

2021

Formulary

(List of Covered Drugs)

Medi-Cal – Molina Healthcare Inc

MolinaHealthcare.com

The information in this document is current as of October 1, 2021

Notice: The formulary is subject to change and all previous versions of the formulary are no longer in effect. An electronic version of the formulary can be found at [Molinahealthcare.com](https://www.molinahealthcare.com).



NONDISCRIMINATION NOTICE

Discrimination is against the law. Molina Healthcare follows Federal civil rights laws. Molina Healthcare does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

Molina Healthcare provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Free language services to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, contact Molina Healthcare between 7:00 a.m.-7:00 p.m. by calling 1-888-665-4621. Or, if you cannot hear or speak well, please call 711.

Send with all notices

HOW TO FILE A GRIEVANCE

If you believe that Molina Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Molina Healthcare. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Molina Healthcare between 8:30 a.m. – 5:30 p.m. PST by calling 1-866-606-3889. Or, if you cannot hear or speak well, please call 711.
- **In writing:** Fill out a complaint form or write a letter and send it to:

Molina Healthcare of California
Civil Rights Coordinator
200 Oceangate, Suite 100
Long Beach, CA 90802
Fax: 310-507-6186

- **In person:** Visit your doctor's office or Molina Healthcare and say you want to file a grievance.
 - **Electronically:** Visit Molina Healthcare website at www.molinahealthcare.com or email civil.rights@molinahealthcare.com.
-

OFFICE OF CIVIL RIGHTS

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

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

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.



LANGUAGE ASSISTANCE

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-665-4621 (TTY: 711).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-665-4621 (TTY: 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-665-4621 (TTY: 711).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-665-4621 (TTY: 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-665-4621 (TTY: 711)번으로 전화해 주십시오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-665-4621 (TTY: 711)。

Հայերէն (Armenian)

Ուշադրութեամբ խնդրու էք հայերէն, ապաձեզ անվճար կարող են տրամադրվել լեզվակազմակերպչական ծառայություններ: Ձանգահարեք 1-888-665-4621 (TTY (հեռատիպ)՝ 711):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-665-4621 (телетайп: 711).

Send with all notices

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711) 1-888-665-4621 تماس بگیرید.

日本語 (Japanese)

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-665-4621 (TTY: 711) まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-665-4621 (TTY: 711).

ਪੰਜਾਬੀ (Punjabi)

ਪਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-665-4621 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

آرەبى (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-665-4621

(رقم هاتف الصم والبكم: 711).

हदी (Hindi)

ध्यान दें: यदि आप हदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-665-4621 (TTY: 711) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-665-4621 (TTY: 711).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, បសវនករយុទ្ធសាស្ត្រភាសា បោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-888-665-4621 (TTY: 711)។

Table of Contents

Molina Healthcare Drug Formulary (List of Drugs)	18
Does the drug list include injectable drugs that a Provider gives to me in a clinic or other location	18
I have questions about how my plan covers drugs	18
If a drug is listed on the formulary, will I be prescribed that drug	19
DEFINITIONS	19
USING THE DRUG FORMULARY AS YOUR PRESCRIPTION DRUG COVERAGE GUIDE	20
How do I locate a drug that is on the drug list	21
What drug names are used on the list	21
FINDING A PHARMACY TO FILL A PRESCRIPTION	22
Network Retail Pharmacy	22
Specialty Pharmacy	22
Mail Order Pharmacy	22
Out-of-Network Pharmacy	22
Prescription Claims Processor	22
Urgent and After-Hours Medication Policy	23
PRIOR AUTHORIZATION AND EXCEPTION REQUEST PROCEDURE	23
Prior authorization	23
Requesting an Exception	24
Can I have a drug covered if it is not on the formulary or does not follow plan requirements or limits?	24
COMPLAINTS AND APPEALS	25
NOTICE	25
LEGEND	25
What are the Requirements and Limits on the drug list?	25
FORMULARY UPDATES	27
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	28
AMPHETAMINES	28
ANALEPTICS	30
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS ..	30
STIMULANTS - MISC.	31
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	33
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	33
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS	33
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	33
ANTIRHEUMATIC - ENZYME INHIBITORS	34

GOLD COMPOUNDS.....	34
INTERLEUKIN-6 RECEPTOR INHIBITORS	34
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS).....	34
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	38
PYRIMIDINE SYNTHESIS INHIBITORS	38
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	39
ANALGESICS - NONNARCOTIC	39
ANALGESIC COMBINATIONS	39
ANALGESICS OTHER	39
SALICYLATES	44
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN	47
OPIOID AGONISTS.....	47
OPIOID COMBINATIONS	49
ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE	
HORMONES	51
ANDROGENS	51
ANORECTAL AND RELATED PRODUCTS.....	51
INTRARECTAL STEROIDS	51
RECTAL COMBINATIONS.....	51
RECTAL LOCAL ANESTHETICS.....	52
RECTAL STEROIDS.....	52
ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID	52
ANTACID COMBINATIONS	52
ANTACIDS - BICARBONATE	57
ANTACIDS - CALCIUM SALTS.....	57
ANTACIDS - MAGNESIUM SALTS.....	59
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	
.....	60
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES ...	60
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT	
INFECTIONS	60
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS ..	60
ANTI-INFECTIVE MISC. - COMBINATIONS	60
ANTIPROTOZOAL AGENTS.....	60
GLYCOPEPTIDES	61
LEPROSTATICS.....	61
LINCOSAMIDES	61
OXAZOLIDINONES	61
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT	
INFECTIONS	61
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS	
.....	61
ANTIANGINALS-OTHER.....	61

NITRATES.....	62
ANTIANSXIETY AGENTS - DRUGS TO TREAT ANXIETY	63
ANTIANSXIETY AGENTS - MISC.	63
BENZODIAZEPINES.....	63
ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS...	65
ANTIARRHYTHMICS TYPE I-A.....	65
ANTIARRHYTHMICS TYPE I-B.....	65
ANTIARRHYTHMICS TYPE I-C.....	65
ANTIARRHYTHMICS TYPE III	65
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE	66
ANTI-INFLAMMATORY AGENTS	66
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	66
BRONCHODILATORS - ANTICHOLINERGICS.....	66
LEUKOTRIENE MODULATORS.....	66
STEROID INHALANTS	66
SYMPATHOMIMETICS	67
XANTHINES	68
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS	68
COUMARIN ANTICOAGULANTS.....	68
DIRECT FACTOR XA INHIBITORS	69
HEPARINS AND HEPARINOID-LIKE AGENTS.....	69
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES	70
ANTICONVULSANTS - BENZODIAZEPINES	70
ANTICONVULSANTS - MISC.....	70
GABA MODULATORS	73
HYDANTOINS	73
SUCCINIMIDES.....	73
VALPROIC ACID.....	73
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION	74
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	74
ANTIDEPRESSANTS - MISC.	74
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	74
SEROTONIN MODULATORS	75
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	75
TRICYCLIC AGENTS.....	76
ANTIDIABETICS - DRUGS TO TREAT DIABETES.....	77
ALPHA-GLUCOSIDASE INHIBITORS	77
ANTIDIABETIC - AMYLIN ANALOGS	77
ANTIDIABETIC COMBINATIONS	77
BIGUANIDES.....	80
DIABETIC OTHER.....	80

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	80
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	80
INSULIN	81
INSULIN SENSITIZING AGENTS	82
MEGLITINIDE ANALOGUES	82
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS.....	83
SULFONYLUREAS	83
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT	
DIARRHEA	83
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.	83
ANTIPERISTALTIC AGENTS.....	85
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR	
OVERDOSE OR POISONING	86
ANTIDOTES - CHELATING AGENTS.....	86
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING	86
5-HT ₃ RECEPTOR ANTAGONISTS	86
ANTIEMETICS - ANTICHOLINERGIC	86
ANTIEMETICS - MISCELLANEOUS.....	87
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	88
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS	88
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS.....	88
IMIDAZOLE-RELATED ANTIFUNGALS	88
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES	88
ANTIHISTAMINES - ALKYLAMINES.....	88
ANTIHISTAMINES - ETHANOLAMINES	89
ANTIHISTAMINES - NON-SEDATING	94
ANTIHISTAMINES - PHENOTHIAZINES	98
ANTIHISTAMINES - PIPERIDINES	99
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH CHOLESTEROL	
.....	99
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS	99
ANTIHYPERTENSIVES - COMBINATIONS	99
BILE ACID SEQUESTRANTS	99
FIBRIC ACID DERIVATIVES	99
HMG COA REDUCTASE INHIBITORS.....	99
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	100
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	
.....	100
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD	
PRESSURE.....	100
ACE INHIBITORS	100
ANGIOTENSIN II RECEPTOR ANTAGONISTS.....	101
ANTIADRENERGIC ANTIHYPERTENSIVES.....	101

ANTIHYPERTENSIVE COMBINATIONS.....	102
VASODILATORS.....	104
ANTIMALARIALS - DRUGS TO TREAT MALARIA	104
ANTIMALARIALS - DRUGS TO TREAT MALARIA.....	104
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS	105
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS.....	105
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS	105
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS...	105
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER.....	105
ALKYLATING AGENTS	105
ANTIMETABOLITES	105
ANTINEOPLASTIC - EGFR INHIBITORS.....	106
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	106
ANTINEOPLASTIC ENZYME INHIBITORS	107
ANTINEOPLASTICS MISC.	108
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS	108
MITOTIC INHIBITORS.....	108
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE	108
ANTIPARKINSON COMT INHIBITORS	108
ANTIPARKINSON DOPAMINERGICS	108
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS.....	110
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES.....	110
PHENOTHIAZINES.....	110
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT	110
CHLORINE ANTISEPTICS.....	110
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS.....	110
ANTIRETROVIRALS	110
CMV AGENTS	111
HEPATITIS AGENTS.....	111
HERPES AGENTS.....	111
INFLUENZA AGENTS.....	111
BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	112
ALPHA-BETA BLOCKERS.....	112
BETA BLOCKERS CARDIO-SELECTIVE	112
BETA BLOCKERS NON-SELECTIVE	113

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	114
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS.....	114
CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS	116
CARDIAC GLYCOSIDES	116
CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	117
PERIPHERAL VASODILATORS.....	117
PROSTAGLANDIN VASODILATORS.....	117
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	117
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS.....	117
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	118
SINUS NODE INHIBITORS.....	118
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS	118
CEPHALOSPORINS - 1ST GENERATION	118
CEPHALOSPORINS - 2ND GENERATION.....	118
CEPHALOSPORINS - 3RD GENERATION.....	119
CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING	119
BULK CHEMICALS - B'S	119
BULK CHEMICALS - E'S.....	119
BULK CHEMICALS - P'S.....	119
LIQUIDS	119
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	119
COMBINATION CONTRACEPTIVES - ORAL.....	119
COMBINATION CONTRACEPTIVES - TRANSDERMAL	131
COMBINATION CONTRACEPTIVES - VAGINAL.....	131
COPPER CONTRACEPTIVES - IUD	131
EMERGENCY CONTRACEPTIVES	131
PROGESTIN CONTRACEPTIVES - IMPLANTS	132
PROGESTIN CONTRACEPTIVES - INJECTABLE	132
PROGESTIN CONTRACEPTIVES - IUD.....	132
PROGESTIN CONTRACEPTIVES - ORAL.....	132
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE	133
GLUCOCORTICOSTEROIDS.....	133
MINERALOCORTICIDS	134
COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS.....	134
ANTITUSSIVES	134
COUGH/COLD/ALLERGY COMBINATIONS.....	135

EXPECTORANTS.....	142
MISC. RESPIRATORY INHALANTS	145
MUCOLYTICS.....	145
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS ...	145
ACNE PRODUCTS.....	145
ANTI-INFLAMMATORY AGENTS - TOPICAL	148
ANTIBIOTICS - TOPICAL.....	149
ANTIFUNGALS - TOPICAL.....	151
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL.....	154
ANTIPSORIATICS.....	154
ANTISEBORRHEIC PRODUCTS	154
ANTIVIRALS - TOPICAL.....	154
BURN PRODUCTS.....	154
CORTICOSTEROIDS - TOPICAL	155
EMOLLIENTS	159
ENZYMES - TOPICAL	160
IMMUNOMODULATING AGENTS - TOPICAL	160
IMMUNOSUPPRESSIVE AGENTS - TOPICAL.....	160
KERATOLYTIC/ANTIMITOTIC AGENTS	160
LOCAL ANESTHETICS - TOPICAL	160
MISC. TOPICAL.....	162
ROSACEA AGENTS	162
SCABICIDES & PEDICULICIDES	162
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS	164
DIAGNOSTIC DRUGS.....	164
DIAGNOSTIC TESTS.....	164
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS	164
DIGESTIVE ENZYMES	164
DIURETICS - DRUGS TO TREAT HEART CONDITIONS	165
CARBONIC ANHYDRASE INHIBITORS.....	165
DIURETIC COMBINATIONS	165
LOOP DIURETICS.....	165
POTASSIUM SPARING DIURETICS	166
THIAZIDES AND THIAZIDE-LIKE DIURETICS.....	166
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES.....	166
BONE DENSITY REGULATORS	166
GROWTH HORMONES	166
HORMONE RECEPTOR MODULATORS	166
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)	166
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS.....	167
METABOLIC MODIFIERS.....	167

POSTERIOR PITUITARY HORMONES.....	167
PROLACTIN INHIBITORS.....	167
SOMATOSTATIC AGENTS	168
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES.....	168
ESTROGEN COMBINATIONS	168
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	168
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS	168
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS	168
GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT	
STOMACH AND INTESTINAL DISORDERS	169
ANTIFLATULENTS	169
GALLSTONE SOLUBILIZING AGENTS	171
GASTROINTESTINAL STIMULANTS	171
INFLAMMATORY BOWEL AGENTS	171
INTESTINAL ACIDIFIERS.....	171
PHOSPHATE BINDER AGENTS.....	171
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT	
GENITAL AND URINARY TRACT CONDITIONS	171
ALKALINIZERS	171
GENITOURINARY IRRIGANTS.....	172
PROSTATIC HYPERTROPHY AGENTS	172
URINARY ANALGESICS	172
GOUT AGENTS - DRUGS TO TREAT GOUT.....	172
GOUT AGENT COMBINATIONS	172
GOUT AGENTS - DRUGS TO TREAT GOUT.....	172
URICOSURICS.....	172
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD	
DISORDERS	172
HEMATORHEOLOGIC AGENTS	172
HUMAN PROTEIN C	172
PLATELET AGGREGATION INHIBITORS.....	172
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD	
DISORDERS	173
COBALAMINS	173
FOLIC ACID/FOLATES.....	174
HEMATOPOIETIC GROWTH FACTORS	174
HEMATOPOIETIC MIXTURES	175
IRON.....	176
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO	
TREAT SLEEP DISORDERS	179
ANTIHISTAMINE HYPNOTICS	179
BARBITURATE HYPNOTICS	180
NON-BARBITURATE HYPNOTICS	181

LAXATIVES - DRUGS TO TREAT CONSTIPATION	181
BULK LAXATIVES	181
LAXATIVE COMBINATIONS	184
LAXATIVES - MISCELLANEOUS	186
LUBRICANT LAXATIVES	187
SALINE LAXATIVES	188
STIMULANT LAXATIVES	189
SURFACTANT LAXATIVES	192
MACROLIDES - DRUGS TO TREAT INFECTIONS	193
AZITHROMYCIN	193
CLARITHROMYCIN	194
ERYTHROMYCINS	194
MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING ...	194
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	194
DIABETIC SUPPLIES	195
MISC. DEVICES	196
PARENTERAL THERAPY SUPPLIES	196
RESPIRATORY THERAPY SUPPLIES	198
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES	203
SEROTONIN AGONISTS	203
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION	204
CALCIUM	204
ELECTROLYTE MIXTURES	212
FLUORIDE	213
MAGNESIUM	213
PHOSPHATE	214
POTASSIUM	214
SODIUM	215
TRACE MINERALS	215
MISCELLANEOUS THERAPEUTIC CLASSES	215
CHELATING AGENTS	215
IMMUNOMODULATORS	215
IMMUNOSUPPRESSIVE AGENTS	216
IRRIGATION SOLUTIONS	216
POTASSIUM REMOVING AGENTS	217
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT	217
ANESTHETICS TOPICAL ORAL	217
ANTI-INFECTIVES - THROAT	217
ANTISEPTICS - MOUTH/THROAT	217
STEROIDS - MOUTH/THROAT/DENTAL	217

THROAT PRODUCTS - MISC.....	217
MULTIVITAMINS - DRUGS FOR NUTRITION	217
B-COMPLEX W/ FOLIC ACID	217
MULTIPLE VITAMINS W/ IRON	219
MULTIPLE VITAMINS W/ MINERALS.....	220
MULTIVITAMINS - DRUGS FOR NUTRITION	233
PED MULTI VITAMINS W/FL & FE	236
PED MULTIPLE VITAMINS W/ MINERALS	236
PED MV W/ FLUORIDE	238
PED MV W/ IRON	239
PEDIATRIC MULTIPLE VITAMINS	241
PEDIATRIC VITAMINS.....	242
PRENATAL VITAMINS.....	243
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT	
MUSCLE SPASMS	245
CENTRAL MUSCLE RELAXANTS	245
VISCOSUPPLEMENTS.....	246
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE	
NOSE.....	246
NASAL AGENTS - MISC.....	246
NASAL ANTIALLERGY	247
NASAL ANTICHOLINERGICS	247
NASAL STEROIDS	247
SYMPATHOMIMETIC DECONGESTANTS	248
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND	
MUSCLES.....	251
ALS AGENTS	251
NUTRIENTS - DRUGS FOR NUTRITION	251
MISC. NUTRITIONAL SUBSTANCES.....	251
PROTEINS.....	254
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS..	257
ARTIFICIAL TEARS AND LUBRICANTS	257
BETA-BLOCKERS - OPHTHALMIC.....	262
CYCLOPLEGIC MYDRIATICS	262
MIOTICS.....	262
OPHTHALMIC ADRENERGIC AGENTS.....	262
OPHTHALMIC ANTI-INFECTIVES.....	262
OPHTHALMIC INTEGRIN ANTAGONISTS	263
OPHTHALMIC KINASE INHIBITORS.....	263
OPHTHALMIC LOCAL ANESTHETICS.....	263
OPHTHALMIC STEROIDS	263
OPHTHALMICS - MISC.	264
PROSTAGLANDINS - OPHTHALMIC	265

OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR...	266
OTIC AGENTS - MISCELLANEOUS.....	266
OTIC ANTI-INFECTIVES	267
OTIC COMBINATIONS.....	267
OTIC STEROIDS	267
OXYTOCICS - DRUGS FOR PREGNANCY	267
OXYTOCICS - DRUGS FOR PREGNANCY.....	267
PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS.....	267
IMMUNE SERUMS.....	267
MONOCLONAL ANTIBODIES	267
PENICILLINS - DRUGS TO TREAT INFECTIONS	268
AMINOPENICILLINS	268
NATURAL PENICILLINS	268
PENICILLIN COMBINATIONS.....	268
PENICILLINASE-RESISTANT PENICILLINS.....	269
PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING.....	269
PHARMACEUTICAL EXCIPIENTS	269
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	269
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	269
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	269
ANTI-CATAPLECTIC AGENTS	269
ANTIDEMENTIA AGENTS	269
MOVEMENT DISORDER DRUG THERAPY	270
MULTIPLE SCLEROSIS AGENTS.....	270
SMOKING DETERRENTS.....	271
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS.....	277
CYSTIC FIBROSIS AGENTS.....	277
TETRACYCLINES - DRUGS TO TREAT INFECTIONS.....	277
TETRACYCLINES - DRUGS TO TREAT INFECTIONS.....	277
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS ..	278
ANTITHYROID AGENTS	278
THYROID HORMONES.....	278
TOXOIDS - DRUGS TO PREVENT INFECTIONS	284
TOXOID COMBINATIONS	284
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID.....	284
ANTISPASMODICS	284
H-2 ANTAGONISTS	285
MISC. ANTI-ULCER	287
PROTON PUMP INHIBITORS.....	287

ULCER DRUGS - PROSTAGLANDINS.....	288
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE.....	288
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	288
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS	288
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS	289
VACCINES - DRUGS TO PREVENT INFECTIONS.....	289
BACTERIAL VACCINES	289
VIRAL VACCINES	289
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS	291
SPERMICIDES	291
VAGINAL ANTI-INFECTIVES.....	291
VAGINAL ESTROGENS	292
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS	292
ANAPHYLAXIS THERAPY AGENTS	292
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS	293
VITAMINS - DRUGS FOR NUTRITION	293
OIL SOLUBLE VITAMINS	293
WATER SOLUBLE VITAMINS	297
Index	300

WELCOME TO MOLINA HEALTHCARE

Molina Healthcare Drug Formulary (List of Drugs)

Molina Healthcare has a list of drugs that it will cover. The list is called the Drug Formulary. The drugs on the list are chosen by a group of doctors and pharmacists from Molina Healthcare and the medical community. The group meets every three months to talk about the drugs that are in the formulary. They review new drugs and changes in health care. They try to find the most effective drugs for different conditions. Drugs are added or removed from the Drug Formulary for different reasons. Reasons could be:

- Changes in medical practice
- Medical technology
- When new FDA-approved drugs come on the market
- When drugs are removed from the market by the FDA
- When a drug is identified with a new safety issue

Formulary changes can include:

- Addition/Removal of drugs or dosage forms
- Movement of a drug from one drug tier to another that results in more or less cost sharing
- Whether a drug is preferred or non-preferred among similar drugs on the list
- Addition/Removal of restrictions on a drug or dosage form

Formulary changes that are most likely to affect you happen at the start of a new plan year. When updates happen at other times through our standard process, Molina Healthcare will publish any changes on a monthly basis and notify you. Your plan's most current drug list is on our website Molinahealthcare.com.

Does the drug list include injectable drugs that a Provider gives to me in a clinic or other location

In general, drugs on the drug list are drugs your provider prescribes for you to get from a pharmacy and give to yourself. Most injectable drugs you need help from a Provider to use are covered under the medical benefit instead of the prescription drug ("pharmacy") benefit. Your Provider has instructions from Molina on how to get you approved for drugs they buy and help give to you. Some injectable drugs can be approved to get from a pharmacy using your prescription drug benefit.

I have questions about how my plan covers drugs

This guide contains many details for common questions. You may also call Molina Healthcare and ask specific coverage questions about a drug:

- Can my prescription be filled at a retail pharmacy?
- What is the cost sharing dollar amount for my prescription?

- What is the process for requesting a drug that has a Prior Authorization requirement?
- How can I request an exception for a drug that is not on the formulary or has step therapy requirements?
- Is my drug covered under the prescription drug benefit or the medical benefit?

Call toll-free 1 (888) 665-4621, Monday through Friday, 8:00 a.m. through 6:00 p.m. If you are deaf or hard of hearing, dial 711 for the Telecommunications Service.

You can also ask us to mail you a copy of the drug list.

If a drug is listed on the formulary, will I be prescribed that drug

A drug being listed on the formulary does not guarantee that your doctor will prescribe it for you. This guide lets you and your doctor know which prescription drugs are covered by your plan. Drugs that are not on this list may not be covered by your plan and may cost you more. You may ask for nonformulary drugs to be covered. Requests for nonformulary drugs will be considered for a medically accepted use when formulary options cannot be used and/or other coverage requirements are met. Details are included in this guide.

DEFINITIONS

“Brand name drug” is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.

“Enrollee” is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this this formulary template shall also include subscriber as defined in this section below.

“Exception request” is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee’s condition.

“Exigent circumstances” are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee’s life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a nonformulary drug.

“Formulary” is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

“Generic drug” is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.

“Nonformulary drug” is a prescription drug that is not listed on the health plan’s formulary.

“Prescribing provider” is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

“Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

“Prescription drug” is a drug that is prescribed by the enrollee’s prescribing provider and requires a prescription under applicable law.

“Prior Authorization” is a health plan’s requirement that the enrollee or the enrollee’s prescribing provider obtain the health plan’s authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

“Step therapy” is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee’s medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee’s prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

“Subscriber” means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

USING THE DRUG FORMULARY AS YOUR PRESCRIPTION DRUG COVERAGE GUIDE

How do I locate a drug that is on the drug list

The list of drugs is organized alphabetically by therapeutic category and class using the American Hospital Formulary Service (AHFS) classification. Within category and class, drug names are also organized in alphabetical order. If you do not know the category or class for the drug you are looking for, there are two ways to search for the drug by name.

- If you are using an electronic version of the drug list, you can use the PDF Search Function by pressing Ctrl + F on your computer keyboard. Type the name of the drug you are looking for in the search box.
- If you are using a print version of the drug list, you can search for the name of the drug in the Index at the end of this guide.

Drug entries on the list contain the Drug Name, Drug Tier, and other coverage details for all the drugs and items covered under your plan's prescription drug benefit.

Here is an example of a drug entry on the drug list.

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AER 110MCG (<i>fluticasone propionate hfa</i>)	Tier 1	QL (10.6 gm / 30 days); AGE (Max age 11 years)

What drug names are used on the list

Branded drugs are marketed using a proprietary, trademark protected BRAND NAME. There is also a non-proprietary or generic name that identifies the drug. When a generic form of the drug is made available, often its non-proprietary, or ***generic name*** is used to refer to the drug.

Our Formulary refers to the BRAND NAME only for branded drugs on the formulary. A BRAND NAME drug on the formulary will be listed in all UPPERCASE letters as its BRAND NAME. For example, "XIGDUO XR", is the BRAND NAME for the extended release dosage form of drug ingredients dapagliflozin and metformin. It is listed on the formulary as XIGDUO XR.

A ***generic drug*** on the formulary is listed by its ***generic name(s)*** in ***bold and italic, lower case letters***. If there were a ***generic*** form of XIGDUO XR on the market and it were to be on the formulary, its Drug Name would be listed as "***dapagliflozin-metformin***".

If both the BRAND FORM and the ***generic form*** for a drug are listed on the formulary, they will each be listed as separate drug entries. For example, COUMADIN and ***warfarin*** are listed separately to show both the BRAND FORM and the ***generic form*** are covered on the formulary. Different Drug Tier and Requirements/Limits will apply for a BRAND FORM versus a ***generic form*** of a drug if both are on the drug list.

FINDING A PHARMACY TO FILL A PRESCRIPTION

Network Retail Pharmacy

Molina has a network of preferred retail pharmacies that can process and dispense medication. Located on the Molinahealthcare.com website is a Pharmacy locator tool that can assist enrollees and providers in finding an in-network pharmacy provider. The tool allows you to search pharmacies by Zip code, city, country, state. As well as limit search results based on distance, other specific criteria like store name, language spoken and/or services offered.

Specialty Pharmacy

CVS Specialty Pharmacy is our exclusive pharmacy for specialty medications, except for limited distribution medications. Limited distribution means the medication can only be dispensed by certain pharmacy providers. CVS Specialty pharmacy is a mail order pharmacy that provides clinical support to help enrollees manage their medication and condition. Specialty medications are indicated by SP under limitations on the formulary. Most specialty medications require a Prior Authorization to be submitted for medical necessity review. The prescriber can submit Prior Authorization requests directly to Molina or send a prescription to CVS to begin the Prior Authorization process. If mail delivery of the specialty medication is not an option for the enrollee, CVS offers the option to ship the medication to a local CVS pharmacy for pick up.

CVS Specialty can be contacted by calling 1 (800) 364-6331.

Mail Order Pharmacy

CVS Caremark Mail Service pharmacy is Molina's exclusive, in-network pharmacy for mail order prescriptions. Enrollees can sign up to receive up to a 90 days' supply for most prescription medications, delivered right to their door at no cost.

To have prescriptions sent through mail order the provider and/or enrollee can call the FastStart® toll-free number at 1 (800) 875-0867 Monday through Friday 7 a.m. to 7 p.m. or go to the www.caremark.com website.

Out-of-Network Pharmacy

If the in-network pharmacies do not meet the enrollee's needs an exception can be requested to obtain authorization to use a pharmacy outside of network. Exceptions will be reviewed for medical necessity on a case-by-case basis.

Prescription Claims Processor

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

- Questions on processing claims, formulary status or rejected claims may be directed to the CVS Caremark Help Desk at 1 (800) 364-6331.
- Membership, cost sharing, prescription drug benefit information and eligibility concerns may be addressed by calling the Molina Customer Support Center at 1 (888) 665-4621. Member Services is available Monday through Friday 8am to 6pm PST
- Provider-related questions may be addressed by calling the Molina Provider Services Help Desk at (855) 322-4075 Monday through Friday 8:30 am to 5:00pm PST.

Urgent and After-Hours Medication Policy

To prevent an enrollee'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., an enrollee 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 1 (800) 364-6331 to obtain an override for a 72-hour supply.

Pharmacies may call Molina at 1 (855) 322-4075 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.

PRIOR AUTHORIZATION AND EXCEPTION REQUEST PROCEDURE

Prior authorization

Drugs that require advanced approval for coverage are reviewed against standard rules to determine medical necessity. Providers must show the drug will be used for a medically accepted use that you have and that other treatments have not worked for you or are not medically appropriate. Other requirements may apply depending on the drug. We may require certain test results to show a drug is right for you. This may be true for Specialty Drugs used to treat long term or other serious conditions. An enrollee's response to drug samples from a provider or a drug maker will not be considered as a reason to bypass standard rules for coverage.

Your provider may fax a completed drug Prior Authorization form to Molina at 1 (866) 508-6445. The forms may be obtained by logging into our website **MolinaHealthcare.com**.

We will tell you how long the request is approved for. If the request is not approved, we will send a letter with the reasons why and give instructions on your rights for follow up.

Requesting an Exception

Can I have a drug covered if it is not on the formulary or does not follow plan requirements or limits?

Molina has a process to allow you to request clinically appropriate drugs that are not on the formulary or that have requirements or limits under your plan. Your doctor may order a drug that is not in the formulary but that he or she believes is best for you. Your doctor may contact Molina's Pharmacy Department to request that Molina cover the drug for you. If the request is approved, Molina will contact your doctor.

If the request is denied, Molina Healthcare will send a letter to you and your doctor. The letter will explain why the drug was denied. If you disagree with the denial of a nonformulary drug and/or step therapy exception request, you can file a grievance requesting an external exception review. Please refer to section of the Agreement (policy) titled "Complaints and Appeals" for information on how to file a grievance.

You may be taking a drug that is no longer on drug list. Your doctor can ask us to keep covering it by sending us a Prior Authorization exception request for the drug.

Nonformulary products may be considered for coverage of a medically accepted use when formulary options cannot be used and/or other requirements are met. The drug must be safe and effective for your medical condition. Your doctor must write your prescription for the usual amount of the drug for you. Molina may cover specific nonformulary drugs under the following conditions:

- There is documentation of a specific need in your medical record.
- Your doctor has certified that you tried drugs on the formulary, and they did not help you in the past; or the options have caused you harm or are reasonably expected by the prescriber to cause you harm or adverse reaction.

If your prescription requires a Prior Authorization review for exception, the request can be considered under Standard or Exigent Circumstances.

- Any request that is not considered an Exigent Circumstance is considered a Standard Exception request.
- A request is considered an Exigent Circumstance if you are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function, or if you are undergoing current treatment using a nonformulary drug. Trials of pharmaceutical samples from your doctor or a manufacturer will not be considered as current treatment.

You and/or your provider will be notified of our decision no later than:

- 24 hours following receipt of an urgent request
- 72 hours following receipt of routine request

If the initial request is denied for a nonformulary drug and/or step therapy exception, you can file a grievance requesting an external exception review. Please refer to section in the Agreement (policy) titled “Complaints and Appeals” for information on how to file a grievance.

Molina will notify you or your designee and your prescribing provider of a drug coverage determination within 24 hours of receipt of a request. Following 1367.241 of the Health and Safety Code, if a determination is not made within these timeframes, the request will automatically be approved.

Following 1367.22 of the Health and Safety Code, if a drug request is approved, it will continue to be covered for the length of the prescription, including refills. Molina will not limit or exclude coverage for a drug if we previously approved it for your condition and your provider continues to prescribe it, as long as the drug is appropriately prescribed and continues to be safe and effective.

Following 1300.67.24 of the Health and Safety Code, we cannot require you to repeat step therapy if you changed insurance plans and are continuing a drug that is now subject to step therapy requirements under your Molina plan. Your provider will have to notify us with an exception request so we can know you are continuing to take the drug from before, it is appropriately prescribed, and it is safe and effective for your condition.

COMPLAINTS AND APPEALS

If Molina denies your drug request, a notice of rights to appeal the decision will be included in the notice of action. You may also file a grievance or complaint by contacting the Molina Customer Support Center at (888) 665-4621.

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. All rights reserved. This document contains references to brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

LEGEND

What are the Requirements and Limits on the drug list?

Requirements and limits may be set up for certain drugs. Drugs may have the following requirements and limitations:

Requirements/Limits	Description
---------------------	-------------

AGE	Age limits apply. We only pay for this drug or dosage form for certain age groups based on information about the drug's safety, efficacy, and cost.
MED	Morphine Equivalent Dose limits apply. Quantities of this drug are limited to the equivalent ("EQ") of 90 milligrams of morphine per day of supply filled.
OTC	Over-the-Counter dosage forms are covered on the drug list with a valid prescription from a provider.
PA	Prior Authorization is required. We require advanced approval of coverage on some drugs before they will be paid for. If Prior Authorization is required for a drug or dosage form, providers must show you have a medically accepted use for the drug and other treatments have not worked or are not appropriate. Other requirements may apply depending on the drug.
QL	Quantity Limits apply. We will pay for a maximum daily amount based on information about the drug's medically accepted use and cost.
ST	Step Therapy is required. If we have paid for you to have the required Step Therapy drug(s) in the past, this drug will be paid for at the pharmacy without need for a Prior Authorization or Step Therapy exception request. The drug list will show you which drugs are required first and for how long.

Some drugs are designated "Preferred Brand" in the drug class they are listed. If there is a drug in the same class as the drug you are requesting and it is the Preferred Brand drug in the class, we require that the Preferred Brand be used first or instead. Specific drugs that require use of a Preferred Brand drug first may also be indicated "Medical Necessity PA". Medical Necessity Prior Authorization requirements applies to Specialty Drugs.

2021

Formulario

(Lista de los medicamentos cubiertos)

Medi-Cal – Molina Healthcare Inc

[MolinaHealthcare.com](https://www.MolinaHealthcare.com)

Aviso: El formulario está sujeto a cambio y todas las versiones anteriores del mismo ya no se encuentran en vigor. Puede encontrar una versión electrónica del formulario en [Molinahealthcare.com](https://www.Molinahealthcare.com).



(Spanish)

¡BIENVENIDO A MOLINA HEALTHCARE!

Formulario de Medicamentos de Molina Healthcare (lista de medicamentos)

Molina Healthcare tiene una lista de medicamentos que cubrirá. Esta lista se denomina Formulario de Medicamentos. Los medicamentos que aparecen en la lista son elegidos por un grupo de médicos y farmacéuticos de Molina Healthcare y la comunidad médica. El grupo se reúne cada tres meses para conversar sobre los medicamentos que están en el formulario. Revisan los nuevos medicamentos y cambios en la atención médica. Tratan de encontrar los medicamentos más eficaces para las distintas afecciones. Los medicamentos se agregan o retiran del Formulario de Medicamentos por los siguientes motivos:

- Cambios en la práctica médica.
- Tecnología médica.
- Cuando nuevos medicamentos aprobados por la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) salen al mercado.
- Cuando la FDA retira medicamentos del mercado.
- Cuando un medicamento es identificado con un nuevo problema de seguridad.

Los cambios en el formulario pueden incluir:

- Adición/retiro de medicamentos o formas farmacéuticas.
- Movimiento de un medicamento de una categoría de medicamento a otra que conlleva una distribución de costos mayor o menor.
- Si un medicamento es preferido o no preferido entre medicamentos similares de la lista.
- Adición/retiro de restricciones de un medicamento o forma farmacéutica.

Los cambios en el formulario que probablemente más le afecten suceden al inicio de un nuevo año del plan. Cuando ocurren actualizaciones en otros momentos a través de nuestro proceso estándar, Molina Healthcare publica todo cambio mensualmente y lo notifica. La lista de medicamentos más actualizada de su plan está en nuestro sitio web Molinahealthcare.com.

¿La lista de medicamentos incluye medicamentos inyectables que un proveedor me administra en una clínica u otra ubicación?

En general, los medicamentos de la lista de medicamentos son aquellos que su proveedor le receta para que los obtenga en una farmacia y se los administre. La mayoría de los medicamentos inyectables para los que necesita ayuda de un proveedor para utilizarlos están cubiertos bajo el beneficio médico en vez del beneficio de medicamentos recetados ("farmacia"). Su proveedor tiene instrucciones de Molina sobre cómo brindarle aprobación para los medicamentos que compra y le ayuda a administrarlos. Algunos medicamentos inyectables se pueden aprobar para obtenerse de una farmacia utilizando su beneficio de medicamentos recetados.

Tengo preguntas sobre cómo mi plan cubre medicamentos.

Esta guía contiene varios detalles para preguntas comunes. Además, puede llamar a Molina Healthcare y preguntar por la cobertura específica de un medicamento:

- ¿Mi receta se puede adquirir en una farmacia minorista?
- ¿Cuál es el monto en dólares de distribución de costos para mi receta?

- ¿Cuál es el proceso para solicitar un medicamento que tiene un requisito de Autorización previa?
- ¿Cómo puedo solicitar una excepción para un medicamento que no está en el formulario o tiene requisitos de terapia escalonada?
- ¿Está mi medicamento cubierto bajo el beneficio de medicamentos recetados o el beneficio médico?

Llame al número gratuito 1 (888) 665-4621, de lunes a viernes, de 8 a. m. a 6 p. m. Si es sordo o tiene dificultades auditivas, marque el 711 para comunicarse con el Servicio de Telecomunicaciones.

Además, puede solicitarnos que le enviemos por correo postal una copia de la lista de medicamentos.

Si un medicamento figura en el formulario, ¿se me recetará ese medicamento?

Un medicamento que figura en el formulario no garantiza que su médico se lo recetará. Esta guía le informa a usted y a su médico qué medicamentos recetados están cubiertos por su plan. Es posible que los medicamentos que no están en esta lista no estén cubiertos por su plan y pueden costarle más. Puede solicitar que se cubran medicamentos que no están en el formulario. Las solicitudes para medicamentos que no están en el formulario se considerarán para un uso aceptado por razones médicas cuando las opciones del formulario no se pueden utilizar y/o se cumplen otros requisitos de cobertura. Los detalles se incluyen en esta guía.

DEFINICIONES

“Medicamento de marca” es un medicamento que es comercializado bajo un nombre protegido de marca comercial y patentado. El medicamento de marca se deberá indicar completamente en MAYÚSCULAS.

“Afiliado” es una persona inscrita en un plan de salud que tiene derecho a recibir servicios del plan. Todas las referencias a los afiliados en esta plantilla de formulario también deberán incluir al suscriptor tal como se define en la siguiente sección.

“Solicitud de excepción” es una solicitud para cubrir un medicamento recetado. Si un afiliado, su persona designada o proveedor de atención médica que receta envía una solicitud de excepción para cubrir un medicamento recetado, el plan de salud debe cubrir el medicamento recetado cuando se determina que el medicamento es necesario por razones médicas para tratar la afección del afiliado.

“Circunstancias urgentes”: ocurren cuando un afiliado está sufriendo una afección médica que puede poner en grave peligro la vida, salud o capacidad del afiliado para recuperar la función máxima o cuando un afiliado se está sometiendo a un proceso actual de tratamiento utilizando un medicamento que no está en el formulario.

“Formulario” es la lista completa de medicamentos preferidos para uso y elegibles para cobertura bajo un producto del plan de salud e incluye todos los medicamentos cubiertos bajo el beneficio de medicamentos recetados ambulatorios del producto del plan de salud. El formulario también es conocido como una lista de medicamentos recetados.

“Medicamento genérico” es el mismo medicamento que su equivalente de marca en dosis, seguridad, concentración, forma de administración, calidad, eficacia y uso previsto. Un medicamento genérico está indicado en letras minúsculas, negritas y cursivas.

“Medicamento que no está en el formulario” es un medicamento recetado que no figura en el formulario del plan de salud.

“Proveedor que receta” es un proveedor de atención médica autorizado para escribir una receta para tratar una afección médica para un afiliado del plan de salud.

“Receta” es una orden oral, escrita o electrónica realizada por un proveedor que receta para un afiliado específico, la cual contiene el nombre del medicamento recetado, la cantidad del medicamento recetado, la fecha de emisión, el nombre e información de contacto del proveedor que receta, la firma del proveedor que receta si la receta está por escrito y, si es solicitada por el afiliado, la afección médica o el propósito por el cual se receta el medicamento.

“Medicamento recetado” es un medicamento que es recetado por el proveedor que receta del afiliado y necesita una receta bajo la ley correspondiente.

“Autorización Previa” es un requisito del plan de salud para que el afiliado o el proveedor que receta del afiliado obtenga la autorización del plan de salud para un medicamento recetado antes de que el plan de salud cubra el medicamento. El plan médico deberá otorgar una autorización previa cuando sea necesaria por razones médicas para que el afiliado obtenga el medicamento.

“Terapia escalonada” es un proceso que especifica la secuencia en la cual se recetan los distintos medicamentos recetados para una afección médica determinada y adecuados por razones médicas para un paciente en particular. El plan de salud puede requerir que el afiliado pruebe uno o más medicamentos para tratar su afección médica antes de que el plan de salud cubra un medicamento en particular para la afección conforme a la solicitud de terapia escalonada. Si el proveedor que receta del afiliado envía una solicitud para la excepción de terapia escalonada, el plan de salud deberá hacer excepciones para la terapia escalonada cuando se cumplan los criterios.

“Suscriptor” significa la persona que es responsable del pago de un plan o cuyo empleo u otro estado, excepto la dependencia familiar, es la base de elegibilidad para la afiliación en el plan.

CÓMO UTILIZAR EL FORMULARIO DE MEDICAMENTOS COMO SU GUÍA DE COBERTURA DE MEDICAMENTOS RECETADOS

¿Cómo ubico un medicamento que está en la lista de medicamentos?

La lista de medicamentos está organizada alfabéticamente por categoría y clase terapéutica utilizando la clasificación del American Hospital Formulary Service (AHFS). Dentro de categoría y clase, los nombres de los medicamentos también están organizados en orden alfabético. Si no conoce la categoría o clase del medicamento que está buscando, existen dos maneras de buscar el medicamento por nombre.

- Si está utilizando una versión electrónica de la lista de medicamentos, puede utilizar la función de búsqueda de PDF al presionar Ctrl + F en el teclado de la computadora. Escriba el nombre del medicamento que está buscando en la casilla de búsqueda.
- Si está utilizando una versión impresa de la lista de medicamentos, puede buscar el nombre del medicamento en el índice al final de esta guía.

Las entradas de los medicamentos en la lista contienen el nombre del medicamento, la categoría del medicamento y otros detalles de cobertura para todos los medicamentos y artículos cubiertos bajo el beneficio de medicamentos recetados de su plan.

Este es un ejemplo de una entrada de medicamento en la lista de medicamentos.

Nombre del medicamento	Categoría de medicamento	Requisitos/límites
FLOVENT HFA AER 110MCG (<i>propionato de fluticasona hfa</i>)	Categoría 1	QL (10.6 gm / 30 días); EDAD (edad máxima 11 años)

¿Qué nombres de medicamentos se utilizan en la lista?

Los medicamentos de marca son comercializados utilizando un NOMBRE DE MARCA protegido de marca comercial y patentado. Además, existe un nombre genérico o no patentado que identifica al medicamento. Cuando una forma genérica del medicamento está disponible, a menudo se utiliza su versión no patentada, o **nombre genérico**, para referirse al medicamento.

Nuestro Formulario se refiere al NOMBRE DE MARCA solo para medicamentos de marca del formulario. Un medicamento de MARCA del formulario se indicará en MAYÚSCULAS como su NOMBRE DE MARCA. Por ejemplo, "XIGDUO XR", es el NOMBRE DE MARCA para la forma farmacéutica de liberación prolongada de los ingredientes del medicamento dapagliflozina y metformina. Está indicado en el formulario como XIGDUO XR.

Un **medicamento genérico** del formulario está indicado por su(s) **nombre(s) genéricos(s)** en **negrita, cursiva y minúsculas**. Si existiese una forma **genérica** de XIGDUO XR en el mercado y estuviese en el formulario, su nombre de medicamento se indicaría como "**dapagliflozina-metformina**".

Si la FORMA DE MARCA y la **forma genérica** para un medicamento aparecen en el formulario, cada una se indicará como entradas de medicamentos separadas. Por ejemplo, COUMADIN y **warfarina** aparecen por separado para mostrar que la FORMA DE MARCA y la **forma genérica** están cubiertas en el formulario. La categoría del medicamento y los requisitos/límites diferentes se aplicarán para una FORMA DE MARCA en comparación con una **forma genérica** de un medicamento si ambas están en la lista de medicamentos.

CÓMO ENCONTRAR UNA FARMACIA PARA ADQUIRIR UNA RECETA

Farmacia minorista de la red

Molina tiene una red de farmacias minoristas preferidas que pueden procesar y distribuir medicamentos. Hay una herramienta localizadora de farmacias, ubicada en el sitio web Molinahealthcare.com, que puede ayudar a los afiliados y proveedores a encontrar un proveedor de farmacia dentro de la red. La herramienta le permite buscar farmacias por código postal, ciudad, estado y país. Además, resultados de búsqueda limitados según la distancia, otros criterios específicos como nombre de tienda, idioma hablado y/o servicios ofrecidos.

Farmacia de especialidad

La farmacia CVS Specialty es nuestra farmacia exclusiva para los medicamentos de especialidad, excepto para medicamentos de distribución limitada. La distribución limitada significa que el medicamento solo puede ser distribuido por ciertos proveedores de farmacia. La farmacia CVS Specialty es una farmacia de pedido por correo que brinda apoyo clínico para ayudar a los afiliados a controlar sus medicamentos y afección. Los medicamentos de especialidad están indicados por SP bajo limitaciones en el formulario. La mayoría de los medicamentos de especialidad requieren una Autorización previa que se enviará para revisión de necesidad médica. El médico que receta puede enviar solicitudes de Autorización previa directamente a Molina o enviar una receta a CVS para comenzar el proceso de Autorización previa. Si el envío por correo del medicamento de especialidad no es una opción para el afiliado, CVS ofrece la opción de enviar el medicamento a una farmacia local de CVS para que lo retire allí.

Se puede comunicar con CVS Specialty llamando al 1 (800) 364-6331.

Farmacia de pedido por correo

La farmacia de servicio por correo CVS Caremark es una farmacia exclusiva dentro de la red de Molina para obtener las recetas de pedido por correo. Los afiliados pueden inscribirse para recibir un suministro de hasta 90 días para la mayoría de los medicamentos recetados, que serán entregados directamente en su puerta sin ningún costo.

Para que se envíen recetas a través del pedido por correo, el proveedor y/o afiliado puede llamar al número gratuito de FastStart® al 1 (800) 875-0867, de lunes a viernes, de 7 a. m. a 7 p. m. o ingresar al sitio web www.caremark.com.

Farmacia fuera de la red

Si las farmacias dentro de la red no satisfacen las necesidades del afiliado, se puede solicitar una excepción para obtener la autorización para utilizar una farmacia fuera de la red. Las excepciones se revisarán según la necesidad médica, caso por caso.

Procesador de reclamaciones de recetas

Molina Healthcare ha elegido CVS Caremark como la compañía de gestión de beneficios de farmacias (PBM, por sus siglas en inglés) para manejar el beneficio de recetas para los afiliados de Molina.

- Las preguntas sobre cómo procesar las reclamaciones, estado del formulario o reclamaciones rechazadas se pueden dirigir al soporte técnico de CVS Caremark al 1 (800) 364-6331.
- La afiliación, distribución de costos, información de beneficio de medicamentos recetados e inquietudes de elegibilidad se pueden abordar llamando al Centro de Asistencia al Cliente de Molina al 1 (888) 665-4621. El área de Servicios para Miembros está disponible de lunes a viernes, de 8 a. m. a 6 p. m., hora estándar del Pacífico (PST).
- Las preguntas relacionadas con el proveedor se pueden abordar llamando al soporte técnico de Servicios del Proveedor de Molina al (855) 322-4075, de lunes a viernes, de 8:30 a. m. a 5 p. m., PST.

Política de medicamentos urgentes y después del horario de atención

Para evitar que la afección de un afiliado empeore a una situación urgente, puede ser necesario distribuir un suministro de 72 horas de un medicamento de dosis única antes de que obtenga la Autorización previa de Molina. (Por ejemplo, un afiliado es dado de alta de un hospital después del horario regular de atención con una receta de antibióticos especiales).

Se les instruye a las farmacias utilizar su juicio profesional. Molina reembolsará a las farmacias por un suministro de 72 horas de un medicamento de dosis única según las tarifas contratadas para estas recetas. Las farmacias pueden comunicarse con el soporte técnico de CVS Caremark al 1 (800) 364-6331 para obtener una anulación de un suministro de 72 horas.

Las farmacias pueden llamar a Molina al 1(855) 322-4075 al siguiente día hábil para obtener una autorización que permita que la receta urgente o después del horario de atención se procese en línea. Se aconseja y espera que la farmacia brinde documentación razonable de los casos donde se distribuyeron los medicamentos bajo estas circunstancias urgentes.

PROCEDIMIENTO DE SOLICITUD DE EXCEPCIÓN Y AUTORIZACIÓN PREVIA

Autorización previa

Los medicamentos que requieren una aprobación anticipada para obtener cobertura son revisados en contraste con las normas estándar para determinar la necesidad médica. Los proveedores deben demostrar que el medicamento se utilizará para un uso aceptado por razones médicas que usted tiene y que otros tratamientos no han funcionado para usted o no son adecuados por razones médicas. Pueden aplicarse otros requisitos dependiendo del medicamento. Podemos requerir ciertos resultados de prueba para demostrar que un medicamento es adecuado para usted. Esto puede ser correcto para los medicamentos de especialidad utilizados para tratar afecciones graves o prolongadas. La respuesta de un afiliado a

muestras de medicamentos de un proveedor o fabricante de medicamentos no se considerará un motivo para evitar las normas estándar de cobertura.

Su proveedor puede enviar por fax un formulario completado de Autorización previa de medicamentos para Molina al 1 (866) 508-6445. Estos formularios se pueden obtener al iniciar sesión en nuestro sitio web **MolinaHealthcare.com**.

Le diremos en cuánto tiempo se aprueba la solicitud. Si la solicitud no se aprueba, enviaremos una carta con los motivos y le daremos instrucciones sobre sus derechos de hacer un seguimiento.

Cómo solicitar una excepción

¿Puedo tener un medicamento cubierto si no está en el formulario o no cumple con los límites o requisitos del plan?

Molina tiene un proceso para permitirle solicitar medicamentos adecuados por razones clínicas que no están en el formulario o que tienen requisitos o límites bajo su plan. Su médico puede solicitar un medicamento que no está en el formulario pero que considera que es el mejor para usted. Su médico puede comunicarse con el Departamento de Farmacia de Molina para solicitar que Molina cubra el medicamento para usted. Si la solicitud se aprueba, Molina se comunicará con su médico.

Si se rechaza la solicitud, Molina Healthcare le enviará una carta a usted y a su médico. En la carta se explicará por qué se rechazó el medicamento. Si no está de acuerdo con el rechazo de un medicamento que no está en el formulario y/o una solicitud de excepción de terapia escalonada, puede presentar un reclamo que solicite una revisión externa de la excepción. Consulte la sección del Acuerdo (política) titulada "Quejas y apelaciones" para obtener información sobre cómo presentar un reclamo.

Puede estar tomando un medicamento que ya no está en la lista de medicamentos. Su médico puede solicitarnos seguir cubriéndolo al enviarnos una solicitud de excepción de Autorización previa para obtener el medicamento.

Los productos que no están en el formulario se pueden considerar para cobertura de un uso aceptado por razones médicas cuando las opciones del formulario no se pueden utilizar y/o se cumplen otros requisitos. El medicamento debe ser seguro y eficaz para su afección médica. Su médico debe elaborar su receta para obtener la cantidad usual del medicamento para usted. Molina puede cubrir medicamentos específicos que no están en el formulario bajo las siguientes condiciones:

- Existe documentación de una necesidad específica en su registro médico.
- Su médico ha certificado que probó medicamentos del formulario y no le ayudaron anteriormente; o las opciones le han causado daños o el médico que receta piensa de manera razonable que los medicamentos le causarán daño o una reacción adversa.

Si su receta requiere una revisión de Autorización previa para obtener una excepción, la solicitud se puede considerar bajo Circunstancias estándares o urgentes.

- Cualquier solicitud que no se considere una Circunstancia urgente se considera una solicitud de Excepción estándar.
- Una solicitud se considera una Circunstancia urgente si está sufriendo de una afección médica que puede poner en peligro su vida, salud o capacidad para recuperar la función máxima, o si se está sometiendo a un tratamiento actual utilizando un medicamento que no está en el formulario. Las pruebas de muestras farmacéuticas de su médico o un fabricante no se considerarán tratamiento actual.

A usted y/o su proveedor se les notificará sobre nuestra decisión a más tardar:

- 24 horas después de la recepción de una solicitud urgente.
- 72 horas después de la recepción de una solicitud rutinaria.

Si se rechaza la solicitud inicial para un medicamento que no está en el formulario y/o una excepción de terapia escalonada, puede presentar un reclamo que solicite una revisión externa de la excepción. Consulte la sección del Acuerdo (política) titulada "Quejas y apelaciones" para obtener información sobre cómo presentar un reclamo.

Molina lo notificará a usted o su persona designada y a su proveedor que receta sobre la determinación de cobertura de un medicamento dentro de las 24 horas de recepción de una solicitud. De acuerdo con la sección 1367.241 del Código de Salud y Seguridad, si una determinación no se realiza dentro de estos plazos, la solicitud se aprobará automáticamente.

De acuerdo con la sección 1367.22 del Código de Salud y Seguridad, si una solicitud de medicamento se aprueba, se continuará cubriendo por la duración de la receta, incluso los resurtidos. Molina no limitará ni excluirá la cobertura de un medicamento si lo aprobamos anteriormente para su afección y su proveedor continúa recetándolo, siempre que el medicamento se recete de manera adecuada y continúe siendo seguro y efectivo.

De acuerdo con la sección 1300.67.24 del Código de Salud y Seguridad, no podemos solicitarle que repita la terapia escalonada si cambió los planes de seguro y sigue utilizando un medicamento que ahora está sujeto a requisitos de terapia escalonada bajo su plan de Molina. Su proveedor tendrá que notificarnos con una solicitud de excepción, para que podamos saber que usted sigue tomando el medicamento desde antes, que este se receta de manera adecuada y que es seguro y eficiente para su afección.

QUEJAS Y APELACIONES

Si Molina rechaza su solicitud de medicamento, un aviso de derechos para apelar la decisión se incluirá en el aviso de acción. Además, puede presentar un reclamo o queja al comunicarse con el Centro de Asistencia al Cliente de Molina al (888) 665-4621.

AVISO:

La información contenida en este documento es patentada. La información no se puede copiar en su totalidad o en parte sin el permiso por escrito. Todos los derechos reservados. Este documento contiene referencias a medicamentos de marca que son marcas comerciales o marcas comerciales registradas de fabricantes farmacéuticos.

LEYENDA

¿Cuáles son los requisitos y límites en la lista de medicamentos?

Se pueden establecer requisitos y límites para ciertos medicamentos. Los medicamentos pueden tener los siguientes requisitos y limitaciones:

Requisitos/límites	Descripción
AGE	Se aplican límites de edad. Solo pagamos por este medicamento o forma farmacéutica para ciertos grupos de edad según la información sobre la seguridad, eficacia y costo del medicamento.
MED	Se aplican límites de la Dosis Equivalente de Morfina. Las cantidades de este medicamento están limitadas al equivalente ("EQ") de 90 miligramos de morfina por día de suministro adquirido.
OTC	Las formas farmacéuticas de venta sin receta están cubiertas en la lista de medicamentos con una receta válida de un proveedor.
PA	Se requiere Autorización previa. Requerimos aprobación anticipada de cobertura para algunos medicamentos antes de que se pague por estos. Si la Autorización previa es necesaria para un medicamento o forma farmacéutica, los proveedores deben demostrar que usted tiene un uso aceptado por razones médicas para el medicamento y otros tratamientos no han funcionado o no son adecuados. Pueden aplicarse otros requisitos dependiendo del medicamento.
QL	Se aplican Límites de cantidad. Pagaremos por un monto diario máximo según la información sobre el costo y uso aceptado por razones médicas del medicamento.
ST	Se requiere Terapia escalonada. Si hemos pagado para que tenga el/los medicamento(s) de Terapia escalonada necesario(s) anteriormente, este medicamento se pagará en la farmacia sin necesidad de una solicitud de excepción de Terapia escalonada o Autorización previa. La lista de medicamentos le mostrará qué medicamentos son necesarios primero y por cuánto tiempo.

Algunos medicamentos son denominados "de Marca Preferida" en la clase de medicamento en la que aparecen. Si existe un medicamento en la misma clase que el medicamento que está solicitando y es el medicamento de Marca Preferida en la clase, necesitamos que el medicamento de Marca Preferida se utilice primero o en su lugar. Los medicamentos específicos que requieren el uso de un medicamento de Marca Preferida también se pueden indicar primero como "PA de Necesidad Médica". Los requisitos de Autorización previa de Necesidad Médica se aplican a Medicamentos de especialidad.

2021

Фармацевтический справочник

(список покрываемых лекарственных препаратов)

Medi-Cal — Molina Healthcare Inc

[MolinaHealthcare.com](https://www.MolinaHealthcare.com)

Обратите внимание, что сведения, представленные в этом фармацевтическом справочнике, могут обновляться, а все предыдущие его версии считаются устаревшими. С электронной версией фармацевтического справочника можно ознакомиться на веб-сайте [Molinahealthcare.com](https://www.Molinahealthcare.com).

ВАС ПРИВЕТСТВУЕТ КОМПАНИЯ MOLINA HEALTHCARE!

Фармацевтический справочник Molina Healthcare (список лекарственных препаратов)

Компания Molina Healthcare покрывает расходы на определенные препараты. Их перечень представлен в фармацевтическом справочнике. Подбором таких препаратов занимается группа врачей и фармацевтов компании Molina Healthcare и медицинского сообщества. Во время встреч, которые проходят каждые три месяца, участники группы обсуждают препараты из фармацевтического справочника. Они рассматривают новые лекарственные средства и обговаривают нововведения в сфере медицинского обслуживания. Специалисты прилагают усилия для включения наиболее эффективных препаратов для лечения различных заболеваний. Препараты могут быть добавлены в фармацевтический справочник или исключены из него по ряду причин. Например:

- Изменения во врачебной практике
- Развитие медицинских технологий
- Появление на рынке новых препаратов, одобренных Управлением по контролю качества пищевых продуктов и лекарственных средств (FDA)
- Снятие с продажи препаратов по инициативе FDA
- Выявление проблемы с безопасностью при применении препарата

В справочник могут вноситься следующие изменения:

- Добавление и (или) удаление препаратов и лекарственных форм.
- Перемещение препарата в другую категорию с последующим увеличением или уменьшением доли в совместных платежах сторон.
- Присвоение препарату статуса предпочтительного или второстепенного среди аналогичных лекарственных средств в списке.
- Добавление и (или) снятие ограничений на препарат или лекарственную форму.

Изменения в фармацевтическом справочнике, которые наиболее вероятно вас затронут, вступают в силу в начале нового года действия плана страхования. Если обновления вносятся в другое время согласно стандартной процедуре, компания Molina Healthcare будет ежемесячно публиковать изменения и уведомлять вас. Актуальный перечень покрываемых вашим планом лекарственных препаратов доступен на веб-сайте Molinahealthcare.com.

Включены ли в список инъекционные препараты, которые я получаю от поставщика в клинике или другом учреждении?

Как правило, в перечень входят препараты, которые выписывает поставщик для получения вами в аптеке и самостоятельного лечения ими. Большинство инъекционных препаратов, для введения которых требуется помощь поставщика, покрываются пособием на медицинское обслуживание и не входят в пособие на покупку рецептурных препаратов (фармацевтическое пособие). Компания Molina предоставляет поставщику инструкции касательно того, как вы можете получить разрешение на приобретаемые препараты и каким образом поставщик может оказать вам содействие. Мы можем одобрить получение некоторых инъекционных препаратов в аптеке по условиям покрытия расходов на рецептурные лекарства.

Что делать, если у меня возникли вопросы о покрытии расходов на препараты в рамках плана?

В этом руководстве содержатся подробные ответы на многие распространенные вопросы. Вы также можете обратиться к представителям Molina Healthcare и задать следующие вопросы касательно оплаты препаратов:

- Можно ли получить лекарство по рецепту в розничной аптеке?
- Какова сумма (в долларах) при совместной оплате рецептурного препарата?
- Как подать запрос на получение препарата, для которого требуется предварительное разрешение?
- Как оформить запрос на исключение из правил для получения препарата, которого нет в фармацевтическом справочнике или в отношении которого действуют условия поэтапного лечения?
- Покрываются ли расходы на препарат по пособию на медицинское обслуживание или рецептурные лекарства?

Звоните по бесплатному номеру 1 (888) 665-4621 с понедельника по пятницу, с 08:00 до 18:00.

В случае частичного или полного нарушения слуха, обращайтесь по номеру 711 и воспользуйтесь нашими телекоммуникационными услугами.

Также по запросу мы можем отправить копию перечня лекарственных средств по почте.

Выпишут ли мне рецепт на препарат, если он указан в фармацевтическом справочнике?

Даже если препарат значится в фармацевтическом справочнике, ваш врач может его не выписать. Это руководство нужно для того, чтобы вы и врач знали, какие рецептурные лекарственные средства покрываются планом. Если препараты не внесены в список, вероятно, расходы на них не предусмотрены планом и их стоимость для вас может быть выше. Вы можете обратиться с запросом о покрытии препаратов, не внесенных в список. При рассмотрении запросов такого рода будет учитываться приемлемое по медицинскому суждению использование, когда назначение аналогичных средств из фармацевтического справочника не допускается и (или) когда соблюдаются другие требования страхового покрытия. Подробная информация приведена далее в этом руководстве.

ОПРЕДЕЛЕНИЯ

Патентованный препарат — это лекарственное средство, которое доступно на рынке под фирменным наименованием и защищено торговым знаком. Название патентованного препарата указывается в списке ПРОПИСНЫМИ буквами.

Участник — это лицо, являющееся участником плана медицинского страхования и имеющее право на получение услуг в его рамках. Все упоминания участников в шаблоне фармацевтического справочника также подразумевают подписчиков, определение которых приведено ниже.

Запрос на исключение из правил — это запрос на покрытие рецептурного препарата. Если участник, его уполномоченный представитель или поставщик медицинских услуг подают запрос на исключение из правил для покрытия рецептурного препарата, представители плана обязаны оплатить его стоимость, если такой препарат необходим по медицинским показаниям для лечения заболевания участника.

Исключительные обстоятельства — это обстоятельства, при которых у участника возникает состояние, представляющее серьезную угрозу его жизни или здоровью, или в результате

которого он будет неспособен вести полноценную жизнь, или когда участник проходит курс лечения препаратом, которого нет в списке.

Фармацевтический справочник — это полный перечень предпочтительных лекарственных препаратов, которые покрываются планом медицинского страхования. Он включает все лекарственные средства, предусмотренные пособием на отпускаемые по рецепту препараты для амбулаторного лечения. Фармацевтический справочник еще называется списком рецептурных препаратов.

Непатентованный препарат — это средство, лекарственная форма, характеристики безопасности, содержание действующего вещества, способ применения, качество, эффективность и показания к применению которого полностью соответствуют патентованному лекарственному средству. Непатентованный препарат указывается строчными буквами и выделяется полужирным шрифтом и курсивом.

Препарат, не включенный в фармацевтический справочник, — это рецептурное лекарственное средство, которое отсутствует в фармацевтическом справочнике плана медицинского страхования.

Лечащий врач — поставщик медицинских услуг, который выписывает рецепт на препараты для лечения участника плана медицинского страхования.

Назначение — это рецепт, выдаваемый лечащим врачом в устной, письменной или электронной форме определенному участнику и содержащий название рецептурного препарата, его количество, дату составления, имя, фамилию, контактные данные лечащего врача, его подпись (если рецепт выдан в письменной форме по требованию участника), сведения о заболевании и цели применения препарата.

Рецептурный препарат — это лекарственное средство, которое выписывает лечащий врач участника, так как для его получения согласно применимому законодательству требуется рецепт.

Предварительное разрешение — это требование плана медицинского страхования, согласно которому участник или его лечащий врач должны получить разрешение, прежде чем будут покрыты расходы на рецептурный препарат в рамках плана. Представители плана медицинского страхования обязаны выдать предварительное разрешение, если по медицинским показаниям участнику требуется лечение определенным препаратом.

Поэтапная терапия — это последовательность, в которой назначаются различные рецептурные препараты для лечения определенного заболевания с учетом медицинских потребностей конкретного пациента. Изначально участнику плана медицинского страхования может быть предложено лечение одним или несколькими препаратами, прежде чем план покроет издержки на определенное лекарственное средство, указанное в запросе для поэтапной терапии. Если лечащий врач участника подает запрос на исключение из правил для проведения поэтапной терапии, план медицинского страхования должен удовлетворить его при условии соответствия критериям.

Подписчик — это лицо, ответственное за внесение платежей в рамках плана, или лицо, которое согласно статусу занятости или другому положению (за исключением лиц, находящихся на иждивении семьи) имеет право на участие в плане.

ИСПОЛЬЗОВАНИЕ ФАРМАЦЕВТИЧЕСКОГО СПРАВОЧНИКА ДЛЯ ВЫБОРА ПОКРЫВАЕМЫХ РЕЦЕПТУРНЫХ ПРЕПАРАТОВ

Как найти препарат в списке?

Препараты в списке указаны в алфавитном порядке и упорядочены по категории лечения и классу на основе классификации Американской формулярной службы для лечебных учреждений (AHFS). Все препараты в одной категории и классе также расположены в алфавитном порядке. Если вы не знаете, к какой категории или классу принадлежит нужный препарат, его можно найти по названию. Для этого воспользуйтесь одним из двух способов.

- В электронной версии перечня препаратов воспользуйтесь функцией поиска по PDF-документу, нажав сочетание клавиш Ctrl + F на клавиатуре. Далее в окне поиска введите название препарата.
- Если у вас бумажная копия этого руководства, в конце приведен указатель, по которому можно найти препарат.

Для каждого препарата указывается его название, приоритетность и прочие сведения о покрытии препаратов и устройств по условиям пособия на рецептурные лекарства.

Ознакомьтесь с примером оформления данных о препарате ниже.

Название препарата	Приоритетность	Требования и (или) ограничения
FLOVENT HFA AER 110MCG (<i>флутиказона пропионат ГФА</i>)	Tier 1 (Уровень 1)	OK (10,6 г / 30 дней); ВОЗРАСТ (макс. возраст: 11 лет)

Какие наименования препаратов внесены в список?

Патентованным препаратам, которые доступны на рынке, присваивается защищенное торговое наименование ЗАРЕГИСТРИРОВАННОЕ ПАТЕНТОВАННОЕ НАИМЕНОВАНИЕ. Также у препарата может быть непатентованное название. Если препарат доступен как непатентованный, как правило, указывается его **непатентованное** (общее) название.

В фармацевтическом справочнике ЗАРЕГИСТРИРОВАННОЕ ПАТЕНТОВАННОЕ НАИМЕНОВАНИЕ приводится только для патентованных препаратов, и оно оформляется ПРОПИСНЫМИ буквами. Например, XIGDUO XR — ЗАРЕГИСТРИРОВАННОЕ ПАТЕНТОВАННОЕ НАИМЕНОВАНИЕ лекарственной формы с пролонгированным высвобождением активных веществ дапаглифлозина и метформина. В фармацевтическом справочнике препарат указан как XIGDUO XR.

Для **непатентованного препарата** в фармацевтическом справочнике его **непатентованное наименование** пишется **строчными буквами, выделенными полужирным шрифтом и курсивом**. Если бы в продаже была доступна **непатентованная** форма XIGDUO XR и она была бы внесена в фармацевтический справочник, то ее название оформлялось бы следующим образом: **дапаглифлозин–метформин**.

Если препарат представлен и как ПАТЕНТОВАННЫЙ, и как **непатентованный**, в списке он будет указан в двух вариантах. Например, COUMADIN и **варфарин** внесены в фармацевтический справочник по отдельности, то есть планом покрываются и ПАТЕНТОВАННАЯ, и **непатентованная** формы одного препарата. Если в перечень внесены ПАТЕНТОВАННАЯ и **непатентованная** формы одного и того же препарата, к ним применяются различные уровни приоритетности, а также требования и (или) ограничения.

ВЫБОР АПТЕКИ ДЛЯ ПОЛУЧЕНИЯ ПРЕПАРАТА ПО РЕЦЕПТУ

Розничная аптека, входящая в сеть плана

Компания Molina сотрудничает с множеством предпочитаемых розничных аптек, в которых вы можете получить препараты. Участники и поставщики могут воспользоваться инструментом поиска аптек на сайте Molinahealthcare.com, чтобы выбрать аптеку, входящую в сеть плана. В инструменте поиска результаты можно отфильтровать по почтовому индексу, городу, округу и штату. Также параметры поиска можно сузить, указав расстояние до аптеки и другие конкретные данные, в частности название аптеки, язык обслуживания и (или) предлагаемые услуги.

Специализированная аптека

В специализированной аптеке CVS можно получить препараты особой категории, за исключением лекарственных средств, в отношении которых действуют ограничения на распространение, то есть они выдаются только в определенных аптеках. Специализированная аптека CVS высылает препараты почтой и обеспечивает клиническую поддержку участникам для получения ими лекарств и борьбы с заболеваниями. Препараты, относящиеся к особой категории, обозначены как «ПОК» в разделе ограничений фармацевтического справочника. Для большинства таких препаратов требуется предварительное разрешение, прежде чем будет рассмотрена необходимость их применения по медицинским показаниям. Лечащий врач может подать запрос на предварительное разрешение напрямую компании Molina или отправить назначение в CVS и инициировать процедуру предварительного разрешения. Если получение препарата из особой категории по почте не представляется возможным для участника, компания CVS может доставить его в местную аптеку CVS, где его выдадут участнику.

В специализированные аптеки CVS можно обратиться по номеру 1 (800) 364-6331.

Аптека, предоставляющая услуги почтовой доставки

Аптека CVS Caremark, оказывающая услуги почтовой доставки, является эксклюзивным учреждением, которое принадлежит к сети Molina и в котором вы можете получить рецептурные препараты по почте. Участники могут зарегистрироваться, и им будут бесплатно доставлять большинство рецептурных лекарств (в количестве, достаточном для приема в течение 90 дней) прямо домой.

Чтобы оформить получение рецептурных препаратов по почте, поставщику и (или) участнику нужно обратиться в службу FastStart® по бесплатному номеру 1 (800) 875-0867 с понедельника по пятницу, с 07:00 до 19:00 или посетить веб-страницу www.caremark.com.

Внесетевая аптека

Если в аптеках, входящих в сеть плана, нет необходимого участнику препарата, можно запросить разрешение на обслуживание во внесетевой аптеке. Такие запросы будут рассматриваться в индивидуальном порядке с учетом медицинских показаний.

Оператор заявок на рецептурные препараты

Molina Healthcare уполномочила компанию CVS Caremark управлять пособиями на рецептурные препараты, предоставляемыми участникам плана Molina.

- Если у вас возникнут вопросы касательно обработки заявок, статуса препарата в фармацевтическом справочнике или отклоненных заявок, звоните в службу поддержки CVS Caremark по номеру 1 (800) 364-6331.
- По вопросам членства, совместной оплаты, пособий на рецептурные лекарства и соответствия требованиям для участия обращайтесь в центр обслуживания

клиентов Molina по номеру 1 (888) 665-4621. Услуги для участников предоставляются с понедельника по пятницу, с 08:00 до 18:00 по стандартному тихоокеанскому времени.

- Если вас интересуют вопросы, связанные с поставщиками услуг, звоните в справочную службу по вопросам поставщиков Molina по номеру 1 (855) 322-4075 с понедельника по пятницу, с 08:30 до 17:00 по стандартному тихоокеанскому времени.

Правила в отношении неотложной медикаментозной помощи и получения препаратов в нерабочие часы

В экстренной ситуации во избежание ухудшения состояния здоровья участнику может потребоваться запас препарата на 72 часа для неотложной медикаментозной терапии, прежде чем компания Molina предоставит предварительное разрешение (например, когда участника выписывают из больницы после окончания рабочего дня и выдают ему рецепт на специальные антибиотики).

В таких случаях фармацевтам рекомендуется принимать решения, основываясь на профессиональном суждении. Компания Molina возместит аптекам стоимость запаса препарата для неотложной медикаментозной терапии, необходимого на 72 часа, по договорным ценам на такие рецептурные лекарственные средства. Для получения разрешения на выдачу 72-часового запаса препарата сотрудник аптеки может обратиться в службу поддержки CVS Caremark по номеру 1 (800) 364-6331.

На следующий рабочий день сотрудники аптек могут обращаться в компанию Molina по номеру 1 (855) 322-4075 для получения разрешения на онлайн-обработку запросов о выдаче рецептурных препаратов в нерабочее время или для неотложного лечения. Аптеки должны предоставлять соответствующую документацию, подтверждающую целесообразность каждого случая выдачи препаратов для неотложной помощи.

ПОДАЧА ЗАПРОСА НА ПРЕДВАРИТЕЛЬНОЕ РАЗРЕШЕНИЕ И ИСКЛЮЧЕНИЕ ИЗ ПРАВИЛ

Предварительное разрешение

Чтобы определить необходимость применения по медицинским показаниям препарата, для покрытия которого требуется предварительное разрешение, соответствующий запрос рассматривается согласно стандартным правилам. Поставщик должен предоставить данные, подтверждающие, что лекарственное средство будет применяться по медицинским показаниям для лечения имеющегося у вас заболевания, а также что другие варианты лечения оказались неэффективными или считаются нецелесообразными с медицинской точки зрения. В зависимости от препарата могут действовать другие требования. Чтобы удостовериться, что препарат вам подходит, могут потребоваться результаты определенных обследований. Это касается препаратов особой категории, назначаемых при длительном течении заболевания или других серьезных нарушениях здоровья. Благоприятный ответ участника на образцы препарата, предоставленные поставщиком или производителем, не считается достаточным основанием для отступления от стандартных правил покрытия.

Ваш поставщик может отправить заполненную форму предварительного разрешения в компанию Molina по номеру факса 1 (866) 508-6445. Скачать формы можно на веб-сайте **MolinaHealthcare.com**.

Мы сообщим вам, на какой срок предоставлено разрешение. В случае отклонения запроса мы отправим вам письмо с указанием причины и рекомендациями касательно ваших прав и дальнейших действий.

Оформление запроса на исключение из правил

Может ли покрываться стоимость препарата, если его нет в фармацевтическом справочнике либо он не отвечает требованиям или ограничениям плана?

Компания Molina разработала процедуру, согласно которой вы можете подать запрос на препараты, необходимые вам по клиническим показаниям, если они отсутствуют в фармацевтическом справочнике либо в отношении них действуют определенные требования или ограничения плана. Ваш врач может заказать препарат не из фармацевтического справочника, если, по его мнению,

он оптимально вам подходит. Врач может позвонить в отдел по фармацевтическим вопросам компании Molina и подать запрос на покрытие стоимости такого препарата. При одобрении запроса представитель компании Molina свяжется с врачом.

В случае его отклонения вы и ваш врач получите письмо от компании Molina Healthcare с указанием причины отказа в предоставлении покрытия на такой препарат. Если вы не согласны с решением, принятым в отношении препарата, не включенного в фармацевтический справочник, и (или) запроса на исключение из правил для проведения поэтапной терапии, вы можете подать жалобу для его внешнего рассмотрения. Сведения о подаче жалобы приведены в разделе «Жалобы и апелляции» Соглашения (правил).

Вы можете принимать препарат, которого больше нет в списке одобренных. Врач может направить нам запрос на исключение из правил и предоставление предварительного разрешения, чтобы страховое покрытие препарата не прекращалось.

Решение о покрытии стоимости препаратов, которые отсутствуют в фармацевтическом справочнике, может быть принято при приемлемом по медицинскому суждению использовании, когда назначение аналогичных средств из фармацевтического справочника не допускается и (или) когда соблюдаются другие требования страхового покрытия. Препарат должен быть безопасным и отличаться эффективностью при лечении вашего заболевания. Врачу следует выписывать рецепт на получение стандартного количества препарата. Компания Molina может покрывать расходы на определенные препараты, не включенные в фармацевтический справочник, при соблюдении указанных ниже условий.

- Медицинские записи подтверждают необходимость приема конкретного препарата.
- Врач подтвердил, что предыдущее лечение препаратами из фармацевтического справочника было неэффективным или причинило вред здоровью либо существует вероятность причинения вреда здоровью или возникновения нежелательной реакции при назначении таких препаратов в будущем.

Если для получения рецептурного препарата требуется предварительное разрешение, запрос может рассматриваться по стандартной процедуре или с учетом исключительных обстоятельств.

- Если запрос на исключение из правил не относится к категории обращений при исключительных обстоятельствах, он обрабатывается по стандартной процедуре.
- Запрос при исключительных обстоятельствах подается, когда возникает состояние, представляющее серьезную угрозу жизни или здоровью участника, или в результате которого он будет неспособен вести полноценную жизнь, или когда участник проходит курс лечения препаратом, который не включен в фармацевтический справочник. Пробный прием образцов лекарственных средств, предоставленных врачом или производителем, не считается текущим лечением.

Вы и (или) поставщик будете уведомлены о решении не позднее чем через:

- 24 часа после получения срочного запроса;
- 72 часа после получения стандартного запроса.

В случае отклонения первоначального запроса на препарат, не включенный в фармацевтический справочник, и (или) запроса на исключение из правил для проведения поэтапной терапии, вы можете подать жалобу для внешнего рассмотрения. Сведения об оформлении жалобы см. в разделе «Жалобы и апелляции» Соглашения (правил).

В течение 24 часов после получения запроса компания Molina сообщит вам или вашему представителю и лечащему врачу о решении касательно покрытия препарата. Согласно пункту 1367.241 Кодекса по вопросам охраны здоровья и безопасности, запрос автоматически считается одобренным, если решение по нему не будет вынесено в течение указанного промежутка времени.

Согласно пункту 1367.22 Кодекса по вопросам охраны здоровья и безопасности, при одобрении запроса стоимость препарата (включая пополнение его запаса) будет покрываться в течение всего времени назначения. Если соблюдаются правила по выписке рецепта, а препарат остается безопасным и эффективным, компания Molina не ограничивает и не отклоняет покрытие препарата, ранее одобренного для лечения вашего заболевания, если поставщик будет его назначать в дальнейшем.

Согласно пункту 1300.67.24 Кодекса по вопросам охраны здоровья и безопасности, при переходе на другой план медицинского страхования и продолжении приема препарата, к которому в настоящее время применяются требования поэтапной терапии в рамках плана Molina, мы не можем требовать от вас повторного прохождения поэтапной терапии. Оформив запрос на исключение из правил, поставщик уведомит нас о том, что вы ранее проходили лечение этим препаратом и продолжаете принимать его, что рецепт на него выписан надлежащим образом, а сам препарат безопасен и эффективен для лечения вашего заболевания.

ЖАЛОБЫ И АПЕЛЛЯЦИИ

Если компания Molina отклонит запрос на препарат, в полученное вами сообщение будет включено уведомление о праве на подачу апелляции. Вы также можете подать жалобу или претензию, связавшись с центром обслуживания клиентов Molina по номеру 1 (888) 665-4621.

ЗАЯВЛЕНИЕ

Содержащаяся в этом документе информация является собственностью компании. Запрещено ее частичное или полное копирование без письменного разрешения. Все права защищены. В настоящем документе упоминаются патентованные препараты, которые защищены товарными знаками и являются зарегистрированными торговыми марками фармацевтических компаний.

УСЛОВНЫЕ ОБОЗНАЧЕНИЯ

Какие требования и ограничения применяются к перечню препаратов?

В отношении некоторых препаратов действуют требования и ограничения. Они описаны ниже.

Требования и (или) ограничения	Описание
AGE (ВОЗРАСТ)	Применяются возрастные ограничения. Мы покрываем расходы на такой препарат или лекарственную форму только для определенных возрастных групп с учетом информации о безопасности, эффективности и стоимости препарата.
MED (ЭДМ)	Действуют ограничения по эквивалентной дозе морфина. Количество предоставляемого запаса такого препарата должно отвечать (быть эквивалентным) 90 миллиграммам морфина в сутки.
ОТС (БР)	Безрецептурные лекарственные формы покрываются планом при наличии действительного назначения от поставщика.

- PA (ПР)** Требуется предварительное разрешение. Покрытие некоторых препаратов должно быть заблаговременно одобрено, чтобы мы могли их оплатить. Если требуется предварительное разрешение, поставщик должен предоставить данные, подтверждающие, что препарат или лекарственная форма будет применяться по медицинским показаниям, а также что другие варианты лечения оказались неэффективными или не считаются целесообразными. В зависимости от препарата могут действовать другие требования.
- QL (ОК)** Применяется ограничение количества. Покрываются расходы на максимально разрешенное суточное количество на основе приемлемого по медицинскому суждению использования препарата и его цены.
- ST (ПТ)** Показана поэтапная терапия. Если ранее мы оплачивали препарат(-ы), необходимый(-е) для поэтапной терапии, вы продолжите получать его (их) в аптеке. В таких случаях не требуется запрос на предварительное разрешение или исключение для проведения поэтапной терапии. В списке препаратов указаны очередность лекарственных средств и продолжительность их приема.

Некоторые препараты обозначены как предпочтительные в классе, к которому они отнесены. Если запрашиваемый вами препарат относится к тому же классу, что и предпочтительный, согласно нашим требованиям предпочтительное лекарственное средство должно применяться в первую очередь или вместо запрашиваемого. Также отдельные препараты могут быть отмечены как «ПР по медицинским показаниям», если сначала должен применяться предпочтительный бренд. Требования касательно предварительного разрешения для применения по медицинским показаниям действуют в отношении препаратов особой категории.

2021

Cov Qauv Tshuaj

(Daim Ntawv Teev Npe Cov Tshuaj Uas Raug Pab Them Nqi Duav Roos)

Medi-Cal – Molina Healthcare Inc

MolinaHealthcare.com

Nco tseg: Cov qauv tshuaj yuav pauv hloov thaum twg los tau thiab yeej siv tsis txhua npe qauv tshuaj qub dhau los lawm. Tuaj yeem tshawb nrhiav ib daim ntawv npe qauv tshuaj sau ua electronic rau ntawm Molinahealthcare.com.



(Hmong)

ZOO SIAB TXAIS TOS TUAJ RAU NTAWM MOLINA HEALTHCARE!

Molina Healthcare Cov Qauv Tshuaj (Daim Ntawv Teev Npe Cov Tshuaj)

Molina Healthcare muaj daim ntawv teev npe cov tshuaj uas raug pab them nqi duav roos. Daim ntawv teem cov npe tshuaj no hu ua Cov Qauv Tshuaj. Cov tshuaj nyob rau ntawm daim ntawv teem npe tshuaj no raug xaiv los ntawm ib pawg kws kho mob thiab cov kws muab tshuaj uas tuaj ntawm Molina Healthcare thiab lub chaw kuaj mob hauv zos. Pawg neeg no sib ntsib sib tham hauv txhua peb lub hlis txog cov tshuaj uas muaj npe nyob rau hauv cov qauv tshuaj. Lawv tshuaj xyuas cov tshuaj tshiab thiab tej uas hloov txog fab saib xyuas kev noj qab haus huv. Lawv sim tshawb nrhiav cov tshuaj uas tsim zoo tshaj plaws rau ntau yam mob sib txawv. Tau muab cov tshuaj tso ntxiv lossis tshem tawm ntawm Cov Qauv Tshuaj raws li cov laj thawj sib txawv. Cov laj thawj muaj xws li:

- Hloov txog kev kho mob
- Yam khoom siv thev naus laus ntsis kuaj mob
- Thaum FDA tau tso cai cov tshuaj tshiab muaj muag nyob rau tom tej kiab khw
- Thaum muab cov tshuaj tshem tawm hauv tej kiab khw los ntawm FDA
- Thaum tshawb nrhiav pom tias ib yam tshuaj muaj teeb meem tshiab rau kev nyab xeeb

Kev hloov cov qauv tshuaj muaj xws li:

- Muab cov tshuaj lossis qhov qhia txog kev siv tshuaj Tso Ntxiv/Tshem Tawm
- Muab ib yam tshuaj xa tawm mus ntawm ib lub chaw mus rau lwm lub chaw uas yuav ua rau tus nqi siab dua lossis pheej yig dua
- Txawm tias yuav yog lossis tsis yog ib yam tshuaj uas nyiam siv lossis tsis nyiam siv nyob rau ntawm cov npe tshuaj zoo sib xws los xij
- Muab ib yam tshuaj raug txwv lossis cov ntaub ntawv foos qhia txog kev siv tshuaj Tso Ntxiv/Tshem Tawm

Kev hloov cov qauv tshuaj uas yuav cuam tshuam koj pib rau thaum lub xyoo tshiab. Thaum kho dua tshiab rau lwm lub sijhawm raws li peb cov txheej txheem qauv hloov, Molina Healthcare yuav muab tej yam hloov ntawd tshaj tawm rau hauv txhua lub hlis thiab ceeb toom rau koj paub. Koj daim ntawv pov hwm mob nkeeg cov npe tshuaj tshiab tam sim no muaj nyob rau ntawm peb lub vej xaij Molinahealthcare.com.

Daim ntawv teev npe tshuaj no puas muaj cov tshuaj txhaj uas ib Tug Kws Kho Mob tau txhaj tshuaj rau kuv rau hauv ib lub chaw kuaj mob lossis rau lwm lub chaw?

Ib txwm pom tias cov tshuaj nyob rau ntawm daim ntawv teev npe tshuaj no yog cov tshuaj uas koj tus kws kuaj mob sau rau koj mus nqa rau ntawm ib lub chaw muag tshuaj thiab muab rau koj tus kheej. Kev siv cov tshuaj txhaj uas koj xav tau kev pab los ntawm ib Tug Kws Kuaj Mob yeej raug pab them nqi duav roos raws li cov txiaj ntsig kev kho mob hloov rau cov txiaj ntsig ntawm daim ntawv sau yuav tshuaj (“chaw muag tshuaj”). Koj Tus Kws Kuaj Mob muaj cov lus qhia los ntawm Molina ntsig txog qhov koj yuav tau txais daim ntawv tso cai rau cov tshuaj uas lawv yuav thiab pab muab rau koj. Yuav tsum tau tso cai rau qee cov tshuaj txhaj thiaj li tau los ntawm ib lub chaw muag tshuaj raws li kev siv koj qhov txiaj ntsig ntawm koj yam tshuaj.

Kuv muaj lus nug txog kuv qhov ntawv pov hwm yuav pab them cov nqi tshuaj li cas.

Phau ntawv qhia no muaj ntau yam ntaub ntawv hais txog cov nqe lus nug uas nquag nug txog. Koj kuj tuaj yeem hu rau Molina Healthcare thiab nug txog kev pab them nqi duav roos tshwj xeeb ntawm ib yam tshuaj twg:

- Puas tuaj yeem siv tau kuv daim ntawv yuav tshuaj rau ntawm ib lub chaw muag tshuaj?
- Yuav sib pab them cov nqi ntawm kuv daim ntawv sau yuav tshuaj li cas?
- Txheej txheem kev thov ib yam tshuaj uas yuav tsum tau Kev Tso Cai Ua Ntej yog li cas?
- Kuv tuaj yeem thov kev rho rau ib yam tshuaj uas tsis muaj nyob rau ntawm daim ntawv qauv tshuaj lossis yuav tsum muaj txheej txheem siv kho (step therapy) tau li cas?
- Kuv yam tshuaj puas raug pab them nqi duav roos raws li qhov txiaj ntsig ntawv sau yuav tshuaj lossis qhov txiaj ntsig kho mob?

Hu rau tus xov tooj hu dawb 1 (888) 665-4621, hnuv Monday txog Friday, 8:00 teev sawv ntxov txog 6:00 teev tsaus ntuj.

Yog koj lag ntseg lossis hnov lus tsis zoo, hu rau 711 txhawm rau Kev Pab Sib Txuas Lus.

Koj kuj tuaj yeem hais kom peb xa ib daim ntawv theej ntawm daim ntawv teev npe tshuaj tuaj rau koj.

Yog ib yam tshuaj muaj npe nyob rau ntawm cov qauv tshuaj, kuv puas tau yam tshuaj ntawd?

Ib yam tshuaj uas raug teev npe rau ntawm cov qauv tshuaj, yeej tsis lav tau tias koj tus kws kho mob yuav muab nws siv rau koj. Phau ntawv qhia no qhia rau koj thiab koj tus kws kho mob paub tias yam tshuaj twg thiaj yog yam raug pab them nqi duav roos los ntawm koj daim ntawv pov hwm daim ntawv pov hwm kev noj qab haus huv. Cov tshuaj uas tsis muaj npe nyob rau ntawm daim ntawv teev npe tshuaj no tej zaum yuav tsis raug pab them nqi duav roos los ntawm koj daim ntawv pov hwm daim ntawv pov hwm kev noj qab haus huv thiab tej zaum koj yuav tau them tus nqi kim dua. Koj tuaj yeem nug cov tshuaj uas tsis yog cov qauv tshuaj uas raug pab them nqi duav roos yog cov twg. Kev thov cov tshuaj uas tsis yog cov qauv tshuaj yuav tsum raug lees cia siv kho rau thaum tuaj yeem siv tsis tau cov qauv tshuaj thiab/lossis raug pab them nqi duav roos raws li lwm tshooj cai. Muaj cov lus piav qhia ntxiv muaj nyob rau hauv phau ntawv qhia no.

COV NTSIAB LUS

“Yam tshuaj muaj npe” yog ib yam tshuaj muag raws li qhov yog tus tswv tshuaj, yog ib yam npe tshuaj raug tiv thaiv txog kev ua lag luam. Yuav tsum sau txhua cov niam ntawv LOJ rau yam tshuaj muaj npe no.

“Tus neeg tso npe” yog ib tug neeg tau tso npe rau ib qho kev npaj saib xyuas kev noj qab haus huv uas yog tus muaj cai tau txais cov kev saib xyuas los ntawm qhov kev npaj no. Txhua yam ntaub ntawv ua pov thawj rau cov neeg tso npe nyob hauv daim ntawv teev cov qauv tshuaj no kuj muaj tus neeg tso npe them nqi raws li sau tseg rau hauv tshooj ntawv hauv qab no.

“Kev thov zam” yog ib daim ntawv thov pov thaiv rau ib daim ntawv sau yuav tshuaj. Yog ib tug neeg tso npe, nws lossis nws tus neeg ua haujlwm tam lossis tus kws sau daim ntawv yuav tshuaj xa ib daim ntawv thov zam rau kev pab them nqi duav roos ntawm ib yam tshuaj mus, daim

ntawv pov hwm kev noj qab haus huv yuav tsum pab them nqi duav roos rau yam tshuaj no thaum tau txiav txim lawm tias yuav tau siv yam tshuaj no kho rau tus neeg tso npe tus mob.

“Kis uas mob xwm txheej ceev” yog thaum ib tug neeg tso npe ntsib tus mob hnyav uas cuam tshuam rau tus neeg txoj sia, kev noj qab haus huv, lossis rab peev xwm lossis thaum ib tug neeg tso npe tseem siv ib yam tshuaj uas tsis yog cov qauv tshuaj kho mob.

“Cov Qauv Tshuaj” yog ib daim ntawv teev npe, cov tshuaj uas nyiam siv thiab raug pov thaiv raws li daim ntawv pov hwm kev noj qab haus huv, thiab muaj txhua yam tshuaj uas raug pab them nqi duav roos raws li cov tshuaj sau ntawv yuav uas tsis pw kho hauv tsev kho mob ntawm daim ntawv pov hwm kev noj qab haus huv. Cov qauv tshuaj no kuj yog ib co npe tshuaj uas muaj ntaub ntawv sau yuav.

“Cov tshuaj thuaj pais” yog tib yam tshuaj uas muaj npe ib yam li cov tshuaj muaj npe uas yeej siv ib yam, muaj kev nyab xeeb, thiab ntxim zoo, yuav siv nws li cas, qhov ntxim, qhov ua haujlwm zoo ntawm yam tshuaj, thiab qhov siv. Ib yam tshuaj thuaj pais yog cov npe tshuaj uas raug sau ua tus ntawv tuab thiab qaij.

“Yam tshuaj uas tsis yog cov qauv tshuaj” yog ib yam tshuaj muaj ntawv sau yuav uas tsis muaj npe nyob rau ntawm cov qauv tshuaj hauv daim ntawv pov hwm kev noj qab haus huv.

“Tus kws sau ntawv yuav tshuaj” yog ib tug kws kho mob uas raug tso cai sau daim ntawv yuav tshuaj los kho ib yam mob rau tus neeg tso npe ntawv pov hwm kev noj qab haus huv.

“Daim ntawv sau yuav tshuaj” yog ib lo lus hais, ib daim ntawv sau, lossis ib daim ntawv sau ua electronic los ntawm ib tug kws kho mob rau ib tug neeg tso npe uas muaj lub npe ntawm yam tshuaj, qhov ntau tsawg ntawm yam tshuaj, hnuv tsim ua, lub npe thiab tej ntaub ntawv siv sib txuas lus ntawm tus kws sau daim ntawv yuav tshuaj, kev kos npe ntawm tus kws sau daim ntawv yuav tshuaj yog sau daim ntawv yuav tshuaj, thiab tus neeg tso npe tau thov kom kos npe, lub hom phiaj siv yam tshuaj no lossis tus mob uas yuav tau siv yam tshuaj no kho.

“Yam tshuaj muaj ntawv sau yuav” yog ib yam tshuaj uas tus neeg tso npe nws tus kws sau daim ntawv yuav tshuaj ua tus sau thiab yuav tsum muaj daim ntawv sau yuav tshuaj raws li txoj cai.

“Kev Tso Cai Ua Ntej” yog ib tshooj cai ntawm daim ntawv pov hwm kev noj qab haus huv uas tus neeg tso npe lossis tus neeg tso npe tus kws sau daim ntawv yuav tshuaj yuav tsum taukev tso cai los ntawm daim ntawv pov hwm kev noj qab haus huv ua ntej rau ib yam tshuaj uas muaj ntaub ntawv sau yuav, thiaj li raug pab them nqi duav roos los ntawm daim ntawv pov hwm kev noj qab haus huv. Daim ntawv pov hwm kev noj qab haus huv yuav pom zoo tso cai ua ntej yog thaum yuav tsum tau siv yam tshuaj no kho mob rau tus neeg tso npe.

“Kauj ruam kho mob” yog ib qho txheej txheem kev siv cov tshuaj sib txawv kho rau tus mob thiab siv kev kho mob kom tsim nyog rau ib tug neeg mob tshwj xeeb. Daim ntawv pov hwm kev noj qab haus huv yuav hais kom tus neeg tso npe sim ib yam tshuaj lossis ntau yam tshuaj los kho nws qhov muaj mob ua ntej daim ntawv pov hwm kev noj qab haus huv yuav pab them cov nqi tshuaj tshwj xeeb uas raug siv kho rau tus mob mus raws li kauj ruam thov kho. Yog tus neeg tso npe tus kws sau daim ntawv yuav tshuaj xa ib daim ntawv thov zam kauj ruam kho mob, daim ntawv pov hwm kev noj qab haus huv yuav tau sau ib daim ntawv zam txog kauj ruam kho rau thaum raug raws li tshooj cai.

“Tus neeg tso npe them” yog tus neeg uas lav them nqi rau ib qho kev npaj saib xyuas kev noj qab haus huv lossis yog tug neeg ua haujlwm lossis yog lwm tus neeg, zam rau tsev neeg uas tos pab uas ib txwm tsim nyog raug pab rau hauv daim ntawv pov hwm kev noj qab haus huv.

KEV SIV COV QAUV TSHUAJ UA KOJ COV LUS QHIA TXOG KOJ YAM TSHUAJ RAUG PAB THEM NQI DUAV ROOS

Kuv yuav nrhiav ib yam tshuaj uas nyob rau ntawm daim ntawv teev npe tshuaj no li cas?

Daim ntawv teev npe cov tshuaj no raug teeb raws li cov niam ntawv raws li yam tshuaj thiab hom tshuaj siv kho mob kom mus raws li Kev Siv Cov Qauv Tshuaj Hauv Tsev Kho Mob Neeg Meskas (American Hospital Formulary Service, AHFS). Hauv yam tshuaj thiab hom tshuaj, cov npe tshuaj no kuj raug teeb raws li txheej txheem ntawm cov niam ntawv. Yog koj tsis paub yam tshuaj lossis hom tshuaj uas koj tab tom tshawb nrhiav, nws muaj ob lub tswv yim tshawb nrhiav cov npe tshuaj.

- Yog koj tab tom siv cov npe tshuaj sau ua electronic, koj tuaj yeem siv Qhov Tshawb Nrhiav Hauv PDF los mus tshawb nrhiav tau, nias Ctrl + F rau ntawm koj daim ntaus ntawv ntawm lub koo pij tawj. Ntau hom npe tshuaj uas koj tab tom tshawb nrhiav rau hauv kem tshawb nrhiav.
- Yog koj tab tom siv ib daim ntawv teev npe tshuaj, koj tuaj yeem tshawb nrhiav lub npe tshuaj rau hauv cov ntaub ntawv teeb xeeb rau tom kawg ntawm phau ntawv qhia no.

Kev nkag mus rau ntawm daim ntawv teev npe tshuaj uas muaj Lub Npe Tshuaj, Theem Tshuaj, thiab lwm cov ntaub ntawv hais txog kev pab them nqi duav roos rau txhua cov tshuaj thiab yam tshuaj uas raug pab them nqi duav roos rau hauv koj daim ntawv pov hwm kev noj qab haus huv qhov txiaj ntsig them nqi rau yam tshuaj uas muaj ntawv sau yuav.

Nov yog ib yam ua piv txwv ntawm yam tshuaj nyob hauv daim ntawv teev npe tshuaj.

Lub Npe Tshuaj

Theem Tshuaj Qhov Siv Tau/Qhov Txwv

FLOVENT HFA AER 110MCG (*fluticasone propionate hfa*)

Theem 1

QL (10.6 gm / 30 hnuv); HNUB NYOOG (Hnuv nyoog siab kawg nkaus yog 11 xyoos)

Cov npe tshuaj uas raug siv rau ntawm daim ntawv teev cov npe tshuaj no yog yam tshuaj dabtsi?

Cov tshuaj muaj npe yeej raug muag los ntawm tus tswv, muaj LUB NPE tiv thaiv txog kev ua lag luam. Nws kuj muaj ib lub npe tshuaj uas tsis tau tso npe lossis ib lub npe tshuaj thuaj pais uas tuaj yeem txheeb xyuas tau yam tshuaj no tau. Thaum muaj ib yam tshuaj thuaj pais, feem ntau yeej yog ib yam tshuaj uas tsis raug tso npe, lossis **lub npe tshuaj thuaj pais** uas raug siv tam rau yam tshuaj ntawd.

Peb Cov Qauv Tshuaj yog tsuas hais txog yam tshuaj MUAJ NPE rau cov tshuaj muaj npe nyob rau ntawm cov qauv tshuaj no xwb. Ib yam tshuaj MUAJ NPE nyob rau ntawm cov qauv tshuaj no raug teev tag nrho ua cov niam ntawv LOJ SIAB DUA thiaj li yog yam tshuaj MUAJ NPE. Piv txwv, "XIGDUO XR", yog ib yam tshuaj MUAJ NPE siv sib tov nrog cov tshuaj dapagliflozin thiab metformin. Nws raug teev npe rau ntawm cov qauv tshuaj xws li XIGDUO XR.

Ib **tshuaj thuj pais** nyob rau ntawm daim ntawv teev cov qauv tshuaj yeej muaj **cov npe tshuaj thuj pais** raug sau **ua cov niam ntawv qis dua thiab niam ntawv vau**. Yog nws yog ib yam **tshuaj thuj pais** ntawm yam tshuaj XIGDUO XR uas muaj muag rau hauv kiab khw thiab nws yuav tsum muaj nyob rau ntawm cov qauv tshuaj, yuav teev nws Lub Npe Tshuaj ua "**dapagliflozin-metformin**".

Yog ob yam tshuaj ntawm yam tshuaj MUAJ NPE thiab yam **tsuaj thuj pais** uas raug teev npe rau ntawm cov qauv tshuaj, nyias yuav tsum raug teev npe nyias rau thaum nkag mus txheeb xyuas yam tshuaj. Piv txwv, COUMADIN thiab **warfarin** raug teev npe nyias faib nyias kom pom tag nrho ob yam tshuaj MUAJ NPE thiab yam **tshuaj thuj pais** uas raug pab them nqi duav roos rau ntawm cov qauv tshuaj. Theem Tshuaj Sib Txawv thiab Yam Yuav Tau Ua/Qhov Txwv yuav raug siv rau yam tshuaj MUAJ NPE nrog rau ib yam **tshuaj thuj pais** ntawm ib yam tshuaj yog yeej muaj ob yam tshuaj no yeej muaj nyob rau daim ntawv teev npe lawm.

KEV TSHAWB NRHIAV IB LUB CHAW MUAG TSHUAJ TXHAUM RAUSAU IB DAIM NTAWV YUAV TSHUAJ

Lub Chaw Muag Tshuaj Sib Koom Tes Ua Ke

Molina muaj ib cov chaw muag tshuaj sib koom tes ua ke uas tuaj yeem pab saib xyuas thiab muab tshuaj rau sawd daws tau. Nyob rau ntawm Molinahealthcare.com website yog ib qho twj siv tshawb nrhiav Lub Chaw Muag Tshuaj uas tuaj yeem pab rau cov neeg tso npe thiab cov kws kho mob los tshawb nrhiav tau cov chaw muag tshuaj uas sib koom tes ua ke. Qhov twj siv no cia koj mus tshawb nrhiav cov chaw muag tshuaj tau los ntawm tus Zip code, lub nroog, lub zos, lub xeev. Thiab tej zaum kuj muaj qee qhov txwv rau thaum tshawb nrhiav vim nce raws li qhov nyob deb, lwm txoj qauv cai tshwj xeeb xws li lub npe chaw muag tshuaj, hom lus hais thiab/lossis cov kev pab uas lawv muab.

Chaw Muag Tshuaj Tshwj Xeeb

CVS Lub Chaw Muag Tshuaj Tshwj Xeeb yog peb lub chaw loj muag tshuaj txog cov tshuaj kho mob tshwj xeeb, zam rau cov tshuaj kho mob uas raug txwv tsis pub siv ntau. Cov tshuaj kho mob uas raug txwv no yog yam tshuaj uas tsuas yog cov kws muag tshuaj rau yam tshuaj ntawd nkaus xwb thiaj li tuaj yeem muab tau. CVS Lub Chaw Muag Tshuaj yog ib lub chaw muag tshuaj uas muab kev pab xa cov tshuaj mus pab kho thiab tswj xyuas tus mob ntawm cov neeg tso npe rau daim ntawv pov hwm mob nkeeg. Cov tshuaj tshwj xeeb yeej raug qhia raws li SP rau hauv qhov txwv ntawm cov qauv tshuaj. Feem ntaus yuav tsum tau Kev Tso Cai Ua Ntej los tshuaj xyuas seb puas tsim nyog siv cov tshuaj tshwj xeeb kho. Tus neeg tso npe them nqi tuaj yeem xa daim ntawv thov Tso Cai Ua Ntej ncaj qha mus rau Molina lossis xa ib daim ntawv sau yuav tshuaj mus rau CVS kom pib tshuaj xyuas daim ntawv thov Tso Cai Ua Ntej. Yog xa cov tshuaj tshwj xeeb no mus tsis tau rau tus neeg tso npe, CVS yuav xaiv xa cov tshuaj tshwj xeeb no mus rau ib lub chaw muag tshuaj CVS uas nyob hauv ib cheeb tsam thiaj mus nqa tau yooj yim.

Tuaj yeem hu rau tus xov tooj Tshwj Xeeb rau CVS ntawm tus xov tooj 1 (800) 364-6331.

Xa Daim Ntawv Txib Yuav Tshuaj

CVS Caremark Mail Service pharmacy yog Molinalub chaw ua haujlwm loj, lub chaw muag tshuaj sib koom tes ua ke rau kev xa cov ntaub ntawv txib yuav tshuaj. Cov neeg tso npe tuaj yeem tso npe mus txais cov tshuaj no rau hauv lub sijhawm 90 hnuv rau cov tshuaj uas feem ntau yog sau ntawv yuav, xa dawb ncaj qha tuaj rau ntawm lawv lub qhov rooj.

Yuav kom xa cov ntaub ntawv yuav tshuaj mus raws qhov chaw xa ntawv mtawm lub chaw muag tshuaj thiab/lossis tus neeg tso npe tuaj yeem hu rau tus xov tooj hu dawb FastStart® ntawm 1 (800) 875-0867 hnuv Monday txog Friday 7 teev sawv ntxov txog 7 teev tsaus ntuj. lossis mus saib rau ntawm www.caremark.com website.

Lub Chaw Muag Tshuaj Uas Tsis Sib Koom Tes Ua Ke

Yog cov chaw muag tshuaj sib koom tes ua ke tsis ua tau raws li qhov xav tau ntawm tus neeg tso npe tuaj yeem thov kev zam muab kev tso cai mus siv lub chaw muag tshuaj uas tsis sib koom tes ua ke tau. Cov kev zam no yuav raug tshuaj xyuas raws li qhov tsim nyog kho mob ntawm ib kis rau ib kis.

Txheej Txheem Thov Cov Nqi Them Yuav Tshuaj

Molina Healthcare tau xaiv CVS Caremark ua Lub Chaw Tswj Xyuas Cov Txiaj Ntsig Kev Yuav Tshuaj (Pharmacy Benefit Management, PBM) los tswj xyuas cov txiaj ntsig kev yuav tshuaj rau cov neeg tso npe rau ntawm Molina.

- Cov nqe lus nug txog kev kuaj xyuas cov ntaub ntawv thov them nqi, kis ntawm cov qauv tshuaj lossis cov nqi uas raug tsis kam lees them yuav tsum xa ncaj qha mus rau lub chaw CVS Caremark Help Desk rau ntawm tus xov tooj 1 (800) 364-6331.
- Kev ua tswv cuab, tus nqi sib koom them, cov ntaub ntawv hais txog qhov txiaj ntsig them cov nqi sau ntawv yuav tshuaj thiab tej yam ntsig txog qhov muaj cai raug pab tuaj yeem hu rau Molina Customer Support Center rau ntawm tus xov tooj 1 (888) 665-4621. Muaj Kev Pab Saib Xyuas Cov Tswv Cuab rau hnuv Monday txog Friday thaum 8 teev sawv ntxov txog 6 teev tsaus ntuj raws li lub sijhawm PST
- Yog muaj lus nug ntsig txog lub chaw muab kev saib xyuas tuaj yeem hu rau Molina Provider Services Help Desk rau ntawm tus xov tooj (855) 322-4075 hnuv Monday txog Friday thaum 8:30 teev sawv ntxov txog 5:00 teev tsaus ntuj lub sijhawm PST.

Txoj Cai Tswj Fwm Txog Kis Xav Kho Sai Sai thiab Tom Qab Cov Sijhawm Kho Mob

Yuav tiv thaiv kom ib tug neeg tso npe qhov muaj mob txhob mob loj tuaj nthawv nthav, yuav tsum tau xa mus kho rau hauv lub sijhawm 72-teev ua ntej yuav tau daim ntawv Tso Cai Ua Ntej los ntawm Molina. (xws li, ib tug neeg tso npe raug xa tawm los ntawm ib lub tsev kho mob tom qab cov sijhawm teev ua haujlwm nrog rau siv ib yam tshuaj tshwj xeeb tiv thaiv mob).

Cov chaw muag tshuaj yuav tsum tau txiaiv txim siab ncaj ncees raws li lawv lub luag haujlwm kev saib xyuas mob nkeeg. Molina yuav them cov nqi tshuaj siv kho rau hauv lub sijhawm 72 teev raws li tus nqi sib cog lus tseg. Cov chaw muag tshuaj tuaj yeem hu rau CVS Caremark Help Desk rau ntawm tus xov tooj 1 (800) 364-6331 kom muab kev pab rau hauv lub sijhawm 72-teev.

Cov chaw muag tshuaj tuaj yeem hu rau Molina ntawm tus xov tooj 1 (855) 322-4075 rau hnuv ua haujlwm nram qab no txhawm rau thov daim ntawv tso cai cia siv tshuaj kho sai sai lossis siv tshuaj rau tom qab lub sijhawm ua haujlwm rau hauv on-line. Lub chaw muag tshuaj yuav tsum paub thiab ua tib zoo saib xyuas cov ntaub ntawv ntawm cov teeb meem muaj mob seb yuav xa cov tshuaj mus rau ntawm lub chaw twg raws li kis muaj mob uas xav tau tshuaj kho sai sai.

KEV TSO CAI UA NTEJ THIAB TXHEEJ TXHEEM THOV ZAM

Kev tso cai ua ntej

Cov tshuaj uas yuav tsum muaj ntaub ntawv tso cai ua ntej thiaj li raug pab them nqi duav roos yuav raug tshuaj ntsuam xyuas mus raws li cov qauv cai seb puas tsim nyog yog kis kho mob tseem ceeb. Cov kws kho mob yuav tsum qhia txog yam tshuaj uas yuav raug siv kho mob uas koj muaj thiab lwm yam kev kho mob uas tsis ntxim rau koj lossis tsis tsim nyog siv kho mob rau koj. Tej zaum yuav tau siv rau lwm yam raws li ntawm hom tshuaj. Peb xav tau qee yam ntawm kev sim cov tshuaj uas pom tau tias yam tshuaj no yeej ntxim rau koj tiag. Tej zaum yam tshuaj no yuav yog ib co Tshuaj Tshwj Xeeb uas raug siv kho mob mus ntev lossis lwm yam muaj mob hnyav. Ib tug neeg tso npe cov lus teb rau cov tshuaj ua qauv los ntawm ib lub chaw muag tshuaj lossis ib lub chaw tsim tshuaj yuav tsis raug txiav txim pom zooraws li cov qauv cai raug pab them nqi duav roos.

Koj lub chaw muag tshuaj yuav fej daim ntawv foos Tso Cai Ua Ntej mus rau Molina ntawm tus xov tooj 1 (866) 508-6445. Tuaj yeem nkag mus muab daim ntawv foos no rau hauv peb lub website **MolinaHealthcare.com**.

Peb yuav qhia rau koj tias yuav siv sijhawm ntev npaum li cas thiaj raug tso cai rau daim ntawv thov no. Yog tsis tso cai rau daim ntawv thov, peb yuav sau ib tsab ntawv nrog rau cov laj thawj qhia tias yog vim li cas xa tuaj rau koj thiab muab cov lus qhia txog koj cov cai xa tuaj rau koj tau ua txuas mus ntxiv.

Kev Thov ib qho Kev Zam

Kuv puas tuaj yeem muaj ib yam tshuaj raug pab them nqi duav roos yog tsis muaj npe nyob rau ntawm cov qauv tshuaj lossis tsis ua raws li cov cai lossis qhov txwv ntawm qhov kev npaj?

Molina muaj ib qho txheej txheem cia koj thov hais txog kev siv cov tshuaj kho mob kom tsim nyog uas tsis yog cov qauv tshuaj lossis yam yuav tsum tau ua lossis qhov txwv rau hauv koj qhov kev npaj. Koj tus kws kho mob tuaj yeem txib yuav ib yam tshuaj uas tsis yog cov qauv tshuaj tau, tab sis nws ntseeg tias yog yam zoo rau koj tshaj plaws. Koj tus kws kho mob yuav hu rau Molina's Pharmacy Department mus thov kom Molina pab them yam tshuaj no rau koj. Yog tau pom zoo raws li daim ntawv thov, Molina yuav hu xov tooj tuaj rau koj tus kws kho mob.

Yog tsis pom zoo rau daim ntawv thov, Molina Healthcare yuav xa ib tsab ntawv tuaj rau koj thiab koj tus kws kho mob. Yuav piav qhia rau hauv tsab ntawv no tias yog vim li cas thiaj lis tsis kam lees them nqi rau yam tshuaj no. Yog koj tsis pom zoo nrog qhov tsis kam lees them nqi rau yam tshuaj uas tsis yog cov qauv tshuaj ntawd thiab/lossis qhov kev thov zam rau kauj ruam kho mob ntawd, koj tuaj yeem thov hais qhov tsis txaus siab kom nrhiav ib tug neeg sab

nrauv los tshuaj ntsuam xyuas txog qhov kev zam no. Thov saib raws li tshooj ntawv ntawm Kev Cog Lus Pom Zoo (txoj cai tswj fwm) uas muaj lub npe hu ua "Kev Tsis Txaus Siab thiab Kev Thov Hais Kom Rov Qab Txiaiv Txim Dua" yog xav paub cov ntaub ntawv qhia txog qhov yuav thov hais qhov tsis txaus siab li cas.

Tej zaum koj yuav tau siv ib yam tshuaj uas tsis siv lawm nyob rau ntawm daim ntawv teev npe cov tshuaj. Koj tus kws kho mob tuaj yeem hais kom peb pab them cov nqi no vim nws tab tom xa daim ntawv thov Tso Cai Ua Ntej kom pab zam rau yam tshuaj no.

Cov tshuaj uas tsis yog cov qauv tshuaj yuav tsum raug lees cia siv kho rau thaum kis tsis tuaj yeem siv cov qauv tshuaj tau thiab/lossis raug pab them nqi duav roos raws li lwm tshooj cai. Yam tshuaj no yuav tsum nyab xeeb thiab ntsim rau koj tus mob. Koj tus kws kho mob yuav tsum sau ib daim ntawv sau yuav tshuaj rau cov nqi ntawm koj cov tshuaj. Molina yuav pab them qee cov qauv tshuaj tshwj xeeb raws li kis muaj mob nram qab no:

- Muaj cov ntaub ntawv sau tseg txog feem xav tau kev pab tshwj xeeb rau hauv koj cov ntaub ntawv kho mob teev tseg.
- Koj tus kws kho mob yeej ua pov thawj tias koj twb sim siv cov qauv tshuaj no lawm, thiab yav dhau los cov tshuaj no yeej tsis ntsim rau koj; lossis cov tshuaj no ua rau koj muaj mob lossis yam uas tus neeg tso them nqi xav tau ntawd ua rau koj muaj mob lossis mob phem tshwm sim tsis zoo.

Yog yuav tsum tau tshuaj xyuas daim ntawv thov zam Tso Cai Ua Ntej txog koj daim ntawv sau yuav tshuaj, yuav tsum txiaiv txim daim ntawv thov no kom mus raws li Txheej Txheem Qauv lossis Kis Muaj Mob Xwm Txheej Ceev.

- Ib daim ntawv thov uas tsis yog Kis Muaj Mob Xwm Txheej Ceev yeej yog ib daim ntawv thov Kev Zam Raw Li Txheej Txheem Qauv.
- Ib daim ntawv thov uas raug xam tias yog Kis Muaj Mob Xwm Txheej Ceev yog koj muaj ib tug mob uas tuaj yeem cuam rau koj txoj sia, kev noj qab haus huv, lossis rab peev xwm, lossis koj tseem siv ib yam tshuaj uas tsis yog cov qauv tshuaj kho koj. Kev sim siv cov tshuaj los ntawm koj tus kws kho mob lossis lub chaw tsim tshuaj los kho yuav tsis raug xam tias yog qhov kev kho mob rau tam sim no.

Peb yuav ceeb toom txog peb qhov txiaiv txim tuaj rau koj thiab/lossis koj lub chaw muab kev saib xyuas kom tsis pub dhau:

- 24 teev tom qab tau txais daim ntawv thov sai sai
- 72 teev tom qab tau txais daim ntawv thov raws li txheej txheem thov

Yog tsis kam lees them nqi raws li daim ntawv thov kom them nqi rau yam tshuaj uas tsis yog cov qauv tshuaj ntawd thiab/lossis qhov kev thov zam rau kauj ruam kho mob ntawd, koj tuaj yeem thov hais qhov tsis txaus siab kom nrhiav ib tug sab nrauv los tshwj xyuas txog qhov kev zam no. Thov saib raws li tshooj ntawv ntawm Kev Cog Lus Pom Zoo (txoj cai tswj fwm) uas muaj lub npe hu ua "Kev Tsis Txaus Siab thiab Kev Thov Hais Kom Rov Qab Txiaiv Txim Dua" yog xav paub cov ntaub ntawv qhia txog qhov yuav thov hais ib qho tsis txaus siab li cas.

Molina yuav ceeb toom rau koj lossis koj tus neeg ua haujlwm tam thiab koj lub chaw muag tshuaj txog ib yam tshuaj uas raug pab them nqi duav roos tuaj rau nej sawd daws rau hauv lub sijhawm 24 teev suav txij thaum tau txais daim ntawv thov. Ua raws li Txoj Cai 1367.241 ntawm Kev Noj Qab Haus Huv thiab Kev Nyab Xeeb, yog tsis tuaj yeem txiaiv txim mus raws li cov sijhawm no, xam tau tias daim ntawv thov raug pom zoo lawm.

Ua raws li Txoj Cai 1367.22 ntawm Kev Noj Qab Haus Huv thiab Kev Nyab Xeeb, yog tau pom zoo rau ib yam tshuaj, nws yuav raug pab them nqi duav roos mus ntxiv kom ntev raws li qhov siv yam tshuaj no, suav txog cov tshuaj yuav tshiab ntxiv. Molina yuav tsis txwv lossis cais kev pov thaiv rau ib yam tshuaj yog yav dhau los peb yeej pom zoo cia siv kho rau koj tus mob lawm thiab koj tus kws kuaj mob tseem yog tus sau daim ntawv yuav tshuaj rau koj, thiab cov tshuaj uas koj siv tseem siv tau thiab muaj kev nyab xeeb.

Ua raws li Txoj Cai 1300.67.24 ntawm Kev Noj Qab Haus Huv thiab Kev Nyab Xeeb, peb tsis tuaj yeem hais kom koj rov qab kho dua yog koj twb hloov is saws las lawm thiab tseem siv yam tshuaj uas tam sim no raug muab coj los kho koj raws li koj daim ntawv pov hwm mob nkeeg ntawm Molina. Koj lub chaw muab kev saib xyuas yuav tsum ceeb toom rau peb txog daim ntawv thov zam, yog li ntawd peb thiaj paub tias koj tseem siv cov tshuaj ua ntej dhau los ntawd, nws tseem yog yam tshuaj siv yuav los raws li daim ntawv sau yuav tshuaj, thiab nws tseem yog yam tshuaj siv tau thiab nyab xeeb rau koj tus mob.

KEV HAIS QHOV TSIIS TXAUS SIAB THIAB KEV THOV HAIS KOM ROV QAB TXIAV TXIM DUA

Yog Molina tsis kam lees them koj cov tshuaj uas koj thov ntawd, lawv yuav muab ib daim ntawv piav qhia txog cov cai thov hais kom rov qab txiav txim dua tso nrog rau hauv daim ntawv ceeb toom no tuaj rau koj. Koj kuj tuaj yeem foob hais qhov tsis txaus siab lossis sau ntawv thov hais qhov tsis txaus siab mus rau Molina Customer Support Center rau ntawm tus xov tooj (888) 665-4621.

LUS CEEB TOOM

Cov ntaub ntawv uas raug sau rau hauv phau ntawv no yeej raug tso npe lawm. Tej zaum yuav tsis pub theej cov ntaub ntawv no tag nrho lossis ib txhia yog tsis muaj ntawv tso cai. Txhua txoj cai raug tshwj tseg lawm. Cov ntaub ntawv no muaj cov ntaub ntawv ua pov thawj hais txog cov npe ntawm cov tshuaj muaj npe uas muaj ntaub ntawv ua lag luam lossis raug tso npe ua lag luam ntawm cov chaw tsim tshuaj.

DAIM PAB QHIA

Yam Siv Tau thiab Qhov Txwv nyob rau ntawm daim ntawv teev cov npe tshuaj yog dabtsi?

Tej zaum yuav tau teeb txoj cai tswj xyuas txog qhov ua tau thiab qhov txwv rau qee cov tshuaj. Cov tshuaj uas tso cai siv tau thiab txwv muaj xws li nram qab no:

Qhov Siv Tau/Qhov Txwv Kev Piav Qhia

AGE (HNUB NYOOG)

Siv tau rau lub hnuv nyoog txwv. Peb tsuas them nqi rau yam tshuaj no lossis koob tshuaj rau qee pawg hnuv nyoog raws li qhov siv tshuaj kom muaj kev nyab xeeb, ntsim, thiab saib raws li tus nqi.

MED

Kev txwv txog Kev Siv Yam Tshuaj Zoo Sib Xw Li Morphine. Kev siv ntau tsawg ntawm yam tshuaj no yog raug txwv mus raws li yam tshuaj uas zoo sib xws ("EQ") ntawm 90 milligrams ntawm yam tshuaj morphine toj ib hnuv.

OTC

Cov tshuaj uas yuav Sab Nrauv Los raug pab them nqi duav roos raws li muaj npe nyob rau ntawm daim ntawv teev npe tshuaj thiab daim ntawv sau yuav tshuaj los ntawm lub chaw muag tshuaj uas tseem siv tau.

PA

Yuav tsum muaj Kev Tso Cai Ua Ntej. Peb yuav tsum tau daim ntawv tso cai ua ntej rau qee cov tshuaj ua ntej yuav pab them cov nqi no. Yog yuav tsum tau Kev Tso Cai Ua Ntej rau ib yam tshuaj lossis koob tshuaj, cov kws kho mob yuav tsum pom tias koj muaj ib qho muaj mob uas yuav tsum tau siv cov tshuaj no kho thiab pom tias lwm yam kev kho yeej tsis ntsim lossis tsis tsim nyog muab kho koj lawm. Tej zaum yuav tau siv rau lwm yam raws li ntawm hom tshuaj.

QL

Siv tau raws li Qhov Txwv Siv Ntau Tsawg. Peb yuav them tus nqi siab tshaj plaws hauv ib hnuv raws li qhov kam lees cia siv yam tshuaj kho thiab kam lees them tus nqi.

ST

Yuav tsum muaj Kauj Ruam Kho Mob. Yog yav dhau los peb twb tau them cov nqi rau koj raws li Kauj Ruam Kho Mob lawm, yuav tsum them cov nqi tshuaj no rau ntawm lub chaw muag tshuaj yam tsis tas yuav muaj daim ntawv Tso Cai Ua Ntej lossis thov kev zam Kauj Ruam Kho Mob. Daim ntawv teev npe tshuaj yuav qhia rau koj txog cov tshuaj uas yuav tsum siv ua ntej thiab yuav siv ntev npaum li cas.

Yeej yuav tau siv qee cov tshuaj "Cov Tshuaj Muaj Npe Uas Nyiam Siv" nyob hauv daim ntawv teev cov npe hom tshuaj. Yog nws muaj ib yam tshuaj nyob hauv hom tshuaj uas koj tab tom thov thiab nws yog yam Tshuaj Muaj Npe Uas Nyiam Siv rau hauv hom tshuaj no, peb yuav tsum hais kom hloov siv yam Tshuaj Muaj Npe Uas Nyiam Siv no ua ntej tso. Cov tshuaj tshwj xeeb uas yuav tsum tau siv ib yam Tshuaj Muaj Npe Uas Nyiam Siv ua ntej yuav raug sau tias "Kev Kho Mob Tseem Ceeb PA". Cov cai hais txog Kev Tso Cai Ua Ntej Txog Kev Kho Mob Tseem Ceeb yeej siv Cov Tshuaj Tshwj Xeeb tau.

2021

Danh Mục Thuốc

(Danh Sách Thuốc Được Bao Trả)

Medi-Cal – Molina Healthcare Inc

[MolinaHealthcare.com](https://www.molinahealthcare.com)

Thông Báo: Danh mục thuốc có thể thay đổi và tất cả các phiên bản danh mục thuốc trước đây không còn hiệu lực nữa. Bạn có thể tìm phiên bản điện tử của danh mục thuốc tại [Molinahealthcare.com](https://www.molinahealthcare.com).



(Vietnamese)

CHÀO MỪNG QUÝ VỊ ĐẾN VỚI MOLINA HEALTHCARE!

Danh Mục Thuốc của Molina Healthcare (Danh Sách Thuốc)

Molina Healthcare có một danh sách thuốc mà chương trình sẽ bao trả. Danh sách này được gọi là Danh Mục Thuốc. Các thuốc trong danh sách này được một nhóm các bác sĩ và dược sĩ từ Molina Health và cộng đồng y tế lựa chọn. Cứ mỗi 3 tháng, nhóm sẽ họp một lần để trao đổi về các thuốc trong danh mục thuốc. Nhóm sẽ xem xét các loại thuốc mới cũng như những thay đổi trong chương trình chăm sóc sức khỏe. Nhóm sẽ cố gắng tìm ra loại thuốc hiệu quả nhất cho các tình trạng khác nhau. Thuốc được thêm vào hoặc loại bỏ khỏi Danh Mục Thuốc vì những lý do khác nhau. Lý do có thể là:

- Sự thay đổi trong thực hành y khoa
- Kỹ thuật y khoa
- Khi các loại thuốc mới được FDA phê duyệt xuất hiện trên thị trường
- Khi thuốc được FDA loại bỏ khỏi thị trường
- Khi một loại thuốc được xác định có vấn đề mới về an toàn

Sự thay đổi về danh mục thuốc có thể bao gồm:

- Thêm/Loại bỏ thuốc hoặc dạng bào chế
- Việc chuyển một loại thuốc từ bậc thuốc này sang bậc thuốc khác dẫn đến chia sẻ chi phí nhiều hơn hoặc ít hơn
- Xem một loại thuốc được ưu tiên hay không ưu tiên trong số các loại thuốc tương tự trong danh sách
- Thêm/Loại bỏ các hạn chế về thuốc hoặc dạng bào chế

Những thay đổi về danh mục thuốc có khả năng ảnh hưởng đến bạn nhiều nhất xảy ra vào đầu năm chương trình mới. Khi có thông tin cập nhật vào các thời điểm khác thông qua quy trình chuẩn của chúng tôi, Molina Healthcare sẽ đăng tất cả thông tin về sự thay đổi hàng tháng và thông báo cho bạn. Danh sách thuốc cập nhật nhất của chương trình có trên trang web của chúng tôi tại Molinahealthcare.com.

Danh sách thuốc có bao gồm thuốc tiêm mà Nhà Cung Cấp cung cấp cho tôi tại phòng khám hoặc tại địa điểm khác không?

Nói chung, các loại thuốc trong danh sách thuốc là loại thuốc mà nhà cung cấp của bạn kê toa để bạn nhận từ nhà thuốc và tự tiêm cho mình. Hầu hết các loại thuốc tiêm mà bạn cần trợ giúp từ Nhà Cung Cấp để sử dụng đều được bao trả theo phúc lợi y tế thay vì phúc lợi về thuốc theo toa ("nhà thuốc"). Nhà Cung Cấp của bạn có hướng dẫn từ Molina về cách bạn nhận được sự phê duyệt đối với các loại thuốc họ mua và tiêm giúp bạn. Một số loại thuốc tiêm có thể được phê duyệt để nhận từ nhà thuốc sử dụng các khoản phúc lợi về thuốc theo toa của bạn.

Tôi có câu hỏi về chương trình của tôi bao trả thuốc như thế nào.

Hướng dẫn này chứa nhiều thông tin chi tiết cho các câu hỏi phổ biến. Bạn cũng có thể gọi cho Molina Healthcare và đặt câu hỏi cụ thể về bao trả thuốc:

- Tôi có thể mua thuốc kê toa của mình tại một nhà thuốc bán lẻ không?
- Số tiền chia sẻ chi phí cho thuốc kê toa của tôi là bao nhiêu?
- Quy trình yêu cầu thuốc nào có yêu cầu Chấp Thuận Trước?
- Làm thế nào tôi có thể yêu cầu một trường hợp ngoại lệ cho thuốc không có trong danh mục thuốc hoặc có các yêu cầu trị liệu từng bước?
- Thuốc của tôi được bao trả theo khoản phúc lợi về thuốc theo toa hoặc phúc lợi y tế không?

Hãy gọi đến số điện thoại miễn phí 1 (888) 665-4621, 8:00 sáng đến 6:00 chiều từ Thứ Hai đến Thứ Sáu.

Nếu bạn bị khiếm thính hay nặng tai, hãy gọi số 711 cho Dịch Vụ Viễn Thông.

Bạn cũng có thể yêu cầu chúng tôi gửi cho bạn một bản sao của danh sách thuốc.

Nếu một loại thuốc có trong danh mục thuốc, thì tôi sẽ được kê đơn thuốc đó đúng không?

Một loại thuốc có trong danh mục thuốc không chắc chắn sẽ được bác sĩ kê đơn cho bạn. Hướng dẫn này cho phép bạn và bác sĩ của bạn biết loại thuốc theo toa nào được chương trình của bạn bao trả. Các loại thuốc không có trong danh sách này có thể không được chương trình của bạn bao trả và bạn có thể phải trả thêm tiền. Bạn có thể yêu cầu bao trả các loại thuốc không có trong danh mục. Yêu cầu về thuốc không có trong danh mục sẽ được xem xét cho việc sử dụng được chấp nhận về mặt y tế khi không thể sử dụng các thuốc trong danh mục và/hoặc khi đáp ứng các yêu cầu bảo hiểm khác. Thông tin chi tiết có trong hướng dẫn này.

ĐỊNH NGHĨA

“Thuốc chính hãng” là một loại thuốc được bán trên thị trường dưới tên đã được bảo hộ nhãn hiệu, độc quyền. Thuốc chính hãng sẽ được liệt kê bằng chữ IN HOA.

“Người ghi danh” là người đã ghi danh vào chương trình chăm sóc sức khỏe có quyền nhận các dịch vụ từ chương trình này. Tất cả các tài liệu tham chiếu về người ghi danh trong mẫu danh mục thuốc này cũng sẽ bao gồm người đăng ký như được định nghĩa trong phần này dưới đây.

“Yêu cầu trường hợp ngoại lệ” là một yêu cầu bảo hiểm đối với thuốc theo toa. Nếu người ghi danh, người được chỉ định hoặc nhà cung cấp dịch vụ chăm sóc sức khỏe của người ghi danh đó gửi yêu cầu trường hợp ngoại lệ về bảo hiểm thuốc theo toa, thì chương trình chăm sóc sức khỏe phải bao trả cho thuốc theo toa khi thuốc được xác định là cần thiết về mặt y tế để điều trị cho tình trạng của người ghi danh.

“Các trường hợp khẩn cấp” là khi người ghi danh gặp phải tình trạng sức khỏe có thể gây nguy hiểm nghiêm trọng đến cuộc sống, sức khỏe hoặc khả năng hồi phục chức năng tối đa của người ghi danh hoặc khi người ghi danh đang trải qua quá trình điều trị hiện tại sử dụng thuốc không có trong danh mục.

“Danh Mục Thuốc” là toàn bộ danh sách thuốc được ưu tiên sử dụng và đủ điều kiện bảo hiểm theo sản phẩm của chương trình chăm sóc sức khỏe và bao gồm tất cả các thuốc được bao trả theo khoản phúc lợi về thuốc điều trị ngoại trú theo toa của sản phẩm của chương trình chăm sóc sức khỏe. Danh Mục Thuốc còn được gọi là danh sách thuốc theo toa.

“Thuốc Gốc” là loại thuốc giống như thuốc chính hãng tương đương về liều lượng, độ an toàn, nồng độ, cách sử dụng, chất lượng, hiệu quả và mục đích sử dụng. Thuốc gốc được liệt kê bằng chữ in thường, nét đậm và nghiêng.

“Thuốc không có trong danh mục” là thuốc theo toa không được liệt kê trong danh mục thuốc của chương trình chăm sóc sức khỏe.

“Người kê toa” là nhà cung cấp dịch vụ chăm sóc sức khỏe được phép kê toa để điều trị tình trạng bệnh lý cho người ghi danh chương trình chăm sóc sức khỏe.

“Toa thuốc” là đơn thuốc bằng miệng, bằng văn bản hoặc điện tử của người kê toa cho một người ghi danh cụ thể có chứa tên thuốc theo toa, số lượng thuốc theo quy định, ngày cấp, tên và thông tin liên hệ của người kê toa, chữ ký của người kê toa nếu đơn thuốc ở dạng văn bản và nếu người ghi danh yêu cầu, tình trạng bệnh lý hoặc mục đích của thuốc được kê toa.

“Thuốc theo toa” là thuốc được người kê toa của người ghi danh kê toa và cần có toa thuốc theo luật hiện hành.

“Chấp Thuận Trước” là một yêu cầu của chương trình chăm sóc sức khỏe mà người ghi danh hoặc người kê toa của người ghi danh phải xin sự chấp thuận của chương trình chăm sóc sức khỏe đối với thuốc theo toa trước khi chương trình chăm sóc sức khỏe sẽ bao trả cho thuốc. Chương trình chăm sóc sức khỏe sẽ chấp thuận trước trong trường hợp cần thiết về y tế cho người ghi danh để nhận thuốc.

“Trị liệu từng bước” là một quá trình chỉ định trình tự trong đó các loại thuốc theo toa khác nhau cho một tình trạng bệnh lý nhất định và phù hợp về mặt y tế cho một bệnh nhân cụ thể được quy định. Chương trình chăm sóc sức khỏe có thể yêu cầu người ghi danh thử một hoặc nhiều loại thuốc để điều trị tình trạng bệnh lý của người ghi danh trước khi chương trình chăm sóc sức khỏe sẽ bao trả cho một loại thuốc cụ thể cho tình trạng theo yêu cầu trị liệu từng bước. Nếu người kê toa của người ghi danh gửi yêu cầu cho trường hợp ngoại lệ trị liệu từng bước, thì các chương trình chăm sóc sức khỏe sẽ có trường hợp ngoại lệ đối với trị liệu từng bước khi đáp ứng các tiêu chí.

“Người đăng ký” là người có trách nhiệm thanh toán cho một chương trình hoặc việc làm hay tình trạng khác của người đăng ký, ngoại trừ người phụ thuộc vào gia đình, là cơ sở để đủ điều kiện trở thành thành viên trong chương trình.

SỬ DỤNG DANH MỤC THUỐC LÀM HƯỚNG DẪN BẢO HIỂM THUỐC THEO TOA CỦA QUÝ VỊ

Làm thế nào để tôi xác định được thuốc trong danh sách thuốc?

Danh sách thuốc được sắp xếp theo thứ tự bảng chữ cái theo danh mục và nhóm trị liệu bằng cách sử dụng phân loại Dịch Vụ Trong Danh Mục Thuốc của Bệnh Viện Hoa Kỳ (AHFS). Trong danh mục và nhóm, tên thuốc cũng được sắp xếp theo thứ tự bảng chữ cái. Nếu bạn không biết danh mục hoặc nhóm thuốc mà bạn đang tìm kiếm, thì có 2 cách để bạn tìm thuốc theo tên.

- Nếu bạn đang sử dụng phiên bản điện tử của danh sách thuốc, bạn có thể sử dụng Chức năng Tìm kiếm PDF bằng cách nhấn Ctrl + F trên bàn phím máy tính. Nhập tên thuốc mà bạn đang tìm vào hộp tìm kiếm.
- Nếu bạn đang sử dụng phiên bản in của danh sách thuốc, bạn có thể tìm kiếm tên thuốc trong phần Mục lục ở cuối hướng dẫn này.

Các mục thuốc trong danh sách chứa Tên Thuốc, Bạc Thuốc và các thông tin chi tiết khác về bảo hiểm cho tất cả các thuốc và vật phẩm được bao trả theo khoản phúc lợi về thuốc theo toa của chương trình.

Sau đây là ví dụ về một mục thuốc trong danh sách thuốc.

Tên Thuốc	Bạc Thuốc	Yêu Cầu/Giới Hạn
FLOVENT HFA AER 110MCG (<i>fluticasone propionate hfa</i>)	Bạc 1	Giới Hạn Số Lượng (10,6 gm/30 ngày); Giới Hạn Tuổi (Tối đa là 11 tuổi)

Tên thuốc nào được sử dụng trong danh sách?

Thuốc chính hãng được bán trên thị trường sử dụng TÊN THƯƠNG HIỆU được bảo hộ nhãn hiệu, độc quyền. Ngoài ra còn có một tên gốc hoặc không độc quyền xác định thuốc. Khi có sẵn dạng thuốc gốc, thường **tên gốc** hoặc không độc quyền của thuốc sẽ được dùng khi đề cập thuốc.

Danh Mục Thuốc của chúng tôi chỉ đề cập đến TÊN THƯƠNG HIỆU cho thuốc chính hãng trên danh mục thuốc. Thuốc CHÍNH HÃNG trên danh mục sẽ được liệt kê bằng tất cả các chữ IN HOA như TÊN THƯƠNG HIỆU của thuốc đó. Ví dụ: "XIGDUO XR" là TÊN THƯƠNG HIỆU cho dạng bào chế giải phóng kéo dài của các thành phần thuốc dapagliflozin và metformin. Thuốc này được liệt kê trên danh mục thuốc là XIGDUO XR.

Thuốc gốc trên danh mục thuốc được liệt kê theo (**các**) **tên gốc** bằng **chữ in thường, nét đậm và nghiêng**. Nếu có dạng thuốc XIGDUO XR **gốc** trên thị trường và thuốc đó có trên danh mục thuốc, thì Tên Thuốc sẽ được liệt kê là "**dapagliflozin-metformin**".

Nếu cả DẠNG THƯƠNG HIỆU và **dạng gốc** của thuốc được liệt kê trên danh mục thuốc, thì mỗi loại sẽ được liệt kê dưới dạng các mục thuốc riêng biệt. Ví dụ: COUMADIN và **warfarin** được liệt kê riêng để hiển thị cả DẠNG THƯƠNG HIỆU và **dạng gốc** được bao trả trên danh mục thuốc. Bạc Thuốc Khác Nhau và Yêu Cầu/Giới Hạn sẽ áp dụng cho DẠNG THƯƠNG HIỆU so với **dạng gốc** của thuốc nếu cả hai dạng này đều có trên danh sách thuốc.

TÌM NHÀ THUỐC ĐỂ MUA THUỐC KÊ TOA

Nhà Thuốc Bán Lẻ Trong Mạng Lưới

Molina có một mạng lưới các nhà thuốc bán lẻ ưu tiên có thể pha chế và phân phối thuốc. Trang web Molinahealthcare.com có công cụ định vị Nhà thuốc để có thể hỗ trợ người ghi danh và nhà cung cấp trong việc tìm kiếm một nhà cung cấp thuốc trong mạng lưới. Công cụ cho phép bạn tìm kiếm các nhà thuốc theo mã bưu chính, thành phố, quốc gia, tiểu bang. Cũng như giới hạn kết quả tìm kiếm dựa trên khoảng cách, các tiêu chí cụ thể khác như tên cửa hàng, ngôn ngữ sử dụng và/hoặc dịch vụ được cung cấp.

Nhà Thuốc Biệt Dược

Nhà Thuốc Biệt Dược CVS là nhà thuốc độc quyền của chúng tôi cung cấp biệt dược, ngoại trừ các loại thuốc phân phối hạn chế. Phân phối hạn chế có nghĩa là thuốc chỉ có thể được một số nhà cung cấp thuốc phân phối. Nhà Thuốc Biệt Dược CVS là một nhà thuốc nhận đặt hàng qua đường bưu điện, cung cấp hỗ trợ lâm sàng để giúp người ghi danh quản lý thuốc và tình trạng của họ. Biệt dược được Nhà Thuốc Biệt Dược chỉ định theo các hạn chế trên danh mục thuốc. Hầu hết các biệt dược đều yêu cầu phải gửi giấy Chấp Thuận Trước để xem xét sự cần thiết về y tế. Người kê toa có thể gửi yêu cầu Chấp Thuận Trước trực tiếp đến Molina hoặc gửi toa thuốc đến CVS để bắt đầu quá trình Chấp Thuận Trước. Nếu người ghi danh không chọn gửi biệt dược qua đường bưu điện, CVS sẽ đưa ra lựa chọn chuyển thuốc đến nhà thuốc CVS địa phương để nhận.

Bạn có thể liên hệ với Nhà Thuốc Biệt Dược qua số 1 (800) 364-6331.

Nhà Thuốc Nhận Đặt Hàng Qua Đường Bưu Điện

Nhà thuốc Có Dịch Vụ Qua Đường Bưu Điện CVS Caremark là nhà thuốc trong mạng lưới, độc quyền của Molina cho thuốc kê toa đặt hàng qua đường bưu điện. Người ghi danh có thể đăng ký để nhận lượng thuốc đủ dùng cho 90 ngày cho hầu hết các loại thuốc kê toa, được giao hàng tại nhà mà không mất phí.

Để nhận thuốc kê toa qua đường bưu điện, nhà cung cấp và/hoặc người ghi danh có thể gọi cho FastStart® theo số điện thoại miễn phí: 1 (800) 875-0867 từ 7 giờ sáng đến 7 giờ tối, từ Thứ Hai đến Thứ Sáu hoặc truy cập vào www.caremark.com website.

Nhà Thuốc Ngoài Mạng Lưới

Nếu các nhà thuốc trong mạng lưới không đáp ứng được nhu cầu của người ghi danh, thì có thể yêu cầu trường hợp ngoại lệ nhằm xin phép sử dụng nhà thuốc ngoài mạng lưới. Trường hợp ngoại lệ sẽ được xem xét cho sự cần thiết y tế trên cơ sở từng trường hợp.

Đơn Vị Xử Lý Yêu Cầu Toa Thuốc

Molina Healthcare đã chọn CVS Caremark làm Công ty Quản Lý Phúc Lợi Nhà Thuốc (PBM) để quản lý phúc lợi thuốc theo toa cho người ghi danh của Molina.

- Các câu hỏi về xử lý khiếu nại, tình trạng danh mục thuốc hoặc khiếu nại bị từ chối có thể được chuyển đến Bộ Phận Trợ Giúp CVS Caremark theo số 1 (800) 364-6331.

- Nếu bạn có thắc mắc về tư cách thành viên, chia sẻ chi phí, thông tin phúc lợi thuốc theo toa và quan tâm đến tính đủ điều kiện, hãy gọi cho Trung Tâm Hỗ Trợ Khách Hàng của Molina theo số 1 (888) 665-4621. Dịch Vụ Thành Viên luôn sẵn sàng trợ giúp từ Thứ Hai đến Thứ Sáu, từ 8 giờ sáng đến 6 giờ chiều theo giờ PST
- Nếu bạn có câu hỏi liên quan đến nhà cung cấp, hãy gọi cho Bộ Phận Trợ Giúp Dịch vụ của Nhà Cung Cấp của Molina theo số (855) 322-4075 từ Thứ Hai đến Thứ Sáu, từ 8:30 sáng đến 5:00 chiều theo giờ PST.

Chính Sách Thuốc Khẩn Cấp và Sau Giờ Làm Việc

Để giúp người ghi danh khỏi tình trạng xấu đi trong tình huống khẩn cấp, có thể cần phải cung cấp thuốc cấp tính đủ dùng trong 72 giờ trước khi có thể có được Chấp Thuận Trước từ Molina. (Ví dụ: một người ghi danh được xuất viện sau giờ làm việc bình thường với đơn thuốc kháng sinh đặc biệt).

Các nhà thuốc được hướng dẫn để sử dụng đánh giá chuyên nghiệp của họ. Molina sẽ hoàn trả cho các nhà thuốc một lượng thuốc cấp tính đủ dùng trong 72 giờ với mức giá theo hợp đồng cho những toa thuốc này. Các nhà thuốc có thể liên hệ với Bộ Phận Trợ Giúp CVS Caremark theo số 1 (800) 364-6331 để có được sự tạm ngừng cung cấp thuốc đủ dùng trong 72 giờ.

Các nhà thuốc có thể gọi Molina theo số 1 (855) 322-4075 vào ngày làm việc tiếp theo để được chấp thuận cho phép tiến hành trực tuyến toa thuốc khẩn cấp hoặc sau giờ làm việc. Chúng tôi khuyến và dự kiến rằng nhà thuốc sẽ cung cấp tài liệu hợp lý về các trường hợp thuốc được phân phối trong những trường hợp khẩn cấp này.

QUY TRÌNH YÊU CẦU TRƯỜNG HỢP NGOẠI LỆ VÀ CHẤP THUẬN TRƯỚC

Chấp thuận trước

Các loại thuốc cần chấp thuận trước để được bao trả sẽ được xem xét theo các quy tắc tiêu chuẩn để xác định sự cần thiết về y tế. Các nhà cung cấp phải cho thấy thuốc sẽ được sử dụng cho mục đích y tế được chấp nhận mà bạn có và các phương pháp điều trị khác không hiệu quả với bạn hoặc không phù hợp về mặt y tế. Tùy thuộc vào thuốc, có thể áp dụng các yêu cầu khác. Chúng tôi có thể yêu cầu một số kết quả xét nghiệm nhất định để cho thấy một loại thuốc phù hợp với bạn. Điều này có thể đúng với Biệt Dược được sử dụng để điều trị lâu dài hoặc các tình trạng nghiêm trọng khác. Phản ứng của người ghi danh đối với các mẫu thuốc từ nhà cung cấp hoặc nhà sản xuất thuốc sẽ không được coi là lý do để bỏ qua các quy tắc tiêu chuẩn về bảo hiểm.

Nhà cung cấp của bạn có thể gửi mẫu đơn Chấp Thuận Trước cho thuốc đã hoàn thiện qua fax cho Molina theo số 1 (866) 508-6445. Bạn có thể nhận mẫu đơn bằng cách đăng nhập vào trang web của chúng tôi tại **MolinaHealthcare.com**.

Chúng tôi sẽ cho bạn biết yêu cầu được phê duyệt trong bao lâu. Nếu yêu cầu không được phê duyệt, chúng tôi sẽ gửi thư nêu lý do tại sao và đưa ra hướng dẫn về quyền của bạn để theo dõi.

Yêu Cầu một Trường Hợp Ngoại Lệ

Tôi có thể có một loại thuốc được bao trả nếu thuốc đó không có trong danh mục thuốc hoặc không tuân theo các yêu cầu hoặc giới hạn của chương trình không?

Molina có một quy trình cho phép bạn yêu cầu các thuốc phù hợp lâm sàng không có trong danh mục thuốc hoặc có các yêu cầu hoặc giới hạn theo chương trình của bạn. Bác sĩ của bạn có thể đặt hàng thuốc không có trong danh mục thuốc nhưng bác sĩ tin rằng thuốc đó là tốt cho bạn. Bác sĩ của bạn có thể liên hệ với Bộ Phận Nhà Thuốc của Molina để yêu cầu Molina bao trả thuốc cho bạn. Nếu yêu cầu được phê duyệt, Molina sẽ liên hệ với bác sĩ của bạn.

Nếu yêu cầu bị từ chối, Molina Healthcare sẽ gửi thư cho bạn và bác sĩ của bạn. Thư này sẽ giải thích lý do tại sao thuốc bị từ chối. Nếu bạn không đồng ý với việc từ chối một loại thuốc không có trong danh mục và/hoặc yêu cầu trường hợp ngoại lệ trị liệu từng bước, bạn có thể nộp đơn than phiền yêu cầu xem xét trường hợp ngoại lệ bên ngoài. Vui lòng tham khảo phần có tiêu đề "Khiếu nại và Kháng cáo" của Thỏa thuận (chính sách) để biết thông tin về cách nộp đơn than phiền.

Bạn có thể đang dùng một loại thuốc không còn trong danh sách thuốc. Bác sĩ của bạn có thể yêu cầu chúng tôi tiếp tục bao trả thuốc đó bằng cách gửi cho chúng tôi yêu cầu trường hợp ngoại lệ Chấp Thuận Trước đối với thuốc.

Các sản phẩm không có trong danh mục thuốc có thể được xem xét để bao trả cho việc sử dụng được chấp nhận về mặt y tế khi không thể sử dụng các lựa chọn trong danh mục và/hoặc đáp ứng các yêu cầu khác. Thuốc phải an toàn và hiệu quả cho tình trạng bệnh lý của bạn. Bác sĩ của bạn phải viết toa thuốc cho số lượng thuốc thông thường cho bạn. Molina có thể bao trả các loại thuốc không có trong danh mục cụ thể theo các điều kiện sau đây:

- Có tài liệu về một nhu cầu cụ thể trong hồ sơ y tế của bạn.
- Bác sĩ của bạn đã chứng nhận rằng bạn đã thử thuốc trong danh mục thuốc và các thuốc này không hiệu quả đối với bạn trong quá khứ; hoặc các thuốc khác đã gây hại cho bạn hoặc được người kê đơn dự kiến một cách hợp lý là sẽ gây hại cho bạn hoặc gây phản ứng bất lợi.

Nếu toa thuốc của bạn yêu cầu đánh giá Chấp Thuận Trước cho trường hợp ngoại lệ, yêu cầu có thể được xem xét theo Trường Hợp Khẩn Cấp hoặc Tiêu Chuẩn.

- Bất kỳ yêu cầu nào không được coi là Trường Hợp Khẩn Cấp đều được coi là yêu cầu trường hợp Ngoại Lệ Tiêu Chuẩn.
- Một yêu cầu được coi là Trường Hợp Khẩn Cấp nếu bạn đang gặp phải tình trạng sức khỏe có thể gây nguy hiểm nghiêm trọng đến tính mạng, sức khỏe hoặc khả năng lấy lại chức năng tối đa hoặc nếu bạn đang trải qua quá trình điều trị hiện tại bằng cách sử dụng thuốc không có trong danh mục. Các thử nghiệm mẫu được phẩm từ bác sĩ hoặc nhà sản xuất của bạn sẽ không được coi là điều trị hiện tại.

Bạn và/hoặc nhà cung cấp của bạn sẽ được thông báo về quyết định của chúng tôi không muộn hơn:

- 24 giờ sau khi nhận được yêu cầu khẩn cấp
- 72 giờ sau khi nhận được yêu cầu thông thường

Nếu yêu cầu ban đầu bị từ chối đối với thuốc không nằm trong danh mục và/hoặc ngoại lệ trị liệu từng bước, bạn có thể nộp đơn than phiền yêu cầu xem xét trường hợp ngoại lệ bên ngoài. Vui lòng tham khảo phần có tiêu đề "Khiếu nại và Kháng cáo" trong Thỏa thuận (chính sách) để biết thông tin về cách nộp đơn than phiền.

Molina sẽ thông báo cho bạn hoặc người được chỉ định của bạn và người kê toa của bạn về quyết định bảo hiểm thuốc trong vòng 24 giờ kể từ khi nhận được yêu cầu. Theo 1367.241 của Bộ Luật Sức Khỏe và An Toàn, nếu quyết định không được đưa ra trong các khung thời gian này, yêu cầu sẽ tự động được phê duyệt.

Theo 1367.22 của Bộ Luật Sức Khỏe và An Toàn, nếu yêu cầu thuốc được phê duyệt, thuốc sẽ tiếp tục được bao trả trong thời gian kê toa, bao gồm cả thuốc mua thêm. Molina sẽ không giới hạn hoặc loại trừ bảo hiểm cho thuốc nếu trước đây chúng tôi đã phê duyệt cho tình trạng của bạn và nhà cung cấp của bạn tiếp tục kê toa, miễn là thuốc được kê toa phù hợp và tiếp tục an toàn và hiệu quả.

Theo 1300.67.24 của Bộ Luật Sức Khỏe và An Toàn, chúng tôi không thể yêu cầu bạn lặp lại trị liệu từng bước nếu bạn thay đổi chương trình bảo hiểm và đang tiếp tục một loại thuốc hiện đang tuân theo các yêu cầu trị liệu từng bước theo chương trình Molina của bạn. Nhà cung cấp của bạn sẽ phải thông báo cho chúng tôi một yêu cầu trường hợp ngoại lệ để chúng tôi có thể biết bạn đang tiếp tục dùng thuốc từ trước đó, thuốc được kê đơn phù hợp và an toàn cũng như hiệu quả cho tình trạng của bạn.

KHIẾU NẠI VÀ KHÁNG CÁO

Nếu Molina từ chối yêu cầu thuốc của bạn, thì thông báo hành động sẽ bao gồm thông báo về quyền kháng cáo quyết định. Bạn cũng có thể nộp đơn than phiền hoặc khiếu nại bằng cách liên hệ với Trung Tâm Hỗ Trợ Khách Hàng của Molina theo số (888) 665-4621.

THÔNG BÁO

Thông tin trong tài liệu này là thông tin độc quyền. Không được sao chép toàn bộ hoặc một phần thông tin nếu không có sự cho phép bằng văn bản. Mọi quyền được bảo lưu. Tài liệu này chứa các tài liệu tham khảo về thuốc chính hãng là nhãn hiệu hoặc nhãn hiệu đã đăng ký của các nhà sản xuất dược phẩm.

CHÚ GIẢI

Các Yêu Cầu và Giới Hạn trong danh sách thuốc là gì?

Yêu cầu và giới hạn có thể được thiết lập cho một số loại thuốc. Thuốc có thể có các yêu cầu và giới hạn sau:

Yêu Cầu/Giới Hạn	Mô tả
AGE (ĐỘ TUỔI)	Áp dụng giới hạn độ tuổi. Chúng tôi chỉ thanh toán cho thuốc hoặc dạng bào chế này đối với các nhóm tuổi nhất định dựa trên thông tin về sự an toàn, hiệu quả và chi phí của thuốc.
MED (Liều Tương Đương Morphine Tối Đa 90 mg mỗi ngày)	Áp dụng giới hạn Liều Tương Đương Morphine. Số lượng của thuốc này được giới hạn tương đương ("EQ") 90 mg morphine mỗi ngày cung cấp đầy đủ.
OTC (Mua Tự Do)	Các dạng bào chế Mua Tự Do được bao trả trong danh sách thuốc với toa thuốc hợp lệ từ nhà cung cấp.
PA (Chấp Thuận Trước)	Cần sự Chấp Thuận Trước. Chúng tôi yêu cầu phê duyệt trước để được bao trả đối với một số loại thuốc trước khi thanh toán. Nếu Chấp Thuận Trước là bắt buộc đối với một loại thuốc hoặc dạng bào chế, các nhà cung cấp phải cho bạn thấy việc sử dụng thuốc được chấp nhận về mặt y tế và các phương pháp điều trị khác không hiệu quả hoặc không phù hợp. Tùy thuộc vào thuốc, có thể áp dụng các yêu cầu khác.
QL (Giới Hạn Số Lượng)	Áp dụng Giới Hạn Số Lượng. Chúng tôi sẽ thanh toán số tiền tối đa hàng ngày dựa trên thông tin về việc sử dụng thuốc và chi phí được chấp nhận về mặt y tế.
ST (Trị Liệu Từng Bước)	Trị Liệu Từng Bước là bắt buộc. Nếu trước đây chúng tôi đã thanh toán cho bạn để có (các) thuốc Trị Liệu Từng Bước, thuốc này sẽ được thanh toán tại nhà thuốc mà không cần yêu cầu trường hợp ngoại lệ Trị Liệu Từng Bước hoặc Chấp Thuận Trước. Danh sách thuốc sẽ cho bạn thấy loại thuốc nào được yêu cầu đầu tiên và trong bao lâu.

Một số loại thuốc được chỉ định là "Thuốc Chính Hãng Được Ưu Tiên" trong nhóm thuốc được liệt kê. Nếu có một thuốc cùng loại với thuốc mà bạn yêu cầu và đó là thuốc Chính Hãng Được Ưu Tiên trong loại đó, chúng tôi yêu cầu sử dụng Thuốc Chính Hãng Được Ưu Tiên trước hoặc thay thế. Trước tiên, các thuốc cụ thể yêu cầu sử dụng thuốc Chính Hãng Được Ưu Tiên cũng có thể được chỉ định là "Chấp Thuận Trước Cần Thiết Về Mặt Y Tế". Yêu cầu Chấp Thuận Trước Cần Thiết Về Mặt Y Tế áp dụng cho Biệt Dược.

2021 年 处方集

(承保药品名录)

Medi-Cal – Molina Healthcare Inc

MolinaHealthcare.com

注意：本处方集可能会有更改，所有以往版本均不再有效。本处方集电子版本请参见 Molinahealthcare.com。



(Chinese - Simplified)

欢迎了解 MOLINA HEALTHCARE!

Molina Healthcare 药品处方集（药品名录）

Molina Healthcare 有一份将会承保的药品名录。该名录被称为《药品处方集》。该名录中的药品由来自 Molina Healthcare 及医学界的医生及药剂师团队精心选择。该团队每三个月进行一次会面，以讨论处方集中的药品。他们会审查新药以及医疗保健方面的变更。他们竭力寻找针对不同病症的最有效的药品。《药品处方集》中药品的增减均出于不同原因。原因可能为：

- 医疗实践的改变
- 医学技术
- FDA 新批准药品上市
- 药品被 FDA 撤市
- 某种药品被认定出现新的安全问题

处方集更改可包括：

- 增减药品或剂型
- 药品从一个层级变为另一个层级产生或多或少的分摊费用
- 在名录上的相似药品中，某种药品是否为首选药品或非首选药品
- 增减对药品或剂型的限制

最可能影响您的处方集更改发生于新计划年度开始之时。当在其他时间通过我们的标准程序更新时，Molina Healthcare 会每月发布任何更改并通知您。您计划的最新药品名录请参见我们的网站 Molinahealthcare.com。

该药品名录是否包含医疗服务提供者在诊所或其他地点向我提供的注射药品？

通常，药品名录上的药物是您的医疗服务提供者开出的处方药，供您从药房取得并供自己服用。您需要医疗服务提供者帮助使用的大多数注射药品由医疗福利承保，而非处方药（「药房」）福利承保。您的提供者有Molina 的指示，说明如何使您获得有关他们购买和帮助给您施用的药物的批准。某些注射药品可获批准通过使用您的处方药福利从药房获取。

我对我的计划如何承保药品存在疑问。

本指引包含有关常见疑问的诸多细节。您还可致电 Molina Healthcare 咨询有关某种药品的详细承保问题：

- 我的处方可以在零售药房配药吗？
- 我的处方的分摊费用金额是多少？
- 申请具有预先核准规定的药品有哪些程序？
- 对于不在处方集或有阶段治疗规定的药品，我如何申请例外情况？
- 我的药品由处方药福利还是医疗福利承保？

请拨打免费电话 1 (888) 665-4621，服务时间为周一至周五上午 8 点至下午 6 点。如果您是聋哑人或听障人士，请拨打 711 获取电信服务。

您还可要求我们向您寄送一份药品名录。

如果某种药品已载入处方集中，会给我开这种药品的处方吗？

无法保证您的医生会为您开具载入处方集的药品。该指引告知您及您的医生，您的计划所承保的处方药。不在该名录中的药品可能未获您的计划承保，并需要您花费更多。您可申请为非处方集药品承保。对于非处方集药品的申请将在处方集药品无法使用及/或符合其他承保要求时，出于医学认可的用途而予以考虑。详细信息请见本指引。

定义

「品牌药」是指以专有的、受商标保护的名称销售的药品。品牌药应以大写字母载于名录中。

「计划参加者」为参加一项健康计划并有权接收该计划提供的服务的人士。本处方集范本中所有提及参加者的时候还应包括以下定义的用户。

「例外申请」是一种对处方药承保的申请。如果一位计划参加者、其指定人士或开药的医疗保健服务提供者提交针对某种处方药承保的例外申请，且该药品被认定为治疗计划参加者的病症的必需药品，则该健康计划必须承保该处方药。

「紧急情况」指当一名计划参加者所患疾病可能严重危及其生命、健康或恢复最大机能的能力，或当一名计划参加者当前疗程正在使用非处方集药品的情况。

「处方集」指健康计划产品中首选使用且有资格获得承保的药品的完整名录，包括该健康计划产品的门诊处方福利承保的所有药品。处方集亦称处方药名录。

「学名药」指在剂量、安全性、强度、服用方式、品质、疗效和预期用途上与品牌药相当的药品。学名药以粗体和斜体小写字母载于名录中。

「非处方集药品」指未载入健康计划处方集中的处方药。

「开药服务提供者」指经授权开立处方以治疗健康计划参加者的病症的医疗保健服务提供者。

「处方」指开药服务提供者对特定的计划参加者提供的口头、书面或电子形式的指示，包括处方药名称、开药数量、开立日期、开药服务提供者名称及联系信息、开药服务提供者签名（如果以书面形式开立处方及应计划参加者之要求）、病症或开药目的。

「处方药」指由计划参加者的开药服务提供者开具的药品，且需要适用法律规定的处方。

「预先核准」指一项健康计划在承保药品前要求计划参加者或其开药服务提供者取得该健康计划对处方药的核准。当计划参加者有医疗需要取得药品时，该健康计划应给予预先核准。

「阶段治疗」是一个按照顺序对症下药并针对特定病患的病症开药的过程。该健康计划可能要求计划参加者尝试一种或多种药品，以治疗其病症，然后根据阶段治疗要求为其病症承保特定药品。如果计划参加者的开药服务提供者提交阶段治疗例外申请，该健康计划应在条件符合时做出阶段治疗例外处理。

「用户」指负责向计划付款的人士，或者其工作或其他身份（除家庭抚养以外）是取得计划会员资格的基础。

将药品处方集作为您的处方药承保指引

我如何查找药品名录中的药品？

药品名录使用美国医院处方服务机构 (AHFS) 分类法按照治疗类别和等级按字母顺序排列。在类别和等级中，药品名称亦按字母顺序排列。如果您不知道要查找药品的类别或等级，有两种方法搜索药品名称。

- 如果您使用电子版药品名录，您可在电脑键盘上按 Ctrl + F 使用 PDF 搜索功能。在搜索框输入您要查找的药品名称。
- 如果您使用印刷版药品名录，您可在本指引最后的索引中搜索药品名称。

名录中的药品条目包含您计划的处方药福利承保的所有药品和用品的药品名称、药品层级以及其他承保详细信息。

药品名录中的药品条目示例如下。

药品名称	药品层级	要求/限制
FLOVENT HFA AER 110MCG (<i>fluticasone propionate hfa</i>)	第 1 级	QL (10.6 gm / 30 天) ; AGE (11 岁以下)

名录中使用什么药品名称？

品牌药使用专有的、受商标保护的名称进行销售。该药品还有一个非专有或通用的名称进行标识。当该药品以通用形式提供时，通常使用其非专有或**通用名称**指代该药品。

我们的处方集提及的品牌名称仅指处方集中的品牌药。处方集中品牌药将全部以大写字母作为其品牌名称列入。例如，「XIGDUO Xr」是药物成分 dapagliflozin 和 metformin 的长效制剂的品牌名称。其在处方集中以 XIGDUO XR 列入。

处方集中的**学名药**按其**通用名称**以**粗斜体小写字母**列入。如果市场上有 XIGDUO XR 的**通用名称**并将列入处方集中，其药品名称会以「**dapagliflozin-metformin**」列入。

如果某种药品的品牌名称和**通用名称**均列入处方集中，则其会作为独立的药品条目分别列入。例如，COUMADIN 和 **warfarin** 分别列入处方集中，以展示承保药品涵盖了品牌药和**通用药**。如果药品的品牌名称与**通用名称**均列入药品名录中，则其适用不同的药品层级和要求/限制。

查找配药的药房

网络内零售药房

Molina 拥有可处理和分配药物的首选零售药房网络。Molinahealthcare.com 网站有一个药房查找工具，可帮助计划参加者及医疗服务提供者查找网络内药房提供者。您可按邮编、城市、国家、州使用该工具搜索药房。除根据距离限制搜索结果外，还提供其他特定条件，如商店名称、使用语言及/或提供的服务。

专科药房

CVS 专科药房是我们专用于特殊药物的药房，但限制分配的药物除外。限制分配指药物仅可由特定药房提供者分配。CVS 专科药房是邮购药房，可提供临床支持，以帮助计划参加者管理其药物和病症。处方集中的专科药物在限制下标有 SP 字样。大多数专科药物需提交预先核准，以进行医疗必要性审查。开药者可直接向 Molina 提交预先核准申请，也可向 CVS 发送处方，以开始预先核准程序。如果未为计划参加者提供专科药物邮购选项，则 CVS 提供递送药物至当地 CVS 药房以供取药的选项。

CVS 专科药房可通过拨打 1 (800) 364-6331 联系。

邮购药房

CVS Caremark 邮购药房是 Molina 专门用于邮购处方药的网络内药房。对于大多数处方药，计划参加者可注册并收到最多 90 天的供应量，并免费送货上门。

要通过邮购方式配药，医疗服务提供者及/或计划参加者可拨打 FastStart® 免费电话 1 (800) 875-0867，服务时间为周一至周五上午 7 点至下午 7 点，或前往 www.caremark.com 网站。

网络外药房

如果网络内药房无法满足计划参加者的需求，可申请例外处理，获取使用网络外药房的授权。例外处理将根据具体情况对医疗必要性进行审查。

处方理赔受理者

Molina Healthcare 已选择 CVS Caremark 作为药房福利管理 (PBM) 公司，以管理 Molina 计划参加者的处方福利。

- 如有关于处理理赔、处方集状态或拒赔的问题，请致电 1 (800) 364-6331 联系 CVS Caremark 服务台。
- 关于会员资格、分摊费用、处方药福利信息及资格的问题，请致电 1 (888) 665-4621 联系 Molina 客户支持中心。会员服务部服务时间为太平洋标准时间周一至周五上午 8 点至下午 6 点
- 有关医疗服务提供者的问题，请致电 (855) 322-4075 联系 Molina 提供者服务部服务台，服务时间为太平洋标准时间周一至周五上午 8:30 至下午 5:00。

紧急及下班后药物政策

为了防止计划参加者在紧急情况下病症恶化，可能有必要在从 Molina 取得预先核准前提供 72 小时紧急药物供应。（例如，一名计划参加者在正常营业时间后出院并获开立特殊抗生素处方）。

药房已获指示运用其专业判断力。对于 72 小时紧急药物供应，Molina 将按照该等处方的合同约定价格向药房做出补偿。药房可致电 1 (800) 364-6331 联系 CVS Caremark 服务台获取 72 小时供应申请。

药房可在下一个工作日致电 1 (855) 322-4075 联系 Molina 获取授权，以便紧急或下班后处方获得在线处理。建议并预期药房将为在该等紧急情况下配药的情况提供合理的证明。

预先核准及例外申请程序

预先核准

承保需要事先批准的药品将根据标准规则进行审查，以确定医疗必要性。提供者必须证明该药品将用于您所发生的医学认可用途，且其他治疗对您未起作用或医学上不适用。其他要求可能适用，具体须视药品而定。我们可能需要特定的检测结果，以证明某种药品适合于您。这可能适用于治疗长期或其他严重病症的专科药品。计划参加者对提供者或制药者药品样本的反应将不视为规避标准承保规则的理由。

您的提供者可通过 1 (866) 508-6445 传真完整的药品预先核准表格至 Molina。该等表格可通过登录我们的网站 **MolinaHealthcare.com** 获取。

我们会告知您申请获批所用时长。如果申请未获批准，我们会致函说明理由，并就您的后续权利给予指导。

申请例外

我是否可以承保不在处方集或未遵守计划要求或限制的药品？

Molina 设有程序，允许您申请不在处方集或您的计划设有要求或限制的临床相关药品。您的医生可开出不在处方集但其认为最适合您的药品。您的医生可联系 Molina 药房部，要求 Molina 为您承保该药品。如果申请获批，Molina 会联系您的医生。

如果申请被拒，Molina Healthcare 会向您及您的医生致函。该信函将说明药品被拒的理由。如果您对非处方集药品及/或阶段治疗例外申请被拒持有异议，您可提出申诉，申请外部例外审查。获取有关如何提出申诉的信息，请参见题为「投诉及申诉」的协议（政策）一节。

您可配取不再列入药品名录的药品。您的医生可向我们提交预先核准例外申请，要求我们继续承保该药品。

对于非处方集产品，可在处方集产品无法使用及/或符合其他要求时，出于医学认可的用途而予以考虑。该药品必须对您的病症安全且有效。您的医生必须为您开出通常数量的该药品。Molina 可在以下条件承保特定的非处方集药品：

- 您的病历中有特殊需求证明。
- 您的医生证明您已尝试过处方集上的药品，且以往未对您起作用；或该药品对您造成伤害或开药者合理预期会对您造成伤害或引起不良反应。

如果您的处方需要预先核准例外审查，则申请可在标准或紧急情况下予以考虑。

- 任何未被视为紧急情况的申请，均视为标准例外申请。
- 如果您所患疾病可能严重危及您的生命、健康或恢复最大机能的能力，或您当前的治疗正在使用非处方集药品，则申请将被视为紧急情况。您的医生或制造商提供的药物样品试验不视为当前治疗。

我们将会在以下时间通知您及/或您的医疗服务提供者我们的决定：

- 收到紧急申请后 24 小时内
- 收到常规申请后 72 小时内

如果非处方集药品及/或阶段治疗例外首次申请被拒，您可提出申诉，申请外部例外审查。获取有关如何提出申诉的信息，请参见题为「投诉及申诉」的协议（政策）一节。

Molina 会在收到申请后 24 小时内将药品承保决定通知您或您的指定人士及您的开药服务提供者。根据《健康与安全法规》(Health and Safety Code) 第 1367.241 条，如果未在该等时间段内做出决定，申请将自动获 批。

根据《健康与安全法规》(Health and Safety Code) 第 1367.22 条，如果药品申请获批，其将继续获得处方有效期内的承保，包括续药。如果我们以前批准某种药品用于治疗您的病症，只要该药品得到适当开取且仍然安全有效，Molina 不会限制或排除对该药品的承保。

根据《健康与安全法规》(Health and Safety Code) 第 1300.67.24 条，如果您更换保险计划并继续根据 Molina 计划当前阶段治疗要求用药，我们无法要求您重复阶段治疗。您的医疗服务提供者必须通过例外申请通知我们，以便我们了解您正在继续服用以往的药品，其已适当开取，且对您的病症安全有效。

投诉及申诉

如果 Molina 拒绝您的药品申请，受理通知中将会包含一份申诉该决定的权利通知。您还可通过 (888) 665-4621 联系 Molina 客户支持中心，提出申诉或投诉。

注意

本文件所含信息为专有信息。未经书面许可，不得全部或部分复制。保留所有权利。本文件包含对品牌药的引用，其乃药品制造商的商标或注册商标。

说明

药品名录有何要求和限制？

要求和限制可为特定药品设定。药品可能有以下要求和限制：

要求/限制	说明
AGE	有年龄限制。我们仅根据有关药品的安全、疗效和费用信息，为特定年龄群体购买该药品或剂型。
MED	有吗啡当量剂量限制。该药品数量仅限于配取每天 90 毫克吗啡当量（「EQ」）的供应量。
OTC	列入药品名录获承保的非处方剂型，需有医疗服务提供者开立的有效处方。

- PA** 需要预先核准。在为某些药品付款之前，我们需要对其承保进行事先批准。如果某药品或剂型需要预先核准，医疗服务提供者必须证明该药品将用于您所发生的医学认可用途，且其他治疗对您未起作用或不适用。其他要求可能适用，具体须视药品而定。
- QL** 有数量限制。我们将根据有关药品医学认可用途和费用的信息支付每日最高金额。
- ST** 需要阶段治疗。如果我们以往曾向您付款购买所需的阶段治疗药品，则该药品将在药房获得支付，而无需预先核准或阶段治疗例外申请。药品名录会向您展示首先需要的药品以及时长。

某些药品在其列入的药品等级中为指定的「首选品牌」。如果某药品与您申请的药品属同一等级，且为该等级中的「首选品牌」药品，我们要求首先使用或换为「首选品牌」。需要首先使用「首选品牌」药品的特殊药品也可能标有「医疗必要性预先核准」。医疗必要性预先核准规定适用于专科药品。

2021 年 處方集

(承保藥品名錄)

Medi-Cal – Molina Healthcare Inc

MolinaHealthcare.com

注意：本處方集可能會有更改，所有以往版本均不再有效。本處方集電子版本請參見 Molinahealthcare.com。



(Chinese - Traditional)

歡迎瞭解 MOLINA HEALTHCARE!

Molina Healthcare 藥品處方集（藥品名錄）

Molina Healthcare 有一份將會承保的藥品名錄。該名錄被稱為《藥品處方集》。該名錄中的藥品由來自 Molina Healthcare 及醫學界的醫師及藥劑師團隊精心選擇。該團隊每三個月進行一次會面，以討論處方集中的藥品。他們會審查新藥以及醫療保健方面的變更。他們竭力尋找針對不同病症的最有效藥品。《藥品處方集》中藥品的增減均出於不同原因。原因可能為：

- 醫療實踐的改變
- 醫學技術
- FDA 新批准藥品上市
- 藥品被 FDA 撤市
- 某種藥品被認定出現新的安全問題

處方集更改可包括：

- 增減藥品或劑型
- 藥品從一個層級變為另一個層級而產生或多或少的分攤費用
- 在名錄上的相似藥品中，某種藥品是否為首選藥品或非首選藥品
- 增減對藥品或劑型的限制

最可能影響您的處方集更改發生於新計畫年度開始之時。當在其他時間透過我們的標準程式更新時，Molina Healthcare 會每月發佈任何更改並通知您。您計畫的最新藥品名錄請參見我們的網站 Molinahealthcare.com。

該藥品名錄是否包含醫療服務提供者在診所或其他地點向我提供的注射藥品？

通常，藥品名錄中的藥品為您的醫療服務提供者為您開立處方從藥房取得並交予您本人的藥品。您需要從醫療服務提供者處獲得協助而使用的大多數注射藥品由醫療福利承保，而非處方藥（「藥房」）福利承保。您的醫療服務提供者已就如何讓您同意其所購買並協助交給您的藥品獲得 Molina 的指示。某些注射藥品可獲批准透過使用您的處方藥給付從藥房獲得。

我對我的計畫如何承保藥品存在疑問。

本指引包含有關常見疑問的諸多細節。您還可致電 Molina Healthcare 諮詢有關某種藥品的詳細承保問題：

- 我的處方可以在零售藥房配藥嗎？
- 我的處方的分攤費用金額是多少？
- 申請具有預先核准規定的藥品有哪些程式？
- 對於不在處方集或有階段治療規定的藥品，我如何申請例外情況？
- 我的藥品由處方藥福利還是醫療福利承保？

請撥打免費電話 1 (888) 665-4621，服務時間為週一至週五上午 8 點至下午 6 點。
如果您是聾啞人或聽障人士，請撥打 711 取得通訊服務。

您也可以請我們寄送一份藥品名錄給您。

如果某種藥品已載入處方集中，我可以被開立這種藥品嗎？

無法保證您的醫師會為您開立載入處方集的藥品。該指引告知您及您的醫師，您的計畫所承保的處方藥。不在該名錄中的藥品可能未獲您的計畫承保，並需要您花費更多。您可申請為非處方集藥品承保。對於非處方集藥品的申請，將在處方集藥品無法使用及/或符合其他承保要求時，出於醫學認可的用途而予以考慮。詳細資訊請見本指引。

定義

「品牌藥」是指以專有的、受商標保護的名稱銷售的藥品。品牌藥應以大寫字母載於名錄中。

「計畫參加者」為參加一項健康計畫並有權接收該計畫提供的服務的人士。本處方集範本中對參加者的所有引用還應包括以下部分定義的使用者。

「例外申請」是一種對處方藥承保的申請。如果一位計畫參加者、其指定人士或開藥的醫療保健服務提供者提交針對某種處方藥承保的例外申請，且該藥品被認定為治療計畫參加者的病症的必需藥品，則該健康計畫必須承保該處方藥。

「緊急情況」指當一名計畫參加者所患疾病可能嚴重危及其生命、健康或恢復最大機能的能力，或當一名計畫參加者目前療程正在使用非處方集藥品的情況。

「處方集」指健康計畫產品中首選使用且有資格獲得承保的藥品的完整名錄，包括該健康計畫產品的門診處方藥福利承保的所有藥品。處方集也稱為處方藥名錄。

「學名藥」指在劑量、安全性、強度、服用方式、品質、療效和預期用途上與品牌藥相當的藥品。學名藥以粗體和斜體小寫字母載於名錄中。

「非處方集藥品」指未載入健康計畫處方集中的處方藥。

「開藥服務提供者」指經授權開立處方以治療健康計畫參加者的病症的醫療保健服務提供者。

「處方」指開藥服務提供者為特定的計畫參加者提供的口頭、書面或電子形式的指示，包括處方藥名稱、開藥數量、開立日期、開藥服務提供者名稱及聯絡資訊、開藥服務提供者簽名（如果以書面形式開立處方及應計畫參加者之要求）、病症或開藥目的。

「處方藥」指由計畫參加者的開藥服務提供者開立的藥品，且需要適用法律規定的處方。

「預先核准」指一項健康計畫在承保藥品前要求計畫參加者或其開藥服務提供者取得該健康計畫對處方藥的核准。當計畫參加者有醫療需要取得藥品時，該健康計畫應給予預先核准。

「階段治療」是一個按照順序對症下藥並針對特定病患的病症開藥的過程。該健康計畫可能要求計畫參加者嘗試一種或多種藥品，以治療其病症，然後根據階段治療要求為其病症承保特定藥品。如果計畫參加者的開藥服務提供者提交階段治療例外申請，該健康計畫應在條件符合時做出階段治療例外處理。

「使用者」指負責向計畫付款的人士，或者其工作或其他身份（除家庭撫養以外）是取得計畫會員資格的基礎。

將藥品處方集做為您的處方藥承保指引

我如何查找藥品名錄中的藥品？

藥品名錄使用美國醫院處方服務機構 (AHFS) 分類法按照治療類別和等級按字母順序排列。在類別和等級中，藥品名稱也按照字母順序排列。如果您不知道需要查詢的藥品類別或等級，有兩種方法可以搜尋藥品名稱。

- 如果您使用電子版藥品名錄，您可在電腦鍵盤上按 Ctrl + F 使用 PDF 搜尋功能。在搜尋框輸入您要查找的藥品名稱。
- 如果您使用印刷版藥品名錄，您可在本指引最後的索引中搜尋藥品名稱。

名錄中的藥品條目包含您計畫的處方藥福利承保的所有藥品和用品的藥品名稱、藥品層級以及其他承保詳細資訊。

藥品名錄中的藥品條目示例如下。

藥品名稱	藥品層級	要求/限制
FLOVENT HFA AER 110MCG (<i>fluticasone propionate hfa</i>)	第 1 級	QL (10.6 gm / 30 天) ; AGE (11 歲以下)

名錄中使用什麼藥品名稱？

品牌藥使用專有的、受商標保護的品牌名稱進行銷售。該藥品還有一個非專有或通用的名稱進行標識。當該藥品以通用形式提供時，通常使用其非專有或**通用名稱**指代該藥品。

我們的處方集提及的品牌名稱僅指處方集中的品牌藥。處方集中品牌藥將全部以大寫字母做為其品牌名稱列入。例如，「XIGDUO Xr」是藥物成分 dapagliflozin 和 metformin 的長效製劑的品牌名稱。其在處方集中以 XIGDUO XR 列入。

處方集中的**學名藥**按其**通用名稱**以**粗斜體小寫字母**列入。如果市場上有 XIGDUO XR 的**通用名稱**並將列入處方集中，其藥品名稱會以「**dapagliflozin-metformin**」列入。

如果某種藥品的品牌名稱和**通用名稱**均列入處方集中，則其會做為獨立的藥品條目分別列入。例如，COUMADIN 和 **warfarin** 分別列入處方集中，以展示承保藥品的品牌名稱和**通用名稱**。如果藥品的品牌名稱與**通用名稱**均列入藥品名錄中，則其適用不同的藥品層級和要求/限制。

查找配藥的藥房

網絡內零售藥房

Molina 擁有可處理和分配藥物的首選零售藥房網絡。Molinahealthcare.com 網站有一個藥房查找工具，可協助計畫參加者及醫療服務提供者查找網絡內藥房提供者。您可按郵編、城市、國家、州使用該工具搜尋藥房。除根據距離限制搜尋結果外，還提供其他特定條件，如商店名稱、使用語言及/或提供的服務。

專科藥房

CVS專科藥房是我們專用於特殊藥物的藥房，但限制分配的藥物除外。限制分配指藥物僅可由特定藥房提供者分配。CVS專科藥房是郵購藥房，可提供臨床支援，以協助計畫參加者管理其藥物和病症。處方集中的專科藥物在限制下標有 SP 字樣。大多數專科藥物需提交預先核准，以進行醫療必要性審查。開藥者可直接向 Molina 提交預先核准申請，也可向 CVS 發送處方，以開始預先核准程式。如果未為計畫參加者提供專科藥物郵購選項，則 CVS 提供遞送藥物至當地 CVS 藥房以供取藥的選項。

CVS 專科藥房可透過撥打 1 (800) 364-6331 聯絡。

郵購藥房

CVS Caremark 郵購藥房是 Molina 專門用於郵購處方藥的網絡內藥房。對於大多數處方藥，計畫參加者可註冊並收到最多 90 天的供應量，並免費送貨上門。

要透過郵購方式配藥，醫療服務提供者及/或計畫參加者可撥打 FastStart® 免費電話 1 (800) 875-0867，服務時間為週一至週五上午 7 點至下午 7 點，或前往 www.caremark.com 網站。

網絡外藥房

如果網絡內藥房無法滿足計畫參加者的需求，可申請例外處理，獲得使用網絡外藥房的授權。例外處理將根據具體情況對醫療必要性進行審查。

處方理賠受理者

Molina Healthcare 已選擇 CVS Caremark 做為藥房給付管理 (PBM) 公司，以管理 Molina 計畫參加者的處方給付。

- 如有關於處理理賠、處方集狀態或拒賠的問題，請致電 1 (800) 364-6331 聯絡 CVS Caremark 服務台。
- 關於會員資格、分攤費用、處方藥給付資訊及資格的問題，請致電 1 (888) 665-4621 聯絡 Molina 客戶支援中心。會員服務部服務時間為太平洋標準時間週一至週五上午 8 點至下午 6 點
- 有關醫療服務提供者的問題，請致電 (855) 322-4075 聯絡 Molina 提供者服務部服務台，服務時間為太平洋標準時間週一至週五上午 8 點半至下午 5 點。

緊急及非營業時間的藥物政策

為了防止計畫參加者在緊急情況下病症惡化，有必要在從 Molina 取得預先核准前提供 72 小時緊急藥物供應。（例如，一名計畫參加者在正常營業時間後出院並取得特殊抗生素處方箋）。

藥房已獲指示運用其專業判斷力。對於 72 小時緊急藥物供應，Molina 將按照該等處方的合同約定價格向藥房做出補償。藥房可致電 1 (800) 364-6331 聯絡 CVS Caremark 服務台獲得 72 小時供應申請。

藥房可在下一個工作日致電 1 (855) 322-4075 聯絡 Molina 獲得授權，以便緊急或非營業時間的處方獲得線上處理。建議並預期藥房將為在該等緊急情況下所配藥的情況提供合理證明。

預先核准及例外申請程式

預先核准

承保需要事先批准的藥品將根據標準規則進行審查，以確定醫療必要性。提供者必須證明該藥品將用於您所發生的醫學認可用途，且其他治療對您未起作用或醫學上不適用。其他要求可能適用，具體須視藥品而定。我們可能需要特定的檢測結果，以證明某種藥品適合於您。這可能適用於治療長期或其他嚴重病症的專科藥品。計畫參加者對提供者或製藥者藥品樣本的反應將不視為規避標準承保規則的理由。

您的提供者可透過 1 (866) 508-6445 傳真完整的藥品預先核准表格至 Molina。該等表格可透過登錄我們的網站 **MolinaHealthcare.com** 获取。

我們會告知您申請獲批所用時長。如果申請未獲批准，我們會致函說明理由，並就您的後續權利給予指導。

申請例外

我是否可以承保不在處方集或未遵守計畫要求或限制的藥品？

Molina 設有程式，允許您申請不在處方集或您的計畫設有要求或限制的臨床相關藥品。您的醫師可開出不在處方集但其認為最適合您的藥品。您的醫師可聯絡 Molina 藥房部，要求 Molina 為您承保該藥品。如果申請獲批，Molina 會聯絡您的醫師。

如果申請被拒，Molina Healthcare 會向您及您的醫師致函。該信函將說明藥品被拒的理由。如果您對非處方集藥品及/或階段治療例外申請被拒持有異議，您可提出申訴，申請外部例外審查。關於如何提出申訴的資訊，請參見題為「投訴及申訴」的協議（政策）一節。

您可配取不再列入藥品名錄的藥品。您的醫師可向我們提交預先核准例外申請，要求我們繼續承保該藥品。

對於非處方集產品，可在處方集產品無法使用及/或符合其他要求時，出於醫學認可的用途而予以考慮。該藥品必須對您的病症安全且有效。您的醫師必須為您開出通常數量的該藥品。Molina 可在以下條件承保特定的非處方集藥品：

- 您的病歷中有特殊需求證明。
- 您的醫師證明您已嘗試過處方集上的藥品，且以往未對您起作用；或該藥品對您造成傷害或開藥者合理預期會對您造成傷害或引起不良反應。

如果您的處方需要預先核准例外審查，則申請可在標準或緊急情況下予以考慮。

- 任何未被視為緊急情況的申請，均視為標準例外申請。
- 如果您所患疾病可能嚴重危及您的生命、健康或恢復最大機能的能力，或您目前的治療正在使用非處方集藥品，則申請將被視為緊急情況。您的醫師或製造商提供的藥物樣品試驗不視為目前治療。

我們將會在以下時間通知您及/或您的醫療服務提供者我們的決定：

- 收到緊急申請後 24 小時內
- 收到常規申請後 72 小時內

如果非處方集藥品及/或階段治療例外首次申請被拒，您可提出申訴，申請外部例外審查。關於如何提出申訴的資訊，請參見題為「投訴及申訴」的協議（政策）一節。

Molina 會在收到申請後 24 小時內將藥品承保決定通知您或您的指定人士及您的開藥服務提供者。根據《健康與安全法規》(Health and Safety Code) 第 1367.241 條，如果未在該等時間段內做出決定，申請將自動獲批。

根據《健康與安全法規》(Health and Safety Code) 第 1367.22 條，如果藥品申請獲批，其將繼續獲得處方有效期內的承保，包括續藥。如果我們以前批准某種藥品用於治療您的病症，只要該藥品得到適當被開立且仍然安全有效，Molina 不會限制或排除對該藥品的承保。

根據《健康與安全法規》(Health and Safety Code) 第 1300.67.24 條，如果您更換保險計畫並繼續根據 Molina 計畫目前階段治療要求用藥，我們無法要求您重複階段治療。您的醫療服務提供者必須透過例外申請通知我們，以便我們瞭解您正在繼續服用以往的藥品，其已適當被開立，且對您的病症安全有效。

投訴及申訴

如果 Molina 拒絕您的藥品申請，受理通知中將會包含一份申訴該決定的權利通知。您也可以透過 (888) 665-4621 聯絡 Molina 客戶支援中心，提出申訴或投訴。

注意

本文件所含資訊為專有資訊。未經書面許可，不得全部或部分複製。保留所有權利。本文件包含對品牌藥的引用，其乃藥品製造商的商標或註冊商標。

說明

藥品名錄有何要求和限制？

要求和限制可為特定藥品設定。藥品可能有以下要求和限制：

要求/限制	說明
AGE	有年齡限制。我們僅根據有關藥品的安全、療效和費用資訊，為特定年齡群體購買該藥品或劑型。
MED	有嗎啡同等劑量的限制。該藥品數量僅限於每日 90 毫克嗎啡同等 (「EQ」) 的供應量。
OTC	列入藥品名錄獲承保的非處方劑型，需有醫療服務提供者開立的有效處方。
PA	需要預先核准。在為某些藥品付款之前，我們需要對其承保進行事先批准。如果某藥品或劑型需要預先核准，醫療服務提供者必須證明該藥品將用於您所發生的醫學認可用途，且其他治療對您未起作用或不適用。其他要求可能適用，具體須視藥品而定。
QL	有數量限制。我們將根據有關藥品醫學認可用途和費用的資訊支付每日最高金額。
ST	需要階段治療。如果我們以往曾向您付款購買所需的階段治療藥品，則該藥品將在藥房獲得支付，而無需預先核准或階段治療例外申請。藥品名錄會向您展示首先需要的藥品以及時長。

某些藥品在其列入的藥品等級中為指定的「首選品牌」。如果某藥品與您申請的藥品屬同一等級，且為該等級中的「首選品牌」藥品，我們要求首先使用或換為「首選品牌」。需要首先使用「首選品牌」藥品的特殊藥品也可能標有「醫療必要性預先核准」。醫療必要性預先核准規定適用於專科藥品。

2021

كُتَيْب الوصفَات

(قائمة الأدوية المشمولة)

Medi-Cal – Molina Healthcare Inc

MolinaHealthcare.com

ملاحظة: قد يُجرى تعديل لكتيب الوصفات الحالي، ولم تعد جميع الإصدارات السابقة من كتيب الوصفات سارية. يمكنك الحصول على نسخة إلكترونية من كتيب الوصفات من خلال الموقع الإلكتروني Molinahealthcare.com.

(Arabic)



مرحبًا بكم في شركة MOLINA HEALTHCARE!

كتيب وصفات أدوية Molina Healthcare (قائمة الأدوية)

لدى شركة Molina Healthcare قائمة بالأدوية المشمولة، ويُطلق على هذه القائمة "كتيب وصفات الأدوية". ويتم اختيار الأدوية الواردة في القائمة من جانب مجموعة من الأطباء والصيادلة في Molina Healthcare والمجتمع الطبي. وتجتمع المجموعة كل ثلاثة أشهر لمناقشة الأدوية المدرجة في كتيب الوصفات، إلى جانب استعراض الأدوية الجديدة والتغيرات التي تطرأ على الرعاية الصحية. وبالإضافة إلى ذلك، تحاول المجموعة إيجاد الأدوية الأكثر فعالية لمختلف الحالات. ويتم إضافة الأدوية أو إزالتها من كتيب وصفات الأدوية لأسباب مختلفة. ومن بين هذه الأسباب ما يلي:

- التغيرات في الممارسة الطبية
- التكنولوجيا الطبية
- عندما يتم عرض أدوية جديدة معتمدة من إدارة الغذاء والدواء الأمريكية (FDA) في السوق
- عندما تتم إزالة الأدوية من السوق بأمر من إدارة الغذاء والدواء الأمريكية (FDA)
- عندما يرتبط أحد الأدوية بمشكلة جديدة تتعلق بالسلامة

قد تتضمن التعديلات في كتيب الوصفات ما يلي:

- إضافة / إزالة الأدوية أو أنواع الجرعات
- نقل الأدوية من فئة إلى أخرى مما يؤدي زيادة أو انخفاض نسبة تقاسم التكاليف
- درجة أفضلية الدواء بين أدوية مماثلة مدرجة في القائمة
- إضافة / إزالة القيود المفروضة على الأدوية أو أنواع الجرعات

يتم إجراء التعديلات في كتيب الوصفات التي من المرجح أن تؤثر عليك في بداية السنة الجديدة للخطة. وعندما يتم إجراء التحديثات في أوقات أخرى خلال إجرائنا القياسية، ستقوم Molina Healthcare بنشر أي تعديلات على أساس شهري وإخطارك بها. يمكنك الحصول على أحدث قائمة أدوية لخطتك من خلال الموقع الإلكتروني Molinahealthcare.com.

هل تتضمن القائمة أدوية قابلة للحقن يعطيها لي مقدم الرعاية في العيادة أو في أي مكان آخر؟

بشكل عام، تكون الأدوية المدرجة في قائمة الأدوية تلك التي يصفها لك مقدم الرعاية لكي تحصل عليها من الصيدلية وتتناولها بنفسك. وتشتمل الإعانة الطبية على معظم الأدوية القابلة للحقن والتي تحتاج إلى مساعدة من مقدم الرعاية لاستخدامها، وذلك بدلاً من إعانة الوصفات الطبية ("الصيدلية"). لدى مقدم الرعاية المتابع لحالتك تعليمات من Molina بشأن كيفية حصولك على موافقة على الأدوية التي يشتريها ويساعدك على تناولها. ويمكن الموافقة على الحصول على بعض الأدوية القابلة للحقن من الصيدلية باستخدام إعانة الوصفات الطبية.

لدي أسئلة بشأن كيفية تغطية خطتي للأدوية.

يحتوي هذا الدليل على العديد من التفاصيل حول الأسئلة الشائعة، ويمكنك أيضًا الاتصال بشركة Molina Healthcare وطرح أسئلة محددة بشأن تغطية الدواء:

- هل يمكنني صرف الوصفة الطبية من صيدلية للبيع بالتجزئة؟
- ما هي قيمة تقاسم التكاليف بالدولار لوصفتي الطبية؟
- ما هي إجراءات طلب دواء يقتضي الحصول على تصريح مسبق؟
- كيف يمكنني طلب استثناء لدواء غير مدرج في كتيب الوصفات أو يتطلب الوفاء بمتطلبات العلاج التدريجي؟
- هل يخضع الدواء الخاص بي للتغطية بموجب إعانة الوصفات الطبية أو الإعانة الطبية؟

يرجى الاتصال بالرقم المجاني 665-4621 (888) 1، من الإثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى الساعة 6:00 مساءً. للمصابين بالصمم أو ضعف السمع، يرجى الاتصال بالرقم 711 لقسم خدمات الاتصال عن بعد (Telecommunications Service).

كما يمكنك أن تطلب منا إرسال نسخة من قائمة الأدوية إليك عبر البريد الإلكتروني.

إذا تم إدراج دواء في كتيب الوصفات، فهل سيوصف لي هذا الدواء؟

إذا كان أحد الأدوية مدرجًا في كتيب الوصفات، فليس بالضرورة أن يصف لك الطبيب المتابع لحالتك هذا الدواء. يتيح هذا الدليل لك وللطبيب المتابع لحالتك الاطلاع على الوصفات الطبية المدرجة في الخطة التي تتبعها، وقد لا تشمل الخطة التي تتبعها على الأدوية غير المدرجة في هذه القائمة وقد تحملك مزيداً

من التكاليف، هذا ويمكنك أن تطلب إدراج الأدوية غير الواردة في كتيب الوصفات. وستتم دراسة طلبات الأدوية غير الواردة في كتيب الوصفات للاستخدام المقبول طبيًا في حال تعذر استخدام خيارات كتيب الوصفات و / أو تلبية متطلبات التغطية الأخرى، وترد التفاصيل في هذا الدليل.

التعريفات

”الدواء المسجل“ يُقصد به الدواء الذي يتم تسويقه باستخدام علامة تجارية محمية ومسجلة. ويُدرج الدواء المسجل بالحروف الكبيرة بالإنجليزية.

”المُسجَّل“ يُقصد به الشخص المسجل في خطة صحية والذي يحق له الحصول على الخدمات من الخطة. وتشمل جميع الإشارات إلى المسجلين في نموذج كتيب الوصفات المشترك الذي يرد تعريفه في هذا القسم أدناه.

”طلب الاستثناء“ يُقصد به طلب تغطية دواء مقرر بوصفة طبية. وإذا قام أحد المُسجّلين أو من ينوب عنه أو مقدم الرعاية الصحية المتابع لحالته الذي وصف الدواء بتقديم طلب استثناء لتغطية دواء مقرر بوصفة طبية، يجب أن تغطي الخطة الصحية الدواء المقرر بوصفة طبية عندما يتم وصف الدواء لضرورة طبية لعلاج حالة المُسجّل.

”الظروف الطارئة“ يُقصد بها تلك الظروف التي يعاني فيها المُسجل من حالة صحية قد تلحق ضرراً جسيماً بحياته أو صحته أو قدرته على استعادة كامل وظائفه الجسدية أو تلك الظروف التي يخضع فيها المسجل لدورة علاج حالية يتناول فيها دواءً غير مدرج في كتيب الوصفات.

”كتيب الوصفات“ يُقصد به القائمة الكاملة للأدوية التي يُفضل استخدامها والمؤهلة لأن تخضع للتغطية بموجب منتج الخطة الصحية، وتشمل جميع الأدوية الخاضعة للتغطية بموجب إعانة الوصفات الطبية للمرضى الخارجيين لمنتج الخطة الصحية. كما يُعرف كتيب الوصفات بقائمة الأدوية المقررة بوصفة طبية.

”الدواء المكافئ“ يُقصد به الدواء الذي يكافئ منتجاً دوائياً مسجلاً من حيث الجرعة وسلامته وشدته وكيفية تناوله وجودته وفعالته ودواعي تناوله. ويرد الدواء المكافئ مكتوباً بأحرف صغيرة بارزة ومائلة.

”الدواء غير المدرج في كتيب الوصفات“ يُقصد به الدواء المقرر بوصفة طبية غير المدرج في كتيب الوصفات الخاص بالخطة الصحية.

”مقدم الرعاية الواصف“ يُقصد به مقدم الرعاية الصحية المصرح له بكتابة وصفة طبية لمعالجة حالة طبية يعاني منها أحد المسجلين في خطة صحية.

”الوصفة الطبية“ يُقصد بها أمر شفهي أو كتابي أو إلكتروني من قبل مقدم رعاية واصل لأحد المسجلين بعينه وتحتوي على اسم الدواء الموصوف وكميته وتاريخ إصدارها واسم مقدم الرعاية الواصف ومعلومات الاتصال به وتوقيع مقدم الرعاية إذا كانت الوصفة مكتوبة، إضافة إلى، بناءً على طلب المسجل، الحالة الطبية الموصوف لها الدواء أو الغرض من وصفه.

”الدواء المقرر بوصفة طبية“ يُقصد به الدواء الذي يصفه مقدم الرعاية الواصف المتابع لحالة المسجل ويتطلب وصفة طبية بموجب القانون المعمول به.

”التصريح المسبق“ يُقصد به الشرط الذي تطلبه الخطة الصحية ويقضي بأن يحصل المُسجّل أو مقدم الرعاية الواصف المتابع لحالة المسجل على تصريح من الخطة الصحية بتناول الدواء المقرر بوصفة طبية قبل أن يتم إدراجه في الخطة الصحية. وتمنح الخطة الصحية تصريحاً مسبقاً عندما يوصف الدواء للمُسجل لضرورة طبية.

”العلاج التدريجي“ يُقصد به عملية تحديد التسلسل الذي يتم به وصف أدوية مختلفة لحالة طبية معينة ومناسبة طبيًا لمريض معين. وقد تتطلب الخطة الصحية من المُسجّل تجربة دواء واحد أو أكثر لعلاج حالته الطبية قبل أن تقوم الخطة الصحية بتغطية دواء معين للحالة بموجب طلب علاج تدريجي. وفي حالة توفير مقدم الرعاية الواصف المتابع لحالة المسجل طلب لاستثناء العلاج التدريجي، تقوم الخطة الصحية باستثناء العلاج التدريجي متى تحققت المعايير.

”المشترك“ يُقصد به الشخص المسؤول عن الدفع لخطة أو من تكون وظيفته أو أي منصب آخر له، باستثناء إعالة الأسرة، أساس الأهلية للعضوية في الخطة.

استخدام كتيب وصفات الأدوية كدليل تغطية الوصفات الطبية

كيف يمكنني إيجاد أحد الأدوية المدرجة في قائمة الأدوية؟

ترد قائمة الأدوية مرتبة ترتيباً أبجدياً حسب الفئة العلاجية والنوع باستخدام تصنيف إدارة خدمات كتيبات الوصفات الطبية للمستشفيات الأمريكية (American Hospital Formulary Service, AHFS). كما ترد أسماء الأدوية مرتبة ترتيباً أبجدياً في كلا التصنيفين حسب الفئة والنوع، وإذا كنت لا تعرف فئة أو نوع الدواء الذي تبحث عنه، فهناك طريقتان للبحث عن الدواء بالاسم.

- إذا كنت تستخدم نسخة إلكترونية من قائمة الأدوية، يمكنك استخدام خاصية البحث في ملف PDF بالضغط على Ctrl + F في لوحة مفاتيح الحاسوب، ويرجى كتابة اسم الدواء الذي تبحث عنه في خانة البحث.
- إذا كنت تستخدم نسخة مطبوعة من قائمة الأدوية، يمكنك البحث عن اسم الدواء في الفهرس الوارد في نهاية هذا الدليل.

تحتوي مدخلات الأدوية الواردة في القائمة على اسم الدواء وفنته ونفاصل التغطية الأخرى الخاصة بجميع الأدوية والعناصر الخاضعة للتغطية بموجب إعانة الوصفات الطبية الخاصة بالخطوة التي تتبعها.

إليك مثال على أحد مدخلات الأدوية الواردة في قائمة الأدوية.

اسم الدواء	فئة الدواء	المتطلبات / القيود
FLOVENT HFA AER 110MCG (fluticasone propionate hfa)	الفئة الأولى	حدود الكمية (10.6 جم / 30 يوم)، وحدود السن (الحد الأقصى للعمر 11 سنة)

ما هي أسماء الأدوية المستخدمة في القائمة؟

يتم تسويق الأدوية المسجلة باستخدام علامة تجارية محمية ومسجلة باسم من يمتلكها، كما أنه يمكن تعريف الدواء باسم غير مسجل الملكية أو اسم مكافئ. وعندما يتم توفير نوع مكافئ من الدواء، غالباً ما يُستخدم اسم غير مسجل الملكية أو اسم مكافئ للإشارة إليه.

لا يشير كتيب الوصفات الخاص بنا إلا إلى اسم العلامة التجارية للأدوية المسجلة. ويتم إدراج الدواء المسجل في كتيب الوصفات بالحروف الكبيرة حسب اسم علامته التجارية. على سبيل المثال، "XIGDUO XR"، هو اسم العلامة التجارية لنوع الجرعة ممتدة المفعول لمكونات دواء dapagliflozin و metformin. وهو مدرج في كتيب الوصفات باسم XIGDUO XR.

يُدرج **الدواء المكافئ** في كتيب الوصفات باسمه (أسمائه) **المكافئة مكتوباً بحروف بارزة ومائلة وصغيرة**. وفي حال كان هناك نوع مكافئ لدواء XIGDUO XR في السوق وكان من الضروري إدراجه في كتيب الوصفات، فسيتم إدراجه باسم "**dapagliflozin-metformin**".

في حال تم إدراج كل من الاسم التجاري **الشكل المكافئ** لأحد الأدوية في كتيب الوصفات، فسيتم إدراج كلٍ منهما كمدخلات دواء منفصلة. على سبيل المثال، يرد كل من دواء COUMADIN ودواء **warfarin** بشكل منفصل لإظهار أن كلا من الشكل التجاري **والشكل المكافئ** مدرجان في كتيب الوصفات. وتطبق مختلف فئات ومتطلبات / حدود الدواء على الشكل التجاري مقابل **الشكل المكافئ** للدواء في حال تم إدراج كليهما في قائمة الأدوية.

البحث عن صيدلية لصرف وصفة طبية

صيدليات البيع بالتجزئة التابعة للشبكة

تمتلك شركة Molina مجموعة من صيدليات البيع بالتجزئة المفضلة التي يمكنها تجهيز الأدوية وصرفها، ويوجد على موقع Molinahealthcare.com أداة لتحديد مواقع الصيدليات التي يمكنها مساعدة المسجلين ومقدمي الخدمات في البحث عن مقدم خدمات صيدلانية تابع للشبكة. وتتيح لك هذه الأداة البحث عن الصيدليات بالرمز البريدي والمدينة والدولة والولاية، إلى جانب خاصية تصفية نتائج البحث استناداً إلى المسافة ومعايير أخرى معينة مثل اسم المتجر و / أو اللغة المتحدث بها و / أو الخدمات المقدمة.

الصيدليات المتخصصة

تعد الصيدليات المتخصصة التابعة لسي في إس (CVS Specialty Pharmacy) هي صيدليات حصرية لبيع الأدوية المتخصصة، باستثناء الأدوية محدودة التوزيع. ويُقصد بالأدوية محدودة التوزيع تلك الأدوية التي لا يمكن صرفها إلا من عدد محدد من مقدمي الخدمات الصيدلانية. ويُقصد بالصيدليات المتخصصة التابعة لسي في إس الصيدليات التي توفر الطلبات البريدية والدعم الطبي لمساعدة المسجلين على إدارة أدويتهم وحالتهم الصحية. ويشار إلى الأدوية المتخصصة برمز SP تحت بند القيود الواردة في كتيب الوصفات. وتتطلب معظم الأدوية المتخصصة الحصول على تصريح مسبق لتقديمها لمراجعة الضرورة الطبية. يمكن للواصف تقديم طلبات التصريح المسبق مباشرة إلى Molina أو إرسال الوصفات الطبية إلى CVS لبدء إجراءات التصريح المسبق. وفي حال عدم توافر تسليم الأدوية المتخصصة عبر البريد للمسجل، تقدم CVS خيار شحن الأدوية إلى صيدلية محلية تابعة لـ CVS لاستلامها.

يمكنك التواصل مع CVS Specialty عن طريق الاتصال بالرقم 364-6331 (800) 1.

صيدليات الطلبات البريدية

تعد الصيدلية التي توفر خدمات التوصيل بالبريد التابعة لسي في إس كيرمارك (CVS Caremark Mail Service) صيدلية حصرية تابعة لشبكة Molina تعمل على توصيل الوصفات الطبية عبر البريد. يمكن للمُسجّلين إنشاء حساب للحصول على إمداد لمدة تصل إلى 90 يومًا بمعظم الأدوية المقررة بوصفة طبية، والتي يتم توصيلها إلى منازلهم مباشرة دون أي تكلفة.

للحصول على الوصفات الطبية من خلال البريد، يمكن لمقدم الرعاية و / أو المُسجّل الاتصال بـ FastStart® على الرقم المجاني (875-0867) (800) 1 من الإثنين إلى الجمعة من الساعة 7 صباحًا حتى الساعة 7 مساءً www.caremark.com.

الصيدليات غير التابعة للشبكة

في حال عدم وفاء الصيدليات التابعة للشبكة باحتياجات المُسجّل، يمكن طلب استثناء للحصول على تصريح بالاستعانة بصيدلية غير تابعة للشبكة. وستتم مراجعة الاستثناءات وفقاً للضرورة الطبية على أساس كل حالة على حدة.

معالج طلبات الوصفات الطبية

اخترت شركة Molina Healthcare شركة CVS Caremark بصفتها شركة إدارة الإعانات الصيدلانية (Pharmacy Benefit Management, PBM) لإدارة الإعانات الوصفات الطبية المقدمة للمُسجّلين في Molina.

- يمكن توجيه الأسئلة المتعلقة بتجهيز الطلبات أو حالة كتيب الوصفات أو الطلبات المرفوضة إلى CVS Caremark Help Desk عن طريق الاتصال بالرقم 364-6331 (800) 1.
- يمكن الاستفسار عن العضوية ونسبة تقاسم التكاليف ومعلومات عن إعانات الوصفات الطبية والاستفسارات المتعلقة بالأهلية من خلال الاتصال بـ Molina Customer Support Center على الرقم 665-4621 (800) 1. يعمل قسم خدمات الأعضاء (Member Services) من الإثنين إلى الجمعة من الساعة 8 صباحًا حتى الساعة 6 مساءً حسب التوقيت الباسيفيكي القياسي.
- يمكن طرح الاستفسارات المتعلقة بمقدم الرعاية عن طريق الاتصال بـ Molina Provider Services Help Desk على الرقم 322-4075 (855) من الإثنين إلى الجمعة من الساعة 8:30 صباحًا حتى الساعة 5:00 مساءً حسب التوقيت الباسيفيكي القياسي.

سياسة الأدوية العاجلة وبعد ساعات العمل

لمنع تدهور حالة أحد المُسجّلين في حالة طارئة، قد يكون من الضروري صرف الأدوية التي تعالج الحالات المزمنة الحادة لمدة 72 ساعة قبل الحصول على إذن مسبق من Molina. (على سبيل المثال، يتم إخراج الشخص المُسجّل من المستشفى بعد ساعات العمل المعتادة بوصفة طبية من مضادات حيوية محددة).

يطلب من العاملين في الصيدليات استخدام الحس المهني. تقوم شركة Molina بدفع تكاليف أدوية الحالات الحادة للصيدليات لمدة 72 ساعة بمعدلات متعاقد عليها فيما يتعلق بهذه الوصفات الطبية. يمكن للصيدليات الاتصال بمكتب المساعدة في شركة CVS Caremark على الرقم 364-6331 (800) 1 للحصول على استثناء للإمداد بالدواء لمدة 72 ساعة.

يمكن للصيدليات الاتصال بشركة Molina على الرقم 322-4075 (855) 1 في يوم العمل التالي للحصول على تصريح للسماح باستكمال إجراءات وصفات العلاج الطارئ أو المطلوب بعد ساعات العمل عبر الإنترنت. ينصح ويتوقع أن توفر الصيدلية وثائق معقولة للحالات التي يتم فيها توزيع الأدوية في ظل هذه الظروف الطارئة.

التصريح المسبق وإجراء طلب الاستثناء

التصريح المسبق:

تتم مراجعة الأدوية التي تتطلب موافقة مسبقة للتغطية وفقاً للقواعد القياسية لتحديد الضرورة الطبية. يجب أن يوضح مقدمو الرعاية أن الدواء سيستخدم في نطاق استخدام طبي مقبول وأن العلاجات الأخرى لم تكن فعالة معك أو أنها غير مناسبة طبياً. قد تنطبق متطلبات أخرى اعتماداً على الأدوية. قد نطلب بعض نتائج الاختبارات لإظهار أن الدواء مناسب لك. قد تكون تلك الاختبارات مفيدة فيما يتعلق بالأدوية المتخصصة المستخدمة لعلاج الأمراض الخطيرة طويلة الأجل أو غيرها. لن تعتبر استجابة المُسجّلين لعينات الأدوية من مقدم رعاية أو مُصنع دواء كسبب لتجاوز القواعد القياسية للتغطية.

يجوز لمقدم الرعاية الخاص بك إرسال نموذج التصريح المسبق للحصول على الدواء عبر الفاكس إلى Molina على الرقم 508-6445 (866) 1. يمكن الحصول على النماذج عبر تسجيل الدخول إلى الموقع الإلكتروني MolinaHealthcare.com.

سنخبرك بمدى الموافقة على الطلب. إذا لم تتم الموافقة على الطلب، فسوف نرسل خطابًا موضحًا فيه أسباب الرفض ومدرجًا به التعليمات المتعلقة بحقوقك في المتابعة.

طلب استثناء

هل يمكنني الحصول على دواء خاضع للتغطية إذا لم يكن مدرجًا في كتيب الوصفات أو لا يقع ضمن متطلبات أو حدود الخطة؟

لدى شركة Molina عملية تسمح لك بطلب الأدوية المناسبة سريريًا والتي لا تندرج في كتيب الوصفات أو لا تقع ضمن متطلبات أو حدود الخطة. قد يطلب طبيبك دواء غير مدرج في كتيب الوصفات الطبية لأنه يعتقد أنه الأفضل بالنسبة لك. قد يتصل طبيبك بالمختصين في قسم الصيدلة بـ Molina ليطلب منهم إدراج دوائك في تغطية الخطة الصحية. في حالة الموافقة على الطلب، سوف يتصل الموظف المختص في Molina بطبيبك.

إذا تم رفض الطلب، سترسل شركة Molina Healthcare خطابًا لك ولطبيبك. سوف يوضح لك الخطاب سبب رفض إدراج الدواء في التغطية. إذا كنت لا توافق على رفض طلب الدواء غير المدرج في كتيب الوصفات و / أو طلب استثناء العلاج التدريجي، فيمكنك تقديم تظلم لطلب مراجعة استثناء خارجية. يرجى الرجوع إلى الجزء المحدد في الاتفاقية (السياسة) بعنوان "الشكاوى والطعون" للحصول على معلومات تتعلق بكيفية تقديم التظلمات.

ربما تتناول دواء لم يعد مدرجًا في قائمة الأدوية. يمكن أن يطلب طبيبك منا الاستمرار في تغطيته الدواء عن طريق إرسال طلب استثناء بتصريح مسبق لنا للحصول على الدواء.

يمكن النظر في المنتجات غير المدرجة في كتيب الوصفات بغرض تغطية الاستخدام المقبول طبيًا عندما لا يمكن استخدام خيارات الأدوية المدرجة في كتيب الوصفات و / أو تلبية المتطلبات الأخرى. يجب أن يكون الدواء آمنًا وفعالًا لحالتك الطبية. يجب أن يكتب لك طبيبك الوصفة الطبية للكمية المعتادة التي تتناولها من الدواء. قد تغطي شركة Molina أدوية غير مدرجة في كتيب الوصفات في الحالات التالية:

- يوجد توثيق للحاجة المحددة في سجلك الطبي.
- لقد أكد طبيبك أنك جربت بعضًا من الأدوية المدرجة في كتيب الوصفات الطبية ولم تكن ذات فائدة لك فيما مضى؛ أو تسببت خيارات الأدوية في إلحاق الأذى بك أو يتوقع من يصف الأدوية بشكل معقول أنها سوف تتسبب في إلحاق ضرر بك أو إحداث آثار جانبية سلبية.

إذا كانت الوصفة الخاصة بك تتطلب مراجعة تصريح مسبق للاستثناء، فيمكن إعادة النظر في الطلب في حالة الظروف القياسية أو الظروف الطارئة.

- يُعد أي طلب لا يُعتبر ظرفًا طارئًا بمثابة طلب استثناء قياسي.
- يعتبر الطلب ظرفًا طارئًا إذا كنت تعاني من حالة صحية قد تضر بحياتك أو صحتك أو قدرتك على استعادة الحد الأقصى من قدراتك، أو إذا كنت تخضع للعلاج الحالي باستخدام دواء غير مدرج في كتيب الوصفات الطبية. لن يتم اعتبار تجارب العينات الصيدلانية من طبيبك أو الشركة المصنعة بمثابة علاج حالي.

سيتم إعلامك و / أو إعلام مقدم الرعاية بقرارنا في موعد لا يتجاوز:

- 24 ساعة بعد استلام طلب عاجل
- 72 ساعة بعد استلام طلب روتيني

إذا تم رفض الطلب الأولي للحصول على دواء غير مدرج في كتيب الوصفات الطبية و / أو طلب استثناء علاج تدريجي، فيمكنك تقديم شكوى تطلب مراجعة استثناء خارجية. يرجى الرجوع إلى الجزء المحدد في الاتفاقية (السياسة) بعنوان "الشكاوى والطعون" للحصول على معلومات تتعلق بكيفية تقديم التظلم.

سوف تقوم شركة Molina بإخطارك أنت أو من ينوب عنك ومقدم الرعاية الواسف الخاص بك بقرار تغطية الدواء في غضون 24 ساعة من استلام الطلب. وفقًا للقرار 1367.241 من قانون الصحة والسلامة، إذا لم يتم اتخاذ قرار خلال هذه الأطر الزمنية، فسيتم اعتماد الطلب تلقائيًا.

وفقًا للقرار 1367.22 من قانون الصحة والسلامة، إذا تمت الموافقة على طلب الدواء، فسيستمر تغطيته طوال مدة الوصفة الطبية، يشمل ذلك طلب عبوات دواء جديدة. لن تقيد Molina أو تستثنى تغطية الدواء إذا وافقنا عليه سابقًا لحالتك واستمر مقدم الرعاية في وصفه، طالما أن الدواء موصوف بشكل مناسب ولا يزال آمنًا وفعالًا.

وفقًا للقرار 1300.67.24 من قانون الصحة والسلامة، لا يمكننا أن نطلب منك تكرار العلاج التدريجي إذا غيرت خطط التأمين وتقوم بمواصلة تناول دواء يخضع حاليًا لمتطلبات العلاج التدريجي بموجب خطة Molina الخاصة بك. سيتعين على مقدم الرعاية إخطارنا بطلب استثناء حتى نعلم أنك تواصل تناول الدواء، وأنه موصوف بشكل مناسب، وآمن وفعال لحالتك.

الشكاوى والطعون

إذا رفضت شركة Molina طلب الدواء الخاص بك، فسيتم تضمين إشعار بأحقية الطعن على القرار في إعلان الدعوى. يمكنك أيضًا تقديم تظلم أو شكوى من خلال الاتصال بمركز دعم العملاء في Molina على الرقم 665-6421 (888).

إشعار

المعلومات الواردة في هذه الوثيقة هي معلومات خاصة. لا يجوز نسخ المعلومات كلياً أو جزئياً دون إذن كتابي. كل الحقوق محفوظة. تحتوي هذه الوثيقة على إشارات إلى الأدوية التي تحمل أسماء تجارية والتي تعد علامات تجارية أو علامات تجارية مسجلة لمصنعي الأدوية.

توضيح

ما هي المتطلبات والحدود المدرجة في قائمة الأدوية؟

قد يتم وضع متطلبات وحدود لبعض الأدوية. قد يُفرض على الأدوية المتطلبات والقيود التالية:

المتطلبات/الحدود	وصف
العمر	تتطبق الحدود المتعلقة بالعمر. إننا لا ندفع ثمن هذا الدواء أو الجرعة إلا لفئات عمرية معينة بناءً على معلومات تتعلق بسلامة الدواء وفعالته وتكلفته.
الجرعة المكافئة من المورفين	تطبق حدود الجرعة المكافئة من المورفين. تخضع كميات هذا الدواء إلى المكافئ ("مكافئ") البالغ 90 ملليغرام من المورفين في اليوم الواحد للجرعة المقدمة.
الأدوية التي تصرف دون وصفة طبية	يتم تغطية الأدوية التي تصرف دون وصفة طبية في قائمة الأدوية مع وصفة طبية صالحة من مقدم الرعاية.
التصريح المسبق	يطلب تصريح مسبق. نطلب موافقة مسبقة لإجراء التغطية على بعض الأدوية قبل أن يتم دفع مقابلها. إذا كان التصريح المسبق مطلوباً للحصول على شكل دواء أو جرعة، فيجب على مقدمي الرعاية أن يظهروا أنك تستخدم الدواء استخداماً مقبولاً من الناحية الطبية وأن العلاجات الأخرى غير فعالة أو غير مناسبة. قد تنطبق متطلبات أخرى اعتماداً على الأدوية.
حدود الكمية	تطبق الحدود المتعلقة بالكمية. سندفع تكلفة بحد أقصى مبلغ يتم دفعه يومياً بناءً على معلومات تتعلق باستخدام الدواء وتكلفته المقبولة طبياً.
العلاج التدريجي	يطلب العلاج التدريجي. إذا دفعنا لك تكلفة الحصول على دواء (أدوية) العلاج التدريجي في الماضي، فسيتم دفع تكلفة هذا الدواء في الصيدلية دون الحاجة إلى طلب تصريح مسبق أو طلب استثناء علاج تدريجي. سنظهر لك قائمة الأدوية ما هي الأدوية المطلوبة أولاً ومدتها.
	يتم تصنيف بعض الأدوية على أنها "علامة تجارية مفضلة" في فئة الأدوية التي يتم إدراجها فيها. إذا كان هناك دواء في نفس الفئة مثل الدواء الذي تطلبه ومدرج ضمن أدوية العلامة التجارية المفضلة في الفئة، فإننا نطلب أن يتم استخدام العلامة التجارية المفضلة أولاً أو كبديل. يمكن الإشارة أيضاً إلى الأدوية المحددة التي تتطلب استخدام دواء العلامة التجارية المفضلة أولاً "التصريح المسبق للضرورة الطبية". تنطبق متطلبات التصريح المسبق للضرورة الطبية على الأدوية المتخصصة.

2021

Pormularyo

(Listahan ng mga Sinasaklaw na Gamot)

Medi-Cal – Molina Healthcare Inc

[MolinaHealthcare.com](https://www.MolinaHealthcare.com)

Abiso: Maaaring magbago ang pormularyo at wala nang bisa ang lahat ng dating bersyon ng pormularyo. May makikitang elektronikong bersyon ng pormularyo sa [Molinahealthcare.com](https://www.Molinahealthcare.com).

WELCOME SA MOLINA HEALTHCARE!

Pormularyo ng Gamot ng Molina Healthcare (Listahan ng mga Gamot)

May listahan ang Molina Healthcare ng mga gamot na sasaklawin nito. Ang listahan ay tinatawag na Pormularyo ng Gamot. Ang mga gamot sa listahan ay pinipili ng isang pangkat ng mga doktor at parmasyutiko mula sa Molina Healthcare at ng medikal na komunidad. Nagpupulong ang pangkat tuwing tatlong buwan upang pag-usapan ang tungkol sa mga gamot na nasa pormularyo. Sinusuri nila ang mga bagong gamot at pagbabago sa pangangalagang pangkalusugan. Sinusubukan nilang mahanap ang mga pinakamabisang gamot para sa iba't ibang kundisyon. Nagdaragdag o nag-aalis ng mga gamot sa Pormularyo ng Gamot para sa iba't ibang dahilan. Ang mga dahilan ay maaaring:

- Mga pagbabago sa medikal na kasanayan
- Medikal na teknolohiya
- Kapag nagkaroon ng mga bagong gamot na inaprubahan ng FDA sa merkado
- Kapag may inalis ang FDA na mga gamot sa merkado
- Kapag may natukoy na gamot na may bagong isyu sa kaligtasan

Maaaring kabilang sa mga pagbabago sa pormularyo ang:

- Pagdaragdag/Pag-aalis ng mga gamot o uri ng dosis
- Paglilipat ng gamot mula sa isang tier ng gamot papunta sa iba na nagreresulta sa mas mataas o mas mababang pagbabahagi ng gastos
- Kung pinipili o hindi pinipili ang isang gamot sa mga katulad na gamot sa listahan
- Pagdaragdag/Pag-aalis ng mga paghihigpit sa isang gamot o uri ng dosis

Nangyayari sa simula ng bagong taon ng plano ang mga pagbabago sa pormularyo na pinakamalamang na makakaapekto sa inyo. Kapag nagkaroon ng mga update sa ibang pagkakataon sa pamamagitan ng aming karaniwang proseso, ilalathala ng Molina Healthcare ang anumang pagbabago buwan-buwan at aabisuhan kayo. Ang pinakabagong listahan ng gamot ng inyong plano ay nasa aming website sa Molinahealthcare.com.

Kinabibilangan ba ang listahan ng gamot ng mga injectable na gamot na ibinibigay sa akin ng isang Provider sa isang klinika o iba pang lokasyon?

Sa pangkalahatan, ang mga gamot sa listahan ng gamot ay mga gamot na inirereseta ng inyong provider para kunin ninyo sa isang parmasya at gamitin sa inyong sarili. Ang karamihan sa mga injectable na gamot na kailangan ninyo ng tulong mula sa isang Provider para magamit ang mga ito ay sinasaklaw sa ilalim ng medikal na benepisyong sa halip na ang benepisyong sa inireresetang gamot ("parmasya"). May mga tagubilin ang inyong Provider mula sa Molina sa kung paano kayo maaprubahan para sa mga gamot na binibili nila at tumutulong upang maibigay sa inyo. Maaaring maaprubahan ang ilang injectable na gamot na kunin sa isang parmasya gamit ang inyong benepisyong sa inireresetang gamot.

Mayroon akong mga tanong tungkol sa kung paano sinasaklaw ng aking plano ang mga gamot.

Naglalaman ang gabay na ito ng maraming detalye para sa mga karaniwang tanong. Maaari din ninyong tawagan ang Molina Healthcare at magtanong nang partikular sa pagsaklaw tungkol sa isang gamot:

- Maaari bang kunin ang aking reseta sa isang retail na parmasya?
- Ano ang halaga ng dolyar sa pagbabahagi ng gastos para sa aking reseta?
- Ano ang proseso para sa paghiling ng gamot na nangangailangan ng Paunang Pahintulot?
- Paano ako maaaring humiling ng pagbubukod para sa isang gamot na wala sa pormularyo o may mga kinakailangan para sa step therapy?
- Sinasaklaw ba ang aking gamot sa ilalim ng benepisyong sa inireresetang gamot o ng medikal na benepisyong?

Tumawag nang toll-free sa 1 (888) 665-4621, Lunes hanggang Biyernes, 8:00 a.m. hanggang 6:00 p.m.
Kung bingi kayo o nahihirapang makarinig, i-dial ang 711 para sa Telecommunications Service.

Maaari din kayong humiling sa amin na magpadala sa inyo ng kopya ng listahan ng gamot.

Kung nakalista ang isang gamot sa pormularyo, irereseta ba sa akin ang gamot na iyon?

Ang pagkakalista ng isang gamot sa pormularyo ay hindi naggagarantiya na irereseta ito ng inyong doktor para sa inyo. Ipinapaalam ng gabay na ito sa inyo at sa inyong doktor kung aling mga inireresetang gamot ang sinasaklaw ng inyong plano. Ang mga gamot na wala sa listahang ito ay maaaring hindi sinasaklaw ng inyong plano at maaaring mas malaki ang magagastos ninyo. Maaari kayong humiling na saklawin ang mga gamot na wala sa pormularyo. Isasaalang-alang ang mga kahilingan para sa mga gamot na wala sa pormularyo para sa medikal na tinatanggap na paggamit kapag hindi magagamit ang mga opsyon sa pormularyo at/o natutugunan ang mga kinakailangan sa pagsaklaw. Nasa gabay na ito ang mga detalye.

MGA KAHULUGAN

Ang “branded na gamot” ay isang gamot na ibinebenta sa ilalim ng pangalang pribado at protektado ng trademark. Dapat ay nakalista ang branded na gamot sa MALALAKING titik.

Ang “nagpatala” ay isang taong nagpatala sa isang planong pangkalusugan na karapat-dapat na makatanggap ng mga serbisyo mula sa plano. Ang lahat ng pagtukoy sa mga nagpatala sa template ng pormularyo na ito ay dapat na kinabibilangan din ng subscriber tulad ng tinukoy sa seksyong ito sa ibaba.

Ang “kahilingan sa pagbubukod” ay isang kahilingan para sa pagsaklaw ng isang inireresetang gamot. Kung ang isang nagpatala, ang kanyang itinalaga o ang nagreresetang provider ng pangangalaga sa kalusugan ay magsumite ng kahilingan sa pagbubukod para sa pagsaklaw ng isang inireresetang gamot, dapat na saklawin ng planong pangkalusugan ang inireresetang gamot kapag natukoy ang gamot na medikal na kinakailangan upang magamot ang kundisyon ng nagpatala.

Ang “mga agarang pangyayari” ay kapag may kundisyong pangkalusugan ang isang nagpatala na maaaring lubhang maglagay sa panganib sa buhay, kalusugan o kakayahan ng nagpatala na muling makakilos nang maayos o kapag sumasailalim ang isang nagpatala sa isang kasalukuyang proseso ng pangagamot gamit ang isang gamot na wala sa pormularyo.

Ang “pormularyo” ay ang kumpletong listahan ng mga gamot na pinipiling gamitin at kwalipikado para sa pagsaklaw sa ilalim ng isang produkto ng planong pangkalusugan, at kinabibilangan ng lahat ng gamot na sinasaklaw sa ilalim ng benepisyo sa inireresetang gamot ng outpatient na produkto ng planong pangkalusugan. Kilala rin ang pormularyo bilang listahan ng inireresetang gamot.

Ang “generic na gamot” ay kaparehong gamot ng katumbas nitong branded na gamot sa dosis, kaligtasan, tapang, kung paano ito ginagamit, kalidad, bisa, at nilalayong paggamit. Nakalista ang generic na gamot sa naka-bold at naka-italicize na maliliit na titik.

Ang “gamot na wala sa pormularyo” ay isang inireresetang gamot na hindi nakalista sa pormularyo ng planong pangkalusugan.

Ang “nagreresetang provider” ay isang provider ng pangangalaga sa kalusugan na pinahintulutang magsulat ng reseta upang gamutin ang isang medikal na kundisyon para sa isang nagpatala sa planong pangkalusugan.

Ang “reseta” ay isang sinasalita, nakasulat, o elektronikong order ng isang nagreresetang provider para sa isang partikular na nagpatala na naglalaman ng pangalan ng inireresetang gamot, dami ng inireresetang gamot, petsa ng pagbibigay, pangalan at impormasyon sa pakikipag-ugnayan ng nagreresetang provider, lagda ng nagreresetang provider kung nakasulat ang reseta, at kung hiniling ng nagpatala, ang medikal na kundisyon o layunin kung para saan ang inireresetang gamot.

Ang "inireresetang gamot" ay isang gamot na inirereseta ng nagreresetang provider ng nagpatala at nangangailangan ng reseta sa ilalim ng naaangkop na batas.

Ang "Paunang Pahintulot" ay isang kinakailangan ng planong pangkalusugan na kukunin ng nagpatala o ng nagreresetang provider ng nagpatala ang pahintulot ng planong pangkalusugan para sa isang inireresetang gamot bago sasaklawin ng planong pangkalusugan ang gamot. Dapat ay magbigay ng paunang pahintulot ang planong pangkalusugan kapag medikal na kinakailangan na makuha ng nagpatala ang gamot.

Ang "step therapy" ay isang prosesong tumutukoy sa pagkakasunod-sunod ng pagreseta ng iba't ibang inireresetang gamot para sa isang partikular na medikal na kundisyon at medikal na naaangkop para sa isang partikular na pasyente. Maaaring hilingin ng planong pangkalusugan sa nagpatala na subukan ang isa o higit pang gamot upang gamutin ang medikal na kundisyon ng nagpatala bago saklawin ng planong pangkalusugan ang isang partikular na gamot para sa kundisyon alinsunod sa isang kahilingan sa step therapy. Kung magsusumite ang nagreresetang provider ng nagpatala ng kahilingan para sa pagbubukod sa step therapy, dapat ay gumawa ang mga planong pangkalusugan ng mga pagbubukod sa step therapy kapag natugunan ang mga pamantayan.

Ang ibig sabihin ng "subscriber" ay ang taong dapat magbayad sa isang plano o ang trabaho o iba pang status, maliban sa pagiging dependent ng pamilya, ay ang batayan para sa pagiging kwalipikado para sa membership sa plano.

PAGGAMIT SA PORMULARYO NG GAMOT BILANG INYONG GABAY SA PAGSAKLAW NG INIRERESETANG GAMOT

Paano ako maghahanap ng gamot na nasa listahan ng gamot?

Nakaayos ayon sa alpabeto ang listahan ng mga gamot ayon sa kategorya ng bisa at uri gamit ang pag-uuri-uri ng American Hospital Formulary Service (AHFS). Sa loob ng kategorya at uri, nakaayos din ang mga pangalan ng gamot ayon sa alpabeto. Kung hindi ninyo alam ang kategorya o uri para sa gamot na hinahanap ninyo, may dalawang paraan upang mahanap ang gamot ayon sa pangalan.

- Kung gumagamit kayo ng elektronikong bersyon ng listahan ng gamot, maaari ninyong gamitin ang Function sa Paghahanap ng PDF sa pamamagitan ng pagpindot sa Ctrl + F sa keyboard ng inyong computer. I-type ang pangalan ng gamot na hinahanap ninyo sa kahon para sa paghahanap.
- Kung gumagamit kayo ng naka-print na bersyon ng listahan ng gamot, maaari ninyong hanapin ang pangalan ng gamot sa Index sa dulo ng gabay na ito.

Ang mga entry ng gamot sa listahan ay naglalaman ng Pangalan ng Gamot, Tier ng Gamot, at iba pang detalye ng pagsaklaw para sa lahat ng gamot at item na sinasaklaw sa ilalim ng benepisyong sa inireresetang gamot ng inyong plano.

Narito ang isang halimbawa ng isang entry ng gamot sa listahan ng gamot.

Pangalan ng Gamot	Tier ng Gamot	Mga Kinakailangan/Limitasyon
FLOVENT HFA AER 110MCG <i>(fluticasone propionate hfa)</i>	Tier 1	QL (10.6 gm / 30 araw); EDAD (Max na edad 11 taon)

Anong mga pangalan ng gamot ang ginagamit sa listahan?

Ibinebenta ang mga branded na gamot gamit ang PANGALAN NG BRAND na pribado at pinoprotektahan ng trademark. Mayroon ding hindi pribado o generic na pangalang tumutukoy sa gamot. Kapag may ginawang available na generic na uri ng gamot, kadalasan ay hindi ito pribado, o ginagamit ang **generic na pangalan** upang tukuyin ang gamot.

Tumutukoy ang aming Pormularyo sa PANGALAN NG BRAND lang para sa mga branded na gamot sa pormularyo. Ililista ang BRANDED na gamot sa pormularyo sa MALALAKING titik tulad ng PANGALAN NG BRAND nito. Halimbawa, ang "XIGDUO XR," ay ang PANGALAN NG BRAND para sa extended release na uri ng dosis ng mga sangkap ng gamot na dapagliflozin at metformin. Nakalista ito sa pormularyo bilang XIGDUO XR.

Ang **generic na gamot** sa pormularyo ay nakalista ayon sa **(mga) generic na pangalan** nito sa **naka-bold at naka-italic na maliliit na titik**. Kung may **generic** na uri ng XIGDUO XR sa merkado at ilalagay ito sa pormularyo, ililista ang Pangalan ng Gamot nito bilang **"dapagliflozin-metformin."**

Kung parehong nakalista sa pormularyo ang BRANDED NA URI at ang **generic na uri** para sa isang gamot, ililista ang bawat isa sa mga ito bilang magkakahiwalay na entry ng gamot. Halimbawa, ililista nang magkahiwalay ang COUMADIN at **warfarin** upang ipakitang parehong sinasaklaw sa pormularyo ang BRANDED NA URI at ang **generic na uri**. Magkaibang Tier ng Gamot at Mga Kinakailangan/Limitasyon ang malalapat para sa isang BRANDED NA URI kumpara sa **generic na uri** ng isang gamot kung parehong nasa listahan ng gamot ang mga ito.

PAGHAHANAP NG PARMASYA NA PAGKUKUNAN NG RESETA

Retail na Parmasya ng Network

Ang Molina ay may network ng mga pinipiling retail na parmasyang maaaring magproseso at magbigay ng gamot. May makikitang tool sa paghahanap ng Parmasya sa website na Molinahealthcare.com na makakatulong sa mga nagpatala at provider sa paghahanap ng provider ng parmasya na nasa network. Binibigyang-daan kayo ng tool na maghanap ng mga parmasya ayon sa Zip code, lungsod, bansa, estado. Maaari ding limitahan ang mga resulta ng paghahanap batay sa layo, iba pang partikular na pamantayan tulad ng pangalan ng store, wikang sinasalita at/o mga serbisyo ng inaalok.

Espesyal na Parmasya

Ang CVS Specialty Pharmacy ay ang aming eksklusibong parmasya para sa mga espesyal na gamot, maliban sa mga gamot na limitado ang pamamahagi. Ang ibig sabihin ng limitadong pamamahagi ay maaari lang ibigay ang gamot ng ilang partikular na provider ng parmasya. Ang CVS Specialty pharmacy ay isang mail order na parmasyang nagbibigay ng klinikal na suporta upang matulungan ang mga nagpatala sa pamamahala sa kanilang gamot at kundisyon. Isinasaad ang mga espesyal na gamot sa pamamagitan ng SP sa ilalim ng mga limitasyon sa pormularyo. Nangangailangan ang karamihan sa mga espesyal na gamot ng Paunang Pahintulot na isusumite para sa pagsusuri ng pagiging medikal na kinakailangan. Maaaring magsumite ang nagreseta ng mga kahilingan sa Paunang Pahintulot nang direkta sa Molina o magpadala ng reseta sa CVS upang masimulan ang proseso ng Paunang Pahintulot. Kung hindi opsyon para sa nagpatala ang paghahatid ng espesyal na gamot sa pamamagitan ng koreo, iaalok ng CVS ang opsyong ipadala ang gamot sa isang lokal na parmasya ng CVS para sa pag-pick up.

Maaaring makipag-ugnayan sa CVS Specialty sa pamamagitan ng pagtawag sa 1 (800) 364-6331.

Mail Order na Parmasya

Ang CVS Caremark Mail Service pharmacy ay ang eksklusibong parmasyang nasa network ng Molina para sa mga mail order na reseta. Maaaring mag-sign up ang mga nagpatala upang makatanggap ng hanggang 90 araw na supply para sa karamihan ng mga inireresetang gamot, na ihahatid mismo sa kanilang bahay nang libre.

Upang maipadala ang mga reseta sa pamamagitan ng mail order, maaaring tawagan ng provider at/o nagpatala ang toll-free na numero ng FastStart® sa 1 (800) 875-0867, Lunes hanggang Biyernes, 7 a.m. hanggang 7 p.m., o pumunta sa website na www.caremark.com.

Parmasyang Wala sa Network

Kung hindi natutugunan ng mga parmasyang nasa network ang mga pangangailangan ng nagpatala, maaaring humiling ng pagbubukod upang kumuha ng pahintulot na gumamit ng parmasya sa labas ng network. Susuriin ang mga pagbubukod para sa pagiging medikal na kinakailangan batay sa bawat sitwasyon.

Tagaproseso ng mga Claim sa Reseta

Pinili ng Molina Healthcare ang CVS Caremark bilang Pharmacy Benefit Management (PBM) Company upang pamahalaan ang benepisyo sa reseta para sa mga nagpatala sa Molina.

- Maaaring idirekta ang mga tanong sa pagproseso ng mga claim, status ng pormularyo o mga tinanggihang claim sa CVS Caremark Help Desk sa 1 (800) 364-6331.
- Maaaring matugunan ang mga alalahanin sa membership, pagbabahagi ng gastos, impormasyon sa benepisyo sa inireresetang gamot at pagiging kwalipikado sa pamamagitan ng pagtawag sa Molina Customer Support Center sa 1 (888) 665-4621. Available ang mga Serbisyo sa Miyembro Lunes hanggang Biyernes, 8am hanggang 6pm PST

- Maaaring matugunan ang mga tanong na may kaugnayan sa provider sa pamamagitan ng pagtawag sa Molina Provider Services Help Desk sa (855) 322-4075, Lunes hanggang Biyernes, 8:30 am hanggang 5:00pm PST.

Patakarán sa Agarang Gamot at Gamot Pagkatapos ng mga Oras ng Trabaho

Upang maiwasang lumala ang kundisyon ng isang nagpatala sa agarang sitwasyon, maaaring kailangang magbigay ng 72 oras na supply ng mahalagang gamot bago maaaring makakuha ng Paunang Pahintulot mula sa Molina. (hal., na-discharge sa isang ospital ang isang nagpatala pagkatapos ng mga regular na oras ng negosyo nang may espesyal na reseta ng antibiotic).

Itinatagubilin sa mga parmasya na gamitin ang kanilang propesyonal na pagpapasya. Ire-reimburse ng Molina ang mga parmasya para sa 72 oras na supply ng mahalagang gamot sa mga nakakontratang presyo para sa mga resetang ito. Maaaring makipag-ugnayan ang mga parmasya sa CVS Caremark Help Desk sa 1 (800) 364-6331 upang kumuha ng override para sa 72 oras na supply.

Maaaring tawagan ng mga parmasya ang Molina sa 1 (855) 322-4075 sa susunod na araw ng negosyo upang kumuha ng pahintulot na payagan ang agarang reseta o reseta pagkatapos ng mga oras ng negosyo upang iproseso ito on-line. Itinatagubilin at inaasahang magbibigay ang parmasya ng makatuwirang dokumentasyon ng mga kaso kung may ibinigay na mga gamot sa ilalim ng mga agarang sitwasyong ito.

PAMAMARAAN NG PAGHINGI NG PAUNANG PAHINTULOT AT PAGBUBUKOD

Paunang pahintulot

Sinusuri ang mga gamot na nangangailangan ng paunang pag-apruba para sa pagsaklaw batay sa mga karaniwang panuntunan upang matukoy ang pagiging medikal na kinakailangan. Dapat ay ipakita ng mga provider na gagamitin ang gamot para sa medikal na tinatanggap na paggamit na mayroon kayo at hindi tumalab ang iba pang panggagamot para sa inyo o hindi medikal na naaangkop. Maaaring may nalalapat na iba pang kinakailangan depende sa gamot. Maaari kaming mangailangan ng ilang partikular na resulta ng pagsusuri upang maipakitang tama para sa inyo ang isang gamot. Maaaring totoo ito para sa Mga Espesyal na Gamot na ginagamit upang gamutin ang pangmatagalan at iba pang malalang kundisyon. Hindi isasaalang-alang ang reaksyon ng isang nagpatala sa mga sample ng gamot mula sa isang provider o tagagawa ng gamot bilang dahilan upang balewalain ang mga karaniwang panuntunan para sa pagsaklaw.

Maaaring mag-fax ang inyong provider ng nakumpletong form ng Paunang Pahintulot sa gamot sa Molina sa 1 (866) 508-6445. Maaaring kunin ang mga form sa pamamagitan ng pag-log in sa aming website na **MolinaHealthcare.com**.

Sasabihin namin sa inyo kung gaano katagal ang pag-apruba sa kahilingan. Kung hindi aaprubahan ang kahilingan, magpapadala kami ng liham na may mga dahilan kung bakit at magbibigay kami ng mga tagubilin sa inyong mga karapatan para sa follow-up.

Paghiling ng Pagbubukod

Maaari ba akong magpasaklaw ng gamot kung wala ito sa pormularyo o hindi sumusunod sa mga kinakailangan o limitasyon ng plano?

May proseso ang Molina upang payagan kayong humiling ng mga klinikal na naaangkop na gamot na wala sa pormularyo o may mga kinakailangan o limitasyon sa ilalim ng inyong plano. Maaaring mag-order ang inyong doktor ng gamot na wala sa pormularyo ngunit naniniwala siyang nakakabuti ito para sa inyo. Maaaring makipag-ugnayan ang inyong doktor sa Departamento ng Parmasya ng Molina upang humiling na saklawin ng Molina ang gamot para sa inyo. Kung aaprubahan ang kahilingan, makikipag-ugnayan sa inyong doktor ang Molina.

Kung tatanggihan ang kahilingan, magpapadala ang Molina Healthcare ng liham sa inyo at sa inyong doktor. Ipapaliwanag sa liham kung bakit tinanggihan ang gamot. Kung hindi kayo sumasang-ayon sa pagtanggap sa isang gamot na wala sa pormularyo at/o kahilingan sa pagbubukod sa step therapy, maaari kayong maghain ng karaingang humihiling ng external na pagsusuri sa pagbubukod. Mangyaring sumangguni sa seksyon ng Kasunduan (patakaran) na may pamagat na "Mga Reklamo at Apela" para sa impormasyon sa kung paano maghain ng karaingan.

Maaaring gumagamit kayo ng gamot na wala na sa listahan ng gamot. Maaaring humiling sa amin ang inyong doktor na patuloy itong saklawin sa pamamagitan ng pagpapadala sa amin ng kahilingan sa pagbubukod sa Paunang Pahintulot para sa gamot.

Maaaring isaalang-alang ang mga gamot na wala sa pormularyo para sa pagsaklaw ng medikal na tinatanggap na paggamit kapag hindi magagamit ang mga opsyon sa pormularyo at/o natutugunan ang iba pang kinakailangan. Dapat ay ligtas at mabisa ang gamot para sa inyong medikal na kundisyon. Dapat ay isulat ng inyong doktor ang inyong reseta para sa karaniwang halaga ng gamot para sa inyo. Maaaring saklawin ng Molina ang mga partikular na gamot na wala sa pormularyo sa ilalim ng mga sumusunod na kundisyon:

- May dokumentasyon ng isang partikular na pangangailangan sa inyong medikal na talaan.
- Na-certify ng inyong doktor na sinubukan ninyo ang mga gamot sa pormularyo, at hindi nakatulong sa inyo ang mga ito dati; o nagdulot sa inyo ng panganib ang mga opsyon o makatuwirang inaasahan ng nagreseta na magdulot sa inyo ng panganib o hindi mabuting reaksiyon.

Kung nangangailangan ang inyong reseta ng pagsusuri ng Paunang Pahintulot para sa pagbubukod, maaaring isaalang-alang ang kahilingan sa ilalim ng Mga Karaniwan o Agarang Sitwasyon.

- Ang anumang kahilingang hindi itinuturing na Agarang Sitwasyon ay itinuturing na kahilingan sa Karaniwang Pagbubukod.
- Itinuturing na Agarang Sitwasyon ang isang kahilingan kung mayroon kayong kundisyong pangkalusugan na maaaring maglagay sa panganib sa inyong buhay, kalusugan, o kakayahang muling makakilos nang maayos, o kung sumasailalim kayo sa kasalukuyang pangagamot gamit ang isang gamot na wala sa pormularyo. Hindi ituturing na kasalukuyang pangagamot ang mga pagsubok sa mga parmasyutikong sample mula sa inyong doktor o isang manufacturer.

Aabisuhan kayo at/o ang inyong provider tungkol sa aming pasya nang hindi lalampas sa:

- 24 na oras pagkatapos makatanggap ng agarang kahilingan
- 72 oras pagkatapos makatanggap ng karaniwang kahilingan

Kung tatanggihan ang paunang kahilingan para sa isang gamot na wala sa pormularyo at/o pagbubukod sa step therapy, maaari kayong maghain ng karaingang humihiling ng external na pagsusuri sa pagbubukod. Mangyaring sumangguni sa seksyon sa Kasunduan (patakaran) na may pamagat na "Mga Reklamo at Apela" para sa impormasyon sa kung paano maghain ng karaingan.

Aabisuhan kayo ng Molina o ang inyong itinalaga at ang inyong nagrereseta ng gamot na provider tungkol sa pagpapasya sa pagsaklaw ng gamot sa loob ng 24 na oras pagkatapos makatanggap ng kahilingan. Alinsunod sa 1367.241 ng Health and Safety Code, kung hindi makapagpasya sa loob ng mga takdang panahong ito, awtomatikong aaprubahan ang kahilingan.

Alinsunod sa 1367.22 ng Health and Safety Code, kung aaprubahan ang isang kahilingan sa gamot, patuloy itong sasaklawin sa kabuuang tagal ng reseta, kabilang ang mga muling pagkuha. Hindi lilimitahan o ibubukod ng Molina ang pagsaklaw para sa isang gamot kung dati na namin itong inaprubahan para sa inyong kundisyon at patuloy itong inirereseta ng inyong provider, hangga't maayos na inirereseta ang gamot at nananatili itong ligtas at mabisa.

Alinsunod sa 1300.67.24 ng Health and Safety Code, hindi namin kayo maaaring hilinging ulitin ang step therapy kung nagpalit kayo ng plano ng insurance at ipinagpapatuloy ang paggamit ng gamot na sumasailalim na ngayon sa mga kinakailangan sa step therapy sa ilalim ng inyong plano ng Molina. Kailangan kaming abisuhan ng inyong provider nang may kahilingan sa pagbubukod upang malaman naming ipinagpapatuloy ninyo ang paggamit ng dating gamot, maayos itong inirereseta, at ligtas at mabisa ito para sa inyong kundisyon.

MGA REKLAMO AT APELA

Kung tatanggihan ng Molina ang inyong kahilingan sa gamot, may isasamang abiso tungkol sa mga karapatang iapela ang pasya sa abiso tungkol sa pagkilos. Maaari din kayong maghain ng karaingan o reklamo sa pamamagitan ng pakikipag-ugnayan sa Molina Customer Support Center sa (888) 665-4621.

ABISO

Pribado ang impormasyong nasa dokumentong ito. Hindi maaaring kopyahin ang impormasyon nang buo o nang bahagya nang walang nakasulat na pahintulot. Nakalaan ang lahat ng karapatan. Naglalaman ang dokumentong ito ng mga sanggunian sa mga branded na gamot na mga trademark o nakarehistrong trademark ng mga manufacturer ng parmasyutiko.

LEGEND

Ano ang mga Kinakailangan at Limitasyon sa listahan ng gamot?

Maaaring mag-set up ng mga kinakailangan at limitasyon para sa ilang partikular na gamot. Maaaring mayroong mga sumusunod na kinakailangan at limitasyon ang mga gamot:

Mga Kinakailangan/ Limitasyon	Paglalarawan
--	---------------------

AGE (EDAD)	May nalalapat na mga limitasyon sa edad. Magbabayad lang kami para sa gamot o uri ng dosis na ito para sa ilang partikular na pangkat ng edad batay sa impormasyon tungkol sa kaligtasan, bisa, at halaga ng gamot.
MED	May nalalapat na mga limitasyon sa Katumbas na Dosis ng Morphine (Morphine Equivalent Dose). Limitado ang dami ng gamot na ito sa katumbas ("equivalent o EQ") ng 90 milligram ng morphine bawat araw ng supply na kinuha.
OTC	Sinasaklaw ang mga Over-the-Counter na uri ng dosis sa listahan ng gamot kung may wastong reseta mula sa isang provider.
PA	Kinakailangan ng Paunang Pahintulot (Prior Authorization). Nangangailangan kami ng paunang pag-apruba ng pagsaklaw sa ilang gamot bago bayaran ang mga ito. Kung kinakailangan ng Paunang Pahintulot para sa isang gamot o uri ng dosis, dapat ay ipakita ng mga provider na mayroon kayong medikal na tinatanggap na paggamit para sa gamot at hindi tumalab o hindi naaangkop ang iba pang panggagamot. Maaaring may nalalapat na iba pang kinakailangan depende sa gamot.
QL	May nalalapat na mga Limitasyon sa Dami (Quantity Limits). Magbabayad kami para sa maximum na pang-araw-araw na halaga batay sa impormasyon tungkol sa medikal na tinatanggap na paggamit at halaga ng gamot.

ST

Kinakailangan ang Step Therapy. Kung nagbayad kami upang makuha ninyo ang (mga) kinakailangang gamot ng Step Therapy dati, babayaran ang gamot na ito sa parmasya nang hindi mangangailangan ng Paunang Pahintulot o kahilingan sa pagbubukod sa Step Therapy. Ipapakita sa inyo ng listahan ng gamot kung aling mga gamot ang unang kinakailangan at kung gaano katagal.

Itinuturing na "Pinipiling Brand" ang ilang gamot sa uri ng gamot kung saan nakalista ang mga ito. Kung may gamot sa parehong uri na tulad ng gamot na hinihiling ninyo at ito ang gamot ng Pinipiling Brand sa uri, iniaatas naming unang gamitin o gamitin sa halip ang Pinipiling Brand. Ang mga partikular na gamot na kailangan munang gumamit ng gamot ng Pinipiling Brand ay maaari ding may nakalagay na "Medikal na Kinakailangang PA." Nalalapat sa mga Espesyal na Gamot ang mga kinakailangan sa Medikal na Kinakailangang Paunang Pahintulot.

2021

مجموعه دارویی
(فهرست داروهای تحت پوشش)

Medi-Cal – Molina Healthcare Inc

MolinaHealthcare.com

توجه: این مجموعه دارویی ممکن است در آینده تغییر داده شود و همه نسخه های قبلی مجموعه دارویی دیگر فاقد اعتبار نمی باشند. نسخه الکترونیکی مجموعه دارویی در Molinahealthcare.com قابل دسترس است.

به MOLINA HEALTHCARE خوش آمدید!

مجموعه دارویی Molina Healthcare (فهرست داروها)

Molina Healthcare یک فهرست دارویی دارد که تحت پوشش خود قرار خواهد داد. این فهرست با عنوان مجموعه دارویی خوانده می شود. داروهای این فهرست توسط گروهی از پزشکان و داروسازان Molina Healthcare و جامعه پزشکی انتخاب شده اند. این گروه هر سه ماه جلسه ای تشکیل داده و در آن به گفتگو در خصوص داروهای موجود در مجموعه دارویی می پردازند. آنها داروهای جدید و تغییرات ایجاد شده در مراقبت درمانی را مورد بررسی و بازبینی قرار می دهند. آنها تلاش می کنند موثرترین داروها را برای عوارض مختلف بیابند. داروها به دلایل مختلفی به مجموعه دارویی اضافه شده و از آن حذف می شود. این دلایل عبارتند از:

- تغییرات در روال پزشکی
- تکنولوژی پزشکی
- زمانی که داروهای جدید مورد تایید FDA وارد بازار می شوند
- زمانی که داروها توسط FDA از بازار جمع آوری می شوند
- زمانی که یک مشکل ایمنی جدید در دارویی شناسایی می شود

تغییرات در مجموعه دارویی ممکن است شامل موارد زیر شوند:

- افزودن/حذف داروها یا شکل دارویی
- انتقال دارو از یک ردیف دارویی به ردیف دیگر که منجر به افزایش یا کاهش سهم پرداخت بیمه می شود
- ارجح بودن یا نبودن یک دارو در بین داروهای مشابه موجود در فهرست داروها
- افزودن/حذف محدودیت های یک دارو یا شکل دارویی

تغییرات مهم در مجموعه دارویی که احتمالاً بیشترین تاثیر را بر شما دارند، در شروع سال جدید اتفاق می افتند. هنگامیکه در مواقع دیگری طبق روال استاندارد ما تغییری ایجاد شود، Molina Healthcare تغییرات را به طور ماهانه منتشر کرده و مراتب را به شما اطلاع خواهد داد. جدیدترین فهرست داروهای تحت پوشش برنامه درمانی خود را می توانید در تارنمای Molinahealthcare.com مشاهده نمایید.

آیا داروهای تزریقی که ارائه کننده در کلینیک یا مکان دیگری به من تزریق می کند، در فهرست داروهای تحت پوشش قرار دارند؟

به طور کلی، داروهای موجود در فهرست دارویی، داروهایی هستند که برای شما تجویز می شوند تا از داروخانه تهیه کرده و خودتان مصرف کنید. اغلب داروهای تزریقی که لازم است برای استفاده از ارائه کننده کمک دریافت کنید، تحت پوشش مزایای پزشکی به جای مزایای داروی نسخه دار ("داروخانه") قرار دارند. ارائه کننده شما دستورالعمل هایی را در مورد نحوه تصویب شما برای دارویی که خریداری می کنند از Molina دریافت کرده و به شما در مصرف دارو کمک می کند. برخی داروهای تزریقی مورد تایید هستند که بتوانید آنها را تحت پوشش مزایای داروی نسخه دار خود از داروخانه تهیه کنید.

من سوالاتی دارم که چگونه برنامه درمانی من داروها را پوشش می دهد.

این دفترچه راهنما حاوی اطلاعات زیادی در پاسخ به سوالات عمومی می باشد. چنانچه درباره پوشش یک داروی خاص سوالاتی دارید می توانید با Molina Healthcare نیز تماس بگیرید:

- آیا نسخه ام را می توانم در یک داروخانه مستقل بپیچم؟
- سهم پرداخت بیمه برای نسخه من به دلار چقدر است؟
- روال درخواست دارویی که به اجازه قبلی نیاز دارد به چه صورت است؟
- چگونه می توانم برای دارویی که در مجموعه دارویی نیست یا شرایط درمان گام به گام دارد، درخواست استثنا کنم؟
- آیا داروی من تحت پوشش مزایای داروی نسخه دار یا مزایای پزشکی قرار دارد؟

با شماره رایگان 665-4621 (888) 1، دوشنبه تا جمعه، 8:00 صبح تا 6:00 بعدازظهر تماس بگیرید. چنانچه ناشنوا یا کمشنوا هستید، برای خدمات ارتباط راه دور با شماره 711 تماس بگیرید.

همچنین می توانید از ما بخواهید یک نسخه از فهرست دارویی را برای شما پست کنیم.

اگر دارویی در مجموعه دارویی باشد، آیا آن دارو برای من تجویز خواهد شد؟

اینکه دارویی در مجموعه دارویی قرار دارد بدان معنا نیست که پزشک شما حتماً آن را برای شما تجویز خواهد کرد. این دفترچه راهنما به شما و پزشک شما امکان می دهد داروهای نسخه دار تحت پوشش برنامه درمانی خود را بشناسید. داروهایی که در این فهرست دارویی نیستند ممکن است تحت پوشش برنامه درمانی شما نبوده و ممکن است هزینه بیشتری برای شما داشته باشند. می توانید درخواست کنید داروهایی که در مجموعه دارویی نیستند، تحت پوشش قرار بگیرند. درخواست داروهایی که در مجموعه دارویی نیستند در صورتی برای مصارف پذیرفته شده پزشکی مورد بررسی قرار می گیرد که گزینه های مجموعه دارویی قابل استفاده نبوده و/یا سایر شرایط پوشش برآورده شوند. جزییات در این راهنما گنجانده شده است.

تعاریف

“داروی مارک دار” دارویی است که تحت نام محافظت شده اختصاصی یا علامت تجاری به بازار عرضه می شود. داروی مارک دار با همه حروف بزرگ مشخص خواهد شد.

“ثبت نام شده” شخصی است که در یک بیمه درمانی ثبت نام کرده است و حق دریافت خدمات از آن برنامه درمانی را دارا می باشد. همانطور که در بخش زیر تعریف شده است، در این الگوی مجموعه دارویی، چنانچه نامی از ثبت نام شدگان برده شود باید نام مشترک نیز ذکر شود.

“درخواست استثناء” درخواستی برای تحت پوشش قرار گرفتن یک داروی نسخه دار می باشد. چنانچه یک ثبت نام شده، نماینده وی یا ارائه کننده مراقبتهای درمانی تجویز کننده درخواست استثنایی را تسلیم کند، وقتی تصمیم گرفته شد که دارو به لحاظ پزشکی برای عارضه ثبت نام شده ضروری است، برنامه درمانی باید داروی نسخه دار را تحت پوشش قرار دهد.

“شرایط بحرانی” شرایطی است که در آن ثبت نام شده از یک عارضه بهداشتی رنج می برد که ممکن است به طور جدی زندگی، سلامت یا توانایی وی برای به دست آوردن مجدد حداکثر عملکردهایش را به خطر بیندازد یا وقتی ثبت نام شده تحت درمان با دارویی است که در مجموعه دارویی قرار ندارد.

“مجموعه دارویی” فهرست کاملی از داروهای برگزیده برای مصرف است که واجد شرایط پوشش در برنامه درمانی بوده و این داروها شامل تمام داروهای تحت پوشش مزایای داروی نسخه دار بیماران سرپایی در برنامه درمانی می باشند. مجموعه دارویی با عنوان فهرست داروهای نسخه دار نیز شناخته می شود.

“داروی ژنریک” دارویی است که به لحاظ میزان مصرف، ایمنی، قدرت، نحوه مصرف، کیفیت، عملکرد و هدف مورد نظر مشابه داروی مارک دار همتای خود است. داروی ژنریک به صورت پررنگ و مورب با حروف کوچک نوشته می شود.

“داروی خارج از مجموعه دارویی” دارویی است که در مجموعه دارویی برنامه درمانی قرار ندارد.

“ارائه کننده نسخه” به ارائه کننده مراقبت درمانی گفته می شود که مجوز نوشتن نسخه جهت درمان عارضه پزشکی ثبت نام شده در برنامه درمانی را دارد.

“نسخه” یک سفارش شفاهی، کتبی یا الکترونیکی است که توسط ارائه کننده نسخه برای یک شخص ثبت نام شده خاص داده می شود و حاوی نام داروی تجویز شده، میزان دارو، تاریخ صدور، نام و اطلاعات تماس ارائه کننده نسخه، امضای ارائه کننده نسخه در صورتی که نسخه کتبی باشد و در صورتی که شخص ثبت نام شده درخواست کند، عارضه پزشکی یا منظوری که دارو برای آن تجویز شده است، می باشد.

“داروی نسخه دار” دارویی است که توسط ارائه کننده نسخه شخص ثبت نام شده تجویز می شود و طبق قوانین اجرایی نیاز به نسخه دارد.

“اجازه قبلی” یک شرط لازم در برنامه درمانی است که بر اساس آن ثبت نام شده یا ارائه کننده نسخه برای ثبت نام شده باید قبل از آنکه برنامه درمانی دارو را تحت پوشش قرار دهد، اجازه برنامه درمانی را برای پوشش داروی نسخه دار دریافت کند. هنگامیکه دریافت دارو توسط شخص ثبت نام شده به لحاظ پزشکی ضروری باشد، برنامه درمانی اجازه قبلی را اعطا خواهد کرد.

“درمان گام به گام” روندی است که در آن ترتیب مصرف داروهای نسخه دار مختلف برای عارضه پزشکی خاص و در مواردی که برای بیمار خاصی از لحاظ پزشکی مناسب باشد، تجویز می شود. قبل از آنکه برنامه درمانی یک داروی خاص را برای عارضه ای که درمان گام به گام برای آن درخواست تحت پوشش قرار دهد، ممکن است از شخص ثبت نام شده درخواست شود یک یا چند دارو را برای درمان عارضه پزشکی خود امتحان کند. اگر ارائه کننده نسخه برای شخص ثبت نام شده درخواستی مبنی بر استثنای درمان گام به گام ارائه نماید، برنامه های درمانی باید با فراهم شدن معیارها و شرایط، در مورد درمان گام به گام استثناء قائل شوند.

“مشترک” یعنی شخصی که مسئولیت پرداخت هزینه برنامه درمانی را به عهده دارد یا وضعیت اشتغال و غیره وی، به غیر از وابستگی خانوادگی، اساس واجد شرایط بودن وی در برنامه درمانی می باشد.

استفاده از مجموعه دارویی به عنوان راهنمای پوشش داروهای نسخه دار شما

چگونه دارویی را در فهرست دارویی پیدا کنم؟

فهرست دارویی بر اساس گروه و ردیف درمانی و با استفاده از طبقه بندی خدمات مجموعه دارویی بیمارستانی آمریکا (AHFS) به ترتیب حروف الفبا مرتب شده است. در هر گروه و ردیف، نام داروها نیز به ترتیب حروف الفبا مرتب شده اند. اگر گروه و ردیف داروی مورد جستجو را نمی دانید، دو روش برای جستجوی دارو با استفاده از نام آن وجود دارد.

- اگر از نسخه الکترونیکی فهرست دارویی استفاده می کنید، می توانید با فشار دادن **Ctrl + F** در صفحه کلید کامپیوتر خود، از قابلیت جستجو در PDF استفاده کنید. نام داروی مورد جستجو را در کادر جستجو تایپ کنید.
- اگر از نسخه چاپی فهرست دارویی استفاده می کنید، می توانید نام دارو را در فهرست الفبایی انتهای این راهنما جستجو کنید.

ورودی داروها در فهرست شامل نام دارو، ردیف دارو و سایر جزئیات پوشش برای همه داروها و اقلامی می باشد که تحت پوشش مزایای داروی نسخه دار برنامه درمانی شما هستند.

در این قسمت یک ورودی داروی موجود در فهرست دارویی برای نمونه آورده شده است.

نام دارو	ردیف دارو	شرایط لازم/محدودیتها
FLOVENT HFA AER 110MCG (<i>fluticasone propionate hfa</i>)	ردیف 1	LQ (10.6 گرم/30 روز)، سن (حداکثر 11 سال)

در فهرست دارویی از چه نام هایی برای داروها استفاده می شود؟

داروهای مارک دار با یک نام انحصاری، تجاری مارک دار محافظت شده مشخص شده اند. یک نام غیر انحصاری یا ژنریک نیز برای شناسایی دارو وجود دارد. وقتی فرم ژنریک دارو در دسترس است، اغلب از نام ژنریک یا غیر انحصاری آن برای مراجعه به دارو استفاده می شود.

در مجموعه دارویی ما فقط نام تجاری داروهای مارک دار ذکر شده است. داروی مارک دار در مجموعه دارویی با تمام حروف بزرگ به عنوان نام تجاری آن ذکر خواهد شد. برای مثال، "XIGDUO XR" نام تجاری برای شکل دارویی آهسته رهش داروهای داپاگلیفلوزین و متفورمین می باشد. در مجموعه دارویی با نام XIGDUO XR ذکر شده است.

داروی ژنریک در مجموعه دارویی با نام (های) ژنریک آن به صورت پررنگ و مورب و با حروف کوچک ذکر می شود. چنانچه یک نوع ژنریک از XIGDUO XR در بازار وجود داشته و قرار باشد در فهرست داروها قرار بگیرد، نام دارو به صورت "**dapagliflozin- metformin**" ذکر می شود.

اگر هر دو نوع تجاری و نوع ژنریک دارویی در مجموعه دارویی وجود داشته باشد، هر کدام به صورت ورودی داروی جداگانه ای در فهرست ذکر می شوند. برای مثال، COUMADIN و warfarin جداگانه ذکر می شوند تا نشان داده شود هم نوع تجاری و هم نوع ژنریک دارو در مجموعه دارویی تحت پوشش قرار دارند. اگر هر دو نوع تجاری و نوع ژنریک دارو در فهرست دارویی وجود داشته باشد، ردیف دارو و شرایط لازم/ محدودیت ها برای هر کدام متفاوت خواهد بود.

یافتن داروخانه برای پیچیدن نسخه

داروخانه مستقل عضو شبکه

Molina شبکه‌ای از داروخانه های مستقل برگزیده برای پردازش و آماده سازی و توزیع دارو دارد. در تارنمای Molinahealthcare.com یک ابزار مکان یابی داروخانه وجود دارد که به ثبت نام شدگان و ارائه کنندگان نسخه امکان می دهد یک داروخانه عضو شبکه را پیدا کنند. در این ابزار می توانید با کد پستی، شهر، کانتی، ایالت، به جستجوی داروخانه ها پردازید. نتایج جستجو را می توان بر اساس فاصله تا محل شما و معیارهای خاص دیگری همچون نام فروشگاه، زبانی که صحبت می شود و/یا خدماتی که ارائه می شود، محدود نمود.

داروخانه تخصصی

داروخانه تخصصی CVS داروخانه انحصاری و منحصر به فرد ما برای ارائه داروهای تخصصی، به جز داروهای دارای محدودیت توزیع می باشد. محدودیت توزیع یعنی داروهایی که فقط توسط ارائه کنندگان دارویی خاص قابل آماده سازی و توزیع می باشند. داروخانه تخصصی CVS یک داروخانه سفارش پستی است که حمایت بالینی برای کمک به ثبت نام شدگان جهت مدیریت دارو و عارضه آنها را ارائه می کند. داروهای تخصصی با علامت SP در قسمت محدودیت ها در مجموعه دارویی مشخص شده اند. اغلب داروهای تخصصی به یک اجازه قبلی نیاز دارند که باید برای بازبینی لزوم و ضرورت پزشکی دارو تسلیم شود. تجویز کننده می تواند درخواست های اجازه قبلی را مستقیماً به Molina تسلیم کند یا نسخه را برای CVS ارسال نماید تا روال اجازه قبلی شروع شود. چنانچه تحویل پستی داروی تخصصی برای ثبت نام شده ممکن نباشد، CVS گزینه ارسال دارو به یک داروخانه CVS محلی را برای تحویل گرفتن آن ارائه می کند.

می توان با داروخانه تخصصی CVS به شماره (800) 364-6331 1 تماس گرفت.

داروخانه سفارش پستی

داروخانه خدمات پستی CVS Caremark یک داروخانه انحصاری در شبکه داروخانه های Molina برای نسخه های سفارش پستی می باشد. ثبت نام شدگان می توانند برای اکثر داروهای نسخه دار، یک ذخیره حداکثر 09 روزه دریافت کنند تا داروها را بدون هزینه درب منزل خود تحویل بگیرند.

برای ارسال داروهای نسخه دار از طریق سفارش پستی، ارائه کننده و/یا ثبت نام شده می توانند دوشنبه تا جات **FastStart®**، معماز 7 ساعه ت صبح تا 7 شب با به شماره 875-0867 (800) 1 تا بگی. تسام بیگردن ای به تارنم www.caremark.com می امراک مع نند.

داروخانه خارج از شبکه

چنانچه داروخانه های عضو شبکه نایزهی ثبت نام شده را برآورده نسانند، می تواینک درخواست استنثم ابنی بر استفاده از داروخانه های خارج از شبکه را برای درتفای اجازه ارسال نمود. استنثناها به صورم توردی و براسسا ضرورت پزشکی مورد بررسی قرار می گیرند.

مسئول رسیدگی به دعاوی مربوط به داروی نسخه دار

Molina Healthcare داروخانه CVS Caremark را به عنوان شرکت مدیریت مزایای داروخانه (PBM) جهت مدیریت مزایای داروی نسخه دار برای ثبت نام شدگان Molina انتخاب کرده است.

- هرگونه سؤالات مربوط به رسیدگی به دعاوی، وضعیت مجموعه دارویی یا دعاوی رد شده بایستی به میز کمک و راهنمایی CVS Caremark به شماره (800) 364-6331 1 محول شود.
- دلنگرانی های مربوط به عضویت، سهیم شدن در هزینه، اطلاعات مربوط به مزایای داروهای نسخه دار و واجد شرایط بودن را می توان با مرکز حمایت از مشتریان Molina به شماره (888) 665-4621 1 در میان گذاشت. بخش خدمات اعضا از دوشنبه تا جمعه و از ساعت 8 صبح تا 6 بعدازظهر به وقت PST در دسترس می باشد.
- سؤالات مربوط به ارائه کنندگان را دوشنبه تا جمعه از ساعت 8:30 صبح تا 5:00 بعدازظهر به وقت PST، با میز کمک و راهنمایی خدمات ارائه کنندگان Molina به شماره (855) 322-4075 مطرح کنید.

سیاست داروهای فوری و بعد از ساعات اداری

برای پیشگیری از وخیم تر شدن عارضه شخص ثبت نام شده در وضعیت فوری، ممکن است لازم باشد قبل از دریافت اجازه قبلی از Molina، ذخیره داروی حاد برای یک ذخیره 27 ساعته تهیه و توزیع شود. (برای مثال، شخص ثبت نام شده بعد از ساعات اداری عادی، با یک داروی نسخه دار آنتی بیوتیک ویژه از بیمارستان ترخیص شود).

داروخانه ها موظف شده اند تا با بهره گیری از قضاوت حرفه ای خود در این خصوص تصمیم گیری کنند. Molina هزینه یک داروی حاد برای ذخیره 27 ساعت را طبق نرخ های قراردادی برای چنین داروهای نسخه داری به داروخانه بازپرداخت می کند. داروخانه ها می توانند برای دریافت درخواست صرفنظر از ذخیره 27 ساعته، با میز کمک و راهنمایی CVS Caremark به شماره (800) 364-6331 1 تماس بگیرند.

داروخانه ها می توانند در روز کاری بعد با Molina به شماره (855) 322-4075 1 تماس گرفته و اجازه لازم برای نسخه فوری یا بعد از ساعات اداری برای پردازش آنلاین را دریافت نمایند. توصیه شده و انتظار می رود در چنین شرایط فوری که داروها تهیه و توزیع شده اند، داروخانه اسناد معقول و مستدلی را ارائه خواهد نمود.

اجازه قبلی و روال درخواست استثنا

اجازه قبلی

داروهایی که برای پوشش نیاز به اجازه قبلی دارند، بر اساس قوانین استاندارد بررسی شده تا ضرورت پزشکی آنها مشخص شود. ارائه کنندگان باید نشان دهند که دارو برای مصرف تأیید شده پزشکی شما مورد استفاده قرار می گیرد و سایر درمان ها برای شما مؤثر نبوده و به لحاظ پزشکی مناسب نمی باشند. بستگی به دارو، ممکن است شرایط دیگری نیز اطلاق پذیر باشند. ممکن است ما نتایج آزمایش خاصی که نشان دهد دارو برای شما مناسب است را درخواست نماییم. این موضوع ممکن است در مورد داروهای تخصصی که در درمان عوارض بلند مدت یا سایر عوارض جدی استفاده می شوند صدق کند. واکنش ثبت نام شده به نمونه های دارویی از جانب ارائه کننده یا تولید کننده دارو، دلیلی بر نادیده گرفتن قوانین استاندارد در خصوص تحت پوشش قرار داشتن دارو محسوب نمی شود.

ارائه کننده شما می تواند فرم پر شده اجازه قبلی را برای Molina به شماره (866) 508-6445 1 فکس کند. فرم ها را می توانید با ورود به تارنمای ما MolinaHealthcare.com دریافت نمایید.

ما به شما اطلاع می دهیم که درخواست برای چه مدت تصویب شده است. اگر درخواست تصویب نشود، یک نامه به همراه دلایل مربوطه را برای شما ارسال می کنیم و دستور العمل هایی در رابطه با حقوق شما برای پیگیری را ارائه خواهیم کرد.

درخواست استثنا

آیا می توانم درخواست کنم دارویی که در مجموعه دارویی نیست یا شرایط یا محدودیت های برنامه درمانی را ندارد، تحت پوشش قرار گیرد؟

Molina این امکان را در اختیار شما قرار می دهد تا برای داروهای مناسب بالینی که در مجموعه دارویی نیستند یا شرایط یا محدودیت های برنامه درمانی شما را ندارند، درخواست کنید. پزشک شما می تواند دارویی که در مجموعه دارویی نیست ولی معتقد است بهترین گزینه برای شما است را تجویز کند. پزشک می تواند با بخش دارویی Molina تماس گرفته و درخواست خود مبنی بر تحت پوشش قرار دادن دارو برای شما را به Molina ارائه نماید. اگر درخواست تأیید شود، Molina با پزشک شما تماس می گیرد.

اگر درخواست رد شود، **Molina Healthcare** یک نامه را برای شما و پزشکتان ارسال می کند. در این نامه علت رد شدن دارو توضیح داده خواهد شد. اگر با رد شدن درخواست استثنای دارویی که در مجموعه دارویی نیست و/یا درخواست استثنای درمان گام به گام موافق نیستید، می توانید یک نارضایتی را برای بررسی استثنا در خارج سازمان تسلیم کنید. برای کسب اطلاعات در مورد نحوه تسلیم نارضایتی، به بخش موافقت نامه (سیاست) تحت عنوان "شکایات و استیناف ها" مراجعه کنید.

ممکن است دارویی که دیگر در فهرست دارویی نیست را مصرف می کنید. پزشک شما می تواند با ارسال درخواست استثنای اجازه قبلی برای دارو، از ما درخواست کند تا به پوشش آن دارو ادامه دهیم.

داروهایی که در مجموعه دارویی نیستند هنگامی برای تحت پوشش قرار گرفتن مصرف تایید شده پزشکی مورد بررسی قرار می گیرند که گزینه های موجود در مجموعه دارویی قابل استفاده نبوده و/یا سایر شرایط برآورده شوند. دارو باید برای عارضه پزشکی شما ایمن و موثر باشد. پزشک شما باید نسخه را برای مقدار معمول از دارو برای شما بنویسد. **Molina** در شرایط زیر، ممکن است برخی داروهای خارج از مجموعه دارویی را تحت پوشش قرار دهد:

- مدرکی از نیاز ویژه شما به دارو در سوابق پزشکی تان وجود داشته باشد.
- پزشک شما تصدیق کند که داروهای موجود در مجموعه دارویی را در گذشته امتحان کرده اید و آن داروها کمکی به درمان شما نکرده اند؛ یا آن داروها به شما آسیب رسانده اند یا دلیل منطقی توسط تجویز کننده ارائه شود که دارو می تواند به شما آسیب برساند یا واکنش ناخوشایند داشته باشد.

اگر داروی نسخه دار شما برای بررسی استثنا به اجازه قبلی نیاز دارد، درخواست می تواند تحت شرایط استاندارد یا بحرانی مورد بررسی قرار گیرد.

- درخواست هایی که شرایط بحرانی را برآورده نمی کنند، به عنوان درخواست استثنای استاندارد در نظر گرفته می شوند.
- چنانچه از یک عارضه سلامتی رنج می برید که ممکن است به طور جدی زندگی، سلامت یا توانایی شما برای به دست آوردن مجدد عملکردهای حیاتی را به خطر بیندازد یا اگر تحت درمان فعلی با دارویی هستید که در مجموعه دارویی قرار ندارد، درخواست به عنوان شرایط بحرانی در نظر گرفته می شود. نمونه های دارویی که توسط پزشک یا تولید کننده دارو بر روی شما آزمون می شوند، به عنوان درمان فعلی شما محسوب نمی شوند.

شما و/یا ارائه کننده شما:

- ظرف 42 ساعت بعد از دریافت درخواست فوری، از تصمیم ما مطلع خواهید شد
- ظرف 27 ساعت بعد از دریافت درخواست عادی، از تصمیم ما مطلع خواهید شد

اگر با درخواست اولیه استثنای دارویی که در مجموعه دارویی نیست و/یا درمان گام به گام موافقت نشود، می توانید یک نارضایتی را برای درخواست بررسی استثنا در خارج سازمان تسلیم کنید. برای کسب اطلاعات در مورد نحوه تسلیم نارضایتی، به بخش موافقت نامه (سیاست) تحت عنوان "شکایات و استیناف ها" مراجعه کنید.

Molina ظرف 42 ساعت از زمان دریافت درخواست، تصمیم خود را در خصوص تحت پوشش قرار دادن یک دارو به شما یا نماینده شما و ارائه کننده نسخه اعلام خواهد کرد. طبق ماده 142.7631 قانون سلامت و ایمنی، چنانچه تصمیمی در این چارچوب های زمانی گرفته نشود، درخواست به طور خودکار تایید خواهد شد.

طبق ماده 1367.22 قانون سلامت و ایمنی، چنانچه درخواست دارویی تصویب شود، پوشش برای مدت تجویز شده، از جمله تجدید نسخه، ادامه پیدا خواهد کرد. اگر **Molina** دارویی را قبلاً برای عارضه شما تصویب کرده باشد و ارائه کننده شما به تجویز آن ادامه دهد، تا زمانی که دارو به طور صحیح و مناسب تجویز شده و همچنان ایمن و موثر باشد، پوشش آن محدود یا قطع نخواهد شد.

طبق ماده 1300.67.24 قانون سلامت و ایمنی، چنانچه برنامه های بیمه خود را تغییر داده باشید و به مصرف دارویی که طبق برنامه درمانی **Molina** شما نیاز به درمان گام به گام دارد ادامه دهید، ما نمی توانیم از شما بخواهیم درمان گام به گام را تکرار کنید. ارائه کننده شما باید ما را با ارائه یک درخواست استثنا در جریان بگذارد تا بدانیم مانند قبل به مصرف دارو ادامه می دهید، دارو به طور صحیح و مناسب تجویز شده و همچنان برای عارضه شما ایمن و موثر است.

شکایات و استیناف ها

اگر Molina درخواست دارویی شما را رد کند، یک اطلاعیه حقوق مربوط به اقامه استیناف در مورد تصمیم در اعلامیه اقدامات گنجانده خواهد شد. همچنین می توانید با مرکز حمایت از مشتریان Molina به شماره 665-4621 (888) تماس گرفته و یک ناراضی یا شکایت را تسلیم کنید.

توجه

اطلاعات موجود در این نوشتار انحصاری می باشد. این اطلاعات به هیچ صورتی چه کامل و چه به صورت ناکامل بدون اجازه کتبی قابل نسخه برداری نمی باشد. کلیه حقوق محفوظ است. این نوشتار حاوی نام تجاری داروهای مارک دار است که علائم تجاری یا علائم تجاری ثبت شده تولید کنندگان دارو می باشد.

فهرست علائم و اختصارات

شرایط و محدودیت های مجموعه دارویی چیست؟

شرایط و محدودیت هایی ممکن است برای داروهای خاص تنظیم شوند. داروها ممکن است شرایط و محدودیت های زیر را داشته باشند:

شرایط/محدودیت ها	توصیف
AGE	شرط و محدودیت سنی وجود دارد. ما بستگی به اطلاعات مربوط به ایمنی، اثربخشی و هزینه دارو، فقط برای گروه های سنی خاصی هزینه های این دارو یا شکل دارویی را پرداخت می کنیم.
MED	محدودیت دوز مساوی مورفین وجود دارد. مقادیر این دارو به تجویز معادل ("EQ") 90 میلی گرم مورفین در روز تهیه ذخیره محدود می شود.
OTC	داروهای بدون نسخه که در فهرست دارویی با نسخه معتبر از ارائه کننده تحت پوشش هستند.
PA	اجازه قبلی لازم است. ما قبل از پرداخت هزینه برخی داروها، برای اجازه قبلی پوشش درخواست می کنیم. چنانچه اجازه قبلی برای یک دارو یا شکل دارویی لازم باشد، ارائه کنندگان باید نشان دهند که شما دارو را برای مصرف تایید شده پزشکی استفاده می کنید و سایر درمان ها بر روی شما تاثیری نداشته یا برای شما مناسب نبوده اند. بستگی به دارو، ممکن است شرایط دیگری نیز اعمال شوند.
QL	محدودیت مقدار وجود دارد. ما بر اساس اطلاعات مربوط به مصرف و هزینه تایید شده پزشکی دارو، هزینه را برای حداکثر مقدار روزانه پرداخت خواهیم کرد.
ST	درمان گام به گام مورد نیاز است. اگر ما در گذشته هزینه مصرف دارو(ها)ی درمان گام به گام مورد نیاز شما را پرداخت کرده باشیم، هزینه این دارو در داروخانه پرداخت شده و نیازی به درخواست استثنای اجازه قبلی یا استثنای درمان گام به گام نیست. فهرست دارویی نشان می دهد کدام داروها باید در ابتدا و چه مدت مصرف شوند.

برخی داروها به گروه "برند برگزیده" در ردیف دارویی اختصاص داده شده اند. اگر دارویی در همان ردیف دارویی مورد درخواست شما است و آن دارو جزو داروی برند برگزیده در آن ردیف است، از شما می خواهیم اول برند برگزیده را مصرف کنید یا آن را جایگزین نمایید. برخی داروها که برای مصرف آنها ابتدا باید یک داروی برند برگزیده مصرف شود، ممکن است با عبارت "PA ضرورت پزشکی" نیز مشخص شوند. شرایط ضرورت پزشکی اجازه قبلی برای داروهای تخصصی اعمال می شود.

2021թ

Տեղեկամատյան

(Փոխհատուցվող դեղերի ցանկ)

Medi-Cal – Molina Healthcare Inc

MolinaHealthcare.com

Նշում. Տեղեկամատյանը կարող է փոփոխվել, և նախորդ բոլոր տարբերակներն այլևս գործող չեն համարվում: Տեղեկամատյանի էլեկտրոնային բոլոր տարբերակներին հնարավոր է ծանոթանալ Molinahealthcare.com հասցեով:

ԲԱՐԻ՝ ԳԱԼՈՒՄՍ MOLINA HEALTHCARE

Molina Healthcare Դեղերի տեղեկամատյան (Դեղերի ցանկ)

Molina Healthcare-ն ունի փոխհատուցվող դեղերի ցանկ: Ցանկը կոչվում է Դեղերի տեղեկամատյան: Ցանկում ներառվող դեղերն ընտրվում են Molina Healthcare-ի բժիշկների և դեղագետների, ինչպես նաև բժշկական համայնքի կողմից: Խումբը հանդիպում է երեք ամիսը մեկ անգամ՝ տեղեկամատյանում ընդգրկված դեղերը քննարկելու համար: Նրանք ուսումնասիրում են նոր դեղեր և առողջապահության ոլորտում տեղի ունեցած փոփոխությունները: Նրանք փորձում են տարբեր հանգամանքների համար առավել արդյունավետ դեղեր գտնել: Դեղերի տեղեկամատյանում դեղերն ավելացվում կամ դրանից հեռացվում են տարբեր պատճառներով: Պատճառները հետևյալն են.

- Փոփոխություններ բժշկական պրակտիկայում
- Բժշկական տեխնոլոգիաներ
- Երբ շուկայում հայտնվում են Սննդամթերքի և դեղորայքի որակի վերահսկման վարչության (FDA) կողմից հաստատված նոր դեղեր
- Երբ Սննդամթերքի և դեղորայքի որակի վերահսկման վարչության (FDA) կողմից շուկայից դեղեր են հանվում
- Եթե դեղի վերաբերյալ անվտանգության խնդիր է առաջանում, Տեղեկամատյանում կարող են

կատարվել հետևյալ փոփոխությունները՝

- Դեղի կամ դեղաչափերի ավելացում/հեռացում
- Դեղի տեղափոխում դեղերի մեկ մակարդակից մյուսը, ինչը կարող է բերել ծախսերի վերաբաշխմանը
- Եթե դեղը ցանկում ներառված նմանատիպ դեղերի համեմատ նախընտրելի կամ ոչ նախընտրելի է համարվում
- Դեղի կամ դեղաչափերի սահմանափակումների ավելացում/հեռացում

Տեղեկամատյանի փոփոխությունները, որոնք ձեզ վրա կարող են ազդեցություն ունենալ, տեղի են ունենում պլանի հաշվարկային տարվա սկզբում: Ստանդարտ գործընթացի շրջանակներում այլ ժամանակ տեղի ունեցող փոփոխությունները Molina Healthcare-ը հրապարակում է ամսվա կտրվածքով և տեղեկացնում է ձեզ: Ձեր փաթեթով նախատեսված դեղերի ամենաարդի ցանկը գտնվում է Molinahealthcare.com հասցեով:

Արդյո՞ք ցանկը ներառում է կլինիկայում կամ այլ վայրում Մատակարարի կողմից ինձ տրված ներարկելի դեղերը:

Հիմնականում, դեղերի ցանկում ներառված են դեղեր, որոնք ձեր մատակարարը նշանակում և դուրս է գրում դեղատնից՝ ձեզ տրամադրելու համար: Մատակարարի նշանակմամբ ներարկելի դեղերի մեծամասնությունը փոխհատուցվում են բժշկական ապահովագրության շրջանակներում, այլ ոչ թե դեղատոմսով («դեղատնից»): Ձեր մատակարարն ունի հրահանգներ Molina-ից, թե ինչպես ստանալ հաստատում ձեզ տրամադրվող դեղերի համար, և թե ինչպես տրամադրել ձեզ դրանք: Որոշ ներարկելի դեղեր կարող են հաստատվել՝ ձեր արտոնությունների կիրառմամբ դեղատնից դեղատոմսով ձեռք բերելու համար:

Իմ փաթեթով դեղերի փոխհատուցման վերաբերյալ հարցեր ունեմ:

Այս ուղեցույցը հաճախ տրվող հարցերի վերաբերող շատ տեղեկություններ է պարունակում: Դուք կարող եք նաև զանգահարել Molina Healthcare և դեղի փոխհատուցման վերաբերյալ հատուկ հարցեր ուղղել:

- Կարո՞ղ է արդյոք իմ դեղատոմսը դեղատանը լրացվել:
- Ինչքա՞ն է կազմում իմ դեղատոմսի փոխհատուցման գումարը դոլարային արտահայտմամբ:
- Ինչպե՞ս պետք է դիմել Նախնական հաստատում պահանջող դեղի համար:
- Ինչպե՞ս հայցել բացառություն տեղեկամատյանում չներառված կամ փուլային թերապիայի համար նշանակված դեղի համար:
- Արդյո՞ք իմ դեղը փոխհատուցվում է դեղատոմսով ձեռք բերվող դեղերի համար նախատեսված արտոնություններով, թե՞ բժշկական արտոնություններով:

Չանգեք անվճար 1 (888) 665-4621 հեռախոսահամարով երկուշաբթիից ուրբաթ, 08:00-ից 18:00-ը: Եթե խոլ էք կամ լսողության խնդիրներ ունեք, զանգեք 711՝ Հեռահաղորդակցման ծառայության համար:

Դուք կարող եք նաև դիմել՝ դեղերի ցանկը փոստով ստանալու համար:

Եթե դեղը ներառված է տեղեկամատյանում, արդյո՞ք ինձ կնշանակվի այդ դեղը:

Նույնիսկ եթե դեղը նշված է տեղեկամատյանում, դա չի երաշխավորում, որ բժիշկը կնշանակի այն: Այս տեղեկամատյանի նպատակն է՝ տեղեկացնել ձեզ և ձեր բժշկին այն դեղերի մասին, որոնք փոխհատուցվում են ձեր փաթեթի շրջանակներում: Ցանկում չներառված դեղերը կարող են նախատեսված չլինել ձեր ապահովագրական փաթեթի պայմաններով և գումար արժենալ: Դուք կարող եք դիմել՝ տեղեկամատյանում չներառված դեղերի փոխհատուցման համար: Տեղեկամատյանում չներառված դեղերի փոխհատուցման հայտը կդիտարկվի բժշկական տեսանկյունից օգտագործման համար, եթե տեղեկամատյանում ընդգրկված տարբերակները չեն կարող օգտագործվել և/կամ հայտը բավարարում է փոխհատուցման այլ պահանջների: Մանրամասները բերված են այս ուղեցույցում:

ՍԱՀՄԱՆՈՒՄՆԵՐ

«Բրենդային դեղը» դա այն դեղն է, որը վաճառվում է սեփականության իրավունքով և ապրանքանշանով պաշտպանված անվան տակ: Բրենդային դեղը պետք է նշված լինի ՄԵՃԱՏԱՌՈՎ:

«Մասնակիցը»՝ առողջապահական պլանում գրանցված անձ է, որն իրավունք ունի ստանալու ծառայություններ իր փաթեթի ներքո: Մասնակիցների վրա բոլոր հղումները պետք է նաև ներառեն բաժանորդին, ինչպես որ նկարագրված է ստորև՝ այս բաժնում:

«Բացառության հայտ»՝ նշանակված դեղի փոխհատուցման հայտ է: Մասնակցի, իր կողմից լիազորված անձի կամ բժշկական ծառայությունների մատակարարի կողմից բացառության դեղատոմսով նշանակված դեղի փոխհատուցման համար բացառության հայտ ներկայացնելու դեպքում բժշկական ապահովագրության փաթեթը կփոխհատուցի նշված դեղը, եթե որոշված է, որ այն անհրաժեշտ է մասնակցի բուժման համար բժշկական տեսանկյունից:

«Անհետաձգելի հանգամանքներ»՝ երբ մասնակիցը տառապում է առողջական վիճակից, որը կարող է վտանգի ենթարկել նրա կյանքը, առողջությունը կամ կենսագործունեության մաքսիմալ վերականգնման հնարավորությունը, կամ երբ մասնակիցը ստանում է բուժում տեղեկամատյանում չներառված դեղի օգտագործմամբ:

«Տեղեկամատյան»՝ օգտագործման համար նախապատվելի և բժշկական ապահովագրության փաթեթի շրջանակներում փոխհատուցելի դեղերի ամբողջական ցանկ է, որը ներառում է ապահովագրական պլանի շրջանակներում փոխհատուցվող ամբուլատոր բուժման համար դեղատոմսերով տրամադրվող բոլոր դեղերը: Տեղեկամատյանը հայտնի է նաև որպես դեղատոմսերով տրամադրվող դեղերի ցանկ:

«Ունիվերսալ դեղ»՝ դա բրենդային դեղի հավասար դեղ է, որը համարժեք է ըստ դեղափաչի, անվտանգության, ազդեցության ուժի, ընդունման եղանակի, որակի, արդյունավետության և նաղատեսված օգտագործման չափանիշների: Ունիվերսալ դեղը նշվում է թավ և շեղ փոքրատառով:

«Տեղեկամատյանում չներառված դեղ»՝ դեղ, որը նշված չէ առողջապահական ապահովագրական պլանի տեղեկամատյանում:

«Դեղատոմսի մատակարար»՝ առողջապահական ծառայությունների մատակարար է, որն ունի լիազորություն դեղ նշանակել՝ մասնակցին բուժելու համար:

«Դեղատոմս»՝ մատակարարի կողմից որոշակի մասնակցի համար բանավոր, գրավոր կամ էլեկտրոնային պատվեր է, որը պարունակում է նշանակված դեղի անվանումը, դրա քանակը, թողարկման ամսաթիվը,

մատակարարի անունն ու կոնտակտային տվյալները, մատակարարի ստորագրությունը (եթե դեղատոմսը գրավոր է) և առողջական վիճակը կամ նպատակը, որի համար նշանակվել է դեղը (ըստ մասնակցի պահանջի):

«Նշանակված դեղը» դա դեղ է, որը նշանակված է մասնակցի մատակարարի կողմից, և գործող օրենքներով դեղատոմս է պահանջում:

«Նախնական հաստատում»՝ առողջապահական ապահովագրության պահանջ, որի համաձայն մասնակիցը կամ մասնակցի դեղատոմսը տրամադրողը ստանում է առողջապահական ապահովագրության պլանի հաստատումը՝ նախքան ապահովագրությամբ դեղի արժեքի փոխհատուցվելը: Առողջապահական ապահովագրության պլանը կտրամադրի թույլտվություն, եթե բժշկական տեսանկյունից անհրաժեշտ է, որպեսզի մասնակիցը ստանա տվյալ դեղը:

«Փուլային թերապիա»՝ գործընթաց, որը հատկանշում է տվյալ առողջական վիճակում և որոշակի հիվանդի համար տարբեր դեղերի նշանակման հերթականությունը: Առողջապահական պլանը կարող է պահանջել, որպեսզի մասնակիցը փորձի մեկ կամ ավելի դեղ՝ մասնակցի առողջական վիճակը շտկելու համար, նախքան փուլային թերապիայի հայտի համաձայն որոշակի Դեղի փոխհատուցումը: Մասնակցի մատակարարի կողմից փուլային թերապիայի բացառության հայտի ներկայացման դեպքում առողջապահական պլանները կանեն բացառություն փուլային թերապիայի համար, եթե հայտը բավարարի բոլոր պահանջներին:

«Բաժանորդ»՝ անձ, որը պատասխանատու է ապահովագրության գումարի վճարման համար կամ որի աշխատանքային կամ այլ կարգավիճակը (բացառությամբ ընտանեկան կապերից) պլանում մասնակցության հիմք է հանդիսանում:

ԻՆՉՊԵՍ ՕԳՏԱԳՈՐԾԵԼ ԴԵՂԵՐԻ ՏԵՂԵԿԱՄԱՏՅԱՆԸ՝ ՈՐՊԵՍ ՁԵՉ ՆՇԱՆԱԿՎԱԾ ԴԵՂԵՐԻ ՓՈԽՅԱՏՈՒՑՄԱՆ ՈՒՂԵՑՈՒՅՑ

Ինչպե՞ս գտնել դեղերի տեղեկամատյանում ընդգրկված դեղը:

Դեղերի ցանկը կազմակերպված է այբբենական կարգով՝ ըստ կատեգորիաների և դասերի, որոնք սահմանված են Ամերիկյան կլինիկական Դեղերի տեղեկատվական ծառայության (AHFS) դասակարգման համաձայն: Կատեգորիաների և դասի ներքո, դեղերի անվանումները նույնպես կազմակերպված են այբբենական կարգով: Եթե չգիտեք որոնվող դեղի կատեգորիան կամ դասը, ապա կարող եք որոնել այն ըստ անվան: Դրա համար երկու եղանակ կա:

- Եթե դուք օգտագործում եք դեղերի ցանկի էլեկտրոնային տարբերակը, ապա կարող եք օգտվել PDF-ի որոնման գործառնությունից՝ սեղմելով համակարգչի ստեղծարարի վրա Ctrl + F ստեղծները: Մուտքագրեք դեղի անվանումը որոնման տուփում:
- Եթե օգտվում եք դեղերի ցանկի թղթային տարբերակից, կարող եք որոնել դեղի անվանումը ուղեցույցի վերջում՝ Ուղեկիշ բաժնում:

Ներառված դեղերի ցանկը պարունակում է դեղի անվանումը, դեղի մակարդակը և ձեր ապահովագրության պլանի շրջանակներում փոխհատուցվող դեղերի և այլ նյութերի այլ մանրամասները:

Ահա դեղերի ցանկում դեղի գրանցման օրինակը:

Դեղի անվանումը	Դեղի մակարդակը	Պահանջներ/սահմանափակումներ
FLOVENT HFA AER 110MCG (<i>fluticasone propionate hfa</i>)	Մակարդակ 1	QL (10.6 գր / 30 օր), ՏԱՐԻԶԸ (առավելագույնը՝ 11 տարեկանից)

Դեղերի ի՞նչ անվանումներ են օգտագործվում դեղերի ցանկում:

Բրենդային դեղերը ներկայացված են սեփականության իրավունքով և ապրանքանշանով պաշտպանված ԱՆՎԱՆ ՏԱԿ: Դեղը կարող է ներկայացված լինել նաև ունիվերսալ կամ տեղեկամատյանում չներառված անվան տակ: Երբ հասանելի է դառնում դեղի ունիվերսալ ձևը, հաճախակի օգտագործվում է տեղեկամատյանում չներառված, կամ **ունիվերսալ անվանումը**:

Մեր Տեղեկամատյանում ԲՐԵՆԴԱՅԻՆ ԱՆՎԱՆ տակ նշված են միայն բրենդավորված դեղերը: ԲՐԵՆԴԱՅԻՆ ԱՆՎԱՆՈՒՄՈՎ դեղը տեղեկամատյանում կնշվի ՄԵԾԱՏԱՌՈՎ: Օրինակ՝ «XIGDUO XR»-ը դապագլիֆլոզին և մեթաֆորմին բաղադրամիջոցների դեղաչափով թողարկման անունն է: Տեղեկագրում այն նշված է որպես XIGDUO XR:

Ունիվերսալ դեղը տեղեկագրում նշված է իր **ունիվերսալ անվան (անվանումների)** տակ՝ **թավ և շեղ փոքրատառով**: Եթե շուկայում առկա է XIGDUO XR-ի ունիվերսալ ձևը, և այն ընդգրկված է տեղեկամատյանում, ապա դեղի անվանումը կլինի «dapagliflozin- metformin»:

Եթե տեղեկամատյանում ընդգրկված է դեղի և ԲՐԵՆԴԱՅԻՆ ՁԵՎԸ, և **ունիվերսալ ձևը**, ապա յուրաքանչյուրը նշվելու է առանձին: Օրինակ, COUMADIN և **warfarin** տեսակները նշված են առանձին՝ որպեսզի երևա, որ տեղեկամատյանում ընդգրկված է և ԲՐԵՆԴԱՅԻՆ ՁԵՎԸ, և **ունիվերսալ ձևը**: Եթե ցանկում ընդգրկված են երկու ձևերը, ապա յուրաքանչյուրի համար կկիրառվեն տարբեր պահանջներ/ սահմանաչափեր:

ԻՆՉՊԵՍ ԳՏՆԵԼ ԴԵՂԱՏՈՒՆ ԴԵՂԱՏՈՄՍԻ ԼՐԱՑՄԱՆ ՀԱՄԱՐ

Մանրածախ դեղատների ցանց

Molina-ն ունի նախապատվելի մանրածախ դեղատների ցանց, որտեղ դեղերը կարող են մշակվել և բաշխվել: Molinahealthcare.com կայքում առկա է Դեղատան որոնիչ գործիք, որը կօգնի մասնակիցներին և մատակարարներին ցանցի ներքո գտնել դեղեր տրամադրող: Գործիքը հնարավորություն է տալիս դեղատներ որոնել ըստ փոստային դասիչի, քաղաքի, երկրի և նահանգի: Գործիքը թույլ է տալիս նաև սահմանել որոնման արդյունքներն ըստ հեռավորության և այլ չափանիշների, ինչպիսիք են խանութի անունը, լեզուն և/կամ առաջարկվող ծառայությունները:

Մասնագիտացված դեղատուն

CVS մասնագիտացված դեղատունը՝ հատուկ դեղամիջոցների (բացառությամբ սահմանափակումներով վաճառվող դեղամիջոցների) մեր բացառիկ դեղատունն է: Սահմանափակումներով վաճառքը նշանակում է, որ դեղը կարող է վաճառվել միայն որոշակի դեղատների կողմից: CVS մասնագիտացված դեղատունը փոստային պատվերով աշխատող դեղատուն է, որն ապահովում է կլինիկական աջակցություն՝ մասնակիցներին իրենց դեղերն ու առողջական վիճակը կառավարելու օգնելու համար: Հատուկ դեղամիջոցները Ծառայությունների մատակարարի կողմից տեղեկամատյանում նշված են սահմանափակումների բաժնում: Հատուկ դեղամիջոցների մեծամասնության համար պահանջվում է Նախնական հաստատում՝ բժշկական անհրաժեշտության դիտարկման համար: Մատակարարը կարող է ներկայացնել Նախնական հաստատման հարցումներն անմիջապես Molina-ին կամ ուղարկել նշանակումը CVS՝ նախնական հաստատման գործընթացը մեկնարկելու համար: Եթե հատուկ դեղամիջոցի փոստային առաքումը որպես տարբերակ ընդունելի չէ մատակարարի համար, CVS-ն առաջարկում է տարբերակ առաքելու դեղամիջոցը տեղական CVS դեղատուն՝ այնտեղից ստանալու համար:

CVS Specialty-ի հետ կապվելու համար գանգեք 1 (800) 364-6331:

Փոստային պատվերով դեղատներ

CVS Caremark Mail Service դեղատունը Molina-ի բացառիկ ներցանցային փոստային պատվերով դեղատուն է: Մասնակիցները կարող են ստանալ մինչև 90-օրյա պաշար դեղատոմսով դեղերի մեծ մասի համար, որոնք առաքվում են ուղիղ մինչև նրանց դուռը, առանց որևէ լրացուցիչ ծախսերի:

Դեղատոմսերն անվճար ուղարկելու համար մատակարարը և/կամ մասնակիցը կարող են զանգել FastStart® անվճար հեռախոսահամարով՝ 1 (800) 875-0867, երկուշաբթիից ուրբաթ 07:00-ից 19:00-ը կամ այցելել www.caremark.com կայքը:

Ցանցում չընդգրկված դեղատուն

Եթե ցանցում ընդգրկված դեղատները չեն համապատասխանում մասնակցի պահանջներին, հնարավոր է ուղարկել հայտ՝ ցանցում չընդգրկված դեղատնից դեղը ձեռք բերելու թույլտվություն ստանալու համար: Բացառությունների բժշկական անհրաժեշտությունը կդիտարկվի առանձին յուրաքանչյուր հայտի համար:

Դեղատոմսային հայտերի մշակիչ

Molina Healthcare-ն ընտրել է CVS Caremark-ը որպես Դեղատնային նպաստի կառավարիչ (PBM) ընկերություն՝ Molina-ի մասնակիցների համար դեղատոմսային նպաստը կառավարելու համար:

- Հայտերի մշակման, դեղատոմսերի կարգավիճակի կամ մերժված հայտերի վերաբերյալ հարցերը կարող եք ուղղել CVS Caremark աջակցման կենտրոն՝ 1 (800) 364-6331 հեռախոսահամարով:
- Անդամակցության, փոխհատուցվող գումարի, նշանակված դեղի նպաստի վերաբերյալ տեղեկությունների և պահանջներին համապատասխանության հարցերով կարող եք դիմել Molina-ի Հաճախորդների աջակցման կենտրոն 1 (888) 665-4621 հեռախոսահամարով: Անդամակցության ծառայությունները հասանելի են երկուշաբթիից ուրբաթ 08:00-ից 18:00-ը խաղաղօվկիանոսյան ժամանակով
- Մատակարարներին վերաբերող հարցերով կարող եք դիմել Molina-ի Մատակարարների ծառայությունների աջակցման կենտրոն (855) 322-4075 համարով, երկուշաբթիից ուրբաթ 08:30-ից 17:00-ը խաղաղօվկիանոսյան ժամանակով:

Անհետաձգելի և աշխատանքային ժամերից դուրս Դեղամիջոցների տրամադրման քաղաքականություն

Անհետաձգելի դեպքերում մասնակցի վիճակի վատթարացումից խուսափելու համար կարող է պահանջվել ապահովել անհրաժեշտ դեղամիջոցները 72 ժամվա համար՝ նախքան Molina-ից Նախնական հաստատումը ստանալը: (Օրինակ՝ մասնակիցը դուրս է գրվել հիվանդանոցից աշխատանքային ժամերից հետո՝ հատուկ հակաբիոտիկների նշանակումով):

Դեղատներն այդ դեպքում պետք է առաջնորդվեն իրենց մասնագիտական հայեցողությամբ: Molina-ն կփոխհատուցի դեղատներին 72 ժամվա համար անհրաժեշտ դեղամիջոցների արժեքը՝ պայմանավորված գնով: Դեղատները կարող են դիմել CVS Caremark-ի աջակցման կենտրոն 1 (800) 364-6331 հեռախոսահամարով՝ 72 ժամյա մատակարարման մերժման հաստատում ստանալու համար:

Դեղատները կարող են հաջորդ աշխատանքային օրը զանգել Molina ընկերություն 1 (855) 322-4075 հեռախոսահամարով՝ դեղերը անհապաղ դեպքերում կամ աշխատանքային ժամերից հետո տրամադրելու հաստատումն առցանց ստանալու համար: Խորհուրդ է տրվում և ակնկալվում է, որ դեղատունը կտրամադրի ողջամիտ փաստաթղթեր անհետաձգելի իրավիճակներում դեղեր տրամադրելու վերաբերյալ:

ՆԱԽՆԱԿԱՆ ՀԱՍՏԱՏՄԱՆ ԵՎ ԲԱՑԱՌՈՒԹՅԱՆ ԳՈՐԾԸՆԹԱՑԸ

Նախնական հաստատում

Փոխհատուցման համար նախնական հաստատում պահանջող դեղերը դիտարկվում են ստանդարտ կանոնների համաձայն՝ բժշկական անհրաժեշտությունը որոշելու համար: Մատակարարները պետք է ցույց տան, որ դեղը ձեր կողմից օգտագործվելու է բժշկական տեսանկյունից հաստատված նպատակով, և որ այլ դեղեր չեն համապատասխանում ձեզ կամ անընդունելի են բժշկական տեսանկյունից: Դեղից կախված՝ կարող են այլ պահանջներ կիրառվել: Մենք կարող ենք պահանջել որոշակի թեստավորումների արդյունքներ, որոնք կապացուցեն, որ տվյալ դեղը ձեզ համար ճիշտ եղանակ է: Դա կարող է վերաբերել Հատուկ դեղերի, որոնք օգտագործվում են երկարատև կամ այլ լուրջ իրավիճակներում: Մասնակցի արձագանքը մատակարարի կամ դեղագործի կողմից տրամադրած դեղի օրինակների վերաբերյալ չի դիտարկվի որպես բավարար հիմք փոխհատուցման համար:

Ձեր մատակարարը կարող է Molina-ին տրամադրել Նախնական հաստատման ձևը ֆաքսիմիլային եղանակով՝ 1 (866) 508-6445 հեռախոսահամարով:

Ձևերը հասանելի են **MolinaHealthcare.com** կայքում՝ մուտք գործելու դեպքում: Մենք կտեղեկացնենք հայտի հաստատման ժամկետները: Եթե հայտը չի հաստատվել, մենք կուղարկենք նամակ, որտեղ կներկայացվեն պատճառները և ձեր իրավունքների պահպանման համար գործողությունների հրահանգները:

Բացառության հայտ

Կարո՞ղ եմ արդյոք ստանալ փոխհատուցում դեղի համար, եթե այն ներառված չէ տեղեկամատյանում կամ չի համապատասխանում ապահովագրական պլանի պահանջներին կամ սահմանափակումներին:

Molina ընկերությունում նախատեսված է գործընթաց, որը թույլ է տալիս հայցել կլինիկական տեսանկյունից ընդունելի դեղեր, որոնք ներառված չեն տեղեկամատյանում կամ ունեն սահմանափակումներ/պահանջներ՝ ձեր ապահովագրական փաթեթի շրջանակներում: Ձեր բժիշկը կարող է պատվիրել դեղ, որը ներառված չէ տեղեկամատյանում, սակայն որևէ համոզմամբ լավագույնս է ձեզ համար: Ձեր բժիշկը կարող է կապվել Molina-ի Դեղատան բաժանմունքի հետ՝ պարզելու, թե արդյո՞ք Molina ընկերությունը կփոխհատուցի տվյալ դեղը: Եթե հարցումը հաստատվի, Molina-ի մասնագետը կկապվի ձեր բժշկի հետ:

Եթե հարցումը մերժվի, դուք և ձեր բժիշկը կստանաք նամակ Molina Healthcare-ից: Նամակում կբացատրվի դեղի տրամադրման մերժման պատճառը: Եթե դուք համաձայն չեք տեղեկամատյանում չներառված դեղի և/կամ փուլային թերապիայի բացառության հայտի մերժման հետ, դուք կարող եք ներկայացնել բողոք՝ հայցելով երրորդ կողմի դիտարկում: Բողոքը լրացնելու մասին լրացուցիչ տեղեկությունների համար դիտեք Համաձայնագրի (քաղաքականության) «Բողոքներ և բողոքարկումներ» բաժինը:

Հնարավոր է՝ դուք ընդունում եք դեղ, որն այլևս ընդգրկված չէ դեղերի ցանկում: Ձեր բժիշկը կարող է խնդրել մեզ շարունակել դրա փոխհատուցումը՝ ներկայացնելով դեղի Նախնական հաստատման հայտ:

Տեղեկամատյանում չներառված դեղերի փոխհատուցման հայտը կդիտարկվի բժշկական տեսանկյունից օգտագործման համար, եթե տեղեկամատյանում ընդգրկված տարբերակները չեն կարող օգտագործվել և/կամ բավարարում են այլ պահանջների: Դեղը պետք է լինի ապահով և արդյունավետ՝ ձեր հիվանդությունը բուժելու համար: Ձեր բժիշկը պետք է դուրս գրի դեղատոմս՝ դեղի սովորական քանակով: Molina-ն կարող է փոխհատուցել հատուկ՝ տեղեկամատյանում չներառված դեղերի համար հետևյալ դեպքերում:

- Ձեր անկետայում առկա են համապատասխան փաստաթղթեր՝ որոշակի պահանջների մասին:
- Ձեր բժիշկը հաստատել է, որ դուք փորձել եք տեղեկամատյանում ընդգրկված միջոցներ, սակայն դրանք չեն ախտահարում ձեզ չեն օգնել, կամ այլընտրանքները վնասել են ձեզ, կամ մատակարարն ակնկալում է, որ դրանք կվնասեն ձեզ կամ սուր ռեակցիա կառաջացնեն:

Եթե ձեր նշանակումը պահանջում է Նախնական հաստատում բացառության համար, հայտը կարող է դիտարկվել Ստանդարտ կամ Անհետաձգելի հանգամանքների տեսանկյունից:

- Ցանկացած հայտ, որը չի դիտարկվում որպես Անհետաձգելի, դիտարկվում է որպես Ստանդարտ բացառության հայտ:
- Հայտը դիտարկվում է Անհետաձգելի հանգամանքների տեսանկյունից, եթե ձեր առողջական վիճակը կարող է վտանգել ձեր կյանքը, առողջությունը կամ գործառույթի մաքսիմալ վերականգնումը, կամ եթե դուք ներկայումս ստանում եք բուժում տեղեկամատյանում չներառված դեղով: Ձեր բժշկի կամ արտադրողի կողմից դեղի նմուշի հետ կատարված փորձարկումները չեն դիտարկվում որպես ընթացիկ բուժում:

Դուք և/կամ ձեր մատակարարը կտեղեկացվեք մեր որոշման մասին ոչ ուշ քան.

- Շտապ հարցում ստանալուց 24 ժամվա ընթացքում
- Ընթացիկ հարցում ստանալուց 72 ժամվա ընթացքում

Եթե տեղեկամատյանում չներառված դեղի և/կամ փուլային թերապիայի բացառության առաջնային հայտը մերժվել է, դուք կարող եք ներկայացնել բողոք՝ հայցելով երրորդ կողմի դիտարկում: Բողոքը լրացնելու մասին լրացուցիչ տեղեկությունների համար դիտեք Համաձայնագրի (քաղաքականության) «Բողոքներ և բողոքարկումներ» բաժինը:

Molina ընկերությունը կտեղեկացնի դեղի փոխհատուցման վերաբերյալ որոշման մասին ձեզ կամ ձեր կողմից լիազորված անձի և ձեր մատակարարի՝ հայտը ստանալուց 24 ժամվա ընթացքում: Առողջապահության և անվտանգության կարգի 1367.241 կետի համաձայն՝ եթե հայտի վերաբերյալ որոշումը չի ընդունվում նշված ժամկետում, հայտն ավտոմատ կերպով հաստատվում է:

Առողջապահության և անվտանգության կարգի 1367.22 կետի համաձայն՝ եթե դեղի հայտը հաստատվում է, դեղի գումարը կփոխհատուցվի ողջ բուժման ընթացքում, ներառյալ համալրումները: Molina ընկերությունը չի սահմանափակի կամ կասեցնի դեղի փոխհատուցումը, եթե այն նախկինում հաստատվել է ձեր առողջական վիճակի համար, և եթե մատակարարը շարունակում է նշանակել դեղն, այնքան մինչև որ նշանակումներն արվում են պատշաճ կերպով, և դեղը համարվում է անվտանգ և արդյունավետ:

Առողջապահության և անվտանգության կարգի 1300.67.24 կետի համաձայն՝ մենք չենք կարող պահանջել ձեզ կրկնել փուլային թերապիան, եթե դուք փոխել եք ապահովագրական փաթեթը և շարունակում եք ընդունել դեղ, որն այժմ համապատասխանում է փուլային թերապիայի պահանջներին՝ համաձայն ձեր Molina փաթեթի: Ձեր մատակարարը պետք է բացառության հայտ ներկայացնի, որպեսզի մենք տեղեկացված լինենք, որ դուք նախկինում ընդունել եք դեղը, որ այն պաշտաճ եղանակով է նշանակվել, և որ այն անվտանգ և արդյունավետ է ձեր առողջական վիճակի համար:

ԲՈՂՈՔՆԵՐ ԵՎ ԲՈՂՈՔԱՐԿՈՒՄՆԵՐ

Եթե Molina-ն մերժում է դեղի փոխհատուցման հայտը, գործողության մասին ծանուցման մեջ ներառված է լինելու բողոքարկելու իրավունքի մասին ծանուցում: Դուք կարող եք նաև լրացնել բողոքը՝ կապվելով Molina-ի Հաճախորդների սպասարկման կենտրոնի հետ (888) 665-4621 հեռախոսահամարով:

ԾԱՆՈՒՑԱԳԻՐ

Սույն փաստաթղթում ներառված տեղեկությունները պաշտպանված են սեփականության իրավունքով: Տեղեկություններն ամբողջությամբ կամ մասամբ չեն կարող պատճենվել՝ առանց գրավոր թույլտվության: Բոլոր իրավունքները պաշտպանված են: Սույն փաստաթուղթը պարունակում է հղումներ բրենդային անվանումով դեղերի, որոնք դեղորայքների արտադրողների ապրանքանշանները կամ գրանցված ապրանքանշաններն են:

ՆՇՈՒՄՆԵՐԻ ԲԱՑԱՏՈՒԹՅՈՒՆ

Որո՞նք են դեղերի ցանկում նշված պահանջներն ու սահմանափակումները:

Պահանջներն ու սահմանափակումները կարող են նշվել որոշակի դեղերի համար: Դեղերը կարող են ունենալ հետևյալ պահանջներն ու սահմանափակումները՝

Պահանջների/ սահմանափակումների	Նկարագրություն
AGE	Գործում են տարիքային սահմանափակումներ: Մենք փոխհատուցում ենք այս դեղը կամ դեղաչափը միայն որոշակի տարիքային խմբերի համար՝ հիմնվելով դեղի անվտանգության, արդյունավետության և արժեքի մասին տվյալների վրա:
MED	Գործում են մորֆինի համարժեք չափաբաժինների սահմանափակումներ: Դեղի քանակը սահմանված է օրական մորֆինի 90 միլիգրամին համարժեք («EQ») չափով:
OTC	Դեղատոմսում նշվածից վեր դեղաչափերը փոխհատուցվում են մատակարարի կողմից համարժեք նշանակման դեպքում:
PA	Պահանջվում է նախնական հաստատում: Որոշակի դեղերի փոխհատուցման համար պահանջվում է փոխհատուցման նախնական հաստատում: Նախնական հաստատման անհրաժեշտության դեպքում մատակարարները պետք է ապացուցեն, որ դեղը ձեզ համար ընդունելի է, և որ այլ բուժման եղանակներն արդյունավետ չեն կամ ընդունելի չեն: Դեղից կախված՝ կարող են այլ պահանջներ կիրառվել:
QL	Գործում են քանակային սահմանափակումներ: Մենք կփոխհատուցենք օրական առավելագույն թույլատրելի քանակի համար՝ հիմնվելով դեղի բժշկական տեսանկյունից ընդունելի լինելու և գնի մասին տվյալների հիման վրա:
ST	Պահանջվում է փուլային թերապիա: Եթե մենք նախկինում վճարել ենք Փուլային թերապիայի համար պահանջվող դեղի(ների) համար, դեղը կշարունակի փոխհատուցվել՝ առանց Նախնական հաստատման կամ Փուլային թերապիայի բացառության հայտի: Դեղերի ցանկում ցուցադրված է, թե որ դեղերն են պահանջվում առաջին հերթին, և որքան երկար ժամանակով:

Որոշակի դեղեր համապատասխան դասում նշված են որպես «Նախապատվելի բրենդ»: Եթե միևնույն դասում նշված է ձեռնարկով պահանջվող և որպես Նախապատվելի բրենդ նշված դեղը, մենք պահանջում ենք, որպեսզի առաջին հերթին կամ ձեռնարկով դեղի փոխարեն օգտագործվի Նախապատվելի բրենդի դեղը: Առաջին հերթին որպես Նախապատվելի բրենդի դեղերն օգտագործելու պահանջի տակ մտնող որոշակի դեղեր կարող են նշված լինել նաև որպես «ՆՉ» բժշկական անհրաժեշտությունից ելնելով»: Բժշկական անհրաժեշտությունից ելնելով Նախնական հաստատման պահանջը գործում է Հատուկ դեղերի համար:

2021

បញ្ជីឱសថ

(បញ្ជីឱសថដែលត្រូវបានធានា)

Medi-Cal – Molina Healthcare Inc

MolinaHealthcare.com

កំណត់ចំណាំ៖ បញ្ជីឱសថអាចនឹងមានការផ្លាស់ប្តូរ ហើយកំណែមុនៗនៃបញ្ជីឱសថមិនមានសុពលភាពទៀតទេ។ កំណែអេឡិចត្រូនិកនៃបញ្ជីឱសថអាចរកបាននៅគេហទំព័រ Molinahealthcare.com។

សូមស្វាគមន៍មកកាន់ MOLINA HEALTHCARE!

បញ្ជីសថរបស់ Molina Healthcare (បញ្ជីឱសថ)

Molina Healthcare មានបញ្ជីឱសថដែលនឹងធ្វើការធានា។ បញ្ជីនេះត្រូវបានហៅថាបញ្ជីឱសថ (Drug Formulary)។ ឱសថក្នុងបញ្ជីនេះត្រូវបានជ្រើសរើសដោយក្រុមវេជ្ជបណ្ឌិត និងឱសថការីមកពី Molina Healthcare និង សហគមន៍ផ្នែកវេជ្ជសាស្ត្រ។ ក្រុមទាំងនេះជួបប្រជុំគ្នាជារៀងរាល់បីខែម្តងដើម្បីពិភាក្សាអំពីឱសថដែលនៅក្នុងបញ្ជីឱសថនេះ។ ពួកគេធ្វើការពិនិត្យឱសថថ្មីៗ និងការផ្លាស់ប្តូរផ្សេងៗក្នុងសេវាថែទាំសុខភាព។ ពួកគេព្យាយាមស្វែងរកឱសថដែលមានប្រសិទ្ធភាពបំផុតសម្រាប់លក្ខខណ្ឌផ្សេងៗគ្នា។ ឱសថត្រូវបានបន្ថែម ឬដកចេញពីបញ្ជីឱសថដោយហេតុផលផ្សេងៗ។ ហេតុផលទាំងនេះអាចជា៖

- ការផ្លាស់ប្តូរនៃវិធីសាស្ត្រព្យាបាល
- បច្ចេកវិទ្យានៃការព្យាបាល
- នៅពេលមានឱសថដែលបានទទួលស្គាល់ពី FDA ថ្មីៗបានដាក់លក់លើទីផ្សារ
- នៅពេលដែលឱសថត្រូវបានដកចេញពីទីផ្សារដោយ FDA
- នៅពេលឱសថត្រូវបានកំណត់ថាមានបញ្ហាផ្នែកសុវត្ថិភាព

នោះការផ្លាស់ប្តូរនៃបញ្ជីឱសថអាចរួមបញ្ចូល៖

- ការបន្ថែម/ការដកចេញនៃឱសថ ឬទម្រង់នៃកម្រិតប្រើ
- ការផ្លាស់ប្តូរឱសថពីថ្នាក់ឱសថមួយទៅថ្នាក់មួយទៀតនោះនឹងធ្វើឱ្យមានការរួមចំណែកដល់ការចំណាយកាន់តែតិចជាងឬច្រើនជាង
- មិនថាឱសថត្រូវបានណែនាំ ឬមិនត្រូវបានណែនាំក្នុងចំណោមឱសថក្នុងបញ្ជីស្រដៀងគ្នានោះទេ
- ការបន្ថែម/ការដកចេញការកំណត់លើឱសថ ឬទម្រង់នៃកម្រិតប្រើ

ការផ្លាស់ប្តូរបញ្ជីឱសថដែលទំនងជានឹងប៉ះពាល់ដល់អ្នកគឺភាគច្រើនកើតមាននៅដើមឆ្នាំនៃគម្រោងថ្មី។ នៅពេលការធ្វើបច្ចុប្បន្នភាពធ្វើឡើងនៅពេលផ្សេងទៀតតាមរយៈដំណើរការស្តង់ដាររបស់យើង Molina Healthcare និងធ្វើការចុះផ្សាយការផ្លាស់ប្តូរទាំងឡាយនៅរៀងរាល់ខែ ព្រមទាំងជូនដំណឹងដល់អ្នក ផងដែរ។ បញ្ជីឱសថដែលមានបច្ចុប្បន្នបំផុតនៃគម្រោងរបស់អ្នកគឺស្ថិតលើគេហទំព័ររបស់យើង Molinahealthcare.com ។

តើបញ្ជីឱសថមានបញ្ចូលឱសថចាក់ដែលអ្នកផ្តល់សេវាបានផ្តល់ដល់ខ្ញុំនៅក្នុងគ្លីនិក ឬកន្លែងផ្សេងទៀតឬទេ?

ជាទូទៅ ឱសថក្នុងបញ្ជីឱសថគឺជាឱសថដែលអ្នកផ្តល់សេវារបស់អ្នកចេញវេជ្ជបញ្ជា សម្រាប់អ្នកដើម្បីទៅទទួលពីឱសថស្ថាន ហើយយកសម្រាប់ខ្លួនឯង។ ឱសថចាក់ភាគច្រើនដែលអ្នកត្រូវការជំនួយពីអ្នកផ្តល់សេវាក្នុងការប្រើ ត្រូវបានធានាក្រោមអត្ថប្រយោជន៍ព្យាបាល ជាជាងអត្ថប្រយោជន៍ឱសថតាមវេជ្ជបញ្ជា (“ឱសថស្ថាន”) ។ អ្នកផ្តល់សេវារបស់អ្នកមានការណែនាំពី Molina អំពីរបៀបដែលអ្នកអាចទទួលបានការយល់ព្រមលើ ឱសថដែលពួកគេទិញ ហើយជួយផ្តល់ដល់អ្នក។ ឱសថចាក់ខ្លះអាចទទួលបានការយល់ព្រមទៅទទួលយកពីឱសថស្ថានដោយប្រើអត្ថប្រយោជន៍ឱសថតាមវេជ្ជបញ្ជារបស់អ្នក។

ខ្ញុំមានសំណួរមួយចំនួនស្តីពីរបៀបដែលគម្រោងរបស់ខ្ញុំធានាលើឱសថ។

សេចក្តីណែនាំនេះមានព័ត៌មានលម្អិតជាច្រើនសម្រាប់សំណួរទូទៅ។ អ្នកក៏អាចទូរស័ព្ទទៅ Molina Healthcare ហើយសាកសួរសំណួរពីការធានាជាក់លាក់ណាមួយអំពីឱសថ៖

- តើវេជ្ជបញ្ជារបស់ខ្ញុំអាចត្រូវបំពេញនៅឱសថស្ថានលក់រាយបានទេ?
- តើតម្លៃនៃការរួមចំណែកលើការចំណាយមានទំហំប៉ុន្មានគិតជាដុល្លារសម្រាប់វេជ្ជបញ្ជារបស់ខ្ញុំ?
- តើអ្វីជាដំណើរការសម្រាប់ការស្នើសុំឱសថដែលមានលក្ខខណ្ឌតម្រូវអនុញ្ញាតជាមុន?
- តើខ្ញុំអាចស្នើការលើកលែងសម្រាប់ឱសថដោយរបៀបណា ចំពោះឱសថដែលមិននៅក្នុងបញ្ជីឱសថ ឬដែលមានការទាមទារការព្យាបាលតាមជំហាន?
- តើឱសថរបស់ខ្ញុំត្រូវបានធានាក្រោមអត្ថប្រយោជន៍ឱសថតាមវេជ្ជបញ្ជា ឬ អត្ថប្រយោជន៍ការព្យាបាលឬទេ?

សូមទូរស័ព្ទទៅប្រព័ន្ធតតគិតថ្លៃលេខ 1 (888) 665-4621 ពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ពីម៉ោង 8:00 ព្រឹក ដល់ម៉ោង 6:00 យប់។ ប្រសិនបើអ្នកជូន ឬមានការលំបាកក្នុងការស្តាប់ សូមចុចទៅលេខ 711 សម្រាប់សេវាកម្មទូរគមនាគមន៍ (Telecommunications Service)។

អ្នកក៏អាចស្នើឱ្យយើងផ្ញើច្បាប់ចម្លងនៃបញ្ជីឱសថនេះ តាមប្រអប់សំបុត្របានផងដែរ។

ប្រសិនបើឱសថមួយមាននៅក្នុងបញ្ជីឱសថ តើខ្ញុំនឹងត្រូវបានទទួលវេជ្ជបញ្ជាឱ្យប្រើឱសថនោះឬទេ ?

ឱសថដែលមានរាយនាមលើបញ្ជីឱសថ នឹងមិនធានាបានថាត្រូវបានទទួលរបស់អ្នកនឹងចេញ វេជ្ជបញ្ជាឱ្យអ្នកប្រើឱសថនោះទេ។ សេចក្តីណែនាំនេះ នឹងអនុញ្ញាតឱ្យអ្នក និងគ្រូពេទ្យរបស់អ្នកដឹងថាឱសថតាមវេជ្ជបញ្ជាប្រភេទណា ដែលត្រូវបានធានាដោយគម្រោងរបស់អ្នក។ ឱសថដែលមិនមានក្នុងបញ្ជីនេះអាចនឹងមិនត្រូវបានធានាដោយគម្រោងរបស់អ្នកទេ ហើយអាចធ្វើឱ្យអ្នកចំណាយច្រើនបន្ថែមទៀត។ អ្នកអាចស្នើសុំឱ្យមានការធានាលើឱសថដែលមិនមានក្នុងបញ្ជីឱសថ។ សំណើសម្រាប់ឱសថមិនមានក្នុងបញ្ជីឱសថនឹងត្រូវធ្វើការពិចារណាសម្រាប់ការប្រើក្នុងការព្យាបាលដែលបានទទួលស្គាល់នៅពេលដែលជម្រើសដែលមានក្នុងបញ្ជីឱសថមិនអាចប្រើបាន និង/ឬការទាមទារ សម្រាប់ការធានាផ្សេងៗត្រូវបានបំពេញ។ ព័ត៌មានលម្អិតត្រូវបានបញ្ចូលក្នុងសេចក្តីណែនាំនេះ។

និយមន័យ

“ឱសថមានឈ្មោះយីហោ” គឺជាឱសថដែលត្រូវបានចរចរលើទីផ្សារនៅក្រោមឈ្មោះ ដែលត្រូវបានការពារកម្មសិទ្ធិ និងស្លាកសញ្ញាពាណិជ្ជកម្ម។ ឱសថមានយីហោនឹងត្រូវបានរាយនាមជាអក្សរធំទាំងអស់។

“អ្នកចុះឈ្មោះ” គឺជាអ្នកដែលបានចុះឈ្មោះក្នុងគម្រោងសុខភាពដើម្បីទទួលបានសេវាពិគម្រោង។ សេចក្តីយោងទាំងអស់ចំពោះអ្នកចុះឈ្មោះនៅក្នុងបញ្ជីឱសថនឹងត្រូវបានដាក់បញ្ចូលអ្នកជាវដូចដែលបានកំណត់និយមន័យនៅក្នុងផ្នែកខាងក្រោម។

“សំណើលើកលែង” គឺជាសំណើសុំការធានាលើឱសថដែលមានវេជ្ជបញ្ជា។ ប្រសិនបើអ្នកចុះឈ្មោះ អ្នកចាត់តាំង ឬអ្នកផ្តល់សេវាថែទាំសុខភាពដែលមានការផ្តល់វេជ្ជបញ្ជា របស់អ្នកចុះឈ្មោះបានដាក់សំណើសុំការលើកលែងចំពោះការធានាលើឱសថដែលមានវេជ្ជបញ្ជានេះ នោះគម្រោងសុខភាពត្រូវតែធានាលើឱសថដែលមានវេជ្ជបញ្ជានៅពេលដែលឱសថត្រូវបានកំណត់ ថានឹងមានភាពចាំបាច់ផ្នែកវេជ្ជសាស្ត្រសម្រាប់ការព្យាបាលស្ថានភាពជំងឺរបស់អ្នកចុះឈ្មោះ។

“កាលៈទេសៈអាសន្ន” គឺនៅពេលដែលអ្នកចុះឈ្មោះជួបស្ថានភាពសុខភាព ដែលអាចនឹងប៉ះពាល់ធ្ងន់ធ្ងរដល់អាយុជីវិត សុខភាពសមត្ថភាពដែលអាចធ្ងរស្បើយ ដើម្បីបំពេញ ការងារបាន ឬនៅពេលដែលអ្នកចុះឈ្មោះកំពុងទទួលការព្យាបាលដោយប្រើប្រាស់ឱសថមិនស្ថិត ក្នុងបញ្ជីឱសថ។

“បញ្ជីឱសថ” គឺជាតារាងពេញលេញនៃឱសថដែលត្រូវបានណែនាំសម្រាប់ការប្រើប្រាស់ ឬដែលទទួលបានការធានាក្រោមផលិតផលគម្រោងសុខភាព ហើយរួមបញ្ចូលឱសថទាំងអស់ដែលបាន ធានាក្រោមអត្ថប្រយោជន៍ឱសថតាមវេជ្ជបញ្ជាប្រើប្រាស់ខាងក្រៅនៃផលិតផលគម្រោងសុខភាព។ បញ្ជីឱសថ ក៏ត្រូវបានស្គាល់ផងដែរថាជាបញ្ជីឱសថតាមវេជ្ជបញ្ជា។

“ឱសថទូទៅ (Generic Drug)” គឺជាឱសថដែលដូចគ្នានឹងឱសថមានឈ្មោះយីហោរបស់វាដែរ ទាក់ទងនឹង កម្រិតប្រើ សុវត្ថិភាព កម្លាំងរបៀបប្រើ គុណភាព មុខងារ និងគោលដៅនៃការប្រើ។ ឱសថទូទៅត្រូវបានរាយនាមជាអក្សរខិត ហើយតូចទ្រេត។

“ឱសថមិនមានក្នុងបញ្ជីឱសថ” គឺជាឱសថតាមវេជ្ជបញ្ជាដែលមិនមាន រាយនាមក្នុងបញ្ជីឱសថរបស់គម្រោងសុខភាព។

“អ្នកផ្តល់សេវាផ្នែកវេជ្ជបញ្ជា” គឺជាអ្នកផ្តល់សេវាថែទាំសុខភាពដែលមានសិទ្ធិ ក្នុងការចេញវេជ្ជបញ្ជាផ្តល់ឱសថសម្រាប់ការព្យាបាលស្ថានភាពជំងឺសម្រាប់អ្នកចុះឈ្មោះក្នុងគម្រោងសុខភាព។

“វេជ្ជបញ្ជា” គឺជាបញ្ជាទិញដោយអេឡិចត្រូនិច ដោយសំណេរ ឬដោយផ្ទាល់មាត់ដែលធ្វើ ដោយអ្នកផ្តល់សេវាវេជ្ជបញ្ជាសម្រាប់អ្នកចុះឈ្មោះដាក់លាក់ណាមួយដែលមានភ្ជាប់មកជាមួយឈ្មោះឱសថ តាមវេជ្ជបញ្ជា បរិមាណនៃឱសថ កាលបរិច្ឆេទចេញវេជ្ជបញ្ជា ឈ្មោះ និងព័ត៌មានទំនាក់ទំនងនៃអ្នក ផ្តល់សេវាវេជ្ជបញ្ជា ហត្ថលេខានៃអ្នកចេញវេជ្ជបញ្ជា ប្រសិនបើវេជ្ជបញ្ជាជាសំណេរផ្ទាល់ដៃ ហើយប្រសិនបើត្រូវបានស្នើដោយអ្នកចុះឈ្មោះ ស្ថានភាពជំងឺ និងពិគោលបំណងដែលឱសថ ចេញវេជ្ជបញ្ជានេះត្រូវបានប្រើ។

“ឱសថតាមវេជ្ជបញ្ជា” គឺជាឱសថដែលត្រូវបានចេញវេជ្ជបញ្ជាដោយ អ្នកផ្តល់សេវាវេជ្ជបញ្ជារបស់អ្នកចុះឈ្មោះ ហើយទាមទារវេជ្ជបញ្ជាក្រោម ច្បាប់ដែលអនុវត្តបាន។

“ការផ្តល់ការអនុញ្ញាតជាមុន” គឺជាការទាមទាររបស់គម្រោងសុខភាព ដែលអ្នកចុះឈ្មោះ ឬអ្នកផ្តល់សេវាវេជ្ជបញ្ជារបស់អ្នកចុះឈ្មោះទទួល បានការអនុញ្ញាត ពីគម្រោងសុខភាពសម្រាប់ឱសថតាមវេជ្ជបញ្ជាមុនគម្រោងសុខភាពនិងធានាលើឱសថ។ គម្រោងសុខភាពនិងផ្តល់ការ អនុញ្ញាតជាមុននៅពេលដែលវាមានភាពចាំបាច់ក្នុងការព្យាបាលសម្រាប់អ្នកចុះឈ្មោះក្នុងការទទួលបានឱសថ។

“ការព្យាបាលតាមជំហាន” គឺជាដំណើរការកំណត់លំដាប់លំដោយដែលឱសថតាមវេជ្ជបញ្ជា ខុសៗគ្នាដែលប្រើសម្រាប់ស្ថានភាពជំងឺ ហើយដែលសមស្របខាងផ្នែកវេជ្ជសាស្ត្រសម្រាប់អ្នកជំងឺណាម្នាក់ បានទទួលវេជ្ជបញ្ជា។ គម្រោងសុខភាពអាចនឹងទាមទារឱ្យអ្នកចុះឈ្មោះ សាកល្បងឱសថមួយ ឬច្រើនដើម្បីព្យាបាលស្ថានភាពជំងឺ របស់អ្នកចុះឈ្មោះមុនគម្រោងសុខភាពធ្វើការធានាលើឱសថជាក់លាក់ណាមួយ សម្រាប់ស្ថានភាពដែលយោងទៅតាមសំណើការព្យាបាលតាមជំហាន។ ប្រសិនបើអ្នកផ្តល់សេវាវេជ្ជបញ្ជារបស់អ្នកចុះឈ្មោះដាក់សំណើសុំការ លើកលែងលើការព្យាបាលតាមជំហាន គម្រោងសុខភាពនឹងធ្វើការលើកលែងចំពោះការព្យាបាលតាមជំហាននៅពេលលក្ខណៈវិនិច្ឆ័យត្រូវបាន បំពេញ។

“អ្នកជាវ (Subscriber)” មានន័យថាអ្នកដែលទទួលខុសត្រូវសម្រាប់ការទូទាត់លើគម្រោង ឬ ដែលការងារឬឋានៈផ្សេងទៀតរបស់គាត់ លើកលែងតែការពឹងអាស្រ័យលើគ្រួសារ គឺជាមូលដ្ឋានដែលមានសិទ្ធិទទួលបានសមាជិកភាពក្នុងគម្រោង។

ការប្រើបញ្ជីឱសថជាការណែនាំលើការធានាឱសថតាមវេជ្ជបញ្ជា

តើខ្ញុំអាចស្វែងរកឱសថលើបញ្ជីឱសថតាមរបៀបណា ?

បញ្ជីឱសថត្រូវបានរៀបចំតាមលំដាប់អក្ខរក្រមតាមក្រុម និងថ្នាក់នៃការព្យាបាលដោយប្រើ ការចាត់ថ្នាក់របស់សេវាបញ្ជីឱសថនៃមន្ទីរពេទ្យ អាមេរិក (AHFS)។ នៅក្នុងក្រុម និងថ្នាក់នេះ ឈ្មោះឱសថក៏ត្រូវបានរៀបចំទៅតាមលំដាប់អក្ខរក្រមផងដែរ។ ប្រសិនបើអ្នកមិនដឹងពីក្រុម ឬថ្នាក់នៃឱសថដែលអ្នកកំពុងរកមើលទេ នោះមានរបៀបពីរយ៉ាង ក្នុងការស្វែងរកឱសថតាមឈ្មោះបាន។

- ប្រសិនបើអ្នកកំពុងប្រើប្រាស់កំណែបញ្ជីឱសថអេឡិចត្រូនិក អ្នកអាចប្រើមុខងារស្វែងរក PDF តាមរយៈការចុច Ctrl + F លើ ក្តារចូរបស់កុំព្យូទ័ររបស់អ្នក។ វាយបញ្ចូលឈ្មោះឱសថដែលអ្នកកំពុងស្វែងរកនៅក្នុងប្រអប់ស្វែងរក។
- ប្រសិនបើអ្នកកំពុងប្រើប្រាស់កំណែព្រីនចេញនៃបញ្ជីឱសថ អ្នកអាចស្វែងរកឈ្មោះឱសថនៅក្នុងសន្ទស្សន៍នៅខាងចុងនៃការ ណែនាំនេះ។

ព័ត៌មានឱសថលើបញ្ជីនេះផ្តល់នូវ ឈ្មោះឱសថ ថ្នាក់ឱសថ និងព័ត៌មាននៃការធានាផ្សេងទៀត សម្រាប់ឱសថ និងផលិតផលទាំងអស់នៅ ក្រោមអត្ថប្រយោជន៍ឱសថតាមវេជ្ជបញ្ជានៃ គម្រោងរបស់អ្នក។

នេះជាឧទាហរណ៍មួយនៃព័ត៌មានឱសថក្នុងបញ្ជីឱសថ។

ឈ្មោះឱសថ	ថ្នាក់ឱសថ	ការទាមទារ/ការកម្រិតកំណត់
FLOVENT HFA AER 110 MCG (<i>fluticasone propionate hfa</i>)	ក្រុម 1	QL (10.6 ម.ក្រូ / 30 ថ្ងៃ); អាយុ (អាយុអតិ 11 ឆ្នាំ)

តើឈ្មោះឱសថអ្វីដែលត្រូវបានប្រើក្នុងបញ្ជី ?

ឱសថមានយីហោត្រូវបានចាត់ទុកដោយប្រើឈ្មោះយីហោ (BRAND NAME) ដែលមានការការពារស្លាកសញ្ញាពាណិជ្ជកម្ម និងកម្មសិទ្ធិ។ ហើយក៏មានឈ្មោះឱសថទូទៅ ឬមិនមានកម្មសិទ្ធិដែលកំណត់ថាជាឱសថផងដែរ។ នៅពេលដែលទម្រង់ទូទៅនៃឱសថអាចរកបាន ជាទូទៅឈ្មោះទូទៅ (generic name) ឬមិនមែនកម្មសិទ្ធិរបស់វាត្រូវបានប្រើដោយសំដៅលើឱសថ។

បញ្ជីឱសថរបស់យើងសំដៅលើ ឈ្មោះមានយីហោ (BRAND NAME) តែប៉ុណ្ណោះសម្រាប់ឱសថមានយីហោក្នុងបញ្ជីឱសថ។ ឱសថមានយីហោក្នុងបញ្ជីឱសថនឹងត្រូវបានរាយនាមជាអក្សរធំទាំងអស់ ជាឈ្មោះមានយីហោរបស់វា។ ឧទាហរណ៍ "XIGDUO XR", គឺជាឈ្មោះមានយីហោសម្រាប់ទម្រង់កម្រិតប្រើ នៃសារធាតុផ្សំ ផ្នែកឱសថ dapagliflozin និង metformin ដែលបានបញ្ចេញសារធាតុយូរ៉ាដាងជម្រក ។ វាត្រូវបានរាយនាមក្នុងបញ្ជីឱសថជា XIGDUO XR ។

ឱសថទូទៅ ក្នុងបញ្ជីឱសថត្រូវបានរាយនាមតាមឈ្មោះទូទៅរបស់វាជា **អក្សរតូច ឌីត ហើយទ្រេត។** ប្រសិនបើមានទម្រង់ទូទៅនៃ XIGDUO XR លើទីផ្សារ ហើយវានឹងត្រូវបានបញ្ចូលលើបញ្ជីឱសថ នោះឈ្មោះឱសថរបស់វានឹងត្រូវបានរាយនាមជា **"dapagliflozin- metformin"**។

ប្រសិនបើទាំង ទម្រង់មានយីហោ (BRAND FORM) និង **ទម្រង់ទូទៅ** សម្រាប់ឱសថសុទ្ធតែមានក្នុងបញ្ជីឱសថ នោះទម្រង់ទាំងនោះនឹងត្រូវបានរាយនាមជាព័ត៌មានដាច់ដោយឡែករៀងខ្លួន។ ឧទាហរណ៍ COUMADIN និង **warfarin** ត្រូវបានរាយនាមដាច់ដោយឡែកដើម្បីបង្ហាញថាទាំង ទម្រង់មានយីហោ (BRAND FORM) និង **ទម្រង់ទូទៅ**) សុទ្ធតែត្រូវបានធានាក្នុងបញ្ជីឱសថ។ ថ្នាក់ឱសថនិងលក្ខខណ្ឌតម្រូវ/ការកម្រិតកំណត់ផ្សេងៗគ្នា នឹងអនុវត្តទៅលើ ទម្រង់មានយីហោ ប្រៀបធៀបជាមួយនិង **ទម្រង់ទូទៅ** នៃឱសថ ប្រសិនបើក្រុមទាំងពីរសុទ្ធតែមានក្នុងបញ្ជីឱសថ។

ស្វែងរកឱសថស្ថាន ដើម្បីបំពេញក្នុងវេជ្ជបញ្ជា

ឱសថស្ថានលក់រាយតាមបណ្តាញ

Molina មានបណ្តាញឱសថស្ថានលក់រាយដែលពេញនិយមដែលអាចដំណើរការ និងចែកចាយឱសថបាន។ មានទីតាំងនៅលើគេហទំព័រ Molinahealthcare.com គឺជាឧបករណ៍កំណត់ទីតាំងឱសថស្ថានដែលអាចជួយដល់អ្នកចុះឈ្មោះ និងអ្នកផ្តល់សេវាក្នុងការស្វែងរកអ្នកផ្តល់សេវាតាមឱសថស្ថានក្នុងបណ្តាញ។ ឧបករណ៍នេះអាចឱ្យអ្នកស្វែងរកឱសថស្ថានបានតាមលេខកូដតំបន់ ទីក្រុង ប្រទេស រដ្ឋ។ ក៏ដូចជាកម្រិតកំណត់លទ្ធផលស្វែងរកដោយផ្អែកលើចម្ងាយ លក្ខណៈវិនិច្ឆ័យជាក់លាក់ផ្សេងទៀត ដូចជាឈ្មោះហាង ភាសានិយាយ និង/ឬសេវាកម្មដែលផ្តល់ជូន។

ឱសថស្ថានឯកទេស

ឱសថស្ថានឯកទេស CVS គឺជាឱសថស្ថានផ្តាច់មុខរបស់យើងសម្រាប់ឱសថឯកទេស លើកលែងតែឱសថចែកចាយមានកម្រិតកំណត់។ ការចែកចាយមានកម្រិតកំណត់មានន័យថាឱសថអាចត្រូវបានចែកចាយតែដោយ អ្នកផ្តល់សេវាតាមឱសថស្ថានជាក់លាក់ប៉ុណ្ណោះ។ ឱសថស្ថានឯកទេស CVS គឺជាឱសថស្ថានដែលមានការបញ្ជាទិញតាមប្រៃសណីយ៍ដែលផ្តល់ការគាំទ្រផ្នែកគ្លីនិក ដើម្បីជួយដល់អ្នកចុះឈ្មោះឱ្យគ្រប់គ្រងឱសថ និងស្ថានភាពរបស់ពួកគេ។ ឱសថឯកទេសត្រូវបានចង្អុលបង្ហាញដោយ SP នៅក្រោមដែនកំណត់នៅលើសៀវភៅរូបមន្ត។ ឱសថឯកទេសភាគច្រើនតម្រូវឱ្យមានការអនុញ្ញាតជាមុន ដើម្បីបញ្ជូនទៅពិនិត្យមើលលើភាពចាំបាច់ផ្នែកវេជ្ជសាស្ត្រ។ អ្នកចេញវេជ្ជបញ្ជាអាចដាក់សំណើសុំការអនុញ្ញាតជាមុនដោយផ្ទាល់ទៅ Molina ឬផ្ញើវេជ្ជបញ្ជាឱ្យ CVS ដើម្បីចាប់ផ្តើមដំណើរការការអនុញ្ញាតជាមុន។ ប្រសិនបើការបញ្ជូនឱសថឯកទេសតាមប្រៃសណីយ៍មិនមែនជាជម្រើសមួយសម្រាប់អ្នកចុះឈ្មោះទេ នោះ CVS ផ្តល់នូវជម្រើសក្នុងការបញ្ជូនឱសថទៅឱសថស្ថាន CVS ក្នុងតំបន់ដើម្បីទទួលយក។

អ្នកអាចទាក់ទងអ្នកឯកទេស CVS បានដោយទូរសព្ទទៅលេខ 1 (800) 364-6331 ។

ការបញ្ជាទិញតាមប្រៃសណីយ៍ពីឱសថស្ថាន

ឱសថស្ថាន CVS Caremark Mail Service គឺជាឱសថស្ថានក្នុងបណ្តាញផ្តាច់មុខរបស់ Molina សម្រាប់ការចេញវេជ្ជបញ្ជាឱសថតាមប្រៃសណីយ៍។ អ្នកចុះឈ្មោះអាចចុះឈ្មោះ ដើម្បីទទួលបានការផ្គត់ផ្គង់រហូតដល់ 90 ថ្ងៃសម្រាប់ ឱសថដែលមានវេជ្ជបញ្ជាភាគច្រើនដែលត្រូវបានបញ្ជូនយ៉ាងត្រឹមត្រូវទៅដល់មាត់ទ្វាររបស់ពួកគេដោយមិនគិតថ្លៃ។

ដើម្បីធ្វើវេជ្ជបញ្ជាតាមរយៈការបញ្ជាទិញតាមប្រៃសណីយ៍ អ្នកផ្តល់សេវា និង/ឬអ្នកចុះឈ្មោះអាចទូរសព្ទមកលេខឥតគិតថ្លៃរបស់ FastStart® តាមលេខ 1 (800) 875-0867 ពីថ្ងៃ ថ្ងៃ ង 7 ព្រឹក ដល់ម៉ោង 7 យប់ ឬចូលទៅកាន់គេហទំព័រ www.caremark.com ។

ឱសថស្ថានក្រៅបណ្តាញ

ប្រសិនបើឱសថស្ថានក្នុងបណ្តាញមិនបំពេញតាមតម្រូវការរបស់អ្នកចុះឈ្មោះទេនោះគេអាចធ្វើការស្នើសុំលើកលែង ដើម្បីទទួលបានការអនុញ្ញាតឱ្យប្រើឱសថស្ថានក្រៅបណ្តាញ។ ការលើកលែងនឹងត្រូវបានពិនិត្យមើលសម្រាប់ភាពចាំបាច់ផ្នែកវេជ្ជសាស្ត្រតាមករណីនីមួយៗ។

ក្រុមហ៊ុនដំណើរការ បណ្តឹងទាមទារឱសថដែលមានវេជ្ជបញ្ជា

Molina Healthcare បានជ្រើសរើស CVS Caremark ជាក្រុមហ៊ុនគ្រប់គ្រងអត្ថប្រយោជន៍សម្រាប់ឱសថស្ថាន (PBM) ដើម្បីគ្រប់គ្រងអត្ថប្រយោជន៍ឱសថមានវេជ្ជបញ្ជាសម្រាប់អ្នកចុះឈ្មោះ Molina ។

- សំណួរស្តីពីដំណើរការបណ្តឹងទាមទារ ស្ថានភាពនៃបញ្ជីឱសថ ឬបណ្តឹងទាមទារដែលត្រូវបានចោលអាចត្រូវបានបញ្ជូនទៅផ្នែកផ្តល់ជំនួយ CVS Caremark តាមលេខ 1 (800) 364-6331 ។
- សមាជិកភាព ការចែករំលែកថ្លៃចំណាយ ព័ត៌មានអំពីអត្ថប្រយោជន៍នៃឱសថដែលមានវេជ្ជបញ្ជា និងកង្វល់អំពីសិទ្ធិទទួលបានអាចត្រូវបានដោះស្រាយដោយទូរសព្ទទៅ មជ្ឈមណ្ឌលផ្តល់ជំនួយដល់អតិថិជន Molina តាមរយៈលេខ 1 (888) 665-4621 ។ ផ្នែកសេវាបម្រើសមាជិកអាចរកបានពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ម៉ោង 6 យប់ PST
- សំណួរដែលទាក់ទងនឹងអ្នកផ្តល់សេវាអាចត្រូវបានដោះស្រាយដោយការហៅទូរសព្ទទៅផ្នែកផ្តល់ជំនួយ Molina Provider Services តាមលេខ (855) 322-4075 ពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ម៉ោង 8:30 ព្រឹក ដល់ម៉ោង 5:00 ល្ងាច PST ។

គោលការណ៍ស្តីពីឱសថបន្ទាន់ និងក្រោយម៉ោងធ្វើការ

ដើម្បីបង្ការស្ថានភាពរបស់អ្នកចុះឈ្មោះមិនឱ្យកាន់តែអាក្រក់ទៅៗ នៅក្នុងស្ថានភាពបន្ទាន់ ជាការចាំបាច់ត្រូវចាត់ចែងការផ្គត់ផ្គង់ឱសថទាន់ហានិភ័យរយៈពេល 72 ម៉ោងមុនពេលទទួលបានការអនុញ្ញាតជាមុនពី Molina ។ (ឧទា. អ្នកចុះឈ្មោះត្រូវបានចេញពីមន្ទីរពេទ្យ បន្ទាប់ពីម៉ោងធ្វើការធម្មតាដោយមានវេជ្ជបញ្ជាឱសថអង់ទីប៊ីយ៉ូទិកពិសេស) ។

ឱសថស្ថានត្រូវបានណែនាំឱ្យប្រើការវិនិច្ឆ័យវិជ្ជាជីវៈរបស់ពួកគេ។ Molina នឹងទូទាត់សំណងឱសថស្ថានសម្រាប់ការផ្គត់ផ្គង់ឱសថទាន់ហានិភ័យរយៈពេល 72 ម៉ោងក្នុងអត្រាចុះកិច្ចសន្យាសម្រាប់វេជ្ជបញ្ជាទាំងនេះ។ ឱសថស្ថានអាចទាក់ទងផ្នែកផ្តល់ជំនួយរបស់ CVS Caremark តាមលេខ 1 (800) 364-6331 ដើម្បីទទួលបានការផ្គត់ផ្គង់លើការផ្គត់ផ្គង់រយៈពេល 72 ម៉ោង។

ឱសថស្ថានអាចទូរសព្ទទៅ Molina តាមលេខ 1 (855) 322-4075 នៅថ្ងៃធ្វើការបន្ទាប់ ដើម្បីទទួលបានការអនុញ្ញាតឱ្យចេញវេជ្ជបញ្ជាជាបន្ទាន់ ឬក្រោយម៉ោងធ្វើការ ដើម្បីដំណើរការតាមអ៊ិនធឺណិត។ ជាការណែនាំឱ្យដឹង និងរំពឹងទុកជាមុនថាឱសថស្ថាននឹងផ្តល់នូវឯកសារត្រឹមត្រូវ លើករណីដែលឱសថត្រូវបានចែកចាយក្រោមកាលៈទេសៈបន្ទាន់ទាំងនេះ។

ការអនុញ្ញាតជាមុន និងនីតិវិធីអំពីសំណើសុំលើកលែង

ការអនុញ្ញាតជាមុន

ឱសថដែលតម្រូវឱ្យមានការយល់ព្រមកម្រិតខ្ពស់សម្រាប់ការធានាត្រូវបានពិនិត្យមើលធៀបនឹងវិធានស្តង់ដារ ដើម្បីកំណត់ពីភាពចាំបាច់ផ្នែកវេជ្ជសាស្ត្រ។ អ្នកផ្តល់សេវាត្រូវតែបង្ហាញឱសថដែលនឹងត្រូវបានប្រើសម្រាប់ការប្រើប្រាស់ដែលទទួលយកតាមវេជ្ជសាស្ត្រដែលអ្នកមាន និងការព្យាបាលផ្សេងទៀតដែលមិនផ្តល់ផលល្អដល់អ្នក ឬមិនមានលក្ខណៈវេជ្ជសាស្ត្រត្រឹមត្រូវ។ លក្ខខណ្ឌតម្រូវផ្សេងទៀតអាចនឹងអនុវត្តអាស្រ័យលើឱសថ។ យើងអាចនឹងតម្រូវឱ្យមានលទ្ធផលតេស្តជាក់លាក់ ដើម្បីបង្ហាញថាឱសថគឺសក្តិសមសម្រាប់អ្នក។ ការធ្វើបែបនេះអាចជាការពិតសម្រាប់ឱសថឯកទេសដែលត្រូវបានប្រើ ដើម្បីព្យាបាលស្ថានភាពរយៈពេលវែង ឬស្ថានភាពធ្ងន់ធ្ងរផ្សេងទៀត។ ការឆ្លើយតបចំពោះគំរូឱសថពីអ្នកផ្តល់សេវា ឬអ្នកផលិតឱសថនឹងមិនត្រូវបានចាត់ទុកថា ជាហេតុផល ដើម្បីលង្វើវិធានស្តង់ដារសម្រាប់ការធានាឡើយ។

អ្នកផ្តល់សេវារបស់អ្នកអាចធ្វើទម្រង់បែបបទនៃការអនុញ្ញាតឱ្យប្រើឱសថជាមុនដែលបានបំពេញ ជូនទៅ Molina តាមលេខ 1 (866) 508-6445 ។ ទម្រង់បែបបទនេះអាចទទួលបានដោយចូលទៅគេហទំព័ររបស់យើង MolinaHealthcare.com។

យើងនឹងប្រាប់អ្នកពីរយៈពេលប៉ុន្មានដែលសំណើសុំទទួលបានការយល់ព្រម។ ប្រសិនបើសំណើសុំមិនទទួលបានការយល់ព្រមទេ យើងនឹងធ្វើលិខិតមួយដែលមានមូលហេតុ និងផ្តល់ការណែនាំអំពីសុំទទួលបានការយល់ព្រម។

ស្នើសុំការលើកលែង

តើខ្ញុំអាចមានការធានាលើឱសថបានទេ ប្រសិនបើឱសថនោះមិនមាននៅលើបញ្ជីឱសថ ឬមិនអនុវត្តតាមលក្ខខណ្ឌតម្រូវ ឬដែនកំណត់នៃគម្រោង ?

Molina មានដំណើរការ ដើម្បីអនុញ្ញាតឱ្យអ្នកស្នើសុំឱសថដែលសមស្របតាមគ្លីនិក ដែលមិនមាន នៅលើបញ្ជីឱសថ ឬដែលមានលក្ខខណ្ឌតម្រូវ ឬដែនកំណត់ស្របតាមគម្រោងរបស់អ្នក។ វេជ្ជបណ្ឌិតរបស់អ្នកអាចបង្គាប់បញ្ជាឱសថដែលមិនមាននៅក្នុងបញ្ជី ឱសថ ប៉ុន្តែដែលគាត់ ជឿជាក់ថាប្រសិទ្ធភាពសម្រាប់អ្នក។ វេជ្ជបណ្ឌិតរបស់អ្នកអាចទាក់ទងក្រសួងឱសថស្ថានរបស់ Molina ដើម្បីស្នើសុំឱ្យ Molina រ៉ាប់រងលើឱសថសម្រាប់អ្នក។ ប្រសិនបើសំណើសុំទទួលបានការយល់ព្រម Molina នឹងទាក់ទងវេជ្ជបណ្ឌិតរបស់អ្នក។

ប្រសិនបើសំណើសុំទទួលបានការបដិសេធ Molina Healthcare នឹងធ្វើលិខិតមួយទៅអ្នក និងវេជ្ជបណ្ឌិតរបស់អ្នក។ លិខិតនេះនឹង ពន្យល់ពីមូលហេតុដែលឱសថត្រូវបានបដិសេធ។ ប្រសិនបើអ្នកមិនយល់ស្របនឹងការបដិសេធលើឱសថដែលមិនមានក្នុងបញ្ជីឱសថនិង/ ឬសំណើសុំលើកលែងការព្យាបាលតាមជំហាន អ្នកអាចដាក់ពាក្យបណ្តឹងសារទុក្ខដែលស្នើសុំការពិនិត្យមើលលើករណីលើកលែងខាងក្រៅ។ សូមមើលផ្នែកនៃកិច្ចព្រមព្រៀង (គោលការណ៍) ដែលមានចំណងជើងថា "បណ្តឹងតវ៉ា និងបណ្តឹងឧទ្ធរណ៍" សម្រាប់ព័ត៌មានអំពីរបៀបដាក់ ពាក្យបណ្តឹងសារទុក្ខ។

អ្នកអាចនឹងប្រើឱសថដែលលែងមានឈ្មោះក្នុងបញ្ជីឱសថ។ វេជ្ជបណ្ឌិតរបស់អ្នកអាចស្នើសុំឱ្យយើងបន្តរ៉ាប់រងលើឱសថនោះដោយធ្វើសំណើ សុំលើកលែងសម្រាប់ការអនុញ្ញាតជាមុនក្នុងការប្រើឱសថនេះមកយើង។

ផលិតផលដែលមិនមានក្នុងបញ្ជីឱសថអាចត្រូវបានចាត់ទុកថាជាការធានាលើការប្រើប្រាស់ដែលបានទទួលយកតាមវេជ្ជសាស្ត្រ នៅពេល ដែលមិនអាចប្រើជម្រើសនៃបញ្ជីឱសថ និង/ឬមិនបានបំពេញតាមលក្ខខណ្ឌតម្រូវផ្សេងទៀត។ ឱសថត្រូវតែមានសុវត្ថិភាព និងមានប្រសិទ្ធ ភាពសម្រាប់ស្ថានភាពវេជ្ជសាស្ត្ររបស់អ្នក។ វេជ្ជបណ្ឌិតរបស់អ្នកត្រូវតែសរសេរវេជ្ជបញ្ជារបស់អ្នកក្នុងបរិមាណឱសថធម្មតាសម្រាប់អ្នក។ Molina អាចរ៉ាប់រងលើឱសថដែលមិនមានក្នុងបញ្ជីឱសថជាក់លាក់ក្រោមលក្ខខណ្ឌដូចខាងក្រោម៖

- មានកម្រងឯកសារអំពីតម្រូវការជាក់លាក់មួយនៅក្នុងកំណត់ត្រាវេជ្ជសាស្ត្ររបស់អ្នក។
- វេជ្ជបណ្ឌិតរបស់អ្នកបានបញ្ជាក់ថាអ្នកបានសាកល្បងប្រើឱសថដែលមានលើបញ្ជីឱសថ ហើយឱសថទាំងនោះមិនបានជួយអ្នក ក្នុងពេលកន្លងមកទេ។ ឬមួយវិញទៀតបណ្តាលឱ្យប៉ះពាល់ដល់អ្នក ឬត្រូវបានរំពឹងទុកយ៉ាងសមហេតុផលដោយអ្នកចេញវេជ្ជបញ្ជា ដែលធ្វើឱ្យប៉ះពាល់ដល់អ្នក ឬប្រតិកម្មមិនល្អជាដើម។

ប្រសិនបើវេជ្ជបញ្ជារបស់អ្នកត្រូវការការពិនិត្យមើលលើការអនុញ្ញាតជាមុនសម្រាប់ករណីលើកលែង នោះសំណើសុំអាចត្រូវបានចាត់ទុកថាស្ថិតក្រោម ស្តង់ដារ ឬកាលៈទេសៈបន្ទាន់។

- រាល់សំណើសុំដែលមិនត្រូវបានចាត់ទុកថាជាកាលៈទេសៈបន្ទាន់ត្រូវបានចាត់ទុកថាជា សំណើសុំលើកលែងស្តង់ដារ។
- សំណើសុំត្រូវបានគេចាត់ទុកថាជាកាលៈទេសៈបន្ទាន់ ប្រសិនបើអ្នកកំពុងជួបស្ថានភាពសុខភាព ដែលអាចបង្កអន្តរាយដល់ជីវិត សុខភាព ឬសមត្ថភាពធ្យូសាលក្នុងការបំពេញកិច្ចការអតិបរមាជាថ្មី ឬប្រសិនបើអ្នកកំពុងទទួលបានការព្យាបាលបច្ចុប្បន្នដោយប្រើឱសថដែលមិនមានក្នុងបញ្ជីឱសថ។ ការសាកល្បងគ្រប់ឱសថពីវេជ្ជបណ្ឌិតរបស់អ្នក ឬក្រុមហ៊ុនផលិតនិងមិនត្រូវបានគេចាត់ទុកថា ជាការព្យាបាលបច្ចុប្បន្នទេ។

អ្នក និង/ឬអ្នកផ្តល់សេវារបស់អ្នកនឹងទទួលបានការជូនដំណឹងអំពីការសម្រេចចិត្តរបស់យើង ដោយមិនលើសពី៖

- 24 ម៉ោងបន្ទាប់ពីទទួលបានសំណើបន្ទាន់
- 72 ម៉ោងបន្ទាប់ពីទទួលបានសំណើធម្មតា

ប្រសិនបើសំណើសុំដំបូងត្រូវបានបដិសេធចំពោះឱសថដែលមិនមានក្នុងបញ្ជីឱសថ និង/ឬ ការលើកលែងសម្រាប់ការព្យាបាលតាមជំហាន អ្នកអាចដាក់ពាក្យបណ្តឹងសារទុក្ខដែលស្នើសុំការពិនិត្យមើលលើករណីលើកលែងខាងក្រៅបាន។ សូមមើលផ្នែកនៅក្នុងកិច្ចព្រមព្រៀង (គោលការណ៍) ដែលមានចំណងជើងថា "បណ្តឹងតវ៉ា និងបណ្តឹងឧទ្ធរណ៍" សម្រាប់ព័ត៌មានអំពីរបៀបដាក់ពាក្យបណ្តឹងសារទុក្ខ។

Molina នឹងជូនដំណឹងដល់អ្នក ឬបុគ្គលដែលអ្នកចាត់តាំង និងអ្នកចេញវេជ្ជបញ្ជារបស់អ្នក អំពីការកំណត់ការធានាលើឱសថក្នុងរយៈពេល 24 ម៉ោងបន្ទាប់ពីទទួលបានសំណើ។ យោងតាមលេខ 1367.241 នៃក្រមសុខភាព និងសុវត្ថិភាព ប្រសិនបើការកំណត់មិនត្រូវបាន ធ្វើឡើង ក្នុងរយៈពេលកំណត់ទាំងនេះទេ សំណើនឹងត្រូវបានអនុម័តដោយស្វ័យប្រវត្តិ។

យោងតាមលេខ 1367.22 នៃក្រមសុខភាព និងសុវត្ថិភាព ប្រសិនបើសំណើសុំឱសថត្រូវបានអនុម័ត នឹងបន្តរាប់រងលើឱសថនោះក្នុង រយៈពេលចេញវេជ្ជបញ្ជា ដោយរួមទាំងការបំពេញឡើងវិញ។ Monlina នឹងមិនកម្រិតកំណត់ ឬមិនដកការធានាចំពោះឱសថចេញទេ ប្រសិនបើយើងបាន យល់ព្រមលើលក្ខខណ្ឌរបស់អ្នកពីមុន ហើយអ្នកផ្តល់សេវារបស់អ្នកនៅតែបន្តចេញវេជ្ជបញ្ជាដែល ដរាបណាឱសថនេះ ត្រូវបានចេញវេជ្ជបញ្ជាត្រឹមត្រូវ ហើយនៅតែមានសុវត្ថិភាព និងប្រសិទ្ធភាព។

យោងតាមលេខ 1300.67.24 នៃក្រមសុខភាព និងសុវត្ថិភាព យើងមិនអាចតម្រូវឱ្យអ្នកធ្វើ ការព្យាបាលតាមជំហានម្តងទៀតបានទេ ប្រសិនបើអ្នកផ្លាស់ប្តូរគម្រោងធានារ៉ាប់រង ហើយកំពុងបន្តប្រើឱសថដែលឥឡូវនេះស្របតាមលក្ខខណ្ឌតម្រូវសម្រាប់ការព្យាបាល តាម ជំហានក្រោមគម្រោង Molina របស់អ្នក។ អ្នកផ្តល់សេវារបស់អ្នកនឹងត្រូវជូនដំណឹងដល់យើងជាមួយនឹងសំណើសុំលើកលែង ដើម្បីឱ្យយើងអាច ដឹងថាអ្នកកំពុងបន្តប្រើឱសថនេះពីមុន វាត្រូវបានចេញវេជ្ជបញ្ជាត្រឹមត្រូវ ហើយវាមានសុវត្ថិភាព និងមានប្រសិទ្ធភាព សម្រាប់ស្ថានភាពរបស់អ្នក។

បណ្តឹងតវ៉ា និងបណ្តឹងឧទ្ធរណ៍

ប្រសិនបើ Molina បដិសេធសំណើសុំឱសថរបស់អ្នក សេចក្តីជូនដំណឹងអំពីសិទ្ធិប្តឹងឧទ្ធរណ៍លើសេចក្តីសម្រេចនឹងត្រូវរួមបញ្ចូលក្នុងសេចក្តី ជូនដំណឹងអំពីចំណាត់ការ។ អ្នកក៏អាចដាក់ពាក្យបណ្តឹងសារទុក្ខ ឬបណ្តឹងតវ៉ាបានដែរដោយទាក់ទងមជ្ឈមណ្ឌលផ្តល់ជំនួយ ដល់អតិថិជន Molina តាមលេខ (888) 665-4621 ។

សេចក្តីជូនដំណឹង

ព័ត៌មានដែលមាននៅក្នុងឯកសារនេះមានលក្ខណៈកម្មសិទ្ធិ។ ព័ត៌មាននេះមិនអាចត្រូវបានចាត់ទុកទាំងស្រុង ឬមួយផ្នែកដោយគ្មានការអនុញ្ញាត ជាលាយលក្ខណ៍អក្សរបានឡើយ។ រក្សាសិទ្ធិគ្រប់យ៉ាង។ ឯកសារនេះមានឯកសារយោងទាក់ទងនឹង ឱសថមានយីហោ ដែលជាពាណិជ្ជសញ្ញា ឬពាណិជ្ជសញ្ញាដែលបានចុះបញ្ជីរបស់ក្រុមហ៊ុនផលិតឱសថ។

សេចក្តីពន្យល់

តើមានលក្ខខណ្ឌតម្រូវ និងដែនកំណត់អ្វីខ្លះនៅលើបញ្ជីឱសថ ?

លក្ខខណ្ឌតម្រូវ និងដែនកំណត់អាចត្រូវបានបង្កើតឡើងសម្រាប់ឱសថមួយចំនួន។ ឱសថអាចនឹងមានលក្ខខណ្ឌតម្រូវការ និងដែនកំណត់ដូចខាងក្រោម៖

លក្ខខណ្ឌតម្រូវ/ដែនកំណត់	ការពណ៌នាអំពី
AGE	ការកម្រិតកំណត់អាយុត្រូវបានអនុវត្ត។ យើងទូទាត់សម្រាប់តែទម្រង់រូបភាពនៃឱសថ ឬកម្រិត ប្រើប្រាស់នេះសម្រាប់ក្រុមអាយុជាក់លាក់ ដោយផ្អែកលើព័ត៌មានអំពីសុវត្ថិភាព ប្រសិទ្ធភាព និងថ្លៃចំណាយរបស់ឱសថប៉ុណ្ណោះ។
MED	ដែនកំណត់ Morphine Equivalent Dose ត្រូវបានអនុវត្ត។ បរិមាណនៃឱសថនេះត្រូវបានកំណត់ត្រឹម morphine សមមូលស្មើនឹង ("EQ") 90 មីលីក្រាម ក្នុងមួយថ្ងៃសម្រាប់ការផ្គត់ផ្គង់ដែលត្រូវបំពេញ។
OTC	ទម្រង់រូបភាពនៃការប្រើឱសថគ្មានវេជ្ជបញ្ជាត្រូវបានធានាលើបញ្ជីឱសថ ដោយមានវេជ្ជបញ្ជាត្រឹមត្រូវពីអ្នកផ្តល់ សេវា។

លក្ខខណ្ឌតម្រូវ/ដែនកំណត់ ការពណ៌នាអំពី

- PA** តម្រូវឱ្យមានការអនុញ្ញាតជាមុន។ យើងតម្រូវឱ្យមានការយល់ព្រមជាមុនលើការធានាឱសថមួយចំនួន មុនពេលឱសថទាំងនោះនឹងត្រូវបានទូទាត់។ ប្រសិនបើការអនុញ្ញាតជាមុនត្រូវបានទាមទារសម្រាប់ទម្រង់រូបភាពនៃឱសថ ឬកម្រិតប្រើប្រាស់ អ្នកផ្តល់សេវាត្រូវតែបង្ហាញថាអ្នកមានការប្រើប្រាស់ឱសថដែលបានទទួលយកតាមវេជ្ជសាស្ត្រ ហើយការព្យាបាលផ្សេងទៀតមិនបានផល ឬមិនសមស្របទេ។ លក្ខខណ្ឌតម្រូវផ្សេងទៀតអាចនឹងអនុវត្តអាស្រ័យលើឱសថ។
- QL** ដែនកំណត់បរិមាណត្រូវបានអនុវត្ត។ យើងនឹងទូទាត់សម្រាប់ទំហំអតិបរិមាប្រចាំថ្ងៃដោយផ្អែកលើព័ត៌មានអំពីការប្រើប្រាស់ និងការចំណាយលើឱសថដែលត្រូវបានទទួលយកតាមវេជ្ជសាស្ត្រ។
- ST** តម្រូវឱ្យមានការព្យាបាលតាមជំហាន។ ប្រសិនបើយើងបានទូទាត់ជូនអ្នក ដើម្បីទទួលបានឱសថព្យាបាលតាមជំហានក្នុងពេលកន្លងមក ឱសថនេះនឹងត្រូវបានទូទាត់នៅតាមឱសថស្ថានដោយមិនចាំបាច់សុំការអនុញ្ញាតជាមុន ឬការស្នើសុំលើការព្យាបាលតាមជំហានទេ។ បញ្ជីឱសថនិងបង្ហាញអ្នកនូវឱសថណាមួយដែលត្រូវប្រើមុន និងរយៈពេលប៉ុន្មាន។

ឱសថមួយចំនួនត្រូវបានកំណត់ជា "ម៉ាកយីហោដែលបានណែនាំ" នៅក្នុងលំដាប់ឱសថដែលឱសថទាំងនោះត្រូវបានចុះបញ្ជី។ ប្រសិនបើមានឱសថស្ថិតនៅក្នុងថ្នាក់តែមួយដូចគ្នានឹងឱសថដែលអ្នកកំពុងស្នើសុំ ហើយវាជា ឱសថមានយីហោដែលបានណែនាំនៅក្នុងថ្នាក់ នោះយើងតម្រូវឱ្យប្រើយីហោដែលបានណែនាំជាមុន ឬជំនួសវិញ។ ឱសថជាក់លាក់ដែលតម្រូវឱ្យប្រើឱសថមានយីហោដែលបានណែនាំដំបូងក៏អាចត្រូវបានចង្អុល បង្ហាញផងដែរថាជា "PA នៃភាពចាំបាច់ផ្នែកវេជ្ជសាស្ត្រ" ។ លក្ខខណ្ឌតម្រូវសម្រាប់ការអនុញ្ញាតជាមុននៃភាពចាំបាច់ផ្នែកវេជ្ជសាស្ត្រត្រូវបានអនុវត្ត ចំពោះឱសថឯកទេស។

2021년

처방집

(보장 의약품 목록)

Medi-Cal – Molina Healthcare Inc

MolinaHealthcare.com

주의: 본 처방집은 변경될 수 있으며 변경 이전의 모든 처방집은 효력이 없습니다.
Molinahealthcare.com에서 전자 처방집을 확인할 수 있습니다.

MOLINA HEALTHCARE에 오신 것을 환영합니다!

Molina Healthcare 의약품 처방집(의약품 목록)

Molina Healthcare는 의약품 보장 목록을 보유하고 있습니다. 그 목록을 의약품 처방집이라고 합니다. 해당 목록의 의약품은 Molina Healthcare와 의료계의 의사 및 약사 단체가 정합니다. 의사 및 약사 단체는 3개월마다 만나 처방집에 수록된 의약품에 대해 의논합니다. 또한, 신약 및 의료 서비스의 변화에 대해 검토합니다. 이를 통해 각기 다른 질병에 가장 효과적인 의약품을 찾기 위해 노력합니다. 의약품 처방집의 의약품은 여러 이유로 추가되거나 삭제됩니다. 이유는 다음과 같습니다.

- 의료행위의 변화
- 의료 기술
- FDA 인증 신약이 시장에 공급되는 경우
- FDA 명령으로 시장에서 의약품이 퇴출되는 경우
- 의약품에 새로운 안전성 문제가 발견된 경우

처방집은 다음과 같이 변경될 수 있습니다.

- 의약품 및 제형의 추가/삭제
- 비용 부담을 위한 의약품의 약품군 이동
- 목록에 있는 유사한 의약품 사이의 선호도 검토
- 의약품 및 제형에 대한 제한 사항 추가/삭제

귀하에게 가장 많은 영향을 미치는 처방집의 변화는 플랜을 시작하는 해당 해의 초에 발생합니다. Molina Healthcare는 다른 시기에 당사의 표준 절차를 통해 내용이 갱신될 시, 매달 변경 사항을 공개하며 이를 알립니다. 귀하의 가장 최신 의약품 목록은 당사의 웹사이트 Molinahealthcare.com에서 확인할 수 있습니다.

병원이나 기타 기관에서 의료 제공자가 제공한 주사제도 의약품 목록에 포함되나요?

일반적으로 의약품 목록의 의약품은 의료 제공자가 귀하가 약국에서 구입하여 투약하도록 처방한 의약품입니다. 투여시 의료 제공자가 도와줘야 하는 대부분의 주사제는 처방약(“약제”) 혜택이 아닌 의료 혜택으로 보장됩니다. 의료 제공자는 귀하의 투여를 목적으로 의약품 구매를 승인을 받는 방법에 대한 Molina의 안내문을 제공받았습니다. 일부 주사제는 처방약 혜택을 이용하여 약국에서 구입할 수 있도록 승인받을 수 있습니다.

플랜으로 의약품을 보장받을 수 있는 방법이 궁금합니다.

본 안내서에는 자주 하는 질문에 대한 많은 세부사항이 포함되어 있습니다. Molina Healthcare에 전화하여 의약품 보장에 대한 자세한 질문을 하셔도 좋습니다.

- 소매 약국에서 본인의 처방전 조제를 의뢰할 수 있나요?
- 처방전에 대한 비용 부담액은 얼마인가요?
- 사전 승인이 필요한 약물을 신청할 때는 어떤 절차를 거치게 되나요?
- 처방집에 없는 약물이나 단계 치료 요건이 있는 약물에 대한 예외를 신청하려면 어떻게 해야 하나요?
- 처방약 혜택과 의료 혜택 중 어떤 것으로 약을 보장받을 수 있나요?

무료 전화번호는 1 (888) 665-4621이며 상담 시간은 월요일부터 금요일 오전 8시부터 오후 6시입니다. 청각 장애인을 위한 텔레커뮤니케이션 서비스는 711입니다.

우편으로 의약품 목록 복사본을 요청하실 수도 있습니다.

의약품이 처방집에 포함되어 있다면, 그 의약품을 처방받을 수 있나요?

의약품이 처방집에 수록되어 있더라도 담당 의사가 처방하지 않을 수 있습니다. 본 안내서에는 귀하의 플랜으로 보장받을 수 있는 의약품이 안내되어 있어 귀하와 귀하의 담당의가 참고할 수 있습니다. 본 목록에 없는 의약품은 귀하의 플랜으로 보장받을 수 없으며 비용이 추가될 수 있습니다. 처방집 외 의약품에 대한 보장을 신청할 수 있습니다. 처방집 외의 의약품에 대한 신청은 처방집의 의약품을 사용할 수 없을 때 및/또는 다른 보장 요건이 충족될 때 의학적으로 허용된 용도로 고려됩니다. 본 안내서에 이에 대한 세부사항이 포함되어 있습니다.

정의

“오리지널 의약품”이란 전매 상표로 보호되어 판매되는 의약품입니다. 오리지널 의약품은 모두 대문자로 표기됩니다.

“가입자”란 건강 플랜에 가입되어 플랜의 서비스를 받을 수 있는 사람입니다. 본 처방집 템플릿 내의 가입자에 대한 모든 참조는 본 하단의 섹션에 정의된 이용자를 포함합니다.

“예외 신청”이란 처방약 대해 보장을 신청하는 것입니다. 가입자, 가입자의 피지명자나 처방전을 작성하는 의료진이 처방약에 대해 예외 보장을 신청한다면 건강 플랜은 해당 의약품이 가입자의 질병 치료에 의학적으로 필요한 경우 처방약을 보장해야 합니다.

“긴급 상황”은 가입자가 생명, 건강, 최대 기능 회복 능력을 심각하게 위협하는 질병을 앓고 있는 경우, 또는 현재의 치료 과정에서 처방집 외 의약품으로 치료를 받는 경우를 뜻합니다.

“처방집”은 건강 플랜 상품 내에서 선호도가 높고 보장의 대상이 되는 모든 의약품 목록이며, 의료 보험 상품의 외래 환자 처방약 혜택을 받을 수 있는 모든 약물이 포함됩니다. 처방집은 처방약 목록이라고도 합니다.

“제네릭 의약품”은 그에 대응하는 오리지널 의약품과 복용량, 안전성, 용량, 복용법, 품질, 효능, 사용 목적이 동일한 의약품입니다. 제네릭 의약품은 굵은 글씨의 이탤릭체로 소문자로 표기됩니다.

“처방집 외 의약품”은 건강 플랜의 처방집 목록에 없는 처방약을 뜻합니다.

“처방 제공자”는 건강 플랜 가입자의 질병 치료를 위해 처방전을 작성할 수 있는 권한을 가진 의료진입니다.

“처방전”은 처방 제공자가 특정 가입자를 위해 구두, 서면, 전자 형태로 작성한 명령서로, 처방전에는 처방약의 이름, 처방약의 수량, 작성일, 처방 제공자의 이름 및 연락처, 서면일 경우 처방 제공자의 서명, 가입자의 요청이 있을 경우 질병이나 처방된 의약품의 목적이 포함됩니다.

“처방약”은 처방 제공자가 가입자에게 처방한 의약품으로, 준거법에 의한 처방전을 필요로 합니다.

“사전 승인”이란 건강 플랜이 처방약을 보장하기 전에 가입자나 처방 제공자가 처방약에 대한 건강 플랜의 승인을 얻어야 한다는 건강 플랜의 요건입니다. 의약품이 가입자에게 의료적으로 필요한 경우, 건강 플랜에서 사전 승인을 허용합니다.

“단계 치료”란 각 질병 및 특정한 환자에게 의료적으로 적합한 처방약이 처방되는 순서를 구체화하는 절차입니다. 건강 플랜은 단계 치료 신청에 따라, 질병에 대해 특정 의약품을 보장하기 전 질병 치료를 위해 가입자에게 하나 이상의 의약품을 시험해보도록 할 수 있습니다. 처방 제공자가 단계 치료에 대한 예외를 신청하였고, 요건이 충족된다면 건강 플랜에서는 단계 치료에 대한 예외를 허락합니다.

“이용자”는 플랜에 요금을 내는 사람 또는 가족 부양의 이유를 제외한 직장이나 기타 신분 자격에서 플랜 가입 자격을 제공받는 사람입니다.

처방약 보장 안내서로써 의약품 처방집 활용하기

의약품 목록의 의약품을 어떻게 찾을 수 있나요?

의약품 목록은 미국 병원 약사회 처방집 서비스(AHFS, American Hospital Formulary Service)의 분류에 따라 치료 범주와 등급별로 알파벳 순으로 정리되어 있습니다. 의약품 이름 또한 범주와 등급별로 알파벳 순으로 정리되어 있습니다. 찾으시는 의약품의 범주나 등급을 모른다면 의약품 이름을 이용하여 다음의 두 가지 방법으로 찾을 수 있습니다.

- 전자 의약품 목록을 사용한다면 컴퓨터 키보드에서 Ctrl + F를 눌러 PDF 파일의 검색 기능을 사용할 수 있습니다. 검색창에 찾으시는 의약품 이름을 입력하십시오.
- 인쇄된 의약품 목록을 사용한다면 안내서 마지막의 색인에서 의약품 이름을 찾을 수 있습니다.

목록의 의약품 항목에는 의약품 이름, 약품군, 플랜의 처방약 혜택으로 보장받을 수 있는 모든 의약품의 보장에 대한 세부 사항이 안내되어 있습니다.

다음은 의약품 목록의 의약품 항목에 대한 예시입니다.

의약품 이름	약품군	요건/제한
FLOVENT HFA AER 110MCG (<i>fluticasone propionate hfa</i>)	1군	QL (10.6 gm / 30일); 연령(만 11세까지)

목록에 사용되는 의약품 이름은 어떤 것인가요?

오리지널 의약품은 전매 상표로 보호되어 판매됩니다. 의약품을 식별하는 비 전매 혹은 일반명도 있습니다. 해당 의약품에 대한 제네릭 의약품 형태가 사용 가능해지면 주로 비 전매 혹은 **일반명**으로 의약품을 언급합니다.

당사의 처방집에는 처방집에 포함된 오리지널 의약품만이 상표명으로 표기되어 있습니다. 처방집에는 오리지널 의약품의 상표명이 대문자로 표기되어 있습니다. 예를 들어 "XIGDUO XR"은 다파글리플로진과 메트포르민이라는 성분으로 구성된 서방형 제형 의약품의 상표명입니다. 해당 의약품은 처방집에 XIGDUO XR로 표기되어 있습니다.

처방집의 **제네릭 약물**은 **일반명**으로 표기되며 **굵은 글씨의 이탤릭체** 소문자로 작성됩니다. 시중에 XIGDUO XR의 제네릭 형태가 있고 처방집에 포함되어 있다면 해당 의약품 이름은 "**dapagliflozin- metformin**"으로 표기됩니다.

처방집에 한 의약품의 오리지널 형태와 **제네릭 형태**가 모두 포함되어 있다면 각각 다른 의약품으로 수록됩니다. 예를 들어, COUMADIN과 **warfarin**은 따로 수록되어 오리지널 형태와 **제네릭 형태** 모두가 처방집에서 보장됨을 나타냅니다. 의약품 목록에 한 의약품의 오리지널 형태와 **제네릭 형태**가 모두 포함되어 있다면 약품군과 요건/제한이 각각 달리 적용됩니다.

처방전 제조를 위해 약국 찾기

소매 약국 네트워크

Molina에는 의약품을 가공하고 조제할 수 있는 지정 소매 약국 네트워크가 있습니다.

Molinahealthcare.com 웹사이트에서 가입자와 의료 제공자가 네트워크에 속하는 약국을 찾도록 도와주는 약국 위치 찾기 기능을 사용할 수 있습니다. 우편 번호, 도시, 나라, 주를 이용하여 약국을 찾을 수 있습니다. 거리, 약국 이름, 사용 가능한 언어 및/또는 이용 가능한 서비스 등의 특정 기준을 사용하여 검색 결과를 제한할 수도 있습니다.

특수 약국

CVS 특수 약국은 제한 지급 의약품은 제외한 특수 의약품을 취급하는 당사의 독점 약국입니다. 제한 지급은 특정 약사만 조제할 수 있는 의약품을 뜻합니다. CVS 특수 약국은 가입자가 의약품과 질병을 관리할 수 있도록 의료적으로 지원하는 우편 주문 약국입니다. 특수 의약품은 처방집의 제한에 따라 SP로 표시됩니다. 대부분의 특수 의약품은 의료적 필요성을 검토하기 위해 사전 승인을 제출해야 합니다. 처방자가 Molina에 직접 사전 승인 신청을 제출하거나 CVS에 처방전을 전송하여 사전 승인 절차를 시작할 수도 있습니다. 가입자가 우편 배송으로 특수 의약품을 받을 수 없다면 CVS가 지역 CVS 약국에 의약품을 배송하여 가입자가 찾아갈 수도 있습니다.

CVS 특수 약국은 1 (800) 364-6331번으로 연락할 수 있습니다.

우편 주문 약국

CVS Caremark 메일 서비스 약국은 Molina만의 독점적인 우편 주문 처방약 약국으로 네트워크에 속해 있습니다. 가입자는 대부분의 처방약을 최대 90일분까지 받을 수 있으며 집까지 무료로 배송합니다.

의료 제공자 및/또는 가입자는 FastStart®의 무료 번호 1 (800) 875-0867번으로 월요일부터 금요일 오전 7시에서 오후 7시 사이에 전화하거나 www.caremark.com 웹사이트를 이용하여 처방약을 우편 주문할 수 있습니다.

네트워크에 속하지 않는 약국

가입자가 네트워크에 속하는 약국에서 의약품을 구할 수 없다면 네트워크에 속하지 않는 약국에 대한 이용 승인을 받기 위해 예외를 신청할 수 있습니다. 케이스별로 예외의 의료적 필요성을 검토합니다.

처방전 청구 프로세서

Molina Healthcare는 보험약제 관리(PBM, Pharmacy Benefit Management) 회사로 CVS Caremark가 Molina 가입자의 처방약 혜택을 관리하도록 하고 있습니다.

- 보험 청구 처리, 처방집 상태 혹은 청구 거절에 관한 질문은 CVS Caremark 헬프 데스크 번호 1 (800) 364-6331번으로 문의하십시오.
- 멤버십, 비용 분담, 처방약 혜택에 관한 정보 및 적격성에 관한 내용은 Molina 고객 지원 센터 번호 1 (888) 665-4621번으로 문의하십시오. 멤버십 서비스는 월요일부터 금요일에 오전 8시부터 오후 6시(PST, 태평양 표준시) 사이에 이용 가능합니다.
- 의료 제공자와 관련된 질문은 월요일부터 금요일에 오전 8시 30분부터 오후 5시(PST) 사이에 Molina 의료 제공자 서비스 헬프 데스크 번호 (855) 322-4075번으로 문의 가능합니다.

긴급 및 시간 외 투약 정책

긴급 상황으로 인해 가입자의 상태가 악화하는 것을 방지하기 위해 Molina의 사전 승인을 받기 전 72시간 동안 급성 투여군을 조제해야 할 수 있습니다. (예: 가입자가 정상 영업시간이 지나 퇴원을 하면서 특수 항생제를 처방받은 경우)

약국에서도 전문적인 판단이 가능합니다. Molina는 계약 비율에 따라 긴급 투약을 위해 72시간 동안 급성 투여군을 투여한 비용을 약국에 변제할 것입니다. 72시간 투약에 대한 예외를 받으려면 CVS Caremark 헬프 데스크 번호 1 (800) 364-6331번으로 문의하십시오.

온라인으로 긴급 및 시간 외 처방을 처리할 수 있도록 승인받으려면 다음 영업일에 Molina에 1 (855) 322-4075번으로 문의하십시오. 약국은 그러한 긴급 상황에서 의약품이 지급된 경위에 대한 합당한 문서를 제공해야 할 것입니다.

사전 승인 및 예외 신청 절차

사전 승인

사전 승인을 받아야 보장받을 수 있는 의약품은 표준 규범에 따라 의학적 필요성을 검토합니다. 의료 제공자는 의약품이 의학적으로 허용된 용도로 사용되리라는 것과 다른 치료가 귀하에게 적합하지 않았거나 의료적으로 적절하지 않다는 것을 입증해야 합니다. 의약품에 따라 기타 요건이 적용될 수 있습니다. 귀하에게 의약품이 적합한지 입증하기 위해 특정 검사 결과를 요구할 수 있습니다. 장기 및 기타 중증 질병 치료를 위해 사용되는 특수 의약품에 적용될 수 있습니다. 의료 제공자나 의약품 제조자가 제출한 의약품 샘플에 대한 가입자의 반응은 표준 보장 규범을 우회할 수 있는 근거가 아닙니다.

귀하의 의료 제공자는 의약품 사전 승인 형식을 작성하여 Molina에 1 (866) 508-6445번으로 팩스로 제출할 수 있습니다. 해당 양식은 당사의 웹사이트 MolinaHealthcare.com에 접속하여 다운받을 수 있습니다.

신청 승인이 유효한 기간을 알려드릴 것입니다. 신청이 거절되면 거절 이유와 후속 조치에 관한 귀하의 권리가 적힌 편지를 발송합니다.

예외 신청

처방집에 없거나 플랜 요건 혹은 제한을 충족하지 못하는 의약품을 보장받을 수 있나요?

Molina에는 처방집에 없거나 귀하의 플랜에 해당 의약품에 대한 요건이나 제한이 있으나 임상적으로 적합한 의약품을 신청할 수 있는 절차가 있습니다. 귀하의 담당의가 처방집에는 없으나 귀하에게 도움이 된다고 생각하는 의약품을 주문할 수도 있습니다. 그렇다면 담당의가 Molina의 약제 부서에 연락해 의약품 보장을 신청할 수 있습니다. 신청이 승인되면 Molina에서 담당의에게 연락할 것입니다.

신청이 거절되면 Molina Healthcare에서 담당의와 귀하에게 편지를 전송할 것입니다. 편지에 해당 의약품 거절 이유에 대해 설명되어 있습니다. 처방집 외 의약품 및/또는 단계 치료 예외 신청에 대한 거절에 동의하지 않는다면 외부에 예외 검토를 신청하는 불만 사항을 제출할 수 있습니다. 불만 사항 접수 방법에 대한 정보는 계약(보험약관)의 “불만 및 이의 제기” 섹션을 참고하십시오.

의약품 목록에서 제외된 의약품을 복용하고 있을 수 있습니다. 해당 약물을 계속 보장받을 수 있도록 귀하의 담당의가 약물에 대한 사전 승인 예외 신청을 제출할 수 있습니다.

처방집 외의 의약품은 처방집의 의약품 사용할 수 없을 때 및/또는 다른 보장 요건이 충족될 때 의학적으로 허용된 용도 보장을 위해 고려될 수 있습니다. 의약품은 귀하의 질병에 안전하고 효과적이어야 합니다. 담당의는 귀하에게 처방된 의약품의 일반적인 용량에 대한 처방전을 작성해야 합니다. Molina는 다음의 조건에 따라 특정 처방집 외의 의약품 보장할 수 있습니다.

- 귀하의 진료 기록에 특정 요구 사항에 관한 문서가 있는 경우
- 이전에 처방집의 의약품 사용했으나 효과가 없었음을 담당의가 증명한 경우, 또는 그러한 의약품 사용이 해가 된 경우 또는 처방자가 해당 의약품이 해가 되거나 부작용을 일으킬 것을 합리적으로 의심하는 경우

처방약의 예외성에 대한 사전 승인 검토가 필요한 경우 표준 또는 긴급 상황에 따라 신청을 검토합니다.

- 긴급 상황이 아닌 신청은 표준 예외 신청으로 간주합니다.
- 생명, 건강, 최대 기능 회복 능력을 심각하게 위협하는 질병을 앓고 있는 경우, 또는 현재 처방집 외 의약품으로 치료를 받고 있는 경우는 긴급 상황 신청으로 간주합니다. 담당의나 제조자가 제약 샘플을 시험해 보는 것은 현재의 치료로 간주하지 않습니다.

귀하 및/또는 귀하의 의료 제공자는 다음 기간 안에 결과를 통보받게 됩니다.

- 긴급 신청 후 24시간 이내
- 일반 신청 후 72시간 이내

처방집 외 의약품 및/또는 단계 치료 예외에 대한 최초 신청이 거절된 경우, 외부에 예외 검토를 신청하는 불만 사항을 제출할 수 있습니다. 불만 사항 접수 방법에 대한 정보는 계약(보험약관)의 “불만 및 이의 제기” 섹션을 참고하십시오.

Molina는 신청을 받은 후 24시간 이내에 귀하 또는 귀하의 피지명자 및 귀하의 처방 제공자에게 의약품 보장에 대한 결정사항을 통보할 것입니다. 안전보건관리규정의 1367.241에 따라, 지정 시간 내에 결정되지 않는다면 신청이 자동으로 승인됩니다.

안전보건관리규정의 1367.22에 따라, 의약품 신청이 승인되면 재조제를 포함하여 처방전의 잔여 기간 동안 보장됩니다. 의약품이 올바르게 처방되고 안전성과 효능이 보장된다면 Molina는 귀하의 질병에 사용하고 의료 제공자가 계속 처방하도록 이미 승인한 의약품에 대해서는 보장을 제한하거나 거절하지 않을 것입니다.

안전보건관리규정의 1300.67.24에 따라, Molina 플랜에서 새로이 단계 치료가 필요한 의약품을 보험 플랜을 변경하여 계속 사용할 경우에 당사에서는 단계 치료를 반복하도록 요구할 수 없습니다. 귀하의 의료 제공자는 예외 신청으로 당사에 통지하여 귀하가 이전에 사용하던 의약품을 계속 사용하고 있고 의약품이 올바르게 처방되었으며 귀하의 질병에 대해 안전하고 효과적이라는 것을 알려야 합니다.

불만 및 이의 제기

Molina에서 의약품 신청을 거절한 경우, 결정 통지서에 결정에 대해 이의 제기를 할 수 있는 권리가 안내될 것입니다. (888) 665-4621번으로 Molina 소비자 지원 센터에 불만 사항이나 불만을 접수할 수 있습니다.

주의

본 문서에 포함된 정보는 독점 정보입니다. 서면 허가 없이 정보의 전체 또는 일부를 복사할 수 없습니다. 모든 권리 보유. 본 문서는 제약 업체의 상표이거나 등록 상표인 오리지널 의약품에 대해 언급합니다.

범례

의약품 목록의 요건과 제한은 무엇인가요?

특정 의약품에 대해 요건과 제한이 정해질 수 있습니다. 의약품에 다음의 요건과 제한이 있을 수 있습니다.

요건/제한	설명
AGE	연령 제한이 적용됩니다. 의약품의 안전성, 효능, 비용에 대한 정보에 따라 의약품이나 복용 형태에 대한 비용을 특정 연령대에만 지불합니다.
MED	모르핀 동등 용량(MED, Morphine Equivalent Dose) 제한이 적용됩니다. 해당 의약품의 수량은 조제된 일일 공급량의 모르핀 90밀리그램의 등가물("EQ")로 제한됩니다.
OTC	처방전 없이 살 수 있는 약(OTC, Over-the-Counter) 제형은 의료 제공자의 유효한 처방전이 있어야 하는 의약품 목록에 포함되어 보장됩니다.
PA	사전 승인(PA, Prior Authorization)이 필요합니다. 비용 지급 전 일부 약물에 대해 사전 승인이 필요합니다. 의약품 또는 제형에 대한 사전 승인이 필요하다면 의료 제공자는 귀하가 의학적으로 의약품 사용을 승인받았으며 기타 치료의 효과가 없었거나 적절하지 않았음을 입증해야 합니다. 의약품에 따라 기타 요건이 적용될 수 있습니다.
QL	용량 제한이 적용됩니다. 의학적으로 허용된 의약품의 용도 및 비용에 대한 정보에 따라 하루 최대 용량에 대한 비용을 지급할 것입니다.
ST	단계 치료(ST, Step Therapy)가 필요합니다. 이전에 필요한 단계 치료 의약품에 대한 비용을 지급했다면 사전 승인이나 단계 치료 예외 신청 없이 해당 의약품에 대해 약국에 비용을 지급합니다. 의약품 목록에서 우선적으로 필요한 의약품과 기간에 대해 알 수 있습니다.

일부 의약품은 목록의 의약품 등급에서 "선호 브랜드"로 지정되었습니다. 필요한 의약품과 동일한 등급의 약물이 있고 해당 등급의 선호 브랜드 의약품이라면 선호 브랜드를 먼저 또는 대신 사용해야 합니다. 선호 브랜드 의약품을 먼저 사용해야 하는 특정 의약품은 "의료적 필요성 사전 승인"으로 표시되어 있습니다. 의료적 필요성 사전 승인(PA) 요건은 특수 의약품에 적용됩니다.

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
QL, PA= 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

Date Effective	Product Name	Change	Notes
10/1/2021	PROAIR HFA AER	Remove from Formulary	
10/1/2021	VENTOLIN HFA AER	Remove from Formulary	
10/1/2021	ESTRADIOL TAB 0.5MG	Remove QL	
10/1/2021	ESTRADIOL TAB 1MG	Remove QL	
10/1/2021	ESTRADIOL TAB 2MG	Remove QL	
10/1/2021	IVERMECTIN TAB 3MG	Update QL to max #16 tabs / 2 days; Max 1 fill in 30 days	

Molina CA 2298 eff 10/01/2021

Drug Name Drug Tier Requirements/Limit ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

AMPHETAMINES

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1	QL (150 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limit
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1	QL (60 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Tier 1	QL (120 ea / 30 days); AGE (Max age 18 years)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Tier 1	QL (120 ea / 30 days); AGE (Max age 18 years)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Tier 1	QL (60 ea / 30 days); AGE (Max age 18 years)
<i>dextroamphetamine sulfate tab 5 mg</i>	Tier 1	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>dextroamphetamine sulfate tab 5 mg (Zenedi)</i>	Tier 1	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>dextroamphetamine sulfate tab 10 mg</i>	Tier 1	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)
<i>dextroamphetamine sulfate tab 10 mg (Zenedi)</i>	Tier 1	QL (180 ea / 30 days); AGE (Min age 3 years and Max age 18 years)

Drug Name	Drug Tier	Requirements/Limit
ANALEPTICS		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	QL (120 mL in lifetime); AGE (Max age 1 year)
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)

Drug Name	Drug Tier Requirements/Limit	
STIMULANTS - MISC.		
<i>armodafinil tab 50 mg</i>	Tier 1	PA, QL (30 ea / 30 days)
<i>armodafinil tab 150 mg</i>	Tier 1	PA, QL (30 ea / 30 days)
<i>armodafinil tab 200 mg</i>	Tier 1	PA, QL (30 ea / 30 days)
<i>armodafinil tab 250 mg</i>	Tier 1	PA, QL (30 ea / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Focalin IR
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Focalin IR
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Focalin IR
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD

Drug Name	Drug Tier	Requirements/Limit
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years); Generic Metadate CD
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	QL (450 mL / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	QL (900 mL / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 18 years)

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

Drug Name	Drug Tier	Requirements/Limit
<i>methylphenidate hcl tab er 24hr 18 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Tier 1	QL (60 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 6 years and Max age 18 years)
<i>modafinil tab 100 mg</i>	Tier 1	PA, QL (30 ea / 30 days)
<i>modafinil tab 200 mg</i>	Tier 1	PA, QL (60 ea / 30 days)

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

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

ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10/0.1ML (<i>adalimumab</i>)	Tier 1	SP, PA, QL (2 ea / 28 days)
HUMIRA INJ 20/0.2ML (<i>adalimumab</i>)	Tier 1	SP, PA, QL (2 ea / 28 days)
HUMIRA INJ 40/0.4ML (<i>adalimumab</i>)	Tier 1	SP, PA, QL (2 ea / 28 days)
HUMIRA KIT 40MG/0.8 (<i>adalimumab</i>)	Tier 1	SP, PA, QL (2 ea / 24 days)
HUMIRA PEDIA INJ CROHNS (<i>adalimumab</i>)	Tier 1	SP, PA, QL (2 ea / 28 days)
HUMIRA PEN INJ 40/0.4ML (<i>adalimumab</i>)	Tier 1	SP, PA, QL (2 ea / 28 days)
HUMIRA PEN INJ 40MG/0.8 (<i>adalimumab</i>)	Tier 1	SP, PA, QL (2 ea / 24 days)

Drug Name	Drug Tier	Requirements/Limit
HUMIRA PEN INJ 80/0.8ML (adalimumab)	Tier 1	SP, PA, QL (3 ea / 180 days)
HUMIRA PEN INJ CD/UC/HS (adalimumab)	Tier 1	SP, PA, QL (2 ea / 24 days)
HUMIRA PEN INJ PS/UV (adalimumab)	Tier 1	SP, PA, QL (2 ea / 24 days)
HUMIRA PEN KIT CD/UC/HS (adalimumab)	Tier 1	SP, PA, QL (3 ea / 180 days)
HUMIRA PEN KIT PED UC (adalimumab)	Tier 1	SP, PA, QL (3 ea / 180 days)
HUMIRA PEN KIT PS/UV (adalimumab)	Tier 1	SP, PA, QL (3 ea / 180 days)

ANTIRHEUMATIC - ENZYME INHIBITORS

XELJANZ SOL 1MG/ML (tofacitinib citrate)	Tier 1	SP, PA
XELJANZ TAB 5MG (tofacitinib citrate)	Tier 1	SP, PA
XELJANZ TAB 10MG (tofacitinib citrate)	Tier 1	SP, PA
XELJANZ XR TAB 11MG (tofacitinib citrate)	Tier 1	SP, PA
XELJANZ XR TAB 22MG (tofacitinib citrate)	Tier 1	SP, PA

GOLD COMPOUNDS

RIDAURA CAP 3MG (auranofin)	Tier 1	
------------------------------------	--------	--

INTERLEUKIN-6 RECEPTOR INHIBITORS

KEVZARA INJ 150/1.14 (sarilumab)	Tier 1	SP, PA
KEVZARA INJ 200/1.14 (sarilumab)	Tier 1	SP, PA

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

celecoxib cap 50 mg	Tier 1	PA
celecoxib cap 100 mg	Tier 1	PA, QL (120 ea / 30 days)
celecoxib cap 200 mg	Tier 1	PA, QL (60 ea / 30 days)
celecoxib cap 400 mg	Tier 1	PA, QL (120 ea / 30 days)
diclofenac potassium tab 50 mg	Tier 1	QL (120 ea / 30 days)
diclofenac potassium tab 50 mg (Cataflam)	Tier 1	QL (120 ea / 30 days)
diclofenac sodium tab delayed release 25 mg	Tier 1	QL (90 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limit
<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	QL (60 ea / 30 days)
<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> (Advil Liqui-gels Minis)	Tier 1	QL (120 ea / 30 days), OTC
<i>ibuprofen cap 200 mg</i> (Cvs Ibuprofen)	Tier 1	QL (120 ea / 30 days), OTC
<i>ibuprofen cap 200 mg</i> (Cvs Ibuprofen Liquid Fill)	Tier 1	QL (120 ea / 30 days), OTC
<i>ibuprofen cap 200 mg</i> (Medi-profen)	Tier 1	QL (120 ea / 30 days), OTC
<i>ibuprofen cap 200 mg</i> (Motrin Ib)	Tier 1	QL (120 ea / 30 days), OTC
<i>ibuprofen cap 200 mg</i> (Qc Ibuprofen)	Tier 1	QL (120 ea / 30 days), OTC
<i>ibuprofen cap 200 mg</i> (Ra Ibuprofen)	Tier 1	QL (120 ea / 30 days), OTC
<i>ibuprofen cap 200 mg</i> (Sm Ibuprofen)	Tier 1	QL (120 ea / 30 days), OTC
<i>ibuprofen cap 200 mg</i> (Wal-profen)	Tier 1	QL (120 ea / 30 days), OTC
<i>ibuprofen chew tab 100 mg</i> (Advil Junior Strength)	Tier 1	QL (180 ea / 30 days), OTC
<i>ibuprofen chew tab 100 mg</i> (Gnp Ibuprofen Childrens)	Tier 1	QL (180 ea / 30 days), OTC
<i>ibuprofen chew tab 100 mg</i> (Hm Ibuprofen Ib/junior St)	Tier 1	QL (180 ea / 30 days), OTC
<i>ibuprofen chew tab 100 mg</i> (Ibuprofen 100 Junior Stre)	Tier 1	QL (180 ea / 30 days), OTC
<i>ibuprofen chew tab 100 mg</i> (Ibuprofen Junior Strength)	Tier 1	QL (180 ea / 30 days), OTC
<i>ibuprofen chew tab 100 mg</i> (Sm Ibuprofen Ib)	Tier 1	QL (180 ea / 30 days), OTC
<i>ibuprofen chew tab 100 mg</i> (Sm Ibuprofen Ib Childrens)	Tier 1	QL (180 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
ibuprofen susp 40 mg/ml (Cvs Ibuprofen Infants)	Tier 1	QL (4800 mL / 30 days), OTC
ibuprofen susp 40 mg/ml (Ibuprofen Infants)	Tier 1	QL (4800 mL / 30 days), OTC
ibuprofen susp 40 mg/ml (Medi-profen)	Tier 1	QL (4800 mL / 30 days), OTC
ibuprofen susp 40 mg/ml (Px Infants Profen Ib)	Tier 1	QL (4800 mL / 30 days), OTC
ibuprofen susp 100 mg/5ml	Tier 1	QL (4800 mL / 30 days)
ibuprofen susp 100 mg/5ml (Childrens Medi-profen)	Tier 1	QL (4800 mL / 30 days), OTC
ibuprofen susp 100 mg/5ml (Cvs Ibuprofen Childrens)	Tier 1	QL (4800 mL / 30 days), OTC
ibuprofen susp 100 mg/5ml (Eq Ibuprofen Childrens)	Tier 1	QL (4800 mL / 30 days), OTC
ibuprofen susp 100 mg/5ml (Hyvee Ibuprofen Childrens)	Tier 1	QL (4800 mL / 30 days), OTC
ibuprofen susp 100 mg/5ml (Ibuprofen Childrens)	Tier 1	QL (4800 mL / 30 days), OTC
ibuprofen susp 100 mg/5ml (Px Childrens Profen Ib)	Tier 1	QL (4800 mL / 30 days), OTC
ibuprofen susp 100 mg/5ml (Qc Childrens Ibuprofen)	Tier 1	QL (4800 mL / 30 days), OTC
ibuprofen tab 100 mg (Advil Junior Strength)	Tier 1	QL (120 ea / 30 days), OTC
ibuprofen tab 100 mg (Sm Ibuprofen Jr)	Tier 1	QL (120 ea / 30 days), OTC
ibuprofen tab 200 mg	Tier 1	QL (120 ea / 30 days), OTC
ibuprofen tab 200 mg (Addaprin)	Tier 1	QL (120 ea / 30 days), OTC
ibuprofen tab 200 mg (Eq Ibuprofen)	Tier 1	QL (120 ea / 30 days), OTC
ibuprofen tab 200 mg (Eq Ibuprofen)	Tier 1	QL (120 ea / 30 days), OTC
ibuprofen tab 200 mg (Hm Ibuprofen)	Tier 1	QL (120 ea / 30 days), OTC
ibuprofen tab 200 mg (Ibu-200)	Tier 1	QL (120 ea / 30 days), OTC
ibuprofen tab 200 mg (Kls Ibuprofen)	Tier 1	QL (120 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
ibuprofen tab 200 mg (Kls Ibuprofen Ib)	Tier 1	QL (120 ea / 30 days), OTC
ibuprofen tab 200 mg (Medi-profen)	Tier 1	QL (120 ea / 30 days), OTC
ibuprofen tab 200 mg (Motrin Ib)	Tier 1	QL (120 ea / 30 days), OTC
ibuprofen tab 200 mg (Px Ibuprofen)	Tier 1	QL (120 ea / 30 days), OTC
ibuprofen tab 200 mg (Qc Ibuprofen Ib)	Tier 1	QL (120 ea / 30 days), OTC
ibuprofen tab 200 mg (Ra Ibuprofen)	Tier 1	QL (120 ea / 30 days), OTC
ibuprofen tab 200 mg (Ra Pain Relief Ibuprofen)	Tier 1	QL (120 ea / 30 days), OTC
ibuprofen tab 200 mg (Sb Ibuprofen)	Tier 1	QL (120 ea / 30 days), OTC
ibuprofen tab 200 mg (Sm Ibuprofen Ib)	Tier 1	QL (120 ea / 30 days), OTC
ibuprofen tab 200 mg (Wal-profen)	Tier 1	QL (120 ea / 30 days), OTC
ibuprofen tab 400 mg	Tier 1	QL (120 ea / 30 days)
ibuprofen tab 400 mg (Ibu)	Tier 1	QL (120 ea / 30 days)
ibuprofen tab 600 mg	Tier 1	QL (120 ea / 30 days)
ibuprofen tab 600 mg (Ibu)	Tier 1	QL (120 ea / 30 days)
ibuprofen tab 800 mg	Tier 1	QL (120 ea / 30 days)
ibuprofen tab 800 mg (Ibu)	Tier 1	QL (120 ea / 30 days)
indomethacin cap 25 mg	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
indomethacin cap 50 mg	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
ketoprofen cap 50 mg	Tier 1	QL (120 ea / 30 days)
ketoprofen cap 75 mg	Tier 1	QL (120 ea / 30 days)
ketorolac tromethamine tab 10 mg	Tier 1	QL (4 ea / day, max 5 day supply); AGE (Max age 64 years)
meloxicam tab 7.5 mg	Tier 1	QL (30 ea / 30 days)
meloxicam tab 15 mg	Tier 1	QL (30 ea / 30 days)
nabumetone tab 500 mg	Tier 1	QL (120 ea / 30 days)
nabumetone tab 500 mg (Relafen)	Tier 1	QL (120 ea / 30 days)
nabumetone tab 750 mg	Tier 1	QL (120 ea / 30 days)

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

Drug Name	Drug Tier	Requirements/Limit
<i>nabumetone tab 750 mg</i> (Relafen)	Tier 1	QL (120 ea / 30 days)
<i>naproxen sodium tab 220 mg</i>	Tier 1	QL (90 ea / 30 days), OTC
<i>naproxen sodium tab 220 mg</i> (All Day Pain Relief)	Tier 1	QL (90 ea / 30 days), OTC
<i>naproxen sodium tab 220 mg</i> (All Day Relief)	Tier 1	QL (90 ea / 30 days), OTC
<i>naproxen sodium tab 220 mg</i> (Cvs Naproxen Sodium)	Tier 1	QL (90 ea / 30 days), OTC
<i>naproxen sodium tab 220 mg</i> (Eq All Day Pain Relief)	Tier 1	QL (90 ea / 30 days), OTC
<i>naproxen sodium tab 220 mg</i> (Mediproxen)	Tier 1	QL (90 ea / 30 days), OTC
<i>naproxen sodium tab 220 mg</i> (Pamprin All Day Maximum S)	Tier 1	QL (90 ea / 30 days), OTC
<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>naproxen tab ec 375 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>naproxen tab ec 375 mg</i> (Ec-naproxen)	Tier 1	QL (90 ea / 30 days)
<i>naproxen tab ec 500 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>naproxen tab ec 500 mg</i> (Ec-naproxen)	Tier 1	QL (90 ea / 30 days)
<i>oxaprozin tab 600 mg</i>	Tier 1	PA, QL (90 ea / 30 days)
<i>piroxicam cap 10 mg</i>	Tier 1	PA, QL (120 ea / 30 days)
<i>piroxicam cap 20 mg</i>	Tier 1	PA, QL (60 ea / 30 days)
<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 (<i>apremilast</i>)	Tier 1	SP, PA
OTEZLA TAB 30MG (<i>apremilast</i>)	Tier 1	SP, PA
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)

Drug Name	Drug Tier	Requirements/Limit
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML (<i>etanercept</i>)	Tier 1	SP, PA, QL (4 mL / 24 days)
ENBREL INJ 25MG (<i>etanercept</i>)	Tier 1	SP, PA, QL (4 mL / 24 days)
ENBREL INJ 50MG/ML (<i>etanercept</i>)	Tier 1	SP, PA, QL (4 mL / 24 days)
ENBREL MINI INJ 50MG/ML (<i>etanercept</i>)	Tier 1	SP, PA, QL (4 mL / 24 days)
ENBREL SRCLK INJ 50MG/ML (<i>etanercept</i>)	Tier 1	SP, PA, QL (4 mL / 24 days)
ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS		
<i>butalbital-acetaminophen tab 50-325 mg</i>	Tier 1	QL (300 ea / 30 days); AGE (Max age 64 years)
<i>butalbital-acetaminophen tab 50-325 mg</i> (Tencon)	Tier 1	QL (300 ea / 30 days); AGE (Max age 64 years)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Tier 1	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (Bac)	Tier 1	QL (180 ea / 30 days); AGE (Max age 64 years)
ANALGESICS OTHER		
<i>acetaminophen chew tab 80 mg</i> (Childrens Apap)	Tier 1	QL (180 ea / 30 days), OTC
<i>acetaminophen chew tab 80 mg</i> (Childrens Medi-tabs)	Tier 1	QL (180 ea / 30 days), OTC
<i>acetaminophen chew tab 80 mg</i> (Childrens Non-aspirin)	Tier 1	QL (180 ea / 30 days), OTC
<i>acetaminophen chew tab 80 mg</i> (Childrens Pain Reliever)	Tier 1	QL (180 ea / 30 days), OTC
<i>acetaminophen chew tab 80 mg</i> (Cvs Childs Non-aspirin)	Tier 1	QL (180 ea / 30 days), OTC
<i>acetaminophen chew tab 80 mg</i> (Mapap Childrens)	Tier 1	QL (180 ea / 30 days), OTC
<i>acetaminophen chew tab 80 mg</i> (Sb Non-aspirin)	Tier 1	QL (180 ea / 30 days), OTC
<i>acetaminophen chew tab 160 mg</i>	Tier 1	QL (180 ea / 30 days), OTC

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

Drug Name	Drug Tier Requirements/Limit	
acetaminophen chew tab 160 mg (Cvs Pain Relief Childrens)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen chew tab 160 mg (Eq Pain & Fever Childrens)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen chew tab 160 mg (Mapap Childrens)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen chew tab 160 mg (Medi-tabs Junor Strength)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen chew tab 160 mg (Meijer Jr Strength Aspiri)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen chew tab 160 mg (Non-aspirin Junior Streng)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen chew tab 160 mg (Qc Non-aspirin Childrens)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen chew tab 160 mg (Sb Non-aspirin)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen disintegrating tab 80 mg (Acetaminophen Rapid Tabs)	Tier 1	QL (1500 ea / 30 days), OTC
acetaminophen disintegrating tab 80 mg (Sb Childrens Non-aspirin)	Tier 1	QL (1500 ea / 30 days), OTC
acetaminophen disintegrating tab 160 mg (Acetaminophen Junior Stre)	Tier 1	QL (750 ea / 30 days), OTC
acetaminophen disintegrating tab 160 mg (Sb Non-aspirin Jr Strengt)	Tier 1	QL (750 ea / 30 days), OTC
acetaminophen disintegrating tab 160 mg (Sm Rapid Melts Junior)	Tier 1	QL (750 ea / 30 days), OTC
acetaminophen elixir 160 mg/5ml (Apra)	Tier 1	OTC
acetaminophen elixir 160 mg/5ml (Childrens Aspirin Free)	Tier 1	OTC
acetaminophen elixir 160 mg/5ml (Medi-tabs Childrens)	Tier 1	OTC
acetaminophen elixir 160 mg/5ml (Pain Relief Childrens)	Tier 1	OTC
acetaminophen liquid 160 mg/5ml	Tier 1	OTC
acetaminophen liquid 160 mg/5ml (Childrens Silapap)	Tier 1	OTC
acetaminophen liquid 160 mg/5ml (Ed-apap)	Tier 1	OTC
acetaminophen liquid 160 mg/5ml (Liquid Acetaminophen)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
acetaminophen liquid 160 mg/5ml (Liquid Pain Relief)	Tier 1	OTC
acetaminophen liquid 160 mg/5ml (Little Remedies For Fever)	Tier 1	OTC
acetaminophen liquid 160 mg/5ml (M-pap)	Tier 1	OTC
acetaminophen liquid 167 mg/5ml (Cvs Acetaminophen Extra S)	Tier 1	OTC
acetaminophen liquid 167 mg/5ml (Mapap Acetaminophen Extra)	Tier 1	OTC
acetaminophen liquid 167 mg/5ml (Pain Relief Extra Strengt)	Tier 1	OTC
acetaminophen liquid 167 mg/5ml (Pain Reliever)	Tier 1	OTC
acetaminophen soln 160 mg/5ml	Tier 1	OTC
acetaminophen suppos 120 mg	Tier 1	QL (1020 ea / 30 days), OTC
acetaminophen suppos 120 mg (Cvs Fever Reducing Childr)	Tier 1	QL (1020 ea / 30 days), OTC
acetaminophen suppos 120 mg (Feverall Childrens)	Tier 1	QL (1020 ea / 30 days), OTC
acetaminophen suppos 120 mg (Pain Reliever/fever Reduc)	Tier 1	QL (1020 ea / 30 days), OTC
acetaminophen suppos 650 mg	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen suppos 650 mg (Feverall Adults)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen susp 160 mg/5ml	Tier 1	OTC
acetaminophen susp 160 mg/5ml (Aurophen Childrens)	Tier 1	OTC
acetaminophen susp 160 mg/5ml (Betatemp Childrens)	Tier 1	OTC
acetaminophen susp 160 mg/5ml (Cvs Pain & Fever Infants)	Tier 1	OTC
acetaminophen susp 160 mg/5ml (Hm Pain & Fever Childrens)	Tier 1	OTC
acetaminophen susp 160 mg/5ml (Pain & Fever Childrens)	Tier 1	OTC
acetaminophen susp 160 mg/5ml (Panadol Childrens)	Tier 1	OTC
acetaminophen susp 160 mg/5ml (Pediicare Infants)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
acetaminophen susp 160 mg/5ml (Qc Non-aspirin Childrens)	Tier 1	OTC
acetaminophen susp 160 mg/5ml (Qc Pain Relief Infants)	Tier 1	OTC
acetaminophen susp 160 mg/5ml (Ra Childrens Fever Reduce)	Tier 1	OTC
acetaminophen susp 160 mg/5ml (Ra Fever Reducer/pain Rel)	Tier 1	OTC
acetaminophen susp 160 mg/5ml (Sb Pain Reliever Children)	Tier 1	OTC
acetaminophen tab 325 mg	Tier 1	QL (360 ea / 30 days), OTC
acetaminophen tab 325 mg (Aphen)	Tier 1	QL (360 ea / 30 days), OTC
acetaminophen tab 325 mg (Cvs Acetaminophen)	Tier 1	QL (360 ea / 30 days), OTC
acetaminophen tab 325 mg (Eq Acetaminophen)	Tier 1	QL (360 ea / 30 days), OTC
acetaminophen tab 325 mg (Eq Acetaminophen)	Tier 1	QL (360 ea / 30 days), OTC
acetaminophen tab 325 mg (Gnp Acetaminophen)	Tier 1	QL (360 ea / 30 days), OTC
acetaminophen tab 325 mg (Meijer Aspirin Free)	Tier 1	QL (360 ea / 30 days), OTC
acetaminophen tab 325 mg (Non-aspirin)	Tier 1	QL (360 ea / 30 days), OTC
acetaminophen tab 325 mg (Pain Relief Regular Stren)	Tier 1	QL (360 ea / 30 days), OTC
acetaminophen tab 325 mg (Pain Reliever)	Tier 1	QL (360 ea / 30 days), OTC
acetaminophen tab 325 mg (Pharbetol)	Tier 1	QL (360 ea / 30 days), OTC
acetaminophen tab 325 mg (Ra Acetaminophen)	Tier 1	QL (360 ea / 30 days), OTC
acetaminophen tab 325 mg (Sm Pain Reliever)	Tier 1	QL (360 ea / 30 days), OTC
acetaminophen tab 500 mg (Acetaminophen Extra Stren)	Tier 1	QL (240 ea / 30 days), OTC
acetaminophen tab 500 mg (Cvs Acetaminophen Extra S)	Tier 1	QL (240 ea / 30 days), OTC
acetaminophen tab 500 mg (Cvs Pain Relief Extra Str)	Tier 1	QL (240 ea / 30 days), OTC

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

Drug Name	Drug Tier	Requirements/Limit
acetaminophen tab 500 mg (Eq Acetaminophen Extra St)	Tier 1	QL (240 ea / 30 days), OTC
acetaminophen tab 500 mg (Eq Pain Reliever)	Tier 1	QL (240 ea / 30 days), OTC
acetaminophen tab 500 mg (Eq Acetaminophen Extra S)	Tier 1	QL (240 ea / 30 days), OTC
acetaminophen tab 500 mg (Healthy Mama Shake That A)	Tier 1	QL (240 ea / 30 days), OTC
acetaminophen tab 500 mg (Medi-tabs Extra Strength)	Tier 1	QL (240 ea / 30 days), OTC
acetaminophen tab 500 mg (Non-aspirin)	Tier 1	QL (240 ea / 30 days), OTC
acetaminophen tab 500 mg (Pain Reliever Extra Stren)	Tier 1	QL (240 ea / 30 days), OTC
acetaminophen tab 500 mg (Panadol Extra Strength)	Tier 1	QL (240 ea / 30 days), OTC
acetaminophen tab 500 mg (Pharbetol Extra Strength)	Tier 1	QL (240 ea / 30 days), OTC
acetaminophen tab 500 mg (Qc Non-aspirin Extra Stre)	Tier 1	QL (240 ea / 30 days), OTC
acetaminophen tab 500 mg (Sb Pain Reliever Extra St)	Tier 1	QL (240 ea / 30 days), OTC
acetaminophen tab 500 mg (Sm Pain Relief Extra Stre)	Tier 1	QL (240 ea / 30 days), OTC
acetaminophen tab er 650 mg	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen tab er 650 mg (Acetaminophen Er 8 Hour)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen tab er 650 mg (Arthritis Pain Reliever)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen tab er 650 mg (Cvs 8hr Arthritis Pain Re)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen tab er 650 mg (Cvs 8hr Muscle Aches & Pa)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen tab er 650 mg (Cvs Pain Relief 8 Hour)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen tab er 650 mg (Eq 8hr Arthritis Pain Rel)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen tab er 650 mg (Gnp 8 Hour Arthritis Reli)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen tab er 650 mg (Hm Pain Relief)	Tier 1	QL (180 ea / 30 days), OTC

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

Drug Name	Drug Tier	Requirements/Limit
acetaminophen tab er 650 mg (8-hour Pain Reliever)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen tab er 650 mg (8 Hr Arthritis Pain Relie)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen tab er 650 mg (8hr Muscle Aches & Pain)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen tab er 650 mg (Mapap Arthritis Pain)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen tab er 650 mg (Midol)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen tab er 650 mg (Qc Acetaminophen 8 Hours)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen tab er 650 mg (Qc Non-aspirin 8 Hour)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen tab er 650 mg (Sb Arthritis Pain Relief)	Tier 1	QL (180 ea / 30 days), OTC
acetaminophen tab er 650 mg (Sm Pain Reliever Extra St)	Tier 1	QL (180 ea / 30 days), OTC
FEVERALL INF SUP 80MG (acetaminophen)	Tier 1	QL (1500 ea / 30 days), OTC

SALICYLATES

aspirin chew tab 81 mg	Tier 1	QL (30 ea / 30 days), OTC
aspirin chew tab 81 mg (Aspirin 81 Low Dose)	Tier 1	QL (30 ea / 30 days), OTC
aspirin chew tab 81 mg (Bayer Chewable Low Dose)	Tier 1	QL (30 ea / 30 days), OTC
aspirin chew tab 81 mg (Childrens Aspirin)	Tier 1	QL (30 ea / 30 days), OTC
aspirin chew tab 81 mg (EqL Aspirin Low Dose)	Tier 1	QL (30 ea / 30 days), OTC
aspirin chew tab 81 mg (Gnp Adult Aspirin Low Str)	Tier 1	QL (30 ea / 30 days), OTC
aspirin chew tab 81 mg (Hm Aspirin)	Tier 1	QL (30 ea / 30 days), OTC
aspirin chew tab 81 mg (Px Aspirin)	Tier 1	QL (30 ea / 30 days), OTC
aspirin chew tab 81 mg (Qc Aspirin Low Dose)	Tier 1	QL (30 ea / 30 days), OTC
aspirin chew tab 81 mg (Qc Childrens Aspirin)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
aspirin chew tab 81 mg (Ra Aspirin Adult Low Dose)	Tier 1	QL (30 ea / 30 days), OTC
aspirin chew tab 81 mg (Ra Aspirin Childrens)	Tier 1	QL (30 ea / 30 days), OTC
aspirin chew tab 81 mg (Sb Childrens Aspirin)	Tier 1	QL (30 ea / 30 days), OTC
aspirin chew tab 81 mg (Sm Aspirin Adult Low Stre)	Tier 1	QL (30 ea / 30 days), OTC
aspirin chew tab 81 mg (Sm Childrens Aspirin)	Tier 1	QL (30 ea / 30 days), OTC
aspirin chew tab 81 mg (St Joseph Low Dose Aspiri)	Tier 1	QL (30 ea / 30 days), OTC
aspirin tab 325 mg	Tier 1	QL (360 ea / 30 days), OTC
aspirin tab 325 mg (Bayer Advanced Aspirin Re)	Tier 1	QL (360 ea / 30 days), OTC
aspirin tab 325 mg (Bayer Aspirin)	Tier 1	QL (360 ea / 30 days), OTC
aspirin tab 325 mg (Cvs Aspirin)	Tier 1	QL (360 ea / 30 days), OTC
aspirin tab 325 mg (Eq Aspirin)	Tier 1	QL (360 ea / 30 days), OTC
aspirin tab 325 mg (Gnp Aspirin)	Tier 1	QL (360 ea / 30 days), OTC
aspirin tab 325 mg (Hm Adult Aspirin)	Tier 1	QL (360 ea / 30 days), OTC
aspirin tab 325 mg (Hm Aspirin)	Tier 1	QL (360 ea / 30 days), OTC
aspirin tab 325 mg (Px Aspirin)	Tier 1	QL (360 ea / 30 days), OTC
aspirin tab 325 mg (Qc Aspirin)	Tier 1	QL (360 ea / 30 days), OTC
aspirin tab 325 mg (Ra Aspirin)	Tier 1	QL (360 ea / 30 days), OTC
aspirin tab 325 mg (Sb Aspirin)	Tier 1	QL (360 ea / 30 days), OTC
aspirin tab 325 mg (Sm Aspirin)	Tier 1	QL (360 ea / 30 days), OTC
aspirin tab delayed release 81 mg	Tier 1	QL (30 ea / 30 days), OTC
aspirin tab delayed release 81 mg (Aspirin)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
aspirin tab delayed release 81 mg (Aspirin Ec Low Dose)	Tier 1	QL (30 ea / 30 days), OTC
aspirin tab delayed release 81 mg (Aspirin Low Dose)	Tier 1	QL (30 ea / 30 days), OTC
aspirin tab delayed release 81 mg (Bayer Aspirin Ec Low Dose)	Tier 1	QL (30 ea / 30 days), OTC
aspirin tab delayed release 81 mg (Bayer Low Dose)	Tier 1	QL (30 ea / 30 days), OTC
aspirin tab delayed release 81 mg (Cvs Aspirin Low Dose)	Tier 1	QL (30 ea / 30 days), OTC
aspirin tab delayed release 81 mg (Cvs Aspirin Low Strength)	Tier 1	QL (30 ea / 30 days), OTC
aspirin tab delayed release 81 mg (Ecotrin Low Strength)	Tier 1	QL (30 ea / 30 days), OTC
aspirin tab delayed release 81 mg (Gnp Aspirin)	Tier 1	QL (30 ea / 30 days), OTC
aspirin tab delayed release 81 mg (Goodsense Aspirin)	Tier 1	QL (30 ea / 30 days), OTC
aspirin tab delayed release 81 mg (Goodsense Aspirin Low Dos)	Tier 1	QL (30 ea / 30 days), OTC
aspirin tab delayed release 81 mg (H-e-b Aspirin)	Tier 1	QL (30 ea / 30 days), OTC
aspirin tab delayed release 81 mg (Kls Aspirin Low Dose)	Tier 1	QL (30 ea / 30 days), OTC
aspirin tab delayed release 81 mg (Kp Aspirin)	Tier 1	QL (30 ea / 30 days), OTC
aspirin tab delayed release 81 mg (Px Enteric Aspirin)	Tier 1	QL (30 ea / 30 days), OTC
aspirin tab delayed release 81 mg (Ra Aspirin Ec)	Tier 1	QL (30 ea / 30 days), OTC
aspirin tab delayed release 81 mg (Sm Aspirin Adult Low Stre)	Tier 1	QL (30 ea / 30 days), OTC
aspirin tab delayed release 81 mg (St Joseph Aspirin)	Tier 1	QL (30 ea / 30 days), OTC
aspirin tab delayed release 325 mg	Tier 1	QL (360 ea / 30 days), OTC
aspirin tab delayed release 325 mg (Bayer Aspirin)	Tier 1	QL (360 ea / 30 days), OTC
aspirin tab delayed release 325 mg (Cvs Aspirin)	Tier 1	QL (360 ea / 30 days), OTC
aspirin tab delayed release 325 mg (EqI Aspirin Ec)	Tier 1	QL (360 ea / 30 days), OTC

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

Drug Name	Drug Tier	Requirements/Limit
<i>aspirin tab delayed release 325 mg</i> (Gnp Aspirin)	Tier 1	QL (360 ea / 30 days), OTC
<i>aspirin tab delayed release 325 mg</i> (Hm Aspirin)	Tier 1	QL (360 ea / 30 days), OTC
<i>aspirin tab delayed release 325 mg</i> (Px Enteric Aspirin)	Tier 1	QL (360 ea / 30 days), OTC
<i>aspirin tab delayed release 325 mg</i> (Qc Aspirin)	Tier 1	QL (360 ea / 30 days), OTC
<i>aspirin tab delayed release 325 mg</i> (Qc Enteric Aspirin)	Tier 1	QL (360 ea / 30 days), OTC
<i>aspirin tab delayed release 325 mg</i> (Ra Aspirin Ec)	Tier 1	QL (360 ea / 30 days), OTC
<i>aspirin tab delayed release 325 mg</i> (Sb Aspirin Ec)	Tier 1	QL (360 ea / 30 days), OTC
<i>aspirin tab delayed release 325 mg</i> (Sm Aspirin Enteric Coated)	Tier 1	QL (360 ea / 30 days), OTC
<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 - DRUGS TO TREAT PAIN

OPIOID AGONISTS

CODEINE SULF TAB 60MG	Tier 1	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>codeine sulfate tab 30 mg</i>	Tier 1	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	PA, QL (10 ea / 30 days); MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	PA, QL (10 ea / 30 days); MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	PA, QL (10 ea / 30 days); MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	PA, QL (10 ea / 30 days); MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	PA, QL (10 ea / 30 days); MED
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required

Drug Name	Drug Tier	Requirements/Limit
hydromorphone hcl tab 4 mg	Tier 1	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
methadone hcl tab 5 mg	Tier 1	MED; QL (max 7 day supply for initial fill or PA required)
methadone hcl tab 10 mg	Tier 1	MED; QL (max 7 day supply for initial fill or PA required)
morphine sulfate oral soln 10 mg/5ml	Tier 1	MED; Max 7 day supply for initial fill or PA required
morphine sulfate oral soln 20 mg/5ml	Tier 1	MED; Max 7 day supply for initial fill or PA required
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	Tier 1	MED; Max 7 day supply for initial fill or PA required
morphine sulfate tab 15 mg	Tier 1	QL (90 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
morphine sulfate tab 30 mg	Tier 1	QL (90 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
morphine sulfate tab er 15 mg	Tier 1	ST, QL (90 ea / 30 days); Requires prior use of IR Opioid; MED
morphine sulfate tab er 30 mg	Tier 1	ST, QL (90 ea / 30 days); Requires prior use of IR Opioid; MED
morphine sulfate tab er 60 mg	Tier 1	ST, QL (90 ea / 30 days); Requires prior use of IR Opioid; MED
morphine sulfate tab er 100 mg	Tier 1	ST, QL (90 ea / 30 days); Requires prior use of IR Opioid; MED
OXAYDO TAB 5MG (oxycodone hcl)	Tier 1	QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required

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

Drug Name	Drug Tier	Requirements/Limit
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	QL (max quantity 240 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 5 mg</i>	Tier 1	QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 10 mg</i>	Tier 1	QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 15 mg</i>	Tier 1	QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 20 mg</i>	Tier 1	QL (max quantity 120 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 30 mg</i>	Tier 1	QL (max quantity 120 per fill); 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); 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); MED; Max 7 day supply for initial fill or PA required
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (180 ea / 30 days); 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); MED; Max 7 day supply for initial fill or PA required

Drug Name	Drug Tier	Requirements/Limit
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (180 ea / 30 days); 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>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	QL (3750 mL / 25 days); HYCET, 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); NORCO, 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); NORCO, 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); NORCO, MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 5-325 mg (Endocet)</i>	Tier 1	QL (240 ea / 30 days); 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); MED; Max 7 day supply for initial fill or PA required

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

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

<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 AND RELATED PRODUCTS

INTRARECTAL STEROIDS

<i>hydrocortisone enema 100 mg/60ml</i>	Tier 1	QL (1680 mL / 25 days)
--	--------	------------------------

RECTAL COMBINATIONS

<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i>	Tier 1	OTC
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i> (Hemorrhoidal)	Tier 1	OTC
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i> (Hemorrhoidal Maximum Stre)	Tier 1	OTC
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i> (Px Hemorrhoidal)	Tier 1	OTC
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i> (Qc Hemorrhoidal Maximum F)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i> (Qc Hemorrhoidal/aloe)	Tier 1	OTC

<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i> (Ra Hemorrhoidal)	Tier 1	OTC
--	--------	-----

RECTAL LOCAL ANESTHETICS

<i>dibucaine perianal ointment 1%</i>	Tier 1	OTC
--	--------	-----

RECTAL STEROIDS

<i>hydrocortisone acetate suppos 25 mg</i>	Tier 1	QL (210 ea / 30 days)
---	--------	-----------------------

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

<i>hydrocortisone rectal cream 2.5%</i> (Procto-med Hc)	Tier 1	
--	--------	--

<i>hydrocortisone rectal cream 2.5%</i> (Proctozone-hc)	Tier 1	
--	--------	--

ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID

ANTACID COMBINATIONS

<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i> (Mintox Plus)	Tier 1	OTC
---	--------	-----

<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	Tier 1	OTC
---	--------	-----

<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Alumina/magnesia/simethic)	Tier 1	OTC
---	--------	-----

<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Antacid)	Tier 1	OTC
---	--------	-----

<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Antacid Fast Relief)	Tier 1	OTC
---	--------	-----

<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Antacid I)	Tier 1	OTC
---	--------	-----

<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Antacid Liquid)	Tier 1	OTC
--	--------	-----

<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Antacid M)	Tier 1	OTC
---	--------	-----

Drug Name	Drug Tier Requirements/Limit	
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid Plus Anti-gas Rel)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid Regular Strength)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid/anti-gas)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid/antigas Liquid)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Comfort Gel)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Comfort Gel Antacid& Anti)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Cvs Antacid/anti-gas Liq)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Eq Antacid/anti-gas)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Eq Antacid/anti-gas)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Geri-lanta)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Geri-mox)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Gnp Antacid & Anti-gas/re)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Gnp Antacid/regular Stren)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Goodsense Antacid & Gas R)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Hm Antacid)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Mag-al Plus)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Px Antacid Regular Streng)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Qc Antacid)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Qc Antacid/anti-gas)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Ra Antacid/anti-gas)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Sb Antacid Anti-gas)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Sm Antacid)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Sm Antacid Advanced)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Sm Antacid Anti-gas)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Sm Antacid/antigas)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Almacone Double Strength)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Antacid + Anti-gas Liquid)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Antacid Advanced)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Antacid Anti-gas Maximum)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Antacid Extra Strength An)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Antacid Iii)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Antacid Maximum Strength)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Antacid Plus Anti-gas Rel)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Antacid/antigas Liquid)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Antacid/simethicone Doubl)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Comfort Gel Antacid Anti-)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Cvs Antacid Plus Antigas)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Cvs Antacid/anti-gas)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Eq Antacid Maximum Streng)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Eq Antacid Advanced Maxi)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Gnp Antacid And Anti-gas/)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Gnp Antacid Anti-gas/maxi)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Hm Advanced Antacid Maxim)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Hm Antacid Anti-gas Extra)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Maalox Max)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Maalox Multi Symptom Maxi)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Mag-al Plus Xs)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Meijer Antacid Maximum St)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Mintox Maximum Strength)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Mylanta Maximum Strength)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Px Antacid Maximum Streng)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Qc Antacid/anti-gas Maxim)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Ra Antacid/antigas Maximu)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Ra Antacid/gas Relief Max)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Sm Antacid Advanced Maxi)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Sm Antacid Maximum Streng)	Tier 1	OTC
aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Acid Gone)	Tier 1	OTC
aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Antacid Extra Strength)	Tier 1	OTC
aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Cvs Heartburn Relief)	Tier 1	OTC
aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Gnp Antacid Extra Strengt)	Tier 1	OTC
aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Heartburn Antacid Extra S)	Tier 1	OTC
aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Qc Heartburn Antacid)	Tier 1	OTC
aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml (Acid Gone)	Tier 1	OTC
calcium carbonate-mag hydroxide chew tab 675-135 mg (Antacid Extra Strength)	Tier 1	OTC
calcium carbonate-mag hydroxide susp 400-135 mg/5ml (Cvs Antacid Supreme)	Tier 1	OTC
calcium carbonate-mag hydroxide susp 400-135 mg/5ml (Geri-lanta Supreme)	Tier 1	OTC
ANTACIDS - BICARBONATE		
sodium bicarbonate tab 325 mg	Tier 1	OTC
sodium bicarbonate tab 650 mg	Tier 1	OTC
ANTACIDS - CALCIUM SALTS		
CALCIUM CARB TAB 648MG	Tier 1	OTC
calcium carbonate (antacid) chew tab 400 mg (Childrens Pepto)	Tier 1	OTC
calcium carbonate (antacid) chew tab 400 mg (Childrens Soothe)	Tier 1	OTC

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

Drug Name	Drug Tier Requirements/Limit	
calcium carbonate (antacid) chew tab 400 mg (Maalox Childrens)	Tier 1	OTC
calcium carbonate (antacid) chew tab 500 mg	Tier 1	OTC
calcium carbonate (antacid) chew tab 500 mg (Antacid)	Tier 1	OTC
calcium carbonate (antacid) chew tab 500 mg (Cal-gest Antacid)	Tier 1	OTC
calcium carbonate (antacid) chew tab 500 mg (Calcium Antacid)	Tier 1	OTC
calcium carbonate (antacid) chew tab 500 mg (Eq Antacid)	Tier 1	OTC
calcium carbonate (antacid) chew tab 500 mg (Healthy Mama Tame The Fla)	Tier 1	OTC
calcium carbonate (antacid) chew tab 500 mg (Hm Antacid Regular Streng)	Tier 1	OTC
calcium carbonate (antacid) chew tab 500 mg (Qc Antacid)	Tier 1	OTC
calcium carbonate (antacid) chew tab 500 mg (Ra Antacid)	Tier 1	OTC
calcium carbonate (antacid) chew tab 500 mg (Sm Antacid)	Tier 1	OTC
calcium carbonate (antacid) chew tab 750 mg (Antacid Extra Strength)	Tier 1	OTC
calcium carbonate (antacid) chew tab 750 mg (Antacid Flavor Chews)	Tier 1	OTC
calcium carbonate (antacid) chew tab 750 mg (Calcium Antacid Extra Str)	Tier 1	OTC
calcium carbonate (antacid) chew tab 750 mg (Cvs Antacid Kids)	Tier 1	OTC
calcium carbonate (antacid) chew tab 750 mg (Cvs Chewy Not Chalky Flav)	Tier 1	OTC
calcium carbonate (antacid) chew tab 750 mg (Cvs Smooth Antacid Extra)	Tier 1	OTC
calcium carbonate (antacid) chew tab 750 mg (Eq Antacid Extra Strength)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
calcium carbonate (antacid) chew tab 750 mg (Gnp Antacid Extra Strength)	Tier 1	OTC
calcium carbonate (antacid) chew tab 750 mg (Hm Antacid Extra Strength)	Tier 1	OTC
calcium carbonate (antacid) chew tab 750 mg (Tums Smoothies)	Tier 1	OTC
calcium carbonate (antacid) chew tab 1000 mg (Antacid Maximum)	Tier 1	OTC
calcium carbonate (antacid) chew tab 1000 mg (Antacid Ultra Strength)	Tier 1	OTC
calcium carbonate (antacid) chew tab 1000 mg (Cvs Antacid Ultra Strength)	Tier 1	OTC
calcium carbonate (antacid) chew tab 1000 mg (Eq Antacid Ultra Strength)	Tier 1	OTC
calcium carbonate (antacid) chew tab 1000 mg (Eq1 Antacid Ultra Strength)	Tier 1	OTC
calcium carbonate (antacid) chew tab 1000 mg (Gnp Antacid Ultra Strength)	Tier 1	OTC
calcium carbonate (antacid) chew tab 1000 mg (Goodsense Antacid/ultra S)	Tier 1	OTC
calcium carbonate (antacid) chew tab 1000 mg (Px Antacid Maximum Strength)	Tier 1	OTC
calcium carbonate (antacid) chew tab 1000 mg (Qc Antacid Ultra Strength)	Tier 1	OTC
calcium carbonate (antacid) chew tab 1000 mg (Ra Antacid Ultra Strength)	Tier 1	OTC
calcium carbonate (antacid) susp 1250 mg/5ml	Tier 1	OTC
ANTACIDS - MAGNESIUM SALTS		
magnesium oxide tab 250 mg	Tier 1	OTC
magnesium oxide tab 250 mg (Hm Magnesium)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
magnesium oxide tab 250 mg (Qc Magnesium)	Tier 1	OTC
magnesium oxide tab 420 mg	Tier 1	OTC
magnesium oxide tab 420 mg (Maox)	Tier 1	OTC

ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES

albendazole tab 200 mg	Tier 1	PA
ivermectin tab 3 mg	Tier 1	QL (16 tabs / 2 days); Max 1 fill in 30 days; Note: 1 dose = 1 day supply
pinworm med sus 144mg/ml (Cvs Pinworm Treatment)	Tier 1	OTC
pinworm med sus 144mg/ml (Pin-away)	Tier 1	OTC
pinworm med sus 144mg/ml (Pinworm Medicine)	Tier 1	OTC
pinworm med sus 144mg/ml (Reeses Pinworm Medicine)	Tier 1	OTC

ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS

ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS

metronidazole tab 250 mg	Tier 1	QL (240 ea / 30 days)
metronidazole tab 500 mg	Tier 1	QL (120 ea / 30 days)
trimethoprim tab 100 mg	Tier 1	QL (180 ea / 30 days)

ANTI-INFECTIVE MISC. - COMBINATIONS

sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 1	QL (1200 mL / 30 days)
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml (Sulfatrim Pediatric)	Tier 1	QL (1200 mL / 30 days)
sulfamethoxazole-trimethoprim tab 400-80 mg	Tier 1	QL (120 ea / 30 days)
sulfamethoxazole-trimethoprim tab 800-160 mg	Tier 1	QL (120 ea / 30 days)

ANTIPROTOZOAL AGENTS

atovaquone susp 750 mg/5ml	Tier 1	
-----------------------------------	--------	--

Drug Name	Drug Tier	Requirements/Limit
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML (<i>vancomycin hcl</i>)	Tier 1	QL (1200 mL / 30 days)
FIRVANQ SOL 50MG/ML (<i>vancomycin hcl</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)
LINCOSAMIDES		
<i>clindamycin hcl cap 150 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>clindamycin hcl cap 300 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	AGE (Max age 18 years)
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	Tier 1	PA
<i>linezolid tab 600 mg</i>	Tier 1	PA
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS		
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	QL (60 ea / 30 days); AGE (Max age 64 years)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	QL (60 ea / 30 days); AGE (Max age 64 years)
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 1	QL (40 mL / day, max 10 day supply); AGE (Max age 12 years)
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 1	ST, QL (60 ea / 30 days); Requires trial of beta blocker, calcium channel blockers, and long-acting nitrate

Drug Name	Drug Tier	Requirements/Limit
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 1	ST, QL (60 ea / 30 days); Requires trial of beta blocker, calcium channel blockers, and long-acting nitrate

NITRATES

<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>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 0.1 mg/hr</i>	Tier 1	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.1 mg/hr (Minitran)</i>	Tier 1	QL (30 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 0.2 mg/hr (Minitran)</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 0.4 mg/hr (Minitran)</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)
<i>nitroglycerin td patch 24hr 0.6 mg/hr (Minitran)</i>	Tier 1	QL (30 ea / 30 days)

Drug Name **Drug Tier Requirements/Limit**
ANTIANXIETY AGENTS - DRUGS TO TREAT ANXIETY
ANTIANXIETY AGENTS - MISC.

<i>bupirone hcl tab 5 mg</i>	Tier 1	QL (240 ea / 30 days); AGE (Min age 6 years)
<i>bupirone hcl tab 10 mg</i>	Tier 1	QL (180 ea / 30 days); AGE (Min age 6 years)
<i>bupirone hcl tab 15 mg</i>	Tier 1	QL (120 ea / 30 days); AGE (Min age 6 years)
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)

BENZODIAZEPINES

<i>alprazolam tab 0.5 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>alprazolam tab 0.25 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>alprazolam tab 1 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limit
<i>alprazolam tab 2 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Min age 18 years)
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	QL (120 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years and Max age 64 years)
<i>diazepam conc 5 mg/ml</i>	Tier 1	PA, QL (90 mL / 30 days); AGE (Max age 64 years)
<i>diazepam oral soln 1 mg/ml</i>	Tier 1	QL (120 mL / 30 days); AGE (Max age 64 years)
<i>diazepam tab 2 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>diazepam tab 5 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>diazepam tab 10 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)

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

Drug Name	Drug Tier	Requirements/Limit
lorazepam conc 2 mg/ml	Tier 1	QL (90 mL / 30 days); AGE (Min age 12 years)
lorazepam tab 0.5 mg	Tier 1	QL (90 ea / 30 days); AGE (Min age 12 years)
lorazepam tab 1 mg	Tier 1	QL (90 ea / 30 days); AGE (Min age 12 years)
lorazepam tab 2 mg	Tier 1	QL (90 ea / 30 days); AGE (Min age 12 years)
oxazepam cap 10 mg	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years)
oxazepam cap 15 mg	Tier 1	QL (90 ea / 30 days); AGE (Min age 6 years)
oxazepam cap 30 mg	Tier 1	QL (120 ea / 30 days); AGE (Min age 6 years)

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

disopyramide phosphate cap 100 mg	Tier 1	QL (240 ea / 30 days)
disopyramide phosphate cap 150 mg	Tier 1	QL (150 ea / 30 days); AGE (Max age 64 years)
quinidine sulfate tab 300 mg	Tier 1	QL (240 ea / 30 days)

ANTIARRHYTHMICS TYPE I-B

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

ANTIARRHYTHMICS TYPE I-C

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

ANTIARRHYTHMICS TYPE III

amiodarone hcl tab 200 mg	Tier 1	QL (120 ea / 30 days)
amiodarone hcl tab 200 mg (Pacerone)	Tier 1	QL (120 ea / 30 days)

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

Drug Name **Drug Tier Requirements/Limit**
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

ANTI-INFLAMMATORY AGENTS

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

ANTIASTHMATIC - MONOCLONAL ANTIBODIES

XOLAIR INJ 75/0.5 (<i>omalizumab</i>)	Tier 1	SP, PA, QL (2.5 mL / 24 days)
--	--------	-------------------------------

XOLAIR INJ 150MG/ML (<i>omalizumab</i>)	Tier 1	SP, PA, QL (5 mL / 24 days)
--	--------	-----------------------------

XOLAIR SOL 150MG (<i>omalizumab</i>)	Tier 1	SP, PA, QL (5 ea / 24 days)
---	--------	-----------------------------

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA AER 17MCG (<i>ipratropium bromide hfa</i>)	Tier 1	QL (12.9 gm / 25 days)
--	--------	------------------------

INCRUSE ELPT INH 62.5MCG (<i>umeclidinium bromide</i>)	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)
---	--------	----------------------

<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
---	--------	----------------------

<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days)
---	--------	----------------------

STEROID INHALANTS

ARNUITY ELPT INH 50MCG (<i>fluticasone furoate (inhalation)</i>)	Tier 1	QL (30 ea / 30 days)
---	--------	----------------------

ARNUITY ELPT INH 100MCG (<i>fluticasone furoate (inhalation)</i>)	Tier 1	QL (30 ea / 30 days)
--	--------	----------------------

ARNUITY ELPT INH 200MCG (<i>fluticasone furoate (inhalation)</i>)	Tier 1	QL (30 ea / 30 days)
--	--------	----------------------

<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 1	QL (120 mL / 30 days); AGE (Max age 9 years)
---	--------	--

<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 1	QL (120 mL / 30 days); AGE (Max age 9 years)
--	--------	--

Drug Name	Drug Tier	Requirements/Limit
FLOVENT HFA AER 44MCG (fluticasone propionate hfa)	Tier 1	QL (10.6 gm / 30 days); AGE (Max age 11 years)
FLOVENT HFA AER 110MCG (fluticasone propionate hfa)	Tier 1	QL (12 gm / 30 days); AGE (Max age 11 years)
QVAR REDIHA AER 80MCG (beclomethasone dipropionate hfa)	Tier 1	QL (10.6 gm / 30 days)
QVAR REDIHAL AER 40MCG (beclomethasone dipropionate hfa)	Tier 1	QL (10.6 gm / 30 days)
SYMPATHOMIMETICS		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	Tier 1	QL (18 gm / 25 days); Generic Ventolin
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	Tier 1	QL (8.5 gm / 25 days); Generic Proair
albuterol sulfate soln nebu 0.5% (5 mg/ml)	Tier 1	QL (150 ea / 30 days)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	Tier 1	QL (300 mL / 30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	Tier 1	QL (225 mL / 25 days)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	Tier 1	QL (150 mL / 30 days)
albuterol sulfate syrup 2 mg/5ml	Tier 1	QL (4500 mL / 30 days)
albuterol sulfate tab 4 mg	Tier 1	QL (240 ea / 30 days)
ANORO ELLIPT AER 62.5-25 (umeclidinium-vilanterol)	Tier 1	QL (60 ea / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	Tier 1	QL (10.2 gm / 25 days); AGE (Max age 11 years); Generic Symbicort
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	Tier 1	QL (10.2 gm / 25 days); AGE (Max age 11 years); Generic Symbicort
fluticasone-salmeterol aer powder ba 55-14 mcg/act	Tier 1	QL (1 ea / 25 days); Generic Airduo
fluticasone-salmeterol aer powder ba 100-50 mcg/dose	Tier 1	QL (60 ea / 30 days); Generic Airduo
fluticasone-salmeterol aer powder ba 100-50 mcg/dose (Wixela Inhub)	Tier 1	QL (60 ea / 30 days)

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

Drug Name	Drug Tier	Requirements/Limit
fluticasone-salmeterol aer powder ba 113-14 mcg/act	Tier 1	QL (1 ea / 25 days); Generic Airduo
fluticasone-salmeterol aer powder ba 232-14 mcg/act	Tier 1	QL (1 ea / 25 days); Generic Airduo
fluticasone-salmeterol aer powder ba 250-50 mcg/dose	Tier 1	QL (60 ea / 30 days); Generic Airduo
fluticasone-salmeterol aer powder ba 250-50 mcg/dose (Wixela Inhub)	Tier 1	QL (60 ea / 30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/dose	Tier 1	QL (60 ea / 30 days); Generic Airduo
fluticasone-salmeterol aer powder ba 500-50 mcg/dose (Wixela Inhub)	Tier 1	QL (60 ea / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 1	QL (360 mL / 30 days)
STRIVERDI AER 2.5MCG (olodaterol hcl)	Tier 1	QL (60 gm / 30 days)
terbutaline sulfate tab 2.5 mg	Tier 1	QL (240 ea / 30 days)
terbutaline sulfate tab 5 mg	Tier 1	QL (180 ea / 30 days)
TRELEGY AER ELLIPTA (fluticasone- umeclidinium-vilanterol)	Tier 1	QL (60 ea / 30 days)

XANTHINES

theophylline soln 80 mg/15ml	Tier 1	
theophylline tab er 12hr 300 mg	Tier 1	QL (120 ea / 30 days)
theophylline tab er 12hr 450 mg	Tier 1	QL (60 ea / 30 days)
theophylline tab er 24hr 400 mg	Tier 1	QL (90 ea / 30 days)
theophylline tab er 24hr 600 mg	Tier 1	QL (90 ea / 30 days)

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

warfarin sodium tab 1 mg	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 1 mg (Jantoven)	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 2 mg	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 2 mg (Jantoven)	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 2.5 mg	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 2.5 mg (Jantoven)	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 3 mg	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 3 mg (Jantoven)	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 4 mg	Tier 1	QL (300 ea / 30 days)

Drug Name	Drug Tier Requirements/Limit	
warfarin sodium tab 4 mg (Jantoven)	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 5 mg	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 5 mg (Jantoven)	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 6 mg	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 6 mg (Jantoven)	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 7.5 mg	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 7.5 mg (Jantoven)	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 10 mg	Tier 1	QL (300 ea / 30 days)
warfarin sodium tab 10 mg (Jantoven)	Tier 1	QL (300 ea / 30 days)
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG (apixaban)	Tier 1	PA
ELIQUIS TAB 2.5MG (apixaban)	Tier 1	PA
ELIQUIS TAB 5MG (apixaban)	Tier 1	PA
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium inj 30 mg/0.3ml	Tier 1	QL (18 ml / 30 days)
enoxaparin sodium inj 40 mg/0.4ml	Tier 1	QL (24 ml / 30 days)
enoxaparin sodium inj 60 mg/0.6ml	Tier 1	QL (36 ml / 30 days)
enoxaparin sodium inj 80 mg/0.8ml	Tier 1	QL (48 ml / 30 days)
enoxaparin sodium inj 100 mg/ml	Tier 1	QL (60 ml / 30 days)
enoxaparin sodium inj 120 mg/0.8ml	Tier 1	QL (48 ml / 30 days)
enoxaparin sodium inj 150 mg/ml	Tier 1	QL (60 ml / 30 days)
enoxaparin sodium inj 300 mg/3ml	Tier 1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	Tier 1	PA
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	Tier 1	PA
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	Tier 1	PA
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	Tier 1	PA
FRAGMIN INJ 2500/0.2 (dalteparin sodium)	Tier 1	PA

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

Drug Name	Drug Tier	Requirements/Limit
FRAGMIN INJ 5000/0.2 (<i>dalteparin sodium</i>)	Tier 1	PA
FRAGMIN INJ 7500/0.3 (<i>dalteparin sodium</i>)	Tier 1	PA
FRAGMIN INJ 10000/ML (<i>dalteparin sodium</i>)	Tier 1	PA
FRAGMIN INJ 12500UNT (<i>dalteparin sodium</i>)	Tier 1	PA
FRAGMIN INJ 15000UNT (<i>dalteparin sodium</i>)	Tier 1	PA
FRAGMIN INJ 18000UNT (<i>dalteparin sodium</i>)	Tier 1	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)
VALTOCO SPR 5MG (<i>diazepam (anticonvulsant)</i>)	Tier 1	QL (10 ea / 25 days); AGE (Min age 6 years)
VALTOCO SPR 10MG (<i>diazepam (anticonvulsant)</i>)	Tier 1	QL (10 ea / 25 days); AGE (Min age 6 years)
VALTOCO SPR 15MG (<i>diazepam (anticonvulsant)</i>)	Tier 1	QL (10 ea / 25 days); AGE (Min age 6 years)
VALTOCO SPR 20MG (<i>diazepam (anticonvulsant)</i>)	Tier 1	QL (10 ea / 25 days); AGE (Min age 6 years)

ANTICONVULSANTS - MISC.

<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1	QL (240 ea / 30 days)
<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 200 mg (Epilex)</i>	Tier 1	QL (240 ea / 30 days)

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

Drug Name	Drug Tier	Requirements/Limit
carbamazepine tab er 12hr 100 mg	Tier 1	QL (240 ea / 30 days)
carbamazepine tab er 12hr 200 mg	Tier 1	QL (240 ea / 30 days)
carbamazepine tab er 12hr 400 mg	Tier 1	QL (240 ea / 30 days)
CARBATROL CAP 100MG (carbamazepine)	Tier 1	QL (240 ea / 30 days)
CARBATROL CAP 200MG (carbamazepine)	Tier 1	QL (240 ea / 30 days)
CARBATROL CAP 300MG (carbamazepine)	Tier 1	QL (240 ea / 30 days)
gabapentin cap 100 mg	Tier 1	QL (300 ea / 30 days)
gabapentin cap 300 mg	Tier 1	QL (300 ea / 30 days)
gabapentin cap 400 mg	Tier 1	QL (270 ea / 30 days)
gabapentin oral soln 250 mg/5ml	Tier 1	
gabapentin tab 600 mg	Tier 1	QL (180 ea / 30 days)
gabapentin tab 800 mg	Tier 1	QL (120 ea / 30 days)
lamotrigine tab 25 mg	Tier 1	QL (300 ea / 30 days)
lamotrigine tab 25 mg (Subvenite)	Tier 1	QL (300 ea / 30 days)
lamotrigine tab 100 mg	Tier 1	QL (240 ea / 30 days)
lamotrigine tab 100 mg (Subvenite)	Tier 1	QL (240 ea / 30 days)
lamotrigine tab 150 mg	Tier 1	QL (120 ea / 30 days)
lamotrigine tab 150 mg (Subvenite)	Tier 1	QL (120 ea / 30 days)
lamotrigine tab 200 mg	Tier 1	QL (120 ea / 30 days)
lamotrigine tab 200 mg (Subvenite)	Tier 1	QL (120 ea / 30 days)
lamotrigine tab chewable dispersible 5 mg	Tier 1	QL (240 ea / 30 days)
lamotrigine tab chewable dispersible 25 mg	Tier 1	QL (240 ea / 30 days)
levetiracetam oral soln 100 mg/ml	Tier 1	QL (900 mL / 30 days)
levetiracetam tab 250 mg	Tier 1	QL (180 ea / 30 days)
levetiracetam tab 500 mg	Tier 1	QL (180 ea / 30 days)
levetiracetam tab 500 mg (Roweepira)	Tier 1	QL (180 ea / 30 days)
levetiracetam tab 750 mg	Tier 1	QL (120 ea / 30 days)
levetiracetam tab 1000 mg	Tier 1	QL (90 ea / 30 days)
levetiracetam tab er 24hr 500 mg	Tier 1	QL (180 ea / 30 days)
levetiracetam tab er 24hr 750 mg	Tier 1	QL (120 ea / 30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	Tier 1	QL (500 mL / 30 days)
oxcarbazepine tab 150 mg	Tier 1	QL (480 ea / 30 days)
oxcarbazepine tab 300 mg	Tier 1	QL (240 ea / 30 days)
oxcarbazepine tab 600 mg	Tier 1	QL (120 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limit
<i>pregabalin cap 25 mg</i>	Tier 1	PA, QL (90 ea / 30 days)
<i>pregabalin cap 50 mg</i>	Tier 1	PA, QL (180 ea / 30 days)
<i>pregabalin cap 75 mg</i>	Tier 1	PA, QL (240 ea / 30 days)
<i>pregabalin cap 100 mg</i>	Tier 1	PA, QL (90 ea / 30 days)
<i>pregabalin cap 150 mg</i>	Tier 1	PA, QL (90 ea / 30 days)
<i>pregabalin cap 200 mg</i>	Tier 1	PA, QL (90 ea / 30 days)
<i>pregabalin cap 225 mg</i>	Tier 1	PA, QL (60 ea / 30 days)
<i>pregabalin cap 300 mg</i>	Tier 1	PA, QL (60 ea / 30 days)
<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>rufinamide susp 40 mg/ml</i>	Tier 1	QL (2400 mL / 30 days)
<i>rufinamide tab 200 mg</i>	Tier 1	QL (480 ea / 30 days)
<i>rufinamide tab 400 mg</i>	Tier 1	QL (240 ea / 30 days)
TEGRETOL SUS 100/5ML <i>(carbamazepine)</i>	Tier 1	QL (1800 mL / 30 days)
TEGRETOL TAB 200MG <i>(carbamazepine)</i>	Tier 1	QL (240 ea / 30 days)
TEGRETOL-XR TAB 100MG <i>(carbamazepine)</i>	Tier 1	QL (240 ea / 30 days)
TEGRETOL-XR TAB 200MG <i>(carbamazepine)</i>	Tier 1	QL (240 ea / 30 days)
TEGRETOL-XR TAB 400MG <i>(carbamazepine)</i>	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)
<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 <i>(lacosamide)</i>	Tier 1	QL (600 mL / 30 days)
VIMPAT TAB 50MG <i>(lacosamide)</i>	Tier 1	QL (60 ea / 30 days)
VIMPAT TAB 100MG <i>(lacosamide)</i>	Tier 1	QL (60 ea / 30 days)
VIMPAT TAB 150MG <i>(lacosamide)</i>	Tier 1	QL (60 ea / 30 days)

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

Drug Name	Drug Tier	Requirements/Limit
VIMPAT TAB 200MG (<i>lacosamide</i>)	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>tiagabine hcl tab 12 mg</i>	Tier 1	QL (140 ea / 30 days)
<i>tiagabine hcl tab 16 mg</i>	Tier 1	QL (105 ea / 30 days)
<i>vigabatrin powd pack 500 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>vigabatrin powd pack 500 mg</i> (Vigadrone)	Tier 1	QL (180 ea / 30 days)
<i>vigabatrin tab 500 mg</i>	Tier 1	QL (180 ea / 30 days)
HYDANTOINS		
DILANTIN CAP 30MG (<i>phenytoin sodium extended</i>)	Tier 1	QL (180 ea / 30 days)
DILANTIN CAP 100MG (<i>phenytoin sodium extended</i>)	Tier 1	QL (180 ea / 30 days)
DILANTIN CHW 50MG (<i>phenytoin</i>)	Tier 1	QL (150 ea / 30 days)
DILANTIN-125 SUS 125/5ML (<i>phenytoin</i>)	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/Limit
<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	QL (300 ea / 30 days)
<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)

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 (45 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 (45 ea / 30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	QL (45 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 cap 40 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	

Drug Name	Drug Tier Requirements/Limit	
<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)
<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 (45 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)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 1	QL (60 ea / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1	QL (60 ea / 30 days)
<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)

Drug Name	Drug Tier Requirements/Limit	
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	Tier 1	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 100 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>amitriptyline hcl tab 150 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>clomipramine hcl cap 25 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>clomipramine hcl cap 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<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	QL (120 ea / 30 days)
<i>desipramine hcl tab 100 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>desipramine hcl tab 150 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>doxepin hcl cap 10 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 25 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 50 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 75 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)

Drug Name	Drug Tier	Requirements/Limit
<i>doxepin hcl cap 100 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl cap 150 mg</i>	Tier 1	QL (60 ea / 30 days); AGE (Max age 64 years)
<i>doxepin hcl conc 10 mg/ml</i>	Tier 1	QL (900 mL / 30 days); AGE (Max age 64 years)
<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)
<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 - DRUGS TO TREAT DIABETES

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 - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG <i>(pramlintide acetate)</i>	Tier 1	PA
SYMLINPEN 120 INJ 1000MCG <i>(pramlintide acetate)</i>	Tier 1	PA

ANTIDIABETIC COMBINATIONS

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 1	ST, QL (60 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Kazano
--	--------	--

Drug Name	Drug Tier	Requirements/Limit
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 1	ST, QL (60 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Kazano
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Tier 1	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Tier 1	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Tier 1	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni

Drug Name	Drug Tier	Requirements/Limit
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Tier 1	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Tier 1	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Tier 1	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1	QL (60 ea / 30 days); Generic Glucovance
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	QL (60 ea / 30 days); Generic Glucovance
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1	QL (120 ea / 30 days); Generic Glucovance
SEGLUROMET TAB 2.5-500 <i>(ertugliflozin-metformin hcl)</i>	Tier 1	ST; Requires trial of metformin
SEGLUROMET TAB 2.5-1000 <i>(ertugliflozin-metformin hcl)</i>	Tier 1	ST; Requires trial of metformin
SEGLUROMET TAB 7.5-500 <i>(ertugliflozin-metformin hcl)</i>	Tier 1	ST; Requires trial of metformin
SEGLUROMET TAB 7.5-1000 <i>(ertugliflozin-metformin hcl)</i>	Tier 1	ST; Requires trial of metformin

Drug Name	Drug Tier	Requirements/Limit
BIGUANIDES		
<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)
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE <i>(glucagon)</i>	Tier 1	QL (2 ea / 25 days)
BAQSIMI TWO POW 3MG/DOSE <i>(glucagon)</i>	Tier 1	QL (2 ea / 25 days)
GLUCAGEN INJ HYPOKIT <i>(glucagon hcl (rdna))</i>	Tier 1	QL (2 ea / 25 days)
<i>glucagon (rdna) for inj kit 1 mg</i>	Tier 1	QL (2 ea / 25 days)
GLUCOSE CHEW TABS	Tier 1	OTC
GLUCOSE CHEW TABS <i>(glucose-vitamin c)</i>	Tier 1	OTC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Tier 1	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product; Generic Nesina
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 1	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product; Generic Nesina
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 1	ST, QL (30 ea / 30 days); Requires trial of metformin or metformin-containing product; Generic Nesina
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ 2/1.5ML <i>(semaglutide)</i>	Tier 1	ST, QL (1.5 mL / 25 days); Requires trial of metformin

Drug Name	Drug Tier	Requirements/Limit
OZEMPIC INJ 4MG/3ML (semaglutide)	Tier 1	ST, QL (3 mL / 25 days); Requires trial of metformin
RYBELSUS TAB 3MG (semaglutide)	Tier 1	ST, QL (30 ea / 30 days); Requires trial of metformin
RYBELSUS TAB 7MG (semaglutide)	Tier 1	ST, QL (30 ea / 30 days); Requires trial of metformin
RYBELSUS TAB 14MG (semaglutide)	Tier 1	ST, QL (30 ea / 30 days); Requires trial of metformin
TRULICITY INJ 0.75/0.5 (dulaglutide)	Tier 1	ST, QL (2 mL / 25 days); Requires trial of metformin
TRULICITY INJ 1.5/0.5 (dulaglutide)	Tier 1	ST, QL (2 mL / 25 days); Requires trial of metformin
TRULICITY INJ 3/0.5 (dulaglutide)	Tier 1	ST, QL (2 mL / 25 days); Requires trial of metformin
TRULICITY INJ 4.5/0.5 (dulaglutide)	Tier 1	ST, QL (2 mL / 25 days); Requires trial of metformin

INSULIN

ADMELOG INJ 100U/ML (insulin lispro)	Tier 1	QL (30 mL / 25 days)
ADMELOG SOLO INJ 100U/ML (insulin lispro)	Tier 1	QL (30 mL / 25 days); AGE (Max age 21 years)
BASAGLAR INJ 100UNIT (insulin glargine)	Tier 1	QL (30 mL / 25 days)
HUMALOG MIX INJ 50/50 (insulin lispro protamine & lispro)	Tier 1	QL (30 mL / 25 days)
HUMALOG MIX INJ 50/50KWP (insulin lispro protamine & lispro)	Tier 1	QL (30 mL / 25 days); AGE (Max age 21 years)
HUMULIN R INJ U-500 (insulin regular (human))	Tier 1	QL (18 mL / 25 days); (Kwikpen)
HUMULIN R INJ U-500 (insulin regular (human))	Tier 1	QL (20 mL / 25 days)

Drug Name	Drug Tier	Requirements/Limit
INS ASP PROT INJ FLEXPEN	Tier 1	QL (30 mL / 25 days); AGE (Max age 21 years)
INSULIN ASPA INJ 70/30	Tier 1	QL (30 mL / 25 days)
INSULIN LISP INJ PROTAMIN	Tier 1	QL (30 mL / 25 days)
NOVOLIN INJ 70/30 (<i>insulin nph isophane & reg (human)</i>)	Tier 1	QL (30 mL / 25 days), OTC
NOVOLIN INJ 70/30 FP (<i>insulin nph isophane & reg (human)</i>)	Tier 1	QL (30 mL / 25 days), OTC; AGE (Max age 21 years)
NOVOLIN N INJ 100 UNIT (<i>insulin nph (human) (isophane)</i>)	Tier 1	QL (30 mL / 25 days), OTC; AGE (Max age 21 years)
NOVOLIN N INJ U-100 (<i>insulin nph (human) (isophane)</i>)	Tier 1	QL (30 mL / 25 days), OTC
NOVOLIN R INJ U-100 (<i>insulin regular (human)</i>)	Tier 1	QL (30 mL / 25 days), OTC
NOVOLOG MIX INJ 70/30 (<i>insulin aspart protamine & aspart (human)</i>)	Tier 1	QL (30 mL / 25 days)
NOVOLOG MIX INJ FLEX REL (<i>insulin aspart protamine & aspart (human)</i>)	Tier 1	QL (30 mL / 25 days); AGE (Max age 21 years)
NOVOLOG MIX INJ FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>)	Tier 1	QL (30 mL / 25 days); AGE (Max age 21 years)
NOVOLOG RELI INJ 70/30 (<i>insulin aspart protamine & aspart (human)</i>)	Tier 1	QL (30 mL / 25 days)
SEMGLEE INJ 100U/ML (<i>insulin glargine</i>)	Tier 1	QL (30 mL / 25 days); Pen
SEMGLEE SOL 100U/ML (<i>insulin glargine</i>)	Tier 1	QL (30 mL / 25 days)
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	QL (90 ea / 30 days)

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

Drug Name	Drug Tier	Requirements/Limit
<i>nateglinide tab 120 mg</i>	Tier 1	QL (90 ea / 30 days)
<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)
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
<i>STEGLATRO TAB 5MG (ertugliflozin l-pyroglutamic acid)</i>	Tier 1	ST; Requires trial of metformin
<i>STEGLATRO TAB 15MG (ertugliflozin l-pyroglutamic acid)</i>	Tier 1	ST; Requires trial of metformin
SULFONYLUREAS		
<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 2.5 mg</i> (Glipizide XI)	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 5 mg</i> (Glipizide XI)	Tier 1	QL (60 ea / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>glipizide tab er 24hr 10 mg</i> (Glipizide XI)	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 - DRUGS TO TREAT DIARRHEA		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
<i>bismuth subsalicylate chew tab 262 mg</i>	Tier 1	OTC
<i>bismuth subsalicylate chew tab 262 mg</i> (Bismatrol)	Tier 1	OTC
<i>bismuth subsalicylate chew tab 262 mg</i> (Eq Pink-bismuth)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
<i>bismuth subsalicylate chew tab 262 mg</i> (EqI Stomach Relief)	Tier 1	OTC
<i>bismuth subsalicylate chew tab 262 mg</i> (Medi-bismuth)	Tier 1	OTC
<i>bismuth subsalicylate chew tab 262 mg</i> (Peptic Relief)	Tier 1	OTC
<i>bismuth subsalicylate chew tab 262 mg</i> (Px Stomach Relief)	Tier 1	OTC
<i>bismuth subsalicylate chew tab 262 mg</i> (Soothe)	Tier 1	OTC
<i>bismuth subsalicylate chew tab 262 mg</i> (Stomach Relief)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i>	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Cvs Anti-diarrheal)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Diarrhea)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Diotame Instydose)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Geri-pectate)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Hm Stomach Relief)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Kaopectate)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Px Stomach Relief)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Qc Diarrhea Relief)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Qc Pink Bismuth)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Ra Stomach Relief)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Sm Stomach Relief)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Sm Stomach Relief Liquid)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Soothe)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Stomach Relief)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
<i>bismuth subsalicylate susp 525 mg/15ml</i> (Bismatrol Maximum Strength)	Tier 1	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i> (Cvs Stomach Relief)	Tier 1	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i> (Pink Bismuth Maximum Stre)	Tier 1	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i> (Px Stomach Relief Maximum)	Tier 1	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i> (Soothe Maximum Strength)	Tier 1	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i> (Stomach Relief Plus)	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg</i> (Cvs Stomach Relief)	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg</i> (Gnp Pink Bismuth)	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg</i> (Kaopectate)	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg</i> (Sb Bismuth)	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg</i> (Soothe)	Tier 1	OTC
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<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> (Qc Anti-diarrheal)	Tier 1	QL (240 ea / 30 days), OTC
<i>loperamide hcl cap 2 mg</i> (Sm Anti-diarrheal)	Tier 1	QL (240 ea / 30 days), OTC
<i>loperamide hcl tab 2 mg</i>	Tier 1	QL (240 ea / 30 days), OTC
<i>loperamide hcl tab 2 mg</i> (Cvs Anti-diarrheal)	Tier 1	QL (240 ea / 30 days), OTC
<i>loperamide hcl tab 2 mg</i> (Diamode)	Tier 1	QL (240 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
loperamide hcl tab 2 mg (Sm Anti-diarrheal)	Tier 1	QL (240 ea / 30 days), OTC
loperamide sus 1mg/7.5	Tier 1	OTC
loperamide sus 1mg/7.5 (Anti-diarrheal)	Tier 1	OTC
loperamide sus 1mg/7.5 (Hm Anti-diarrheal)	Tier 1	OTC
loperamide sus 1mg/7.5 (Sm Anti-diarrheal)	Tier 1	OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

ANTIDOTES - CHELATING AGENTS

CHEMET CAP 100MG (<i>succimer</i>)	Tier 1	PA
--------------------------------------	--------	----

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT₃ RECEPTOR ANTAGONISTS

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

ANTIEMETICS - ANTICHOLINERGIC

dimenhydrinate tab 50 mg (Cvs Motion Sickness)	Tier 1	QL (180 ea / 30 days), OTC
dimenhydrinate tab 50 mg (Driminate)	Tier 1	QL (180 ea / 30 days), OTC
dimenhydrinate tab 50 mg (Qc Motion Sickness Relief)	Tier 1	QL (180 ea / 30 days), OTC
dimenhydrinate tab 50 mg (Trav-tabs)	Tier 1	QL (180 ea / 30 days), OTC
dimenhydrinate tab 50 mg (Wal-dram)	Tier 1	QL (180 ea / 30 days), OTC
meclizine hcl chew tab 25 mg	Tier 1	QL (120 ea / 30 days), OTC
meclizine hcl chew tab 25 mg (Bonine)	Tier 1	QL (120 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
meclizine hcl chew tab 25 mg (Cvs Motion Sickness Relie)	Tier 1	QL (120 ea / 30 days), OTC
meclizine hcl chew tab 25 mg (Motion-time)	Tier 1	QL (120 ea / 30 days), OTC
meclizine hcl chew tab 25 mg (Qc Travel Ease)	Tier 1	QL (120 ea / 30 days), OTC
meclizine hcl tab 12.5 mg	Tier 1	QL (120 ea / 30 days)
meclizine hcl tab 12.5 mg	Tier 1	QL (120 ea / 30 days), OTC
meclizine hcl tab 25 mg	Tier 1	QL (120 ea / 30 days)
meclizine hcl tab 25 mg	Tier 1	QL (120 ea / 30 days), OTC
meclizine hcl tab 25 mg (EqI Motion Sickness Relie)	Tier 1	QL (120 ea / 30 days), OTC
meclizine hcl tab 25 mg (Hm Motion Sickness Relief)	Tier 1	QL (120 ea / 30 days), OTC
meclizine hcl tab 25 mg (Sm Motion Sickness)	Tier 1	QL (120 ea / 30 days), OTC
meclizine hcl tab 25 mg (Travel-ease)	Tier 1	QL (120 ea / 30 days), OTC
meclizine hcl tab 25 mg (Wal-dram Ii)	Tier 1	QL (120 ea / 30 days), OTC
scopolamine td patch 72hr 1 mg/3days	Tier 1	PA
ANTIEMETICS - MISCELLANEOUS		
fructose-dextrose-phosphoric acid oral soln (Anti-nausea)	Tier 1	OTC
fructose-dextrose-phosphoric acid oral soln (Cvs Nausea Relief)	Tier 1	OTC
fructose-dextrose-phosphoric acid oral soln (EqI Anti-nausea)	Tier 1	OTC
fructose-dextrose-phosphoric acid oral soln (Gnp Nausea Relief)	Tier 1	OTC
fructose-dextrose-phosphoric acid oral soln (Goodsense Nausea Relief)	Tier 1	OTC
fructose-dextrose-phosphoric acid oral soln (Nausea Control)	Tier 1	OTC
fructose-dextrose-phosphoric acid oral soln (Nausea Relief)	Tier 1	OTC
fructose-dextrose-phosphoric acid oral soln (Ra Anti-nausea)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
fructose-dextrose-phosphoric acid oral soln (Sb Anti-nausea)	Tier 1	OTC

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

aprepitant capsule 40 mg	Tier 1	PA
aprepitant capsule 80 mg	Tier 1	PA
aprepitant capsule 125 mg	Tier 1	PA

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

griseofulvin microsize susp 125 mg/5ml	Tier 1	QL (1200 mL / 30 days)
nystatin tab 500000 unit	Tier 1	QL (240 ea / 30 days)
terbinafine hcl tab 250 mg	Tier 1	QL (30 ea / 30 days)

IMIDAZOLE-RELATED ANTIFUNGALS

fluconazole for susp 10 mg/ml	Tier 1	QL (35 mL / 25 days); AGE (Max age 12 years)
fluconazole for susp 40 mg/ml	Tier 1	QL (35 mL / 25 days); AGE (Max age 12 years)
fluconazole tab 50 mg	Tier 1	QL (60 ea / 30 days)
fluconazole tab 100 mg	Tier 1	QL (21 ea / 25 days)
fluconazole tab 150 mg	Tier 1	QL (2 ea / 25 days)
fluconazole tab 200 mg	Tier 1	QL (21 ea / 25 days)
ketoconazole tab 200 mg	Tier 1	QL (60 ea / 30 days)

ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES

ANTIHIISTAMINES - ALKYLAMINES

chlorpheniramine maleate syrup 2 mg/5ml (Diabetic Tussin Allergy)	Tier 1	OTC
chlorpheniramine maleate syrup 2 mg/5ml (Ed Chlorped Jr)	Tier 1	OTC
chlorpheniramine tab 4 mg	Tier 1	QL (180 ea / 30 days), OTC
chlorpheniramine tab 4 mg (Aller-chlor)	Tier 1	QL (180 ea / 30 days), OTC
chlorpheniramine tab 4 mg (Allergy Relief)	Tier 1	QL (180 ea / 30 days), OTC
chlorpheniramine tab 4 mg (Chlorhist)	Tier 1	QL (180 ea / 30 days), OTC
chlorpheniramine tab 4 mg (Cvs Allergy Relief)	Tier 1	QL (180 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
chlorpheniramine tab 4 mg (Eq Chlortabs)	Tier 1	QL (180 ea / 30 days), OTC
chlorpheniramine tab 4 mg (Eq Allergy)	Tier 1	QL (180 ea / 30 days), OTC
chlorpheniramine tab 4 mg (Gnp Allergy Relief)	Tier 1	QL (180 ea / 30 days), OTC
chlorpheniramine tab 4 mg (Pharbechlor)	Tier 1	QL (180 ea / 30 days), OTC
chlorpheniramine tab 4 mg (Qc Allergy Relief 4-hour)	Tier 1	QL (180 ea / 30 days), OTC
chlorpheniramine tab 4 mg (Qc Chlor-pheniramine)	Tier 1	QL (180 ea / 30 days), OTC
chlorpheniramine tab 4 mg (Ra Allergy Relief)	Tier 1	QL (180 ea / 30 days), OTC
chlorpheniramine tab 4 mg (Ra Chlorpheniramine Malea)	Tier 1	QL (180 ea / 30 days), OTC
chlorpheniramine tab 4 mg (Sm Allergy 4 Hour)	Tier 1	QL (180 ea / 30 days), OTC
chlorpheniramine tab 4 mg (Wal-finate)	Tier 1	QL (180 ea / 30 days), OTC
chlorpheniramine tab er 12 mg	Tier 1	QL (60 ea / 30 days), OTC
chlorpheniramine tab er 12 mg (Allergy)	Tier 1	QL (60 ea / 30 days), OTC
chlorpheniramine tab er 12 mg (Cvs Allergy Relief)	Tier 1	QL (60 ea / 30 days), OTC
ANTI-HISTAMINES - ETHANOLAMINES		
carbinoxamine maleate soln 4 mg/5ml	Tier 1	
carbinoxamine maleate tab 4 mg	Tier 1	
clemastine fumarate tab 1.34 mg (Dayhist Allergy 12 Hour R)	Tier 1	QL (60 ea / 30 days), OTC
clemastine fumarate tab 1.34 mg (Px Dayhist Allergy)	Tier 1	QL (60 ea / 30 days), OTC
clemastine fumarate tab 2.68 mg	Tier 1	QL (90 ea / 30 days)
diphenhydramine hcl cap 25 mg	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl cap 25 mg (Aler-cap)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)

Drug Name	Drug Tier	Requirements/Limit
diphenhydramine hcl cap 25 mg (Allergy Relief)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl cap 25 mg (Banophen)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl cap 25 mg (Complete Allergy Medicine)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl cap 25 mg (Cvs Allergy)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl cap 25 mg (Cvs Allergy Relief)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl cap 25 mg (Diphenhist)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl cap 25 mg (Eq Allergy Relief)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl cap 25 mg (Gnp Allergy Relief)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl cap 25 mg (Hm Allergy Relief)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl cap 25 mg (Medi-phedryl)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl cap 25 mg (Meijer Antihistamine Alle)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl cap 25 mg (Pharbedryl)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl cap 25 mg (Px Allergy)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl cap 25 mg (Ra Allergy Medication)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)

Drug Name	Drug Tier	Requirements/Limit
diphenhydramine hcl cap 25 mg (Sb Allergy)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl cap 25 mg (Wal-dryl Allergy)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl cap 50 mg	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl cap 50 mg (Banophen)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl cap 50 mg (Pharbedryl)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl chew tab 12.5 mg	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 12 years)
diphenhydramine hcl chew tab 12.5 mg (Gnp Allergy Relief)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 12 years)
diphenhydramine hcl elixir 12.5 mg/5ml	Tier 1	QL (2400 mL / 30 days); AGE (Max age 12 years)
diphenhydramine hcl elixir 12.5 mg/5ml (Di-phen)	Tier 1	QL (2400 mL / 30 days); AGE (Max age 12 years)
diphenhydramine hcl elixir 12.5 mg/5ml (Diphen)	Tier 1	QL (2400 mL / 30 days); AGE (Max age 12 years)
diphenhydramine hcl inj 50 mg/ml	Tier 1	AGE (Max age 64 years)
diphenhydramine hcl liquid 12.5 mg/5ml	Tier 1	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
diphenhydramine hcl liquid 12.5 mg/5ml (Aurodryl Allergy Children)	Tier 1	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
diphenhydramine hcl liquid 12.5 mg/5ml (Cvs Allergy Relief)	Tier 1	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)

Drug Name	Drug Tier	Requirements/Limit
diphenhydramine hcl liquid 12.5 mg/5ml (Cvs Allergy Relief Adult)	Tier 1	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
diphenhydramine hcl liquid 12.5 mg/5ml (Eq Allergy Relief Childre)	Tier 1	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
diphenhydramine hcl liquid 12.5 mg/5ml (Geri-dryl)	Tier 1	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
diphenhydramine hcl liquid 12.5 mg/5ml (H-e-b Childrens Allergy)	Tier 1	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
diphenhydramine hcl liquid 12.5 mg/5ml (Liquid Allergy Relief)	Tier 1	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
diphenhydramine hcl liquid 12.5 mg/5ml (M-dryl)	Tier 1	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
diphenhydramine hcl liquid 12.5 mg/5ml (Naramin)	Tier 1	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
diphenhydramine hcl liquid 12.5 mg/5ml (Pediicare Childrens Aller)	Tier 1	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
diphenhydramine hcl liquid 12.5 mg/5ml (Px Allergy)	Tier 1	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
diphenhydramine hcl liquid 12.5 mg/5ml (Qc Allergy Childrens)	Tier 1	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
diphenhydramine hcl liquid 12.5 mg/5ml (Ra Allergy Medication Chi)	Tier 1	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
diphenhydramine hcl liquid 12.5 mg/5ml (Ra Diphedryl Allergy)	Tier 1	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
diphenhydramine hcl liquid 12.5 mg/5ml (Siladryl Allergy)	Tier 1	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
diphenhydramine hcl liquid 12.5 mg/5ml (Total Allergy Medicine)	Tier 1	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)

Drug Name	Drug Tier	Requirements/Limit
diphenhydramine hcl liquid 12.5 mg/5ml (Wal-dryl Allergy)	Tier 1	QL (2400 mL / 30 days), OTC; AGE (Max age 12 years)
diphenhydramine hcl tab disint 12.5 mg (Allergy Relief Childrens)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl tab disint 12.5 mg (Cvs Allergy Relief Childr)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl tab disint 12.5 mg (Eq1 Allergy Relief Childr)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl tab disint 12.5 mg (Wal-dryl Allergy Relief C)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenydramine hcl tab 25 mg	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenydramine hcl tab 25 mg (Alertab)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenydramine hcl tab 25 mg (Alka-seltzer Plus Allergy)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenydramine hcl tab 25 mg (Allergy Relief)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenydramine hcl tab 25 mg (Anti-hist Allergy)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenydramine hcl tab 25 mg (Banophen)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenydramine hcl tab 25 mg (Complete Allergy Medicine)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenydramine hcl tab 25 mg (Complete Allergy Relief)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenydramine hcl tab 25 mg (Diphen)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)

Drug Name	Drug Tier	Requirements/Limit
diphenhydramine hcl tab 25 mg (Eql Allergy Relief)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl tab 25 mg (Geri-dryl Allergy Relief)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl tab 25 mg (Gnp Allergy Relief)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl tab 25 mg (Px Allergy)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl tab 25 mg (Qc Allergy Relief)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl tab 25 mg (Qc Complete Allergy Medic)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl tab 25 mg (Ra Allergy Medication)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl tab 25 mg (Sb Allergy Medicine)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl tab 25 mg (Sm Allergy Relief)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl tab 25 mg (Total Allergy)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
diphenhydramine hcl tab 25 mg (Wal-dryl Allergy)	Tier 1	QL (180 ea / 30 days), OTC; AGE (Max age 64 years)
ANTI-HISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	Tier 1	QL (300 mL / 30 days); AGE (Max age 12 years)
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) (All Day Allergy Childrens)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) (All-day Allergy Childrens)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)

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

Drug Name	Drug Tier	Requirements/Limit
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Allergy Relief Childrens)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Cetirizine Hydrochloride)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Eq Allergy Relief)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Eq Allergy Relief Childre)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Hm All Day Allergy Childr)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Hm Cetirizine Hcl Childre)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Kls Aller-tec Childrens)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Px Childrens Allergy)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Qc Childrens Allergy)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Wal-zyr)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Wal-zyr All Day Allergy C)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> (Wal-zyr Childrens)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
<i>cetirizine hcl tab 5 mg</i>	Tier 1	QL (30 ea / 30 days), OTC
<i>cetirizine hcl tab 10 mg</i>	Tier 1	QL (30 ea / 30 days), OTC
<i>cetirizine hcl tab 10 mg</i> (Allergy 24hour Indoor/out)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
<i>cetirizine hcl tab 10 mg</i> (Allergy Relief)	Tier 1	QL (30 ea / 30 days), OTC
<i>cetirizine hcl tab 10 mg</i> (Cvs Allergy Relief)	Tier 1	QL (30 ea / 30 days), OTC
<i>cetirizine hcl tab 10 mg</i> (Cvs Indoor/outdoor Allerg)	Tier 1	QL (30 ea / 30 days), OTC
<i>cetirizine hcl tab 10 mg</i> (Eq Allergy Relief)	Tier 1	QL (30 ea / 30 days), OTC
<i>cetirizine hcl tab 10 mg</i> (Eq All Day Allergy)	Tier 1	QL (30 ea / 30 days), OTC
<i>cetirizine hcl tab 10 mg</i> (Gnp All Day Allergy)	Tier 1	QL (30 ea / 30 days), OTC
<i>cetirizine hcl tab 10 mg</i> (Hm All Day Allergy)	Tier 1	QL (30 ea / 30 days), OTC
<i>cetirizine hcl tab 10 mg</i> (Kls Allertec)	Tier 1	QL (30 ea / 30 days), OTC
<i>cetirizine hcl tab 10 mg</i> (Px Allergy Relief)	Tier 1	QL (30 ea / 30 days), OTC
<i>cetirizine hcl tab 10 mg</i> (Qc All Day Allergy)	Tier 1	QL (30 ea / 30 days), OTC
<i>cetirizine hcl tab 10 mg</i> (Qc Allergy Relief)	Tier 1	QL (30 ea / 30 days), OTC
<i>cetirizine hcl tab 10 mg</i> (Sb Allergy)	Tier 1	QL (30 ea / 30 days), OTC
<i>cetirizine hcl tab 10 mg</i> (Sm All Day Allergy)	Tier 1	QL (30 ea / 30 days), OTC
<i>cetirizine hcl tab 10 mg</i> (Wal-zyr)	Tier 1	QL (30 ea / 30 days), OTC
<i>loratadine rapidly-disintegrating tab 10 mg</i> (Alavert)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 12 years)
<i>loratadine rapidly-disintegrating tab 10 mg</i> (Allergy Relief)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 12 years)
<i>loratadine rapidly-disintegrating tab 10 mg</i> (Eq Loratadine)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 12 years)
<i>loratadine rapidly-disintegrating tab 10 mg</i> (Gnp Loratadine)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 12 years)

Drug Name	Drug Tier	Requirements/Limit
loratadine rapidly-disintegrating tab 10 mg (Triaminic Allerchews)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 12 years)
loratadine rapidly-disintegrating tab 10 mg (Wal-itin)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 12 years)
loratadine rapidly-disintegrating tab 10 mg (Wal-itin Aller-melts)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 12 years)
loratadine rapidly-disintegrating tab 10 mg (Wal-vert)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 12 years)
loratadine syrup 5 mg/5ml (Allergy Childrens)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
loratadine syrup 5 mg/5ml (Allergy Relief Childrens)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
loratadine syrup 5 mg/5ml (Claritin Allergy Children)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
loratadine syrup 5 mg/5ml (Eq Allergy Childrens)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
loratadine syrup 5 mg/5ml (Hm Loratadine Childrens)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
loratadine syrup 5 mg/5ml (Loratadine Childrens)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
loratadine syrup 5 mg/5ml (Sm Allergy Childrens)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
loratadine syrup 5 mg/5ml (Wal-itin)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
loratadine syrup 5 mg/5ml (Wal-itin Childrens)	Tier 1	QL (300 mL / 30 days), OTC; AGE (Max age 12 years)
loratadine tab 10 mg	Tier 1	QL (30 ea / 30 days), OTC
loratadine tab 10 mg (Allergy Relief)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
loratadine tab 10 mg (Kls Allerclear)	Tier 1	QL (30 ea / 30 days), OTC
loratadine tab 10 mg (Loradamed)	Tier 1	QL (30 ea / 30 days), OTC
loratadine tab 10 mg (Sm Loratadine)	Tier 1	QL (30 ea / 30 days), OTC
loratadine tab 10 mg (Wal-itin)	Tier 1	QL (30 ea / 30 days), OTC

ANTI-HISTAMINES - PHENOTHIAZINES

promethazine hcl inj 25 mg/ml	Tier 1	QL (3000 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
promethazine hcl inj 50 mg/ml	Tier 1	QL (1500 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
promethazine hcl suppos 12.5 mg	Tier 1	QL (24 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
promethazine hcl suppos 12.5 mg (Promethegan)	Tier 1	QL (24 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
promethazine hcl suppos 25 mg	Tier 1	QL (24 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
promethazine hcl suppos 25 mg (Promethegan)	Tier 1	QL (24 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
promethazine hcl syrup 6.25 mg/5ml	Tier 1	QL (3000 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
promethazine hcl tab 12.5 mg	Tier 1	QL (60 ea / 30 days); AGE (Min age 2 years and Max age 64 years)

Drug Name	Drug Tier	Requirements/Limit
<i>promethazine hcl tab 25 mg</i>	Tier 1	QL (180 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl tab 50 mg</i>	Tier 1	QL (60 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
ANTIHIISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	QL (600 mL / 30 days); AGE (Max age 64 years)
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	QL (180 ea / 30 days); AGE (Max age 64 years)
ANTHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG (<i>bempedoic acid</i>)	Tier 1	PA
ANTHYPERLIPIDEMICS - COMBINATIONS		
NEXLIZET TAB 180/10MG (<i>bempedoic acid-ezetimibe</i>)	Tier 1	PA
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	QL (240 gm / 30 days)
<i>cholestyramine light powder 4 gm/dose</i> (Prevalite)	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)
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</i> (base equivalent)	Tier 1	QL (30 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limit
atorvastatin calcium tab 20 mg (base equivalent)	Tier 1	QL (30 ea / 30 days)
atorvastatin calcium tab 40 mg (base equivalent)	Tier 1	QL (30 ea / 30 days)
atorvastatin calcium tab 80 mg (base equivalent)	Tier 1	QL (30 ea / 30 days)
lovastatin tab 10 mg	Tier 1	QL (30 ea / 30 days)
lovastatin tab 20 mg	Tier 1	QL (30 ea / 30 days)
lovastatin tab 40 mg	Tier 1	QL (30 ea / 30 days)
pravastatin sodium tab 10 mg	Tier 1	QL (30 ea / 30 days)
pravastatin sodium tab 20 mg	Tier 1	QL (30 ea / 30 days)
pravastatin sodium tab 40 mg	Tier 1	QL (30 ea / 30 days)
pravastatin sodium tab 80 mg	Tier 1	QL (30 ea / 30 days)
rosuvastatin calcium tab 5 mg	Tier 1	QL (30 ea / 30 days)
rosuvastatin calcium tab 10 mg	Tier 1	QL (30 ea / 30 days)
rosuvastatin calcium tab 20 mg	Tier 1	QL (30 ea / 30 days)
rosuvastatin calcium tab 40 mg	Tier 1	QL (30 ea / 30 days)
simvastatin tab 5 mg	Tier 1	QL (30 ea / 30 days)
simvastatin tab 10 mg	Tier 1	QL (30 ea / 30 days)
simvastatin tab 20 mg	Tier 1	QL (30 ea / 30 days)
simvastatin tab 40 mg	Tier 1	QL (30 ea / 30 days)

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

ezetimibe tab 10 mg	Tier 1	QL (30 ea / 30 days)
----------------------------	--------	----------------------

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

REPATHA INJ 140MG/ML (evolocumab)	Tier 1	PA, QL (2 mL / 24 days)
REPATHA PUSH INJ 420/3.5 (evolocumab)	Tier 1	PA, QL (3.5 mL / 24 days)
REPATHA SURE INJ 140MG/ML (evolocumab)	Tier 1	PA, QL (2 mL / 24 days)

ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE

ACE INHIBITORS

benazepril hcl tab 5 mg	Tier 1	QL (45 ea / 30 days)
benazepril hcl tab 10 mg	Tier 1	QL (45 ea / 30 days)
benazepril hcl tab 20 mg	Tier 1	QL (45 ea / 30 days)
benazepril hcl tab 40 mg	Tier 1	QL (60 ea / 30 days)
captopril tab 12.5 mg	Tier 1	QL (90 ea / 30 days)
captopril tab 25 mg	Tier 1	QL (90 ea / 30 days)
captopril tab 50 mg	Tier 1	QL (90 ea / 30 days)

Drug Name	Drug Tier Requirements/Limit	
<i>captopril tab 100 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>enalapril maleate tab 2.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<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)
<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		
<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)
<i>valsartan tab 40 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>valsartan tab 80 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>valsartan tab 160 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>valsartan tab 320 mg</i>	Tier 1	QL (60 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)

Drug Name	Drug Tier	Requirements/Limit
<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); Generic Tenex
<i>guanfacine hcl tab 2 mg</i>	Tier 1	QL (60 ea / 30 days); Generic Tenex
<i>methyldopa tab 250 mg</i>	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>methyldopa tab 500 mg</i>	Tier 1	QL (180 ea / 30 days); AGE (Max age 64 years)
<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>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Tier 1	QL (30 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limit
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Tier 1	QL (30 ea / 30 days)
<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/hctz tab 5-6.25</i>	Tier 1	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (30 ea / 30 days)
<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>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<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)

Drug Name	Drug Tier Requirements/Limit	
<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	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	QL (30 ea / 30 days)

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	

Drug Name Drug Tier Requirements/Limit
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT
MUSCLE DISORDERS

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT
MUSCLE DISORDERS

pyridostigmine bromide tab 60 mg Tier 1 QL (180 ea / 30 days)

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT
INFECTIONS

ethambutol hcl tab 100 mg Tier 1 QL (150 ea / 30 days)

ethambutol hcl tab 400 mg Tier 1 QL (150 ea / 30 days)

isoniazid syrup 50 mg/5ml Tier 1 QL (900 mL / 30 days)

isoniazid tab 100 mg Tier 1 QL (180 ea / 30 days)

isoniazid tab 300 mg Tier 1 QL (90 ea / 30 days)

PRIFTIN TAB 150MG (*rifapentine*) Tier 1 QL (24 ea / 21 days)

pyrazinamide tab 500 mg Tier 1 QL (180 ea / 30 days)

rifampin cap 150 mg Tier 1 QL (240 ea / 30 days)

rifampin cap 300 mg Tier 1 QL (120 ea / 30 days)

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO
TREAT CANCER

ALKYLATING AGENTS

cyclophosphamide cap 25 mg Tier 1 SP, QL (480 ea / 30 days)

cyclophosphamide cap 50 mg Tier 1 SP, QL (480 ea / 30 days)

GLEOSTINE CAP 10MG (*lomustine*) Tier 1

GLEOSTINE CAP 40MG (*lomustine*) Tier 1

GLEOSTINE CAP 100MG (*lomustine*) Tier 1

LEUKERAN TAB 2MG (*chlorambucil*) Tier 1 QL (240 ea / 30 days)

melphalan tab 2 mg Tier 1

temozolomide cap 5 mg Tier 1 SP, PA

temozolomide cap 20 mg Tier 1 SP, PA

temozolomide cap 100 mg Tier 1 SP, PA

temozolomide cap 140 mg Tier 1 SP, PA

temozolomide cap 180 mg Tier 1 SP, PA

temozolomide cap 250 mg Tier 1 SP, PA

ANTIMETABOLITES

capecitabine tab 150 mg Tier 1 SP, PA

capecitabine tab 500 mg Tier 1 SP, PA

mercaptopurine tab 50 mg Tier 1 QL (120 ea / 30 days)

methotrexate sodium inj 50 mg/2ml (25 mg/ml) Tier 1 QL (10 mL / 25 days)

Drug Name	Drug Tier	Requirements/Limit
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	Tier 1	QL (10 mL / 25 days)
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	Tier 1	QL (10 mL / 25 days)
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	Tier 1	QL (10 mL / 25 days)
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	Tier 1	QL (10 mL / 25 days)
methotrexate sodium tab 2.5 mg (base equiv)	Tier 1	QL (720 ea / 30 days)

ANTINEOPLASTIC - EGFR INHIBITORS

erlotinib hcl tab 25 mg (base equivalent)	Tier 1	SP, PA, QL (90 ea / 30 days)
erlotinib hcl tab 100 mg (base equivalent)	Tier 1	SP, PA, QL (30 ea / 30 days)
erlotinib hcl tab 150 mg (base equivalent)	Tier 1	SP, PA, QL (30 ea / 30 days)
TAGRISSO TAB 40MG (osimertinib mesylate)	Tier 1	SP, PA, QL (30 ea / 30 days)
TAGRISSO TAB 80MG (osimertinib mesylate)	Tier 1	SP, PA, QL (30 ea / 30 days)

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

abiraterone acetate tab 250 mg	Tier 1	SP, PA, QL (120 ea / 30 days)
anastrozole tab 1 mg	Tier 1	QL (30 ea / 30 days)
bicalutamide tab 50 mg	Tier 1	QL (90 ea / 30 days)
ELIGARD INJ 7.5MG (leuprolide acetate)	Tier 1	PA
ELIGARD INJ 22.5MG (leuprolide acetate (3 month))	Tier 1	PA
ELIGARD INJ 30MG (leuprolide acetate (4 month))	Tier 1	PA
ELIGARD INJ 45MG (leuprolide acetate (6 month))	Tier 1	PA
flutamide cap 125 mg	Tier 1	QL (180 ea / 30 days)
letrozole tab 2.5 mg	Tier 1	QL (30 ea / 30 days)
leuprolide acetate inj kit 5 mg/ml	Tier 1	PA
LYSODREN TAB 500MG (mitotane)	Tier 1	
megestrol acetate susp 40 mg/ml	Tier 1	QL (1200 mL / 30 days)
megestrol acetate tab 20 mg	Tier 1	QL (1200 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limit
<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)
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG (<i>alectinib hcl</i>)	Tier 1	SP, PA, QL (240 ea / 30 days)
BRUKINSA CAP 80MG (<i>zanubrutinib</i>)	Tier 1	SP, PA, QL (120 ea / 30 days)
IBRANCE CAP 75MG (<i>palbociclib</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)
IBRANCE CAP 100MG (<i>palbociclib</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)
IBRANCE CAP 125MG (<i>palbociclib</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)
IBRANCE TAB 75MG (<i>palbociclib</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)
IBRANCE TAB 100MG (<i>palbociclib</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)
IBRANCE TAB 125MG (<i>palbociclib</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 1	SP, PA, QL (90 ea / 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 1	SP, PA, QL (60 ea / 30 days)
IMBRUVICA CAP 140MG (<i>ibrutinib</i>)	Tier 1	SP, PA, QL (90 ea / 30 days)
IMBRUVICA TAB 420MG (<i>ibrutinib</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)
IMBRUVICA TAB 560MG (<i>ibrutinib</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 1	SP, PA, QL (180 ea / 30 days)
NEXAVAR TAB 200MG (<i>sorafenib tosylate</i>)	Tier 1	SP, PA, QL (120 ea / 30 days)
SPRYCEL TAB 20MG (<i>dasatinib</i>)	Tier 1	SP, PA, QL (90 ea / 30 days)
SPRYCEL TAB 50MG (<i>dasatinib</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)
SPRYCEL TAB 70MG (<i>dasatinib</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)

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

Drug Name	Drug Tier	Requirements/Limit
SPRYCEL TAB 80MG (<i>dasatinib</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)
SPRYCEL TAB 100MG (<i>dasatinib</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)
SPRYCEL TAB 140MG (<i>dasatinib</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)
SUTENT CAP 12.5MG (<i>sunitinib malate</i>)	Tier 1	SP, PA, QL (120 ea / 30 days)
SUTENT CAP 25MG (<i>sunitinib malate</i>)	Tier 1	SP, PA, QL (60 ea / 30 days)
SUTENT CAP 37.5MG (<i>sunitinib malate</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)
SUTENT CAP 50MG (<i>sunitinib malate</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)

ANTINEOPLASTICS MISC.

<i>hydroxyurea cap 500 mg</i>	Tier 1	
INTRON A INJ 10MU (<i>interferon alfa-2b</i>)	Tier 1	SP, PA
INTRON A INJ 25MU (<i>interferon alfa-2b</i>)	Tier 1	SP, PA
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	Tier 1	SP, PA
<i>tretinoin cap 10 mg</i>	Tier 1	PA

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE 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
----------------------------	--------	----

ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

ANTIPARKINSON COMT INHIBITORS

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

ANTIPARKINSON DOPAMINERGICS

<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 1	QL (180 ea / 30 days)
--	--------	-----------------------

Drug Name	Drug Tier	Requirements/Limit
<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)
<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	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 1	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 1	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 1	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 1	ST, QL (240 ea / 30 days); Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	ST, QL (180 ea / 30 days); 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)

Drug Name	Drug Tier	Requirements/Limit
<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 - DRUGS TO TREAT PSYCHOSES

PHENOTHIAZINES

<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	QL (300 ea / 30 days); AGE (Min age 6 years)
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	QL (240 ea / 30 days); AGE (Min age 6 years)
<i>prochlorperazine suppos 25 mg</i>	Tier 1	QL (360 ea / 30 days)
<i>prochlorperazine suppos 25 mg (Compro)</i>	Tier 1	QL (360 ea / 30 days)

ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT

CHLORINE ANTISEPTICS

<i>chlorhexidine gluconate liquid 4% (Betasept Surgical Scrub)</i>	Tier 1	OTC
DAKINS SOL 0.5%	Tier 1	QL (1419 mL / 25 days), OTC
<i>sodium hypochlorite soln 0.5% (Hysept)</i>	Tier 1	QL (1419 mL / 25 days), OTC

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

ANTIRETROVIRALS

<i>zidovudine syrup 10 mg/ml</i>	Tier 1	QL (1800 mL / 30 days)
---	--------	------------------------

Drug Name	Drug Tier	Requirements/Limit
zidovudine tab 300 mg	Tier 1	QL (60 ea / 30 days)
CMV AGENTS		
valganciclovir hcl for soln 50 mg/ml (base equiv)	Tier 1	PA
valganciclovir hcl tab 450 mg (base equivalent)	Tier 1	PA
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	Tier 1	QL (30 ea / 30 days)
BARACLUDE SOL (entecavir)	Tier 1	QL (900 mL / 30 days)
entecavir tab 0.5 mg	Tier 1	QL (30 ea / 30 days)
entecavir tab 1 mg	Tier 1	QL (30 ea / 30 days)
LEDIP-SOFOSB TAB 90-400MG	Tier 1	SP, PA, QL (30 ea / 30 days); Preferred Agent
PEGASYS INJ (peginterferon alfa-2a)	Tier 1	SP, PA
PEGASYS INJ 180MCG/M (peginterferon alfa-2a)	Tier 1	SP, PA
ribavirin cap 200 mg	Tier 1	SP, PA; QL (max 14 day supply)
ribavirin tab 200 mg	Tier 1	SP, PA; QL (max 14 day supply)
SOFOS/VELPAT TAB 400-100	Tier 1	SP, PA, QL (30 ea / 30 days); Preferred Agent
SOVALDI TAB 400MG (sofosbuvir)	Tier 1	SP, PA, QL (30 ea / 30 days)
VOSEVI TAB (sofosbuvir-velpatasvir-voxilaprevir)	Tier 1	SP, PA, QL (30 ea / 30 days)
ZEPATIER TAB 50-100MG (elbasvir-grazoprevir)	Tier 1	SP, PA, QL (30 ea / 30 days)
HERPES AGENTS		
acyclovir cap 200 mg	Tier 1	QL (150 ea / 30 days)
acyclovir susp 200 mg/5ml	Tier 1	QL (750 mL / 30 days)
acyclovir tab 400 mg	Tier 1	QL (150 ea / 30 days)
acyclovir tab 800 mg	Tier 1	QL (150 ea / 30 days)
famciclovir tab 125 mg	Tier 1	QL (90 ea / 30 days)
famciclovir tab 250 mg	Tier 1	QL (90 ea / 30 days)
famciclovir tab 500 mg	Tier 1	QL (90 ea / 30 days)
valacyclovir hcl tab 1 gm	Tier 1	QL (240 ea / 30 days)
valacyclovir hcl tab 500 mg	Tier 1	QL (240 ea / 30 days)
INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	Tier 1	QL (max quantity 10 per fill)

Drug Name	Drug Tier	Requirements/Limit
<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); AGE (Max age 12 years)
RELENZA MIS DISKHALE (<i>zanamivir</i>)	Tier 1	QL (max quantity 20 per fill)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)

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

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

Drug Name	Drug Tier Requirements/Limit	
BETA BLOCKERS NON-SELECTIVE		
HEMANGEOL SOL 4.28/ML (propranolol hcl)	Tier 1	PA; QL (max 7 day supply for initial fill or PA required)
nadolol tab 20 mg	Tier 1	QL (90 ea / 30 days)
nadolol tab 40 mg	Tier 1	QL (90 ea / 30 days)
nadolol tab 80 mg	Tier 1	QL (60 ea / 30 days)
propranolol hcl cap er 24hr 60 mg	Tier 1	QL (90 ea / 30 days)
propranolol hcl cap er 24hr 80 mg	Tier 1	QL (120 ea / 30 days)
propranolol hcl cap er 24hr 120 mg	Tier 1	QL (90 ea / 30 days)
propranolol hcl cap er 24hr 160 mg	Tier 1	QL (60 ea / 30 days)
propranolol hcl inj 1 mg/ml	Tier 1	PA; QL (max 7 day supply for initial fill or PA required)
propranolol hcl oral soln 20 mg/5ml	Tier 1	PA; QL (max 7 day supply for initial fill or PA required)
propranolol hcl oral soln 40 mg/5ml	Tier 1	PA; QL (max 7 day supply for initial fill or PA required)
propranolol hcl tab 10 mg	Tier 1	QL (180 ea / 30 days)
propranolol hcl tab 20 mg	Tier 1	QL (180 ea / 30 days)
propranolol hcl tab 40 mg	Tier 1	QL (180 ea / 30 days)
propranolol hcl tab 60 mg	Tier 1	QL (180 ea / 30 days)
propranolol hcl tab 80 mg	Tier 1	QL (180 ea / 30 days)
sotalol hcl (afib/afl) tab 80 mg	Tier 1	QL (60 ea / 30 days)
sotalol hcl (afib/afl) tab 120 mg	Tier 1	QL (60 ea / 30 days)
sotalol hcl (afib/afl) tab 160 mg	Tier 1	QL (60 ea / 30 days)
sotalol hcl tab 80 mg	Tier 1	QL (60 ea / 30 days)
sotalol hcl tab 80 mg (Sorine)	Tier 1	QL (60 ea / 30 days)
sotalol hcl tab 120 mg	Tier 1	QL (60 ea / 30 days)
sotalol hcl tab 120 mg (Sorine)	Tier 1	QL (60 ea / 30 days)
sotalol hcl tab 160 mg	Tier 1	QL (60 ea / 30 days)
sotalol hcl tab 160 mg (Sorine)	Tier 1	QL (60 ea / 30 days)
sotalol hcl tab 240 mg	Tier 1	QL (60 ea / 30 days)
sotalol hcl tab 240 mg (Sorine)	Tier 1	QL (60 ea / 30 days)

Drug Name **Drug Tier Requirements/Limit**
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>diltiazem hcl cap er 24hr 120 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl cap er 24hr 120 mg (Dilt-xr)</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 180 mg (Dilt-xr)</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 cap er 24hr 240 mg (Dilt-xr)</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 120 mg (Cartia Xt)</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 180 mg (Cartia Xt)</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 240 mg (Cartia Xt)</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 coated beads cap er 24hr 300 mg (Cartia Xt)</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 120 mg (Taztia Xt)</i>	Tier 1	QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limit
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiadylt Er)	Tier 1	QL (60 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 180 mg	Tier 1	QL (60 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 180 mg (Taztia Xt)	Tier 1	QL (60 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiadylt Er)	Tier 1	QL (60 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 240 mg	Tier 1	QL (60 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 240 mg (Taztia Xt)	Tier 1	QL (60 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiadylt Er)	Tier 1	QL (60 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 300 mg	Tier 1	QL (60 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 300 mg (Taztia Xt)	Tier 1	QL (60 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiadylt Er)	Tier 1	QL (60 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 360 mg	Tier 1	QL (60 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 360 mg (Taztia Xt)	Tier 1	QL (60 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiadylt Er)	Tier 1	QL (60 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 420 mg	Tier 1	QL (30 ea / 30 days)
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiadylt Er)	Tier 1	QL (30 ea / 30 days)
diltiazem hcl tab 30 mg	Tier 1	QL (60 ea / 30 days)
diltiazem hcl tab 60 mg	Tier 1	QL (120 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limit
<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); AGE (Max age 64 years)
<i>nifedipine cap 20 mg</i>	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
<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>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 - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	AGE (Max age 12 years)
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 1	QL (30 ea / 30 days)
<i>digoxin tab 125 mcg (0.125 mg)</i> (Digitek)	Tier 1	QL (30 ea / 30 days)
<i>digoxin tab 125 mcg (0.125 mg)</i> (Digox)	Tier 1	QL (30 ea / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	QL (30 ea / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i> (Digitek)	Tier 1	QL (30 ea / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i> (Digox)	Tier 1	QL (30 ea / 30 days)
LANOXIN TAB 0.25MG (<i>digoxin</i>)	Tier 1	QL (30 ea / 30 days)
LANOXIN TAB 0.125MG (<i>digoxin</i>)	Tier 1	QL (30 ea / 30 days)

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

Drug Name **Drug Tier Requirements/Limit**
CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

PERIPHERAL VASODILATORS

<i>niacin cap 500mg</i> (EqI Niacin Flush Free)	Tier 1	OTC
<i>niacin cap 500mg</i> (Niacin Flush Free)	Tier 1	OTC
<i>niacin cap 500mg</i> (Qc Niacin)	Tier 1	OTC

PROSTAGLANDIN VASODILATORS

REMODULIN INJ 1MG/ML <i>(treprostinil)</i>	Tier 1	SP, PA
REMODULIN INJ 2.5MG/ML <i>(treprostinil)</i>	Tier 1	SP, PA
REMODULIN INJ 5MG/ML <i>(treprostinil)</i>	Tier 1	SP, PA
REMODULIN INJ 10MG/ML <i>(treprostinil)</i>	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, PA, QL (30 ea / 30 days)
<i>ambrisentan tab 10 mg</i>	Tier 1	SP, PA, QL (30 ea / 30 days)
<i>bosentan tab 62.5 mg</i>	Tier 1	SP, PA, QL (60 ea / 30 days)
<i>bosentan tab 125 mg</i>	Tier 1	SP, PA, QL (60 ea / 30 days)
OPSUMIT TAB 10MG (<i>macitentan</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)
TRACLEER TAB 32MG (<i>bosentan</i>)	Tier 1	SP, PA

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate tab 20 mg</i>	Tier 1	SP, PA, QL (90 ea / 30 days)
-------------------------------------	--------	------------------------------

Drug Name **Drug Tier Requirements/Limit**
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR
AGONIST

UPTRAVI TAB 200MCG (<i>selexipag</i>)	Tier 1	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 400MCG (<i>selexipag</i>)	Tier 1	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 600MCG (<i>selexipag</i>)	Tier 1	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 800MCG (<i>selexipag</i>)	Tier 1	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 1000MCG (<i>selexipag</i>)	Tier 1	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 1200MCG (<i>selexipag</i>)	Tier 1	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 1400MCG (<i>selexipag</i>)	Tier 1	SP, PA, QL (60 ea / 30 days)
UPTRAVI TAB 1600MCG (<i>selexipag</i>)	Tier 1	SP, PA, QL (60 ea / 30 days)

SINUS NODE INHIBITORS

CORLANOR TAB 5MG (<i>ivabradine hcl</i>)	Tier 1	PA
CORLANOR TAB 7.5MG (<i>ivabradine hcl</i>)	Tier 1	PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	AGE (Max age 12 years)
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	AGE (Max age 12 years)
<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	AGE (Max age 12 years)
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	AGE (Max age 12 years)

CEPHALOSPORINS - 2ND GENERATION

<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	AGE (Max age 12 years)
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	AGE (Max age 12 years)
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	QL (2 ea / day, max 10 day supply)

Drug Name	Drug Tier	Requirements/Limit
cefuroxime axetil tab 500 mg	Tier 1	QL (2 ea / day, max 10 day supply)
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	Tier 1	QL (60 ea / 30 days)
cefdinir for susp 125 mg/5ml	Tier 1	AGE (Max age 12 years)
cefdinir for susp 250 mg/5ml	Tier 1	AGE (Max age 12 years)
CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING		
BULK CHEMICALS - B'S		
BUDESONIDE POW	Tier 1	
BUDESONIDE POW MICRONIZ	Tier 1	
BULK CHEMICALS - E'S		
ETHYL OLEATE LIQ	Tier 1	OTC
BULK CHEMICALS - P'S		
PROGESTERONE POW MICRONIZ	Tier 1	
LIQUIDS		
HM ISOP ALC SOL 70% (isopropyl alcohol)	Tier 1	QL (1419 mL / 25 days), OTC
ISOP ALCOHOL SOL 70%	Tier 1	QL (1419 mL / 25 days)
ISOP ALCOHOL SOL 70%	Tier 1	QL (1419 mL / 25 days), OTC
ISOP ALCOHOL SOL 70% WG	Tier 1	QL (1419 mL / 25 days), OTC
ISOPROPANOL SOL 70%	Tier 1	QL (1419 mL / 25 days)
SESAME OIL	Tier 1	
SESAME OIL	Tier 1	OTC
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
COMBINATION CONTRACEPTIVES - ORAL		
BALCOLTRA TAB 0.1-20 (levonorgestrel-ethinyl estradiol-ferrous bisglycinate)	Tier 1	QL (28 ea / 28 days)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 1	QL (28 ea / 21 days)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)	Tier 1	QL (28 ea / 21 days)

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

Drug Name	Drug Tier	Requirements/Limit
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	Tier 1	QL (28 ea / 21 days)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtrea)	Tier 1	QL (28 ea / 21 days)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya)	Tier 1	QL (28 ea / 21 days)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	Tier 1	QL (28 ea / 21 days)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea)	Tier 1	QL (28 ea / 21 days)
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant)	Tier 1	QL (28 ea / 21 days)
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)	Tier 1	QL (28 ea / 21 days)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 1	QL (28 ea / 21 days)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri)	Tier 1	QL (28 ea / 21 days)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred)	Tier 1	QL (28 ea / 21 days)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq)	Tier 1	QL (28 ea / 21 days)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)	Tier 1	QL (28 ea / 21 days)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)	Tier 1	QL (28 ea / 21 days)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom)	Tier 1	QL (28 ea / 21 days)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber)	Tier 1	QL (28 ea / 21 days)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga)	Tier 1	QL (28 ea / 21 days)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)	Tier 1	QL (28 ea / 21 days)

Drug Name	Drug Tier Requirements/Limit	
<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)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (Tydemy)	Tier 1	QL (28 ea / 28 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 1	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (Jasmiel)	Tier 1	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (Lo-zumandimine)	Tier 1	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (Loryna)	Tier 1	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (Nikki)	Tier 1	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (Vestura)	Tier 1	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 1	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (Ocella)	Tier 1	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (Syeda)	Tier 1	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (Zarah)	Tier 1	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (Zumandimine)	Tier 1	QL (28 ea / 21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 1	QL (28 ea / 21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (Kelnor 1/35)	Tier 1	QL (28 ea / 21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (Zovia 1/35)	Tier 1	QL (28 ea / 21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (Zovia 1/35e)	Tier 1	QL (28 ea / 21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 1	QL (28 ea / 21 days)

Drug Name	Drug Tier Requirements/Limit	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	Tier 1	QL (28 ea / 21 days)
FALESSA KIT (levonorgestrel-ethinyl estradiol & folic acid)	Tier 1	QL (28 ea / 28 days)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	Tier 1	QL (28 ea / 28 days)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Fayosim)	Tier 1	QL (28 ea / 28 days)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa)	Tier 1	QL (28 ea / 28 days)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	Tier 1	QL (91 ea / 84 days)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Camrese Lo)	Tier 1	QL (91 ea / 84 days)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Lojaimiess)	Tier 1	QL (91 ea / 84 days)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	Tier 1	QL (91 ea / 84 days)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Amethia)	Tier 1	QL (91 ea / 84 days)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna)	Tier 1	QL (91 ea / 84 days)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Camrese)	Tier 1	QL (91 ea / 84 days)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Daysee)	Tier 1	QL (91 ea / 84 days)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Jaimiess)	Tier 1	QL (91 ea / 84 days)

Drug Name	Drug Tier Requirements/Limit	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Simpesse)	Tier 1	QL (91 ea / 84 days)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 1	QL (91 ea / 84 days)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Iclevia)	Tier 1	QL (91 ea / 84 days)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Introvale)	Tier 1	QL (91 ea / 84 days)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Jolessa)	Tier 1	QL (91 ea / 84 days)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Setlakin)	Tier 1	QL (91 ea / 84 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle)	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra)	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq)	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane)	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla)	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina)	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Larissia)	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina)	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera)	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Orsythia)	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx)	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienva)	Tier 1	QL (28 ea / 21 days)

Drug Name	Drug Tier	Requirements/Limit
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera)	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Ayuna)	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal)	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal Eq)	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo)	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30-28)	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Lillow)	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa)	Tier 1	QL (28 ea / 21 days)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28)	Tier 1	QL (28 ea / 21 days)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 1	QL (28 ea / 21 days)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28)	Tier 1	QL (28 ea / 21 days)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest)	Tier 1	QL (28 ea / 21 days)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora-28)	Tier 1	QL (28 ea / 21 days)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	Tier 1	QL (28 ea / 28 days)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst)	Tier 1	QL (28 ea / 28 days)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale)	Tier 1	QL (28 ea / 28 days)

Drug Name	Drug Tier	Requirements/Limit
LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))	Tier 1	QL (28 ea / 28 days)
NATAZIA TAB (estradiol valerate-dienogest)	Tier 1	QL (28 ea / 28 days)
NEXTSTELLIS TAB 3-14.2MG (drospirenone-estetrol)	Tier 1	QL (28 ea / 28 days)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva)	Tier 1	QL (28 ea / 21 days)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	Tier 1	QL (28 ea / 21 days)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Philith)	Tier 1	QL (28 ea / 21 days)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Vyfemla)	Tier 1	QL (28 ea / 21 days)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35-28)	Tier 1	QL (28 ea / 21 days)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	Tier 1	QL (28 ea / 21 days)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera)	Tier 1	QL (28 ea / 21 days)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35)	Tier 1	QL (28 ea / 21 days)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Cyclafem 1/35)	Tier 1	QL (28 ea / 21 days)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35)	Tier 1	QL (28 ea / 21 days)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35)	Tier 1	QL (28 ea / 21 days)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Pirmella 1/35)	Tier 1	QL (28 ea / 21 days)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	Tier 1	QL (28 ea / 28 days)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Wymzya Fe)	Tier 1	QL (28 ea / 28 days)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	Tier 1	QL (28 ea / 28 days)

Drug Name	Drug Tier	Requirements/Limit
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Kaitlib Fe)	Tier 1	QL (28 ea / 28 days)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Layolis Fe)	Tier 1	QL (28 ea / 28 days)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)	Tier 1	QL (28 ea / 28 days)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tri-legest Fe)	Tier 1	QL (28 ea / 28 days)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Aurovela 1/20)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Junel 1/20)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Larin 1/20)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Microgestin 1/20)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Aurovela 1.5/30)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Hailey 1.5/30)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Larin 1.5/30)	Tier 1	QL (28 ea / 21 days)

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

Drug Name	Drug Tier	Requirements/Limit
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Microgestin 1.5/30)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Aurovela Fe 1/20)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Blisovi Fe 1/20)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Hailey Fe 1/20)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Junel Fe 1/20)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Larin Fe 1/20)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Microgestin Fe 1/20)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20 Eq)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Aurovela Fe 1.5/30)	Tier 1	QL (28 ea / 21 days)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Blisovi Fe 1.5/30)	Tier 1	QL (28 ea / 21 days)

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

Drug Name	Drug Tier Requirements/Limit	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Hailey Fe 1.5/30)	Tier 1	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Junel Fe 1.5/30)	Tier 1	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Larin Fe 1.5/30)	Tier 1	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Loestrin Fe 1.5/30)	Tier 1	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Microgestin Fe 1.5/30)	Tier 1	QL (28 ea / 21 days)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (Charlotte 24 Fe)	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (Mibelas 24 Fe)	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (Gemmyly)	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (Merzee)	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (Aurovela 24 Fe)	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (Blisovi 24 Fe)	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (Hailey 24 Fe)	Tier 1	QL (28 ea / 28 days)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (Junel Fe 24)	Tier 1	QL (28 ea / 28 days)

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

Drug Name	Drug Tier	Requirements/Limit
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	Tier 1	QL (28 ea / 28 days)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Microgestin 24 Fe)	Tier 1	QL (28 ea / 21 days)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Tarina 24 Fe)	Tier 1	QL (28 ea / 28 days)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Alyacen 7/7/7)	Tier 1	QL (28 ea / 21 days)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Cyclafem 7/7/7)	Tier 1	QL (28 ea / 21 days)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Dasetta 7/7/7)	Tier 1	QL (28 ea / 21 days)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)	Tier 1	QL (28 ea / 21 days)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nylia 7/7/7)	Tier 1	QL (28 ea / 21 days)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Pirmella 7/7/7)	Tier 1	QL (28 ea / 21 days)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Aranelle)	Tier 1	QL (28 ea / 28 days)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)	Tier 1	QL (28 ea / 28 days)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 1	QL (28 ea / 21 days)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Estarylla)	Tier 1	QL (28 ea / 21 days)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Femynor)	Tier 1	QL (28 ea / 21 days)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mili)	Tier 1	QL (28 ea / 21 days)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mono-linyah)	Tier 1	QL (28 ea / 21 days)

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

Drug Name	Drug Tier Requirements/Limit	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Nymyo)	Tier 1	QL (28 ea / 21 days)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Previfem)	Tier 1	QL (28 ea / 21 days)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Sprintec 28)	Tier 1	QL (28 ea / 21 days)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Vylibra)	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 / 21 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-lo-estarylla)	Tier 1	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-lo-marzia)	Tier 1	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-lo-mili)	Tier 1	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-lo-sprintec)	Tier 1	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-vylibra Lo)	Tier 1	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 1	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri Femynor)	Tier 1	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-estarylla)	Tier 1	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-lynyah)	Tier 1	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-mili)	Tier 1	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-nymyo)	Tier 1	QL (28 ea / 21 days)

Drug Name	Drug Tier	Requirements/Limit
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-previfem)	Tier 1	QL (28 ea / 21 days)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-sprintec)	Tier 1	QL (28 ea / 21 days)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-vylibra)	Tier 1	QL (28 ea / 21 days)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28)	Tier 1	QL (28 ea / 21 days)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest)	Tier 1	QL (28 ea / 21 days)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-ogestrel)	Tier 1	QL (28 ea / 21 days)
TYBLUME CHW 0.1-0.02 (levonorgestrel & eth estradiol)	Tier 1	QL (28 ea / 21 days)
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)	Tier 1	QL (3 ea / 21 days)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)	Tier 1	QL (3 ea / 21 days)
TWIRLA DIS 120-30 (levonorgestrel-ethinyl estradiol)	Tier 1	QL (30 ea / 30 days)
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS (segesterone acetate-ethinyl estradiol)	Tier 1	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	Tier 1	QL (1 ea / 21 days)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Eluryng)	Tier 1	QL (1 ea / 21 days)
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A (copper (iud))	Tier 1	
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG (ulipristal acetate)	Tier 1	
levonorgestrel tab 1.5 mg	Tier 1	OTC
levonorgestrel tab 1.5 mg (Aftera)	Tier 1	OTC
levonorgestrel tab 1.5 mg (Afterpill)	Tier 1	OTC
levonorgestrel tab 1.5 mg (Econtra Ez)	Tier 1	OTC
levonorgestrel tab 1.5 mg (Econtra One-step)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
levonorgestrel tab 1.5 mg (My Choice)	Tier 1	OTC
levonorgestrel tab 1.5 mg (My Way)	Tier 1	OTC
levonorgestrel tab 1.5 mg (New Day)	Tier 1	OTC
levonorgestrel tab 1.5 mg (Opcicon One-step)	Tier 1	OTC
levonorgestrel tab 1.5 mg (Option 2)	Tier 1	OTC
levonorgestrel tab 1.5 mg (Preventeza)	Tier 1	OTC
levonorgestrel tab 1.5 mg (React)	Tier 1	OTC
levonorgestrel tab 1.5 mg (Take Action)	Tier 1	OTC
PLAN B TAB 1.5MG (levonorgestrel (emergency oc))	Tier 1	OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG (etonogestrel)	Tier 1	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SQ PROV INJ 104 (medroxyprogesterone acetate (contraceptive))	Tier 1	QL (0.65 mL / 71 days)
medroxyprogesterone acetate im susp 150 mg/ml	Tier 1	QL (1 mL / 71 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	Tier 1	QL (1 mL / 71 days)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG (levonorgestrel (iud))	Tier 1	QL (1 ea in lifetime)
LILETTA IUD 52MG (levonorgestrel (iud))	Tier 1	QL (1 ea in lifetime)
MIRENA IUD SYSTEM (levonorgestrel (iud))	Tier 1	QL (1 ea in lifetime)
SKYLA IUD 13.5MG (levonorgestrel (iud))	Tier 1	QL (1 ea in lifetime)
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab 0.35 mg	Tier 1	QL (28 ea / 21 days)
norethindrone tab 0.35 mg (Camila)	Tier 1	QL (28 ea / 21 days)
norethindrone tab 0.35 mg (Deblitane)	Tier 1	QL (28 ea / 21 days)
norethindrone tab 0.35 mg (Errin)	Tier 1	QL (28 ea / 21 days)

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

Drug Name	Drug Tier	Requirements/Limit
norethindrone tab 0.35 mg (Heather)	Tier 1	QL (28 ea / 21 days)
norethindrone tab 0.35 mg (Incassia)	Tier 1	QL (28 ea / 21 days)
norethindrone tab 0.35 mg (Jencycla)	Tier 1	QL (28 ea / 21 days)
norethindrone tab 0.35 mg (Lyleq)	Tier 1	QL (28 ea / 21 days)
norethindrone tab 0.35 mg (Lyza)	Tier 1	QL (28 ea / 21 days)
norethindrone tab 0.35 mg (Nora- be)	Tier 1	QL (28 ea / 21 days)
norethindrone tab 0.35 mg (Norlyda)	Tier 1	QL (28 ea / 21 days)
norethindrone tab 0.35 mg (Norlyroc)	Tier 1	QL (28 ea / 21 days)
norethindrone tab 0.35 mg (Sharobel)	Tier 1	QL (28 ea / 21 days)
norethindrone tab 0.35 mg (Tulana)	Tier 1	QL (28 ea / 21 days)
SLYND TAB 4MG (drospirenone)	Tier 1	

CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

GLUCOCORTICOSTEROIDS

budesonide delayed release particles cap 3 mg	Tier 1	
dexamethasone elixir 0.5 mg/5ml	Tier 1	QL (1800 mL / 30 days)
dexamethasone soln 0.5 mg/5ml	Tier 1	
dexamethasone tab 0.5 mg	Tier 1	QL (360 ea / 30 days)
dexamethasone tab 0.5 mg (Decadron)	Tier 1	QL (360 ea / 30 days)
dexamethasone tab 0.75 mg	Tier 1	QL (300 ea / 30 days)
dexamethasone tab 0.75 mg (Decadron)	Tier 1	QL (300 ea / 30 days)
dexamethasone tab 1 mg	Tier 1	QL (300 ea / 30 days)
dexamethasone tab 1.5 mg	Tier 1	QL (300 ea / 30 days)
dexamethasone tab 2 mg	Tier 1	QL (300 ea / 30 days)
dexamethasone tab 4 mg	Tier 1	QL (300 ea / 30 days)
dexamethasone tab 4 mg (Decadron)	Tier 1	QL (300 ea / 30 days)
dexamethasone tab 6 mg	Tier 1	QL (300 ea / 30 days)
dexamethasone tab 6 mg (Decadron)	Tier 1	QL (300 ea / 30 days)
hydrocortisone tab 5 mg	Tier 1	QL (720 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limit
hydrocortisone tab 10 mg	Tier 1	QL (360 ea / 30 days)
hydrocortisone tab 20 mg	Tier 1	QL (180 ea / 30 days)
methylprednisolone tab 4 mg	Tier 1	QL (360 ea / 30 days)
methylprednisolone tab 8 mg	Tier 1	QL (180 ea / 30 days)
methylprednisolone tab 16 mg	Tier 1	QL (120 ea / 30 days)
methylprednisolone tab 32 mg	Tier 1	QL (60 ea / 30 days)
methylprednisolone tab therapy pack 4 mg (21)	Tier 1	QL (360 ea / 30 days)
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	Tier 1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	Tier 1	
prednisolone syrup 15 mg/5ml (usp solution equivalent)	Tier 1	
prednisone oral soln 5 mg/5ml	Tier 1	QL (1800 mL / 30 days)
prednisone tab 1 mg	Tier 1	QL (300 ea / 30 days)
prednisone tab 2.5 mg	Tier 1	QL (240 ea / 30 days)
prednisone tab 5 mg	Tier 1	QL (480 ea / 30 days)
prednisone tab 10 mg	Tier 1	QL (270 ea / 30 days)
prednisone tab 20 mg	Tier 1	QL (180 ea / 30 days)
prednisone tab 50 mg	Tier 1	QL (90 ea / 30 days)
prednisone tab therapy pack 5 mg (21)	Tier 1	
prednisone tab therapy pack 5 mg (48)	Tier 1	
prednisone tab therapy pack 10 mg (21)	Tier 1	
prednisone tab therapy pack 10 mg (48)	Tier 1	

MINERALOCORTICOIDS

fludrocortisone acetate tab 0.1 mg	Tier 1	QL (150 ea / 30 days)
---	--------	-----------------------

COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS

ANTITUSSIVES

benzonatate cap 100 mg	Tier 1	QL (180 ea / 30 days)
benzonatate cap 200 mg	Tier 1	QL (150 ea / 30 days)
dextromethorphan hbr liquid 15 mg/5ml (Cvs Tussin Long-acting)	Tier 1	OTC
dextromethorphan hbr liquid 15 mg/5ml (Hm Cough Relief)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
dextromethorphan hbr liquid 15 mg/5ml (Wal-tussin Cough Long Act)	Tier 1	OTC
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	Tier 1	QL (1800 mL / 30 days)
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml (Hydromet)	Tier 1	QL (1800 mL / 30 days)
COUGH/COLD/ALLERGY COMBINATIONS		
brompheniramine & pseudoephedrine elixir 1-15 mg/5ml (Rynex Pse)	Tier 1	QL (480 mL / 25 days), OTC
brompheniramine & pseudoephedrine elixir 1-15 mg/5ml (Sm Cold & Allergy Childre)	Tier 1	QL (480 mL / 25 days), OTC
brompheniramine & pseudoephedrine elixir 1-15 mg/5ml (Wal-tap Cold & Allergy)	Tier 1	QL (480 mL / 25 days), OTC
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	Tier 1	QL (60 ea / 30 days), OTC; AGE (Min age 4 years)
cetirizine-pseudoephedrine tab er 12hr 5-120 mg (All Day Allergy D)	Tier 1	QL (60 ea / 30 days), OTC; AGE (Min age 4 years)
cetirizine-pseudoephedrine tab er 12hr 5-120 mg (All Day Allergy-d)	Tier 1	QL (60 ea / 30 days), OTC; AGE (Min age 4 years)
cetirizine-pseudoephedrine tab er 12hr 5-120 mg (Allergy Relief Nasal Deco)	Tier 1	QL (60 ea / 30 days), OTC; AGE (Min age 4 years)
cetirizine-pseudoephedrine tab er 12hr 5-120 mg (Cvs Allergy Relief-d)	Tier 1	QL (60 ea / 30 days), OTC; AGE (Min age 4 years)
cetirizine-pseudoephedrine tab er 12hr 5-120 mg (EqI All Day Allergy-d)	Tier 1	QL (60 ea / 30 days), OTC; AGE (Min age 4 years)
cetirizine-pseudoephedrine tab er 12hr 5-120 mg (Hm Allergy Complete-d)	Tier 1	QL (60 ea / 30 days), OTC; AGE (Min age 4 years)
cetirizine-pseudoephedrine tab er 12hr 5-120 mg (KIs Aller-tec D)	Tier 1	QL (60 ea / 30 days), OTC; AGE (Min age 4 years)

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

Drug Name	Drug Tier	Requirements/Limit
cetirizine-pseudoephedrine tab er 12hr 5-120 mg (Ra Cetiri-d)	Tier 1	QL (60 ea / 30 days), OTC; AGE (Min age 4 years)
cetirizine-pseudoephedrine tab er 12hr 5-120 mg (Wal-zyr D)	Tier 1	QL (60 ea / 30 days), OTC; AGE (Min age 4 years)
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	Tier 1	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Biocotron)	Tier 1	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Cvs Tussin Dm)	Tier 1	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Diabetic Tussin Dm)	Tier 1	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Diabetic Tussin For Child)	Tier 1	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Giltuss Cough & Chest Con)	Tier 1	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Giltuss Diabetic Cough &)	Tier 1	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Giltuss Honey Cough & Che)	Tier 1	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Gnp Tussin Dm)	Tier 1	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Gnp Tussin Dm Cough)	Tier 1	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Guaiasorb Dm)	Tier 1	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Hm Tussin Adult Cough & C)	Tier 1	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Maxi-tuss G)	Tier 1	OTC

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

Drug Name	Drug Tier Requirements/Limit	
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (Px Tussin Dm)	Tier 1	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (Ra Tussin Cough)	Tier 1	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (Ra Tussin Cough/chest Con)	Tier 1	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (Robafen Dm Cough)	Tier 1	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (Robafen Dm Cough/chest Co)	Tier 1	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (Safe Tussin Dm Adult)	Tier 1	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (Siltussin Dm Das)	Tier 1	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (Sorbugen Nr)	Tier 1	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (Tusnel Diabetic)	Tier 1	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (Tussin Dm)	Tier 1	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (Tussin Dm Cough + Chest C)	Tier 1	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (Wal-tussin Dm Cough & Che)	Tier 1	OTC
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i> (Diabetic Tussin Maximum S)	Tier 1	OTC
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i> (Eq Tussin Dm Max Cough An)	Tier 1	OTC
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i> (Hm Tussin Cough/chest Con)	Tier 1	OTC

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

Drug Name	Drug Tier Requirements/Limit	
dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Maxi-tuss Gmx)	Tier 1	OTC
dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Ra Tussin Cough/chest Con)	Tier 1	OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	Tier 1	OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Altarussin Dm)	Tier 1	OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Chest Congestion Relief D)	Tier 1	OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Cough & Chest Congestion)	Tier 1	OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Eq Tussin Dm Cough/chest)	Tier 1	OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Eq Tussin Dm Cough/chest)	Tier 1	OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Geri-tussin Dm)	Tier 1	OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Guaicon Dms)	Tier 1	OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Medi-tussin Dm)	Tier 1	OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Ra Tussin Cough Dm Sugar)	Tier 1	OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Siltussin-dm)	Tier 1	OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Sm Tussin Dm)	Tier 1	OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Sm Tussin Dm Cough/chest)	Tier 1	OTC

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

Drug Name	Drug Tier	Requirements/Limit
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Wal-tussin Cough & Chest)	Tier 1	OTC
dextromethorphan-guaifenesin tabler 12hr 30-600 mg (EqI Mucus-dm)	Tier 1	OTC
dextromethorphan-guaifenesin tabler 12hr 30-600 mg (Mucus Dm)	Tier 1	OTC
dextromethorphan-guaifenesin tabler 12hr 30-600 mg (Mucus Relief Dm)	Tier 1	OTC
dextromethorphan-guaifenesin tabler 12hr 30-600 mg (Mucus-dm)	Tier 1	OTC
dextromethorphan-guaifenesin tabler 12hr 30-600 mg (Ra Mucus Relief Dm)	Tier 1	OTC
diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml (Cvs Cold & Cough Nighttim)	Tier 1	QL (180 mL / 25 days), OTC
diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml (Dimetapp Nighttime Cold &)	Tier 1	QL (180 mL / 25 days), OTC
diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml (Triacting Nighttime Cold&)	Tier 1	QL (180 mL / 25 days), OTC
diphenhydramine-phenylephrine tab 25-10 mg (Benadryl Allergy Plus Con)	Tier 1	QL (180 ea / 30 days), OTC
diphenhydramine-phenylephrine tab 25-10 mg (Wal-dryl Pe Allergy/sinu)	Tier 1	QL (180 ea / 30 days), OTC
guaifenesin-codeine soln 100-10 mg/5ml	Tier 1	QL (1800 mL / 30 days), OTC; AGE (Min age 2 years)
guaifenesin-codeine soln 100-10 mg/5ml (G Tussin Ac)	Tier 1	QL (1800 mL / 30 days), OTC; AGE (Min age 2 years)
guaifenesin-codeine soln 100-10 mg/5ml (Guaiatussin Ac)	Tier 1	QL (1800 mL / 30 days), OTC; AGE (Min age 2 years)
guaifenesin-codeine soln 100-10 mg/5ml (Guaifenesin Ac)	Tier 1	QL (1800 mL / 30 days), OTC; AGE (Min age 2 years)

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

Drug Name	Drug Tier	Requirements/Limit
guaifenesin-codeine soln 100-10 mg/5ml (Maxi-tuss Ac)	Tier 1	QL (1800 mL / 30 days), OTC; AGE (Min age 2 years)
guaifenesin-codeine soln 100-10 mg/5ml (Virtussin A/c)	Tier 1	QL (1800 mL / 30 days), OTC; AGE (Min age 2 years)
guaifenesin-codeine soln 100-10 mg/5ml (Virtussin Ac/alc)	Tier 1	QL (1800 mL / 30 days), OTC; AGE (Min age 2 years)
loratadine & pseudoephedrine tab er 12hr 5-120 mg (Alavert Allergy/sinus)	Tier 1	QL (60 ea / 30 days), OTC
loratadine & pseudoephedrine tab er 12hr 5-120 mg (Allergy Relief D-12)	Tier 1	QL (60 ea / 30 days), OTC
loratadine & pseudoephedrine tab er 12hr 5-120 mg (Allergy Relief-d)	Tier 1	QL (60 ea / 30 days), OTC
loratadine & pseudoephedrine tab er 12hr 5-120 mg (Cvs Allergy Relief-d12)	Tier 1	QL (60 ea / 30 days), OTC
loratadine & pseudoephedrine tab er 12hr 5-120 mg (Hm Allergy & Congestion)	Tier 1	QL (60 ea / 30 days), OTC
loratadine & pseudoephedrine tab er 12hr 5-120 mg (Kls Allerclear D-12 Hr)	Tier 1	QL (60 ea / 30 days), OTC
loratadine & pseudoephedrine tab er 12hr 5-120 mg (Loratadine-d 12hr)	Tier 1	QL (60 ea / 30 days), OTC
loratadine & pseudoephedrine tab er 12hr 5-120 mg (Px Allergy Relief D)	Tier 1	QL (60 ea / 30 days), OTC
loratadine & pseudoephedrine tab er 12hr 5-120 mg (Sm Loratadine D 12hr)	Tier 1	QL (60 ea / 30 days), OTC
loratadine & pseudoephedrine tab er 12hr 5-120 mg (Wal-itin D)	Tier 1	QL (60 ea / 30 days), OTC
loratadine & pseudoephedrine tab er 24hr 10-240 mg (Allergy Relief D-24)	Tier 1	QL (30 ea / 30 days), OTC
loratadine & pseudoephedrine tab er 24hr 10-240 mg (Allergy Relief-d)	Tier 1	QL (30 ea / 30 days), OTC

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

Drug Name	Drug Tier	Requirements/Limit
loratadine & pseudoephedrine tablet 24hr 10-240 mg (Allergy Relief/nasal Deco)	Tier 1	QL (30 ea / 30 days), OTC
loratadine & pseudoephedrine tablet 24hr 10-240 mg (Allergy-relief-d)	Tier 1	QL (30 ea / 30 days), OTC
loratadine & pseudoephedrine tablet 24hr 10-240 mg (EqI Allergy/congestion Re)	Tier 1	QL (30 ea / 30 days), OTC
loratadine & pseudoephedrine tablet 24hr 10-240 mg (Gnp Allergy & Congestion)	Tier 1	QL (30 ea / 30 days), OTC
loratadine & pseudoephedrine tablet 24hr 10-240 mg (Hm Allergy Relief & Nasal)	Tier 1	QL (30 ea / 30 days), OTC
loratadine & pseudoephedrine tablet 24hr 10-240 mg (KIs Allerclear D-24hr)	Tier 1	QL (30 ea / 30 days), OTC
loratadine & pseudoephedrine tablet 24hr 10-240 mg (Loratadine-d 24hr)	Tier 1	QL (30 ea / 30 days), OTC
loratadine & pseudoephedrine tablet 24hr 10-240 mg (Px Allergy Relief D)	Tier 1	QL (30 ea / 30 days), OTC
loratadine & pseudoephedrine tablet 24hr 10-240 mg (Ra Allergy Relief & Nasal)	Tier 1	QL (30 ea / 30 days), OTC
loratadine & pseudoephedrine tablet 24hr 10-240 mg (Ra Lorata-d)	Tier 1	QL (30 ea / 30 days), OTC
loratadine & pseudoephedrine tablet 24hr 10-240 mg (Sb Allergy Relief/nasal D)	Tier 1	QL (30 ea / 30 days), OTC
loratadine & pseudoephedrine tablet 24hr 10-240 mg (Sm Lorata-dine D)	Tier 1	QL (30 ea / 30 days), OTC
loratadine & pseudoephedrine tablet 24hr 10-240 mg (Wal-itin D 24 Hour)	Tier 1	QL (30 ea / 30 days), OTC
promethazine & phenylephrine syrup 6.25-5 mg/5ml	Tier 1	QL (1800 mL / 30 days); AGE (Max age 64 years)
promethazine & phenylephrine syrup 6.25-5 mg/5ml (Promethazine Vc)	Tier 1	QL (1800 mL / 30 days); AGE (Max age 64 years)

Drug Name	Drug Tier	Requirements/Limit
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 1	QL (240 mL / 25 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 1	QL (180 mL / 25 days); AGE (Min age 4 years and Max age 64 years)
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> (Promethazine Vc/codeine)	Tier 1	QL (1800 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
<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	QL (120 ea / 30 days), OTC
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i> (Cvs Mucus D Extended Rele)	Tier 1	QL (120 ea / 30 days), OTC
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i> (Eq Mucus-d)	Tier 1	QL (120 ea / 30 days), OTC
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i> (Mucus D)	Tier 1	QL (120 ea / 30 days), OTC
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i> (Mucus-d)	Tier 1	QL (120 ea / 30 days), OTC
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i> (Ra Mucus Relief D)	Tier 1	QL (120 ea / 30 days), OTC
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i> (Sm Mucus Relief D)	Tier 1	QL (120 ea / 30 days), OTC
VIRTUSSIN SOL DAC <i>(pseudoephedrine w/ codeine-gg)</i>	Tier 1	QL (1800 mL / 30 days), OTC
EXPECTORANTS		
<i>guaifenesin liquid 100 mg/5ml</i>	Tier 1	OTC
<i>guaifenesin liquid 100 mg/5ml</i> (Buckleys Chest Congestion)	Tier 1	OTC

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

Drug Name	Drug Tier Requirements/Limit	
guaifenesin liquid 100 mg/5ml (Chest Congestion Children)	Tier 1	OTC
guaifenesin liquid 100 mg/5ml (Cvs Tussin Adult Chest Co)	Tier 1	OTC
guaifenesin liquid 100 mg/5ml (Diabetic Tussin)	Tier 1	OTC
guaifenesin liquid 100 mg/5ml (Geri-tussin)	Tier 1	OTC
guaifenesin liquid 100 mg/5ml (Gnp Tussin Mucus & Chest)	Tier 1	OTC
guaifenesin liquid 100 mg/5ml (Mucinex Fast-max Chest Co)	Tier 1	OTC
guaifenesin liquid 100 mg/5ml (Mucus Relief Chest Conges)	Tier 1	OTC
guaifenesin liquid 100 mg/5ml (Mucus+chest Congestion/ad)	Tier 1	OTC
guaifenesin liquid 100 mg/5ml (Px Tussin)	Tier 1	OTC
guaifenesin liquid 100 mg/5ml (Qc Medifin Mucus Relief C)	Tier 1	OTC
guaifenesin liquid 100 mg/5ml (Qc Mucus Relief Childrens)	Tier 1	OTC
guaifenesin liquid 100 mg/5ml (Robafen Mucus/chest Conge)	Tier 1	OTC
guaifenesin liquid 100 mg/5ml (Scot-tussin Expectorant)	Tier 1	OTC
guaifenesin liquid 100 mg/5ml (Siltussin Das)	Tier 1	OTC
guaifenesin liquid 100 mg/5ml (Tusnel-ex)	Tier 1	OTC
guaifenesin liquid 100 mg/5ml (Tussin Mucus & Chest Cong)	Tier 1	OTC
guaifenesin liquid 100 mg/5ml (Tussin Mucus + Chest Cong)	Tier 1	OTC
guaifenesin liquid 100 mg/5ml (Wal-tussin Chest Congesti)	Tier 1	OTC
guaifenesin syrup 100 mg/5ml (Altarusin)	Tier 1	OTC
guaifenesin syrup 100 mg/5ml (Chest Congestion Relief)	Tier 1	OTC
guaifenesin syrup 100 mg/5ml (Diabetic Tussin Ex)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
guaifenesin syrup 100 mg/5ml (Ra Tussin Chest Congestio)	Tier 1	OTC
guaifenesin syrup 100 mg/5ml (Sb Cough Control)	Tier 1	OTC
guaifenesin syrup 100 mg/5ml (Siltussin Sa)	Tier 1	OTC
guaifenesin syrup 100 mg/5ml (Tussin Mucus + Chest Cong)	Tier 1	OTC
guaifenesin tab 200 mg	Tier 1	OTC
guaifenesin tab 200 mg (Coughtab)	Tier 1	OTC
guaifenesin tab 200 mg (Mucus Relief Chest Conges)	Tier 1	OTC
guaifenesin tab 200 mg (Sb Coughtab)	Tier 1	OTC
guaifenesin tab 400 mg	Tier 1	OTC
guaifenesin tab 400 mg (Chest Congestion Relief)	Tier 1	OTC
guaifenesin tab 400 mg (Gnp Tab Tussin)	Tier 1	OTC
guaifenesin tab 400 mg (Liquibid)	Tier 1	OTC
guaifenesin tab 400 mg (Mucosa)	Tier 1	OTC
guaifenesin tab 400 mg (Pharbinex)	Tier 1	OTC
guaifenesin tab 400 mg (Qc Medifin 400)	Tier 1	OTC
guaifenesin tab 400 mg (Refenesen 400)	Tier 1	OTC
guaifenesin tab 400 mg (Xpect)	Tier 1	OTC
guaifenesin tab er 12hr 600 mg (Cvs Mucus Extended Releas)	Tier 1	OTC
guaifenesin tab er 12hr 600 mg (Eq 12 Hour Mucus Relief)	Tier 1	OTC
guaifenesin tab er 12hr 600 mg (Eq Mucus Er)	Tier 1	OTC
guaifenesin tab er 12hr 600 mg (Gnp Mucus Er)	Tier 1	OTC
guaifenesin tab er 12hr 600 mg (Mucus Relief)	Tier 1	OTC
guaifenesin tab er 12hr 600 mg (Ra Mucus Relief)	Tier 1	OTC
guaifenesin tab er 12hr 600 mg (Sm Mucus Relief/12 Hour)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
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)
--------------------------------------	--------	------------------------

DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS

ACNE PRODUCTS

ACNE MEDICAT LOT 10% (<i>benzoyl peroxide</i>)	Tier 1	OTC; Benzoyl Peroxide
<i>adapalene gel 0.1%</i>	Tier 1	QL (45 gm / 25 days), OTC
<i>adapalene gel 0.1%</i> (Adapalene Treatment)	Tier 1	QL (45 gm / 25 days), OTC
BENZOYL PEROXIDE GEL 2.5%	Tier 1	QL (60 gm / 25 days), OTC
<i>benzoyl peroxide gel 2.5%</i> (Acne Medication 2.5)	Tier 1	QL (60 gm / 25 days), OTC; Benzoyl Peroxide
<i>benzoyl peroxide gel 5%</i>	Tier 1	OTC
<i>benzoyl peroxide gel 5%</i> (Acne Medication 5)	Tier 1	OTC; Benzoyl Peroxide
<i>benzoyl peroxide gel 5%</i> (Bp Gel)	Tier 1	OTC; Benzoyl Peroxide
<i>benzoyl peroxide gel 10%</i>	Tier 1	OTC
<i>benzoyl peroxide gel 10%</i> (Acne Medication 10)	Tier 1	OTC; Benzoyl Peroxide
<i>benzoyl peroxide gel 10%</i> (Acne-clear)	Tier 1	OTC; Benzoyl Peroxide
<i>benzoyl peroxide gel 10%</i> (Bp Gel)	Tier 1	OTC; Benzoyl Peroxide
<i>benzoyl peroxide gel 10%</i> (Clean & Clear Persa-gel M)	Tier 1	OTC; Benzoyl Peroxide
<i>benzoyl peroxide gel 10%</i> (Cvs Acne Treatment/maximu)	Tier 1	OTC; Benzoyl Peroxide
<i>benzoyl peroxide liq 5%</i> (Benzoyl Peroxide Wash)	Tier 1	QL (240 gm / 25 days), OTC
<i>benzoyl peroxide liq 5%</i> (Bp Wash)	Tier 1	QL (240 gm / 25 days), OTC; Benzoyl Peroxide
<i>benzoyl peroxide liq 5%</i> (Cvs Advanced 3-in-1 Exfol)	Tier 1	QL (240 gm / 25 days), OTC; Benzoyl Peroxide

Drug Name	Drug Tier	Requirements/Limit
benzoyl peroxide liq 10% (Acne Foaming Wash)	Tier 1	QL (240 gm / 25 days), OTC; Benzoyl Peroxide
benzoyl peroxide liq 10% (Benzoyl Peroxide Wash)	Tier 1	QL (240 gm / 25 days), OTC
benzoyl peroxide liq 10% (Bp Wash)	Tier 1	QL (240 gm / 25 days), OTC; Benzoyl Peroxide
benzoyl peroxide liq 10% (Cvs Foaming Acne Face Was)	Tier 1	QL (240 gm / 25 days), OTC; Benzoyl Peroxide
benzoyl peroxide liq 10% (Panoxyl Foaming Wash)	Tier 1	QL (240 gm / 25 days), OTC; Benzoyl Peroxide
BENZOYL PEROXIDE LOTION 5% (benzoyl peroxide)	Tier 1	OTC; Benzoyl Peroxide
clindamycin phosphate gel 1%	Tier 1	ST, QL (180 mL / 77 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
clindamycin phosphate lotion 1%	Tier 1	ST, QL (300 mL / 30 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
clindamycin phosphate soln 1%	Tier 1	QL (60 mL / 25 days)
DIFFERIN GEL 0.1% (adapalene)	Tier 1	QL (45 gm / 25 days), OTC
erythromycin soln 2%	Tier 1	QL (450 mL / 30 days)
isotretinoin cap 10 mg	Tier 1	PA
isotretinoin cap 10 mg (Amnesteem)	Tier 1	PA
isotretinoin cap 10 mg (Claravis)	Tier 1	PA
isotretinoin cap 10 mg (Myorisan)	Tier 1	PA
isotretinoin cap 10 mg (Zenatane)	Tier 1	PA
isotretinoin cap 20 mg	Tier 1	PA
isotretinoin cap 20 mg (Accutane)	Tier 1	PA
isotretinoin cap 20 mg (Amnesteem)	Tier 1	PA
isotretinoin cap 20 mg (Claravis)	Tier 1	PA
isotretinoin cap 20 mg (Myorisan)	Tier 1	PA

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

Drug Name	Drug Tier Requirements/Limit	
isotretinoin cap 20 mg (Zenatane)	Tier 1	PA
isotretinoin cap 30 mg	Tier 1	PA
isotretinoin cap 30 mg (Accutane)	Tier 1	PA
isotretinoin cap 30 mg (Claravis)	Tier 1	PA
isotretinoin cap 30 mg (Myorisan)	Tier 1	PA
isotretinoin cap 30 mg (Zenatane)	Tier 1	PA
isotretinoin cap 40 mg	Tier 1	PA
isotretinoin cap 40 mg (Accutane)	Tier 1	PA
isotretinoin cap 40 mg (Amnesteem)	Tier 1	PA
isotretinoin cap 40 mg (Claravis)	Tier 1	PA
isotretinoin cap 40 mg (Myorisan)	Tier 1	PA
isotretinoin cap 40 mg (Zenatane)	Tier 1	PA
sulfacetamide sodium lotion 10% (acne)	Tier 1	PA, QL (118 mL / 25 days)
tretinoin cream 0.1%	Tier 1	ST, QL (135 gm / 77 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
tretinoin cream 0.05%	Tier 1	ST, QL (135 gm / 77 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
tretinoin cream 0.025%	Tier 1	ST, QL (135 gm / 77 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)

Drug Name	Drug Tier	Requirements/Limit
<i>tretinoin cream 0.025%</i> (Avita)	Tier 1	ST, QL (135 gm / 77 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>tretinoin gel 0.01%</i>	Tier 1	ST, QL (135 gm / 77 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>tretinoin gel 0.025%</i>	Tier 1	ST, QL (135 gm / 77 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>tretinoin gel 0.025%</i> (Avita)	Tier 1	ST, QL (135 gm / 77 days); Requires trial of clindamycin soln AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>diclofenac sodium gel 1%</i>	Tier 1	QL (200 gm / 25 days), OTC
<i>diclofenac sodium gel 1%</i> (Arthritis Pain Reliever)	Tier 1	QL (200 gm / 25 days), OTC
<i>diclofenac sodium gel 1%</i> (Aspercreme Arthritis Pain)	Tier 1	QL (200 gm / 25 days), OTC
<i>diclofenac sodium gel 1%</i> (Goodsense Arthritis Pain)	Tier 1	QL (200 gm / 25 days), OTC
<i>diclofenac sodium gel 1%</i> (Qc Diclofenac Sodiium)	Tier 1	QL (200 gm / 25 days), OTC

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

Drug Name	Drug Tier Requirements/Limit	
VOLTAREN GEL 1% (<i>diclofenac sodium (topical)</i>)	Tier 1	QL (200 gm / 25 days), OTC
ANTIBIOTICS - TOPICAL		
<i>bacitracin oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin oint 500 unit/gm</i> (Antibiotic Ointment)	Tier 1	OTC
<i>bacitracin oint 500 unit/gm</i> (Bacitraycin Plus)	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm</i> (Bacitracin Zinc)	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm</i> (Cvs Bacitracin)	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm</i> (Eq Bacitracin Zinc)	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm</i> (Sm Antibiotic)	Tier 1	OTC
<i>bacitracin-polymyxin b oint</i> (Cvs Poly Bacitracin)	Tier 1	OTC
<i>bacitracin-polymyxin b oint</i> (Double Antibiotic)	Tier 1	OTC
<i>bacitracin-polymyxin b oint</i> (Neosporin)	Tier 1	OTC
<i>bacitracin-polymyxin b oint</i> (Wal- sporin)	Tier 1	OTC
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	QL (30 gm / 25 days)
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	QL (30 gm / 25 days)
<i>mupirocin oint 2%</i>	Tier 1	QL (44 gm / 25 days)
<i>neomycin-bacitracin-polymyxin oint</i> (Cvs Antibiotic)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin oint</i> (Eq Triple Antibiotic)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin oint</i> (Eq1 First Aid Antibiotic)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin oint</i> (First Aid Antibiotic)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin oint</i> (Gnp Triple Antibiotic)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin oint</i> (Hm Triple Antibiotic)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin oint</i> (Lanabiotic)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
neomycin-bacitracin-polymyxin oint (Px Triple Ointment)	Tier 1	OTC
neomycin-bacitracin-polymyxin oint (Ra Triple Antibiotic)	Tier 1	OTC
neomycin-bacitracin-polymyxin oint (Sb Triple Antibiotic)	Tier 1	OTC
neomycin-bacitracin-polymyxin oint (Sm Triple Antibiotic Orig)	Tier 1	OTC
neomycin-bacitracin-polymyxin oint (Triple Antibiotic)	Tier 1	OTC
neomycin-bacitracin-polymyxin-pramoxine oint 1% (Cvs Antibiotic Pain/scar)	Tier 1	OTC
neomycin-bacitracin-polymyxin-pramoxine oint 1% (Cvs Triple Antibiotic/pai)	Tier 1	OTC
neomycin-bacitracin-polymyxin-pramoxine oint 1% (Hm Triple Antibiotic Plus)	Tier 1	OTC
neomycin-bacitracin-polymyxin-pramoxine oint 1% (Neosporin + Pain Relief M)	Tier 1	OTC
neomycin-bacitracin-polymyxin-pramoxine oint 1% (Neosporin Pain/itch/scar)	Tier 1	OTC
neomycin-bacitracin-polymyxin-pramoxine oint 1% (Neosporin/burn Relief)	Tier 1	OTC
neomycin-bacitracin-polymyxin-pramoxine oint 1% (Ra Antibiotic + Pain Reli)	Tier 1	OTC
neomycin-bacitracin-polymyxin-pramoxine oint 1% (Ra Antibiotic/pain Relief)	Tier 1	OTC
neomycin-bacitracin-polymyxin-pramoxine oint 1% (Triple Antibiotic + Pain)	Tier 1	OTC
neomycin-bacitracin-polymyxin-pramoxine oint 1% (Triple Antibiotic Plus)	Tier 1	OTC
neomycin-bacitracin-polymyxin-pramoxine oint 1% (Triple Antibiotic Plus Ma)	Tier 1	OTC

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

Drug Name	Drug Tier	Requirements/Limit
ANTIFUNGALS - TOPICAL		
ciclopirox olamine cream 0.77% (base equiv)	Tier 1	QL (180 gm / 30 days)
ciclopirox olamine susp 0.77% (base equiv)	Tier 1	QL (60 mL / 25 days)
ciclopirox solution 8%	Tier 1	QL (6.6 mL / 25 days)
ciclopirox solution 8% (Ciclodan)	Tier 1	QL (6.6 mL / 25 days)
clotrimazole cream 1%	Tier 1	QL (60 gm / 30 days)
clotrimazole cream 1% (Antifungal)	Tier 1	QL (60 gm / 30 days), OTC
clotrimazole cream 1% (Clotrimazole Antifungal)	Tier 1	QL (60 gm / 30 days), OTC
clotrimazole cream 1% (Clotrimazole Athletes Foo)	Tier 1	QL (60 gm / 30 days), OTC
clotrimazole cream 1% (Cvs Itch Relief Antifunga)	Tier 1	QL (60 gm / 30 days), OTC
clotrimazole cream 1% (Cvs Ringworm)	Tier 1	QL (60 gm / 30 days), OTC
clotrimazole cream 1% (Desenex)	Tier 1	QL (60 gm / 30 days), OTC
clotrimazole cream 1% (Eq Jock Itch)	Tier 1	QL (60 gm / 30 days), OTC
clotrimazole cream 1% (Pro-ex Antifungal)	Tier 1	QL (60 gm / 30 days), OTC
clotrimazole soln 1%	Tier 1	QL (60 mL / 30 days)
clotrimazole soln 1%	Tier 1	QL (60 mL / 30 days), OTC
clotrimazole soln 1% (Fungicure Intensive With)	Tier 1	QL (60 mL / 30 days), OTC
ketoconazole cream 2%	Tier 1	QL (60 gm / 25 days)
ketoconazole shampoo 2%	Tier 1	QL (120 mL / 25 days)
miconazole nitrate aerosol pow 2% (Athletes Foot Powder Spra)	Tier 1	QL (133 gm / 30 days), OTC
miconazole nitrate aerosol pow 2% (Cruex Prescription Streng)	Tier 1	QL (133 gm / 30 days), OTC
miconazole nitrate aerosol pow 2% (Cvs Athletes Foot Powder)	Tier 1	QL (133 gm / 30 days), OTC
miconazole nitrate aerosol pow 2% (Desenex Jock Itch Spray P)	Tier 1	QL (133 gm / 30 days), OTC
miconazole nitrate aerosol pow 2% (Lotrimin Af Powder)	Tier 1	QL (133 gm / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
<i>miconazole nitrate cream 2%</i>	Tier 1	QL (150 gm / 25 days), OTC
<i>miconazole nitrate cream 2%</i> (Antifungal)	Tier 1	QL (150 gm / 25 days), OTC
<i>miconazole nitrate cream 2%</i> (Cavilon)	Tier 1	QL (150 gm / 25 days), OTC
<i>miconazole nitrate cream 2%</i> (Micaderm)	Tier 1	QL (150 gm / 25 days), OTC
<i>miconazole nitrate cream 2%</i> (Sm Antifungal Miconazole)	Tier 1	QL (150 gm / 25 days), OTC
<i>miconazole nitrate cream 2%</i> (Tineacide)	Tier 1	QL (150 gm / 25 days), OTC
<i>miconazole nitrate powder 2%</i> (Antifungal Powder)	Tier 1	QL (90 gm / 30 days), OTC
<i>miconazole nitrate powder 2%</i> (Athletes Foot)	Tier 1	QL (90 gm / 30 days), OTC
<i>miconazole nitrate powder 2%</i> (Desenex)	Tier 1	QL (90 gm / 30 days), OTC
<i>miconazole nitrate powder 2%</i> (Gnp Miconazorb Af)	Tier 1	QL (90 gm / 30 days), OTC
<i>miconazole nitrate powder 2%</i> (Lotrimin Af)	Tier 1	QL (90 gm / 30 days), OTC
<i>miconazole nitrate powder 2%</i> (Mycozyl Ap)	Tier 1	QL (90 gm / 30 days), OTC
<i>miconazole nitrate powder 2%</i> (Zearorb-af)	Tier 1	QL (90 gm / 30 days), 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>nystatin topical powder 100000 unit/gm</i> (Nyamyc)	Tier 1	QL (30 gm / 25 days)
<i>nystatin topical powder 100000 unit/gm</i> (Nystop)	Tier 1	QL (30 gm / 25 days)
<i>terbinafine hcl cream 1%</i> (Athletes Foot)	Tier 1	QL (30 gm / 25 days), OTC
<i>terbinafine hcl cream 1%</i> (Cvs Jock Itch)	Tier 1	QL (30 gm / 25 days), OTC
<i>terbinafine hcl cream 1%</i> (Gnp Terbinafine Hydrochlo)	Tier 1	QL (30 gm / 25 days), OTC
<i>terbinafine hcl cream 1%</i> (Ra Antifungal Foot Care)	Tier 1	QL (30 gm / 25 days), OTC

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

Drug Name	Drug Tier	Requirements/Limit
terbinafine hcl cream 1% (Ra Foot Care Antifungal)	Tier 1	QL (30 gm / 25 days), OTC
tolnaftate aerosol pow 1%	Tier 1	QL (133 gm / 30 days), OTC
tolnaftate aerosol pow 1% (Athletes Foot Antifungal)	Tier 1	QL (133 gm / 30 days), OTC
tolnaftate aerosol pow 1% (Cvs Athletes Foot)	Tier 1	QL (133 gm / 30 days), OTC
tolnaftate aerosol pow 1% (Cvs Foot & Sneaker Powder)	Tier 1	QL (133 gm / 30 days), OTC
tolnaftate aerosol pow 1% (Odor Control Foot & Sneak)	Tier 1	QL (133 gm / 30 days), OTC
tolnaftate aerosol pow 1% (Odor Eaters Foot & Sneake)	Tier 1	QL (133 gm / 30 days), OTC
tolnaftate aerosol pow 1% (Ra Jock Itch Maximum Stre)	Tier 1	QL (133 gm / 30 days), OTC
tolnaftate cream 1% (Eq Athletes Foot)	Tier 1	QL (60 gm / 30 days), OTC
tolnaftate cream 1% (Eq Antifungal)	Tier 1	QL (60 gm / 30 days), OTC
tolnaftate cream 1% (Fungi-guard)	Tier 1	QL (60 gm / 30 days), OTC
tolnaftate cream 1% (Ra Foot Care Antifungal)	Tier 1	QL (60 gm / 30 days), OTC
tolnaftate cream 1% (Sb Anti-fungal)	Tier 1	QL (60 gm / 30 days), OTC
tolnaftate cream 1% (Sm Antifungal Tolnaftate)	Tier 1	QL (60 gm / 30 days), OTC
tolnaftate cream 1% (Tolnaftate Antifungal)	Tier 1	QL (60 gm / 30 days), OTC
tolnaftate powder 1%	Tier 1	QL (67.5 gm / 30 days), OTC
tolnaftate powder 1% (Anti-fungal Powder)	Tier 1	QL (67.5 gm / 30 days), OTC
tolnaftate powder 1% (Lotrimin Af)	Tier 1	QL (67.5 gm / 30 days), OTC
tolnaftate powder 1% (Odor Eaters Antifungal)	Tier 1	QL (67.5 gm / 30 days), OTC
tolnaftate soln 1% (Blis-to-sol)	Tier 1	QL (151 mL / 30 days), OTC
tolnaftate soln 1% (Dr Gs Clear Nail)	Tier 1	QL (151 mL / 30 days), OTC

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

Drug Name	Drug Tier	Requirements/Limit
tolnaftate soln 1% (Foot Repair Serum)	Tier 1	QL (151 mL / 30 days), OTC
tolnaftate soln 1% (Formula 3 The Treatment)	Tier 1	QL (151 mL / 30 days), OTC
tolnaftate soln 1% (Formula 7 The Solution)	Tier 1	QL (151 mL / 30 days), OTC
tolnaftate soln 1% (Fungal Nail Eraser)	Tier 1	QL (151 mL / 30 days), OTC
tolnaftate soln 1% (Medicated Anti-fungal)	Tier 1	QL (151 gm / 30 days), OTC
tolnaftate soln 1% (Mycocide Clinical Ns Anti)	Tier 1	QL (151 mL / 30 days), OTC
tolnaftate soln 1% (Mycozyl AI)	Tier 1	QL (151 mL / 30 days), OTC
tolnaftate soln 1% (Tinaspore)	Tier 1	QL (151 mL / 30 days), OTC

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

fluorouracil cream 5%	Tier 1	
------------------------------	--------	--

ANTIPSORIATICS

calcipotriene cream 0.005%	Tier 1	PA
calcipotriene oint 0.005%	Tier 1	PA
calcipotriene oint 0.005% (Calcitrene)	Tier 1	PA
calcipotriene soln 0.005% (50 mcg/ml)	Tier 1	PA

ANTISEBORRHEIC PRODUCTS

selenium sulfide lotion 1% (Cvs Anti-dandruff)	Tier 1	OTC
selenium sulfide lotion 1% (Dandruff Shampoo)	Tier 1	OTC
selenium sulfide lotion 2.5%	Tier 1	

ANTIVIRALS - TOPICAL

acyclovir oint 5%	Tier 1	PA
docosanol cream 10%	Tier 1	QL (2 gm / 15 days), OTC
docosanol cream 10% (Hm Docosanol)	Tier 1	QL (2 gm / 15 days), OTC

BURN PRODUCTS

silver sulfadiazine cream 1%	Tier 1	
silver sulfadiazine cream 1% (Ssd)	Tier 1	

Drug Name	Drug Tier Requirements/Limit	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<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	QL (50 gm / 25 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	QL (60 mL / 25 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 1	QL (50 gm / 25 days)
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	QL (60 mL / 25 days)
<i>betamethasone dipropionate oint 0.05%</i>	Tier 1	QL (45 gm / 25 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	QL (45 gm / 25 days)
<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	QL (45 gm / 25 days)
<i>clobetasol propionate soln 0.05%</i>	Tier 1	QL (50 mL / 25 days)
<i>desonide cream 0.05%</i>	Tier 1	ST, QL (60 gm / 25 days); Requires trial of 3 preferred low potency steroids
<i>desonide oint 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>fluocinolone acetonide cream 0.025%</i>	Tier 1	QL (60 gm / 25 days)
<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	QL (60 gm / 25 days)
<i>fluocinonide cream 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>fluocinonide emulsified base cream 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>fluocinonide gel 0.05%</i>	Tier 1	QL (60 gm / 25 days)

Drug Name	Drug Tier	Requirements/Limit
fluocinonide oint 0.05%	Tier 1	ST, QL (60 gm / 25 days); Requires prior use of Mometasone and Fluocinolone Cream
fluocinonide soln 0.05%	Tier 1	QL (60 mL / 25 days)
fluticasone propionate cream 0.05%	Tier 1	QL (60 gm / 25 days)
fluticasone propionate oint 0.005%	Tier 1	QL (60 gm / 25 days)
halobetasol propionate cream 0.05%	Tier 1	QL (50 gm / 25 days)
halobetasol propionate oint 0.05%	Tier 1	QL (50 gm / 25 days)
hydrocortisone acetate cream 1%	Tier 1	OTC
hydrocortisone acetate cream 1% (Gynecort 10)	Tier 1	OTC
hydrocortisone acetate cream 1% (Lanacort 10)	Tier 1	OTC
hydrocortisone acetate cream 1% (Vagisil)	Tier 1	OTC
hydrocortisone cream 0.5% (Cvs Hydrocortisone Anti-i)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone cream 0.5% (Instacort 5)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone cream 1%	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone cream 1% (Aveeno Anti-itch Maximum)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone cream 1% (Cvs Anti-itch Maximum Str)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone cream 1% (Cvs Cortisone Intense Hea)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone cream 1% (Cvs Cortisone Maximum Str)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone cream 1% (Eq 1% Hydrocortisone)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone cream 1% (Eq Hydrocortisone Maximu)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone cream 1% (Eq Anti-itch Maximum Str)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone cream 1% (Gnp Hydrocortisone Plus)	Tier 1	QL (60 gm / 25 days), OTC

Drug Name	Drug Tier	Requirements/Limit
hydrocortisone cream 1% (Hydrocortisone Plus)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone cream 1% (Kericort 10)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone cream 1% (Preparation H)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone cream 1% (Px Hydrocream)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone cream 1% (Ra Anti- itch Maximum Stre)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone cream 1% (Ra Hydrocortisone Plus 12)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone cream 1% (Sb Hydrocortisone)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone cream 1% (Sm Hydrocortisone)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone cream 1%- rx	Tier 1	QL (60 gm / 25 days)
hydrocortisone cream 1%- rx (Ala- cort)	Tier 1	QL (60 gm / 25 days)
hydrocortisone cream 2.5%	Tier 1	QL (60 gm / 25 days)
hydrocortisone cream 2.5% (Ala- cort)	Tier 1	QL (60 gm / 25 days)
hydrocortisone gel 1% (Cortizone- 10)	Tier 1	OTC
hydrocortisone gel 1% (Cvs Cortisone Maximum Str)	Tier 1	OTC
hydrocortisone gel 1% (Mg217 Psoriasis Anti-itch)	Tier 1	OTC
hydrocortisone lotion 1%	Tier 1	OTC
hydrocortisone lotion 1% (Aquanil Hc)	Tier 1	OTC
hydrocortisone lotion 1% (Beta Hc)	Tier 1	OTC
hydrocortisone lotion 1% (Cortizone-10 Diabetics Sk)	Tier 1	OTC
hydrocortisone lotion 1% (Cortizone-10 Eczema)	Tier 1	OTC
hydrocortisone lotion 1% (Cortizone-10 Hydratensive)	Tier 1	OTC
hydrocortisone lotion 1% (Cvs Cortisone Maximum Str)	Tier 1	OTC
hydrocortisone lotion 1% (Dermarest Eczema)	Tier 1	OTC

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

Drug Name	Drug Tier	Requirements/Limit
hydrocortisone lotion 1% (Sarnol-hc)	Tier 1	OTC
hydrocortisone lotion 2.5%	Tier 1	QL (60 mL / 25 days)
hydrocortisone oint 0.5%	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone oint 1%	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone oint 1% (Aquaphor Itch Relief Maxi)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone oint 1% (Cortizone-10)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone oint 1% (Cvs Cortisone Maximum Str)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone oint 1% (Goodsense Anti-itch Maxim)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone oint 1% (Ra Anti-itch/maximum Stre)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone oint 1% (Sb Hydrocortisone Maximum)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone oint 1% (Sm Hydrocortisone Maximum)	Tier 1	QL (60 gm / 25 days), OTC
hydrocortisone oint 1%- rx	Tier 1	QL (60 gm / 25 days)
hydrocortisone oint 2.5%	Tier 1	QL (60 gm / 25 days)
hydrocortisone-aloe vera cream 0.5%	Tier 1	OTC
hydrocortisone-aloe vera cream 0.5% (Kp Hydrocortisone/aloe)	Tier 1	OTC
hydrocortisone-aloe vera cream 1% (Cortizone-10 Intensive He)	Tier 1	OTC
hydrocortisone-aloe vera cream 1% (Cortizone-10 Plus)	Tier 1	OTC
hydrocortisone-aloe vera cream 1% (Cortizone-10/aloe)	Tier 1	OTC
hydrocortisone-aloe vera cream 1% (Hm Hydrocortisone Plus)	Tier 1	OTC
hydrocortisone-aloe vera cream 1% (Hm Hydrocortisone/aloe Ma)	Tier 1	OTC
hydrocortisone-aloe vera cream 1% (Hydrocortisone/aloe Maxim)	Tier 1	OTC
hydrocortisone-aloe vera cream 1% (Ra Hydrocortisone Plus)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
hydrocortisone-aloe vera cream 1% (Sm Hydrocortisone Plus)	Tier 1	OTC
mometasone furoate cream 0.1%	Tier 1	QL (45 gm / 25 days)
mometasone furoate oint 0.1%	Tier 1	QL (45 gm / 25 days)
mometasone furoate solution 0.1% (lotion)	Tier 1	QL (60 mL / 25 days)
TRIAMCINOLON POW ACETONID	Tier 1	
triamcinolone acetonide cream 0.1%	Tier 1	
triamcinolone acetonide cream 0.1% (Triderm)	Tier 1	
triamcinolone acetonide cream 0.5%	Tier 1	
triamcinolone acetonide cream 0.5% (Triderm)	Tier 1	
triamcinolone acetonide cream 0.025%	Tier 1	
triamcinolone acetonide lotion 0.1%	Tier 1	
triamcinolone acetonide lotion 0.025%	Tier 1	
triamcinolone acetonide oint 0.1%	Tier 1	
triamcinolone acetonide oint 0.5%	Tier 1	
triamcinolone acetonide oint 0.025%	Tier 1	
EMOLLIENTS		
emollient - ointment (Advanced Healing Ointment)	Tier 1	OTC; Generic Aquaphor
emollient - ointment (Cvs Advanced Healing Oint)	Tier 1	OTC; Generic Aquaphor
emollient - ointment (Dermaphor)	Tier 1	OTC; Generic Aquaphor
emollient - ointment (Dry Skin Treatment)	Tier 1	OTC; Generic Aquaphor
emollient - ointment (Dry Skin Treatment Advanc)	Tier 1	OTC; Generic Aquaphor
emollient - ointment (E-ointment)	Tier 1	OTC; Generic Aquaphor
emollient - ointment (EqI Advanced Healing Oint)	Tier 1	OTC; Generic Aquaphor
emollient - ointment (Flanders Buttocks)	Tier 1	OTC; Generic Aquaphor

Drug Name	Drug Tier	Requirements/Limit
emollient - ointment (Hydrolatum)	Tier 1	OTC; Generic Aquaphor
emollient - ointment (Saratoga)	Tier 1	OTC; Generic Aquaphor
lactic acid (ammonium lactate) cream 12%	Tier 1	QL (280 gm / 25 days)
lactic acid (ammonium lactate) cream 12%	Tier 1	QL (280 gm / 25 days), OTC
lactic acid (ammonium lactate) lotion 12%	Tier 1	QL (225 gm / 25 days)
lactic acid (ammonium lactate) lotion 12%	Tier 1	QL (225 gm / 25 days), OTC
lactic acid (ammonium lactate) lotion 12% (Al12)	Tier 1	QL (225 gm / 25 days), OTC
lactic acid (ammonium lactate) lotion 12% (Amlactin)	Tier 1	QL (225 gm / 25 days), OTC
lactic acid (ammonium lactate) lotion 12% (Amlactin Daily)	Tier 1	QL (225 gm / 25 days), OTC
lactic acid (ammonium lactate) lotion 12% (Cvs Skin Treatment Body L)	Tier 1	QL (225 gm / 25 days), OTC
ENZYMES - TOPICAL		
SANTYL OIN 250/GM (collagenase)	Tier 1	PA, QL (60 gm / 30 days)
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 5%	Tier 1	PA, QL (24 ea / 25 days)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream 1%	Tier 1	PA, QL (60 gm / 30 days)
tacrolimus oint 0.1%	Tier 1	PA, QL (30 gm / 25 days)
tacrolimus oint 0.03%	Tier 1	PA, QL (30 gm / 25 days)
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox soln 0.5%	Tier 1	QL (7 mL / 180 days)
LOCAL ANESTHETICS - TOPICAL		
ARTH PAIN CRE 0.075% (capsaicin)	Tier 1	OTC
capsaicin cream 0.1%	Tier 1	OTC
capsaicin cream 0.1% (Capzix)	Tier 1	OTC
capsaicin cream 0.1% (Cvs Capsaicin Hp)	Tier 1	OTC

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

Drug Name	Drug Tier Requirements/Limit	
capsaicin cream 0.1% (Zostrix High Potency Foot)	Tier 1	OTC
capsaicin cream 0.025%	Tier 1	OTC
capsaicin cream 0.025% (Dermacinrx Penetral)	Tier 1	OTC
capsaicin cream 0.025% (Sure Result Sr Relief)	Tier 1	OTC
CAPZASIN-P CRE 0.035% (capsaicin)	Tier 1	OTC
dibucaine oint 1%	Tier 1	OTC
dibucaine oint 1% (Cvs Hemorrhoidal & Topica)	Tier 1	OTC
lidocaine cream 4%	Tier 1	OTC
lidocaine cream 4% (Anecream)	Tier 1	OTC
lidocaine cream 4% (Blue Tube Pain Relieving/)	Tier 1	OTC
lidocaine hcl gel 2% (Regenecare Ha)	Tier 1	OTC
lidocaine hcl gel 2%- rx (7t Lido Gel)	Tier 1	
lidocaine hcl soln 4%	Tier 1	
lidocaine hcl urethral/mucosal gel 2%	Tier 1	
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	Tier 1	
lidocaine hcl urethral/mucosal gel prefilled syringe 2% (Glydo)	Tier 1	
lidocaine patch 4% (Aspercreme Lidocaine Max)	Tier 1	QL (120 ea / 30 days), OTC
lidocaine patch 4% (Cvs Pain Relief Maximum S)	Tier 1	QL (120 ea / 30 days), OTC
lidocaine patch 4% (Eq Lidocaine Pain Relievi)	Tier 1	QL (120 ea / 30 days), OTC
lidocaine patch 4% (Gnp Lidocaine Pain Relief)	Tier 1	QL (120 ea / 30 days), OTC
lidocaine patch 4% (Goodsense Pain Relief Max)	Tier 1	QL (120 ea / 30 days), OTC
lidocaine patch 4% (Hm Lidocaine Patch)	Tier 1	QL (120 ea / 30 days), OTC
lidocaine patch 4% (Lido King)	Tier 1	QL (120 ea / 30 days), OTC
lidocaine patch 4% (Lidocaine Pain Relief Pat)	Tier 1	QL (120 ea / 30 days), OTC

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

Drug Name	Drug Tier	Requirements/Limit
lidocaine patch 4% (Lidocaine Pain Relieving)	Tier 1	QL (120 ea / 30 days), OTC
lidocaine patch 4% (Pain Relieving Lidocaine)	Tier 1	QL (120 ea / 30 days), OTC
lidocaine patch 4% (Qc Lidocaine Pain Relief)	Tier 1	QL (120 ea / 30 days), OTC
lidocaine patch 4% (Ra Lidocaine Pain Relievi)	Tier 1	QL (120 ea / 30 days), OTC
lidocaine patch 4% (Ra Pain Relieving Patch M)	Tier 1	QL (120 ea / 30 days), OTC
lidocaine patch 4% (Salonpas Pain Relieving G)	Tier 1	QL (120 ea / 30 days), OTC
lidocaine patch 4% (Theracare Pain Relief Max)	Tier 1	QL (120 ea / 30 days), OTC
lidocaine patch 5%	Tier 1	PA, QL (90 ea / 30 days)
lidocaine-prilocaine cream 2.5-2.5%	Tier 1	QL (60 gm / 25 days)
ZOSTRIX NAT CRE 0.033% (capsaicin)	Tier 1	OTC
MISC. TOPICAL		
skin protectants misc - cream (Americerin)	Tier 1	OTC
skin protectants misc - cream (Dermacerin)	Tier 1	OTC
skin protectants misc - cream (Minerin Creme)	Tier 1	OTC
ROSACEA AGENTS		
metronidazole cream 0.75%	Tier 1	
metronidazole cream 0.75% (Rosadan)	Tier 1	
metronidazole gel 0.75%	Tier 1	Generic Metrogel
metronidazole gel 0.75% (Rosadan)	Tier 1	Generic Metrogel
metronidazole lotion 0.75%	Tier 1	
SCABICIDES & PEDICULICIDES		
crotamiton lotion 10% (Crotan)	Tier 1	PA
malathion lotion 0.5%	Tier 1	QL (59 mL / 25 days)
permethrin aerosol 0.5% (Bedding Spray Lice Treatm)	Tier 1	OTC; Generic RID
permethrin aerosol 0.5% (Cvs Lice/bedbug/mite)	Tier 1	OTC; Generic RID

Drug Name	Drug Tier Requirements/Limit	
permethrin aerosol 0.5% (Gnp Home Lice/bedbug/dust)	Tier 1	OTC; Generic RID
permethrin aerosol 0.5% (Sm Bedding Lice Treatment)	Tier 1	OTC; Generic RID
permethrin aerosol 0.5% (Stop Lice)	Tier 1	OTC; Generic RID
permethrin aerosol 0.5% (Stop Lice Step 3)	Tier 1	OTC; Generic RID
permethrin cream 5%	Tier 1	
permethrin creme rinse 1% (Cvs Lice Treatment)	Tier 1	OTC; Generic NIX
permethrin creme rinse 1% (Lice Treatment Creme Rins)	Tier 1	OTC; Generic NIX
permethrin lotion 1% (Lice Treatment)	Tier 1	OTC
permethrin lotion 1% (Ra Lice Treatment)	Tier 1	OTC
pyreth-piperonyl butox sham-permeth aero-nit remover gel kit (Cvs Lice Solution Kit)	Tier 1	OTC; Generic NIX
pyreth-piperonyl butox sham-permeth aero-nit remover gel kit (Ra Lice Solution Kit)	Tier 1	OTC; Generic NIX
pyreth-piperonyl butox sham-permeth aero-nit remover gel kit (Sm Lice Solution Kit)	Tier 1	OTC; Generic NIX
pyreth-piperonyl butox sham-permeth aero-nit remover gel kit (Stop Lice Complete Lice T)	Tier 1	OTC; Generic NIX
pyrethrins-piperonyl butoxide liq 0.33-4% (Sm Lice Killing)	Tier 1	OTC; Generic RID
pyrethrins-piperonyl butoxide liq 0.33-4% (Stop Lice Maximum Strengt)	Tier 1	OTC; Generic RID
pyrethrins-piperonyl butoxide shampoo 0.33-4% (Eq Lice Killing Maximum S)	Tier 1	OTC; Generic RID
pyrethrins-piperonyl butoxide shampoo 0.33-4% (Gnp Lice Treatment)	Tier 1	OTC; Generic RID
pyrethrins-piperonyl butoxide shampoo 0.33-4% (Lice Killing Shampoo)	Tier 1	OTC; Generic RID

Drug Name	Drug Tier	Requirements/Limit
pyrethrins-piperonyl butoxide shampoo 0.33-4% (Rid Lice Killing Shampoo)	Tier 1	OTC; Generic RID
spinosad susp 0.9%	Tier 1	QL (120 mL / 25 days)

DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS

DIAGNOSTIC DRUGS

THYROGEN INJ 1.1MG (thyrotropin alfa)	Tier 1	PA, QL (2 ea / 180 days)
--	--------	--------------------------

DIAGNOSTIC TESTS

ACETONE (URINE) TEST STRIP	Tier 1	OTC
ACETONE (URINE) TEST STRIP (acetone (urine) test)	Tier 1	OTC
RELION TRUE TES METRIX (glucose blood)	Tier 1	OTC; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins
TRUE METRIX TES GLUCOSE (glucose blood)	Tier 1	OTC; Max of #100/month for non-insulin users. Max of #200/month for insulin users and pregnant members filling prenatal vitamins

DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT (pancrelipase (lipase-protease-amylase))	Tier 1	QL (180 ea / 30 days)
CREON CAP 6000UNIT (pancrelipase (lipase-protease-amylase))	Tier 1	QL (180 ea / 30 days)
CREON CAP 12000UNT (pancrelipase (lipase-protease-amylase))	Tier 1	QL (180 ea / 30 days)
CREON CAP 24000UNT (pancrelipase (lipase-protease-amylase))	Tier 1	QL (180 ea / 30 days)
CREON CAP 36000UNT (pancrelipase (lipase-protease-amylase))	Tier 1	QL (180 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limit
ZENPEP CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 1	QL (180 ea / 30 days)
ZENPEP CAP 5000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 1	QL (180 ea / 30 days)
ZENPEP CAP 15000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 1	QL (180 ea / 30 days)
ZENPEP CAP 20000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 1	QL (180 ea / 30 days)
ZENPEP CAP 25000 (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 1	QL (180 ea / 30 days)
ZENPEP CAP 40000 (<i>pancrelipase (lipase-protease-amylase)</i>)	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

<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 (120 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	AGE (Max age 12 years)
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	AGE (Max age 12 years)
<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>torseamide tab 5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>torseamide tab 10 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>torseamide tab 20 mg</i>	Tier 1	QL (120 ea / 30 days)

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

Drug Name	Drug Tier	Requirements/Limit
<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	QL (120 ea / 30 days)
<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. - DRUGS TO REGULATE HORMONES		
BONE DENSITY REGULATORS		
<i>alendronate sodium tab 5 mg</i>	Tier 1	QL (30 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 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); AGE (Min age 50 years)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QL (1 ea / 28 days)
PROLIA SOL 60MG/ML (<i>denosumab</i>)	Tier 1	SP, PA
TYMLOS INJ (<i>abaloparatide</i>)	Tier 1	SP, PA
GROWTH HORMONES		
OMNITROPE INJ 5.8MG (<i>somatropin</i>)	Tier 1	SP, PA
HORMONE RECEPTOR MODULATORS		
<i>raloxifene hcl tab 60 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 50 years)
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML (<i>mecasermin</i>)	Tier 1	SP, PA

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

Drug Name	Drug Tier	Requirements/Limit
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPR DEP-PED INJ 3M 30MG (leuprolide acetate (cpp) (3 month))	Tier 1	PA
LUPR DEP-PED INJ 7.5MG (leuprolide acetate (cpp))	Tier 1	PA
LUPR DEP-PED INJ 11.25MG (leuprolide acetate (cpp))	Tier 1	PA
LUPR DEP-PED INJ 11.25MG (leuprolide acetate (cpp) (3 month))	Tier 1	PA
LUPR DEP-PED INJ 15MG (leuprolide acetate (cpp))	Tier 1	PA
SYNAREL SOL 2MG/ML (nafarelin acetate)	Tier 1	SP, PA
METABOLIC MODIFIERS		
calcitriol cap 0.5 mcg	Tier 1	QL (120 ea / 30 days)
calcitriol cap 0.25 mcg	Tier 1	QL (120 ea / 30 days)
cinacalcet hcl tab 30 mg (base equiv)	Tier 1	PA
cinacalcet hcl tab 60 mg (base equiv)	Tier 1	PA
cinacalcet hcl tab 90 mg (base equiv)	Tier 1	PA
ELAPRASE INJ 6MG/3ML (idursulfase)	Tier 1	SP, PA
levocarnitine oral soln 1 gm/10ml (10%)	Tier 1	QL (1800 mL / 30 days)
levocarnitine tab 330 mg	Tier 1	QL (540 ea / 30 days)
POSTERIOR PITUITARY HORMONES		
desmopressin acetate nasal spray soln 0.01%	Tier 1	PA
desmopressin acetate nasal spray soln 0.01% (refrigerated)	Tier 1	PA
desmopressin acetate tab 0.1 mg	Tier 1	QL (120 ea / 30 days)
desmopressin acetate tab 0.2 mg	Tier 1	QL (150 ea / 30 days)
DESMOPRESSIN SOL 1.5MG/ML	Tier 1	SP, PA
STIMATE SOL 1.5MG/ML (desmopressin acetate)	Tier 1	SP, PA
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limit
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 1	SP, PA
SANDOSTATIN KIT LAR 10MG (octreotide acetate)	Tier 1	SP, PA
SANDOSTATIN KIT LAR 20MG (octreotide acetate)	Tier 1	SP, PA
SANDOSTATIN KIT LAR 30MG (octreotide acetate)	Tier 1	SP, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ESTROGEN COMBINATIONS		
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Fyavolv)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Fyavolv)</i>	Tier 1	QL (28 ea / 28 days)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)</i>	Tier 1	QL (28 ea / 28 days)
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
<i>estradiol tab 0.5 mg</i>	Tier 1	AGE (Max age 64 years)
<i>estradiol tab 1 mg</i>	Tier 1	AGE (Max age 64 years)
<i>estradiol tab 2 mg</i>	Tier 1	AGE (Max age 64 years)
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)

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

Drug Name	Drug Tier	Requirements/Limit
levofloxacin tab 750 mg	Tier 1	QL (1 ea / day, max 10 day supply)

**GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT
STOMACH AND INTESTINAL DISORDERS**

ANTIFLATULENTS

simethicone cap 125 mg	Tier 1	OTC
simethicone cap 125 mg (Eq Gas Relief)	Tier 1	OTC
simethicone cap 125 mg (Gas Relief Extra Strength)	Tier 1	OTC
simethicone cap 125 mg (Gas-x Extra Strength)	Tier 1	OTC
simethicone cap 180 mg	Tier 1	OTC
simethicone cap 180 mg (Eq Gas Relief Ultra Stre)	Tier 1	OTC
simethicone cap 180 mg (Gas Relief Ultra Strength)	Tier 1	OTC
simethicone cap 180 mg (Gas-x Ultra Strength)	Tier 1	OTC
simethicone cap 180 mg (Gnp Anti-gas)	Tier 1	OTC
simethicone cap 180 mg (Sm Gas Relief)	Tier 1	OTC
simethicone chew tab 80 mg	Tier 1	OTC
simethicone chew tab 80 mg (Cvs Gas Relief)	Tier 1	OTC
simethicone chew tab 80 mg (Gas Relief)	Tier 1	OTC
simethicone chew tab 80 mg (Gnp Gas Relief)	Tier 1	OTC
simethicone chew tab 80 mg (Hm Gas Relief)	Tier 1	OTC
simethicone chew tab 80 mg (Mi-acid Gas Relief)	Tier 1	OTC
simethicone chew tab 80 mg (Qc Gas Relief)	Tier 1	OTC
simethicone chew tab 80 mg (Ra Gas Relief)	Tier 1	OTC
simethicone chew tab 80 mg (Sm Gas Relief)	Tier 1	OTC
simethicone chew tab 125 mg	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
simethicone chew tab 125 mg (Cvs Gas Relief Extra Stre)	Tier 1	OTC
simethicone chew tab 125 mg (EqI Gas Gone Extra Streng)	Tier 1	OTC
simethicone chew tab 125 mg (Gas Relief Extra Strength)	Tier 1	OTC
simethicone chew tab 125 mg (Gnp Gas Relief Extra Stre)	Tier 1	OTC
simethicone chew tab 125 mg (Hm Gas Relief)	Tier 1	OTC
simethicone chew tab 125 mg (Phazyme)	Tier 1	OTC
simethicone chew tab 125 mg (Qc Gas Relief Extra Stren)	Tier 1	OTC
simethicone chew tab 125 mg (Ra Gas Relief Extra Stren)	Tier 1	OTC
simethicone chew tab 125 mg (Sb Gas Relief)	Tier 1	OTC
simethicone chew tab 125 mg (Sm Gas Relief)	Tier 1	OTC
simethicone liquid 40 mg/0.6ml (Gas Relief Infants)	Tier 1	OTC
simethicone liquid 40 mg/0.6ml (Gas-x Infant Drops)	Tier 1	OTC
simethicone liquid 40 mg/0.6ml (Simethicone Drops Infants)	Tier 1	OTC
simethicone susp 40 mg/0.6ml	Tier 1	OTC
simethicone susp 40 mg/0.6ml (Cvs Gas Relief Infants)	Tier 1	OTC
simethicone susp 40 mg/0.6ml (Gas Relief)	Tier 1	OTC
simethicone susp 40 mg/0.6ml (Gas Relief Infants)	Tier 1	OTC
simethicone susp 40 mg/0.6ml (Gnp Infant Gas Relief)	Tier 1	OTC
simethicone susp 40 mg/0.6ml (Infants Simethicone)	Tier 1	OTC
simethicone susp 40 mg/0.6ml (Little Remedies For Tummy)	Tier 1	OTC
simethicone susp 40 mg/0.6ml (Simeped)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
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)
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium cap 750 mg</i>	Tier 1	
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 1	QL (120 ea / 30 days)
<i>sulfasalazine tab 500 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	QL (240 ea / 30 days)
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 1	QL (5400 mL / 30 days)
<i>lactulose (encephalopathy) solution 10 gm/15ml (Enulose)</i>	Tier 1	QL (5400 mL / 30 days)
<i>lactulose (encephalopathy) solution 10 gm/15ml (Generlac)</i>	Tier 1	QL (5400 mL / 30 days)
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	
<i>sevelamer carbonate tab 800 mg</i>	Tier 1	ST; Requires trial of calcium acetate
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
ALKALINIZERS		
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	Tier 1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	QL (90 ea / 30 days)
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	QL (90 ea / 30 days)
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 1	QL (120 ea / 30 days)

Drug Name	Drug Tier Requirements/Limit	
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)
sodium chloride irrigation soln 0.9% (Argyle Sterile Saline)	Tier 1	QL (10000 mL / 25 days)
sodium chloride irrigation soln 0.9% (Curity Sterile Saline)	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		
phenazopyridine hcl tab 100 mg	Tier 1	QL (90 ea / 30 days)
phenazopyridine hcl tab 200 mg	Tier 1	QL (90 ea / 30 days)
phenazopyridine hcl tab 200 mg (Phenazo)	Tier 1	QL (90 ea / 30 days)
GOUT AGENTS - DRUGS TO TREAT GOUT		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5- 500 mg	Tier 1	QL (90 ea / 30 days)
GOUT AGENTS - DRUGS TO TREAT GOUT		
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)
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS		
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	Tier 1	QL (120 ea / 30 days)
HUMAN PROTEIN C		
CEPROTIN INJ 500 UNIT (protein c concentrate (human))	Tier 1	SP, PA
CEPROTIN INJ 1000UNIT (protein c concentrate (human))	Tier 1	SP, PA
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl cap 0.5 mg	Tier 1	

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

Drug Name	Drug Tier Requirements/Limit	
<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	QL (60 ea / 30 days)
<i>cilostazol tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)
<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 - DRUGS TO TREAT BLOOD DISORDERS

COBALAMINS

<i>cyanocobalamin sl tab 500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin sl tab 500 mcg (B-12 Microlozenge)</i>	Tier 1	OTC
<i>cyanocobalamin sl tab 1000 mcg</i>	Tier 1	OTC
<i>cyanocobalamin sl tab 1000 mcg (B-12-sl)</i>	Tier 1	OTC
<i>cyanocobalamin sl tab 2500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin sl tab 2500 mcg (Gnp B-12)</i>	Tier 1	OTC
<i>cyanocobalamin tab 100 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 100 mcg (Ra Vitamin B-12)</i>	Tier 1	OTC
<i>cyanocobalamin tab 100 mcg (Sm Vitamin B-12)</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 500 mcg (Cvs B-12)</i>	Tier 1	OTC
<i>cyanocobalamin tab 500 mcg (Gnp Vitamin B-12)</i>	Tier 1	OTC
<i>cyanocobalamin tab 500 mcg (Hm Vitamin B12)</i>	Tier 1	OTC
<i>cyanocobalamin tab 500 mcg (Qc Vitamin B12)</i>	Tier 1	OTC
<i>cyanocobalamin tab 500 mcg (Sm Vitamin B12)</i>	Tier 1	OTC
<i>cyanocobalamin tab 500 mcg (Sm Vitamin B-12)</i>	Tier 1	OTC
<i>cyanocobalamin tab 1000 mcg</i>	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
<i>cyanocobalamin tab 1000 mcg</i> (Cvs Vitamin B12)	Tier 1	OTC
<i>cyanocobalamin tab 1000 mcg</i> (EqI B-12)	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg</i> (B-12 Tr)	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg</i> (Cvs Vitamin B12 Tr)	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg</i> (Cvs Vitamin B-12 Tr)	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg</i> (Gnp Vitamin B-12 Prolonge)	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg</i> (Qc Vitamin B12)	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg</i> (Ra Vitamin B-12 Tr)	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg</i> (Sm Vitamin B12 Tr)	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg</i> (Sv Vitamin B12 Tr)	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg</i> (Vitamin B-12 Tr)	Tier 1	OTC
<i>FOLIC ACID/FOLATES</i>		
<i>folic acid tab 1 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>folic acid tab 1 mg</i> (Kp Folic Acid)	Tier 1	QL (150 ea / 30 days), OTC
<i>folic acid tab 400 mcg</i>	Tier 1	QL (150 ea / 30 days), OTC
<i>folic acid tab 400 mcg</i> (Folate)	Tier 1	QL (150 ea / 30 days), OTC
<i>folic acid tab 400 mcg</i> (Sm Folic Acid)	Tier 1	QL (150 ea / 30 days), OTC
<i>folic acid tab 400 mcg</i> (YI Folic Acid)	Tier 1	QL (150 ea / 30 days), OTC
<i>folic acid tab 800 mcg</i> (Cvs Folic Acid)	Tier 1	QL (150 ea / 30 days), OTC
<i>HEMATOPOIETIC GROWTH FACTORS</i>		
ARANESP INJ 25MCG (<i>darbepoetin alfa</i>)	Tier 1	PA
ARANESP INJ 40MCG (<i>darbepoetin alfa</i>)	Tier 1	PA

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

Drug Name	Drug Tier Requirements/Limit	
ARANESP INJ 60MCG (<i>darbepoetin alfa</i>)	Tier 1	PA
ARANESP INJ 100MCG (<i>darbepoetin alfa</i>)	Tier 1	PA
ARANESP INJ 200MCG (<i>darbepoetin alfa</i>)	Tier 1	PA
ARANESP INJ 300MCG (<i>darbepoetin alfa</i>)	Tier 1	PA
ARANESP INJ 500MCG (<i>darbepoetin alfa</i>)	Tier 1	PA
LEUKINE INJ 250MCG (<i>sargramostim</i>)	Tier 1	PA
NIVESTYM INJ 300/0.5 (<i>filgrastim-aafi</i>)	Tier 1	PA
NIVESTYM INJ 480/0.8 (<i>filgrastim-aafi</i>)	Tier 1	PA
RETACRIT INJ 2000UNIT (<i>epoetin alfa-epbx</i>)	Tier 1	PA
RETACRIT INJ 3000UNIT (<i>epoetin alfa-epbx</i>)	Tier 1	PA
RETACRIT INJ 4000UNIT (<i>epoetin alfa-epbx</i>)	Tier 1	PA
RETACRIT INJ 10000UNT (<i>epoetin alfa-epbx</i>)	Tier 1	PA
RETACRIT INJ 20000UNI (<i>epoetin alfa-epbx</i>)	Tier 1	PA
RETACRIT INJ 40000UNT (<i>epoetin alfa-epbx</i>)	Tier 1	PA
UDENYCA INJ 6MG/.6ML (<i>pegfilgrastim-cbqv</i>)	Tier 1	PA, QL (0.6 mL / 11 days)
ZARXIO INJ 300/0.5 (<i>filgrastim-sndz</i>)	Tier 1	PA
ZARXIO INJ 480/0.8 (<i>filgrastim-sndz</i>)	Tier 1	PA
ZIEXTENZO INJ 6/0.6ML (<i>pegfilgrastim-bmez</i>)	Tier 1	PA, QL (0.6 mL / 11 days)
HEMATOPOIETIC MIXTURES		
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i> (Ferocon)	Tier 1	QL (60 ea / 30 days)
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i> (Ferottrinsic)	Tier 1	QL (60 ea / 30 days)

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

Drug Name	Drug Tier	Requirements/Limit
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i> (Foltrin)	Tier 1	QL (60 ea / 30 days)
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i> (Tricon)	Tier 1	QL (60 ea / 30 days)
<i>iron combination cap</i> (Chromagen)	Tier 1	QL (60 ea / 30 days)
<i>iron combination cap</i> (Hematogen)	Tier 1	QL (60 ea / 30 days), OTC
<i>iron combination cap</i> (Iron Complex)	Tier 1	QL (60 ea / 30 days), OTC
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i> (Iferec 150 Forte)	Tier 1	QL (60 ea / 30 days)
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i> (Myferon 150 Forte)	Tier 1	QL (60 ea / 30 days)
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i> (Poly-iron 150 Forte)	Tier 1	QL (60 ea / 30 days)
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i> (Polysaccharide Iron Forte)	Tier 1	QL (60 ea / 30 days)

IRON

<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Tier 1	OTC
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i> (Ferrocite)	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 240 mg (27 mg elemental fe)</i> (Cvs Iron)	Tier 1	OTC
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> (Ferlate)	Tier 1	OTC
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> (Fergon)	Tier 1	OTC
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> (Ferrotabs)	Tier 1	OTC
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i> (Kp Ferrous Gluconate)	Tier 1	OTC
FERROUS SULF LIQ 44MG/5ML	Tier 1	OTC
FERROUS SULF TAB 324MG EC	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
ferrous sulfate dried tab 200 mg (65 mg elemental fe) (Gnp Iron)	Tier 1	OTC
ferrous sulfate dried tab 200 mg (65 mg elemental fe) (Hm Iron)	Tier 1	OTC
ferrous sulfate dried tab 200 mg (65 mg elemental fe) (Px Iron)	Tier 1	OTC
ferrous sulfate dried tab er 45 mg (fe equivalent) (Cvs Slow Release Iron)	Tier 1	OTC
ferrous sulfate dried tab er 45 mg (fe equivalent) (Hm Slow Release Iron)	Tier 1	OTC
ferrous sulfate dried tab er 45 mg (fe equivalent) (Iron Slow Release)	Tier 1	OTC
ferrous sulfate dried tab er 45 mg (fe equivalent) (Ra Slow Release Iron)	Tier 1	OTC
ferrous sulfate dried tab er 45 mg (fe equivalent) (Slow Release Iron)	Tier 1	OTC
ferrous sulfate dried tab er 45 mg (fe equivalent) (Sm Slow Release Iron)	Tier 1	OTC
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent) (EqI Slow Release Iron)	Tier 1	OTC
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent) (Slow Iron)	Tier 1	OTC
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent) (Sm Iron Slow Release)	Tier 1	OTC
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	Tier 1	OTC
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe) (Iron Supplement)	Tier 1	OTC
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	Tier 1	OTC
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe) (Bprotected Pedia Iron)	Tier 1	OTC
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe) (Fe-vite Iron)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe) (Iron Supplement Childrens)	Tier 1	OTC
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe) (Pc Pediatric Iron Drops)	Tier 1	OTC
ferrous sulfate tab 325 mg (65 mg elemental fe)	Tier 1	QL (90 ea / 30 days), OTC
ferrous sulfate tab 325 mg (65 mg elemental fe) (Cvs Iron)	Tier 1	QL (90 ea / 30 days), OTC
ferrous sulfate tab 325 mg (65 mg elemental fe) (EqI Iron Supplement Thera)	Tier 1	QL (90 ea / 30 days), OTC
ferrous sulfate tab 325 mg (65 mg elemental fe) (Ferosul)	Tier 1	QL (90 ea / 30 days), OTC
ferrous sulfate tab 325 mg (65 mg elemental fe) (Nat-rul Iron)	Tier 1	QL (90 ea / 30 days), OTC
ferrous sulfate tab 325 mg (65 mg elemental fe) (Ra Iron)	Tier 1	QL (90 ea / 30 days), OTC
ferrous sulfate tab 325 mg (65 mg elemental fe) (Sm Iron)	Tier 1	QL (90 ea / 30 days), OTC
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	Tier 1	OTC
ferrous sulfate tab ec 325 mg (65 mg fe equivalent) (Fe Tabs)	Tier 1	OTC
ferrous sulfate tab er 50 mg (elemental fe)	Tier 1	OTC
ferrous sulfate tab er 50 mg (elemental fe) (Slow Release Iron)	Tier 1	OTC
ferrous sulfate tab er 142 mg (45 mg fe equivalent)	Tier 1	OTC
ferrous sulfate tab er 142 mg (45 mg fe equivalent) (Gnp Iron)	Tier 1	OTC
ferrous sulfate tab er 142 mg (45 mg fe equivalent) (Hm Iron Slow Release)	Tier 1	OTC
ferrous sulfate tab er 142 mg (45 mg fe equivalent) (Iron Slow Release)	Tier 1	OTC
ferrous sulfate tab er 142 mg (45 mg fe equivalent) (Sm Iron Slow Release)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i> (Sm Slow Release Iron)	Tier 1	OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	Tier 1	QL (60 ea / 30 days), OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i> (Ferrex 150)	Tier 1	QL (60 ea / 30 days), OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i> (Ferric X-150)	Tier 1	QL (60 ea / 30 days), OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i> (Myferon 150)	Tier 1	QL (60 ea / 30 days), OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i> (Nu-iron 150)	Tier 1	QL (60 ea / 30 days), OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i> (Poly-iron 150)	Tier 1	QL (60 ea / 30 days), OTC

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS

ANTI-HISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Cvs Sleep-aid Nighttime)	Tier 1	QL (30 ea / 30 days), OTC
<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Eq1 Nighttime Sleep Aid)	Tier 1	QL (30 ea / 30 days), OTC
<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Hm Nighttime Sleep Aid)	Tier 1	QL (30 ea / 30 days), OTC
<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Night Time Sleep Aid)	Tier 1	QL (30 ea / 30 days), OTC
<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Nighttime Sleep-aid)	Tier 1	QL (30 ea / 30 days), OTC
<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Qc Rest Simply)	Tier 1	QL (30 ea / 30 days), OTC
<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Ra Nighttime Sleep Aid)	Tier 1	QL (30 ea / 30 days), OTC
<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Ra Sleep Aid)	Tier 1	QL (30 ea / 30 days), OTC
<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Sb Sleep)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
diphenhydramine hcl (sleep) tab 25 mg (Simply Sleep)	Tier 1	QL (30 ea / 30 days), OTC
diphenhydramine hcl (sleep) tab 25 mg (Sleep Ii)	Tier 1	QL (30 ea / 30 days), OTC
diphenhydramine hcl (sleep) tab 25 mg (Sleep Tabs)	Tier 1	QL (30 ea / 30 days), OTC
diphenhydramine hcl (sleep) tab 25 mg (Sleep-tabs)	Tier 1	QL (30 ea / 30 days), OTC
diphenhydramine hcl (sleep) tab 25 mg (Sm Nighttime Sleep Aid)	Tier 1	QL (30 ea / 30 days), OTC
diphenhydramine hcl (sleep) tab 50 mg	Tier 1	QL (30 ea / 30 days), OTC
doxylamine succinate (sleep) tab 25 mg (Cvs Sleep-aid Nighttime)	Tier 1	QL (30 ea / 30 days), OTC
doxylamine succinate (sleep) tab 25 mg (Cvs Ultra Sleep)	Tier 1	QL (30 ea / 30 days), OTC
doxylamine succinate (sleep) tab 25 mg (EqI Nighttime Sleep Aid)	Tier 1	QL (30 ea / 30 days), OTC
doxylamine succinate (sleep) tab 25 mg (Hm Sleep Aid)	Tier 1	QL (30 ea / 30 days), OTC
doxylamine succinate (sleep) tab 25 mg (Kls Sleep Aid)	Tier 1	QL (30 ea / 30 days), OTC
doxylamine succinate (sleep) tab 25 mg (Ra Sleep Aid)	Tier 1	QL (30 ea / 30 days), OTC
doxylamine succinate (sleep) tab 25 mg (Sm Sleep Aid)	Tier 1	QL (30 ea / 30 days), OTC
doxylamine succinate (sleep) tab 25 mg (Wal-som)	Tier 1	QL (30 ea / 30 days), OTC
BARBITURATE HYPNOTICS		
phenobarbital elixir 20 mg/5ml	Tier 1	QL (1500 mL / 30 days); AGE (Max age 12 years)
phenobarbital tab 15 mg	Tier 1	QL (60 ea / 30 days)
phenobarbital tab 16.2 mg	Tier 1	QL (60 ea / 30 days)
phenobarbital tab 30 mg	Tier 1	QL (60 ea / 30 days)
phenobarbital tab 32.4 mg	Tier 1	QL (60 ea / 30 days)
phenobarbital tab 60 mg	Tier 1	QL (60 ea / 30 days)
phenobarbital tab 64.8 mg	Tier 1	QL (90 ea / 30 days)
phenobarbital tab 97.2 mg	Tier 1	QL (60 ea / 30 days)
phenobarbital tab 100 mg	Tier 1	QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limit
NON-BARBITURATE HYPNOTICS		
<i>estazolam tab 1 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>estazolam tab 2 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>flurazepam hcl cap 15 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 15 years and Max age 64 years)
<i>flurazepam hcl cap 30 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 15 years and Max age 64 years)
<i>temazepam cap 15 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>temazepam cap 30 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>triazolam tab 0.25 mg</i>	Tier 1	QL (60 ea / 30 days); AGE (Min age 18 years)
<i>triazolam tab 0.125 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>zolpidem tartrate tab 5 mg</i>	Tier 1	QL (60 ea / 30 days); AGE (Min age 18 years)
<i>zolpidem tartrate tab 10 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 18 years)

LAXATIVES - DRUGS TO TREAT CONSTIPATION

BULK LAXATIVES

<i>calcium polycarbophil tab 625 mg</i>	Tier 1	OTC
<i>calcium polycarbophil tab 625 mg</i> (Cvs Fiber Laxative)	Tier 1	OTC
<i>calcium polycarbophil tab 625 mg</i> (Eq Fiber Therapy)	Tier 1	OTC
<i>calcium polycarbophil tab 625 mg</i> (EqI Fiber Laxative)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
calcium polycarbophil tab 625 mg (Fiber Laxative)	Tier 1	OTC
calcium polycarbophil tab 625 mg (Fiber-lax)	Tier 1	OTC
calcium polycarbophil tab 625 mg (Gnp Fiber-caps)	Tier 1	OTC
calcium polycarbophil tab 625 mg (Px Fiber)	Tier 1	OTC
calcium polycarbophil tab 625 mg (Sb Fiber Laxative)	Tier 1	OTC
calcium polycarbophil tab 625 mg (Sm Fiber)	Tier 1	OTC
corn dextrin oral powder	Tier 1	OTC
corn dextrin oral powder (Cvs Easy Fiber)	Tier 1	OTC
corn dextrin oral powder (Eq1 Fiber Supplement)	Tier 1	OTC
CVS DAILY POW FIBER (psyllium)	Tier 1	OTC
KONSYL DAILY POW 28.3% (psyllium)	Tier 1	OTC
KONSYL DAILY POW 100% (psyllium)	Tier 1	OTC
KONSYL-D POW 52.3% (psyllium)	Tier 1	OTC
METAMUCIL POW 28%ORG (psyllium)	Tier 1	OTC
METAMUCIL POW 58.12% (psyllium)	Tier 1	OTC
METAMUCIL WAF (psyllium)	Tier 1	OTC
methylcellulose tab 500 mg (Cvs Soluble Fiber Therapy)	Tier 1	OTC
methylcellulose tab 500 mg (Goodsense Fiber)	Tier 1	OTC
methylcellulose tab 500 mg (Hm Fiber)	Tier 1	OTC
methylcellulose tab 500 mg (Qc Fiber Therapy)	Tier 1	OTC
methylcellulose tab 500 mg (Sm Fiber Laxative)	Tier 1	OTC
psyllium cap 0.52 gm	Tier 1	OTC
psyllium cap 0.52 gm (Cvs Daily Fiber)	Tier 1	OTC
psyllium cap 0.52 gm (Cvs Fiber)	Tier 1	OTC
psyllium cap 0.52 gm (Eq Fiber Therapy)	Tier 1	OTC
psyllium cap 0.52 gm (Gnp Natural Fiber)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
psyllium cap 0.52 gm (Medi-mucil)	Tier 1	OTC
psyllium cap 0.52 gm (Px Fiber)	Tier 1	OTC
psyllium cap 0.52 gm (Qc Fiber Laxative)	Tier 1	OTC
psyllium cap 0.52 gm (Reguloid)	Tier 1	OTC
psyllium cap 0.52 gm (Wal-mucil)	Tier 1	OTC
psyllium powder 28.3%	Tier 1	OTC
psyllium powder 28.3% (Eqf Fiber Therapy)	Tier 1	OTC
psyllium powder 28.3% (Gnp Natural Fiber)	Tier 1	OTC
psyllium powder 28.3% (Hm Fiber)	Tier 1	OTC
psyllium powder 28.3% (Konsyl Daily Fiber)	Tier 1	OTC
psyllium powder 28.3% (Metamucil)	Tier 1	OTC
psyllium powder 28.3% (Reguloid)	Tier 1	OTC
psyllium powder 28.3% (Sm Fiber)	Tier 1	OTC
psyllium powder 28.3% (Wal-mucil)	Tier 1	OTC
psyllium powder 30.9% (Hm Fiber)	Tier 1	OTC
psyllium powder 30.9% (Natural Fiber Laxative)	Tier 1	OTC
psyllium powder 33% (Sb Fib Lax Orange)	Tier 1	OTC
psyllium powder 48.57% (Cvs Natural Daily Fiber)	Tier 1	OTC
psyllium powder 48.57% (Eqf Fiber Therapy)	Tier 1	OTC
psyllium powder 48.57% (Gnp Natural Fiber)	Tier 1	OTC
psyllium powder 48.57% (Natural Vegetable Fiber)	Tier 1	OTC
psyllium powder 48.57% (Ra Multihealth Fiber Supp)	Tier 1	OTC
psyllium powder 48.57% (Reguloid)	Tier 1	OTC
psyllium powder 48.57% (Sb Fiber Laxative)	Tier 1	OTC
psyllium powder 48.57% (Sm Fiber)	Tier 1	OTC
psyllium powder 48.57% (Wal-mucil)	Tier 1	OTC
psyllium powder 58.6% (Cvs Natural Daily Fiber)	Tier 1	OTC
psyllium powder 58.6% (Hm Fiber)	Tier 1	OTC

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

Drug Name	Drug Tier Requirements/Limit	
psyllium powder 58.6% (Metamucil Smooth Texture)	Tier 1	OTC
psyllium powder 58.6% (Natural Fiber Laxative)	Tier 1	OTC
psyllium powder 58.6% (Ra Multihealth Fiber Supp)	Tier 1	OTC
psyllium powder 58.6% (Reguloid)	Tier 1	OTC
psyllium powder 58.6% (Sm Fiber)	Tier 1	OTC
psyllium powder 58.6% (Wal-mucil)	Tier 1	OTC
psyllium powder 95% (Qc Natural Vegetable)	Tier 1	OTC
psyllium powder 100% (Cvs Natural Fiber Supplem)	Tier 1	OTC
psyllium powder 100% (Natural Psyllium Seed Ind)	Tier 1	OTC
psyllium powder 100% (Wal-mucil)	Tier 1	OTC
UNIFIBER POW (cellulose)	Tier 1	OTC
wheat dextrin oral powder (Benefiber On The Go)	Tier 1	OTC
wheat dextrin oral powder (Clear Soluble Fiber)	Tier 1	OTC
wheat dextrin oral powder (Eq Fiber Powder)	Tier 1	OTC
wheat dextrin oral powder (Gnp Best Fiber)	Tier 1	OTC
wheat dextrin oral powder (Hm Clear Fiber)	Tier 1	OTC
WHEAT DEXTRIN PACKET (wheat dextrin)	Tier 1	OTC

LAXATIVE COMBINATIONS

bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit (Peg-prep)	Tier 1	QL (30 ea / 30 days)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	Tier 1	QL (120000 mL / 30 days)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-g)	Tier 1	QL (120000 mL / 30 days)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (Gavilyte-c)	Tier 1	QL (120000 mL / 30 days)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 1	QL (120000 mL / 30 days)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-n/Flavor Pack)	Tier 1	QL (120000 mL / 30 days)

Drug Name	Drug Tier Requirements/Limit	
sennosides-docusate sodium tab 8.6-50 mg (Colace 2-in-1)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Cvs Senna Plus)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Docuzen)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Easy-lax Plus)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Eq Senna-s)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (EqI Stool Softener/stimul)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Goodsense Stimulant Laxat)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Hm Senna-s)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Hm Stool Softener/stimula)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Laxacin)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Medi-natural Plus)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Ra P Col-rite)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Sb Docusate Sodium/senna)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Senexon-s)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Senna S)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Senna-plus)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Senna-s)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Senna-time S)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Sm Senna-s)	Tier 1	QL (180 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
sennosides-docusate sodium tab 8.6-50 mg (Sm Stool Softener)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Sm Stool Softener/stimula)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Stimulant Laxative)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Stool Softener/laxative)	Tier 1	QL (180 ea / 30 days), OTC
sennosides-docusate sodium tab 8.6-50 mg (Vegetable Laxative+stool)	Tier 1	QL (180 ea / 30 days), OTC
LAXATIVES - MISCELLANEOUS		
glycerin suppos 1.2 gm	Tier 1	OTC
glycerin suppos 1.2 gm (Gnp Glycerin Child)	Tier 1	OTC
glycerin suppos 1.2 gm (Sb Glycerin Pediatric)	Tier 1	OTC
glycerin suppos 1.2 gm (Sm Glycerin Laxative Pedi)	Tier 1	OTC
glycerin suppos 2 gm (Cvs Glycerin Adult)	Tier 1	OTC
glycerin suppos 2.1 gm	Tier 1	OTC
glycerin suppos 2.1 gm (Cvs Glycerin Adult)	Tier 1	OTC
glycerin suppos 2.1 gm (Gnp Glycerin Adult)	Tier 1	OTC
glycerin suppos 2.1 gm (Px Glycerin)	Tier 1	OTC
glycerin suppos 2.1 gm (Sb Glycerin Adult)	Tier 1	OTC
glycerin suppos 80.7% (Ra Glycerin Adult)	Tier 1	OTC
glycerin suppos 80.7% (Sm Glycerin Pediatric)	Tier 1	OTC
lactulose solution 10 gm/15ml	Tier 1	QL (5400 mL / 30 days)
lactulose solution 10 gm/15ml (Constulose)	Tier 1	QL (5400 mL / 30 days)
polyethylene glycol 3350 oral powder	Tier 1	QL (1020 gm / 30 days), OTC
polyethylene glycol 3350 oral powder (Clearlax)	Tier 1	QL (1020 gm / 30 days), OTC

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

Drug Name	Drug Tier Requirements/Limit	
<i>polyethylene glycol 3350 oral powder</i> (Cvs Purelax)	Tier 1	QL (1020 gm / 30 days), OTC
<i>polyethylene glycol 3350 oral powder</i> (Eq Clearlax)	Tier 1	QL (1020 gm / 30 days), OTC
<i>polyethylene glycol 3350 oral powder</i> (Eq Clearlax)	Tier 1	QL (1020 gm / 30 days), OTC
<i>polyethylene glycol 3350 oral powder</i> (Gavilax)	Tier 1	QL (1020 gm / 30 days), OTC
<i>polyethylene glycol 3350 oral powder</i> (Gentlelax)	Tier 1	QL (1020 gm / 30 days), OTC
<i>polyethylene glycol 3350 oral powder</i> (Glycolax)	Tier 1	QL (1020 gm / 30 days), OTC
<i>polyethylene glycol 3350 oral powder</i> (Gnp Clearlax)	Tier 1	QL (1020 gm / 30 days), OTC
<i>polyethylene glycol 3350 oral powder</i> (Hm Clearlax)	Tier 1	QL (1020 gm / 30 days), OTC
<i>polyethylene glycol 3350 oral powder</i> (Kls Laxaclear)	Tier 1	QL (1020 gm / 30 days), OTC
<i>polyethylene glycol 3350 oral powder</i> (Mm Clearlax)	Tier 1	QL (1020 gm / 30 days), OTC
<i>polyethylene glycol 3350 oral powder</i> (Qc Natura-lax)	Tier 1	QL (1020 gm / 30 days), OTC
<i>polyethylene glycol 3350 oral powder</i> (Ra Laxative)	Tier 1	QL (1020 gm / 30 days), OTC
<i>polyethylene glycol 3350 oral powder</i> (Sm Clearlax)	Tier 1	QL (1020 gm / 30 days), OTC
<i>polyethylene glycol 3350 oral powder</i> (Smooth Lax)	Tier 1	QL (1020 gm / 30 days), OTC

LUBRICANT LAXATIVES

<i>mineral oil</i>	Tier 1	OTC
<i>mineral oil</i> (Cvs Mineral Oil)	Tier 1	OTC
<i>mineral oil</i> (Eq Mineral Oil)	Tier 1	OTC
<i>mineral oil</i> (Gnp Mineral Oil)	Tier 1	OTC
<i>mineral oil</i> (Goodsense Mineral Oil Lub)	Tier 1	OTC
<i>mineral oil</i> (Hm Mineral Oil)	Tier 1	OTC
<i>mineral oil</i> (Qc Mineral Oil Heavy)	Tier 1	OTC
<i>mineral oil</i> (Ra Mineral Oil)	Tier 1	OTC
<i>mineral oil</i> (Sm Mineral Oil)	Tier 1	OTC
<i>mineral oil enema</i> (Hm Enema Mineral Oil)	Tier 1	OTC
<i>mineral oil enema</i> (Sm Enema)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
<i>mineral oil- rx</i>	Tier 1	
SALINE LAXATIVES		
<i>magnesium citrate soln</i>	Tier 1	OTC
<i>magnesium citrate soln</i> (Citroma)	Tier 1	OTC
<i>magnesium citrate soln</i> (Eq Magnesium Citrate)	Tier 1	OTC
<i>magnesium citrate soln</i> (Qc Magnesium Citrate)	Tier 1	OTC
<i>magnesium citrate soln</i> (Sm Magnesium Citrate)	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i> (Dulcolax Liquid)	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i> (Dulcolax Milk Of Magnesia)	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i> (Gnp Milk Of Magnesia)	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i> (Milk Of Magnesia)	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i> (Phillips Milk Of Magnesia)	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i> (Ra Milk Of Magnesia)	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i> (Sb Milk Of Magnesia)	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i> (Sm Milk Of Magnesia)	Tier 1	OTC
<i>magnesium hydroxide susp concentrate 2400 mg/10ml</i> (Milk Of Magnesia Concentr)	Tier 1	OTC
<i>sodium phosphates - enema</i>	Tier 1	OTC
<i>sodium phosphates - enema</i> (Cvs Enema Disposable)	Tier 1	OTC
<i>sodium phosphates - enema</i> (Cvs Enema Ready-to-use)	Tier 1	OTC
<i>sodium phosphates - enema</i> (Enema Disposable)	Tier 1	OTC
<i>sodium phosphates - enema</i> (Eq Enema)	Tier 1	OTC
<i>sodium phosphates - enema</i> (Eq| Ready-to-use Enema)	Tier 1	OTC
<i>sodium phosphates - enema</i> (Goodsense Ready To Use En)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
sodium phosphates - enema (Hm Enema Saline Laxative)	Tier 1	OTC
sodium phosphates - enema (Qc Enema)	Tier 1	OTC
sodium phosphates - enema (Ra Enema)	Tier 1	OTC
sodium phosphates - enema (Sm Enema)	Tier 1	OTC
sodium phosphates - enema (pediatric) (Pediatric Enema)	Tier 1	OTC
STIMULANT LAXATIVES		
bisacodyl suppos 10 mg	Tier 1	QL (30 ea / 30 days), OTC
bisacodyl suppos 10 mg (Gentle Laxative)	Tier 1	QL (30 ea / 30 days), OTC
bisacodyl suppos 10 mg (Hm Laxative)	Tier 1	QL (30 ea / 30 days), OTC
bisacodyl suppos 10 mg (Laxative)	Tier 1	QL (30 ea / 30 days), OTC
bisacodyl suppos 10 mg (Qc Gentle Laxative)	Tier 1	QL (30 ea / 30 days), OTC
bisacodyl suppos 10 mg (Ra Fast Relief Laxative)	Tier 1	QL (30 ea / 30 days), OTC
bisacodyl suppos 10 mg (Sb Laxative)	Tier 1	QL (30 ea / 30 days), OTC
bisacodyl suppos 10 mg (Sm Laxative)	Tier 1	QL (30 ea / 30 days), OTC
bisacodyl suppos 10 mg (The Magic Bullet)	Tier 1	QL (30 ea / 30 days), OTC
bisacodyl tab delayed release 5 mg (Alophen)	Tier 1	QL (90 ea / 30 days), OTC
bisacodyl tab delayed release 5 mg (Bisacodyl Ec)	Tier 1	QL (90 ea / 30 days), OTC
bisacodyl tab delayed release 5 mg (Correctol)	Tier 1	QL (90 ea / 30 days), OTC
bisacodyl tab delayed release 5 mg (Cvs C-lax Laxative)	Tier 1	QL (90 ea / 30 days), OTC
bisacodyl tab delayed release 5 mg (Eq1 Gentle Laxative)	Tier 1	QL (90 ea / 30 days), OTC
bisacodyl tab delayed release 5 mg (Eq1 Laxative)	Tier 1	QL (90 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
bisacodyl tab delayed release 5 mg (Ex-lax Ultra)	Tier 1	QL (90 ea / 30 days), OTC
bisacodyl tab delayed release 5 mg (Feenamint)	Tier 1	QL (90 ea / 30 days), OTC
bisacodyl tab delayed release 5 mg (Gentle Laxative)	Tier 1	QL (90 ea / 30 days), OTC
bisacodyl tab delayed release 5 mg (Gnp Gentle Laxative)	Tier 1	QL (90 ea / 30 days), OTC
bisacodyl tab delayed release 5 mg (Gnp Womens Gentle Laxativ)	Tier 1	QL (90 ea / 30 days), OTC
bisacodyl tab delayed release 5 mg (Goodsense Womens Laxative)	Tier 1	QL (90 ea / 30 days), OTC
bisacodyl tab delayed release 5 mg (Hm Laxative)	Tier 1	QL (90 ea / 30 days), OTC
bisacodyl tab delayed release 5 mg (Kp Bisacodyl)	Tier 1	QL (90 ea / 30 days), OTC
bisacodyl tab delayed release 5 mg (Laxative)	Tier 1	QL (90 ea / 30 days), OTC
bisacodyl tab delayed release 5 mg (Qc Gentle Laxative)	Tier 1	QL (90 ea / 30 days), OTC
bisacodyl tab delayed release 5 mg (Ra Laxative)	Tier 1	QL (90 ea / 30 days), OTC
bisacodyl tab delayed release 5 mg (Sb Bisacodyl Laxative Ec)	Tier 1	QL (90 ea / 30 days), OTC
bisacodyl tab delayed release 5 mg (Sm Gentle Laxative)	Tier 1	QL (90 ea / 30 days), OTC
bisacodyl tab delayed release 5 mg (Womans Laxative)	Tier 1	QL (90 ea / 30 days), OTC
sennosides chew tab 15 mg (Chocolated Laxative)	Tier 1	OTC
sennosides chew tab 15 mg (Chocolated Laxative Regul)	Tier 1	OTC
sennosides chew tab 15 mg (Cvs Chocolate Laxative Pi)	Tier 1	OTC
sennosides chew tab 15 mg (Eq Laxative Eq Laxative)	Tier 1	OTC
sennosides chew tab 15 mg (Ra Laxative)	Tier 1	OTC
sennosides syrup 8.8 mg/5ml	Tier 1	OTC
sennosides syrup 8.8 mg/5ml (Sennazon)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
sennosides tab 8.6 mg (Cvs Senna)	Tier 1	QL (60 ea / 30 days), OTC
sennosides tab 8.6 mg (Dr Edwards Olive Laxative)	Tier 1	QL (60 ea / 30 days), OTC
sennosides tab 8.6 mg (Eq Natural Laxative)	Tier 1	QL (60 ea / 30 days), OTC
sennosides tab 8.6 mg (Eq Natural Vegetable Laxa)	Tier 1	QL (60 ea / 30 days), OTC
sennosides tab 8.6 mg (Evac-u-gen)	Tier 1	QL (60 ea / 30 days), OTC
sennosides tab 8.6 mg (Geri-kot)	Tier 1	QL (60 ea / 30 days), OTC
sennosides tab 8.6 mg (Gnp Senna Lax)	Tier 1	QL (60 ea / 30 days), OTC
sennosides tab 8.6 mg (Goodsense Senna Laxative)	Tier 1	QL (60 ea / 30 days), OTC
sennosides tab 8.6 mg (Hm Senna)	Tier 1	QL (60 ea / 30 days), OTC
sennosides tab 8.6 mg (Kp Senna)	Tier 1	QL (60 ea / 30 days), OTC
sennosides tab 8.6 mg (Medi-natural)	Tier 1	QL (60 ea / 30 days), OTC
sennosides tab 8.6 mg (Px Vegetable Laxative)	Tier 1	QL (60 ea / 30 days), OTC
sennosides tab 8.6 mg (Qc Senna)	Tier 1	QL (60 ea / 30 days), OTC
sennosides tab 8.6 mg (Sb Senna-lax)	Tier 1	QL (60 ea / 30 days), OTC
sennosides tab 8.6 mg (Senna Regular Strength)	Tier 1	QL (60 ea / 30 days), OTC
sennosides tab 8.6 mg (Senna-lax)	Tier 1	QL (60 ea / 30 days), OTC
sennosides tab 8.6 mg (Senna-tabs)	Tier 1	QL (60 ea / 30 days), OTC
sennosides tab 8.6 mg (Senna-time)	Tier 1	QL (60 ea / 30 days), OTC
sennosides tab 8.6 mg (Sm Senna Laxative)	Tier 1	QL (60 ea / 30 days), OTC
sennosides tab 25 mg (Cvs Laxative Pills Maximu)	Tier 1	OTC
sennosides tab 25 mg (Eq Laxative Maximum Stren)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
sennosides tab 25 mg (EqI Laxative Maximum Stre)	Tier 1	OTC
sennosides tab 25 mg (Goodsense Laxative Pills)	Tier 1	OTC
sennosides tab 25 mg (Laxative Maximum Strength)	Tier 1	OTC
sennosides tab 25 mg (Sm Laxative Maximum Stren)	Tier 1	OTC

SURFACTANT LAXATIVES

docusate calcium cap 240 mg (Cvs Stool Softener)	Tier 1	QL (60 ea / 30 days), OTC
docusate calcium cap 240 mg (Gnp Stool Softener)	Tier 1	QL (60 ea / 30 days), OTC
docusate calcium cap 240 mg (Qc Docusate Calcium)	Tier 1	QL (60 ea / 30 days), OTC
docusate calcium cap 240 mg (Surfak)	Tier 1	QL (60 ea / 30 days), OTC
docusate sodium cap 50 mg (Cvs Stool Softener)	Tier 1	QL (60 ea / 30 days), OTC
docusate sodium cap 100 mg	Tier 1	QL (180 ea / 30 days), OTC
docusate sodium cap 100 mg (Correctol Extra Gentle)	Tier 1	QL (180 ea / 30 days), OTC
docusate sodium cap 100 mg (Cvs Stool Softener)	Tier 1	QL (180 ea / 30 days), OTC
docusate sodium cap 100 mg (Dok)	Tier 1	QL (180 ea / 30 days), OTC
docusate sodium cap 100 mg (Dulcolax Pink Stool Softe)	Tier 1	QL (180 ea / 30 days), OTC
docusate sodium cap 100 mg (Dulcolax Stool Softener)	Tier 1	QL (180 ea / 30 days), OTC
docusate sodium cap 100 mg (Easy-lax)	Tier 1	QL (180 ea / 30 days), OTC
docusate sodium cap 100 mg (Eq Stool Softener)	Tier 1	QL (180 ea / 30 days), OTC
docusate sodium cap 100 mg (Hm Stool Softener)	Tier 1	QL (180 ea / 30 days), OTC
docusate sodium cap 100 mg (Phillips Stool Softener)	Tier 1	QL (180 ea / 30 days), OTC
docusate sodium cap 100 mg (Ra Col-rite)	Tier 1	QL (180 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
<i>docusate sodium cap 250 mg</i>	Tier 1	QL (180 ea / 30 days), OTC
<i>docusate sodium cap 250 mg</i> (Cvs Stool Softener)	Tier 1	QL (180 ea / 30 days), OTC
<i>docusate sodium cap 250 mg</i> (Ra Col-rite)	Tier 1	QL (180 ea / 30 days), OTC
<i>docusate sodium cap 250 mg</i> (Stool Softener Extra Stre)	Tier 1	QL (180 ea / 30 days), OTC
<i>docusate sodium cap 250 mg</i> (Stool Softener Laxative E)	Tier 1	QL (180 ea / 30 days), OTC
<i>docusate sodium liquid 150 mg/15ml</i>	Tier 1	QL (900 mL / 30 days), OTC
<i>docusate sodium liquid 150 mg/15ml</i> (Docu)	Tier 1	QL (900 mL / 30 days), OTC
<i>docusate sodium liquid 150 mg/15ml</i> (Silace)	Tier 1	QL (900 mL / 30 days), OTC
<i>docusate sodium liquid 150 mg/15ml</i> (Stool Softener)	Tier 1	QL (900 mL / 30 days), OTC
<i>docusate sodium syrup 60 mg/15ml</i>	Tier 1	QL (900 mL / 30 days), OTC
<i>docusate sodium syrup 60 mg/15ml</i> (Silace)	Tier 1	QL (900 mL / 30 days), OTC
<i>docusate sodium tab 100 mg</i>	Tier 1	QL (180 ea / 30 days), OTC
<i>docusate sodium tab 100 mg</i> (Dok)	Tier 1	QL (180 ea / 30 days), OTC
<i>docusate sodium tab 100 mg</i> (Healthy Mama Move It Alon)	Tier 1	QL (180 ea / 30 days), OTC
<i>docusate sodium tab 100 mg</i> (Hm Stool Softener)	Tier 1	QL (180 ea / 30 days), OTC
PEDIA-LAX LIQ 50MG (<i>docusate sodium</i>)	Tier 1	QL (900 mL / 30 days), OTC

MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN

<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	QL (600 mL / 30 days, max 1 fill per 45 days); AGE (Max age 12 years)
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1	QL (900 mL / 30 days, max 1 fill per 45 days); AGE (Max age 12 years)

Drug Name	Drug Tier	Requirements/Limit
azithromycin powd pack for susp 1 gm	Tier 1	QL (1 ea / day, max 1 day supply)
azithromycin tab 250 mg	Tier 1	QL (12 ea / 25 days)
azithromycin tab 500 mg	Tier 1	QL (6 ea / 25 days)
azithromycin tab 600 mg	Tier 1	QL (30 ea / 30 days)

CLARITHROMYCIN

clarithromycin for susp 125 mg/5ml	Tier 1	AGE (Max age 12 years)
clarithromycin for susp 250 mg/5ml	Tier 1	AGE (Max age 12 years)
clarithromycin tab 250 mg	Tier 1	
clarithromycin tab 500 mg	Tier 1	

ERYTHROMYCINS

erythromycin ethylsuccinate for susp 200 mg/5ml	Tier 1	AGE (Max age 12 years)
--	--------	------------------------

MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CAYA DPR (diaphragm arc-spring)	Tier 1	
CONDOMS - FEMALE (condoms - female)	Tier 1	OTC
CONDOMS - MALE	Tier 1	OTC
CONDOMS LATEX LUBRICATED (condoms latex lubricated - male)	Tier 1	OTC
CONDOMS LATEX NON-LUBRICATED (condoms latex non-lubricated - male)	Tier 1	OTC
DUREX MIS REALFEEL (condoms non-latex lubricated - male)	Tier 1	OTC
FEMCAP MIS 22MM (cervical caps)	Tier 1	
FEMCAP MIS 26MM (cervical caps)	Tier 1	
FEMCAP MIS 30MM (cervical caps)	Tier 1	
OMNIFLEX DPR (diaphragms)	Tier 1	
WIDE-SEAL DPR KIT 60 (diaphragm wide seal)	Tier 1	
WIDE-SEAL DPR KIT 65 (diaphragm wide seal)	Tier 1	
WIDE-SEAL DPR KIT 70 (diaphragm wide seal)	Tier 1	
WIDE-SEAL DPR KIT 75 (diaphragm wide seal)	Tier 1	

Drug Name	Drug Tier	Requirements/Limit
WIDE-SEAL DPR KIT 80 (diaphragm wide seal)	Tier 1	
WIDE-SEAL DPR KIT 85 (diaphragm wide seal)	Tier 1	
WIDE-SEAL DPR KIT 90 (diaphragm wide seal)	Tier 1	
WIDE-SEAL DPR KIT 95 (diaphragm wide seal)	Tier 1	

DIABETIC SUPPLIES

DEXCOM G5 MOBILE RECEIVER (continuous blood glucose system receiver)	Tier 1	PA, QL (1 ea / 310 days)
DEXCOM G5 MOBILE TRANSMIT (continuous blood glucose system transmitter)	Tier 1	PA, QL (1 ea / 76 days)
DEXCOM G6 RECEIVER (continuous blood glucose system receiver)	Tier 1	PA, QL (1 ea / 310 days)
DEXCOM G6 SENSOR (continuous blood glucose system sensor)	Tier 1	PA, QL (3 ea / 25 days)
DEXCOM G6 TRANSMITTER (continuous blood glucose system transmitter)	Tier 1	PA, QL (1 ea / 76 days)
FREESTY LIBR KIT 2 SENSOR (continuous blood glucose system sensor)	Tier 1	PA, QL (3 ea / 25 days)
FREESTY LIBR MIS 2 READER (continuous blood glucose system receiver)	Tier 1	PA, QL (1 ea / 310 days)
FREESTYLE LIBRE READER (continuous blood glucose system receiver)	Tier 1	PA, QL (1 ea / 310 days)
FREESTYLE LIBRE SENSOR (continuous blood glucose system sensor)	Tier 1	PA, QL (2 ea / 25 days); 14 day
FREESTYLE LIBRE SENSOR (continuous blood glucose system sensor)	Tier 1	PA, QL (3 ea / 25 days); 10 day
G5/G4 MIS SENSOR (continuous blood glucose system sensor)	Tier 1	PA, QL (4 ea / 23 days)
LANCETS	Tier 1	OTC
LANCETS (lancets)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
RELION TRUE KIT MET AIR (blood glucose monitoring supplies)	Tier 1	QL (1 ea / year), OTC
TRUE METRIX KIT AIR (blood glucose monitoring supplies)	Tier 1	QL (1 ea / year), OTC
TRUE METRIX KIT METER (blood glucose monitoring supplies)	Tier 1	QL (1 ea / year), OTC
MISC. DEVICES		
ALCOHOL SWABS	Tier 1	QL (200 ea / 30 days), OTC
ALCOHOL SWABS (alcohol swabs)	Tier 1	QL (200 ea / 30 days), OTC
ESSENTRA MIS 9X9" (alcohol sheets)	Tier 1	QL (200 ea / 30 days)
LMA MAD MIS NASAL (misc. devices)	Tier 1	
MUCOSAL ATOM MIS DEVICE	Tier 1	OTC
PARENTERAL THERAPY SUPPLIES		
BD U-500 MIS 31GX6MM (insulin syringe/needle u-500)	Tier 1	QL (150 ea / 30 days)
INSULIN SYRG MIS 0.3/29G (insulin syringe/needle u-100)	Tier 1	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/29G (insulin syringe/needle u-100)	Tier 1	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/30G (insulin syringe/needle u-100)	Tier 1	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/30G (insulin syringe/needle u-100)	Tier 1	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/31G (insulin syringe/needle u-100)	Tier 1	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/31G (insulin syringe/needle u-100)	Tier 1	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/28G (insulin syringe/needle u-100)	Tier 1	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/29G (insulin syringe/needle u-100)	Tier 1	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/29G (insulin syringe/needle u-100)	Tier 1	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/30G (insulin syringe/needle u-100)	Tier 1	QL (150 ea / 30 days), OTC; TECHLITE

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

Drug Name	Drug Tier	Requirements/Limit
INSULIN SYRG MIS 0.5/30G (<i>insulin syringe/needle u-100</i>)	Tier 1	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/31G (<i>insulin syringe/needle u-100</i>)	Tier 1	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/31G (<i>insulin syringe/needle u-100</i>)	Tier 1	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/28G (<i>insulin syringe/needle u-100</i>)	Tier 1	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	Tier 1	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	Tier 1	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	Tier 1	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	Tier 1	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	Tier 1	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	Tier 1	QL (150 ea / 30 days), OTC; TRUEPLUS
NEEDLE (DISP) 18 X 1-1/2"	Tier 1	OTC
NEEDLE (DISP) 18 X 1-1/2" (<i>needle (disp) 18 g</i>)	Tier 1	OTC
NEEDLE (DISP) 18 X 1-1/2"- RX (<i>needle (disp) 18 g</i>)	Tier 1	
PEN NEEDLES MIS 29GX10MM (<i>insulin pen needle</i>)	Tier 1	QL (200 ea / 25 days), OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7 (<i>insulin pen needle</i>)	Tier 1	QL (200 ea / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM (<i>insulin pen needle</i>)	Tier 1	QL (200 ea / 25 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM (<i>insulin pen needle</i>)	Tier 1	QL (200 ea / 25 days), OTC; TRUEPLUS

Drug Name	Drug Tier	Requirements/Limit
PEN NEEDLES MIS 31GX6MM (insulin pen needle)	Tier 1	QL (200 ea / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM (insulin pen needle)	Tier 1	QL (200 ea / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM (insulin pen needle)	Tier 1	QL (200 ea / 25 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM (insulin pen needle)	Tier 1	QL (200 ea / 25 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM (insulin pen needle)	Tier 1	QL (200 ea / 25 days), OTC; TECHLITE
SYRINGE (DISPOSABLE) 3 ML	Tier 1	OTC
SYRINGE (DISPOSABLE) 3 ML (syringe (disposable))	Tier 1	OTC
SYRINGE (DISPOSABLE) 3 ML - RX (syringe (disposable))	Tier 1	
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1"	Tier 1	OTC
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1" (syringe/needle (disp) 3 ml)	Tier 1	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1" (syringe/needle (disp) 3 ml)	Tier 1	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1" - RX (syringe/needle (disp) 3 ml)	Tier 1	
RESPIRATORY THERAPY SUPPLIES		
ACE AERO CLD MIS ENHANCER (respiratory therapy supplies)	Tier 1	
ACTIVITY PCH MIS (respiratory therapy supplies)	Tier 1	
ADULT MASK MIS LARGE	Tier 1	
AERCHMBR PLS MIS FLOW-VU (spacer/aerosol-holding chambers)	Tier 1	
AERCHMBR PLS MIS LRG MASK (spacer/aerosol-holding chambers)	Tier 1	
AERCHMBR PLS MIS MED MASK (spacer/aerosol-holding chambers)	Tier 1	
AERCHMBR PLS MIS SM MASK (spacer/aerosol-holding chambers)	Tier 1	
AERCHMBR Z- MIS STAT PLS (spacer/aerosol-holding chambers)	Tier 1	

Drug Name	Drug Tier	Requirements/Limit
AEROCHAMBER MIS CHAMBER (spacer/aerosol-holding chambers)	Tier 1	
AEROCHAMBER MIS FLOSIGNA (spacer/aerosol-holding chambers)	Tier 1	
AEROCHAMBER MIS MV (spacer/aerosol-holding chambers)	Tier 1	
AEROCHAMBER MIS PLUS (spacer/aerosol-holding chambers)	Tier 1	
AEROSOL MASK MIS ADULT	Tier 1	OTC
AEROSOL MASK MIS ADULT (respiratory therapy supplies)	Tier 1	
AEROTRC PLUS MIS (respiratory therapy supplies)	Tier 1	
AEROVENT MIS PLUS (spacer/aerosol-holding chambers)	Tier 1	
AIR TUBE MIS /PLUGS	Tier 1	
AIRS PEDIATR MIS MASK (respiratory therapy supplies)	Tier 1	
ALTERA NEB MIS HANDSET (respiratory therapy supplies)	Tier 1	
BREATHE EASE MIS LG MASK (spacer/aerosol-holding chambers)	Tier 1	
BREATHE EASE MIS MED MASK (spacer/aerosol-holding chambers)	Tier 1	
BREATHE EASE MIS SM MASK (spacer/aerosol-holding chambers)	Tier 1	
BUBBLES PEDI MIS MASK (respiratory therapy supplies)	Tier 1	OTC
CARETOUCH MIS CPAP (respiratory therapy supplies)	Tier 1	
CO MONITOR MIS T PIECES	Tier 1	
COMPACT SPAC MIS CHAMBER (spacer/aerosol-holding chambers)	Tier 1	
COMPACT SPAC MIS LG MASK (spacer/aerosol-holding chambers)	Tier 1	
COMPACT SPAC MIS MD MASK (spacer/aerosol-holding chambers)	Tier 1	
COMPACT SPAC MIS SM MASK (spacer/aerosol-holding chambers)	Tier 1	
CONVERSION MIS BABY SZ1 (respiratory therapy supplies)	Tier 1	

Drug Name	Drug Tier	Requirements/Limit
CONVERSION MIS BABY SZ2 (respiratory therapy supplies)	Tier 1	
CONVERSION MIS BABY SZ3 (respiratory therapy supplies)	Tier 1	
CPAP & BIPAP MIS HOSE (respiratory therapy supplies)	Tier 1	
2 CPAP HOSE MIS HANGER (respiratory therapy supplies)	Tier 1	
CPAP MASK MIS WIPES (respiratory therapy supplies)	Tier 1	
CPAP NEURAL MIS PRE-WASH (respiratory therapy supplies)	Tier 1	
EASIVENT MIS (spacer/aerosol-holding chambers)	Tier 1	
EASIVENT MIS MASK LG (spacer/aerosol-holding chambers)	Tier 1	
EASIVENT MIS MASK MED (spacer/aerosol-holding chambers)	Tier 1	
EASIVENT MIS MASK SM (spacer/aerosol-holding chambers)	Tier 1	
EASY FLOW MIS 300MM (respiratory therapy supplies)	Tier 1	OTC
EASY FLOW MIS 400MM (respiratory therapy supplies)	Tier 1	OTC
EASY FLOW MIS AIR NOZZ (respiratory therapy supplies)	Tier 1	OTC
EASY FLOW MIS HEPA FIL (respiratory therapy supplies)	Tier 1	OTC
ERAPID NEB MIS HANDSET (respiratory therapy supplies)	Tier 1	
FILTER AIR MIS PP	Tier 1	
FLEXICHAMBER MIS (spacer/aerosol-holding chambers)	Tier 1	
FLYP HYPERSO MIS CARTRIDG (respiratory therapy supplies)	Tier 1	OTC
FULL KIT NEB MIS SET (respiratory therapy supplies)	Tier 1	
HOLD CHAMBER MIS ADLT LG (spacer/aerosol-holding chambers)	Tier 1	
HOLD CHAMBER MIS MEDIUM (spacer/aerosol-holding chambers)	Tier 1	

Drug Name	Drug Tier	Requirements/Limit
HOLD CHAMBER MIS SMALL (spacer/aerosol-holding chambers)	Tier 1	
INSPIRACHAMB MIS LARGE (spacer/aerosol-holding chambers)	Tier 1	
INSPIRACHAMB MIS MEDIUM (spacer/aerosol-holding chambers)	Tier 1	
INSPIRACHAMB MIS MOUTH PCE (spacer/aerosol-holding chambers)	Tier 1	
INSPIRACHAMB MIS SMALL (spacer/aerosol-holding chambers)	Tier 1	
INSPIREASE MIS DD SYST (spacer/aerosol-holding chambers)	Tier 1	
LITETOUCH MIS MASK LG (respiratory therapy supplies)	Tier 1	
LITETOUCH MIS MASK MD (respiratory therapy supplies)	Tier 1	
LITETOUCH MIS MASK SM (respiratory therapy supplies)	Tier 1	
MICROCHAMBER MIS (spacer/aerosol-holding chambers)	Tier 1	
MINIELITE MIS FILTERS (respiratory therapy supplies)	Tier 1	OTC
NEBULIZER (nebulizers)	Tier 1	OTC
NEBULIZER MIS MASK CHD (respiratory therapy supplies)	Tier 1	
NEBULIZER MIS MASK INF (respiratory therapy supplies)	Tier 1	
NEBULIZER- RX (nebulizers)	Tier 1	
NOSE CLIP MIS	Tier 1	OTC
OPTICHAMBER MIS DIA LG (spacer/aerosol-holding chambers)	Tier 1	
OPTICHAMBER MIS DIA MD (spacer/aerosol-holding chambers)	Tier 1	
OPTICHAMBER MIS DIA SM (spacer/aerosol-holding chambers)	Tier 1	
OPTICHAMBER MIS DIAMOND (spacer/aerosol-holding chambers)	Tier 1	
PARI EXPIRAT MIS FILTER (respiratory therapy supplies)	Tier 1	

Drug Name	Drug Tier	Requirements/Limit
PARI MASK MIS SIZE 3 (respiratory therapy supplies)	Tier 1	
PARI PLASTIC MIS MASK (respiratory therapy supplies)	Tier 1	
PARI PLASTIC MIS MASK PED (respiratory therapy supplies)	Tier 1	
PARI VORTEX MIS ADL MASK (respiratory therapy supplies)	Tier 1	OTC
PEAK FLOW METER	Tier 1	QL (1 ea / year), OTC
PEAK FLOW METER (peak flow meter)	Tier 1	QL (1 ea / year), OTC
PEAK FLOW METER- RX (peak flow meter)	Tier 1	QL (1 ea / year)
PEDIATRIC MIS MOUTHPIE	Tier 1	OTC
PFLEX MIS (respiratory therapy supplies)	Tier 1	
PFT FILTER MIS 1000 (respiratory therapy supplies)	Tier 1	
PHARM CHOICE MIS WIPES (respiratory therapy supplies)	Tier 1	OTC
PILLOW MASK MIS ADULT	Tier 1	
PILLOW MASK MIS CHILD	Tier 1	
PILLOW MASK MIS PEDIATRI	Tier 1	
POCKET CHAMB MIS (spacer/aerosol-holding chambers)	Tier 1	
POCKET SPACE MIS (spacer/aerosol-holding chambers)	Tier 1	
PRONEB ULTRA MIS FILTER (respiratory therapy supplies)	Tier 1	OTC
REPLACEMENT MIS FILTER	Tier 1	
REPLACEMENT MIS FILTERS	Tier 1	OTC
RITEFLO MIS (spacer/aerosol-holding chambers)	Tier 1	
SIDESTREAM MIS MASK (respiratory therapy supplies)	Tier 1	
SIDESTREAM MIS MASK (respiratory therapy supplies)	Tier 1	OTC
SIDESTREAM MIS PED MASK (respiratory therapy supplies)	Tier 1	
SIDESTREAM MIS PED MASK (respiratory therapy supplies)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
SIDESTRM PLS MIS FACE MSK (respiratory therapy supplies)	Tier 1	OTC
SILICONE MSK MIS ADULT	Tier 1	
SILICONE MSK MIS INFANT	Tier 1	
SILICONE MSK MIS PED	Tier 1	
SOOTHENEB MIS MED CUP (respiratory therapy supplies)	Tier 1	OTC
SOOTHENEB MIS MESH CAP (respiratory therapy supplies)	Tier 1	OTC
SOOTHENEB MIS NBL 100 (respiratory therapy supplies)	Tier 1	OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE (spacer/aerosol-holding chambers)	Tier 1	OTC
THRESHOLD MIS IMT (respiratory therapy supplies)	Tier 1	
TUBE CLEANIN MIS BRUSH (respiratory therapy supplies)	Tier 1	
VORTEX VALVE MIS CHAMBER (spacer/aerosol-holding chambers)	Tier 1	
WINDMILL MIS TRAINER (respiratory therapy supplies)	Tier 1	
WING TIP MIS TUBING	Tier 1	OTC

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES SEROTONIN AGONISTS

naratriptan hcl tab 1 mg (base equiv)	Tier 1	QL (27 ea / 77 days)
naratriptan hcl tab 2.5 mg (base equiv)	Tier 1	QL (27 ea / 77 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	Tier 1	QL (12 ea / 25 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	Tier 1	QL (12 ea / 25 days)
rizatriptan benzoate tab 5 mg (base equivalent)	Tier 1	QL (36 ea / 77 days)
rizatriptan benzoate tab 10 mg (base equivalent)	Tier 1	QL (36 ea / 77 days)
sumatriptan succinate tab 25 mg	Tier 1	QL (27 ea / 77 days)
sumatriptan succinate tab 50 mg	Tier 1	QL (27 ea / 77 days)
sumatriptan succinate tab 100 mg	Tier 1	QL (27 ea / 77 days)

Drug Name **Drug Tier Requirements/Limit**
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

CALCIUM

<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	Tier 1	OTC
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i> (Calcium 600+d Plus Minera)	Tier 1	OTC
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i> (Ra Calcium 600 Plus Vitam)	Tier 1	OTC
<i>calcium carbonate tab 600 mg</i>	Tier 1	OTC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	Tier 1	OTC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i> (Cvs Calcium Carbonate)	Tier 1	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	Tier 1	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i> (Calcium 600)	Tier 1	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i> (Calcium High Potency)	Tier 1	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i> (Hm Calcium)	Tier 1	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i> (Pure Calcium Carbonate)	Tier 1	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i> (Super Calcium)	Tier 1	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i>	Tier 1	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i> (Oyster Shell Calcium 500+)	Tier 1	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</i> (Os-cal)	Tier 1	OTC
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
calcium carbonate-cholecalciferol tab 250 mg-125 unit (Oyster Shell Calcium 250+)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 250 mg-125 unit (Oyster Shell Calcium/vita)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-125 unit	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-125 unit (Cvs Oyster Shell Calcium/)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-125 unit (Nat-rul Oyster Calcium +)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-125 unit (Oyster Shell Calcium Plus)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-200 unit	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Calcium 500 + D)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Calcium Plus Vitamin D)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Eq Calcium 500+d)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Os-cal Calcium + D3)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Oysco 500+d)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Oyster Calcium/d3)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Oyster Shell Calcium Plus)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Oyster Shell Calcium+d)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Sm Calcium /vitamin D)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Sm Calcium/vitamin D)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-400 unit	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-400 unit (Calcium 500 +d)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-400 unit (Calcium+d3)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-400 unit (Oyster Shell Calcium + D)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-400 unit (Oyster Shell Calcium + D3)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 500 mg-400 unit (Oystercal-d)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-200 unit	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-200 unit (Calcium 600 + D)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-200 unit (Calcium 600+d3)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-200 unit (Calcium/vitamin D3)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-400 unit	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-400 unit (Calcium 600+d)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-400 unit (Calcium 600+d3)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-400 unit (Calcium 600/vitamin D)	Tier 1	OTC

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

Drug Name	Drug Tier Requirements/Limit	
calcium carbonate-cholecalciferol tab 600 mg-400 unit (Calcium/vitamin D3)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-400 unit (Eq Calcium/vitamin D)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-400 unit (Hm Calcium/vitamin D)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-400 unit (Kp Calcium 600+d)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-400 unit (Ra Calcium 600 Plus Vitam)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-400 unit (Sm Calcium/vitamin D)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-800 unit (Calcium 600+d)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-800 unit (Calcium 600+d3)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-800 unit (Calcium+d3)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-800 unit (Cvs Calcium 600 & Vitamin)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-800 unit (Cvs Calcium 600+d)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-800 unit (Cvs Calcium & Vitamin D3)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-800 unit (Eq Calcium 600mg/vitamin)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-800 unit (Gnp Calcium 600 +d3)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
calcium carbonate-cholecalciferol tab 600 mg-800 unit (Kp Calcium 600+d)	Tier 1	OTC
calcium carbonate-cholecalciferol tab 600 mg-800 unit (Sm Calcium/vitamin D)	Tier 1	OTC
calcium carbonate-vitamin d cap 600 mg-200 unit	Tier 1	OTC
calcium carbonate-vitamin d cap 600 mg-200 unit (Liquid Calcium/vitamin D)	Tier 1	OTC
calcium carbonate-vitamin d chew tab 600 mg-400 unit (Calcium 600 With Vitamin)	Tier 1	OTC
calcium carbonate-vitamin d chew tab 600 mg-400 unit (Calcium Creamies)	Tier 1	OTC
calcium carbonate-vitamin d tab 250 mg-125 unit	Tier 1	OTC
calcium carbonate-vitamin d tab 250 mg-125 unit (Oyster Shell Calcium/d)	Tier 1	OTC
calcium carbonate-vitamin d tab 500 mg-125 unit (Calcium 500 + D)	Tier 1	OTC
calcium carbonate-vitamin d tab 500 mg-125 unit (Calcium 500/vitamin D)	Tier 1	OTC
calcium carbonate-vitamin d tab 500 mg-125 unit (Oyster Shell Calcium 500)	Tier 1	OTC
calcium carbonate-vitamin d tab 500 mg-200 unit	Tier 1	OTC
calcium carbonate-vitamin d tab 500 mg-200 unit (Calcium 500+d)	Tier 1	OTC
calcium carbonate-vitamin d tab 500 mg-200 unit (Calcium 500/d)	Tier 1	OTC
calcium carbonate-vitamin d tab 500 mg-200 unit (Oyster Shell Calcium/vita)	Tier 1	OTC
calcium carbonate-vitamin d tab 500 mg-200 unit (Ra Hi Cal)	Tier 1	OTC
calcium carbonate-vitamin d tab 500 mg-400 unit	Tier 1	OTC

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

Drug Name	Drug Tier Requirements/Limit	
calcium carbonate-vitamin d tab 500 mg-400 unit (Calcium 500+d High Potenc)	Tier 1	OTC
calcium carbonate-vitamin d tab 500 mg-400 unit (Oyster Shell Calcium/d3)	Tier 1	OTC
calcium carbonate-vitamin d tab 500 mg-400 unit (Sm Calcium 500/vitamin D3)	Tier 1	OTC
calcium carbonate-vitamin d tab 500 mg-400 unit (Sm Oyster Shell Calcium/v)	Tier 1	OTC
calcium carbonate-vitamin d tab 600 mg-125 unit	Tier 1	OTC
calcium carbonate-vitamin d tab 600 mg-200 unit	Tier 1	OTC
calcium carbonate-vitamin d tab 600 mg-200 unit (Calcium 600+d)	Tier 1	OTC
calcium carbonate-vitamin d tab 600 mg-200 unit (Calcium High Potency + Vi)	Tier 1	OTC
calcium carbonate-vitamin d tab 600 mg-200 unit (Ra Calcium Plus Vitamin D)	Tier 1	OTC
calcium carbonate-vitamin d tab 600 mg-200 unit (Sb Calcium + D)	Tier 1	OTC
calcium carbonate-vitamin d tab 600 mg-400 unit	Tier 1	OTC
calcium carbonate-vitamin d tab 600 mg-400 unit (Calcium 600 + D)	Tier 1	OTC
calcium carbonate-vitamin d tab 600 mg-400 unit (Calcium 600+d)	Tier 1	OTC
calcium carbonate-vitamin d tab 600 mg-400 unit (Calcium 600+d3)	Tier 1	OTC
calcium carbonate-vitamin d tab 600 mg-400 unit (Calcium 600+d High Potenc)	Tier 1	OTC
calcium carbonate-vitamin d tab 600 mg-400 unit (Px Calcium&d)	Tier 1	OTC
calcium carbonate-vitamin d tab 600 mg-400 unit (Ra Calcium Plus Vitamin D)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
calcium carbonate-vitamin d tab 600 mg-400 unit (Sm Calcium 600/vitamin D)	Tier 1	OTC
calcium carbonate-vitamin d tab 600 mg-400 unit (Super Calcium 600 + D3)	Tier 1	OTC
calcium carbonate-vitamin d tab 600 mg-400 unit (Super Calcium 600+d3 400)	Tier 1	OTC
calcium carbonate-vitamin d tab 600 mg-400 unit (Super Calcium 600+d 400)	Tier 1	OTC
calcium citrate tab 950 mg (200 mg elemental ca)	Tier 1	OTC
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)	Tier 1	OTC
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca) (Calcium Citrate + D3)	Tier 1	OTC
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca) (Calcium Citrate+d3 Petite)	Tier 1	OTC
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca) (Cvs Calcium Citrate+d3 Pe)	Tier 1	OTC
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca) (Ra Calcium Citrate/vitami)	Tier 1	OTC
calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca) (Calcium Citrate + D3)	Tier 1	OTC
calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca) (Calcium Citrate+ D)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca) (Calcitrate Plus D)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca) (Calcium Citrate +)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca) (Calcium Citrate + D)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca) (Calcium Citrate/d3)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca) (Ra Calcium Citrate Plus V)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Calcium Citrate + D3 Max)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Calcium Citrate+d)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Calcium Citrate+d3)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Cvs Calcium Citrate+d3)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Eq Calcium Citrate+d)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Eq Calcium Citrate+d3)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Eq Calcium Citrate/ Vita)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Gnp Calcium Citrate +d3)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Gnp Calcium Citrate+d3 Ma)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Hm Calcium Citrate + Vita)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Kp Calcium Citrate+d)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Ra Calcium Citrate Plus V)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Sm Calcium Citrate+ W/vit)	Tier 1	OTC
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Sm Calcium Citrate+vitami)	Tier 1	OTC
calcium-magnesium-zinc tab 333-133-5 mg	Tier 1	OTC
calcium-magnesium-zinc tab 333-133-5 mg (Cvs Calcium/magnesium/zin)	Tier 1	OTC
calcium-magnesium-zinc tab 333-133-5 mg (Kp Calcium/magnesium/zinc)	Tier 1	OTC
calcium-magnesium-zinc tab 333-133-5 mg (Sm Calcium/magnesium/zinc)	Tier 1	OTC
oyster shell calcium tab 500 mg	Tier 1	OTC
oyster shell calcium tab 500 mg (Oystercal)	Tier 1	OTC
RISACAL-D TAB (calcium & phosphorus w/ vitamin d)	Tier 1	OTC
ELECTROLYTE MIXTURES		
oral electrolyte solution	Tier 1	OTC
oral electrolyte solution (Advantage Care Oral Elect)	Tier 1	OTC
oral electrolyte solution (Ceralyte 70)	Tier 1	OTC
oral electrolyte solution (Cvs Electrolyte Solution)	Tier 1	OTC
oral electrolyte solution (Cvs Pediatric Electrolyte)	Tier 1	OTC
oral electrolyte solution (H-e-b Oral Electrolyte So)	Tier 1	OTC
oral electrolyte solution (Oral Electrolyte Solution)	Tier 1	OTC

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

Drug Name	Drug Tier	Requirements/Limit
oral electrolyte solution (Oralyte)	Tier 1	OTC
oral electrolyte solution (Oralyte Freezer Pops)	Tier 1	OTC
oral electrolyte solution (Pedia Vance)	Tier 1	OTC
oral electrolyte solution (Pediatric Electrolyte Fre)	Tier 1	OTC
oral electrolyte solution (Pediatric Electrolyte/wit)	Tier 1	OTC
oral electrolyte solution (Pediatric Electrolyte/zin)	Tier 1	OTC
oral electrolyte solution (Ra Pediatric Electrolyte)	Tier 1	OTC
oral electrolyte solution (Rehydralyte)	Tier 1	OTC
oral electrolyte solution (Sm Pediatric Electrolyte)	Tier 1	OTC

FLUORIDE

sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	Tier 1	QL (30 ea / 30 days)
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	Tier 1	QL (30 ea / 30 days)
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	Tier 1	QL (30 ea / 30 days)
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Nafrinse)	Tier 1	QL (30 ea / 30 days)
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	Tier 1	QL (50 mL / 30 days)
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	Tier 1	QL (50 mL / 30 days), OTC

MAGNESIUM

magnesium chloride tab dr 64 mg (elemental mg)	Tier 1	OTC
magnesium chloride tab dr 64 mg (elemental mg) (Magdelay)	Tier 1	OTC
magnesium gluconate tab 27.5 mg (elemental mg)	Tier 1	OTC
magnesium oxide cap 500 mg (elemental mg)	Tier 1	OTC
magnesium oxide cap 500 mg (elemental mg) (Ra Magnesium)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
<i>magnesium oxide tab 250 mg (mg supplement)</i>	Tier 1	OTC
<i>magnesium oxide tab 250 mg (mg supplement)</i> (Cvs Magnesium Oxide)	Tier 1	OTC
<i>magnesium oxide tab 250 mg (mg supplement)</i> (Sm Magnesium)	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 oxide tab 400 mg (241.3 mg elemental mg)</i> (Magnesium-oxide)	Tier 1	OTC
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i> (Mgo)	Tier 1	OTC
<i>magnesium oxide tab 500 mg (mg supplement)</i> (Cvs Magnesium)	Tier 1	OTC
<i>magnesium tab 250 mg</i> (Ra Natural Magnesium)	Tier 1	OTC
<i>magnesium tab 400 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)
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i> (Phospha 250 Neutral)	Tier 1	QL (120 ea / 30 days)
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i> (Phospho-trin 250 Neutral)	Tier 1	QL (120 ea / 30 days)
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i> (Virt-phos 250 Neutral)	Tier 1	QL (120 ea / 30 days)
POTASSIUM		
<i>potassium bicarbonate effer tab 25 meq</i> (Effer-k)	Tier 1	QL (60 ea / 30 days)
<i>potassium bicarbonate effer tab 25 meq</i> (K-prime)	Tier 1	QL (60 ea / 30 days)
<i>potassium bicarbonate effer tab 25 meq</i> (Klor-con/ef)	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/Limit
potassium chloride microencapsulated crys er tab 10 meq	Tier 1	QL (120 ea / 30 days)
potassium chloride microencapsulated crys er tab 10 meq (Klor-con M10)	Tier 1	QL (120 ea / 30 days)
potassium chloride microencapsulated crys er tab 20 meq	Tier 1	QL (150 ea / 30 days)
potassium chloride microencapsulated crys er tab 20 meq (Klor-con M20)	Tier 1	QL (150 ea / 30 days)
potassium chloride oral soln 10% (20 meq/15ml)	Tier 1	
potassium chloride oral soln 20% (40 meq/15ml)	Tier 1	
potassium chloride tab er 8 meq (600 mg)	Tier 1	QL (120 ea / 30 days)
potassium chloride tab er 8 meq (600 mg) (Klor-con 8)	Tier 1	QL (120 ea / 30 days)
potassium chloride tab er 10 meq	Tier 1	QL (120 ea / 30 days)
potassium chloride tab er 10 meq (Klor-con 10)	Tier 1	QL (120 ea / 30 days)
potassium chloride tab er 20 meq (1500 mg)	Tier 1	QL (150 ea / 30 days)
SODIUM		
sodium chloride tab 1 gm	Tier 1	OTC
TRACE MINERALS		
LIQUILIFT KIT TRACE (trace minerals (cr-cu-mn-se-zn))	Tier 1	PA
MULTITRACE-4 INJ NEONATAL (trace minerals (cr-cu-mn-zn))	Tier 1	PA
MULTITRACE-4 INJ PED (trace minerals (cr-cu-mn-zn))	Tier 1	PA
TRACE ELEM 4 INJ PED (trace minerals (cr-cu-mn-zn))	Tier 1	PA
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine tab 250 mg	Tier 1	PA
IMMUNOMODULATORS		
REVLIMID CAP 5MG (lenalidomide)	Tier 1	SP, PA, QL (30 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limit
REVLIMID CAP 10MG (<i>lenalidomide</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)
REVLIMID CAP 15MG (<i>lenalidomide</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)
REVLIMID CAP 25MG (<i>lenalidomide</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)
THALOMID CAP 100MG (<i>thalidomide</i>)	Tier 1	SP, PA, QL (30 ea / 30 days)

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 25 mg</i> (Gengraf)	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 cap 100 mg</i> (Gengraf)	Tier 1	QL (300 ea / 30 days)
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	QL (300 mL / 30 days)
<i>cyclosporine modified oral soln 100 mg/ml</i> (Gengraf)	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 (<i>cyclosporine modified (for microemulsion)</i>)	Tier 1	QL (450 ea / 30 days)
NEORAL CAP 100MG (<i>cyclosporine modified (for microemulsion)</i>)	Tier 1	QL (300 ea / 30 days)
NEORAL SOL 100MG/ML (<i>cyclosporine modified (for microemulsion)</i>)	Tier 1	QL (300 mL / 30 days)
SANDIMMUNE CAP 25MG (<i>cyclosporine</i>)	Tier 1	QL (480 ea / 30 days)
SANDIMMUNE CAP 100MG (<i>cyclosporine</i>)	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>water for irrigation, sterile irrigation soln</i>	Tier 1	
--	--------	--

Drug Name	Drug Tier	Requirements/Limit
water for irrigation, sterile irrigation soln (Argyle Sterile Water 100m)	Tier 1	
POTASSIUM REMOVING AGENTS		
sodium polystyrene sulfonate oral susp 15 gm/60ml (Sps)	Tier 1	
sodium polystyrene sulfonate powder	Tier 1	
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl viscous soln 2%	Tier 1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	Tier 1	QL (150 ea / 30 days)
nystatin susp 100000 unit/ml	Tier 1	QL (3600 mL / 30 days)
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	Tier 1	
chlorhexidine gluconate soln 0.12% (Periogard)	Tier 1	
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide dental paste 0.1%	Tier 1	
triamcinolone acetonide dental paste 0.1% (Oralene Dental Paste)	Tier 1	
THROAT PRODUCTS - MISC.		
pilocarpine hcl tab 5 mg	Tier 1	
pilocarpine hcl tab 7.5 mg	Tier 1	
MULTIVITAMINS - DRUGS FOR NUTRITION		
B-COMPLEX W/ FOLIC ACID		
b-complex w/ c & folic acid cap 1 mg (Reno Caps)	Tier 1	QL (60 ea / 30 days), OTC
b-complex w/ c & folic acid cap 1 mg- rx (Mynephrocaps)	Tier 1	QL (60 ea / 30 days)
b-complex w/ c & folic acid cap 1 mg- rx (Mynephron)	Tier 1	QL (60 ea / 30 days)
b-complex w/ c & folic acid cap 1 mg- rx (Renal Caps)	Tier 1	QL (60 ea / 30 days)
b-complex w/ c & folic acid cap 1 mg- rx (Reno Caps)	Tier 1	QL (60 ea / 30 days)

Drug Name	Drug Tier Requirements/Limit	
<i>b-complex w/ c & folic acid cap 1 mg- rx</i> (Triphrocaps)	Tier 1	QL (60 ea / 30 days)
<i>b-complex w/ c & folic acid cap 1 mg- rx</i> (Virt-caps)	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</i> (B-complex Balanced)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab</i> (Eq Super B Complex/vitam)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab</i> (Hm Vitamin B Complex/vita)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab</i> (Kp B Complex/c)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab</i> (Sm B Super Vitamin Comple)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab</i> (Stress Formula)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab</i> (Super B-complex/folic Aci)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab</i> (Super B-complex/vitamin C)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 0.8 mg</i> (Dialyvite 800)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 0.8 mg</i> (Nephro Vitamins)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 0.8 mg</i> (Rena-vite)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 0.8 mg</i> (Renal Multivitamin Formul)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 0.8 mg</i> (Renal Vitamin)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 0.8 mg</i> (Renal-vite)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 1 mg</i> (Rena-vite Rx)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 1 mg- rx</i> (Dialyvite)	Tier 1	
<i>b-complex w/ c & folic acid tab 1 mg- rx</i> (Nephronex)	Tier 1	
<i>b-complex w/ c & folic acid tab 1 mg- rx</i> (Vp-vite Rx)	Tier 1	

Drug Name	Drug Tier	Requirements/Limit
<i>b-complex w/ c & folic acid tab 5 mg- rx</i> (Folbee Plus)	Tier 1	
<i>b-complex w/ c & folic acid tab- rx</i> (B-plex)	Tier 1	
<i>b-complex w/ c & folic acid tab- rx</i> (Hylavite)	Tier 1	
MULTIPLE VITAMINS W/ IRON		
<i>multiple vitamins w/ iron tab</i>	Tier 1	QL (30 ea / 30 days), OTC
<i>multiple vitamins w/ iron tab</i> (Daily Vitamin Formula+ir)	Tier 1	QL (30 ea / 30 days), OTC
<i>multiple vitamins w/ iron tab</i> (Daily Vitamin Formula+iro)	Tier 1	QL (30 ea / 30 days), OTC
<i>multiple vitamins w/ iron tab</i> (Daily Vite Multivitamin/i)	Tier 1	QL (30 ea / 30 days), OTC
<i>multiple vitamins w/ iron tab</i> (Daily-vitamin/iron)	Tier 1	QL (30 ea / 30 days), OTC
<i>multiple vitamins w/ iron tab</i> (Hm One Daily/iron)	Tier 1	QL (30 ea / 30 days), OTC
<i>multiple vitamins w/ iron tab</i> (Multi Vitamin With Iron)	Tier 1	QL (30 ea / 30 days), OTC
<i>multiple vitamins w/ iron tab</i> (Multi-day Plus Iron)	Tier 1	QL (30 ea / 30 days), OTC
<i>multiple vitamins w/ iron tab</i> (Multi-vitamins/iron)	Tier 1	QL (30 ea / 30 days), OTC
<i>multiple vitamins w/ iron tab</i> (Multivitamin Plus Iron Ad)	Tier 1	QL (30 ea / 30 days), OTC
<i>multiple vitamins w/ iron tab</i> (Natural Daily-vite + Iron)	Tier 1	QL (30 ea / 30 days), OTC
<i>multiple vitamins w/ iron tab</i> (One-daily Multi-vitamin/i)	Tier 1	QL (30 ea / 30 days), OTC
<i>multiple vitamins w/ iron tab</i> (One-daily/iron)	Tier 1	QL (30 ea / 30 days), OTC
<i>multiple vitamins w/ iron tab</i> (Qc Daily Multivitamins/ir)	Tier 1	QL (30 ea / 30 days), OTC
<i>multiple vitamins w/ iron tab</i> (Sm Multiple Vitamins/iron)	Tier 1	QL (30 ea / 30 days), OTC
<i>multiple vitamins w/ iron tab</i> (Stress B Complex/iron)	Tier 1	QL (30 ea / 30 days), OTC
<i>multiple vitamins w/ iron tab</i> (Stress Formula/iron)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
multiple vitamins w/ iron tab (Tab-a-vite/iron)	Tier 1	QL (30 ea / 30 days), OTC
MULTIPLE VITAMINS W/ MINERALS		
multiple vitamins w/ minerals cap (50+ Adult Eye Health)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Advanced Eye Health)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Amoryn Mood Booster)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Anti-oxidant Formula)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Antioxidant)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Antioxidant Formula/miner)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Antioxin 4000)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Body/hair/skin/nails)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Complete Pms Support Comp)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Coral Calcium Plus)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Daily Multivitamin)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Daily Vitamin Plus)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Dry Eye Formula)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Eq Vision Formula 50+)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Eye Vitamins)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Glucoten)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Gnp Healthy Eyes Supervis)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Hair/skin/nails)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Icaps)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
multiple vitamins w/ minerals cap (Icaps Lutein & Omega-3)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Macular Health Formula)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Mens Daily Formula/lycope)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Multi Complete)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Multi For Her)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Multi For Her 50+)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Multi For Him)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (My-vitalife)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Ocuvite Eye Health Formul)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Super Antioxidants Protec)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Super Multiple)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Systane Icaps Areds2)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Ultra Multi Formula/iron)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Vision Formula 2)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Vision Formula Eye Health)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Vision Plus)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Vita-min)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Viteyes Complete)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Womens 50+ Advanced)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap (Womens Multi)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals cap- rx (V-c Forte)	Tier 1	QL (30 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limit
multiple vitamins w/ minerals cap- rx (Vic-forte)	Tier 1	QL (30 ea / 30 days)
multiple vitamins w/ minerals liquid (Bprotected Multi-vite)	Tier 1	QL (30 mL / 30 days), OTC
multiple vitamins w/ minerals liquid (Complete Multivitamin/mul)	Tier 1	QL (30 mL / 30 days), OTC
multiple vitamins w/ minerals liquid (Lysiplex Plus)	Tier 1	QL (30 mL / 30 days), OTC
multiple vitamins w/ minerals liquid (Multi-vitamin/multi-miner)	Tier 1	QL (30 mL / 30 days), OTC
multiple vitamins w/ minerals liquid (Multivitamin)	Tier 1	QL (30 mL / 30 days), OTC
multiple vitamins w/ minerals liquid (Super Nu-thera)	Tier 1	QL (30 mL / 30 days), OTC
multiple vitamins w/ minerals liquid (Tropical Liquid Nutrition)	Tier 1	QL (30 mL / 30 days), OTC
multiple vitamins w/ minerals tab	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (A Thru Z Advanced)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (A Thru Z Advanced Adult F)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (A Thru Z High Potency)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (A Thru Z Select)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (A Thru Z Select 50+ Advan)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (A Thru Z Select 50+ Mens)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (A Thru Z Select Advanced)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (A Thru Z Select Ultimate)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (A Thru Z Ultimate Mens)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Abc Plus)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Abc Plus Senior Adults 50)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Antioxidant Protection Fo)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
multiple vitamins w/ minerals tab (Biotin Plus/calcium/vit D)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Centavite A-z Complete Mu)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Centravites)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Centravites 50 Plus)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Century)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Century Mature)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Cerovite Senior)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Certa Plus)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Certavite/antioxidants)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Companion)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Compete)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Complete Daily With Lutei)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Complete Energy)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Complete Womens)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Cvs Daily Multiple For Me)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Cvs Daily Multiple For Wo)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Cvs Eye Health & Lutein)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Cvs One Daily Essential)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Cvs One Daily Womens Form)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Cvs Spectravite Advanced)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Cvs Spectravite Men)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
multiple vitamins w/ minerals tab (Cvs Spectravite Men 50+)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Cvs Spectravite Senior)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Cvs Spectravite Ultra Hea)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Cvs Spectravite Ultra Wom)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Cvs Spectravite Women 50+)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Cvs Womens Active Daily)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Daily Betic)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Daily Combo Multi Vitamin)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Daily Mens Health Formula)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Daily Multi)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Daily Multi 50+)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Daily Multiple Vitamins/m)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Daily Vitamin Formula+min)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Daily Womens Health Formu)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Daily-vitamin Maximum For)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Diabetes Health Formula)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Dialyvite 800/ultra D)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Doctors Choice Multivitam)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Eq Complete Multivitamin)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Eq One Daily Womens Healt)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Eq Century)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
multiple vitamins w/ minerals tab (Eql Century Mature)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Eql One Daily Mens 50+ Ad)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Eql Vision Formula)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Essentia)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Essential Balance)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Eye-vites)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Eyeprotect)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Gerivite Complete)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Gnp Century)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Gnp Century Adults 50+ Se)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Gnp Century Mature Formul)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Gnp Century Ultimate Wome)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Gnp Healthy Eyes)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Gnp Mega Multi For Men)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Gnp Mega Multi For Women)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Gnp One Daily Mens Health)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Gnp One Daily Womens Heal)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Gnp Therapeutic-m)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Hair Formula Extra Streng)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Hair Skin And Nails Formu)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Hair Vitamins)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
multiple vitamins w/ minerals tab (Hair/skin/nails)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Healthy Eyes)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Healthy Eyes/lutein)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Hi-kovite 2-part Formula)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Hi-potency Multi-vitamin/)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Hm Complete 50+)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Hm Complete Women)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Hm Womens 50+ Advanced On)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (I-vite)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Icaps Mv)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Kp Adults 50+ Daily Formu)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Kp Adults Daily Formula)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Kp Mens 50+ Daily Formula)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Kp Mens Daily Formula)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Kp Vision Formula)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Kp Vision Formula W/lutei)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Kp Womens 50+ Daily Formu)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Kp Womens Daily Formula)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Macuvite)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Macuvite Eye Care)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Macuvite/lutein)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
multiple vitamins w/ minerals tab (Maximum Daily Green)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Mega Vm-80)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Meijer Advanced Formula F)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Mens Hair Formula Ultra M)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Mens Life Pack)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Milltrium Advanced Formul)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Milltrium Cardio)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Milltrium Senior)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Multi Complete/iron)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Multi For Her)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Multi For Her 50+)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Multi For Him)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Multi For Him 50+)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Multi-day Plus Minerals)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Multi-day Weight Trim)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Multi-lean)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Multi-vitamin/menopausal)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Multi-vitamin/minerals)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Multiple Vitamin/minerals)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Multiple Vitamins/womens)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Multivitamin Adults)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
multiple vitamins w/ minerals tab (Multivitamin Adults 50+)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Multivitamin Men 50+)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Multivitamin Women)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Multivitamin Women 50+)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Multivitamin Women 50+ Ad)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Myamulti)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Nutritional Support For Y)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Ocutabs)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Ocutabs/lutein)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Ocuvite Extra)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Ocuvite Eye + Multi)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Ocuvite/lutein)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (One Daily 50 Plus)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (One Daily Adults 50+)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (One Daily Complete)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (One Daily Complete For Me)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (One Daily For Men 50+ Adv)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (One Daily For Women 50+a)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (One Daily Healthy Weight)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (One Daily Maximum)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (One Daily Multivitamin Ad)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
multiple vitamins w/ minerals tab (One Daily Multivitamin Wo)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (One Daily Multivitamin/ir)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (One Daily Plus Iron)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (One Daily Plus Minerals)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (One Daily/iron/calcium)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (One Daily/minerals)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (One-a-day Teen Advantage)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Optic-vites)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Optic-vites With Lutein)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Optimum Pms)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Osteoprime Ultra)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Prosight)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Px Advanced Formula Multi)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Px Complete Senior Multiv)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Px Mens Multivitamins)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Qc Hair Skin & Nails)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Qc Maximum Daily Multivit)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Qc Mens Daily Multivitami)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Qc Multi-vite)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Qc Multi-vite 50 & Over)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Qc Therin-m)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
multiple vitamins w/ minerals tab (Qc Womens Daily Multivita)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Quintabs-m)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Ra Central-vite Mens Matu)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Ra Central-vite Womens Ma)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Ra One Daily Maximum)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Ra One Daily Mens 50+ Wit)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Ra One Daily Mens Multi)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Ra One Daily Mens/vitamin)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Renaplex)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Senior Tabs)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Sentry)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Sentry Adults Under 50)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Sentry Senior)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Sm Antioxidant Vitamins)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Sm Complete)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Sm Complete 50+)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Sm Complete 50+ Ultimate)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Sm Complete Advanced Form)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Sm Complete Senior Formul)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Sm Daily Diet Support)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Sm Hair/skin/nails)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
multiple vitamins w/ minerals tab (Sm Opti-vitamins)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Stress B-complex/c/zinc)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Stress Formula)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Stress Formula/iron)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Stress Formula/zinc)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Stresstabs Advanced)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Sunvite Active Adult 50+)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Sunvite Advanced)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Super Antioxidant/a/c/e/s)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Super Aytinal 50 Plus)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Super Aytinal For Active)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Super Multiple)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Super Nu-thera)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Super Thera Vite M)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Super Vita-mins)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Thera Vital M)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Thera Vital-m)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Thera-m)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Thera-mill M)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Therabasic-m)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Theradex "m")	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
multiple vitamins w/ minerals tab (Theradex "m"/beta Caroten)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Therapeutic Formula/hemat)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Therapeutic M)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Therapeutic-m)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Therapeutic-m/lutein)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Theratrums Complete)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Theratrums Complete 50 Plu)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Theravim -m)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Thrive For Life Womens)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Ultra Antioxidant Formula)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Ultra Freeda)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Ultra Freeda/iron)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Ultra Vita-time)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Ultrachoice Advanced Form)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Vision Formula/lutein)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Vision Vitamins)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Visivites)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Visivites/lutein)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Vita Hair)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Vitabasic Complete)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Vitabasic Senior)	Tier 1	QL (30 ea / 30 days), OTC

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

Drug Name	Drug Tier	Requirements/Limit
multiple vitamins w/ minerals tab (Vitatrum Complete)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Vitrum Senior)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Womens Daily Formula)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Womens Daily Formula/foli)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Womens Life Pack)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Womens Multivitamin)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Womens One Daily)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Your Life Multi Mens 50+)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab (Your Life Multi Womens 50)	Tier 1	QL (30 ea / 30 days), OTC
multiple vitamins w/ minerals tab- rx (B-plex Plus)	Tier 1	QL (30 ea / 30 days)
multiple vitamins w/ minerals tab- rx (Biocel)	Tier 1	QL (30 ea / 30 days)
multiple vitamins w/ minerals tab- rx (Lysiplex Plus)	Tier 1	QL (30 ea / 30 days)
multiple vitamins w/ minerals tab- rx (Nutrifac Zx)	Tier 1	QL (30 ea / 30 days)
multiple vitamins w/ minerals tab- rx (Vita S Forte)	Tier 1	QL (30 ea / 30 days)
multiple vitamins w/ minerals tab- rx (Vitacel)	Tier 1	QL (30 ea / 30 days)

MULTIVITAMINS - DRUGS FOR NUTRITION

multiple vitamin cap	Tier 1	OTC; AGE (Max age 5 years)
multiple vitamin cap (Antioxidant Formula)	Tier 1	OTC; AGE (Max age 5 years)
multiple vitamin cap (Chlorocaps)	Tier 1	OTC; AGE (Max age 5 years)
multiple vitamin cap (Mv-one)	Tier 1	OTC; AGE (Max age 5 years)
multiple vitamin cap (Viteyes Classic Zinc Free)	Tier 1	OTC; AGE (Max age 5 years)

Drug Name	Drug Tier	Requirements/Limit
multiple vitamin tab	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Anti-oxidant)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Daily Multiple Vitamins)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Daily Value Multivitamin)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Daily Vitamin)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Daily Vitamins)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Daily Vite)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Daily-vitamin)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Daily-vite)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Gnp Essential One Daily)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Healthy Hair Skin & Nails)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Multi Vitamin Daily)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Multi-day)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Multi-vitamin)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)

Drug Name	Drug Tier	Requirements/Limit
multiple vitamin tab (Multi-vitamin Daily)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Multiple Vitamins Essenti)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Multivitamin Adult One Da)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Multivitamin Iron-free)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Once Daily)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (One Daily)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (One Daily Essential)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (One Daily Multivitamin Ad)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (One-daily Multi Vitamins)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (One-daily Multi-vitamin)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Qc Essentials)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Sm Multiple Vitamins Esse)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Stress Formula)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Stresstabs)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)

Drug Name	Drug Tier	Requirements/Limit
multiple vitamin tab (Stresstabs Energy)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Tab-a-vite)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Tab-a-vite W/beta Caroten)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Thera-mill)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Thera-tabs)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
multiple vitamin tab (Vitalee)	Tier 1	QL (30 ea / 30 days), OTC; AGE (Max age 5 years)
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml (Multi-vit/iron/fluoride)	Tier 1	QL (50 mL / 30 days), OTC
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml (Multi-vitamin/fluoride/ir)	Tier 1	QL (50 mL / 30 days)
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml (Multivitamin/fluoride/iro)	Tier 1	QL (50 mL / 30 days), OTC
PED MULTIPLE VITAMINS W/ MINERALS		
pediatric multiple vitamin w/ minerals & c chew tab (Alive Gummies For Childre)	Tier 1	QL (30 ea / 30 days), OTC
pediatric multiple vitamin w/ minerals & c chew tab (Alive Multi-vitamin Child)	Tier 1	QL (30 ea / 30 days), OTC
pediatric multiple vitamin w/ minerals & c chew tab (Childrens Gummies)	Tier 1	QL (30 ea / 30 days), OTC
pediatric multiple vitamin w/ minerals & c chew tab (Complete Multi-vitamin Gu)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Cvs Gummy Dinos)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Cvs Gummy Dinos Childrens)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Cvs Gummy Multivitamin Ki)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Disney Cars Gummies)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Disney Princess Gummies)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Eq Multivitamins Children)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Eq Gummies Childrens)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Flintstones Gummies Plus)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Gummi Bear Multivitamin/m)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Healthy Kids Overall Hea)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Multivitamin Gummies Chil)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Mvw Complete Formulation)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Sea Buddies Daily Multipl)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Smarty Pants Kids Complet)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Spider-man Complete Multi)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Spongebob Squarepants Gum)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Vitachew Multiple Vitamin)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Zoo Friends)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Zoo Friends Gummies Plus)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Zoo Friends Multi Gummies)	Tier 1	QL (30 ea / 30 days), OTC
<i>PED MV W/ FLUORIDE</i>		
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i> (Multivitamin/fluoride)	Tier 1	QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i> (Multivitamin/fluoride)	Tier 1	QL (30 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i> (Multivitamin/fluoride)	Tier 1	QL (60 ea / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i> (Multi-vitamin/fluoride Dr)	Tier 1	QL (50 mL / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i> (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days), OTC
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i> (Multivitamin/fluoride)	Tier 1	QL (50 mL / 30 days), OTC
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i> (Multi-vitamin/fluoride Dr)	Tier 1	QL (50 mL / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i> (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
<i>pediatric vitamins acid w/ fluoride soln 0.5 mg/ml</i>	Tier 1	QL (50 mL / 30 days)
<i>pediatric vitamins acid w/ fluoride soln 0.5 mg/ml</i> (Tri-vite/fluoride)	Tier 1	QL (50 mL / 30 days)
<i>pediatric vitamins acid w/ fluoride soln 0.25 mg/ml</i> (Multivitamin Select/fluor)	Tier 1	QL (50 mL / 30 days), OTC
<i>pediatric vitamins acid w/ fluoride soln 0.25 mg/ml</i> (Tri-vite/fluoride)	Tier 1	QL (50 mL / 30 days)
<i>pediatric vitamins acid w/ fluoride soln 0.25 mg/ml</i> (Vitamins A/c/d/fluoride)	Tier 1	QL (50 mL / 30 days)
<i>PED MV W/ IRON</i>		
<i>PED POLY-VIT DRO /IRON (pediatric multiple vitamins w/ iron)</i>	Tier 1	QL (50 mL / 25 days), OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i> (Bite-a-mins/iron)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i> (Childrens Chewable Multiv)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i> (Childrens Chewable Vitami)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i> (Fruity Chews/iron)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i> (Gnp Childrens Chewables/i)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i> (Land Before Time Multivit)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i> (Little Animals Plus Iron)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i> (Qc Childrens Chewable Vit)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i> (Zoo Friends Plus Iron)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamins w/ iron chew tab 18 mg</i> (Cerovite Jr)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
pediatric multiple vitamins w/ iron chew tab 18 mg (Childrens Animal Shapes C)	Tier 1	OTC
pediatric multiple vitamins w/ iron chew tab 18 mg (Cvs Chewable Childrens Vi)	Tier 1	OTC
pediatric multiple vitamins w/ iron chew tab 18 mg (Cvs Childrens Chewable Co)	Tier 1	OTC
pediatric multiple vitamins w/ iron chew tab 18 mg (Eq Complete Chewable Mult)	Tier 1	OTC
pediatric multiple vitamins w/ iron chew tab 18 mg (Eq Childrens Multivitamin)	Tier 1	OTC
pediatric multiple vitamins w/ iron chew tab 18 mg (Flintstones Complete)	Tier 1	OTC
pediatric multiple vitamins w/ iron chew tab 18 mg (Flintstones W/iron)	Tier 1	OTC
pediatric multiple vitamins w/ iron chew tab 18 mg (Hm Animal Shapes)	Tier 1	OTC
pediatric multiple vitamins w/ iron chew tab 18 mg (Px Childrens Vitamin)	Tier 1	OTC
pediatric multiple vitamins w/ iron chew tab 18 mg (Qc Childrens Chewable Com)	Tier 1	OTC
pediatric multiple vitamins w/ iron chew tab 18 mg (Ra Chewable Vitamins Comp)	Tier 1	OTC
pediatric multiple vitamins w/ iron chew tab 18 mg (Sm Animal Shapes Complete)	Tier 1	OTC
pediatric multiple vitamins w/ iron chew tab 18 mg (Ultra Choice Multivitamin)	Tier 1	OTC
pediatric multiple vitamins w/ iron drops 10 mg/ml (Bprotected Pedia Poly-vit)	Tier 1	QL (50 mL / 25 days), OTC
POLY-VI-SOL SOL IRON (pediatric multiple vitamins w/ iron)	Tier 1	QL (50 mL / 25 days), OTC

Drug Name	Drug Tier	Requirements/Limit
POLY-VITA/FE DRO (<i>pediatric multiple vitamins w/ iron</i>)	Tier 1	QL (50 mL / 25 days), OTC
POLY-VITE SOL IRON (<i>pediatric multiple vitamins w/ iron</i>)	Tier 1	QL (50 mL / 25 days), OTC
PEDIATRIC MULTIPLE VITAMINS		
PED POLY-VIT DRO (<i>pediatric multiple vitamins</i>)	Tier 1	QL (50 mL / 25 days), OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Animal Chews)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Bite-a-mins)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Bounty Bears/c)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Chewable Vitamins Childre)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Childrens Chewable Multiv)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Childrens Chewable Vitami)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Childrens Multivitamin)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Dino-life)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Flintstones Gummies Plus)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Flintstones Plus Calcium)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Flintstones/my First)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Fruity Chews)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Gerber Grow Mighty)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Gnp Little Ones Childrens)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Little Animals)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Sm Animal Shapes Kids Fir)	Tier 1	QL (30 ea / 30 days), OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Zoo Friends Gummies)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
pediatric multiple vitamin w/ extra c & fa chew tab (Dino-life W Extra C)	Tier 1	QL (30 ea / 30 days), OTC
pediatric multiple vitamin w/ extra c & fa chew tab (Flintstones Plus Extra C)	Tier 1	QL (30 ea / 30 days), OTC
pediatric multiple vitamin w/ extra c & fa chew tab (Gnp Childrens Chewables/e)	Tier 1	QL (30 ea / 30 days), OTC
pediatric multiple vitamin w/ extra c & fa chew tab (Land Before Time Multivit)	Tier 1	QL (30 ea / 30 days), OTC
pediatric multiple vitamin w/ extra c & fa chew tab (Qc Childrens Chewable Vit)	Tier 1	QL (30 ea / 30 days), OTC
pediatric multiple vitamin w/ extra c & fa chew tab (Zoo Friends Gummies Plus)	Tier 1	QL (30 ea / 30 days), OTC
pediatric multiple vitamin w/ extra c & fa chew tab (Zoo Friends Plus Extra C)	Tier 1	QL (30 ea / 30 days), OTC
POLY-VI-SOL SOL 50MG/ML (pediatric multiple vitamins)	Tier 1	QL (50 mL / 25 days), OTC
POLY-VITA DRO (pediatric multiple vitamins)	Tier 1	QL (50 mL / 25 days), OTC
POLY-VITE DRO (pediatric multiple vitamins)	Tier 1	QL (50 mL / 25 days), OTC
POLY-VITE SOL 50MG/ML (pediatric multiple vitamins)	Tier 1	QL (50 mL / 25 days), OTC
PEDIATRIC VITAMINS		
pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml (Bprotected Pedia Tri-vite)	Tier 1	QL (50 mL / 25 days), OTC
pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml (Pc Pediatric Tri-vitamin)	Tier 1	QL (50 mL / 25 days), OTC
pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml (Tri-vite Pediatric)	Tier 1	QL (50 mL / 25 days), OTC
TRI-VI-SOL SOL A/C/D (pediatric vitamins adc)	Tier 1	QL (50 mL / 25 days), OTC

Drug Name	Drug Tier Requirements/Limit	
PRENATAL VITAMINS		
ATABEX OB TAB 29-1MG (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>)	Tier 1	QL (30 ea / 30 days)
BE WELL PAK ROUNDED (<i>prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid</i>)	Tier 1	QL (30 ea / 30 days), OTC
BRAINSTRONG MIS PRENATAL (<i>prenatal mv & min w/fe carbonyl-fa-dha</i>)	Tier 1	QL (30 ea / 30 days), OTC
CO-NATAL FA TAB 29-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days)
COMPLETENATE CHW (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days)
CVS PRENATAL CHW GUMMY (<i>prenatal multivitamins & minerals w/ folic acid-fish oil</i>)	Tier 1	QL (30 ea / 30 days), OTC
KPN PRENATAL TAB (<i>prenatal multivit-min w/fe-fa</i>)	Tier 1	QL (30 ea / 30 days), OTC
MYNATAL CAP (<i>prenatal multivit-min w/fe-fa</i>)	Tier 1	QL (30 ea / 30 days)
MYNATAL PLUS TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days)
MYNATAL-Z TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days)
NATALVIT TAB 75-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days)
NUTRIENTS TAB PRENATAL (<i>prenatal vitamins w/ ferrous succinate-folic acid</i>)	Tier 1	QL (30 ea / 30 days), OTC
O-CAL TAB PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days)
PERRY PRENAT CAP (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days), OTC
PRENAT W/ FE FUM-FA TAB 28-0.8 MG & OMEGA 3 CAP 223 MG PAK (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	QL (30 ea / 30 days), OTC
PRENAT W/ FE FUM-FA TAB 28-0.8 MG & OMEGA 3 CAP 440 MG PAK (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
PRENATAL 19 CHW 29-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days)
PRENATAL 19 TAB (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days), OTC
PRENATAL 19 TAB 29-1MG (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days)
PRENATAL CAP FORMULA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	QL (30 ea / 30 days), OTC
PRENATAL DHA PAK MULTI (<i>prenatal mv & min w/ methylfolate-choline-fish oil</i>)	Tier 1	QL (60 ea / 30 days), OTC
PRENATAL FRM TAB A-FREE (<i>prenatal without a vit w/ fe fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days), OTC
PRENATAL MUL CAP +DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	QL (30 ea / 30 days), OTC
PRENATAL MULTIVITAMINS & MINERALS W/IRON & FA TAB 0.8 MG (<i>prenatal multivit-min w/fe-fa</i>)	Tier 1	QL (30 ea / 30 days), OTC
PRENATAL MV & MIN W/FE FUM-FA-DHA CAP 27-0.8-250 MG (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	QL (30 ea / 30 days), OTC
PRENATAL TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days), OTC
PRENATAL TAB COMPLETE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days), OTC
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg- rx</i> (Inatal Gt)	Tier 1	QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUM-FA-FISH OIL CAP 28-0.8-530 MG (<i>prenatal vit w/ ferrous fumarate-fa-fish oil</i>)	Tier 1	QL (30 ea / 30 days), OTC
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg- rx</i> (Prenatal 19)	Tier 1	QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days), OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	Tier 1	QL (30 ea / 30 days), OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days), OTC
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i> (Prenatabs Rx)	Tier 1	QL (30 ea / 30 days)
PRENATAL W/FE FUM-FA TAB 27-0.8 MG & DHA CAP 200 MG PACK (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	QL (30 ea / 30 days), OTC
PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	QL (60 ea / 30 days), OTC
PRENATAL W/FE FUM-FA TAB 28-0.975 MG & DHA CAP 200 MG PACK (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	QL (30 ea / 30 days), OTC
PRENATAL+FE TAB 29-1MG (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	Tier 1	QL (30 ea / 30 days)
PRENATVITE TAB RX (<i>prenatal multivit-min w/fe-fa</i>)	Tier 1	QL (30 ea / 30 days)
SE-NATAL 19 CHW (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days)
SE-NATAL 19 TAB (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days)
TRINATAL RX TAB 1 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days)
VINATE II TAB (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>)	Tier 1	QL (30 ea / 30 days)
VINATE ONE TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 ea / 30 days)
VITAFOL-OB TAB 65-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	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)
----------------------------------	--------	----------------------

Drug Name	Drug Tier	Requirements/Limit
baclofen tab 20 mg	Tier 1	QL (120 ea / 30 days)
chlorzoxazone tab 500 mg	Tier 1	QL (180 ea / 30 days)
cyclobenzaprine hcl tab 5 mg	Tier 1	QL (90 ea / 30 days)
cyclobenzaprine hcl tab 10 mg	Tier 1	QL (90 ea / 30 days)
methocarbamol tab 500 mg	Tier 1	QL (180 ea / 30 days); AGE (Max age 64 years)
methocarbamol tab 750 mg	Tier 1	QL (300 ea / 30 days); AGE (Max age 64 years)
orphenadrine citrate tab er 12hr 100 mg	Tier 1	QL (60 ea / 30 days)
tizanidine hcl tab 2 mg (base equivalent)	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
tizanidine hcl tab 4 mg (base equivalent)	Tier 1	QL (270 ea / 30 days); AGE (Max age 64 years)

VISCOSUPPLEMENTS

EUFLEXXA INJ 10MG/ML (sodium hyaluronate (viscosupplement))	Tier 1	PA, QL (6 mL / 180 days)
--	--------	--------------------------

NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE

NASAL AGENTS - MISC.

NOZIN NASAL MIS SANITIZE (alcohol (nasal))	Tier 1	QL (200 ea / 30 days), OTC
saline nasal spray 0.65% (Afrin Saline Nasal Mist)	Tier 1	OTC
saline nasal spray 0.65% (Altamist)	Tier 1	OTC
saline nasal spray 0.65% (Ayr)	Tier 1	OTC
saline nasal spray 0.65% (Baby Ayr Saline)	Tier 1	OTC
saline nasal spray 0.65% (Cvs Saline Nasal Spray)	Tier 1	OTC
saline nasal spray 0.65% (Deep Sea Nasal Spray)	Tier 1	OTC
saline nasal spray 0.65% (Hm Saline Nasal Spray)	Tier 1	OTC
saline nasal spray 0.65% (Nasal Moisturizing Spray)	Tier 1	OTC
saline nasal spray 0.65% (Ocean For Kids)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
saline nasal spray 0.65% (Saline Mist)	Tier 1	OTC
saline nasal spray 0.65% (Sb Saline Nose)	Tier 1	OTC
saline nasal spray 0.65% (Sm Nasal Spray Saline)	Tier 1	OTC
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	Tier 1	QL (30 mL / 30 days)
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	Tier 1	QL (52 mL / 30 days), OTC
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	Tier 1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	Tier 1	
NASAL STEROIDS		
budesonide nasal susp 32 mcg/act (Cvs Budesonide Nasal Spra)	Tier 1	QL (8.43 mL / 25 days), OTC
budesonide nasal susp 32 mcg/act (Ra Budesonide Nasal Spray)	Tier 1	QL (8.43 mL / 25 days), OTC
fluticasone propionate nasal susp 50 mcg/act	Tier 1	QL (16 gm / 25 days); AGE (Min age 4 years)
fluticasone propionate nasal susp 50 mcg/act	Tier 1	QL (16 mL / 25 days), OTC; AGE (Min age 4 years)
fluticasone propionate nasal susp 50 mcg/act (Allergy Nasal Spray 24 Ho)	Tier 1	QL (16 mL / 25 days), OTC; AGE (Min age 4 years)
fluticasone propionate nasal susp 50 mcg/act (Allergy Relief)	Tier 1	QL (16 mL / 25 days), OTC; AGE (Min age 4 years)
fluticasone propionate nasal susp 50 mcg/act (Clarispray)	Tier 1	QL (16 mL / 25 days), OTC; AGE (Min age 4 years)
fluticasone propionate nasal susp 50 mcg/act (Kls Aller-flo)	Tier 1	QL (16 mL / 25 days), OTC; AGE (Min age 4 years)
fluticasone propionate nasal susp 50 mcg/act (Qc Allergy Relief)	Tier 1	QL (16 mL / 25 days), OTC; AGE (Min age 4 years)

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

Drug Name	Drug Tier Requirements/Limit	
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	Tier 1	OTC
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i> (Allergy Nasal Spray 24 Ho)	Tier 1	OTC
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i> (Gnp 24 Hour Nasal Allerg)	Tier 1	OTC
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i> (Goodsense Nasal Allergy S)	Tier 1	OTC
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i> (Kls Aller-cort)	Tier 1	OTC
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i> (Ra Nasal Allergy Spray)	Tier 1	OTC

SYMPATHOMIMETIC DECONGESTANTS

<i>oxymetazoline hcl nasal soln 0.05%</i> (Anefrin Nasal Spray/no Dr)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Cvs Nasal Mist)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Cvs Nasal Spray)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Eq Nasal Spray)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Eq Nasal Spray No Drip 1)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Giltuss Severe Sinus)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Gnp Nasal Spray)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Hm Nasal Spray)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Hm Sinus Nasal Spray)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (12 Hour Decongestant Nasa)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Long Acting Nasal Spray)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Long Lasting Nasal Spray)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
oxymetazoline hcl nasal soln 0.05% (Mucinex Childrens Stuffy)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Mucinex Sinus-max Clear &)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Nasal Decongestant Spray)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Nasal Spray 12 Hour)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Nasal Spray Anti-drip)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Nasal Spray Maximum Stren)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Nasal Spray No Drip)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Nasal Spray Sinus)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (No Drip Nasal Spray)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Px Nasal Spray Extra Mois)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Qc Nasal Relief Extra Moi)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Qc Nasal Spray)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Qc No Drip Nasal Relief)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Qlearquil)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Ra 12 Hour Nasal Spray)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Sb Nasal Spray No-drip)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Sb Sinus Relief)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Sinus Relief)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Sinus Relief Mist)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Sm Nasal Spray)	Tier 1	OTC
oxymetazoline hcl nasal soln 0.05% (Sm Nasal Spray 12 Hour)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
oxymetazoline hcl nasal soln 0.05% (Soothing - 12 Hour Nasal)	Tier 1	OTC
phenylephrine hcl tab 10 mg	Tier 1	OTC
phenylephrine hcl tab 10 mg (Cvs Nasal Decongestant Pe)	Tier 1	OTC
phenylephrine hcl tab 10 mg (Nasal Decongestant Pe)	Tier 1	OTC
phenylephrine hcl tab 10 mg (Non-pseudo Sinus Deconges)	Tier 1	OTC
phenylephrine hcl tab 10 mg (Ra Sinus Pressure/congest)	Tier 1	OTC
phenylephrine hcl tab 10 mg (Wal-phed Pe)	Tier 1	OTC
pseudoephedrine hcl tab 30 mg	Tier 1	QL (180 ea / 30 days), OTC
pseudoephedrine hcl tab 30 mg (Decongestant)	Tier 1	QL (180 ea / 30 days), OTC
pseudoephedrine hcl tab 30 mg (Genaphed)	Tier 1	QL (180 ea / 30 days), OTC
pseudoephedrine hcl tab 30 mg (Gnp Nasal Decongestant/ma)	Tier 1	QL (180 ea / 30 days), OTC
pseudoephedrine hcl tab 30 mg (Nasal Decongestant Maximu)	Tier 1	QL (180 ea / 30 days), OTC
pseudoephedrine hcl tab 30 mg (Ra Suphedrine)	Tier 1	QL (180 ea / 30 days), OTC
pseudoephedrine hcl tab 30 mg (Sinus Congestion Maximum)	Tier 1	QL (180 ea / 30 days), OTC
pseudoephedrine hcl tab 30 mg (Sm Nasal Decongestant Max)	Tier 1	QL (180 ea / 30 days), OTC
pseudoephedrine hcl tab 30 mg (Sudogest)	Tier 1	QL (180 ea / 30 days), OTC
pseudoephedrine hcl tab 30 mg (Sudogest Maximum Strength)	Tier 1	QL (180 ea / 30 days), OTC
pseudoephedrine hcl tab 30 mg (Wal-phed)	Tier 1	QL (180 ea / 30 days), OTC
pseudoephedrine hcl tab 60 mg	Tier 1	QL (180 ea / 30 days), OTC
pseudoephedrine hcl tab 60 mg (Sudogest)	Tier 1	QL (180 ea / 30 days), OTC
pseudoephedrine hcl tab er 12hr 120 mg	Tier 1	QL (60 ea / 30 days), OTC

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

Drug Name	Drug Tier	Requirements/Limit
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Hm Nasal Decongestant 12)	Tier 1	QL (60 ea / 30 days), OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (12 Hour Nasal Decongestan)	Tier 1	QL (60 ea / 30 days), OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Qc Suphedrine Maximum Str)	Tier 1	QL (60 ea / 30 days), OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Ra Suphedrine)	Tier 1	QL (60 ea / 30 days), OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Sinus 12 Hour)	Tier 1	QL (60 ea / 30 days), OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Sm 12 Hour Sinus Deconges)	Tier 1	QL (60 ea / 30 days), OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Sudafed Sinus Congestion)	Tier 1	QL (60 ea / 30 days), OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Sudogest 12 Hour)	Tier 1	QL (60 ea / 30 days), OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Suphedrine 12hour Maximum)	Tier 1	QL (60 ea / 30 days), OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Wal-phed 12 Hour)	Tier 1	QL (60 ea / 30 days), OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (Wal-phed D)	Tier 1	QL (60 ea / 30 days), OTC
SUDAFED PE SOL CHILDREN <i>(phenylephrine hcl (oral))</i>	Tier 1	OTC

NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES

ALS AGENTS

<i>riluzole tab 50 mg</i>	Tier 1	PA
----------------------------------	--------	----

NUTRIENTS - DRUGS FOR NUTRITION

MISC. NUTRITIONAL SUBSTANCES

<i>docosahexaenoic acid cap 200 mg</i>	Tier 1	QL (30 ea / 30 days), OTC
<i>docosahexaenoic acid cap 200 mg</i> (Algal Omega-3 Dha)	Tier 1	QL (30 ea / 30 days), OTC
<i>docosahexaenoic acid cap 200 mg</i> (Atabex Dha 200)	Tier 1	QL (30 ea / 30 days), OTC
<i>docosahexaenoic acid cap 200 mg</i> (Dha Complete)	Tier 1	QL (30 ea / 30 days), OTC
<i>docosahexaenoic acid cap 200 mg</i> (Dha Natural Omega-3)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier Requirements/Limit	
<i>docosahexaenoic acid cap 200 mg</i> (Prenatal Dha)	Tier 1	QL (30 ea / 30 days), OTC
<i>omega-3 fatty acids cap 500 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 500 mg</i> (Cvs Fish Oil Half-the-siz)	Tier 1	OTC
<i>omega-3 fatty acids cap 500 mg</i> (Ovega-3)	Tier 1	OTC
<i>omega-3 fatty acids cap 500 mg</i> (Sam-e.p.a.)	Tier 1	OTC
<i>omega-3 fatty acids cap 500 mg</i> (Super Omega 3)	Tier 1	OTC
<i>omega-3 fatty acids cap 500 mg</i> (Sv Fish Oil)	Tier 1	OTC
<i>omega-3 fatty acids cap 500 mg</i> (Tyler Eskimo-3)	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i> (Cvs Natural Fish Oil)	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i> (EqI Fish Oil)	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i> (Eskimo Purefa)	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i> (Fish Oil Concentrate)	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i> (Gnp Fish Oil)	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i> (Hm Fish Oil)	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i> (Maxepa)	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i> (Maximum Epa)	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i> (Norwegian Salmon Oil)	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i> (Omega Iii Epa+dha)	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i> (Omega-3 Cf)	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i> (Omera)	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i> (Px Fish Oil)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
omega-3 fatty acids cap 1000 mg (Qc Fish Oil)	Tier 1	OTC
omega-3 fatty acids cap 1000 mg (Ra Fish Oil)	Tier 1	OTC
omega-3 fatty acids cap 1000 mg (Sb Omega-3 Fish Oil)	Tier 1	OTC
omega-3 fatty acids cap 1000 mg (Sea-omega)	Tier 1	OTC
omega-3 fatty acids cap 1000 mg (Sm Fish Oil)	Tier 1	OTC
omega-3 fatty acids cap 1000 mg (Super Dha Gems)	Tier 1	OTC
omega-3 fatty acids cap 1000 mg (Super Omega 3 Epa/dha For)	Tier 1	OTC
omega-3 fatty acids cap 1000 mg (Super Omega-3)	Tier 1	OTC
omega-3 fatty acids cap 1000 mg (Theromega)	Tier 1	OTC
omega-3 fatty acids cap 1000 mg (Ultra Omega-3)	Tier 1	OTC
omega-3 fatty acids cap 1200 mg	Tier 1	OTC
omega-3 fatty acids cap 1200 mg (Cvs Fish Oil)	Tier 1	OTC
omega-3 fatty acids cap 1200 mg (Cvs Natural Fish Oil)	Tier 1	OTC
omega-3 fatty acids cap 1200 mg (Eq1 Omega 3 Fish Oil)	Tier 1	OTC
omega-3 fatty acids cap 1200 mg (Hm Fish Oil)	Tier 1	OTC
omega-3 fatty acids cap 1200 mg (Kp Fish Oil)	Tier 1	OTC
omega-3 fatty acids cap 1200 mg (Kp Omega-3 Fish Oil)	Tier 1	OTC
omega-3 fatty acids cap 1200 mg (Sm Fish Oil)	Tier 1	OTC
omega-3 fatty acids cap delayed release 1000 mg	Tier 1	OTC
omega-3 fatty acids cap delayed release 1000 mg (Eq1 Omega-3 Fish Oil)	Tier 1	OTC
omega-3 fatty acids cap delayed release 1000 mg (Gnp Fish Oil)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
omega-3 fatty acids cap delayed release 1000 mg (Omega-3 Fish Oil Concentr)	Tier 1	OTC
omega-3 fatty acids cap delayed release 1000 mg (Ra Fish Oil)	Tier 1	OTC
omega-3 fatty acids cap delayed release 1000 mg (Sm Fish Oil)	Tier 1	OTC
omega-3 fatty acids cap delayed release 1000 mg (Viteyes Omega-3 Vision Su)	Tier 1	OTC
omega-3 fatty acids cap delayed release 1200 mg	Tier 1	OTC
omega-3 fatty acids cap delayed release 1200 mg (EqI Omega-3 Fish Oil)	Tier 1	OTC
omega-3 fatty acids cap delayed release 1200 mg (Gnp Fish Oil Maximum Stre)	Tier 1	OTC
omega-3 fatty acids cap delayed release 1200 mg (Kp Omega-3 Fish Oil)	Tier 1	OTC
PROTEINS		
ADD-INS PAK COMPLETE (amino acids)	Tier 1	PA, OTC
AMINO 4800 TAB CR (amino acids)	Tier 1	PA, OTC
amino acid infusion 15% (Clinisol Sf 15%)	Tier 1	PA
amino acid infusion 15% (Plenammine)	Tier 1	PA
AMINO ACID INJ 5%	Tier 1	PA
amino acids cap (Aminoam Rms)	Tier 1	PA
amino acids cap (Aminorelief Rms)	Tier 1	PA
amino acids tab (Amino Acids Complex)	Tier 1	PA, OTC
amino acids tab (Amino Action)	Tier 1	PA, OTC
amino acids tab (Phlexy-10)	Tier 1	PA, OTC
amino acids tab (Pre Protein)	Tier 1	PA, OTC
amino acids tab (Proteinex)	Tier 1	PA, OTC
amino acids tab (Super Amino Acids)	Tier 1	PA, OTC
AMINOPROTECT INJ 5% (amino acid infusion)	Tier 1	PA

Drug Name	Drug Tier Requirements/Limit	
AMINOSYN II INJ 15% (amino acid infusion)	Tier 1	PA
AMINOSYN INJ 10% (amino acid infusion)	Tier 1	PA
AMINOSYN-PF INJ 7% (amino acid infusion)	Tier 1	PA
AMINOSYN-PF INJ 10% (amino acid infusion)	Tier 1	PA
ARGIMENT AT PAK (amino acids)	Tier 1	PA, OTC
ARGIMENT PAK (amino acids)	Tier 1	PA, OTC
CLINIMIX INJ 4.25/D5W (amino acid infusion in d5w)	Tier 1	PA
CLINIMIX INJ 4.25/D10 (amino acid infusion in d10w)	Tier 1	PA
CLINIMIX INJ 5%/D15W (amino acid infusion in d15w)	Tier 1	PA
CLINIMIX INJ 5%/D20W (amino acid infusion in d20w)	Tier 1	PA
CLINIMIX INJ 6/5 (amino acid infusion in d5w)	Tier 1	PA
CLINIMIX INJ 8/10 (amino acid infusion in d10w)	Tier 1	PA
CLINIMIX INJ 8/14 (amino acid infusion in d14w)	Tier 1	PA
COMPL AMINO POW ACID MIX (amino acids)	Tier 1	PA, OTC
COMPLEX MSD POW JUNIOR (amino acids)	Tier 1	PA, OTC
COMPLEX MSD POW VANILLA (amino acids)	Tier 1	PA, OTC
COMPLEX MSUD BAR AMINO AC (amino acids)	Tier 1	PA, OTC
COMPLEX MSUD POW (amino acids)	Tier 1	PA, OTC
DAILY AMINO CHW 6000 (amino acids)	Tier 1	PA, OTC
DECUBAMINE POW (amino acids)	Tier 1	PA, OTC
ESSENT AMINO POW ACID MIX (amino acids)	Tier 1	PA, OTC
FREAMINE III INJ 10% (amino acid infusion)	Tier 1	PA
G-PREPROTEIN LIQ (amino acids)	Tier 1	PA, OTC

Drug Name	Drug Tier Requirements/Limit	
GLUTARADE JR POW GA-1 (amino acids)	Tier 1	PA, OTC
GLUTARADE POW AMINO (amino acids)	Tier 1	PA, OTC
GLUTARADE POW ESSENTIA (amino acids)	Tier 1	PA, OTC
GLUTARADE POW JUNIOR (amino acids)	Tier 1	PA, OTC
HEPAMENT POW (amino acids)	Tier 1	PA, OTC
LIQUACEL LIQ GRAPE (amino acids)	Tier 1	PA, OTC
LIQUACEL LIQ LEMON (amino acids)	Tier 1	PA, OTC
LIQUACEL LIQ ORANGE (amino acids)	Tier 1	PA, OTC
LIQUACEL LIQ PCH MNGO (amino acids)	Tier 1	PA, OTC
LIQUACEL LIQ PUMP+GO (amino acids)	Tier 1	PA, OTC
LIQUACEL LIQ VARIETY (amino acids)	Tier 1	PA, OTC
LIQUACEL LIQ WATERMEL (amino acids)	Tier 1	PA, OTC
NUTRASENTIAL POW (amino acids)	Tier 1	PA, OTC
NUTRASENTIAL POW BANANA (amino acids)	Tier 1	PA, OTC
NUTRASENTIAL POW CHERRY (amino acids)	Tier 1	PA, OTC
NUTRASENTIAL POW GRAPE (amino acids)	Tier 1	PA, OTC
NUTRASENTIAL POW LEMONADE (amino acids)	Tier 1	PA, OTC
NUTRASENTIAL POW MANGO (amino acids)	Tier 1	PA, OTC
NUTRASENTIAL POW ORANGE (amino acids)	Tier 1	PA, OTC
PERIFLEX LQ LIQ PKU (amino acids)	Tier 1	PA, OTC
PHENYLADE40 POW CITRUS (amino acids)	Tier 1	PA, OTC
PHENYLADE40 POW UNFLAVOR (amino acids)	Tier 1	PA, OTC
PHENYLADE BAR CHOCOLAT (amino acids)	Tier 1	PA, OTC
PHENYLADE BAR CRISPY (amino acids)	Tier 1	PA, OTC

Drug Name	Drug Tier Requirements/Limit	
PHENYLADE BAR WHT CHOC (amino acids)	Tier 1	PA, OTC
PHENYLADE PAK AMINO (amino acids)	Tier 1	PA, OTC
PHENYLADE POW (amino acids)	Tier 1	PA, OTC
PHENYLADE POW MTE (amino acids)	Tier 1	PA, OTC
PHENYLADE POW PHEBLOC (amino acids)	Tier 1	PA, OTC
PHENYLADE TAB PHEBLOC (amino acids)	Tier 1	PA, OTC
PHLEXY-10 CAP (amino acids)	Tier 1	PA, OTC
PREMASOL SOL 10% (amino acid infusion)	Tier 1	PA
PREPROTEIN LIQ (amino acids)	Tier 1	PA, OTC
PREPROTEIN LIQ 20 (amino acids)	Tier 1	PA, OTC
PROCALAMINE INJ 3% (amino acid electrolyte infusion)	Tier 1	PA
PROSOL INJ 20% (amino acid infusion)	Tier 1	PA
SOLVIL POW (amino acids)	Tier 1	PA, OTC
TRAVASOL INJ 10% (amino acid infusion)	Tier 1	PA
TRIAMINO TAB (amino acids)	Tier 1	PA, OTC
TROPHAMINE INJ 10% (amino acid infusion)	Tier 1	PA
XPHE MAXAMUM POW (amino acids)	Tier 1	PA, OTC
XPHE MAXAMUM POW ORANGE (amino acids)	Tier 1	PA, OTC
XPHE MAXAMUM POW UNFLAVOR (amino acids)	Tier 1	PA, OTC

**OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS
ARTIFICIAL TEARS AND LUBRICANTS**

artificial tear ophth solution (Gentel Tears Liquid Drop)	Tier 1	OTC
artificial tear ophth solution (Just Tears Eye Drops)	Tier 1	OTC
artificial tear ophth solution (Sm Artificial Tears)	Tier 1	OTC
artificial tear ophth solution (Soothe Hydration)	Tier 1	OTC
artificial tear ophth solution (Soothe Xp)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
artificial tear ophth solution (Soothe Xp/xtra Protection)	Tier 1	OTC
artificial tear ophth solution (Systane Contacts Soothing)	Tier 1	OTC
artificial tear ophth solution (Tears Again Advanced Eye)	Tier 1	OTC
carboxymethylcellulose sodium (pf) ophth soln 0.5% (Biolle Tears)	Tier 1	OTC
carboxymethylcellulose sodium (pf) ophth soln 0.5% (Cvs Lubricant Eye Drops P)	Tier 1	OTC
carboxymethylcellulose sodium (pf) ophth soln 0.5% (Eq Restore Plus Lubricant)	Tier 1	OTC
carboxymethylcellulose sodium (pf) ophth soln 0.5% (Gnp Lubricating Plus Eye)	Tier 1	OTC
carboxymethylcellulose sodium (pf) ophth soln 0.5% (Goodsense Lubricating Plu)	Tier 1	OTC
carboxymethylcellulose sodium (pf) ophth soln 0.5% (Lubricant Eye Drops)	Tier 1	OTC
carboxymethylcellulose sodium (pf) ophth soln 0.5% (Retaine Cmc)	Tier 1	OTC
carboxymethylcellulose sodium ophth soln 0.5%	Tier 1	OTC
carboxymethylcellulose sodium ophth soln 0.5% (Cvs Lubricant Eye Drops)	Tier 1	OTC
carboxymethylcellulose sodium ophth soln 0.5% (Eq Restore Tears)	Tier 1	OTC
carboxymethylcellulose sodium ophth soln 0.5% (Ra Lubricant Eye Drops)	Tier 1	OTC
carboxymethylcellulose sodium ophth soln 0.5% (Ultra Fresh)	Tier 1	OTC
dextran 70-hypromellose (pf) ophth soln 0.1-0.3% (Artificial Tears)	Tier 1	OTC
dextran 70-hypromellose (pf) ophth soln 0.1-0.3% (Cvs Natural Tears Pf)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
dextran 70-hypromellose ophthalmic solution 0.1-0.3% (Artificial Tears)	Tier 1	OTC
dextran 70-hypromellose ophthalmic solution 0.1-0.3% (Lubricating Tears Eye Dro)	Tier 1	OTC
dextran 70-hypromellose ophthalmic solution 0.1-0.3% (Tears Pure)	Tier 1	OTC
glycerin-hypromellose-peg 400 ophthalmic solution 0.2-0.2-1% (Artificial Tears)	Tier 1	OTC
glycerin-hypromellose-peg 400 ophthalmic solution 0.2-0.2-1% (Cvs Dry Eye Relief)	Tier 1	OTC
glycerin-hypromellose-peg 400 ophthalmic solution 0.2-0.2-1% (Dry Eye Relief Drops)	Tier 1	OTC
glycerin-hypromellose-peg 400 ophthalmic solution 0.2-0.2-1% (Hm Dry Eye Relief)	Tier 1	OTC
glycerin-hypromellose-peg 400 ophthalmic solution 0.2-0.2-1% (Sm Dry Eye Relief)	Tier 1	OTC
polyethylene glycol-propylene glycol ophthalmic solution 0.4-0.3% (Eq Lubricant Eye Drops Hi)	Tier 1	OTC
polyethylene glycol-propylene glycol ophthalmic solution 0.4-0.3% (Gnp Eye Drops Long Lastin)	Tier 1	OTC
polyethylene glycol-propylene glycol ophthalmic solution 0.4-0.3% (Goodsense Ultra Lubricant)	Tier 1	OTC
polyethylene glycol-propylene glycol ophthalmic solution 0.4-0.3% (Hm Lubricating Tears)	Tier 1	OTC
polyethylene glycol-propylene glycol ophthalmic solution 0.4-0.3% (Lubricant Eye Drops)	Tier 1	OTC
polyethylene glycol-propylene glycol ophthalmic solution 0.4-0.3% (Lubricating Eye Drops)	Tier 1	OTC
polyethylene glycol-propylene glycol ophthalmic solution 0.4-0.3% (Ra Lubricant Eye Drops)	Tier 1	OTC

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

Drug Name	Drug Tier Requirements/Limit	
polyethylene glycol-propylene glycol ophth soln 0.4-0.3% (Sm Lubricant Eye Drops)	Tier 1	OTC
polyethylene glycol-propylene glycol ophth soln 0.4-0.3% (Sm Lubricating Tears)	Tier 1	OTC
polyethylene glycol-propylene glycol ophth soln 0.4-0.3% (Ultra Lubricating Eye Dro)	Tier 1	OTC
polyethylene glycol-propylene glycol ophth soln 0.4-0.3% (Vista Tears)	Tier 1	OTC
polyethylene glycol-propylene glycol pf op soln 0.4-0.3% (Goodsense Lubricant Eye D)	Tier 1	OTC
polyvinyl alcohol ophth soln 1.4%	Tier 1	OTC
polyvinyl alcohol ophth soln 1.4% (Artificial Tears)	Tier 1	OTC
polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%) (Artificial Tears)	Tier 1	OTC
polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%) (Goodsense Artificial Tear)	Tier 1	OTC
propylene glycol-glycerin ophth soln 1-0.3% (Artificial Tears)	Tier 1	OTC
propylene glycol-glycerin ophth soln 1-0.3% (Cvs Artificial Tears)	Tier 1	OTC
propylene glycol-glycerin ophth soln 1-0.3% (Ra Artificial Tears Eye C)	Tier 1	OTC
propylene glycol-glycerin ophth soln 1-0.3% (Ra Lubricant Eye Drops)	Tier 1	OTC
white petrolatum-mineral oil ophth ointment (Altalube)	Tier 1	OTC
white petrolatum-mineral oil ophth ointment (Artificial Eye)	Tier 1	OTC
white petrolatum-mineral oil ophth ointment (Artificial Tears)	Tier 1	OTC
white petrolatum-mineral oil ophth ointment (Cvs Dry-eye Relief Nightt)	Tier 1	OTC

Drug Name	Drug Tier Requirements/Limit	
white petrolatum-mineral oil ophthalmic ointment (Cvs Eye Lubricant)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (Cvs Lubricating Eye Ointm)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (Cvs Nighttime Dry-eye Rel)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (Eq Restore Pm)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (For Sty Relief)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (Gentel Tears Night-time)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (Hypotears)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (Lubricant Eye)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (Lubricant Eye Fast Acting)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (Lubricant Eye Nighttime)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (Lubricant Eye Pm)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (Lubricant Pm)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (Puralube)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (Refresh Lacri-lube)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (Refresh P.m.)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (Retaine Pm)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (Soothe Nighttime Dry Eye)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (Stye)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (Systane Nighttime)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (Tears Again)	Tier 1	OTC
white petrolatum-mineral oil ophthalmic ointment (Ultra Fresh Pm)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
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 soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth soln 0.25%</i>	Tier 1	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	Tier 1	QL (15 mL / 25 days)
<i>cyclopentolate hcl ophth soln 1%</i>	Tier 1	QL (15 mL / 25 days)
ISOPTO ATROP SOL 1% OP (<i>atropine sulfate (ophthalmic)</i>)	Tier 1	QL (15 mL / 25 days)
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	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint (Ak-poly-bac)</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint (Polycin)</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>gentamicin sulfate ophth oint 0.3% (Gentak)</i>	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	QL (10 mL / 30 days)
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	Tier 1	PA
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1	QL (3 mL / 25 days)
MOXIFLOXACIN SOL 1MG/ML	Tier 1	
MOXIFLOXACIN SOL 5MG/ML	Tier 1	PA
<i>neomycin-bacitracin-zn-polymyxin 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limit
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (Neo-polycin)	Tier 1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	Tier 1	
ofloxacin ophth soln 0.3%	Tier 1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 1	
sulfacetamide sodium ophth soln 10%	Tier 1	
tobramycin ophth soln 0.3%	Tier 1	
trifluridine ophth soln 1%	Tier 1	QL (7.5 mL / 25 days)
ZIRGAN GEL 0.15% (ganciclovir ophthalmic)	Tier 1	PA
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5% (lifitegrast)	Tier 1	ST; Requires trial of OTC lubricant and ointment
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02% (netarsudil dimesylate)	Tier 1	PA
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine hcl ophth soln 0.5%	Tier 1	
OPHTHALMIC STEROIDS		
ALREX SUS 0.2% (loteprednol etabonate)	Tier 1	PA
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 1	
bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-polycin Hc)	Tier 1	
dexamethasone sodium phosphate ophth soln 0.1%	Tier 1	
EYSUVIS DRO 0.25% (loteprednol etabonate)	Tier 1	
fluorometholone ophth susp 0.1%	Tier 1	QL (15 mL / 30 days)
INVELTYS SUS 1% (loteprednol etabonate)	Tier 1	PA
KLARITY-L DRO 0.2% (loteprednol etabonate)	Tier 1	PA
KLARITY-L DRO 0.5% (loteprednol etabonate)	Tier 1	PA

Drug Name	Drug Tier	Requirements/Limit
LOTEMAX OIN 0.5% (<i>loteprednol etabonate</i>)	Tier 1	PA
LOTEMAX SM GEL 0.38% (<i>loteprednol etabonate</i>)	Tier 1	PA
<i>loteprednol etabonate ophth gel 0.5%</i>	Tier 1	
<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 1	PA
<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	
<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>azelastine hcl ophth soln 0.05%</i>	Tier 1	PA, QL (6 mL / 25 days)
<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>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
<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	QL (10 mL / 25 days), OTC
<i>ketotifen fumarate ophth soln 0.025% (base equiv) (Alaway)</i>	Tier 1	QL (10 mL / 25 days), OTC
<i>ketotifen fumarate ophth soln 0.025% (base equiv) (Alaway Childrens Allergy)</i>	Tier 1	QL (10 mL / 25 days), OTC
<i>ketotifen fumarate ophth soln 0.025% (base equiv) (Claritin Eye)</i>	Tier 1	QL (10 mL / 25 days), OTC
<i>ketotifen fumarate ophth soln 0.025% (base equiv) (Cvs Allergy Eye Drops)</i>	Tier 1	QL (10 mL / 25 days), OTC

Drug Name	Drug Tier	Requirements/Limit
ketotifen fumarate ophth soln 0.025% (base equiv) (Cvs Eye Itch Relief)	Tier 1	QL (10 mL / 25 days), OTC
ketotifen fumarate ophth soln 0.025% (base equiv) (Eye Itch Relief)	Tier 1	QL (10 mL / 25 days), OTC
olopatadine hcl ophth soln 0.1% (base equivalent)	Tier 1	QL (5 mL / 30 days), OTC
olopatadine hcl ophth soln 0.1% (base equivalent) (Eye Allergy Itch/redness)	Tier 1	QL (5 mL / 30 days), OTC
olopatadine hcl ophth soln 0.1% (base equivalent) (Gnp Olopatadine Hydrochlo)	Tier 1	QL (5 mL / 30 days), OTC
olopatadine hcl ophth soln 0.2% (base equivalent)	Tier 1	QL (2.5 mL / 30 days), OTC
olopatadine hcl ophth soln 0.2% (base equivalent) (Cvs Olopatadine Hydrochlo)	Tier 1	QL (2.5 mL / 30 days), OTC
olopatadine hcl ophth soln 0.2% (base equivalent) (Eye Allergy Itch Relief)	Tier 1	QL (2.5 mL / 30 days), OTC
olopatadine hcl ophth soln 0.2% (base equivalent) (Gnp Olopatadine Hydrochlo)	Tier 1	QL (2.5 mL / 30 days), OTC
PATADAY SOL 0.1% (olopatadine hcl)	Tier 1	QL (5 mL / 30 days), OTC
PATADAY SOL 0.2% (olopatadine hcl)	Tier 1	QL (2.5 mL / 30 days), OTC
sodium chloride hypertonic ophth oint 5%	Tier 1	OTC
sodium chloride hypertonic ophth oint 5% (Altachlore)	Tier 1	OTC
sodium chloride hypertonic ophth soln 5%	Tier 1	OTC
sodium chloride hypertonic ophth soln 5% (Altachlore)	Tier 1	OTC
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.03%	Tier 1	ST; Requires trial of latanoprost
latanoprost ophth soln 0.005%	Tier 1	QL (5 mL / 25 days)

Drug Name **Drug Tier Requirements/Limit**
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR

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> (Clearcanal Earwax Softene)	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln</i> (Cvs Ear Drops)	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln</i> (Cvs Earwax Removal Kit)	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln</i> (Cvs Earwax Removal System)	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln</i> (Ear Drops Earwax Removal)	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln</i> (Ear Wax Removal Kit)	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln</i> (Earwax Removal)	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln</i> (Earwax Removal Kit)	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln</i> (Eq Ear Drops)	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln</i> (Eq Ear Wax Removal Aid)	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln</i> (Gnp Earwax Removal Drops)	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln</i> (Gnp Earwax Removal Kit)	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln</i> (Goodsense Ear Wax Removal)	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln</i> (Murine Ear)	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln</i> (Qc Earwax Removal)	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln</i> (Ra Ear Drops)	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln</i> (Ra Earwax Removal Kit)	Tier 1	OTC
<i>carbamide peroxide 6.5% otic soln</i> (Sm Ear Drops)	Tier 1	OTC
<i>isopropyl alcohol-glycerin otic liquid 95-5%</i> (Instant Ear-dry)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
<i>isopropyl alcohol-glycerin otic liquid 95-5%</i> (Ra Ear Drying Agent)	Tier 1	OTC
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl otic soln 0.2%</i> <i>(base equivalent)</i>	Tier 1	QL (14 ea / 25 days)
<i>ofloxacin otic soln 0.3%</i>	Tier 1	QL (5 mL / 25 days)
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 1	PA
<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	
OXYTOCICS - DRUGS FOR PREGNANCY		
OXYTOCICS - DRUGS FOR PREGNANCY		
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 1	QL (210 ea / 30 days)
<i>methylergonovine maleate tab 0.2 mg</i> (Methergine)	Tier 1	QL (210 ea / 30 days)
PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS		
IMMUNE SERUMS		
<i>HYPERRHO S/D INJ 50MCG (rho d immune globulin (human))</i>	Tier 1	SP
<i>HYPERRHO S/D INJ 300MCG (rho d immune globulin (human))</i>	Tier 1	SP
<i>MICRHOGAM PL INJ 50MCG (rho d immune globulin (human))</i>	Tier 1	SP
<i>RHOGAM PLUS INJ 300MCG (rho d immune globulin (human))</i>	Tier 1	SP
<i>RHOPHYLAC INJ 1500/2ML (rho d immune globulin (human))</i>	Tier 1	SP
MONOCLONAL ANTIBODIES		
<i>SYNAGIS INJ 50MG (palivizumab)</i>	Tier 1	SP, PA
<i>SYNAGIS INJ 100MG/ML (palivizumab)</i>	Tier 1	SP, PA

Drug Name **Drug Tier Requirements/Limit**
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	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1	
<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); AGE (Max age 12 years)
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 1	QL (120 ea / 30 days); AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	QL (2 ea / day, max 10 day supply)

Drug Name	Drug Tier	Requirements/Limit
<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)
PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING		
PHARMACEUTICAL EXCIPIENTS		
<i>PCCA MBK MIS FAT ACID (fatty acid base)</i>	Tier 1	PA, OTC
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	Tier 1	SP, PA
<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 cap 100 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>progesterone cap 200 mg</i>	Tier 1	QL (60 ea / 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTI-CATAPLECTIC AGENTS		
<i>XYREM SOL 500MG/ML (sodium oxybate)</i>	Tier 1	SP, PA
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	

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

Drug Name	Drug Tier Requirements/Limit	
galantamine hydrobromide cap er 24hr 24 mg	Tier 1	
galantamine hydrobromide tab 4 mg	Tier 1	
galantamine hydrobromide tab 8 mg	Tier 1	
galantamine hydrobromide tab 12 mg	Tier 1	
memantine hcl oral solution 2 mg/ml	Tier 1	
memantine hcl tab 5 mg	Tier 1	
memantine hcl tab 10 mg	Tier 1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	Tier 1	
rivastigmine tartrate cap 1.5 mg (base equivalent)	Tier 1	
rivastigmine tartrate cap 3 mg (base equivalent)	Tier 1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	Tier 1	
rivastigmine tartrate cap 6 mg (base equivalent)	Tier 1	
rivastigmine td patch 24hr 4.6 mg/24hr	Tier 1	PA
rivastigmine td patch 24hr 9.5 mg/24hr	Tier 1	PA
rivastigmine td patch 24hr 13.3 mg/24hr	Tier 1	PA
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab 12.5 mg	Tier 1	SP, PA
tetrabenazine tab 25 mg	Tier 1	SP, PA
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB 7MG (teriflunomide)	Tier 1	SP, PA
AUBAGIO TAB 14MG (teriflunomide)	Tier 1	SP, PA
AVONEX PEN KIT 30MCG (interferon beta-1a)	Tier 1	SP, PA
AVONEX PREFL KIT 30MCG (interferon beta-1a)	Tier 1	SP, PA
dalfampridine tab er 12hr 10 mg	Tier 1	SP, PA
dimethyl fumarate capsule delayed release 120 mg	Tier 1	SP, PA, QL (60 ea / 30 days)

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

Drug Name	Drug Tier	Requirements/Limit
dimethyl fumarate capsule delayed release 240 mg	Tier 1	SP, PA, QL (60 ea / 30 days)
GILENYA CAP 0.5MG (fingolimod hcl)	Tier 1	SP, PA
glatiramer acetate soln prefilled syringe 20 mg/ml	Tier 1	SP, PA
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	Tier 1	SP, PA
glatiramer acetate soln prefilled syringe 40 mg/ml	Tier 1	SP, PA
glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)	Tier 1	SP, PA
PLEGRIDY INJ (peginterferon beta-1a)	Tier 1	SP, PA
PLEGRIDY INJ PEN (peginterferon beta-1a)	Tier 1	SP, PA
PLEGRIDY INJ STARTER (peginterferon beta-1a)	Tier 1	SP, PA
PLEGRIDY PEN INJ STARTER (peginterferon beta-1a)	Tier 1	SP, PA
REBIF INJ 22/0.5 (interferon beta-1a)	Tier 1	SP, PA
REBIF INJ 44/0.5 (interferon beta-1a)	Tier 1	SP, PA
REBIF REBIDO INJ 22/0.5 (interferon beta-1a)	Tier 1	SP, PA
REBIF REBIDO INJ 44/0.5 (interferon beta-1a)	Tier 1	SP, PA
REBIF REBIDO INJ TITRATN (interferon beta-1a)	Tier 1	SP, PA
REBIF TITRTN INJ PACK (interferon beta-1a)	Tier 1	SP, PA
SMOKING DETERRENTS		
APO-VARENICL TAB 0.5MG (varenicline tartrate)	Tier 1	PA, QL (30 ea / 30 days)
APO-VARENICL TAB 1MG (varenicline tartrate)	Tier 1	PA, QL (60 ea / 30 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Tier 1	QL (60 ea / 30 days, max 90 day supply per year)
CHANTIX PAK 0.5& 1MG (varenicline tartrate)	Tier 1	PA

Drug Name	Drug Tier Requirements/Limit	
CHANTIX PAK 1MG (varenicline tartrate)	Tier 1	PA, QL (60 ea / 30 days)
CHANTIX TAB 0.5MG (varenicline tartrate)	Tier 1	PA, QL (30 ea / 30 days)
CHANTIX TAB 1MG (varenicline tartrate)	Tier 1	PA, QL (60 ea / 30 days)
nicotine polacrilex gum 2 mg	Tier 1	OTC
nicotine polacrilex gum 2 mg (Cvs Nicotine)	Tier 1	OTC
nicotine polacrilex gum 2 mg (Cvs Nicotine Polacrilex)	Tier 1	OTC
nicotine polacrilex gum 2 mg (Eq Nicotine Polacrilex)	Tier 1	OTC
nicotine polacrilex gum 2 mg (Gnp Nicotine Gum)	Tier 1	OTC
nicotine polacrilex gum 2 mg (Gnp Nicotine Polacrilex)	Tier 1	OTC
nicotine polacrilex gum 2 mg (Hm Nicotine Polacrilex)	Tier 1	OTC
nicotine polacrilex gum 2 mg (Kls Quit2)	Tier 1	OTC
nicotine polacrilex gum 2 mg (Px Stop Smoking Aid)	Tier 1	OTC
nicotine polacrilex gum 2 mg (Ra Nicotine)	Tier 1	OTC
nicotine polacrilex gum 2 mg (Sm Nicotine Polacrilex)	Tier 1	OTC
nicotine polacrilex gum 2 mg (Thrive)	Tier 1	OTC
nicotine polacrilex gum 4 mg	Tier 1	OTC
nicotine polacrilex gum 4 mg (Cvs Nicotine)	Tier 1	OTC
nicotine polacrilex gum 4 mg (Cvs Nicotine)	Tier 1	OTC
nicotine polacrilex gum 4 mg (Cvs Nicotine Polacrilex)	Tier 1	OTC
nicotine polacrilex gum 4 mg (Eq Nicotine Polacrilex)	Tier 1	OTC
nicotine polacrilex gum 4 mg (Gnp Nicotine Gum)	Tier 1	OTC
nicotine polacrilex gum 4 mg (Gnp Nicotine Polacrilex)	Tier 1	OTC

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

Drug Name	Drug Tier Requirements/Limit	
<i>nicotine polacrilex gum 4 mg</i> (Goodsense Nicotine Gum)	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg</i> (Hm Nicotine Polacrilex)	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg</i> (Kls Quit4)	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg</i> (Px Stop Smoking Aid)	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg</i> (Ra Nicotine)	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg</i> (Ra Nicotine Gum)	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg</i> (Sm Nicotine)	Tier 1	OTC
<i>nicotine polacrilex gum 4 mg</i> (Sm Nicotine Polacrilex)	Tier 1	OTC
<i>nicotine polacrilex lozenge 2 mg</i>	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 2 mg</i> (Cvs Nicotine Lozenge)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 2 mg</i> (Cvs Nicotine Polacrilex)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 2 mg</i> (Eq Nicotine Polacrilex)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 2 mg</i> (EqI Nicotine Polacrilex)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 2 mg</i> (Gnp Nicotine Mini Lozenge)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 2 mg</i> (Gnp Nicotine Polacrilex)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 2 mg</i> (Hm Nicotine Polacrilex)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 2 mg</i> (Kls Quit2)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC

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

Drug Name	Drug Tier	Requirements/Limit
<i>nicotine polacrilex lozenge 2 mg</i> (Nicotine Mini Lozenge)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 2 mg</i> (Nicotine Polacrilex Mini)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 2 mg</i> (Px Stop Smoking Aid)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 2 mg</i> (Ra Mini Nicotine)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 2 mg</i> (Sm Nicotine)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 2 mg</i> (Sm Nicotine Polacrilex)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 4 mg</i>	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 4 mg</i> (Cvs Nicotine Lozenge)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 4 mg</i> (Cvs Nicotine Polacrilex)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 4 mg</i> (Eq Nicotine Lozenges)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 4 mg</i> (Eq Nicotine Polacrilex)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 4 mg</i> (Eq Nicotine Polacrilex)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 4 mg</i> (Gnp Nicotine Mini Lozenge)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 4 mg</i> (Gnp Nicotine Polacrilex M)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC

Drug Name	Drug Tier	Requirements/Limit
<i>nicotine polacrilex lozenge 4 mg</i> (Hm Nicotine Polacrilex)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 4 mg</i> (Kls Quit4)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 4 mg</i> (Nicotine Mini Lozenge)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 4 mg</i> (Px Stop Smoking Aid)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 4 mg</i> (Ra Mini Nicotine)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine polacrilex lozenge 4 mg</i> (Sm Nicotine Polacrilex)	Tier 1	QL (240 ea / 30 days, max 3 fills per 365 days), OTC
<i>nicotine td patch 24hr 7 mg/24hr</i> (Cvs Nicotine Transdermal)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 7 mg/24hr</i> (Eq Nicotine Step 3)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 7 mg/24hr</i> (Gnp Nicotine Transdermal)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 7 mg/24hr</i> (Hm Nicotine Transdermal S)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 7 mg/24hr</i> (Nicotine Step 3)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 7 mg/24hr</i> (Nicotine Transdermal Syst)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 7 mg/24hr</i> (Sm Nicotine Transdermal S)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 14 mg/24hr</i>	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC

Drug Name	Drug Tier	Requirements/Limit
<i>nicotine td patch 24hr 14 mg/24hr</i> (Cvs Nicotine Transdermal)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 14 mg/24hr</i> (Eq Nicotine)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 14 mg/24hr</i> (Gnp Nicotine Transdermal)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 14 mg/24hr</i> (Hm Nicotine Transdermal S)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 14 mg/24hr</i> (Nicotine Transdermal Syst)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 14 mg/24hr</i> (Qc Nicotine Transdermal S)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 14 mg/24hr</i> (Ra Nicotine)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 14 mg/24hr</i> (Sm Nicotine Transdermal S)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i>	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i> (Cvs Nicotine Transdermal)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i> (Eq Nicotine)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i> (Habitrol)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i> (Hm Nicotine Transdermal S)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i> (Nicotine Step 1)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC

Drug Name	Drug Tier	Requirements/Limit
<i>nicotine td patch 24hr 21 mg/24hr</i> (Nicotine Transdermal Syst)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i> (Qc Nicotine Transdermal S)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i> (Ra Nicotine)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i> (Sm Nicotine Transdermal S)	Tier 1	QL (30 ea / 30 days, max 90 day supply per year), OTC

RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS

CYSTIC FIBROSIS AGENTS

KALYDECO PAK 25MG (<i>ivacaftor</i>)	Tier 1	SP, PA
KALYDECO PAK 50MG (<i>ivacaftor</i>)	Tier 1	SP, PA
KALYDECO PAK 75MG (<i>ivacaftor</i>)	Tier 1	SP, PA
KALYDECO TAB 150MG (<i>ivacaftor</i>)	Tier 1	SP, PA
ORKAMBI GRA 150-188 (<i>lumacaftor-ivacaftor</i>)	Tier 1	SP, PA
ORKAMBI TAB 100-125 (<i>lumacaftor-ivacaftor</i>)	Tier 1	SP, PA, QL (120 ea / 30 days); AGE (Min age 6 years and Max age 11 years)
ORKAMBI TAB 200-125 (<i>lumacaftor-ivacaftor</i>)	Tier 1	SP, PA, QL (56 ea / 8 days); AGE (Min age 11 years)
PULMOZYME SOL 1MG/ML (<i>dornase alfa</i>)	Tier 1	SP, PA, QL (75 mL / 30 days)
SYMDEKO TAB 50-75MG (<i>tezacaftor-ivacaftor</i>)	Tier 1	SP, PA
SYMDEKO TAB 100-150 (<i>tezacaftor-ivacaftor</i>)	Tier 1	SP, PA
TRIKAFTA TAB (<i>elexacaftor-tezacaftor-ivacaftor</i>)	Tier 1	SP, PA

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<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)

Drug Name	Drug Tier	Requirements/Limit
doxycycline monohydrate cap 100 mg (Mondoxyne NI)	Tier 1	QL (90 ea / 30 days)
doxycycline monohydrate tab 100 mg	Tier 1	QL (90 ea / 30 days)
doxycycline monohydrate tab 100 mg (Avidoxy)	Tier 1	QL (90 ea / 30 days)
minocycline hcl cap 50 mg	Tier 1	QL (60 ea / 30 days)
minocycline hcl cap 100 mg	Tier 1	QL (60 ea / 30 days)

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

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

THYROID HORMONES

ARMOUR THYRO TAB 15MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 30MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 60MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 90MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 120MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 180MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 240MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 300MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
levothyroxine sodium tab 25 mcg	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 25 mcg (Euthyrox)	Tier 1	QL (60 ea / 30 days)

Drug Name	Drug Tier Requirements/Limit	
levothyroxine sodium tab 25 mcg (Levo-t)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 25 mcg (Levoxyl)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 25 mcg (Unithroid)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 50 mcg	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 50 mcg (Euthyrox)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 50 mcg (Levo-t)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 50 mcg (Levoxyl)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 50 mcg (Unithroid)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 75 mcg	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 75 mcg (Euthyrox)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 75 mcg (Levo-t)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 75 mcg (Levoxyl)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 75 mcg (Unithroid)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 88 mcg	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 88 mcg (Euthyrox)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 88 mcg (Levo-t)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 88 mcg (Levoxyl)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 88 mcg (Unithroid)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 100 mcg	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 100 mcg (Euthyrox)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 100 mcg (Levo-t)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 100 mcg (Levoxyl)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 100 mcg (Unithroid)	Tier 1	QL (60 ea / 30 days)

Drug Name	Drug Tier Requirements/Limit	
levothyroxine sodium tab 112 mcg	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 112 mcg (Euthyrox)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 112 mcg (Levo-t)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 112 mcg (Levoxyl)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 112 mcg (Unithroid)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 125 mcg	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 125 mcg (Euthyrox)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 125 mcg (Levo-t)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 125 mcg (Levoxyl)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 125 mcg (Unithroid)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 137 mcg	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 137 mcg (Euthyrox)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 137 mcg (Levo-t)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 137 mcg (Levoxyl)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 137 mcg (Unithroid)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 150 mcg	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 150 mcg (Euthyrox)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 150 mcg (Levo-t)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 150 mcg (Levoxyl)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 150 mcg (Unithroid)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 175 mcg	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 175 mcg (Euthyrox)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 175 mcg (Levo-t)	Tier 1	QL (60 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limit
levothyroxine sodium tab 175 mcg (Levoxyl)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 175 mcg (Unithroid)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 200 mcg	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 200 mcg (Euthyrox)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 200 mcg (Levo-t)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 200 mcg (Levoxyl)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 200 mcg (Unithroid)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 300 mcg	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 300 mcg (Levo-t)	Tier 1	QL (60 ea / 30 days)
levothyroxine sodium tab 300 mcg (Unithroid)	Tier 1	QL (60 ea / 30 days)
NATURE THROI TAB 162.5MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 16.25MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 32.5MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 48.75MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 65MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 81.25MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 97.5MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 113.75MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)

Drug Name	Drug Tier	Requirements/Limit
NATURE-THROI TAB 130MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 146.25MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 195MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 260MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
NATURE-THROI TAB 325MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
SYNTHROID TAB 25MCG (levothyroxine sodium)	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 50MCG (levothyroxine sodium)	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 75MCG (levothyroxine sodium)	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 88MCG (levothyroxine sodium)	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 100MCG (levothyroxine sodium)	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 112MCG (levothyroxine sodium)	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 125MCG (levothyroxine sodium)	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 137MCG (levothyroxine sodium)	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 150MCG (levothyroxine sodium)	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 175MCG (levothyroxine sodium)	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 200MCG (levothyroxine sodium)	Tier 1	QL (60 ea / 30 days)
SYNTHROID TAB 300MCG (levothyroxine sodium)	Tier 1	QL (60 ea / 30 days)
thyroid tab 15 mg (1/4 grain) (Np Thyroid 15)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)

Drug Name	Drug Tier	Requirements/Limit
thyroid tab 30 mg (1/2 grain) (Np Thyroid 30)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
thyroid tab 60 mg (1 grain) (Np Thyroid 60)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
thyroid tab 90 mg (1 1/2 grain) (Np Thyroid 90)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
thyroid tab 120 mg (2 grain) (Np Thyroid 120)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
WESTHROID TAB 32.5MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
WESTHROID TAB 65MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
WESTHROID TAB 97.5MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
WESTHROID TAB 130MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
WESTHROID TAB 195MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 16.25MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 32.5MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 48.75MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 65MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 81.25MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)

Drug Name	Drug Tier	Requirements/Limit
WP THYROID TAB 97.5MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 113.75MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
WP THYROID TAB 130MG (thyroid)	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)

TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

ADACEL INJ (tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))	Tier 1	AGE (Min age 19 years)
BOOSTRIX INJ (tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))	Tier 1	AGE (Min age 19 years)
TDVAX INJ 2-2 LF (tetanus-diphtheria toxoids (td))	Tier 1	AGE (Min age 19 years)
TENIVAC INJ 5-2LF (tetanus-diphtheria toxoids (td))	Tier 1	AGE (Min age 19 years)
TET/DIP TOX INJ 2-2 LF	Tier 1	AGE (Min age 19 years)

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID

ANTISPASMODICS

CUVPOSA SOL 1MG/5ML (glycopyrrolate)	Tier 1	PA
dicyclomine hcl cap 10 mg	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
dicyclomine hcl oral soln 10 mg/5ml	Tier 1	QL (2400 mL / 30 days); AGE (Max age 64 years)
dicyclomine hcl tab 20 mg	Tier 1	QL (240 ea / 30 days); AGE (Max age 64 years)
glycopyrrolate tab 1 mg	Tier 1	
glycopyrrolate tab 2 mg	Tier 1	
hyoscyamine sulfate elixir 0.125 mg/5ml	Tier 1	QL (1800 mL / 30 days); AGE (Max age 64 years)

Drug Name	Drug Tier	Requirements/Limit
hyoscyamine sulfate sl tab 0.125 mg	Tier 1	QL (360 ea / 30 days); AGE (Max age 64 years)
hyoscyamine sulfate sl tab 0.125 mg (Oscimin)	Tier 1	QL (360 ea / 30 days); AGE (Max age 64 years)
hyoscyamine sulfate soln 0.125 mg/ml	Tier 1	QL (1800 mL / 30 days); AGE (Max age 64 years)
hyoscyamine sulfate tab 0.125 mg	Tier 1	QL (360 ea / 30 days); AGE (Max age 64 years)
hyoscyamine sulfate tab 0.125 mg (Oscimin)	Tier 1	QL (360 ea / 30 days); AGE (Max age 64 years)
hyoscyamine sulfate tab disint 0.125 mg	Tier 1	QL (360 ea / 30 days); AGE (Max age 64 years)
hyoscyamine sulfate tab disint 0.125 mg (Ed-spaz)	Tier 1	QL (360 ea / 30 days); AGE (Max age 64 years)
hyoscyamine sulfate tab disint 0.125 mg (Nulev)	Tier 1	QL (360 ea / 30 days); AGE (Max age 64 years)
hyoscyamine sulfate tab er 12hr 0.375 mg	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
hyoscyamine sulfate tab er 12hr 0.375 mg (Oscimin Sr)	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
hyoscyamine sulfate tab er 12hr 0.375 mg (Symax-sr)	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
H-2 ANTAGONISTS		
cimetidine hcl soln 300 mg/5ml	Tier 1	QL (1800 mL / 30 days)
cimetidine tab 200 mg	Tier 1	QL (120 ea / 30 days)
cimetidine tab 200 mg (Cimetidine 200)	Tier 1	QL (120 ea / 30 days), OTC
cimetidine tab 200 mg (Cvs Heartburn Relief)	Tier 1	QL (120 ea / 30 days), OTC

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

Drug Name	Drug Tier	Requirements/Limit
cimetidine tab 200 mg (Eq Acid Reducer)	Tier 1	QL (120 ea / 30 days), OTC
cimetidine tab 200 mg (Eq Cimetidine Acid Reduce)	Tier 1	QL (120 ea / 30 days), OTC
cimetidine tab 200 mg (Sm Acid Reducer)	Tier 1	QL (120 ea / 30 days), OTC
cimetidine tab 300 mg	Tier 1	QL (60 ea / 30 days)
cimetidine tab 400 mg	Tier 1	QL (60 ea / 30 days)
cimetidine tab 800 mg	Tier 1	QL (60 ea / 30 days)
famotidine for susp 40 mg/5ml	Tier 1	QL (150 mL / 30 days)
famotidine for susp 40 mg/5ml	Tier 1	QL (150 mL / 30 days); AGE (Max age 12 years)
famotidine tab 10 mg	Tier 1	QL (60 ea / 30 days), OTC
famotidine tab 10 mg (Acid Reducer Original Str)	Tier 1	QL (60 ea / 30 days), OTC
famotidine tab 10 mg (Cvs Acid Controller)	Tier 1	QL (60 ea / 30 days), OTC
famotidine tab 10 mg (Eq Heartburn Prevention)	Tier 1	QL (60 ea / 30 days), OTC
famotidine tab 10 mg (Heartburn Relief)	Tier 1	QL (60 ea / 30 days), OTC
famotidine tab 10 mg (Zantac 360)	Tier 1	QL (60 ea / 30 days), OTC
famotidine tab 20 mg	Tier 1	QL (60 ea / 30 days)
famotidine tab 20 mg	Tier 1	QL (60 ea / 30 days), OTC
famotidine tab 20 mg (Acid Controller Maximum S)	Tier 1	QL (60 ea / 30 days), OTC
famotidine tab 20 mg (Acid Reducer Maximum Stre)	Tier 1	QL (60 ea / 30 days), OTC
famotidine tab 20 mg (Cvs Acid Controller Maxim)	Tier 1	QL (60 ea / 30 days), OTC
famotidine tab 20 mg (Eq Famotidine Maximum Str)	Tier 1	QL (60 ea / 30 days), OTC
famotidine tab 20 mg (Eq Heartburn Prevention/)	Tier 1	QL (60 ea / 30 days), OTC
famotidine tab 20 mg (Mm Acid-pep Maximum Stren)	Tier 1	QL (60 ea / 30 days), OTC
famotidine tab 20 mg (Mm Famotidine)	Tier 1	QL (60 ea / 30 days), OTC

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

Drug Name	Drug Tier	Requirements/Limit
famotidine tab 20 mg (Zantac 360 Maximum Streng)	Tier 1	QL (60 ea / 30 days), OTC
famotidine tab 40 mg	Tier 1	QL (60 ea / 30 days)
nizatidine cap 150 mg	Tier 1	ST, QL (120 ea / 30 days); Requires trial of famotidine
nizatidine oral soln 15 mg/ml	Tier 1	ST; Requires trial of famotidine

MISC. ANTI-ULCER

sucralfate susp 1 gm/10ml	Tier 1	QL (1200 mL / 30 days); AGE (Max age 18 years)
sucralfate tab 1 gm	Tier 1	QL (120 ea / 30 days)

PROTON PUMP INHIBITORS

esomeprazole magnesium cap delayed release 20 mg (base eq)	Tier 1	QL (60 ea / 30 days), OTC
esomeprazole magnesium cap delayed release 20 mg (base eq) (Qc Esomeprazole Magnesium)	Tier 1	QL (60 ea / 30 days), OTC
FIRST-OMEPRASUS 2MG/ML (omeprazole)	Tier 1	QL (150 mL / 30 days); AGE (Max age 12 years)
lansoprazole cap delayed release 15 mg	Tier 1	QL (60 ea / 30 days)
lansoprazole cap delayed release 15 mg	Tier 1	QL (60 ea / 30 days), OTC
OMEPRAZOLE + SUS SYRSPEND (omeprazole)	Tier 1	QL (150 mL / 30 days); AGE (Max age 12 years)
omeprazole cap delayed release 10 mg	Tier 1	QL (90 ea / 30 days)
omeprazole cap delayed release 20 mg	Tier 1	QL (90 ea / 30 days)
omeprazole cap delayed release 20 mg	Tier 1	QL (90 ea / 30 days), OTC
omeprazole cap delayed release 40 mg	Tier 1	QL (30 ea / 30 days)
omeprazole delayed release tab 20 mg	Tier 1	QL (90 ea / 30 days), OTC
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv) (Acid Reducer)	Tier 1	QL (30 ea / 30 days), OTC
omeprazole magnesium delayed release tab 20 mg (base equiv)	Tier 1	QL (90 ea / 30 days), OTC
omeprazole magnesium delayed release tab 20 mg (base equiv) (Acid Reducer)	Tier 1	QL (90 ea / 30 days), OTC
pantoprazole sodium ec tab 20 mg (base equiv)	Tier 1	QL (30 ea / 30 days)
pantoprazole sodium ec tab 40 mg (base equiv)	Tier 1	QL (90 ea / 30 days)

ULCER DRUGS - PROSTAGLANDINS

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

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

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

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

bethanechol chloride tab 5 mg	Tier 1	QL (120 ea / 30 days)
--------------------------------------	--------	-----------------------

Drug Name	Drug Tier	Requirements/Limit
<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)
--	--------	-----------------------

VACCINES - DRUGS TO PREVENT INFECTIONS

BACTERIAL VACCINES

BEXSERO INJ (<i>meningococcal vac group b (recombant omv adjuvanted)</i>)	Tier 1	AGE (Min age 19 years)
MENACTRA INJ (<i>meningococcal (a,c,y&w-135) polysaccharide conjugate vaccine</i>)	Tier 1	AGE (Min age 19 years)
MENQUADFI INJ (<i>meningococcal (a,c,y&w-135) polysaccharide conjugate vaccine</i>)	Tier 1	AGE (Min age 19 years)
MENVEO INJ (<i>meningococcal (a,c,y&w-135) oligosaccharide conjugate vac</i>)	Tier 1	AGE (Min age 19 years)
PNEUMOVAX 23 INJ 25/0.5 (<i>pneumococcal vac polyvalent</i>)	Tier 1	QL (max 2 fills per lifetime); AGE (Min age 19 years)
PREVNAR 13 INJ (<i>pneumococcal 13-valent conjugate vaccine</i>)	Tier 1	QL (max 4 fills per lifetime); AGE (Min age 19 years)
TRUMENBA INJ (<i>meningococcal group b vaccine (recombinant)</i>)	Tier 1	AGE (Min age 19 years)
TYPHIM VI INJ (<i>typhoid vi polysaccharide vaccine</i>)	Tier 1	PA

VIRAL VACCINES

AFLURIA QUAD INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 1	AGE (Min age 19 years)
ENGERIX-B INJ 10/0.5ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 1	AGE (Min age 19 years)
ENGERIX-B INJ 20MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 1	AGE (Min age 19 years)
FLUARIX QUAD INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 1	AGE (Min age 19 years)

Drug Name	Drug Tier Requirements/Limit	
FLUBLOK QUAD INJ 2021-22 (influenza virus vac recomb hemagglutinin (ha) quadrivalent)	Tier 1	AGE (Min age 19 years)
FLUCLVX QUAD INJ 2021-22 (influenza virus vaccine tissue-cultured subunit quadrivalent)	Tier 1	AGE (Min age 19 years)
FLULAVAL QUA INJ 2021-22 (influenza virus vaccine split quadrivalent)	Tier 1	AGE (Min age 19 years)
FLUMIST QUAD SUS 2021-22 (influenza virus vaccine live quadrivalent)	Tier 1	AGE (Min age 19 years and Max age 49 years)
FLUZONE QUAD INJ 2021-22 (influenza virus vaccine split quadrivalent)	Tier 1	AGE (Min age 19 years)
GARDASIL 9 INJ (human papillomavirus (hvp) 9-valent recombinant vaccine)	Tier 1	AGE (Min age 19 years)
HAVRIX INJ 720UNIT (hepatitis a vaccine)	Tier 1	AGE (Min age 19 years)
HAVRIX INJ 1440UNIT (hepatitis a vaccine)	Tier 1	AGE (Min age 19 years)
HEPLISAV-B INJ 20/0.5ML (hepatitis b vaccine recombinant adjuvanted)	Tier 1	AGE (Min age 19 years)
IMOVAX RABIE INJ 2.5/ML (rabies virus vaccine, hdc)	Tier 1	AGE (Min age 19 years)
IXIARO INJ (japanese encephalitis vaccine inactivated adsorbed)	Tier 1	PA
M-M-R II INJ (measles, mumps & rubella virus vaccines)	Tier 1	AGE (Min age 19 years)
RABAVERT INJ (rabies vaccine, pcec)	Tier 1	AGE (Min age 19 years)
RECOMBIVA HB INJ 5MCG/0.5 (hepatitis b vaccine (recomb))	Tier 1	AGE (Min age 19 years)
RECOMBIVA HB INJ 10MCG/ML (hepatitis b vaccine (recomb))	Tier 1	AGE (Min age 19 years)
SHINGRIX INJ 50/0.5ML (zoster vaccine recombinant adjuvanted)	Tier 1	AGE (Min age 50 years)
STAMARIL INJ (yellow fever vaccine)	Tier 1	PA
TWINRIX INJ (hepatitis a (inactivated)-hepatitis b (recombinant) vaccines)	Tier 1	AGE (Min age 19 years)

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

Drug Name	Drug Tier	Requirements/Limit
VAQTA INJ 25/0.5ML (hepatitis a vaccine)	Tier 1	AGE (Min age 19 years)
VAQTA INJ 50UNT/ML (hepatitis a vaccine)	Tier 1	AGE (Min age 19 years)
VARIVAX INJ (varicella virus vaccine live)	Tier 1	AGE (Min age 19 years)
YF-VAX INJ (yellow fever vaccine)	Tier 1	PA

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

SPERMICIDES

ENCARE SUP 100MG (nonoxynol-9)	Tier 1	OTC
GYNOL II GEL 3% (nonoxynol-9)	Tier 1	OTC
SHUR-SEAL GEL 2% (nonoxynol-9)	Tier 1	OTC
TODAY SPONGE MIS (nonoxynol-9)	Tier 1	OTC
VCF VAGINAL AER CONTRACP (nonoxynol-9)	Tier 1	OTC
VCF VAGINAL GEL CONTRACE (nonoxynol-9)	Tier 1	OTC
VCF VAGINAL MIS CONTRACP (nonoxynol-9)	Tier 1	OTC

VAGINAL ANTI-INFECTIVES

clindamycin phosphate vaginal cream 2%	Tier 1	
clotrimazole vaginal cream 1%	Tier 1	OTC
clotrimazole vaginal cream 1% (Ra Clotrimazole 7)	Tier 1	OTC
clotrimazole vaginal cream 2% (Cvs Clotrimazole 3)	Tier 1	OTC
clotrimazole vaginal cream 2% (3 Day Vaginal)	Tier 1	OTC
clotrimazole vaginal cream 2% (Gnp Clotrimazole 3)	Tier 1	OTC
metronidazole vaginal gel 0.75%	Tier 1	QL (70 gm / 5 days)
metronidazole vaginal gel 0.75% (Vandazole)	Tier 1	QL (70 gm / 5 days)
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit (Cvs Miconazole 3)	Tier 1	OTC
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit (Miconazole 3 Combination)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i> (Sm Miconazole 3)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2%</i>	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2%</i> (Cvs Miconazole 7)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2%</i> (Miconazole 7)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2%</i> (Qc Miconazole 7)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i> (Qc 3 Day Vaginal Cream)	Tier 1	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i> (Miconazole 3 Combination)	Tier 1	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i> (Vagistat-3)	Tier 1	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i> (Miconazole 7)	Tier 1	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i> (Sm Miconazole 7)	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 vaginal oint 6.5%</i> (Monistat 1-day)	Tier 1	OTC
<i>tioconazole vaginal oint 6.5%</i> (Tioconazole 1)	Tier 1	OTC
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	
<i>estradiol vaginal tab 10 mcg</i> (Yuvaferm)	Tier 1	
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ANAPHYLAXIS THERAPY AGENTS		
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Tier 1	QL (2 ea / 25 days)

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

Drug Name	Drug Tier	Requirements/Limit
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	Tier 1	QL (2 ea / 25 days)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	Tier 1	QL (2 ea / 25 days)
SYMJEPI INJ 0.3MG (epinephrine (anaphylaxis))	Tier 1	QL (2 ea / 25 days)
SYMJEPI INJ 0.15MG (epinephrine (anaphylaxis))	Tier 1	QL (2 ea / 25 days)

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

midodrine hcl tab 2.5 mg	Tier 1	QL (90 ea / 30 days)
midodrine hcl tab 5 mg	Tier 1	QL (90 ea / 30 days)
midodrine hcl tab 10 mg	Tier 1	QL (90 ea / 30 days)

VITAMINS - DRUGS FOR NUTRITION

OIL SOLUBLE VITAMINS

cholecalciferol cap 25 mcg (1000 unit)	Tier 1	QL (120 ea / 30 days), OTC
cholecalciferol cap 25 mcg (1000 unit)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 25 mcg (1000 unit) (Cvs D3)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 25 mcg (1000 unit) (D3 High Potency)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 25 mcg (1000 unit) (D3-1000)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 25 mcg (1000 unit) (D 1000)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 25 mcg (1000 unit) (Gnp D 1000)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 25 mcg (1000 unit) (Kp Vitamin D)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 25 mcg (1000 unit) (Qc Vitamin D3)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 2000 unit	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 2000 unit (Cvs D3)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 2000 unit (D3 High Potency)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 2000 unit (D3 Super Strength)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
cholecalciferol cap 2000 unit (Hm Vitamin D3)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 2000 unit (Kls D3)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 2000 unit (Kp Vitamin D3)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 2000 unit (Qc Vitamin D3)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 2000 unit (Ra Vitamin D-3)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 2000 unit (Sm Vitamin D3)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 2000 unit (Vitamin D3 High Potency)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 5000 unit	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 5000 unit (Cvs D3)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 5000 unit (D3 High Potency)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 5000 unit (D3 Maximum Strength)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 5000 unit (Dialyvite Vitamin D 5000)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 5000 unit (Eq Vitamin D3)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 10000 unit	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 10000 unit (Cvs Vitamin D3)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 10000 unit (Decara)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 50000 unit	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 50000 unit (D3-50)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 50000 unit (Decara)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 50000 unit (Optimal-d)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol cap 50000 unit (Weekly-d)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
cholecalciferol chew tab 400 unit	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol chew tab 400 unit (D3 Kids)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol chew tab 400 unit (D 400)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol chew tab 400 unit (Kp Vitamin D)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol chew tab 1000 unit	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol chew tab 1000 unit (Cvs Vitamin D3)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol chew tab 1000 unit (D3 Adult Gummy)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol chew tab 1000 unit (D 1000)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol chew tab 1000 unit (EqI Vitamin D3 Gummies)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol chew tab 1000 unit (Gnp D 2000)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol chew tab 1000 unit (Kids First Vitamin D3 Gum)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol chew tab 1000 unit (Vitajoy Daily D Gummies)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol chew tab 1000 unit (Vitamin D3 Extra Strength)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol chew tab 1000 unit (Vitamin D3 Gummies)	Tier 1	QL (30 ea / 30 days), OTC
cholecalciferol drops 125 mcg/ml (5000 unit/ml)	Tier 1	QL (180 mL / 30 days), OTC
cholecalciferol drops 125 mcg/ml (5000 unit/ml) (D3 Maximum Strength)	Tier 1	QL (180 mL / 30 days), OTC
cholecalciferol oral liquid 400 unit/ml	Tier 1	QL (180 mL / 30 days), OTC
cholecalciferol oral liquid 400 unit/ml (Aqueous Vitamin D Infants)	Tier 1	QL (180 mL / 30 days), OTC
cholecalciferol oral liquid 400 unit/ml (Bprotected Pedia D-vite)	Tier 1	QL (180 mL / 30 days), OTC
cholecalciferol oral liquid 400 unit/ml (D-vite Pediatric)	Tier 1	QL (180 mL / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limit
cholecalciferol oral liquid 400 unit/ml (Pharmacist Choice D-vitam)	Tier 1	QL (180 mL / 30 days), OTC
cholecalciferol tab 400 unit	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 400 unit (D3 High Potency)	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 400 unit (D 400)	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 400 unit (Delta D3)	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 400 unit (Qc Vitamin D3)	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 400 unit (Sm Vitamin D)	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 1000 unit	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 1000 unit (D 1000)	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 1000 unit (Gnp Vitamin D)	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 1000 unit (Gnp Vitamin D3 Extra Stre)	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 1000 unit (Hm Vitamin D)	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 1000 unit (Hm Vitamin D3)	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 1000 unit (Qc Vitamin D3)	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 1000 unit (Ra Vitamin D-3)	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 2000 unit	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 2000 unit (Qc Vitamin D3)	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 2000 unit (Thera-d 2000)	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 5000 unit (D 5000)	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 5000 unit (Gnp Vitamin D Super Stren)	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 5000 unit (Nat-rul Vitamin D)	Tier 1	QL (180 ea / 30 days), OTC

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

Drug Name	Drug Tier	Requirements/Limit
cholecalciferol tab 5000 unit (Qc Vitamin D3)	Tier 1	QL (180 ea / 30 days), OTC
cholecalciferol tab 5000 unit (Radiance Platinum Vitamin)	Tier 1	QL (180 ea / 30 days), OTC
ergocalciferol cap 1.25 mg (50000 unit)	Tier 1	QL (180 ea / 30 days)
phytonadione tab 5 mg	Tier 1	QL (150 ea / 30 days)
WATER SOLUBLE VITAMINS		
ascorbic acid tab 500 mg	Tier 1	OTC
ascorbic acid tab 500 mg (C-500)	Tier 1	OTC
ascorbic acid tab 500 mg (Pureway-c)	Tier 1	OTC
ascorbic acid tab 500 mg (Qc C With Rose Hips)	Tier 1	OTC
ascorbic acid tab 500 mg (Qc Vitamin C)	Tier 1	OTC
ascorbic acid tab 500 mg (Sm Vitamin C)	Tier 1	OTC
ascorbic acid tab 500 mg (Vitamin C Plus Bioflavono)	Tier 1	OTC
ascorbic acid tab 500 mg (Vitamin C/rose Hips)	Tier 1	OTC
niacin cap er 250 mg	Tier 1	OTC
niacin cap er 500 mg	Tier 1	OTC
niacin tab 50 mg	Tier 1	OTC
niacin tab 100 mg	Tier 1	OTC
niacin tab 100 mg (Ra Niacin)	Tier 1	OTC
niacin tab 250 mg	Tier 1	OTC
niacin tab 500 mg	Tier 1	OTC
niacin tab 500 mg (Kp Niacin)	Tier 1	OTC
niacin tab 500 mg (Ra Niacin)	Tier 1	OTC
niacin tab er 250 mg	Tier 1	OTC
niacin tab er 250 mg (Endur-acin)	Tier 1	OTC
niacin tab er 250 mg (Hm Niacin)	Tier 1	OTC
niacin tab er 250 mg (Hm Niacin Tr)	Tier 1	OTC
niacin tab er 250 mg (Sm Niacin Cr)	Tier 1	OTC
niacin tab er 500 mg	Tier 1	OTC
niacin tab er 500 mg (Endur-acin)	Tier 1	OTC
niacin tab er 750 mg	Tier 1	OTC
niacin tab er 750 mg (Endur-acin)	Tier 1	OTC
niacinamide tab 500 mg	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limit
pyridoxine hcl tab 25 mg	Tier 1	QL (60 ea / 30 days), OTC
pyridoxine hcl tab 50 mg	Tier 1	QL (120 ea / 30 days), OTC
pyridoxine hcl tab 50 mg (Ra Vitamin B-6)	Tier 1	QL (120 ea / 30 days), OTC
pyridoxine hcl tab 100 mg	Tier 1	QL (120 ea / 30 days), OTC
pyridoxine hcl tab 100 mg (B6 Natural)	Tier 1	QL (120 ea / 30 days), OTC
pyridoxine hcl tab 100 mg (Cvs B6)	Tier 1	QL (120 ea / 30 days), OTC
pyridoxine hcl tab 100 mg (Eq1 B-6)	Tier 1	QL (120 ea / 30 days), OTC
pyridoxine hcl tab 100 mg (Gnp Vitamin B-6)	Tier 1	QL (120 ea / 30 days), OTC
pyridoxine hcl tab 100 mg (Kp Vitamin B-6)	Tier 1	QL (120 ea / 30 days), OTC
pyridoxine hcl tab 100 mg (Qc Vitamin B6)	Tier 1	QL (120 ea / 30 days), OTC
pyridoxine hcl tab 100 mg (Ra Vitamin B-6)	Tier 1	QL (120 ea / 30 days), OTC
pyridoxine hcl tab 100 mg (Sm Vitamin B6)	Tier 1	QL (120 ea / 30 days), OTC
pyridoxine hcl tab 100 mg (Sm Vitamin B-6)	Tier 1	QL (120 ea / 30 days), OTC
pyridoxine hcl tab 100 mg (Yl Vitamin B-6)	Tier 1	QL (120 ea / 30 days), OTC
riboflavin tab 100 mg	Tier 1	OTC
riboflavin tab 100 mg (Cvs Vitamin B-2)	Tier 1	OTC
thiamine hcl tab 50 mg	Tier 1	QL (60 ea / 30 days), OTC
thiamine hcl tab 100 mg	Tier 1	QL (30 ea / 30 days), OTC
thiamine hcl tab 100 mg (B1 High Potency)	Tier 1	QL (30 ea / 30 days), OTC
thiamine hcl tab 100 mg (Cvs B1)	Tier 1	QL (30 ea / 30 days), OTC
thiamine hcl tab 100 mg (Cvs B-1)	Tier 1	QL (30 ea / 30 days), OTC

Drug Name	Drug Tier Requirements/Limit
<i>thiamine hcl tab 100 mg</i> (Qc Vitamin B1)	Tier 1 QL (30 ea / 30 days), OTC

Index

- 1**
12 Hour Decongestant Nasa
see **oxymetazoline hcl nasal soln 0.05%** 253
12 Hour Nasal Decongestan
see **pseudoephedrine hcl tab er 12hr 120 mg** 256
- 2**
2 CPAP HOSE MIS HANGER 203
- 3**
3 Day Vaginal
see **clotrimazole vaginal cream 2%** 297
- 5**
50+ Adult Eye Health
see **multiple vitamins w/ minerals cap** 223
- 7**
7t Lido Gel
see **lidocaine hcl gel 2%- rx 164**
- 8**
8 Hr Arthritis Pain Relie
see **acetaminophen tab er 650 mg** 44
8-hour Pain Reliever
see **acetaminophen tab er 650 mg** 44
8hr Muscle Aches & Pain
see **acetaminophen tab er 650 mg** 44
- A**
A Thru Z Advanced
see **multiple vitamins w/ minerals tab** 226
A Thru Z Advanced Adult F
see **multiple vitamins w/ minerals tab** 226
A Thru Z High Potency
see **multiple vitamins w/ minerals tab** 226
A Thru Z Select
see **multiple vitamins w/ minerals tab** 226
A Thru Z Select 50+ Advan
see **multiple vitamins w/ minerals tab** 226
A Thru Z Select 50+ Mens
see **multiple vitamins w/ minerals tab** 226
A Thru Z Select Advanced
see **multiple vitamins w/ minerals tab** 226
A Thru Z Select Ultimate
see **multiple vitamins w/ minerals tab** 226
A Thru Z Ultimate Mens
see **multiple vitamins w/ minerals tab** 226
abaloparatide
see TYMLOS INJ 169
Abc Plus
see **multiple vitamins w/ minerals tab** 226
Abc Plus Senior Adults 50
see **multiple vitamins w/ minerals tab** 226
abiraterone acetate tab 250 mg
..... 107
acarbose tab 100 mg 78
acarbose tab 25 mg 78
acarbose tab 50 mg 78
Accutane
see **isotretinoin cap 20 mg** . 149
see **isotretinoin cap 30 mg** . 149
see **isotretinoin cap 40 mg** . 149
ACE AERO CLD MIS ENHANCER . 202
acebutolol hcl cap 200 mg 114
acebutolol hcl cap 400 mg 114
acetaminophen
see FEVERALL INF SUP 80MG ... 44
acetaminophen chew tab 160 mg 40

acetaminophen chew tab 80 mg	39, 40	acetaminophen w/ codeine tab	
.....		300-60 mg	50
acetaminophen disintegrating		acetazolamide cap er 12hr 500	
tab 160 mg	40	mg	168
acetaminophen disintegrating		acetazolamide tab 125 mg ...	168
tab 80 mg	40	acetazolamide tab 250 mg ...	168
acetaminophen elixir 160		acetic acid irrigation soln 0.25%	
mg/5ml	40, 41	.....	174
Acetaminophen Er 8 Hour		acetic acid otic soln 2%	271
see acetaminophen tab er 650		acetone (urine) test	
mg	44	see ACETONE (URINE) TEST	
Acetaminophen Extra Stren		STRIP.....	166
see acetaminophen tab 500 mg		ACETONE (URINE) TEST STRIP .	166
.....	43	acetylcysteine inhal soln 20%	
Acetaminophen Junior Stre		.....	147
see acetaminophen		Acid Controller Maximum S	
disintegrating tab 160 mg .	40	see famotidine tab 20 mg ...	292
acetaminophen liquid 160		Acid Gone	
mg/5ml	41	see aluminum hydroxide-	
acetaminophen liquid 167		magnesium carbonate chew	
mg/5ml	41	tab 160-105 mg	57
Acetaminophen Rapid Tabs		see aluminum hydroxide-	
see acetaminophen		magnesium carbonate susp	
disintegrating tab 80 mg ...	40	95-358 mg/15ml	58
acetaminophen soln 160		Acid Reducer	
mg/5ml	41	see omeprazole magnesium	
acetaminophen suppos 120 mg		cap dr 20.6 mg (20 mg base	
.....	41	equiv)	293
acetaminophen suppos 650 mg		see omeprazole magnesium	
.....	41	delayed release tab 20 mg	
acetaminophen susp 160		(base equiv)	293
mg/5ml	41, 42	Acid Reducer Maximum Stre	
acetaminophen tab 325 mg ...	42,	see famotidine tab 20 mg ...	292
43		Acid Reducer Original Str	
acetaminophen tab 500 mg	43	see famotidine tab 10 mg ...	292
acetaminophen tab er 650 mg	43,	Acne Foaming Wash	
44		see benzoyl peroxide liq 10%	
acetaminophen w/ codeine soln		.....	148
120-12 mg/5ml	50	ACNE MEDICAT LOT 10%	147
acetaminophen w/ codeine tab		Acne Medication 10	
300-15 mg	50	see benzoyl peroxide gel 10%	
acetaminophen w/ codeine tab		.....	147
300-30 mg	50	Acne Medication 2.5	

see **benzoyl peroxide gel 2.5%**
 147
 Acne Medication 5
 see **benzoyl peroxide gel 5%**
 147
 Acne-clear
 see **benzoyl peroxide gel 10%**
 147
 ACTIVITY PCH MIS..... 202
acyclovir cap 200 mg 113
acyclovir oint 5%..... 157
acyclovir susp 200 mg/5ml... 113
acyclovir tab 400 mg 113
acyclovir tab 800 mg 113
 ADACEL INJ 289
adalimumab
 see HUMIRA INJ 10/0.1ML..... 33
 see HUMIRA INJ 20/0.2ML..... 33
 see HUMIRA INJ 40/0.4ML..... 33
 see HUMIRA KIT 40MG/0.8..... 33
 see HUMIRA PEDIA INJ CROHNS33
 see HUMIRA PEN INJ 40/0.4ML .34
 see HUMIRA PEN INJ 40MG/0.8.34
 see HUMIRA PEN INJ 80/0.8ML .34
 see HUMIRA PEN INJ CD/UC/HS 34
 see HUMIRA PEN INJ PS/UV..... 34
 see HUMIRA PEN KIT CD/UC/HS34
 see HUMIRA PEN KIT PED UC.... 34
 see HUMIRA PEN KIT PS/UV 34
adapalene
 see DIFFERIN GEL 0.1% 148
adapalene gel 0.1% 147
 Adapalene Treatment
 see **adapalene gel 0.1%**..... 147
 Addaprin
 see **ibuprofen tab 200 mg** 36
 ADD-INS PAK COMPLETE 259
adefovir dipivoxil tab 10 mg . 112
 ADMELOG INJ 100U/ML 82
 ADMELOG SOLO INJ 100U/ML 82
 ADULT MASK MIS LARGE 202
 Advanced Eye Health
 see **multiple vitamins w/
 minerals cap** 224
 Advanced Healing Ointment
 see **emollient - ointment** 162
 Advantage Care Oral Elect
 see **oral electrolyte solution** 216
 Advil Junior Strength
 see **ibuprofen chew tab 100 mg**
 35
 see **ibuprofen tab 100 mg**..... 36
 Advil Liqui-gels Minis
 see **ibuprofen cap 200 mg** 35
 AERCHMBR PLS MIS FLOW-VU .. 202
 AERCHMBR PLS MIS LRG MASK. 202
 AERCHMBR PLS MIS MED MASK 202
 AERCHMBR PLS MIS SM MASK .. 202
 AERCHMBR Z- MIS STAT PLS 202
 AEROCHAMBER MIS CHAMBER.. 202
 AEROCHAMBER MIS FLOSIGNA . 202
 AEROCHAMBER MIS MV 202
 AEROCHAMBER MIS PLUS 202
 AEROSOL MASK MIS ADULT 202
 AEROTRC PLUS MIS..... 202
 AEROVENT MIS PLUS..... 202
 Afirmelle
 see **levonorgestrel & ethinyl
 estradiol tab 0.1 mg-20 mcg**
 125
 AFLURIA QUAD INJ 2021-22 295
 Afrin Saline Nasal Mist
 see **saline nasal spray 0.65%**
 251
 Aftera
 see **levonorgestrel tab 1.5 mg**
 133
 Afterpill
 see **levonorgestrel tab 1.5 mg**
 133
 AIR TUBE MIS /PLUGS 202
 AIRS PEDIATR MIS MASK 202
 Ak-poly-bac
 see **bacitracin-polymyxin b
 ophth oint** 267

Al12
 see ***lactic acid (ammonium lactate) lotion 12%*** 162

Ala-cort
 see ***hydrocortisone cream 1%-rx*** 159
 see ***hydrocortisone cream 2.5%*** 160

Alavert
 see ***loratadine rapidly-disintegrating tab 10 mg*** ...98

Alavert Allergy/sinus
 see ***loratadine & pseudoephedrine tab er 12hr 5-120 mg*** 142

Alaway
 see ***ketotifen fumarate ophth soln 0.025% (base equiv)*** 270

Alaway Childrens Allergy
 see ***ketotifen fumarate ophth soln 0.025% (base equiv)*** 270

albendazole tab 200 mg 60

albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) 68

albuterol sulfate soln nebu 0.083% (2.5 mg/3ml) 68

albuterol sulfate soln nebu 0.5% (5 mg/ml) 68

albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) 68

albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) 68

albuterol sulfate syrup 2 mg/5ml 68

albuterol sulfate tab 4 mg 68

alclometasone dipropionate cream 0.05% 157

alclometasone dipropionate oint 0.05% 157

alcohol (nasal)
 see NOZIN NASAL MIS SANITIZE 251

alcohol sheets
 see ESSENTRA MIS 9X9 199

alcohol swabs
 see ALCOHOL SWABS 199

ALCOHOL SWABS 199

ALECENSA CAP 150MG 108

alectinib hcl
 see ALECENSA CAP 150MG 108

alendronate sodium tab 10 mg 169

alendronate sodium tab 35 mg 169

alendronate sodium tab 5 mg 169

alendronate sodium tab 70 mg 169

Aler-cap
 see ***diphenhydramine hcl cap 25 mg*** 91

Alertab
 see ***diphenhydramine hcl tab 25 mg*** 94

alfuzosin hcl tab er 24hr 10 mg 175

Algal Omega-3 Dha
 see ***docosahexaenoic acid cap 200 mg*** 256

Alive Gummies For Childre
 see ***pediatric multiple vitamin w/ minerals & c chew tab*** 241

Alive Multi-vitamin Child
 see ***pediatric multiple vitamin w/ minerals & c chew tab*** 241

Alka-seltzer Plus Allergy
 see ***diphenhydramine hcl tab 25 mg*** 94

All Day Allergy Childrens
 see ***cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)*** 96

All Day Allergy D
 see ***cetirizine-pseudoephedrine tab er 12hr 5-120 mg*** 137

All Day Allergy-d
 see ***cetirizine-pseudoephedrine tab er 12hr 5-120 mg*** 137

All Day Pain Relief
 see ***naproxen sodium tab 220 mg***38

All Day Relief
 see ***naproxen sodium tab 220 mg***38

All-day Allergy Childrens
 see ***cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)***96

Aller-chlor
 see ***chlorpheniramine tab 4 mg***89

Allergy
 see ***chlorpheniramine tab er 12 mg***90

Allergy 24hour Indoor/out
 see ***cetirizine hcl tab 10 mg*** ..97

Allergy Childrens
 see ***loratadine syrup 5 mg/5ml***98

Allergy Nasal Spray 24 Ho
 see ***fluticasone propionate nasal susp 50 mcg/act***..... 252
 see ***triamcinolone acetonide nasal aerosol suspension 55 mcg/act***..... 252

Allergy Relief
 see ***cetirizine hcl tab 10 mg*** ..97
 see ***chlorpheniramine tab 4 mg***90
 see ***diphenhydramine hcl cap 25 mg***91
 see ***diphenhydramine hcl tab 25 mg***94
 see ***fluticasone propionate nasal susp 50 mcg/act***..... 252
 see ***loratadine rapidly-disintegrating tab 10 mg*** ...98
 see ***loratadine tab 10 mg***99

Allergy Relief Childrens
 see ***cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)***96

see ***diphenhydramine hcl tab disint 12.5 mg*** 94
 see ***loratadine syrup 5 mg/5ml*** 98

Allergy Relief D-12
 see ***loratadine & pseudoephedrine tab er 12hr 5-120 mg*** 142

Allergy Relief D-24
 see ***loratadine & pseudoephedrine tab er 24hr 10-240 mg*** 142

Allergy Relief Nasal Deco
 see ***cetirizine-pseudoephedrine tab er 12hr 5-120 mg*** 137

Allergy Relief/nasal Deco
 see ***loratadine & pseudoephedrine tab er 24hr 10-240 mg*** 143

Allergy Relief-d
 see ***loratadine & pseudoephedrine tab er 12hr 5-120 mg*** 142
 see ***loratadine & pseudoephedrine tab er 24hr 10-240 mg*** 142

Allergy-relief-d
 see ***loratadine & pseudoephedrine tab er 24hr 10-240 mg*** 143
allopurinol tab 100 mg 175
allopurinol tab 300 mg 175

Almacone Double Strength
 see ***alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml*** 55

alogliptin benzoate tab 12.5 mg (base equiv) 81
alogliptin benzoate tab 25 mg (base equiv) 81
alogliptin benzoate tab 6.25 mg (base equiv) 81

alogliptin-metformin hcl tab 12.5-1000 mg	79		
alogliptin-metformin hcl tab 12.5-500 mg	78		
alogliptin-pioglitazone tab 12.5- 15 mg	79		
alogliptin-pioglitazone tab 12.5- 30 mg	79		
alogliptin-pioglitazone tab 12.5- 45 mg	79		
alogliptin-pioglitazone tab 25-15 mg	80		
alogliptin-pioglitazone tab 25-30 mg	80		
alogliptin-pioglitazone tab 25-45 mg	80		
Alophen see bisacodyl tab delayed release 5 mg	192		
alprazolam tab 0.25 mg	64		
alprazolam tab 0.5 mg	64		
alprazolam tab 1 mg	64		
alprazolam tab 2 mg	64		
ALREX SUS 0.2%.....	268		
Altachlore see sodium chloride hypertonic ophth oint 5%	271		
see sodium chloride hypertonic ophth soln 5%	271		
Altalube see white petrolatum-mineral oil ophth ointment	266		
Altamist see saline nasal spray 0.65%	251		
Altarussin see guaifenesin syrup 100 mg/5ml	146		
Altarussin Dm see dextromethorphan- guaifenesin syrup 10-100 mg/5ml	140		
Altavera			
		see levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	125
		ALTERA NEB MIS HANDSET	202
		alum & mag hydroxide- simethicone chew tab 200- 200-25 mg	53
		alum & mag hydroxide- simethicone susp 200-200-20 mg/5ml	53, 54, 55
		alum & mag hydroxide- simethicone susp 400-400-40 mg/5ml	55, 56, 57
		Alumina/magnesia/simethic see alum & mag hydroxide- simethicone susp 200-200- 20 mg/5ml	53
		aluminum hydroxide- magnesium carbonate chew tab 160-105 mg	57, 58
		aluminum hydroxide- magnesium carbonate susp 95-358 mg/15ml	58
		Alyacen 1/35 see norethindrone & ethinyl estradiol tab 1 mg-35 mcg	127
		Alyacen 7/7/7 see norethindrone-eth estradiol tab 0.5-35/0.75- 35/1-35 mg-mcg	130
		ambrisentan tab 10 mg	119
		ambrisentan tab 5 mg	119
		Americerin see skin protectants misc - cream	165
		Amethia see levonorg-eth est tab 0.15- 0.03mg(84) & eth est tab 0.01mg(7)	124
		Amethyst	

see **levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg** 126
amiloride & hydrochlorothiazide tab 5-50 mg 168
amiloride hcl tab 5 mg 168
 AMINO 4800 TAB CR 259
amino acid electrolyte infusion
 see PROCALAMINE INJ 3% 262
amino acid infusion
 see AMINOPROTECT INJ 5% ... 260
 see AMINOSYN II INJ 15% 260
 see AMINOSYN INJ 10% 260
 see AMINOSYN-PF INJ 10% ... 260
 see AMINOSYN-PF INJ 7% 260
 see FREAMINE III INJ 10% 261
 see PREMASOL SOL 10% 262
 see PROSOL INJ 20% 262
 see TRAVASOL INJ 10% 262
 see TROPHAMINE INJ 10% 262
amino acid infusion 15% 259
amino acid infusion in d10w
 see CLINIMIX INJ 4.25/D10 ... 260
 see CLINIMIX INJ 8/10 260
amino acid infusion in d14w
 see CLINIMIX INJ 8/14 260
amino acid infusion in d15w
 see CLINIMIX INJ 5%/D15W... 260
amino acid infusion in d20w
 see CLINIMIX INJ 5%/D20W... 260
amino acid infusion in d5w
 see CLINIMIX INJ 4.25/D5W ... 260
 see CLINIMIX INJ 6/5 260
 AMINO ACID INJ 5% 259
amino acids
 see ADD-INS PAK COMPLETE .. 259
 see AMINO 4800 TAB CR 259
 see ARGUMENT AT PAK 260
 see ARGUMENT PAK 260
 see COMPL AMINO POW ACID MIX
 260
 see COMPLEX MSD POW JUNIOR
 260

see COMPLEX MSD POW VANILLA
 260
 see COMPLEX MSUD BAR AMINO
 AC 260
 see COMPLEX MSUD POW 260
 see DAILY AMINO CHW 6000 . 260
 see DECUBAMINE POW 260
 see ESSENT AMINO POW ACID
 MIX 260
 see GLUTARADE JR POW GA-1 261
 see GLUTARADE POW AMINO . 261
 see GLUTARADE POW ESSENTIA
 261
 see GLUTARADE POW JUNIOR 261
 see G-PREPROTEIN LIQ 261
 see HEPAMENT POW 261
 see LIQUACEL LIQ GRAPE 261
 see LIQUACEL LIQ LEMON 261
 see LIQUACEL LIQ ORANGE ... 261
 see LIQUACEL LIQ PCH MNGO 261
 see LIQUACEL LIQ PUMP+GO . 261
 see LIQUACEL LIQ VARIETY ... 261
 see LIQUACEL LIQ WATERMEL 261
 see NUTRASENTIAL POW 261
 see NUTRASENTIAL POW BANANA
 261
 see NUTRASENTIAL POW CHERRY
 261
 see NUTRASENTIAL POW GRAPE
 261
 see NUTRASENTIAL POW
 LEMONADE 261
 see NUTRASENTIAL POW MANGO
 261
 see NUTRASENTIAL POW ORANGE
 261
 see PERIFLEX LQ LIQ PKU 261
 see PHENYLADE BAR CHOCOLAT
 262
 see PHENYLADE BAR CRISPY.. 262
 see PHENYLADE BAR WHT CHOC
 262
 see PHENYLADE PAK AMINO... 262

see PHENYLADE POW	262	see <i>lactic acid (ammonium lactate) lotion 12%</i>	162
see PHENYLADE POW MTE.....	262	Amlactin Daily	
see PHENYLADE POW PHEBLOC	262	see <i>lactic acid (ammonium lactate) lotion 12%</i>	163
see PHENYLADE TAB PHEBLOC	262	<i>amlodipine besylate tab 10 mg (base equivalent)</i>	115
see PHENYLADE40 POW CITRUS	261	<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	115
see PHENYLADE40 POW UNFLAVOR.....	261	<i>amlodipine besylate tab 5 mg (base equivalent)</i>	115
see PHLEXY-10 CAP.....	262	<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	104
see PREPROTEIN LIQ	262	<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	104
see PREPROTEIN LIQ 20.....	262	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	104
see SOLVIL POW	262	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	104
see TRIAMINO TAB.....	262	<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	104
see XPHE MAXAMUM POW	262	<i>amlodipine besylate-valsartan tab 10-160 mg</i>	104
see XPHE MAXAMUM POW ORANGE.....	262	<i>amlodipine besylate-valsartan tab 10-320 mg</i>	104
see XPHE MAXAMUM POW UNFLAVOR.....	262	<i>amlodipine besylate-valsartan tab 5-160 mg</i>	104
<i>amino acids cap</i>	259	<i>amlodipine besylate-valsartan tab 5-320 mg</i>	104
Amino Acids Complex		Amnesteem	
see <i>amino acids tab</i>	259	see <i>isotretinoin cap 10 mg</i> .	148
<i>amino acids tab</i>	259	see <i>isotretinoin cap 20 mg</i> .	149
Amino Action		see <i>isotretinoin cap 40 mg</i> .	149
see <i>amino acids tab</i>	259	Amoryn Mood Booster	
Aminoam Rms		see <i>multiple vitamins w/ minerals cap</i>	224
see <i>amino acids cap</i>	259	<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	274
AMINOPROTECT INJ 5%	260	<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	274
Aminorelief Rms		<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	274
see <i>amino acids cap</i>	259		
AMINOSYN II INJ 15%	260		
AMINOSYN INJ 10%.....	260		
AMINOSYN-PF INJ 10%	260		
AMINOSYN-PF INJ 7%	260		
<i>amiodarone hcl tab 200 mg</i>	66		
<i>amitriptyline hcl tab 10 mg</i>	77		
<i>amitriptyline hcl tab 100 mg</i> ...	77		
<i>amitriptyline hcl tab 150 mg</i> ...	77		
<i>amitriptyline hcl tab 25 mg</i>	77		
<i>amitriptyline hcl tab 50 mg</i>	77		
<i>amitriptyline hcl tab 75 mg</i>	77		
Amlactin			

amoxicillin & k clavulanate for susp 400-57 mg/5ml	274
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	274
amoxicillin & k clavulanate tab 250-125 mg	274
amoxicillin & k clavulanate tab 500-125 mg	274
amoxicillin & k clavulanate tab 875-125 mg	274
amoxicillin (trihydrate) cap 250 mg	273
amoxicillin (trihydrate) cap 500 mg	273
amoxicillin (trihydrate) chew tab 125 mg	273
amoxicillin (trihydrate) chew tab 250 mg	273
amoxicillin (trihydrate) for susp 125 mg/5ml	273
amoxicillin (trihydrate) for susp 200 mg/5ml	273
amoxicillin (trihydrate) for susp 250 mg/5ml	273
amoxicillin (trihydrate) for susp 400 mg/5ml	273
amoxicillin (trihydrate) tab 500 mg	273
amoxicillin (trihydrate) tab 875 mg	273
amphetamine-dextroamphetamine cap er 24hr 10 mg	28
amphetamine-dextroamphetamine cap er 24hr 15 mg	28
amphetamine-dextroamphetamine cap er 24hr 20 mg	28
amphetamine-dextroamphetamine cap er 24hr 25 mg	28
amphetamine-dextroamphetamine cap er 24hr 30 mg	28
amphetamine-dextroamphetamine cap er 24hr 5 mg	28
amphetamine-dextroamphetamine tab 10 mg	28
amphetamine-dextroamphetamine tab 12.5 mg	29
amphetamine-dextroamphetamine tab 15 mg	29
amphetamine-dextroamphetamine tab 20 mg	29
amphetamine-dextroamphetamine tab 30 mg	29
amphetamine-dextroamphetamine tab 5 mg	28
amphetamine-dextroamphetamine tab 7.5 mg	28
ampicillin cap 500 mg	273
anagrelide hcl cap 0.5 mg	175
anagrelide hcl cap 1 mg	175
anastrozole tab 1 mg	108
Anecream	
see lidocaine cream 4%	163
Anefrin Nasal Spray/no Dr	
see oxymetazoline hcl nasal soln 0.05%	253
Animal Chews	
see pediatric multiple vitamin w/ c & fa chew tab	245
ANNOVERA MIS	133
ANORO ELLIPT AER 62.5-25	68
Antacid	

- see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml**53
- see **calcium carbonate (antacid) chew tab 500 mg** 58
- Antacid + Anti-gas Liquid
 - see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml**55
- Antacid Advanced
 - see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml**55
- Antacid Anti-gas Maximum
 - see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml**55
- Antacid Extra Strength
 - see **aluminum hydroxide-magnesium carbonate chew tab 160-105 mg**57
 - see **calcium carbonate (antacid) chew tab 750 mg** 59
 - see **calcium carbonate-mag hydroxide chew tab 675-135 mg**58
- Antacid Extra Strength An
 - see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml**55
- Antacid Fast Relief
 - see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml**53
- Antacid Flavor Chews
 - see **calcium carbonate (antacid) chew tab 750 mg** 59
- Antacid I
 - see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml**53
- Antacid Iii
 - see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml** 55
- Antacid Liquid
 - see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml** 53
- Antacid M
 - see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml** 53
- Antacid Maximum
 - see **calcium carbonate (antacid) chew tab 1000 mg** 59
- Antacid Maximum Strength
 - see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml** 56
- Antacid Plus Anti-gas Rel
 - see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml** 53
 - see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml** 56
- Antacid Regular Strength
 - see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml** 53
- Antacid Ultra Strength
 - see **calcium carbonate (antacid) chew tab 1000 mg** 60
- Antacid/anti-gas
 - see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml** 53
- Antacid/antigas Liquid
 - see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml** 53

see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml**56

Antacid/simethicone Doubl
see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml**56

Antibiotic Ointment
see **bacitracin oint 500 unit/gm** 151

Anti-diarrheal
see **loperamide sus 1mg/7.5** 87

Antifungal
see **clotrimazole cream 1%**. 153
see **miconazole nitrate cream 2%** 154

Antifungal Powder
see **miconazole nitrate powder 2%** 154

Anti-fungal Powder
see **tolnaftate powder 1%** .. 156

Anti-hist Allergy
see **diphenhydramine hcl tab 25 mg**94

Anti-nausea
see **fructose-dextrose-phosphoric acid oral soln** ...88

Antioxidant
see **multiple vitamins w/ minerals cap** 224

Anti-oxidant
see **multiple vitamin tab** 238

Antioxidant Formula
see **multiple vitamin cap** 238

Anti-oxidant Formula
see **multiple vitamins w/ minerals cap** 224

Antioxidant Formula/miner
see **multiple vitamins w/ minerals cap** 224

Antioxidant Protection Fo
see **multiple vitamins w/ minerals tab** 226

Antioxin 4000
see **multiple vitamins w/ minerals cap** 224

Aphen
see **acetaminophen tab 325 mg** 42

apixaban
see ELIQUIS ST P TAB 5MG..... 70
see ELIQUIS TAB 2.5MG 70
see ELIQUIS TAB 5MG 70

APO-VARENICL TAB 0.5MG 277
APO-VARENICL TAB 1MG..... 277

Apra
see **acetaminophen elixir 160 mg/5ml**..... 40

apremilast
see OTEZLA TAB 10/20/30 39
see OTEZLA TAB 30MG 39

aprepitant capsule 125 mg 89
aprepitant capsule 40 mg 89
aprepitant capsule 80 mg 89

Apri
see **desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg** 122

Aquanil Hc
see **hydrocortisone lotion 1%** 160

Aquaphor Itch Relief Maxi
see **hydrocortisone oint 1%** 160

Aqueous Vitamin D Infants
see **cholecalciferol oral liquid 400 unit/ml** 301

Aranelle
see **norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg** 131

ARANESP INJ 100MCG 178
ARANESP INJ 200MCG 178
ARANESP INJ 25MCG 177
ARANESP INJ 300MCG 178
ARANESP INJ 40MCG 177
ARANESP INJ 500MCG 178

ARANESP INJ 60MCG 177
 ARGUMENT AT PAK..... 260
 ARGUMENT PAK 260
 Argyle Sterile Saline
 see **sodium chloride irrigation soln 0.9%** 175
 Argyle Sterile Water 100m
 see **water for irrigation, sterile irrigation soln** 220
armodafinil tab 150 mg 31
armodafinil tab 200 mg 31
armodafinil tab 250 mg 31
armodafinil tab 50 mg 31
 ARMOUR THYRO TAB 120MG 284
 ARMOUR THYRO TAB 15MG..... 283
 ARMOUR THYRO TAB 180MG 284
 ARMOUR THYRO TAB 240MG 284
 ARMOUR THYRO TAB 300MG 284
 ARMOUR THYRO TAB 30MG..... 283
 ARMOUR THYRO TAB 60MG..... 284
 ARMOUR THYRO TAB 90MG..... 284
 ARNUITY ELPT INH 100MCG 67
 ARNUITY ELPT INH 200MCG 67
 ARNUITY ELPT INH 50MCG..... 67
 ARTH PAIN CRE 0.075% 163
 Arthritis Pain Reliever
 see **acetaminophen tab er 650 mg** 44
 see **diclofenac sodium gel 1%** 151
 Artificial Eye
 see **white petrolatum-mineral oil ophth ointment** 266
artificial tear ophth solution 262, 263
 Artificial Tears
 see **dextran 70-hypromellose (pf) ophth soln 0.1-0.3%**. 264
 see **dextran 70-hypromellose ophth soln 0.1-0.3%** 264
 see **glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%** 264
 see **polyvinyl alcohol ophth soln 1.4%** 265
 see **polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)** 265
 see **propylene glycol-glycerin ophth soln 1-0.3%** 265
 see **white petrolatum-mineral oil ophth ointment**..... 266
ascorbic acid tab 500 mg..... 303
 Ashlyna
 see **levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)** 124
 Aspercreme Arthritis Pain
 see **diclofenac sodium gel 1%** 151
 Aspercreme Lidocaine Max
 see **lidocaine patch 4%** 164
 Aspirin
 see **aspirin tab delayed release 81 mg** 46
 Aspirin 81 Low Dose
 see **aspirin chew tab 81 mg** .. 44
aspirin chew tab 81 mg 44, 45
 Aspirin Ec Low Dose
 see **aspirin tab delayed release 81 mg** 46
 Aspirin Low Dose
 see **aspirin tab delayed release 81 mg** 46
aspirin tab 325 mg 45, 46
aspirin tab delayed release 325 mg 47
aspirin tab delayed release 81 mg 46, 47
aspirin-dipyridamole cap er 12hr 25-200 mg 175
 Atabex Dha 200
 see **docosahexaenoic acid cap 200 mg** 256
 ATABEX OB TAB 29-1MG 247

atenolol & chlorthalidone tab	
100-25 mg	104
atenolol & chlorthalidone tab	
50-25 mg	104
atenolol tab 100 mg	114
atenolol tab 25 mg	114
atenolol tab 50 mg	114
Athletes Foot	
see miconazole nitrate powder	
2%	154
see terbinafine hcl cream 1%	
.....	155
Athletes Foot Antifungal	
see tolnaftate aerosol pow 1%	
.....	155
Athletes Foot Powder Spra	
see miconazole nitrate aerosol	
pow 2%	154
atomoxetine hcl cap 10 mg	
(base equiv)	30
atomoxetine hcl cap 100 mg	
(base equiv)	30
atomoxetine hcl cap 18 mg	
(base equiv)	30
atomoxetine hcl cap 25 mg	
(base equiv)	30
atomoxetine hcl cap 40 mg	
(base equiv)	30
atomoxetine hcl cap 60 mg	
(base equiv)	30
atomoxetine hcl cap 80 mg	
(base equiv)	30
atorvastatin calcium tab 10 mg	
(base equivalent)	101
atorvastatin calcium tab 20 mg	
(base equivalent)	101
atorvastatin calcium tab 40 mg	
(base equivalent)	101
atorvastatin calcium tab 80 mg	
(base equivalent)	101
atovaquone susp 750 mg/5ml	61
ATROPINE SUL SOL 1% OP	267
atropine sulfate (ophthalmic)	
	see ISOPTO ATROP SOL 1% OP
	..... 267
	ATROVENT HFA AER 17MCG
	67
	AUBAGIO TAB 14MG.....
	276
	AUBAGIO TAB 7MG
	276
	Aubra
	see levonorgestrel & ethinyl
	estradiol tab 0.1 mg-20 mcg

	125
	Aubra Eq
	see levonorgestrel & ethinyl
	estradiol tab 0.1 mg-20 mcg

	125
	auranofin
	see RIDAURA CAP 3MG.....
	34
	Aurodryl Allergy Children
	see diphenhydramine hcl liquid
	12.5 mg/5ml
	93
	Aurophen Childrens
	see acetaminophen susp 160
	mg/5ml
	41
	Aurovela 1.5/30
	see norethindrone ace &
	ethinyl estradiol tab 1.5 mg-
	30 mcg
	128
	Aurovela 1/20
	see norethindrone ace &
	ethinyl estradiol tab 1 mg-20
	mcg
	127
	Aurovela 24 Fe
	see norethindrone ace-ethinyl
	estradiol-fe tab 1 mg-20 mcg
	(24)
	130
	Aurovela Fe 1.5/30
	see norethindrone ace &
	ethinyl estradiol-fe tab 1.5
	mg-30 mcg
	129
	Aurovela Fe 1/20
	see norethindrone ace &
	ethinyl estradiol-fe tab 1 mg-
	20 mcg
	128
	Aveeno Anti-itch Maximum

see **hydrocortisone cream 1%**
 159

Aviane
 see **levonorgestrel & ethinyl
 estradiol tab 0.1 mg-20 mcg**
 125

Avidoxy
 see **doxycycline monohydrate
 tab 100 mg** 283

Avita
 see **tretinoin cream 0.025%** 150
 see **tretinoin gel 0.025%** 150

AVONEX PEN KIT 30MCG 276

AVONEX PREFL KIT 30MCG 276

Ayr
 see **saline nasal spray 0.65%**
 251

Ayuna
 see **levonorgestrel & ethinyl
 estradiol tab 0.15 mg-30 mcg**
 125

azathioprine tab 50 mg 219

**azelastine hcl nasal spray 0.1%
 (137 mcg/spray)** 252

azelastine hcl ophth soln 0.05%
 269

**azithromycin for susp 100
 mg/5ml**..... 197

**azithromycin for susp 200
 mg/5ml**..... 197

**azithromycin powd pack for
 susp 1 gm** 197

azithromycin tab 250 mg 197

azithromycin tab 500 mg 197

azithromycin tab 600 mg 197

Azurette
 see **desogest-eth estrad & eth
 estrad tab 0.15-0.02/0.01
 mg(21/5)** 121

B

B1 High Potency
 see **thiamine hcl tab 100 mg**
 304

B-12 Microlozenge
 see **cyanocobalamin sl tab 500
 mcg**..... 176

B-12 Tr
 see **cyanocobalamin tab er
 1000 mcg** 177

B-12-sl
 see **cyanocobalamin sl tab
 1000 mcg** 176

B6 Natural
 see **pyridoxine hcl tab 100 mg**
 304

Baby Ayr Saline
 see **saline nasal spray 0.65%**
 251

Bac
 see **butalbital-acetaminophen-
 caffeine tab 50-325-40 mg** 39

bacitracin oint 500 unit/gm . 151

**bacitracin ophth oint 500
 unit/gm** 267

Bacitracin Zinc
 see **bacitracin zinc oint 500
 unit/gm** 151

bacitracin zinc oint 500 unit/gm
 151

bacitracin-polymyxin b oint.. 151

**bacitracin-polymyxin b ophth
 oint**..... 267

**bacitracin-polymyxin-neomycin-
 hc ophth oint 1%** 268, 269

Bacitraycin Plus
 see **bacitracin oint 500
 unit/gm** 151

baclofen tab 10 mg 250

baclofen tab 20 mg 250

BALCOLTRA TAB 0.1-20 121

**balsalazide disodium cap 750
 mg**..... 174

Balziva
 see **norethindrone & ethinyl
 estradiol tab 0.4 mg-35 mcg**
 126

Banophen	
see diphenhydramine hcl cap	
25 mg	91
see diphenhydramine hcl cap	
50 mg	92
see diphenhydramine hcl tab 25	
mg	94
BAQSIMI ONE POW 3MG/DOSE....	81
BAQSIMI TWO POW 3MG/DOSE...	81
BARACLUDGE SOL	112
BASAGLAR INJ 100UNIT	82
Bayer Advanced Aspirin Re	
see aspirin tab 325 mg	45
Bayer Aspirin	
see aspirin tab 325 mg	45
see aspirin tab delayed release	
325 mg	47
Bayer Aspirin Ec Low Dose	
see aspirin tab delayed release	
81 mg	46
Bayer Chewable Low Dose	
see aspirin chew tab 81 mg ..	45
Bayer Low Dose	
see aspirin tab delayed release	
81 mg	46
B-complex Balanced	
see b-complex w/ c & folic acid	
tab	221
b-complex w/ c & folic acid cap	
1 mg	221
b-complex w/ c & folic acid cap	
1 mg- rx	221
b-complex w/ c & folic acid tab	
.....	221, 222
b-complex w/ c & folic acid tab	
0.8 mg	222
b-complex w/ c & folic acid tab	
1 mg	222
b-complex w/ c & folic acid tab	
1 mg- rx	222
b-complex w/ c & folic acid tab	
5 mg- rx	222
b-complex w/ c & folic acid tab-	
rx	222
BD U-500 MIS 31GX6MM.....	199
BE WELL PAK ROUNDED.....	247
beclomethasone dipropionate	
hfa	
see QVAR REDIHA AER 80MCG .	68
see QVAR REDIHAL AER 40MCG	68
Bedding Spray Lice Treatm	
see permethrin aerosol 0.5%	
.....	165
bempedoic acid	
see NEXLETOL TAB 180MG.....	100
bempedoic acid-ezetimibe	
see NEXLIZET TAB 180/10MG.	100
Benadryl Allergy Plus Con	
see diphenhydramine-	
phenylephrine tab 25-10 mg	
.....	141
benazep/hctz tab 5-6.25	104
benazepril &	
hydrochlorothiazide tab 10-	
12.5 mg	104
benazepril &	
hydrochlorothiazide tab 20-	
12.5 mg	104
benazepril &	
hydrochlorothiazide tab 20-25	
mg	104
benazepril hcl tab 10 mg	102
benazepril hcl tab 20 mg	102
benazepril hcl tab 40 mg	102
benazepril hcl tab 5 mg	102
Benefiber On The Go	
see wheat dextrin oral powder	
.....	187
benzonatate cap 100 mg	136
benzonatate cap 200 mg	136
benzoyl peroxide	
see ACNE MEDICAT LOT 10% .	147
see BENZOYL PEROXIDE LOTION	
5%	148
benzoyl peroxide gel 10%	147

benzoyl peroxide gel 2.5% ...	147
BENZOYL PEROXIDE GEL 2.5%..	147
benzoyl peroxide gel 5%	147
benzoyl peroxide liq 10%	148
benzoyl peroxide liq 5% 147, 148	
BENZOYL PEROXIDE LOTION 5%	148
Benzoyl Peroxide Wash	
see benzoyl peroxide liq 10%	
.....	148
see benzoyl peroxide liq 5%	
.....	147
Beta Hc	
see hydrocortisone lotion 1%	
.....	160
betamethasone dipropionate	
augmented cream 0.05% ...	157
betamethasone dipropionate	
augmented gel 0.05%	157
betamethasone dipropionate	
augmented lotion 0.05%	157
betamethasone dipropionate	
augmented oint 0.05%	157
betamethasone dipropionate	
cream 0.05%	157
betamethasone dipropionate	
lotion 0.05%	157
betamethasone dipropionate	
ointment 0.05%	157
betamethasone valerate cream	
0.1% (base equivalent)	157
betamethasone valerate lotion	
0.1% (base equivalent)	158
betamethasone valerate oint	
0.1% (base equivalent)	158
Betasept Surgical Scrub	
see chlorhexidine gluconate	
liquid 4%	112
Betatemp Childrens	
see acetaminophen susp 160	
mg/5ml	42
bethanechol chloride tab 10 mg	
.....	294
bethanechol chloride tab 25 mg	
.....	294
bethanechol chloride tab 5 mg	
.....	294
bethanechol chloride tab 50 mg	
.....	294
BEXSERO INJ.....	295
bicalutamide tab 50 mg	108
bimatoprost ophth soln 0.03%	
.....	271
Biocel	
see multiple vitamins w/	
minerals tab- rx	238
Biocotron	
see dextromethorphan-	
guaifenesin liquid 10-100	
mg/5ml	138
Biolle Tears	
see carboxymethylcellulose	
sodium (pf) ophth soln 0.5%	
.....	263
Biotin Plus/calcium/vit D	
see multiple vitamins w/	
minerals tab	227
Bisacodyl Ec	
see bisacodyl tab delayed	
release 5 mg	193
bisacodyl suppos 10 mg	192
bisacodyl tab & peg 3350-kcl-	
sod bicarb-nacl for soln kit	187
bisacodyl tab delayed release 5	
mg	192, 193
Bismatrol	
see bismuth subsalicylate chew	
tab 262 mg	84
Bismatrol Maximum Strengt	
see bismuth subsalicylate susp	
525 mg/15ml	86
bismuth subsalicylate chew tab	
262 mg	84, 85
bismuth subsalicylate susp 262	
mg/15ml	85, 86

bismuth subsalicylate susp 525 mg/15ml.....86
bismuth subsalicylate tab 262 mg86
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 104
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 104
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 104
bisoprolol fumarate tab 10 mg 114
bisoprolol fumarate tab 5 mg 114
Bite-a-mins
see **pediatric multiple vitamin w/ c & fa chew tab** 245
Bite-a-mins/iron
see **pediatric multiple vitamins w/ iron chew tab 15 mg** .. 244
Blisovi 24 Fe
see **norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)**..... 130
Blisovi Fe 1.5/30
see **norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg** 129
Blisovi Fe 1/20
see **norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg** 128
Blis-to-sol
see **tolnaftate soln 1%**..... 156
blood glucose monitoring supplies
see RELION TRUE KIT MET AIR199
see TRUE METRIX KIT AIR..... 199
see TRUE METRIX KIT METER . 199
Blue Tube Pain Relieving/
see **lidocaine cream 4%**..... 163
Body/hair/skin/nails
see **multiple vitamins w/ minerals cap** 224

Bonine
see **meclizine hcl chew tab 25 mg** 88
BOOSTRIX INJ 290
bosentan
see TRACLEER TAB 32MG 119
bosentan tab 125 mg 119
bosentan tab 62.5 mg 119
Bounty Bears/c
see **pediatric multiple vitamin w/ c & fa chew tab**..... 245
Bp Gel
see **benzoyl peroxide gel 10%** 147
see **benzoyl peroxide gel 5%** 147
Bp Wash
see **benzoyl peroxide liq 10%** 148
see **benzoyl peroxide liq 5%** 148
B-plex
see **b-complex w/ c & folic acid tab- rx**..... 222
B-plex Plus
see **multiple vitamins w/ minerals tab- rx** 237
Bprotected Multi-vite
see **multiple vitamins w/ minerals liquid** 226
Bprotected Pedia D-vite
see **cholecalciferol oral liquid 400 unit/ml** 301
Bprotected Pedia Iron
see **ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)**..... 180
Bprotected Pedia Poly-vit
see **pediatric multiple vitamins w/ iron drops 10 mg/ml** . 245
Bprotected Pedia Tri-vite

see **pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml** 247

BRAINSTRONG MIS PRENATAL .. 247

BREATHE EASE MIS LG MASK.... 202

BREATHE EASE MIS MED MASK . 203

BREATHE EASE MIS SM MASK ... 203

Briellyn
see **norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg** 126

brimonidine tartrate ophth soln 0.2% 267

bromocriptine mesylate cap 5 mg (base equivalent) 110

bromocriptine mesylate tab 2.5 mg (base equivalent) 110

brompheniramine & pseudoephedrine elixir 1-15 mg/5ml 137

BRUKINSA CAP 80MG..... 108

BUBBLES PEDI MIS MASK 203

Buckleys Chest Congestion
see **guaifenesin liquid 100 mg/5ml** 145

budesonide delayed release particles cap 3 mg 135

budesonide inhalation susp 0.25 mg/2ml 67

budesonide inhalation susp 0.5 mg/2ml 67

budesonide nasal susp 32 mcg/act 252

BUDESONIDE POW 120

BUDESONIDE POW MICRONIZ... 120

budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 68

budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act 68

bumetanide tab 0.5 mg 168

bumetanide tab 1 mg 168

bumetanide tab 2 mg 168

bupropion hcl (smoking deterrent) tab er 12hr 150 mg 277

bupropion hcl tab 100 mg 75

bupropion hcl tab 75 mg 75

bupropion hcl tab er 12hr 100 mg 75

bupropion hcl tab er 12hr 150 mg 75

bupropion hcl tab er 12hr 200 mg 75

bupropion hcl tab er 24hr 150 mg 75

bupropion hcl tab er 24hr 300 mg 75

bupirone hcl tab 10 mg 63

bupirone hcl tab 15 mg 63

bupirone hcl tab 5 mg 63

butalbital-acetaminophen tab 50-325 mg 39

butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg 50

butalbital-acetaminophen-caffeine tab 50-325-40 mg .. 39

C

C-500
see **ascorbic acid tab 500 mg** 303

cabergoline tab 0.5 mg 170

caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) 30

calcipotriene cream 0.005% . 156

calcipotriene oint 0.005% 157

calcipotriene soln 0.005% (50 mcg/ml) 157

calcitonin (salmon) nasal soln 200 unit/act 169

Calcitrate Plus D

- see **calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)** 214
- Calcitrene
 - see **calcipotriene oint 0.005%** 157
- calcitriol cap 0.25 mcg** 170
- calcitriol cap 0.5 mcg** 170
- calcium & phosphorus w/ vitamin d**
 - see RISACAL-D TAB..... 216
- Calcium 500 + D
 - see **calcium carbonate-cholecalciferol tab 500 mg-200 unit**..... 208
 - see **calcium carbonate-vitamin d tab 500 mg-125 unit** 212
- Calcium 500 +d
 - see **calcium carbonate-cholecalciferol tab 500 mg-400 unit**..... 209
- Calcium 500/d
 - see **calcium carbonate-vitamin d tab 500 mg-200 unit** 212
- Calcium 500/vitamin D
 - see **calcium carbonate-vitamin d tab 500 mg-125 unit** 212
- Calcium 500+d
 - see **calcium carbonate-vitamin d tab 500 mg-200 unit** 212
- Calcium 500+d High Potenc
 - see **calcium carbonate-vitamin d tab 500 mg-400 unit** 212
- Calcium 600
 - see **calcium carbonate tab 1500 mg (600 mg elemental ca)**..... 207
- Calcium 600 + D
 - see **calcium carbonate-cholecalciferol tab 600 mg-200 unit**..... 210
 - see **calcium carbonate-vitamin d tab 600 mg-400 unit** 213
- Calcium 600 With Vitamin
 - see **calcium carbonate-vitamin d chew tab 600 mg-400 unit** 211
- Calcium 600/vitamin D
 - see **calcium carbonate-cholecalciferol tab 600 mg-400 unit** 210
- Calcium 600+d
 - see **calcium carbonate-cholecalciferol tab 600 mg-400 unit** 210
 - see **calcium carbonate-cholecalciferol tab 600 mg-800 unit** 211
 - see **calcium carbonate-vitamin d tab 600 mg-200 unit** 212
 - see **calcium carbonate-vitamin d tab 600 mg-400 unit** 213
- Calcium 600+d High Potenc
 - see **calcium carbonate-vitamin d tab 600 mg-400 unit** 213
- Calcium 600+d Plus Minera
 - see **calcium carb-vit d w/ minerals chew tab 600 mg-400 unit** 207
- Calcium 600+d3
 - see **calcium carbonate-cholecalciferol tab 600 mg-200 unit** 210
 - see **calcium carbonate-cholecalciferol tab 600 mg-400 unit** 210
 - see **calcium carbonate-cholecalciferol tab 600 mg-800 unit** 211
 - see **calcium carbonate-vitamin d tab 600 mg-400 unit** 213
- calcium acetate (phosphate binder) cap 667 mg (169 mg ca)**..... 174
- Calcium Antacid

see **calcium carbonate**
(antacid) chew tab 500 mg 58
 Calcium Antacid Extra Str
 see **calcium carbonate**
(antacid) chew tab 750 mg 59
 CALCIUM CARB TAB 648MG 58
calcium carbonate (antacid)
chew tab 1000 mg..... 59, 60
calcium carbonate (antacid)
chew tab 400 mg..... 58
calcium carbonate (antacid)
chew tab 500 mg..... 58, 59
calcium carbonate (antacid)
chew tab 750 mg..... 59
calcium carbonate (antacid)
susp 1250 mg/5ml..... 60
calcium carbonate tab 1250 mg
(500 mg elemental ca) 207
calcium carbonate tab 1500 mg
(600 mg elemental ca) 207, 208
calcium carbonate tab 600 mg
 207
calcium carbonate-
cholecalciferol chew tab 500
mg-400 unit 208
calcium carbonate-
cholecalciferol chew tab 500
mg-600 unit 208
calcium carbonate-
cholecalciferol tab 250 mg-125
unit 208
calcium carbonate-
cholecalciferol tab 500 mg-125
unit 208
calcium carbonate-
cholecalciferol tab 500 mg-200
unit 208, 209
calcium carbonate-
cholecalciferol tab 500 mg-400
unit 209
calcium carbonate-
cholecalciferol tab 600 mg-200
unit 210

calcium carbonate-
cholecalciferol tab 600 mg-400
unit..... 210
calcium carbonate-
cholecalciferol tab 600 mg-800
unit..... 211
calcium carbonate-mag
hydroxide chew tab 675-135
mg..... 58
calcium carbonate-mag
hydroxide susp 400-135
mg/5ml 58
calcium carbonate-vitamin d cap
600 mg-200 unit 211
calcium carbonate-vitamin d
chew tab 600 mg-400 unit. 211
calcium carbonate-vitamin d tab
250 mg-125 unit..... 211, 212
calcium carbonate-vitamin d tab
500 mg-125 unit..... 212
calcium carbonate-vitamin d tab
500 mg-200 unit 212
calcium carbonate-vitamin d tab
500 mg-400 unit 212
calcium carbonate-vitamin d tab
600 mg-125 unit..... 212
calcium carbonate-vitamin d tab
600 mg-200 unit..... 212, 213
calcium carbonate-vitamin d tab
600 mg-400 unit..... 213
calcium carb-vit d w/ minerals
chew tab 600 mg-400 unit. 207
 Calcium Citrate +
 see **calcium citrate-vitamin d**
tab 315 mg-200 unit
(elemental ca) 214
 Calcium Citrate + D
 see **calcium citrate-vitamin d**
tab 315 mg-200 unit
(elemental ca) 214
 Calcium Citrate + D3

see **calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)** 214
 see **calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)** 214
 Calcium Citrate + D3 Max
 see **calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)** 214
calcium citrate tab 950 mg (200 mg elemental ca) 213
 Calcium Citrate/d3
 see **calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)** 214
 Calcium Citrate+ D
 see **calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)** 214
 Calcium Citrate+d
 see **calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)** 215
 Calcium Citrate+d3
 see **calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)** 215
 Calcium Citrate+d3 Petite
 see **calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)** 214
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca) 213, 214
calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca) 214
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca) 214
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) 214, 215
 Calcium Creamies
 see **calcium carbonate-vitamin d chew tab 600 mg-400 unit** 211
 Calcium High Potency
 see **calcium carbonate tab 1500 mg (600 mg elemental ca)** 208
 Calcium High Potency + Vi
 see **calcium carbonate-vitamin d tab 600 mg-200 unit** 213
 Calcium Plus Vitamin D
 see **calcium carbonate-cholecalciferol tab 500 mg-200 unit** 209
calcium polycarbophil tab 625 mg 184, 185
 Calcium/vitamin D3
 see **calcium carbonate-cholecalciferol tab 600 mg-200 unit** 210
 see **calcium carbonate-cholecalciferol tab 600 mg-400 unit** 210
 Calcium+d3
 see **calcium carbonate-cholecalciferol tab 500 mg-400 unit** 209
 see **calcium carbonate-cholecalciferol tab 600 mg-800 unit** 211
calcium-magnesium-zinc tab 333-133-5 mg 215, 216
 Cal-gest Antacid
 see **calcium carbonate (antacid) chew tab 500 mg** 58
 Camila
 see **norethindrone tab 0.35 mg** 134
 Camrese

see **levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)** 124
 Camrese Lo
 see **levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)** 124
capecitabine tab 150 mg 107
capecitabine tab 500 mg 107
capsaicin
 see ARTH PAIN CRE 0.075%... 163
 see CAPZASIN-P CRE 0.035% . 163
 see ZOSTRIX NAT CRE 0.033%
 165
capsaicin cream 0.025% 163
capsaicin cream 0.1% 163
captopril tab 100 mg 102
captopril tab 12.5 mg 102
captopril tab 25 mg 102
captopril tab 50 mg 102
 CAPZASIN-P CRE 0.035% 163
 Capzix
 see **capsaicin cream 0.1%** .. 163
carbamazepine
 see CARBATROL CAP 100MG.....72
 see CARBATROL CAP 200MG.....72
 see CARBATROL CAP 300MG.....72
 see TEGRETOL SUS 100/5ML73
 see TEGRETOL TAB 200MG.....73
 see TEGRETOL-XR TAB 100MG..73
 see TEGRETOL-XR TAB 200MG..73
 see TEGRETOL-XR TAB 400MG..73
carbamazepine cap er 12hr 100 mg71
carbamazepine cap er 12hr 200 mg71
carbamazepine cap er 12hr 300 mg71
carbamazepine chew tab 100 mg71
carbamazepine susp 100 mg/5ml.....71
carbamazepine tab 200 mg.....71

carbamazepine tab er 12hr 100 mg..... 71
carbamazepine tab er 12hr 200 mg..... 72
carbamazepine tab er 12hr 400 mg..... 72
carbamide peroxide 6.5% otic soln 271, 272
 CARBATROL CAP 100MG 72
 CARBATROL CAP 200MG 72
 CARBATROL CAP 300MG 72
carbidopa & levodopa tab 10-100 mg 110
carbidopa & levodopa tab 25-100 mg 110
carbidopa & levodopa tab 25-250 mg 110
carbidopa & levodopa tab er 25-100 mg 110
carbidopa & levodopa tab er 50-200 mg 110
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 110
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg 110
carbidopa-levodopa-entacapone tabs 25-100-200 mg 111
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 111
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg 111
carbidopa-levodopa-entacapone tabs 50-200-200 mg 111
carbinoxamine maleate soln 4 mg/5ml 90
carbinoxamine maleate tab 4 mg 90
carboxymethylcellulose sodium (pf) ophth soln 0.5% 263
carboxymethylcellulose sodium ophth soln 0.5% 263, 264
 CARETOUCH MIS CPAP..... 203
carteolol hcl ophth soln 1%.. 267

Cartia Xt
 see **diltiazem hcl coated beads cap er 24hr 120 mg** 116
 see **diltiazem hcl coated beads cap er 24hr 180 mg** 116
 see **diltiazem hcl coated beads cap er 24hr 240 mg** 116
 see **diltiazem hcl coated beads cap er 24hr 300 mg** 116
carvedilol tab 12.5 mg 114
carvedilol tab 25 mg 114
carvedilol tab 3.125 mg 113
carvedilol tab 6.25 mg 113
 Cataflam
 see **diclofenac potassium tab 50 mg** 35
 Cavilon
 see **miconazole nitrate cream 2%** 154
 CAYA DPR..... 197
 Caziant
 see **desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg** 121
cefadroxil for susp 250 mg/5ml 120
cefadroxil for susp 500 mg/5ml 120
cefdinir cap 300 mg 120
cefdinir for susp 125 mg/5ml 120
cefdinir for susp 250 mg/5ml 120
cefprozil for susp 125 mg/5ml 120
cefprozil for susp 250 mg/5ml 120
cefuroxime axetil tab 250 mg 120
cefuroxime axetil tab 500 mg 120
celecoxib cap 100 mg 34
celecoxib cap 200 mg 34
celecoxib cap 400 mg 34
celecoxib cap 50 mg 34
cellulose
 see UNIFIBER POW 187
 Centavite A-z Complete Mu
 see **multiple vitamins w/ minerals tab** 227
 Centravites
 see **multiple vitamins w/ minerals tab** 227
 Centravites 50 Plus
 see **multiple vitamins w/ minerals tab** 227
 Century
 see **multiple vitamins w/ minerals tab** 227
 Century Mature
 see **multiple vitamins w/ minerals tab** 227
cephalexin cap 250 mg 120
cephalexin cap 500 mg 120
cephalexin for susp 125 mg/5ml 120
cephalexin for susp 250 mg/5ml 120
 CEPROTIN INJ 1000UNIT..... 175
 CEPROTIN INJ 500 UNIT 175
 Ceralyte 70
 see **oral electrolyte solution** 216
 Cerovite Jr
 see **pediatric multiple vitamins w/ iron chew tab 18 mg** .. 244
 Cerovite Senior
 see **multiple vitamins w/ minerals tab** 227
 Certa Plus
 see **multiple vitamins w/ minerals tab** 227
 Certavite/antioxidants
 see **multiple vitamins w/ minerals tab** 227
cervical caps
 see FEMCAP MIS 22MM..... 198
 see FEMCAP MIS 26MM..... 198
 see FEMCAP MIS 30MM..... 198
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) 96, 97

cetirizine hcl tab 10 mg	97	see acetaminophen chew tab 80 mg	39
cetirizine hcl tab 5 mg	97	Childrens Aspirin	
Cetirizine Hydrochloride		see aspirin chew tab 81 mg ..	45
see cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	96	Childrens Aspirin Free	
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	137	see acetaminophen elixir 160 mg/5ml	40
CHANTIX PAK 0.5& 1MG	277	Childrens Chewable Multiv	
CHANTIX PAK 1MG	277	see pediatric multiple vitamin w/ c & fa chew tab	246
CHANTIX TAB 0.5MG	277	see pediatric multiple vitamins w/ iron chew tab 15 mg ..	244
CHANTIX TAB 1MG	277	Childrens Chewable Vitami	
Charlotte 24 Fe		see pediatric multiple vitamin w/ c & fa chew tab	246
see norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	130	see pediatric multiple vitamins w/ iron chew tab 15 mg ..	244
Chateal		Childrens Gummies	
see levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	125	see pediatric multiple vitamin w/ minerals & c chew tab 241	
Chateal Eq		Childrens Medi-profen	
see levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	125	see ibuprofen susp 100 mg/5ml	36
CHEMET CAP 100MG	87	Childrens Medi-tabs	
Chest Congestion Children		see acetaminophen chew tab 80 mg	39
see guaifenesin liquid 100 mg/5ml	145	Childrens Multivitamin	
Chest Congestion Relief		see pediatric multiple vitamin w/ c & fa chew tab	246
see guaifenesin syrup 100 mg/5ml	146	Childrens Non-aspirin	
see guaifenesin tab 400 mg 146		see acetaminophen chew tab 80 mg	39
Chest Congestion Relief D		Childrens Pain Reliever	
see dextromethorphan-guaifenesin syrup 10-100 mg/5ml	140	see acetaminophen chew tab 80 mg	40
Chewable Vitamins Childre		Childrens Pepto	
see pediatric multiple vitamin w/ c & fa chew tab	246	see calcium carbonate (antacid) chew tab 400 mg 58	
Childrens Animal Shapes C		Childrens Silapap	
see pediatric multiple vitamins w/ iron chew tab 18 mg ..	244	see acetaminophen liquid 160 mg/5ml	41
Childrens Apap		Childrens Soothe	

see calcium carbonate	
(antacid) chew tab 400 mg	58
chlorambucil	
see LEUKERAN TAB 2MG	107
chlordiazepoxide hcl cap 10 mg	
.....	64
chlordiazepoxide hcl cap 25 mg	
.....	65
chlordiazepoxide hcl cap 5 mg	64
chlorhexidine gluconate liquid	
4%	112
chlorhexidine gluconate soln	
0.12%	221
Chlorhist	
see chlorpheniramine tab 4 mg	
.....	90
Chlorocaps	
see multiple vitamin cap	238
chloroquine phosphate tab 250	
mg	106
chloroquine phosphate tab 500	
mg	106
chlorpheniramine maleate syrup	
2 mg/5ml	89
chlorpheniramine tab 4 mg	89, 90
chlorpheniramine tab er 12 mg	
.....	90
chlorthalidone tab 25 mg	168
chlorthalidone tab 50 mg	168
chlorzoxazone tab 500 mg	250
Chocolated Laxative	
see sennosides chew tab 15	
mg	193
Chocolated Laxative Regul	
see sennosides chew tab 15	
mg	194
cholecalciferol cap 10000 unit	
.....	300
cholecalciferol cap 2000 unit	299,
300	
cholecalciferol cap 25 mcg	
(1000 unit)	299
cholecalciferol cap 5000 unit	300
cholecalciferol cap 50000 unit	
.....	300
cholecalciferol chew tab 1000	
unit	301
cholecalciferol chew tab 400	
unit	301
cholecalciferol drops 125	
mcg/ml (5000 unit/ml)	301
cholecalciferol oral liquid 400	
unit/ml	301, 302
cholecalciferol tab 1000 unit	302
cholecalciferol tab 2000 unit	302
cholecalciferol tab 400 unit ..	302
cholecalciferol tab 5000 unit	302,
303	
cholestyramine light powder 4	
gm/dose	100
cholestyramine powder 4	
gm/dose	101
Chromagen	
see iron combination cap	179
Ciclodan	
see ciclopirox solution 8% .	153
ciclopirox olamine cream 0.77%	
(base equiv)	153
ciclopirox olamine susp 0.77%	
(base equiv)	153
ciclopirox solution 8%	153
cilostazol tab 100 mg	175
cilostazol tab 50 mg	175
Cimetidine 200	
see cimetidine tab 200 mg .	291
cimetidine hcl soln 300 mg/5ml	
.....	291
cimetidine tab 200 mg	291
cimetidine tab 300 mg	291
cimetidine tab 400 mg	291
cimetidine tab 800 mg	291
cinacalcet hcl tab 30 mg (base	
equiv)	170
cinacalcet hcl tab 60 mg (base	
equiv)	170

cinacalcet hcl tab 90 mg (base equiv)	170	see ketotifen fumarate opth soln 0.025% (base equiv)	270
ciprofloxacin hcl opth soln 0.3% (base equivalent)	267	Clean & Clear Persa-gel M	
ciprofloxacin hcl otic soln 0.2% (base equivalent)	272	see benzoyl peroxide gel 10%	147
ciprofloxacin hcl tab 250 mg (base equiv)	171	Clear Soluble Fiber	
ciprofloxacin hcl tab 500 mg (base equiv)	171	see wheat dextrin oral powder	187
ciprofloxacin hcl tab 750 mg (base equiv)	171	Clearcanal Earwax Softene	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	272	see carbamide peroxide 6.5% otic soln	271
citalopram hydrobromide oral soln 10 mg/5ml	75	Clearlax	
citalopram hydrobromide tab 10 mg (base equiv)	75	see polyethylene glycol 3350 oral powder	190
citalopram hydrobromide tab 20 mg (base equiv)	75	clemastine fumarate tab 1.34 mg	90
citalopram hydrobromide tab 40 mg (base equiv)	75	clemastine fumarate tab 2.68 mg	90
Citroma		clindamycin hcl cap 150 mg ...	61
see magnesium citrate soln	191	clindamycin hcl cap 300 mg ...	61
Claravis		clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	62
see isotretinoin cap 10 mg ..	148	clindamycin phosphate gel 1%	148
see isotretinoin cap 20 mg ..	149	clindamycin phosphate lotion 1%	148
see isotretinoin cap 30 mg ..	149	clindamycin phosphate soln 1%	148
see isotretinoin cap 40 mg ..	149	clindamycin phosphate vaginal cream 2%	297
Clarispray		CLINIMIX INJ 4.25/D10.....	260
see fluticasone propionate nasal susp 50 mcg/act.	252	CLINIMIX INJ 4.25/D5W.....	260
clarithromycin for susp 125 mg/5ml	197	CLINIMIX INJ 5%/D15W	260
clarithromycin for susp 250 mg/5ml	197	CLINIMIX INJ 5%/D20W	260
clarithromycin tab 250 mg	197	CLINIMIX INJ 6/5	260
clarithromycin tab 500 mg	197	CLINIMIX INJ 8/10	260
Claritin Allergy Children		CLINIMIX INJ 8/14	260
see loratadine syrup 5 mg/5ml	98	Clinisol Sf 15%	
Claritin Eye		see amino acid infusion 15%	259
		clobazam tab 10 mg	71
		clobazam tab 20 mg	71

clobetasol propionate soln	
0.05%	158
clomipramine hcl cap 25 mg ...	77
clomipramine hcl cap 50 mg ...	77
clomipramine hcl cap 75 mg ...	77
clonazepam tab 0.5 mg	71
clonazepam tab 1 mg	71
clonazepam tab 2 mg	71
clonidine hcl tab 0.1 mg	103
clonidine hcl tab 0.2 mg	103
clonidine hcl tab 0.3 mg	103
clopidogrel bisulfate tab 75 mg (base equiv)	176
clorazepate dipotassium tab 15 mg	65
clorazepate dipotassium tab 3.75 mg	65
clorazepate dipotassium tab 7.5 mg	65
Clotrimazole Antifungal	
see clotrimazole cream 1% ..	153
Clotrimazole Athletes Foo	
see clotrimazole cream 1% ..	153
clotrimazole cream 1%	153
clotrimazole soln 1%	153, 154
clotrimazole troche 10 mg ...	221
clotrimazole vaginal cream 1%	297
clotrimazole vaginal cream 2%	297
CO MONITOR MIS T PIECES	203
CODEINE SULF TAB 60MG	48
codeine sulfate tab 30 mg	48
Colace 2-in-1	
see sennosides-docusate sodium tab 8.6-50 mg	188
colchicine tab 0.6 mg	175
colchicine w/ probenecid tab 0.5-500 mg	175
colestipol hcl tab 1 gm	101
collagenase	
see SANTYL OIN 250/GM	163
Comfort Gel	
see alum & mag hydroxide- simethicone susp 200-200- 20 mg/5ml	54
Comfort Gel Antacid Anti-	
see alum & mag hydroxide- simethicone susp 400-400- 40 mg/5ml	56
Comfort Gel Antacid& Anti	
see alum & mag hydroxide- simethicone susp 200-200- 20 mg/5ml	54
COMPACT SPAC MIS CHAMBER .	203
COMPACT SPAC MIS LG MASK ..	203
COMPACT SPAC MIS MD MASK ..	203
COMPACT SPAC MIS SM MASK ..	203
Companion	
see multiple vitamins w/ minerals tab	227
Compete	
see multiple vitamins w/ minerals tab	227
COMPL AMINO POW ACID MIX ..	260
Complete Allergy Medicine	
see diphenhydramine hcl cap 25 mg	91
see diphenhydramine hcl tab 25 mg	94
Complete Allergy Relief	
see diphenhydramine hcl tab 25 mg	95
Complete Daily With Lutei	
see multiple vitamins w/ minerals tab	227
Complete Energy	
see multiple vitamins w/ minerals tab	227
Complete Multi-vitamin Gu	
see pediatric multiple vitamin w/ minerals & c chew tab	241
Complete Multivitamin/mul	
see multiple vitamins w/ minerals liquid	226
Complete Pms Support Comp	

see **multiple vitamins w/
minerals cap** 224

Complete Womens
see **multiple vitamins w/
minerals tab** 227

COMPLETENATE CHW 248

COMPLEX MSD POW JUNIOR 260

COMPLEX MSD POW VANILLA.... 260

COMPLEX MSUD BAR AMINO AC 260

COMPLEX MSUD POW..... 260

Compro
see **prochlorperazine suppos
25 mg** 112

CO-NATAL FA TAB 29-1MG..... 247

condoms - female
see CONDOMS - FEMALE 197

CONDOMS - FEMALE 197

CONDOMS - MALE 197

CONDOMS LATEX LUBRICATED.. 197

condoms latex lubricated - male
see CONDOMS LATEX
LUBRICATED..... 197

CONDOMS LATEX NON-LUBRICATED
..... 197

**condoms latex non-lubricated -
male**
see CONDOMS LATEX NON-
LUBRICATED..... 197

**condoms non-latex lubricated -
male**
see DUREX MIS REALFEEL 198

Constulose
see **lactulose solution 10
gm/15ml** 190

**continuous blood glucose
system receiver**
see DEXCOM G5 MOBILE
RECEIVER..... 198

see DEXCOM G6 RECEIVER..... 198

see FREESTY LIBR MIS 2 READER
..... 199

see FREESTYLE LIBRE READER 199

**continuous blood glucose
system sensor**
see DEXCOM G6 SENSOR 198

see FREESTY LIBR KIT 2 SENSOR
..... 198

see FREESTYLE LIBRE SENSOR 199

see G5/G4 MIS SENSOR 199

**continuous blood glucose
system transmitter**
see DEXCOM G5 MOBILE
TRANSMIT..... 198

see DEXCOM G6 TRANSMITTER
..... 198

CONVERSION MIS BABY SZ1 203

CONVERSION MIS BABY SZ2 203

CONVERSION MIS BABY SZ3 203

copper (iud)
see PARAGARD IUD T380A..... 133

Coral Calcium Plus
see **multiple vitamins w/
minerals cap** 224

CORLANOR TAB 5MG 120

CORLANOR TAB 7.5MG 120

corn dextrin oral powder 185

Correctol
see **bisacodyl tab delayed
release 5 mg** 193

Correctol Extra Gentle
see **docusate sodium cap 100
mg** 195

Cortizone-10
see **hydrocortisone gel 1%**. 160

see **hydrocortisone oint 1%** 160

Cortizone-10 Diabetics Sk
see **hydrocortisone lotion 1%**
..... 160

Cortizone-10 Eczema
see **hydrocortisone lotion 1%**
..... 160

Cortizone-10 Hydratensive
see **hydrocortisone lotion 1%**
..... 160

Cortizone-10 Intensive He

see hydrocortisone-aloe vera cream 1%	161	see acetaminophen tab er 650 mg	44
Cortizone-10 Plus		Cvs 8hr Muscle Aches & Pa	
see hydrocortisone-aloe vera cream 1%	161	see acetaminophen tab er 650 mg	44
Cortizone-10/aloe		Cvs Acetaminophen	
see hydrocortisone-aloe vera cream 1%	161	see acetaminophen tab 325 mg	42
Cough & Chest Congestion		Cvs Acetaminophen Extra S	
see dextromethorphan-guaifenesin syrup 10-100 mg/5ml	140	see acetaminophen liquid 167 mg/5ml	41
Coughtab		see acetaminophen tab 500 mg	43
see guaifenesin tab 200 mg	146	Cvs Acid Controller	
CPAP & BIPAP MIS HOSE	203	see famotidine tab 10 mg ...	292
CPAP MASK MIS WIPES	203	Cvs Acid Controller Maxim	
CPAP NEURAL MIS PRE-WASH ...	203	see famotidine tab 20 mg ...	292
CREON CAP 12000UNT	167	Cvs Acne Treatment/maximu	
CREON CAP 24000UNT	167	see benzoyl peroxide gel 10%	147
CREON CAP 3000UNIT.....	167	Cvs Advanced 3-in-1 Exfol	
CREON CAP 36000UNT	167	see benzoyl peroxide liq 5%	148
CREON CAP 6000UNIT.....	167	Cvs Advanced Healing Oint	
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	252	see emollient - ointment	162
cromolyn sodium ophth soln 4%	269	Cvs Allergy	
cromolyn sodium soln nebu 20 mg/2ml	66	see diphenhydramine hcl cap 25 mg	91
crotamiton lotion 10%	165	Cvs Allergy Eye Drops	
Crotan		see ketotifen fumarate ophth soln 0.025% (base equiv)	270
see crotamiton lotion 10% .	165	Cvs Allergy Relief	
Cruex Prescription Streng		see cetirizine hcl tab 10 mg ..	97
see miconazole nitrate aerosol pow 2%	154	see chlorpheniramine tab 4 mg	90
Cryselle-28		see chlorpheniramine tab er 12 mg	90
see norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	133	see diphenhydramine hcl cap 25 mg	91
Curity Sterile Saline		see diphenhydramine hcl liquid 12.5 mg/5ml	93
see sodium chloride irrigation soln 0.9%	175	Cvs Allergy Relief Adult	
CUVPOSA SOL 1MG/5ML.....	290		
Cvs 8hr Arthritis Pain Re			

- see **diphenhydramine hcl liquid 12.5 mg/5ml**93
- Cvs Allergy Relief Childr
 - see **diphenhydramine hcl tab disint 12.5 mg**94
- Cvs Allergy Relief-d
 - see **cetirizine-pseudoephedrine tab er 12hr 5-120 mg** 137
- Cvs Allergy Relief-d12
 - see **loratadine & pseudoephedrine tab er 12hr 5-120 mg** 142
- Cvs Antacid Kids
 - see **calcium carbonate (antacid) chew tab 750 mg** 59
- Cvs Antacid Plus Antigas
 - see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml**56
- Cvs Antacid Supreme
 - see **calcium carbonate-mag hydroxide susp 400-135 mg/5ml**58
- Cvs Antacid Ultra Strengt
 - see **calcium carbonate (antacid) chew tab 1000 mg**60
- Cvs Antacid/anti-gas
 - see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml**56
- Cvs Antacid/anti-gas Liq
 - see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml**54
- Cvs Antibiotic
 - see **neomycin-bacitracin-polymyxin oint**..... 151
- Cvs Antibiotic Pain/scar
 - see **neomycin-bacitracin-polymyxin-pramoxine oint 1%** 152
- Cvs Anti-dandruff
 - see **selenium sulfide lotion 1%** 157
- Cvs Anti-diarrheal
 - see **bismuth subsalicylate susp 262 mg/15ml**..... 85
 - see **loperamide hcl tab 2 mg**. 87
- Cvs Anti-itch Maximum Str
 - see **hydrocortisone cream 1%** 159
- Cvs Artificial Tears
 - see **propylene glycol-glycerin ophth soln 1-0.3%** 265
- Cvs Aspirin
 - see **aspirin tab 325 mg** 45
 - see **aspirin tab delayed release 325 mg** 47
- Cvs Aspirin Low Dose
 - see **aspirin tab delayed release 81 mg** 46
- Cvs Aspirin Low Strength
 - see **aspirin tab delayed release 81 mg** 46
- Cvs Athletes Foot
 - see **tolnaftate aerosol pow 1%** 155
- Cvs Athletes Foot Powder
 - see **miconazole nitrate aerosol pow 2%** 154
- Cvs B1
 - see **thiamine hcl tab 100 mg** 304
- Cvs B-1
 - see **thiamine hcl tab 100 mg** 305
- Cvs B-12
 - see **cyanocobalamin tab 500 mcg**..... 176
- Cvs B6
 - see **pyridoxine hcl tab 100 mg** 304
- Cvs Bacitracin
 - see **bacitracin zinc oint 500 unit/gm** 151

- Cvs Budesonide Nasal Spra
 see **budesonide nasal susp 32 mcg/act**..... 252
- Cvs Calcium & Vitamin D3
 see **calcium carbonate-cholecalciferol tab 600 mg-800 unit**..... 211
- Cvs Calcium 600 & Vitamin
 see **calcium carbonate-cholecalciferol tab 600 mg-800 unit**..... 211
- Cvs Calcium 600+d
 see **calcium carbonate-cholecalciferol tab 600 mg-800 unit**..... 211
- Cvs Calcium Carbonate
 see **calcium carbonate tab 1250 mg (500 mg elemental ca)**..... 207
- Cvs Calcium Citrate+d3
 see **calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)**..... 215
- Cvs Calcium Citrate+d3 Pe
 see **calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)**..... 214
- Cvs Calcium/magnesium/zin
 see **calcium-magnesium-zinc tab 333-133-5 mg**..... 216
- Cvs Capsaicin Hp
 see **capsaicin cream 0.1%** .. 163
- Cvs Chewable Childrens Vi
 see **pediatric multiple vitamins w/ iron chew tab 18 mg** .. 244
- Cvs Chewy Not Chalky Flav
 see **calcium carbonate (antacid) chew tab 750 mg** 59
- Cvs Childrens Chewable Co
 see **pediatric multiple vitamins w/ iron chew tab 18 mg** .. 244
- Cvs Childs Non-aspirin
 see **acetaminophen chew tab 80 mg** 40
- Cvs Chocolate Laxative Pi
 see **sennosides chew tab 15 mg** 194
- Cvs C-lax Laxative
 see **bisacodyl tab delayed release 5 mg** 193
- Cvs Clotrimazole 3
 see **clotrimazole vaginal cream 2%**..... 297
- Cvs Cold & Cough Nighttim
 see **diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml**..... 141
- Cvs Cortisone Intense Hea
 see **hydrocortisone cream 1%** 159
- Cvs Cortisone Maximum Str
 see **hydrocortisone cream 1%** 159
 see **hydrocortisone gel 1%** . 160
 see **hydrocortisone lotion 1%** 160
 see **hydrocortisone oint 1%** 160
- Cvs D3
 see **cholecalciferol cap 2000 unit** 299
 see **cholecalciferol cap 25 mcg (1000 unit)** 299
 see **cholecalciferol cap 5000 unit** 300
- Cvs Daily Fiber
 see **psyllium cap 0.52 gm** ... 185
- Cvs Daily Multiple For Me
 see **multiple vitamins w/ minerals tab** 227
- Cvs Daily Multiple For Wo
 see **multiple vitamins w/ minerals tab** 227
- CVS DAILY POW FIBER 185
- Cvs Dry Eye Relief

see glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%	264
Cvs Dry-eye Relief Nightt	
see white petrolatum-mineral oil ophth ointment	266
Cvs Ear Drops	
see carbamide peroxide 6.5% otic soln	271
Cvs Earwax Removal Kit	
see carbamide peroxide 6.5% otic soln	271
Cvs Earwax Removal System	
see carbamide peroxide 6.5% otic soln	271
Cvs Easy Fiber	
see corn dextrin oral powder	185
Cvs Electrolyte Solution	
see oral electrolyte solution 216	
Cvs Enema Disposable	
see sodium phosphates - enema	191
Cvs Enema Ready-to-use	
see sodium phosphates - enema	192
Cvs Eye Health & Lutein	
see multiple vitamins w/ minerals tab	227
Cvs Eye Itch Relief	
see ketotifen fumarate ophth soln 0.025% (base equiv) 270	
Cvs Eye Lubricant	
see white petrolatum-mineral oil ophth ointment	266
Cvs Fever Reducing Childr	
see acetaminophen suppos 120 mg	41
Cvs Fiber	
see psyllium cap 0.52 gm	186
Cvs Fiber Laxative	
see calcium polycarbophil tab 625 mg	184
Cvs Fish Oil	
see omega-3 fatty acids cap 1200 mg	258
Cvs Fish Oil Half-the-siz	
see omega-3 fatty acids cap 500 mg	257
Cvs Foaming Acne Face Was	
see benzoyl peroxide liq 10%	148
Cvs Folic Acid	
see folic acid tab 800 mcg ..	177
Cvs Foot & Sneaker Powder	
see tolnaftate aerosol pow 1%	155
Cvs Gas Relief	
see simethicone chew tab 80 mg	172
Cvs Gas Relief Extra Stre	
see simethicone chew tab 125 mg	172
Cvs Gas Relief Infants	
see simethicone susp 40 mg/0.6ml	173
Cvs Glycerin Adult	
see glycerin suppos 2 gm ...	189
see glycerin suppos 2.1 gm	189
Cvs Gummy Dinos	
see pediatric multiple vitamin w/ minerals & c chew tab 241	
Cvs Gummy Dinos Childrens	
see pediatric multiple vitamin w/ minerals & c chew tab 241	
Cvs Gummy Multivitamin Ki	
see pediatric multiple vitamin w/ minerals & c chew tab 241	
Cvs Heartburn Relief	
see aluminum hydroxide-magnesium carbonate chew tab 160-105 mg	57
see cimetidine tab 200 mg .	291
Cvs Hemorrhoidal & Topica	
see dibucaine oint 1%	163
Cvs Hydrocortisone Anti-i	

- see **hydrocortisone cream 0.5%** 159
- Cvs Ibuprofen
 - see **ibuprofen cap 200 mg**.....35
- Cvs Ibuprofen Childrens
 - see **ibuprofen susp 100 mg/5ml**36
- Cvs Ibuprofen Infants
 - see **ibuprofen susp 40 mg/ml**36
- Cvs Ibuprofen Liquid Fill
 - see **ibuprofen cap 200 mg**.....35
- Cvs Indoor/outdoor Allerg
 - see **cetirizine hcl tab 10 mg** ..97
- Cvs Iron
 - see **ferrous gluconate tab 240 mg (27 mg elemental fe)** . 179
 - see **ferrous sulfate tab 325 mg (65 mg elemental fe)**..... 181
- Cvs Itch Relief Antifunga
 - see **clotrimazole cream 1%**. 153
- Cvs Jock Itch
 - see **terbinafine hcl cream 1%** 155
- Cvs Laxative Pills Maximu
 - see **sennosides tab 25 mg**... 195
- Cvs Lice Solution Kit
 - see **pyreth-piperonyl butox sham-permeth aero-nit remover gel kit** 166
- Cvs Lice Treatment
 - see **permethrin creme rinse 1%** 165
- Cvs Lice/bedbug/mite
 - see **permethrin aerosol 0.5%** 165
- Cvs Lubricant Eye Drops
 - see **carboxymethylcellulose sodium ophth soln 0.5%**.. 263
- Cvs Lubricant Eye Drops P
 - see **carboxymethylcellulose sodium (pf) ophth soln 0.5%** 263
- Cvs Lubricating Eye Ointm
 - see **white petrolatum-mineral oil ophth ointment**..... 266
- Cvs Magnesium
 - see **magnesium oxide tab 500 mg (mg supplement)** 218
- Cvs Magnesium Oxide
 - see **magnesium oxide tab 250 mg (mg supplement)** 217
- Cvs Miconazole 3
 - see **miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit** 297
- Cvs Miconazole 7
 - see **miconazole nitrate vaginal cream 2%** 298
- Cvs Mineral Oil
 - see **mineral oil**..... 190
- Cvs Motion Sickness
 - see **dimenhydrinate tab 50 mg** 87
- Cvs Motion Sickness Relie
 - see **meclizine hcl chew tab 25 mg** 88
- Cvs Mucus D Extended Rele
 - see **pseudoephedrine-guaifenesin tab er 12hr 60-600 mg** 144
- Cvs Mucus Extended Releas
 - see **guaifenesin tab er 12hr 600 mg** 146
- Cvs Naproxen Sodium
 - see **naproxen sodium tab 220 mg** 38
- Cvs Nasal Decongestant Pe
 - see **phenylephrine hcl tab 10 mg** 255
- Cvs Nasal Mist
 - see **oxymetazoline hcl nasal soln 0.05%** 253
- Cvs Nasal Spray
 - see **oxymetazoline hcl nasal soln 0.05%** 253

Cvs Natural Daily Fiber
 see **psyllium powder 48.57%**
 186
 see **psyllium powder 58.6%** 187

Cvs Natural Fiber Supplem
 see **psyllium powder 100%**. 187

Cvs Natural Fish Oil
 see **omega-3 fatty acids cap
 1000 mg** 257
 see **omega-3 fatty acids cap
 1200 mg** 258

Cvs Natural Tears Pf
 see **dextran 70-hypromellose
 (pf) ophth soln 0.1-0.3%**. 264

Cvs Nausea Relief
 see **fructose-dextrose-
 phosphoric acid oral soln** ... 88

Cvs Nicotine
 see **nicotine polacrilex gum 2
 mg** 277
 see **nicotine polacrilex gum 4
 mg** 278

Cvs Nicotine Lozenge
 see **nicotine polacrilex lozenge
 2 mg** 278
 see **nicotine polacrilex lozenge
 4 mg** 280

Cvs Nicotine Polacrilex
 see **nicotine polacrilex gum 2
 mg** 277
 see **nicotine polacrilex gum 4
 mg** 278
 see **nicotine polacrilex lozenge
 2 mg** 279
 see **nicotine polacrilex lozenge
 4 mg** 280

Cvs Nicotine Transdermal
 see **nicotine td patch 24hr 14
 mg/24hr** 281
 see **nicotine td patch 24hr 21
 mg/24hr** 282
 see **nicotine td patch 24hr 7
 mg/24hr** 280

Cvs Nighttime Dry-eye Rel
 see **white petrolatum-mineral
 oil ophth ointment** 266

Cvs Olopatadine Hydrochlo
 see **olopatadine hcl ophth soln
 0.2% (base equivalent)** .. 270

Cvs One Daily Essential
 see **multiple vitamins w/
 minerals tab** 227

Cvs One Daily Womens Form
 see **multiple vitamins w/
 minerals tab** 227

Cvs Oyster Shell Calcium/
 see **calcium carbonate-
 cholecalciferol tab 500 mg-
 125 unit** 208

Cvs Pain & Fever Infants
 see **acetaminophen susp 160
 mg/5ml** 42

Cvs Pain Relief 8 Hour
 see **acetaminophen tab er 650
 mg** 44

Cvs Pain Relief Childrens
 see **acetaminophen chew tab
 160 mg** 40

Cvs Pain Relief Extra Str
 see **acetaminophen tab 500 mg**
 43

Cvs Pain Relief Maximum S
 see **lidocaine patch 4%** 164

Cvs Pediatric Electrolyte
 see **oral electrolyte solution** 216

Cvs Pinworm Treatment
 see **pinworm med sus
 144mg/ml** 61

Cvs Poly Bacitracin
 see **bacitracin-polymyxin b oint**
 151

CVS PRENATAL CHW GUMMY 248

Cvs Purelax
 see **polyethylene glycol 3350
 oral powder** 190

Cvs Ringworm

see clotrimazole cream 1%	153	see multiple vitamins w/ minerals tab	228
Cvs Saline Nasal Spray		Cvs Spectravite Women 50+	
see saline nasal spray 0.65%	251	see multiple vitamins w/ minerals tab	228
Cvs Senna		Cvs Stomach Relief	
see sennosides tab 8.6 mg ..	194	see bismuth subsalicylate susp 525 mg/15ml	86
Cvs Senna Plus		see bismuth subsalicylate tab 262 mg	86
see sennosides-docusate sodium tab 8.6-50 mg	188	Cvs Stool Softener	
Cvs Skin Treatment Body L		see docusate calcium cap 240 mg	195
see lactic acid (ammonium lactate) lotion 12%	163	see docusate sodium cap 100 mg	195
Cvs Sleep-aid Nighttime		see docusate sodium cap 250 mg	196
see diphenhydramine hcl (sleep) tab 25 mg	182	see docusate sodium cap 50 mg	195
see doxylamine succinate (sleep) tab 25 mg	183	Cvs Triple Antibiotic/pai	
Cvs Slow Release Iron		see neomycin-bacitracin- polymyxin-pramoxine oint 1%	152
see ferrous sulfate dried tab er 45 mg (fe equivalent)	180	Cvs Tussin Adult Chest Co	
Cvs Smooth Antacid Extra		see guaifenesin liquid 100 mg/5ml	145
see calcium carbonate (antacid) chew tab 750 mg	59	Cvs Tussin Dm	
Cvs Soluble Fiber Therapy		see dextromethorphan- guaifenesin liquid 10-100 mg/5ml	138
see methylcellulose tab 500 mg	185	Cvs Tussin Long-acting	
Cvs Spectravite Advanced		see dextromethorphan hbr liquid 15 mg/5ml	136
see multiple vitamins w/ minerals tab	227	Cvs Ultra Sleep	
Cvs Spectravite Men		see doxylamine succinate (sleep) tab 25 mg	183
see multiple vitamins w/ minerals tab	228	Cvs Vitamin B12	
Cvs Spectravite Men 50+		see cyanocobalamin tab 1000 mcg	176
see multiple vitamins w/ minerals tab	228	Cvs Vitamin B12 Tr	
Cvs Spectravite Senior		see cyanocobalamin tab er 1000 mcg	177
see multiple vitamins w/ minerals tab	228	Cvs Vitamin B-12 Tr	
Cvs Spectravite Ultra Hea			
see multiple vitamins w/ minerals tab	228		
Cvs Spectravite Ultra Wom			

see **cyanocobalamin tab er 1000 mcg** 177
 Cvs Vitamin B-2
 see **riboflavin tab 100 mg** ... 304
 Cvs Vitamin D3
 see **cholecalciferol cap 10000 unit** 300
 see **cholecalciferol chew tab 1000 unit** 301
 Cvs Womens Active Daily
 see **multiple vitamins w/ minerals tab** 228
cyanocobalamin sl tab 1000 mcg 176
cyanocobalamin sl tab 2500 mcg 176
cyanocobalamin sl tab 500 mcg 176
cyanocobalamin tab 100 mcg 176
cyanocobalamin tab 1000 mcg 176
cyanocobalamin tab 250 mcg 176
cyanocobalamin tab 500 mcg 176
cyanocobalamin tab er 1000 mcg 177
 Cyclafem 1/35
 see **norethindrone & ethinyl estradiol tab 1 mg-35 mcg** 127
 Cyclafem 7/7/7
 see **norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg** 131
cyclobenzaprine hcl tab 10 mg 250
cyclobenzaprine hcl tab 5 mg 250
cyclopentolate hcl ophth soln 1% 267
cyclophosphamide cap 25 mg 106
cyclophosphamide cap 50 mg 106
cyclosporine
 see SANDIMMUNE CAP 100MG 220
 see SANDIMMUNE CAP 25MG.. 220

cyclosporine cap 100 mg 220
cyclosporine cap 25 mg 219
cyclosporine modified (for microemulsion)
 see NEORAL CAP 100MG..... 220
 see NEORAL CAP 25MG 220
 see NEORAL SOL 100MG/ML .. 220
cyclosporine modified cap 100 mg 220
cyclosporine modified cap 25 mg 220
cyclosporine modified cap 50 mg 220
cyclosporine modified oral soln 100 mg/ml 220
cyproheptadine hcl syrup 2 mg/5ml 100
cyproheptadine hcl tab 4 mg 100
 Cyred
 see **desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg** 122
 Cyred Eq
 see **desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg** 122
D
 D 1000
 see **cholecalciferol cap 25 mcg (1000 unit)** 299
 see **cholecalciferol chew tab 1000 unit** 301
 see **cholecalciferol tab 1000 unit** 302
 D 400
 see **cholecalciferol chew tab 400 unit** 301
 see **cholecalciferol tab 400 unit** 302
 D 5000
 see **cholecalciferol tab 5000 unit** 302
 D3 Adult Gummy

see cholecalciferol chew tab 1000 unit	301	see multiple vitamins w/ minerals tab	228
D3 High Potency		Daily Multiple Vitamins	
see cholecalciferol cap 2000 unit	299	see multiple vitamin tab	238
see cholecalciferol cap 25 mcg (1000 unit)	299	Daily Multiple Vitamins/m	
see cholecalciferol cap 5000 unit	300	see multiple vitamins w/ minerals tab	228
see cholecalciferol tab 400 unit	302	Daily Multivitamin	
D3 Kids		see multiple vitamins w/ minerals cap	224
see cholecalciferol chew tab 400 unit	301	Daily Value Multivitamin	
D3 Maximum Strength		see multiple vitamin tab	238
see cholecalciferol cap 5000 unit	300	Daily Vitamin	
see cholecalciferol drops 125 mcg/ml (5000 unit/ml) ...	301	see multiple vitamin tab	238
D3 Super Strength		Daily Vitamin Formula+ir	
see cholecalciferol cap 2000 unit	299	see multiple vitamins w/ iron tab	223
D3-1000		Daily Vitamin Formula+iro	
see cholecalciferol cap 25 mcg (1000 unit)	299	see multiple vitamins w/ iron tab	223
D3-50		Daily Vitamin Formula+min	
see cholecalciferol cap 50000 unit	300	see multiple vitamins w/ minerals tab	228
DAILY AMINO CHW 6000	260	Daily Vitamin Plus	
Daily Betic		see multiple vitamins w/ minerals cap	224
see multiple vitamins w/ minerals tab	228	Daily Vitamins	
Daily Combo Multi Vitamin		see multiple vitamin tab	238
see multiple vitamins w/ minerals tab	228	Daily Vite	
Daily Mens Health Formula		see multiple vitamin tab	239
see multiple vitamins w/ minerals tab	228	Daily Vite Multivitamin/i	
Daily Multi		see multiple vitamins w/ iron tab	223
see multiple vitamins w/ minerals tab	228	Daily Womens Health Formu	
Daily Multi 50+		see multiple vitamins w/ minerals tab	228
		Daily-vitamin	
		see multiple vitamin tab	239
		Daily-vitamin Maximum For	
		see multiple vitamins w/ minerals tab	228
		Daily-vitamin/iron	

see **multiple vitamins w/ iron tab**..... 223

Daily-vite
see **multiple vitamin tab** 239

DAKINS SOL 0.5%..... 112

dalfampridine tab er 12hr 10 mg
..... 276

dalteparin sodium
see FRAGMIN INJ 10000/ML71
see FRAGMIN INJ 12500UNT.....71
see FRAGMIN INJ 15000UNT.....71
see FRAGMIN INJ 18000UNT.....71
see FRAGMIN INJ 2500/0.270
see FRAGMIN INJ 5000/0.270
see FRAGMIN INJ 7500/0.371

Dandruff Shampoo
see **selenium sulfide lotion 1%**
..... 157

dapsone tab 100 mg61

dapsone tab 25 mg61

darbepoetin alfa
see ARANESP INJ 100MCG 178
see ARANESP INJ 200MCG 178
see ARANESP INJ 25MCG 177
see ARANESP INJ 300MCG 178
see ARANESP INJ 40MCG 177
see ARANESP INJ 500MCG 178
see ARANESP INJ 60MCG 177

dasatinib
see SPRYCEL TAB 100MG 109
see SPRYCEL TAB 140MG 109
see SPRYCEL TAB 20MG..... 109
see SPRYCEL TAB 50MG..... 109
see SPRYCEL TAB 70MG..... 109
see SPRYCEL TAB 80MG..... 109

Dasetta 1/35
see **norethindrone & ethinyl estradiol tab 1 mg-35 mcg**
..... 127

Dasetta 7/7/7
see **norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg** 131

Dayhist Allergy 12 Hour R
see **clemastine fumarate tab 1.34 mg** 90

Daysee
see **levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)** 124

Deblitane
see **norethindrone tab 0.35 mg**
..... 134

Decadron
see **dexamethasone tab 0.5 mg**
..... 135
see **dexamethasone tab 0.75 mg** 135
see **dexamethasone tab 4 mg**
..... 135
see **dexamethasone tab 6 mg**
..... 135

Decara
see **cholecalciferol cap 10000 unit** 300
see **cholecalciferol cap 50000 unit** 300

Decongestant
see **pseudoephedrine hcl tab 30 mg** 255

DECUBAMINE POW 260

Deep Sea Nasal Spray
see **saline nasal spray 0.65%**
..... 251

Delta D3
see **cholecalciferol tab 400 unit**
..... 302

Delyla
see **levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg**
..... 125

denosumab
see PROLIA SOL 60MG/ML 169

DEPO-SQ PROV INJ 104 134

Dermacerin

see skin protectants misc - cream	165	desonide cream 0.05%	158
Dermacinrx Penetral		desonide oint 0.05%	158
see capsaicin cream 0.025%	163	dexamethasone elixir 0.5 mg/5ml	135
Dermaphor		dexamethasone sodium phosphate ophth soln 0.1%	269
see emollient - ointment	162	dexamethasone soln 0.5 mg/5ml	135
Dermarest Eczema		dexamethasone tab 0.5 mg ..	135
see hydrocortisone lotion 1%	160	dexamethasone tab 0.75 mg	135
Desenex		dexamethasone tab 1 mg	135
see clotrimazole cream 1%	153	dexamethasone tab 1.5 mg ..	135
see miconazole nitrate powder 2%	154	dexamethasone tab 2 mg	135
Desenex Jock Itch Spray P		dexamethasone tab 4 mg	135
see miconazole nitrate aerosol pow 2%	154	dexamethasone tab 6 mg	135
desipramine hcl tab 10 mg	77	DEXCOM G5 MOBILE RECEIVER.	198
desipramine hcl tab 100 mg	77	DEXCOM G5 MOBILE TRANSMIT	198
desipramine hcl tab 150 mg	77	DEXCOM G6 RECEIVER	198
desipramine hcl tab 25 mg	77	DEXCOM G6 SENSOR.....	198
desipramine hcl tab 50 mg	77	DEXCOM G6 TRANSMITTER	198
desipramine hcl tab 75 mg	77	dexmethylphenidate hcl tab 10 mg	31
desmopressin acetate		dexmethylphenidate hcl tab 2.5 mg	31
see STIMATE SOL 1.5MG/ML...	170	dexmethylphenidate hcl tab 5 mg	31
desmopressin acetate nasal spray soln 0.01%	170	dextran 70-hypromellose (pf) ophth soln 0.1-0.3%	264
desmopressin acetate nasal spray soln 0.01% (refrigerated)	170	dextran 70-hypromellose ophth soln 0.1-0.3%	264
desmopressin acetate tab 0.1 mg	170	dextroamphetamine sulfate cap er 24hr 10 mg	29
desmopressin acetate tab 0.2 mg	170	dextroamphetamine sulfate cap er 24hr 15 mg	29
DESMOPRESSIN SOL 1.5MG/ML.	170	dextroamphetamine sulfate cap er 24hr 5 mg	29
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	121	dextroamphetamine sulfate tab 10 mg	29
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	121, 122	dextroamphetamine sulfate tab 5 mg	29
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	122	dextromethorphan hbr liquid 15 mg/5ml	136

dextromethorphan-guaifenesin liquid 10-100 mg/5ml 137, 138, 139

dextromethorphan-guaifenesin liquid 10-200 mg/5ml .139, 140

dextromethorphan-guaifenesin syrup 10-100 mg/5ml .140, 141

dextromethorphan-guaifenesin tab er 12hr 30-600 mg 141

Dha Complete
see **docosahexaenoic acid cap 200 mg** 256

Dha Natural Omega-3
see **docosahexaenoic acid cap 200 mg** 256

Diabetes Health Formula
see **multiple vitamins w/ minerals tab** 228

Diabetic Tussin
see **guaifenesin liquid 100 mg/5ml** 145

Diabetic Tussin Allergy
see **chlorpheniramine maleate syrup 2 mg/5ml**.....89

Diabetic Tussin Dm
see **dextromethorphan-guaifenesin liquid 10-100 mg/5ml** 138

Diabetic Tussin Ex
see **guaifenesin syrup 100 mg/5ml** 146

Diabetic Tussin For Child
see **dextromethorphan-guaifenesin liquid 10-100 mg/5ml** 138

Diabetic Tussin Maximum S
see **dextromethorphan-guaifenesin liquid 10-200 mg/5ml** 139

Dialyvite
see **b-complex w/ c & folic acid tab 1 mg- rx** 222

Dialyvite 800
see **b-complex w/ c & folic acid tab 0.8 mg** 222

Dialyvite 800/ultra D
see **multiple vitamins w/ minerals tab** 228

Dialyvite Vitamin D 5000
see **cholecalciferol cap 5000 unit** 300

Diamode
see **loperamide hcl tab 2 mg** . 87

diaphragm arc-spring
see CAYA DPR 197

diaphragm wide seal
see WIDE-SEAL DPR KIT 60 ... 198
see WIDE-SEAL DPR KIT 65 ... 198
see WIDE-SEAL DPR KIT 70 ... 198
see WIDE-SEAL DPR KIT 75 ... 198
see WIDE-SEAL DPR KIT 80 ... 198
see WIDE-SEAL DPR KIT 85 ... 198
see WIDE-SEAL DPR KIT 90 ... 198
see WIDE-SEAL DPR KIT 95 ... 198

diaphragms
see OMNIFLEX DPR 198

Diarrhea
see **bismuth subsalicylate susp 262 mg/15ml** 85

diazepam (anticonvulsant)
see VALTOCO SPR 10MG 71
see VALTOCO SPR 15MG 71
see VALTOCO SPR 20MG 71
see VALTOCO SPR 5MG 71

diazepam conc 5 mg/ml 65

diazepam oral soln 1 mg/ml... 65

diazepam rectal gel delivery system 10 mg 71

diazepam rectal gel delivery system 2.5 mg 71

diazepam rectal gel delivery system 20 mg 71

diazepam tab 10 mg 65

diazepam tab 2 mg 65

diazepam tab 5 mg 65

dibucaine oint 1% 163

dibucaine perianal ointment 1%	52	digoxin tab 250 mcg (0.25 mg)	118
.....		DILANTIN CAP 100MG	74
diclofenac potassium tab 50 mg	34, 35	DILANTIN CAP 30MG	74
.....		DILANTIN CHW 50MG	74
diclofenac sodium (topical)		DILANTIN-125 SUS 125/5ML	74
see VOLTAREN GEL 1%.....	151	diltiazem hcl cap er 24hr 120 mg	115
diclofenac sodium gel 1%	151	.....
diclofenac sodium ophth soln		diltiazem hcl cap er 24hr 180 mg	115
0.1%	269	.....
diclofenac sodium tab delayed		diltiazem hcl cap er 24hr 240 mg	115
release 25 mg	35	.....
diclofenac sodium tab delayed		diltiazem hcl coated beads cap	
release 50 mg	35	er 24hr 120 mg	115, 116
diclofenac sodium tab delayed		diltiazem hcl coated beads cap	
release 75 mg	35	er 24hr 180 mg	116
diclofenac sodium tab er 24hr		diltiazem hcl coated beads cap	
100 mg	35	er 24hr 240 mg	116
dicloxacillin sodium cap 250 mg		diltiazem hcl coated beads cap	
.....	274	er 24hr 300 mg	116
dicloxacillin sodium cap 500 mg		diltiazem hcl extended release	
.....	274	beads cap er 24hr 120 mg .	116
dicyclomine hcl cap 10 mg	290	diltiazem hcl extended release	
dicyclomine hcl oral soln 10		beads cap er 24hr 180 mg .	116
mg/5ml	290	diltiazem hcl extended release	
dicyclomine hcl tab 20 mg	290	beads cap er 24hr 240 mg .	116
DIFFERIN GEL 0.1%.....	148	diltiazem hcl extended release	
Digitek		beads cap er 24hr 300 mg 116,	117
see digoxin tab 125 mcg		diltiazem hcl extended release	
(0.125 mg)	118	beads cap er 24hr 360 mg .	117
see digoxin tab 250 mcg (0.25		diltiazem hcl extended release	
mg)	118	beads cap er 24hr 420 mg .	117
Digox		diltiazem hcl tab 120 mg	117
see digoxin tab 125 mcg		diltiazem hcl tab 30 mg	117
(0.125 mg)	118	diltiazem hcl tab 60 mg	117
see digoxin tab 250 mcg (0.25		diltiazem hcl tab 90 mg	117
mg)	118	Dilt-xr	
digoxin		see diltiazem hcl cap er 24hr	
see LANOXIN TAB 0.125MG	118	120 mg	115
see LANOXIN TAB 0.25MG	118	see diltiazem hcl cap er 24hr	
digoxin oral soln 0.05 mg/ml	118	180 mg	115
digoxin tab 125 mcg (0.125 mg)			
.....	118		

see **diltiazem hcl cap er 24hr**
240 mg 115
dimenhydrinate tab 50 mg 87
 Dimetapp Nighttime Cold &
 see **diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml** 141
dimethyl fumarate capsule delayed release 120 mg 276
dimethyl fumarate capsule delayed release 240 mg 276
 Dino-life
 see **pediatric multiple vitamin w/ c & fa chew tab** 246
 Dino-life W Extra C
 see **pediatric multiple vitamin w/ extra c & fa chew tab** . 246
 Diotame Instydose
 see **bismuth subsalicylate susp 262 mg/15ml** 85
 Diphen
 see **diphenhydramine hcl elixir 12.5 mg/5ml** 92
 see **diphenhydramine hcl tab 25 mg** 95
 Di-phen
 see **diphenhydramine hcl elixir 12.5 mg/5ml** 92
 Diphenhist
 see **diphenhydramine hcl cap 25 mg** 91
diphenhydramine hcl (sleep) tab 25 mg 182, 183
diphenhydramine hcl (sleep) tab 50 mg 183
diphenhydramine hcl cap 25 mg 91, 92
diphenhydramine hcl cap 50 mg 92
diphenhydramine hcl chew tab 12.5 mg 92
diphenhydramine hcl elixir 12.5 mg/5ml 92

diphenhydramine hcl inj 50 mg/ml 92
diphenhydramine hcl liquid 12.5 mg/5ml 92, 93, 94
diphenhydramine hcl tab disint 12.5 mg 94
diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml 141
diphenhydramine-phenylephrine tab 25-10 mg 141
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml 86
diphenoxylate w/ atropine tab 2.5-0.025 mg 86
diphenhydramine hcl tab 25 mg 94, 95
dipyridamole tab 25 mg 176
dipyridamole tab 50 mg 176
dipyridamole tab 75 mg 176
 Disney Cars Gummies
 see **pediatric multiple vitamin w/ minerals & c chew tab** 241
 Disney Princess Gummies
 see **pediatric multiple vitamin w/ minerals & c chew tab** 241
disopyramide phosphate cap 100 mg 66
disopyramide phosphate cap 150 mg 66
divalproex sodium cap delayed release sprinkle 125 mg 74
divalproex sodium tab delayed release 125 mg 74
divalproex sodium tab delayed release 250 mg 74
divalproex sodium tab delayed release 500 mg 75
divalproex sodium tab er 24 hr 250 mg 75
divalproex sodium tab er 24 hr 500 mg 75
docosahexaenoic acid cap 200 mg 256

docosanol cream 10% 157
 Doctors Choice Multivitam
 see **multiple vitamins w/
 minerals tab** 228
 Docu
 see **docusate sodium liquid 150
 mg/15ml** 196
docusate calcium cap 240 mg 195
docusate sodium
 see PEDIA-LAX LIQ 50MG..... 197
docusate sodium cap 100 mg
 195, 196
docusate sodium cap 250 mg 196
docusate sodium cap 50 mg.. 195
**docusate sodium liquid 150
 mg/15ml**..... 196
**docusate sodium syrup 60
 mg/15ml**..... 196
docusate sodium tab 100 mg 196,
 197
 Docuzen
 see **sennosides-docusate
 sodium tab 8.6-50 mg**..... 188
 Dok
 see **docusate sodium cap 100
 mg**..... 195
 see **docusate sodium tab 100
 mg**..... 196
 Dolishale
 see **levonorgestrel-ethinyl
 estradiol (continuous) tab
 90-20 mcg** 126
**donepezil hydrochloride orally
 disintegrating tab 10 mg** 275
**donepezil hydrochloride orally
 disintegrating tab 5 mg** 275
**donepezil hydrochloride tab 10
 mg** 275
**donepezil hydrochloride tab 5
 mg** 275
dornase alfa
 see PULMOZYME SOL 1MG/ML 283

dorzolamide hcl ophth soln 2%
 269
**dorzolamide hcl-timolol maleate
 ophth soln 22.3-6.8 mg/ml** 267
 Double Antibiotic
 see **bacitracin-polymyxin b oint**
 151
doxazosin mesylate tab 1 mg 103
doxazosin mesylate tab 2 mg 103
doxazosin mesylate tab 4 mg 103
doxazosin mesylate tab 8 mg 103
doxepin hcl cap 10 mg..... 77
doxepin hcl cap 100 mg..... 78
doxepin hcl cap 150 mg..... 78
doxepin hcl cap 25 mg..... 77
doxepin hcl cap 50 mg..... 77
doxepin hcl cap 75 mg..... 78
doxepin hcl conc 10 mg/ml 78
**doxycycline monohydrate cap
 100 mg** 283
**doxycycline monohydrate cap 50
 mg**..... 283
**doxycycline monohydrate tab
 100 mg** 283
**doxylamine succinate (sleep)
 tab 25 mg** 183
 Dr Edwards Olive Laxative
 see **sennosides tab 8.6 mg** . 194
 Dr Gs Clear Nail
 see **tolnaftate soln 1%** 156
 Driminate
 see **dimenhydrinate tab 50 mg**
 87
drospirenone
 see SLYND TAB 4MG 135
drospirenone-estetrol
 see NEXTSTELLIS TAB 3-14.2MG
 126
**drospirenone-ethinyl estradiol
 tab 3-0.02 mg** 122, 123
**drospirenone-ethinyl estradiol
 tab 3-0.03 mg** 123

drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg 122

drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg 122

Dry Eye Formula
see **multiple vitamins w/ minerals cap** 224

Dry Eye Relief Drops
see **glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%** 264

Dry Skin Treatment
see **emollient - ointment** 162

Dry Skin Treatment Advanc
see **emollient - ointment** 162

dulaglutide
see TRULICITY INJ 0.75/0.5 82
see TRULICITY INJ 1.5/0.5 82
see TRULICITY INJ 3/0.5 82
see TRULICITY INJ 4.5/0.5 82

Dulcolax Liquid
see **magnesium hydroxide susp 400 mg/5ml** 191

Dulcolax Milk Of Magnesia
see **magnesium hydroxide susp 400 mg/5ml** 191

Dulcolax Pink Stool Softener
see **docusate sodium cap 100 mg** 195

Dulcolax Stool Softener
see **docusate sodium cap 100 mg** 196

duloxetine hcl enteric coated pellets cap 20 mg (base eq) .76

duloxetine hcl enteric coated pellets cap 30 mg (base eq) .76

duloxetine hcl enteric coated pellets cap 60 mg (base eq) .76

DUREX MIS REALFEEL 198

D-vite Pediatric

see **cholecalciferol oral liquid 400 unit/ml** 301

E

Ear Drops Earwax Removal
see **carbamide peroxide 6.5% otic soln** 271

Ear Wax Removal Kit
see **carbamide peroxide 6.5% otic soln** 271

Earwax Removal
see **carbamide peroxide 6.5% otic soln** 271

Earwax Removal Kit
see **carbamide peroxide 6.5% otic soln** 271

EASIVENT MIS 203

EASIVENT MIS MASK LG 203

EASIVENT MIS MASK MED 203

EASIVENT MIS MASK SM 203

EASY FLOW MIS 300MM 203

EASY FLOW MIS 400MM 204

EASY FLOW MIS AIR NOZZ 204

EASY FLOW MIS HEPA FIL 204

Easy-lax
see **docusate sodium cap 100 mg** 196

Easy-lax Plus
see **sennosides-docusate sodium tab 8.6-50 mg** 188

Ec-naproxen
see **naproxen tab ec 375 mg** . 38
see **naproxen tab ec 500 mg** . 38

Econtra Ez
see **levonorgestrel tab 1.5 mg** 133

Econtra One-step
see **levonorgestrel tab 1.5 mg** 133

Ecotrin Low Strength
see **aspirin tab delayed release 81 mg** 46

Ed Chlorped Jr

see **chlorpheniramine maleate syrup 2 mg/5ml**.....89

Ed-apap
see **acetaminophen liquid 160 mg/5ml**41

Ed-spaz
see **hyoscyamine sulfate tab disint 0.125 mg** 291

Effer-k
see **potassium bicarbonate effer tab 25 meq** 218

ELAPRASE INJ 6MG/3ML 170

elbasvir-grazoprevir
see ZEPATIER TAB 50-100MG . 113

elxacaftor-tezacaftor-ivacaftor
see TRIKAFTA TAB 283

ELIGARD INJ 22.5MG 108

ELIGARD INJ 30MG 108

ELIGARD INJ 45MG 108

ELIGARD INJ 7.5MG 108

Elinest
see **norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg**
..... 133

ELIQUIS ST P TAB 5MG70

ELIQUIS TAB 2.5MG.....70

ELIQUIS TAB 5MG70

ELLA TAB 30MG..... 133

Eluryng
see **etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr**..... 133

emollient - ointment 162

Emoquette
see **desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg**
..... 122

enalapril maleate & hydrochlorothiazide tab 10-25 mg 104

enalapril maleate & hydrochlorothiazide tab 5-12.5 mg 104

enalapril maleate tab 10 mg . 102

enalapril maleate tab 2.5 mg 102

enalapril maleate tab 20 mg . 102

enalapril maleate tab 5 mg... 102

ENBREL INJ 25/0.5ML 39

ENBREL INJ 25MG 39

ENBREL INJ 50MG/ML 39

ENBREL MINI INJ 50MG/ML 39

ENBREL SRCLK INJ 50MG/ML 39

ENCARE SUP 100MG 297

Endocet
see **oxycodone w/ acetaminophen tab 10-325 mg** 51

see **oxycodone w/ acetaminophen tab 5-325 mg**
..... 51

see **oxycodone w/ acetaminophen tab 7.5-325 mg**
..... 51

Endur-acin
see **niacin tab er 250 mg** 303

see **niacin tab er 500 mg** 303

see **niacin tab er 750 mg** 304

Enema Disposable
see **sodium phosphates - enema** 192

ENGERIX-B INJ 10/0.5ML 295

ENGERIX-B INJ 20MCG/ML 295

enoxaparin sodium inj 100 mg/ml 70

enoxaparin sodium inj 120 mg/0.8ml 70

enoxaparin sodium inj 150 mg/ml 70

enoxaparin sodium inj 30 mg/0.3ml 70

enoxaparin sodium inj 300 mg/3ml 70

enoxaparin sodium inj 40 mg/0.4ml 70

enoxaparin sodium inj 60 mg/0.6ml 70

enoxaparin sodium inj 80 mg/0.8ml.....70

Enpresse-28
 see **levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg** 126

Enskyce
 see **desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg** 122

entacapone tab 200 mg 110

entecavir
 see BARACLUDGE SOL 112

entecavir tab 0.5 mg 112

entecavir tab 1 mg 112

Enulose
 see **lactulose (encephalopathy) solution 10 gm/15ml** 174

E-ointment
 see **emollient - ointment** 162

epinephrine (anaphylaxis)
 see SYMJEPI INJ 0.15MG 299
 see SYMJEPI INJ 0.3MG 299

epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) 299

epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) 298

epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) 298

Epitol
 see **carbamazepine tab 200 mg**71

epoetin alfa-epbx
 see RETACRIT INJ 10000UNT.. 178
 see RETACRIT INJ 20000UNI .. 178
 see RETACRIT INJ 2000UNIT .. 178
 see RETACRIT INJ 3000UNIT .. 178
 see RETACRIT INJ 40000UNT.. 178
 see RETACRIT INJ 4000UNIT .. 178

Eq 1% Hydrocortisone
 see **hydrocortisone cream 1%** 159

Eq 12 Hour Mucus Relief
 see **guaifenesin tab er 12hr 600 mg** 146

Eq 8hr Arthritis Pain Rel
 see **acetaminophen tab er 650 mg** 44

Eq Acetaminophen
 see **acetaminophen tab 325 mg** 42

Eq Acetaminophen Extra St
 see **acetaminophen tab 500 mg** 43

Eq Acid Reducer
 see **cimetidine tab 200 mg** . 291

Eq All Day Pain Relief
 see **naproxen sodium tab 220 mg** 38

Eq Allergy Childrens
 see **loratadine syrup 5 mg/5ml** 98

Eq Allergy Relief
 see **cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)** 96
 see **cetirizine hcl tab 10 mg**.. 97
 see **diphenhydramine hcl cap 25 mg** 91

Eq Allergy Relief Childre
 see **cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)** 96
 see **diphenhydramine hcl liquid 12.5 mg/5ml** 93

Eq Antacid Extra Strength
 see **calcium carbonate (antacid) chew tab 750 mg** 59

Eq Antacid Maximum Streng
 see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml** 56

Eq Antacid Ultra Strength

- see **calcium carbonate (antacid) chew tab 1000 mg**60
- Eq Antacid/anti-gas
see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml**54
- Eq Aspirin
see **aspirin tab 325 mg**45
- Eq Athletes Foot
see **tolnaftate cream 1%** 155
- Eq Bacitracin Zinc
see **bacitracin zinc oint 500 unit/gm**..... 151
- Eq Calcium 500+d
see **calcium carbonate-cholecalciferol tab 500 mg-200 unit**..... 209
- Eq Calcium Citrate+d
see **calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)** 215
- Eq Calcium Citrate+d3
see **calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)** 215
- Eq Chlortabs
see **chlorpheniramine tab 4 mg**90
- Eq Cimetidine Acid Reduce
see **cimetidine tab 200 mg** .. 291
- Eq Clearlax
see **polyethylene glycol 3350 oral powder** 190
- Eq Complete Chewable Mult
see **pediatric multiple vitamins w/ iron chew tab 18 mg** .. 244
- Eq Complete Multivitamin
see **multiple vitamins w/ minerals tab** 228
- Eq Ear Drops
see **carbamide peroxide 6.5% otic soln**..... 271
- Eq Ear Wax Removal Aid
see **carbamide peroxide 6.5% otic soln** 271
- Eq Enema
see **sodium phosphates - enema** 192
- Eq Famotidine Maximum Str
see **famotidine tab 20 mg**... 292
- Eq Fiber Powder
see **wheat dextrin oral powder** 187
- Eq Fiber Therapy
see **calcium polycarbophil tab 625 mg** 185
see **psyllium cap 0.52 gm** ... 186
- Eq Gas Relief
see **simethicone cap 125 mg** 171
- Eq Hydrocortisone Maximu
see **hydrocortisone cream 1%** 159
- Eq Ibuprofen
see **ibuprofen tab 200 mg**..... 36
- Eq Ibuprofen Childrens
see **ibuprofen susp 100 mg/5ml**..... 36
- Eq Jock Itch
see **clotrimazole cream 1%** 153
- Eq Laxative Maximum Stren
see **sennosides tab 25 mg** .. 195
- Eq Lice Killing Maximum S
see **pyrethrins-piperonyl butoxide shampoo 0.33-4%** 166
- Eq Lidocaine Pain Relievi
see **lidocaine patch 4%** 164
- Eq Loratadine
see **loratadine rapidly-disintegrating tab 10 mg** ... 98
- Eq Lubricant Eye Drops Hi
see **polyethylene glycol-propylene glycol ophth soln 0.4-0.3%** 264

Eq Magnesium Citrate	see magnesium citrate soln 191
Eq Mineral Oil	see mineral oil 190
Eq Mucus Er	see guaifenesin tab er 12hr 600 mg 146
Eq Mucus-d	see pseudoephedrine-guaifenesin tab er 12hr 60-600 mg 144
Eq Multivitamins Children	see pediatric multiple vitamin w/ minerals & c chew tab 241
Eq Nasal Spray	see oxymetazoline hcl nasal soln 0.05% 253
Eq Natural Laxative	see sennosides tab 8.6 mg .. 194
Eq Natural Vegetable Laxa	see sennosides tab 8.6 mg .. 194
Eq Nicotine	see nicotine td patch 24hr 14 mg/24hr 281
	see nicotine td patch 24hr 21 mg/24hr 282
Eq Nicotine Lozenges	see nicotine polacrilex lozenge 4 mg 280
Eq Nicotine Polacrilex	see nicotine polacrilex gum 2 mg 277
	see nicotine polacrilex gum 4 mg 278
	see nicotine polacrilex lozenge 2 mg 279
	see nicotine polacrilex lozenge 4 mg 280
Eq Nicotine Step 3	see nicotine td patch 24hr 7 mg/24hr 281
Eq One Daily Womens Healt	see multiple vitamins w/ minerals tab 229
	Eq Pain & Fever Childrens
	see acetaminophen chew tab 160 mg 40
	Eq Pain Reliever
	see acetaminophen tab 500 mg 43
	Eq Pink-bismuth
	see bismuth subsalicylate chew tab 262 mg 85
	Eq Restore Plus Lubricant
	see carboxymethylcellulose sodium (pf) ophth soln 0.5% 263
	Eq Restore Pm
	see white petrolatum-mineral oil ophth ointment 266
	Eq Restore Tears
	see carboxymethylcellulose sodium ophth soln 0.5% . 263
	Eq Senna-s
	see sennosides-docusate sodium tab 8.6-50 mg 188
	Eq Stool Softener
	see docusate sodium cap 100 mg 196
	Eq Triple Antibiotic
	see neomycin-bacitracin-polymyxin oint 152
	Eq Tussin Dm Cough/chest
	see dextromethorphan-guaifenesin syrup 10-100 mg/5ml 140
	Eq Tussin Dm Max Cough An
	see dextromethorphan-guaifenesin liquid 10-200 mg/5ml 139
	Eq Vision Formula 50+
	see multiple vitamins w/ minerals cap 224
	Eq Acetaminophen

- see **acetaminophen tab 325 mg**
.....42
- Eql Acetaminophen Extra S
see **acetaminophen tab 500 mg**
.....43
- Eql Advanced Healing Oint
see **emollient - ointment**..... 162
- Eql All Day Allergy
see **cetirizine hcl tab 10 mg** ..97
- Eql All Day Allergy-d
see **cetirizine-pseudoephedrine
tab er 12hr 5-120 mg** 137
- Eql Allergy
see **chlorpheniramine tab 4 mg**
.....90
- Eql Allergy Relief
see **diphenhydramine hcl tab 25
mg**.....95
- Eql Allergy Relief Childr
see **diphenhydramine hcl tab
disint 12.5 mg**94
- Eql Allergy/congestion Re
see **loratadine &
pseudoephedrine tab er 24hr
10-240 mg**..... 143
- Eql Antacid
see **calcium carbonate
(antacid) chew tab 500 mg**59
- Eql Antacid Advanced Maxi
see **alum & mag hydroxide-
simethicone susp 400-400-
40 mg/5ml**56
- Eql Antacid Ultra Strengt
see **calcium carbonate
(antacid) chew tab 1000 mg**
.....60
- Eql Antacid/anti-gas
see **alum & mag hydroxide-
simethicone susp 200-200-
20 mg/5ml**54
- Eql Antifungal
see **tolnaftate cream 1%** 155
- Eql Anti-itch Maximum Str
see **hydrocortisone cream 1%**
..... 159
- Eql Anti-nausea
see **fructose-dextrose-
phosphoric acid oral soln**... 88
- Eql Aspirin Ec
see **aspirin tab delayed release
325 mg** 47
- Eql Aspirin Low Dose
see **aspirin chew tab 81 mg** .. 45
- Eql B-12
see **cyanocobalamin tab 1000
mcg**..... 176
- Eql B-6
see **pyridoxine hcl tab 100 mg**
..... 304
- Eql Calcium 600mg/vitamin
see **calcium carbonate-
cholecalciferol tab 600 mg-
800 unit** 211
- Eql Calcium Citrate/ Vita
see **calcium citrate-vitamin d
tab 315 mg-250 unit
(elemental ca)** 215
- Eql Calcium/vitamin D
see **calcium carbonate-
cholecalciferol tab 600 mg-
400 unit** 210
- Eql Century
see **multiple vitamins w/
minerals tab**..... 229
- Eql Century Mature
see **multiple vitamins w/
minerals tab**..... 229
- Eql Childrens Multivitami
see **pediatric multiple vitamins
w/ iron chew tab 18 mg** .. 244
- Eql Clearlax
see **polyethylene glycol 3350
oral powder**..... 190
- Eql Fiber Laxative
see **calcium polycarbophil tab
625 mg** 185

Eql Fiber Supplement
 see ***corn dextrin oral powder***
 185
 Eql Fiber Therapy
 see ***psyllium powder 28.3%*** 186
 see ***psyllium powder 48.57%***
 186
 Eql First Aid Antibiotic
 see ***neomycin-bacitracin-
 polymyxin oint***..... 152
 Eql Fish Oil
 see ***omega-3 fatty acids cap
 1000 mg*** 257
 Eql Gas Gone Extra Streng
 see ***simethicone chew tab 125
 mg***..... 172
 Eql Gas Relief Ultra Stre
 see ***simethicone cap 180 mg***
 172
 Eql Gentle Laxative
 see ***bisacodyl tab delayed
 release 5 mg***..... 193
 Eql Gummies Childrens
 see ***pediatric multiple vitamin
 w/ minerals & c chew tab*** 242
 Eql Heartburn Prevention
 see ***famotidine tab 10 mg*** ... 292
 Eql Heartburn Prevention/
 see ***famotidine tab 20 mg*** ... 292
 Eql Ibuprofen
 see ***ibuprofen tab 200 mg***37
 Eql Iron Supplement Thera
 see ***ferrous sulfate tab 325 mg
 (65 mg elemental fe)***..... 181
 Eql Laxative
 see ***bisacodyl tab delayed
 release 5 mg***..... 193
 Eql Laxative Eql Laxative
 see ***sennosides chew tab 15
 mg***..... 194
 Eql Laxative Maximum Stre
 see ***sennosides tab 25 mg***... 195
 Eql Motion Sickness Relie
 see ***meclizine hcl tab 25 mg*** . 88
 Eql Mucus-dm
 see ***dextromethorphan-
 guaifenesin tab er 12hr 30-
 600 mg*** 141
 Eql Nasal Spray No Drip 1
 see ***oxymetazoline hcl nasal
 soln 0.05%*** 253
 Eql Niacin Flush Free
 see ***niacin cap 500mg*** 118
 Eql Nicotine Polacrilex
 see ***nicotine polacrilex lozenge
 2 mg*** 279
 see ***nicotine polacrilex lozenge
 4 mg*** 280
 Eql Nighttime Sleep Aid
 see ***diphenhydramine hcl
 (sleep) tab 25 mg*** 182
 see ***doxylamine succinate
 (sleep) tab 25 mg*** 183
 Eql Omega 3 Fish Oil
 see ***omega-3 fatty acids cap
 1200 mg***..... 258
 Eql Omega-3 Fish Oil
 see ***omega-3 fatty acids cap
 delayed release 1000 mg*** 258
 see ***omega-3 fatty acids cap
 delayed release 1200 mg*** 259
 Eql One Daily Mens 50+ Ad
 see ***multiple vitamins w/
 minerals tab***..... 229
 Eql Ready-to-use Enema
 see ***sodium phosphates -
 enema***..... 192
 Eql Slow Release Iron
 see ***ferrous sulfate dried tab er
 160 mg (50 mg fe
 equivalent)*** 180
 Eql Stomach Relief
 see ***bismuth subsalicylate chew
 tab 262 mg***..... 85
 Eql Stool Softener/stimul

see sennosides-docusate sodium tab 8.6-50 mg	188
EqI Super B Complex/vitam	
see b-complex w/ c & folic acid tab	222
EqI Tussin Dm Cough/chest	
see dextromethorphan-guaifenesin syrup 10-100 mg/5ml	140
EqI Vision Formula	
see multiple vitamins w/ minerals tab	229
EqI Vitamin D3	
see cholecalciferol cap 5000 unit	300
EqI Vitamin D3 Gummies	
see cholecalciferol chew tab 1000 unit	301
ERAPID NEB MIS HANDSET.....	204
ergocalciferol cap 1.25 mg (50000 unit)	303
erlotinib hcl tab 100 mg (base equivalent)	107
erlotinib hcl tab 150 mg (base equivalent)	107
erlotinib hcl tab 25 mg (base equivalent)	107
Errin	
see norethindrone tab 0.35 mg	134
ertugliflozin l-pyroglutamic acid	
see STEGLATRO TAB 15MG.....	84
see STEGLATRO TAB 5MG.....	84
ertugliflozin-metformin hcl	
see SEGLUROMET TAB 2.5-100080	
see SEGLUROMET TAB 2.5-500	.80
see SEGLUROMET TAB 7.5-100080	
see SEGLUROMET TAB 7.5-500	.80
erythromycin ethylsuccinate for susp 200 mg/5ml	197
erythromycin ophth oint 5 mg/gm	267
erythromycin soln 2%	148
escitalopram oxalate soln 5 mg/5ml (base equiv)	75
escitalopram oxalate tab 10 mg (base equiv)	75
escitalopram oxalate tab 20 mg (base equiv)	75
escitalopram oxalate tab 5 mg (base equiv)	75
Eskimo Purefa	
see omega-3 fatty acids cap 1000 mg	257
esomeprazole magnesium cap delayed release 20 mg (base eq)	293
ESSENT AMINO POW ACID MIX.	260
Essentia	
see multiple vitamins w/ minerals tab	229
Essential Balance	
see multiple vitamins w/ minerals tab	229
ESSENTRA MIS 9X9.....	199
Estarylla	
see norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	131
estazolam tab 1 mg	184
estazolam tab 2 mg	184
estradiol tab 0.5 mg	171
estradiol tab 1 mg	171
estradiol tab 2 mg	171
estradiol vaginal cream 0.1 mg/gm	298
estradiol vaginal tab 10 mcg	298
estradiol valerate-dienogest	
see NATAZIA TAB.....	126
etanercept	
see ENBREL INJ 25/0.5ML.....	39
see ENBREL INJ 25MG.....	39
see ENBREL INJ 50MG/ML.....	39
see ENBREL MINI INJ 50MG/ML	39
see ENBREL SRCLK INJ 50MG/ML.....	39

ethambutol hcl tab 100 mg ... 106
ethambutol hcl tab 400 mg ... 106
ethosuximide cap 250 mg74
ethosuximide soln 250 mg/5ml
74
 ETHYL OLEATE LIQ 120
**ethynodiol diacetate & ethinyl
 estradiol tab 1 mg-35 mcg** . 123
**ethynodiol diacetate & ethinyl
 estradiol tab 1 mg-50 mcg** . 123
etodolac tab 400 mg35
etodolac tab 500 mg35
etonogestrel
 see NEXPLANON IMP 68MG 134
**etonogestrel-ethinyl estradiol va
 ring 0.120-0.015 mg/24hr** . 133
etoposide cap 50 mg 110
 EUFLEXXA INJ 10MG/ML 251
 Euthyrox
 see **levothyroxine sodium tab
 100 mcg** 285
 see **levothyroxine sodium tab
 112 mcg** 285
 see **levothyroxine sodium tab
 125 mcg** 285
 see **levothyroxine sodium tab
 137 mcg** 286
 see **levothyroxine sodium tab
 150 mcg** 286
 see **levothyroxine sodium tab
 175 mcg** 286
 see **levothyroxine sodium tab
 200 mcg** 286
 see **levothyroxine sodium tab
 25 mcg** 284
 see **levothyroxine sodium tab
 50 mcg** 284
 see **levothyroxine sodium tab
 75 mcg** 284
 see **levothyroxine sodium tab
 88 mcg** 285
 Evac-u-gen
 see **sennosides tab 8.6 mg**.. 194

evolocumab
 see REPATHA INJ 140MG/ML.. 101
 see REPATHA PUSH INJ 420/3.5
 102
 see REPATHA SURE INJ 140MG/ML
 102
 Ex-lax Ultra
 see **bisacodyl tab delayed
 release 5 mg** 193
 Eye Allergy Itch Relief
 see **olopatadine hcl ophth soln
 0.2% (base equivalent)** .. 270
 Eye Allergy Itch/redness
 see **olopatadine hcl ophth soln
 0.1% (base equivalent)** .. 270
 Eye Itch Relief
 see **ketotifen fumarate ophth
 soln 0.025% (base equiv)** 270
 Eye Vitamins
 see **multiple vitamins w/
 minerals cap** 224
 Eyeprotect
 see **multiple vitamins w/
 minerals tab** 229
 Eye-vites
 see **multiple vitamins w/
 minerals tab** 229
 EYSUVIS DRO 0.25%..... 269
ezetimibe tab 10 mg..... 101
F
 FALESSA KIT 123
 Falmina
 see **levonorgestrel & ethinyl
 estradiol tab 0.1 mg-20 mcg**
 125
famciclovir tab 125 mg 113
famciclovir tab 250 mg 113
famciclovir tab 500 mg 113
famotidine for susp 40 mg/5ml
 291, 292
famotidine tab 10 mg 292
famotidine tab 20 mg 292
famotidine tab 40 mg 292

fatty acid base
 see PCCA MBK MIS FAT ACID.. 274

Fayosim
 see **levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg** 123

fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg 178, 179

Fe Tabs
 see **ferrous sulfate tab ec 325 mg (65 mg fe equivalent)** 181

Feenamint
 see **bisacodyl tab delayed release 5 mg** 193

felodipine tab er 24hr 10 mg. 117

felodipine tab er 24hr 2.5 mg 117

felodipine tab er 24hr 5 mg .. 117

FEMCAP MIS 22MM 198

FEMCAP MIS 26MM 198

FEMCAP MIS 30MM 198

Femynor
 see **norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg** 131

fenofibrate tab 145 mg 101

fenofibrate tab 160 mg 101

fenofibrate tab 48 mg 101

fenofibrate tab 54 mg 101

fentanyl td patch 72hr 100 mcg/hr 48

fentanyl td patch 72hr 12 mcg/hr 48

fentanyl td patch 72hr 25 mcg/hr 48

fentanyl td patch 72hr 50 mcg/hr 48

fentanyl td patch 72hr 75 mcg/hr 48

Ferate
 see **ferrous gluconate tab 240 mg (27 mg elemental fe)** . 179

Fergon

see **ferrous gluconate tab 240 mg (27 mg elemental fe)**. 179

Ferocon
 see **fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg** 178

Ferosul
 see **ferrous sulfate tab 325 mg (65 mg elemental fe)** 181

Ferottrinsic
 see **fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg** 178

Ferrex 150
 see **polysaccharide iron complex cap 150 mg (iron equivalent)** 182

Ferric X-150
 see **polysaccharide iron complex cap 150 mg (iron equivalent)** 182

Ferrocite
 see **ferrous fumarate tab 324 mg (106 mg elemental fe)** 179

Ferotabs
 see **ferrous gluconate tab 240 mg (27 mg elemental fe)**. 179

ferrous fumarate tab 324 mg (106 mg elemental fe) 179

FERROUS GLUC TAB 324MG 179

ferrous gluconate tab 240 mg (27 mg elemental fe) 179

ferrous gluconate tab 324 mg (37.5 mg elemental iron)... 179

FERROUS SULF LIQ 44MG/5ML.. 179

FERROUS SULF TAB 324MG EC . 180

ferrous sulfate dried tab 200 mg (65 mg elemental fe) 180

ferrous sulfate dried tab er 160 mg (50 mg fe equivalent) .. 180

ferrous sulfate dried tab er 45 mg (fe equivalent) 180

ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe) 180

ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)... 180, 181

ferrous sulfate tab 325 mg (65 mg elemental fe)..... 181

ferrous sulfate tab ec 325 mg (65 mg fe equivalent) 181

ferrous sulfate tab er 142 mg (45 mg fe equivalent) .181, 182

ferrous sulfate tab er 50 mg (elemental fe) 181

Feverall Adults
see **acetaminophen suppos 650 mg**.....41

Feverall Childrens
see **acetaminophen suppos 120 mg**.....41

FEVERALL INF SUP 80MG.....44

Fe-vite Iron
see **ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)** 181

Fiber Laxative
see **calcium polycarbophil tab 625 mg** 185

Fiber-lax
see **calcium polycarbophil tab 625 mg** 185

filgrastim-aafi
see NIVESTYM INJ 300/0.5..... 178
see NIVESTYM INJ 480/0.8..... 178

filgrastim-sndz
see ZARXIO INJ 300/0.5 178
see ZARXIO INJ 480/0.8 178

FILTER AIR MIS PP..... 204

finasteride tab 5 mg 175

fingolimod hcl
see GILENYA CAP 0.5MG 276

First Aid Antibiotic
see **neomycin-bacitracin-polymyxin oint** 152

FIRST-OMEPRA SUS 2MG/ML 293

FIRVANQ SOL 25MG/ML 61

FIRVANQ SOL 50MG/ML 61

Fish Oil Concentrate
see **omega-3 fatty acids cap 1000 mg**..... 257

Flanders Buttocks
see **emollient - ointment** 162

flavoxate hcl tab 100 mg 294

flecainide acetate tab 100 mg 66

flecainide acetate tab 150 mg 66

flecainide acetate tab 50 mg .. 66

FLEXICHAMBER MIS 204

Flintstones Complete
see **pediatric multiple vitamins w/ iron chew tab 18 mg** .. 245

Flintstones Gummies Plus
see **pediatric multiple vitamin w/ c & fa chew tab**..... 246

see **pediatric multiple vitamin w/ minerals & c chew tab** 242

Flintstones Plus Calcium
see **pediatric multiple vitamin w/ c & fa chew tab**..... 246

Flintstones Plus Extra C
see **pediatric multiple vitamin w/ extra c & fa chew tab** . 246

Flintstones W/iron
see **pediatric multiple vitamins w/ iron chew tab 18 mg** .. 245

Flintstones/my First
see **pediatric multiple vitamin w/ c & fa chew tab** 246

FLOVENT HFA AER 110MCG 67

FLOVENT HFA AER 44MCG..... 67

FLUARIX QUAD INJ 2021-22 295

FLUBLOK QUAD INJ 2021-22 295

FLUCLVX QUAD INJ 2021-22..... 295

fluconazole for susp 10 mg/ml89

fluconazole for susp 40 mg/ml89

fluconazole tab 100 mg 89

fluconazole tab 150 mg	89	see FLOVENT HFA AER 110MCG	67
fluconazole tab 200 mg	89	see FLOVENT HFA AER 44MCG..	67
fluconazole tab 50 mg	89	fluticasone propionate nasal	
fludrocortisone acetate tab 0.1		susp 50 mcg/act	252
mg	136	fluticasone propionate oint	
FLULAVAL QUA INJ 2021-22.....	296	0.005%	158
FLUMIST QUAD SUS 2021-22	296	fluticasone-salmeterol aer	
fluocinolone acetonide cream		powder ba 100-50 mcg/dose	68
0.025%	158	fluticasone-salmeterol aer	
fluocinolone acetonide oil 0.01%		powder ba 113-14 mcg/act .	68
(body oil)	158	fluticasone-salmeterol aer	
fluocinolone acetonide oil 0.01%		powder ba 232-14 mcg/act .	68
(scalp oil)	158	fluticasone-salmeterol aer	
fluocinolone acetonide oint		powder ba 250-50 mcg/dose	69
0.025%	158	fluticasone-salmeterol aer	
fluocinonide cream 0.05%	158	powder ba 500-50 mcg/dose	69
fluocinonide emulsified base		fluticasone-salmeterol aer	
cream 0.05%	158	powder ba 55-14 mcg/act ...	68
fluocinonide gel 0.05%	158	fluticasone-umeclidinium-	
fluocinonide oint 0.05%	158	vilanterol	
fluocinonide soln 0.05%	158	see TREGY AER ELLIPTA.....	69
fluorometholone ophth susp		fluvoxamine maleate tab 100 mg	
0.1%	269	.....	76
fluorouracil cream 5%	156	fluvoxamine maleate tab 25 mg	
fluoxetine hcl cap 10 mg	75	.....	76
fluoxetine hcl cap 20 mg	75	fluvoxamine maleate tab 50 mg	
fluoxetine hcl cap 40 mg	76	.....	76
fluoxetine hcl solution 20		FLUZONE QUAD INJ 2021-22	296
mg/5ml	76	FLYP HYPERSO MIS CARTRIDG..	204
flurazepam hcl cap 15 mg	184	Folate	
flurazepam hcl cap 30 mg	184	see folic acid tab 400 mcg ..	177
flurbiprofen sodium ophth soln		Folbee Plus	
0.03%	269	see b-complex w/ c & folic acid	
flurbiprofen tab 100 mg	35	tab 5 mg- rx	222
flurbiprofen tab 50 mg	35	folic acid tab 1 mg	177
flutamide cap 125 mg	108	folic acid tab 400 mcg	177
fluticasone furoate (inhalation)		folic acid tab 800 mcg	177
see ARNUITY ELPT INH 100MCG	67	Foltrin	
see ARNUITY ELPT INH 200MCG	67	see fe fumarate w/ b12-vit c-	
see ARNUITY ELPT INH 50MCG	.67	fa-ifc cap 110-0.015-75-0.5-	
fluticasone propionate cream		240 mg	179
0.05%	158		
fluticasone propionate hfa			

fondaparinux sodium subcutaneous inj 10 mg/0.8ml.....70	fructose-dextrose-phosphoric acid oral soln .....88, 89
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml.....70	Fruity Chews see pediatric multiple vitamin w/ c & fa chew tab 246
fondaparinux sodium subcutaneous inj 5 mg/0.4ml.....70	Fruity Chews/iron see pediatric multiple vitamins w/ iron chew tab 15 mg .. 244
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml.....70	FULL KIT NEB MIS SET..... 204
Foot Repair Serum see tolnaftate soln 1% 156	Fungal Nail Eraser see tolnaftate soln 1% 156
For Sty Relief see white petrolatum-mineral oil ophth ointment 266	Fungicure Intensive With see clotrimazole soln 1% ... 154
Formula 3 The Treatment see tolnaftate soln 1% 156	Fungi-guard see tolnaftate cream 1% 155
Formula 7 The Solution see tolnaftate soln 1% 156	furosemide oral soln 10 mg/ml 168
fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg 105	furosemide oral soln 8 mg/ml 168
fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg 105	furosemide tab 20 mg 168
fosinopril sodium tab 10 mg . 102	furosemide tab 40 mg 168
fosinopril sodium tab 20 mg . 102	furosemide tab 80 mg 168
fosinopril sodium tab 40 mg . 102	Fyavolv see norethindrone acetate- ethinyl estradiol tab 0.5 mg- 2.5 mcg 171
FRAGMIN INJ 10000/ML .....71	see norethindrone acetate- ethinyl estradiol tab 1 mg-5 mcg 171
FRAGMIN INJ 12500UNT.....71	G
FRAGMIN INJ 15000UNT.....71	G Tussin Ac see guaifenesin-codeine soln 100-10 mg/5ml 141
FRAGMIN INJ 18000UNT.....71	G5/G4 MIS SENSOR 199
FRAGMIN INJ 2500/0.2.....70	gabapentin cap 100 mg 72
FRAGMIN INJ 5000/0.2.....70	gabapentin cap 300 mg 72
FRAGMIN INJ 7500/0.3.....71	gabapentin cap 400 mg 72
FREAMINE III INJ 10% 261	gabapentin oral soln 250 mg/5ml 72
FREESTY LIBR KIT 2 SENSOR 198	gabapentin tab 600 mg 72
FREESTY LIBR MIS 2 READER.... 199	gabapentin tab 800 mg 72
FREESTYLE LIBRE READER..... 199	galantamine hydrobromide cap er 24hr 16 mg 275
FREESTYLE LIBRE SENSOR 199	

galantamine hydrobromide cap er 24hr 24 mg	275	Gavilyte-c see peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	188
galantamine hydrobromide cap er 24hr 8 mg	275	Gavilyte-g see peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	188
galantamine hydrobromide tab 12 mg	275	Gavilyte-n/flavor Pack see peg 3350-kcl-sod bicarb-nacl for soln 420 gm	188
galantamine hydrobromide tab 4 mg	275	gemfibrozil tab 600 mg	101
galantamine hydrobromide tab 8 mg	275	Gemmily see norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	130
ganciclovir ophthalmic see ZIRGAN GEL 0.15%	268	Genaphed see pseudoephedrine hcl tab 30 mg	255
GARDASIL 9 INJ	296	Generlac see lactulose (encephalopathy) solution 10 gm/15ml	174
Gas Relief see simethicone chew tab 80 mg	172	Gengraf see cyclosporine modified cap 100 mg	220
see simethicone susp 40 mg/0.6ml	173	see cyclosporine modified cap 25 mg	220
Gas Relief Extra Strength see simethicone cap 125 mg	172	see cyclosporine modified oral soln 100 mg/ml	220
see simethicone chew tab 125 mg	172	Gentak see gentamicin sulfate ophth oint 0.3%	268
Gas Relief Infants see simethicone liquid 40 mg/0.6ml	173	gentamicin sulfate cream 0.1%	151
see simethicone susp 40 mg/0.6ml	173	gentamicin sulfate oint 0.1%	151
Gas Relief Ultra Strength see simethicone cap 180 mg	172	gentamicin sulfate ophth oint 0.3%	268
Gas-x Extra Strength see simethicone cap 125 mg	172	gentamicin sulfate ophth soln 0.3%	268
Gas-x Infant Drops see simethicone liquid 40 mg/0.6ml	173	Genteal Tears Liquid Drop see artificial tear ophth solution	262
Gas-x Ultra Strength see simethicone cap 180 mg	172	Genteal Tears Night-time	
Gavilax see polyethylene glycol 3350 oral powder	190		

see white petrolatum-mineral oil ophth ointment	266	see multiple vitamins w/ minerals tab	229
Gentle Laxative		GILENYA CAP 0.5MG	276
see bisacodyl suppos 10 mg	192	Giltuss Cough & Chest Con	
see bisacodyl tab delayed release 5 mg	193	see dextromethorphan-guaifenesin liquid 10-100 mg/5ml	138
Gentlelax		Giltuss Diabetic Cough &	
see polyethylene glycol 3350 oral powder	190	see dextromethorphan-guaifenesin liquid 10-100 mg/5ml	138
Gerber Grow Mighty		Giltuss Honey Cough & Che	
see pediatric multiple vitamin w/ c & fa chew tab	246	see dextromethorphan-guaifenesin liquid 10-100 mg/5ml	138
Geri-dryl		Giltuss Severe Sinus	
see diphenhydramine hcl liquid 12.5 mg/5ml	93	see oxymetazoline hcl nasal soln 0.05%	253
Geri-dryl Allergy Relief		glatiramer acetate soln prefilled syringe 20 mg/ml	276
see diphenhydramine hcl tab 25 mg	95	glatiramer acetate soln prefilled syringe 40 mg/ml	276
Geri-kot		Glatopa	
see sennosides tab 8.6 mg ..	194	see glatiramer acetate soln prefilled syringe 20 mg/ml	276
Geri-lanta		see glatiramer acetate soln prefilled syringe 40 mg/ml	276
see alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	54	GLEOSTINE CAP 100MG	107
Geri-lanta Supreme		GLEOSTINE CAP 10MG	107
see calcium carbonate-mag hydroxide susp 400-135 mg/5ml	58	GLEOSTINE CAP 40MG	107
Geri-mox		glimepiride tab 1 mg	84
see alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	54	glimepiride tab 2 mg	84
Geri-pectate		glimepiride tab 4 mg	84
see bismuth subsalicylate susp 262 mg/15ml	85	glipizide tab 10 mg	84
Geri-tussin		glipizide tab 5 mg	84
see guaifenesin liquid 100 mg/5ml	145	glipizide tab er 24hr 10 mg	84
Geri-tussin Dm		glipizide tab er 24hr 2.5 mg ...	84
see dextromethorphan-guaifenesin syrup 10-100 mg/5ml	140	glipizide tab er 24hr 5 mg	84
Gerivite Complete		Glipizide XI	
		see glipizide tab er 24hr 10 mg	84

see **glipizide tab er 24hr 2.5 mg**84
 see **glipizide tab er 24hr 5 mg**84
 GLUCAGEN INJ HYPOKIT.....81
glucagon
 see BAQSIMI ONE POW
 3MG/DOSE81
 see BAQSIMI TWO POW
 3MG/DOSE81
glucagon (rdna) for inj kit 1 mg
81
glucagon hcl (rdna)
 see GLUCAGEN INJ HYPOKIT81
glucose blood
 see RELION TRUE TES METRIX 167
 see TRUE METRIX TES GLUCOSE
 167
 GLUCOSE CHEW TABS.....81
glucose-vitamin c
 see GLUCOSE CHEW TABS81
 Glucoten
 see **multiple vitamins w/
 minerals cap** 224
 GLUTARADE JR POW GA-1 261
 GLUTARADE POW AMINO..... 261
 GLUTARADE POW ESSENTIA 261
 GLUTARADE POW JUNIOR..... 261
glyburide micronized tab 1.5 mg
84
glyburide micronized tab 3 mg84
glyburide micronized tab 6 mg84
glyburide tab 1.25 mg.....84
glyburide tab 2.5 mg.....84
glyburide tab 5 mg84
**glyburide-metformin tab 1.25-
 250 mg**80
**glyburide-metformin tab 2.5-
 500 mg**80
**glyburide-metformin tab 5-500
 mg**80
glycerin suppos 1.2 gm 189
glycerin suppos 2 gm..... 189

glycerin suppos 2.1 gm 189
glycerin suppos 80.7%..... 189
**glycerin-hypromellose-peg 400
 ophth soln 0.2-0.2-1%**..... 264
 Glycolax
 see **polyethylene glycol 3350
 oral powder**..... 190
glycopyrrolate
 see CUVPOSA SOL 1MG/5ML .. 290
glycopyrrolate tab 1 mg 290
glycopyrrolate tab 2 mg 290
 Glydo
 see **lidocaine hcl
 urethral/mucosal gel
 prefilled syringe 2%**..... 164
 Gnp 24 Hour Nasal Allerg
 see **triamcinolone acetonide
 nasal aerosol suspension 55
 mcg/act** 253
 Gnp 8 Hour Arthritis Reli
 see **acetaminophen tab er 650
 mg** 44
 Gnp Acetaminophen
 see **acetaminophen tab 325 mg**
 42
 Gnp Adult Aspirin Low Str
 see **aspirin chew tab 81 mg**.. 45
 Gnp All Day Allergy
 see **cetirizine hcl tab 10 mg**.. 97
 Gnp Allergy & Congestion
 see **loratadine &
 pseudoephedrine tab er 24hr
 10-240 mg** 143
 Gnp Allergy Relief
 see **chlorpheniramine tab 4 mg**
 90
 see **diphenhydramine hcl cap
 25 mg** 91
 see **diphenhydramine hcl chew
 tab 12.5 mg**..... 92
 see **diphenhydramine hcl tab 25
 mg** 95
 Gnp Antacid & Anti-gas/re

see alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	54	see calcium carbonate-cholecalciferol tab 600 mg-800 unit	211
Gnp Antacid And Anti-gas/ see alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	56	Gnp Calcium Citrate +d3 see calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)	215
Gnp Antacid Anti-gas/maxi see alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	56	Gnp Calcium Citrate+d3 Ma see calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)	215
Gnp Antacid Extra Strengt see aluminum hydroxide-magnesium carbonate chew tab 160-105 mg	58	Gnp Century see multiple vitamins w/ minerals tab	229
see calcium carbonate (antacid) chew tab 750 mg	59	Gnp Century Adults 50+ Se see multiple vitamins w/ minerals tab	229
Gnp Antacid Ultra Strengt see calcium carbonate (antacid) chew tab 1000 mg	60	Gnp Century Mature Formul see multiple vitamins w/ minerals tab	229
Gnp Antacid/regular Stren see alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	54	Gnp Century Ultimate Wome see multiple vitamins w/ minerals tab	229
Gnp Anti-gas see simethicone cap 180 mg	172	Gnp Childrens Chewables/e see pediatric multiple vitamin w/ extra c & fa chew tab .	246
Gnp Aspirin see aspirin tab 325 mg	45	Gnp Childrens Chewables/i see pediatric multiple vitamins w/ iron chew tab 15 mg ..	244
see aspirin tab delayed release 325 mg	47	Gnp Clearlax see polyethylene glycol 3350 oral powder	190
see aspirin tab delayed release 81 mg	46	Gnp Clotrimazole 3 see clotrimazole vaginal cream 2%	297
Gnp B-12 see cyanocobalamin sl tab 2500 mcg	176	Gnp D 1000 see cholecalciferol cap 25 mcg (1000 unit)	299
Gnp Best Fiber see wheat dextrin oral powder	187	Gnp D 2000 see cholecalciferol chew tab 1000 unit	301
Gnp Calcium 600 +d3		Gnp Earwax Removal Drops	

- see **carbamide peroxide 6.5% otic soln**..... 271
- Gnp Earwax Removal Kit
 - see **carbamide peroxide 6.5% otic soln**..... 271
- Gnp Essential One Daily
 - see **multiple vitamin tab** 239
- Gnp Eye Drops Long Lastin
 - see **polyethylene glycol-propylene glycol ophth soln 0.4-0.3%** 264
- Gnp Fiber-caps
 - see **calcium polycarbophil tab 625 mg** 185
- Gnp Fish Oil
 - see **omega-3 fatty acids cap 1000 mg** 257
 - see **omega-3 fatty acids cap delayed release 1000 mg** . 259
- Gnp Fish Oil Maximum Stre
 - see **omega-3 fatty acids cap delayed release 1200 mg** . 259
- Gnp Gas Relief
 - see **simethicone chew tab 80 mg**..... 172
- Gnp Gas Relief Extra Stre
 - see **simethicone chew tab 125 mg**..... 172
- Gnp Gentle Laxative
 - see **bisacodyl tab delayed release 5 mg**..... 193
- Gnp Glycerin Adult
 - see **glycerin suppos 2.1 gm** . 189
- Gnp Glycerin Child
 - see **glycerin suppos 1.2 gm** . 189
- Gnp Healthy Eyes
 - see **multiple vitamins w/ minerals tab** 229
- Gnp Healthy Eyes Supervis
 - see **multiple vitamins w/ minerals cap** 224
- Gnp Home Lice/bedbug/dust
 - see **permethrin aerosol 0.5%** 165
- Gnp Hydrocortisone Plus
 - see **hydrocortisone cream 1%** 159
- Gnp Ibuprofen Childrens
 - see **ibuprofen chew tab 100 mg** 35
- Gnp Infant Gas Relief
 - see **simethicone susp 40 mg/0.6ml**..... 173
- Gnp Iron
 - see **ferrous sulfate dried tab 200 mg (65 mg elemental fe)** 180
 - see **ferrous sulfate tab er 142 mg (45 mg fe equivalent)** 181
- Gnp Lice Treatment
 - see **pyrethrins-piperonyl butoxide shampoo 0.33-4%** 166
- Gnp Lidocaine Pain Relief
 - see **lidocaine patch 4%** 164
- Gnp Little Ones Childrens
 - see **pediatric multiple vitamin w/ c & fa chew tab**..... 246
- Gnp Loratadine
 - see **loratadine rapidly-disintegrating tab 10 mg** ... 98
- Gnp Lubricating Plus Eye
 - see **carboxymethylcellulose sodium (pf) ophth soln 0.5%** 263
- Gnp Mega Multi For Men
 - see **multiple vitamins w/ minerals tab** 229
- Gnp Mega Multi For Women
 - see **multiple vitamins w/ minerals tab** 229
- Gnp Miconazorb Af
 - see **miconazole nitrate powder 2%**..... 154
- Gnp Milk Of Magnesia

see magnesium hydroxide susp 400 mg/5ml	191	see nicotine td patch 24hr 14 mg/24hr	281
Gnp Mineral Oil		see nicotine td patch 24hr 7 mg/24hr	281
see mineral oil	190	Gnp Olopatadine Hydrochlo	
Gnp Mucus Er		see olopatadine hcl ophth soln 0.1% (base equivalent) ..	270
see guaifenesin tab er 12hr 600 mg	146	see olopatadine hcl ophth soln 0.2% (base equivalent) ..	270
Gnp Nasal Decongestant/ma		Gnp One Daily Mens Health	
see pseudoephedrine hcl tab 30 mg	255	see multiple vitamins w/ minerals tab	229
Gnp Nasal Spray		Gnp One Daily Womens Heal	
see oxymetazoline hcl nasal soln 0.05%	253	see multiple vitamins w/ minerals tab	229
Gnp Natural Fiber		Gnp Pink Bismuth	
see psyllium cap 0.52 gm	186	see bismuth subsalicylate tab 262 mg	86
see psyllium powder 28.3%	186	Gnp Senna Lax	
see psyllium powder 48.57%	186	see sennosides tab 8.6 mg .	194
Gnp Nausea Relief		Gnp Stool Softener	
see fructose-dextrose-phosphoric acid oral soln ...	88	see docusate calcium cap 240 mg	195
Gnp Nicotine Gum		Gnp Tab Tussin	
see nicotine polacrilex gum 2 mg	277	see guaifenesin tab 400 mg	146
see nicotine polacrilex gum 4 mg	278	Gnp Terbinafine Hydrochlo	
Gnp Nicotine Mini Lozenge		see terbinafine hcl cream 1%	155
see nicotine polacrilex lozenge 2 mg	279	Gnp Therapeutic-m	
see nicotine polacrilex lozenge 4 mg	280	see multiple vitamins w/ minerals tab	229
Gnp Nicotine Polacrilex		Gnp Triple Antibiotic	
see nicotine polacrilex gum 2 mg	277	see neomycin-bacitracin-polymyxin oint	152
see nicotine polacrilex gum 4 mg	278	Gnp Tussin Dm	
see nicotine polacrilex lozenge 2 mg	279	see dextromethorphan-guaifenesin liquid 10-100 mg/5ml	138
Gnp Nicotine Polacrilex M		Gnp Tussin Dm Cough	
see nicotine polacrilex lozenge 4 mg	280	see dextromethorphan-guaifenesin liquid 10-100 mg/5ml	138
Gnp Nicotine Transdermal		Gnp Tussin Mucus & Chest	

see guaifenesin liquid 100 mg/5ml	145
Gnp Vitamin B-12	
see cyanocobalamin tab 500 mcg	176
Gnp Vitamin B-12 Prolonge	
see cyanocobalamin tab er 1000 mcg	177
Gnp Vitamin B-6	
see pyridoxine hcl tab 100 mg	304
Gnp Vitamin D	
see cholecalciferol tab 1000 unit	302
Gnp Vitamin D Super Stren	
see cholecalciferol tab 5000 unit	302
Gnp Vitamin D3 Extra Stre	
see cholecalciferol tab 1000 unit	302
Gnp Womens Gentle Laxativ	
see bisacodyl tab delayed release 5 mg	193
Goodsense Antacid & Gas R	
see alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	54
Goodsense Antacid/ultra S	
see calcium carbonate (antacid) chew tab 1000 mg	60
Goodsense Anti-itch Maxim	
see hydrocortisone oint 1%	160
Goodsense Arthritis Pain	
see diclofenac sodium gel 1%	151
Goodsense Artificial Tear	
see polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)	265
Goodsense Aspirin	
see aspirin tab delayed release 81 mg	46
Goodsense Aspirin Low Dos	
see aspirin tab delayed release 81 mg	46
Goodsense Ear Wax Removal	
see carbamide peroxide 6.5% otic soln	271
Goodsense Fiber	
see methylcellulose tab 500 mg	185
Goodsense Laxative Pills	
see sennosides tab 25 mg ..	195
Goodsense Lubricant Eye D	
see polyethylene glycol-propylene glycol pf op soln 0.4-0.3%	265
Goodsense Lubricating Plu	
see carboxymethylcellulose sodium (pf) ophth soln 0.5%	263
Goodsense Mineral Oil Lub	
see mineral oil	191
Goodsense Nasal Allergy S	
see triamcinolone acetonide nasal aerosol suspension 55 mcg/act	253
Goodsense Nausea Relief	
see fructose-dextrose-phosphoric acid oral soln ...	88
Goodsense Nicotine Gum	
see nicotine polacrilex gum 4 mg	278
Goodsense Pain Relief Max	
see lidocaine patch 4%	164
Goodsense Ready To Use En	
see sodium phosphates - enema	192
Goodsense Senna Laxative	
see sennosides tab 8.6 mg .	194
Goodsense Stimulant Laxat	
see sennosides-docusate sodium tab 8.6-50 mg	188
Goodsense Ultra Lubricant	

see **polyethylene glycol-propylene glycol ophth soln 0.4-0.3%** 264
 Goodsense Womens Laxative
 see **bisacodyl tab delayed release 5 mg** 193
 G-PREPROTEIN LIQ 261
granisetron hcl tab 1 mg 87
griseofulvin microsize susp 125 mg/5ml 89
 Guaiasorb Dm
 see **dextromethorphan-guaifenesin liquid 10-100 mg/5ml** 138
 Guaiatussin Ac
 see **guaifenesin-codeine soln 100-10 mg/5ml** 141
 Guaicon Dms
 see **dextromethorphan-guaifenesin syrup 10-100 mg/5ml** 140
 Guaifenesin Ac
 see **guaifenesin-codeine soln 100-10 mg/5ml** 141
guaifenesin liquid 100 mg/5ml 145
guaifenesin syrup 100 mg/5ml 146
guaifenesin tab 200 mg 146
guaifenesin tab 400 mg 146
guaifenesin tab er 12hr 600 mg 146, 147
guaifenesin-codeine soln 100-10 mg/5ml 141, 142
guanfacine hcl tab 1 mg 103
guanfacine hcl tab 2 mg 103
guanfacine hcl tab er 24hr 1 mg (base equiv) 30
guanfacine hcl tab er 24hr 2 mg (base equiv) 30
guanfacine hcl tab er 24hr 3 mg (base equiv) 30

guanfacine hcl tab er 24hr 4 mg (base equiv) 31
 Gummi Bear Multivitamin/m
 see **pediatric multiple vitamin w/ minerals & c chew tab** 242
 Gynecort 10
 see **hydrocortisone acetate cream 1%** 158
 GYNOL II GEL 3% 297
H
 Habitrol
 see **nicotine td patch 24hr 21 mg/24hr** 282
 Hailey 1.5/30
 see **norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg** 128
 Hailey 24 Fe
 see **norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)** 130
 Hailey Fe 1.5/30
 see **norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg** 129
 Hailey Fe 1/20
 see **norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg** 128
 Hair Formula Extra Streng
 see **multiple vitamins w/ minerals tab** 230
 Hair Skin And Nails Formu
 see **multiple vitamins w/ minerals tab** 230
 Hair Vitamins
 see **multiple vitamins w/ minerals tab** 230
 Hair/skin/nails
 see **multiple vitamins w/ minerals cap** 224
 see **multiple vitamins w/ minerals tab** 230

halobetasol propionate cream	HEMANGEOL SOL 4.28/ML.....	114
0.05%	Hematogen	
halobetasol propionate oint	see iron combination cap	179
0.05%	Hemorrhoidal	
HAVRIX INJ 1440UNIT.....	see pramox-pe-glycerin-	
HAVRIX INJ 720UNIT	petrolatum rectal cream 1-	
Healthy Eyes	0.25-14.4-15%	52
see multiple vitamins w/	Hemorrhoidal Maximum Stre	
minerals tab	see pramox-pe-glycerin-	
	petrolatum rectal cream 1-	
Healthy Eyes/lutein	0.25-14.4-15%	52
see multiple vitamins w/	HEPAMENT POW.....	261
minerals tab	hepatitis a (inactivated)-	
	hepatitis b (recombinant)	
Healthy Hair Skin & Nails	vaccines	
see multiple vitamin tab	see TWINRIX INJ	296
Healthy Kids Overall Hea	hepatitis a vaccine	
see pediatric multiple vitamin	see HAVRIX INJ 1440UNIT	296
w/ minerals & c chew tab 242	see HAVRIX INJ 720UNIT.....	296
Healthy Mama Move It Alon	see VAQTA INJ 25/0.5ML	296
see docusate sodium tab 100	see VAQTA INJ 50UNT/ML.....	296
mg	196	
Healthy Mama Shake That A	hepatitis b vaccine (recomb)	
see acetaminophen tab 500 mg	see ENGERIX-B INJ 10/0.5ML. 295	
.....	see ENGERIX-B INJ 20MCG/ML 295	
	see RECOMBIVA HB INJ	
Healthy Mama Tame The Fla	10MCG/ML	296
see calcium carbonate	see RECOMBIVA HB INJ 5MCG/0.5	
(antacid) chew tab 500 mg 59	.....	296
Heartburn Antacid Extra S	hepatitis b vaccine recombinant	
see aluminum hydroxide-	adjuvanted	
magnesium carbonate chew	see HEPLISAV-B INJ 20/0.5ML 296	
tab 160-105 mg	HEPLISAV-B INJ 20/0.5ML.....	296
	58	
Heartburn Relief	Hi-kovite 2-part Formula	
see famotidine tab 10 mg ...	see multiple vitamins w/	
	minerals tab	230
Heather	Hi-potency Multi-vitamin/	
see norethindrone tab 0.35 mg	see multiple vitamins w/	
.....	minerals tab	230
H-e-b Aspirin	Hm Adult Aspirin	
see aspirin tab delayed release	see aspirin tab 325 mg	46
81 mg	Hm Advanced Antacid Maxim	
H-e-b Childrens Allergy		
see diphenhydramine hcl liquid		
12.5 mg/5ml		93
H-e-b Oral Electrolyte So		
see oral electrolyte solution 216		

see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml**56
 Hm All Day Allergy
 see **cetirizine hcl tab 10 mg** ..97
 Hm All Day Allergy Childr
 see **cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)**.....96
 Hm Allergy & Congestion
 see **loratadine & pseudoephedrine tab er 12hr 5-120 mg**..... 142
 Hm Allergy Complete-d
 see **cetirizine-pseudoephedrine tab er 12hr 5-120 mg** 137
 Hm Allergy Relief
 see **diphenhydramine hcl cap 25 mg**91
 Hm Allergy Relief & Nasal
 see **loratadine & pseudoephedrine tab er 24hr 10-240 mg**..... 143
 Hm Animal Shapes
 see **pediatric multiple vitamins w/ iron chew tab 18 mg** .. 245
 Hm Antacid
 see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml**54
 Hm Antacid Anti-gas Extra
 see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml**56
 Hm Antacid Extra Strength
 see **calcium carbonate (antacid) chew tab 750 mg** 59
 Hm Antacid Regular Streng
 see **calcium carbonate (antacid) chew tab 500 mg** 59
 Hm Anti-diarrheal
 see **loperamide sus 1mg/7.5** 87
 Hm Aspirin
 see **aspirin chew tab 81 mg** ..45
 see **aspirin tab 325 mg** 46
 see **aspirin tab delayed release 325 mg** 47
 Hm Calcium
 see **calcium carbonate tab 1500 mg (600 mg elemental ca)** 208
 Hm Calcium Citrate + Vita
 see **calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)** 215
 Hm Calcium/vitamin D
 see **calcium carbonate-cholecalciferol tab 600 mg-400 unit** 210
 Hm Cetirizine Hcl Childre
 see **cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)** 96
 Hm Clear Fiber
 see **wheat dextrin oral powder** 187
 Hm Clearlax
 see **polyethylene glycol 3350 oral powder**..... 190
 Hm Complete 50+
 see **multiple vitamins w/ minerals tab**..... 230
 Hm Complete Women
 see **multiple vitamins w/ minerals tab**..... 230
 Hm Cough Relief
 see **dextromethorphan hbr liquid 15 mg/5ml** 136
 Hm Docosanol
 see **docosanol cream 10%**.. 157
 Hm Dry Eye Relief
 see **glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%** 264
 Hm Enema Mineral Oil
 see **mineral oil enema** 191
 Hm Enema Saline Laxative

- see **sodium phosphates - enema** 192
- Hm Fiber
see **methylcellulose tab 500 mg** 185
see **psyllium powder 28.3%** 186
see **psyllium powder 30.9%** 186
see **psyllium powder 58.6%** 187
- Hm Fish Oil
see **omega-3 fatty acids cap 1000 mg** 257
see **omega-3 fatty acids cap 1200 mg** 258
- Hm Gas Relief
see **simethicone chew tab 125 mg** 173
see **simethicone chew tab 80 mg** 172
- Hm Hydrocortisone Plus
see **hydrocortisone-aloe vera cream 1%** 161
- Hm Hydrocortisone/aloe Ma
see **hydrocortisone-aloe vera cream 1%** 161
- Hm Ibuprofen
see **ibuprofen tab 200 mg** 37
- Hm Ibuprofen Ib/junior St
see **ibuprofen chew tab 100 mg** 35
- Hm Iron
see **ferrous sulfate dried tab 200 mg (65 mg elemental fe)** 180
- Hm Iron Slow Release
see **ferrous sulfate tab er 142 mg (45 mg fe equivalent)** 181
- HM ISOP ALC SOL 70% 121
- Hm Laxative
see **bisacodyl suppos 10 mg** 192
see **bisacodyl tab delayed release 5 mg** 193
- Hm Lidocaine Patch
see **lidocaine patch 4%** 164
- Hm Loratadine Childrens
see **loratadine syrup 5 mg/5ml** 98
- Hm Lubricating Tears
see **polyethylene glycol-propylene glycol ophth soln 0.4-0.3%** 264
- Hm Magnesium
see **magnesium oxide tab 250 mg** 60
- Hm Mineral Oil
see **mineral oil** 191
- Hm Motion Sickness Relief
see **meclizine hcl tab 25 mg** . 88
- Hm Nasal Decongestant 12
see **pseudoephedrine hcl tab er 12hr 120 mg** 255
- Hm Nasal Spray
see **oxymetazoline hcl nasal soln 0.05%** 253
- Hm Niacin
see **niacin tab er 250 mg** 303
- Hm Niacin Tr
see **niacin tab er 250 mg** 303
- Hm Nicotine Polacrilex
see **nicotine polacrilex gum 2 mg** 277
see **nicotine polacrilex gum 4 mg** 278
see **nicotine polacrilex lozenge 2 mg** 279
see **nicotine polacrilex lozenge 4 mg** 280
- Hm Nicotine Transdermal S
see **nicotine td patch 24hr 14 mg/24hr** 281
see **nicotine td patch 24hr 21 mg/24hr** 282
see **nicotine td patch 24hr 7 mg/24hr** 281
- Hm Nighttime Sleep Aid
see **diphenhydramine hcl (sleep) tab 25 mg** 182

Hm One Daily/iron	
see multiple vitamins w/ iron tab	223
Hm Pain & Fever Childrens	
see acetaminophen susp 160 mg/5ml	42
Hm Pain Relief	
see acetaminophen tab er 650 mg	44
Hm Saline Nasal Spray	
see saline nasal spray 0.65%	251
Hm Senna	
see sennosides tab 8.6 mg ..	194
Hm Senna-s	
see sennosides-docusate sodium tab 8.6-50 mg	188
Hm Sinus Nasal Spray	
see oxymetazoline hcl nasal soln 0.05%	253
Hm Sleep Aid	
see doxylamine succinate (sleep) tab 25 mg	183
Hm Slow Release Iron	
see ferrous sulfate dried tab er 45 mg (fe equivalent)	180
Hm Stomach Relief	
see bismuth subsalicylate susp 262 mg/15ml	85
Hm Stool Softener	
see docusate sodium cap 100 mg	196
see docusate sodium tab 100 mg	197
Hm Stool Softener/stimula	
see sennosides-docusate sodium tab 8.6-50 mg	188
Hm Triple Antibiotic	
see neomycin-bacitracin-polymyxin oint	152
Hm Triple Antibiotic Plus	
see neomycin-bacitracin-polymyxin-pramoxine oint 1%	152
Hm Tussin Adult Cough & C	
see dextromethorphan-guaifenesin liquid 10-100 mg/5ml	138
Hm Tussin Cough/chest Con	
see dextromethorphan-guaifenesin liquid 10-200 mg/5ml	139
Hm Vitamin B Complex/vita	
see b-complex w/ c & folic acid tab	222
Hm Vitamin B12	
see cyanocobalamin tab 500 mcg	176
Hm Vitamin D	
see cholecalciferol tab 1000 unit	302
Hm Vitamin D3	
see cholecalciferol cap 2000 unit	299
see cholecalciferol tab 1000 unit	302
Hm Womens 50+ Advanced On	
see multiple vitamins w/ minerals tab	230
HOLD CHAMBER MIS ADLT LG...	204
HOLD CHAMBER MIS MEDIUM...	204
HOLD CHAMBER MIS SMALL	204
HUMALOG MIX INJ 50/50	82
HUMALOG MIX INJ 50/50KWP	82
human papillomavirus (hpv) 9-valent recombinant vaccine	
see GARDASIL 9 INJ	296
HUMIRA INJ 10/0.1ML	33
HUMIRA INJ 20/0.2ML	33
HUMIRA INJ 40/0.4ML	33
HUMIRA KIT 40MG/0.8	33
HUMIRA PEDIA INJ CROHNS	33
HUMIRA PEN INJ 40/0.4ML	34
HUMIRA PEN INJ 40MG/0.8	34

HUMIRA PEN INJ 80/0.8ML	34	hydrocortisone oint 2.5%	161
HUMIRA PEN INJ CD/UC/HS	34	Hydrocortisone Plus	
HUMIRA PEN INJ PS/UV.....	34	see hydrocortisone cream 1%	
HUMIRA PEN KIT CD/UC/HS.....	34	.....	159
HUMIRA PEN KIT PED UC.....	34	hydrocortisone rectal cream	
HUMIRA PEN KIT PS/UV.....	34	2.5%	52, 53
HUMULIN R INJ U-500.....	82	hydrocortisone tab 10 mg	135
hydralazine hcl tab 10 mg	106	hydrocortisone tab 20 mg	135
hydralazine hcl tab 100 mg ...	106	hydrocortisone tab 5 mg	135
hydralazine hcl tab 25 mg	106	hydrocortisone w/ acetic acid	
hydralazine hcl tab 50 mg	106	otic soln 1-2%	272
hydrochlorothiazide cap 12.5 mg		Hydrocortisone/aloe Maxim	
.....	168	see hydrocortisone-aloe vera	
hydrochlorothiazide tab 25 mg		cream 1%	161
.....	169	hydrocortisone-aloe vera cream	
hydrochlorothiazide tab 50 mg		0.5%	161
.....	169	hydrocortisone-aloe vera cream	
hydrocodone w/ homatropine		1%	161
syrup 5-1.5 mg/5ml	136	Hydrolatum	
hydrocodone-acetaminophen		see emollient - ointment	162
soln 7.5-325 mg/15ml	50	Hydromet	
hydrocodone-acetaminophen		see hydrocodone w/	
tab 10-325 mg	51	homatropine syrup 5-1.5	
hydrocodone-acetaminophen		mg/5ml	136
tab 5-325 mg	51	hydromorphone hcl tab 2 mg ..	48
hydrocodone-acetaminophen		hydromorphone hcl tab 4 mg ..	48
tab 7.5-325 mg	51	hydroxychloroquine sulfate tab	
hydrocortisone acetate cream		200 mg	106
1%	158	hydroxyprogesterone caproate	
hydrocortisone acetate suppos		im in oil 250 mg/ml	274
25 mg	52	hydroxyurea cap 500 mg	109
hydrocortisone cream 0.5% ..	159	hydroxyzine hcl syrup 10	
hydrocortisone cream 1%	159	mg/5ml	63
hydrocortisone cream 1%- rx	159	hydroxyzine hcl tab 10 mg	64
hydrocortisone cream 2.5% ..	160	hydroxyzine hcl tab 25 mg	64
hydrocortisone enema 100		hydroxyzine hcl tab 50 mg	64
mg/60ml	52	hydroxyzine pamoate cap 100	
hydrocortisone gel 1%	160	mg	64
hydrocortisone lotion 1%	160	hydroxyzine pamoate cap 25 mg	
hydrocortisone lotion 2.5% ..	160	.....	64
hydrocortisone oint 0.5%	160	hydroxyzine pamoate cap 50 mg	
hydrocortisone oint 1% .	160, 161	.....	64
hydrocortisone oint 1%- rx ...	161	Hylavite	

see **b-complex w/ c & folic acid tab- rx** 222
hyoscyamine sulfate elixir 0.125 mg/5ml..... 290
hyoscyamine sulfate sl tab 0.125 mg 290
hyoscyamine sulfate soln 0.125 mg/ml..... 290
hyoscyamine sulfate tab 0.125 mg 290, 291
hyoscyamine sulfate tab disint 0.125 mg..... 291
hyoscyamine sulfate tab er 12hr 0.375 mg..... 291
 HYPERRHO S/D INJ 300MCG 273
 HYPERRHO S/D INJ 50MCG 272
 Hypotears
 see **white petrolatum-mineral oil ophth ointment** 266
 Hysept
 see **sodium hypochlorite soln 0.5%** 112
 Hyvee Ibuprofen Childrens
 see **ibuprofen susp 100 mg/5ml** 36

I

ibandronate sodium tab 150 mg (base equivalent) 169
 IBRANCE CAP 100MG 108
 IBRANCE CAP 125MG 108
 IBRANCE CAP 75MG..... 108
 IBRANCE TAB 100MG 108
 IBRANCE TAB 125MG 108
 IBRANCE TAB 75MG..... 108
ibrutinib
 see IMBRUVICA CAP 140MG ... 109
 see IMBRUVICA TAB 420MG ... 109
 see IMBRUVICA TAB 560MG ... 109
 Ibu
 see **ibuprofen tab 400 mg** 37
 see **ibuprofen tab 600 mg** 37
 see **ibuprofen tab 800 mg** 37
 Ibu-200

see **ibuprofen tab 200 mg**..... 37
 Ibuprofen 100 Junior Stre
 see **ibuprofen chew tab 100 mg** 35
ibuprofen cap 200 mg 35
ibuprofen chew tab 100 mg ... 35, 36
 Ibuprofen Childrens
 see **ibuprofen susp 100 mg/5ml**..... 36
 Ibuprofen Infants
 see **ibuprofen susp 40 mg/ml** 36
 Ibuprofen Junior Strength
 see **ibuprofen chew tab 100 mg** 36
ibuprofen susp 100 mg/5ml ... 36
ibuprofen susp 40 mg/ml 36
ibuprofen tab 100 mg..... 36
ibuprofen tab 200 mg..... 36, 37
ibuprofen tab 400 mg..... 37
ibuprofen tab 600 mg..... 37
ibuprofen tab 800 mg..... 37
 Icaps
 see **multiple vitamins w/ minerals cap** 224
 Icaps Lutein & Omega-3
 see **multiple vitamins w/ minerals cap** 224
 Icaps Mv
 see **multiple vitamins w/ minerals tab**..... 230
 Iclevia
 see **levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg** 124
idursulfase
 see ELAPRASE INJ 6MG/3ML .. 170
 Iferex 150 Forte
 see **iron polysacch complex-vit b12-fa cap 150-0.025-1 mg** 179

imatinib mesylate tab 100 mg (base equivalent)	109	see FLULAVAL QUA INJ 2021-22	296
imatinib mesylate tab 400 mg (base equivalent)	109	see FLUZONE QUAD INJ 2021-22	296
IMBRUVICA CAP 140MG	109	influenza virus vaccine tissue-cultured subunit quadrivalent	
IMBRUVICA TAB 420MG	109	see FLUCLVX QUAD INJ 2021-22	295
IMBRUVICA TAB 560MG	109	.....	295
imipramine hcl tab 10 mg	78	INS ASP PROT INJ FLEXPEN.....	83
imipramine hcl tab 25 mg	78	INSPIRACHAMB MIS LARGE	204
imipramine hcl tab 50 mg	78	INSPIRACHAMB MIS MEDIUM....	204
imiquimod cream 5%	163	INSPIRACHAMB MIS MOUTHPC	204
IMOVAX RABIE INJ 2.5/ML.....	296	INSPIRACHAMB MIS SMALL	204
Inatal Gt		INSPIREASE MIS DD SYST.....	204
see prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg- rx	249	Instacort 5	
.....	249	see hydrocortisone cream 0.5%	159
Incassia		Instant Ear-dry	
see norethindrone tab 0.35 mg	134	see isopropyl alcohol-glycerin otic liquid 95-5%	272
.....	134	INSULIN ASPA INJ 70/30	83
INCRELEX INJ 40MG/4ML.....	169	insulin aspart protamine & aspart (human)	
INCRUSE ELPT INH 62.5MCG.....	67	see NOVOLOG MIX INJ 70/30 ...	83
indapamide tab 1.25 mg	169	see NOVOLOG MIX INJ FLEX REL	83
indapamide tab 2.5 mg	169	.....	83
indomethacin cap 25 mg	37	see NOVOLOG MIX INJ FLEXPEN83	83
indomethacin cap 50 mg	37	see NOVOLOG RELI INJ 70/30 ..	83
Infants Simethicone		insulin glargine	
see simethicone susp 40 mg/0.6ml	173	see BASAGLAR INJ 100UNIT	82
influenza virus vac recomb hemagglutinin (ha) quadrivalent		see SEMGLEE INJ 100U/ML	83
see FLUBLOK QUAD INJ 2021-22	295	see SEMGLEE SOL 100U/ML	83
.....	295	INSULIN LISP INJ PROTAMIN	83
influenza virus vaccine live quadrivalent		insulin lispro	
see FLUMIST QUAD SUS 2021-22	296	see ADMELOG INJ 100U/ML	82
.....	296	see ADMELOG SOLO INJ 100U/ML	82
influenza virus vaccine split quadrivalent		.....	82
see AFLURIA QUAD INJ 2021-22	295	insulin lispro protamine & lispro	
.....	295	see HUMALOG MIX INJ 50/50 ...	82
see FLUARIX QUAD INJ 2021-22	295	see HUMALOG MIX INJ 50/50KWP	82
.....	295	.....	82
		insulin nph (human) (isophane)	
		see NOVOLIN N INJ 100 UNIT ..	83

see NOVOLIN N INJ U-100.....83

insulin nph isophane & reg (human)

see NOVOLIN INJ 70/30.....83

see NOVOLIN INJ 70/30 FP.....83

insulin pen needle

see PEN NEEDLES MIS 29GX10MM
..... 201

see PEN NEEDLES MIS 29GX12.7
..... 201

see PEN NEEDLES MIS 29GX12MM
..... 201

see PEN NEEDLES MIS 31GX5MM
..... 201

see PEN NEEDLES MIS 31GX6MM
..... 201

see PEN NEEDLES MIS 31GX8MM
..... 201

see PEN NEEDLES MIS 32GX4MM
..... 201

see PEN NEEDLES MIS 32GX6MM
..... 201

see PEN NEEDLES MIS 32GX8MM
..... 201

insulin regular (human)

see HUMULIN R INJ U-500.....82

see NOVOLIN R INJ U-100.....83

INSULIN SYRG MIS 0.3/29G..... 199

INSULIN SYRG MIS 0.3/30G..... 199,
200

INSULIN SYRG MIS 0.3/31G..... 200

INSULIN SYRG MIS 0.5/28G..... 200

INSULIN SYRG MIS 0.5/29G..... 200

INSULIN SYRG MIS 0.5/30G..... 200

INSULIN SYRG MIS 0.5/31G..... 200

INSULIN SYRG MIS 1ML/28G..... 200

INSULIN SYRG MIS 1ML/29G..... 200

INSULIN SYRG MIS 1ML/30G..... 200

INSULIN SYRG MIS 1ML/31G.... 200,
201

insulin syringe/needle u-100

see INSULIN SYRG MIS 0.3/29G
..... 199

see INSULIN SYRG MIS 0.3/30G
..... 199, 200

see INSULIN SYRG MIS 0.3/31G
..... 200

see INSULIN SYRG MIS 0.5/28G
..... 200

see INSULIN SYRG MIS 0.5/29G
..... 200

see INSULIN SYRG MIS 0.5/30G
..... 200

see INSULIN SYRG MIS 0.5/31G
..... 200

see INSULIN SYRG MIS 1ML/28G
..... 200

see INSULIN SYRG MIS 1ML/29G
..... 200

see INSULIN SYRG MIS 1ML/30G
..... 200

see INSULIN SYRG MIS 1ML/31G
..... 200, 201

insulin syringe/needle u-500

see BD U-500 MIS 31GX6MM . 199

interferon alfa-2b

see INTRON A INJ 10MU..... 109

see INTRON A INJ 25MU..... 109

interferon beta-1a

see AVONEX PEN KIT 30MCG . 276

see AVONEX PREFL KIT 30MCG
..... 276

see REBIF INJ 22/0.5 276

see REBIF INJ 44/0.5 276

see REBIF REBIDO INJ 22/0.5 277

see REBIF REBIDO INJ 44/0.5 277

see REBIF REBIDO INJ TITRATN
..... 277

see REBIF TITRTN INJ PACK... 277

INTRON A INJ 10MU 109

INTRON A INJ 25MU 109

Introvale

see **levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg** 124

INVELTYS SUS 1% 269

ipratropium bromide hfa	ISOP ALCOHOL SOL 70% WG ... 121
see ATROVENT HFA AER 17MCG67	ISOPROPANOL SOL 70% 121
ipratropium bromide inhal soln	isopropyl alcohol
0.02% 67	see HM ISOP ALC SOL 70%.... 121
ipratropium bromide nasal soln	isopropyl alcohol-glycerin otic
0.03% (21 mcg/spray) 252	liquid 95-5% 272
ipratropium bromide nasal soln	ISOPTO ATROP SOL 1% OP 267
0.06% (42 mcg/spray) 252	isosorbide dinitrate tab 10 mg 62
ipratropium-albuterol nebu soln	isosorbide dinitrate tab 20 mg 62
0.5-2.5(3) mg/3ml 69	isosorbide dinitrate tab 30 mg 62
irbesartan tab 150 mg 103	isosorbide dinitrate tab 5 mg . 62
irbesartan tab 300 mg 103	isosorbide mononitrate tab 10
irbesartan tab 75 mg 103	mg 62
irbesartan-hydrochlorothiazide	isosorbide mononitrate tab 20
tab 150-12.5 mg 105	mg 62
irbesartan-hydrochlorothiazide	isosorbide mononitrate tab er
tab 300-12.5 mg 105	24hr 120 mg 63
iron combination cap 179	isosorbide mononitrate tab er
Iron Complex	24hr 30 mg 63
see iron combination cap 179	isosorbide mononitrate tab er
iron polysacch complex-vit b12-	24hr 60 mg 63
fa cap 150-0.025-1 mg 179	isotretinoin cap 10 mg .. 148, 149
Iron Slow Release	isotretinoin cap 20 mg 149
see ferrous sulfate dried tab er	isotretinoin cap 30 mg 149
45 mg (fe equivalent) 180	isotretinoin cap 40 mg 149
see ferrous sulfate tab er 142	ivabradine hcl
mg (45 mg fe equivalent) 181	see CORLANOR TAB 5MG 120
Iron Supplement	see CORLANOR TAB 7.5MG 120
see ferrous sulfate elixir 220	ivacaftor
mg/5ml (44 mg/5ml	see KALYDECO PAK 25MG 282
elemental fe) 180	see KALYDECO PAK 50MG 282
Iron Supplement Childrens	see KALYDECO PAK 75MG 282
see ferrous sulfate soln 75	see KALYDECO TAB 150MG 282
mg/ml (15 mg/ml elemental	ivermectin tab 3 mg 61
fe) 181	I-vite
Isibloom	see multiple vitamins w/
see desogestrel & ethinyl	minerals tab 230
estradiol tab 0.15 mg-30 mcg	IXIARO INJ..... 296
..... 122	J
isoniazid syrup 50 mg/5ml ... 106	Jaimiess
isoniazid tab 100 mg 106	see levonorg-eth est tab 0.15-
isoniazid tab 300 mg 106	0.03mg(84) & eth est tab
ISOP ALCOHOL SOL 70%..... 121	0.01mg(7) 124

Jantoven	
see warfarin sodium tab 1 mg	69
see warfarin sodium tab 10 mg	70
see warfarin sodium tab 2 mg	69
see warfarin sodium tab 2.5 mg	69
see warfarin sodium tab 3 mg	69
see warfarin sodium tab 4 mg	69
see warfarin sodium tab 5 mg	70
see warfarin sodium tab 6 mg	70
see warfarin sodium tab 7.5 mg	70
japanese encephalitis vaccine inactivated adsorbed	
see IXIARO INJ	296
Jasmiel	
see drospirenone-ethinyl estradiol tab 3-0.02 mg	122
Jencycla	
see norethindrone tab 0.35 mg	134
Jinteli	
see norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	171
Jolessa	
see levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	124
Juleber	
see desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	122
Junel 1.5/30	
see norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	128
Junel 1/20	
see norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	127
Junel Fe 1.5/30	
see norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	129
Junel Fe 1/20	
see norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	129
Junel Fe 24	
see norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	130
Just Tears Eye Drops	
see artificial tear ophthalmic solution	262
K	
Kaitlib Fe	
see norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	127
Kalliga	
see desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	122
KALYDECO PAK 25MG	282
KALYDECO PAK 50MG	282
KALYDECO PAK 75MG	282
KALYDECO TAB 150MG	282
Kaopectate	
see bismuth subsalicylate susp 262 mg/15ml	85
see bismuth subsalicylate tab 262 mg	86
Kariva	

see **desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)** 121

Kelnor 1/35
 see **ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg** 123

Kelnor 1/50
 see **ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg** 123

Kericort 10
 see **hydrocortisone cream 1%** 159

ketoconazole cream 2% 154

ketoconazole shampoo 2% ... 154

ketoconazole tab 200 mg 89

ketoprofen cap 50 mg 37

ketoprofen cap 75 mg 38

ketorolac tromethamine ophth soln 0.5% 269

ketorolac tromethamine tab 10 mg 38

ketotifen fumarate ophth soln 0.025% (base equiv) 270

KEVZARA INJ 150/1.14 34

KEVZARA INJ 200/1.14 34

Kids First Vitamin D3 Gum
 see **cholecalciferol chew tab 1000 unit** 301

KLARITY-L DRO 0.2% 269

KLARITY-L DRO 0.5% 269

Klor-con 10
 see **potassium chloride tab er 10 meq** 219

Klor-con 8
 see **potassium chloride tab er 8 meq (600 mg)** 219

Klor-con M10
 see **potassium chloride microencapsulated crys er tab 10 meq** 218

Klor-con M20

see **potassium chloride microencapsulated crys er tab 20 meq** 218

Klor-con/ef
 see **potassium bicarbonate effer tab 25 meq** 218

Kls Allerclear
 see **loratadine tab 10 mg** 99

Kls Allerclear D-12 Hr
 see **loratadine & pseudoephedrine tab er 12hr 5-120 mg** 142

Kls Allerclear D-24hr
 see **loratadine & pseudoephedrine tab er 24hr 10-240 mg** 143

Kls Aller-cort
 see **triamcinolone acetonide nasal aerosol suspension 55 mcg/act** 253

Kls Aller-flo
 see **fluticasone propionate nasal susp 50 mcg/act** 252

Kls Aller-tec
 see **cetirizine hcl tab 10 mg**.. 97

Kls Aller-tec Childrens
 see **cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)** 96

Kls Aller-tec D
 see **cetirizine-pseudoephedrine tab er 12hr 5-120 mg** 137

Kls Aspirin Low Dose
 see **aspirin tab delayed release 81 mg** 47

Kls D3
 see **cholecalciferol cap 2000 unit** 300

Kls Ibuprofen
 see **ibuprofen tab 200 mg** 37

Kls Ibuprofen Ib
 see **ibuprofen tab 200 mg** 37

Kls Laxaclear

- see **polyethylene glycol 3350 oral powder** 190
- Kls Quit2
see **nicotine polacrilex gum 2 mg** 277
see **nicotine polacrilex lozenge 2 mg** 279
- Kls Quit4
see **nicotine polacrilex gum 4 mg** 278
see **nicotine polacrilex lozenge 4 mg** 280
- Kls Sleep Aid
see **doxylamine succinate (sleep) tab 25 mg** 183
- Konsyl Daily Fiber
see **psyllium powder 28.3%** 186
- KONSYL DAILY POW 100% 185
KONSYL DAILY POW 28.3% 185
KONSYL-D POW 52.3% 185
- Kp Adults 50+ Daily Formu
see **multiple vitamins w/ minerals tab** 230
- Kp Adults Daily Formula
see **multiple vitamins w/ minerals tab** 230
- Kp Aspirin
see **aspirin tab delayed release 81 mg** 47
- Kp B Complex/c
see **b-complex w/ c & folic acid tab** 222
- Kp Bisacodyl
see **bisacodyl tab delayed release 5 mg** 193
- Kp Calcium 600+d
see **calcium carbonate-cholecalciferol tab 600 mg-400 unit** 210
see **calcium carbonate-cholecalciferol tab 600 mg-800 unit** 211
- Kp Calcium Citrate+d
see **calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)** 215
- Kp Calcium/magnesium/zinc
see **calcium-magnesium-zinc tab 333-133-5 mg** 216
- Kp Ferrous Gluconate
see **ferrous gluconate tab 324 mg (37.5 mg elemental iron)** 179
- Kp Fish Oil
see **omega-3 fatty acids cap 1200 mg** 258
- Kp Folic Acid
see **folic acid tab 1 mg** 177
- Kp Hydrocortisone/aloe
see **hydrocortisone-aloe vera cream 0.5%** 161
- Kp Mens 50+ Daily Formula
see **multiple vitamins w/ minerals tab** 230
- Kp Mens Daily Formula
see **multiple vitamins w/ minerals tab** 230
- Kp Niacin
see **niacin tab 500 mg** 303
- Kp Omega-3 Fish Oil
see **omega-3 fatty acids cap 1200 mg** 258
see **omega-3 fatty acids cap delayed release 1200 mg** 259
- Kp Senna
see **sennosides tab 8.6 mg** . 194
- Kp Vision Formula
see **multiple vitamins w/ minerals tab** 230
- Kp Vision Formula W/lutei
see **multiple vitamins w/ minerals tab** 230
- Kp Vitamin B-6
see **pyridoxine hcl tab 100 mg** 304
- Kp Vitamin D

see **cholecalciferol cap 25 mcg (1000 unit)** 299
 see **cholecalciferol chew tab 400 unit** 301
 Kp Vitamin D3
 see **cholecalciferol cap 2000 unit** 300
 Kp Womens 50+ Daily Formu
 see **multiple vitamins w/ minerals tab** 230
 Kp Womens Daily Formula
 see **multiple vitamins w/ minerals tab** 231
 KPN PRENATAL TAB 248
 K-prime
 see **potassium bicarbonate effer tab 25 meq** 218
 Kurvelo
 see **levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg** 125
 KYLEENA IUD 19.5MG 134
L
labetalol hcl tab 100 mg 114
labetalol hcl tab 200 mg 114
labetalol hcl tab 300 mg 114
lacosamide
 see VIMPAT SOL 10MG/ML 73
 see VIMPAT TAB 100MG 73
 see VIMPAT TAB 150MG 74
 see VIMPAT TAB 200MG 74
 see VIMPAT TAB 50MG 73
lactic acid (ammonium lactate) cream 12% 162
lactic acid (ammonium lactate) lotion 12% 162, 163
lactulose (encephalopathy) solution 10 gm/15ml 174
lactulose solution 10 gm/15ml 190
lamotrigine tab 100 mg 72
lamotrigine tab 150 mg 72
lamotrigine tab 200 mg 72

lamotrigine tab 25 mg 72
lamotrigine tab chewable dispersible 25 mg 72
lamotrigine tab chewable dispersible 5 mg 72
 Lanabiotic
 see **neomycin-bacitracin-polymyxin oint** 152
 Lanacort 10
 see **hydrocortisone acetate cream 1%** 158
lancets
 see LANCETS 199
 LANCETS 199
 Land Before Time Multivit
 see **pediatric multiple vitamin w/ extra c & fa chew tab** . 246
 see **pediatric multiple vitamins w/ iron chew tab 15 mg** .. 244
 LANOXIN TAB 0.125MG 118
 LANOXIN TAB 0.25MG 118
lansoprazole cap delayed release 15 mg 293
lapatinib ditosylate tab 250 mg (base equiv) 109
 Larin 1.5/30
 see **norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg** 128
 Larin 1/20
 see **norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg** 128
 Larin 24 Fe
 see **norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)** 130
 Larin Fe 1.5/30
 see **norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg** 129
 Larin Fe 1/20

see norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	129	LEUKERAN TAB 2MG	107
Larissia		LEUKINE INJ 250MCG	178
see levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	125	leuprolide acetate	
latanoprost ophth soln 0.005%	271	see ELIGARD INJ 7.5MG	108
Laxacin		leuprolide acetate (3 month)	
see sennosides-docusate sodium tab 8.6-50 mg	188	see ELIGARD INJ 22.5MG	108
Laxative		leuprolide acetate (4 month)	
see bisacodyl suppos 10 mg	192	see ELIGARD INJ 30MG	108
see bisacodyl tab delayed release 5 mg	193	leuprolide acetate (6 month)	
Laxative Maximum Strength		see ELIGARD INJ 45MG	108
see sennosides tab 25 mg	195	leuprolide acetate (cpp)	
Layolis Fe		see LUPR DEP-PED INJ 11.25MG	169
see norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	127	see LUPR DEP-PED INJ 15MG	170
LEDIP-SOFOSB TAB 90-400MG	112	see LUPR DEP-PED INJ 7.5MG	169
Leena		leuprolide acetate (cpp) (3 month)	
see norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	131	see LUPR DEP-PED INJ 11.25MG	170
leflunomide tab 10 mg	39	see LUPR DEP-PED INJ 3M 30MG	169
leflunomide tab 20 mg	39	leuprolide acetate inj kit 5 mg/ml	108
lenalidomide		levetiracetam oral soln 100 mg/ml	72
see REVLIMID CAP 10MG	219	levetiracetam tab 1000 mg	72
see REVLIMID CAP 15MG	219	levetiracetam tab 250 mg	72
see REVLIMID CAP 25MG	219	levetiracetam tab 500 mg	72
see REVLIMID CAP 5MG	219	levetiracetam tab 750 mg	72
Lessina		levetiracetam tab er 24hr 500 mg	72
see levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	125	levetiracetam tab er 24hr 750 mg	72
letrozole tab 2.5 mg	108	levobunolol hcl ophth soln 0.5%	267
leucovorin calcium tab 10 mg	110	levocarnitine oral soln 1 gm/10ml (10%)	170
leucovorin calcium tab 15 mg	110	levocarnitine tab 330 mg	170
leucovorin calcium tab 25 mg	110	levofloxacin ophth soln 0.5%	268
leucovorin calcium tab 5 mg	110	levofloxacin oral soln 25 mg/ml	171
		see LUPR DEP-PED INJ 11.25MG	171
		levofloxacin tab 250 mg	171
		levofloxacin tab 500 mg	171

levofloxacin tab 750 mg..... 171
 Levonest
 see **levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg** 126
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg 123
levonorgestrel & eth estradiol
 see TYBLUME CHW 0.1-0.02 ... 133
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 124
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg
 124, 125
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg
 125, 126
levonorgestrel (emergency oc)
 see PLAN B TAB 1.5MG 134
levonorgestrel (iud)
 see KYLEENA IUD 19.5MG 134
 see LILETTA IUD 52MG 134
 see MIRENA IUD SYSTEM 134
 see SKYLA IUD 13.5MG..... 134
levonorgestrel tab 1.5 mg.... 133, 134
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg..... 126
levonorgestrel-ethinyl estradiol
 see TWIRLA DIS 120-30..... 133
levonorgestrel-ethinyl estradiol & folic acid
 see FALESSA KIT 123
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg
 126
levonorgestrel-ethinyl estradiol-ferrous bisglycinate
 see BALCOLTRA TAB 0.1-20 ... 121
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 123, 124
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) 124
 Levora 0.15/30-28
 see **levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg**
 125
 Levo-t
 see **levothyroxine sodium tab 100 mcg** 285
 see **levothyroxine sodium tab 112 mcg** 285
 see **levothyroxine sodium tab 125 mcg** 285
 see **levothyroxine sodium tab 137 mcg** 286
 see **levothyroxine sodium tab 150 mcg** 286
 see **levothyroxine sodium tab 175 mcg** 286
 see **levothyroxine sodium tab 200 mcg** 286
 see **levothyroxine sodium tab 25 mcg** 284
 see **levothyroxine sodium tab 300 mcg** 286
 see **levothyroxine sodium tab 50 mcg** 284
 see **levothyroxine sodium tab 75 mcg** 284
 see **levothyroxine sodium tab 88 mcg** 285
levothyroxine sodium
 see SYNTHROID TAB 100MCG 288
 see SYNTHROID TAB 112MCG 288
 see SYNTHROID TAB 125MCG 288
 see SYNTHROID TAB 137MCG 288
 see SYNTHROID TAB 150MCG 288
 see SYNTHROID TAB 175MCG 288
 see SYNTHROID TAB 200MCG 288

see SYNTHROID TAB 25MCG ..	287	see levothyroxine sodium tab	
see SYNTHROID TAB 300MCG.	288	200 mcg	286
see SYNTHROID TAB 50MCG ..	288	see levothyroxine sodium tab	
see SYNTHROID TAB 75MCG ..	288	25 mcg	284
see SYNTHROID TAB 88MCG ..	288	see levothyroxine sodium tab	
levothyroxine sodium tab 100		50 mcg	284
mcg	285	see levothyroxine sodium tab	
levothyroxine sodium tab 112		75 mcg	285
mcg	285	see levothyroxine sodium tab	
levothyroxine sodium tab 125		88 mcg	285
mcg	285	Lice Killing Shampoo	
levothyroxine sodium tab 137		see pyrethrins-piperonyl	
mcg	285, 286	butoxide shampoo 0.33-4%	
levothyroxine sodium tab 150		.....	166
mcg	286	Lice Treatment	
levothyroxine sodium tab 175		see permethrin lotion 1% ...	165
mcg	286	Lice Treatment Creme Rins	
levothyroxine sodium tab 200		see permethrin creme rinse	
mcg	286	1%	165
levothyroxine sodium tab 25		Lido King	
mcg	284	see lidocaine patch 4%	164
levothyroxine sodium tab 300		lidocaine cream 4%	163
mcg	286	lidocaine hcl gel 2%	164
levothyroxine sodium tab 50		lidocaine hcl gel 2%- rx	164
mcg	284	lidocaine hcl soln 4%	164
levothyroxine sodium tab 75		lidocaine hcl urethral/mucosal	
mcg	284, 285	gel 2%	164
levothyroxine sodium tab 88		lidocaine hcl urethral/mucosal	
mcg	285	gel prefilled syringe 2%	164
Levoxyl		lidocaine hcl viscous soln 2%	221
see levothyroxine sodium tab		Lidocaine Pain Relief Pat	
100 mcg	285	see lidocaine patch 4%	164
see levothyroxine sodium tab		Lidocaine Pain Relieving	
112 mcg	285	see lidocaine patch 4%	164
see levothyroxine sodium tab		lidocaine patch 4%	164
125 mcg	285	lidocaine patch 5%	165
see levothyroxine sodium tab		lidocaine-prilocaine cream 2.5-	
137 mcg	286	2.5%	165
see levothyroxine sodium tab		lifitegrast	
150 mcg	286	see XIIDRA DRO 5%	268
see levothyroxine sodium tab		LILETTA IUD 52MG	134
175 mcg	286	Lillow	

see levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	125	see pediatric multiple vitamin w/ c & fa chew tab	246
linezolid for susp 100 mg/5ml	62	Little Animals Plus Iron	
linezolid tab 600 mg	62	see pediatric multiple vitamins w/ iron chew tab 15 mg ..	244
LIQUACEL LIQ GRAPE	261	Little Remedies For Fever	
LIQUACEL LIQ LEMON	261	see acetaminophen liquid 160 mg/5ml	41
LIQUACEL LIQ ORANGE	261	Little Remedies For Tummy	
LIQUACEL LIQ PCH MNGO	261	see simethicone susp 40 mg/0.6ml	173
LIQUACEL LIQ PUMP+GO	261	LMA MAD MIS NASAL	199
LIQUACEL LIQ VARIETY	261	LO LOESTRIN TAB 1-10-10	126
LIQUACEL LIQ WATERMEL	261	Loestrin 1.5/30-21	
Liquibid		see norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	128
see guaifenesin tab 400 mg	146	Loestrin 1/20-21	
Liquid Acetaminophen		see norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	128
see acetaminophen liquid 160 mg/5ml	41	Loestrin Fe 1.5/30	
Liquid Allergy Relief		see norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	129
see diphenhydramine hcl liquid 12.5 mg/5ml	93	Loestrin Fe 1/20	
Liquid Calcium/vitamin D		see norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	129
see calcium carbonate-vitamin d cap 600 mg-200 unit	211	Lojaimiess	
Liquid Pain Relief		see levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	124
see acetaminophen liquid 160 mg/5ml	41	lomustine	
LIQUILIFT KIT TRACE	219	see GLEOSTINE CAP 100MG ...	107
lisinopril & hydrochlorothiazide tab 10-12.5 mg	105	see GLEOSTINE CAP 10MG	107
lisinopril & hydrochlorothiazide tab 20-12.5 mg	105	see GLEOSTINE CAP 40MG	107
lisinopril & hydrochlorothiazide tab 20-25 mg	105	Long Acting Nasal Spray	
lisinopril tab 10 mg	102	see oxymetazoline hcl nasal soln 0.05%	253
lisinopril tab 2.5 mg	102	Long Lasting Nasal Spray	
lisinopril tab 20 mg	102	see oxymetazoline hcl nasal soln 0.05%	253
lisinopril tab 30 mg	102		
lisinopril tab 40 mg	102		
lisinopril tab 5 mg	102		
LITETOUCH MIS MASK LG	204		
LITETOUCH MIS MASK MD	204		
LITETOUCH MIS MASK SM	204		
Little Animals			

loperamide hcl cap 2 mg	86	losartan potassium tab 25 mg	
loperamide hcl tab 2 mg ...	86, 87	.....	103
loperamide sus 1mg/7.5	87	losartan potassium tab 50 mg	
Loradamed		.....	103
see loratadine tab 10 mg	99	LOTEMAX OIN 0.5%	269
loratadine & pseudoephedrine		LOTEMAX SM GEL 0.38%	269
tab er 12hr 5-120 mg	142	loteprednol etabonate	
loratadine & pseudoephedrine		see ALREX SUS 0.2%	268
tab er 24hr 10-240 mg	142, 143	see EYSUVIS DRO 0.25%	269
Loratadine Childrens		see INVELTYS SUS 1%	269
see loratadine syrup 5 mg/5ml		see KLARITY-L DRO 0.2%	269
.....	98	see KLARITY-L DRO 0.5%	269
loratadine rapidly-disintegrating		see LOTEMAX OIN 0.5%	269
tab 10 mg	98	see LOTEMAX SM GEL 0.38% .	269
loratadine syrup 5 mg/5ml	98, 99	loteprednol etabonate ophth gel	
loratadine tab 10 mg	99	0.5%	269
Loratadine-d 12hr		loteprednol etabonate ophth	
see loratadine &		susp 0.5%	269
pseudoephedrine tab er 12hr		Lotrimin Af	
5-120 mg	142	see miconazole nitrate powder	
Loratadine-d 24hr		2%	154
see loratadine &		see tolnaftate powder 1% ..	156
pseudoephedrine tab er 24hr		Lotrimin Af Powder	
10-240 mg	143	see miconazole nitrate aerosol	
lorazepam conc 2 mg/ml	65	pow 2%	154
lorazepam tab 0.5 mg	65	lovastatin tab 10 mg	101
lorazepam tab 1 mg	65	lovastatin tab 20 mg	101
lorazepam tab 2 mg	66	lovastatin tab 40 mg	101
Loryna		Low-ogestrel	
see drospirenone-ethinyl		see norgestrel & ethinyl	
estradiol tab 3-0.02 mg ...	122	estradiol tab 0.3 mg-30 mcg	
losartan potassium &		.....	133
hydrochlorothiazide tab 100-		Lo-zumandimine	
12.5 mg	105	see drospirenone-ethinyl	
losartan potassium &		estradiol tab 3-0.02 mg ...	122
hydrochlorothiazide tab 100-		Lubricant Eye	
25 mg	105	see white petrolatum-mineral	
losartan potassium &		oil ophth ointment	266
hydrochlorothiazide tab 50-		Lubricant Eye Drops	
12.5 mg	105	see carboxymethylcellulose	
losartan potassium tab 100 mg		sodium (pf) ophth soln 0.5%	
.....	103	.....	263

see **polyethylene glycol-propylene glycol ophth soln 0.4-0.3%** 265
 Lubricant Eye Fast Acting
 see **white petrolatum-mineral oil ophth ointment** 266
 Lubricant Eye Nighttime
 see **white petrolatum-mineral oil ophth ointment** 266
 Lubricant Eye Pm
 see **white petrolatum-mineral oil ophth ointment** 266
 Lubricant Pm
 see **white petrolatum-mineral oil ophth ointment** 266
 Lubricating Eye Drops
 see **polyethylene glycol-propylene glycol ophth soln 0.4-0.3%** 265
 Lubricating Tears Eye Dro
 see **dextran 70-hypromellose ophth soln 0.1-0.3%** 264
lumacaftor-ivacaftor
 see ORKAMBI GRA 150-188.... 282
 see ORKAMBI TAB 100-125 283
 see ORKAMBI TAB 200-125 283
 LUPR DEP-PED INJ 11.25MG 169, 170
 LUPR DEP-PED INJ 15MG 170
 LUPR DEP-PED INJ 3M 30MG 169
 LUPR DEP-PED INJ 7.5MG 169
 Lutera
 see **levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg** 125
 Lyleq
 see **norethindrone tab 0.35 mg** 134
 Lysiplex Plus
 see **multiple vitamins w/ minerals liquid**..... 226
 see **multiple vitamins w/ minerals tab- rx**..... 238

LYSODREN TAB 500MG 108
 Lyza
 see **norethindrone tab 0.35 mg** 134

M

Maalox Childrens
 see **calcium carbonate (antacid) chew tab 400 mg** 58
 Maalox Max
 see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml**..... 56
 Maalox Multi Symptom Maxi
 see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml**..... 57
macitentan
 see OPSUMIT TAB 10MG..... 119
 Macular Health Formula
 see **multiple vitamins w/ minerals cap** 224
 Macuvite
 see **multiple vitamins w/ minerals tab**..... 231
 Macuvite Eye Care
 see **multiple vitamins w/ minerals tab**..... 231
 Macuvite/lutein
 see **multiple vitamins w/ minerals tab**..... 231
 Mag-al Plus
 see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml**..... 54
 Mag-al Plus Xs
 see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml**..... 57
 Magdelay
 see **magnesium chloride tab dr 64 mg (elemental mg)** 217
magnesium chloride tab dr 64 mg (elemental mg) 217

magnesium citrate soln 191
magnesium gluconate tab 27.5 mg (elemental mg) 217
magnesium hydroxide susp 400 mg/5ml..... 191
magnesium hydroxide susp concentrate 2400 mg/10ml 191
magnesium oxide cap 500 mg (elemental mg) 217
magnesium oxide tab 250 mg .60
magnesium oxide tab 250 mg (mg supplement) 217
magnesium oxide tab 400 mg (240 mg elemental mg)..... 217
magnesium oxide tab 400 mg (241.3 mg elemental mg).. 217, 218
magnesium oxide tab 420 mg .60
magnesium oxide tab 500 mg (mg supplement) 218
magnesium tab 250 mg 218
magnesium tab 400 mg 218
Magnesium-oxide
 see *magnesium oxide tab 400 mg (241.3 mg elemental mg)* 217
malathion lotion 0.5% 165
Maox
 see *magnesium oxide tab 420 mg*.....60
Mapap Acetaminophen Extra
 see *acetaminophen liquid 167 mg/5ml*41
Mapap Arthritis Pain
 see *acetaminophen tab er 650 mg*.....44
Mapap Childrens
 see *acetaminophen chew tab 160 mg*40
 see *acetaminophen chew tab 80 mg*40
Marlissa
 see *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* 126
MATULANE CAP 50MG..... 110
Maxepa
 see *omega-3 fatty acids cap 1000 mg*..... 257
Maximum Daily Green
 see *multiple vitamins w/ minerals tab*..... 231
Maximum Epa
 see *omega-3 fatty acids cap 1000 mg*..... 257
Maxi-tuss Ac
 see *guaifenesin-codeine soln 100-10 mg/5ml*..... 142
Maxi-tuss G
 see *dextromethorphan-guaifenesin liquid 10-100 mg/5ml*..... 138
Maxi-tuss Gmx
 see *dextromethorphan-guaifenesin liquid 10-200 mg/5ml*..... 139
M-dryl
 see *diphenhydramine hcl liquid 12.5 mg/5ml* 93
measles, mumps & rubella virus vaccines
 see M-M-R II INJ 296
mecaserin
 see INCRELEX INJ 40MG/4ML. 169
meclizine hcl chew tab 25 mg . 88
meclizine hcl tab 12.5 mg 88
meclizine hcl tab 25 mg..... 88
Medi-bismuth
 see *bismuth subsalicylate chew tab 262 mg*..... 85
Medicated Anti-fungal
 see *tolnaftate soln 1%* 156
Medi-mucil
 see *psyllium cap 0.52 gm* ... 186
Medi-natural

see **sennosides tab 8.6 mg**.. 194
 Medi-natural Plus
 see **sennosides-docusate sodium tab 8.6-50 mg**..... 188
 Medi-phedryl
 see **diphenhydramine hcl cap 25 mg**91
 Medi-profen
 see **ibuprofen cap 200 mg**.....35
 see **ibuprofen susp 40 mg/ml**36
 36
 see **ibuprofen tab 200 mg**37
 Mediproxen
 see **naproxen sodium tab 220 mg**.....38
 Medi-tabs Childrens
 see **acetaminophen elixir 160 mg/5ml**41
 Medi-tabs Extra Strength
 see **acetaminophen tab 500 mg**43
 43
 Medi-tabs Junor Strength
 see **acetaminophen chew tab 160 mg**40
 Medi-tussin Dm
 see **dextromethorphan-guaifenesin syrup 10-100 mg/5ml** 140
medroxyprogesterone acetate (contraceptive)
 see DEPO-SQ PROV INJ 104 ... 134
medroxyprogesterone acetate im susp 150 mg/ml..... 134
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml..... 134
medroxyprogesterone acetate tab 10 mg 274
medroxyprogesterone acetate tab 2.5 mg 274
medroxyprogesterone acetate tab 5 mg 274
mefloquine hcl tab 250 mg ... 106
 Mega Vm-80
 see **multiple vitamins w/ minerals tab**..... 231
megestrol acetate susp 40 mg/ml 108
megestrol acetate tab 20 mg 108
megestrol acetate tab 40 mg 108
 Meijer Advanced Formula F
 see **multiple vitamins w/ minerals tab**..... 231
 Meijer Antacid Maximum St
 see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml**..... 57
 Meijer Antihistamine Alle
 see **diphenhydramine hcl cap 25 mg** 91
 Meijer Aspirin Free
 see **acetaminophen tab 325 mg** 42
 42
 Meijer Jr Strength Aspiri
 see **acetaminophen chew tab 160 mg** 40
meloxicam tab 15 mg 38
meloxicam tab 7.5 mg 38
melphalan tab 2 mg 107
memantine hcl oral solution 2 mg/ml 275
memantine hcl tab 10 mg..... 275
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack... 275
memantine hcl tab 5 mg..... 275
 MENACTRA INJ 295
meningococcal (a,c,y&w-135) oligosaccharide conjugate vac
 see MENVEO INJ..... 295
meningococcal (a,c,y&w-135) polysaccharide conjugate vaccine
 see MENACTRA INJ 295
 see MENQUADFI INJ..... 295
meningococcal group b vaccine (recombinant)

see TRUMENBA INJ..... 295
**meningococcal vac group b
 (recombant omv adjuvanted)**
 see BEXSERO INJ..... 295
 MENQUADFI INJ 295
 Mens Daily Formula/lycope
 see **multiple vitamins w/
 minerals cap** 225
 Mens Hair Formula Ultra M
 see **multiple vitamins w/
 minerals tab** 231
 Mens Life Pack
 see **multiple vitamins w/
 minerals tab** 231
 MENVEO INJ 295
mercaptapurine tab 50 mg.... 107
 Merzee
 see **norethindrone ace-ethinyl
 estradiol-fe cap 1 mg-20 mcg
 (24)**..... 130
**mesalamine cap er 24hr 0.375
 gm** 174
 Metamucil
 see **psyllium powder 28.3%** 186
 METAMUCIL POW 28%ORG 185
 METAMUCIL POW 58.12%..... 185
 Metamucil Smooth Texture
 see **psyllium powder 58.6%** 187
 METAMUCIL WAF..... 185
metformin hcl tab 1000 mg.....81
metformin hcl tab 500 mg81
metformin hcl tab 850 mg81
**metformin hcl tab er 24hr 500
 mg**81
**metformin hcl tab er 24hr 750
 mg**81
methadone hcl tab 10 mg48
methadone hcl tab 5 mg48
 Methergine
 see **methylergonovine maleate
 tab 0.2 mg** 272
methimazole tab 10 mg 283
methimazole tab 5 mg 283

methocarbamol tab 500 mg.. 250
methocarbamol tab 750 mg.. 251
**methotrexate sodium inj 250
 mg/10ml (25 mg/ml)** 107
**methotrexate sodium inj 50
 mg/2ml (25 mg/ml)** 107
**methotrexate sodium inj pf 1000
 mg/40ml (25 mg/ml)** 107
**methotrexate sodium inj pf 250
 mg/10ml (25 mg/ml)** 107
**methotrexate sodium inj pf 50
 mg/2ml (25 mg/ml)** 107
**methotrexate sodium tab 2.5 mg
 (base equiv)** 107
methylcellulose tab 500 mg . 185
methyldopa tab 250 mg 103
methyldopa tab 500 mg 103
**methylergonovine maleate tab
 0.2 mg** 272
**methylphenidate hcl cap er 10
 mg (cd)** 31
**methylphenidate hcl cap er 20
 mg (cd)** 31
**methylphenidate hcl cap er 30
 mg (cd)** 31
**methylphenidate hcl cap er 40
 mg (cd)** 32
**methylphenidate hcl cap er 50
 mg (cd)** 32
**methylphenidate hcl cap er 60
 mg (cd)** 32
**methylphenidate hcl soln 10
 mg/5ml** 32
**methylphenidate hcl soln 5
 mg/5ml** 32
methylphenidate hcl tab 10 mg
 32
methylphenidate hcl tab 20 mg
 32
methylphenidate hcl tab 5 mg 32
**methylphenidate hcl tab er 10
 mg** 32

methylphenidate hcl tab er 20 mg	33	metronidazole gel 0.75%	165
methylphenidate hcl tab er 24hr 18 mg	33	metronidazole lotion 0.75% .	165
methylphenidate hcl tab er 24hr 27 mg	33	metronidazole tab 250 mg	61
methylphenidate hcl tab er 24hr 36 mg	33	metronidazole tab 500 mg	61
methylphenidate hcl tab er 24hr 54 mg	33	metronidazole vaginal gel 0.75%	297
methylprednisolone tab 16 mg	135	mexiletine hcl cap 150 mg	66
methylprednisolone tab 32 mg	135	mexiletine hcl cap 200 mg	66
methylprednisolone tab 4 mg	135	mexiletine hcl cap 250 mg	66
methylprednisolone tab 8 mg	135	Mg217 Psoriasis Anti-itch	
methylprednisolone tab therapy pack 4 mg (21)	136	see hydrocortisone gel 1% .	160
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	173	Mgo	
metoclopramide hcl tab 10 mg (base equivalent)	174	see magnesium oxide tab 400 mg (241.3 mg elemental mg)	218
metoclopramide hcl tab 5 mg (base equivalent)	174	Mi-acid Gas Relief	
metolazone tab 10 mg	169	see simethicone chew tab 80 mg	172
metolazone tab 2.5 mg	169	Mibelas 24 Fe	
metolazone tab 5 mg	169	see norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	130
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	114	Micaderm	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	114	see miconazole nitrate cream 2%	154
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	114	Miconazole 3 Combination	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	114	see miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit	297
metoprolol tartrate tab 100 mg	114	see miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit	298
metoprolol tartrate tab 25 mg	114	Miconazole 7	
metoprolol tartrate tab 50 mg	114	see miconazole nitrate vaginal cream 2%	298
metronidazole cream 0.75% .	165	see miconazole nitrate vaginal suppos 100 mg	298
		miconazole nitrate aerosol pow 2%	154
		miconazole nitrate cream 2%	154
		miconazole nitrate powder 2%	154, 155

**miconazole nitrate vaginal app
200 mg & 2% cream 9 gm kit**
..... 297

**miconazole nitrate vaginal
cream 2%** 298

**miconazole nitrate vaginal
cream 4% (200 mg/5gm)** .. 298

**miconazole nitrate vaginal supp
200 mg & 2% cream 9 gm kit**
..... 298

**miconazole nitrate vaginal
suppos 100 mg**..... 298

MICRHOGAM PL INJ 50MCG 273

MICROCHAMBER MIS 204

Microgestin 1.5/30
see **norethindrone ace &
ethinyl estradiol tab 1.5 mg-
30 mcg** 128

Microgestin 1/20
see **norethindrone ace &
ethinyl estradiol tab 1 mg-20
mcg** 128

Microgestin 24 Fe
see **norethindrone ace-ethinyl
estradiol-fe tab 1 mg-20 mcg
(24)**..... 130

Microgestin Fe 1.5/30
see **norethindrone ace &
ethinyl estradiol-fe tab 1.5
mg-30 mcg** 129

Microgestin Fe 1/20
see **norethindrone ace &
ethinyl estradiol-fe tab 1 mg-
20 mcg** 129

midodrine hcl tab 10 mg 299

midodrine hcl tab 2.5 mg 299

midodrine hcl tab 5 mg 299

Midol
see **acetaminophen tab er 650
mg**.....44

Mili
see **norgestimate & ethinyl
estradiol tab 0.25 mg-35 mcg**
..... 131

Milk Of Magnesia
see **magnesium hydroxide susp
400 mg/5ml**..... 191

Milk Of Magnesia Concentr
see **magnesium hydroxide susp
concentrate 2400 mg/10ml**
..... 191

Milltrium Advanced Formul
see **multiple vitamins w/
minerals tab**..... 231

Milltrium Cardio
see **multiple vitamins w/
minerals tab**..... 231

Milltrium Senior
see **multiple vitamins w/
minerals tab**..... 231

mineral oil..... 190, 191

mineral oil enema 191

mineral oil- rx 191

Minerin Creme
see **skin protectants misc -
cream**..... 165

MINIELITE MIS FILTERS 204

Minitran
see **nitroglycerin td patch 24hr
0.1 mg/hr** 63

see **nitroglycerin td patch 24hr
0.2 mg/hr** 63

see **nitroglycerin td patch 24hr
0.4 mg/hr** 63

see **nitroglycerin td patch 24hr
0.6 mg/hr** 63

minocycline hcl cap 100 mg.. 283

minocycline hcl cap 50 mg ... 283

minoxidil tab 10 mg 106

minoxidil tab 2.5 mg 106

Mintox Maximum Strength
see **alum & mag hydroxide-
simethicone susp 400-400-
40 mg/5ml**..... 57

Mintox Plus	
see alum & mag hydroxide-simethicone chew tab 200-200-25 mg	53
MIRENA IUD SYSTEM	134
mirtazapine tab 15 mg	75
mirtazapine tab 30 mg	75
mirtazapine tab 45 mg	75
misc. devices	
see LMA MAD MIS NASAL	199
misoprostol tab 100 mcg	294
misoprostol tab 200 mcg	294
mitotane	
see LYSODREN TAB 500MG	108
Mm Acid-pep Maximum Stren	
see famotidine tab 20 mg ...	292
Mm Clearlax	
see polyethylene glycol 3350 oral powder	190
Mm Famotidine	
see famotidine tab 20 mg ...	292
M-M-R II INJ.....	296
modafinil tab 100 mg	33
modafinil tab 200 mg	33
mometasone furoate cream 0.1%	161
mometasone furoate oint 0.1%	161
mometasone furoate solution 0.1% (lotion)	161
Mondoxyne NI	
see doxycycline monohydrate cap 100 mg	283
Monistat 1-day	
see tioconazole vaginal oint 6.5%	298
Mono-linyah	
see norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	131
montelukast sodium chew tab 4 mg (base equiv)	67
montelukast sodium chew tab 5 mg (base equiv)	67
montelukast sodium tab 10 mg (base equiv)	67
morphine sulfate oral soln 10 mg/5ml	48
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	49
morphine sulfate oral soln 20 mg/5ml	48
morphine sulfate tab 15 mg ...	49
morphine sulfate tab 30 mg ...	49
morphine sulfate tab er 100 mg	49
morphine sulfate tab er 15 mg ..	49
morphine sulfate tab er 30 mg ..	49
morphine sulfate tab er 60 mg ..	49
Motion-time	
see meclizine hcl chew tab 25 mg	88
Motrin Ib	
see ibuprofen cap 200 mg	35
see ibuprofen tab 200 mg	37
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	268
moxifloxacin hcl ophth soln 0.5% (base equiv)	268
MOXIFLOXACIN SOL 1MG/ML....	268
MOXIFLOXACIN SOL 5MG/ML....	268
M-pap	
see acetaminophen liquid 160 mg/5ml	41
Mucinex Childrens Stuffy	
see oxymetazoline hcl nasal soln 0.05%	253
Mucinex Fast-max Chest Co	
see guaifenesin liquid 100 mg/5ml	145
Mucinex Sinus-max Clear &	
see oxymetazoline hcl nasal soln 0.05%	253
Mucosa	

see **guaifenesin tab 400 mg** 146
 MUCOSAL ATOM MIS DEVICE 199
 Mucus D
 see **pseudoephedrine-guaifenesin tab er 12hr 60-600 mg** 144
 Mucus Dm
 see **dextromethorphan-guaifenesin tab er 12hr 30-600 mg** 141
 Mucus Relief
 see **guaifenesin tab er 12hr 600 mg** 147
 Mucus Relief Chest Conges
 see **guaifenesin liquid 100 mg/5ml** 145
 see **guaifenesin tab 200 mg** 146
 Mucus Relief Dm
 see **dextromethorphan-guaifenesin tab er 12hr 30-600 mg** 141
 Mucus+chest Congestion/ad
 see **guaifenesin liquid 100 mg/5ml** 145
 Mucus-d
 see **pseudoephedrine-guaifenesin tab er 12hr 60-600 mg** 144
 Mucus-dm
 see **dextromethorphan-guaifenesin tab er 12hr 30-600 mg** 141
 Multi Complete
 see **multiple vitamins w/ minerals cap** 225
 Multi Complete/iron
 see **multiple vitamins w/ minerals tab** 231
 Multi For Her
 see **multiple vitamins w/ minerals cap** 225
 see **multiple vitamins w/ minerals tab** 231
 Multi For Her 50+
 see **multiple vitamins w/ minerals cap** 225
 see **multiple vitamins w/ minerals tab** 231
 Multi For Him
 see **multiple vitamins w/ minerals cap** 225
 see **multiple vitamins w/ minerals tab** 231
 Multi For Him 50+
 see **multiple vitamins w/ minerals tab** 231
 Multi Vitamin Daily
 see **multiple vitamin tab** 239
 Multi Vitamin With Iron
 see **multiple vitamins w/ iron tab** 223
 Multi-day
 see **multiple vitamin tab** 239
 Multi-day Plus Iron
 see **multiple vitamins w/ iron tab** 223
 Multi-day Plus Minerals
 see **multiple vitamins w/ minerals tab** 231
 Multi-day Weight Trim
 see **multiple vitamins w/ minerals tab** 231
 Multi-lean
 see **multiple vitamins w/ minerals tab** 231
 multiple vitamin cap 238
 multiple vitamin tab 238, 239, 240
 Multiple Vitamin/minerals
 see **multiple vitamins w/ minerals tab** 232
 Multiple Vitamins Essenti
 see **multiple vitamin tab** 239
 multiple vitamins w/ iron tab 223
 multiple vitamins w/ minerals cap 223, 224, 225

multiple vitamins w/ minerals cap- rx 225
multiple vitamins w/ minerals liquid 226
multiple vitamins w/ minerals tab 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237
multiple vitamins w/ minerals tab- rx.....237, 238
 Multiple Vitamins/womens
 see **multiple vitamins w/ minerals tab** 232
 MULTITRACE-4 INJ NEONATAL .. 219
 MULTITRACE-4 INJ PED 219
 Multi-vit/iron/fluoride
 see **pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** 241
 Multivitamin
 see **multiple vitamins w/ minerals liquid**..... 226
 Multi-vitamin
 see **multiple vitamin tab** 239
 Multivitamin Adult One Da
 see **multiple vitamin tab** 239
 Multivitamin Adults
 see **multiple vitamins w/ minerals tab** 232
 Multivitamin Adults 50+
 see **multiple vitamins w/ minerals tab** 232
 Multi-vitamin Daily
 see **multiple vitamin tab** 239
 Multivitamin Gummies Chil
 see **pediatric multiple vitamin w/ minerals & c chew tab** 242
 Multivitamin Iron-free
 see **multiple vitamin tab** 239
 Multivitamin Men 50+
 see **multiple vitamins w/ minerals tab** 232
 Multivitamin Plus Iron Ad
 see **multiple vitamins w/ iron tab** 223
 Multivitamin Select/fluor
 see **pediatric vitamins acid w/ fluoride soln 0.25 mg/ml**. 243
 Multivitamin With Fluorid
 see **pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml** 243
 see **pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml** 243
 Multivitamin Women
 see **multiple vitamins w/ minerals tab** 232
 Multivitamin Women 50+
 see **multiple vitamins w/ minerals tab** 232
 Multivitamin Women 50+ Ad
 see **multiple vitamins w/ minerals tab** 232
 Multivitamin/fluoride
 see **pediatric multiple vitamins w/ fluoride chew tab 0.25 mg** 243
 see **pediatric multiple vitamins w/ fluoride chew tab 0.5 mg** 243
 see **pediatric multiple vitamins w/ fluoride chew tab 1 mg** 243
 see **pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml** 243
 Multi-vitamin/fluoride Dr
 see **pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml** 243
 see **pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml** 243
 Multi-vitamin/fluoride/ir

see **pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** 241
 Multivitamin/fluoride/iron
 see **pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** 241
 Multi-vitamin/menopausal
 see **multiple vitamins w/ minerals tab** 232
 Multi-vitamin/minerals
 see **multiple vitamins w/ minerals tab** 232
 Multi-vitamin/multi-miner
 see **multiple vitamins w/ minerals liquid**..... 226
 Multi-vitamins/iron
 see **multiple vitamins w/ iron tab**..... 223
mupirocin oint 2% 151
 Murine Ear
 see **carbamide peroxide 6.5% otic soln**..... 272
 Mv-one
 see **multiple vitamin cap** 238
 Mvw Complete Formulation
 see **pediatric multiple vitamin w/ minerals & c chew tab** 242
 My Choice
 see **levonorgestrel tab 1.5 mg** 133
 My Way
 see **levonorgestrel tab 1.5 mg** 133
 Myamulti
 see **multiple vitamins w/ minerals tab** 232
 Mycocide Clinical Ns Anti
 see **tolnaftate soln 1%**..... 156
mycophenolate mofetil cap 250 mg 220
mycophenolate mofetil tab 500 mg 220

Mycozyl Al
 see **tolnaftate soln 1%** 156
 Mycozyl Ap
 see **miconazole nitrate powder 2%**..... 154
 Myferon 150
 see **polysaccharide iron complex cap 150 mg (iron equivalent)** 182
 Myferon 150 Forte
 see **iron polysacch complex-vit b12-fa cap 150-0.025-1 mg** 179
 Mylanta Maximum Strength
 see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml**..... 57
 MYNATAL CAP..... 248
 MYNATAL PLUS TAB..... 248
 MYNATAL-Z TAB..... 248
 Mynephrocaps
 see **b-complex w/ c & folic acid cap 1 mg- rx**..... 221
 Mynephron
 see **b-complex w/ c & folic acid cap 1 mg- rx**..... 221
 Myorisan
 see **isotretinoin cap 10 mg** . 148
 see **isotretinoin cap 20 mg** . 149
 see **isotretinoin cap 30 mg** . 149
 see **isotretinoin cap 40 mg** . 149
 My-vitalife
 see **multiple vitamins w/ minerals cap** 225
N
nabumetone tab 500 mg 38
nabumetone tab 750 mg 38
nadolol tab 20 mg 114
nadolol tab 40 mg 114
nadolol tab 80 mg 114
nafarelin acetate
 see SYNAREL SOL 2MG/ML..... 170
 Nafrinse

see sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	217	NATALVIT TAB 75-1MG	248
naproxen sodium tab 220 mg .38		NATAZIA TAB	126
naproxen susp 125 mg/5ml	38	nateglinide tab 120 mg	84
naproxen tab 250 mg	38	nateglinide tab 60 mg	84
naproxen tab 375 mg	38	Nat-rul Daily-vite + Iron	
naproxen tab 500 mg	38	see multiple vitamins w/ iron tab	223
naproxen tab ec 375 mg	38	Nat-rul Iron	
naproxen tab ec 500 mg	38	see ferrous sulfate tab 325 mg (65 mg elemental fe)	181
Naramin		Nat-rul Oyster Calcium +	
see diphenhydramine hcl liquid 12.5 mg/5ml	93	see calcium carbonate-cholecalciferol tab 500 mg-125 unit	208
naratriptan hcl tab 1 mg (base equiv)	207	Nat-rul Vitamin D	
naratriptan hcl tab 2.5 mg (base equiv)	207	see cholecalciferol tab 5000 unit	303
Nasal Decongestant Maximu		Natural Fiber Laxative	
see pseudoephedrine hcl tab 30 mg	255	see psyllium powder 30.9% 186	
Nasal Decongestant Pe		see psyllium powder 58.6% 187	
see phenylephrine hcl tab 10 mg	255	Natural Psyllium Seed Ind	
Nasal Decongestant Spray		see psyllium powder 100% 187	
see oxymetazoline hcl nasal soln 0.05%	254	Natural Vegetable Fiber	
Nasal Moisturizing Spray		see psyllium powder 48.57%	186
see saline nasal spray 0.65%	251	NATURE THROI TAB 162.5MG ...	287
Nasal Spray 12 Hour		NATURE-THROI TAB 113.75MG .	287
see oxymetazoline hcl nasal soln 0.05%	254	NATURE-THROI TAB 130MG.....	287
Nasal Spray Anti-drip		NATURE-THROI TAB 146.25MG .	287
see oxymetazoline hcl nasal soln 0.05%	254	NATURE-THROI TAB 16.25MG...	287
Nasal Spray Maximum Stren		NATURE-THROI TAB 195MG.....	287
see oxymetazoline hcl nasal soln 0.05%	254	NATURE-THROI TAB 260MG.....	287
Nasal Spray No Drip		NATURE-THROI TAB 32.5MG.....	287
see oxymetazoline hcl nasal soln 0.05%	254	NATURE-THROI TAB 325MG.....	287
Nasal Spray Sinus		NATURE-THROI TAB 48.75MG...	287
see oxymetazoline hcl nasal soln 0.05%	254	NATURE-THROI TAB 65MG	287
		NATURE-THROI TAB 81.25MG...	287
		NATURE-THROI TAB 97.5MG.....	287
		Nausea Control	
		see fructose-dextrose-phosphoric acid oral soln...	88
		Nausea Relief	

see **fructose-dextrose-phosphoric acid oral soln** ...89

NEBULIZER..... 205

NEBULIZER MIS MASK CHD 205

NEBULIZER MIS MASK INF..... 205

NEBULIZER- RX..... 205

nebulizers

see NEBULIZER..... 205

see NEBULIZER- RX..... 205

Necon 0.5/35-28

see **norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg** 126

needle (disp) 18 g

see NEEDLE (DISP) 18 X 1-1/2 201

NEEDLE (DISP) 18 X 1-1/2 201

neomycin sulfate tab 500 mg ..33

neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 268

neomycin-bacitracin-polymyxin oint151, 152

neomycin-bacitracin-polymyxin-pramoxine oint 1%152, 153

neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml..... 268

neomycin-polymyxin-dexamethasone ophth oint 0.1%..... 269

neomycin-polymyxin-dexamethasone ophth susp 0.1% 269

neomycin-polymyxin-hc otic soln 1% 272

neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% 272

Neo-polycin

see **neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin** 268

Neo-polycin Hc

see **bacitracin-polymyxin-neomycin-hc ophth oint 1%** 269

NEORAL CAP 100MG..... 220

NEORAL CAP 25MG..... 220

NEORAL SOL 100MG/ML..... 220

Neosporin

see **bacitracin-polymyxin b oint** 151

Neosporin + Pain Relief M

see **neomycin-bacitracin-polymyxin-pramoxine oint 1%**..... 152

Neosporin Pain/itch/scar

see **neomycin-bacitracin-polymyxin-pramoxine oint 1%**..... 152

Neosporin/burn Relief

see **neomycin-bacitracin-polymyxin-pramoxine oint 1%**..... 152

Nephro Vitamins

see **b-complex w/ c & folic acid tab 0.8 mg** 222

Nephronex

see **b-complex w/ c & folic acid tab 1 mg- rx** 222

netarsudil dimesylate

see RHOPRESSA SOL 0.02% .. 268

New Day

see **levonorgestrel tab 1.5 mg** 133

NEXAVAR TAB 200MG 109

NEXLETOL TAB 180MG..... 100

NEXLIZET TAB 180/10MG..... 100

NEXPLANON IMP 68MG 134

NEXTSTELLIS TAB 3-14.2MG ... 126

niacin cap 500mg 118

niacin cap er 250 mg 303

niacin cap er 500 mg 303

Niacin Flush Free

see **niacin cap 500mg** 118

niacin tab 100 mg 303

niacin tab 250 mg	303	nifedipine tab er 24hr 30 mg	117
niacin tab 50 mg	303	nifedipine tab er 24hr 60 mg	117
niacin tab 500 mg	303	nifedipine tab er 24hr 90 mg	117
niacin tab er 250 mg	303	nifedipine tab er 24hr osmotic release 30 mg	117
niacin tab er 500 mg	303	nifedipine tab er 24hr osmotic release 60 mg	117
niacin tab er 750 mg	303, 304	nifedipine tab er 24hr osmotic release 90 mg	117
niacinamide tab 500 mg	304	Night Time Sleep Aid	
Nicotine Mini Lozenge		see diphenhydramine hcl (sleep) tab 25 mg	182
see nicotine polacrilex lozenge 2 mg	279	Nighttime Sleep-aid	
see nicotine polacrilex lozenge 4 mg	280	see diphenhydramine hcl (sleep) tab 25 mg	182
nicotine polacrilex gum 2 mg	277, 278	Nikki	
nicotine polacrilex gum 4 mg	278	see drospirenone-ethinyl estradiol tab 3-0.02 mg ...	122
nicotine polacrilex lozenge 2 mg	278, 279	nitrofurantoin macrocrystalline cap 100 mg	62
nicotine polacrilex lozenge 4 mg	279, 280	nitrofurantoin macrocrystalline cap 50 mg	62
Nicotine Polacrilex Mini		nitrofurantoin monohydrate macrocrystalline cap 100 mg	62
see nicotine polacrilex lozenge 2 mg	279	nitrofurantoin susp 25 mg/5ml	62
Nicotine Step 1		nitroglycerin sl tab 0.3 mg	63
see nicotine td patch 24hr 21 mg/24hr	282	nitroglycerin sl tab 0.4 mg	63
Nicotine Step 3		nitroglycerin sl tab 0.6 mg	63
see nicotine td patch 24hr 7 mg/24hr	281	nitroglycerin td patch 24hr 0.1 mg/hr	63
nicotine td patch 24hr 14 mg/24hr	281, 282	nitroglycerin td patch 24hr 0.2 mg/hr	63
nicotine td patch 24hr 21 mg/24hr	282	nitroglycerin td patch 24hr 0.4 mg/hr	63
nicotine td patch 24hr 7 mg/24hr	280, 281	nitroglycerin td patch 24hr 0.6 mg/hr	63
Nicotine Transdermal Syst		NIVESTYM INJ 300/0.5	178
see nicotine td patch 24hr 14 mg/24hr	281	NIVESTYM INJ 480/0.8	178
see nicotine td patch 24hr 21 mg/24hr	282	nizatidine cap 150 mg	292
see nicotine td patch 24hr 7 mg/24hr	281	nizatidine oral soln 15 mg/ml	292
nifedipine cap 10 mg	117	No Drip Nasal Spray	
nifedipine cap 20 mg	117		

see **oxymetazoline hcl nasal soln 0.05%** 254
 Non-aspirin
 see **acetaminophen tab 325 mg**42
 see **acetaminophen tab 500 mg**43
 Non-aspirin Junior Streng
 see **acetaminophen chew tab 160 mg**40
nonoxynol-9
 see ENCARE SUP 100MG 297
 see GYNOL II GEL 3%..... 297
 see SHUR-SEAL GEL 2% 297
 see TODAY SPONGE MIS 297
 see VCF VAGINAL AER CONTRACP 297
 see VCF VAGINAL GEL CONTRACE 297
 see VCF VAGINAL MIS CONTRACP 297
 Non-pseudo Sinus Deconges
 see **phenylephrine hcl tab 10 mg** 255
 Nora-be
 see **norethindrone tab 0.35 mg** 135
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.. 133
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg 126
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg126, 127
norethindrone & ethinyl estradiol tab 1 mg-35 mcg . 127
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg 127
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg 127
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 127, 128
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 128
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg 128, 129
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg 129
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) 130
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) 130
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) 130
norethindrone acetate tab 5 mg 274
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 171
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg... 171
norethindrone acetate-ethinyl estradiol-fe fum (biphasic)
 see LO LOESTRIN TAB 1-10-10126
norethindrone ac-ethinyl estradiol-fe tab 1-20/1-30/1-35 mg-mcg 127
norethindrone tab 0.35 mg.. 134, 135
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg 130, 131
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg 131

norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	131	NOVOLOG MIX INJ FLEXPEN	83
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	131, 132	NOVOLOG RELI INJ 70/30	83
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	132	NOZIN NASAL MIS SANITIZE	251
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	133	Np Thyroid 120	
Norlyda		see thyroid tab 120 mg (2 grain)	288
see norethindrone tab 0.35 mg	135	Np Thyroid 15	
Norlyroc		see thyroid tab 15 mg (1/4 grain)	288
see norethindrone tab 0.35 mg	135	Np Thyroid 30	
Nortrel 0.5/35 (28)		see thyroid tab 30 mg (1/2 grain)	288
see norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	127	Np Thyroid 60	
Nortrel 1/35		see thyroid tab 60 mg (1 grain)	288
see norethindrone & ethinyl estradiol tab 1 mg-35 mcg	127	Np Thyroid 90	
Nortrel 7/7/7		see thyroid tab 90 mg (1 1/2 grain)	288
see norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	131	Nu-iron 150	
nortriptyline hcl cap 10 mg	78	see polysaccharide iron complex cap 150 mg (iron equivalent)	182
nortriptyline hcl cap 25 mg	78	Nulev	
nortriptyline hcl cap 50 mg	78	see hyoscyamine sulfate tab disint 0.125 mg	291
nortriptyline hcl cap 75 mg	78	NUTRASENTIAL POW	261
Norwegian Salmon Oil		NUTRASENTIAL POW BANANA...	261
see omega-3 fatty acids cap 1000 mg	257	NUTRASENTIAL POW CHERRY ...	261
NOSE CLIP MIS	205	NUTRASENTIAL POW GRAPE	261
NOVOLIN INJ 70/30	83	NUTRASENTIAL POW LEMONADE	261
NOVOLIN INJ 70/30 FP.....	83	NUTRASENTIAL POW MANGO....	261
NOVOLIN N INJ 100 UNIT	83	NUTRASENTIAL POW ORANGE ..	261
NOVOLIN N INJ U-100.....	83	NUTRIENTS TAB PRENATAL	248
NOVOLIN R INJ U-100	83	Nutrifac Zx	
NOVOLOG MIX INJ 70/30.....	83	see multiple vitamins w/ minerals tab- rx	238
NOVOLOG MIX INJ FLEX REL	83	Nutritional Support For Y	
		see multiple vitamins w/ minerals tab	232
		Nyamyc	
		see nystatin topical powder 100000 unit/gm	155
		Nylia 7/7/7	

see norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	131	see multiple vitamins w/ minerals tab	232
Nymyo		Ocuvite Eye + Multi	
see norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	131	see multiple vitamins w/ minerals tab	232
nystatin cream 100000 unit/gm	155	Ocuvite Eye Health Formul	
nystatin oint 100000 unit/gm	155	see multiple vitamins w/ minerals cap	225
nystatin susp 100000 unit/ml	221	Ocuvite/lutein	
nystatin tab 500000 unit	89	see multiple vitamins w/ minerals tab	232
nystatin topical powder 100000 unit/gm	155	Odor Control Foot & Sneak	
Nystop		see tolnaftate aerosol pow 1%	155
see nystatin topical powder 100000 unit/gm	155	Odor Eaters Antifungal	
O		see tolnaftate powder 1% ..	156
O-CAL TAB PRENATAL	248	Odor Eaters Foot & Sneake	
Ocean For Kids		see tolnaftate aerosol pow 1%	155
see saline nasal spray 0.65%	251	ofloxacin ophth soln 0.3%	268
Ocella		ofloxacin otic soln 0.3%	272
see drospirenone-ethinyl estradiol tab 3-0.03 mg ...	123	olodaterol hcl	
octreotide acetate		see STRIVERDI AER 2.5MCG	69
see SANDOSTATIN KIT LAR 10MG	170	olopatadine hcl	
see SANDOSTATIN KIT LAR 20MG	170	see PATADAY SOL 0.1%	270
see SANDOSTATIN KIT LAR 30MG	170	see PATADAY SOL 0.2%	270
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	170	olopatadine hcl ophth soln 0.1% (base equivalent)	270
Ocutabs		olopatadine hcl ophth soln 0.2% (base equivalent)	270
see multiple vitamins w/ minerals tab	232	omalizumab	
Ocutabs/lutein		see XOLAIR INJ 150MG/ML	67
see multiple vitamins w/ minerals tab	232	see XOLAIR INJ 75/0.5	67
Ocuvite Extra		see XOLAIR SOL 150MG	67
		Omega Iii Epa+dha	
		see omega-3 fatty acids cap 1000 mg	257
		Omega-3 Cf	
		see omega-3 fatty acids cap 1000 mg	257
		omega-3 fatty acids cap 1000 mg	257, 258

omega-3 fatty acids cap 1200 mg 258
omega-3 fatty acids cap 500 mg 257
omega-3 fatty acids cap delayed release 1000 mg 258, 259
omega-3 fatty acids cap delayed release 1200 mg 259
Omega-3 Fish Oil Concentr
see **omega-3 fatty acids cap delayed release 1000 mg** . 259
omeprazole
see FIRST-OMEPRASUS 2MG/ML 293
see OMEPRASUS + SYRSPEND..... 293
OMEPRAZOLE + SYRSPEND 293
omeprazole cap delayed release 10 mg 293
omeprazole cap delayed release 20 mg 293
omeprazole cap delayed release 40 mg 293
omeprazole delayed release tab 20 mg 293
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv) 293
omeprazole magnesium delayed release tab 20 mg (base equiv) 293
Omera
see **omega-3 fatty acids cap 1000 mg** 257
OMNIFLEX DPR..... 198
OMNITROPE INJ 5.8MG 169
Once Daily
see **multiple vitamin tab** 239
ondansetron hcl oral soln 4 mg/5ml..... 87
ondansetron hcl tab 4 mg 87
ondansetron hcl tab 8 mg 87

ondansetron orally disintegrating tab 4 mg 87
ondansetron orally disintegrating tab 8 mg 87
One Daily
see **multiple vitamin tab** 239
One Daily 50 Plus
see **multiple vitamins w/ minerals tab** 232
One Daily Adults 50+
see **multiple vitamins w/ minerals tab** 232
One Daily Complete
see **multiple vitamins w/ minerals tab** 232
One Daily Complete For Me
see **multiple vitamins w/ minerals tab** 233
One Daily Essential
see **multiple vitamin tab** 240
One Daily For Men 50+ Adv
see **multiple vitamins w/ minerals tab** 233
One Daily For Women 50+a
see **multiple vitamins w/ minerals tab** 233
One Daily Healthy Weight
see **multiple vitamins w/ minerals tab** 233
One Daily Maximum
see **multiple vitamins w/ minerals tab** 233
One Daily Multivitamin Ad
see **multiple vitamin tab** 240
see **multiple vitamins w/ minerals tab** 233
One Daily Multivitamin Wo
see **multiple vitamins w/ minerals tab** 233
One Daily Multivitamin/ir
see **multiple vitamins w/ minerals tab** 233
One Daily Plus Iron

see **multiple vitamins w/
minerals tab** 233
 One Daily Plus Minerals
 see **multiple vitamins w/
minerals tab** 233
 One Daily/iron/calcium
 see **multiple vitamins w/
minerals tab** 233
 One Daily/minerals
 see **multiple vitamins w/
minerals tab** 233
 One-a-day Teen Advantage
 see **multiple vitamins w/
minerals tab** 233
 One-daily Multi Vitamins
 see **multiple vitamin tab** 240
 One-daily Multi-vitamin
 see **multiple vitamin tab** 240
 One-daily Multi-vitamin/i
 see **multiple vitamins w/ iron
tab**..... 223
 One-daily/iron
 see **multiple vitamins w/ iron
tab**..... 223
 Opcicon One-step
 see **levonorgestrel tab 1.5 mg**
 133
 OPSUMIT TAB 10MG 119
 OPTICHAMBER MIS DIA LG 205
 OPTICHAMBER MIS DIA MD 205
 OPTICHAMBER MIS DIA SM..... 205
 OPTICHAMBER MIS DIAMOND ... 205
 Optic-vites
 see **multiple vitamins w/
minerals tab** 233
 Optic-vites With Lutein
 see **multiple vitamins w/
minerals tab** 233
 Optimal-d
 see **cholecalciferol cap 50000
unit** 300
 Optimum Pms

see **multiple vitamins w/
minerals tab** 233
 Option 2
 see **levonorgestrel tab 1.5 mg**
 133
oral electrolyte solution 216, 217
 Oral Electrolyte Solution
 see **oral electrolyte solution** 216
 Oralone Dental Paste
 see **triamcinolone acetonide
dental paste 0.1%**..... 221
 Oralyte
 see **oral electrolyte solution** 216
 Oralyte Freezer Pops
 see **oral electrolyte solution** 216
 ORKAMBI GRA 150-188 282
 ORKAMBI TAB 100-125 283
 ORKAMBI TAB 200-125 283
**orphenadrine citrate tab er 12hr
100 mg** 251
 Orsythia
 see **levonorgestrel & ethinyl
estradiol tab 0.1 mg-20 mcg**
 125
 Os-cal
 see **calcium carbonate-
cholecalciferol chew tab 500
mg-600 unit** 208
 Os-cal Calcium + D3
 see **calcium carbonate-
cholecalciferol tab 500 mg-
200 unit** 209
 Oscimin
 see **hyoscyamine sulfate sl tab
0.125 mg**..... 290
 see **hyoscyamine sulfate tab
0.125 mg**..... 291
 Oscimin Sr
 see **hyoscyamine sulfate tab er
12hr 0.375 mg** 291
**oseltamivir phosphate cap 30
mg (base equiv)** 113

oseltamivir phosphate cap 45 mg (base equiv)	113	oxycodone hcl tab 5 mg	49
oseltamivir phosphate cap 75 mg (base equiv)	113	oxycodone w/ acetaminophen tab 10-325 mg	51
oseltamivir phosphate for susp 6 mg/ml (base equiv)	113	oxycodone w/ acetaminophen tab 5-325 mg	51
osimertinib mesylate		oxycodone w/ acetaminophen tab 7.5-325 mg	51
see TAGRISSO TAB 40MG	107	oxymetazoline hcl nasal soln 0.05%	253, 254
see TAGRISSO TAB 80MG	107	Oysco 500+d	
Osteoprime Ultra		see calcium carbonate-cholecalciferol tab 500 mg-200 unit	209
see multiple vitamins w/ minerals tab	233	Oyster Calcium/d3	
OTEZLA TAB 10/20/30	39	see calcium carbonate-cholecalciferol tab 500 mg-200 unit	209
OTEZLA TAB 30MG	39	Oyster Shell Calcium + D	
Ovega-3		see calcium carbonate-cholecalciferol tab 500 mg-400 unit	209
see omega-3 fatty acids cap 500 mg	257	Oyster Shell Calcium + D3	
oxaprozin tab 600 mg	38	see calcium carbonate-cholecalciferol tab 500 mg-400 unit	209
OXAYDO TAB 5MG	49	Oyster Shell Calcium + D3	
oxazepam cap 10 mg	66	see calcium carbonate-cholecalciferol tab 500 mg-400 unit	209
oxazepam cap 15 mg	66	Oyster Shell Calcium 250+	
oxazepam cap 30 mg	66	see calcium carbonate-cholecalciferol tab 250 mg-125 unit	208
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	72	Oyster Shell Calcium 500	
oxcarbazepine tab 150 mg	72	see calcium carbonate-vitamin d tab 500 mg-125 unit	212
oxcarbazepine tab 300 mg	72	Oyster Shell Calcium 500+	
oxcarbazepine tab 600 mg	72	see calcium carbonate-cholecalciferol chew tab 500 mg-400 unit	208
oxybutynin chloride syrup 5 mg/5ml	294	Oyster Shell Calcium Plus	
oxybutynin chloride tab 5 mg	294	see calcium carbonate-cholecalciferol tab 500 mg-125 unit	208
oxybutynin chloride tab er 24hr 10 mg	294	see calcium carbonate-cholecalciferol tab 500 mg-200 unit	209
oxybutynin chloride tab er 24hr 15 mg	294		
oxybutynin chloride tab er 24hr 5 mg	294		
oxycodone hcl			
see OXAYDO TAB 5MG	49		
oxycodone hcl soln 5 mg/5ml	49		
oxycodone hcl tab 10 mg	49		
oxycodone hcl tab 15 mg	50		
oxycodone hcl tab 20 mg	50		
oxycodone hcl tab 30 mg	50		

oyster shell calcium tab 500 mg
 216

Oyster Shell Calcium/d
 see **calcium carbonate-vitamin
 d tab 250 mg-125 unit** 212

Oyster Shell Calcium/d3
 see **calcium carbonate-vitamin
 d tab 500 mg-400 unit** 212

Oyster Shell Calcium/vita
 see **calcium carbonate-
 cholecalciferol tab 250 mg-
 125 unit** 208

see **calcium carbonate-vitamin
 d tab 500 mg-200 unit** 212

Oyster Shell Calcium+d
 see **calcium carbonate-
 cholecalciferol tab 500 mg-
 200 unit** 209

Oystercal
 see **oyster shell calcium tab
 500 mg** 216

Oystercal-d
 see **calcium carbonate-
 cholecalciferol tab 500 mg-
 400 unit** 209

OZEMPIC INJ 2/1.5ML 81

OZEMPIC INJ 4MG/3ML 82

P

Pacerone
 see **amiodarone hcl tab 200 mg**
 66

Pain & Fever Childrens
 see **acetaminophen susp 160
 mg/5ml** 42

Pain Relief Childrens
 see **acetaminophen elixir 160
 mg/5ml** 41

Pain Relief Extra Strengt
 see **acetaminophen liquid 167
 mg/5ml** 41

Pain Relief Regular Stren
 see **acetaminophen tab 325 mg**
 42

Pain Reliever
 see **acetaminophen liquid 167
 mg/5ml** 41

see **acetaminophen tab 325 mg**
 43

Pain Reliever Extra Stren
 see **acetaminophen tab 500 mg**
 43

Pain Reliever/fever Reduc
 see **acetaminophen suppos 120
 mg** 41

Pain Relieving Lidocaine
 see **lidocaine patch 4%** 164

palbociclib
 see IBRANCE CAP 100MG 108

see IBRANCE CAP 125MG 108

see IBRANCE CAP 75MG 108

see IBRANCE TAB 100MG 108

see IBRANCE TAB 125MG 108

see IBRANCE TAB 75MG 108

palivizumab
 see SYNAGIS INJ 100MG/ML .. 273

see SYNAGIS INJ 50MG 273

Pamprin All Day Maximum S
 see **naproxen sodium tab 220
 mg** 38

Panadol Childrens
 see **acetaminophen susp 160
 mg/5ml** 42

Panadol Extra Strength
 see **acetaminophen tab 500 mg**
 43

**pancrelipase (lipase-protease-
 amylase)**
 see CREON CAP 12000UNT 167

see CREON CAP 24000UNT 167

see CREON CAP 3000UNIT 167

see CREON CAP 36000UNT 167

see CREON CAP 6000UNIT 167

see ZENPEP CAP 15000UNT ... 167

see ZENPEP CAP 20000UNT ... 167

see ZENPEP CAP 25000 167

see ZENPEP CAP 3000UNIT 167

see ZENPEP CAP 40000..... 167
 see ZENPEP CAP 5000UNIT 167
 Panoxyl Foaming Wash
 see **benzoyl peroxide liq 10%**
 148
**pantoprazole sodium ec tab 20
 mg (base equiv)**..... 294
**pantoprazole sodium ec tab 40
 mg (base equiv)**..... 294
 PARAGARD IUD T380A 133
 PARI EXPIRAT MIS FILTER 205
 PARI MASK MIS SIZE 3 205
 PARI PLASTIC MIS MASK 205
 PARI PLASTIC MIS MASK PED.... 205
 PARI VORTEX MIS ADL MASK 205
**paromomycin sulfate cap 250
 mg**33
paroxetine hcl tab 10 mg76
paroxetine hcl tab 20 mg76
paroxetine hcl tab 30 mg76
paroxetine hcl tab 40 mg76
 PATADAY SOL 0.1% 270
 PATADAY SOL 0.2% 270
 Pc Pediatric Iron Drops
 see **ferrous sulfate soln 75
 mg/ml (15 mg/ml elemental
 fe)** 181
 Pc Pediatric Tri-vitamin
 see **pediatric vitamins adc
 drops 750 unit-400 unit-35
 mg/ml** 247
 PCCA MBK MIS FAT ACID..... 274
peak flow meter
 see PEAK FLOW METER 205
 see PEAK FLOW METER- RX 205
 PEAK FLOW METER 205
 PEAK FLOW METER- RX 205
 PED POLY-VIT DRO 245
 PED POLY-VIT DRO /IRON..... 243
 Pedia Vance
 see **oral electrolyte solution** 216
 Pediacare Childrens Aller
 see **diphenhydramine hcl liquid
 12.5 mg/5ml**..... 93
 Pediacare Infants
 see **acetaminophen susp 160
 mg/5ml**..... 42
 PEDIA-LAX LIQ 50MG 197
 Pediatric Electrolyte Fre
 see **oral electrolyte solution** 216
 Pediatric Electrolyte/wit
 see **oral electrolyte solution** 216
 Pediatric Electrolyte/zin
 see **oral electrolyte solution** 216
 Pediatric Enema
 see **sodium phosphates -
 enema (pediatric)** 192
 PEDIATRIC MIS MOUTHPIE 205
**pediatric multiple vitamin w/ c
 & fa chew tab** 245, 246
**pediatric multiple vitamin w/
 extra c & fa chew tab..** 246, 247
**pediatric multiple vitamin w/
 minerals & c chew tab** 241, 242
pediatric multiple vitamins
 see PED POLY-VIT DRO 245
 see POLY-VI-SOL SOL 50MG/ML
 247
 see POLY-VITA DRO 247
 see POLY-VITE DRO 247
 see POLY-VITE SOL 50MG/ML. 247
**pediatric multiple vitamins w/
 fl-fe drops 0.25-10 mg/ml .** 241
**pediatric multiple vitamins w/
 fluoride chew tab 0.25 mg .** 243
**pediatric multiple vitamins w/
 fluoride chew tab 0.5 mg ...** 243
**pediatric multiple vitamins w/
 fluoride chew tab 1 mg** 243
**pediatric multiple vitamins w/
 fluoride soln 0.25 mg/ml ...** 243
**pediatric multiple vitamins w/
 fluoride soln 0.5 mg/ml** 243
**pediatric multiple vitamins w/
 iron**

see PED POLY-VIT DRO /IRON 243
 see POLY-VI-SOL SOL IRON.... 245
 see POLY-VITA/FE DRO 245
 see POLY-VITE SOL IRON 245
**pediatric multiple vitamins w/
 iron chew tab 15 mg** 244
**pediatric multiple vitamins w/
 iron chew tab 18 mg** ...244, 245
**pediatric multiple vitamins w/
 iron drops 10 mg/ml** 245
**pediatric vitamins acid w/
 fluoride soln 0.25 mg/ml** ... 243
**pediatric vitamins acid w/
 fluoride soln 0.5 mg/ml** 243
pediatric vitamins adc
 see TRI-VI-SOL SOL A/C/D..... 247
**pediatric vitamins adc drops 750
 unit-400 unit-35 mg/ml** 247
**peg 3350-kcl-na bicarb-nacl-na
 sulfate for soln 236 gm**187, 188
**peg 3350-kcl-na bicarb-nacl-na
 sulfate for soln 240 gm** 188
**peg 3350-kcl-sod bicarb-nacl for
 soln 420 gm** 188
 PEGASYS INJ 112
 PEGASYS INJ 180MCG/M 112
pegfilgrastim-bmez
 see ZIEXTENZO INJ 6/0.6ML... 178
pegfilgrastim-cbqv
 see UDENYCA INJ 6MG/.6ML... 178
peginterferon alfa-2a
 see PEGASYS INJ 112
 see PEGASYS INJ 180MCG/M .. 112
peginterferon beta-1a
 see PLEGRIDY INJ 276
 see PLEGRIDY INJ PEN 276
 see PLEGRIDY INJ STARTER ... 276
 see PLEGRIDY PEN INJ STARTER
 276
 Peg-prep
 see **bisacodyl tab & peg 3350-
 kcl-sod bicarb-nacl for soln
 kit**..... 187
 PEN NEEDLES MIS 29GX10MM .. 201
 PEN NEEDLES MIS 29GX12.7 201
 PEN NEEDLES MIS 29GX12MM .. 201
 PEN NEEDLES MIS 31GX5MM.... 201
 PEN NEEDLES MIS 31GX6MM.... 201
 PEN NEEDLES MIS 31GX8MM.... 201
 PEN NEEDLES MIS 32GX4MM.... 201
 PEN NEEDLES MIS 32GX6MM.... 201
 PEN NEEDLES MIS 32GX8MM.... 201
penicillamine tab 250 mg 219
**penicillin v potassium for soln
 125 mg/5ml** 273
**penicillin v potassium for soln
 250 mg/5ml** 273
**penicillin v potassium tab 250
 mg**..... 273
**penicillin v potassium tab 500
 mg**..... 273
pentoxifylline tab er 400 mg 175
 Peptic Relief
 see **bismuth subsalicylate chew
 tab 262 mg**..... 85
 PERIFLEX LQ LIQ PKU 261
 Periogard
 see **chlorhexidine gluconate
 soln 0.12%** 221
permethrin aerosol 0.5% 165
permethrin cream 5% 165
permethrin creme rinse 1% . 165
permethrin lotion 1%.... 165, 166
 PERRY PRENAT CAP 248
 PFLEX MIS 205
 PFT FILTER MIS 1000 205
 Pharbechlor
 see **chlorpheniramine tab 4 mg**
 90
 Pharbedryl
 see **diphenhydramine hcl cap
 25 mg** 91
 see **diphenhydramine hcl cap
 50 mg** 92
 Pharbetol

see **acetaminophen tab 325 mg**
43
 Pharbetol Extra Strength
 see **acetaminophen tab 500 mg**
43
 Pharbinex
 see **guaifenesin tab 400 mg** 146
 PHARM CHOICE MIS WIPES 205
 Pharmacist Choice D-vitam
 see **cholecalciferol oral liquid**
400 unit/ml 302
 Phazyme
 see **simethicone chew tab 125**
mg 173
 Phenazo
 see **phenazopyridine hcl tab**
200 mg 175
phenazopyridine hcl tab 100 mg
 175
phenazopyridine hcl tab 200 mg
 175
phenobarbital elixir 20 mg/5ml
 183
phenobarbital tab 100 mg..... 184
phenobarbital tab 15 mg..... 183
phenobarbital tab 16.2 mg.... 183
phenobarbital tab 30 mg..... 183
phenobarbital tab 32.4 mg.... 183
phenobarbital tab 60 mg..... 183
phenobarbital tab 64.8 mg.... 184
phenobarbital tab 97.2 mg.... 184
 PHENYLADE BAR CHOCOLAT 262
 PHENYLADE BAR CRISPY 262
 PHENYLADE BAR WHT CHOC 262
 PHENYLADE PAK AMINO 262
 PHENYLADE POW 262
 PHENYLADE POW MTE 262
 PHENYLADE POW PHEBLOC..... 262
 PHENYLADE TAB PHEBLOC..... 262
 PHENYLADE40 POW CITRUS..... 261
 PHENYLADE40 POW UNFLAVOR . 261
phenylephrine hcl (oral)

see SUDAFED PE SOL CHILDREN
 256
phenylephrine hcl tab 10 mg 254,
 255
phenytoin
 see DILANTIN CHW 50MG 74
 see DILANTIN-125 SUS 125/5ML
 74
phenytoin chew tab 50 mg 74
phenytoin sodium extended
 see DILANTIN CAP 100MG 74
 see DILANTIN CAP 30MG 74
phenytoin sodium extended cap
100 mg 74
phenytoin sodium extended cap
200 mg 74
phenytoin sodium extended cap
300 mg 74
phenytoin susp 125 mg/5ml .. 74
 Philith
 see **norethindrone & ethinyl**
estradiol tab 0.4 mg-35 mcg
 126
 Phillips Milk Of Magnesia
 see **magnesium hydroxide susp**
400 mg/5ml 191
 Phillips Stool Softener
 see **docusate sodium cap 100**
mg 196
 Phlexy-10
 see **amino acids tab** 259
 PHLEXY-10 CAP 262
 Phospha 250 Neutral
 see **pot phos monobasic w/sod**
phos di & monobas tab 155-
852-130mg 218
 Phospho-trin 250 Neutral
 see **pot phos monobasic w/sod**
phos di & monobas tab 155-
852-130mg 218
phytonadione tab 5 mg 303
 PILLOW MASK MIS ADULT 205
 PILLOW MASK MIS CHILD 205

PILLOW MASK MIS PEDIATRI	206	PLEGRIDY INJ STARTER	276
pilocarpine hcl ophth soln 1%		PLEGRIDY PEN INJ STARTER.....	276
.....	267	Plenamaine	
pilocarpine hcl ophth soln 2%		see amino acid infusion 15%	
.....	267	.....	259
pilocarpine hcl ophth soln 4%		pneumococcal 13-valent	
.....	267	conjugate vaccine	
pilocarpine hcl tab 5 mg	221	see PREVNAR 13 INJ	295
pilocarpine hcl tab 7.5 mg	221	pneumococcal vac polyvalent	
pimecrolimus cream 1%	163	see PNEUMOVAX 23 INJ 25/0.5	
Pimtrea		.....	295
see desogest-eth estrad & eth		PNEUMOVAX 23 INJ 25/0.5.....	295
estrad tab 0.15-0.02/0.01		POCKET CHAMB MIS.....	206
mg(21/5)	121	POCKET SPACE MIS.....	206
Pin-away		podofilox soln 0.5%	163
see pinworm med sus		Polycin	
144mg/ml	61	see bacitracin-polymyxin b	
Pink Bismuth Maximum Stre		ophth oint	267
see bismuth subsalicylate susp		polyethylene glycol 3350 oral	
525 mg/15ml	86	powder	190
pinworm med sus 144mg/ml ..	61	polyethylene glycol-propylene	
Pinworm Medicine		glycol ophth soln 0.4-0.3% 264,	
see pinworm med sus		265	
144mg/ml	61	polyethylene glycol-propylene	
pioglitazone hcl tab 15 mg (base		glycol pf op soln 0.4-0.3% .	265
equiv)	83	Poly-iron 150	
pioglitazone hcl tab 30 mg (base		see polysaccharide iron	
equiv)	83	complex cap 150 mg (iron	
pioglitazone hcl tab 45 mg (base		equivalent)	182
equiv)	83	Poly-iron 150 Forte	
Pirmella 1/35		see iron polysacch complex-vit	
see norethindrone & ethinyl		b12-fa cap 150-0.025-1 mg	
estradiol tab 1 mg-35 mcg		.....	179
.....	127	polymyxin b-trimethoprim ophth	
Pirmella 7/7/7		soln 10000 unit/ml-0.1% ..	268
see norethindrone-eth		polysaccharide iron complex cap	
estradiol tab 0.5-35/0.75-		150 mg (iron equivalent) ...	182
35/1-35 mg-mcg	131	Polysaccharide Iron Forte	
piroxicam cap 10 mg	38	see iron polysacch complex-vit	
piroxicam cap 20 mg	38	b12-fa cap 150-0.025-1 mg	
PLAN B TAB 1.5MG	134	.....	179
PLEGRIDY INJ	276	polyvinyl alcohol ophth soln	
PLEGRIDY INJ PEN	276	1.4%	265

polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5- 0.6%)	265	potassium citrate tab er 15 meq (1620 mg)	174
POLY-VI-SOL SOL 50MG/ML	247	potassium citrate tab er 5 meq (540 mg)	174
POLY-VI-SOL SOL IRON.....	245	pramipexole dihydrochloride tab 0.125 mg	111
POLY-VITA DRO.....	247	pramipexole dihydrochloride tab 0.25 mg	111
POLY-VITA/FE DRO	245	pramipexole dihydrochloride tab 0.5 mg	111
POLY-VITE DRO.....	247	pramipexole dihydrochloride tab 0.75 mg	111
POLY-VITE SOL 50MG/ML	247	pramipexole dihydrochloride tab 1 mg	111
POLY-VITE SOL IRON	245	pramipexole dihydrochloride tab 1.5 mg	111
Portia-28		pramlintide acetate	
see levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	126	see SYMLINPEN 60 INJ 1000MCG	78
pot phos monobasic w/sod phos di & monobas tab 155-852- 130mg	218	see SYMLINPEN 120 INJ 1000MCG	78
potassium bicarbonate effer tab 25 meq	218	pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%	52
potassium chloride cap er 10 meq	218	pravastatin sodium tab 10 mg	101
potassium chloride cap er 8 meq	218	pravastatin sodium tab 20 mg	101
potassium chloride microencapsulated crys er tab 10 meq	218	pravastatin sodium tab 40 mg	101
potassium chloride microencapsulated crys er tab 20 meq	218	pravastatin sodium tab 80 mg	101
potassium chloride oral soln 10% (20 meq/15ml)	219	prazosin hcl cap 1 mg	103
potassium chloride oral soln 20% (40 meq/15ml)	219	prazosin hcl cap 2 mg	103
potassium chloride tab er 10 meq	219	prazosin hcl cap 5 mg	103
potassium chloride tab er 20 meq (1500 mg)	219	Pre Protein	
potassium chloride tab er 8 meq (600 mg)	219	see amino acids tab	259
potassium citrate & citric acid soln 1100-334 mg/5ml	174	prednisolone acetate ophth susp 1%	269
potassium citrate tab er 10 meq (1080 mg)	174	prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	136

prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	PRENATAL 19 CHW 29-1MG..... 248
..... 136	PRENATAL 19 TAB..... 248
prednisolone syrup 15 mg/5ml (usp solution equivalent) ...	PRENATAL 19 TAB 29-1MG..... 248
..... 136	PRENATAL CAP FORMULA..... 248
prednisone oral soln 5 mg/5ml	Prenatal Dha
..... 136	see docosahexaenoic acid cap 200 mg 256
prednisone tab 1 mg 136	PRENATAL DHA PAK MULTI..... 249
prednisone tab 10 mg 136	PRENATAL FRM TAB A-FREE..... 249
prednisone tab 2.5 mg 136	PRENATAL MUL CAP +DHA..... 249
prednisone tab 20 mg 136	prenatal multivitamins & minerals w/ folic acid-fish oil
prednisone tab 5 mg 136	see CVS PRENATAL CHW GUMMY..... 248
prednisone tab 50 mg 136	PRENATAL MULTIVITAMINS & MINERALS W/IRON & FA TAB 0.8 MG..... 249
prednisone tab therapy pack 10 mg (21) 136	prenatal multivit-min w/fe-fa
prednisone tab therapy pack 10 mg (48) 136	see KPN PRENATAL TAB..... 248
prednisone tab therapy pack 5 mg (21) 136	see MYNATAL CAP..... 248
prednisone tab therapy pack 5 mg (48) 136	see PRENATAL MULTIVITAMINS & MINERALS W/IRON & FA TAB 0.8 MG..... 249
pregabalin cap 100 mg 73	see PRENATVITE TAB RX..... 250
pregabalin cap 150 mg 73	prenatal mv & min w/ methylfolate-choline-fish oil
pregabalin cap 200 mg 73	see PRENATAL DHA PAK MULTI..... 249
pregabalin cap 225 mg 73	prenatal mv & min w/fe carbonyl-fa-dha
pregabalin cap 25 mg 73	see BRAINSTRONG MIS PRENATAL..... 247
pregabalin cap 300 mg 73	prenatal mv & min w/fe fumarate-fa-dha
pregabalin cap 50 mg 73	see PRENATAL MV & MIN W/FE FUM-FA-DHA CAP 27-0.8-250 MG..... 249
pregabalin cap 75 mg 73	see PRENATAL W/FE FUM-FA TAB 27-0.8 MG & DHA CAP 200 MG PACK..... 250
PREMASOL SOL 10%..... 262	see PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK..... 250
PRENAT W/ FE FUM-FA TAB 28-0.8 MG & OMEGA 3 CAP 223 MG PAK..... 248	
PRENAT W/ FE FUM-FA TAB 28-0.8 MG & OMEGA 3 CAP 440 MG PAK..... 248	
Prenatabs Rx	
see prenatal vit w/ iron carbonyl-fa tab 29-1 mg .. 249	
Prenatal 19	
see prenatal vit w/ fe fumarate-fa chew tab 29-1 mg- rx 249	

see PRENATAL W/FE FUM-FA TAB
28-0.975 MG & DHA CAP 200
MG PACK..... 250

PRENATAL MV & MIN W/FE FUM-FA-
DHA CAP 27-0.8-250 MG..... 249

PRENATAL TAB 249

PRENATAL TAB COMPLETE 249

**prenatal vit w/ docusate-fe
fumarate-folic acid**
see PRENATAL 19 TAB 248
see PRENATAL 19 TAB 29-1MG 248
see SE-NATAL 19 TAB..... 250

**prenatal vit w/ dss-iron
carbonyl-fa tab 90-1 mg- rx** 249

**prenatal vit w/ fe bisglycinate
chelate-folic acid**
see ATABEX OB TAB 29-1MG .. 247
see VINATE II TAB 250

**prenatal vit w/ fe bisglycinate-
folic acid-omega 3 fatty acid**
see BE WELL PAK ROUNDED ... 247

**prenatal vit w/ fe fumarate-fa
chew tab 29-1 mg- rx**..... 249

PRENATAL VIT W/ FE FUMARATE-FA
TAB 27-0.8 MG 249

PRENATAL VIT W/ FE FUMARATE-FA
TAB 27-1 MG..... 249

PRENATAL VIT W/ FE FUMARATE-FA
TAB 27-1 MG- RX..... 249

PRENATAL VIT W/ FE FUMARATE-FA
TAB 28-0.8 MG 249

PRENATAL VIT W/ FE FUM-FA-FISH
OIL CAP 28-0.8-530 MG..... 249

**prenatal vit w/ ferrous
fumarate-fa-fish oil**
see PRENATAL VIT W/ FE FUM-FA-
FISH OIL CAP 28-0.8-530 MG
..... 249

**prenatal vit w/ ferrous
fumarate-fa-omega 3 fatty
acids**

see PRENAT W/ FE FUM-FA TAB
28-0.8 MG & OMEGA 3 CAP 223
MG PAK 248

see PRENAT W/ FE FUM-FA TAB
28-0.8 MG & OMEGA 3 CAP 440
MG PAK 248

see PRENATAL CAP FORMULA. 248

see PRENATAL MUL CAP +DHA 249

**prenatal vit w/ ferrous
fumarate-folic acid**
see COMPLETENATE CHW 248
see CO-NATAL FA TAB 29-1MG 247
see MYNATAL PLUS TAB 248
see MYNATAL-Z TAB 248
see NATALVIT TAB 75-1MG.... 248
see O-CAL TAB PRENATAL..... 248
see PERRY PRENAT CAP 248
see PRENATAL 19 CHW 29-1MG
..... 248
see PRENATAL TAB 249
see PRENATAL TAB COMPLETE 249
see PRENATAL VIT W/ FE
FUMARATE-FA TAB 27-0.8 MG
..... 249
see PRENATAL VIT W/ FE
FUMARATE-FA TAB 27-1 MG 249
see PRENATAL VIT W/ FE
FUMARATE-FA TAB 27-1 MG- RX
..... 249
see PRENATAL VIT W/ FE
FUMARATE-FA TAB 28-0.8 MG
..... 249
see SE-NATAL 19 CHW 250
see TRINATAL RX TAB 1 250
see VINATE ONE TAB 250
see VITAFOL-OB TAB 65-1MG. 250

**prenatal vit w/ iron carbonyl-fa
tab 29-1 mg**..... 249

**prenatal vit w/ iron carbonyl-
folic acid**
see PRENATAL+FE TAB 29-1MG
..... 250

prenatal vitamins w/ ferrous succinate-folic acid	
see NUTRIENTS TAB PRENATAL	
.....	248
PRENATAL W/FE FUM-FA TAB 27-0.8 MG & DHA CAP 200 MG PACK	.250
PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK	.250
PRENATAL W/FE FUM-FA TAB 28-0.975 MG & DHA CAP 200 MG PACK	.....250
prenatal without a vit w/ fe fumarate-folic acid	
see PRENATAL FRM TAB A-FREE	
.....	249
PRENATAL+FE TAB 29-1MG	.....250
PRENATVITE TAB RX	.....250
Preparation H	
see hydrocortisone cream 1%	
.....	159
PREPROTEIN LIQ	.....262
PREPROTEIN LIQ 20	.....262
Prevalite	
see cholestyramine light powder 4 gm/dose	
.....	100
Preventeza	
see levonorgestrel tab 1.5 mg	
.....	134
Previfem	
see norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	
.....	131
PREVNAR 13 INJ	.....295
PRIFTIN TAB 150MG	.....106
primaquine phosphate tab 26.3 mg (15 mg base)	.....106
primidone tab 250 mg	.....73
primidone tab 50 mg	.....73
probenecid tab 500 mg	.....175
PROCALAMINE INJ 3%	.....262
procarbazine hcl	
see MATULANE CAP 50MG	.....110
prochlorperazine maleate tab 10 mg (base equivalent)	.....112
prochlorperazine maleate tab 5 mg (base equivalent)	.....112
prochlorperazine suppos 25 mg	.....112
Procto-med Hc	
see hydrocortisone rectal cream 2.5%	.....53
Proctozone-hc	
see hydrocortisone rectal cream 2.5%	.....53
Pro-ex Antifungal	
see clotrimazole cream 1%	153
progesterone cap 100 mg	.....274
progesterone cap 200 mg	.....274
PROGESTERONE POW MICRONIZ	.....120
PROLIA SOL 60MG/ML	.....169
promethazine & phenylephrine syrup 6.25-5 mg/5ml	.143, 144
promethazine hcl inj 25 mg/ml	.....99
promethazine hcl inj 50 mg/ml	.....99
promethazine hcl suppos 12.5 mg	.....99
promethazine hcl suppos 25 mg	.....99, 100
promethazine hcl syrup 6.25 mg/5ml	.....100
promethazine hcl tab 12.5 mg	.....100
promethazine hcl tab 25 mg	.100
promethazine hcl tab 50 mg	.100
Promethazine Vc	
see promethazine & phenylephrine syrup 6.25-5 mg/5ml	.....144
Promethazine Vc/codeine	
see promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	.....144

promethazine w/ codeine syrup 6.25-10 mg/5ml	144	see multiple vitamins w/ minerals tab	233
promethazine-dm syrup 6.25-15 mg/5ml	144	PROSOL INJ 20%	262
promethazine-phenylephrine- codeine syrup 6.25-5-10 mg/5ml	144	protein c concentrate (human) see CEPROTIN INJ 1000UNIT .	175
Promethegan see promethazine hcl suppos 12.5 mg	99	see CEPROTIN INJ 500 UNIT ..	175
see promethazine hcl suppos 25 mg	100	Proteinex see amino acids tab	259
PRONEB ULTRA MIS FILTER	206	protriptyline hcl tab 10 mg	78
propafenone hcl tab 150 mg ...	66	protriptyline hcl tab 5 mg	78
propafenone hcl tab 225 mg ...	66	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	144
propafenone hcl tab 300 mg ...	66	pseudoephedrine hcl tab 30 mg	255
proparacaine hcl ophth soln 0.5%	268	pseudoephedrine hcl tab 60 mg	255
propranolol hcl see HEMANGEOL SOL 4.28/ML	114	pseudoephedrine hcl tab er 12hr 120 mg	255, 256
propranolol hcl cap er 24hr 120 mg	114	pseudoephedrine w/ codeine-gg see VIRTUSSIN SOL DAC	144
propranolol hcl cap er 24hr 160 mg	114	pseudoephedrine-guaifenesin tab er 12hr 60-600 mg	144
propranolol hcl cap er 24hr 60 mg	114	psyllium see CVS DAILY POW FIBER	185
propranolol hcl cap er 24hr 80 mg	114	see KONSYL DAILY POW 100%.....	185
propranolol hcl inj 1 mg/ml ..	114	see KONSYL DAILY POW 28.3%	185
propranolol hcl oral soln 20 mg/5ml	114	see KONSYL-D POW 52.3%.....	185
propranolol hcl oral soln 40 mg/5ml	115	see METAMUCIL POW 28%ORG	185
propranolol hcl tab 10 mg	115	see METAMUCIL POW 58.12%	185
propranolol hcl tab 20 mg	115	see METAMUCIL WAF	185
propranolol hcl tab 40 mg	115	psyllium cap 0.52 gm	185, 186
propranolol hcl tab 60 mg	115	psyllium powder 100%	187
propranolol hcl tab 80 mg	115	psyllium powder 28.3%	186
propylene glycol-glycerin ophth soln 1-0.3%	265	psyllium powder 30.9%	186
propylthiouracil tab 50 mg	283	psyllium powder 33%	186
Prosight		psyllium powder 48.57%	186, 187
		psyllium powder 58.6%	187
		psyllium powder 95%	187
		PULMOZYME SOL 1MG/ML	283
		Puralube	

- see **white petrolatum-mineral oil ophth ointment** 266
- Pure Calcium Carbonate
see **calcium carbonate tab 1500 mg (600 mg elemental ca)**..... 208
- Pureway-c
see **ascorbic acid tab 500 mg** 303
- Px Advanced Formula Multi
see **multiple vitamins w/ minerals tab** 233
- Px Allergy
see **diphenhydramine hcl cap 25 mg** 92
see **diphenhydramine hcl liquid 12.5 mg/5ml** 93
see **diphenhydramine hcl tab 25 mg**..... 95
- Px Allergy Relief
see **cetirizine hcl tab 10 mg** .. 97
- Px Allergy Relief D
see **loratadine & pseudoephedrine tab er 12hr 5-120 mg**..... 142
see **loratadine & pseudoephedrine tab er 24hr 10-240 mg**..... 143
- Px Antacid Maximum Streng
see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml** 57
see **calcium carbonate (antacid) chew tab 1000 mg** 60
- Px Antacid Regular Streng
see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml** 54
- Px Aspirin
see **aspirin chew tab 81 mg** .. 45
see **aspirin tab 325 mg** 46
- Px Calcium&d
see **calcium carbonate-vitamin d tab 600 mg-400 unit** 213
- Px Childrens Allergy
see **cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)** 96
- Px Childrens Profen Ib
see **ibuprofen susp 100 mg/5ml**..... 36
- Px Childrens Vitamin
see **pediatric multiple vitamins w/ iron chew tab 18 mg** .. 245
- Px Complete Senior Multiv
see **multiple vitamins w/ minerals tab**..... 233
- Px Dayhist Allergy
see **clemastine fumarate tab 1.34 mg** 90
- Px Enteric Aspirin
see **aspirin tab delayed release 325 mg** 47
see **aspirin tab delayed release 81 mg** 47
- Px Fiber
see **calcium polycarbophil tab 625 mg** 185
see **psyllium cap 0.52 gm** ... 186
- Px Fish Oil
see **omega-3 fatty acids cap 1000 mg**..... 257
- Px Glycerin
see **glycerin suppos 2.1 gm** 189
- Px Hemorrhoidal
see **pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%** 52
- Px Hydrocream
see **hydrocortisone cream 1%** 159
- Px Ibuprofen
see **ibuprofen tab 200 mg**..... 37
- Px Infants Profen Ib
see **ibuprofen susp 40 mg/ml** 36

Px Iron	
see ferrous sulfate dried tab	
200 mg (65 mg elemental fe)	
.....	180
Px Mens Multivitamins	
see multiple vitamins w/	
minerals tab	234
Px Nasal Spray Extra Mois	
see oxymetazoline hcl nasal	
soln 0.05%	254
Px Stomach Relief	
see bismuth subsalicylate chew	
tab 262 mg	85
see bismuth subsalicylate susp	
262 mg/15ml	85
Px Stomach Relief Maximum	
see bismuth subsalicylate susp	
525 mg/15ml	86
Px Stop Smoking Aid	
see nicotine polacrilex gum 2	
mg	277
see nicotine polacrilex gum 4	
mg	278
see nicotine polacrilex lozenge	
2 mg	279
see nicotine polacrilex lozenge	
4 mg	280
Px Triple Ointment	
see neomycin-bacitracin-	
polymyxin oint	152
Px Tussin	
see guaifenesin liquid 100	
mg/5ml	145
Px Tussin Dm	
see dextromethorphan-	
guaifenesin liquid 10-100	
mg/5ml	138
Px Vegetable Laxative	
see sennosides tab 8.6 mg ..	194
pyrazinamide tab 500 mg	106
pyreth-piperonyl butox sham-	
permeth aero-nit remover gel	
kit	166
pyrethrins-piperonyl butoxide	
liq 0.33-4%	166
pyrethrins-piperonyl butoxide	
shampoo 0.33-4%	166
pyridostigmine bromide tab 60	
mg	106
pyridoxine hcl tab 100 mg	304
pyridoxine hcl tab 25 mg	304
pyridoxine hcl tab 50 mg	304
Q	
Qc 3 Day Vaginal Cream	
see miconazole nitrate vaginal	
cream 4% (200 mg/5gm)	298
Qc Acetaminophen 8 Hours	
see acetaminophen tab er 650	
mg	44
Qc All Day Allergy	
see cetirizine hcl tab 10 mg ..	97
Qc Allergy Childrens	
see diphenhydramine hcl liquid	
12.5 mg/5ml	93
Qc Allergy Relief	
see cetirizine hcl tab 10 mg ..	97
see diphenhydramine hcl tab 25	
mg	95
see fluticasone propionate	
nasal susp 50 mcg/act	252
Qc Allergy Relief 4-hour	
see chlorpheniramine tab 4 mg	
.....	90
Qc Antacid	
see alum & mag hydroxide-	
simethicone susp 200-200-	
20 mg/5ml	54
see calcium carbonate	
(antacid) chew tab 500 mg	59
Qc Antacid Ultra Strength	
see calcium carbonate	
(antacid) chew tab 1000 mg	
.....	60
Qc Antacid/anti-gas	

see alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	55	Qc Diarrhea Relief	see bismuth subsalicylate susp 262 mg/15ml	85
Qc Antacid/anti-gas Maxim		Qc Diclofenac Sodium	see diclofenac sodium gel 1%	151
see alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	57	Qc Docusate Calcium	see docusate calcium cap 240 mg	195
Qc Anti-diarrheal		Qc Earwax Removal	see carbamide peroxide 6.5% otic soln	272
see loperamide hcl cap 2 mg ..	86	Qc Enema	see sodium phosphates - enema	192
Qc Aspirin		Qc Enteric Aspirin	see aspirin tab delayed release 325 mg	47
see aspirin tab 325 mg	46	Qc Esomeprazole Magnesium	see esomeprazole magnesium cap delayed release 20 mg (base eq)	293
see aspirin tab delayed release 325 mg	47	Qc Essentials	see multiple vitamin tab	240
Qc Aspirin Low Dose		Qc Fiber Laxative	see psyllium cap 0.52 gm ...	186
see aspirin chew tab 81 mg ..	45	Qc Fiber Therapy	see methylcellulose tab 500 mg	185
Qc C With Rose Hips		Qc Fish Oil	see omega-3 fatty acids cap 1000 mg	258
see ascorbic acid tab 500 mg	303	Qc Gas Relief	see simethicone chew tab 80 mg	172
Qc Childrens Allergy		Qc Gas Relief Extra Stren	see simethicone chew tab 125 mg	173
see cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	96	Qc Gentle Laxative	see bisacodyl suppos 10 mg ..	192
Qc Childrens Aspirin		see bisacodyl tab delayed release 5 mg	193	Qc Hair Skin & Nails
see aspirin chew tab 81 mg ..	45			
Qc Childrens Chewable Com				
see pediatric multiple vitamins w/ iron chew tab 18 mg ..	245			
Qc Childrens Chewable Vit				
see pediatric multiple vitamin w/ extra c & fa chew tab .	247			
see pediatric multiple vitamins w/ iron chew tab 15 mg ..	244			
Qc Childrens Ibuprofen				
see ibuprofen susp 100 mg/5ml	36			
Qc Chlor-pheniramine				
see chlorpheniramine tab 4 mg	90			
Qc Complete Allergy Medic				
see diphenhydramine hcl tab 25 mg	95			
Qc Daily Multivitamins/ir				
see multiple vitamins w/ iron tab	223			

see multiple vitamins w/ minerals tab	234	see dimenhydrinate tab 50 mg	87
Qc Heartburn Antacid see aluminum hydroxide- magnesium carbonate chew tab 160-105 mg	58	Qc Mucus Relief Childrens see guaifenesin liquid 100 mg/5ml	145
Qc Hemorrhoidal Maximum F see pramox-pe-glycerin- petrolatum rectal cream 1- 0.25-14.4-15%	52	Qc Multi-vite see multiple vitamins w/ minerals tab	234
Qc Hemorrhoidal/aloe see pramox-pe-glycerin- petrolatum rectal cream 1- 0.25-14.4-15%	52	Qc Multi-vite 50 & Over see multiple vitamins w/ minerals tab	234
Qc Ibuprofen see ibuprofen cap 200 mg	35	Qc Nasal Relief Extra Moi see oxymetazoline hcl nasal soln 0.05%	254
Qc Ibuprofen Ib see ibuprofen tab 200 mg	37	Qc Nasal Spray see oxymetazoline hcl nasal soln 0.05%	254
Qc Lidocaine Pain Relief see lidocaine patch 4%	164	Qc Natural Vegetable see psyllium powder 95% ..	187
Qc Magnesium see magnesium oxide tab 250 mg	60	Qc Natura-lax see polyethylene glycol 3350 oral powder	190
Qc Magnesium Citrate see magnesium citrate soln	191	Qc Niacin see niacin cap 500mg	118
Qc Maximum Daily Multivit see multiple vitamins w/ minerals tab	234	Qc Nicotine Transdermal S see nicotine td patch 24hr 14 mg/24hr	281
Qc Medifin 400 see guaifenesin tab 400 mg	146	see nicotine td patch 24hr 21 mg/24hr	282
Qc Medifin Mucus Relief C see guaifenesin liquid 100 mg/5ml	145	Qc No Drip Nasal Relief see oxymetazoline hcl nasal soln 0.05%	254
Qc Mens Daily Multivitami see multiple vitamins w/ minerals tab	234	Qc Non-aspirin 8 Hour see acetaminophen tab er 650 mg	44
Qc Miconazole 7 see miconazole nitrate vaginal cream 2%	298	Qc Non-aspirin Childrens see acetaminophen chew tab 160 mg	40
Qc Mineral Oil Heavy see mineral oil	191	see acetaminophen susp 160 mg/5ml	42
Qc Motion Sickness Relief		Qc Non-aspirin Extra Stre see acetaminophen tab 500 mg	43

Qc Pain Relief Infants	see acetaminophen susp 160 mg/5ml	42	see cholecalciferol tab 400 unit	302	
Qc Pink Bismuth	see bismuth subsalicylate susp 262 mg/15ml	85	see cholecalciferol tab 5000 unit	303	
Qc Rest Simply	see diphenhydramine hcl (sleep) tab 25 mg	182	Qc Womens Daily Multivita	see multiple vitamins w/ minerals tab	234
Qc Senna	see sennosides tab 8.6 mg ..	194	Qlearquil	see oxymetazoline hcl nasal soln 0.05%	254
Qc Suphedrine Maximum Str	see pseudoephedrine hcl tab er 12hr 120 mg	256	quinapril hcl tab 10 mg	102	
Qc Therin-m	see multiple vitamins w/ minerals tab	234	quinapril hcl tab 20 mg	102	
Qc Travel Ease	see meclizine hcl chew tab 25 mg	88	quinapril hcl tab 40 mg	102	
Qc Vitamin B1	see thiamine hcl tab 100 mg	305	quinapril hcl tab 5 mg	102	
Qc Vitamin B12	see cyanocobalamin tab 500 mcg	176	quinapril-hydrochlorothiazide tab 10-12.5 mg	105	
	see cyanocobalamin tab er 1000 mcg	177	quinapril-hydrochlorothiazide tab 20-12.5 mg	105	
Qc Vitamin B6	see pyridoxine hcl tab 100 mg	304	quinapril-hydrochlorothiazide tab 20-25 mg	105	
Qc Vitamin C	see ascorbic acid tab 500 mg	303	quinidine sulfate tab 300 mg ..	66	
Qc Vitamin D3	see cholecalciferol cap 2000 unit	300	Quintabs-m	see multiple vitamins w/ minerals tab	234
	see cholecalciferol cap 25 mcg (1000 unit)	299	QVAR REDIHA AER 80MCG	68	
	see cholecalciferol tab 1000 unit	302	QVAR REDIHAL AER 40MCG	68	
	see cholecalciferol tab 2000 unit	302	R		
			Ra 12 Hour Nasal Spray	see oxymetazoline hcl nasal soln 0.05%	254
			Ra Acetaminophen	see acetaminophen tab 325 mg	43
			Ra Allergy Medication	see diphenhydramine hcl cap 25 mg	92
				see diphenhydramine hcl tab 25 mg	95
			Ra Allergy Medication Chi	see diphenhydramine hcl liquid 12.5 mg/5ml	93
			Ra Allergy Relief		

- see **chlorpheniramine tab 4 mg**90
- Ra Allergy Relief & Nasal
see **loratadine & pseudoephedrine tab er 24hr 10-240 mg** 143
- Ra Antacid
see **calcium carbonate (antacid) chew tab 500 mg** 59
- Ra Antacid Ultra Strength
see **calcium carbonate (antacid) chew tab 1000 mg**60
- Ra Antacid/anti-gas
see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml**55
- Ra Antacid/antigas Maximu
see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml**57
- Ra Antacid/gas Relief Max
see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml**57
- Ra Antibiotic + Pain Reli
see **neomycin-bacitracin-polymyxin-pramoxine oint 1%** 153
- Ra Antibiotic/pain Relief
see **neomycin-bacitracin-polymyxin-pramoxine oint 1%** 153
- Ra Antifungal Foot Care
see **terbinafine hcl cream 1%** 155
- Ra Anti-itch Maximum Stre
see **hydrocortisone cream 1%** 159
- Ra Anti-itch/maximum Stre
see **hydrocortisone oint 1%** 160
- Ra Anti-nausea
see **fructose-dextrose-phosphoric acid oral soln...** 89
- Ra Artificial Tears Eye C
see **propylene glycol-glycerin ophth soln 1-0.3%** 265
- Ra Aspirin
see **aspirin tab 325 mg** 46
- Ra Aspirin Adult Low Dose
see **aspirin chew tab 81 mg** .. 45
- Ra Aspirin Childrens
see **aspirin chew tab 81 mg** .. 45
- Ra Aspirin Ec
see **aspirin tab delayed release 325 mg** 47
- see **aspirin tab delayed release 81 mg** 47
- Ra Budesonide Nasal Spray
see **budesonide nasal susp 32 mcg/act** 252
- Ra Calcium 600 Plus Vitam
see **calcium carbonate-cholecalciferol tab 600 mg-400 unit** 210
- see **calcium carb-vit d w/ minerals chew tab 600 mg-400 unit** 207
- Ra Calcium Citrate Plus V
see **calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)** 214
- see **calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)** 215
- Ra Calcium Citrate/vitami
see **calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)** 214
- Ra Calcium Plus Vitamin D
see **calcium carbonate-vitamin d tab 600 mg-200 unit** 213
- see **calcium carbonate-vitamin d tab 600 mg-400 unit** 213
- Ra Central-vite Mens Matu

see **multiple vitamins w/ minerals tab** 234
 Ra Central-vite Womens Ma
 see **multiple vitamins w/ minerals tab** 234
 Ra Cetiri-d
 see **cetirizine-pseudoephedrine tab er 12hr 5-120 mg** 137
 Ra Chewable Vitamins Comp
 see **pediatric multiple vitamins w/ iron chew tab 18 mg** .. 245
 Ra Childrens Fever Reduce
 see **acetaminophen susp 160 mg/5ml**42
 Ra Chlorpheniramine Malea
 see **chlorpheniramine tab 4 mg**90
 Ra Clotrimazole 7
 see **clotrimazole vaginal cream 1%** 297
 Ra Col-rite
 see **docusate sodium cap 100 mg**..... 196
 see **docusate sodium cap 250 mg**..... 196
 Ra Diphedryl Allergy
 see **diphenhydramine hcl liquid 12.5 mg/5ml**93
 Ra Ear Drops
 see **carbamide peroxide 6.5% otic soln**..... 272
 Ra Ear Drying Agent
 see **isopropyl alcohol-glycerin otic liquid 95-5%** 272
 Ra Earwax Removal Kit
 see **carbamide peroxide 6.5% otic soln**..... 272
 Ra Enema
 see **sodium phosphates - enema** 192
 Ra Fast Relief Laxative
 see **bisacodyl suppos 10 mg** 192
 Ra Fever Reducer/pain Rel
 see **acetaminophen susp 160 mg/5ml**..... 42
 Ra Fish Oil
 see **omega-3 fatty acids cap 1000 mg**..... 258
 see **omega-3 fatty acids cap delayed release 1000 mg** 259
 Ra Foot Care Antifungal
 see **terbinafine hcl cream 1%** 155
 see **tolnaftate cream 1%** 156
 Ra Gas Relief
 see **simethicone chew tab 80 mg** 172
 Ra Gas Relief Extra Stren
 see **simethicone chew tab 125 mg** 173
 Ra Glycerin Adult
 see **glycerin suppos 80.7%** 189
 Ra Hemorrhoidal
 see **pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%** 52
 Ra Hi Cal
 see **calcium carbonate-vitamin d tab 500 mg-200 unit** 212
 Ra Hydrocortisone Plus
 see **hydrocortisone-aloe vera cream 1%** 161
 Ra Hydrocortisone Plus 12
 see **hydrocortisone cream 1%** 159
 Ra Ibuprofen
 see **ibuprofen cap 200 mg** 35
 see **ibuprofen tab 200 mg**..... 37
 Ra Iron
 see **ferrous sulfate tab 325 mg (65 mg elemental fe)** 181
 Ra Jock Itch Maximum Stre
 see **tolnaftate aerosol pow 1%** 155
 Ra Laxative

see bisacodyl tab delayed release 5 mg	193
see polyethylene glycol 3350 oral powder	190
see sennosides chew tab 15 mg	194
Ra Lice Solution Kit	
see pyreth-piperonyl butox sham-permeth aero-nit remover gel kit	166
Ra Lice Treatment	
see permethrin lotion 1% ...	166
Ra Lidocaine Pain Relievi	
see lidocaine patch 4%	164
Ra Lorata-d	
see loratadine & pseudoephedrine tab er 24hr 10-240 mg	143
Ra Lubricant Eye Drops	
see carboxymethylcellulose sodium ophth soln 0.5% ..	263
see polyethylene glycol-propylene glycol ophth soln 0.4-0.3%	265
see propylene glycol-glycerin ophth soln 1-0.3%	265
Ra Magnesium	
see magnesium oxide cap 500 mg (elemental mg)	217
Ra Milk Of Magnesia	
see magnesium hydroxide susp 400 mg/5ml	191
Ra Mineral Oil	
see mineral oil	191
Ra Mini Nicotine	
see nicotine polacrilex lozenge 2 mg	279
see nicotine polacrilex lozenge 4 mg	280
Ra Mucus Relief	
see guaifenesin tab er 12hr 600 mg	147
Ra Mucus Relief D	
see pseudoephedrine-guaifenesin tab er 12hr 60-600 mg	144
Ra Mucus Relief Dm	
see dextromethorphan-guaifenesin tab er 12hr 30-600 mg	141
Ra Multihealth Fiber Supp	
see psyllium powder 48.57%	186
see psyllium powder 58.6% ..	187
Ra Nasal Allergy Spray	
see triamcinolone acetonide nasal aerosol suspension 55 mcg/act	253
Ra Natural Magnesium	
see magnesium tab 250 mg ..	218
Ra Niacin	
see niacin tab 100 mg	303
see niacin tab 500 mg	303
Ra Nicotine	
see nicotine polacrilex gum 2 mg	278
see nicotine polacrilex gum 4 mg	278
see nicotine td patch 24hr 14 mg/24hr	281
see nicotine td patch 24hr 21 mg/24hr	282
Ra Nicotine Gum	
see nicotine polacrilex gum 4 mg	278
Ra Nighttime Sleep Aid	
see diphenhydramine hcl (sleep) tab 25 mg	182
Ra One Daily Maximum	
see multiple vitamins w/ minerals tab	234
Ra One Daily Mens 50+ Wit	
see multiple vitamins w/ minerals tab	234
Ra One Daily Mens Multi	

see multiple vitamins w/ minerals tab	234
Ra One Daily Mens/vitamin see multiple vitamins w/ minerals tab	234
Ra P Col-rite see sennosides-docusate sodium tab 8.6-50 mg	188
Ra Pain Relief Ibuprofen see ibuprofen tab 200 mg	37
Ra Pain Relieving Patch M see lidocaine patch 4%	164
Ra Pediatric Electrolyte see oral electrolyte solution	216
Ra Sinus Pressure/congest see phenylephrine hcl tab 10 mg	255
Ra Sleep Aid see diphenhydramine hcl (sleep) tab 25 mg	183
see doxylamine succinate (sleep) tab 25 mg	183
Ra Slow Release Iron see ferrous sulfate dried tab er 45 mg (fe equivalent)	180
Ra Stomach Relief see bismuth subsalicylate susp 262 mg/15ml	85
Ra Suphedrine see pseudoephedrine hcl tab 30 mg	255
see pseudoephedrine hcl tab er 12hr 120 mg	256
Ra Triple Antibiotic see neomycin-bacitracin- polymyxin oint	152
Ra Tussin Chest Congestio see guaifenesin syrup 100 mg/5ml	146
Ra Tussin Cough see dextromethorphan- guaifenesin liquid 10-100 mg/5ml	138
Ra Tussin Cough Dm Sugar see dextromethorphan- guaifenesin syrup 10-100 mg/5ml	140
Ra Tussin Cough/chest Con see dextromethorphan- guaifenesin liquid 10-100 mg/5ml	139
see dextromethorphan- guaifenesin liquid 10-200 mg/5ml	140
Ra Vitamin B-12 see cyanocobalamin tab 100 mcg	176
Ra Vitamin B-12 Tr see cyanocobalamin tab er 1000 mcg	177
Ra Vitamin B-6 see pyridoxine hcl tab 100 mg	304
see pyridoxine hcl tab 50 mg	304
Ra Vitamin D-3 see cholecalciferol cap 2000 unit	300
see cholecalciferol tab 1000 unit	302
RABAVERT INJ	296
rabies vaccine, pcec see RABAVERT INJ	296
rabies virus vaccine, hdc see IMOVAX RABIE INJ 2.5/ML	296
Radiance Platinum Vitamin see cholecalciferol tab 5000 unit	303
raloxifene hcl tab 60 mg	169
ramipril cap 1.25 mg	102
ramipril cap 10 mg	102
ramipril cap 2.5 mg	102
ramipril cap 5 mg	102
ranolazine tab er 12hr 1000 mg	62
ranolazine tab er 12hr 500 mg	62

React	
see levonorgestrel tab 1.5 mg	
.....	134
REBIF INJ 22/0.5.....	276
REBIF INJ 44/0.5.....	276
REBIF REBIDO INJ 22/0.5.....	277
REBIF REBIDO INJ 44/0.5.....	277
REBIF REBIDO INJ TITRATN.....	277
REBIF TITRTN INJ PACK.....	277
Reclipsen	
see desogestrel & ethinyl	
estradiol tab 0.15 mg-30 mcg	
.....	122
RECOMBIVA HB INJ 10MCG/ML..	296
RECOMBIVA HB INJ 5MCG/0.5...	296
Reeses Pinworm Medicine	
see pinworm med sus	
144mg/ml	61
Refenesen 400	
see guaifenesin tab 400 mg	146
Refresh Lacri-lube	
see white petrolatum-mineral	
oil ophth ointment	266
Refresh P.m.	
see white petrolatum-mineral	
oil ophth ointment	266
Regenecare Ha	
see lidocaine hcl gel 2%	164
Reguloid	
see psyllium cap 0.52 gm	186
see psyllium powder 28.3%	186
see psyllium powder 48.57%	
.....	186
see psyllium powder 58.6%	187
Rehydralyte	
see oral electrolyte solution	217
Relafen	
see nabumetone tab 500 mg .	38
see nabumetone tab 750 mg .	38
RELENZA MIS DISKHALE.....	113
RELION TRUE KIT MET AIR.....	199
RELION TRUE TES METRIX.....	167
REMODULIN INJ 10MG/ML.....	118
REMODULIN INJ 1MG/ML.....	118
REMODULIN INJ 2.5MG/ML.....	118
REMODULIN INJ 5MG/ML.....	118
Renal Caps	
see b-complex w/ c & folic acid	
cap 1 mg- rx	221
Renal Multivitamin Formul	
see b-complex w/ c & folic acid	
tab 0.8 mg	222
Renal Vitamin	
see b-complex w/ c & folic acid	
tab 0.8 mg	222
Renal-vite	
see b-complex w/ c & folic acid	
tab 0.8 mg	222
Renaplex	
see multiple vitamins w/	
minerals tab	234
Rena-vite	
see b-complex w/ c & folic acid	
tab 0.8 mg	222
Rena-vite Rx	
see b-complex w/ c & folic acid	
tab 1 mg	222
Reno Caps	
see b-complex w/ c & folic acid	
cap 1 mg	221
see b-complex w/ c & folic acid	
cap 1 mg- rx	221
repaglinide tab 0.5 mg	84
repaglinide tab 1 mg	84
repaglinide tab 2 mg	84
REPATHA INJ 140MG/ML.....	101
REPATHA PUSH INJ 420/3.5.....	102
REPATHA SURE INJ 140MG/ML..	102
REPLACEMENT MIS FILTER.....	206
REPLACEMENT MIS FILTERS.....	206
respiratory therapy supplies	
see 2 CPAP HOSE MIS HANGER	
.....	203
see ACE AERO CLD MIS	
ENHANCER.....	202
see ACTIVITY PCH MIS.....	202

see AEROSOL MASK MIS ADULT
 202
 see AEROTRC PLUS MIS 202
 see AIRS PEDIATR MIS MASK . 202
 see ALTERA NEB MIS HANDSET
 202
 see BUBBLES PEDI MIS MASK . 203
 see CARETOUCH MIS CPAP 203
 see CONVERSION MIS BABY SZ1
 203
 see CONVERSION MIS BABY SZ2
 203
 see CONVERSION MIS BABY SZ3
 203
 see CPAP & BIPAP MIS HOSE .. 203
 see CPAP MASK MIS WIPES 203
 see CPAP NEURAL MIS PRE-WASH
 203
 see EASY FLOW MIS 300MM ... 203
 see EASY FLOW MIS 400MM ... 204
 see EASY FLOW MIS AIR NOZZ204
 see EASY FLOW MIS HEPA FIL 204
 see ERAPID NEB MIS HANDSET
 204
 see FLYP HYPERSO MIS CARTRIDG
 204
 see FULL KIT NEB MIS SET 204
 see LITETOUCH MIS MASK LG. 204
 see LITETOUCH MIS MASK MD 204
 see LITETOUCH MIS MASK SM 204
 see MINIELITE MIS FILTERS ... 204
 see NEBULIZER MIS MASK CHD
 205
 see NEBULIZER MIS MASK INF 205
 see PARI EXPIRAT MIS FILTER 205
 see PARI MASK MIS SIZE 3 205
 see PARI PLASTIC MIS MASK .. 205
 see PARI PLASTIC MIS MASK PED
 205
 see PARI VORTEX MIS ADL MASK
 205
 see PFLEX MIS..... 205
 see PFT FILTER MIS 1000..... 205

see PHARM CHOICE MIS WIPES
 205
 see PRONEB ULTRA MIS FILTER
 206
 see SIDESTREAM MIS MASK .. 206
 see SIDESTREAM MIS PED MASK
 206
 see SIDESTRM PLS MIS FACE MSK
 206
 see SOOTHENEB MIS MED CUP206
 see SOOTHENEB MIS MESH CAP
 206
 see SOOTHENEB MIS NBL 100 206
 see THRESHOLD MIS IMT 206
 see TUBE CLEANIN MIS BRUSH
 206
 see WINDMILL MIS TRAINER.. 206
 RETACRIT INJ 10000UNT 178
 RETACRIT INJ 20000UNI 178
 RETACRIT INJ 2000UNIT 178
 RETACRIT INJ 3000UNIT 178
 RETACRIT INJ 40000UNT 178
 RETACRIT INJ 4000UNIT 178
 Retaine Cmc
 see **carboxymethylcellulose
 sodium (pf) ophth soln 0.5%**
 263
 Retaine Pm
 see **white petrolatum-mineral
 oil ophth ointment**..... 266
 REVLIMID CAP 10MG 219
 REVLIMID CAP 15MG 219
 REVLIMID CAP 25MG 219
 REVLIMID CAP 5MG..... 219
rho d immune globulin (human)
 see HYPERRHO S/D INJ 300MCG
 273
 see HYPERRHO S/D INJ 50MCG
 272
 see MICRHOGAM PL INJ 50MCG
 273
 see RHOGAM PLUS INJ 300MCG
 273

see RHOPHYLAC INJ 1500/2ML 273
 RHOGAM PLUS INJ 300MCG 273
 RHOPHYLAC INJ 1500/2ML..... 273
 RHOPRESSA SOL 0.02% 268
ribavirin cap 200 mg 113
ribavirin tab 200 mg 113
riboflavin tab 100 mg 304
 Rid Lice Killing Shampoo
 see **pyrethrins-piperonyl**
 butoxide shampoo 0.33-4%
 166
 RIDAURA CAP 3MG 34
rifampin cap 150 mg 106
rifampin cap 300 mg 106
rifapentine
 see PRIFTIN TAB 150MG 106
riluzole tab 50 mg 256
rimantadine hydrochloride tab
 100 mg 113
 RISACAL-D TAB..... 216
 RITEFLO MIS..... 206
rivastigmine tartrate cap 1.5 mg
 (base equivalent) 275
rivastigmine tartrate cap 3 mg
 (base equivalent) 275
rivastigmine tartrate cap 4.5 mg
 (base equivalent) 275
rivastigmine tartrate cap 6 mg
 (base equivalent) 275
rivastigmine td patch 24hr 13.3
 mg/24hr 276
rivastigmine td patch 24hr 4.6
 mg/24hr 275
rivastigmine td patch 24hr 9.5
 mg/24hr 276
 Rivelsa
 see **levonor-eth est tab 0.15-**
 0.02/0.025/0.03 mg ð
 est 0.01 mg 123
rizatriptan benzoate oral
 disintegrating tab 10 mg (base
 eq) 207

rizatriptan benzoate oral
 disintegrating tab 5 mg (base
 eq) 207
rizatriptan benzoate tab 10 mg
 (base equivalent) 207
rizatriptan benzoate tab 5 mg
 (base equivalent) 207
 Robafen Dm Cough
 see **dextromethorphan-**
 guaifenesin liquid 10-100
 mg/5ml..... 139
 Robafen Dm Cough/chest Co
 see **dextromethorphan-**
 guaifenesin liquid 10-100
 mg/5ml..... 139
 Robafen Mucus/chest Conge
 see **guaifenesin liquid 100**
 mg/5ml..... 145
ropinirole hydrochloride tab
 0.25 mg 111
ropinirole hydrochloride tab 0.5
 mg 111
ropinirole hydrochloride tab 1
 mg 111
ropinirole hydrochloride tab 2
 mg 111
ropinirole hydrochloride tab 3
 mg 111
ropinirole hydrochloride tab 4
 mg 111
ropinirole hydrochloride tab 5
 mg 111
 Rosadan
 see **metronidazole cream**
 0.75% 165
 see **metronidazole gel 0.75%**
 165
rosuvastatin calcium tab 10 mg
 101
rosuvastatin calcium tab 20 mg
 101
rosuvastatin calcium tab 40 mg
 101

rosuvastatin calcium tab 5 mg
 101
 Roweepra
 see **levetiracetam tab 500 mg**
72
rufinamide susp 40 mg/ml73
rufinamide tab 200 mg73
rufinamide tab 400 mg73
 RYBELSUS TAB 14MG82
 RYBELSUS TAB 3MG.....82
 RYBELSUS TAB 7MG.....82
 Rynex Pse
 see **brompheniramine &
 pseudoephedrine elixir 1-15
 mg/5ml** 137

S

Safe Tussin Dm Adult
 see **dextromethorphan-
 guaifenesin liquid 10-100
 mg/5ml** 139

Saline Mist
 see **saline nasal spray 0.65%**
 251
saline nasal spray 0.65%..... 251

Salonpas Pain Relieving G
 see **lidocaine patch 4%**..... 164
salsalate tab 500 mg47
salsalate tab 750 mg47

Sam-e.p.a.
 see **omega-3 fatty acids cap
 500 mg** 257

SANDIMMUNE CAP 100MG 220
 SANDIMMUNE CAP 25MG..... 220
 SANDOSTATIN KIT LAR 10MG ... 170
 SANDOSTATIN KIT LAR 20MG ... 170
 SANDOSTATIN KIT LAR 30MG ... 170
 SANTYL OIN 250/GM..... 163

Saratoga
 see **emollient - ointment**..... 162
sargramostim
 see LEUKINE INJ 250MCG 178
sarilumab
 see KEVZARA INJ 150/1.1434

see KEVZARA INJ 200/1.14..... 34

Sarnol-hc
 see **hydrocortisone lotion 1%**
 160

Sb Allergy
 see **cetirizine hcl tab 10 mg**.. 97
 see **diphenhydramine hcl cap
 25 mg** 92

Sb Allergy Medicine
 see **diphenhydramine hcl tab 25
 mg** 95

Sb Allergy Relief/nasal D
 see **loratadine &
 pseudoephedrine tab er 24hr
 10-240 mg** 143

Sb Antacid Anti-gas
 see **alum & mag hydroxide-
 simethicone susp 200-200-
 20 mg/5ml**..... 55

Sb Anti-fungal
 see **tolnaftate cream 1%** 156

Sb Anti-nausea
 see **fructose-dextrose-
 phosphoric acid oral soln**... 89

Sb Arthritis Pain Relief
 see **acetaminophen tab er 650
 mg** 44

Sb Aspirin
 see **aspirin tab 325 mg** 46

Sb Aspirin Ec
 see **aspirin tab delayed release
 325 mg** 47

Sb Bisacodyl Laxative Ec
 see **bisacodyl tab delayed
 release 5 mg** 193

Sb Bismuth
 see **bismuth subsalicylate tab
 262 mg** 86

Sb Calcium + D
 see **calcium carbonate-vitamin
 d tab 600 mg-200 unit** 213

Sb Childrens Aspirin
 see **aspirin chew tab 81 mg**.. 45

Sb Childrens Non-aspirin	see acetaminophen	
	disintegrating tab 80 mg ...	40
Sb Cough Control	see guaifenesin syrup 100	
	mg/5ml	146
Sb Cough tab	see guaifenesin tab 200 mg	146
Sb Docusate Sodium/senna	see sennosides-docusate	
	sodium tab 8.6-50 mg	188
Sb Fib Lax Orange	see psyllium powder 33% ...	186
Sb Fiber Laxative	see calcium polycarbophil tab	
	625 mg	185
	see psyllium powder 48.57%	
	.....	186
Sb Gas Relief	see simethicone chew tab 125	
	mg	173
Sb Glycerin Adult	see glycerin suppos 2.1 gm .	189
Sb Glycerin Pediatric	see glycerin suppos 1.2 gm .	189
Sb Hydrocortisone	see hydrocortisone cream 1%	
	.....	159
Sb Hydrocortisone Maximum	see hydrocortisone oint 1%	161
Sb Ibuprofen	see ibuprofen tab 200 mg	37
Sb Laxative	see bisacodyl suppos 10 mg	192
Sb Milk Of Magnesia	see magnesium hydroxide susp	
	400 mg/5ml	191
Sb Nasal Spray No-drip	see oxymetazoline hcl nasal	
	soln 0.05%	254
Sb Non-aspirin	see acetaminophen chew tab	
	160 mg	40
	see acetaminophen chew tab	
	80 mg	40
Sb Non-aspirin Jr Strengt	see acetaminophen	
	disintegrating tab 160 mg .	40
Sb Omega-3 Fish Oil	see omega-3 fatty acids cap	
	1000 mg	258
Sb Pain Reliever Children	see acetaminophen susp 160	
	mg/5ml	42
Sb Pain Reliever Extra St	see acetaminophen tab 500 mg	
	.....	43
Sb Saline Nose	see saline nasal spray 0.65%	
	.....	251
Sb Senna-lax	see sennosides tab 8.6 mg .	194
Sb Sinus Relief	see oxymetazoline hcl nasal	
	soln 0.05%	254
Sb Sleep	see diphenhydramine hcl	
	(sleep) tab 25 mg	183
Sb Triple Antibiotic	see neomycin-bacitracin-	
	polymyxin oint	152
	scopolamine td patch 72hr 1	
	mg/3days	88
Scot-tussin Expectorant	see guaifenesin liquid 100	
	mg/5ml	145
Sea Buddies Daily Multipl	see pediatric multiple vitamin	
	w/ minerals & c chew tab	242
Sea-omega	see omega-3 fatty acids cap	
	1000 mg	258
segesterone acetate-ethinyl	estradiol	
	see ANNOVERA MIS	133
SEGLUROMET TAB 2.5-1000	.....	80

SEGLUROMET TAB 2.5-50080
 SEGLUROMET TAB 7.5-100080
 SEGLUROMET TAB 7.5-50080
selegiline hcl cap 5 mg..... 111
selegiline hcl tab 5 mg 111
selenium sulfide lotion 1% ... 157
selenium sulfide lotion 2.5% 157
selexipag
 see UPTRAVI TAB 1000MCG.... 119
 see UPTRAVI TAB 1200MCG.... 119
 see UPTRAVI TAB 1400MCG.... 119
 see UPTRAVI TAB 1600MCG.... 119
 see UPTRAVI TAB 200MCG 119
 see UPTRAVI TAB 400MCG 119
 see UPTRAVI TAB 600MCG 119
 see UPTRAVI TAB 800MCG 119
semaglutide
 see OZEMPIC INJ 2/1.5ML81
 see OZEMPIC INJ 4MG/3ML82
 see RYBELSUS TAB 14MG.....82
 see RYBELSUS TAB 3MG82
 see RYBELSUS TAB 7MG82
 SEMGLEE INJ 100U/ML.....83
 SEMGLEE SOL 100U/ML.....83
 SE-NATAL 19 CHW..... 250
 SE-NATAL 19 TAB..... 250
 Senexon-s
 see **sennosides-docusate sodium tab 8.6-50 mg**..... 188
 Senior Tabs
 see **multiple vitamins w/ minerals tab** 234
 Senna Regular Strength
 see **sennosides tab 8.6 mg**.. 194
 Senna S
 see **sennosides-docusate sodium tab 8.6-50 mg**..... 188
 Senna-lax
 see **sennosides tab 8.6 mg**.. 195
 Senna-plus
 see **sennosides-docusate sodium tab 8.6-50 mg**..... 189
 Senna-s
 see **sennosides-docusate sodium tab 8.6-50 mg** 189
 Senna-tabs
 see **sennosides tab 8.6 mg** . 195
 Senna-time
 see **sennosides tab 8.6 mg** . 195
 Senna-time S
 see **sennosides-docusate sodium tab 8.6-50 mg** 189
 Sennazon
 see **sennosides syrup 8.8 mg/5ml**..... 194
sennosides chew tab 15 mg 193, 194
sennosides syrup 8.8 mg/5ml
 194
sennosides tab 25 mg 195
sennosides tab 8.6 mg .. 194, 195
sennosides-docusate sodium tab 8.6-50 mg 188, 189
 Sentry
 see **multiple vitamins w/ minerals tab** 234
 Sentry Adults Under 50
 see **multiple vitamins w/ minerals tab** 234
 Sentry Senior
 see **multiple vitamins w/ minerals tab** 234
sertraline hcl oral concentrate for solution 20 mg/ml..... 76
sertraline hcl tab 100 mg 76
sertraline hcl tab 25 mg 76
sertraline hcl tab 50 mg 76
 SESAME OIL 121
 Setlakin
 see **levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg** 124
sevelamer carbonate tab 800 mg
 174
 Sharobel

see norethindrone tab 0.35 mg	see simethicone liquid 40 mg/0.6ml	173
.....	simethicone liquid 40 mg/0.6ml	173
SHINGRIX INJ 50/0.5ML .....	.....	173
SHUR-SEAL GEL 2%	simethicone susp 40 mg/0.6ml	173
SIDESTREAM MIS MASK .....	.....	173
SIDESTREAM MIS PED MASK.....	Simliya	
SIDESTRM PLS MIS FACE MSK... 206	see desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	121
Silace	Simpesse	
see docusate sodium liquid 150 mg/15ml	see levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	124
.....	.....	124
see docusate sodium syrup 60 mg/15ml	Simply Sleep	
.....	see diphenhydramine hcl (sleep) tab 25 mg	183
Siladryl Allergy	simvastatin tab 10 mg	101
see diphenhydramine hcl liquid 12.5 mg/5ml	simvastatin tab 20 mg	101
.....	simvastatin tab 40 mg	101
sildenafil citrate tab 20 mg ...	simvastatin tab 5 mg	101
.....	Sinus 12 Hour	
SILICONE MSK MIS ADULT	see pseudoephedrine hcl tab er 12hr 120 mg	256
SILICONE MSK MIS INFANT	Sinus Congestion Maximum	
SILICONE MSK MIS PED	see pseudoephedrine hcl tab 30 mg	255
Siltussin Das	Sinus Relief	
see guaifenesin liquid 100 mg/5ml	see oxymetazoline hcl nasal soln 0.05%	254
.....	.....	254
Siltussin Dm Das	Sinus Relief Mist	
see dextromethorphan-guaifenesin liquid 10-100 mg/5ml	see oxymetazoline hcl nasal soln 0.05%	254
.....	skin protectants misc - cream	165
Siltussin Sa	.....	165
see guaifenesin syrup 100 mg/5ml	SKYLA IUD 13.5MG	134
.....	Sleep Ii	
Siltussin-dm	see diphenhydramine hcl (sleep) tab 25 mg	183
see dextromethorphan-guaifenesin syrup 10-100 mg/5ml	Sleep Tabs	
.....	see diphenhydramine hcl (sleep) tab 25 mg	183
silver sulfadiazine cream 1%	Sleep-tabs	
157		
Simeped		
see simethicone susp 40 mg/0.6ml		
.....		
simethicone cap 125 mg		
171, 172		
simethicone cap 180 mg		
172		
simethicone chew tab 125 mg		
.....		
172, 173		
simethicone chew tab 80 mg		
172		
Simethicone Drops Infants		

- see **diphenhydramine hcl (sleep) tab 25 mg** 183
- Slow Iron
 - see **ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)** 180
- Slow Release Iron
 - see **ferrous sulfate dried tab er 45 mg (fe equivalent)** 180
 - see **ferrous sulfate tab er 50 mg (elemental fe)** 181
- SLYND TAB 4MG 135
- Sm 12 Hour Sinus Deconges
 - see **pseudoephedrine hcl tab er 12hr 120 mg** 256
- Sm Acid Reducer
 - see **cimetidine tab 200 mg** .. 291
- Sm All Day Allergy
 - see **cetirizine hcl tab 10 mg** ..97
- Sm Allergy 4 Hour
 - see **chlorpheniramine tab 4 mg**90
- Sm Allergy Childrens
 - see **loratadine syrup 5 mg/5ml**99
- Sm Allergy Relief
 - see **diphenhydramine hcl tab 25 mg**95
- Sm Animal Shapes Complete
 - see **pediatric multiple vitamins w/ iron chew tab 18 mg** .. 245
- Sm Animal Shapes Kids Fir
 - see **pediatric multiple vitamin w/ c & fa chew tab** 246
- Sm Antacid
 - see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml**55
 - see **calcium carbonate (antacid) chew tab 500 mg** 59
- Sm Antacid Advanced
 - see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml** 55
- Sm Antacid Advanced Maxi
 - see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml** 57
- Sm Antacid Anti-gas
 - see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml** 55
- Sm Antacid Maximum Streng
 - see **alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml** 57
- Sm Antacid/antigas
 - see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml** 55
- Sm Antibiotic
 - see **bacitracin zinc oint 500 unit/gm** 151
- Sm Anti-diarrheal
 - see **loperamide hcl cap 2 mg** 86
 - see **loperamide hcl tab 2 mg**. 87
 - see **loperamide sus 1mg/7.5** 87
- Sm Antifungal Miconazole
 - see **miconazole nitrate cream 2%** 154
- Sm Antifungal Tolnaftate
 - see **tolnaftate cream 1%** 156
- Sm Antioxidant Vitamins
 - see **multiple vitamins w/ minerals tab** 235
- Sm Artificial Tears
 - see **artificial tear ophth solution** 263
- Sm Aspirin
 - see **aspirin tab 325 mg** 46
- Sm Aspirin Adult Low Stre
 - see **aspirin chew tab 81 mg** .. 45
 - see **aspirin tab delayed release 81 mg** 47

- Sm Aspirin Enteric Coated
 - see **aspirin tab delayed release 325 mg**47
- Sm B Super Vitamin Comple
 - see **b-complex w/ c & folic acid tab**..... 222
- Sm Bedding Lice Treatment
 - see **permethrin aerosol 0.5%** 165
- Sm Calcium /vitamin D
 - see **calcium carbonate-cholecalciferol tab 500 mg-200 unit**..... 209
- Sm Calcium 500/vitamin D3
 - see **calcium carbonate-vitamin d tab 500 mg-400 unit** 212
- Sm Calcium 600/vitamin D
 - see **calcium carbonate-vitamin d tab 600 mg-400 unit** 213
- Sm Calcium Citrate+ W/vit
 - see **calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)** 215
- Sm Calcium Citrate+vitami
 - see **calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)** 215
- Sm Calcium/magnesium/zinc
 - see **calcium-magnesium-zinc tab 333-133-5 mg**..... 216
- Sm Calcium/vitamin D
 - see **calcium carbonate-cholecalciferol tab 500 mg-200 unit**..... 209
 - see **calcium carbonate-cholecalciferol tab 600 mg-400 unit**..... 210
 - see **calcium carbonate-cholecalciferol tab 600 mg-800 unit**..... 211
- Sm Childrens Aspirin
 - see **aspirin chew tab 81 mg** ..45
- Sm Clearlax
 - see **polyethylene glycol 3350 oral powder**..... 190
- Sm Cold & Allergy Childre
 - see **brompheniramine & pseudoephedrine elixir 1-15 mg/5ml**..... 137
- Sm Complete
 - see **multiple vitamins w/ minerals tab** 235
- Sm Complete 50+
 - see **multiple vitamins w/ minerals tab** 235
- Sm Complete 50+ Ultimate
 - see **multiple vitamins w/ minerals tab** 235
- Sm Complete Advanced Form
 - see **multiple vitamins w/ minerals tab** 235
- Sm Complete Senior Formul
 - see **multiple vitamins w/ minerals tab** 235
- Sm Daily Diet Support
 - see **multiple vitamins w/ minerals tab** 235
- Sm Dry Eye Relief
 - see **glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%** 264
- Sm Ear Drops
 - see **carbamide peroxide 6.5% otic soln** 272
- Sm Enema
 - see **mineral oil enema** 191
 - see **sodium phosphates - enema** 192
- Sm Fiber
 - see **calcium polycarbophil tab 625 mg** 185
 - see **psyllium powder 28.3%** 186
 - see **psyllium powder 48.57%** 187
 - see **psyllium powder 58.6%** 187
- Sm Fiber Laxative

- see **methylcellulose tab 500 mg**
..... 185
- Sm Fish Oil
 - see **omega-3 fatty acids cap 1000 mg** 258
 - see **omega-3 fatty acids cap 1200 mg** 258
 - see **omega-3 fatty acids cap delayed release 1000 mg** . 259
- Sm Folic Acid
 - see **folic acid tab 400 mcg**... 177
- Sm Gas Relief
 - see **simethicone cap 180 mg**
..... 172
 - see **simethicone chew tab 125 mg**..... 173
 - see **simethicone chew tab 80 mg**..... 172
- Sm Gentle Laxative
 - see **bisacodyl tab delayed release 5 mg**..... 193
- Sm Glycerin Laxative Pedi
 - see **glycerin suppos 1.2 gm**. 189
- Sm Glycerin Pediatric
 - see **glycerin suppos 80.7%** . 189
- Sm Hair/skin/nails
 - see **multiple vitamins w/ minerals tab** 235
- Sm Hydrocortisone
 - see **hydrocortisone cream 1%**
..... 159
- Sm Hydrocortisone Maximum
 - see **hydrocortisone oint 1%** 161
- Sm Hydrocortisone Plus
 - see **hydrocortisone-aloe vera cream 1%**..... 161
- Sm Ibuprofen
 - see **ibuprofen cap 200 mg**.....35
- Sm Ibuprofen Ib
 - see **ibuprofen chew tab 100 mg**
.....36
 - see **ibuprofen tab 200 mg**37
- Sm Ibuprofen Ib Childrens
 - see **ibuprofen chew tab 100 mg**
..... 36
- Sm Ibuprofen Jr
 - see **ibuprofen tab 100 mg**..... 36
- Sm Iron
 - see **ferrous sulfate tab 325 mg (65 mg elemental fe)** 181
- Sm Iron Slow Release
 - see **ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)** 180
 - see **ferrous sulfate tab er 142 mg (45 mg fe equivalent)** 182
- Sm Laxative
 - see **bisacodyl suppos 10 mg** 192
- Sm Laxative Maximum Stren
 - see **sennosides tab 25 mg** .. 195
- Sm Lice Killing
 - see **pyrethrins-piperonyl butoxide liq 0.33-4%** 166
- Sm Lice Solution Kit
 - see **pyreth-piperonyl butox sham-permeth aero-nit remover gel kit**..... 166
- Sm Loratadine
 - see **loratadine tab 10 mg**..... 99
- Sm Lorata-dine D
 - see **loratadine & pseudoephedrine tab er 24hr 10-240 mg** 143
- Sm Loratadine D 12hr
 - see **loratadine & pseudoephedrine tab er 12hr 5-120 mg** 142
- Sm Lubricant Eye Drops
 - see **polyethylene glycol-propylene glycol ophth soln 0.4-0.3%** 265
- Sm Lubricating Tears
 - see **polyethylene glycol-propylene glycol ophth soln 0.4-0.3%** 265
- Sm Magnesium

see **magnesium oxide tab 250 mg (mg supplement)** 217
 Sm Magnesium Citrate
 see **magnesium citrate soln** 191
 Sm Miconazole 3
 see **miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit** 297
 Sm Miconazole 7
 see **miconazole nitrate vaginal suppos 100 mg** 298
 Sm Milk Of Magnesia
 see **magnesium hydroxide susp 400 mg/5ml** 191
 Sm Mineral Oil
 see **mineral oil** 191
 Sm Motion Sickness
 see **meclizine hcl tab 25 mg** ..88
 Sm Mucus Relief D
 see **pseudoephedrine-guaifenesin tab er 12hr 60-600 mg** 144
 Sm Mucus Relief/12 Hour
 see **guaifenesin tab er 12hr 600 mg** 147
 Sm Multiple Vitamins Esse
 see **multiple vitamin tab** 240
 Sm Multiple Vitamins/iron
 see **multiple vitamins w/ iron tab** 223
 Sm Nasal Decongestant Max
 see **pseudoephedrine hcl tab 30 mg** 255
 Sm Nasal Spray
 see **oxymetazoline hcl nasal soln 0.05%** 254
 Sm Nasal Spray 12 Hour
 see **oxymetazoline hcl nasal soln 0.05%** 254
 Sm Nasal Spray Saline
 see **saline nasal spray 0.65%** 251
 Sm Niacin Cr
 see **niacin tab er 250 mg** 303
 Sm Nicotine
 see **nicotine polacrilex gum 4 mg** 278
 see **nicotine polacrilex lozenge 2 mg** 279
 Sm Nicotine Polacrilex
 see **nicotine polacrilex gum 2 mg** 278
 see **nicotine polacrilex gum 4 mg** 278
 see **nicotine polacrilex lozenge 2 mg** 279
 see **nicotine polacrilex lozenge 4 mg** 280
 Sm Nicotine Transdermal S
 see **nicotine td patch 24hr 14 mg/24hr** 282
 see **nicotine td patch 24hr 21 mg/24hr** 282
 see **nicotine td patch 24hr 7 mg/24hr** 281
 Sm Nighttime Sleep Aid
 see **diphenhydramine hcl (sleep) tab 25 mg** 183
 Sm Opti-vitamins
 see **multiple vitamins w/ minerals tab** 235
 Sm Oyster Shell Calcium/v
 see **calcium carbonate-vitamin d tab 500 mg-400 unit** 212
 Sm Pain Relief Extra Stre
 see **acetaminophen tab 500 mg** 43
 Sm Pain Reliever
 see **acetaminophen tab 325 mg** 43
 Sm Pain Reliever Extra St
 see **acetaminophen tab er 650 mg** 44
 Sm Pediatric Electrolyte
 see **oral electrolyte solution** 217
 Sm Rapid Melts Junior

see **acetaminophen disintegrating tab 160 mg** .40
 Sm Senna Laxative
 see **sennosides tab 8.6 mg**.. 195
 Sm Senna-s
 see **sennosides-docusate sodium tab 8.6-50 mg**..... 189
 Sm Sleep Aid
 see **doxylamine succinate (sleep) tab 25 mg** 183
 Sm Slow Release Iron
 see **ferrous sulfate dried tab er 45 mg (fe equivalent)**..... 180
 see **ferrous sulfate tab er 142 mg (45 mg fe equivalent)** 182
 Sm Stomach Relief
 see **bismuth subsalicylate susp 262 mg/15ml**85
 Sm Stomach Relief Liquid
 see **bismuth subsalicylate susp 262 mg/15ml**85
 Sm Stool Softener
 see **sennosides-docusate sodium tab 8.6-50 mg**..... 189
 Sm Stool Softener/stimula
 see **sennosides-docusate sodium tab 8.6-50 mg**..... 189
 Sm Triple Antibiotic Orig
 see **neomycin-bacitracin-polymyxin oint**..... 152
 Sm Tussin Dm
 see **dextromethorphan-guaifenesin syrup 10-100 mg/5ml** 140
 Sm Tussin Dm Cough/chest
 see **dextromethorphan-guaifenesin syrup 10-100 mg/5ml** 140
 Sm Vitamin B12
 see **cyanocobalamin tab 500 mcg** 176
 Sm Vitamin B-12
 see **cyanocobalamin tab 100 mcg**..... 176
 Sm Vitamin B-12
 see **cyanocobalamin tab 500 mcg**..... 176
 Sm Vitamin B12 Tr
 see **cyanocobalamin tab er 1000 mcg** 177
 Sm Vitamin B6
 see **pyridoxine hcl tab 100 mg** 304
 Sm Vitamin B-6
 see **pyridoxine hcl tab 100 mg** 304
 Sm Vitamin C
 see **ascorbic acid tab 500 mg** 303
 Sm Vitamin D
 see **cholecalciferol tab 400 unit** 302
 Sm Vitamin D3
 see **cholecalciferol cap 2000 unit** 300
 Smarty Pants Kids Complet
 see **pediatric multiple vitamin w/ minerals & c chew tab** 242
 Smooth Lax
 see **polyethylene glycol 3350 oral powder**..... 190
sodium bicarbonate tab 325 mg 58
sodium bicarbonate tab 650 mg 58
sodium chloride hypertonic ophth oint 5% 271
sodium chloride hypertonic ophth soln 5% 271
sodium chloride irrigation soln 0.9% 174, 175
sodium chloride soln nebu 0.9% 147
sodium chloride soln nebu 3% 147

sodium chloride soln nebu 7%	
.....	147
sodium chloride tab 1 gm	..... 219
sodium citrate & citric acid soln	
500-334 mg/5ml	174
sodium fluoride chew tab 0.25	
mg f (from 0.55 mg naf)	217
sodium fluoride chew tab 0.5 mg	
f (from 1.1 mg naf)	217
sodium fluoride chew tab 1 mg f	
(from 2.2 mg naf)	217
sodium fluoride soln 0.5 mg/ml	
f (from 1.1 mg/ml naf)	217
sodium hyaluronate	
(viscosupplement)	
see EUFLEXXA INJ 10MG/ML...	251
sodium hypochlorite soln 0.5%	
.....	112
sodium oxybate	
see XYREM SOL 500MG/ML.....	275
sodium phosphates - enema	191,
192	
sodium phosphates - enema	
(pediatric)	192
sodium polystyrene sulfonate	
oral susp 15 gm/60ml	220
sodium polystyrene sulfonate	
powder	220
SOFOS/VELPAT TAB 400-100	113
sofosbuvir	
see SOVALDI TAB 400MG.....	113
sofosbuvir-velpatasvir-	
voxilaprevir	
see VOSEVI TAB	113
SOLVIL POW	262
somatropin	
see OMNITROPE INJ 5.8MG	169
Soothe	
see bismuth subsalicylate chew	
tab 262 mg	85
see bismuth subsalicylate susp	
262 mg/15ml	86
see bismuth subsalicylate tab	
262 mg	86
Soothe Hydration	
see artificial tear ophth	
solution	263
Soothe Maximum Strength	
see bismuth subsalicylate susp	
525 mg/15ml	86
Soothe Nighttime Dry Eye	
see white petrolatum-mineral	
oil ophth ointment	267
Soothe Xp	
see artificial tear ophth	
solution	263
Soothe Xp/xtra Protection	
see artificial tear ophth	
solution	263
SOOTHENEB MIS MED CUP.....	206
SOOTHENEB MIS MESH CAP	206
SOOTHENEB MIS NBL 100.....	206
Soothing - 12 Hour Nasal	
see oxymetazoline hcl nasal	
soln 0.05%	254
sorafenib tosylate	
see NEXAVAR TAB 200MG.....	109
Sorbugen Nr	
see dextromethorphan-	
guaifenesin liquid 10-100	
mg/5ml	139
Sorine	
see sotalol hcl tab 120 mg ..	115
see sotalol hcl tab 160 mg ..	115
see sotalol hcl tab 240 mg ..	115
see sotalol hcl tab 80 mg	115
sotalol hcl (afib/afl) tab 120 mg	
.....	115
sotalol hcl (afib/afl) tab 160 mg	
.....	115
sotalol hcl (afib/afl) tab 80 mg	
.....	115
sotalol hcl tab 120 mg	115
sotalol hcl tab 160 mg	115
sotalol hcl tab 240 mg	115

sotalol hcl tab 80 mg	115	see HOLD CHAMBER MIS MEDIUM	204
SOVALDI TAB 400MG	113	see HOLD CHAMBER MIS SMALL	204
spacer/aerosol-holding chambers		see INSPIRACHAMB MIS LARGE	204
see AERCHMBR PLS MIS FLOW-VU	202	see INSPIRACHAMB MIS MEDIUM	204
see AERCHMBR PLS MIS LRG MASK.....	202	see INSPIRACHAMB MIS MOUTHPE.....	204
see AERCHMBR PLS MIS MED MASK.....	202	see INSPIRACHAMB MIS SMALL	204
see AERCHMBR PLS MIS SM MASK	202	see INSPIREASE MIS DD SYST	204
see AERCHMBR Z- MIS STAT PLS	202	see MICROCHAMBER MIS.....	204
see AEROCHAMBER MIS CHAMBER	202	see OPTICHAMBER MIS DIA LG205	205
see AEROCHAMBER MIS FLOSIGNA	202	see OPTICHAMBER MIS DIA MD	205
see AEROCHAMBER MIS MV....	202	see OPTICHAMBER MIS DIA SM	205
see AEROCHAMBER MIS PLUS.	202	see OPTICHAMBER MIS DIAMOND	205
see AEROVENT MIS PLUS	202	see POCKET CHAMB MIS.....	206
see BREATHE EASE MIS LG MASK	202	see POCKET SPACE MIS.....	206
see BREATHE EASE MIS MED MASK.....	203	see RITEFLO MIS.....	206
see BREATHE EASE MIS SM MASK	203	see SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE.....	206
see COMPACT SPAC MIS CHAMBER.....	203	see VORTEX VALVE MIS CHAMBER	206
see COMPACT SPAC MIS LG MASK	203	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	206
see COMPACT SPAC MIS MD MASK	203	Spider-man Complete Multi	
see COMPACT SPAC MIS SM MASK	203	see pediatric multiple vitamin w/ minerals & c chew tab	242
see EASIVENT MIS	203	spinosad susp 0.9%	166
see EASIVENT MIS MASK LG...	203	spironolactone & hydrochlorothiazide tab 25-25 mg	168
see EASIVENT MIS MASK MED	203	spironolactone tab 100 mg ...	168
see EASIVENT MIS MASK SM..	203	spironolactone tab 25 mg	168
see FLEXICHAMBER MIS.....	204	spironolactone tab 50 mg	168
see HOLD CHAMBER MIS ADLT LG	204	Spongebob Squarepants Gum	
		see pediatric multiple vitamin w/ minerals & c chew tab	242

Sprintec 28	see norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 131
SPRYCEL TAB 100MG	..... 109
SPRYCEL TAB 140MG	..... 109
SPRYCEL TAB 20MG	..... 109
SPRYCEL TAB 50MG	..... 109
SPRYCEL TAB 70MG	..... 109
SPRYCEL TAB 80MG	..... 109
Sps	see sodium polystyrene sulfonate oral susp 15 gm/60ml 220
Sronyx	see levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 125
Ssd	see silver sulfadiazine cream 1% 157
St Joseph Aspirin	see aspirin tab delayed release 81 mg 47
St Joseph Low Dose Aspirin	see aspirin chew tab 81 mg .. 45
STAMARIL INJ	..... 296
STEGLATRO TAB 15MG	..... 84
STEGLATRO TAB 5MG	..... 84
STIMATE SOL 1.5MG/ML	..... 170
Stimulant Laxative	see sennosides-docusate sodium tab 8.6-50 mg 189
Stomach Relief	see bismuth subsalicylate chew tab 262 mg 85
	see bismuth subsalicylate susp 262 mg/15ml 86
Stomach Relief Plus	see bismuth subsalicylate susp 525 mg/15ml 86
Stool Softener	see docusate sodium liquid 150 mg/15ml 196
	Stool Softener Extra Stre
	see docusate sodium cap 250 mg 196
	Stool Softener Laxative E
	see docusate sodium cap 250 mg 196
	Stool Softener/laxative
	see sennosides-docusate sodium tab 8.6-50 mg 189
Stop Lice	see permethrin aerosol 0.5% 165
Stop Lice Complete Lice T	see pyreth-piperonyl butox sham-permeth aero-nit remover gel kit 166
Stop Lice Maximum Strengt	see pyrethrins-piperonyl butoxide liq 0.33-4% 166
Stop Lice Step 3	see permethrin aerosol 0.5% 165
Stress B Complex/iron	see multiple vitamins w/ iron tab 223
Stress B-complex/c/zinc	see multiple vitamins w/ minerals tab 235
Stress Formula	see b-complex w/ c & folic acid tab 222
	see multiple vitamin tab 240
	see multiple vitamins w/ minerals tab 235
Stress Formula/iron	see multiple vitamins w/ iron tab 223
	see multiple vitamins w/ minerals tab 235
Stress Formula/zinc	

see **multiple vitamins w/
minerals tab** 235
 Stresstabs
 see **multiple vitamin tab** 240
 Stresstabs Advanced
 see **multiple vitamins w/
minerals tab** 235
 Stresstabs Energy
 see **multiple vitamin tab** 240
 STRIVERDI AER 2.5MCG 69
 Stye
 see **white petrolatum-mineral
oil ophth ointment** 267
 Subvenite
 see **lamotrigine tab 100 mg** ..72
 see **lamotrigine tab 150 mg** ..72
 see **lamotrigine tab 200 mg** ..72
 see **lamotrigine tab 25 mg**72
succimer
 see CHEMET CAP 100MG 87
sucralfate susp 1 gm/10ml ... 293
sucralfate tab 1 gm 293
 SUDAFED PE SOL CHILDREN 256
 Sudafed Sinus Congestion
 see **pseudoephedrine hcl tab er
12hr 120 mg** 256
 Sudogest
 see **pseudoephedrine hcl tab
30 mg** 255
 see **pseudoephedrine hcl tab
60 mg** 255
 Sudogest 12 Hour
 see **pseudoephedrine hcl tab er
12hr 120 mg** 256
 Sudogest Maximum Strength
 see **pseudoephedrine hcl tab
30 mg** 255
**sulfacetamide sodium lotion
10% (acne)** 149
**sulfacetamide sodium ophth
soln 10%** 268

**sulfacetamide sodium-
prednisolone ophth soln 10-
0.23(0.25)%** 269
**sulfamethoxazole-trimethoprim
susp 200-40 mg/5ml** 61
**sulfamethoxazole-trimethoprim
tab 400-80 mg** 61
**sulfamethoxazole-trimethoprim
tab 800-160 mg** 61
sulfasalazine tab 500 mg 174
**sulfasalazine tab delayed
release 500 mg** 174
 Sulfatrim Pediatric
 see **sulfamethoxazole-
trimethoprim susp 200-40
mg/5ml** 61
sulindac tab 150 mg 39
sulindac tab 200 mg 39
**sumatriptan succinate tab 100
mg** 207
**sumatriptan succinate tab 25
mg** 207
**sumatriptan succinate tab 50
mg** 207
sunitinib malate
 see SUTENT CAP 12.5MG 109
 see SUTENT CAP 25MG 109
 see SUTENT CAP 37.5MG 109
 see SUTENT CAP 50MG 109
 Sunvite Active Adult 50+
 see **multiple vitamins w/
minerals tab** 235
 Sunvite Advanced
 see **multiple vitamins w/
minerals tab** 235
 Super Amino Acids
 see **amino acids tab** 259
 Super Antioxidant/a/c/e/s
 see **multiple vitamins w/
minerals tab** 235
 Super Antioxidants Protec
 see **multiple vitamins w/
minerals cap** 225

Super Aytinal 50 Plus	
see multiple vitamins w/ minerals tab	235
Super Aytinal For Active	
see multiple vitamins w/ minerals tab	235
Super B-complex/folic Aci	
see b-complex w/ c & folic acid tab	222
Super B-complex/vitamin C	
see b-complex w/ c & folic acid tab	222
Super Calcium	
see calcium carbonate tab 1500 mg (600 mg elemental ca)	208
Super Calcium 600 + D3	
see calcium carbonate-vitamin d tab 600 mg-400 unit	213
Super Calcium 600+d 400	
see calcium carbonate-vitamin d tab 600 mg-400 unit	213
Super Calcium 600+d3 400	
see calcium carbonate-vitamin d tab 600 mg-400 unit	213
Super Dha Gems	
see omega-3 fatty acids cap 1000 mg	258
Super Multiple	
see multiple vitamins w/ minerals cap	225
see multiple vitamins w/ minerals tab	235
Super Nu-thera	
see multiple vitamins w/ minerals liquid	226
see multiple vitamins w/ minerals tab	236
Super Omega 3	
see omega-3 fatty acids cap 500 mg	257
Super Omega 3 Epa/dha For	
see omega-3 fatty acids cap 1000 mg	258
Super Omega-3	
see omega-3 fatty acids cap 1000 mg	258
Super Thera Vite M	
see multiple vitamins w/ minerals tab	236
Super Vita-mins	
see multiple vitamins w/ minerals tab	236
Suphedrine 12hour Maximum	
see pseudoephedrine hcl tab er 12hr 120 mg	256
Sure Result Sr Relief	
see capsaicin cream 0.025%	163
Surfak	
see docusate calcium cap 240 mg	195
SUTENT CAP 12.5MG	109
SUTENT CAP 25MG.....	109
SUTENT CAP 37.5MG	109
SUTENT CAP 50MG.....	109
Sv Fish Oil	
see omega-3 fatty acids cap 500 mg	257
Sv Vitamin B12 Tr	
see cyanocobalamin tab er 1000 mcg	177
Syeda	
see drospirenone-ethinyl estradiol tab 3-0.03 mg ...	123
Symax-sr	
see hyoscyamine sulfate tab er 12hr 0.375 mg	291
SYMDEKO TAB 100-150	283
SYMDEKO TAB 50-75MG	283
SYMJEPI INJ 0.15MG	299
SYMJEPI INJ 0.3MG	299
SYMLINPEN 60 INJ 1000MCG	78
SYMLNPEN 120 INJ 1000MCG	78
SYNAGIS INJ 100MG/ML	273

SYNAGIS INJ 50MG.....	273	Tab-a-vite W/beta Caroten	
SYNAREL SOL 2MG/ML	170	see multiple vitamin tab	240
SYNTHROID TAB 100MCG	288	Tab-a-vite/iron	
SYNTHROID TAB 112MCG	288	see multiple vitamins w/ iron	
SYNTHROID TAB 125MCG	288	tab	223
SYNTHROID TAB 137MCG	288	tacrolimus cap 0.5 mg	220
SYNTHROID TAB 150MCG	288	tacrolimus cap 1 mg	220
SYNTHROID TAB 175MCG	288	tacrolimus cap 5 mg	220
SYNTHROID TAB 200MCG	288	tacrolimus oint 0.03%	163
SYNTHROID TAB 25MCG.....	287	tacrolimus oint 0.1%	163
SYNTHROID TAB 300MCG	288	TAGRISSE TAB 40MG	107
SYNTHROID TAB 50MCG.....	288	TAGRISSE TAB 80MG	107
SYNTHROID TAB 75MCG.....	288	Take Action	
SYNTHROID TAB 88MCG.....	288	see levonorgestrel tab 1.5 mg	
syringe (disposable)		.....	134
see SYRINGE (DISPOSABLE) 3 ML		tamoxifen citrate tab 10 mg	
.....	201	(base equivalent)	108
see SYRINGE (DISPOSABLE) 3 ML		tamoxifen citrate tab 20 mg	
- RX.....	201	(base equivalent)	108
SYRINGE (DISPOSABLE) 3 ML ...	201	tamsulosin hcl cap 0.4 mg	175
SYRINGE (DISPOSABLE) 3 ML - RX		Tarina 24 Fe	
.....	201	see norethindrone ace-ethinyl	
syringe/needle (disp) 3 ml		estradiol-fe tab 1 mg-20 mcg	
see SYRINGE/NEEDLE (DISP) 3 ML		(24)	130
22 X 1	201	Tarina Fe 1/20	
see SYRINGE/NEEDLE (DISP) 3 ML		see norethindrone ace &	
25 X 1	201, 202	ethinyl estradiol-fe tab 1 mg-	
SYRINGE/NEEDLE (DISP) 3 ML 22 X		20 mcg	129
1	201	Tarina Fe 1/20 Eq	
SYRINGE/NEEDLE (DISP) 3 ML 25 X		see norethindrone ace &	
1	201, 202	ethinyl estradiol-fe tab 1 mg-	
Systane Contacts Soothing		20 mcg	129
see artificial tear ophth		Taztia Xt	
solution	263	see diltiazem hcl extended	
Systane Icaps Areds2		release beads cap er 24hr	
see multiple vitamins w/		120 mg	116
minerals cap	225	see diltiazem hcl extended	
Systane Nighttime		release beads cap er 24hr	
see white petrolatum-mineral		180 mg	116
oil ophth ointment	267	see diltiazem hcl extended	
T		release beads cap er 24hr	
Tab-a-vite		240 mg	116
see multiple vitamin tab	240		

see diltiazem hcl extended release beads cap er 24hr 300 mg	117	terbutaline sulfate tab 2.5 mg	69
see diltiazem hcl extended release beads cap er 24hr 360 mg	117	terbutaline sulfate tab 5 mg ...	69
TDVAX INJ 2-2 LF	290	terconazole vaginal cream 0.4%	298
Tears Again		terconazole vaginal cream 0.8%	298
see white petrolatum-mineral oil ophth ointment	267	terconazole vaginal suppos 80 mg	298
Tears Again Advanced Eye		teriflunomide	
see artificial tear ophth solution	263	see AUBAGIO TAB 14MG.....	276
Tears Pure		see AUBAGIO TAB 7MG	276
see dextran 70-hypromellose ophth soln 0.1-0.3%	264	testosterone cypionate im inj in oil 100 mg/ml	52
TEGRETOL SUS 100/5ML	73	testosterone cypionate im inj in oil 200 mg/ml	52
TEGRETOL TAB 200MG	73	testosterone enanthate im inj in oil 200 mg/ml	52
TEGRETOL-XR TAB 100MG	73	TET/DIP TOX INJ 2-2 LF	290
TEGRETOL-XR TAB 200MG	73	tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)	
TEGRETOL-XR TAB 400MG	73	see ADACEL INJ	289
temazepam cap 15 mg	184	see BOOSTRIX INJ	290
temazepam cap 30 mg	184	tetanus-diphtheria toxoids (td)	
temozolomide cap 100 mg	107	see TDVAX INJ 2-2 LF	290
temozolomide cap 140 mg	107	see TENIVAC INJ 5-2LF	290
temozolomide cap 180 mg	107	tetrabenazine tab 12.5 mg ...	276
temozolomide cap 20 mg	107	tetrabenazine tab 25 mg	276
temozolomide cap 250 mg	107	tezacaftor-ivacaftor	
temozolomide cap 5 mg	107	see SYMDEKO TAB 100-150 ...	283
Tencon		see SYMDEKO TAB 50-75MG ..	283
see butalbital-acetaminophen tab 50-325 mg	39	thalidomide	
TENIVAC INJ 5-2LF	290	see THALOMID CAP 100MG	219
terazosin hcl cap 1 mg (base equivalent)	103	THALOMID CAP 100MG	219
terazosin hcl cap 10 mg (base equivalent)	103	The Magic Bullet	
terazosin hcl cap 2 mg (base equivalent)	103	see bisacodyl suppos 10 mg	192
terazosin hcl cap 5 mg (base equivalent)	103	theophylline soln 80 mg/15ml	69
terbinafine hcl cream 1%	155	theophylline tab er 12hr 300 mg	69
terbinafine hcl tab 250 mg	89	theophylline tab er 12hr 450 mg	69
		theophylline tab er 24hr 400 mg	69

theophylline tab er 24hr 600 mg	69	see multiple vitamins w/ minerals tab	236
Thera Vital M see multiple vitamins w/ minerals tab	236	Theravim -m see multiple vitamins w/ minerals tab	236
Thera Vital-m see multiple vitamins w/ minerals tab	236	Theromega see omega-3 fatty acids cap 1000 mg	258
Therabasic-m see multiple vitamins w/ minerals tab	236	thiamine hcl tab 100 mg	304, 305
Theracare Pain Relief Max see lidocaine patch 4%	164	thiamine hcl tab 50 mg	304
Thera-d 2000 see cholecalciferol tab 2000 unit	302	THRESHOLD MIS IMT.....	206
Theradex.....	236	Thrive see nicotine polacrilex gum 2 mg	278
Thera-m see multiple vitamins w/ minerals tab	236	Thrive For Life Womens see multiple vitamins w/ minerals tab	236
Thera-mill see multiple vitamin tab	240	THYROGEN INJ 1.1MG	166
Thera-mill M see multiple vitamins w/ minerals tab	236	thyroid see ARMOUR THYRO TAB 120MG	284
Therapeutic Formula/hemat see multiple vitamins w/ minerals tab	236	see ARMOUR THYRO TAB 15MG	283
Therapeutic M see multiple vitamins w/ minerals tab	236	see ARMOUR THYRO TAB 180MG	284
Therapeutic-m see multiple vitamins w/ minerals tab	236	see ARMOUR THYRO TAB 240MG	284
Therapeutic-m/lutein see multiple vitamins w/ minerals tab	236	see ARMOUR THYRO TAB 300MG	284
Thera-tabs see multiple vitamin tab	240	see ARMOUR THYRO TAB 30MG	283
Theratrums Complete see multiple vitamins w/ minerals tab	236	see ARMOUR THYRO TAB 60MG	284
Theratrums Complete 50 Plu		see ARMOUR THYRO TAB 90MG	284
		see NATURE THROI TAB 162.5MG	287
		see NATURE-THROI TAB 113.75MG.....	287
		see NATURE-THROI TAB 130MG	287
		see NATURE-THROI TAB 146.25MG.....	287

see NATURE-THROI TAB 16.25MG	see THYROGEN INJ 1.1MG	166
..... 287	Tiadylt Er	
see NATURE-THROI TAB 195MG	see diltiazem hcl extended	
..... 287	release beads cap er 24hr	
see NATURE-THROI TAB 260MG	120 mg	116
..... 287	see diltiazem hcl extended	
see NATURE-THROI TAB 32.5MG	release beads cap er 24hr	
..... 287	180 mg	116
see NATURE-THROI TAB 325MG	see diltiazem hcl extended	
..... 287	release beads cap er 24hr	
see NATURE-THROI TAB 48.75MG	240 mg	116
..... 287	see diltiazem hcl extended	
see NATURE-THROI TAB 65MG 287	release beads cap er 24hr	
see NATURE-THROI TAB 81.25MG	300 mg	117
..... 287	see diltiazem hcl extended	
see NATURE-THROI TAB 97.5MG	release beads cap er 24hr	
..... 287	360 mg	117
see WESTHROID TAB 130MG .. 289	see diltiazem hcl extended	
see WESTHROID TAB 195MG .. 289	release beads cap er 24hr	
see WESTHROID TAB 32.5MG . 288	420 mg	117
see WESTHROID TAB 65MG.... 289	tiagabine hcl tab 12 mg	74
see WESTHROID TAB 97.5MG . 289	tiagabine hcl tab 16 mg	74
see WP THYROID TAB 113.75MG	tiagabine hcl tab 2 mg	74
..... 289	tiagabine hcl tab 4 mg	74
see WP THYROID TAB 130MG . 289	Tilia Fe	
see WP THYROID TAB 16.25MG	see norethindrone ac-ethinyl	
..... 289	estradiol-fe tab 1-20/1-30/1-	
see WP THYROID TAB 32.5MG 289	35 mg-mcg	127
see WP THYROID TAB 48.75MG	timolol maleate ophth soln	
..... 289	0.25%	267
see WP THYROID TAB 65MG... 289	timolol maleate ophth soln 0.5%	
see WP THYROID TAB 81.25MG	..... 267	
..... 289	Tinaspore	
see WP THYROID TAB 97.5MG 289	see tolnaftate soln 1%	156
thyroid tab 120 mg (2 grain) 288	Tineacide	
thyroid tab 15 mg (1/4 grain)	see miconazole nitrate cream	
..... 288	2%	154
thyroid tab 30 mg (1/2 grain)	Tioconazole 1	
..... 288	see tioconazole vaginal oint	
thyroid tab 60 mg (1 grain) .. 288	6.5%	298
thyroid tab 90 mg (1 1/2 grain)	tioconazole vaginal oint 6.5%	
..... 288	..... 298	
thyrotropin alfa		

tizanidine hcl tab 2 mg (base equivalent)	251	see MULTITRACE-4 INJ NEONATAL	219
tizanidine hcl tab 4 mg (base equivalent)	251	see MULTITRACE-4 INJ PED ...	219
tobramycin ophth soln 0.3%	268	see TRACE ELEM 4 INJ PED	219
tobramycin-dexamethasone ophth susp 0.3-0.1%	269	TRACLEER TAB 32MG.....	119
TODAY SPONGE MIS	297	tramadol hcl tab 50 mg	50
tofacitinib citrate		trandolapril tab 1 mg	102
see XELJANZ SOL 1MG/ML	34	trandolapril tab 2 mg	102
see XELJANZ TAB 10MG	34	trandolapril tab 4 mg	102
see XELJANZ TAB 5MG.....	34	TRAVASOL INJ 10%.....	262
see XELJANZ XR TAB 11MG	34	Travel-ease	
see XELJANZ XR TAB 22MG	34	see meclizine hcl tab 25 mg .	88
tolbutamide tab 500 mg	84	Trav-tabs	
tolnaftate aerosol pow 1% ...	155	see dimenhydrinate tab 50 mg	87
Tolnaftate Antifungal		trazodone hcl tab 100 mg	76
see tolnaftate cream 1%	156	trazodone hcl tab 150 mg	76
tolnaftate cream 1%	155, 156	trazodone hcl tab 50 mg	76
tolnaftate powder 1%	156	TRELEGY AER ELLIPTA	69
tolnaftate soln 1%	156	treprostinil	
tolterodine tartrate tab 1 mg	294	see REMODULIN INJ 10MG/ML	118
tolterodine tartrate tab 2 mg	294	see REMODULIN INJ 1MG/ML .	118
topiramate sprinkle cap 15 mg	73	see REMODULIN INJ 2.5MG/ML	118
topiramate sprinkle cap 25 mg	73	see REMODULIN INJ 5MG/ML .	118
topiramate tab 100 mg	73	treprostinil inj soln 100 mg/20ml (5 mg/ml)	119
topiramate tab 200 mg	73	treprostinil inj soln 20 mg/20ml (1 mg/ml)	118
topiramate tab 25 mg	73	treprostinil inj soln 200 mg/20ml (10 mg/ml)	119
topiramate tab 50 mg	73	treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	119
torsemide tab 10 mg	168	tretinoin cap 10 mg	110
torsemide tab 100 mg	168	tretinoin cream 0.025%	150
torsemide tab 20 mg	168	tretinoin cream 0.05%	149
torsemide tab 5 mg	168	tretinoin cream 0.1%	149
Total Allergy		tretinoin gel 0.01%	150
see diphenhydramine hcl tab 25 mg	95	tretinoin gel 0.025%	150
Total Allergy Medicine		Tri Femynor	
see diphenhydramine hcl liquid 12.5 mg/5ml	94	see norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	132
TRACE ELEM 4 INJ PED.....	219	Triacting Nighttime Cold&	
trace minerals (cr-cu-mn-se-zn)			
see LIQUILIFT KIT TRACE.....	219		
trace minerals (cr-cu-mn-zn)			

see **diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml** 141
 TRIAMCINOLON POW ACETONID 161
triamcinolone acetone cream 0.025% 161
triamcinolone acetone cream 0.1% 161
triamcinolone acetone cream 0.5% 161
triamcinolone acetone dental paste 0.1% 221
triamcinolone acetone lotion 0.025% 162
triamcinolone acetone lotion 0.1% 162
triamcinolone acetone nasal aerosol suspension 55 mcg/act 252, 253
triamcinolone acetone oint 0.025% 162
triamcinolone acetone oint 0.1% 162
triamcinolone acetone oint 0.5% 162
 Triaminic Allerchews
 see **loratadine rapidly-disintegrating tab 10 mg** ... 98
 TRIAMINO TAB 262
triamterene & hydrochlorothiazide cap 37.5-25 mg 168
triamterene & hydrochlorothiazide tab 37.5-25 mg 168
triamterene & hydrochlorothiazide tab 75-50 mg 168
triazolam tab 0.125 mg 184
triazolam tab 0.25 mg 184
 Tricon
 see **fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg** 179
 Triderm
 see **triamcinolone acetone cream 0.1%** 161
 see **triamcinolone acetone cream 0.5%** 161
 Tri-estarylla
 see **norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg** 132
trifluridine ophth soln 1% ... 268
 TRIKAFTA TAB 283
 Tri-legest Fe
 see **norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg** 127
 Tri-linyah
 see **norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg** 132
 Tri-lo-estarylla
 see **norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg** 132
 Tri-lo-marzia
 see **norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg** 132
 Tri-lo-mili
 see **norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg** 132
 Tri-lo-sprintec
 see **norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg** 132
trimethoprim tab 100 mg 61
 Tri-mili
 see **norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg** 132

- TRINATAL RX TAB 1 250
- Tri-nymyo
 see **norgestimate-eth estrad
 tab 0.18-35/0.215-35/0.25-
 35 mg-mcg** 132
- Triphrocaps
 see **b-complex w/ c & folic acid
 cap 1 mg- rx** 221
- Triple Antibiotic
 see **neomycin-bacitracin-
 polymyxin oint**..... 152
- Triple Antibiotic + Pain
 see **neomycin-bacitracin-
 polymyxin-pramoxine oint
 1%** 153
- Triple Antibiotic Plus
 see **neomycin-bacitracin-
 polymyxin-pramoxine oint
 1%** 153
- Triple Antibiotic Plus Ma
 see **neomycin-bacitracin-
 polymyxin-pramoxine oint
 1%** 153
- Tri-previfem
 see **norgestimate-eth estrad
 tab 0.18-35/0.215-35/0.25-
 35 mg-mcg** 132
- Tri-sprintec
 see **norgestimate-eth estrad
 tab 0.18-35/0.215-35/0.25-
 35 mg-mcg** 132
- TRI-VI-SOL SOL A/C/D 247
- Tri-vite Pediatric
 see **pediatric vitamins adc
 drops 750 unit-400 unit-35
 mg/ml** 247
- Tri-vite/fluoride
 see **pediatric vitamins acid w/
 fluoride soln 0.25 mg/ml** . 243
 see **pediatric vitamins acid w/
 fluoride soln 0.5 mg/ml** ... 243
- Trivora-28
 see **levonorgestrel-eth estra
 tab 0.05-30/0.075-
 40/0.125-30mg-mcg** 126
- Tri-vylibra
 see **norgestimate-eth estrad
 tab 0.18-35/0.215-35/0.25-
 35 mg-mcg**..... 132
- Tri-vylibra Lo
 see **norgestimate-eth estrad
 tab 0.18-25/0.215-25/0.25-
 25 mg-mcg**..... 132
- TROPHAMINE INJ 10%..... 262
- Tropical Liquid Nutrition
 see **multiple vitamins w/
 minerals liquid** 226
- trospium chloride tab 20 mg** 294
- TRUE METRIX KIT AIR..... 199
- TRUE METRIX KIT METER 199
- TRUE METRIX TES GLUCOSE..... 167
- TRULICITY INJ 0.75/0.5 82
- TRULICITY INJ 1.5/0.5..... 82
- TRULICITY INJ 3/0.5..... 82
- TRULICITY INJ 4.5/0.5..... 82
- TRUMENBA INJ 295
- TUBE CLEANIN MIS BRUSH..... 206
- Tulana
 see **norethindrone tab 0.35 mg**
 135
- Tums Smoothies
 see **calcium carbonate
 (antacid) chew tab 750 mg** 59
- Tusnel Diabetic
 see **dextromethorphan-
 guaifenesin liquid 10-100
 mg/5ml**..... 139
- Tusnel-ex
 see **guaifenesin liquid 100
 mg/5ml**..... 145
- Tussin Dm
 see **dextromethorphan-
 guaifenesin liquid 10-100
 mg/5ml**..... 139
- Tussin Dm Cough + Chest C

see dextromethorphan-guaifenesin liquid 10-100 mg/5ml	139	see carboxymethylcellulose sodium ophth soln 0.5% .	264
Tussin Mucus & Chest Cong		Ultra Fresh Pm	
see guaifenesin liquid 100 mg/5ml	145	see white petrolatum-mineral oil ophth ointment	267
Tussin Mucus + Chest Cong		Ultra Lubricating Eye Dro	
see guaifenesin liquid 100 mg/5ml	145	see polyethylene glycol-propylene glycol ophth soln 0.4-0.3%	265
see guaifenesin syrup 100 mg/5ml	146	Ultra Multi Formula/iron	
TWINRIX INJ.....	296	see multiple vitamins w/minerals cap	225
TWIRLA DIS 120-30.....	133	Ultra Omega-3	
TYBLUME CHW 0.1-0.02	133	see omega-3 fatty acids cap 1000 mg	258
Tydemy		Ultra Vita-time	
see drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	122	see multiple vitamins w/minerals tab	237
Tyler Eskimo-3		Ultrachoice Advanced Form	
see omega-3 fatty acids cap 500 mg	257	see multiple vitamins w/minerals tab	237
TYMLOS INJ	169	umecclidinium bromide	
TYPHIM VI INJ.....	295	see INCRUSE ELPT INH 62.5MCG	
typhoid vi polysaccharide vaccine		.....	67
see TYPHIM VI INJ	295	umecclidinium-vilanterol	
U		see ANORO ELLIPT AER 62.5-2568	
UDENYCA INJ 6MG/.6ML.....	178	UNIFIBER POW	187
ulipristal acetate		Unithroid	
see ELLA TAB 30MG	133	see levothyroxine sodium tab 100 mcg	285
Ultra Antioxidant Formula		see levothyroxine sodium tab 112 mcg	285
see multiple vitamins w/minerals tab	236	see levothyroxine sodium tab 125 mcg	285
Ultra Choice Multivitamin		see levothyroxine sodium tab 137 mcg	286
see pediatric multiple vitamins w/ iron chew tab 18 mg ..	245	see levothyroxine sodium tab 150 mcg	286
Ultra Freeda		see levothyroxine sodium tab 175 mcg	286
see multiple vitamins w/minerals tab	236	see levothyroxine sodium tab 200 mcg	286
Ultra Freeda/iron			
see multiple vitamins w/minerals tab	237		
Ultra Fresh			

see **levothyroxine sodium tab 25 mcg** 284
 see **levothyroxine sodium tab 300 mcg** 286
 see **levothyroxine sodium tab 50 mcg** 284
 see **levothyroxine sodium tab 75 mcg** 285
 see **levothyroxine sodium tab 88 mcg** 285
 UPTRAVI TAB 1000MCG..... 119
 UPTRAVI TAB 1200MCG..... 119
 UPTRAVI TAB 1400MCG..... 119
 UPTRAVI TAB 1600MCG..... 119
 UPTRAVI TAB 200MCG 119
 UPTRAVI TAB 400MCG 119
 UPTRAVI TAB 600MCG 119
 UPTRAVI TAB 800MCG 119
ursodiol cap 300 mg 173
ursodiol tab 250 mg..... 173
ursodiol tab 500 mg..... 173
V
 Vagisil
 see **hydrocortisone acetate cream 1%**..... 158
 Vagistat-3
 see **miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit**..... 298
valacyclovir hcl tab 1 gm 113
valacyclovir hcl tab 500 mg .. 113
valganciclovir hcl for soln 50 mg/ml (base equiv) 112
valganciclovir hcl tab 450 mg (base equivalent)..... 112
valproate sodium oral soln 250 mg/5ml (base equiv) 75
valproic acid cap 250 mg 75
valsartan tab 160 mg..... 103
valsartan tab 320 mg..... 103
valsartan tab 40 mg..... 103
valsartan tab 80 mg..... 103

valsartan-hydrochlorothiazide tab 160-12.5 mg 105
valsartan-hydrochlorothiazide tab 160-25 mg 105
valsartan-hydrochlorothiazide tab 320-12.5 mg 105
valsartan-hydrochlorothiazide tab 320-25 mg 105
valsartan-hydrochlorothiazide tab 80-12.5 mg 105
 VALTOCO SPR 10MG 71
 VALTOCO SPR 15MG 71
 VALTOCO SPR 20MG 71
 VALTOCO SPR 5MG 71
vancomycin hcl
 see FIRVANQ SOL 25MG/ML..... 61
 see FIRVANQ SOL 50MG/ML..... 61
 Vandazole
 see **metronidazole vaginal gel 0.75%** 297
 VAQTA INJ 25/0.5ML 296
 VAQTA INJ 50UNT/ML 296
varenicline tartrate
 see APO-VARENICL TAB 0.5MG 277
 see APO-VARENICL TAB 1MG . 277
 see CHANTIX PAK 0.5& 1MG .. 277
 see CHANTIX PAK 1MG 277
 see CHANTIX TAB 0.5MG 277
 see CHANTIX TAB 1MG 277
varicella virus vaccine live
 see VARIVAX INJ 297
 VARIVAX INJ 297
 V-c Forte
 see **multiple vitamins w/ minerals cap- rx** 225
 VCF VAGINAL AER CONTRACP... 297
 VCF VAGINAL GEL CONTRACE... 297
 VCF VAGINAL MIS CONTRACP... 297
 Vegetable Laxative+stool
 see **sennosides-docusate sodium tab 8.6-50 mg** 189
 Velivet

see desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	122	VIMPAT TAB 200MG.....	74
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	76	VIMPAT TAB 50MG	73
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	76	VINATE II TAB	250
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	76	VINATE ONE TAB	250
venlafaxine hcl tab 100 mg (base equivalent)	77	Viorele	
venlafaxine hcl tab 25 mg (base equivalent)	76	see desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	121
venlafaxine hcl tab 37.5 mg (base equivalent)	76	Virt-caps	
venlafaxine hcl tab 50 mg (base equivalent)	76	see b-complex w/ c & folic acid cap 1 mg- rx	221
venlafaxine hcl tab 75 mg (base equivalent)	76	Virt-phos 250 Neutral	
verapamil hcl tab 120 mg	118	see pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	218
verapamil hcl tab 40 mg	118	Virtussin A/c	
verapamil hcl tab 80 mg	118	see guaifenesin-codeine soln 100-10 mg/5ml	142
verapamil hcl tab er 120 mg .	118	Virtussin Ac/alc	
verapamil hcl tab er 180 mg .	118	see guaifenesin-codeine soln 100-10 mg/5ml	142
verapamil hcl tab er 240 mg .	118	VIRTUSSIN SOL DAC	144
Vestura		Vision Formula 2	
see drospirenone-ethinyl estradiol tab 3-0.02 mg ...	123	see multiple vitamins w/ minerals cap	225
Vic-forte		Vision Formula Eye Health	
see multiple vitamins w/ minerals cap- rx	225	see multiple vitamins w/ minerals cap	225
Vienna		Vision Formula/lutein	
see levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	125	see multiple vitamins w/ minerals tab	237
vigabatrin powd pack 500 mg .	74	Vision Plus	
vigabatrin tab 500 mg	74	see multiple vitamins w/ minerals cap	225
Vigadrone		Vision Vitamins	
see vigabatrin powd pack 500 mg	74	see multiple vitamins w/ minerals tab	237
VIMPAT SOL 10MG/ML.....	73	Visivites	
VIMPAT TAB 100MG	73	see multiple vitamins w/ minerals tab	237
VIMPAT TAB 150MG	74	Visivites/lutein	
		see multiple vitamins w/ minerals tab	237

Vista Tears
 see **polyethylene glycol-propylene glycol ophth soln 0.4-0.3%** 265

Vita Hair
 see **multiple vitamins w/ minerals tab** 237

Vita S Forte
 see **multiple vitamins w/ minerals tab- rx**..... 238

Vitabasic Complete
 see **multiple vitamins w/ minerals tab** 237

Vitabasic Senior
 see **multiple vitamins w/ minerals tab** 237

Vitacel
 see **multiple vitamins w/ minerals tab- rx**..... 238

Vitachew Multiple Vitamin
 see **pediatric multiple vitamin w/ minerals & c chew tab** 242

VITAFOL-OB TAB 65-1MG 250

Vitajoy Daily D Gummies
 see **cholecalciferol chew tab 1000 unit**..... 301

Vitalee
 see **multiple vitamin tab** 240

Vita-min
 see **multiple vitamins w/ minerals cap** 225

Vitamin B-12 Tr
 see **cyanocobalamin tab er 1000 mcg** 177

Vitamin C Plus Bioflavono
 see **ascorbic acid tab 500 mg** 303

Vitamin C/rose Hips
 see **ascorbic acid tab 500 mg** 303

Vitamin D3 Extra Strength
 see **cholecalciferol chew tab 1000 unit**..... 301

Vitamin D3 Gummies
 see **cholecalciferol chew tab 1000 unit** 301

Vitamin D3 High Potency
 see **cholecalciferol cap 2000 unit**..... 300

Vitamins A/c/d/fluoride
 see **pediatric vitamins acid w/ fluoride soln 0.25 mg/ml.** 243

Vitatum Complete
 see **multiple vitamins w/ minerals tab**..... 237

Viteyes Classic Zinc Free
 see **multiple vitamin cap** 238

Viteyes Complete
 see **multiple vitamins w/ minerals cap** 225

Viteyes Omega-3 Vision Su
 see **omega-3 fatty acids cap delayed release 1000 mg** 259

Vitrum Senior
 see **multiple vitamins w/ minerals tab**..... 237

Volnea
 see **desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)**..... 121

VOLTAREN GEL 1% 151

VORTEX VALVE MIS CHAMBER .. 206

VOSEVI TAB 113

Vp-vite Rx
 see **b-complex w/ c & folic acid tab 1 mg- rx** 222

Vyfemla
 see **norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg** 126

Vylibra
 see **norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg** 131

W

Wal-dram

see **dimenhydrinate tab 50 mg**87
 Wal-dram Ii
 see **meclizine hcl tab 25 mg** ..88
 Wal-dryl Allergy
 see **diphenhydramine hcl cap 25 mg**92
 see **diphenhydramine hcl liquid 12.5 mg/5ml**94
 see **diphenhydramine hcl tab 25 mg**95
 Wal-dryl Allergy Relief C
 see **diphenhydramine hcl tab disint 12.5 mg**94
 Wal-dryl Pe Allergy/sinu
 see **diphenhydramine-phenylephrine tab 25-10 mg** 141
 Wal-finate
 see **chlorpheniramine tab 4 mg**90
 Wal-itin
 see **loratadine rapidly-disintegrating tab 10 mg** ...98
 see **loratadine syrup 5 mg/5ml**99
 see **loratadine tab 10 mg**99
 Wal-itin Aller-melts
 see **loratadine rapidly-disintegrating tab 10 mg** ...98
 Wal-itin Childrens
 see **loratadine syrup 5 mg/5ml**99
 Wal-itin D
 see **loratadine & pseudoephedrine tab er 12hr 5-120 mg** 142
 Wal-itin D 24 Hour
 see **loratadine & pseudoephedrine tab er 24hr 10-240 mg** 143
 Wal-mucil
 see **psyllium cap 0.52 gm**.... 186
 see **psyllium powder 100%** 187
 see **psyllium powder 28.3%** 186
 see **psyllium powder 48.57%** 187
 see **psyllium powder 58.6%** 187
 Wal-phed
 see **pseudoephedrine hcl tab 30 mg** 255
 Wal-phed 12 Hour
 see **pseudoephedrine hcl tab er 12hr 120 mg** 256
 Wal-phed D
 see **pseudoephedrine hcl tab er 12hr 120 mg** 256
 Wal-phed Pe
 see **phenylephrine hcl tab 10 mg** 255
 Wal-profen
 see **ibuprofen cap 200 mg** 35
 see **ibuprofen tab 200 mg**..... 37
 Wal-som
 see **doxylamine succinate (sleep) tab 25 mg** 183
 Wal-sporin
 see **bacitracin-polymyxin b oint** 151
 Wal-tap Cold & Allergy
 see **brompheniramine & pseudoephedrine elixir 1-15 mg/5ml**..... 137
 Wal-tussin Chest Congesti
 see **guaifenesin liquid 100 mg/5ml**..... 145
 Wal-tussin Cough & Chest
 see **dextromethorphan-guaifenesin syrup 10-100 mg/5ml**..... 141
 Wal-tussin Cough Long Act
 see **dextromethorphan hbr liquid 15 mg/5ml** 136
 Wal-tussin Dm Cough & Che

see **dextromethorphan-guaifenesin liquid 10-100 mg/5ml** 139
 Wal-vert
 see **loratadine rapidly-disintegrating tab 10 mg** ...98
 Wal-zyr
 see **cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)**96
 see **cetirizine hcl tab 10 mg** ..97
 Wal-zyr All Day Allergy C
 see **cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)**97
 Wal-zyr Childrens
 see **cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)**97
 Wal-zyr D
 see **cetirizine-pseudoephedrine tab er 12hr 5-120 mg** 137
warfarin sodium tab 1 mg69
warfarin sodium tab 10 mg70
warfarin sodium tab 2 mg69
warfarin sodium tab 2.5 mg69
warfarin sodium tab 3 mg69
warfarin sodium tab 4 mg69
warfarin sodium tab 5 mg . 69, 70
warfarin sodium tab 6 mg70
warfarin sodium tab 7.5 mg70
water for irrigation, sterile irrigation soln 220
 Weekly-d
 see **cholecalciferol cap 50000 unit** 300
 Wera
 see **norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg** 127
 WESTHROID TAB 130MG 289
 WESTHROID TAB 195MG 289
 WESTHROID TAB 32.5MG 288
 WESTHROID TAB 65MG 289
 WESTHROID TAB 97.5MG 289
wheat dextrin
 see WHEAT DEXTRIN PACKET. 187
wheat dextrin oral powder ... 187
 WHEAT DEXTRIN PACKET 187
white petrolatum-mineral oil ophth ointment..... 266, 267
 WIDE-SEAL DPR KIT 60 198
 WIDE-SEAL DPR KIT 65 198
 WIDE-SEAL DPR KIT 70 198
 WIDE-SEAL DPR KIT 75 198
 WIDE-SEAL DPR KIT 80 198
 WIDE-SEAL DPR KIT 85 198
 WIDE-SEAL DPR KIT 90 198
 WIDE-SEAL DPR KIT 95 198
 WINDMILL MIS TRAINER 206
 WING TIP MIS TUBING 207
 Wixela Inhub
 see **fluticasone-salmeterol aer powder ba 100-50 mcg/dose** 68
 see **fluticasone-salmeterol aer powder ba 250-50 mcg/dose** 69
 see **fluticasone-salmeterol aer powder ba 500-50 mcg/dose** 69
 Womans Laxative
 see **bisacodyl tab delayed release 5 mg** 193
 Womens 50+ Advanced
 see **multiple vitamins w/ minerals cap** 225
 Womens Daily Formula
 see **multiple vitamins w/ minerals tab** 237
 Womens Daily Formula/fofi
 see **multiple vitamins w/ minerals tab** 237
 Womens Life Pack
 see **multiple vitamins w/ minerals tab** 237
 Womens Multi
 see **multiple vitamins w/ minerals cap** 225

Womens Multivitamin see multiple vitamins w/ minerals tab	237	YF-VAX INJ.....	297
Womens One Daily see multiple vitamins w/ minerals tab	237	YI Folic Acid see folic acid tab 400 mcg ..	177
WP THYROID TAB 113.75MG	289	YI Vitamin B-6 see pyridoxine hcl tab 100 mg	304
WP THYROID TAB 130MG	289	Your Life Multi Mens 50+ see multiple vitamins w/ minerals tab	237
WP THYROID TAB 16.25MG.....	289	Your Life Multi Womens 50 see multiple vitamins w/ minerals tab	237
WP THYROID TAB 32.5MG	289	Yuvaferm see estradiol vaginal tab 10 mcg	298
WP THYROID TAB 48.75MG.....	289	Z	
WP THYROID TAB 65MG	289	Zafemy see norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	133
WP THYROID TAB 81.25MG.....	289	zanamivir see RELENZA MIS DISKHALE ..	113
WP THYROID TAB 97.5MG	289	Zantac 360 see famotidine tab 10 mg ...	292
Wymzya Fe see norethindrone & ethinyl estradiol-fe chew tab 0.4 mg- 35 mcg	127	Zantac 360 Maximum Streng see famotidine tab 20 mg ...	292
X		zanubrutinib see BRUKINSA CAP 80MG	108
XELJANZ SOL 1MG/ML.....	34	Zarah see drospirenone-ethinyl estradiol tab 3-0.03 mg ...	123
XELJANZ TAB 10MG	34	ZARXIO INJ 300/0.5	178
XELJANZ TAB 5MG	34	ZARXIO INJ 480/0.8	178
XELJANZ XR TAB 11MG	34	Zeasorb-af see miconazole nitrate powder 2%	155
XELJANZ XR TAB 22MG	34	Zenatane see isotretinoin cap 10 mg .	149
XIIDRA DRO 5%.....	268	see isotretinoin cap 20 mg .	149
XOLAIR INJ 150MG/ML.....	67	see isotretinoin cap 30 mg .	149
XOLAIR INJ 75/0.5	67	see isotretinoin cap 40 mg .	149
XOLAIR SOL 150MG.....	67	ZENPEP CAP 15000UNT.....	167
Xpect see guaifenesin tab 400 mg	146	ZENPEP CAP 20000UNT.....	167
XPHE MAXAMUM POW	262		
XPHE MAXAMUM POW ORANGE .	262		
XPHE MAXAMUM POW UNFLAVOR	262		
Xulane see norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	133		
XYREM SOL 500MG/ML.....	275		
Y			
yellow fever vaccine see STAMARIL INJ.....	296		
see YF-VAX INJ.....	297		

ZENPEP CAP 25000	167		see pediatric multiple vitamin w/ minerals & c chew tab 242
ZENPEP CAP 3000UNIT.....	167	Zoo Friends Multi Gummies	see pediatric multiple vitamin w/ minerals & c chew tab 242
ZENPEP CAP 40000	167		
ZENPEP CAP 5000UNIT.....	167	Zoo Friends Plus Extra C	see pediatric multiple vitamin w/ extra c & fa chew tab . 247
Zenzedi		Zoo Friends Plus Iron	see pediatric multiple vitamins w/ iron chew tab 15 mg .. 244
see dextroamphetamine sulfate tab 10 mg	29		zoster vaccine recombinant adjuvanted
see dextroamphetamine sulfate tab 5 mg	29		see SHINGRIX INJ 50/0.5ML .. 296
ZEPATIER TAB 50-100MG	113	Zostrix High Potency Foot	see capsaicin cream 0.1% .. 163
zidovudine syrup 10 mg/ml ..	112	ZOSTRIX NAT CRE 0.033%.....	165
zidovudine tab 300 mg	112	Zovia 1/35	see ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg 123
ZIEXTENZO INJ 6/0.6ML.....	178		
ZIRGAN GEL 0.15%	268	Zovia 1/35e	see ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg 123
zolpidem tartrate tab 10 mg .	184	Zumandimine	see drospirenone-ethinyl estradiol tab 3-0.03 mg ... 123
zolpidem tartrate tab 5 mg ...	184		
zonisamide cap 100 mg	74		
zonisamide cap 25 mg	74		
zonisamide cap 50 mg	74		
Zoo Friends			
see pediatric multiple vitamin w/ minerals & c chew tab 242			
Zoo Friends Gummies			
see pediatric multiple vitamin w/ c & fa chew tab	246		
Zoo Friends Gummies Plus			
see pediatric multiple vitamin w/ extra c & fa chew tab .	247		