ml	Tier 1	
GENITOURINARY IRRIGANTS		
acetic acid irrigation soln 0.25%	Tier 1	
sodium chloride irrigation soln 0.9%	Tier 1	QL (10000 mL / 25 days)
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	Tier 1	QL (30 ea / 30 days)
finasteride tab 5 mg	Tier 1	QL (30 ea / 30 days)
tamsulosin hcl cap 0.4 mg	Tier 1	QL (60 ea / 30 days)
URINARY ANALGESICS		
phenazo tab 200mg	Tier 1	QL (90 ea / 30 days)
phenazopyridine hcl tab 100 mg	Tier 1	QL (90 ea / 30 days)
phenazopyridine hcl tab 200 mg	Tier 1	QL (90 ea / 30 days)
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	Tier 1	QL (90 ea / 30 days)
GOUT AGENTS		
allopurinol tab 100 mg	Tier 1	QL (180 ea / 30 days)
allopurinol tab 300 mg	Tier 1	QL (120 ea / 30 days)
colchicine tab 0.6 mg	Tier 1	QL (30 ea / 90 days, max 1 fill per 90 days)
URICOSURICS		
probenecid tab 500 mg	Tier 1	QL (90 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGICAL AGENTS - MISC.		
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	Tier 1	QL (120 ea / 30 days)
HUMAN PROTEIN C		
CEPROTIN INJ 500 UNIT	Tier 1	SP, PA
CEPROTIN INJ 1000UNIT	Tier 1	SP, PA
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl cap 0.5 mg</i>	Tier 1	
<i>anagrelide hcl cap 1 mg</i>	Tier 1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	PA
<i>cilostazol tab 50 mg</i>	Tier 1	
<i>cilostazol tab 100 mg</i>	Tier 1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>dipyridamole tab 25 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>dipyridamole tab 50 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>dipyridamole tab 75 mg</i>	Tier 1	QL (120 ea / 30 days)
HEMATOPOIETIC AGENTS		
COBALAMINS		
<i>cyanocobalamin sl tab 2500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 100 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 250 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg</i>	Tier 1	OTC, QL (120 ea / 30 days)
FOLIC ACID/FOLATES		
<i>folic acid tab 1 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>folic acid tab 400 mcg</i>	Tier 1	OTC, QL (150 ea / 30 days)
<i>folic acid tab 1000mcg</i>	Tier 1	OTC, QL (150 ea / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 25MCG	Tier 1	SP, PA
ARANESP INJ 40MCG	Tier 1	SP, PA
ARANESP INJ 60MCG	Tier 1	SP, PA
ARANESP INJ 100MCG	Tier 1	SP, PA
ARANESP INJ 200MCG	Tier 1	SP, PA
ARANESP INJ 300MCG	Tier 1	SP, PA
ARANESP INJ 500MCG	Tier 1	SP, PA
EPOGEN INJ 2000/ML	Tier 1	SP, PA
EPOGEN INJ 4000/ML	Tier 1	SP, PA
EPOGEN INJ 10000/ML	Tier 1	SP, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter
AGE - Age Limit **MED** - Max 90 mg Morphine Equivalent Dose Per Day

Drug Name	Drug Tier	Requirements/Limits
EPOGEN INJ 20000/ML	Tier 1	SP, PA
FULPHILA INJ 6/0.6ML	Tier 1	SP, PA
LEUKINE INJ 250MCG	Tier 1	SP, PA
NEULASTA INJ 6MG/0.6M	Tier 1	SP, PA
NEULASTA KIT 6MG/0.6M	Tier 1	SP, PA
NEUPOGEN INJ 300/0.5	Tier 1	SP, PA
NEUPOGEN INJ 300MCG	Tier 1	SP, PA
NEUPOGEN INJ 480/0.8	Tier 1	SP, PA
NEUPOGEN INJ 480MCG	Tier 1	SP, PA
NIVESTYM INJ 300/0.5	Tier 1	SP, PA
NIVESTYM INJ 480/0.8	Tier 1	SP, PA
PROCRIT INJ 2000/ML	Tier 1	SP, PA
PROCRIT INJ 4000/ML	Tier 1	SP, PA
PROCRIT INJ 10000/ML	Tier 1	SP, PA
PROCRIT INJ 20000/ML	Tier 1	SP, PA
PROCRIT INJ 40000/ML	Tier 1	SP, PA
UDENYCA INJ 6MG/.6ML	Tier 1	SP, PA

HEMATOPOIETIC MIXTURES

<i>chromagen cap</i>	Tier 1	QL (60 ea / 30 days)
<i>ferocon cap</i>	Tier 1	QL (60 ea / 30 days)
<i>ferottrinsic cap</i>	Tier 1	QL (60 ea / 30 days)
<i>foltrin cap</i>	Tier 1	QL (60 ea / 30 days)
<i>hematogen cap</i>	Tier 1	QL (60 ea / 30 days)
<i>iferex 150 cap forte</i>	Tier 1	QL (60 ea / 30 days)
<i>iron complex cap</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>myferon 150 cap forte</i>	Tier 1	QL (60 ea / 30 days)
<i>poly-iron cap 150 fort</i>	Tier 1	QL (60 ea / 30 days)
<i>polysacchari cap iron</i>	Tier 1	QL (60 ea / 30 days)
<i>tl icon cap</i>	Tier 1	QL (60 ea / 30 days)
<i>tricon cap</i>	Tier 1	QL (60 ea / 30 days)

IRON

<i>ferrex 150 cap 150mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>ferric x-150 cap 150mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>ferrocite tab 324mg</i>	Tier 1	OTC
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Tier 1	OTC
FERROUS GLUC TAB 324MG	Tier 1	OTC
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	Tier 1	OTC
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
FERROUS SUL LIQ 220/5ML	Tier 1	OTC
FERROUS SULF TAB 324MG EC	Tier 1	OTC
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i>	Tier 1	OTC
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</i>	Tier 1	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Tier 1	OTC, QL (1050 mL / 30 days)
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Tier 1	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	Tier 1	OTC
<i>myferon 150 cap 150mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>nu-iron 150 cap 150mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>poly-iron cap 150mg</i>	Tier 1	OTC, QL (60 ea / 30 days)

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

ANTI HISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) tab 25 mg</i>	Tier 1	OTC
<i>doxylamine succinate (sleep) tab 25 mg</i>	Tier 1	OTC, QL (30 ea / 30 days)

BARBITURATE HYPNOTICS

<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	QL (1500 mL / 30 days); Covered for ages 12 years old & under
<i>phenobarbital tab 15 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>phenobarbital tab 16.2 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>phenobarbital tab 30 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>phenobarbital tab 32.4 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>phenobarbital tab 60 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>phenobarbital tab 64.8 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>phenobarbital tab 97.2 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>phenobarbital tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)

NON-BARBITURATE HYPNOTICS

<i>estazolam tab 1 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 18 years old & over
<i>estazolam tab 2 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 18 years old & over

Drug Name	Drug Tier	Requirements/Limits
<i>flurazepam hcl cap 15 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 15 - 64 years old
<i>flurazepam hcl cap 30 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 15 - 64 years old
<i>temazepam cap 15 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 18 years old & over
<i>temazepam cap 30 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 18 years old & over
<i>triazolam tab 0.25 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 18 years old & over
<i>triazolam tab 0.125 mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 18 years old & over
<i>zolpidem tartrate tab 5 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 18 years old & over
<i>zolpidem tartrate tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)

LAXATIVES

BULK LAXATIVES

<i>calcium polycarbophil tab 625 mg</i>	Tier 1	OTC
KONSYL DAILY POW 28.3%	Tier 1	OTC
KONSYL DAILY POW 100%	Tier 1	OTC
KONSYL-D POW 52.3%	Tier 1	OTC
METAMUCIL POW 28%	Tier 1	OTC
METAMUCIL POW 58.12%	Tier 1	OTC
METAMUCIL WAF	Tier 1	OTC
<i>methylcellulose tab 500 mg</i>	Tier 1	OTC
<i>psyllium cap 0.52 gm</i>	Tier 1	OTC
<i>psyllium powder 28.3%</i>	Tier 1	OTC
<i>psyllium powder 30.9%</i>	Tier 1	OTC
<i>psyllium powder 48.57%</i>	Tier 1	OTC
<i>psyllium powder 58.6%</i>	Tier 1	OTC
<i>psyllium powder 100%</i>	Tier 1	OTC
<i>qc natural pow vegetabl</i>	Tier 1	OTC
<i>sb fib lax pow 33%</i>	Tier 1	OTC
UNIFIBER POW	Tier 1	OTC
<i>wheat dextrin oral powder</i>	Tier 1	OTC
WHEAT DEXTRIN PACKET	Tier 1	OTC, QL (480 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
LAXATIVE COMBINATIONS		
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i>	Tier 1	
<i>gavilyte-c sol</i>	Tier 1	QL (120000 mL / 30 days)
<i>gavilyte-g sol</i>	Tier 1	QL (120000 mL / 30 days)
GOLYTELY SOL	Tier 1	QL (30 ea / 30 days)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 1	QL (120000 mL / 30 days)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	Tier 1	QL (120000 mL / 30 days)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	QL (120000 mL / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Tier 1	OTC
LAXATIVES - MISCELLANEOUS		
<i>constulose sol 10gm/15</i>	Tier 1	QL (5400 mL / 30 days)
<i>glycerin suppos 1.2 gm</i>	Tier 1	OTC
<i>glycerin suppos 2 gm</i>	Tier 1	OTC
<i>glycerin suppos 2.1 gm</i>	Tier 1	OTC
<i>glycerin suppos 80.7%</i>	Tier 1	OTC
<i>lactulose solution 10 gm/15ml</i>	Tier 1	QL (5400 mL / 30 days)
<i>polyethylene glycol 3350 oral powder</i>	Tier 1	OTC
LUBRICANT LAXATIVES		
<i>mineral oil</i>	Tier 1	OTC
<i>mineral oil enema</i>	Tier 1	OTC
<i>mineral oil- rx</i>	Tier 1	
SALINE LAXATIVES		
<i>magnesium citrate soln</i>	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i>	Tier 1	OTC
MILK OF MAGN SUS 2400MG	Tier 1	OTC
<i>pediatric ene enema</i>	Tier 1	OTC
<i>sodium phosphates - enema</i>	Tier 1	OTC
STIMULANT LAXATIVES		
<i>bisacodyl suppos 10 mg</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>sennosides chew tab 15 mg</i>	Tier 1	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	Tier 1	OTC
<i>sennosides tab 8.6 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>sennosides tab 25 mg</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
SURFACTANT LAXATIVES		
BENZOCAINE-DOCUSATE SODIUM RECTAL ENEMA 20-283 MG	Tier 1	OTC
<i>docusate calcium cap 240 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>docusate sodium cap 50 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>docusate sodium cap 100 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium cap 250 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>docusate sodium liquid 150 mg/15ml</i>	Tier 1	OTC
<i>docusate sodium syrup 60 mg/15ml</i>	Tier 1	OTC
<i>docusate sodium tab 100 mg</i>	Tier 1	OTC
PEDIA-LAX LIQ 50MG	Tier 1	OTC

MACROLIDES

AZITHROMYCIN

<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	QL (600 mL / 30 days, max 1 fill per 45 days); Covered for ages 12 years old & under
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1	QL (900 mL / 30 days, max 1 fill per 45 days); Covered for ages 12 years old & under
<i>azithromycin powd pack for susp 1 gm</i>	Tier 1	QL (1 ea / day, max 1 day supply)
<i>azithromycin tab 250 mg</i>	Tier 1	QL (12 ea / 25 days)
<i>azithromycin tab 500 mg</i>	Tier 1	QL (6 ea / 25 days)
<i>azithromycin tab 600 mg</i>	Tier 1	QL (30 ea / 30 days)

CLARITHROMYCIN

<i>clarithromycin for susp 125 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>clarithromycin tab 250 mg</i>	Tier 1	
<i>clarithromycin tab 500 mg</i>	Tier 1	

ERYTHROMYCINS

<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
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MEDICAL DEVICES AND SUPPLIES

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CAYA DPR	Tier 1	
CONDOMS - FEMALE	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
CONDOMS - MALE	Tier 1	OTC
CONDOMS LATEX LUBRICATED	Tier 1	OTC
CONDOMS LATEX NON-LUBRICATED	Tier 1	OTC
DUREX MIS REALFEEL	Tier 1	OTC
FEMCAP MIS 22MM	Tier 1	
FEMCAP MIS 26MM	Tier 1	
FEMCAP MIS 30MM	Tier 1	
OMNIFLEX DPR	Tier 1	
WIDE-SEAL DPR KIT 60	Tier 1	
WIDE-SEAL DPR KIT 65	Tier 1	
WIDE-SEAL DPR KIT 70	Tier 1	
WIDE-SEAL DPR KIT 75	Tier 1	
WIDE-SEAL DPR KIT 80	Tier 1	
WIDE-SEAL DPR KIT 85	Tier 1	
WIDE-SEAL DPR KIT 90	Tier 1	
WIDE-SEAL DPR KIT 95	Tier 1	
DIABETIC SUPPLIES		
LANCETS	Tier 1	OTC
TRUE METRIX KIT AIR	Tier 1	OTC, QL (1 ea / year)
TRUE METRIX KIT METER	Tier 1	OTC, QL (1 ea / year)
MISC. DEVICES		
ALCOH-WIPE MIS 12"X12"	Tier 1	QL (200 ea / 30 days)
ALCOHOL SWABS	Tier 1	OTC, QL (200 ea / 30 days)
LMA MAD MIS NASAL	Tier 1	
MUCOSAL ATOM MIS DEVICE	Tier 1	OTC
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE	Tier 1	OTC, QL (200 ea / 30 days)
INSULIN PEN NEEDLE- RX	Tier 1	QL (200 ea / 30 days)
INSULIN SYRINGE (DISP) U-100 1 ML	Tier 1	OTC, QL (150 ea / 30 days), ST; Requires prior use of Antidiabetic - Amylin Analogs or Incretin Mimetic Agents
INSULIN SYRINGE (DISP) U-100 1 ML - RX	Tier 1	QL (150 ea / 30 days), ST; Requires prior use of Antidiabetic - Amylin Analogs or Incretin Mimetic Agents

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/NEEDLE	Tier 1	OTC, QL (150 ea / 30 days), ST; Requires prior use of Antidiabetic - Amylin Analogs or Incretin Mimetic Agents
INSULIN SYRINGE/NEEDLE- RX	Tier 1	QL (150 ea / 30 days), ST; Requires prior use of Antidiabetic - Amylin Analogs or Incretin Mimetic Agents
NEEDLE (DISP) 18 X 1-1/2"	Tier 1	OTC
NEEDLE (DISP) 18 X 1-1/2"- RX	Tier 1	
SYRINGE (DISPOSABLE) 3 ML	Tier 1	OTC
SYRINGE (DISPOSABLE) 3 ML - RX	Tier 1	
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1"	Tier 1	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1"	Tier 1	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1" - RX	Tier 1	

RESPIRATORY THERAPY SUPPLIES

NEBULIZER	Tier 1	OTC
NEBULIZER- RX	Tier 1	
PEAK FLOW METER	Tier 1	OTC, QL (1 ea / year)
PEAK FLOW METER- RX	Tier 1	QL (1 ea / year)
PULMONEB LT MIS NEBULIZE	Tier 1	
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)	Tier 1	OTC
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)- RX	Tier 1	
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 1	OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX	Tier 1	
VORTEX/MASK MIS CHILDS	Tier 1	
VORTEX/MASK MIS TODDLER	Tier 1	

MIGRAINE PRODUCTS

SEROTONIN AGONISTS

<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (27 ea / 77 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QL (27 ea / 77 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QL (36 ea / 77 days), ST; Requires trial of sumatriptan and naratriptan

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 1	QL (36 ea / 77 days), ST; Requires trial of sumatriptan and naratriptan
<i>sumatriptan succinate tab 25 mg</i>	Tier 1	QL (27 ea / 77 days)
<i>sumatriptan succinate tab 50 mg</i>	Tier 1	QL (27 ea / 77 days)
<i>sumatriptan succinate tab 100 mg</i>	Tier 1	QL (27 ea / 77 days)

MINERALS & ELECTROLYTES

CALCIUM

<i>calcitrate tab 950mg</i>	Tier 1	OTC
<i>calcium carb tab 1250mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	Tier 1	OTC
<i>calcium carbonate tab 600 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-800 unit</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d tab 500 mg-125 unit</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	Tier 1	OTC
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	Tier 1	OTC
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	Tier 1	OTC
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	Tier 1	OTC
<i>oys shell+d tab 250-125</i>	Tier 1	OTC
<i>oyster shell calcium tab 500 mg</i>	Tier 1	OTC
<i>RISACAL-D TAB</i>	Tier 1	OTC
ELECTROLYTE MIXTURES		
<i>oral electrolyte solution</i>	Tier 1	OTC
FLUORIDE		
<i>flura-drops dro 0.25mg f</i>	Tier 1	QL (30 mL / 30 days)
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 1	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Tier 1	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Tier 1	QL (30 ea / 30 days)
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Tier 1	QL (50 mL / 30 days)
MAGNESIUM		
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i>	Tier 1	OTC
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	Tier 1	OTC
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	Tier 1	OTC
<i>magnesium tab 250 mg</i>	Tier 1	OTC
PHOSPHATE		
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	Tier 1	QL (120 ea / 30 days)
POTASSIUM		
<i>klor-con 8 tab 8meq er</i>	Tier 1	QL (120 ea / 30 days)
<i>klor-con 10 tab 10meq er</i>	Tier 1	QL (120 ea / 30 days)
<i>klor-con spr cap 8meq</i>	Tier 1	QL (120 ea / 30 days)
<i>klor-con spr cap 10meq</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium bicarbonate effer tab 25 meq</i>	Tier 1	QL (60 ea / 30 days)
<i>potassium chloride cap er 8 meq</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride cap er 10 meq</i>	Tier 1	QL (120 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride microencapsulated cycler tab 10 meq</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride microencapsulated cycler tab 20 meq</i>	Tier 1	QL (150 ea / 30 days)
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride tab er 10 meq</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 1	QL (150 ea / 30 days)

TRACE MINERALS

MULTITRACE-4 INJ	Tier 1	PA
<i>multitrace-4 inj conc</i>	Tier 1	PA
MULTITRACE-4 INJ NEONATAL	Tier 1	PA
MULTITRACE-4 INJ PED	Tier 1	PA
<i>multitrace-5 inj</i>	Tier 1	PA
<i>multitrace-5 inj conc</i>	Tier 1	PA
MULTITRACE-5 INJ REGULAR	Tier 1	PA
TRACE ELEM 4 INJ PED	Tier 1	PA

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

DEPEN TITRA TAB 250MG	Tier 1	PA
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IMMUNOMODULATORS

REVLIMID CAP 5MG	Tier 1	SP, QL (30 ea / 30 days), PA
REVLIMID CAP 10MG	Tier 1	SP, QL (30 ea / 30 days), PA
REVLIMID CAP 15MG	Tier 1	SP, QL (30 ea / 30 days), PA
REVLIMID CAP 25MG	Tier 1	SP, QL (30 ea / 30 days), PA
THALOMID CAP 100MG	Tier 1	SP, PA

IMMUNOSUPPRESSIVE AGENTS

<i>azathioprine tab 50 mg</i>	Tier 1	
<i>cyclosporine cap 25 mg</i>	Tier 1	QL (480 ea / 30 days)
<i>cyclosporine cap 100 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>cyclosporine modified cap 25 mg</i>	Tier 1	QL (450 ea / 30 days)
<i>cyclosporine modified cap 50 mg</i>	Tier 1	QL (450 ea / 30 days)
<i>cyclosporine modified cap 100 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	QL (300 mL / 30 days)
<i>engraf cap 25mg</i>	Tier 1	QL (450 ea / 30 days)
<i>engraf cap 100mg</i>	Tier 1	QL (300 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf sol 100mg/ml</i>	Tier 1	QL (300 mL / 30 days)
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	QL (240 ea / 30 days)
NEORAL CAP 25MG	Tier 1	QL (450 ea / 30 days)
NEORAL CAP 100MG	Tier 1	QL (300 ea / 30 days)
NEORAL SOL 100MG/ML	Tier 1	QL (300 mL / 30 days)
SANDIMMUNE CAP 25MG	Tier 1	QL (480 ea / 30 days)
SANDIMMUNE CAP 100MG	Tier 1	QL (150 ea / 30 days)
<i>tacrolimus cap 0.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>tacrolimus cap 1 mg</i>	Tier 1	QL (420 ea / 30 days)
<i>tacrolimus cap 5 mg</i>	Tier 1	
IRRIGATION SOLUTIONS		
<i>argyl saline sol 100ml</i>	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
POTASSIUM REMOVING AGENTS		
<i>kionex sus 15gm/60</i>	Tier 1	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
<i>sps sus 15gm/60</i>	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>nystatin susp 100000 unit/ml</i>	Tier 1	QL (3600 mL / 30 days)
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
STEROIDS - MOUTH/THROAT		
<i>oralone dent pst 0.1%</i>	Tier 1	
<i>triamcinolone acetanide dental paste 0.1%</i>	Tier 1	
THROAT PRODUCTS - MISC.		
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
<i>b-complex w/ c & folic acid cap 1 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>b-complex w/ c & folic acid cap 1 mg- rx</i>	Tier 1	QL (60 ea / 30 days)
<i>b-complex w/ c & folic acid tab</i>	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 0.8 mg</i>	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 1 mg</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>b-complex w/ c & folic acid tab 1 mg- rx</i>	Tier 1	
<i>b-complex w/ c & folic acid tab 5 mg- rx</i>	Tier 1	
<i>b-complex w/ c & folic acid tab- rx</i>	Tier 1	
MULTIPLE VITAMINS W/ IRON		
<i>multiple vitamins w/ iron tab</i>	Tier 1	OTC
MULTIPLE VITAMINS W/ MINERALS		
<i>multiple vitamins w/ minerals cap</i>	Tier 1	OTC
<i>multiple vitamins w/ minerals cap- rx</i>	Tier 1	
<i>multiple vitamins w/ minerals liquid</i>	Tier 1	OTC
<i>multiple vitamins w/ minerals tab</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>multiple vitamins w/ minerals tab- rx</i>	Tier 1	QL (30 ea / 30 days)
MULTIVITAMINS		
<i>multiple vitamin tab</i>	Tier 1	OTC, QL (30 ea / 30 days); Covered for ages 5 years old & under
PED MULTI VITAMINS W/FL & FE		
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	Tier 1	QL (50 mL / 30 days)
POLY-VI-FLOR CHW W/IRON	Tier 1	
POLY-VI-FLOR SUS /IRON	Tier 1	
PED MULTIPLE VITAMINS W/ MINERALS		
<i>pediatric multiple vitamin w/ minerals & c chew tab</i>	Tier 1	OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab 60 mg</i>	Tier 1	OTC
<i>pediatric multiple vitamin w/ minerals & c drops 45 mg/ml</i>	Tier 1	OTC
PED MV W/ FLUORIDE		
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	Tier 1	QL (50 mL / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	Tier 1	QL (50 mL / 30 days)
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	Tier 1	QL (50 mL / 30 days)
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	Tier 1	QL (50 mL / 30 days)
POLY-VI-FLOR CHW 0.5MG	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
POLY-VI-FLOR CHW 0.25MG	Tier 1	
POLY-VI-FLOR CHW 1MG	Tier 1	
POLY-VI-FLOR MIS FS	Tier 1	
POLY-VI-FLOR MIS FS 0.5MG	Tier 1	
POLY-VI-FLOR MIS FS 0.25	Tier 1	
POLY-VI-FLOR SUS 0.25/ML	Tier 1	
PED MV W/ IRON		
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	Tier 1	OTC, QL (30 ea / 30 days)
PEDIATRIC MULTIPLE VITAMINS		
<i>pediatric multiple vitamin liq</i>	Tier 1	OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>pediatric multiple vitamin w/ extra c & fa chew tab</i>	Tier 1	OTC, QL (30 ea / 30 days)
PRENATAL VITAMINS		
CO-NATAL FA TAB 29-1MG	Tier 1	QL (30 ea / 30 days)
COMPLETENATE CHW	Tier 1	QL (30 ea / 30 days)
EZFE FORTE CAP	Tier 1	OTC, QL (30 ea / 30 days)
MYNATAL PLUS TAB	Tier 1	QL (30 ea / 30 days)
MYNATAL TAB	Tier 1	QL (30 ea / 30 days)
MYNATAL TAB ADVANCE	Tier 1	QL (30 ea / 30 days)
MYNATAL-Z TAB	Tier 1	QL (30 ea / 30 days)
NATALVIT TAB 75-1MG	Tier 1	QL (30 ea / 30 days)
O-CAL TAB PRENATAL	Tier 1	QL (30 ea / 30 days)
PRENAT W/ FE FUM-FA TAB 28-0.8 MG & OMEGA 3 CAP 440 MG PAK	Tier 1	OTC, QL (30 ea / 30 days)
PRENATAL 19 CHW 29-1MG	Tier 1	QL (30 ea / 30 days)
PRENATAL 19 TAB 29-1MG	Tier 1	QL (30 ea / 30 days)
<i>prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg- rx</i>	Tier 1	QL (30 ea / 30 days)
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg- rx</i>	Tier 1	QL (30 ea / 30 days)
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg- rx</i>	Tier 1	QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	Tier 1	OTC, QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Tier 1	OTC, QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX	Tier 1	QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	Tier 1	OTC, QL (30 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	Tier 1	QL (30 ea / 30 days)
PRENATAL W/FE FUM-FA TAB 27-0.8 MG & DHA CAP 200 MG PACK	Tier 1	OTC, QL (30 ea / 30 days)
PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK	Tier 1	OTC, QL (60 ea / 30 days)
PRENATAL+FE TAB 29-1MG	Tier 1	QL (30 ea / 30 days)
SE-NATAL 19 CHW	Tier 1	QL (30 ea / 30 days)
TL FOLATE TAB	Tier 1	QL (30 ea / 30 days)
TRINATAL RX TAB 1	Tier 1	QL (30 ea / 30 days)
VINATE II TAB	Tier 1	QL (30 ea / 30 days)
VINATE M TAB	Tier 1	QL (30 ea / 30 days)
VINATE ONE TAB	Tier 1	QL (30 ea / 30 days)
VITAFOL-OB TAB 65-1MG	Tier 1	QL (30 ea / 30 days)

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tab 10 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>baclofen tab 20 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>chlorzoxazone tab 500 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>methocarbamol tab 500 mg</i>	Tier 1	QL (180 ea / 30 days); Covered for ages 64 years old & under
<i>methocarbamol tab 750 mg</i>	Tier 1	QL (300 ea / 30 days); Covered for ages 64 years old & under
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 64 years old & under
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	QL (270 ea / 30 days); Covered for ages 64 years old & under

VISCOSUPPLEMENTS

EUFLEXXA INJ 10MG/ML	Tier 1	SP, QL (6 mL / 180 days), PA
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NASAL AGENTS - SYSTEMIC AND TOPICAL

NASAL AGENTS - MISC.

<i>saline nasal spray 0.65%</i>	Tier 1	OTC
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NASAL ANTIALLERGY

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	QL (30 mL / 30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	Tier 1	OTC, QL (52 mL / 30 days)
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QL (16 gm / 25 days); Covered for ages 4 years old & over; Only OTC covered effective 6/1
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	OTC, QL (16 mL / 25 days); Covered for ages 4 years old & over
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	Tier 1	OTC
SYMPATHOMIMETIC DECONGESTANTS		
<i>oxymetazoline hcl nasal soln 0.05%</i>	Tier 1	OTC
<i>phenylephrine hcl tab 10 mg</i>	Tier 1	OTC
<i>pseudoephedrine hcl liq 15 mg/5ml</i>	Tier 1	OTC
<i>pseudoephedrine hcl tab 30 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>pseudoephedrine hcl tab 60 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	Tier 1	OTC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>riluzole tab 50 mg</i>	Tier 1	PA
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
<i>docosahexaenoic acid cap 200 mg</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>omega-3 fatty acids cap 500 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>omega-3 fatty acids cap 1000 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>omega-3 fatty acids cap 1200 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>omega-3 fatty acids cap delayed release 1000 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap delayed release 1200 mg</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
PROTEINS		
AMINO ACID INJ 5%	Tier 1	PA
AMINO ACID INJ 100MG/ML	Tier 1	PA
AMINOPROTECT INJ 5%	Tier 1	PA
AMINOSYN II INJ 10%	Tier 1	PA
AMINOSYN II INJ 15%	Tier 1	PA
AMINOSYN-PF INJ 7%	Tier 1	PA
AMINOSYN-PF INJ 10%	Tier 1	PA
BCAA INJ	Tier 1	PA
CLINIMIX INJ 4.25/D5W	Tier 1	PA
CLINIMIX INJ 4.25/D10	Tier 1	PA
CLINIMIX INJ 4.25/D25	Tier 1	PA
CLINIMIX INJ 5%/D15W	Tier 1	PA
CLINIMIX INJ 5%/D20W	Tier 1	PA
CLINIMIX INJ 5%/D25W	Tier 1	PA
<i>clinisol sf inj 15%</i>	Tier 1	PA
FREAMINE HBC INJ 6.9%	Tier 1	PA
FREAMINE III INJ 10%	Tier 1	PA
<i>hepatamine sol 8%</i>	Tier 1	PA
NEPHRAMINE INJ 5.4%	Tier 1	PA
<i>plenamine inj 15%</i>	Tier 1	PA
PREMASOL SOL 10%	Tier 1	PA
PROCALAMINE INJ 3%	Tier 1	PA
PROSOL INJ 20%	Tier 1	PA
<i>proteinex tab</i>	Tier 1	OTC, PA
SYNTHAMIN 17 SOL 10%	Tier 1	PA
TRAVASOL INJ 10%	Tier 1	PA
TROPHAMINE INJ 6%	Tier 1	PA
TROPHAMINE INJ 10%	Tier 1	PA

OPHTHALMIC AGENTS

ARTIFICIAL TEARS AND LUBRICANTS

<i>artificial tear ophth ointment</i>	Tier 1	OTC
<i>artificial tear ophth solution</i>	Tier 1	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	Tier 1	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	Tier 1	OTC
<i>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</i>	Tier 1	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	Tier 1	OTC
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>hypromellose ophth soln 0.3%</i>	Tier 1	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	Tier 1	OTC
<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i>	Tier 1	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	Tier 1	OTC
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i>	Tier 1	OTC
<i>white petrolatum-mineral oil ophth ointment</i>	Tier 1	OTC

BETA-BLOCKERS - OPHTHALMIC

<i>carteolol hcl ophth soln 1%</i>	Tier 1	QL (15 mL / 25 days)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1	QL (15 mL / 25 days)
<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	Tier 1	
<i>timolol maleate ophth soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth soln 0.25%</i>	Tier 1	

MIOTICS

<i>pilocarpine hcl ophth soln 1%</i>	Tier 1	
<i>pilocarpine hcl ophth soln 2%</i>	Tier 1	
<i>pilocarpine hcl ophth soln 4%</i>	Tier 1	

OPHTHALMIC ADRENERGIC AGENTS

<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 1	

OPHTHALMIC ANTI-INFECTIVES

<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gentak oin 0.3% op</i>	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
MOXEZA SOL 0.5%	Tier 1	PA; Requires trial of 2 of the following: ciprofloxacin soln 0.3%, levofloxacin soln 0.5%, ofloxacin soln 0.3% OR prescription by OPT/OPH specialty

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1	PA; Requires trial of 2 of the following: ciprofloxacin soln 0.3%, levofloxacin soln 0.5%, ofloxacin soln 0.3% OR prescription by OPT/OPH specialty
<i>neo-polycin oin op</i>	Tier 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	
<i>tobramycin ophth soln 0.3%</i>	Tier 1	
<i>trifluridine ophth soln 1%</i>	Tier 1	QL (7.5 mL / 25 days)
ZIRGAN GEL 0.15%	Tier 1	PA; Requires prescription by OPT/OPH specialty or PA required

OPHTHALMIC INTEGRIN ANTAGONISTS

<i>XIIDRA DRO 5%</i>	Tier 1	ST; Requires trial of OTC lubricant and ointment
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OPHTHALMIC LOCAL ANESTHETICS

<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
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OPHTHALMIC STEROIDS

<i>ALREX SUS 0.2%</i>	Tier 1	PA; Requires trial of 2 of the following: dexamethasone sodium phosphate 0.1%, fluorometholone susp 0.1%, prednisolone susp 1% OR prescription by OPT/OPH specialty
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Tier 1	
<i>fluorometholone ophth susp 0.1%</i>	Tier 1	QL (15 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
INVELTYS SUS 1%	Tier 1	PA; Requires trial of 2 of the following: dexamethasone sodium phosphate 0.1%, fluorometholone susp 0.1%, prednisolone susp 1% OR prescription by OPT/OPH specialty
LOTEMAX GEL 0.5%	Tier 1	PA; Requires trial of 2 of the following: dexamethasone sodium phosphate 0.1%, fluorometholone susp 0.1%, prednisolone susp 1% OR prescription by OPT/OPH specialty
LOTEMAX OIN 0.5%	Tier 1	PA; Requires trial of 2 of the following: dexamethasone sodium phosphate 0.1%, fluorometholone susp 0.1%, prednisolone susp 1% OR prescription by OPT/OPH specialty
LOTEMAX SM GEL 0.38%	Tier 1	PA; Requires trial of 2 of the following: dexamethasone sodium phosphate 0.1%, fluorometholone susp 0.1%, prednisolone susp 1% OR prescription by OPT/OPH specialty
LOTEMAX SUS 0.5%	Tier 1	PA; Requires trial of 2 of the following: dexamethasone sodium phosphate 0.1%, fluorometholone susp 0.1%, prednisolone susp 1% OR prescription by OPT/OPH specialty
<i>neo-polycin oin hc 1%op</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	
<i>prednisolone acetate ophth susp 1%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	
OPHTHALMICS - MISC.		
<i>altachlore oin 5% op</i>	Tier 1	OTC
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	PA
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	
<i>epinastine hcl ophth soln 0.05%</i>	Tier 1	PA
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	QL (10 mL / 25 days)
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	QL (10 mL / 25 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Tier 1	OTC
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Tier 1	PA
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 1	PA
PAZEO DRO 0.7%	Tier 1	PA; Requires trial of 2 of the following cromolyn sodium ophth sol 4%, ketotifen fumarate ophth soln 0.025% OR prescription by OPT/OPH specialty
<i>sodium chloride hypertonic ophth oint 5%</i>	Tier 1	OTC
<i>sodium chloride hypertonic ophth soln 5%</i>	Tier 1	OTC
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	Tier 1	ST; Requires trial of latanoprost
<i>latanoprost ophth soln 0.005%</i>	Tier 1	QL (5 mL / 25 days)
TRAVATAN Z DRO 0.004%	Tier 1	QL (5 mL / 25 days), ST; Requires trial of bimatoprost
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	Tier 1	QL (20 mL / 25 days)
<i>carbamide peroxide 6.5% otic soln</i>	Tier 1	OTC
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 1	QL (14 ea / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin otic soln 0.3%</i>	Tier 1	QL (max quantity 5 per fill)

OTIC COMBINATIONS

<i>CIPRODEX SUS 0.3-0.1%</i>	Tier 1	PA; Requires trial of 2 of the following: acetic acid otic 2%, neo/poly/hc otic 1%, ofloxacin otic 0.3%, ciprofloxacin otic 0.2% by OTO specialty
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	

OTIC STEROIDS

<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
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OXYTOCICS

OXYTOCICS

<i>methergine tab 0.2mg</i>	Tier 1	QL (210 ea / 30 days)
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 1	QL (210 ea / 30 days)

PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS

<i>HYPERRHO S/D INJ 50MCG</i>	Tier 1	SP
<i>HYPERRHO S/D INJ 300MCG</i>	Tier 1	SP
<i>MICRHOGAM PL INJ 50MCG</i>	Tier 1	SP
<i>RHOGAM PLUS INJ 300MCG</i>	Tier 1	SP
<i>RHOPHYLAC INJ 1500/2ML</i>	Tier 1	SP

MONOCLONAL ANTIBODIES

<i>SYNAGIS INJ 50MG</i>	Tier 1	SP, PA
<i>SYNAGIS INJ 100MG/ML</i>	Tier 1	SP, PA

PENICILLINS - DRUGS TO TREAT INFECTIONS

AMINOPENICILLINS

<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>ampicillin cap 500 mg</i>	Tier 1	QL (240 ea / 30 days)

NATURAL PENICILLINS

<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>penicillin v potassium tab 250 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>penicillin v potassium tab 500 mg</i>	Tier 1	QL (240 ea / 30 days)

PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Tier 1	QL (90 ea / 30 days); Covered for ages 12 years old & under
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 12 years old & under
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	Covered for ages 12 years old & under
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	QL (2 ea / day, max 10 day supply)
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	QL (2 ea / day, max 10 day supply)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	QL (2 ea / day, max 10 day supply)

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	QL (180 ea / 30 days)

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>norethindrone acetate tab 5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>progesterone micronized cap 100 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>progesterone micronized cap 200 mg</i>	Tier 1	QL (60 ea / 30 days)

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

ANTI-CATAPLECTIC AGENTS

<i>XYREM SOL 500MG/ML</i>	Tier 1	SP, PA
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Drug Name	Drug Tier	Requirements/Limits
ANTIDEMENTIA AGENTS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	
<i>memantine hcl tab 5 mg</i>	Tier 1	
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i>	Tier 1	
<i>memantine hcl tab 10 mg</i>	Tier 1	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 1	PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 1	PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 1	PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
<i>AUBAGIO TAB 7MG</i>	Tier 1	SP, PA
<i>AUBAGIO TAB 14MG</i>	Tier 1	SP, PA
<i>AVONEX KIT 30MCG</i>	Tier 1	SP, PA
<i>AVONEX PEN KIT 30MCG</i>	Tier 1	SP, PA
<i>AVONEX PREFL KIT 30MCG</i>	Tier 1	SP, PA
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 1	SP, PA
<i>EXTAVIA INJ 0.3MG</i>	Tier 1	SP, PA
<i>GILENYA CAP 0.5MG</i>	Tier 1	SP, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	Tier 1	SP, PA

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa inj 20mg/ml</i>	Tier 1	SP, PA
PLEGRIDY INJ	Tier 1	SP, PA
PLEGRIDY INJ PEN	Tier 1	SP, PA
PLEGRIDY INJ STARTER	Tier 1	SP, PA
PLEGRIDY PEN INJ STARTER	Tier 1	SP, PA
TECFIDERA CAP 120MG	Tier 1	SP, QL (60 ea / 30 days), PA
TECFIDERA CAP 240MG	Tier 1	SP, QL (60 ea / 30 days), PA

SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 1	QL (60 ea / 30 days, max 90 day supply per year)
CHANTIX PAK 0.5& 1MG	Tier 1	PA
CHANTIX PAK 1MG	Tier 1	QL (60 ea / 30 days), PA
CHANTIX TAB 0.5MG	Tier 1	QL (30 ea / 30 days), PA
CHANTIX TAB 1MG	Tier 1	QL (60 ea / 30 days), PA
<i>nicotine polacrilex gum 2 mg</i>	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg</i>	Tier 1	OTC
<i>nicotine polacrilex lozenge 2 mg</i>	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 4 mg</i>	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine td patch 24hr 7 mg/24hr</i>	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 14 mg/24hr</i>	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 21 mg/24hr</i>	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)

RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

PULMOZYME SOL 1MG/ML	Tier 1	SP, QL (75 mL / 30 days), PA
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TETRACYCLINES - DRUGS TO TREAT INFECTIONS

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>avidoxy tab 100mg</i>	Tier 1	QL (90 ea / 30 days)
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	QL (90 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl cap 50 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>minocycline hcl cap 100 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>mondoxyne nl cap 50mg</i>	Tier 1	QL (90 ea / 30 days)
<i>mondoxyne nl cap 100mg</i>	Tier 1	QL (90 ea / 30 days)

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>methimazole tab 10 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>propylthiouracil tab 50 mg</i>	Tier 1	QL (600 ea / 30 days)

THYROID HORMONES

ARMOUR THYRO TAB 15MG	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 30MG	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 60MG	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 90MG	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 120MG	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 180MG	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 240MG	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
ARMOUR THYRO TAB 300MG	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>levothyroxine sodium tab 25 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 50 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 75 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 88 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 100 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 112 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 125 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 137 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 150 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 175 mcg</i>	Tier 1	QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 200 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 300 mcg</i>	Tier 1	QL (60 ea / 30 days)
<i>np thyroid tab 15mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>np thyroid tab 30mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>np thyroid tab 60mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>np thyroid tab 90mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>np thyroid tab 120mg</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
SYNTHROID TAB 25MCG	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 50MCG	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 75MCG	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 88MCG	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 100MCG	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 112MCG	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 125MCG	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 137MCG	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 150MCG	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 175MCG	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 200MCG	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 300MCG	Tier 1	QL (60 ea / 30 days)
<i>thyroid tab 15 mg (1/4 grain)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>thyroid tab 30 mg (1/2 grain)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>thyroid tab 60 mg (1 grain)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>thyroid tab 90 mg (1 1/2 grain)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under
<i>thyroid tab 120 mg (2 grain)</i>	Tier 1	QL (30 ea / 30 days); Covered for ages 64 years old & under

Drug Name	Drug Tier	Requirements/Limits
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TOXOIDS

TOXOID COMBINATIONS

ADACEL INJ	Tier 1	Covered for ages 19 years old & over
BOOSTRIX INJ	Tier 1	Covered for ages 19 years old & over
DAPTACEL INJ	Tier 1	Covered for ages 19 years old & over
INFANRIX INJ	Tier 1	Covered for ages 19 years old & over
TDVAX INJ 2-2 LF	Tier 1	Covered for ages 19 years old & over
TENIVAC INJ 5-2LF	Tier 1	Covered for ages 19 years old & over

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

CUVPOSA SOL 1MG/5ML	Tier 1	PA
<i>dicyclomine hcl cap 10 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	QL (2400 mL / 30 days); Covered for ages 64 years old & under
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	QL (240 ea / 30 days); Covered for ages 64 years old & under
<i>glycopyrrolate tab 1 mg</i>	Tier 1	
<i>glycopyrrolate tab 2 mg</i>	Tier 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	QL (360 ea / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	QL (1800 mL / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	QL (360 ea / 30 days); Covered for ages 64 years old & under
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	QL (360 ea / 30 days); Covered for ages 64 years old & under

Drug Name	Drug Tier	Requirements/Limits
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>oscimin tab 0.125mg</i>	Tier 1	QL (360 ea / 30 days); Covered for ages 64 years old & under

H-2 ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>cimetidine tab 200 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>cimetidine tab 200 mg</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>cimetidine tab 300 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>cimetidine tab 400 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>cimetidine tab 800 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>famotidine tab 10 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>famotidine tab 20 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>famotidine tab 20 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>famotidine tab 40 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>nizatidine cap 150 mg</i>	Tier 1	QL (120 ea / 30 days), ST; Requires trial of famotidine and ranitidine
<i>nizatidine oral soln 15 mg/ml</i>	Tier 1	ST; Requires trial of famotidine and ranitidine
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	Tier 1	QL (600 mL / 30 days); Covered for ages 12 years old & under
<i>ranitidine hcl tab 75 mg</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ranitidine hcl tab 150 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>ranitidine hcl tab 150 mg</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ranitidine hcl tab 300 mg</i>	Tier 1	QL (60 ea / 30 days)

MISC. ANTI-ULCER

<i>CARAFATE SUS 1GM/10ML</i>	Tier 1	QL (1200 mL / 30 days); Covered for ages 18 years old & under
<i>sucralfate tab 1 gm</i>	Tier 1	QL (120 ea / 30 days)

PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

<i>acid reducer cap 20.6mgdr</i>	Tier 1	OTC, QL (30 ea / 30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>heartburn tr cap 15mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	Tier 1	OTC, QL (30 ea / 30 days)
OMEPRAZOLE TAB 20MG	Tier 1	OTC, QL (90 ea / 30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	QL (90 ea / 30 days)
PRILOSEC OTC TAB 20MG	Tier 1	OTC, QL (90 ea / 30 days)

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol tab 100 mcg</i>	Tier 1	QL (120 ea / 30 days)
<i>misoprostol tab 200 mcg</i>	Tier 1	QL (120 ea / 30 days)

URINARY ANTI-INFECTIVES

URINARY ANTI-INFECTIVES

<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 64 years old & under
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	QL (120 ea / 30 days); Covered for ages 64 years old & under
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	QL (60 ea / 30 days); Covered for ages 64 years old & under
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 1	QL (40 mL / day, max 10 day supply); Covered for ages 12 years old & under

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>oxybutynin chloride syrup 5 mg/5ml</i>	Tier 1	QL (600 mL / 30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of oxybutynin IR
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of oxybutynin IR
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of oxybutynin IR
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	QL (60 ea / 30 days), ST; Requires trial of oxybutynin
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	QL (60 ea / 30 days), ST; Requires trial of oxybutynin
<i>tropium chloride tab 20 mg</i>	Tier 1	QL (60 ea / 30 days), ST; Requires trial of oxybutynin

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tab 5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>bethanechol chloride tab 10 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>bethanechol chloride tab 25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>bethanechol chloride tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl tab 100 mg</i>	Tier 1	QL (120 ea / 30 days)
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VACCINES

BACTERIAL VACCINES

BEXSERO INJ	Tier 1	QL (2 mL in lifetime); Covered for ages 19 years old & over
MENACTRA INJ	Tier 1	QL (1 mL in lifetime); Covered for ages 19 years old & over
MENVEO INJ	Tier 1	Covered for ages 19 years old & over
PNEUMOVAX 23 INJ 25/0.5	Tier 1	QL (max 2 fills per lifetime)
PREVNAR 13 INJ	Tier 1	QL (max 4 fills per lifetime)
TRUMENBA INJ	Tier 1	QL (3 mL in lifetime); Covered for ages 19 years old & over

Drug Name	Drug Tier	Requirements/Limits
<i>VIRAL VACCINES</i>		
ENGERIX-B INJ 10/0.5ML	Tier 1	Covered for ages 19 years old & over
ENGERIX-B INJ 20MCG/ML	Tier 1	Covered for ages 19 years old & over
GARDASIL 9 INJ	Tier 1	QL (3 mL in lifetime); Covered for ages 19 years old & over
HAVRIX INJ 720UNIT	Tier 1	QL (2 mL in lifetime); Covered for ages 19 years old & over
HAVRIX INJ 1440UNIT	Tier 1	QL (2 mL in lifetime); Covered for ages 19 years old & over
HEPLISAV-B INJ 20/0.5ML	Tier 1	Covered for ages 19 years old & over
HEPLISAV-B INJ 20MCG	Tier 1	Covered for ages 19 years old & over
IMOVAX RABIE INJ 2.5/ML	Tier 1	Covered for ages 19 years old & over
M-M-R II INJ	Tier 1	QL (2 ea in lifetime); Covered for ages 19 years old & over
RABAVERT INJ	Tier 1	Covered for ages 19 years old & over
RECOMBIVA HB INJ 5MCG/0.5	Tier 1	Covered for ages 19 years old & over
RECOMBIVA HB INJ 10MCG/ML	Tier 1	Covered for ages 19 years old & over
RECOMBIVA-HB INJ 40MCG/ML	Tier 1	Covered for ages 19 years old & over
SHINGRIX INJ 50MCG	Tier 1	QL (2 ea in lifetime); Covered for ages 50 years old & over
TWINRIX INJ	Tier 1	Covered for ages 19 years old & over
VAQTA INJ 25/0.5ML	Tier 1	QL (2 mL in lifetime); Covered for ages 19 years old & over
VAQTA INJ 50UNT/ML	Tier 1	QL (2 mL in lifetime); Covered for ages 19 years old & over
VARIVAX INJ	Tier 1	QL (2 ea in lifetime); Covered for ages 19 years old & over

Drug Name	Drug Tier	Requirements/Limits
ZOSTAVAX INJ	Tier 1	QL (1 ea in lifetime); Covered for ages 60 years old & over

VAGINAL PRODUCTS

SPERMICIDES

CONCEPTROL GEL 4%	Tier 1	OTC
ENCARE SUP 100MG	Tier 1	OTC
GYNOL II GEL 3%	Tier 1	OTC
SHUR-SEAL GEL 2%	Tier 1	OTC
TODAY SPONGE MIS	Tier 1	OTC
VCF VAGINAL AER CONTRACP	Tier 1	OTC
<i>vcf vaginal gel contrace</i>	Tier 1	OTC
VCF VAGINAL MIS CONTRACP	Tier 1	OTC

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	
<i>clotrimazole vaginal cream 1%</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 2%</i>	Tier 1	OTC
<i>1-day 6.5% oin monistat</i>	Tier 1	OTC
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	QL (70 gm / 5 days)
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2%</i>	Tier 1	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	Tier 1	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	Tier 1	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i>	Tier 1	OTC
<i>terconazole vaginal cream 0.4%</i>	Tier 1	
<i>terconazole vaginal cream 0.8%</i>	Tier 1	
<i>terconazole vaginal suppos 80 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>tioconazole oin 6.5% vag</i>	Tier 1	OTC
<i>vandazole gel 0.75%</i>	Tier 1	QL (70 gm / 5 days)

VAGINAL ESTROGENS

<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	QL (42.5 gm / 30 days)
<i>estradiol vaginal tab 10 mcg</i>	Tier 1	

VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS

EPIPEN 2-PAK INJ 0.3MG	Tier 1	QL (2 ea / 25 days)
EPIPEN-JR INJ 0.15MG	Tier 1	QL (2 ea / 25 days)

VASOPRESSORS

<i>midodrine hcl tab 2.5 mg</i>	Tier 1	
<i>midodrine hcl tab 5 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
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VITAMINS

OIL SOLUBLE VITAMINS

<i>cholecalciferol cap 1000 unit</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cholecalciferol cap 2000 unit</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cholecalciferol cap 5000 unit</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cholecalciferol cap 10000 unit</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cholecalciferol cap 50000 unit</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cholecalciferol chew tab 400 unit</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>cholecalciferol oral liquid 400 unit/ml</i>	Tier 1	OTC, QL (180 mL / 30 days)
<i>cholecalciferol tab 400 unit</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>cholecalciferol tab 1000 unit</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>cholecalciferol tab 2000 unit</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>cholecalciferol tab 5000 unit</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>ergocalciferol cap 50000 unit</i>	Tier 1	QL (180 ea / 30 days)
<i>phytonadione tab 5 mg</i>	Tier 1	QL (150 ea / 30 days)

WATER SOLUBLE VITAMINS

<i>niacin cap er 250 mg</i>	Tier 1	OTC
<i>niacin cap er 500 mg</i>	Tier 1	OTC
<i>niacin tab 500 mg</i>	Tier 1	OTC
<i>niacin tab er 250 mg</i>	Tier 1	OTC
<i>niacin tab er 750 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 25 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>pyridoxine hcl tab 100 mg</i>	Tier 1	OTC, QL (120 ea / 30 days)

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<i>americerin cre</i>	81	<i>amoxicillin (trihydrate) chew tab 250 mg</i>	108
<i>amethia lo tab</i>	66	<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	108
<i>amethia tab</i>	66	<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	108
<i>amethyst tab 90-20mcg</i>	66	<i>amoxicillin (trihydrate) for susp 250</i>	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	82		
<i>amiloride hcl tab 5 mg</i>	83		
<i>AMINO ACID INJ 100MG/ML</i>	103		
<i>AMINO ACID INJ 5%</i>	103		

<i>mg/5ml</i>	108	ARANESP INJ 25MCG	87
<i>amoxicillin (trihydrate) for susp 400</i>		ARANESP INJ 300MCG	87
<i>mg/5ml</i>	108	ARANESP INJ 40MCG	87
<i>amoxicillin (trihydrate) tab 500 mg</i> ...	109	ARANESP INJ 500MCG	87
<i>amoxicillin (trihydrate) tab 875 mg</i> ...	109	ARANESP INJ 60MCG	87
<i>amphetamine-dextroamphetamine cap er</i>		<i>argyl saline sol 100ml</i>	98
<i>24hr 10 mg</i>	17	<i>armodafinil tab 150 mg</i>	19
<i>amphetamine-dextroamphetamine cap er</i>		<i>armodafinil tab 200 mg</i>	19
<i>24hr 15 mg</i>	17	<i>armodafinil tab 250 mg</i>	19
<i>amphetamine-dextroamphetamine cap er</i>		<i>armodafinil tab 50 mg</i>	19
<i>24hr 20 mg</i>	17	ARMOUR THYRO TAB 120MG	112
<i>amphetamine-dextroamphetamine cap er</i>		ARMOUR THYRO TAB 15MG	112
<i>24hr 25 mg</i>	17	ARMOUR THYRO TAB 180MG	112
<i>amphetamine-dextroamphetamine cap er</i>		ARMOUR THYRO TAB 240MG	112
<i>24hr 30 mg</i>	17	ARMOUR THYRO TAB 300MG	112
<i>amphetamine-dextroamphetamine cap er</i>		ARMOUR THYRO TAB 30MG	112
<i>24hr 5 mg</i>	17	ARMOUR THYRO TAB 60MG	112
<i>amphetamine-dextroamphetamine tab</i>		ARMOUR THYRO TAB 90MG	112
<i>10 mg</i>	17	ARNUITY ELPT INH 100MCG	34
<i>amphetamine-dextroamphetamine tab</i>		ARNUITY ELPT INH 200MCG	34
<i>12.5 mg</i>	17	ARNUITY ELPT INH 50MCG	34
<i>amphetamine-dextroamphetamine tab</i>		ARTH PAIN CRE 0.075%	80
<i>15 mg</i>	17	<i>artificial tear ophth ointment</i>	103
<i>amphetamine-dextroamphetamine tab</i>		<i>artificial tear ophth solution</i>	103
<i>20 mg</i>	17	<i>ashlyna tab</i>	66
<i>amphetamine-dextroamphetamine tab</i>		<i>aspirin chew tab 81 mg</i>	24
<i>30 mg</i>	17	<i>aspirin tab 325 mg</i>	24
<i>amphetamine-dextroamphetamine tab 5</i>		<i>aspirin tab delayed release 325 mg</i>	24
<i>mg</i>	17	<i>aspirin tab delayed release 81 mg</i>	24
<i>amphetamine-dextroamphetamine tab</i>		<i>aspirin-dipyridamole cap er 12hr 25-200</i>	
<i>7.5 mg</i>	17	<i>mg</i>	87
<i>ampicillin cap 500 mg</i>	109	<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>anagrelide hcl cap 0.5 mg</i>	87	.....	53
<i>anagrelide hcl cap 1 mg</i>	87	<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>anastrozole tab 1 mg</i>	56	.....	53
ANORO ELLIPT AER 62.5-25	35	<i>atenolol tab 100 mg</i>	60
<i>anti-diarrhe liq 1mg/5ml</i>	47	<i>atenolol tab 25 mg</i>	60
<i>antifungal cre 2%</i>	76	<i>atenolol tab 50 mg</i>	60
<i>aprepitant capsule 125 mg</i>	48	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	
<i>aprepitant capsule 40 mg</i>	48	.....	18
<i>aprepitant capsule 80 mg</i>	48	<i>atomoxetine hcl cap 100 mg (base</i>	
<i>apri tab</i>	66	<i>equiv)</i>	18
APRISO CAP 0.375GM	86	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	
<i>aranelle tab</i>	66	.....	18
ARANESP INJ 100MCG	87	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	
ARANESP INJ 200MCG	87	.....	18

<i>atomoxetine hcl cap 40 mg (base equiv)</i>	18
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	18
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	18
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	51
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	51
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	51
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	51
<i>atovaquone susp 750 mg/5ml</i>	29
ATROVENT HFA AER 17MCG	34
AUBAGIO TAB 14MG	110
AUBAGIO TAB 7MG	110
<i>aubra eq tab 0.1-0.02</i>	66
<i>aubra tab 0.1-0.02</i>	66
<i>aurovela 24 tab fe 1/20</i>	66
<i>aurovela fe tab 1/20</i>	66
<i>aurovela tab 1.5/30</i>	66
<i>aviane tab</i>	66
<i>avidoxy tab 100mg</i>	111
<i>avita cre 0.025%</i>	73
<i>avita gel 0.025%</i>	74
AVONEX KIT 30MCG	110
AVONEX PEN KIT 30MCG	110
AVONEX PREFL KIT 30MCG	110
<i>azathioprine tab 50 mg</i>	97
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	101
<i>azelastine hcl ophth soln 0.05%</i>	107
<i>azithromycin for susp 100 mg/5ml</i>	92
<i>azithromycin for susp 200 mg/5ml</i>	92
<i>azithromycin powd pack for susp 1 gm</i>	92
<i>azithromycin tab 250 mg</i>	92
<i>azithromycin tab 500 mg</i>	92
<i>azithromycin tab 600 mg</i>	92
<i>azurette tab 28 day</i>	66
B	
<i>bacitracin oint 500 unit/gm</i>	76
<i>bacitracin ophth oint 500 unit/gm</i>	104
<i>bacitracin zinc oint 500 unit/gm</i>	76
<i>bacitracin-polymyxin b oint</i>	76

<i>bacitracin-polymyxin b ophth oint</i>	104
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	105
<i>baclofen tab 10 mg</i>	101
<i>baclofen tab 20 mg</i>	101
BALCOLTRA TAB 0.1-20	66
<i>balsalazide disodium cap 750 mg</i>	86
<i>balziva tab</i>	66
BANZEL SUS 40MG/ML	37
BANZEL TAB 200MG	37
BANZEL TAB 400MG	37
BARACLUDE SOL .05MG/ML	59
BASAGLAR INJ 100UNIT	45
BCAA INJ	103
<i>b-complex w/ c & folic acid cap 1 mg</i>	98
<i>b-complex w/ c & folic acid cap 1 mg- rx</i>	98
<i>b-complex w/ c & folic acid tab</i>	98
<i>b-complex w/ c & folic acid tab 0.8 mg</i>	98
<i>b-complex w/ c & folic acid tab 1 mg</i>	98
<i>b-complex w/ c & folic acid tab 1 mg- rx</i>	99
<i>b-complex w/ c & folic acid tab 5 mg- rx</i>	99
<i>b-complex w/ c & folic acid tab- rx</i>	99
<i>bekyree tab</i>	66
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	53
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	53
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	54
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	53
<i>benazepril hcl tab 10 mg</i>	52
<i>benazepril hcl tab 20 mg</i>	52
<i>benazepril hcl tab 40 mg</i>	52
<i>benazepril hcl tab 5 mg</i>	52
BENZOCAINE-DOCUSATE SODIUM	
RECTAL ENEMA 20-283 MG	92
<i>benzonatate cap 100 mg</i>	72
<i>benzonatate cap 200 mg</i>	72
BENZOYL PER GEL 2.5%	74
<i>benzoyl per liq 10% wash</i>	74
<i>benzoyl per liq 5% wash</i>	74
<i>benzoyl peroxide gel 10%</i>	74

<i>benzoyl peroxide gel 5%</i>	74	<i>6.25 mg</i>	54
<i>BENZOYL PEROXIDE LOTION 5%</i>	74	<i>bisoprolol fumarate tab 10 mg</i>	60
<i>betamethasone dipropionate augmented cream 0.05%</i>	78	<i>bisoprolol fumarate tab 5 mg</i>	60
<i>betamethasone dipropionate augmented gel 0.05%</i>	78	<i>blisovi 24 tab fe 1/20</i>	66
<i>betamethasone dipropionate augmented lotion 0.05%</i>	78	<i>blisovi fe tab 1.5/30</i>	66
<i>betamethasone dipropionate augmented oint 0.05%</i>	78	<i>BOOSTRIX INJ</i>	114
<i>betamethasone dipropionate cream 0.05%</i>	78	<i>bp wash liq 10%</i>	74
<i>betamethasone dipropionate lotion 0.05%</i>	78	<i>bp wash liq 5%</i>	74
<i>betamethasone dipropionate oint 0.05%</i>	78	<i>briellyn tab</i>	66
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	78	<i>brimonidine tartrate ophth soln 0.15%</i>	104
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	78	<i>brimonidine tartrate ophth soln 0.2%</i> 104	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	78	<i>bromfed dm syp</i>	72
<i>betasept liq 4%</i>	59	<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	57
<i>bethanechol chloride tab 10 mg</i>	117	<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	57
<i>bethanechol chloride tab 25 mg</i>	117	<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	72
<i>bethanechol chloride tab 5 mg</i>	117	<i>budesonide delayed release particles cap 3 mg</i>	71
<i>bethanechol chloride tab 50 mg</i>	117	<i>budesonide inhalation susp 0.25 mg/2ml</i>	34
<i>BEXSERO INJ</i>	117	<i>budesonide inhalation susp 0.5 mg/2ml</i>	34
<i>bicalutamide tab 50 mg</i>	56	<i>BUDESONIDE POW</i>	65
<i>bimatoprost ophth soln 0.03%</i>	107	<i>bumetanide tab 0.5 mg</i>	82
<i>bisacodyl suppos 10 mg</i>	91	<i>bumetanide tab 1 mg</i>	82
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i>	91	<i>bumetanide tab 2 mg</i>	82
<i>bisacodyl tab delayed release 5 mg</i>	91	<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	111
<i>bismuth subsalicylate chew tab 262 mg</i>	47	<i>bupropion hcl tab 100 mg</i>	40
<i>bismuth subsalicylate susp 262 mg/15ml</i>	47	<i>bupropion hcl tab 75 mg</i>	40
<i>bismuth subsalicylate susp 525 mg/15ml</i>	47	<i>bupropion hcl tab er 12hr 100 mg</i>	40
<i>bismuth subsalicylate tab 262 mg</i>	47	<i>bupropion hcl tab er 12hr 150 mg</i>	40
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	54	<i>bupropion hcl tab er 12hr 200 mg</i>	40
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	54	<i>bupropion hcl tab er 24hr 150 mg</i>	40
<i>bisoprolol & hydrochlorothiazide tab 5-</i>		<i>bupropion hcl tab er 24hr 300 mg</i>	40
		<i>buspirone hcl tab 10 mg</i>	31
		<i>buspirone hcl tab 15 mg</i>	31
		<i>buspirone hcl tab 5 mg</i>	31
		<i>buspirone hcl tab 7.5 mg</i>	31
		<i>butalbital-acetaminophen tab 50-325 mg</i>	23
		<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	27

butalbital-acetaminophen-caffeine cap
50-325-40 mg23
butalbital-acetaminophen-caffeine tab
50-325-40 mg23
butalbital-aspirin-caffeine cap 50-325-40
mg23

C

caffeine citrate oral soln 60 mg/3ml (10
mg/ml base equiv)18
calcipotriene oint 0.005%77
calcipotriene soln 0.005% (50 mcg/ml)
.....77
calcitonin (salmon) nasal soln 200
unit/act83
calcitrate tab 950mg95
calcitrene oin 0.005%77
calcitriol cap 0.25 mcg84
calcitriol cap 0.5 mcg84
calcium acetate (phosphate binder) cap
667 mg (169 mg ca)86
calcium carb tab 1250mg95
calcium carb tab 648mg29
calcium carbonate (antacid) chew tab
1000 mg29
calcium carbonate (antacid) chew tab
400 mg29
calcium carbonate (antacid) chew tab
500 mg29
calcium carbonate (antacid) chew tab
750 mg29
calcium carbonate (antacid) susp 1250
mg/5ml29
calcium carbonate tab 1250 mg (500 mg
elemental ca)95
calcium carbonate tab 1500 mg (600 mg
elemental ca)95
calcium carbonate tab 600 mg95
calcium carbonate-cholecalciferol chew
tab 500 mg-400 unit95
calcium carbonate-cholecalciferol chew
tab 500 mg-600 unit95
calcium carbonate-cholecalciferol tab 250
mg-125 unit95
calcium carbonate-cholecalciferol tab 500
mg-200 unit95
calcium carbonate-cholecalciferol tab 500

mg-400 unit 95
calcium carbonate-cholecalciferol tab 600
mg-200 unit 95
calcium carbonate-cholecalciferol tab 600
mg-400 unit 95
calcium carbonate-cholecalciferol tab 600
mg-800 unit 95
calcium carbonate-vitamin d tab 250 mg-
125 unit 95
calcium carbonate-vitamin d tab 500 mg-
125 unit 95
calcium carbonate-vitamin d tab 500 mg-
200 unit 95
calcium carbonate-vitamin d tab 500 mg-
400 unit 95
calcium carbonate-vitamin d tab 600 mg-
200 unit 96
calcium carbonate-vitamin d tab 600 mg-
400 unit 96
calcium carb-vit d w/ minerals chew tab
600 mg-400 unit 95
calcium citrate-vitamin d tab 200 mg-
250 unit (elemental ca) 96
calcium citrate-vitamin d tab 315 mg-
250 unit (elemental ca) 96
calcium polycarbophil tab 625 mg 90
calcium-magnesium-zinc tab 333-133-5
mg 96
camila tab 0.35mg 70
camrese lo tab 66
camrese tab 66
capecitabine tab 150 mg 56
capecitabine tab 500 mg 56
capsaicin cream 0.025% 80
capsaicin cream 0.1% 80
captopril & hydrochlorothiazide tab 25-15
mg 54
captopril & hydrochlorothiazide tab 25-25
mg 54
captopril & hydrochlorothiazide tab 50-15
mg 54
captopril & hydrochlorothiazide tab 50-25
mg 54
captopril tab 100 mg 52
captopril tab 12.5 mg 52
captopril tab 25 mg 52

<i>captopril tab 50 mg</i>	52	<i>carvedilol tab 25 mg</i>	60
CARAFATE SUS 1GM/10ML.....	115	<i>carvedilol tab 3.125 mg</i>	60
<i>carbamazepine cap er 12hr 100 mg</i>	37	<i>carvedilol tab 6.25 mg</i>	60
<i>carbamazepine cap er 12hr 200 mg</i>	37	<i>cavilon cre 2%</i>	76
<i>carbamazepine cap er 12hr 300 mg</i>	37	CAYA DPR	92
<i>carbamazepine chew tab 100 mg</i>	37	<i>caziant pak</i>	66
<i>carbamazepine susp 100 mg/5ml</i>	37	<i>cefadroxil for susp 250 mg/5ml</i>	65
<i>carbamazepine tab 200 mg</i>	37	<i>cefadroxil for susp 500 mg/5ml</i>	65
<i>carbamazepine tab er 12hr 100 mg</i>	37	<i>cefdinir cap 300 mg</i>	65
<i>carbamazepine tab er 12hr 200 mg</i>	37	<i>cefdinir for susp 125 mg/5ml</i>	65
<i>carbamazepine tab er 12hr 400 mg</i>	37	<i>cefdinir for susp 250 mg/5ml</i>	65
<i>carbamide peroxide 6.5% otic soln</i> ...	107	<i>cefprozil for susp 125 mg/5ml</i>	65
CARBATROL CAP 100MG	37	<i>cefprozil for susp 250 mg/5ml</i>	65
CARBATROL CAP 200MG	37	<i>cefuroxime axetil tab 250 mg</i>	65
CARBATROL CAP 300MG	37	<i>cefuroxime axetil tab 500 mg</i>	65
<i>carbidopa & levodopa tab 10-100 mg</i> ..	57	<i>celecoxib cap 100 mg</i>	21
<i>carbidopa & levodopa tab 25-100 mg</i> ..	57	<i>celecoxib cap 200 mg</i>	21
<i>carbidopa & levodopa tab 25-250 mg</i> ..	58	<i>celecoxib cap 400 mg</i>	21
<i>carbidopa & levodopa tab er 25-100 mg</i>	58	<i>celecoxib cap 50 mg</i>	21
<i>carbidopa & levodopa tab er 50-200 mg</i>	58	<i>cephalexin cap 250 mg</i>	65
<i>carbidopa-levodopa-entacapone tabs</i> <i>12.5-50-200 mg</i>	58	<i>cephalexin cap 500 mg</i>	65
<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	58	<i>cephalexin for susp 125 mg/5ml</i>	65
<i>carbidopa-levodopa-entacapone tabs</i> <i>25-100-200 mg</i>	58	<i>cephalexin for susp 250 mg/5ml</i>	65
<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	58	CEPROTIN INJ 1000UNIT.....	87
<i>carbidopa-levodopa-entacapone tabs</i> <i>37.5-150-200 mg</i>	58	CEPROTIN INJ 500 UNIT	87
<i>carbidopa-levodopa-entacapone tabs</i> <i>50-200-200 mg</i>	58	<i>cetirizine hcl oral soln 1 mg/ml (5</i> <i>mg/5ml)</i>	50
<i>carbinoxamine maleate soln 4 mg/5ml</i> 49		<i>cetirizine hcl tab 10 mg</i>	50
<i>carbinoxamine maleate tab 4 mg</i>	49	<i>cetirizine tab 5mg</i>	50
<i>carboxymethylcellulose sodium (pf)</i> <i>ophth soln 0.5%</i>	103	<i>cetirizine-pseudoephedrine tab er 12hr</i> <i>5-120 mg</i>	72
<i>carboxymethylcellulose sodium ophth</i> <i>soln 0.5%</i>	103	CHANTIX PAK 0.5& 1MG	111
<i>carteolol hcl ophth soln 1%</i>	104	CHANTIX PAK 1MG	111
<i>cartia xt cap 120/24hr</i>	62	CHANTIX TAB 0.5MG	111
<i>cartia xt cap 180/24hr</i>	62	CHANTIX TAB 1MG	111
<i>cartia xt cap 240/24hr</i>	62	<i>chateal eq tab 0.15/30</i>	66
<i>cartia xt cap 300/24hr</i>	62	<i>chateal tab 0.15/30</i>	66
<i>carvedilol tab 12.5 mg</i>	60	CHEMET CAP 100MG.....	48
		<i>chlordiazepoxide hcl cap 10 mg</i>	32
		<i>chlordiazepoxide hcl cap 25 mg</i>	32
		<i>chlordiazepoxide hcl cap 5 mg</i>	32
		<i>chlorhexidine gluconate liquid 4%</i>	59
		<i>chlorhexidine gluconate soln 0.12%</i>	98
		<i>chloroquine phosphate tab 250 mg</i>	55
		<i>chloroquine phosphate tab 500 mg</i>	55
		<i>chlorpheniramine maleate syrup 2</i>	

mg/5ml	49	citalopram hydrobromide oral soln 10	
chlorpheniramine tab 4 mg	49	mg/5ml.....	40
chlorpheniramine tab er 12 mg.....	49	citalopram hydrobromide tab 10 mg	
chlorpropamide tab 100 mg	47	(base equiv)	40
chlorpropamide tab 250 mg	47	citalopram hydrobromide tab 20 mg	
chlorthalidone tab 25 mg	83	(base equiv)	40
chlorthalidone tab 50 mg	83	citalopram hydrobromide tab 40 mg	
chlorzoxazone tab 500 mg	101	(base equiv)	40
cholecalciferol cap 1000 unit	120	clarithromycin for susp 125 mg/5ml ...	92
cholecalciferol cap 10000 unit.....	120	clarithromycin for susp 250 mg/5ml ...	92
cholecalciferol cap 2000 unit	120	clarithromycin tab 250 mg	92
cholecalciferol cap 5000 unit	120	clarithromycin tab 500 mg	92
cholecalciferol cap 50000 unit.....	120	clemastine fumarate tab 1.34 mg	49
cholecalciferol chew tab 400 unit	120	clemastine fumarate tab 2.68 mg	49
cholecalciferol oral liquid 400 unit/ml	120	clindamycin hcl cap 150 mg.....	30
cholecalciferol tab 1000 unit.....	120	clindamycin hcl cap 300 mg.....	30
cholecalciferol tab 2000 unit.....	120	clindamycin palmitate hcl for soln 75	
cholecalciferol tab 400 unit	120	mg/5ml (base equiv)	30
cholecalciferol tab 5000 unit.....	120	clindamycin phosphate gel 1%.....	74
cholestyramine light powder 4 gm/dose		clindamycin phosphate lotion 1%	75
.....	51	clindamycin phosphate soln 1%	75
cholestyramine powder 4 gm/dose	51	clindamycin phosphate vaginal cream 2%	
chromagen cap.....	88	.....	119
ciclopirox olamine cream 0.77% (base		CLINIMIX INJ 4.25/D10	103
equiv)	76	CLINIMIX INJ 4.25/D25	103
cilostazol tab 100 mg	87	CLINIMIX INJ 4.25/D5W	103
cilostazol tab 50 mg	87	CLINIMIX INJ 5%/D15W	103
cimetidine hcl soln 300 mg/5ml	115	CLINIMIX INJ 5%/D20W	103
cimetidine tab 200 mg	115	CLINIMIX INJ 5%/D25W	103
cimetidine tab 300 mg	115	clinisol sf inj 15%.....	103
cimetidine tab 400 mg	115	clobazam tab 10 mg	37
cimetidine tab 800 mg	115	clobazam tab 20 mg	37
cinacalcet hcl tab 30 mg (base equiv)..	84	clobetasol propionate cream 0.05%....	78
cinacalcet hcl tab 60 mg (base equiv)..	84	clobetasol propionate gel 0.05%	78
cinacalcet hcl tab 90 mg (base equiv)..	84	clobetasol propionate oint 0.05%	78
CIPRODEX SUS 0.3-0.1%	108	clobetasol propionate soln 0.05%.....	78
ciprofloxacin hcl ophth soln 0.3% (base		clomipramine hcl cap 25 mg	42
equivalent)	104	clomipramine hcl cap 50 mg	42
ciprofloxacin hcl otic soln 0.2% (base		clomipramine hcl cap 75 mg	42
equivalent)	107	clonazepam tab 0.5 mg.....	37
ciprofloxacin hcl tab 250 mg (base equiv)		clonazepam tab 1 mg	37
.....	85	clonazepam tab 2 mg	37
ciprofloxacin hcl tab 500 mg (base equiv)		clonidine hcl tab 0.1 mg	53
.....	85	clonidine hcl tab 0.2 mg	53
ciprofloxacin hcl tab 750 mg (base equiv)		clonidine hcl tab 0.3 mg	53
.....	85	clopidogrel bisulfate tab 75 mg (base	

equiv)87
clorazepate dipotassium tab 15 mg32
clorazepate dipotassium tab 3.75 mg ..32
clorazepate dipotassium tab 7.5 mg32
clotrimazole cream 1%76, 77
clotrimazole soln 1%77
clotrimazole troche 10 mg.....98
clotrimazole vaginal cream 1%119
clotrimazole vaginal cream 2%119
codeine sulfate tab 30 mg.....24
colchicine tab 0.6 mg86
colchicine w/ probenecid tab 0.5-500 mg
86
colestipol hcl tab 1 gm.....51
 COMPLETENATE CHW100
compro sup 25mg58
 CO-NATAL FA TAB 29-1MG.....100
 CONCEPTROL GEL 4%119
 CONDOMS - FEMALE92
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L

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<i>lactulose (encephalopathy) solution 10</i>		<i>levetiracetam tab er 24hr 750 mg</i>	38
<i>gm/15ml</i>	86	<i>levobunolol hcl ophth soln 0.5%</i>	104
<i>lactulose solution 10 gm/15ml</i>	91	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	
<i>lamivudine tab 100 mg (hbv)</i>	59		84
<i>lamotrigine tab 100 mg</i>	37	<i>levocarnitine tab 330 mg</i>	84
<i>lamotrigine tab 150 mg</i>	38	<i>levofloxacin ophth soln 0.5%</i>	104
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<i>lamotrigine tab 25 mg</i>	37	<i>levofloxacin tab 250 mg</i>	85
<i>lamotrigine tab chewable dispersible 25</i>		<i>levofloxacin tab 500 mg</i>	85
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<i>ledip-sofosb tab 90-400mg</i>	59	<i>eth est tab 0.01mg(7)</i>	68
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<i>levetiracetam tab 250 mg</i>	38	<i>lidocaine cream 4%</i>	80
<i>levetiracetam tab 500 mg</i>	38	<i>lidocaine hcl gel 2%</i>	80

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<i>lidocaine hcl soln 4%</i>	80	<i>losartan potassium tab 100 mg</i>	53
<i>lidocaine hcl urethral/mucosal gel 2%</i> .	80	<i>losartan potassium tab 25 mg</i>	53
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<i>lorazepam tab 1 mg</i>	32	<i>magnesium tab 250 mg</i>	96
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<i>megestrol acetate susp 40 mg/ml</i>	56	<i>methylergonovine maleate tab 0.2 mg</i>	108
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<i>megestrol acetate tab 40 mg</i>	56	<i>methylphenidate hcl cap er 20 mg (cd)</i> 19	
<i>melodetta chw 24 fe</i>	68	<i>methylphenidate hcl cap er 30 mg (cd)</i> 19	
<i>meloxicam tab 15 mg</i>	22	<i>methylphenidate hcl cap er 40 mg (cd)</i> 19	
<i>meloxicam tab 7.5 mg</i>	22	<i>methylphenidate hcl cap er 50 mg (cd)</i> 19	
<i>melphalan tab 2 mg</i>	55	<i>methylphenidate hcl cap er 60 mg (cd)</i> 19	
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<i>memantine hcl tab 10 mg</i>	110	<i>methylphenidate hcl soln 5 mg/5ml....</i> 19	
<i>memantine hcl tab 5 mg</i>	110	<i>methylphenidate hcl tab 10 mg</i>	20
<i>memantine hcl tab 5 mg (28) & 10 mg</i> (21) titration pak	110	<i>methylphenidate hcl tab 20 mg</i>	20
<i>MENACTRA INJ</i>	117	<i>methylphenidate hcl tab 5 mg</i>	19
<i>MENVEO INJ</i>	117	<i>methylphenidate hcl tab er 10 mg</i>	20
<i>meperidine hcl oral soln 50 mg/5ml</i>	25	<i>methylphenidate hcl tab er 20 mg</i>	20
<i>meperidine hcl tab 100 mg</i>	25	<i>methylphenidate hcl tab er 24hr 18 mg</i>	20
<i>meperidine hcl tab 50 mg</i>	25	<i>methylphenidate hcl tab er 24hr 27 mg</i>	20
<i>mercaptopurine tab 50 mg</i>	56	<i>methylphenidate hcl tab er 24hr 36 mg</i>	20
<i>metadate tab 20mg er</i>	19	<i>methylphenidate hcl tab er 24hr 54 mg</i>	20
<i>METAMUCIL POW 28%</i>	90	<i>methylprednisolone tab 16 mg</i>	71
<i>METAMUCIL POW 58.12%</i>	90	<i>methylprednisolone tab 32 mg</i>	71
<i>METAMUCIL WAF</i>	90	<i>methylprednisolone tab 4 mg</i>	71
<i>metformin hcl tab 1000 mg</i>	45	<i>methylprednisolone tab 8 mg</i>	71
<i>metformin hcl tab 500 mg</i>	45	<i>methylprednisolone tab therapy pack 4</i> mg (21)	71
<i>metformin hcl tab 850 mg</i>	45	<i>metoclopramide hcl soln 5 mg/5ml (10</i> mg/10ml) (base equiv)	85
<i>metformin hcl tab er 24hr 500 mg</i>	45		
<i>metformin hcl tab er 24hr 750 mg</i>	45		
<i>methergine tab 0.2mg</i>	108		
<i>methimazole tab 10 mg</i>	112		
<i>methimazole tab 5 mg</i>	112		
<i>methocarbamol tab 500 mg</i>	101		
<i>methocarbamol tab 750 mg</i>	101		

<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	85	<i>microgestin tab fe1.5/30</i>	68
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	85	<i>midodrine hcl tab 10 mg</i>	119
<i>metolazone tab 10 mg</i>	83	<i>midodrine hcl tab 2.5 mg</i>	119
<i>metolazone tab 2.5 mg</i>	83	<i>midodrine hcl tab 5 mg</i>	119
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<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	61	<i>mineral oil</i>	91
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	61	<i>mineral oil enema</i>	91
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	61	<i>mineral oil- rx</i>	91
<i>metoprolol tartrate tab 100 mg</i>	61	<i>minerin cre</i>	81
<i>metoprolol tartrate tab 25 mg</i>	61	<i>minitrans dis 0.2mg/hr</i>	30
<i>metoprolol tartrate tab 50 mg</i>	61	<i>minitrans dis 0.4mg/hr</i>	30
<i>metronidazole cream 0.75%</i>	81	<i>minitrans dis 0.6mg/hr</i>	30
<i>metronidazole gel 0.75%</i>	81	<i>minocycline hcl cap 100 mg</i>	112
<i>metronidazole lotion 0.75%</i>	81	<i>minocycline hcl cap 50 mg</i>	112
<i>metronidazole tab 250 mg</i>	29	<i>minoxidil tab 10 mg</i>	55
<i>metronidazole tab 500 mg</i>	29	<i>minoxidil tab 2.5 mg</i>	55
<i>metronidazole vaginal gel 0.75%</i>	119	MIRENA IUD SYSTEM	70
<i>mexiletine hcl cap 150 mg</i>	33	<i>mirtazapine tab 15 mg</i>	40
<i>mexiletine hcl cap 200 mg</i>	33	<i>mirtazapine tab 30 mg</i>	40
<i>mexiletine hcl cap 250 mg</i>	33	<i>mirtazapine tab 45 mg</i>	40
<i>mibelas 24 chw fe</i>	68	<i>misoprostol tab 100 mcg</i>	116
<i>micaderm cre 2%</i>	77	<i>misoprostol tab 200 mcg</i>	116
<i>miconazole nitrate aerosol pow 2%</i>	77	M-M-R II INJ	118
<i>miconazole nitrate cream 2%</i>	77	<i>modafinil tab 100 mg</i>	20
<i>miconazole nitrate ointment 2%</i>	77	<i>modafinil tab 200 mg</i>	20
<i>miconazole nitrate powder 2%</i>	77	<i>moderiba tab 200mg</i>	59
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	119	<i>mometasone furoate cream 0.1%</i>	79
<i>miconazole nitrate vaginal cream 2%</i>	119	<i>mometasone furoate oint 0.1%</i>	79
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	119	<i>mometasone furoate solution 0.1% (lotion)</i>	79
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	119	<i>mondoxylene nl cap 100mg</i>	112
<i>miconazole nitrate vaginal suppos 100 mg</i>	119	<i>mondoxylene nl cap 50mg</i>	112
MICRHOGAM PL INJ 50MCG	108	<i>mono-lynyah tab 0.25-35</i>	68
<i>microgestin tab 1.5/30</i>	68	<i>mononessa tab</i>	68
<i>microgestin tab 1/20</i>	68	<i>montelukast sodium chew tab 4 mg (base equiv)</i>	34
<i>microgestin tab fe 1/20</i>	68	<i>montelukast sodium chew tab 5 mg (base equiv)</i>	34
		<i>montelukast sodium tab 10 mg (base equiv)</i>	34
		<i>morphine sulfate oral soln 10 mg/5ml</i>	25
		<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	25
		<i>morphine sulfate oral soln 20 mg/5ml</i>	25
		<i>morphine sulfate tab 15 mg</i>	25

<i>morphine sulfate tab 30 mg</i>	25
<i>morphine sulfate tab er 100 mg</i>	26
<i>morphine sulfate tab er 15 mg</i>	25
<i>morphine sulfate tab er 30 mg</i>	25
<i>morphine sulfate tab er 60 mg</i>	26
<i>MOXEZA SOL 0.5%</i>	104
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	105
<i>MUCOSAL ATOM MIS DEVICE</i>	93
<i>multiple vitamin tab</i>	99
<i>multiple vitamins w/ iron tab</i>	99
<i>multiple vitamins w/ minerals cap</i>	99
<i>multiple vitamins w/ minerals cap- rx</i> ..	99
<i>multiple vitamins w/ minerals liquid</i>	99
<i>multiple vitamins w/ minerals tab</i>	99
<i>multiple vitamins w/ minerals tab- rx</i> ..	99
<i>MULTITRACE-4 INJ</i>	97
<i>multitrace-4 inj conc</i>	97
<i>MULTITRACE-4 INJ NEONATAL</i>	97
<i>MULTITRACE-4 INJ PED</i>	97
<i>multitrace-5 inj</i>	97
<i>multitrace-5 inj conc</i>	97
<i>MULTITRACE-5 INJ REGULAR</i>	97
<i>mupirocin oint 2%</i>	76
<i>mycophenolate mofetil cap 250 mg</i>	98
<i>mycophenolate mofetil tab 500 mg</i>	98
<i>myferon 150 cap 150mg</i>	89
<i>myferon 150 cap forte</i>	88
<i>MYNATAL PLUS TAB</i>	100
<i>MYNATAL TAB</i>	100
<i>MYNATAL TAB ADVANCE</i>	100
<i>MYNATAL-Z TAB</i>	100
<i>myzilra tab</i>	68

N

<i>nabumetone tab 500 mg</i>	22
<i>nabumetone tab 750 mg</i>	22
<i>nadolol tab 20 mg</i>	61
<i>nadolol tab 40 mg</i>	61
<i>nadolol tab 80 mg</i>	61
<i>naproxen dr tab 375mg</i>	22
<i>naproxen dr tab 500mg</i>	22
<i>naproxen sodium tab 220 mg</i>	22
<i>naproxen susp 125 mg/5ml</i>	22
<i>naproxen tab 250 mg</i>	22
<i>naproxen tab 375 mg</i>	22
<i>naproxen tab 500 mg</i>	22

<i>naratriptan hcl tab 1 mg (base equiv)</i> .	94
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	94
<i>NATALVIT TAB 75-1MG</i>	100
<i>NATAZIA TAB</i>	68
<i>nateglinide tab 120 mg</i>	46
<i>nateglinide tab 60 mg</i>	46
<i>NEBULIZER</i>	94
<i>NEBULIZER- RX</i>	94
<i>necon tab 0.5/35</i>	68
<i>NEEDLE (DISP) 18 X 1-1/2</i>	94
<i>neomycin sulfate tab 500 mg</i>	20
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i> ...	105
<i>neomycin-bacitracin-polymyxin oint</i> ...	76
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	76
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	105
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	106
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	106
<i>neomycin-polymyxin-hc otic soln 1%</i>	108
<i>mg/ml-10000 unit/ml-1%</i>	108
<i>neo-polycin oin hc 1%op</i>	106
<i>neo-polycin oin op</i>	105
<i>NEORAL CAP 100MG</i>	98
<i>NEORAL CAP 25MG</i>	98
<i>NEORAL SOL 100MG/ML</i>	98
<i>NEPHRAMINE INJ 5.4%</i>	103
<i>NEULASTA INJ 6MG/0.6M</i>	88
<i>NEULASTA KIT 6MG/0.6M</i>	88
<i>NEUPOGEN INJ 300/0.5</i>	88
<i>NEUPOGEN INJ 300MCG</i>	88
<i>NEUPOGEN INJ 480/0.8</i>	88
<i>NEUPOGEN INJ 480MCG</i>	88
<i>NEXAVAR TAB 200MG</i>	56
<i>NEXPLANON IMP 68MG</i>	70
<i>niacin cap 500mg</i>	63
<i>niacin cap er 250 mg</i>	120
<i>niacin cap er 500 mg</i>	120
<i>niacin tab 500 mg</i>	120
<i>niacin tab er 250 mg</i>	120
<i>niacin tab er 750 mg</i>	120

<i>niacor tab 500mg</i>	52
<i>nicotine polacrilex gum 2 mg</i>	111
<i>nicotine polacrilex gum 4 mg</i>	111
<i>nicotine polacrilex lozenge 2 mg</i>	111
<i>nicotine polacrilex lozenge 4 mg</i>	111
<i>nicotine td patch 24hr 14 mg/24hr</i>	111
<i>nicotine td patch 24hr 21 mg/24hr</i>	111
<i>nicotine td patch 24hr 7 mg/24hr</i>	111
<i>nifedipine cap 10 mg</i>	63
<i>nifedipine cap 20 mg</i>	63
<i>nifedipine tab er 24hr 30 mg</i>	63
<i>nifedipine tab er 24hr 60 mg</i>	63
<i>nifedipine tab er 24hr 90 mg</i>	63
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	63
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	63
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	63
<i>nikki tab 3-0.02mg</i>	68
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	116
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	116
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	116
<i>nitrofurantoin susp 25 mg/5ml</i>	116
<i>nitroglycerin sl tab 0.3 mg</i>	30
<i>nitroglycerin sl tab 0.4 mg</i>	30
<i>nitroglycerin sl tab 0.6 mg</i>	30
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> ..	30
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> ..	30
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> ..	30
<i>NIVESTYM INJ 300/0.5</i>	88
<i>NIVESTYM INJ 480/0.8</i>	88
<i>nizatidine cap 150 mg</i>	115
<i>nizatidine oral soln 15 mg/ml</i>	115
<i>nora-be tab 0.35mg</i>	71
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	68
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	68
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	68
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	68
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	69
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	69
<i>norethindrone acetate tab 5 mg</i>	109
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	84
<i>norethindrone tab 0.35 mg</i>	71
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	69
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	69
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	69
<i>norlyda tab 0.35mg</i>	71
<i>norlyroc tab 0.35mg</i>	71
<i>nortrel tab 0.5/35</i>	69
<i>nortrel tab 1/35</i>	69
<i>nortrel tab 7/7/7</i>	69
<i>nortriptyline hcl cap 10 mg</i>	42
<i>nortriptyline hcl cap 25 mg</i>	43
<i>nortriptyline hcl cap 50 mg</i>	43
<i>nortriptyline hcl cap 75 mg</i>	43
<i>NOVOLIN INJ 70/30</i>	46
<i>NOVOLIN INJ FLEXPEN</i>	46
<i>NOVOLIN N INJ U-100</i>	46
<i>NOVOLIN R INJ U-100</i>	46
<i>NOVOLOG MIX INJ 70/30</i>	46
<i>NOVOLOG MIX INJ FLEXPEN</i>	46
<i>np thyroid tab 120mg</i>	113
<i>np thyroid tab 15mg</i>	113
<i>np thyroid tab 30mg</i>	113
<i>np thyroid tab 60mg</i>	113
<i>np thyroid tab 90mg</i>	113
<i>nu-iron 150 cap 150mg</i>	89
<i>NUVARING MIS</i>	70
<i>nystatin cream 100000 unit/gm</i>	77
<i>nystatin oint 100000 unit/gm</i>	77
<i>nystatin susp 100000 unit/ml</i>	98
<i>nystatin tab 500000 unit</i>	49
<i>nystatin topical powder 100000 unit/gm</i>	77
O	
<i>O-CAL TAB PRENATAL</i>	100
<i>ocella tab 3-0.03mg</i>	69
<i>octreotide acetate inj 100 mcg/ml (0.1</i>	

mg/ml).....	84
ofloxacin ophth soln 0.3%.....	105
ofloxacin otic soln 0.3%.....	108
ogestrel tab	69
olopatadine hcl ophth soln 0.1% (base equivalent)	107
olopatadine hcl ophth soln 0.2% (base equivalent)	107
omega-3 fatty acids cap 1000 mg	102
omega-3 fatty acids cap 1200 mg	102
omega-3 fatty acids cap 500 mg	102
omega-3 fatty acids cap delayed release 1000 mg	102
omega-3 fatty acids cap delayed release 1200 mg	102
omeprazole cap delayed release 10 mg	116
omeprazole cap delayed release 20 mg	116
omeprazole cap delayed release 40 mg	116
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv).....	116
OMEPRAZOLE TAB 20MG.....	116
OMNIFLEX DPR.....	93
OMNITROPE INJ 5.8MG.....	83
ondansetron hcl oral soln 4 mg/5ml ...	48
ondansetron hcl tab 4 mg	48
ondansetron hcl tab 8 mg	48
ondansetron orally disintegrating tab 4 mg	48
ondansetron orally disintegrating tab 8 mg	48
OPSUMIT TAB 10MG.....	64
oral electrolyte solution	96
oralone dent pst 0.1%.....	98
orphenadrine citrate tab er 12hr 100 mg	101
orsythia tab	69
oscimin tab 0.125mg.....	115
oseltamivir phosphate cap 30 mg (base equiv)	60
oseltamivir phosphate cap 45 mg (base equiv)	60
oseltamivir phosphate cap 75 mg (base equiv)	60

oseltamivir phosphate for susp 6 mg/ml (base equiv)	60
OTEZLA TAB 10/20/30	22
OTEZLA TAB 30MG	22
oxaprozin tab 600 mg	22
oxazepam cap 10 mg.....	33
oxazepam cap 15 mg.....	33
oxazepam cap 30 mg.....	33
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	38
oxcarbazepine tab 150 mg	38
oxcarbazepine tab 300 mg	38
oxcarbazepine tab 600 mg	38
oxybutynin chloride syrup 5 mg/5ml ..	116
oxybutynin chloride tab 5 mg	117
oxybutynin chloride tab er 24hr 10 mg	117
oxybutynin chloride tab er 24hr 15 mg	117
oxybutynin chloride tab er 24hr 5 mg ..	117
oxycodone hcl soln 5 mg/5ml	26
oxycodone hcl tab 10 mg	26
oxycodone hcl tab 15 mg	26
oxycodone hcl tab 20 mg	26
oxycodone hcl tab 30 mg	26
oxycodone hcl tab 5 mg	26
oxycodone w/ acetaminophen tab 10-325 mg	28
oxycodone w/ acetaminophen tab 5-325 mg	28
oxycodone w/ acetaminophen tab 7.5-325 mg	28
oxymetazoline hcl nasal soln 0.05% ..	102
oys shell+d tab 250-125	96
oyster shell calcium tab 500 mg	96
OZEMPIC INJ 2/1.5ML.....	45
P	
pacerone tab 200mg.....	33
pain & fever sol 160/5ml	24
panoxyl wash liq 10%.....	75
pantoprazole sodium ec tab 20 mg (base equiv).....	116
pantoprazole sodium ec tab 40 mg (base equiv).....	116
PARAGARD IUD T380A.....	70
paromomycin sulfate cap 250 mg	20

<i>paroxetine hcl tab 10 mg</i>	41	<i>PEGASYS INJ PROCLICK</i>	59
<i>paroxetine hcl tab 20 mg</i>	41	<i>PEGINTRON KIT 50MCG</i>	59
<i>paroxetine hcl tab 30 mg</i>	41	<i>penicillin v potassium for soln 125</i>	
<i>paroxetine hcl tab 40 mg</i>	41	<i>mg/5ml</i>	109
<i>PAZEO DRO 0.7%</i>	107	<i>penicillin v potassium for soln 250</i>	
<i>PEAK FLOW METER</i>	94	<i>mg/5ml</i>	109
<i>PEAK FLOW METER- RX</i>	94	<i>penicillin v potassium tab 250 mg</i>	109
<i>PEDIA-LAX LIQ 50MG</i>	92	<i>penicillin v potassium tab 500 mg</i>	109
<i>pediatric ene enema</i>	91	<i>pentoxifylline tab er 400 mg</i>	87
<i>pediatric multiple vitamin liq</i>	100	<i>permethrin aerosol 0.5%</i>	81
<i>pediatric multiple vitamin w/ c & fa chew</i>		<i>permethrin cream 5%</i>	81
<i>tab</i>	100	<i>permethrin lotion 1%</i>	81
<i>pediatric multiple vitamin w/ extra c & fa</i>		<i>phenazo tab 200mg</i>	86
<i>chew tab</i>	100	<i>phenazopyridine hcl tab 100 mg</i>	86
<i>pediatric multiple vitamin w/ minerals &</i>		<i>phenazopyridine hcl tab 200 mg</i>	86
<i>c chew tab</i>	99	<i>phenobarbital elixir 20 mg/5ml</i>	89
<i>pediatric multiple vitamin w/ minerals &</i>		<i>phenobarbital tab 100 mg</i>	89
<i>c chew tab 60 mg</i>	99	<i>phenobarbital tab 15 mg</i>	89
<i>pediatric multiple vitamin w/ minerals &</i>		<i>phenobarbital tab 16.2 mg</i>	89
<i>c drops 45 mg/ml</i>	99	<i>phenobarbital tab 30 mg</i>	89
<i>pediatric multiple vitamins w/ fl-fe drops</i>		<i>phenobarbital tab 32.4 mg</i>	89
<i>0.25-10 mg/ml</i>	99	<i>phenobarbital tab 60 mg</i>	89
<i>pediatric multiple vitamins w/ fluoride</i>		<i>phenobarbital tab 64.8 mg</i>	89
<i>chew tab 0.25 mg</i>	99	<i>phenobarbital tab 97.2 mg</i>	89
<i>pediatric multiple vitamins w/ fluoride</i>		<i>phenylephrine hcl tab 10 mg</i>	102
<i>chew tab 0.5 mg</i>	99	<i>phenytoin chew tab 50 mg</i>	39
<i>pediatric multiple vitamins w/ fluoride</i>		<i>phenytoin sodium extended cap 100 mg</i>	
<i>chew tab 1 mg</i>	99	.....	39
<i>pediatric multiple vitamins w/ fluoride</i>		<i>phenytoin sodium extended cap 200 mg</i>	
<i>soln 0.25 mg/ml</i>	99	.....	39
<i>pediatric multiple vitamins w/ fluoride</i>		<i>phenytoin sodium extended cap 300 mg</i>	
<i>soln 0.5 mg/ml</i>	99	.....	39
<i>pediatric multiple vitamins w/ iron chew</i>		<i>phenytoin susp 125 mg/5ml</i>	39
<i>tab 15 mg</i>	100	<i>philith tab 0.4-35</i>	69
<i>pediatric vitamins acd w/ fluoride soln</i>		<i>phytonadione tab 5 mg</i>	120
<i>0.25 mg/ml</i>	99	<i>pilocarpine hcl ophth soln 1%</i>	104
<i>pediatric vitamins acd w/ fluoride soln</i>		<i>pilocarpine hcl ophth soln 2%</i>	104
<i>0.5 mg/ml</i>	99	<i>pilocarpine hcl ophth soln 4%</i>	104
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>		<i>pilocarpine hcl tab 5 mg</i>	98
<i>for soln 236 gm</i>	91	<i>pilocarpine hcl tab 7.5 mg</i>	98
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>		<i>pimecrolimus cream 1%</i>	80
<i>for soln 240 gm</i>	91	<i>pimtrea tab</i>	69
<i>peg 3350-kcl-sod bicarb-nacl for soln</i>		<i>pioglitazone hcl tab 15 mg (base equiv)</i>	
<i>420 gm</i>	91	.....	46
<i>PEGASYS INJ</i>	59	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	
<i>PEGASYS INJ 180MCG/M</i>	59	.....	46

<i>pioglitazone hcl tab 45 mg (base equiv)</i>	
.....	46
<i>pirmella tab 1/35</i>	69
<i>pirmella tab 7/7/7</i>	69
<i>piroxicam cap 10 mg</i>	22
<i>piroxicam cap 20 mg</i>	22
PLAN B TAB 1.5MG	70
PLEGRIDY INJ	111
PLEGRIDY INJ PEN	111
PLEGRIDY INJ STARTER	111
PLEGRIDY PEN INJ STARTER	111
<i>plenamine inj 15%</i>	103
PNEUMOVAX 23 INJ 25/0.5	117
<i>podactin cre 2%</i>	77
<i>podofilox soln 0.5%</i>	80
<i>polyethylene glycol 3350 oral powder</i> ..	91
<i>polyethylene glycol-propylene glycol</i>	
<i>ophth soln 0.4-0.3%</i>	104
<i>polyethylene glycol-propylene glycol pf</i>	
<i>op soln 0.4-0.3%</i>	104
<i>poly-iron cap 150 fort</i>	88
<i>poly-iron cap 150mg</i>	89
<i>polymyxin b-trimethoprim ophth soln</i>	
<i>10000 unit/ml-0.1%</i>	105
<i>polysacchari cap iron</i>	88
POLY-VI-FLOR CHW 0.25MG	100
POLY-VI-FLOR CHW 0.5MG	99
POLY-VI-FLOR CHW 1MG	100
POLY-VI-FLOR CHW W/IRON	99
POLY-VI-FLOR MIS FS	100
POLY-VI-FLOR MIS FS 0.25	100
POLY-VI-FLOR MIS FS 0.5MG	100
POLY-VI-FLOR SUS /IRON	99
POLY-VI-FLOR SUS 0.25/ML	100
<i>polyvinyl alcohol ophth soln 1.4%</i>	104
<i>polyvinyl alcohol-povidone ophth soln 5-</i>	
<i>6 mg/ml (0.5-0.6%)</i>	104
<i>portia-28 tab</i>	69
<i>pot phos monobasic w/sod phos di &</i>	
<i>monobas tab 155-852-130mg</i>	96
<i>potassium bicarbonate effer tab 25 meq</i>	
.....	96
<i>potassium chloride cap er 10 meq</i>	96
<i>potassium chloride cap er 8 meq</i>	96
<i>potassium chloride microencapsulated</i>	
<i>crys er tab 10 meq</i>	97
<i>potassium chloride microencapsulated</i>	
<i>crys er tab 20 meq</i>	97
<i>potassium chloride oral soln 10% (20</i>	
<i>meq/15ml)</i>	97
<i>potassium chloride oral soln 20% (40</i>	
<i>meq/15ml)</i>	97
<i>potassium chloride tab er 10 meq</i>	97
<i>potassium chloride tab er 20 meq (1500</i>	
<i>mg)</i>	97
<i>potassium chloride tab er 8 meq (600</i>	
<i>mg)</i>	97
<i>potassium citrate & citric acid soln 1100-</i>	
<i>334 mg/5ml</i>	86
<i>potassium citrate tab er 10 meq (1080</i>	
<i>mg)</i>	86
<i>potassium citrate tab er 5 meq (540 mg)</i>	
.....	86
<i>pramipexole dihydrochloride tab 0.125</i>	
<i>mg</i>	58
<i>pramipexole dihydrochloride tab 0.25 mg</i>	
.....	58
<i>pramipexole dihydrochloride tab 0.5 mg</i>	
.....	58
<i>pramipexole dihydrochloride tab 0.75 mg</i>	
.....	58
<i>pramipexole dihydrochloride tab 1 mg</i>	58
<i>pramipexole dihydrochloride tab 1.5 mg</i>	
.....	58
<i>pramox-pe-glycerin-petrolatum rectal</i>	
<i>cream 1-0.25-14.4-15%</i>	28
<i>pravastatin sodium tab 10 mg</i>	51
<i>pravastatin sodium tab 20 mg</i>	51
<i>pravastatin sodium tab 40 mg</i>	51
<i>pravastatin sodium tab 80 mg</i>	51
<i>prazosin hcl cap 1 mg</i>	53
<i>prazosin hcl cap 2 mg</i>	53
<i>prazosin hcl cap 5 mg</i>	53
<i>prednicarbate cream 0.1%</i>	79
<i>prednicarbate oint 0.1%</i>	79
<i>prednisolone acetate ophth susp 1%</i>	106
<i>prednisolone sod phosph oral soln 6.7</i>	
<i>mg/5ml (5 mg/5ml base)</i>	71
<i>prednisolone sod phosphate oral soln 15</i>	
<i>mg/5ml (base equiv)</i>	71
<i>prednisolone syrup 15 mg/5ml (usp</i>	
<i>solution equivalent)</i>	71

<i>prednisone oral soln 5 mg/5ml</i>	71	<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	55
<i>prednisone tab 1 mg</i>	71	<i>primidone tab 250 mg</i>	38
<i>prednisone tab 10 mg</i>	72	<i>primidone tab 50 mg</i>	38
<i>prednisone tab 2.5 mg</i>	71	<i>probenecid tab 500 mg</i>	86
<i>prednisone tab 20 mg</i>	72	PROCALAMINE INJ 3%	103
<i>prednisone tab 5 mg</i>	72	<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	59
<i>prednisone tab 50 mg</i>	72	<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	58
<i>prednisone tab therapy pack 10 mg (21)</i>	72	<i>prochlorperazine suppos 25 mg</i>	59
<i>prednisone tab therapy pack 10 mg (48)</i>	72	PROCRIT INJ 10000/ML	88
<i>prednisone tab therapy pack 5 mg (21)</i>	72	PROCRIT INJ 2000/ML	88
<i>prednisone tab therapy pack 5 mg (48)</i>	72	PROCRIT INJ 20000/ML	88
PREMASOL SOL 10%	103	PROCRIT INJ 4000/ML	88
PRENAT W/ FE FUM-FA TAB 28-0.8 MG & OMEGA 3 CAP 440 MG PAK	100	PROCRIT INJ 40000/ML	88
PRENATAL 19 CHW 29-1MG	100	<i>progesterone micronized cap 100 mg</i>	109
PRENATAL 19 TAB 29-1MG	100	<i>progesterone micronized cap 200 mg</i>	109
<i>prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg- rx</i>	100	PROGESTERONE POW MICRONIZ	65
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg- rx</i>	100	PROLIA SOL 60MG/ML	83
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg- rx</i>	100	<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	72
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	100	<i>promethazine hcl inj 25 mg/ml</i>	50
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	100	<i>promethazine hcl inj 50 mg/ml</i>	50
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX	100	<i>promethazine hcl suppos 12.5 mg</i>	50
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX	100	<i>promethazine hcl suppos 25 mg</i>	50
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	100	<i>promethazine hcl syrup 6.25 mg/5ml.</i>	50
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	101	<i>promethazine hcl tab 12.5 mg</i>	50
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<i>prevalite pow 4gm</i>	51	<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	73
<i>previfem tab</i>	69	<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	73
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PRIFTIN TAB 150MG	55	<i>propafenone hcl tab 225 mg</i>	33
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		<i>proparacaine hcl ophth soln 0.5%</i>	105
		<i>propranolol hcl cap er 24hr 120 mg</i>	61
		<i>propranolol hcl cap er 24hr 160 mg</i>	61
		<i>propranolol hcl cap er 24hr 60 mg</i>	61
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<i>sm antifungl cre 2%</i>	77	<i>spironolactone tab 100 mg</i>	83
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<i>sodium bicarbonate tab 650 mg</i>	29	<i>spironolactone tab 50 mg</i>	83
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<i>sodium chloride soln nebu 7%</i>	73	<i>sronyx tab</i>	69
<i>sodium citrate & citric acid soln 500-334</i>		<i>ssd cre 1%</i>	78
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<i>(from 0.55 mg naf)</i>	96	<i>STIMATE SOL 1.5MG/ML</i>	84
<i>sodium fluoride chew tab 0.5 mg f (from</i>		<i>STRIVERDI AER 2.5MCG</i>	35
<i>1.1 mg naf)</i>	96	<i>subvenite tab 100mg</i>	38
<i>sodium fluoride chew tab 1 mg f (from</i>		<i>subvenite tab 150mg</i>	38
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<i>soothe&cool cre inzo 2%</i>	77	<i>200-40 mg/5ml</i>	29
<i>sorine tab 120mg</i>	61	<i>sulfamethoxazole-trimethoprim tab 400-</i>	
<i>sorine tab 160mg</i>	61	<i>80 mg</i>	29
<i>sorine tab 240mg</i>	61	<i>sulfamethoxazole-trimethoprim tab 800-</i>	
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<i>sotalol hcl (afib/afl) tab 160 mg</i>	61	<i>sulfasalazine tab delayed release 500 mg</i>	
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<i>- DEVICE</i>	94	<i>sure result cre sr 0.025</i>	81
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<i>tacrolimus cap 1 mg</i>	98
<i>tacrolimus cap 5 mg</i>	98
<i>tacrolimus oint 0.03%</i>	80
<i>tacrolimus oint 0.1%</i>	80
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	56
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	56
<i>tamsulosin hcl cap 0.4 mg</i>	86
<i>tarina 24 fe tab</i>	69
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<i>temozolomide cap 100 mg</i>	55
<i>temozolomide cap 140 mg</i>	55
<i>temozolomide cap 180 mg</i>	56
<i>temozolomide cap 20 mg</i>	55
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<i>terazosin hcl cap 2 mg (base equivalent)</i>	53
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<i>terbutaline sulfate tab 2.5 mg</i>	35
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<i>theophylline soln 80 mg/15ml</i>	35
<i>theophylline tab er 12hr 100 mg</i>	35
<i>theophylline tab er 12hr 200 mg</i>	35
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<i>thyroid tab 60 mg (1 grain)</i>	113	<i>trandolapril tab 2 mg</i>	53
<i>thyroid tab 90 mg (1 1/2 grain)</i>	113	<i>trandolapril tab 4 mg</i>	53
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<i>timolol maleate ophth gel forming soln</i> <i>0.5%</i>	104	<i>trazodone hcl tab 150 mg</i>	41
<i>timolol maleate ophth soln 0.25%</i>	104	<i>trazodone hcl tab 50 mg</i>	41
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<i>tioconazole oin 6.5% vag</i>	119	<i>treprostinil inj soln 200 mg/20ml (10</i> <i>mg/ml)</i>	64
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	101	<i>treprostinil inj soln 50 mg/20ml (2.5</i> <i>mg/ml)</i>	64
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	101	<i>tretinoin cap 10 mg</i>	57
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<i>tl icon cap</i>	88	<i>tretinoin cream 0.05%</i>	75
<i>tobramycin ophth soln 0.3%</i>	105	<i>tretinoin cream 0.1%</i>	75
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<i>tolterodine tartrate tab 1 mg</i>	117	<i>triamcinolone acetonide lotion 0.025%</i>	79
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<i>topiramate tab 200 mg</i>	39	<i>triamcinolone acetonide oint 0.5%</i>	79
<i>topiramate tab 25 mg</i>	39	<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	82
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<i>triderm cre 0.5%</i>	79
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<i>tri-lo tab estaryll</i>	69
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<i>trimethoprim tab 100 mg</i>	29
<i>tri-mili tab</i>	69
TRINATAL RX TAB 1	101
<i>tri-previfem tab</i>	69
<i>tri-sprintec tab</i>	69
<i>trivora-28 tab</i>	70
<i>tri-vylibra tab</i>	69
<i>tri-vylibra tab lo</i>	70
TROPHAMINE INJ 10%	103
TROPHAMINE INJ 6%	103
<i>trospium chloride tab 20 mg</i>	117
TRUE METRIX KIT AIR	93
TRUE METRIX KIT METER.....	93
TRUE METRIX TES GLUCOSE	81, 82
TRUMENBA INJ	117
<i>tulana tab 0.35mg</i>	71
TWINRIX INJ	118
<i>tydemy tab</i>	70
TYKERB TAB 250MG	57
TYMLOS INJ	83

U

UDENYCA INJ 6MG/.6ML	88
UNIFIBER POW	90
UPTRAVI TAB 1000MCG	64
UPTRAVI TAB 1200MCG	65
UPTRAVI TAB 1400MCG	65
UPTRAVI TAB 1600MCG	65
UPTRAVI TAB 200MCG	64
UPTRAVI TAB 400MCG	64
UPTRAVI TAB 600MCG	64
UPTRAVI TAB 800MCG	64
<i>ursodiol cap 300 mg</i>	85
<i>ursodiol tab 250 mg</i>	85

<i>ursodiol tab 500 mg</i>	85
V	
<i>valacyclovir hcl tab 1 gm</i>	60
<i>valacyclovir hcl tab 500 mg</i>	60
<i>valganciclovir hcl for soln 50 mg/ml</i> <i>(base equiv)</i>	59
<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	59
<i>valproate sodium oral soln 250 mg/5ml</i> <i>(base equiv)</i>	40
<i>valproic acid cap 250 mg</i>	40
<i>vandazole gel 0.75%</i>	119
VAQTA INJ 25/0.5ML	118
VAQTA INJ 50UNT/ML	118
VARIVAX INJ	118
VCF VAGINAL AER CONTRACP.....	119
<i>vcf vaginal gel contrace</i>	119
VCF VAGINAL MIS CONTRACP.....	119
<i>velivet pak</i>	70
<i>venlafaxine hcl cap er 24hr 150 mg</i> <i>(base equivalent)</i>	41
<i>venlafaxine hcl cap er 24hr 37.5 mg</i> <i>(base equivalent)</i>	41
<i>venlafaxine hcl cap er 24hr 75 mg (base</i> <i>equivalent)</i>	41
<i>venlafaxine hcl tab 100 mg (base</i> <i>equivalent)</i>	41
<i>venlafaxine hcl tab 25 mg (base</i> <i>equivalent)</i>	41
<i>venlafaxine hcl tab 37.5 mg (base</i> <i>equivalent)</i>	41
<i>venlafaxine hcl tab 50 mg (base</i> <i>equivalent)</i>	41
<i>venlafaxine hcl tab 75 mg (base</i> <i>equivalent)</i>	41
VENTOLIN HFA AER	35
<i>verapamil hcl tab 120 mg</i>	63
<i>verapamil hcl tab 40 mg</i>	63
<i>verapamil hcl tab 80 mg</i>	63
<i>verapamil hcl tab er 120 mg</i>	63
<i>verapamil hcl tab er 180 mg</i>	63
<i>verapamil hcl tab er 240 mg</i>	63
VICTOZA INJ 18MG/3ML	45
<i>vienva tab 0.1-20</i>	70
<i>vigabatrin powd pack 500 mg</i>	39
<i>vigabatrin tab 500 mg</i>	39

<i>vigadrone pow 500mg</i>	39
VIMPAT SOL 10MG/ML.....	39
VIMPAT TAB 100MG	39
VIMPAT TAB 150MG	39
VIMPAT TAB 200MG	39
VIMPAT TAB 50MG	39
VINATE II TAB	101
VINATE M TAB	101
VINATE ONE TAB	101
<i>viorele tab</i>	70
<i>virtussin sol dac</i>	73
VITAFOL-OB TAB 65-1MG	101
VORTEX/MASK MIS CHILDS	94
VORTEX/MASK MIS TODDLER.....	94
VOSEVI TAB	59
<i>vyfemla tab 0.4-35</i>	70
<i>vylibra tab 0.25-35</i>	70
W	
<i>warfarin sodium tab 1 mg</i>	35
<i>warfarin sodium tab 10 mg</i>	36
<i>warfarin sodium tab 2 mg</i>	36
<i>warfarin sodium tab 2.5 mg</i>	36
<i>warfarin sodium tab 3 mg</i>	36
<i>warfarin sodium tab 4 mg</i>	36
<i>warfarin sodium tab 5 mg</i>	36
<i>warfarin sodium tab 6 mg</i>	36
<i>warfarin sodium tab 7.5 mg</i>	36
<i>water for irrigation, sterile irrigation soln</i>	98
<i>wera tab 0.5/35</i>	70
<i>wheat dextrin oral powder</i>	90
WHEAT DEXTRIN PACKET	90
<i>white petrolatum-mineral oil ophth</i> <i>ointment</i>	104
WIDE-SEAL DPR KIT 60	93
WIDE-SEAL DPR KIT 65	93
WIDE-SEAL DPR KIT 70	93
WIDE-SEAL DPR KIT 75	93

WIDE-SEAL DPR KIT 80	93
WIDE-SEAL DPR KIT 85	93
WIDE-SEAL DPR KIT 90	93
WIDE-SEAL DPR KIT 95	93
<i>wymzya fe chw 0.4mg-35</i>	70
X	
XARELTO STAR TAB 15/20MG	36
XARELTO TAB 10MG	36
XARELTO TAB 15MG	36
XARELTO TAB 20MG	36
XIIDRA DRO 5%	105
XOLAIR INJ 150MG/ML	33
XOLAIR INJ 75/0.5	33
XOLAIR SOL 150MG	33
<i>xulane dis 150-35</i>	70
XYREM SOL 500MG/ML	109
Z	
<i>zarah tab 3-0.03mg</i>	70
ZENPEP CAP 15000UNT.....	82
ZENPEP CAP 20000UNT.....	82
ZENPEP CAP 25000	82
ZENPEP CAP 3000UNIT	82
ZENPEP CAP 40000	82
ZENPEP CAP 5000UNIT	82
<i>zenzedi tab 10mg</i>	18
<i>zenzedi tab 5mg</i>	18
ZEPATIER TAB 50-100MG.....	60
ZIRGAN GEL 0.15%.....	105
ZOLADEX IMP 10.8MG	56
ZOLADEX IMP 3.6MG	56
<i>zolpidem tartrate tab 10 mg</i>	90
<i>zolpidem tartrate tab 5 mg</i>	90
<i>zonisamide cap 100 mg</i>	39
<i>zonisamide cap 25 mg</i>	39
<i>zonisamide cap 50 mg</i>	39
ZOSTAVAX INJ.....	119
<i>zovia 1/35e tab</i>	70