

2020

Formulary/ Formulario

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

Michigan

The information in this document is effective as of October 1, 2020. The formulary is subject to change and all previous versions of the formulary are no longer in effect. An electronic version of the formulary can be found at MolinaMarketplace.com. Information about prescription drug cost sharing amounts can be found on our Benefits at a Glance brochure or by entering your prescription and pharmacy information into the Check Drug Cost tool.

La información de este documento está vigente a partir del 1 de octubre de 2020. El formulario está sujeto a cambio y todas las versiones anteriores del mismo ya no se encuentran en vigor. Puede encontrar una versión electrónica del formulario en MolinaMarketplace.com. Puede encontrar información sobre los montos de distribución de costos para medicamentos recetados en nuestro folleto Beneficios de un vistazo o ingresando su información de receta y farmacia en la herramienta Verificar Costo de Medicamentos.

MolinaMarketplace.com



Your Extended Family.

Legend

What are the Requirements and Limits on the drug list?

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

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

Some drugs are designated "Preferred Brand" in the drug class they are listed. If there is a drug in the same class as the drug you are requesting and it is the Preferred Brand drug in the class, we require that the Preferred Brand be used first or instead. Specific drugs that require use of a Preferred Brand drug first may also be indicated "Medical Necessity PA". Medical Necessity Prior Authorization requirements apply to some Tier 4 Specialty Drugs.

The drug list will also indicate if a drug is eligible for Mail Order (**MAIL**) programs in the Requirements/Limits column. It is your choice if you want to use Mail Order programs. You may have lower cost sharing using Mail Order on some drugs.

What are Drug Tiers and how do they affect my share of the drug's cost?

We put drugs on different levels called tiers based on how well they improve health and how much they cost compared to similar treatments. Your plan has the following tiers. For Tiers 1 through 4, the lower the Drug Tier, the lower your share of the cost will be.

Here are more details about which drugs are on which tiers.

Drug Tier	Description
Tier 1	Preferred Generic drugs and low-cost Brand Name drugs; Lowest enrollee cost sharing
Tier 2	Preferred Brand Name drugs; Higher cost sharing than Tier 1
Tier 3	Non-Preferred, Brand Name and Generic drugs; Higher cost sharing than lower tier drugs used to treat the same conditions
Tier 4	Specialty Drugs, both Brand Name and Generic; Higher cost sharing than lower tier drugs used to treat the same conditions if available. Most Specialty Drugs covered in your plan will be available through a Specialty Pharmacy. We may require you to use our exclusive In-Network Specialty Pharmacy
Tier 5	Preventative service drugs
DME	Durable Medical Equipment; Cost sharing may apply for non-drug products on the drug list

In accordance with the Affordable Care Act, your plan covers nationally recognized preventative service drugs and dosage forms (Tier 5) with \$0 cost sharing.

How can I find more information about how much my drug will cost?

Information about prescription drug cost sharing amounts can be found on our Benefits at a Glance brochure or by entering your prescription and pharmacy information into the Check Drug Cost tool. This tool will provide you with an estimate of your cost. If you create an account with Caremark.com before using the tool, your plan design information will also be used to more closely estimate actual prices you pay at the pharmacy.

Leyenda

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

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

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

Algunos medicamentos son denominados “de Marca Preferida” en la clase de medicamento en la que aparecen. Si existe un medicamento en la misma clase que el medicamento que está solicitando y es el medicamento de Marca Preferida en la clase, necesitamos que el medicamento de Marca Preferida se utilice primero o en su lugar. Los medicamentos específicos que requieren el uso de un medicamento de Marca Preferida también se pueden indicar primero como “PA de Necesidad Médica”. Se aplican requisitos de Autorización previa médicamente necesaria para algunos medicamentos especializados de categoría 4.

La lista de medicamentos además indicará si un medicamento es elegible para programas de pedido por correo (**MAIL**) en la columna Requisitos/Límites. Es su decisión si desea usar programas de Pedido por correo. Es posible que tenga una distribución de costos menor cuando use el Pedido por correo en algunos medicamentos.

¿Qué son las categorías de medicamento y cómo afectan mi parte del costo de medicamentos?

Colocamos los medicamentos en distintos niveles llamados "categorías" basándonos en qué tan bien mejoran la salud y cuánto cuestan en comparación con tratamientos similares. Su plan tiene las siguientes categorías. Para las categorías del 1 al 4, mientras más baja es la categoría de medicamento, más baja será su parte del costo.

Estos son más detalles sobre qué medicamentos están en qué categorías.

Categoría de medicamento	Descripción
Tier 1	Medicamentos genéricos preferidos; distribución de costos más baja para el afiliado.
Tier 2	Medicamentos de marca preferidos; distribución de costos más alta que la categoría 1.
Tier 3	Medicamentos no preferidos, medicamentos de marca y medicamentos genéricos; distribución de costos más alta que los medicamentos de categoría más baja utilizados para tratar las mismas afecciones.
Tier 4	Medicamentos especializados, tanto de marca como genéricos; distribución de costos más alta que los medicamentos de categoría más baja utilizados para tratar las mismas afecciones, si están disponibles. La mayoría de medicamentos especializados cubiertos en su plan estarán disponibles a través de una farmacia de especialidad. Es posible que necesitemos que use nuestra farmacia de especialidad exclusiva dentro de la red.
Tier 5	Medicamentos de servicio preventivo y medicamentos y dispositivos de planificación familiar (es decir, anticonceptivos) con una distribución de costos de \$0.
DME	Equipo médico duradero; la distribución de costos puede aplicar para productos que no sean medicamentos de la lista de medicamentos.

¿Cómo puedo encontrar más información sobre el costo de mi medicamento?

Puede encontrar información sobre los montos de distribución de costos de los medicamentos recetados en nuestro folleto Resumen de los Beneficios (Benefits at a Glance) o ingresando la información de sus medicamentos recetados y la farmacia en la herramienta Verificar Costo de Medicamentos (Check Drug Cost). Si crea una cuenta con Caremark.com antes de usar la herramienta, la información de diseño de su plan también se utilizará para estimar de manera más exacta los precios reales que paga en la farmacia.



Molina Marketplace – 2020 Formulary Changes Effective 10/1/2020

Effective Date	Formulary Change	Change	Notes
10/1/2020	AFINITOR DIS TAB 2MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	AFINITOR DIS TAB 3MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	AFINITOR DIS TAB 5MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	AFINITOR TAB 10MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	AFINITOR TAB 2.5MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	AFINITOR TAB 5MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	AFINITOR TAB 7.5MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	ALECENSA CAP 150MG	Adding Quantity Limit (QL)	QL: 240 per 30 days
10/1/2020	BRUKINSA CAP 80MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	CAPRELSA TAB 100MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	CAPRELSA TAB 300MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	COMETRIQ 100MG DAILY DOSE KIT	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	COMETRIQ 140MG DAILY DOSE KIT	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	COMETRIQ 60MG DAILY DOSE KIT	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	Diclofenac gel 1% OTC	Adding Over-the-Counter (OTC) formulation to formulary, Tier 1, Prior Authorization required, Quantity Limit (QL)	QL: 200 per 30 days
10/1/2020	DUPIXENT INJ 300/2ML	Adding to formulary, Tier 4, Prior Authorization required	
10/1/2020	ERIVEDGE CAP 150MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	FARYDAK CAP 10MG	Adding Quantity Limit (QL)	QL: 6 per 21 days
10/1/2020	FARYDAK CAP 15MG	Adding Quantity Limit (QL)	QL: 6 per 21 days
10/1/2020	FARYDAK CAP 20MG	Adding Quantity Limit (QL)	QL: 6 per 21 days
10/1/2020	FULPHILA INJ 6/0.6ML	Adding Quantity Limit (QL)	QL: 0.6 per 14 days
10/1/2020	GILOTRIF TAB 20MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	GILOTRIF TAB 30MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	GILOTRIF TAB 40MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	GLEEVEC TAB 100MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	GLEEVEC TAB 400MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	IBRANCE CAP 100MG	Adding Quantity Limit (QL)	QL: 30 per 30 days

Effective Date	Formulary Change	Change	Notes
10/1/2020	IBRANCE CAP 125MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	IBRANCE CAP 75MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	IBRANCE TAB 100MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	IBRANCE TAB 125MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	IBRANCE TAB 75MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	ICLUSIG TAB 15MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	ICLUSIG TAB 45MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	IMBRUVICA CAP 140MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	JAKAFI TAB 10MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	JAKAFI TAB 15MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	JAKAFI TAB 20MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	JAKAFI TAB 25MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	JAKAFI TAB 5MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	KISQALI 200 PAK FEMARA	Adding Quantity Limit (QL)	QL: 49 per 28 days
10/1/2020	KISQALI 400 PAK FEMARA	Adding Quantity Limit (QL)	QL: 70 per 28 days
10/1/2020	KISQALI 600 PAK FEMARA	Adding Quantity Limit (QL)	QL: 91 per 28 days
10/1/2020	KISQALI TAB 200 DAILY DOSE	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	KISQALI TAB 400 DAILY DOSE	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	KISQALI TAB 600 DAILY DOSE	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	LENVIMA CAP 10 MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	LENVIMA CAP 12 MG (3 x 4 mg)	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	LENVIMA CAP 14 MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	LENVIMA CAP 18 MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	LENVIMA CAP 20 MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	LENVIMA CAP 24 MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	LENVIMA CAP 4 MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	LENVIMA CAP 8 MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	LONSURF TAB 15-6.14	Adding Quantity Limit (QL)	QL: 100 per 28 days
10/1/2020	LONSURF TAB 20-8.19	Adding Quantity Limit (QL)	QL: 100 per 28 days
10/1/2020	MALATHION LOT 0.5%	Removing Step Therapy Requirement, adding Quantity Limit (QL)	QL: 59 per 30 days
10/1/2020	MEKINIST TAB 0.5MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	MEKINIST TAB 2MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	NEULASTA INJ 6MG/0.6M	Adding Quantity Limit (QL)	QL: 0.6 per 14 days
10/1/2020	NEXAVAR TAB 200MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	NEXLIZET TAB 180/10MG	Adding to formulary, Tier 3, Prior Authorization required	
10/1/2020	ODOMZO CAP 200MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	POLY-VI-SOL SOL 50MG/ML	Adding to formulary, Tier 2	
10/1/2020	POLY-VI-SOL SOL IRON	Adding to formulary, Tier 2	

Effective Date	Formulary Change	Change	Notes
10/1/2020	POMALYST CAP 1MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	POMALYST CAP 2MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	POMALYST CAP 3MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	POMALYST CAP 4MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	REVLIMID CAP 10MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	REVLIMID CAP 15MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	REVLIMID CAP 2.5MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	REVLIMID CAP 20MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	REVLIMID CAP 25MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	REVLIMID CAP 5MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	RIBAVIRIN CAP 200MG	Removing Prior Authorization requirement	
10/1/2020	RIBAVIRIN TAB 200MG	Removing Prior Authorization requirement	
10/1/2020	RUBRACA TAB 200MG	Adding to formulary, Tier 4, Prior Authorization required	
10/1/2020	RUBRACA TAB 250MG	Adding to formulary, Tier 4, Prior Authorization required	
10/1/2020	RUBRACA TAB 300MG	Adding to formulary, Tier 4, Prior Authorization required	
10/1/2020	RYBELSUS TAB 14MG	Adding to formulary, Tier 2, with Step Therapy requirement	
10/1/2020	RYBELSUS TAB 3MG	Adding to formulary, Tier 2, with Step Therapy requirement	
10/1/2020	RYBELSUS TAB 7MG	Adding to formulary, Tier 2, with Step Therapy requirement	
10/1/2020	SPINOSAD SUS 0.9%	Removing Step Therapy requirement, adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	SPRYCEL TAB 100MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	SPRYCEL TAB 140MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	SPRYCEL TAB 20MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	SPRYCEL TAB 50MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	SPRYCEL TAB 70MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	SPRYCEL TAB 80MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	STIVARGA TAB 40MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	SUTENT CAP 12.5MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	SUTENT CAP 25MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	SUTENT CAP 37.5MG	Adding Quantity Limit (QL)	QL: 30 per 30 days

Effective Date	Formulary Change	Change	Notes
10/1/2020	SUTENT CAP 50MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	TAFINLAR CAP 50MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	TAFINLAR CAP 75MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	TAGRISSO 40MG TAB	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	TAGRISSO TAB 80MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	TARCEVA TAB 100MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	TARCEVA TAB 150MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	TARCEVA TAB 25MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	TASIGNA 50MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	TASIGNA CAP 150MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	TASIGNA CAP 200MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	THALOMID CAP 100MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	THALOMID CAP 150MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	THALOMID CAP 200MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	THALOMID CAP 50MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	TIVICAY TAB FOR ORAL SUSP 5MG (BASE EQUIV)	Adding to formulary, Tier 2, with Quantity Limit (QL)	QL: 180 per 30 days
10/1/2020	TYKERB TAB 250MG	Adding Quantity Limit (QL)	QL: 180 per 30 days
10/1/2020	UDENYCA INJ 6MG/.6ML	Adding Quantity Limit (QL)	QL: 0.6 per 14 days
10/1/2020	VOTRIENT TAB 200MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	XALKORI CAP 200MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	XALKORI CAP 250MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	ZEJULA CAP 100MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	ZIEXTENZO INJ 6/0.6ML	Adding Quantity Limit (QL)	QL: 0.6 per 14 days
10/1/2020	ZOLINZA CAP 100MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	ZYDELIG TAB 100MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	ZYDELIG TAB 150MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	ZYTIGA TAB 250MG	Adding Quantity Limit (QL)	QL: 120 per 30 days

Drug Name	Drug Tier	Requirements/Limits
ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS		
AMPHETAMINES		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1	AGE, QL (150 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Tier 3	AGE, QL (120 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Tier 3	AGE, QL (120 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Tier 3	AGE, QL (60 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<i>dextroamphetamine sulfate tab 5 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<i>dextroamphetamine sulfate tab 10 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<i>methamphetamine hcl tab 5 mg</i>	Tier 3	AGE, PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 10MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	AGE, QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 20MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	AGE, QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 30MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	AGE, QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 40MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	AGE, QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 50MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	AGE, QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 60MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	AGE, QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 70MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	AGE, QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
ANALEPTICS		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	AGE, QL (120 mL in lifetime); AGE (Max 1 year)
ANOREXIANTS NON-AMPHETAMINE		
<i>phendimetrazine tartrate tab 35 mg</i>	Tier 1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 3	AGE, QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 3	AGE, QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 3	AGE, QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 3	AGE, QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 3	AGE, QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 3	AGE, QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 3	AGE, QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
STIMULANTS - MISC.		
<i>armodafinil tab 50 mg</i>	Tier 1	PA
<i>armodafinil tab 150 mg</i>	Tier 1	PA
<i>armodafinil tab 200 mg</i>	Tier 1	PA
<i>armodafinil tab 250 mg</i>	Tier 1	PA
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	Tier 3	AGE, QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Tier 3	AGE, QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Tier 3	AGE, QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Tier 3	AGE, QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	AGE, QL (450 mL / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	AGE, QL (900 mL / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 6 years, Max 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>modafinil tab 100 mg</i>	Tier 3	QL (30 tabs / 30 days), PA
<i>modafinil tab 200 mg</i>	Tier 3	QL (60 tabs / 30 days), PA

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

<i>melatonin cap 3 mg</i>	Tier 1	OTC
<i>melatonin cap 5 mg</i> (Cvs Melatonin)	Tier 1	OTC
MELATONIN LIQ 1MG/4ML	Tier 1	OTC
<i>melatonin tab 1 mg</i>	Tier 1	OTC
<i>melatonin tab 3 mg</i>	Tier 1	OTC
<i>melatonin tab 5 mg</i>	Tier 1	OTC
<i>melatonin tab 300 mcg</i>	Tier 1	OTC
<i>melatonin tab er 10 mg</i>	Tier 1	OTC
<i>melatonin tablet disintegrating 5 mg</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
ALTERNATIVE MEDICINE COMBINATIONS		
melatonin-pyridoxine tab 3-1 mg (Melatonin/vitamin B-6 Ext)	Tier 1	OTC
melatonin-pyridoxine tab 3-2 mg (Ra Melatonin)	Tier 1	OTC
melatonin-pyridoxine tab er 3-10 mg (Melatonin Tr/vitamin B-6)	Tier 1	OTC
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin sulfate tab 500 mg	Tier 1	
paromomycin sulfate cap 250 mg	Tier 3	
tobramycin nebu soln 300 mg/5ml	Tier 4	PA
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10/0.1ML (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA INJ 10MG/0.2 (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA INJ 20/0.2ML (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA INJ 40/0.4ML (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA KIT 20MG/0.4 (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA KIT 40MG/0.8 (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA PEDIA INJ CROHNS (adalimumab)	Tier 4	QL (2 ea / year), PA; Preferred Brand
HUMIRA PEDIA INJ CROHNS (adalimumab)	Tier 4	QL (3 ea / year), PA; Preferred Brand
HUMIRA PEN INJ 40/0.4ML (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA PEN INJ CD/UC/HS (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA PEN KIT CD/UC/HS (adalimumab)	Tier 4	QL (3 ea / year), PA; Preferred Brand
HUMIRA PEN KIT PS/UV (adalimumab)	Tier 4	QL (3 ea / year), PA; Preferred Brand
SIMPONI INJ 50/0.5ML (golimumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SIMPONI INJ 100MG/ML (golimumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER (upadacitinib)	Tier 4	PA; Preferred Brand

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 5MG (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
XELJANZ TAB 10MG (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 11MG (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 22MG (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
GOLD COMPOUNDS		
RIDAURA CAP 3MG (<i>auranofin</i>)	Tier 3	MAIL, PA
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG (<i>rilonacept</i>)	Tier 4	PA
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (<i>anakinra</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ 80MG/4ML (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 162/0.9 (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 200/10ML (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 400/20ML (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ ACTPEN (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 150/1.14 (<i>sarilumab</i>)	Tier 4	PA; Preferred Brand
KEVZARA INJ 200/1.14 (<i>sarilumab</i>)	Tier 4	PA; Preferred Brand
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>celecoxib cap 100 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>celecoxib cap 200 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>celecoxib cap 400 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<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

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	QL (60 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 3	QL (120 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>ibuprofen cap 200 mg</i> (Medi-profen)	Tier 1	OTC, QL (120 caps / 30 days)
<i>ibuprofen chew tab 100 mg</i> (Sm Ibuprofen Ib)	Tier 1	OTC, AGE, QL (180 tabs / 30 days); AGE (Max 12 years)
<i>ibuprofen susp 40 mg/ml</i> (Cvs Ibuprofen Infants)	Tier 1	OTC, AGE; AGE (Max 12 years)
<i>ibuprofen susp 100 mg/5ml</i> (Ibuprofen Childrens)	Tier 1	OTC, AGE; AGE (Max 12 years)
<i>ibuprofen tab 100 mg</i> (Advil Junior Strength)	Tier 1	OTC, QL (120 tabs / 30 days)
<i>ibuprofen tab 200 mg</i> (Ra Ibuprofen)	Tier 1	OTC, QL (120 tabs / 30 days)
<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	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>indomethacin cap 50 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	AGE; AGE (Max 64 years), Max 5 day supply per fill
<i>meclofenamate sodium cap 50 mg</i>	Tier 3	MAIL, PA
<i>meclofenamate sodium cap 100 mg</i>	Tier 3	MAIL, PA
<i>mefenamic acid cap 250 mg</i>	Tier 3	MAIL, PA
<i>meloxicam tab 7.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam tab 15 mg</i>	Tier 1	QL (30 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 sodium tab 220 mg</i>	Tier 1	OTC, QL (90 tabs / 30 days), MAIL
<i>naproxen susp 125 mg/5ml</i>	Tier 3	AGE, MAIL; AGE (Max 12 years)
<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
<i>naproxen tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 375 mg</i> (Naproxen Dr)	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 500 mg</i> (Naproxen Dr)	Tier 1	QL (90 tabs / 30 days), MAIL
<i>oxaprozin tab 600 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL, PA
<i>piroxicam cap 10 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL, PA
<i>piroxicam cap 20 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<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 3	QL (120 caps / 30 days), MAIL
<i>tolmetin sodium tab 200 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL
<i>tolmetin sodium tab 600 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30 (<i>apremilast</i>)	Tier 4	PA; Preferred Brand
OTEZLA TAB 30MG (<i>apremilast</i>)	Tier 4	PA; Preferred Brand
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>leflunomide tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 50/0.4 (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 87.5/0.7 (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 125MG/ML (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 250MG (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML (<i>etanercept</i>)	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL INJ 25MG (<i>etanercept</i>)	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL INJ 50MG/ML (<i>etanercept</i>)	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL MINI INJ 50MG/ML (<i>etanercept</i>)	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL SRCLK INJ 50MG/ML (<i>etanercept</i>)	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
<i>butalbital-acetaminophen tab 50-325 mg</i>	Tier 1	AGE, QL (300 tabs / 30 days); AGE (Max 64 years)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> (Esgic)	Tier 1	QL (180 caps / 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Tier 1	AGE, QL (180 caps / 30 days); AGE (Max 64 years)
ANALGESICS OTHER		
<i>acetaminophen cap 500 mg</i> (Sm Pain Reliever Extra St)	Tier 1	OTC
<i>acetaminophen chew tab 80 mg</i> (Childrens Pain Reliever)	Tier 1	OTC
<i>acetaminophen chew tab 160 mg</i> (Non-aspirin Junior Streng)	Tier 1	OTC

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
acetaminophen disintegrating tab 80 mg (Ra Acetaminophen Rapid Me)	Tier 1	OTC
acetaminophen disintegrating tab 160 mg (Ra Acetaminophen Rapid Me)	Tier 1	OTC
acetaminophen elixir 160 mg/5ml	Tier 1	OTC
acetaminophen liquid 160 mg/5ml (Mapap)	Tier 1	OTC
acetaminophen liquid 167 mg/5ml (Eq Pain Relief Adult/rapi)	Tier 1	OTC
acetaminophen soln 160 mg/5ml (Pain & Fever Childrens)	Tier 1	OTC
acetaminophen suppos 120 mg	Tier 1	OTC
acetaminophen suppos 325 mg (Acephen)	Tier 1	OTC
acetaminophen suppos 650 mg	Tier 1	OTC
acetaminophen susp 160 mg/5ml (Cvs Pain & Fever Children)	Tier 1	OTC
acetaminophen tab 325 mg (Mapap)	Tier 1	OTC
acetaminophen tab 500 mg	Tier 1	OTC
acetaminophen tab er 650 mg	Tier 1	OTC
FEVERALL INF SUP 80MG (acetaminophen)	Tier 1	OTC
FEVERALL SUP 325MG (acetaminophen)	Tier 1	OTC
NORTEMP SUS INFANTS (acetaminophen)	Tier 1	OTC
SALICYLATES		
aspirin chew tab 81 mg (St Joseph Low Dose Aspi)	Tier 5	OTC, MAIL; Tier 5 for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
aspirin tab 325 mg (Sm Aspirin)	Tier 1	OTC, MAIL
aspirin tab delayed release 81 mg (Aspirin Low Dose)	Tier 5	OTC, MAIL; Tier 5 for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
aspirin tab delayed release 325 mg	Tier 1	OTC, MAIL
diflunisal tab 500 mg	Tier 1	QL (90 tabs / 30 days), MAIL
salsalate tab 500 mg	Tier 1	QL (120 tabs / 30 days), MAIL
salsalate tab 750 mg	Tier 1	QL (120 tabs / 30 days), MAIL
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULF TAB 60MG	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED

Drug Name	Drug Tier	Requirements/Limits
<i>codeine sulfate tab 30 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>EMBEDA CAP 20-0.8MG (morphine-naltrexone)</i>	Tier 3	PA; MED
<i>EMBEDA CAP 30-1.2MG (morphine-naltrexone)</i>	Tier 3	PA; MED
<i>EMBEDA CAP 50-2MG (morphine-naltrexone)</i>	Tier 3	PA; MED
<i>EMBEDA CAP 60-2.4MG (morphine-naltrexone)</i>	Tier 3	PA; MED
<i>EMBEDA CAP 80-3.2MG (morphine-naltrexone)</i>	Tier 3	PA; MED
<i>EMBEDA CAP 100-4MG (morphine-naltrexone)</i>	Tier 3	PA; MED
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab er 24hr deter 8 mg</i>	Tier 3	PA; MED
<i>hydromorphone hcl tab er 24hr deter 12 mg</i>	Tier 3	PA; MED
<i>hydromorphone hcl tab er 24hr deter 16 mg</i>	Tier 3	PA; MED
<i>hydromorphone hcl tab er 24hr deter 32 mg</i>	Tier 3	PA; MED
<i>HYSINGLA ER TAB 20 MG (hydrocodone bitartrate)</i>	Tier 3	PA; MED
<i>HYSINGLA ER TAB 30 MG (hydrocodone bitartrate)</i>	Tier 3	PA; MED
<i>HYSINGLA ER TAB 40 MG (hydrocodone bitartrate)</i>	Tier 3	PA; MED
<i>HYSINGLA ER TAB 60 MG (hydrocodone bitartrate)</i>	Tier 3	PA; MED
<i>HYSINGLA ER TAB 80 MG (hydrocodone bitartrate)</i>	Tier 3	PA; MED
<i>HYSINGLA ER TAB 100 MG (hydrocodone bitartrate)</i>	Tier 3	PA; MED
<i>HYSINGLA ER TAB 120 MG (hydrocodone bitartrate)</i>	Tier 3	PA; MED

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Drug Name	Drug Tier	Requirements/Limits
<i>meperidine hcl oral soln 50 mg/5ml</i>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<i>meperidine hcl tab 50 mg</i>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<i>meperidine hcl tab 100 mg</i>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<i>methadone hcl soln 5 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>methadone hcl tab 5 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>methadone hcl tab 10 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate tab 30 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate tab er 15 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 30 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 60 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 100 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 200 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
NUCYNTA ER TAB 50MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA ER TAB 100MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER TAB 150MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA ER TAB 200MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA ER TAB 250MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA TAB 50MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA TAB 75MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA TAB 100MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 5 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 30 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Tier 3	PA; MED
OXYCONTIN TAB 10MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 15MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 20MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 30MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 40MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 60MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 80MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
<i>oxymorphone hcl tab 5 mg</i>	Tier 3	PA; MED
<i>oxymorphone hcl tab 10 mg</i>	Tier 3	PA; MED
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>tramadol hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>tramadol hcl tab er 24hr 100 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr 200 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr 300 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	Tier 3	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Tier 1	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 3	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone-ibuprofen tab 5-400 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, 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	QL (360 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 3	PA; MED
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	QL (150 mL / 30 days), PA; MED
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
<i>ANADROL-50 TAB 50MG (oxymetholone)</i>	Tier 3	PA
<i>oxandrolone tab 2.5 mg</i>	Tier 3	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
<i>oxandrolone tab 10 mg</i>	Tier 3	PA
ANDROGENS		
<i>danazol cap 50 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>danazol cap 100 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>danazol cap 200 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
METHITEST TAB 10MG (<i>methyltestosterone</i>)	Tier 4	PA
<i>methyltestosterone cap 10 mg</i>	Tier 4	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 3	QL (1680 mL / 30 days)
RECTAL COMBINATIONS		
<i>pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15 %</i> (Ra Hemorrhoidal)	Tier 1	OTC
RECTAL LOCAL ANESTHETICS		
<i>dibucaine perianal ointment 1 %</i>	Tier 1	OTC
RECTAL STEROIDS		
<i>hydrocortisone perianal cream 2.5 %</i>	Tier 1	
VASODILATING AGENTS		
RECTIV OIN 0.4% (<i>nitroglycerin (intra-anal)</i>)	Tier 3	
ANTACIDS		
ANTACID COMBINATIONS		
<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i> (Mintox Plus)	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Almacone)	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Antacid)	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i> (Almacone Double Strength)	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i> (Cvs Heartburn Relief)	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i> (Acid Gone)	Tier 1	OTC
<i>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg</i> (Sm Foaming Antacid)	Tier 1	OTC
<i>calcium carbonate-mag hydroxide chew tab 675-135 mg</i> (Tgt Antacid Extra Strengt)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
calcium carbonate-mag hydroxide susp 400-135 mg/5ml (Cvs Antacid Supreme)	Tier 1	OTC
MI-ACID CHW (calcium carbonate-mag hydrox)	Tier 1	OTC
ANTACIDS - BICARBONATE		
sodium bicarbonate tab 325 mg	Tier 1	OTC
sodium bicarbonate tab 650 mg	Tier 1	OTC
ANTACIDS - CALCIUM SALTS		
calcium carbonate (antacid) chew tab 400 mg (Childrens Pepto)	Tier 1	OTC
calcium carbonate (antacid) chew tab 500 mg (Calcium Antacid)	Tier 1	OTC
calcium carbonate (antacid) chew tab 750 mg (Cvs Smooth Antacid Extra)	Tier 1	OTC
calcium carbonate (antacid) chew tab 1000 mg (Gnp Antacid Ultra Strengt)	Tier 1	OTC
calcium carbonate (antacid) susp 1250 mg/5ml	Tier 1	OTC
ANTACIDS - MAGNESIUM SALTS		
magnesium oxide tab 250 mg (Gnp Magnesium)	Tier 1	OTC
magnesium oxide tab 420 mg (Maox)	Tier 1	OTC
ANTHELMINTICS		
ANTHELMINTICS		
BENZNIDAZOLE TAB 12.5MG	Tier 2	
BENZNIDAZOLE TAB 100MG	Tier 2	
ivermectin tab 3 mg	Tier 1	
praziquantel tab 600 mg	Tier 3	PA
pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv) (Cvs Pinworm Treatment)	Tier 1	OTC
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab 250 mg	Tier 1	
metronidazole tab 500 mg	Tier 1	
NEBUPENT INH 300MG (pentamidine isethionate)	Tier 3	
pentamidine isethionate for nebulization soln 300 mg	Tier 3	
trimethoprim tab 100 mg	Tier 1	
XIFAXAN TAB 200MG (rifaximin)	Tier 4	PA
XIFAXAN TAB 550MG (rifaximin)	Tier 4	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
sulfamethoxazole-trimethoprim tab 400-80 mg	Tier 1	
sulfamethoxazole-trimethoprim tab 800-160 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML (<i>nitazoxanide</i>)	Tier 3	PA
ALINIA TAB 500MG (<i>nitazoxanide</i>)	Tier 3	PA
<i>atovaquone susp 750 mg / 5ml</i>	Tier 3	PA
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML (<i>vancomycin hcl</i>)	Tier 2	
FIRVANQ SOL 50MG/ML (<i>vancomycin hcl</i>)	Tier 2	
LEPROSTATICS		
<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)
LINCOSAMIDES		
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg / 5ml (base equiv)</i>	Tier 1	AGE; AGE (Max 12 years)
MONOBACTAMS		
CAYSTON INH 75MG (<i>aztreonam lysine</i>)	Tier 4	PA
OXAZOLIDINONES		
<i>linezolid for susp 100 mg / 5ml</i>	Tier 3	PA
<i>linezolid tab 600 mg</i>	Tier 3	PA
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
NITRATES		
<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

Drug Name	Drug Tier	Requirements/Limits
<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
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 1	MAIL
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 1	MAIL
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 1	MAIL
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 1	QL (30 patches / 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> (Minitran)	Tier 1	QL (30 patches / 30 days), MAIL

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

<i>buspirone hcl tab 5 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>buspirone hcl tab 7.5 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>buspirone hcl tab 10 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>buspirone hcl tab 15 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>buspirone hcl tab 30 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	AGE, QL (1800 mL / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	AGE, QL (240 caps / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	AGE, QL (240 caps / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>meprobamate tab 200 mg</i>	Tier 3	QL (90 tabs / 30 days)
<i>meprobamate tab 400 mg</i>	Tier 3	QL (90 tabs / 30 days)
BENZODIAZEPINES		
<i>alprazolam tab 0.5 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 18 years)
<i>alprazolam tab 0.25 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 18 years)
<i>alprazolam tab 1 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 18 years)
<i>alprazolam tab 2 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 18 years)
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 1	AGE, QL (90 caps / 30 days); AGE (Min 6 years, Max 64 years)
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 1	AGE, QL (90 caps / 30 days); AGE (Min 6 years, Max 64 years)
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 1	AGE, QL (90 caps / 30 days); AGE (Min 6 years, Max 64 years)
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 6 years, Max 64 years)
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days); AGE (Min 6 years, Max 64 years)
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 6 years, Max 64 years)
<i>diazepam conc 5 mg/ml</i> (Diazepam Intensol)	Tier 1	AGE, QL (30 mL / 30 days); AGE (Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral soln 1 mg / ml</i>	Tier 1	AGE, QL (120 mL / 30 days); AGE (Max 64 years)
<i>diazepam tab 2 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Max 64 years)
<i>diazepam tab 5 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Max 64 years)
<i>diazepam tab 10 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Max 64 years)
<i>lorazepam conc 2 mg / ml</i>	Tier 1	AGE, QL (90 mL / 30 days); AGE (Min 12 years)
<i>lorazepam tab 0.5 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 12 years)
<i>lorazepam tab 1 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 12 years)
<i>lorazepam tab 2 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 12 years)
<i>oxazepam cap 10 mg</i>	Tier 1	AGE, QL (90 caps / 30 days); AGE (Min 6 years)
<i>oxazepam cap 15 mg</i>	Tier 1	AGE, QL (90 caps / 30 days); AGE (Min 6 years)
<i>oxazepam cap 30 mg</i>	Tier 1	AGE, QL (120 caps / 30 days); AGE (Min 6 years)

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i>	Tier 1	MAIL
<i>disopyramide phosphate cap 150 mg</i>	Tier 1	MAIL
<i>quinidine sulfate tab 200 mg</i>	Tier 1	MAIL
<i>quinidine sulfate tab 300 mg</i>	Tier 1	MAIL

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl cap 150 mg</i>	Tier 1	MAIL
<i>mexiletine hcl cap 200 mg</i>	Tier 1	MAIL
<i>mexiletine hcl cap 250 mg</i>	Tier 1	MAIL

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	Tier 1	MAIL
<i>flecainide acetate tab 100 mg</i>	Tier 1	MAIL
<i>flecainide acetate tab 150 mg</i>	Tier 1	MAIL
<i>propafenone hcl tab 150 mg</i>	Tier 1	MAIL
<i>propafenone hcl tab 225 mg</i>	Tier 1	MAIL
<i>propafenone hcl tab 300 mg</i>	Tier 1	MAIL

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 200 mg</i>	Tier 1	MAIL
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 4	MAIL
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 4	MAIL
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 4	MAIL

Drug Name	Drug Tier	Requirements/Limits
MULTAQ TAB 400MG (<i>dronedarone hcl</i>)	Tier 3	MAIL, PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg / 2ml</i>	Tier 3	MAIL
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
XOLAIR INJ 75/0.5 (<i>omalizumab</i>)	Tier 4	QL (2.5 mL / 28 days), PA
XOLAIR INJ 150MG/ML (<i>omalizumab</i>)	Tier 4	QL (5 mL / 28 days), PA
XOLAIR SOL 150MG (<i>omalizumab</i>)	Tier 4	QL (5 mL / 28 days), PA
Antiasthmatic - Monoclonal Antibodies		
DUPIXENT INJ 200/1.14 (<i>dupilumab</i>)	Tier 4	PA
NUCALA INJ 100MG (<i>mepolizumab</i>)	Tier 4	PA
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG (<i>ipratropium bromide hfa</i>)	Tier 2	QL (12.9 gm / 30 days), MAIL
INCRUSE ELPT INH 62.5MCG (<i>umeclidinium bromide</i>)	Tier 2	QL (30 blisters / 30 days), MAIL
<i>ipratropium bromide inhal soln 0.02 %</i>	Tier 1	QL (120 vials / 30 days), MAIL
TUDORZA PRES AER 400/ACT (<i>aclidinium bromide</i>)	Tier 2	QL (1 ea / 30 days), MAIL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Tier 1	AGE, QL (30 tabs / 30 days), MAIL; AGE (Max 9 years)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1	AGE, QL (30 tabs / 30 days), MAIL; AGE (Max 14 years)
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>zafirlukast tab 10 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL
<i>zafirlukast tab 20 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL
<i>zileuton tab er 12hr 600 mg</i>	Tier 3	MAIL, PA
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG (<i>roflumilast</i>)	Tier 3	MAIL, PA
DALIRESP TAB 500MCG (<i>roflumilast</i>)	Tier 3	MAIL, PA
STEROID INHALANTS		
ASMANEX 7 AER 110MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 14 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 30 AER 110MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
ASMANEX 30 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 60 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 120 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX HFA AER 50MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX HFA AER 100 MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (13 gm / 30 days), MAIL
ASMANEX HFA AER 200 MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (13 gm / 30 days), MAIL
<i>budesonide inhalation susp 0.5 mg / 2ml</i>	Tier 3	AGE, QL (120 mL / 30 days), MAIL; AGE (Max 9 years)
<i>budesonide inhalation susp 0.25 mg / 2ml</i>	Tier 3	AGE, QL (120 mL / 30 days), MAIL; AGE (Max 9 years)
FLOVENT HFA AER 44MCG (<i>fluticasone propionate hfa</i>)	Tier 3	AGE, QL (1 inhaler / 30 days), MAIL; AGE (Max 11 years)
FLOVENT HFA AER 110MCG (<i>fluticasone propionate hfa</i>)	Tier 3	AGE, QL (1 inhaler / 30 days), MAIL; AGE (Max 11 years)
PULMICORT INH 90MCG (<i>budesonide (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
PULMICORT INH 180MCG (<i>budesonide (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
QVAR REDIHA AER 80MCG (<i>beclomethasone dipropionate hfa</i>)	Tier 2	QL (10.6 gm / 30 days), MAIL
QVAR REDIHAI AER 40MCG (<i>beclomethasone dipropionate hfa</i>)	Tier 2	QL (10.6 gm / 30 days), MAIL
SYMPATHOMIMETICS		
<i>albuterol sulfate soln nebu 0.5 % (5 mg / ml)</i>	Tier 1	QL (150 ea / 30 days), MAIL
<i>albuterol sulfate soln nebu 0.63 mg / 3ml (base equiv)</i>	Tier 1	QL (300 mL / 30 days), MAIL
<i>albuterol sulfate soln nebu 0.083 % (2.5 mg / 3ml)</i>	Tier 1	QL (225 mL / 30 days), MAIL
<i>albuterol sulfate soln nebu 1.25 mg / 3ml (base equiv)</i>	Tier 1	QL (150 mL / 30 days), MAIL
<i>albuterol sulfate syrup 2 mg / 5ml</i>	Tier 1	MAIL
<i>albuterol sulfate tab 2 mg</i>	Tier 3	MAIL
<i>albuterol sulfate tab 4 mg</i>	Tier 3	MAIL
ANORO ELLIPT AER 62.5-25 (<i>umeclidinium-vilanterol</i>)	Tier 2	QL (60 blisters / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
ARCAPTA CAP 75MCG (<i>indacaterol maleate</i>)	Tier 3	QL (30 caps / 30 days), MAIL
BEVESPI AER 9-4.8MCG (<i>glycopyrrolate-formoterol fumarate</i>)	Tier 2	QL (10.7 gm / 30 days), MAIL
BREO ELLIPTA INH 100-25 (<i>fluticasone furoate-vilanterol</i>)	Tier 3	QL (60 blisters / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days.
BREO ELLIPTA INH 200-25 (<i>fluticasone furoate-vilanterol</i>)	Tier 3	QL (60 blisters / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days
BROVANA NEB 15MCG (<i>arformoterol tartrate</i>)	Tier 3	QL (120 mL / 30 days), MAIL
COMBIVENT AER 20-100 (<i>ipratropium-albuterol</i>)	Tier 2	QL (4 gm / 30 days), MAIL
DULERA AER 50-5MCG (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	Tier 3	QL (1 inhaler / 30 days), MAIL; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days
DULERA AER 100-5MCG (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	Tier 3	QL (13 gm / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days

Drug Name	Drug Tier	Requirements/Limits
DULERA AER 200-5MCG (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	Tier 3	QL (13 gm / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days
<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 100-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 inhalations / 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
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 inhalations / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 inhalations / 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 0.31 mg/3ml (base equiv)</i>	Tier 1	QL (144 mL / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (144 mL / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (144 mL / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Tier 1	QL (144 ea / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	Tier 1	MAIL
<i>metaproterenol sulfate tab 10 mg</i>	Tier 1	MAIL
<i>metaproterenol sulfate tab 20 mg</i>	Tier 1	MAIL
PROAIR HFA AER (<i>albuterol sulfate</i>)	Tier 2	QL (8.5 gm / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
PROVENTIL AER HFA (<i>albuterol sulfate</i>)	Tier 3	QL (6.7 gm / 30 days), MAIL, ST; Prior use of Proair HFA within the past 90 days.
SEREVENT DIS AER 50MCG (<i>salmeterol xinafoate</i>)	Tier 2	QL (60 inhalations / 30 days), MAIL
STIOLTO AER 2.5-2.5 (<i>tiotropium bromide-olodaterol hcl</i>)	Tier 2	QL (4 gm / 30 days), MAIL
STRIVERDI AER 2.5MCG (<i>olodaterol hcl</i>)	Tier 2	QL (4 gm / 30 days), MAIL
SYMBICORT AER 80-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)	Tier 2	QL (10.2 gm / 30 days), MAIL
SYMBICORT AER 160-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)	Tier 2	QL (10.2 gm / 30 days), MAIL
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>terbutaline sulfate tab 5 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
VENTOLIN HFA AER (<i>albuterol sulfate</i>)	Tier 3	QL (18 gm / 30 days), MAIL, ST; Prior use of Proair HFA within the past 90 days.
XANTHINES		
<i>theophylline soln 80 mg / 15ml</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 100 mg</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 200 mg</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 300 mg</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 450 mg</i>	Tier 1	MAIL
<i>theophylline tab er 24hr 400 mg</i>	Tier 1	MAIL
<i>theophylline tab er 24hr 600 mg</i>	Tier 1	MAIL
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
COUMADIN TAB 1MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 2.5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 2MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 3MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 4MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 6MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 7.5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 10MG (<i>warfarin sodium</i>)	Tier 2	MAIL
<i>warfarin sodium tab 1 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 2 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 3 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 4 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
warfarin sodium tab 5 mg	Tier 1	MAIL
warfarin sodium tab 6 mg	Tier 1	MAIL
warfarin sodium tab 7.5 mg	Tier 1	MAIL
warfarin sodium tab 10 mg	Tier 1	MAIL
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB 2.5MG (apixaban)	Tier 3	MAIL, PA
ELIQUIS TAB 5MG (apixaban)	Tier 3	MAIL, PA
XARELTO STAR TAB 15/20MG (rivaroxaban)	Tier 2	QL (51 tabs / year), PA
XARELTO TAB 2.5MG (rivaroxaban)	Tier 2	MAIL, PA
XARELTO TAB 10MG (rivaroxaban)	Tier 2	MAIL, PA
XARELTO TAB 15MG (rivaroxaban)	Tier 2	MAIL, PA
XARELTO TAB 20MG (rivaroxaban)	Tier 2	MAIL, PA
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium inj 30 mg/0.3ml	Tier 4	QL (18 mL / 30 days)
enoxaparin sodium inj 40 mg/0.4ml	Tier 4	QL (24 mL / 30 days)
enoxaparin sodium inj 60 mg/0.6ml	Tier 4	QL (36 mL / 30 days), PA; Max 14 day supply then PA
enoxaparin sodium inj 80 mg/0.8ml	Tier 4	QL (48 mL / 30 days), PA; Max 14 day supply then PA
enoxaparin sodium inj 100 mg/ml	Tier 4	QL (60 mL / 30 days), PA; Max 14 day supply then PA
enoxaparin sodium inj 120 mg/0.8ml	Tier 4	QL (48 mL / 30 days), PA; Max 14 day supply then PA
enoxaparin sodium inj 150 mg/ml	Tier 4	QL (60 mL / 30 days), PA; Max 14 day supply then PA
enoxaparin sodium inj 300 mg/3ml	Tier 4	QL (30 vials / 30 days), PA; Max 14 day supply then PA
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	Tier 4	PA
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	Tier 4	PA
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	Tier 4	PA
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	Tier 4	PA
FRAGMIN INJ 2500/0.2 (dalteparin sodium)	Tier 4	PA
FRAGMIN INJ 5000/0.2 (dalteparin sodium)	Tier 4	PA
FRAGMIN INJ 7500/0.3 (dalteparin sodium)	Tier 4	PA
FRAGMIN INJ 10000/ML (dalteparin sodium)	Tier 4	PA
FRAGMIN INJ 12500UNT (dalteparin sodium)	Tier 4	PA
FRAGMIN INJ 15000UNT (dalteparin sodium)	Tier 4	PA
FRAGMIN INJ 18000UNT (dalteparin sodium)	Tier 4	PA
heparin sodium (porcine) inj 1000 unit/ml	Tier 1	PA
heparin sodium (porcine) inj 10000 unit/ml	Tier 1	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
heparin sodium (porcine) pf inj 5000 unit/0.5ml	Tier 1	PA
THROMBIN INHIBITORS		
PRADAXA CAP 75MG (dabigatran etexilate mesylate)	Tier 3	MAIL, PA
PRADAXA CAP 110MG (dabigatran etexilate mesylate)	Tier 3	MAIL, PA
PRADAXA CAP 150MG (dabigatran etexilate mesylate)	Tier 3	MAIL, PA
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB 2MG (perampanel)	Tier 3	
FYCOMPA TAB 4MG (perampanel)	Tier 3	
FYCOMPA TAB 6MG (perampanel)	Tier 3	
FYCOMPA TAB 8MG (perampanel)	Tier 3	
FYCOMPA TAB 10MG (perampanel)	Tier 3	
FYCOMPA TAB 12MG (perampanel)	Tier 3	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam tab 10 mg	Tier 1	
clobazam tab 20 mg	Tier 1	
clonazepam tab 0.5 mg	Tier 1	QL (300 tabs / 30 days)
clonazepam tab 1 mg	Tier 1	QL (300 tabs / 30 days)
clonazepam tab 2 mg	Tier 1	QL (300 tabs / 30 days)
diazepam rectal gel delivery system 2.5 mg	Tier 1	QL (2 ea / 30 days)
diazepam rectal gel delivery system 10 mg	Tier 1	QL (2 ea / 30 days)
diazepam rectal gel delivery system 20 mg	Tier 1	QL (2 ea / 30 days)
VALTOCO LIQ 15MG (diazepam (anticonvulsant))	Tier 2	AGE, QL (10 ea / 30 days); AGE (Min 6 years)
VALTOCO LIQ 20MG (diazepam (anticonvulsant))	Tier 2	AGE, QL (10 ea / 30 days); AGE (Min 6 years)
VALTOCO SPR 5MG (diazepam (anticonvulsant))	Tier 2	AGE, QL (10 sprays / 30 days); AGE (Min 6 years)
VALTOCO SPR 10MG (diazepam (anticonvulsant))	Tier 2	AGE, QL (10 sprays / 30 days); AGE (Min 6 years)
ANTICONVULSANTS - MISC.		
APTOM TAB 200MG (eslicarbazepine acetate)	Tier 3	MAIL
APTOM TAB 400MG (eslicarbazepine acetate)	Tier 3	MAIL
APTOM TAB 600MG (eslicarbazepine acetate)	Tier 3	MAIL
APTOM TAB 800MG (eslicarbazepine acetate)	Tier 3	MAIL
BANZEL SUS 40MG/ML (rufinamide)	Tier 3	MAIL
BANZEL TAB 200MG (rufinamide)	Tier 3	MAIL
BANZEL TAB 400MG (rufinamide)	Tier 3	MAIL
carbamazepine cap er 12hr 100 mg	Tier 1	MAIL
carbamazepine cap er 12hr 200 mg	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1	MAIL
<i>carbamazepine chew tab 100 mg</i>	Tier 1	MAIL
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1	MAIL
<i>carbamazepine tab 200 mg (Epitol)</i>	Tier 1	MAIL
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1	MAIL
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1	MAIL
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 1	MAIL
DIACOMIT CAP 250MG (<i>stiripentol</i>)	Tier 3	MAIL, PA
DIACOMIT CAP 500MG (<i>stiripentol</i>)	Tier 3	MAIL, PA
DIACOMIT PAK 250MG (<i>stiripentol</i>)	Tier 3	MAIL, PA
DIACOMIT PAK 500MG (<i>stiripentol</i>)	Tier 3	MAIL, PA
<i>gabapentin cap 100 mg</i>	Tier 1	MAIL
<i>gabapentin cap 300 mg</i>	Tier 1	MAIL
<i>gabapentin cap 400 mg</i>	Tier 1	MAIL
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	MAIL
<i>gabapentin tab 600 mg</i>	Tier 1	MAIL
<i>gabapentin tab 800 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 25 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 100 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 150 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 200 mg</i>	Tier 1	MAIL
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	MAIL
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	MAIL
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	MAIL
<i>levetiracetam tab 250 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 500 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 750 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 1000 mg</i>	Tier 1	MAIL
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 1	MAIL
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 1	MAIL
LYRICA CAP 25MG (<i>pregabalin</i>)	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 50MG (<i>pregabalin</i>)	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 75MG (<i>pregabalin</i>)	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 100MG (<i>pregabalin</i>)	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 150MG (<i>pregabalin</i>)	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 200MG (<i>pregabalin</i>)	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 225MG (<i>pregabalin</i>)	Tier 3	QL (60 caps / 30 days), PA
LYRICA CAP 300MG (<i>pregabalin</i>)	Tier 3	QL (60 caps / 30 days), PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 1	MAIL
<i>oxcarbazepine tab 150 mg</i>	Tier 1	MAIL
<i>oxcarbazepine tab 300 mg</i>	Tier 1	MAIL
<i>oxcarbazepine tab 600 mg</i>	Tier 1	MAIL
PREGABALIN CAP 25 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 50 MG	Tier 3	QL (90 caps / 30 days), PA

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mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ
Dose per day

Drug Name	Drug Tier	Requirements/Limits
PREGABALIN CAP 75 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 100 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 150 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 200 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 225 MG	Tier 3	QL (60 caps / 30 days), PA
PREGABALIN CAP 300 MG	Tier 3	QL (60 caps / 30 days), PA
primidone tab 50 mg	Tier 1	QL (120 tabs / 30 days), MAIL
primidone tab 250 mg	Tier 1	QL (120 tabs / 30 days), MAIL
topiramate sprinkle cap 15 mg	Tier 1	MAIL
topiramate sprinkle cap 25 mg	Tier 1	MAIL
topiramate tab 25 mg	Tier 1	MAIL
topiramate tab 50 mg	Tier 1	MAIL
topiramate tab 100 mg	Tier 1	MAIL
topiramate tab 200 mg	Tier 1	MAIL
VIMPAT SOL 10MG/ML (lacosamide)	Tier 2	
VIMPAT TAB 50MG (lacosamide)	Tier 2	
VIMPAT TAB 100MG (lacosamide)	Tier 2	
VIMPAT TAB 150MG (lacosamide)	Tier 2	
VIMPAT TAB 200MG (lacosamide)	Tier 2	
zonisamide cap 25 mg	Tier 1	MAIL
zonisamide cap 50 mg	Tier 1	MAIL
zonisamide cap 100 mg	Tier 1	MAIL
CARBAMATES		
felbamate susp 600 mg / 5ml	Tier 3	MAIL
felbamate tab 400 mg	Tier 3	MAIL
felbamate tab 600 mg	Tier 3	MAIL
GABA MODULATORS		
tiagabine hcl tab 2 mg	Tier 3	MAIL
tiagabine hcl tab 4 mg	Tier 3	MAIL
tiagabine hcl tab 12 mg	Tier 3	MAIL
tiagabine hcl tab 16 mg	Tier 3	MAIL
vigabatrin powd pack 500 mg (Vigadrone)	Tier 4	QL (180 packets / 30 days)
vigabatrin tab 500 mg	Tier 4	QL (180 tabs / 30 days)
HYDANTOINS		
DILANTIN CAP 30MG (phenytoin sodium extended)	Tier 2	MAIL
DILANTIN CAP 100MG (phenytoin sodium extended)	Tier 2	MAIL
PEGANONE TAB 250MG (ethotoin)	Tier 3	MAIL
PHENYTEK CAP 200MG (phenytoin sodium extended)	Tier 2	MAIL

Drug Name	Drug Tier	Requirements/Limits
PHENYTEK CAP 300MG (<i>phenytoin sodium extended</i>)	Tier 2	MAIL
<i>phenytoin chew tab 50 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	MAIL
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	MAIL
SUCCINIMIDES		
CELONTIN CAP 300MG (<i>methsuximide</i>)	Tier 3	MAIL
<i>ethosuximide cap 250 mg</i>	Tier 1	MAIL
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	MAIL
VALPROIC ACID		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	MAIL
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	MAIL
<i>valproic acid cap 250 mg</i>	Tier 1	MAIL
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>mirtazapine tab 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>mirtazapine tab 45 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
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

Drug Name	Drug Tier	Requirements/Limits
<i>maprotiline hcl tab 25 mg</i>	Tier 1	MAIL
<i>maprotiline hcl tab 50 mg</i>	Tier 1	MAIL
<i>maprotiline hcl tab 75 mg</i>	Tier 1	MAIL
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR (<i>selegiline</i>)	Tier 3	MAIL, PA
EMSAM DIS 9MG/24HR (<i>selegiline</i>)	Tier 3	MAIL, PA
EMSAM DIS 12MG/24H (<i>selegiline</i>)	Tier 3	MAIL, PA
MARPLAN TAB 10MG (<i>isocarboxazid</i>)	Tier 3	MAIL, PA
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	AGE, QL (600 mL / 30 days), MAIL; AGE (Max 12 years)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1	QL (45 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	AGE, MAIL; AGE (Max 12 years)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), 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 cap 40 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
<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 (45 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 MODULATORS		
<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 tabs / 30 days), MAIL
<i>trazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
TRINTELLIX TAB 5MG (<i>vortioxetine hbr</i>)	Tier 3	MAIL, PA
TRINTELLIX TAB 10MG (<i>vortioxetine hbr</i>)	Tier 3	MAIL, PA
TRINTELLIX TAB 20MG (<i>vortioxetine hbr</i>)	Tier 3	MAIL, PA
VIIIBRYD KIT STARTER (<i>vilazodone hcl</i>)	Tier 3	PA
VIIIBRYD TAB 10MG (<i>vilazodone hcl</i>)	Tier 3	MAIL, PA
VIIIBRYD TAB 20MG (<i>vilazodone hcl</i>)	Tier 3	MAIL, PA
VIIIBRYD TAB 40MG (<i>vilazodone hcl</i>)	Tier 3	MAIL, PA
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements /Limits
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>FETZIMA CAP 20MG (levomilnacipran hcl)</i>	Tier 3	MAIL, PA
<i>FETZIMA CAP 40MG (levomilnacipran hcl)</i>	Tier 3	MAIL, PA
<i>FETZIMA CAP 80MG (levomilnacipran hcl)</i>	Tier 3	MAIL, PA
<i>FETZIMA CAP 120MG (levomilnacipran hcl)</i>	Tier 3	MAIL, PA
<i>FETZIMA CAP TITRATIO (levomilnacipran hcl)</i>	Tier 3	PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 1	QL (90 caps / 30 days), MAIL
<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	AGE, QL (180 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 100 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 150 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amoxapine tab 25 mg</i>	Tier 1	MAIL
<i>amoxapine tab 50 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>amoxapine tab 100 mg</i>	Tier 1	MAIL
<i>amoxapine tab 150 mg</i>	Tier 1	MAIL
<i>clomipramine hcl cap 25 mg</i>	Tier 3	QL (180 caps / 30 days), MAIL
<i>clomipramine hcl cap 50 mg</i>	Tier 3	QL (180 caps / 30 days), MAIL
<i>clomipramine hcl cap 75 mg</i>	Tier 3	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	AGE, QL (90 caps / 30 days), MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 25 mg</i>	Tier 1	AGE, QL (90 caps / 30 days), MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 50 mg</i>	Tier 1	AGE, QL (90 caps / 30 days), MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 75 mg</i>	Tier 1	AGE, QL (90 caps / 30 days), MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 100 mg</i>	Tier 1	AGE, QL (90 caps / 30 days), MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 150 mg</i>	Tier 1	AGE, QL (60 caps / 30 days), MAIL; AGE (Max 64 years)
<i>doxepin hcl conc 10 mg / ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<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

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 3	QL (120 tabs / 30 days), MAIL
<i>protriptyline hcl tab 10 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>trimipramine maleate cap 25 mg</i>	Tier 3	MAIL
<i>trimipramine maleate cap 50 mg</i>	Tier 3	MAIL
<i>trimipramine maleate cap 100 mg</i>	Tier 3	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 3	QL (360 tabs / 30 days), MAIL
<i>miglitol tab 50 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>miglitol tab 100 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG (<i>pramlintide acetate</i>)	Tier 3	MAIL, PA
SYMLINPEN 120 INJ 1000MCG (<i>pramlintide acetate</i>)	Tier 3	MAIL, PA

ANTIDIABETIC COMBINATIONS

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<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
JANUMET TAB 50-500MG (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUMET TAB 50-1000 (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TAB 50-500MG (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUMET XR TAB 50-1000 (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUMET XR TAB 100-1000 (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-500 (<i>linagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-850 (<i>linagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-1000 (<i>linagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB XR (<i>linagliptin-metformin hcl</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB XR (<i>linagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
SYNJARDY TAB (<i>empagliflozin-metformin hcl</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SYNJARDY TAB 5-500MG (<i>empagliflozin-metformin hcl</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SYNJARDY TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB 12.5-500 (<i>empagliflozin-metformin hcl</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SYNJARDY XR TAB (<i>empagliflozin-metformin hcl</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SYNJARDY XR TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SYNJARDY XR TAB 10-1000 (<i>empagliflozin-metformin hcl</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SYNJARDY XR TAB 25-1000 (<i>empagliflozin-metformin hcl</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
XIGDUO XR TAB 2.5-1000 (<i>dapagliflozin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
XIGDUO XR TAB 5-500MG (<i>dapagliflozin-metformin hcl</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
XIGDUO XR TAB 5-1000MG (<i>dapagliflozin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 10-500MG (<i>dapagliflozin-metformin hcl</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
XIGDUO XR TAB 10-1000 (<i>dapagliflozin-metformin hcl</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
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 (<i>glucagon</i>)	Tier 2	QL (2 ea / 30 days)
<i>diazoxide susp 50 mg/ml</i>	Tier 3	MAIL
GLUCAGEN INJ HYPOKIT (<i>glucagon hcl (rdna)</i>)	Tier 2	QL (2 syringes / 30 days)
GLUCAGON KIT 1MG (<i>glucagon (rdna)</i>)	Tier 2	QL (2 kits / 30 days)
GNP GLUCOSE CHW ORANGE (<i>dextrose (diabetic use)</i>)	Tier 1	OTC
PROGLYCEM SUS 50MG/ML (<i>diazoxide</i>)	Tier 3	MAIL
TGT GLUCOSE CHW GRAPE (<i>glucose-vitamin c</i>)	Tier 1	OTC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days

Drug Name	Drug Tier	Requirements/Limits
JANUVIA TAB 25MG (<i>sitagliptin phosphate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUVIA TAB 50MG (<i>sitagliptin phosphate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUVIA TAB 100MG (<i>sitagliptin phosphate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
TRADJENTA TAB 5MG (<i>linagliptin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG (<i>bromocriptine mesylate (diabetes)</i>)	Tier 2	QL (180 tabs / 30 days), MAIL
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ 2/1.5ML (<i>semaglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
RYBELSUS TAB 3MG (<i>semaglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
RYBELSUS TAB 7MG (<i>semaglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
RYBELSUS TAB 14MG (<i>semaglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
TRULICITY INJ 0.75/0.5 (<i>dulaglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug

Drug Name	Drug Tier	Requirements/Limits
TRULICITY INJ 1.5/0.5 (<i>dulaglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
INSULIN		
ADMELOG INJ 100U/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
ADMELOG SOLO INJ 100U/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
AFREZZA POW 4-8 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 4-8-12 (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 4UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 8 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 8-12UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 12 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
APIDRA INJ SOLOSTAR (<i>insulin glulisine</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
APIDRA INJ U-100 (<i>insulin glulisine</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
BASAGLAR INJ 100UNIT (<i>insulin glargine</i>)	Tier 2	QL (30 mL / 30 days), MAIL
FIASP FLEX INJ TOUCH (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (5 pens per 30 days), MAIL
FIASP INJ 100/ML (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (3 vials per 30 days), MAIL
FIASP PENFIL INJ U-100 (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (5 pens per 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
HUMALOG INJ 100/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL (10 cartridges) / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
HUMALOG INJ 100/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
HUMALOG JR INJ 100/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
HUMALOG KWIK INJ 100/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
HUMALOG MIX INJ 50/50 (<i>insulin lispro protamine & lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX INJ 50/50KWP (<i>insulin lispro protamine & lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX INJ 75/25KWP (<i>insulin lispro protamine & lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX SUS 75/25 (<i>insulin lispro protamine & lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMULIN INJ 70/30 (<i>insulin nph isophane & reg (human)</i>)	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin 70/30 within the past 90 days.
HUMULIN INJ 70/30KWP (<i>insulin nph isophane & reg (human)</i>)	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin 70/30 within the past 90 days.
HUMULIN N INJ U-100 (<i>insulin nph (human) (isophane)</i>)	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin N within the past 90 days.

Drug Name	Drug Tier	Requirements/Limits
HUMULIN N INJ U-100KWP (<i>insulin nph (human) (isophane)</i>)	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin N within the past 90 days.
HUMULIN R INJ U-100 (<i>insulin regular (human)</i>)	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin R within the past 90 days.
HUMULIN R INJ U-500 (<i>insulin regular (human)</i>)	Tier 3	QL (20 mL / 25 days), MAIL
HUMULIN R INJ U-500 (<i>insulin regular (human)</i>)	Tier 3	QL (6 pens / 30 days), MAIL
INSULIN LISAP INJ 100/ML	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
LEVEMIR INJ (<i>insulin detemir</i>)	Tier 2	QL (30 mL / 30 days), MAIL
LEVEMIR INJ FLEXTUOC (<i>insulin detemir</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLIN INJ 70/30 (<i>insulin nph isophane & reg (human)</i>)	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN INJ 70/30 FP (<i>insulin nph isophane & reg (human)</i>)	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN N INJ U-100 (<i>insulin nph (human) (isophane)</i>)	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN R INJ U-100 (<i>insulin regular (human)</i>)	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLOG INJ 100/ML (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ FLEXPEN (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ PENFILL (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ 70/30 (<i>insulin aspart protamine & aspart (human)</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>)	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA FLEX INJ 100UNIT (<i>insulin degludec</i>)	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA FLEX INJ 200UNIT (<i>insulin degludec</i>)	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA INJ 100UNIT (<i>insulin degludec</i>)	Tier 2	QL (30 mL / 30 days), MAIL
INSULIN SENSITIZING AGENTS		
AVANDIA TAB 2MG (<i>rosiglitazone maleate</i>)	Tier 3	MAIL, PA

Drug Name	Drug Tier	Requirements/Limits
AVANDIA TAB 4MG (<i>rosiglitazone maleate</i>)	Tier 3	MAIL, PA
<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
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>nateglinide tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days), 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
<i>repaglinide tab 2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG (<i>dapagliflozin propanediol</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
FARXIGA TAB 10MG (<i>dapagliflozin propanediol</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
JARDIANCE TAB 10MG (<i>empagliflozin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
JARDIANCE TAB 25MG (<i>empagliflozin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug

Drug Name	Drug Tier	Requirements /Limits
SULFONYLUREAS		
<i>chlorpropamide tab 100 mg</i>	Tier 3	AGE, QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>chlorpropamide tab 250 mg</i>	Tier 3	AGE, QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>glimepiride tab 1 mg</i>	Tier 1	MAIL
<i>glimepiride tab 2 mg</i>	Tier 1	MAIL
<i>glimepiride tab 4 mg</i>	Tier 1	MAIL
<i>glipizide tab 5 mg</i>	Tier 1	MAIL
<i>glipizide tab 10 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 1.5 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 3 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 6 mg</i>	Tier 1	MAIL
<i>glyburide tab 1.25 mg</i>	Tier 1	MAIL
<i>glyburide tab 2.5 mg</i>	Tier 1	MAIL
<i>glyburide tab 5 mg</i>	Tier 1	MAIL
<i>tolazamide tab 250 mg</i>	Tier 1	MAIL
<i>tolazamide tab 500 mg</i>	Tier 1	MAIL
<i>tolbutamide tab 500 mg</i>	Tier 1	MAIL
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
<i>bismuth subsalicylate chew tab 262 mg</i> (Gnp Pink Bismuth)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Bismatrol)	Tier 1	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i> (Cvs Bismuth Maximum Stren)	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg</i> (Sm Stomach Relief)	Tier 1	OTC
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl cap 2 mg</i> (Gnp Anti-diarrheal)	Tier 1	OTC
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i> (Anti-diarrheal)	Tier 1	OTC
<i>loperamide hcl liq 1 mg/7.5ml</i>	Tier 1	OTC
<i>loperamide hcl tab 2 mg</i> (Cvs Anti-diarrheal)	Tier 1	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG (<i>succimer</i>)	Tier 3	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox tab for oral susp 125 mg</i>	Tier 4	PA
<i>deferasirox tab for oral susp 250 mg</i>	Tier 4	PA
<i>deferasirox tab for oral susp 500 mg</i>	Tier 4	PA
FERRIPROX TAB 500MG (<i>deferiprone</i>)	Tier 4	PA
FERRIPROX TAB 1000MG (<i>deferiprone</i>)	Tier 4	PA
OPIOID ANTAGONISTS		
<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 1	
<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)
NARCAN SPR (<i>naloxone hcl</i>)	Tier 2	
VIVITROL INJ 380MG (<i>naltrexone</i>)	Tier 2	QL (1 injection / 30 days)
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TAB 50MG (<i>dolasetron mesylate</i>)	Tier 3	PA
ANZEMET TAB 100MG (<i>dolasetron mesylate</i>)	Tier 3	PA
<i>granisetron hcl tab 1 mg</i>	Tier 3	QL (60 tabs / 30 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	AGE, QL (50 mL / 30 days); AGE (Max 12 years)
<i>ondansetron hcl tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron hcl tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days)
ANTIEMETICS - ANTICHOLINERGIC		
<i>dimenhydrinate tab 50 mg</i> (Cvs Motion Sickness)	Tier 1	OTC
<i>meclizine hcl chew tab 25 mg</i> (Cvs Motion Sickness Relief)	Tier 1	OTC, QL (120 tabs / 30 days)
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>meclizine hcl tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 3	QL (4 patches / 30 days)
<i>trimethobenzamide hcl cap 300 mg</i>	Tier 1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5 (<i>netupitant-palonosetron</i>)	Tier 3	PA
CESAMET CAP 1MG (<i>nabilone</i>)	Tier 3	PA
<i>dronabinol cap 2.5 mg</i>	Tier 3	PA
<i>dronabinol cap 5 mg</i>	Tier 3	PA
<i>dronabinol cap 10 mg</i>	Tier 3	PA
<i>fructose-dextrose-phosphoric acid oral soln</i> (Cvs Nausea Relief)	Tier 1	OTC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	Tier 3	PA
<i>aprepitant capsule 80 mg</i>	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule 125 mg</i>	Tier 3	PA
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 3	PA
ANTIFUNGALS		
ANTIFUNGALS		
<i>flucytosine cap 250 mg</i>	Tier 1	PA
<i>flucytosine cap 500 mg</i>	Tier 1	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	
<i>nystatin tab 500000 unit</i>	Tier 1	
<i>terbinafine hcl tab 250 mg</i>	Tier 1	QL (30 tabs / 30 days)
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>CRESEMBA CAP 186 MG (isavuconazonium sulfate)</i>	Tier 4	PA
<i>fluconazole for susp 10 mg/ml</i>	Tier 1	AGE, QL (105 mL / 30 days); AGE (Max 12 years)
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	AGE, QL (105 mL / 30 days); AGE (Max 12 years)
<i>fluconazole tab 50 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>fluconazole tab 100 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>fluconazole tab 150 mg</i>	Tier 1	QL (2 tabs / 30 days)
<i>fluconazole tab 200 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>itraconazole cap 100 mg</i>	Tier 1	QL (120 caps / 30 days)
<i>ketoconazole tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>voriconazole tab 50 mg</i>	Tier 3	PA
<i>voriconazole tab 200 mg</i>	Tier 3	PA
ANTI-HISTAMINES		
ANTI-HISTAMINES - ALKYLAMINES		
<i>chlorpheniramine maleate syrup 2 mg/5ml</i> (Diabetic Tussin Allergy)	Tier 1	OTC
<i>chlorpheniramine maleate tab 4 mg</i> (Eq Chlortabs)	Tier 1	OTC
<i>chlorpheniramine maleate tab er 12 mg</i> (Chlorphen Sr)	Tier 1	OTC, QL (60 tabs / 30 days)
<i>dexchlorpheniramine maleate oral soln 2 mg/5ml</i> (Ryclora)	Tier 1	
ANTI-HISTAMINES - ETHANOLAMINES		
<i>ALER-DRYL TAB 50MG (diphenhydramine hcl)</i>	Tier 1	OTC
<i>carbinoxamine maleate soln 4 mg/5ml</i>	Tier 1	
<i>carbinoxamine maleate tab 4 mg</i>	Tier 1	
<i>clemastine fumarate tab 1.34 mg (1 mg base equiv)</i> (Gnp Dayhist Allergy)	Tier 1	OTC
<i>clemastine fumarate tab 2.68 mg</i>	Tier 1	
<i>diphenhydramine hcl cap 25 mg</i> (Pharbedryl)	Tier 1	OTC
<i>diphenhydramine hcl cap 50 mg</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
diphenhydramine hcl chew tab 12.5 mg (Gnp Allergy Relief)	Tier 1	OTC, AGE; AGE (Max 12 years)
diphenhydramine hcl elixir 12.5 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
diphenhydramine hcl inj 50 mg/ml	Tier 1	
diphenhydramine hcl liquid 12.5 mg/5ml (Cvs Allergy Relief Childr)	Tier 1	OTC, AGE; AGE (Max 12 years)
diphenhydramine hcl tab 25 mg	Tier 1	OTC
diphenhydramine hcl tab disint 12.5 mg (Wal-dryl Allergy Relief C)	Tier 1	OTC
ANTI-HISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	Tier 1	AGE, QL (300 mL / 30 days); AGE (Max 12 years)
cetirizine hcl tab 5 mg	Tier 1	OTC, QL (30 tabs / 30 days)
cetirizine hcl tab 10 mg (Ra Cetirizine)	Tier 1	OTC, QL (30 tabs / 30 days)
desloratadine tab 5 mg	Tier 3	QL (30 tabs / 30 days)
fexofenadine hcl tab 60 mg	Tier 1	OTC, QL (60 tabs / 30 days)
fexofenadine hcl tab 180 mg	Tier 1	OTC, QL (30 tabs / 30 days)
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	Tier 1	AGE, QL (300 mL / 30 days); AGE (Max 12 years)
levocetirizine dihydrochloride tab 5 mg	Tier 1	QL (30 tabs / 30 days)
loratadine rapidly-disintegrating tab 10 mg (Wal-itin Aller-melts)	Tier 1	OTC, QL (30 tabs / 30 days)
loratadine syrup 5 mg/5ml (Gnp Loratadine)	Tier 1	OTC, AGE, QL (300 mL / 30 days); AGE (Max 12 years)
loratadine tab 10 mg (Allergy Relief)	Tier 1	OTC, QL (30 tabs / 30 days)
ANTI-HISTAMINES - PHENOTHIAZINES		
promethazine hcl suppos 12.5 mg	Tier 3	AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl suppos 25 mg	Tier 3	AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl syrup 6.25 mg/5ml	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl tab 12.5 mg	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl tab 25 mg	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl tab 50 mg	Tier 1	AGE; AGE (Min 2 years, Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
ANTI HISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	AGE; AGE (Max 64 years)
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	AGE; AGE (Max 64 years)
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
<i>NEXLETOL TAB 180MG (bempedoic acid)</i>	Tier 3	MAIL, PA
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 3	MAIL, PA
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 3	MAIL, PA
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 3	MAIL, PA
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 3	MAIL, PA
<i>NEXLIZET TAB 180/10MG (bempedoic acid-ezetimibe)</i>	Tier 3	MAIL, PA
ANTIHYPERLIPIDEMICS - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 3	QL (120 caps / 30 days), MAIL
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm /dose</i>	Tier 1	QL (240 gm / 30 days), MAIL
<i>cholestyramine powder 4 gm /dose</i>	Tier 1	QL (378 gm / 30 days), MAIL
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 3	QL (30 packets / 30 days), MAIL
<i>colesevelam hcl tab 625 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>colestipol hcl tab 1 gm</i>	Tier 1	QL (480 tabs / 30 days), MAIL
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 43 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 67 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 134 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 200 mg</i>	Tier 3	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

Drug Name	Drug Tier	Requirements/Limits
<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	QL (30 tabs / 30 days), 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>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Tier 5	QL (30 caps / 30 days), MAIL, ST; Tier 5 for ages 40-75, otherwise Tier 3; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Tier 5	QL (30 caps / 30 days), MAIL, ST; Tier 5 for ages 40-75, otherwise Tier 3; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	Tier 5	QL (30 tabs / 30 days), MAIL, ST; Tier 5 for ages 40-75, otherwise Tier 3; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tab 10 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>lovastatin tab 20 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>lovastatin tab 40 mg</i>	Tier 5	QL (60 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>pravastatin sodium tab 10 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>pravastatin sodium tab 20 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>pravastatin sodium tab 40 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>pravastatin sodium tab 80 mg</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>rosuvastatin calcium tab 5 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL, ST; Tier 5 for ages 40-75, otherwise Tier 1; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
<i>rosuvastatin calcium tab 10 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL, ST; Tier 5 for ages 40-75, otherwise Tier 1; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
<i>rosuvastatin calcium tab 20 mg</i>	Tier 1	QL (45 tabs / 30 days), MAIL, ST; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
<i>simvastatin tab 5 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40- 75, otherwise Tier 1
<i>simvastatin tab 10 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40- 75, otherwise Tier 1
<i>simvastatin tab 20 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40- 75, otherwise Tier 1
<i>simvastatin tab 40 mg</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 40- 75, otherwise Tier 1
<i>simvastatin tab 80 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
NICOTINIC ACID DERIVATIVES		
<i>niacin (antihyperlipidemic) tab 500 mg</i> (Niacor)	Tier 3	QL (120 tabs / 30 days), MAIL
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 3	QL (120 tabs / 30 days), MAIL
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML (<i>evolocumab</i>)	Tier 4	PA
REPATHA PUSH INJ 420/3.5 (<i>evolocumab</i>)	Tier 4	PA
REPATHA SURE INJ 140MG/ML (<i>evolocumab</i>)	Tier 4	PA
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

Drug Name	Drug Tier	Requirements/Limits
<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 tabs / 30 days), MAIL
<i>enalapril maleate tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>enalapril maleate tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>enalapril maleate tab 20 mg</i>	Tier 1	QL (60 tabs / 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
<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 (60 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 (30 tabs / 30 days), MAIL
<i>perindopril erbumine tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>perindopril erbumine tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<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 (30 caps / 30 days), MAIL
<i>ramipril cap 2.5 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>ramipril cap 5 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>ramipril cap 10 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>trandolapril tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>trandolapril tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>trandolapril tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 4	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 8 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 16 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil tab 32 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
EDARBI TAB 40MG (<i>azilsartan medoxomil</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
EDARBI TAB 80MG (<i>azilsartan medoxomil</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>eprosartan mesylate tab 600 mg</i>	Tier 3	QL (45 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>irbesartan tab 75 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>irbesartan tab 150 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>irbesartan tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days), 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
<i>olmesartan medoxomil tab 5 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan tab 20 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>telmisartan tab 40 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>telmisartan tab 80 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>valsartan tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 160 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 320 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIADRENERGIC ANTIHYPERTENSIVES		
<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
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
<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

Drug Name	Drug Tier	Requirements/Limits
<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 (120 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	AGE, QL (120 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>methyldopa tab 500 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days), MAIL; AGE (Max 64 years)
<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>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 caps / 30 days), MAIL
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days), MAIL
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<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
<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 (<i>nebivolol-valsartan</i>)	Tier 3	MAIL, PA
<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>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<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
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIHYPERTENSIVES - MISC.		
<i>VECAMYL TAB 2.5MG (mecamylamine hcl)</i>	Tier 3	MAIL
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA

Drug Name	Drug Tier	Requirements/Limits
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	MAIL
<i>hydralazine hcl tab 25 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 50 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 100 mg</i>	Tier 1	MAIL
<i>minoxidil tab 2.5 mg</i>	Tier 1	MAIL
<i>minoxidil tab 10 mg</i>	Tier 1	MAIL
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	QL (30 tabs / 30 days)
COARTEM TAB 20-120MG (<i>artemether-lumefantrine</i>)	Tier 3	
ANTIMALARIALS		
<i>chloroquine phosphate tab 250 mg</i>	Tier 1	QL (20 tabs / 30 days)
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	QL (10 tabs / 30 days)
DARAPRIM TAB 25MG (<i>pyrimethamine</i>)	Tier 4	QL (120 tabs / 30 days), PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 3	QL (120 tabs / 30 days)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (6 tabs / 30 days)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	QL (21 tabs / 30 days), PA
<i>quinine sulfate cap 324 mg</i>	Tier 3	QL (30 caps / 30 days)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
GUANIDINE TAB 125MG	Tier 2	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	QL (180 tabs / 30 days)
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFATER TAB (<i>isoniazid-rifampin w/ pyrazinamide</i>)	Tier 3	
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
PASER GRA 4GM (<i>aminosalicylic acid</i>)	Tier 3	
PRIFTIN TAB 150MG (<i>rifapentine</i>)	Tier 2	QL (32 tabs / 30 days)
<i>pyrazinamide tab 500 mg</i>	Tier 3	
<i>rifabutin cap 150 mg</i>	Tier 3	
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	
SIRTURO TAB 100MG (<i>bedaquiline fumarate</i>)	Tier 3	
TRECTOR TAB 250MG (<i>ethionamide</i>)	Tier 3	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>cyclophosphamide cap 25 mg</i>	Tier 4	PA
<i>cyclophosphamide cap 50 mg</i>	Tier 4	PA
GLEOSTINE CAP 10MG (<i>lomustine</i>)	Tier 4	PA
GLEOSTINE CAP 40MG (<i>lomustine</i>)	Tier 4	PA
GLEOSTINE CAP 100MG (<i>lomustine</i>)	Tier 4	PA
LEUKERAN TAB 2MG (<i>chlorambucil</i>)	Tier 3	PA
<i>melphalan tab 2 mg</i>	Tier 1	PA
<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	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1	MAIL
TABLOID TAB 40MG (<i>thioguanine</i>)	Tier 3	PA

ANTINEOPLASTIC - ANTIBODIES

RITUXAN INJ 100MG (<i>rituximab</i>)	Tier 4	PA
RITUXAN INJ 500MG (<i>rituximab</i>)	Tier 4	PA
RUXIENCE INJ 100/10ML (<i>rituximab-pvvr</i>)	Tier 4	PA
RUXIENCE INJ 500/50ML (<i>rituximab-pvvr</i>)	Tier 4	PA
TRUXIMA INJ 100/10ML (<i>rituximab-abbs</i>)	Tier 4	PA
TRUXIMA INJ 500/50ML (<i>rituximab-abbs</i>)	Tier 4	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	Tier 4	QL (30 per 30 days), PA
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	Tier 4	QL (30 per 30 days), PA
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	Tier 4	QL (120 per 30 days), PA
<i>anastrozole tab 1 mg</i>	Tier 1	MAIL
<i>bicalutamide tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days)
ELIGARD INJ 7.5MG (<i>leuprolide acetate</i>)	Tier 4	PA
ELIGARD INJ 22.5MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA
EMCYT CAP 140MG (<i>estramustine phosphate sodium</i>)	Tier 4	PA
<i>exemestane tab 25 mg</i>	Tier 3	MAIL, PA
FIRMAGON INJ 80MG (<i>degarelix acetate</i>)	Tier 4	PA
<i>flutamide cap 125 mg</i>	Tier 3	
<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), MAIL
<i>leuprolide acetate inj kit 5 mg / ml</i>	Tier 4	PA
LUPRON DEPOT INJ 3.75MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT INJ 7.5MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT INJ 11.25MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA
LUPRON DEPOT INJ 22.5MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA
LYSODREN TAB 500MG (<i>mitotane</i>)	Tier 4	PA
<i>megestrol acetate susp 40 mg / ml</i>	Tier 1	
<i>megestrol acetate tab 20 mg</i>	Tier 1	
<i>megestrol acetate tab 40 mg</i>	Tier 1	
<i>nilutamide tab 150 mg</i>	Tier 4	PA
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 5	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 5	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
TRELSTAR MIX INJ 3.75MG (<i>triptorelin pamoate</i>)	Tier 4	PA
TRELSTAR MIX INJ 11.25MG (<i>triptorelin pamoate</i>)	Tier 4	PA
ZOLADEX IMP 3.6MG (<i>goserelin acetate</i>)	Tier 4	PA
ZOLADEX IMP 10.8MG (<i>goserelin acetate</i>)	Tier 4	PA
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG (<i>pomalidomide</i>)	Tier 4	QL (30 per 30 days), PA
POMALYST CAP 2MG (<i>pomalidomide</i>)	Tier 4	QL (30 per 30 days), PA
POMALYST CAP 3MG (<i>pomalidomide</i>)	Tier 4	QL (30 per 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
POMALYST CAP 4MG (<i>pomalidomide</i>)	Tier 4	QL (30 per 30 days), PA
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	Tier 4	QL (49 per 28 days), PA
KISQALI 400 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	Tier 4	QL (70 per 28 days), PA
KISQALI 600 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	Tier 4	QL (91 per 28 days), PA
LONSURF TAB 15-6.14 (<i>trifluridine-tipiracil</i>)	Tier 4	QL (100 per 28 days), PA
LONSURF TAB 20-8.19 (<i>trifluridine-tipiracil</i>)	Tier 4	QL (100 per 28 days), PA
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG (<i>everolimus</i>)	Tier 4	QL (60 per 30 days), PA
AFINITOR DIS TAB 3MG (<i>everolimus</i>)	Tier 4	QL (90 per 30 days), PA
AFINITOR DIS TAB 5MG (<i>everolimus</i>)	Tier 4	QL (60 per 30 days), PA
AFINITOR TAB 2.5MG (<i>everolimus</i>)	Tier 4	QL (30 per 30 days), PA
AFINITOR TAB 5MG (<i>everolimus</i>)	Tier 4	QL (30 per 30 days), PA
AFINITOR TAB 7.5MG (<i>everolimus</i>)	Tier 4	QL (30 per 30 days), PA
AFINITOR TAB 10MG (<i>everolimus</i>)	Tier 4	QL (30 per 30 days), PA
ALECENSA CAP 150MG (<i>alectinib hcl</i>)	Tier 4	QL (240 per 30 days), PA
BRUKINSA CAP 80MG (<i>zanubrutinib</i>)	Tier 4	QL (120 per 30 days), MAIL, PA
CAPRELSA TAB 100MG (<i>vandetanib</i>)	Tier 4	QL (60 per 30 days), PA
CAPRELSA TAB 300MG (<i>vandetanib</i>)	Tier 4	QL (30 per 30 days), PA
COMETRIQ KIT 60MG (<i>cabozantinib s-malate</i>)	Tier 4	QL (90 per 30 days), PA
COMETRIQ KIT 100MG (<i>cabozantinib s-malate</i>)	Tier 4	QL (60 per 30 days), PA
COMETRIQ KIT 140MG (<i>cabozantinib s-malate</i>)	Tier 4	QL (120 per 30 days), PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 4	QL (90 per 30 days), PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 4	QL (30 per 30 days), PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 4	QL (30 per 30 days), PA
<i>everolimus tab 2.5 mg</i>	Tier 4	QL (30 per 30 days), PA
<i>everolimus tab 5 mg</i>	Tier 4	QL (30 per 30 days), PA
<i>everolimus tab 7.5 mg</i>	Tier 4	QL (30 per 30 days), PA
FARYDAK CAP 10MG (<i>panobinostat lactate</i>)	Tier 4	QL (6 per 21 days), PA
FARYDAK CAP 15MG (<i>panobinostat lactate</i>)	Tier 4	QL (6 per 21 days), PA
FARYDAK CAP 20MG (<i>panobinostat lactate</i>)	Tier 4	QL (6 per 21 days), PA
GILOTRIF TAB 20MG (<i>afatinib dimaleate</i>)	Tier 4	QL (30 per 30 days), PA
GILOTRIF TAB 30MG (<i>afatinib dimaleate</i>)	Tier 4	QL (30 per 30 days), PA
GILOTRIF TAB 40MG (<i>afatinib dimaleate</i>)	Tier 4	QL (30 per 30 days), PA
IBRANCE CAP 75MG (<i>palbociclib</i>)	Tier 4	QL (30 per 30 days), PA
IBRANCE CAP 100MG (<i>palbociclib</i>)	Tier 4	QL (30 per 30 days), PA
IBRANCE CAP 125MG (<i>palbociclib</i>)	Tier 4	QL (30 per 30 days), PA
IBRANCE TAB 75MG (<i>palbociclib</i>)	Tier 4	QL (30 per 30 days), PA
IBRANCE TAB 100MG (<i>palbociclib</i>)	Tier 4	QL (30 per 30 days), PA
IBRANCE TAB 125MG (<i>palbociclib</i>)	Tier 4	QL (30 per 30 days), PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at
mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ
Dose per day

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG TAB 15MG (<i>ponatinib hcl</i>)	Tier 4	QL (60 per 30 days), PA
ICLUSIG TAB 45MG (<i>ponatinib hcl</i>)	Tier 4	QL (30 per 30 days), PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 4	QL (90 per 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 4	QL (60 per 30 days), PA
IMBRUVICA CAP 140MG (<i>ibrutinib</i>)	Tier 4	QL (90 per 30 days), PA
JAKAFI TAB 5MG (<i>ruxolitinib phosphate</i>)	Tier 4	QL (60 per 30 days), PA
JAKAFI TAB 10MG (<i>ruxolitinib phosphate</i>)	Tier 4	QL (60 per 30 days), PA
JAKAFI TAB 15MG (<i>ruxolitinib phosphate</i>)	Tier 4	QL (60 per 30 days), PA
JAKAFI TAB 20MG (<i>ruxolitinib phosphate</i>)	Tier 4	QL (60 per 30 days), PA
JAKAFI TAB 25MG (<i>ruxolitinib phosphate</i>)	Tier 4	QL (60 per 30 days), PA
KISQALI TAB 200DOSE (<i>ribociclib succinate</i>)	Tier 4	QL (30 per 30 days), PA
KISQALI TAB 400DOSE (<i>ribociclib succinate</i>)	Tier 4	QL (60 per 30 days), PA
KISQALI TAB 600DOSE (<i>ribociclib succinate</i>)	Tier 4	QL (90 per 30 days), PA
LENVIMA CAP 4MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (30 per 30 days), PA
LENVIMA CAP 8 MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (60 per 30 days), PA
LENVIMA CAP 10 MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (30 per 30 days), PA
LENVIMA CAP 12MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (90 per 30 days), PA
LENVIMA CAP 14 MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (60 per 30 days), PA
LENVIMA CAP 18 MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (90 per 30 days), PA
LENVIMA CAP 20 MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (60 per 30 days), PA
LENVIMA CAP 24 MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (90 per 30 days), PA
MEKINIST TAB 0.5MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 4	QL (90 per 30 days), PA
MEKINIST TAB 2MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 4	QL (30 per 30 days), PA
NEXAVAR TAB 200MG (<i>sorafenib tosylate</i>)	Tier 4	QL (120 per 30 days), PA
RUBRACA TAB 200MG (<i>rucaparib camsylate</i>)	Tier 4	PA
RUBRACA TAB 250MG (<i>rucaparib camsylate</i>)	Tier 4	PA
RUBRACA TAB 300MG (<i>rucaparib camsylate</i>)	Tier 4	PA
SPRYCEL TAB 20MG (<i>dasatinib</i>)	Tier 4	QL (90 per 30 days), PA
SPRYCEL TAB 50MG (<i>dasatinib</i>)	Tier 4	QL (30 per 30 days), PA
SPRYCEL TAB 70MG (<i>dasatinib</i>)	Tier 4	QL (30 per 30 days), PA
SPRYCEL TAB 80MG (<i>dasatinib</i>)	Tier 4	QL (30 per 30 days), PA
SPRYCEL TAB 100MG (<i>dasatinib</i>)	Tier 4	QL (30 per 30 days), PA
SPRYCEL TAB 140MG (<i>dasatinib</i>)	Tier 4	QL (30 per 30 days), PA
STIVARGA TAB 40MG (<i>regorafenib</i>)	Tier 4	QL (90 per 30 days), PA
SUTENT CAP 12.5MG (<i>sunitinib malate</i>)	Tier 4	QL (120 per 30 days), PA
SUTENT CAP 25MG (<i>sunitinib malate</i>)	Tier 4	QL (60 per 30 days), PA
SUTENT CAP 37.5MG (<i>sunitinib malate</i>)	Tier 4	QL (30 per 30 days), PA
SUTENT CAP 50MG (<i>sunitinib malate</i>)	Tier 4	QL (30 per 30 days), PA
TAFINLAR CAP 50MG (<i>dabrafenib mesylate</i>)	Tier 4	QL (120 per 30 days), PA
TAFINLAR CAP 75MG (<i>dabrafenib mesylate</i>)	Tier 4	QL (120 per 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
TAGRISSO TAB 40MG (<i>osimertinib mesylate</i>)	Tier 4	QL (30 per 30 days), PA
TAGRISSO TAB 80MG (<i>osimertinib mesylate</i>)	Tier 4	QL (30 per 30 days), PA
TARCEVA TAB 25MG (<i>erlotinib hcl</i>)	Tier 4	QL (90 per 30 days), PA
TARCEVA TAB 100MG (<i>erlotinib hcl</i>)	Tier 4	QL (30 per 30 days), PA
TARCEVA TAB 150MG (<i>erlotinib hcl</i>)	Tier 4	QL (30 per 30 days), PA
TASIGNA CAP 50MG (<i>nilotinib hcl</i>)	Tier 4	QL (120 per 30 days), PA
TASIGNA CAP 150MG (<i>nilotinib hcl</i>)	Tier 4	QL (120 per 30 days), PA
TASIGNA CAP 200MG (<i>nilotinib hcl</i>)	Tier 4	QL (120 per 30 days), PA
TYKERB TAB 250MG (<i>lapatinib ditosylate</i>)	Tier 4	QL (180 per 30 days), PA
VOTRIENT TAB 200MG (<i>pazopanib hcl</i>)	Tier 4	QL (120 per 30 days), PA
XALKORI CAP 200MG (<i>crizotinib</i>)	Tier 4	QL (60 per 30 days), PA
XALKORI CAP 250MG (<i>crizotinib</i>)	Tier 4	QL (60 per 30 days), PA
ZEJULA CAP 100MG (<i>niraparib tosylate</i>)	Tier 4	QL (90 per 30 days), PA
ZOLINZA CAP 100MG (<i>vorinostat</i>)	Tier 4	QL (120 per 30 days), PA
ZYDELIG TAB 100MG (<i>idelalisib</i>)	Tier 4	QL (60 per 30 days), PA
ZYDELIG TAB 150MG (<i>idelalisib</i>)	Tier 4	QL (60 per 30 days), PA
ZYKADIA CAP 150MG (<i>ceritinib</i>)	Tier 4	PA
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5 (<i>interferon gamma-1b</i>)	Tier 4	PA
<i>bexarotene cap 75 mg</i>	Tier 4	PA
<i>hydroxyurea cap 500 mg</i>	Tier 1	
INTRON A INJ 10MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 18MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 25MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 50MU (<i>interferon alfa-2b</i>)	Tier 4	PA
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	Tier 4	PA
<i>tretinoin cap 10 mg</i>	Tier 4	PA
CHEMOTHERAPY ADJUNCTS		
KEPIVANCE INJ 6.25MG (<i>palifermin</i>)	Tier 4	PA
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
<i>leucovorin calcium tab 5 mg</i>	Tier 1	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
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUVANTS		
<i>carbidopa tab 25 mg</i>	Tier 3	MAIL
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
<i>benztropine mesylate tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl oral soln 0.4 mg / ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tab 200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>tolcapone tab 100 mg</i>	Tier 3	MAIL
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>amantadine hcl syrup 50 mg / 5ml</i>	Tier 1	MAIL
APOKYN INJ 10MG/ML (<i>apomorphine hydrochloride</i>)	Tier 4	PA
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 3	QL (180 caps / 30 days), MAIL
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 3	MAIL
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 3	MAIL
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>NEUPRO DIS 1MG/24HR (rotigotine)</i>	Tier 3	MAIL, PA
<i>NEUPRO DIS 2MG/24HR (rotigotine)</i>	Tier 3	MAIL, PA
<i>NEUPRO DIS 3MG/24HR (rotigotine)</i>	Tier 3	MAIL, PA
<i>NEUPRO DIS 4MG/24HR (rotigotine)</i>	Tier 3	MAIL, PA
<i>NEUPRO DIS 6MG/24HR (rotigotine)</i>	Tier 3	MAIL, PA
<i>NEUPRO DIS 8MG/24HR (rotigotine)</i>	Tier 3	MAIL, PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	MAIL
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 3	QL (60 tabs / 30 days), MAIL
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>selegiline hcl cap 5 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>selegiline hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate cap 150 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate cap 300 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate cap 600 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate tab 300 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate tab er 300 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate tab er 450 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
LITHIUM SOL 8MEQ/5ML	Tier 1	AGE, MAIL; AGE (Min 6 years)
ANTIPSYCHOTICS - MISC.		
LATUDA TAB 20MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
LATUDA TAB 40MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
LATUDA TAB 60MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
LATUDA TAB 80MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
LATUDA TAB 120MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
VRAYLAR CAP 1.5MG (<i>cariprazine hcl</i>)	Tier 3	MAIL, PA
VRAYLAR CAP 3MG (<i>cariprazine hcl</i>)	Tier 3	MAIL, PA
VRAYLAR CAP 4.5MG (<i>cariprazine hcl</i>)	Tier 3	MAIL, PA
VRAYLAR CAP 6MG (<i>cariprazine hcl</i>)	Tier 3	MAIL, PA
<i>ziprasidone hcl cap 20 mg</i>	Tier 3	AGE, QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 40 mg</i>	Tier 3	AGE, QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 60 mg</i>	Tier 3	AGE, QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 80 mg</i>	Tier 3	AGE, QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
BENZISOXAZOLES		
FANAPT PAK (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 1MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 2MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 4MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 6MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 8MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 10MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 12MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
INVEGA SUST INJ 39/0.25 (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (0.25 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 78/0.5ML (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (0.5 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 117/0.75 (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (0.75 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 156MG/ML (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (1 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 234/1.5 (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (1.5 mL / 30 days); AGE (Min 6 years)
INVEGA TRINZ INJ 273MG (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (0.875 mL / 90 days); AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZ INJ 410MG (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (1.315 mL / 90 days); AGE (Min 6 years)
INVEGA TRINZ INJ 546MG (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (1.75 mL / 90 days); AGE (Min 6 years)
INVEGA TRINZ INJ 819MG (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (2.65 mL / 90 days); AGE (Min 6 years)
<i>paliperidone tab er 24hr 1.5 mg</i>	Tier 3	MAIL, PA
<i>paliperidone tab er 24hr 3 mg</i>	Tier 3	MAIL, PA
<i>paliperidone tab er 24hr 6 mg</i>	Tier 3	MAIL, PA
<i>paliperidone tab er 24hr 9 mg</i>	Tier 3	MAIL, PA
RISPERDAL INJ 12.5MG (<i>risperidone microspheres</i>)	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
RISPERDAL INJ 25MG (<i>risperidone microspheres</i>)	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
RISPERDAL INJ 37.5MG (<i>risperidone microspheres</i>)	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
RISPERDAL INJ 50MG (<i>risperidone microspheres</i>)	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 3	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 3	AGE, QL (60 ea / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 3	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 3	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 3	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 3	AGE, QL (120 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone soln 1 mg/ml</i>	Tier 1	AGE, QL (480 mL / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 0.5 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 0.25 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tab 1 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 2 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 3 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 4 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days), MAIL; AGE (Min 5 years)
BUTYROPHENONES		
<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 20 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
DIBENZAPINES		
<i>clozapine tab 25 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 50 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 100 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 200 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days); AGE (Min 6 years)
<i>loxapine succinate cap 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 25 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
<i>loxapine succinate cap 50 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>olanzapine tab 2.5 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>olanzapine tab 5 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>olanzapine tab 7.5 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>olanzapine tab 10 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>olanzapine tab 15 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>olanzapine tab 20 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 25 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 50 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 100 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 200 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 300 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 400 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>SAPHRIS SUB 2.5MG (asenapine maleate)</i>	Tier 2	MAIL, PA
<i>SAPHRIS SUB 5MG (asenapine maleate)</i>	Tier 2	MAIL, PA
<i>SAPHRIS SUB 10MG (asenapine maleate)</i>	Tier 2	MAIL, PA
<i>ZYPREXA RELP INJ 210MG (olanzapine pamoate)</i>	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
<i>ZYPREXA RELP INJ 300MG (olanzapine pamoate)</i>	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
<i>ZYPREXA RELP INJ 405MG (olanzapine pamoate)</i>	Tier 3	AGE, QL (1 mL / 30 days); AGE (Min 6 years)
<i>PHENOTHIAZINES</i>		
<i>chlorpromazine hcl tab 10 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>chlorpromazine hcl tab 25 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>chlorpromazine hcl tab 50 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>chlorpromazine hcl tab 100 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>chlorpromazine hcl tab 200 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>fluphenazine decanoate inj 25 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>fluphenazine hcl tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>fluphenazine hcl tab 2.5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>fluphenazine hcl tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>fluphenazine hcl tab 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>perphenazine tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>perphenazine tab 4 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>perphenazine tab 8 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>perphenazine tab 16 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>prochlorperazine suppos 25 mg</i>	Tier 3	AGE; AGE (Min 6 years)
<i>thioridazine hcl tab 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 25 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 50 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 100 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
QUINOLINONE DERIVATIVES		
<i>ABILIFY MAIN INJ 300MG (aripiprazole)</i>	Tier 2	AGE, QL (1 ea / 30 days); AGE (Min 6 years)
<i>ABILIFY MAIN INJ 400MG (aripiprazole)</i>	Tier 2	AGE, QL (1 ea / 30 days); AGE (Min 6 years)
<i>aripiprazole oral solution 1 mg / ml</i>	Tier 3	MAIL, PA
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 2 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 15 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>ARISTADA INJ 441MG/1. (aripiprazole lauroxil)</i>	Tier 2	AGE, QL (1.6 mL / 30 days); AGE (Min 6 years)
<i>ARISTADA INJ 662MG/2 (aripiprazole lauroxil)</i>	Tier 2	AGE, QL (2.4 mL / 30 days); AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJ 882MG/3 (<i>aripiprazole lauroxil</i>)	Tier 2	AGE, QL (3.2 mL / 30 days); AGE (Min 6 years)
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>thiothixene cap 2 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>thiothixene cap 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>thiothixene cap 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
ANTISEPTICS & DISINFECTANTS		
CHLORINE ANTISEPTICS		
<i>chlorhexidine gluconate liquid 4 %</i>	Tier 1	OTC
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 1	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	Tier 1	QL (60 tabs / 30 days)
APTIVUS CAP 250MG (<i>tipranavir</i>)	Tier 2	QL (120 caps / 30 days)
APTIVUS SOL (<i>tipranavir</i>)	Tier 2	QL (300 mL / 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 1	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 1	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days)
ATRIPLA TAB (<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
BIKTARVY TAB (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300 (<i>lamivudine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
COMPLERA TAB (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
CRIXIVAN CAP 200MG (<i>indinavir sulfate</i>)	Tier 2	QL (360 caps / 30 days)
CRIXIVAN CAP 400MG (<i>indinavir sulfate</i>)	Tier 2	QL (180 caps / 30 days)
DELSTRIGO TAB (<i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25 (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
<i>didanosine delayed release capsule 200 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>didanosine delayed release capsule 250 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 400 mg</i>	Tier 1	QL (30 caps / 30 days)
DOVATO TAB 50-300MG (<i>dolutegravir sodium-lamivudine</i>)	Tier 2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EDURANT TAB 25MG (<i>rilpivirine hcl</i>)	Tier 2	QL (30 tabs / 30 days)
<i>efavirenz cap 50 mg</i>	Tier 1	QL (360 caps / 30 days)
<i>efavirenz cap 200 mg</i>	Tier 1	QL (90 caps / 30 days)
<i>efavirenz tab 600 mg</i>	Tier 1	QL (30 tabs / 30 days)
EMTRIVA CAP 200MG (<i>emtricitabine</i>)	Tier 2	QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML (<i>emtricitabine</i>)	Tier 2	QL (720 mL / 30 days)
EVOTAZ TAB 300-150 (<i>atazanavir sulfate-cobicistat</i>)	Tier 2	QL (30 tabs / 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 1	QL (120 tabs / 30 days)
FUZEON INJ 90MG (<i>enfuvirtide</i>)	Tier 4	PA
GENVOYA TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	Tier 2	QL (30 tabs / 30 days)
INTELENCE TAB 25MG (<i>etravirine</i>)	Tier 2	QL (480 tabs / 30 days)
INTELENCE TAB 100MG (<i>etravirine</i>)	Tier 2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG (<i>etravirine</i>)	Tier 2	QL (60 tabs / 30 days)
INVIRASE TAB 500MG (<i>saquinavir mesylate</i>)	Tier 2	QL (300 tabs / 30 days)
ISENTRESS CHW 25MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS CHW 100MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS HD TAB 600MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 tabs / 30 days)
JULUCA TAB 50-25MG (<i>dolutegravir sodium-rilpivirine hcl</i>)	Tier 2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG (<i>lopinavir-ritonavir</i>)	Tier 2	QL (360 tabs / 30 days)
KALETRA TAB 200-50MG (<i>lopinavir-ritonavir</i>)	Tier 2	QL (180 tabs / 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	Tier 1	QL (900 mL / 30 days)
<i>lamivudine tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>lamivudine tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 1	QL (30 mL / 30 days)
<i>nevirapine susp 50 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>nevirapine tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	Tier 1	QL (30 tabs / 30 days)
NORVIR SOL 80MG/ML (<i>ritonavir</i>)	Tier 2	QL (450 mL / 30 days)
ODEFSEY TAB (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
PIFELTRO TAB 100MG (<i>doravirine</i>)	Tier 2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150 (<i>darunavir-cobicistat</i>)	Tier 2	QL (30 tabs / 30 days)
PREZISTA SUS 100MG/ML (<i>darunavir ethanolate</i>)	Tier 2	QL (480 mL / 30 days)
PREZISTA TAB 75MG (<i>darunavir ethanolate</i>)	Tier 2	QL (480 tabs / 30 days)
PREZISTA TAB 150MG (<i>darunavir ethanolate</i>)	Tier 2	QL (240 tabs / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TAB 600MG (<i>darunavir ethanolate</i>)	Tier 2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG (<i>darunavir ethanolate</i>)	Tier 2	QL (30 tabs / 30 days)
RESCRIPTOR TAB 200MG (<i>delavirdine mesylate</i>)	Tier 2	QL (180 tabs / 30 days)
<i>ritonavir tab 100 mg</i>	Tier 1	QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML (<i>maraviroc</i>)	Tier 2	QL (900 mL / 30 days)
SELZENTRY TAB 25MG (<i>maraviroc</i>)	Tier 2	QL (120 tabs / 30 days)
SELZENTRY TAB 75MG (<i>maraviroc</i>)	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG (<i>maraviroc</i>)	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG (<i>maraviroc</i>)	Tier 2	QL (60 tabs / 30 days)
<i>stavudine cap 15 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>stavudine cap 20 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>stavudine cap 30 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>stavudine cap 40 mg</i>	Tier 1	QL (60 caps / 30 days)
STRIBILD TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>)	Tier 2	QL (30 tabs / 30 days)
SYMFI LO TAB (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
SYMFI TAB (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
SYMTUZA TAB (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	Tier 2	QL (30 tabs / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days)
TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>)	Tier 2	QL (180 per 30 days)
TIVICAY TAB 10MG (<i>dolutegravir sodium</i>)	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 25MG (<i>dolutegravir sodium</i>)	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 50MG (<i>dolutegravir sodium</i>)	Tier 2	QL (60 tabs / 30 days)
TRIUMEQ TAB (<i>abacavir-dolutegravir-lamivudine</i>)	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 100-150 (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200 (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250 (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300 (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
TYBOST TAB 150MG (<i>cobicistat</i>)	Tier 2	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG (<i>didanosine</i>)	Tier 2	QL (30 caps / 30 days)
VIRACEPT TAB 250MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (120 tabs / 30 days)
VIREAD TAB 150MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
VIREAD TAB 200MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
VIREAD TAB 250MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
<i>zidovudine cap 100 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>zidovudine syrup 10 mg/ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>zidovudine tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days)
CMV AGENTS		
FOSCAVIR INJ 24MG/ML (<i>foscarnet sodium</i>)	Tier 3	PA
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 4	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 4	PA
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days)
BARACLUDE SOL (<i>entecavir</i>)	Tier 3	PA
DAKLINZA TAB 30MG (<i>daclatasvir dihydrochloride</i>)	Tier 4	PA
DAKLINZA TAB 60MG (<i>daclatasvir dihydrochloride</i>)	Tier 4	PA
<i>entecavir tab 0.5 mg</i>	Tier 3	QL (30 tabs / 30 days)
<i>entecavir tab 1 mg</i>	Tier 3	QL (30 tabs / 30 days)
EPIVIR HBV SOL 5MG/ML (<i>lamivudine (hbv)</i>)	Tier 3	QL (1800 mL / 30 days)
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	QL (90 tabs / 30 days)
LEDIP-SOFOSB TAB 90-400MG	Tier 4	QL (28 tablets / 28 days), PA; Preferred
PEGASYS INJ (<i>peginterferon alfa-2a</i>)	Tier 4	PA
PEGASYS INJ 180MCG/M (<i>peginterferon alfa-2a</i>)	Tier 4	PA
<i>ribavirin cap 200 mg</i> (Ribasphere)	Tier 1	
<i>ribavirin tab 200 mg</i>	Tier 1	
SOFOS/VELPAT TAB 400-100	Tier 4	QL (28 tablets / 28 days), PA; Preferred
SOVALDI TAB 400MG (<i>sofosbuvir</i>)	Tier 4	QL (28 tablets / 28 days), PA
TECHNIVIE TAB (<i>ombitasvir-paritaprevir-ritonavir</i>)	Tier 4	QL (56 tablets / 28 days), PA
VOSEVI TAB (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	Tier 4	QL (28 tablets / 28 days), PA
ZEPATIER TAB 50-100MG (<i>elbasvir-grazoprevir</i>)	Tier 4	QL (28 tablets / 28 days), 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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
INFLUENZA AGENTS		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (20 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (20 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (20 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	AGE, QL (120 mL / year); AGE (Max 12 years)
RELENZA MIS DISKHALE (<i>zanamivir</i>)	Tier 2	QL (2 inhalers / year)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
XOFLUZA TAB 20MG (<i>baloxavir marboxil</i>)	Tier 2	QL (2 tabs / 30 days)
XOFLUZA TAB 40MG (<i>baloxavir marboxil</i>)	Tier 2	QL (2 tabs / 30 days)
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 (120 tabs / 30 days), MAIL
<i>labetalol hcl tab 200 mg</i>	Tier 1	QL (120 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	MAIL
<i>acebutolol hcl cap 400 mg</i>	Tier 1	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
<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 (30 tabs / 30 days), MAIL
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
BYSTOLIC TAB 2.5MG (<i>nebivolol hcl</i>)	Tier 3	MAIL, PA
BYSTOLIC TAB 5MG (<i>nebivolol hcl</i>)	Tier 3	MAIL, PA
BYSTOLIC TAB 10MG (<i>nebivolol hcl</i>)	Tier 3	MAIL, PA
BYSTOLIC TAB 20MG (<i>nebivolol hcl</i>)	Tier 3	MAIL, PA
<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 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol tab 20 mg</i>	Tier 1	MAIL
<i>nadolol tab 40 mg</i>	Tier 1	MAIL
<i>nadolol tab 80 mg</i>	Tier 1	MAIL
<i>pindolol tab 5 mg</i>	Tier 1	MAIL
<i>pindolol tab 10 mg</i>	Tier 1	MAIL
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 3	QL (90 caps / 30 days), MAIL
<i>propranolol hcl cap er 24hr 80 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>propranolol hcl cap er 24hr 120 mg</i>	Tier 3	QL (90 caps / 30 days), MAIL
<i>propranolol hcl cap er 24hr 160 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	MAIL
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	MAIL
<i>propranolol hcl tab 10 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 20 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 40 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 60 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afl) tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afl) tab 120 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afl) tab 160 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 80 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl tab 120 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 160 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 240 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 5 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 10 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 20 mg</i>	Tier 1	MAIL

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

<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>diltiazem hcl cap er 12hr 120 mg</i>	Tier 1	QL (60 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
<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

Drug Name	Drug Tier	Requirements/Limits
<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 (90 caps / 30 days), MAIL
<i>nifedipine cap 10 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>nifedipine cap 20 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<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 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	QL (60 tabs / 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 1	MAIL
<i>nisoldipine tab er 24hr 8.5 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 20 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 25.5 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 30 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 34 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 40 mg</i>	Tier 3	MAIL, PA
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<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>digoxin oral soln 0.05 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<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 (<i>digoxin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
LANOXIN TAB 0.125MG (<i>digoxin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

ENTRESTO TAB 24-26MG (<i>sacubitril-valsartan</i>)	Tier 2	MAIL, PA
ENTRESTO TAB 49-51MG (<i>sacubitril-valsartan</i>)	Tier 2	MAIL, PA
ENTRESTO TAB 97-103MG (<i>sacubitril-valsartan</i>)	Tier 2	MAIL, PA

PERIPHERAL VASODILATORS

<i>inositol niacinate cap 500 mg</i> (Niacin Flush Free)	Tier 1	OTC, MAIL
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PROSTAGLANDIN VASODILATORS

ORENITRAM TAB 0.25MG (<i>treprostinil diolamine</i>)	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 0.125MG (<i>treprostinil diolamine</i>)	Tier 4	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TAB 1MG (<i>treprostinil diolamine</i>)	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 2.5MG (<i>treprostinil diolamine</i>)	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 5MG (<i>treprostinil diolamine</i>)	Tier 4	QL (90 tabs / 30 days), PA
REMODULIN INJ 1MG/ML (<i>treprostinil</i>)	Tier 4	PA
REMODULIN INJ 2.5MG/ML (<i>treprostinil</i>)	Tier 4	PA
REMODULIN INJ 5MG/ML (<i>treprostinil</i>)	Tier 4	PA
REMODULIN INJ 10MG/ML (<i>treprostinil</i>)	Tier 4	PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	Tier 4	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	Tier 4	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	Tier 4	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	Tier 4	PA
VENTAVIS SOL 10MCG/ML (<i>iloprost</i>)	Tier 4	PA
VENTAVIS SOL 20MCG/ML (<i>iloprost</i>)	Tier 4	PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	Tier 4	QL (30 tabs / 30 days), PA
<i>ambrisentan tab 10 mg</i>	Tier 4	QL (30 tabs / 30 days), PA
<i>bosentan tab 62.5 mg</i>	Tier 4	QL (60 tabs / 30 days), PA
<i>bosentan tab 125 mg</i>	Tier 4	QL (60 tabs / 30 days), PA
LETAIRIS TAB 5MG (<i>ambrisentan</i>)	Tier 4	QL (30 tabs / 30 days), PA
LETAIRIS TAB 10MG (<i>ambrisentan</i>)	Tier 4	QL (30 tabs / 30 days), PA
OPSUMIT TAB 10MG (<i>macitentan</i>)	Tier 4	QL (30 tabs / 30 days), PA
TRACLEER TAB 32MG (<i>bosentan</i>)	Tier 4	QL (60 tabs / 30 days), PA
TRACLEER TAB 62.5MG (<i>bosentan</i>)	Tier 4	QL (60 tabs / 30 days), PA
TRACLEER TAB 125MG (<i>bosentan</i>)	Tier 4	QL (60 tabs / 30 days), PA
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate tab 20 mg</i>	Tier 4	QL (90 tabs / 30 days), PA
<i>tadalafil tab 20 mg (pah)</i>	Tier 4	QL (60 tabs / 30 days), PA
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB 200/800 (<i>selexipag</i>)	Tier 4	QL (200 tabs / 30 days), PA
UPTRAVI TAB 200MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 400MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG (<i>riociguat</i>)	Tier 4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG (<i>riociguat</i>)	Tier 4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG (<i>riociguat</i>)	Tier 4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2.5MG (<i>riociguat</i>)	Tier 4	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TAB 2MG (<i>riociguat</i>)	Tier 4	QL (90 tabs / 30 days), PA
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML (<i>ivabradine hcl</i>)	Tier 2	MAIL, PA
CORLANOR TAB 5MG (<i>ivabradine hcl</i>)	Tier 2	MAIL, PA
CORLANOR TAB 7.5MG (<i>ivabradine hcl</i>)	Tier 2	MAIL, PA
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil cap 500 mg</i>	Tier 1	
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefadroxil tab 1 gm</i>	Tier 1	
<i>cephalexin cap 250 mg</i>	Tier 1	
<i>cephalexin cap 500 mg</i>	Tier 1	
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor cap 250 mg</i>	Tier 1	
<i>cefaclor cap 500 mg</i>	Tier 1	
<i>cefaclor for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefaclor for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefaclor for susp 375 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil tab 250 mg</i>	Tier 1	
<i>cefprozil tab 500 mg</i>	Tier 1	
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	QL (20 tabs / 10 days)
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir cap 300 mg</i>	Tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	Tier 1	PA
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	Tier 1	PA
<i>cefixime cap 400 mg</i>	Tier 3	
<i>cefixime for susp 100 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>cefixime for susp 200 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefpodoxime proxetil tab 100 mg</i>	Tier 1	
<i>cefpodoxime proxetil tab 200 mg</i>	Tier 1	
<i>ceftriaxone sodium for inj 1 gm</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
SUPRAX CAP 400MG (<i>cefixime</i>)	Tier 3	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
BALCOLTRA TAB 0.1-20 (<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>)	Tier 5	QL (39 tablets / 28 days), MAIL
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i> (Velivet)	Tier 5	QL (39 tablets / 28 days), MAIL
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (Tydemy)	Tier 5	QL (39 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> (Kelnor 1/50)	Tier 5	QL (39 tablets / 28 days), MAIL
FALESSA KIT (<i>levonorgestrel-ethinyl estradiol & folic acid</i>)	Tier 5	QL (75 tablets / 28 days), MAIL
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (Rivelsa)	Tier 5	QL (30 tablets / 28 days), MAIL
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Tier 5	QL (30 tablets / 28 days), MAIL
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	Tier 5	QL (30 tablets / 28 days), MAIL
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 5	QL (30 tablets / 28 days), MAIL
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Tier 5	QL (28 tablets / 28 days), MAIL
LO LOESTRIN TAB 1-10-10 (<i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>)	Tier 5	QL (39 tablets / 28 days), MAIL
NATAZIA TAB (<i>estradiol valerate-dienogest</i>)	Tier 5	QL (39 tablets / 28 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 5	QL (28 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)	Tier 5	QL (28 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)	Tier 5	QL (39 tablets / 28 days), MAIL
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-ogestrel)	Tier 5	QL (39 tablets / 28 days), MAIL
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg (Ogestrel)	Tier 5	QL (39 tablets / 28 days), MAIL
TAYTULLA CAP 1MG/20MC (norethin acet & estrad-fe)	Tier 5	QL (39 tablets / 28 days), MAIL
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)	Tier 5	QL (4 patches / 28 days), MAIL
COMBINATION CONTRACEPTIVES - VAGINAL		
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	Tier 5	QL (1 ring / 28 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Eluryng)</i>	Tier 5	QL (1 ring / 28 days), MAIL
<i>NUVARING MIS (etonogestrel-ethinyl estradiol)</i>	Tier 5	QL (1 ring / 28 days), MAIL
<i>COPPER CONTRACEPTIVES - IUD</i>		
<i>PARAGARD IUD T380A (copper (iud))</i>	Tier 5	QL (1 IUD in lifetime)
<i>EMERGENCY CONTRACEPTIVES</i>		
<i>ELLA TAB 30MG (ulipristal acetate)</i>	Tier 5	QL (4 tabs / 90 days)
<i>levonorgestrel tab 1.5 mg (My Way)</i>	Tier 5	OTC, QL (4 tabs / 90 days)
<i>PROGESTIN CONTRACEPTIVES - IMPLANTS</i>		
<i>NEXPLANON IMP 68MG (etonogestrel)</i>	Tier 5	QL (1 implant in lifetime)
<i>PROGESTIN CONTRACEPTIVES - INJECTABLE</i>		
<i>DEPO-SQ PROV INJ 104 (medroxyprogesterone acetate (contraceptive))</i>	Tier 5	QL (1 injection / 90 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 5	QL (1 Injection / 75 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 5	QL (1 injection / 90 days)
<i>PROGESTIN CONTRACEPTIVES - IUD</i>		
<i>KYLEENA IUD 19.5MG (levonorgestrel (iud))</i>	Tier 5	QL (1 IUD in lifetime)
<i>LILETTA IUD 52MG (levonorgestrel (iud))</i>	Tier 5	QL (1 IUD in lifetime)
<i>MIRENA IUD SYSTEM (levonorgestrel (iud))</i>	Tier 5	QL (1 IUD in lifetime)
<i>SKYLA IUD 13.5MG (levonorgestrel (iud))</i>	Tier 5	QL (1 IUD in lifetime)
<i>PROGESTIN CONTRACEPTIVES - ORAL</i>		
<i>norethindrone tab 0.35 mg</i>	Tier 5	QL (39 tablets / 28 days), MAIL

CORTICOSTEROIDS

<i>GLUCOCORTICOSTEROIDS</i>		
<i>budesonide delayed release particles cap 3 mg</i>	Tier 3	PA
<i>cortisone acetate tab 25 mg</i>	Tier 3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	Tier 1	
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
<i>dexamethasone tab 1 mg</i>	Tier 1	
<i>dexamethasone tab 1.5 mg</i>	Tier 1	
<i>dexamethasone tab 2 mg</i>	Tier 1	
<i>dexamethasone tab 4 mg</i>	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	
<i>hydrocortisone tab 10 mg</i>	Tier 1	
<i>hydrocortisone tab 20 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tab 4 mg</i>	Tier 1	
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	
<i>methylprednisolone tab 32 mg</i>	Tier 1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Tier 1	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	
<i>prednisone tab 1 mg</i>	Tier 1	
<i>prednisone tab 2.5 mg</i>	Tier 1	
<i>prednisone tab 5 mg</i>	Tier 1	
<i>prednisone tab 10 mg</i>	Tier 1	
<i>prednisone tab 20 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	MAIL
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate cap 100 mg</i>	Tier 1	
<i>benzonatate cap 200 mg</i>	Tier 1	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	Tier 1	
<i>ROBITUSSIN SYP 7.5/5ML (dextromethorphan hbr)</i>	Tier 1	OTC
COUGH/COLD/ALLERGY COMBINATIONS		
<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml (Wal-tap Cold & Allergy)</i>	Tier 1	OTC
<i>BROTAPP DM LIQ 15-1-5/5 (pseudoephed-bromphen-dm)</i>	Tier 1	OTC, QL (240 mL / 30 days)
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg (All Day Allergy D)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Diabetic Siltussin-dm)</i>	Tier 1	OTC, QL (240 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Diabetic Tussin Maximum S)	Tier 1	OTC, QL (240 mL / 30 days)
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Siltussin-dm)	Tier 1	OTC, QL (240 mL / 30 days)
dextromethorphan-guaifenesin tab er 12hr 30-600 mg (Mucus-dm)	Tier 1	OTC
diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml (Cvs Cold & Cough Nighttim)	Tier 1	OTC, QL (240 mL / 30 days)
diphenhydramine-phenylephrine tab 25-10 mg (Wal-dryl Pe Allergy/sinu)	Tier 1	OTC
guaifenesin-codeine soln 100-10 mg/5ml (GuaiaTussin Ac)	Tier 1	OTC, QL (240 mL / 30 days)
loratadine & pseudoephedrine tab er 12hr 5-120 mg (Loratadine-d 12hr)	Tier 1	OTC, QL (60 ea / 30 days)
loratadine & pseudoephedrine tab er 24hr 10-240 mg (Loratadine-d 24hr)	Tier 1	OTC, QL (30 tabs / 30 days)
promethazine & phenylephrine syrup 6.25-5 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine w/ codeine syrup 6.25-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine-dm syrup 6.25-15 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg (Ra Mucus Relief D)	Tier 1	OTC
EXPECTORANTS		
guaifenesin liquid 100 mg/5ml	Tier 1	OTC
guaifenesin syrup 100 mg/5ml (Robafen)	Tier 1	OTC
guaifenesin tab 200 mg	Tier 1	OTC
guaifenesin tab 400 mg (Sm Chest Congestion Relie)	Tier 1	OTC
guaifenesin tab er 12hr 600 mg (Gnp Mucus Er)	Tier 1	OTC, QL (60 ea / 30 days)
MISC. RESPIRATORY INHALANTS		
sodium chloride soln nebu 0.9 %	Tier 1	
sodium chloride soln nebu 3 % (Nebusal)	Tier 1	
sodium chloride soln nebu 7 %	Tier 1	
MUCOLYTICS		
acetylcysteine inhal soln 10 %	Tier 1	
acetylcysteine inhal soln 20 %	Tier 1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ACNE MEDICAT LOT 5% (benzoyl peroxide)	Tier 1	OTC
ACNE MEDICAT LOT 10% (benzoyl peroxide)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>adapalene lotion 0.1 %</i>	Tier 1	AGE, QL (59 mL / 30 days), ST; AGE (Min 10 years, Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>benzoyl peroxide gel 5 %</i> (Bp Gel)	Tier 1	OTC
<i>benzoyl peroxide gel 10 %</i> (Clean & Clear Persa-gel M)	Tier 1	OTC
<i>benzoyl peroxide liq 5 %</i> (Bp Wash)	Tier 1	OTC, QL (240 gm / 30 days)
<i>benzoyl peroxide liq 10 %</i> (Benzoyl Peroxide Wash)	Tier 1	OTC, QL (240 gm / 30 days)
<i>benzoyl peroxide-erythromycin gel 5-3 %</i>	Tier 3	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5 %</i>	Tier 3	PA
<i>clindamycin phosphate gel 1 %</i>	Tier 3	QL (60 gm / 30 days)
<i>clindamycin phosphate lotion 1 %</i>	Tier 3	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1 %</i>	Tier 1	QL (60 mL / 30 days)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025 %</i>	Tier 3	PA
DIFFERIN GEL 0.1% (<i>adapalene</i>)	Tier 1	OTC, QL (45 gm / 30 days)
<i>erythromycin soln 2 %</i>	Tier 1	QL (60 mL / 30 days)
<i>isotretinoin cap 10 mg</i> (Claravis)	Tier 3	PA
<i>isotretinoin cap 20 mg</i> (Amnesteem)	Tier 3	PA
<i>isotretinoin cap 30 mg</i>	Tier 3	PA
<i>isotretinoin cap 40 mg</i>	Tier 3	PA
<i>sulfacetamide sodium lotion 10 % (acne)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur in urea emulsion 10-4 %</i> (Bp Cleansing Wash)	Tier 1	
<i>tretinoin cream 0.1 %</i>	Tier 3	AGE, QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin cream 0.05 %</i>	Tier 3	AGE, QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin cream 0.025 %</i>	Tier 3	AGE, QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin gel 0.01 %</i>	Tier 3	AGE, QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin gel 0.025 % (Avita)</i>	Tier 3	AGE, QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
VELTIN GEL (<i>clindamycin phosphate-tretinoin</i>)	Tier 3	PA
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OIN 15% (<i>sinecatechins</i>)	Tier 3	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac sodium gel 1 %</i>	Tier 1	QL (200 gm / 30 days), PA
<i>diclofenac sodium gel 1 %</i>	Tier 1	OTC, QL (200 gm / 30 days), PA
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1% (<i>retapamulin</i>)	Tier 3	PA
<i>bacitracin oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin-polymyxin b oint</i> (Double Antibiotic)	Tier 1	OTC
CORTISPORIN OIN 1% (<i>bacitracin-polymyxin-neomycin hc</i>)	Tier 3	
<i>gentamicin sulfate cream 0.1 %</i>	Tier 1	
<i>gentamicin sulfate oint 0.1 %</i>	Tier 1	
<i>mupirocin oint 2 %</i>	Tier 1	QL (44 gm / 30 days)
<i>neomycin-bacitracin-polymyxin oint</i> (Cvs Triple Antibiotic)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1 %</i> (Triple Antibiotic Plus)	Tier 1	OTC
ANTIFUNGALS - TOPICAL		
<i>ciclopirox olamine cream 0.77 % (base equiv)</i>	Tier 1	QL (90 gm / 30 days)
<i>ciclopirox olamine susp 0.77 % (base equiv)</i>	Tier 1	QL (60 mL / 25 days)
<i>ciclopirox solution 8 %</i>	Tier 1	QL (6.6 mL / 25 days)
<i>clotrimazole cream 1 %</i>	Tier 1	
<i>clotrimazole soln 1 %</i>	Tier 1	
<i>clotrimazole w/ betamethasone cream 1-0.05 %</i>	Tier 1	QL (45 gm / 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05 %</i>	Tier 1	QL (60 mL / 30 days)
<i>econazole nitrate cream 1 %</i>	Tier 3	PA
ERTACZO CRE 2% (<i>sertaconazole nitrate</i>)	Tier 3	PA
EXELDERM CRE 1% (<i>sulconazole nitrate</i>)	Tier 3	PA
EXELDERM SOL 1% (<i>sulconazole nitrate</i>)	Tier 3	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
ketoconazole cream 2 %	Tier 1	QL (60 gm / 30 days)
ketoconazole shampoo 2 %	Tier 1	QL (120 mL / 30 days)
luliconazole cream 1 %	Tier 3	PA
MENTAX CRE 1% (butenafine hcl)	Tier 2	
miconazole nitrate aerosol pow 2 % (Lotrimin Af Deodorant Pow)	Tier 1	OTC
miconazole nitrate cream 2 %	Tier 1	OTC
miconazole nitrate ointment 2 % (Triple Paste Af)	Tier 1	OTC
miconazole nitrate powder 2 % (Cvs Anti-fungal Powder)	Tier 1	OTC
naftifine hcl cream 1 %	Tier 3	PA
naftifine hcl gel 1 %	Tier 3	PA
NAFTIN GEL 1% (naftifine hcl)	Tier 3	PA
NAFTIN GEL 2% (naftifine hcl)	Tier 3	PA
nystatin cream 100000 unit/gm	Tier 1	QL (90 gm / 30 days)
nystatin oint 100000 unit/gm	Tier 1	QL (90 gm / 30 days)
nystatin topical powder 100000 unit/gm (Nystop)	Tier 1	QL (30 gm / 30 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm- %	Tier 3	QL (60 gm / 30 days)
nystatin-triamcinolone oint 100000-0.1 unit/gm- %	Tier 3	QL (60 gm / 30 days)
oxiconazole nitrate cream 1 %	Tier 3	QL (90 gm / 30 days), PA
OXISTAT LOT 1% (oxiconazole nitrate)	Tier 3	PA
sulconazole nitrate cream 1 %	Tier 3	PA
terbinafine hcl cream 1 %	Tier 1	OTC, QL (30 gm / 30 days)
tolnaftate aerosol pow 1 % (Cvs Af Spray Powder)	Tier 1	OTC
tolnaftate cream 1 %	Tier 1	OTC
tolnaftate powder 1 % (Anti-fungal Powder)	Tier 1	OTC
tolnaftate soln 1 % (Mycocide Clinical Ns Anti)	Tier 1	OTC
ANTIHISTAMINES-TOPICAL		
diphenhydramine-zinc acetate cream 2-0.1 % (Sm Anti-itch Extra Streng)	Tier 1	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream 5 %	Tier 3	
PANRETIN GEL 0.1% (alitretinoin)	Tier 4	PA
PICATO GEL 0.05% (ingenol mebutate)	Tier 3	PA
PICATO GEL 0.015% (ingenol mebutate)	Tier 3	PA
TARGRETIN GEL 1% (bexarotene (topical))	Tier 4	PA
ANTIPSORIATICS		
acitretin cap 10 mg	Tier 3	PA
acitretin cap 17.5 mg	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
acitretin cap 25 mg	Tier 3	PA
calcipotriene oint 0.005 %	Tier 3	PA
calcipotriene soln 0.005 % (50 mcg/ml)	Tier 3	PA
calcitriol oint 3 mcg/gm	Tier 3	QL (100 gm / 30 days)
COSENTYX INJ 150MG/ML (secukinumab)	Tier 4	PA; Preferred Brand
COSENTYX INJ 300DOSE (secukinumab)	Tier 4	PA; Preferred Brand
COSENTYX PEN INJ 150MG/ML (secukinumab)	Tier 4	PA; Preferred Brand
COSENTYX PEN INJ 300DOSE (secukinumab)	Tier 4	PA; Preferred Brand
DRITHO-CREME CRE HP 1% (anthralin)	Tier 2	QL (50 gm / 30 days)
SKYRIZI INJ 150DOSE (risankizumab-rzaa)	Tier 4	PA; Preferred Brand
STELARA INJ 45MG/0.5 (ustekinumab)	Tier 4	PA; Preferred Brand
STELARA INJ 90MG/ML (ustekinumab)	Tier 4	PA; Preferred Brand
tazarotene cream 0.1 %	Tier 3	QL (60 gm / 30 days), PA
TAZORAC CRE 0.05% (tazarotene)	Tier 3	QL (60 gm / 30 days), PA
TAZORAC GEL 0.1% (tazarotene)	Tier 3	QL (100 gm / 30 days), PA
TAZORAC GEL 0.05% (tazarotene)	Tier 3	QL (100 gm / 30 days), PA
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 1 % (Cvs Anti-dandruff)	Tier 1	OTC
selenium sulfide lotion 2.5 %	Tier 1	
ANTIVIRALS - TOPICAL		
ABREVA CRE 10% (docosanol)	Tier 1	OTC, QL (2 gm / 30 days)
acyclovir oint 5 %	Tier 3	PA
DENAVIR CRE 1% (penciclovir)	Tier 2	PA
docosanol cream 10 %	Tier 1	OTC, QL (2 gm / 30 days)
BURN PRODUCTS		
mafenide acetate packet for topical soln 5 % (50 gm)	Tier 1	
silver sulfadiazine cream 1 %	Tier 1	QL (400 gm / 30 days)
SULFAMYLON CRE 85MG/GM (mafenide acetate)	Tier 3	QL (454 gm / 30 days)
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream 0.05 %	Tier 1	QL (60 gm / 30 days)
alclometasone dipropionate oint 0.05 %	Tier 1	QL (60 gm / 30 days)
amcinonide cream 0.1 %	Tier 3	QL (60 gm / 30 days)
amcinonide lotion 0.1 %	Tier 3	QL (60 mL / 30 days)
AMCINONIDE OIN 0.1%	Tier 3	QL (60 gm / 30 days)
APEXICON E CRE 0.05% (diflorasone diacetate emollient base)	Tier 3	QL (60 gm / 30 days), PA
betamethasone dipropionate augmented cream 0.05 %	Tier 1	QL (50 gm / 30 days)
betamethasone dipropionate augmented gel 0.05 %	Tier 1	QL (50 gm / 30 days)
betamethasone dipropionate augmented lotion 0.05 %	Tier 1	QL (60 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented oint 0.05 %</i>	Tier 1	QL (50 gm / 30 days)
<i>betamethasone dipropionate cream 0.05 %</i>	Tier 1	QL (60 gm / 30 days)
<i>betamethasone dipropionate lotion 0.05 %</i>	Tier 1	QL (60 mL / 30 days)
<i>betamethasone dipropionate oint 0.05 %</i>	Tier 1	QL (45 gm / 30 days)
<i>betamethasone valerate cream 0.1 % (base equivalent)</i>	Tier 1	QL (454 gm / 30 days)
<i>betamethasone valerate oint 0.1 % (base equivalent)</i>	Tier 1	QL (45 gm / 30 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064 %</i>	Tier 3	QL (100 gm / 30 days), PA
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064 %</i>	Tier 3	QL (120 gm / 30 days), PA
<i>clobetasol propionate cream 0.05 %</i>	Tier 3	QL (60 gm / 30 days)
<i>clobetasol propionate gel 0.05 %</i>	Tier 3	QL (60 gm / 30 days)
<i>clobetasol propionate oint 0.05 %</i>	Tier 3	QL (60 gm / 30 days)
<i>clobetasol propionate soln 0.05 %</i>	Tier 3	QL (50 mL / 30 days)
<i>CORDRAN 80X3 TAP 4MCG/CM (flurandrenolide)</i>	Tier 3	PA
<i>desonide cream 0.05 %</i>	Tier 1	QL (60 gm / 30 days)
<i>desonide oint 0.05 %</i>	Tier 1	QL (60 gm / 30 days)
<i>desoximetasone cream 0.05 %</i>	Tier 3	QL (60 gm / 30 days)
<i>desoximetasone cream 0.25 %</i>	Tier 3	QL (60 gm / 30 days)
<i>desoximetasone gel 0.05 %</i>	Tier 3	QL (60 gm / 30 days)
<i>desoximetasone oint 0.05 %</i>	Tier 3	QL (60 gm / 30 days)
<i>desoximetasone oint 0.25 %</i>	Tier 3	QL (60 gm / 30 days)
<i>diflorasone diacetate cream 0.05 %</i>	Tier 3	QL (60 gm / 30 days)
<i>diflorasone diacetate oint 0.05 %</i>	Tier 3	QL (60 gm / 30 days)
<i>fluocinolone acetonide cream 0.025 %</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinolone acetonide oil 0.01 % (body oil)</i>	Tier 3	QL (120 mL / 30 days)
<i>fluocinolone acetonide oil 0.01 % (scalp oil)</i>	Tier 3	QL (120 mL / 30 days)
<i>fluocinolone acetonide oint 0.025 %</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinonide cream 0.05 %</i>	Tier 1	QL (150 gm / 30 days)
<i>fluocinonide emulsified base cream 0.05 %</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinonide gel 0.05 %</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinonide oint 0.05 %</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinonide soln 0.05 %</i>	Tier 1	QL (60 mL / 30 days)
<i>flurandrenolide cream 0.05 %</i>	Tier 3	QL (30 gm / 30 days)
<i>flurandrenolide lotion 0.05 %</i>	Tier 3	QL (120 mL / 30 days)
<i>fluticasone propionate cream 0.05 %</i>	Tier 1	QL (60 gm / 30 days)
<i>fluticasone propionate oint 0.005 %</i>	Tier 1	QL (60 gm / 30 days)
<i>halcinonide cream 0.1 %</i>	Tier 3	QL (60 gm / 30 days), PA
<i>halobetasol propionate cream 0.05 %</i>	Tier 3	QL (50 gm / 30 days)
<i>halobetasol propionate oint 0.05 %</i>	Tier 3	QL (50 gm / 30 days)
<i>HALOG CRE 0.1% (halcinonide)</i>	Tier 3	QL (60 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
HALOG OIN 0.1% (<i>halcinonide</i>)	Tier 3	QL (60 gm / 30 days), PA
<i>hydrocortisone acetate cream 1 %</i> (Lanacort 10)	Tier 1	OTC, QL (60 gm / 30 days)
<i>hydrocortisone cream 0.5 %</i>	Tier 1	OTC, QL (60 gm / 30 days)
<i>hydrocortisone cream 1 %</i> (Ra Hydrocortisone Plus 12)	Tier 1	OTC, QL (60 gm / 30 days)
<i>hydrocortisone cream 2.5 %</i>	Tier 1	QL (60 gm / 30 days)
<i>hydrocortisone gel 1 %</i> (Cortizone-10)	Tier 1	OTC, QL (56 gm / 30 days)
<i>hydrocortisone lotion 1 %</i> (Cvs Cortisone Maximum Str)	Tier 1	OTC, QL (120 gm / 30 days)
<i>hydrocortisone lotion 2.5 %</i>	Tier 1	QL (60 mL / 30 days)
<i>hydrocortisone oint 0.5 %</i>	Tier 1	OTC, QL (60 gm / 30 days)
<i>hydrocortisone oint 1 %</i> (Hydrocortisone 1% In Abso)	Tier 1	QL (60 gm / 30 days)
<i>hydrocortisone oint 2.5 %</i>	Tier 1	QL (60 gm / 30 days)
<i>hydrocortisone valerate cream 0.2 %</i>	Tier 1	QL (60 gm / 30 days)
<i>hydrocortisone-aloe vera cream 0.5 %</i>	Tier 1	OTC, QL (60 gm / 30 days)
<i>hydrocortisone-aloe vera cream 1 %</i> (Cortizone-10 Plus)	Tier 1	OTC
<i>mometasone furoate cream 0.1 %</i>	Tier 1	QL (60 gm / 30 days)
<i>mometasone furoate oint 0.1 %</i>	Tier 1	QL (60 gm / 30 days)
<i>mometasone furoate solution 0.1 % (lotion)</i>	Tier 1	QL (60 mL / 30 days)
<i>prednicarbate cream 0.1 %</i>	Tier 3	QL (60 gm / 30 days)
<i>prednicarbate oint 0.1 %</i>	Tier 3	QL (60 gm / 30 days)
TACLONEX SUS (<i>calcipotriene-betamethasone dipropionate</i>)	Tier 3	QL (120 gm / 30 days), PA
<i>triamcinolone acetonide cream 0.1 %</i>	Tier 1	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.5 %</i>	Tier 1	QL (15 gm / 30 days)
<i>triamcinolone acetonide cream 0.025 %</i>	Tier 1	QL (454 gm / 30 days)
<i>triamcinolone acetonide lotion 0.1 %</i>	Tier 1	QL (60 mL / 30 days)
<i>triamcinolone acetonide lotion 0.025 %</i>	Tier 1	QL (60 mL / 30 days)
<i>triamcinolone acetonide oint 0.1 %</i>	Tier 1	QL (454 gm / 30 days)
<i>triamcinolone acetonide oint 0.5 %</i>	Tier 1	QL (15 gm / 30 days)
<i>triamcinolone acetonide oint 0.025 %</i>	Tier 1	QL (454 gm / 30 days)
ECZEMA AGENTS		
DUPIXENT INJ 300/2ML (<i>dupilumab</i>)	Tier 4	PA
EMOLLIENTS		
<i>emollient - ointment</i> (Hydrophor)	Tier 1	OTC
<i>lactic acid (ammonium lactate) cream 12 %</i>	Tier 1	OTC, QL (280 gm / 30 days)
<i>lactic acid (ammonium lactate) lotion 12 %</i> (Amlactin)	Tier 1	OTC, QL (225 gm / 30 days)
ENZYMES - TOPICAL		
SANTYL OIN 250/GM (<i>collagenase</i>)	Tier 3	QL (30 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 5 %</i>	Tier 1	QL (24 ea / 30 days), PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>tacrolimus oint 0.1 %</i>	Tier 3	QL (30 gm / 30 days), PA
<i>tacrolimus oint 0.03 %</i>	Tier 3	QL (30 gm / 30 days), PA
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox soln 0.5 %</i>	Tier 1	QL (7 mL / 180 days)
LOCAL ANESTHETICS - TOPICAL		
<i>capsaicin cream 0.1 %</i>	Tier 1	OTC
<i>lidocaine cream 4 %</i>	Tier 1	OTC, QL (90 gm / 30 days)
<i>lidocaine hcl gel 2 %</i> (Regenecare Ha)	Tier 1	OTC
<i>lidocaine hcl soln 4 %</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel 2 %</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2 %</i>	Tier 1	
<i>lidocaine patch 4 %</i> (Gnp Lidocaine Pain Relief)	Tier 1	OTC, QL (90 patches / 30 days)
<i>lidocaine patch 5 %</i>	Tier 3	QL (90 ea / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5 %</i>	Tier 1	QL (60 gm / 30 days)
SYNERA DIS 70-70MG (<i>lidocaine-tetracaine</i>)	Tier 3	PA
MISC. TOPICAL		
DRYSOL SOL 20% (<i>aluminum chloride</i>)	Tier 1	QL (60 mL / 30 days)
<i>menthol-zinc oxide oint 0.44-20 %</i> (Zinc-oxyde Plus)	Tier 1	OTC
<i>skin protectants misc - cream</i> (Dermacerin)	Tier 1	OTC
ROSACEA AGENTS		
<i>metronidazole cream 0.75 %</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole gel 0.75 %</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75 %</i>	Tier 1	QL (59 mL / 30 days)
MIRVASO GEL 0.33% (<i>brimonidine tartrate (topical)</i>)	Tier 3	PA
SCABICIDES & PEDICULICIDES		
EURAX CRE 10% (<i>crotamiton</i>)	Tier 2	QL (60 gm / 30 days), ST; Prior use of permethrin 5% cream within the past 90 days.
<i>lindane shampoo 1 %</i>	Tier 1	QL (60 mL / 30 days)
<i>malathion lotion 0.5 %</i>	Tier 1	QL (59 mL / 30 days)
<i>permethrin aerosol 0.5 %</i> (Sm Bedding Lice Treatment)	Tier 1	OTC
<i>permethrin cream 5 %</i>	Tier 1	QL (120 gm / 30 days)
<i>permethrin creme rinse 1 %</i> (Lice Treatment)	Tier 1	OTC
<i>permethrin lotion 1 %</i> (Sm Lice Treatment)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (Stop Lice Complete Lice T)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide liq 0.3-3 %</i> (Sb Lice Treatment)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4 %</i> (Stop Lice Maximum Strengt)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4 %</i> (Lice Killing Maximum Stre)	Tier 1	OTC
RA LICE KIT SOLUTION (<i>permethrin & pyrethrins-piperonyl butoxide</i>)	Tier 1	OTC
SKLICE LOT 0.5% (<i>ivermectin (pediculicide)</i>)	Tier 3	QL (117 gm / 30 days), PA
<i>spinosad susp 0.9 %</i>	Tier 3	QL (120 per 30 days)
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01% (<i>becaplermin</i>)	Tier 3	QL (15 gm / 30 days), PA
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN INJ 1.1MG (<i>thyrotropin alfa</i>)	Tier 4	PA
DIAGNOSTIC TESTS		
RELION KETON TES (<i>acetone (urine) test</i>)	Tier 2	OTC
TRUE METRIX TES GLUCOSE (<i>glucose blood</i>)	Tier 2	OTC, QL (200 strips / 30 days), ST; 100/month max quantity for non-insulin users
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 6000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 12000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 24000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 36000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 5000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 10000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 15000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 20000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 25000 (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 40000 (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide cap er 12hr 500 mg</i>	Tier 3	QL (120 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 tabs / 30 days), MAIL
<i>methazolamide tab 25 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>methazolamide tab 50 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
DIURETIC COMBINATIONS		
<i>ALDACTAZIDE TAB 50/50 (spironolactone & hydrochlorothiazide)</i>	Tier 2	MAIL
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	MAIL
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	MAIL
LOOP DIURETICS		
<i>bumetanide tab 0.5 mg</i>	Tier 1	MAIL
<i>bumetanide tab 1 mg</i>	Tier 1	MAIL
<i>bumetanide tab 2 mg</i>	Tier 1	MAIL
<i>ethacrynic acid tab 25 mg</i>	Tier 3	MAIL
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide tab 20 mg</i>	Tier 1	MAIL
<i>furosemide tab 40 mg</i>	Tier 1	MAIL
<i>furosemide tab 80 mg</i>	Tier 1	MAIL
<i>torsemide tab 5 mg</i>	Tier 1	MAIL
<i>torsemide tab 10 mg</i>	Tier 1	MAIL
<i>torsemide tab 20 mg</i>	Tier 1	MAIL
<i>torsemide tab 100 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tab 5 mg</i>	Tier 1	MAIL
DYRENIUM CAP 50MG (<i>triamterene</i>)	Tier 3	MAIL
DYRENIUM CAP 100MG (<i>triamterene</i>)	Tier 3	MAIL
<i>spironolactone tab 25 mg</i>	Tier 1	MAIL
<i>spironolactone tab 50 mg</i>	Tier 1	MAIL
<i>spironolactone tab 100 mg</i>	Tier 1	MAIL
<i>triamterene cap 50 mg</i>	Tier 3	MAIL
<i>triamterene cap 100 mg</i>	Tier 3	MAIL
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide tab 250 mg</i>	Tier 1	MAIL
<i>chlorothiazide tab 500 mg</i>	Tier 1	MAIL
<i>chlorthalidone tab 25 mg</i>	Tier 1	MAIL
<i>chlorthalidone tab 50 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	MAIL
<i>indapamide tab 1.25 mg</i>	Tier 1	MAIL
<i>indapamide tab 2.5 mg</i>	Tier 1	MAIL
<i>methyclothiazide tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 2.5 mg</i>	Tier 1	MAIL
<i>metolazone tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 10 mg</i>	Tier 1	MAIL
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium tab 5 mg</i>	Tier 1	QL (30 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 tablets / 28 days), MAIL
<i>alendronate sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 70 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QL (30 mL / 30 days), MAIL
<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 (<i>teriparatide (recombinant)</i>)	Tier 4	MAIL, PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QL (1 tablet / 28 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
PROLIA SOL 60MG/ML (<i>denosumab</i>)	Tier 4	PA
<i>risedronate sodium tab 5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 35 mg</i>	Tier 3	QL (4 tablets / 28 days), MAIL
<i>risedronate sodium tab 150 mg</i>	Tier 3	QL (1 tablet / 28 days), MAIL
TYMLOS INJ (<i>abaloparatide</i>)	Tier 4	PA
XGEVA INJ (<i>denosumab</i>)	Tier 4	PA
<i>zoledronic acid iv soln 5 mg / 100ml</i>	Tier 4	PA
FERTILITY REGULATORS		
CHOR GONADOT INJ 10000UNT	Tier 4	PA
GNRH/LHRH ANTAGONISTS		
CETROTIDE KIT 0.25MG (<i>cetrorelix acetate</i>)	Tier 4	PA
<i>ganirelix acetate soln prefilled syringe 250 mcg / 0.5ml</i>	Tier 4	PA
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ 10MG (<i>pegvisomant</i>)	Tier 4	PA
SOMAVERT INJ 15MG (<i>pegvisomant</i>)	Tier 4	PA
SOMAVERT INJ 20MG (<i>pegvisomant</i>)	Tier 4	PA
GROWTH HORMONES		
OMNITROPE INJ 5.8MG (<i>somatropin</i>)	Tier 4	PA
OMNITROPE INJ 5/1.5ML (<i>somatropin</i>)	Tier 4	PA
OMNITROPE INJ 10/1.5ML (<i>somatropin</i>)	Tier 4	PA
HORMONE RECEPTOR MODULATORS		
<i>raloxifene hcl tab 60 mg</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML (<i>mecasermin</i>)	Tier 4	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPANETA KIT 3.75-5 (<i>leuprolide acetate & norethindrone acetate</i>)	Tier 4	PA
LUPANETA KIT 11.25-5 (<i>leuprolide acetate & norethindrone acetate</i>)	Tier 4	PA
LUPR DEP-PED INJ 3M 30MG (<i>leuprolide acetate (cpp) (3 month)</i>)	Tier 4	PA
LUPR DEP-PED INJ 7.5MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp) (3 month)</i>)	Tier 4	PA
LUPR DEP-PED INJ 15MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
SYNAREL SOL 2MG/ML (<i>nafarelin acetate</i>)	Tier 4	PA
METABOLIC MODIFIERS		
<i>calcitriol cap 0.5 mcg</i>	Tier 1	MAIL
<i>calcitriol cap 0.25 mcg</i>	Tier 1	MAIL
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 4	PA
CYSTADANE POW (<i>betaine</i>)	Tier 3	MAIL, PA
<i>doxercalciferol cap 0.5 mcg</i>	Tier 3	MAIL, PA
<i>doxercalciferol cap 1 mcg</i>	Tier 3	MAIL, PA
<i>doxercalciferol cap 2.5 mcg</i>	Tier 3	MAIL, PA
ELAPRASE INJ 6MG/3ML (<i>idursulfase</i>)	Tier 4	PA
FABRAZYME INJ 5MG (<i>agalsidase beta</i>)	Tier 4	PA
KUVAN TAB 100MG (<i>sapropterin dihydrochloride</i>)	Tier 4	PA
<i>levocarnitine oral soln 1 gm / 10ml (10 %)</i>	Tier 1	MAIL
<i>levocarnitine tab 330 mg</i>	Tier 1	MAIL
<i>nitisinone cap 2 mg</i>	Tier 4	PA
<i>nitisinone cap 5 mg</i>	Tier 4	PA
<i>nitisinone cap 10 mg</i>	Tier 4	PA
ORFADIN CAP 2MG (<i>nitisinone</i>)	Tier 4	PA
ORFADIN CAP 5MG (<i>nitisinone</i>)	Tier 4	PA
ORFADIN CAP 10MG (<i>nitisinone</i>)	Tier 4	PA
ORFADIN CAP 20MG (<i>nitisinone</i>)	Tier 4	PA
<i>paricalcitol cap 1 mcg</i>	Tier 3	MAIL, PA
<i>paricalcitol cap 2 mcg</i>	Tier 3	MAIL, PA
<i>paricalcitol cap 4 mcg</i>	Tier 3	MAIL, PA
SENSIPAR TAB 30MG (<i>cinacalcet hcl</i>)	Tier 4	PA
SENSIPAR TAB 60MG (<i>cinacalcet hcl</i>)	Tier 4	PA
SENSIPAR TAB 90MG (<i>cinacalcet hcl</i>)	Tier 4	PA
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 4	PA
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate nasal spray soln 0.01 %</i>	Tier 3	MAIL, PA
<i>desmopressin acetate nasal spray soln 0.01 % (refrigerated)</i>	Tier 3	MAIL, PA
<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 (<i>desmopressin acetate</i>)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
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 (<i>octreotide acetate</i>)	Tier 4	PA
SANDOSTATIN KIT LAR 20MG (<i>octreotide acetate</i>)	Tier 4	PA
SANDOSTATIN KIT LAR 30MG (<i>octreotide acetate</i>)	Tier 4	PA
VASOPRESSIN RECEPTOR ANTAGONISTS		
SAMSCA TAB 15MG (<i>tolvaptan</i>)	Tier 4	PA
SAMSCA TAB 30MG (<i>tolvaptan</i>)	Tier 4	PA
<i>tolvaptan tab 30 mg</i>	Tier 4	PA
ESTROGENS		
ESTROGEN COMBINATIONS		
DUAVEE TAB 0.45-20 (<i>conjugated estrogens-bazedoxifene</i>)	Tier 3	QL (30 tabs / 30 days), MAIL
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (Lopreeza)	Tier 1	QL (30 tabs / 30 days), MAIL
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (Jinteli)	Tier 1	QL (30 tabs / 30 days), MAIL
PREMPHASE TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.3-1.5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.45-1.5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.625-5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
<i>estradiol tab 0.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estradiol tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estradiol tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estropipate tab 0.75 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estropipate tab 1.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estropipate tab 3 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
MENEST TAB 0.3MG (<i>esterified estrogens</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
MENEST TAB 0.625MG (<i>esterified estrogens</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
MENEST TAB 1.25MG (<i>esterified estrogens</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.3MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.9MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.45MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.625MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 1.25MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA TAB 450MG (<i>delafloxacin meglumine</i>)	Tier 3	PA
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>levofloxacin tab 250 mg</i>	Tier 1	
<i>levofloxacin tab 500 mg</i>	Tier 1	
<i>levofloxacin tab 750 mg</i>	Tier 1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 3	
<i>ofloxacin tab 300 mg</i>	Tier 3	
<i>ofloxacin tab 400 mg</i>	Tier 3	
GASTROINTESTINAL AGENTS - MISC.		
ANTIFLATULENTS		
<i>simethicone cap 125 mg</i> (Cvs Gas Relief)	Tier 1	OTC

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at
mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ
Dose per day

Drug Name	Drug Tier	Requirements/Limits
<i>simethicone cap 180 mg</i>	Tier 1	OTC
<i>simethicone chew tab 80 mg</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg</i> (Cvs Gas Relief Extra Stre)	Tier 1	OTC
<i>simethicone liquid 40 mg/0.6ml</i> (Cvs Gas Relief Drops Extr)	Tier 1	OTC
<i>simethicone susp 40 mg/0.6ml</i> (Gas Relief)	Tier 1	OTC
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol cap 300 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>ursodiol tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ursodiol tab 500 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP 8MCG (<i>lubiprostone</i>)	Tier 3	MAIL, PA
AMITIZA CAP 24MCG (<i>lubiprostone</i>)	Tier 3	MAIL, PA
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days)
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days)
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM (<i>mesalamine</i>)	Tier 2	QL (120 caps / 30 days), MAIL
<i>balsalazide disodium cap 750 mg</i>	Tier 1	QL (270 caps / 30 days), MAIL
CIMZIA KIT (<i>certolizumab pegol</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA KIT STARTER (<i>certolizumab pegol</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA PREFL KIT 200MG/ML (<i>certolizumab pegol</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
DIPENTUM CAP 250MG (<i>olsalazine sodium</i>)	Tier 3	MAIL
INFLECTRA INJ 100MG (<i>infliximab-dyyb</i>)	Tier 4	PA
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>mesalamine enema 4 gm</i>	Tier 1	MAIL
<i>mesalamine tab delayed release 800 mg</i>	Tier 3	MAIL
REMICADE INJ 100MG (<i>infliximab</i>)	Tier 4	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
RENFLEXIS INJ 100MG (<i>infliximab-abda</i>)	Tier 4	PA
STELARA INJ 5MG/ML (<i>ustekinumab (iv)</i>)	Tier 4	PA; Preferred Brand
<i>sulfasalazine tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm / 15ml</i>	Tier 1	MAIL
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Tier 3	MAIL, PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	Tier 3	MAIL, PA
LINZESS CAP 72MCG (<i>linaclotide</i>)	Tier 3	MAIL, PA
LINZESS CAP 145MCG (<i>linaclotide</i>)	Tier 3	MAIL, PA
LINZESS CAP 290MCG (<i>linaclotide</i>)	Tier 3	MAIL, PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG (<i>naloxegol oxalate</i>)	Tier 3	PA
MOVANTIK TAB 25MG (<i>naloxegol oxalate</i>)	Tier 3	PA
RELISTOR INJ 12/0.6ML (<i>methylnaltrexone bromide</i>)	Tier 4	PA
RELISTOR TAB 150MG (<i>methylnaltrexone bromide</i>)	Tier 4	PA
SYMPROIC TAB 0.2MG (<i>naldemedine tosylate</i>)	Tier 3	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	QL (360 caps / 30 days), MAIL
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate packet 0.8 gm</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate packet 2.4 gm</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate tab 800 mg</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.

Drug Name	Drug Tier	Requirements/Limits
VELPHORO CHW 500MG (<i>sucroferric oxyhydroxide</i>)	Tier 3	MAIL, PA
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	Tier 1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	Tier 1	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG (<i>cysteamine bitartrate</i>)	Tier 4	PA
CYSTAGON CAP 150MG (<i>cysteamine bitartrate</i>)	Tier 4	PA
GENITOURINARY IRRIGANTS		
<i>acetic acid irrigation soln 0.25 %</i>	Tier 1	
<i>sodium chloride irrigation soln 0.9 %</i>	Tier 1	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>)	Tier 3	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>dutasteride cap 0.5 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>finasteride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>silodosin cap 4 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL, PA
<i>silodosin cap 8 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL, PA
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
URINARY ANALGESICS		
<i>phenazopyridine hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>phenazopyridine hcl tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days)
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
GOUT AGENTS		
<i>allopurinol tab 100 mg</i>	Tier 1	MAIL
<i>allopurinol tab 300 mg</i>	Tier 1	MAIL
<i>colchicine tab 0.6 mg</i>	Tier 1	QL (30 tabs / 90 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
<i>febuxostat tab 40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>febuxostat tab 80 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
ULORIC TAB 40MG (<i>febuxostat</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
ULORIC TAB 80MG (<i>febuxostat</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>URICOSURICS</i>		
<i>probenecid tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
HEMATOLOGICAL AGENTS - MISC.		
<i>ANTIHEMOPHILIC PRODUCTS</i>		
ADVATE INJ 250UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 500UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 1000UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 1500UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 2000UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 3000UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 4000UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ALPHANINE SD INJ 500UNIT (<i>coagulation factor ix</i>)	Tier 4	PA
ALPHANINE SD INJ 1500UNIT (<i>coagulation factor ix</i>)	Tier 4	PA
ALPROLIX INJ 250UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 4	PA
ALPROLIX INJ 500UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 4	PA
ALPROLIX INJ 1000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 4	PA
ALPROLIX INJ 2000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 4	PA
ALPROLIX INJ 3000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 4	PA
ALPROLIX INJ 4000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 4	PA
BENEFIX INJ 250UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
BENEFIX INJ 500UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
BENEFIX INJ 1000UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
BENEFIX INJ 2000UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
BENEFIX INJ 3000UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
FEIBA INJ (<i>antiinhibitor coagulant complex</i>)	Tier 4	PA
HELIXATE FS INJ 500UNIT (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
HELIXATE FS INJ 2000UNIT (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
HELIXATE FS INJ 3000UNIT (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
HEMLIBRA INJ 30MG/ML (<i>emicizumab-kxwh</i>)	Tier 4	PA
HEMLIBRA INJ 60/0.4 (<i>emicizumab-kxwh</i>)	Tier 4	PA
HEMLIBRA INJ 105/0.7 (<i>emicizumab-kxwh</i>)	Tier 4	PA
HEMLIBRA INJ 150/ML (<i>emicizumab-kxwh</i>)	Tier 4	PA
HEMOFIL M INJ 1700UNIT (<i>antihemophilic factor (human)</i>)	Tier 4	PA
HUMATE-P SOL 500-1200 (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	Tier 4	PA
HUMATE-P SOL 2400UNIT (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	Tier 4	PA
KOATE-DVI INJ 250UNIT (<i>antihemophilic factor (human)</i>)	Tier 4	PA
KOATE-DVI INJ 500UNIT (<i>antihemophilic factor (human)</i>)	Tier 4	PA
KOATE-DVI INJ 1000UNIT (<i>antihemophilic factor (human)</i>)	Tier 4	PA
KOGENATE FS INJ 250UNIT (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
KOGENATE FS INJ 1000UNIT (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
KOGENATE FS INJ 2000UNIT (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
KOGENATE FS INJ 3000UNIT (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
KOVALTRY INJ 250UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
KOVALTRY INJ 500UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
KOVALTRY INJ 1000UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
KOVALTRY INJ 2000UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
KOVALTRY INJ 3000UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
MONOCLATE-P INJ 1000UNIT (<i>antihemophilic factor (human)</i>)	Tier 4	PA
NOVOEIGHT INJ 1500UNIT (<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>)	Tier 4	MAIL, PA
NOVOSEVEN RT INJ 1MG (<i>coagulation factor viia (recombinant)</i>)	Tier 4	PA
NOVOSEVEN RT INJ 2MG (<i>coagulation factor viia (recombinant)</i>)	Tier 4	PA
NOVOSEVEN RT INJ 5MG (<i>coagulation factor viia (recombinant)</i>)	Tier 4	PA
NOVOSEVEN RT INJ 8MG (<i>coagulation factor viia (recombinant)</i>)	Tier 4	PA
NUWIQ INJ 250UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ INJ 500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ INJ 1000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ INJ 2000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ INJ 2500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ INJ 3000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ INJ 4000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ KIT 250UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ KIT 500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ KIT 1000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ KIT 2000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ KIT 2500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ KIT 3000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ KIT 4000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
PROFILNINE INJ 1500UNIT (<i>factor ix complex</i>)	Tier 4	PA
RECOMBINATE INJ (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
RECOMBINATE INJ 220-400 (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
RECOMBINATE INJ 401-800 (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
RECOMBINATE INJ 801-1240 (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
RIXUBIS INJ 250 UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
RIXUBIS INJ 500UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
RIXUBIS INJ 1000UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
RIXUBIS INJ 2000UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
RIXUBIS INJ 3000UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
XYNTHA SOLOF INJ 500UNIT (<i>antihemophilic factor (recombinant) plasma/albumin free</i>)	Tier 4	PA
XYNTHA SOLOF INJ 1000UNIT (<i>antihemophilic factor (recombinant) plasma/albumin free</i>)	Tier 4	PA
XYNTHA SOLOF INJ 2000UNIT (<i>antihemophilic factor (recombinant) plasma/albumin free</i>)	Tier 4	PA
XYNTHA SOLOF INJ 3000UNIT (<i>antihemophilic factor (recombinant) plasma/albumin free</i>)	Tier 4	PA
XYNTHA SOLOF KIT 250UNIT (<i>antihemophilic factor (recombinant) plasma/albumin free</i>)	Tier 4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML (<i>icatibant acetate</i>)	Tier 4	PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	Tier 4	PA
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT (<i>c1 esterase inhibitor (human)</i>)	Tier 4	PA
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ 300/2ML (<i>lanadelumab-flyo</i>)	Tier 4	PA
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl cap 0.5 mg</i>	Tier 1	MAIL
<i>anagrelide hcl cap 1 mg</i>	Tier 1	MAIL
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 3	MAIL, PA

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Drug Name	Drug Tier	Requirements/Limits
BRILINTA TAB 60MG (<i>ticagrelor</i>)	Tier 3	QL (60 tabs / 30 days), MAIL, PA
BRILINTA TAB 90MG (<i>ticagrelor</i>)	Tier 3	QL (60 tabs / 30 days), MAIL, PA
<i>cilostazol tab 50 mg</i>	Tier 1	MAIL
<i>cilostazol tab 100 mg</i>	Tier 1	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	MAIL
<i>dipyridamole tab 50 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 75 mg</i>	Tier 1	MAIL
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
ZONTIVITY TAB 2.08MG (<i>vorapaxar sulfate</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	Tier 4	PA
<i>miglustat cap 100 mg</i>	Tier 4	PA
COBALAMINS		
<i>cyanocobalamin inj 1000 mcg / ml</i>	Tier 1	QL (10 vials per 30 day)
<i>cyanocobalamin sl tab 500 mcg</i> (Cvs B-12)	Tier 1	OTC
<i>cyanocobalamin sl tab 1000 mcg</i>	Tier 1	OTC
<i>cyanocobalamin sl tab 2500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 100 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 250 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 1000 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg</i> (Cvs Vitamin B-12 Tr)	Tier 1	OTC
FOLIC ACID/FOLATES		
<i>folic acid cap 0.8 mg</i> (Fa-8)	Tier 5	OTC, QL (30 caps / 30 days), MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
<i>folic acid tab 1 mg</i>	Tier 1	MAIL
<i>folic acid tab 400 mcg</i>	Tier 5	OTC, QL (30 tabs / 30 days), MAIL; Tier 5 for ages 55 and under, otherwise Tier 1

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid tab 800 mcg</i>	Tier 5	OTC, QL (30 tabs / 30 days), MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
<i>HEMATOPOIETIC GROWTH FACTORS</i>		
ARANESP INJ 10MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 25MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 40MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 60MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 100MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 150MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 200MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 300MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 500MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 3000/ML (<i>epoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 4000/ML (<i>epoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 10000/ML (<i>epoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 20000/ML (<i>epoetin alfa</i>)	Tier 4	PA
FULPHILA INJ 6/0.6ML (<i>pegfilgrastim-jmdb</i>)	Tier 4	QL (0.6 per 14 days), PA
LEUKINE INJ 250MCG (<i>sargramostim</i>)	Tier 4	PA
NEULASTA INJ 6MG/0.6M (<i>pegfilgrastim</i>)	Tier 4	QL (0.6 per 14 days), PA
NEUPOGEN INJ 300/0.5 (<i>filgrastim</i>)	Tier 4	PA
NEUPOGEN INJ 300MCG (<i>filgrastim</i>)	Tier 4	PA
NEUPOGEN INJ 480/0.8 (<i>filgrastim</i>)	Tier 4	PA
NEUPOGEN INJ 480MCG (<i>filgrastim</i>)	Tier 4	PA
NIVESTYM INJ 300/0.5 (<i>filgrastim-aafi</i>)	Tier 4	PA
NIVESTYM INJ 300MCG (<i>filgrastim-aafi</i>)	Tier 4	PA
NIVESTYM INJ 480/0.8 (<i>filgrastim-aafi</i>)	Tier 4	PA
NIVESTYM INJ 480MCG (<i>filgrastim-aafi</i>)	Tier 4	PA
PROCRIT INJ 2000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROCRIT INJ 3000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROCRIT INJ 40000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROMACTA TAB 12.5MG (<i>eltrombopag olamine</i>)	Tier 4	PA
PROMACTA TAB 25MG (<i>eltrombopag olamine</i>)	Tier 4	PA
PROMACTA TAB 50MG (<i>eltrombopag olamine</i>)	Tier 4	PA
PROMACTA TAB 75MG (<i>eltrombopag olamine</i>)	Tier 4	PA
RETACRIT INJ 2000UNIT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 3000UNIT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 4000UNIT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 10000UNT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 40000UNT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
UDENYCA INJ 6MG/.6ML (<i>pegfilgrastim-cbqv</i>)	Tier 4	QL (0.6 per 14 days), PA
ZARXIO INJ 300/0.5 (<i>filgrastim-sndz</i>)	Tier 4	PA
ZARXIO INJ 480/0.8 (<i>filgrastim-sndz</i>)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
ZIEXTENZO INJ 6/0.6ML (<i>pegfilgrastim-bmez</i>)	Tier 4	QL (0.6 per 14 days), PA
HEMATOPOIETIC MIXTURES		
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i> (Tricon)	Tier 1	QL (60 caps / 30 days)
FERREX 150 CAP FORTE (<i>polysaccharide iron-folic acid-vit b12</i>)	Tier 1	OTC
<i>iron combination cap</i> (Chromagen)	Tier 1	QL (60 caps / 30 days)
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i> (Poly-iron 150 Forte)	Tier 1	QL (60 caps / 30 days)
IRON		
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i> (Wee Care)	Tier 1	OTC
FE GLUCONATE TAB 239MG	Tier 1	OTC, MAIL
FERRETTs TAB 325MG (<i>ferrous fumarate</i>)	Tier 1	OTC, MAIL
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Tier 1	OTC, MAIL
FERROUS GLUC TAB 324MG	Tier 1	OTC, MAIL
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> (Ferate)	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 sulfate dried tab 200 mg (65 mg elemental fe)</i> (Px Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate dried tab er 45 mg (fe equivalent)</i> (Slow-release Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</i> (Slow Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 47.5 mg (elemental fe)</i> (Ra Slow Release Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 50 mg (elemental fe)</i> (Slow Release Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	Tier 1	OTC, MAIL
IRON CHW PEDIATRI (<i>carbonyl iron</i>)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i> (Poly-iron 150)	Tier 1	OTC
<i>SLOW FE TAB 45MG (ferrous sulfate)</i>	Tier 1	OTC, MAIL
HEMOSTATICS		
<i>HEMOSTATICS - SYSTEMIC</i>		
<i>aminocaproic acid tab 500 mg</i>	Tier 1	PA
<i>aminocaproic acid tab 1000 mg</i>	Tier 1	PA
<i>tranexamic acid tab 650 mg</i>	Tier 1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
<i>ANTI HISTAMINE HYPNOTICS</i>		
<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Cvs Sleep Aid Nighttime)	Tier 1	OTC, MAIL
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	Tier 1	OTC, MAIL
<i>doxylamine succinate (sleep) tab 25 mg</i> (Sleep Aid)	Tier 1	OTC, MAIL
<i>BARBITURATE HYPNOTICS</i>		
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	AGE, QL (1500 mL / 30 days); AGE (Max 12 years)
<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)
<i>HYPNOTICS - TRICYCLIC AGENTS</i>		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 3	MAIL, PA
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 3	MAIL, PA
<i>SILENOR TAB 3MG (doxepin hcl (sleep))</i>	Tier 3	MAIL, PA
<i>SILENOR TAB 6MG (doxepin hcl (sleep))</i>	Tier 3	MAIL, PA
<i>NON-BARBITURATE HYPNOTICS</i>		
<i>estazolam tab 1 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>estazolam tab 2 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>eszopiclone tab 1 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>eszopiclone tab 2 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>eszopiclone tab 3 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>flurazepam hcl cap 15 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 15 years, Max 64 years)
<i>flurazepam hcl cap 30 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 15 years, Max 64 years)
<i>temazepam cap 15 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 18 years)
<i>temazepam cap 30 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 18 years)
<i>triazolam tab 0.25 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 18 years)
<i>triazolam tab 0.125 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>zaleplon cap 5 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 18 years)
<i>zaleplon cap 10 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 18 years)
<i>zolpidem tartrate tab 5 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>zolpidem tartrate tab 10 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)

OREXIN RECEPTOR ANTAGONISTS

BELSOMRA TAB 5MG (<i>suvorexant</i>)	Tier 3	PA
BELSOMRA TAB 10MG (<i>suvorexant</i>)	Tier 3	PA
BELSOMRA TAB 15MG (<i>suvorexant</i>)	Tier 3	PA
BELSOMRA TAB 20MG (<i>suvorexant</i>)	Tier 3	PA

SELECTIVE MELATONIN RECEPTOR AGONISTS

HETLIOZ CAP 20MG (<i>tasimelteon</i>)	Tier 4	PA
<i>ramelteon tab 8 mg</i>	Tier 3	MAIL, PA
ROZEREM TAB 8MG (<i>ramelteon</i>)	Tier 3	MAIL, PA

LAXATIVES

BULK LAXATIVES

<i>calcium polycarbophil tab 625 mg</i>	Tier 1	OTC
<i>corn dextrin oral powder</i> (Cvs Easy Fiber)	Tier 1	OTC
KONSYL DAILY POW 28.3% (<i>psyllium</i>)	Tier 1	OTC, MAIL
KONSYL DAILY POW 100% (<i>psyllium</i>)	Tier 1	OTC, MAIL
KONSYL-D POW 52.3% (<i>psyllium</i>)	Tier 1	OTC, MAIL
METAMUCIL POW 28%ORG (<i>psyllium</i>)	Tier 1	OTC, MAIL
METAMUCIL POW 58.12% (<i>psyllium</i>)	Tier 1	OTC, MAIL
METAMUCIL WAF (<i>psyllium</i>)	Tier 1	OTC, MAIL
<i>methylcellulose tab 500 mg</i> (Gnp Fiber Therapy)	Tier 1	OTC
NAT FIBER POW 58.6% (<i>psyllium</i>)	Tier 1	OTC, MAIL
<i>psyllium cap 0.52 gm</i> (Fiber Laxative)	Tier 1	OTC, MAIL
<i>psyllium cap 400 mg</i> (Reguloid)	Tier 1	OTC, MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
psyllium powder 28.3 % (Gnp Natural Fiber)	Tier 1	OTC, MAIL
psyllium powder 30.9 % (Konsyl)	Tier 1	OTC, MAIL
psyllium powder 33 % (Sb Fib Lax Orange)	Tier 1	OTC, MAIL
psyllium powder 48.57 % (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
psyllium powder 58.6 % (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
psyllium powder 95 % (Qc Natural Vegetable)	Tier 1	OTC, MAIL
psyllium powder 100 %	Tier 1	OTC, MAIL
UNIFIBER POW (cellulose)	Tier 1	OTC
wheat dextrin oral powder (Clear Soluble Fiber)	Tier 1	OTC
LAXATIVE COMBINATIONS		
CLENPIQ SOL (sodium picosulfate-magnesium oxide-anhydrous citric acid)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
GOLYTELY SOL (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
MEDI-LAXX CAP 8.6-50MG (sennosides-docusate sodium)	Tier 1	OTC, MAIL
MOVIPREP SOL (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	Tier 5	Tier 5 for ages 50-74, otherwise Tier 1
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	Tier 5	Tier 5 for ages 50-74, otherwise Tier 1
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 5	Tier 5 for ages 50-74, otherwise Tier 1
PLENVU SOL (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
PREPOPIK PAK (sodium picosulfate-magnesium oxide-anhydrous citric acid)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
sennosides-docusate sodium tab 8.6-50 mg	Tier 1	OTC, MAIL
SUPREP BOWEL SOL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
LAXATIVES - MISCELLANEOUS		
glycerin suppos 1.2 gm (Gnp Glycerin Child)	Tier 1	OTC
glycerin suppos 2 gm (Cvs Glycerin Adult)	Tier 1	OTC
glycerin suppos 2.1 gm (Gnp Glycerin Adult)	Tier 1	OTC
glycerin suppos 80.7 % (Ra Glycerin Child)	Tier 1	OTC
lactulose solution 10 gm / 15ml	Tier 1	MAIL
polyethylene glycol 3350 oral packet 17 gm (Ra Laxative)	Tier 1	OTC, QL (60 packets / 30 days)
polyethylene glycol 3350 oral powder 17 gm /scoop (Ra Laxative)	Tier 1	OTC, QL (527 gm / 30 days)
LUBRICANT LAXATIVES		
mineral oil	Tier 1	OTC
mineral oil enema	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
SALINE LAXATIVES		
magnesium citrate soln (Gnp Magnesium Citrate)	Tier 1	OTC
magnesium hydroxide susp 400 mg/5ml (Milk Of Magnesia)	Tier 1	OTC
magnesium hydroxide susp concentrate 2400 mg/10ml (Milk Of Magnesia Concentr)	Tier 1	OTC
OSMOPREP TAB 1.5GM (sodium phosphate monobasic-sodium phosphate dibasic)	Tier 3	PA
sodium phosphates - enema	Tier 1	OTC
STIMULANT LAXATIVES		
bisacodyl suppos 10 mg (Cvs Gentle Laxative)	Tier 1	OTC
bisacodyl tab delayed release 5 mg (Stimulant Laxative)	Tier 1	OTC
sennosides chew tab 15 mg (Cvs Chocolate Laxative Pi)	Tier 1	OTC, MAIL
sennosides syrup 8.8 mg/5ml	Tier 1	OTC, MAIL
sennosides tab 8.6 mg (Eq Natural Vegetable Laxa)	Tier 1	OTC, MAIL
sennosides tab 25 mg (Ra Laxative Maximum Stren)	Tier 1	OTC, MAIL
SURFACTANT LAXATIVES		
docusate calcium cap 240 mg (Stool Softener)	Tier 1	OTC
docusate sodium cap 50 mg (Ra Col-rite)	Tier 1	OTC
docusate sodium cap 100 mg (Stool Softener)	Tier 1	OTC
docusate sodium cap 250 mg	Tier 1	OTC
docusate sodium liquid 150 mg/15ml (Silace)	Tier 1	OTC
docusate sodium syrup 60 mg/15ml (Silace)	Tier 1	OTC
docusate sodium tab 100 mg (Dok)	Tier 1	OTC
DOCUSOL PLUS ENE 20-283 (benzocaine-docusate sodium)	Tier 1	OTC
PEDIA-LAX LIQ 50MG (docusate sodium)	Tier 1	OTC
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
azithromycin for susp 200 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
azithromycin powd pack for susp 1 gm	Tier 1	QL (2 packets / 30 days)
azithromycin tab 250 mg	Tier 1	QL (12 tabs / 30 days)
azithromycin tab 500 mg	Tier 1	QL (6 tabs / 30 days)
azithromycin tab 600 mg	Tier 1	QL (60 tabs / 30 days)
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
clarithromycin for susp 250 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
clarithromycin tab 250 mg	Tier 1	
clarithromycin tab 500 mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCINS		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 3	
<i>erythromycin stearate tab 250 mg</i> (Erythrocin Stearate)	Tier 3	
<i>erythromycin tab 250 mg</i>	Tier 3	
<i>erythromycin tab 500 mg</i>	Tier 3	
<i>erythromycin tab delayed release 250 mg</i> (Ery-tab)	Tier 3	
<i>erythromycin tab delayed release 333 mg</i> (Ery-tab)	Tier 3	
<i>erythromycin tab delayed release 500 mg</i> (Ery-tab)	Tier 3	
FIDAXOMICIN		
DIFICID TAB 200MG (<i>fidaxomicin</i>)	Tier 3	PA
MEDICAL DEVICES		
Parenteral Therapy Supplies		
BD U-500 MIS 31GX6MM (<i>insulin syringe/needle u-500</i>)	DME	QL (150 ea / 30 days)
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR (<i>diaphragm arc-spring</i>)	Tier 5	
FC2 FEMALE MIS CONDOM (<i>condoms - female</i>)	Tier 5	OTC
FEMCAP MIS 22MM (<i>cervical caps</i>)	Tier 5	
FEMCAP MIS 26MM (<i>cervical caps</i>)	Tier 5	
FEMCAP MIS 30MM (<i>cervical caps</i>)	Tier 5	
OMNIFLEX DPR (<i>diaphragms</i>)	Tier 5	
WIDE-SEAL DPR KIT 60 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 65 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 70 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 75 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 80 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 85 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 90 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 95 (<i>diaphragm wide seal</i>)	Tier 5	
DIABETIC SUPPLIES		
DEXCOM G5 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	Tier 2	QL (1 each / year), PA
DEXCOM G5 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	Tier 2	QL (1 box / 90 days), PA

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	Tier 2	QL (1 each / year), PA
DEXCOM G6 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	QL (3 boxes / 30 days), PA
DEXCOM G6 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	Tier 2	QL (1 box / 90 days), PA
FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	QL (2 boxes / 30 days), PA
FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	QL (3 boxes / 30 days), PA
FREESTYLE MIS READER (<i>continuous blood glucose system receiver</i>)	Tier 2	QL (1 each / year), PA
G5/G4 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	QL (4 boxes / 30 days), PA
LANCETS MIS 30G	DME	OTC
TRUE METRIX KIT AIR (<i>blood glucose monitoring supplies</i>)	DME	OTC, QL (1 box / year)
MISC. DEVICES		
ALCOHOL PREP PAD MED 70% (<i>alcohol swabs</i>)	Tier 1	OTC, QL (200 ea / 30 days)
PARENTERAL THERAPY SUPPLIES		
INSULIN SYRG MIS 0.3/29G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/29G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.3/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.3/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/28G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/29G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.5/29G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.5/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 0.5/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/28G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
NEEDLES MIS 18GX1.5" (<i>needle (disp) 18 g</i>)	DME	OTC
PEN NEEDLES MIS 29GX10MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 29GX12.7 (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 29GX12MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 31GX5MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX5MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 31GX6MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX6MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 31GX8MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX8MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX4MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 32GX4MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX6MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX8MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
3ML SYRINGE MIS REG TIP (<i>syringe (disposable)</i>)	DME	

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY THERAPY SUPPLIES		
ADULT MASK MIS LARGE	Tier 2	QL (1 box / year)
EASY NEB MIS (<i>nebulizers</i>)	Tier 2	OTC
INSPIRACHAMB MIS LARGE (<i>spacer/aerosol-holding chambers</i>)	Tier 2	QL (1 each / year)
PEAK AIR FLO MIS ADLT/PED (<i>peak flow meter</i>)	DME	OTC, QL (1 each / year)
PULMONEB LT MIS NEBULIZE (<i>respiratory therapy supplies</i>)	Tier 2	QL (1 each / 30 days)
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 3	PA
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 3	PA
ERGOMAR SUB 2MG (<i>ergotamine tartrate</i>)	Tier 3	
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>almotriptan malate tab 12.5 mg</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (9 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QL (9 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Tier 1	QL (12 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Tier 1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 1	QL (12 tabs / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 3	QL (2 mL / 30 days); Vials
<i>sumatriptan succinate tab 25 mg</i>	Tier 1	QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	Tier 1	QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	Tier 1	QL (9 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 1	QL (6 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 1	QL (6 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan tab 2.5 mg</i>	Tier 1	QL (6 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan tab 5 mg</i>	Tier 1	QL (6 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
ZOMIG SPR 2.5MG (zolmitriptan)	Tier 3	QL (2 mL / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
ZOMIG SPR 5MG (zolmitriptan)	Tier 3	QL (2 mL / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

MINERALS & ELECTROLYTES

CALCIUM

<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i> (Ra Calcium 600 Plus Vitam)	Tier 1	OTC
<i>calcium carb-vit d w/ minerals chew tab 600 mg-800 unit</i> (Sm Calcium 600 + D Plus M)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
calcium carbonate tab 600 mg (Calcium 600)	Tier 1	OTC, MAIL
calcium carbonate tab 1250 mg (500 mg elemental ca)	Tier 1	OTC, MAIL
calcium carbonate tab 1500 mg (600 mg elemental ca)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol cap 600 mg-500 unit (Calcium Plus Vitamin D3)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol chew tab 500 mg-100 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol chew tab 500 mg-400 unit (Calcium 500/d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol chew tab 500 mg-600 unit (Oysco 500+d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 250 mg-125 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-125 unit (Cvs Oyster Shell Calcium)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Oyster Shell Calcium Plus)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-400 unit (Oystercal-d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-600 unit (Gnp Calcium 500 +d3)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 600 mg-200 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 600 mg-400 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 600 mg-800 unit (Calcium 600/vitamin D3)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d cap 600 mg-200 unit (Liquid Calcium/vitamin D)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d chew tab 600 mg-400 unit (Calcium 600 With Vitamin)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 250 mg-125 unit (Ra Oyster Shell Calcium/v)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 500 mg-125 unit (Calcium 500 + D)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 500 mg-200 unit (Gnp Calcium 500/d)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 500 mg-400 unit	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 600 mg-125 unit	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 600 mg-200 unit	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
calcium carbonate-vitamin d tab 600 mg-400 unit	Tier 1	OTC, MAIL
CALCIUM CITR TAB 200MG	Tier 1	OTC, MAIL
calcium citrate tab 950 mg (200 mg elemental ca) (Calcitrate)	Tier 1	OTC, MAIL
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)	Tier 1	OTC, MAIL
calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca) (Calcium Citrate + D3)	Tier 1	OTC, MAIL
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)	Tier 1	OTC, MAIL
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Cvs Calcium Citrate + D)	Tier 1	OTC, MAIL
CALCIUM TAB 600MG	Tier 1	OTC, MAIL
calcium-magnesium-zinc tab 333-133-5 mg	Tier 1	OTC, MAIL
CALTRATE 600 CHW 600-800 (calcium carbonate-cholecalciferol)	Tier 1	OTC, MAIL
oyster shell calcium tab 500 mg	Tier 1	OTC, MAIL
RA OYS SHL/D TAB 500MG (calcium carbonate-ergocalciferol)	Tier 1	OTC, MAIL
RISACAL-D TAB (calcium & phosphorus w/ vitamin d)	Tier 1	OTC
ELECTROLYTE MIXTURES		
oral electrolyte solution	Tier 1	OTC
FLUORIDE		
FLUORABON DRO (sodium fluoride)	Tier 5	QL (60 mL / 30 days), MAIL; Tier 5 for ages 6 and under, otherwise Tier 2
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	Tier 5	QL (50 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf) (Flura-drops)	Tier 5	QL (24 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab)	Tier 5	QL (30 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
MAGNESIUM		
MAG64 TAB 64MG (magnesium chloride)	Tier 1	OTC
MAGDELAY TAB 70MG (magnesium chloride)	Tier 1	OTC
magnesium chloride tab dr 64 mg (elemental mg) (Magdelay)	Tier 1	OTC
magnesium gluconate tab 27.5 mg (elemental mg)	Tier 1	OTC
magnesium gluconate tab 500 mg (27 mg elemental mg) (Mag-g)	Tier 1	OTC
magnesium oxide cap 500 mg (elemental mg)	Tier 1	OTC, MAIL
magnesium oxide tab 250 mg (mg supplement)	Tier 1	OTC, MAIL
magnesium oxide tab 400 mg (240 mg elemental mg)	Tier 1	OTC, MAIL
magnesium oxide tab 400 mg (241.3 mg elemental mg) (Magnesium-oxide)	Tier 1	OTC, MAIL
magnesium oxide tab 500 mg (mg supplement)	Tier 1	OTC, MAIL
magnesium tab 250 mg	Tier 1	OTC, MAIL
PHOSPHATE		
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-phos 250 Neutral)	Tier 1	QL (120 tabs / 30 days), MAIL
POTASSIUM		
potassium bicarbonate effer tab 25 meq (Klor-con/ef)	Tier 1	QL (60 ea / 30 days), MAIL
potassium chloride cap er 8 meq	Tier 1	QL (120 caps / 30 days), MAIL
potassium chloride cap er 10 meq	Tier 1	QL (120 caps / 30 days), MAIL
potassium chloride microencapsulated crys er tab 10 meq	Tier 1	QL (120 tabs / 30 days), MAIL
potassium chloride microencapsulated crys er tab 20 meq	Tier 1	QL (150 tabs / 30 days), MAIL
potassium chloride oral soln 10% (20 meq/15ml)	Tier 3	MAIL
potassium chloride oral soln 20% (40 meq/15ml)	Tier 3	MAIL
potassium chloride tab er 8 meq (600 mg)	Tier 1	QL (120 tabs / 30 days), MAIL
potassium chloride tab er 10 meq	Tier 1	QL (120 tabs / 30 days), MAIL
potassium chloride tab er 20 meq (1500 mg)	Tier 1	QL (150 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
SODIUM		
<i>sodium chloride tab 1 gm</i>	Tier 1	OTC
ZINC		
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i> (Zinc-220)	Tier 1	OTC, MAIL
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB 125MG (<i>penicillamine</i>)	Tier 2	
DEPEN TITRA TAB 250MG (<i>penicillamine</i>)	Tier 2	
<i>penicillamine tab 250 mg</i>	Tier 1	
IMMUNOMODULATORS		
REVLIMID CAP 2.5MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA
REVLIMID CAP 5MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA
REVLIMID CAP 10MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA
REVLIMID CAP 15MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA
REVLIMID CAP 20MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA
REVLIMID CAP 25MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA
THALOMID CAP 50MG (<i>thalidomide</i>)	Tier 4	QL (30 per 30 days), PA
THALOMID CAP 100MG (<i>thalidomide</i>)	Tier 4	QL (30 per 30 days), PA
THALOMID CAP 150MG (<i>thalidomide</i>)	Tier 4	QL (60 per 30 days), PA
THALOMID CAP 200MG (<i>thalidomide</i>)	Tier 4	QL (60 per 30 days), PA
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>cyclosporine cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 50 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified oral soln 100 mg / ml</i>	Tier 1	MAIL
<i>everolimus tab 0.5 mg</i>	Tier 4	PA
<i>everolimus tab 0.25 mg</i>	Tier 4	PA
<i>everolimus tab 0.75 mg</i>	Tier 4	PA
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	MAIL
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	MAIL
<i>mycophenolate sodium tab dr 180 mg</i> (<i>mycophenolic acid equiv</i>)	Tier 3	MAIL
<i>mycophenolate sodium tab dr 360 mg</i> (<i>mycophenolic acid equiv</i>)	Tier 3	MAIL
NEORAL CAP 25MG (<i>cyclosporine modified (for microemulsion)</i>)	Tier 2	MAIL
NEORAL CAP 100MG (<i>cyclosporine modified (for microemulsion)</i>)	Tier 2	MAIL
NULOJIX INJ 250MG (<i>belatacept</i>)	Tier 3	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at
mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ
Dose per day

Drug Name	Drug Tier	Requirements/Limits
RAPAMUNE SOL 1MG/ML (<i>sirolimus</i>)	Tier 3	MAIL
SANDIMMUNE CAP 25MG (<i>cyclosporine</i>)	Tier 2	MAIL
SANDIMMUNE CAP 100MG (<i>cyclosporine</i>)	Tier 2	MAIL
<i>sirolimus oral soln 1 mg/ml</i>	Tier 3	MAIL
<i>sirolimus tab 0.5 mg</i>	Tier 3	MAIL
<i>sirolimus tab 1 mg</i>	Tier 3	MAIL
<i>sirolimus tab 2 mg</i>	Tier 3	MAIL
<i>tacrolimus cap 0.5 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 1 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 5 mg</i>	Tier 1	MAIL
ZORTRESS TAB 0.5MG (<i>everolimus (immunosuppressant)</i>)	Tier 4	PA
ZORTRESS TAB 0.25MG (<i>everolimus (immunosuppressant)</i>)	Tier 4	PA
ZORTRESS TAB 0.75MG (<i>everolimus (immunosuppressant)</i>)	Tier 4	PA
ZORTRESS TAB 1MG (<i>everolimus (immunosuppressant)</i>)	Tier 4	PA
IRRIGATION SOLUTIONS		
<i>irrigation solution, physiological</i> (Physiolyte)	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl viscous soln 2 %</i>	Tier 1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (70 ea / 10 days)
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
ORAVIG TAB 50MG (<i>miconazole (mouth-throat)</i>)	Tier 3	PA
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12 %</i>	Tier 1	
DENTAL PRODUCTS		
<i>sodium fluoride cream 1.1 %</i> (Sf 5000 Plus)	Tier 1	MAIL
<i>sodium fluoride gel 1.1 % (0.5 % f)</i> (Sf)	Tier 1	MAIL
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	Tier 3	MAIL, PA
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	MAIL
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
b-complex w/ c & folic acid cap 1 mg (Virt-caps)	Tier 1	
b-complex w/ c & folic acid tab (Vita-bee/c)	Tier 1	OTC
b-complex w/ c & folic acid tab 0.8 mg (Rena-vite)	Tier 1	OTC
b-complex w/ c & folic acid tab 5 mg (Folbee Plus)	Tier 1	
MULTIPLE VITAMINS W/ IRON		
multiple vitamins w/ iron tab (Stress Formula W/iron)	Tier 1	OTC
MULTIPLE VITAMINS W/ MINERALS		
multiple vitamins w/ minerals cap (V-c Forte)	Tier 1	
multiple vitamins w/ minerals liquid (Multivitamin & Mineral)	Tier 1	OTC
multiple vitamins w/ minerals tab (Ocuvite/lutein)	Tier 1	OTC
MULTIVITAMINS		
MULTI VITAMI TAB D-3	Tier 1	OTC
multiple vitamin cap (Mv-one)	Tier 1	OTC
multiple vitamin tab (Daily Vite)	Tier 1	OTC
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml (Multi-vit/iron/fluoride)	Tier 1	QL (50 mL / 30 days)
PED MULTIPLE VITAMINS W/ MINERALS		
pediatric multiple vitamin w/ minerals & c chew tab (Mvw Complete Formulation)	Tier 1	OTC
pediatric multiple vitamin w/ minerals & c chew tab (Polyvitamin/iron)	Tier 1	OTC
pediatric multiple vitamin w/ minerals & c drops 45 mg/ml (Aquadeks)	Tier 1	OTC
PED MV W/ FLUORIDE		
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
pediatric multiple vitamins w/ fluoride chew tab 1 mg (Multivitamin/fluoride)	Tier 1	QL (60 tabs / 30 days)
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i> (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
<i>PED MV W/ IRON</i>		
<i>ANIMAL SHAPE CHW IRON (pediatric multiple vitamins w/ iron)</i>	Tier 1	OTC
<i>MULTIVITAMIN DRO /IRON (pediatric multiple vitamins w/ iron)</i>	Tier 2	OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i> (Chewable Vite With Iron/c)	Tier 1	OTC
<i>pediatric multiple vitamins w/ iron drops 10 mg/ml</i> (Bprotected Pedia Poly-vit)	Tier 1	OTC
<i>PEDIATRIC MULTIPLE VITAMINS</i>		
<i>MULT VITAM DRO (pediatric multiple vitamins)</i>	Tier 2	OTC, QL (50 / 30 days)
<i>pediatric multiple vitamin liq</i> (Multi-delyn)	Tier 1	OTC
<i>pediatric multiple vitamin w/ c & fa chew tab</i> (Chewable Vite Childrens)	Tier 1	OTC
<i>pediatric multiple vitamin w/ c soln 35 mg/ml</i> (Bprotected Pedia Poly-vit)	Tier 1	OTC
<i>pediatric multiple vitamin w/ extra c & fa chew tab</i> (Land Before Time Multivit)	Tier 1	OTC
<i>POLY-VI-SOL SOL 50MG/ML (pediatric multiple vitamin w/ c)</i>	Tier 2	OTC
<i>PEDIATRIC VITAMINS</i>		
<i>pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml</i> (Bprotected Pedia Tri-vite)	Tier 1	OTC, QL (50 / 30 days)
<i>TRI-VI-SOL SOL A/C/D (pediatric vitamins adc)</i>	Tier 2	OTC, QL (50 / 30 days)
<i>PRENATAL VITAMINS</i>		
<i>BE WELL PAK ROUNDED (prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid)</i>	Tier 1	OTC
<i>BRAINSTRONG MIS PRENATAL (prenatal mv & min w/fe carbonyl-fa-dha)</i>	Tier 1	OTC, QL (30 tabs / 30 days)
<i>CALNA TAB (prenatal vitamin)</i>	Tier 1	OTC, QL (30 tabs / 30 days)
<i>CENTRUM SPEC PAK PRENATAL (prenatal mv & min w/fe fumarate-fa-dha)</i>	Tier 1	OTC, QL (30 tabs / 30 days)
<i>CO-NATAL FA TAB 29-1MG (prenatal vit w/ ferrous fumarate-folic acid)</i>	Tier 1	QL (30 tabs / 30 days)
<i>CVS PRENATAL CHW GUMMY (prenatal multivitamins & minerals w/ folic acid-fish oil)</i>	Tier 1	OTC, QL (30 tabs / 30 days)
<i>ENFAMIL MIS EXPECTA (prenatal mv & min w/fe fumarate-fa-dha)</i>	Tier 1	OTC, QL (60 tabs / 30 days)
<i>EZFE FORTE CAP (prenatal without vit a w/ iron polysaccharide complex-fa)</i>	Tier 1	OTC, QL (30 caps / 30 days)
<i>KPN PRENATAL TAB (prenatal multivit-min w/fe-fa)</i>	Tier 1	OTC, QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MYNATAL CAP (<i>prenatal multivit-min w/fe-fa</i>)	Tier 1	QL (30 caps / 30 days)
MYNATAL TAB (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
MYNATE 90 TAB PLUS (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
NATALVIT TAB 75-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
NESTABS TAB (<i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
NUTRIENTS TAB PRENATAL (<i>prenatal vitamins w/ ferrous succinate-folic acid</i>)	Tier 1	OTC, QL (30 tabs / 30 days)
O-CAL TAB PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
ONE A DAY MIS PRENATAL (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	OTC, QL (30 caps / 30 days)
PERRY PRENAT CAP (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	OTC, QL (30 caps / 30 days)
PRENAT MULTI CAP +DHA (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	OTC, QL (30 caps / 30 days)
PRENATAL 19 TAB 29-1MG (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
PRENATAL CAP FORMULA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	OTC, QL (30 caps / 30 days)
PRENATAL CAP OMEGA-3 (<i>prenatal vit w/ ferrous fumarate-fa-fish oil</i>)	Tier 1	OTC, QL (30 caps / 30 days)
PRENATAL DHA PAK MULTI (<i>prenatal mv & min w/ methylfolate-choline-fish oil</i>)	Tier 1	OTC
PRENATAL FRM TAB A-FREE (<i>prenatal without a vit w/ fe fumarate-folic acid</i>)	Tier 1	OTC, QL (30 tabs / 30 days)
PRENATAL MUL CAP +DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	OTC, QL (30 caps / 30 days)
PRENATAL TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	OTC, QL (30 tabs / 30 days)
PRENATAL TAB COMPLETE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	OTC, QL (30 tabs / 30 days)
PRENATAL TAB FORMULA (<i>prenatal vit w/ selenium-fe fumarate-folic acid</i>)	Tier 1	OTC, QL (30 tabs / 30 days)
<i>prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg</i> (Prenatal 19)	Tier 1	QL (30 tabs / 30 days)
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i> (Inatal Gt)	Tier 1	QL (30 tabs / 30 days)
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i> (Prenatal 19)	Tier 1	QL (30 tabs / 30 days)
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i> (Trinate)	Tier 1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i> (Prenatabs Rx)	Tier 1	QL (30 tabs / 30 days)
<i>PRENATAL+DHA MIS (prenatal mv & min w/fe fumarate-fa-dha)</i>	Tier 1	OTC, QL (30 tabs / 30 days)
<i>PRENATAL/FE TAB (prenatal multivit-min w/fe-fa)</i>	Tier 1	OTC, QL (30 tabs / 30 days)
<i>RA PRENATAL TAB FORMULA (prenatal vit w/ ferrous fumarate-folic acid)</i>	Tier 1	OTC, QL (30 tabs / 30 days)
<i>SE-NATAL 19 CHW (prenatal vit w/ ferrous fumarate-folic acid)</i>	Tier 1	QL (30 tabs / 30 days)
<i>SM ONE DAILY MIS PRENATAL (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)</i>	Tier 1	OTC, QL (30 tabs / 30 days)
<i>THERANATAL MIS COMPLETE (prenatal mv & min w/fe fumarate-fa-dha)</i>	Tier 1	OTC, QL (30 tabs / 30 days)
<i>TL FOLATE TAB (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid)</i>	Tier 1	QL (30 tabs / 30 days)
<i>TRINATAL RX TAB 1 (prenatal vit w/ ferrous fumarate-folic acid)</i>	Tier 1	QL (30 tabs / 30 days)
<i>VINATE II TAB (prenatal vit w/ fe bisglycinate chelate-folic acid)</i>	Tier 1	QL (30 tabs / 30 days)
<i>VINATE M TAB (prenatal vit w/ selenium-fe fumarate-folic acid)</i>	Tier 1	QL (30 tabs / 30 days)
<i>VITAFOL-OB TAB 65-1MG (prenatal vit w/ ferrous fumarate-folic acid)</i>	Tier 1	QL (30 tabs / 30 days)
<i>VOL-PLUS TAB (prenatal vit w/ ferrous fumarate-folic acid)</i>	Tier 1	QL (30 tabs / 30 days)
<i>VOL-TAB RX TAB (prenatal vit w/ iron carbonyl-folic acid)</i>	Tier 1	QL (30 tabs / 30 days)
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 tabs / 30 days)
<i>chlorzoxazone tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>metaxalone tab 800 mg</i>	Tier 3	PA
<i>methocarbamol tab 500 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days); AGE (Max 64 years)
<i>methocarbamol tab 750 mg</i>	Tier 1	AGE, QL (300 tabs / 30 days); AGE (Max 64 years)
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	AGE, QL (270 tabs / 30 days), MAIL; AGE (Max 64 years)
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	
VISCOSUPPLEMENTS		
<i>EUFLEXXA INJ 10MG/ML (sodium hyaluronate (viscosupplement))</i>	Tier 4	QL (3 syringes / 180 days), PA
<i>VISCO-3 INJ 25/2.5ML (sodium hyaluronate (viscosupplement))</i>	Tier 4	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
<i>saline nasal spray 0.65 % (Cvs Saline Nasal Spray)</i>	Tier 1	OTC
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1 % (137 mcg/spray)</i>	Tier 1	QL (30 mL / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4 %)</i>	Tier 1	OTC, QL (52 mL / 30 days), MAIL
<i>olopatadine hcl nasal soln 0.6 %</i>	Tier 3	QL (30.5 gm / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03 % (21 mcg/spray)</i>	Tier 1	QL (30 mL / 30 days), MAIL
<i>ipratropium bromide nasal soln 0.06 % (42 mcg/spray)</i>	Tier 1	QL (15 mL / 30 days), MAIL
NASAL STEROIDS		
<i>budesonide nasal susp 32 mcg/act (Ra Budesonide Nasal Spray)</i>	Tier 1	OTC, QL (1 bottle / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>flunisolide nasal soln 25 mcg/act (0.025 %)</i>	Tier 1	QL (25 mL / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	AGE, QL (16 gm / 30 days), MAIL; AGE (Min 4 years)
OMNARIS SPR (<i>ciclesonide (nasal)</i>)	Tier 3	MAIL, PA
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i> (Goodsense Nasal Allergy S)	Tier 1	OTC, QL (16.9 mL / 30 days), MAIL
SYMPATHOMIMETIC DECONGESTANTS		
NASAL DECON SYP 30MG/5ML (<i>pseudoephedrine hcl</i>)	Tier 1	OTC
NASAL DECONG LIQ 30MG/5ML (<i>pseudoephedrine hcl</i>)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05 %</i> (Cvs Nasal Spray)	Tier 1	OTC
<i>phenylephrine hcl tab 10 mg</i> (Cvs Nasal Decongestant Pe)	Tier 1	OTC
<i>pseudoephedrine hcl liq 15 mg/5ml</i> (Childrens Silfedrine)	Tier 1	OTC
<i>pseudoephedrine hcl tab 30 mg</i> (Cvs Nasal Decongestant)	Tier 1	OTC
<i>pseudoephedrine hcl tab 60 mg</i>	Tier 1	OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (12 Hour Decongestant)	Tier 1	OTC
SUDAFED PE SOL CHILDREN (<i>phenylephrine hcl (oral)</i>)	Tier 1	OTC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>riluzole tab 50 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, PA
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ 100UNIT (<i>onabotulinumtoxinA</i>)	Tier 4	PA
BOTOX INJ 200UNIT (<i>onabotulinumtoxinA</i>)	Tier 4	PA
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
<i>docosahexaenoic acid cap 200 mg</i> (Prenatal Dha)	Tier 1	OTC, QL (30 caps / 30 days)
<i>omega-3 fatty acids cap 300 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 500 mg</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>omega-3 fatty acids cap 1000 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap delayed release 1000 mg</i> (Hm Fish Oil)	Tier 1	OTC
<i>omega-3 fatty acids cap delayed release 1200 mg</i> (Cvs Fish Oil)	Tier 1	OTC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
<i>artificial tear ophth ointment</i> (Akwa Tears)	Tier 1	OTC, MAIL
<i>artificial tear ophth solution</i> (Sm Artificial Tears)	Tier 1	OTC, MAIL
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5 %</i> (Hm Lubricating Plus)	Tier 1	OTC, MAIL
<i>carboxymethylcellulose sodium ophth soln 0.5 %</i> (Cvs Lubricant Eye Drops)	Tier 1	OTC, MAIL
<i>dextran 70-hypromellose (pf) ophth soln 0.1-0.3 %</i> (Cvs Natural Tears)	Tier 1	OTC, MAIL
<i>dextran 70-hypromellose ophth soln 0.1-0.3 %</i> (Artificial Tears)	Tier 1	OTC, MAIL
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1 %</i> (Cvs Dry Eye Relief)	Tier 1	OTC, MAIL
<i>hypromellose ophth soln 0.3 %</i> (Pure & Gentle Lubricant)	Tier 1	OTC, MAIL
LACRISERT MIS 5MG OP (<i>artificial tear insert</i>)	Tier 3	MAIL, PA
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3 %</i> (Lubricant Eye Drops)	Tier 1	OTC, MAIL
<i>polyvinyl alcohol ophth soln 1.4 %</i> (Artificial Tears)	Tier 1	OTC, MAIL
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6 %)</i> (Gnp Artificial Tears)	Tier 1	OTC, MAIL
<i>propylene glycol-glycerin ophth soln 1-0.3 %</i> (Ra Lubricant Eye Drops)	Tier 1	OTC, MAIL
<i>white petrolatum-mineral oil ophth ointment</i> (Genteal Tears Night-time)	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 (15 mL / 30 days), MAIL
COMBIGAN SOL 0.2/0.5% (<i>brimonidine tartrate-timolol maleate</i>)	Tier 2	QL (10 mL / 30 days), MAIL
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>levobunolol hcl ophth soln 0.5 %</i>	Tier 1	QL (15 mL / 30 days), MAIL
<i>timolol maleate ophth gel forming soln 0.5 %</i>	Tier 3	QL (5 mL / 30 days), MAIL
<i>timolol maleate ophth gel forming soln 0.25 %</i>	Tier 3	QL (5 mL / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophth soln 0.5 %</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>timolol maleate ophth soln 0.25 %</i>	Tier 1	QL (10 mL / 30 days), MAIL
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	Tier 2	QL (15 mL / 30 days), MAIL
<i>cyclopentolate hcl ophth soln 1 %</i>	Tier 1	QL (15 / 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 (<i>echothiophate iodide</i>)	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
OPHTHALMIC ADRENERGIC AGENTS		
<i>apraclonidine hcl ophth soln 0.5 % (base equivalent)</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.2 %</i>	Tier 1	QL (15 mL / 30 days), MAIL
<i>brimonidine tartrate ophth soln 0.15 %</i>	Tier 3	QL (15 mL / 30 days), MAIL
SIMBRINZA SUS 1-0.2% (<i>brinzolamide-brimonidine tartrate</i>)	Tier 3	QL (8 mL / 30 days), MAIL
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1% (<i>azithromycin (ophth)</i>)	Tier 3	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i> (Polycin)	Tier 1	
BESIVANCE SUS 0.6% (<i>besifloxacin hcl</i>)	Tier 3	PA
<i>ciprofloxacin hcl ophth soln 0.3 % (base equivalent)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophth soln 0.5 %</i>	Tier 1	PA
<i>gentamicin sulfate ophth oint 0.3 %</i> (Gentak)	Tier 1	
<i>gentamicin sulfate ophth soln 0.3 %</i>	Tier 1	QL (5 mL / 30 days)
<i>levofloxacin ophth soln 0.5 %</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5 % (base equiv)</i>	Tier 1	QL (3 mL / 30 days)
NATACYN SUS 5% OP (<i>natamycin</i>)	Tier 3	PA
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin ophth soln 0.3 %</i>	Tier 1	QL (5 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1 %</i>	Tier 1	QL (10 mL / 30 days)
<i>sulfacetamide sodium ophth soln 10 %</i>	Tier 1	QL (15 mL / 30 days)
<i>tobramycin ophth soln 0.3 %</i>	Tier 1	QL (5 mL / 30 days)
<i>trifluridine ophth soln 1 %</i>	Tier 1	QL (7.5 mL / 30 days)
ZIRGAN GEL 0.15% (<i>ganciclovir ophthalmic</i>)	Tier 3	PA
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% (<i>cyclosporine (ophth)</i>)	Tier 3	MAIL, PA
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl ophth soln 0.5 %</i>	Tier 1	
OPHTHALMIC STEROIDS		
ALREX SUS 0.2% (<i>loteprednol etabonate</i>)	Tier 3	PA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1 %</i>	Tier 1	
<i>dexamethasone sodium phosphate ophth soln 0.1 %</i>	Tier 1	QL (5 mL / 30 days)
DUREZOL EMU 0.05% (<i>difluprednate</i>)	Tier 3	PA
<i>fluorometholone ophth susp 0.1 %</i>	Tier 1	QL (15 mL / 30 days)
LOTEMAX GEL 0.5% (<i>loteprednol etabonate</i>)	Tier 3	PA
LOTEMAX OIN 0.5% (<i>loteprednol etabonate</i>)	Tier 3	PA
LOTEMAX SUS 0.5% (<i>loteprednol etabonate</i>)	Tier 3	PA
<i>loteprednol etabonate ophth susp 0.5 %</i>	Tier 3	PA
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1 %</i>	Tier 1	
<i>prednisolone acetate ophth susp 1 %</i>	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25) %</i>	Tier 1	
TOBRADEX OIN 0.3-0.1% (<i>tobramycin-dexamethasone</i>)	Tier 2	QL (3.5 gm / 30 days)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1 %</i>	Tier 1	QL (10 mL / 30 days)
OPHTHALMICS - MISC.		
ALOCRIIL SOL 2% (<i>nedocromil sodium (ophth)</i>)	Tier 3	MAIL, PA
ALOMIDE SOL 0.1% OP (<i>lodoxamide tromethamine</i>)	Tier 3	MAIL, PA
<i>azelastine hcl ophth soln 0.05 %</i>	Tier 1	QL (6 mL / 30 days), MAIL
AZOPT SUS 1% OP (<i>brinzolamide</i>)	Tier 2	QL (10 mL / 30 days), MAIL
BEPREVE DRO 1.5% (<i>bepotastine besilate</i>)	Tier 3	MAIL, PA
<i>bromfenac sodium ophth soln 0.09 % (base equiv) (once-daily)</i>	Tier 3	
<i>cromolyn sodium ophth soln 4 %</i>	Tier 1	QL (10 mL / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
CYSTARAN SOL 0.44% (<i>cysteamine hcl</i>)	Tier 3	MAIL, PA
<i>diclofenac sodium ophth soln 0.1 %</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2 %</i>	Tier 1	QL (10 mL / 30 days), MAIL
EMADINE SOL 0.05% OP (<i>emedastine difumarate</i>)	Tier 3	MAIL, PA
<i>epinastine hcl ophth soln 0.05 %</i>	Tier 1	QL (5 mL / 30 days), MAIL
<i>flurbiprofen sodium ophth soln 0.03 %</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.4 %</i>	Tier 1	QL (10 mL / 30 days)
<i>ketorolac tromethamine ophth soln 0.5 %</i>	Tier 1	QL (10 mL / 30 days)
<i>ketotifen fumarate ophth soln 0.025 % (base equiv)</i>	Tier 1	OTC, QL (5 mL / 30 days), MAIL
LASTACFT SOL 0.25% (<i>alcaftadine</i>)	Tier 3	MAIL, PA
NEVANAC SUS 0.1% (<i>nepafenac</i>)	Tier 3	PA
<i>olopatadine hcl ophth soln 0.1 % (base equivalent)</i>	Tier 3	QL (5 mL / 30 days), MAIL, PA
<i>olopatadine hcl ophth soln 0.2 % (base equivalent)</i>	Tier 3	QL (2.5 mL / 30 days), MAIL, PA
<i>sodium chloride hypertonic ophth oint 5 %</i> (Cvs Sodium Chloride)	Tier 1	OTC
<i>sodium chloride hypertonic ophth soln 5 %</i> (Cvs Sodium Chloride)	Tier 1	OTC
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03 %</i>	Tier 1	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
<i>latanoprost ophth soln 0.005 %</i>	Tier 1	QL (5 mL / 30 days), MAIL
LUMIGAN SOL 0.01% (<i>bimatoprost</i>)	Tier 3	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
TRAVATAN Z DRO 0.004% (<i>travoprost</i>)	Tier 2	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
<i>travoprost ophth soln 0.004 % (benzalkonium free) (bak free)</i>	Tier 1	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
ZIOPTAN DRO 0.0015% (<i>tafluprost</i>)	Tier 2	QL (30 ea / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2 %</i>	Tier 1	
<i>carbamide peroxide 6.5 % otic soln</i> (Ear Drops Earwax Removal)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>isopropyl alcohol-glycerin otic liquid 95-5 %</i> (Ra Ear Drying Agent)	Tier 1	OTC
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl otic soln 0.2 % (base equivalent)</i>	Tier 1	QL (14 ea / 30 days)
<i>ofloxacin otic soln 0.3 %</i>	Tier 1	QL (5 mL / 30 days)
OTIC COMBINATIONS		
CIPRO HC SUS OTIC (<i>ciprofloxacin-hydrocortisone</i>)	Tier 3	PA
CIPRODEX SUS 0.3-0.1% (<i>ciprofloxacin-dexamethasone</i>)	Tier 3	PA
COLY-MYCIN S SUS OTIC (<i>neomycin-colistin-hc-thonzonium</i>)	Tier 3	
<i>neomycin-polymyxin-hc otic soln 1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1 %</i>	Tier 1	
OTIC STEROIDS		
<i>fluocinolone acetonide (otic) oil 0.01 %</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2 %</i>	Tier 1	
OXYTOCICS		
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CARIMUNE NF INJ 12GM (<i>immune globulin (human) iv</i>)	Tier 4	PA
CUVITRU INJ 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
CUVITRU SOL 1GM/5ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
CUVITRU SOL 10GM/50M (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
FLEBOGAMMA INJ DIF 5% (<i>immune globulin (human) iv</i>)	Tier 4	PA
GAMASTAN INJ (<i>immune globulin (human) im</i>)	Tier 4	PA
GAMMAGARD INJ 1GM/10ML (<i>immune globulin (human) iv or subcutaneous</i>)	Tier 4	PA
GAMMAGARD SD INJ 10GM HU (<i>immune globulin (human) iv</i>)	Tier 4	PA
HIZENTRA INJ 1GM/5ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA INJ 2GM/10ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA INJ 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
HIZENTRA INJ 10/50ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA SOL 20% (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
OCTAGAM INJ 5GM (<i>immune globulin (human) iv</i>)	Tier 4	PA
PRIVIGEN INJ 20GRAMS (<i>immune globulin (human) iv</i>)	Tier 4	PA
RHOGAM PLUS INJ 300MCG (<i>rho d immune globulin (human)</i>)	Tier 2	
MONOCLONAL ANTIBODIES		
SYNAGIS INJ 50MG (<i>palivizumab</i>)	Tier 4	PA
SYNAGIS INJ 100MG/ML (<i>palivizumab</i>)	Tier 4	PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ 2.5-200 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	Tier 4	PA
HYQVIA INJ 5-400 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	Tier 4	PA
HYQVIA INJ 10-800 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	Tier 4	PA
HYQVIA INJ 20-1600 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	Tier 4	PA
HYQVIA INJ 30-2400 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	Tier 4	PA
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 3	
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1	
<i>ampicillin cap 500 mg</i>	Tier 1	
NATURAL PENICILLINS		
<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>penicillin v potassium tab 250 mg</i>	Tier 1	
<i>penicillin v potassium tab 500 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Tier 3	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 3	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
AUGMENTIN SUS 125/5ML (<i>amoxicillin & pot clavulanate</i>)	Tier 3	AGE; AGE (Max 12 years)
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	
PROGESTINS		
PROGESTINS		
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	Tier 4	PA
<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
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 1	MAIL
<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

Drug Name	Drug Tier	Requirements/Limits
ANTI-CATAPLECTIC AGENTS		
XYREM SOL 500MG/ML (<i>sodium oxybate</i>)	Tier 4	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	MAIL
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	MAIL
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	MAIL
<i>memantine hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	Tier 1	QL (49 tabs / year)
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 3	MAIL, PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 3	MAIL, PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 3	MAIL, PA
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA
SAVELLA TAB 12.5MG (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA
SAVELLA TAB 25MG (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA
SAVELLA TAB 50MG (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA
SAVELLA TAB 100MG (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab 12.5 mg	Tier 4	PA
tetrabenazine tab 25 mg	Tier 4	PA
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB 7MG (teriflunomide)	Tier 4	PA
AUBAGIO TAB 14MG (teriflunomide)	Tier 4	PA
AVONEX KIT 30MCG (interferon beta-1a)	Tier 4	PA
AVONEX PEN KIT 30MCG (interferon beta-1a)	Tier 4	PA
AVONEX PREFL KIT 30MCG (interferon beta-1a)	Tier 4	PA
dalfampridine tab er 12hr 10 mg	Tier 4	PA
EXTAVIA INJ 0.3MG (interferon beta-1b)	Tier 4	PA
GILENYA CAP 0.5MG (fingolimod hcl)	Tier 4	PA
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	Tier 4	PA
glatiramer acetate soln prefilled syringe 40 mg/ml	Tier 4	PA
MAYZENT TAB 0.25MG (siponimod fumarate)	Tier 4	PA
PLEGRIDY INJ (peginterferon beta-1a)	Tier 4	PA
PLEGRIDY INJ PEN (peginterferon beta-1a)	Tier 4	PA
PLEGRIDY INJ STARTER (peginterferon beta-1a)	Tier 4	PA
PLEGRIDY PEN INJ STARTER (peginterferon beta-1a)	Tier 4	PA
TECFIDERA CAP 120MG (dimethyl fumarate)	Tier 4	PA
TECFIDERA CAP 240MG (dimethyl fumarate)	Tier 4	PA
TECFIDERA MIS STARTER (dimethyl fumarate)	Tier 4	PA
TYSABRI INJ 300/15ML (natalizumab)	Tier 4	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab 1 mg	Tier 3	MAIL, PA
pimozide tab 1 mg	Tier 1	QL (300 tabs / 30 days), MAIL
pimozide tab 2 mg	Tier 1	QL (150 tabs / 30 days), MAIL
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX PAK 0.5& 1MG (varenicline tartrate)	Tier 5	QL (53 tabs / year), MAIL
CHANTIX TAB 0.5MG (varenicline tartrate)	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX TAB 1MG (varenicline tartrate)	Tier 5	QL (60 tabs / 30 days), MAIL
nicotine polacrilex gum 2 mg	Tier 5	OTC, QL (240 pieces / 30 days), MAIL
nicotine polacrilex gum 4 mg (Cvs Nicotine Polacrilex)	Tier 5	OTC, QL (240 pieces / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine polacrilex lozenge 2 mg</i> (Cvs Nicotine Lozenge)	Tier 5	OTC, QL (240 lozgs / 30 days), MAIL
<i>nicotine polacrilex lozenge 4 mg</i> (Eq Nicotine Polacrilex)	Tier 5	OTC, QL (240 lozgs / 30 days), MAIL
NICOTINE SYS KIT TRANSDER	Tier 5	OTC, QL (56 patches / 30 days), MAIL
<i>nicotine td patch 24hr 7 mg/24hr</i> (Nicotine Transdermal Syst)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
<i>nicotine td patch 24hr 14 mg/24hr</i> (Hm Nicotine Transdermal S)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
<i>nicotine td patch 24hr 21 mg/24hr</i> (Cvs Nicotine Transdermal)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
NICOTROL INH (<i>nicotine</i>)	Tier 5	QL (480 cartridges / 30 days), MAIL
NICOTROL NS SPR 10MG/ML (<i>nicotine</i>)	Tier 5	QL (40 mL / 30 days), MAIL

RESPIRATORY AGENTS - MISC.

ALPHA-PROTEINASE INHIBITOR (HUMAN)

GLASSIA INJ (<i>alpha1-proteinase inhibitor (human)</i>)	Tier 4	PA
PROLASTIN-C INJ 1000MG (<i>alpha1-proteinase inhibitor (human)</i>)	Tier 4	PA

CYSTIC FIBROSIS AGENTS

KALYDECO PAK 25MG (<i>ivacaftor</i>)	Tier 4	PA
KALYDECO PAK 50MG (<i>ivacaftor</i>)	Tier 4	PA
KALYDECO PAK 75MG (<i>ivacaftor</i>)	Tier 4	PA
KALYDECO TAB 150MG (<i>ivacaftor</i>)	Tier 4	PA
PULMOZYME SOL 1MG/ML (<i>dornase alfa</i>)	Tier 4	PA

PULMONARY FIBROSIS AGENTS

ESBRIET CAP 267MG (<i>pirfenidone</i>)	Tier 4	PA
ESBRIET TAB 267MG (<i>pirfenidone</i>)	Tier 4	PA
ESBRIET TAB 801MG (<i>pirfenidone</i>)	Tier 4	PA

SULFONAMIDES

SULFONAMIDES

SULFADIAZINE TAB 500MG	Tier 3	
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TETRACYCLINES

TETRACYCLINES

<i>demeclocycline hcl tab 150 mg</i>	Tier 3	
<i>demeclocycline hcl tab 300 mg</i>	Tier 3	
<i>doxycycline hyclate cap 50 mg</i>	Tier 1	
<i>doxycycline hyclate cap 100 mg</i>	Tier 1	
<i>doxycycline hyclate tab 20 mg</i>	Tier 1	
<i>doxycycline hyclate tab 100 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	
<i>minocycline hcl cap 50 mg</i>	Tier 1	
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>tetracycline hcl cap 250 mg</i>	Tier 3	
<i>tetracycline hcl cap 500 mg</i>	Tier 3	

THYROID AGENTS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	Tier 1	MAIL
<i>methimazole tab 10 mg</i>	Tier 1	MAIL
<i>propylthiouracil tab 50 mg</i>	Tier 1	MAIL

THYROID HORMONES

ARMOUR THYRO TAB 15MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 30MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 60MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 90MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 120MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 180MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 240MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 300MG (<i>thyroid</i>)	Tier 2	MAIL
<i>levothyroxine sodium tab 25 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 50 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 75 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 88 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 100 mcg</i>	Tier 1	MAIL
<i>levothyroxine sodium tab 112 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 125 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 137 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 150 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 175 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 200 mcg</i>	Tier 1	MAIL
<i>levothyroxine sodium tab 300 mcg</i>	Tier 1	MAIL
<i>liothyronine sodium tab 5 mcg</i>	Tier 1	MAIL
<i>liothyronine sodium tab 25 mcg</i>	Tier 1	MAIL
<i>liothyronine sodium tab 50 mcg</i>	Tier 1	MAIL
NATURE THROI TAB 162.5MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 16.25MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 32.5MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 48.75MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 65MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 97.5MG (<i>thyroid</i>)	Tier 2	MAIL

Drug Name	Drug Tier	Requirements/Limits
NATURE-THROI TAB 113.75MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 130MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 146.25MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 195MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 260MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 325MG (<i>thyroid</i>)	Tier 2	MAIL
SYNTHROID TAB 25MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 50MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 75MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 88MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 100MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 112MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 125MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 137MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 150MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 175MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 200MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 300MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
<i>thyroid tab 15 mg (1/4 grain)</i> (Np Thyroid 15)	Tier 1	MAIL
<i>thyroid tab 30 mg (1/2 grain)</i> (Np Thyroid 30)	Tier 1	MAIL
<i>thyroid tab 60 mg (1 grain)</i> (Np Thyroid 60)	Tier 1	MAIL
<i>thyroid tab 90 mg (1 1/2 grain)</i> (Np Thyroid 90)	Tier 1	MAIL
<i>thyroid tab 120 mg (2 grain)</i> (Np Thyroid 120)	Tier 1	MAIL
THYROLAR-1 TAB 60MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
THYROLAR-1/2 TAB 30MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
THYROLAR-1/4 TAB 15MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
THYROLAR-2 TAB 120MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
THYROLAR-3 TAB 180MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
WP THYROID TAB 81.25MG (<i>thyroid</i>)	Tier 2	MAIL

TOXOIDS

TOXOID COMBINATIONS

ADACEL INJ (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	Tier 5	Prior history of prenatal vitamins in past 90 days required
BOOSTRIX INJ (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	Tier 5	Members who are not pregnant must go through provider office
TDVAX INJ 2-2 LF (<i>tetanus-diphtheria toxoids (td)</i>)	Tier 5	AGE, QL (Max 1 injection / 10 years); AGE (Min 7 years)
TENIVAC INJ 5-2LF (<i>tetanus-diphtheria toxoids (td)</i>)	Tier 5	AGE, QL (Max 1 injection / 10 years); AGE (Min 7 years)

Drug Name	Drug Tier	Requirements/Limits
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
<i>dicyclomine hcl cap 10 mg</i>	Tier 1	AGE; AGE (Max 64 years)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	AGE; AGE (Max 64 years)
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	AGE; AGE (Max 64 years)
<i>glycopyrrolate tab 1 mg</i>	Tier 1	
<i>glycopyrrolate tab 2 mg</i>	Tier 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> (Hyosyne)	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>methscopolamine bromide tab 2.5 mg</i>	Tier 3	
<i>methscopolamine bromide tab 5 mg</i>	Tier 3	
H-2 ANTAGONISTS		
<i>cimetidine tab 200 mg</i>	Tier 1	MAIL
<i>cimetidine tab 300 mg</i>	Tier 1	MAIL
<i>cimetidine tab 400 mg</i>	Tier 1	MAIL
<i>cimetidine tab 800 mg</i>	Tier 1	MAIL
<i>famotidine for susp 40 mg/5ml</i>	Tier 1	AGE, QL (150 mL / 30 days), MAIL; AGE (Max 12 years)
<i>famotidine tab 10 mg</i>	Tier 1	OTC, MAIL
<i>famotidine tab 20 mg</i>	Tier 1	MAIL
<i>famotidine tab 40 mg</i>	Tier 1	MAIL
<i>nizatidine cap 150 mg</i>	Tier 1	MAIL
<i>nizatidine cap 300 mg</i>	Tier 1	MAIL
<i>nizatidine oral soln 15 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>ranitidine hcl tab 75 mg</i> (Sm Acid Reducer)	Tier 1	OTC, MAIL
<i>ranitidine hcl tab 150 mg</i>	Tier 1	MAIL
<i>ranitidine hcl tab 300 mg</i>	Tier 1	MAIL
MISC. ANTI-ULCER		
<i>sucralfate tab 1 gm</i>	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR (<i>dexlansoprazole</i>)	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
DEXILANT CAP 60MG DR (<i>dexlansoprazole</i>)	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i> (Sm Esomeprazole Magnesium)	Tier 1	OTC, QL (60 caps / 30 days), MAIL
FIRST-OMEPRASUS 2MG/ML (<i>omeprazole</i>)	Tier 1	AGE, QL (150 mL / 30 days), MAIL; AGE (Max 12 years)
<i>lansoprazole cap delayed release 15 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<i>lansoprazole cap delayed release 30 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i> (Cvs Omeprazole Magnesium)	Tier 1	OTC, QL (60 caps / 30 days)
<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 (60 tabs / 30 days), MAIL
PRILOSEC OTC TAB 20MG (<i>omeprazole magnesium</i>)	Tier 1	OTC, QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
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	
MONUROL PAK GRANULES (<i>fosfomycin tromethamine</i>)	Tier 3	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	AGE, QL (60 caps / 30 days); AGE (Max 64 years)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	AGE, QL (120 caps / 30 days); AGE (Max 64 years)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	AGE, QL (60 caps / 30 days); AGE (Max 64 years)
<i>nitrofurantoin susp 25 mg / 5ml</i>	Tier 3	AGE; AGE (Max 12 years)
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 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 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
OXYTROL/WOMN DIS 3.9MG/24 (<i>oxybutynin</i>)	Tier 2	OTC, QL (8 ea / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>solifenacin succinate tab 5 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
<i>solifenacin succinate tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
TOVIAZ TAB 4MG (<i>fesoterodine fumarate</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
TOVIAZ TAB 8MG (<i>fesoterodine fumarate</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>trospium chloride cap er 24hr 60 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
<i>trospium chloride tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
VESICARE TAB 5MG (<i>solifenacin succinate</i>)	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
VESICARE TAB 10MG (<i>solifenacin succinate</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB 25MG (<i>mirabegron</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
MYRBETRIQ TAB 50MG (<i>mirabegron</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at
mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ
Dose per day

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
VACCINES		
BACTERIAL VACCINES		
PNEUMOVAX 23 INJ 25/0.5 (<i>pneumococcal vac polyvalent</i>)	Tier 5	QL (Max 2 injections per lifetime)
PREVNAR 13 INJ (<i>pneumococcal 13-valent conjugate vaccine</i>)	Tier 5	QL (Max 4 injections per lifetime)
VIRAL VACCINES		
AFLURIA QUAD INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
ENGRIX-B INJ 10/0.5ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
ENGRIX-B INJ 20MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
FLUARIX QUAD INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUBLOK QUAD INJ 2019-20 (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUCLVX QUAD INJ 2019-20 (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLULAVAL QUA INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUMIST QUAD SUS 2019-20 (<i>influenza virus vaccine live quadrivalent</i>)	Tier 5	AGE, QL (Max 1 Injection per year); AGE (Max 49 years)
FLUZONE QUAD INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
HAVRIX INJ 720UNIT (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
HAVRIX INJ 1440UNIT (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
HEPLISAV-B INJ 20/0.5ML (<i>hepatitis b vaccine recombinant adjuvanted</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
HEPLISAV-B INJ 20MCG (<i>hepatitis b vaccine recombinant adjuvanted</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 5MCG/0.5 (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 10MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
SHINGRIX INJ 50/0.5ML (<i>zoster vaccine recombinant adjuvanted</i>)	Tier 5	AGE, QL (Max 2 injections per lifetime); AGE (Min 50 years)

Drug Name	Drug Tier	Requirements/Limits
TWINRIX INJ (<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>)	Tier 5	AGE, QL (Max 3 injections per lifetime); AGE (Min 18 years)
VAQTA INJ 25/0.5ML (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
VAQTA INJ 50UNT/ML (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
ZOSTAVAX INJ (<i>zoster vaccine live</i>)	Tier 5	AGE, QL (Max 1 injection per lifetime); AGE (Min 50 years)

VAGINAL PRODUCTS

SPERMICIDES

ENCARE SUP 100MG (<i>nonoxynol-9</i>)	Tier 5	OTC
GYNOL II GEL 3% (<i>nonoxynol-9</i>)	Tier 5	OTC
<i>nonoxynol-9 gel 4 %</i> (Vcf Vaginal Contraceptive)	Tier 5	OTC
SHUR-SEAL GEL 2% (<i>nonoxynol-9</i>)	Tier 5	OTC
TODAY SPONGE MIS (<i>nonoxynol-9</i>)	Tier 5	OTC
VCF VAGINAL AER CONTRACP (<i>nonoxynol-9</i>)	Tier 5	OTC
VCF VAGINAL MIS CONTRACP (<i>nonoxynol-9</i>)	Tier 5	OTC

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	QL (40 gm / 30 days)
<i>clotrimazole vaginal cream 1 %</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 2 %</i> (Gnp Clotrimazole 3)	Tier 1	OTC
GYNAZOLE-1 CRE 2% (<i>butoconazole nitrate (one dose)</i>)	Tier 2	
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	QL (70 gm / 30 days)
<i>miconazole nitrate vaginal app 200 mg & 2 % cream 9 gm kit</i> (Sm Miconazole 3)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2 %</i> (Miconazole 7)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 4 % (200 mg/5gm)</i> (Qc 3 Day Vaginal Cream)	Tier 1	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2 % cream 9 gm kit</i> (Gnp Miconazole 3)	Tier 1	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i> (Miconazole 7)	Tier 1	OTC
MONISTAT 7 KIT COMBO PK (<i>miconazole nitrate vaginal</i>)	Tier 1	OTC
<i>terconazole vaginal cream 0.4 %</i>	Tier 1	
<i>terconazole vaginal cream 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppos 80 mg</i>	Tier 3	
<i>tioconazole vaginal oint 6.5 %</i> (Ra Tioconazole 1)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	QL (42.5 gm / 30 days), MAIL
<i>estradiol vaginal tab 10 mcg</i>	Tier 3	QL (60 tabs / 30 days), MAIL
PREMARIN VAG CRE 0.625MG (<i>estrogens, conjugated vaginal</i>)	Tier 2	QL (30 gm / 30 days), MAIL
VAGINAL PROGESTINS		
PROGESTERONE SUP VGS 100 (<i>progesterone (vaginal)</i>)	Tier 3	PA
PROGESTERONE SUP VGS 200 (<i>progesterone (vaginal)</i>)	Tier 3	PA
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPIPEN 2-PAK INJ 0.3MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	QL (2 ea / 30 days)
EPIPEN-JR INJ 0.15MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	QL (2 ea / 30 days)
SYMJEPI INJ 0.3MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	QL (2 syringes / 30 days)
SYMJEPI INJ 0.15MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	QL (2 syringes / 30 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
NORTHERA CAP 100MG (<i>droxidopa</i>)	Tier 4	PA
NORTHERA CAP 200MG (<i>droxidopa</i>)	Tier 4	PA
NORTHERA CAP 300MG (<i>droxidopa</i>)	Tier 4	PA
VASOPRESSORS		
<i>midodrine hcl tab 2.5 mg</i>	Tier 1	
<i>midodrine hcl tab 5 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	OTC
<i>cholecalciferol cap 25 mcg (1000 unit)</i> (D 1000)	Tier 1	OTC
<i>cholecalciferol cap 50 mcg (2000 unit)</i> (D2000 Ultra Strength)	Tier 1	OTC
<i>cholecalciferol cap 125 mcg (5000 unit)</i> (D 5000)	Tier 1	OTC
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	Tier 1	OTC
<i>cholecalciferol chew tab 10 mcg (400 unit)</i> (Kp Vitamin D)	Tier 1	OTC
<i>cholecalciferol chew tab 25 mcg (1000 unit)</i> (Cvs D3)	Tier 1	OTC
<i>cholecalciferol drops 125 mcg/ml (5000 unit/ml)</i> (D3 Maximum Strength)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i> (Aqueous Vitamin D Infants)	Tier 1	OTC
<i>cholecalciferol tab 10 mcg (400 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 125 mcg (5000 unit)</i>	Tier 1	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	
<i>phytonadione tab 5 mg</i>	Tier 1	QL (150 tabs / 30 days)
WATER SOLUBLE VITAMINS		
<i>ascorbic acid tab 500 mg</i> (Hm Vitamin C/rose Hips)	Tier 1	OTC
<i>niacin cap er 250 mg</i>	Tier 1	OTC
<i>niacin cap er 500 mg</i>	Tier 1	OTC
<i>niacin tab 50 mg</i>	Tier 1	OTC
<i>niacin tab 100 mg</i>	Tier 1	OTC
<i>niacin tab 250 mg</i>	Tier 1	OTC
<i>niacin tab 500 mg</i>	Tier 1	OTC
<i>niacin tab er 250 mg</i>	Tier 1	OTC
<i>niacin tab er 500 mg</i>	Tier 1	OTC
<i>niacin tab er 750 mg</i>	Tier 1	OTC
<i>niacinamide tab 500 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 25 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 50 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 100 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab er 200 mg</i>	Tier 1	OTC
<i>riboflavin tab 100 mg</i> (Cvs Vitamin B-2)	Tier 1	OTC
<i>thiamine hcl tab 50 mg</i>	Tier 1	OTC
<i>thiamine hcl tab 100 mg</i>	Tier 1	OTC
<i>thiamine hcl tab 250 mg</i>	Tier 1	OTC

Index

- 1**
 12 Hour Decongestant
 see *pseudoephedrine hcl tab er 12hr 120 mg*151
- 3**
 3ML SYRINGE MIS REG TIP.....137
- A**
abacavir sulfate soln 20 mg/ml (base equiv)83
abacavir sulfate tab 300 mg (base equiv)83
abacavir sulfate-lamivudine tab 600-300 mg83
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg83
abacavir-dolutegravir-lamivudine
 see TRIUMEQ TAB86
abaloparatide
 see TYMLOS INJ113
abatacept
 see ORENCIA CLCK INJ 125MG/ML 10
 see ORENCIA INJ 125MG/ML.....10
 see ORENCIA INJ 250MG10
 see ORENCIA INJ 50/0.410
 see ORENCIA INJ 87.5/0.7.....10
 ABILIFY MAIN INJ 300MG82
 ABILIFY MAIN INJ 400MG82
abiraterone acetate tab 250 mg ..69
 ABREVA CRE 10%105
acamprosate calcium tab delayed release 333 mg159
acarbose tab 100 mg41
acarbose tab 25 mg40
acarbose tab 50 mg41
acebutolol hcl cap 200 mg88
acebutolol hcl cap 400 mg88
 Acephen
 see *acetaminophen suppos 325 mg*11
acetaminophen
 see FEVERALL INF SUP 80MG.....12
 see FEVERALL SUP 325MG12
 see NORTEMP SUS INFANTS12
acetaminophen cap 500 mg11
acetaminophen chew tab 160 mg 11
acetaminophen chew tab 80 mg ..11
acetaminophen disintegrating tab 160 mg11
acetaminophen disintegrating tab 80 mg11
acetaminophen elixir 160 mg/5ml11
acetaminophen liquid 160 mg/5ml11
acetaminophen liquid 167 mg/5ml11
acetaminophen soln 160 mg/5ml 11
acetaminophen suppos 120 mg ...11
acetaminophen suppos 325 mg ...11
acetaminophen suppos 650 mg ...11
acetaminophen susp 160 mg/5ml11
acetaminophen tab 325 mg11
acetaminophen tab 500 mg11
acetaminophen tab er 650 mg12
acetaminophen w/ codeine soln 120-12 mg/5ml16
acetaminophen w/ codeine tab 300-15 mg16
acetaminophen w/ codeine tab 300-30 mg16
acetaminophen w/ codeine tab 300-60 mg16
acetazolamide cap er 12hr 500 mg111
acetazolamide tab 125 mg111
acetazolamide tab 250 mg111
acetic acid irrigation soln 0.25 %120
acetic acid otic soln 2 %156
acetone (urine) test
 see RELION KETON TES110
acetylcysteine inhal soln 10 % ...101
acetylcysteine inhal soln 20 % ...101
 Acid Gone
 see *aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml*19
acitretin cap 10 mg105

acitretin cap 17.5 mg	105	ADVATE INJ 4000UNIT.....	121
acitretin cap 25 mg	105	ADVATE INJ 500UNIT	121
acridinium bromide		Advil Junior Strength	
see TUDORZA PRES AER 400/ACT .25		see ibuprofen tab 100 mg	8
ACNE MEDICAT LOT 10%	101	afatinib dimaleate	
ACNE MEDICAT LOT 5%	101	see GILOTRIF TAB 20MG	71
ACTEMRA INJ 162/0.9.....	7	see GILOTRIF TAB 30MG	71
ACTEMRA INJ 200/10ML.....	7	see GILOTRIF TAB 40MG	71
ACTEMRA INJ 400/20ML.....	7	AFINITOR DIS TAB 2MG.....	70
ACTEMRA INJ 80MG/4ML.....	7	AFINITOR DIS TAB 3MG.....	70
ACTEMRA INJ ACTPEN.....	8	AFINITOR DIS TAB 5MG.....	70
ACTIMMUNE INJ 2MU/0.5	73	AFINITOR TAB 10MG	70
acyclovir cap 200 mg	87	AFINITOR TAB 2.5MG	70
acyclovir oint 5%	105	AFINITOR TAB 5MG	70
acyclovir susp 200 mg/5ml	87	AFINITOR TAB 7.5MG	70
acyclovir tab 400 mg	87	AFLURIA QUAD INJ 2019-20	170
acyclovir tab 800 mg	87	AFREZZA POW 12 UNIT.....	47
ADACEL INJ.....	165	AFREZZA POW 4-8 UNIT	47
adalimumab		AFREZZA POW 4-8-12	47
see HUMIRA INJ 10/0.1ML	6	AFREZZA POW 4UNIT	47
see HUMIRA INJ 10MG/0.2	6	AFREZZA POW 8 UNIT	47
see HUMIRA INJ 20/0.2ML	6	AFREZZA POW 8-12UNIT.....	47
see HUMIRA INJ 40/0.4ML	6	agalsidase beta	
see HUMIRA KIT 20MG/0.4	6	see FABRAZYME INJ 5MG	114
see HUMIRA KIT 40MG/0.8	6	Akwa Tears	
see HUMIRA PEDIA INJ CROHNS	6	see artificial tear ophth ointment	
see HUMIRA PEN INJ 40/0.4ML	6	.....	151
see HUMIRA PEN INJ CD/UC/HS	6	AKYNZEO CAP 300-0.5	53
see HUMIRA PEN KIT CD/UC/HS	6	albuterol sulfate	
see HUMIRA PEN KIT PS/UV.....	7	see PROAIR HFA AER	29
adapalene		see PROVENTIL AER HFA.....	29
see DIFFERIN GEL 0.1%.....	102	see VENTOLIN HFA AER	29
adapalene lotion 0.1%	101	albuterol sulfate soln nebu 0.083%	
adefovir dipivoxil tab 10 mg	86	(2.5 mg/3ml)	26
ADEMPAS TAB 0.5MG	94	albuterol sulfate soln nebu 0.5% (5	
ADEMPAS TAB 1.5MG	94	mg/ml)	26
ADEMPAS TAB 1MG	94	albuterol sulfate soln nebu 0.63	
ADEMPAS TAB 2.5MG	94	mg/3ml (base equiv)	26
ADEMPAS TAB 2MG	94	albuterol sulfate soln nebu 1.25	
ADMELOG INJ 100U/ML.....	47	mg/3ml (base equiv)	27
ADMELOG SOLO INJ 100U/ML.....	47	albuterol sulfate syrup 2 mg/5ml	27
ADULT MASK MIS LARGE.....	137	albuterol sulfate tab 2 mg	27
ADVATE INJ 1000UNIT.....	121	albuterol sulfate tab 4 mg	27
ADVATE INJ 1500UNIT.....	121	alcaftadine	
ADVATE INJ 2000UNIT.....	121	see LASTACFT SOL 0.25%	155
ADVATE INJ 250UNIT.....	121	alclometasone dipropionate cream	
ADVATE INJ 3000UNIT.....	121	0.05%	106

alclometasone dipropionate oint	
0.05 %	106
ALCOHOL PREP PAD MED 70%	135
alcohol swabs	
see ALCOHOL PREP PAD MED 70%	
.....	135
ALDACTAZIDE TAB 50/50	111
ALECENSA CAP 150MG	70
alectinib hcl	
see ALECENSA CAP 150MG	70
alendronate sodium tab 10 mg ..	112
alendronate sodium tab 35 mg ..	112
alendronate sodium tab 40 mg ..	112
alendronate sodium tab 5 mg ...	112
alendronate sodium tab 70 mg ..	112
ALER-DRYL TAB 50MG	54
alfuzosin hcl tab er 24hr 10 mg ..	120
ALINIA SUS 100/5ML	20
ALINIA TAB 500MG	20
aliskiren fumarate tab 150 mg	
(base equivalent)	66
aliskiren fumarate tab 300 mg	
(base equivalent)	66
alitretinoin	
see PANRETIN GEL 0.1%	105
All Day Allergy D	
see cetirizine-pseudoephedrine	
tab er 12hr 5-120 mg	100
Allergy Relief	
see loratadine tab 10 mg	55
allopurinol tab 100 mg	120
allopurinol tab 300 mg	120
Almacone	
see alum & mag hydroxide-	
simethicone susp 200-200-20	
mg/5ml	19
Almacone Double Strength	
see alum & mag hydroxide-	
simethicone susp 400-400-40	
mg/5ml	19
almotriptan malate tab 12.5 mg ..	137
almotriptan malate tab 6.25 mg ..	137
ALOCRIOL SOL 2%	154
alogliptin benzoate tab 12.5 mg	
(base equiv)	45
alogliptin benzoate tab 25 mg	
(base equiv)	45
alogliptin benzoate tab 6.25 mg	
(base equiv)	45
alogliptin-metformin hcl tab 12.5-	
1000 mg	41
alogliptin-metformin hcl tab 12.5-	
500 mg	41
alogliptin-pioglitazone tab 12.5-15	
mg	41
alogliptin-pioglitazone tab 12.5-30	
mg	41
alogliptin-pioglitazone tab 12.5-45	
mg	41
alogliptin-pioglitazone tab 25-15	
mg	41
alogliptin-pioglitazone tab 25-30	
mg	41
alogliptin-pioglitazone tab 25-45	
mg	42
ALOMIDE SOL 0.1% OP	154
alose tron hcl tab 0.5 mg (base	
equiv)	118
alose tron hcl tab 1 mg (base equiv)	
.....	119
alpha1-proteinase inhibitor	
(human)	
see GLASSIA INJ	162
see PROLASTIN-C INJ 1000MG ...	162
ALPHANINE SD INJ 1500UNIT	121
ALPHANINE SD INJ 500UNIT	121
alprazolam tab 0.25 mg	23
alprazolam tab 0.5 mg	23
alprazolam tab 1 mg	23
alprazolam tab 2 mg	23
ALPROLIX INJ 1000UNIT	121
ALPROLIX INJ 2000UNIT	121
ALPROLIX INJ 250UNIT	121
ALPROLIX INJ 3000UNIT	121
ALPROLIX INJ 4000UNIT	122
ALPROLIX INJ 500UNIT	121
ALREX SUS 0.2%	154
ALTABAX OIN 1%	103
alum & mag hydroxide-simethicone	
chew tab 200-200-25 mg	19
alum & mag hydroxide-simethicone	
susp 200-200-20 mg/5ml	19
alum & mag hydroxide-simethicone	
susp 400-400-40 mg/5ml	19

aluminum chloride	
see DRY SOL SOL 20%.....	109
aluminum hydroxide-magnesium carbonate chew tab 160-105 mg	
.....	19
aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml	
.....	19
aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg	19
amantadine hcl cap 100 mg	74
amantadine hcl syrup 50 mg/5ml	74
ambrisentan	
see LETAIRIS TAB 10MG.....	93
see LETAIRIS TAB 5MG	93
ambrisentan tab 10 mg	93
ambrisentan tab 5 mg	93
amcinonide cream 0.1 %	106
amcinonide lotion 0.1 %	106
AMCINONIDE OIN 0.1 %	106
amiloride & hydrochlorothiazide	
tab 5-50 mg	111
amiloride hcl tab 5 mg	112
aminocaproic acid tab 1000 mg	129
aminocaproic acid tab 500 mg	129
aminosalicylic acid	
see PASER GRA 4GM.....	68
amiodarone hcl tab 200 mg	25
AMITIZA CAP 24MCG	117
AMITIZA CAP 8MCG	117
amitriptyline hcl tab 10 mg	39
amitriptyline hcl tab 100 mg	39
amitriptyline hcl tab 150 mg	39
amitriptyline hcl tab 25 mg	39
amitriptyline hcl tab 50 mg	39
amitriptyline hcl tab 75 mg	39
Amlactin	
see lactic acid (ammonium lactate) lotion 12 %	108
amlodipine besylate tab 10 mg (base equivalent)	90
amlodipine besylate tab 2.5 mg (base equivalent)	90
amlodipine besylate tab 5 mg (base equivalent)	90
amlodipine besylate-benazepril hcl cap 10-20 mg	64
amlodipine besylate-benazepril hcl cap 10-40 mg	64
amlodipine besylate-benazepril hcl cap 2.5-10 mg	64
amlodipine besylate-benazepril hcl cap 5-10 mg	64
amlodipine besylate-benazepril hcl cap 5-20 mg	64
amlodipine besylate-benazepril hcl cap 5-40 mg	64
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	65
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	65
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	64
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	64
Amnesteem	
see isotretinoin cap 20 mg	102
amoxapine tab 100 mg	39
amoxapine tab 150 mg	39
amoxapine tab 25 mg	39
amoxapine tab 50 mg	39
amoxicillin & k clavulanate chew tab 200-28.5 mg	158
amoxicillin & k clavulanate chew tab 400-57 mg	158
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	158
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	158
amoxicillin & k clavulanate for susp 400-57 mg/5ml	158
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	158
amoxicillin & k clavulanate tab 250-125 mg	158
amoxicillin & k clavulanate tab 500-125 mg	159
amoxicillin & k clavulanate tab 875-125 mg	159
amoxicillin & pot clavulanate	
see AUGMENTIN SUS 125/5ML....	159
amoxicillin (trihydrate) cap 250 mg	158

amoxicillin (trihydrate) cap 500 mg158
amoxicillin (trihydrate) chew tab 125 mg158
amoxicillin (trihydrate) chew tab 250 mg158
amoxicillin (trihydrate) for susp 125 mg/5ml158
amoxicillin (trihydrate) for susp 200 mg/5ml158
amoxicillin (trihydrate) for susp 250 mg/5ml158
amoxicillin (trihydrate) for susp 400 mg/5ml158
amoxicillin (trihydrate) tab 500 mg158
amoxicillin (trihydrate) tab 875 mg158
amphetamine-dextroamphetamine cap er 24hr 10 mg 1
amphetamine-dextroamphetamine cap er 24hr 15 mg 1
amphetamine-dextroamphetamine cap er 24hr 20 mg 1
amphetamine-dextroamphetamine cap er 24hr 25 mg 1
amphetamine-dextroamphetamine cap er 24hr 30 mg 1
amphetamine-dextroamphetamine cap er 24hr 5 mg 1
amphetamine-dextroamphetamine tab 10 mg 1
amphetamine-dextroamphetamine tab 12.5 mg 1
amphetamine-dextroamphetamine tab 15 mg 1
amphetamine-dextroamphetamine tab 20 mg 1
amphetamine-dextroamphetamine tab 30 mg 1
amphetamine-dextroamphetamine tab 5 mg 1
amphetamine-dextroamphetamine tab 7.5 mg 1
ampicillin cap 500 mg158
ANADROL-50 TAB 50MG.....18
anagrelide hcl cap 0.5 mg125

anagrelide hcl cap 1 mg125
anakinra
 see KINERET INJ 7
anastrozole tab 1 mg69
ANIMAL SHAPE CHW IRON146
ANORO ELLIPT AER 62.5-2527
Antacid
 see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml**19
anthralin
 see DRITHO-CREME CRE HP 1%..105
Anti-diarrheal
 see **loperamide hcl liq 1 mg/5ml (0.2 mg/ml)**52
Anti-fungal Powder
 see **tolnaftate powder 1%**104
antihemophilic factor (human)
 see HEMOFIL M INJ 1700UNIT122
 see KOATE-DVI INJ 1000UNIT.....122
 see KOATE-DVI INJ 250UNIT122
 see KOATE-DVI INJ 500UNIT122
 see MONOCLATE-P INJ 1000UNIT 123
antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)
 see NOVOEIGHT INJ 1500UNIT ...123
antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)
 see NUWIQ INJ 1000UNIT123
 see NUWIQ INJ 2000UNIT123
 see NUWIQ INJ 2500UNIT123
 see NUWIQ INJ 250UNIT123
 see NUWIQ INJ 3000UNIT123
 see NUWIQ INJ 4000UNIT124
 see NUWIQ INJ 500UNIT123
 see NUWIQ KIT 1000UNIT124
 see NUWIQ KIT 2000UNIT124
 see NUWIQ KIT 2500UNIT124
 see NUWIQ KIT 250UNIT124
 see NUWIQ KIT 3000UNIT124
 see NUWIQ KIT 4000UNIT124
 see NUWIQ KIT 500UNIT124
antihemophilic factor (recombinant)
 see HELIXATE FS INJ 2000UNIT ..122
 see HELIXATE FS INJ 3000UNIT ..122
 see HELIXATE FS INJ 500UNIT122

see KOGENATE FS INJ 1000UNIT.123
 see KOGENATE FS INJ 2000UNIT.123
 see KOGENATE FS INJ 250UNIT ..122
 see KOGENATE FS INJ 3000UNIT.123
 see RECOMBINATE INJ124
 see RECOMBINATE INJ 220-400 ..124
 see RECOMBINATE INJ 401-800 ..124
 see RECOMBINATE INJ 801-1240 124
antihemophilic factor
(recombinant) plasma / albumin
free
 see XYNTHA SOLOF INJ 1000UNIT
125
 see XYNTHA SOLOF INJ 2000UNIT
125
 see XYNTHA SOLOF INJ 3000UNIT
125
 see XYNTHA SOLOF INJ 500UNIT.124
 see XYNTHA SOLOF KIT 250UNIT 125
antihemophilic factor rahf-pfm
 see ADVATE INJ 1000UNIT121
 see ADVATE INJ 1500UNIT121
 see ADVATE INJ 2000UNIT121
 see ADVATE INJ 250UNIT121
 see ADVATE INJ 3000UNIT121
 see ADVATE INJ 4000UNIT121
 see ADVATE INJ 500UNIT121
 see KOVALTRY INJ 1000UNIT.....123
 see KOVALTRY INJ 2000UNIT.....123
 see KOVALTRY INJ 250UNIT.....123
 see KOVALTRY INJ 3000UNIT.....123
 see KOVALTRY INJ 500UNIT.....123
antihemophilic factor / von
willebrand factor complex
(human)
 see HUMATE-P SOL 2400UNIT.....122
 see HUMATE-P SOL 500-1200122
antiinhibitor coagulant complex
 see FEIBA INJ122
 ANZEMET TAB 100MG52
 ANZEMET TAB 50MG52
 APEXICON E CRE 0.05%106
 APIDRA INJ SOLOSTAR47
 APIDRA INJ U-10047
apixaban
 see ELIQUIS TAB 2.5MG30
 see ELIQUIS TAB 5MG30

APOKYN INJ 10MG/ML74
apomorphine hydrochloride
 see APOKYN INJ 10MG/ML74
apraclonidine hcl ophth soln 0.5 %
(base equivalent)153
apremilast
 see OTEZLA TAB 10/20/3010
 see OTEZLA TAB 30MG10
aprepitant capsule 125 mg53
aprepitant capsule 40 mg53
aprepitant capsule 80 mg53
aprepitant capsule therapy pack 80
& 125 mg53
 APRISO CAP 0.375GM118
 APTIOM TAB 200MG32
 APTIOM TAB 400MG32
 APTIOM TAB 600MG32
 APTIOM TAB 800MG32
 APTIVUS CAP 250MG83
 APTIVUS SOL83
 Aquadeks
 see **pediatric multiple vitamin w /**
minerals & c drops 45 mg / ml
145
 Aqueous Vitamin D Infants
 see **cholecalciferol oral liquid 10**
mcg / ml (400 unit / ml)173
 ARANESP INJ 100MCG126
 ARANESP INJ 10MCG126
 ARANESP INJ 150MCG126
 ARANESP INJ 200MCG126
 ARANESP INJ 25MCG126
 ARANESP INJ 300MCG126
 ARANESP INJ 40MCG126
 ARANESP INJ 500MCG127
 ARANESP INJ 60MCG126
 ARCALYST INJ 220MG7
 ARCAPTA CAP 75MCG27
arformoterol tartrate
 see BROVANA NEB 15MCG27
aripiprazole
 see ABILIFY MAIN INJ 300MG82
 see ABILIFY MAIN INJ 400MG82
aripiprazole lauroxil
 see ARISTADA INJ 441MG/1.82
 see ARISTADA INJ 662MG/282
 see ARISTADA INJ 882MG/382

aripiprazole oral solution 1 mg/ml	ASMANEX 60 AER 220MCG	26
.....82	ASMANEX 7 AER 110MCG	26
aripiprazole orally disintegrating	ASMANEX HFA AER 100 MCG	26
tab 10 mg	ASMANEX HFA AER 200 MCG	26
82	ASMANEX HFA AER 50MCG	26
aripiprazole orally disintegrating	aspirin chew tab 81 mg	12
tab 15 mg	Aspirin Low Dose	
82	see aspirin tab delayed release 81	
aripiprazole tab 10 mg	mg	12
82	aspirin tab 325 mg	12
aripiprazole tab 15 mg	aspirin tab delayed release 325 mg	
82	12	
aripiprazole tab 2 mg	aspirin tab delayed release 81 mg	
82	12	
aripiprazole tab 20 mg	aspirin-dipyridamole cap er 12hr	
82	25-200 mg	125
aripiprazole tab 30 mg	atazanavir sulfate cap 150 mg	
82	(base equiv)	83
aripiprazole tab 5 mg	atazanavir sulfate cap 200 mg	
82	(base equiv)	83
ARISTADA INJ 441MG/1	atazanavir sulfate cap 300 mg	
82	(base equiv)	83
ARISTADA INJ 662MG/2	atazanavir sulfate-cobicistat	
82	see EVOTAZ TAB 300-150	84
armodafinil tab 150 mg	atenolol & chlorthalidone tab 100-	
3	25 mg	65
armodafinil tab 200 mg	atenolol & chlorthalidone tab 50-25	
3	mg	65
armodafinil tab 250 mg	atenolol tab 100 mg	88
3	atenolol tab 25 mg	88
armodafinil tab 50 mg	atenolol tab 50 mg	88
3	atomoxetine hcl cap 10 mg (base	
ARMOUR THYRO TAB 120MG	equiv)	2
163	atomoxetine hcl cap 100 mg (base	
ARMOUR THYRO TAB 15MG	equiv)	3
163	atomoxetine hcl cap 18 mg (base	
ARMOUR THYRO TAB 180MG	equiv)	3
163	atomoxetine hcl cap 25 mg (base	
ARMOUR THYRO TAB 240MG	equiv)	3
163	atomoxetine hcl cap 40 mg (base	
ARMOUR THYRO TAB 300MG	equiv)	3
163	atomoxetine hcl cap 60 mg (base	
ARMOUR THYRO TAB 30MG	equiv)	3
163	atomoxetine hcl cap 80 mg (base	
ARMOUR THYRO TAB 60MG	equiv)	3
163	atorvastatin calcium tab 10 mg	
ARMOUR THYRO TAB 90MG	(base equivalent)	57
163		
artemether-lumefantrine		
see COARTEM TAB 20-120MG		67
artificial tear insert		
see LACRISERT MIS 5MG OP		152
artificial tear ophth ointment		151
artificial tear ophth solution		151
Artificial Tears		
see dextran 70-hypromellose		
ophth soln 0.1-0.3 %		152
see polyvinyl alcohol ophth soln		
1.4 %		152
ascorbic acid tab 500 mg		173
asenapine maleate		
see SAPHRIS SUB 10MG		80
see SAPHRIS SUB 2.5MG		80
see SAPHRIS SUB 5MG		80
ASMANEX 120 AER 220MCG		26
ASMANEX 14 AER 220MCG		26
ASMANEX 30 AER 110MCG		26
ASMANEX 30 AER 220MCG		26

atorvastatin calcium tab 20 mg
 (base equivalent)57
atorvastatin calcium tab 40 mg
 (base equivalent)57
atorvastatin calcium tab 80 mg
 (base equivalent)57
atovaquone susp 750 mg/5ml.....20
atovaquone-proguanil hcl tab 250-100 mg67
atovaquone-proguanil hcl tab 62.5-25 mg67
 ATRIPLA TAB83
 ATROPINE SUL SOL 1% OP.....153
 ATROVENT HFA AER 17MCG25
 AUBAGIO TAB 14MG161
 AUBAGIO TAB 7MG.....160
 AUGMENTIN SUS 125/5ML159
auranofin
 see RIDAURA CAP 3MG 7
 AVANDIA TAB 2MG50
 AVANDIA TAB 4MG50
 Avita
 see **tretinoin gel 0.025 %**103
 AVONEX KIT 30MCG161
 AVONEX PEN KIT 30MCG.....161
 AVONEX PREFL KIT 30MCG.....161
 AZASITE SOL 1%153
azathioprine tab 50 mg143
azelastine hcl nasal spray 0.1 %
 (137 mcg/spray)150
azelastine hcl ophth soln 0.05 % 155
azilsartan medoxomil
 see EDARBI TAB 40MG62
 see EDARBI TAB 80MG62
azithromycin (ophth)
 see AZASITE SOL 1%.....153
azithromycin for susp 100 mg/5ml
133
azithromycin for susp 200 mg/5ml
133
azithromycin powd pack for susp 1 gm133
azithromycin tab 250 mg.....133
azithromycin tab 500 mg.....133
azithromycin tab 600 mg.....133
 AZOPT SUS 1% OP155
aztreonam lysine

see CAYSTON INH 75MG21
B
bacitracin oint 500 unit/gm103
bacitracin ophth oint 500 unit/gm
153
bacitracin zinc oint 500 unit/gm103
bacitracin-polymyxin b oint.....103
bacitracin-polymyxin b ophth oint
153
bacitracin-polymyxin-neomycin hc
 see CORTISPORIN OIN 1%103
bacitracin-polymyxin-neomycin-hc ophth oint 1 %154
baclofen tab 10 mg149
baclofen tab 20 mg149
 BALCOLTRA TAB 0.1-2096
baloxavir marboxil
 see XOFLUZA TAB 20MG88
 see XOFLUZA TAB 40MG88
balsalazide disodium cap 750 mg
118
 BANZEL SUS 40MG/ML32
 BANZEL TAB 200MG32
 BANZEL TAB 400MG32
 BAQSIMI ONE POW 3MG/DOSE45
 BARACLUDE SOL86
 BASAGLAR INJ 100UNIT.....48
 BAXDELA TAB 450MG117
b-complex w/ c & folic acid cap 1 mg145
b-complex w/ c & folic acid tab 145
b-complex w/ c & folic acid tab 0.8 mg145
b-complex w/ c & folic acid tab 5 mg145
 BD U-500 MIS 31GX6MM134
 BE WELL PAK ROUNDED.....147
becaplermin
 see REGRANEX GEL 0.01%110
beclomethasone dipropionate hfa
 see QVAR REDIHA AER 80MCG.....26
 see QVAR REDIHAL AER 40MCG26
bedaquiline fumarate
 see SIRTURO TAB 100MG68
belatacept
 see NULOJIX INJ 250MG.....143
 BELSOMRA TAB 10MG.....130

BELSOMRA TAB 15MG.....	130	BERINERT INJ 500UNIT.....	125
BELSOMRA TAB 20MG.....	130	besifloxacin hcl	
BELSOMRA TAB 5MG	130	see BESIVANCE SUS 0.6%	153
bempedoic acid		BESIVANCE SUS 0.6%	153
see NEXLETOL TAB 180MG	56	betaine	
bempedoic acid-ezetimibe		see CYSTADANE POW	114
see NEXLIZET TAB 180/10MG	56	betamethasone dipropionate	
benazepril & hydrochlorothiazide		augmented cream 0.05 %	106
tab 10-12.5 mg	65	betamethasone dipropionate	
benazepril & hydrochlorothiazide		augmented gel 0.05 %	106
tab 20-12.5 mg	65	betamethasone dipropionate	
benazepril & hydrochlorothiazide		augmented lotion 0.05 %	106
tab 20-25 mg	65	betamethasone dipropionate	
benazepril & hydrochlorothiazide		augmented oint 0.05 %	106
tab 5-6.25 mg	65	betamethasone dipropionate cream	
benazepril hcl tab 10 mg	59	0.05 %	106
benazepril hcl tab 20 mg	60	betamethasone dipropionate lotion	
benazepril hcl tab 40 mg	60	0.05 %	106
benazepril hcl tab 5 mg	59	betamethasone dipropionate oint	
BENEFIX INJ 1000UNIT	122	0.05 %	106
BENEFIX INJ 2000UNIT	122	betamethasone valerate cream	
BENEFIX INJ 250UNIT	122	0.1 % (base equivalent)	106
BENEFIX INJ 3000UNIT	122	betamethasone valerate oint 0.1 %	
BENEFIX INJ 500UNIT	122	(base equivalent)	106
BENZNIDAZOLE TAB 100MG	20	betaxolol hcl ophth soln 0.5 % ..	152
BENZNIDAZOLE TAB 12.5MG	20	betaxolol hcl tab 10 mg	88
benzocaine-docusate sodium		betaxolol hcl tab 20 mg	88
see DOCUSOL PLUS ENE 20-283 ..	133	bethanechol chloride tab 10 mg	170
benzonatate cap 100 mg	100	bethanechol chloride tab 25 mg	170
benzonatate cap 200 mg	100	bethanechol chloride tab 5 mg ..	170
benzoyl peroxide		bethanechol chloride tab 50 mg	170
see ACNE MEDICAT LOT 10%	101	BEVESPI AER 9-4.8MCG	27
see ACNE MEDICAT LOT 5%	101	bexarotene (topical)	
benzoyl peroxide gel 10 %	101	see TARGRETIN GEL 1%	105
benzoyl peroxide gel 5 %	101	bexarotene cap 75 mg	73
benzoyl peroxide liq 10 %	102	bicalutamide tab 50 mg	69
benzoyl peroxide liq 5 %	101	bictegravir-emtricitabine-tenofovir	
Benzoyl Peroxide Wash		alafenamide fumarate	
see benzoyl peroxide liq 10 % ..	102	see BIKTARVY TAB	83
benzoyl peroxide-erythromycin gel		BIKTARVY TAB	83
5-3 %	102	bimatoprost	
benztropine mesylate tab 0.5 mg	74	see LUMIGAN SOL 0.01%	155
benztropine mesylate tab 1 mg ..	74	bimatoprost ophth soln 0.03 % ..	155
benztropine mesylate tab 2 mg ..	74	bisacodyl suppos 10 mg	132
bepotastine besilate		bisacodyl tab delayed release 5 mg	
see BEPREVE DRO 1.5%	155	.....	133
BEPREVE DRO 1.5%	155	Bismatrol	

see **bismuth subsalicylate susp**
 262 mg/15ml.....51
bismuth subsalicylate chew tab
 262 mg51
bismuth subsalicylate susp 262
 mg/15ml51
bismuth subsalicylate susp 525
 mg/15ml52
bismuth subsalicylate tab 262 mg
 52
bisoprolol & hydrochlorothiazide
 tab 10-6.25 mg65
bisoprolol & hydrochlorothiazide
 tab 2.5-6.25 mg65
bisoprolol & hydrochlorothiazide
 tab 5-6.25 mg65
bisoprolol fumarate tab 10 mg88
bisoprolol fumarate tab 5 mg88
blood glucose monitoring supplies
 see TRUE METRIX KIT AIR135
BOOSTRIX INJ165
bosentan
 see TRACLEER TAB 125MG93
 see TRACLEER TAB 32MG93
 see TRACLEER TAB 62.5MG93
bosentan tab 125 mg93
bosentan tab 62.5 mg93
BOTOX INJ 100UNIT151
BOTOX INJ 200UNIT151
Bp Cleansing Wash
 see **sulfacetamide sodium-sulfur**
 in urea emulsion 10-4 %102
Bp Gel
 see **benzoyl peroxide gel 5 %** ..101
Bp Wash
 see **benzoyl peroxide liq 5 %** ...101
Bprotected Pedia Poly-vit
 see **pediatric multiple vitamin w/**
 c soln 35 mg/ml146
 see **pediatric multiple vitamins**
 w/ iron drops 10 mg/ml146
Bprotected Pedia Tri-vite
 see **pediatric vitamins adc drops**
 750 unit-400 unit-35 mg/ml 146
BRAINSTRONG MIS PRENATAL147
BREO ELLIPTA INH 100-2527
BREO ELLIPTA INH 200-2527

Briellyn
 see **norethindrone & ethinyl**
 estradiol tab 0.4 mg-35 mcg..97
BRILINTA TAB 60MG.....125
BRILINTA TAB 90MG.....125
brimonidine tartrate (topical)
 see MIRVASO GEL 0.33%109
brimonidine tartrate ophth soln
 0.15 %153
brimonidine tartrate ophth soln
 0.2 %153
brimonidine tartrate-timolol
 maleate
 see COMBIGAN SOL 0.2/0.5%152
brinzolamide
 see AZOPT SUS 1% OP155
brinzolamide-brimonidine tartrate
 see SIMBRINZA SUS 1-0.2%153
bromfenac sodium ophth soln
 0.09 % (base equiv) (once-daily)
 155
bromocriptine mesylate (diabetes)
 see CYCLOSET TAB 0.8MG46
bromocriptine mesylate cap 5 mg
 (base equivalent)74
bromocriptine mesylate tab 2.5 mg
 (base equivalent)74
brompheniramine &
 pseudoephedrine elixir 1-15
 mg/5ml100
BROTAPP DM LIQ 15-1-5/5.....100
BROVANA NEB 15MCG27
BRUKINSA CAP 80MG70
budesonide (inhalation)
 see PULMICORT INH 180MCG26
 see PULMICORT INH 90MCG26
budesonide delayed release
 particles cap 3 mg99
budesonide inhalation susp 0.25
 mg/2ml26
budesonide inhalation susp 0.5
 mg/2ml26
budesonide nasal susp 32 mcg/act
 150
budesonide-formoterol fumarate
 dihydrate
 see SYMBICORT AER 160-4.5.....29

see SYMBICORT AER 80-4.5	29
bumetanide tab 0.5 mg	111
bumetanide tab 1 mg	111
bumetanide tab 2 mg	111
buprenorphine hcl sl tab 2 mg (base equiv)	17
buprenorphine hcl sl tab 8 mg (base equiv)	17
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	17
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	17
buprenorphine td patch weekly 10 mcg/hr	18
buprenorphine td patch weekly 15 mcg/hr	18
buprenorphine td patch weekly 20 mcg/hr	18
buprenorphine td patch weekly 5 mcg/hr	17
buprenorphine td patch weekly 7.5 mcg/hr	17
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	161
bupropion hcl tab 100 mg	36
bupropion hcl tab 75 mg	36
bupropion hcl tab er 12hr 100 mg	36
bupropion hcl tab er 12hr 150 mg	36
bupropion hcl tab er 12hr 200 mg	36
bupropion hcl tab er 24hr 150 mg	36
bupropion hcl tab er 24hr 300 mg	36
buspirone hcl tab 10 mg	22
buspirone hcl tab 15 mg	22
buspirone hcl tab 30 mg	22
buspirone hcl tab 5 mg	22
buspirone hcl tab 7.5 mg	22
butalbital-acetaminophen tab 50- 325 mg	11
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	16
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	16

butalbital-acetaminophen-caffeine cap 50-300-40 mg	11
butalbital-acetaminophen-caffeine cap 50-325-40 mg	11
butalbital-acetaminophen-caffeine tab 50-325-40 mg	11
butalbital-aspirin-caffeine cap 50- 325-40 mg	11
butenafine hcl see MENTAX CRE 1%	104
butoconazole nitrate (one dose) see GYNAZOLE-1 CRE 2%	171
butorphanol tartrate nasal soln 10 mg/ml	18
BYSTOLIC TAB 10MG	88
BYSTOLIC TAB 2.5MG	88
BYSTOLIC TAB 20MG	89
BYSTOLIC TAB 5MG	88
BYVALSON TAB 5-80MG	65
C	
c1 esterase inhibitor (human) see BERINERT INJ 500UNIT	125
cabergoline tab 0.5 mg	115
cabozantinib s-malate see COMETRIQ KIT 100MG	71
see COMETRIQ KIT 140MG	71
see COMETRIQ KIT 60MG	70
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) 2	
calcipotriene oint 0.005 %	105
calcipotriene soln 0.005 % (50 mcg/ml)	105
calcipotriene-betamethasone dipropionate see TACLONEX SUS	108
calcipotriene-betamethasone dipropionate oint 0.005-0.064 %	106
calcipotriene-betamethasone dipropionate susp 0.005-0.064 %	106
calcitonin (salmon) nasal soln 200 unit/act	113
Calcitrate see calcium citrate tab 950 mg (200 mg elemental ca)	140
calcitriol cap 0.25 mcg	114

calcitriol cap 0.5 mcg114
calcitriol oint 3 mcg/gm105
calcium & phosphorus w/ vitamin d
 see RISACAL-D TAB141
 Calcium 500 + D
 see *calcium carbonate-vitamin d*
 tab 500 mg-125 unit140
 Calcium 500/d
 see *calcium carbonate-*
 cholecalciferol chew tab 500
 mg-400 unit139
 Calcium 600
 see *calcium carbonate tab 600 mg*
 139
 Calcium 600 With Vitamin
 see *calcium carbonate-vitamin d*
 chew tab 600 mg-400 unit ...140
 Calcium 600/vitamin D3
 see *calcium carbonate-*
 cholecalciferol tab 600 mg-800
 unit140
calcium acetate (phosphate binder)
 cap 667 mg (169 mg ca)119
 Calcium Antacid
 see *calcium carbonate (antacid)*
 chew tab 500 mg19
calcium carbonate (antacid) chew
 tab 1000 mg19
calcium carbonate (antacid) chew
 tab 400 mg19
calcium carbonate (antacid) chew
 tab 500 mg19
calcium carbonate (antacid) chew
 tab 750 mg19
calcium carbonate (antacid) susp
 1250 mg/5ml19
calcium carbonate tab 1250 mg
 (500 mg elemental ca)139
calcium carbonate tab 1500 mg
 (600 mg elemental ca)139
calcium carbonate tab 600 mg ..139
calcium carbonate-cholecalciferol
 see CALTRATE 600 CHW 600-800 141
calcium carbonate-cholecalciferol
 cap 600 mg-500 unit139
calcium carbonate-cholecalciferol
 chew tab 500 mg-100 unit139

calcium carbonate-cholecalciferol
 chew tab 500 mg-400 unit139
calcium carbonate-cholecalciferol
 chew tab 500 mg-600 unit139
calcium carbonate-cholecalciferol
 tab 250 mg-125 unit139
calcium carbonate-cholecalciferol
 tab 500 mg-125 unit139
calcium carbonate-cholecalciferol
 tab 500 mg-200 unit139
calcium carbonate-cholecalciferol
 tab 500 mg-400 unit140
calcium carbonate-cholecalciferol
 tab 500 mg-600 unit140
calcium carbonate-cholecalciferol
 tab 600 mg-200 unit140
calcium carbonate-cholecalciferol
 tab 600 mg-400 unit140
calcium carbonate-cholecalciferol
 tab 600 mg-800 unit140
calcium carbonate-ergocalciferol
 see RA OYS SHL/D TAB 500MG ..141
calcium carbonate-mag hydrox
 see MI-ACID CHW19
calcium carbonate-mag hydroxide
 chew tab 675-135 mg19
calcium carbonate-mag hydroxide
 susp 400-135 mg/5ml19
calcium carbonate-vitamin d cap
 600 mg-200 unit140
calcium carbonate-vitamin d chew
 tab 600 mg-400 unit140
calcium carbonate-vitamin d tab
 250 mg-125 unit140
calcium carbonate-vitamin d tab
 500 mg-125 unit140
calcium carbonate-vitamin d tab
 500 mg-200 unit140
calcium carbonate-vitamin d tab
 500 mg-400 unit140
calcium carbonate-vitamin d tab
 600 mg-125 unit140
calcium carbonate-vitamin d tab
 600 mg-200 unit140
calcium carbonate-vitamin d tab
 600 mg-400 unit140

calcium carb-vit d w/ minerals	
chew tab 600 mg-400 unit	139
calcium carb-vit d w/ minerals	
chew tab 600 mg-800 unit	139
CALCIUM CITR TAB 200MG.....	140
Calcium Citrate + D3	
see calcium citrate-vitamin d tab	
250 mg-200 unit (elemental ca)	
.....	140
calcium citrate tab 950 mg (200	
mg elemental ca)	140
calcium citrate-vitamin d tab 200	
mg-250 unit (elemental ca)	140
calcium citrate-vitamin d tab 250	
mg-200 unit (elemental ca)	140
calcium citrate-vitamin d tab 315	
mg-200 unit (elemental ca)	140
calcium citrate-vitamin d tab 315	
mg-250 unit (elemental ca)	140
Calcium Plus Vitamin D3	
see calcium carbonate-	
cholecalciferol cap 600 mg-500	
unit	139
calcium polycarbophil tab 625 mg	
.....	131
CALCIUM TAB 600MG	140
calcium-magnesium-zinc tab 333-	
133-5 mg	140
CALNA TAB.....	147
CALTRATE 600 CHW 600-800	141
candesartan cilexetil tab 16 mg ..	61
candesartan cilexetil tab 32 mg ..	62
candesartan cilexetil tab 4 mg	61
candesartan cilexetil tab 8 mg	61
capecitabine tab 150 mg	68
capecitabine tab 500 mg	68
CAPRELSA TAB 100MG.....	70
CAPRELSA TAB 300MG.....	70
capsaicin cream 0.1 %	109
captopril & hydrochlorothiazide tab	
25-15 mg	65
captopril & hydrochlorothiazide tab	
25-25 mg	65
captopril & hydrochlorothiazide tab	
50-15 mg	65
captopril & hydrochlorothiazide tab	
50-25 mg	65
captopril tab 100 mg	60
captopril tab 12.5 mg	60
captopril tab 25 mg	60
captopril tab 50 mg	60
carbamazepine cap er 12hr 100 mg	
.....	32
carbamazepine cap er 12hr 200 mg	
.....	32
carbamazepine cap er 12hr 300 mg	
.....	32
carbamazepine chew tab 100 mg	32
carbamazepine susp 100 mg/5ml	
.....	32
carbamazepine tab 200 mg	32
carbamazepine tab er 12hr 100 mg	
.....	32
carbamazepine tab er 12hr 200 mg	
.....	32
carbamazepine tab er 12hr 400 mg	
.....	33
carbamide peroxide 6.5 % otic soln	
.....	156
carbidopa & levodopa orally	
disintegrating tab 10-100 mg ...	74
carbidopa & levodopa orally	
disintegrating tab 25-100 mg ...	74
carbidopa & levodopa orally	
disintegrating tab 25-250 mg ...	74
carbidopa & levodopa tab 10-100	
mg	74
carbidopa & levodopa tab 25-100	
mg	74
carbidopa & levodopa tab 25-250	
mg	74
carbidopa & levodopa tab er 25-	
100 mg	75
carbidopa & levodopa tab er 50-	
200 mg	75
carbidopa tab 25 mg	74
carbidopa-levodopa-entacapone	
tabs 12.5-50-200 mg	75
carbidopa-levodopa-entacapone	
tabs 18.75-75-200 mg	75
carbidopa-levodopa-entacapone	
tabs 25-100-200 mg	75
carbidopa-levodopa-entacapone	
tabs 31.25-125-200 mg	75

carbidopa-levodopa-entacapone	
tabs 37.5-150-200 mg	75
carbidopa-levodopa-entacapone	
tabs 50-200-200 mg	75
carbinoxamine maleate soln 4	
mg/5ml	54
carbinoxamine maleate tab 4 mg	54
carbonyl iron	
see IRON CHW PEDIATRI	128
carbonyl iron susp 15 mg/1.25ml	
(elemental iron)	128
carboxymethylcellulose sodium	
(pf) ophth soln 0.5 %	152
carboxymethylcellulose sodium	
ophth soln 0.5 %	152
CARIMUNE NF INJ 12GM	156
cariprazine hcl	
see VRAYLAR CAP 1.5MG	76
see VRAYLAR CAP 3MG	76
see VRAYLAR CAP 4.5MG	76
see VRAYLAR CAP 6MG	76
carisoprodol tab 350 mg	149
carteolol hcl ophth soln 1 %	152
carvedilol tab 12.5 mg	88
carvedilol tab 25 mg	88
carvedilol tab 3.125 mg	88
carvedilol tab 6.25 mg	88
CAYA DPR	134
CAYSTON INH 75MG	21
cefaclor cap 250 mg	95
cefaclor cap 500 mg	95
cefaclor for susp 125 mg/5ml	95
cefaclor for susp 250 mg/5ml	95
cefaclor for susp 375 mg/5ml	95
cefadroxil cap 500 mg	94
cefadroxil for susp 250 mg/5ml ..	95
cefadroxil for susp 500 mg/5ml ..	95
cefadroxil tab 1 gm	95
cefdinir cap 300 mg	95
cefdinir for susp 125 mg/5ml	95
cefdinir for susp 250 mg/5ml	95
cefditoren pivoxil tab 200 mg (base	
equivalent)	95
cefditoren pivoxil tab 400 mg (base	
equivalent)	95
cefixime	
see SUPRAX CAP 400MG	96
cefixime cap 400 mg	95
cefixime for susp 100 mg/5ml	95
cefixime for susp 200 mg/5ml	95
cefpodoxime proxetil for susp 100	
mg/5ml	96
cefpodoxime proxetil for susp 50	
mg/5ml	95
cefpodoxime proxetil tab 100 mg	96
cefpodoxime proxetil tab 200 mg	96
cefprozil for susp 125 mg/5ml	95
cefprozil for susp 250 mg/5ml	95
cefprozil tab 250 mg	95
cefprozil tab 500 mg	95
ceftriaxone sodium for inj 1 gm ..	96
cefuroxime axetil tab 250 mg	95
cefuroxime axetil tab 500 mg	95
celecoxib cap 100 mg	8
celecoxib cap 200 mg	8
celecoxib cap 400 mg	8
celecoxib cap 50 mg	8
cellulose	
see UNIFIBER POW	131
CELONTIN CAP 300MG	35
CENTRUM SPEC PAK PRENATAL	147
cephalexin cap 250 mg	95
cephalexin cap 500 mg	95
cephalexin for susp 125 mg/5ml ..	95
cephalexin for susp 250 mg/5ml ..	95
CERDELGA CAP 84MG	126
ceritinib	
see ZYKADIA CAP 150MG	73
certolizumab pegol	
see CIMZIA KIT	118
see CIMZIA KIT STARTER	118
see CIMZIA PREFL KIT 200MG/ML	118
cervical caps	
see FEMCAP MIS 22MM	134
see FEMCAP MIS 26MM	134
see FEMCAP MIS 30MM	134
CESAMET CAP 1MG	53
cetirizine hcl oral soln 1 mg/ml (5	
mg/5ml)	55
cetirizine hcl tab 10 mg	55
cetirizine hcl tab 5 mg	55
cetirizine-pseudoephedrine tab er	
12hr 5-120 mg	100
cetorelix acetate	

see CETROTIDE KIT 0.25MG113
 CETROTIDE KIT 0.25MG.....113
cevimeline hcl cap 30 mg145
 CHANTIX PAK 0.5& 1MG.....161
 CHANTIX TAB 0.5MG161
 CHANTIX TAB 1MG161
 CHEMET CAP 100MG52
 Chewable Vite Childrens
 see **pediatric multiple vitamin w/
 c & fa chew tab**146
 Chewable Vite With Iron/c
 see **pediatric multiple vitamins
 w/ iron chew tab 15 mg**146
 Childrens Pain Reliever
 see **acetaminophen chew tab 80
 mg**11
 Childrens Pepto
 see **calcium carbonate (antacid)
 chew tab 400 mg**19
 Childrens Silfedrine
 see **pseudoephedrine hcl liq 15
 mg/5ml**151
chlorambucil
 see LEUKERAN TAB 2MG68
chlordiazepoxide hcl cap 10 mg ..23
chlordiazepoxide hcl cap 25 mg ..23
chlordiazepoxide hcl cap 5 mg ...23
chlorhexidine gluconate liquid 4 %
 83
chlorhexidine gluconate soln
 0.12 %144
chloroquine phosphate tab 250 mg
 67
chloroquine phosphate tab 500 mg
 67
chlorothiazide tab 250 mg.....112
chlorothiazide tab 500 mg.....112
 Chlorphen Sr
 see **chlorpheniramine maleate tab
 er 12 mg**54
**chlorpheniramine maleate syrup 2
 mg/5ml**54
chlorpheniramine maleate tab 4 mg
 54
**chlorpheniramine maleate tab er
 12 mg**54
chlorpromazine hcl tab 10 mg81

chlorpromazine hcl tab 100 mg ...81
chlorpromazine hcl tab 200 mg ...81
chlorpromazine hcl tab 25 mg81
chlorpromazine hcl tab 50 mg81
chlorpropamide tab 100 mg51
chlorpropamide tab 250 mg51
chlorthalidone tab 25 mg112
chlorthalidone tab 50 mg112
chlorzoxazone tab 500 mg149
**cholecalciferol cap 1.25 mg (50000
 unit)**173
**cholecalciferol cap 125 mcg (5000
 unit)**173
**cholecalciferol cap 25 mcg (1000
 unit)**173
**cholecalciferol cap 250 mcg (10000
 unit)**173
**cholecalciferol cap 50 mcg (2000
 unit)**173
**cholecalciferol chew tab 10 mcg
 (400 unit)**.....173
**cholecalciferol chew tab 25 mcg
 (1000 unit)**.....173
**cholecalciferol drops 125 mcg/ml
 (5000 unit/ml)**173
**cholecalciferol oral liquid 10
 mcg/ml (400 unit/ml)**.....173
**cholecalciferol tab 10 mcg (400
 unit)**173
**cholecalciferol tab 125 mcg (5000
 unit)**173
**cholecalciferol tab 25 mcg (1000
 unit)**173
**cholecalciferol tab 50 mcg (2000
 unit)**173
**cholestyramine light powder 4
 gm/dose**.....56
cholestyramine powder 4 gm/dose
 56
**choline fenofibrate cap dr 135 mg
 (fenofibric acid equiv)**56
**choline fenofibrate cap dr 45 mg
 (fenofibric acid equiv)**56
 CHOR GONADOT INJ 10000UNT113
 Chromagen
 see **iron combination cap**128
ciclesonide (nasal)

see OMNARIS SPR	150
ciclopirox olamine cream 0.77 % (base equiv)	103
ciclopirox olamine susp 0.77 % (base equiv)	103
ciclopirox solution 8 %	103
cilostazol tab 100 mg	125
cilostazol tab 50 mg	125
CIMDUO TAB 300-300	83
cimetidine tab 200 mg	166
cimetidine tab 300 mg	166
cimetidine tab 400 mg	166
cimetidine tab 800 mg	166
CIMZIA KIT	118
CIMZIA KIT STARTER	118
CIMZIA PREFL KIT 200MG/ML	118
cinacalcet hcl see SENSIPAR TAB 30MG	114
see SENSIPAR TAB 60MG	115
see SENSIPAR TAB 90MG	115
cinacalcet hcl tab 30 mg (base equiv)	114
cinacalcet hcl tab 60 mg (base equiv)	114
cinacalcet hcl tab 90 mg (base equiv)	114
CIPRO HC SUS OTIC	156
CIPRODEX SUS 0.3-0.1%	156
ciprofloxacin hcl ophth soln 0.3 % (base equivalent)	153
ciprofloxacin hcl otic soln 0.2 % (base equivalent)	156
ciprofloxacin hcl tab 250 mg (base equiv)	117
ciprofloxacin hcl tab 500 mg (base equiv)	117
ciprofloxacin hcl tab 750 mg (base equiv)	117
ciprofloxacin-dexamethasone see CIPRODEX SUS 0.3-0.1%	156
ciprofloxacin-hydrocortisone see CIPRO HC SUS OTIC	156
citalopram hydrobromide oral soln 10 mg/5ml	36
citalopram hydrobromide tab 10 mg (base equiv)	36

citalopram hydrobromide tab 20 mg (base equiv)	36
citalopram hydrobromide tab 40 mg (base equiv)	36
Claravis see isotretinoin cap 10 mg	102
clarithromycin for susp 125 mg/5ml	133
clarithromycin for susp 250 mg/5ml	133
clarithromycin tab 250 mg	133
clarithromycin tab 500 mg	133
Clean & Clear Persa-gel M see benzoyl peroxide gel 10 %	101
Clear Soluble Fiber see wheat dextrin oral powder	131
clemastine fumarate tab 1.34 mg (1 mg base equiv)	54
clemastine fumarate tab 2.68 mg	54
CLENPIQ SOL	131
clindamycin hcl cap 150 mg	20
clindamycin hcl cap 300 mg	20
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	21
clindamycin phosphate gel 1 %	102
clindamycin phosphate lotion 1 %	102
clindamycin phosphate soln 1 %	102
clindamycin phosphate vaginal cream 2 %	171
clindamycin phosphate-tretinoin see VELTIN GEL	103
clindamycin phosphate-tretinoin gel 1.2-0.025 %	102
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5 %	102
clobazam tab 10 mg	32
clobazam tab 20 mg	32
clobetasol propionate cream 0.05 %	106
clobetasol propionate gel 0.05 %	106
clobetasol propionate oint 0.05 %	106
clobetasol propionate soln 0.05 %	106

clomipramine hcl cap 25 mg39
clomipramine hcl cap 50 mg39
clomipramine hcl cap 75 mg39
clonazepam tab 0.5 mg32
clonazepam tab 1 mg32
clonazepam tab 2 mg32
clonidine hcl tab 0.1 mg63
clonidine hcl tab 0.2 mg63
clonidine hcl tab 0.3 mg63
clonidine td patch weekly 0.1 mg/24hr63
clonidine td patch weekly 0.2 mg/24hr63
clonidine td patch weekly 0.3 mg/24hr63
clopidogrel bisulfate tab 75 mg (base equiv)125
clorazepate dipotassium tab 15 mg23
clorazepate dipotassium tab 3.75 mg23
clorazepate dipotassium tab 7.5 mg23
clotrimazole cream 1 %103
clotrimazole soln 1 %103
clotrimazole troche 10 mg144
clotrimazole vaginal cream 1 %171
clotrimazole vaginal cream 2 %171
clotrimazole w/ betamethasone cream 1-0.05 %103
clotrimazole w/ betamethasone lotion 1-0.05 %103
clozapine tab 100 mg79
clozapine tab 200 mg79
clozapine tab 25 mg79
clozapine tab 50 mg79
coagulation factor ix
 see ALPHANINE SD INJ 1500UNIT 121
 see ALPHANINE SD INJ 500UNIT 121
coagulation factor ix (recomb) fc fusion protein (rfixfc)
 see ALPROLIX INJ 1000UNIT121
 see ALPROLIX INJ 2000UNIT121
 see ALPROLIX INJ 250UNIT121
 see ALPROLIX INJ 3000UNIT121
 see ALPROLIX INJ 4000UNIT122
 see ALPROLIX INJ 500UNIT121

coagulation factor ix (recombinant)
 see BENEFIX INJ 1000UNIT122
 see BENEFIX INJ 2000UNIT122
 see BENEFIX INJ 250UNIT122
 see BENEFIX INJ 3000UNIT122
 see BENEFIX INJ 500UNIT122
 see RIXUBIS INJ 1000UNIT124
 see RIXUBIS INJ 2000UNIT124
 see RIXUBIS INJ 250 UNIT124
 see RIXUBIS INJ 3000UNIT124
 see RIXUBIS INJ 500UNIT124
coagulation factor viia (recombinant)
 see NOVOSEVEN RT INJ 1MG123
 see NOVOSEVEN RT INJ 2MG123
 see NOVOSEVEN RT INJ 5MG123
 see NOVOSEVEN RT INJ 8MG123
 COARTEM TAB 20-120MG67
cobicistat
 see TYBOST TAB 150MG86
 CODEINE SULF TAB 60MG12
codeine sulfate tab 30 mg12
colchicine tab 0.6 mg120
colchicine w/ probenecid tab 0.5-500 mg120
colesevelam hcl packet for susp 3.75 gm56
colesevelam hcl tab 625 mg56
colestipol hcl tab 1 gm56
collagenase
 see SANTYL OIN 250/GM108
 COLY-MYCIN S SUS OTIC156
 COMBIGAN SOL 0.2/0.5%152
 COMBIVENT AER 20-10027
 COMETRIQ KIT 100MG71
 COMETRIQ KIT 140MG71
 COMETRIQ KIT 60MG70
 COMPLERA TAB83
 CO-NATAL FA TAB 29-1MG147
condoms - female
 see FC2 FEMALE MIS CONDOM....134
conjugated estrogens-bazedoxifene
 see DUAVEE TAB 0.45-20115
conjugated estrogens-medroxyprogesterone acetate
 see PREMPHASE TAB116

see PREMPRO TAB116
 see PREMPRO TAB 0.3-1.5.....116
 see PREMPRO TAB 0.45-1.5116
 see PREMPRO TAB 0.625-5116
continuous blood glucose system receiver
 see DEXCOM G5 MIS RECEIVER ..135
 see DEXCOM G6 MIS RECEIVER ..135
 see FREESTYLE MIS READER.....135
continuous blood glucose system sensor
 see DEXCOM G6 MIS SENSOR.....135
 see FREESTYLE KIT SENSOR135
 see G5/G4 MIS SENSOR.....135
continuous blood glucose system transmitter
 see DEXCOM G5 MIS TRANSMIT..135
 see DEXCOM G6 MIS TRANSMIT..135
copper (iud)
 see PARAGARD IUD T380A98
 CORDRAN 80X3 TAP 4MCG/CM106
 CORLANOR SOL 5MG/5ML94
 CORLANOR TAB 5MG94
 CORLANOR TAB 7.5MG94
corn dextrin oral powder.....131
cortisone acetate tab 25 mg.....99
 CORTISPORIN OIN 1%.....103
 Cortizone-10
 see **hydrocortisone gel 1 %**107
 Cortizone-10 Plus
 see **hydrocortisone-aloe vera cream 1 %**108
 COSENTYX INJ 150MG/ML105
 COSENTYX INJ 300DOSE.....105
 COSENTYX PEN INJ 150MG/ML.....105
 COSENTYX PEN INJ 300DOSE105
 COUMADIN TAB 10MG30
 COUMADIN TAB 1MG29
 COUMADIN TAB 2.5MG29
 COUMADIN TAB 2MG30
 COUMADIN TAB 3MG30
 COUMADIN TAB 4MG30
 COUMADIN TAB 5MG30
 COUMADIN TAB 6MG30
 COUMADIN TAB 7.5MG30
 CREON CAP 12000UNT.....110
 CREON CAP 24000UNT.....110

CREON CAP 3000UNIT110
 CREON CAP 36000UNT.....110
 CREON CAP 6000UNIT110
 CRESEMBA CAP 186 MG53
 CRIXIVAN CAP 200MG83
 CRIXIVAN CAP 400MG83
crizotinib
 see XALKORI CAP 200MG73
 see XALKORI CAP 250MG73
cromolyn sodium nasal aerosol soln 5.2 mg/act (4 %)150
cromolyn sodium ophth soln 4 %
155
cromolyn sodium soln nebu 20 mg/2ml25
crotamiton
 see EURAX CRE 10%109
 CUVITRU INJ 4GM/20ML157
 CUVITRU SOL 10GM/50M157
 CUVITRU SOL 1GM/5ML157
 Cvs Af Spray Powder
 see **tolnaftate aerosol pow 1 %** 104
 Cvs Allergy Relief Childr
 see **diphenhydramine hcl liquid 12.5 mg/5ml**54
 Cvs Antacid Supreme
 see **calcium carbonate-mag hydroxide susp 400-135 mg/5ml**19
 Cvs Anti-dandruff
 see **selenium sulfide lotion 1 %** 105
 Cvs Anti-diarrheal
 see **loperamide hcl tab 2 mg**52
 Cvs Anti-fungal Powder
 see **miconazole nitrate powder 2 %**104
 Cvs B-12
 see **cyanocobalamin sl tab 500 mcg**126
 Cvs Bismuth Maximum Stren
 see **bismuth subsalicylate susp 525 mg/15ml**52
 Cvs Calcium Citrate + D
 see **calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)**
140
 Cvs Chocolate Laxative Pi

see **sennosides chew tab 15 mg**
133
 Cvs Cold & Cough Nighttim
 see **diphenhydramine-
 phenylephrine liq 6.25-2.5
 mg/5ml**100
 Cvs Cortisone Maximum Str
 see **hydrocortisone lotion 1 %** .107
 Cvs D3
 see **cholecalciferol chew tab 25
 mcg (1000 unit)**.....173
 Cvs Dry Eye Relief
 see **glycerin-hypromellose-peg
 400 ophth soln 0.2-0.2-1 %** ..152
 Cvs Easy Fiber
 see **corn dextrin oral powder** ..131
 Cvs Fish Oil
 see **omega-3 fatty acids cap
 delayed release 1200 mg**151
 Cvs Gas Relief
 see **simethicone cap 125 mg** ...117
 Cvs Gas Relief Drops Extr
 see **simethicone liquid 40
 mg/0.6ml**117
 Cvs Gas Relief Extra Stre
 see **simethicone chew tab 125 mg**
117
 Cvs Gentle Laxative
 see **bisacodyl suppos 10 mg**....132
 Cvs Glycerin Adult
 see **glycerin suppos 2 gm**132
 Cvs Heartburn Relief
 see **aluminum hydroxide-
 magnesium carbonate chew tab
 160-105 mg**19
 Cvs Ibuprofen Infants
 see **ibuprofen susp 40 mg/ml** 8
 Cvs Lubricant Eye Drops
 see **carboxymethylcellulose
 sodium ophth soln 0.5 %**152
 Cvs Melatonin
 see **melatonin cap 5 mg** 6
 Cvs Motion Sickness
 see **dimenhydrinate tab 50 mg**..53
 Cvs Motion Sickness Relie
 see **meclizine hcl chew tab 25 mg**
53

Cvs Nasal Decongestant
 see **pseudoephedrine hcl tab 30
 mg**151
 Cvs Nasal Decongestant Pe
 see **phenylephrine hcl tab 10 mg**
151
 Cvs Nasal Spray
 see **oxymetazoline hcl nasal soln
 0.05 %**151
 Cvs Natural Daily Fiber
 see **psyllium powder 48.57 %** ..131
 see **psyllium powder 58.6 %**131
 Cvs Natural Tears
 see **dextran 70-hypromellose (pf)
 ophth soln 0.1-0.3 %**152
 Cvs Nausea Relief
 see **fructose-dextrose-phosphoric
 acid oral soln**53
 Cvs Nicotine Lozenge
 see **nicotine polacrilex lozenge 2
 mg**162
 Cvs Nicotine Polacrilex
 see **nicotine polacrilex gum 4 mg**
162
 Cvs Nicotine Transdermal
 see **nicotine td patch 24hr 21
 mg/24hr**162
 Cvs Omeprazole Magnesium
 see **omeprazole magnesium cap
 dr 20.6 mg (20 mg base equiv)**
167
 Cvs Oyster Shell Calcium
 see **calcium carbonate-
 cholecalciferol tab 500 mg-125
 unit**139
 Cvs Pain & Fever Children
 see **acetaminophen susp 160
 mg/5ml**11
 Cvs Pinworm Treatment
 see **pyrantel pamoate susp 144
 mg/ml (50 mg/ml base equiv)**
20
 CVS PRENATAL CHW GUMMY147
 Cvs Saline Nasal Spray
 see **saline nasal spray 0.65 %** ..150
 Cvs Sleep Aid Nighttime

see **diphenhydramine hcl (sleep)**
tab 25 mg129
 Cvs Smooth Antacid Extra
 see **calcium carbonate (antacid)**
chew tab 750 mg19
 Cvs Sodium Chloride
 see **sodium chloride hypertonic**
ophth oint 5 %155
 see **sodium chloride hypertonic**
ophth soln 5 %155
 Cvs Triple Antibiotic
 see **neomycin-bacitracin-**
polymyxin oint103
 Cvs Vitamin B-12 Tr
 see **cyanocobalamin tab er 1000**
mcg.....126
 Cvs Vitamin B-2
 see **riboflavin tab 100 mg**.....174
cyanocobalamin inj 1000 mcg/ml
126
cyanocobalamin sl tab 1000 mcg
126
cyanocobalamin sl tab 2500 mcg
126
cyanocobalamin sl tab 500 mcg.....126
cyanocobalamin tab 100 mcg126
cyanocobalamin tab 1000 mcg ..126
cyanocobalamin tab 250 mcg126
cyanocobalamin tab 500 mcg126
cyanocobalamin tab er 1000 mcg
126
cyclobenzaprine hcl tab 10 mg ..149
cyclobenzaprine hcl tab 5 mg149
cyclopentolate hcl ophth soln 1 %
153
cyclophosphamide cap 25 mg.....68
cyclophosphamide cap 50 mg.....68
cycloserine cap 250 mg67
 CYCLOSET TAB 0.8MG46
cyclosporine
 see SANDIMMUNE CAP 100MG144
 see SANDIMMUNE CAP 25MG144
cyclosporine (ophth)
 see RESTASIS EMU 0.05%.....154
cyclosporine cap 100 mg143
cyclosporine cap 25 mg143

cyclosporine modified (for
microemulsion)
 see NEORAL CAP 100MG143
 see NEORAL CAP 25MG143
cyclosporine modified cap 100 mg
143
cyclosporine modified cap 25 mg
143
cyclosporine modified cap 50 mg
143
cyclosporine modified oral soln 100
mg/ml143
cypiroheptadine hcl syrup 2
mg/5ml55
cypiroheptadine hcl tab 4 mg55
 CYSTADANE POW114
 CYSTAGON CAP 150MG120
 CYSTAGON CAP 50MG120
 CYSTARAN SOL 0.44%155
cysteamine bitartrate
 see CYSTAGON CAP 150MG120
 see CYSTAGON CAP 50MG120
cysteamine hcl
 see CYSTARAN SOL 0.44%155
D
 D 1000
 see **cholecalciferol cap 25 mcg**
(1000 unit)173
 D 5000
 see **cholecalciferol cap 125 mcg**
(5000 unit)173
 D2000 Ultra Strength
 see **cholecalciferol cap 50 mcg**
(2000 unit)173
 D3 Maximum Strength
 see **cholecalciferol drops 125**
mcg/ml (5000 unit/ml)173
dabigatran etexilate mesylate
 see PRADAXA CAP 110MG31
 see PRADAXA CAP 150MG31
 see PRADAXA CAP 75MG31
dabrafenib mesylate
 see TAFINLAR CAP 50MG73
 see TAFINLAR CAP 75MG73
daclatasvir dihydrochloride
 see DAKLINZA TAB 30MG87
 see DAKLINZA TAB 60MG87

Daily Vite	
see multiple vitamin tab	145
DAKLINZA TAB 30MG.....	87
DAKLINZA TAB 60MG.....	87
dalfampridine tab er 12hr 10 mg	
.....	161
DALIRESP TAB 250MCG	25
DALIRESP TAB 500MCG	25
dalteparin sodium	
see FRAGMIN INJ 10000/ML	31
see FRAGMIN INJ 12500UNT.....	31
see FRAGMIN INJ 15000UNT.....	31
see FRAGMIN INJ 18000UNT.....	31
see FRAGMIN INJ 2500/0.2.....	31
see FRAGMIN INJ 5000/0.2.....	31
see FRAGMIN INJ 7500/0.3.....	31
danazol cap 100 mg	18
danazol cap 200 mg	18
danazol cap 50 mg	18
dantrolene sodium cap 100 mg .	149
dantrolene sodium cap 25 mg ..	149
dantrolene sodium cap 50 mg ..	149
dapagliflozin propanediol	
see FARXIGA TAB 10MG	50
see FARXIGA TAB 5MG.....	50
dapagliflozin-metformin hcl	
see XIGDUO XR TAB 10-1000	45
see XIGDUO XR TAB 10-500MG....	44
see XIGDUO XR TAB 2.5-1000	44
see XIGDUO XR TAB 5-1000MG....	44
see XIGDUO XR TAB 5-500MG	44
dapsone tab 100 mg	20
dapsone tab 25 mg	20
DARAPRIM TAB 25MG	67
darbepoetin alfa	
see ARANESP INJ 100MCG	126
see ARANESP INJ 10MCG.....	126
see ARANESP INJ 150MCG	126
see ARANESP INJ 200MCG.....	126
see ARANESP INJ 25MCG.....	126
see ARANESP INJ 300MCG	126
see ARANESP INJ 40MCG.....	126
see ARANESP INJ 500MCG	127
see ARANESP INJ 60MCG.....	126
darifenacin hydrobromide tab er	
24hr 15 mg (base equiv)	168
darifenacin hydrobromide tab er	
24hr 7.5 mg (base equiv)	168
darunavir ethanolate	
see PREZISTA SUS 100MG/ML	85
see PREZISTA TAB 150MG	85
see PREZISTA TAB 600MG	85
see PREZISTA TAB 75MG.....	85
see PREZISTA TAB 800MG	85
darunavir-cobicistat	
see PREZCOBIX TAB 800-150	85
darunavir-cobicistat-emtricitabine-	
tenofovir alafenamide	
see SYMTUZA TAB	85
dasatinib	
see SPRYCEL TAB 100MG	72
see SPRYCEL TAB 140MG	72
see SPRYCEL TAB 20MG	72
see SPRYCEL TAB 50MG	72
see SPRYCEL TAB 70MG	72
see SPRYCEL TAB 80MG	72
deferasirox tab for oral susp 125	
mg	52
deferasirox tab for oral susp 250	
mg	52
deferasirox tab for oral susp 500	
mg	52
deferiprone	
see FERRIPROX TAB 1000MG	52
see FERRIPROX TAB 500MG.....	52
degarelix acetate	
see FIRMAGON INJ 80MG	69
delafloxacin meglumine	
see BAXDELA TAB 450MG.....	117
delavirdine mesylate	
see RESCRIPTOR TAB 200MG.....	85
DELSTRIGO TAB.....	83
demeclocycline hcl tab 150 mg .	162
demeclocycline hcl tab 300 mg .	162
DENAVIR CRE 1%	105
denosumab	
see PROLIA SOL 60MG/ML	113
see XGEVA INJ	113
DEPEN TITRA TAB 250MG	143
DEPO-SQ PROV INJ 104	98
Dermacerin	
see skin protectants misc - cream	
.....	109

DESCOVY TAB 200/25.....	84	dexamethasone tab 2 mg	99
desipramine hcl tab 10 mg	39	dexamethasone tab 4 mg	99
desipramine hcl tab 100 mg	39	dexamethasone tab 6 mg	99
desipramine hcl tab 150 mg	39	dexchlorpheniramine maleate oral	
desipramine hcl tab 25 mg	39	soln 2 mg/5ml	54
desipramine hcl tab 50 mg	39	DEXCOM G5 MIS RECEIVER.....	135
desipramine hcl tab 75 mg	39	DEXCOM G5 MIS TRANSMIT	135
desloratadine tab 5 mg	55	DEXCOM G6 MIS RECEIVER.....	135
desmopressin acetate		DEXCOM G6 MIS SENSOR	135
see STIMATE SOL 1.5MG/ML	115	DEXCOM G6 MIS TRANSMIT	135
desmopressin acetate nasal spray		DEXILANT CAP 30MG DR.....	166
soln 0.01 %	115	DEXILANT CAP 60MG DR.....	167
desmopressin acetate nasal spray		dexlansoprazole	
soln 0.01 % (refrigerated)	115	see DEXILANT CAP 30MG DR	166
desmopressin acetate tab 0.1 mg		see DEXILANT CAP 60MG DR	167
.....	115	dexmethylphenidate hcl tab 10 mg	
desmopressin acetate tab 0.2 mg		.....	4
.....	115	dexmethylphenidate hcl tab 2.5 mg	
desogest-eth estrad & eth estrad		.....	4
tab 0.15-0.02/0.01 mg(21/5) ..	96	dexmethylphenidate hcl tab 5 mg	4
desogest-ethin est tab 0.1-		dextran 70-hypromellose (pf)	
0.025/0.125-0.025/0.15-		ophth soln 0.1-0.3 %	152
0.025mg-mg	96	dextran 70-hypromellose ophth	
desogestrel & ethinyl estradiol tab		soln 0.1-0.3 %	152
0.15 mg-30 mcg	96	dextroamphetamine sulfate cap er	
desonide cream 0.05 %	106	24hr 10 mg	2
desonide oint 0.05 %	107	dextroamphetamine sulfate cap er	
desoximetasone cream 0.05 % ..	107	24hr 15 mg	2
desoximetasone cream 0.25 % ..	107	dextroamphetamine sulfate cap er	
desoximetasone gel 0.05 %	107	24hr 5 mg	1
desoximetasone oint 0.05 %	107	dextroamphetamine sulfate tab 10	
desoximetasone oint 0.25 %	107	mg	2
desvenlafaxine succinate tab er		dextroamphetamine sulfate tab 5	
24hr 100 mg (base equiv)	38	mg	2
desvenlafaxine succinate tab er		dextromethorphan hbr	
24hr 50 mg (base equiv)	38	see ROBITUSSIN SYP 7.5/5ML	100
dexamethasone elixir 0.5 mg/5ml		dextromethorphan-guaifenesin	
.....	99	liquid 10-100 mg/5ml	100
dexamethasone sodium phosphate		dextromethorphan-guaifenesin	
inj 10 mg/ml	99	liquid 10-200 mg/5ml	100
dexamethasone sodium phosphate		dextromethorphan-guaifenesin	
ophth soln 0.1 %	154	syrup 10-100 mg/5ml	100
dexamethasone soln 0.5 mg/5ml	99	dextromethorphan-guaifenesin tab	
dexamethasone tab 0.5 mg	99	er 12hr 30-600 mg	100
dexamethasone tab 0.75 mg	99	dextrose (diabetic use)	
dexamethasone tab 1 mg	99	see GNP GLUCOSE CHW ORANGE ..	45
dexamethasone tab 1.5 mg	99	Diabetic Siltussin-dm	

see dextromethorphan-guaifenesin liquid 10-100 mg/5ml	100
Diabetic Tussin Allergy	
see chlorpheniramine maleate syrup 2 mg/5ml	54
Diabetic Tussin Maximum S	
see dextromethorphan-guaifenesin liquid 10-200 mg/5ml	100
DIACOMIT CAP 250MG	33
DIACOMIT CAP 500MG	33
DIACOMIT PAK 250MG	33
DIACOMIT PAK 500MG	33
diaphragm arc-spring	
see CAYA DPR	134
diaphragm wide seal	
see WIDE-SEAL DPR KIT 60	134
see WIDE-SEAL DPR KIT 65	134
see WIDE-SEAL DPR KIT 70	134
see WIDE-SEAL DPR KIT 75	134
see WIDE-SEAL DPR KIT 80	134
see WIDE-SEAL DPR KIT 85	134
see WIDE-SEAL DPR KIT 90	134
see WIDE-SEAL DPR KIT 95	134
diaphragms	
see OMNIFLEX DPR	134
diazepam (anticonvulsant)	
see VALTOCO LIQ 15MG	32
see VALTOCO LIQ 20MG	32
see VALTOCO SPR 10MG	32
see VALTOCO SPR 5MG	32
diazepam conc 5 mg/ml	23
Diazepam Intensol	
see diazepam conc 5 mg/ml	23
diazepam oral soln 1 mg/ml	23
diazepam rectal gel delivery system 10 mg	32
diazepam rectal gel delivery system 2.5 mg	32
diazepam rectal gel delivery system 20 mg	32
diazepam tab 10 mg	24
diazepam tab 2 mg	23
diazepam tab 5 mg	24
diazoxide	
see PROGLYCEM SUS 50MG/ML	45
diazoxide susp 50 mg/ml	45
dibucaine perianal ointment 1 %	18
diclofenac potassium tab 50 mg ...	8
diclofenac sodium gel 1 %	103
diclofenac sodium ophth soln 0.1 %	155
diclofenac sodium tab delayed release 25 mg	8
diclofenac sodium tab delayed release 50 mg	8
diclofenac sodium tab delayed release 75 mg	8
diclofenac sodium tab er 24hr 100 mg	8
dicloxacillin sodium cap 250 mg	159
dicloxacillin sodium cap 500 mg	159
dicyclomine hcl cap 10 mg	165
dicyclomine hcl oral soln 10 mg/5ml	165
dicyclomine hcl tab 20 mg	165
didanosine	
see VIDEX EC CAP 125MG	86
didanosine delayed release capsule 200 mg	84
didanosine delayed release capsule 250 mg	84
didanosine delayed release capsule 400 mg	84
DIFFERIN GEL 0.1 %	102
DIFICID TAB 200MG	134
diflorasone diacetate cream 0.05 %	107
diflorasone diacetate emollient base	
see APEXICON E CRE 0.05 %	106
diflorasone diacetate oint 0.05 %	107
diflunisal tab 500 mg	12
difluprednate	
see DUREZOL EMU 0.05 %	154
digoxin	
see LANOXIN TAB 0.125MG	92
see LANOXIN TAB 0.25MG	92
digoxin oral soln 0.05 mg/ml	92
digoxin tab 125 mcg (0.125 mg)	92
digoxin tab 250 mcg (0.25 mg) ...	92

dihydroergotamine mesylate inj 1 mg/ml	137
DILANTIN CAP 100MG	35
DILANTIN CAP 30MG	35
diltiazem hcl cap er 12hr 120 mg	90
diltiazem hcl cap er 24hr 120 mg	90
diltiazem hcl cap er 24hr 180 mg	90
diltiazem hcl cap er 24hr 240 mg	90
diltiazem hcl coated beads cap er 24hr 120 mg	90
diltiazem hcl coated beads cap er 24hr 180 mg	90
diltiazem hcl coated beads cap er 24hr 240 mg	90
diltiazem hcl coated beads cap er 24hr 300 mg	90
diltiazem hcl extended release beads cap er 24hr 120 mg	90
diltiazem hcl extended release beads cap er 24hr 180 mg	90
diltiazem hcl extended release beads cap er 24hr 240 mg	90
diltiazem hcl extended release beads cap er 24hr 300 mg	90
diltiazem hcl extended release beads cap er 24hr 360 mg	90
diltiazem hcl extended release beads cap er 24hr 420 mg	90
diltiazem hcl tab 120 mg	90
diltiazem hcl tab 30 mg	90
diltiazem hcl tab 60 mg	90
diltiazem hcl tab 90 mg	90
dimenhydrinate tab 50 mg	53
dimethyl fumarate	
see TECFIDERA CAP 120MG	161
see TECFIDERA CAP 240MG	161
see TECFIDERA MIS STARTER	161
DIPENTUM CAP 250MG	118
diphenhydramine hcl	
see ALER-DRYL TAB 50MG	54
diphenhydramine hcl (sleep) tab 25 mg	129
diphenhydramine hcl (sleep) tab 50 mg	129
diphenhydramine hcl cap 25 mg ..	54
diphenhydramine hcl cap 50 mg ..	54
diphenhydramine hcl chew tab 12.5 mg	54
diphenhydramine hcl elixir 12.5 mg/5ml	54
diphenhydramine hcl inj 50 mg/ml	54
diphenhydramine hcl liquid 12.5 mg/5ml	54
diphenhydramine hcl tab 25 mg ..	54
diphenhydramine hcl tab disint 12.5 mg	54
diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml	100
diphenhydramine-phenylephrine tab 25-10 mg	100
diphenhydramine-zinc acetate cream 2-0.1 %	104
diphenoxylate w/ atropine tab 2.5-0.025 mg	52
dipyridamole tab 25 mg	125
dipyridamole tab 50 mg	125
dipyridamole tab 75 mg	125
disopyramide phosphate cap 100 mg	24
disopyramide phosphate cap 150 mg	24
disulfiram tab 250 mg	159
disulfiram tab 500 mg	159
divalproex sodium cap delayed release sprinkle 125 mg	35
divalproex sodium tab delayed release 125 mg	35
divalproex sodium tab delayed release 250 mg	35
divalproex sodium tab delayed release 500 mg	35
divalproex sodium tab er 24 hr 250 mg	35
divalproex sodium tab er 24 hr 500 mg	35
docosahexaenoic acid cap 200 mg	151
docosanol	
see ABREVA CRE 10%	105
docosanol cream 10 %	105
docusate calcium cap 240 mg ..	133
docusate sodium	

see PEDIA-LAX LIQ 50MG133
docusate sodium cap 100 mg133
docusate sodium cap 250 mg133
docusate sodium cap 50 mg133
docusate sodium liquid 150
mg/15ml133
docusate sodium syrup 60
mg/15ml133
docusate sodium tab 100 mg....133
 DOCUSOL PLUS ENE 20-283133
dofetilide cap 125 mcg (0.125 mg)
25
dofetilide cap 250 mcg (0.25 mg)25
dofetilide cap 500 mcg (0.5 mg) .25
 Dok
 see **docusate sodium tab 100 mg**
133
dolasetron mesylate
 see ANZEMET TAB 100MG52
 see ANZEMET TAB 50MG52
dolutegravir sodium
 see TIVICAY PD TAB 5MG86
 see TIVICAY TAB 10MG86
 see TIVICAY TAB 25MG86
 see TIVICAY TAB 50MG86
dolutegravir sodium-lamivudine
 see DOVATO TAB 50-300MG84
dolutegravir sodium-rilpivirine hcl
 see JULUCA TAB 50-25MG84
donepezil hydrochloride orally
disintegrating tab 10 mg159
donepezil hydrochloride orally
disintegrating tab 5 mg159
donepezil hydrochloride tab 10 mg
159
donepezil hydrochloride tab 5 mg
159
doravirine
 see PIFELTRO TAB 100MG85
doravirine-lamivudine-tenofovir
disoproxil fumarate
 see DELSTRIGO TAB83
dornase alfa
 see PULMOZYME SOL 1MG/ML.....162
dorzolamide hcl ophth soln 2 % .155
dorzolamide hcl-timolol maleate
ophth soln 22.3-6.8 mg/ml....152

Double Antibiotic
 see **bacitracin-polymyxin b oint**
103
 DOVATO TAB 50-300MG84
doxazosin mesylate tab 1 mg63
doxazosin mesylate tab 2 mg63
doxazosin mesylate tab 4 mg64
doxazosin mesylate tab 8 mg64
doxepin hcl (sleep)
 see SILENOR TAB 3MG129
 see SILENOR TAB 6MG129
doxepin hcl (sleep) tab 3 mg (base
equiv)129
doxepin hcl (sleep) tab 6 mg (base
equiv)129
doxepin hcl cap 10 mg40
doxepin hcl cap 100 mg40
doxepin hcl cap 150 mg40
doxepin hcl cap 25 mg40
doxepin hcl cap 50 mg40
doxepin hcl cap 75 mg40
doxepin hcl conc 10 mg/ml40
doxercalciferol cap 0.5 mcg.....114
doxercalciferol cap 1 mcg.....114
doxercalciferol cap 2.5 mcg.....114
doxycycline hyclate cap 100 mg 163
doxycycline hyclate cap 50 mg..162
doxycycline hyclate tab 100 mg 163
doxycycline hyclate tab 20 mg ..163
doxycycline monohydrate cap 100
mg163
doxycycline monohydrate cap 50
mg163
doxycycline monohydrate tab 100
mg163
doxycycline monohydrate tab 50
mg163
doxylamine succinate (sleep) tab
25 mg129
 D-PENAMINE TAB 125MG143
 DRITHO-CREME CRE HP 1%105
dronabinol cap 10 mg.....53
dronabinol cap 2.5 mg.....53
dronabinol cap 5 mg.....53
dronedarone hcl
 see MULTAQ TAB 400MG25

drospirenone-ethinyl estradiol tab 3-0.02 mg	96
drospirenone-ethinyl estradiol tab 3-0.03 mg	96
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	96
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	96
droxidopa	
see NORTHERA CAP 100MG	172
see NORTHERA CAP 200MG	172
see NORTHERA CAP 300MG	172
DRYSOL SOL 20%	109
DUAVEE TAB 0.45-20.....	115
dulaglutide	
see TRULICITY INJ 0.75/0.5.....	47
see TRULICITY INJ 1.5/0.5	47
DULERA AER 100-5MCG	28
DULERA AER 200-5MCG	28
DULERA AER 50-5MCG.....	27
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	38
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	38
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	38
dupilumab	
see DUPIXENT INJ 200/1.14	25
see DUPIXENT INJ 300/2ML.....	108
DUPIXENT INJ 200/1.14.....	25
DUPIXENT INJ 300/2ML	108
DUREZOL EMU 0.05%.....	154
dutasteride cap 0.5 mg	120
DYRENIUM CAP 100MG	112
DYRENIUM CAP 50MG	112
E	
Ear Drops Earwax Removal	
see carbamide peroxide 6.5 % otic soln	156
EASY NEB MIS	137
echothiophate iodide	
see PHOSPHOLINE SOL 0.125%OP	153
econazole nitrate cream 1 %	103
EDARBI TAB 40MG	62

EDARBI TAB 80MG	62
EDURANT TAB 25MG	84
efavirenz cap 200 mg	84
efavirenz cap 50 mg	84
efavirenz tab 600 mg	84
efavirenz-emtricitabine-tenofovir disoproxil fumarate	
see ATRIPLA TAB.....	83
efavirenz-lamivudine-tenofovir disoproxil fumarate	
see SYMFI LO TAB	85
see SYMFI TAB.....	85
ELAPRASE INJ 6MG/3ML	114
elbasvir-grazoprevir	
see ZEPATIER TAB 50-100MG	87
eletriptan hydrobromide tab 20 mg (base equivalent)	137
eletriptan hydrobromide tab 40 mg (base equivalent)	137
ELIGARD INJ 22.5MG.....	69
ELIGARD INJ 7.5MG	69
eliglustat tartrate	
see CERDELGA CAP 84MG	126
ELIQUIS TAB 2.5MG	30
ELIQUIS TAB 5MG	30
ELLA TAB 30MG	98
ELMIRON CAP 100MG	120
eltrombopag olamine	
see PROMACTA TAB 12.5MG	127
see PROMACTA TAB 25MG	127
see PROMACTA TAB 50MG	127
see PROMACTA TAB 75MG	127
Eluryng	
see etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr 98	
elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide	
see GENVOYA TAB.....	84
elvitegravir-cobicistat-emtricitabine-tenofovir df	
see STRIBILD TAB	85
EMADINE SOL 0.05% OP.....	155
EMBEDA CAP 100-4MG	12
EMBEDA CAP 20-0.8MG	12
EMBEDA CAP 30-1.2MG	12
EMBEDA CAP 50-2MG	12

EMBEDA CAP 60-2.4MG.....	12
EMBEDA CAP 80-3.2MG.....	12
EMCYT CAP 140MG	69
emedastine difumarate	
see EMADINE SOL 0.05% OP	155
emicizumab-kxwh	
see HEMLIBRA INJ 105/0.7	122
see HEMLIBRA INJ 150/ML.....	122
see HEMLIBRA INJ 30MG/ML.....	122
see HEMLIBRA INJ 60/0.4.....	122
emollient - ointment	108
empagliflozin	
see JARDIANCE TAB 10MG.....	51
see JARDIANCE TAB 25MG.....	51
empagliflozin-metformin hcl	
see SYNJARDY TAB	43
see SYNJARDY TAB 12.5-500	43
see SYNJARDY TAB 5-1000MG	43
see SYNJARDY TAB 5-500MG	43
see SYNJARDY XR TAB	43
see SYNJARDY XR TAB 10-1000 ...	44
see SYNJARDY XR TAB 25-1000 ...	44
see SYNJARDY XR TAB 5-1000MG..	44
EMSAM DIS 12MG/24H	36
EMSAM DIS 6MG/24HR	36
EMSAM DIS 9MG/24HR	36
emtricitabine	
see EMTRIVA CAP 200MG	84
see EMTRIVA SOL 10MG/ML.....	84
emtricitabine- rilpivirine-tenofovir alafenamide fumarate	
see ODEFSEY TAB.....	85
emtricitabine- rilpivirine-tenofovir disoproxil fumarate	
see COMPLERA TAB	83
emtricitabine-tenofovir alafenamide fumarate	
see DESCOVY TAB 200/25	84
emtricitabine-tenofovir disoproxil fumarate	
see TRUVADA TAB 100-150	86
see TRUVADA TAB 133-200	86
see TRUVADA TAB 167-250	86
see TRUVADA TAB 200-300	86
EMTRIVA CAP 200MG.....	84
EMTRIVA SOL 10MG/ML	84

enalapril maleate & hydrochlorothiazide tab 10-25 mg	65
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	65
enalapril maleate tab 10 mg	60
enalapril maleate tab 2.5 mg	60
enalapril maleate tab 20 mg	60
enalapril maleate tab 5 mg	60
ENBREL INJ 25/0.5ML	10
ENBREL INJ 25MG	10
ENBREL INJ 50MG/ML	11
ENBREL MINI INJ 50MG/ML	11
ENBREL SRCLK INJ 50MG/ML.....	11
ENCARE SUP 100MG.....	171
ENFAMIL MIS EXPECTA	147
enfuvirtide	
see FUZEON INJ 90MG	84
ENGERIX-B INJ 10/0.5ML	170
ENGERIX-B INJ 20MCG/ML	170
enoxaparin sodium inj 100 mg/ml	30
enoxaparin sodium inj 120 mg/0.8ml	30
enoxaparin sodium inj 150 mg/ml	30
enoxaparin sodium inj 30 mg/0.3ml	30
enoxaparin sodium inj 300 mg/3ml	31
enoxaparin sodium inj 40 mg/0.4ml	30
enoxaparin sodium inj 60 mg/0.6ml	30
enoxaparin sodium inj 80 mg/0.8ml	30
entacapone tab 200 mg	74
entecavir	
see BARACLUDE SOL	86
entecavir tab 0.5 mg	87
entecavir tab 1 mg	87
ENTRESTO TAB 24-26MG	92
ENTRESTO TAB 49-51MG	92
ENTRESTO TAB 97-103MG	92
epinastine hcl ophth soln 0.05 %	155

epinephrine (anaphylaxis)	
see EPIPEN 2-PAK INJ 0.3MG	172
see EPIPEN-JR INJ 0.15MG	172
see SYMJEPI INJ 0.15MG	172
see SYMJEPI INJ 0.3MG	172
EPIPEN 2-PAK INJ 0.3MG.....	172
EPIPEN-JR INJ 0.15MG.....	172
Epitol	
see carbamazepine tab 200 mg	32
EPIVIR HBV SOL 5MG/ML	87
eplerenone tab 25 mg	67
eplerenone tab 50 mg	67
epoetin alfa	
see EPOGEN INJ 10000/ML	127
see EPOGEN INJ 20000/ML	127
see EPOGEN INJ 3000/ML.....	127
see EPOGEN INJ 4000/ML.....	127
see PROCRIT INJ 2000/ML	127
see PROCRIT INJ 3000/ML	127
see PROCRIT INJ 40000/ML	127
epoetin alfa-epbx	
see RETACRIT INJ 10000UNT.....	127
see RETACRIT INJ 2000UNIT.....	127
see RETACRIT INJ 3000UNIT.....	127
see RETACRIT INJ 40000UNT.....	127
see RETACRIT INJ 4000UNIT.....	127
EPOGEN INJ 10000/ML.....	127
EPOGEN INJ 20000/ML.....	127
EPOGEN INJ 3000/ML	127
EPOGEN INJ 4000/ML	127
eprosartan mesylate tab 600 mg	62
Eq Chlortabs	
see chlorpheniramine maleate tab	
4 mg	54
Eq Natural Vegetable Laxa	
see sennosides tab 8.6 mg	133
Eq Nicotine Polacrilex	
see nicotine polacrilex lozenge 4	
mg	162
Eq Pain Relief Adult/rapi	
see acetaminophen liquid 167	
mg/5ml	11
ergocalciferol cap 1.25 mg (50000	
unit)	173
ergoloid mesylates tab 1 mg	161
ERGOMAR SUB 2MG	137
ergotamine tartrate	
see ERGOMAR SUB 2MG.....	137
ergotamine w/ caffeine tab 1-100	
mg	137
ERIVEDGE CAP 150MG.....	69
erlotinib hcl	
see TARCEVA TAB 100MG.....	73
see TARCEVA TAB 150MG.....	73
see TARCEVA TAB 25MG	73
erlotinib hcl tab 100 mg (base	
equivalent)	71
erlotinib hcl tab 150 mg (base	
equivalent)	71
erlotinib hcl tab 25 mg (base	
equivalent)	71
ERTACZO CRE 2%	103
Ery-tab	
see erythromycin tab delayed	
release 250 mg	134
see erythromycin tab delayed	
release 333 mg	134
see erythromycin tab delayed	
release 500 mg	134
Erythrocin Stearate	
see erythromycin stearate tab	
250 mg	134
erythromycin ethylsuccinate for	
susp 200 mg/5ml	133
erythromycin ethylsuccinate for	
susp 400 mg/5ml	134
erythromycin ethylsuccinate tab	
400 mg	134
erythromycin ophth oint 5 mg/gm	
.....	153
erythromycin soln 2 %	102
erythromycin stearate tab 250 mg	
.....	134
erythromycin tab 250 mg	134
erythromycin tab 500 mg	134
erythromycin tab delayed release	
250 mg	134
erythromycin tab delayed release	
333 mg	134
erythromycin tab delayed release	
500 mg	134
ESBRIET CAP 267MG	162
ESBRIET TAB 267MG	162
ESBRIET TAB 801MG	162

escitalopram oxalate soln 5 mg/5ml (base equiv)	36
escitalopram oxalate tab 10 mg (base equiv)	36
escitalopram oxalate tab 20 mg (base equiv)	37
escitalopram oxalate tab 5 mg (base equiv)	36
Esgic	
see butalbital-acetaminophen-caffeine cap 50-325-40 mg	11
eslicarbazepine acetate	
see APTIOM TAB 200MG	32
see APTIOM TAB 400MG	32
see APTIOM TAB 600MG	32
see APTIOM TAB 800MG	32
esomeprazole magnesium cap delayed release 20 mg (base eq)	167
estazolam tab 1 mg	129
estazolam tab 2 mg	129
esterified estrogens	
see MENEST TAB 0.3MG	116
see MENEST TAB 0.625MG	116
see MENEST TAB 1.25MG	116
estradiol & norethindrone acetate tab 0.5-0.1 mg	115
estradiol & norethindrone acetate tab 1-0.5 mg	115
estradiol tab 0.5 mg	116
estradiol tab 1 mg	116
estradiol tab 2 mg	116
estradiol vaginal cream 0.1 mg/gm	172
estradiol vaginal tab 10 mcg	172
estradiol valerate-dienogest	
see NATAZIA TAB	97
estramustine phosphate sodium	
see EMCYT CAP 140MG	69
estrogens, conjugated	
see PREMARIN TAB 0.3MG	116
see PREMARIN TAB 0.45MG	116
see PREMARIN TAB 0.625MG	116
see PREMARIN TAB 0.9MG	116
see PREMARIN TAB 1.25MG	117
estrogens, conjugated vaginal	
see PREMARIN VAG CRE 0.625MG	172
estropipate tab 0.75 mg	116
estropipate tab 1.5 mg	116
estropipate tab 3 mg	116
eszopiclone tab 1 mg	129
eszopiclone tab 2 mg	130
eszopiclone tab 3 mg	130
etanercept	
see ENBREL INJ 25/0.5ML	10
see ENBREL INJ 25MG	10
see ENBREL INJ 50MG/ML	11
see ENBREL MINI INJ 50MG/ML	11
see ENBREL SRCLK INJ 50MG/ML ..	11
ethacrynic acid tab 25 mg	111
ethambutol hcl tab 100 mg	67
ethambutol hcl tab 400 mg	67
ethionamide	
see TRECATOR TAB 250MG	68
ethosuximide cap 250 mg	35
ethosuximide soln 250 mg/5ml ..	35
ethotoin	
see PEGANONE TAB 250MG	35
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	96
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	96
etidronate disodium tab 200 mg	113
etidronate disodium tab 400 mg	113
etodolac tab 400 mg	8
etodolac tab 500 mg	8
etonogestrel	
see NEXPLANON IMP 68MG	98
etonogestrel-ethinyl estradiol	
see NUVARING MIS	98
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	98
etoposide cap 50 mg	74
etravirine	
see INTELENCE TAB 100MG	84
see INTELENCE TAB 200MG	84
see INTELENCE TAB 25MG	84
EUFLEXXA INJ 10MG/ML	149
EURAX CRE 10%	109
everolimus	
see AFINITOR DIS TAB 2MG	70
see AFINITOR DIS TAB 3MG	70
see AFINITOR DIS TAB 5MG	70
see AFINITOR TAB 10MG	70

see AFINITOR TAB 2.5MG	70
see AFINITOR TAB 5MG	70
see AFINITOR TAB 7.5MG	70
everolimus (immunosuppressant)	
see ZORTRESS TAB 0.25MG	144
see ZORTRESS TAB 0.5MG	144
see ZORTRESS TAB 0.75MG	144
see ZORTRESS TAB 1MG	144
everolimus tab 0.25 mg	143
everolimus tab 0.5 mg	143
everolimus tab 0.75 mg	143
everolimus tab 2.5 mg	71
everolimus tab 5 mg	71
everolimus tab 7.5 mg	71
evolocumab	
see REPATHA INJ 140MG/ML	59
see REPATHA PUSH INJ 420/3.5 ...	59
see REPATHA SURE INJ 140MG/ML	59
EVOTAZ TAB 300-150	84
EXELDERM CRE 1%	104
EXELDERM SOL 1%	104
exemestane tab 25 mg	69
EXTAVIA INJ 0.3MG	161
ezetimibe tab 10 mg	59
ezetimibe-simvastatin tab 10-10 mg	56
ezetimibe-simvastatin tab 10-20 mg	56
ezetimibe-simvastatin tab 10-40 mg	56
ezetimibe-simvastatin tab 10-80 mg	56
EZFE FORTE CAP	147
F	
Fa-8	
see folic acid cap 0.8 mg	126
FABRAZYME INJ 5MG	114
factor ix complex	
see PROFILNINE INJ 1500UNIT ...	124
FALESSA KIT	96
famciclovir tab 125 mg	87
famciclovir tab 250 mg	87
famciclovir tab 500 mg	87
famotidine for susp 40 mg/5ml	166
famotidine tab 10 mg	166
famotidine tab 20 mg	166
famotidine tab 40 mg	166

FANAPT PAK	76
FANAPT TAB 10MG	77
FANAPT TAB 12MG	77
FANAPT TAB 1MG	76
FANAPT TAB 2MG	77
FANAPT TAB 4MG	77
FANAPT TAB 6MG	77
FANAPT TAB 8MG	77
FARXIGA TAB 10MG	50
FARXIGA TAB 5MG	50
FARYDAK CAP 10MG	71
FARYDAK CAP 15MG	71
FARYDAK CAP 20MG	71
FC2 FEMALE MIS CONDOM	134
fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg	128
FE GLUCONATE TAB 239MG	128
febuxostat	
see ULORIC TAB 40MG	121
see ULORIC TAB 80MG	121
febuxostat tab 40 mg	120
febuxostat tab 80 mg	121
FEIBA INJ	122
felbamate susp 600 mg/5ml	34
felbamate tab 400 mg	34
felbamate tab 600 mg	34
felodipine tab er 24hr 10 mg	91
felodipine tab er 24hr 2.5 mg	91
felodipine tab er 24hr 5 mg	91
FEMCAP MIS 22MM	134
FEMCAP MIS 26MM	134
FEMCAP MIS 30MM	134
fenofibrate micronized cap 134 mg	56
fenofibrate micronized cap 200 mg	56
fenofibrate micronized cap 43 mg	56
fenofibrate micronized cap 67 mg	56
fenofibrate tab 145 mg	56
fenofibrate tab 160 mg	56
fenofibrate tab 48 mg	56
fenofibrate tab 54 mg	56
fenofibric acid tab 35 mg	57
fenoprofen calcium tab 600 mg ...	8

fentanyl td patch 72hr 100 mcg/hr	13
fentanyl td patch 72hr 12 mcg/hr	12
fentanyl td patch 72hr 25 mcg/hr	13
fentanyl td patch 72hr 50 mcg/hr	13
fentanyl td patch 72hr 75 mcg/hr	13
Ferate	
see ferrous gluconate tab 240 mg (27 mg elemental fe)	128
FERRETTs TAB 325MG	128
FERREX 150 CAP FORTE	128
FERRIPROX TAB 1000MG	52
FERRIPROX TAB 500MG	52
ferrous fumarate	
see FERRETTs TAB 325MG	128
ferrous fumarate tab 324 mg (106 mg elemental fe)	128
FERROUS GLUC TAB 324MG	128
ferrous gluconate tab 240 mg (27 mg elemental fe)	128
ferrous gluconate tab 324 mg (37.5 mg elemental iron)	128
FERROUS SUL LIQ 220/5ML	128
FERROUS SULF TAB 324MG EC	128
ferrous sulfate	
see SLOW FE TAB 45MG	129
ferrous sulfate dried tab 200 mg (65 mg elemental fe)	128
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)	128
ferrous sulfate dried tab er 45 mg (fe equivalent)	128
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	128
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	128
ferrous sulfate tab 325 mg (65 mg elemental fe)	128
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	128
ferrous sulfate tab er 142 mg (45 mg fe equivalent)	128

ferrous sulfate tab er 47.5 mg (elemental fe)	128
ferrous sulfate tab er 50 mg (elemental fe)	128
fesoterodine fumarate	
see TOVIAZ TAB 4MG	169
see TOVIAZ TAB 8MG	169
FETZIMA CAP 120MG	38
FETZIMA CAP 20MG	38
FETZIMA CAP 40MG	38
FETZIMA CAP 80MG	38
FETZIMA CAP TITRATIO	38
FEVERALL INF SUP 80MG	12
FEVERALL SUP 325MG	12
fexofenadine hcl tab 180 mg	55
fexofenadine hcl tab 60 mg	55
FIASP FLEX INJ TOUCH	48
FIASP INJ 100/ML	48
FIASP PENFIL INJ U-100	48
Fiber Laxative	
see psyllium cap 0.52 gm	131
fidaxomicin	
see DIFICID TAB 200MG	134
filgrastim	
see NEUPOGEN INJ 300/0.5	127
see NEUPOGEN INJ 300MCG	127
see NEUPOGEN INJ 480/0.8	127
see NEUPOGEN INJ 480MCG	127
filgrastim-aafi	
see NIVESTYM INJ 300/0.5	127
see NIVESTYM INJ 300MCG	127
see NIVESTYM INJ 480/0.8	127
see NIVESTYM INJ 480MCG	127
filgrastim-sndz	
see ZARXIO INJ 300/0.5	127
see ZARXIO INJ 480/0.8	127
finasteride tab 5 mg	120
fingolimod hcl	
see GILENYA CAP 0.5MG	161
FIRAZYR INJ 30MG/3ML	125
FIRMAGON INJ 80MG	69
FIRST-OMEPRASUS 2MG/ML	167
FIRVANQ SOL 25MG/ML	20
FIRVANQ SOL 50MG/ML	20
flavoxate hcl tab 100 mg	170
FLEBOGAMMA INJ DIF 5%	157
flecainide acetate tab 100 mg	24

flecainide acetate tab 150 mg	24
flecainide acetate tab 50 mg	24
FLOVENT HFA AER 110MCG	26
FLOVENT HFA AER 44MCG	26
FLUARIX QUAD INJ 2019-20	170
FLUBLOK QUAD INJ 2019-20	170
FLUCLVX QUAD INJ 2019-20	170
fluconazole for susp 10 mg/ml	53
fluconazole for susp 40 mg/ml	54
fluconazole tab 100 mg	54
fluconazole tab 150 mg	54
fluconazole tab 200 mg	54
fluconazole tab 50 mg	54
flucytosine cap 250 mg	53
flucytosine cap 500 mg	53
fludrocortisone acetate tab 0.1 mg	100
FLULAVAL QUA INJ 2019-20	170
FLUMIST QUAD SUS 2019-20	170
flunisolide nasal soln 25 mcg/act (0.025 %)	150
fluocinolone acetonide (otic) oil 0.01 %	156
fluocinolone acetonide cream 0.025 %	107
fluocinolone acetonide oil 0.01 % (body oil)	107
fluocinolone acetonide oil 0.01 % (scalp oil)	107
fluocinolone acetonide oint 0.025 %	107
fluocinonide cream 0.05 %	107
fluocinonide emulsified base cream 0.05 %	107
fluocinonide gel 0.05 %	107
fluocinonide oint 0.05 %	107
fluocinonide soln 0.05 %	107
FLUORABON DRO	141
Fluoritab see sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	141
fluorometholone ophth susp 0.1 %	154
fluorouracil cream 5 %	104
fluoxetine hcl cap 10 mg	37
fluoxetine hcl cap 20 mg	37
fluoxetine hcl cap 40 mg	37
fluoxetine hcl solution 20 mg/5ml	37
fluphenazine decanoate inj 25 mg/ml	81
fluphenazine hcl tab 1 mg	81
fluphenazine hcl tab 10 mg	81
fluphenazine hcl tab 2.5 mg	81
fluphenazine hcl tab 5 mg	81
Flura-drops see sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)	141
flurandrenolide see CORDRAN 80X3 TAP 4MCG/CM	106
flurandrenolide cream 0.05 % ...	107
flurandrenolide lotion 0.05 % ...	107
flurazepam hcl cap 15 mg	130
flurazepam hcl cap 30 mg	130
flurbiprofen sodium ophth soln 0.03 %	155
flurbiprofen tab 100 mg	8
flurbiprofen tab 50 mg	8
flutamide cap 125 mg	69
fluticasone furoate-vilanterol see BREO ELLIPTA INH 100-25	27
see BREO ELLIPTA INH 200-25	27
fluticasone propionate cream 0.05 %	107
fluticasone propionate hfa see FLOVENT HFA AER 110MCG ...	26
see FLOVENT HFA AER 44MCG	26
fluticasone propionate nasal susp 50 mcg/act	150
fluticasone propionate oint 0.005 %	107
fluticasone-salmeterol aer powder ba 100-50 mcg/dose	28
fluticasone-salmeterol aer powder ba 113-14 mcg/act	28
fluticasone-salmeterol aer powder ba 232-14 mcg/act	28
fluticasone-salmeterol aer powder ba 250-50 mcg/dose	28
fluticasone-salmeterol aer powder ba 500-50 mcg/dose	28

fluticasone-salmeterol aer powder	
ba 55-14 mcg/act	28
fluvastatin sodium cap 20 mg	
(base equivalent)	57
fluvastatin sodium cap 40 mg	
(base equivalent)	57
fluvastatin sodium tab er 24 hr 80	
mg (base equivalent)	57
fluvoxamine maleate tab 100 mg	37
fluvoxamine maleate tab 25 mg	..37
fluvoxamine maleate tab 50 mg	..37
FLUZONE QUAD INJ 2019-20	170
Folbee Plus	
see b-complex w/ c & folic acid	
tab 5 mg	145
folic acid cap 0.8 mg	126
folic acid tab 1 mg	126
folic acid tab 400 mcg	126
folic acid tab 800 mcg	126
fondaparinux sodium subcutaneous	
inj 10 mg/0.8ml	31
fondaparinux sodium subcutaneous	
inj 2.5 mg/0.5ml	31
fondaparinux sodium subcutaneous	
inj 5 mg/0.4ml	31
fondaparinux sodium subcutaneous	
inj 7.5 mg/0.6ml	31
FORTEO SOL 600/2.4	113
fosamprenavir calcium tab 700 mg	
(base equiv)	84
foscarnet sodium	
see FOSCAVIR INJ 24MG/ML	86
FOSCAVIR INJ 24MG/ML	86
fosfomycin tromethamine	
see MONUROL PAK GRANULES	168
fosinopril sodium &	
hydrochlorothiazide tab 10-12.5	
mg	65
fosinopril sodium &	
hydrochlorothiazide tab 20-12.5	
mg	65
fosinopril sodium tab 10 mg	60
fosinopril sodium tab 20 mg	60
fosinopril sodium tab 40 mg	60
FRAGMIN INJ 10000/ML	31
FRAGMIN INJ 12500UNT	31
FRAGMIN INJ 15000UNT	31
FRAGMIN INJ 18000UNT	31
FRAGMIN INJ 2500/0.2	31
FRAGMIN INJ 5000/0.2	31
FRAGMIN INJ 7500/0.3	31
FREESTYLE KIT SENSOR	135
FREESTYLE MIS READER	135
frovatriptan succinate tab 2.5 mg	
(base equivalent)	138
fructose-dextrose-phosphoric acid	
oral soln	53
FULPHILA INJ 6/0.6ML	127
furosemide oral soln 10 mg/ml	111
furosemide oral soln 8 mg/ml	111
furosemide tab 20 mg	112
furosemide tab 40 mg	112
furosemide tab 80 mg	112
FUZEON INJ 90MG	84
FYCOMPA TAB 10MG	31
FYCOMPA TAB 12MG	32
FYCOMPA TAB 2MG	31
FYCOMPA TAB 4MG	31
FYCOMPA TAB 6MG	31
FYCOMPA TAB 8MG	31
G	
G5/G4 MIS SENSOR	135
gabapentin cap 100 mg	33
gabapentin cap 300 mg	33
gabapentin cap 400 mg	33
gabapentin oral soln 250 mg/5ml	
.....	33
gabapentin tab 600 mg	33
gabapentin tab 800 mg	33
galantamine hydrobromide cap er	
24hr 16 mg	160
galantamine hydrobromide cap er	
24hr 24 mg	160
galantamine hydrobromide cap er	
24hr 8 mg	160
galantamine hydrobromide tab 12	
mg	160
galantamine hydrobromide tab 4	
mg	160
galantamine hydrobromide tab 8	
mg	160
GAMASTAN INJ	157
GAMMAGARD INJ 1GM/10ML	157
GAMMAGARD SD INJ 10GM HU	157

ganciclovir ophthalmic
 see ZIRGAN GEL 0.15%154
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml113
 Gas Relief
 see **simethicone susp 40 mg/0.6ml**117
gatifloxacin ophth soln 0.5 %153
gemfibrozil tab 600 mg57
 Gentak
 see **gentamicin sulfate ophth oint 0.3 %**153
gentamicin sulfate cream 0.1 % .103
gentamicin sulfate oint 0.1 %103
gentamicin sulfate ophth oint 0.3 %153
gentamicin sulfate ophth soln 0.3 %153
 Genteal Tears Night-time
 see **white petrolatum-mineral oil ophth ointment**152
 GENVOYA TAB84
 GILENYA CAP 0.5MG161
 GILOTRIF TAB 20MG71
 GILOTRIF TAB 30MG71
 GILOTRIF TAB 40MG71
 GLASSIA INJ.....162
glatiramer acetate soln prefilled syringe 20 mg/ml.....161
glatiramer acetate soln prefilled syringe 40 mg/ml.....161
 Glatopa
 see **glatiramer acetate soln prefilled syringe 20 mg/ml** ..161
 GLEOSTINE CAP 100MG68
 GLEOSTINE CAP 10MG68
 GLEOSTINE CAP 40MG68
glimepiride tab 1 mg51
glimepiride tab 2 mg51
glimepiride tab 4 mg51
glipizide tab 10 mg.....51
glipizide tab 5 mg.....51
glipizide tab er 24hr 10 mg51
glipizide tab er 24hr 2.5 mg51
glipizide tab er 24hr 5 mg51
glipizide-metformin hcl tab 2.5-250 mg42

glipizide-metformin hcl tab 2.5-500 mg42
glipizide-metformin hcl tab 5-500 mg42
 GLUCAGEN INJ HYPOKIT45
glucagon
 see BAQSIMI ONE POW 3MG/DOSE45
glucagon (rdna)
 see GLUCAGON KIT 1MG45
glucagon hcl (rdna)
 see GLUCAGEN INJ HYPOKIT.....45
 GLUCAGON KIT 1MG45
glucose blood
 see TRUE METRIX TES GLUCOSE .110
glucose-vitamin c
 see TGT GLUCOSE CHW GRAPE.....45
glyburide micronized tab 1.5 mg .51
glyburide micronized tab 3 mg51
glyburide micronized tab 6 mg51
glyburide tab 1.25 mg51
glyburide tab 2.5 mg51
glyburide tab 5 mg51
glyburide-metformin tab 1.25-250 mg42
glyburide-metformin tab 2.5-500 mg42
glyburide-metformin tab 5-500 mg42
glycerin suppos 1.2 gm132
glycerin suppos 2 gm132
glycerin suppos 2.1 gm132
glycerin suppos 80.7 %132
glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1 %152
glycopyrrolate tab 1 mg165
glycopyrrolate tab 2 mg165
glycopyrrolate-formoterol fumarate
 see BEVESPI AER 9-4.8MCG27
 Gnp Allergy Relief
 see **diphenhydramine hcl chew tab 12.5 mg**54
 Gnp Antacid Ultra Strengt
 see **calcium carbonate (antacid) chew tab 1000 mg**19
 Gnp Anti-diarrheal
 see **loperamide hcl cap 2 mg**52
 Gnp Artificial Tears

see **polyvinyl alcohol-povidone
ophth soln 5-6 mg/ml (0.5-
0.6 %)**152
 Gnp Calcium 500 +d3
 see **calcium carbonate-
cholecalciferol tab 500 mg-600
unit**140
 Gnp Calcium 500/d
 see **calcium carbonate-vitamin d
tab 500 mg-200 unit**140
 Gnp Clotrimazole 3
 see **clotrimazole vaginal cream
2 %**171
 Gnp Dayhist Allergy
 see **clemastine fumarate tab 1.34
mg (1 mg base equiv)**54
 Gnp Fiber Therapy
 see **methylcellulose tab 500 mg**
 131
 GNP GLUCOSE CHW ORANGE.....45
 Gnp Glycerin Adult
 see **glycerin suppos 2.1 gm**132
 Gnp Glycerin Child
 see **glycerin suppos 1.2 gm**132
 Gnp Lidocaine Pain Relief
 see **lidocaine patch 4 %**109
 Gnp Loratadine
 see **loratadine syrup 5 mg/5ml** .55
 Gnp Magnesium
 see **magnesium oxide tab 250 mg**
 19
 Gnp Magnesium Citrate
 see **magnesium citrate soln**132
 Gnp Miconazole 3
 see **miconazole nitrate vaginal
supp 200 mg & 2 % cream 9 gm
kit**172
 Gnp Mucus Er
 see **guaifenesin tab er 12hr 600
mg**101
 Gnp Natural Fiber
 see **psyllium powder 28.3 %**131
 Gnp Pink Bismuth
 see **bismuth subsalicylate chew
tab 262 mg**51
golimumab
 see SIMPONI INJ 100MG/ML 7

see SIMPONI INJ 50/0.5ML..... 7
 GOLYTELY SOL.....131
 Goodsense Nasal Allergy S
 see **triamcinolone acetonide nasal
aerosol suspension 55 mcg/act**
 150
goserelin acetate
 see ZOLADEX IMP 10.8MG70
 see ZOLADEX IMP 3.6MG70
granisetron hcl tab 1 mg52
**griseofulvin microsize susp 125
mg/5ml**53
 Guaiatussin Ac
 see **guaifenesin-codeine soln 100-
10 mg/5ml**100
guaifenesin liquid 100 mg/5ml .101
guaifenesin syrup 100 mg/5ml .101
guaifenesin tab 200 mg101
guaifenesin tab 400 mg101
guaifenesin tab er 12hr 600 mg 101
**guaifenesin-codeine soln 100-10
mg/5ml**100
guanfacine hcl tab 1 mg64
guanfacine hcl tab 2 mg64
**guanfacine hcl tab er 24hr 1 mg
(base equiv)** 3
**guanfacine hcl tab er 24hr 2 mg
(base equiv)** 3
**guanfacine hcl tab er 24hr 3 mg
(base equiv)** 3
**guanfacine hcl tab er 24hr 4 mg
(base equiv)** 3
 GUANIDINE TAB 125MG.....67
 GYNAZOLE-1 CRE 2%171
 GYNOL II GEL 3%171
H
halcinonide
 see HALOG CRE 0.1%107
 see HALOG OIN 0.1%107
halcinonide cream 0.1 %107
**halobetasol propionate cream
0.05 %**107
halobetasol propionate oint 0.05 %
 107
 HALOG CRE 0.1%.....107
 HALOG OIN 0.1%.....107

haloperidol decanoate im soln 100 mg/ml	78
haloperidol decanoate im soln 50 mg/ml	78
haloperidol lactate inj 5 mg/ml ...	79
haloperidol lactate oral conc 2 mg/ml	79
haloperidol tab 0.5 mg	79
haloperidol tab 1 mg	79
haloperidol tab 10 mg	79
haloperidol tab 2 mg	79
haloperidol tab 20 mg	79
haloperidol tab 5 mg	79
HAVRIX INJ 1440UNIT	170
HAVRIX INJ 720UNIT	170
HELIXATE FS INJ 2000UNIT	122
HELIXATE FS INJ 3000UNIT	122
HELIXATE FS INJ 500UNIT.....	122
HEMLIBRA INJ 105/0.7	122
HEMLIBRA INJ 150/ML	122
HEMLIBRA INJ 30MG/ML	122
HEMLIBRA INJ 60/0.4	122
HEMOFIL M INJ 1700UNIT	122
heparin sodium (porcine) inj 1000 unit/ml	31
heparin sodium (porcine) inj 10000 unit/ml	31
heparin sodium (porcine) pf inj 5000 unit/0.5ml	31
hepatitis a (inactivated)-hepatitis b (recombinant) vaccines see TWINRIX INJ	171
hepatitis a vaccine see HAVRIX INJ 1440UNIT	170
see HAVRIX INJ 720UNIT	170
see VAQTA INJ 25/0.5ML	171
see VAQTA INJ 50UNT/ML.....	171
hepatitis b vaccine (recomb) see ENGERIX-B INJ 10/0.5ML.....	170
see ENGERIX-B INJ 20MCG/ML....	170
see RECOMBIVA HB INJ 10MCG/ML	171
see RECOMBIVA HB INJ 5MCG/0.5	171
hepatitis b vaccine recombinant adjuvanted see HEPLISAV-B INJ 20/0.5ML	170
see HEPLISAV-B INJ 20MCG	170
HEPLISAV-B INJ 20/0.5ML.....	170
HEPLISAV-B INJ 20MCG	170
HETLIOZ CAP 20MG.....	130
HIZENTRA INJ 10/50ML	157
HIZENTRA INJ 1GM/5ML	157
HIZENTRA INJ 2GM/10ML.....	157
HIZENTRA INJ 4GM/20ML.....	157
HIZENTRA SOL 20%	157
Hm Fish Oil see omega-3 fatty acids cap delayed release 1000 mg	151
Hm Lubricating Plus see carboxymethylcellulose sodium (pf) ophth soln 0.5 %	152
Hm Nicotine Transdermal S see nicotine td patch 24hr 14 mg/24hr	162
Hm Vitamin C/rose Hips see ascorbic acid tab 500 mg ..	173
HUMALOG INJ 100/ML	48
HUMALOG JR INJ 100/ML	48
HUMALOG KWIK INJ 100/ML.....	48
HUMALOG MIX INJ 50/50	48
HUMALOG MIX INJ 50/50KWP.....	48
HUMALOG MIX INJ 75/25KWP.....	48
HUMALOG MIX SUS 75/25.....	48
HUMATE-P SOL 2400UNIT	122
HUMATE-P SOL 500-1200.....	122
HUMIRA INJ 10/0.1ML	6
HUMIRA INJ 10MG/0.2.....	6
HUMIRA INJ 20/0.2ML	6
HUMIRA INJ 40/0.4ML	6
HUMIRA KIT 20MG/0.4	6
HUMIRA KIT 40MG/0.8	6
HUMIRA PEDIA INJ CROHNS.....	6
HUMIRA PEN INJ 40/0.4ML	6
HUMIRA PEN INJ CD/UC/HS.....	6
HUMIRA PEN KIT CD/UC/HS	6
HUMIRA PEN KIT PS/UV	7
HUMULIN INJ 70/30	48
HUMULIN INJ 70/30KWP	49
HUMULIN N INJ U-100	49
HUMULIN N INJ U-100KWP.....	49
HUMULIN R INJ U-100	49
HUMULIN R INJ U-500	49

hydralazine hcl tab 10 mg	67
hydralazine hcl tab 100 mg	67
hydralazine hcl tab 25 mg	67
hydralazine hcl tab 50 mg	67
hydrochlorothiazide cap 12.5 mg	112
hydrochlorothiazide tab 12.5 mg	112
hydrochlorothiazide tab 25 mg ..	112
hydrochlorothiazide tab 50 mg ..	112
hydrocodone bitartrate see HYSINGLA ER TAB 100 MG.....	13
see HYSINGLA ER TAB 120 MG.....	13
see HYSINGLA ER TAB 20 MG	13
see HYSINGLA ER TAB 30 MG	13
see HYSINGLA ER TAB 40 MG	13
see HYSINGLA ER TAB 60 MG	13
see HYSINGLA ER TAB 80 MG	13
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	100
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	17
hydrocodone-acetaminophen tab 10-325 mg	17
hydrocodone-acetaminophen tab 5- 325 mg	17
hydrocodone-acetaminophen tab 7.5-325 mg	17
hydrocodone-ibuprofen tab 10-200 mg	17
hydrocodone-ibuprofen tab 7.5- 200 mg	17
Hydrocortisone 1% In Abso see hydrocortisone oint 1 %	108
hydrocortisone acetate cream 1 %	107
hydrocortisone cream 0.5 %	107
hydrocortisone cream 1 %	107
hydrocortisone cream 2.5 %	107
hydrocortisone enema 100 mg/60ml	18
hydrocortisone gel 1 %	107
hydrocortisone lotion 1 %	107
hydrocortisone lotion 2.5 %	107
hydrocortisone oint 0.5 %	108
hydrocortisone oint 1 %	108
hydrocortisone oint 2.5 %	108
hydrocortisone perianal cream 2.5 %	18
hydrocortisone tab 10 mg	99
hydrocortisone tab 20 mg	99
hydrocortisone tab 5 mg	99
hydrocortisone valerate cream 0.2 %	108
hydrocortisone w/ acetic acid otic soln 1-2 %	156
hydrocortisone-aloe vera cream 0.5 %	108
hydrocortisone-aloe vera cream 1 %	108
hydromorphone hcl tab 2 mg	13
hydromorphone hcl tab 4 mg	13
hydromorphone hcl tab 8 mg	13
hydromorphone hcl tab er 24hr deter 12 mg	13
hydromorphone hcl tab er 24hr deter 16 mg	13
hydromorphone hcl tab er 24hr deter 32 mg	13
hydromorphone hcl tab er 24hr deter 8 mg	13
Hydrophor see emollient - ointment	108
hydroxychloroquine sulfate tab 200 mg	67
hydroxyprogesterone caproate im in oil 1.25 gm/5ml	69
hydroxyprogesterone caproate im in oil 250 mg/ml	159
hydroxyurea cap 500 mg	73
hydroxyzine hcl syrup 10 mg/5ml	22
hydroxyzine hcl tab 10 mg	22
hydroxyzine hcl tab 25 mg	22
hydroxyzine hcl tab 50 mg	22
hydroxyzine pamoate cap 100 mg	23
hydroxyzine pamoate cap 25 mg ..	22
hydroxyzine pamoate cap 50 mg ..	22
hyoscyamine sulfate elixir 0.125 mg/5ml	165
hyoscyamine sulfate sl tab 0.125 mg	165

hyoscyamine sulfate soln 0.125 mg/ml	166
hyoscyamine sulfate tab 0.125 mg	166
hyoscyamine sulfate tab disint 0.125 mg	166
hyoscyamine sulfate tab er 12hr 0.375 mg	166
Hyosyne	
see hyoscyamine sulfate elixir 0.125 mg/5ml	165
hypromellose ophth soln 0.3 % ..	152
HYQVIA INJ 10-800	157
HYQVIA INJ 2.5-200	157
HYQVIA INJ 20-1600	157
HYQVIA INJ 30-2400	158
HYQVIA INJ 5-400	157
HYSINGLA ER TAB 100 MG	13
HYSINGLA ER TAB 120 MG	13
HYSINGLA ER TAB 20 MG	13
HYSINGLA ER TAB 30 MG	13
HYSINGLA ER TAB 40 MG	13
HYSINGLA ER TAB 60 MG	13
HYSINGLA ER TAB 80 MG	13
I	
ibandronate sodium tab 150 mg (base equivalent)	113
IBRANCE CAP 100MG	71
IBRANCE CAP 125MG	71
IBRANCE CAP 75MG	71
IBRANCE TAB 100MG	71
IBRANCE TAB 125MG	71
IBRANCE TAB 75MG	71
ibrutinib	
see IMBRUVICA CAP 140MG	71
ibuprofen cap 200 mg	8
ibuprofen chew tab 100 mg	8
Ibuprofen Childrens	
see ibuprofen susp 100 mg/5ml ..	8
ibuprofen susp 100 mg/5ml	8
ibuprofen susp 40 mg/ml	8
ibuprofen tab 100 mg	8
ibuprofen tab 200 mg	9
ibuprofen tab 400 mg	9
ibuprofen tab 600 mg	9
ibuprofen tab 800 mg	9
icatibant acetate	
see FIRAZYR INJ 30MG/3ML	125
icatibant acetate inj 30 mg/3ml (base equivalent)	125
ICLUSIG TAB 15MG	71
ICLUSIG TAB 45MG	71
idelalisib	
see ZYDELIG TAB 100MG	73
see ZYDELIG TAB 150MG	73
idursulfase	
see ELAPRASE INJ 6MG/3ML	114
iloperidone	
see FANAPT PAK	76
see FANAPT TAB 10MG	77
see FANAPT TAB 12MG	77
see FANAPT TAB 1MG	76
see FANAPT TAB 2MG	77
see FANAPT TAB 4MG	77
see FANAPT TAB 6MG	77
see FANAPT TAB 8MG	77
iloprost	
see VENTAVIS SOL 10MCG/ML	93
see VENTAVIS SOL 20MCG/ML	93
imatinib mesylate tab 100 mg (base equivalent)	71
imatinib mesylate tab 400 mg (base equivalent)	71
IMBRUVICA CAP 140MG	71
imipramine hcl tab 10 mg	40
imipramine hcl tab 25 mg	40
imipramine hcl tab 50 mg	40
imiquimod cream 5 %	108
immune globulin (human) im	
see GAMASTAN INJ	157
immune globulin (human) iv	
see CARIMUNE NF INJ 12GM	156
see FLEBOGAMMA INJ DIF 5%	157
see GAMMAGARD SD INJ 10GM HU	157
see OCTAGAM INJ 5GM	157
see PRIVIGEN INJ 20GRAMS	157
immune globulin (human) iv or subcutaneous	
see GAMMAGARD INJ 1GM/10ML ..	157
immune globulin (human) subcutaneous	
see CUVITRU INJ 4GM/20ML	157
see CUVITRU SOL 10GM/50M	157

see CUVITRU SOL 1GM/5ML.....157
 see HIZENTRA INJ 10/50ML.....157
 see HIZENTRA INJ 1GM/5ML.....157
 see HIZENTRA INJ 2GM/10ML.....157
 see HIZENTRA INJ 4GM/20ML.....157
 see HIZENTRA SOL 20%.....157
**immune globulin (human)-
 hyaluronidase (human
 recombinant)**
 see HYQVIA INJ 10-800.....157
 see HYQVIA INJ 2.5-200.....157
 see HYQVIA INJ 20-1600.....157
 see HYQVIA INJ 30-2400.....158
 see HYQVIA INJ 5-400.....157
 Inatal Gt
 see **prenatal vit w/ dss-iron
 carbonyl-fa tab 90-1 mg**.....148
 INCRELEX INJ 40MG/4ML.....113
 INCRUSE ELPT INH 62.5MCG.....25
indacaterol maleate
 see ARCAPTA CAP 75MCG.....27
indapamide tab 1.25 mg.....112
indapamide tab 2.5 mg.....112
indinavir sulfate
 see CRIXIVAN CAP 200MG.....83
 see CRIXIVAN CAP 400MG.....83
indomethacin cap 25 mg.....9
indomethacin cap 50 mg.....9
 INFLECTRA INJ 100MG.....118
infliximab
 see REMICADE INJ 100MG.....118
infliximab-abda
 see RENFLEXIS INJ 100MG.....118
infliximab-dyyb
 see INFLECTRA INJ 100MG.....118
**influenza virus vac recomb
 hemagglutinin (ha) quadrivalent**
 see FLUBLOK QUAD INJ 2019-20.170
**influenza virus vaccine live
 quadrivalent**
 see FLUMIST QUAD SUS 2019-20 170
**influenza virus vaccine split
 quadrivalent**
 see AFLURIA QUAD INJ 2019-20 .170
 see FLUARIX QUAD INJ 2019-20 .170
 see FLULAVAL QUA INJ 2019-20..170
 see FLUZONE QUAD INJ 2019-20 170

**influenza virus vaccine tissue-
 cultured subunit quadrivalent**
 see FLUCLVX QUAD INJ 2019-20.170
ingenol mebutate
 see PICATO GEL 0.015%.....105
 see PICATO GEL 0.05%.....105
inositol niacinate cap 500 mg.....92
 INSPIRACHAMB MIS LARGE.....137
insulin aspart
 see NOVOLOG INJ 100/ML.....49
 see NOVOLOG INJ FLEXPEN.....49
 see NOVOLOG INJ PENFILL.....49
insulin aspart (with niacinamide)
 see FIASP FLEX INJ TOUCH.....48
 see FIASP INJ 100/ML.....48
 see FIASP PENFIL INJ U-100.....48
**insulin aspart protamine & aspart
 (human)**
 see NOVOLOG MIX INJ 70/30.....49
 see NOVOLOG MIX INJ FLEXPEN....49
insulin degludec
 see TRESIBA FLEX INJ 100UNIT...50
 see TRESIBA FLEX INJ 200UNIT...50
 see TRESIBA INJ 100UNIT.....50
insulin detemir
 see LEVEMIR INJ.....49
 see LEVEMIR INJ FLEXTouc.....49
insulin glargine
 see BASAGLAR INJ 100UNIT.....48
insulin glulisine
 see APIDRA INJ SOLOSTAR.....47
 see APIDRA INJ U-100.....47
 INSULIN LISP INJ 100/ML.....49
insulin lispro
 see ADMELOG INJ 100U/ML.....47
 see ADMELOG SOLO INJ 100U/ML.47
 see HUMALOG INJ 100/ML.....48
 see HUMALOG JR INJ 100/ML.....48
 see HUMALOG KWIK INJ 100/ML...48
insulin lispro protamine & lispro
 see HUMALOG MIX INJ 50/50.....48
 see HUMALOG MIX INJ 50/50KWP.48
 see HUMALOG MIX INJ 75/25KWP.48
 see HUMALOG MIX SUS 75/25.....48
insulin nph (human) (isophane)
 see HUMULIN N INJ U-100.....49
 see HUMULIN N INJ U-100KWP.....49

see NOVOLIN N INJ U-10049
**insulin nph isophane & reg
(human)**
 see HUMULIN INJ 70/3048
 see HUMULIN INJ 70/30KWP.....49
 see NOVOLIN INJ 70/3049
 see NOVOLIN INJ 70/30 FP49
insulin pen needle
 see PEN NEEDLES MIS 29GX10MM
136
 see PEN NEEDLES MIS 29GX12.7 136
 see PEN NEEDLES MIS 29GX12MM
136
 see PEN NEEDLES MIS 31GX5MM 136
 see PEN NEEDLES MIS 31GX6MM 136
 see PEN NEEDLES MIS 31GX8MM 136
 see PEN NEEDLES MIS 32GX4MM 136
 see PEN NEEDLES MIS 32GX6MM 136
 see PEN NEEDLES MIS 32GX8MM 137
insulin regular (human)
 see AFREZZA POW 12 UNIT47
 see AFREZZA POW 4-8 UNIT47
 see AFREZZA POW 4-8-1247
 see AFREZZA POW 4UNIT47
 see AFREZZA POW 8 UNIT47
 see AFREZZA POW 8-12UNIT47
 see HUMULIN R INJ U-10049
 see HUMULIN R INJ U-50049
 see NOVOLIN R INJ U-10049
 INSULIN SYRG MIS 0.3/29G135
 INSULIN SYRG MIS 0.3/30G135
 INSULIN SYRG MIS 0.3/31G135
 INSULIN SYRG MIS 0.5/28G135
 INSULIN SYRG MIS 0.5/29G135
 INSULIN SYRG MIS 0.5/30G ...135, 136
 INSULIN SYRG MIS 0.5/31G136
 INSULIN SYRG MIS 1ML/28G136
 INSULIN SYRG MIS 1ML/29G136
 INSULIN SYRG MIS 1ML/30G136
 INSULIN SYRG MIS 1ML/31G136
insulin syringe/needle u-100
 see INSULIN SYRG MIS 0.3/29G..135
 see INSULIN SYRG MIS 0.3/30G..135
 see INSULIN SYRG MIS 0.3/31G..135
 see INSULIN SYRG MIS 0.5/28G..135
 see INSULIN SYRG MIS 0.5/29G..135

see INSULIN SYRG MIS 0.5/30G 135,
 136
 see INSULIN SYRG MIS 0.5/31G .136
 see INSULIN SYRG MIS 1ML/28G 136
 see INSULIN SYRG MIS 1ML/29G 136
 see INSULIN SYRG MIS 1ML/30G 136
 see INSULIN SYRG MIS 1ML/31G 136
insulin syringe/needle u-500
 see BD U-500 MIS 31GX6MM134
 INTELENCE TAB 100MG84
 INTELENCE TAB 200MG84
 INTELENCE TAB 25MG84
interferon alfa-2b
 see INTRON A INJ 10MU.....73
 see INTRON A INJ 18MU.....73
 see INTRON A INJ 25MU.....73
 see INTRON A INJ 50MU.....73
interferon beta-1a
 see AVONEX KIT 30MCG.....161
 see AVONEX PEN KIT 30MCG161
 see AVONEX PREFL KIT 30MCG ...161
interferon beta-1b
 see EXTAVIA INJ 0.3MG161
interferon gamma-1b
 see ACTIMMUNE INJ 2MU/0.573
 INTRON A INJ 10MU73
 INTRON A INJ 18MU73
 INTRON A INJ 25MU73
 INTRON A INJ 50MU73
 INVEGA SUST INJ 117/0.75.....77
 INVEGA SUST INJ 156MG/ML.....77
 INVEGA SUST INJ 234/1.577
 INVEGA SUST INJ 39/0.2577
 INVEGA SUST INJ 78/0.5ML77
 INVEGA TRINZ INJ 273MG.....77
 INVEGA TRINZ INJ 410MG.....77
 INVEGA TRINZ INJ 546MG.....77
 INVEGA TRINZ INJ 819MG.....77
 INVIRASE TAB 500MG84
ipratropium bromide hfa
 see ATROVENT HFA AER 17MCG....25
ipratropium bromide inhal soln
 0.02 %25
ipratropium bromide nasal soln
 0.03 % (21 mcg/spray)150
ipratropium bromide nasal soln
 0.06 % (42 mcg/spray)150

ipratropium-albuterol	
see COMBIVENT AER 20-100	27
ipratropium-albuterol nebu soln	
0.5-2.5(3) mg/3ml	28
irbesartan tab 150 mg	62
irbesartan tab 300 mg	62
irbesartan tab 75 mg	62
irbesartan-hydrochlorothiazide tab	
150-12.5 mg	65
irbesartan-hydrochlorothiazide tab	
300-12.5 mg	65
IRON CHW PEDIATRI	128
iron combination cap	128
iron polysacch complex-vit b12-fa	
cap 150-0.025-1 mg	128
irrigation solution, physiological	144
isavuconazonium sulfate	
see CRESEMBA CAP 186 MG	53
ISENTRESS CHW 100MG	84
ISENTRESS CHW 25MG	84
ISENTRESS HD TAB 600MG	84
ISENTRESS POW 100MG	84
ISENTRESS TAB 400MG	84
isocarboxazid	
see MARPLAN TAB 10MG	36
isoniazid syrup 50 mg/5ml	68
isoniazid tab 100 mg	68
isoniazid tab 300 mg	68
isoniazid-rifampin w/	
pyrazinamide	
see RIFATER TAB	67
isopropyl alcohol-glycerin otic	
liquid 95-5 %	156
isosorbide dinitrate tab 10 mg ...	21
isosorbide dinitrate tab 20 mg ...	21
isosorbide dinitrate tab 30 mg ...	21
isosorbide dinitrate tab 5 mg	21
isosorbide mononitrate tab 10 mg	
.....	21
isosorbide mononitrate tab 20 mg	
.....	21
isosorbide mononitrate tab er 24hr	
120 mg	21
isosorbide mononitrate tab er 24hr	
30 mg	21
isosorbide mononitrate tab er 24hr	
60 mg	21
isotretinoin cap 10 mg	102
isotretinoin cap 20 mg	102
isotretinoin cap 30 mg	102
isotretinoin cap 40 mg	102
isradipine cap 2.5 mg	91
isradipine cap 5 mg	91
itraconazole cap 100 mg	54
ivabradine hcl	
see CORLANOR SOL 5MG/5ML	94
see CORLANOR TAB 5MG	94
see CORLANOR TAB 7.5MG	94
ivacaftor	
see KALYDECO PAK 25MG	162
see KALYDECO PAK 50MG	162
see KALYDECO PAK 75MG	162
see KALYDECO TAB 150MG	162
ivermectin (pediculicide)	
see SKLICE LOT 0.5%	110
ivermectin tab 3 mg	20
J	
JAKAFI TAB 10MG	71
JAKAFI TAB 15MG	71
JAKAFI TAB 20MG	71
JAKAFI TAB 25MG	72
JAKAFI TAB 5MG	71
JANUMET TAB 50-1000	42
JANUMET TAB 50-500MG	42
JANUMET XR TAB 100-1000	42
JANUMET XR TAB 50-1000	42
JANUMET XR TAB 50-500MG	42
JANUVIA TAB 100MG	46
JANUVIA TAB 25MG	46
JANUVIA TAB 50MG	46
JARDIANCE TAB 10MG	51
JARDIANCE TAB 25MG	51
JENTADUETO TAB 2.5-1000	43
JENTADUETO TAB 2.5-500	42
JENTADUETO TAB 2.5-850	42
JENTADUETO TAB XR	43
Jinteli	
see norethindrone acetate-ethinyl	
estradiol tab 1 mg-5 mcg	116
JULUCA TAB 50-25MG	84
Junel 1.5/30	
see norethindrone ace & ethinyl	
estradiol tab 1.5 mg-30 mcg ..	97
Junel Fe 1.5/30	

see **norethindrone ace & ethinyl
estradiol-fe tab 1.5 mg-30 mcg**
.....97

K

KALETRA TAB 100-25MG84
KALETRA TAB 200-50MG84
KALYDECO PAK 25MG162
KALYDECO PAK 50MG162
KALYDECO PAK 75MG162
KALYDECO TAB 150MG162
Kelnor 1/50

see **ethynodiol diacetate & ethinyl
estradiol tab 1 mg-50 mcg**96

KEPIVANCE INJ 6.25MG73
ketoconazole cream 2 %104
ketoconazole shampoo 2 %104
ketoconazole tab 200 mg54
**ketorolac tromethamine ophth soln
0.4 %**155
**ketorolac tromethamine ophth soln
0.5 %**155
ketorolac tromethamine tab 10 mg
..... 9

**ketotifen fumarate ophth soln
0.025 % (base equiv)**.....155

KEVZARA INJ 150/1.14 8
KEVZARA INJ 200/1.14 8
KINERET INJ..... 7
KISQALI 200 PAK FEMARA.....70
KISQALI 400 PAK FEMARA.....70
KISQALI 600 PAK FEMARA.....70
KISQALI TAB 200DOSE72
KISQALI TAB 400DOSE72
KISQALI TAB 600DOSE72

Klor-con/ef

see **potassium bicarbonate effer
tab 25 meq**142

KOATE-DVI INJ 1000UNIT122
KOATE-DVI INJ 250UNIT122
KOATE-DVI INJ 500UNIT122
KOGENATE FS INJ 1000UNIT123
KOGENATE FS INJ 2000UNIT123
KOGENATE FS INJ 250UNIT122
KOGENATE FS INJ 3000UNIT123

Konsyl

see **psyllium powder 30.9 %**131
KONSYL DAILY POW 100%131

KONSYL DAILY POW 28.3%131
KONSYL-D POW 52.3%131
KOVALTRY INJ 1000UNIT123
KOVALTRY INJ 2000UNIT123
KOVALTRY INJ 250UNIT123
KOVALTRY INJ 3000UNIT123
KOVALTRY INJ 500UNIT123

Kp Vitamin D

see **cholecalciferol chew tab 10
mcg (400 unit)**173

KPN PRENATAL TAB147
KUVAN TAB 100MG114
KYLEENA IUD 19.5MG98

L

labetalol hcl tab 100 mg88
labetalol hcl tab 200 mg88
labetalol hcl tab 300 mg88
lacosamide

see VIMPAT SOL 10MG/ML.....34
see VIMPAT TAB 100MG34
see VIMPAT TAB 150MG34
see VIMPAT TAB 200MG34
see VIMPAT TAB 50MG34
LACRISERT MIS 5MG OP152

**lactic acid (ammonium lactate)
cream 12 %**108

**lactic acid (ammonium lactate)
lotion 12 %**108

**lactulose (encephalopathy)
solution 10 gm /15ml**.....118

lactulose solution 10 gm /15ml .132

lamivudine (hbv)
see EPIVIR HBV SOL 5MG/ML.....87

lamivudine oral soln 10 mg / ml ...84

lamivudine tab 100 mg (hbv)87

lamivudine tab 150 mg.....84

lamivudine tab 300 mg.....85

**lamivudine-tenofovir disoproxil
fumarate**

see CIMDUO TAB 300-30083

**lamivudine-zidovudine tab 150-300
mg**85

lamotrigine tab 100 mg33

lamotrigine tab 150 mg33

lamotrigine tab 200 mg33

lamotrigine tab 25 mg33

lamotrigine tab chewable dispersible 25 mg33

lamotrigine tab chewable dispersible 5 mg33

Lanacort 10
see **hydrocortisone acetate cream 1 %**107

lanadelumab-flyo
see TAKHZYRO INJ 300/2ML125

LANCETS MIS 30G135

Land Before Time Multivit
see **pediatric multiple vitamin w/ extra c & fa chew tab**146

LANOXIN TAB 0.125MG92

LANOXIN TAB 0.25MG92

lansoprazole cap delayed release 15 mg167

lansoprazole cap delayed release 30 mg167

lanthanum carbonate chew tab 1000 mg (elemental)119

lanthanum carbonate chew tab 500 mg (elemental)119

lanthanum carbonate chew tab 750 mg (elemental)119

lapatinib ditosylate
see TYKERB TAB 250MG73

Larin 24 Fe
see **norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)**97

LASTACFT SOL 0.25%155

latanoprost ophth soln 0.005 % .155

LATUDA TAB 120MG76

LATUDA TAB 20MG76

LATUDA TAB 40MG76

LATUDA TAB 60MG76

LATUDA TAB 80MG76

LEDIP-SOFOSB TAB 90-400MG87

Leena
see **norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg**97

leflunomide tab 10 mg10

leflunomide tab 20 mg10

lenalidomide
see REVLIMID CAP 10MG143

see REVLIMID CAP 15MG143

see REVLIMID CAP 2.5MG143

see REVLIMID CAP 20MG143

see REVLIMID CAP 25MG143

see REVLIMID CAP 5MG143

lenvatinib mesylate
see LENVIMA CAP 10 MG72

see LENVIMA CAP 12MG72

see LENVIMA CAP 14 MG72

see LENVIMA CAP 18 MG72

see LENVIMA CAP 20 MG72

see LENVIMA CAP 24 MG72

see LENVIMA CAP 4MG72

see LENVIMA CAP 8 MG72

LENVIMA CAP 10 MG72

LENVIMA CAP 12MG72

LENVIMA CAP 14 MG72

LENVIMA CAP 18 MG72

LENVIMA CAP 20 MG72

LENVIMA CAP 24 MG72

LENVIMA CAP 4MG72

LENVIMA CAP 8 MG72

LETAIRIS TAB 10MG93

LETAIRIS TAB 5MG93

letrozole tab 2.5 mg69

leucovorin calcium tab 10 mg74

leucovorin calcium tab 15 mg74

leucovorin calcium tab 25 mg74

leucovorin calcium tab 5 mg73

LEUKERAN TAB 2MG68

LEUKINE INJ 250MCG127

leuprolide acetate
see ELIGARD INJ 7.5MG69

see LUPRON DEPOT INJ 3.75MG69

see LUPRON DEPOT INJ 7.5MG69

leuprolide acetate & norethindrone acetate
see LUPANETA KIT 11.25-5114

see LUPANETA KIT 3.75-5114

leuprolide acetate (3 month)
see ELIGARD INJ 22.5MG69

see LUPRON DEPOT INJ 11.25MG69

see LUPRON DEPOT INJ 22.5MG69

leuprolide acetate (cpp)
see LUPR DEP-PED INJ 11.25MG114

see LUPR DEP-PED INJ 15MG114

see LUPR DEP-PED INJ 7.5MG114

leuprolide acetate (cpp) (3 month)	
see LUPR DEP-PED INJ 11.25MG..	114
see LUPR DEP-PED INJ 3M 30MG.	114
leuprolide acetate inj kit 5 mg/ml	
.....	69
levalbuterol hcl soln nebu 0.31	
mg/3ml (base equiv)	28
levalbuterol hcl soln nebu 0.63	
mg/3ml (base equiv)	28
levalbuterol hcl soln nebu 1.25	
mg/3ml (base equiv)	28
levalbuterol hcl soln nebu conc	
1.25 mg/0.5ml (base equiv)	29
LEVEMIR INJ.....	49
LEVEMIR INJ FLEXTUOC	49
levetiracetam oral soln 100 mg/ml	
.....	33
levetiracetam tab 1000 mg	33
levetiracetam tab 250 mg	33
levetiracetam tab 500 mg	33
levetiracetam tab 750 mg	33
levetiracetam tab er 24hr 500 mg	
.....	33
levetiracetam tab er 24hr 750 mg	
.....	33
levobunolol hcl ophth soln 0.5 %	
.....	152
levocarnitine oral soln 1 gm /10ml	
(10 %)	114
levocarnitine tab 330 mg	114
levocetirizine dihydrochloride soln	
2.5 mg/5ml (0.5 mg/ml)	55
levocetirizine dihydrochloride tab 5	
mg	55
levofloxacin ophth soln 0.5 %	153
levofloxacin oral soln 25 mg/ml	117
levofloxacin tab 250 mg	117
levofloxacin tab 500 mg	117
levofloxacin tab 750 mg	117
levomilnacipran hcl	
see FETZIMA CAP 120MG	38
see FETZIMA CAP 20MG	38
see FETZIMA CAP 40MG	38
see FETZIMA CAP 80MG	38
see FETZIMA CAP TITRATIO.....	38
levonor-eth est tab 0.15-	
0.02/0.025/0.03 mg &eth est	
0.01 mg	96
levonorgestrel & ethinyl estradiol	
(91-day) tab 0.15-0.03 mg	96
levonorgestrel & ethinyl estradiol	
tab 0.1 mg-20 mcg	96
levonorgestrel & ethinyl estradiol	
tab 0.15 mg-30 mcg	96
levonorgestrel (iud)	
see KYLEENA IUD 19.5MG	98
see LILETTA IUD 52MG	98
see MIRENA IUD SYSTEM	98
see SKYLA IUD 13.5MG	98
levonorgestrel tab 1.5 mg	98
levonorgestrel-eth estra tab 0.05-	
30/0.075-40/0.125-30mg-mcg	97
levonorgestrel-ethinyl estradiol &	
folic acid	
see FALESSA KIT.....	96
levonorgestrel-ethinyl estradiol	
(continuous) tab 90-20 mcg	97
levonorgestrel-ethinyl estradiol-	
ferrous bisglycinate	
see BALCOLTRA TAB 0.1-20.....	96
levonorg-eth est tab 0.1-	
0.02mg(84) & eth est tab	
0.01mg(7)	96
levonorg-eth est tab 0.15-	
0.03mg(84) & eth est tab	
0.01mg(7)	96
levothyroxine sodium	
see SYNTHROID TAB 100MCG	164
see SYNTHROID TAB 112MCG	164
see SYNTHROID TAB 125MCG	164
see SYNTHROID TAB 137MCG	164
see SYNTHROID TAB 150MCG	164
see SYNTHROID TAB 175MCG	164
see SYNTHROID TAB 200MCG	164
see SYNTHROID TAB 25MCG.....	164
see SYNTHROID TAB 300MCG	164
see SYNTHROID TAB 50MCG.....	164
see SYNTHROID TAB 75MCG.....	164
see SYNTHROID TAB 88MCG.....	164
levothyroxine sodium tab 100 mcg	
.....	163

levothyroxine sodium tab 112 mcg	
.....	163
levothyroxine sodium tab 125 mcg	
.....	163
levothyroxine sodium tab 137 mcg	
.....	163
levothyroxine sodium tab 150 mcg	
.....	163
levothyroxine sodium tab 175 mcg	
.....	164
levothyroxine sodium tab 200 mcg	
.....	164
levothyroxine sodium tab 25 mcg	
.....	163
levothyroxine sodium tab 300 mcg	
.....	164
levothyroxine sodium tab 50 mcg	
.....	163
levothyroxine sodium tab 75 mcg	
.....	163
levothyroxine sodium tab 88 mcg	
.....	163
Levoxyl	
see levothyroxine sodium tab 112 mcg	163
see levothyroxine sodium tab 125 mcg	163
see levothyroxine sodium tab 137 mcg	163
see levothyroxine sodium tab 150 mcg	163
see levothyroxine sodium tab 175 mcg	164
see levothyroxine sodium tab 25 mcg	163
see levothyroxine sodium tab 50 mcg	163
see levothyroxine sodium tab 75 mcg	163
see levothyroxine sodium tab 88 mcg	163
Lice Killing Maximum Stre	
see pyrethrins-piperonyl butoxide shampoo 0.33-4 %	110
Lice Treatment	
see permethrin creme rinse 1 %	109
lidocaine cream 4 %	109
lidocaine hcl gel 2 %	109
lidocaine hcl soln 4 %	109
lidocaine hcl urethral/mucosal gel 2 %	109
lidocaine hcl urethral/mucosal gel prefilled syringe 2 %	109
lidocaine hcl viscous soln 2 %	144
lidocaine patch 4 %	109
lidocaine patch 5 %	109
lidocaine-prilocaine cream 2.5-2.5 %	109
lidocaine-tetracaine	
see SYNERA DIS 70-70MG	109
LILETTA IUD 52MG	98
linaclotide	
see LINZESS CAP 145MCG	119
see LINZESS CAP 290MCG	119
see LINZESS CAP 72MCG	119
linagliptin	
see TRADJENTA TAB 5MG	46
linagliptin-metformin hcl	
see JENTADUETO TAB 2.5-1000	43
see JENTADUETO TAB 2.5-500	42
see JENTADUETO TAB 2.5-850	42
see JENTADUETO TAB XR	43
lindane shampoo 1 %	109
linezolid for susp 100 mg/5ml	21
linezolid tab 600 mg	21
LINZESS CAP 145MCG	119
LINZESS CAP 290MCG	119
LINZESS CAP 72MCG	119
liothyronine sodium tab 25 mcg	164
liothyronine sodium tab 5 mcg ..	164
liothyronine sodium tab 50 mcg	164
liotrix (t3-t4)	
see THYROLAR-1 TAB 60MG	165
see THYROLAR-1/2 TAB 30MG	165
see THYROLAR-1/4 TAB 15MG	165
see THYROLAR-2 TAB 120MG	165
see THYROLAR-3 TAB 180MG	165
Liquid Calcium/vitamin D	
see calcium carbonate-vitamin d cap 600 mg-200 unit	140
liraglutide	
see VICTOZA INJ 18MG/3ML	47
lisdexamfetamine dimesylate	

see VYVANSE CAP 10MG 2
 see VYVANSE CAP 20MG 2
 see VYVANSE CAP 30MG 2
 see VYVANSE CAP 40MG 2
 see VYVANSE CAP 50MG 2
 see VYVANSE CAP 60MG 2
 see VYVANSE CAP 70MG 2
**lisinopril & hydrochlorothiazide tab
 10-12.5 mg**65
**lisinopril & hydrochlorothiazide tab
 20-12.5 mg**66
**lisinopril & hydrochlorothiazide tab
 20-25 mg**66
lisinopril tab 10 mg60
lisinopril tab 2.5 mg60
lisinopril tab 20 mg60
lisinopril tab 30 mg60
lisinopril tab 40 mg60
lisinopril tab 5 mg60
lithium carbonate cap 150 mg76
lithium carbonate cap 300 mg76
lithium carbonate cap 600 mg76
lithium carbonate tab 300 mg76
lithium carbonate tab er 300 mg .76
lithium carbonate tab er 450 mg .76
 LITHIUM SOL 8MEQ/5ML76
 LO LOESTRIN TAB 1-10-1097
lodoxamide tromethamine
 see ALOMIDE SOL 0.1% OP 154
lomustine
 see GLEOSTINE CAP 100MG68
 see GLEOSTINE CAP 10MG68
 see GLEOSTINE CAP 40MG68
 LONSURF TAB 15-6.1470
 LONSURF TAB 20-8.1970
loperamide hcl cap 2 mg52
**loperamide hcl liq 1 mg/5ml (0.2
 mg/ml)**52
loperamide hcl liq 1 mg/7.5ml ...52
loperamide hcl tab 2 mg52
lopinavir-ritonavir
 see KALETRA TAB 100-25MG84
 see KALETRA TAB 200-50MG84
**lopinavir-ritonavir soln 400-100
 mg/5ml (80-20 mg/ml)**85
 Lopreeza

see **estradiol & norethindrone
 acetate tab 1-0.5 mg** 115
**loratadine & pseudoephedrine tab
 er 12hr 5-120 mg**100
**loratadine & pseudoephedrine tab
 er 24hr 10-240 mg**100
**loratadine rapidly-disintegrating
 tab 10 mg**55
loratadine syrup 5 mg/5ml55
loratadine tab 10 mg55
 Loratadine-d 12hr
 see **loratadine & pseudoephedrine
 tab er 12hr 5-120 mg** 100
 Loratadine-d 24hr
 see **loratadine & pseudoephedrine
 tab er 24hr 10-240 mg** 100
lorazepam conc 2 mg/ml24
lorazepam tab 0.5 mg24
lorazepam tab 1 mg24
lorazepam tab 2 mg24
**losartan potassium &
 hydrochlorothiazide tab 100-12.5
 mg**66
**losartan potassium &
 hydrochlorothiazide tab 100-25
 mg**66
**losartan potassium &
 hydrochlorothiazide tab 50-12.5
 mg**66
losartan potassium tab 100 mg ...62
losartan potassium tab 25 mg62
losartan potassium tab 50 mg62
 LOTEMAX GEL 0.5% 154
 LOTEMAX OIN 0.5% 154
 LOTEMAX SUS 0.5% 154
loteprednol etabonate
 see ALREX SUS 0.2% 154
 see LOTEMAX GEL 0.5% 154
 see LOTEMAX OIN 0.5% 154
 see LOTEMAX SUS 0.5% 154
**loteprednol etabonate ophth susp
 0.5 %** 154
 Lotrimin Af Deodorant Pow
 see **miconazole nitrate aerosol
 pow 2 %** 104
lovastatin tab 10 mg57
lovastatin tab 20 mg58

lovastatin tab 40 mg58
 Low-ogestrel
 see **norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg**.....98
loxapine succinate cap 10 mg.....79
loxapine succinate cap 25 mg.....79
loxapine succinate cap 5 mg79
loxapine succinate cap 50 mg.....79
lubiprostone
 see AMITIZA CAP 24MCG.....117
 see AMITIZA CAP 8MCG117
 Lubricant Eye Drops
 see **polyethylene glycol-propylene glycol ophth soln 0.4-0.3 %** ..152
luliconazole cream 1 %104
 LUMIGAN SOL 0.01%.....155
 LUPANETA KIT 11.25-5114
 LUPANETA KIT 3.75-5114
 LUPR DEP-PED INJ 11.25MG114
 LUPR DEP-PED INJ 15MG.....114
 LUPR DEP-PED INJ 3M 30MG114
 LUPR DEP-PED INJ 7.5MG.....114
 LUPRON DEPOT INJ 11.25MG.....69
 LUPRON DEPOT INJ 22.5MG69
 LUPRON DEPOT INJ 3.75MG69
 LUPRON DEPOT INJ 7.5MG69
lurasidone hcl
 see LATUDA TAB 120MG.....76
 see LATUDA TAB 20MG76
 see LATUDA TAB 40MG76
 see LATUDA TAB 60MG76
 see LATUDA TAB 80MG76
 LYRICA CAP 100MG33
 LYRICA CAP 150MG33
 LYRICA CAP 200MG33
 LYRICA CAP 225MG33
 LYRICA CAP 25MG33
 LYRICA CAP 300MG33
 LYRICA CAP 50MG33
 LYRICA CAP 75MG33
 LYSODREN TAB 500MG69
M
macitentan
 see OPSUMIT TAB 10MG.....93
mafenide acetate
 see SULFAMYLON CRE 85MG/GM .106

mafenide acetate packet for topical soln 5 % (50 gm)106
 MAG64 TAB 64MG141
 Magdelay
 see **magnesium chloride tab dr 64 mg (elemental mg)**.....142
 MAGDELAY TAB 70MG.....141
 Mag-g
 see **magnesium gluconate tab 500 mg (27 mg elemental mg)** ...142
magnesium chloride
 see MAG64 TAB 64MG.....141
 see MAGDELAY TAB 70MG141
magnesium chloride tab dr 64 mg (elemental mg)142
magnesium citrate soln.....132
magnesium gluconate tab 27.5 mg (elemental mg)142
magnesium gluconate tab 500 mg (27 mg elemental mg).....142
magnesium hydroxide susp 400 mg/5ml132
magnesium hydroxide susp concentrate 2400 mg/10ml....132
magnesium oxide cap 500 mg (elemental mg)142
magnesium oxide tab 250 mg19
magnesium oxide tab 250 mg (mg supplement)142
magnesium oxide tab 400 mg (240 mg elemental mg)142
magnesium oxide tab 400 mg (241.3 mg elemental mg).....142
magnesium oxide tab 420 mg20
magnesium oxide tab 500 mg (mg supplement)142
magnesium tab 250 mg.....142
 Magnesium-oxide
 see **magnesium oxide tab 400 mg (241.3 mg elemental mg)**142
malathion lotion 0.5 %109
 Maox
 see **magnesium oxide tab 420 mg**20
 Mapap
 see **acetaminophen liquid 160 mg/5ml**11

see **acetaminophen tab 325 mg** 11
maprotiline hcl tab 25 mg36
maprotiline hcl tab 50 mg36
maprotiline hcl tab 75 mg36
maraviroc
 see SELZENTRY SOL 20MG/ML85
 see SELZENTRY TAB 150MG.....85
 see SELZENTRY TAB 25MG85
 see SELZENTRY TAB 300MG.....85
 see SELZENTRY TAB 75MG85
 MARPLAN TAB 10MG36
 MATULANE CAP 50MG73
 MAYZENT TAB 0.25MG161
mecamylamine hcl
 see VECAMYL TAB 2.5MG.....66
mecasertin
 see INCRELEX INJ 40MG/4ML.....113
meclizine hcl chew tab 25 mg53
meclizine hcl tab 12.5 mg53
meclizine hcl tab 25 mg53
meclofenamate sodium cap 100 mg
 9
meclofenamate sodium cap 50 mg 9
 MEDI-LAXX CAP 8.6-50MG131
 Medi-profen
 see **ibuprofen cap 200 mg** 8
medroxyprogesterone acetate
(contraceptive)
 see DEPO-SQ PROV INJ 104.....98
medroxyprogesterone acetate im
susp 150 mg/ml98
medroxyprogesterone acetate im
susp prefilled syr 150 mg/ml ...98
medroxyprogesterone acetate tab
10 mg159
medroxyprogesterone acetate tab
2.5 mg159
medroxyprogesterone acetate tab
5 mg159
mefenamic acid cap 250 mg 9
mefloquine hcl tab 250 mg67
megestrol acetate susp 40 mg/ml
69
megestrol acetate tab 20 mg69
megestrol acetate tab 40 mg69
 MEKINIST TAB 0.5MG72
 MEKINIST TAB 2MG72

melatonin cap 3 mg 5
melatonin cap 5 mg 6
 MELATONIN LIQ 1MG/4ML 6
melatonin tab 1 mg 6
melatonin tab 3 mg 6
melatonin tab 300 mcg 6
melatonin tab 5 mg 6
melatonin tab er 10 mg 6
melatonin tablet disintegrating 5
mg 6
 Melatonin Tr/vitamin B-6
 see **melatonin-pyridoxine tab er**
3-10 mg 6
 Melatonin/vitamin B-6 Ext
 see **melatonin-pyridoxine tab 3-1**
mg 6
melatonin-pyridoxine tab 3-1 mg . 6
melatonin-pyridoxine tab 3-2 mg . 6
melatonin-pyridoxine tab er 3-10
mg 6
 Melodetta 24 Fe
 see **norethindrone ace-eth**
estradiol-fe chew tab 1 mg-20
mcg (24)97
meloxicam tab 15 mg 9
meloxicam tab 7.5 mg 9
melphalan tab 2 mg68
memantine hcl cap er 24hr 14 mg
160
memantine hcl cap er 24hr 21 mg
160
memantine hcl cap er 24hr 28 mg
160
memantine hcl cap er 24hr 7 mg
160
memantine hcl oral solution 2
mg/ml160
memantine hcl tab 10 mg160
memantine hcl tab 28 x 5 mg & 21
x 10 mg titration pack160
memantine hcl tab 5 mg160
 MENEST TAB 0.3MG116
 MENEST TAB 0.625MG116
 MENEST TAB 1.25MG116
 MENTAX CRE 1%104
menthol-zinc oxide oint 0.44-20 %
109

meperidine hcl oral soln 50 mg/5ml	13
meperidine hcl tab 100 mg	14
meperidine hcl tab 50 mg	13
mepolizumab	
see NUCALA INJ 100MG	25
meprobamate tab 200 mg	23
meprobamate tab 400 mg	23
mercaptopurine tab 50 mg	68
mesalamine	
see APRISO CAP 0.375GM	118
mesalamine cap er 24hr 0.375 gm	118
mesalamine enema 4 gm	118
mesalamine tab delayed release 800 mg	118
METAMUCIL POW 28%ORG	131
METAMUCIL POW 58.12%	131
METAMUCIL WAF	131
metaproterenol sulfate syrup 10 mg/5ml	29
metaproterenol sulfate tab 10 mg	29
metaproterenol sulfate tab 20 mg	29
metaxalone tab 800 mg	149
metformin hcl tab 1000 mg	45
metformin hcl tab 500 mg	45
metformin hcl tab 850 mg	45
metformin hcl tab er 24hr 500 mg	45
metformin hcl tab er 24hr 750 mg	45
methadone hcl soln 10 mg/5ml	14
methadone hcl soln 5 mg/5ml	14
methadone hcl tab 10 mg	14
methadone hcl tab 5 mg	14
methamphetamine hcl tab 5 mg	2
methazolamide tab 25 mg	111
methazolamide tab 50 mg	111
methenamine hippurate tab 1 gm	168
methimazole tab 10 mg	163
methimazole tab 5 mg	163
METHITEST TAB 10MG	18
methocarbamol tab 500 mg	149
methocarbamol tab 750 mg	149
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	68
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	68
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	68
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	68
methotrexate sodium tab 2.5 mg (base equiv)	68
methscopolamine bromide tab 2.5 mg	166
methscopolamine bromide tab 5 mg	166
methsuximide	
see CELONTIN CAP 300MG	35
methyclothiazide tab 5 mg	112
methylcellulose tab 500 mg	131
methyldopa tab 250 mg	64
methyldopa tab 500 mg	64
methylergonovine maleate tab 0.2 mg	156
methylnaltrexone bromide	
see RELISTOR INJ 12/0.6ML	119
see RELISTOR TAB 150MG	119
methylphenidate hcl cap er 10 mg (cd)	4
methylphenidate hcl cap er 20 mg (cd)	4
methylphenidate hcl cap er 24hr 10 mg (la)	4
methylphenidate hcl cap er 24hr 20 mg (la)	4
methylphenidate hcl cap er 24hr 30 mg (la)	4
methylphenidate hcl cap er 24hr 40 mg (la)	4
methylphenidate hcl cap er 30 mg (cd)	4
methylphenidate hcl cap er 40 mg (cd)	4
methylphenidate hcl cap er 50 mg (cd)	4
methylphenidate hcl cap er 60 mg (cd)	4
methylphenidate hcl soln 10 mg/5ml	4

methylphenidate hcl soln 5 mg/5ml	4
methylphenidate hcl tab 10 mg	5
methylphenidate hcl tab 20 mg	5
methylphenidate hcl tab 5 mg	5
methylphenidate hcl tab er 10 mg	5
methylphenidate hcl tab er 20 mg	5
methylphenidate hcl tab er 24hr 18 mg	5
methylphenidate hcl tab er 24hr 27 mg	5
methylphenidate hcl tab er 24hr 36 mg	5
methylphenidate hcl tab er 24hr 54 mg	5
methylphenidate hcl tab er osmotic release (osm) 18 mg	5
methylphenidate hcl tab er osmotic release (osm) 27 mg	5
methylphenidate hcl tab er osmotic release (osm) 36 mg	5
methylphenidate hcl tab er osmotic release (osm) 54 mg	5
methylprednisolone tab 16 mg	99
methylprednisolone tab 32 mg	99
methylprednisolone tab 4 mg	99
methylprednisolone tab 8 mg	99
methylprednisolone tab therapy pack 4 mg (21)	99
methyltestosterone see METHITEST TAB 10MG	18
methyltestosterone cap 10 mg	18
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	118
metoclopramide hcl tab 10 mg (base equivalent)	118
metoclopramide hcl tab 5 mg (base equivalent)	118
metolazone tab 10 mg	112
metolazone tab 2.5 mg	112
metolazone tab 5 mg	112
metoprolol & hydrochlorothiazide tab 100-25 mg	66
metoprolol & hydrochlorothiazide tab 100-50 mg	66
metoprolol & hydrochlorothiazide tab 50-25 mg	66
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	89
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	89
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	89
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	89
metoprolol tartrate tab 100 mg ...	89
metoprolol tartrate tab 25 mg	89
metoprolol tartrate tab 50 mg	89
metronidazole cream 0.75 %	109
metronidazole gel 0.75 %	109
metronidazole lotion 0.75 %	109
metronidazole tab 250 mg	20
metronidazole tab 500 mg	20
metronidazole vaginal gel 0.75 %	171
mexiletine hcl cap 150 mg	24
mexiletine hcl cap 200 mg	24
mexiletine hcl cap 250 mg	24
MI-ACID CHW	19
miconazole (mouth-throat) see ORAVIG TAB 50MG	144
Miconazole 7 see miconazole nitrate vaginal cream 2 %	171
see miconazole nitrate vaginal suppos 100 mg	172
miconazole nitrate aerosol pow 2 %	104
miconazole nitrate cream 2 % ...	104
miconazole nitrate ointment 2 %	104
miconazole nitrate powder 2 % .	104
miconazole nitrate vaginal see MONISTAT 7 KIT COMBO PK .	172
miconazole nitrate vaginal app 200 mg & 2 % cream 9 gm kit	171
miconazole nitrate vaginal cream 2 %	171
miconazole nitrate vaginal cream 4 % (200 mg/5gm)	171
miconazole nitrate vaginal supp 200 mg & 2 % cream 9 gm kit .	172
miconazole nitrate vaginal suppos 100 mg	172

midodrine hcl tab 10 mg.....172
midodrine hcl tab 2.5 mg.....172
midodrine hcl tab 5 mg.....172
miglitol tab 100 mg41
miglitol tab 25 mg41
miglitol tab 50 mg41
miglustat cap 100 mg126
Milk Of Magnesia
 see *magnesium hydroxide susp*
 400 mg/5ml.....132
Milk Of Magnesia Concentr
 see *magnesium hydroxide susp*
 concentrate 2400 mg/10ml .132
milnacipran hcl
 see SAVELLA MIS TITR PAK160
 see SAVELLA TAB 100MG160
 see SAVELLA TAB 12.5MG160
 see SAVELLA TAB 25MG160
 see SAVELLA TAB 50MG160
mineral oil132
mineral oil enema.....132
Minitran
 see *nitroglycerin td patch 24hr*
 0.6 mg/hr22
minocycline hcl cap 100 mg163
minocycline hcl cap 50 mg163
minocycline hcl cap 75 mg163
minoxidil tab 10 mg67
minoxidil tab 2.5 mg67
Mintox Plus
 see *alum & mag hydroxide-*
 simethicone chew tab 200-200-
 25 mg19
mirabegron
 see MYRBETRIQ TAB 25MG169
 see MYRBETRIQ TAB 50MG169
MIRENA IUD SYSTEM.....98
mirtazapine tab 15 mg35
mirtazapine tab 30 mg35
mirtazapine tab 45 mg36
MIRVASO GEL 0.33%.....109
misoprostol tab 100 mcg.....168
misoprostol tab 200 mcg.....168
mitotane
 see LYSODREN TAB 500MG.....69
modafinil tab 100 mg 5
modafinil tab 200 mg 5

moexipril hcl tab 15 mg.....60
moexipril hcl tab 7.5 mg.....60
mometasone furoate (inhalation)
 see ASMANEX 120 AER 220MCG....26
 see ASMANEX 14 AER 220MCG26
 see ASMANEX 30 AER 110MCG26
 see ASMANEX 30 AER 220MCG26
 see ASMANEX 60 AER 220MCG26
 see ASMANEX 7 AER 110MCG26
 see ASMANEX HFA AER 100 MCG ..26
 see ASMANEX HFA AER 200 MCG ..26
 see ASMANEX HFA AER 50MCG26
mometasone furoate cream 0.1 %
 108
mometasone furoate oint 0.1 % .108
mometasone furoate solution 0.1 %
 (lotion)108
mometasone furoate-formoterol
 fumarate dihydrate
 see DULERA AER 100-5MCG28
 see DULERA AER 200-5MCG28
 see DULERA AER 50-5MCG27
MONISTAT 7 KIT COMBO PK.....172
MONOCLATE-P INJ 1000UNIT123
montelukast sodium chew tab 4 mg
 (base equiv)25
montelukast sodium chew tab 5 mg
 (base equiv)25
montelukast sodium tab 10 mg
 (base equiv)25
MONUROL PAK GRANULES168
morphine sulfate oral soln 10
 mg/5ml14
morphine sulfate oral soln 100
 mg/5ml (20 mg/ml).....14
morphine sulfate oral soln 20
 mg/5ml14
morphine sulfate tab 15 mg14
morphine sulfate tab 30 mg14
morphine sulfate tab er 100 mg ..14
morphine sulfate tab er 15 mg14
morphine sulfate tab er 200 mg ..14
morphine sulfate tab er 30 mg14
morphine sulfate tab er 60 mg14
morphine-naltrexone
 see EMBEDA CAP 100-4MG12
 see EMBEDA CAP 20-0.8MG12

see EMBEDA CAP 30-1.2MG12
 see EMBEDA CAP 50-2MG12
 see EMBEDA CAP 60-2.4MG12
 see EMBEDA CAP 80-3.2MG12
 MOVANTIK TAB 12.5MG119
 MOVANTIK TAB 25MG119
 MOVIPREP SOL131
**moxifloxacin hcl ophth soln 0.5 %
 (base equiv)153**
**moxifloxacin hcl tab 400 mg (base
 equiv)117**
 Mucus-dm
 see **dextromethorphan-
 guaifenesin tab er 12hr 30-600
 mg100**
 MULT VITAM DRO146
 MULTAQ TAB 400MG25
 MULTI VITAMI TAB D-3145
 Multi-delyn
 see **pediatric multiple vitamin liq
146**
multiple vitamin cap145
multiple vitamin tab145
multiple vitamins w/ iron tab...145
**multiple vitamins w/ minerals cap
145**
**multiple vitamins w/ minerals
 liquid145**
**multiple vitamins w/ minerals tab
145**
 Multi-vit/iron/fluoride
 see **pediatric multiple vitamins
 w/ fl-fe drops 0.25-10 mg/ml
145**
 Multivitamin & Mineral
 see **multiple vitamins w/ minerals
 liquid145**
 MULTIVITAMIN DRO /IRON146
 Multivitamin With Fluorid
 see **pediatric multiple vitamins
 w/ fluoride soln 0.25 mg/ml146**
 see **pediatric multiple vitamins
 w/ fluoride soln 0.5 mg/ml .146**
 Multivitamin/fluoride
 see **pediatric multiple vitamins
 w/ fluoride chew tab 0.25 mg
146**

see **pediatric multiple vitamins
 w/ fluoride chew tab 0.5 mg145**
 see **pediatric multiple vitamins
 w/ fluoride chew tab 1 mg ..146**
mupirocin oint 2 %103
 Mv-one
 see **multiple vitamin cap145**
 Mvw Complete Formulation
 see **pediatric multiple vitamin w/
 minerals & c chew tab145**
 My Way
 see **levonorgestrel tab 1.5 mg...98**
 Mycocide Clinical Ns Anti
 see **tolnaftate soln 1 %104**
**mycophenolate mofetil cap 250 mg
143**
**mycophenolate mofetil tab 500 mg
143**
**mycophenolate sodium tab dr 180
 mg (mycophenolic acid equiv) 143**
**mycophenolate sodium tab dr 360
 mg (mycophenolic acid equiv) 143**
 MYNATAL CAP147
 MYNATAL TAB147
 MYNATE 90 TAB PLUS147
 MYRBETRIQ TAB 25MG169
 MYRBETRIQ TAB 50MG169
N
nabilone
 see CESAMET CAP 1MG53
nabumetone tab 500 mg 9
nabumetone tab 750 mg 9
nadolol tab 20 mg89
nadolol tab 40 mg89
nadolol tab 80 mg89
nafarelin acetate
 see SYNAREL SOL 2MG/ML114
naftifine hcl
 see NAFTIN GEL 1%104
 see NAFTIN GEL 2%104
naftifine hcl cream 1 %104
naftifine hcl gel 1 %104
 NAFTIN GEL 1%104
 NAFTIN GEL 2%104
naldemedine tosylate
 see SYMPROIC TAB 0.2MG119
naloxegol oxalate

see MOVANTIK TAB 12.5MG 119
 see MOVANTIK TAB 25MG 119
naloxone hcl
 see NARCAN SPR 52
naloxone hcl inj 0.4 mg/ml 52
naloxone hcl soln cartridge 0.4 mg/ml 52
naloxone hcl soln prefilled syringe 2 mg/2ml 52
naltrexone
 see VIVITROL INJ 380MG 52
naltrexone hcl tab 50 mg 52
 Naproxen Dr
 see **naproxen tab ec 375 mg** 9
 see **naproxen tab ec 500 mg** 9
naproxen sodium tab 220 mg 9
naproxen susp 125 mg/5ml 9
naproxen tab 250 mg 9
naproxen tab 375 mg 9
naproxen tab 500 mg 9
naproxen tab ec 375 mg 9
naproxen tab ec 500 mg 9
naratriptan hcl tab 1 mg (base equiv) 138
naratriptan hcl tab 2.5 mg (base equiv) 138
 NARCAN SPR 52
 NASAL DECON SYP 30MG/5ML 151
 NASAL DECONG LIQ 30MG/5ML 151
 NAT FIBER POW 58.6% 131
 NATACYN SUS 5% OP 153
natalizumab
 see TYSABRI INJ 300/15ML 161
 NATALVIT TAB 75-1MG 147
natamycin
 see NATACYN SUS 5% OP 153
 NATAZIA TAB 97
nateglinide tab 120 mg 50
nateglinide tab 60 mg 50
 NATURE THROI TAB 162.5MG 164
 NATURE-THROI TAB 113.75MG 164
 NATURE-THROI TAB 130MG 164
 NATURE-THROI TAB 146.25MG 164
 NATURE-THROI TAB 16.25MG 164
 NATURE-THROI TAB 195MG 164
 NATURE-THROI TAB 260MG 164
 NATURE-THROI TAB 32.5MG 164

NATURE-THROI TAB 325MG 164
 NATURE-THROI TAB 48.75MG 164
 NATURE-THROI TAB 65MG 164
 NATURE-THROI TAB 97.5MG 164
nebivolol hcl
 see BYSTOLIC TAB 10MG 88
 see BYSTOLIC TAB 2.5MG 88
 see BYSTOLIC TAB 20MG 89
 see BYSTOLIC TAB 5MG 88
nebivolol-valsartan
 see BYVALSON TAB 5-80MG 65
nebulizers
 see EASY NEB MIS 137
 NEBUPENT INH 300MG 20
 Nebusal
 see **sodium chloride soln nebu 3%** 101
nedocromil sodium (ophth)
 see ALOCRI SOL 2% 154
needle (disp) 18 g
 see NEEDLES MIS 18GX1.5 136
 NEEDLES MIS 18GX1.5 136
nefazodone hcl tab 100 mg 37
nefazodone hcl tab 150 mg 37
nefazodone hcl tab 200 mg 37
nefazodone hcl tab 250 mg 37
nefazodone hcl tab 50 mg 37
nelfinavir mesylate
 see VIRACEPT TAB 250MG 86
 see VIRACEPT TAB 625MG 86
neomycin sulfate tab 500 mg 6
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 153
neomycin-bacitracin-polymyxin oint 103
neomycin-bacitracin-polymyxin-pramoxine oint 1% 103
neomycin-colistin-hc-thonzonium
 see COLY-MYCIN S SUS OTIC 156
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml 153
neomycin-polymyxin-dexamethasone ophth oint 0.1% 154

neomycin-polymyxin-dexamethasone ophth susp 0.1 %	154
neomycin-polymyxin-hc otic soln 1 %	156
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1 %	156
NEORAL CAP 100MG	143
NEORAL CAP 25MG	143
nepafenac	
see NEVANAC SUS 0.1%	155
NESTABS TAB	147
netupitant-palonosetron	
see AKYNZEO CAP 300-0.5	53
NEULASTA INJ 6MG/0.6M	127
NEUPOGEN INJ 300/0.5	127
NEUPOGEN INJ 300MCG	127
NEUPOGEN INJ 480/0.8	127
NEUPOGEN INJ 480MCG	127
NEUPRO DIS 1MG/24HR	75
NEUPRO DIS 2MG/24HR	75
NEUPRO DIS 3MG/24HR	75
NEUPRO DIS 4MG/24HR	75
NEUPRO DIS 6MG/24HR	75
NEUPRO DIS 8MG/24HR	75
NEVANAC SUS 0.1%	155
nevirapine susp 50 mg/5ml	85
nevirapine tab 200 mg	85
nevirapine tab er 24hr 100 mg	85
nevirapine tab er 24hr 400 mg	85
NEXAVAR TAB 200MG	72
NEXLETOL TAB 180MG	56
NEXLIZET TAB 180/10MG	56
NEXPLANON IMP 68MG	98
niacin (antihyperlipidemic) tab 500 mg	59
niacin cap er 250 mg	173
niacin cap er 500 mg	173
Niacin Flush Free	
see inositol niacinate cap 500 mg	92
niacin tab 100 mg	173
niacin tab 250 mg	173
niacin tab 50 mg	173
niacin tab 500 mg	173
niacin tab er 250 mg	173
niacin tab er 500 mg	173
niacin tab er 500 mg (antihyperlipidemic)	59
niacin tab er 750 mg	173
niacinamide tab 500 mg	173
Niacor	
see niacin (antihyperlipidemic) tab 500 mg	59
nicardipine hcl cap 20 mg	91
nicardipine hcl cap 30 mg	91
nicotine	
see NICOTROL INH	162
see NICOTROL NS SPR 10MG/ML	162
nicotine polacrilex gum 2 mg	162
nicotine polacrilex gum 4 mg	162
nicotine polacrilex lozenge 2 mg	162
nicotine polacrilex lozenge 4 mg	162
NICOTINE SYS KIT TRANSDER	162
nicotine td patch 24hr 14 mg/24hr	162
nicotine td patch 24hr 21 mg/24hr	162
nicotine td patch 24hr 7 mg/24hr	162
Nicotine Transdermal Syst	
see nicotine td patch 24hr 7 mg/24hr	162
NICOTROL INH	162
NICOTROL NS SPR 10MG/ML	162
nifedipine cap 10 mg	91
nifedipine cap 20 mg	91
nifedipine tab er 24hr 30 mg	91
nifedipine tab er 24hr 60 mg	91
nifedipine tab er 24hr 90 mg	91
nifedipine tab er 24hr osmotic release 30 mg	91
nifedipine tab er 24hr osmotic release 60 mg	91
nifedipine tab er 24hr osmotic release 90 mg	91
nilotinib hcl	
see TASIGNA CAP 150MG	73
see TASIGNA CAP 200MG	73
see TASIGNA CAP 50MG	73
nilutamide tab 150 mg	69
nimodipine cap 30 mg	91

niraparib tosylate
 see ZEJULA CAP 100MG73
nisoldipine tab er 24hr 17 mg91
nisoldipine tab er 24hr 20 mg91
nisoldipine tab er 24hr 25.5 mg ..91
nisoldipine tab er 24hr 30 mg91
nisoldipine tab er 24hr 34 mg91
nisoldipine tab er 24hr 40 mg91
nisoldipine tab er 24hr 8.5 mg91
nitazoxanide
 see ALINIA SUS 100/5ML20
 see ALINIA TAB 500MG20
nitisinone
 see ORFADIN CAP 10MG.....114
 see ORFADIN CAP 20MG.....114
 see ORFADIN CAP 2MG114
 see ORFADIN CAP 5MG114
nitisinone cap 10 mg114
nitisinone cap 2 mg114
nitisinone cap 5 mg114
nitrofurantoin macrocrystalline cap
100 mg168
nitrofurantoin macrocrystalline cap
50 mg168
nitrofurantoin monohydrate
macrocrystalline cap 100 mg..168
nitrofurantoin susp 25 mg/5ml..168
nitroglycerin (intra-anal)
 see RECTIV OIN 0.4%18
nitroglycerin sl tab 0.3 mg21
nitroglycerin sl tab 0.4 mg22
nitroglycerin sl tab 0.6 mg22
nitroglycerin td patch 24hr 0.1
mg/hr.....22
nitroglycerin td patch 24hr 0.2
mg/hr.....22
nitroglycerin td patch 24hr 0.4
mg/hr.....22
nitroglycerin td patch 24hr 0.6
mg/hr.....22
 NIVESTYM INJ 300/0.5127
 NIVESTYM INJ 300MCG127
 NIVESTYM INJ 480/0.8127
 NIVESTYM INJ 480MCG127
nizatidine cap 150 mg166
nizatidine cap 300 mg166
nizatidine oral soln 15 mg/ml ...166

Non-aspirin Junior Streng
 see **acetaminophen chew tab 160**
mg11
nonoxynol-9
 see ENCARE SUP 100MG171
 see GYNOL II GEL 3%171
 see SHUR-SEAL GEL 2%.....171
 see TODAY SPONGE MIS171
 see VCF VAGINAL AER CONTRACP171
 see VCF VAGINAL MIS CONTRACP171
nonoxynol-9 gel 4 %171
norelgestromin-ethinyl estradiol td
ptwk 150-35 mcg/24hr98
norethin acet & estrad-fe
 see TAYTULLA CAP 1MG/20MC98
norethindrone & ethinyl estradiol
tab 0.4 mg-35 mcg97
norethindrone & ethinyl estradiol
tab 0.5 mg-35 mcg97
norethindrone & ethinyl estradiol
tab 1 mg-35 mcg97
norethindrone & ethinyl estradiol-
fe chew tab 0.4 mg-35 mcg97
norethindrone & ethinyl estradiol-
fe chew tab 0.8 mg-25 mcg97
norethindrone ace & ethinyl
estradiol tab 1 mg-20 mcg97
norethindrone ace & ethinyl
estradiol tab 1.5 mg-30 mcg97
norethindrone ace & ethinyl
estradiol-fe tab 1 mg-20 mcg ...97
norethindrone ace & ethinyl
estradiol-fe tab 1.5 mg-30 mcg 97
norethindrone ace-eth estradiol-fe
chew tab 1 mg-20 mcg (24)97
norethindrone ace-ethinyl
estradiol-fe tab 1 mg-20 mcg
(24)97
norethindrone acetate tab 5 mg 159
norethindrone acetate-ethinyl
estradiol tab 0.5 mg-2.5 mcg .116
norethindrone acetate-ethinyl
estradiol tab 1 mg-5 mcg116
norethindrone acetate-ethinyl
estradiol-fe fum (biphasic)
 see LO LOESTRIN TAB 1-10-1097

norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg....	97	NOVOSEVEN RT INJ 2MG	123
norethindrone tab 0.35 mg.....	98	NOVOSEVEN RT INJ 5MG	123
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg..	97	NOVOSEVEN RT INJ 8MG	123
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg....	97	Np Thyroid 120	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	97	see thyroid tab 120 mg (2 grain)	165
norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg .	97	Np Thyroid 15	
norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg .	97	see thyroid tab 15 mg (1/4 grain)	164
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	98	Np Thyroid 30	
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg	98	see thyroid tab 30 mg (1/2 grain)	165
NORTEMP SUS INFANTS.....	12	Np Thyroid 60	
NORTHERA CAP 100MG.....	172	see thyroid tab 60 mg (1 grain)	165
NORTHERA CAP 200MG.....	172	Np Thyroid 90	
NORTHERA CAP 300MG.....	172	see thyroid tab 90 mg (1 1/2 grain)	165
Nortrel 0.5/35 (28)		NUCALA INJ 100MG.....	25
see norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg ..	97	NUCYNTA ER TAB 100MG	14
Nortrel 1/35		NUCYNTA ER TAB 150MG	14
see norethindrone & ethinyl estradiol tab 1 mg-35 mcg	97	NUCYNTA ER TAB 200MG	14
Nortrel 7/7/7		NUCYNTA ER TAB 250MG	14
see norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg- mcg.....	97	NUCYNTA ER TAB 50MG	14
nortriptyline hcl cap 10 mg	40	NUCYNTA TAB 100MG.....	15
nortriptyline hcl cap 25 mg	40	NUCYNTA TAB 50MG.....	15
nortriptyline hcl cap 50 mg	40	NUCYNTA TAB 75MG.....	15
nortriptyline hcl cap 75 mg	40	NULOJIX INJ 250MG	143
NORVIR SOL 80MG/ML.....	85	NUTRIENTS TAB PRENATAL	147
NOVOEIGHT INJ 1500UNIT	123	NUVARING MIS.....	98
NOVOLIN INJ 70/30.....	49	NUWIQ INJ 1000UNIT.....	123
NOVOLIN INJ 70/30 FP	49	NUWIQ INJ 2000UNIT.....	123
NOVOLIN N INJ U-100	49	NUWIQ INJ 2500UNIT.....	123
NOVOLIN R INJ U-100.....	49	NUWIQ INJ 250UNIT.....	123
NOVOLOG INJ 100/ML	49	NUWIQ INJ 3000UNIT.....	123
NOVOLOG INJ FLEXPEN.....	49	NUWIQ INJ 4000UNIT.....	124
NOVOLOG INJ PENFILL.....	49	NUWIQ INJ 500UNIT.....	123
NOVOLOG MIX INJ 70/30	49	NUWIQ KIT 1000UNIT	124
NOVOLOG MIX INJ FLEXPEN	49	NUWIQ KIT 2000UNIT	124
NOVOSEVEN RT INJ 1MG.....	123	NUWIQ KIT 2500UNIT	124
		NUWIQ KIT 250UNIT	124
		NUWIQ KIT 3000UNIT	124
		NUWIQ KIT 4000UNIT	124
		NUWIQ KIT 500UNIT	124
		nystatin cream 100000 unit/gm	104
		nystatin oint 100000 unit/gm ...	104
		nystatin susp 100000 unit/ml ...	144

<i>nystatin tab 500000 unit</i>	53
<i>nystatin topical powder 100000 unit/gm</i>	104
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm- %</i>	104
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm- %</i>	104
Nystop see <i>nystatin topical powder 100000 unit/gm</i>	104
O	
O-CAL TAB PRENATAL	147
OCTAGAM INJ 5GM	157
<i>octreotide acetate</i> see SANDOSTATIN KIT LAR 10MG see SANDOSTATIN KIT LAR 20MG see SANDOSTATIN KIT LAR 30MG	115
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	115
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	115
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	115
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	115
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	115
Ocuvite/lutein see <i>multiple vitamins w/ minerals tab</i>	145
ODEFSEY TAB	85
ODOMZO CAP 200MG	69
<i>ofloxacin ophth soln 0.3 %</i>	153
<i>ofloxacin otic soln 0.3 %</i>	156
<i>ofloxacin tab 300 mg</i>	117
<i>ofloxacin tab 400 mg</i>	117
Ogestrel see <i>norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg</i>	98
<i>olanzapine pamoate</i> see ZYPREXA RELP INJ 210MG see ZYPREXA RELP INJ 300MG see ZYPREXA RELP INJ 405MG	81
<i>olanzapine tab 10 mg</i>	80
<i>olanzapine tab 15 mg</i>	80
<i>olanzapine tab 2.5 mg</i>	79
<i>olanzapine tab 20 mg</i>	80

<i>olanzapine tab 5 mg</i>	79
<i>olanzapine tab 7.5 mg</i>	79
<i>olmesartan medoxomil tab 20 mg</i>	62
<i>olmesartan medoxomil tab 40 mg</i>	62
<i>olmesartan medoxomil tab 5 mg</i>	62
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	66
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	66
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	66
<i>olodaterol hcl</i> see STRIVERDI AER 2.5MCG	29
<i>olopatadine hcl nasal soln 0.6 %</i>	150
<i>olopatadine hcl ophth soln 0.1 % (base equivalent)</i>	155
<i>olopatadine hcl ophth soln 0.2 % (base equivalent)</i>	155
<i>olsalazine sodium</i> see DIPENTUM CAP 250MG	118
<i>omalizumab</i> see XOLAIR INJ 150MG/ML see XOLAIR INJ 75/0.5 see XOLAIR SOL 150MG	25
<i>ombitasvir-paritaprevir-ritonavir</i> see TECHNIVIE TAB	87
<i>omega-3 fatty acids cap 1000 mg</i>	151
<i>omega-3 fatty acids cap 1200 mg</i>	151
<i>omega-3 fatty acids cap 300 mg</i>	151
<i>omega-3 fatty acids cap 500 mg</i>	151
<i>omega-3 fatty acids cap delayed release 1000 mg</i>	151
<i>omega-3 fatty acids cap delayed release 1200 mg</i>	151
<i>omega-3-acid ethyl esters cap 1 gm</i>	56
<i>omeprazole</i> see FIRST-OMEPRASUS 2MG/ML	167
<i>omeprazole cap delayed release 10 mg</i>	167

omeprazole cap delayed release 20 mg167
omeprazole cap delayed release 40 mg167
omeprazole magnesium
 see PRILOSEC OTC TAB 20MG.....167
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)167
 OMNARIS SPR.....150
 OMNIFLEX DPR134
 OMNITROPE INJ 10/1.5ML.....113
 OMNITROPE INJ 5.8MG113
 OMNITROPE INJ 5/1.5ML.....113
onabotulinumtoxin
 see BOTOX INJ 100UNIT151
 see BOTOX INJ 200UNIT151
ondansetron hcl oral soln 4 mg/5ml52
ondansetron hcl tab 4 mg52
ondansetron hcl tab 8 mg52
ondansetron orally disintegrating tab 4 mg53
ondansetron orally disintegrating tab 8 mg53
 ONE A DAY MIS PRENATAL147
 OPSUMIT TAB 10MG93
oral electrolyte solution141
 ORAVIG TAB 50MG144
 ORENCIA CLCK INJ 125MG/ML10
 ORENCIA INJ 125MG/ML10
 ORENCIA INJ 250MG10
 ORENCIA INJ 50/0.410
 ORENCIA INJ 87.5/0.710
 ORENITRAM TAB 0.125MG.....93
 ORENITRAM TAB 0.25MG92
 ORENITRAM TAB 1MG93
 ORENITRAM TAB 2.5MG93
 ORENITRAM TAB 5MG93
 ORFADIN CAP 10MG114
 ORFADIN CAP 20MG114
 ORFADIN CAP 2MG114
 ORFADIN CAP 5MG114
orphenadrine citrate tab er 12hr 100 mg149
oseltamivir phosphate cap 30 mg (base equiv)87

oseltamivir phosphate cap 45 mg (base equiv)87
oseltamivir phosphate cap 75 mg (base equiv)87
oseltamivir phosphate for susp 6 mg/ml (base equiv)88
osimertinib mesylate
 see TAGRISSO TAB 40MG.....73
 see TAGRISSO TAB 80MG.....73
 OSMOPREP TAB 1.5GM132
 OTEZLA TAB 10/20/3010
 OTEZLA TAB 30MG10
oxandrolone tab 10 mg18
oxandrolone tab 2.5 mg18
oxaprozin tab 600 mg9
oxazepam cap 10 mg.....24
oxazepam cap 15 mg.....24
oxazepam cap 30 mg.....24
oxcarbazepine susp 300 mg/5ml (60 mg/ml)33
oxcarbazepine tab 150 mg33
oxcarbazepine tab 300 mg34
oxcarbazepine tab 600 mg34
oxiconazole nitrate
 see OXISTAT LOT 1%104
oxiconazole nitrate cream 1 % ...104
 OXISTAT LOT 1%104
oxybutynin
 see OXYTROL/WOMN DIS 3.9MG/24169
oxybutynin chloride syrup 5 mg/5ml168
oxybutynin chloride tab 5 mg....168
oxybutynin chloride tab er 24hr 10 mg169
oxybutynin chloride tab er 24hr 15 mg169
oxybutynin chloride tab er 24hr 5 mg168
oxycodone hcl
 see OXYCONTIN TAB 10MG CR.....15
 see OXYCONTIN TAB 15MG CR.....15
 see OXYCONTIN TAB 20MG CR.....15
 see OXYCONTIN TAB 30MG CR.....15
 see OXYCONTIN TAB 40MG CR.....15
 see OXYCONTIN TAB 60MG CR.....15
 see OXYCONTIN TAB 80MG CR.....15

oxycodone hcl soln 5 mg/5ml	15
oxycodone hcl tab 10 mg	15
oxycodone hcl tab 15 mg	15
oxycodone hcl tab 20 mg	15
oxycodone hcl tab 30 mg	15
oxycodone hcl tab 5 mg	15
oxycodone hcl tab er 12hr deter 10 mg	15
oxycodone hcl tab er 12hr deter 15 mg	15
oxycodone hcl tab er 12hr deter 20 mg	15
oxycodone hcl tab er 12hr deter 30 mg	15
oxycodone hcl tab er 12hr deter 40 mg	15
oxycodone hcl tab er 12hr deter 60 mg	15
oxycodone hcl tab er 12hr deter 80 mg	15
oxycodone w/ acetaminophen tab 10-325 mg	17
oxycodone w/ acetaminophen tab 2.5-325 mg	17
oxycodone w/ acetaminophen tab 5-325 mg	17
oxycodone w/ acetaminophen tab 7.5-325 mg	17
oxycodone-ibuprofen tab 5-400 mg	17
OXYCONTIN TAB 10MG CR	15
OXYCONTIN TAB 15MG CR	15
OXYCONTIN TAB 20MG CR	15
OXYCONTIN TAB 30MG CR	15
OXYCONTIN TAB 40MG CR	15
OXYCONTIN TAB 60MG CR	15
OXYCONTIN TAB 80MG CR	15
oxymetazoline hcl nasal soln 0.05 %	151
oxymetholone see ANADROL-50 TAB 50MG	18
oxymorphone hcl tab 10 mg	15
oxymorphone hcl tab 5 mg	15
oxymorphone hcl tab er 12hr 10 mg	16
oxymorphone hcl tab er 12hr 15 mg	16
oxymorphone hcl tab er 12hr 20 mg	16
oxymorphone hcl tab er 12hr 30 mg	16
oxymorphone hcl tab er 12hr 40 mg	16
oxymorphone hcl tab er 12hr 5 mg	15
oxymorphone hcl tab er 12hr 7.5 mg	16
OXYTROL/WOMN DIS 3.9MG/24	169
Oysco 500+d see calcium carbonate-cholecalciferol chew tab 500 mg-600 unit	139
Oyster Shell Calcium Plus see calcium carbonate-cholecalciferol tab 500 mg-200 unit	139
oyster shell calcium tab 500 mg	141
Oystercal-d see calcium carbonate-cholecalciferol tab 500 mg-400 unit	140
OZEMPIC INJ 2/1.5ML	46
P	
Pain & Fever Childrens see acetaminophen soln 160 mg/5ml	11
palbociclib see IBRANCE CAP 100MG	71
see IBRANCE CAP 125MG	71
see IBRANCE CAP 75MG	71
see IBRANCE TAB 100MG	71
see IBRANCE TAB 125MG	71
see IBRANCE TAB 75MG	71
palifermin see KEPIVANCE INJ 6.25MG	73
paliperidone palmitate see INVEGA SUST INJ 117/0.75	77
see INVEGA SUST INJ 156MG/ML ..	77
see INVEGA SUST INJ 234/1.5	77
see INVEGA SUST INJ 39/0.25	77
see INVEGA SUST INJ 78/0.5ML	77
see INVEGA TRINZ INJ 273MG	77
see INVEGA TRINZ INJ 410MG	77
see INVEGA TRINZ INJ 546MG	77

see INVEGA TRINZ INJ 819MG77
paliperidone tab er 24hr 1.5 mg ..77
paliperidone tab er 24hr 3 mg77
paliperidone tab er 24hr 6 mg77
paliperidone tab er 24hr 9 mg77
palivizumab
 see SYNAGIS INJ 100MG/ML157
 see SYNAGIS INJ 50MG157
**pancrelipase (lipase-protease-
 amylase)**
 see CREON CAP 12000UNT110
 see CREON CAP 24000UNT110
 see CREON CAP 3000UNIT.....110
 see CREON CAP 36000UNT110
 see CREON CAP 6000UNIT.....110
 see ZENPEP CAP 10000UNT111
 see ZENPEP CAP 15000UNT111
 see ZENPEP CAP 20000UNT111
 see ZENPEP CAP 25000111
 see ZENPEP CAP 3000UNIT.....110
 see ZENPEP CAP 40000111
 see ZENPEP CAP 5000UNIT.....110
panobinostat lactate
 see FARYDAK CAP 10MG.....71
 see FARYDAK CAP 15MG.....71
 see FARYDAK CAP 20MG.....71
 PANRETIN GEL 0.1%105
**pantoprazole sodium ec tab 20 mg
 (base equiv)**167
**pantoprazole sodium ec tab 40 mg
 (base equiv)**167
 PARAGARD IUD T380A.....98
paricalcitol cap 1 mcg.....114
paricalcitol cap 2 mcg.....114
paricalcitol cap 4 mcg.....114
paromomycin sulfate cap 250 mg. 6
paroxetine hcl tab 10 mg.....37
paroxetine hcl tab 20 mg.....37
paroxetine hcl tab 30 mg.....37
paroxetine hcl tab 40 mg.....37
 PASER GRA 4GM68
pazopanib hcl
 see VOTRIENT TAB 200MG73
 PEAK AIR FLO MIS ADLT/PED.....137
peak flow meter
 see PEAK AIR FLO MIS ADLT/PED 137
 PEDIA-LAX LIQ 50MG133

pediatric multiple vitamin liq.....146
pediatric multiple vitamin w/ c
 see POLY-VI-SOL SOL 50MG/ML..146
**pediatric multiple vitamin w/ c & fa
 chew tab**.....146
**pediatric multiple vitamin w/ c
 soln 35 mg/ml**.....146
**pediatric multiple vitamin w/ extra
 c & fa chew tab**.....146
**pediatric multiple vitamin w/
 minerals & c chew tab**145
**pediatric multiple vitamin w/
 minerals & c drops 45 mg/ml**.145
pediatric multiple vitamins
 see MULT VITAM DRO146
**pediatric multiple vitamins w/ fl-fe
 drops 0.25-10 mg/ml**145
**pediatric multiple vitamins w/
 fluoride chew tab 0.25 mg**.....146
**pediatric multiple vitamins w/
 fluoride chew tab 0.5 mg**.....145
**pediatric multiple vitamins w/
 fluoride chew tab 1 mg**.....146
**pediatric multiple vitamins w/
 fluoride soln 0.25 mg/ml**.....146
**pediatric multiple vitamins w/
 fluoride soln 0.5 mg/ml**.....146
pediatric multiple vitamins w/ iron
 see ANIMAL SHAPE CHW IRON....146
 see MULTIVITAMIN DRO /IRON ..146
**pediatric multiple vitamins w/ iron
 chew tab 15 mg**.....146
**pediatric multiple vitamins w/ iron
 drops 10 mg/ml**146
**pediatric vitamins acid w/ fluoride
 soln 0.25 mg/ml**.....146
**pediatric vitamins acid w/ fluoride
 soln 0.5 mg/ml**.....146
pediatric vitamins adc
 see TRI-VI-SOL SOL A/C/D146
**pediatric vitamins adc drops 750
 unit-400 unit-35 mg/ml**146
**peg 3350-kcl-na bicarb-nacl-na
 sulfate for soln 236 gm**131
**peg 3350-kcl-na bicarb-nacl-na
 sulfate for soln 240 gm**131

peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	
see MOVIPREP SOL.....	131
see PLENVU SOL.....	132
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	132
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	
see GOLYTELY SOL.....	131
PEGANONE TAB 250MG.....	35
PEGASYS INJ.....	87
PEGASYS INJ 180MCG/M.....	87
pegfilgrastim	
see NEULASTA INJ 6MG/0.6M.....	127
pegfilgrastim-bmez	
see ZIEXTENZO INJ 6/0.6ML.....	127
pegfilgrastim-cbqv	
see UDENYCA INJ 6MG/.6ML.....	127
pegfilgrastim-jmdb	
see FULPHILA INJ 6/0.6ML.....	127
peginterferon alfa-2a	
see PEGASYS INJ.....	87
see PEGASYS INJ 180MCG/M.....	87
peginterferon beta-1a	
see PLEGRIDY INJ.....	161
see PLEGRIDY INJ PEN.....	161
see PLEGRIDY INJ STARTER.....	161
see PLEGRIDY PEN INJ STARTER.....	161
pegvisomant	
see SOMAVERT INJ 10MG.....	113
see SOMAVERT INJ 15MG.....	113
see SOMAVERT INJ 20MG.....	113
PEN NEEDLES MIS 29GX10MM.....	136
PEN NEEDLES MIS 29GX12.7.....	136
PEN NEEDLES MIS 29GX12MM.....	136
PEN NEEDLES MIS 31GX5MM.....	136
PEN NEEDLES MIS 31GX6MM.....	136
PEN NEEDLES MIS 31GX8MM.....	136
PEN NEEDLES MIS 32GX4MM.....	136
PEN NEEDLES MIS 32GX6MM.....	136
PEN NEEDLES MIS 32GX8MM.....	137
penciclovir	
see DENAVIR CRE 1%.....	105
penicillamine	
see DEPEN TITRA TAB 250MG.....	143
see D-PENAMINE TAB 125MG.....	143
penicillamine tab 250 mg	143
penicillin v potassium for soln 125 mg/5ml	158
penicillin v potassium for soln 250 mg/5ml	158
penicillin v potassium tab 250 mg	158
penicillin v potassium tab 500 mg	158
pentamidine isethionate	
see NEBUPENT INH 300MG.....	20
pentamidine isethionate for nebulization soln 300 mg	20
pentosan polysulfate sodium	
see ELMIRON CAP 100MG.....	120
pentoxifylline tab er 400 mg	125
perampanel	
see FYCOMPA TAB 10MG.....	31
see FYCOMPA TAB 12MG.....	32
see FYCOMPA TAB 2MG.....	31
see FYCOMPA TAB 4MG.....	31
see FYCOMPA TAB 6MG.....	31
see FYCOMPA TAB 8MG.....	31
perindopril erbumine tab 2 mg	60
perindopril erbumine tab 4 mg	60
perindopril erbumine tab 8 mg	61
permethrin & pyrethrins-piperonyl butoxide	
see RA LICE KIT SOLUTION.....	110
permethrin aerosol 0.5 %	109
permethrin cream 5 %	109
permethrin creme rinse 1 %	109
permethrin lotion 1 %	109
perphenazine tab 16 mg	81
perphenazine tab 2 mg	81
perphenazine tab 4 mg	81
perphenazine tab 8 mg	81
PERRY PRENAT CAP.....	147
Pharbedryl	
see diphenhydramine hcl cap 25 mg	54
phenazopyridine hcl tab 100 mg	120
phenazopyridine hcl tab 200 mg	120
phendimetrazine tartrate tab 35 mg	2
phenelzine sulfate tab 15 mg	36
phenobarbital elixir 20 mg/5ml	129
phenobarbital tab 100 mg	129

phenobarbital tab 15 mg	129
phenobarbital tab 16.2 mg	129
phenobarbital tab 30 mg	129
phenobarbital tab 32.4 mg	129
phenobarbital tab 60 mg	129
phenobarbital tab 64.8 mg	129
phenobarbital tab 97.2 mg	129
phenoxybenzamine hcl cap 10 mg	61
phenylephrine hcl (oral) see SUDAFED PE SOL CHILDREN	151
phenylephrine hcl tab 10 mg	151
PHENYTEK CAP 200MG	35
PHENYTEK CAP 300MG	35
phenytoin chew tab 50 mg	35
phenytoin sodium extended see DILANTIN CAP 100MG	35
see DILANTIN CAP 30MG	35
see PHENYTEK CAP 200MG	35
see PHENYTEK CAP 300MG	35
phenytoin sodium extended cap 100 mg	35
phenytoin sodium extended cap 200 mg	35
phenytoin sodium extended cap 300 mg	35
phenytoin susp 125 mg/5ml	35
PHOSPHOLINE SOL 0.125% OP	153
Physiolyte see irrigation solution, physiological	144
phytonadione tab 5 mg	173
PICATO GEL 0.015%	105
PICATO GEL 0.05%	105
PIFELTRO TAB 100MG	85
pilocarpine hcl ophth soln 1 % ...	153
pilocarpine hcl ophth soln 2 % ...	153
pilocarpine hcl ophth soln 4 % ...	153
pilocarpine hcl tab 5 mg	145
pilocarpine hcl tab 7.5 mg	145
pimozide tab 1 mg	161
pimozide tab 2 mg	161
pindolol tab 10 mg	89
pindolol tab 5 mg	89
pioglitazone hcl tab 15 mg (base equiv)	50
pioglitazone hcl tab 30 mg (base equiv)	50
pioglitazone hcl tab 45 mg (base equiv)	50
pirfenidone see ESBRIET CAP 267MG	162
see ESBRIET TAB 267MG	162
see ESBRIET TAB 801MG	162
piroxicam cap 10 mg	9
piroxicam cap 20 mg	10
PLEGRIDY INJ	161
PLEGRIDY INJ PEN	161
PLEGRIDY INJ STARTER	161
PLEGRIDY PEN INJ STARTER	161
PLENVU SOL	132
pneumococcal 13-valent conjugate vaccine see PREVJAR 13 INJ	170
pneumococcal vac polyvalent see PNEUMOVAX 23 INJ 25/0.5 ...	170
PNEUMOVAX 23 INJ 25/0.5	170
podofilox soln 0.5 %	109
Polycin see bacitracin-polymyxin b ophth oint	153
polyethylene glycol 3350 oral packet 17 gm	132
polyethylene glycol 3350 oral powder 17 gm/scoop	132
polyethylene glycol-propylene glycol ophth soln 0.4-0.3 %	152
Poly-iron 150 see polysaccharide iron complex cap 150 mg (iron equivalent)	128
Poly-iron 150 Forte see iron polysacch complex-vit b12-fa cap 150-0.025-1 mg .	128
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1 %	154
polysaccharide iron complex cap 150 mg (iron equivalent)	128
polysaccharide iron-folic acid-vit b12 see FERREX 150 CAP FORTE	128
polyvinyl alcohol ophth soln 1.4 %	152

polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)	152
POLY-VI-SOL SOL 50MG/ML.....	146
Polyvitamin/iron see pediatric multiple vitamin w/ minerals & c chew tab	145
pomalidomide see POMALYST CAP 1MG	70
see POMALYST CAP 2MG	70
see POMALYST CAP 3MG	70
see POMALYST CAP 4MG	70
POMALYST CAP 1MG	70
POMALYST CAP 2MG	70
POMALYST CAP 3MG	70
POMALYST CAP 4MG	70
ponatinib hcl see ICLUSIG TAB 15MG	71
see ICLUSIG TAB 45MG	71
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	142
potassium bicarbonate effer tab 25 meq	142
potassium chloride cap er 10 meq	142
potassium chloride cap er 8 meq	142
potassium chloride microencapsulated crys er tab 10 meq	142
potassium chloride microencapsulated crys er tab 20 meq	142
potassium chloride oral soln 10% (20 meq/15ml)	142
potassium chloride oral soln 20% (40 meq/15ml)	142
potassium chloride tab er 10 meq	142
potassium chloride tab er 20 meq (1500 mg)	142
potassium chloride tab er 8 meq (600 mg)	142
potassium citrate & citric acid soln 1100-334 mg/5ml	119
potassium citrate tab er 10 meq (1080 mg)	120
potassium citrate tab er 15 meq (1620 mg)	120
potassium citrate tab er 5 meq (540 mg)	119
PRADAXA CAP 110MG	31
PRADAXA CAP 150MG	31
PRADAXA CAP 75MG	31
pramipexole dihydrochloride tab 0.125 mg	75
pramipexole dihydrochloride tab 0.25 mg	75
pramipexole dihydrochloride tab 0.5 mg	75
pramipexole dihydrochloride tab 0.75 mg	75
pramipexole dihydrochloride tab 1 mg	75
pramipexole dihydrochloride tab 1.5 mg	75
pramlintide acetate see SYMLINPEN 60 INJ 1000MCG ..	41
see SYMLINPEN 120 INJ 1000MCG ..	41
pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%	18
prasugrel hcl tab 10 mg (base equiv)	126
prasugrel hcl tab 5 mg (base equiv)	125
pravastatin sodium tab 10 mg	58
pravastatin sodium tab 20 mg	58
pravastatin sodium tab 40 mg	58
pravastatin sodium tab 80 mg	58
praziquantel tab 600 mg	20
prazosin hcl cap 1 mg	64
prazosin hcl cap 2 mg	64
prazosin hcl cap 5 mg	64
prednicarbate cream 0.1%	108
prednicarbate oint 0.1%	108
prednisolone acetate ophth susp 1%	154
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) ..	99
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) ...	99
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq) ..	99

prednisolone syrup 15 mg/5ml (usp solution equivalent)	99
prednisone oral soln 5 mg/5ml ...	99
prednisone tab 1 mg	99
prednisone tab 10 mg	99
prednisone tab 2.5 mg	99
prednisone tab 20 mg	99
prednisone tab 5 mg	99
prednisone tab 50 mg	99
prednisone tab therapy pack 10 mg (21)	100
prednisone tab therapy pack 10 mg (48)	100
prednisone tab therapy pack 5 mg (21)	99
prednisone tab therapy pack 5 mg (48)	99
pregabalin	
see LYRICA CAP 100MG	33
see LYRICA CAP 150MG	33
see LYRICA CAP 200MG	33
see LYRICA CAP 225MG	33
see LYRICA CAP 25MG	33
see LYRICA CAP 300MG	33
see LYRICA CAP 50MG	33
see LYRICA CAP 75MG	33
PREGABALIN CAP 100 MG	34
PREGABALIN CAP 150 MG	34
PREGABALIN CAP 200 MG	34
PREGABALIN CAP 225 MG	34
PREGABALIN CAP 25 MG	34
PREGABALIN CAP 300 MG	34
PREGABALIN CAP 50 MG	34
PREGABALIN CAP 75 MG	34
PREMARIN TAB 0.3MG	116
PREMARIN TAB 0.45MG	116
PREMARIN TAB 0.625MG	116
PREMARIN TAB 0.9MG	116
PREMARIN TAB 1.25MG	117
PREMARIN VAG CRE 0.625MG	172
PREMPHASE TAB	116
PREMPRO TAB	116
PREMPRO TAB 0.3-1.5	116
PREMPRO TAB 0.45-1.5	116
PREMPRO TAB 0.625-5	116
PRENAT MULTI CAP +DHA	147
Prenatabs Rx	
see prenatal vit w/ iron carbonyl- fa tab 29-1 mg	148
Prenatal 19	
see prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	148
see prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	148
PRENATAL 19 TAB 29-1MG	147
PRENATAL CAP FORMULA	148
PRENATAL CAP OMEGA-3	148
Prenatal Dha	
see docosahexaenoic acid cap 200 mg	151
PRENATAL DHA PAK MULTI	148
PRENATAL FRM TAB A-FREE	148
PRENATAL MUL CAP +DHA	148
prenatal multivitamins & minerals w/ folic acid-fish oil	
see CVS PRENATAL CHW GUMMY	147
prenatal multivit-min w/fe-fa	
see KPN PRENATAL TAB	147
see MYNATAL CAP	147
see PRENATAL/FE TAB	148
prenatal mv & min w/ methyfolate-choline-fish oil	
see PRENATAL DHA PAK MULTI ...	148
prenatal mv & min w/fe carbonyl- fa-dha	
see BRAINSTRONG MIS PRENATAL	147
prenatal mv & min w/fe fumarate- fa-dha	
see CENTRUM SPEC PAK PRENATAL	147
see ENFAMIL MIS EXPECTA	147
see PRENAT MULTI CAP +DHA	147
see PRENATAL+DHA MIS	148
see THERANATAL MIS COMPLETE	148
PRENATAL TAB	148
PRENATAL TAB COMPLETE	148
PRENATAL TAB FORMULA	148
prenatal vit w/ docusate-fe fumarate-folic acid	
see MYNATE 90 TAB PLUS	147
see PRENATAL 19 TAB 29-1MG ...	147
prenatal vit w/ docusate-iron carbonyl-folic acid	

see MYNATAL TAB147
***prenatal vit w/ dss-fe fumarate-fa
 tab 29-1 mg***148
***prenatal vit w/ dss-iron carbonyl-
 fa tab 90-1 mg***148
***prenatal vit w/ fe bisglycinate
 chelate-folic acid***
 see VINATE II TAB149
***prenatal vit w/ fe bisglycinate-folic
 acid-omega 3 fatty acid***
 see BE WELL PAK ROUNDED147
***prenatal vit w/ fe fumarate-fa
 chew tab 29-1 mg***148
***prenatal vit w/ fe fumarate-fa tab
 28-1 mg***148
***prenatal vit w/ ferrous fumarate-
 fa-fish oil***
 see PRENATAL CAP OMEGA-3148
***prenatal vit w/ ferrous fumarate-
 fa-omega 3 fatty acids***
 see ONE A DAY MIS PRENATAL... 147
 see PRENATAL CAP FORMULA.....148
 see PRENATAL MUL CAP +DHA...148
 see SM ONE DAILY MIS PRENATAL
148
***prenatal vit w/ ferrous fumarate-
 folic acid***
 see CO-NATAL FA TAB 29-1MG... 147
 see NATALVIT TAB 75-1MG.....147
 see O-CAL TAB PRENATAL147
 see PERRY PRENAT CAP.....147
 see PRENATAL TAB148
 see PRENATAL TAB COMPLETE148
 see RA PRENATAL TAB FORMULA.148
 see SE-NATAL 19 CHW148
 see TRINATAL RX TAB 1148
 see VITAFOL-OB TAB 65-1MG149
 see VOL-PLUS TAB.....149
***prenatal vit w/ ferrous fumarate-l
 methylfolate-folic acid***
 see TL FOLATE TAB.....148
***prenatal vit w/ iron carbonyl-fa tab
 29-1 mg***148
***prenatal vit w/ iron carbonyl-folic
 acid***
 see VOL-TAB RX TAB149

***prenatal vit w/ selenium-fe
 fumarate-folic acid***
 see PRENATAL TAB FORMULA.....148
 see VINATE M TAB.....149
***prenatal vit without vit a w/ fe
 bisglycinate-folic acid***
 see NESTABS TAB147
prenatal vitamin
 see CALNA TAB147
***prenatal vitamins w/ ferrous
 succinate-folic acid***
 see NUTRIENTS TAB PRENATAL... 147
***prenatal without a vit w/ fe
 fumarate-folic acid***
 see PRENATAL FRM TAB A-FREE.. 148
***prenatal without vit a w/ iron
 polysaccharide complex-fa***
 see EZFE FORTE CAP147
 PRENATAL/FE TAB148
 PRENATAL+DHA MIS148
 PREPOPIK PAK132
 PREVNR 13 INJ170
 PREZCOBIX TAB 800-15085
 PREZISTA SUS 100MG/ML85
 PREZISTA TAB 150MG85
 PREZISTA TAB 600MG85
 PREZISTA TAB 75MG85
 PREZISTA TAB 800MG85
 PRIFTIN TAB 150MG68
 PRILOSEC OTC TAB 20MG167
***primaquine phosphate tab 26.3 mg
 (15 mg base)***67
primidone tab 250 mg34
primidone tab 50 mg34
 PRIVIGEN INJ 20GRAMS157
 PROAIR HFA AER.....29
probenecid tab 500 mg121
procarbazine hcl
 see MATULANE CAP 50MG73
***prochlorperazine maleate tab 10
 mg (base equivalent)***81
***prochlorperazine maleate tab 5 mg
 (base equivalent)***81
prochlorperazine suppos 25 mg ..81
 PROCRIT INJ 2000/ML127
 PROCRIT INJ 3000/ML127
 PROCRIT INJ 40000/ML.....127

PROFILNINE INJ 1500UNIT124
progesterone (vaginal)
 see PROGESTERONE SUP VGS 100
 172
 see PROGESTERONE SUP VGS 200
 172
progesterone micronized cap 100
 mg159
progesterone micronized cap 200
 mg159
 PROGESTERONE SUP VGS 100172
 PROGESTERONE SUP VGS 200172
 PROGLYCEM SUS 50MG/ML45
 PROLASTIN-C INJ 1000MG162
 PROLIA SOL 60MG/ML113
 PROMACTA TAB 12.5MG127
 PROMACTA TAB 25MG127
 PROMACTA TAB 50MG127
 PROMACTA TAB 75MG127
promethazine & phenylephrine
 syrup 6.25-5 mg/5ml100
promethazine hcl suppos 12.5 mg
 55
promethazine hcl suppos 25 mg ..55
promethazine hcl syrup 6.25
 mg/5ml55
promethazine hcl tab 12.5 mg55
promethazine hcl tab 25 mg55
promethazine hcl tab 50 mg55
promethazine w/ codeine syrup
 6.25-10 mg/5ml101
promethazine-dm syrup 6.25-15
 mg/5ml101
promethazine-phenylephrine-
 codeine syrup 6.25-5-10 mg/5ml
 101
propafenone hcl tab 150 mg24
propafenone hcl tab 225 mg24
propafenone hcl tab 300 mg24
proparacaine hcl ophth soln 0.5 %
 154
propranolol hcl cap er 24hr 120 mg
 89
propranolol hcl cap er 24hr 160 mg
 89
propranolol hcl cap er 24hr 60 mg
 89

propranolol hcl cap er 24hr 80 mg
 89
propranolol hcl oral soln 20
 mg/5ml89
propranolol hcl oral soln 40
 mg/5ml89
propranolol hcl tab 10 mg89
propranolol hcl tab 20 mg89
propranolol hcl tab 40 mg89
propranolol hcl tab 60 mg89
propranolol hcl tab 80 mg89
propylene glycol-glycerin ophth
 soln 1-0.3 %152
propylthiouracil tab 50 mg163
protriptyline hcl tab 10 mg40
protriptyline hcl tab 5 mg40
 PROVENTIL AER HFA29
pseudoephed-bromphen-dm
 see BROAPP DM LIQ 15-1-5/5 ...100
pseudoephed-bromphen-dm syrup
 30-2-10 mg/5ml101
pseudoephedrine hcl
 see NASAL DECON SYP 30MG/5ML
 151
 see NASAL DECONG LIQ 30MG/5ML
 151
pseudoephedrine hcl liq 15 mg/5ml
 151
pseudoephedrine hcl tab 30 mg 151
pseudoephedrine hcl tab 60 mg 151
pseudoephedrine hcl tab er 12hr
 120 mg151
pseudoephedrine-guaifenesin tab
 er 12hr 60-600 mg101
psyllium
 see KONSYL DAILY POW 100% ...131
 see KONSYL DAILY POW 28.3% ..131
 see KONSYL-D POW 52.3%131
 see METAMUCIL POW 28%ORG ...131
 see METAMUCIL POW 58.12%131
 see METAMUCIL WAF131
 see NAT FIBER POW 58.6%131
psyllium cap 0.52 gm131
psyllium cap 400 mg131
psyllium powder 100 %131
psyllium powder 28.3 %131
psyllium powder 30.9 %131

psyllium powder 33 %131
psyllium powder 48.57 %131
psyllium powder 58.6 %131
psyllium powder 95 %131
 PULMICORT INH 180MCG26
 PULMICORT INH 90MCG26
 PULMONEB LT MIS NEBULIZE137
 PULMOZYME SOL 1MG/ML162
 Pure & Gentle Lubricant
 see *hypromellose ophth soln*
 0.3 %152
 Px Iron
 see *ferrous sulfate dried tab 200*
 mg (65 mg elemental fe)128
pyrantel pamoate susp 144 mg/ml
 (50 mg/ml base equiv).....20
pyrazinamide tab 500 mg68
pyreth-piperonyl butox sham-
 permeth aero-nit remover gel kit
 110
pyrethrins-piperonyl butoxide liq
 0.3-3 %110
pyrethrins-piperonyl butoxide liq
 0.33-4 %110
pyrethrins-piperonyl butoxide
 shampoo 0.33-4 %110
pyridostigmine bromide tab 60 mg
 67
pyridoxine hcl tab 100 mg173
pyridoxine hcl tab 25 mg173
pyridoxine hcl tab 50 mg173
pyridoxine hcl tab er 200 mg....174
pyrimethamine
 see DARAPRIM TAB 25MG.....67

Q

Qc 3 Day Vaginal Cream
 see *miconazole nitrate vaginal*
 cream 4 % (200 mg/5gm) ...171
 Qc Natural Vegetable
 see *psyllium powder 95 %*131
quetiapine fumarate tab 100 mg .80
quetiapine fumarate tab 200 mg .80
quetiapine fumarate tab 25 mg ...80
quetiapine fumarate tab 300 mg .80
quetiapine fumarate tab 400 mg .80
quetiapine fumarate tab 50 mg ...80

quetiapine fumarate tab er 24hr
 150 mg80
quetiapine fumarate tab er 24hr
 200 mg80
quetiapine fumarate tab er 24hr
 300 mg80
quetiapine fumarate tab er 24hr
 400 mg80
quetiapine fumarate tab er 24hr 50
 mg80
quinapril hcl tab 10 mg61
quinapril hcl tab 20 mg61
quinapril hcl tab 40 mg61
quinapril hcl tab 5 mg61
quinapril-hydrochlorothiazide tab
 10-12.5 mg66
quinapril-hydrochlorothiazide tab
 20-12.5 mg66
quinapril-hydrochlorothiazide tab
 20-25 mg66
quinidine sulfate tab 200 mg24
quinidine sulfate tab 300 mg24
quinine sulfate cap 324 mg67
 QVAR REDIHA AER 80MCG26
 QVAR REDIHAL AER 40MCG.....26
R

Ra Acetaminophen Rapid Me
 see *acetaminophen disintegrating*
 tab 160 mg11
 see *acetaminophen disintegrating*
 tab 80 mg11
 Ra Budesonide Nasal Spray
 see *budesonide nasal susp 32*
 mcg/act150
 Ra Calcium 600 Plus Vitam
 see *calcium carb-vit d w/*
 minerals chew tab 600 mg-400
 unit139
 Ra Cetirizine
 see *cetirizine hcl tab 10 mg*55
 Ra Col-rite
 see *docusate sodium cap 50 mg*
 133
 Ra Ear Drying Agent
 see *isopropyl alcohol-glycerin otic*
 liquid 95-5 %156
 Ra Glycerin Child

see **glycerin suppos 80.7 %**132
 Ra Hemorrhoidal
 see **pramox-pe-glycerin-
petrolatum perianal cream 1-
0.25-14.4-15 %**18
 Ra Hydrocortisone Plus 12
 see **hydrocortisone cream 1 %** .107
 Ra Ibuprofen
 see **ibuprofen tab 200 mg** 9
 Ra Laxative
 see **polyethylene glycol 3350 oral
packet 17 gm**132
 see **polyethylene glycol 3350 oral
powder 17 gm /scoop**.....132
 Ra Laxative Maximum Stren
 see **sennosides tab 25 mg**133
 RA LICE KIT SOLUTION110
 Ra Lubricant Eye Drops
 see **propylene glycol-glycerin
ophth soln 1-0.3 %**152
 Ra Melatonin
 see **melatonin-pyridoxine tab 3-2
mg** 6
 Ra Mucus Relief D
 see **pseudoephedrine-guaifenesin
tab er 12hr 60-600 mg**.....101
 RA OYS SHL/D TAB 500MG141
 Ra Oyster Shell Calcium/v
 see **calcium carbonate-vitamin d
tab 250 mg-125 unit**140
 RA PRENATAL TAB FORMULA148
 Ra Slow Release Iron
 see **ferrous sulfate tab er 47.5 mg
(elemental fe)**.....128
 Ra Tioconazole 1
 see **tioconazole vaginal oint 6.5 %**
 172
rabeprazole sodium ec tab 20 mg
 168
raloxifene hcl tab 60 mg.....113
raltegravir potassium
 see ISENTRESS CHW 100MG84
 see ISENTRESS CHW 25MG84
 see ISENTRESS HD TAB 600MG.....84
 see ISENTRESS POW 100MG.....84
 see ISENTRESS TAB 400MG.....84
ramelteon

 see ROZEREM TAB 8MG130
ramelteon tab 8 mg130
ramipril cap 1.25 mg61
ramipril cap 10 mg61
ramipril cap 2.5 mg61
ramipril cap 5 mg61
ranitidine hcl tab 150 mg166
ranitidine hcl tab 300 mg166
ranitidine hcl tab 75 mg166
ranolazine tab er 12hr 1000 mg ..21
ranolazine tab er 12hr 500 mg21
 RAPAMUNE SOL 1MG/ML143
**rasagiline mesylate tab 0.5 mg
(base equiv)**75
**rasagiline mesylate tab 1 mg (base
equiv)**75
 RECOMBIMATE INJ124
 RECOMBIMATE INJ 220-400.....124
 RECOMBIMATE INJ 401-800.....124
 RECOMBIMATE INJ 801-1240.....124
 RECOMBIVA HB INJ 10MCG/ML.....171
 RECOMBIVA HB INJ 5MCG/0.5171
 RECTIV OIN 0.4%18
 Regenecare Ha
 see **lidocaine hcl gel 2 %**109
regorafenib
 see STIVARGA TAB 40MG72
 REGRANEX GEL 0.01%110
 Reguloid
 see **psyllium cap 400 mg**131
 RELENZA MIS DISKHALE88
 RELION KETON TES110
 RELISTOR INJ 12/0.6ML119
 RELISTOR TAB 150MG119
 REMICADE INJ 100MG118
 REMODULIN INJ 10MG/ML93
 REMODULIN INJ 1MG/ML93
 REMODULIN INJ 2.5MG/ML93
 REMODULIN INJ 5MG/ML93
 Rena-vite
 see **b-complex w/ c & folic acid
tab 0.8 mg**145
 RENFLEXIS INJ 100MG118
repaglinide tab 0.5 mg50
repaglinide tab 1 mg50
repaglinide tab 2 mg50
 REPATHA INJ 140MG/ML59

REPATHA PUSH INJ 420/3.559
 REPATHA SURE INJ 140MG/ML.....59
 RESCRIPTOR TAB 200MG85
respiratory therapy supplies
 see PULMONEB LT MIS NEBULIZE 137
 RESTASIS EMU 0.05%154
 RETACRIT INJ 10000UNT127
 RETACRIT INJ 2000UNIT127
 RETACRIT INJ 3000UNIT127
 RETACRIT INJ 40000UNT127
 RETACRIT INJ 4000UNIT127
retapamulin
 see ALTABAX OIN 1%103
 REVLIMID CAP 10MG143
 REVLIMID CAP 15MG143
 REVLIMID CAP 2.5MG143
 REVLIMID CAP 20MG143
 REVLIMID CAP 25MG143
 REVLIMID CAP 5MG143
rho d immune globulin (human)
 see RHOGAM PLUS INJ 300MCG ..157
 RHOGAM PLUS INJ 300MCG.....157
 Ribasphere
 see *ribavirin cap 200 mg*87
ribavirin cap 200 mg87
ribavirin tab 200 mg.....87
ribociclib succinate
 see KISQALI TAB 200DOSE.....72
 see KISQALI TAB 400DOSE.....72
 see KISQALI TAB 600DOSE.....72
ribociclib succinate-letrozole
 see KISQALI 200 PAK FEMARA70
 see KISQALI 400 PAK FEMARA70
 see KISQALI 600 PAK FEMARA70
riboflavin tab 100 mg174
 RIDAURA CAP 3MG 7
rifabutin cap 150 mg68
rifampin cap 150 mg68
rifampin cap 300 mg68
rifapentine
 see PRIFTIN TAB 150MG.....68
 RIFATER TAB67
rifaximin
 see XIFAXAN TAB 200MG20
 see XIFAXAN TAB 550MG20
rilonacept
 see ARCALYST INJ 220MG 7

rilpivirine hcl
 see EDURANT TAB 25MG84
riluzole tab 50 mg151
rimantadine hydrochloride tab 100 mg88
 RINVOQ TAB 15MG ER..... 7
riociguat
 see ADEMPAS TAB 0.5MG94
 see ADEMPAS TAB 1.5MG94
 see ADEMPAS TAB 1MG.....94
 see ADEMPAS TAB 2.5MG94
 see ADEMPAS TAB 2MG.....94
 RISACAL-D TAB141
risankizumab-rzaa
 see SKYRIZI INJ 150DOSE.....105
risedronate sodium tab 150 mg 113
risedronate sodium tab 30 mg ..113
risedronate sodium tab 35 mg ..113
risedronate sodium tab 5 mg113
 RISPERDAL INJ 12.5MG77
 RISPERDAL INJ 25MG77
 RISPERDAL INJ 37.5MG77
 RISPERDAL INJ 50MG78
risperidone microspheres
 see RISPERDAL INJ 12.5MG77
 see RISPERDAL INJ 25MG.....77
 see RISPERDAL INJ 37.5MG.....77
 see RISPERDAL INJ 50MG.....78
risperidone orally disintegrating tab 0.25 mg78
risperidone orally disintegrating tab 0.5 mg78
risperidone orally disintegrating tab 1 mg78
risperidone orally disintegrating tab 2 mg78
risperidone orally disintegrating tab 3 mg78
risperidone orally disintegrating tab 4 mg78
risperidone soln 1 mg/ml78
risperidone tab 0.25 mg78
risperidone tab 0.5 mg78
risperidone tab 1 mg78
risperidone tab 2 mg78
risperidone tab 3 mg78
risperidone tab 4 mg78

ritonavir	
see NORVIR SOL 80MG/ML	85
ritonavir tab 100 mg	85
RITUXAN INJ 100MG	68
RITUXAN INJ 500MG	69
rituximab	
see RITUXAN INJ 100MG	68
see RITUXAN INJ 500MG	69
rituximab-abbs	
see TRUXIMA INJ 100/10ML	69
see TRUXIMA INJ 500/50ML	69
rituximab-pvvr	
see RUXIENCE INJ 100/10ML	69
see RUXIENCE INJ 500/50ML	69
rivaroxaban	
see XARELTO STAR TAB 15/20MG	30
see XARELTO TAB 10MG	30
see XARELTO TAB 15MG	30
see XARELTO TAB 2.5MG	30
see XARELTO TAB 20MG	30
rivastigmine tartrate cap 1.5 mg (base equivalent)	160
rivastigmine tartrate cap 3 mg (base equivalent)	160
rivastigmine tartrate cap 4.5 mg (base equivalent)	160
rivastigmine tartrate cap 6 mg (base equivalent)	160
rivastigmine td patch 24hr 13.3 mg/24hr	160
rivastigmine td patch 24hr 4.6 mg/24hr	160
rivastigmine td patch 24hr 9.5 mg/24hr	160
Rivelsa	
see levonor-eth est tab 0.15- 0.02/0.025/0.03 mg &eth est 0.01 mg	96
RIXUBIS INJ 1000UNIT	124
RIXUBIS INJ 2000UNIT	124
RIXUBIS INJ 250 UNIT	124
RIXUBIS INJ 3000UNIT	124
RIXUBIS INJ 500UNIT	124
rizatriptan benzoate oral	
disintegrating tab 10 mg (base eq)	138
rizatriptan benzoate oral	
disintegrating tab 5 mg (base eq)	138
rizatriptan benzoate tab 10 mg (base equivalent)	138
rizatriptan benzoate tab 5 mg (base equivalent)	138
Robafen	
see guaifenesin syrup 100 mg/5ml	101
ROBITUSSIN SYP 7.5/5ML	100
roflumilast	
see DALIRESP TAB 250MCG	25
see DALIRESP TAB 500MCG	25
ropinirole hydrochloride tab 0.25 mg	75
ropinirole hydrochloride tab 0.5 mg	75
ropinirole hydrochloride tab 1 mg	75
ropinirole hydrochloride tab 2 mg	75
ropinirole hydrochloride tab 3 mg	75
ropinirole hydrochloride tab 4 mg	75
ropinirole hydrochloride tab 5 mg	75
rosiglitazone maleate	
see AVANDIA TAB 2MG	50
see AVANDIA TAB 4MG	50
rosuvastatin calcium tab 10 mg ..	58
rosuvastatin calcium tab 20 mg ..	58
rosuvastatin calcium tab 40 mg ..	59
rosuvastatin calcium tab 5 mg	58
rotigotine	
see NEUPRO DIS 1MG/24HR	75
see NEUPRO DIS 2MG/24HR	75
see NEUPRO DIS 3MG/24HR	75
see NEUPRO DIS 4MG/24HR	75
see NEUPRO DIS 6MG/24HR	75
see NEUPRO DIS 8MG/24HR	75
ROZEREM TAB 8MG	130
RUBRACA TAB 200MG	72
RUBRACA TAB 250MG	72
RUBRACA TAB 300MG	72
rucaparib camsylate	

see RUBRACA TAB 200MG72
 see RUBRACA TAB 250MG72
 see RUBRACA TAB 300MG72

rufinamide

see BANZEL SUS 40MG/ML32
 see BANZEL TAB 200MG32
 see BANZEL TAB 400MG32
 RUXIENCE INJ 100/10ML69
 RUXIENCE INJ 500/50ML69

ruxolitinib phosphate

see JAKAFI TAB 10MG71
 see JAKAFI TAB 15MG71
 see JAKAFI TAB 20MG71
 see JAKAFI TAB 25MG72
 see JAKAFI TAB 5MG71
 RYBELSUS TAB 14MG46
 RYBELSUS TAB 3MG46
 RYBELSUS TAB 7MG46

Ryclora

see **dexchlorpheniramine maleate**
oral soln 2 mg/5ml54

S

sacubitril-valsartan

see ENTRESTO TAB 24-26MG92
 see ENTRESTO TAB 49-51MG92
 see ENTRESTO TAB 97-103MG92

saline nasal spray 0.65 %150

salmeterol xinafoate

see SEREVENT DIS AER 50MCG29

salsalate tab 500 mg12

salsalate tab 750 mg12

SAMSCA TAB 15MG115

SAMSCA TAB 30MG115

SANDIMMUNE CAP 100MG144

SANDIMMUNE CAP 25MG144

SANDOSTATIN KIT LAR 10MG115

SANDOSTATIN KIT LAR 20MG115

SANDOSTATIN KIT LAR 30MG115

SANTYL OIN 250/GM108

SAPHRIS SUB 10MG80

SAPHRIS SUB 2.5MG80

SAPHRIS SUB 5MG80

sapropterin dihydrochloride

see KUVAN TAB 100MG114

saquinavir mesylate

see INVIRASE TAB 500MG84

sargramostim

see LEUKINE INJ 250MCG127

sarilumab

see KEVZARA INJ 150/1.14 8

see KEVZARA INJ 200/1.14 8

SAVELLA MIS TITR PAK160

SAVELLA TAB 100MG160

SAVELLA TAB 12.5MG160

SAVELLA TAB 25MG160

SAVELLA TAB 50MG160

Sb Fib Lax Orange

see **psyllium powder 33 %**131

Sb Lice Treatment

see **pyrethrins-piperonyl butoxide**
liq 0.3-3 %110

scopolamine td patch 72hr 1

mg/3days53

secukinumab

see COSENTYX INJ 150MG/ML105

see COSENTYX INJ 300DOSE105

see COSENTYX PEN INJ 150MG/ML
105

see COSENTYX PEN INJ 300DOSE 105

selegiline

see EMSAM DIS 12MG/24H36

see EMSAM DIS 6MG/24HR36

see EMSAM DIS 9MG/24HR36

selegiline hcl cap 5 mg76

selegiline hcl tab 5 mg76

selenium sulfide lotion 1 %105

selenium sulfide lotion 2.5 %105

selexipag

see UPTRAVI TAB 1000MCG94

see UPTRAVI TAB 1200MCG94

see UPTRAVI TAB 1400MCG94

see UPTRAVI TAB 1600MCG94

see UPTRAVI TAB 200/80094

see UPTRAVI TAB 200MCG94

see UPTRAVI TAB 400MCG94

see UPTRAVI TAB 600MCG94

see UPTRAVI TAB 800MCG94

SELZENTRY SOL 20MG/ML85

SELZENTRY TAB 150MG85

SELZENTRY TAB 25MG85

SELZENTRY TAB 300MG85

SELZENTRY TAB 75MG85

semaglutide

see OZEMPIC INJ 2/1.5ML46

see RYBELSUS TAB 14MG46
 see RYBELSUS TAB 3MG.....46
 see RYBELSUS TAB 7MG.....46
 SE-NATAL 19 CHW148
sennosides chew tab 15 mg133
sennosides syrup 8.8 mg/5ml ...133
sennosides tab 25 mg133
sennosides tab 8.6 mg133
sennosides-docusate sodium
 see MEDI-LAXX CAP 8.6-50MG131
sennosides-docusate sodium tab
 8.6-50 mg132
 SENSIPAR TAB 30MG114
 SENSIPAR TAB 60MG115
 SENSIPAR TAB 90MG115
 SEREVENT DIS AER 50MCG29
sertaconazole nitrate
 see ERTACZO CRE 2%103
sertraline hcl oral concentrate for
 solution 20 mg/ml37
sertraline hcl tab 100 mg37
sertraline hcl tab 25 mg37
sertraline hcl tab 50 mg37
sevelamer carbonate packet 0.8
 gm119
sevelamer carbonate packet 2.4
 gm119
sevelamer carbonate tab 800 mg
 119
 Sf
 see **sodium fluoride gel 1.1 %**
 (0.5 % f)144
 Sf 5000 Plus
 see **sodium fluoride cream 1.1 %**
 144
 SHINGRIX INJ 50/0.5ML.....171
 SHUR-SEAL GEL 2%171
 Silace
 see **docusate sodium liquid 150**
 mg/15ml133
 see **docusate sodium syrup 60**
 mg/15ml133
sildenafil citrate tab 20 mg94
 SILENOR TAB 3MG129
 SILENOR TAB 6MG129
silodosin cap 4 mg120
silodosin cap 8 mg120

Siltussin-dm
 see **dextromethorphan-**
 guaifenesin syrup 10-100
 mg/5ml100
silver sulfadiazine cream 1 %106
 SIMBRINZA SUS 1-0.2%153
simethicone cap 125 mg117
simethicone cap 180 mg117
simethicone chew tab 125 mg...117
simethicone chew tab 80 mg....117
simethicone liquid 40 mg/0.6ml117
simethicone susp 40 mg/0.6ml .117
 SIMPONI INJ 100MG/ML..... 7
 SIMPONI INJ 50/0.5ML 7
simvastatin tab 10 mg59
simvastatin tab 20 mg59
simvastatin tab 40 mg59
simvastatin tab 5 mg59
simvastatin tab 80 mg59
sinecatechins
 see VEREGEN OIN 15%103
siponimod fumarate
 see MAYZENT TAB 0.25MG161
sirolimus
 see RAPAMUNE SOL 1MG/ML143
sirolimus oral soln 1 mg/ml144
sirolimus tab 0.5 mg144
sirolimus tab 1 mg144
sirolimus tab 2 mg144
 SIRTURO TAB 100MG68
sitagliptin phosphate
 see JANUVIA TAB 100MG46
 see JANUVIA TAB 25MG46
 see JANUVIA TAB 50MG46
sitagliptin-metformin hcl
 see JANUMET TAB 50-1000.....42
 see JANUMET TAB 50-500MG.....42
 see JANUMET XR TAB 100-1000 ...42
 see JANUMET XR TAB 50-1000.....42
 see JANUMET XR TAB 50-500MG ...42
skin protectants misc - cream ...109
 SKLICE LOT 0.5%110
 SKYLA IUD 13.5MG98
 SKYRIZI INJ 150DOSE105
 Sleep Aid
 see **doxylamine succinate (sleep)**
 tab 25 mg129

SLOW FE TAB 45MG	129	see acetaminophen cap 500 mg	11
Slow Iron		Sm Stomach Relief	
see ferrous sulfate dried tab er		see bismuth subsalicylate tab 262	
160 mg (50 mg fe equivalent)		mg	52
.....	128	sodium bicarbonate tab 325 mg ..	19
Slow Release Iron		sodium bicarbonate tab 650 mg ..	19
see ferrous sulfate tab er 50 mg		sodium chloride hypertonic ophth	
(elemental fe)	128	oint 5 %	155
Slow-release Iron		sodium chloride hypertonic ophth	
see ferrous sulfate dried tab er 45		soln 5 %	155
mg (fe equivalent)	128	sodium chloride irrigation soln	
Sm Acid Reducer		0.9 %	120
see ranitidine hcl tab 75 mg	166	sodium chloride soln nebu 0.9 %	101
Sm Anti-itch Extra Streng		sodium chloride soln nebu 3 % ..	101
see diphenhydramine-zinc		sodium chloride soln nebu 7 % ..	101
acetate cream 2-0.1 %	104	sodium chloride tab 1 gm	142
Sm Artificial Tears		sodium citrate & citric acid soln	
see artificial tear ophth solution		500-334 mg/5ml	120
.....	151	sodium fluoride	
Sm Aspirin		see FLUORABON DRO	141
see aspirin tab 325 mg	12	sodium fluoride chew tab 0.25 mg f	
Sm Bedding Lice Treatment		(from 0.55 mg naf)	141
see permethrin aerosol 0.5 % ..	109	sodium fluoride chew tab 0.5 mg f	
Sm Calcium 600 + D Plus M		(from 1.1 mg naf)	141
see calcium carb-vit d w/		sodium fluoride chew tab 1 mg f	
minerals chew tab 600 mg-800		(from 2.2 mg naf)	141
unit	139	sodium fluoride cream 1.1 %	144
Sm Chest Congestion Relie		sodium fluoride gel 1.1 % (0.5 % f)	
see guaifenesin tab 400 mg	101	.....	144
Sm Esomeprazole Magnesium		sodium fluoride soln 0.125	
see esomeprazole magnesium cap		mg/drop f (0.275 mg/drop naf)	
delayed release 20 mg (base		.....	141
eq)	167	sodium fluoride soln 0.25 mg/drop	
Sm Foaming Antacid		f (from 0.55 mg/drop naf)	141
see aluminum hydroxide-		sodium fluoride soln 0.5 mg/ml f	
magnesium trisilicate chew tab		(from 1.1 mg/ml naf)	141
80-20 mg	19	sodium fluoride tab 0.5 mg f (from	
Sm Ibuprofen Ib		1.1 mg naf)	141
see ibuprofen chew tab 100 mg .	8	sodium hyaluronate	
Sm Lice Treatment		(viscosupplement)	
see permethrin lotion 1 %	109	see EUFLEXXA INJ 10MG/ML	149
Sm Miconazole 3		see VISCO-3 INJ 25/2.5ML	149
see miconazole nitrate vaginal		sodium oxybate	
app 200 mg & 2 % cream 9 gm		see XYREM SOL 500MG/ML	159
kit	171	sodium phenylbutyrate tab 500 mg	
SM ONE DAILY MIS PRENATAL	148	.....	115
Sm Pain Reliever Extra St			

sodium phosphate monobasic-	
sodium phosphate dibasic	
see OSMOPREP TAB 1.5GM	132
sodium phosphates - enema.....	132
sodium picosulfate-magnesium	
oxide-anhydrous citric acid	
see CLENPIQ SOL	131
see PREPOPIK PAK.....	132
sodium polystyrene sulfonate oral	
susp 15 gm / 60ml	144
sodium polystyrene sulfonate	
powder	144
sodium sulfate-potassium sulfate-	
magnesium sulfate	
see SUPREP BOWEL SOL PREP KIT	
.....	132
SOFOS/VELPAT TAB 400-100	87
sofosbuvir	
see SOVALDI TAB 400MG	87
sofosbuvir-velpatasvir-voxilaprevir	
see VOSEVI TAB.....	87
solifenacin succinate	
see VESICARE TAB 10MG	169
see VESICARE TAB 5MG	169
solifenacin succinate tab 10 mg	169
solifenacin succinate tab 5 mg ..	169
somatropin	
see OMNITROPE INJ 10/1.5ML	113
see OMNITROPE INJ 5.8MG.....	113
see OMNITROPE INJ 5/1.5ML	113
SOMAVERT INJ 10MG	113
SOMAVERT INJ 15MG	113
SOMAVERT INJ 20MG	113
sonidegib phosphate	
see ODOMZO CAP 200MG	69
sorafenib tosylate	
see NEXAVAR TAB 200MG	72
sotalol hcl (afib/afl) tab 120 mg	89
sotalol hcl (afib/afl) tab 160 mg	89
sotalol hcl (afib/afl) tab 80 mg ...	89
sotalol hcl tab 120 mg	89
sotalol hcl tab 160 mg	89
sotalol hcl tab 240 mg	89
sotalol hcl tab 80 mg	89
SOVALDI TAB 400MG.....	87
spacer/aerosol-holding chambers	
see INSPIRACHAMB MIS LARGE ..	137
spinosad susp 0.9 %	110
spironolactone &	
hydrochlorothiazide	
see ALDACTAZIDE TAB 50/50	111
spironolactone &	
hydrochlorothiazide tab 25-25	
mg	111
spironolactone tab 100 mg	112
spironolactone tab 25 mg	112
spironolactone tab 50 mg	112
SPRYCEL TAB 100MG.....	72
SPRYCEL TAB 140MG.....	72
SPRYCEL TAB 20MG.....	72
SPRYCEL TAB 50MG.....	72
SPRYCEL TAB 70MG.....	72
SPRYCEL TAB 80MG.....	72
St Joseph Low Dose Aspiri	
see aspirin chew tab 81 mg	12
stavudine cap 15 mg	85
stavudine cap 20 mg	85
stavudine cap 30 mg	85
stavudine cap 40 mg	85
STELARA INJ 45MG/0.5.....	105
STELARA INJ 5MG/ML	118
STELARA INJ 90MG/ML	105
STIMATE SOL 1.5MG/ML	115
Stimulant Laxative	
see bisacodyl tab delayed release	
5 mg	133
STIOLTO AER 2.5-2.5	29
stiripentol	
see DIACOMIT CAP 250MG	33
see DIACOMIT CAP 500MG	33
see DIACOMIT PAK 250MG	33
see DIACOMIT PAK 500MG	33
STIVARGA TAB 40MG	72
Stool Softener	
see docusate calcium cap 240 mg	
.....	133
see docusate sodium cap 100 mg	
.....	133
Stop Lice Complete Lice T	
see pyreth-piperonyl butox sham-	
permeth aero-nit remover gel	
kit	110
Stop Lice Maximum Strengt	

see **pyrethrins-piperonyl butoxide**
 liq 0.33-4 %110
 Stress Formula W/iron
 see **multiple vitamins w/ iron tab**
 145
 STRIBILD TAB.....85
 STRIVERDI AER 2.5MCG29
succimer
 see CHEMET CAP 100MG52
sucrafate tab 1 gm166
sucroferic oxyhydroxide
 see VELPHORO CHW 500MG119
 SUDAFED PE SOL CHILDREN.....151
sulconazole nitrate
 see EXELDERM CRE 1%104
 see EXELDERM SOL 1%104
sulconazole nitrate cream 1 % ...104
sulfacetamide sodium lotion 10 %
 (acne).....102
sulfacetamide sodium ophth soln
 10 %154
sulfacetamide sodium-prednisolone
 ophth soln 10-0.23(0.25) % ...154
sulfacetamide sodium-sulfur in
 urea emulsion 10-4 %102
 SULFADIAZINE TAB 500MG162
sulfamethoxazole-trimethoprim
 susp 200-40 mg/5ml20
sulfamethoxazole-trimethoprim tab
 400-80 mg20
sulfamethoxazole-trimethoprim tab
 800-160 mg20
 SULFAMYLON CRE 85MG/GM106
sulfasalazine tab 500 mg.....118
sulfasalazine tab delayed release
 500 mg118
sulindac tab 150 mg10
sulindac tab 200 mg10
sumatriptan succinate inj 6
 mg/0.5ml138
sumatriptan succinate tab 100 mg
 138
sumatriptan succinate tab 25 mg
 138
sumatriptan succinate tab 50 mg
 138
sunitinib malate

see SUTENT CAP 12.5MG.....72
 see SUTENT CAP 25MG72
 see SUTENT CAP 37.5MG.....72
 see SUTENT CAP 50MG73
 SUPRAX CAP 400MG96
 SUPREP BOWEL SOL PREP KIT132
 SUTENT CAP 12.5MG72
 SUTENT CAP 25MG72
 SUTENT CAP 37.5MG72
 SUTENT CAP 50MG73
suvorexant
 see BELSOMRA TAB 10MG130
 see BELSOMRA TAB 15MG130
 see BELSOMRA TAB 20MG130
 see BELSOMRA TAB 5MG130
 SYMBICORT AER 160-4.529
 SYMBICORT AER 80-4.529
 SYMFI LO TAB.....85
 SYMFI TAB85
 SYMJEPI INJ 0.15MG172
 SYMJEPI INJ 0.3MG172
 SYMLINPEN 60 INJ 1000MCG.....41
 SYMLNPEN 120 INJ 1000MCG41
 SYMPROIC TAB 0.2MG119
 SYMTUZA TAB.....85
 SYNAGIS INJ 100MG/ML157
 SYNAGIS INJ 50MG157
 SYNAREL SOL 2MG/ML.....114
 SYNERA DIS 70-70MG109
 SYNJARDY TAB43
 SYNJARDY TAB 12.5-500.....43
 SYNJARDY TAB 5-1000MG.....43
 SYNJARDY TAB 5-500MG.....43
 SYNJARDY XR TAB.....43
 SYNJARDY XR TAB 10-1000.....44
 SYNJARDY XR TAB 25-1000.....44
 SYNJARDY XR TAB 5-1000MG44
 SYNTHROID TAB 100MCG164
 SYNTHROID TAB 112MCG164
 SYNTHROID TAB 125MCG164
 SYNTHROID TAB 137MCG164
 SYNTHROID TAB 150MCG164
 SYNTHROID TAB 175MCG164
 SYNTHROID TAB 200MCG164
 SYNTHROID TAB 25MCG164
 SYNTHROID TAB 300MCG164
 SYNTHROID TAB 50MCG164

SYNTHROID TAB 75MCG	164	see TAZORAC GEL 0.1%	105
SYNTHROID TAB 88MCG	164	tazarotene cream 0.1 %	105
syringe (disposable)		TAZORAC CRE 0.05%	105
see 3ML SYRINGE MIS REG TIP ...	137	TAZORAC GEL 0.05%	105
T		TAZORAC GEL 0.1%	105
TABLOID TAB 40MG.....	68	TDVAX INJ 2-2 LF.....	165
TACLONEX SUS.....	108	TECFIDERA CAP 120MG	161
tacrolimus cap 0.5 mg	144	TECFIDERA CAP 240MG	161
tacrolimus cap 1 mg	144	TECFIDERA MIS STARTER	161
tacrolimus cap 5 mg	144	TECHNIVIE TAB	87
tacrolimus oint 0.03 %	109	telmisartan tab 20 mg	63
tacrolimus oint 0.1 %	108	telmisartan tab 40 mg	63
tadalafil tab 20 mg (pah)	94	telmisartan tab 80 mg	63
TAFINLAR CAP 50MG	73	temazepam cap 15 mg	130
TAFINLAR CAP 75MG	73	temazepam cap 30 mg	130
tafluprost		temozolomide cap 100 mg	68
see ZIOPTAN DRO 0.0015%	156	temozolomide cap 140 mg	68
TAGRISSO TAB 40MG	73	temozolomide cap 180 mg	68
TAGRISSO TAB 80MG	73	temozolomide cap 20 mg	68
TAKHZYRO INJ 300/2ML.....	125	temozolomide cap 250 mg	68
tamoxifen citrate tab 10 mg (base		temozolomide cap 5 mg	68
equivalent)	70	TENIVAC INJ 5-2LF.....	165
tamoxifen citrate tab 20 mg (base		tenofovir disoproxil fumarate	
equivalent)	70	see VIREAD TAB 150MG	86
tamsulosin hcl cap 0.4 mg	120	see VIREAD TAB 200MG	86
tapentadol hcl		see VIREAD TAB 250MG	86
see NUCYNTA ER TAB 100MG.....	14	tenofovir disoproxil fumarate tab	
see NUCYNTA ER TAB 150MG.....	14	300 mg	86
see NUCYNTA ER TAB 200MG.....	14	terazosin hcl cap 1 mg (base	
see NUCYNTA ER TAB 250MG.....	14	equivalent)	64
see NUCYNTA ER TAB 50MG.....	14	terazosin hcl cap 10 mg (base	
see NUCYNTA TAB 100MG	15	equivalent)	64
see NUCYNTA TAB 50MG	15	terazosin hcl cap 2 mg (base	
see NUCYNTA TAB 75MG	15	equivalent)	64
TARCEVA TAB 100MG	73	terazosin hcl cap 5 mg (base	
TARCEVA TAB 150MG	73	equivalent)	64
TARCEVA TAB 25MG	73	terbinafine hcl cream 1 %	104
TARGRETIN GEL 1%	105	terbinafine hcl tab 250 mg	53
TASIGNA CAP 150MG.....	73	terbutaline sulfate tab 2.5 mg	29
TASIGNA CAP 200MG.....	73	terbutaline sulfate tab 5 mg	29
TASIGNA CAP 50MG	73	terconazole vaginal cream 0.4 %	
tasimelteon		.....	172
see HETLIOZ CAP 20MG	130	terconazole vaginal cream 0.8 %	
TAYTULLA CAP 1MG/20MC.....	98	.....	172
tazarotene		terconazole vaginal suppos 80 mg	
see TAZORAC CRE 0.05%	105	.....	172
see TAZORAC GEL 0.05%	105	teriflunomide	

see AUBAGIO TAB 14MG161
 see AUBAGIO TAB 7MG160
teriparatide (recombinant)
 see FORTEO SOL 600/2.4113
testosterone cypionate im inj in oil
100 mg/ml18
testosterone cypionate im inj in oil
200 mg/ml18
testosterone enanthate im inj in oil
200 mg/ml18
tetanus toxoid-diphtheria-acellular
pertussis adsorb (tdap)
 see ADACEL INJ165
 see BOOSTRIX INJ.....165
tetanus-diphtheria toxoids (td)
 see TDVAX INJ 2-2 LF165
 see TENIVAC INJ 5-2LF165
tetrabenazine tab 12.5 mg160
tetrabenazine tab 25 mg160
tetracycline hcl cap 250 mg.....163
tetracycline hcl cap 500 mg.....163
 Tgt Antacid Extra Strengt
 see **calcium carbonate-mag**
hydroxide chew tab 675-135
mg19
 TGT GLUCOSE CHW GRAPE45
thalidomide
 see THALOMID CAP 100MG.....143
 see THALOMID CAP 150MG.....143
 see THALOMID CAP 200MG.....143
 see THALOMID CAP 50MG.....143
 THALOMID CAP 100MG143
 THALOMID CAP 150MG143
 THALOMID CAP 200MG143
 THALOMID CAP 50MG143
theophylline soln 80 mg/15ml29
theophylline tab er 12hr 100 mg .29
theophylline tab er 12hr 200 mg .29
theophylline tab er 12hr 300 mg .29
theophylline tab er 12hr 450 mg .29
theophylline tab er 24hr 400 mg .29
theophylline tab er 24hr 600 mg .29
 THERANATAL MIS COMPLETE.....148
thiamine hcl tab 100 mg.....174
thiamine hcl tab 250 mg.....174
thiamine hcl tab 50 mg.....174
thioguanine

see TABLOID TAB 40MG68
thioridazine hcl tab 10 mg.....81
thioridazine hcl tab 100 mg.....82
thioridazine hcl tab 25 mg.....81
thioridazine hcl tab 50 mg.....82
thiothixene cap 1 mg.....83
thiothixene cap 10 mg.....83
thiothixene cap 2 mg.....83
thiothixene cap 5 mg.....83
 THYROGEN INJ 1.1MG110
thyroid
 see ARMOUR THYRO TAB 120MG .163
 see ARMOUR THYRO TAB 15MG...163
 see ARMOUR THYRO TAB 180MG .163
 see ARMOUR THYRO TAB 240MG .163
 see ARMOUR THYRO TAB 300MG .163
 see ARMOUR THYRO TAB 30MG...163
 see ARMOUR THYRO TAB 60MG...163
 see ARMOUR THYRO TAB 90MG...163
 see NATURE THROI TAB 162.5MG 164
 see NATURE-THROI TAB 113.75MG
164
 see NATURE-THROI TAB 130MG ..164
 see NATURE-THROI TAB 146.25MG
164
 see NATURE-THROI TAB 16.25MG164
 see NATURE-THROI TAB 195MG ..164
 see NATURE-THROI TAB 260MG ..164
 see NATURE-THROI TAB 32.5MG .164
 see NATURE-THROI TAB 325MG ..164
 see NATURE-THROI TAB 48.75MG164
 see NATURE-THROI TAB 65MG....164
 see NATURE-THROI TAB 97.5MG .164
 see WP THYROID TAB 81.25MG...165
thyroid tab 120 mg (2 grain).....165
thyroid tab 15 mg (1/4 grain)...164
thyroid tab 30 mg (1/2 grain)...165
thyroid tab 60 mg (1 grain).....165
thyroid tab 90 mg (1 1/2 grain) 165
 THYROLAR-1 TAB 60MG165
 THYROLAR-1/2 TAB 30MG165
 THYROLAR-1/4 TAB 15MG165
 THYROLAR-2 TAB 120MG165
 THYROLAR-3 TAB 180MG165
thyrotropin alfa
 see THYROGEN INJ 1.1MG110
tiagabine hcl tab 12 mg.....34

tiagabine hcl tab 16 mg	34	see ACTEMRA INJ 400/20ML	7
tiagabine hcl tab 2 mg	34	see ACTEMRA INJ 80MG/4ML	7
tiagabine hcl tab 4 mg	34	see ACTEMRA INJ ACTPEN	8
ticagrelor		TODAY SPONGE MIS.....	171
see BRILINTA TAB 60MG	125	tofacitinib citrate	
see BRILINTA TAB 90MG	125	see XELJANZ TAB 10MG	7
Tilia Fe		see XELJANZ TAB 5MG	7
see norethindrone ac-ethinyl		see XELJANZ XR TAB 11MG	7
estrad-fe tab 1-20/1-30/1-35		see XELJANZ XR TAB 22MG	7
mg-mcg	97	tolazamide tab 250 mg	51
timolol maleate ophth gel forming		tolazamide tab 500 mg	51
soln 0.25 %	152	tolbutamide tab 500 mg	51
timolol maleate ophth gel forming		tolcapone tab 100 mg	74
soln 0.5 %	152	tolmetin sodium cap 400 mg	10
timolol maleate ophth soln 0.25 %		tolmetin sodium tab 200 mg	10
.....	152	tolmetin sodium tab 600 mg	10
timolol maleate ophth soln 0.5 %		tolnaftate aerosol pow 1 %	104
.....	152	tolnaftate cream 1 %	104
timolol maleate tab 10 mg	89	tolnaftate powder 1 %	104
timolol maleate tab 20 mg	90	tolnaftate soln 1 %	104
timolol maleate tab 5 mg	89	tolterodine tartrate tab 1 mg	169
tioconazole vaginal oint 6.5 % ...	172	tolterodine tartrate tab 2 mg	169
tiotropium bromide-olodaterol hcl		tolvaptan	
see STIOLTO AER 2.5-2.5	29	see SAMSCA TAB 15MG.....	115
tipranavir		see SAMSCA TAB 30MG.....	115
see APTIVUS CAP 250MG.....	83	tolvaptan tab 30 mg	115
see APTIVUS SOL	83	topiramate sprinkle cap 15 mg	34
TIVICAY PD TAB 5MG.....	86	topiramate sprinkle cap 25 mg	34
TIVICAY TAB 10MG.....	86	topiramate tab 100 mg	34
TIVICAY TAB 25MG.....	86	topiramate tab 200 mg	34
TIVICAY TAB 50MG.....	86	topiramate tab 25 mg	34
tizanidine hcl tab 2 mg (base		topiramate tab 50 mg	34
equivalent)	149	torsemide tab 10 mg	112
tizanidine hcl tab 4 mg (base		torsemide tab 100 mg	112
equivalent)	149	torsemide tab 20 mg	112
TL FOLATE TAB	148	torsemide tab 5 mg	112
TOBRADEX OIN 0.3-0.1%	154	TOVIAZ TAB 4MG	169
tobramycin nebu soln 300 mg/5ml		TOVIAZ TAB 8MG	169
.....	6	TRACLEER TAB 125MG.....	93
tobramycin ophth soln 0.3 %	154	TRACLEER TAB 32MG.....	93
tobramycin-dexamethasone		TRACLEER TAB 62.5MG	93
see TOBRADEX OIN 0.3-0.1%	154	TRADJENTA TAB 5MG	46
tobramycin-dexamethasone ophth		tramadol hcl tab 50 mg	16
susp 0.3-0.1 %	154	tramadol hcl tab er 24hr 100 mg .16	
tocilizumab		tramadol hcl tab er 24hr 200 mg .16	
see ACTEMRA INJ 162/0.9	7	tramadol hcl tab er 24hr 300 mg .16	
see ACTEMRA INJ 200/10ML	7		

tramadol hcl tab er 24hr biphasic release 100 mg	16	TRESIBA FLEX INJ 200UNIT	50
tramadol hcl tab er 24hr biphasic release 200 mg	16	TRESIBA INJ 100UNIT	50
tramadol hcl tab er 24hr biphasic release 300 mg	16	tretinoin cap 10 mg	73
trametinib dimethyl sulfoxide		tretinoin cream 0.025 %	102
see MEKINIST TAB 0.5MG	72	tretinoin cream 0.05 %	102
see MEKINIST TAB 2MG	72	tretinoin cream 0.1 %	102
trandolapril tab 1 mg	61	tretinoin gel 0.01 %	102
trandolapril tab 2 mg	61	tretinoin gel 0.025 %	103
trandolapril tab 4 mg	61	triamcinolone acetone cream 0.025 %	108
tranexamic acid tab 650 mg	129	triamcinolone acetone cream 0.1 %	108
tranylcypromine sulfate tab 10 mg	36	triamcinolone acetone cream 0.5 %	108
TRAVATAN Z DRO 0.004%	156	triamcinolone acetone dental paste 0.1 %	144
travoprost		triamcinolone acetone lotion 0.025 %	108
see TRAVATAN Z DRO 0.004%	156	triamcinolone acetone lotion 0.1 %	108
travoprost ophth soln 0.004 % (benzalkonium free) (bak free)	156	triamcinolone acetone nasal aerosol suspension 55 mcg / act	150
trazodone hcl tab 100 mg	38	triamcinolone acetone oint 0.025 %	108
trazodone hcl tab 150 mg	38	triamcinolone acetone oint 0.1 %	108
trazodone hcl tab 50 mg	37	triamcinolone acetone oint 0.5 %	108
TRECTOR TAB 250MG	68	triamterene	
TRELSTAR MIX INJ 11.25MG	70	see DYRENIUM CAP 100MG	112
TRELSTAR MIX INJ 3.75MG	70	see DYRENIUM CAP 50MG	112
treprostinil		triamterene & hydrochlorothiazide cap 37.5-25 mg	111
see REMODULIN INJ 10MG/ML	93	triamterene & hydrochlorothiazide tab 37.5-25 mg	111
see REMODULIN INJ 1MG/ML	93	triamterene & hydrochlorothiazide tab 75-50 mg	111
see REMODULIN INJ 2.5MG/ML	93	triamterene cap 100 mg	112
see REMODULIN INJ 5MG/ML	93	triamterene cap 50 mg	112
treprostinil diolamine		triazolam tab 0.125 mg	130
see ORENITRAM TAB 0.125MG	93	triazolam tab 0.25 mg	130
see ORENITRAM TAB 0.25MG	92	Tricon	
see ORENITRAM TAB 1MG	93	see fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg	128
see ORENITRAM TAB 2.5MG	93		
see ORENITRAM TAB 5MG	93		
treprostinil inj soln 100 mg / 20ml (5 mg / ml)	93		
treprostinil inj soln 20 mg / 20ml (1 mg / ml)	93		
treprostinil inj soln 200 mg / 20ml (10 mg / ml)	93		
treprostinil inj soln 50 mg / 20ml (2.5 mg / ml)	93		
TRESIBA FLEX INJ 100UNIT	50		

trifluoperazine hcl tab 1 mg (base equivalent)	82
trifluoperazine hcl tab 10 mg (base equivalent)	82
trifluoperazine hcl tab 2 mg (base equivalent)	82
trifluoperazine hcl tab 5 mg (base equivalent)	82
trifluridine ophth soln 1 %	154
trifluridine-tipiracil	
see LONSURF TAB 15-6.14	70
see LONSURF TAB 20-8.19	70
trihexyphenidyl hcl oral soln 0.4 mg/ml	74
trihexyphenidyl hcl tab 2 mg	74
trihexyphenidyl hcl tab 5 mg	74
trimethobenzamide hcl cap 300 mg	53
trimethoprim tab 100 mg	20
trimipramine maleate cap 100 mg	40
trimipramine maleate cap 25 mg	40
trimipramine maleate cap 50 mg	40
TRINATAL RX TAB 1	148
Trinate	
see prenatal vit w/ fe fumarate-fa tab 28-1 mg	148
TRINTELLIX TAB 10MG	38
TRINTELLIX TAB 20MG	38
TRINTELLIX TAB 5MG	38
Triple Antibiotic Plus	
see neomycin-bacitracin-polymyxin-pramoxine oint 1 %	103
Triple Paste Af	
see miconazole nitrate ointment 2 %	104
triptorelin pamoate	
see TRELSTAR MIX INJ 11.25MG ...	70
see TRELSTAR MIX INJ 3.75MG	70
TRIUMEQ TAB	86
TRI-VI-SOL SOL A/C/D	146
Tri-vitamin/fluoride	
see pediatric vitamins acid w/ fluoride soln 0.25 mg/ml	146
see pediatric vitamins acid w/ fluoride soln 0.5 mg/ml	146
tropicamide ophth soln 0.5 %	153
tropicamide ophth soln 1 %	153
tropium chloride cap er 24hr 60 mg	169
tropium chloride tab 20 mg	169
TRUE METRIX KIT AIR	135
TRUE METRIX TES GLUCOSE	110
TRULICITY INJ 0.75/0.5	47
TRULICITY INJ 1.5/0.5	47
TRUVADA TAB 100-150	86
TRUVADA TAB 133-200	86
TRUVADA TAB 167-250	86
TRUVADA TAB 200-300	86
TRUXIMA INJ 100/10ML	69
TRUXIMA INJ 500/50ML	69
TUDORZA PRES AER 400/ACT	25
TWINRIX INJ	171
TYBOST TAB 150MG	86
Tydemy	
see drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	96
TYKERB TAB 250MG	73
TYMLOS INJ	113
TYSABRI INJ 300/15ML	161
U	
UDENYCA INJ 6MG/.6ML	127
ulipristal acetate	
see ELLA TAB 30MG	98
ULORIC TAB 40MG	121
ULORIC TAB 80MG	121
umeclidinium bromide	
see INCRUSE ELPT INH 62.5MCG ..	25
umeclidinium-vilanterol	
see ANORO ELLIPT AER 62.5-25....	27
UNIFIBER POW	131
upadacitinib	
see RINVOQ TAB 15MG ER	7
UPTRAVI TAB 1000MCG	94
UPTRAVI TAB 1200MCG	94
UPTRAVI TAB 1400MCG	94
UPTRAVI TAB 1600MCG	94
UPTRAVI TAB 200/800	94
UPTRAVI TAB 200MCG	94
UPTRAVI TAB 400MCG	94
UPTRAVI TAB 600MCG	94
UPTRAVI TAB 800MCG	94

ursodiol cap 300 mg	117
ursodiol tab 250 mg	117
ursodiol tab 500 mg	117
ustekinumab	
see STELARA INJ 45MG/0.5	105
see STELARA INJ 90MG/ML	105
ustekinumab (iv)	
see STELARA INJ 5MG/ML	118
V	
valacyclovir hcl tab 1 gm	87
valacyclovir hcl tab 500 mg	87
valganciclovir hcl for soln 50	
mg/ml (base equiv)	86
valganciclovir hcl tab 450 mg (base	
equivalent)	86
valproate sodium oral soln 250	
mg/5ml (base equiv)	35
valproic acid cap 250 mg	35
valsartan tab 160 mg	63
valsartan tab 320 mg	63
valsartan tab 40 mg	63
valsartan tab 80 mg	63
valsartan-hydrochlorothiazide tab	
160-12.5 mg	66
valsartan-hydrochlorothiazide tab	
160-25 mg	66
valsartan-hydrochlorothiazide tab	
320-12.5 mg	66
valsartan-hydrochlorothiazide tab	
320-25 mg	66
valsartan-hydrochlorothiazide tab	
80-12.5 mg	66
VALTOCO LIQ 15MG	32
VALTOCO LIQ 20MG	32
VALTOCO SPR 10MG	32
VALTOCO SPR 5MG	32
vancomycin hcl	
see FIRVANQ SOL 25MG/ML	20
see FIRVANQ SOL 50MG/ML	20
vandetanib	
see CAPRELSA TAB 100MG	70
see CAPRELSA TAB 300MG	70
VAQTA INJ 25/0.5ML	171
VAQTA INJ 50UNT/ML	171
varenicline tartrate	
see CHANTIX PAK 0.5& 1MG	161
see CHANTIX TAB 0.5MG	161

see CHANTIX TAB 1MG	161
V-c Forte	
see multiple vitamins w/ minerals	
cap	145
VCF VAGINAL AER CONTRACP	171
Vcf Vaginal Contraceptive	
see nonoxynol-9 gel 4 %	171
VCF VAGINAL MIS CONTRACP	171
VECAMYL TAB 2.5MG	66
Velivet	
see desogest-ethin est tab 0.1-	
0.025/0.125-0.025/0.15-	
0.025mg-mg	96
VELPHORO CHW 500MG	119
VELTIN GEL	103
venlafaxine hcl cap er 24hr 150 mg	
(base equivalent)	38
venlafaxine hcl cap er 24hr 37.5	
mg (base equivalent)	38
venlafaxine hcl cap er 24hr 75 mg	
(base equivalent)	38
venlafaxine hcl tab 100 mg (base	
equivalent)	39
venlafaxine hcl tab 25 mg (base	
equivalent)	38
venlafaxine hcl tab 37.5 mg (base	
equivalent)	38
venlafaxine hcl tab 50 mg (base	
equivalent)	38
venlafaxine hcl tab 75 mg (base	
equivalent)	39
VENTAVIS SOL 10MCG/ML	93
VENTAVIS SOL 20MCG/ML	93
VENTOLIN HFA AER	29
verapamil hcl cap er 24hr 100 mg	
.....	91
verapamil hcl cap er 24hr 120 mg	
.....	91
verapamil hcl cap er 24hr 180 mg	
.....	91
verapamil hcl cap er 24hr 240 mg	
.....	92
verapamil hcl cap er 24hr 300 mg	
.....	92
verapamil hcl cap er 24hr 360 mg	
.....	92
verapamil hcl tab 120 mg	92

verapamil hcl tab 40 mg92
verapamil hcl tab 80 mg92
verapamil hcl tab er 120 mg92
verapamil hcl tab er 180 mg92
verapamil hcl tab er 240 mg92
 VEREGEN OIN 15%103
 VESICARE TAB 10MG169
 VESICARE TAB 5MG169
 VICTOZA INJ 18MG/3ML47
 VIDEX EC CAP 125MG86
vigabatrin powd pack 500 mg35
vigabatrin tab 500 mg35
 Vigadrone
 see **vigabatrin powd pack 500 mg**
 35
 VIIBRYD KIT STARTER38
 VIIBRYD TAB 10MG38
 VIIBRYD TAB 20MG38
 VIIBRYD TAB 40MG38
vilazodone hcl
 see VIIBRYD KIT STARTER38
 see VIIBRYD TAB 10MG38
 see VIIBRYD TAB 20MG38
 see VIIBRYD TAB 40MG38
 VIMPAT SOL 10MG/ML34
 VIMPAT TAB 100MG34
 VIMPAT TAB 150MG34
 VIMPAT TAB 200MG34
 VIMPAT TAB 50MG34
 VINATE II TAB149
 VINATE M TAB149
 VIRACEPT TAB 250MG86
 VIRACEPT TAB 625MG86
 VIREAD TAB 150MG86
 VIREAD TAB 200MG86
 VIREAD TAB 250MG86
 Virt-caps
 see **b-complex w/ c & folic acid**
 cap 1 mg145
 Virt-phos 250 Neutral
 see **pot phos monobasic w/ sod**
 phos di & monobas tab 155-
 852-130mg142
 VISCO-3 INJ 25/2.5ML149
vismodegib
 see ERIVEDGE CAP 150MG69
 Vita-bee/c

 see **b-complex w/ c & folic acid**
 tab145
 VITAFOL-OB TAB 65-1MG149
 VIVITROL INJ 380MG52
 VOL-PLUS TAB149
 VOL-TAB RX TAB149
vorapaxar sulfate
 see ZONTIVITY TAB 2.08MG126
voriconazole tab 200 mg54
voriconazole tab 50 mg54
vorinostat
 see ZOLINZA CAP 100MG73
vortioxetine hbr
 see TRINTELLIX TAB 10MG38
 see TRINTELLIX TAB 20MG38
 see TRINTELLIX TAB 5MG38
 VOSEVI TAB87
 VOTRIENT TAB 200MG73
 VRAYLAR CAP 1.5MG76
 VRAYLAR CAP 3MG76
 VRAYLAR CAP 4.5MG76
 VRAYLAR CAP 6MG76
 VYVANSE CAP 10MG2
 VYVANSE CAP 20MG2
 VYVANSE CAP 30MG2
 VYVANSE CAP 40MG2
 VYVANSE CAP 50MG2
 VYVANSE CAP 60MG2
 VYVANSE CAP 70MG2
W
 Wal-dryl Allergy Relief C
 see **diphenhydramine hcl tab**
 disint 12.5 mg54
 Wal-dryl Pe Allergy/sinu
 see **diphenhydramine-**
 phenylephrine tab 25-10 mg 100
 Wal-itin Aller-melts
 see **loratadine rapidly-**
 disintegrating tab 10 mg55
 Wal-tap Cold & Allergy
 see **brompheniramine &**
 pseudoephedrine elixir 1-15
 mg/5ml100
warfarin sodium
 see COUMADIN TAB 10MG30
 see COUMADIN TAB 1MG29
 see COUMADIN TAB 2.5MG29

see COUMADIN TAB 2MG.....	30
see COUMADIN TAB 3MG.....	30
see COUMADIN TAB 4MG.....	30
see COUMADIN TAB 5MG.....	30
see COUMADIN TAB 6MG.....	30
see COUMADIN TAB 7.5MG.....	30
warfarin sodium tab 1 mg	30
warfarin sodium tab 10 mg	30
warfarin sodium tab 2 mg	30
warfarin sodium tab 2.5 mg	30
warfarin sodium tab 3 mg	30
warfarin sodium tab 4 mg	30
warfarin sodium tab 5 mg	30
warfarin sodium tab 6 mg	30
warfarin sodium tab 7.5 mg	30
water for irrigation, sterile	
irrigation soln	144
Wee Care	
see carbonyl iron susp 15	
mg/1.25ml (elemental iron)	128
wheat dextrin oral powder	131
white petrolatum-mineral oil ophth	
ointment	152
WIDE-SEAL DPR KIT 60	134
WIDE-SEAL DPR KIT 65	134
WIDE-SEAL DPR KIT 70	134
WIDE-SEAL DPR KIT 75	134
WIDE-SEAL DPR KIT 80	134
WIDE-SEAL DPR KIT 85	134
WIDE-SEAL DPR KIT 90	134
WIDE-SEAL DPR KIT 95	134
Wixela Inhub	
see fluticasone-salmeterol aer	
powder ba 100-50 mcg/dose	28
see fluticasone-salmeterol aer	
powder ba 250-50 mcg/dose	28
see fluticasone-salmeterol aer	
powder ba 500-50 mcg/dose	28
WP THYROID TAB 81.25MG	165
X	
XALKORI CAP 200MG.....	73
XALKORI CAP 250MG.....	73
XARELTO STAR TAB 15/20MG.....	30
XARELTO TAB 10MG	30
XARELTO TAB 15MG	30
XARELTO TAB 2.5MG	30
XARELTO TAB 20MG	30

XELJANZ TAB 10MG.....	7
XELJANZ TAB 5MG	7
XELJANZ XR TAB 11MG	7
XELJANZ XR TAB 22MG	7
XGEVA INJ	113
XIFAXAN TAB 200MG.....	20
XIFAXAN TAB 550MG.....	20
XIGDUO XR TAB 10-1000.....	45
XIGDUO XR TAB 10-500MG	44
XIGDUO XR TAB 2.5-1000.....	44
XIGDUO XR TAB 5-1000MG	44
XIGDUO XR TAB 5-500MG.....	44
XOFLUZA TAB 20MG	88
XOFLUZA TAB 40MG	88
XOLAIR INJ 150MG/ML	25
XOLAIR INJ 75/0.5	25
XOLAIR SOL 150MG	25
Xulane	
see norelgestromin-ethinyl	
estradiol td ptwk 150-35	
mcg/24hr	98
XYNTHA SOLOF INJ 1000UNIT	125
XYNTHA SOLOF INJ 2000UNIT	125
XYNTHA SOLOF INJ 3000UNIT	125
XYNTHA SOLOF INJ 500UNIT.....	124
XYNTHA SOLOF KIT 250UNIT.....	125
XYREM SOL 500MG/ML	159
Z	
zafirlukast tab 10 mg	25
zafirlukast tab 20 mg	25
zaleplon cap 10 mg	130
zaleplon cap 5 mg	130
zanamivir	
see RELENZA MIS DISKHALE	88
zanubrutinib	
see BRUKINSA CAP 80MG.....	70
ZARXIO INJ 300/0.5	127
ZARXIO INJ 480/0.8	127
ZEJULA CAP 100MG.....	73
ZENPEP CAP 10000UNT.....	111
ZENPEP CAP 15000UNT.....	111
ZENPEP CAP 20000UNT.....	111
ZENPEP CAP 25000	111
ZENPEP CAP 3000UNIT	110
ZENPEP CAP 40000	111
ZENPEP CAP 5000UNIT	110
ZEPATIER TAB 50-100MG.....	87

zidovudine cap 100 mg	86	zolmitriptan orally disintegrating	
zidovudine syrup 10 mg/ml	86	tab 5 mg	138
zidovudine tab 300 mg	86	zolmitriptan tab 2.5 mg	138
ZIEXTENZO INJ 6/0.6ML	127	zolmitriptan tab 5 mg	138
zileuton tab er 12hr 600 mg	25	zolpidem tartrate tab 10 mg	130
zinc sulfate cap 220 mg (50 mg		zolpidem tartrate tab 5 mg	130
elemental zn)	143	ZOMIG SPR 2.5MG	139
Zinc-220		ZOMIG SPR 5MG	139
see zinc sulfate cap 220 mg (50		zonisamide cap 100 mg	34
mg elemental zn)	143	zonisamide cap 25 mg	34
Zinc-oxyde Plus		zonisamide cap 50 mg	34
see menthol-zinc oxide oint 0.44-		ZONTIVITY TAB 2.08MG.....	126
20 %	109	ZORTRESS TAB 0.25MG	144
ZIOPTAN DRO 0.0015%	156	ZORTRESS TAB 0.5MG.....	144
ziprasidone hcl cap 20 mg	76	ZORTRESS TAB 0.75MG	144
ziprasidone hcl cap 40 mg	76	ZORTRESS TAB 1MG.....	144
ziprasidone hcl cap 60 mg	76	ZOSTAVAX INJ.....	171
ziprasidone hcl cap 80 mg	76	zoster vaccine live	
ZIRGAN GEL 0.15%	154	see ZOSTAVAX INJ	171
ZOLADEX IMP 10.8MG	70	zoster vaccine recombinant	
ZOLADEX IMP 3.6MG	70	adjuvanted	
zoledronic acid iv soln 5 mg/100ml		see SHINGRIX INJ 50/0.5ML	171
.....	113	ZYDELIG TAB 100MG.....	73
ZOLINZA CAP 100MG.....	73	ZYDELIG TAB 150MG.....	73
zolmitriptan		ZYKADIA CAP 150MG.....	73
see ZOMIG SPR 2.5MG	139	ZYPREXA RELP INJ 210MG.....	81
see ZOMIG SPR 5MG.....	139	ZYPREXA RELP INJ 300MG.....	81
zolmitriptan orally disintegrating		ZYPREXA RELP INJ 405MG.....	81
tab 2.5 mg	138		



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