

2019

Formulary/ Formulario

(List of Covered Drugs) / (Lista de medicinas cubiertas)

Michigan

MolinaMarketplace.com



Your Extended Family.

09162019

Your Extended Family

Molina Healthcare (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members and does not discriminate based on race, color, national origin, age, disability, or sex.

Molina also complies with applicable state laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained dog guide or service animal by a person with a disability.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language

If you need these services, contact Molina Member Services. The number is on the back of your Member ID card (TTY: 711).

If you think that Molina failed to provide these services or discriminated based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY: 711.

Mail your complaint to: Civil Rights Coordinator, 200 Oceangate, Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint.

FAX Numbers for Molina Civil Rights Coordinator									
CA	(844) 479-5337	MI	(248) 925-1799	OH	(866) 713-1891	UT	(866) 472-0589	WI	(888) 560-2043
FL	(877) 508-5748	NM	(505) 342-0583	TX	(877) 816-6416	WA	(800) 816-3778		

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call (800) 368-1019; TTY (800) 537-7697.

You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost.

Usted tiene derecho a recibir esta información en un formato distinto, como audio, braille, o letra grande, debido a necesidades especiales; o en su idioma sin costo adicional.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services. The number is on the back of your Member ID card. (English)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicios para Miembros. El número de teléfono está al reverso de su tarjeta de identificación del miembro. (Spanish)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員服務。電話號碼載於您的會員證背面。(Chinese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi Dịch vụ Thành viên. Số điện thoại có trên mặt sau thẻ ID Thành viên của bạn. (Vietnamese)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Mga Serbisyo sa Miyembro. Makikita ang numero sa likod ng iyong ID card ng Miyembro. (Tagalog)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 회원 서비스로 전화하십시오. 전화번호는 회원 ID 카드 뒷면에 있습니다. (Korean)

تنبيه: إذا كنت تستخدم اللغة العربية، يمكنك الحصول على خدمات المساعدة اللغوية مجاناً. اتصل بخدمات الأعضاء. ورقم الهاتف هذا موجود خلف بطاقة تعريفيك. (Arabic)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Manm. W ap jwenn nimewo a sou do kat idantifikasyon manm ou a. (French Creole)

ВНИМАНИЕ: Если вы говорите на русском языке, вы можете бесплатно воспользоваться услугами переводчика. Позвоните в Отдел обслуживания участников. Номер телефона указан на обратной стороне вашей ID-карты участника. (Russian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե դուք խոսում եք հայերեն, կարող եք անվճար օգտվել լեզվի օժանդակ ծառայություններից: Ձանգահարե՛ք Հաճախորդների սպասարկման բաժին: Հեռախոսի համարը նշված է ձեր Անդամակցության նույնականացման քարտի ետևի մասում: (Armenian)

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。

会員サービスまでお電話ください。電話番号は会員IDカードの裏面に記載されております。(Japanese)

توجہ: اگر یہ زبیا فلرس صحت میکی، خدمات مک زبانی وبدون هزینه و دمترس شما هتن دبا خدمات اعضا اس پیکی. شماره تلفن روی کارت شناسایی عضویت شما درج شده است. (Farsi)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਮੈਂਬਰ ਸਰਵਿਸਜ

(Member Services) ਨੂੰ ਫੋਨ ਕਰੋ। ਨੰਬਰ ਤੁਹਾਡੇ Member ID (ਮੈਂਬਰ ਆਈ.ਡੀ.) ਕਾਰਡ ਦੇ ਪਿਛਲੇ ਪਾਸੇ ਹੈ। (Punjabi)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wenden Sie sich telefonisch an die Mitgliederbetreuungen. Die Nummer finden Sie auf der Rückseite Ihrer Mitgliedskarte. (German)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez les Services aux membres. Le numéro figure au dos de votre carte de membre. (French)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Cov npawb xov tooj nyob tom qab ntawm koj daim npav tswv cuab. (Hmong)



Your Extended Family.

Effective January 1, 2018
Efectivo 2018 1 de enero

Cost sharing reduction for any prescription drugs obtained by you through the use of a discount card or coupon provided by a prescription drug manufacturer, or any other form of prescription drug third party cost-sharing assistance, will not apply toward any Deductible, or the Annual Out-of-Pocket Maximum under Your Plan.

Tenga en cuenta que los pagos de costo compartido realizados por un tercero por cualquier medicamento recetado que usted obtenga a través del uso de una tarjeta o cupón de descuento provisto por un fabricante de medicamentos recetados no se aplicará para ningún deducible, o para su máximo anual de gastos de su bolsillo bajo su plan. Solamente los pagos realizados por usted se aplicarán a cualquier deducible o su máximo anual de gastos de su bolsillo bajo su plan.

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 18 and under
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1	QL (150 tabs / 30 days); AGE; Covered in ages 18 and under
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 18 and under
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 18 and under
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 18 and under
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 18 and under
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE; Covered in ages 18 and under

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Tier 2	QL (300 caps / 30 days), PA; AGE; Covered in ages 18 and under
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Tier 2	QL (180 caps / 30 days), PA; AGE; Covered in ages 18 and under
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Tier 2	QL (120 caps / 30 days), PA; AGE; Covered in ages 18 and under
<i>dextroamphetamine sulfate tab 5 mg</i>	Tier 1	QL (180 tabs / 30 days); AGE; Covered in ages 3-18
<i>dextroamphetamine sulfate tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); AGE; Covered in ages 3-18
EVEKEO TAB 5MG	Tier 3	PA
EVEKEO TAB 10MG	Tier 3	PA
<i>methamphetamine hcl tab 5 mg</i>	Tier 2	PA; AGE; Covered in ages 18 and under
VYVANSE CAP 10MG	Tier 3	QL (30 caps / 30 days), PA; AGE; Covered in ages 6-18
VYVANSE CAP 20MG	Tier 3	QL (30 caps / 30 days), PA; AGE; Covered in ages 6-18
VYVANSE CAP 30MG	Tier 3	QL (30 caps / 30 days), PA; AGE; Covered in ages 6-18
VYVANSE CAP 40MG	Tier 3	QL (30 caps / 30 days), PA; AGE; Covered in ages 6-18
VYVANSE CAP 50MG	Tier 3	QL (30 caps / 30 days), PA; AGE; Covered in ages 6-18
VYVANSE CAP 60MG	Tier 3	QL (30 caps / 30 days), PA; AGE; Covered in ages 6-18

PA - Prior Authorization **ST** - Step Therapy **AGE** - Age Limit
QL – Quantity Limits **OTC** – Over the Counter **MAIL** – Mail Order Available
MED - Max 90 mg Morphine EQ Dose Per Day
Tier 1 = Generics; Low cost preferred brand
Tier 2 = Non-Preferred generics; Preferred brand name drugs
Tier 3 = Non-preferred brand name drugs; **Tier 4** = Specialty Drugs
PREV = Preventative Services at \$0 copay; **DME** = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAP 70MG	Tier 3	QL (30 caps / 30 days), PA; AGE; Covered in ages 6-18
<i>zenzedi tab 5mg</i>	Tier 1	QL (180 tabs / 30 days); AGE; Covered in ages 3- 18
<i>zenzedi tab 10mg</i>	Tier 1	QL (180 tabs / 30 days); AGE; Covered in ages 3- 18
<i>Anorexiants Non-Amphetamine</i>		
<i>phendimetrazine tartrate tab 35 mg</i>	Tier 1	
<i>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</i>		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 2	QL (30 caps / 30 days); AGE; MAIL; Covered in ages 6-18
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 2	QL (30 caps / 30 days); AGE; MAIL; Covered in ages 6-18
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 2	QL (30 caps / 30 days); AGE; MAIL; Covered in ages 6-18
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 2	QL (30 caps / 30 days); AGE; MAIL; Covered in ages 6-18
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 2	QL (30 caps / 30 days); AGE; MAIL; Covered in ages 6-18
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 2	QL (30 caps / 30 days); AGE; MAIL; Covered in ages 6-18
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 2	QL (30 caps / 30 days); AGE; MAIL; Covered in ages 6-18
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 18 and under
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 18 and under
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 18 and under

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Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 18 and under
Miscellaneous		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	QL (120 ml in lifetime); AGE; Covered in ages 1 and over
Stimulants - Misc.		
<i>armodafinil tab 50 mg</i>	Tier 1	PA; AGE; Covered in ages 64 and under
<i>armodafinil tab 150 mg</i>	Tier 1	PA; AGE; Covered in ages 64 and under
<i>armodafinil tab 200 mg</i>	Tier 1	PA
<i>armodafinil tab 250 mg</i>	Tier 1	PA; AGE; Covered in ages 64 and under
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE; Covered in ages 18 and under
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE; Covered in ages 18 and under
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE; Covered in ages 18 and under
<i>metadate tab 20mg er</i>	Tier 2	QL (90 tabs / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 2	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 2	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	Tier 2	QL (30 caps / 30 days), PA; AGE; Covered in ages 6-18
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Tier 2	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Tier 2	QL (30 caps / 30 days); AGE; Covered in ages 6-18

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Tier 2	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 2	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 2	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 2	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 2	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 2	QL (450 mL / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 2	QL (900 mL / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl tab er 10 mg</i>	Tier 2	QL (30 tabs / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl tab er 20 mg</i>	Tier 2	QL (90 tabs / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Tier 2	QL (60 tabs / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Tier 2	QL (30 tabs / 30 days); AGE; Covered in ages 6-18

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Tier 2	QL (30 tabs / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Tier 2	QL (60 tabs / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	Tier 2	QL (30 tabs / 30 days); AGE; Covered in ages 6-18
<i>modafinil tab 100 mg</i>	Tier 2	QL (30 tabs / 30 days), PA; AGE; Covered in ages 6-64
<i>modafinil tab 200 mg</i>	Tier 2	QL (60 tabs / 30 days), PA
RITALIN LA CAP 10MG	Tier 2	QL (30 caps / 30 days), PA; AGE; Covered in ages 6-18

ALLERGENIC EXTRACTS**ALLERGENIC EXTRACTS**

GRASTEK SUB 2800BAU	Tier 3	PA; MAIL
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ALTERNATIVE MEDICINES**Alternative Medicine - M's**

<i>melatonin cap 3 mg</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>melatonin cap 5 mg</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
MELATONIN LIQ 1MG/4ML	Tier 1	OTC, QL (600 mL / 30 days); MAIL
<i>melatonin tab 1 mg</i>	Tier 1	OTC, QL (30 tabs / 25 days); MAIL
<i>melatonin tab 3 mg</i>	Tier 1	OTC, QL (30 tabs / 25 days); MAIL
<i>melatonin tab 5 mg</i>	Tier 1	OTC, QL (30 tabs / 25 days); MAIL
<i>melatonin tab 5mg</i>	Tier 1	OTC, QL (30 tabs / 25 days); MAIL
<i>melatonin tab 300 mcg</i>	Tier 1	OTC, QL (30 tabs / 25 days); MAIL
<i>melatonin tab er 10 mg</i>	Tier 1	OTC; MAIL
<i>melatonin tab max st</i>	Tier 1	OTC, QL (30 tabs / 25 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>melatonin tablet disintegrating 5 mg</i>	Tier 1	OTC; MAIL
<i>pa melatonin tab 5mg</i>	Tier 1	OTC, QL (30 tabs / 25 days); MAIL
<i>ra melatonin tab 5mg</i>	Tier 1	OTC, QL (30 tabs / 25 days); MAIL

Alternative Medicine Combinations

<i>melatin tab 3-1mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>melatonin tab vit b-6</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>melatonin tr tab /vit-b6</i>	Tier 1	OTC; MAIL
<i>melatonin-pyridoxine tab 3-2 mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>ra melatonin tab 3mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL

AMINOGLYCOSIDES**Aminoglycosides**

<i>neomycin sulfate tab 500 mg</i>	Tier 1	QL (720 tabs / 30 days)
<i>paromomycin sulfate cap 250 mg</i>	Tier 2	
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 4	PA

AMPA GLUTAMATE RECEPTOR ANTAGONISTS**AMPA GLUTAMATE RECEPTOR ANTAGONISTS**

FYCOMPA TAB 2MG	Tier 3	PA
FYCOMPA TAB 4MG	Tier 3	PA
FYCOMPA TAB 6MG	Tier 3	PA
FYCOMPA TAB 8MG	Tier 3	PA
FYCOMPA TAB 10MG	Tier 3	PA
FYCOMPA TAB 12MG	Tier 3	PA

ANALGESICS - ANTI-INFLAMMATORY**Anti-TNF-alpha - Monoclonal Antibodies**

HUMIRA INJ 10/0.1ML	Tier 4	QL (2.16 injections / 30 days), PA; Preferred Brand
HUMIRA INJ 10MG/0.2	Tier 4	QL (2.16 injections / 30 days), PA; Preferred Brand
HUMIRA INJ 20/0.2ML	Tier 4	QL (2.16 injections / 30 days), PA; Preferred Brand

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 40/0.4ML	Tier 4	QL (2.16 injections / 30 days), PA; Preferred Brand
HUMIRA KIT 20MG/0.4	Tier 4	QL (2.16 injections / 30 days), PA; Preferred Brand
HUMIRA KIT 40MG/0.8	Tier 4	QL (2.16 injections / 30 days), PA; Preferred Brand
HUMIRA PEDIA INJ CROHNS	Tier 4	QL (2.16 injections / 30 days), PA; Preferred Brand
HUMIRA PEN INJ 40/0.4ML	Tier 4	QL (2.16 pens / 30 days), PA; Preferred Brand
HUMIRA PEN INJ 40MG/0.8	Tier 4	QL (2.16 pens / 30 days), PA; Preferred Brand
HUMIRA PEN INJ CD/UC/HS	Tier 4	QL (2.16 pens / 30 days), PA; Preferred Brand
HUMIRA PEN INJ PS/UV	Tier 4	QL (2.16 pens / 30 days), PA; Preferred Brand
HUMIRA PEN KIT CD/UC/HS	Tier 4	QL (2.16 pens / 30 days), PA; Preferred Brand
HUMIRA PEN KIT PS/UV	Tier 4	QL (2.16 pens / 30 days), PA; Preferred Brand
SIMPONI INJ 50/0.5ML	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SIMPONI INJ 100MG/ML	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
Gold Compounds		
RIDAURA CAP 3MG	Tier 3	QL (90 caps / 30 days), PA; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>Interleukin-1 Blockers</i>		
ARCALYST INJ 220MG	Tier 4	PA
<i>Interleukin-1 Receptor Antagonist (IL-1Ra)</i>		
KINERET INJ	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<i>Interleukin-6 Receptor Inhibitors</i>		
ACTEMRA INJ 80MG/4ML	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 162/0.9	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 200/10ML	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 400/20ML	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 150/1.14	Tier 4	PA; Preferred Brand
KEVZARA INJ 200/1.14	Tier 4	PA; Preferred Brand
<i>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</i>		
<i>addaprin tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>advil jr st tab 100mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>advil jr str chw 100mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>all day pain tab 220mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>all day relf tab 220mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>celecoxib cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), PA; MAIL; Covered in ages 65 and over

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Drug Name	Drug Tier	Requirements/Limits
<i>celecoxib cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), PA; MAIL
<i>celecoxib cap 200 mg</i>	Tier 1	QL (60 caps / 30 days), PA; MAIL
<i>celecoxib cap 400 mg</i>	Tier 1	QL (120 caps / 30 days), PA; MAIL
<i>cvs ibuprof dro 50/1.25</i>	Tier 1	OTC, QL (4800 mL / 30 days); MAIL
<i>diclofenac potassium tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	MAIL
<i>dyspel tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>eq ibuprofen tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>etodolac tab 400 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>etodolac tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>fenoprofen calcium tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>flanax pain tab 220mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>flurbiprofen tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>flurbiprofen tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>genpril tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>hm ibuprofen tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>i-prin tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>ibu-drops dro 40mg/ml</i>	Tier 1	OTC, QL (4800 mL / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>ibu-drops dro 50/1.25</i>	Tier 1	OTC, QL (4800 mL / 30 days); MAIL
<i>ibuprfn liqd cap 200mg</i>	Tier 1	OTC; MAIL
<i>ibuprofen cap 200 mg</i>	Tier 1	OTC; MAIL
<i>ibuprofen ch sus 100/5ml</i>	Tier 1	OTC, QL (4800 mL / 30 days); MAIL
<i>ibuprofen dro 50/1.25</i>	Tier 1	OTC, QL (4800 mL / 30 days); MAIL
<i>ibuprofen ib chw 100mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>ibuprofen ib tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>ibuprofen jr chw 100mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>ibuprofen js chw 100mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>ibuprofen sus 100/5ml</i>	Tier 1	OTC, QL (4800 mL / 30 days); MAIL
<i>ibuprofen tab 200 mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>ibuprofen tab 400 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>ibuprofen tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>ibuprofen tab 800 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>indomethacin cap 25 mg</i>	Tier 1	QL (120 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>indomethacin cap 50 mg</i>	Tier 1	QL (120 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>ketoprofen cap 50 mg</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>ketoprofen cap 75 mg</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	QL (Max day supply 5); AGE; MAIL; covered in ages 64 and under

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Drug Name	Drug Tier	Requirements/Limits
<i>kls ibuprofen tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>kls naproxen tab 220mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>ks ibuprofen cap 200mg</i>	Tier 1	OTC; MAIL
<i>meclofenamate sodium cap 50 mg</i>	Tier 1	PA; MAIL
<i>meclofenamate sodium cap 100 mg</i>	Tier 1	PA; MAIL
<i>medi-profen cap 200mg</i>	Tier 1	OTC; MAIL
<i>medi-profen sus 100/5ml</i>	Tier 1	OTC, QL (4800 mL / 30 days); MAIL
<i>medi-profen tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>mediproxen tab 220mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>mefenamic acid cap 250 mg</i>	Tier 2	MAIL
<i>meloxicam tab 7.5 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>meloxicam tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>motrin ib tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>nabumetone tab 500 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>nabumetone tab 750 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>naproxen dr tab 375mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>naproxen dr tab 500mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>naproxen sod tab 220mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>naproxen sodium tab 275 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>naproxen sodium tab 550 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>naproxen susp 125 mg/5ml</i>	Tier 2	QL (3000 mL / 30 days); MAIL
<i>naproxen tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>naproxen tab 375 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>naproxen tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>oxaprozin tab 600 mg</i>	Tier 2	QL (90 tabs / 30 days), PA; MAIL
<i>pamprin tab 220mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>piroxicam cap 10 mg</i>	Tier 1	QL (120 caps / 30 days), PA; MAIL
<i>piroxicam cap 20 mg</i>	Tier 1	QL (60 caps / 30 days), PA; MAIL
<i>provil tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>px ibuprofen tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>px profen ib dro 50/1.25</i>	Tier 1	OTC, QL (4800 mL / 30 days); MAIL
<i>px profen ib sus 100/5ml</i>	Tier 1	OTC, QL (4800 mL / 30 days); MAIL
<i>qc ibuprofen tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>ra ibuprofen cap 200mg</i>	Tier 1	OTC; MAIL
<i>ra ibuprofen tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>sb ibuprofen tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>sm ibuprofen cap 200mg</i>	Tier 1	OTC; MAIL
<i>sm ibuprofen tab 100mg jr</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>sm ibuprofen tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>sulindac tab 150 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>sulindac tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>tolmetin sodium cap 400 mg</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>tolmetin sodium tab 200 mg</i>	Tier 1	QL (270 tabs / 30 days); MAIL
<i>tolmetin sodium tab 600 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>wal-profen cap 200mg</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>wal-profen tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>Pyrimidine Synthesis Inhibitors</i>		
<i>leflunomide tab 10 mg</i>	Tier 2	QL (30 tabs / 30 days); MAIL
<i>leflunomide tab 20 mg</i>	Tier 2	QL (30 tabs / 30 days); MAIL
<i>Selective Costimulation Modulators</i>		
ORENCIA INJ 250MG	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<i>Soluble Tumor Necrosis Factor Receptor Agents</i>		
ENBREL INJ 25/0.5ML	Tier 4	QL (8.235 syringes / 30 days), PA; Preferred Brand
ENBREL INJ 25MG	Tier 4	QL (4.2 syringes / 30 days), PA; Preferred Brand
ENBREL INJ 50MG/ML	Tier 4	QL (4.286 syringes / 30 days), PA; Preferred Brand
ENBREL MINI INJ 50MG/ML	Tier 4	QL (4.286 injections / 30 days), PA; Preferred Brand
ENBREL SRCLK INJ 50MG/ML	Tier 4	QL (4.2 syringes / 30 days), PA; Preferred Brand
ANALGESICS - NonNarcotic		
<i>Analgesic Combinations</i>		
<i>butalbital tab cpd</i>	Tier 1	QL (60 tabs / 25 days); AGE; Covered in ages 64 and under
<i>butalbital-acetaminophen tab 50-325 mg</i>	Tier 1	QL (300 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>butalbital-acetaminophen-cafeine cap 50-325-40 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>butalbital-acetaminophen-cafeine tab 50-325-40 mg</i>	Tier 1	QL (180 ea / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Tier 1	QL (60 caps / 25 days); AGE; Covered in ages 64 and under
<i>butalbital-aspirin-caffeine tab 50-325-40 mg</i>	Tier 1	QL (60 tabs / 25 days); AGE; Covered in ages 64 and under
<i>capacet cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>marten-tab tab 50-325mg</i>	Tier 1	QL (300 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>zebutal cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
Analgesics Other		
<i>acephen sup 120mg</i>	Tier 1	OTC, QL (1020 supp / 30 days); MAIL
<i>acephen sup 325mg</i>	Tier 1	OTC, QL (360 supp / 30 days); MAIL
<i>acephen sup 650mg</i>	Tier 1	OTC, QL (180 supp / 30 days); MAIL
<i>acetam melts tab 80mg</i>	Tier 1	OTC, QL (1500 tabs / 30 days); MAIL
<i>acetamin cap 500mg</i>	Tier 1	OTC, QL (240 caps / 30 days); MAIL
<i>acetamin liq 500/15ml</i>	Tier 1	OTC; MAIL
<i>acetamin tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>acetaminophe tab 160mg</i>	Tier 1	OTC, QL (750 tabs / 30 days); MAIL
<i>acetaminophen soln 160 mg/5ml</i>	Tier 1	OTC; MAIL
<i>acetaminophen suppos 120 mg</i>	Tier 1	OTC, QL (1020 supp / 30 days); MAIL
<i>acetaminophen suppos 650 mg</i>	Tier 1	OTC, QL (180 supp / 30 days); MAIL
<i>acetaminophen tab 325 mg</i>	Tier 1	OTC, QL (360 ea / 30 days); MAIL
<i>acetaminophen tab 325 mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>acetaminophen tab er 650 mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophn sus 325mg</i>	Tier 1	OTC; MAIL
<i>acetaminophn tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>aminofen tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>aminofen tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>APAP 500 LIQ 500/5ML</i>	Tier 2	OTC; MAIL
<i>apap dro 80/0.8ml</i>	Tier 1	OTC; MAIL
<i>apap melt tab 80mg</i>	Tier 1	OTC, QL (1500 tabs / 30 days); MAIL
<i>apap melts tab 160mg</i>	Tier 1	OTC, QL (750 tabs / 30 days); MAIL
<i>apra elx 160/5ml</i>	Tier 1	OTC; MAIL
<i>arthrts pain tab 650mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>betatemp sus 160/5ml</i>	Tier 1	OTC; MAIL
<i>child apap tab 80mg</i>	Tier 1	OTC, QL (1500 tabs / 30 days); MAIL
<i>child nonasa chw pain/rel</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>chld meditab chw 80mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>chld non-asa chw 80mg grp</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>chld pain rl tab 80mg</i>	Tier 1	OTC, QL (1500 tabs / 30 days); MAIL
<i>chld silapap liq 160/5ml</i>	Tier 1	OTC; MAIL
<i>chlds mapap tab 80mg rt</i>	Tier 1	OTC, QL (1500 tabs / 30 days); MAIL
<i>chloraseptic liq sore thr</i>	Tier 1	OTC; MAIL
<i>cvs childs chw 80mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>easy-melts tab 80mg</i>	Tier 1	OTC, QL (1500 tabs / 30 days); MAIL
<i>ed-apap liq 80mg/2.5</i>	Tier 1	OTC; MAIL
<i>eq acetamin tab 80mg</i>	Tier 1	OTC, QL (1500 tabs / 30 days); MAIL
<i>eq acetamin tab 160mg</i>	Tier 1	OTC, QL (750 tabs / 30 days); MAIL
<i>eq acetamin tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>eql acetamin tab 160mg</i>	Tier 1	OTC, QL (750 tabs / 30 days); MAIL
<i>fever reduce sup 120mg</i>	Tier 1	OTC, QL (1020 supp / 30 days); MAIL
<i>fever/pain sus 160/5ml</i>	Tier 1	OTC; MAIL
FEVERALL INF SUP 80MG	Tier 1	OTC, QL (1500 ea / 30 days); MAIL
<i>feverall sup 120mg</i>	Tier 1	OTC, QL (1020 supp / 30 days); MAIL
<i>feverall sup 325mg</i>	Tier 1	OTC, QL (360 supp / 30 days); MAIL
<i>feverall sup 650mg</i>	Tier 1	OTC, QL (180 supp / 30 days); MAIL
<i>fevr reducng sup 120mg</i>	Tier 1	OTC, QL (1020 supp / 30 days); MAIL
<i>hm rpd melt tab 160mg</i>	Tier 1	OTC, QL (750 tabs / 30 days); MAIL
<i>8 hour pain tab 650mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>inf silapap dro 80/0.8ml</i>	Tier 1	OTC; MAIL
<i>junior mapap tab 160mg rt</i>	Tier 1	OTC, QL (750 tabs / 30 days); MAIL
<i>little remed liq 160/5ml</i>	Tier 1	OTC; MAIL
<i>mapap apap liq 500/15ml</i>	Tier 1	OTC; MAIL
<i>mapap cap 500mg</i>	Tier 1	OTC, QL (240 caps / 30 days); MAIL
<i>mapap child chw 80mg</i>	Tier 1	OTC, QL (1500 tabs / 30 days); MAIL
<i>mapap childr sus 160/5ml</i>	Tier 1	OTC; MAIL
<i>mapap chw 80mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>mapap liq 160/5ml</i>	Tier 1	OTC; MAIL
<i>mapap tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>mapap tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>mapap tab 500mg/rr</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>maxapap rs tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>maxapap tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>medi-tabs tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>non-asa jr tab 160mg</i>	Tier 1	OTC, QL (750 tabs / 30 days); MAIL
<i>non-aspirin chw 80mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>non-aspirin chw 160mg jr</i>	Tier 1	OTC, QL (180 ea / 30 days); MAIL
<i>non-aspirin sus 160/5ml</i>	Tier 1	OTC; MAIL
<i>non-aspirin tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>non-aspirin tab 500mg/rr</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>non-aspirin tab 650mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>nortemp sus 160/5ml</i>	Tier 1	OTC; MAIL
<i>nortemp sus infants</i>	Tier 1	OTC; MAIL
<i>pain & fever chw 80mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>pain & fever sol 160/5ml</i>	Tier 1	OTC; MAIL
<i>pain & fever sus 160/5ml</i>	Tier 1	OTC; MAIL
<i>pain & fever tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>pain & fever tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>pain relief liq 160/5ml</i>	Tier 1	OTC; MAIL
<i>pain relief liq 500/15ml</i>	Tier 1	OTC; MAIL
<i>pain relief tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>pain relief tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>pain relieve chw 160mg jr</i>	Tier 1	OTC, QL (180 ea / 30 days); MAIL
<i>pain relieve dro 80/0.8ml</i>	Tier 1	OTC; MAIL
<i>pain relieve sus 160/5ml</i>	Tier 1	OTC; MAIL
<i>pain relieve tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>pain relieve tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>pain relieve tab 500mg/rr</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>pain relievr chw 80mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>pain relievr tab 160mg</i>	Tier 1	OTC, QL (750 tabs / 30 days); MAIL
<i>pain relievr tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>pain relievr tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>pain/fever sup 120mg</i>	Tier 1	OTC, QL (1020 supp / 30 days); MAIL
<i>pain/fever sus 160/5ml</i>	Tier 1	OTC; MAIL
<i>pediacare sus 160/5ml</i>	Tier 1	OTC; MAIL
<i>pharbetol tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>pharbetol tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>q-pap child sus 160/5ml</i>	Tier 1	OTC; MAIL
<i>q-pap infant dro 80/0.8ml</i>	Tier 1	OTC; MAIL
<i>q-pap liq 160/5ml</i>	Tier 1	OTC; MAIL
<i>q-pap tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>q-pap tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>ra acetamin tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>sm pain rel cap 500mg</i>	Tier 1	OTC, QL (240 caps / 30 days); MAIL
<i>sm rpd melt tab 160mg</i>	Tier 1	OTC, QL (750 tabs / 30 days); MAIL
<i>tactinal chw children</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>tactinal tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>tactinal tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>tgt acetamin tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>tgt apap dro infants</i>	Tier 1	OTC; MAIL
Salicylates		
<i>aspir-low tab 81mg ec</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL

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<i>aspirin 81 tab 81mg ec</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>aspirin chld chw 81mg</i>	PREV	OTC, QL (30 tabs / 30 days); MAIL
<i>aspirin tab 81 mg</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
ASPIRIN TAB 81MG	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>aspirin tab 325mg</i>	PREV	OTC, QL (300 tabs / 30 days); MAIL
<i>aspirin tab delayed release 81 mg</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>aspirin tab delayed release 325 mg</i>	PREV	OTC, QL (360 tabs / 30 days); MAIL
<i>aspirtab tab 324mg ec</i>	PREV	OTC, QL (360 tabs / 30 days); MAIL
<i>bayer adv tab 325mg</i>	PREV	OTC, QL (300 tabs / 30 days); MAIL
<i>bayer asa tab 325mg</i>	PREV	OTC, QL (300 tabs / 30 days); MAIL
<i>bayer asa tab 325mg</i>	PREV	OTC, QL (360 tabs / 30 days); MAIL
<i>bayer low chw 81mg</i>	PREV	OTC, QL (30 tabs / 30 days); MAIL
<i>child asa ls chw 81mg</i>	PREV	OTC, QL (30 tabs / 30 days); MAIL
<i>cvs aspirin tab 81mg ec</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>cvs aspirin tab 325mg</i>	PREV	OTC, QL (300 tabs / 30 days); MAIL
<i>cvs aspirin tab 325mg ec</i>	PREV	OTC, QL (360 tabs / 30 days); MAIL
<i>cvs chld asa chw 81mg</i>	PREV	OTC, QL (30 tabs / 30 days); MAIL
<i>diflunisal tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>ecotrin low tab 81mg ec</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>ecpirin tab 325mg ec</i>	PREV	OTC, QL (360 tabs / 30 days); MAIL
<i>eq aspirin tab 325mg</i>	PREV	OTC, QL (300 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>eq aspirin tab 325mg ec</i>	PREV	OTC, QL (360 tabs / 30 days); MAIL
<i>eq child asa chw 81mg</i>	PREV	OTC, QL (30 tabs / 30 days); MAIL
<i>eq aspirin chw 81mg</i>	PREV	OTC, QL (30 tabs / 30 days); MAIL
<i>eq aspirin tab 325mg</i>	PREV	OTC, QL (300 tabs / 30 days); MAIL
<i>eq aspirin tab 325mg ec</i>	PREV	OTC, QL (360 tabs / 30 days); MAIL
<i>gnp aspirin chw 81mg</i>	PREV	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp aspirin tab 81mg ec</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>gnp aspirin tab 325mg</i>	PREV	OTC, QL (300 tabs / 30 days); MAIL
<i>gnp aspirin tab 325mg ec</i>	PREV	OTC, QL (360 tabs / 30 days); MAIL
<i>hm aspirin chw 81mg</i>	PREV	OTC, QL (30 tabs / 30 days); MAIL
<i>hm aspirin tab 325mg</i>	PREV	OTC, QL (300 tabs / 30 days); MAIL
<i>kls aspirin tab 81mg ec</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>kls aspirin tab 325mg ec</i>	PREV	OTC, QL (360 tabs / 30 days); MAIL
<i>kp aspirin tab 81mg ec</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>miniprin low tab 81mg ec</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>mm aspirin tab 325mg</i>	PREV	OTC, QL (300 tabs / 30 days); MAIL
<i>norwich asa tab 325mg</i>	PREV	OTC, QL (300 tabs / 30 days); MAIL
<i>px aspirin chw 81mg</i>	PREV	OTC, QL (30 tabs / 30 days); MAIL
<i>px aspirin tab 81mg ec</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>px aspirin tab 325mg</i>	PREV	OTC, QL (300 tabs / 30 days); MAIL
<i>px aspirin tab 325mg ec</i>	PREV	OTC, QL (360 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>qc aspirin tab 325mg</i>	PREV	OTC, QL (300 tabs / 30 days); MAIL
<i>qc aspirin tab 325mg ec</i>	PREV	OTC, QL (360 tabs / 30 days); MAIL
<i>ra aspirin chw 81mg</i>	PREV	OTC, QL (30 tabs / 30 days); MAIL
<i>ra aspirin tab 81mg ec</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>ra aspirin tab 325mg</i>	PREV	OTC, QL (300 tabs / 30 days); MAIL
<i>ra aspirin tab 325mg ec</i>	PREV	OTC, QL (360 tabs / 30 days); MAIL
<i>ra child asa chw 81mg</i>	PREV	OTC, QL (30 tabs / 30 days); MAIL
<i>salsalate tab 500 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>salsalate tab 750 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>sb aspirin tab 325mg</i>	PREV	OTC, QL (300 tabs / 30 days); MAIL
<i>sb aspirin tab 325mg ec</i>	PREV	OTC, QL (360 tabs / 30 days); MAIL
<i>sm aspirin chw 81mg</i>	PREV	OTC, QL (30 tabs / 30 days); MAIL
<i>sm aspirin tab 81mg ec</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>sm aspirin tab 325mg</i>	PREV	OTC, QL (300 tabs / 30 days); MAIL
<i>sm aspirin tab 325mg ec</i>	PREV	OTC, QL (360 tabs / 30 days); MAIL
<i>sm child asa chw 81mg</i>	PREV	OTC, QL (30 tabs / 30 days); MAIL
<i>st joseph chw low 81mg</i>	PREV	OTC, QL (30 tabs / 30 days); MAIL
<i>tgt aspirin chw 81mg</i>	PREV	OTC, QL (30 tabs / 30 days); MAIL
<i>tgt aspirin chw child</i>	PREV	OTC, QL (30 tabs / 30 days); MAIL
<i>tgt aspirin tab 81mg ec</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>tgt aspirin tab 325mg</i>	PREV	OTC, QL (300 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - OPIOID		
Opioid Agonists		
<i>codeine sulf tab 15mg</i>	Tier 1	QL (360 tabs / 30 days); MED
<i>codeine sulf tab 30mg</i>	Tier 1	QL (360 tabs / 30 days); MED
<i>codeine sulf tab 60mg</i>	Tier 1	QL (240 tabs / 30 days); MED
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	QL (10 patches / 25 days), PA; MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	QL (10 patches / 25 days), PA; MED
FENTANYL TD PATCH 72HR 37.5 MCG/HR	Tier 1	PA; MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	QL (10 patches / 25 days), PA; MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	QL (10 patches / 25 days), PA; MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	QL (10 patches / 25 days), PA; MED
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	QL (360 ea / 30 days); MED
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	QL (360 ea / 30 days); MED
<i>hydromorphone hcl tab er 24hr deter 8 mg</i>	Tier 2	PA; MED
<i>hydromorphone hcl tab er 24hr deter 12 mg</i>	Tier 2	PA; MED
<i>hydromorphone hcl tab er 24hr deter 16 mg</i>	Tier 2	PA; MED
<i>hydromorphone hcl tab er 24hr deter 32 mg</i>	Tier 2	PA; MED
<i>levorphanol tartrate tab 2 mg</i>	Tier 2	PA; MED
<i>meperidine hcl oral soln 50 mg/5ml</i>	Tier 1	QL (500 mL / 25 days); AGE; MED; Covered in ages 64 and under
<i>meperidine hcl tab 50 mg</i>	Tier 1	QL (300 tabs / 30 days); AGE; MED; Covered in ages 64 and under
<i>meperidine hcl tab 100 mg</i>	Tier 1	QL (240 tabs / 30 days); AGE; MED; Covered in ages 64 and under
<i>methadone hcl soln 5 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days), PA

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Tier 3 = Non-preferred brand name drugs; Tier 4 = Specialty Drugs

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	QL (600 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	Tier 1	QL (360 tabs / 25 days), PA
<i>methadone hcl tab 10 mg</i>	Tier 1	QL (360 tabs / 25 days), PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	QL (450 mL / 30 days), PA; MED
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	QL (450 mL / 30 days), PA; MED
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	QL (450 mL / 30 days), PA; MED
<i>morphine sulfate tab 15 mg</i>	Tier 1	QL (90 tabs / 25 days); MED
<i>morphine sulfate tab 30 mg</i>	Tier 1	QL (90 tabs / 25 days); MED
<i>morphine sulfate tab er 15 mg</i>	Tier 1	QL (90 ea / 30 days), ST; MED; Prior Use IR Opioid Required
<i>morphine sulfate tab er 30 mg</i>	Tier 1	QL (90 ea / 30 days), ST; MED; Prior Use IR Opioid Required
<i>morphine sulfate tab er 60 mg</i>	Tier 1	QL (90 ea / 30 days), ST; MED; Prior Use IR Opioid Required
<i>morphine sulfate tab er 100 mg</i>	Tier 1	QL (90 ea / 30 days), ST; MED; Prior Use IR Opioid Required
NUCYNTA ER TAB 50MG	Tier 3	QL (120 tabs / 25 days), PA; MED
NUCYNTA ER TAB 100MG	Tier 3	QL (120 tabs / 25 days), PA; MED
NUCYNTA ER TAB 150MG	Tier 3	QL (60 tabs / 25 days), PA; MED
NUCYNTA ER TAB 200MG	Tier 3	QL (60 tabs / 25 days), PA; MED
NUCYNTA ER TAB 250MG	Tier 3	QL (60 tabs / 25 days), PA; MED
NUCYNTA TAB 50MG	Tier 3	QL (360 tabs / 25 days), PA; MED
NUCYNTA TAB 75MG	Tier 3	QL (240 tabs / 25 days), PA; MED

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Drug Name	Drug Tier	Requirements/Limits
NUCYNTA TAB 100MG	Tier 3	QL (180 tabs / 25 days), PA; MED
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	QL (240 ml per fill, max 1 fill per 90 days); MED
<i>oxycodone hcl tab 5 mg</i>	Tier 1	QL (Max 4 per day); MED
<i>oxycodone hcl tab 10 mg</i>	Tier 1	QL (Max 90 per fill, max 1 fill per 90 days); MED
<i>oxycodone hcl tab 15 mg</i>	Tier 1	QL (Max 90 per fill, max 1 fill per 90 days); MED
<i>oxycodone hcl tab 20 mg</i>	Tier 1	QL (Max 90 per fill, max 1 fill per 90 days); MED
<i>oxycodone hcl tab 30 mg</i>	Tier 1	QL (Max 90 per fill, max 1 fill per 90 days); MED
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Tier 1	PA; MED
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Tier 1	PA; MED
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Tier 1	PA; MED
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Tier 1	PA; MED
OXYCONTIN TAB 10MG CR	Tier 3	PA; MED
OXYCONTIN TAB 15MG CR	Tier 3	PA; MED
OXYCONTIN TAB 20MG CR	Tier 3	PA; MED
OXYCONTIN TAB 30MG CR	Tier 3	PA; MED
OXYCONTIN TAB 40MG CR	Tier 3	PA; MED
OXYCONTIN TAB 60MG CR	Tier 3	PA; MED
OXYCONTIN TAB 80MG CR	Tier 3	PA; MED
<i>oxymorphone hcl tab 5 mg</i>	Tier 2	QL (180 tabs / 25 days), PA; MED
<i>oxymorphone hcl tab 10 mg</i>	Tier 2	QL (120 tabs / 25 days), PA; MED
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Tier 2	QL (120 tabs / 25 days), PA; MED
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Tier 2	QL (120 tabs / 25 days), PA; MED
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Tier 2	QL (120 tabs / 25 days), PA; MED
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Tier 2	QL (120 tabs / 25 days), PA; MED
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Tier 2	QL (120 tabs / 25 days), PA; MED
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Tier 2	QL (120 tabs / 25 days), PA; MED

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Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Tier 2	QL (120 tabs / 25 days), PA; MED
<i>tramadol hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days); MED
<i>tramadol hcl tab er 24hr 200 mg</i>	Tier 1	QL (30 tabs / 25 days), PA; MED
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Tier 1	QL (30 tabs / 25 days), PA; MED
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Tier 1	QL (30 tabs / 25 days), PA; MED
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	QL (3750 mL / 25 days); MED
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (120 tabs / 25 days); MED
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	QL (180 ea / 25 days); MED
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (120 ea / 25 days); MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Tier 1	QL (240 caps / 30 days); MED
<i>co-gesic tab 5-500mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>endocet tab 5-325mg</i>	Tier 1	QL (240 tabs / 30 days); MED
<i>endocet tab 10-325mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	QL (3750 mL / 25 days); MED
<i>hydrocodone-acetaminophen tab 2.5-500 mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>hydrocodone-acetaminophen tab 5-500 mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>hydrocodone-acetaminophen tab 7.5-500 mg</i>	Tier 1	QL (180 ea / 25 days); MED
<i>hydrocodone-acetaminophen tab 7.5-650 mg</i>	Tier 1	QL (180 tabs / 25 days); MED

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 7.5-750 mg</i>	Tier 1	QL (180 ea / 25 days); MED
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>hydrocodone-acetaminophen tab 10-500 mg</i>	Tier 1	QL (180 ea / 25 days); MED
<i>hydrocodone-acetaminophen tab 10-650 mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 1	QL (150 tabs / 30 days), PA; MED
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 1	PA; MED
<i>hydrogesic cap 5-500mg</i>	Tier 1	MED
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	PA; MED
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); MED
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>stagesic cap 5-500mg</i>	Tier 1	MED
XARTEMIS XR TAB 7.5-325	Tier 3	PA; MED

Opioid Partial Agonists

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 1	QL (360 tabs / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	
BUTRANS DIS 5MCG/HR	Tier 3	PA
BUTRANS DIS 10MCG/HR	Tier 3	PA
BUTRANS DIS 20MCG/HR	Tier 3	PA

ANDROGENS-ANABOLIC**Anabolic Steroids**

ANADROL-50 TAB 50MG	Tier 3	PA
<i>oxandrolone tab 2.5 mg</i>	Tier 2	PA; AGE; Covered in ages 64 and under
<i>oxandrolone tab 10 mg</i>	Tier 2	PA; AGE; Covered in ages 64 and under

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Drug Name	Drug Tier	Requirements/Limits
Androgens		
<i>danazol cap 50 mg</i>	Tier 2	QL (120 caps / 30 days); MAIL
<i>danazol cap 100 mg</i>	Tier 2	QL (120 caps / 30 days); MAIL
<i>danazol cap 200 mg</i>	Tier 2	QL (120 caps / 30 days); MAIL
METHITEST TAB 10MG	Tier 3	AGE; Covered in ages 64 and under
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 2	QL (1680 mL / 30 days); MAIL
Rectal Combinations		
<i>hemorrhoidal cre</i>	Tier 1	OTC; MAIL
Rectal Local Anesthetics		
<i>dibucaine rectal ointment 1%</i>	Tier 1	OTC; MAIL
Rectal Steroids		
<i>procto-med cre hc 2.5%</i>	Tier 1	QL (450 gm / 30 days); MAIL
<i>proctosol hc cre 2.5%</i>	Tier 1	QL (450 gm / 30 days); MAIL
<i>proctozone cre -hc 2.5%</i>	Tier 1	QL (450 gm / 30 days); MAIL
Vasodilating Agents		
RECTIV OIN 0.4%	Tier 3	MAIL
ANTACIDS		
Antacid Combinations		
<i>acid gone chw</i>	Tier 1	OTC; MAIL
<i>acid gone sus</i>	Tier 1	OTC; MAIL
<i>advanced sus antacid</i>	Tier 1	OTC; MAIL
<i>almacone chw</i>	Tier 1	OTC; MAIL
<i>almacone dbl sus strength</i>	Tier 1	OTC; MAIL
<i>almacone sus</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>alum & mag hydroxide-simethicone susp 500-450-40 mg/5ml</i>	Tier 1	OTC; MAIL
<i>antacid adv sus max st</i>	Tier 1	OTC; MAIL
<i>antacid chw dbl st</i>	Tier 1	OTC; MAIL
<i>antacid extr chw 675-135</i>	Tier 1	OTC; MAIL
<i>antacid fast sus acting</i>	Tier 1	OTC; MAIL
<i>antacid fast sus relief</i>	Tier 1	OTC; MAIL
<i>antacid i sus</i>	Tier 1	OTC; MAIL
<i>antacid iii sus</i>	Tier 1	OTC; MAIL
<i>antacid liq sus</i>	Tier 1	OTC; MAIL
<i>antacid m sus</i>	Tier 1	OTC; MAIL
<i>antacid plus sus anti-gas</i>	Tier 1	OTC; MAIL
<i>antacid plus sus gas rel</i>	Tier 1	OTC; MAIL
<i>antacid sus</i>	Tier 1	OTC; MAIL
<i>antacid sus anti-gas</i>	Tier 1	OTC; MAIL
<i>antacid sus ex st</i>	Tier 1	OTC; MAIL
<i>antacid sus max st</i>	Tier 1	OTC; MAIL
<i>antacid sus mint crm</i>	Tier 1	OTC; MAIL
<i>antacid sus reg</i>	Tier 1	OTC; MAIL
<i>antacid sus reg st</i>	Tier 1	OTC; MAIL
<i>antacid sus ultra st</i>	Tier 1	OTC; MAIL
<i>antacid/gas sus rel max</i>	Tier 1	OTC; MAIL
<i>antacid/sime sus ds</i>	Tier 1	OTC; MAIL
<i>comfort gel sus</i>	Tier 1	OTC; MAIL
<i>comfort gel sus antacid</i>	Tier 1	OTC; MAIL
<i>comfort gel sus anti-gas</i>	Tier 1	OTC; MAIL
<i>cvs antacid sus antigas</i>	Tier 1	OTC; MAIL
<i>cvs antacid sus supreme</i>	Tier 1	OTC; MAIL
<i>cvs antacid/ sus anti-gas</i>	Tier 1	OTC; MAIL
<i>eq antacid chw 160-105</i>	Tier 1	OTC; MAIL
<i>eq antacid chw ex st</i>	Tier 1	OTC; MAIL
<i>eq antacid sus</i>	Tier 1	OTC; MAIL
<i>eq antacid sus anti-gas</i>	Tier 1	OTC; MAIL
<i>eq antacid sus max st</i>	Tier 1	OTC; MAIL
<i>eq antacid sus anti-gas</i>	Tier 1	OTC; MAIL
<i>flanax sus relief</i>	Tier 1	OTC; MAIL
<i>foam antacid chw 80-20mg</i>	Tier 1	OTC; MAIL
<i>foam antacid sus</i>	Tier 1	OTC; MAIL
<i>geri-lanta sus</i>	Tier 1	OTC; MAIL
<i>gnp antacid chw 160-105</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>gnp antacid sus anti-gas</i>	Tier 1	OTC; MAIL
<i>gnp antacid sus cherry</i>	Tier 1	OTC; MAIL
<i>gnp antacid sus coolmint</i>	Tier 1	OTC; MAIL
<i>gnp antacid sus original</i>	Tier 1	OTC; MAIL
<i>heartbrn ant chw 160-105</i>	Tier 1	OTC; MAIL
<i>heartburn chw ex st</i>	Tier 1	OTC; MAIL
<i>hm antacid sus anti-gas</i>	Tier 1	OTC; MAIL
<i>maalox advan sus max st</i>	Tier 1	OTC; MAIL
<i>maalox max sus cherry</i>	Tier 1	OTC; MAIL
<i>maalox max sus lemon</i>	Tier 1	OTC; MAIL
<i>maalox max sus wild bry</i>	Tier 1	OTC; MAIL
<i>maalox multi sus symp max</i>	Tier 1	OTC; MAIL
<i>mag-al plus liq</i>	Tier 1	OTC; MAIL
<i>mag-al plus liq xs</i>	Tier 1	OTC; MAIL
<i>meijer sus antacid</i>	Tier 1	OTC; MAIL
<i>mi-acid chw</i>	Tier 1	OTC; MAIL
<i>mi-acid sus</i>	Tier 1	OTC; MAIL
<i>mi-acid sus max st</i>	Tier 1	OTC; MAIL
<i>milantex sus ex st</i>	Tier 1	OTC; MAIL
<i>milantex sus original</i>	Tier 1	OTC; MAIL
<i>mintox plus chw</i>	Tier 1	OTC; MAIL
<i>mintox sus</i>	Tier 1	OTC; MAIL
<i>mintox sus max st</i>	Tier 1	OTC; MAIL
<i>px antacid sus max st</i>	Tier 1	OTC; MAIL
<i>px antacid sus reg st</i>	Tier 1	OTC; MAIL
<i>qc antacid sus</i>	Tier 1	OTC; MAIL
<i>qc antacid sus anti-gas</i>	Tier 1	OTC; MAIL
<i>ra antacid sus anti-gas</i>	Tier 1	OTC; MAIL
<i>ra antacid sus antigas</i>	Tier 1	OTC; MAIL
<i>ra liquid sus antacid</i>	Tier 1	OTC; MAIL
<i>rulox sus</i>	Tier 1	OTC; MAIL
<i>sb antacid sus anti-gas</i>	Tier 1	OTC; MAIL
<i>sb antacid/ sus antigas</i>	Tier 1	OTC; MAIL
<i>sm antacid chw ex-str</i>	Tier 1	OTC; MAIL
<i>sm antacid sus advanced</i>	Tier 1	OTC; MAIL
<i>sm antacid sus max st</i>	Tier 1	OTC; MAIL
<i>tgt antacid sus anti-gas</i>	Tier 1	OTC; MAIL
Antacids - Bicarbonate		
<i>sodium bicarbonate tab 325 mg</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium bicarbonate tab 650 mg</i>	Tier 1	OTC; MAIL
Antacids - Calcium Salts		
<i>antacid chw 500mg</i>	Tier 1	OTC; MAIL
<i>antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>antacid extr chw 750mg</i>	Tier 1	OTC; MAIL
<i>antacid max chw 1000mg</i>	Tier 1	OTC; MAIL
<i>cal antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>cal-gest chw 500mg</i>	Tier 1	OTC; MAIL
<i>calc antacid chw 500mg</i>	Tier 1	OTC; MAIL
<i>calc antacid chw 750mg</i>	Tier 1	OTC; MAIL
<i>calc antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>calcium carbonate (antacid) chew tab 500 mg</i>	Tier 1	OTC; MAIL
<i>calcium carbonate (antacid) tab 648 mg</i>	Tier 1	OTC, QL (480 tabs / 30 days); MAIL
<i>child soothe chw 400mg</i>	Tier 1	OTC; MAIL
<i>childrens chw pepto</i>	Tier 1	OTC; MAIL
<i>childrens chw soothe</i>	Tier 1	OTC; MAIL
<i>eq antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>eq antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>gnp antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>maalox child chw</i>	Tier 1	OTC; MAIL
<i>px antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>ra antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>sm antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>stomach rlf chw 400mg</i>	Tier 1	OTC; MAIL
<i>tgt antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>tums fresher chw 500mg</i>	Tier 1	OTC; MAIL
Antacids - Magnesium Salts		
<i>hm magnesium tab 250mg</i>	Tier 1	OTC; MAIL
<i>magnesium oxide tab 250 mg</i>	Tier 1	OTC; MAIL
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	Tier 1	OTC; MAIL
<i>magnesium oxide tab 420 mg</i>	Tier 1	OTC; MAIL
<i>magnesium tab 250mg</i>	Tier 1	OTC; MAIL
ANTHELMINTICS		
Anthelmintics		
<i>albendazole tab 200 mg</i>	Tier 2	QL (2 tabs / 25 days), PA

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Drug Name	Drug Tier	Requirements/Limits
ALBENZA TAB 200MG	Tier 3	QL (2 tabs / 25 days), PA
<i>ivermectin tab 3 mg</i>	Tier 1	QL (300 tabs / 30 days)
PIN-X CHW 250MG	Tier 2	OTC, QL (Max 2 fills per 365 days)
<i>pinworm med sus 144mg/ml</i>	Tier 1	OTC
<i>reeses med sus pinworm</i>	Tier 1	OTC

ANTI-INFECTIVE AGENTS - MISC.**Anti-infective Agents - Misc.**

CAYSTON INH 75MG	Tier 4	PA
FIRST-VANC SOL 25MG/ML	Tier 2	
FIRST-VANC SOL 50MG/ML	Tier 2	
FIRVANQ SOL 25MG/ML	Tier 2	
FIRVANQ SOL 50MG/ML	Tier 2	
<i>metronidazole tab 250 mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>metronidazole tab 500 mg</i>	Tier 1	QL (120 tabs / 30 days)
NEBUPENT INH 300MG	Tier 3	
<i>trimethoprim tab 100 mg</i>	Tier 1	QL (180 tabs / 30 days)

Anti-infective Misc. - Combinations

<i>e.s.p. sus 200-600</i>	Tier 2	QL (2400 mL / 30 days)
<i>erythromycin-sulfisoxazole for susp 200-600 mg/5ml</i>	Tier 2	QL (2400 mL / 30 days)
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>sulfatrim pd sus 200-40/5</i>	Tier 1	QL (1200 mL / 30 days)

Antiprotozoal Agents

<i>atovaquone susp 750 mg/5ml</i>	Tier 2	QL (300 mL / 30 days), PA; Covered in ages 13 and over
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Ketolides

KETEK PAK TAB 400MG	Tier 3	QL (60 tabs / 30 days), PA
KETEK TAB 300MG	Tier 3	QL (60 tabs / 30 days), PA
KETEK TAB 400MG	Tier 3	QL (60 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>Leprostatics</i>		
<i>dapsone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>dapsone tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>Lincosamides</i>		
<i>clindamycin hcl cap 150 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>clindamycin hcl cap 300 mg</i>	Tier 1	QL (270 ea / 30 days)
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	Covered in ages 18 and under
<i>Oxazolidinones</i>		
<i>linezolid for susp 100 mg/5ml</i>	Tier 2	QL (Max day supply 7), PA
<i>linezolid tab 600 mg</i>	Tier 2	QL (Max day supply 7), PA
ANTIANGINAL AGENTS		
<i>Antianginals-Other</i>		
RANEXA TAB 500MG	Tier 2	ST; MAIL; PRIOR USE Beta Blocker/Ca Channel Blockers/LA Nitrate
RANEXA TAB 1000MG	Tier 2	ST; MAIL; PRIOR USE Beta Blocker/Ca Channel Blockers/LA Nitrate
<i>Nitrates</i>		
<i>isosorbide dinitrate sl tab 2.5 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>minitran dis 0.2mg/hr</i>	Tier 1	QL (30 patches / 30 days); MAIL
<i>minitran dis 0.4mg/hr</i>	Tier 1	QL (30 patches / 30 days); MAIL
<i>minitran dis 0.6mg/hr</i>	Tier 1	QL (30 patches / 30 days); MAIL
<i>nitro-time cap 9mg cr</i>	Tier 1	QL (90 caps / 30 days); MAIL
<i>nitroglycerin cap er 9 mg</i>	Tier 1	QL (90 caps / 30 days); MAIL
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	QL (30 patches / 30 days); MAIL
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	QL (30 patches / 30 days); MAIL
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Tier 1	QL (30 patches / 30 days); MAIL

ANTI-ANXIETY AGENTS***Antianxiety Agents - Misc.***

<i>buspirone hcl tab 5 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>buspirone hcl tab 7.5 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>buspirone hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>buspirone hcl tab 15 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); AGE; MAIL; Covered in ages 64 and under

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	QL (240 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	QL (240 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	QL (240 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	QL (240 ea / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	QL (120 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>meprobamate tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 18-64
<i>meprobamate tab 400 mg</i>	Tier 2	QL (90 tabs / 30 days); AGE; Covered in ages 18-64
Benzodiazepines		
<i>alprazolam tab 0.5 mg</i>	Tier 1	QL (90 ea / 30 days); Covered in ages 18 and over
<i>alprazolam tab 0.25 mg</i>	Tier 1	QL (90 ea / 30 days); Covered in ages 18 and over
<i>alprazolam tab 1 mg</i>	Tier 1	QL (90 tabs / 30 days); Covered in ages 18 and over
<i>alprazolam tab 2 mg</i>	Tier 1	QL (90 tabs / 30 days); Covered in ages 18 and over
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 1	QL (90 caps / 30 days); AGE; Covered in ages 6-64

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Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 1	QL (90 caps / 30 days); AGE; Covered in ages 6-64
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 1	QL (90 caps / 30 days); AGE; Covered in ages 6-64
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 6-64
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	QL (120 tabs / 30 days); AGE; Covered in ages 6-64
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 6-64
DIAZEPAM CON 5MG/ML	Tier 1	QL (90 mL / 30 days), PA; AGE; Covered in ages 64 and under
<i>diazepam oral soln 1 mg/ml</i>	Tier 1	QL (120 mL / 30 days); AGE; Covered in ages 64 and under
<i>diazepam tab 2 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 64 and under
<i>diazepam tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 64 and under
<i>diazepam tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 64 and under
<i>lorazepam conc 2 mg/ml</i>	Tier 1	QL (90 mL / 30 days); Covered in ages 12 and over
<i>lorazepam tab 0.5 mg</i>	Tier 1	QL (90 tabs / 30 days); Covered in ages 12 and over
<i>lorazepam tab 1 mg</i>	Tier 1	QL (90 tabs / 30 days); Covered in ages 12 and over
<i>lorazepam tab 2 mg</i>	Tier 1	QL (90 tabs / 30 days); Covered in ages 12 and over

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Drug Name	Drug Tier	Requirements/Limits
<i>oxazepam cap 10 mg</i>	Tier 2	QL (90 ea / 30 days); Covered in ages 6 and over
<i>oxazepam cap 15 mg</i>	Tier 2	QL (90 ea / 30 days); Covered in ages 6 and over
<i>oxazepam cap 30 mg</i>	Tier 2	QL (120 ea / 30 days); Covered in ages 6 and over

ANTIARRHYTHMICS***Antiarrhythmics Type I-A***

<i>disopyramide phosphate cap 100 mg</i>	Tier 1	MAIL
<i>disopyramide phosphate cap 150 mg</i>	Tier 1	QL (150 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>quinidine sulfate tab 300 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL

Antiarrhythmics Type I-B

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

Antiarrhythmics Type I-C

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

Antiarrhythmics Type III

<i>amiodarone hcl tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
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Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 4	QL (240 caps / 30 days)
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 4	QL (120 caps / 30 days)
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 4	QL (60 caps / 30 days)
MULTAQ TAB 400MG	Tier 3	QL (60 tabs / 30 days); MAIL
<i>pacerone tab 200mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL

ANTIASTHMATIC AND BRONCHODILATOR AGENTS**ANTIASTHMATIC - MONOCLONAL ANTIBODIES**

XOLAIR INJ 75/0.5	Tier 4	QL (5 syringes / 24 days), PA
XOLAIR INJ 150MG/ML	Tier 4	QL (5 syringes / 24 days), PA

Anti-Inflammatory Agents

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 2	QL (780 mL / 30 days); MAIL
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Antiasthmatic - Monoclonal Antibodies

DUPIXENT INJ 200/1.14	Tier 4	PA
NUCALA INJ 100MG	Tier 4	PA
XOLAIR SOL 150MG	Tier 4	QL (5 vials / 24 days), PA

BRONCHODILATORS - ANTICHOLINERGICS

TUDORZA PRES AER 400/ACT	Tier 2	
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Bronchodilators - Anticholinergics

ATROVENT HFA AER 17MCG	Tier 2	QL (2.326 inhalers / 30 days); MAIL
INCRUSE ELPT INH 62.5MCG	Tier 2	MAIL
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	QL (300 mL / 30 days); MAIL

Leukotriene Modulators

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>zafirlukast tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>zafirlukast tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>zileuton tab er 12hr 600 mg</i>	Tier 2	QL (120 tabs / 30 days), PA; MAIL
<i>STERIOD INHALANTS</i>		
FLOVENT HFA AER 44MCG	Tier 2	QL (1 inhaler / 25 days); AGE; MAIL; Covered in ages 11 and under
FLOVENT HFA AER 110MCG	Tier 2	QL (1 inhaler / 25 days); AGE; MAIL; Covered in ages 11 and under
<i>Selective Phosphodiesterase 4 (PDE4) Inhibitors</i>		
DALIRESP TAB 500MCG	Tier 3	PA; MAIL
<i>Steroid Inhalants</i>		
AEROSPAN AER 80MCG	Tier 2	MAIL
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 2	QL (120 mL / 30 days); AGE; MAIL; Covered in ages 9 and under
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 2	QL (120 mL / 30 days); AGE; MAIL; Covered in ages 9 and under
QVAR REDIHA AER 80MCG	Tier 2	QL (10.6 gm / 25 days); MAIL
QVAR REDIHAL AER 40MCG	Tier 2	QL (10.6 gm / 25 days); MAIL
<i>Sympathomimetics</i>		
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	QL (150 mL / 25 days); MAIL
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL / 25 days); MAIL
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	QL (225 mL / 25 days); MAIL
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (150 mL / 25 days); MAIL
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	QL (4500 mL / 30 days); MAIL
<i>albuterol sulfate tab 4 mg</i>	Tier 2	QL (240 tabs / 30 days); MAIL
ANORO ELLIPT AER 62.5-25	Tier 3	MAIL
ARCAPTA CAP 75MCG	Tier 3	QL (30 ea / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INH 100-25	Tier 3	QL (60 blisters / 30 days); MAIL
BREO ELLIPTA INH 200-25	Tier 3	QL (60 blisters / 30 days); MAIL
BROVANA NEB 15MCG	Tier 3	QL (120 mL / 25 days); MAIL
COMBIVENT AER 20-100	Tier 2	MAIL
DULERA AER 100-5MCG	Tier 2	QL (1.477 inhalers / 25 days); MAIL
DULERA AER 200-5MCG	Tier 2	QL (1.477 inhalers / 25 days); MAIL
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days); MAIL
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days); MAIL
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days); MAIL
FORADIL CAP AEROLIZE	Tier 2	QL (60 caps / 30 days); MAIL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QL (360 ml / 30 days); MAIL
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (72 mL / 25 days), PA; MAIL
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (72 mL / 25 days), PA; MAIL
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days); MAIL
<i>metaproterenol sulfate tab 10 mg</i>	Tier 1	MAIL
<i>metaproterenol sulfate tab 20 mg</i>	Tier 1	MAIL
PROAIR HFA AER	Tier 2	MAIL
STRIVERDI AER 2.5MCG	Tier 2	QL (1 inhaler / 30 days); MAIL
SYMBICORT AER 80-4.5	Tier 2	QL (1.478 inhalers / 25 days); MAIL
SYMBICORT AER 160-4.5	Tier 2	QL (1 inhaler / 25 days); MAIL
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 2	QL (240 tabs / 30 days); MAIL
<i>terbutaline sulfate tab 5 mg</i>	Tier 2	QL (180 tabs / 30 days); MAIL
VENTOLIN HFA AER	Tier 3	ST; MAIL; PRIOR USE PROAIR

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Drug Name	Drug Tier	Requirements/Limits
Xanthines		
<i>theochron tab 100mg cr</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>theochron tab 200mg cr</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>theochron tab 300mg cr</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>theophylline soln 80 mg/15ml</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 100 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>theophylline tab er 12hr 200 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>theophylline tab er 12hr 300 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>theophylline tab er 12hr 450 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>theophylline tab er 24hr 400 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>theophylline tab er 24hr 600 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL

ANTICOAGULANTS**Coumarin Anticoagulants**

COUMADIN TAB 1MG	Tier 2	QL (300 tabs / 30 days); MAIL
COUMADIN TAB 2.5MG	Tier 2	QL (300 tabs / 30 days); MAIL
COUMADIN TAB 2MG	Tier 2	QL (300 tabs / 30 days); MAIL
COUMADIN TAB 3MG	Tier 2	QL (300 ea / 30 days); MAIL
COUMADIN TAB 4MG	Tier 2	QL (300 ea / 30 days); MAIL
COUMADIN TAB 5MG	Tier 2	QL (300 tabs / 30 days); MAIL
COUMADIN TAB 6MG	Tier 2	QL (300 ea / 30 days); MAIL
COUMADIN TAB 7.5MG	Tier 2	QL (300 tabs / 30 days); MAIL
COUMADIN TAB 10MG	Tier 2	QL (300 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>jantoven tab 1mg</i>	Tier 1	QL (300 ea / 30 days); MAIL
<i>jantoven tab 2.5mg</i>	Tier 1	QL (300 ea / 30 days); MAIL
<i>jantoven tab 2mg</i>	Tier 1	QL (300 ea / 30 days); MAIL
<i>jantoven tab 3mg</i>	Tier 1	QL (300 ea / 30 days); MAIL
<i>jantoven tab 4mg</i>	Tier 1	QL (300 ea / 30 days); MAIL
<i>jantoven tab 5mg</i>	Tier 1	QL (300 ea / 30 days); MAIL
<i>jantoven tab 6mg</i>	Tier 1	QL (300 ea / 30 days); MAIL
<i>jantoven tab 7.5mg</i>	Tier 1	QL (300 ea / 30 days); MAIL
<i>jantoven tab 10mg</i>	Tier 1	QL (300 ea / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 2 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 3 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 4 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 5 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 6 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 10 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
Direct Factor Xa Inhibitors		
XARELTO TAB 10MG	Tier 3	PA; MAIL
XARELTO TAB 15MG	Tier 3	PA; MAIL
XARELTO TAB 20MG	Tier 3	PA; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>Heparins And Heparinoid-Like Agents</i>		
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	Tier 4	QL (Max 7 days supply without PA; Max 0.6 per day)
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	Tier 4	QL (Max 7 days supply without PA; Max 0.8 per day)
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	Tier 4	QL (Max 7 days supply without PA; Max 1.2 per day)
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	Tier 4	QL (Max 7 days supply without PA; Max 1.6 per day)
<i>enoxaparin sodium inj 100 mg/ml</i>	Tier 4	QL (Max 7 days supply without PA; Max 2 per day)
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	Tier 4	QL (Max 7 days supply without PA; Max 1.6 per day)
<i>enoxaparin sodium inj 150 mg/ml</i>	Tier 4	QL (Max 7 days supply without PA; Max 2 per day)
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 4	QL (Max 7 days supply without PA)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 4	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 4	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 4	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 4	PA
FRAGMIN INJ 2500/0.2	Tier 4	PA
FRAGMIN INJ 5000/0.2	Tier 4	PA
FRAGMIN INJ 7500/0.3	Tier 4	PA
FRAGMIN INJ 10000/ML	Tier 4	PA
FRAGMIN INJ 12500UNT	Tier 4	PA
FRAGMIN INJ 15000UNT	Tier 4	PA
FRAGMIN INJ 18000UNT	Tier 4	PA
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 2	PA; MAIL
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Tier 2	PA; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Tier 2	PA; MAIL

Thrombin Inhibitors

PRADAXA CAP 75MG	Tier 3	PA; MAIL
PRADAXA CAP 150MG	Tier 3	PA; MAIL

ANTICONVULSANTS**Anticonvulsants - Benzodiazepines**

<i>clobazam tab 10 mg</i>	Tier 2	PA
<i>clobazam tab 20 mg</i>	Tier 2	PA
<i>clonazepam tab 0.5 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	Tier 2	QL (2 kits / month)
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 2	QL (2 kits / month)
<i>diazepam rectal gel delivery system 20 mg</i>	Tier 2	QL (2 kits / month)
ONFI TAB 5MG	Tier 3	PA
ONFI TAB 10MG	Tier 3	PA
ONFI TAB 20MG	Tier 3	PA

Anticonvulsants - Misc.

APTiom TAB 200MG	Tier 3	PA; MAIL
APTiom TAB 400MG	Tier 3	PA; MAIL
APTiom TAB 600MG	Tier 3	PA; MAIL
APTiom TAB 800MG	Tier 3	PA; MAIL
BANZEL SUS 40MG/ML	Tier 3	PA; MAIL
BANZEL TAB 200MG	Tier 3	PA; MAIL
BANZEL TAB 400MG	Tier 3	PA; MAIL
<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1	QL (240 caps / 30 days); MAIL
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1	QL (240 caps / 30 days); MAIL
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1	QL (240 caps / 30 days); MAIL
<i>carbamazepine chew tab 100 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); MAIL
<i>carbamazepine tab 200 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1	QL (240 ea / 30 days); MAIL
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 1	QL (240 ea / 30 days); MAIL
<i>epitol tab 200mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>gabapentin cap 100 mg</i>	Tier 1	QL (300 caps / 30 days); MAIL
<i>gabapentin cap 300 mg</i>	Tier 1	QL (300 caps / 30 days); MAIL
<i>gabapentin cap 400 mg</i>	Tier 1	QL (270 caps / 30 days); MAIL
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	QL (2100 mL / 30 days); MAIL
<i>gabapentin tab 100 mg</i>	Tier 1	MAIL
<i>gabapentin tab 600 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>gabapentin tab 800 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>lamotrigine tab 25 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>lamotrigine tab 100 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>lamotrigine tab 150 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>lamotrigine tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	QL (900 mL / 30 days); MAIL
<i>levetiracetam tab 250 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>levetiracetam tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>levetiracetam tab 750 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tab 1000 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
LYRICA CAP 25MG	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 50MG	Tier 3	QL (180 caps / 30 days), PA
LYRICA CAP 75MG	Tier 3	QL (240 caps / 30 days), PA
LYRICA CAP 100MG	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 150MG	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 200MG	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 225MG	Tier 3	QL (60 caps / 30 days), PA
LYRICA CAP 300MG	Tier 3	QL (60 caps / 30 days), PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 2	QL (1200 mL / 30 days); MAIL
<i>oxcarbazepine tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>oxcarbazepine tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>oxcarbazepine tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
POTIGA TAB 50MG	Tier 2	PA
POTIGA TAB 200MG	Tier 2	PA
POTIGA TAB 400MG	Tier 2	PA
<i>primidone tab 50 mg</i>	Tier 1	QL (120 ea / 30 days); MAIL
<i>primidone tab 250 mg</i>	Tier 1	QL (120 ea / 30 days); MAIL
TEGRETOL-XR TAB 100MG	Tier 2	QL (240 tabs / 30 days); MAIL
<i>topiramate sprinkle cap 15 mg</i>	Tier 1	QL (240 caps / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>topiramate sprinkle cap 25 mg</i>	Tier 1	QL (240 caps / 30 days); MAIL
<i>topiramate tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>topiramate tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>topiramate tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>topiramate tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
VIMPAT SOL 10MG/ML	Tier 2	PA
VIMPAT TAB 50MG	Tier 2	PA
VIMPAT TAB 100MG	Tier 2	PA
VIMPAT TAB 150MG	Tier 2	PA
VIMPAT TAB 200MG	Tier 2	PA
<i>zonisamide cap 25 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>zonisamide cap 50 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>zonisamide cap 100 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
Carbamates		
<i>felbamate susp 600 mg/5ml</i>	Tier 2	MAIL
<i>felbamate tab 400 mg</i>	Tier 2	QL (270 tabs / 30 days); MAIL
<i>felbamate tab 600 mg</i>	Tier 2	QL (180 tabs / 30 days); MAIL
GABA Modulators		
SABRIL TAB 500MG	Tier 4	QL (180 tabs / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	Tier 2	QL (840 tabs / 30 days), PA; MAIL
<i>tiagabine hcl tab 4 mg</i>	Tier 2	QL (420 tabs / 30 days), PA; MAIL
<i>vigabatrin powd pack 500 mg</i>	Tier 4	PA
Hydantoins		
DILANTIN CAP 30MG	Tier 2	QL (180 caps / 30 days); MAIL
PEGANONE TAB 250MG	Tier 3	MAIL
<i>phenytoin chw 50mg</i>	Tier 1	QL (150 tabs / 30 days); MAIL

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Tier 1 = Generics; Low cost preferred brand
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Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	QL (180 ea / 30 days); MAIL
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	QL (600 mL / 30 days); MAIL

Succinimides

<i>CELONTIN CAP 300MG</i>	Tier 3	MAIL
<i>ethosuximide cap 250 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	QL (900 mL / 30 days); MAIL

Valproic Acid

<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	QL (300 ea / 30 days); MAIL
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	QL (450 tabs / 30 days); MAIL
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	QL (3000 mL / 30 days); MAIL
<i>valproic acid cap 250 mg</i>	Tier 1	QL (600 caps / 30 days); MAIL

ANTIDEPRESSANTS**Alpha-2 Receptor Antagonists (Tetracyclics)**

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

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Drug Name	Drug Tier	Requirements/Limits
Antidepressants - Misc.		
<i>bupropion hcl tab 75 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>bupropion hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>maprotiline hcl tab 25 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>maprotiline hcl tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>maprotiline hcl tab 75 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
Modified Cyclics		
<i>nefazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>nefazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>nefazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>nefazodone hcl tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>nefazodone hcl tab 250 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>trazodone hcl tab 50 mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>trazodone hcl tab 100 mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>trazodone hcl tab 150 mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
TRINTELLIX TAB 5MG	Tier 3	PA; MAIL
TRINTELLIX TAB 10MG	Tier 3	PA; MAIL
TRINTELLIX TAB 20MG	Tier 3	PA; MAIL

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Drug Name	Drug Tier	Requirements/Limits
VIIBRYD KIT	Tier 3	PA; MAIL
VIIBRYD KIT STARTER	Tier 3	PA; MAIL
VIIBRYD TAB 10MG	Tier 3	QL (120 tabs / 30 days), PA; MAIL
VIIBRYD TAB 20MG	Tier 3	QL (60 tabs / 30 days), PA; MAIL
VIIBRYD TAB 40MG	Tier 3	QL (30 tabs / 30 days), PA; MAIL

Monoamine Oxidase Inhibitors (MAOIs)

EMSAM DIS 6MG/24HR	Tier 3	PA; MAIL
EMSAM DIS 9MG/24HR	Tier 3	PA; MAIL
EMSAM DIS 12MG/24H	Tier 3	PA; MAIL
MARPLAN TAB 10MG	Tier 3	QL (90 tabs / 30 days), PA; MAIL
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 2	QL (240 tabs / 30 days); MAIL

Selective Serotonin Reuptake Inhibitors (SSRIs)

<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	QL (600 mL / 30 days); MAIL
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1	MAIL
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	MAIL
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	MAIL
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	MAIL
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	QL (90 caps / 30 days); MAIL
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>paroxetine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>paroxetine hcl tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>paroxetine hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>paroxetine hcl tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	QL (300 mL / 30 days); MAIL
<i>sertraline hcl tab 25 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>sertraline hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>sertraline hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), PA; MAIL
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), PA; MAIL
<i>duloxetine hcl cap 20 mg</i>	Tier 1	ST; MAIL; PRIOR USE VENLAFAXINE/VENLAFAXINE ER
<i>duloxetine hcl cap 30 mg</i>	Tier 1	QL (60 caps / 30 days), ST; MAIL; PRIOR USE VENLAFAXINE/VENLAFAXINE ER
<i>duloxetine hcl cap 60 mg</i>	Tier 1	QL (60 caps / 30 days), ST; MAIL; PRIOR USE VENLAFAXINE/VENLAFAXINE ER
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
Tricyclic Agents		
<i>amitriptyline hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	QL (120 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>amitriptyline hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>amitriptyline hcl tab 150 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>amoxapine tab 25 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>amoxapine tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>amoxapine tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>amoxapine tab 150 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>clomipramine hcl cap 25 mg</i>	Tier 2	QL (180 caps / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl cap 50 mg</i>	Tier 2	QL (180 caps / 30 days); MAIL
<i>clomipramine hcl cap 75 mg</i>	Tier 2	QL (120 caps / 30 days); MAIL
<i>desipramine hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>desipramine hcl tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>desipramine hcl tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>desipramine hcl tab 75 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>desipramine hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>desipramine hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>doxepin hcl cap 10 mg</i>	Tier 1	QL (90 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>doxepin hcl cap 25 mg</i>	Tier 1	QL (90 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>doxepin hcl cap 50 mg</i>	Tier 1	QL (90 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>doxepin hcl cap 75 mg</i>	Tier 1	QL (90 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>doxepin hcl cap 100 mg</i>	Tier 1	QL (90 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>doxepin hcl cap 150 mg</i>	Tier 1	QL (60 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>doxepin hcl conc 10 mg/ml</i>	Tier 1	AGE; MAIL; Covered in ages 64 and under
<i>imipramine hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>imipramine hcl tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>imipramine hcl tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl cap 10 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>nortriptyline hcl cap 25 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>nortriptyline hcl cap 50 mg</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>nortriptyline hcl cap 75 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>protriptyline hcl tab 5 mg</i>	Tier 2	QL (240 tabs / 30 days); MAIL
<i>protriptyline hcl tab 10 mg</i>	Tier 2	QL (240 tabs / 30 days); MAIL
<i>trimipramine maleate cap 25 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>trimipramine maleate cap 50 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>trimipramine maleate cap 100 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL

ANTIDIABETICS***Alpha-Glucosidase Inhibitors***

<i>acarbose tab 25 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>acarbose tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>acarbose tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>miglitol tab 25 mg</i>	Tier 2	QL (360 tabs / 30 days); MAIL
<i>miglitol tab 50 mg</i>	Tier 2	QL (180 tabs / 30 days); MAIL
<i>miglitol tab 100 mg</i>	Tier 2	QL (90 tabs / 30 days); MAIL

Antidiabetic - Amylin Analogs

SYMLINPEN 60 INJ 1000MCG	Tier 3	PA; MAIL
SYMLINPEN 120 INJ 1000MCG	Tier 3	PA; MAIL

Antidiabetic Combinations

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
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Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
KOMBIGLYZ XR TAB 2.5-1000	Tier 3	PA; MAIL

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Drug Name	Drug Tier	Requirements/Limits
KOMBIGLYZ XR TAB 5-500MG	Tier 3	PA; MAIL
KOMBIGLYZ XR TAB 5-1000MG	Tier 3	PA; MAIL
XIGDUO XR TAB 2.5-1000	Tier 3	QL (60 tabs / 30 days), ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione AND Alogliptin for 90 days
XIGDUO XR TAB 5-500MG	Tier 3	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione AND Alogliptin for 90 days
XIGDUO XR TAB 5-1000MG	Tier 3	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione AND Alogliptin for 90 days
XIGDUO XR TAB 10-500MG	Tier 3	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione AND Alogliptin for 90 days
XIGDUO XR TAB 10-1000	Tier 3	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione AND Alogliptin for 90 days
Biguanides		
<i>metformin hcl tab 500 mg</i>	Tier 1	QL (150 tabs / 30 days); MAIL
<i>metformin hcl tab 850 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>metformin hcl tab 1000 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	Tier 2	QL (2 ea / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>Diabetic Other</i>		
CVS GLUCOSE CHW FRUIT	Tier 1	OTC; MAIL
CVS GLUCOSE CHW GRAPE	Tier 1	OTC; MAIL
CVS GLUCOSE CHW TROP BLS	Tier 1	OTC; MAIL
DEX4 CHW FRUIT	Tier 1	OTC; MAIL
DEX4 CHW GRAPE	Tier 1	OTC; MAIL
DEX4 CHW ORANGE	Tier 1	OTC; MAIL
DEX4 CHW RASPBERR	Tier 1	OTC; MAIL
DEX4 CHW RASPBERRY	Tier 1	OTC; MAIL
DEX4 CHW SOUR APL	Tier 1	OTC; MAIL
DEX4 CHW TROP FRT	Tier 1	OTC; MAIL
DEX4 CHW WATERMLN	Tier 1	OTC; MAIL
DEX4 NATURAL CHW ORANGE	Tier 1	OTC; MAIL
DEX4 POUCH CHW PACK	Tier 1	OTC; MAIL
GLUCAGON KIT 1MG	Tier 2	QL (1 kit / 25 days); MAIL
GLUCOSE CHW FRT PNCH	Tier 1	OTC; MAIL
GLUCOSE CHW GRAPE	Tier 1	OTC; MAIL
GLUCOSE CHW RASPBRRY	Tier 1	OTC; MAIL
GLUCOSE CHW TROP FRT	Tier 1	OTC; MAIL
GNP GLUCOSE CHW GRAPE	Tier 1	OTC; MAIL
GNP GLUCOSE CHW ORANGE	Tier 1	OTC; MAIL
GNP GLUCOSE CHW RASPBERRY	Tier 1	OTC; MAIL
GNP GLUCOSE CHW WATERMLN	Tier 1	OTC; MAIL
HM GLUCOSE CHW ORANGE	Tier 1	OTC; MAIL
HM GLUCOSE CHW RASPBERRY	Tier 1	OTC; MAIL
KROG GLUCOSE CHW ORANGE	Tier 1	OTC; MAIL
KROG GLUCOSE CHW RASPBERRY	Tier 1	OTC; MAIL
KROG GLUCOSE CHW TROP FRT	Tier 1	OTC; MAIL
KROG GLUCOSE CHW WATERMLN	Tier 1	OTC; MAIL
PX GLUCOSE CHW FRUIT	Tier 1	OTC; MAIL
PX GLUCOSE CHW ORANGE	Tier 1	OTC; MAIL
PX GLUCOSE CHW RASPBERRY	Tier 1	OTC; MAIL
PX GLUCOSE CHW SOUR APL	Tier 1	OTC; MAIL
RA GLUCOSE CHW GRAPE	Tier 1	OTC; MAIL
RA GLUCOSE CHW ORANGE	Tier 1	OTC; MAIL
RA GLUCOSE CHW RASPBERRY	Tier 1	OTC; MAIL
RA GLUCOSE CHW TROP FRT	Tier 1	OTC; MAIL
SM GLUCOSE CHW ORANGE	Tier 1	OTC; MAIL
SM GLUCOSE CHW RASPBERRY	Tier 1	OTC; MAIL

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MED - Max 90 mg Morphine EQ Dose Per Day

Tier 1 = Generics; Low cost preferred brand

Tier 2 = Non-Preferred generics; Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs; **Tier 4** = Specialty Drugs

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Drug Name	Drug Tier	Requirements/Limits
TGT GLUCOSE CHW GRAPE	Tier 1	OTC; MAIL
TGT GLUCOSE CHW ORANGE	Tier 1	OTC; MAIL
TGT GLUCOSE CHW RASPBERRY	Tier 1	OTC; MAIL
UP&UP CHW GRAPE	Tier 1	OTC; MAIL
UP&UP CHW ORANGE	Tier 1	OTC; MAIL
UP&UP CHW RASPBERRY	Tier 1	OTC; MAIL
VP GLUCOSE CHW FRUIT	Tier 1	OTC; MAIL
VP GLUCOSE CHW GRAPE	Tier 1	OTC; MAIL
<i>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</i>		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
ONGLYZA TAB 2.5MG	Tier 3	PA; MAIL
ONGLYZA TAB 5MG	Tier 3	PA; MAIL
TRADJENTA TAB 5MG	Tier 3	PA; MAIL
<i>Dopamine Receptor Agonists - Antidiabetic</i>		
CYCLOSET TAB 0.8MG	Tier 2	QL (180 tabs / 30 days); MAIL
<i>Incretin Mimetic Agents (GLP-1 Receptor Agonists)</i>		
BYETTA INJ 5MCG	Tier 2	QL (1 pen / 25 days), PA; MAIL
BYETTA INJ 10MCG	Tier 2	QL (1 pen / 25 days), PA; MAIL
TANZEUM INJ 30MG	Tier 3	PA; MAIL
TANZEUM INJ 50MG	Tier 3	PA; MAIL
TRULICITY INJ 0.75/0.5	Tier 3	PA; MAIL
TRULICITY INJ 1.5/0.5	Tier 3	PA; MAIL
VICTOZA INJ 18MG/3ML	Tier 3	PA; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>Insulin</i>		
BASAGLAR KWIKPEN	Tier 2	QL (10 pens / 30 days); MAIL
HUMALOG INJ 100/ML	Tier 3	QL (10 cartridges / 30 days), ST; MAIL; PRIOR USE NOVOLOG
HUMALOG INJ 100/ML	Tier 3	QL (30 mL / 30 days), ST; MAIL; PRIOR USE NOVOLOG
HUMALOG KWIK INJ 100/ML	Tier 3	QL (10 pens / 30 days), ST; MAIL; PRIOR USE NOVOLOG
HUMALOG MIX INJ 50/50	Tier 3	QL (30 mL / 30 days), ST; MAIL; PRIOR USE NOVOLOG
HUMALOG MIX INJ 50/50KWP	Tier 3	QL (10 pens / 30 days), ST; MAIL; PRIOR USE NOVOLOG
HUMALOG MIX INJ 75/25KWP	Tier 3	QL (10 pens / 30 days), ST; MAIL; PRIOR USE NOVOLOG
HUMALOG MIX SUS 75/25	Tier 3	QL (30 mL / 30 days), ST; MAIL; PRIOR USE NOVOLOG
HUMULIN INJ 70/30	Tier 3	OTC, QL (30 mL / 30 days), ST; MAIL; PRIOR USE NOVOLIN
HUMULIN INJ 70/30KWP	Tier 3	OTC, QL (10 pens / 30 days), ST; MAIL; PRIOR USE NOVOLIN
HUMULIN N INJ U-100	Tier 3	OTC, QL (30 mL / 30 days), ST; MAIL; PRIOR USE NOVOLIN
HUMULIN N INJ U-100KWP	Tier 3	OTC, QL (10 pens / 30 days), ST; MAIL; PRIOR USE NOVOLIN
HUMULIN R INJ U-100	Tier 3	OTC, QL (3 vials / 30 days), ST; MAIL; PRIOR USE NOVOLIN
HUMULIN R INJ U-500	Tier 3	QL (1.5 vials / 30 days), ST; MAIL; PRIOR USE NOVOLIN

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Drug Name	Drug Tier	Requirements/Limits
LEVEMIR INJ	Tier 2	MAIL
LEVEMIR INJ FLEXTouc	Tier 2	MAIL
NOVOLIN INJ 70/30	Tier 2	OTC, QL (30 mL / 30 days); MAIL
NOVOLIN N INJ U-100	Tier 2	OTC, QL (30 mL / 30 days); MAIL
NOVOLIN R INJ PENFILL	Tier 2	OTC, QL (30 mL / 30 days); MAIL
NOVOLIN R INJ U-100	Tier 2	OTC, QL (3 vials / 30 days); MAIL
NOVOLOG INJ 100/ML	Tier 2	QL (3 vials / 30 days); MAIL
NOVOLOG INJ FLEXPEN	Tier 2	QL (10 pens / 30 days); MAIL
NOVOLOG INJ PENFILL	Tier 2	QL (10 cartridges / 30 days); MAIL
NOVOLOG MIX INJ 70/30	Tier 2	QL (30 mL / 30 days); MAIL
NOVOLOG MIX INJ FLEXPEN	Tier 2	QL (10 pens / 30 days); MAIL
<i>Insulin Sensitizing Agents</i>		
AVANDIA TAB 2MG	Tier 3	QL (60 tabs / 30 days), PA; MAIL
AVANDIA TAB 4MG	Tier 3	QL (60 tabs / 30 days), PA; MAIL
AVANDIA TAB 8MG	Tier 3	QL (30 tabs / 30 days), PA; MAIL
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>Meglitinide Analogues</i>		
<i>nateglinide tab 60 mg</i>	Tier 1	MAIL
<i>nateglinide tab 120 mg</i>	Tier 1	MAIL
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>repaglinide tab 1 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide tab 2 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
Sulfonylureas		
<i>chlorpropamide tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>chlorpropamide tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>glimepiride tab 1 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>glimepiride tab 2 mg</i>	Tier 1	QL (120 ea / 30 days); MAIL
<i>glimepiride tab 4 mg</i>	Tier 1	QL (90 ea / 30 days); MAIL
<i>glipizide tab 5 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>glipizide tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>glipizide xl tab 2.5mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>glipizide xl tab 5mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>glipizide xl tab 10mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>glyburide micronized tab 1.5 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>glyburide micronized tab 3 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>glyburide micronized tab 6 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>glyburide tab 1.25 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>glyburide tab 2.5 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>tolazamide tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>tolazamide tab 500 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>tolbutamide tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL

ANTIDIARRHEALS**Antidiarrheal Agents - Misc.**

<i>bismatrol chw 262mg</i>	Tier 1	OTC; MAIL
<i>bismatrol sus 262/15ml</i>	Tier 1	OTC; MAIL
<i>bismatrol sus 525/15ml</i>	Tier 1	OTC; MAIL
<i>bismuth subsalicylate chew tab 262 mg</i>	Tier 1	OTC; MAIL
<i>cvs bismuth chw 262mg</i>	Tier 1	OTC; MAIL
<i>cvs bismuth sus max str</i>	Tier 1	OTC; MAIL
<i>cvs bismuth tab 262mg</i>	Tier 1	OTC; MAIL
<i>diarrhea rel sus 262/15ml</i>	Tier 1	OTC; MAIL
<i>diarrhea sus 262/15ml</i>	Tier 1	OTC; MAIL
<i>diotame chw 262mg</i>	Tier 1	OTC; MAIL
<i>eq stomach chw 262mg</i>	Tier 1	OTC; MAIL
<i>eql stomach chw 262mg</i>	Tier 1	OTC; MAIL
<i>gnp k-pec sus 262/15ml</i>	Tier 1	OTC; MAIL
<i>kao-tin sus 262/15ml</i>	Tier 1	OTC; MAIL
<i>kaopectate sus 262/15ml</i>	Tier 1	OTC; MAIL
<i>medi-bismuth chw 262mg</i>	Tier 1	OTC; MAIL
<i>peptic relf chw 262mg</i>	Tier 1	OTC; MAIL
<i>peptic relf sus 262/15ml</i>	Tier 1	OTC; MAIL
<i>pink bismuth chw 262mg</i>	Tier 1	OTC; MAIL
<i>pink bismuth sus 262/15ml</i>	Tier 1	OTC; MAIL
<i>pink bismuth sus max str</i>	Tier 1	OTC; MAIL
<i>pink bismuth tab 262mg</i>	Tier 1	OTC; MAIL
<i>px stomach chw 262mg</i>	Tier 1	OTC; MAIL
<i>px stomach sus 262/15ml</i>	Tier 1	OTC; MAIL
<i>px stomach sus 525/15ml</i>	Tier 1	OTC; MAIL
<i>ra k-pec sus 262/15ml</i>	Tier 1	OTC; MAIL
<i>ra pink bism chw 262mg</i>	Tier 1	OTC; MAIL
<i>ra pink bism tab 262mg</i>	Tier 1	OTC; MAIL
<i>sm stomach sus 262/15ml</i>	Tier 1	OTC; MAIL
<i>sm stomach sus 525/30ml</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>soothe chw 262mg</i>	Tier 1	OTC; MAIL
<i>soothe sus 262/15ml</i>	Tier 1	OTC; MAIL
<i>soothe sus 525/15ml</i>	Tier 1	OTC; MAIL
<i>soothe tab 262mg</i>	Tier 1	OTC; MAIL
<i>stomach relf chw 262mg</i>	Tier 1	OTC; MAIL
<i>stomach relf sus 262/15ml</i>	Tier 1	OTC; MAIL
<i>stomach relf sus 524/30ml</i>	Tier 1	OTC; MAIL
<i>stomach relf sus 525/15ml</i>	Tier 1	OTC; MAIL
<i>stomach relf sus 527/30ml</i>	Tier 1	OTC; MAIL
<i>stomach relf sus plus</i>	Tier 1	OTC; MAIL
<i>stomach relf tab 262mg</i>	Tier 1	OTC; MAIL
<i>stomach rlf tab 262mg</i>	Tier 1	OTC; MAIL

Antiperistaltic Agents

<i>anti-diarrhe cap 2mg</i>	Tier 1	OTC, QL (240 caps / 30 days); MAIL
<i>anti-diarrhe liq 1mg/5ml</i>	Tier 1	OTC; MAIL
<i>anti-diarrhe tab 2mg</i>	Tier 1	OTC; MAIL
<i>diamode tab 2mg</i>	Tier 1	OTC; MAIL
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>kls anti-dia tab 2mg</i>	Tier 1	OTC; MAIL
<i>loperamide cap 2mg</i>	Tier 1	OTC, QL (240 caps / 30 days); MAIL
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i>	Tier 1	OTC; MAIL
<i>loperamide sus 1mg/7.5</i>	Tier 1	OTC; MAIL
<i>loperamide tab 2mg</i>	Tier 1	OTC; MAIL
MOTOFEN TAB 1-0.025	Tier 3	
<i>sm anti-diar tab 2mg</i>	Tier 1	OTC; MAIL

ANTIDOTES**Antidotes - Chelating Agents**

CHEMET CAP 100MG	Tier 3	QL (630 caps / 30 days), PA; MAIL
EXJADE TAB 125MG	Tier 4	PA
EXJADE TAB 250MG	Tier 4	PA
EXJADE TAB 500MG	Tier 4	PA
FERRIPROX TAB 500MG	Tier 4	PA

Opioid Antagonists

<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 1	
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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naltrexone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
NARCAN SPR	Tier 2	

ANTIEMETICS**5-HT3 Receptor Antagonists**

<i>ALOXI INJ 0.25MG/5</i>	Tier 3	PA; MAIL
<i>ANZEMET TAB 50MG</i>	Tier 3	PA; MAIL
<i>ANZEMET TAB 100MG</i>	Tier 3	QL (30 tabs / 30 days), PA; MAIL
<i>granisetron hcl tab 1 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	PA; MAIL
<i>ondansetron hcl tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>ondansetron hcl tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	Tier 2	PA; MAIL

Antiemetics - Anticholinergic

<i>dimenhydrinate tab 50 mg</i>	Tier 1	OTC; MAIL
<i>dramamine tab 25mg</i>	Tier 1	OTC, QL (120 ea / 30 days); MAIL
<i>dramamine tab 25mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>driminate tab 50mg</i>	Tier 1	OTC; MAIL
<i>meclizine hcl chew tab 25 mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	QL (120 ea / 30 days); MAIL
<i>meclizine hcl tab 25 mg</i>	Tier 1	QL (120 ea / 30 days); MAIL
<i>motion relf tab 25mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>motion sick chw 25mg</i>	Tier 1	OTC, QL (120 ea / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>motion sick tab 25mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>motion sick tab 50mg</i>	Tier 1	OTC; MAIL
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 2	PA; AGE; MAIL; Covered in ages 64 and under
<i>trav-tabs tab 50mg</i>	Tier 1	OTC; MAIL
<i>travel sick chw 25mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>travel sick tab 50mg</i>	Tier 1	OTC; MAIL
<i>wal-dram ii tab 25mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>wal-dram tab 50mg</i>	Tier 1	OTC; MAIL

Antiemetics - Miscellaneous

<i>AKYNZEO CAP 300-0.5</i>	Tier 3	PA; MAIL
<i>anti-nausea liq</i>	Tier 1	OTC; MAIL
<i>anti-nausea sol</i>	Tier 1	OTC; MAIL
<i>anti-nausea sol cherry</i>	Tier 1	OTC; MAIL
<i>anti-nausea sol liquid</i>	Tier 1	OTC; MAIL
<i>anti-nausea/ sol rekemat</i>	Tier 1	OTC; MAIL
<i>CESAMET CAP 1MG</i>	Tier 3	PA
<i>dronabinol cap 2.5 mg</i>	Tier 2	QL (180 ea / 30 days)
<i>dronabinol cap 5 mg</i>	Tier 2	QL (180 caps / 30 days)
<i>dronabinol cap 10 mg</i>	Tier 2	
<i>formula em sol</i>	Tier 1	OTC; MAIL
<i>little tummy sol nausea</i>	Tier 1	OTC; MAIL
<i>nausea contr sol</i>	Tier 1	OTC; MAIL
<i>nausea liq relief</i>	Tier 1	OTC; MAIL

Substance P/Neurokinin 1 (NK1) Receptor Antagonists

<i>aprepitant capsule 40 mg</i>	Tier 2	PA; MAIL
<i>aprepitant capsule 80 mg</i>	Tier 2	PA; MAIL
<i>aprepitant capsule 125 mg</i>	Tier 2	PA; MAIL
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 2	PA; MAIL

ANTIFUNGALS**Antifungals**

<i>flucytosine cap 250 mg</i>	Tier 1	QL (1530 caps / 30 days), PA
<i>flucytosine cap 500 mg</i>	Tier 1	QL (765 caps / 30 days), PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)

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<i>nystatin tab 500000 unit</i>	Tier 1	QL (240 tabs / 30 days)
<i>terbinafine hcl tab 250 mg</i>	Tier 1	QL (Max day supply 28; max 6 fills per year)

Imidazole-Related Antifungals

<i>CRESEMBA CAP 186 MG</i>	Tier 4	PA
<i>fluconazole for susp 10 mg/ml</i>	Tier 1	QL (35mL per month); AGE; Covered in ages 12 and under
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	QL (35mL per month); AGE; Covered in ages 12 and under
<i>fluconazole tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>fluconazole tab 100 mg</i>	Tier 1	QL (21 tabs / 25 days)
<i>fluconazole tab 150 mg</i>	Tier 1	QL (Max 1 fill per month)
<i>fluconazole tab 200 mg</i>	Tier 1	QL (21 tabs / 25 days)
<i>itraconazole cap 100 mg</i>	Tier 2	QL (120 caps / 30 days)
<i>ketoconazole tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days)

ANTI-HISTAMINES**Antihistamines - Alkylamines**

<i>aller-chlor syp 2mg/5ml</i>	Tier 1	OTC; MAIL
<i>allergy 4 hr tab 4mg</i>	Tier 1	OTC; MAIL
<i>allergy relf tab 4mg</i>	Tier 1	OTC; MAIL
<i>allergy relf tab 12mg cr</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>allergy tab 4mg</i>	Tier 1	OTC; MAIL
<i>allergy-time tab 4mg</i>	Tier 1	OTC; MAIL
<i>chlor-phenir tab 4mg</i>	Tier 1	OTC; MAIL
<i>chlorhist tab 4mg</i>	Tier 1	OTC; MAIL
<i>chlorpheniramine maleate tab 4 mg</i>	Tier 1	OTC; MAIL
<i>chlorpheniramine maleate tab er 12 mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>cvs allergy tab 4mg</i>	Tier 1	OTC; MAIL
<i>diabet tuss syp allergy</i>	Tier 1	OTC; MAIL
<i>ed chlorped syp jr</i>	Tier 1	OTC; MAIL
<i>ed-chlortan tab 4mg</i>	Tier 1	OTC; MAIL
<i>eq chlortabs tab 4mg</i>	Tier 1	OTC; MAIL
<i>eql allergy tab 4mg</i>	Tier 1	OTC; MAIL
<i>gnp allergy tab 4mg</i>	Tier 1	OTC; MAIL
<i>hm allergy tab 4mg</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>pharbechlor tab 4mg</i>	Tier 1	OTC; MAIL
<i>ra chlorphen tab 4mg</i>	Tier 1	OTC; MAIL
<i>sm allergy tab 4mg</i>	Tier 1	OTC; MAIL
<i>wal-finate tab 4mg</i>	Tier 1	OTC; MAIL
Antihistamines - Ethanolamines		
<i>a-s pls alrg tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>aler-cap cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
ALER-DRYL TAB 50MG	Tier 1	OTC, QL (180 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>alertab tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>allergy 25mg tab dye-free</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>allergy cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>allergy chld liq 12.5/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL; Covered in ages 12 and under
<i>allergy liq 12.5/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL; Covered in ages 12 and under
<i>allergy med cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>allergy med liq 12.5/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL; Covered in ages 12 and under
<i>allergy medi tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under

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Drug Name	Drug Tier	Requirements/Limits
<i>allergy rel elx 12.5/5ml</i>	Tier 1	OTC, QL (2400 mL / 30 days); MAIL; Covered in ages 12 and under
<i>allergy rel tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>allergy relf cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>allergy relf liq 12.5/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL; Covered in ages 12 and under
<i>allergy relf liq 50/20ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL; Covered in ages 12 and under
<i>allergy relf tab 1.34mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>allergy relf tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>allergy tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>allerhist-1 tab 1.34mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>allrgy melts tab 12.5mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>allrgy relf tab 12.5mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>altaryl syp 12.5/5ml</i>	Tier 1	OTC, QL (2400 mL / 30 days); MAIL; Covered in ages 12 and under
<i>anti-hist tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>banophen cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under

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Drug Name	Drug Tier	Requirements/Limits
<i>banophen cap 50mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>banophen liq 12.5/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL; Covered in ages 12 and under
<i>banophen tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>carbinoxamine maleate soln 4 mg/5ml</i>	Tier 1	MAIL
<i>carbinoxamine maleate tab 4 mg</i>	Tier 1	MAIL
<i>chld allergy liq 12.5/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL; Covered in ages 12 and under
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	Tier 1	QL (900 mL / 30 days); MAIL; Covered in ages 12 and under
<i>clemastine fumarate tab 1.34 mg (1 mg base equiv)</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>clemastine fumarate tab 2.68 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>comp allergy cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>comp allergy tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>comp allergy tab 25mg med</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>comp allergy tab 25mg rlf</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>cvs allergy cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>cvs allergy chw 12.5mg</i>	Tier 1	OTC; MAIL; Covered in ages 12 and under

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Drug Name	Drug Tier	Requirements/Limits
<i>cvs allergy liq 12.5/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL; Covered in ages 12 and under
<i>cvs allergy tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>dayhist alrg tab 12 hour</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>diphenhydramine liq 12.5/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL; Covered in ages 12 and under
<i>diphen tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>diphenhist cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>diphenhist liq 12.5/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL; Covered in ages 12 and under
<i>diphenhydram cap 50mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>diphenhydramine hcl cap 25 mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Tier 1	QL (2400 mL / 30 days); MAIL; Covered in ages 12 and under
<i>diphenhydramine hcl inj 50 mg/ml</i>	Tier 1	AGE; MAIL; Covered in ages 64 and under
<i>diphenhydramine hcl tab 25 mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>dytuss syp 12.5/5ml</i>	Tier 1	QL (2400 mL / 30 days); MAIL; Covered in ages 12 and under

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Drug Name	Drug Tier	Requirements/Limits
<i>eq allergy cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>eq dayhist tab 1.34mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>eqi allergy tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>genahist cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>geri-dryl cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>geri-dryl tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>gnp allergy cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>gnp allergy chw 12.5mg</i>	Tier 1	OTC; MAIL; Covered in ages 12 and under
<i>gnp allergy tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>gnp dayhist tab 1.34mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>hm allergy tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>kls allergy tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>medi-phedryl cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>ormir cap 50mg</i>	Tier 1	OTC; AGE; MAIL

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<i>pediacare al liq 12.5/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL; Covered in ages 12 and under
<i>pharbedryl cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>pharbedryl cap 50mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>px allergy cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>px allergy tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>px dayhist tab 1.34mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>q-dryl cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>q-dryl liq 12.5/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL; Covered in ages 12 and under
<i>quenalin syp 12.5/5ml</i>	Tier 1	OTC, QL (2400 mL / 30 days); MAIL; Covered in ages 12 and under
<i>ra allergy tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>sb allergy tab 25mg med</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>scot-tussin liq 12.5/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL; Covered in ages 12 and under
<i>siladryl alr liq 12.5/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL; Covered in ages 12 and under

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Drug Name	Drug Tier	Requirements/Limits
<i>silphen coug syp 12.5/5ml</i>	Tier 1	OTC, QL (2400 mL / 30 days); MAIL; Covered in ages 12 and under
<i>sm allergy tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>total allerg liq 12.5/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL; Covered in ages 12 and under
<i>total allerg tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>wal-dryl alr tab 12.5mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>wal-dryl cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>wal-dryl liq 12.5/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL; Covered in ages 12 and under
<i>wal-dryl tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>wal-hist tab 1.34mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
Antihistamines - Non-Sedating		
<i>alavert tab 10mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL; Covered in ages 12 and under
<i>all day allg sol 1mg/ml</i>	Tier 1	OTC, QL (300 mL / 30 days); MAIL; Covered in ages 12 and under
<i>all day allg sol 5mg/5ml</i>	Tier 1	OTC, QL (300 mL / 30 days); MAIL; Covered in ages 12 and under
<i>all day allg tab 10mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
ALLEGRA ALRG TAB 30MG	Tier 2	OTC, QL (60 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>aller-ease tab 60mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>aller-tec sol 1mg/ml</i>	Tier 1	OTC, QL (300 mL / 30 days); MAIL; Covered in ages 12 and under
<i>aller-tec tab 10mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allerclear tab 10mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allergy chld sol 1mg/ml</i>	Tier 1	OTC, QL (300 mL / 30 days); MAIL; Covered in ages 12 and under
<i>allergy comp sol 1mg/ml</i>	Tier 1	OTC, QL (300 mL / 30 days); MAIL; Covered in ages 12 and under
<i>allergy rel sol 1mg/ml</i>	Tier 1	OTC, QL (300 mL / 30 days); MAIL; Covered in ages 12 and under
<i>allergy rel tab 10mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allergy relf sol 5mg/5ml</i>	Tier 1	OTC, QL (300 mL / 30 days); MAIL; Covered in ages 12 and under
<i>allergy relf syp 5mg/5ml</i>	Tier 1	OTC, QL (300 mL / 30 days); MAIL; Covered in ages 12 and under
<i>allergy relf tab 10mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allergy relf tab 10mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL; Covered in ages 12 and under
<i>allergy relf tab 60mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>cetirizine hcl tab 5 mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>cetirizine hcl tab 10 mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>cetirizine sol 5mg/5ml</i>	Tier 1	OTC, QL (300 mL / 30 days); MAIL; Covered in ages 12 and under
<i>cvs allergy tab 10mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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<i>eql all day tab allergy</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>fexofenadine hcl tab 60 mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>fexofenadine hcl tab 180 mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp all day tab allergy</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>kp loratadin tab 10mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Tier 1	MAIL
<i>levocetirizine dihydrochloride tab 5 mg</i>	Tier 1	MAIL
<i>loradamed tab 10mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>loratadine syp 5mg/5ml</i>	Tier 1	OTC, QL (300 mL / 30 days); MAIL; Covered in ages 12 and under
<i>loratadine tab 10 mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>loratadine tab 10mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL; Covered in ages 12 and under
<i>qc allergy tab 10mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra cetirizin tab 10mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sb allergy tab 10mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sm all day tab allergy</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>triaminic tab 10mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL; Covered in ages 12 and under
<i>wal-fex alrg tab 60mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>wal-itin syp 5mg/5ml</i>	Tier 1	OTC, QL (300 mL / 30 days); MAIL; Covered in ages 12 and under
<i>wal-itin tab 10mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>wal-itin tab 10mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL; Covered in ages 12 and under
<i>wal-vert tab 10mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL; Covered in ages 12 and under
<i>wal-zyr sol 1mg/ml</i>	Tier 1	OTC, QL (300 mL / 30 days); MAIL; Covered in ages 12 and under
<i>wal-zyr sol 5mg/5ml</i>	Tier 1	OTC, QL (300 mL / 30 days); MAIL; Covered in ages 12 and under
<i>wal-zyr tab 10mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
Antihistamines - Phenothiazines		
<i>phenadoz sup 12.5mg</i>	Tier 2	QL (240 supp / 30 days); AGE; MAIL; Covered in ages 2-64
<i>phenergan sup 25mg</i>	Tier 2	QL (240 supp / 30 days); AGE; MAIL; Covered in ages 2-64
<i>promethazine hcl inj 25 mg/ml</i>	Tier 1	QL (3000 vials / 30 days); AGE; MAIL; Covered in ages 2-64
<i>promethazine hcl suppos 12.5 mg</i>	Tier 2	QL (240 supp / 30 days); AGE; MAIL; Covered in ages 2-64
<i>promethazine hcl suppos 25 mg</i>	Tier 2	QL (240 supp / 30 days); AGE; MAIL; Covered in ages 2-64
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Tier 1	QL (3000 mL / 30 days); AGE; MAIL; Covered in ages 2-64
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE; MAIL; Covered in ages 2-64
<i>promethazine hcl tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE; MAIL; Covered in ages 2-64
<i>promethazine hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE; MAIL; Covered in ages 2-64

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Drug Name	Drug Tier	Requirements/Limits
<i>promethegan sup 12.5mg</i>	Tier 2	QL (240 supp / 30 days); AGE; MAIL; Covered in ages 2-64
<i>promethegan sup 25mg</i>	Tier 2	QL (240 supp / 30 days); AGE; MAIL; Covered in ages 2-64
<i>promethegan sup 50mg</i>	Tier 2	QL (180 supp / 30 days), PA; AGE; MAIL; Covered in ages 2-64
<i>Antihistamines - Piperidines</i>		
<i>ciproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	QL (600 mL / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>ciproheptadine hcl tab 4 mg</i>	Tier 1	QL (180 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
ANTIHYPERLIPIDEMICS		
<i>Antihyperlipidemics - Misc.</i>		
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 1	PA; MAIL
VASCEPA CAP 1GM	Tier 3	MAIL
<i>Bile Acid Sequestrants</i>		
<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	QL (240 gm / 25 days); USE BULK POWDER; MAIL
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	QL (1440 gm / 30 days); USE BULK POWDER; MAIL
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 2	MAIL
<i>colesevelam hcl tab 625 mg</i>	Tier 2	QL (210 tabs / 30 days); MAIL
<i>colestipol hcl tab 1 gm</i>	Tier 1	QL (480 tabs / 30 days); MAIL
<i>prevalite pow 4gm</i>	Tier 1	QL (240 gm / 25 days); USE BULK POWDER; MAIL
WELCHOL PAK 3.75GM	Tier 3	MAIL
WELCHOL TAB 625MG	Tier 3	QL (210 tabs / 30 days); MAIL
<i>Fibric Acid Derivatives</i>		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 1	QL (30 caps / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized cap 43 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>fenofibrate micronized cap 67 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>fenofibrate micronized cap 134 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>fenofibrate micronized cap 200 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>fenofibrate tab 48 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>fenofibrate tab 54 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>fenofibrate tab 145 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>fenofibrate tab 160 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>fenofibric acid tab 35 mg</i>	Tier 1	MAIL
<i>gemfibrozil tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL

HMG CoA Reductase Inhibitors

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	PREV	MAIL
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days), ST; MAIL; PRIOR USE ATORVASTATIN FOR 30 DAYS
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days), ST; MAIL; PRIOR USE ATORVASTATIN FOR 30 DAYS
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	Tier 2	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE ATORVASTATIN FOR 30 DAYS

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Drug Name	Drug Tier	Requirements/Limits
LIVALO TAB 1MG	Tier 3	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE ROSUVASTATIN FOR 30 DAYS
LIVALO TAB 2MG	Tier 3	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE ROSUVASTATIN FOR 30 DAYS
LIVALO TAB 4MG	Tier 3	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE ROSUVASTATIN FOR 30 DAYS
<i>lovastatin tab 10 mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>lovastatin tab 20 mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>lovastatin tab 40 mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>pravastatin sodium tab 10 mg</i>	Tier 1	MAIL
<i>pravastatin sodium tab 20 mg</i>	Tier 1	MAIL
<i>pravastatin sodium tab 40 mg</i>	Tier 1	MAIL
<i>pravastatin sodium tab 80 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>rosuvastatin calcium tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), ST; MAIL; PRIOR USE ATORVASTATIN
<i>rosuvastatin calcium tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), ST; MAIL; PRIOR USE ATORVASTATIN
<i>rosuvastatin calcium tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), ST; MAIL; PRIOR USE ATORVASTATIN
<i>rosuvastatin calcium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE ATORVASTATIN
<i>simvastatin tab 5 mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>simvastatin tab 10 mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>simvastatin tab 20 mg</i>	PREV	QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tab 40 mg</i>	PREV	QL (30 tabs / 30 days); MAIL

Intestinal Cholesterol Absorption Inhibitors

<i>ezetimibe tab 10 mg</i>	Tier 2	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE FORMULARY STATIN
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Nicotinic Acid Derivatives

<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>niacor tab 500mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL

ANTIHYPERTENSIVES**ACE Inhibitors**

<i>benazepril hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>benazepril hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>benazepril hcl tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>benazepril hcl tab 40 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>captopril tab 12.5 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>captopril tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>captopril tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>captopril tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>enalapril maleate tab 2.5 mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>enalapril maleate tab 5 mg</i>	Tier 1	QL (30 ea / 30 days); MAIL
<i>enalapril maleate tab 10 mg</i>	Tier 1	QL (30 ea / 30 days); MAIL
<i>enalapril maleate tab 20 mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>fosinopril sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>fosinopril sodium tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>lisinopril tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>lisinopril tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>lisinopril tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>lisinopril tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>lisinopril tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>lisinopril tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>moexipril hcl tab 7.5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>moexipril hcl tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>perindopril erbumine tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>perindopril erbumine tab 4 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>perindopril erbumine tab 8 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>quinapril hcl tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>quinapril hcl tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>quinapril hcl tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>quinapril hcl tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>ramipril cap 1.25 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>ramipril cap 2.5 mg</i>	Tier 1	QL (90 caps / 30 days); MAIL
<i>ramipril cap 5 mg</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>ramipril cap 10 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>trandolapril tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>trandolapril tab 4 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
Agents for Pheochromocytoma		
<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 2	QL (360 caps / 30 days); MAIL
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tab 4 mg</i>	Tier 1	QL (60 tabs / 30 days), ST; MAIL; PRIOR USE LOSARTAN
<i>candesartan cilexetil tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), ST; MAIL; PRIOR USE LOSARTAN
<i>candesartan cilexetil tab 16 mg</i>	Tier 1	QL (60 tabs / 30 days), ST; MAIL; PRIOR USE LOSARTAN
<i>candesartan cilexetil tab 32 mg</i>	Tier 1	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE LOSARTAN
EDARBI TAB 40MG	Tier 3	QL (60 tabs / 30 days), ST; MAIL; PRIOR USE CANDESARTAN AND VALSARTAN FOR 30 DAYS
EDARBI TAB 80MG	Tier 3	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE CANDESARTAN AND VALSARTAN FOR 30 DAYS
<i>eprosartan mesylate tab 600 mg</i>	Tier 1	QL (40.2 tabs / 30 days), ST; MAIL; PRIOR USE LOSARTAN
<i>irbesartan tab 75 mg</i>	Tier 1	MAIL
<i>irbesartan tab 150 mg</i>	Tier 1	MAIL
<i>irbesartan tab 300 mg</i>	Tier 1	MAIL
<i>losartan potassium tab 25 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>losartan potassium tab 50 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>losartan potassium tab 100 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil tab 5 mg</i>	Tier 1	ST; MAIL; PRIOR USE LOSARTAN
<i>olmesartan medoxomil tab 20 mg</i>	Tier 1	ST; MAIL; PRIOR USE LOSARTAN
<i>olmesartan medoxomil tab 40 mg</i>	Tier 1	ST; MAIL; PRIOR USE LOSARTAN
<i>telmisartan tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), ST; MAIL; PRIOR USE CANDESARTAN AND VALSARTAN FOR 30 DAYS
<i>telmisartan tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), ST; MAIL; PRIOR USE CANDESARTAN AND VALSARTAN FOR 30 DAYS
<i>telmisartan tab 80 mg</i>	Tier 1	ST; MAIL; PRIOR USE CANDESARTAN AND VALSARTAN FOR 30 DAYS
TEVETEN TAB 400MG	Tier 3	QL (60 tabs / 30 days), ST; MAIL; PRIOR USE LOSARTAN
<i>valsartan tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE LOSARTAN
<i>valsartan tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days), ST; MAIL; PRIOR USE LOSARTAN
<i>valsartan tab 160 mg</i>	Tier 1	QL (60 tabs / 30 days), ST; MAIL; PRIOR USE LOSARTAN
<i>valsartan tab 320 mg</i>	Tier 1	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE LOSARTAN
<i>Antiadrenergic Antihypertensives</i>		
<i>clonidine hcl tab 0.1 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>guanfacine hcl tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>guanfacine hcl tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>methyldopa tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>methyldopa tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>prazosin hcl cap 1 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>prazosin hcl cap 2 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>prazosin hcl cap 5 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>reserpine tab 0.1 mg</i>	Tier 1	MAIL
<i>reserpine tab 0.25 mg</i>	Tier 1	MAIL
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days); MAIL
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days); MAIL
Antihypertensive Combinations		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>atenolol & chlorthalidone tab 100-25 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>benazepril & hydrochlorothiazide tab 5- 6.25 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
BYVALSON TAB 5-80MG	Tier 3	PA; MAIL
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	MAIL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	MAIL
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	MAIL
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	MAIL
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	MAIL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	ST; MAIL; PRIOR USE LOSARTAN
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	ST; MAIL; PRIOR USE LOSARTAN
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	ST; MAIL; PRIOR USE LOSARTAN
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	ST; MAIL; PRIOR USE LOSARTAN
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	ST; MAIL; PRIOR USE LOSARTAN
Direct Renin Inhibitors		
TEKTURN TAB 150MG	Tier 3	QL (60 ea / 30 days), PA; MAIL
TEKTURN TAB 300MG	Tier 3	QL (30 ea / 30 days), PA; MAIL
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>eplerenone tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
Vasodilators		
<i>hydralazine hcl tab 10 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>hydralazine hcl tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>hydralazine hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>hydralazine hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>minoxidil tab 2.5 mg</i>	Tier 1	QL (150 ea / 30 days); MAIL
<i>minoxidil tab 10 mg</i>	Tier 1	QL (150 ea / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERTENSIVES - MISC.		
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG	Tier 3	MAIL
ANTIMALARIALS		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	
COARTEM TAB 20-120MG	Tier 3	
Antimalarials		
<i>chloroquine phosphate tab 250 mg</i>	Tier 1	
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	
DARAPRIM TAB 25MG	Tier 3	QL (120 tabs / 30 days), PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days)
PRIMAQUINE TAB 26.3MG	Tier 2	QL (120 tabs / 30 days), PA
<i>quinine sulfate cap 324 mg</i>	Tier 2	QL (30 caps / 25 days)
ANTIMETABOLITES		
ANTIMETABOLITES		
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	MAIL
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	MAIL
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	MAIL
<i>methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)</i>	Tier 1	MAIL
<i>methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)</i>	Tier 1	MAIL
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	MAIL
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Tier 1	MAIL
ANTIMYASTHENIC AGENTS		
Antimyasthenic Agents		
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
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ANTIMYCOBACTERIAL AGENTS

Anti TB Combinations

<i>isonarif cap</i>	Tier 1	QL (60 caps / 30 days)
RIFATER TAB	Tier 3	PA

Antimycobacterial Agents

<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>ethambutol hcl tab 400 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>isoniazid syrup 50 mg/5ml</i>	Tier 2	QL (900 mL / 30 days)
<i>isoniazid tab 100 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>isoniazid tab 300 mg</i>	Tier 1	QL (90 tabs / 30 days)
PRIFTIN TAB 150MG	Tier 2	QL (32 tabs / 30 days)
<i>pyrazinamide tab 500 mg</i>	Tier 2	QL (180 tabs / 30 days)
<i>rifabutin cap 150 mg</i>	Tier 2	
<i>rifampin cap 150 mg</i>	Tier 1	QL (240 caps / 30 days)
<i>rifampin cap 300 mg</i>	Tier 1	QL (120 ea / 30 days)

ANTINEOPLASTIC - IMMUNOMODULATORS**ANTINEOPLASTIC - IMMUNOMODULATORS**

POMALYST CAP 1MG	Tier 4	PA
POMALYST CAP 2MG	Tier 4	PA
POMALYST CAP 3MG	Tier 4	PA
POMALYST CAP 4MG	Tier 4	PA

ANTINEOPLASTIC COMBINATIONS**ANTINEOPLASTIC COMBINATIONS**

LONSURF TAB 15-6.14	Tier 4	PA
LONSURF TAB 20-8.19	Tier 4	PA

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**Alkylating Agents**

<i>cyclophosphamide cap 25 mg</i>	Tier 2	PA; MAIL
CYCLOPHOSPHAMIDE CAP 25 MG	Tier 3	PA; MAIL
<i>cyclophosphamide cap 50 mg</i>	Tier 2	PA; MAIL
CYCLOPHOSPHAMIDE CAP 50 MG	Tier 3	PA; MAIL
<i>cyclophosphamide tab 25 mg</i>	Tier 1	QL (480 tabs / 30 days), PA; MAIL
<i>cyclophosphamide tab 50 mg</i>	Tier 1	QL (480 tabs / 30 days), PA; MAIL
GLEOSTINE CAP 5MG	Tier 4	PA
GLEOSTINE CAP 10MG	Tier 4	PA
GLEOSTINE CAP 40MG	Tier 4	PA

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 QL – Quantity Limits OTC – Over the Counter MAIL – Mail Order Available
 MED - Max 90 mg Morphine EQ Dose Per Day
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Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE CAP 100MG	Tier 4	PA
HEXALEN CAP 50MG	Tier 4	PA
LEUKERAN TAB 2MG	Tier 3	QL (240 tabs / 30 days), PA; MAIL
<i>lomustine cap 10 mg</i>	Tier 4	PA
<i>lomustine cap 40 mg</i>	Tier 4	PA
<i>lomustine cap 100 mg</i>	Tier 4	PA
<i>melphalan tab 2 mg</i>	Tier 1	PA; MAIL
<i>temozolomide cap 5 mg</i>	Tier 4	PA
<i>temozolomide cap 20 mg</i>	Tier 4	PA
<i>temozolomide cap 100 mg</i>	Tier 4	PA
<i>temozolomide cap 140 mg</i>	Tier 4	PA
<i>temozolomide cap 180 mg</i>	Tier 4	PA
<i>temozolomide cap 250 mg</i>	Tier 4	PA
Antimetabolites		
<i>capecitabine tab 150 mg</i>	Tier 4	PA
<i>capecitabine tab 500 mg</i>	Tier 4	PA
<i>mercaptopurine tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1	QL (720 tabs / 30 days); MAIL
TABLOID TAB 40MG	Tier 3	QL (210 tabs / 30 days), PA; MAIL
Antineoplastic - Antibodies		
RITUXAN INJ 100MG	Tier 4	PA
RITUXAN INJ 500MG	Tier 4	PA
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAP 150MG	Tier 4	QL (Max day supply 14), PA
ODOMZO CAP 200MG	Tier 4	QL (Max day supply 15; Max 1 per day), PA
Antineoplastic - Hormonal and Related Agents		
<i>anastrozole tab 1 mg</i>	Tier 1	MAIL
<i>bicalutamide tab 50 mg</i>	Tier 1	MAIL
EMCYT CAP 140MG	Tier 3	QL (300 caps / 30 days), PA; MAIL
<i>exemestane tab 25 mg</i>	Tier 2	PA; MAIL
FARESTON TAB 60MG	Tier 3	PA; MAIL
FIRMAGON INJ 80MG	Tier 4	PA
FIRMAGON INJ 120MG	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>flutamide cap 125 mg</i>	Tier 1	QL (180 caps / 30 days), PA; MAIL
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	Tier 3	PA
<i>letrozole tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MAIL
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 4	QL (6 kits / 30 days), PA
LUPRON DEPOT INJ 3.75MG	Tier 4	PA
LUPRON DEPOT INJ 22.5MG	Tier 4	PA
LYSODREN TAB 500MG	Tier 3	PA; MAIL
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	QL (1200 mL / 30 days); MAIL
<i>megestrol acetate tab 20 mg</i>	Tier 1	QL (1200 tabs / 30 days); MAIL
<i>megestrol acetate tab 40 mg</i>	Tier 1	QL (600 tabs / 30 days); MAIL
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 1	QL (60 tabs / 30 days); \$0 Copay for Breast Cancer Prevention for Women age 35+; MAIL
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 1	QL (60 tabs / 30 days); \$0 Copay for Breast Cancer Prevention for Women age 35+; MAIL
TRELSTAR MIX INJ 3.75MG	Tier 4	PA
TRELSTAR MIX INJ 11.25MG	Tier 4	PA
TRELSTAR MIX INJ 22.5MG	Tier 4	PA
ZOLADEX IMP 3.6MG	Tier 4	QL (1 ea / 24 days), PA
ZOLADEX IMP 10.8MG	Tier 4	QL (1 ea / 75 days), PA
ZYTIGA TAB 250MG	Tier 4	QL (Max day supply 15), PA

Antineoplastic Enzyme Inhibitors

AFINITOR DIS TAB 2MG	Tier 4	QL (Max day supply 14), PA
AFINITOR DIS TAB 3MG	Tier 4	QL (Max day supply 14), PA
AFINITOR DIS TAB 5MG	Tier 4	QL (Max day supply 14), PA
AFINITOR TAB 2.5MG	Tier 4	QL (Max day supply 14), PA

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Drug Name	Drug Tier	Requirements/Limits
AFINITOR TAB 5MG	Tier 4	QL (Max day supply 14), PA
AFINITOR TAB 7.5MG	Tier 4	QL (Max day supply 14), PA
AFINITOR TAB 10MG	Tier 4	QL (Max day supply 14), PA
CAPRELSA TAB 100MG	Tier 4	PA
CAPRELSA TAB 300MG	Tier 4	PA
COMETRIQ KIT 60MG	Tier 4	PA
COMETRIQ KIT 100MG	Tier 4	PA
COMETRIQ KIT 140MG	Tier 4	PA
FARYDAK CAP 10MG	Tier 4	PA
FARYDAK CAP 15MG	Tier 4	PA
FARYDAK CAP 20MG	Tier 4	PA
GILOTRIF TAB 20MG	Tier 4	PA
GILOTRIF TAB 30MG	Tier 4	PA
GILOTRIF TAB 40MG	Tier 4	PA
IBRANCE CAP 75MG	Tier 4	PA
IBRANCE CAP 100MG	Tier 4	PA
IBRANCE CAP 125MG	Tier 4	PA
ICLUSIG TAB 15MG	Tier 4	PA
ICLUSIG TAB 45MG	Tier 4	PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 4	QL (Max day supply 15; Max 6 per day), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 4	QL (Max day supply 15; Max 2 per day), PA
IMBRUVICA CAP 140MG	Tier 4	PA
JAKAFI TAB 5MG	Tier 4	QL (Max day supply 15), PA
JAKAFI TAB 10MG	Tier 4	QL (Max day supply 15), PA
JAKAFI TAB 15MG	Tier 4	QL (Max day supply 15), PA
JAKAFI TAB 20MG	Tier 4	QL (Max day supply 15), PA
JAKAFI TAB 25MG	Tier 4	QL (Max day supply 15), PA
LENVIMA CAP 10 MG	Tier 4	PA
LENVIMA CAP 14 MG	Tier 4	PA
LENVIMA CAP 20 MG	Tier 4	PA
LENVIMA CAP 24 MG	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
LYNPARZA CAP 50MG	Tier 4	PA
LYNPARZA TAB 100MG	Tier 4	PA
LYNPARZA TAB 150MG	Tier 4	PA
MEKINIST TAB 0.5MG	Tier 4	QL (Max day supply 15; Max 4 per day), PA
MEKINIST TAB 2MG	Tier 4	PA
NEXAVAR TAB 200MG	Tier 4	QL (Max day supply 15; Max 4 per day), PA
SPRYCEL TAB 20MG	Tier 4	QL (Max day supply 15; Max 1 per day), PA
SPRYCEL TAB 50MG	Tier 4	QL (Max day supply 15; Max 1 per day), PA
SPRYCEL TAB 70MG	Tier 4	QL (Max day supply 15; Max 1 per day), PA
SPRYCEL TAB 80MG	Tier 4	QL (Max day supply 15), PA
SPRYCEL TAB 100MG	Tier 4	QL (Max day supply 15; Max 1 per day), PA
SPRYCEL TAB 140MG	Tier 4	QL (Max day supply 15; Max 1 per day), PA
STIVARGA TAB 40MG	Tier 4	PA
SUTENT CAP 12.5MG	Tier 4	QL (Max day supply 14; Max 1 per day), PA
SUTENT CAP 25MG	Tier 4	QL (Max day supply 14; Max 1 per day), PA
SUTENT CAP 37.5MG	Tier 4	QL (Max day supply 14; Max 1 per day), PA
SUTENT CAP 50MG	Tier 4	QL (Max day supply 14; Max 1 per day), PA
TAFINLAR CAP 50MG	Tier 4	QL (Max day supply 15), PA
TAFINLAR CAP 75MG	Tier 4	QL (Max day supply 15), PA
TARCEVA TAB 25MG	Tier 4	QL (Max day supply 15), PA
TARCEVA TAB 100MG	Tier 4	QL (Max day supply 15), PA
TARCEVA TAB 150MG	Tier 4	QL (Max day supply 15), PA
TASIGNA CAP 150MG	Tier 4	QL (Max day supply 14), PA

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Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAP 200MG	Tier 4	QL (Max day supply 14), PA
TYKERB TAB 250MG	Tier 4	QL (180 tabs / 30 days), PA
VOTRIENT TAB 200MG	Tier 4	QL (Max day supply 15), PA
XALKORI CAP 200MG	Tier 4	QL (Max day supply 15), PA
XALKORI CAP 250MG	Tier 4	QL (Max day supply 15), PA
ZOLINZA CAP 100MG	Tier 4	QL (Max day supply 15), PA
ZYDELIG TAB 150MG	Tier 4	PA
ZYKADIA CAP 150MG	Tier 4	QL (Max day supply 14), PA
Antineoplastics Misc.		
ACTIMMUNE INJ 2MU/0.5	Tier 4	PA
<i>bexarotene cap 75 mg</i>	Tier 4	QL (Max day supply 15), PA
<i>hydroxyurea cap 500 mg</i>	Tier 1	QL (720 ea / 30 days); MAIL
INTRON A INJ 10MU	Tier 4	PA
INTRON A INJ 18MU	Tier 4	PA
INTRON A INJ 25MU	Tier 4	PA
INTRON A INJ 50MU	Tier 4	PA
MATULANE CAP 50MG	Tier 3	PA; MAIL
<i>tretinoin cap 10 mg</i>	Tier 2	PA; MAIL
Chemotherapy Adjuncts		
KEPIVANCE INJ 6.25MG	Tier 4	PA
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium tab 5 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>leucovorin calcium tab 10 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 15 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 25 mg</i>	Tier 1	MAIL
Mitotic Inhibitors		
<i>etoposide cap 50 mg</i>	Tier 4	PA; MAIL
<i>etoposide inj 20mg/ml</i>	Tier 4	PA
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	Tier 4	PA
<i>toposar inj 100/5ml</i>	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>toposar inj 200/10ml</i>	Tier 4	PA
<i>toposar inj 500/25ml</i>	Tier 4	PA
Topoisomerase I Inhibitors		
<i>topotecan hcl for inj 4 mg (base equiv)</i>	Tier 3	PA; MAIL
ANTIPARKINSON AGENTS		
Antiparkinson Adjuvants		
<i>carbidopa tab 25 mg</i>	Tier 2	MAIL
Antiparkinson Anticholinergics		
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	QL (150 ea / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>benztropine mesylate tab 1 mg</i>	Tier 1	QL (180 ea / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>benztropine mesylate tab 2 mg</i>	Tier 1	QL (90 ea / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	Tier 1	PA; AGE; MAIL; Covered in ages 64 and under
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	QL (360 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
Antiparkinson COMT Inhibitors		
<i>entacapone tab 200 mg</i>	Tier 2	QL (240 tabs / 30 days); MAIL
<i>tolcapone tab 100 mg</i>	Tier 1	MAIL
Antiparkinson Dopaminergics		
<i>amantadine hcl cap 100 mg</i>	Tier 1	QL (120 ea / 30 days); MAIL
<i>amantadine hcl syrup 50 mg/5ml</i>	Tier 1	MAIL
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 2	QL (180 caps / 30 days); MAIL
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 2	QL (180 tabs / 30 days); MAIL
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>carbidopa & levodopa tab 25-100 mg</i>	Tier 1	QL (360 ea / 30 days); MAIL

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

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	QL (360 tabs / 30 days); MAIL
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	QL (360 tabs / 30 days); MAIL
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	QL (360 tabs / 30 days); MAIL

Antiparkinson Monoamine Oxidase Inhibitors

<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 2	QL (60 tabs / 30 days); MAIL
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 2	QL (30 tabs / 30 days); MAIL
<i>selegiline hcl cap 5 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL
<i>selegiline hcl tab 5 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL

ANTIPSYCHOTICS/ANTIMANIC AGENTS**Antimanic Agents**

<i>lithium carbonate cap 150 mg</i>	Tier 1	QL (360 caps / 30 days); MAIL; Covered in ages 6 and over
<i>lithium carbonate cap 300 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL; Covered in ages 6 and over
<i>lithium carbonate cap 600 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>lithium carbonate tab 300 mg</i>	Tier 1	MAIL
<i>lithium carbonate tab er 300 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>lithium carbonate tab er 450 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL; Covered in ages 6 and over
LITHIUM SOL 8MEQ/5ML	Tier 2	MAIL

Antipsychotics - Misc.

LATUDA TAB 20MG	Tier 2	PA; MAIL
LATUDA TAB 40MG	Tier 2	PA; MAIL
LATUDA TAB 60MG	Tier 2	PA; MAIL
LATUDA TAB 80MG	Tier 2	PA; MAIL
LATUDA TAB 120MG	Tier 2	PA; MAIL
VRAYLAR CAP 1.5MG	Tier 3	PA; MAIL
VRAYLAR CAP 3MG	Tier 3	PA; MAIL

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Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAP 4.5MG	Tier 3	PA; MAIL
VRAYLAR CAP 6MG	Tier 3	PA; MAIL
<i>ziprasidone hcl cap 20 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL; Covered in ages 16 and over
<i>ziprasidone hcl cap 40 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL; Covered in ages 16 and over
<i>ziprasidone hcl cap 60 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL; Covered in ages 16 and over
<i>ziprasidone hcl cap 80 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL; Covered in ages 16 and over

Benzisoxazoles

FANAPT PAK	Tier 3	PA; MAIL
FANAPT TAB 1MG	Tier 3	PA; MAIL
FANAPT TAB 2MG	Tier 3	PA; MAIL
FANAPT TAB 4MG	Tier 3	PA; MAIL
FANAPT TAB 6MG	Tier 3	PA; MAIL
FANAPT TAB 8MG	Tier 3	PA; MAIL
FANAPT TAB 10MG	Tier 3	PA; MAIL
FANAPT TAB 12MG	Tier 3	PA; MAIL
INVEGA SUST INJ 39/0.25	Tier 3	QL (.25 injections / 25 days); MAIL
INVEGA SUST INJ 78/0.5ML	Tier 3	QL (.5 injections / 25 days); MAIL
INVEGA SUST INJ 117/0.75	Tier 3	QL (.75 injections / 25 days); MAIL
INVEGA SUST INJ 156MG/ML	Tier 3	QL (1 injection / 25 days); MAIL
INVEGA SUST INJ 234/1.5	Tier 3	QL (1.5 injections / 25 days); MAIL
INVEGA TRINZ INJ 273MG	Tier 3	QL (Max day supply 90), PA; MAIL
INVEGA TRINZ INJ 410MG	Tier 3	QL (Max day supply 90), PA; MAIL
INVEGA TRINZ INJ 546MG	Tier 3	QL (Max day supply 90), PA; MAIL
INVEGA TRINZ INJ 819MG	Tier 3	QL (Max day supply 90), PA; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone tab er 24hr 1.5 mg</i>	Tier 2	PA; MAIL
<i>paliperidone tab er 24hr 3 mg</i>	Tier 2	PA; MAIL
<i>paliperidone tab er 24hr 6 mg</i>	Tier 2	PA; MAIL
<i>paliperidone tab er 24hr 9 mg</i>	Tier 2	PA; MAIL
RISPERDAL INJ 12.5MG	Tier 3	QL (Max day supply 28); MAIL
RISPERDAL INJ 25MG	Tier 3	QL (Max day supply 28); MAIL
RISPERDAL INJ 37.5MG	Tier 3	QL (Max day supply 28); MAIL
RISPERDAL INJ 50MG	Tier 3	QL (Max day supply 28); MAIL
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 2	MAIL
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 2	QL (120 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone soln 1 mg/ml</i>	Tier 1	QL (480 mL / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone tab 0.5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone tab 0.25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone tab 3 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone tab 4 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL; Covered in ages 6 and over
Butyrophenones		
<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1	MAIL
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1	MAIL
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	MAIL
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	MAIL
<i>haloperidol tab 0.5 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>haloperidol tab 1 mg</i>	Tier 1	QL (150 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>haloperidol tab 2 mg</i>	Tier 1	QL (150 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>haloperidol tab 5 mg</i>	Tier 1	QL (150 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>haloperidol tab 10 mg</i>	Tier 1	QL (150 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>haloperidol tab 20 mg</i>	Tier 1	QL (150 tabs / 30 days); MAIL; Covered in ages 6 and over
Dibenzapines		
<i>clozapine tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>clozapine tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>clozapine tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over

PA - Prior Authorization **ST** - Step Therapy **AGE** - Age Limit

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QL – Quantity Limits **OTC** – Over the Counter **MAIL** – Mail Order Available

MED - Max 90 mg Morphine EQ Dose Per Day

Tier 1 = Generics; Low cost preferred brand

Tier 2 = Non-Preferred generics; Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs; **Tier 4** = Specialty Drugs

PREV = Preventative Services at \$0 copay; **DME** = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>loxapine succinate cap 5 mg</i>	Tier 1	QL (450 caps / 30 days); MAIL; Covered in ages 6 and over
<i>loxapine succinate cap 10 mg</i>	Tier 1	QL (450 caps / 30 days); MAIL; Covered in ages 6 and over
<i>loxapine succinate cap 25 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL; Covered in ages 6 and over
<i>loxapine succinate cap 50 mg</i>	Tier 1	QL (450 caps / 30 days); MAIL; Covered in ages 6 and over
<i>olanzapine tab 2.5 mg</i>	Tier 2	QL (30 ea / 30 days), ST; MAIL; PRIOR USE RISPERIDONE OR QUETIAPINE; Covered in ages 6 and over
<i>olanzapine tab 5 mg</i>	Tier 2	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE RISPERIDONE OR QUETIAPINE; Covered in ages 6 and over
<i>olanzapine tab 7.5 mg</i>	Tier 2	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE RISPERIDONE OR QUETIAPINE; Covered in ages 6 and over
<i>olanzapine tab 10 mg</i>	Tier 2	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE RISPERIDONE OR QUETIAPINE; Covered in ages 6 and over
<i>olanzapine tab 15 mg</i>	Tier 2	QL (30 ea / 30 days), ST; MAIL; PRIOR USE RISPERIDONE OR QUETIAPINE; Covered in ages 6 and over

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QL – Quantity Limits **OTC** – Over the Counter **MAIL** – Mail Order Available
MED - Max 90 mg Morphine EQ Dose Per Day
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Tier 3 = Non-preferred brand name drugs; **Tier 4** = Specialty Drugs
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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tab 20 mg</i>	Tier 2	QL (30 ea / 30 days), ST; MAIL; PRIOR USE RISPERIDONE OR QUETIAPINE; Covered in ages 6 and over
<i>quetiapine fumarate tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>quetiapine fumarate tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>quetiapine fumarate tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>quetiapine fumarate tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>quetiapine fumarate tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>quetiapine fumarate tab 400 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Tier 2	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 16 and over
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Tier 2	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 16 and over
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Tier 2	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 16 and over
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Tier 2	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 16 and over
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Tier 2	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 16 and over
SAPHRIS SUB 5MG	Tier 2	PA; MAIL
SAPHRIS SUB 10MG	Tier 2	PA; MAIL

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Drug Name	Drug Tier	Requirements/Limits
Phenothiazines		
<i>chlorpromazine hcl tab 10 mg</i>	Tier 2	QL (360 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>chlorpromazine hcl tab 25 mg</i>	Tier 2	QL (360 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>chlorpromazine hcl tab 50 mg</i>	Tier 2	QL (360 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>chlorpromazine hcl tab 100 mg</i>	Tier 2	QL (360 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>chlorpromazine hcl tab 200 mg</i>	Tier 2	QL (360 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>compro sup 25mg</i>	Tier 2	QL (360 supp / 30 days); MAIL
<i>fluphenazine decanoate inj 25 mg/ml</i>	Tier 1	MAIL
<i>fluphenazine hcl inj 2.5 mg/ml</i>	Tier 1	MAIL
<i>fluphenazine hcl tab 1 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>fluphenazine hcl tab 2.5 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>fluphenazine hcl tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>fluphenazine hcl tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>perphenazine tab 2 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; MAIL; Covered in ages 6-64
<i>perphenazine tab 4 mg</i>	Tier 1	QL (90 ea / 30 days); AGE; MAIL; Covered in ages 6-64
<i>perphenazine tab 8 mg</i>	Tier 1	QL (90 ea / 30 days); AGE; MAIL; Covered in ages 6-64

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Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine tab 16 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; MAIL; Covered in ages 6-64
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	QL (300 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	QL (240 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>prochlorperazine suppos 25 mg</i>	Tier 2	QL (360 supp / 30 days); MAIL
<i>thioridazine hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>thioridazine hcl tab 25 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>thioridazine hcl tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>thioridazine hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1	QL (120 tabs / 30 days); MAIL; Covered in ages 6 and over
Quinolinone Derivatives		
ABILIFY MAIN INJ 300MG	Tier 2	QL (1 vial / 25 days); MAIL; Covered in ages 6 and over
ABILIFY MAIN INJ 400MG	Tier 2	QL (1 vial / 25 days); MAIL; Covered in ages 6 and over

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Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 2	PA; MAIL; Covered in ages 10 and over
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 2	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 10 and over
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 2	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 10 and over
<i>aripiprazole tab 2 mg</i>	Tier 2	QL (60 tabs / 30 days), PA; MAIL; Covered in ages 10 and over
<i>aripiprazole tab 5 mg</i>	Tier 2	QL (60 tabs / 30 days), PA; MAIL; Covered in ages 10 and over
<i>aripiprazole tab 10 mg</i>	Tier 2	QL (60 tabs / 30 days), PA; MAIL; Covered in ages 10 and over
<i>aripiprazole tab 15 mg</i>	Tier 2	QL (60 tabs / 30 days), PA; MAIL; Covered in ages 10 and over
<i>aripiprazole tab 20 mg</i>	Tier 2	QL (60 tabs / 30 days), PA; MAIL; Covered in ages 10 and over
<i>aripiprazole tab 30 mg</i>	Tier 2	QL (60 tabs / 30 days), PA; MAIL; Covered in ages 10 and over
ARISTADA INJ 441MG/1.	Tier 2	QL (1 injection / 25 days); MAIL
ARISTADA INJ 662MG/2	Tier 2	QL (1 injection / 25 days); MAIL
ARISTADA INJ 882MG/3	Tier 2	QL (1 injection / 25 days); MAIL
Thioxanthenes		
<i>thiothixene cap 1 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL; Covered in ages 6 and over
<i>thiothixene cap 2 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL; Covered in ages 6 and over
<i>thiothixene cap 5 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL; Covered in ages 6 and over

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Drug Name	Drug Tier	Requirements/Limits
<i>thiothixene cap 10 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL; Covered in ages 6 and over

ANTIRHEUMATIC - ENZYME INHIBITORS**ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS**

XELJANZ TAB 5MG	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 11MG	Tier 4	PA; Preferred Brand

ANTISEPTICS DISINFECTANTS**Chlorine Antiseptics**

<i>betasept liq 4%</i>	Tier 1	OTC; MAIL
<i>chlorhexidine gluconate liquid 4%</i>	Tier 1	OTC; MAIL
PHISOHEX LIQ 3%	Tier 2	QL (473 mL / 25 days); MAIL

ANTIVIRALS**ANTIRETROVIRALS**

BIKTARVY TAB	Tier 2	QL (30 tabs / 30 days); MAIL
DOVATO TAB 50-300MG	Tier 3	QL (30 tabs / 30 days), PA
JULUCA TAB 50-25MG	Tier 2	QL (30 tabs / 30 days); MAIL

Antiretrovirals

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 2	QL (900 mL / 30 days); MAIL
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 2	QL (60 tabs / 30 days); MAIL
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 2	QL (30 tabs / 30 days); MAIL
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL
APTIVUS CAP 250MG	Tier 3	QL (120 caps / 30 days); MAIL
APTIVUS SOL	Tier 3	QL (300 mL / 30 days); MAIL
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 2	QL (60 caps / 30 days); MAIL
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 2	QL (60 caps / 30 days); MAIL
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 2	QL (30 caps / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
ATRIPLA TAB	Tier 3	QL (60 tabs / 30 days); MAIL
CIMDUO TAB 300-300	Tier 2	QL (30 tabs / 30 days); MAIL
COMPLERA TAB	Tier 3	QL (30 tabs / 30 days); MAIL
CRIXIVAN CAP 200MG	Tier 3	QL (360 caps / 30 days); MAIL
CRIXIVAN CAP 400MG	Tier 3	QL (180 caps / 30 days); MAIL
DESCOVY TAB 200/25	Tier 3	QL (30 tabs / 30 days); MAIL
<i>didanosine delayed release capsule 125 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL
<i>didanosine delayed release capsule 200 mg</i>	Tier 2	MAIL
<i>didanosine delayed release capsule 250 mg</i>	Tier 2	QL (30 caps / 30 days); MAIL
<i>didanosine delayed release capsule 400 mg</i>	Tier 2	QL (30 caps / 30 days); MAIL
EDURANT TAB 25MG	Tier 3	MAIL
<i>efavirenz cap 50 mg</i>	Tier 1	QL (360 caps / 30 days); MAIL
<i>efavirenz cap 200 mg</i>	Tier 1	QL (90 caps / 30 days); MAIL
<i>efavirenz tab 600 mg</i>	Tier 2	QL (30 tabs / 30 days); MAIL
EMTRIVA CAP 200MG	Tier 3	QL (30 caps / 30 days); MAIL
EMTRIVA SOL 10MG/ML	Tier 3	QL (600 mL / 30 days); MAIL
EPIVIR HBV SOL 5MG/ML	Tier 3	
EVOTAZ TAB 300-150	Tier 3	MAIL
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 2	QL (120 tabs / 30 days); MAIL
FUZEON INJ 90MG	Tier 4	PA
GENVOYA TAB	Tier 3	QL (30 tabs / 30 days); MAIL
INTELENCE TAB 25MG	Tier 3	PA
INTELENCE TAB 100MG	Tier 3	QL (120 tabs / 30 days), PA
INTELENCE TAB 200MG	Tier 3	QL (60 tabs / 30 days), PA

PA - Prior Authorization **ST** - Step Therapy **AGE** - Age Limit

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Drug Name	Drug Tier	Requirements/Limits
INVIRASE CAP 200MG	Tier 3	MAIL
INVIRASE TAB 500MG	Tier 3	QL (120 tabs / 30 days); MAIL
ISENTRESS CHW 25MG	Tier 3	MAIL
ISENTRESS CHW 100MG	Tier 3	MAIL
ISENTRESS HD TAB 600MG	Tier 3	QL (60 tabs / 30 days); MAIL
ISENTRESS TAB 400MG	Tier 3	QL (60 tabs / 30 days); MAIL
KALETRA TAB 100-25MG	Tier 3	QL (360 tabs / 30 days); MAIL
KALETRA TAB 200-50MG	Tier 3	QL (180 tabs / 30 days); MAIL
<i>lamivudine oral soln 10 mg/ml</i>	Tier 2	QL (900 mL / 30 days); MAIL
<i>lamivudine tab 100 mg (hbv)</i>	Tier 2	QL (90 tabs / 30 days); MAIL
<i>lamivudine tab 150 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL
<i>lamivudine tab 300 mg</i>	Tier 2	QL (30 tabs / 30 days); MAIL
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 2	MAIL
<i>nevirapine susp 50 mg/5ml</i>	Tier 2	QL (1200 mL / 30 days); MAIL
<i>nevirapine tab 200 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL
<i>nevirapine tab er 24hr 100 mg</i>	Tier 2	MAIL
<i>nevirapine tab er 24hr 400 mg</i>	Tier 2	MAIL
NORVIR CAP 100MG	Tier 3	QL (360 caps / 30 days); MAIL
NORVIR SOL 80MG/ML	Tier 3	QL (450 mL / 30 days); MAIL
NORVIR TAB 100MG	Tier 3	QL (360 tabs / 30 days); MAIL
ODEFSEY TAB	Tier 3	QL (30 tabs / 30 days); MAIL
PREZCOBIX TAB 800-150	Tier 3	MAIL
PREZISTA SUS 100MG/ML	Tier 3	MAIL
PREZISTA TAB 75MG	Tier 3	MAIL

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA TAB 150MG	Tier 3	MAIL
PREZISTA TAB 400MG	Tier 3	QL (60 tabs / 30 days); MAIL
PREZISTA TAB 600MG	Tier 3	QL (60 tabs / 30 days); MAIL
PREZISTA TAB 800MG	Tier 3	MAIL
RESCRIPTOR TAB 100 MG	Tier 3	QL (360 tabs / 30 days); MAIL
RESCRIPTOR TAB 200MG	Tier 3	QL (180 tabs / 30 days); MAIL
<i>ritonavir tab 100 mg</i>	Tier 2	QL (360 tabs / 30 days); MAIL
SELZENTRY TAB 25MG	Tier 3	MAIL
SELZENTRY TAB 75MG	Tier 3	MAIL
SELZENTRY TAB 150MG	Tier 3	QL (120 tabs / 30 days); MAIL
SELZENTRY TAB 300MG	Tier 3	QL (120 tabs / 30 days); MAIL
<i>stavudine cap 15 mg</i>	Tier 2	MAIL
<i>stavudine cap 20 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL
<i>stavudine cap 30 mg</i>	Tier 2	QL (30 caps / 30 days); MAIL
<i>stavudine cap 40 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL
STRIBILD TAB	Tier 3	MAIL
SUSTIVA TAB 600MG	Tier 3	QL (30 tabs / 30 days); MAIL
SYMFI LO TAB	Tier 2	QL (30 tabs / 30 days); MAIL
SYMFI TAB	Tier 2	QL (30 tabs / 30 days); MAIL
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Tier 2	QL (30 tabs / 30 days); MAIL
TIVICAY TAB 10MG	Tier 3	MAIL
TIVICAY TAB 25MG	Tier 3	MAIL
TIVICAY TAB 50MG	Tier 3	MAIL
TRIUMEQ TAB	Tier 3	MAIL
TRUVADA TAB 100-150	Tier 3	QL (30 tabs / 30 days), PA; MAIL; Covered for PrEP only

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Drug Name	Drug Tier	Requirements/Limits
TRUVADA TAB 133-200	Tier 3	QL (30 tabs / 30 days), PA; MAIL; Covered for PrEP only
TRUVADA TAB 167-250	Tier 3	QL (30 tabs / 30 days), PA; MAIL; Covered for PrEP only
TRUVADA TAB 200-300	Tier 3	QL (30 tabs / 30 days), PA; MAIL; Covered for PrEP only
TYBOST TAB 150MG	Tier 3	PA; MAIL
VIRACEPT TAB 250MG	Tier 3	QL (300 tabs / 30 days); MAIL
VIRACEPT TAB 625MG	Tier 3	QL (120 tabs / 30 days); MAIL
VIREAD TAB 150MG	Tier 3	MAIL
VIREAD TAB 200MG	Tier 3	MAIL
VIREAD TAB 250MG	Tier 3	MAIL
VITEKTA TAB 150MG	Tier 3	MAIL
<i>zidovudine cap 100 mg</i>	Tier 2	QL (180 caps / 30 days); MAIL
<i>zidovudine syrup 10 mg/ml</i>	Tier 2	QL (1800 mL / 30 days); MAIL
<i>zidovudine tab 300 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL
CMV Agents		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 2	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 2	QL (120 tabs / 30 days), PA
Hepatitis Agents		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 2	QL (30 tabs / 30 days)
BARACLUDE SOL .05MG/ML	Tier 2	QL (900 mL / 30 days)
DAKLINZA TAB 30MG	Tier 4	QL (Max day supply 7; Max 1 per day), PA
DAKLINZA TAB 60MG	Tier 4	QL (Max day supply 7; Max 1 per day), PA
<i>entecavir tab 0.5 mg</i>	Tier 2	QL (30 tabs / 30 days)
<i>entecavir tab 1 mg</i>	Tier 2	QL (30 tabs / 30 days)
EPCLUSA TAB 400-100	Tier 4	QL (Max day supply 7; Max 1 per day), PA

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Drug Name	Drug Tier	Requirements/Limits
HARVONI TAB 90-400MG	Tier 4	QL (Max day supply 7; Max 1 per day), PA
INFERGEN INJ 15MCG	Tier 4	PA
LEDIP-SOFOSB TAB 90-400MG	Tier 4	QL (Max day supply 7; Max 1 per day), PA; Preferred
MAVYRET TAB 100-40MG	Tier 4	QL (Max day supply 7; Max 3 per day), PA
<i>moderiba tab 200mg</i>	Tier 4	QL (Max day supply 7), PA
PEG-INTRON KIT 150MCG	Tier 4	PA
PEGASYS INJ	Tier 4	PA
PEGASYS INJ 180MCG/M	Tier 4	PA
<i>ribasphere cap 200mg</i>	Tier 4	QL (Max day supply 7), PA
<i>ribasphere tab 200mg</i>	Tier 4	QL (Max day supply 7), PA
<i>ribavirin cap 200 mg</i>	Tier 4	QL (Max day supply 7), PA
SOFOS/VELPAT TAB 400-100	Tier 4	QL (Max day supply 7; Max 1 per day), PA; Preferred
SOVALDI TAB 400MG	Tier 4	QL (Max day supply 7; Max 1 per day), PA
TECHNIVIE TAB	Tier 4	QL (Max day supply 7; Max 2 per day), PA
TYZEKA TAB 600MG	Tier 3	QL (30 tabs / 30 days)
VOSEVI TAB	Tier 4	PA
ZEPATIER TAB 50-100MG	Tier 4	QL (Max day supply 14; Max 1 per day), PA

Herpes Agents

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

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Drug Name	Drug Tier	Requirements/Limits
<i>Influenza Agents</i>		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 2	QL (1 treatment per year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 2	QL (1 treatment per year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 2	QL (1 treatment per year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 2	QL (1 mL / year)
RELENZA MIS DISKHALE	Tier 2	QL (60 per 30 Days)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	QL (60 per 30 Days)
ASSORTED CLASSES		
<i>Chelating Agents</i>		
CUPRIMINE CAP 250MG	Tier 2	MAIL
DEPEN TITRA TAB 250MG	Tier 2	MAIL
SYPRINE CAP 250MG	Tier 3	MAIL
<i>trientine hcl cap 250 mg</i>	Tier 1	MAIL
<i>Immunomodulators</i>		
REVLIMID CAP 2.5MG	Tier 4	PA
REVLIMID CAP 5MG	Tier 4	QL (30 caps / 30 days), PA
REVLIMID CAP 10MG	Tier 4	QL (30 caps / 30 days), PA
REVLIMID CAP 15MG	Tier 4	QL (30 caps / 30 days), PA
REVLIMID CAP 20MG	Tier 4	PA
REVLIMID CAP 25MG	Tier 4	QL (30 caps / 30 days), PA
THALOMID CAP 50MG	Tier 4	PA
THALOMID CAP 100MG	Tier 4	PA
THALOMID CAP 150MG	Tier 4	PA
THALOMID CAP 200MG	Tier 4	PA
<i>Immunosuppressive Agents</i>		
<i>azathioprine tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>cyclosporine cap 25 mg</i>	Tier 2	QL (480 caps / 30 days); MAIL
<i>cyclosporine cap 100 mg</i>	Tier 2	QL (150 caps / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified cap 25 mg</i>	Tier 2	QL (450 ea / 30 days); MAIL
<i>cyclosporine modified cap 100 mg</i>	Tier 2	QL (300 ea / 30 days); MAIL
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 2	QL (300 mL / 30 days); MAIL
<i>engraf cap 25mg</i>	Tier 2	QL (450 caps / 30 days); MAIL
<i>engraf cap 50mg</i>	Tier 2	QL (450 caps / 30 days); MAIL
<i>engraf cap 100mg</i>	Tier 2	QL (300 caps / 30 days); MAIL
<i>engraf sol 100mg/ml</i>	Tier 2	QL (300 mL / 30 days); MAIL
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	QL (360 caps / 30 days); MAIL
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 2	MAIL
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 2	QL (120 tabs / 30 days); MAIL
NEORAL CAP 25MG	Tier 2	QL (450 ea / 30 days); MAIL
NEORAL CAP 100MG	Tier 2	QL (300 ea / 30 days); MAIL
NEORAL SOL 100MG/ML	Tier 2	QL (300 mL / 30 days); MAIL
NULOJIX INJ 250MG	Tier 3	PA; MAIL
RAPAMUNE SOL 1MG/ML	Tier 3	QL (240 mL / 30 days); MAIL
SANDIMMUNE CAP 25MG	Tier 2	QL (480 ea / 30 days); MAIL
SANDIMMUNE CAP 100MG	Tier 2	QL (150 ea / 30 days); MAIL
<i>sirolimus tab 0.5 mg</i>	Tier 2	QL (240 tabs / 30 days); MAIL
<i>sirolimus tab 1 mg</i>	Tier 2	QL (240 tabs / 30 days); MAIL
<i>sirolimus tab 2 mg</i>	Tier 2	MAIL
<i>tacrolimus cap 0.5 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus cap 0.5 mg</i>	Tier 2	QL (60 ea / 30 days); MAIL
<i>tacrolimus cap 1 mg</i>	Tier 2	QL (420 caps / 30 days); MAIL
<i>tacrolimus cap 1 mg</i>	Tier 2	QL (420 ea / 30 days); MAIL
<i>tacrolimus cap 5 mg</i>	Tier 2	MAIL
ZORTRESS TAB 0.5MG	Tier 4	PA
ZORTRESS TAB 0.25MG	Tier 4	PA
ZORTRESS TAB 0.75MG	Tier 4	PA
Irrigation Solutions		
<i>argyl saline sol 100ml</i>	Tier 1	MAIL
Potassium Removing Resins		
<i>kionex pow</i>	Tier 1	MAIL
<i>kionex sus 15gm/60</i>	Tier 1	MAIL
BETA BLOCKERS		
Alpha-Beta Blockers		
<i>carvedilol tab 3.125 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>carvedilol tab 6.25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>carvedilol tab 12.5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>carvedilol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>labetalol hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>labetalol hcl tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>labetalol hcl tab 300 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
Beta Blockers Cardio-Selective		
<i>acebutolol hcl cap 200 mg</i>	Tier 1	QL (480 caps / 30 days); MAIL
<i>acebutolol hcl cap 400 mg</i>	Tier 1	QL (480 caps / 30 days); MAIL
<i>atenolol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>atenolol tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>atenolol tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>betaxolol hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>betaxolol hcl tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
BYSTOLIC TAB 2.5MG	Tier 3	QL (480 tabs / 30 days), PA; MAIL
BYSTOLIC TAB 5MG	Tier 3	QL (240 tabs / 30 days), PA; MAIL
BYSTOLIC TAB 10MG	Tier 3	QL (120 tabs / 30 days), PA; MAIL
BYSTOLIC TAB 20MG	Tier 3	QL (60 tabs / 30 days), PA; MAIL
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>metoprolol tartrate tab 75 mg</i>	Tier 1	MAIL
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL

Beta Blockers Non-Selective

LEVATOL TAB 20MG	Tier 3	QL (60 tabs / 30 days); MAIL
<i>nadolol tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>nadolol tab 40 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>nadolol tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>pindolol tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>pindolol tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 1	QL (90 ea / 30 days); MAIL
<i>propranolol hcl cap er 24hr 80 mg</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>propranolol hcl cap er 24hr 120 mg</i>	Tier 1	QL (90 caps / 30 days); MAIL
<i>propranolol hcl cap er 24hr 160 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	QL (600 mL / 30 days); MAIL
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	QL (2400 mL / 30 days); MAIL
<i>propranolol hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>propranolol hcl tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>propranolol hcl tab 40 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>propranolol hcl tab 60 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>propranolol hcl tab 80 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>sorine tab 80mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>sorine tab 120mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>sorine tab 160mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>sorine tab 240mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>sotalol hcl (afib/afl) tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>sotalol hcl (afib/afl) tab 120 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>sotalol hcl tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>sotalol hcl tab 120 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl tab 160 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>sotalol hcl tab 240 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>timolol maleate tab 5 mg</i>	Tier 1	QL (360 tabs / 30 days); MAIL
<i>timolol maleate tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>timolol maleate tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL

CALCIUM CHANNEL BLOCKERS***Calcium Channel Blockers***

<i>afeditab tab 30mg cr</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>afeditab tab 60mg cr</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>cartia xt cap 180/24hr</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>cartia xt cap 240/24hr</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>cartia xt cap 300/24hr</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>dilt-xr cap 180mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>dilt-xr cap 240mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>diltiazem cap 180mg cd</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>diltiazem cap 240mg cd</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>diltiazem hcl cap er 24hr 120 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>diltiazem hcl cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>diltiazem hcl cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>diltiazem hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>diltiazem hcl tab 60 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>diltiazem hcl tab 90 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>diltiazem hcl tab 120 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>isradipine cap 2.5 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>isradipine cap 5 mg</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>nicardipine hcl cap 20 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>nicardipine hcl cap 30 mg</i>	Tier 1	QL (120 caps / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>nifediac cc tab 30mg er</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>nifedical xl tab 60mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>nifedipine cap 10 mg</i>	Tier 1	AGE; MAIL
<i>nifedipine cap 20 mg</i>	Tier 1	QL (120 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	QL (30 ea / 30 days); MAIL
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	QL (30 ea / 30 days); MAIL
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>nimodipine cap 30 mg</i>	Tier 2	QL (360 caps / 30 days), PA; MAIL
<i>nisoldipine tab er 24hr 8.5 mg</i>	Tier 2	QL (120 tabs / 30 days), PA; MAIL
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 2	QL (60 tabs / 30 days), PA; MAIL
<i>nisoldipine tab er 24hr 20 mg</i>	Tier 2	QL (90 tabs / 30 days), PA; MAIL
<i>nisoldipine tab er 24hr 25.5 mg</i>	Tier 2	QL (40.2 tabs / 30 days), PA; MAIL
<i>nisoldipine tab er 24hr 30 mg</i>	Tier 2	QL (60 tabs / 30 days), PA; MAIL
<i>nisoldipine tab er 24hr 34 mg</i>	Tier 2	QL (60 tabs / 30 days), PA; MAIL
<i>nisoldipine tab er 24hr 40 mg</i>	Tier 2	QL (30 tabs / 30 days), PA; MAIL
<i>taztia xt cap 120mg/24</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>taztia xt cap 180mg/24</i>	Tier 1	QL (60 caps / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>taztia xt cap 240mg/24</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>verapamil hcl cap er 24hr 120 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>verapamil hcl cap er 24hr 180 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>verapamil hcl cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>verapamil hcl cap er 24hr 300 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>verapamil hcl cap er 24hr 360 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>verapamil hcl tab 40 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>verapamil hcl tab 80 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>verapamil hcl tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>verapamil hcl tab er 120 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>verapamil hcl tab er 180 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>verapamil hcl tab er 240 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL

CARDIOTONICS**Cardiac Glycosides**

<i>digox tab 0.25mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>digox tab 0.125mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	MAIL; Covered in ages 12 and under
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
LANOXIN TAB 0.25MG	Tier 2	QL (30 tabs / 30 days); MAIL
LANOXIN TAB 0.125MG	Tier 2	QL (30 tabs / 30 days); MAIL

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

Peripheral Vasodilators

<i>niacin cap 500mg</i>	Tier 1	OTC; MAIL
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Prostaglandin Vasodilators

ORENITRAM TAB 0.25MG	Tier 4	PA
ORENITRAM TAB 0.125MG	Tier 4	PA
ORENITRAM TAB 1MG	Tier 4	PA
ORENITRAM TAB 2.5MG	Tier 4	PA
REMODULIN INJ 1MG/ML	Tier 4	PA
REMODULIN INJ 2.5MG/ML	Tier 4	PA
REMODULIN INJ 5MG/ML	Tier 4	PA
VENTAVIS SOL 10MCG/ML	Tier 4	PA
VENTAVIS SOL 20MCG/ML	Tier 4	PA

Pulmonary Hypertension - Endothelin Receptor Antagonists

LETAIRIS TAB 5MG	Tier 4	QL (30 tabs / 30 days), PA
LETAIRIS TAB 10MG	Tier 4	QL (30 tabs / 30 days), PA
OPSUMIT TAB 10MG	Tier 4	QL (30 tabs / 30 days), PA
TRACLEER TAB 32MG	Tier 4	PA
TRACLEER TAB 62.5MG	Tier 4	QL (60 tabs / 30 days), PA
TRACLEER TAB 125MG	Tier 4	QL (60 tabs / 30 days), PA

Pulmonary Hypertension - Phosphodiesterase Inhibitors

ADCIRCA TAB 20MG	Tier 4	PA
<i>sildenafil citrate tab 20 mg</i>	Tier 4	QL (90 tabs / 30 days), PA
<i>tadalafil tab 20 mg (pah)</i>	Tier 4	PA

CEPHALOSPORINS**CEPHALOSPORINS - 3RD GENERATION**

SUPRAX CAP 400MG	Tier 3	QL (60 caps / 30 days)
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Cephalosporins - 1st Generation

<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	Covered in ages 12 and under
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	Covered in ages 12 and under
<i>cefazolin sodium for inj 1 gm</i>	Tier 1	PA

PA - Prior Authorization ST - Step Therapy AGE - Age Limit
 QL - Quantity Limits OTC - Over the Counter MAIL - Mail Order Available
 MED - Max 90 mg Morphine EQ Dose Per Day
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 Tier 3 = Non-preferred brand name drugs; Tier 4 = Specialty Drugs
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Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium for inj 20 gm</i>	Tier 1	PA
<i>cefazolin sodium for inj 500 mg</i>	Tier 1	PA
<i>cephalexin cap 250 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>cephalexin cap 500 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	Covered in ages 12 and under
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	Covered in ages 12 and under

Cephalosporins - 2nd Generation

<i>cefaclor cap 250 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>cefaclor for susp 125 mg/5ml</i>	Tier 2	QL (1200 mL / 30 days); Covered in ages 12 and under
<i>cefaclor for susp 250 mg/5ml</i>	Tier 2	QL (1800 mL / 30 days); Covered in ages 12 and under
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	Covered in ages 12 and under
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	Covered in ages 12 and under
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	QL (Max day supply 10)
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	QL (Max day supply 10)

Cephalosporins - 3rd Generation

<i>cefdinir cap 300 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	Covered in ages 12 and under
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	Covered in ages 12 and under
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	Tier 1	QL (120 tabs / 30 days), PA
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>cefixime for susp 100 mg/5ml</i>	Tier 2	Covered in ages 12 and under
<i>cefixime for susp 200 mg/5ml</i>	Tier 2	Covered in ages 12 and under
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 2	QL (1200 mL / 30 days)
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 2	QL (1200 mL / 30 days)
<i>cefpodoxime proxetil tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>cefpodoxime proxetil tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>ceftibuten cap 400 mg</i>	Tier 1	

PA - Prior Authorization ST - Step Therapy AGE - Age Limit

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QL – Quantity Limits OTC – Over the Counter MAIL – Mail Order Available

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Drug Name	Drug Tier	Requirements/Limits
SUPRAX TAB 400MG	Tier 3	QL (60 tabs / 30 days)
CHEMICALS		
<i>BULK CHEMICALS - H'S</i>		
HYDROXYPROG POW CAPROATE	Tier 2	Covered in ages 16-60
<i>LIQUIDS</i>		
BENZYL BENZO LIQ	Tier 2	MAIL; Covered in ages 16-60
SESAME OIL	Tier 2	
COMPLEMENT INHIBITORS		
<i>C1 INHIBITORS</i>		
BERINERT INJ 500UNIT	Tier 4	PA
CINRYZE SOL 500 UNIT	Tier 4	PA
RUCONEST INJ 2100UNIT	Tier 4	PA
CONTRACEPTIVES		
<i>Combination Contraceptives - Oral</i>		
<i>altavera tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>alyacen tab 1/35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>alyacen tab 7/7/7</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>amethia tab</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL
<i>amethyst tab 90-20mcg</i>	PREV	QL (42 tabs / 30 days); MAIL
<i>apri tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>aranelle tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>ashlyna tab</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL
<i>aubra tab 0.1-0.02</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>aviane tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>azurette tab 28 day</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>balziva tab</i>	PREV	QL (30 tabs / 30 days); MAIL

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QL – Quantity Limits **OTC** – Over the Counter **MAIL** – Mail Order Available
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Drug Name	Drug Tier	Requirements/Limits
<i>briellyn tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>camrese tab</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL
<i>caziant pak</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>cesia pak</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>chateal eq tab 0.15/30</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>cryselle-28 tab 28 tabs</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>cyclafem tab 1/35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>cyclafem tab 7/7/7</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>dasetta tab 1/35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>dasetta tab 7/7/7</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>daysee tab</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL
<i>delyla tab 0.1-0.02</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>elinest tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>emoquette tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>enpresse-28 tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>enskyce tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>estarylla tab 0.25-35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>falmina tab</i>	PREV	QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>gianvi tab 3-0.02mg</i>	PREV	QL (42 tabs / 30 days); MAIL
<i>gildagia tab 0.4-35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>gildess fe tab 1.5/30</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>gildess fe tab 1/20</i>	PREV	QL (112 tabs / 70 days); MAIL
<i>introvale tab</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL
<i>jolessa tab</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL
<i>junel 1.5/30 tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>junel 1/20 tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>junel fe tab 1.5/30</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>junel fe tab 1/20</i>	PREV	QL (112 tabs / 70 days); MAIL
<i>kariva tab 28 day</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>kelnor tab 1/35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>kurvelo tab 0.15/30</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>larin fe tab 1.5/30</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>larin fe tab 1/20</i>	PREV	QL (112 tabs / 70 days); MAIL
<i>larin tab 1.5/30</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>larin tab 1/20</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>leena tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>lessina tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>levonest tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL

PA - Prior Authorization **ST** - Step Therapy **AGE** - Age Limit

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QL – Quantity Limits **OTC** – Over the Counter **MAIL** – Mail Order Available

MED - Max 90 mg Morphine EQ Dose Per Day

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Tier 2 = Non-Preferred generics; Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs; **Tier 4** = Specialty Drugs

PREV = Preventative Services at \$0 copay; **DME** = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>levora-28 tab 0.15/30</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>loryna tab 3-0.02mg</i>	PREV	QL (42 tabs / 30 days); MAIL
<i>low-ogestrel tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>lutra tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>marlissa tab 0.15/30</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>microgestin tab 1.5/30</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>microgestin tab 1/20</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>microgestin tab fe1.5/30</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>microgestin tab fe 1/20</i>	PREV	QL (112 tabs / 70 days); MAIL
<i>mono-lynyah tab 0.25-35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>mononessa tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>myzilra tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>necon tab 0.5/35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>necon tab 1/35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>necon tab 1/50-28</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>necon tab 7/7/7</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	PREV	QL (42 ea / 30 days); MAIL
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	PREV	QL (30 tabs / 30 days); MAIL

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MED - Max 90 mg Morphine EQ Dose Per Day

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Tier 3 = Non-preferred brand name drugs; **Tier 4** = Specialty Drugs

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Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>nortrel tab 0.5/35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>nortrel tab 1/35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>nortrel tab 7/7/7</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>ocella tab 3-0.03mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>ogestrel tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>orsythia tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>philith tab 0.4-35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>pimtrea tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>pirmella tab 1/35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>pirmella tab 7/7/7</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>portia-28 tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>previfem tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>quasense tab</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL
<i>reclipsen tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>setlakin tab</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL
<i>solia tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>sprintec 28 tab 28 day</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>sronyx tab</i>	PREV	QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>syeda tab 3-0.03mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>tilia fe tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>tri-estaryl tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>tri-legest tab fe</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>tri-lynyah tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>tri-previfem tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>tri-sprintec tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>trinessa tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>trivora-28 tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>velivet pak</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>vestura tab 3-0.02mg</i>	PREV	QL (42 tabs / 30 days); MAIL
<i>viorele tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>vyfemla tab 0.4-35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>wera tab 0.5/35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>wymzya fe chw 0.4mg-35</i>	PREV	QL (42 ea / 30 days); MAIL
<i>zarah tab 3-0.03mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>zenchent fe chw 0.4mg-35</i>	PREV	QL (42 ea / 30 days); MAIL
<i>zenchent tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>zovia 1/35e tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>zovia 1/50e tab</i>	PREV	QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
Combination Contraceptives - Transdermal		
<i>xulane dis 150-35</i>	PREV	QL (3.3 patches / 30 days); MAIL
Combination Contraceptives - Vaginal		
NUVARING MIS	PREV	QL (1.08 rings / 30 days); MAIL
Emergency Contraceptives		
ELLA TAB 30MG	PREV	QL (4 tabs / year)
<i>levonorgestrel tab 1.5 mg</i>	PREV	OTC, QL (Max 4 fills per year)
<i>my way tab 1.5mg</i>	PREV	OTC, QL (Max 4 fills per year)
<i>next choice tab 1.5mg</i>	PREV	OTC, QL (Max 4 fills per year)
Progestin Contraceptives - IUD		
KYLEENA IUD 19.5MG	PREV	QL (1 IUD / 5 years)
LILETTA IUD 52MG	PREV	QL (1 IUD / 3 years)
MIRENA IUD SYSTEM	PREV	QL (1 IUD / 5 years)
SKYLA IUD 13.5MG	PREV	QL (1 IUD / 3 years)
Progestin Contraceptives - Injectable		
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	PREV	QL (Max day supply 90; max 1 fill per 84 days); MAIL
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	PREV	QL (Max day supply 90; max 1 fill per 84 days); MAIL
Progestin Contraceptives - Oral		
<i>camila tab 0.35mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>errin tab 0.35mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>heather tab 0.35mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>jencycla tab 0.35mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>jolivette tab 0.35mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>lyza tab 0.35mg</i>	PREV	QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>nora-be tab 0.35mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>norethindrone tab 0.35 mg</i>	PREV	QL (30 tabs / 30 days); MAIL

CORTICOSTEROIDS**GLUCOCORTICOSTEROIDS**

<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	

Glucocorticosteroids

<i>budesonide delayed release particles cap 3 mg</i>	Tier 2	PA; MAIL
<i>cortisone acetate tab 25 mg</i>	Tier 1	QL (720 tabs / 30 days); MAIL
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); MAIL
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	MAIL
<i>dexamethasone tab 0.5 mg</i>	Tier 1	QL (360 tabs / 30 days); MAIL
<i>dexamethasone tab 0.75 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>dexamethasone tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>dexamethasone tab 1.5 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>dexamethasone tab 2 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>dexamethasone tab 4 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>dexamethasone tab 6 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>hydrocortisone tab 5 mg</i>	Tier 1	QL (720 tabs / 30 days); MAIL
<i>hydrocortisone tab 10 mg</i>	Tier 1	QL (360 ea / 30 days); MAIL
<i>hydrocortisone tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>methylprednisolone tab 4 mg</i>	Tier 1	QL (360 tabs / 30 days); MAIL
<i>methylprednisolone tab 8 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tab 16 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>methylprednisolone tab 32 mg</i>	Tier 1	QL (360 tabs / 30 days); MAIL
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	QL (360 tabs / 30 days); MAIL
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	MAIL
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	QL (1500 mL / 30 days); MAIL
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	MAIL
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Tier 1	QL (1800 mL / 30 days); MAIL
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); MAIL
<i>prednisone tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>prednisone tab 2.5 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>prednisone tab 5 mg</i>	Tier 1	QL (480 tabs / 30 days); MAIL
<i>prednisone tab 10 mg</i>	Tier 1	QL (270 tabs / 30 days); MAIL
<i>prednisone tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>prednisone tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	MAIL
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	MAIL

Mineralocorticoids

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromet syp 5-1.5/5</i>	Tier 1	QL (1800 mL / 30 days)
<i>robitussin syp 7.5/5ml</i>	Tier 1	OTC, QL (180 mL / 30 days); MAIL; Covered in ages 4 and over
<i>triaminic syp cough</i>	Tier 1	OTC, QL (180 mL / 30 days); MAIL; Covered in ages 4 and over
<i>Cough/Cold/Allergy Combinations</i>		
<i>alavert alrg tab /sinus</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>all day alrg tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
<i>aller-tec d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
<i>aller/conges tab 10-240mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allerclear d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>allerclear d tab 10-240mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allerclear tab d-24hr</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allergy d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
<i>allergy rel/ tab deconges</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allergy relf tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>allergy relf tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
<i>allergy relf tab /congest</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allergy relf tab d</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allergy relf tab d12</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>allergy relf tab d 24 hr</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

PA - Prior Authorization **ST** - Step Therapy **AGE** - Age Limit

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QL – Quantity Limits **OTC** – Over the Counter **MAIL** – Mail Order Available

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Drug Name	Drug Tier	Requirements/Limits
<i>allergy relf tab d-24</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allergy relf tab deconges</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allergy-d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
<i>allergy/cong tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>allgy comp-d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
<i>allrgy rel d tab 10-240mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allrgy relf tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
<i>allrgy rlf-d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>altarusn dm syp 100-10/5</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>biocotron liq 100-10/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>bromfed dm syp</i>	Tier 1	QL (1800 mL / 30 days); MAIL
<i>brotapp dm liq 15-1-5/5</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL
<i>brotapp liq</i>	Tier 1	OTC, QL (480 mL / 25 days); MAIL
CAPMIST DM TAB	Tier 2	OTC; MAIL
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
<i>cgh dm max liq 10-200</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>cheratussin syp ac</i>	Tier 1	OTC, QL (1800 mL / 30 days); Covered in ages 2 and over
<i>cold & cough liq 6.25-2.5</i>	Tier 1	OTC, QL (180 mL / 30 days); MAIL
<i>cold/allergy elx children</i>	Tier 1	OTC, QL (480 mL / 25 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>cold/cough elx children</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL
<i>cold/cough elx dm</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL
<i>cold/cough liq 6.25-2.5</i>	Tier 1	OTC, QL (180 mL / 30 days); MAIL
<i>cough cont liq dm max</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>diabetic tus liq children</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>diabetic tus liq dm</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>diabetic tus liq max st</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>dimetapp liq nighttim</i>	Tier 1	OTC, QL (180 mL / 30 days); MAIL
<i>eq tussin dm liq max</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>eq tussin dm syp cgh/chst</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>eq allergy tab 10-240mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>eq triactin elx cld/cgh</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL
<i>eq tussin liq 10-200</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>eq tussin syp dm</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>extra action syp 100-10/5</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
FLOWTUSS SOL 2.5-200	Tier 3	PA
<i>g-tron liq 10-100/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>geri-tussin syp dm</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>gnp tussin liq dm cough</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>gnp tussin liq dm max</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>guaiasorb dm liq 100-10/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>guaiatuss ac syp 100-10/5</i>	Tier 1	OTC, QL (1800 mL / 30 days); Covered in ages 2 and over
<i>guaicon dms syp 100-10/5</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>guaifenesin syp 100-10/5</i>	Tier 1	OTC, QL (1800 mL / 30 days); Covered in ages 2 and over
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); Covered in ages 2 and over
<i>hm tussin liq adlt dm</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>hm tussin liq dm max</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>lorata-dine tab d 24hr</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>loratadine d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>loratadine-d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>loratadine-d tab 10-240mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>medi-tuss dm liq diabetic</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>medi-tussin syp dm</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>mucus relf d tab 60-600mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>mucus-dm tab 30-600mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>ped formula liq 100-10/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
PRO-CLEAR AC SYP 9-8.33MG	Tier 1	OTC, QL (180 mL / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>prometh vc sol plain</i>	Tier 1	QL (1800 mL / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>prometh vc/ syp codeine</i>	Tier 1	QL (1800 mL / 30 days); AGE; Covered in ages 2-64
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 1	QL (240 mL / 30 days); AGE; Covered in ages 2-64
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 1	QL (180 mL / 25 days); AGE; MAIL; Covered in ages 4-64
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); MAIL
<i>px tussin dm liq 100-10/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>q-tapp dm elx</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL
<i>q-tussin dm syp 100-10/5</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>ra allergy tab sinus</i>	Tier 1	OTC; MAIL
<i>ra cetiri-d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
<i>ra lorata-d tab 24 hour</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra tussin dm liq 100-10/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>ra tussin liq dm max</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>robafen dm syp 100-10/5</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>robitussin liq cgh/cong</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>robitussin liq to go dm</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>rynex pse liq</i>	Tier 1	OTC, QL (480 mL / 25 days); MAIL
<i>safe tussin liq 10-100/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>sb cgh contr liq dm</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>siltussin dm liq das</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>siltussin-dm liq diabetic</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>siltussin-dm liq max st</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>siltussin-dm syp alc free</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>sm tussin dm liq max</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>sm tussin dm syp 100-10/5</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>sm tussin syp dm</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>tgt allergy/ tab congest</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>tgt cough liq form dm</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>tolu-sed dm liq 100-10/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>triacting nt liq cold/cgh</i>	Tier 1	OTC, QL (180 mL / 30 days); MAIL
<i>tusnel diabt liq 10-100/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>tussin adult liq cgh/cong</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>tussin cough liq 10-100/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>tussin cough syp dm</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>tussin dm cg liq 20-400</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>tussin dm liq</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>tussin dm liq 10-100mg</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>tussin dm liq 10-200</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>tussin dm liq 10-200/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>tussin dm liq clear</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>tussin dm mx liq 10-200/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>tussin dm syp 100-10/5</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>virtussin ac sol 100-10/5</i>	Tier 1	OTC, QL (1800 mL / 30 days); Covered in ages 2 and over
<i>wal-dryl pe tab 25-10mg</i>	Tier 1	OTC; MAIL
<i>wal-itin d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>wal-itin d tab 10-240mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>wal-itin d tab 24 hour</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>wal-tap dm elx cold/cgh</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL
<i>wal-tap elx cld/alle</i>	Tier 1	OTC, QL (480 mL / 25 days); MAIL
<i>wal-tussin liq 10-100/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>wal-tussin liq 10-200/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>wal-tussin liq dm max</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>wal-tussin syp dm</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>wal-zyr d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
Expectorants		
<i>altarussin syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>bidex tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>buckleys liq chest</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over

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<i>chest conges liq child</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>chest conges liq childrns</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>chest conges tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>cough syp</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>cough syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>coughtab tab 200mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>cvs mucus er tab 600mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>diabetic tus liq 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>diabtc tussn syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>eq tussin liq 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>fenesin ir tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>g-fen ex tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>geri-tussin syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>gnp mucus-er tab 600mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>gnp tussin syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>guaifenesin liquid 100 mg/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>guaifenesin syrup 100 mg/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>guaifenesin tab 200 mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>guaifenesin tab 400 mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>guaifenesin tab er 12hr 600 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>hm mucus er tab 600mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>liquibid tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>medifin 400 tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>mucinex chld liq 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>mucosa tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>mucus relief liq 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>mucus relief liq 400/20ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>mucus relief tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>mucus relief tab 600mg er</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>mucus+chst liq 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>mucus-er tab 600mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>organ-i nr tab 200mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>pa mucus rel tab 600mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>px tussin sol 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>qc medifin liq mucus rl</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>ra tussin liq 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>ra tussin syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>refenesen tab 200mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>refenesen tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>robafen syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>sb cgh contr syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>scot-tussin liq expct sf</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over

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<i>siltuss das liq 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>siltussin sa syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>sm mucus er tab 600mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>sm tussin syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>tab tussin tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>tussin adult liq 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>tussin chest syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>tussin syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>wal-tussin syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>xpect tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
Misc. Respiratory Inhalants		
<i>nebusal neb 3%</i>	Tier 1	QL (480 mL / 30 days); MAIL
<i>sodium chloride soln nebu 0.9%</i>	Tier 1	QL (480 mL / 30 days); MAIL
<i>sodium chloride soln nebu 3%</i>	Tier 1	QL (480 mL / 30 days); MAIL
<i>sodium chloride soln nebu 7%</i>	Tier 1	QL (480 mL / 30 days); MAIL
Mucolytics		
<i>acetylcysteine inhal soln 20%</i>	Tier 1	QL (Max day supply 5 per 25); MAIL
DERMATOLOGICALS		
ANTIFUNGALS - TOPICAL		
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Tier 1	QL (60 mL / 30 days)
<i>ciclopirox solution 8%</i>	Tier 1	QL (6.6 mL / 30 days)
ANTIPSORIATICS		
<i>SKYRIZI INJ 150DOSE</i>	Tier 4	PA; Preferred Brand

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Drug Name	Drug Tier	Requirements/Limits
Acne Products		
ACNE MEDICAT LOT 5%	Tier 1	OTC, QL (141 mL / 25 days); MAIL
ACNE MEDICAT LOT 10%	Tier 1	OTC, QL (30 mL / 25 days); MAIL
<i>adapalene cream 0.1%</i>	Tier 1	QL (45 gm / 25 days); MAIL
<i>adapalene gel 0.1%</i>	Tier 1	QL (45 gm / 25 days); MAIL
<i>adapalene gel 0.3%</i>	Tier 2	QL (45 gm / 25 days); MAIL
<i>adapalene lotion 0.1%</i>	Tier 1	QL (59 mL / 25 days); MAIL
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Tier 1	QL (45 gm / 25 days), PA; MAIL
<i>amneesteem cap 10mg</i>	Tier 2	PA; MAIL
<i>amneesteem cap 20mg</i>	Tier 2	PA; MAIL
<i>amneesteem cap 40mg</i>	Tier 2	PA; MAIL
<i>avita cre 0.025%</i>	Tier 2	QL (45 gms per month); AGE; MAIL; Covered for ages 35 and younger
<i>avita gel 0.025%</i>	Tier 2	QL (45 gms per month); AGE; MAIL; Covered for ages 35 and younger
<i>benzoyl per liq 5% wash</i>	Tier 1	OTC, QL (240 gm / 25 days); MAIL
<i>benzoyl per liq 10% wash</i>	Tier 1	OTC, QL (240 gm / 25 days); MAIL
<i>benzoyl peroxide gel 5%</i>	Tier 1	OTC; MAIL
<i>benzoyl peroxide gel 10%</i>	Tier 1	OTC; MAIL
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 2	MAIL
<i>bp cleansing emu 10-4%</i>	Tier 1	MAIL
<i>claravis cap 10mg</i>	Tier 2	PA; MAIL
<i>claravis cap 20mg</i>	Tier 2	PA; MAIL
<i>claravis cap 30mg</i>	Tier 2	PA; MAIL
<i>claravis cap 40mg</i>	Tier 2	PA; MAIL
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Tier 2	QL (45 gm / 25 days), PA; MAIL
<i>clindamycin phosphate gel 1%</i>	Tier 1	QL (60 gm / 25 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate lotion 1%</i>	Tier 1	QL (300 mL / 30 days), ST; MAIL; PRIOR USE OF Clindamycin Phosphate topical and Adapalene or Erythromycin and Adapalene
<i>clindamycin phosphate soln 1%</i>	Tier 1	QL (300 mL / 30 days); MAIL
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	Tier 2	QL (60 gm / 25 days), PA; AGE; MAIL; Covered in ages 18 and under
CLINDAP-T CRE	Tier 3	PA; MAIL
EPIDUO GEL 0.1-2.5%	Tier 3	QL (45 gm / 25 days), PA; MAIL
<i>erythromycin gel 2%</i>	Tier 1	QL (450 gm / 30 days), ST; MAIL; PRIOR USE OF Clindamycin Phosphate topical or Erythromycin and Adapalene OR Tretinoin
<i>erythromycin soln 2%</i>	Tier 1	QL (450 mL / 30 days); MAIL
<i>isotretinoin cap 10 mg</i>	Tier 2	PA; MAIL
<i>isotretinoin cap 20 mg</i>	Tier 2	PA; MAIL
<i>isotretinoin cap 30 mg</i>	Tier 2	PA; MAIL
<i>isotretinoin cap 40 mg</i>	Tier 2	PA; MAIL
<i>myorisan cap 10mg</i>	Tier 2	PA; MAIL
<i>myorisan cap 20mg</i>	Tier 2	PA; MAIL
<i>myorisan cap 30mg</i>	Tier 2	PA; MAIL
<i>myorisan cap 40mg</i>	Tier 2	PA; MAIL
<i>sulfacetamide sodium lotion 10% (acne)</i>	Tier 1	MAIL
<i>tretinoin cream 0.1%</i>	Tier 1	QL (45 gms per month), ST; AGE; MAIL; Covered for ages 35 and younger; PRIOR USE OF Clindamycin Phosphate topical and Adapalene OR Erythromycin and Adapalene

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Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin cream 0.05%</i>	Tier 1	QL (45 gms per month), ST; AGE; MAIL; Covered for ages 35 and younger; PRIOR USE OF Clindamycin Phosphate topical and Adapalene OR Erythromycin and Adapalene
<i>tretinoin cream 0.025%</i>	Tier 2	QL (45 gms per month); AGE; MAIL; Covered for ages 35 and younger
<i>tretinoin gel 0.01%</i>	Tier 1	QL (45 gms per month), ST; AGE; MAIL; Covered for ages 35 and younger; PRIOR USE OF Clindamycin Phosphate topical and Adapalene OR Erythromycin and Adapalene
<i>tretinoin gel 0.025%</i>	Tier 2	QL (45 gms per month); AGE; MAIL; Covered for ages 35 and younger
VELTIN GEL	Tier 3	QL (60 gm / 25 days), PA; AGE; MAIL; Covered in ages 18 and under
<i>zenatane cap 10mg</i>	Tier 2	PA; MAIL
<i>zenatane cap 20mg</i>	Tier 2	PA; MAIL
<i>zenatane cap 30mg</i>	Tier 2	PA; MAIL
<i>zenatane cap 40mg</i>	Tier 2	PA; MAIL
Agents for External Genital and Perianal Warts		
VEREGEN OIN 15%	Tier 3	QL (30 gm / 25 days), PA; MAIL
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium gel 1%</i>	Tier 1	QL (1000 gm / 25 days), PA; MAIL
Antibiotics - Topical		
ALTABAX OIN 1%	Tier 3	PA; MAIL
<i>antibiotic oin</i>	Tier 1	OTC; MAIL
<i>antibiotic oin pain rlf</i>	Tier 1	OTC; MAIL
<i>bacitracin oin 500/gm</i>	Tier 1	OTC, QL (300 gm / 30 days); MAIL

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<i>bacitracin oint 500 unit/gm</i>	Tier 1	OTC, QL (300 gm / 30 days); MAIL
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 1	OTC; MAIL
<i>bacitraycin oin 500/gm</i>	Tier 1	OTC, QL (300 gm / 30 days); MAIL
CORTISPORIN OIN 1%	Tier 3	MAIL
<i>cvs triple oin antibiot</i>	Tier 1	OTC; MAIL
<i>double antib oin</i>	Tier 1	OTC; MAIL
<i>eq triple oin antibiot</i>	Tier 1	OTC; MAIL
<i>first aid oin antibiot</i>	Tier 1	OTC; MAIL
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	MAIL
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	QL (30 gm / 30 days); MAIL
<i>gnp first oin aid anti</i>	Tier 1	OTC; MAIL
<i>hm triple oin antibiot</i>	Tier 1	OTC; MAIL
<i>lanabiotic oin</i>	Tier 1	OTC; MAIL
<i>mupirocin oint 2%</i>	Tier 1	QL (44 gm / 25 days); MAIL
<i>neomycin-bacitracin-polymyxin oint</i>	Tier 1	OTC; MAIL
<i>neosporin oin</i>	Tier 1	OTC; MAIL
<i>neosporin+pn oin relf max</i>	Tier 1	OTC; MAIL
<i>poly bacitra oin</i>	Tier 1	OTC; MAIL
<i>px triple oin</i>	Tier 1	OTC; MAIL
<i>ra triple oin antibiot</i>	Tier 1	OTC; MAIL
<i>sm triple oin antibiot</i>	Tier 1	OTC; MAIL
<i>tgt antibiot oin</i>	Tier 1	OTC; MAIL
<i>tri-biozene oin</i>	Tier 1	OTC; MAIL
<i>triple antib oin</i>	Tier 1	OTC; MAIL
<i>triple antib oin max st</i>	Tier 1	OTC; MAIL
<i>triple antib oin plus</i>	Tier 1	OTC; MAIL
<i>triple antib oin plus max</i>	Tier 1	OTC; MAIL
<i>wal-sporin oin</i>	Tier 1	OTC; MAIL
Antifungals - Topical		
<i>af spry powd aer 1%</i>	Tier 1	OTC; MAIL
<i>anti-fungal cre 1%</i>	Tier 1	OTC; MAIL
<i>anti-fungal pow 1%</i>	Tier 1	OTC; MAIL
<i>anti-fungal pow 2%</i>	Tier 1	OTC; MAIL
<i>anti-fungal sol 1%</i>	Tier 1	OTC; MAIL
<i>antifung pow aer 1%</i>	Tier 1	OTC; MAIL
<i>antifungal cre 1%</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>antifungal cre 1%</i>	Tier 1	OTC, QL (210 gm / 30 days); MAIL
<i>antifungal cre 2%</i>	Tier 1	OTC, QL (150 gm / 30 days); MAIL
<i>antifungal cre foot 1%</i>	Tier 1	OTC, QL (30 gm / 25 days); MAIL
<i>ath foot pow aer 1%</i>	Tier 1	OTC; MAIL
<i>athlete foot aer 1%</i>	Tier 1	OTC; MAIL
<i>athlete foot aer 2%</i>	Tier 1	OTC; MAIL
<i>athlete foot cre 1%</i>	Tier 1	OTC; MAIL
<i>athlete foot cre 1%</i>	Tier 1	OTC, QL (210 gm / 30 days); MAIL
<i>athlete foot cre 1%</i>	Tier 1	OTC, QL (30 gm / 25 days); MAIL
<i>athlete foot cre af</i>	Tier 1	OTC, QL (30 gm / 25 days); MAIL
<i>baza antifun cre 2%</i>	Tier 1	OTC, QL (150 gm / 30 days); MAIL
<i>blis-to-sol liq 1%</i>	Tier 1	OTC; MAIL
<i>butenafine hcl cream 1%</i>	Tier 1	OTC; MAIL
<i>ciclodan cre 0.77%</i>	Tier 1	QL (600 gm / 30 days); MAIL
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Tier 1	QL (600 gm / 30 days); MAIL
<i>clotrimazole cre 1%</i>	Tier 1	OTC, QL (210 gm / 30 days); MAIL
<i>clotrimazole cream 1%</i>	Tier 1	QL (210 gm / 30 days); MAIL
<i>clotrimazole soln 1%</i>	Tier 1	MAIL
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 1	QL (45 gm / 25 days); MAIL
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Tier 1	QL (450 mL / 30 days); MAIL
<i>critic-aid oin 2%</i>	Tier 1	OTC; MAIL
<i>cruex aer 2%</i>	Tier 1	OTC; MAIL
<i>dermafungal oin 2%</i>	Tier 1	OTC; MAIL
<i>desenex aer 2%</i>	Tier 1	OTC; MAIL
<i>desenex cre 1%</i>	Tier 1	OTC, QL (210 gm / 30 days); MAIL
<i>desenex shak pow 2%</i>	Tier 1	OTC; MAIL
<i>dr gs clear sol nail 1%</i>	Tier 1	OTC; MAIL

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<i>econazole nitrate cream 1%</i>	Tier 2	PA; MAIL
EXELDERM CRE 1%	Tier 3	QL (60 gm / 25 days); MAIL
EXELDERM SOL 1%	Tier 3	QL (60 mL / 25 days); MAIL
<i>foot care cre 1%</i>	Tier 1	OTC, QL (30 gm / 25 days); MAIL
<i>foot&sneaker aer 1%</i>	Tier 1	OTC; MAIL
<i>fungi-guard cre 1%</i>	Tier 1	OTC; MAIL
<i>fungicure spr intens</i>	Tier 1	OTC; MAIL
<i>fungoid-d cre 1%</i>	Tier 1	OTC; MAIL
<i>jck itch pow aer 1%</i>	Tier 1	OTC; MAIL
<i>jock itch aer 1%</i>	Tier 1	OTC; MAIL
<i>jock itch cre 1%</i>	Tier 1	OTC, QL (210 gm / 30 days); MAIL
<i>jock itch cre 1%</i>	Tier 1	OTC, QL (30 gm / 25 days); MAIL
KERYDIN SOL 5%	Tier 3	MAIL
<i>ketoconazole cream 2%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>ketoconazole shampoo 2%</i>	Tier 1	QL (120 mL / 25 days); MAIL
<i>lamisil af aer 1%</i>	Tier 1	OTC; MAIL
<i>lotrimin af aer 2%</i>	Tier 1	OTC; MAIL
<i>lotrimin af pow 2%</i>	Tier 1	OTC; MAIL
<i>luliconazole cream 1%</i>	Tier 2	PA; MAIL
LUZU CRE 1%	Tier 3	PA; MAIL
MENTAX CRE 1%	Tier 2	MAIL
<i>micaderm cre 2%</i>	Tier 1	OTC, QL (150 gm / 30 days); MAIL
<i>miconazole aer 2%</i>	Tier 1	OTC; MAIL
<i>miconazole cre 2%</i>	Tier 1	OTC, QL (150 gm / 30 days); MAIL
<i>miconazole nitrate aerosol pow 2%</i>	Tier 1	OTC; MAIL
<i>miconazorb pow af 2%</i>	Tier 1	OTC; MAIL
<i>micro guard pow 2%</i>	Tier 1	OTC; MAIL
<i>mycocide ns sol 1%</i>	Tier 1	OTC; MAIL
<i>naftifine hcl cream 1%</i>	Tier 2	MAIL
<i>naftifine hcl cream 2%</i>	Tier 2	MAIL
NAFTIN GEL 1%	Tier 3	PA; MAIL
NAFTIN-MP CRE 1%	Tier 3	MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>nyamyc pow 100000</i>	Tier 1	QL (30 gm / 25 days); MAIL
<i>nyata pow 100000</i>	Tier 1	QL (30 gm / 25 days); MAIL
<i>nystatin cream 100000 unit/gm</i>	Tier 1	QL (90 gm / 25 days); MAIL
<i>nystatin oint 100000 unit/gm</i>	Tier 1	QL (90 gm / 25 days); MAIL
<i>nystatin topical powder 100000 unit/gm</i>	Tier 1	QL (30 gm / 25 days); MAIL
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Tier 2	QL (30 gm / 30 days); MAIL
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Tier 2	QL (30 gm / 30 days); MAIL
<i>nystop pow 100000</i>	Tier 1	QL (30 gm / 25 days); MAIL
<i>odor control aer powd 1%</i>	Tier 1	OTC; MAIL
<i>odor eaters aer 1%</i>	Tier 1	OTC; MAIL
<i>odor eaters pow 1%</i>	Tier 1	OTC; MAIL
<i>oxiconazole nitrate cream 1%</i>	Tier 2	QL (90 gm / 25 days); MAIL
<i>OXISTAT LOT 1%</i>	Tier 3	QL (60 mL / 25 days), PA; MAIL
<i>podactin cre 2%</i>	Tier 1	OTC, QL (150 gm / 30 days); MAIL
<i>podactin pow 1%</i>	Tier 1	OTC; MAIL
<i>remedy cre antifung</i>	Tier 1	OTC, QL (150 mL / 30 days); MAIL
<i>remedy oin af 2%</i>	Tier 1	OTC; MAIL
<i>remedy pow antifung</i>	Tier 1	OTC; MAIL
<i>ringworm cre 1%</i>	Tier 1	OTC, QL (210 gm / 30 days); MAIL
<i>sm antifungl cre 1%</i>	Tier 1	OTC; MAIL
<i>sm antifungl cre 2%</i>	Tier 1	OTC, QL (150 gm / 30 days); MAIL
<i>soothe&cool cre inzo 2%</i>	Tier 1	OTC, QL (150 gm / 30 days); MAIL
<i>terbinafine cre 1%</i>	Tier 1	OTC, QL (30 gm / 25 days); MAIL
<i>tetterine oin 2%</i>	Tier 1	OTC; MAIL
<i>tgt antifung cre 1%</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>tgt athletes cre foot</i>	Tier 1	OTC, QL (30 gm / 25 days); MAIL
<i>tinaspore sol 1%</i>	Tier 1	OTC; MAIL
<i>tolnaftate aerosol pow 1%</i>	Tier 1	OTC; MAIL
<i>tolnaftate cre 1%</i>	Tier 1	OTC; MAIL
<i>tolnaftate powder 1%</i>	Tier 1	OTC; MAIL
<i>tolnaftate soln 1%</i>	Tier 1	OTC; MAIL
<i>triple paste oin af 2%</i>	Tier 1	OTC; MAIL
<i>zeasorb-af pow 2%</i>	Tier 1	OTC; MAIL
Antihistamines-Topical		
<i>allergy cre 2-0.1%</i>	Tier 1	OTC; MAIL
<i>eq anti-itch cre 2-0.1%</i>	Tier 1	OTC; MAIL
Antineoplastic or Premalignant Lesion Agents - Topical		
FLUORAC CRE 5-1%	Tier 3	PA; MAIL
fluorouracil cream 5%	Tier 2	MAIL
PANRETIN GEL 0.1%	Tier 4	PA
PICATO GEL 0.05%	Tier 3	PA; MAIL
PICATO GEL 0.015%	Tier 3	PA; MAIL
Antipruritics - Topical		
<i>doxepin hcl cream 5%</i>	Tier 2	QL (90 gm / 25 days), PA; MAIL
Antipsoriatics		
<i>acitretin cap 10 mg</i>	Tier 2	PA; MAIL
<i>acitretin cap 17.5 mg</i>	Tier 2	PA; MAIL
<i>acitretin cap 25 mg</i>	Tier 2	PA; MAIL
<i>calcipotriene oint 0.005%</i>	Tier 2	QL (60 gm / 30 days), PA; MAIL
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 2	QL (60 mL / 30 days), PA; MAIL
<i>calcitrene oin 0.005%</i>	Tier 2	QL (60 gm / 30 days), PA; MAIL
<i>calcitriol oint 3 mcg/gm</i>	Tier 2	PA; MAIL
COSENTYX INJ 150MG/ML	Tier 4	PA
COSENTYX PEN INJ 300DOSE	Tier 4	PA
DRITHO-CREME CRE HP 1%	Tier 2	QL (50 gm / 25 days); MAIL
8-MOP CAP 10MG	Tier 3	PA; MAIL
STELARA INJ 45MG/0.5	Tier 4	PA
STELARA INJ 45MG/0.5	Tier 4	PA; Preferred Brand
STELARA INJ 90MG/ML	Tier 4	PA; Preferred Brand

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Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene cream 0.1%</i>	Tier 2	QL (60 gm / 25 days), PA; MAIL; Covered in ages 18 and under
TAZORAC CRE 0.05%	Tier 3	QL (60 gm / 25 days), PA; MAIL; Covered in ages 18 and under
TAZORAC GEL 0.1%	Tier 3	QL (100 gm / 25 days), PA; MAIL; Covered in ages 18 and under
TAZORAC GEL 0.05%	Tier 3	QL (100 gm / 25 days), PA; MAIL; Covered in ages 18 and under

Antiseborrheic Products

<i>anti-dandruff sha 1%</i>	Tier 1	OTC; MAIL
<i>dandruff sha 1%</i>	Tier 1	OTC; MAIL
<i>ra dandruff sha 1%</i>	Tier 1	OTC; MAIL
<i>selenium sulfide lotion 2.5%</i>	Tier 1	MAIL

Antivirals - Topical

ABREVA CRE 10%	Tier 1	OTC, QL (2 gm / 15 days); MAIL
<i>acyclovir oint 5%</i>	Tier 2	PA; AGE; MAIL; Covered in ages 18 and under
DENAVIR CRE 1%	Tier 2	MAIL
ZOVIRAX CRE 5%	Tier 2	PA; AGE; MAIL; Covered in ages 18 and under

Burn Products

<i>silver sulfadiazine cream 1%</i>	Tier 1	QL (1050 gm / 30 days); MAIL
<i>ssd cre 1%</i>	Tier 1	QL (1050 gm / 30 days); MAIL
SULFAMYLLON CRE 85MG/GM	Tier 3	MAIL
<i>thermazene cre 1%</i>	Tier 1	QL (1050 gm / 30 days); MAIL

Corticosteroids - Topical

<i>ala-cort cre 1%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	MAIL
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	MAIL
<i>amcinonide cream 0.1%</i>	Tier 2	MAIL
<i>amcinonide lotion 0.1%</i>	Tier 2	MAIL
AMCINONIDE OIN 0.1%	Tier 3	MAIL

PA - Prior Authorization **ST** - Step Therapy **AGE** - Age Limit
QL - Quantity Limits **OTC** - Over the Counter **MAIL** - Mail Order Available
MED - Max 90 mg Morphine EQ Dose Per Day
Tier 1 = Generics; Low cost preferred brand
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Drug Name	Drug Tier	Requirements/Limits
<i>anti-itch cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>anti-itch cre 1%pls 10</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>anti-itch cre /aloe/e</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>anti-itch cre /oatmeal</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>anti-itch lot 1%</i>	Tier 1	OTC, QL (120 gm / 25 days); MAIL
<i>anti-itch oin 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>anti-itch oin max st</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>anti-itch/ cre aloe</i>	Tier 1	OTC; MAIL
APEXICON E CRE 0.05%	Tier 3	PA; MAIL
<i>aquanil hc lot 1%</i>	Tier 1	OTC, QL (120 mL / 25 days); MAIL
<i>aveeno cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>beta hc lot 1%</i>	Tier 1	OTC, QL (120 mL / 25 days); MAIL
<i>betamethasone dipropionate augmented cream 0.05%</i>	Tier 1	QL (60 gm / 30 days); MAIL
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1	MAIL
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	MAIL
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 1	MAIL
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	MAIL
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	MAIL
<i>betamethasone dipropionate oint 0.05%</i>	Tier 1	QL (210 gm / 25 days); MAIL
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	QL (450 gm / 30 days); MAIL
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	MAIL
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Tier 2	QL (100 gm / 25 days), PA; MAIL
<i>clobetasol propionate cream 0.05%</i>	Tier 2	QL (60 gm / 25 days); MAIL

PA - Prior Authorization **ST** - Step Therapy **AGE** - Age Limit

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QL – Quantity Limits **OTC** – Over the Counter **MAIL** – Mail Order Available

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate gel 0.05%</i>	Tier 2	QL (60 gm / 25 days); MAIL
<i>clobetasol propionate oint 0.05%</i>	Tier 2	QL (60 gm / 25 days); MAIL
<i>clobetasol propionate soln 0.05%</i>	Tier 2	QL (50 mL / 25 days); MAIL
<i>clocortolone pivalate cream 0.1%</i>	Tier 2	MAIL
CORDRAN 80X3 TAP 4MCG/CM	Tier 3	QL (1 ea / 25 days), PA; MAIL
<i>cormax scalp sol 0.05%</i>	Tier 2	QL (50 mL / 25 days); MAIL
<i>cort intense cre heal 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>corticoool gel 1%</i>	Tier 1	OTC; MAIL
<i>cortisone cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>cortisone gel cooling</i>	Tier 1	OTC; MAIL
<i>cortisone lot 1%</i>	Tier 1	OTC, QL (120 gm / 25 days); MAIL
<i>cortisone oin 1%max st</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>cortizone-10 cre /aloe 1%</i>	Tier 1	OTC; MAIL
<i>cortizone-10 cre healing</i>	Tier 1	OTC; MAIL
<i>cortizone-10 cre plus</i>	Tier 1	OTC; MAIL
<i>cortizone-10 gel 1%</i>	Tier 1	OTC; MAIL
<i>cortizone-10 lot eczema</i>	Tier 1	OTC, QL (120 gm / 25 days); MAIL
<i>cortizone-10 lot hydraten</i>	Tier 1	OTC, QL (120 gm / 25 days); MAIL
<i>cortizone-10 oin 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
DERMA SILKRX KIT SDS PAK	Tier 3	MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>desonide cream 0.05%</i>	Tier 1	QL (450 gm / 30 days), ST; MAIL; Prior use of 3; Alclometasone Crm Oint, Desonide Oint, Fluocinolone Oil, Hydrocortisone Crm (0.5%, 0.1%, 2.5%), Gel (1%), Lotion (1%, 2.5%) or Oint (1%, 2.5%), Hydrocortisone Crm 0.5% for 30 days.
<i>desonide oint 0.05%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>desoximetasone cream 0.05%</i>	Tier 2	QL (60 gm / 30 days); MAIL
<i>desoximetasone cream 0.25%</i>	Tier 2	QL (60 gm / 30 days); MAIL
<i>desoximetasone gel 0.05%</i>	Tier 2	QL (60 gm / 30 days); MAIL
<i>desoximetasone oint 0.05%</i>	Tier 2	QL (60 gm / 30 days); MAIL
<i>desoximetasone oint 0.25%</i>	Tier 2	QL (60 gm / 30 days); MAIL
<i>diflorasone diacetate cream 0.05%</i>	Tier 2	QL (60 gm / 30 days); MAIL
<i>diflorasone diacetate oint 0.05%</i>	Tier 2	QL (60 gm / 30 days); MAIL
<i>eq hydrocort cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>fluocinolone acetonide cream 0.025%</i>	Tier 1	MAIL
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Tier 2	QL (Max day supply 28); MAIL
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Tier 2	QL (Max day supply 28); MAIL
<i>fluocinolone acetonide oint 0.025%</i>	Tier 1	MAIL
<i>fluocinonide cream 0.05%</i>	Tier 1	QL (150 gm / 25 days); MAIL
<i>fluocinonide emulsified base cream 0.05%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>fluocinonide gel 0.05%</i>	Tier 1	QL (60 gm / 25 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide oint 0.05%</i>	Tier 1	QL (60 gm / 30 days), ST; MAIL; Prior use of 2; Mometasone Cream, Fluocinolone Cream, or Triamcinolone Ointment for 20 days.
<i>fluocinonide soln 0.05%</i>	Tier 1	QL (60 mL / 25 days); MAIL
<i>flurandrenolide cream 0.05%</i>	Tier 2	QL (30 gm / 25 days); MAIL
<i>flurandrenolide lotion 0.05%</i>	Tier 2	QL (15 mL / 25 days); MAIL
<i>fluticasone propionate cream 0.05%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>fluticasone propionate oint 0.005%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>gnp hydrocor cre 1% plus</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>gynecort 10 cre 1%</i>	Tier 1	OTC; MAIL
<i>halobetasol propionate cream 0.05%</i>	Tier 2	MAIL
<i>halobetasol propionate oint 0.05%</i>	Tier 2	MAIL
HALOG CRE 0.1%	Tier 3	PA; MAIL
HALOG OIN 0.1%	Tier 3	QL (60 gm / 25 days), PA; MAIL
<i>hc-1% hemorr oin 1%</i>	Tier 1	OTC; MAIL
<i>hm hydrocort cre 1% plus</i>	Tier 1	OTC; MAIL
<i>hydro-lotion lot 1%</i>	Tier 1	OTC, QL (120 mL / 25 days); MAIL
<i>hydrocort ac cre 1%</i>	Tier 1	OTC; MAIL
<i>hydrocort cre 0.5%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>hydrocort cre 1%pls 10</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>hydrocort/ cre aloe 1%</i>	Tier 1	OTC; MAIL
<i>hydrocortisone acetate-aloe vera cream 0.5%</i>	Tier 1	OTC; MAIL
<i>hydrocortisone cream 0.5%</i>	Tier 1	OTC; MAIL
<i>hydrocortisone cream 1%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>hydrocortisone cream 2.5%</i>	Tier 1	QL (60 gm / 25 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone lotion 2.5%</i>	Tier 1	QL (60 mL / 25 days); MAIL
<i>hydrocortisone oint 0.5%</i>	Tier 1	OTC; MAIL
<i>hydrocortisone oint 1%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>hydrocortisone oint 2.5%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>hydrocortisone valerate cream 0.2%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>hydrocortisone-aloe vera cream 0.5%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>hydrocream cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>hydroskin cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>instacort 5 cre 0.5%</i>	Tier 1	OTC; MAIL
<i>kericort 10 cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>klis hydrocrt cre pls 1%</i>	Tier 1	OTC; MAIL
<i>lanacort 10 cre 1%</i>	Tier 1	OTC; MAIL
<i>med-derm hc cre 0.5%</i>	Tier 1	OTC; MAIL
<i>med-derm hc cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>mg217 gel 1%</i>	Tier 1	OTC; MAIL
<i>mometasone furoate cream 0.1%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>mometasone furoate oint 0.1%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 1	MAIL
<i>noble formul cre hc 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>prednicarbate cream 0.1%</i>	Tier 2	MAIL
<i>prednicarbate oint 0.1%</i>	Tier 2	MAIL
<i>prep h cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>qc hydrocort cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>ra anti-itch cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>ra anti-itch oin 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>ra hydrocort cre 0.5%</i>	Tier 1	OTC; MAIL
<i>ra hydrocort cre 1%</i>	Tier 1	OTC; MAIL
<i>ra hydrocort cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>ra hydrocort cre 1%pls 12</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>recort plus cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>rederm lot 1%</i>	Tier 1	OTC, QL (120 mL / 25 days); MAIL
SANADERMRX KIT SKIN REP	Tier 3	MAIL
<i>sarnol-hc lot 1%</i>	Tier 1	OTC, QL (120 mL / 25 days); MAIL
<i>sm hydrocort cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>sm hydrocort cre 1% plus</i>	Tier 1	OTC; MAIL
<i>sm hydrocort oin 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
TACLONEX SUS	Tier 3	QL (120 gm / 25 days), PA; MAIL
<i>triamcinolone acetonide cream 0.1%</i>	Tier 1	QL (480 gm / 30 days); MAIL
<i>triamcinolone acetonide cream 0.5%</i>	Tier 1	QL (450 gm / 30 days); MAIL
<i>triamcinolone acetonide cream 0.025%</i>	Tier 1	QL (450 gm / 30 days); MAIL
<i>triamcinolone acetonide lotion 0.1%</i>	Tier 1	QL (450 mL / 30 days); MAIL
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 1	QL (60 mL / 25 days); MAIL
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1	QL (450 gm / 30 days); MAIL
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	QL (15 gm / 25 days); MAIL
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1	QL (450 gm / 30 days); MAIL
<i>triderm cre 0.1%</i>	Tier 1	QL (480 gm / 30 days); MAIL
TRIDERMA CRE FORTE	Tier 3	PA; MAIL
VALIDERM CRE	Tier 3	PA; MAIL

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Drug Name	Drug Tier	Requirements/Limits
ECZEMA AGENTS		
DUPIXENT INJ 300/2ML	Tier 4	PA
Emollients		
<i>al12 lot 12%</i>	Tier 1	OTC, QL (225 gm / 25 days); MAIL
<i>amlactin lot 12%</i>	Tier 1	OTC, QL (225 gm / 25 days); MAIL
<i>geri-hydrola cre 12%</i>	Tier 1	OTC, QL (280 gm / 25 days); MAIL
<i>geri-hydrola lot 12%</i>	Tier 1	OTC, QL (225 gm / 25 days); MAIL
<i>hydrophor oin</i>	Tier 1	OTC; MAIL
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	OTC, QL (280 gm / 25 days); MAIL
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1	OTC, QL (225 gm / 25 days); MAIL
<i>skin trtment lot 12%</i>	Tier 1	OTC, QL (225 gm / 25 days); MAIL
Enzymes - Topical		
SANTYL OIN 250/GM	Tier 3	QL (30 gm / 30 days), PA; MAIL
<i>tbc aer</i>	Tier 1	
Immunomodulating Agents - Topical		
<i>imiquimod cream 5%</i>	Tier 1	QL (24 ea / 25 days), PA; MAIL
Immunosuppressive Agents - Topical		
ELIDEL CRE 1%	Tier 2	QL (60 gm / 30 days), PA; MAIL; Covered in ages 2 and over
<i>pimecrolimus cream 1%</i>	Tier 1	QL (60 gm / 30 days), PA; MAIL; Covered in ages 2 and over
<i>tacrolimus oint 0.1%</i>	Tier 2	QL (30 gm / 25 days), PA; MAIL; Covered in ages 2 and over
<i>tacrolimus oint 0.03%</i>	Tier 2	QL (30 gm / 25 days), PA; MAIL; Covered in ages 2 and over
Keratolytic/Antimitotic Agents		
<i>podofilox soln 0.5%</i>	Tier 1	QL (7 mL / 180 days); MAIL

PA - Prior Authorization ST - Step Therapy AGE - Age Limit

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Drug Name	Drug Tier	Requirements/Limits
SUPRACIL CRE	Tier 3	PA; MAIL
LOCAL ANESTHETICS - TOPICAL		
<i>capsaicin cream 0.1%</i>	Tier 1	OTC
<i>capsaicin cream 0.025%</i>	Tier 1	OTC
Local Anesthetics - Topical		
<i>aspercreme pad lido 4%</i>	Tier 1	OTC, QL (120 patches / 30 days); MAIL
<i>lidocaine hcl soln 4%</i>	Tier 1	QL (225 mL / 30 days); MAIL
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Tier 1	QL (500 mL / 25 days); MAIL
<i>lidocaine patch 5%</i>	Tier 2	QL (90 patches / 30 days), PA; MAIL
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>lidocream cre 4%</i>	Tier 1	OTC; MAIL
<i>regenecare gel ha 2%</i>	Tier 1	OTC, QL (500 mL / 25 days); MAIL
Misc. Topical		
DRYSOL SOL 20%	Tier 2	QL (180 mL / 30 days); MAIL
<i>minerin cre</i>	Tier 1	OTC; MAIL
ZINC-OXYDE OIN 0.44-20%	Tier 1	OTC; MAIL
Pigmenting-Depigmenting Agents		
OXSORALEN LOT 1%	Tier 3	QL (29.57 mL / 25 days), PA; MAIL
Rosacea Agents		
<i>azelaic acid gel 15%</i>	Tier 1	QL (50 gm / 25 days), PA; MAIL
FINACEA GEL 15%	Tier 3	QL (50 gm / 25 days), PA; MAIL
<i>metronidazole cream 0.75%</i>	Tier 1	QL (45 gm / 25 days); MAIL
<i>metronidazole gel 0.75%</i>	Tier 1	QL (45 gm / 25 days); MAIL
<i>metronidazole lotion 0.75%</i>	Tier 1	QL (59 mL / 25 days); MAIL
MIRVASO GEL 0.33%	Tier 3	PA; MAIL
<i>rosadan cre 0.75%</i>	Tier 1	QL (45 gm / 25 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>rosadan gel 0.75%</i>	Tier 1	QL (45 gm / 25 days); MAIL
<i>Scabicides Pediculicides</i>		
<i>bedding spra aer 0.5%</i>	Tier 1	OTC; MAIL
<i>bio-well lot 1%</i>	Tier 1	QL (60 mL / 25 days); MAIL
<i>complete kit lice</i>	Tier 1	OTC; MAIL
<i>cvs lice kit solution</i>	Tier 1	OTC; MAIL
<i>cvs permethr lot 1%</i>	Tier 1	OTC; MAIL
<i>eql lice kit solution</i>	Tier 1	OTC; MAIL
<i>EURAX CRE 10%</i>	Tier 2	ST; MAIL; PRIOR USE PERMETHRIN
<i>gnp lice kit</i>	Tier 1	OTC; MAIL
<i>lice bedding aer</i>	Tier 1	OTC; MAIL
<i>lice bedding aer 0.5%</i>	Tier 1	OTC; MAIL
<i>lice killing sha</i>	Tier 1	OTC; MAIL
<i>lice killing sha 0.33-4%</i>	Tier 1	OTC; MAIL
<i>lice soln kit</i>	Tier 1	OTC; MAIL
<i>lice soln kit complete</i>	Tier 1	OTC; MAIL
<i>lice treatmt lot 1%</i>	Tier 1	OTC; MAIL
<i>lice treatmt sha 0.33-4%</i>	Tier 1	OTC; MAIL
<i>lice trtmnt liq 1%</i>	Tier 1	OTC; MAIL
<i>lice trtmnt liq crm rnse</i>	Tier 1	OTC; MAIL
<i>licide aer 0.5%</i>	Tier 1	OTC; MAIL
<i>licide comp kit treatmnt</i>	Tier 1	OTC; MAIL
<i>licide liq max st</i>	Tier 1	OTC; MAIL
<i>licide sha 0.33-4%</i>	Tier 1	OTC; MAIL
<i>lindane lotion 1%</i>	Tier 1	QL (60 mL / 25 days); MAIL
<i>lindane shampoo 1%</i>	Tier 1	QL (60 mL / 25 days); MAIL
<i>malathion lotion 0.5%</i>	Tier 2	QL (Max 2 fills per 25 days), ST; MAIL; PRIOR USE PERMETHRIN OR PYRETHRIN
<i>permethrin cream 5%</i>	Tier 1	QL (3600 gm / 30 days); MAIL
<i>scabene lot 1%</i>	Tier 1	QL (60 mL / 25 days); MAIL
<i>SKLICE LOT 0.5%</i>	Tier 3	PA; MAIL
<i>sm bedding aer lice</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>sm lice lot treatmnt</i>	Tier 1	OTC; MAIL
<i>sm lice soln kit</i>	Tier 1	OTC; MAIL
<i>spinosad susp 0.9%</i>	Tier 2	ST; MAIL; Prior use of Malathion for 7 days.
<i>stop lice kit complete</i>	Tier 1	OTC; MAIL
<i>stop lice liq max st</i>	Tier 1	OTC; MAIL
<i>stop lice ms sha 0.33-4%</i>	Tier 1	OTC; MAIL
<i>tgt lice kit complete</i>	Tier 1	OTC; MAIL

Wound Care Products

REGRANEX GEL 0.01%	Tier 3	QL (15 gm / 25 days), PA; MAIL
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DIAGNOSTIC PRODUCTS**Diagnostic Drugs**

THYROGEN INJ 1.1MG	Tier 4	QL (2 vials / 180 days), PA
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Diagnostic Tests

TRUE METRIX TES GLUCOSE	Tier 2	OTC, QL (50/30 for non-insulin, 200/30 for insulin/pregnant); MAIL
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DIAGNOSTIC TESTS**DIAGNOSTIC TESTS**

RELION KETON TES	Tier 2	OTC; MAIL
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DIBENZAPINES**THIENBENZODIAZEPINES**

ZYPREXA RELP INJ 210MG	Tier 3	
ZYPREXA RELP INJ 300MG	Tier 3	
ZYPREXA RELP INJ 405MG	Tier 3	

DIGESTIVE AIDS**Digestive Enzymes**

CREON CAP 3000UNIT	Tier 2	QL (180 caps / 30 days); MAIL
CREON CAP 6000UNIT	Tier 2	QL (180 caps / 30 days); MAIL
CREON CAP 12000UNT	Tier 2	QL (180 caps / 30 days); MAIL
CREON CAP 24000UNT	Tier 2	QL (180 caps / 30 days); MAIL
CREON CAP 36000UNT	Tier 2	QL (180 caps / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>pancrelipase (lip-prot-amyl) dr cap 5000-17000-27000 unit</i>	Tier 1	QL (180 caps / 30 days); MAIL
ZENPEP CAP 3000UNIT	Tier 2	QL (180 caps / 30 days); MAIL
ZENPEP CAP 5000UNIT	Tier 2	QL (180 caps / 30 days); MAIL
ZENPEP CAP 10000UNT	Tier 2	QL (180 caps / 30 days); MAIL
ZENPEP CAP 15000UNT	Tier 2	QL (180 caps / 30 days); MAIL
ZENPEP CAP 20000UNT	Tier 2	QL (180 caps / 30 days); MAIL
ZENPEP CAP 25000UNT	Tier 2	QL (180 caps / 30 days); MAIL
ZENPEP CAP 40000UNT	Tier 2	QL (180 caps / 30 days); MAIL

DIURETICS***Carbonic Anhydrase Inhibitors***

<i>acetazolamide cap er 12hr 500 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL
<i>acetazolamide tab 125 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>acetazolamide tab 250 mg</i>	Tier 1	QL (120 ea / 30 days); MAIL
<i>methazolamide tab 25 mg</i>	Tier 2	MAIL
<i>methazolamide tab 50 mg</i>	Tier 2	MAIL

Diuretic Combinations

ALDACTAZIDE TAB 50/50	Tier 2	QL (60 tabs / 30 days); MAIL
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>Loop Diuretics</i>		
<i>bumetanide tab 0.5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>bumetanide tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>bumetanide tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>ethacrynic acid tab 25 mg</i>	Tier 2	QL (480 tabs / 30 days); MAIL
<i>furosemide oral soln 8 mg/ml</i>	Tier 2	MAIL; Covered in ages 12 and under
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	MAIL; Covered in ages 12 and under
<i>furosemide tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>furosemide tab 40 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>furosemide tab 80 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>torseamide tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>torseamide tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>torseamide tab 20 mg</i>	Tier 1	QL (120 ea / 30 days); MAIL
<i>torseamide tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>Potassium Sparing Diuretics</i>		
<i>amiloride hcl tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
DYRENIUM CAP 50MG	Tier 2	QL (180 caps / 30 days); MAIL
DYRENIUM CAP 100MG	Tier 2	QL (90 caps / 30 days); MAIL
<i>spironolactone tab 25 mg</i>	Tier 1	QL (240 ea / 30 days); MAIL
<i>spironolactone tab 50 mg</i>	Tier 1	QL (120 ea / 30 days); MAIL
<i>spironolactone tab 100 mg</i>	Tier 1	QL (60 ea / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>Thiazides and Thiazide-Like Diuretics</i>		
<i>chlorothiazide tab 250 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>chlorothiazide tab 500 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>chlorthalidone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>chlorthalidone tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>chlorthalidone tab 100 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>indapamide tab 1.25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>indapamide tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>methyclothiazide tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>metolazone tab 2.5 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>metolazone tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>metolazone tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL

ENDOCRINE AND METABOLIC AGENTS - MISC.***Bone Density Regulators***

<i>alendronate sodium tab 5 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>alendronate sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>alendronate sodium tab 35 mg</i>	Tier 1	QL (4.29 tabs / 30 days); MAIL
<i>alendronate sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tab 70 mg</i>	Tier 1	QL (4.29 tabs / 30 days); MAIL
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QL (30 mL / 30 days); MAIL; Covered in ages 50 and over
<i>etidronate disodium tab 200 mg</i>	Tier 1	MAIL
<i>etidronate disodium tab 400 mg</i>	Tier 1	MAIL
FORTEO SOL 600/2.4	Tier 4	QL (2.58 mL / 30 days), PA
FOSAMAX + D TAB 70-2800	Tier 2	MAIL
FOSAMAX + D TAB 70-5600	Tier 2	MAIL
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QL (3.216 tabs / 30 days); MAIL
PROLIA SOL 60MG/ML	Tier 4	PA
<i>risedronate sodium tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>risedronate sodium tab 30 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>risedronate sodium tab 35 mg</i>	Tier 1	QL (Max day supply 28; Max 0.143 per day); MAIL
<i>risedronate sodium tab 150 mg</i>	Tier 1	MAIL
SKELID TAB 200MG	Tier 4	PA
TYMLOS INJ	Tier 4	PA
XGEVA INJ	Tier 4	PA
Fertility Regulators		
<i>chor gonadot inj 10000unt</i>	Tier 4	PA
Growth Hormone Receptor Antagonists		
SOMAVERT INJ 10MG	Tier 4	PA
SOMAVERT INJ 15MG	Tier 4	PA
SOMAVERT INJ 20MG	Tier 4	PA
Growth Hormones		
OMNITROPE INJ PEN 5/1.5ML	Tier 4	PA
OMNITROPE INJ PEN 10/1.5ML	Tier 4	PA
Hormone Receptor Modulators		
OSPHENA TAB 60MG	Tier 3	PA; MAIL
<i>raloxifene hcl tab 60 mg</i>	Tier 2	QL (30 tabs / 30 days); \$0 Copay for Breast Cancer Prevention for Women age 35+; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>Insulin-Like Growth Factors (Somatomedins)</i>		
INCRELEX INJ 40MG/4ML	Tier 4	PA
<i>LHRH/GnRH Agonist Analog Pituitary Suppressants</i>		
LUPANETA KIT 3.75-5	Tier 4	PA
LUPANETA KIT 11.25-5	Tier 4	PA
LUPR DEP-PED INJ 3M 30MG	Tier 4	QL (1 kit / 100 days), PA
LUPR DEP-PED INJ 7.5MG	Tier 4	QL (1 kit / 25 days), PA
LUPR DEP-PED INJ 11.25MG	Tier 4	QL (1 kit / 25 days), PA
LUPR DEP-PED INJ 11.25MG	Tier 4	QL (1 kit / 75 days), PA
LUPR DEP-PED INJ 15MG	Tier 4	QL (1 kit / 25 days), PA
SYNAREL SOL 2MG/ML	Tier 4	QL (32 mL / 28 days), PA
<i>Metabolic Modifiers</i>		
<i>calcitriol cap 0.5 mcg</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>calcitriol cap 0.25 mcg</i>	Tier 1	QL (120 caps / 30 days); MAIL
CYSTADANE POW	Tier 3	PA; MAIL
<i>doxercalciferol cap 0.5 mcg</i>	Tier 2	MAIL
<i>doxercalciferol cap 1 mcg</i>	Tier 2	MAIL
<i>doxercalciferol cap 2.5 mcg</i>	Tier 2	MAIL
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	Tier 2	MAIL
ELAPRASE INJ 6MG/3ML	Tier 4	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 2	QL (1800 mL / 30 days); MAIL
<i>levocarnitine tab 330 mg</i>	Tier 1	QL (540 tabs / 30 days); MAIL
MYALEPT INJ 11.3MG	Tier 4	PA
<i>paricalcitol cap 1 mcg</i>	Tier 2	PA; MAIL
<i>paricalcitol cap 2 mcg</i>	Tier 2	PA; MAIL
<i>paricalcitol cap 4 mcg</i>	Tier 2	PA; MAIL
<i>paricalcitol iv soln 2 mcg/ml</i>	Tier 2	PA; MAIL
<i>paricalcitol iv soln 5 mcg/ml</i>	Tier 2	PA; MAIL
SENSIPAR TAB 30MG	Tier 4	PA
SENSIPAR TAB 60MG	Tier 4	PA
SENSIPAR TAB 90MG	Tier 4	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	Tier 4	PA
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
Posterior Pituitary Hormones		
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 2	PA; MAIL
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	QL (150 tabs / 30 days); MAIL
STIMATE SOL 1.5MG/ML	Tier 4	PA
Prolactin Inhibitors		
<i>cabergoline tab 0.5 mg</i>	Tier 1	MAIL
Somatostatic Agents		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 4	PA
SANDOSTATIN KIT LAR 10MG	Tier 4	PA
SANDOSTATIN KIT LAR 20MG	Tier 4	QL (1 kit / 24 days), PA
SANDOSTATIN KIT LAR 30MG	Tier 4	QL (1 kit / 24 days), PA
Vasopressin Receptor Antagonists		
SAMSCA TAB 15MG	Tier 4	PA
SAMSCA TAB 30MG	Tier 4	PA
ESTROGENS		
Estrogen Combinations		
DUAVEE TAB 0.45-20	Tier 3	PA; MAIL
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
PREMPHASE TAB	Tier 2	QL (30 tabs / 30 days); MAIL
PREMPRO TAB 0.3-1.5	Tier 2	QL (30 tabs / 30 days); MAIL
PREMPRO TAB 0.45-1.5	Tier 2	QL (30 tabs / 30 days); MAIL
PREMPRO TAB 0.625-5	Tier 2	QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
PREMPRO TAB .625-2.5	Tier 2	QL (30 tabs / 30 days); MAIL
<i>Estrogens</i>		
CENESTIN TAB 0.3MG	Tier 2	AGE; MAIL; Covered in ages 64 and under
CENESTIN TAB 0.9MG	Tier 2	AGE; MAIL; Covered in ages 64 and under
CENESTIN TAB 0.45MG	Tier 2	AGE; MAIL; Covered in ages 64 and under
CENESTIN TAB 0.625MG	Tier 2	AGE; MAIL; Covered in ages 64 and under
CENESTIN TAB 1.25MG	Tier 2	AGE; MAIL; Covered in ages 64 and under
ENJUVIA TAB 0.3MG	Tier 2	AGE; MAIL; Covered in ages 64 and under
ENJUVIA TAB 0.9MG	Tier 2	AGE; MAIL; Covered in ages 64 and under
ENJUVIA TAB 0.45MG	Tier 2	AGE; MAIL; Covered in ages 64 and under
ENJUVIA TAB 0.625MG	Tier 2	AGE; MAIL; Covered in ages 64 and under
ENJUVIA TAB 1.25MG	Tier 2	AGE; MAIL; Covered in ages 64 and under
<i>estradiol tab 0.5 mg</i>	Tier 1	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>estradiol tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>estradiol tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>estropipate tab 0.75 mg</i>	Tier 1	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>estropipate tab 1.5 mg</i>	Tier 1	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>estropipate tab 3 mg</i>	Tier 1	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under

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Drug Name	Drug Tier	Requirements/Limits
MENEST TAB 0.3MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
MENEST TAB 0.625MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
MENEST TAB 1.25MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
MENEST TAB 2.5MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
PREMARIN TAB 0.3MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
PREMARIN TAB 0.9MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
PREMARIN TAB 0.45MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
PREMARIN TAB 0.625MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
PREMARIN TAB 1.25MG	Tier 2	QL (60 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under

FLUOROQUINOLONES***Fluoroquinolones***

<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1	QL (Max 2 per day)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1	QL (Max 2 per day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	QL (Max 2 per day)
FACTIVE TAB 320MG	Tier 3	QL (30 tabs / 30 days), PA
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1	QL (Max day supply 20; Max 30 per day), PA
<i>levofloxacin tab 250 mg</i>	Tier 1	QL (Max 10 per 10 day; Max 1 fill per 45 days)
<i>levofloxacin tab 500 mg</i>	Tier 1	QL (Max 10 per 10 day; Max 1 fill per 45 days)
<i>levofloxacin tab 750 mg</i>	Tier 1	QL (Max 10 per 10 day; Max 1 fill per 45 days)

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Drug Name	Drug Tier	Requirements/Limits
NOROXIN TAB 400MG	Tier 3	QL (60 tabs / 30 days)

GASTROINTESTINAL AGENTS - MISC.**Antiflatulents**

<i>anti-gas cap 180mg</i>	Tier 1	OTC; MAIL
<i>cvs gas relf chw 80mg</i>	Tier 1	OTC; MAIL
<i>cvs gas relf chw 125mg</i>	Tier 1	OTC; MAIL
<i>cvs gas relf dro ex st</i>	Tier 1	OTC; MAIL
<i>eql gas gone chw 125mg</i>	Tier 1	OTC; MAIL
<i>gas relief cap 125mg</i>	Tier 1	OTC; MAIL
<i>gas relief cap 180mg</i>	Tier 1	OTC; MAIL
<i>gas relief chw 80mg</i>	Tier 1	OTC; MAIL
<i>gas relief chw 125mg</i>	Tier 1	OTC; MAIL
<i>gas relief dro 20/0.3ml</i>	Tier 1	OTC; MAIL
<i>gas relief dro infants</i>	Tier 1	OTC; MAIL
<i>gas-x cap 125mg</i>	Tier 1	OTC; MAIL
<i>gas-x cap 180mg</i>	Tier 1	OTC; MAIL
<i>gas-x infant dro</i>	Tier 1	OTC; MAIL
<i>gnp gas relf chw 80mg</i>	Tier 1	OTC; MAIL
<i>gnp gas relf chw 125mg</i>	Tier 1	OTC; MAIL
<i>hm gas relf chw 80mg</i>	Tier 1	OTC; MAIL
<i>hm gas relf chw 125mg</i>	Tier 1	OTC; MAIL
<i>little remed sus 20/.03ml</i>	Tier 1	OTC; MAIL
LITTLE TUMMY DRO 20/0.3ML	Tier 1	OTC; MAIL
<i>mi-acid gas chw 80mg</i>	Tier 1	OTC; MAIL
<i>mytab gas chw 80mg</i>	Tier 1	OTC; MAIL
<i>mytab gas chw 125mg</i>	Tier 1	OTC; MAIL
<i>phazyme chw 125mg</i>	Tier 1	OTC; MAIL
<i>qc gas relf chw 80mg</i>	Tier 1	OTC; MAIL
<i>qc gas relf chw 125mg</i>	Tier 1	OTC; MAIL
<i>ra gas relf chw 80mg</i>	Tier 1	OTC; MAIL
<i>ra gas relf chw 125mg</i>	Tier 1	OTC; MAIL
<i>sb gas relf chw 125mg</i>	Tier 1	OTC; MAIL
<i>simeped dro 40/0.6ml</i>	Tier 1	OTC; MAIL
<i>simethicone cap 180 mg</i>	Tier 1	OTC; MAIL
<i>simethicone chew tab 80 mg</i>	Tier 1	OTC; MAIL
<i>simethicone chew tab 125 mg</i>	Tier 1	OTC; MAIL
<i>simethicone dro 20/0.3ml</i>	Tier 1	OTC; MAIL
<i>simethicone susp 40 mg/0.6ml</i>	Tier 1	OTC; MAIL
<i>sm gas rel chw 125mg</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>sm gas relie chw 80mg</i>	Tier 1	OTC; MAIL
<i>Gallstone Solubilizing Agents</i>		
<i>ursodiol cap 300 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL
<i>ursodiol tab 250 mg</i>	Tier 2	QL (120 tabs / 30 days); MAIL
<i>ursodiol tab 500 mg</i>	Tier 2	QL (60 per 30 days); MAIL
<i>Gastrointestinal Chloride Channel Activators</i>		
AMITIZA CAP 8MCG	Tier 3	PA; MAIL
AMITIZA CAP 24MCG	Tier 3	PA; MAIL
<i>Gastrointestinal Stimulants</i>		
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	QL (480 mL / 30 days); MAIL; Covered in ages 11 and under
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>Inflammatory Bowel Agents</i>		
APRISO CAP 0.375GM	Tier 2	QL (120 caps / 30 days); MAIL
<i>balsalazide disodium cap 750 mg</i>	Tier 2	QL (270 caps / 30 days); MAIL
CIMZIA KIT	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA KIT STARTER	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA PREFL KIT 200MG/ML	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
DIPENTUM CAP 250MG	Tier 3	QL (120 caps / 30 days); MAIL
<i>mesalamine tab delayed release 800 mg</i>	Tier 2	MAIL
STELARA INJ 5MG/ML	Tier 4	PA; Preferred Brand

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine tab 500 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>Intestinal Acidifiers</i>		
<i>enulose sol 10gm/15</i>	Tier 1	QL (5400 mL / 30 days); MAIL
<i>generlac sol 10gm/15</i>	Tier 1	QL (5400 mL / 30 days); MAIL
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 1	QL (5400 mL / 30 days); MAIL
<i>Irritable Bowel Syndrome (IBS) Agents</i>		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Tier 2	PA; MAIL
<i>alosetron hcl tab 1 mg (base equiv)</i>	Tier 2	PA; MAIL
LINZESS CAP 145MCG	Tier 3	PA; MAIL
LINZESS CAP 290MCG	Tier 3	PA; MAIL
<i>Peripheral Opioid Receptor Antagonists</i>		
RELISTOR INJ 12/0.6ML	Tier 4	PA
RELISTOR KIT 12/0.6ML	Tier 4	PA
<i>Phosphate Binder Agents</i>		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	QL (360 ea / 30 days); MAIL
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Tier 2	QL (270 tabs / 30 days), ST; MAIL; PRIOR USE CALCIUM ACETATE
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Tier 2	QL (180 tabs / 30 days), ST; MAIL; PRIOR USE CALCIUM ACETATE
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Tier 2	QL (135 tabs / 30 days), ST; MAIL; PRIOR USE CALCIUM ACETATE
<i>sevelamer carbonate packet 0.8 gm</i>	Tier 2	QL (525 packets / 30 days), ST; MAIL; PRIOR USE CALCIUM ACETATE
<i>sevelamer carbonate packet 2.4 gm</i>	Tier 2	QL (175.2 packets / 30 days), ST; MAIL; PRIOR USE CALCIUM ACETATE
<i>sevelamer carbonate tab 800 mg</i>	Tier 2	QL (525 tabs / 30 days), ST; MAIL; PRIOR USE CALCIUM ACETATE
VELPHORO CHW 500MG	Tier 3	PA; MAIL

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Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY		
Miscellaneous		
<i>bethanechol chloride tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>bethanechol chloride tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>bethanechol chloride tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>bethanechol chloride tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
Urinary Antispasmodics		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 2	QL (60 tabs / 30 days), ST; MAIL; PRIOR USE TOLERODINE AND TROSPIMUM IR FOR 30 DAYS; Covered in ages 18 and over
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 2	ST; MAIL; PRIOR USE TOLERODINE AND TROSPIMUM IR FOR 30 DAYS
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Tier 1	QL (600 mL / 30 days); MAIL
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	QL (90 ea / 30 days); MAIL
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	QL (30 ea / 30 days), ST; MAIL; PRIOR USE OXYBUTYNIN IR
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE OXYBUTYNIN IR
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE OXYBUTYNIN IR
<i>tolterodine tartrate tab 1 mg</i>	Tier 2	ST; MAIL; PRIOR USE OXYBUTYNIN IR
<i>tolterodine tartrate tab 2 mg</i>	Tier 2	ST; MAIL; PRIOR USE OXYBUTYNIN IR

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Drug Name	Drug Tier	Requirements/Limits
TOVIAZ TAB 4MG	Tier 3	ST; Prior use of Tolterodine AND Trospium then Darifenacin Hydrobromide ER AND Trospium SR for 30 days each.
TOVIAZ TAB 8MG	Tier 3	ST; Prior use of Tolterodine AND Trospium then Darifenacin Hydrobromide ER AND Trospium SR for 30 days each.
<i>trospium chloride cap er 24hr 60 mg</i>	Tier 2	ST; MAIL; PRIOR USE TOLERODINE AND TROSPIUM IR FOR 30 DAYS
<i>trospium chloride tab 20 mg</i>	Tier 2	ST; MAIL; PRIOR USE OXYBUTYNIN IR
VESICARE TAB 5MG	Tier 3	QL (60 tabs / 30 days), ST; MAIL; Prior use of Tolterodine AND Trospium then Darifenacin Hydrobromide ER AND Trospium SR then Toviaz for 30 days each.; Covered in ages 18 and over
VESICARE TAB 10MG	Tier 3	ST; MAIL; Prior use of Tolterodine AND Trospium then Darifenacin Hydrobromide ER AND Trospium SR then Toviaz for 30 days each.

GENITOURINARY AGENTS - MISCELLANEOUS***Alkalinizers***

<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	Tier 1	MAIL
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Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	Tier 1	MAIL
Cystinosis Agents		
CYSTAGON CAP 50MG	Tier 4	PA
CYSTAGON CAP 150MG	Tier 4	PA
Genitourinary Irrigants		
<i>acetic acid irrigation soln 0.25%</i>	Tier 1	MAIL
<i>argyl saline sol 0.9%</i>	Tier 1	QL (100000 mL / 25 days); MAIL
<i>curity salin sol 0.9% irr</i>	Tier 1	QL (100000 mL / 25 days); MAIL
<i>sodium chloride irrigation soln 0.9%</i>	Tier 1	QL (100000 mL / 25 days); MAIL
Interstitial Cystitis Agents		
ELMIRON CAP 100MG	Tier 3	MAIL
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
CIALIS TAB 5MG	Tier 3	PA; MAIL
<i>dutasteride cap 0.5 mg</i>	Tier 1	MAIL
<i>finasteride tab 5 mg</i>	Tier 1	QL (30 ea / 30 days); MAIL
RAPAFLO CAP 4MG	Tier 3	QL (60 caps / 30 days), PA; MAIL
RAPAFLO CAP 8MG	Tier 3	QL (30 caps / 30 days), PA; MAIL
<i>silodosin cap 4 mg</i>	Tier 1	QL (60 caps / 30 days), PA; MAIL
<i>silodosin cap 8 mg</i>	Tier 1	QL (30 caps / 30 days), PA; MAIL
<i>tadalafil tab 5 mg</i>	Tier 1	PA
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
Urinary Analgesics		
<i>phenazo tab 200mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>phenazopyridine hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>phenazopyridine hcl tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL

GNRH/LHRH ANTAGONISTS**GNRH/LHRH ANTAGONISTS**

CETROTIDE KIT 0.25MG	Tier 4	PA
GANIRELIX AC INJ 250/0.5	Tier 4	PA

GOUT AGENTS**Gout Agent Combinations**

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
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Gout Agents

<i>allopurinol tab 100 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>allopurinol tab 300 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>colchicine tab 0.6 mg</i>	Tier 1	QL (30 tabs / 90 days; Max 1 fill per 90 days); MAIL
ULORIC TAB 40MG	Tier 3	PA; MAIL
ULORIC TAB 80MG	Tier 3	PA; MAIL

Uricosurics

<i>probenecid tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
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HEMATOLOGICAL AGENTS - MISC.**Antihemophilic Products**

ADVATE INJ 250UNIT	Tier 4	PA
ADVATE INJ 500UNIT	Tier 4	PA
ADVATE INJ 1000UNIT	Tier 4	PA
ADVATE INJ 1500UNIT	Tier 4	PA
ADVATE INJ 2000UNIT	Tier 4	PA
ADVATE INJ 3000UNIT	Tier 4	PA
ADVATE INJ 4000UNIT	Tier 4	PA
ALPHANINE SD INJ 500UNIT	Tier 4	PA
ALPHANINE SD INJ 1500UNIT	Tier 4	PA
ALPROLIX INJ 250UNIT	Tier 4	PA
ALPROLIX INJ 500UNIT	Tier 4	PA
ALPROLIX INJ 1000UNIT	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
ALPROLIX INJ 2000UNIT	Tier 4	PA
ALPROLIX INJ 3000UNIT	Tier 4	PA
ALPROLIX INJ 4000UNIT	Tier 4	PA
BENEFIX INJ 250UNIT	Tier 4	PA
BENEFIX INJ 500UNIT	Tier 4	PA
BENEFIX INJ 1000UNIT	Tier 4	PA
BENEFIX INJ 2000UNIT	Tier 4	PA
BENEFIX INJ 3000UNIT	Tier 4	PA
FEIBA INJ	Tier 4	PA
HELIXATE FS INJ 250UNIT	Tier 4	PA
HELIXATE FS INJ 500UNIT	Tier 4	PA
HELIXATE FS INJ 1000UNIT	Tier 4	PA
HEMLIBRA INJ 30MG/ML	Tier 4	PA
HEMLIBRA INJ 60/0.4	Tier 4	PA
HEMLIBRA INJ 105/0.7	Tier 4	PA
HEMLIBRA INJ 150/ML	Tier 4	PA
HEMOFIL M INJ 250UNIT	Tier 4	PA
HEMOFIL M INJ 500UNIT	Tier 4	PA
HEMOFIL M INJ 1000UNIT	Tier 4	PA
HEMOFIL M INJ 1700UNIT	Tier 4	PA
HUMATE-P SOL 500-1200	Tier 4	PA
HUMATE-P SOL 2400UNIT	Tier 4	PA
KOATE INJ 250UNIT	Tier 4	PA
KOATE INJ 500 UNIT	Tier 4	PA
KOATE INJ 1000UNIT	Tier 4	PA
KOATE-DVI INJ 250UNIT	Tier 4	PA
KOATE-DVI INJ 500UNIT	Tier 4	PA
KOATE-DVI INJ 1000UNIT	Tier 4	PA
KOGENATE FS INJ 250UNIT	Tier 4	PA
KOGENATE FS INJ 500UNIT	Tier 4	PA
KOGENATE FS INJ 1000UNIT	Tier 4	PA
KOVALTRY INJ 250UNIT	Tier 4	PA
KOVALTRY INJ 500UNIT	Tier 4	PA
KOVALTRY INJ 1000UNIT	Tier 4	PA
KOVALTRY INJ 2000UNIT	Tier 4	PA
KOVALTRY INJ 3000UNIT	Tier 4	PA
MONOCLATE-P INJ 1000UNIT	Tier 4	PA
MONOCLATE-P INJ 1500UNIT	Tier 4	PA
NOVOEIGHT INJ 1500UNIT	Tier 4	PA
NOVOSEVEN RT INJ 2MG	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
NOVOSEVEN RT INJ 5MG	Tier 4	PA
NOVOSEVEN RT INJ 8MG	Tier 4	PA
NUWIK INJ 250UNIT	Tier 4	PA
NUWIK INJ 500UNIT	Tier 4	PA
NUWIK INJ 1000UNIT	Tier 4	PA
NUWIK INJ 2000UNIT	Tier 4	PA
NUWIK INJ 2500UNIT	Tier 4	PA
NUWIK INJ 3000UNIT	Tier 4	PA
NUWIK INJ 4000UNIT	Tier 4	PA
NUWIK KIT 250UNIT	Tier 4	PA
NUWIK KIT 500UNIT	Tier 4	PA
NUWIK KIT 1000UNIT	Tier 4	PA
NUWIK KIT 2000UNIT	Tier 4	PA
NUWIK KIT 2500UNIT	Tier 4	PA
NUWIK KIT 3000UNIT	Tier 4	PA
NUWIK KIT 4000UNIT	Tier 4	PA
PROFILNINE INJ 1500UNIT	Tier 4	PA
RECOMBINATE INJ	Tier 4	PA
RECOMBINATE INJ 220-400	Tier 4	PA
RECOMBINATE INJ 401-800	Tier 4	PA
RECOMBINATE INJ 801-1240	Tier 4	PA
RIXUBIS INJ 250 UNIT	Tier 4	PA
RIXUBIS INJ 500UNIT	Tier 4	PA
RIXUBIS INJ 1000UNIT	Tier 4	PA
RIXUBIS INJ 2000UNIT	Tier 4	PA
RIXUBIS INJ 3000UNIT	Tier 4	PA
XYNTHA INJ 250UNIT	Tier 4	PA
XYNTHA INJ 500UNIT	Tier 4	PA
XYNTHA INJ 1000UNIT	Tier 4	PA
XYNTHA INJ 2000UNIT	Tier 4	PA
XYNTHA SOLOF INJ 500UNIT	Tier 4	PA
XYNTHA SOLOF INJ 1000UNIT	Tier 4	PA
XYNTHA SOLOF INJ 2000UNIT	Tier 4	PA
XYNTHA SOLOF INJ 3000UNIT	Tier 4	PA
XYNTHA SOLOF KIT 250UNIT	Tier 4	PA
<i>Bradykinin B2 Receptor Antagonists</i>		
FIRAZYR INJ 30MG/3ML	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
Hematorheologic Agents		
<i>pentoxifylline tab er 400 mg</i>	Tier 1	QL (120 ea / 30 days); MAIL
Platelet Aggregation Inhibitors		
<i>anagrelide hcl cap 0.5 mg</i>	Tier 2	QL (600 caps / 30 days); MAIL
<i>anagrelide hcl cap 1 mg</i>	Tier 2	QL (300 caps / 30 days); MAIL
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 2	PA; MAIL
BRILINTA TAB 90MG	Tier 3	QL (60 tabs / 30 days), PA; MAIL
<i>cilostazol tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>cilostazol tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>dipyridamole tab 25 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>dipyridamole tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>dipyridamole tab 75 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 2	QL (60 tabs / 30 days), PA; MAIL
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 2	QL (30 tabs / 30 days), PA; MAIL
<i>ticlopidine hcl tab 250 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
ZONTIVITY TAB 2.08MG	Tier 3	PA; MAIL
HEMATOPOIETIC AGENTS		
Agents for Gaucher Disease		
CERDELGA CAP 84MG	Tier 4	PA
<i>miglustat cap 100 mg</i>	Tier 4	PA
ZAVESCA CAP 100MG	Tier 4	PA
Cobalamins		
<i>b-12 micrloz sub 500mcg</i>	Tier 1	OTC; MAIL
<i>b-12 tr tab 1000 mcg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>b-12-sl sub 1000mcg</i>	Tier 1	OTC; MAIL
<i>cvs b-12 sub 500mcg</i>	Tier 1	OTC; MAIL
<i>cvs vit b-12 tab 1000 tr</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>cyanocobalamin sl tab 500 mcg</i>	Tier 1	OTC; MAIL
<i>cyanocobalamin sl tab 1000 mcg</i>	Tier 1	OTC; MAIL
<i>cyanocobalamin sl tab 2500 mcg</i>	Tier 1	OTC; MAIL
<i>cyanocobalamin tab 100 mcg</i>	Tier 1	OTC; MAIL
<i>cyanocobalamin tab 250 mcg</i>	Tier 1	OTC; MAIL
<i>cyanocobalamin tab 500 mcg</i>	Tier 1	OTC; MAIL
<i>cyanocobalamin tab 1000 mcg</i>	Tier 1	OTC; MAIL
<i>cyanocobalamin tab er 1000 mcg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>gnp vit b-12 tab 500mcg</i>	Tier 1	OTC; MAIL
<i>gnp vit b-12 tab 1000 cr</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>gnp vit b-12 tab 1000 pr</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>hm vit b12 tab 500mcg</i>	Tier 1	OTC; MAIL
<i>ra vit b-12 tab 100mcg</i>	Tier 1	OTC; MAIL
<i>ra vit b-12 tab 1000 tr</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>sm vit b12 tab 500mcg</i>	Tier 1	OTC; MAIL
<i>sm vit b12 tab 1000mcg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>sm vit b-12 tab 100mcg</i>	Tier 1	OTC; MAIL
<i>sm vit b-12 tab 500mcg</i>	Tier 1	OTC; MAIL
<i>vitamin b12 tab 1000mcg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
Folic Acid/Folates		
<i>fa-8 tab 0.8mg</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>folic acid tab 1 mg</i>	Tier 1	QL (150 tabs / 30 days); MAIL
<i>folic acid tab 1 mg</i>	Tier 1	OTC, QL (150 tabs / 30 days); MAIL
<i>folic acid tab 400mcg</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>folic acid tab 800 mcg</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>sm folic acid tab 400mcg</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>yl folic acid tab 400mcg</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL

Hematopoietic Growth Factors

ARANESP INJ 25MCG	Tier 4	PA
ARANESP INJ 40MCG	Tier 4	PA
ARANESP INJ 60MCG	Tier 4	PA
ARANESP INJ 100MCG	Tier 4	PA
ARANESP INJ 150MCG	Tier 4	PA
ARANESP INJ 200MCG	Tier 4	PA
ARANESP INJ 300MCG	Tier 4	PA
ARANESP INJ 500MCG	Tier 4	PA
EPOGEN INJ 2000/ML	Tier 4	PA
EPOGEN INJ 4000/ML	Tier 4	PA
EPOGEN INJ 10000/ML	Tier 4	PA
EPOGEN INJ 20000/ML	Tier 4	PA
FULPHILA INJ 6/0.6ML	Tier 4	PA
LEUKINE INJ 250MCG	Tier 4	PA
NEULASTA INJ 6MG/0.6M	Tier 4	PA
NEUPOGEN INJ 300/0.5	Tier 4	PA
NEUPOGEN INJ 300MCG	Tier 4	PA
NEUPOGEN INJ 480/0.8	Tier 4	PA
NEUPOGEN INJ 480MCG	Tier 4	PA
NIVESTYM INJ 300/0.5	Tier 4	PA
NIVESTYM INJ 480/0.8	Tier 4	PA
OMONTYS INJ 10MG/ML	Tier 4	PA
PROCRIT INJ 2000/ML	Tier 4	PA
PROCRIT INJ 4000/ML	Tier 4	PA
PROCRIT INJ 10000/ML	Tier 4	PA
PROCRIT INJ 20000/ML	Tier 4	PA
PROCRIT INJ 40000/ML	Tier 4	PA
PROMACTA TAB 12.5MG	Tier 4	PA
PROMACTA TAB 25MG	Tier 4	PA
PROMACTA TAB 50MG	Tier 4	PA
PROMACTA TAB 75MG	Tier 4	PA
UDENYCA INJ 6MG/.6ML	Tier 4	PA
ZARXIO INJ 300/0.5	Tier 4	PA
ZARXIO INJ 480/0.8	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
Hematopoietic Mixtures		
<i>ferocon cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>ferottrinsic cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>foltrin cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>hematogen cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>iferex 150 cap forte</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>iron complex cap</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>myferon 150 cap forte</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>poly-iron cap 150 fort</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>polysacchari cap iron</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>tl icon cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>tricon cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
Iron		
<i>cvs iron tab 27mg</i>	Tier 1	OTC; MAIL
<i>cvs iron tab 325mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>fe tabs tab 325mg ec</i>	Tier 1	OTC; MAIL
<i>fer-iron dro 15mg/ml</i>	PREV	OTC, QL (150 mL / 30 days); MAIL
<i>ferosul elx 220/5ml</i>	PREV	OTC, QL (1050 mL / 30 days); MAIL
<i>ferretts tab 325mg</i>	Tier 1	OTC; MAIL
<i>ferric x-150 cap 150mg</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>ferro-bob tab 325mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Tier 1	OTC; MAIL
FERROUS GLUC TAB 324MG	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>ferrous gluconate tab 239 mg (27 mg fe equivalent)</i>	Tier 1	OTC; MAIL
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	Tier 1	OTC; MAIL
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	Tier 1	OTC; MAIL
FERROUS SUL LIQ 220/5ML	Tier 1	OTC; MAIL
FERROUS SULF TAB 324MG EC	Tier 1	OTC; MAIL
<i>ferrous sulf tab 325mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	PREV	OTC, QL (1050 mL / 30 days); MAIL
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	PREV	OTC, QL (150 mL / 30 days); MAIL
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Tier 1	OTC; MAIL
<i>ferrousul tab 325mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>gnp iron tab 45mg</i>	Tier 1	OTC; MAIL
<i>gnp iron tab 65mg</i>	Tier 1	OTC; MAIL
<i>hm iron tab 45mg</i>	Tier 1	OTC; MAIL
<i>hm iron tab 65mg</i>	Tier 1	OTC; MAIL
<i>iferex 150 cap</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>iron chw pediatri</i>	Tier 1	OTC; MAIL
<i>iron slow tab 45mg</i>	Tier 1	OTC; MAIL
<i>iron supplm tab therapy</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>iron supplmt dro 15mg/ml</i>	PREV	OTC, QL (150 mL / 30 days); MAIL
<i>myferon 150 cap 150mg</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>nu-iron 150 cap 150mg</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>pedia iron dro 15mg/ml</i>	PREV	OTC, QL (150 mL / 30 days); MAIL
<i>poly-iron cap 150mg</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>px iron tab 200mg</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>ra iron tab 65mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>ra iron tab 325mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>slow iron tab 50mg</i>	Tier 1	OTC; MAIL
<i>slow iron tab 160mg cr</i>	Tier 1	OTC; MAIL
<i>slow release tab 45mg</i>	Tier 1	OTC; MAIL
<i>slow release tab 47.5mg</i>	Tier 1	OTC; MAIL
<i>slow-release tab fe 45mg</i>	Tier 1	OTC; MAIL
<i>sm iron slow tab 160mg cr</i>	Tier 1	OTC; MAIL
<i>sm iron tab 45mg</i>	Tier 1	OTC; MAIL
<i>sm iron tab 325mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>wee care sus 15/1.25</i>	PREV	OTC, QL (118.2 mL / 30 days); MAIL

HEMOSTATICS**Hemostatics - Systemic**

<i>aminocaproic acid tab 500 mg</i>	Tier 1	PA; MAIL
<i>aminocaproic acid tab 1000 mg</i>	Tier 1	PA; MAIL
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	Tier 1	PA; MAIL
<i>tranexamic acid tab 650 mg</i>	Tier 1	MAIL

HYPNOTICS**Antihistamine Hypnotics**

<i>compoz tab 50mg</i>	Tier 1	OTC; MAIL
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	Tier 1	OTC; MAIL
<i>hm nighttime tab 25mg</i>	Tier 1	OTC; MAIL
<i>night time tab 25mg</i>	Tier 1	OTC; MAIL
<i>nighttime tab 25mg</i>	Tier 1	OTC; MAIL
<i>nytol tab 25mg</i>	Tier 1	OTC; MAIL
<i>ra nighttime tab 25mg</i>	Tier 1	OTC; MAIL
<i>ra sleep aid tab 25mg</i>	Tier 1	OTC; MAIL
<i>restfully sl tab 25mg</i>	Tier 1	OTC; MAIL
<i>simply sleep tab 25mg</i>	Tier 1	OTC; MAIL
<i>sleep aid tab 25mg</i>	Tier 1	OTC; MAIL
<i>sleep aid tab 25mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sleep aid tab 50mg</i>	Tier 1	OTC; MAIL
<i>sleep ii tab 25mg</i>	Tier 1	OTC; MAIL
<i>sleep tab 25mg</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>sleep-aid tab 25mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sleep-tabs tab 25mg</i>	Tier 1	OTC; MAIL
<i>sm sleep aid tab 25mg</i>	Tier 1	OTC; MAIL
<i>sominex tab 25mg</i>	Tier 1	OTC; MAIL
<i>ultra sleep tab 25mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>wal-som tab 25mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
Barbiturate Hypnotics		
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	QL (1500 mL / 30 days); Covered in ages 12 and under
<i>phenobarbital tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 16.2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 32.4 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 60 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 64.8 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>phenobarbital tab 97.2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
Non-Barbiturate Hypnotics		
<i>chloral hydrate syrup 500 mg/5ml</i>	Tier 1	
<i>estazolam tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days); Covered in ages 18 and over
<i>estazolam tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days); Covered in ages 18 and over
<i>eszopiclone tab 1 mg</i>	Tier 1	QL (90 tabs / 30 days); Covered in ages 18 and over
<i>eszopiclone tab 2 mg</i>	Tier 1	QL (90 tabs / 30 days); Covered in ages 18 and over
<i>eszopiclone tab 3 mg</i>	Tier 1	QL (90 tabs / 30 days); Covered in ages 18 and over
<i>flurazepam hcl cap 15 mg</i>	Tier 1	QL (30 caps / 30 days); AGE; Covered in ages 15-64

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Drug Name	Drug Tier	Requirements/Limits
<i>flurazepam hcl cap 30 mg</i>	Tier 1	QL (30 caps / 30 days); AGE; Covered in ages 15-64
<i>temazepam cap 15 mg</i>	Tier 1	QL (30 caps / 30 days); Covered in ages 18 and over
<i>temazepam cap 30 mg</i>	Tier 1	QL (60 caps / 30 days); Covered in ages 18 and over
<i>triazolam tab 0.25 mg</i>	Tier 1	QL (30 tabs / 30 days); Covered in ages 18 and over
<i>triazolam tab 0.125 mg</i>	Tier 1	QL (30 tabs / 30 days); Covered in ages 18 and over
<i>zaleplon cap 5 mg</i>	Tier 1	QL (30 / 30 days); Covered in ages 18 and over
<i>zaleplon cap 10 mg</i>	Tier 1	QL (30 / 30 days); Covered in ages 18 and over
<i>zolpidem tartrate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days); Covered in ages 18 and over
<i>zolpidem tartrate tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days); Covered in ages 18 and over

Selective Melatonin Receptor Agonists

HETLIOZ CAP 20MG	Tier 4	PA
ROZEREM TAB 8MG	Tier 3	QL (90 tabs / 30 days), PA; MAIL; Covered in ages 18 and over

HYPNOTICS - TRICYCLIC AGENTS**HYPNOTICS - TRICYCLIC AGENTS**

SILENOR TAB 3MG	Tier 3	PA; MAIL
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HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**HYPNOTICS - TRICYCLIC AGENTS**

SILENOR TAB 6MG	Tier 3	PA; MAIL
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LAXATIVES**Bulk Laxatives**

<i>best fiber pow</i>	Tier 1	OTC; MAIL
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Drug Name	Drug Tier	Requirements/Limits
<i>clr soluble pow fiber</i>	Tier 1	OTC; MAIL
<i>corn dextrin oral powder</i>	Tier 1	OTC; MAIL
<i>cvs fiber cap 0.52gm</i>	Tier 1	OTC; MAIL
<i>cvs fiber la tab 625mg</i>	Tier 1	OTC; MAIL
<i>easy fiber pow</i>	Tier 1	OTC; MAIL
<i>eq daily cap fiber</i>	Tier 1	OTC; MAIL
<i>eq fiber pow</i>	Tier 1	OTC; MAIL
<i>eqf fiber la tab 625mg</i>	Tier 1	OTC; MAIL
<i>eqf fiber pow supplemn</i>	Tier 1	OTC; MAIL
<i>fiber laxatv tab 625mg</i>	Tier 1	OTC; MAIL
<i>fiber laxtiv cap 0.52gm</i>	Tier 1	OTC; MAIL
<i>fiber therap pow 28.3%</i>	Tier 1	OTC; MAIL
<i>fiber therap pow 48.57%</i>	Tier 1	OTC; MAIL
<i>fiber therap pow sf orang</i>	Tier 1	OTC; MAIL
<i>fiber therap tab 500mg</i>	Tier 1	OTC; MAIL
<i>fiber therap tab 625mg</i>	Tier 1	OTC; MAIL
<i>fiber-lax tab 625mg</i>	Tier 1	OTC; MAIL
<i>fibergen tab 625mg</i>	Tier 1	OTC; MAIL
<i>gnp best pow fiber</i>	Tier 1	OTC; MAIL
<i>hm fiber cap 0.52gm</i>	Tier 1	OTC; MAIL
<i>hm fiber pow 28.3%</i>	Tier 1	OTC; MAIL
<i>hm fiber pow 30.9%</i>	Tier 1	OTC; MAIL
<i>hm fiber pow 48.57%</i>	Tier 1	OTC; MAIL
<i>hm fiber pow 58.6%</i>	Tier 1	OTC; MAIL
<i>hm fiber tab 500mg</i>	Tier 1	OTC; MAIL
<i>kls fiber tb tab 625mg</i>	Tier 1	OTC; MAIL
<i>konsyl cap 520mg</i>	Tier 1	OTC; MAIL
<i>konsyl daily pow 28.3%</i>	Tier 1	OTC; MAIL
KONSYL DAILY POW 28.3%	Tier 1	OTC; MAIL
KONSYL DAILY POW 100%	Tier 1	OTC; MAIL
<i>konsyl fiber tab 625mg</i>	Tier 1	OTC; MAIL
<i>konsyl pow 30.9%</i>	Tier 1	OTC; MAIL
KONSYL-D POW 52.3%	Tier 1	OTC; MAIL
<i>medi-mucil cap 0.52gm</i>	Tier 1	OTC; MAIL
METAMUCIL POW 28%ORG	Tier 1	OTC; MAIL
<i>metamucil pow 28.3%org</i>	Tier 1	OTC; MAIL
METAMUCIL POW 55.46%	Tier 1	OTC; MAIL
<i>metamucil pow 58.6%</i>	Tier 1	OTC; MAIL
<i>metamucil pow 58.6%org</i>	Tier 1	OTC; MAIL
METAMUCIL POW 58.12%	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
METAMUCIL POW CLEAR	Tier 2	OTC; MAIL
METAMUCIL WAF	Tier 1	OTC; MAIL
<i>nat fiber pow 48.57%</i>	Tier 1	OTC; MAIL
NAT FIBER POW 58.6%	Tier 1	OTC; MAIL
<i>nat fiber pow therapy</i>	Tier 1	OTC; MAIL
<i>nat psyllium pow fiber</i>	Tier 1	OTC; MAIL
<i>nat veg fibr pow</i>	Tier 1	OTC; MAIL
<i>naturl fiber pow 28.3%</i>	Tier 1	OTC; MAIL
<i>naturl fiber pow 30.9%</i>	Tier 1	OTC; MAIL
<i>naturl fiber pow 58.6%</i>	Tier 1	OTC; MAIL
<i>psyllium powder 100%</i>	Tier 1	OTC; MAIL
<i>psyllium see pow 100%</i>	Tier 1	OTC; MAIL
<i>px fiber cap 0.52gm</i>	Tier 1	OTC; MAIL
<i>px fiber tab 625mg</i>	Tier 1	OTC; MAIL
<i>qc natural pow vegetabl</i>	Tier 1	OTC; MAIL
<i>ra fib lax pow 48.57%</i>	Tier 1	OTC; MAIL
<i>ra fiber cap 0.52gm</i>	Tier 1	OTC; MAIL
<i>ra fiber pow 28.3%</i>	Tier 1	OTC; MAIL
<i>ra fiber pow 48.57%</i>	Tier 1	OTC; MAIL
<i>ra fiber pow 58.6%</i>	Tier 1	OTC; MAIL
<i>ra fiber tab 500mg</i>	Tier 1	OTC; MAIL
<i>ra fiber-cap tab 625mg</i>	Tier 1	OTC; MAIL
<i>ra fiber-tab tab 625mg</i>	Tier 1	OTC; MAIL
<i>reguloid cap 0.52gm</i>	Tier 1	OTC; MAIL
<i>reguloid pow 28.3%</i>	Tier 1	OTC; MAIL
<i>reguloid pow 48.57%</i>	Tier 1	OTC; MAIL
<i>reguloid pow 58.6%</i>	Tier 1	OTC; MAIL
<i>sb fib lax pow 33%</i>	Tier 1	OTC; MAIL
<i>sb fiber lax tab 625mg</i>	Tier 1	OTC; MAIL
<i>sm fiber lax tab 500mg</i>	Tier 1	OTC; MAIL
<i>sm fiber pow 28.3%</i>	Tier 1	OTC; MAIL
<i>sm fiber pow 48.57%</i>	Tier 1	OTC; MAIL
<i>sm fiber pow 58.6%</i>	Tier 1	OTC; MAIL
<i>soluble fib tab therapy</i>	Tier 1	OTC; MAIL
<i>sorbulax pow 100%</i>	Tier 1	OTC; MAIL
<i>tgt psyllium cap 0.52gm</i>	Tier 1	OTC; MAIL
<i>total fiber pow</i>	Tier 1	OTC; MAIL
UNIFIBER POW	Tier 1	OTC; MAIL
<i>veg fiber pow 63%</i>	Tier 1	OTC; MAIL
<i>wal-mucil cap 0.52gm</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>wal-mucil pow 28.3%</i>	Tier 1	OTC; MAIL
<i>wal-mucil pow 48.57%</i>	Tier 1	OTC; MAIL
<i>wal-mucil pow 58.6%</i>	Tier 1	OTC; MAIL
<i>wal-mucil pow 100%</i>	Tier 1	OTC; MAIL
Laxative Combinations		
<i>doc-q-lax tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>dok plus tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>easy-lax pls tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>eq senna-s tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>gavilyte-c sol</i>	Tier 1	QL (120000 mL / 30 days); MAIL
<i>gavilyte-g sol</i>	Tier 1	QL (120000 mL / 30 days); MAIL
<i>gavilyte-h kit</i>	Tier 1	MAIL; \$0 Copay for Bowel Preparation for age +50
<i>gavilyte-n sol flav pk</i>	Tier 1	QL (120000 mL / 30 days); MAIL
GOLYTELY SOL	Tier 2	QL (30 ea / 30 days); MAIL
HALFLYTELY KIT FLAV PKS	Tier 2	MAIL; \$0 Copay for Bowel Preparation for age +50
<i>lax/stl soft tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>laxacin tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>laxative pls tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>medi-laxx cap 8.6-50mg</i>	Tier 1	OTC; MAIL
MOVIPREP SOL	Tier 2	MAIL; \$0 Copay for Bowel Preparation for age +50
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 1	QL (120000 mL / 30 days); MAIL
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	Tier 1	QL (120000 mL / 30 days); MAIL
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	QL (120000 mL / 30 days); MAIL
<i>peg-prep kit</i>	Tier 1	MAIL; \$0 Copay for Bowel Preparation for age +50

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Drug Name	Drug Tier	Requirements/Limits
PREPOPIK PAK	Tier 2	MAIL; \$0 Copay for Bowel Preparation for age +50
<i>ra p col-rit tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>sb docusate tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>senexon-s tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>senna plus tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>senna s tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>senna tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>senna-s tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>senna-time s tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>sennalax-s tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Tier 1	OTC; MAIL
<i>stool softnr tab 8.6-50mg</i>	Tier 1	OTC; MAIL
SUPREP BOWEL SOL PREP KIT	Tier 2	MAIL
<i>trilyte sol</i>	Tier 1	QL (120000 mL / 30 days); MAIL

Laxatives - Miscellaneous

<i>clearlax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>constulose sol 10gm/15</i>	Tier 1	QL (5400 mL / 30 days); MAIL
<i>cvs glycerin sup 2.1gm</i>	Tier 1	OTC; MAIL
<i>cvs purelax pak</i>	Tier 1	OTC; MAIL
<i>cvs purelax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>eq clearlax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>eql clearlax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>gavilax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>gentlelax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>glycerin ped sup 1.2gm</i>	Tier 1	OTC; MAIL
<i>glycerin sup 2gm</i>	Tier 1	OTC; MAIL
<i>glycerin suppos 1.2 gm</i>	Tier 1	OTC; MAIL
<i>glycerin suppos 2.1 gm</i>	Tier 1	OTC; MAIL
<i>glycolax pow 3350 nf</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>gnp clearlax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>gnp glycerin sup 1.2gm</i>	Tier 1	OTC; MAIL
<i>gnp glycerin sup 2.1gm</i>	Tier 1	OTC; MAIL
<i>healthylax pow</i>	Tier 1	OTC; MAIL
<i>hm clearlax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>lactulose solution 10 gm/15ml</i>	Tier 1	QL (5400 mL / 30 days); MAIL
<i>laxaclear pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>natura-lax pow 3350 nf</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>pegylax pow</i>	Tier 1	QL (527 gm / 25 days); MAIL
<i>polyethylene glycol 3350 oral packet</i>	Tier 1	MAIL
<i>polyethylene glycol 3350 oral packet</i>	Tier 1	OTC; MAIL
<i>polyethylene glycol 3350 oral powder</i>	Tier 1	QL (527 gm / 25 days); MAIL
<i>polyethylene glycol 3350 oral powder</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>px glycerin sup 2.1gm</i>	Tier 1	OTC; MAIL
<i>ra glycerin sup 80.7%</i>	Tier 1	OTC; MAIL
<i>ra laxative pow</i>	Tier 1	OTC; MAIL
<i>ra laxative pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>sani-supp sup adult</i>	Tier 1	OTC; MAIL
<i>sani-supp sup pediatri</i>	Tier 1	OTC; MAIL
<i>sb glycerin sup 1.2gm</i>	Tier 1	OTC; MAIL
<i>sb glycerin sup 2.1gm</i>	Tier 1	OTC; MAIL
<i>sm clearlax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>sm glycerin sup 80.7%</i>	Tier 1	OTC; MAIL
<i>smooth lax pow 3350</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>smooth lax pow 3350 nf</i>	Tier 1	OTC; MAIL
<i>sw clearlax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
Lubricant Laxatives		
CVS MINERAL OIL	Tier 1	OTC; MAIL
GNP MINERAL OIL HEAVY	Tier 1	OTC; MAIL

PA - Prior Authorization ST - Step Therapy AGE - Age Limit

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QL – Quantity Limits OTC – Over the Counter MAIL – Mail Order Available

MED - Max 90 mg Morphine EQ Dose Per Day

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Drug Name	Drug Tier	Requirements/Limits
HM MINERAL OIL	Tier 1	OTC; MAIL
MINERAL OIL	Tier 1	MAIL
MINERAL OIL	Tier 1	OTC; MAIL
<i>mineral oil enema</i>	Tier 1	OTC; MAIL
QC MINERAL OIL HEAVY	Tier 1	OTC; MAIL
RA MINERAL OIL	Tier 1	OTC; MAIL
SM MINERAL OIL	Tier 1	OTC; MAIL
TH MINERAL OIL	Tier 1	OTC; MAIL
Saline Laxatives		
<i>citroma</i>	Tier 1	OTC; MAIL
<i>cvs enema ene disposab</i>	Tier 1	OTC; MAIL
<i>disposable ene single</i>	Tier 1	OTC; MAIL
<i>dulcolax mom sus mint</i>	Tier 1	OTC; MAIL
<i>eq enema ene double</i>	Tier 1	OTC; MAIL
<i>eq1 enema ene rtu</i>	Tier 1	OTC; MAIL
<i>gnp enema ene</i>	Tier 1	OTC; MAIL
<i>gnp milk mag sus</i>	Tier 1	OTC; MAIL
<i>hm enema ene</i>	Tier 1	OTC; MAIL
<i>mag citrate sol cherry</i>	Tier 1	OTC; MAIL
<i>mag citrate sol lemon</i>	Tier 1	OTC; MAIL
<i>magnesium citrate soln</i>	Tier 1	OTC; MAIL
<i>milk of magn sus</i>	Tier 1	OTC; MAIL
<i>milk of magn sus 400/5ml</i>	Tier 1	OTC; MAIL
<i>milk of magn sus 1200/15</i>	Tier 1	OTC; MAIL
MILK OF MAGN SUS 2400MG	Tier 1	OTC; MAIL
<i>milk of magn sus cherry</i>	Tier 1	OTC; MAIL
<i>milk of magn sus frsh mnt</i>	Tier 1	OTC; MAIL
<i>milk of magn sus mint</i>	Tier 1	OTC; MAIL
OSMOPREP TAB 1.5GM	Tier 3	PA; MAIL
<i>pediatric ene enema</i>	Tier 1	OTC; MAIL
<i>phosphate sol laxative</i>	Tier 1	OTC; MAIL
<i>qc enema ene</i>	Tier 1	OTC; MAIL
<i>ra enema ene</i>	Tier 1	OTC; MAIL
<i>ra milk magn sus 400/5ml</i>	Tier 1	OTC; MAIL
<i>saline ene laxative</i>	Tier 1	OTC; MAIL
<i>sm enema ene</i>	Tier 1	OTC; MAIL
<i>sm milk magn sus cherry</i>	Tier 1	OTC; MAIL
<i>sm milk magn sus mint</i>	Tier 1	OTC; MAIL
<i>sm milk magn sus original</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium phosphates - enema</i>	Tier 1	OTC; MAIL
Stimulant Laxatives		
<i>alophen tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>bisac-evac sup 10mg</i>	Tier 1	OTC, QL (60 supp / 30 days); MAIL
<i>bisacodyl sup 10mg</i>	Tier 1	OTC, QL (60 supp / 30 days); MAIL
<i>bisacodyl tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>biscolax sup 10mg</i>	Tier 1	OTC, QL (60 supp / 30 days); MAIL
<i>carters tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>correct tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>correctol tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>cvs laxative chw 15mg</i>	Tier 1	OTC; MAIL
<i>cvs laxative tab 25mg</i>	Tier 1	OTC; MAIL
<i>cvs senna tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>dr edwards tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>ducodyl tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>eq laxative chw 15mg</i>	Tier 1	OTC; MAIL
<i>eq laxative tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>eq laxative tab 25mg</i>	Tier 1	OTC; MAIL
<i>eql laxative tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>eql laxative tab 25mg</i>	Tier 1	OTC; MAIL
<i>evac-u-gen tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>ex-lax ultra tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>fast relief sup 10mg</i>	Tier 1	OTC, QL (60 supp / 30 days); MAIL
<i>feenamint tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>feminine lax tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>fleet laxati tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>gentle laxat sup 10mg</i>	Tier 1	OTC, QL (60 supp / 30 days); MAIL
<i>gentle laxat tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>geri-kot tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>gnp bisa-lax tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>gnp laxative sup 10mg</i>	Tier 1	OTC, QL (60 supp / 30 days); MAIL
<i>gnp laxative tab 25mg</i>	Tier 1	OTC; MAIL
<i>gnp senna tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>hm laxative tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>hm senna tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>kp bisacodyl tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>laxative chw 15mg</i>	Tier 1	OTC; MAIL
<i>laxative tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>laxative tab 25mg</i>	Tier 1	OTC; MAIL
<i>laxative tab max-str</i>	Tier 1	OTC; MAIL
<i>laxative tab w/senna</i>	Tier 1	OTC; MAIL
<i>magic bullet sup 10mg</i>	Tier 1	OTC, QL (60 supp / 30 days); MAIL
<i>medi-natural tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>nat veg lax tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>px laxative tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>qc laxative sup 10mg</i>	Tier 1	OTC, QL (60 supp / 30 days); MAIL
<i>qc laxative tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>qc senna tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>ra laxative chw 15mg</i>	Tier 1	OTC; MAIL
<i>ra laxative sup 10mg</i>	Tier 1	OTC, QL (60 supp / 30 days); MAIL
<i>ra laxative tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>ra laxative tab 25mg</i>	Tier 1	OTC; MAIL
<i>ra senna tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>sb laxative sup 10mg</i>	Tier 1	OTC, QL (60 supp / 30 days); MAIL
<i>senexon liq 8.8mg/5</i>	Tier 1	OTC; MAIL
<i>senexon tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>senna lax tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>senna laxati tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
SENNAB 8.6MG	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>senna-grx syp 8.8mg/5</i>	Tier 1	OTC; MAIL
<i>senna-tabs tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>senna-time tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>sennacon tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>sennazon syp 8.8mg/5</i>	Tier 1	OTC; MAIL
<i>senno tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>sennosides syrup 8.8 mg/5ml</i>	Tier 1	OTC; MAIL
<i>sm laxative sup 10mg</i>	Tier 1	OTC, QL (60 supp / 30 days); MAIL
<i>sm laxative tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>sm senna lax tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>sm senna lax tab max str</i>	Tier 1	OTC; MAIL
<i>stim laxat tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>tgt natural tab laxative</i>	Tier 1	OTC; MAIL

PA - Prior Authorization **ST** - Step Therapy **AGE** - Age Limit

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Drug Name	Drug Tier	Requirements/Limits
<i>tgt senna tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
VERACOLATE TAB	Tier 1	OTC; MAIL
<i>womans laxat tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>womens laxat tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
Surfactant Laxatives		
<i>correctol cap 100mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>diocto liq 50mg/5ml</i>	Tier 1	OTC; MAIL
<i>diocto syp 60/15ml</i>	Tier 1	OTC; MAIL
<i>docqlace cap 100mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>docu liq 50mg/5ml</i>	Tier 1	OTC; MAIL
<i>docu soft cap 100mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>docuprene tab 100mg</i>	Tier 1	OTC; MAIL
<i>docusate calcium cap 240 mg</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>docusate sod liq 50mg/5ml</i>	Tier 1	OTC; MAIL
<i>docusate sodium cap 100 mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>docusate sodium cap 250 mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>docusate sodium liquid 150 mg/15ml</i>	Tier 1	OTC; MAIL
<i>docusate sodium syrup 60 mg/15ml</i>	Tier 1	OTC; MAIL
<i>docusate sodium tab 100 mg</i>	Tier 1	OTC; MAIL
<i>docusil cap 100mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>docusol plus ene 20-283</i>	Tier 1	OTC; MAIL
<i>dok cap 100mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>dok cap 250mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>dok tab 100mg</i>	Tier 1	OTC; MAIL
<i>dulcolax ss cap 100mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>easy-lax cap 100mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>enemeez plus ene 20-283</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>kao-tin cap 240mg</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>laxa basic cap 100mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
PEDIA-LAX LIQ 50MG	Tier 1	OTC; MAIL
<i>phillips cap 100mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>promolaxin tab 100mg</i>	Tier 1	OTC; MAIL
<i>ra col-rite cap 50mg</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>ra col-rite cap 100mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>ra col-rite cap 250mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>silace liq 10mg/ml</i>	Tier 1	OTC; MAIL
<i>silace syp 60/15ml</i>	Tier 1	OTC; MAIL
<i>sof-lax cap 100mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>stool softnr cap 50mg</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>stool softnr cap 100mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>stool softnr cap 240mg</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>stool softnr cap 250mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>stool softnr syp 60/15ml</i>	Tier 1	OTC; MAIL
<i>stool softnr tab 100mg</i>	Tier 1	OTC; MAIL
<i>surfak cap 240mg</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>vacuant plus ene 20-283</i>	Tier 1	OTC; MAIL

MACROLIDES**Azithromycin**

<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	QL (Max 1 fill per 45 days; Max 20 per day); covered in ages 12 and under
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1	QL (Max 1 fill per 45 days; Max 30 per day); covered in ages 12 and under

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin powd pack for susp 1 gm</i>	Tier 1	QL (Max day supply 1; Max 1 per day)
<i>azithromycin tab 250 mg</i>	Tier 1	QL (13 tabs / 25 days)
<i>azithromycin tab 500 mg</i>	Tier 1	QL (13 tabs / 25 days)
<i>azithromycin tab 600 mg</i>	Tier 1	QL (8 tabs / 25 days)
Clarithromycin		
<i>clarithromycin for susp 125 mg/5ml</i>	Tier 2	
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 2	
<i>clarithromycin tab 250 mg</i>	Tier 1	
<i>clarithromycin tab 500 mg</i>	Tier 1	
Erythromycins		
<i>e.e.s. 400 tab 400mg</i>	Tier 2	QL (180 tabs / 30 days)
ERY-TAB TAB 250MG EC	Tier 2	QL (240 tabs / 30 days)
ERY-TAB TAB 333MG EC	Tier 2	QL (180 tabs / 30 days)
ERY-TAB TAB 500MG EC	Tier 2	QL (120 tabs / 30 days)
<i>erythrocin tab 250mg</i>	Tier 2	QL (240 tabs / 30 days)
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 2	Covered in ages 12 and under
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 2	QL (180 tabs / 30 days)
<i>erythromycin tab 250 mg</i>	Tier 2	QL (240 tabs / 30 days)
<i>erythromycin tab 500 mg</i>	Tier 2	QL (180 tabs / 30 days)
Fidaxomicin		
DIFICID TAB 200MG	Tier 4	QL (60 tabs / 30 days), PA
MEDICAL DEVICES		
Contraceptives		
FC2 FEMALE MIS CONDOM	PREV	OTC, QL (5 boxes / 30 days); MAIL
FC FEMALE MIS CONDOM	PREV	OTC, QL (5 boxes / 30 days); MAIL
FEMCAP MIS 22MM	PREV	QL (2 each / year); MAIL
FEMCAP MIS 26MM	PREV	QL (2 each / year); MAIL
FEMCAP MIS 30MM	PREV	QL (2 each / year); MAIL
OMNIFLEX DPR	PREV	QL (2 each / year); MAIL
ORTHO COIL DPR KIT 50	PREV	QL (2 kits / year); MAIL
ORTHO COIL DPR KIT 100	PREV	QL (2 kits / year); MAIL

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Drug Name	Drug Tier	Requirements/Limits
ORTHO COIL DPR KIT 105	PREV	QL (2 kits / year); MAIL
ORTHO FLAT DPR KIT 55	PREV	QL (2 kits / year); MAIL
ORTHO FLAT DPR KIT 60	PREV	QL (2 kits / year); MAIL
ORTHO FLAT DPR KIT 65	PREV	QL (2 kits / year); MAIL
ORTHO FLAT DPR KIT 70	PREV	QL (2 kits / year); MAIL
ORTHO FLAT DPR KIT 75	PREV	QL (2 kits / year); MAIL
ORTHO FLAT DPR KIT 80	PREV	QL (2 kits / year); MAIL
ORTHO FLAT DPR KIT 85	PREV	QL (2 kits / year); MAIL
ORTHO FLAT DPR KIT 90	PREV	QL (2 kits / year); MAIL
ORTHO FLAT DPR KIT 95	PREV	QL (2 kits / year); MAIL
ORTHO FLEX DPR 65MM	PREV	QL (2 each / year); MAIL
ORTHO FLEX DPR 70MM	PREV	QL (2 each / year); MAIL
ORTHO FLEX DPR 75MM	PREV	QL (2 each / year); MAIL
ORTHO FLEX DPR 80MM	PREV	QL (2 each / year); MAIL
PRENTIF MIS 25MM	PREV	QL (2 each / year); MAIL
PRENTIF MIS 28MM	PREV	QL (2 each / year); MAIL
PRENTIF MIS 31MM	PREV	QL (2 each / year); MAIL
PRENTIF MIS FITTING	PREV	QL (2 each / year); MAIL
TODAY SPONGE MIS	PREV	OTC; MAIL
WIDE-SEAL DPR KIT 60	PREV	QL (2 each / year); MAIL
WIDE-SEAL DPR KIT 65	PREV	QL (2 each / year); MAIL
WIDE-SEAL DPR KIT 70	PREV	QL (2 each / year); MAIL
WIDE-SEAL DPR KIT 75	PREV	QL (2 each / year); MAIL
WIDE-SEAL DPR KIT 80	PREV	QL (2 each / year); MAIL
WIDE-SEAL DPR KIT 85	PREV	QL (2 each / year); MAIL
WIDE-SEAL DPR KIT 90	PREV	QL (2 each / year); MAIL

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Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DPR KIT 95	PREV	QL (2 each / year); MAIL
<i>Diabetic Supplies</i>		
LANCETS	DME	OTC, QL (200.1 boxes / 30 days); MAIL; CERTAIN LABELERS EXCLUDED
TRUE METRIX KIT AIR	DME	OTC, QL (1 per 365 days); MAIL
TRUE METRIX KIT METER	DME	OTC, QL (1 per 365 Days); MAIL
<i>Misc. Devices</i>		
ALCOHOL SWABS	Tier 1	QL (200.1 ea / 30 days); MAIL
ALCOHOL SWABS	Tier 1	OTC, QL (200.1 ea / 30 days); MAIL; CERTAIN LABELERS EXCLUDED
<i>Parenteral Therapy Supplies</i>		
BD U-500 MIS 31GX6MM	DME	QL (150 / 30 days); MAIL
INSULIN PEN NEEDLES	DME	OTC, QL (200.1 boxes / 30 days); MAIL; CERTAIN LABELERS EXCLUDED
INSULIN SYRINGES	DME	OTC, QL (150 / 30 days); MAIL
<i>Respiratory Therapy Supplies</i>		
ADULT RESPIRATORY MASK	Tier 2	QL (1 per 365 Days; Max day supply 365); MAIL
MABIS COSMO MIS NEBULIZR	Tier 2	MAIL
NEBULIZERS	Tier 2	MAIL
NEBULIZERS	Tier 2	OTC; MAIL
RESPIRATORY THERAPY SUPPLIES - MISC	Tier 2	QL (1 each / 25 days); MAIL
RESPIRATORY THERAPY SUPPLIES - MISC	Tier 2	QL (Max day supply 365); MAIL
RESPIRATORY THERAPY SUPPLIES - MISC	Tier 2	OTC, QL (Max day supply 365); MAIL

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Drug Name	Drug Tier	Requirements/Limits
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2	QL (1 per 365 Days; Max day supply 365); MAIL
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2	OTC, QL (1 per 365 Days; Max day supply 365); MAIL

MIGRAINE PRODUCTS***Migraine Products***

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 2	MAIL
ERGOMAR SUB 2MG	Tier 3	MAIL

Serotonin Agonists

<i>almotriptan malate tab 6.25 mg</i>	Tier 2	QL (6 per 30 days), ST; MAIL; Prior use of Naratriptan AND Sumatriptan then Rizatriptan then Zolmitriptan or Zolmitriptan ODT for 5 days each.
<i>almotriptan malate tab 12.5 mg</i>	Tier 2	QL (Max 9 per 30 days), ST; MAIL; Prior use of Naratriptan AND Sumatriptan then Rizatriptan then Zolmitriptan or Zolmitriptan ODT for 5 days each.
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 1	QL (6 tabs / 30 days), ST; MAIL; Prior use of Naratriptan AND Sumatriptan then Rizatriptan then Zolmitriptan or Zolmitriptan ODT for 5 days each.

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Drug Name	Drug Tier	Requirements/Limits
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 1	QL (6 tabs / 30 days), ST; MAIL; Prior use of Naratriptan AND Sumatriptan then Rizatriptan then Zolmitriptan or Zolmitriptan ODT for 5 days each.
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Tier 2	QL (9 per 45 Days), ST; MAIL; Prior use of Naratriptan AND Sumatriptan then Rizatriptan then Zolmitriptan or Zolmitriptan ODT then Almotriptan or Eletriptan for 5 days each
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (9 per 30 Days); MAIL
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QL (9 per 30 Days); MAIL
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QL (12 / 30 days), ST; MAIL; PRIOR USE SUMATRIPTAN AND NARATRIPTAN FOR 5 DAYS
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 1	QL (12 / 30 days), ST; MAIL; PRIOR USE SUMATRIPTAN AND NARATRIPTAN FOR 5 DAYS
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 2	QL (2 / 30 days; Max day supply 25), ST; PRIOR USE OF SUMATRIPTAN TAB OR NARATRIPTAN TAB
<i>sumatriptan succinate tab 25 mg</i>	Tier 1	QL (9 per 30 Days); MAIL
<i>sumatriptan succinate tab 50 mg</i>	Tier 1	QL (9 per 30 Days); MAIL
<i>sumatriptan succinate tab 100 mg</i>	Tier 1	QL (9 per 30 Days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 1	QL (6 per 30 Days), ST; MAIL; Prior use of Naratriptan AND Sumatriptan then Rizatriptan for 5 days each.
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 1	QL (6 per 30 Days), ST; MAIL; Prior use of Naratriptan AND Sumatriptan then Rizatriptan for 5 days each.
<i>zolmitriptan tab 2.5 mg</i>	Tier 1	QL (6 per 30 Days), ST; MAIL; Prior use of Naratriptan AND Sumatriptan then Rizatriptan for 5 days each.
<i>zolmitriptan tab 5 mg</i>	Tier 1	QL (6 per 30 Days), ST; MAIL; Prior use of Naratriptan AND Sumatriptan then Rizatriptan for 5 days each.
ZOMIG SPR 5MG	Tier 3	QL (6 per 30 Days), ST; MAIL; Prior use of Naratriptan AND Sumatriptan then Rizatriptan for 5 days each.
ZOMIG ZMT TAB 2.5 MG	Tier 3	QL (6 per 30 Days), ST; MAIL; Prior use of Naratriptan AND Sumatriptan then Rizatriptan for 5 days each.
ZOMIG ZMT TAB 5MG ODT	Tier 3	QL (6 per 30 Days), ST; MAIL; Prior use of Naratriptan AND Sumatriptan then Rizatriptan for 5 days each.

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Drug Name	Drug Tier	Requirements/Limits
MINERALS ELECTROLYTES		
Calcium		
<i>ca citrate + tab</i>	Tier 1	OTC; MAIL
<i>ca citrate tab plus d</i>	Tier 1	OTC; MAIL
<i>calc 600+d tab 600-800</i>	Tier 1	OTC; MAIL
<i>calc cit+d3 tab 250-200</i>	Tier 1	OTC; MAIL
<i>calc citr+d3 tab 200-250</i>	Tier 1	OTC; MAIL
<i>calc citr/d3 tab 200-250</i>	Tier 1	OTC; MAIL
<i>calc citrate tab +d</i>	Tier 1	OTC; MAIL
<i>calcarb/d tab 600</i>	Tier 1	OTC; MAIL
<i>calcitrate tab</i>	Tier 1	OTC; MAIL
<i>calcitrate tab 950mg</i>	Tier 1	OTC; MAIL
<i>calcium 500 tab +d</i>	Tier 1	OTC; MAIL
<i>calcium 500 tab /vit d</i>	Tier 1	OTC; MAIL
<i>calcium 600 chw +d/miner</i>	Tier 1	OTC; MAIL
<i>CALCIUM 600 CHW +D/MINER</i>	Tier 1	OTC; MAIL
<i>calcium 600 chw +d/mnrsls</i>	Tier 1	OTC; MAIL
<i>calcium 600 chw w/vit d</i>	Tier 1	OTC; MAIL
<i>calcium 600 tab</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>calcium 600 tab + d</i>	Tier 1	OTC; MAIL
<i>calcium 600 tab +d3</i>	Tier 1	OTC; MAIL
<i>calcium 600 tab -d</i>	Tier 1	OTC; MAIL
<i>calcium 600/ tab vit d</i>	Tier 1	OTC; MAIL
<i>calcium + d tab</i>	Tier 1	OTC; MAIL
<i>calcium + d tab 600-200</i>	Tier 1	OTC; MAIL
<i>calcium +d3 tab maximum</i>	Tier 1	OTC; MAIL
<i>calcium +d tab maximum</i>	Tier 1	OTC; MAIL
<i>calcium carb tab 1250mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Tier 1	OTC, QL (500.1 mL / 30 days); MAIL
<i>calcium carbonate tab 600 mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-cholecalciferol tab 500 mg-125 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-ergocalciferol tab 500mg-200 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-vitamin d cap 600 mg-200 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-vitamin d tab 500 mg-125 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-vitamin d tab 600 mg-125 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	Tier 1	OTC; MAIL
<i>calcium citr tab +d</i>	Tier 1	OTC; MAIL
<i>calcium citr tab plus d-3</i>	Tier 1	OTC; MAIL
<i>calcium citr tab w/vit d3</i>	Tier 1	OTC; MAIL
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	Tier 1	OTC; MAIL
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	Tier 1	OTC; MAIL
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	Tier 1	OTC; MAIL
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	Tier 1	OTC; MAIL
<i>calcium tab 500+d</i>	Tier 1	OTC; MAIL
<i>calcium tab 500/d</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium tab 600mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>calcium tab vit d</i>	Tier 1	OTC; MAIL
<i>calcium w/ vitamin d tab 600 mg-200 unit</i>	Tier 1	OTC; MAIL
<i>calcium+d3 tab 600-400</i>	Tier 1	OTC; MAIL
<i>calcium+d3 tab 600-800</i>	Tier 1	OTC; MAIL
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	Tier 1	OTC; MAIL
<i>calcium/d3 cap 600-500</i>	Tier 1	OTC; MAIL
<i>calcium/d3 tab</i>	Tier 1	OTC; MAIL
<i>calcium/d3 tab 600-800</i>	Tier 1	OTC; MAIL
<i>calcium/d chw 500-400</i>	Tier 1	OTC; MAIL
<i>calcium/d tab 500-200</i>	Tier 1	OTC; MAIL
<i>calcium/d tab 600-800</i>	Tier 1	OTC; MAIL
<i>caltrate 600 chw 600-800</i>	Tier 1	OTC; MAIL
<i>caltrate 600 tab</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>calvite p&d tab</i>	Tier 1	OTC; MAIL
<i>cit calc/d tab 315-250</i>	Tier 1	OTC; MAIL
<i>creamies chw 600-400</i>	Tier 1	OTC; MAIL
<i>cvs ca/mg/zn tab</i>	Tier 1	OTC; MAIL
<i>cvs calcium tab 600mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>eq calcium tab citr+d</i>	Tier 1	OTC; MAIL
<i>eql calcium tab w/vit d</i>	Tier 1	OTC; MAIL
<i>gnp ca/mg/zn tab</i>	Tier 1	OTC; MAIL
<i>gnp ca/vit d chw minerals</i>	Tier 1	OTC; MAIL
<i>gnp calcium tab 600/d</i>	Tier 1	OTC; MAIL
<i>hm ca/vit d3 tab 600-800</i>	Tier 1	OTC; MAIL
<i>hm calcium tab citr+d</i>	Tier 1	OTC; MAIL
<i>kp ca/mg/zn tab</i>	Tier 1	OTC; MAIL
<i>kp calcium tab 600+d</i>	Tier 1	OTC; MAIL
<i>liq ca/vit d cap 600mg</i>	Tier 1	OTC; MAIL
<i>os calcium tab /vit d</i>	Tier 1	OTC; MAIL
<i>os-cal 500 chw</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>oscal 500/ tab 200 d-3</i>	Tier 1	OTC; MAIL
<i>oys shell+d chw 500-400</i>	Tier 1	OTC; MAIL
<i>oys shell+d tab 250-125</i>	Tier 1	OTC; MAIL
<i>oysco 500 tab 500mg</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>oysco 500+d chw</i>	Tier 1	OTC; MAIL
<i>oysco 500+d tab</i>	Tier 1	OTC; MAIL
<i>oyst cal/d tab 250mg</i>	Tier 1	OTC; MAIL
<i>oyst cal/d tab 500mg</i>	Tier 1	OTC; MAIL
<i>oyst shell/d tab 250mg</i>	Tier 1	OTC; MAIL
<i>oyst shell/d tab 500-125</i>	Tier 1	OTC; MAIL
<i>oyst shell/d tab 500-200</i>	Tier 1	OTC; MAIL
<i>oyst shell/d tab 500-400</i>	Tier 1	OTC; MAIL
<i>oyst shell/d tab 500mg</i>	Tier 1	OTC; MAIL
<i>oyst-cal d tab 250mg</i>	Tier 1	OTC; MAIL
<i>oyst-cal-d tab 500mg</i>	Tier 1	OTC; MAIL
<i>oyster shell calcium tab 500 mg</i>	Tier 1	OTC; MAIL
<i>oyster-cal/d tab 500mg</i>	Tier 1	OTC; MAIL
<i>oystercal tab 500mg</i>	Tier 1	OTC; MAIL
<i>oystercal-d tab 500mg</i>	Tier 1	OTC; MAIL
<i>pa calcium tab vit d</i>	Tier 1	OTC; MAIL
<i>pa oyster sh tab 500mg</i>	Tier 1	OTC; MAIL
<i>px calcium&d tab 600-400</i>	Tier 1	OTC; MAIL
<i>ra ca/mg/zn tab</i>	Tier 1	OTC; MAIL
<i>ra ca/vit d3 chw minerals</i>	Tier 1	OTC; MAIL
<i>ra ca/vit d3 tab 600-400</i>	Tier 1	OTC; MAIL
<i>ra calcium tab vit d</i>	Tier 1	OTC; MAIL
<i>ra calcium+d tab 600mg</i>	Tier 1	OTC; MAIL
<i>ra hi cal tab 500-200</i>	Tier 1	OTC; MAIL
<i>ra hi-cal tab 500mg</i>	Tier 1	OTC; MAIL
<i>ra hi-cal/d tab 500mg</i>	Tier 1	OTC; MAIL
<i>ra oys shl/d tab 500mg</i>	Tier 1	OTC; MAIL
<i>sm ca/mg/zn tab</i>	Tier 1	OTC; MAIL
<i>sm ca/vit d3 tab 600-400</i>	Tier 1	OTC; MAIL
<i>sm calcium tab /vit d3</i>	Tier 1	OTC; MAIL
<i>sm calcium/d tab 500-200</i>	Tier 1	OTC; MAIL
<i>sm calcium/d tab 600-400</i>	Tier 1	OTC; MAIL
<i>super ca 600 tab + d3</i>	Tier 1	OTC; MAIL
<i>super ca 600 tab + d 400</i>	Tier 1	OTC; MAIL
<i>super calciu tab 600mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>tgt calcium chw suppleme</i>	Tier 1	OTC; MAIL
Electrolyte Mixtures		
<i>naturalyte sol bubblegm</i>	Tier 1	OTC; MAIL
<i>naturalyte sol fruit</i>	Tier 1	OTC; MAIL

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<i>naturallyte sol grape</i>	Tier 1	OTC; MAIL
<i>naturallyte sol unflavor</i>	Tier 1	OTC; MAIL
<i>oral electrolyte solution</i>	Tier 1	OTC; MAIL
<i>oralyte sol</i>	Tier 1	OTC; MAIL
<i>oralyte sol freeze</i>	Tier 1	OTC; MAIL
<i>ped elctrlyt sol</i>	Tier 1	OTC; MAIL
<i>pedia vance sol apple</i>	Tier 1	OTC; MAIL
<i>pedia vance sol grape</i>	Tier 1	OTC; MAIL
<i>rehydralyte sol</i>	Tier 1	OTC; MAIL
<i>revital frzr sol pops</i>	Tier 1	OTC; MAIL
<i>revital jell sol cups</i>	Tier 1	OTC; MAIL
<i>revital lqd sol squeezer</i>	Tier 1	OTC; MAIL
Fluoride		
<i>fluor-a-day dro 0.125mg</i>	PREV	QL (60 mL / 30 days); MAIL
<i>fluoritab chw 0.5mg f</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>fluoritab chw 0.25mg f</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>fluoritab chw 1mg f</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>fluoritab chw 2.2mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>fluoritab dro 0.125mg</i>	PREV	QL (60 mL / 30 days); MAIL
<i>flura-drops dro 0.25mg f</i>	PREV	QL (30 mL / 30 days); MAIL
<i>karidium dro 0.125mg</i>	PREV	QL (60 mL / 30 days); MAIL
<i>ludent chw 0.5mg f</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>ludent chw 0.25mg f</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>ludent chw 1mg f</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>nafrinse chw 1mg f</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>nafrinse dro 0.125mg</i>	PREV	QL (60 mL / 30 days); MAIL
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	PREV	QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	PREV	QL (50.1 mL / 30 days); MAIL
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	PREV	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and under

Magnesium

<i>gnp magnesi tab 250mg</i>	Tier 1	OTC; MAIL
<i>mag-g tab 500mg</i>	Tier 1	OTC; MAIL
<i>mag-sr tab 535mg</i>	Tier 1	OTC; MAIL
<i>magdelay tab 70mg</i>	Tier 1	OTC; MAIL
<i>magnesium gluconate tab 27.5 mg (elemental mg)</i>	Tier 1	OTC; MAIL
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i>	Tier 1	OTC; MAIL
<i>magnesium oxide cap 500 mg (elemental mg)</i>	Tier 1	OTC; MAIL
<i>magnesium oxide tab 250 mg (mg supplement)</i>	Tier 1	OTC; MAIL
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	Tier 1	OTC; MAIL
<i>magnesium oxide tab 500 mg (mg supplement)</i>	Tier 1	OTC; MAIL
<i>magnesium tab 200 mg</i>	Tier 1	OTC; MAIL
<i>magnesium tab 250mg</i>	Tier 1	OTC; MAIL
<i>magnesium tab 400 mg</i>	Tier 1	OTC; MAIL
<i>magnesium-ox tab 400mg</i>	Tier 1	OTC; MAIL
<i>magonate tab 500mg</i>	Tier 1	OTC; MAIL
<i>mgo tab 400mg</i>	Tier 1	OTC; MAIL
<i>ra magnesium cap 500mg</i>	Tier 1	OTC; MAIL
<i>sm magnesium tab 250mg</i>	Tier 1	OTC; MAIL
<i>th magnesium tab 200mg</i>	Tier 1	OTC; MAIL

Phosphate

<i>phospha 250 tab neutral</i>	Tier 1	QL (120 tabs / 30 days); MAIL
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Potassium

<i>effer-k tab 25meq ef</i>	Tier 1	QL (60 ea / 30 days); MAIL
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Drug Name	Drug Tier	Requirements/Limits
<i>k-effervesce tab 25meq ef</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>k-prime tab 25meq ef</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>k-vescent tab 25meq ef</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>klor-con 8 tab 8meq er</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>klor-con 10 tab 10meq er</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>klor-con m10 tab 10meq er</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>klor-con m20 tab 20meq er</i>	Tier 1	QL (150 tabs / 30 days); MAIL
<i>klor-con/ef tab 25meq fr</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>potassium bicarbonate effer tab 25 meq</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>potassium chloride cap er 8 meq</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>potassium chloride cap er 10 meq</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1	QL (120 ea / 30 days); MAIL
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Tier 1	QL (150 tabs / 30 days); MAIL
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 2	MAIL
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 2	MAIL
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>potassium chloride tab er 10 meq</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 1	QL (150 ea / 30 days); MAIL
Sodium		
<i>sodium chloride tab 1 gm</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
Zinc		
<i>orazinc cap 220mg</i>	Tier 1	OTC; MAIL
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	Tier 1	OTC; MAIL
<i>zinc-220 cap</i>	Tier 1	OTC; MAIL
MISC. NUTRITIONAL SUBSTANCES		
MISC. NUTRITIONAL SUBSTANCES		
<i>prenatal dha cap 200mg</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	MAIL
Anti-infectives - Throat		
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (70 ea / 10 days); MAIL
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (70 lozgs / 10 days); MAIL
<i>nystatin susp 100000 unit/ml</i>	Tier 1	QL (3600 mL / 30 days); MAIL
<i>ORAVIG TAB 50MG</i>	Tier 3	PA; MAIL
Antiseptics - Mouth/Throat		
<i>DEBACTEROL SOL 30-50%</i>	Tier 3	PA; MAIL
<i>paroex sol 0.12%</i>	Tier 1	MAIL
<i>periogard sol 0.12%</i>	Tier 1	MAIL
Dental Products		
<i>cavarest gel 1.1%</i>	Tier 1	MAIL
<i>denta 5000 cre plus</i>	Tier 1	MAIL
<i>denta 5000 cre plus 2pk</i>	Tier 1	MAIL
<i>dentagel gel 1.1%</i>	Tier 1	MAIL
<i>karigel gel 0.5%</i>	Tier 1	MAIL
<i>karigel-n gel 1.1%</i>	Tier 1	MAIL
<i>neutragard gel 1.1%</i>	Tier 1	MAIL
<i>sf 5000 plus cre 1.1%</i>	Tier 1	MAIL
<i>sf gel 1.1%</i>	Tier 1	MAIL
Steroids - Mouth/Throat		
<i>oralone dent pst 0.1%</i>	Tier 1	MAIL
<i>triamcinolone acetanide dental paste 0.1%</i>	Tier 1	MAIL
Throat Products - Misc.		
<i>cevimeline hcl cap 30 mg</i>	Tier 2	PA; MAIL

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<i>pilocarpine hcl tab 5 mg</i>	Tier 1	MAIL
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	MAIL

MULTIVITAMINS**B-Complex w/ Folic Acid**

<i>b complex tab vit c</i>	Tier 1	OTC; MAIL
<i>b-complex tab balanced</i>	Tier 1	OTC; MAIL
<i>b-complex w/ c & folic acid tab</i>	Tier 1	OTC; MAIL
<i>b-plex tab</i>	Tier 1	MAIL
<i>dialyvite tab</i>	Tier 1	MAIL
<i>dialyvite tab 800</i>	Tier 1	OTC; MAIL
<i>folbee plus tab</i>	Tier 1	MAIL
<i>hm b complex tab with c</i>	Tier 1	OTC; MAIL
<i>kp b complex tab /c</i>	Tier 1	OTC; MAIL
<i>mynephrocaps cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>nephronex tab</i>	Tier 1	MAIL
<i>rena-vite rx tab</i>	Tier 1	OTC; MAIL
<i>rena-vite tab</i>	Tier 1	OTC; MAIL
<i>renal cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>renal tab multivit</i>	Tier 1	OTC; MAIL
<i>reno cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>stress form tab</i>	Tier 1	OTC; MAIL
<i>super b-comp tab /fa/vitc</i>	Tier 1	OTC; MAIL
<i>super b-comp tab vit c/fa</i>	Tier 1	OTC; MAIL
<i>triphrocaps cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>virt-vite tab plus</i>	Tier 1	MAIL
<i>vita-bee/c tab</i>	Tier 1	OTC; MAIL
<i>vol-care rx tab</i>	Tier 1	MAIL

Multiple Vitamins w/ Iron

<i>daily vit tab +iron</i>	Tier 1	OTC; MAIL
<i>daily vite tab iron</i>	Tier 1	OTC; MAIL
<i>daily-vitam tab</i>	Tier 1	OTC; MAIL
<i>daily-vite/ tab iron</i>	Tier 1	OTC; MAIL
<i>hm one daily tab /iron</i>	Tier 1	OTC; MAIL
<i>multi-day tab /iron</i>	Tier 1	OTC; MAIL
<i>multi-vit/fe tab</i>	Tier 1	OTC; MAIL
<i>multiple vitamins w/ iron tab</i>	Tier 1	OTC; MAIL

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<i>once daily tab iron</i>	Tier 1	OTC; MAIL
<i>one daily tab pls iron</i>	Tier 1	OTC; MAIL
<i>ra one daily tab +iron</i>	Tier 1	OTC; MAIL
<i>sm multiple tab vit/iron</i>	Tier 1	OTC; MAIL
<i>stress b com tab w/iron</i>	Tier 1	OTC; MAIL
<i>stress form tab /iron</i>	Tier 1	OTC; MAIL
<i>stress formu tab w/iron</i>	Tier 1	OTC; MAIL
<i>tab-a-vite tab /iron</i>	Tier 1	OTC; MAIL
Multiple Vitamins w/ Minerals		
<i>a thru z sel tab 50+ adva</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>a thru z sel tab advanced</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>a thru z tab advanced</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>a thru z tab high pot</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>a thru z tab select</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>a thru z tab ultimate</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>abc plus tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>abc plus tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>actical cap</i>	Tier 1	OTC; MAIL
<i>advanced tab formula</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>amoryn mood cap booster</i>	Tier 1	OTC; MAIL
<i>anti-oxidant cap formula</i>	Tier 1	OTC; MAIL
<i>anti-oxidant tab plus</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>antiox form/ cap minerals</i>	Tier 1	OTC; MAIL
<i>antioxidant cap</i>	Tier 1	OTC; MAIL
<i>antioxidant tab protecti</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>antioxidant tab vitamins</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>antioxin cap 4000</i>	Tier 1	OTC; MAIL
<i>b-plex plus tab</i>	Tier 1	QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>b-redi/rd hr tab ts/rd ro</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>bdy/hair/skn cap nails</i>	Tier 1	OTC; MAIL
<i>biocel tab</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>biotin plus/ tab cal/vitd</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>bprotected liq multi-vi</i>	Tier 1	OTC; MAIL
<i>carravite tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>cent mature tab womn 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>centamin liq</i>	Tier 1	OTC; MAIL
<i>centavite az tab minerals</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>centavite liq</i>	Tier 1	OTC; MAIL
<i>central-vite tab mens mat</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>central-vite tab wmns mat</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>centravites tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>centravites tab 50 plus</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>century tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>century tab mature</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>cerovite tab advanced</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>cerovite tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>certa plus tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>certagen tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>certavite liq antioxid</i>	Tier 1	OTC; MAIL
<i>certavite/ tab antioxid</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>comp daily tab w/lutein</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>comp energy tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>comp multivi liq mineral</i>	Tier 1	OTC; MAIL
<i>companion tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>compete tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>comple multi tab adlt 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>complere tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>complete tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>complete tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>complete tab womens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>coral calciu cap plus</i>	Tier 1	OTC; MAIL
<i>corvite free tab</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>cvs daily tab fe/ca/zn</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>cvs vision tab formula</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily betic tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily diet tab support</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily mens tab health</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily multi tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily multi tab 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily multi tab men</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily multi tab vit/mens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily multi tab vit/min</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily multi tab women</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>daily multi tab womn 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily vit tab +mineral</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily vitamn cap plus</i>	Tier 1	OTC; MAIL
<i>daily womens tab health</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily-vitamn tab maximum</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>diabetic sup tab formula</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>diabets hlth tab formula</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>dialyvite tab 800/d</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>drs choice tab men</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ecolovit tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>enviro-stres tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>eql century tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>eql century tab mature</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>eql vision tab formula</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>essentia tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>essential tab balance</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>eye vitamins cap</i>	Tier 1	OTC; MAIL
<i>eye vitamins tab /mineral</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>eye-vites tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gerivite tab complete</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>glucoten cap</i>	Tier 1	OTC; MAIL
<i>gnp century tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>gnp century tab adult</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp century tab cardio</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp century tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp century tab ultimate</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp healthy tab eyes</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp one dail tab maximum</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp opti-vit tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>hair formula tab ex stren</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>hair formula tab ultr man</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>hair vitamin tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>hair/skin/ tab nails</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>healthy eyes cap supervis</i>	Tier 1	OTC; MAIL
<i>healthy eyes tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>hi-kovite tab 2-part</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>hi-potency tab multivit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>hm complete tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>hm complete tab 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>i-vite prote tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>i-vite tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>icaps cap</i>	Tier 1	OTC; MAIL
<i>icaps lutein cap /omega-3</i>	Tier 1	OTC; MAIL
<i>icaps mv tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>kp adult 50+ tab daily</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>kp adults tab daily</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>kp mens 50+ tab daily</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>kp mens tab daily</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>kp women 50+ tab daily</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>kp womens tab daily</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>life pack tab mens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>life pack tab womens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>lysiplex liq plus</i>	Tier 1	OTC; MAIL
<i>lysiplex tab plus</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>macuvite tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>macuvite tab eye care</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>macuvite tab lutein</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>max daily tab green</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>maximum tab blue lab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>maximum tab green lb</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>maximum tab red labl</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>mediplex tab plus</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>mega multi tab men</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>mega multi tab women</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>mega vm-80 tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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PREV = Preventative Services at \$0 copay; **DME** = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>mens 50+ adv tab one daly</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>mens daily cap lycopene</i>	Tier 1	OTC; MAIL
<i>milltrium sr tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>milltrium tab advanced</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>milltrium tab cardio</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>mult vitamin tab womens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi 50+ cap for her</i>	Tier 1	OTC; MAIL
<i>multi 50+ tab for her</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi 50+ tab for him</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi cap complete</i>	Tier 1	OTC; MAIL
<i>multi cap for her</i>	Tier 1	OTC; MAIL
<i>multi cap for him</i>	Tier 1	OTC; MAIL
<i>multi complt tab /iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi tab for her</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi tab for him</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi vitamn tab mineral</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi-day tab minerals</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi-day tab wght trm</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi-lean tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi-vit/ tab minerals</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi-vitami tab menopaus</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi-vite tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi-vite tab 50&over</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

PA - Prior Authorization **ST** - Step Therapy **AGE** - Age Limit
QL – Quantity Limits **OTC** – Over the Counter **MAIL** – Mail Order Available
MED - Max 90 mg Morphine EQ Dose Per Day
Tier 1 = Generics; Low cost preferred brand
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PREV = Preventative Services at \$0 copay; **DME** = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>multi-vite tab plus</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multilex tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multilex-t&m tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multimineral tab plus</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multiple vitamins w/ minerals tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multivitamin liq</i>	Tier 1	OTC; MAIL
<i>multivitamin liq mineral</i>	Tier 1	OTC; MAIL
<i>multivitamin tab mineral</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multivitamin tab womens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>my-vitalife cap</i>	Tier 1	OTC; MAIL
<i>myamulti tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>nutrifac zx tab</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>ocutabs tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ocutabs tab lutein</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ocuvite eye cap health</i>	Tier 1	OTC; MAIL
<i>ocuvite eye tab + multi</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ocuvite tab lutein</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ocuvite xtra tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab 50 plus</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab /mineral</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab complete</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab fe/ca</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

PA - Prior Authorization **ST** - Step Therapy **AGE** - Age Limit

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QL – Quantity Limits **OTC** – Over the Counter **MAIL** – Mail Order Available

MED - Max 90 mg Morphine EQ Dose Per Day

Tier 1 = Generics; Low cost preferred brand

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Tier 3 = Non-preferred brand name drugs; **Tier 4** = Specialty Drugs

PREV = Preventative Services at \$0 copay; **DME** = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>one daily tab healthy</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab maximum</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab men</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab men 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab mens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab mens 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab multivit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab plus iro</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab women</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab women 50</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab womens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily wm tab pro-actv</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily/ tab minerals</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one dly hlth tab wght adv</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one-a-day tab teen/her</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>optic-vites tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>optimum pms tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>orthovite tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>osteoprime tab ultra</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>pms support cap complex</i>	Tier 1	OTC; MAIL
<i>prevent cap</i>	Tier 1	OTC; MAIL
<i>prorenal+d cap omega-3</i>	Tier 1	OTC; MAIL
<i>prosight cap w/lutein</i>	Tier 1	OTC; MAIL

PA - Prior Authorization **ST** - Step Therapy **AGE** - Age Limit

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Tier 3 = Non-preferred brand name drugs; **Tier 4** = Specialty Drugs

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Drug Name	Drug Tier	Requirements/Limits
<i>prosight tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>px advanced tab multivit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>px complete tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>px mens mult tab vitamins</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>qc therin-m tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>quintabs-m tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra central tab -vite</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra central tab energy</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra central tab vite sel</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra central tab vite sen</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra hair/skin tab /nails</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra mature wm tab diet sup</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra one daily pak mens 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra one daily tab energy</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra one daily tab maximum</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra one daily tab mens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra one daily tab mens/d3</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra one daily tab womens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra therapeut tab m/beta</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra vision tab vite/zn</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>renal tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>savision tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sclerex tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>senior tabs tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sentry tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sentry tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sm complete tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sm complete tab 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sm complete tab 50+ mens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sm complete tab 50+ wmn</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sm complete tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sm hair/skin tab /nails</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sm opti-vita tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>spectr women tab hlth sen</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>spectra ultr tab hlth men</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>spectravite tab advanced</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>spectravite tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>stress b-com tab /c/zinc</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>stress form tab /iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>stress form/ tab zinc</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>stress formu tab advanced</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>stress formu tab energy</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>stress tab formula</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sunvite actv tab adult</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sunvite tab advanced</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>super 28 tab formula</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>super antiox cap protect</i>	Tier 1	OTC; MAIL
<i>super antiox tab a/c/e/se</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>super liq nu-thera</i>	Tier 1	OTC; MAIL
<i>super multip cap</i>	Tier 1	OTC; MAIL
<i>super multip tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>super tab nu-thera</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>super thera tab vite m</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>super vikaps tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>supr aytinal tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>supr aytinal tab 50 plus</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>supr vitamin tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>tab-a-vite tab maximum</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>thera form/ tab hematin</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>thera vital tab m</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>thera-m tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>thera-mill m tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>therabasic-m tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>theradex m tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>theradex m/ tab beta car</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>theramill cap plus</i>	Tier 1	OTC; MAIL
<i>therapeutic tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>therapeutic- tab m</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>therapeutic- tab m/lutein</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>theratrum co tab 50 plus</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>theratrum tab complete</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>theravim -m tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>thrive for tab women</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>total formul tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>total formul tab 2</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>total formul tab 3</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>trueplus tab diabetic</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ultra antiox tab formula</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ultra freeda tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ultra freeda tab /iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ultra vita-t tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ultrachoice tab advanced</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>v-c forte cap</i>	Tier 1	MAIL
<i>vic-forte cap</i>	Tier 1	MAIL
<i>vision form/ tab lutein</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>vision plus cap</i>	Tier 1	OTC; MAIL
<i>vision tab vitamins</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

PA - Prior Authorization **ST** - Step Therapy **AGE** - Age Limit

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QL – Quantity Limits **OTC** – Over the Counter **MAIL** – Mail Order Available

MED - Max 90 mg Morphine EQ Dose Per Day

Tier 1 = Generics; Low cost preferred brand

Tier 2 = Non-Preferred generics; Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs; **Tier 4** = Specialty Drugs

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Drug Name	Drug Tier	Requirements/Limits
<i>visivites tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>visivites tab /lutein</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>vita hair tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>vita s forte tab</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>vita-min cap</i>	Tier 1	MAIL
<i>vita-min cap</i>	Tier 1	OTC; MAIL
<i>vitabasic tab complete</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>vitabasic tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>vitacel tab</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>vitatrum tab complete</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>viteyes ared cap advanced</i>	Tier 1	OTC; MAIL
<i>viteyes ared cap formula</i>	Tier 1	OTC; MAIL
<i>viteyes cap /lutein</i>	Tier 1	OTC; MAIL
<i>viteyes cap complete</i>	Tier 1	OTC; MAIL
<i>viteyes smkr cap advanced</i>	Tier 1	OTC; MAIL
<i>viteyes smkr cap w/lutein</i>	Tier 1	OTC; MAIL
<i>viteyes tab lycopene</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>vitrum tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>whole source tab dietary</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>whole source tab for men</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>whole source tab mature</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>whole source tab women</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>womens 50+ cap advanced</i>	Tier 1	OTC; MAIL
<i>womens cap multi</i>	Tier 1	OTC; MAIL
<i>womens daily tab fa/ca/fe</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>womens daily tab formula</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>womens mult tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>womens one tab daily</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>womns active tab daily</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>your life tab mens 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>your life tab wmns 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

Multivitamins

<i>anti-oxidant tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>antioxidant cap formula</i>	Tier 1	OTC; MAIL
<i>cvs daily tab multiple</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily tab vitamin</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily value tab multivit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily vit tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily vite tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily-vitam tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>essentl one tab daily</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>mult vitamin tab daily</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>mult vitamin tab essent</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi-day tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi-vitam tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multiple vitamin cap</i>	Tier 1	OTC; MAIL
<i>multiple vitamin tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multivitamin cap</i>	Tier 1	OTC; MAIL

PA - Prior Authorization ST - Step Therapy AGE - Age Limit

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QL – Quantity Limits OTC – Over the Counter MAIL – Mail Order Available

MED - Max 90 mg Morphine EQ Dose Per Day

Tier 1 = Generics; Low cost preferred brand

Tier 2 = Non-Preferred generics; Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs; Tier 4 = Specialty Drugs

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Drug Name	Drug Tier	Requirements/Limits
<i>mv-one cap</i>	Tier 1	OTC; MAIL
<i>once daily tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab essenti</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab multivit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one-daily tab mult vit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>qc essential tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra one daily tab essentia</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra one daily tab multivit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>renal/zinc tab multivit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sigtab tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sm multiple tab vitamins</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>stress form tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>stress formu tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>stresstabs tab energy</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>tab-a-vite tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>tab-a-vite tab beta car</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>thera tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>thera-mill tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>thera-tabs tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>therapeutic tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>therems tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>vitalee tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>PRENATAL VITAMINS</i>		
ATABEX OB TAB 29-1MG	Tier 2	QL (30 tabs / 30 days); MAIL
BE WELL PAK ROUNDED	Tier 2	OTC, QL (30 ea / 30 days); MAIL
BRAINSTRONG MIS PRENATAL	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
CALNA TAB	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
CENTRUM SPEC PAK PRENATAL	Tier 2	OTC, QL (30 ea / 30 days); MAIL
COMPL PRENAT MIS +DHA	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
CVS PRENATAL CHW GUMMY	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
EZFE FORTE CAP	Tier 2	OTC, QL (30 caps / 30 days); MAIL
GNP DAILY MIS PRENATAL	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
HM ONE DAILY MIS PRENATAL	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
KPN PRENATAL TAB	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
MYNATAL CAP	Tier 2	QL (30 caps / 30 days); MAIL
MYNATAL PLUS TAB	Tier 2	QL (30 tabs / 30 days); MAIL
MYNATAL TAB	Tier 1	QL (30 tabs / 30 days); MAIL
MYNATAL TAB ADVANCE	Tier 1	QL (30 tabs / 30 days); MAIL
MYNATAL-Z TAB	Tier 2	QL (30 tabs / 30 days); MAIL
MYNATE 90 TAB PLUS	Tier 2	QL (30 tabs / 30 days); MAIL
NATALVIT TAB 75-1MG	Tier 2	QL (30 tabs / 30 days); MAIL

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NUTRICION TAB PORVIDA	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
NUTRIENTS TAB PRENATAL	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
O-CAL TAB PRENATAL	Tier 2	QL (30 tabs / 30 days); MAIL
ONE A DAY MIS PRENATAL	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
ONE A DAY PAK PRENATAL	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
ONE-A-DAY PAK PRENATAL	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
PERRY PRENAT CAP	Tier 2	OTC, QL (30 caps / 30 days); MAIL
PRENAT MULTI CAP +DHA	Tier 2	OTC, QL (30 caps / 30 days); MAIL
<i>prenatabs rx tab</i>	Tier 1	QL (30 tabs / 30 days)
PRENATAL 19 CHW 29-1MG	Tier 2	QL (30 tabs / 30 days)
<i>prenatal 19 chw tab</i>	Tier 2	QL (30 tabs / 30 days)
PRENATAL 19 TAB 29-1MG	Tier 1	QL (30 tabs / 30 days); MAIL
PRENATAL CAP FORMULA	Tier 2	OTC, QL (30 caps / 30 days); MAIL
PRENATAL CAP OMEGA-3	Tier 2	OTC, QL (30 caps / 30 days); MAIL
PRENATAL DHA PAK MULTI	Tier 2	OTC, QL (30 ea / 30 days); MAIL
PRENATAL FRM TAB A-FREE	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
PRENATAL TAB	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
PRENATAL TAB 27-0.8MG	Tier 1	OTC, QL (30 tabs / 30 days)
PRENATAL TAB 28-0.8MG	Tier 1	OTC, QL (30 tabs / 30 days)
PRENATAL TAB FORMULA	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
PRENATAL TAB PLUS	Tier 1	QL (30 tabs / 30 days)
PRENATAL+DHA MIS	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
PRENATAL+DHA MIS WOMENS	Tier 2	OTC, QL (30 boxes / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
PRENATAL+FE TAB 29-1MG	Tier 2	QL (30 tabs / 30 days)
<i>prenatal/fa tab</i>	Tier 1	QL (30 tabs / 30 days)
PRENATL MULT CAP + DHA	Tier 2	OTC, QL (30 caps / 30 days); MAIL
PRENTAT MULT CAP PLUS DHA	Tier 2	OTC, QL (30 caps / 30 days); MAIL
PRETAB TAB 29-1MG	Tier 2	QL (30 tabs / 30 days)
RA ONE DAILY MIS	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
SIMILAC PREN PAK EARLY SH	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
SM ONE DAILY MIS PRENATAL	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
THERANATAL MIS COMPLETE	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
TL FOLATE TAB	Tier 2	MAIL
TRINATAL GT TAB	Tier 1	QL (30 tabs / 30 days); MAIL
TRINATAL RX TAB 1	Tier 2	QL (30 tabs / 30 days)
VINATE II TAB	Tier 2	QL (30 tabs / 30 days); MAIL
VINATE M TAB	Tier 2	QL (30 tabs / 30 days); MAIL
VIRT-ADVANCE TAB 90-1MG	Tier 1	QL (30 tabs / 30 days); MAIL
VIRT-VITE GT TAB 90-1MG	Tier 1	QL (30 tabs / 30 days); MAIL
VITAFOL-OB TAB 65-1MG	Tier 2	QL (30 tabs / 30 days); MAIL
YOUR LIFE CAP PRENATAL	Tier 2	OTC, QL (30 caps / 30 days); MAIL
<i>Ped MV w/ Fluoride</i>		
<i>mult vit-bet chw fl0.25mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>mult-vit/fl chw 0.5mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>multi vit/fl chw 1mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>multi-vit/fl dro 0.5mg/ml</i>	Tier 1	QL (100 mL / 59 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>multi-vit/fl dro 0.25mg</i>	Tier 1	QL (100 mL / 59 days); MAIL
<i>multivit/fl chw 0.5mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>multivit/fl chw 0.25mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>multivit/fl chw 1mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>mvc-fluoride chw 0.5mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>mvc-fluoride chw 0.25mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>mvc-fluoride chw 1mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>tri-vit/fl dro 0.5mg</i>	Tier 1	QL (50.1 mL / 30 days); MAIL
<i>tri-vit/fl dro 0.25mg</i>	Tier 1	QL (60 mL / 30 days); MAIL
<i>tri-vit/fluoro dro 0.5mg</i>	Tier 1	QL (50.1 mL / 30 days); MAIL
<i>tri-vit/fluoro dro 0.25mg</i>	Tier 1	QL (60 mL / 30 days); MAIL
<i>vit a/c/d/fl dro 0.25mg</i>	Tier 1	QL (60 mL / 30 days); MAIL
Ped MV w/ Iron		
<i>animal shape chw /iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>bite-a-mins chw /iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>child chew chw iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>child multiv chw iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>childrens chw /iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>chld vitamin chw iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>flnston plus chw iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>fruity chews chw /iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>land bfr tim chw vit/iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>little anima chw plus fe</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>poly-vita dro /iron</i>	Tier 1	OTC; MAIL
<i>poly-vitamin dro /iron</i>	Tier 1	OTC; MAIL
<i>poly-vite sol /iron</i>	Tier 1	OTC; MAIL
<i>polyvitamin dro /iron</i>	Tier 1	OTC; MAIL
<i>qc childrens chw iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra child vit chw /iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>vite/iron chw children</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>zoo friends chw pls iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>Ped Multi Vitamins w/Fl FE</i>		
<i>multi-vit/fe dro /fl 0.25</i>	Tier 1	QL (100 mL / 59 days); MAIL
<i>multi-vit/fl dro /fe 0.25</i>	Tier 1	QL (100 mL / 59 days); MAIL
<i>tri-vit/fe dro /fl 0.25</i>	Tier 1	QL (60 mL / 30 days); MAIL
<i>Ped Multiple Vitamins w/ Minerals</i>		
<i>animal shape chw complete</i>	Tier 1	OTC; MAIL
<i>aquadeks dro</i>	Tier 1	OTC; MAIL
<i>centrum kids chw complete</i>	Tier 1	OTC; MAIL
<i>cerovite jr chw</i>	Tier 1	OTC; MAIL
<i>child vitami chw</i>	Tier 1	OTC; MAIL
<i>childrens chw complete</i>	Tier 1	OTC; MAIL
<i>childrens chw gummies</i>	Tier 1	OTC; MAIL
<i>childrens chw multivit</i>	Tier 1	OTC; MAIL
<i>chld mltivit chw /mineral</i>	Tier 1	OTC; MAIL
<i>compl multiv chw childrns</i>	Tier 1	OTC; MAIL
<i>cvs children chw complete</i>	Tier 1	OTC; MAIL
<i>disney cars chw gummies</i>	Tier 1	OTC; MAIL
<i>eq multivita chw gummies</i>	Tier 1	OTC; MAIL
<i>flintstones chw bone bld</i>	Tier 1	OTC; MAIL
<i>flintstones chw complete</i>	Tier 1	OTC; MAIL
<i>gnp zoochews chw gummies</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>gummi bear chw multivit</i>	Tier 1	OTC; MAIL
<i>gummies chw</i>	Tier 1	OTC; MAIL
<i>gummy dinos chw</i>	Tier 1	OTC; MAIL
<i>gummy vit/ chw minerals</i>	Tier 1	OTC; MAIL
<i>hm animal chw shapes</i>	Tier 1	OTC; MAIL
<i>mvw complete chw orange</i>	Tier 1	OTC; MAIL
<i>polyvitamin chw /iron</i>	Tier 1	OTC; MAIL
<i>princess chw gummies</i>	Tier 1	OTC; MAIL
<i>qc childrens chw complete</i>	Tier 1	OTC; MAIL
<i>sea buddies chw dly mult</i>	Tier 1	OTC; MAIL
<i>sm animal sh chw complete</i>	Tier 1	OTC; MAIL
<i>ultra choice chw kids</i>	Tier 1	OTC; MAIL
<i>vitamax ped dro</i>	Tier 1	MAIL
<i>zoo friends chw</i>	Tier 1	OTC; MAIL
Pediatric Multiple Vitamins		
<i>animal chews chw</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>animal shape chw</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>bite-a-mins chw</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>bounty bears chw /c</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>chewabl vite chw childrns</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>child chew chw vitamins</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>child chew/ chw extra c</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>children vit chw</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>childrens chw multivit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>childrens chw vitamins</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>dino-life chw</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>dino-life chw extra c</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>flintstones chw extra c</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>flintstones chw my first</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>flintstones chw omega-3</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>flintstones chw pls calc</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>fruity chews chw</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp animal chw plus c</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp animal chw shapes</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp little chw ones</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>land bfr tim chw vit/c</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>little chw animals</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>pediavit liq</i>	Tier 1	OTC, QL (30 mL / 30 days); MAIL
<i>poly vitamin chw</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>poly-vita dro</i>	Tier 1	OTC; MAIL
<i>poly-vite dro</i>	Tier 1	OTC; MAIL
<i>polyvitamin dro</i>	Tier 1	OTC; MAIL
<i>qc childrens chw extra c</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sm animal chw shapes</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>zoo friends chw extra c</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>zoo friends chw gummies</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
Pediatric Vitamins		
<i>tri-vita sol</i>	Tier 1	OTC, QL (100 mL / 59 days); MAIL
<i>tri-vitamin dro</i>	Tier 1	OTC, QL (100 mL / 59 days); MAIL
Prenatal Vitamins		
<i>inatal gt tab</i>	Tier 1	QL (30 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
MISSION PREN TAB /FA	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
MISSION PREN TAB HP	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
PRE-NATAL TAB FORMULA	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>prenatal 19 tab</i>	Tier 1	QL (30 tabs / 30 days); MAIL
PRENATAL TAB	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
PRENATAL TAB COMPLETE	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
PRENATAL TAB FORTE	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
PRENATAL/FE TAB	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>triadvance tab</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>trinate tab</i>	Tier 1	QL (30 tabs / 30 days); MAIL

MUSCULOSKELETAL THERAPY AGENTS**Central Muscle Relaxants**

<i>baclofen tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>baclofen tab 20 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>carisoprodol tab 350 mg</i>	Tier 1	QL (120 ea / 30 days), PA; AGE; Covered in ages 18-64
<i>chlorzoxazone tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>metaxalone tab 800 mg</i>	Tier 2	QL (300 tabs / 30 days), PA; AGE; MAIL; Covered in ages 64 and under
<i>methocarbamol tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under

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Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol tab 750 mg</i>	Tier 1	QL (300 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under

Direct Muscle Relaxants

<i>dantrolene sodium cap 25 mg</i>	Tier 1	QL (240 caps / 30 days); MAIL
<i>dantrolene sodium cap 50 mg</i>	Tier 1	QL (240 caps / 30 days); MAIL
<i>dantrolene sodium cap 100 mg</i>	Tier 1	QL (240 caps / 30 days); MAIL

Viscosupplements

EUFLEXXA INJ 10MG/ML	Tier 4	QL (3 syringes / 180 days), PA
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NASAL AGENTS - SYSTEMIC AND TOPICAL**Nasal Agents - Misc.**

<i>afrin saline spr 0.65%</i>	Tier 1	OTC; MAIL
<i>altamist spr 0.65%</i>	Tier 1	OTC; MAIL
<i>ayr spr 0.65%</i>	Tier 1	OTC; MAIL
<i>baby ayr spr 0.65%</i>	Tier 1	OTC; MAIL
<i>deep sea spr 0.65%</i>	Tier 1	OTC; MAIL
<i>hm saline spr 0.65%</i>	Tier 1	OTC; MAIL
<i>humist spr 0.65%</i>	Tier 1	OTC; MAIL
<i>little noses dro stof nos</i>	Tier 1	OTC; MAIL
<i>little noses spr 0.65%</i>	Tier 1	OTC; MAIL
<i>na-zone spr 0.65%</i>	Tier 1	OTC; MAIL
<i>nasal moist spr 0.65%</i>	Tier 1	OTC; MAIL
<i>nasal saline spr 0.65%</i>	Tier 1	OTC; MAIL
<i>ocean kids spr 0.65%</i>	Tier 1	OTC; MAIL
<i>saline mist spr 0.65%</i>	Tier 1	OTC; MAIL
<i>saline nasal spr 0.65%</i>	Tier 1	OTC; MAIL
<i>saline nose spr 0.65%</i>	Tier 1	OTC; MAIL
<i>tgt nasal spr 0.65%</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
Nasal Anti-infectives		
BACTROBAN OIN NASAL 2%	Tier 2	QL (10 gm / 25 days), PA; MAIL
Nasal Antiallergy		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	Tier 1	QL (1 bottle / 25 days); MAIL
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	Tier 1	OTC, QL (52 mL / 25 days); MAIL
Nasal Anticholinergics		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	Tier 1	QL (30 mL / 25 days); MAIL
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	Tier 1	QL (15 mL / 25 days); MAIL
Nasal Steroids		
flunisolide nasal soln 25 mcg/act (0.025%)	Tier 1	QL (1 bottle / 25 days); MAIL; Covered in ages 6 and over
flunisolide nasal soln 29 mcg/act (0.025%)	Tier 1	QL (25 mL / 25 days); MAIL; Covered in ages 6 and over
fluticasone propionate nasal susp 50 mcg/act	Tier 1	QL (1 bottle / 25 days); MAIL; Covered in ages 4 and over
OMNARIS SPR	Tier 3	PA; MAIL
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	Tier 1	MAIL
Sympathomimetic Decongestants		
child silfed liq 15mg/5ml	Tier 1	OTC; MAIL
decongestant tab 30mg	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
decongestant tab 120mg er	Tier 1	OTC; MAIL
eq suphedrin tab 30mg	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
eq suphedrin tab 120mg cr	Tier 1	OTC; MAIL
genaphed tab 30mg	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
gnp suphedrn liq 15mg/5ml	Tier 1	OTC; MAIL
nasal decon syp 30mg/5ml	Tier 1	OTC, QL (1200 mL / 30 days); MAIL
nasal decong liq 30mg/5ml	Tier 1	OTC; MAIL
nasal decong tab 10mg	Tier 1	OTC; MAIL

PA - Prior Authorization ST - Step Therapy AGE - Age Limit

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Drug Name	Drug Tier	Requirements/Limits
<i>nasal decong tab 30mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>nasal decong tab 120mg er</i>	Tier 1	OTC; MAIL
<i>nasal spr 0.05%</i>	Tier 1	OTC; MAIL
<i>non-pseudo tab 10mg</i>	Tier 1	OTC; MAIL
<i>pseudoephedr tab 60mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>pseudoephedr tab 120mg er</i>	Tier 1	OTC; MAIL
<i>pseudoephedrine hcl syrup 30 mg/5ml</i>	Tier 1	OTC, QL (1200 mL / 30 days); MAIL
<i>pseudoephedrine hcl tab 30 mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>qc suphedrin tab 120mg sr</i>	Tier 1	OTC; MAIL
<i>ra suphedrin tab 30mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>ra suphedrin tab 120mg cr</i>	Tier 1	OTC; MAIL
<i>sinus/conges tab 10mg</i>	Tier 1	OTC; MAIL
<i>sm nasal dec tab 30mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>sudafed 12hr tab 120mg cr</i>	Tier 1	OTC; MAIL
SUDAFED PE SOL CHILDREN	Tier 1	OTC; MAIL
<i>sudogest pe tab 10mg</i>	Tier 1	OTC; MAIL
<i>sudogest tab 30mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>sudogest tab 60mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>sudogest tab 120mg er</i>	Tier 1	OTC; MAIL
<i>suphedrin tab 120mg er</i>	Tier 1	OTC; MAIL
<i>suphedrine tab 10mg</i>	Tier 1	OTC; MAIL
<i>suphedrine tab 30mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>suphedrine tab pe 10mg</i>	Tier 1	OTC; MAIL
<i>sw nasal dec tab 30mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
TYZINE PED DRO 0.05%	Tier 3	MAIL
TYZINE SOL 0.1%	Tier 3	MAIL
<i>unifed liq 30mg/5ml</i>	Tier 1	OTC; MAIL
<i>wal-phed d tab 120mg</i>	Tier 1	OTC; MAIL
<i>wal-phed pe tab 10mg</i>	Tier 1	OTC; MAIL
<i>wal-phed tab 30mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL

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Drug Name **Drug Tier** **Requirements/Limits**

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

NORTHERA CAP 100MG	Tier 4
NORTHERA CAP 200MG	Tier 4
NORTHERA CAP 300MG	Tier 4

NEUROMUSCULAR AGENTS

ALS Agents

<i>riluzole tab 50 mg</i>	Tier 2	QL (60 tabs / 30 days), PA; MAIL
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NUTRIENTS

Misc. Nutritional Substances

<i>kp omega-3 cap 1200mg</i>	Tier 1	OTC; MAIL
<i>omega 3 500 cap 500mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>omega iii cap epa+dha</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>omega-3 cap 1200mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>omega-3 fish cap 1000mg</i>	Tier 1	OTC; MAIL
<i>omega-3 fish cap 1200mg</i>	Tier 1	OTC; MAIL
<i>ra fish oil cap 1000mg</i>	Tier 1	OTC; MAIL

OPHTHALMIC AGENTS

Artificial Tears and Lubricants

<i>akwa tears oin op</i>	Tier 1	OTC; MAIL
<i>altalube oin</i>	Tier 1	OTC; MAIL
<i>artifi tears dro</i>	Tier 1	OTC; MAIL
<i>artifi tears dro 1-0.3%</i>	Tier 1	OTC; MAIL
<i>artifi tears oin op</i>	Tier 1	OTC; MAIL
<i>artificial dro tears</i>	Tier 1	OTC; MAIL
<i>artificial sol tears</i>	Tier 1	OTC; MAIL
<i>artificial sol tears op</i>	Tier 1	OTC; MAIL
<i>bion tears sol op</i>	Tier 1	OTC; MAIL
<i>clear eyes dro 0.5-0.6%</i>	Tier 1	OTC; MAIL
<i>cvs dry eye dro relief</i>	Tier 1	OTC; MAIL
<i>cvs lubricnt dro 0.5% op</i>	Tier 1	OTC; MAIL
<i>cvs natural sol tears</i>	Tier 1	OTC; MAIL
<i>eq gentle dro 0.3%</i>	Tier 1	OTC; MAIL
<i>eq lubricant dro eye drop</i>	Tier 1	OTC; MAIL
<i>eq revive pl dro 0.5% op</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>eye lubrican oin op</i>	Tier 1	OTC; MAIL
<i>for sty reli oin</i>	Tier 1	OTC; MAIL
<i>genteal tear oin nt-time</i>	Tier 1	OTC; MAIL
<i>gnp eye drop sol 0.5% op</i>	Tier 1	OTC; MAIL
<i>hm dry eye sol relief</i>	Tier 1	OTC; MAIL
<i>hypotears oin op</i>	Tier 1	OTC; MAIL
<i>just tears sol eye drop</i>	Tier 1	OTC; MAIL
LACRISERT MIS 5MG OP	Tier 3	PA; MAIL
<i>liquitears sol</i>	Tier 1	OTC; MAIL
<i>lubricant dro 0.4-0.3%</i>	Tier 1	OTC; MAIL
<i>lubricant dro eye</i>	Tier 1	OTC; MAIL
<i>lubricant oin eye</i>	Tier 1	OTC; MAIL
<i>lubricating dro 0.5%</i>	Tier 1	OTC; MAIL
<i>lubricnt eye dro</i>	Tier 1	OTC; MAIL
<i>lubricnt eye dro 0.4-0.3%</i>	Tier 1	OTC; MAIL
<i>lubricnt eye dro 0.5% op</i>	Tier 1	OTC; MAIL
<i>lubricnt eye oin fast act</i>	Tier 1	OTC; MAIL
<i>murine tears dro dry eyes</i>	Tier 1	OTC; MAIL
<i>polyvinyl alcohol ophth soln 1.4%</i>	Tier 1	OTC; MAIL
<i>puralube oin</i>	Tier 1	OTC; MAIL
<i>pure & gentl dro 0.3%</i>	Tier 1	OTC; MAIL
<i>ra lubricant dro 0.4-0.3%</i>	Tier 1	OTC; MAIL
<i>refresh lacr oin op</i>	Tier 1	OTC; MAIL
<i>refresh p.m. oin op</i>	Tier 1	OTC; MAIL
<i>retaine cmc sol 0.5% op</i>	Tier 1	OTC; MAIL
<i>revive tears dro 0.5% op</i>	Tier 1	OTC; MAIL
<i>sm artificia sol tears</i>	Tier 1	OTC; MAIL
<i>sm dry eye sol relief</i>	Tier 1	OTC; MAIL
<i>soothe dro hydratio</i>	Tier 1	OTC; MAIL
<i>soothe night oin op</i>	Tier 1	OTC; MAIL
<i>soothe xp dro</i>	Tier 1	OTC; MAIL
<i>stye oin</i>	Tier 1	OTC; MAIL
<i>systane dro contacts</i>	Tier 1	OTC; MAIL
<i>systane oin</i>	Tier 1	OTC; MAIL
<i>tears again dro 1.4%</i>	Tier 1	OTC; MAIL
<i>tears again oin op</i>	Tier 1	OTC; MAIL
<i>tears again sol adv eye</i>	Tier 1	OTC; MAIL
<i>tears pure sol</i>	Tier 1	OTC; MAIL
<i>tgt lubricnt dro eye</i>	Tier 1	OTC; MAIL
<i>tgt lubricnt oin eye nite</i>	Tier 1	OTC; MAIL

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<i>ultra fresh dro 0.5% op</i>	Tier 1	OTC; MAIL
<i>ultra fresh oin pm</i>	Tier 1	OTC; MAIL
Beta-blockers - Ophthalmic		
<i>betaxolol hcl ophth soln 0.5%</i>	Tier 1	MAIL
<i>carteolol hcl ophth soln 1%</i>	Tier 1	QL (720 mL / 30 days); MAIL
COMBIGAN SOL 0.2/0.5%	Tier 2	MAIL
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	Tier 1	QL (Max day supply 28); MAIL
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1	QL (720 mL / 30 days); MAIL
<i>levobunolol hcl ophth soln 0.25%</i>	Tier 1	QL (720 mL / 30 days); MAIL
<i>metipranolol ophth soln 0.3%</i>	Tier 1	MAIL
<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 2	QL (30 mL / 30 days); MAIL
<i>timolol maleate ophth gel forming soln 0.25%</i>	Tier 2	MAIL
<i>timolol maleate ophth soln 0.5%</i>	Tier 1	QL (60 mL / 30 days); MAIL
<i>timolol maleate ophth soln 0.25%</i>	Tier 1	MAIL
Cycloplegic Mydriatics		
<i>atropine sul sol 1% op</i>	Tier 1	QL (900 mL / 30 days); MAIL
<i>tropicamide ophth soln 0.5%</i>	Tier 1	MAIL
<i>tropicamide ophth soln 1%</i>	Tier 1	MAIL
Miotics		
PHOSPHOLINE SOL 0.125%OP	Tier 2	MAIL
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1	MAIL
<i>pilocarpine hcl ophth soln 2%</i>	Tier 1	MAIL
<i>pilocarpine hcl ophth soln 4%</i>	Tier 1	MAIL
OPHTHALMICS - MISC.		
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Tier 2	MAIL
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Tier 1	MAIL
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 2	MAIL
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 2	QL (60 mL / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Anti-infectives		
<i>ak-poly-bac oin op</i>	Tier 1	MAIL
AZASITE SOL 1%	Tier 3	PA; MAIL
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	MAIL
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	MAIL
BESIVANCE SUS 0.6%	Tier 3	PA
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 1	QL (60 mL / 30 days)
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	MAIL
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	PA
<i>gentak oin 0.3% op</i>	Tier 1	MAIL
<i>gentamicin sulfate ophth oint 0.3%</i>	Tier 1	MAIL
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	QL (5 mL / 25 days); MAIL
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1	QL (3 mL / 7 days), PA
<i>neo-polycin oin op</i>	Tier 1	MAIL
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	MAIL
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	MAIL
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 25 days)
<i>polycin oin op</i>	Tier 1	MAIL
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	QL (10 mL / 25 days); MAIL
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	QL (15 mL / 25 days); MAIL
<i>tobramycin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 25 days); MAIL
<i>trifluridine ophth soln 1%</i>	Tier 2	QL (720 mL / 30 days); MAIL
ZIRGAN GEL 0.15%	Tier 3	PA; MAIL
Ophthalmic Decongestants		
<i>naphazoline hcl ophth soln 0.1%</i>	Tier 1	MAIL
Ophthalmic Local Anesthetics		
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	MAIL
Ophthalmic Steroids		
ALREX SUS 0.2%	Tier 3	PA; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	MAIL
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Tier 1	MAIL
DUREZOL EMU 0.05%	Tier 3	PA; MAIL
<i>fluorometholone ophth susp 0.1%</i>	Tier 1	QL (15 mL / 25 days); MAIL
LOTEMAX GEL 0.5%	Tier 3	PA; MAIL
LOTEMAX OIN 0.5%	Tier 3	PA; MAIL
LOTEMAX SUS 0.5%	Tier 3	PA; MAIL
<i>neo-polycin oin hc 1%op</i>	Tier 1	MAIL
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	MAIL
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	MAIL
<i>prednisolone acetate ophth susp 1%</i>	Tier 1	MAIL
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	MAIL
TOBRADEX OIN 0.3-0.1%	Tier 2	MAIL
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 2	QL (10 mL / 25 days); MAIL
VEXOL SUS 1% OP	Tier 2	MAIL
<i>Ophthalmics - Misc.</i>		
<i>alaway child dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
<i>alaway dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
<i>allergy eye dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
ALOCRIOL SOL 2%	Tier 3	PA; MAIL
ALOMIDE SOL 0.1% OP	Tier 3	PA; MAIL
<i>altachlore oin 5% op</i>	Tier 1	OTC; MAIL
<i>altachlore sol 5% op</i>	Tier 1	OTC; MAIL
<i>antihistamin dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	PA; MAIL
AZOPT SUS 1% OP	Tier 2	MAIL
BEPREVE DRO 1.5%	Tier 3	PA; MAIL
<i>bromfenac sodium ophth soln 0.09% (base equivalent)</i>	Tier 2	MAIL

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<i>claritin eye dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	QL (60 mL / 30 days); MAIL
<i>cvs allergy dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
CYSTARAN SOL 0.44%	Tier 3	PA; MAIL
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	QL (60 mL / 30 days); MAIL
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	QL (60 mL / 30 days); MAIL
EMADINE SOL 0.05% OP	Tier 3	PA; MAIL
<i>epinastine hcl ophth soln 0.05%</i>	Tier 1	PA; MAIL
<i>eq itchy eye dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
<i>eye itch rel dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	MAIL
<i>itchy eye dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	QL (60 mL / 30 days); MAIL
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	QL (60 mL / 30 days); MAIL
<i>ketotif fum dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
LASTACFT SOL 0.25%	Tier 3	PA; MAIL
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Tier 2	QL (5 mL / 25 days), PA; MAIL
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 2	PA; MAIL
<i>sochlor sol 5% op</i>	Tier 1	OTC; MAIL
<i>sodium chloride hypertonic ophth oint 5%</i>	Tier 1	OTC; MAIL
<i>sodium chloride hypertonic ophth soln 5%</i>	Tier 1	OTC; MAIL
<i>wal-zyr dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
Prostaglandins - Ophthalmic		
<i>bimatoprost ophth soln 0.03%</i>	Tier 2	QL (30 mL / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>latanoprost ophth soln 0.005%</i>	Tier 1	QL (720 mL / 30 days); MAIL
LUMIGAN SOL 0.01%	Tier 3	ST; MAIL; Prior use of Travatan Z AND Bimatoprost 0.03% for 30 days.
LUMIGAN SOL 0.03%	Tier 3	QL (30 mL / 30 days), ST; MAIL; Prior use of Latanoprost 0.005%
TRAVATAN Z DRO 0.004%	Tier 2	QL (720 mL / 30 days), ST; MAIL; Prior use of Bimatoprost 0.03% for 30 days
<i>travoprost ophth soln 0.004%</i>	Tier 1	QL (720 mL / 30 days), ST; MAIL; PRIOR USE BIMATOPROST
ZIOPTAN DRO 0.0015%	Tier 2	ST; MAIL; Prior use of Travatan Z AND Bimatoprost 0.03% for 30 days.

OREXIN RECEPTOR ANTAGONISTS**OREXIN RECEPTOR ANTAGONISTS**

BELSOMRA TAB 5MG	Tier 3	PA
BELSOMRA TAB 10MG	Tier 3	PA
BELSOMRA TAB 15MG	Tier 3	PA
BELSOMRA TAB 20MG	Tier 3	PA

OTIC AGENTS**Otic Agents - Miscellaneous**

<i>acetic acid otic soln 2%</i>	Tier 1	QL (20 mL / 25 days); MAIL
<i>auraphene-b sol 6.5% ot</i>	Tier 1	OTC; MAIL
<i>cvs ear dro 6.5% ot</i>	Tier 1	OTC; MAIL
<i>e-r-o ear dro 6.5% ot</i>	Tier 1	OTC; MAIL
<i>ear drops sol 6.5% ot</i>	Tier 1	OTC; MAIL
<i>ear drying dro 95-5%</i>	Tier 1	OTC; MAIL
<i>ear wax kit sol 6.5% ot</i>	Tier 1	OTC; MAIL
<i>ear wax remv dro 6.5% ot</i>	Tier 1	OTC; MAIL
<i>ear wax remv sol 6.5% ot</i>	Tier 1	OTC; MAIL
<i>earwax remv sol 6.5% ot</i>	Tier 1	OTC; MAIL
<i>earwax trmnt dro 6.5% ot</i>	Tier 1	OTC; MAIL
<i>eq ear wax sol removal</i>	Tier 1	OTC; MAIL

PA - Prior Authorization ST - Step Therapy AGE - Age Limit

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QL – Quantity Limits OTC – Over the Counter MAIL – Mail Order Available

MED - Max 90 mg Morphine EQ Dose Per Day

Tier 1 = Generics; Low cost preferred brand

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Drug Name	Drug Tier	Requirements/Limits
<i>ero ear wax sol removal</i>	Tier 1	OTC; MAIL
<i>gnp ear dro 6.5% ot</i>	Tier 1	OTC; MAIL
<i>gnp ear sys sol 6.5% ot</i>	Tier 1	OTC; MAIL
<i>inst ear-dry dro 95-5%</i>	Tier 1	OTC; MAIL
<i>murine ear dro 6.5% ot</i>	Tier 1	OTC; MAIL
<i>murine ear sol 6.5% ot</i>	Tier 1	OTC; MAIL
<i>otix sol 6.5% ot</i>	Tier 1	OTC; MAIL
<i>ra ear dro 6.5% ot</i>	Tier 1	OTC; MAIL
<i>sm ear dro 6.5% ot</i>	Tier 1	OTC; MAIL
Otic Anti-infectives		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 1	QL (14 ea / 7 days)
<i>ofloxacin otic soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
Otic Combinations		
<i>antipyrine-benzocaine otic soln 54-14 mg/ml (5.4-1.4%)</i>	Tier 1	MAIL
<i>aurodex sol otic</i>	Tier 1	MAIL
CIPRO HC SUS OTIC	Tier 3	PA
CIPRODEX SUS 0.3-0.1%	Tier 3	QL (7.5 mL / year), PA
COLY-MYCIN S SUS OTIC	Tier 3	MAIL
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	MAIL
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	QL (300 mL / 30 days); MAIL
Otic Steroids		
<i>acetasol hc sol otic</i>	Tier 1	MAIL
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	MAIL
OXYTOCICS		
Oxytocics		
<i>methergine tab 0.2mg</i>	Tier 2	QL (210 tabs / 30 days); MAIL
PASSIVE IMMUNIZING AGENTS		
Immune Serums		
CARIMUNE NF INJ 12GM	Tier 4	PA
FLEBOGAMMA INJ 20/200ML	Tier 4	QL (3 vials / 25 days), PA
FLEBOGAMMA INJ DIF 5%	Tier 4	PA
GAMASTAN INJ	Tier 4	PA
GAMASTAN S/D INJ	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD INJ 1GM/10ML	Tier 4	PA
GAMMAGARD SD INJ 10GM HU	Tier 4	PA
GAMMAKED INJ 1GM/10ML	Tier 4	PA
GAMMAPLEX INJ 5%	Tier 4	PA
GAMUNEX-C INJ 1GM/10ML	Tier 4	PA
HIZENTRA INJ 2GM/10ML	Tier 4	PA
HYPERRHO S/D INJ 50MCG	Tier 2	
MICRHOGAM PL INJ 50MCG	Tier 2	
OCTAGAM INJ 5GM	Tier 4	PA
PRIVIGEN INJ 20GRAMS	Tier 4	QL (3 vials / 25 days), PA
RHOGAM PLUS INJ 300MCG	Tier 2	
RHOPHYLAC INJ 1500/2ML	Tier 2	

Monoclonal Antibodies

SYNAGIS INJ 50MG	Tier 4	PA
SYNAGIS INJ 100MG/ML	Tier 4	PA

PASSIVE IMMUNIZING AGENTS - COMBINATIONS**PASSIVE IMMUNIZING AGENTS - COMBINATIONS**

HYQVIA INJ 2.5-200	Tier 4	PA
HYQVIA INJ 5-400	Tier 4	PA
HYQVIA INJ 10-800	Tier 4	PA
HYQVIA INJ 20-1600	Tier 4	PA
HYQVIA INJ 30-2400	Tier 4	PA

PENICILLINS**Aminopenicillins**

<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1	QL (240 caps / 30 days)
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1	QL (240 caps / 30 days)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1	QL (240 tabs / 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 tabs / 30 days)
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>ampicillin cap 250 mg</i>	Tier 1	QL (240 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin cap 500 mg</i>	Tier 1	QL (240 caps / 30 days)
<i>ampicillin for susp 125 mg/5ml</i>	Tier 1	QL (900 mL / 30 days); Covered in ages 12 and under
<i>ampicillin for susp 250 mg/5ml</i>	Tier 1	QL (900 mL / 30 days); Covered in ages 12 and under

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 tabs / 30 days)
<i>penicillin v potassium tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days)

Penicillin Combinations

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 12 and under
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 1	QL (120 tabs / 30 days); AGE; Covered in ages 12 and under
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	AGE; Covered in ages 12 and under
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 1	QL (150 mL / 30 days); AGE; Covered in ages 12 and under
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	AGE; Covered in ages 12 and under
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	AGE; Covered in ages 12 and under
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	QL (Max day supply 10)
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	QL (Max day supply 10)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	QL (Max day supply 10)
AUGMENTIN SUS 125/5ML	Tier 3	QL (150 mL / 30 days); AGE; Covered in ages 12 and under

Penicillinase-Resistant Penicillins

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

PHARMACEUTICAL ADJUVANTS**ANTIMICROBIAL AGENTS**

BENZYL ALC LIQ	Tier 2	MAIL; Covered in ages 16-60
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Drug Name	Drug Tier	Requirements/Limits
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PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

OTEZLA TAB 10/20/30	Tier 4	PA; Preferred Brand
OTEZLA TAB 30MG	Tier 4	PA; Preferred Brand

PRENATAL VITAMINS**PRENATAL MV & MIN W/FE-FA**

PRENATAL MUL CAP +DHA	Tier 1	OTC, QL (30 caps / 30 days); MAIL
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PRENATAL MV & MIN W/FE-FA-DHA

PRENATAL MV MIS + DHA	Tier 1	OTC, QL (60 boxes / 30 days); MAIL
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PROGESTINS**PROGESTINS**

<i>hydroxyprogesterone caproate im in oil</i> <i>250 mg/ml</i>	Tier 4	PA
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Progestins

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

PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS**PCSK9 INHIBITORS**

REPATHA INJ 140MG/ML	Tier 4	QL (2 syringes / 24 days), PA
REPATHA PUSH INJ 420/3.5	Tier 4	QL (1 cartridge / 24 days), PA
REPATHA SURE INJ 140MG/ML	Tier 4	QL (2 pens / 24 days), PA

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**Agents for Chemical Dependency**

<i>acamprosate calcium tab delayed release</i> <i>333 mg</i>	Tier 2	MAIL
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Drug Name	Drug Tier	Requirements/Limits
<i>disulfiram tab 250 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>disulfiram tab 500 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
Anti-Cataleptic Agents		
XYREM SOL 500MG/ML	Tier 3	PA
Antidementia Agents		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	QL (90 caps / 30 days); MAIL
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 2	PA; MAIL
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 2	PA; MAIL
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 2	PA; MAIL
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 2	PA; MAIL
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 2	MAIL
<i>memantine hcl tab 5 mg</i>	Tier 2	QL (120 tabs / 30 days); MAIL
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i>	Tier 2	MAIL
<i>memantine hcl tab 10 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL
NAMENDA XR CAP 7MG	Tier 3	PA; MAIL
NAMENDA XR CAP 14MG	Tier 3	PA; MAIL
NAMENDA XR CAP 21MG	Tier 3	PA; MAIL
NAMENDA XR CAP 28MG	Tier 3	PA; MAIL
NAMENDA XR CAP TITRATIO	Tier 3	PA; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 2	MAIL
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 2	MAIL
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 2	MAIL
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 2	MAIL
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 2	PA; MAIL
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 2	PA; MAIL
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 2	PA; MAIL

Fibromyalgia Agents

SAVELLA MIS TITR PAK	Tier 3	PA; MAIL
SAVELLA TAB 12.5MG	Tier 3	PA; MAIL
SAVELLA TAB 25MG	Tier 3	PA; MAIL
SAVELLA TAB 50MG	Tier 3	PA; MAIL
SAVELLA TAB 100MG	Tier 3	PA; MAIL

MULTIPLE SCLEROSIS AGENTS

<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 4	PA
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Movement Disorder Drug Therapy

<i>tetrabenazine tab 12.5 mg</i>	Tier 4	PA
<i>tetrabenazine tab 25 mg</i>	Tier 4	PA

Multiple Sclerosis Agents

AMPYRA TAB 10MG	Tier 4	PA
AVONEX KIT 30MCG	Tier 4	PA
AVONEX PEN KIT 30MCG	Tier 4	PA
AVONEX PREFL KIT 30MCG	Tier 4	PA
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 4	PA
EXTAVIA INJ 0.3MG	Tier 4	PA
GILENYA CAP 0.5MG	Tier 4	PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	Tier 4	PA
PLEGRIDY INJ	Tier 4	PA
PLEGRIDY INJ PEN	Tier 4	PA
PLEGRIDY INJ STARTER	Tier 4	PA
PLEGRIDY PEN INJ STARTER	Tier 4	PA
TECFIDERA CAP 120MG	Tier 4	PA
TECFIDERA CAP 240MG	Tier 4	PA
TECFIDERA MIS STARTER	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
TYSABRI INJ 300/15ML	Tier 4	PA
<i>Pseudobulbar Affect (PBA) Agents</i>		
NUEDEXTA CAP 20-10MG	Tier 3	PA; MAIL
<i>Psychotherapeutic and Neurological Agents - Misc.</i>		
<i>ergoloid mesylates tab 1 mg</i>	Tier 2	MAIL
<i>pimozide tab 1 mg</i>	Tier 1	MAIL
<i>pimozide tab 2 mg</i>	Tier 1	MAIL
<i>Restless Leg Syndrome (RLS) Agents</i>		
HORIZANT TAB 600MG ER	Tier 3	PA; MAIL
<i>Smoking Deterrents</i>		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	PREV	QL (60 per 30 Days; Max day supply 90 per year); MAIL
CHANTIX PAK 0.5& 1MG	PREV	QL (Max day supply 53 per year); MAIL
CHANTIX PAK 1MG	PREV	QL (165 tabs / year); MAIL
CHANTIX TAB 0.5MG	PREV	QL (165 tabs / year); MAIL
CHANTIX TAB 1MG	PREV	QL (165 tabs / year); MAIL
<i>cvs nicotine dis 7mg/24hr</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>cvs nicotine dis 14mg/24h</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>cvs nicotine dis 21mg/24h</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>cvs nicotine gum 2mg cinn</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>cvs nicotine gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>cvs nicotine gum 2mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>cvs nicotine gum 2mgfruit</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>cvs nicotine gum 4mg cinn</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>cvs nicotine gum 4mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>cvs nicotine gum 4mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>cvs nicotine gum 4mgfruit</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>cvs nicotine loz 2mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>cvs nicotine loz 4mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>cvs nts dis step 1</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>eq nicotine dis 7mg/24hr</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>eq nicotine dis 14mg/24h</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>eq nicotine dis 21mg/24h</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>eq nicotine gum 2mg cinn</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>eq nicotine gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>eq nicotine gum 2mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>eq nicotine gum 2mgfruit</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>eq nicotine gum 4mg cinn</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>eq nicotine gum 4mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>eq nicotine gum 4mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>eq nicotine gum 4mg ref</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>eq nicotine gum 4mg strt</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>eq nicotine gum 4mgfruit</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>eq nicotine loz 2mg cher</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>eq nicotine loz 2mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>eq nicotine loz 4mg chry</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>eq nicotine loz 4mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>eql nicotine gum 2mg</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>eql nicotine gum 4mg</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>eql nicotine loz 2mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over

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Drug Name	Drug Tier	Requirements/Limits
<i>eql nicotine loz 4mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>gnp nicotine gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>gnp nicotine gum 2mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>gnp nicotine gum 4mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>gnp nicotine gum 4mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>gnp nicotine loz 2mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>gnp nicotine loz 4mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>hm nicotine dis 14mg/24h</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>hm nicotine dis 21mg/24h</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>hm nicotine gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>hm nicotine gum 4mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>hm nicotine loz 2mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>hm nicotine loz 4mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>kls quit2 gum 2mg</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>kls quit4 gum 4mg</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>nicorelief gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>nicorelief gum 2mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>nicorelief gum 4mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>nicorelief gum 4mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>nicotine dis step 1</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>nicotine dis step 2</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>nicotine dis step 3</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>nicotine gum 4mg</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>nicotine polacrilex gum 2 mg</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>nicotine polacrilex gum 4 mg</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>nicotine polacrilex lozenge 2 mg</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>nicotine polacrilex lozenge 4 mg</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>nicotine td patch 24hr 7 mg/24hr</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>nicotine td patch 24hr 14 mg/24hr</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>nicotine td patch 24hr 21 mg/24hr</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
NICOTROL INH	PREV	QL (480 per 30 Days); MAIL; Covered in ages 18 and over
NICOTROL NS SPR 10MG/ML	PREV	QL (30 per 30 Days); MAIL; Covered in ages 18 and over
<i>ra nicotine dis 7mg/24hr</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>ra nicotine dis 14mg/24h</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>ra nicotine dis 21mg/24h</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>ra nicotine gum 2mg</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>ra nicotine gum 2mg cinn</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>ra nicotine gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>ra nicotine gum 2mgfruit</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>ra nicotine gum 4mg</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>ra nicotine gum 4mg frut</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>ra nicotine gum 4mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>ra nicotine loz 2mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>ra nicotine loz 4mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>sm nicotine dis 7mg/24hr</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>sm nicotine dis 14mg/24h</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>sm nicotine dis 21mg/24h</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>sm nicotine gum 2mg</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>sm nicotine gum 4mg</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>sm nicotine loz 2mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>sm nicotine loz 4mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>stop smoking gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>stop smoking gum 2mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>stop smoking gum 4mg</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>stop smoking loz 2mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>stop smoking loz 4mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over

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Drug Name	Drug Tier	Requirements/Limits
<i>sw nicotine gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>sw nicotine gum 4mg</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>sw nicotine loz 2mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>sw nicotine loz 4mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>tgt nicotine dis 7mg/24hr</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>tgt nicotine dis 14mg/24h</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>tgt nicotine dis 21mg/24h</i>	PREV	OTC, QL (Max day supply 90 per year; Max 1 per day); MAIL
<i>tgt nicotine gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>tgt nicotine gum 2mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>tgt nicotine gum 2mgfruit</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>tgt nicotine gum 4mg</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>tgt nicotine gum 4mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>tgt nicotine gum 4mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL
<i>tgt nicotine loz 2mg chry</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over

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Drug Name	Drug Tier	Requirements/Limits
<i>tgt nicotine loz 2mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>tgt nicotine loz 4mg chry</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>tgt nicotine loz 4mg mint</i>	PREV	OTC, QL (1726 per Year); MAIL; Covered in ages 18 and over
<i>thrive gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max 3 fills per year); MAIL

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***

UPTRAVI TAB 200/800	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 200MCG	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 400MCG	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG	Tier 4	QL (60 tabs / 30 days), PA

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR***PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)***

ADEMPAS TAB 0.5MG	Tier 4	PA
ADEMPAS TAB 1.5MG	Tier 4	PA
ADEMPAS TAB 1MG	Tier 4	PA
ADEMPAS TAB 2.5MG	Tier 4	PA
ADEMPAS TAB 2MG	Tier 4	PA

PA - Prior Authorization ST - Step Therapy AGE - Age Limit

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QL – Quantity Limits OTC – Over the Counter MAIL – Mail Order Available

MED - Max 90 mg Morphine EQ Dose Per Day

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Tier 3 = Non-preferred brand name drugs; Tier 4 = Specialty Drugs

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

Cystic Fibrosis Agents

KALYDECO PAK 50MG	Tier 4	PA
KALYDECO PAK 75MG	Tier 4	PA
KALYDECO TAB 150MG	Tier 4	PA
PULMOZYME SOL 1MG/ML	Tier 4	QL (75 mL / 30 days), PA

PULMONARY FIBROSIS AGENTS

ESBRIET CAP 267MG	Tier 3	PA
ESBRIET TAB 267MG	Tier 3	PA
ESBRIET TAB 801MG	Tier 3	PA

RESPIRATORY THERAPY SUPPLIES***PEAK FLOW METERS***

PEAK AIR FLO MIS ADLT/PED	DME	OTC, QL (1 per year); MAIL
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SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***

FARXIGA TAB 5MG	Tier 3	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione AND Alogliptin for 90 days
FARXIGA TAB 10MG	Tier 3	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione AND Alogliptin for 90 days
JARDIANCE TAB 10MG	Tier 3	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione AND Alogliptin for 90 days
JARDIANCE TAB 25MG	Tier 3	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione AND Alogliptin for 90 days

SULFONAMIDES***Sulfonamides***

SULFADIAZINE TAB 500MG	Tier 2	
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Drug Name	Drug Tier	Requirements/Limits
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TETRACYCLINES***Tetracyclines***

<i>avidoxy tab 100mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>demeclocycline hcl tab 150 mg</i>	Tier 2	Covered in ages 8 and over
<i>demeclocycline hcl tab 300 mg</i>	Tier 2	Covered in ages 8 and over
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	QL (90 caps / 30 days)
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	QL (90 caps / 30 days)
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>minocycline hcl cap 50 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>minocycline hcl cap 100 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>tetracycline hcl cap 250 mg</i>	Tier 2	QL (180 caps / 30 days)
<i>tetracycline hcl cap 500 mg</i>	Tier 2	QL (120 caps / 30 days)

THYROID AGENTS***Antithyroid Agents***

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

Thyroid Hormones

ARMOUR THYRO TAB 15MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
ARMOUR THYRO TAB 30MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
ARMOUR THYRO TAB 60MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
ARMOUR THYRO TAB 90MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
ARMOUR THYRO TAB 120MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
ARMOUR THYRO TAB 180MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under

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Drug Name	Drug Tier	Requirements/Limits
ARMOUR THYRO TAB 240MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
ARMOUR THYRO TAB 300MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
EUTHROID TAB 120MG	Tier 2	MAIL
EUTHROID-1 TAB 60MG	Tier 2	MAIL
EUTHROID-2 TAB 120MG	Tier 2	MAIL
EUTHROID-3 TAB 180MG	Tier 2	MAIL
<i>levo-t tab 300 mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levothyroxine sodium tab 25 mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levothyroxine sodium tab 50 mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levothyroxine sodium tab 75 mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levothyroxine sodium tab 88 mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levothyroxine sodium tab 100 mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levothyroxine sodium tab 112 mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levothyroxine sodium tab 125 mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levothyroxine sodium tab 137 mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levothyroxine sodium tab 150 mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levothyroxine sodium tab 175 mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levothyroxine sodium tab 200 mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levothyroxine sodium tab 300 mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levoxyl tab 25mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levoxyl tab 50mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levoxyl tab 75mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL

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QL – Quantity Limits **OTC** – Over the Counter **MAIL** – Mail Order Available

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Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl tab 88mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levoxyl tab 100mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levoxyl tab 112mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levoxyl tab 125mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levoxyl tab 137mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levoxyl tab 150mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levoxyl tab 175mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levoxyl tab 200mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>liothyronine sodium iv soln 10 mcg/ml</i>	Tier 1	MAIL
<i>liothyronine sodium tab 5 mcg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>liothyronine sodium tab 25 mcg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>liothyronine sodium tab 50 mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
NATURE THROI TAB 162.5MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 16.25MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 32.5MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 48.75MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 65MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 97.5MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under

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Drug Name	Drug Tier	Requirements/Limits
NATURE-THROI TAB 113.75MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 130MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 146.25MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 195MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 260MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 325MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>np thyroid tab 15mg</i>	Tier 1	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>np thyroid tab 30mg</i>	Tier 1	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>np thyroid tab 60mg</i>	Tier 1	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>np thyroid tab 90mg</i>	Tier 1	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>np thyroid tab 120mg</i>	Tier 1	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
SYNTHROID TAB 25MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 50MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 75MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 88MCG	Tier 2	QL (60 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 100MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 112MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 125MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 137MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 150MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 175MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 200MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 300MCG	Tier 2	QL (60 tabs / 30 days); MAIL
THYROLAR-1 TAB 60MG	Tier 2	MAIL
THYROLAR-1/2 TAB 30MG	Tier 2	MAIL
THYROLAR-1/4 TAB 15MG	Tier 2	MAIL
THYROLAR-2 TAB 120MG	Tier 2	MAIL
THYROLAR-3 TAB 180MG	Tier 2	MAIL
<i>unithroid tab 25mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 50mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 75mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 88mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 100mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 112mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 125mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 137mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 150mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 175mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>unithroid tab 200mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 300mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
WESTHROID TAB 32.5MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
WESTHROID TAB 65MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
WESTHROID TAB 97.5MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
WESTHROID TAB 130MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
WESTHROID TAB 195MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
WP THYROID TAB 16.25MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
WP THYROID TAB 32.5MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
WP THYROID TAB 48.75MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
WP THYROID TAB 65MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
WP THYROID TAB 81.25MG	Tier 2	MAIL
WP THYROID TAB 97.5MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
WP THYROID TAB 130MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under

ULCER DRUGS***Antispasmodics***

<i>atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)</i>	Tier 1	AGE; MAIL; Covered in ages 64 and under
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PA - Prior Authorization ST - Step Therapy AGE - Age Limit

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QL – Quantity Limits OTC – Over the Counter MAIL – Mail Order Available

MED - Max 90 mg Morphine EQ Dose Per Day

Tier 1 = Generics; Low cost preferred brand

Tier 2 = Non-Preferred generics; Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs; Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay; DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	Tier 1	AGE; MAIL; Covered in ages 64 and under
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	Tier 1	AGE; MAIL; Covered in ages 64 and under
CANTIL TAB 25MG	Tier 3	PA; MAIL
CUVPOSA SOL 1MG/5ML	Tier 2	PA; MAIL
<i>dicyclomine hcl cap 10 mg</i>	Tier 1	QL (120 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	QL (2400 mL / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	QL (240 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>ed-spaz tab 0.125mg</i>	Tier 1	QL (360 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>glycopyrrolate tab 1 mg</i>	Tier 1	MAIL
<i>glycopyrrolate tab 2 mg</i>	Tier 1	MAIL
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	QL (360 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	QL (1800 mL / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	QL (360 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	QL (360 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Tier 1	QL (120 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hyosyne dro 0.125/ml</i>	Tier 1	QL (1800 mL / 30 days); AGE; MAIL; Covered in ages 64 and under

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Drug Name	Drug Tier	Requirements/Limits
<i>hyosyne elx 0.125/5</i>	Tier 1	QL (1800 mL / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>methscopolamine bromide tab 2.5 mg</i>	Tier 1	MAIL
<i>methscopolamine bromide tab 5 mg</i>	Tier 1	MAIL
<i>nulev tab 0.125mg</i>	Tier 1	QL (360 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>oscimin sr tab 0.375mg</i>	Tier 1	QL (120 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>oscimin sub 0.125mg</i>	Tier 1	QL (360 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>oscimin tab 0.125mg</i>	Tier 1	QL (360 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>symax-sl sub 0.125mg</i>	Tier 1	QL (360 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>symax-sr tab 0.375mg</i>	Tier 1	QL (120 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under

H-2 Antagonists

<i>acid control tab 10mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>acid control tab 20mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>acid control tab 75mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>acid control tab 150mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>acid reducer tab 10mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>acid reducer tab 20mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>acid reducer tab 75mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>acid reducer tab 150mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>acid reducer tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>cimetidine hcl soln 300 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); MAIL
<i>cimetidine tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>cimetidine tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>cimetidine tab 400 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>cimetidine tab 800 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>eq heartburn tab relief</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>eq heartbrn tab 10mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>famotidine tab 10mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>famotidine tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>famotidine tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>heartbrn rel tab 75mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>heartbrn rel tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>heartburn tab 20mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>heartburn tab 150mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>heartburn tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>heartburn tab relief</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>nizatidine cap 150 mg</i>	Tier 1	QL (120 caps / 30 days), ST; MAIL; PRIOR USE CIMETIDINE OR FAMOTIDINE OR RANITIDINE

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Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine oral soln 15 mg/ml</i>	Tier 2	ST; MAIL; PRIOR USE CIMETIDINE OR FAMOTIDINE OR RANITIDINE
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	Tier 1	QL (600 mL / 30 days); MAIL; Covered in ages 12 and under
<i>ranitidine hcl tab 75 mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>ranitidine hcl tab 150 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>ranitidine hcl tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>sm acid redu tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>wal-zan tab 75mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>wal-zan tab 150mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
Misc. Anti-Ulcer		
CARAFATE SUS 1GM/10ML	Tier 2	QL (1200 mL / 30 days), PA; MAIL; Covered in ages 18 and under
<i>sucralfate tab 1 gm</i>	Tier 1	QL (120 tabs / 30 days); MAIL
Proton Pump Inhibitors		
DEXILANT CAP 30MG DR	Tier 3	QL (30 caps / 30 days), ST; MAIL; PRIOR USE PANTOPRAZOLE AND ESOMEPRAZOLE OTC
DEXILANT CAP 60MG DR	Tier 3	QL (30 caps / 30 days), ST; MAIL; PRIOR USE PANTOPRAZOLE AND ESOMEPRAZOLE OTC
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Tier 2	QL (60 caps / 30 days); MAIL
FIRST-OMEPRASUS 2MG/ML	Tier 2	QL (150 mL / 25 days), PA; MAIL; Covered in ages 12 and under
<i>lansoprazole cap 15mg dr</i>	Tier 1	OTC, QL (60 caps / 30 days), PA; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	OTC, QL (60 per 30 days); MAIL
OMEPRAZOLE + SUS SYRSPEND	Tier 2	QL (150 mL / 25 days), PA; MAIL; Covered in ages 12 and under
<i>omeprazole cap 20.6mgdr</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	QL (90 caps / 30 days); MAIL
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	QL (90 caps / 30 days); MAIL
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
PRILOSEC OTC TAB 20MG	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE OMEPRAZOLE OR OMEPRAZOLE OTC OR ESOMEPRAZOLE OTC

Ulcer Drugs - Prostaglandins

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

URINARY ANTI-INFECTIVES

Urinary Anti-infectives

<i>methenamine hippurate tab 1 gm</i>	Tier 1	MAIL
MONUROL PAK GRANULES	Tier 3	MAIL
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	QL (60 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	QL (120 caps / 30 days); AGE; MAIL; Covered in ages 64 and under

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	QL (60 ea / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 2	QL (Max day supply 10; Max 40 per day); covered in ages 12 and under

URINARY ANTISPASMODICS***Urinary Antispasmodics***

<i>flavoxate hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
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VACCINES***Viral Vaccines***

AFLURIA INJ	PREV	
AFLURIA INJ PF	PREV	
FLUARIX QUAD INJ 2017-18	PREV	
FLUCLVX QUAD INJ 2016-17	PREV	
FLULAVAL QUA INJ 2016-17	PREV	
FLUVIRIN INJ	PREV	
FLUVIRIN INJ PF	PREV	
FLUZONE QUAD INJ	PREV	
PNEUMOVAX 23 INJ 25/0.5	PREV	QL (2 FILLS/LIFETIME)
PREVNAR 13 INJ	PREV	QL (4 FILLS/LIFETIME)
SHINGRIX INJ 50MCG	PREV	QL (2 INJ/LIFETIME); AGE; Covered in ages 50 and over
ZOSTAVAX INJ	PREV	AGE; Covered in ages 50 and older

VAGINAL PRODUCTS***Spermicides***

<i>vcf vaginal gel contrace</i>	PREV	OTC, QL (6 gm / 30 days); MAIL
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Vaginal Anti-infectives

<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	MAIL
<i>clotrimazole cre 1% vag</i>	Tier 1	OTC; MAIL
<i>clotrimazole cre 2%</i>	Tier 1	OTC; MAIL
<i>clotrimazole cre 3 day</i>	Tier 1	OTC; MAIL
<i>clotrimazole vaginal cream 1%</i>	Tier 1	OTC; MAIL
<i>cvs 3-day cre</i>	Tier 1	OTC; MAIL
<i>1-day 6.5% oin monistat</i>	Tier 1	OTC; MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>3 day vaginal cre 2%</i>	Tier 1	OTC; MAIL
<i>3 day vaginal cre 4%</i>	Tier 1	OTC; MAIL
GYNAZOLE-1 CRE 2%	Tier 2	MAIL
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	QL (70 gm / 5 days); MAIL
<i>miconazole 3 cre 4%</i>	Tier 1	OTC; MAIL
<i>miconazole 3 kit 4%</i>	Tier 1	OTC; MAIL
<i>miconazole 3 kit combinat</i>	Tier 1	OTC; MAIL
<i>miconazole 3 kit combo pk</i>	Tier 1	OTC; MAIL
<i>miconazole 7 cre</i>	Tier 1	OTC; MAIL
<i>miconazole 7 cre 2%</i>	Tier 1	OTC; MAIL
<i>miconazole 7 cre tube/kit</i>	Tier 1	OTC; MAIL
<i>miconazole 7 sup 100mg</i>	Tier 1	OTC; MAIL
<i>miconazole nitrate vaginal cream 2%</i>	Tier 1	OTC; MAIL
<i>miconazole nitrate vaginal suppos 100 mg</i>	Tier 1	OTC; MAIL
<i>monistat 7 kit combo pk</i>	Tier 1	OTC; MAIL
<i>ra clotrimaz cre 3</i>	Tier 1	OTC; MAIL
<i>sm micon 7 sup 100mg</i>	Tier 1	OTC; MAIL
<i>terconazole vaginal cream 0.4%</i>	Tier 1	MAIL
<i>terconazole vaginal cream 0.8%</i>	Tier 1	MAIL
<i>terconazole vaginal suppos 80 mg</i>	Tier 1	QL (30 supp / 30 days); MAIL
<i>tioconazole oin 6.5% vag</i>	Tier 1	OTC; MAIL
<i>vagistat-3 kit combo pk</i>	Tier 1	OTC; MAIL
<i>vandazole gel 0.75%</i>	Tier 1	QL (70 gm / 5 days); MAIL

Vaginal Estrogens

<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	QL (42.5 gm / 25 days); MAIL
PREMARIN VAG CRE 0.625MG	Tier 2	MAIL
<i>yuvaferm tab 10mcg</i>	Tier 2	QL (60 tabs / 30 days); MAIL

VASOPRESSORS**Anaphylaxis Therapy Agents**

EPIPEN 2-PAK INJ 0.3MG	Tier 2	MAIL
EPIPEN-JR INJ 0.15MG	Tier 2	MAIL

Vasopressors

<i>midodrine hcl tab 2.5 mg</i>	Tier 1	QL (480 ea / 30 days); MAIL
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Drug Name	Drug Tier	Requirements/Limits
<i>midodrine hcl tab 5 mg</i>	Tier 1	QL (240 ea / 30 days); MAIL
<i>midodrine hcl tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL

VITAMINS***Oil Soluble Vitamins***

<i>bio-d-mulsio liq 400unit</i>	Tier 1	OTC, QL (30 mL / 30 days); MAIL; Covered in ages 65 and over
<i>cholecalciferol cap 1000 unit</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
<i>cholecalciferol cap 2000 unit</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
<i>cholecalciferol chew tab 1000 unit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>cholecalciferol drops 5000 unit/ml (1000 unit/0.2ml)</i>	Tier 1	OTC, QL (180 mL / 30 days); MAIL
<i>cholecalciferol oral liquid 400 unit/ml</i>	Tier 1	OTC, QL (180 mL / 30 days); MAIL
<i>cholecalciferol tab 400 unit</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>cholecalciferol tab 1000 unit</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>cholecalciferol tab 2000 unit</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>cvs d3 cap 2000unit</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
<i>d3 max st dro 5000unit</i>	Tier 1	OTC, QL (180 mL / 30 days); MAIL
<i>d 1000 chw 1000unit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ergocalciferol cap 50000 unit</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>ergocalciferol cap 50000 unit</i>	Tier 1	QL (180 ea / 30 days); MAIL
MEPHYTON TAB 5MG	Tier 2	QL (150 tabs / 30 days); MAIL
<i>phytonadione tab 5 mg</i>	Tier 2	QL (150 ea / 30 days); MAIL
<i>vitamin d3 cap 2000 unt</i>	Tier 1	OTC, QL (30 ea / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>vitamin d3 cap 2000unit</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
<i>vitamin d3 cap 5000unit</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
<i>vitamin d3 cap 10000unt</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
<i>vitamin d3 cap 50000unt</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
<i>vitamin d3 chw 400unit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>vitamin d3 dro 400unit</i>	Tier 1	OTC, QL (180 mL / 30 days); MAIL
<i>vitamin d3 tab 400unit</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>vitamin d3 tab 1000unit</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>vitamin d3 tab 5000unit</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>vitamin d cap 1000unit</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
<i>vitamin d tab 2000unit</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>vitamin d tab 5000iu</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL

Water Soluble Vitamins

<i>ascorbic acid tab 500 mg</i>	Tier 1	OTC; MAIL
<i>b6 natural tab 100mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>cvs b6 tab 100mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>endur-acin tab 250mg sr</i>	Tier 1	OTC; MAIL
<i>endur-acin tab 500mg sr</i>	Tier 1	OTC; MAIL
<i>eql b-6 tab 100mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>gnp niacin tab 250mg</i>	Tier 1	OTC; MAIL
<i>gnp niacin tab 250mg tr</i>	Tier 1	OTC; MAIL
<i>gnp vit b-6 tab 100mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>hm niacin tab 250mg</i>	Tier 1	OTC; MAIL
<i>hm vit b6 tab 100mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>neuro-k-50 tab</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>niacin cap er 250 mg</i>	Tier 1	OTC; MAIL
<i>niacin cap er 500 mg</i>	Tier 1	OTC; MAIL
<i>niacin tab 50 mg</i>	Tier 1	OTC; MAIL
<i>niacin tab 100 mg</i>	Tier 1	OTC; MAIL
<i>niacin tab 250 mg</i>	Tier 1	OTC; MAIL
<i>niacin tab 500 mg</i>	Tier 1	OTC; MAIL
<i>niacin tab er 250 mg</i>	Tier 1	OTC; MAIL
<i>niacin tab er 500 mg</i>	Tier 1	OTC; MAIL
<i>niacin tab er 750 mg</i>	Tier 1	OTC; MAIL
<i>niacin-50 tab</i>	Tier 1	OTC; MAIL
<i>niacinamide tab 500 mg</i>	Tier 1	OTC; MAIL
<i>pyridoxine hcl tab 25 mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>pyridoxine hcl tab 50 mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>pyridoxine hcl tab 100 mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>pyridoxine hcl tab er 200 mg</i>	Tier 1	OTC; MAIL
<i>ra niacin tab 100mg</i>	Tier 1	OTC; MAIL
<i>ra niacin tab 500mg</i>	Tier 1	OTC; MAIL
<i>ra vit b-6 tab 50mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>ra vit b-6 tab 100mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>ra vit b-6 tab 200mg tr</i>	Tier 1	OTC; MAIL
<i>riboflavin tab 100 mg</i>	Tier 1	OTC; MAIL
<i>slo-niacin tab 250mg cr</i>	Tier 1	OTC; MAIL
<i>sm niacin tab 250mg cr</i>	Tier 1	OTC; MAIL
<i>sm vit b6 tab 100mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>sm vit b-6 tab 100mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>thiamine hcl tab 50 mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>thiamine hcl tab 100 mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>thiamine hcl tab 250 mg</i>	Tier 1	OTC; MAIL
<i>yl vit b-6 tab 100mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL

PA - Prior Authorization **ST** - Step Therapy **AGE** - Age Limit

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QL – Quantity Limits **OTC** – Over the Counter **MAIL** – Mail Order Available

MED - Max 90 mg Morphine EQ Dose Per Day

Tier 1 = Generics; Low cost preferred brand

Tier 2 = Non-Preferred generics; Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs; **Tier 4** = Specialty Drugs

PREV = Preventative Services at \$0 copay; **DME** = Coinsurance may apply

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<i>aprepitant capsule 80 mg</i>	65	ARMOUR THYRO TAB 180MG.....	261
<i>aprepitant capsule therapy pack 80 &</i>		ARMOUR THYRO TAB 240MG.....	262
<i>125 mg</i>	65	ARMOUR THYRO TAB 300MG.....	262
<i>apri tab</i>	122	ARMOUR THYRO TAB 30MG.....	261
APRISO CAP 0.375GM.....	169	ARMOUR THYRO TAB 60MG.....	261
APTIOM TAB 200MG.....	44	ARMOUR THYRO TAB 90MG.....	261
APTIOM TAB 400MG.....	44	<i>arthrts pain tab 650mg</i>	16
APTIOM TAB 600MG.....	44	<i>artifi tears dro</i>	238
APTIOM TAB 800MG.....	44	<i>artifi tears dro 1-0.3%</i>	238
APTIVUS CAP 250MG.....	105	<i>artifi tears oin op</i>	238
APTIVUS SOL.....	105	<i>artificial dro tears</i>	238
<i>aquadeks dro</i>	231	<i>artificial sol tears</i>	238
<i>aquanil hc lot 1%</i>	150	<i>artificial sol tears op</i>	238
<i>aranelle tab</i>	122	<i>a-s pls alrg tab 25mg</i>	67
ARANESP INJ 100MCG.....	179	<i>ascorbic acid tab 500 mg</i>	275
ARANESP INJ 150MCG.....	179	<i>ashlyna tab</i>	122
ARANESP INJ 200MCG.....	179	<i>aspercreme pad lido 4%</i>	157
ARANESP INJ 25MCG.....	179	<i>aspirin 81 tab 81mg ec</i>	20
ARANESP INJ 300MCG.....	179	<i>aspirin chld chw 81mg</i>	20
ARANESP INJ 40MCG.....	179	<i>aspirin tab 325mg</i>	20
ARANESP INJ 500MCG.....	179	<i>aspirin tab 81 mg</i>	20
ARANESP INJ 60MCG.....	179	ASPIRIN TAB 81MG.....	20

<i>aspirin tab delayed release 325 mg</i>	20	<i>equivalent)</i>	78
<i>aspirin tab delayed release 81 mg</i>	20	<i>atovaquone susp 750 mg/5ml</i>	32
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	177	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	87
<i>aspir-low tab 81mg ec</i>	19	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	87
<i>aspirtab tab 324mg ec</i>	20	ATRIPLA TAB	106
ATABEX OB TAB 29-1MG	227	<i>atropine sul sol 1% op</i>	240
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	105	<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	267
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	105	<i>atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)</i>	266
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	105	<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	267
<i>atenolol & chlorthalidone tab 100-25 mg</i>	84	ATROVENT HFA AER 17MCG	38
<i>atenolol & chlorthalidone tab 50-25 mg</i>	84	<i>aubra tab 0.1-0.02</i>	122
<i>atenolol tab 100 mg</i>	114	AUGMENTIN SUS 125/5ML	247
<i>atenolol tab 25 mg</i>	113	<i>auraphene-b sol 6.5% ot</i>	244
<i>atenolol tab 50 mg</i>	113	<i>aurodex sol otic</i>	245
<i>ath foot pow aer 1%</i>	145	AVANDIA TAB 2MG	60
<i>athlete foot aer 1%</i>	145	AVANDIA TAB 4MG	60
<i>athlete foot aer 2%</i>	145	AVANDIA TAB 8MG	60
<i>athlete foot cre 1%</i>	145	<i>aveeno cre 1%</i>	150
<i>athlete foot cre af</i>	145	<i>aviane tab</i>	122
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	3	<i>avidoxy tab 100mg</i>	261
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	3	<i>avita cre 0.025%</i>	141
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	3	<i>avita gel 0.025%</i>	141
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	3	AVONEX KIT 30MCG	250
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	3	AVONEX PEN KIT 30MCG	250
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	3	AVONEX PREFL KIT 30MCG	250
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	3	<i>ayr spr 0.65%</i>	235
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	78	AZASITE SOL 1%	241
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	78	<i>azathioprine tab 50 mg</i>	111
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	78	<i>azelaic acid gel 15%</i>	157
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	78	<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	236
		<i>azelastine hcl ophth soln 0.05%</i>	242
		<i>azithromycin for susp 100 mg/5ml</i> ...	195
		<i>azithromycin for susp 200 mg/5ml</i> ...	195
		<i>azithromycin powd pack for susp 1 gm</i>	196
		<i>azithromycin tab 250 mg</i>	196
		<i>azithromycin tab 500 mg</i>	196
		<i>azithromycin tab 600 mg</i>	196
		AZOPT SUS 1% OP	242
		<i>azurette tab 28 day</i>	122

B

<i>b complex tab vit c</i>	210	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	85
<i>b-12 micrloz sub 500mcg</i>	177	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	85
<i>b-12 tr tab 1000 mcg</i>	177	<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	84
<i>b-12-sl sub 1000mcg</i>	178	<i>benazepril hcl tab 10 mg</i>	80
<i>b6 natural tab 100mg</i>	275	<i>benazepril hcl tab 20 mg</i>	80
<i>baby ayr spr 0.65%</i>	235	<i>benazepril hcl tab 40 mg</i>	80
<i>bacitracin oin 500/gm</i>	143	<i>benazepril hcl tab 5 mg</i>	80
<i>bacitracin oint 500 unit/gm</i>	144	BENEFIX INJ 1000UNIT	175
<i>bacitracin ophth oint 500 unit/gm</i>	241	BENEFIX INJ 2000UNIT	175
<i>bacitracin zinc oint 500 unit/gm</i>	144	BENEFIX INJ 250UNIT.....	175
<i>bacitracin-polymyxin b ophth oint</i>	241	BENEFIX INJ 3000UNIT	175
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	242	BENEFIX INJ 500UNIT.....	175
<i>bacitraycin oin 500/gm</i>	144	<i>benzonatate cap 100 mg</i>	130
<i>baclofen tab 10 mg</i>	234	<i>benzonatate cap 200 mg</i>	130
<i>baclofen tab 20 mg</i>	234	<i>benzoyl per liq 10% wash</i>	141
BACTROBAN OIN NASAL 2%	236	<i>benzoyl per liq 5% wash</i>	141
<i>balsalazide disodium cap 750 mg</i>	169	<i>benzoyl peroxide gel 10%</i>	141
<i>balziva tab</i>	122	<i>benzoyl peroxide gel 5%</i>	141
<i>banophen cap 25mg</i>	68	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	141
<i>banophen cap 50mg</i>	69	<i>benztropine mesylate tab 0.5 mg</i>	94
<i>banophen liq 12.5/5ml</i>	69	<i>benztropine mesylate tab 1 mg</i>	94
<i>banophen tab 25mg</i>	69	<i>benztropine mesylate tab 2 mg</i>	94
BANZEL SUS 40MG/ML	44	BENZYL ALC LIQ	247
BANZEL TAB 200MG.....	44	BENZYL BENZO LIQ.....	122
BANZEL TAB 400MG.....	44	BEPREVE DRO 1.5%	242
BAQSIMI ONE POW 3MG/DOSE.....	56	BERINERT INJ 500UNIT.....	122
BARACLUDE SOL .05MG/ML	109	BESIVANCE SUS 0.6%	241
BASAGLAR KWIKPEN.....	59	<i>best fiber pow</i>	184
<i>bayer adv tab 325mg</i>	20	<i>beta hc lot 1%</i>	150
<i>bayer asa tab 325mg</i>	20	<i>betamethasone dipropionate augmented cream 0.05%</i>	150
<i>bayer low chw 81mg</i>	20	<i>betamethasone dipropionate augmented gel 0.05%</i>	150
<i>baza antifun cre 2%</i>	145	<i>betamethasone dipropionate augmented lotion 0.05%</i>	150
<i>b-complex tab balanced</i>	210	<i>betamethasone dipropionate augmented oint 0.05%</i>	150
<i>b-complex w/ c & folic acid tab</i>	210	<i>betamethasone dipropionate cream 0.05%</i>	150
BD U-500 MIS 31GX6MM	198	<i>betamethasone dipropionate lotion 0.05%</i>	150
<i>bdy/hair/skn cap nails</i>	212	<i>betamethasone dipropionate oint 0.05%</i>	150
BE WELL PAK ROUNDED	227		
<i>bedding spra aer 0.5%</i>	158		
BELSOMRA TAB 10MG	244		
BELSOMRA TAB 15MG	244		
BELSOMRA TAB 20MG	244		
BELSOMRA TAB 5MG	244		
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	85		

.....	150	<i>bp cleansing emu 10-4%</i>	141
<i>betamethasone valerate cream 0.1%</i>		<i>b-plex plus tab</i>	211
<i>(base equivalent)</i>	150	<i>b-plex tab</i>	210
<i>betamethasone valerate oint 0.1% (base</i>		<i>bprotected liq multi-vi</i>	212
<i>equivalent)</i>	150	BRAINSTRONG MIS PRENATAL.....	227
<i>betasept liq 4%</i>	105	<i>b-redi/rd hr tab ts/rd ro</i>	212
<i>betatemp sus 160/5ml</i>	16	BREO ELLIPTA INH 100-25	40
<i>betaxolol hcl ophth soln 0.5%</i>	240	BREO ELLIPTA INH 200-25	40
<i>betaxolol hcl tab 10 mg</i>	114	<i>briellyn tab</i>	123
<i>betaxolol hcl tab 20 mg</i>	114	BRILINTA TAB 90MG.....	177
<i>bethanechol chloride tab 10 mg</i>	171	<i>brimonidine tartrate ophth soln 0.15%</i>	
<i>bethanechol chloride tab 25 mg</i>	171		240
<i>bethanechol chloride tab 5 mg</i>	171	<i>brimonidine tartrate ophth soln 0.2%</i>	240
<i>bethanechol chloride tab 50 mg</i>	171	<i>bromfed dm syp</i>	132
<i>bexarotene cap 75 mg</i>	93	<i>bromfenac sodium ophth soln 0.09%</i>	
<i>bicalutamide tab 50 mg</i>	89	<i>(base equiv) (once-daily)</i>	240
<i>bidex tab 400mg</i>	137	<i>bromfenac sodium ophth soln 0.09%</i>	
BIKTARVY TAB.....	105	<i>(base equivalent)</i>	242
<i>bimatoprost ophth soln 0.03%</i>	243	<i>bromocriptine mesylate cap 5 mg (base</i>	
<i>biocel tab</i>	212	<i>equivalent)</i>	94
<i>biocotron liq 100-10/5</i>	132	<i>bromocriptine mesylate tab 2.5 mg (base</i>	
<i>bio-d-mulsio liq 400unit</i>	274	<i>equivalent)</i>	94
<i>bion tears sol op</i>	238	<i>brotapp dm liq 15-1-5/5</i>	132
<i>biotin plus/ tab cal/vitd</i>	212	<i>brotapp liq</i>	132
<i>bio-well lot 1%</i>	158	BROVANA NEB 15MCG	40
<i>bisac-evac sup 10mg</i>	191	<i>buckleys liq chest</i>	137
<i>bisacodyl sup 10mg</i>	191	<i>budesonide delayed release particles cap</i>	
<i>bisacodyl tab 5mg ec</i>	191	<i>3 mg</i>	129
<i>biscolax sup 10mg</i>	191	<i>budesonide inhalation susp 0.25 mg/2ml</i>	
<i>bismatrol chw 262mg</i>	62		39
<i>bismatrol sus 262/15ml</i>	62	<i>budesonide inhalation susp 0.5 mg/2ml</i>	
<i>bismatrol sus 525/15ml</i>	62		39
<i>bismuth subsalicylate chew tab 262 mg</i>		<i>bumetanide tab 0.5 mg</i>	161
.....	62	<i>bumetanide tab 1 mg</i>	161
<i>bisoprolol & hydrochlorothiazide tab 10-</i>		<i>bumetanide tab 2 mg</i>	161
<i>6.25 mg</i>	85	<i>buprenorphine hcl sl tab 2 mg (base</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-</i>		<i>equiv)</i>	27
<i>6.25 mg</i>	85	<i>buprenorphine hcl sl tab 8 mg (base</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-</i>		<i>equiv)</i>	27
<i>6.25 mg</i>	85	<i>buprenorphine hcl-naloxone hcl sl tab 2-</i>	
<i>bisoprolol fumarate tab 10 mg</i>	114	<i>0.5 mg (base equiv)</i>	27
<i>bisoprolol fumarate tab 5 mg</i>	114	<i>buprenorphine hcl-naloxone hcl sl tab 8-</i>	
<i>bite-a-mins chw</i>	232	<i>2 mg (base equiv)</i>	27
<i>bite-a-mins chw /iron</i>	230	<i>bupropion hcl (smoking deterrent) tab er</i>	
<i>blis-to-sol liq 1%</i>	145	<i>12hr 150 mg</i>	251
<i>bounty bears chw /c</i>	232	<i>bupropion hcl tab 100 mg</i>	49

<i>bupropion hcl tab 75 mg</i>	49	<i>calc citr/d3 tab 200-250</i>	202
<i>bupropion hcl tab er 12hr 100 mg</i>	49	<i>calc citr+d3 tab 200-250</i>	202
<i>bupropion hcl tab er 12hr 150 mg</i>	49	<i>calc citrate tab +d</i>	202
<i>bupropion hcl tab er 12hr 200 mg</i>	49	<i>calcarb/d tab 600</i>	202
<i>bupropion hcl tab er 24hr 150 mg</i>	49	<i>calcipotriene oint 0.005%</i>	148
<i>bupropion hcl tab er 24hr 300 mg</i>	49	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	148
<i>buspirone hcl tab 10 mg</i>	34	<i>calcipotriene-betamethasone</i> <i>dipropionate oint 0.005-0.064%</i>	150
<i>buspirone hcl tab 15 mg</i>	34	<i>calcitonin (salmon) nasal soln 200</i> <i>unit/act</i>	163
<i>buspirone hcl tab 5 mg</i>	34	<i>calcitrate tab</i>	202
<i>buspirone hcl tab 7.5 mg</i>	34	<i>calcitrate tab 950mg</i>	202
<i>butalbital tab cpd</i>	14	<i>calcitrene oin 0.005%</i>	148
<i>butalbital-acetaminophen tab 50-325 mg</i>	14	<i>calcitriol cap 0.25 mcg</i>	164
<i>butalbital-acetaminophen-caff w/ cod cap</i> <i>50-325-40-30 mg</i>	26	<i>calcitriol cap 0.5 mcg</i>	164
<i>butalbital-acetaminophen-caffeine cap</i> <i>50-325-40 mg</i>	14	<i>calcitriol oint 3 mcg/gm</i>	148
<i>butalbital-acetaminophen-caffeine tab</i> <i>50-325-40 mg</i>	14, 15	<i>calcium + d tab</i>	202
<i>butalbital-aspirin-caffeine cap 50-325-40</i> <i>mg</i>	15	<i>calcium + d tab 600-200</i>	202
<i>butalbital-aspirin-caffeine tab 50-325-40</i> <i>mg</i>	15	<i>calcium +d tab maximum</i>	202
<i>butenafine hcl cream 1%</i>	145	<i>calcium +d3 tab maximum</i>	202
BUTRANS DIS 10MCG/HR	27	<i>calcium 500 tab /vit d</i>	202
BUTRANS DIS 20MCG/HR	27	<i>calcium 500 tab +d</i>	202
BUTRANS DIS 5MCG/HR	27	<i>calcium 600 chw +d/miner</i>	202
BYETTA INJ 10MCG	58	CALCIUM 600 CHW +D/MINER.....	202
BYETTA INJ 5MCG.....	58	<i>calcium 600 chw +d/mnrls</i>	202
BYSTOLIC TAB 10MG.....	114	<i>calcium 600 chw w/vit d</i>	202
BYSTOLIC TAB 2.5MG.....	114	<i>calcium 600 tab</i>	202
BYSTOLIC TAB 20MG.....	114	<i>calcium 600 tab + d</i>	202
BYSTOLIC TAB 5MG	114	<i>calcium 600 tab +d3</i>	202
BYVALSON TAB 5-80MG.....	85	<i>calcium 600 tab -d</i>	202
C		<i>calcium 600/ tab vit d</i>	202
<i>ca citrate + tab</i>	202	<i>calcium acetate (phosphate binder) cap</i> <i>667 mg (169 mg ca)</i>	170
<i>ca citrate tab plus d</i>	202	<i>calcium carb tab 1250mg</i>	202
<i>cabergoline tab 0.5 mg</i>	165	<i>calcium carbonate (antacid) chew tab</i> <i>500 mg</i>	31
<i>caffeine citrate oral soln 60 mg/3ml (10</i> <i>mg/ml base equiv)</i>	4	<i>calcium carbonate (antacid) susp 1250</i> <i>mg/5ml</i>	202
<i>cal antacid chw 1000mg</i>	31	<i>calcium carbonate (antacid) tab 648 mg</i>	31
<i>calc 600+d tab 600-800</i>	202	<i>calcium carbonate tab 1250 mg (500 mg</i> <i>elemental ca)</i>	202
<i>calc antacid chw 1000mg</i>	31	<i>calcium carbonate tab 600 mg</i>	202
<i>calc antacid chw 500mg</i>	31	<i>calcium carbonate-cholecalciferol chew</i> <i>tab 500 mg-100 unit</i>	202
<i>calc antacid chw 750mg</i>	31		
<i>calc cit+d3 tab 250-200</i>	202		

<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	203
<i>calcium carbonate-cholecalciferol tab 500 mg-125 unit</i>	203
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	203
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	203
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	203
<i>calcium carbonate-ergocalciferol tab 500mg-200 unit</i>	203
<i>calcium carbonate-vitamin d cap 600 mg-200 unit</i>	203
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	203
<i>calcium carbonate-vitamin d tab 500 mg-125 unit</i>	203
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	203
<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	203
<i>calcium carbonate-vitamin d tab 600 mg-125 unit</i>	203
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	203
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	203
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	202
<i>calcium citr tab +d</i>	203
<i>calcium citr tab plus d-3</i>	203
<i>calcium citr tab w/vit d3</i>	203
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	203
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	203
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	203
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	203
<i>calcium tab 500/d</i>	203
<i>calcium tab 500+d</i>	203
<i>calcium tab 600mg</i>	204
<i>calcium tab vit d</i>	204
<i>calcium w/ vitamin d tab 600 mg-200 unit</i>	204
<i>calcium/d chw 500-400</i>	204
<i>calcium/d tab 500-200</i>	204
<i>calcium/d tab 600-800</i>	204
<i>calcium/d3 cap 600-500</i>	204
<i>calcium/d3 tab</i>	204
<i>calcium/d3 tab 600-800</i>	204
<i>calcium+d3 tab 600-400</i>	204
<i>calcium+d3 tab 600-800</i>	204
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	204
<i>cal-gest chw 500mg</i>	31
<i>CALNA TAB</i>	227
<i>caltrate 600 chw 600-800</i>	204
<i>caltrate 600 tab</i>	204
<i>calvite p&d tab</i>	204
<i>camila tab 0.35mg</i>	128
<i>camrese tab</i>	123
<i>candesartan cilexetil tab 16 mg</i>	82
<i>candesartan cilexetil tab 32 mg</i>	82
<i>candesartan cilexetil tab 4 mg</i>	82
<i>candesartan cilexetil tab 8 mg</i>	82
<i>CANTIL TAB 25MG</i>	267
<i>capacet cap</i>	15
<i>capecitabine tab 150 mg</i>	89
<i>capecitabine tab 500 mg</i>	89
<i>CAPMIST DM TAB</i>	132
<i>CAPRELSA TAB 100MG</i>	91
<i>CAPRELSA TAB 300MG</i>	91
<i>capsaicin cream 0.025%</i>	157
<i>capsaicin cream 0.1%</i>	157
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	85
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	85
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	85
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	85
<i>captopril tab 100 mg</i>	80
<i>captopril tab 12.5 mg</i>	80
<i>captopril tab 25 mg</i>	80
<i>captopril tab 50 mg</i>	80
<i>CARAFATE SUS 1GM/10ML</i>	270
<i>carbamazepine cap er 12hr 100 mg</i>	44
<i>carbamazepine cap er 12hr 200 mg</i>	44

<i>carbamazepine cap er 12hr 300 mg</i>44	<i>cefaclor for susp 250 mg/5ml</i> 121
<i>carbamazepine chew tab 100 mg</i>44	<i>cefadroxil for susp 250 mg/5ml</i> 120
<i>carbamazepine susp 100 mg/5ml</i>44	<i>cefadroxil for susp 500 mg/5ml</i> 120
<i>carbamazepine tab 200 mg</i>44	<i>cefazolin sodium for inj 1 gm</i> 120
<i>carbamazepine tab er 12hr 100 mg</i>45	<i>cefazolin sodium for inj 20 gm</i> 121
<i>carbamazepine tab er 12hr 200 mg</i>45	<i>cefazolin sodium for inj 500 mg</i> 121
<i>carbamazepine tab er 12hr 400 mg</i>45	<i>cefdinir cap 300 mg</i> 121
<i>carbidopa & levodopa tab 10-100 mg</i> ..94	<i>cefdinir for susp 125 mg/5ml</i> 121
<i>carbidopa & levodopa tab 25-100 mg</i> ..94	<i>cefdinir for susp 250 mg/5ml</i> 121
<i>carbidopa & levodopa tab 25-250 mg</i> ..95	<i>cefditoren pivoxil tab 200 mg (base</i>
<i>carbidopa & levodopa tab er 25-100 mg</i>	<i>equivalent)</i> 121
.....95	<i>cefditoren pivoxil tab 400 mg (base</i>
<i>carbidopa & levodopa tab er 50-200 mg</i>	<i>equivalent)</i> 121
.....95	<i>cefixime for susp 100 mg/5ml</i> 121
<i>carbidopa tab 25 mg</i>94	<i>cefixime for susp 200 mg/5ml</i> 121
<i>carbidopa-levodopa-entacapone tabs</i>	<i>cefpodoxime proxetil for susp 100</i>
<i>12.5-50-200 mg</i>95	<i>mg/5ml</i> 121
<i>carbidopa-levodopa-entacapone tabs</i>	<i>cefpodoxime proxetil for susp 50 mg/5ml</i>
<i>18.75-75-200 mg</i>95	 121
<i>carbidopa-levodopa-entacapone tabs 25-</i>	<i>cefpodoxime proxetil tab 100 mg</i> 121
<i>100-200 mg</i>95	<i>cefpodoxime proxetil tab 200 mg</i> 121
<i>carbidopa-levodopa-entacapone tabs</i>	<i>cefprozil for susp 125 mg/5ml</i> 121
<i>31.25-125-200 mg</i>95	<i>cefprozil for susp 250 mg/5ml</i> 121
<i>carbidopa-levodopa-entacapone tabs</i>	<i>ceftibuten cap 400 mg</i> 121
<i>37.5-150-200 mg</i>95	<i>cefuroxime axetil tab 250 mg</i> 121
<i>carbidopa-levodopa-entacapone tabs 50-</i>	<i>cefuroxime axetil tab 500 mg</i> 121
<i>200-200 mg</i>95	<i>celecoxib cap 100 mg</i> 10
<i>carbinoxamine maleate soln 4 mg/5ml</i> 69	<i>celecoxib cap 200 mg</i> 10
<i>carbinoxamine maleate tab 4 mg</i>69	<i>celecoxib cap 400 mg</i> 10
CARIMUNE NF INJ 12GM245	<i>celecoxib cap 50 mg</i> 9
<i>carisoprodol tab 350 mg</i>234	CELONTIN CAP 300MG 48
<i>carravite tab</i>212	CENESTIN TAB 0.3MG 166
<i>carteolol hcl ophth soln 1%</i>240	CENESTIN TAB 0.45MG 166
<i>carters tab 5mg ec</i>191	CENESTIN TAB 0.625MG 166
<i>cartia xt cap 180/24hr</i>116	CENESTIN TAB 0.9MG 166
<i>cartia xt cap 240/24hr</i>116	CENESTIN TAB 1.25MG 166
<i>cartia xt cap 300/24hr</i>116	<i>cent mature tab womn 50+</i> 212
<i>carvedilol tab 12.5 mg</i>113	<i>centamin liq</i> 212
<i>carvedilol tab 25 mg</i>113	<i>centavite az tab minerals</i> 212
<i>carvedilol tab 3.125 mg</i>113	<i>centavite liq</i> 212
<i>carvedilol tab 6.25 mg</i>113	<i>central-vite tab mens mat</i> 212
<i>cavarest gel 1.1%</i>209	<i>central-vite tab wmns mat</i> 212
CAYSTON INH 75MG32	<i>centravites tab</i> 212
<i>caziant pak</i>123	<i>centravites tab 50 plus</i> 212
<i>cefaclor cap 250 mg</i>121	<i>centrum kids chw complete</i> 231
<i>cefaclor for susp 125 mg/5ml</i>121	CENTRUM SPEC PAK PRENATAL 227

<i>century tab</i>	212	<i>childrens chw /iron</i>	230
<i>century tab mature</i>	212	<i>childrens chw complete</i>	231
<i>cephalexin cap 250 mg</i>	121	<i>childrens chw gummies</i>	231
<i>cephalexin cap 500 mg</i>	121	<i>childrens chw multivit</i>	231, 232
<i>cephalexin for susp 125 mg/5ml</i>	121	<i>childrens chw pepto</i>	31
<i>cephalexin for susp 250 mg/5ml</i>	121	<i>childrens chw soothe</i>	31
<i>CERDELGA CAP 84MG</i>	177	<i>childrens chw vitamins</i>	232
<i>cerovite jr chw</i>	231	<i>chld allergy liq 12.5/5ml</i>	69
<i>cerovite tab advanced</i>	212	<i>chld meditab chw 80mg</i>	16
<i>cerovite tab senior</i>	212	<i>chld mltivit chw /mineral</i>	231
<i>certa plus tab</i>	212	<i>chld non-asa chw 80mg grp</i>	16
<i>certagen tab</i>	212	<i>chld pain rl tab 80mg</i>	16
<i>certavite liq antioxid</i>	212	<i>chld silapap liq 160/5ml</i>	16
<i>certavite/ tab antioxid</i>	212	<i>chld vitamin chw iron</i>	230
<i>CESAMET CAP 1MG</i>	65	<i>chlds mapap tab 80mg rt</i>	16
<i>cesia pak</i>	123	<i>chloral hydrate syrup 500 mg/5ml</i>	183
<i>cetirizine hcl tab 10 mg</i>	74	<i>chloraseptic liq sore thr</i>	16
<i>cetirizine hcl tab 5 mg</i>	74	<i>chlordiazepoxide hcl cap 10 mg</i>	36
<i>cetirizine sol 5mg/5ml</i>	74	<i>chlordiazepoxide hcl cap 25 mg</i>	36
<i>cetirizine-pseudoephedrine tab er 12hr</i>		<i>chlordiazepoxide hcl cap 5 mg</i>	35
<i>5-120 mg</i>	132	<i>chlorhexidine gluconate liquid 4%</i>	105
<i>CETROTIDE KIT 0.25MG</i>	174	<i>chlorhist tab 4mg</i>	66
<i>cevimeline hcl cap 30 mg</i>	209	<i>chloroquine phosphate tab 250 mg</i>	87
<i>cgh dm max liq 10-200</i>	132	<i>chloroquine phosphate tab 500 mg</i>	87
<i>CHANTIX PAK 0.5& 1MG</i>	251	<i>chlorothiazide tab 250 mg</i>	162
<i>CHANTIX PAK 1MG</i>	251	<i>chlorothiazide tab 500 mg</i>	162
<i>CHANTIX TAB 0.5MG</i>	251	<i>chlor-phenir tab 4mg</i>	66
<i>CHANTIX TAB 1MG</i>	251	<i>chlorpheniramine maleate tab 4 mg</i> ...	66
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<i>CHEMET CAP 100MG</i>	63		66
<i>cheratussin syp ac</i>	132	<i>chlorpromazine hcl tab 10 mg</i>	102
<i>chest conges liq child</i>	138	<i>chlorpromazine hcl tab 100 mg</i>	102
<i>chest conges liq childrns</i>	138	<i>chlorpromazine hcl tab 200 mg</i>	102
<i>chest conges tab 400mg</i>	138	<i>chlorpromazine hcl tab 25 mg</i>	102
<i>chewabl vite chw childrns</i>	232	<i>chlorpromazine hcl tab 50 mg</i>	102
<i>child apap tab 80mg</i>	16	<i>chlorpropamide tab 100 mg</i>	61
<i>child asa ls chw 81mg</i>	20	<i>chlorpropamide tab 250 mg</i>	61
<i>child chew chw iron</i>	230	<i>chlorthalidone tab 100 mg</i>	162
<i>child chew chw vitamins</i>	232	<i>chlorthalidone tab 25 mg</i>	162
<i>child chew/ chw extra c</i>	232	<i>chlorthalidone tab 50 mg</i>	162
<i>child multiv chw iron</i>	230	<i>chlorzoxazone tab 500 mg</i>	234
<i>child nonasa chw pain/rel</i>	16	<i>cholecalciferol cap 1000 unit</i>	274
<i>child silfed liq 15mg/5ml</i>	236	<i>cholecalciferol cap 2000 unit</i>	274
<i>child soothe chw 400mg</i>	31	<i>cholecalciferol chew tab 1000 unit</i>	274
<i>child vitami chw</i>	231	<i>cholecalciferol drops 5000 unit/ml (1000</i>	
<i>children vit chw</i>	232	<i>unit/0.2ml)</i>	274

<i>cholecalciferol oral liquid 400 unit/ml</i>	274	<i>citalopram hydrobromide tab 20 mg</i>	
<i>cholecalciferol tab 1000 unit.....</i>	274	<i>(base equiv)</i>	50
<i>cholecalciferol tab 2000 unit.....</i>	274	<i>citalopram hydrobromide tab 40 mg</i>	
<i>cholecalciferol tab 400 unit</i>	274	<i>(base equiv)</i>	50
<i>cholestyramine light powder 4 gm/dose</i>		<i>citroma</i>	190
<i>.....</i>	77	<i>claravis cap 10mg</i>	141
<i>cholestyramine powder 4 gm/dose.....</i>	77	<i>claravis cap 20mg</i>	141
<i>choline fenofibrate cap dr 45 mg</i>		<i>claravis cap 30mg</i>	141
<i>(fenofibric acid equiv).....</i>	77	<i>claravis cap 40mg</i>	141
<i>chor gonadot inj 10000unt.....</i>	163	<i>clarithromycin for susp 125 mg/5ml .</i>	196
<i>CIALIS TAB 5MG.....</i>	173	<i>clarithromycin for susp 250 mg/5ml .</i>	196
<i>ciclodan cre 0.77%</i>	145	<i>clarithromycin tab 250 mg</i>	196
<i>ciclopirox olamine cream 0.77% (base</i>		<i>clarithromycin tab 500 mg</i>	196
<i>equiv)</i>	145	<i>claritin eye dro 0.025%op</i>	243
<i>ciclopirox olamine susp 0.77% (base</i>		<i>clear eyes dro 0.5-0.6%.....</i>	238
<i>equiv)</i>	140	<i>clearlax pow</i>	188
<i>ciclopirox solution 8%</i>	140	<i>clemastine fumarate syrup 0.67 mg/5ml</i>	
<i>cilostazol tab 100 mg</i>	177	<i>(0.5 mg/5ml base eq).....</i>	69
<i>cilostazol tab 50 mg</i>	177	<i>clemastine fumarate tab 1.34 mg (1 mg</i>	
<i>CIMDUO TAB 300-300</i>	106	<i>base equiv)</i>	69
<i>cimetidine hcl soln 300 mg/5ml</i>	269	<i>clemastine fumarate tab 2.68 mg.....</i>	69
<i>cimetidine tab 200 mg.....</i>	269	<i>clindamycin hcl cap 150 mg.....</i>	33
<i>cimetidine tab 300 mg.....</i>	269	<i>clindamycin hcl cap 300 mg.....</i>	33
<i>cimetidine tab 400 mg.....</i>	269	<i>clindamycin palmitate hcl for soln 75</i>	
<i>cimetidine tab 800 mg.....</i>	269	<i>mg/5ml (base equiv)</i>	33
<i>CIMZIA KIT</i>	169	<i>clindamycin phosphate gel 1%.....</i>	141
<i>CIMZIA KIT STARTER</i>	169	<i>clindamycin phosphate lotion 1%</i>	142
<i>CIMZIA PREFL KIT 200MG/ML.....</i>	169	<i>clindamycin phosphate soln 1%</i>	142
<i>CINRYZE SOL 500 UNIT</i>	122	<i>clindamycin phosphate vaginal cream 2%</i>	
<i>CIPRO HC SUS OTIC</i>	245	<i>.....</i>	272
<i>CIPRODEX SUS 0.3-0.1%</i>	245	<i>clindamycin phosphate-tretinoin gel 1.2-</i>	
<i>ciprofloxacin hcl ophth soln 0.3% (base</i>		<i>0.025%</i>	142
<i>equivalent)</i>	241	<i>clindamycin phosph-benzoyl peroxide</i>	
<i>ciprofloxacin hcl otic soln 0.2% (base</i>		<i>(refrig) gel 1.2 (1)-5%.....</i>	141
<i>equivalent)</i>	245	<i>CLINDAP-T CRE</i>	142
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>		<i>clobazam tab 10 mg</i>	44
<i>.....</i>	167	<i>clobazam tab 20 mg</i>	44
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>		<i>clobetasol propionate cream 0.05%..</i>	150
<i>.....</i>	167	<i>clobetasol propionate gel 0.05%</i>	151
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>		<i>clobetasol propionate oint 0.05%</i>	151
<i>.....</i>	167	<i>clobetasol propionate soln 0.05%.....</i>	151
<i>cit calc/d tab 315-250</i>	204	<i>clocortolone pivalate cream 0.1%.....</i>	151
<i>citalopram hydrobromide oral soln 10</i>		<i>clomipramine hcl cap 25 mg</i>	52
<i>mg/5ml</i>	50	<i>clomipramine hcl cap 50 mg</i>	53
<i>citalopram hydrobromide tab 10 mg</i>		<i>clomipramine hcl cap 75 mg</i>	53
<i>(base equiv).....</i>	50	<i>clonazepam tab 0.5 mg.....</i>	44

<i>clonazepam tab 1 mg</i>	44	COMBIVENT AER 20-100	40
<i>clonazepam tab 2 mg</i>	44	COMETRIQ KIT 100MG	91
<i>clonidine hcl tab 0.1 mg</i>	83	COMETRIQ KIT 140MG	91
<i>clonidine hcl tab 0.2 mg</i>	83	COMETRIQ KIT 60MG	91
<i>clonidine hcl tab 0.3 mg</i>	83	<i>comfort gel sus</i>	29
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	177	<i>comfort gel sus antacid</i>	29
<i>clorazepate dipotassium tab 15 mg</i>	36	<i>comfort gel sus anti-gas</i>	29
<i>clorazepate dipotassium tab 3.75 mg</i>	36	<i>comp allergy cap 25mg</i>	69
<i>clorazepate dipotassium tab 7.5 mg</i>	36	<i>comp allergy tab 25mg</i>	69
<i>clotrimazole cre 1%</i>	145	<i>comp allergy tab 25mg med</i>	69
<i>clotrimazole cre 1% vag</i>	272	<i>comp allergy tab 25mg rlf</i>	69
<i>clotrimazole cre 2%</i>	272	<i>comp daily tab w/lutein</i>	212
<i>clotrimazole cre 3 day</i>	272	<i>comp energy tab</i>	213
<i>clotrimazole cream 1%</i>	145	<i>comp multivi liq mineral</i>	213
<i>clotrimazole soln 1%</i>	145	<i>companion tab</i>	213
<i>clotrimazole troche 10 mg</i>	209	<i>compete tab</i>	213
<i>clotrimazole vaginal cream 1%</i>	272	<i>compl multiv chw childrns</i>	231
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	145	COMPL PRENAT MIS +DHA	227
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	145	<i>comple multi tab adlt 50+</i>	213
<i>clozapine tab 100 mg</i>	99	COMPLERA TAB	106
<i>clozapine tab 200 mg</i>	100	<i>complere tab</i>	213
<i>clozapine tab 25 mg</i>	99	<i>complete kit lice</i>	158
<i>clozapine tab 50 mg</i>	99	<i>complete tab</i>	213
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<i>codeine sulf tab 15mg</i>	23	<i>compoz tab 50mg</i>	182
<i>codeine sulf tab 30mg</i>	23	<i>compro sup 25mg</i>	102
<i>codeine sulf tab 60mg</i>	23	<i>constulose sol 10gm/15</i>	188
<i>co-gesic tab 5-500mg</i>	26	<i>coral calciu cap plus</i>	213
<i>colchicine tab 0.6 mg</i>	174	CORDRAN 80X3 TAP 4MCG/CM	151
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	174	<i>cormax scalp sol 0.05%</i>	151
<i>cold & cough liq 6.25-2.5</i>	132	<i>corn dextrin oral powder</i>	185
<i>cold/allergy elx children</i>	132	<i>correct tab 5mg ec</i>	191
<i>cold/cough elx children</i>	133	<i>correctol cap 100mg</i>	194
<i>cold/cough elx dm</i>	133	<i>correctol tab 5mg ec</i>	191
<i>cold/cough liq 6.25-2.5</i>	133	<i>cort intense cre heal 1%</i>	151
<i>colesevelam hcl packet for susp 3.75 gm</i>	77	<i>corticool gel 1%</i>	151
<i>colesevelam hcl tab 625 mg</i>	77	<i>cortisone acetate tab 25 mg</i>	129
<i>colestipol hcl tab 1 gm</i>	77	<i>cortisone cre 1%</i>	151
COLY-MYCIN S SUS OTIC	245	<i>cortisone gel cooling</i>	151
COMBIGAN SOL 0.2/0.5%	240	<i>cortisone lot 1%</i>	151
		<i>cortisone oin 1%max st</i>	151
		CORTISPORIN OIN 1%	144
		<i>cortizone-10 cre /aloe 1%</i>	151
		<i>cortizone-10 cre healing</i>	151
		<i>cortizone-10 cre plus</i>	151

<i>cortizone-10 gel 1%</i>	151	<i>cvs allergy tab 25mg</i>	70
<i>cortizone-10 lot eczema</i>	151	<i>cvs allergy tab 4mg</i>	66
<i>cortizone-10 lot hydraten</i>	151	<i>cvs antacid sus antigas</i>	29
<i>cortizone-10 oin 1%</i>	151	<i>cvs antacid sus supreme</i>	29
<i>corvite free tab</i>	213	<i>cvs antacid/ sus anti-gas</i>	29
COSENTYX INJ 150MG/ML.....	148	<i>cvs aspirin tab 325mg</i>	20
COSENTYX PEN INJ 300DOSE.....	148	<i>cvs aspirin tab 325mg ec</i>	20
<i>cough cont liq dm max</i>	133	<i>cvs aspirin tab 81mg ec</i>	20
<i>cough syp</i>	138	<i>cvs b-12 sub 500mcg</i>	178
<i>cough syp 100/5ml</i>	138	<i>cvs b6 tab 100mg</i>	275
<i>cough tab tab 200mg</i>	138	<i>cvs bismuth chw 262mg</i>	62
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COUMADIN TAB 1MG.....	41	<i>cvs bismuth tab 262mg</i>	62
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COUMADIN TAB 2MG.....	41	<i>cvs calcium tab 600mg</i>	204
COUMADIN TAB 3MG.....	41	<i>cvs children chw complete</i>	231
COUMADIN TAB 4MG.....	41	<i>cvs childs chw 80mg</i>	16
COUMADIN TAB 5MG.....	41	<i>cvs chld asa chw 81mg</i>	20
COUMADIN TAB 6MG.....	41	<i>cvs d3 cap 2000unit</i>	274
COUMADIN TAB 7.5MG.....	41	<i>cvs daily tab fe/ca/zn</i>	213
<i>creamies chw 600-400</i>	204	<i>cvs daily tab multiple</i>	225
CREON CAP 12000UNT	159	<i>cvs dry eye dro relief</i>	238
CREON CAP 24000UNT	159	<i>cvs ear dro 6.5% ot</i>	244
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CREON CAP 36000UNT	159	<i>cvs fiber cap 0.52gm</i>	185
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CRIXIVAN CAP 200MG	106	<i>cvs gas relf dro ex st</i>	168
CRIXIVAN CAP 400MG	106	CVS GLUCOSE CHW FRUIT	57
<i>cromolyn sodium nasal aerosol soln 5.2</i> <i>mg/act (4%)</i>	236	CVS GLUCOSE CHW GRAPE	57
<i>cromolyn sodium ophth soln 4%</i>	243	CVS GLUCOSE CHW TROP BLS.....	57
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	38	<i>cvs glycerin sup 2.1gm</i>	188
<i>cruex aer 2%</i>	145	<i>cvs ibuprof dro 50/1.25</i>	10
<i>cryselle-28 tab 28 tabs</i>	123	<i>cvs iron tab 27mg</i>	180
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<i>curity salin sol 0.9% irr</i>	173	<i>cvs laxative chw 15mg</i>	191
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<i>cvs 3-day cre</i>	272	<i>cvs lice kit solution</i>	158
<i>cvs allergy cap 25mg</i>	69	<i>cvs lubricnt dro 0.5% op</i>	238
<i>cvs allergy chw 12.5mg</i>	69	CVS MINERAL OIL	189
<i>cvs allergy dro 0.025%op</i>	243	<i>cvs mucus er tab 600mg</i>	138
<i>cvs allergy liq 12.5/5ml</i>	70	<i>cvs natural sol tears</i>	238
<i>cvs allergy tab 10mg</i>	74	<i>cvs nicotine dis 14mg/24h</i>	251
		<i>cvs nicotine dis 21mg/24h</i>	251
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<i>cvs nicotine gum 2mg cinn</i>	251	<i>cyproheptadine hcl tab 4 mg</i>	77
<i>cvs nicotine gum 2mg mint</i>	251	CYSTADANE POW	164
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<i>cvs nicotine gum 4mg orig</i>	252	<i>d 1000 chw 1000unit</i>	274
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<i>cvs nts dis step 1</i>	252	<i>daily mens tab health</i>	213
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<i>cvs purelax pow</i>	188	<i>daily multi tab vit/mens</i>	213
<i>cvs senna tab 8.6mg</i>	191	<i>daily multi tab vit/min</i>	213
<i>cvs triple oin antibiot</i>	144	<i>daily multi tab women</i>	213
<i>cvs vision tab formula</i>	213	<i>daily multi tab womn 50+</i>	214
<i>cvs vit b-12 tab 1000 tr</i>	178	<i>daily tab vitamin</i>	225
<i>cyanocobalamin sl tab 1000 mcg</i>	178	<i>daily value tab multivit</i>	225
<i>cyanocobalamin sl tab 2500 mcg</i>	178	<i>daily vit tab</i>	225
<i>cyanocobalamin sl tab 500 mcg</i>	178	<i>daily vit tab +iron</i>	210
<i>cyanocobalamin tab 100 mcg</i>	178	<i>daily vit tab +mineral</i>	214
<i>cyanocobalamin tab 1000 mcg</i>	178	<i>daily vitamn cap plus</i>	214
<i>cyanocobalamin tab 250 mcg</i>	178	<i>daily vite tab</i>	225
<i>cyanocobalamin tab 500 mcg</i>	178	<i>daily vite tab iron</i>	210
<i>cyanocobalamin tab er 1000 mcg</i>	178	<i>daily womens tab health</i>	214
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<i>cyclophosphamide cap 50 mg</i>	88	DALIRESP TAB 500MCG	39
CYCLOPHOSPHAMIDE CAP 50 MG	88	<i>danazol cap 100 mg</i>	28
<i>cyclophosphamide tab 25 mg</i>	88	<i>danazol cap 200 mg</i>	28
<i>cyclophosphamide tab 50 mg</i>	88	<i>danazol cap 50 mg</i>	28
<i>cycloserine cap 250 mg</i>	88	<i>dandruff sha 1%</i>	149
CYCLOSET TAB 0.8MG	58	<i>dantrolene sodium cap 100 mg</i>	235
<i>cyclosporine cap 100 mg</i>	111	<i>dantrolene sodium cap 25 mg</i>	235
<i>cyclosporine cap 25 mg</i>	111	<i>dantrolene sodium cap 50 mg</i>	235
<i>cyclosporine modified cap 100 mg</i>	112	<i>dapsone tab 100 mg</i>	33
<i>cyclosporine modified cap 25 mg</i>	112	<i>dapsone tab 25 mg</i>	33
<i>cyclosporine modified oral soln 100</i> <i>mg/ml</i>	112	DARAPRIM TAB 25MG	87
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	77	<i>darifenacin hydrobromide tab er 24hr 15</i> <i>mg (base equiv)</i>	171

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	171	<i>mg (base equiv)</i>	51
<i>dasetta tab 1/35</i>	123	<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	51
<i>dasetta tab 7/7/7</i>	123	DEX4 CHW FRUIT	57
<i>dayhist alrg tab 12 hour</i>	70	DEX4 CHW GRAPE	57
<i>daysee tab</i>	123	DEX4 CHW ORANGE	57
DEBACTEROL SOL 30-50%.....	209	DEX4 CHW RASPBERR	57
<i>decongestant tab 120mg er</i>	236	DEX4 CHW RASPBERRY.....	57
<i>decongestant tab 30mg</i>	236	DEX4 CHW SOUR APL	57
<i>deep sea spr 0.65%</i>	235	DEX4 CHW TROP FRT	57
<i>delyla tab 0.1-0.02</i>	123	DEX4 CHW WATERMLN	57
<i>demeclocycline hcl tab 150 mg</i>	261	DEX4 NATURAL CHW ORANGE	57
<i>demeclocycline hcl tab 300 mg</i>	261	DEX4 POUCH CHW PACK.....	57
DENAVIR CRE 1%	149	<i>dexamethasone elixir 0.5 mg/5ml</i>	129
<i>denta 5000 cre plus</i>	209	<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	242
<i>denta 5000 cre plus 2pk</i>	209	<i>dexamethasone soln 0.5 mg/5ml</i>	129
<i>dentagel gel 1.1%</i>	209	<i>dexamethasone tab 0.5 mg</i>	129
DEPEN TITRA TAB 250MG	111	<i>dexamethasone tab 0.75 mg</i>	129
DERMA SILKRX KIT SDS PAK.....	151	<i>dexamethasone tab 1 mg</i>	129
<i>dermafungal oin 2%</i>	145	<i>dexamethasone tab 1.5 mg</i>	129
DESCOVY TAB 200/25	106	<i>dexamethasone tab 2 mg</i>	129
<i>desenex aer 2%</i>	145	<i>dexamethasone tab 4 mg</i>	129
<i>desenex cre 1%</i>	145	<i>dexamethasone tab 6 mg</i>	129
<i>desenex shak pow 2%</i>	145	DEXILANT CAP 30MG DR.....	270
<i>desipramine hcl tab 10 mg</i>	53	DEXILANT CAP 60MG DR.....	270
<i>desipramine hcl tab 100 mg</i>	53	<i>dexmethylphenidate hcl tab 10 mg</i>	4
<i>desipramine hcl tab 150 mg</i>	53	<i>dexmethylphenidate hcl tab 2.5 mg</i>	4
<i>desipramine hcl tab 25 mg</i>	53	<i>dexmethylphenidate hcl tab 5 mg</i>	4
<i>desipramine hcl tab 50 mg</i>	53	<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	2
<i>desipramine hcl tab 75 mg</i>	53	<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	2
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	165	<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2
<i>desmopressin acetate tab 0.1 mg</i>	165	<i>dextroamphetamine sulfate tab 10 mg</i> ..	2
<i>desmopressin acetate tab 0.2 mg</i>	165	<i>dextroamphetamine sulfate tab 5 mg</i> ...	2
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	123	<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	133
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	123	<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	133
<i>desonide cream 0.05%</i>	152	<i>diabet tuss syp allergy</i>	66
<i>desonide oint 0.05%</i>	152	<i>diabetic sup tab formula</i>	214
<i>desoximetasone cream 0.05%</i>	152	<i>diabetic tus liq 100/5ml</i>	138
<i>desoximetasone cream 0.25%</i>	152	<i>diabetic tus liq children</i>	133
<i>desoximetasone gel 0.05%</i>	152	<i>diabetic tus liq dm</i>	133
<i>desoximetasone oint 0.05%</i>	152		
<i>desoximetasone oint 0.25%</i>	152		
<i>desvenlafaxine succinate tab er 24hr 100</i>			

<i>diabetic tus liq max st</i>	133	<i>diflorasone diacetate oint 0.05%</i>	152
<i>diabets hlth tab formula</i>	214	<i>diflunisal tab 500 mg</i>	20
<i>diabtc tussn syp 100/5ml</i>	138	<i>digox tab 0.125mg</i>	119
<i>dialyvite tab</i>	210	<i>digox tab 0.25mg</i>	119
<i>dialyvite tab 800</i>	210	<i>digoxin oral soln 0.05 mg/ml</i>	119
<i>dialyvite tab 800/d</i>	214	<i>digoxin tab 125 mcg (0.125 mg)</i>	119
<i>diamode tab 2mg</i>	63	<i>digoxin tab 250 mcg (0.25 mg)</i>	119
<i>diarrhea rel sus 262/15ml</i>	62	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	199
<i>diarrhea sus 262/15ml</i>	62	<i>DILANTIN CAP 30MG</i>	47
<i>DIAZEPAM CON 5MG/ML</i>	36	<i>diltiazem cap 180mg cd</i>	116
<i>diazepam oral soln 1 mg/ml</i>	36	<i>diltiazem cap 240mg cd</i>	116
<i>diazepam rectal gel delivery system 10</i> <i>mg</i>	44	<i>diltiazem hcl cap er 24hr 120 mg</i>	116
<i>diazepam rectal gel delivery system 2.5</i> <i>mg</i>	44	<i>diltiazem hcl cap er 24hr 180 mg</i>	116
<i>diazepam rectal gel delivery system 20</i> <i>mg</i>	44	<i>diltiazem hcl cap er 24hr 240 mg</i>	116
<i>diazepam tab 10 mg</i>	36	<i>diltiazem hcl coated beads cap er 24hr</i> <i>120 mg</i>	117
<i>diazepam tab 2 mg</i>	36	<i>diltiazem hcl coated beads cap er 24hr</i> <i>180 mg</i>	117
<i>diazepam tab 5 mg</i>	36	<i>diltiazem hcl coated beads cap er 24hr</i> <i>240 mg</i>	117
<i>dibucaine rectal ointment 1%</i>	28	<i>diltiazem hcl coated beads cap er 24hr</i> <i>300 mg</i>	117
<i>diclofenac potassium tab 50 mg</i>	10	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 120 mg</i>	117
<i>diclofenac sodium gel 1%</i>	143	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 180 mg</i>	117
<i>diclofenac sodium ophth soln 0.1% ...</i>	243	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 240 mg</i>	117
<i>diclofenac sodium tab delayed release 25</i> <i>mg</i>	10	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 300 mg</i>	117
<i>diclofenac sodium tab delayed release 50</i> <i>mg</i>	10	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 360 mg</i>	117
<i>diclofenac sodium tab delayed release 75</i> <i>mg</i>	10	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 420 mg</i>	117
<i>diclofenac sodium tab er 24hr 100 mg</i>	10	<i>diltiazem hcl tab 120 mg</i>	117
<i>dicloxacillin sodium cap 250 mg</i>	247	<i>diltiazem hcl tab 30 mg</i>	117
<i>dicloxacillin sodium cap 500 mg</i>	247	<i>diltiazem hcl tab 60 mg</i>	117
<i>dicyclomine hcl cap 10 mg</i>	267	<i>diltiazem hcl tab 90 mg</i>	117
<i>dicyclomine hcl oral soln 10 mg/5ml..</i>	267	<i>dilt-xr cap 180mg</i>	116
<i>dicyclomine hcl tab 20 mg</i>	267	<i>dilt-xr cap 240mg</i>	116
<i>didanosine delayed release capsule 125</i> <i>mg</i>	106	<i>dimenhydrinate tab 50 mg</i>	64
<i>didanosine delayed release capsule 200</i> <i>mg</i>	106	<i>dimetapp liq nighttim</i>	133
<i>didanosine delayed release capsule 250</i> <i>mg</i>	106	<i>dino-life chw</i>	232
<i>didanosine delayed release capsule 400</i> <i>mg</i>	106	<i>dino-life chw extra c</i>	232
<i>DIFICID TAB 200MG</i>	196	<i>diocto liq 50mg/5ml</i>	194
<i>diflorasone diacetate cream 0.05% ...</i>	152		

<i>diecto syp 60/15ml</i>	194	<i>docusate sod liq 50mg/5ml</i>	194
<i>diotame chw 262mg</i>	62	<i>docusate sodium cap 100 mg</i>	194
<i>DIPENTUM CAP 250MG</i>	169	<i>docusate sodium cap 250 mg</i>	194
<i>diphedryl liq 12.5/5ml</i>	70	<i>docusate sodium liquid 150 mg/15ml</i> 194	
<i>diphen tab 25mg</i>	70	<i>docusate sodium syrup 60 mg/15ml</i> .	194
<i>diphenhist cap 25mg</i>	70	<i>docusate sodium tab 100 mg</i>	194
<i>diphenhist liq 12.5/5ml</i>	70	<i>docusil cap 100mg</i>	194
<i>diphenhydram cap 50mg</i>	70	<i>docusol plus ene 20-283</i>	194
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	182	<i>dofetilide cap 125 mcg (0.125 mg)</i>	38
<i>diphenhydramine hcl cap 25 mg</i>	70	<i>dofetilide cap 250 mcg (0.25 mg)</i>	38
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	70	<i>dofetilide cap 500 mcg (0.5 mg)</i>	38
<i>diphenhydramine hcl inj 50 mg/ml</i>	70	<i>dok cap 100mg</i>	194
<i>diphenhydramine hcl tab 25 mg</i>	70	<i>dok cap 250mg</i>	194
<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	63	<i>dok plus tab 8.6-50mg</i>	187
<i>diphenoxylate w/ atropine tab 2.5-0.025</i> <i>mg</i>	63	<i>dok tab 100mg</i>	194
<i>dipyridamole tab 25 mg</i>	177	<i>donepezil hydrochloride orally</i> <i>disintegrating tab 10 mg</i>	249
<i>dipyridamole tab 50 mg</i>	177	<i>donepezil hydrochloride orally</i> <i>disintegrating tab 5 mg</i>	249
<i>dipyridamole tab 75 mg</i>	177	<i>donepezil hydrochloride tab 10 mg</i> ...	249
<i>disney cars chw gummies</i>	231	<i>donepezil hydrochloride tab 5 mg</i>	249
<i>disopyramide phosphate cap 100 mg</i> ..	37	<i>dorzolamide hcl ophth soln 2%</i>	243
<i>disopyramide phosphate cap 150 mg</i> ..	37	<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 22.3-6.8 mg/ml</i>	240
<i>disposable ene single</i>	190	<i>double antib oin</i>	144
<i>disulfiram tab 250 mg</i>	249	<i>DOVATO TAB 50-300MG</i>	105
<i>disulfiram tab 500 mg</i>	249	<i>doxazosin mesylate tab 1 mg</i>	84
<i>divalproex sodium cap delayed release</i> <i>sprinkle 125 mg</i>	48	<i>doxazosin mesylate tab 2 mg</i>	84
<i>divalproex sodium tab delayed release</i> <i>125 mg</i>	48	<i>doxazosin mesylate tab 4 mg</i>	84
<i>divalproex sodium tab delayed release</i> <i>250 mg</i>	48	<i>doxazosin mesylate tab 8 mg</i>	84
<i>divalproex sodium tab delayed release</i> <i>500 mg</i>	48	<i>doxepin hcl cap 10 mg</i>	53
<i>divalproex sodium tab er 24 hr 250 mg</i>	48	<i>doxepin hcl cap 100 mg</i>	53
<i>divalproex sodium tab er 24 hr 500 mg</i>	48	<i>doxepin hcl cap 150 mg</i>	53
<i>docqlace cap 100mg</i>	194	<i>doxepin hcl cap 25 mg</i>	53
<i>doc-q-lax tab 8.6-50mg</i>	187	<i>doxepin hcl cap 50 mg</i>	53
<i>docu liq 50mg/5ml</i>	194	<i>doxepin hcl cap 75 mg</i>	53
<i>docu soft cap 100mg</i>	194	<i>doxepin hcl conc 10 mg/ml</i>	53
<i>docuprene tab 100mg</i>	194	<i>doxepin hcl cream 5%</i>	148
<i>docusate calcium cap 240 mg</i>	194	<i>doxercalciferol cap 0.5 mcg</i>	164
		<i>doxercalciferol cap 1 mcg</i>	164
		<i>doxercalciferol cap 2.5 mcg</i>	164
		<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	164
		<i>doxycycline monohydrate cap 100 mg</i>	261
		<i>doxycycline monohydrate cap 50 mg</i>	261

<i>doxycycline monohydrate tab 100 mg</i>	261	<i>ecotrin low tab 81mg ec</i>	20
<i>dr edwards tab 8.6mg</i>	191	<i>ecpirin tab 325mg ec</i>	20
<i>dr gs clear sol nail 1%</i>	145	<i>ed chlorped syp jr</i>	66
<i>dramamine tab 25mg</i>	64	<i>ed-apap liq 80mg/2.5</i>	16
<i>drimate tab 50mg</i>	64	EDARBI TAB 40MG	82
DRITHO-CREME CRE HP 1%	148	EDARBI TAB 80MG	82
<i>dronabinol cap 10 mg</i>	65	<i>ed-chlortan tab 4mg</i>	66
<i>dronabinol cap 2.5 mg</i>	65	<i>ed-spaz tab 0.125mg</i>	267
<i>dronabinol cap 5 mg</i>	65	EDURANT TAB 25MG	106
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	123	<i>efavirenz cap 200 mg</i>	106
<i>drs choice tab men</i>	214	<i>efavirenz cap 50 mg</i>	106
DRYSOL SOL 20%	157	<i>efavirenz tab 600 mg</i>	106
DUAVEE TAB 0.45-20	165	<i>effer-k tab 25meq ef</i>	207
<i>ducodyl tab 5mg ec</i>	191	ELAPRASE INJ 6MG/3ML	164
<i>dulcolax mom sus mint</i>	190	<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	199
<i>dulcolax ss cap 100mg</i>	194	<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	200
DULERA AER 100-5MCG	40	ELIDEL CRE 1%	156
DULERA AER 200-5MCG	40	<i>elinest tab</i>	123
<i>duloxetine hcl cap 20 mg</i>	51	ELLA TAB 30MG	128
<i>duloxetine hcl cap 30 mg</i>	51	ELMIRON CAP 100MG	173
<i>duloxetine hcl cap 60 mg</i>	51	EMADINE SOL 0.05% OP	243
DUPIXENT INJ 200/1.14	38	EMCYT CAP 140MG	89
DUPIXENT INJ 300/2ML	156	<i>emoquette tab</i>	123
DUREZOL EMU 0.05%	242	EMSAM DIS 12MG/24H	50
<i>dutasteride cap 0.5 mg</i>	173	EMSAM DIS 6MG/24HR	50
DYRENIUM CAP 100MG	161	EMSAM DIS 9MG/24HR	50
DYRENIUM CAP 50MG	161	EMTRIVA CAP 200MG	106
<i>dyspel tab 200mg</i>	10	EMTRIVA SOL 10MG/ML	106
<i>dytuss syp 12.5/5ml</i>	70	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	85
E		<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	85
<i>e.e.s. 400 tab 400mg</i>	196	<i>enalapril maleate tab 10 mg</i>	80
<i>e.s.p. sus 200-600</i>	32	<i>enalapril maleate tab 2.5 mg</i>	80
<i>ear drops sol 6.5% ot</i>	244	<i>enalapril maleate tab 20 mg</i>	80
<i>ear drying dro 95-5%</i>	244	<i>enalapril maleate tab 5 mg</i>	80
<i>ear wax kit sol 6.5% ot</i>	244	ENBREL INJ 25/0.5ML	14
<i>ear wax remv dro 6.5% ot</i>	244	ENBREL INJ 25MG	14
<i>ear wax remv sol 6.5% ot</i>	244	ENBREL INJ 50MG/ML	14
<i>earwax remv sol 6.5% ot</i>	244	ENBREL MINI INJ 50MG/ML	14
<i>earwax trmnt dro 6.5% ot</i>	244	ENBREL SRCLK INJ 50MG/ML	14
<i>easy fiber pow</i>	185	<i>endocet tab 10-325mg</i>	26
<i>easy-lax cap 100mg</i>	194	<i>endocet tab 5-325mg</i>	26
<i>easy-lax pls tab 8.6-50mg</i>	187	<i>endur-acin tab 250mg sr</i>	275
<i>easy-melts tab 80mg</i>	16		
<i>ecolovit tab</i>	214		
<i>econazole nitrate cream 1%</i>	146		

<i>endur-acin tab 500mg sr</i>	275	<i>eq anti-itch cre 2-0.1%</i>	148
<i>enemeez plus ene 20-283</i>	194	<i>eq aspirin tab 325mg</i>	20
ENJUVIA TAB 0.3MG	166	<i>eq aspirin tab 325mg ec</i>	21
ENJUVIA TAB 0.45MG	166	<i>eq calcium tab citr+d</i>	204
ENJUVIA TAB 0.625MG	166	<i>eq child asa chw 81mg</i>	21
ENJUVIA TAB 0.9MG	166	<i>eq chlortabs tab 4mg</i>	66
ENJUVIA TAB 1.25MG	166	<i>eq clearlax pow</i>	188
<i>enoxaparin sodium inj 100 mg/ml</i>	43	<i>eq daily cap fiber</i>	185
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	43	<i>eq dayhist tab 1.34mg</i>	71
<i>enoxaparin sodium inj 150 mg/ml</i>	43	<i>eq ear wax sol removal</i>	244
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	43	<i>eq enema ene double</i>	190
<i>enoxaparin sodium inj 300 mg/3ml</i>	43	<i>eq fiber pow</i>	185
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	43	<i>eq gentle dro 0.3%</i>	238
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	43	<i>eq heartburn tab relief</i>	269
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	43	<i>eq hydrocort cre 1%</i>	152
<i>enpresse-28 tab</i>	123	<i>eq ibuprofen tab 200mg</i>	10
<i>enskyce tab</i>	123	<i>eq itchy eye dro 0.025%op</i>	243
<i>entacapone tab 200 mg</i>	94	<i>eq laxative chw 15mg</i>	191
<i>entecavir tab 0.5 mg</i>	109	<i>eq laxative tab 25mg</i>	191
<i>entecavir tab 1 mg</i>	109	<i>eq laxative tab 8.6mg</i>	191
<i>enulose sol 10gm/15</i>	170	<i>eq lubricant dro eye drop</i>	238
<i>enviro-stres tab</i>	214	<i>eq multivita chw gummies</i>	231
EPCLUSA TAB 400-100	109	<i>eq nicotine dis 14mg/24h</i>	252
EPIDUO GEL 0.1-2.5%	142	<i>eq nicotine dis 21mg/24h</i>	252
<i>epinastine hcl ophth soln 0.05%</i>	243	<i>eq nicotine dis 7mg/24hr</i>	252
EPIPEN 2-PAK INJ 0.3MG	273	<i>eq nicotine gum 2mg cinn</i>	252
EPIPEN-JR INJ 0.15MG	273	<i>eq nicotine gum 2mg mint</i>	252
<i>epitol tab 200mg</i>	45	<i>eq nicotine gum 2mg orig</i>	252
EPIVIR HBV SOL 5MG/ML	106	<i>eq nicotine gum 2mgfruit</i>	253
<i>eplerenone tab 25 mg</i>	86	<i>eq nicotine gum 4mg cinn</i>	253
<i>eplerenone tab 50 mg</i>	86	<i>eq nicotine gum 4mg mint</i>	253
EPOGEN INJ 10000/ML	179	<i>eq nicotine gum 4mg orig</i>	253
EPOGEN INJ 2000/ML	179	<i>eq nicotine gum 4mg ref</i>	253
EPOGEN INJ 20000/ML	179	<i>eq nicotine gum 4mg strt</i>	253
EPOGEN INJ 4000/ML	179	<i>eq nicotine gum 4mgfruit</i>	253
<i>eprosartan mesylate tab 600 mg</i>	82	<i>eq nicotine loz 2mg cher</i>	253
<i>eq acetamin tab 160mg</i>	16	<i>eq nicotine loz 2mg mint</i>	253
<i>eq acetamin tab 500mg</i>	16	<i>eq nicotine loz 4mg chry</i>	253
<i>eq acetamin tab 80mg</i>	16	<i>eq nicotine loz 4mg mint</i>	253
<i>eq allergy cap 25mg</i>	71	<i>eq revive pl dro 0.5% op</i>	238
<i>eq antacid chw 1000mg</i>	31	<i>eq senna-s tab 8.6-50mg</i>	187
<i>eq antacid chw 160-105</i>	29	<i>eq stomach chw 262mg</i>	62
<i>eq antacid chw ex st</i>	29	<i>eq suphedrin tab 120mg cr</i>	236
<i>eq antacid sus</i>	29	<i>eq suphedrin tab 30mg</i>	236
<i>eq antacid sus anti-gas</i>	29	<i>eq triple oin antibiot</i>	144
<i>eq antacid sus max st</i>	29	<i>eq tussin dm liq max</i>	133

<i>eq tussin dm syp cgh/chst</i>	133	<i>mg/5ml</i>	196
<i>eq tussin liq 100/5ml</i>	138	<i>erythromycin ethylsuccinate tab 400 mg</i>	196
<i>eq acetamin tab 160mg</i>	17	<i>erythromycin gel 2%</i>	142
<i>eq all day tab allergy</i>	75	<i>erythromycin ophth oint 5 mg/gm</i>	241
<i>eq allergy tab 10-240mg</i>	133	<i>erythromycin soln 2%</i>	142
<i>eq allergy tab 25mg</i>	71	<i>erythromycin tab 250 mg</i>	196
<i>eq allergy tab 4mg</i>	66	<i>erythromycin tab 500 mg</i>	196
<i>eq antacid chw 1000mg</i>	31	<i>erythromycin-sulfisoxazole for susp 200-600 mg/5ml</i>	32
<i>eq antacid sus anti-gas</i>	29	ESBRIET CAP 267MG	260
<i>eq aspirin chw 81mg</i>	21	ESBRIET TAB 267MG	260
<i>eq aspirin tab 325mg</i>	21	ESBRIET TAB 801MG	260
<i>eq aspirin tab 325mg ec</i>	21	<i>escitalopram oxalate soln 5 mg/5ml</i> (base equiv)	50
<i>eq b-6 tab 100mg</i>	275	<i>escitalopram oxalate tab 10 mg (base equiv)</i>	50
<i>eq calcium tab w/vit d</i>	204	<i>escitalopram oxalate tab 20 mg (base equiv)</i>	50
<i>eq century tab</i>	214	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	50
<i>eq century tab mature</i>	214	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	270
<i>eq clearlax pow</i>	188	<i>essentia tab</i>	214
<i>eq enema ene rtu</i>	190	<i>essential tab balance</i>	214
<i>eq fiber la tab 625mg</i>	185	<i>essentl one tab daily</i>	225
<i>eq fiber pow supplemn</i>	185	<i>estarylla tab 0.25-35</i>	123
<i>eq gas gone chw 125mg</i>	168	<i>estazolam tab 1 mg</i>	183
<i>eq heartbrn tab 10mg</i>	269	<i>estazolam tab 2 mg</i>	183
<i>eq laxative tab 25mg</i>	191	<i>estradiol tab 0.5 mg</i>	166
<i>eq laxative tab 5mg ec</i>	191	<i>estradiol tab 1 mg</i>	166
<i>eq lice kit solution</i>	158	<i>estradiol tab 2 mg</i>	166
<i>eq nicotine gum 2mg</i>	253	<i>estradiol vaginal cream 0.1 mg/gm</i> ..	273
<i>eq nicotine gum 4mg</i>	253	<i>estropipate tab 0.75 mg</i>	166
<i>eq nicotine loz 2mg mint</i>	253	<i>estropipate tab 1.5 mg</i>	166
<i>eq nicotine loz 4mg mint</i>	254	<i>estropipate tab 3 mg</i>	166
<i>eq stomach chw 262mg</i>	62	<i>eszopiclone tab 1 mg</i>	183
<i>eq triactin elx cld/cgh</i>	133	<i>eszopiclone tab 2 mg</i>	183
<i>eq tussin liq 10-200</i>	133	<i>eszopiclone tab 3 mg</i>	183
<i>eq tussin syp dm</i>	133	<i>ethacrynic acid tab 25 mg</i>	161
<i>eq vision tab formula</i>	214	<i>ethambutol hcl tab 100 mg</i>	88
<i>ergocalciferol cap 50000 unit</i>	274	<i>ethambutol hcl tab 400 mg</i>	88
<i>ergoloid mesylates tab 1 mg</i>	251	<i>ethosuximide cap 250 mg</i>	48
ERGOMAR SUB 2MG	199	<i>ethosuximide soln 250 mg/5ml</i>	48
ERIVEDGE CAP 150MG	89	<i>etidronate disodium tab 200 mg</i>	163
<i>e-r-o ear dro 6.5% ot</i>	244	<i>etidronate disodium tab 400 mg</i>	163
<i>ero ear wax sol removal</i>	245		
<i>errin tab 0.35mg</i>	128		
ERY-TAB TAB 250MG EC	196		
ERY-TAB TAB 333MG EC	196		
ERY-TAB TAB 500MG EC	196		
<i>erythrocin tab 250mg</i>	196		
<i>erythromycin ethylsuccinate for susp 200</i>			

<i>etodolac tab 400 mg</i>	10	FANAPT TAB 4MG	97
<i>etodolac tab 500 mg</i>	10	FANAPT TAB 6MG	97
<i>etoposide cap 50 mg</i>	93	FANAPT TAB 8MG	97
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	93	FARESTON TAB 60MG	89
<i>etoposide inj 20mg/ml</i>	93	FARXIGA TAB 10MG	260
EUFLEXXA INJ 10MG/ML	235	FARXIGA TAB 5MG	260
EURAX CRE 10%	158	FARYDAK CAP 10MG	91
EUTHROID TAB 120MG	262	FARYDAK CAP 15MG	91
EUTHROID-1 TAB 60MG	262	FARYDAK CAP 20MG	91
EUTHROID-2 TAB 120MG	262	<i>fast relief sup 10mg</i>	191
EUTHROID-3 TAB 180MG	262	FC FEMALE MIS CONDOM	196
<i>evac-u-gen tab 8.6mg</i>	191	FC2 FEMALE MIS CONDOM	196
EVEKEO TAB 10MG	2	<i>fe tabs tab 325mg ec</i>	180
EVEKEO TAB 5MG	2	<i>feenamint tab 5mg ec</i>	191
EVOTAZ TAB 300-150	106	FEIBA INJ	175
EXELDERM CRE 1%	146	<i>felbamate susp 600 mg/5ml</i>	47
EXELDERM SOL 1%	146	<i>felbamate tab 400 mg</i>	47
<i>exemestane tab 25 mg</i>	89	<i>felbamate tab 600 mg</i>	47
EXJADE TAB 125MG	63	<i>felodipine tab er 24hr 10 mg</i>	117
EXJADE TAB 250MG	63	<i>felodipine tab er 24hr 2.5 mg</i>	117
EXJADE TAB 500MG	63	<i>felodipine tab er 24hr 5 mg</i>	117
<i>ex-lax ultra tab 5mg ec</i>	191	FEMCAP MIS 22MM	196
EXTAVIA INJ 0.3MG	250	FEMCAP MIS 26MM	196
<i>extra action syp 100-10/5</i>	133	FEMCAP MIS 30MM	196
<i>eye itch rel dro 0.025%op</i>	243	<i>feminine lax tab 5mg ec</i>	192
<i>eye lubrican oin op</i>	239	<i>fenesin ir tab 400mg</i>	138
<i>eye vitamins cap</i>	214	<i>fenofibrate micronized cap 134 mg</i>	78
<i>eye vitamins tab /mineral</i>	214	<i>fenofibrate micronized cap 200 mg</i>	78
<i>eye-vites tab</i>	214	<i>fenofibrate micronized cap 43 mg</i>	78
<i>ezetimibe tab 10 mg</i>	80	<i>fenofibrate micronized cap 67 mg</i>	78
EZFE FORTE CAP	227	<i>fenofibrate tab 145 mg</i>	78
F		<i>fenofibrate tab 160 mg</i>	78
<i>fa-8 tab 0.8mg</i>	178	<i>fenofibrate tab 48 mg</i>	78
FACTIVE TAB 320MG	167	<i>fenofibrate tab 54 mg</i>	78
<i>falmina tab</i>	123	<i>fenofibric acid tab 35 mg</i>	78
<i>famciclovir tab 125 mg</i>	110	<i>fenoprofen calcium tab 600 mg</i>	10
<i>famciclovir tab 250 mg</i>	110	<i>fentanyl td patch 72hr 100 mcg/hr</i>	23
<i>famciclovir tab 500 mg</i>	110	<i>fentanyl td patch 72hr 12 mcg/hr</i>	23
<i>famotidine tab 10mg</i>	269	<i>fentanyl td patch 72hr 25 mcg/hr</i>	23
<i>famotidine tab 20 mg</i>	269	FENTANYL TD PATCH 72HR 37.5 MCG/HR	23
<i>famotidine tab 40 mg</i>	269	<i>fentanyl td patch 72hr 50 mcg/hr</i>	23
FANAPT PAK	97	<i>fentanyl td patch 72hr 75 mcg/hr</i>	23
FANAPT TAB 10MG	97	<i>fer-iron dro 15mg/ml</i>	180
FANAPT TAB 12MG	97	<i>ferocon cap</i>	180
FANAPT TAB 1MG	97	<i>ferosul elx 220/5ml</i>	180
FANAPT TAB 2MG	97		

<i>ferottrinsic cap</i>	180	FIRAZYR INJ 30MG/3ML	176
<i>ferretts tab 325mg</i>	180	FIRMAGON INJ 120MG	89
<i>ferric x-150 cap 150mg</i>	180	FIRMAGON INJ 80MG	89
FERRIPROX TAB 500MG	63	<i>first aid oin antibiot</i>	144
<i>ferro-bob tab 325mg</i>	180	FIRST-OMEpra SUS 2MG/ML	270
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	180	FIRST-VANC SOL 25MG/ML	32
FERROUS GLUC TAB 324MG	180	FIRST-VANC SOL 50MG/ML	32
<i>ferrous gluconate tab 239 mg (27 mg fe equivalent)</i>	181	FIRVANQ SOL 25MG/ML	32
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	181	FIRVANQ SOL 50MG/ML	32
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	181	<i>flanax pain tab 220mg</i>	10
FERROUS SUL LIQ 220/5ML	181	<i>flanax sus relief</i>	29
FERROUS SULF TAB 324MG EC	181	<i>flavoxate hcl tab 100 mg</i>	272
<i>ferrous sulf tab 325mg</i>	181	FLEBOGAMMA INJ 20/200ML	245
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	181	FLEBOGAMMA INJ DIF 5%	245
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	181	<i>flecainide acetate tab 100 mg</i>	37
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	181	<i>flecainide acetate tab 150 mg</i>	37
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	181	<i>flecainide acetate tab 50 mg</i>	37
<i>ferrousul tab 325mg</i>	181	<i>fleet laxati tab 5mg ec</i>	192
<i>fever reduce sup 120mg</i>	17	<i>flintstones chw bone bld</i>	231
<i>fever/pain sus 160/5ml</i>	17	<i>flintstones chw complete</i>	231
FEVERALL INF SUP 80MG	17	<i>flintstones chw extra c</i>	232
<i>feverall sup 120mg</i>	17	<i>flintstones chw my first</i>	233
<i>feverall sup 325mg</i>	17	<i>flintstones chw omega-3</i>	233
<i>feverall sup 650mg</i>	17	<i>flintstones chw pls calc</i>	233
<i>fevr reducng sup 120mg</i>	17	<i>flnston plus chw iron</i>	230
<i>fexofenadine hcl tab 180 mg</i>	75	FLOVENT HFA AER 110MCG	39
<i>fexofenadine hcl tab 60 mg</i>	75	FLOVENT HFA AER 44MCG	39
<i>fiber laxatv tab 625mg</i>	185	FLOWTUSS SOL 2.5-200	133
<i>fiber laxativ cap 0.52gm</i>	185	FLUARIX QUAD INJ 2017-18	272
<i>fiber therap pow 28.3%</i>	185	FLUCLVX QUAD INJ 2016-17	272
<i>fiber therap pow 48.57%</i>	185	<i>fluconazole for susp 10 mg/ml</i>	66
<i>fiber therap pow sf orang</i>	185	<i>fluconazole for susp 40 mg/ml</i>	66
<i>fiber therap tab 500mg</i>	185	<i>fluconazole tab 100 mg</i>	66
<i>fiber therap tab 625mg</i>	185	<i>fluconazole tab 150 mg</i>	66
<i>fibergen tab 625mg</i>	185	<i>fluconazole tab 200 mg</i>	66
<i>fiber-lax tab 625mg</i>	185	<i>fluconazole tab 50 mg</i>	66
FINACEA GEL 15%	157	<i>flucytosine cap 250 mg</i>	65
<i>finasteride tab 5 mg</i>	173	<i>flucytosine cap 500 mg</i>	65
		<i>fludrocortisone acetate tab 0.1 mg ...</i>	130
		FLULAVAL QUA INJ 2016-17	272
		<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	236
		<i>flunisolide nasal soln 29 mcg/act (0.025%)</i>	236
		<i>fluocinolone acetonide cream 0.025%</i>	152
		<i>fluocinolone acetonide oil 0.01% (body</i>	

oil).....	152	fluticasone-salmeterol aer powder ba 55-14 mcg/act.....	40
fluocinolone acetonide oil 0.01% (scalp oil).....	152	fluvastatin sodium cap 20 mg (base equivalent).....	78
fluocinolone acetonide oint 0.025%...	152	fluvastatin sodium cap 40 mg (base equivalent).....	78
fluocinonide cream 0.05%.....	152	fluvastatin sodium tab er 24 hr 80 mg (base equivalent).....	78
fluocinonide emulsified base cream 0.05%.....	152	FLUVIRIN INJ.....	272
fluocinonide gel 0.05%.....	152	FLUVIRIN INJ PF.....	272
fluocinonide oint 0.05%.....	153	fluvoxamine maleate tab 100 mg.....	51
fluocinonide soln 0.05%.....	153	fluvoxamine maleate tab 25 mg.....	51
FLUORAC CRE 5-1%.....	148	fluvoxamine maleate tab 50 mg.....	51
fluor-a-day dro 0.125mg.....	206	FLUZONE QUAD INJ.....	272
fluoritab chw 0.25mg f.....	206	foam antacid chw 80-20mg.....	29
fluoritab chw 0.5mg f.....	206	foam antacid sus.....	29
fluoritab chw 1mg f.....	206	folbee plus tab.....	210
fluoritab chw 2.2mg.....	206	folic acid tab 1 mg.....	178
fluoritab dro 0.125mg.....	206	folic acid tab 400mcg.....	178
fluorometholone ophth susp 0.1%....	242	folic acid tab 800 mcg.....	178
fluorouracil cream 5%.....	148	foltrin cap.....	180
fluoxetine hcl cap 10 mg.....	50	fondaparinux sodium subcutaneous inj 10 mg/0.8ml.....	43
fluoxetine hcl cap 20 mg.....	50	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml.....	43
fluoxetine hcl solution 20 mg/5ml.....	50	fondaparinux sodium subcutaneous inj 5 mg/0.4ml.....	43
fluphenazine decanoate inj 25 mg/ml	102	fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml.....	43
fluphenazine hcl inj 2.5 mg/ml.....	102	foot care cre 1%.....	146
fluphenazine hcl tab 1 mg.....	102	foot&sneaker aer 1%.....	146
fluphenazine hcl tab 10 mg.....	102	for sty reli oin.....	239
fluphenazine hcl tab 2.5 mg.....	102	FORADIL CAP AEROLIZE.....	40
fluphenazine hcl tab 5 mg.....	102	formula em sol.....	65
flura-drops dro 0.25mg f.....	206	FORTEO SOL 600/2.4.....	163
flurandrenolide cream 0.05%.....	153	FOSAMAX + D TAB 70-2800.....	163
flurandrenolide lotion 0.05%.....	153	FOSAMAX + D TAB 70-5600.....	163
flurazepam hcl cap 15 mg.....	183	fosamprenavir calcium tab 700 mg (base equiv).....	106
flurazepam hcl cap 30 mg.....	184	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg.....	85
flurbiprofen sodium ophth soln 0.03%.....	243	fosinopril sodium tab 10 mg.....	80
flurbiprofen tab 100 mg.....	10	fosinopril sodium tab 20 mg.....	80
flurbiprofen tab 50 mg.....	10	fosinopril sodium tab 40 mg.....	81
flutamide cap 125 mg.....	90	FRAGMIN INJ 10000/ML.....	43
fluticasone propionate cream 0.05% .	153	FRAGMIN INJ 12500UNT.....	43
fluticasone propionate nasal susp 50 mcg/act.....	236		
fluticasone propionate oint 0.005%...	153		
fluticasone-salmeterol aer powder ba 113-14 mcg/act.....	40		
fluticasone-salmeterol aer powder ba 232-14 mcg/act.....	40		

FRAGMIN INJ 15000UNT	43	GAMUNEX-C INJ 1GM/10ML.....	246
FRAGMIN INJ 18000UNT	43	GANIRELIX AC INJ 250/0.5.....	174
FRAGMIN INJ 2500/0.2.....	43	<i>gas relief cap 125mg</i>	168
FRAGMIN INJ 5000/0.2.....	43	<i>gas relief cap 180mg</i>	168
FRAGMIN INJ 7500/0.3.....	43	<i>gas relief chw 125mg</i>	168
<i>frovatriptan succinate tab 2.5 mg (base</i>		<i>gas relief chw 80mg</i>	168
<i>equivalent)</i>	200	<i>gas relief dro 20/0.3ml</i>	168
<i>fruity chews chw</i>	233	<i>gas relief dro infants</i>	168
<i>fruity chews chw /iron</i>	230	<i>gas-x cap 125mg</i>	168
FULPHILA INJ 6/0.6ML.....	179	<i>gas-x cap 180mg</i>	168
<i>fungicure spr intens</i>	146	<i>gas-x infant dro</i>	168
<i>fungi-guard cre 1%</i>	146	<i>gatifloxacin ophth soln 0.5%</i>	241
<i>fungoid-d cre 1%</i>	146	<i>gavilax pow</i>	188
<i>furosemide oral soln 10 mg/ml</i>	161	<i>gavilyte-c sol</i>	187
<i>furosemide oral soln 8 mg/ml</i>	161	<i>gavilyte-g sol</i>	187
<i>furosemide tab 20 mg</i>	161	<i>gavilyte-h kit</i>	187
<i>furosemide tab 40 mg</i>	161	<i>gavilyte-n sol flav pk</i>	187
<i>furosemide tab 80 mg</i>	161	<i>gemfibrozil tab 600 mg</i>	78
FUZEON INJ 90MG	106	<i>genahist cap 25mg</i>	71
FYCOMPA TAB 10MG	7	<i>genaphed tab 30mg</i>	236
FYCOMPA TAB 12MG	7	<i>generlac sol 10gm/15</i>	170
FYCOMPA TAB 2MG	7	<i>gengraf cap 100mg</i>	112
FYCOMPA TAB 4MG	7	<i>gengraf cap 25mg</i>	112
FYCOMPA TAB 6MG	7	<i>gengraf cap 50mg</i>	112
FYCOMPA TAB 8MG	7	<i>gengraf sol 100mg/ml</i>	112
G		<i>genpril tab 200mg</i>	10
<i>gabapentin cap 100 mg</i>	45	<i>gentak oin 0.3% op</i>	241
<i>gabapentin cap 300 mg</i>	45	<i>gentamicin sulfate cream 0.1%</i>	144
<i>gabapentin cap 400 mg</i>	45	<i>gentamicin sulfate oint 0.1%</i>	144
<i>gabapentin oral soln 250 mg/5ml</i>	45	<i>gentamicin sulfate ophth oint 0.3%</i> ..	241
<i>gabapentin tab 100 mg</i>	45	<i>gentamicin sulfate ophth soln 0.3%</i> ..	241
<i>gabapentin tab 600 mg</i>	45	<i>genteal tear oin nt-time</i>	239
<i>gabapentin tab 800 mg</i>	45	<i>gentle laxat sup 10mg</i>	192
<i>galantamine hydrobromide cap er 24hr</i>		<i>gentle laxat tab 5mg ec</i>	192
<i>24 mg</i>	249	<i>gentlelax pow</i>	188
<i>galantamine hydrobromide cap er 24hr 8</i>		GENVOYA TAB	106
<i>mg</i>	249	<i>geri-dryl cap 25mg</i>	71
<i>galantamine hydrobromide tab 12 mg</i>	249	<i>geri-dryl tab 25mg</i>	71
<i>galantamine hydrobromide tab 4 mg</i>	249	<i>geri-hydrola cre 12%</i>	156
<i>galantamine hydrobromide tab 8 mg</i>	249	<i>geri-hydrola lot 12%</i>	156
GAMASTAN INJ.....	245	<i>geri-kot tab 8.6mg</i>	192
GAMASTAN S/D INJ.....	245	<i>geri-lanta sus</i>	29
GAMMAGARD INJ 1GM/10ML.....	246	<i>geri-tussin syp 100/5ml</i>	138
GAMMAGARD SD INJ 10GM HU.....	246	<i>geri-tussin syp dm</i>	133
GAMMAKED INJ 1GM/10ML	246	<i>gerivite tab complete</i>	214
GAMMAPLEX INJ 5%	246	<i>g-fen ex tab 400mg</i>	138

<i>gianvi tab 3-0.02mg</i>	124	<i>glycolax pow 3350 nf</i>	188
<i>gildagia tab 0.4-35</i>	124	<i>glycopyrrolate tab 1 mg</i>	267
<i>gildess fe tab 1.5/30</i>	124	<i>glycopyrrolate tab 2 mg</i>	267
<i>gildess fe tab 1/20</i>	124	<i>gnp all day tab allergy</i>	75
GILENYA CAP 0.5MG	250	<i>gnp allergy cap 25mg</i>	71
GILOTRIF TAB 20MG	91	<i>gnp allergy chw 12.5mg</i>	71
GILOTRIF TAB 30MG	91	<i>gnp allergy tab 25mg</i>	71
GILOTRIF TAB 40MG	91	<i>gnp allergy tab 4mg</i>	66
<i>glatiramer acetate soln prefilled syringe</i> <i>20 mg/ml</i>	250	<i>gnp animal chw plus c</i>	233
<i>glatiramer acetate soln prefilled syringe</i> <i>40 mg/ml</i>	250	<i>gnp animal chw shapes</i>	233
GLEOSTINE CAP 100MG.....	89	<i>gnp antacid chw 1000mg</i>	31
GLEOSTINE CAP 10MG	88	<i>gnp antacid chw 160-105</i>	29
GLEOSTINE CAP 40MG	88	<i>gnp antacid sus anti-gas</i>	30
GLEOSTINE CAP 5MG	88	<i>gnp antacid sus cherry</i>	30
<i>glimepiride tab 1 mg</i>	61	<i>gnp antacid sus coolmint</i>	30
<i>glimepiride tab 2 mg</i>	61	<i>gnp antacid sus original</i>	30
<i>glimepiride tab 4 mg</i>	61	<i>gnp aspirin chw 81mg</i>	21
<i>glipizide tab 10 mg</i>	61	<i>gnp aspirin tab 325mg</i>	21
<i>glipizide tab 5 mg</i>	61	<i>gnp aspirin tab 325mg ec</i>	21
<i>glipizide tab er 24hr 10 mg</i>	61	<i>gnp aspirin tab 81mg ec</i>	21
<i>glipizide tab er 24hr 2.5 mg</i>	61	<i>gnp best pow fiber</i>	185
<i>glipizide tab er 24hr 5 mg</i>	61	<i>gnp bisa-lax tab 5mg ec</i>	192
<i>glipizide xl tab 10mg</i>	61	<i>gnp ca/mg/zn tab</i>	204
<i>glipizide xl tab 2.5mg</i>	61	<i>gnp ca/vit d chw minerals</i>	204
<i>glipizide xl tab 5mg</i>	61	<i>gnp calcium tab 600/d</i>	204
GLUCAGON KIT 1MG	57	<i>gnp century tab</i>	214
GLUCOSE CHW FRT PNCH	57	<i>gnp century tab adult</i>	215
GLUCOSE CHW GRAPE.....	57	<i>gnp century tab cardio</i>	215
GLUCOSE CHW RASPBERRY	57	<i>gnp century tab senior</i>	215
GLUCOSE CHW TROP FRT	57	<i>gnp century tab ultimate</i>	215
<i>glucoten cap</i>	214	<i>gnp clearlax pow</i>	189
<i>glyburide micronized tab 1.5 mg</i>	61	GNP DAILY MIS PRENATAL	227
<i>glyburide micronized tab 3 mg</i>	61	<i>gnp dayhist tab 1.34mg</i>	71
<i>glyburide micronized tab 6 mg</i>	61	<i>gnp ear dro 6.5% ot</i>	245
<i>glyburide tab 1.25 mg</i>	61	<i>gnp ear sys sol 6.5% ot</i>	245
<i>glyburide tab 2.5 mg</i>	61	<i>gnp enema ene</i>	190
<i>glyburide tab 5 mg</i>	62	<i>gnp eye drop sol 0.5% op</i>	239
<i>glyburide-metformin tab 1.25-250 mg</i>	55	<i>gnp first oin aid anti</i>	144
<i>glyburide-metformin tab 2.5-500 mg</i> ..	55	<i>gnp gas relf chw 125mg</i>	168
<i>glyburide-metformin tab 5-500 mg</i>	55	<i>gnp gas relf chw 80mg</i>	168
<i>glycerin ped sup 1.2gm</i>	188	GNP GLUCOSE CHW GRAPE	57
<i>glycerin sup 2gm</i>	188	GNP GLUCOSE CHW ORANGE	57
<i>glycerin suppos 1.2 gm</i>	188	GNP GLUCOSE CHW RASPBERRY.....	57
<i>glycerin suppos 2.1 gm</i>	188	GNP GLUCOSE CHW WATERMLN	57
		<i>gnp glycerin sup 1.2gm</i>	189
		<i>gnp glycerin sup 2.1gm</i>	189

<i>gnp healthy tab eyes</i>	215	<i>guaifenesin tab 400 mg</i>	138
<i>gnp hydrocor cre 1% plus</i>	153	<i>guaifenesin tab er 12hr 600 mg</i>	138
<i>gnp iron tab 45mg</i>	181	<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	134
<i>gnp iron tab 65mg</i>	181	<i>guanfacine hcl tab 1 mg</i>	84
<i>gnp k-pec sus 262/15ml</i>	62	<i>guanfacine hcl tab 2 mg</i>	84
<i>gnp laxative sup 10mg</i>	192	<i>guanfacine hcl tab er 24hr 1 mg (base</i> <i>equiv)</i>	3
<i>gnp laxative tab 25mg</i>	192	<i>guanfacine hcl tab er 24hr 2 mg (base</i> <i>equiv)</i>	3
<i>gnp lice kit</i>	158	<i>guanfacine hcl tab er 24hr 3 mg (base</i> <i>equiv)</i>	3
<i>gnp little chw ones</i>	233	<i>guanfacine hcl tab er 24hr 4 mg (base</i> <i>equiv)</i>	4
<i>gnp magnesi tab 250mg</i>	207	<i>gummi bear chw multivit</i>	232
<i>gnp milk mag sus</i>	190	<i>gummies chw</i>	232
GNP MINERAL OIL HEAVY	189	<i>gummy dinos chw</i>	232
<i>gnp mucus-er tab 600mg</i>	138	<i>gummy vit/ chw minerals</i>	232
<i>gnp niacin tab 250mg</i>	275	GYNAZOLE-1 CRE 2%	273
<i>gnp niacin tab 250mg tr</i>	275	<i>gynecort 10 cre 1%</i>	153
<i>gnp nicotine gum 2mg mint</i>	254	H	
<i>gnp nicotine gum 2mg orig</i>	254	<i>hair formula tab ex stren</i>	215
<i>gnp nicotine gum 4mg mint</i>	254	<i>hair formula tab ultr man</i>	215
<i>gnp nicotine gum 4mg orig</i>	254	<i>hair vitamin tab</i>	215
<i>gnp nicotine loz 2mg mint</i>	254	<i>hair/skin/ tab nails</i>	215
<i>gnp nicotine loz 4mg mint</i>	254	HALFLYTELY KIT FLAV PKS	187
<i>gnp one dail tab maximum</i>	215	<i>halobetasol propionate cream 0.05%</i> 153	
<i>gnp opti-vit tab</i>	215	<i>halobetasol propionate oint 0.05%</i> ...	153
<i>gnp senna tab 8.6mg</i>	192	HALOG CRE 0.1%.....	153
<i>gnp suphedrn liq 15mg/5ml</i>	236	HALOG OIN 0.1%.....	153
<i>gnp tussin liq dm cough</i>	133	<i>haloperidol decanoate im soln 100 mg/ml</i>	99
<i>gnp tussin liq dm max</i>	134	<i>haloperidol decanoate im soln 50 mg/ml</i>	99
<i>gnp tussin syp 100/5ml</i>	138	<i>haloperidol lactate inj 5 mg/ml</i>	99
<i>gnp vit b-12 tab 1000 cr</i>	178	<i>haloperidol lactate oral conc 2 mg/ml</i> .	99
<i>gnp vit b-12 tab 1000 pr</i>	178	<i>haloperidol tab 0.5 mg</i>	99
<i>gnp vit b-12 tab 500mcg</i>	178	<i>haloperidol tab 1 mg</i>	99
<i>gnp vit b-6 tab 100mg</i>	275	<i>haloperidol tab 10 mg</i>	99
<i>gnp zoochews chw gummies</i>	231	<i>haloperidol tab 2 mg</i>	99
GOLYTELY SOL	187	<i>haloperidol tab 20 mg</i>	99
<i>granisetron hcl tab 1 mg</i>	64	<i>haloperidol tab 5 mg</i>	99
GRASTEK SUB 2800BAU	6	HARVONI TAB 90-400MG	110
<i>griseofulvin microsize susp 125 mg/5ml</i>	65	<i>hc-1% hemorr oin 1%</i>	153
<i>g-tron liq 10-100/5</i>	133	<i>healthy eyes cap supervis</i>	215
<i>guaiaorb dm liq 100-10/5</i>	134	<i>healthy eyes tab</i>	215
<i>guaiaatuss ac syp 100-10/5</i>	134		
<i>guaicon dms syp 100-10/5</i>	134		
<i>guaifenesin liquid 100 mg/5ml</i>	138		
<i>guaifenesin syp 100-10/5</i>	134		
<i>guaifenesin syrup 100 mg/5ml</i>	138		
<i>guaifenesin tab 200 mg</i>	138		

<i>healthylax pow</i>	189	<i>hm dry eye sol relief</i>	239
<i>heartbrn ant chw 160-105</i>	30	<i>hm enema ene</i>	190
<i>heartbrn rel tab 200mg</i>	269	<i>hm fiber cap 0.52gm</i>	185
<i>heartbrn rel tab 75mg</i>	269	<i>hm fiber pow 28.3%</i>	185
<i>heartburn chw ex st</i>	30	<i>hm fiber pow 30.9%</i>	185
<i>heartburn tab 150mg</i>	269	<i>hm fiber pow 48.57%</i>	185
<i>heartburn tab 200mg</i>	269	<i>hm fiber pow 58.6%</i>	185
<i>heartburn tab 20mg</i>	269	<i>hm fiber tab 500mg</i>	185
<i>heartburn tab relief</i>	269	<i>hm gas relf chw 125mg</i>	168
<i>heather tab 0.35mg</i>	128	<i>hm gas relf chw 80mg</i>	168
HELIXATE FS INJ 1000UNIT	175	HM GLUCOSE CHW ORANGE	57
HELIXATE FS INJ 250UNIT	175	HM GLUCOSE CHW RASPBERRY	57
HELIXATE FS INJ 500UNIT	175	<i>hm hydrocort cre 1% plus</i>	153
<i>hematogen cap</i>	180	<i>hm ibuprofen tab 200mg</i>	10
HEMLIBRA INJ 105/0.7	175	<i>hm iron tab 45mg</i>	181
HEMLIBRA INJ 150/ML.....	175	<i>hm iron tab 65mg</i>	181
HEMLIBRA INJ 30MG/ML.....	175	<i>hm laxative tab 5mg ec</i>	192
HEMLIBRA INJ 60/0.4.....	175	<i>hm magnesium tab 250mg</i>	31
HEMOFIL M INJ 1000UNIT.....	175	HM MINERAL OIL.....	190
HEMOFIL M INJ 1700UNIT.....	175	<i>hm mucus er tab 600mg</i>	138
HEMOFIL M INJ 250UNIT	175	<i>hm niacin tab 250mg</i>	275
HEMOFIL M INJ 500UNIT	175	<i>hm nicotine dis 14mg/24h</i>	254
<i>hemorrhoidal cre</i>	28	<i>hm nicotine dis 21mg/24h</i>	254
<i>heparin sodium (porcine) inj 1000</i>		<i>hm nicotine gum 2mg mint</i>	254
<i>unit/ml</i>	43	<i>hm nicotine gum 4mg mint</i>	254
<i>heparin sodium (porcine) inj 10000</i>		<i>hm nicotine loz 2mg mint</i>	254
<i>unit/ml</i>	43	<i>hm nicotine loz 4mg mint</i>	254
<i>heparin sodium (porcine) pf inj 5000</i>		<i>hm nighttime tab 25mg</i>	182
<i>unit/0.5ml</i>	44	HM ONE DAILY MIS PRENATAL.....	227
HETLIOZ CAP 20MG	184	<i>hm one daily tab /iron</i>	210
HEXALEN CAP 50MG.....	89	<i>hm rpd melt tab 160mg</i>	17
<i>hi-kovite tab 2-part</i>	215	<i>hm saline spr 0.65%</i>	235
<i>hi-potency tab multivit</i>	215	<i>hm senna tab 8.6mg</i>	192
HIZENTRA INJ 2GM/10ML	246	<i>hm triple oin antibiot</i>	144
<i>hm allergy tab 25mg</i>	71	<i>hm tussin liq adlt dm</i>	134
<i>hm allergy tab 4mg</i>	66	<i>hm tussin liq dm max</i>	134
<i>hm animal chw shapes</i>	232	<i>hm vit b12 tab 500mcg</i>	178
<i>hm antacid sus anti-gas</i>	30	<i>hm vit b6 tab 100mg</i>	275
<i>hm aspirin chw 81mg</i>	21	HORIZANT TAB 600MG ER.....	251
<i>hm aspirin tab 325mg</i>	21	HUMALOG INJ 100/ML	59
<i>hm b complex tab with c</i>	210	HUMALOG KWIK INJ 100/ML.....	59
<i>hm ca/vit d3 tab 600-800</i>	204	HUMALOG MIX INJ 50/50	59
<i>hm calcium tab citr+d</i>	204	HUMALOG MIX INJ 50/50KWP.....	59
<i>hm clearlax pow</i>	189	HUMALOG MIX INJ 75/25KWP.....	59
<i>hm complete tab</i>	215	HUMALOG MIX SUS 75/25.....	59
<i>hm complete tab 50+</i>	215	HUMATE-P SOL 2400UNIT	175

HUMATE-P SOL 500-1200	175	mg	26
HUMIRA INJ 10/0.1ML	7	hydrocodone-acetaminophen tab 7.5-500	26
HUMIRA INJ 10MG/0.2	7	mg	26
HUMIRA INJ 20/0.2ML	7	hydrocodone-acetaminophen tab 7.5-650	26
HUMIRA INJ 40/0.4ML	8	mg	26
HUMIRA KIT 20MG/0.4	8	hydrocodone-acetaminophen tab 7.5-750	27
HUMIRA KIT 40MG/0.8	8	mg	27
HUMIRA PEDIA INJ CROHNS.....	8	hydrocodone-ibuprofen tab 10-200 mg	27
HUMIRA PEN INJ 40/0.4ML.....	8	hydrocodone-ibuprofen tab 7.5-200 mg	27
HUMIRA PEN INJ 40MG/0.8	8		27
HUMIRA PEN INJ CD/UC/HS	8	hydrocort ac cre 1%	153
HUMIRA PEN INJ PS/UV	8	hydrocort cre 0.5%	153
HUMIRA PEN KIT CD/UC/HS	8	hydrocort cre 1%pls 10.....	153
HUMIRA PEN KIT PS/UV.....	8	hydrocort/ cre aloe 1%	153
humist spr 0.65%	235	hydrocortisone acetate-aloe vera cream	153
HUMULIN INJ 70/30	59	0.5%	153
HUMULIN INJ 70/30KWP.....	59	hydrocortisone cream 0.5%.....	153
HUMULIN N INJ U-100	59	hydrocortisone cream 1%	153
HUMULIN N INJ U-100KWP	59	hydrocortisone cream 2.5%.....	153
HUMULIN R INJ U-100	59	hydrocortisone enema 100 mg/60ml ..	28
HUMULIN R INJ U-500	59	hydrocortisone lotion 2.5%.....	154
hydralazine hcl tab 10 mg	86	hydrocortisone oint 0.5%	154
hydralazine hcl tab 100 mg	86	hydrocortisone oint 1%	154
hydralazine hcl tab 25 mg	86	hydrocortisone oint 2.5%	154
hydralazine hcl tab 50 mg	86	hydrocortisone tab 10 mg	129
hydrochlorothiazide cap 12.5 mg	162	hydrocortisone tab 20 mg	129
hydrochlorothiazide tab 12.5 mg	162	hydrocortisone tab 5 mg	129
hydrochlorothiazide tab 25 mg	162	hydrocortisone valerate cream 0.2%	154
hydrochlorothiazide tab 50 mg	162	hydrocortisone w/ acetic acid otic soln 1-	245
hydrocodone w/ homatropine syrup 5-	130	2%.....	245
hydrocodone-acetaminophen soln 7.5-	26	hydrocortisone-aloe vera cream 0.5%	154
325 mg/15ml	26	hydrocream cre 1%.....	154
hydrocodone-acetaminophen tab 10-325	27	hydrogesic cap 5-500mg	27
mg	27	hydro-lotion lot 1%	153
hydrocodone-acetaminophen tab 10-500	27	hydromet syp 5-1.5/5.....	131
mg	27	hydromorphone hcl tab 2 mg.....	23
hydrocodone-acetaminophen tab 10-650	27	hydromorphone hcl tab 4 mg.....	23
mg	27	hydromorphone hcl tab er 24hr deter	12
hydrocodone-acetaminophen tab 2.5-500	26	mg	23
mg	26	hydromorphone hcl tab er 24hr deter	16
hydrocodone-acetaminophen tab 5-325	26	mg	23
mg	26	hydromorphone hcl tab er 24hr deter	32
hydrocodone-acetaminophen tab 5-500	26	mg	23
mg	26	hydromorphone hcl tab er 24hr deter	8
hydrocodone-acetaminophen tab 7.5-325	26	mg	23
		hydrophor oin	156

<i>hydroskin cre 1%</i>	154	<i>ibuprofen ib tab 200mg</i>	11
<i>hydroxychloroquine sulfate tab 200 mg</i>	87	<i>ibuprofen jr chw 100mg</i>	11
HYDROXYPROG POW CAPROATE	122	<i>ibuprofen js chw 100mg</i>	11
<i>hydroxyprogesterone caproate im in oil</i> <i>1.25 gm/5ml</i>	90	<i>ibuprofen sus 100/5ml</i>	11
<i>hydroxyprogesterone caproate im in oil</i> <i>250 mg/ml</i>	248	<i>ibuprofen tab 200 mg</i>	11
<i>hydroxyurea cap 500 mg</i>	93	<i>ibuprofen tab 400 mg</i>	11
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	34	<i>ibuprofen tab 600 mg</i>	11
<i>hydroxyzine hcl tab 10 mg</i>	35	<i>ibuprofen tab 800 mg</i>	11
<i>hydroxyzine hcl tab 25 mg</i>	35	<i>icaps cap</i>	215
<i>hydroxyzine hcl tab 50 mg</i>	35	<i>icaps lutein cap /omega-3</i>	215
<i>hydroxyzine pamoate cap 100 mg</i>	35	<i>icaps mv tab</i>	215
<i>hydroxyzine pamoate cap 25 mg</i>	35	ICLUSIG TAB 15MG	91
<i>hydroxyzine pamoate cap 50 mg</i>	35	ICLUSIG TAB 45MG	91
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	267	<i>iferex 150 cap</i>	181
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	267	<i>iferex 150 cap forte</i>	180
<i>hyoscyamine sulfate tab 0.125 mg</i>	267	<i>imatinib mesylate tab 100 mg (base</i> <i>equivalent)</i>	91
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	267	<i>imatinib mesylate tab 400 mg (base</i> <i>equivalent)</i>	91
<i>hyoscyamine sulfate tab er 12hr 0.375</i> <i>mg</i>	267	IMBRUVICA CAP 140MG	91
<i>hyosyne dro 0.125/ml</i>	267	<i>imipramine hcl tab 10 mg</i>	53
<i>hyosyne elx 0.125/5</i>	268	<i>imipramine hcl tab 25 mg</i>	53
HYPERRHO S/D INJ 50MCG	246	<i>imipramine hcl tab 50 mg</i>	53
<i>hypotears oin op</i>	239	<i>imiquimod cream 5%</i>	156
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HYQVIA INJ 2.5-200.....	246	INCRELEX INJ 40MG/4ML	164
HYQVIA INJ 20-1600	246	INCRUSE ELPT INH 62.5MCG	38
HYQVIA INJ 30-2400	246	<i>indapamide tab 1.25 mg</i>	162
HYQVIA INJ 5-400	246	<i>indapamide tab 2.5 mg</i>	162
I		<i>indomethacin cap 25 mg</i>	11
<i>ibandronate sodium tab 150 mg (base</i> <i>equivalent)</i>	163	<i>indomethacin cap 50 mg</i>	11
IBRANCE CAP 100MG	91	<i>inf silapap dro 80/0.8ml</i>	17
IBRANCE CAP 125MG	91	INFERGEN INJ 15MCG.....	110
IBRANCE CAP 75MG	91	<i>inst ear-dry dro 95-5%</i>	245
<i>ibu-drops dro 40mg/ml</i>	10	<i>instacort 5 cre 0.5%</i>	154
<i>ibu-drops dro 50/1.25</i>	11	INSULIN PEN NEEDLES	198
<i>ibuprfn liqd cap 200mg</i>	11	INSULIN SYRINGES	198
<i>ibuprofen cap 200 mg</i>	11	INTELENCE TAB 100MG	106
<i>ibuprofen ch sus 100/5ml</i>	11	INTELENCE TAB 200MG	106
<i>ibuprofen dro 50/1.25</i>	11	INTELENCE TAB 25MG	106
<i>ibuprofen ib chw 100mg</i>	11	INTRON A INJ 10MU	93
		INTRON A INJ 18MU	93
		INTRON A INJ 25MU	93
		INTRON A INJ 50MU	93
		<i>introvale tab</i>	124
		INVEGA SUST INJ 117/0.75.....	97

INVEGA SUST INJ 156MG/ML	97	mg	34
INVEGA SUST INJ 234/1.5	97	isosorbide mononitrate tab er 24hr 30	
INVEGA SUST INJ 39/0.25	97	mg	33
INVEGA SUST INJ 78/0.5ML	97	isosorbide mononitrate tab er 24hr 60	
INVEGA TRINZ INJ 273MG	97	mg	33
INVEGA TRINZ INJ 410MG	97	isotretinoin cap 10 mg	142
INVEGA TRINZ INJ 546MG	97	isotretinoin cap 20 mg	142
INVEGA TRINZ INJ 819MG	97	isotretinoin cap 30 mg	142
INVIRASE CAP 200MG	107	isotretinoin cap 40 mg	142
INVIRASE TAB 500MG	107	isradipine cap 2.5 mg	117
ipratropium bromide inhal soln 0.02%	38	isradipine cap 5 mg	117
ipratropium bromide nasal soln 0.03%		itchy eye dro 0.025%op	243
(21 mcg/spray)	236	itraconazole cap 100 mg	66
ipratropium bromide nasal soln 0.06%		ivermectin tab 3 mg	32
(42 mcg/spray)	236	i-vite prote tab	215
ipratropium-albuterol nebu soln 0.5-		i-vite tab	215
2.5(3) mg/3ml	40	J	
i-prin tab 200mg	10	JAKAFI TAB 10MG	91
irbesartan tab 150 mg	82	JAKAFI TAB 15MG	91
irbesartan tab 300 mg	82	JAKAFI TAB 20MG	91
irbesartan tab 75 mg	82	JAKAFI TAB 25MG	91
irbesartan-hydrochlorothiazide tab 150-		JAKAFI TAB 5MG	91
12.5 mg	85	jantoven tab 10mg	42
irbesartan-hydrochlorothiazide tab 300-		jantoven tab 1mg	42
12.5 mg	85	jantoven tab 2.5mg	42
iron chw pediatri	181	jantoven tab 2mg	42
iron complex cap	180	jantoven tab 3mg	42
iron slow tab 45mg	181	jantoven tab 4mg	42
iron supplem tab therapy	181	jantoven tab 5mg	42
iron supplmt dro 15mg/ml	181	jantoven tab 6mg	42
ISENTRESS CHW 100MG	107	jantoven tab 7.5mg	42
ISENTRESS CHW 25MG	107	JARDIANCE TAB 10MG	260
ISENTRESS HD TAB 600MG	107	JARDIANCE TAB 25MG	260
ISENTRESS TAB 400MG	107	jck itch pow aer 1%	146
isonarif cap	88	jencycla tab 0.35mg	128
isoniazid syrup 50 mg/5ml	88	jock itch aer 1%	146
isoniazid tab 100 mg	88	jock itch cre 1%	146
isoniazid tab 300 mg	88	jolessa tab	124
isosorbide dinitrate sl tab 2.5 mg	33	jolivette tab 0.35mg	128
isosorbide dinitrate tab 10 mg	33	JULUCA TAB 50-25MG	105
isosorbide dinitrate tab 20 mg	33	junel 1.5/30 tab	124
isosorbide dinitrate tab 30 mg	33	junel 1/20 tab	124
isosorbide dinitrate tab 5 mg	33	junel fe tab 1.5/30	124
isosorbide mononitrate tab 10 mg	33	junel fe tab 1/20	124
isosorbide mononitrate tab 20 mg	33	junior mapap tab 160mg rt	17
isosorbide mononitrate tab er 24hr 120		just tears sol eye drop	239

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KALETRA TAB 100-25MG	107	<i>cls aspirin tab 325mg ec</i>	21
KALETRA TAB 200-50MG	107	<i>cls aspirin tab 81mg ec</i>	21
KALYDECO PAK 50MG.....	260	<i>cls fiber tb tab 625mg</i>	185
KALYDECO PAK 75MG.....	260	<i>cls hydrocrt cre pls 1%</i>	154
KALYDECO TAB 150MG.....	260	<i>cls ibuprofn tab 200mg</i>	12
<i>kapectate sus 262/15ml.....</i>	62	<i>cls naproxen tab 220mg</i>	12
<i>kao-tin cap 240mg.....</i>	195	<i>cls quit2 gum 2mg</i>	254
<i>kao-tin sus 262/15ml</i>	62	<i>cls quit4 gum 4mg</i>	255
<i>karidium dro 0.125mg</i>	206	KOATE INJ 1000UNIT.....	175
<i>karigel gel 0.5%</i>	209	KOATE INJ 250UNIT	175
<i>karigel-n gel 1.1%</i>	209	KOATE INJ 500 UNIT	175
<i>kariva tab 28 day.....</i>	124	KOATE-DVI INJ 1000UNIT	175
<i>k-effervesce tab 25meq ef</i>	208	KOATE-DVI INJ 250UNIT	175
<i>kelnor tab 1/35</i>	124	KOATE-DVI INJ 500UNIT	175
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<i>kericort 10 cre 1%</i>	154	KOGENATE FS INJ 250UNIT	175
KERYDIN SOL 5%	146	KOGENATE FS INJ 500UNIT	175
KETEK PAK TAB 400MG	32	KOMBIGLYZ XR TAB 2.5-1000.....	55
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<i>ketoconazole cream 2%.....</i>	146	<i>konsyl cap 520mg</i>	185
<i>ketoconazole shampoo 2%.....</i>	146	KONSYL DAILY POW 100%	185
<i>ketoconazole tab 200 mg.....</i>	66	<i>konsyl daily pow 28.3%</i>	185
<i>ketoprofen cap 50 mg</i>	11	KONSYL DAILY POW 28.3%	185
<i>ketoprofen cap 75 mg</i>	11	<i>konsyl fiber tab 625mg</i>	185
<i>ketorolac tromethamine ophth soln 0.4%</i>	243	<i>konsyl pow 30.9%.....</i>	185
<i>ketorolac tromethamine ophth soln 0.5%</i>	243	KONSYL-D POW 52.3%	185
<i>ketorolac tromethamine tab 10 mg</i>	11	KOVALTRY INJ 1000UNIT	175
<i>ketotif fum dro 0.025%op.....</i>	243	KOVALTRY INJ 2000UNIT	175
<i>ketotifen fumarate ophth soln 0.025% (base equiv).....</i>	243	KOVALTRY INJ 250UNIT	175
KEVZARA INJ 150/1.14.....	9	KOVALTRY INJ 3000UNIT	175
KEVZARA INJ 200/1.14.....	9	KOVALTRY INJ 500UNIT	175
KINERET INJ	9	<i>kp adult 50+ tab daily</i>	216
<i>kionex pow</i>	113	<i>kp adults tab daily.....</i>	216
<i>kionex sus 15gm/60.....</i>	113	<i>kp aspirin tab 81mg ec</i>	21
<i>klor-con 10 tab 10meq er</i>	208	<i>kp b complex tab /c.....</i>	210
<i>klor-con 8 tab 8meq er.....</i>	208	<i>kp bisacodyl tab 5mg ec.....</i>	192
<i>klor-con m10 tab 10meq er.....</i>	208	<i>kp ca/mg/zn tab</i>	204
<i>klor-con m20 tab 20meq er.....</i>	208	<i>kp calcium tab 600+d.....</i>	204
<i>klor-con/ef tab 25meq fr.....</i>	208	<i>kp loratadin tab 10mg</i>	75
<i>cls allergy tab 25mg.....</i>	71	<i>kp mens 50+ tab daily.....</i>	216
<i>cls anti-dia tab 2mg</i>	63	<i>kp mens tab daily.....</i>	216
		<i>kp omega-3 cap 1200mg</i>	238
		<i>kp women 50+ tab daily</i>	216
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KROG GLUCOSE CHW RASPBERRY	57	<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	170
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<i>ks ibuprofen cap 200mg</i>	12	<i>larin tab 1.5/30</i>	124
<i>kurvelo tab 0.15/30</i>	124	<i>larin tab 1/20</i>	124
<i>k-vescent tab 25meq ef</i>	208	LASTACRAFT SOL 0.25%.....	243
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L		LATUDA TAB 120MG	96
<i>labetalol hcl tab 100 mg</i>	113	LATUDA TAB 20MG.....	96
<i>labetalol hcl tab 200 mg</i>	113	LATUDA TAB 40MG.....	96
<i>labetalol hcl tab 300 mg</i>	113	LATUDA TAB 60MG.....	96
LACRISERT MIS 5MG OP.....	239	LATUDA TAB 80MG.....	96
<i>lactic acid (ammonium lactate) cream 12%</i>	156	<i>lax/stl soft tab 8.6-50mg</i>	187
<i>lactic acid (ammonium lactate) lotion 12%</i>	156	<i>laxa basic cap 100mg</i>	195
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	170	<i>laxacin tab 8.6-50mg</i>	187
<i>lactulose solution 10 gm/15ml</i>	189	<i>laxaclear pow</i>	189
<i>lamisil af aer 1%</i>	146	<i>laxative chw 15mg</i>	192
<i>lamivudine oral soln 10 mg/ml</i>	107	<i>laxative pls tab 8.6-50mg</i>	187
<i>lamivudine tab 100 mg (hbv)</i>	107	<i>laxative tab 25mg</i>	192
<i>lamivudine tab 150 mg</i>	107	<i>laxative tab 5mg ec</i>	192
<i>lamivudine tab 300 mg</i>	107	<i>laxative tab max-str</i>	192
<i>lamivudine-zidovudine tab 150-300 mg</i>	107	<i>laxative tab w/senna</i>	192
<i>lamotrigine tab 100 mg</i>	45	LEDIP-SOFOSB TAB 90-400MG	110
<i>lamotrigine tab 150 mg</i>	45	<i>leena tab</i>	124
<i>lamotrigine tab 200 mg</i>	45	<i>leflunomide tab 10 mg</i>	14
<i>lamotrigine tab 25 mg</i>	45	<i>leflunomide tab 20 mg</i>	14
<i>lamotrigine tab chewable dispersible 25 mg</i>	45	LENVIMA CAP 10 MG	91
<i>lamotrigine tab chewable dispersible 5 mg</i>	45	LENVIMA CAP 14 MG	91
<i>lanabiotic oin</i>	144	LENVIMA CAP 20 MG	91
<i>lanacort 10 cre 1%</i>	154	LENVIMA CAP 24 MG	91
LANCETS	198	<i>lessina tab</i>	124
<i>land bfr tim chw vit/c</i>	233	LETAIRIS TAB 10MG	120
<i>land bfr tim chw vit/iron</i>	231	LETAIRIS TAB 5MG.....	120
LANOXIN TAB 0.125MG	119	<i>letrozole tab 2.5 mg</i>	90
LANOXIN TAB 0.25MG	119	<i>leucovorin calcium tab 10 mg</i>	93
<i>lansoprazole cap 15mg dr</i>	270	<i>leucovorin calcium tab 15 mg</i>	93
<i>lansoprazole cap delayed release 15 mg</i>	271	<i>leucovorin calcium tab 25 mg</i>	93
		<i>leucovorin calcium tab 5 mg</i>	93
		LEUKERAN TAB 2MG.....	89
		LEUKINE INJ 250MCG	179
		<i>leuprolide acetate inj kit 5 mg/ml</i>	90

<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	40
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	40
LEVATOL TAB 20MG	114
LEVEMIR INJ	60
LEVEMIR INJ FLEXTouc.....	60
<i>levetiracetam oral soln 100 mg/ml</i>	45
<i>levetiracetam tab 1000 mg</i>	46
<i>levetiracetam tab 250 mg</i>	45
<i>levetiracetam tab 500 mg</i>	45
<i>levetiracetam tab 750 mg</i>	45
<i>levetiracetam tab er 24hr 500 mg</i>	46
<i>levetiracetam tab er 24hr 750 mg</i>	46
<i>levobunolol hcl ophth soln 0.25%</i>	240
<i>levobunolol hcl ophth soln 0.5%</i>	240
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	164
<i>levocarnitine tab 330 mg</i>	164
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	75
<i>levocetirizine dihydrochloride tab 5 mg</i> 75	
<i>levofloxacin ophth soln 0.5%</i>	241
<i>levofloxacin oral soln 25 mg/ml</i>	167
<i>levofloxacin tab 250 mg</i>	167
<i>levofloxacin tab 500 mg</i>	167
<i>levofloxacin tab 750 mg</i>	167
<i>levonest tab</i>	124
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	125
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	125
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	125
<i>levonorgestrel tab 1.5 mg</i>	128
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	124
<i>levora-28 tab 0.15/30</i>	125
<i>levorphanol tartrate tab 2 mg</i>	23
<i>levo-t tab 300 mcg</i>	262
<i>levothyroxine sodium tab 100 mcg</i>	262
<i>levothyroxine sodium tab 112 mcg</i>	262
<i>levothyroxine sodium tab 125 mcg</i>	262
<i>levothyroxine sodium tab 137 mcg</i>	262
<i>levothyroxine sodium tab 150 mcg</i>	262
<i>levothyroxine sodium tab 175 mcg</i>	262
<i>levothyroxine sodium tab 200 mcg</i> ...	262
<i>levothyroxine sodium tab 25 mcg</i>	262
<i>levothyroxine sodium tab 300 mcg</i> ...	262
<i>levothyroxine sodium tab 50 mcg</i>	262
<i>levothyroxine sodium tab 75 mcg</i>	262
<i>levothyroxine sodium tab 88 mcg</i>	262
<i>levoxyl tab 100mcg</i>	263
<i>levoxyl tab 112mcg</i>	263
<i>levoxyl tab 125mcg</i>	263
<i>levoxyl tab 137mcg</i>	263
<i>levoxyl tab 150mcg</i>	263
<i>levoxyl tab 175mcg</i>	263
<i>levoxyl tab 200mcg</i>	263
<i>levoxyl tab 25mcg</i>	262
<i>levoxyl tab 50mcg</i>	262
<i>levoxyl tab 75mcg</i>	262
<i>levoxyl tab 88mcg</i>	263
<i>lice bedding aer</i>	158
<i>lice bedding aer 0.5%</i>	158
<i>lice killing sha</i>	158
<i>lice killing sha 0.33-4%</i>	158
<i>lice soln kit</i>	158
<i>lice soln kit complete</i>	158
<i>lice treatmt lot 1%</i>	158
<i>lice treatmt sha 0.33-4%</i>	158
<i>lice trtmnt liq 1%</i>	158
<i>lice trtmnt liq crm rnse</i>	158
<i>licide aer 0.5%</i>	158
<i>licide comp kit treatmnt</i>	158
<i>licide liq max st</i>	158
<i>licide sha 0.33-4%</i>	158
<i>lidocaine hcl soln 4%</i>	157
<i>lidocaine hcl urethral/mucosal gel 2%</i> 157	
<i>lidocaine hcl viscous soln 2%</i>	209
<i>lidocaine patch 5%</i>	157
<i>lidocaine-prilocaine cream 2.5-2.5%</i> . 157	
<i>lidocream cre 4%</i>	157
<i>life pack tab mens</i>	216
<i>life pack tab womens</i>	216
LILETTA IUD 52MG	128
<i>lindane lotion 1%</i>	158
<i>lindane shampoo 1%</i>	158
<i>linezolid for susp 100 mg/5ml</i>	33
<i>linezolid tab 600 mg</i>	33
LINZESS CAP 145MCG	170
LINZESS CAP 290MCG	170

<i>liothyronine sodium iv soln 10 mcg/ml</i>	
.....	263
<i>liothyronine sodium tab 25 mcg</i>	263
<i>liothyronine sodium tab 5 mcg</i>	263
<i>liothyronine sodium tab 50 mcg</i>	263
<i>liq ca/vit d cap 600mg</i>	204
<i>liquibid tab 400mg</i>	139
<i>liquitears sol</i>	239
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	85
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	85
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	85
<i>lisinopril tab 10 mg</i>	81
<i>lisinopril tab 2.5 mg</i>	81
<i>lisinopril tab 20 mg</i>	81
<i>lisinopril tab 30 mg</i>	81
<i>lisinopril tab 40 mg</i>	81
<i>lisinopril tab 5 mg</i>	81
<i>lithium carbonate cap 150 mg</i>	96
<i>lithium carbonate cap 300 mg</i>	96
<i>lithium carbonate cap 600 mg</i>	96
<i>lithium carbonate tab 300 mg</i>	96
<i>lithium carbonate tab er 300 mg</i>	96
<i>lithium carbonate tab er 450 mg</i>	96
<i>LITHIUM SOL 8MEQ/5ML</i>	96
<i>little anima chw plus fe</i>	231
<i>little chw animals</i>	233
<i>little noses dro stof nos</i>	235
<i>little noses spr 0.65%</i>	235
<i>little remed liq 160/5ml</i>	17
<i>little remed sus 20/.03ml</i>	168
<i>LITTLE TUMMY DRO 20/0.3ML</i>	168
<i>little tummy sol nausea</i>	65
<i>LIVALO TAB 1MG</i>	79
<i>LIVALO TAB 2MG</i>	79
<i>LIVALO TAB 4MG</i>	79
<i>lomustine cap 10 mg</i>	89
<i>lomustine cap 100 mg</i>	89
<i>lomustine cap 40 mg</i>	89
<i>LONSURF TAB 15-6.14</i>	88
<i>LONSURF TAB 20-8.19</i>	88
<i>loperamide cap 2mg</i>	63
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i>	63
<i>loperamide sus 1mg/7.5</i>	63
<i>loperamide tab 2mg</i>	63
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	107
<i>loradamed tab 10mg</i>	75
<i>loratadine d tab 5-120mg</i>	134
<i>loratadine syp 5mg/5ml</i>	75
<i>loratadine tab 10 mg</i>	75
<i>loratadine tab 10mg</i>	75
<i>lorata-dine tab d 24hr</i>	134
<i>loratadine-d tab 10-240mg</i>	134
<i>loratadine-d tab 5-120mg</i>	134
<i>lorazepam conc 2 mg/ml</i>	36
<i>lorazepam tab 0.5 mg</i>	36
<i>lorazepam tab 1 mg</i>	36
<i>lorazepam tab 2 mg</i>	36
<i>loryna tab 3-0.02mg</i>	125
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	85
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	86
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	85
<i>losartan potassium tab 100 mg</i>	82
<i>losartan potassium tab 25 mg</i>	82
<i>losartan potassium tab 50 mg</i>	82
<i>LOTEMAX GEL 0.5%</i>	242
<i>LOTEMAX OIN 0.5%</i>	242
<i>LOTEMAX SUS 0.5%</i>	242
<i>lotrimin af aer 2%</i>	146
<i>lotrimin af pow 2%</i>	146
<i>lovastatin tab 10 mg</i>	79
<i>lovastatin tab 20 mg</i>	79
<i>lovastatin tab 40 mg</i>	79
<i>low-ogestrel tab</i>	125
<i>loxapine succinate cap 10 mg</i>	100
<i>loxapine succinate cap 25 mg</i>	100
<i>loxapine succinate cap 5 mg</i>	100
<i>loxapine succinate cap 50 mg</i>	100
<i>lubricant dro 0.4-0.3%</i>	239
<i>lubricant dro eye</i>	239
<i>lubricant oin eye</i>	239
<i>lubricating dro 0.5%</i>	239
<i>lubricnt eye dro</i>	239
<i>lubricnt eye dro 0.4-0.3%</i>	239
<i>lubricnt eye dro 0.5% op</i>	239

<i>lubricnt eye oin fast act</i>	239	<i>mag-al plus liq xs</i>	30
<i>ludent chw 0.25mg f</i>	206	<i>magdelay tab 70mg</i>	207
<i>ludent chw 0.5mg f</i>	206	<i>mag-g tab 500mg</i>	207
<i>ludent chw 1mg f</i>	206	<i>magic bullet sup 10mg</i>	192
<i>luliconazole cream 1%</i>	146	<i>magnesium citrate soln</i>	190
LUMIGAN SOL 0.01%	244	<i>magnesium gluconate tab 27.5 mg</i>	
LUMIGAN SOL 0.03%	244	<i>(elemental mg)</i>	207
LUPANETA KIT 11.25-5	164	<i>magnesium gluconate tab 500 mg (27</i>	
LUPANETA KIT 3.75-5	164	<i>mg elemental mg)</i>	207
LUPR DEP-PED INJ 11.25MG	164	<i>magnesium oxide cap 500 mg (elemental</i>	
LUPR DEP-PED INJ 15MG	164	<i>mg)</i>	207
LUPR DEP-PED INJ 3M 30MG	164	<i>magnesium oxide tab 250 mg</i>	31
LUPR DEP-PED INJ 7.5MG	164	<i>magnesium oxide tab 250 mg (mg</i>	
LUPRON DEPOT INJ 22.5MG	90	<i>supplement)</i>	207
LUPRON DEPOT INJ 3.75MG	90	<i>magnesium oxide tab 400 mg (240 mg</i>	
<i>luterat tab</i>	125	<i>elemental mg)</i>	31
LUZU CRE 1%	146	<i>magnesium oxide tab 400 mg (241.3 mg</i>	
LYNPARZA CAP 50MG	92	<i>elemental mg)</i>	207
LYNPARZA TAB 100MG	92	<i>magnesium oxide tab 420 mg</i>	31
LYNPARZA TAB 150MG	92	<i>magnesium oxide tab 500 mg (mg</i>	
LYRICA CAP 100MG	46	<i>supplement)</i>	207
LYRICA CAP 150MG	46	<i>magnesium tab 200 mg</i>	207
LYRICA CAP 200MG	46	<i>magnesium tab 250mg</i>	31, 207
LYRICA CAP 225MG	46	<i>magnesium tab 400 mg</i>	207
LYRICA CAP 25MG	46	<i>magnesium-ox tab 400mg</i>	207
LYRICA CAP 300MG	46	<i>magonate tab 500mg</i>	207
LYRICA CAP 50MG	46	<i>mag-sr tab 535mg</i>	207
LYRICA CAP 75MG	46	<i>malathion lotion 0.5%</i>	158
<i>lysiplex liq plus</i>	216	<i>mapap apap liq 500/15ml</i>	17
<i>lysiplex tab plus</i>	216	<i>mapap cap 500mg</i>	17
LYSODREN TAB 500MG	90	<i>mapap child chw 80mg</i>	17
<i>lyza tab 0.35mg</i>	128	<i>mapap childr sus 160/5ml</i>	17
M		<i>mapap chw 80mg</i>	17
<i>maalox advan sus max st</i>	30	<i>mapap liq 160/5ml</i>	17
<i>maalox child chw</i>	31	<i>mapap tab 325mg</i>	17
<i>maalox max sus cherry</i>	30	<i>mapap tab 500mg</i>	17
<i>maalox max sus lemon</i>	30	<i>mapap tab 500mg/rr</i>	17
<i>maalox max sus wild bry</i>	30	<i>maprotiline hcl tab 25 mg</i>	49
<i>maalox multi sus symp max</i>	30	<i>maprotiline hcl tab 50 mg</i>	49
MABIS COSMO MIS NEBULIZR	198	<i>maprotiline hcl tab 75 mg</i>	49
<i>macuvite tab</i>	216	<i>marlissa tab 0.15/30</i>	125
<i>macuvite tab eye care</i>	216	MARPLAN TAB 10MG	50
<i>macuvite tab lutein</i>	216	<i>marten-tab tab 50-325mg</i>	15
<i>mag citrate sol cherry</i>	190	MATULANE CAP 50MG	93
<i>mag citrate sol lemon</i>	190	MAVYRET TAB 100-40MG	110
<i>mag-al plus liq</i>	30	<i>max daily tab green</i>	216

<i>maxapap rs tab 325mg</i>	17	MEKINIST TAB 2MG.....	92
<i>maxapap tab 500mg</i>	17	<i>melatin tab 3-1mg</i>	7
<i>maximum tab blue lab</i>	216	<i>melatonin cap 3 mg</i>	6
<i>maximum tab green lb</i>	216	<i>melatonin cap 5 mg</i>	6
<i>maximum tab red labl</i>	216	MELATONIN LIQ 1MG/4ML.....	6
<i>meclizine hcl chew tab 25 mg</i>	64	<i>melatonin tab 1 mg</i>	6
<i>meclizine hcl tab 12.5 mg</i>	64	<i>melatonin tab 3 mg</i>	6
<i>meclizine hcl tab 25 mg</i>	64	<i>melatonin tab 300 mcg</i>	6
<i>meclofenamate sodium cap 100 mg</i>	12	<i>melatonin tab 5 mg</i>	6
<i>meclofenamate sodium cap 50 mg</i>	12	<i>melatonin tab 5mg</i>	6
<i>med-derm hc cre 0.5%</i>	154	<i>melatonin tab er 10 mg</i>	6
<i>med-derm hc cre 1%</i>	154	<i>melatonin tab max st</i>	6
<i>medi-bismuth chw 262mg</i>	62	<i>melatonin tab vit b-6</i>	7
<i>medifin 400 tab 400mg</i>	139	<i>melatonin tablet disintegrating 5 mg</i>	7
<i>medi-laxx cap 8.6-50mg</i>	187	<i>melatonin tr tab /vit-b6</i>	7
<i>medi-mucil cap 0.52gm</i>	185	<i>melatonin-pyridoxine tab 3-2 mg</i>	7
<i>medi-natural tab 8.6mg</i>	192	<i>meloxicam tab 15 mg</i>	12
<i>medi-phedryl cap 25mg</i>	71	<i>meloxicam tab 7.5 mg</i>	12
<i>mediplex tab plus</i>	216	<i>melphalan tab 2 mg</i>	89
<i>medi-profen cap 200mg</i>	12	<i>memantine hcl cap er 24hr 14 mg</i>	249
<i>medi-profen sus 100/5ml</i>	12	<i>memantine hcl cap er 24hr 21 mg</i>	249
<i>medi-profen tab 200mg</i>	12	<i>memantine hcl cap er 24hr 28 mg</i>	249
<i>mediproxen tab 220mg</i>	12	<i>memantine hcl cap er 24hr 7 mg</i>	249
<i>medi-tabs tab 500mg</i>	18	<i>memantine hcl oral solution 2 mg/ml</i>	249
<i>medi-tuss dm liq diabetic</i>	134	<i>memantine hcl tab 10 mg</i>	249
<i>medi-tussin syp dm</i>	134	<i>memantine hcl tab 5 mg</i>	249
<i>medroxyprogesterone acetate im susp</i>		<i>memantine hcl tab 5 mg (28) & 10 mg</i>	
<i>150 mg/ml</i>	128	<i>(21) titration pak</i>	249
<i>medroxyprogesterone acetate im susp</i>		MENEST TAB 0.3MG	167
<i>prefilled syr 150 mg/ml</i>	128	MENEST TAB 0.625MG.....	167
<i>medroxyprogesterone acetate tab 10 mg</i>		MENEST TAB 1.25MG.....	167
.....	248	MENEST TAB 2.5MG	167
<i>medroxyprogesterone acetate tab 2.5</i>		<i>mens 50+ adv tab one daly</i>	217
<i>mg</i>	248	<i>mens daily cap lycopene</i>	217
<i>medroxyprogesterone acetate tab 5 mg</i>		MENTAX CRE 1%	146
.....	248	<i>meperidine hcl oral soln 50 mg/5ml</i>	23
<i>mefenamic acid cap 250 mg</i>	12	<i>meperidine hcl tab 100 mg</i>	23
<i>mefloquine hcl tab 250 mg</i>	87	<i>meperidine hcl tab 50 mg</i>	23
<i>mega multi tab men</i>	216	MEPHYTON TAB 5MG	274
<i>mega multi tab women</i>	216	<i>meprobamate tab 200 mg</i>	35
<i>mega vm-80 tab</i>	216	<i>meprobamate tab 400 mg</i>	35
<i>megestrol acetate susp 40 mg/ml</i>	90	<i>mercaptapurine tab 50 mg</i>	89
<i>megestrol acetate tab 20 mg</i>	90	<i>mesalamine tab delayed release 800 mg</i>	
<i>megestrol acetate tab 40 mg</i>	90		169
<i>meijer sus antacid</i>	30	<i>metadate tab 20mg er</i>	4
MEKINIST TAB 0.5MG.....	92	METAMUCIL POW 28%ORG	185

<i>metamucil pow 28.3%org</i>	185	<i>equiv)</i>	89
METAMUCIL POW 55.46%.....	185	<i>methscopolamine bromide tab 2.5 mg</i>	
METAMUCIL POW 58.12%.....	185		268
<i>metamucil pow 58.6%</i>	185	<i>methscopolamine bromide tab 5 mg</i> .	268
<i>metamucil pow 58.6%org</i>	185	<i>methyclothiazide tab 5 mg</i>	162
METAMUCIL POW CLEAR.....	186	<i>methyldopa tab 250 mg</i>	84
METAMUCIL WAF	186	<i>methyldopa tab 500 mg</i>	84
<i>metaproterenol sulfate syrup 10 mg/5ml</i>		<i>methylphenidate hcl cap er 10 mg (cd)</i> .4	
.....	40	<i>methylphenidate hcl cap er 20 mg (cd)</i> .4	
<i>metaproterenol sulfate tab 10 mg</i>	40	<i>methylphenidate hcl cap er 24hr 10 mg</i>	
<i>metaproterenol sulfate tab 20 mg</i>	40	(la).....	4
<i>metaxalone tab 800 mg</i>	234	<i>methylphenidate hcl cap er 24hr 20 mg</i>	
<i>metformin hcl tab 1000 mg</i>	56	(la).....	4
<i>metformin hcl tab 500 mg</i>	56	<i>methylphenidate hcl cap er 24hr 30 mg</i>	
<i>metformin hcl tab 850 mg</i>	56	(la).....	4
<i>metformin hcl tab er 24hr 500 mg</i>	56	<i>methylphenidate hcl cap er 24hr 40 mg</i>	
<i>metformin hcl tab er 24hr 750 mg</i>	56	(la).....	5
<i>methadone hcl soln 10 mg/5ml</i>	24	<i>methylphenidate hcl cap er 30 mg (cd)</i> .5	
<i>methadone hcl soln 5 mg/5ml</i>	23	<i>methylphenidate hcl cap er 40 mg (cd)</i> .5	
<i>methadone hcl tab 10 mg</i>	24	<i>methylphenidate hcl cap er 50 mg (cd)</i> .5	
<i>methadone hcl tab 5 mg</i>	24	<i>methylphenidate hcl cap er 60 mg (cd)</i> .5	
<i>methamphetamine hcl tab 5 mg</i>	2	<i>methylphenidate hcl soln 10 mg/5ml</i>	5
<i>methazolamide tab 25 mg</i>	160	<i>methylphenidate hcl soln 5 mg/5ml</i>	5
<i>methazolamide tab 50 mg</i>	160	<i>methylphenidate hcl tab 10 mg</i>	5
<i>methenamine hippurate tab 1 gm</i>	271	<i>methylphenidate hcl tab 20 mg</i>	5
<i>methergine tab 0.2mg</i>	245	<i>methylphenidate hcl tab 5 mg</i>	5
<i>methimazole tab 10 mg</i>	261	<i>methylphenidate hcl tab er 10 mg</i>	5
<i>methimazole tab 5 mg</i>	261	<i>methylphenidate hcl tab er 20 mg</i>	5
METHITEST TAB 10MG.....	28	<i>methylphenidate hcl tab er 24hr 36 mg</i> 5	
<i>methocarbamol tab 500 mg</i>	234	<i>methylphenidate hcl tab er osmotic</i>	
<i>methocarbamol tab 750 mg</i>	235	<i>release (osm) 18 mg</i>	5
<i>methotrexate sodium inj 250 mg/10ml</i>		<i>methylphenidate hcl tab er osmotic</i>	
(25 mg/ml)	87	<i>release (osm) 27 mg</i>	6
<i>methotrexate sodium inj 50 mg/2ml (25</i>		<i>methylphenidate hcl tab er osmotic</i>	
<i>mg/ml)</i>	87	<i>release (osm) 36 mg</i>	6
<i>methotrexate sodium inj pf 100 mg/4ml</i>		<i>methylphenidate hcl tab er osmotic</i>	
(25 mg/ml)	87	<i>release (osm) 54 mg</i>	6
<i>methotrexate sodium inj pf 1000</i>		<i>methylprednisolone tab 16 mg</i>	130
<i>mg/40ml (25 mg/ml)</i>	87	<i>methylprednisolone tab 32 mg</i>	130
<i>methotrexate sodium inj pf 200 mg/8ml</i>		<i>methylprednisolone tab 4 mg</i>	129
(25 mg/ml)	87	<i>methylprednisolone tab 8 mg</i>	129
<i>methotrexate sodium inj pf 250 mg/10ml</i>		<i>methylprednisolone tab therapy pack 4</i>	
(25 mg/ml)	87	<i>mg (21)</i>	130
<i>methotrexate sodium inj pf 50 mg/2ml</i>		<i>metipranolol ophth soln 0.3%</i>	240
(25 mg/ml)	87	<i>metoclopramide hcl soln 5 mg/5ml (10</i>	
<i>methotrexate sodium tab 2.5 mg (base</i>		<i>mg/10ml) (base equiv)</i>	169

<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	169	<i>miconazole nitrate vaginal cream 2%</i>	273
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	169	<i>miconazole nitrate vaginal suppos</i>	100
<i>metolazone tab 10 mg</i>	162	<i>mg</i>	273
<i>metolazone tab 2.5 mg</i>	162	<i>miconazorb pow af 2%</i>	146
<i>metolazone tab 5 mg</i>	162	<i>MICRHOGAM PL INJ 50MCG</i>	246
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	114	<i>micro guard pow 2%</i>	146
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	114	<i>microgestin tab 1.5/30</i>	125
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	114	<i>microgestin tab 1/20</i>	125
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	114	<i>microgestin tab fe 1/20</i>	125
<i>metoprolol tartrate tab 100 mg</i>	114	<i>microgestin tab fe1.5/30</i>	125
<i>metoprolol tartrate tab 25 mg</i>	114	<i>midodrine hcl tab 10 mg</i>	274
<i>metoprolol tartrate tab 50 mg</i>	114	<i>midodrine hcl tab 2.5 mg</i>	273
<i>metoprolol tartrate tab 75 mg</i>	114	<i>midodrine hcl tab 5 mg</i>	274
<i>metronidazole cream 0.75%</i>	157	<i>miglitol tab 100 mg</i>	54
<i>metronidazole gel 0.75%</i>	157	<i>miglitol tab 25 mg</i>	54
<i>metronidazole lotion 0.75%</i>	157	<i>miglitol tab 50 mg</i>	54
<i>metronidazole tab 250 mg</i>	32	<i>miglustat cap 100 mg</i>	177
<i>metronidazole tab 500 mg</i>	32	<i>milantex sus ex st</i>	30
<i>metronidazole vaginal gel 0.75%</i>	273	<i>milantex sus original</i>	30
<i>mexiletine hcl cap 150 mg</i>	37	<i>milk of magn sus</i>	190
<i>mexiletine hcl cap 200 mg</i>	37	<i>milk of magn sus 1200/15</i>	190
<i>mexiletine hcl cap 250 mg</i>	37	<i>MILK OF MAGN SUS 2400MG</i>	190
<i>mg217 gel 1%</i>	154	<i>milk of magn sus 400/5ml</i>	190
<i>mgo tab 400mg</i>	207	<i>milk of magn sus cherry</i>	190
<i>mi-acid chw</i>	30	<i>milk of magn sus frsh mnt</i>	190
<i>mi-acid gas chw 80mg</i>	168	<i>milk of magn sus mint</i>	190
<i>mi-acid sus</i>	30	<i>milltrium sr tab</i>	217
<i>mi-acid sus max st</i>	30	<i>milltrium tab advanced</i>	217
<i>micaderm cre 2%</i>	146	<i>milltrium tab cardio</i>	217
<i>miconazole 3 cre 4%</i>	273	<i>MINERAL OIL</i>	190
<i>miconazole 3 kit 4%</i>	273	<i>mineral oil enema</i>	190
<i>miconazole 3 kit combinat</i>	273	<i>minerin cre</i>	157
<i>miconazole 3 kit combo pk</i>	273	<i>miniprin low tab 81mg ec</i>	21
<i>miconazole 7 cre</i>	273	<i>minitran dis 0.2mg/hr</i>	34
<i>miconazole 7 cre 2%</i>	273	<i>minitran dis 0.4mg/hr</i>	34
<i>miconazole 7 cre tube/kit</i>	273	<i>minitran dis 0.6mg/hr</i>	34
<i>miconazole 7 sup 100mg</i>	273	<i>minocycline hcl cap 100 mg</i>	261
<i>miconazole aer 2%</i>	146	<i>minocycline hcl cap 50 mg</i>	261
<i>miconazole cre 2%</i>	146	<i>minoxidil tab 10 mg</i>	86
<i>miconazole nitrate aerosol pow 2%</i> ...	146	<i>minoxidil tab 2.5 mg</i>	86
		<i>mintox plus chw</i>	30
		<i>mintox sus</i>	30
		<i>mintox sus max st</i>	30
		<i>MIRENA IUD SYSTEM</i>	128
		<i>mirtazapine tab 15 mg</i>	48
		<i>mirtazapine tab 30 mg</i>	48

<i>mirtazapine tab 45 mg</i>	48	<i>equiv)</i>	241
MIRVASO GEL 0.33%	157	<i>mucinex chld liq 100/5ml</i>	139
<i>misoprostol tab 100 mcg</i>	271	<i>mucosa tab 400mg</i>	139
<i>misoprostol tab 200 mcg</i>	271	<i>mucus relf d tab 60-600mg</i>	134
MISSION PREN TAB /FA.....	234	<i>mucus relief liq 100/5ml</i>	139
MISSION PREN TAB HP.....	234	<i>mucus relief liq 400/20ml</i>	139
<i>mm aspirin tab 325mg</i>	21	<i>mucus relief tab 400mg</i>	139
<i>modafinil tab 100 mg</i>	6	<i>mucus relief tab 600mg er</i>	139
<i>modafinil tab 200 mg</i>	6	<i>mucus+chst liq 100/5ml</i>	139
<i>moderiba tab 200mg</i>	110	<i>mucus-dm tab 30-600mg</i>	134
<i>moexipril hcl tab 15 mg</i>	81	<i>mucus-er tab 600mg</i>	139
<i>moexipril hcl tab 7.5 mg</i>	81	<i>mult vitamin tab daily</i>	225
<i>mometasone furoate cream 0.1%</i>	154	<i>mult vitamin tab essent</i>	225
<i>mometasone furoate oint 0.1%</i>	154	<i>mult vitamin tab womens</i>	217
<i>mometasone furoate solution 0.1%</i> (<i>lotion</i>)	154	<i>mult vit-bet chw fl0.25mg</i>	229
<i>monistat 7 kit combo pk</i>	273	MULTAQ TAB 400MG.....	38
MONOCLATE-P INJ 1000UNIT	175	<i>multi 50+ cap for her</i>	217
MONOCLATE-P INJ 1500UNIT	175	<i>multi 50+ tab for her</i>	217
<i>mono-lynyah tab 0.25-35</i>	125	<i>multi 50+ tab for him</i>	217
<i>mononessa tab</i>	125	<i>multi cap complete</i>	217
<i>montelukast sodium chew tab 4 mg</i> (<i>base equiv</i>).....	38	<i>multi cap for her</i>	217
<i>montelukast sodium chew tab 5 mg</i> (<i>base equiv</i>).....	38	<i>multi cap for him</i>	217
<i>montelukast sodium tab 10 mg (base</i> <i>equiv)</i>	38	<i>multi complt tab /iron</i>	217
MONUROL PAK GRANULES	271	<i>multi tab for her</i>	217
<i>morphine sulfate oral soln 10 mg/5ml</i> .	24	<i>multi tab for him</i>	217
<i>morphine sulfate oral soln 100 mg/5ml</i> (<i>20 mg/ml</i>)	24	<i>multi vit/fl chw 1mg</i>	229
<i>morphine sulfate oral soln 20 mg/5ml</i> .	24	<i>multi vitamn tab mineral</i>	217
<i>morphine sulfate tab 15 mg</i>	24	<i>multi-day tab</i>	225
<i>morphine sulfate tab 30 mg</i>	24	<i>multi-day tab /iron</i>	210
<i>morphine sulfate tab er 100 mg</i>	24	<i>multi-day tab minerals</i>	217
<i>morphine sulfate tab er 15 mg</i>	24	<i>multi-day tab wght trm</i>	217
<i>morphine sulfate tab er 30 mg</i>	24	<i>multi-lean tab</i>	217
<i>morphine sulfate tab er 60 mg</i>	24	<i>multilex tab</i>	218
<i>motion relf tab 25mg</i>	64	<i>multilex-t&m tab</i>	218
<i>motion sick chw 25mg</i>	64	<i>multimineral tab plus</i>	218
<i>motion sick tab 25mg</i>	65	<i>multiple vitamin cap</i>	225
<i>motion sick tab 50mg</i>	65	<i>multiple vitamin tab</i>	225
MOTOFEN TAB 1-0.025.....	63	<i>multiple vitamins w/ iron tab</i>	210
<i>motrin ib tab 200mg</i>	12	<i>multiple vitamins w/ minerals tab</i>	218
MOVIPREP SOL.....	187	<i>multi-vit/ tab minerals</i>	217
<i>moxifloxacin hcl ophth soln 0.5% (base</i> <i>equiv)</i>	241	<i>multi-vit/fe dro /fl 0.25</i>	231
		<i>multi-vit/fe tab</i>	210
		<i>multivit/fl chw 0.25mg</i>	230
		<i>multivit/fl chw 0.5mg</i>	230
		<i>multivit/fl chw 1mg</i>	230
		<i>multi-vit/fl dro /fe 0.25</i>	231

<i>multi-vit/fl dro 0.25mg</i>	230	<i>mytab gas chw 80mg</i>	168
<i>multi-vit/fl dro 0.5mg/ml</i>	229	<i>my-vitalife cap</i>	218
<i>multi-vitami tab menopaus</i>	217	<i>myzilra tab</i>	125
<i>multivitamin cap</i>	225	N	
<i>multivitamin liq</i>	218	<i>nabumetone tab 500 mg</i>	12
<i>multivitamin liq mineral</i>	218	<i>nabumetone tab 750 mg</i>	12
<i>multivitamin tab mineral</i>	218	<i>nadolol tab 20 mg</i>	114
<i>multivitamin tab womens</i>	218	<i>nadolol tab 40 mg</i>	114
<i>multi-vitam tab</i>	225	<i>nadolol tab 80 mg</i>	114
<i>multi-vite tab</i>	217	<i>nafrinse chw 1mg f</i>	206
<i>multi-vite tab 50&over</i>	217	<i>nafrinse dro 0.125mg</i>	206
<i>multi-vite tab plus</i>	218	<i>naftifine hcl cream 1%</i>	146
<i>mult-vit/fl chw 0.5mg</i>	229	<i>naftifine hcl cream 2%</i>	146
<i>mupirocin oint 2%</i>	144	<i>NAFTIN GEL 1%</i>	146
<i>murine ear dro 6.5% ot</i>	245	<i>NAFTIN-MP CRE 1%</i>	146
<i>murine ear sol 6.5% ot</i>	245	<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	63
<i>murine tears dro dry eyes</i>	239	<i>naloxone hcl soln prefilled syringe 2</i>	
<i>mvc-fluoride chw 0.25mg</i>	230	<i>mg/2ml</i>	64
<i>mvc-fluoride chw 0.5mg</i>	230	<i>naltrexone hcl tab 50 mg</i>	64
<i>mvc-fluoride chw 1mg</i>	230	<i>NAMENDA XR CAP 14MG</i>	249
<i>mv-one cap</i>	226	<i>NAMENDA XR CAP 21MG</i>	249
<i>mvw complete chw orange</i>	232	<i>NAMENDA XR CAP 28MG</i>	249
<i>my way tab 1.5mg</i>	128	<i>NAMENDA XR CAP 7MG</i>	249
<i>MYALEPT INJ 11.3MG</i>	164	<i>NAMENDA XR CAP TITRATIO</i>	249
<i>myamulti tab</i>	218	<i>naphazoline hcl ophth soln 0.1%</i>	241
<i>mycocide ns sol 1%</i>	146	<i>naproxen dr tab 375mg</i>	12
<i>mycophenolate mofetil cap 250 mg</i> ..	112	<i>naproxen dr tab 500mg</i>	12
<i>mycophenolate mofetil tab 500 mg</i> ..	112	<i>naproxen sod tab 220mg</i>	12
<i>mycophenolate sodium tab dr 180 mg</i>		<i>naproxen sodium tab 275 mg</i>	12
<i>(mycophenolic acid equiv)</i>	112	<i>naproxen sodium tab 550 mg</i>	12
<i>mycophenolate sodium tab dr 360 mg</i>		<i>naproxen susp 125 mg/5ml</i>	12
<i>(mycophenolic acid equiv)</i>	112	<i>naproxen tab 250 mg</i>	12
<i>myferon 150 cap 150mg</i>	181	<i>naproxen tab 375 mg</i>	12
<i>myferon 150 cap forte</i>	180	<i>naproxen tab 500 mg</i>	13
<i>MYNATAL CAP</i>	227	<i>naratriptan hcl tab 1 mg (base equiv)</i>	200
<i>MYNATAL PLUS TAB</i>	227	<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	
<i>MYNATAL TAB</i>	227		200
<i>MYNATAL TAB ADVANCE</i>	227	<i>NARCAN SPR</i>	64
<i>MYNATAL-Z TAB</i>	227	<i>nasal decon syp 30mg/5ml</i>	236
<i>MYNATE 90 TAB PLUS</i>	227	<i>nasal decong liq 30mg/5ml</i>	236
<i>mynephrocaps cap</i>	210	<i>nasal decong tab 10mg</i>	236
<i>myorisan cap 10mg</i>	142	<i>nasal decong tab 120mg er</i>	237
<i>myorisan cap 20mg</i>	142	<i>nasal decong tab 30mg</i>	237
<i>myorisan cap 30mg</i>	142	<i>nasal moist spr 0.65%</i>	235
<i>myorisan cap 40mg</i>	142	<i>nasal saline spr 0.65%</i>	235
<i>mytab gas chw 125mg</i>	168	<i>nasal spr 0.05%</i>	237

<i>nat fiber pow 48.57%</i>	186	<i>5(3.5)mg-400unt-10000unt op oin</i> ...	241
NAT FIBER POW 58.6%	186	<i>neomycin-bacitracin-polymyxin oint</i> .	144
<i>nat fiber pow therapy</i>	186	<i>neomycin-polymy-gramicid op sol 1.75-</i>	
<i>nat psyllium pow fiber</i>	186	<i>10000-0.025mg-unt-mg/ml</i>	241
<i>nat veg fibr pow</i>	186	<i>neomycin-polymyxin-dexamethasone</i>	
<i>nat veg lax tab 8.6mg</i>	192	<i>ophth oint 0.1%</i>	242
NATALVIT TAB 75-1MG.....	227	<i>neomycin-polymyxin-dexamethasone</i>	
<i>nateglinide tab 120 mg</i>	60	<i>ophth susp 0.1%</i>	242
<i>nateglinide tab 60 mg</i>	60	<i>neomycin-polymyxin-hc otic soln 1%</i>	245
<i>natura-lax pow 3350 nf</i>	189	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>naturalyte sol bubblegm</i>	205	<i>mg/ml-10000 unit/ml-1%</i>	245
<i>naturalyte sol fruit</i>	205	<i>neo-polycin oin hc 1%op</i>	242
<i>naturalyte sol grape</i>	206	<i>neo-polycin oin op</i>	241
<i>naturalyte sol unflavor</i>	206	NEORAL CAP 100MG.....	112
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NATURE-THROI TAB 113.75MG.....	264	NEORAL SOL 100MG/ML.....	112
NATURE-THROI TAB 130MG	264	<i>neosporin oin</i>	144
NATURE-THROI TAB 146.25MG.....	264	<i>neosporin+pn oin relf max</i>	144
NATURE-THROI TAB 16.25MG	263	<i>nephronex tab</i>	210
NATURE-THROI TAB 195MG	264	NEULASTA INJ 6MG/0.6M.....	179
NATURE-THROI TAB 260MG	264	NEUPOGEN INJ 300/0.5	179
NATURE-THROI TAB 32.5MG	263	NEUPOGEN INJ 300MCG.....	179
NATURE-THROI TAB 325MG	264	NEUPOGEN INJ 480/0.8	179
NATURE-THROI TAB 48.75MG	263	NEUPOGEN INJ 480MCG.....	179
NATURE-THROI TAB 65MG.....	263	<i>neuro-k-50 tab</i>	276
NATURE-THROI TAB 97.5MG	263	<i>neutragard gel 1.1%</i>	209
<i>naturl fiber pow 28.3%</i>	186	<i>nevirapine susp 50 mg/5ml</i>	107
<i>naturl fiber pow 30.9%</i>	186	<i>nevirapine tab 200 mg</i>	107
<i>naturl fiber pow 58.6%</i>	186	<i>nevirapine tab er 24hr 100 mg</i>	107
<i>nausea contr sol</i>	65	<i>nevirapine tab er 24hr 400 mg</i>	107
<i>nausea liq relief</i>	65	NEXAVAR TAB 200MG.....	92
<i>na-zone spr 0.65%</i>	235	<i>next choice tab 1.5mg</i>	128
NEBULIZERS	198	<i>niacin cap 500mg</i>	120
NEBUPENT INH 300MG	32	<i>niacin cap er 250 mg</i>	276
<i>nebusal neb 3%</i>	140	<i>niacin cap er 500 mg</i>	276
<i>necon tab 0.5/35</i>	125	<i>niacin tab 100 mg</i>	276
<i>necon tab 1/35</i>	125	<i>niacin tab 250 mg</i>	276
<i>necon tab 1/50-28</i>	125	<i>niacin tab 50 mg</i>	276
<i>necon tab 7/7/7</i>	125	<i>niacin tab 500 mg</i>	276
<i>nefazodone hcl tab 100 mg</i>	49	<i>niacin tab er 250 mg</i>	276
<i>nefazodone hcl tab 150 mg</i>	49	<i>niacin tab er 500 mg</i>	276
<i>nefazodone hcl tab 200 mg</i>	49	<i>niacin tab er 500 mg (antihyperlipidemic)</i>	
<i>nefazodone hcl tab 250 mg</i>	49		80
<i>nefazodone hcl tab 50 mg</i>	49	<i>niacin tab er 750 mg</i>	276
<i>neomycin sulfate tab 500 mg</i>	7	<i>niacin-50 tab</i>	276
<i>neomycin-bacitrac zn-polymyx</i>		<i>niacinamide tab 500 mg</i>	276

<i>niacor tab 500mg</i>	80	<i>nitrofurantoin monohydrate</i>	
<i>nicardipine hcl cap 20 mg</i>	117	<i>macrocrystalline cap 100 mg</i>	272
<i>nicardipine hcl cap 30 mg</i>	117	<i>nitrofurantoin susp 25 mg/5ml</i>	272
<i>nicorelief gum 2mg mint</i>	255	<i>nitroglycerin cap er 9 mg</i>	34
<i>nicorelief gum 2mg orig</i>	255	<i>nitroglycerin sl tab 0.3 mg</i>	34
<i>nicorelief gum 4mg mint</i>	255	<i>nitroglycerin sl tab 0.4 mg</i>	34
<i>nicorelief gum 4mg orig</i>	255	<i>nitroglycerin sl tab 0.6 mg</i>	34
<i>nicotine dis step 1</i>	255	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> .	34
<i>nicotine dis step 2</i>	255	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> .	34
<i>nicotine dis step 3</i>	255	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> .	34
<i>nicotine gum 4mg</i>	255	<i>nitro-time cap 9mg cr</i>	34
<i>nicotine polacrilex gum 2 mg</i>	255	NIVESTYM INJ 300/0.5	179
<i>nicotine polacrilex gum 4 mg</i>	255	NIVESTYM INJ 480/0.8	179
<i>nicotine polacrilex lozenge 2 mg</i>	255	<i>nizatidine cap 150 mg</i>	269
<i>nicotine polacrilex lozenge 4 mg</i>	255	<i>nizatidine oral soln 15 mg/ml</i>	270
<i>nicotine td patch 24hr 14 mg/24hr</i>	256	<i>noble formul cre hc 1%</i>	154
<i>nicotine td patch 24hr 21 mg/24hr</i>	256	<i>non-asa jr tab 160mg</i>	18
<i>nicotine td patch 24hr 7 mg/24hr</i>	255	<i>non-aspirin chw 160mg jr</i>	18
NICOTROL INH	256	<i>non-aspirin chw 80mg</i>	18
NICOTROL NS SPR 10MG/ML.....	256	<i>non-aspirin sus 160/5ml</i>	18
<i>nifediac cc tab 30mg er</i>	118	<i>non-aspirin tab 325mg</i>	18
<i>nifedical xl tab 60mg</i>	118	<i>non-aspirin tab 500mg/rr</i>	18
<i>nifedipine cap 10 mg</i>	118	<i>non-aspirin tab 650mg</i>	18
<i>nifedipine cap 20 mg</i>	118	<i>non-pseudo tab 10mg</i>	237
<i>nifedipine tab er 24hr 60 mg</i>	118	<i>nora-be tab 0.35mg</i>	129
<i>nifedipine tab er 24hr 90 mg</i>	118	<i>norethindrone & ethinyl estradiol-fe chew</i>	
<i>nifedipine tab er 24hr osmotic release 30</i>		<i>tab 0.4 mg-35 mcg</i>	125
<i>mg</i>	118	<i>norethindrone ace & ethinyl estradiol tab</i>	
<i>nifedipine tab er 24hr osmotic release 60</i>		<i>1 mg-20 mcg</i>	125
<i>mg</i>	118	<i>norethindrone acetate tab 5 mg</i>	248
<i>nifedipine tab er 24hr osmotic release 90</i>		<i>norethindrone acetate-ethinyl estradiol</i>	
<i>mg</i>	118	<i>tab 0.5 mg-2.5 mcg</i>	165
<i>night time tab 25mg</i>	182	<i>norethindrone tab 0.35 mg</i>	129
<i>nighttime tab 25mg</i>	182	<i>norgestimate & ethinyl estradiol tab 0.25</i>	
<i>nimodipine cap 30 mg</i>	118	<i>mg-35 mcg</i>	126
<i>nisoldipine tab er 24hr 17 mg</i>	118	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>nisoldipine tab er 24hr 20 mg</i>	118	<i>25/0.215-25/0.25-25 mg-mcg</i>	126
<i>nisoldipine tab er 24hr 25.5 mg</i>	118	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>nisoldipine tab er 24hr 30 mg</i>	118	<i>35/0.215-35/0.25-35 mg-mcg</i>	126
<i>nisoldipine tab er 24hr 34 mg</i>	118	NOROXIN TAB 400MG.....	168
<i>nisoldipine tab er 24hr 40 mg</i>	118	<i>nortemp sus 160/5ml</i>	18
<i>nisoldipine tab er 24hr 8.5 mg</i>	118	<i>nortemp sus infants</i>	18
<i>nitrofurantoin macrocrystalline cap 100</i>		NORTHERA CAP 100MG.....	238
<i>mg</i>	271	NORTHERA CAP 200MG.....	238
<i>nitrofurantoin macrocrystalline cap 50</i>		NORTHERA CAP 300MG.....	238
<i>mg</i>	271	<i>nortrel tab 0.5/35</i>	126

<i>nortrel tab 1/35</i>	126	NUWIK INJ 2000UNIT.....	176
<i>nortrel tab 7/7/7</i>	126	NUWIK INJ 2500UNIT.....	176
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<i>once daily tab iron</i>	211	<i>oral electrolyte solution</i>	206
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<i>organ-i nr tab 200mg</i>	139	<i>oxazepam cap 15 mg</i>	37
<i>ormir cap 50mg</i>	71	<i>oxazepam cap 30 mg</i>	37
<i>orphenadrine citrate tab er 12hr 100 mg</i>	235	<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	46
<i>orsythia tab</i>	126	<i>oxcarbazepine tab 150 mg</i>	46
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ORTHO FLEX DPR 70MM	197	<i>oxycodone hcl tab 20 mg</i>	25
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<i>os-cal 500 chw</i>	204	<i>oxycodone hcl tab er 12hr deter 40 mg</i>	25
<i>oscal 500/ tab 200 d-3</i>	204	<i>oxycodone hcl tab er 12hr deter 80 mg</i>	25
<i>oscimin sr tab 0.375mg</i>	268	<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	27
<i>oscimin sub 0.125mg</i>	268	<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i>	27
<i>oscimin tab 0.125mg</i>	268	<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	27
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	111	<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i>	27
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	111	OXYCONTIN TAB 10MG CR	25
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	111	OXYCONTIN TAB 15MG CR	25
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<i>oxymorphone hcl tab er 12hr 15 mg ...</i>	<i>25</i>	<i>pain relievr tab 160mg.....</i>	<i>19</i>
<i>oxymorphone hcl tab er 12hr 20 mg ...</i>	<i>25</i>	<i>pain relievr tab 325mg.....</i>	<i>19</i>
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<i>oysco 500 tab 500mg</i>	<i>204</i>	<i>paliperidone tab er 24hr 9 mg.....</i>	<i>98</i>
<i>oysco 500+d chw.....</i>	<i>205</i>	<i>palonosetron hcl iv soln 0.25 mg/5ml</i>	
<i>oysco 500+d tab.....</i>	<i>205</i>	<i>(base equivalent)</i>	<i>64</i>
<i>oyst cal/d tab 250mg</i>	<i>205</i>	<i>pamprin tab 220mg</i>	<i>13</i>
<i>oyst cal/d tab 500mg</i>	<i>205</i>	<i>pancrelipase (lip-prot-amyl) dr cap 5000-</i>	
<i>oyst shell/d tab 250mg.....</i>	<i>205</i>	<i>17000-27000 unit</i>	<i>160</i>
<i>oyst shell/d tab 500-125.....</i>	<i>205</i>	<i>PANRETIN GEL 0.1%</i>	<i>148</i>
<i>oyst shell/d tab 500-200.....</i>	<i>205</i>	<i>pantoprazole sodium ec tab 20 mg (base</i>	
<i>oyst shell/d tab 500-400.....</i>	<i>205</i>	<i>equiv)</i>	<i>271</i>
<i>oyst shell/d tab 500mg.....</i>	<i>205</i>	<i>pantoprazole sodium ec tab 40 mg (base</i>	
<i>oyst-cal d tab 250mg</i>	<i>205</i>	<i>equiv)</i>	<i>271</i>
<i>oyst-cal-d tab 500mg</i>	<i>205</i>	<i>paricalcitol cap 1 mcg</i>	<i>164</i>
<i>oyster shell calcium tab 500 mg</i>	<i>205</i>	<i>paricalcitol cap 2 mcg</i>	<i>164</i>
<i>oystercal tab 500mg</i>	<i>205</i>	<i>paricalcitol cap 4 mcg</i>	<i>164</i>
<i>oyster-cal/d tab 500mg</i>	<i>205</i>	<i>paricalcitol iv soln 2 mcg/ml</i>	<i>164</i>
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<i>pa melatonin tab 5mg</i>	<i>7</i>	<i>paroxetine hcl tab 10 mg</i>	<i>51</i>
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<i>pain & fever sol 160/5ml.....</i>	<i>18</i>	<i>ped elctrlyt sol</i>	<i>206</i>
<i>pain & fever sus 160/5ml.....</i>	<i>18</i>	<i>ped formula liq 100-10/5</i>	<i>134</i>
<i>pain & fever tab 325mg</i>	<i>18</i>	<i>pedia iron dro 15mg/ml</i>	<i>181</i>
<i>pain & fever tab 500mg</i>	<i>18</i>	<i>pedia vance sol apple</i>	<i>206</i>
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<i>pain relief tab 325mg</i>	<i>18</i>	<i>pediacare sus 160/5ml.....</i>	<i>19</i>

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pediavit liq	233	phenobarbital tab 100 mg	183
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peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	187	phenobarbital tab 16.2 mg	183
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	187	phenobarbital tab 30 mg	183
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PEGASYS INJ	110	phenobarbital tab 60 mg	183
PEGASYS INJ 180MCG/M	110	phenobarbital tab 64.8 mg	183
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pegylax pow	189	phenytoin chw 50mg	47
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penicillin v potassium for soln 250 mg/5ml	247	phenytoin sodium extended cap 200 mg	48
penicillin v potassium tab 250 mg	247	phenytoin sodium extended cap 300 mg	48
penicillin v potassium tab 500 mg	247	phenytoin susp 125 mg/5ml	48
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perphenazine tab 4 mg	102	pilocarpine hcl ophth soln 2%	240
perphenazine tab 8 mg	102	pilocarpine hcl ophth soln 4%	240
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pharbechlor tab 4mg	67	pilocarpine hcl tab 7.5 mg	210
pharbedryl cap 25mg	72	pimecrolimus cream 1%	156
pharbedryl cap 50mg	72	pimozide tab 1 mg	251
pharbetol tab 325mg	19	pimozide tab 2 mg	251
pharbetol tab 500mg	19	pimtrea tab	126
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phenazo tab 200mg	173	pink bismuth chw 262mg	62
phenazopyridine hcl tab 100 mg	174	pink bismuth sus 262/15ml	62
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		PIN-X CHW 250MG	32
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.....60	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	
.....60	
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.....60	
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<i>podactin pow 1%</i>	147
<i>podofilox soln 0.5%</i>	156
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<i>poly vitamin chw</i>	233
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<i>poly-iron cap 150 fort</i>	180
<i>poly-iron cap 150mg</i>	181
<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	241
<i>polysacchari cap iron</i>	180
<i>polyvinyl alcohol ophth soln 1.4%</i>	239
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<i>polyvitamin chw /iron</i>	232
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<i>potassium chloride cap er 10 meq</i>	208
<i>potassium chloride cap er 8 meq</i>	208
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<i>potassium chloride microencapsulated</i> <i>crys er tab 20 meq</i>	208
<i>potassium chloride oral soln 10% (20</i> <i>meq/15ml)</i>	208
<i>potassium chloride oral soln 20% (40</i> <i>meq/15ml)</i>	208
<i>potassium chloride tab er 10 meq</i>	208
<i>potassium chloride tab er 20 meq (1500</i> <i>mg)</i>	208
<i>potassium chloride tab er 8 meq (600</i> <i>mg)</i>	208
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<i>potassium citrate tab er 10 meq (1080</i> <i>mg)</i>	173
<i>potassium citrate tab er 5 meq (540 mg)</i>	173
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POTIGA TAB 400MG	46
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<i>pramipexole dihydrochloride tab 0.25 mg</i>	95
<i>pramipexole dihydrochloride tab 0.5 mg</i>	95
<i>pramipexole dihydrochloride tab 0.75 mg</i>	95
<i>pramipexole dihydrochloride tab 1 mg</i> 95	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	95
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<i>pravastatin sodium tab 10 mg</i>	79
<i>pravastatin sodium tab 20 mg</i>	79
<i>pravastatin sodium tab 40 mg</i>	79
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<i>px allergy cap 25mg</i>	72
<i>px allergy tab 25mg</i>	72
<i>px antacid chw 1000mg</i>	31
<i>px antacid sus max st</i>	30
<i>px antacid sus reg st</i>	30
<i>px aspirin chw 81mg</i>	21
<i>px aspirin tab 325mg</i>	21
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<i>QC MINERAL OIL HEAVY</i>	190
<i>qc natural pow vegetabl</i>	186
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<i>qc suphedrin tab 120mg sr</i>	237
<i>qc therin-m tab</i>	220
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<i>ra dandruff sha 1%</i>	149	<i>ra niacin tab 500mg</i>	276
<i>ra ear dro 6.5% ot</i>	245	<i>ra nicotine dis 14mg/24h</i>	256
<i>ra enema ene</i>	190	<i>ra nicotine dis 21mg/24h</i>	256
<i>ra fib lax pow 48.57%</i>	186	<i>ra nicotine dis 7mg/24hr</i>	256
<i>ra fiber cap 0.52gm</i>	186	<i>ra nicotine gum 2mg</i>	256
<i>ra fiber pow 28.3%</i>	186	<i>ra nicotine gum 2mg cinn</i>	256
<i>ra fiber pow 48.57%</i>	186	<i>ra nicotine gum 2mg mint</i>	256
<i>ra fiber pow 58.6%</i>	186	<i>ra nicotine gum 2mgfruit</i>	256
<i>ra fiber tab 500mg</i>	186	<i>ra nicotine gum 4mg</i>	256
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<i>ra tussin liq 100/5ml</i>	139	<i>reguloid pow 48.57%</i>	186
<i>ra tussin liq dm max</i>	135	<i>reguloid pow 58.6%</i>	186
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<i>ranitidine hcl tab 300 mg</i>	270	<i>reno cap</i>	210
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<i>revital jell sol cups</i>	206	<i>risperidone tab 0.5 mg</i>	98
<i>revital lqd sol squeezer</i>	206	<i>risperidone tab 1 mg</i>	98
<i>revive tears dro 0.5% op</i>	239	<i>risperidone tab 2 mg</i>	99
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REVLIMID CAP 15MG	111	<i>risperidone tab 4 mg</i>	99
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REVLIMID CAP 20MG	111	<i>ritonavir tab 100 mg</i>	108
REVLIMID CAP 25MG	111	RITUXAN INJ 100MG	89
REVLIMID CAP 5MG	111	RITUXAN INJ 500MG	89
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<i>ribasphere cap 200mg</i>	110	<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	250
<i>ribasphere tab 200mg</i>	110	<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	250
<i>ribavirin cap 200 mg</i>	110	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	250
<i>riboflavin tab 100 mg</i>	276	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	250
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<i>risedronate sodium tab 5 mg</i>	163	<i>robitussin liq to go dm</i>	135
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RISPERDAL INJ 25MG	98	<i>ropinirole hydrochloride tab 0.25 mg</i> ..	95
RISPERDAL INJ 37.5MG	98	<i>ropinirole hydrochloride tab 0.5 mg</i>	95
RISPERDAL INJ 50MG	98	<i>ropinirole hydrochloride tab 1 mg</i>	95
<i>risperidone orally disintegrating tab 0.25 mg</i>	98	<i>ropinirole hydrochloride tab 2 mg</i>	95
<i>risperidone orally disintegrating tab 0.5 mg</i>	98	<i>ropinirole hydrochloride tab 3 mg</i>	96
<i>risperidone orally disintegrating tab 1 mg</i>	98	<i>ropinirole hydrochloride tab 4 mg</i>	96
<i>risperidone orally disintegrating tab 2 mg</i>	98	<i>ropinirole hydrochloride tab 5 mg</i>	96
<i>risperidone orally disintegrating tab 3 mg</i>	98	<i>rosadan cre 0.75%</i>	157
<i>risperidone orally disintegrating tab 4 mg</i>	98		
<i>risperidone soln 1 mg/ml</i>	98		

<i>rosadan gel 0.75%</i>	158	<i>sb docusate tab 8.6-50mg</i>	188
<i>rosuvastatin calcium tab 10 mg</i>	79	<i>sb fib lax pow 33%</i>	186
<i>rosuvastatin calcium tab 20 mg</i>	79	<i>sb fiber lax tab 625mg</i>	186
<i>rosuvastatin calcium tab 40 mg</i>	79	<i>sb gas relf chw 125mg</i>	168
<i>rosuvastatin calcium tab 5 mg</i>	79	<i>sb glycerin sup 1.2gm</i>	189
ROZEREM TAB 8MG.....	184	<i>sb glycerin sup 2.1gm</i>	189
RUCONEST INJ 2100UNIT	122	<i>sb ibuprofen tab 200mg</i>	13
<i>rulox sus</i>	30	<i>sb laxative sup 10mg</i>	193
<i>rynex pse liq</i>	136	<i>scabene lot 1%</i>	158
S		<i>sclerex tab</i>	221
SABRIL TAB 500MG.....	47	<i>scopolamine td patch 72hr 1 mg/3days</i>	65
<i>safe tussin liq 10-100/5</i>	136	<i>scot-tussin liq 12.5/5ml</i>	72
<i>saline ene laxative</i>	190	<i>scot-tussin liq expct sf</i>	139
<i>saline mist spr 0.65%</i>	235	<i>sea buddies chw dly mult</i>	232
<i>saline nasal spr 0.65%</i>	235	<i>selegiline hcl cap 5 mg</i>	96
<i>saline nose spr 0.65%</i>	235	<i>selegiline hcl tab 5 mg</i>	96
<i>salsalate tab 500 mg</i>	22	<i>selenium sulfide lotion 2.5%</i>	149
<i>salsalate tab 750 mg</i>	22	SELZENTRY TAB 150MG.....	108
SAMSCA TAB 15MG.....	165	SELZENTRY TAB 25MG.....	108
SAMSCA TAB 30MG.....	165	SELZENTRY TAB 300MG.....	108
SANADERMRX KIT SKIN REP	155	SELZENTRY TAB 75MG.....	108
SANDIMMUNE CAP 100MG	112	<i>senexon liq 8.8mg/5</i>	193
SANDIMMUNE CAP 25MG	112	<i>senexon tab 8.6mg</i>	193
SANDOSTATIN KIT LAR 10MG	165	<i>senexon-s tab 8.6-50mg</i>	188
SANDOSTATIN KIT LAR 20MG	165	<i>senior tabs tab</i>	221
SANDOSTATIN KIT LAR 30MG	165	<i>senna lax tab 8.6mg</i>	193
<i>sani-supp sup adult</i>	189	<i>senna laxati tab 8.6mg</i>	193
<i>sani-supp sup pediatri</i>	189	<i>senna plus tab 8.6-50mg</i>	188
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<i>sarnol-hc lot 1%</i>	155	<i>sennacon tab 8.6mg</i>	193
SAVELLA MIS TITR PAK	250	<i>senna-grx syp 8.8mg/5</i>	193
SAVELLA TAB 100MG	250	<i>sennalax-s tab 8.6-50mg</i>	188
SAVELLA TAB 12.5MG	250	<i>senna-s tab 8.6-50mg</i>	188
SAVELLA TAB 25MG	250	<i>senna-tabs tab 8.6mg</i>	193
SAVELLA TAB 50MG	250	<i>senna-time s tab 8.6-50mg</i>	188
<i>savision tab</i>	221	<i>senna-time tab 8.6mg</i>	193
<i>sb allergy tab 10mg</i>	75	<i>sennazon syp 8.8mg/5</i>	193
<i>sb allergy tab 25mg med</i>	72	<i>senno tab 8.6mg</i>	193
<i>sb antacid sus anti-gas</i>	30	<i>sennosides syrup 8.8 mg/5ml</i>	193
<i>sb antacid/ sus antigas</i>	30	<i>sennosides-docusate sodium tab 8.6-50</i> <i>mg</i>	188
<i>sb aspirin tab 325mg</i>	22	SENSIPAR TAB 30MG.....	164
<i>sb aspirin tab 325mg ec</i>	22	SENSIPAR TAB 60MG.....	164
<i>sb cgh contr liq dm</i>	136		
<i>sb cgh contr syp 100/5ml</i>	139		

SENSIPAR TAB 90MG	164	<i>simvastatin tab 5 mg</i>	79
<i>sentry tab</i>	221	<i>sinus/conges tab 10mg</i>	237
<i>sentry tab senior</i>	221	<i>sirolimus tab 0.5 mg</i>	112
<i>sertraline hcl oral concentrate for</i>		<i>sirolimus tab 1 mg</i>	112
<i>solution 20 mg/ml</i>	51	<i>sirolimus tab 2 mg</i>	112
<i>sertraline hcl tab 100 mg</i>	51	SKELID TAB 200MG	163
<i>sertraline hcl tab 25 mg</i>	51	<i>skin trtment lot 12%</i>	156
<i>sertraline hcl tab 50 mg</i>	51	SKLICE LOT 0.5%	158
SESAME OIL	122	SKYLA IUD 13.5MG	128
<i>setlakin tab</i>	126	SKYRIZI INJ 150DOSE	140
<i>sevelamer carbonate packet 0.8 gm</i> ..	170	<i>sleep aid tab 25mg</i>	182
<i>sevelamer carbonate packet 2.4 gm</i> ..	170	<i>sleep aid tab 50mg</i>	182
<i>sevelamer carbonate tab 800 mg</i>	170	<i>sleep ii tab 25mg</i>	182
<i>sf 5000 plus cre 1.1%</i>	209	<i>sleep tab 25mg</i>	182
<i>sf gel 1.1%</i>	209	<i>sleep-aid tab 25mg</i>	183
SHINGRIX INJ 50MCG	272	<i>sleep-tabs tab 25mg</i>	183
<i>sigtab tab</i>	226	<i>slo-niacin tab 250mg cr</i>	276
<i>silace liq 10mg/ml</i>	195	<i>slow iron tab 160mg cr</i>	182
<i>silace syp 60/15ml</i>	195	<i>slow iron tab 50mg</i>	182
<i>siladryl alr liq 12.5/5ml</i>	72	<i>slow release tab 45mg</i>	182
<i>sildenafil citrate tab 20 mg</i>	120	<i>slow release tab 47.5mg</i>	182
SILENOR TAB 3MG	184	<i>slow-release tab fe 45mg</i>	182
SILENOR TAB 6MG	184	<i>sm acid redu tab 200mg</i>	270
<i>silodosin cap 4 mg</i>	173	<i>sm all day tab allergy</i>	75
<i>silodosin cap 8 mg</i>	173	<i>sm allergy tab 25mg</i>	73
<i>silphen coug syp 12.5/5ml</i>	73	<i>sm allergy tab 4mg</i>	67
<i>siltuss das liq 100/5ml</i>	140	<i>sm animal chw shapes</i>	233
<i>siltussin dm liq das</i>	136	<i>sm animal sh chw complete</i>	232
<i>siltussin sa syp 100/5ml</i>	140	<i>sm antacid chw 1000mg</i>	31
<i>siltussin-dm liq diabetic</i>	136	<i>sm antacid chw ex-str</i>	30
<i>siltussin-dm liq max st</i>	136	<i>sm antacid sus advanced</i>	30
<i>siltussin-dm syp alc free</i>	136	<i>sm antacid sus max st</i>	30
<i>silver sulfadiazine cream 1%</i>	149	<i>sm anti-diar tab 2mg</i>	63
<i>simeped dro 40/0.6ml</i>	168	<i>sm antifunql cre 1%</i>	147
<i>simethicone cap 180 mg</i>	168	<i>sm antifunql cre 2%</i>	147
<i>simethicone chew tab 125 mg</i>	168	<i>sm artificia sol tears</i>	239
<i>simethicone chew tab 80 mg</i>	168	<i>sm aspirin chw 81mg</i>	22
<i>simethicone dro 20/0.3ml</i>	168	<i>sm aspirin tab 325mg</i>	22
<i>simethicone susp 40 mg/0.6ml</i>	168	<i>sm aspirin tab 325mg ec</i>	22
SIMILAC PREN PAK EARLY SH	229	<i>sm aspirin tab 81mg ec</i>	22
<i>simply sleep tab 25mg</i>	182	<i>sm bedding aer lice</i>	158
SIMPONI INJ 100MG/ML	8	<i>sm ca/mg/zn tab</i>	205
SIMPONI INJ 50/0.5ML	8	<i>sm ca/vit d3 tab 600-400</i>	205
<i>simvastatin tab 10 mg</i>	79	<i>sm calcium tab /vit d3</i>	205
<i>simvastatin tab 20 mg</i>	79	<i>sm calcium/d tab 500-200</i>	205
<i>simvastatin tab 40 mg</i>	80	<i>sm calcium/d tab 600-400</i>	205

<i>sm child asa chw 81mg</i>	22	<i>sm nicotine dis 21mg/24h</i>	257
<i>sm clearlax pow</i>	189	<i>sm nicotine dis 7mg/24hr</i>	257
<i>sm complete tab</i>	221	<i>sm nicotine gum 2mg</i>	257
<i>sm complete tab 50+</i>	221	<i>sm nicotine gum 4mg</i>	257
<i>sm complete tab 50+ mens</i>	221	<i>sm nicotine loz 2mg mint</i>	257
<i>sm complete tab 50+ wmn</i>	221	<i>sm nicotine loz 4mg mint</i>	257
<i>sm complete tab senior</i>	221	SM ONE DAILY MIS PRENATAL	229
<i>sm dry eye sol relief</i>	239	<i>sm opti-vita tab</i>	221
<i>sm ear dro 6.5% ot</i>	245	<i>sm pain rel cap 500mg</i>	19
<i>sm enema ene</i>	190	<i>sm rpd melt tab 160mg</i>	19
<i>sm fiber lax tab 500mg</i>	186	<i>sm senna lax tab 8.6mg</i>	193
<i>sm fiber pow 28.3%</i>	186	<i>sm senna lax tab max str</i>	193
<i>sm fiber pow 48.57%</i>	186	<i>sm sleep aid tab 25mg</i>	183
<i>sm fiber pow 58.6%</i>	186	<i>sm stomach sus 262/15ml</i>	62
<i>sm folic acd tab 400mcg</i>	179	<i>sm stomach sus 525/30ml</i>	62
<i>sm gas rel chw 125mg</i>	168	<i>sm triple oin antibiot</i>	144
<i>sm gas relie chw 80mg</i>	169	<i>sm tussin dm liq max</i>	136
SM GLUCOSE CHW ORANGE.....	57	<i>sm tussin dm syp 100-10/5</i>	136
SM GLUCOSE CHW RASPBERRY	57	<i>sm tussin syp 100/5ml</i>	140
<i>sm glycerin sup 80.7%</i>	189	<i>sm tussin syp dm</i>	136
<i>sm hair/skin tab /nails</i>	221	<i>sm vit b12 tab 1000mcg</i>	178
<i>sm hydrocort cre 1%</i>	155	<i>sm vit b-12 tab 100mcg</i>	178
<i>sm hydrocort cre 1% plus</i>	155	<i>sm vit b12 tab 500mcg</i>	178
<i>sm hydrocort oin 1%</i>	155	<i>sm vit b-12 tab 500mcg</i>	178
<i>sm ibuprofen cap 200mg</i>	13	<i>sm vit b6 tab 100mg</i>	276
<i>sm ibuprofen tab 100mg jr</i>	13	<i>sm vit b-6 tab 100mg</i>	276
<i>sm ibuprofen tab 200mg</i>	13	<i>smooth lax pow 3350</i>	189
<i>sm iron slow tab 160mg cr</i>	182	<i>smooth lax pow 3350 nf</i>	189
<i>sm iron tab 325mg</i>	182	<i>sochlor sol 5% op</i>	243
<i>sm iron tab 45mg</i>	182	<i>sodium bicarbonate tab 325 mg</i>	30
<i>sm laxative sup 10mg</i>	193	<i>sodium bicarbonate tab 650 mg</i>	31
<i>sm laxative tab 5mg ec</i>	193	<i>sodium chloride hypertonic ophth oint</i> <i>5%</i>	243
<i>sm lice lot treatmnt</i>	159	<i>sodium chloride hypertonic ophth soln</i> <i>5%</i>	243
<i>sm lice soln kit</i>	159	<i>sodium chloride irrigation soln 0.9%</i> .	173
<i>sm magnesium tab 250mg</i>	207	<i>sodium chloride soln nebu 0.9%</i>	140
<i>sm micon 7 sup 100mg</i>	273	<i>sodium chloride soln nebu 3%</i>	140
<i>sm milk magn sus cherry</i>	190	<i>sodium chloride soln nebu 7%</i>	140
<i>sm milk magn sus mint</i>	190	<i>sodium chloride tab 1 gm</i>	208
<i>sm milk magn sus original</i>	190	<i>sodium citrate & citric acid soln 500-334</i> <i>mg/5ml</i>	173
SM MINERAL OIL	190	<i>sodium fluoride chew tab 0.25 mg f</i> <i>(from 0.55 mg naf)</i>	207
<i>sm mucus er tab 600mg</i>	140	<i>sodium fluoride chew tab 0.5 mg f (from</i> <i>1.1 mg naf)</i>	206
<i>sm multiple tab vit/iron</i>	211		
<i>sm multiple tab vitamins</i>	226		
<i>sm nasal dec tab 30mg</i>	237		
<i>sm niacin tab 250mg cr</i>	276		
<i>sm nicotine dis 14mg/24h</i>	257		

<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	207	<i>25-25 mg</i>	160
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	207	<i>spironolactone tab 100 mg</i>	161
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	207	<i>spironolactone tab 25 mg</i>	161
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	164	<i>spironolactone tab 50 mg</i>	161
<i>sodium phenylbutyrate tab 500 mg</i> ...	164	<i>sprintec 28 tab 28 day</i>	126
<i>sodium phosphates - enema</i>	191	SPRYCEL TAB 100MG.....	92
<i>sof-lax cap 100mg</i>	195	SPRYCEL TAB 140MG.....	92
SOFOS/VELPAT TAB 400-100.....	110	SPRYCEL TAB 20MG.....	92
<i>solia tab</i>	126	SPRYCEL TAB 50MG.....	92
<i>soluble fib tab therapy</i>	186	SPRYCEL TAB 70MG.....	92
SOMAVERT INJ 10MG.....	163	SPRYCEL TAB 80MG.....	92
SOMAVERT INJ 15MG.....	163	<i>sronyx tab</i>	126
SOMAVERT INJ 20MG.....	163	<i>ssd cre 1%</i>	149
<i>sominex tab 25mg</i>	183	<i>st joseph chw low 81mg</i>	22
<i>soothe chw 262mg</i>	63	<i>stagesic cap 5-500mg</i>	27
<i>soothe dro hydratio</i>	239	<i>stavudine cap 15 mg</i>	108
<i>soothe night oin op</i>	239	<i>stavudine cap 20 mg</i>	108
<i>soothe sus 262/15ml</i>	63	<i>stavudine cap 30 mg</i>	108
<i>soothe sus 525/15ml</i>	63	<i>stavudine cap 40 mg</i>	108
<i>soothe tab 262mg</i>	63	STELARA INJ 45MG/0.5.....	148
<i>soothe xp dro</i>	239	STELARA INJ 5MG/ML.....	169
<i>soothe&cool cre inzo 2%</i>	147	STELARA INJ 90MG/ML.....	148
<i>sorbulax pow 100%</i>	186	<i>stim laxat tab 5mg ec</i>	193
<i>sorine tab 120mg</i>	115	STIMATE SOL 1.5MG/ML.....	165
<i>sorine tab 160mg</i>	115	STIVARGA TAB 40MG.....	92
<i>sorine tab 240mg</i>	115	<i>stomach relf chw 262mg</i>	63
<i>sorine tab 80mg</i>	115	<i>stomach relf sus 262/15ml</i>	63
<i>sotalol hcl (afib/afl) tab 120 mg</i>	115	<i>stomach relf sus 524/30ml</i>	63
<i>sotalol hcl (afib/afl) tab 80 mg</i>	115	<i>stomach relf sus 525/15ml</i>	63
<i>sotalol hcl tab 120 mg</i>	115	<i>stomach relf sus 527/30ml</i>	63
<i>sotalol hcl tab 160 mg</i>	116	<i>stomach relf sus plus</i>	63
<i>sotalol hcl tab 240 mg</i>	116	<i>stomach relf tab 262mg</i>	63
<i>sotalol hcl tab 80 mg</i>	115	<i>stomach rlf chw 400mg</i>	31
SOVALDI TAB 400MG.....	110	<i>stomach rlf tab 262mg</i>	63
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE.....	199	<i>stool softnr cap 100mg</i>	195
<i>spectr women tab hlth sen</i>	221	<i>stool softnr cap 240mg</i>	195
<i>spectra ultr tab hlth men</i>	221	<i>stool softnr cap 250mg</i>	195
<i>spectravite tab advanced</i>	221	<i>stool softnr cap 50mg</i>	195
<i>spectravite tab senior</i>	221	<i>stool softnr syp 60/15ml</i>	195
<i>spinosad susp 0.9%</i>	159	<i>stool softnr tab 100mg</i>	195
<i>spironolactone & hydrochlorothiazide tab</i>		<i>stool softnr tab 8.6-50mg</i>	188
		<i>stop lice kit complete</i>	159
		<i>stop lice liq max st</i>	159
		<i>stop lice ms sha 0.33-4%</i>	159
		<i>stop smoking gum 2mg mint</i>	257
		<i>stop smoking gum 2mg orig</i>	257

<i>stop smoking gum 4mg</i>	257	<i>sumatriptan succinate tab 25 mg</i>	200
<i>stop smoking loz 2mg mint</i>	257	<i>sumatriptan succinate tab 50 mg</i>	200
<i>stop smoking loz 4mg mint</i>	257	<i>sunvite actv tab adult</i>	222
<i>stress b com tab w/iron</i>	211	<i>sunvite tab advanced</i>	222
<i>stress b-com tab /c/zinc</i>	221	<i>super 28 tab formula</i>	222
<i>stress form tab</i>	210, 226	<i>super antiox cap protect</i>	222
<i>stress form tab /iron</i>	211, 221	<i>super antiox tab a/c/e/se</i>	222
<i>stress form/ tab zinc</i>	221	<i>super b-comp tab /fa/vitc</i>	210
<i>stress formu tab</i>	226	<i>super b-comp tab vit c/fa</i>	210
<i>stress formu tab advanced</i>	221	<i>super ca 600 tab + d 400</i>	205
<i>stress formu tab energy</i>	221	<i>super ca 600 tab + d3</i>	205
<i>stress formu tab w/iron</i>	211	<i>super calciu tab 600mg</i>	205
<i>stress tab formula</i>	222	<i>super liq nu-thera</i>	222
<i>stresstabs tab energy</i>	226	<i>super multip cap</i>	222
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STRIVERDI AER 2.5MCG	40	<i>super tab nu-thera</i>	222
<i>stye oin</i>	239	<i>super thera tab vite m</i>	222
<i>sucrafate tab 1 gm</i>	270	<i>super vikaps tab</i>	222
<i>sudafed 12hr tab 120mg cr</i>	237	<i>suphedrin tab 120mg er</i>	237
SUDAFED PE SOL CHILDREN	237	<i>suphedrine tab 10mg</i>	237
<i>sudogest pe tab 10mg</i>	237	<i>suphedrine tab 30mg</i>	237
<i>sudogest tab 120mg er</i>	237	<i>suphedrine tab pe 10mg</i>	237
<i>sudogest tab 30mg</i>	237	<i>supr aytinal tab</i>	222
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<i>sulfacetamide sodium lotion 10% (acne)</i>	142	<i>supr vitamin tab</i>	222
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<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	242	SUPRAX CAP 400MG	120
SULFADIAZINE TAB 500MG	260	SUPRAX TAB 400MG	122
<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	32	SUPREP BOWEL SOL PREP KIT	188
<i>sulfamethoxazole-trimethoprim tab 400-</i> <i>80 mg</i>	32	<i>surfak cap 240mg</i>	195
<i>sulfamethoxazole-trimethoprim tab 800-</i> <i>160 mg</i>	32	SUSTIVA TAB 600MG.....	108
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<i>sulfasalazine tab 500 mg</i>	170	SUTENT CAP 25MG.....	92
<i>sulfasalazine tab delayed release 500 mg</i>	170	SUTENT CAP 37.5MG	92
<i>sulfatrim pd sus 200-40/5</i>	32	SUTENT CAP 50MG.....	92
<i>sulindac tab 150 mg</i>	13	<i>sw clearlax pow</i>	189
<i>sulindac tab 200 mg</i>	13	<i>sw nasal dec tab 30mg</i>	237
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	200	<i>sw nicotine gum 2mg mint</i>	258
<i>sumatriptan succinate tab 100 mg</i>	200	<i>sw nicotine gum 4mg</i>	258
		<i>sw nicotine loz 2mg mint</i>	258
		<i>sw nicotine loz 4mg mint</i>	258
		<i>syeda tab 3-0.03mg</i>	127
		<i>symax-sl sub 0.125mg</i>	268
		<i>symax-sr tab 0.375mg</i>	268
		SYMBICORT AER 160-4.5	40
		SYMBICORT AER 80-4.5	40

SYMFI LO TAB	108	<i>tamsulosin hcl cap 0.4 mg</i>	173
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SYMLINPEN 60 INJ 1000MCG	54	TANZEUM INJ 50MG	58
SYMLNPEN 120 INJ 1000MCG	54	TARCEVA TAB 100MG	92
SYNAGIS INJ 100MG/ML	246	TARCEVA TAB 150MG	92
SYNAGIS INJ 50MG	246	TARCEVA TAB 25MG	92
SYNAREL SOL 2MG/ML	164	TASIGNA CAP 150MG	92
SYNTHROID TAB 100MCG	265	TASIGNA CAP 200MG	93
SYNTHROID TAB 112MCG	265	<i>tazarotene cream 0.1%</i>	149
SYNTHROID TAB 125MCG	265	TAZORAC CRE 0.05%	149
SYNTHROID TAB 137MCG	265	TAZORAC GEL 0.05%	149
SYNTHROID TAB 150MCG	265	TAZORAC GEL 0.1%	149
SYNTHROID TAB 175MCG	265	<i>taztia xt cap 120mg/24</i>	118
SYNTHROID TAB 200MCG	265	<i>taztia xt cap 180mg/24</i>	118
SYNTHROID TAB 25MCG	264	<i>taztia xt cap 240mg/24</i>	119
SYNTHROID TAB 300MCG	265	<i>tbc aer</i>	156
SYNTHROID TAB 50MCG	264	<i>tears again dro 1.4%</i>	239
SYNTHROID TAB 75MCG	264	<i>tears again oin op</i>	239
SYNTHROID TAB 88MCG	264	<i>tears again sol adv eye</i>	239
SYPRINE CAP 250MG	111	<i>tears pure sol</i>	239
<i>systane dro contacts</i>	239	TECFIDERA CAP 120MG	250
<i>systane oin</i>	239	TECFIDERA CAP 240MG	250
T		TECFIDERA MIS STARTER	250
<i>tab tussin tab 400mg</i>	140	TECHNIVIE TAB	110
<i>tab-a-vite tab</i>	226	TEGRETOL-XR TAB 100MG	46
<i>tab-a-vite tab /iron</i>	211	TEKTURN TAB 150MG	86
<i>tab-a-vite tab beta car</i>	226	TEKTURN TAB 300MG	86
<i>tab-a-vite tab maximum</i>	222	<i>telmisartan tab 20 mg</i>	83
TABLOID TAB 40MG	89	<i>telmisartan tab 40 mg</i>	83
TACLONEX SUS	155	<i>telmisartan tab 80 mg</i>	83
<i>tacrolimus cap 0.5 mg</i>	112, 113	<i>temazepam cap 15 mg</i>	184
<i>tacrolimus cap 1 mg</i>	113	<i>temazepam cap 30 mg</i>	184
<i>tacrolimus cap 5 mg</i>	113	<i>temozolomide cap 100 mg</i>	89
<i>tacrolimus oint 0.03%</i>	156	<i>temozolomide cap 140 mg</i>	89
<i>tacrolimus oint 0.1%</i>	156	<i>temozolomide cap 180 mg</i>	89
<i>tactinal chw children</i>	19	<i>temozolomide cap 20 mg</i>	89
<i>tactinal tab 325mg</i>	19	<i>temozolomide cap 250 mg</i>	89
<i>tactinal tab 500mg</i>	19	<i>temozolomide cap 5 mg</i>	89
<i>tadalafil tab 20 mg (pah)</i>	120	<i>tenofovir disoproxil fumarate tab 300 mg</i>	108
<i>tadalafil tab 5 mg</i>	173	<i>terazosin hcl cap 1 mg (base equivalent)</i>	84
TAFINLAR CAP 50MG	92	<i>terazosin hcl cap 10 mg (base</i> <i>equivalent)</i>	84
TAFINLAR CAP 75MG	92	<i>terazosin hcl cap 2 mg (base equivalent)</i>	84
<i>tamoxifen citrate tab 10 mg (base</i> <i>equivalent)</i>	90		
<i>tamoxifen citrate tab 20 mg (base</i> <i>equivalent)</i>	90		

<i>terazosin hcl cap 5 mg (base equivalent)</i>		<i>tgt nicotine gum 2mg mint</i>	258
.....84		<i>tgt nicotine gum 2mg orig</i>	258
<i>terbinafine cre 1%</i>	147	<i>tgt nicotine gum 2mgfruit</i>	258
<i>terbinafine hcl tab 250 mg</i>	66	<i>tgt nicotine gum 4mg</i>	258
<i>terbutaline sulfate tab 2.5 mg</i>	40	<i>tgt nicotine gum 4mg mint</i>	258
<i>terbutaline sulfate tab 5 mg</i>	40	<i>tgt nicotine gum 4mg orig</i>	258
<i>terconazole vaginal cream 0.4%</i>	273	<i>tgt nicotine loz 2mg chry</i>	258
<i>terconazole vaginal cream 0.8%</i>	273	<i>tgt nicotine loz 2mg mint</i>	259
<i>terconazole vaginal suppos 80 mg</i>	273	<i>tgt nicotine loz 4mg chry</i>	259
<i>testosterone cypionate im inj in oil 100</i>		<i>tgt nicotine loz 4mg mint</i>	259
<i>mg/ml</i>	28	<i>tgt psyllium cap 0.52gm</i>	186
<i>testosterone cypionate im inj in oil 200</i>		<i>tgt senna tab 8.6mg</i>	194
<i>mg/ml</i>	28	<i>th magnesium tab 200mg</i>	207
<i>testosterone enanthate im inj in oil 200</i>		TH MINERAL OIL	190
<i>mg/ml</i>	28	THALOMID CAP 100MG	111
<i>tetrabenazine tab 12.5 mg</i>	250	THALOMID CAP 150MG	111
<i>tetrabenazine tab 25 mg</i>	250	THALOMID CAP 200MG	111
<i>tetracycline hcl cap 250 mg</i>	261	THALOMID CAP 50MG	111
<i>tetracycline hcl cap 500 mg</i>	261	<i>theochron tab 100mg cr</i>	41
<i>tetterine oin 2%</i>	147	<i>theochron tab 200mg cr</i>	41
TEVETEN TAB 400MG	83	<i>theochron tab 300mg cr</i>	41
<i>tgt acetamin tab 500mg</i>	19	<i>theophylline soln 80 mg/15ml</i>	41
<i>tgt allergy/ tab congest</i>	136	<i>theophylline tab er 12hr 100 mg</i>	41
<i>tgt antacid chw 1000mg</i>	31	<i>theophylline tab er 12hr 200 mg</i>	41
<i>tgt antacid sus anti-gas</i>	30	<i>theophylline tab er 12hr 300 mg</i>	41
<i>tgt antibiot oin</i>	144	<i>theophylline tab er 12hr 450 mg</i>	41
<i>tgt antifung cre 1%</i>	147	<i>theophylline tab er 24hr 400 mg</i>	41
<i>tgt apap dro infants</i>	19	<i>theophylline tab er 24hr 600 mg</i>	41
<i>tgt aspirin chw 81mg</i>	22	<i>thera form/ tab hematin</i>	222
<i>tgt aspirin chw child</i>	22	<i>thera tab</i>	226
<i>tgt aspirin tab 325mg</i>	22	<i>thera vital tab m</i>	222
<i>tgt aspirin tab 81mg ec</i>	22	<i>therabasic-m tab</i>	222
<i>tgt athletes cre foot</i>	148	<i>theradex m tab</i>	222
<i>tgt calcium chw suppleme</i>	205	<i>theradex m/ tab beta car</i>	223
<i>tgt cough liq form dm</i>	136	<i>thera-m tab</i>	222
TGT GLUCOSE CHW GRAPE	58	<i>theramill cap plus</i>	223
TGT GLUCOSE CHW ORANGE	58	<i>thera-mill m tab</i>	222
TGT GLUCOSE CHW RASPBERRY	58	<i>thera-mill tab</i>	226
<i>tgt lice kit complete</i>	159	THERANATAL MIS COMPLETE	229
<i>tgt lubricnt dro eye</i>	239	<i>therapeutic tab</i>	223, 226
<i>tgt lubricnt oin eye nite</i>	239	<i>therapeutic- tab m</i>	223
<i>tgt nasal spr 0.65%</i>	235	<i>therapeutic- tab m/lutein</i>	223
<i>tgt natural tab laxative</i>	193	<i>thera-tabs tab</i>	226
<i>tgt nicotine dis 14mg/24h</i>	258	<i>theratrum co tab 50 plus</i>	223
<i>tgt nicotine dis 21mg/24h</i>	258	<i>theratrum tab complete</i>	223
<i>tgt nicotine dis 7mg/24hr</i>	258	<i>theravim -m tab</i>	223

<i>therems tab</i>	227	<i>tobramycin nebu soln 300 mg/5ml</i>	7
<i>thermazene cre 1%</i>	149	<i>tobramycin ophth soln 0.3%</i>	241
<i>thiamine hcl tab 100 mg</i>	276	<i>tobramycin-dexamethasone ophth susp</i>	
<i>thiamine hcl tab 250 mg</i>	276	<i>0.3-0.1%</i>	242
<i>thiamine hcl tab 50 mg</i>	276	TODAY SPONGE MIS.....	197
<i>thioridazine hcl tab 10 mg</i>	103	<i>tolazamide tab 250 mg</i>	62
<i>thioridazine hcl tab 100 mg</i>	103	<i>tolazamide tab 500 mg</i>	62
<i>thioridazine hcl tab 25 mg</i>	103	<i>tolbutamide tab 500 mg</i>	62
<i>thioridazine hcl tab 50 mg</i>	103	<i>tolcapone tab 100 mg</i>	94
<i>thiothixene cap 1 mg</i>	104	<i>tolmetin sodium cap 400 mg</i>	13
<i>thiothixene cap 10 mg</i>	105	<i>tolmetin sodium tab 200 mg</i>	13
<i>thiothixene cap 2 mg</i>	104	<i>tolmetin sodium tab 600 mg</i>	13
<i>thiothixene cap 5 mg</i>	104	<i>tolnaftate aerosol pow 1%</i>	148
<i>thrive for tab women</i>	223	<i>tolnaftate cre 1%</i>	148
<i>thrive gum 2mg mint</i>	259	<i>tolnaftate powder 1%</i>	148
THYROGEN INJ 1.1MG	159	<i>tolnaftate soln 1%</i>	148
THYROLAR-1 TAB 60MG.....	265	<i>tolterodine tartrate tab 1 mg</i>	171
THYROLAR-1/2 TAB 30MG.....	265	<i>tolterodine tartrate tab 2 mg</i>	171
THYROLAR-1/4 TAB 15MG.....	265	<i>tolu-sed dm liq 100-10/5</i>	136
THYROLAR-2 TAB 120MG	265	<i>topiramate sprinkle cap 15 mg</i>	46
THYROLAR-3 TAB 180MG	265	<i>topiramate sprinkle cap 25 mg</i>	47
<i>tiagabine hcl tab 2 mg</i>	47	<i>topiramate tab 100 mg</i>	47
<i>tiagabine hcl tab 4 mg</i>	47	<i>topiramate tab 200 mg</i>	47
<i>ticlopidine hcl tab 250 mg</i>	177	<i>topiramate tab 25 mg</i>	47
<i>tilia fe tab</i>	127	<i>topiramate tab 50 mg</i>	47
<i>timolol maleate ophth gel forming soln</i>		<i>toposar inj 100/5ml</i>	93
<i>0.25%</i>	240	<i>toposar inj 200/10ml</i>	94
<i>timolol maleate ophth gel forming soln</i>		<i>toposar inj 500/25ml</i>	94
<i>0.5%</i>	240	<i>topotecan hcl for inj 4 mg (base equiv)</i> 94	
<i>timolol maleate ophth soln 0.25%</i>	240	<i>torsemide tab 10 mg</i>	161
<i>timolol maleate ophth soln 0.5%</i>	240	<i>torsemide tab 100 mg</i>	161
<i>timolol maleate tab 10 mg</i>	116	<i>torsemide tab 20 mg</i>	161
<i>timolol maleate tab 20 mg</i>	116	<i>torsemide tab 5 mg</i>	161
<i>timolol maleate tab 5 mg</i>	116	<i>total allerg liq 12.5/5ml</i>	73
<i>tinaspore sol 1%</i>	148	<i>total allerg tab 25mg</i>	73
<i>tioconazole oin 6.5% vag</i>	273	<i>total fiber pow</i>	186
TIVICAY TAB 10MG	108	<i>total formul tab</i>	223
TIVICAY TAB 25MG	108	<i>total formul tab 2</i>	223
TIVICAY TAB 50MG	108	<i>total formul tab 3</i>	223
<i>tizanidine hcl tab 2 mg (base equivalent)</i>		TOVIAZ TAB 4MG	172
.....	235	TOVIAZ TAB 8MG	172
<i>tizanidine hcl tab 4 mg (base equivalent)</i>		TRACLEER TAB 125MG.....	120
.....	235	TRACLEER TAB 32MG.....	120
TL FOLATE TAB.....	229	TRACLEER TAB 62.5MG.....	120
<i>tl icon cap</i>	180	TRADJENTA TAB 5MG	58
TOBRADEX OIN 0.3-0.1%	242	<i>tramadol hcl tab 50 mg</i>	26

<i>tramadol hcl tab er 24hr 200 mg</i>	26	<i>triaminic tab 10mg</i>	75
<i>tramadol hcl tab er 24hr biphasic release</i>		<i>triamterene & hydrochlorothiazide cap</i>	
<i>100 mg</i>	26	<i>37.5-25 mg</i>	160
<i>tramadol hcl tab er 24hr biphasic release</i>		<i>triamterene & hydrochlorothiazide tab</i>	
<i>300 mg</i>	26	<i>37.5-25 mg</i>	160
<i>trandolapril tab 1 mg</i>	81	<i>triamterene & hydrochlorothiazide tab</i>	
<i>trandolapril tab 2 mg</i>	82	<i>75-50 mg</i>	160
<i>trandolapril tab 4 mg</i>	82	<i>triazolam tab 0.125 mg</i>	184
<i>tranexamic acid iv soln 1000 mg/10ml</i>		<i>triazolam tab 0.25 mg</i>	184
<i>(100 mg/ml)</i>	182	<i>tri-biozene oin</i>	144
<i>tranexamic acid tab 650 mg</i>	182	<i>tricon cap</i>	180
<i>tranylcypromine sulfate tab 10 mg</i>	50	<i>triderm cre 0.1%</i>	155
<i>TRAVATAN Z DRO 0.004%</i>	244	<i>TRIDERMA CRE FORTE</i>	155
<i>travel sick chw 25mg</i>	65	<i>trientine hcl cap 250 mg</i>	111
<i>travel sick tab 50mg</i>	65	<i>tri-estaryl tab</i>	127
<i>travoprost ophth soln 0.004%</i>	244	<i>trifluoperazine hcl tab 1 mg (base</i>	
<i>trav-tabs tab 50mg</i>	65	<i>equivalent)</i>	103
<i>trazodone hcl tab 100 mg</i>	49	<i>trifluoperazine hcl tab 10 mg (base</i>	
<i>trazodone hcl tab 150 mg</i>	49	<i>equivalent)</i>	103
<i>trazodone hcl tab 50 mg</i>	49	<i>trifluoperazine hcl tab 2 mg (base</i>	
<i>TRELSTAR MIX INJ 11.25MG</i>	90	<i>equivalent)</i>	103
<i>TRELSTAR MIX INJ 22.5MG</i>	90	<i>trifluoperazine hcl tab 5 mg (base</i>	
<i>TRELSTAR MIX INJ 3.75MG</i>	90	<i>equivalent)</i>	103
<i>tretinoin cap 10 mg</i>	93	<i>trifluridine ophth soln 1%</i>	241
<i>tretinoin cream 0.025%</i>	143	<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	94
<i>tretinoin cream 0.05%</i>	143	<i>trihexyphenidyl hcl tab 2 mg</i>	94
<i>tretinoin cream 0.1%</i>	142	<i>trihexyphenidyl hcl tab 5 mg</i>	94
<i>tretinoin gel 0.01%</i>	143	<i>tri-legend tab fe</i>	127
<i>tretinoin gel 0.025%</i>	143	<i>tri-lynyah tab</i>	127
<i>triaacting nt liq cold/cgh</i>	136	<i>trilyte sol</i>	188
<i>triadvance tab</i>	234	<i>trimethoprim tab 100 mg</i>	32
<i>triamcinolone acetonide cream 0.025%</i>		<i>trimipramine maleate cap 100 mg</i>	54
.....	155	<i>trimipramine maleate cap 25 mg</i>	54
<i>triamcinolone acetonide cream 0.1%</i>	155	<i>trimipramine maleate cap 50 mg</i>	54
<i>triamcinolone acetonide cream 0.5%</i>	155	<i>TRINATAL GT TAB</i>	229
<i>triamcinolone acetonide dental paste</i>		<i>TRINATAL RX TAB 1</i>	229
<i>0.1%</i>	209	<i>trinate tab</i>	234
<i>triamcinolone acetonide lotion 0.025%</i>		<i>trinessa tab</i>	127
.....	155	<i>TRINTELLIX TAB 10MG</i>	49
<i>triamcinolone acetonide lotion 0.1%</i>	155	<i>TRINTELLIX TAB 20MG</i>	49
<i>triamcinolone acetonide nasal aerosol</i>		<i>TRINTELLIX TAB 5MG</i>	49
<i>suspension 55 mcg/act</i>	236	<i>triprocaps cap</i>	210
<i>triamcinolone acetonide oint 0.025%</i>	155	<i>triple antib oin</i>	144
<i>triamcinolone acetonide oint 0.1%</i>	155	<i>triple antib oin max st</i>	144
<i>triamcinolone acetonide oint 0.5%</i>	155	<i>triple antib oin plus</i>	144
<i>triaminic syp cough</i>	131	<i>triple antib oin plus max</i>	144

<i>triple paste oin af 2%</i>	148	TYSABRI INJ 300/15ML	251
<i>tri-previfem tab</i>	127	TYZEKA TAB 600MG	110
<i>tri-sprintec tab</i>	127	TYZINE PED DRO 0.05%	237
TRIUMEQ TAB	108	TYZINE SOL 0.1%	237
<i>tri-vit/fe dro /fl 0.25</i>	231	U	
<i>tri-vit/fl dro 0.25mg</i>	230	UDENYCA INJ 6MG/.6ML	179
<i>tri-vit/fl dro 0.5mg</i>	230	ULORIC TAB 40MG	174
<i>tri-vit/fluo dro 0.25mg</i>	230	ULORIC TAB 80MG	174
<i>tri-vit/fluo dro 0.5mg</i>	230	<i>ultra antiox tab formula</i>	223
<i>tri-vita sol</i>	233	<i>ultra choice chw kids</i>	232
<i>tri-vitamin dro</i>	233	<i>ultra freeda tab</i>	223
<i>trivora-28 tab</i>	127	<i>ultra freeda tab /iron</i>	223
<i>tropicamide ophth soln 0.5%</i>	240	<i>ultra fresh dro 0.5% op</i>	240
<i>tropicamide ophth soln 1%</i>	240	<i>ultra fresh oin pm</i>	240
<i>trospium chloride cap er 24hr 60 mg</i>	172	<i>ultra sleep tab 25mg</i>	183
<i>trospium chloride tab 20 mg</i>	172	<i>ultra vita-t tab</i>	223
TRUE METRIX KIT AIR	198	<i>ultrachoice tab advanced</i>	223
TRUE METRIX KIT METER	198	<i>unifed liq 30mg/5ml</i>	237
TRUE METRIX TES GLUCOSE	159	UNIFIBER POW	186
<i>trueplus tab diabetic</i>	223	<i>unithroid tab 100mcg</i>	265
TRULICITY INJ 0.75/0.5	58	<i>unithroid tab 112mcg</i>	265
TRULICITY INJ 1.5/0.5	58	<i>unithroid tab 125mcg</i>	265
TRUVADA TAB 100-150	108	<i>unithroid tab 137mcg</i>	265
TRUVADA TAB 133-200	109	<i>unithroid tab 150mcg</i>	265
TRUVADA TAB 167-250	109	<i>unithroid tab 175mcg</i>	265
TRUVADA TAB 200-300	109	<i>unithroid tab 200mcg</i>	266
TUDORZA PRES AER 400/ACT	38	<i>unithroid tab 25mcg</i>	265
<i>tums fresher chw 500mg</i>	31	<i>unithroid tab 300mcg</i>	266
<i>tusnel diabt liq 10-100/5</i>	136	<i>unithroid tab 50mcg</i>	265
<i>tussin adult liq 100/5ml</i>	140	<i>unithroid tab 75mcg</i>	265
<i>tussin adult liq cgh/cong</i>	136	<i>unithroid tab 88mcg</i>	265
<i>tussin chest syp 100/5ml</i>	140	UP&UP CHW GRAPE	58
<i>tussin cough liq 10-100/5</i>	136	UP&UP CHW ORANGE	58
<i>tussin cough syp dm</i>	136	UP&UP CHW RASPBERRY	58
<i>tussin dm cg liq 20-400</i>	136	UPTRAVI TAB 1000MCG	259
<i>tussin dm liq</i>	136	UPTRAVI TAB 1200MCG	259
<i>tussin dm liq 10-100mg</i>	136	UPTRAVI TAB 1400MCG	259
<i>tussin dm liq 10-200</i>	137	UPTRAVI TAB 1600MCG	259
<i>tussin dm liq 10-200/5</i>	137	UPTRAVI TAB 200/800	259
<i>tussin dm liq clear</i>	137	UPTRAVI TAB 200MCG	259
<i>tussin dm mx liq 10-200/5</i>	137	UPTRAVI TAB 400MCG	259
<i>tussin dm syp 100-10/5</i>	137	UPTRAVI TAB 600MCG	259
<i>tussin syp 100/5ml</i>	140	UPTRAVI TAB 800MCG	259
TYBOST TAB 150MG	109	<i>ursodiol cap 300 mg</i>	169
TYKERB TAB 250MG	93	<i>ursodiol tab 250 mg</i>	169
TYMLOS INJ	163	<i>ursodiol tab 500 mg</i>	169

V

<i>vacuant plus ene 20-283</i>	195	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	52
<i>vagistat-3 kit combo pk</i>	273	<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	52
<i>valacyclovir hcl tab 1 gm</i>	110	<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	52
<i>valacyclovir hcl tab 500 mg</i>	110	VENTAVIS SOL 10MCG/ML	120
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	109	VENTAVIS SOL 20MCG/ML	120
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	109	VENTOLIN HFA AER	40
VALIDERM CRE	155	VERACOLATE TAB	194
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	48	<i>verapamil hcl cap er 24hr 100 mg</i>	119
<i>valproic acid cap 250 mg</i>	48	<i>verapamil hcl cap er 24hr 120 mg</i>	119
<i>valsartan tab 160 mg</i>	83	<i>verapamil hcl cap er 24hr 180 mg</i>	119
<i>valsartan tab 320 mg</i>	83	<i>verapamil hcl cap er 24hr 240 mg</i>	119
<i>valsartan tab 40 mg</i>	83	<i>verapamil hcl cap er 24hr 300 mg</i>	119
<i>valsartan tab 80 mg</i>	83	<i>verapamil hcl cap er 24hr 360 mg</i>	119
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	86	<i>verapamil hcl tab 120 mg</i>	119
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	86	<i>verapamil hcl tab 40 mg</i>	119
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	86	<i>verapamil hcl tab 80 mg</i>	119
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	86	<i>verapamil hcl tab er 120 mg</i>	119
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	86	<i>verapamil hcl tab er 180 mg</i>	119
<i>vandazole gel 0.75%</i>	273	<i>verapamil hcl tab er 240 mg</i>	119
VASCEPA CAP 1GM	77	VEREGEN OIN 15%	143
<i>v-c forte cap</i>	223	VESICARE TAB 10MG	172
<i>vcf vaginal gel contrace</i>	272	VESICARE TAB 5MG	172
VECAMEYL TAB 2.5MG	87	<i>vestura tab 3-0.02mg</i>	127
<i>veg fiber pow 63%</i>	186	VEXOL SUS 1% OP	242
<i>velivet pak</i>	127	<i>vic-forte cap</i>	223
VELPHORO CHW 500MG	170	VICTOZA INJ 18MG/3ML	58
VELTIN GEL	143	<i>vigabatrin powd pack 500 mg</i>	47
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	52	VIIBRYD KIT	50
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	51	VIIBRYD KIT STARTER	50
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	51	VIIBRYD TAB 10MG	50
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	52	VIIBRYD TAB 20MG	50
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	52	VIIBRYD TAB 40MG	50
		VIMPAT SOL 10MG/ML	47
		VIMPAT TAB 100MG	47
		VIMPAT TAB 150MG	47
		VIMPAT TAB 200MG	47
		VIMPAT TAB 50MG	47
		VINATE II TAB	229
		VINATE M TAB	229
		<i>violele tab</i>	127
		VIRACEPT TAB 250MG	109
		VIRACEPT TAB 625MG	109
		VIREAD TAB 150MG	109

VIREAD TAB 200MG	109	<i>vitrum tab senior</i>	224
VIREAD TAB 250MG	109	<i>vol-care rx tab</i>	210
VIRT-ADVANCE TAB 90-1MG	229	VOSEVI TAB	110
<i>virtussin ac sol 100-10/5</i>	137	VOTRIENT TAB 200MG	93
VIRT-VITE GT TAB 90-1MG	229	VP GLUCOSE CHW FRUIT	58
<i>virt-vite tab plus</i>	210	VP GLUCOSE CHW GRAPE	58
<i>vision form/ tab lutein</i>	223	VRAYLAR CAP 1.5MG	96
<i>vision plus cap</i>	223	VRAYLAR CAP 3MG	96
<i>vision tab vitamins</i>	223	VRAYLAR CAP 4.5MG	97
<i>visivites tab</i>	224	VRAYLAR CAP 6MG	97
<i>visivites tab /lutein</i>	224	<i>vyfemla tab 0.4-35</i>	127
<i>vit a/c/d/fl dro 0.25mg</i>	230	VYVANSE CAP 10MG	2
<i>vita hair tab</i>	224	VYVANSE CAP 20MG	2
<i>vita s forte tab</i>	224	VYVANSE CAP 30MG	2
<i>vitabasic tab complete</i>	224	VYVANSE CAP 40MG	2
<i>vitabasic tab senior</i>	224	VYVANSE CAP 50MG	2
<i>vita-bee/c tab</i>	210	VYVANSE CAP 60MG	2
<i>vitacel tab</i>	224	VYVANSE CAP 70MG	3
VITAFOL-OB TAB 65-1MG	229	W	
<i>vitalee tab</i>	227	<i>wal-dram ii tab 25mg</i>	65
<i>vitamax ped dro</i>	232	<i>wal-dram tab 50mg</i>	65
<i>vitamin b12 tab 1000mcg</i>	178	<i>wal-dryl alr tab 12.5mg</i>	73
<i>vita-min cap</i>	224	<i>wal-dryl cap 25mg</i>	73
<i>vitamin d cap 1000unit</i>	275	<i>wal-dryl liq 12.5/5ml</i>	73
<i>vitamin d tab 2000unit</i>	275	<i>wal-dryl pe tab 25-10mg</i>	137
<i>vitamin d tab 5000iu</i>	275	<i>wal-dryl tab 25mg</i>	73
<i>vitamin d3 cap 10000unt</i>	275	<i>wal-fex alrg tab 60mg</i>	75
<i>vitamin d3 cap 2000 unt</i>	274	<i>wal-finate tab 4mg</i>	67
<i>vitamin d3 cap 2000unit</i>	275	<i>wal-hist tab 1.34mg</i>	73
<i>vitamin d3 cap 50000unt</i>	275	<i>wal-itin d tab 10-240mg</i>	137
<i>vitamin d3 cap 5000unit</i>	275	<i>wal-itin d tab 24 hour</i>	137
<i>vitamin d3 chw 400unit</i>	275	<i>wal-itin d tab 5-120mg</i>	137
<i>vitamin d3 dro 400unit</i>	275	<i>wal-itin syp 5mg/5ml</i>	75
<i>vitamin d3 tab 1000unit</i>	275	<i>wal-itin tab 10mg</i>	75, 76
<i>vitamin d3 tab 400unit</i>	275	<i>wal-mucil cap 0.52gm</i>	186
<i>vitamin d3 tab 5000unit</i>	275	<i>wal-mucil pow 100%</i>	187
<i>vitatrum tab complete</i>	224	<i>wal-mucil pow 28.3%</i>	187
<i>vite/iron chw children</i>	231	<i>wal-mucil pow 48.57%</i>	187
VITEKTA TAB 150MG	109	<i>wal-mucil pow 58.6%</i>	187
<i>viteyes ared cap advanced</i>	224	<i>wal-phed d tab 120mg</i>	237
<i>viteyes ared cap formula</i>	224	<i>wal-phed pe tab 10mg</i>	237
<i>viteyes cap /lutein</i>	224	<i>wal-phed tab 30mg</i>	237
<i>viteyes cap complete</i>	224	<i>wal-profen cap 200mg</i>	13
<i>viteyes smkr cap advanced</i>	224	<i>wal-profen tab 200mg</i>	14
<i>viteyes smkr cap w/lutein</i>	224	<i>wal-som tab 25mg</i>	183
<i>viteyes tab lycopene</i>	224	<i>wal-sporin oin</i>	144

<i>wal-tap dm elx cold/cgh</i>	137	<i>womens 50+ cap advanced</i>	224
<i>wal-tap elx cld/alle</i>	137	<i>womens cap multi</i>	224
<i>wal-tussin liq 10-100/5</i>	137	<i>womens daily tab fa/ca/fe</i>	224
<i>wal-tussin liq 10-200/5</i>	137	<i>womens daily tab formula</i>	225
<i>wal-tussin liq dm max</i>	137	<i>womens laxat tab 5mg ec</i>	194
<i>wal-tussin syp 100/5ml</i>	140	<i>womens mult tab</i>	225
<i>wal-tussin syp dm</i>	137	<i>womens one tab daily</i>	225
<i>wal-vert tab 10mg</i>	76	<i>womns active tab daily</i>	225
<i>wal-zan tab 150mg</i>	270	WP THYROID TAB 130MG	266
<i>wal-zan tab 75mg</i>	270	WP THYROID TAB 16.25MG	266
<i>wal-zyr d tab 5-120mg</i>	137	WP THYROID TAB 32.5MG	266
<i>wal-zyr dro 0.025%op</i>	243	WP THYROID TAB 48.75MG	266
<i>wal-zyr sol 1mg/ml</i>	76	WP THYROID TAB 65MG	266
<i>wal-zyr sol 5mg/5ml</i>	76	WP THYROID TAB 81.25MG	266
<i>wal-zyr tab 10mg</i>	76	WP THYROID TAB 97.5MG	266
<i>warfarin sodium tab 1 mg</i>	42	<i>wymzya fe chw 0.4mg-35</i>	127
<i>warfarin sodium tab 10 mg</i>	42	X	
<i>warfarin sodium tab 2 mg</i>	42	XALKORI CAP 200MG	93
<i>warfarin sodium tab 2.5 mg</i>	42	XALKORI CAP 250MG	93
<i>warfarin sodium tab 3 mg</i>	42	XARELTO TAB 10MG	42
<i>warfarin sodium tab 4 mg</i>	42	XARELTO TAB 15MG	42
<i>warfarin sodium tab 5 mg</i>	42	XARELTO TAB 20MG	42
<i>warfarin sodium tab 6 mg</i>	42	XARTEMIS XR TAB 7.5-325	27
<i>warfarin sodium tab 7.5 mg</i>	42	XELJANZ TAB 5MG	105
<i>wee care sus 15/1.25</i>	182	XELJANZ XR TAB 11MG	105
WELCHOL PAK 3.75GM	77	XGEVA INJ	163
WELCHOL TAB 625MG	77	XIGDUO XR TAB 10-1000	56
<i>wera tab 0.5/35</i>	127	XIGDUO XR TAB 10-500MG	56
WESTHROID TAB 130MG	266	XIGDUO XR TAB 2.5-1000	56
WESTHROID TAB 195MG	266	XIGDUO XR TAB 5-1000MG	56
WESTHROID TAB 32.5MG	266	XIGDUO XR TAB 5-500MG	56
WESTHROID TAB 65MG	266	XOLAIR INJ 150MG/ML	38
WESTHROID TAB 97.5MG	266	XOLAIR INJ 75/0.5	38
<i>whole source tab dietary</i>	224	XOLAIR SOL 150MG	38
<i>whole source tab for men</i>	224	<i>xpect tab 400mg</i>	140
<i>whole source tab women</i>	224	<i>xulane dis 150-35</i>	128
WIDE-SEAL DPR KIT 60	197	XYNTHA INJ 1000UNIT	176
WIDE-SEAL DPR KIT 65	197	XYNTHA INJ 2000UNIT	176
WIDE-SEAL DPR KIT 70	197	XYNTHA INJ 250UNIT	176
WIDE-SEAL DPR KIT 75	197	XYNTHA INJ 500UNIT	176
WIDE-SEAL DPR KIT 80	197	XYNTHA SOLOF INJ 1000UNIT	176
WIDE-SEAL DPR KIT 85	197	XYNTHA SOLOF INJ 2000UNIT	176
WIDE-SEAL DPR KIT 90	197	XYNTHA SOLOF INJ 3000UNIT	176
WIDE-SEAL DPR KIT 95	198	XYNTHA SOLOF INJ 500UNIT	176
<i>womans laxat tab 5mg ec</i>	194	XYNTHA SOLOF KIT 250UNIT	176
		XYREM SOL 500MG/ML	249

Y

<i>yl folic aci tab 400mcg</i>	179
<i>yl vit b-6 tab 100mg</i>	276
YOUR LIFE CAP PRENATAL	229
<i>your life tab mens 50+</i>	225
<i>your life tab wmnns 50+</i>	225
<i>yuvaferm tab 10mcg</i>	273

Z

<i>zafirlukast tab 10 mg</i>	38
<i>zafirlukast tab 20 mg</i>	38
<i>zaleplon cap 10 mg</i>	184
<i>zaleplon cap 5 mg</i>	184
<i>zarah tab 3-0.03mg</i>	127
ZARXIO INJ 300/0.5	179
ZARXIO INJ 480/0.8	179
ZAVESCA CAP 100MG	177
<i>zeasorb-af pow 2%</i>	148
<i>zebutal cap</i>	15
<i>zenatane cap 10mg</i>	143
<i>zenatane cap 20mg</i>	143
<i>zenatane cap 30mg</i>	143
<i>zenatane cap 40mg</i>	143
<i>zenchent fe chw 0.4mg-35</i>	127
<i>zenchent tab</i>	127
ZENPEP CAP 10000UNT	160
ZENPEP CAP 15000UNT	160
ZENPEP CAP 20000UNT	160
ZENPEP CAP 25000UNT	160
ZENPEP CAP 3000UNIT	160
ZENPEP CAP 40000UNT	160
ZENPEP CAP 5000UNIT	160
<i>zenzedi tab 10mg</i>	3
<i>zenzedi tab 5mg</i>	3
ZEPATIER TAB 50-100MG	110
<i>zidovudine cap 100 mg</i>	109
<i>zidovudine syrup 10 mg/ml</i>	109
<i>zidovudine tab 300 mg</i>	109
<i>zileuton tab er 12hr 600 mg</i>	39
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	209
<i>zinc-220 cap</i>	209
ZINC-OXYDE OIN 0.44-20%	157

ZIOPTAN DRO 0.0015%	244
<i>ziprasidone hcl cap 20 mg</i>	97
<i>ziprasidone hcl cap 40 mg</i>	97
<i>ziprasidone hcl cap 60 mg</i>	97
<i>ziprasidone hcl cap 80 mg</i>	97
ZIRGAN GEL 0.15%	241
ZOLADEx IMP 10.8MG	90
ZOLADEx IMP 3.6MG	90
ZOLINZA CAP 100MG	93
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	201
<i>zolmitriptan orally disintegrating tab 5 mg</i>	201
<i>zolmitriptan tab 2.5 mg</i>	201
<i>zolmitriptan tab 5 mg</i>	201
<i>zolpidem tartrate tab 10 mg</i>	184
<i>zolpidem tartrate tab 5 mg</i>	184
ZOMIG SPR 5MG	201
ZOMIG ZMT TAB 2.5 MG	201
ZOMIG ZMT TAB 5MG ODT	201
<i>zonisamide cap 100 mg</i>	47
<i>zonisamide cap 25 mg</i>	47
<i>zonisamide cap 50 mg</i>	47
ZONTIVITY TAB 2.08MG	177
<i>zoo friends chw</i>	232
<i>zoo friends chw extra c</i>	233
<i>zoo friends chw gummies</i>	233
<i>zoo friends chw pls iron</i>	231
ZORTRESS TAB 0.25MG	113
ZORTRESS TAB 0.5MG	113
ZORTRESS TAB 0.75MG	113
ZOSTAVAX INJ	272
<i>zovia 1/35e tab</i>	127
<i>zovia 1/50e tab</i>	127
ZOVIRAX CRE 5%	149
ZYDELIG TAB 150MG	93
ZYKADIA CAP 150MG	93
ZYPREXA RELP INJ 210MG	159
ZYPREXA RELP INJ 300MG	159
ZYPREXA RELP INJ 405MG	159
ZYTIGA TAB 250MG	90



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