

2019

Formulary/ Formulario

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

New Mexico

MolinaMarketplace.com



Your Extended Family.

09162019

Your Extended Family

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

تنبيه: إذا كنت تستخدم اللغة العربية، تتاح خدمات المساعدة اللغوية، مجاناً، لك. اتصل بقسم خدمات الأعضاء. ورقم الهاتف هذا موجود خلف بطاقة تعريف العضو الخاصة بك. (Arabic)

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

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

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

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

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

توجه؛ اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی، بدون هزینه در دسترس شما هستند. با خدمات اعضا تماس بگیرید. شماره تلفن روی پشت کارت شناسایی عضویت شما درج شده است. (Farsi)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਮੈਂਬਰ ਸਰਵਿਸਜ (Member Services) ਨੂੰ ਫੋਨ ਕਰੋ। ਨੰਬਰ ਤੁਹਾਡੇ Member ID (ਮੈਂਬਰ ਆਈ.ਡੀ.) ਕਾਰਡ ਦੇ ਪਿਛਲੇ ਪਾਸੇ ਹੈ। (Punjabi)

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

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

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



Your Extended Family.

Effective January 1, 2018
Efectivo 2018 1 de enero

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Tier 2	QL (300 caps / 30 days), PA; AGE; Covered in ages 18 and under
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Tier 2	QL (180 caps / 30 days), PA; AGE; Covered in ages 18 and under
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Tier 2	QL (120 caps / 30 days), PA; AGE; Covered in ages 18 and under
<i>dextroamphetamine sulfate tab 5 mg</i>	Tier 1	QL (180 tabs / 30 days); AGE; Covered in ages 3-18
<i>dextroamphetamine sulfate tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); AGE; Covered in ages 3-18
<i>methamphetamine hcl tab 5 mg</i>	Tier 2	PA; AGE; Covered in ages 18 and under
VYVANSE CAP 20MG	Tier 3	QL (30 caps / 30 days), PA; AGE; Covered in ages 6-18
VYVANSE CAP 30MG	Tier 3	QL (30 caps / 30 days), PA; AGE; Covered in ages 6-18
VYVANSE CAP 40MG	Tier 3	QL (30 caps / 30 days), PA; AGE; Covered in ages 6-18
VYVANSE CAP 50MG	Tier 3	QL (30 caps / 30 days), PA; AGE; Covered in ages 6-18
VYVANSE CAP 60MG	Tier 3	QL (30 caps / 30 days), PA; AGE; Covered in ages 6-18
VYVANSE CAP 70MG	Tier 3	QL (30 caps / 30 days), PA; AGE; Covered in ages 6-18
<i>zenzedi tab 5mg</i>	Tier 1	QL (180 tabs / 30 days); AGE; Covered in ages 3-18

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

Drug Name	Drug Tier	Requirements/Limits
<i>zenzedi tab 10mg</i>	Tier 1	QL (180 tabs / 30 days); AGE; Covered in ages 3-18
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 2	QL (30 caps / 30 days); AGE; MAIL; Covered in ages 6-18
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 2	QL (30 caps / 30 days); AGE; MAIL; Covered in ages 6-18
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 2	QL (30 caps / 30 days); AGE; MAIL; Covered in ages 6-18
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 2	QL (30 caps / 30 days); AGE; MAIL; Covered in ages 6-18
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 2	QL (30 caps / 30 days); AGE; MAIL; Covered in ages 6-18
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 2	QL (30 caps / 30 days); AGE; MAIL; Covered in ages 6-18
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 2	QL (30 caps / 30 days); AGE; MAIL; Covered in ages 6-18
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 18 and under
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 18 and under
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 18 and under
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 18 and under
Miscellaneous		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	QL (120 ml in lifetime); AGE; Covered in ages 1 and over

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

Drug Name	Drug Tier	Requirements/Limits
Stimulants - Misc.		
<i>armodafinil tab 50 mg</i>	Tier 1	PA; AGE; Covered in ages 64 and under
<i>armodafinil tab 150 mg</i>	Tier 1	PA; AGE; Covered in ages 64 and under
<i>armodafinil tab 200 mg</i>	Tier 1	PA
<i>armodafinil tab 250 mg</i>	Tier 1	PA; AGE; Covered in ages 64 and under
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE; Covered in ages 18 and under
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE; Covered in ages 18 and under
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE; Covered in ages 18 and under
<i>metadate tab 20mg er</i>	Tier 2	QL (90 tabs / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 2	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 2	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	Tier 2	QL (30 caps / 30 days), PA; AGE; Covered in ages 6-18
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Tier 2	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Tier 2	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Tier 2	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 2	QL (30 caps / 30 days); AGE; Covered in ages 6-18

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 2	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 2	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 2	QL (30 caps / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 2	QL (450 mL / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 2	QL (900 mL / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl tab er 10 mg</i>	Tier 2	QL (30 tabs / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl tab er 20 mg</i>	Tier 2	QL (90 tabs / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Tier 2	QL (60 tabs / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Tier 2	QL (30 tabs / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Tier 2	QL (30 tabs / 30 days); AGE; Covered in ages 6-18
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Tier 2	QL (60 tabs / 30 days); AGE; Covered in ages 6-18

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

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

ALTERNATIVE MEDICINES**Alternative Medicine - M's**

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

Alternative Medicine Combinations

<i>melatin tab 3-1mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL

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

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

AMINOGLYCOSIDES***Aminoglycosides***

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

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

HUMIRA INJ 10/0.1ML	Tier 4	QL (2.16 injections / 30 days), PA; Preferred Brand
HUMIRA INJ 10MG/0.2	Tier 4	QL (2.16 injections / 30 days), PA; Preferred Brand
HUMIRA INJ 20/0.2ML	Tier 4	QL (2.16 injections / 30 days), PA; Preferred Brand
HUMIRA INJ 40/0.4ML	Tier 4	QL (2.16 injections / 30 days), PA; Preferred Brand
HUMIRA KIT 20MG/0.4	Tier 4	QL (2.16 injections / 30 days), PA; Preferred Brand
HUMIRA KIT 40MG/0.8	Tier 4	QL (2.16 injections / 30 days), PA; Preferred Brand
HUMIRA PEDIA INJ CROHNS	Tier 4	QL (2.16 injections / 30 days), PA; Preferred Brand
HUMIRA PEN INJ 40/0.4ML	Tier 4	QL (2.16 pens / 30 days), PA; Preferred Brand
HUMIRA PEN INJ 40MG/0.8	Tier 4	QL (2.16 pens / 30 days), PA; Preferred Brand

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ CD/UC/HS	Tier 4	QL (2.16 pens / 30 days), PA; Preferred Brand
HUMIRA PEN INJ PS/UV	Tier 4	QL (2.16 pens / 30 days), PA; Preferred Brand
HUMIRA PEN KIT CD/UC/HS	Tier 4	QL (2.16 pens / 30 days), PA; Preferred Brand
HUMIRA PEN KIT PS/UV	Tier 4	QL (2.16 pens / 30 days), PA; Preferred Brand

Interleukin-6 Receptor Inhibitors

ACTEMRA INJ 162/0.9	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 150/1.14	Tier 4	PA; Preferred Brand
KEVZARA INJ 200/1.14	Tier 4	PA; Preferred Brand

Nonsteroidal Anti-inflammatory Agents (NSAIDs)

<i>addaprin tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>advil jr st tab 100mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>advil jr str chw 100mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>all day pain tab 220mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>all day relf tab 220mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>celecoxib cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), PA; MAIL; Covered in ages 65 and over
<i>celecoxib cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), PA; MAIL
<i>celecoxib cap 200 mg</i>	Tier 1	QL (60 caps / 30 days), PA; MAIL
<i>celecoxib cap 400 mg</i>	Tier 1	QL (120 caps / 30 days), PA; MAIL
<i>cvs ibuprof dro 50/1.25</i>	Tier 1	OTC, QL (4800 mL / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac potassium tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	MAIL
<i>dyspel tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>eq ibuprofen tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>etodolac tab 400 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>etodolac tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>fenoprofen calcium tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>flanax pain tab 220mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>flurbiprofen tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>flurbiprofen tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>genpril tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>hm ibuprofen tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>i-prin tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>ibu-drops dro 40mg/ml</i>	Tier 1	OTC, QL (4800 mL / 30 days); MAIL
<i>ibu-drops dro 50/1.25</i>	Tier 1	OTC, QL (4800 mL / 30 days); MAIL
<i>ibuprnf liqd cap 200mg</i>	Tier 1	OTC; MAIL
<i>ibuprofen cap 200 mg</i>	Tier 1	OTC; MAIL
<i>ibuprofen ch sus 100/5ml</i>	Tier 1	OTC, QL (4800 mL / 30 days); MAIL
<i>ibuprofen dro 50/1.25</i>	Tier 1	OTC, QL (4800 mL / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen ib chw 100mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>ibuprofen ib tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>ibuprofen jr chw 100mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>ibuprofen js chw 100mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1	QL (4800 mL / 30 days); MAIL
<i>ibuprofen tab 200 mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>ibuprofen tab 400 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>ibuprofen tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>ibuprofen tab 800 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>indomethacin cap 25 mg</i>	Tier 1	QL (120 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>indomethacin cap 50 mg</i>	Tier 1	QL (120 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>ketoprofen cap 50 mg</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>ketoprofen cap 75 mg</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	QL (Max day supply 5); AGE; MAIL; covered in ages 64 and under
<i>kls ibuprofn tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>kls naproxen tab 220mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>ks ibuprofen cap 200mg</i>	Tier 1	OTC; MAIL
<i>meclofenamate sodium cap 50 mg</i>	Tier 1	PA; MAIL
<i>meclofenamate sodium cap 100 mg</i>	Tier 1	PA; MAIL
<i>medi-profen cap 200mg</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>medi-profen sus 100/5ml</i>	Tier 1	OTC, QL (4800 mL / 30 days); MAIL
<i>medi-profen tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>mediproxen tab 220mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>mefenamic acid cap 250 mg</i>	Tier 2	MAIL
<i>meloxicam tab 7.5 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>meloxicam tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>motrin ib tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>nabumetone tab 500 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>nabumetone tab 750 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>naproxen dr tab 375mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>naproxen dr tab 500mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>naproxen sod tab 220mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>naproxen sodium tab 275 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>naproxen sodium tab 550 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>naproxen susp 125 mg/5ml</i>	Tier 2	QL (3000 mL / 30 days); MAIL
<i>naproxen tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>naproxen tab 375 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>naproxen tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>oxaprozin tab 600 mg</i>	Tier 2	QL (90 tabs / 30 days), PA; MAIL
<i>pamprin tab 220mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>piroxicam cap 10 mg</i>	Tier 1	QL (120 caps / 30 days), PA; MAIL

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>Soluble Tumor Necrosis Factor Receptor Agents</i>		
ENBREL INJ 25/0.5ML	Tier 4	QL (8.235 syringes / 30 days), PA; Preferred Brand
ENBREL INJ 25MG	Tier 4	QL (4.2 syringes / 30 days), PA; Preferred Brand
ENBREL INJ 50MG/ML	Tier 4	QL (4.286 syringes / 30 days), PA; Preferred Brand
ENBREL MINI INJ 50MG/ML	Tier 4	QL (4.286 injections / 30 days), PA; Preferred Brand
ENBREL SRCLK INJ 50MG/ML	Tier 4	QL (4.2 syringes / 30 days), PA; Preferred Brand

ANALGESICS - NonNarcotic***Analgesic Combinations***

<i>butalbital tab cpd</i>	Tier 1	QL (60 tabs / 25 days); AGE; Covered in ages 64 and under
<i>butalbital-acetaminophen tab 50-325 mg</i>	Tier 1	QL (300 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>butalbital-acetaminophen-cafeine cap 50-325-40 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>butalbital-acetaminophen-cafeine tab 50-325-40 mg</i>	Tier 1	QL (180 ea / 30 days); MAIL
<i>butalbital-acetaminophen-cafeine tab 50-325-40 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>butalbital-aspirin-cafeine cap 50-325-40 mg</i>	Tier 1	QL (60 caps / 25 days); AGE; Covered in ages 64 and under
<i>butalbital-aspirin-cafeine tab 50-325-40 mg</i>	Tier 1	QL (60 tabs / 25 days); AGE; Covered in ages 64 and under
<i>capacet cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>marten-tab tab 50-325mg</i>	Tier 1	QL (300 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under

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

Drug Name	Drug Tier	Requirements/Limits
<i>zebutal cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>Analgesics Other</i>		
<i>acephen sup 120mg</i>	Tier 1	OTC, QL (1020 supp / 30 days); MAIL
<i>acephen sup 325mg</i>	Tier 1	OTC, QL (360 supp / 30 days); MAIL
<i>acephen sup 650mg</i>	Tier 1	OTC, QL (180 supp / 30 days); MAIL
<i>acetam melts tab 80mg</i>	Tier 1	OTC, QL (1500 tabs / 30 days); MAIL
<i>acetamin cap 500mg</i>	Tier 1	OTC, QL (240 caps / 30 days); MAIL
<i>acetamin liq 500/15ml</i>	Tier 1	OTC; MAIL
<i>acetamin tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>acetaminophe tab 160mg</i>	Tier 1	OTC, QL (750 tabs / 30 days); MAIL
<i>acetaminophen soln 160 mg/5ml</i>	Tier 1	OTC; MAIL
<i>acetaminophen suppos 120 mg</i>	Tier 1	OTC, QL (1020 supp / 30 days); MAIL
<i>acetaminophen suppos 650 mg</i>	Tier 1	OTC, QL (180 supp / 30 days); MAIL
<i>acetaminophen tab 325 mg</i>	Tier 1	OTC, QL (360 ea / 30 days); MAIL
<i>acetaminophen tab 325 mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>acetaminophen tab er 650 mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>acetaminophn sus 325mg</i>	Tier 1	OTC; MAIL
<i>acetaminophn tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>aminofen tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>aminofen tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>APAP 500 LIQ 500/5ML</i>	Tier 2	OTC; MAIL
<i>apap dro 80/0.8ml</i>	Tier 1	OTC; MAIL
<i>apap melt tab 80mg</i>	Tier 1	OTC, QL (1500 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>apap melts tab 160mg</i>	Tier 1	OTC, QL (750 tabs / 30 days); MAIL
<i>apra elx 160/5ml</i>	Tier 1	OTC; MAIL
<i>arthrts pain tab 650mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>betatemp sus 160/5ml</i>	Tier 1	OTC; MAIL
<i>child apap tab 80mg</i>	Tier 1	OTC, QL (1500 tabs / 30 days); MAIL
<i>child nonasa chw pain/rel</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>chld meditab chw 80mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>chld non-asa chw 80mg grp</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>chld pain rl tab 80mg</i>	Tier 1	OTC, QL (1500 tabs / 30 days); MAIL
<i>chld silapap liq 160/5ml</i>	Tier 1	OTC; MAIL
<i>chlds mapap tab 80mg rt</i>	Tier 1	OTC, QL (1500 tabs / 30 days); MAIL
<i>chloraseptic liq sore thr</i>	Tier 1	OTC; MAIL
<i>cvs childs chw 80mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>easy-melts tab 80mg</i>	Tier 1	OTC, QL (1500 tabs / 30 days); MAIL
<i>ed-apap liq 80mg/2.5</i>	Tier 1	OTC; MAIL
<i>eq acetamin tab 80mg</i>	Tier 1	OTC, QL (1500 tabs / 30 days); MAIL
<i>eq acetamin tab 160mg</i>	Tier 1	OTC, QL (750 tabs / 30 days); MAIL
<i>eq acetamin tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>eq acetamin tab 160mg</i>	Tier 1	OTC, QL (750 tabs / 30 days); MAIL
<i>fever reduce sup 120mg</i>	Tier 1	OTC, QL (1020 supp / 30 days); MAIL
<i>fever/pain sus 160/5ml</i>	Tier 1	OTC; MAIL
FEVERALL INF SUP 80MG	Tier 1	OTC, QL (1500 ea / 30 days); MAIL
<i>feverall sup 120mg</i>	Tier 1	OTC, QL (1020 supp / 30 days); MAIL
<i>feverall sup 325mg</i>	Tier 1	OTC, QL (360 supp / 30 days); MAIL

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

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

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

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

MED - Max 90 mg Morphine EQ Dose Per Day

Tier 1 = Generics; Low cost preferred brand

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>non-aspirin tab 500mg/rr</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>non-aspirin tab 650mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>nortemp sus 160/5ml</i>	Tier 1	OTC; MAIL
<i>nortemp sus infants</i>	Tier 1	OTC; MAIL
<i>pain & fever chw 80mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>pain & fever sol 160/5ml</i>	Tier 1	OTC; MAIL
<i>pain & fever sus 160/5ml</i>	Tier 1	OTC; MAIL
<i>pain & fever tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>pain & fever tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>pain relief liq 160/5ml</i>	Tier 1	OTC; MAIL
<i>pain relief liq 500/15ml</i>	Tier 1	OTC; MAIL
<i>pain relief tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>pain relief tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>pain relieve chw 160mg jr</i>	Tier 1	OTC, QL (180 ea / 30 days); MAIL
<i>pain relieve dro 80/0.8ml</i>	Tier 1	OTC; MAIL
<i>pain relieve sus 160/5ml</i>	Tier 1	OTC; MAIL
<i>pain relieve tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>pain relieve tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>pain relieve tab 500mg/rr</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>pain relievr chw 80mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>pain relievr tab 160mg</i>	Tier 1	OTC, QL (750 tabs / 30 days); MAIL
<i>pain relievr tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>pain relievr tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>pain/fever sup 120mg</i>	Tier 1	OTC, QL (1020 supp / 30 days); MAIL
<i>pain/fever sus 160/5ml</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>pediacare sus 160/5ml</i>	Tier 1	OTC; MAIL
<i>pharbetol tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>pharbetol tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>q-pap child sus 160/5ml</i>	Tier 1	OTC; MAIL
<i>q-pap infant dro 80/0.8ml</i>	Tier 1	OTC; MAIL
<i>q-pap liq 160/5ml</i>	Tier 1	OTC; MAIL
<i>q-pap tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>q-pap tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>ra acetamin tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>sm pain rel cap 500mg</i>	Tier 1	OTC, QL (240 caps / 30 days); MAIL
<i>sm rpd melt tab 160mg</i>	Tier 1	OTC, QL (750 tabs / 30 days); MAIL
<i>tactinal chw children</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>tactinal tab 325mg</i>	Tier 1	OTC, QL (360 tabs / 30 days); MAIL
<i>tactinal tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>tgt acetamin tab 500mg</i>	Tier 1	OTC, QL (240 tabs / 30 days); MAIL
<i>tgt apap dro infants</i>	Tier 1	OTC; MAIL
Salicylates		
<i>aspir-low tab 81mg ec</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>aspirin 81 tab 81mg ec</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>aspirin chld chw 81mg</i>	PREV	OTC, QL (30 tabs / 30 days); MAIL
<i>aspirin tab 81 mg</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
ASPIRIN TAB 81MG	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>aspirin tab 325mg</i>	PREV	OTC, QL (300 tabs / 30 days); MAIL

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

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

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

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

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

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

ANALGESICS - OPIOID**Opioid Agonists**

<i>codeine sulf tab 15mg</i>	Tier 1	QL (360 tabs / 30 days); MED
<i>codeine sulf tab 30mg</i>	Tier 1	QL (360 tabs / 30 days); MED
<i>codeine sulf tab 60mg</i>	Tier 1	QL (240 tabs / 30 days); MED
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	QL (10 patches / 25 days), PA; MED

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	QL (10 patches / 25 days), PA; MED
FENTANYL TD PATCH 72HR 37.5 MCG/HR	Tier 1	PA; MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	QL (10 patches / 25 days), PA; MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	QL (10 patches / 25 days), PA; MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	QL (10 patches / 25 days), PA; MED
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	QL (360 ea / 30 days); MED
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	QL (360 ea / 30 days); MED
<i>levorphanol tartrate tab 2 mg</i>	Tier 2	PA; MED
<i>meperidine hcl oral soln 50 mg/5ml</i>	Tier 1	QL (500 mL / 25 days); AGE; MED; Covered in ages 64 and under
<i>meperidine hcl tab 50 mg</i>	Tier 1	QL (300 tabs / 30 days); AGE; MED; Covered in ages 64 and under
<i>meperidine hcl tab 100 mg</i>	Tier 1	QL (240 tabs / 30 days); AGE; MED; Covered in ages 64 and under
<i>methadone hcl soln 5 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	QL (600 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	Tier 1	QL (360 tabs / 25 days), PA
<i>methadone hcl tab 10 mg</i>	Tier 1	QL (360 tabs / 25 days), PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	QL (450 mL / 30 days), PA; MED
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	QL (450 mL / 30 days), PA; MED
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	QL (450 mL / 30 days), PA; MED
<i>morphine sulfate tab 15 mg</i>	Tier 1	QL (90 tabs / 25 days); MED
<i>morphine sulfate tab 30 mg</i>	Tier 1	QL (90 tabs / 25 days); MED

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab er 15 mg</i>	Tier 1	QL (90 ea / 30 days), ST; MED; Prior Use IR Opioid Required
<i>morphine sulfate tab er 30 mg</i>	Tier 1	QL (90 ea / 30 days), ST; MED; Prior Use IR Opioid Required
<i>morphine sulfate tab er 60 mg</i>	Tier 1	QL (90 ea / 30 days), ST; MED; Prior Use IR Opioid Required
<i>morphine sulfate tab er 100 mg</i>	Tier 1	QL (90 ea / 30 days), ST; MED; Prior Use IR Opioid Required
NUCYNTA ER TAB 50MG	Tier 3	QL (120 tabs / 25 days), PA; MED
NUCYNTA ER TAB 100MG	Tier 3	QL (120 tabs / 25 days), PA; MED
NUCYNTA ER TAB 150MG	Tier 3	QL (60 tabs / 25 days), PA; MED
NUCYNTA ER TAB 200MG	Tier 3	QL (60 tabs / 25 days), PA; MED
NUCYNTA ER TAB 250MG	Tier 3	QL (60 tabs / 25 days), PA; MED
NUCYNTA TAB 50MG	Tier 3	QL (360 tabs / 25 days), PA; MED
NUCYNTA TAB 75MG	Tier 3	QL (240 tabs / 25 days), PA; MED
NUCYNTA TAB 100MG	Tier 3	QL (180 tabs / 25 days), PA; MED
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	QL (240 ml per fill, max 1 fill per 90 days); MED
<i>oxycodone hcl tab 5 mg</i>	Tier 1	QL (Max 4 per day); MED
<i>oxycodone hcl tab 10 mg</i>	Tier 1	QL (Max 90 per fill, max 1 fill per 90 days); MED
<i>oxycodone hcl tab 15 mg</i>	Tier 1	QL (Max 90 per fill, max 1 fill per 90 days); MED
<i>oxycodone hcl tab 20 mg</i>	Tier 1	QL (Max 90 per fill, max 1 fill per 90 days); MED
<i>oxycodone hcl tab 30 mg</i>	Tier 1	QL (Max 90 per fill, max 1 fill per 90 days); MED
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Tier 1	PA; MED
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	Tier 1	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Tier 1	PA; MED
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	Tier 1	PA
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Tier 1	PA; MED
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	Tier 1	PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Tier 1	PA; MED
OXYCONTIN TAB 10MG CR	Tier 3	PA; MED
OXYCONTIN TAB 15MG CR	Tier 3	PA; MED
OXYCONTIN TAB 20MG CR	Tier 3	PA; MED
OXYCONTIN TAB 30MG CR	Tier 3	PA; MED
OXYCONTIN TAB 40MG CR	Tier 3	PA; MED
OXYCONTIN TAB 60MG CR	Tier 3	PA; MED
OXYCONTIN TAB 80MG CR	Tier 3	PA; MED
<i>oxymorphone hcl tab 5 mg</i>	Tier 2	QL (180 tabs / 25 days), PA; MED
<i>oxymorphone hcl tab 10 mg</i>	Tier 2	QL (120 tabs / 25 days), PA; MED
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Tier 2	QL (120 tabs / 25 days), PA; MED
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Tier 2	QL (120 tabs / 25 days), PA; MED
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Tier 2	QL (120 tabs / 25 days), PA; MED
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Tier 2	QL (120 tabs / 25 days), PA; MED
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Tier 2	QL (120 tabs / 25 days), PA; MED
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Tier 2	QL (120 tabs / 25 days), PA; MED
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Tier 2	QL (120 tabs / 25 days), PA; MED
<i>tramadol hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days); MED
<i>tramadol hcl tab er 24hr 200 mg</i>	Tier 1	QL (30 tabs / 25 days), PA; MED
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Tier 1	QL (30 tabs / 25 days), PA; MED
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Tier 1	QL (30 tabs / 25 days), PA; MED

Opioid Combinations

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	QL (3750 mL / 25 days); MED

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

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (120 tabs / 25 days); MED
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	QL (180 ea / 25 days); MED
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (120 ea / 25 days); MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Tier 1	QL (240 caps / 30 days); MED
<i>co-gesic tab 5-500mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>endocet tab 5-325mg</i>	Tier 1	QL (240 tabs / 30 days); MED
<i>endocet tab 10-325mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	QL (3750 mL / 25 days); MED
<i>hydrocodone-acetaminophen tab 2.5-500 mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>hydrocodone-acetaminophen tab 5-500 mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>hydrocodone-acetaminophen tab 7.5-500 mg</i>	Tier 1	QL (180 ea / 25 days); MED
<i>hydrocodone-acetaminophen tab 7.5-650 mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>hydrocodone-acetaminophen tab 7.5-750 mg</i>	Tier 1	QL (180 ea / 25 days); MED
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>hydrocodone-acetaminophen tab 10-500 mg</i>	Tier 1	QL (180 ea / 25 days); MED
<i>hydrocodone-acetaminophen tab 10-650 mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>hydrogesic cap 5-500mg</i>	Tier 1	MED
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); MED
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 25 days); MED

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 25 days); MED
<i>stagesic cap 5-500mg</i>	Tier 1	MED

Opioid Partial Agonists

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 1	QL (360 tabs / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	
<i>butorphanol tartrate inj 1 mg/ml</i>	Tier 1	PA; MED
<i>butorphanol tartrate inj 2 mg/ml</i>	Tier 1	PA; MED
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	QL (60 bottles / 30 days), PA; MED
BUTRANS DIS 5MCG/HR	Tier 3	PA
BUTRANS DIS 10MCG/HR	Tier 3	PA
BUTRANS DIS 20MCG/HR	Tier 3	PA

ANDROGENS-ANABOLIC**Anabolic Steroids**

<i>oxandrolone tab 2.5 mg</i>	Tier 2	PA; AGE; Covered in ages 64 and under
<i>oxandrolone tab 10 mg</i>	Tier 2	PA; AGE; Covered in ages 64 and under

Androgens

<i>danazol cap 50 mg</i>	Tier 2	QL (120 caps / 30 days); MAIL
<i>danazol cap 100 mg</i>	Tier 2	QL (120 caps / 30 days); MAIL
<i>danazol cap 200 mg</i>	Tier 2	QL (120 caps / 30 days); MAIL
METHITEST TAB 10MG	Tier 3	AGE; Covered in ages 64 and under
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits

ANORECTAL AGENTS**INTRARECTAL STEROIDS**

<i>hydrocortisone enema 100 mg/60ml</i>	Tier 2	QL (1680 mL / 30 days); MAIL

Rectal Combinations

<i>hemorrhoidal cre</i>	Tier 1	OTC; MAIL

Rectal Local Anesthetics

<i>dibucaine rectal ointment 1%</i>	Tier 1	OTC; MAIL

Rectal Steroids

<i>procto-med cre hc 2.5%</i>	Tier 1	QL (450 gm / 30 days); MAIL
<i>proctosol hc cre 2.5%</i>	Tier 1	QL (450 gm / 30 days); MAIL
<i>proctozone cre -hc 2.5%</i>	Tier 1	QL (450 gm / 30 days); MAIL

ANTACIDS**Antacid Combinations**

<i>acid gone chw</i>	Tier 1	OTC; MAIL
<i>acid gone sus</i>	Tier 1	OTC; MAIL
<i>advanced sus antacid</i>	Tier 1	OTC; MAIL
<i>almacone chw</i>	Tier 1	OTC; MAIL
<i>almacone dbl sus strength</i>	Tier 1	OTC; MAIL
<i>almacone sus</i>	Tier 1	OTC; MAIL
<i>alum & mag hydroxide-simethicone susp 500-450-40 mg/5ml</i>	Tier 1	OTC; MAIL
<i>antacid adv sus max st</i>	Tier 1	OTC; MAIL
<i>antacid chw dbl st</i>	Tier 1	OTC; MAIL
<i>antacid extr chw 675-135</i>	Tier 1	OTC; MAIL
<i>antacid fast sus acting</i>	Tier 1	OTC; MAIL
<i>antacid fast sus relief</i>	Tier 1	OTC; MAIL
<i>antacid i sus</i>	Tier 1	OTC; MAIL
<i>antacid iii sus</i>	Tier 1	OTC; MAIL
<i>antacid liq sus</i>	Tier 1	OTC; MAIL
<i>antacid m sus</i>	Tier 1	OTC; MAIL
<i>antacid plus sus anti-gas</i>	Tier 1	OTC; MAIL
<i>antacid plus sus gas rel</i>	Tier 1	OTC; MAIL
<i>antacid sus</i>	Tier 1	OTC; MAIL
<i>antacid sus anti-gas</i>	Tier 1	OTC; MAIL
<i>antacid sus ex st</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>antacid sus max st</i>	Tier 1	OTC; MAIL
<i>antacid sus mint crm</i>	Tier 1	OTC; MAIL
<i>antacid sus reg</i>	Tier 1	OTC; MAIL
<i>antacid sus reg st</i>	Tier 1	OTC; MAIL
<i>antacid sus ultra st</i>	Tier 1	OTC; MAIL
<i>antacid/gas sus rel max</i>	Tier 1	OTC; MAIL
<i>antacid/sime sus ds</i>	Tier 1	OTC; MAIL
<i>comfort gel sus</i>	Tier 1	OTC; MAIL
<i>comfort gel sus antacid</i>	Tier 1	OTC; MAIL
<i>comfort gel sus anti-gas</i>	Tier 1	OTC; MAIL
<i>cvs antacid sus antigas</i>	Tier 1	OTC; MAIL
<i>cvs antacid sus supreme</i>	Tier 1	OTC; MAIL
<i>cvs antacid/ sus anti-gas</i>	Tier 1	OTC; MAIL
<i>eq antacid chw 160-105</i>	Tier 1	OTC; MAIL
<i>eq antacid chw ex st</i>	Tier 1	OTC; MAIL
<i>eq antacid sus</i>	Tier 1	OTC; MAIL
<i>eq antacid sus anti-gas</i>	Tier 1	OTC; MAIL
<i>eq antacid sus max st</i>	Tier 1	OTC; MAIL
<i>eq antacid sus anti-gas</i>	Tier 1	OTC; MAIL
<i>flanax sus relief</i>	Tier 1	OTC; MAIL
<i>foam antacid chw 80-20mg</i>	Tier 1	OTC; MAIL
<i>foam antacid sus</i>	Tier 1	OTC; MAIL
<i>geri-lanta sus</i>	Tier 1	OTC; MAIL
<i>gnp antacid chw 160-105</i>	Tier 1	OTC; MAIL
<i>gnp antacid sus anti-gas</i>	Tier 1	OTC; MAIL
<i>gnp antacid sus cherry</i>	Tier 1	OTC; MAIL
<i>gnp antacid sus coolmint</i>	Tier 1	OTC; MAIL
<i>gnp antacid sus original</i>	Tier 1	OTC; MAIL
<i>heartbrn ant chw 160-105</i>	Tier 1	OTC; MAIL
<i>heartburn chw ex st</i>	Tier 1	OTC; MAIL
<i>hm antacid sus anti-gas</i>	Tier 1	OTC; MAIL
<i>maalox advan sus max st</i>	Tier 1	OTC; MAIL
<i>maalox max sus cherry</i>	Tier 1	OTC; MAIL
<i>maalox max sus lemon</i>	Tier 1	OTC; MAIL
<i>maalox max sus wild bry</i>	Tier 1	OTC; MAIL
<i>maalox multi sus symp max</i>	Tier 1	OTC; MAIL
<i>mag-al plus liq</i>	Tier 1	OTC; MAIL
<i>mag-al plus liq xs</i>	Tier 1	OTC; MAIL
<i>meijer sus antacid</i>	Tier 1	OTC; MAIL
<i>mi-acid chw</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>mi-acid sus</i>	Tier 1	OTC; MAIL
<i>mi-acid sus max st</i>	Tier 1	OTC; MAIL
<i>milantex sus ex st</i>	Tier 1	OTC; MAIL
<i>milantex sus original</i>	Tier 1	OTC; MAIL
<i>mintox plus chw</i>	Tier 1	OTC; MAIL
<i>mintox sus</i>	Tier 1	OTC; MAIL
<i>mintox sus max st</i>	Tier 1	OTC; MAIL
<i>px antacid sus max st</i>	Tier 1	OTC; MAIL
<i>px antacid sus reg st</i>	Tier 1	OTC; MAIL
<i>qc antacid sus</i>	Tier 1	OTC; MAIL
<i>qc antacid sus anti-gas</i>	Tier 1	OTC; MAIL
<i>ra antacid sus anti-gas</i>	Tier 1	OTC; MAIL
<i>ra antacid sus antigas</i>	Tier 1	OTC; MAIL
<i>ra liquid sus antacid</i>	Tier 1	OTC; MAIL
<i>rulox sus</i>	Tier 1	OTC; MAIL
<i>sb antacid sus anti-gas</i>	Tier 1	OTC; MAIL
<i>sb antacid/ sus antigas</i>	Tier 1	OTC; MAIL
<i>sm antacid chw ex-str</i>	Tier 1	OTC; MAIL
<i>sm antacid sus advanced</i>	Tier 1	OTC; MAIL
<i>sm antacid sus max st</i>	Tier 1	OTC; MAIL
<i>tgt antacid sus anti-gas</i>	Tier 1	OTC; MAIL

Antacids - Bicarbonate

<i>sodium bicarbonate tab 325 mg</i>	Tier 1	OTC; MAIL
<i>sodium bicarbonate tab 650 mg</i>	Tier 1	OTC; MAIL

Antacids - Calcium Salts

<i>antacid chw 500mg</i>	Tier 1	OTC; MAIL
<i>antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>antacid extr chw 750mg</i>	Tier 1	OTC; MAIL
<i>antacid max chw 1000mg</i>	Tier 1	OTC; MAIL
<i>cal antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>cal-gest chw 500mg</i>	Tier 1	OTC; MAIL
<i>calc antacid chw 500mg</i>	Tier 1	OTC; MAIL
<i>calc antacid chw 750mg</i>	Tier 1	OTC; MAIL
<i>calc antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>calcium carbonate (antacid) chew tab 500 mg</i>	Tier 1	OTC; MAIL
<i>calcium carbonate (antacid) tab 648 mg</i>	Tier 1	OTC, QL (480 tabs / 30 days); MAIL
<i>child soothe chw 400mg</i>	Tier 1	OTC; MAIL
<i>childrens chw pepto</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>childrens chw soothe</i>	Tier 1	OTC; MAIL
<i>eq antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>eql antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>gnp antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>maalox child chw</i>	Tier 1	OTC; MAIL
<i>px antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>ra antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>sm antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>stomach rlf chw 400mg</i>	Tier 1	OTC; MAIL
<i>tgt antacid chw 1000mg</i>	Tier 1	OTC; MAIL
<i>tums fresher chw 500mg</i>	Tier 1	OTC; MAIL

Antacids - Magnesium Salts

<i>hm magnesium tab 250mg</i>	Tier 1	OTC; MAIL
<i>magnesium oxide tab 250 mg</i>	Tier 1	OTC; MAIL
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	Tier 1	OTC; MAIL
<i>magnesium oxide tab 420 mg</i>	Tier 1	OTC; MAIL
<i>magnesium tab 250mg</i>	Tier 1	OTC; MAIL

ANTHELMINTICS**Anthelmintics**

ALBENZA TAB 200MG	Tier 3	QL (2 tabs / 25 days), PA
BILTRICIDE TAB 600MG	Tier 3	PA
<i>ivermectin tab 3 mg</i>	Tier 1	QL (300 tabs / 30 days)
PIN-X CHW 250MG	Tier 2	OTC, QL (Max 2 fills per year)
<i>pinworm med sus 144mg/ml</i>	Tier 1	OTC
<i>praziquantel tab 600 mg</i>	Tier 2	PA
<i>reeses med sus pinworm</i>	Tier 1	OTC

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

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

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

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN TAB 200MG	Tier 4	PA
XIFAXAN TAB 550MG	Tier 4	PA
Anti-infective Misc. - Combinations		
<i>e.s.p. sus 200-600</i>	Tier 2	QL (2400 mL / 30 days)
<i>erythromycin-sulfisoxazole for susp 200-600 mg/5ml</i>	Tier 2	QL (2400 mL / 30 days)
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>sulfatrim pd sus 200-40/5</i>	Tier 1	QL (1200 mL / 30 days)
Antiprotozoal Agents		
<i>atovaquone susp 750 mg/5ml</i>	Tier 2	QL (300 mL / 30 days), PA; Covered in ages 13 and over
Carbapenems		
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	Tier 1	PA
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	Tier 1	PA
Chloramphenicols		
<i>chloramphenicol sodium succinate for iv inj 1 gm</i>	Tier 1	PA
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	QL (240 ea / 30 days)
<i>clindamycin hcl cap 300 mg</i>	Tier 1	QL (270 ea / 30 days)
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	Covered in ages 18 and under
Oxazolidinones		
<i>linezolid for susp 100 mg/5ml</i>	Tier 2	QL (Max day supply 7), PA
<i>linezolid tab 600 mg</i>	Tier 2	QL (Max day supply 7), PA
Polymyxins		
<i>polymyxin b sulfate for inj 500000 unit</i>	Tier 1	PA

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

Drug Name	Drug Tier	Requirements/Limits
ANTIANGINAL AGENTS		
<i>Antianginals-Other</i>		
RANEXA TAB 500MG	Tier 2	ST; MAIL; PRIOR USE Beta Blocker/Ca Channel Blockers/LA Nitrate
RANEXA TAB 1000MG	Tier 2	ST; MAIL; PRIOR USE Beta Blocker/Ca Channel Blockers/LA Nitrate
<i>Nitrates</i>		
<i>isosorbide dinitrate sl tab 2.5 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>minitran dis 0.2mg/hr</i>	Tier 1	QL (30 patches / 30 days); MAIL
<i>minitran dis 0.4mg/hr</i>	Tier 1	QL (30 patches / 30 days); MAIL
<i>minitran dis 0.6mg/hr</i>	Tier 1	QL (30 patches / 30 days); MAIL
<i>nitro-time cap 9mg cr</i>	Tier 1	QL (90 caps / 30 days); MAIL
<i>nitroglycerin cap er 9 mg</i>	Tier 1	QL (90 caps / 30 days); MAIL
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	QL (30 patches / 30 days); MAIL
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	QL (30 patches / 30 days); MAIL
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Tier 1	QL (30 patches / 30 days); MAIL

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

<i>buspirone hcl tab 5 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>buspirone hcl tab 7.5 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>buspirone hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>buspirone hcl tab 15 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	QL (240 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	QL (240 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	QL (240 caps / 30 days); AGE; MAIL; Covered in ages 64 and under

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	QL (240 ea / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	QL (120 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>meprobamate tab 200 mg</i>	Tier 1	
<i>meprobamate tab 400 mg</i>	Tier 2	
<i>Benzodiazepines</i>		
<i>alprazolam tab 0.5 mg</i>	Tier 1	QL (90 ea / 30 days); Covered in ages 18 and over
<i>alprazolam tab 0.25 mg</i>	Tier 1	QL (90 ea / 30 days); Covered in ages 18 and over
<i>alprazolam tab 1 mg</i>	Tier 1	QL (90 tabs / 30 days); Covered in ages 18 and over
<i>alprazolam tab 2 mg</i>	Tier 1	QL (90 tabs / 30 days); Covered in ages 18 and over
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 1	QL (90 caps / 30 days); AGE; Covered in ages 6- 64
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 1	QL (90 caps / 30 days); AGE; Covered in ages 6- 64
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 1	QL (90 caps / 30 days); AGE; Covered in ages 6- 64
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 6- 64
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	QL (120 tabs / 30 days); AGE; Covered in ages 6- 64
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 6- 64

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

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

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

<i>disopyramide phosphate cap 100 mg</i>	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate cap 150 mg</i>	Tier 1	QL (150 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>quinidine sulfate tab 300 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
Antiarrhythmics Type I-B		
<i>mexiletine hcl cap 150 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>mexiletine hcl cap 200 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>mexiletine hcl cap 250 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
Antiarrhythmics Type I-C		
<i>flecainide acetate tab 50 mg</i>	Tier 1	QL (210 tabs / 30 days); MAIL
<i>flecainide acetate tab 100 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>flecainide acetate tab 150 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>propafenone hcl tab 150 mg</i>	Tier 1	QL (180 ea / 30 days); MAIL
<i>propafenone hcl tab 225 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>propafenone hcl tab 300 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
Antiarrhythmics Type III		
<i>amiodarone hcl tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 4	QL (240 caps / 30 days)
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 4	QL (120 caps / 30 days)
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 4	QL (60 caps / 30 days)
MULTAQ TAB 400MG	Tier 3	QL (60 tabs / 30 days); MAIL
<i>pacerone tab 200mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
XOLAIR INJ 75/0.5	Tier 4	QL (5 syringes / 24 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
XOLAIR INJ 150MG/ML	Tier 4	QL (5 syringes / 24 days), PA
Anti-Inflammatory Agents		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 2	QL (780 mL / 30 days); MAIL
Antiasthmatic - Monoclonal Antibodies		
DUPIXENT INJ 200/1.14	Tier 4	PA
NUCALA INJ 100MG	Tier 4	PA
XOLAIR SOL 150MG	Tier 4	QL (5 vials / 24 days), PA
BRONCHODILATORS - ANTICHOLINERGICS		
TUDORZA PRES AER 400/ACT	Tier 2	
Bronchodilators - Anticholinergics		
ATROVENT HFA AER 17MCG	Tier 2	QL (2.326 inhalers / 30 days); MAIL
INCRUSE ELPT INH 62.5MCG	Tier 2	MAIL
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	QL (300 mL / 30 days); MAIL
Leukotriene Modulators		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>zafirlukast tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>zafirlukast tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>zileuton tab er 12hr 600 mg</i>	Tier 2	QL (120 tabs / 30 days), PA; MAIL
STEROID INHALANTS		
FLOVENT HFA AER 44MCG	Tier 2	QL (1 inhaler / 25 days); AGE; MAIL; Covered in ages 11 and under
FLOVENT HFA AER 110MCG	Tier 2	QL (1 inhaler / 25 days); AGE; MAIL; Covered in ages 11 and under

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

Drug Name	Drug Tier	Requirements/Limits
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TAB 500MCG	Tier 3	PA; MAIL
Steroid Inhalants		
AEROSPAN AER 80MCG	Tier 2	MAIL
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 2	QL (120 mL / 30 days); AGE; MAIL; Covered in ages 9 and under
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 2	QL (120 mL / 30 days); AGE; MAIL; Covered in ages 9 and under
QVAR REDIHA AER 80MCG	Tier 2	QL (10.6 gm / 25 days); MAIL
QVAR REDIHAL AER 40MCG	Tier 2	QL (10.6 gm / 25 days); MAIL
Sympathomimetics		
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	QL (150 mL / 25 days); MAIL
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL / 25 days); MAIL
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	QL (225 mL / 25 days); MAIL
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (150 mL / 25 days); MAIL
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	QL (4500 mL / 30 days); MAIL
<i>albuterol sulfate tab 4 mg</i>	Tier 2	QL (240 tabs / 30 days); MAIL
BREO ELLIPTA INH 100-25	Tier 3	QL (60 blisters / 30 days); MAIL
BREO ELLIPTA INH 200-25	Tier 3	QL (60 blisters / 30 days); MAIL
COMBIVENT AER 20-100	Tier 2	MAIL
DULERA AER 100-5MCG	Tier 2	QL (1.477 inhalers / 25 days); MAIL
DULERA AER 200-5MCG	Tier 2	QL (1.477 inhalers / 25 days); MAIL
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days); MAIL
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days); MAIL
FORADIL CAP AEROLIZE	Tier 2	QL (60 caps / 30 days); MAIL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QL (360 ml / 30 days); MAIL
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 1	QL (72 mL / 25 days), PA; MAIL
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (72 mL / 25 days), PA; MAIL
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (72 mL / 25 days), PA; MAIL
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days); MAIL
<i>metaproterenol sulfate tab 10 mg</i>	Tier 1	MAIL
<i>metaproterenol sulfate tab 20 mg</i>	Tier 1	MAIL
PROAIR HFA AER	Tier 2	MAIL
PROVENTIL AER HFA	Tier 3	ST; MAIL; PRIOR USE PROAIR
STRIVERDI AER 2.5MCG	Tier 2	QL (1 inhaler / 30 days); MAIL
SYMBICORT AER 80-4.5	Tier 2	QL (1.478 inhalers / 25 days); MAIL
SYMBICORT AER 160-4.5	Tier 2	QL (1 inhaler / 25 days); MAIL
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 2	QL (240 tabs / 30 days); MAIL
<i>terbutaline sulfate tab 5 mg</i>	Tier 2	QL (180 tabs / 30 days); MAIL
VENTOLIN HFA AER	Tier 3	ST; MAIL; PRIOR USE PROAIR
Xanthines		
<i>theochron tab 100mg cr</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>theochron tab 200mg cr</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>theochron tab 300mg cr</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>theophylline soln 80 mg/15ml</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 100 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL

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

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

ANTICOAGULANTS***Coumarin Anticoagulants***

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

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

40

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

Drug Name	Drug Tier	Requirements/Limits
<i>jantoven tab 6mg</i>	Tier 1	QL (300 ea / 30 days); MAIL
<i>jantoven tab 7.5mg</i>	Tier 1	QL (300 ea / 30 days); MAIL
<i>jantoven tab 10mg</i>	Tier 1	QL (300 ea / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 2 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 3 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 4 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 5 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 6 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 10 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
Direct Factor Xa Inhibitors		
XARELTO TAB 10MG	Tier 3	PA; MAIL
XARELTO TAB 15MG	Tier 3	PA; MAIL
XARELTO TAB 20MG	Tier 3	PA; MAIL
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	Tier 4	QL (Max 7 days supply without PA; Max 0.6 per day)
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	Tier 4	QL (Max 7 days supply without PA; Max 0.8 per day)
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	Tier 4	QL (Max 7 days supply without PA; Max 1.2 per day)
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	Tier 4	QL (Max 7 days supply without PA; Max 1.6 per day)

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

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

Thrombin Inhibitors

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

ANTICONVULSANTS**Anticonvulsants - Benzodiazepines**

<i>clonazepam tab 0.5 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	Tier 2	QL (2 kits / month)
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 2	QL (2 kits / month)

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

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

MED - Max 90 mg Morphine EQ Dose Per Day

Tier 1 = Generics; Low cost preferred brand

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam rectal gel delivery system 20 mg</i>	Tier 2	QL (2 kits / month)
ONFI TAB 5MG	Tier 3	PA
ONFI TAB 10MG	Tier 3	PA
ONFI TAB 20MG	Tier 3	PA
<i>Anticonvulsants - Misc.</i>		
BANZEL SUS 40MG/ML	Tier 3	PA; MAIL
BANZEL TAB 200MG	Tier 3	PA; MAIL
BANZEL TAB 400MG	Tier 3	PA; MAIL
<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1	QL (240 caps / 30 days); MAIL
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1	QL (240 caps / 30 days); MAIL
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1	QL (240 caps / 30 days); MAIL
<i>carbamazepine chew tab 100 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); MAIL
<i>carbamazepine tab 200 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1	QL (240 ea / 30 days); MAIL
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 1	QL (240 ea / 30 days); MAIL
<i>epitol tab 200mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>gabapentin cap 100 mg</i>	Tier 1	QL (300 caps / 30 days); MAIL
<i>gabapentin cap 300 mg</i>	Tier 1	QL (300 caps / 30 days); MAIL
<i>gabapentin cap 400 mg</i>	Tier 1	QL (270 caps / 30 days); MAIL
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	QL (2100 mL / 30 days); MAIL
<i>gabapentin tab 600 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>gabapentin tab 800 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab 25 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>lamotrigine tab 100 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>lamotrigine tab 150 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>lamotrigine tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	QL (900 mL / 30 days); MAIL
<i>levetiracetam tab 250 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>levetiracetam tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>levetiracetam tab 750 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>levetiracetam tab 1000 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
LYRICA CAP 25MG	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 50MG	Tier 3	QL (180 caps / 30 days), PA
LYRICA CAP 75MG	Tier 3	QL (240 caps / 30 days), PA
LYRICA CAP 100MG	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 150MG	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 200MG	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 225MG	Tier 3	QL (60 caps / 30 days), PA
LYRICA CAP 300MG	Tier 3	QL (60 caps / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 2	QL (1200 mL / 30 days); MAIL
<i>oxcarbazepine tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>oxcarbazepine tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>oxcarbazepine tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
POTIGA TAB 50MG	Tier 2	PA
POTIGA TAB 200MG	Tier 2	PA
POTIGA TAB 400MG	Tier 2	PA
<i>primidone tab 50 mg</i>	Tier 1	QL (120 ea / 30 days); MAIL
<i>primidone tab 250 mg</i>	Tier 1	QL (120 ea / 30 days); MAIL
TEGRETOL-XR TAB 100MG	Tier 2	QL (240 tabs / 30 days); MAIL
<i>topiramate sprinkle cap 15 mg</i>	Tier 1	QL (240 caps / 30 days); MAIL
<i>topiramate sprinkle cap 25 mg</i>	Tier 1	QL (240 caps / 30 days); MAIL
<i>topiramate tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>topiramate tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>topiramate tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>topiramate tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
VIMPAT SOL 10MG/ML	Tier 2	PA
VIMPAT TAB 50MG	Tier 2	PA
VIMPAT TAB 100MG	Tier 2	PA
VIMPAT TAB 150MG	Tier 2	PA
VIMPAT TAB 200MG	Tier 2	PA
<i>zonisamide cap 25 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>zonisamide cap 50 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>zonisamide cap 100 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
Carbamates		
<i>felbamate susp 600 mg/5ml</i>	Tier 2	MAIL
<i>felbamate tab 400 mg</i>	Tier 2	QL (270 tabs / 30 days); MAIL
<i>felbamate tab 600 mg</i>	Tier 2	QL (180 tabs / 30 days); MAIL
GABA Modulators		
SABRIL TAB 500MG	Tier 4	QL (180 tabs / 30 days), PA
<i>tiagabine hcl tab 2 mg</i>	Tier 2	QL (840 tabs / 30 days), PA; MAIL
<i>tiagabine hcl tab 4 mg</i>	Tier 2	QL (420 tabs / 30 days), PA; MAIL
<i>vigabatrin powd pack 500 mg</i>	Tier 4	PA
Hydantoins		
DILANTIN CAP 30MG	Tier 2	QL (180 caps / 30 days); MAIL
<i>phenytoin chw 50mg</i>	Tier 1	QL (150 tabs / 30 days); MAIL
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	QL (180 ea / 30 days); MAIL
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	QL (600 mL / 30 days); MAIL
Succinimides		
<i>ethosuximide cap 250 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	QL (900 mL / 30 days); MAIL
Valproic Acid		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	QL (300 ea / 30 days); MAIL
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	QL (450 tabs / 30 days); MAIL
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	QL (3000 mL / 30 days); MAIL
<i>valproic acid cap 250 mg</i>	Tier 1	QL (600 caps / 30 days); MAIL

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

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

Antidepressants - Misc.

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

Modified Cyclics

<i>nefazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>nefazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>nefazodone hcl tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>nefazodone hcl tab 250 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>trazodone hcl tab 50 mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>trazodone hcl tab 100 mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>trazodone hcl tab 150 mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
TRINTELLIX TAB 5MG	Tier 3	PA; MAIL
TRINTELLIX TAB 10MG	Tier 3	PA; MAIL
TRINTELLIX TAB 20MG	Tier 3	PA; MAIL
VIIBRYD KIT	Tier 3	PA; MAIL
VIIBRYD KIT STARTER	Tier 3	PA; MAIL
VIIBRYD TAB 10MG	Tier 3	PA; MAIL
VIIBRYD TAB 20MG	Tier 3	PA; MAIL
VIIBRYD TAB 40MG	Tier 3	PA; MAIL

Monoamine Oxidase Inhibitors (MAOIs)

MARPLAN TAB 10MG	Tier 3	PA; MAIL
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 2	QL (240 tabs / 30 days); MAIL

Selective Serotonin Reuptake Inhibitors (SSRIs)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	MAIL
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	MAIL
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	QL (90 caps / 30 days); MAIL
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	MAIL
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>paroxetine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>paroxetine hcl tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>paroxetine hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>paroxetine hcl tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	QL (300 mL / 30 days); MAIL
<i>sertraline hcl tab 25 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>sertraline hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>sertraline hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), PA; MAIL
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), PA; MAIL
<i>duloxetine hcl cap 20 mg</i>	Tier 1	ST; MAIL; PRIOR USE VENLAFAXINE/VENLAFAXINE ER

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

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl cap 30 mg</i>	Tier 1	QL (60 caps / 30 days), ST; MAIL; PRIOR USE VENLAFAXINE/VENLAFAXINE ER
<i>duloxetine hcl cap 60 mg</i>	Tier 1	QL (60 caps / 30 days), ST; MAIL; PRIOR USE VENLAFAXINE/VENLAFAXINE ER
FETZIMA CAP 20MG	Tier 3	PA; MAIL
FETZIMA CAP 40MG	Tier 3	PA; MAIL
FETZIMA CAP 80MG	Tier 3	PA; MAIL
FETZIMA CAP 120MG	Tier 3	PA; MAIL
FETZIMA CAP TITRATIO	Tier 3	PA; MAIL
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
Tricyclic Agents		
<i>amitriptyline hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	QL (120 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl conc 10 mg/ml</i>	Tier 1	AGE; MAIL; Covered in ages 64 and under
<i>imipramine hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>imipramine hcl tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>imipramine hcl tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>nortriptyline hcl cap 10 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>nortriptyline hcl cap 25 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>nortriptyline hcl cap 50 mg</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>nortriptyline hcl cap 75 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>protriptyline hcl tab 5 mg</i>	Tier 2	QL (240 tabs / 30 days); MAIL
<i>protriptyline hcl tab 10 mg</i>	Tier 2	QL (240 tabs / 30 days); MAIL

ANTIDIABETICS**Alpha-Glucosidase Inhibitors**

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

Antidiabetic - Amylin Analogs

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>Antidiabetic Combinations</i>		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days

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

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
KOMBIGLYZ XR TAB 2.5-1000	Tier 3	PA; MAIL
KOMBIGLYZ XR TAB 5-500MG	Tier 3	PA; MAIL
KOMBIGLYZ XR TAB 5-1000MG	Tier 3	PA; MAIL
XIGDUO XR TAB 2.5-1000	Tier 3	QL (60 tabs / 30 days), ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione AND Alogliptin for 90 days
XIGDUO XR TAB 5-500MG	Tier 3	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione AND Alogliptin for 90 days
XIGDUO XR TAB 5-1000MG	Tier 3	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione AND Alogliptin for 90 days
XIGDUO XR TAB 10-500MG	Tier 3	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione AND Alogliptin for 90 days
XIGDUO XR TAB 10-1000	Tier 3	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione AND Alogliptin for 90 days
<i>Biguanides</i>		
<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

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

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	Tier 2	QL (2 ea / 30 days)
Diabetic Other		
CVS GLUCOSE CHW FRUIT	Tier 1	OTC; MAIL
CVS GLUCOSE CHW GRAPE	Tier 1	OTC; MAIL
CVS GLUCOSE CHW TROP BLS	Tier 1	OTC; MAIL
DEX4 CHW FRUIT	Tier 1	OTC; MAIL
DEX4 CHW GRAPE	Tier 1	OTC; MAIL
DEX4 CHW ORANGE	Tier 1	OTC; MAIL
DEX4 CHW RASPBERR	Tier 1	OTC; MAIL
DEX4 CHW RASPBERRY	Tier 1	OTC; MAIL
DEX4 CHW SOUR APL	Tier 1	OTC; MAIL
DEX4 CHW TROP FRT	Tier 1	OTC; MAIL
DEX4 CHW WATERMLN	Tier 1	OTC; MAIL
DEX4 NATURAL CHW ORANGE	Tier 1	OTC; MAIL
DEX4 POUCH CHW PACK	Tier 1	OTC; MAIL
GLUCAGON KIT 1MG	Tier 2	QL (1 kit / 25 days); MAIL
GLUCOSE CHW FRT PNCH	Tier 1	OTC; MAIL
GLUCOSE CHW GRAPE	Tier 1	OTC; MAIL
GLUCOSE CHW RASPBRRY	Tier 1	OTC; MAIL
GLUCOSE CHW TROP FRT	Tier 1	OTC; MAIL
GNP GLUCOSE CHW GRAPE	Tier 1	OTC; MAIL
GNP GLUCOSE CHW ORANGE	Tier 1	OTC; MAIL
GNP GLUCOSE CHW RASPBERRY	Tier 1	OTC; MAIL
GNP GLUCOSE CHW WATERMLN	Tier 1	OTC; MAIL
HM GLUCOSE CHW ORANGE	Tier 1	OTC; MAIL
HM GLUCOSE CHW RASPBERRY	Tier 1	OTC; MAIL
KROG GLUCOSE CHW ORANGE	Tier 1	OTC; MAIL
KROG GLUCOSE CHW RASPBERRY	Tier 1	OTC; MAIL
KROG GLUCOSE CHW TROP FRT	Tier 1	OTC; MAIL
KROG GLUCOSE CHW WATERMLN	Tier 1	OTC; MAIL
PX GLUCOSE CHW FRUIT	Tier 1	OTC; MAIL
PX GLUCOSE CHW ORANGE	Tier 1	OTC; MAIL
PX GLUCOSE CHW RASPBERRY	Tier 1	OTC; MAIL
PX GLUCOSE CHW SOUR APL	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
RA GLUCOSE CHW GRAPE	Tier 1	OTC; MAIL
RA GLUCOSE CHW ORANGE	Tier 1	OTC; MAIL
RA GLUCOSE CHW RASPBERRY	Tier 1	OTC; MAIL
RA GLUCOSE CHW TROP FRT	Tier 1	OTC; MAIL
SM GLUCOSE CHW ORANGE	Tier 1	OTC; MAIL
SM GLUCOSE CHW RASPBERRY	Tier 1	OTC; MAIL
TGT GLUCOSE CHW GRAPE	Tier 1	OTC; MAIL
TGT GLUCOSE CHW ORANGE	Tier 1	OTC; MAIL
TGT GLUCOSE CHW RASPBERRY	Tier 1	OTC; MAIL
UP&UP CHW GRAPE	Tier 1	OTC; MAIL
UP&UP CHW ORANGE	Tier 1	OTC; MAIL
UP&UP CHW RASPBERRY	Tier 1	OTC; MAIL
VP GLUCOSE CHW FRUIT	Tier 1	OTC; MAIL
VP GLUCOSE CHW GRAPE	Tier 1	OTC; MAIL
<i>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</i>		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 2	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione for 90 days
ONGLYZA TAB 2.5MG	Tier 3	PA; MAIL
ONGLYZA TAB 5MG	Tier 3	PA; MAIL
<i>Incretin Mimetic Agents (GLP-1 Receptor Agonists)</i>		
BYETTA INJ 5MCG	Tier 2	QL (1 pen / 25 days), PA; MAIL
BYETTA INJ 10MCG	Tier 2	QL (1 pen / 25 days), PA; MAIL
<i>Insulin</i>		
APIDRA INJ SOLOSTAR	Tier 3	ST; MAIL; PRIOR USE NOVOLOG

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

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

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

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R INJ U-500	Tier 3	QL (1.5 vials / 30 days), ST; MAIL; PRIOR USE NOVOLIN
LEVEMIR INJ	Tier 2	MAIL
LEVEMIR INJ FLEXTUOC	Tier 2	MAIL
NOVOLIN INJ 70/30	Tier 2	OTC, QL (30 mL / 30 days); MAIL
NOVOLIN N INJ U-100	Tier 2	OTC, QL (30 mL / 30 days); MAIL
NOVOLIN R INJ PENFILL	Tier 2	OTC, QL (30 mL / 30 days); MAIL
NOVOLIN R INJ U-100	Tier 2	OTC, QL (3 vials / 30 days); MAIL
NOVOLOG INJ 100/ML	Tier 2	QL (3 vials / 30 days); MAIL
NOVOLOG INJ FLEXPEN	Tier 2	QL (10 pens / 30 days); MAIL
NOVOLOG INJ PENFILL	Tier 2	QL (10 cartridges / 30 days); MAIL
NOVOLOG MIX INJ 70/30	Tier 2	QL (30 mL / 30 days); MAIL
NOVOLOG MIX INJ FLEXPEN	Tier 2	QL (10 pens / 30 days); MAIL

Insulin Sensitizing Agents

<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	MAIL
<i>nateglinide tab 120 mg</i>	Tier 1	MAIL
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>repaglinide tab 1 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>repaglinide tab 2 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL

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

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

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

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

ANTIDIARRHEALS**Antidiarrheal Agents - Misc.**

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

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

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

Antiperistaltic Agents

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

ANTIDOTES**Antidotes - Chelating Agents**

EXJADE TAB 125MG	Tier 4	PA
EXJADE TAB 250MG	Tier 4	PA
EXJADE TAB 500MG	Tier 4	PA

Opioid Antagonists

<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); MAIL
NARCAN SPR	Tier 2	

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

Drug Name	Drug Tier	Requirements/Limits

ANTIEMETICS**5-HT₃ Receptor Antagonists**

<i>granisetron hcl tab 1 mg</i>	Tier 2	ST; MAIL; PRIOR USE ONDANSETRON
GRANISOL SOL 2MG/10ML	Tier 1	PA; MAIL
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	PA; MAIL
<i>ondansetron hcl tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>ondansetron hcl tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL

Antiemetics - Anticholinergic

<i>dimenhydrinate tab 50 mg</i>	Tier 1	OTC; MAIL
<i>dramamine tab 25mg</i>	Tier 1	OTC, QL (120 ea / 30 days); MAIL
<i>dramamine tab 25mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>driminate tab 50mg</i>	Tier 1	OTC; MAIL
<i>meclizine hcl chew tab 25 mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	QL (120 ea / 30 days); MAIL
<i>meclizine hcl tab 25 mg</i>	Tier 1	QL (120 ea / 30 days); MAIL
<i>motion relf tab 25mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>motion sick chw 25mg</i>	Tier 1	OTC, QL (120 ea / 30 days); MAIL
<i>motion sick tab 25mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>motion sick tab 50mg</i>	Tier 1	OTC; MAIL
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 2	PA; AGE; MAIL; Covered in ages 64 and under
<i>trav-tabs tab 50mg</i>	Tier 1	OTC; MAIL
<i>travel sick chw 25mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>travel sick tab 50mg</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>wal-dram ii tab 25mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>wal-dram tab 50mg</i>	Tier 1	OTC; MAIL

Antiemetics - Miscellaneous

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

Substance P/Neurokinin 1 (NK1) Receptor Antagonists

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

ANTIFUNGALS**Antifungals**

<i>flucytosine cap 250 mg</i>	Tier 1	QL (1530 caps / 30 days), PA
<i>flucytosine cap 500 mg</i>	Tier 1	QL (765 caps / 30 days), PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>nystatin tab 500000 unit</i>	Tier 1	QL (240 tabs / 30 days)
<i>terbinafine hcl tab 250 mg</i>	Tier 1	QL (Max day supply 28; max 6 fills per year)

Imidazole-Related Antifungals

<i>fluconazole for susp 10 mg/ml</i>	Tier 1	QL (35mL per month); AGE; Covered in ages 12 and under
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	QL (35mL per month); AGE; Covered in ages 12 and under
<i>fluconazole tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole tab 100 mg</i>	Tier 1	QL (21 tabs / 25 days)
<i>fluconazole tab 150 mg</i>	Tier 1	QL (Max 1 fill per month)
<i>fluconazole tab 200 mg</i>	Tier 1	QL (21 tabs / 25 days)
<i>itraconazole cap 100 mg</i>	Tier 2	QL (120 caps / 30 days)
<i>ketoconazole tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>voriconazole tab 50 mg</i>	Tier 4	QL (360 tabs / 30 days), PA
<i>voriconazole tab 200 mg</i>	Tier 4	QL (90 ea / 30 days), PA

ANTI-HISTAMINES**Antihistamines - Alkylamines**

<i>aller-chlor syp 2mg/5ml</i>	Tier 1	OTC; MAIL
<i>allergy 4 hr tab 4mg</i>	Tier 1	OTC; MAIL
<i>allergy relf tab 4mg</i>	Tier 1	OTC; MAIL
<i>allergy relf tab 12mg cr</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>allergy tab 4mg</i>	Tier 1	OTC; MAIL
<i>allergy-time tab 4mg</i>	Tier 1	OTC; MAIL
<i>chlor-phenir tab 4mg</i>	Tier 1	OTC; MAIL
<i>chlorhist tab 4mg</i>	Tier 1	OTC; MAIL
<i>chlorpheniramine maleate tab 4 mg</i>	Tier 1	OTC; MAIL
<i>chlorpheniramine maleate tab er 12 mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>cvs allergy tab 4mg</i>	Tier 1	OTC; MAIL
<i>dexchlorpheniramine maleate oral soln 2 mg/5ml</i>	Tier 1	AGE; MAIL; Covered in ages 64 and under
<i>diabet tuss syp allergy</i>	Tier 1	OTC; MAIL
<i>ed chlorped syp jr</i>	Tier 1	OTC; MAIL
<i>ed-chlortan tab 4mg</i>	Tier 1	OTC; MAIL
<i>eq chlortabs tab 4mg</i>	Tier 1	OTC; MAIL
<i>eq allergy tab 4mg</i>	Tier 1	OTC; MAIL
<i>gnp allergy tab 4mg</i>	Tier 1	OTC; MAIL
<i>hm allergy tab 4mg</i>	Tier 1	OTC; MAIL
<i>pharbechlor tab 4mg</i>	Tier 1	OTC; MAIL
<i>ra chlorphen tab 4mg</i>	Tier 1	OTC; MAIL
<i>sm allergy tab 4mg</i>	Tier 1	OTC; MAIL
<i>wal-finate tab 4mg</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>Antihistamines - Ethanolamines</i>		
<i>a-s pls alrg tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>aler-cap cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
ALER-DRYL TAB 50MG	Tier 1	OTC, QL (180 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>alertab tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>allergy 25mg tab dye-free</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>allergy cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>allergy chld liq 12.5/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL; Covered in ages 12 and under
<i>allergy liq 12.5/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL; Covered in ages 12 and under
<i>allergy med cap 25mg</i>	Tier 1	OTC, QL (180 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>allergy med liq 12.5/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL; Covered in ages 12 and under
<i>allergy medi tab 25mg</i>	Tier 1	OTC; AGE; MAIL; Covered in ages 64 and under
<i>allergy rel elx 12.5/5ml</i>	Tier 1	OTC, QL (2400 mL / 30 days); MAIL; Covered in ages 12 and under

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE; MAIL; Covered in ages 2-64
<i>promethazine hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE; MAIL; Covered in ages 2-64
<i>promethegan sup 12.5mg</i>	Tier 2	QL (240 supp / 30 days); AGE; MAIL; Covered in ages 2-64
<i>promethegan sup 25mg</i>	Tier 2	QL (240 supp / 30 days); AGE; MAIL; Covered in ages 2-64
<i>promethegan sup 50mg</i>	Tier 2	QL (180 supp / 30 days), PA; AGE; MAIL; Covered in ages 2-64
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	QL (600 mL / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	QL (180 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
ANTIHYPERLIPIDEMICS		
Antihyperlipidemics - Misc.		
VASCEPA CAP 1GM	Tier 3	MAIL
Bile Acid Sequestrants		
<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	QL (240 gm / 25 days); USE BULK POWDER; MAIL
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	QL (1440 gm / 30 days); USE BULK POWDER; MAIL
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 2	MAIL
<i>colesevelam hcl tab 625 mg</i>	Tier 2	QL (210 tabs / 30 days); MAIL
<i>colestipol hcl tab 1 gm</i>	Tier 1	QL (480 tabs / 30 days); MAIL
<i>prevalite pow 4gm</i>	Tier 1	QL (240 gm / 25 days); USE BULK POWDER; MAIL
WELCHOL PAK 3.75GM	Tier 3	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
WELCHOL TAB 625MG	Tier 3	QL (210 tabs / 30 days); MAIL
<i>Fibric Acid Derivatives</i>		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>fenofibrate micronized cap 43 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>fenofibrate micronized cap 67 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>fenofibrate micronized cap 134 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>fenofibrate micronized cap 200 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>fenofibrate tab 48 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>fenofibrate tab 54 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>fenofibrate tab 145 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>fenofibrate tab 160 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>fenofibric acid tab 35 mg</i>	Tier 1	MAIL
<i>gemfibrozil tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>HMG CoA Reductase Inhibitors</i>		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	PREV	MAIL
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Tier 1	ST; MAIL; PRIOR USE ATORVASTATIN
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Tier 1	ST; MAIL; PRIOR USE ATORVASTATIN
LIVALO TAB 1MG	Tier 3	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE ROSUVASTATIN FOR 30 DAYS

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>Intestinal Cholesterol Absorption Inhibitors</i>		
<i>ezetimibe tab 10 mg</i>	Tier 2	QL (30 tabs / 30 days); ST; MAIL; PRIOR USE FORMULARY STATIN
<i>Nicotinic Acid Derivatives</i>		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>niacor tab 500mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
ANTIHYPERTENSIVES		
<i>ACE Inhibitors</i>		
<i>benazepril hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>benazepril hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>benazepril hcl tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>benazepril hcl tab 40 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>captopril tab 12.5 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>captopril tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>captopril tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>captopril tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>enalapril maleate tab 2.5 mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>enalapril maleate tab 5 mg</i>	Tier 1	QL (30 ea / 30 days); MAIL
<i>enalapril maleate tab 10 mg</i>	Tier 1	QL (30 ea / 30 days); MAIL
<i>enalapril maleate tab 20 mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>fosinopril sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>fosinopril sodium tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>fosinopril sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>Agents for Pheochromocytoma</i>		
<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 2	MAIL
<i>Angiotensin II Receptor Antagonists</i>		
<i>candesartan cilexetil tab 4 mg</i>	Tier 1	QL (60 tabs / 30 days), ST; MAIL; PRIOR USE LOSARTAN
<i>candesartan cilexetil tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), ST; MAIL; PRIOR USE LOSARTAN
<i>candesartan cilexetil tab 16 mg</i>	Tier 1	QL (60 tabs / 30 days), ST; MAIL; PRIOR USE LOSARTAN
<i>candesartan cilexetil tab 32 mg</i>	Tier 1	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE LOSARTAN
EDARBI TAB 40MG	Tier 3	QL (60 tabs / 30 days), ST; MAIL; PRIOR USE CANDESARTAN AND VALSARTAN FOR 30 DAYS
EDARBI TAB 80MG	Tier 3	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE CANDESARTAN AND VALSARTAN FOR 30 DAYS
<i>eprosartan mesylate tab 600 mg</i>	Tier 1	QL (40.2 tabs / 30 days), ST; MAIL; PRIOR USE LOSARTAN
<i>irbesartan tab 75 mg</i>	Tier 1	MAIL
<i>irbesartan tab 150 mg</i>	Tier 1	MAIL
<i>irbesartan tab 300 mg</i>	Tier 1	MAIL
<i>losartan potassium tab 25 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>losartan potassium tab 50 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>losartan potassium tab 100 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>olmesartan medoxomil tab 5 mg</i>	Tier 1	ST; MAIL; PRIOR USE LOSARTAN
<i>olmesartan medoxomil tab 20 mg</i>	Tier 1	ST; MAIL; PRIOR USE LOSARTAN

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

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

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>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

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>guanfacine hcl tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>guanfacine hcl tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>methyldopa tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>methyldopa tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>prazosin hcl cap 1 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>prazosin hcl cap 2 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>prazosin hcl cap 5 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	QL (30 ea / 30 days); MAIL
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days); MAIL

Antihypertensive Combinations

<i>atenolol & chlorthalidone tab 50-25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>atenolol & chlorthalidone tab 100-25 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>benazepril & hydrochlorothiazide tab 5- 6.25 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	ST; MAIL; PRIOR USE LOSARTAN
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	ST; MAIL; PRIOR USE LOSARTAN
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	ST; MAIL; PRIOR USE LOSARTAN
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	ST; MAIL; PRIOR USE LOSARTAN
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	ST; MAIL; PRIOR USE LOSARTAN
Direct Renin Inhibitors		
TEKTURNA TAB 150MG	Tier 3	QL (60 ea / 30 days), PA; MAIL
TEKTURNA TAB 300MG	Tier 3	QL (30 ea / 30 days), PA; MAIL
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; MAIL
<i>eplerenone tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), PA; MAIL
Vasodilators		
<i>hydralazine hcl tab 10 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>hydralazine hcl tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>hydralazine hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>hydralazine hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>minoxidil tab 2.5 mg</i>	Tier 1	QL (150 ea / 30 days); MAIL
<i>minoxidil tab 10 mg</i>	Tier 1	QL (150 ea / 30 days); MAIL
ANTIMALARIALS		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	
Antimalarials		
<i>chloroquine phosphate tab 250 mg</i>	Tier 1	
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days)
PRIMAQUINE TAB 26.3MG	Tier 2	PA
<i>quinine sulfate cap 324 mg</i>	Tier 2	QL (30 caps / 25 days)

ANTIMETABOLITES**ANTIMETABOLITES**

<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	MAIL
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	MAIL
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	MAIL
<i>methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)</i>	Tier 1	MAIL
<i>methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)</i>	Tier 1	MAIL
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	MAIL
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Tier 1	MAIL

ANTIMYASTHENIC AGENTS**Antimyasthenic Agents**

<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL

ANTIMYCOBACTERIAL AGENTS**Antimycobacterial Agents**

<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>ethambutol hcl tab 400 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>isoniazid syrup 50 mg/5ml</i>	Tier 2	QL (900 mL / 30 days)
<i>isoniazid tab 100 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>isoniazid tab 300 mg</i>	Tier 1	QL (90 tabs / 30 days)
PASER GRA 4GM	Tier 3	
PRIFTIN TAB 150MG	Tier 2	QL (32 tabs / 30 days)
<i>pyrazinamide tab 500 mg</i>	Tier 2	QL (180 tabs / 30 days)
<i>rifabutin cap 150 mg</i>	Tier 2	
<i>rifampin cap 150 mg</i>	Tier 1	QL (240 caps / 30 days)
<i>rifampin cap 300 mg</i>	Tier 1	QL (120 ea / 30 days)
TRECTOR TAB 250MG	Tier 3	

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

Drug Name	Drug Tier	Requirements/Limits

ANTINEOPLASTIC - IMMUNOMODULATORS**ANTINEOPLASTIC - IMMUNOMODULATORS**

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

ANTINEOPLASTIC COMBINATIONS**ANTINEOPLASTIC COMBINATIONS**

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

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**Alkylating Agents**

<i>cyclophosphamide cap 25 mg</i>	Tier 2	PA; MAIL
CYCLOPHOSPHAMIDE CAP 25 MG	Tier 3	PA; MAIL
<i>cyclophosphamide cap 50 mg</i>	Tier 2	PA; MAIL
CYCLOPHOSPHAMIDE CAP 50 MG	Tier 3	PA; MAIL
<i>cyclophosphamide tab 25 mg</i>	Tier 1	QL (480 tabs / 30 days), PA; MAIL
<i>cyclophosphamide tab 50 mg</i>	Tier 1	QL (480 tabs / 30 days), PA; MAIL
GLEOSTINE CAP 5MG	Tier 4	PA
GLEOSTINE CAP 10MG	Tier 4	PA
GLEOSTINE CAP 40MG	Tier 4	PA
GLEOSTINE CAP 100MG	Tier 4	PA
HEXALEN CAP 50MG	Tier 4	PA
LEUKERAN TAB 2MG	Tier 3	QL (240 tabs / 30 days), PA; MAIL
<i>lomustine cap 10 mg</i>	Tier 4	PA
<i>lomustine cap 40 mg</i>	Tier 4	PA
<i>lomustine cap 100 mg</i>	Tier 4	PA
<i>melphalan tab 2 mg</i>	Tier 1	PA; MAIL
<i>temozolomide cap 5 mg</i>	Tier 4	PA
<i>temozolomide cap 20 mg</i>	Tier 4	PA
<i>temozolomide cap 100 mg</i>	Tier 4	PA
<i>temozolomide cap 140 mg</i>	Tier 4	PA
<i>temozolomide cap 180 mg</i>	Tier 4	PA
<i>temozolomide cap 250 mg</i>	Tier 4	PA

Antimetabolites

<i>capecitabine tab 150 mg</i>	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>capecitabine tab 500 mg</i>	Tier 4	PA
<i>mercaptopurine tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1	QL (720 tabs / 30 days); MAIL
<i>Antineoplastic - Antibodies</i>		
RITUXAN INJ 100MG	Tier 4	PA
RITUXAN INJ 500MG	Tier 4	PA
<i>Antineoplastic - Hedgehog Pathway Inhibitors</i>		
ERIVEDGE CAP 150MG	Tier 4	QL (Max day supply 14), PA
ODOMZO CAP 200MG	Tier 4	QL (Max day supply 15; Max 1 per day), PA
<i>Antineoplastic - Hormonal and Related Agents</i>		
<i>anastrozole tab 1 mg</i>	Tier 1	MAIL
<i>bicalutamide tab 50 mg</i>	Tier 1	MAIL
EMCYT CAP 140MG	Tier 3	PA; MAIL
<i>exemestane tab 25 mg</i>	Tier 2	PA; MAIL
FARESTON TAB 60MG	Tier 3	PA; MAIL
<i>flutamide cap 125 mg</i>	Tier 1	QL (180 caps / 30 days), PA; MAIL
<i>letrozole tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MAIL
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 4	QL (6 kits / 30 days), PA
LUPRON DEPOT INJ 3.75MG	Tier 4	PA
LUPRON DEPOT INJ 22.5MG	Tier 4	PA
LYSODREN TAB 500MG	Tier 3	PA; MAIL
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	QL (1200 mL / 30 days); MAIL
<i>megestrol acetate tab 20 mg</i>	Tier 1	QL (1200 tabs / 30 days); MAIL
<i>megestrol acetate tab 40 mg</i>	Tier 1	QL (600 tabs / 30 days); MAIL
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 1	QL (60 tabs / 30 days); \$0 Copay for Breast Cancer Prevention for Women age 35+; MAIL
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 1	QL (60 tabs / 30 days); \$0 Copay for Breast Cancer Prevention for Women age 35+; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
ZOLADEX IMP 3.6MG	Tier 4	QL (1 ea / 24 days), PA
ZOLADEX IMP 10.8MG	Tier 4	QL (1 ea / 75 days), PA
ZYTIGA TAB 250MG	Tier 4	QL (Max day supply 15), PA

Antineoplastic Enzyme Inhibitors

AFINITOR DIS TAB 2MG	Tier 4	QL (Max day supply 14), PA
AFINITOR DIS TAB 3MG	Tier 4	QL (Max day supply 14), PA
AFINITOR DIS TAB 5MG	Tier 4	QL (Max day supply 14), PA
AFINITOR TAB 2.5MG	Tier 4	QL (Max day supply 14), PA
AFINITOR TAB 5MG	Tier 4	QL (Max day supply 14), PA
AFINITOR TAB 7.5MG	Tier 4	QL (Max day supply 14), PA
AFINITOR TAB 10MG	Tier 4	QL (Max day supply 14), PA
CAPRELSA TAB 100MG	Tier 4	PA
CAPRELSA TAB 300MG	Tier 4	PA
COMETRIQ KIT 60MG	Tier 4	PA
COMETRIQ KIT 100MG	Tier 4	PA
COMETRIQ KIT 140MG	Tier 4	PA
FARYDAK CAP 10MG	Tier 4	PA
FARYDAK CAP 15MG	Tier 4	PA
FARYDAK CAP 20MG	Tier 4	PA
GILOTRIF TAB 20MG	Tier 4	PA
GILOTRIF TAB 30MG	Tier 4	PA
GILOTRIF TAB 40MG	Tier 4	PA
IBRANCE CAP 75MG	Tier 4	PA
IBRANCE CAP 100MG	Tier 4	PA
IBRANCE CAP 125MG	Tier 4	PA
ICLUSIG TAB 15MG	Tier 4	PA
ICLUSIG TAB 45MG	Tier 4	PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 4	QL (Max day supply 15; Max 6 per day), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 4	QL (Max day supply 15; Max 2 per day), PA
IMBRUVICA CAP 140MG	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TAB 5MG	Tier 4	QL (Max day supply 15), PA
JAKAFI TAB 10MG	Tier 4	QL (Max day supply 15), PA
JAKAFI TAB 15MG	Tier 4	QL (Max day supply 15), PA
JAKAFI TAB 20MG	Tier 4	QL (Max day supply 15), PA
JAKAFI TAB 25MG	Tier 4	QL (Max day supply 15), PA
LENVIMA CAP 10 MG	Tier 4	PA
LENVIMA CAP 14 MG	Tier 4	PA
LENVIMA CAP 20 MG	Tier 4	PA
LENVIMA CAP 24 MG	Tier 4	PA
LYNPARZA CAP 50MG	Tier 4	PA
LYNPARZA TAB 100MG	Tier 4	PA
LYNPARZA TAB 150MG	Tier 4	PA
MEKINIST TAB 0.5MG	Tier 4	QL (Max day supply 15; Max 4 per day), PA
MEKINIST TAB 2MG	Tier 4	PA
NEXAVAR TAB 200MG	Tier 4	QL (Max day supply 15; Max 4 per day), PA
SPRYCEL TAB 20MG	Tier 4	QL (Max day supply 15; Max 1 per day), PA
SPRYCEL TAB 50MG	Tier 4	QL (Max day supply 15; Max 1 per day), PA
SPRYCEL TAB 70MG	Tier 4	QL (Max day supply 15; Max 1 per day), PA
SPRYCEL TAB 80MG	Tier 4	QL (Max day supply 15), PA
SPRYCEL TAB 100MG	Tier 4	QL (Max day supply 15; Max 1 per day), PA
SPRYCEL TAB 140MG	Tier 4	QL (Max day supply 15; Max 1 per day), PA
STIVARGA TAB 40MG	Tier 4	PA
SUTENT CAP 12.5MG	Tier 4	QL (Max day supply 14; Max 1 per day), PA
SUTENT CAP 25MG	Tier 4	QL (Max day supply 14; Max 1 per day), PA
SUTENT CAP 37.5MG	Tier 4	QL (Max day supply 14; Max 1 per day), PA

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

Drug Name	Drug Tier	Requirements/Limits
SUTENT CAP 50MG	Tier 4	QL (Max day supply 14; Max 1 per day), PA
TAFINLAR CAP 50MG	Tier 4	QL (Max day supply 15), PA
TAFINLAR CAP 75MG	Tier 4	QL (Max day supply 15), PA
TARCEVA TAB 25MG	Tier 4	QL (Max day supply 15), PA
TARCEVA TAB 100MG	Tier 4	QL (Max day supply 15), PA
TARCEVA TAB 150MG	Tier 4	QL (Max day supply 15), PA
TASIGNA CAP 150MG	Tier 4	QL (Max day supply 14), PA
TASIGNA CAP 200MG	Tier 4	QL (Max day supply 14), PA
TYKERB TAB 250MG	Tier 4	QL (180 tabs / 30 days), PA
VOTRIENT TAB 200MG	Tier 4	QL (Max day supply 15), PA
XALKORI CAP 200MG	Tier 4	QL (Max day supply 15), PA
XALKORI CAP 250MG	Tier 4	PA
ZOLINZA CAP 100MG	Tier 4	QL (Max day supply 15), PA
ZYDELIG TAB 150MG	Tier 4	PA
ZYKADIA CAP 150MG	Tier 4	QL (Max day supply 14), PA
<i>Antineoplastics Misc.</i>		
ACTIMMUNE INJ 2MU/0.5	Tier 4	PA
<i>hydroxyurea cap 500 mg</i>	Tier 1	QL (720 ea / 30 days); MAIL
INTRON A INJ 10MU	Tier 4	PA
INTRON A INJ 18MU	Tier 4	PA
INTRON A INJ 25MU	Tier 4	PA
INTRON A INJ 50MU	Tier 4	PA
MATULANE CAP 50MG	Tier 3	PA; MAIL
<i>tretinoin cap 10 mg</i>	Tier 2	PA; MAIL
<i>Chemotherapy Adjuncts</i>		
KEPIVANCE INJ 6.25MG	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium tab 5 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>leucovorin calcium tab 10 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 15 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 25 mg</i>	Tier 1	MAIL
Mitotic Inhibitors		
<i>etoposide cap 50 mg</i>	Tier 4	PA; MAIL
ANTIPARKINSON AGENTS		
Antiparkinson Anticholinergics		
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	QL (150 ea / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>benztropine mesylate tab 1 mg</i>	Tier 1	QL (180 ea / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>benztropine mesylate tab 2 mg</i>	Tier 1	QL (90 ea / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	Tier 1	PA; AGE; MAIL; Covered in ages 64 and under
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	QL (360 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
Antiparkinson COMT Inhibitors		
<i>entacapone tab 200 mg</i>	Tier 2	MAIL
<i>tolcapone tab 100 mg</i>	Tier 1	MAIL
Antiparkinson Dopaminergics		
<i>amantadine hcl cap 100 mg</i>	Tier 1	QL (120 ea / 30 days); MAIL
<i>amantadine hcl syrup 50 mg/5ml</i>	Tier 1	MAIL
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 2	QL (180 caps / 30 days); MAIL
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 2	QL (180 tabs / 30 days); MAIL
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	QL (360 tabs / 30 days); MAIL
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	QL (360 tabs / 30 days); MAIL
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	QL (360 tabs / 30 days); MAIL
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	QL (360 tabs / 30 days); MAIL

Antiparkinson Monoamine Oxidase Inhibitors

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

ANTIPSYCHOTICS/ANTIMANIC AGENTS**Antimanic Agents**

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

Antipsychotics - Misc.

LATUDA TAB 20MG	Tier 2	PA; MAIL
LATUDA TAB 40MG	Tier 2	PA; MAIL
LATUDA TAB 60MG	Tier 2	PA; MAIL
LATUDA TAB 80MG	Tier 2	PA; MAIL
LATUDA TAB 120MG	Tier 2	PA; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAP 1.5MG	Tier 3	PA; MAIL
VRAYLAR CAP 3MG	Tier 3	PA; MAIL
VRAYLAR CAP 4.5MG	Tier 3	PA; MAIL
VRAYLAR CAP 6MG	Tier 3	PA; MAIL
<i>ziprasidone hcl cap 20 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL; Covered in ages 16 and over
<i>ziprasidone hcl cap 40 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL; Covered in ages 16 and over
<i>ziprasidone hcl cap 60 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL; Covered in ages 16 and over
<i>ziprasidone hcl cap 80 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL; Covered in ages 16 and over

Benzisoxazoles

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

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZ INJ 819MG	Tier 3	QL (Max day supply 90), PA; MAIL
<i>paliperidone tab er 24hr 1.5 mg</i>	Tier 2	PA; MAIL
<i>paliperidone tab er 24hr 3 mg</i>	Tier 2	PA; MAIL
<i>paliperidone tab er 24hr 6 mg</i>	Tier 2	PA; MAIL
<i>paliperidone tab er 24hr 9 mg</i>	Tier 2	PA; MAIL
RISPERDAL INJ 12.5MG	Tier 3	QL (Max day supply 28); MAIL
RISPERDAL INJ 25MG	Tier 3	QL (Max day supply 28); MAIL
RISPERDAL INJ 37.5MG	Tier 3	QL (Max day supply 28); MAIL
RISPERDAL INJ 50MG	Tier 3	QL (Max day supply 28); MAIL
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 2	MAIL
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 2	QL (120 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone soln 1 mg/ml</i>	Tier 1	QL (480 mL / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone tab 0.5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone tab 0.25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone tab 3 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>risperidone tab 4 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL; Covered in ages 6 and over

Butyrophenones

<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1	MAIL
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1	MAIL
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	MAIL
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	MAIL
<i>haloperidol tab 0.5 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>haloperidol tab 1 mg</i>	Tier 1	QL (150 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>haloperidol tab 2 mg</i>	Tier 1	QL (150 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>haloperidol tab 5 mg</i>	Tier 1	QL (150 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>haloperidol tab 10 mg</i>	Tier 1	QL (150 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>haloperidol tab 20 mg</i>	Tier 1	QL (150 tabs / 30 days); MAIL; Covered in ages 6 and over

Dibenzapines

<i>clozapine tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>clozapine tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over

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

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>clozapine tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>loxapine succinate cap 5 mg</i>	Tier 1	QL (450 caps / 30 days); MAIL; Covered in ages 6 and over
<i>loxapine succinate cap 10 mg</i>	Tier 1	QL (450 caps / 30 days); MAIL; Covered in ages 6 and over
<i>loxapine succinate cap 25 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL; Covered in ages 6 and over
<i>loxapine succinate cap 50 mg</i>	Tier 1	QL (450 caps / 30 days); MAIL; Covered in ages 6 and over
<i>olanzapine tab 2.5 mg</i>	Tier 2	QL (30 ea / 30 days), ST; MAIL; PRIOR USE RISPERIDONE OR QUETIAPINE; Covered in ages 6 and over
<i>olanzapine tab 5 mg</i>	Tier 2	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE RISPERIDONE OR QUETIAPINE; Covered in ages 6 and over
<i>olanzapine tab 7.5 mg</i>	Tier 2	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE RISPERIDONE OR QUETIAPINE; Covered in ages 6 and over
<i>olanzapine tab 10 mg</i>	Tier 2	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE RISPERIDONE OR QUETIAPINE; Covered in ages 6 and over
<i>olanzapine tab 15 mg</i>	Tier 2	QL (30 ea / 30 days), ST; MAIL; PRIOR USE RISPERIDONE OR QUETIAPINE; Covered in ages 6 and over

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

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

MED - Max 90 mg Morphine EQ Dose Per Day

Tier 1 = Generics; Low cost preferred brand

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tab 20 mg</i>	Tier 2	QL (30 ea / 30 days), ST; MAIL; PRIOR USE RISPERIDONE OR QUETIAPINE; Covered in ages 6 and over
<i>quetiapine fumarate tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>quetiapine fumarate tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>quetiapine fumarate tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>quetiapine fumarate tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>quetiapine fumarate tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>quetiapine fumarate tab 400 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and over
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Tier 2	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 16 and over
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Tier 2	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 16 and over
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Tier 2	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 16 and over
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Tier 2	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 16 and over
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Tier 2	QL (30 tabs / 30 days), PA; MAIL; Covered in ages 16 and over
SAPHRIS SUB 5MG	Tier 2	PA; MAIL
SAPHRIS SUB 10MG	Tier 2	PA; MAIL

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

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

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

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

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

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

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

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

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

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

ANTISEPTICS DISINFECTANTS**Chlorine Antiseptics**

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

ANTIVIRALS**ANTIRETROVIRALS**

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

Antiretrovirals

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

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

Drug Name	Drug Tier	Requirements/Limits
COMPLERA TAB	Tier 3	QL (30 tabs / 30 days); MAIL
DESCOVY TAB 200/25	Tier 3	QL (30 tabs / 30 days); MAIL
<i>didanosine delayed release capsule 125 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL
<i>didanosine delayed release capsule 200 mg</i>	Tier 2	MAIL
<i>didanosine delayed release capsule 250 mg</i>	Tier 2	QL (30 caps / 30 days); MAIL
<i>didanosine delayed release capsule 400 mg</i>	Tier 2	QL (30 caps / 30 days); MAIL
EDURANT TAB 25MG	Tier 3	MAIL
<i>efavirenz cap 50 mg</i>	Tier 1	QL (360 caps / 30 days); MAIL
<i>efavirenz cap 200 mg</i>	Tier 1	QL (90 caps / 30 days); MAIL
<i>efavirenz tab 600 mg</i>	Tier 2	QL (30 tabs / 30 days); MAIL
EMTRIVA CAP 200MG	Tier 3	QL (30 caps / 30 days); MAIL
EMTRIVA SOL 10MG/ML	Tier 3	QL (600 mL / 30 days); MAIL
EVOTAZ TAB 300-150	Tier 3	MAIL
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 2	QL (120 tabs / 30 days); MAIL
FUZEON INJ 90MG	Tier 4	QL (1 vial / 25 days), PA
GENVOYA TAB	Tier 3	QL (30 tabs / 30 days); MAIL
INTELENCE TAB 25MG	Tier 3	PA
INTELENCE TAB 100MG	Tier 3	QL (120 tabs / 30 days), PA
INTELENCE TAB 200MG	Tier 3	QL (60 tabs / 30 days), PA
INVIRASE CAP 200MG	Tier 3	MAIL
INVIRASE TAB 500MG	Tier 3	QL (120 tabs / 30 days); MAIL
ISENTRESS CHW 25MG	Tier 3	MAIL
ISENTRESS CHW 100MG	Tier 3	MAIL
ISENTRESS HD TAB 600MG	Tier 3	QL (60 tabs / 30 days); MAIL
ISENTRESS TAB 400MG	Tier 3	QL (60 tabs / 30 days); MAIL

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

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

MED - Max 90 mg Morphine EQ Dose Per Day

Tier 1 = Generics; Low cost preferred brand

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>ritonavir tab 100 mg</i>	Tier 2	QL (360 tabs / 30 days); MAIL
SELZENTRY TAB 25MG	Tier 3	MAIL
SELZENTRY TAB 75MG	Tier 3	MAIL
SELZENTRY TAB 150MG	Tier 3	QL (120 tabs / 30 days); MAIL
SELZENTRY TAB 300MG	Tier 3	QL (120 tabs / 30 days); MAIL
<i>stavudine cap 15 mg</i>	Tier 2	MAIL
<i>stavudine cap 20 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL
<i>stavudine cap 30 mg</i>	Tier 2	QL (30 caps / 30 days); MAIL
<i>stavudine cap 40 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL
STRIBILD TAB	Tier 3	MAIL
SUSTIVA TAB 600MG	Tier 3	QL (30 tabs / 30 days); MAIL
SYMFI LO TAB	Tier 2	QL (30 tabs / 30 days); MAIL
SYMFI TAB	Tier 2	QL (30 tabs / 30 days); MAIL
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Tier 2	QL (30 tabs / 30 days); MAIL
TIVICAY TAB 10MG	Tier 3	MAIL
TIVICAY TAB 25MG	Tier 3	MAIL
TIVICAY TAB 50MG	Tier 3	MAIL
TRIUMEQ TAB	Tier 3	MAIL
TRUVADA TAB 100-150	Tier 3	QL (30 tabs / 30 days), PA; MAIL; Covered for PrEP only
TRUVADA TAB 133-200	Tier 3	QL (30 tabs / 30 days), PA; MAIL; Covered for PrEP only
TRUVADA TAB 167-250	Tier 3	QL (30 tabs / 30 days), PA; MAIL; Covered for PrEP only
TRUVADA TAB 200-300	Tier 3	QL (30 tabs / 30 days), PA; MAIL; Covered for PrEP only
TYBOST TAB 150MG	Tier 3	PA; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT TAB 250MG	Tier 3	QL (300 tabs / 30 days); MAIL
VIRACEPT TAB 625MG	Tier 3	QL (120 tabs / 30 days); MAIL
VIREAD TAB 150MG	Tier 3	MAIL
VIREAD TAB 200MG	Tier 3	MAIL
VIREAD TAB 250MG	Tier 3	MAIL
VITEKTA TAB 150MG	Tier 3	MAIL
<i>zidovudine cap 100 mg</i>	Tier 2	QL (180 caps / 30 days); MAIL
<i>zidovudine syrup 10 mg/ml</i>	Tier 2	QL (1800 mL / 30 days); MAIL
<i>zidovudine tab 300 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL
CMV Agents		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 2	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 2	QL (120 tabs / 30 days), PA
Hepatitis Agents		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 2	QL (30 tabs / 30 days)
BARACLUDE SOL .05MG/ML	Tier 2	QL (900 mL / 30 days)
DAKLINZA TAB 30MG	Tier 4	QL (Max day supply 7; Max 1 per day), PA
DAKLINZA TAB 60MG	Tier 4	QL (Max day supply 7; Max 1 per day), PA
<i>entecavir tab 0.5 mg</i>	Tier 2	QL (30 tabs / 30 days)
<i>entecavir tab 1 mg</i>	Tier 2	QL (30 tabs / 30 days)
EPCLUSA TAB 400-100	Tier 4	QL (Max day supply 7; Max 1 per day), PA
HARVONI TAB 90-400MG	Tier 4	QL (Max day supply 7; Max 1 per day), PA
LEDIP-SOFOSB TAB 90-400MG	Tier 4	QL (Max day supply 7; Max 1 per day), PA; Preferred
MAVYRET TAB 100-40MG	Tier 4	QL (Max day supply 7; Max 3 per day), PA
<i>moderiba tab 200mg</i>	Tier 4	QL (Max day supply 7), PA
PEG-INTRON KIT 150MCG	Tier 4	PA
PEGASYS INJ	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
PEGASYS INJ 180MCG/M	Tier 4	PA
<i>ribasphere cap 200mg</i>	Tier 4	QL (Max day supply 7)
<i>ribasphere tab 200mg</i>	Tier 4	QL (Max day supply 7), PA
<i>ribavirin cap 200 mg</i>	Tier 4	QL (Max day supply 7)
SOFOS/VELPAT TAB 400-100	Tier 4	QL (Max day supply 7; Max 1 per day), PA; Preferred
SOVALDI TAB 400MG	Tier 4	QL (Max day supply 7; Max 1 per day), PA
TECHNIVIE TAB	Tier 4	QL (Max day supply 7; Max 2 per day), PA
VOSEVI TAB	Tier 4	PA
ZEPATIER TAB 50-100MG	Tier 4	QL (Max day supply 14; Max 1 per day), PA

Herpes Agents

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

Influenza Agents

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 2	QL (1 treatment per year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 2	QL (1 treatment per year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 2	QL (1 treatment per year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 2	QL (1 mL / year)
RELENZA MIS DISKHALE	Tier 2	QL (60 per 30 Days)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	QL (60 per 30 Days)

ASSORTED CLASSES**Immunomodulators**

REVLIMID CAP 2.5MG	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAP 5MG	Tier 4	QL (30 caps / 30 days), PA
REVLIMID CAP 10MG	Tier 4	QL (30 caps / 30 days), PA
REVLIMID CAP 15MG	Tier 4	QL (30 caps / 30 days), PA
REVLIMID CAP 20MG	Tier 4	PA
REVLIMID CAP 25MG	Tier 4	QL (30 caps / 30 days), PA
THALOMID CAP 50MG	Tier 4	PA
THALOMID CAP 100MG	Tier 4	PA
THALOMID CAP 150MG	Tier 4	PA
THALOMID CAP 200MG	Tier 4	PA
<i>Immunosuppressive Agents</i>		
<i>azathioprine tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>cyclosporine cap 25 mg</i>	Tier 2	QL (480 caps / 30 days); MAIL
<i>cyclosporine cap 100 mg</i>	Tier 2	QL (150 caps / 30 days); MAIL
<i>cyclosporine modified cap 25 mg</i>	Tier 2	QL (450 ea / 30 days); MAIL
<i>cyclosporine modified cap 100 mg</i>	Tier 2	QL (300 ea / 30 days); MAIL
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 2	QL (300 mL / 30 days); MAIL
<i>gengraf cap 25mg</i>	Tier 2	QL (450 caps / 30 days); MAIL
<i>gengraf cap 50mg</i>	Tier 2	QL (450 caps / 30 days); MAIL
<i>gengraf cap 100mg</i>	Tier 2	QL (300 caps / 30 days); MAIL
<i>gengraf sol 100mg/ml</i>	Tier 2	QL (300 mL / 30 days); MAIL
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	QL (360 caps / 30 days); MAIL
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 2	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 2	QL (120 tabs / 30 days); MAIL
NEORAL CAP 25MG	Tier 2	QL (450 ea / 30 days); MAIL
NEORAL CAP 100MG	Tier 2	QL (300 ea / 30 days); MAIL
NEORAL SOL 100MG/ML	Tier 2	QL (300 mL / 30 days); MAIL
RAPAMUNE SOL 1MG/ML	Tier 3	QL (240 mL / 30 days); MAIL
SANDIMMUNE CAP 25MG	Tier 2	QL (480 ea / 30 days); MAIL
SANDIMMUNE CAP 100MG	Tier 2	QL (150 ea / 30 days); MAIL
<i>sirolimus tab 0.5 mg</i>	Tier 2	QL (240 tabs / 30 days); MAIL
<i>sirolimus tab 1 mg</i>	Tier 2	QL (240 tabs / 30 days); MAIL
<i>sirolimus tab 2 mg</i>	Tier 2	MAIL
<i>tacrolimus cap 0.5 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL
<i>tacrolimus cap 0.5 mg</i>	Tier 2	QL (60 ea / 30 days); MAIL
<i>tacrolimus cap 1 mg</i>	Tier 2	QL (420 caps / 30 days); MAIL
<i>tacrolimus cap 1 mg</i>	Tier 2	QL (420 ea / 30 days); MAIL
<i>tacrolimus cap 5 mg</i>	Tier 2	MAIL
Irrigation Solutions		
<i>argyl saline sol 100ml</i>	Tier 1	MAIL
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	MAIL
Potassium Removing Resins		
<i>kionex pow</i>	Tier 1	MAIL
<i>kionex sus 15gm/60</i>	Tier 1	MAIL
BETA BLOCKERS		
Alpha-Beta Blockers		
<i>carvedilol tab 3.125 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>carvedilol tab 6.25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol tab 12.5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>carvedilol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>labetalol hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>labetalol hcl tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>labetalol hcl tab 300 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
Beta Blockers Cardio-Selective		
<i>acebutolol hcl cap 200 mg</i>	Tier 1	QL (480 caps / 30 days); MAIL
<i>acebutolol hcl cap 400 mg</i>	Tier 1	QL (480 caps / 30 days); MAIL
<i>atenolol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>atenolol tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>atenolol tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>betaxolol hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>betaxolol hcl tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
BYSTOLIC TAB 2.5MG	Tier 3	QL (480 tabs / 30 days), PA; MAIL
BYSTOLIC TAB 5MG	Tier 3	QL (240 tabs / 30 days), PA; MAIL
BYSTOLIC TAB 10MG	Tier 3	QL (120 tabs / 30 days), PA; MAIL
BYSTOLIC TAB 20MG	Tier 3	QL (60 tabs / 30 days), PA; MAIL
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	QL (120 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>metoprolol tartrate tab 75 mg</i>	Tier 1	MAIL
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL

Beta Blockers Non-Selective

LEVATOL TAB 20MG	Tier 3	MAIL
<i>nadolol tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>nadolol tab 40 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>nadolol tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>pindolol tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>pindolol tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 1	QL (90 ea / 30 days); MAIL
<i>propranolol hcl cap er 24hr 80 mg</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>propranolol hcl cap er 24hr 120 mg</i>	Tier 1	QL (90 caps / 30 days); MAIL
<i>propranolol hcl cap er 24hr 160 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	QL (600 mL / 30 days); MAIL
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	QL (2400 mL / 30 days); MAIL
<i>propranolol hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>propranolol hcl tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>propranolol hcl tab 40 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl tab 60 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>propranolol hcl tab 80 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>sorine tab 80mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>sorine tab 120mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>sorine tab 160mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>sorine tab 240mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>sotalol hcl (afib/afl) tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>sotalol hcl (afib/afl) tab 120 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>sotalol hcl tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>sotalol hcl tab 120 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>sotalol hcl tab 160 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>sotalol hcl tab 240 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>timolol maleate tab 5 mg</i>	Tier 1	QL (360 tabs / 30 days); MAIL
<i>timolol maleate tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>timolol maleate tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL

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

<i>afeditab tab 30mg cr</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>afeditab tab 60mg cr</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>cartia xt cap 180/24hr</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>cartia xt cap 240/24hr</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>cartia xt cap 300/24hr</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>dilt-xr cap 180mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>dilt-xr cap 240mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>diltiazem cap 180mg cd</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>diltiazem cap 240mg cd</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>diltiazem hcl cap er 24hr 120 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>diltiazem hcl cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>diltiazem hcl cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<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

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl tab 60 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>diltiazem hcl tab 90 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>diltiazem hcl tab 120 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>isradipine cap 2.5 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>isradipine cap 5 mg</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>nicardipine hcl cap 20 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>nicardipine hcl cap 30 mg</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	Tier 1	MAIL
<i>nifediac cc tab 30mg er</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>nifedical xl tab 60mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>nifedipine cap 10 mg</i>	Tier 1	AGE; MAIL
<i>nifedipine cap 20 mg</i>	Tier 1	QL (120 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	QL (30 ea / 30 days); MAIL
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	QL (30 ea / 30 days); MAIL
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>nimodipine cap 30 mg</i>	Tier 2	QL (360 caps / 30 days), PA; MAIL
<i>nisoldipine tab er 24hr 8.5 mg</i>	Tier 2	QL (120 tabs / 30 days), PA; MAIL
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 2	QL (60 tabs / 30 days), PA; MAIL
<i>nisoldipine tab er 24hr 20 mg</i>	Tier 2	QL (90 tabs / 30 days), PA; MAIL
<i>nisoldipine tab er 24hr 25.5 mg</i>	Tier 2	QL (40.2 tabs / 30 days); MAIL
<i>nisoldipine tab er 24hr 30 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL
<i>nisoldipine tab er 24hr 34 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL
<i>nisoldipine tab er 24hr 40 mg</i>	Tier 2	QL (30 tabs / 30 days); MAIL
<i>taztia xt cap 120mg/24</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>taztia xt cap 180mg/24</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>taztia xt cap 240mg/24</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>verapamil hcl cap er 24hr 120 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>verapamil hcl cap er 24hr 180 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>verapamil hcl cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>verapamil hcl cap er 24hr 300 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>verapamil hcl cap er 24hr 360 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>verapamil hcl tab 40 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>verapamil hcl tab 80 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>verapamil hcl tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>verapamil hcl tab er 120 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl tab er 180 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>verapamil hcl tab er 240 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL

CARDIOTONICS***Cardiac Glycosides***

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

CARDIOVASCULAR AGENTS - MISC.***Peripheral Vasodilators***

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

Prostaglandin Vasodilators

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

Pulmonary Hypertension - Endothelin Receptor Antagonists

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

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

Drug Name	Drug Tier	Requirements/Limits
TRACLEER TAB 125MG	Tier 4	QL (60 tabs / 30 days), PA
<i>Pulmonary Hypertension - Phosphodiesterase Inhibitors</i>		
<i>sildenafil citrate tab 20 mg</i>	Tier 4	QL (90 tabs / 30 days), PA
CEPHALOSPORINS		
<i>CEPHALOSPORINS - 3RD GENERATION</i>		
SUPRAX CAP 400MG	Tier 3	QL (60 caps / 30 days)
<i>Cephalosporins - 1st Generation</i>		
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	Covered in ages 12 and under
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	Covered in ages 12 and under
<i>cephalexin cap 250 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>cephalexin cap 500 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	Covered in ages 12 and under
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	Covered in ages 12 and under
<i>Cephalosporins - 2nd Generation</i>		
<i>cefaclor cap 250 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>cefaclor cap 500 mg</i>	Tier 1	QL (120 caps / 30 days)
<i>cefaclor for susp 125 mg/5ml</i>	Tier 2	QL (1200 mL / 30 days); Covered in ages 12 and under
<i>cefaclor for susp 250 mg/5ml</i>	Tier 2	QL (1800 mL / 30 days); Covered in ages 12 and under
<i>cefaclor for susp 375 mg/5ml</i>	Tier 2	QL (1200 mL / 30 days); Covered in ages 12 and under
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	Covered in ages 12 and under
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	Covered in ages 12 and under
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	QL (Max day supply 10)
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	QL (Max day supply 10)
<i>Cephalosporins - 3rd Generation</i>		
<i>cefdinir cap 300 mg</i>	Tier 1	QL (60 caps / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	Covered in ages 12 and under
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	Covered in ages 12 and under
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	Tier 1	QL (120 tabs / 30 days), PA
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 2	QL (1200 mL / 30 days)
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 2	QL (1200 mL / 30 days)
<i>cefpodoxime proxetil tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>cefpodoxime proxetil tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>ceftibuten cap 400 mg</i>	Tier 1	
SUPRAX TAB 400MG	Tier 3	

CHEMICALS**BULK CHEMICALS - H'S**

HYDROXYPROG POW CAPROATE	Tier 2	Covered in ages 16-60

LIQUIDS

BENZYL BENZO LIQ	Tier 2	MAIL; Covered in ages 16-60
SESAME OIL	Tier 2	

COMPLEMENT INHIBITORS**C1 INHIBITORS**

BERINERT INJ 500UNIT	Tier 4	PA
CINRYZE SOL 500 UNIT	Tier 4	PA
RUCONEST INJ 2100UNIT	Tier 4	PA

CONTRACEPTIVES**Combination Contraceptives - Oral**

<i>altavera tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>alyacen tab 1/35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>alyacen tab 7/7/7</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>amethia tab</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL
<i>amethyst tab 90-20mcg</i>	PREV	QL (42 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>apri tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>aranelle tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>ashlyna tab</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL
<i>aubra tab 0.1-0.02</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>aviane tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>azurette tab 28 day</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>balziva tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>briellyn tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>camrese tab</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL
<i>caziant pak</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>cesia pak</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>chateal eq tab 0.15/30</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>cryselle-28 tab 28 tabs</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>cyclafem tab 1/35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>cyclafem tab 7/7/7</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>dasetta tab 1/35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>dasetta tab 7/7/7</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>daysee tab</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL
<i>delyla tab 0.1-0.02</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	PREV	QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>elinest tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>emoquette tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>enpresse-28 tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>enskyce tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>estarylla tab 0.25-35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>falmina tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>gianvi tab 3-0.02mg</i>	PREV	QL (42 tabs / 30 days); MAIL
<i>gildagia tab 0.4-35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>gildess fe tab 1.5/30</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>gildess fe tab 1/20</i>	PREV	QL (112 tabs / 70 days); MAIL
<i>introvale tab</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL
<i>jolessa tab</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL
<i>junel 1.5/30 tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>junel 1/20 tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>junel fe tab 1.5/30</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>junel fe tab 1/20</i>	PREV	QL (112 tabs / 70 days); MAIL
<i>kariva tab 28 day</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>kelnor tab 1/35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>kurvelo tab 0.15/30</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>larin fe tab 1.5/30</i>	PREV	QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>larin fe tab 1/20</i>	PREV	QL (112 tabs / 70 days); MAIL
<i>larin tab 1.5/30</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>larin tab 1/20</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>leena tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>lessina tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>levonest tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>levora-28 tab 0.15/30</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>loryna tab 3-0.02mg</i>	PREV	QL (42 tabs / 30 days); MAIL
<i>low-ogestrel tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>lutra tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>marlissa tab 0.15/30</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>microgestin tab 1.5/30</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>microgestin tab 1/20</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>microgestin tab fe1.5/30</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>microgestin tab fe 1/20</i>	PREV	QL (112 tabs / 70 days); MAIL
<i>mono-lynyah tab 0.25-35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>mononessa tab</i>	PREV	QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>myzilra tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>necon tab 0.5/35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>necon tab 1/35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>necon tab 1/50-28</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>necon tab 7/7/7</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	PREV	QL (42 ea / 30 days); MAIL
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>nortrel tab 0.5/35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>nortrel tab 1/35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>nortrel tab 7/7/7</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>ocella tab 3-0.03mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>ogestrel tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>orsythia tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>philiith tab 0.4-35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>pimtrea tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>pirmella tab 1/35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>pirmella tab 7/7/7</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>portia-28 tab</i>	PREV	QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>previfem tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>quasense tab</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL
<i>reclipsen tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>setlakin tab</i>	PREV	QL (Max day supply 91; Max 1 per day); MAIL
<i>solia tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>sprintec 28 tab 28 day</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>sronyx tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>syeda tab 3-0.03mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>tilia fe tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>tri-estaryl tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>tri-legest tab fe</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>tri-linyah tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>tri-previfem tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>tri-sprintec tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>trinessa tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>trivora-28 tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>velivet pak</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>vestura tab 3-0.02mg</i>	PREV	QL (42 tabs / 30 days); MAIL
<i>viorele tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>vyfemla tab 0.4-35</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>wera tab 0.5/35</i>	PREV	QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>wymzya fe chw 0.4mg-35</i>	PREV	QL (42 ea / 30 days); MAIL
<i>zarah tab 3-0.03mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>zenchent fe chw 0.4mg-35</i>	PREV	QL (42 ea / 30 days); MAIL
<i>zenchent tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>zovia 1/35e tab</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>zovia 1/50e tab</i>	PREV	QL (30 tabs / 30 days); MAIL
Combination Contraceptives - Transdermal		
<i>xulane dis 150-35</i>	PREV	QL (3.3 patches / 30 days); MAIL
Combination Contraceptives - Vaginal		
NUVARING MIS	PREV	QL (1.08 rings / 30 days); MAIL
Contraceptives - Other		
NEXPLANON IMP 68MG	PREV	
Copper Contraceptives - IUD		
PARAGARD IUD T380A	PREV	
Emergency Contraceptives		
ELLA TAB 30MG	PREV	QL (4 tabs / year)
<i>levonorgestrel tab 1.5 mg</i>	PREV	OTC, QL (Max 4 fills per year)
<i>my way tab 1.5mg</i>	PREV	OTC, QL (Max 4 fills per year)
<i>next choice tab 1.5mg</i>	PREV	OTC, QL (Max 4 fills per year)
Progestin Contraceptives - IUD		
KYLEENA IUD 19.5MG	PREV	QL (1 IUD / 5 years)
LILETTA IUD 52MG	PREV	QL (1 IUD / 3 years)
MIRENA IUD SYSTEM	PREV	QL (1 IUD / 5 years)
SKYLA IUD 13.5MG	PREV	QL (1 IUD / 3 years)
Progestin Contraceptives - Injectable		
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	PREV	QL (Max day supply 90; max 1 fill per 84 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
Progestin Contraceptives - Oral		
<i>camila tab 0.35mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>errin tab 0.35mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>heather tab 0.35mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>jencycla tab 0.35mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>jolivette tab 0.35mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>lyza tab 0.35mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>nora-be tab 0.35mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>norethindrone tab 0.35 mg</i>	PREV	QL (30 tabs / 30 days); MAIL

CORTICOSTEROIDS**Glucocorticosteroids**

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone tab 5 mg</i>	Tier 1	QL (720 tabs / 30 days); MAIL
<i>hydrocortisone tab 10 mg</i>	Tier 1	QL (360 ea / 30 days); MAIL
<i>hydrocortisone tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>methylprednisolone tab 4 mg</i>	Tier 1	QL (360 tabs / 30 days); MAIL
<i>methylprednisolone tab 8 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>methylprednisolone tab 16 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>methylprednisolone tab 32 mg</i>	Tier 1	QL (360 tabs / 30 days); MAIL
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	QL (360 tabs / 30 days); MAIL
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	MAIL
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	QL (1500 mL / 30 days); MAIL
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	MAIL
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Tier 1	QL (1800 mL / 30 days); MAIL
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); MAIL
<i>prednisone tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>prednisone tab 2.5 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>prednisone tab 5 mg</i>	Tier 1	QL (480 tabs / 30 days); MAIL
<i>prednisone tab 10 mg</i>	Tier 1	QL (270 tabs / 30 days); MAIL
<i>prednisone tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>prednisone tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	MAIL
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
Mineralocorticoids		
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	QL (150 ea / 30 days); MAIL
COUGH/COLD/ALLERGY		
Antitussives		
<i>benzonatate cap 100 mg</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>benzonatate cap 200 mg</i>	Tier 1	QL (150 caps / 30 days); MAIL
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>hydromet syp 5-1.5/5</i>	Tier 1	QL (1800 mL / 30 days)
<i>robatussin syp 7.5/5ml</i>	Tier 1	OTC, QL (180 mL / 30 days); MAIL; Covered in ages 4 and over
<i>triaminic syp cough</i>	Tier 1	OTC, QL (180 mL / 30 days); MAIL; Covered in ages 4 and over
Cough/Cold/Allergy Combinations		
<i>alavert alrg tab /sinus</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>all day alrg tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
<i>aller-tec d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
<i>aller/conges tab 10-240mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allerclear d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>allerclear d tab 10-240mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allerclear tab d-24hr</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allergy d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
<i>allergy rel/ tab deconges</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>allergy relf tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>allergy relf tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
<i>allergy relf tab /congest</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allergy relf tab d</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allergy relf tab d12</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>allergy relf tab d 24 hr</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allergy relf tab d-24</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allergy relf tab deconges</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allergy-d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
<i>allergy/cong tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>allgy comp-d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
<i>allrgy rel d tab 10-240mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>allrgy relf tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
<i>allrgy rlf-d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>altarusn dm syp 100-10/5</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>biocotron liq 100-10/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>bromfed dm syp</i>	Tier 1	QL (1800 mL / 30 days); MAIL
<i>brotapp dm liq 15-1-5/5</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL
<i>brotapp liq</i>	Tier 1	OTC, QL (480 mL / 25 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
CAPMIST DM TAB	Tier 2	OTC; MAIL
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
<i>cgh dm max liq 10-200</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>cheratussin syp ac</i>	Tier 1	OTC, QL (1800 mL / 30 days); Covered in ages 2 and over
<i>cold & cough liq 6.25-2.5</i>	Tier 1	OTC, QL (180 mL / 30 days); MAIL
<i>cold/allergy elx children</i>	Tier 1	OTC, QL (480 mL / 25 days); MAIL
<i>cold/cough elx children</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL
<i>cold/cough elx dm</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL
<i>cold/cough liq 6.25-2.5</i>	Tier 1	OTC, QL (180 mL / 30 days); MAIL
<i>cough cont liq dm max</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>diabetic tus liq children</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>diabetic tus liq dm</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>diabetic tus liq max st</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>dimetapp liq nighttim</i>	Tier 1	OTC, QL (180 mL / 30 days); MAIL
<i>eq tussin dm liq max</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>eq tussin dm syp cgh/chst</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>eq allergy tab 10-240mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>eq triactin elx cld/cgh</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>eql tussin liq 10-200</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>eql tussin syp dm</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>extra action syp 100-10/5</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>g-tron liq 10-100/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>geri-tussin syp dm</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>gnp tussin liq dm cough</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>gnp tussin liq dm max</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>guaiasorb dm liq 100-10/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>guaiatuss ac syp 100-10/5</i>	Tier 1	OTC, QL (1800 mL / 30 days); Covered in ages 2 and over
<i>guaicon dms syp 100-10/5</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>guaifenesin syp 100-10/5</i>	Tier 1	OTC, QL (1800 mL / 30 days); Covered in ages 2 and over
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); Covered in ages 2 and over
<i>hm tussin liq adlt dm</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>hm tussin liq dm max</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>lorata-dine tab d 24hr</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>loratadine d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>loratadine-d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>loratadine-d tab 10-240mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>medi-tuss dm liq diabetic</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>medi-tussin syp dm</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>mucus relf d tab 60-600mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>mucus-dm tab 30-600mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>ped formula liq 100-10/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
PRO-CLEAR AC SYP 9-8.33MG	Tier 1	OTC, QL (180 mL / 25 days)
<i>prometh vc sol plain</i>	Tier 1	QL (1800 mL / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>prometh vc/ syp codeine</i>	Tier 1	QL (1800 mL / 30 days); AGE; Covered in ages 2-64
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 1	QL (240 mL / 30 days); AGE; Covered in ages 2-64
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 1	QL (180 mL / 25 days); AGE; MAIL; Covered in ages 4-64
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); MAIL
<i>px tussin dm liq 100-10/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>q-tapp dm elx</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL
<i>q-tussin dm syp 100-10/5</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>ra allergy tab sinus</i>	Tier 1	OTC; MAIL
<i>ra cetiri-d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
<i>ra lorata-d tab 24 hour</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>tussin cough liq 10-100/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>tussin cough syp dm</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>tussin dm cg liq 20-400</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>tussin dm liq</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>tussin dm liq 10-100mg</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>tussin dm liq 10-200</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>tussin dm liq 10-200/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>tussin dm liq clear</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>tussin dm mx liq 10-200/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>tussin dm syp 100-10/5</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL
<i>virtussin ac sol 100-10/5</i>	Tier 1	OTC, QL (1800 mL / 30 days); Covered in ages 2 and over
<i>wal-dryl pe tab 25-10mg</i>	Tier 1	OTC; MAIL
<i>wal-itin d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL
<i>wal-itin d tab 10-240mg</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>wal-itin d tab 24 hour</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>wal-tap dm elx cold/cgh</i>	Tier 1	OTC, QL (1800 mL / 30 days); MAIL
<i>wal-tap elx cld/alle</i>	Tier 1	OTC, QL (480 mL / 25 days); MAIL
<i>wal-tussin liq 10-100/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>wal-tussin liq 10-200/5</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>wal-tussin liq dm max</i>	Tier 1	OTC, QL (90 mL / 30 days); MAIL
<i>wal-tussin syp dm</i>	Tier 1	OTC, QL (180 mL / 25 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>wal-zyr d tab 5-120mg</i>	Tier 1	OTC, QL (60 ea / 30 days); MAIL; Covered in ages 4 and over
Expectorants		
<i>altarussin syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>bidex tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>buckleys liq chest</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>chest conges liq child</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>chest conges liq childrns</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>chest conges tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>cough syp</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>cough syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>coughtab tab 200mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>cvs mucus er tab 600mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>diabetic tus liq 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>diabtc tussn syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>eq tussin liq 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>fenesin ir tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>g-fen ex tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>geri-tussin syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>gnp mucus-er tab 600mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>gnp tussin syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>guaifenesin liquid 100 mg/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over

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

Drug Name	Drug Tier	Requirements/Limits
<i>guaifenesin syrup 100 mg/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>guaifenesin tab 200 mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>guaifenesin tab 400 mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>guaifenesin tab er 12hr 600 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>hm mucus er tab 600mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>liquibid tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>medifin 400 tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>mucinex chld liq 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>mucosa tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>mucus relief liq 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>mucus relief liq 400/20ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>mucus relief tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>mucus relief tab 600mg er</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>mucus+chst liq 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>mucus-er tab 600mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>organ-i nr tab 200mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>pa mucus rel tab 600mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>px tussin sol 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>qc medifin liq mucus rl</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>ra tussin liq 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>ra tussin syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over

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

Drug Name	Drug Tier	Requirements/Limits
<i>refenesen tab 200mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>refenesen tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>robafen syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>sb cgh contr syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>scot-tussin liq expct sf</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>siltuss das liq 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>siltussin sa syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>sm mucus er tab 600mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>sm tussin syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>tab tussin tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>tussin adult liq 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>tussin chest syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>tussin syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>wal-tussin syp 100/5ml</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
<i>xpect tab 400mg</i>	Tier 1	OTC; MAIL; Covered in ages 4 and over
Misc. Respiratory Inhalants		
<i>nebusal neb 3%</i>	Tier 1	QL (480 mL / 30 days); MAIL
<i>sodium chloride soln nebu 0.9%</i>	Tier 1	QL (480 mL / 30 days); MAIL
<i>sodium chloride soln nebu 3%</i>	Tier 1	QL (480 mL / 30 days); MAIL
<i>sodium chloride soln nebu 7%</i>	Tier 1	QL (480 mL / 30 days); MAIL
Mucolytics		
<i>acetylcysteine inhal soln 20%</i>	Tier 1	QL (Max day supply 5 per 25); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGICALS		
ANTIFUNGALS - TOPICAL		
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Tier 1	QL (60 mL / 30 days)
<i>ciclopirox solution 8%</i>	Tier 1	QL (6.6 mL / 30 days)
ANTIPSORIATICS		
SKYRIZI INJ 150DOSE	Tier 4	PA; Preferred Brand
Acne Products		
ACNE MEDICAT LOT 5%	Tier 1	OTC, QL (141 mL / 25 days); MAIL
ACNE MEDICAT LOT 10%	Tier 1	OTC, QL (30 mL / 25 days); MAIL
<i>adapalene cream 0.1%</i>	Tier 1	QL (45 gm / 25 days); MAIL
<i>adapalene gel 0.1%</i>	Tier 1	QL (45 gm / 25 days); MAIL
<i>amneesteem cap 10mg</i>	Tier 2	PA; MAIL
<i>amneesteem cap 20mg</i>	Tier 2	PA; MAIL
<i>amneesteem cap 40mg</i>	Tier 2	PA; MAIL
<i>avita cre 0.025%</i>	Tier 2	QL (45 gms per month); AGE; MAIL; Covered for ages 35 and younger
<i>avita gel 0.025%</i>	Tier 2	QL (45 gms per month); AGE; MAIL; Covered for ages 35 and younger
<i>benzoyl per liq 5% wash</i>	Tier 1	OTC, QL (240 gm / 25 days); MAIL
<i>benzoyl per liq 10% wash</i>	Tier 1	OTC, QL (240 gm / 25 days); MAIL
<i>benzoyl peroxide gel 5%</i>	Tier 1	OTC; MAIL
<i>benzoyl peroxide gel 10%</i>	Tier 1	OTC; MAIL
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 2	MAIL
<i>claravis cap 10mg</i>	Tier 2	PA; MAIL
<i>claravis cap 20mg</i>	Tier 2	PA; MAIL
<i>claravis cap 30mg</i>	Tier 2	PA; MAIL
<i>claravis cap 40mg</i>	Tier 2	PA; MAIL
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Tier 2	QL (45 gm / 25 days); MAIL
<i>clindamycin phosphate gel 1%</i>	Tier 1	QL (45 gm / 25 days); MAIL

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>foot care cre 1%</i>	Tier 1	OTC, QL (30 gm / 25 days); MAIL
<i>foot&sneaker aer 1%</i>	Tier 1	OTC; MAIL
<i>fungi-guard cre 1%</i>	Tier 1	OTC; MAIL
<i>fungicure spr intens</i>	Tier 1	OTC; MAIL
<i>fungoid-d cre 1%</i>	Tier 1	OTC; MAIL
<i>jck itch pow aer 1%</i>	Tier 1	OTC; MAIL
<i>jock itch aer 1%</i>	Tier 1	OTC; MAIL
<i>jock itch cre 1%</i>	Tier 1	OTC, QL (210 gm / 30 days); MAIL
<i>jock itch cre 1%</i>	Tier 1	OTC, QL (30 gm / 25 days); MAIL
<i>ketoconazole cream 2%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>ketoconazole shampoo 2%</i>	Tier 1	QL (120 mL / 25 days); MAIL
<i>lamisil af aer 1%</i>	Tier 1	OTC; MAIL
<i>lotrimin af aer 2%</i>	Tier 1	OTC; MAIL
<i>lotrimin af pow 2%</i>	Tier 1	OTC; MAIL
MENTAX CRE 1%	Tier 2	MAIL
<i>micaderm cre 2%</i>	Tier 1	OTC, QL (150 gm / 30 days); MAIL
<i>miconazole aer 2%</i>	Tier 1	OTC; MAIL
<i>miconazole cre 2%</i>	Tier 1	OTC, QL (150 gm / 30 days); MAIL
<i>miconazole nitrate aerosol pow 2%</i>	Tier 1	OTC; MAIL
<i>miconazorb pow af 2%</i>	Tier 1	OTC; MAIL
<i>micro guard pow 2%</i>	Tier 1	OTC; MAIL
<i>mycocide ns sol 1%</i>	Tier 1	OTC; MAIL
<i>naftifine hcl cream 1%</i>	Tier 2	MAIL
<i>naftifine hcl cream 2%</i>	Tier 2	MAIL
NAFTIN GEL 1%	Tier 2	PA; MAIL
NAFTIN-MP CRE 1%	Tier 2	MAIL
<i>nyamyc pow 100000</i>	Tier 1	QL (30 gm / 25 days); MAIL
<i>nyata pow 100000</i>	Tier 1	QL (30 gm / 25 days); MAIL
<i>nystatin cream 100000 unit/gm</i>	Tier 1	QL (90 gm / 25 days); MAIL
<i>nystatin oint 100000 unit/gm</i>	Tier 1	QL (90 gm / 25 days); MAIL

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>zeasorb-af pow 2%</i>	Tier 1	OTC; MAIL
Antihistamines-Topical		
<i>allergy cre 2-0.1%</i>	Tier 1	OTC; MAIL
<i>eq anti-itch cre 2-0.1%</i>	Tier 1	OTC; MAIL
Antineoplastic or Premalignant Lesion Agents - Topical		
<i>fluorouracil cream 5%</i>	Tier 2	MAIL
PICATO GEL 0.05%	Tier 3	PA; MAIL
PICATO GEL 0.015%	Tier 3	PA; MAIL
Antipsoriatics		
AMEVIVE INJ 15MG	Tier 4	PA
<i>calcipotriene oint 0.005%</i>	Tier 2	QL (60 gm / 30 days), PA; MAIL
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 2	QL (60 mL / 30 days), PA; MAIL
<i>calcitrene oin 0.005%</i>	Tier 2	QL (60 gm / 30 days), PA; MAIL
DRITHO-CREME CRE HP 1%	Tier 2	QL (50 gm / 25 days); MAIL
8-MOP CAP 10MG	Tier 3	PA; MAIL
STELARA INJ 45MG/0.5	Tier 4	PA; Preferred Brand
STELARA INJ 90MG/ML	Tier 4	PA; Preferred Brand
<i>tazarotene cream 0.1%</i>	Tier 2	QL (60 gm / 25 days), PA; MAIL; Covered in ages 18 and under
TAZORAC CRE 0.05%	Tier 3	QL (60 gm / 25 days), PA; MAIL; Covered in ages 18 and under
TAZORAC GEL 0.1%	Tier 3	QL (100 gm / 25 days), PA; MAIL; Covered in ages 18 and under
TAZORAC GEL 0.05%	Tier 3	QL (100 gm / 25 days), PA; MAIL; Covered in ages 18 and under
Antiseborrheic Products		
<i>anti-dandruff sha 1%</i>	Tier 1	OTC; MAIL
<i>dandruff sha 1%</i>	Tier 1	OTC; MAIL
<i>ra dandruff sha 1%</i>	Tier 1	OTC; MAIL
<i>selenium sulfide lotion 2.5%</i>	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
Antivirals - Topical		
ABREVA CRE 10%	Tier 1	OTC, QL (2 gm / 15 days); MAIL
acyclovir oint 5%	Tier 2	PA; AGE; MAIL; Covered in ages 18 and under
DENAVIR CRE 1%	Tier 2	MAIL
ZOVIRAX CRE 5%	Tier 2	PA; AGE; MAIL; Covered in ages 18 and under
Burn Products		
silver sulfadiazine cream 1%	Tier 1	QL (1050 gm / 30 days); MAIL
ssd cre 1%	Tier 1	QL (1050 gm / 30 days); MAIL
SULFAMYLON CRE 85MG/GM	Tier 3	MAIL
thermazene cre 1%	Tier 1	QL (1050 gm / 30 days); MAIL
Corticosteroids - Topical		
ala-cort cre 1%	Tier 1	QL (60 gm / 25 days); MAIL
alclometasone dipropionate cream 0.05%	Tier 1	MAIL
alclometasone dipropionate oint 0.05%	Tier 1	MAIL
amcinonide cream 0.1%	Tier 2	MAIL
amcinonide lotion 0.1%	Tier 2	MAIL
AMCINONIDE OIN 0.1%	Tier 1	MAIL
anti-itch cre 1%	Tier 1	OTC, QL (60 gm / 25 days); MAIL
anti-itch cre 1%/pls 10	Tier 1	OTC, QL (60 gm / 25 days); MAIL
anti-itch cre /aloe/e	Tier 1	OTC, QL (60 gm / 25 days); MAIL
anti-itch cre /oatmeal	Tier 1	OTC, QL (60 gm / 25 days); MAIL
anti-itch lot 1%	Tier 1	OTC, QL (120 gm / 25 days); MAIL
anti-itch oin 1%	Tier 1	OTC, QL (60 gm / 25 days); MAIL
anti-itch oin max st	Tier 1	OTC, QL (60 gm / 25 days); MAIL
anti-itch/ cre aloe	Tier 1	OTC; MAIL
aquanil hc lot 1%	Tier 1	OTC, QL (120 mL / 25 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>aveeno cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>beta hc lot 1%</i>	Tier 1	OTC, QL (120 mL / 25 days); MAIL
<i>betamethasone dipropionate augmented cream 0.05%</i>	Tier 1	QL (60 gm / 30 days); MAIL
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1	MAIL
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	MAIL
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 1	MAIL
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	MAIL
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	MAIL
<i>betamethasone dipropionate oint 0.05%</i>	Tier 1	QL (210 gm / 25 days); MAIL
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	QL (450 gm / 30 days); MAIL
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	MAIL
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Tier 2	QL (100 gm / 25 days), PA; MAIL
<i>clobetasol propionate cream 0.05%</i>	Tier 2	QL (60 gm / 25 days); MAIL
<i>clobetasol propionate gel 0.05%</i>	Tier 2	QL (60 gm / 25 days); MAIL
<i>clobetasol propionate oint 0.05%</i>	Tier 2	QL (60 gm / 25 days); MAIL
<i>clobetasol propionate soln 0.05%</i>	Tier 2	QL (50 mL / 25 days); MAIL
<i>clocortolone pivalate cream 0.1%</i>	Tier 2	MAIL
<i>cormax scalp sol 0.05%</i>	Tier 2	QL (50 mL / 25 days); MAIL
<i>cort intense cre heal 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>corticoool gel 1%</i>	Tier 1	OTC; MAIL
<i>cortisone cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>cortisone gel cooling</i>	Tier 1	OTC; MAIL
<i>cortisone lot 1%</i>	Tier 1	OTC, QL (120 gm / 25 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>cortisone oin 1%max st</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>cortizone-10 cre /aloe 1%</i>	Tier 1	OTC; MAIL
<i>cortizone-10 cre healing</i>	Tier 1	OTC; MAIL
<i>cortizone-10 cre plus</i>	Tier 1	OTC; MAIL
<i>cortizone-10 gel 1%</i>	Tier 1	OTC; MAIL
<i>cortizone-10 lot eczema</i>	Tier 1	OTC, QL (120 gm / 25 days); MAIL
<i>cortizone-10 lot hydraten</i>	Tier 1	OTC, QL (120 gm / 25 days); MAIL
<i>cortizone-10 oin 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>desonide cream 0.05%</i>	Tier 1	QL (450 gm / 30 days), ST; MAIL; Prior use of 3; Alclometasone Crm Oint, Desonide Oint, Fluocinolone Oil, Hydrocortisone Crm (0.5%, 0.1%, 2.5%), Gel (1%), Lotion (1%, 2.5%) or Oint (1%, 2.5%), Hydrocortisone Crm 0.5% for 30 days.
<i>desonide oint 0.05%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>desoximetasone cream 0.05%</i>	Tier 2	QL (60 gm / 30 days); MAIL
<i>desoximetasone cream 0.25%</i>	Tier 2	QL (60 gm / 30 days); MAIL
<i>desoximetasone gel 0.05%</i>	Tier 2	QL (60 gm / 30 days); MAIL
<i>desoximetasone oint 0.05%</i>	Tier 2	QL (60 gm / 30 days); MAIL
<i>desoximetasone oint 0.25%</i>	Tier 2	QL (60 gm / 30 days); MAIL
<i>diflorasone diacetate cream 0.05%</i>	Tier 2	QL (60 gm / 30 days); MAIL
<i>diflorasone diacetate oint 0.05%</i>	Tier 2	QL (60 gm / 30 days); MAIL
<i>eq hydrocort cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>fluocinolone acetonide cream 0.025%</i>	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Tier 2	QL (Max day supply 28); MAIL
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Tier 2	QL (Max day supply 28); MAIL
<i>fluocinolone acetonide oint 0.025%</i>	Tier 1	MAIL
<i>fluocinonide cream 0.05%</i>	Tier 1	QL (150 gm / 25 days); MAIL
<i>fluocinonide emulsified base cream 0.05%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>fluocinonide gel 0.05%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>fluocinonide oint 0.05%</i>	Tier 1	QL (60 gm / 30 days), ST; MAIL; Prior use of 2; Mometasone Cream, Fluocinolone Cream, or Triamcinolone Ointment for 20 days.
<i>fluocinonide soln 0.05%</i>	Tier 1	QL (60 mL / 25 days); MAIL
<i>fluticasone propionate cream 0.05%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>fluticasone propionate oint 0.005%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>gnp hydrocor cre 1% plus</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>gynecort 10 cre 1%</i>	Tier 1	OTC; MAIL
<i>halobetasol propionate cream 0.05%</i>	Tier 2	MAIL
<i>halobetasol propionate oint 0.05%</i>	Tier 2	MAIL
HALOG CRE 0.1%	Tier 3	PA; MAIL
HALOG OIN 0.1%	Tier 3	QL (60 gm / 25 days), PA; MAIL
<i>hc-1% hemorr oin 1%</i>	Tier 1	OTC; MAIL
<i>hm hydrocort cre 1% plus</i>	Tier 1	OTC; MAIL
<i>hydro-lotion lot 1%</i>	Tier 1	OTC, QL (120 mL / 25 days); MAIL
<i>hydrocort ac cre 1%</i>	Tier 1	OTC; MAIL
<i>hydrocort cre 0.5%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>hydrocort cre 1%pls 10</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>hydrocort/ cre aloe 1%</i>	Tier 1	OTC; MAIL

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>prep h cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>qc hydrocort cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>ra anti-itch cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>ra anti-itch oin 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>ra hydrocort cre 0.5%</i>	Tier 1	OTC; MAIL
<i>ra hydrocort cre 1%</i>	Tier 1	OTC; MAIL
<i>ra hydrocort cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>ra hydrocort cre 1%pls 12</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>recort plus cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>rederm lot 1%</i>	Tier 1	OTC, QL (120 mL / 25 days); MAIL
<i>sarnol-hc lot 1%</i>	Tier 1	OTC, QL (120 mL / 25 days); MAIL
<i>sm hydrocort cre 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
<i>sm hydrocort cre 1% plus</i>	Tier 1	OTC; MAIL
<i>sm hydrocort oin 1%</i>	Tier 1	OTC, QL (60 gm / 25 days); MAIL
TACLONEX SUS	Tier 3	QL (120 gm / 25 days), PA; MAIL
<i>triamcinolone acetonide cream 0.1%</i>	Tier 1	QL (480 gm / 30 days); MAIL
<i>triamcinolone acetonide cream 0.5%</i>	Tier 1	QL (450 gm / 30 days); MAIL
<i>triamcinolone acetonide cream 0.025%</i>	Tier 1	QL (450 gm / 30 days); MAIL
<i>triamcinolone acetonide lotion 0.1%</i>	Tier 1	QL (450 mL / 30 days); MAIL
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 1	QL (60 mL / 25 days); MAIL
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1	QL (450 gm / 30 days); MAIL
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	QL (15 gm / 25 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1	QL (450 gm / 30 days); MAIL
<i>triderm cre 0.1%</i>	Tier 1	QL (480 gm / 30 days); MAIL
ECZEMA AGENTS		
DUPIXENT INJ 300/2ML	Tier 4	PA
Emollients		
<i>al12 lot 12%</i>	Tier 1	OTC, QL (225 gm / 25 days); MAIL
<i>amlactin lot 12%</i>	Tier 1	OTC, QL (225 gm / 25 days); MAIL
<i>geri-hydrola cre 12%</i>	Tier 1	OTC, QL (280 gm / 25 days); MAIL
<i>geri-hydrola lot 12%</i>	Tier 1	OTC, QL (225 gm / 25 days); MAIL
<i>hydrophor oin</i>	Tier 1	OTC; MAIL
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	OTC, QL (280 gm / 25 days); MAIL
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1	OTC, QL (225 gm / 25 days); MAIL
<i>skin trtment lot 12%</i>	Tier 1	OTC, QL (225 gm / 25 days); MAIL
Enzymes - Topical		
SANTYL OIN 250/GM	Tier 3	QL (30 gm / 30 days), PA; MAIL
<i>tbc aer</i>	Tier 1	
Immunomodulating Agents - Topical		
<i>imiquimod cream 5%</i>	Tier 1	QL (24 ea / 25 days), PA; MAIL
Immunosuppressive Agents - Topical		
ELIDEL CRE 1%	Tier 2	QL (60 gm / 30 days), PA; MAIL; Covered in ages 2 and over
<i>tacrolimus oint 0.1%</i>	Tier 2	QL (30 gm / 25 days), PA; MAIL; Covered in ages 2 and over
<i>tacrolimus oint 0.03%</i>	Tier 2	QL (30 gm / 25 days), PA; MAIL; Covered in ages 2 and over

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

Drug Name	Drug Tier	Requirements/Limits
Keratolytic/Antimitotic Agents		
<i>podofilox soln 0.5%</i>	Tier 1	QL (7 mL / 180 days); MAIL
LOCAL ANESTHETICS - TOPICAL		
<i>capsaicin cream 0.1%</i>	Tier 1	OTC
<i>capsaicin cream 0.025%</i>	Tier 1	OTC
Local Anesthetics - Topical		
<i>asperceme pad lido 4%</i>	Tier 1	OTC, QL (120 patches / 30 days); MAIL
<i>lidocaine hcl soln 4%</i>	Tier 1	QL (225 mL / 30 days); MAIL
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Tier 1	QL (500 mL / 25 days); MAIL
<i>lidocaine patch 5%</i>	Tier 2	QL (90 patches / 30 days), PA; MAIL
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (60 gm / 25 days); MAIL
<i>lidocream cre 4%</i>	Tier 1	OTC; MAIL
<i>regenecare gel ha 2%</i>	Tier 1	OTC, QL (500 mL / 25 days); MAIL
Misc. Topical		
<i>DRYSOL SOL 20%</i>	Tier 2	QL (180 mL / 30 days); MAIL
<i>minerin cre</i>	Tier 1	OTC; MAIL
<i>ZINC-OXYDE OIN 0.44-20%</i>	Tier 1	OTC; MAIL
Rosacea Agents		
<i>FINACEA GEL 15%</i>	Tier 3	QL (50 gm / 25 days), PA; MAIL
<i>metronidazole cream 0.75%</i>	Tier 1	QL (45 gm / 25 days); MAIL
<i>metronidazole gel 0.75%</i>	Tier 1	QL (45 gm / 25 days); MAIL
<i>metronidazole lotion 0.75%</i>	Tier 1	QL (59 mL / 25 days); MAIL
<i>rosadan cre 0.75%</i>	Tier 1	QL (45 gm / 25 days); MAIL
<i>rosadan gel 0.75%</i>	Tier 1	QL (45 gm / 25 days); MAIL
Scabicides Pediculicides		
<i>bedding spra aer 0.5%</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>complete kit lice</i>	Tier 1	OTC; MAIL
<i>cvs lice kit solution</i>	Tier 1	OTC; MAIL
<i>cvs permethr lot 1%</i>	Tier 1	OTC; MAIL
<i>eql lice kit solution</i>	Tier 1	OTC; MAIL
EURAX CRE 10%	Tier 2	ST; MAIL; PRIOR USE PERMETHRIN
<i>gnp lice kit</i>	Tier 1	OTC; MAIL
<i>lice bedding aer</i>	Tier 1	OTC; MAIL
<i>lice bedding aer 0.5%</i>	Tier 1	OTC; MAIL
<i>lice killing sha</i>	Tier 1	OTC; MAIL
<i>lice killing sha 0.33-4%</i>	Tier 1	OTC; MAIL
<i>lice soln kit</i>	Tier 1	OTC; MAIL
<i>lice soln kit complete</i>	Tier 1	OTC; MAIL
<i>lice treatmt lot 1%</i>	Tier 1	OTC; MAIL
<i>lice treatmt sha 0.33-4%</i>	Tier 1	OTC; MAIL
<i>lice trtmnt liq 1%</i>	Tier 1	OTC; MAIL
<i>lice trtmnt liq crm rnse</i>	Tier 1	OTC; MAIL
<i>licide aer 0.5%</i>	Tier 1	OTC; MAIL
<i>licide comp kit treatmnt</i>	Tier 1	OTC; MAIL
<i>licide liq max st</i>	Tier 1	OTC; MAIL
<i>licide sha 0.33-4%</i>	Tier 1	OTC; MAIL
<i>malathion lotion 0.5%</i>	Tier 2	QL (Max 2 fills per 25 days), ST; MAIL; PRIOR USE PERMETHRIN OR PYRETHRIN
<i>permethrin cream 5%</i>	Tier 1	QL (3600 gm / 30 days); MAIL
<i>sm bedding aer lice</i>	Tier 1	OTC; MAIL
<i>sm lice lot treatmnt</i>	Tier 1	OTC; MAIL
<i>sm lice soln kit</i>	Tier 1	OTC; MAIL
<i>spinosad susp 0.9%</i>	Tier 2	ST; MAIL; Prior use of Malathion for 7 days.
<i>stop lice kit complete</i>	Tier 1	OTC; MAIL
<i>stop lice liq max st</i>	Tier 1	OTC; MAIL
<i>stop lice ms sha 0.33-4%</i>	Tier 1	OTC; MAIL
<i>tgt lice kit complete</i>	Tier 1	OTC; MAIL

DIAGNOSTIC PRODUCTS**Diagnostic Drugs**

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>Diagnostic Tests</i>		
TRUE METRIX TES GLUCOSE	Tier 2	OTC, QL (50/30 for non-insulin, 200/30 for insulin/pregnant); MAIL
DIAGNOSTIC TESTS		
<i>DIAGNOSTIC TESTS</i>		
RELION KETON TES	Tier 2	OTC; MAIL
DIBENZAPINES		
<i>THIENBENZODIAZEPINES</i>		
ZYPREXA RELP INJ 210MG	Tier 3	
ZYPREXA RELP INJ 300MG	Tier 3	
ZYPREXA RELP INJ 405MG	Tier 3	
DIGESTIVE AIDS		
<i>Digestive Enzymes</i>		
CREON CAP 3000UNIT	Tier 2	QL (180 caps / 30 days); MAIL
CREON CAP 6000UNIT	Tier 2	QL (180 caps / 30 days); MAIL
CREON CAP 12000UNT	Tier 2	QL (180 caps / 30 days); MAIL
CREON CAP 24000UNT	Tier 2	QL (180 caps / 30 days); MAIL
CREON CAP 36000UNT	Tier 2	QL (180 caps / 30 days); MAIL
<i>pancrelipase (lip-prot-amyl) dr cap 5000-17000-27000 unit</i>	Tier 1	QL (180 caps / 30 days); MAIL
ZENPEP CAP 3000UNIT	Tier 2	QL (180 caps / 30 days); MAIL
ZENPEP CAP 5000UNIT	Tier 2	QL (180 caps / 30 days); MAIL
ZENPEP CAP 10000UNT	Tier 2	QL (180 caps / 30 days); MAIL
ZENPEP CAP 15000UNT	Tier 2	QL (180 caps / 30 days); MAIL
ZENPEP CAP 20000UNT	Tier 2	QL (180 caps / 30 days); MAIL
ZENPEP CAP 25000UNT	Tier 2	QL (180 caps / 30 days); MAIL
ZENPEP CAP 40000UNT	Tier 2	QL (180 caps / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
DIURETICS		
<i>Carbonic Anhydrase Inhibitors</i>		
<i>acetazolamide cap er 12hr 500 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL
<i>acetazolamide tab 125 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>acetazolamide tab 250 mg</i>	Tier 1	QL (120 ea / 30 days); MAIL
<i>methazolamide tab 25 mg</i>	Tier 2	QL (180 tabs / 30 days); MAIL
<i>methazolamide tab 50 mg</i>	Tier 2	QL (180 tabs / 30 days); MAIL
<i>Diuretic Combinations</i>		
<i>ALDACTAZIDE TAB 50/50</i>	Tier 2	QL (60 tabs / 30 days); MAIL
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>Loop Diuretics</i>		
<i>bumetanide tab 0.5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>bumetanide tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>bumetanide tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>ethacrynic acid tab 25 mg</i>	Tier 2	MAIL
<i>furosemide oral soln 8 mg/ml</i>	Tier 2	MAIL; Covered in ages 12 and under
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	MAIL; Covered in ages 12 and under
<i>furosemide tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>furosemide tab 40 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide tab 80 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>torsemide tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>torsemide tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>torsemide tab 20 mg</i>	Tier 1	QL (120 ea / 30 days); MAIL
<i>torsemide tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
Potassium Sparing Diuretics		
<i>amiloride hcl tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
DYRENIUM CAP 50MG	Tier 2	QL (180 caps / 30 days); MAIL
DYRENIUM CAP 100MG	Tier 2	QL (90 caps / 30 days); MAIL
<i>spironolactone tab 25 mg</i>	Tier 1	QL (240 ea / 30 days); MAIL
<i>spironolactone tab 50 mg</i>	Tier 1	QL (120 ea / 30 days); MAIL
<i>spironolactone tab 100 mg</i>	Tier 1	QL (60 ea / 30 days); MAIL
Thiazides and Thiazide-Like Diuretics		
<i>chlorothiazide tab 250 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>chlorothiazide tab 500 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>chlorthalidone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>chlorthalidone tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>chlorthalidone tab 100 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>indapamide tab 1.25 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>indapamide tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>metolazone tab 2.5 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>metolazone tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>metolazone tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL

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

<i>alendronate sodium tab 5 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>alendronate sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>alendronate sodium tab 35 mg</i>	Tier 1	QL (4.29 tabs / 30 days); MAIL
<i>alendronate sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>alendronate sodium tab 70 mg</i>	Tier 1	QL (4.29 tabs / 30 days); MAIL
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QL (30 mL / 30 days); MAIL; Covered in ages 50 and over
<i>etidronate disodium tab 200 mg</i>	Tier 1	MAIL
<i>etidronate disodium tab 400 mg</i>	Tier 1	MAIL
FORTEO SOL 600/2.4	Tier 4	QL (2.58 mL / 30 days), PA
FOSAMAX + D TAB 70-2800	Tier 2	MAIL
FOSAMAX + D TAB 70-5600	Tier 2	MAIL
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QL (3.216 tabs / 30 days); MAIL
PROLIA SOL 60MG/ML	Tier 4	PA
<i>risedronate sodium tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>risedronate sodium tab 30 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>risedronate sodium tab 35 mg</i>	Tier 1	QL (Max day supply 28; Max 0.143 per day); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tab 150 mg</i>	Tier 1	MAIL
TYMLOS INJ	Tier 4	PA
XGEVA INJ	Tier 4	PA
Fertility Regulators		
<i>chor gonadot inj 10000unt</i>	Tier 4	PA
Growth Hormones		
OMNITROPE INJ PEN 5/1.5ML	Tier 4	PA
OMNITROPE INJ PEN 10/1.5ML	Tier 4	PA
Hormone Receptor Modulators		
<i>raloxifene hcl tab 60 mg</i>	Tier 2	QL (30 tabs / 30 days); \$0 Copay for Breast Cancer Prevention for Women age 35+; MAIL
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX INJ 40MG/4ML	Tier 4	PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
LUPR DEP-PED INJ 3M 30MG	Tier 4	QL (1 kit / 100 days), PA
LUPR DEP-PED INJ 7.5MG	Tier 4	QL (1 kit / 25 days), PA
LUPR DEP-PED INJ 11.25MG	Tier 4	QL (1 kit / 25 days), PA
LUPR DEP-PED INJ 11.25MG	Tier 4	QL (1 kit / 75 days), PA
LUPR DEP-PED INJ 15MG	Tier 4	QL (1 kit / 25 days), PA
SYNAREL SOL 2MG/ML	Tier 4	QL (32 mL / 28 days), PA
Metabolic Modifiers		
<i>calcitriol cap 0.5 mcg</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>calcitriol cap 0.25 mcg</i>	Tier 1	QL (120 caps / 30 days); MAIL
ELAPRASE INJ 6MG/3ML	Tier 4	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 2	QL (1800 mL / 30 days); MAIL
<i>levocarnitine tab 330 mg</i>	Tier 1	QL (540 tabs / 30 days); MAIL
SENSIPAR TAB 30MG	Tier 4	PA
SENSIPAR TAB 60MG	Tier 4	PA
SENSIPAR TAB 90MG	Tier 4	PA
Posterior Pituitary Hormones		
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 2	PA; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	QL (150 tabs / 30 days); MAIL
STIMATE SOL 1.5MG/ML	Tier 4	PA
<i>Prolactin Inhibitors</i>		
<i>cabergoline tab 0.5 mg</i>	Tier 1	MAIL
<i>Somatostatic Agents</i>		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 4	PA
SANDOSTATIN KIT LAR 10MG	Tier 4	PA
SANDOSTATIN KIT LAR 20MG	Tier 4	QL (1 kit / 24 days), PA
SANDOSTATIN KIT LAR 30MG	Tier 4	QL (1 kit / 24 days), PA
<i>Vasopressin Receptor Antagonists</i>		
SAMSCA TAB 15MG	Tier 4	PA
SAMSCA TAB 30MG	Tier 4	PA
ESTROGENS		
<i>Estrogen Combinations</i>		
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
PREMPHASE TAB	Tier 2	QL (30 tabs / 30 days); MAIL
PREMPRO TAB 0.3-1.5	Tier 2	QL (30 tabs / 30 days); MAIL
PREMPRO TAB 0.45-1.5	Tier 2	QL (30 tabs / 30 days); MAIL
PREMPRO TAB 0.625-5	Tier 2	QL (30 tabs / 30 days); MAIL
PREMPRO TAB .625-2.5	Tier 2	QL (30 tabs / 30 days); MAIL

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

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

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

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

FLUOROQUINOLONES***Fluoroquinolones***

<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1	QL (Max 2 per day)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1	QL (Max 2 per day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	QL (Max 2 per day)
FACTIVE TAB 320MG	Tier 3	QL (30 tabs / 30 days), PA
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1	QL (Max day supply 20; Max 30 per day), PA
<i>levofloxacin tab 250 mg</i>	Tier 1	QL (Max 10 per 10 day; Max 1 fill per 45 days)
<i>levofloxacin tab 500 mg</i>	Tier 1	QL (Max 10 per 10 day; Max 1 fill per 45 days)
<i>levofloxacin tab 750 mg</i>	Tier 1	QL (Max 10 per 10 day; Max 1 fill per 45 days)
NOROXIN TAB 400MG	Tier 3	QL (60 tabs / 30 days)

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

Drug Name **Drug Tier** **Requirements/Limits**
GASTROINTESTINAL AGENTS - MISC.

Antiflatulents

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

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

Drug Name	Drug Tier	Requirements/Limits
Gallstone Solubilizing Agents		
<i>ursodiol cap 300 mg</i>	Tier 2	QL (60 caps / 30 days); MAIL
<i>ursodiol tab 250 mg</i>	Tier 2	QL (120 tabs / 30 days); MAIL
<i>ursodiol tab 500 mg</i>	Tier 2	QL (60 per 30 days); MAIL
Gastrointestinal Chloride Channel Activators		
AMITIZA CAP 8MCG	Tier 3	PA; MAIL
AMITIZA CAP 24MCG	Tier 3	PA; MAIL
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	QL (480 mL / 30 days); MAIL; Covered in ages 11 and under
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days); MAIL
Inflammatory Bowel Agents		
APRISO CAP 0.375GM	Tier 2	QL (120 caps / 30 days); MAIL
<i>balsalazide disodium cap 750 mg</i>	Tier 2	QL (270 caps / 30 days); MAIL
CIMZIA KIT	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA KIT STARTER	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA PREFL KIT 200MG/ML	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<i>mesalamine tab delayed release 800 mg</i>	Tier 2	MAIL
REMICADE INJ 100MG	Tier 4	PA
STELARA INJ 5MG/ML	Tier 4	PA; Preferred Brand
<i>sulfasalazine tab 500 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>Intestinal Acidifiers</i>		
<i>enulose sol 10gm/15</i>	Tier 1	QL (5400 mL / 30 days); MAIL
<i>generlac sol 10gm/15</i>	Tier 1	QL (5400 mL / 30 days); MAIL
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 1	QL (5400 mL / 30 days); MAIL
<i>Irritable Bowel Syndrome (IBS) Agents</i>		
LINZESS CAP 145MCG	Tier 3	PA; MAIL
LINZESS CAP 290MCG	Tier 3	PA; MAIL
<i>Peripheral Opioid Receptor Antagonists</i>		
RELISTOR KIT 12/0.6ML	Tier 4	QL (0.143 kits / 25 days), PA
<i>Phosphate Binder Agents</i>		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	QL (360 ea / 30 days); MAIL
<i>sevelamer carbonate packet 0.8 gm</i>	Tier 2	QL (525 packets / 30 days), ST; MAIL; PRIOR USE CALCIUM ACETATE
<i>sevelamer carbonate packet 2.4 gm</i>	Tier 2	QL (175.2 packets / 30 days), ST; MAIL; PRIOR USE CALCIUM ACETATE
<i>sevelamer carbonate tab 800 mg</i>	Tier 2	QL (525 tabs / 30 days), ST; MAIL; PRIOR USE CALCIUM ACETATE
GENITOURINARY		
<i>Miscellaneous</i>		
<i>bethanechol chloride tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>bethanechol chloride tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>bethanechol chloride tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>bethanechol chloride tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>Urinary Antispasmodics</i>		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 2	QL (60 tabs / 30 days), ST; MAIL; PRIOR USE TOLERODINE AND TROSPIMUM IR FOR 30 DAYS; Covered in ages 18 and over
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 2	ST; MAIL; PRIOR USE TOLERODINE AND TROSPIMUM IR FOR 30 DAYS
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Tier 1	QL (600 mL / 30 days); MAIL
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	QL (90 ea / 30 days); MAIL
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	QL (30 ea / 30 days), ST; MAIL; PRIOR USE OXYBUTYNIN IR
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE OXYBUTYNIN IR
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE OXYBUTYNIN IR
<i>tolterodine tartrate tab 1 mg</i>	Tier 2	ST; MAIL; PRIOR USE OXYBUTYNIN IR
<i>tolterodine tartrate tab 2 mg</i>	Tier 2	ST; MAIL; PRIOR USE OXYBUTYNIN IR
TOVIAZ TAB 4MG	Tier 3	ST; Prior use of Tolterodine AND Trospium then Darifenacin Hydrobromide ER AND Trospium SR for 30 days each.
TOVIAZ TAB 8MG	Tier 3	ST; Prior use of Tolterodine AND Trospium then Darifenacin Hydrobromide ER AND Trospium SR for 30 days each.

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

Drug Name	Drug Tier	Requirements/Limits
<i>trosipium chloride cap er 24hr 60 mg</i>	Tier 2	ST; MAIL; PRIOR USE TOLERODINE AND TROSPIUM IR FOR 30 DAYS
<i>trosipium chloride tab 20 mg</i>	Tier 2	ST; MAIL; PRIOR USE OXYBUTYNIN IR

GENITOURINARY AGENTS - MISCELLANEOUS***Alkalinizers***

<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	Tier 1	MAIL
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	Tier 1	MAIL

Genitourinary Irrigants

<i>acetic acid irrigation soln 0.25%</i>	Tier 1	MAIL
<i>argyl saline sol 0.9%</i>	Tier 1	QL (100000 mL / 25 days); MAIL
<i>curity salin sol 0.9% irr</i>	Tier 1	QL (100000 mL / 25 days); MAIL
<i>sodium chloride irrigation soln 0.9%</i>	Tier 1	QL (100000 mL / 25 days); MAIL

Interstitial Cystitis Agents

ELMIRON CAP 100MG	Tier 3	MAIL

Prostatic Hypertrophy Agents

<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>dutasteride cap 0.5 mg</i>	Tier 1	MAIL
<i>finasteride tab 5 mg</i>	Tier 1	QL (30 ea / 30 days); MAIL
RAPAFLO CAP 4MG	Tier 3	QL (60 caps / 30 days), PA; MAIL
RAPAFLO CAP 8MG	Tier 3	QL (30 caps / 30 days), PA; MAIL
<i>silodosin cap 4 mg</i>	Tier 1	QL (60 caps / 30 days), PA; MAIL
<i>silodosin cap 8 mg</i>	Tier 1	QL (30 caps / 30 days), PA; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL

Urinary Analgesics

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

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

Uricosurics

<i>probenecid tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL

HEMATOLOGICAL AGENTS - MISC.**Antihemophilic Products**

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
NOVOEIGHT INJ 1500UNIT	Tier 4	PA
NOVOSEVEN RT INJ 2MG	Tier 4	PA
NOVOSEVEN RT INJ 5MG	Tier 4	PA
NOVOSEVEN RT INJ 8MG	Tier 4	PA
NUWIQ INJ 250UNIT	Tier 4	PA
NUWIQ INJ 500UNIT	Tier 4	PA
NUWIQ INJ 1000UNIT	Tier 4	PA
NUWIQ INJ 2000UNIT	Tier 4	PA
NUWIQ INJ 2500UNIT	Tier 4	PA
NUWIQ INJ 3000UNIT	Tier 4	PA
NUWIQ INJ 4000UNIT	Tier 4	PA
NUWIQ KIT 250UNIT	Tier 4	PA
NUWIQ KIT 500UNIT	Tier 4	PA
NUWIQ KIT 1000UNIT	Tier 4	PA
NUWIQ KIT 2000UNIT	Tier 4	PA
NUWIQ KIT 2500UNIT	Tier 4	PA
NUWIQ KIT 3000UNIT	Tier 4	PA
NUWIQ KIT 4000UNIT	Tier 4	PA
PROFILNINE INJ 1500UNIT	Tier 4	PA
RECOMBINATE INJ	Tier 4	PA
RECOMBINATE INJ 220-400	Tier 4	PA
RECOMBINATE INJ 401-800	Tier 4	PA
RECOMBINATE INJ 801-1240	Tier 4	PA
RIXUBIS INJ 250 UNIT	Tier 4	PA
RIXUBIS INJ 500UNIT	Tier 4	PA
RIXUBIS INJ 1000UNIT	Tier 4	PA
RIXUBIS INJ 2000UNIT	Tier 4	PA
RIXUBIS INJ 3000UNIT	Tier 4	PA
XYNTHA INJ 250UNIT	Tier 4	PA
XYNTHA INJ 500UNIT	Tier 4	PA
XYNTHA INJ 1000UNIT	Tier 4	PA
XYNTHA INJ 2000UNIT	Tier 4	PA
XYNTHA SOLOF INJ 500UNIT	Tier 4	PA
XYNTHA SOLOF INJ 1000UNIT	Tier 4	PA
XYNTHA SOLOF INJ 2000UNIT	Tier 4	PA
XYNTHA SOLOF INJ 3000UNIT	Tier 4	PA
XYNTHA SOLOF KIT 250UNIT	Tier 4	PA
<i>Bradykinin B2 Receptor Antagonists</i>		
FIRAZYR INJ 30MG/3ML	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
Hematorheologic Agents		
<i>pentoxifylline tab er 400 mg</i>	Tier 1	QL (120 ea / 30 days); MAIL
Platelet Aggregation Inhibitors		
<i>anagrelide hcl cap 0.5 mg</i>	Tier 2	MAIL
<i>anagrelide hcl cap 1 mg</i>	Tier 2	MAIL
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 2	PA; MAIL
<i>cilostazol tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>cilostazol tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>dipyridamole tab 25 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>dipyridamole tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days); MAIL
<i>dipyridamole tab 75 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 2	PA; MAIL
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 2	PA; MAIL
<i>ticlopidine hcl tab 250 mg</i>	Tier 1	MAIL
HEMATOPOIETIC AGENTS		
Cobalamins		
<i>b-12 micrloz sub 500mcg</i>	Tier 1	OTC; MAIL
<i>b-12 tr tab 1000 mcg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>b-12-sl sub 1000mcg</i>	Tier 1	OTC; MAIL
<i>cvs b-12 sub 500mcg</i>	Tier 1	OTC; MAIL
<i>cvs vit b-12 tab 1000 tr</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>cyanocobalamin sl tab 500 mcg</i>	Tier 1	OTC; MAIL
<i>cyanocobalamin sl tab 1000 mcg</i>	Tier 1	OTC; MAIL
<i>cyanocobalamin sl tab 2500 mcg</i>	Tier 1	OTC; MAIL
<i>cyanocobalamin tab 100 mcg</i>	Tier 1	OTC; MAIL
<i>cyanocobalamin tab 250 mcg</i>	Tier 1	OTC; MAIL
<i>cyanocobalamin tab 500 mcg</i>	Tier 1	OTC; MAIL
<i>cyanocobalamin tab 1000 mcg</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>cyanocobalamin tab er 1000 mcg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>gnp vit b-12 tab 500mcg</i>	Tier 1	OTC; MAIL
<i>gnp vit b-12 tab 1000 cr</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>gnp vit b-12 tab 1000 pr</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>hm vit b12 tab 500mcg</i>	Tier 1	OTC; MAIL
<i>ra vit b-12 tab 100mcg</i>	Tier 1	OTC; MAIL
<i>ra vit b-12 tab 1000 tr</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>sm vit b12 tab 500mcg</i>	Tier 1	OTC; MAIL
<i>sm vit b12 tab 1000mcg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>sm vit b-12 tab 100mcg</i>	Tier 1	OTC; MAIL
<i>sm vit b-12 tab 500mcg</i>	Tier 1	OTC; MAIL
<i>vitamin b12 tab 1000mcg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL

Folic Acid/Folates

<i>fa-8 tab 0.8mg</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>folic acid tab 1 mg</i>	Tier 1	QL (150 tabs / 30 days); MAIL
<i>folic acid tab 1 mg</i>	Tier 1	OTC, QL (150 tabs / 30 days); MAIL
<i>folic acid tab 400mcg</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>folic acid tab 800 mcg</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>sm folic acd tab 400mcg</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL
<i>yl folic aci tab 400mcg</i>	PREV	OTC, QL (150 tabs / 30 days); MAIL

Hematopoietic Growth Factors

ARANESP INJ 25MCG	Tier 4	PA
ARANESP INJ 40MCG	Tier 4	PA
ARANESP INJ 60MCG	Tier 4	PA
ARANESP INJ 100MCG	Tier 4	PA
ARANESP INJ 150MCG	Tier 4	PA
ARANESP INJ 200MCG	Tier 4	PA
ARANESP INJ 300MCG	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
ARANESP INJ 500MCG	Tier 4	PA
EPOGEN INJ 2000/ML	Tier 4	PA
EPOGEN INJ 4000/ML	Tier 4	PA
EPOGEN INJ 10000/ML	Tier 4	PA
EPOGEN INJ 20000/ML	Tier 4	PA
FULPHILA INJ 6/0.6ML	Tier 4	PA
LEUKINE INJ 250MCG	Tier 4	PA
NEULASTA INJ 6MG/0.6M	Tier 4	PA
NEUPOGEN INJ 300/0.5	Tier 4	PA
NEUPOGEN INJ 300MCG	Tier 4	PA
NEUPOGEN INJ 480/0.8	Tier 4	PA
NEUPOGEN INJ 480MCG	Tier 4	PA
NIVESTYM INJ 300/0.5	Tier 4	PA
NIVESTYM INJ 480/0.8	Tier 4	PA
PROCRIT INJ 2000/ML	Tier 4	PA
PROCRIT INJ 4000/ML	Tier 4	PA
PROCRIT INJ 10000/ML	Tier 4	PA
PROCRIT INJ 20000/ML	Tier 4	PA
PROCRIT INJ 40000/ML	Tier 4	PA
PROMACTA TAB 50MG	Tier 4	PA
UDENYCA INJ 6MG/.6ML	Tier 4	PA
ZARXIO INJ 300/0.5	Tier 4	PA
ZARXIO INJ 480/0.8	Tier 4	PA

Hematopoietic Mixtures

<i>ferocon cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>ferottrinsic cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>foltrin cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>hematogen cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>iferex 150 cap forte</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>iron complex cap</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>myferon 150 cap forte</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>poly-iron cap 150 fort</i>	Tier 1	QL (60 caps / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>polysacchari cap iron</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>tl icon cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>tricon cap</i>	Tier 1	QL (60 caps / 30 days); MAIL

Iron

<i>cvs iron tab 27mg</i>	Tier 1	OTC; MAIL
<i>cvs iron tab 325mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>fe tabs tab 325mg ec</i>	Tier 1	OTC; MAIL
<i>fer-iron dro 15mg/ml</i>	PREV	OTC, QL (150 mL / 30 days); MAIL
<i>ferosul elx 220/5ml</i>	PREV	OTC, QL (1050 mL / 30 days); MAIL
<i>ferretts tab 325mg</i>	Tier 1	OTC; MAIL
<i>ferric x-150 cap 150mg</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>ferro-bob tab 325mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Tier 1	OTC; MAIL
FERROUS GLUC TAB 324MG	Tier 1	OTC; MAIL
<i>ferrous gluconate tab 239 mg (27 mg fe equivalent)</i>	Tier 1	OTC; MAIL
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	Tier 1	OTC; MAIL
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	Tier 1	OTC; MAIL
FERROUS SUL LIQ 220/5ML	Tier 1	OTC; MAIL
FERROUS SULF TAB 324MG EC	Tier 1	OTC; MAIL
<i>ferrous sulf tab 325mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	PREV	OTC, QL (1050 mL / 30 days); MAIL
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	PREV	OTC, QL (150 mL / 30 days); MAIL
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>ferrousul tab 325mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>gnp iron tab 45mg</i>	Tier 1	OTC; MAIL
<i>gnp iron tab 65mg</i>	Tier 1	OTC; MAIL
<i>hm iron tab 45mg</i>	Tier 1	OTC; MAIL
<i>hm iron tab 65mg</i>	Tier 1	OTC; MAIL
<i>iferex 150 cap</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>iron chw pediatri</i>	Tier 1	OTC; MAIL
<i>iron slow tab 45mg</i>	Tier 1	OTC; MAIL
<i>iron supplm tab therapy</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>iron supplmt dro 15mg/ml</i>	PREV	OTC, QL (150 mL / 30 days); MAIL
<i>myferon 150 cap 150mg</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>nu-iron 150 cap 150mg</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>pedia iron dro 15mg/ml</i>	PREV	OTC, QL (150 mL / 30 days); MAIL
<i>poly-iron cap 150mg</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>px iron tab 200mg</i>	Tier 1	OTC; MAIL
<i>ra iron tab 65mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>ra iron tab 325mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>slow iron tab 50mg</i>	Tier 1	OTC; MAIL
<i>slow iron tab 160mg cr</i>	Tier 1	OTC; MAIL
<i>slow release tab 45mg</i>	Tier 1	OTC; MAIL
<i>slow release tab 47.5mg</i>	Tier 1	OTC; MAIL
<i>slow-release tab fe 45mg</i>	Tier 1	OTC; MAIL
<i>sm iron slow tab 160mg cr</i>	Tier 1	OTC; MAIL
<i>sm iron tab 45mg</i>	Tier 1	OTC; MAIL
<i>sm iron tab 325mg</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>wee care sus 15/1.25</i>	PREV	OTC, QL (118.2 mL / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits

HEMOSTATICS**Hemostatics - Systemic**

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

HYPNOTICS**Antihistamine Hypnotics**

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

Barbiturate Hypnotics

<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	QL (1500 mL / 30 days); Covered in ages 12 and under
<i>phenobarbital tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 16.2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 32.4 mg</i>	Tier 1	QL (60 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<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>Non-Barbiturate Hypnotics</i>		
<i>chloral hydrate syrup 500 mg/5ml</i>	Tier 1	
<i>estazolam tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days); Covered in ages 18 and over
<i>estazolam tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days); Covered in ages 18 and over
<i>eszopiclone tab 1 mg</i>	Tier 1	QL (90 tabs / 30 days); Covered in ages 18 and over
<i>eszopiclone tab 2 mg</i>	Tier 1	QL (90 tabs / 30 days); Covered in ages 18 and over
<i>eszopiclone tab 3 mg</i>	Tier 1	QL (90 tabs / 30 days); Covered in ages 18 and over
<i>flurazepam hcl cap 15 mg</i>	Tier 1	QL (30 caps / 30 days); AGE; Covered in ages 15-64
<i>flurazepam hcl cap 30 mg</i>	Tier 1	QL (30 caps / 30 days); AGE; Covered in ages 15-64
<i>temazepam cap 15 mg</i>	Tier 1	QL (30 caps / 30 days); Covered in ages 18 and over
<i>temazepam cap 30 mg</i>	Tier 1	QL (60 caps / 30 days); Covered in ages 18 and over
<i>triazolam tab 0.25 mg</i>	Tier 1	QL (30 tabs / 30 days); Covered in ages 18 and over
<i>triazolam tab 0.125 mg</i>	Tier 1	QL (30 tabs / 30 days); Covered in ages 18 and over
<i>zaleplon cap 5 mg</i>	Tier 1	QL (30 / 30 days); Covered in ages 18 and over

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

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon cap 10 mg</i>	Tier 1	QL (30 / 30 days); Covered in ages 18 and over
<i>zolpidem tartrate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days); Covered in ages 18 and over
<i>zolpidem tartrate tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days); Covered in ages 18 and over
Selective Melatonin Receptor Agonists		
ROZEREM TAB 8MG	Tier 3	QL (90 tabs / 30 days), PA; MAIL; Covered in ages 18 and over

LAXATIVES**Bulk Laxatives**

<i>best fiber pow</i>	Tier 1	OTC; MAIL
<i>clr soluble pow fiber</i>	Tier 1	OTC; MAIL
<i>corn dextrin oral powder</i>	Tier 1	OTC; MAIL
<i>cvs fiber cap 0.52gm</i>	Tier 1	OTC; MAIL
<i>cvs fiber la tab 625mg</i>	Tier 1	OTC; MAIL
<i>easy fiber pow</i>	Tier 1	OTC; MAIL
<i>eq daily cap fiber</i>	Tier 1	OTC; MAIL
<i>eq fiber pow</i>	Tier 1	OTC; MAIL
<i>eq fiber la tab 625mg</i>	Tier 1	OTC; MAIL
<i>eq fiber pow supplmn</i>	Tier 1	OTC; MAIL
<i>fiber laxativ tab 625mg</i>	Tier 1	OTC; MAIL
<i>fiber laxativ cap 0.52gm</i>	Tier 1	OTC; MAIL
<i>fiber therap pow 28.3%</i>	Tier 1	OTC; MAIL
<i>fiber therap pow 48.57%</i>	Tier 1	OTC; MAIL
<i>fiber therap pow sf orang</i>	Tier 1	OTC; MAIL
<i>fiber therap tab 500mg</i>	Tier 1	OTC; MAIL
<i>fiber therap tab 625mg</i>	Tier 1	OTC; MAIL
<i>fiber-lax tab 625mg</i>	Tier 1	OTC; MAIL
<i>fibergen tab 625mg</i>	Tier 1	OTC; MAIL
<i>gnp best pow fiber</i>	Tier 1	OTC; MAIL
<i>hm fiber cap 0.52gm</i>	Tier 1	OTC; MAIL
<i>hm fiber pow 28.3%</i>	Tier 1	OTC; MAIL
<i>hm fiber pow 30.9%</i>	Tier 1	OTC; MAIL
<i>hm fiber pow 48.57%</i>	Tier 1	OTC; MAIL
<i>hm fiber pow 58.6%</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>hm fiber tab 500mg</i>	Tier 1	OTC; MAIL
<i>kls fiber tb tab 625mg</i>	Tier 1	OTC; MAIL
<i>konsyl cap 520mg</i>	Tier 1	OTC; MAIL
<i>konsyl daily pow 28.3%</i>	Tier 1	OTC; MAIL
KONSYL DAILY POW 28.3%	Tier 1	OTC; MAIL
KONSYL DAILY POW 100%	Tier 1	OTC; MAIL
<i>konsyl fiber tab 625mg</i>	Tier 1	OTC; MAIL
<i>konsyl pow 30.9%</i>	Tier 1	OTC; MAIL
KONSYL-D POW 52.3%	Tier 1	OTC; MAIL
<i>medi-mucil cap 0.52gm</i>	Tier 1	OTC; MAIL
METAMUCIL POW 28%ORG	Tier 1	OTC; MAIL
<i>metamucil pow 28.3%org</i>	Tier 1	OTC; MAIL
METAMUCIL POW 55.46%	Tier 1	OTC; MAIL
<i>metamucil pow 58.6%</i>	Tier 1	OTC; MAIL
<i>metamucil pow 58.6%org</i>	Tier 1	OTC; MAIL
METAMUCIL POW 58.12%	Tier 1	OTC; MAIL
METAMUCIL POW CLEAR	Tier 2	OTC; MAIL
METAMUCIL WAF	Tier 1	OTC; MAIL
<i>nat fiber pow 48.57%</i>	Tier 1	OTC; MAIL
NAT FIBER POW 58.6%	Tier 1	OTC; MAIL
<i>nat fiber pow therapy</i>	Tier 1	OTC; MAIL
<i>nat psyllium pow fiber</i>	Tier 1	OTC; MAIL
<i>nat veg fibr pow</i>	Tier 1	OTC; MAIL
<i>naturl fiber pow 28.3%</i>	Tier 1	OTC; MAIL
<i>naturl fiber pow 30.9%</i>	Tier 1	OTC; MAIL
<i>naturl fiber pow 58.6%</i>	Tier 1	OTC; MAIL
<i>psyllium powder 100%</i>	Tier 1	OTC; MAIL
<i>psyllium see pow 100%</i>	Tier 1	OTC; MAIL
<i>px fiber cap 0.52gm</i>	Tier 1	OTC; MAIL
<i>px fiber tab 625mg</i>	Tier 1	OTC; MAIL
<i>qc natural pow vegetabl</i>	Tier 1	OTC; MAIL
<i>ra fib lax pow 48.57%</i>	Tier 1	OTC; MAIL
<i>ra fiber cap 0.52gm</i>	Tier 1	OTC; MAIL
<i>ra fiber pow 28.3%</i>	Tier 1	OTC; MAIL
<i>ra fiber pow 48.57%</i>	Tier 1	OTC; MAIL
<i>ra fiber pow 58.6%</i>	Tier 1	OTC; MAIL
<i>ra fiber tab 500mg</i>	Tier 1	OTC; MAIL
<i>ra fiber-cap tab 625mg</i>	Tier 1	OTC; MAIL
<i>ra fiber-tab tab 625mg</i>	Tier 1	OTC; MAIL
<i>reguloid cap 0.52gm</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>reguloid pow 28.3%</i>	Tier 1	OTC; MAIL
<i>reguloid pow 48.57%</i>	Tier 1	OTC; MAIL
<i>reguloid pow 58.6%</i>	Tier 1	OTC; MAIL
<i>sb fib lax pow 33%</i>	Tier 1	OTC; MAIL
<i>sb fiber lax tab 625mg</i>	Tier 1	OTC; MAIL
<i>sm fiber lax tab 500mg</i>	Tier 1	OTC; MAIL
<i>sm fiber pow 28.3%</i>	Tier 1	OTC; MAIL
<i>sm fiber pow 48.57%</i>	Tier 1	OTC; MAIL
<i>sm fiber pow 58.6%</i>	Tier 1	OTC; MAIL
<i>soluble fib tab therapy</i>	Tier 1	OTC; MAIL
<i>sorbulax pow 100%</i>	Tier 1	OTC; MAIL
<i>tgt psyllium cap 0.52gm</i>	Tier 1	OTC; MAIL
<i>total fiber pow</i>	Tier 1	OTC; MAIL
UNIFIBER POW	Tier 1	OTC; MAIL
<i>veg fiber pow 63%</i>	Tier 1	OTC; MAIL
<i>wal-mucil cap 0.52gm</i>	Tier 1	OTC; MAIL
<i>wal-mucil pow 28.3%</i>	Tier 1	OTC; MAIL
<i>wal-mucil pow 48.57%</i>	Tier 1	OTC; MAIL
<i>wal-mucil pow 58.6%</i>	Tier 1	OTC; MAIL
<i>wal-mucil pow 100%</i>	Tier 1	OTC; MAIL
Laxative Combinations		
<i>doc-q-lax tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>dok plus tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>easy-lax pls tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>eq senna-s tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>gavilyte-c sol</i>	Tier 1	QL (120000 mL / 30 days); MAIL
<i>gavilyte-g sol</i>	Tier 1	QL (120000 mL / 30 days); MAIL
<i>gavilyte-n sol flav pk</i>	Tier 1	QL (120000 mL / 30 days); MAIL
GOLYTELY SOL	Tier 2	QL (30 ea / 30 days); MAIL
HALFLYTELY KIT FLAV PKS	Tier 2	MAIL; \$0 Copay for Bowel Preparation for age +50
<i>lax/stl soft tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>laxacin tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>laxative pls tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>medi-laxx cap 8.6-50mg</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
MOVIPREP SOL	Tier 2	MAIL; \$0 Copay for Bowel Preparation for age +50
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 1	QL (120000 mL / 30 days); MAIL
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	Tier 1	QL (120000 mL / 30 days); MAIL
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	QL (120000 mL / 30 days); MAIL
PREPOPIK PAK	Tier 2	MAIL; \$0 Copay for Bowel Preparation for age +50
<i>ra p col-rit tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>sb docusate tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>senexon-s tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>senna plus tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>senna s tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>senna tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>senna-s tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>senna-time s tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>sennalax-s tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Tier 1	OTC; MAIL
<i>stool softnr tab 8.6-50mg</i>	Tier 1	OTC; MAIL
<i>trilyte sol</i>	Tier 1	QL (120000 mL / 30 days); MAIL
Laxatives - Miscellaneous		
<i>clearlax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>constulose sol 10gm/15</i>	Tier 1	QL (5400 mL / 30 days); MAIL
<i>cvs glycerin sup 2.1gm</i>	Tier 1	OTC; MAIL
<i>cvs purelax pak</i>	Tier 1	OTC; MAIL
<i>cvs purelax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>eq clearlax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>eql clearlax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>gavilax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>gentlelax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>glycerin ped sup 1.2gm</i>	Tier 1	OTC; MAIL
<i>glycerin sup 2gm</i>	Tier 1	OTC; MAIL
<i>glycerin suppos 1.2 gm</i>	Tier 1	OTC; MAIL
<i>glycerin suppos 2.1 gm</i>	Tier 1	OTC; MAIL
<i>glycolax pow 3350 nf</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>gnp clearlax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>gnp glycerin sup 1.2gm</i>	Tier 1	OTC; MAIL
<i>gnp glycerin sup 2.1gm</i>	Tier 1	OTC; MAIL
<i>healthylax pow</i>	Tier 1	OTC; MAIL
<i>hm clearlax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>lactulose solution 10 gm/15ml</i>	Tier 1	QL (5400 mL / 30 days); MAIL
<i>laxaclear pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>natura-lax pow 3350 nf</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>pegylax pow</i>	Tier 1	QL (527 gm / 25 days); MAIL
<i>polyethylene glycol 3350 oral packet</i>	Tier 1	MAIL
<i>polyethylene glycol 3350 oral packet</i>	Tier 1	OTC; MAIL
<i>polyethylene glycol 3350 oral powder</i>	Tier 1	QL (527 gm / 25 days); MAIL
<i>polyethylene glycol 3350 oral powder</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>px glycerin sup 2.1gm</i>	Tier 1	OTC; MAIL
<i>ra glycerin sup 80.7%</i>	Tier 1	OTC; MAIL
<i>ra laxative pow</i>	Tier 1	OTC; MAIL
<i>ra laxative pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>sani-supp sup adult</i>	Tier 1	OTC; MAIL
<i>sani-supp sup pediatri</i>	Tier 1	OTC; MAIL
<i>sb glycerin sup 1.2gm</i>	Tier 1	OTC; MAIL
<i>sb glycerin sup 2.1gm</i>	Tier 1	OTC; MAIL
<i>sm clearlax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>sm glycerin sup 80.7%</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>smooth lax pow 3350</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL
<i>smooth lax pow 3350 nf</i>	Tier 1	OTC; MAIL
<i>sw clearlax pow</i>	Tier 1	OTC, QL (527 gm / 25 days); MAIL

Lubricant Laxatives

CVS MINERAL OIL	Tier 1	OTC; MAIL
GNP MINERAL OIL HEAVY	Tier 1	OTC; MAIL
HM MINERAL OIL	Tier 1	OTC; MAIL
MINERAL OIL	Tier 1	MAIL
MINERAL OIL	Tier 1	OTC; MAIL
<i>mineral oil enema</i>	Tier 1	OTC; MAIL
QC MINERAL OIL HEAVY	Tier 1	OTC; MAIL
RA MINERAL OIL	Tier 1	OTC; MAIL
SM MINERAL OIL	Tier 1	OTC; MAIL
TH MINERAL OIL	Tier 1	OTC; MAIL

Saline Laxatives

<i>citroma</i>	Tier 1	OTC; MAIL
<i>cvs enema ene disposab</i>	Tier 1	OTC; MAIL
<i>disposable ene single</i>	Tier 1	OTC; MAIL
<i>dulcolax mom sus mint</i>	Tier 1	OTC; MAIL
<i>eq enema ene double</i>	Tier 1	OTC; MAIL
<i>eq enema ene rtu</i>	Tier 1	OTC; MAIL
<i>gnp enema ene</i>	Tier 1	OTC; MAIL
<i>gnp milk mag sus</i>	Tier 1	OTC; MAIL
<i>hm enema ene</i>	Tier 1	OTC; MAIL
<i>mag citrate sol cherry</i>	Tier 1	OTC; MAIL
<i>mag citrate sol lemon</i>	Tier 1	OTC; MAIL
<i>magnesium citrate soln</i>	Tier 1	OTC; MAIL
<i>milk of magn sus</i>	Tier 1	OTC; MAIL
<i>milk of magn sus 400/5ml</i>	Tier 1	OTC; MAIL
<i>milk of magn sus 1200/15</i>	Tier 1	OTC; MAIL
MILK OF MAGN SUS 2400MG	Tier 1	OTC; MAIL
<i>milk of magn sus cherry</i>	Tier 1	OTC; MAIL
<i>milk of magn sus frsh mnt</i>	Tier 1	OTC; MAIL
<i>milk of magn sus mint</i>	Tier 1	OTC; MAIL
OSMOPREP TAB 1.5GM	Tier 3	PA; MAIL
<i>pediatric ene enema</i>	Tier 1	OTC; MAIL
<i>phosphate sol laxative</i>	Tier 1	OTC; MAIL
<i>qc enema ene</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>ra enema ene</i>	Tier 1	OTC; MAIL
<i>ra milk magn sus 400/5ml</i>	Tier 1	OTC; MAIL
<i>saline ene laxative</i>	Tier 1	OTC; MAIL
<i>sm enema ene</i>	Tier 1	OTC; MAIL
<i>sm milk magn sus cherry</i>	Tier 1	OTC; MAIL
<i>sm milk magn sus mint</i>	Tier 1	OTC; MAIL
<i>sm milk magn sus original</i>	Tier 1	OTC; MAIL
<i>sodium phosphates - enema</i>	Tier 1	OTC; MAIL
Stimulant Laxatives		
<i>alophen tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>bisac-evac sup 10mg</i>	Tier 1	OTC, QL (60 supp / 30 days); MAIL
<i>bisacodyl sup 10mg</i>	Tier 1	OTC, QL (60 supp / 30 days); MAIL
<i>bisacodyl tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>biscolax sup 10mg</i>	Tier 1	OTC, QL (60 supp / 30 days); MAIL
<i>carters tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>correct tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>correctol tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>cvs laxative chw 15mg</i>	Tier 1	OTC; MAIL
<i>cvs laxative tab 25mg</i>	Tier 1	OTC; MAIL
<i>cvs senna tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>dr edwards tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>ducodyl tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>eq laxative chw 15mg</i>	Tier 1	OTC; MAIL
<i>eq laxative tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>eq laxative tab 25mg</i>	Tier 1	OTC; MAIL
<i>eql laxative tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>eql laxative tab 25mg</i>	Tier 1	OTC; MAIL

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

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

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

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

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

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

MED - Max 90 mg Morphine EQ Dose Per Day

Tier 1 = Generics; Low cost preferred brand

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>sm laxative tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>sm senna lax tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>sm senna lax tab max str</i>	Tier 1	OTC; MAIL
<i>stim laxat tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>tgt natural tab laxative</i>	Tier 1	OTC; MAIL
<i>tgt senna tab 8.6mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
VERACOLATE TAB	Tier 1	OTC; MAIL
<i>womans laxat tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL
<i>womens laxat tab 5mg ec</i>	Tier 1	OTC, QL (90 tabs / 30 days); MAIL

Surfactant Laxatives

<i>correctol cap 100mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>diocto liq 50mg/5ml</i>	Tier 1	OTC; MAIL
<i>diocto syp 60/15ml</i>	Tier 1	OTC; MAIL
<i>docqlace cap 100mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>docu liq 50mg/5ml</i>	Tier 1	OTC; MAIL
<i>docu soft cap 100mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>docuprene tab 100mg</i>	Tier 1	OTC; MAIL
<i>docusate calcium cap 240 mg</i>	Tier 1	OTC, QL (60 caps / 30 days); MAIL
<i>docusate sod liq 50mg/5ml</i>	Tier 1	OTC; MAIL
<i>docusate sodium cap 100 mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>docusate sodium cap 250 mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>docusate sodium liquid 150 mg/15ml</i>	Tier 1	OTC; MAIL
<i>docusate sodium syrup 60 mg/15ml</i>	Tier 1	OTC; MAIL
<i>docusate sodium tab 100 mg</i>	Tier 1	OTC; MAIL
<i>docusil cap 100mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>docusol plus ene 20-283</i>	Tier 1	OTC; MAIL
<i>dok cap 100mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL

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

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

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

Drug Name	Drug Tier	Requirements/Limits

MACROLIDES

Azithromycin

<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	QL (Max 1 fill per 45 days; Max 20 per day); covered in ages 12 and under
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1	QL (Max 1 fill per 45 days; Max 30 per day); covered in ages 12 and under
<i>azithromycin powd pack for susp 1 gm</i>	Tier 1	QL (Max day supply 1; Max 1 per day)
<i>azithromycin tab 250 mg</i>	Tier 1	QL (13 tabs / 25 days)
<i>azithromycin tab 500 mg</i>	Tier 1	QL (13 tabs / 25 days)
<i>azithromycin tab 600 mg</i>	Tier 1	QL (8 tabs / 25 days)

Clarithromycin

<i>clarithromycin for susp 125 mg/5ml</i>	Tier 2	
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 2	
<i>clarithromycin tab 250 mg</i>	Tier 1	
<i>clarithromycin tab 500 mg</i>	Tier 1	

Erythromycins

<i>e.e.s. 400 tab 400mg</i>	Tier 2	QL (180 tabs / 30 days)
ERY-TAB TAB 250MG EC	Tier 2	QL (240 tabs / 30 days)
ERY-TAB TAB 333MG EC	Tier 2	QL (180 tabs / 30 days)
ERY-TAB TAB 500MG EC	Tier 2	QL (120 tabs / 30 days)
<i>erythrocin tab 250mg</i>	Tier 2	QL (240 tabs / 30 days)
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 2	Covered in ages 12 and under
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 2	QL (180 tabs / 30 days)
<i>erythromycin tab 250 mg</i>	Tier 2	QL (240 tabs / 30 days)
<i>erythromycin tab 500 mg</i>	Tier 2	QL (180 tabs / 30 days)

Fidaxomicin

DIFICID TAB 200MG	Tier 3	QL (60 tabs / 30 days), PA

MEDICAL DEVICES**Contraceptives**

CAYA DPR	PREV	QL (2 each / year); MAIL
FC2 FEMALE MIS CONDOM	PREV	OTC, QL (5 boxes / 30 days); MAIL

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

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

MED - Max 90 mg Morphine EQ Dose Per Day

Tier 1 = Generics; Low cost preferred brand

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

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

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

Drug Name	Drug Tier	Requirements/Limits
FC FEMALE MIS CONDOM	PREV	OTC, QL (5 boxes / 30 days); MAIL
FEMCAP MIS 22MM	PREV	QL (2 each / year); MAIL
FEMCAP MIS 26MM	PREV	QL (2 each / year); MAIL
FEMCAP MIS 30MM	PREV	QL (2 each / year); MAIL
OMNIFLEX DPR	PREV	QL (2 each / year); MAIL
ORTHO COIL DPR KIT 50	PREV	QL (2 kits / year); MAIL
ORTHO COIL DPR KIT 100	PREV	QL (2 kits / year); MAIL
ORTHO COIL DPR KIT 105	PREV	QL (2 kits / year); MAIL
ORTHO FLAT DPR KIT 55	PREV	QL (2 kits / year); MAIL
ORTHO FLAT DPR KIT 60	PREV	QL (2 kits / year); MAIL
ORTHO FLAT DPR KIT 65	PREV	QL (2 kits / year); MAIL
ORTHO FLAT DPR KIT 70	PREV	QL (2 kits / year); MAIL
ORTHO FLAT DPR KIT 75	PREV	QL (2 kits / year); MAIL
ORTHO FLAT DPR KIT 80	PREV	QL (2 kits / year); MAIL
ORTHO FLAT DPR KIT 85	PREV	QL (2 kits / year); MAIL
ORTHO FLAT DPR KIT 90	PREV	QL (2 kits / year); MAIL
ORTHO FLAT DPR KIT 95	PREV	QL (2 kits / year); MAIL
ORTHO FLEX DPR 65MM	PREV	QL (2 each / year); MAIL
ORTHO FLEX DPR 70MM	PREV	QL (2 each / year); MAIL
ORTHO FLEX DPR 75MM	PREV	QL (2 each / year); MAIL
ORTHO FLEX DPR 80MM	PREV	QL (2 each / year); MAIL
PRENTIF MIS 25MM	PREV	QL (2 each / year); MAIL
PRENTIF MIS 28MM	PREV	QL (2 each / year); MAIL
PRENTIF MIS 31MM	PREV	QL (2 each / year); MAIL
PRENTIF MIS FITTING	PREV	QL (2 each / year); MAIL
TODAY SPONGE MIS	PREV	OTC; MAIL
WIDE-SEAL DPR KIT 60	PREV	QL (2 each / year); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DPR KIT 65	PREV	QL (2 each / year); MAIL
WIDE-SEAL DPR KIT 70	PREV	QL (2 each / year); MAIL
WIDE-SEAL DPR KIT 75	PREV	QL (2 each / year); MAIL
WIDE-SEAL DPR KIT 80	PREV	QL (2 each / year); MAIL
WIDE-SEAL DPR KIT 85	PREV	QL (2 each / year); MAIL
WIDE-SEAL DPR KIT 90	PREV	QL (2 each / year); MAIL
WIDE-SEAL DPR KIT 95	PREV	QL (2 each / year); MAIL
<i>Diabetic Supplies</i>		
LANCETS	DME	OTC, QL (200.1 boxes / 30 days); MAIL; CERTAIN LABELERS EXCLUDED
TRUE METRIX KIT AIR	DME	OTC, QL (1 per 365 days); MAIL
TRUE METRIX KIT METER	DME	OTC, QL (1 per 365 Days); MAIL
<i>Misc. Devices</i>		
ALCOHOL SWABS	Tier 1	QL (200.1 ea / 30 days); MAIL
ALCOHOL SWABS	Tier 1	OTC, QL (200.1 ea / 30 days); MAIL; CERTAIN LABELERS EXCLUDED
<i>Parenteral Therapy Supplies</i>		
BD U-500 MIS 31GX6MM	DME	QL (150 / 30 days); MAIL
INSULIN PEN NEEDLES	DME	OTC, QL (200.1 boxes / 30 days); MAIL; CERTAIN LABELERS EXCLUDED
INSULIN SYRINGES	DME	OTC, QL (150 / 30 days); MAIL
<i>Respiratory Therapy Supplies</i>		
MABIS COSMO MIS NEBULIZR	Tier 2	MAIL
NEBULIZERS	Tier 2	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
NEBULIZERS	Tier 2	OTC; MAIL
RESPIRATORY THERAPY SUPPLIES - MISC	Tier 2	QL (1 each / 25 days); MAIL
RESPIRATORY THERAPY SUPPLIES - MISC	Tier 2	QL (Max day supply 365); MAIL
RESPIRATORY THERAPY SUPPLIES - MISC	Tier 2	OTC, QL (Max day supply 365); MAIL
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2	QL (1 per 365 Days; Max day supply 365); MAIL
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2	OTC, QL (1 per 365 Days; Max day supply 365); MAIL

MIGRAINE PRODUCTS***Migraine Products***

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

Serotonin Agonists

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

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

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

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

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

MINERALS ELECTROLYTES**Calcium**

<i>ca citrate + tab</i>	Tier 1	OTC; MAIL
<i>ca citrate tab plus d</i>	Tier 1	OTC; MAIL
<i>calc 600+d tab 600-800</i>	Tier 1	OTC; MAIL
<i>calc cit+d3 tab 250-200</i>	Tier 1	OTC; MAIL
<i>calc citr+d3 tab 200-250</i>	Tier 1	OTC; MAIL
<i>calc citr/d3 tab 200-250</i>	Tier 1	OTC; MAIL
<i>calc citrate tab +d</i>	Tier 1	OTC; MAIL
<i>calcarb/d tab 600</i>	Tier 1	OTC; MAIL
<i>calcitrate tab</i>	Tier 1	OTC; MAIL
<i>calcitrate tab 950mg</i>	Tier 1	OTC; MAIL

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

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

MED - Max 90 mg Morphine EQ Dose Per Day

Tier 1 = Generics; Low cost preferred brand

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcium 500 tab +d</i>	Tier 1	OTC; MAIL
<i>calcium 500 tab /vit d</i>	Tier 1	OTC; MAIL
CALCIUM 600 CHW +D/MINER	Tier 1	OTC; MAIL
<i>calcium 600 chw +d/mnrsls</i>	Tier 1	OTC; MAIL
<i>calcium 600 chw w/vit d</i>	Tier 1	OTC; MAIL
<i>calcium 600 tab</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>calcium 600 tab + d</i>	Tier 1	OTC; MAIL
<i>calcium 600 tab +d3</i>	Tier 1	OTC; MAIL
<i>calcium 600 tab -d</i>	Tier 1	OTC; MAIL
<i>calcium 600/ tab vit d</i>	Tier 1	OTC; MAIL
<i>calcium + d tab</i>	Tier 1	OTC; MAIL
<i>calcium + d tab 600-200</i>	Tier 1	OTC; MAIL
<i>calcium +d3 tab maximum</i>	Tier 1	OTC; MAIL
<i>calcium +d tab maximum</i>	Tier 1	OTC; MAIL
<i>calcium carb tab 1250mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Tier 1	OTC, QL (500.1 mL / 30 days); MAIL
<i>calcium carbonate tab 600 mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-cholecalciferol tab 500 mg-125 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-ergocalciferol tab 500mg-200 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-vitamin d cap 600 mg-200 unit</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-vitamin d tab 500 mg-125 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-vitamin d tab 600 mg-125 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	Tier 1	OTC; MAIL
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	Tier 1	OTC; MAIL
<i>calcium citr tab +d</i>	Tier 1	OTC; MAIL
<i>calcium citr tab plus d-3</i>	Tier 1	OTC; MAIL
<i>calcium citr tab w/vit d3</i>	Tier 1	OTC; MAIL
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	Tier 1	OTC; MAIL
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	Tier 1	OTC; MAIL
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	Tier 1	OTC; MAIL
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	Tier 1	OTC; MAIL
<i>calcium tab 500+d</i>	Tier 1	OTC; MAIL
<i>calcium tab 500/d</i>	Tier 1	OTC; MAIL
<i>calcium tab 600mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>calcium tab vit d</i>	Tier 1	OTC; MAIL
<i>calcium w/ vitamin d tab 600 mg-200 unit</i>	Tier 1	OTC; MAIL
<i>calcium+d3 tab 600-400</i>	Tier 1	OTC; MAIL
<i>calcium+d3 tab 600-800</i>	Tier 1	OTC; MAIL
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	Tier 1	OTC; MAIL
<i>calcium/d3 cap 600-500</i>	Tier 1	OTC; MAIL
<i>calcium/d3 tab</i>	Tier 1	OTC; MAIL
<i>calcium/d3 tab 600-800</i>	Tier 1	OTC; MAIL
<i>calcium/d chw 500-400</i>	Tier 1	OTC; MAIL
<i>calcium/d tab 500-200</i>	Tier 1	OTC; MAIL
<i>calcium/d tab 600-800</i>	Tier 1	OTC; MAIL

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>oystercal-d tab 500mg</i>	Tier 1	OTC; MAIL
<i>pa calcium tab vit d</i>	Tier 1	OTC; MAIL
<i>pa oyster sh tab 500mg</i>	Tier 1	OTC; MAIL
<i>px calcium&d tab 600-400</i>	Tier 1	OTC; MAIL
<i>ra ca/mg/zn tab</i>	Tier 1	OTC; MAIL
<i>ra ca/vit d3 chw minerals</i>	Tier 1	OTC; MAIL
<i>ra ca/vit d3 tab 600-400</i>	Tier 1	OTC; MAIL
<i>ra calcium tab vit d</i>	Tier 1	OTC; MAIL
<i>ra calcium+d tab 600mg</i>	Tier 1	OTC; MAIL
<i>ra hi cal tab 500-200</i>	Tier 1	OTC; MAIL
<i>ra hi-cal tab 500mg</i>	Tier 1	OTC; MAIL
<i>ra hi-cal/d tab 500mg</i>	Tier 1	OTC; MAIL
<i>ra oys shl/d tab 500mg</i>	Tier 1	OTC; MAIL
<i>sm ca/mg/zn tab</i>	Tier 1	OTC; MAIL
<i>sm ca/vit d3 tab 600-400</i>	Tier 1	OTC; MAIL
<i>sm calcium tab /vit d3</i>	Tier 1	OTC; MAIL
<i>sm calcium/d tab 500-200</i>	Tier 1	OTC; MAIL
<i>sm calcium/d tab 600-400</i>	Tier 1	OTC; MAIL
<i>super ca 600 tab + d3</i>	Tier 1	OTC; MAIL
<i>super ca 600 tab + d 400</i>	Tier 1	OTC; MAIL
<i>super calciu tab 600mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>tgt calcium chw suppleme</i>	Tier 1	OTC; MAIL
Electrolyte Mixtures		
<i>naturalyte sol bubblegm</i>	Tier 1	OTC; MAIL
<i>naturalyte sol fruit</i>	Tier 1	OTC; MAIL
<i>naturalyte sol grape</i>	Tier 1	OTC; MAIL
<i>naturalyte sol unflavor</i>	Tier 1	OTC; MAIL
<i>oral electrolyte solution</i>	Tier 1	OTC; MAIL
<i>oralyte sol</i>	Tier 1	OTC; MAIL
<i>oralyte sol freeze</i>	Tier 1	OTC; MAIL
<i>ped elctryt sol</i>	Tier 1	OTC; MAIL
<i>pedia vance sol apple</i>	Tier 1	OTC; MAIL
<i>pedia vance sol grape</i>	Tier 1	OTC; MAIL
<i>rehydralyte sol</i>	Tier 1	OTC; MAIL
<i>revital frzr sol pops</i>	Tier 1	OTC; MAIL
<i>revital jell sol cups</i>	Tier 1	OTC; MAIL
<i>revital lqd sol squeezer</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
Fluoride		
<i>fluor-a-day dro 0.125mg</i>	PREV	QL (60 mL / 30 days); MAIL
<i>floritab chw 0.5mg f</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>floritab chw 0.25mg f</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>floritab chw 1mg f</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>floritab chw 2.2mg</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>floritab dro 0.125mg</i>	PREV	QL (60 mL / 30 days); MAIL
<i>flura-drops dro 0.25mg f</i>	PREV	QL (30 mL / 30 days); MAIL
<i>karidium dro 0.125mg</i>	PREV	QL (60 mL / 30 days); MAIL
<i>ludent chw 0.5mg f</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>ludent chw 0.25mg f</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>ludent chw 1mg f</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>nafrinse chw 1mg f</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>nafrinse dro 0.125mg</i>	PREV	QL (60 mL / 30 days); MAIL
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	PREV	QL (30 tabs / 30 days); MAIL
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	PREV	QL (50.1 mL / 30 days); MAIL
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	PREV	QL (60 tabs / 30 days); MAIL; Covered in ages 6 and under
Magnesium		
<i>gnp magnesi tab 250mg</i>	Tier 1	OTC; MAIL
<i>mag-g tab 500mg</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>mag-sr tab 535mg</i>	Tier 1	OTC; MAIL
<i>magdelay tab 70mg</i>	Tier 1	OTC; MAIL
<i>magnesium gluconate tab 27.5 mg (elemental mg)</i>	Tier 1	OTC; MAIL
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i>	Tier 1	OTC; MAIL
<i>magnesium oxide cap 500 mg (elemental mg)</i>	Tier 1	OTC; MAIL
<i>magnesium oxide tab 250 mg (mg supplement)</i>	Tier 1	OTC; MAIL
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	Tier 1	OTC; MAIL
<i>magnesium oxide tab 500 mg (mg supplement)</i>	Tier 1	OTC; MAIL
<i>magnesium tab 200 mg</i>	Tier 1	OTC; MAIL
<i>magnesium tab 250mg</i>	Tier 1	OTC; MAIL
<i>magnesium-ox tab 400mg</i>	Tier 1	OTC; MAIL
<i>magonate tab 500mg</i>	Tier 1	OTC; MAIL
<i>mgo tab 400mg</i>	Tier 1	OTC; MAIL
<i>ra magnesium cap 500mg</i>	Tier 1	OTC; MAIL
<i>sm magnesium tab 250mg</i>	Tier 1	OTC; MAIL
<i>th magnesium tab 200mg</i>	Tier 1	OTC; MAIL
Phosphate		
<i>phospha 250 tab neutral</i>	Tier 1	QL (120 tabs / 30 days); MAIL
Potassium		
<i>effer-k tab 25meq ef</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>k-effervesce tab 25meq ef</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>k-prime tab 25meq ef</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>k-vescent tab 25meq ef</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>klor-con 8 tab 8meq er</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>klor-con 10 tab 10meq er</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>klor-con m10 tab 10meq er</i>	Tier 1	QL (120 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m20 tab 20meq er</i>	Tier 1	QL (150 tabs / 30 days); MAIL
<i>klor-con/ef tab 25meq fr</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>potassium bicarbonate effer tab 25 meq</i>	Tier 1	QL (60 ea / 30 days); MAIL
<i>potassium chloride cap er 8 meq</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>potassium chloride cap er 10 meq</i>	Tier 1	QL (120 caps / 30 days); MAIL
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1	QL (120 ea / 30 days); MAIL
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Tier 1	QL (150 tabs / 30 days); MAIL
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 2	MAIL
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 2	MAIL
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>potassium chloride tab er 10 meq</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 1	QL (150 ea / 30 days); MAIL
Sodium		
<i>sodium chloride tab 1 gm</i>	Tier 1	OTC; MAIL
Zinc		
<i>orazinc cap 220mg</i>	Tier 1	OTC; MAIL
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	Tier 1	OTC; MAIL
<i>zinc-220 cap</i>	Tier 1	OTC; MAIL
MISC. NUTRITIONAL SUBSTANCES		
MISC. NUTRITIONAL SUBSTANCES		
<i>prenatal dha cap 200mg</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
Anti-infectives - Throat		
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (70 ea / 10 days); MAIL
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (70 lozgs / 10 days); MAIL
<i>nystatin susp 100000 unit/ml</i>	Tier 1	QL (3600 mL / 30 days); MAIL
Antiseptics - Mouth/Throat		
<i>paroex sol 0.12%</i>	Tier 1	MAIL
<i>periogard sol 0.12%</i>	Tier 1	MAIL
Dental Products		
<i>cavarest gel 1.1%</i>	Tier 1	MAIL
<i>denta 5000 cre plus</i>	Tier 1	MAIL
<i>denta 5000 cre plus 2pk</i>	Tier 1	MAIL
<i>dentagel gel 1.1%</i>	Tier 1	MAIL
<i>karigel gel 0.5%</i>	Tier 1	MAIL
<i>karigel-n gel 1.1%</i>	Tier 1	MAIL
<i>neutragard gel 1.1%</i>	Tier 1	MAIL
<i>sf 5000 plus cre 1.1%</i>	Tier 1	MAIL
<i>sf gel 1.1%</i>	Tier 1	MAIL
Steroids - Mouth/Throat		
<i>oralone dent pst 0.1%</i>	Tier 1	MAIL
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	MAIL
Throat Products - Misc.		
<i>cevimeline hcl cap 30 mg</i>	Tier 2	PA; MAIL
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	MAIL
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	MAIL
MULTIVITAMINS		
B-Complex w/ Folic Acid		
<i>b complex tab vit c</i>	Tier 1	OTC; MAIL
<i>b-complex tab balanced</i>	Tier 1	OTC; MAIL
<i>b-complex w/ c & folic acid tab</i>	Tier 1	OTC; MAIL
<i>b-plex tab</i>	Tier 1	MAIL
<i>dialyvite tab</i>	Tier 1	MAIL
<i>dialyvite tab 800</i>	Tier 1	OTC; MAIL
<i>folbee plus tab</i>	Tier 1	MAIL
<i>hm b complex tab with c</i>	Tier 1	OTC; MAIL
<i>kp b complex tab /c</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>mynephrocaps cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>nephronex tab</i>	Tier 1	MAIL
<i>rena-vite rx tab</i>	Tier 1	OTC; MAIL
<i>rena-vite tab</i>	Tier 1	OTC; MAIL
<i>renal cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>renal tab multivit</i>	Tier 1	OTC; MAIL
<i>reno cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>stress form tab</i>	Tier 1	OTC; MAIL
<i>super b-comp tab /fa/vitc</i>	Tier 1	OTC; MAIL
<i>super b-comp tab vit c/fa</i>	Tier 1	OTC; MAIL
<i>triphrocaps cap</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>virt-vite tab plus</i>	Tier 1	MAIL
<i>vita-bee/c tab</i>	Tier 1	OTC; MAIL
<i>vol-care rx tab</i>	Tier 1	MAIL
Multiple Vitamins w/ Iron		
<i>daily vit tab +iron</i>	Tier 1	OTC; MAIL
<i>daily vite tab iron</i>	Tier 1	OTC; MAIL
<i>daily-vitam tab</i>	Tier 1	OTC; MAIL
<i>daily-vite/ tab iron</i>	Tier 1	OTC; MAIL
<i>hm one daily tab /iron</i>	Tier 1	OTC; MAIL
<i>multi-day tab /iron</i>	Tier 1	OTC; MAIL
<i>multi-vit/fe tab</i>	Tier 1	OTC; MAIL
<i>multiple vitamins w/ iron tab</i>	Tier 1	OTC; MAIL
<i>once daily tab iron</i>	Tier 1	OTC; MAIL
<i>one daily tab pls iron</i>	Tier 1	OTC; MAIL
<i>ra one daily tab +iron</i>	Tier 1	OTC; MAIL
<i>sm multiple tab vit/iron</i>	Tier 1	OTC; MAIL
<i>stress b com tab w/iron</i>	Tier 1	OTC; MAIL
<i>stress form tab /iron</i>	Tier 1	OTC; MAIL
<i>stress formu tab w/iron</i>	Tier 1	OTC; MAIL
<i>tab-a-vite tab /iron</i>	Tier 1	OTC; MAIL
Multiple Vitamins w/ Minerals		
<i>a thru z sel tab 50+ adva</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>a thru z sel tab advanced</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>a thru z tab advanced</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>a thru z tab high pot</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>a thru z tab select</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>a thru z tab ultimate</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>abc plus tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>abc plus tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>actical cap</i>	Tier 1	OTC; MAIL
<i>advanced tab formula</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>amoryn mood cap booster</i>	Tier 1	OTC; MAIL
<i>anti-oxidant cap formula</i>	Tier 1	OTC; MAIL
<i>anti-oxidant tab plus</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>antiox form/ cap minerals</i>	Tier 1	OTC; MAIL
<i>antioxidant cap</i>	Tier 1	OTC; MAIL
<i>antioxidant tab protecti</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>antioxidant tab vitamins</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>antioxin cap 4000</i>	Tier 1	OTC; MAIL
<i>b-plex plus tab</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>b-redi/rd hr tab ts/rd ro</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>bdy/hair/skn cap nails</i>	Tier 1	OTC; MAIL
<i>biocel tab</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>biotin plus/ tab cal/vitd</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>bprotected liq multi-vi</i>	Tier 1	OTC; MAIL
<i>carravite tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>cent mature tab womn 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>centamin liq</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>centavite az tab minerals</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>centavite liq</i>	Tier 1	OTC; MAIL
<i>central-vite tab mens mat</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>central-vite tab wmns mat</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>centravites tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>centravites tab 50 plus</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>century tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>century tab mature</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>cerovite tab advanced</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>cerovite tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>certa plus tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>certagen tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>certavite liq antioxid</i>	Tier 1	OTC; MAIL
<i>certavite/ tab antioxid</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>comp daily tab w/lutein</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>comp energy tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>comp multivi liq mineral</i>	Tier 1	OTC; MAIL
<i>companion tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>compete tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>comple multi tab adlt 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>complere tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>complete tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>complete tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>complete tab womens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>coral calciu cap plus</i>	Tier 1	OTC; MAIL
<i>corvite free tab</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>cvs daily tab fe/ca/zn</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>cvs vision tab formula</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily betic tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily diet tab support</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily mens tab health</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily multi tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily multi tab 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily multi tab men</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily multi tab vit/mens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily multi tab vit/min</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily multi tab women</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily multi tab womn 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily vit tab +mineral</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily vitamn cap plus</i>	Tier 1	OTC; MAIL
<i>daily womens tab health</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>daily-vitamn tab maximum</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>diabetic sup tab formula</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>diabets hlth tab formula</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>dialyvite tab 800/d</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>drs choice tab men</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ecolovit tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>enviro-stres tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>eql century tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>eql century tab mature</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>eql vision tab formula</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>essentia tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>essential tab balance</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>eye vitamins cap</i>	Tier 1	OTC; MAIL
<i>eye vitamins tab /mineral</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>eye-vites tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gerivite tab complete</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>glucoten cap</i>	Tier 1	OTC; MAIL
<i>gnp century tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp century tab adult</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp century tab cardio</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp century tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp century tab ultimate</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp healthy tab eyes</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp one dail tab maximum</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp opti-vit tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>hair formula tab ex stren</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>hair formula tab ultr man</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>hair vitamin tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>hair/skin/ tab nails</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>healthy eyes cap supervis</i>	Tier 1	OTC; MAIL
<i>healthy eyes tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>hi-kovite tab 2-part</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>hi-potency tab multivit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>hm complete tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>hm complete tab 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>i-vite prote tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>i-vite tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>icaps cap</i>	Tier 1	OTC; MAIL
<i>icaps lutein cap /omega-3</i>	Tier 1	OTC; MAIL
<i>icaps mv tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>kp adult 50+ tab daily</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>kp adults tab daily</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>kp mens 50+ tab daily</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>kp mens tab daily</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>kp women 50+ tab daily</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>kp womens tab daily</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>life pack tab mens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>life pack tab womens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>lysiplex liq plus</i>	Tier 1	OTC; MAIL
<i>lysiplex tab plus</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>macuvite tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>macuvite tab eye care</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>macuvite tab lutein</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>max daily tab green</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>maximum tab blue lab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>maximum tab green lb</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>maximum tab red labl</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>mediplex tab plus</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>mega multi tab men</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>mega multi tab women</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>mega vm-80 tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>mens 50+ adv tab one daly</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>mens daily cap lycopene</i>	Tier 1	OTC; MAIL
<i>milltrium sr tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>milltrium tab advanced</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>milltrium tab cardio</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>mult vitamin tab womens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi 50+ cap for her</i>	Tier 1	OTC; MAIL
<i>multi 50+ tab for her</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>multi 50+ tab for him</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi cap complete</i>	Tier 1	OTC; MAIL
<i>multi cap for her</i>	Tier 1	OTC; MAIL
<i>multi cap for him</i>	Tier 1	OTC; MAIL
<i>multi complt tab /iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi tab for her</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi tab for him</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi vitamn tab mineral</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi-day tab minerals</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi-day tab wght trm</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi-lean tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi-vit/ tab minerals</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi-vitami tab menopaus</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi-vite tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi-vite tab 50&over</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multi-vite tab plus</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multilex tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multilex-t&m tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multimineral tab plus</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multiple vitamins w/ minerals tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>multivitamin liq</i>	Tier 1	OTC; MAIL
<i>multivitamin liq mineral</i>	Tier 1	OTC; MAIL
<i>multivitamin tab mineral</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>multivitamin tab womens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>my-vitalife cap</i>	Tier 1	OTC; MAIL
<i>myamulti tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>nutrifac zx tab</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>ocutabs tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ocutabs tab lutein</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ocuvite eye cap health</i>	Tier 1	OTC; MAIL
<i>ocuvite eye tab + multi</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ocuvite tab lutein</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ocuvite xtra tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab 50 plus</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab /mineral</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab complete</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab fe/ca</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab healthy</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab maximum</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab men</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab men 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab mens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab mens 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab multivit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>one daily tab plus iro</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab women</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab women 50</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily tab womens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily wm tab pro-actv</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one daily/ tab minerals</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one dly hlth tab wght adv</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>one-a-day tab teen/her</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>optic-vites tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>optimum pms tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>orthovite tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>osteoprime tab ultra</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>pms support cap complex</i>	Tier 1	OTC; MAIL
<i>prevent cap</i>	Tier 1	OTC; MAIL
<i>prorenal+d cap omega-3</i>	Tier 1	OTC; MAIL
<i>prosight cap w/lutein</i>	Tier 1	OTC; MAIL
<i>prosight tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>px advanced tab multivit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>px complete tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>px mens mult tab vitamins</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>qc therin-m tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>quintabs-m tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra central tab -vite</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>ra central tab energy</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra central tab vite sel</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra central tab vite sen</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra hair/skin tab /nails</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra mature wm tab diet sup</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra one daily pak mens 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra one daily tab energy</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra one daily tab maximum</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra one daily tab mens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra one daily tab mens/d3</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra one daily tab womens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra therapeut tab m/beta</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra vision tab vite/zn</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>renal tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>savision tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sclerex tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>senior tabs tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sentry tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sentry tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sm complete tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sm complete tab 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>sm complete tab 50+ mens</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sm complete tab 50+ wmn</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sm complete tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sm hair/skin tab /nails</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sm opti-vita tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>spectr women tab hlth sen</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>spectra ultr tab hlth men</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>spectravite tab advanced</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>spectravite tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>stress b-com tab /c/zinc</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>stress form tab /iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>stress form/ tab zinc</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>stress formu tab advanced</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>stress formu tab energy</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>stress tab formula</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sunvite actv tab adult</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sunvite tab advanced</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>super 28 tab formula</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>super antiox cap protect</i>	Tier 1	OTC; MAIL
<i>super antiox tab a/c/e/se</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>super liq nu-thera</i>	Tier 1	OTC; MAIL
<i>super multip cap</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>super multip tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>super tab nu-thera</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>super thera tab vite m</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>super vikaps tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>supr aytinal tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>supr aytinal tab 50 plus</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>supr vitamin tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>tab-a-vite tab maximum</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>thera form/ tab hematin</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>thera vital tab m</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>thera-m tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>thera-mill m tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>therabasic-m tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>theradex m tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>theradex m/ tab beta car</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>theramill cap plus</i>	Tier 1	OTC; MAIL
<i>therapeutic tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>therapeutic- tab m</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>therapeutic- tab m/lutein</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>theratrum co tab 50 plus</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>theratrum tab complete</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>vitabasic tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>vitacel tab</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>vitatrum tab complete</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>viteyes ared cap advanced</i>	Tier 1	OTC; MAIL
<i>viteyes ared cap formula</i>	Tier 1	OTC; MAIL
<i>viteyes cap /lutein</i>	Tier 1	OTC; MAIL
<i>viteyes cap complete</i>	Tier 1	OTC; MAIL
<i>viteyes smkr cap advanced</i>	Tier 1	OTC; MAIL
<i>viteyes smkr cap w/lutein</i>	Tier 1	OTC; MAIL
<i>viteyes tab lycopene</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>vitrum tab senior</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>whole source tab dietary</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>whole source tab for men</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>whole source tab mature</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>whole source tab women</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>womens 50+ cap advanced</i>	Tier 1	OTC; MAIL
<i>womens cap multi</i>	Tier 1	OTC; MAIL
<i>womens daily tab fa/ca/fe</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>womens daily tab formula</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>womens mult tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>womens one tab daily</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>womns active tab daily</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>your life tab mens 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>your life tab wmns 50+</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>qc essential tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra one daily tab essentia</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra one daily tab multivit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>renal/zinc tab multivit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sigtab tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sm multiple tab vitamins</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>stress form tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>stress formu tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>stresstabs tab energy</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>tab-a-vite tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>tab-a-vite tab beta car</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>thera tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>thera-mill tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>thera-tabs tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>therapeutic tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>therems tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>vitalee tab</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
PRENATAL VITAMINS		
ATABEX OB TAB 29-1MG	Tier 2	QL (30 tabs / 30 days); MAIL
BE WELL PAK ROUNDED	Tier 2	OTC, QL (30 ea / 30 days); MAIL
BRAINSTRONG MIS PRENATAL	Tier 2	OTC, QL (30 boxes / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
CALNA TAB	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
CENTRUM SPEC PAK PRENATAL	Tier 2	OTC, QL (30 ea / 30 days); MAIL
COMPL PRENAT MIS +DHA	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
CVS PRENATAL CHW GUMMY	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
EZFE FORTE CAP	Tier 2	OTC, QL (30 caps / 30 days); MAIL
GNP DAILY MIS PRENATAL	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
HM ONE DAILY MIS PRENATAL	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
KPN PRENATAL TAB	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
MYNATAL CAP	Tier 2	QL (30 caps / 30 days); MAIL
MYNATAL PLUS TAB	Tier 2	QL (30 tabs / 30 days); MAIL
MYNATAL TAB	Tier 1	QL (30 tabs / 30 days); MAIL
MYNATAL TAB ADVANCE	Tier 1	QL (30 tabs / 30 days); MAIL
MYNATAL-Z TAB	Tier 2	QL (30 tabs / 30 days); MAIL
MYNATE 90 TAB PLUS	Tier 2	QL (30 tabs / 30 days); MAIL
NATALVIT TAB 75-1MG	Tier 2	QL (30 tabs / 30 days); MAIL
NUTRICION TAB PORVIDA	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
NUTRIENTS TAB PRENATAL	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
O-CAL TAB PRENATAL	Tier 2	QL (30 tabs / 30 days); MAIL
ONE A DAY MIS PRENATAL	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
ONE A DAY PAK PRENATAL	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
ONE-A-DAY PAK PRENATAL	Tier 2	OTC, QL (30 boxes / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
PERRY PRENAT CAP	Tier 2	OTC, QL (30 caps / 30 days); MAIL
PRENAT MULTI CAP +DHA	Tier 2	OTC, QL (30 caps / 30 days); MAIL
<i>prenatabs rx tab</i>	Tier 1	QL (30 tabs / 30 days)
PRENATAL 19 CHW 29-1MG	Tier 2	QL (30 tabs / 30 days)
<i>prenatal 19 chw tab</i>	Tier 2	QL (30 tabs / 30 days)
PRENATAL 19 TAB 29-1MG	Tier 1	QL (30 tabs / 30 days); MAIL
PRENATAL CAP FORMULA	Tier 2	OTC, QL (30 caps / 30 days); MAIL
PRENATAL CAP OMEGA-3	Tier 2	OTC, QL (30 caps / 30 days); MAIL
PRENATAL DHA PAK MULTI	Tier 2	OTC, QL (30 ea / 30 days); MAIL
PRENATAL FRM TAB A-FREE	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
PRENATAL TAB	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
PRENATAL TAB 27-0.8MG	Tier 1	OTC, QL (30 tabs / 30 days)
PRENATAL TAB 28-0.8MG	Tier 1	OTC, QL (30 tabs / 30 days)
PRENATAL TAB FORMULA	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
PRENATAL TAB PLUS	Tier 1	QL (30 tabs / 30 days)
PRENATAL+DHA MIS	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
PRENATAL+DHA MIS WOMENS	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
PRENATAL+FE TAB 29-1MG	Tier 2	QL (30 tabs / 30 days)
<i>prenatal/fa tab</i>	Tier 1	QL (30 tabs / 30 days)
PRENATL MULT CAP + DHA	Tier 2	OTC, QL (30 caps / 30 days); MAIL
PRENTAT MULT CAP PLUS DHA	Tier 2	OTC, QL (30 caps / 30 days); MAIL
PRETAB TAB 29-1MG	Tier 2	QL (30 tabs / 30 days)
RA ONE DAILY MIS	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
SIMILAC PREN PAK EARLY SH	Tier 2	OTC, QL (30 boxes / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
SM ONE DAILY MIS PRENATAL	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
THERANATAL MIS COMPLETE	Tier 2	OTC, QL (30 boxes / 30 days); MAIL
TL FOLATE TAB	Tier 2	MAIL
TRINATAL GT TAB	Tier 1	QL (30 tabs / 30 days); MAIL
TRINATAL RX TAB 1	Tier 2	QL (30 tabs / 30 days)
VINATE II TAB	Tier 2	QL (30 tabs / 30 days); MAIL
VINATE M TAB	Tier 2	QL (30 tabs / 30 days); MAIL
VIRT-ADVANCE TAB 90-1MG	Tier 1	QL (30 tabs / 30 days); MAIL
VIRT-VITE GT TAB 90-1MG	Tier 1	QL (30 tabs / 30 days); MAIL
VITAFOL-OB TAB 65-1MG	Tier 2	QL (30 tabs / 30 days); MAIL
YOUR LIFE CAP PRENATAL	Tier 2	OTC, QL (30 caps / 30 days); MAIL
<i>Ped MV w/ Fluoride</i>		
<i>mult vit-bet chw fl0.25mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>mult-vit/fl chw 0.5mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>multi vit/fl chw 1mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>multi-vit/fl dro 0.5mg/ml</i>	Tier 1	QL (100 mL / 59 days); MAIL
<i>multi-vit/fl dro 0.25mg</i>	Tier 1	QL (100 mL / 59 days); MAIL
<i>multivit/fl chw 0.5mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>multivit/fl chw 0.25mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>multivit/fl chw 1mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>mvc-fluoride chw 0.5mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>mvc-fluoride chw 0.25mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>mvc-fluoride chw 1mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>tri-vit/fl dro 0.5mg</i>	Tier 1	QL (50.1 mL / 30 days); MAIL
<i>tri-vit/fl dro 0.25mg</i>	Tier 1	QL (60 mL / 30 days); MAIL
<i>tri-vit/flu dro 0.5mg</i>	Tier 1	QL (50.1 mL / 30 days); MAIL
<i>tri-vit/flu dro 0.25mg</i>	Tier 1	QL (60 mL / 30 days); MAIL
<i>vit a/c/d/fl dro 0.25mg</i>	Tier 1	QL (60 mL / 30 days); MAIL
<i>Ped MV w/ Iron</i>		
<i>animal shape chw /iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>bite-a-mins chw /iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>child chew chw iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>child multiv chw iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>childrens chw /iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>chld vitamin chw iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>flnston plus chw iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>fruity chews chw /iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>land bfr tim chw vit/iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>little anima chw plus fe</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>poly-vita dro /iron</i>	Tier 1	OTC; MAIL
<i>poly-vitamin dro /iron</i>	Tier 1	OTC; MAIL
<i>poly-vite sol /iron</i>	Tier 1	OTC; MAIL
<i>polyvitamin dro /iron</i>	Tier 1	OTC; MAIL
<i>qc childrens chw iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ra child vit chw /iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>vite/iron chw children</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>zoo friends chw pls iron</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>Ped Multi Vitamins w/FI FE</i>		
<i>multi-vit/fe dro /fl 0.25</i>	Tier 1	QL (100 mL / 59 days); MAIL
<i>multi-vit/fl dro /fe 0.25</i>	Tier 1	QL (100 mL / 59 days); MAIL
<i>tri-vit/fe dro /fl 0.25</i>	Tier 1	QL (60 mL / 30 days); MAIL
<i>Ped Multiple Vitamins w/ Minerals</i>		
<i>animal shape chw complete</i>	Tier 1	OTC; MAIL
<i>aquadeks dro</i>	Tier 1	OTC; MAIL
<i>centrum kids chw complete</i>	Tier 1	OTC; MAIL
<i>cerovite jr chw</i>	Tier 1	OTC; MAIL
<i>child vitami chw</i>	Tier 1	OTC; MAIL
<i>childrens chw complete</i>	Tier 1	OTC; MAIL
<i>childrens chw gummies</i>	Tier 1	OTC; MAIL
<i>childrens chw multivit</i>	Tier 1	OTC; MAIL
<i>chld mltivit chw /mineral</i>	Tier 1	OTC; MAIL
<i>compl multiv chw childrns</i>	Tier 1	OTC; MAIL
<i>cvs children chw complete</i>	Tier 1	OTC; MAIL
<i>disney cars chw gummies</i>	Tier 1	OTC; MAIL
<i>eq multivita chw gummies</i>	Tier 1	OTC; MAIL
<i>flintstones chw bone bld</i>	Tier 1	OTC; MAIL
<i>flintstones chw complete</i>	Tier 1	OTC; MAIL
<i>gnp zoochews chw gummies</i>	Tier 1	OTC; MAIL
<i>gummi bear chw multivit</i>	Tier 1	OTC; MAIL
<i>gummies chw</i>	Tier 1	OTC; MAIL
<i>gummy dinos chw</i>	Tier 1	OTC; MAIL
<i>gummy vit/ chw minerals</i>	Tier 1	OTC; MAIL
<i>hm animal chw shapes</i>	Tier 1	OTC; MAIL
<i>mvw complete chw orange</i>	Tier 1	OTC; MAIL
<i>polyvitamin chw /iron</i>	Tier 1	OTC; MAIL
<i>princess chw gummies</i>	Tier 1	OTC; MAIL
<i>qc childrens chw complete</i>	Tier 1	OTC; MAIL
<i>sea buddies chw dly mult</i>	Tier 1	OTC; MAIL
<i>sm animal sh chw complete</i>	Tier 1	OTC; MAIL
<i>ultra choice chw kids</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>vitamax ped dro</i>	Tier 1	MAIL
<i>zoo friends chw</i>	Tier 1	OTC; MAIL
<i>Pediatric Multiple Vitamins</i>		
<i>animal chews chw</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>animal shape chw</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>bite-a-mins chw</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>bounty bears chw /c</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>chewabl vite chw childrns</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>child chew chw vitamins</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>child chew/ chw extra c</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>children vit chw</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>childrens chw multivit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>childrens chw vitamins</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>dino-life chw</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>dino-life chw extra c</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>flintstones chw extra c</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>flintstones chw my first</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>flintstones chw omega-3</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>flintstones chw pls calc</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>fruity chews chw</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp animal chw plus c</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>gnp animal chw shapes</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>gnp little chw ones</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>land bfr tim chw vit/c</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>little chw animals</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>pediavit liq</i>	Tier 1	OTC, QL (30 mL / 30 days); MAIL
<i>poly vitamin chw</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>poly-vita dro</i>	Tier 1	OTC; MAIL
<i>poly-vite dro</i>	Tier 1	OTC; MAIL
<i>polyvitamin dro</i>	Tier 1	OTC; MAIL
<i>qc childrens chw extra c</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>sm animal chw shapes</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>zoo friends chw extra c</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>zoo friends chw gummies</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>Pediatric Vitamins</i>		
<i>bprotected sol tri-vite</i>	Tier 1	OTC; MAIL
<i>tri-vita sol</i>	Tier 1	OTC, QL (100 mL / 59 days); MAIL
<i>tri-vitamin dro</i>	Tier 1	OTC, QL (100 mL / 59 days); MAIL
<i>Prenatal Vitamins</i>		
<i>inatal gt tab</i>	Tier 1	QL (30 tabs / 30 days); MAIL
MISSION PREN TAB /FA	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
MISSION PREN TAB HP	Tier 2	OTC, QL (30 tabs / 30 days); MAIL
PRE-NATAL TAB FORMULA	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>prenatal 19 tab</i>	Tier 1	QL (30 tabs / 30 days); MAIL
PRENATAL TAB	Tier 1	OTC, QL (30 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
PRENATAL TAB COMPLETE	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
PRENATAL TAB FORTE	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
PRENATAL/FE TAB	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>triadvance tab</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>trinate tab</i>	Tier 1	QL (30 tabs / 30 days); MAIL

MUSCULOSKELETAL THERAPY AGENTS**Central Muscle Relaxants**

<i>baclofen tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>baclofen tab 20 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>carisoprodol tab 350 mg</i>	Tier 1	QL (120 ea / 30 days), PA; AGE; Covered in ages 18-64
<i>chlorzoxazone tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>metaxalone tab 800 mg</i>	Tier 2	QL (300 tabs / 30 days), PA; AGE; MAIL; Covered in ages 64 and under
<i>methocarbamol tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>methocarbamol tab 750 mg</i>	Tier 1	QL (300 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under

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

226

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

Drug Name	Drug Tier	Requirements/Limits
Direct Muscle Relaxants		
<i>dantrolene sodium cap 25 mg</i>	Tier 1	QL (240 caps / 30 days); MAIL
<i>dantrolene sodium cap 50 mg</i>	Tier 1	QL (240 caps / 30 days); MAIL
<i>dantrolene sodium cap 100 mg</i>	Tier 1	QL (240 caps / 30 days); MAIL
Viscosupplements		
EUFLEXXA INJ 10MG/ML	Tier 4	QL (3 syringes / 180 days), PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
Nasal Agents - Misc.		
<i>afrin saline spr 0.65%</i>	Tier 1	OTC; MAIL
<i>altamist spr 0.65%</i>	Tier 1	OTC; MAIL
<i>ayr spr 0.65%</i>	Tier 1	OTC; MAIL
<i>baby ayr spr 0.65%</i>	Tier 1	OTC; MAIL
<i>deep sea spr 0.65%</i>	Tier 1	OTC; MAIL
<i>hm saline spr 0.65%</i>	Tier 1	OTC; MAIL
<i>humist spr 0.65%</i>	Tier 1	OTC; MAIL
<i>little noses dro stof nos</i>	Tier 1	OTC; MAIL
<i>little noses spr 0.65%</i>	Tier 1	OTC; MAIL
<i>na-zone spr 0.65%</i>	Tier 1	OTC; MAIL
<i>nasal moist spr 0.65%</i>	Tier 1	OTC; MAIL
<i>nasal saline spr 0.65%</i>	Tier 1	OTC; MAIL
<i>ocean kids spr 0.65%</i>	Tier 1	OTC; MAIL
<i>saline mist spr 0.65%</i>	Tier 1	OTC; MAIL
<i>saline nasal spr 0.65%</i>	Tier 1	OTC; MAIL
<i>saline nose spr 0.65%</i>	Tier 1	OTC; MAIL
<i>tgt nasal spr 0.65%</i>	Tier 1	OTC; MAIL
Nasal Anti-infectives		
BACTROBAN OIN NASAL 2%	Tier 2	QL (10 gm / 25 days), PA; MAIL
Nasal Antiallergy		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	QL (1 bottle / 25 days); MAIL
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	Tier 1	OTC, QL (52 mL / 25 days); MAIL
<i>olopatadine hcl nasal soln 0.6%</i>	Tier 2	QL (1 bottle / 25 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
Nasal Anticholinergics		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	QL (30 mL / 25 days); MAIL
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	QL (15 mL / 25 days); MAIL
Nasal Steroids		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Tier 1	QL (1 bottle / 25 days); MAIL; Covered in ages 6 and over
<i>flunisolide nasal soln 29 mcg/act (0.025%)</i>	Tier 1	QL (25 mL / 25 days); MAIL; Covered in ages 6 and over
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QL (1 bottle / 25 days); MAIL; Covered in ages 4 and over
OMNARIS SPR	Tier 3	PA; MAIL
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	Tier 1	MAIL
Sympathomimetic Decongestants		
<i>child silfed liq 15mg/5ml</i>	Tier 1	OTC; MAIL
<i>decongestant tab 30mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>decongestant tab 120mg er</i>	Tier 1	OTC; MAIL
<i>eq suphedrin tab 30mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>eq suphedrin tab 120mg cr</i>	Tier 1	OTC; MAIL
<i>genaphed tab 30mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>gnp suphedrn liq 15mg/5ml</i>	Tier 1	OTC; MAIL
<i>nasal decon syp 30mg/5ml</i>	Tier 1	OTC, QL (1200 mL / 30 days); MAIL
<i>nasal decong liq 30mg/5ml</i>	Tier 1	OTC; MAIL
<i>nasal decong tab 10mg</i>	Tier 1	OTC; MAIL
<i>nasal decong tab 30mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>nasal decong tab 120mg er</i>	Tier 1	OTC; MAIL
<i>nasal spr 0.05%</i>	Tier 1	OTC; MAIL
<i>non-pseudo tab 10mg</i>	Tier 1	OTC; MAIL
<i>pseudoephedr tab 60mg</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>pseudoephedr tab 120mg er</i>	Tier 1	OTC; MAIL

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

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

NEUROMUSCULAR AGENTS**ALS Agents**

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

Neuromuscular Blocking Agent - Neurotoxins

BOTOX INJ 100UNIT	Tier 4	PA
BOTOX INJ 200UNIT	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits

NUTRIENTS**Misc. Nutritional Substances**

<i>kp omega-3 cap 1200mg</i>	Tier 1	OTC; MAIL
<i>omega 3 500 cap 500mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>omega iii cap epa+dha</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>omega-3 cap 1200mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>omega-3 fatty acids cap 300 mg</i>	Tier 1	OTC, QL (180 caps / 30 days); MAIL
<i>omega-3 fish cap 1000mg</i>	Tier 1	OTC; MAIL
<i>omega-3 fish cap 1200mg</i>	Tier 1	OTC; MAIL
<i>ra fish oil cap 1000mg</i>	Tier 1	OTC; MAIL

OPHTHALMIC AGENTS**Artificial Tears and Lubricants**

<i>akwa tears oin op</i>	Tier 1	OTC; MAIL
<i>altalube oin</i>	Tier 1	OTC; MAIL
<i>artifi tears dro</i>	Tier 1	OTC; MAIL
<i>artifi tears dro 1-0.3%</i>	Tier 1	OTC; MAIL
<i>artifi tears oin op</i>	Tier 1	OTC; MAIL
<i>artificial dro tears</i>	Tier 1	OTC; MAIL
<i>artificial sol tears</i>	Tier 1	OTC; MAIL
<i>artificial sol tears op</i>	Tier 1	OTC; MAIL
<i>bion tears sol op</i>	Tier 1	OTC; MAIL
<i>clear eyes dro 0.5-0.6%</i>	Tier 1	OTC; MAIL
<i>cvs dry eye dro relief</i>	Tier 1	OTC; MAIL
<i>cvs lubricnt dro 0.5% op</i>	Tier 1	OTC; MAIL
<i>cvs natural sol tears</i>	Tier 1	OTC; MAIL
<i>eq gentle dro 0.3%</i>	Tier 1	OTC; MAIL
<i>eq lubricant dro eye drop</i>	Tier 1	OTC; MAIL
<i>eq revive pl dro 0.5% op</i>	Tier 1	OTC; MAIL
<i>eye lubrican oin op</i>	Tier 1	OTC; MAIL
<i>for sty reli oin</i>	Tier 1	OTC; MAIL
<i>genteal tear oin nt-time</i>	Tier 1	OTC; MAIL
<i>gnp eye drop sol 0.5% op</i>	Tier 1	OTC; MAIL
<i>hm dry eye sol relief</i>	Tier 1	OTC; MAIL
<i>hypotears oin op</i>	Tier 1	OTC; MAIL
<i>just tears sol eye drop</i>	Tier 1	OTC; MAIL
<i>liquitears sol</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>lubricant dro 0.4-0.3%</i>	Tier 1	OTC; MAIL
<i>lubricant dro eye</i>	Tier 1	OTC; MAIL
<i>lubricant oin eye</i>	Tier 1	OTC; MAIL
<i>lubricating dro 0.5%</i>	Tier 1	OTC; MAIL
<i>lubricnt eye dro</i>	Tier 1	OTC; MAIL
<i>lubricnt eye dro 0.4-0.3%</i>	Tier 1	OTC; MAIL
<i>lubricnt eye dro 0.5% op</i>	Tier 1	OTC; MAIL
<i>lubricnt eye oin fast act</i>	Tier 1	OTC; MAIL
<i>murine tears dro dry eyes</i>	Tier 1	OTC; MAIL
<i>polyvinyl alcohol ophth soln 1.4%</i>	Tier 1	OTC; MAIL
<i>puralube oin</i>	Tier 1	OTC; MAIL
<i>pure & gentl dro 0.3%</i>	Tier 1	OTC; MAIL
<i>ra lubricant dro 0.4-0.3%</i>	Tier 1	OTC; MAIL
<i>refresh lacr oin op</i>	Tier 1	OTC; MAIL
<i>refresh p.m. oin op</i>	Tier 1	OTC; MAIL
<i>retaine cmc sol 0.5% op</i>	Tier 1	OTC; MAIL
<i>revive tears dro 0.5% op</i>	Tier 1	OTC; MAIL
<i>sm artificia sol tears</i>	Tier 1	OTC; MAIL
<i>sm dry eye sol relief</i>	Tier 1	OTC; MAIL
<i>soothe dro hydratio</i>	Tier 1	OTC; MAIL
<i>soothe night oin op</i>	Tier 1	OTC; MAIL
<i>soothe xp dro</i>	Tier 1	OTC; MAIL
<i>stye oin</i>	Tier 1	OTC; MAIL
<i>systane dro contacts</i>	Tier 1	OTC; MAIL
<i>systane oin</i>	Tier 1	OTC; MAIL
<i>tears again dro 1.4%</i>	Tier 1	OTC; MAIL
<i>tears again oin op</i>	Tier 1	OTC; MAIL
<i>tears again sol adv eye</i>	Tier 1	OTC; MAIL
<i>tears pure sol</i>	Tier 1	OTC; MAIL
<i>tgt lubricnt dro eye</i>	Tier 1	OTC; MAIL
<i>tgt lubricnt oin eye nite</i>	Tier 1	OTC; MAIL
<i>ultra fresh dro 0.5% op</i>	Tier 1	OTC; MAIL
<i>ultra fresh oin pm</i>	Tier 1	OTC; MAIL
Beta-blockers - Ophthalmic		
<i>betaxolol hcl ophth soln 0.5%</i>	Tier 1	MAIL
<i>carteolol hcl ophth soln 1%</i>	Tier 1	QL (720 mL / 30 days); MAIL
COMBIGAN SOL 0.2/0.5%	Tier 2	MAIL
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	Tier 1	QL (Max day supply 28); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1	QL (720 mL / 30 days); MAIL
<i>levobunolol hcl ophth soln 0.25%</i>	Tier 1	QL (720 mL / 30 days); MAIL
<i>metipranolol ophth soln 0.3%</i>	Tier 1	MAIL
<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 2	QL (30 mL / 30 days); MAIL
<i>timolol maleate ophth gel forming soln 0.25%</i>	Tier 2	MAIL
<i>timolol maleate ophth soln 0.5%</i>	Tier 1	QL (60 mL / 30 days); MAIL
<i>timolol maleate ophth soln 0.25%</i>	Tier 1	MAIL
Cycloplegic Mydriatics		
<i>atropine sul sol 1% op</i>	Tier 1	QL (900 mL / 30 days); MAIL
<i>tropicamide ophth soln 0.5%</i>	Tier 1	MAIL
<i>tropicamide ophth soln 1%</i>	Tier 1	MAIL
Miotics		
<i>PHOSPHOLINE SOL 0.125%OP</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
OPHTHALMICS - MISC.		
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Tier 2	MAIL
Ophthalmic Adrenergic Agents		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Tier 1	MAIL
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 2	MAIL
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 2	QL (60 mL / 30 days); MAIL
Ophthalmic Anti-infectives		
<i>ak-poly-bac oin op</i>	Tier 1	MAIL
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	MAIL
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	MAIL
<i>BESIVANCE SUS 0.6%</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	MAIL
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>gentak oin 0.3% op</i>	Tier 1	MAIL
<i>gentamicin sulfate ophth oint 0.3%</i>	Tier 1	MAIL
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	QL (5 mL / 25 days); MAIL
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1	QL (3 mL / 7 days), PA
<i>neo-polycin oin op</i>	Tier 1	MAIL
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	MAIL
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	MAIL
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	
<i>polycin oin op</i>	Tier 1	MAIL
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	QL (10 mL / 25 days); MAIL
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	QL (15 mL / 25 days); MAIL
<i>tobramycin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 25 days); MAIL
<i>trifluridine ophth soln 1%</i>	Tier 2	QL (720 mL / 30 days); MAIL
ZIRGAN GEL 0.15%	Tier 3	PA; MAIL
Ophthalmic Decongestants		
<i>naphazoline hcl ophth soln 0.1%</i>	Tier 1	MAIL
Ophthalmic Local Anesthetics		
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	MAIL
Ophthalmic Steroids		
ALREX SUS 0.2%	Tier 3	PA; MAIL
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	MAIL
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Tier 1	MAIL
DUREZOL EMU 0.05%	Tier 3	PA; MAIL
<i>fluorometholone ophth susp 0.1%</i>	Tier 1	QL (15 mL / 25 days); MAIL
LOTEMAX GEL 0.5%	Tier 3	PA; MAIL
LOTEMAX OIN 0.5%	Tier 3	PA; MAIL
LOTEMAX SUS 0.5%	Tier 3	PA; MAIL
<i>neo-polycin oin hc 1%op</i>	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	MAIL
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	MAIL
<i>prednisolone acetate ophth susp 1%</i>	Tier 1	MAIL
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	MAIL
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 2	QL (10 mL / 25 days); MAIL
VEXOL SUS 1% OP	Tier 2	MAIL
Ophthalmics - Misc.		
<i>alaway child dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
<i>alaway dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
<i>allergy eye dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
ALOCRIOL SOL 2%	Tier 3	PA; MAIL
ALOMIDE SOL 0.1% OP	Tier 3	PA; MAIL
<i>altachlore oin 5% op</i>	Tier 1	OTC; MAIL
<i>altachlore sol 5% op</i>	Tier 1	OTC; MAIL
<i>antihistamin dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	PA; MAIL
<i>bromfenac sodium ophth soln 0.09% (base equivalent)</i>	Tier 2	MAIL
<i>claritin eye dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	QL (60 mL / 30 days); MAIL
<i>cvs allergy dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	QL (60 mL / 30 days); MAIL
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	QL (60 mL / 30 days); MAIL
EMADINE SOL 0.05% OP	Tier 3	PA; MAIL
<i>epinastine hcl ophth soln 0.05%</i>	Tier 1	PA; MAIL
<i>eq itchy eye dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>eye itch rel dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	MAIL
<i>itchy eye dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	QL (60 mL / 30 days); MAIL
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	QL (60 mL / 30 days); MAIL
<i>ketotif fum dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL
LASTACRAFT SOL 0.25%	Tier 3	PA; MAIL
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Tier 2	QL (5 mL / 25 days), PA; MAIL
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 2	PA; MAIL
<i>sochlor sol 5% op</i>	Tier 1	OTC; MAIL
<i>sodium chloride hypertonic ophth oint 5%</i>	Tier 1	OTC; MAIL
<i>sodium chloride hypertonic ophth soln 5%</i>	Tier 1	OTC; MAIL
<i>wal-zyr dro 0.025%op</i>	Tier 1	OTC, QL (5 mL / 25 days); MAIL

Prostaglandins - Ophthalmic

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

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

Drug Name	Drug Tier	Requirements/Limits
ZIOPTAN DRO 0.0015%	Tier 2	ST; MAIL; Prior use of Travatan Z AND Bimatoprost 0.03% for 30 days.

OTIC AGENTS**Otic Agents - Miscellaneous**

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

Otic Anti-infectives

<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 1	QL (14 ea / 7 days)
<i>ofloxacin otic soln 0.3%</i>	Tier 1	

Otic Combinations

<i>antipyrine-benzocaine otic soln 54-14 mg/ml (5.4-1.4%)</i>	Tier 1	MAIL
<i>aurodex sol otic</i>	Tier 1	MAIL
CIPRO HC SUS OTIC	Tier 3	PA
CIPRODEX SUS 0.3-0.1%	Tier 3	PA
COLY-MYCIN S SUS OTIC	Tier 2	MAIL
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	QL (300 mL / 30 days); MAIL
Otic Steroids		
<i>acetazol hc sol otic</i>	Tier 1	MAIL
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 2	MAIL
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	MAIL
OXYTOCICS		
Oxytocics		
<i>methergine tab 0.2mg</i>	Tier 2	QL (210 tabs / 30 days); MAIL
PASSIVE IMMUNIZING AGENTS		
Immune Serums		
CARIMUNE NF INJ 12GM	Tier 4	PA
FLEBOGAMMA INJ 20/200ML	Tier 4	QL (3 vials / 25 days), PA
FLEBOGAMMA INJ DIF 5%	Tier 4	PA
GAMASTAN INJ	Tier 4	PA
GAMASTAN S/D INJ	Tier 4	PA
GAMMAGARD INJ 1GM/10ML	Tier 4	PA
GAMMAGARD SD INJ 10GM HU	Tier 4	PA
GAMMAKED INJ 1GM/10ML	Tier 4	PA
GAMMAPLEX INJ 5%	Tier 4	PA
GAMUNEX-C INJ 1GM/10ML	Tier 4	PA
HIZENTRA INJ 2GM/10ML	Tier 4	PA
MICRHOGAM PL INJ 50MCG	Tier 2	
OCTAGAM INJ 5GM	Tier 4	PA
PRIVIGEN INJ 20GRAMS	Tier 4	QL (3 vials / 25 days), PA
RHOGAM PLUS INJ 300MCG	Tier 2	
RHOPHYLAC INJ 1500/2ML	Tier 2	
Monoclonal Antibodies		
SYNAGIS INJ 50MG	Tier 4	PA
SYNAGIS INJ 100MG/ML	Tier 4	PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ 2.5-200	Tier 4	PA
HYQVIA INJ 5-400	Tier 4	PA
HYQVIA INJ 10-800	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
HYQVIA INJ 20-1600	Tier 4	PA
HYQVIA INJ 30-2400	Tier 4	PA

PENICILLINS**Aminopenicillins**

<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1	QL (240 caps / 30 days)
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1	QL (240 caps / 30 days)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>ampicillin cap 250 mg</i>	Tier 1	QL (240 caps / 30 days)
<i>ampicillin cap 500 mg</i>	Tier 1	QL (240 caps / 30 days)
<i>ampicillin for susp 125 mg/5ml</i>	Tier 1	QL (900 mL / 30 days); Covered in ages 12 and under
<i>ampicillin for susp 250 mg/5ml</i>	Tier 1	QL (900 mL / 30 days); Covered in ages 12 and under

Natural Penicillins

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

Penicillin Combinations

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE; Covered in ages 12 and under
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 1	QL (120 tabs / 30 days); AGE; Covered in ages 12 and under
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	AGE; Covered in ages 12 and under

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 1	QL (150 mL / 30 days); AGE; Covered in ages 12 and under
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	AGE; Covered in ages 12 and under
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	AGE; Covered in ages 12 and under
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	QL (Max day supply 10)
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	QL (Max day supply 10)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	QL (Max day supply 10)
AUGMENTIN SUS 125/5ML	Tier 3	QL (150 mL / 30 days); AGE; Covered in ages 12 and under
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	QL (240 caps / 30 days)
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	QL (180 caps / 30 days)
PHARMACEUTICAL ADJUVANTS		
ANTIMICROBIAL AGENTS		
BENZYL ALC LIQ	Tier 2	MAIL; Covered in ages 16-60
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	Tier 4	PA; Preferred Brand
OTEZLA TAB 30MG	Tier 4	PA; Preferred Brand
PRENATAL VITAMINS		
PRENATAL MV & MIN W/FE-FA		
PRENATAL MUL CAP +DHA	Tier 1	OTC, QL (30 caps / 30 days); MAIL
PRENATAL MV & MIN W/FE-FA-DHA		
PRENATAL MV MIS + DHA	Tier 1	OTC, QL (60 boxes / 30 days); MAIL
PROGESTINS		
PROGESTINS		
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	Tier 4	PA
Progestins		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL

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

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

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

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

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

<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 2	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

Anti-Cataleptic Agents

XYREM SOL 500MG/ML	Tier 3	PA

Antidementia Agents

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	QL (90 caps / 30 days); MAIL
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL

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

240

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

MED - Max 90 mg Morphine EQ Dose Per Day

Tier 1 = Generics; Low cost preferred brand

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 2	PA; MAIL
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 2	PA; MAIL
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 2	PA; MAIL
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 2	PA; MAIL
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 2	MAIL
<i>memantine hcl tab 5 mg</i>	Tier 2	QL (120 tabs / 30 days); MAIL
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i>	Tier 2	MAIL
<i>memantine hcl tab 10 mg</i>	Tier 2	QL (60 tabs / 30 days); MAIL
NAMENDA XR CAP 7MG	Tier 3	PA; MAIL
NAMENDA XR CAP 14MG	Tier 3	PA; MAIL
NAMENDA XR CAP 21MG	Tier 3	PA; MAIL
NAMENDA XR CAP 28MG	Tier 3	PA; MAIL
NAMENDA XR CAP TITRATIO	Tier 3	PA; MAIL
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 2	MAIL
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 2	MAIL
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 2	MAIL
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 2	MAIL
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 2	PA; MAIL
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 2	PA; MAIL
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 2	PA; MAIL
Fibromyalgia Agents		
SAVELLA MIS TITR PAK	Tier 3	PA; MAIL
SAVELLA TAB 12.5MG	Tier 3	PA; MAIL
SAVELLA TAB 25MG	Tier 3	PA; MAIL
SAVELLA TAB 50MG	Tier 3	PA; MAIL
SAVELLA TAB 100MG	Tier 3	PA; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>MULTIPLE SCLEROSIS AGENTS</i>		
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 4	PA
<i>Movement Disorder Drug Therapy</i>		
<i>tetrabenazine tab 12.5 mg</i>	Tier 4	PA
<i>tetrabenazine tab 25 mg</i>	Tier 4	PA
<i>Multiple Sclerosis Agents</i>		
AMPYRA TAB 10MG	Tier 4	PA
AVONEX KIT 30MCG	Tier 4	PA
AVONEX PEN KIT 30MCG	Tier 4	PA
AVONEX PREFL KIT 30MCG	Tier 4	PA
EXTAVIA INJ 0.3MG	Tier 4	PA
GILENYA CAP 0.5MG	Tier 4	PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	Tier 4	PA
TECFIDERA CAP 120MG	Tier 4	QL (60 caps / 30 days), PA
TECFIDERA CAP 240MG	Tier 4	QL (60 caps / 30 days), PA
TECFIDERA MIS STARTER	Tier 4	QL (1 kit / 30 days), PA
<i>Psychotherapeutic and Neurological Agents - Misc.</i>		
<i>ergoloid mesylates tab 1 mg</i>	Tier 2	MAIL
<i>pimozide tab 1 mg</i>	Tier 1	MAIL
<i>pimozide tab 2 mg</i>	Tier 1	MAIL
<i>Smoking Deterrents</i>		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	PREV	QL (60 per 30 Days; Max day supply 180 per 365); MAIL
CHANTIX PAK 0.5& 1MG	PREV	QL (Max day supply 180 per 365); MAIL
CHANTIX PAK 1MG	PREV	QL (1 Treatment per year); MAIL
CHANTIX TAB 0.5MG	PREV	QL (1 Treatment per year); MAIL
CHANTIX TAB 1MG	PREV	QL (1 Treatment per year); MAIL
<i>cvs nicotine dis 7mg/24hr</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>cvns nicotine dis 14mg/24h</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>cvns nicotine dis 21mg/24h</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>cvns nicotine gum 2mg cinn</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>cvns nicotine gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>cvns nicotine gum 2mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>cvns nicotine gum 2mgfruit</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>cvns nicotine gum 4mg cinn</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>cvns nicotine gum 4mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>cvns nicotine gum 4mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>cvns nicotine gum 4mgfruit</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>cvns nicotine loz 2mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>cvns nicotine loz 4mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>cvns nts dis step 1</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>eq nicotine dis 7mg/24hr</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>eq nicotine dis 14mg/24h</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>eq nicotine dis 21mg/24h</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>eq nicotine gum 2mg cinn</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>eq nicotine gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>eq nicotine gum 2mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>eq nicotine gum 2mgfruit</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>eq nicotine gum 4mg cinn</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>eq nicotine gum 4mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>eq nicotine gum 4mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>eq nicotine gum 4mg ref</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>eq nicotine gum 4mg strt</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>eq nicotine gum 4mgfruit</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>eq nicotine loz 2mg cher</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>eq nicotine loz 2mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>eq nicotine loz 4mg chry</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>eq nicotine loz 4mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>eq nicotine gum 2mg</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>eq nicotine gum 4mg</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>eq nicotine loz 2mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>eq nicotine loz 4mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>gnp nicotine gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>gnp nicotine gum 2mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>gnp nicotine gum 4mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>gnp nicotine gum 4mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>gnp nicotine loz 2mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>gnp nicotine loz 4mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>hm nicotine dis 14mg/24h</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>hm nicotine dis 21mg/24h</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>hm nicotine gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>hm nicotine gum 4mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>hm nicotine loz 2mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>hm nicotine loz 4mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>kls quit2 gum 2mg</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>kls quit4 gum 4mg</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>nicorelief gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>nicorelief gum 2mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>nicorelief gum 4mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>nicorelief gum 4mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>nicotine dis step 1</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>nicotine dis step 2</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>nicotine dis step 3</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>nicotine gum 4mg</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>nicotine polacrilex gum 2 mg</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>nicotine polacrilex gum 4 mg</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>nicotine polacrilex lozenge 2 mg</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>nicotine polacrilex lozenge 4 mg</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>nicotine td patch 24hr 7 mg/24hr</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>nicotine td patch 24hr 14 mg/24hr</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>nicotine td patch 24hr 21 mg/24hr</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
NICOTROL INH	PREV	QL (480 per 30 Days; Max day supply 180 per 365); MAIL; covered in ages 18 and over
NICOTROL NS SPR 10MG/ML	PREV	QL (Max day supply 180 per 365; Max 1 per day); MAIL; covered in ages 18 and over
<i>ra nicotine dis 7mg/24hr</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>ra nicotine dis 14mg/24h</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>ra nicotine dis 21mg/24h</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>ra nicotine gum 2mg</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>ra nicotine gum 2mg cinn</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>ra nicotine gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>ra nicotine gum 2mgfruit</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>ra nicotine gum 4mg</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>ra nicotine gum 4mg fruit</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>ra nicotine gum 4mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>ra nicotine loz 2mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over

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

Drug Name	Drug Tier	Requirements/Limits
<i>ra nicotine loz 4mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>sm nicotine dis 7mg/24hr</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>sm nicotine dis 14mg/24h</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>sm nicotine dis 21mg/24h</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>sm nicotine gum 2mg</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>sm nicotine gum 4mg</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>sm nicotine loz 2mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>sm nicotine loz 4mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>stop smoking gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>stop smoking gum 2mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>stop smoking gum 4mg</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>stop smoking loz 2mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over

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

Drug Name	Drug Tier	Requirements/Limits
<i>stop smoking loz 4mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>sw nicotine gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>sw nicotine gum 4mg</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>sw nicotine loz 2mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>sw nicotine loz 4mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>tgt nicotine dis 7mg/24hr</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>tgt nicotine dis 14mg/24h</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>tgt nicotine dis 21mg/24h</i>	PREV	OTC, QL (Max day supply 180 per 365; Max 1 per day); MAIL
<i>tgt nicotine gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>tgt nicotine gum 2mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>tgt nicotine gum 2mgfruit</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>tgt nicotine gum 4mg</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>tgt nicotine gum 4mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>tgt nicotine gum 4mg orig</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL
<i>tgt nicotine loz 2mg chry</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>tgt nicotine loz 2mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>tgt nicotine loz 4mg chry</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>tgt nicotine loz 4mg mint</i>	PREV	OTC, QL (Max day supply 180 per 365); MAIL; covered in ages 18 and over
<i>thrive gum 2mg mint</i>	PREV	OTC, QL (240 per 30 Days; Max day supply 180 per 365); MAIL

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

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

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

251

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

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY AGENTS - MISC.		
<i>Cystic Fibrosis Agents</i>		
KALYDECO PAK 50MG	Tier 4	PA
KALYDECO PAK 75MG	Tier 4	PA
KALYDECO TAB 150MG	Tier 4	PA
PULMOZYME SOL 1MG/ML	Tier 4	QL (75 mL / 30 days), PA
<i>PULMONARY FIBROSIS AGENTS</i>		
ESBRIET CAP 267MG	Tier 3	PA
ESBRIET TAB 267MG	Tier 3	PA
ESBRIET TAB 801MG	Tier 3	PA
RESPIRATORY THERAPY SUPPLIES		
<i>PEAK FLOW METERS</i>		
PEAK AIR FLO MIS ADLT/PED	DME	OTC, QL (1 per year); MAIL
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
<i>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</i>		
FARXIGA TAB 5MG	Tier 3	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione AND Alogliptin for 90 days
FARXIGA TAB 10MG	Tier 3	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione AND Alogliptin for 90 days
JARDIANCE TAB 10MG	Tier 3	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione AND Alogliptin for 90 days
JARDIANCE TAB 25MG	Tier 3	ST; MAIL; Prior use of metformin 2000mg daily dose, Sulfonylurea, or Thiazolidinedione AND Alogliptin for 90 days
SULFONAMIDES		
<i>Sulfonamides</i>		
SULFADIAZINE TAB 500MG	Tier 2	

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

Drug Name	Drug Tier	Requirements/Limits

TETRACYCLINES***Tetracyclines***

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

THYROID AGENTS***Antithyroid Agents***

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

Thyroid Hormones

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl tab 112mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levoxyl tab 125mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levoxyl tab 137mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levoxyl tab 150mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levoxyl tab 175mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>levoxyl tab 200mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>liothyronine sodium tab 5 mcg</i>	Tier 1	QL (180 tabs / 30 days); MAIL
<i>liothyronine sodium tab 25 mcg</i>	Tier 1	QL (90 tabs / 30 days); MAIL
<i>liothyronine sodium tab 50 mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
NATURE THROI TAB 162.5MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 16.25MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 32.5MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 48.75MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 65MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 97.5MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 113.75MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 130MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under

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

Drug Name	Drug Tier	Requirements/Limits
NATURE-THROI TAB 146.25MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 195MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 260MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
NATURE-THROI TAB 325MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>np thyroid tab 15mg</i>	Tier 1	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>np thyroid tab 30mg</i>	Tier 1	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>np thyroid tab 60mg</i>	Tier 1	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>np thyroid tab 90mg</i>	Tier 1	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>np thyroid tab 120mg</i>	Tier 1	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
SYNTHROID TAB 25MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 50MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 75MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 88MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 100MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 112MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 125MCG	Tier 2	QL (60 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 137MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 150MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 175MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 200MCG	Tier 2	QL (60 tabs / 30 days); MAIL
SYNTHROID TAB 300MCG	Tier 2	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 25mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 50mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 75mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 88mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 100mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 112mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 125mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 137mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 150mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 175mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 200mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>unithroid tab 300mcg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
WESTHROID TAB 32.5MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
WESTHROID TAB 65MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under

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

Drug Name	Drug Tier	Requirements/Limits
WESTHROID TAB 97.5MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
WESTHROID TAB 130MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
WESTHROID TAB 195MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
WP THYROID TAB 16.25MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
WP THYROID TAB 32.5MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
WP THYROID TAB 48.75MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
WP THYROID TAB 65MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
WP THYROID TAB 81.25MG	Tier 2	MAIL
WP THYROID TAB 97.5MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
WP THYROID TAB 130MG	Tier 2	QL (30 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under

ULCER DRUGS**Antispasmodics**

CUVPOSA SOL 1MG/5ML	Tier 2	PA; MAIL
<i>dicyclomine hcl cap 10 mg</i>	Tier 1	QL (120 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	QL (2400 mL / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	QL (240 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under

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

258

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

MED - Max 90 mg Morphine EQ Dose Per Day

Tier 1 = Generics; Low cost preferred brand

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>ed-spaz tab 0.125mg</i>	Tier 1	QL (360 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>glycopyrrolate tab 1 mg</i>	Tier 1	MAIL
<i>glycopyrrolate tab 2 mg</i>	Tier 1	MAIL
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	QL (360 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	QL (1800 mL / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	QL (360 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	QL (360 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Tier 1	QL (120 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hyosyne dro 0.125/ml</i>	Tier 1	QL (1800 mL / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>hyosyne elx 0.125/5</i>	Tier 1	QL (1800 mL / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>nulev tab 0.125mg</i>	Tier 1	QL (360 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>oscimin sr tab 0.375mg</i>	Tier 1	QL (120 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>oscimin sub 0.125mg</i>	Tier 1	QL (360 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>oscimin tab 0.125mg</i>	Tier 1	QL (360 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under

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

Drug Name	Drug Tier	Requirements/Limits
<i>symax-sl sub 0.125mg</i>	Tier 1	QL (360 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>symax-sr tab 0.375mg</i>	Tier 1	QL (120 tabs / 30 days); AGE; MAIL; Covered in ages 64 and under
H-2 Antagonists		
<i>acid control tab 10mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>acid control tab 20mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>acid control tab 75mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>acid control tab 150mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>acid reducer tab 10mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>acid reducer tab 20mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>acid reducer tab 75mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>acid reducer tab 150mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>acid reducer tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>cimetidine hcl soln 300 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); MAIL
<i>cimetidine tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>cimetidine tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>cimetidine tab 400 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>cimetidine tab 800 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>eq heartburn tab relief</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>eq heartbrn tab 10mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>famotidine tab 10mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>famotidine tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>heartbrn rel tab 75mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>heartbrn rel tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>heartburn tab 20mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>heartburn tab 150mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>heartburn tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>heartburn tab relief</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>nizatidine cap 150 mg</i>	Tier 1	QL (120 caps / 30 days), ST; MAIL; PRIOR USE CIMETIDINE OR FAMOTIDINE OR RANITIDINE
<i>nizatidine oral soln 15 mg/ml</i>	Tier 2	ST; MAIL; PRIOR USE CIMETIDINE OR FAMOTIDINE OR RANITIDINE
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	Tier 1	QL (600 mL / 30 days); MAIL; Covered in ages 12 and under
<i>ranitidine hcl tab 75 mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>ranitidine hcl tab 150 mg</i>	Tier 1	QL (120 tabs / 30 days); MAIL
<i>ranitidine hcl tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days); MAIL
<i>sm acid redu tab 200mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>wal-zan tab 75mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>wal-zan tab 150mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
Misc. Anti-Ulcer		
CARAFATE SUS 1GM/10ML	Tier 2	QL (1200 mL / 30 days), PA; MAIL; Covered in ages 18 and under
<i>sucralfate tab 1 gm</i>	Tier 1	QL (120 tabs / 30 days); MAIL
Proton Pump Inhibitors		
DEXILANT CAP 30MG DR	Tier 3	QL (30 caps / 30 days), ST; MAIL; PRIOR USE PANTOPRAZOLE AND ESOMEPRAZOLE OTC
DEXILANT CAP 60MG DR	Tier 3	QL (30 caps / 30 days), ST; MAIL; PRIOR USE PANTOPRAZOLE AND ESOMEPRAZOLE OTC
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Tier 2	QL (60 caps / 30 days); MAIL
FIRST-OMEPRASUS 2MG/ML	Tier 2	QL (150 mL / 25 days), PA; MAIL; Covered in ages 12 and under
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	QL (60 caps / 30 days); MAIL
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	OTC, QL (60 per 30 days); MAIL
OMEPRAZOLE + SUS SYRSPEND	Tier 2	QL (150 mL / 25 days), PA; MAIL; Covered in ages 12 and under
<i>omeprazole cap 20.6mgdr</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	QL (90 caps / 30 days); MAIL
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	QL (90 caps / 30 days); MAIL
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	QL (30 caps / 30 days); MAIL
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days); MAIL
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days); MAIL
PRILOSEC OTC TAB 20MG	Tier 1	OTC, QL (90 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), ST; MAIL; PRIOR USE OMEPRazole OR OMEPRazole OTC OR ESOMEPRazole OTC

Ulcer Drugs - Prostaglandins

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

URINARY ANTI-INFECTIVES**Urinary Anti-infectives**

<i>methenamine hippurate tab 1 gm</i>	Tier 1	MAIL
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	QL (60 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	QL (120 caps / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	QL (60 ea / 30 days); AGE; MAIL; Covered in ages 64 and under
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 2	QL (Max day supply 10; Max 40 per day); covered in ages 12 and under

URINARY ANTISPASMODICS**Beta-3 Adrenergic Agonists**

MYRBETRIQ TAB 25MG	Tier 3	MAIL
MYRBETRIQ TAB 50MG	Tier 3	MAIL

Urinary Antispasmodics

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

VACCINES**Viral Vaccines**

AFLURIA INJ	PREV
AFLURIA INJ PF	PREV
FLUARIX QUAD INJ 2017-18	PREV
FLUCLVX QUAD INJ 2016-17	PREV

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

Drug Name	Drug Tier	Requirements/Limits
FLULAVAL QUA INJ 2016-17	PREV	
FLUVIRIN INJ	PREV	
FLUVIRIN INJ PF	PREV	
FLUZONE QUAD INJ	PREV	
PNEUMOVAX 23 INJ 25/0.5	PREV	QL (2 FILLS/LIFETIME)
PREVNAR 13 INJ	PREV	QL (4 FILLS/LIFETIME)
SHINGRIX INJ 50MCG	PREV	QL (2 INJ/LIFETIME); AGE; Covered in ages 50 and over
ZOSTAVAX INJ	PREV	AGE; Covered in ages 50 and older

VAGINAL PRODUCTS**Spermicides**

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

Vaginal Anti-infectives

<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	MAIL
<i>clotrimazole cre 1% vag</i>	Tier 1	OTC; MAIL
<i>clotrimazole cre 2%</i>	Tier 1	OTC; MAIL
<i>clotrimazole cre 3 day</i>	Tier 1	OTC; MAIL
<i>clotrimazole vaginal cream 1%</i>	Tier 1	OTC; MAIL
<i>cvs 3-day cre</i>	Tier 1	OTC; MAIL
<i>1-day 6.5% oin monistat</i>	Tier 1	OTC; MAIL
<i>3 day vaginl cre 2%</i>	Tier 1	OTC; MAIL
<i>3 day vaginal cre 4%</i>	Tier 1	OTC; MAIL
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	QL (70 gm / 5 days); MAIL
<i>miconazole 3 cre 4%</i>	Tier 1	OTC; MAIL
<i>miconazole 3 kit 4%</i>	Tier 1	OTC; MAIL
<i>miconazole 3 kit combinat</i>	Tier 1	OTC; MAIL
<i>miconazole 3 kit combo pk</i>	Tier 1	OTC; MAIL
<i>miconazole 7 cre</i>	Tier 1	OTC; MAIL
<i>miconazole 7 cre 2%</i>	Tier 1	OTC; MAIL
<i>miconazole 7 cre tube/kit</i>	Tier 1	OTC; MAIL
<i>miconazole 7 sup 100mg</i>	Tier 1	OTC; MAIL
<i>miconazole nitrate vaginal cream 2%</i>	Tier 1	OTC; MAIL
<i>miconazole nitrate vaginal suppos 100 mg</i>	Tier 1	OTC; MAIL
<i>monistat 7 kit combo pk</i>	Tier 1	OTC; MAIL
<i>ra clotrimaz cre 3</i>	Tier 1	OTC; MAIL
<i>sm micon 7 sup 100mg</i>	Tier 1	OTC; MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal cream 0.4%</i>	Tier 1	MAIL
<i>terconazole vaginal cream 0.8%</i>	Tier 1	MAIL
<i>terconazole vaginal suppos 80 mg</i>	Tier 1	QL (30 supp / 30 days); MAIL
<i>tioconazole oin 6.5% vag</i>	Tier 1	OTC; MAIL
<i>vagistat-3 kit combo pk</i>	Tier 1	OTC; MAIL
<i>vandazole gel 0.75%</i>	Tier 1	QL (70 gm / 5 days); MAIL

Vaginal Estrogens

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

VASOPRESSORS**Anaphylaxis Therapy Agents**

<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Tier 2	QL (1 pen / 25 days); MAIL
EPIPEN 2-PAK INJ 0.3MG	Tier 2	MAIL
EPIPEN-JR INJ 0.15MG	Tier 2	MAIL

Vasopressors

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

VITAMINS**Oil Soluble Vitamins**

<i>bio-d-mulsio liq 400unit</i>	Tier 1	OTC, QL (30 mL / 30 days); MAIL; Covered in ages 65 and over
<i>cholecalciferol cap 1000 unit</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
<i>cholecalciferol cap 2000 unit</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
<i>cholecalciferol chew tab 1000 unit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>cholecalciferol drops 5000 unit/ml (1000 unit/0.2ml)</i>	Tier 1	OTC, QL (180 mL / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>cholecalciferol oral liquid 400 unit/ml</i>	Tier 1	OTC, QL (180 mL / 30 days); MAIL
<i>cholecalciferol tab 400 unit</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>cholecalciferol tab 1000 unit</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>cholecalciferol tab 2000 unit</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>cvs d3 cap 2000unit</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
<i>d3 max st dro 5000unit</i>	Tier 1	OTC, QL (180 mL / 30 days); MAIL
<i>d 1000 chw 1000unit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>ergocalciferol cap 50000 unit</i>	Tier 1	QL (180 caps / 30 days); MAIL
<i>ergocalciferol cap 50000 unit</i>	Tier 1	QL (180 ea / 30 days); MAIL
MEPHYTON TAB 5MG	Tier 2	QL (150 tabs / 30 days); MAIL
<i>phytonadione tab 5 mg</i>	Tier 2	QL (150 ea / 30 days); MAIL
<i>vitamin d3 cap 2000 unt</i>	Tier 1	OTC, QL (30 ea / 30 days); MAIL
<i>vitamin d3 cap 2000unit</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
<i>vitamin d3 cap 5000unit</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
<i>vitamin d3 cap 10000unt</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
<i>vitamin d3 cap 50000unt</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
<i>vitamin d3 chw 400unit</i>	Tier 1	OTC, QL (30 tabs / 30 days); MAIL
<i>vitamin d3 dro 400unit</i>	Tier 1	OTC, QL (180 mL / 30 days); MAIL
<i>vitamin d3 tab 400unit</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>vitamin d3 tab 1000unit</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>vitamin d3 tab 5000unit</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>vitamin d cap 1000unit</i>	Tier 1	OTC, QL (30 caps / 30 days); MAIL
<i>vitamin d tab 2000unit</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL
<i>vitamin d tab 5000iu</i>	Tier 1	OTC, QL (180 tabs / 30 days); MAIL

Water Soluble Vitamins

<i>ascorbic acid tab 500 mg</i>	Tier 1	OTC; MAIL
<i>b6 natural tab 100mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>cvs b6 tab 100mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>endur-acin tab 250mg sr</i>	Tier 1	OTC; MAIL
<i>endur-acin tab 500mg sr</i>	Tier 1	OTC; MAIL
<i>eql b-6 tab 100mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>gnp niacin tab 250mg</i>	Tier 1	OTC; MAIL
<i>gnp niacin tab 250mg tr</i>	Tier 1	OTC; MAIL
<i>gnp vit b-6 tab 100mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>hm niacin tab 250mg</i>	Tier 1	OTC; MAIL
<i>hm vit b6 tab 100mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>neuro-k-50 tab</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL
<i>niacin cap er 250 mg</i>	Tier 1	OTC; MAIL
<i>niacin cap er 500 mg</i>	Tier 1	OTC; MAIL
<i>niacin tab 50 mg</i>	Tier 1	OTC; MAIL
<i>niacin tab 100 mg</i>	Tier 1	OTC; MAIL
<i>niacin tab 250 mg</i>	Tier 1	OTC; MAIL
<i>niacin tab 500 mg</i>	Tier 1	OTC; MAIL
<i>niacin tab er 250 mg</i>	Tier 1	OTC; MAIL
<i>niacin tab er 500 mg</i>	Tier 1	OTC; MAIL
<i>niacin tab er 750 mg</i>	Tier 1	OTC; MAIL
<i>niacin-50 tab</i>	Tier 1	OTC; MAIL
<i>niacinamide tab 500 mg</i>	Tier 1	OTC; MAIL
<i>pyridoxine hcl tab 25 mg</i>	Tier 1	OTC, QL (60 tabs / 30 days); MAIL
<i>pyridoxine hcl tab 50 mg</i>	Tier 1	OTC, QL (120 tabs / 30 days); MAIL

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

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

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

Index

1		
1-day 6.5% oin monistat	264	
3		
3 day vaginl cre 2%	264	
3 day vaginal cre 4%	264	
8		
8 hour pain tab 650mg	16	
8-MOP CAP 10MG	144	
A		
a thru z sel tab 50+ adva.....	202	
a thru z sel tab advanced.....	202	
a thru z tab advanced.....	203	
a thru z tab high pot	203	
a thru z tab select.....	203	
a thru z tab ultimate	203	
abacavir sulfate soln 20 mg/ml (base equiv)	102	
abacavir sulfate tab 300 mg (base equiv)	102	
abacavir sulfate-lamivudine tab 600-300 mg.....	102	
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	102	
abc plus tab	203	
abc plus tab senior.....	203	
ABILIFY MAIN INJ 300MG	100	
ABILIFY MAIN INJ 400MG	100	
ABREVA CRE 10%.....	145	
acamprosate calcium tab delayed release 333 mg	240	
acarbose tab 100 mg.....	52	
acarbose tab 25 mg	52	
acarbose tab 50 mg	52	
acebutolol hcl cap 200 mg	110	
acebutolol hcl cap 400 mg	110	
acephen sup 120mg.....	14	
acephen sup 325mg.....	14	
acephen sup 650mg.....	14	
acetam melts tab 80mg	14	
acetamin cap 500mg	14	
acetamin liq 500/15ml.....	14	
acetamin tab 500mg	14	
acetaminophe tab 160mg	14	
acetaminophen soln 160 mg/5ml	14	
acetaminophen suppos 120 mg.....	14	
acetaminophen suppos 650 mg.....	14	
acetaminophen tab 325 mg	14	
acetaminophen tab er 650 mg	14	
acetaminophen w/ codeine soln 120-12 mg/5ml.....	24	
acetaminophen w/ codeine tab 300-15 mg	25	
acetaminophen w/ codeine tab 300-30 mg	25	
acetaminophen w/ codeine tab 300-60 mg	25	
acetaminophn sus 325mg	14	
acetaminophn tab 500mg.....	14	
acetazol hc sol otic	237	
acetazolamide cap er 12hr 500 mg... ..	155	
acetazolamide tab 125 mg	155	
acetazolamide tab 250 mg	155	
acetic acid irrigation soln 0.25%	166	
acetic acid otic soln 2%.....	236	
acetylcysteine inhal soln 20%	136	
acid control tab 10mg	260	
acid control tab 150mg	260	
acid control tab 20mg	260	
acid control tab 75mg	260	
acid gone chw.....	27	
acid gone sus	27	
acid reducer tab 10mg	260	
acid reducer tab 150mg	260	
acid reducer tab 200mg	260	
acid reducer tab 20mg	260	
acid reducer tab 75mg	260	
ACNE MEDICAT LOT 10%	137	
ACNE MEDICAT LOT 5%.....	137	
ACTEMRA INJ 162/0.9	8	
actical cap	203	
ACTIMMUNE INJ 2MU/0.5.....	90	
acyclovir cap 200 mg.....	107	
acyclovir oint 5%	145	
acyclovir susp 200 mg/5ml.....	107	
acyclovir tab 400 mg	107	
acyclovir tab 800 mg	107	

<i>adapalene cream 0.1%</i>	137	<i>albuterol sulfate syrup 2 mg/5ml</i>	38
<i>adapalene gel 0.1%</i>	137	<i>albuterol sulfate tab 4 mg</i>	38
<i>addaprin tab 200mg</i>	8	<i>alclometasone dipropionate cream 0.05%</i>	145
<i>adefovir dipivoxil tab 10 mg</i>	106	<i>alclometasone dipropionate oint 0.05%</i>	145
<i>advanced sus antacid</i>	27	ALCOHOL SWABS.....	190
<i>advanced tab formula</i>	203	ALDACTAZIDE TAB 50/50.....	155
ADVATE INJ 1000UNIT	167	<i>alendronate sodium tab 10 mg</i>	157
ADVATE INJ 1500UNIT	167	<i>alendronate sodium tab 35 mg</i>	157
ADVATE INJ 2000UNIT	167	<i>alendronate sodium tab 40 mg</i>	157
ADVATE INJ 250UNIT	167	<i>alendronate sodium tab 5 mg</i>	157
ADVATE INJ 3000UNIT	167	<i>alendronate sodium tab 70 mg</i>	157
ADVATE INJ 4000UNIT	167	<i>aler-cap cap 25mg</i>	65
ADVATE INJ 500UNIT	167	ALER-DRYL TAB 50MG	65
<i>advil jr st tab 100mg</i>	8	<i>alertab tab 25mg</i>	65
<i>advil jr str chw 100mg</i>	8	<i>alfuzosin hcl tab er 24hr 10 mg</i>	166
AEROSPAN AER 80MCG	38	<i>all day allg sol 1mg/ml</i>	71
<i>af spry powd aer 1%</i>	140	<i>all day allg sol 5mg/5ml</i>	71
<i>afeditab tab 30mg cr</i>	112	<i>all day allg tab 10mg</i>	71
<i>afeditab tab 60mg cr</i>	112	<i>all day alrg tab 5-120mg</i>	127
AFINITOR DIS TAB 2MG.....	88	<i>all day pain tab 220mg</i>	8
AFINITOR DIS TAB 3MG.....	88	<i>all day relf tab 220mg</i>	8
AFINITOR DIS TAB 5MG.....	88	ALLEGRA ALRG TAB 30MG.....	71
AFINITOR TAB 10MG	88	<i>aller/conges tab 10-240mg</i>	127
AFINITOR TAB 2.5MG	88	<i>aller-chlor syp 2mg/5ml</i>	64
AFINITOR TAB 5MG.....	88	<i>allerclear d tab 10-240mg</i>	127
AFINITOR TAB 7.5MG	88	<i>allerclear d tab 5-120mg</i>	127
AFLURIA INJ.....	263	<i>allerclear tab 10mg</i>	72
AFLURIA INJ PF	263	<i>allerclear tab d-24hr</i>	127
<i>afrin saline spr 0.65%</i>	227	<i>aller-ease tab 60mg</i>	72
<i>ak-poly-bac oin op</i>	232	<i>allergy 25mg tab dye-free</i>	65
<i>akwa tears oin op</i>	230	<i>allergy 4 hr tab 4mg</i>	64
<i>al12 lot 12%</i>	151	<i>allergy cap 25mg</i>	65
<i>ala-cort cre 1%</i>	145	<i>allergy chld liq 12.5/5ml</i>	65
<i>alavert alrg tab /sinus</i>	127	<i>allergy chld sol 1mg/ml</i>	72
<i>alavert tab 10mg</i>	71	<i>allergy comp sol 1mg/ml</i>	72
<i>alaway child dro 0.025%op</i>	234	<i>allergy cre 2-0.1%</i>	144
<i>alaway dro 0.025%op</i>	234	<i>allergy d tab 5-120mg</i>	127
ALBENZA TAB 200MG.....	30	<i>allergy eye dro 0.025%op</i>	234
<i>albuterol sulfate soln nebu 0.083% (2.5</i> <i>mg/3ml)</i>	38	<i>allergy liq 12.5/5ml</i>	65
<i>albuterol sulfate soln nebu 0.5% (5</i> <i>mg/ml)</i>	38	<i>allergy med cap 25mg</i>	65
<i>albuterol sulfate soln nebu 0.63 mg/3ml</i> <i>(base equiv)</i>	38	<i>allergy med liq 12.5/5ml</i>	65
<i>albuterol sulfate soln nebu 1.25 mg/3ml</i> <i>(base equiv)</i>	38	<i>allergy medi tab 25mg</i>	65
		<i>allergy rel elx 12.5/5ml</i>	65
		<i>allergy rel sol 1mg/ml</i>	72

<i>allergy rel tab 10mg</i>	72	<i>alogliptin benzoate tab 25 mg (base equiv)</i>	56
<i>allergy rel tab 25mg</i>	66	<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	56
<i>allergy rel/ tab deconges</i>	127	<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	53
<i>allergy relf cap 25mg</i>	66	<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	53
<i>allergy relf liq 12.5/5ml</i>	66	<i>alogliptin-pioglitazone tab 12.5-15 mg</i> 53	
<i>allergy relf liq 50/20ml</i>	66	<i>alogliptin-pioglitazone tab 12.5-30 mg</i> 53	
<i>allergy relf sol 5mg/5ml</i>	72	<i>alogliptin-pioglitazone tab 12.5-45 mg</i> 53	
<i>allergy relf syp 5mg/5ml</i>	72	<i>alogliptin-pioglitazone tab 25-15 mg...</i> 53	
<i>allergy relf tab /congest</i>	128	<i>alogliptin-pioglitazone tab 25-30 mg...</i> 53	
<i>allergy relf tab 1.34mg</i>	66	<i>alogliptin-pioglitazone tab 25-45 mg...</i> 53	
<i>allergy relf tab 10mg</i>	72	<i>ALOMIDE SOL 0.1% OP</i>	234
<i>allergy relf tab 12mg cr</i>	64	<i>alophen tab 5mg ec</i>	183
<i>allergy relf tab 25mg</i>	66	<i>ALPHANINE SD INJ 1500UNIT</i>	167
<i>allergy relf tab 4mg</i>	64	<i>ALPHANINE SD INJ 500UNIT</i>	167
<i>allergy relf tab 5-120mg</i>	128	<i>alprazolam tab 0.25 mg</i>	34
<i>allergy relf tab 60mg</i>	72	<i>alprazolam tab 0.5 mg</i>	34
<i>allergy relf tab d</i>	128	<i>alprazolam tab 1 mg</i>	34
<i>allergy relf tab d 24 hr</i>	128	<i>alprazolam tab 2 mg</i>	34
<i>allergy relf tab d12</i>	128	<i>ALPROLIX INJ 1000UNIT</i>	168
<i>allergy relf tab d-24</i>	128	<i>ALPROLIX INJ 2000UNIT</i>	168
<i>allergy relf tab deconges</i>	128	<i>ALPROLIX INJ 250UNIT</i>	167
<i>allergy tab 25mg</i>	66	<i>ALPROLIX INJ 3000UNIT</i>	168
<i>allergy tab 4mg</i>	64	<i>ALPROLIX INJ 4000UNIT</i>	168
<i>allergy/cong tab 5-120mg</i>	128	<i>ALPROLIX INJ 500UNIT</i>	168
<i>allergy-d tab 5-120mg</i>	128	<i>ALREX SUS 0.2%</i>	233
<i>allergy-time tab 4mg</i>	64	<i>ALTABAX OIN 1%</i>	139
<i>allerhist-1 tab 1.34mg</i>	66	<i>altachlore oin 5% op</i>	234
<i>aller-tec d tab 5-120mg</i>	127	<i>altachlore sol 5% op</i>	234
<i>aller-tec sol 1mg/ml</i>	72	<i>altalube oin</i>	230
<i>aller-tec tab 10mg</i>	72	<i>altamist spr 0.65%</i>	227
<i>allgy comp-d tab 5-120mg</i>	128	<i>altarussin syp 100/5ml</i>	134
<i>allopurinol tab 100 mg</i>	167	<i>altarussn dm syp 100-10/5</i>	128
<i>allopurinol tab 300 mg</i>	167	<i>altaryl syp 12.5/5ml</i>	66
<i>allrgy melts tab 12.5mg</i>	66	<i>altavera tab</i>	118
<i>allrgy rel d tab 10-240mg</i>	128	<i>alum & mag hydroxide-simethicone susp 500-450-40 mg/5ml</i>	27
<i>allrgy relf tab 12.5mg</i>	66	<i>alyacen tab 1/35</i>	118
<i>allrgy relf tab 5-120mg</i>	128	<i>alyacen tab 7/7/7</i>	118
<i>allrgy rlf-d tab 5-120mg</i>	128	<i>amantadine hcl cap 100 mg</i>	91
<i>almacone chw</i>	27	<i>amantadine hcl syrup 50 mg/5ml</i>	91
<i>almacone dbl sus strength</i>	27	<i>amcinonide cream 0.1%</i>	145
<i>almacone sus</i>	27	<i>amcinonide lotion 0.1%</i>	145
<i>almotriptan malate tab 12.5 mg</i>	191		
<i>almotriptan malate tab 6.25 mg</i>	191		
<i>ALOCRIIL SOL 2%</i>	234		
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	56		

AMCINONIDE OIN 0.1%	145	mg	239
amethia tab	118	amoxicillin (trihydrate) cap 250 mg ..	238
amethyst tab 90-20mcg	118	amoxicillin (trihydrate) cap 500 mg ..	238
AMEVIVE INJ 15MG	144	amoxicillin (trihydrate) chew tab 125 mg	238
amiloride & hydrochlorothiazide tab 5-50 mg	155	amoxicillin (trihydrate) chew tab 250 mg	238
amiloride hcl tab 5 mg	156	amoxicillin (trihydrate) for susp 125 mg/5ml	238
aminofen tab 325mg	14	amoxicillin (trihydrate) for susp 200 mg/5ml	238
aminofen tab 500mg	14	amoxicillin (trihydrate) for susp 250 mg/5ml	238
amiodarone hcl tab 200 mg	36	amoxicillin (trihydrate) for susp 400 mg/5ml	238
AMITIZA CAP 24MCG	163	amoxicillin (trihydrate) tab 500 mg ..	238
AMITIZA CAP 8MCG	163	amoxicillin (trihydrate) tab 875 mg ..	238
amitriptyline hcl tab 10 mg	50	amphetamine-dextroamphetamine cap er 24hr 10 mg	1
amitriptyline hcl tab 100 mg	51	amphetamine-dextroamphetamine cap er 24hr 15 mg	1
amitriptyline hcl tab 150 mg	51	amphetamine-dextroamphetamine cap er 24hr 20 mg	1
amitriptyline hcl tab 25 mg	50	amphetamine-dextroamphetamine cap er 24hr 25 mg	1
amitriptyline hcl tab 50 mg	50	amphetamine-dextroamphetamine cap er 24hr 30 mg	1
amitriptyline hcl tab 75 mg	50	amphetamine-dextroamphetamine cap er 24hr 5 mg	1
amlactin lot 12%	151	amphetamine-dextroamphetamine tab 10 mg	1
amlodipine besylate tab 10 mg (base equivalent)	112	amphetamine-dextroamphetamine tab 12.5 mg	1
amlodipine besylate tab 2.5 mg (base equivalent)	112	amphetamine-dextroamphetamine tab 15 mg	1
amlodipine besylate tab 5 mg (base equivalent)	112	amphetamine-dextroamphetamine tab 20 mg	1
amnestem cap 10mg	137	amphetamine-dextroamphetamine tab 30 mg	1
amnestem cap 20mg	137	amphetamine-dextroamphetamine tab 5 mg	1
amnestem cap 40mg	137	amphetamine-dextroamphetamine tab 7.5 mg	1
amoryn mood cap booster	203	ampicillin cap 250 mg	238
amoxicillin & k clavulanate chew tab 200-28.5 mg	238	ampicillin cap 500 mg	238
amoxicillin & k clavulanate chew tab 400-57 mg	238	ampicillin for susp 125 mg/5ml	238
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	238		
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	239		
amoxicillin & k clavulanate for susp 400-57 mg/5ml	239		
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	239		
amoxicillin & k clavulanate tab 250-125 mg	239		
amoxicillin & k clavulanate tab 500-125 mg	239		
amoxicillin & k clavulanate tab 875-125 mg			

<i>ampicillin for susp 250 mg/5ml</i>	238	<i>anti-fungal pow 2%</i>	140
AMPYRA TAB 10MG	242	<i>anti-fungal sol 1%</i>	140
<i>anagrelide hcl cap 0.5 mg</i>	170	<i>anti-gas cap 180mg</i>	162
<i>anagrelide hcl cap 1 mg</i>	170	<i>anti-hist tab 25mg</i>	66
<i>anastrozole tab 1 mg</i>	87	<i>antihistamin dro 0.025%op</i>	234
<i>animal chews chw</i>	224	<i>anti-itch cre /aloe/e</i>	145
<i>animal shape chw</i>	224	<i>anti-itch cre /oatmeal</i>	145
<i>animal shape chw /iron</i>	222	<i>anti-itch cre 1%</i>	145
<i>animal shape chw complete</i>	223	<i>anti-itch cre 1%pls 10</i>	145
<i>antacid adv sus max st</i>	27	<i>anti-itch lot 1%</i>	145
<i>antacid chw 1000mg</i>	29	<i>anti-itch oin 1%</i>	145
<i>antacid chw 500mg</i>	29	<i>anti-itch oin max st</i>	145
<i>antacid chw dbl st</i>	27	<i>anti-itch/ cre aloe</i>	145
<i>antacid extr chw 675-135</i>	27	<i>anti-nausea liq</i>	63
<i>antacid extr chw 750mg</i>	29	<i>anti-nausea sol</i>	63
<i>antacid fast sus acting</i>	27	<i>anti-nausea sol cherry</i>	63
<i>antacid fast sus relief</i>	27	<i>anti-nausea sol liquid</i>	63
<i>antacid i sus</i>	27	<i>anti-nausea/ sol rekemat</i>	63
<i>antacid iii sus</i>	27	<i>antiox form/ cap minerals</i>	203
<i>antacid liq sus</i>	27	<i>antioxidant cap</i>	203
<i>antacid m sus</i>	27	<i>antioxidant cap formula</i>	217
<i>antacid max chw 1000mg</i>	29	<i>anti-oxidant cap formula</i>	203
<i>antacid plus sus anti-gas</i>	27	<i>anti-oxidant tab</i>	217
<i>antacid plus sus gas rel</i>	27	<i>anti-oxidant tab plus</i>	203
<i>antacid sus</i>	27	<i>antioxidant tab protecti</i>	203
<i>antacid sus anti-gas</i>	27	<i>antioxidant tab vitamins</i>	203
<i>antacid sus ex st</i>	27	<i>antioxin cap 4000</i>	203
<i>antacid sus max st</i>	28	<i>antipyrine-benzocaine otic soln 54-14</i> <i>mg/ml (5.4-1.4%)</i>	236
<i>antacid sus mint crm</i>	28	APAP 500 LIQ 500/5ML	14
<i>antacid sus reg</i>	28	<i>apap dro 80/0.8ml</i>	14
<i>antacid sus reg st</i>	28	<i>apap melt tab 80mg</i>	14
<i>antacid sus ultra st</i>	28	<i>apap melts tab 160mg</i>	15
<i>antacid/gas sus rel max</i>	28	APIDRA INJ SOLOSTAR	56
<i>antacid/sime sus ds</i>	28	APIDRA INJ U-100.....	57
<i>antibiotic oin</i>	139	<i>apra elx 160/5ml</i>	15
<i>antibiotic oin pain rlf</i>	139	<i>apraclonidine hcl ophth soln 0.5% (base</i> <i>equivalent)</i>	232
<i>anti-dandruf sha 1%</i>	144	<i>aprepitant capsule 125 mg</i>	63
<i>anti-diarrhe cap 2mg</i>	61	<i>aprepitant capsule 40 mg</i>	63
<i>anti-diarrhe liq 1mg/5ml</i>	61	<i>aprepitant capsule 80 mg</i>	63
<i>anti-diarrhe tab 2mg</i>	61	<i>aprepitant capsule therapy pack 80 &</i> <i>125 mg</i>	63
<i>antifung pow aer 1%</i>	140	<i>apri tab</i>	119
<i>antifungal cre 1%</i>	141	APRISO CAP 0.375GM.....	163
<i>anti-fungal cre 1%</i>	140	APTIVUS CAP 250MG	102
<i>antifungal cre 2%</i>	141		
<i>antifungal cre foot 1%</i>	141		
<i>anti-fungal pow 1%</i>	140		

APTIVUS SOL	102	<i>artificial sol tears op</i>	230
<i>aquadeks dro</i>	223	<i>a-s pls alrg tab 25mg</i>	65
<i>aquanil hc lot 1%.....</i>	145	<i>ascorbic acid tab 500 mg</i>	267
<i>aranelle tab.....</i>	119	<i>ashlyna tab</i>	119
ARANESP INJ 100MCG.....	171	<i>aspercreme pad lido 4%</i>	152
ARANESP INJ 150MCG.....	171	<i>aspirin 81 tab 81mg ec</i>	18
ARANESP INJ 200MCG.....	171	<i>aspirin chld chw 81mg</i>	18
ARANESP INJ 25MCG.....	171	<i>aspirin tab 325mg</i>	18
ARANESP INJ 300MCG.....	171	<i>aspirin tab 81 mg.....</i>	18
ARANESP INJ 40MCG.....	171	ASPIRIN TAB 81MG	18
ARANESP INJ 500MCG.....	172	<i>aspirin tab delayed release 325 mg</i>	19
ARANESP INJ 60MCG.....	171	<i>aspirin tab delayed release 81 mg</i>	19
<i>argyl saline sol 0.9%.....</i>	166	<i>aspirin-dipyridamole cap er 12hr 25-200</i>	
<i>argyl saline sol 100ml.....</i>	109	<i>mg</i>	170
<i>aripiprazole oral solution 1 mg/ml.....</i>	101	<i>aspir-low tab 81mg ec</i>	18
<i>aripiprazole orally disintegrating tab 10</i>		<i>aspirtab tab 324mg ec.....</i>	19
<i>mg.....</i>	101	ATABEX OB TAB 29-1MG.....	218
<i>aripiprazole orally disintegrating tab 15</i>		<i>atazanavir sulfate cap 150 mg (base</i>	
<i>mg.....</i>	101	<i>equiv).....</i>	102
<i>aripiprazole tab 10 mg.....</i>	101	<i>atazanavir sulfate cap 200 mg (base</i>	
<i>aripiprazole tab 15 mg.....</i>	101	<i>equiv).....</i>	102
<i>aripiprazole tab 2 mg</i>	101	<i>atazanavir sulfate cap 300 mg (base</i>	
<i>aripiprazole tab 20 mg.....</i>	101	<i>equiv).....</i>	102
<i>aripiprazole tab 30 mg.....</i>	101	<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>aripiprazole tab 5 mg</i>	101	<i>.....</i>	82
ARISTADA INJ 441MG/1.	101	<i>atenolol & chlorthalidone tab 50-25 mg</i>	
ARISTADA INJ 662MG/2	101	<i>.....</i>	82
ARISTADA INJ 882MG/3	101	<i>atenolol tab 100 mg</i>	110
<i>armodafinil tab 150 mg</i>	4	<i>atenolol tab 25 mg</i>	110
<i>armodafinil tab 200 mg</i>	4	<i>atenolol tab 50 mg</i>	110
<i>armodafinil tab 250 mg</i>	4	<i>ath foot pow aer 1%.....</i>	141
<i>armodafinil tab 50 mg</i>	4	<i>athlete foot aer 1%</i>	141
ARMOUR THYRO TAB 120MG	253	<i>athlete foot aer 2%</i>	141
ARMOUR THYRO TAB 15MG.....	253	<i>athlete foot cre 1%</i>	141
ARMOUR THYRO TAB 180MG.....	253	<i>athlete foot cre af.....</i>	141
ARMOUR THYRO TAB 240MG.....	254	<i>atomoxetine hcl cap 10 mg (base equiv)</i>	
ARMOUR THYRO TAB 300MG.....	254	<i>.....</i>	3
ARMOUR THYRO TAB 30MG.....	253	<i>atomoxetine hcl cap 100 mg (base</i>	
ARMOUR THYRO TAB 60MG.....	253	<i>equiv).....</i>	3
ARMOUR THYRO TAB 90MG.....	253	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	
<i>arthrts pain tab 650mg.....</i>	15	<i>.....</i>	3
<i>artifi tears dro</i>	230	<i>atomoxetine hcl cap 25 mg (base equiv)</i>	
<i>artifi tears dro 1-0.3%.....</i>	230	<i>.....</i>	3
<i>artifi tears oin op</i>	230	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	
<i>artificial dro tears</i>	230	<i>.....</i>	3
<i>artificial sol tears</i>	230	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	

..... 3	<i>b-12 tr tab 1000 mcg</i> 170
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	<i>b-12-sl sub 1000mcg</i> 170
..... 3	<i>b6 natural tab 100mg</i> 267
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	<i>baby ayr spr 0.65%</i> 227
.....76	<i>bacitracin oin 500/gm</i> 139
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	<i>bacitracin oint 500 unit/gm</i> 140
.....76	<i>bacitracin ophth oint 500 unit/gm</i> 232
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	<i>bacitracin zinc oint 500 unit/gm</i> 140
.....76	<i>bacitracin-polymyxin b ophth oint</i> 232
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> 233
.....76	<i>bacitraycin oin 500/gm</i> 140
<i>atovaquone susp 750 mg/5ml</i> 31	<i>baclofen tab 10 mg</i> 226
<i>atovaquone-proguanil hcl tab 250-100 mg</i> 84	<i>baclofen tab 20 mg</i> 226
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> 84	BACTROBAN OIN NASAL 2%..... 227
<i>atropine sul sol 1% op</i> 232	<i>balsalazide disodium cap 750 mg</i> 163
ATROVENT HFA AER 17MCG.....37	<i>balziva tab</i> 119
<i>aubra tab 0.1-0.02</i> 119	<i>banophen cap 25mg</i> 66
AUGMENTIN SUS 125/5ML.....239	<i>banophen cap 50mg</i> 67
<i>auraphene-b sol 6.5% ot</i> 236	<i>banophen liq 12.5/5ml</i> 67
<i>aurodex sol otic</i> 236	<i>banophen tab 25mg</i> 67
<i>aveeno cre 1%</i> 146	BANZEL SUS 40MG/ML 43
<i>aviane tab</i> 119	BANZEL TAB 200MG 43
<i>avidoxy tab 100mg</i> 253	BANZEL TAB 400MG 43
<i>avita cre 0.025%</i> 137	BAQSIMI ONE POW 3MG/DOSE 55
<i>avita gel 0.025%</i> 137	BARACLUDGE SOL .05MG/ML..... 106
AVONEX KIT 30MCG.....242	BASAGLAR KWIKPEN 57
AVONEX PEN KIT 30MCG 242	<i>bayer adv tab 325mg</i> 19
AVONEX PREFL KIT 30MCG 242	<i>bayer asa tab 325mg</i> 19
<i>ayr spr 0.65%</i> 227	<i>bayer low chw 81mg</i> 19
<i>azathioprine tab 50 mg</i> 108	<i>baza antifun cre 2%</i> 141
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i> 227	<i>b-complex tab balanced</i> 201
<i>azelastine hcl ophth soln 0.05%</i> 234	<i>b-complex w/ c & folic acid tab</i> 201
<i>azithromycin for susp 100 mg/5ml</i> 188	BD U-500 MIS 31GX6MM 190
<i>azithromycin for susp 200 mg/5ml</i> 188	<i>bdy/hair/skn cap nails</i> 203
<i>azithromycin powd pack for susp 1 gm</i>	BE WELL PAK ROUNDED..... 218
.....188	<i>bedding spra aer 0.5%</i> 152
<i>azithromycin tab 250 mg</i> 188	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> 82
<i>azithromycin tab 500 mg</i> 188	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> 82
<i>azithromycin tab 600 mg</i> 188	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> 82
<i>azurette tab 28 day</i> 119	<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i> 82
B	<i>benazepril hcl tab 10 mg</i> 78
<i>b complex tab vit c</i> 201	
<i>b-12 micrloz sub 500mcg</i> 170	

<i>benazepril hcl tab 20 mg</i>	78	<i>betaxolol hcl tab 10 mg</i>	110
<i>benazepril hcl tab 40 mg</i>	78	<i>betaxolol hcl tab 20 mg</i>	110
<i>benazepril hcl tab 5 mg</i>	78	<i>bethanechol chloride tab 10 mg</i>	164
BENEFIX INJ 1000UNIT	168	<i>bethanechol chloride tab 25 mg</i>	164
BENEFIX INJ 2000UNIT	168	<i>bethanechol chloride tab 5 mg</i>	164
BENEFIX INJ 250UNIT	168	<i>bethanechol chloride tab 50 mg</i>	164
BENEFIX INJ 3000UNIT	168	<i>bicalutamide tab 50 mg</i>	87
BENEFIX INJ 500UNIT	168	<i>bidex tab 400mg</i>	134
<i>benzonatate cap 100 mg</i>	127	BIKTARVY TAB	102
<i>benzonatate cap 200 mg</i>	127	BILTRICIDE TAB 600MG	30
<i>benzoyl per liq 10% wash</i>	137	<i>bimatoprost ophth soln 0.03%</i>	235
<i>benzoyl per liq 5% wash</i>	137	<i>biocel tab</i>	203
<i>benzoyl peroxide gel 10%</i>	137	<i>biocotron liq 100-10/5</i>	128
<i>benzoyl peroxide gel 5%</i>	137	<i>bio-d-mulsio liq 400unit</i>	265
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	137	<i>bion tears sol op</i>	230
<i>benztropine mesylate tab 0.5 mg</i>	91	<i>biotin plus/ tab cal/vitd</i>	203
<i>benztropine mesylate tab 1 mg</i>	91	<i>bisac-evac sup 10mg</i>	183
<i>benztropine mesylate tab 2 mg</i>	91	<i>bisacodyl sup 10mg</i>	183
BENZYL ALC LIQ	239	<i>bisacodyl tab 5mg ec</i>	183
BENZYL BENZO LIQ	118	<i>biscolax sup 10mg</i>	183
BERINERT INJ 500UNIT	118	<i>bismatrol chw 262mg</i>	60
BESIVANCE SUS 0.6%	232	<i>bismatrol sus 262/15ml</i>	60
<i>best fiber pow</i>	177	<i>bismatrol sus 525/15ml</i>	60
<i>beta hc lot 1%</i>	146	<i>bismuth subsalicylate chew tab 262 mg</i>	60
<i>betamethasone dipropionate augmented</i> <i>cream 0.05%</i>	146	<i>bisoprolol & hydrochlorothiazide tab 10-</i> <i>6.25 mg</i>	83
<i>betamethasone dipropionate augmented</i> <i>gel 0.05%</i>	146	<i>bisoprolol & hydrochlorothiazide tab 2.5-</i> <i>6.25 mg</i>	83
<i>betamethasone dipropionate augmented</i> <i>lotion 0.05%</i>	146	<i>bisoprolol & hydrochlorothiazide tab 5-</i> <i>6.25 mg</i>	83
<i>betamethasone dipropionate augmented</i> <i>oint 0.05%</i>	146	<i>bisoprolol fumarate tab 10 mg</i>	110
<i>betamethasone dipropionate cream</i> <i>0.05%</i>	146	<i>bisoprolol fumarate tab 5 mg</i>	110
<i>betamethasone dipropionate lotion</i> <i>0.05%</i>	146	<i>bite-a-mins chw</i>	224
<i>betamethasone dipropionate oint 0.05%</i>	146	<i>bite-a-mins chw /iron</i>	222
<i>betamethasone valerate cream 0.1%</i> <i>(base equivalent)</i>	146	<i>blis-to-sol liq 1%</i>	141
<i>betamethasone valerate oint 0.1% (base</i> <i>equivalent)</i>	146	BOTOX INJ 100UNIT	229
<i>betasept liq 4%</i>	102	BOTOX INJ 200UNIT	229
<i>betatemp sus 160/5ml</i>	15	<i>bounty bears chw /c</i>	224
<i>betaxolol hcl ophth soln 0.5%</i>	231	<i>b-plex plus tab</i>	203
		<i>b-plex tab</i>	201
		<i>bprotected liq multi-vi</i>	203
		<i>bprotected sol tri-vite</i>	225
		BRAINSTRONG MIS PRENATAL	218
		<i>b-redi/rd hr tab ts/rd ro</i>	203
		BREO ELLIPTA INH 100-25	38

BREO ELLIPTA INH 200-25	38	<i>buspirone hcl tab 7.5 mg</i>	33
<i>briellyn tab</i>	119	<i>butalbital tab cpd</i>	13
<i>brimonidine tartrate ophth soln 0.15%</i>	232	<i>butalbital-acetaminophen tab 50-325 mg</i>	13
<i>brimonidine tartrate ophth soln 0.2%</i>	232	<i>butalbital-acetaminophen-caff w/ cod cap</i> <i>50-325-40-30 mg</i>	25
<i>bromfed dm syp</i>	128	<i>butalbital-acetaminophen-cafeine cap</i> <i>50-325-40 mg</i>	13
<i>bromfenac sodium ophth soln 0.09%</i> (base equiv) (once-daily)	232	<i>butalbital-acetaminophen-cafeine tab</i> <i>50-325-40 mg</i>	13
<i>bromfenac sodium ophth soln 0.09%</i> (base equivalent)	234	<i>butalbital-aspirin-cafeine cap 50-325-40</i> <i>mg</i>	13
<i>bromocriptine mesylate cap 5 mg (base</i> <i>equivalent)</i>	91	<i>butalbital-aspirin-cafeine tab 50-325-40</i> <i>mg</i>	13
<i>bromocriptine mesylate tab 2.5 mg (base</i> <i>equivalent)</i>	91	<i>butenafine hcl cream 1%</i>	141
<i>brotapp dm liq 15-1-5/5</i>	128	<i>butorphanol tartrate inj 1 mg/ml</i>	26
<i>brotapp liq</i>	128	<i>butorphanol tartrate inj 2 mg/ml</i>	26
<i>buckleys liq chest</i>	134	<i>butorphanol tartrate nasal soln 10 mg/ml</i>	26
<i>budesonide delayed release particles cap</i> <i>3 mg</i>	125	BUTRANS DIS 10MCG/HR	26
<i>budesonide inhalation susp 0.25 mg/2ml</i>	38	BUTRANS DIS 20MCG/HR	26
<i>budesonide inhalation susp 0.5 mg/2ml</i>	38	BUTRANS DIS 5MCG/HR	26
<i>bumetanide tab 0.5 mg</i>	155	BYETTA INJ 10MCG	56
<i>bumetanide tab 1 mg</i>	155	BYETTA INJ 5MCG	56
<i>bumetanide tab 2 mg</i>	155	BYSTOLIC TAB 10MG	110
<i>buprenorphine hcl sl tab 2 mg (base</i> <i>equiv)</i>	26	BYSTOLIC TAB 2.5MG	110
<i>buprenorphine hcl sl tab 8 mg (base</i> <i>equiv)</i>	26	BYSTOLIC TAB 20MG	110
<i>buprenorphine hcl-naloxone hcl sl tab 2-</i> <i>0.5 mg (base equiv)</i>	26	BYSTOLIC TAB 5MG	110
<i>buprenorphine hcl-naloxone hcl sl tab 8-</i> <i>2 mg (base equiv)</i>	26	BYVALSON TAB 5-80MG	83
<i>bupropion hcl (smoking deterrent) tab er</i> <i>12hr 150 mg</i>	242	C	
<i>bupropion hcl tab 100 mg</i>	47	<i>ca citrate + tab</i>	193
<i>bupropion hcl tab 75 mg</i>	47	<i>ca citrate tab plus d</i>	193
<i>bupropion hcl tab er 12hr 100 mg</i>	47	<i>cabergoline tab 0.5 mg</i>	159
<i>bupropion hcl tab er 12hr 150 mg</i>	47	<i>caffeine citrate oral soln 60 mg/3ml (10</i> <i>mg/ml base equiv)</i>	3
<i>bupropion hcl tab er 12hr 200 mg</i>	47	<i>cal antacid chw 1000mg</i>	29
<i>bupropion hcl tab er 24hr 150 mg</i>	47	<i>calc 600+d tab 600-800</i>	193
<i>bupropion hcl tab er 24hr 300 mg</i>	47	<i>calc antacid chw 1000mg</i>	29
<i>buspirone hcl tab 10 mg</i>	33	<i>calc antacid chw 500mg</i>	29
<i>buspirone hcl tab 15 mg</i>	33	<i>calc antacid chw 750mg</i>	29
<i>buspirone hcl tab 5 mg</i>	33	<i>calc cit+d3 tab 250-200</i>	193
		<i>calc citr/d3 tab 200-250</i>	193
		<i>calc citr+d3 tab 200-250</i>	193
		<i>calc citrate tab +d</i>	193
		<i>calcarb/d tab 600</i>	193
		<i>calcipotriene oint 0.005%</i>	144

<i>calcipotriene soln 0.005% (50 mcg/ml)</i>		<i>mg-200 unit</i>	194
.....	144	<i>calcium carbonate-cholecalciferol tab 600</i>	
<i>calcipotriene-betamethasone</i>		<i>mg-400 unit</i>	194
<i>dipropionate oint 0.005-0.064%</i>	146	<i>calcium carbonate-ergocalciferol tab</i>	
<i>calcitonin (salmon) nasal soln 200</i>		<i>500mg-200 unit</i>	194
<i>unit/act</i>	157	<i>calcium carbonate-vitamin d cap 600</i>	
<i>calcitrate tab</i>	193	<i>mg-200 unit</i>	194
<i>calcitrate tab 950mg</i>	193	<i>calcium carbonate-vitamin d tab 250 mg-</i>	
<i>calcitrene oin 0.005%</i>	144	<i>125 unit</i>	195
<i>calcitriol cap 0.25 mcg</i>	158	<i>calcium carbonate-vitamin d tab 500 mg-</i>	
<i>calcitriol cap 0.5 mcg</i>	158	<i>125 unit</i>	195
<i>calcium + d tab</i>	194	<i>calcium carbonate-vitamin d tab 500 mg-</i>	
<i>calcium + d tab 600-200</i>	194	<i>200 unit</i>	195
<i>calcium +d tab maximum</i>	194	<i>calcium carbonate-vitamin d tab 500 mg-</i>	
<i>calcium +d3 tab maximum</i>	194	<i>400 unit</i>	195
<i>calcium 500 tab /vit d</i>	194	<i>calcium carbonate-vitamin d tab 600 mg-</i>	
<i>calcium 500 tab +d</i>	194	<i>125 unit</i>	195
<i>CALCIUM 600 CHW +D/MINER</i>	194	<i>calcium carbonate-vitamin d tab 600 mg-</i>	
<i>calcium 600 chw +d/mnrsls</i>	194	<i>200 unit</i>	195
<i>calcium 600 chw w/vit d</i>	194	<i>calcium carbonate-vitamin d tab 600 mg-</i>	
<i>calcium 600 tab</i>	194	<i>400 unit</i>	195
<i>calcium 600 tab + d</i>	194	<i>calcium carb-vit d w/ minerals chew tab</i>	
<i>calcium 600 tab +d3</i>	194	<i>600 mg-400 unit</i>	194
<i>calcium 600 tab -d</i>	194	<i>calcium citr tab +d</i>	195
<i>calcium 600/ tab vit d</i>	194	<i>calcium citr tab plus d-3</i>	195
<i>calcium acetate (phosphate binder) cap</i>		<i>calcium citr tab w/vit d3</i>	195
<i>667 mg (169 mg ca)</i>	164	<i>calcium citrate tab 950 mg (200 mg</i>	
<i>calcium carb tab 1250mg</i>	194	<i>elemental ca)</i>	195
<i>calcium carbonate (antacid) chew tab</i>		<i>calcium citrate-vitamin d tab 200 mg-</i>	
<i>500 mg</i>	29	<i>250 unit (elemental ca)</i>	195
<i>calcium carbonate (antacid) susp 1250</i>		<i>calcium citrate-vitamin d tab 315 mg-</i>	
<i>mg/5ml</i>	194	<i>200 unit (elemental ca)</i>	195
<i>calcium carbonate (antacid) tab 648 mg</i>		<i>calcium citrate-vitamin d tab 315 mg-</i>	
.....	29	<i>250 unit (elemental ca)</i>	195
<i>calcium carbonate tab 1250 mg (500 mg</i>		<i>calcium tab 500/d</i>	195
<i>elemental ca)</i>	194	<i>calcium tab 500+d</i>	195
<i>calcium carbonate tab 600 mg</i>	194	<i>calcium tab 600mg</i>	195
<i>calcium carbonate-cholecalciferol chew</i>		<i>calcium tab vit d</i>	195
<i>tab 500 mg-100 unit</i>	194	<i>calcium w/ vitamin d tab 600 mg-200</i>	
<i>calcium carbonate-cholecalciferol tab 250</i>		<i>unit</i>	195
<i>mg-125 unit</i>	194	<i>calcium/d chw 500-400</i>	195
<i>calcium carbonate-cholecalciferol tab 500</i>		<i>calcium/d tab 500-200</i>	195
<i>mg-125 unit</i>	194	<i>calcium/d tab 600-800</i>	195
<i>calcium carbonate-cholecalciferol tab 500</i>		<i>calcium/d3 cap 600-500</i>	195
<i>mg-400 unit</i>	194	<i>calcium/d3 tab</i>	195
<i>calcium carbonate-cholecalciferol tab 600</i>		<i>calcium/d3 tab 600-800</i>	195

<i>calcium+d3 tab 600-400</i>	195	<i>carbidopa & levodopa tab 25-100 mg</i> .	92
<i>calcium+d3 tab 600-800</i>	195	<i>carbidopa & levodopa tab 25-250 mg</i> .	92
<i>calcium-magnesium-zinc tab 333-133-5</i>		<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>mg</i>	195	.....	92
<i>cal-gest chw 500mg</i>	29	<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>CALNA TAB</i>	219	.....	92
<i>caltrate 600 chw 600-800</i>	196	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>caltrate 600 tab</i>	196	<i>12.5-50-200 mg</i>	92
<i>calvite p&d tab</i>	196	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>camila tab 0.35mg</i>	125	<i>18.75-75-200 mg</i>	92
<i>camrese tab</i>	119	<i>carbidopa-levodopa-entacapone tabs 25-</i>	
<i>candesartan cilexetil tab 16 mg</i>	80	<i>100-200 mg</i>	92
<i>candesartan cilexetil tab 32 mg</i>	80	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>candesartan cilexetil tab 4 mg</i>	80	<i>31.25-125-200 mg</i>	92
<i>candesartan cilexetil tab 8 mg</i>	80	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>capacet cap</i>	13	<i>37.5-150-200 mg</i>	92
<i>capecitabine tab 150 mg</i>	86	<i>carbidopa-levodopa-entacapone tabs 50-</i>	
<i>capecitabine tab 500 mg</i>	87	<i>200-200 mg</i>	92
<i>CAPMIST DM TAB</i>	129	<i>carbinoxamine maleate soln 4 mg/5ml</i> 67	
<i>CAPRELSA TAB 100MG</i>	88	<i>carbinoxamine maleate tab 4 mg</i>	67
<i>CAPRELSA TAB 300MG</i>	88	<i>CARIMUNE NF INJ 12GM</i>	237
<i>capsaicin cream 0.025%</i>	152	<i>carisoprodol tab 350 mg</i>	226
<i>capsaicin cream 0.1%</i>	152	<i>carravite tab</i>	203
<i>captopril & hydrochlorothiazide tab 25-15</i>		<i>carteolol hcl ophth soln 1%</i>	231
<i>mg</i>	83	<i>carters tab 5mg ec</i>	183
<i>captopril & hydrochlorothiazide tab 25-25</i>		<i>cartia xt cap 180/24hr</i>	113
<i>mg</i>	83	<i>cartia xt cap 240/24hr</i>	113
<i>captopril & hydrochlorothiazide tab 50-15</i>		<i>cartia xt cap 300/24hr</i>	113
<i>mg</i>	83	<i>carvedilol tab 12.5 mg</i>	110
<i>captopril & hydrochlorothiazide tab 50-25</i>		<i>carvedilol tab 25 mg</i>	110
<i>mg</i>	83	<i>carvedilol tab 3.125 mg</i>	109
<i>captopril tab 100 mg</i>	78	<i>carvedilol tab 6.25 mg</i>	109
<i>captopril tab 12.5 mg</i>	78	<i>cavarest gel 1.1%</i>	201
<i>captopril tab 25 mg</i>	78	<i>CAYA DPR</i>	188
<i>captopril tab 50 mg</i>	78	<i>CAYSTON INH 75MG</i>	30
<i>CARAFATE SUS 1GM/10ML</i>	262	<i>caziant pak</i>	119
<i>carbamazepine cap er 12hr 100 mg</i> ...	43	<i>cefaclor cap 250 mg</i>	117
<i>carbamazepine cap er 12hr 200 mg</i> ...	43	<i>cefaclor cap 500 mg</i>	117
<i>carbamazepine cap er 12hr 300 mg</i> ...	43	<i>cefaclor for susp 125 mg/5ml</i>	117
<i>carbamazepine chew tab 100 mg</i>	43	<i>cefaclor for susp 250 mg/5ml</i>	117
<i>carbamazepine susp 100 mg/5ml</i>	43	<i>cefaclor for susp 375 mg/5ml</i>	117
<i>carbamazepine tab 200 mg</i>	43	<i>cefadroxil for susp 250 mg/5ml</i>	117
<i>carbamazepine tab er 12hr 100 mg</i>	43	<i>cefadroxil for susp 500 mg/5ml</i>	117
<i>carbamazepine tab er 12hr 200 mg</i>	43	<i>cefdinir cap 300 mg</i>	117
<i>carbamazepine tab er 12hr 400 mg</i>	43	<i>cefdinir for susp 125 mg/5ml</i>	118
<i>carbidopa & levodopa tab 10-100 mg</i> ..	91	<i>cefdinir for susp 250 mg/5ml</i>	118

<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	118	<i>certavite/ tab antioxid</i>	204
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	118	<i>cesia pak</i>	119
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	118	<i>cetirizine hcl tab 10 mg</i>	72
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	118	<i>cetirizine hcl tab 5 mg</i>	72
<i>cefpodoxime proxetil tab 100 mg</i>	118	<i>cetirizine sol 5mg/5ml</i>	72
<i>cefpodoxime proxetil tab 200 mg</i>	118	<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	129
<i>cefprozil for susp 125 mg/5ml</i>	117	<i>cevimeline hcl cap 30 mg</i>	201
<i>cefprozil for susp 250 mg/5ml</i>	117	<i>cgh dm max liq 10-200</i>	129
<i>ceftibuten cap 400 mg</i>	118	<i>CHANTIX PAK 0.5& 1MG</i>	242
<i>cefuroxime axetil tab 250 mg</i>	117	<i>CHANTIX PAK 1MG</i>	242
<i>cefuroxime axetil tab 500 mg</i>	117	<i>CHANTIX TAB 0.5MG</i>	242
<i>celecoxib cap 100 mg</i>	8	<i>CHANTIX TAB 1MG</i>	242
<i>celecoxib cap 200 mg</i>	8	<i>chateal eq tab 0.15/30</i>	119
<i>celecoxib cap 400 mg</i>	8	<i>cheratussin syp ac</i>	129
<i>celecoxib cap 50 mg</i>	8	<i>chest conges liq child</i>	134
<i>CENESTIN TAB 0.3MG</i>	160	<i>chest conges liq childrns</i>	134
<i>CENESTIN TAB 0.45MG</i>	160	<i>chest conges tab 400mg</i>	134
<i>CENESTIN TAB 0.625MG</i>	160	<i>chewabl vite chw childrns</i>	224
<i>CENESTIN TAB 0.9MG</i>	160	<i>child apap tab 80mg</i>	15
<i>CENESTIN TAB 1.25MG</i>	160	<i>child asa ls chw 81mg</i>	19
<i>cent mature tab womn 50+</i>	203	<i>child chew chw iron</i>	222
<i>centamin liq</i>	203	<i>child chew chw vitamins</i>	224
<i>centavite az tab minerals</i>	204	<i>child chew/ chw extra c</i>	224
<i>centavite liq</i>	204	<i>child multiv chw iron</i>	222
<i>central-vite tab mens mat</i>	204	<i>child nonasa chw pain/rel</i>	15
<i>central-vite tab wmns mat</i>	204	<i>child silfed liq 15mg/5ml</i>	228
<i>centravites tab</i>	204	<i>child soothe chw 400mg</i>	29
<i>centravites tab 50 plus</i>	204	<i>child vitami chw</i>	223
<i>centrum kids chw complete</i>	223	<i>children vit chw</i>	224
<i>CENTRUM SPEC PAK PRENATAL</i>	219	<i>childrens chw /iron</i>	222
<i>century tab</i>	204	<i>childrens chw complete</i>	223
<i>century tab mature</i>	204	<i>childrens chw gummies</i>	223
<i>cephalexin cap 250 mg</i>	117	<i>childrens chw multivit</i>	223, 224
<i>cephalexin cap 500 mg</i>	117	<i>childrens chw pepto</i>	29
<i>cephalexin for susp 125 mg/5ml</i>	117	<i>childrens chw soothe</i>	30
<i>cephalexin for susp 250 mg/5ml</i>	117	<i>childrens chw vitamins</i>	224
<i>cerovite jr chw</i>	223	<i>chld allergy liq 12.5/5ml</i>	67
<i>cerovite tab advanced</i>	204	<i>chld meditab chw 80mg</i>	15
<i>cerovite tab senior</i>	204	<i>chld mltivit chw /mineral</i>	223
<i>certa plus tab</i>	204	<i>chld non-asa chw 80mg grp</i>	15
<i>certagen tab</i>	204	<i>chld pain rl tab 80mg</i>	15
<i>certavite liq antioxid</i>	204	<i>chld silapap liq 160/5ml</i>	15
		<i>chld vitamin chw iron</i>	222
		<i>chlds mapap tab 80mg rt</i>	15
		<i>chloral hydrate syrup 500 mg/5ml</i>	176

<i>chloramphenicol sodium succinate for iv inj 1 gm</i>	31	<i>equiv)</i>	137
<i>chloraseptic liq sore thr</i>	15	<i>ciclopirox solution 8%</i>	137
<i>chlordiazepoxide hcl cap 10 mg</i>	34	<i>cilostazol tab 100 mg</i>	170
<i>chlordiazepoxide hcl cap 25 mg</i>	34	<i>cilostazol tab 50 mg</i>	170
<i>chlordiazepoxide hcl cap 5 mg</i>	34	CIMDUO TAB 300-300	102
<i>chlorhexidine gluconate liquid 4%</i>	102	<i>cimetidine hcl soln 300 mg/5ml</i>	260
<i>chlorhist tab 4mg</i>	64	<i>cimetidine tab 200 mg</i>	260
<i>chloroquine phosphate tab 250 mg</i>	84	<i>cimetidine tab 300 mg</i>	260
<i>chloroquine phosphate tab 500 mg</i>	84	<i>cimetidine tab 400 mg</i>	260
<i>chlorothiazide tab 250 mg</i>	156	<i>cimetidine tab 800 mg</i>	260
<i>chlorothiazide tab 500 mg</i>	156	CIMZIA KIT	163
<i>chlor-phenir tab 4mg</i>	64	CIMZIA KIT STARTER	163
<i>chlorpheniramine maleate tab 4 mg</i>	64	CIMZIA PREFL KIT 200MG/ML.....	163
<i>chlorpheniramine maleate tab er 12 mg</i>	64	CINRYZE SOL 500 UNIT	118
<i>chlorpromazine hcl tab 10 mg</i>	99	CIPRO HC SUS OTIC.....	236
<i>chlorpromazine hcl tab 100 mg</i>	99	CIPRODEX SUS 0.3-0.1%.....	236
<i>chlorpromazine hcl tab 200 mg</i>	99	<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	232
<i>chlorpromazine hcl tab 25 mg</i>	99	<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	236
<i>chlorpromazine hcl tab 50 mg</i>	99	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	161
<i>chlorpropamide tab 100 mg</i>	59	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	161
<i>chlorpropamide tab 250 mg</i>	59	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	161
<i>chlorthalidone tab 100 mg</i>	156	<i>cit calc/d tab 315-250</i>	196
<i>chlorthalidone tab 25 mg</i>	156	<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	48
<i>chlorthalidone tab 50 mg</i>	156	<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	48
<i>chlorzoxazone tab 500 mg</i>	226	<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	48
<i>cholecalciferol cap 1000 unit</i>	265	<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	48
<i>cholecalciferol cap 2000 unit</i>	265	<i>citroma</i>	182
<i>cholecalciferol chew tab 1000 unit</i>	265	<i>claravis cap 10mg</i>	137
<i>cholecalciferol drops 5000 unit/ml (1000 unit/0.2ml)</i>	265	<i>claravis cap 20mg</i>	137
<i>cholecalciferol oral liquid 400 unit/ml</i>	266	<i>claravis cap 30mg</i>	137
<i>cholecalciferol tab 1000 unit</i>	266	<i>claravis cap 40mg</i>	137
<i>cholecalciferol tab 2000 unit</i>	266	<i>clarithromycin for susp 125 mg/5ml</i> .	188
<i>cholecalciferol tab 400 unit</i>	266	<i>clarithromycin for susp 250 mg/5ml</i> .	188
<i>cholestyramine light powder 4 gm/dose</i>	75	<i>clarithromycin tab 250 mg</i>	188
<i>cholestyramine powder 4 gm/dose</i>	75	<i>clarithromycin tab 500 mg</i>	188
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	76	<i>claritin eye dro 0.025%op</i>	234
<i>chor gonadot inj 10000unt</i>	158	<i>clear eyes dro 0.5-0.6%</i>	230
<i>ciclodan cre 0.77%</i>	141		
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	141		
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	137		

<i>clearlax pow</i>	180	<i>0.05%</i>	141
<i>clemastine fumarate syrup 0.67 mg/5ml</i> (0.5 mg/5ml base eq)	67	<i>clotrimazole w/ betamethasone lotion 1-</i> <i>0.05%</i>	141
<i>clemastine fumarate tab 1.34 mg (1 mg</i> <i>base equiv)</i>	67	<i>clozapine tab 100 mg</i>	97
<i>clemastine fumarate tab 2.68 mg</i>	67	<i>clozapine tab 200 mg</i>	97
<i>clindamycin hcl cap 150 mg</i>	31	<i>clozapine tab 25 mg</i>	96
<i>clindamycin hcl cap 300 mg</i>	31	<i>clozapine tab 50 mg</i>	96
<i>clindamycin palmitate hcl for soln 75</i> <i>mg/5ml (base equiv)</i>	31	<i>clr soluble pow fiber</i>	177
<i>clindamycin phosphate gel 1%</i>	137	<i>codeine sulf tab 15mg</i>	21
<i>clindamycin phosphate lotion 1%</i>	138	<i>codeine sulf tab 30mg</i>	21
<i>clindamycin phosphate soln 1%</i>	138	<i>codeine sulf tab 60mg</i>	21
<i>clindamycin phosphate vaginal cream 2%</i>	264	<i>co-gesic tab 5-500mg</i>	25
<i>clindamycin phosphate-tretinoin gel 1.2-</i> <i>0.025%</i>	138	<i>colchicine tab 0.6 mg</i>	167
<i>clindamycin phosph-benzoyl peroxide</i> (refrig) gel 1.2 (1)-5%	137	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	167
<i>clobetasol propionate cream 0.05%</i> ..	146	<i>cold & cough liq 6.25-2.5</i>	129
<i>clobetasol propionate gel 0.05%</i>	146	<i>cold/allergy elx children</i>	129
<i>clobetasol propionate oint 0.05%</i>	146	<i>cold/cough elx children</i>	129
<i>clobetasol propionate soln 0.05%</i>	146	<i>cold/cough elx dm</i>	129
<i>clocortolone pivalate cream 0.1%</i>	146	<i>cold/cough liq 6.25-2.5</i>	129
<i>clomipramine hcl cap 25 mg</i>	51	<i>colesevelam hcl packet for susp 3.75 gm</i>	75
<i>clomipramine hcl cap 50 mg</i>	51	<i>colesevelam hcl tab 625 mg</i>	75
<i>clomipramine hcl cap 75 mg</i>	51	<i>colestipol hcl tab 1 gm</i>	75
<i>clonazepam tab 0.5 mg</i>	42	<i>COLY-MYCIN S SUS OTIC</i>	236
<i>clonazepam tab 1 mg</i>	42	<i>COMBIGAN SOL 0.2/0.5%</i>	231
<i>clonazepam tab 2 mg</i>	42	<i>COMBIVENT AER 20-100</i>	38
<i>clonidine hcl tab 0.1 mg</i>	81	<i>COMETRIQ KIT 100MG</i>	88
<i>clonidine hcl tab 0.2 mg</i>	81	<i>COMETRIQ KIT 140MG</i>	88
<i>clonidine hcl tab 0.3 mg</i>	81	<i>COMETRIQ KIT 60MG</i>	88
<i>clopidogrel bisulfate tab 75 mg (base</i> <i>equiv)</i>	170	<i>comfort gel sus</i>	28
<i>clorazepate dipotassium tab 15 mg</i>	34	<i>comfort gel sus antacid</i>	28
<i>clorazepate dipotassium tab 3.75 mg</i> ..	34	<i>comfort gel sus anti-gas</i>	28
<i>clorazepate dipotassium tab 7.5 mg</i>	34	<i>comp allergy cap 25mg</i>	67
<i>clotrimazole cre 1% vag</i>	264	<i>comp allergy tab 25mg</i>	67
<i>clotrimazole cre 2%</i>	264	<i>comp allergy tab 25mg med</i>	67
<i>clotrimazole cre 3 day</i>	264	<i>comp allergy tab 25mg rlf</i>	67
<i>clotrimazole cream 1%</i>	141	<i>comp daily tab w/lutein</i>	204
<i>clotrimazole soln 1%</i>	141	<i>comp energy tab</i>	204
<i>clotrimazole troche 10 mg</i>	201	<i>comp multivi liq mineral</i>	204
<i>clotrimazole vaginal cream 1%</i>	264	<i>companion tab</i>	204
<i>clotrimazole w/ betamethasone cream 1-</i> <i>0.05%</i>	141	<i>compete tab</i>	204

<i>compl multiv chw childrns</i>	223
<i>COMPL PRENAT MIS +DHA</i>	219
<i>comple multi tab adlt 50+</i>	204
<i>COMPLERA TAB</i>	103

<i>complere tab</i>	204	CREON CAP 36000UNT.....	154
<i>complete kit lice</i>	153	CREON CAP 6000UNIT	154
<i>complete tab</i>	204	<i>critic-aid oin 2%</i>	141
<i>complete tab senior</i>	205	<i>cromolyn sodium nasal aerosol soln 5.2</i>	
<i>complete tab womens</i>	205	<i>mg/act (4%)</i>	227
<i>compoz tab 50mg</i>	175	<i>cromolyn sodium ophth soln 4%</i>	234
<i>compro sup 25mg</i>	99	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	
<i>constulose sol 10gm/15</i>	180	.....	37
<i>coral calciu cap plus</i>	205	<i>cruex aer 2%</i>	141
<i>cormax scalp sol 0.05%</i>	146	<i>cryselle-28 tab 28 tabs</i>	119
<i>corn dextrin oral powder</i>	177	<i>curity salin sol 0.9% irr</i>	166
<i>correct tab 5mg ec</i>	183	CUVPOSA SOL 1MG/5ML	258
<i>correctol cap 100mg</i>	186	<i>cvs 3-day cre</i>	264
<i>correctol tab 5mg ec</i>	183	<i>cvs allergy cap 25mg</i>	67
<i>cort intense cre heal 1%</i>	146	<i>cvs allergy chw 12.5mg</i>	67
<i>corticool gel 1%</i>	146	<i>cvs allergy dro 0.025%op</i>	234
<i>cortisone acetate tab 25 mg</i>	125	<i>cvs allergy liq 12.5/5ml</i>	68
<i>cortisone cre 1%</i>	146	<i>cvs allergy tab 10mg</i>	72
<i>cortisone gel cooling</i>	146	<i>cvs allergy tab 25mg</i>	68
<i>cortisone lot 1%</i>	146	<i>cvs allergy tab 4mg</i>	64
<i>cortisone oin 1%max st</i>	147	<i>cvs antacid sus antigas</i>	28
<i>cortizone-10 cre /aloe 1%</i>	147	<i>cvs antacid sus supreme</i>	28
<i>cortizone-10 cre healing</i>	147	<i>cvs antacid/ sus anti-gas</i>	28
<i>cortizone-10 cre plus</i>	147	<i>cvs aspirin tab 325mg</i>	19
<i>cortizone-10 gel 1%</i>	147	<i>cvs aspirin tab 325mg ec</i>	19
<i>cortizone-10 lot eczema</i>	147	<i>cvs aspirin tab 81mg ec</i>	19
<i>cortizone-10 lot hydraten</i>	147	<i>cvs b-12 sub 500mcg</i>	170
<i>cortizone-10 oin 1%</i>	147	<i>cvs b6 tab 100mg</i>	267
<i>corvite free tab</i>	205	<i>cvs bismuth chw 262mg</i>	60
<i>cough cont liq dm max</i>	129	<i>cvs bismuth sus max str</i>	60
<i>cough syp</i>	134	<i>cvs bismuth tab 262mg</i>	60
<i>cough syp 100/5ml</i>	134	<i>cvs ca/mg/zn tab</i>	196
<i>coughtab tab 200mg</i>	134	<i>cvs calcium tab 600mg</i>	196
COUMADIN TAB 10MG	40	<i>cvs children chw complete</i>	223
COUMADIN TAB 1MG.....	40	<i>cvs childs chw 80mg</i>	15
COUMADIN TAB 2.5MG.....	40	<i>cvs chld asa chw 81mg</i>	19
COUMADIN TAB 2MG.....	40	<i>cvs d3 cap 2000unit</i>	266
COUMADIN TAB 3MG.....	40	<i>cvs daily tab fe/ca/zn</i>	205
COUMADIN TAB 4MG.....	40	<i>cvs daily tab multiple</i>	217
COUMADIN TAB 5MG.....	40	<i>cvs dry eye dro relief</i>	230
COUMADIN TAB 6MG.....	40	<i>cvs ear dro 6.5% ot</i>	236
COUMADIN TAB 7.5MG.....	40	<i>cvs enema ene disposab</i>	182
<i>creamies chw 600-400</i>	196	<i>cvs fiber cap 0.52gm</i>	177
CREON CAP 12000UNT	154	<i>cvs fiber la tab 625mg</i>	177
CREON CAP 24000UNT	154	<i>cvs gas relf chw 125mg</i>	162
CREON CAP 3000UNIT.....	154	<i>cvs gas relf chw 80mg</i>	162

<i>cvs gas relf dro ex st</i>	162	<i>cyclafem tab 7/7/7</i>	119
CVS GLUCOSE CHW FRUIT.....	55	<i>cyclobenzaprine hcl tab 10 mg</i>	226
CVS GLUCOSE CHW GRAPE.....	55	<i>cyclobenzaprine hcl tab 5 mg</i>	226
CVS GLUCOSE CHW TROP BLS	55	<i>cyclophosphamide cap 25 mg</i>	86
<i>cvs glycerin sup 2.1gm</i>	180	CYCLOPHOSPHAMIDE CAP 25 MG.....	86
<i>cvs ibuprof dro 50/1.25</i>	8	<i>cyclophosphamide cap 50 mg</i>	86
<i>cvs iron tab 27mg</i>	173	CYCLOPHOSPHAMIDE CAP 50 MG.....	86
<i>cvs iron tab 325mg</i>	173	<i>cyclophosphamide tab 25 mg</i>	86
<i>cvs laxative chw 15mg</i>	183	<i>cyclophosphamide tab 50 mg</i>	86
<i>cvs laxative tab 25mg</i>	183	<i>cycloserine cap 250 mg</i>	85
<i>cvs lice kit solution</i>	153	<i>cyclosporine cap 100 mg</i>	108
<i>cvs lubricnt dro 0.5% op</i>	230	<i>cyclosporine cap 25 mg</i>	108
CVS MINERAL OIL.....	182	<i>cyclosporine modified cap 100 mg</i>	108
<i>cvs mucus er tab 600mg</i>	134	<i>cyclosporine modified cap 25 mg</i>	108
<i>cvs natural sol tears</i>	230	<i>cyclosporine modified oral soln 100</i>	
<i>cvs nicotine dis 14mg/24h</i>	243	<i>mg/ml</i>	108
<i>cvs nicotine dis 21mg/24h</i>	243	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	75
<i>cvs nicotine dis 7mg/24hr</i>	242	<i>cyproheptadine hcl tab 4 mg</i>	75
<i>cvs nicotine gum 2mg cinn</i>	243	D	
<i>cvs nicotine gum 2mg mint</i>	243	<i>d 1000 chw 1000unit</i>	266
<i>cvs nicotine gum 2mg orig</i>	243	<i>d3 max st dro 5000unit</i>	266
<i>cvs nicotine gum 2mgfruit</i>	243	<i>daily betic tab</i>	205
<i>cvs nicotine gum 4mg cinn</i>	243	<i>daily diet tab support</i>	205
<i>cvs nicotine gum 4mg mint</i>	243	<i>daily mens tab health</i>	205
<i>cvs nicotine gum 4mg orig</i>	243	<i>daily multi tab</i>	205
<i>cvs nicotine gum 4mgfruit</i>	243	<i>daily multi tab 50+</i>	205
<i>cvs nicotine loz 2mg mint</i>	243	<i>daily multi tab men</i>	205
<i>cvs nicotine loz 4mg mint</i>	243	<i>daily multi tab vit/mens</i>	205
<i>cvs nts dis step 1</i>	243	<i>daily multi tab vit/min</i>	205
<i>cvs permethr lot 1%</i>	153	<i>daily multi tab women</i>	205
CVS PRENATAL CHW GUMMY.....	219	<i>daily multi tab womn 50+</i>	205
<i>cvs purelax pak</i>	180	<i>daily tab vitamin</i>	217
<i>cvs purelax pow</i>	180	<i>daily value tab multivit</i>	217
<i>cvs senna tab 8.6mg</i>	183	<i>daily vit tab</i>	217
<i>cvs triple oin antibiot</i>	140	<i>daily vit tab +iron</i>	202
<i>cvs vision tab formula</i>	205	<i>daily vit tab +mineral</i>	205
<i>cvs vit b-12 tab 1000 tr</i>	170	<i>daily vitamn cap plus</i>	205
<i>cyanocobalamin sl tab 1000 mcg</i>	170	<i>daily vite tab</i>	217
<i>cyanocobalamin sl tab 2500 mcg</i>	170	<i>daily vite tab iron</i>	202
<i>cyanocobalamin sl tab 500 mcg</i>	170	<i>daily womens tab health</i>	205
<i>cyanocobalamin tab 100 mcg</i>	170	<i>daily-vitamn tab</i>	202, 217
<i>cyanocobalamin tab 1000 mcg</i>	170	<i>daily-vitamn tab maximum</i>	205
<i>cyanocobalamin tab 250 mcg</i>	170	<i>daily-vite/ tab iron</i>	202
<i>cyanocobalamin tab 500 mcg</i>	170	DAKLINZA TAB 30MG	106
<i>cyanocobalamin tab er 1000 mcg</i>	171	DAKLINZA TAB 60MG	106
<i>cyclafem tab 1/35</i>	119	DALIRESP TAB 500MCG	38

<i>danazol cap 100 mg</i>	26	<i>desmopressin acetate tab 0.2 mg</i>	159
<i>danazol cap 200 mg</i>	26	<i>desogest-eth estrad & eth estrad tab</i>	
<i>danazol cap 50 mg</i>	26	<i>0.15-0.02/0.01 mg(21/5)</i>	119
<i>dandruff sha 1%</i>	144	<i>desogestrel & ethinyl estradiol tab 0.15</i>	
<i>dantrolene sodium cap 100 mg</i>	227	<i>mg-30 mcg</i>	119
<i>dantrolene sodium cap 25 mg</i>	227	<i>desonide cream 0.05%</i>	147
<i>dantrolene sodium cap 50 mg</i>	227	<i>desonide oint 0.05%</i>	147
<i>dapsone tab 100 mg</i>	31	<i>desoximetasone cream 0.05%</i>	147
<i>dapsone tab 25 mg</i>	31	<i>desoximetasone cream 0.25%</i>	147
<i>darifenacin hydrobromide tab er 24hr 15</i>		<i>desoximetasone gel 0.05%</i>	147
<i>mg (base equiv)</i>	165	<i>desoximetasone oint 0.05%</i>	147
<i>darifenacin hydrobromide tab er 24hr 7.5</i>		<i>desoximetasone oint 0.25%</i>	147
<i>mg (base equiv)</i>	165	<i>desvenlafaxine succinate tab er 24hr 100</i>	
<i>dasetta tab 1/35</i>	119	<i>mg (base equiv)</i>	49
<i>dasetta tab 7/7/7</i>	119	<i>desvenlafaxine succinate tab er 24hr 50</i>	
<i>dayhist alrg tab 12 hour</i>	68	<i>mg (base equiv)</i>	49
<i>daysee tab</i>	119	<i>DEX4 CHW FRUIT</i>	55
<i>decongestant tab 120mg er</i>	228	<i>DEX4 CHW GRAPE</i>	55
<i>decongestant tab 30mg</i>	228	<i>DEX4 CHW ORANGE</i>	55
<i>deep sea spr 0.65%</i>	227	<i>DEX4 CHW RASPBERR</i>	55
<i>delyla tab 0.1-0.02</i>	119	<i>DEX4 CHW RASPBERRY</i>	55
<i>demeclocycline hcl tab 150 mg</i>	253	<i>DEX4 CHW SOUR APL</i>	55
<i>demeclocycline hcl tab 300 mg</i>	253	<i>DEX4 CHW TROP FRT</i>	55
<i>DENAVIR CRE 1%</i>	145	<i>DEX4 CHW WATERMLN</i>	55
<i>denta 5000 cre plus</i>	201	<i>DEX4 NATURAL CHW ORANGE</i>	55
<i>denta 5000 cre plus 2pk</i>	201	<i>DEX4 POUCH CHW PACK</i>	55
<i>dentagel gel 1.1%</i>	201	<i>dexamethasone elixir 0.5 mg/5ml</i>	125
<i>dermafungol oin 2%</i>	141	<i>dexamethasone sodium phosphate ophth</i>	
<i>DESCOVY TAB 200/25</i>	103	<i>soln 0.1%</i>	233
<i>desenex aer 2%</i>	141	<i>dexamethasone soln 0.5 mg/5ml</i>	125
<i>desenex cre 1%</i>	141	<i>dexamethasone tab 0.5 mg</i>	125
<i>desenex shak pow 2%</i>	141	<i>dexamethasone tab 0.75 mg</i>	125
<i>desipramine hcl tab 10 mg</i>	51	<i>dexamethasone tab 1 mg</i>	125
<i>desipramine hcl tab 100 mg</i>	51	<i>dexamethasone tab 1.5 mg</i>	125
<i>desipramine hcl tab 150 mg</i>	51	<i>dexamethasone tab 2 mg</i>	125
<i>desipramine hcl tab 25 mg</i>	51	<i>dexamethasone tab 4 mg</i>	125
<i>desipramine hcl tab 50 mg</i>	51	<i>dexamethasone tab 6 mg</i>	125
<i>desipramine hcl tab 75 mg</i>	51	<i>dexchlorpheniramine maleate oral soln 2</i>	
<i>desloratadine tab 5 mg</i>	73	<i>mg/5ml</i>	64
<i>desloratadine tab orally disintegrating</i>		<i>DEXILANT CAP 30MG DR</i>	262
<i>2.5 mg</i>	73	<i>DEXILANT CAP 60MG DR</i>	262
<i>desloratadine tab orally disintegrating 5</i>		<i>dexmethylphenidate hcl tab 10 mg</i>	4
<i>mg</i>	73	<i>dexmethylphenidate hcl tab 2.5 mg</i>	4
<i>desmopressin acetate nasal spray soln</i>		<i>dexmethylphenidate hcl tab 5 mg</i>	4
<i>0.01% (refrigerated)</i>	158	<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>desmopressin acetate tab 0.1 mg</i>	159	<i>10 mg</i>	2

<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	2	<i>dicloxacillin sodium cap 250 mg</i>	239
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2	<i>dicloxacillin sodium cap 500 mg</i>	239
<i>dextroamphetamine sulfate tab 10 mg</i> .	2	<i>dicyclomine hcl cap 10 mg</i>	258
<i>dextroamphetamine sulfate tab 5 mg</i> ...	2	<i>dicyclomine hcl oral soln 10 mg/5ml</i> .	258
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	129	<i>dicyclomine hcl tab 20 mg</i>	258
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	129	<i>didanosine delayed release capsule 125 mg</i>	103
<i>diabet tuss syp allergy</i>	64	<i>didanosine delayed release capsule 200 mg</i>	103
<i>diabetic sup tab formula</i>	205	<i>didanosine delayed release capsule 250 mg</i>	103
<i>diabetic tus liq 100/5ml</i>	134	<i>didanosine delayed release capsule 400 mg</i>	103
<i>diabetic tus liq children</i>	129	<i>DIFICID TAB 200MG</i>	188
<i>diabetic tus liq dm</i>	129	<i>diflorasone diacetate cream 0.05%</i> ...	147
<i>diabetic tus liq max st</i>	129	<i>diflorasone diacetate oint 0.05%</i>	147
<i>diabets hlth tab formula</i>	205	<i>diflunisal tab 500 mg</i>	19
<i>diabtc tussn syp 100/5ml</i>	134	<i>digox tab 0.125mg</i>	116
<i>dialyvite tab</i>	201	<i>digox tab 0.25mg</i>	116
<i>dialyvite tab 800</i>	201	<i>digoxin oral soln 0.05 mg/ml</i>	116
<i>dialyvite tab 800/d</i>	206	<i>digoxin tab 125 mcg (0.125 mg)</i>	116
<i>diamode tab 2mg</i>	61	<i>digoxin tab 250 mcg (0.25 mg)</i>	116
<i>diarrhea rel sus 262/15ml</i>	60	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	191
<i>diarrhea sus 262/15ml</i>	60	<i>DILANTIN CAP 30MG</i>	46
<i>DIAZEPAM CON 5MG/ML</i>	35	<i>diltiazem cap 180mg cd</i>	113
<i>diazepam oral soln 1 mg/ml</i>	35	<i>diltiazem cap 240mg cd</i>	113
<i>diazepam rectal gel delivery system 10 mg</i>	42	<i>diltiazem hcl cap er 24hr 120 mg</i>	113
<i>diazepam rectal gel delivery system 2.5 mg</i>	42	<i>diltiazem hcl cap er 24hr 180 mg</i>	113
<i>diazepam rectal gel delivery system 20 mg</i>	43	<i>diltiazem hcl cap er 24hr 240 mg</i>	113
<i>diazepam tab 10 mg</i>	35	<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	113
<i>diazepam tab 2 mg</i>	35	<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	113
<i>diazepam tab 5 mg</i>	35	<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	113
<i>dibucaine rectal ointment 1%</i>	27	<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	113
<i>diclofenac potassium tab 50 mg</i>	9	<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	113
<i>diclofenac sodium gel 1%</i>	139	<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	113
<i>diclofenac sodium ophth soln 0.1%</i> ...	234	<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	113
<i>diclofenac sodium tab delayed release 25 mg</i>	9	<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	113
<i>diclofenac sodium tab delayed release 50 mg</i>	9		
<i>diclofenac sodium tab delayed release 75 mg</i>	9		
<i>diclofenac sodium tab er 24hr 100 mg</i> ..	9		

<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	113
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	113
<i>diltiazem hcl tab 120 mg</i>	114
<i>diltiazem hcl tab 30 mg</i>	113
<i>diltiazem hcl tab 60 mg</i>	114
<i>diltiazem hcl tab 90 mg</i>	114
<i>dilt-xr cap 180mg</i>	113
<i>dilt-xr cap 240mg</i>	113
<i>dimenhydrinate tab 50 mg</i>	62
<i>dimetapp liq nighttim</i>	129
<i>dino-life chw</i>	224
<i>dino-life chw extra c</i>	224
<i>diocto liq 50mg/5ml</i>	186
<i>diocto syp 60/15ml</i>	186
<i>diotame chw 262mg</i>	60
<i>diphedryl liq 12.5/5ml</i>	68
<i>diphen tab 25mg</i>	68
<i>diphenhist cap 25mg</i>	68
<i>diphenhist liq 12.5/5ml</i>	68
<i>diphenhydram cap 50mg</i>	68
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	175
<i>diphenhydramine hcl cap 25 mg</i>	68
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	68
<i>diphenhydramine hcl inj 50 mg/ml</i>	68
<i>diphenhydramine hcl tab 25 mg</i>	68
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	61
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	61
<i>dipyridamole tab 25 mg</i>	170
<i>dipyridamole tab 50 mg</i>	170
<i>dipyridamole tab 75 mg</i>	170
<i>disney cars chw gummies</i>	223
<i>disopyramide phosphate cap 100 mg</i> ..	35
<i>disopyramide phosphate cap 150 mg</i> ..	36
<i>disposable ene single</i>	182
<i>disulfiram tab 250 mg</i>	240
<i>disulfiram tab 500 mg</i>	240
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	46
<i>divalproex sodium tab delayed release 125 mg</i>	46
<i>divalproex sodium tab delayed release 250 mg</i>	46
<i>divalproex sodium tab delayed release 500 mg</i>	46
<i>divalproex sodium tab er 24 hr 250 mg</i>	47
<i>divalproex sodium tab er 24 hr 500 mg</i>	47
<i>docqlace cap 100mg</i>	186
<i>doc-q-lax tab 8.6-50mg</i>	179
<i>docu liq 50mg/5ml</i>	186
<i>docu soft cap 100mg</i>	186
<i>docuprene tab 100mg</i>	186
<i>docusate calcium cap 240 mg</i>	186
<i>docusate sod liq 50mg/5ml</i>	186
<i>docusate sodium cap 100 mg</i>	186
<i>docusate sodium cap 250 mg</i>	186
<i>docusate sodium liquid 150 mg/15ml</i> ..	186
<i>docusate sodium syrup 60 mg/15ml</i> .	186
<i>docusate sodium tab 100 mg</i>	186
<i>docusil cap 100mg</i>	186
<i>docusol plus ene 20-283</i>	186
<i>dofetilide cap 125 mcg (0.125 mg)</i>	36
<i>dofetilide cap 250 mcg (0.25 mg)</i>	36
<i>dofetilide cap 500 mcg (0.5 mg)</i>	36
<i>dok cap 100mg</i>	186
<i>dok cap 250mg</i>	187
<i>dok plus tab 8.6-50mg</i>	179
<i>dok tab 100mg</i>	187
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	240
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	240
<i>donepezil hydrochloride tab 10 mg</i> ...	240
<i>donepezil hydrochloride tab 5 mg</i>	240
<i>dorzolamide hcl ophth soln 2%</i>	234
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	231
<i>double antib oin</i>	140
<i>DOVATO TAB 50-300MG</i>	102
<i>doxazosin mesylate tab 1 mg</i>	81
<i>doxazosin mesylate tab 2 mg</i>	81
<i>doxazosin mesylate tab 4 mg</i>	82
<i>doxazosin mesylate tab 8 mg</i>	82
<i>doxepin hcl cap 10 mg</i>	51
<i>doxepin hcl cap 100 mg</i>	51

<i>doxepin hcl cap 150 mg</i>	51	<i>earwax trmnt dro 6.5% ot</i>	236
<i>doxepin hcl cap 25 mg</i>	51	<i>easy fiber pow</i>	177
<i>doxepin hcl cap 50 mg</i>	51	<i>easy-lax cap 100mg</i>	187
<i>doxepin hcl cap 75 mg</i>	51	<i>easy-lax pls tab 8.6-50mg</i>	179
<i>doxepin hcl conc 10 mg/ml</i>	52	<i>easy-melts tab 80mg</i>	15
<i>doxycycline monohydrate cap 100 mg</i>	253	<i>ecolovit tab</i>	206
<i>doxycycline monohydrate cap 50 mg</i>	253	<i>econazole nitrate cream 1%</i>	141
<i>doxycycline monohydrate tab 100 mg</i>	253	<i>ecotrin low tab 81mg ec</i>	19
<i>dr edwards tab 8.6mg</i>	183	<i>ecpirin tab 325mg ec</i>	19
<i>dr gs clear sol nail 1%</i>	141	<i>ed chlorped syp jr</i>	64
<i>dramamine tab 25mg</i>	62	<i>ed-apap liq 80mg/2.5</i>	15
<i>driminate tab 50mg</i>	62	EDARBI TAB 40MG	80
DRITHO-CREME CRE HP 1%	144	EDARBI TAB 80MG	80
<i>dronabinol cap 10 mg</i>	63	<i>ed-chlortan tab 4mg</i>	64
<i>dronabinol cap 2.5 mg</i>	63	<i>ed-spaz tab 0.125mg</i>	259
<i>dronabinol cap 5 mg</i>	63	EDURANT TAB 25MG	103
<i>drospirenone-ethinyl estradiol tab 3-0.03</i> <i>mg</i>	120	<i>efavirenz cap 200 mg</i>	103
<i>drs choice tab men</i>	206	<i>efavirenz cap 50 mg</i>	103
DRYSOL SOL 20%.....	152	<i>efavirenz tab 600 mg</i>	103
<i>ducodyl tab 5mg ec</i>	183	<i>effer-k tab 25meq ef</i>	199
<i>dulcolax mom sus mint</i>	182	ELAPRASE INJ 6MG/3ML	158
<i>dulcolax ss cap 100mg</i>	187	<i>eletriptan hydrobromide tab 20 mg (base</i> <i>equivalent)</i>	191
DULERA AER 100-5MCG.....	38	<i>eletriptan hydrobromide tab 40 mg (base</i> <i>equivalent)</i>	192
DULERA AER 200-5MCG.....	38	ELIDEL CRE 1%	151
<i>duloxetine hcl cap 20 mg</i>	49	<i>elinetab</i>	120
<i>duloxetine hcl cap 30 mg</i>	50	ELLA TAB 30MG	124
<i>duloxetine hcl cap 60 mg</i>	50	ELMIRON CAP 100MG	166
DUPIXENT INJ 200/1.14	37	EMADINE SOL 0.05% OP.....	234
DUPIXENT INJ 300/2ML	151	EMCYT CAP 140MG.....	87
DUREZOL EMU 0.05%	233	<i>emoquette tab</i>	120
<i>dutasteride cap 0.5 mg</i>	166	EMTRIVA CAP 200MG.....	103
DYRENIUM CAP 100MG.....	156	EMTRIVA SOL 10MG/ML	103
DYRENIUM CAP 50MG.....	156	<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 10-25 mg</i>	83
<i>dyspel tab 200mg</i>	9	<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 5-12.5 mg</i>	83
<i>dytuss syp 12.5/5ml</i>	68	<i>enalapril maleate tab 10 mg</i>	78
E		<i>enalapril maleate tab 2.5 mg</i>	78
<i>e.e.s. 400 tab 400mg</i>	188	<i>enalapril maleate tab 20 mg</i>	78
<i>e.s.p. sus 200-600</i>	31	<i>enalapril maleate tab 5 mg</i>	78
<i>ear drops sol 6.5% ot</i>	236	ENBREL INJ 25/0.5ML.....	13
<i>ear drying dro 95-5%</i>	236	ENBREL INJ 25MG	13
<i>ear wax kit sol 6.5% ot</i>	236	ENBREL INJ 50MG/ML.....	13
<i>ear wax remv dro 6.5% ot</i>	236	ENBREL MINI INJ 50MG/ML	13
<i>ear wax remv sol 6.5% ot</i>	236		

ENBREL SRCLK INJ 50MG/ML	13	eq antacid chw ex st.....	28
endocet tab 10-325mg	25	eq antacid sus	28
endocet tab 5-325mg	25	eq antacid sus anti-gas	28
endur-acin tab 250mg sr	267	eq antacid sus max st.....	28
endur-acin tab 500mg sr	267	eq anti-itch cre 2-0.1%.....	144
enemeez plus ene 20-283.....	187	eq aspirin tab 325mg.....	19
ENJUVIA TAB 0.3MG.....	160	eq aspirin tab 325mg ec.....	19
ENJUVIA TAB 0.45MG.....	160	eq calcium tab citr+d.....	196
ENJUVIA TAB 0.625MG	160	eq child asa chw 81mg.....	19
ENJUVIA TAB 0.9MG.....	160	eq chlortabs tab 4mg.....	64
ENJUVIA TAB 1.25MG.....	160	eq clearlax pow.....	180
enoxaparin sodium inj 100 mg/ml.....	42	eq daily cap fiber	177
enoxaparin sodium inj 120 mg/0.8ml ..	42	eq dayhist tab 1.34mg.....	69
enoxaparin sodium inj 150 mg/ml.....	42	eq ear wax sol removal	236
enoxaparin sodium inj 30 mg/0.3ml ...	41	eq enema ene double	182
enoxaparin sodium inj 300 mg/3ml	42	eq fiber pow	177
enoxaparin sodium inj 40 mg/0.4ml ...	41	eq gentle dro 0.3%	230
enoxaparin sodium inj 60 mg/0.6ml ...	41	eq heartburn tab relief.....	260
enoxaparin sodium inj 80 mg/0.8ml ...	41	eq hydrocort cre 1%.....	147
enpresse-28 tab	120	eq ibuprofen tab 200mg.....	9
enskyce tab	120	eq itchy eye dro 0.025%op	234
entacapone tab 200 mg	91	eq laxative chw 15mg	183
entecavir tab 0.5 mg	106	eq laxative tab 25mg.....	183
entecavir tab 1 mg.....	106	eq laxative tab 8.6mg	183
enulose sol 10gm/15.....	164	eq lubricant dro eye drop	230
enviro-stres tab	206	eq multivita chw gummies.....	223
EPCLUSA TAB 400-100	106	eq nicotine dis 14mg/24h.....	244
epinastine hcl ophth soln 0.05%	234	eq nicotine dis 21mg/24h.....	244
epinephrine solution auto-injector 0.15		eq nicotine dis 7mg/24hr	244
mg/0.15ml (1:1000)	265	eq nicotine gum 2mg cinn	244
EPIPEN 2-PAK INJ 0.3MG	265	eq nicotine gum 2mg mint.....	244
EPIPEN-JR INJ 0.15MG	265	eq nicotine gum 2mg orig.....	244
epitol tab 200mg	43	eq nicotine gum 2mgfruit	244
eplerenone tab 25 mg	84	eq nicotine gum 4mg cinn	244
eplerenone tab 50 mg	84	eq nicotine gum 4mg mint.....	244
EPOGEN INJ 10000/ML	172	eq nicotine gum 4mg orig.....	244
EPOGEN INJ 2000/ML.....	172	eq nicotine gum 4mg ref.....	244
EPOGEN INJ 20000/ML	172	eq nicotine gum 4mg strt	244
EPOGEN INJ 4000/ML.....	172	eq nicotine gum 4mgfruit	244
eprosartan mesylate tab 600 mg	80	eq nicotine loz 2mg cher	245
eq acetamin tab 160mg	15	eq nicotine loz 2mg mint.....	245
eq acetamin tab 500mg	15	eq nicotine loz 4mg chry	245
eq acetamin tab 80mg.....	15	eq nicotine loz 4mg mint.....	245
eq allergy cap 25mg.....	69	eq revive pl dro 0.5% op.....	230
eq antacid chw 1000mg.....	30	eq senna-s tab 8.6-50mg	179
eq antacid chw 160-105	28	eq stomach chw 262mg	60

<i>eq suphedrin tab 120mg cr</i>	228	ERY-TAB TAB 333MG EC	188
<i>eq suphedrin tab 30mg</i>	228	ERY-TAB TAB 500MG EC	188
<i>eq triple oin antibiot</i>	140	<i>erythrocin tab 250mg</i>	188
<i>eq tussin dm liq max</i>	129	<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	188
<i>eq tussin dm syp cgh/chst</i>	129	<i>erythromycin ethylsuccinate tab 400 mg</i>	188
<i>eq tussin liq 100/5ml</i>	134	<i>erythromycin gel 2%</i>	138
<i>eql acetamin tab 160mg</i>	15	<i>erythromycin ophth oint 5 mg/gm</i>	232
<i>eql all day tab allergy</i>	73	<i>erythromycin soln 2%</i>	138
<i>eql allergy tab 10-240mg</i>	129	<i>erythromycin tab 250 mg</i>	188
<i>eql allergy tab 25mg</i>	69	<i>erythromycin tab 500 mg</i>	188
<i>eql allergy tab 4mg</i>	64	<i>erythromycin-sulfisoxazole for susp 200-600 mg/5ml</i>	31
<i>eql antacid chw 1000mg</i>	30	ESBRIET CAP 267MG	252
<i>eql antacid sus anti-gas</i>	28	ESBRIET TAB 267MG	252
<i>eql aspirin chw 81mg</i>	19	ESBRIET TAB 801MG	252
<i>eql aspirin tab 325mg</i>	19	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	48
<i>eql aspirin tab 325mg ec</i>	19	<i>escitalopram oxalate tab 10 mg (base equiv)</i>	49
<i>eql b-6 tab 100mg</i>	267	<i>escitalopram oxalate tab 20 mg (base equiv)</i>	49
<i>eql calcium tab w/vit d</i>	196	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	48
<i>eql century tab</i>	206	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	262
<i>eql century tab mature</i>	206	<i>essentia tab</i>	206
<i>eql clearlax pow</i>	180	<i>essential tab balance</i>	206
<i>eql enema ene rtu</i>	182	<i>essentl one tab daily</i>	217
<i>eql fiber la tab 625mg</i>	177	<i>estarylla tab 0.25-35</i>	120
<i>eql fiber pow supplemn</i>	177	<i>estazolam tab 1 mg</i>	176
<i>eql gas gone chw 125mg</i>	162	<i>estazolam tab 2 mg</i>	176
<i>eql heartbrn tab 10mg</i>	260	<i>estradiol tab 0.5 mg</i>	160
<i>eql laxative tab 25mg</i>	183	<i>estradiol tab 1 mg</i>	160
<i>eql laxative tab 5mg ec</i>	183	<i>estradiol tab 2 mg</i>	160
<i>eql lice kit solution</i>	153	<i>estradiol vaginal cream 0.1 mg/gm</i> ..	265
<i>eql nicotine gum 2mg</i>	245	<i>estropipate tab 0.75 mg</i>	160
<i>eql nicotine gum 4mg</i>	245	<i>estropipate tab 1.5 mg</i>	160
<i>eql nicotine loz 2mg mint</i>	245	<i>estropipate tab 3 mg</i>	160
<i>eql nicotine loz 4mg mint</i>	245	<i>eszopiclone tab 1 mg</i>	176
<i>eql stomach chw 262mg</i>	60	<i>eszopiclone tab 2 mg</i>	176
<i>eql triactin elx cld/cgh</i>	129	<i>eszopiclone tab 3 mg</i>	176
<i>eql tussin liq 10-200</i>	130	<i>ethacrynic acid tab 25 mg</i>	155
<i>eql tussin syp dm</i>	130	<i>ethambutol hcl tab 100 mg</i>	85
<i>eql vision tab formula</i>	206	<i>ethambutol hcl tab 400 mg</i>	85
<i>ergocalciferol cap 50000 unit</i>	266		
<i>ergoloid mesylates tab 1 mg</i>	242		
ERGOMAR SUB 2MG	191		
ERIVEDGE CAP 150MG	87		
<i>e-r-o ear dro 6.5% ot</i>	236		
<i>ero ear wax sol removal</i>	236		
<i>errin tab 0.35mg</i>	125		
ERY-TAB TAB 250MG EC	188		

<i>ethosuximide cap 250 mg</i>	46	FARYDAK CAP 10MG	88
<i>ethosuximide soln 250 mg/5ml</i>	46	FARYDAK CAP 15MG	88
<i>etidronate disodium tab 200 mg</i>	157	FARYDAK CAP 20MG	88
<i>etidronate disodium tab 400 mg</i>	157	<i>fast relief sup 10mg</i>	184
<i>etodolac tab 400 mg</i>	9	FC FEMALE MIS CONDOM	189
<i>etodolac tab 500 mg</i>	9	FC2 FEMALE MIS CONDOM	188
<i>etoposide cap 50 mg</i>	91	<i>fe tabs tab 325mg ec</i>	173
EUFLEXXA INJ 10MG/ML	227	<i>feenamint tab 5mg ec</i>	184
EURAX CRE 10%	153	FEIBA INJ	168
<i>evac-u-gen tab 8.6mg</i>	184	<i>felbamate susp 600 mg/5ml</i>	46
EVOTAZ TAB 300-150	103	<i>felbamate tab 400 mg</i>	46
<i>exemestane tab 25 mg</i>	87	<i>felbamate tab 600 mg</i>	46
EXJADE TAB 125MG	61	<i>felodipine tab er 24hr 10 mg</i>	114
EXJADE TAB 250MG	61	<i>felodipine tab er 24hr 2.5 mg</i>	114
EXJADE TAB 500MG	61	<i>felodipine tab er 24hr 5 mg</i>	114
<i>ex-lax ultra tab 5mg ec</i>	184	FEMCAP MIS 22MM	189
EXTAVIA INJ 0.3MG	242	FEMCAP MIS 26MM	189
<i>extra action syp 100-10/5</i>	130	FEMCAP MIS 30MM	189
<i>eye itch rel dro 0.025%op</i>	235	<i>feminine lax tab 5mg ec</i>	184
<i>eye lubrican oin op</i>	230	<i>fenesin ir tab 400mg</i>	134
<i>eye vitamins cap</i>	206	<i>fenofibrate micronized cap 134 mg</i>	76
<i>eye vitamins tab /mineral</i>	206	<i>fenofibrate micronized cap 200 mg</i>	76
<i>eye-vites tab</i>	206	<i>fenofibrate micronized cap 43 mg</i>	76
<i>ezetimibe tab 10 mg</i>	78	<i>fenofibrate micronized cap 67 mg</i>	76
EZFE FORTE CAP	219	<i>fenofibrate tab 145 mg</i>	76
F		<i>fenofibrate tab 160 mg</i>	76
<i>fa-8 tab 0.8mg</i>	171	<i>fenofibrate tab 48 mg</i>	76
FACTIVE TAB 320MG	161	<i>fenofibrate tab 54 mg</i>	76
<i>falmina tab</i>	120	<i>fenofibric acid tab 35 mg</i>	76
<i>famciclovir tab 125 mg</i>	107	<i>fenopropfen calcium tab 600 mg</i>	9
<i>famciclovir tab 250 mg</i>	107	<i>fentanyl td patch 72hr 100 mcg/hr</i>	22
<i>famciclovir tab 500 mg</i>	107	<i>fentanyl td patch 72hr 12 mcg/hr</i>	21
<i>famotidine tab 10mg</i>	260	<i>fentanyl td patch 72hr 25 mcg/hr</i>	22
<i>famotidine tab 20 mg</i>	261	FENTANYL TD PATCH 72HR 37.5 MCG/HR	22
<i>famotidine tab 40 mg</i>	261	<i>fentanyl td patch 72hr 50 mcg/hr</i>	22
FANAPT PAK	94	<i>fentanyl td patch 72hr 75 mcg/hr</i>	22
FANAPT TAB 10MG	94	<i>fer-iron dro 15mg/ml</i>	173
FANAPT TAB 12MG	94	<i>ferocon cap</i>	172
FANAPT TAB 1MG	94	<i>ferosul elx 220/5ml</i>	173
FANAPT TAB 2MG	94	<i>ferottrinsic cap</i>	172
FANAPT TAB 4MG	94	<i>ferretts tab 325mg</i>	173
FANAPT TAB 6MG	94	<i>ferric x-150 cap 150mg</i>	173
FANAPT TAB 8MG	94	<i>ferro-bob tab 325mg</i>	173
FARESTON TAB 60MG	87	<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	173
FARXIGA TAB 10MG	252		
FARXIGA TAB 5MG	252		

FERROUS GLUC TAB 324MG	173	FIRST-OMEPRASUS 2MG/ML	262
<i>ferrous gluconate tab 239 mg (27 mg fe equivalent)</i>	173	FIRST-VANC SOL 25MG/ML	30
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	173	FIRST-VANC SOL 50MG/ML	30
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	173	FIRVANQ SOL 25MG/ML	30
FERROUS SUL LIQ 220/5ML	173	FIRVANQ SOL 50MG/ML	30
FERROUS SULF TAB 324MG EC.....	173	<i>flanax pain tab 220mg</i>	9
<i>ferrous sulf tab 325mg</i>	173	<i>flanax sus relief</i>	28
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	173	<i>flavoxate hcl tab 100 mg</i>	263
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	173	FLEBOGAMMA INJ 20/200ML	237
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	173	FLEBOGAMMA INJ DIF 5%.....	237
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	173	<i>flecainide acetate tab 100 mg</i>	36
<i>ferrousul tab 325mg</i>	174	<i>flecainide acetate tab 150 mg</i>	36
FETZIMA CAP 120MG.....	50	<i>flecainide acetate tab 50 mg</i>	36
FETZIMA CAP 20MG	50	<i>fleet laxati tab 5mg ec</i>	184
FETZIMA CAP 40MG	50	<i>flintstones chw bone bld</i>	223
FETZIMA CAP 80MG	50	<i>flintstones chw complete</i>	223
FETZIMA CAP TITRATIO	50	<i>flintstones chw extra c</i>	224
<i>fever reduce sup 120mg</i>	15	<i>flintstones chw my first</i>	224
<i>fever/pain sus 160/5ml</i>	15	<i>flintstones chw omega-3</i>	224
FEVERALL INF SUP 80MG	15	<i>flintstones chw pls calc</i>	224
<i>feverall sup 120mg</i>	15	<i>flnston plus chw iron</i>	222
<i>feverall sup 325mg</i>	15	FLOVENT HFA AER 110MCG	37
<i>fevr reducng sup 120mg</i>	16	FLOVENT HFA AER 44MCG.....	37
<i>fexofenadine hcl tab 180 mg</i>	73	FLUARIX QUAD INJ 2017-18	263
<i>fexofenadine hcl tab 60 mg</i>	73	FLUCLVX QUAD INJ 2016-17	263
<i>fiber laxatv tab 625mg</i>	177	<i>fluconazole for susp 10 mg/ml</i>	63
<i>fiber laxtiv cap 0.52gm</i>	177	<i>fluconazole for susp 40 mg/ml</i>	63
<i>fiber therap pow 28.3%</i>	177	<i>fluconazole tab 100 mg</i>	64
<i>fiber therap pow 48.57%</i>	177	<i>fluconazole tab 150 mg</i>	64
<i>fiber therap pow sf orang</i>	177	<i>fluconazole tab 200 mg</i>	64
<i>fiber therap tab 500mg</i>	177	<i>fluconazole tab 50 mg</i>	63
<i>fiber therap tab 625mg</i>	177	<i>flucytosine cap 250 mg</i>	63
<i>fibergen tab 625mg</i>	177	<i>flucytosine cap 500 mg</i>	63
<i>fiber-lax tab 625mg</i>	177	<i>fludrocortisone acetate tab 0.1 mg ...</i>	127
FINACEA GEL 15%	152	FLULAVAL QUA INJ 2016-17	264
<i>finasteride tab 5 mg</i>	166	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	228
FIRAZYR INJ 30MG/3ML.....	169	<i>flunisolide nasal soln 29 mcg/act (0.025%)</i>	228
<i>first aid oin antibiot</i>	140	<i>fluocinolone acetonide (otic) oil 0.01%</i>	237
		<i>fluocinolone acetonide cream 0.025%</i>	147
		<i>fluocinolone acetonide oil 0.01% (body oil)</i>	148
		<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	148

<i>fluocinolone acetonide oint 0.025%...</i>	148	FLUVIRIN INJ.....	264
<i>fluocinonide cream 0.05%.....</i>	148	FLUVIRIN INJ PF	264
<i>fluocinonide emulsified base cream</i>		<i>fluvoxamine maleate tab 100 mg</i>	49
<i>0.05%</i>	148	<i>fluvoxamine maleate tab 25 mg</i>	49
<i>fluocinonide gel 0.05%</i>	148	<i>fluvoxamine maleate tab 50 mg</i>	49
<i>fluocinonide oint 0.05%</i>	148	FLUZONE QUAD INJ.....	264
<i>fluocinonide soln 0.05%.....</i>	148	<i>foam antacid chw 80-20mg</i>	28
<i>fluor-a-day dro 0.125mg.....</i>	198	<i>foam antacid sus.....</i>	28
<i>fluoritab chw 0.25mg f</i>	198	<i>folbee plus tab</i>	201
<i>fluoritab chw 0.5mg f</i>	198	<i>folic acid tab 1 mg.....</i>	171
<i>fluoritab chw 1mg f</i>	198	<i>folic acid tab 400mcg.....</i>	171
<i>fluoritab chw 2.2mg</i>	198	<i>folic acid tab 800 mcg.....</i>	171
<i>fluoritab dro 0.125mg.....</i>	198	<i>foltrin cap</i>	172
<i>fluorometholone ophth susp 0.1%.....</i>	233	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluorouracil cream 5%</i>	144	<i>10 mg/0.8ml</i>	42
<i>fluoxetine hcl cap 10 mg</i>	49	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluoxetine hcl cap 20 mg</i>	49	<i>2.5 mg/0.5ml</i>	42
<i>fluoxetine hcl solution 20 mg/5ml</i>	49	<i>fondaparinux sodium subcutaneous inj 5</i>	
<i>fluphenazine decanoate inj 25 mg/ml ..</i>	99	<i>mg/0.4ml.....</i>	42
<i>fluphenazine hcl inj 2.5 mg/ml</i>	99	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluphenazine hcl tab 1 mg</i>	99	<i>7.5 mg/0.6ml</i>	42
<i>fluphenazine hcl tab 10 mg</i>	99	<i>foot care cre 1%</i>	142
<i>fluphenazine hcl tab 2.5 mg</i>	99	<i>foot&sneaker aer 1%.....</i>	142
<i>fluphenazine hcl tab 5 mg</i>	99	<i>for sty reli oin</i>	230
<i>flura-drops dro 0.25mg f.....</i>	198	FORADIL CAP AEROLIZE	39
<i>flurazepam hcl cap 15 mg</i>	176	<i>formula em sol.....</i>	63
<i>flurazepam hcl cap 30 mg</i>	176	FORTEO SOL 600/2.4	157
<i>flurbiprofen sodium ophth soln 0.03%</i>		FOSAMAX + D TAB 70-2800	157
<i>.....</i>	235	FOSAMAX + D TAB 70-5600	157
<i>flurbiprofen tab 100 mg</i>	9	<i>fosamprenavir calcium tab 700 mg (base</i>	
<i>flurbiprofen tab 50 mg.....</i>	9	<i>equiv).....</i>	103
<i>flutamide cap 125 mg.....</i>	87	<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>fluticasone propionate cream 0.05% .</i>	148	<i>tab 10-12.5 mg.....</i>	83
<i>fluticasone propionate nasal susp 50</i>		<i>fosinopril sodium tab 10 mg</i>	78
<i>mcg/act.....</i>	228	<i>fosinopril sodium tab 20 mg</i>	78
<i>fluticasone propionate oint 0.005% ...</i>	148	<i>fosinopril sodium tab 40 mg</i>	78
<i>fluticasone-salmeterol aer powder ba</i>		FRAGMIN INJ 10000/ML.....	42
<i>113-14 mcg/act.....</i>	38	FRAGMIN INJ 12500UNT	42
<i>fluticasone-salmeterol aer powder ba</i>		FRAGMIN INJ 15000UNT	42
<i>232-14 mcg/act.....</i>	39	FRAGMIN INJ 18000UNT	42
<i>fluticasone-salmeterol aer powder ba 55-</i>		FRAGMIN INJ 2500/0.2	42
<i>14 mcg/act</i>	38	FRAGMIN INJ 5000/0.2	42
<i>fluvastatin sodium cap 20 mg (base</i>		FRAGMIN INJ 7500/0.3	42
<i>equivalent)</i>	76	<i>frovatriptan succinate tab 2.5 mg (base</i>	
<i>fluvastatin sodium cap 40 mg (base</i>		<i>equivalent).....</i>	192
<i>equivalent)</i>	76	<i>fruity chews chw</i>	224

<i>fruity chews chw /iron</i>	222	<i>gemfibrozil tab 600 mg</i>	76
FULPHILA INJ 6/0.6ML.....	172	<i>genahist cap 25mg</i>	69
<i>fungicure spr intens</i>	142	<i>genaphed tab 30mg</i>	228
<i>fungi-guard cre 1%</i>	142	<i>generlac sol 10gm/15</i>	164
<i>fungoid-d cre 1%</i>	142	<i>gengraf cap 100mg</i>	108
<i>furosemide oral soln 10 mg/ml</i>	155	<i>gengraf cap 25mg</i>	108
<i>furosemide oral soln 8 mg/ml</i>	155	<i>gengraf cap 50mg</i>	108
<i>furosemide tab 20 mg</i>	155	<i>gengraf sol 100mg/ml</i>	108
<i>furosemide tab 40 mg</i>	155	<i>genpril tab 200mg</i>	9
<i>furosemide tab 80 mg</i>	156	<i>gentak oin 0.3% op</i>	233
FUZEON INJ 90MG	103	<i>gentamicin sulfate cream 0.1%</i>	140
G		<i>gentamicin sulfate oint 0.1%</i>	140
<i>gabapentin cap 100 mg</i>	43	<i>gentamicin sulfate ophth oint 0.3%</i> ..	233
<i>gabapentin cap 300 mg</i>	43	<i>gentamicin sulfate ophth soln 0.3%</i> ..	233
<i>gabapentin cap 400 mg</i>	43	<i>genteal tear oin nt-time</i>	230
<i>gabapentin oral soln 250 mg/5ml</i>	43	<i>gentle laxat sup 10mg</i>	184
<i>gabapentin tab 600 mg</i>	43	<i>gentle laxat tab 5mg ec</i>	184
<i>gabapentin tab 800 mg</i>	43	<i>gentlelax pow</i>	181
<i>galantamine hydrobromide cap er 24hr</i>		GENVOYA TAB	103
<i>24 mg</i>	240	<i>geri-dryl cap 25mg</i>	69
<i>galantamine hydrobromide cap er 24hr 8</i>		<i>geri-dryl tab 25mg</i>	69
<i>mg</i>	240	<i>geri-hydrola cre 12%</i>	151
<i>galantamine hydrobromide tab 12 mg</i>	241	<i>geri-hydrola lot 12%</i>	151
<i>galantamine hydrobromide tab 4 mg</i>	241	<i>geri-kot tab 8.6mg</i>	184
<i>galantamine hydrobromide tab 8 mg</i>	241	<i>geri-lanta sus</i>	28
GAMASTAN INJ	237	<i>geri-tussin syp 100/5ml</i>	134
GAMASTAN S/D INJ.....	237	<i>geri-tussin syp dm</i>	130
GAMMAGARD INJ 1GM/10ML	237	<i>gerivite tab complete</i>	206
GAMMAGARD SD INJ 10GM HU	237	<i>g-fen ex tab 400mg</i>	134
GAMMAKED INJ 1GM/10ML	237	<i>gianvi tab 3-0.02mg</i>	120
GAMMAPLEX INJ 5%	237	<i>gildagia tab 0.4-35</i>	120
GAMUNEX-C INJ 1GM/10ML	237	<i>gildess fe tab 1.5/30</i>	120
<i>gas relief cap 125mg</i>	162	<i>gildess fe tab 1/20</i>	120
<i>gas relief cap 180mg</i>	162	GILENYA CAP 0.5MG.....	242
<i>gas relief chw 125mg</i>	162	GILOTRIF TAB 20MG.....	88
<i>gas relief chw 80mg</i>	162	GILOTRIF TAB 30MG.....	88
<i>gas relief dro 20/0.3ml</i>	162	GILOTRIF TAB 40MG.....	88
<i>gas relief dro infants</i>	162	<i>glatiramer acetate soln prefilled syringe</i>	
<i>gas-x cap 125mg</i>	162	<i>20 mg/ml</i>	242
<i>gas-x cap 180mg</i>	162	<i>glatiramer acetate soln prefilled syringe</i>	
<i>gas-x infant dro</i>	162	<i>40 mg/ml</i>	242
<i>gatifloxacin ophth soln 0.5%</i>	232	GLEOSTINE CAP 100MG	86
<i>gavilax pow</i>	180	GLEOSTINE CAP 10MG.....	86
<i>gavilyte-c sol</i>	179	GLEOSTINE CAP 40MG.....	86
<i>gavilyte-g sol</i>	179	GLEOSTINE CAP 5MG.....	86
<i>gavilyte-n sol flav pk</i>	179	<i>glimepiride tab 1 mg</i>	59

<i>glimepiride tab 2 mg</i>	59	<i>gnp aspirin tab 325mg</i>	20
<i>glimepiride tab 4 mg</i>	59	<i>gnp aspirin tab 325mg ec</i>	20
<i>glipizide tab 10 mg</i>	59	<i>gnp aspirin tab 81mg ec</i>	20
<i>glipizide tab 5 mg</i>	59	<i>gnp best pow fiber</i>	177
<i>glipizide tab er 24hr 10 mg</i>	59	<i>gnp bisa-lax tab 5mg ec</i>	184
<i>glipizide tab er 24hr 2.5 mg</i>	59	<i>gnp ca/mg/zn tab</i>	196
<i>glipizide tab er 24hr 5 mg</i>	59	<i>gnp ca/vit d chw minerals</i>	196
<i>glipizide xl tab 10mg</i>	59	<i>gnp calcium tab 600/d</i>	196
<i>glipizide xl tab 2.5mg</i>	59	<i>gnp century tab</i>	206
<i>glipizide xl tab 5mg</i>	59	<i>gnp century tab adult</i>	206
GLUCAGON KIT 1MG	55	<i>gnp century tab cardio</i>	206
GLUCOSE CHW FRT PNCH	55	<i>gnp century tab senior</i>	206
GLUCOSE CHW GRAPE	55	<i>gnp century tab ultimate</i>	206
GLUCOSE CHW RASPBERRY	55	<i>gnp clearlax pow</i>	181
GLUCOSE CHW TROP FRT	55	GNP DAILY MIS PRENATAL	219
<i>glucoten cap</i>	206	<i>gnp dayhist tab 1.34mg</i>	69
<i>glyburide micronized tab 1.5 mg</i>	59	<i>gnp ear dro 6.5% ot</i>	236
<i>glyburide micronized tab 3 mg</i>	59	<i>gnp ear sys sol 6.5% ot</i>	236
<i>glyburide micronized tab 6 mg</i>	59	<i>gnp enema ene</i>	182
<i>glyburide tab 1.25 mg</i>	59	<i>gnp eye drop sol 0.5% op</i>	230
<i>glyburide tab 2.5 mg</i>	59	<i>gnp first oin aid anti</i>	140
<i>glyburide tab 5 mg</i>	59	<i>gnp gas relf chw 125mg</i>	162
<i>glyburide-metformin tab 1.25-250 mg</i>	54	<i>gnp gas relf chw 80mg</i>	162
<i>glyburide-metformin tab 2.5-500 mg</i>	54	GNP GLUCOSE CHW GRAPE	55
<i>glyburide-metformin tab 5-500 mg</i>	54	GNP GLUCOSE CHW ORANGE	55
<i>glycerin ped sup 1.2gm</i>	181	GNP GLUCOSE CHW RASPBERRY	55
<i>glycerin sup 2gm</i>	181	GNP GLUCOSE CHW WATERMLN	55
<i>glycerin suppos 1.2 gm</i>	181	<i>gnp glycerin sup 1.2gm</i>	181
<i>glycerin suppos 2.1 gm</i>	181	<i>gnp glycerin sup 2.1gm</i>	181
<i>glycolax pow 3350 nf</i>	181	<i>gnp healthy tab eyes</i>	206
<i>glycopyrrolate tab 1 mg</i>	259	<i>gnp hydrocor cre 1% plus</i>	148
<i>glycopyrrolate tab 2 mg</i>	259	<i>gnp iron tab 45mg</i>	174
<i>gnp all day tab allergy</i>	73	<i>gnp iron tab 65mg</i>	174
<i>gnp allergy cap 25mg</i>	69	<i>gnp k-pec sus 262/15ml</i>	60
<i>gnp allergy chw 12.5mg</i>	69	<i>gnp laxative sup 10mg</i>	184
<i>gnp allergy tab 25mg</i>	69	<i>gnp laxative tab 25mg</i>	184
<i>gnp allergy tab 4mg</i>	64	<i>gnp lice kit</i>	153
<i>gnp animal chw plus c</i>	224	<i>gnp little chw ones</i>	225
<i>gnp animal chw shapes</i>	224	<i>gnp magnesiu tab 250mg</i>	198
<i>gnp antacid chw 1000mg</i>	30	<i>gnp milk mag sus</i>	182
<i>gnp antacid chw 160-105</i>	28	GNP MINERAL OIL HEAVY	182
<i>gnp antacid sus anti-gas</i>	28	<i>gnp mucus-er tab 600mg</i>	134
<i>gnp antacid sus cherry</i>	28	<i>gnp niacin tab 250mg</i>	267
<i>gnp antacid sus coolmint</i>	28	<i>gnp niacin tab 250mg tr</i>	267
<i>gnp antacid sus original</i>	28	<i>gnp nicotine gum 2mg mint</i>	245
<i>gnp aspirin chw 81mg</i>	20	<i>gnp nicotine gum 2mg orig</i>	245

<i>gnp nicotine gum 4mg mint</i>	245	<i>gummy vit/ chw minerals</i>	223
<i>gnp nicotine gum 4mg orig</i>	245	<i>gynecort 10 cre 1%</i>	148
<i>gnp nicotine loz 2mg mint</i>	246	H	
<i>gnp nicotine loz 4mg mint</i>	246	<i>hair formula tab ex stren</i>	207
<i>gnp one dail tab maximum</i>	206	<i>hair formula tab ultr man</i>	207
<i>gnp opti-vit tab</i>	206	<i>hair vitamin tab</i>	207
<i>gnp senna tab 8.6mg</i>	184	<i>hair/skin/ tab nails</i>	207
<i>gnp suphedrn liq 15mg/5ml</i>	228	HALFLYTELY KIT FLAV PKS	179
<i>gnp tussin liq dm cough</i>	130	<i>halobetasol propionate cream 0.05%</i>	148
<i>gnp tussin liq dm max</i>	130	<i>halobetasol propionate oint 0.05%</i> ...	148
<i>gnp tussin syp 100/5ml</i>	134	HALOG CRE 0.1%	148
<i>gnp vit b-12 tab 1000 cr</i>	171	HALOG OIN 0.1%	148
<i>gnp vit b-12 tab 1000 pr</i>	171	<i>haloperidol decanoate im soln 100 mg/ml</i>	96
<i>gnp vit b-12 tab 500mcg</i>	171	<i>haloperidol decanoate im soln 50 mg/ml</i>	96
<i>gnp vit b-6 tab 100mg</i>	267	<i>haloperidol lactate inj 5 mg/ml</i>	96
<i>gnp zoochews chw gummies</i>	223	<i>haloperidol lactate oral conc 2 mg/ml</i> .	96
GOLYTELY SOL	179	<i>haloperidol tab 0.5 mg</i>	96
<i>granisetron hcl tab 1 mg</i>	62	<i>haloperidol tab 1 mg</i>	96
GRANISOL SOL 2MG/10ML	62	<i>haloperidol tab 10 mg</i>	96
<i>griseofulvin microsize susp 125 mg/5ml</i>	63	<i>haloperidol tab 2 mg</i>	96
<i>g-tron liq 10-100/5</i>	130	<i>haloperidol tab 20 mg</i>	96
<i>guaiasorb dm liq 100-10/5</i>	130	<i>haloperidol tab 5 mg</i>	96
<i>guaiatuss ac syp 100-10/5</i>	130	HARVONI TAB 90-400MG	106
<i>guaicon dms syp 100-10/5</i>	130	<i>hc-1% hemorr oin 1%</i>	148
<i>guaifenesin liquid 100 mg/5ml</i>	134	<i>healthy eyes cap supervis</i>	207
<i>guaifenesin syp 100-10/5</i>	130	<i>healthy eyes tab</i>	207
<i>guaifenesin syrup 100 mg/5ml</i>	135	<i>healthylax pow</i>	181
<i>guaifenesin tab 200 mg</i>	135	<i>heartbrn ant chw 160-105</i>	28
<i>guaifenesin tab 400 mg</i>	135	<i>heartbrn rel tab 200mg</i>	261
<i>guaifenesin tab er 12hr 600 mg</i>	135	<i>heartbrn rel tab 75mg</i>	261
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	130	<i>heartburn chw ex st</i>	28
<i>guanfacine hcl tab 1 mg</i>	82	<i>heartburn tab 150mg</i>	261
<i>guanfacine hcl tab 2 mg</i>	82	<i>heartburn tab 200mg</i>	261
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	3	<i>heartburn tab 20mg</i>	261
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	3	<i>heartburn tab relief</i>	261
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	3	<i>heather tab 0.35mg</i>	125
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	3	HELIXATE FS INJ 1000UNIT	168
<i>gummi bear chw multivit</i>	223	HELIXATE FS INJ 250UNIT	168
<i>gummies chw</i>	223	HELIXATE FS INJ 500UNIT	168
<i>gummy dinos chw</i>	223	<i>hematogen cap</i>	172
		HEMLIBRA INJ 105/0.7	168
		HEMLIBRA INJ 150/ML	168
		HEMLIBRA INJ 30MG/ML	168
		HEMLIBRA INJ 60/0.4	168

HEMOFIL M INJ 1000UNIT.....	168	<i>hm mucus er tab 600mg</i>	135
HEMOFIL M INJ 1700UNIT.....	168	<i>hm niacin tab 250mg</i>	267
HEMOFIL M INJ 250UNIT	168	<i>hm nicotine dis 14mg/24h</i>	246
HEMOFIL M INJ 500UNIT	168	<i>hm nicotine dis 21mg/24h</i>	246
<i>hemorrhoidal cre</i>	27	<i>hm nicotine gum 2mg mint</i>	246
<i>heparin sodium (porcine) inj 1000</i>		<i>hm nicotine gum 4mg mint</i>	246
<i>unit/ml</i>	42	<i>hm nicotine loz 2mg mint</i>	246
<i>heparin sodium (porcine) inj 10000</i>		<i>hm nicotine loz 4mg mint</i>	246
<i>unit/ml</i>	42	<i>hm nighttime tab 25mg</i>	175
<i>heparin sodium (porcine) pf inj 5000</i>		HM ONE DAILY MIS PRENATAL.....	219
<i>unit/0.5ml</i>	42	<i>hm one daily tab /iron</i>	202
HEXALEN CAP 50MG.....	86	<i>hm rpd melt tab 160mg</i>	16
<i>hi-kovite tab 2-part</i>	207	<i>hm saline spr 0.65%</i>	227
<i>hi-potency tab multivit</i>	207	<i>hm senna tab 8.6mg</i>	184
HIZENTRA INJ 2GM/10ML	237	<i>hm triple oin antibiot</i>	140
<i>hm allergy tab 25mg</i>	69	<i>hm tussin liq adlt dm</i>	130
<i>hm allergy tab 4mg</i>	64	<i>hm tussin liq dm max</i>	130
<i>hm animal chw shapes</i>	223	<i>hm vit b12 tab 500mcg</i>	171
<i>hm antacid sus anti-gas</i>	28	<i>hm vit b6 tab 100mg</i>	267
<i>hm aspirin chw 81mg</i>	20	HUMALOG INJ 100/ML	57
<i>hm aspirin tab 325mg</i>	20	HUMALOG KWIK INJ 100/ML.....	57
<i>hm b complex tab with c</i>	201	HUMALOG MIX INJ 50/50	57
<i>hm ca/vit d3 tab 600-800</i>	196	HUMALOG MIX INJ 50/50KWP.....	57
<i>hm calcium tab citr+d</i>	196	HUMALOG MIX INJ 75/25KWP.....	57
<i>hm clearlax pow</i>	181	HUMALOG MIX SUS 75/25	57
<i>hm complete tab</i>	207	HUMATE-P SOL 2400UNIT	168
<i>hm complete tab 50+</i>	207	HUMATE-P SOL 500-1200.....	168
<i>hm dry eye sol relief</i>	230	HUMIRA INJ 10/0.1ML	7
<i>hm enema ene</i>	182	HUMIRA INJ 10MG/0.2	7
<i>hm fiber cap 0.52gm</i>	177	HUMIRA INJ 20/0.2ML	7
<i>hm fiber pow 28.3%</i>	177	HUMIRA INJ 40/0.4ML	7
<i>hm fiber pow 30.9%</i>	177	HUMIRA KIT 20MG/0.4	7
<i>hm fiber pow 48.57%</i>	177	HUMIRA KIT 40MG/0.8	7
<i>hm fiber pow 58.6%</i>	177	HUMIRA PEDIA INJ CROHNS	7
<i>hm fiber tab 500mg</i>	178	HUMIRA PEN INJ 40/0.4ML.....	7
<i>hm gas relf chw 125mg</i>	162	HUMIRA PEN INJ 40MG/0.8	7
<i>hm gas relf chw 80mg</i>	162	HUMIRA PEN INJ CD/UC/HS.....	8
HM GLUCOSE CHW ORANGE.....	55	HUMIRA PEN INJ PS/UV	8
HM GLUCOSE CHW RASPBERRY.....	55	HUMIRA PEN KIT CD/UC/HS	8
<i>hm hydrocort cre 1% plus</i>	148	HUMIRA PEN KIT PS/UV	8
<i>hm ibuprofen tab 200mg</i>	9	<i>humist spr 0.65%</i>	227
<i>hm iron tab 45mg</i>	174	HUMULIN INJ 70/30	57
<i>hm iron tab 65mg</i>	174	HUMULIN INJ 70/30KWP	57
<i>hm laxative tab 5mg ec</i>	184	HUMULIN N INJ U-100	57
<i>hm magnesium tab 250mg</i>	30	HUMULIN N INJ U-100KWP.....	57
HM MINERAL OIL	182	HUMULIN R INJ U-100	57

HUMULIN R INJ U-500	58	hydrocortisone oint 2.5%	149
hydralazine hcl tab 10 mg	84	hydrocortisone tab 10 mg	126
hydralazine hcl tab 100 mg	84	hydrocortisone tab 20 mg	126
hydralazine hcl tab 25 mg	84	hydrocortisone tab 5 mg	126
hydralazine hcl tab 50 mg	84	hydrocortisone valerate cream 0.2%	149
hydrochlorothiazide cap 12.5 mg	156	hydrocortisone w/ acetic acid otic soln 1-2%	237
hydrochlorothiazide tab 12.5 mg	156	hydrocortisone-aloe vera cream 0.5%	149
hydrochlorothiazide tab 25 mg	156	hydrocream cre 1%	149
hydrochlorothiazide tab 50 mg	156	hydrogesic cap 5-500mg	25
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	127	hydro-lotion lot 1%	148
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	25	hydromet syp 5-1.5/5	127
hydrocodone-acetaminophen tab 10-325 mg	25	hydromorphone hcl tab 2 mg	22
hydrocodone-acetaminophen tab 10-500 mg	25	hydromorphone hcl tab 4 mg	22
hydrocodone-acetaminophen tab 10-650 mg	25	hydrophor oin	151
hydrocodone-acetaminophen tab 10-750 mg	25	hydroskin cre 1%	149
hydrocodone-acetaminophen tab 2.5-500 mg	25	hydroxychloroquine sulfate tab 200 mg	85
hydrocodone-acetaminophen tab 5-325 mg	25	HYDROXYPROG POW CAPROATE	118
hydrocodone-acetaminophen tab 5-500 mg	25	hydroxyprogesterone caproate im in oil 250 mg/ml	239
hydrocodone-acetaminophen tab 7.5-325 mg	25	hydroxyurea cap 500 mg	90
hydrocodone-acetaminophen tab 7.5-500 mg	25	hydroxyzine hcl syrup 10 mg/5ml	33
hydrocodone-acetaminophen tab 7.5-650 mg	25	hydroxyzine hcl tab 10 mg	33
hydrocodone-acetaminophen tab 7.5-750 mg	25	hydroxyzine hcl tab 25 mg	33
hydrocort ac cre 1%	148	hydroxyzine hcl tab 50 mg	33
hydrocort cre 0.5%	148	hydroxyzine pamoate cap 100 mg	34
hydrocort cre 1%pls 10	148	hydroxyzine pamoate cap 25 mg	33
hydrocort/ cre aloe 1%	148	hydroxyzine pamoate cap 50 mg	34
hydrocortisone acetate-aloe vera cream 0.5%	149	hyoscyamine sulfate sl tab 0.125 mg	259
hydrocortisone cream 0.5%	149	hyoscyamine sulfate soln 0.125 mg/ml	259
hydrocortisone cream 1%	149	hyoscyamine sulfate tab 0.125 mg	259
hydrocortisone cream 2.5%	149	hyoscyamine sulfate tab disint 0.125 mg	259
hydrocortisone enema 100 mg/60ml ...	27	hyoscyamine sulfate tab er 12hr 0.375 mg	259
hydrocortisone lotion 2.5%	149	hyosyne dro 0.125/ml	259
hydrocortisone oint 0.5%	149	hyosyne elx 0.125/5	259
hydrocortisone oint 1%	149	hypotears oin op	230
		HYQVIA INJ 10-800	237
		HYQVIA INJ 2.5-200	237
		HYQVIA INJ 20-1600	238
		HYQVIA INJ 30-2400	238
		HYQVIA INJ 5-400	237

I

<i>ibandronate sodium tab 150 mg (base equivalent)</i>	157	<i>indomethacin cap 25 mg</i>	10
IBRANCE CAP 100MG	88	<i>indomethacin cap 50 mg</i>	10
IBRANCE CAP 125MG	88	<i>inf silapap dro 80/0.8ml</i>	16
IBRANCE CAP 75MG	88	<i>inst ear-dry dro 95-5%</i>	236
<i>ibu-drops dro 40mg/ml</i>	9	<i>instacort 5 cre 0.5%</i>	149
<i>ibu-drops dro 50/1.25</i>	9	INSULIN PEN NEEDLES	190
<i>ibuprfn liqd cap 200mg</i>	9	INSULIN SYRINGES	190
<i>ibuprofen cap 200 mg</i>	9	INTELENCE TAB 100MG	103
<i>ibuprofen ch sus 100/5ml</i>	9	INTELENCE TAB 200MG	103
<i>ibuprofen dro 50/1.25</i>	9	INTELENCE TAB 25MG	103
<i>ibuprofen ib chw 100mg</i>	10	INTRON A INJ 10MU	90
<i>ibuprofen ib tab 200mg</i>	10	INTRON A INJ 18MU	90
<i>ibuprofen jr chw 100mg</i>	10	INTRON A INJ 25MU	90
<i>ibuprofen js chw 100mg</i>	10	INTRON A INJ 50MU	90
<i>ibuprofen susp 100 mg/5ml</i>	10	<i>introvale tab</i>	120
<i>ibuprofen tab 200 mg</i>	10	INVEGA SUST INJ 117/0.75	94
<i>ibuprofen tab 400 mg</i>	10	INVEGA SUST INJ 156MG/ML	94
<i>ibuprofen tab 600 mg</i>	10	INVEGA SUST INJ 234/1.5	94
<i>ibuprofen tab 800 mg</i>	10	INVEGA SUST INJ 39/0.25	94
<i>icaps cap</i>	207	INVEGA SUST INJ 78/0.5ML	94
<i>icaps lutein cap /omega-3</i>	207	INVEGA TRINZ INJ 273MG	94
<i>icaps mv tab</i>	207	INVEGA TRINZ INJ 410MG	94
ICLUSIG TAB 15MG	88	INVEGA TRINZ INJ 546MG	94
ICLUSIG TAB 45MG	88	INVEGA TRINZ INJ 819MG	95
<i>iferex 150 cap</i>	174	INVIRASE CAP 200MG	103
<i>iferex 150 cap forte</i>	172	INVIRASE TAB 500MG	103
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	88	<i>ipratropium bromide inhal soln 0.02%</i>	37
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	88	<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	228
IMBRUVICA CAP 140MG	88	<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	228
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	31	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	39
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	31	<i>i-prin tab 200mg</i>	9
<i>imipramine hcl tab 10 mg</i>	52	<i>irbesartan tab 150 mg</i>	80
<i>imipramine hcl tab 25 mg</i>	52	<i>irbesartan tab 300 mg</i>	80
<i>imipramine hcl tab 50 mg</i>	52	<i>irbesartan tab 75 mg</i>	80
<i>imiquimod cream 5%</i>	151	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	83
<i>inatal gt tab</i>	225	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	83
INCRELEX INJ 40MG/4ML	158	<i>iron chw pediatri</i>	174
INCRUSE ELPT INH 62.5MCG	37	<i>iron complex cap</i>	172
<i>indapamide tab 1.25 mg</i>	157	<i>iron slow tab 45mg</i>	174
<i>indapamide tab 2.5 mg</i>	157	<i>iron supplem tab therapy</i>	174
		<i>iron supplmt dro 15mg/ml</i>	174

ISENTRESS CHW 100MG.....	103	JARDIANCE TAB 10MG	252
ISENTRESS CHW 25MG	103	JARDIANCE TAB 25MG	252
ISENTRESS HD TAB 600MG.....	103	<i>jck itch pow aer 1%</i>	142
ISENTRESS TAB 400MG.....	103	<i>jencycla tab 0.35mg</i>	125
<i>isoniazid syrup 50 mg/5ml</i>	85	<i>jock itch aer 1%</i>	142
<i>isoniazid tab 100 mg</i>	85	<i>jock itch cre 1%</i>	142
<i>isoniazid tab 300 mg</i>	85	<i>jolessa tab</i>	120
<i>isosorbide dinitrate sl tab 2.5 mg</i>	32	<i>jolivette tab 0.35mg</i>	125
<i>isosorbide dinitrate tab 10 mg</i>	32	JULUCA TAB 50-25MG.....	102
<i>isosorbide dinitrate tab 20 mg</i>	32	<i>junel 1.5/30 tab</i>	120
<i>isosorbide dinitrate tab 30 mg</i>	32	<i>junel 1/20 tab</i>	120
<i>isosorbide dinitrate tab 5 mg</i>	32	<i>junel fe tab 1.5/30</i>	120
<i>isosorbide mononitrate tab 10 mg</i>	32	<i>junel fe tab 1/20</i>	120
<i>isosorbide mononitrate tab 20 mg</i>	32	<i>junior mapap tab 160mg rt</i>	16
<i>isosorbide mononitrate tab er 24hr 120</i> <i>mg</i>	32	<i>just tears sol eye drop</i>	230
<i>isosorbide mononitrate tab er 24hr 30</i> <i>mg</i>	32	K	
<i>isosorbide mononitrate tab er 24hr 60</i> <i>mg</i>	32	KALETRA TAB 100-25MG.....	104
<i>isotretinoin cap 10 mg</i>	138	KALETRA TAB 200-50MG.....	104
<i>isotretinoin cap 20 mg</i>	138	KALYDECO PAK 50MG	252
<i>isotretinoin cap 30 mg</i>	138	KALYDECO PAK 75MG	252
<i>isotretinoin cap 40 mg</i>	138	KALYDECO TAB 150MG	252
<i>isradipine cap 2.5 mg</i>	114	<i>kaopectate sus 262/15ml</i>	60
<i>isradipine cap 5 mg</i>	114	<i>kao-tin cap 240mg</i>	187
<i>itchy eye dro 0.025%op</i>	235	<i>kao-tin sus 262/15ml</i>	60
<i>itraconazole cap 100 mg</i>	64	<i>karidium dro 0.125mg</i>	198
<i>ivermectin tab 3 mg</i>	30	<i>karigel gel 0.5%</i>	201
<i>i-vite prote tab</i>	207	<i>karigel-n gel 1.1%</i>	201
<i>i-vite tab</i>	207	<i>kariva tab 28 day</i>	120
J		<i>k-effervesce tab 25meq ef</i>	199
JAKAFI TAB 10MG.....	89	<i>kelnor tab 1/35</i>	120
JAKAFI TAB 15MG	89	KEPIVANCE INJ 6.25MG	90
JAKAFI TAB 20MG	89	<i>kericort 10 cre 1%</i>	149
JAKAFI TAB 25MG.....	89	<i>ketoconazole cream 2%</i>	142
JAKAFI TAB 5MG.....	89	<i>ketoconazole shampoo 2%</i>	142
<i>jantoven tab 10mg</i>	41	<i>ketoconazole tab 200 mg</i>	64
<i>jantoven tab 1mg</i>	40	<i>ketoprofen cap 50 mg</i>	10
<i>jantoven tab 2.5mg</i>	40	<i>ketoprofen cap 75 mg</i>	10
<i>jantoven tab 2mg</i>	40	<i>ketorolac tromethamine ophth soln 0.4%</i>	235
<i>jantoven tab 3mg</i>	40	<i>ketorolac tromethamine ophth soln 0.5%</i>	235
<i>jantoven tab 4mg</i>	40	<i>ketorolac tromethamine tab 10 mg</i>	10
<i>jantoven tab 5mg</i>	40	<i>ketotif fum dro 0.025%op</i>	235
<i>jantoven tab 6mg</i>	41	<i>ketotifen fumarate ophth soln 0.025%</i> <i>(base equiv)</i>	235
<i>jantoven tab 7.5mg</i>	41	KEVZARA INJ 150/1.14	8

KEVZARA INJ 200/1.14.....	8	<i>kp bisacodyl tab 5mg ec</i>	184
<i>kionex pow</i>	109	<i>kp ca/mg/zn tab</i>	196
<i>kionex sus 15gm/60</i>	109	<i>kp calcium tab 600+d</i>	196
<i>klor-con 10 tab 10meq er</i>	199	<i>kp loratadin tab 10mg</i>	73
<i>klor-con 8 tab 8meq er</i>	199	<i>kp mens 50+ tab daily</i>	207
<i>klor-con m10 tab 10meq er</i>	199	<i>kp mens tab daily</i>	207
<i>klor-con m20 tab 20meq er</i>	200	<i>kp omega-3 cap 1200mg</i>	230
<i>klor-con/ef tab 25meq fr</i>	200	<i>kp women 50+ tab daily</i>	207
<i>cls allergy tab 25mg</i>	69	<i>kp womens tab daily</i>	207
<i>cls anti-dia tab 2mg</i>	61	KPN PRENATAL TAB	219
<i>cls aspirin tab 325mg ec</i>	20	<i>k-prime tab 25meq ef</i>	199
<i>cls aspirin tab 81mg ec</i>	20	KROG GLUCOSE CHW ORANGE	55
<i>cls fiber tb tab 625mg</i>	178	KROG GLUCOSE CHW RASPBERRY	55
<i>cls hydrocrt cre pls 1%</i>	149	KROG GLUCOSE CHW TROP FRT	55
<i>cls ibuprofn tab 200mg</i>	10	KROG GLUCOSE CHW WATERMLN	55
<i>cls naproxen tab 220mg</i>	10	<i>ks ibuprofen cap 200mg</i>	10
<i>cls quit2 gum 2mg</i>	246	<i>kurvelo tab 0.15/30</i>	120
<i>cls quit4 gum 4mg</i>	246	<i>k-vescent tab 25meq ef</i>	199
KOATE INJ 1000UNIT	168	KYLEENA IUD 19.5MG.....	124
KOATE INJ 250UNIT	168	L	
KOATE INJ 500 UNIT	168	<i>labetalol hcl tab 100 mg</i>	110
KOATE-DVI INJ 1000UNIT	168	<i>labetalol hcl tab 200 mg</i>	110
KOATE-DVI INJ 250UNIT	168	<i>labetalol hcl tab 300 mg</i>	110
KOATE-DVI INJ 500UNIT	168	<i>lactic acid (ammonium lactate) cream</i>	
KOGENATE FS INJ 1000UNIT	168	12%	151
KOGENATE FS INJ 250UNIT	168	<i>lactic acid (ammonium lactate) lotion</i>	
KOGENATE FS INJ 500UNIT	168	12%	151
KOMBIGLYZ XR TAB 2.5-1000	54	<i>lactulose (encephalopathy) solution 10</i>	
KOMBIGLYZ XR TAB 5-1000MG	54	<i>gm/15ml</i>	164
KOMBIGLYZ XR TAB 5-500MG	54	<i>lactulose solution 10 gm/15ml</i>	181
<i>konsyl cap 520mg</i>	178	<i>lamisil af aer 1%</i>	142
KONSYL DAILY POW 100%.....	178	<i>lamivudine oral soln 10 mg/ml</i>	104
<i>konsyl daily pow 28.3%</i>	178	<i>lamivudine tab 100 mg (hbv)</i>	104
KONSYL DAILY POW 28.3%.....	178	<i>lamivudine tab 150 mg</i>	104
<i>konsyl fiber tab 625mg</i>	178	<i>lamivudine tab 300 mg</i>	104
<i>konsyl pow 30.9%</i>	178	<i>lamivudine-zidovudine tab 150-300 mg</i>	
KONSYL-D POW 52.3%.....	178	.....	104
KOVALTRY INJ 1000UNIT	168	<i>lamotrigine tab 100 mg</i>	44
KOVALTRY INJ 2000UNIT	168	<i>lamotrigine tab 150 mg</i>	44
KOVALTRY INJ 250UNIT	168	<i>lamotrigine tab 200 mg</i>	44
KOVALTRY INJ 3000UNIT	168	<i>lamotrigine tab 25 mg</i>	44
KOVALTRY INJ 500UNIT	168	<i>lamotrigine tab chewable dispersible 25</i>	
<i>kp adult 50+ tab daily</i>	207	<i>mg</i>	44
<i>kp adults tab daily</i>	207	<i>lamotrigine tab chewable dispersible 5</i>	
<i>kp aspirin tab 81mg ec</i>	20	<i>mg</i>	44
<i>kp b complex tab /c</i>	201	<i>lanabiotic oin</i>	140

<i>lanacort 10 cre 1%</i>	149	LEUKINE INJ 250MCG	172
LANCETS	190	<i>leuprolide acetate inj kit 5 mg/ml</i>	87
<i>land bfr tim chw vit/c</i>	225	<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i> (base equiv)	39
<i>land bfr tim chw vit/iron</i>	222	<i>levalbuterol hcl soln nebu 0.63 mg/3ml</i> (base equiv)	39
LANOXIN TAB 0.125MG	116	<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i> (base equiv)	39
LANOXIN TAB 0.25MG	116	LEVATOL TAB 20MG	111
<i>lansoprazole cap delayed release 15 mg</i>	262	LEVEMIR INJ.....	58
<i>larin fe tab 1.5/30</i>	120	LEVEMIR INJ FLEXTUOC	58
<i>larin fe tab 1/20</i>	121	<i>levetiracetam oral soln 100 mg/ml</i>	44
<i>larin tab 1.5/30</i>	121	<i>levetiracetam tab 1000 mg</i>	44
<i>larin tab 1/20</i>	121	<i>levetiracetam tab 250 mg</i>	44
LASTACFT SOL 0.25%	235	<i>levetiracetam tab 500 mg</i>	44
<i>latanoprost ophth soln 0.005%</i>	235	<i>levetiracetam tab 750 mg</i>	44
LATUDA TAB 120MG.....	93	<i>levetiracetam tab er 24hr 500 mg</i>	44
LATUDA TAB 20MG	93	<i>levetiracetam tab er 24hr 750 mg</i>	44
LATUDA TAB 40MG	93	<i>levobunolol hcl ophth soln 0.25%</i>	232
LATUDA TAB 60MG	93	<i>levobunolol hcl ophth soln 0.5%</i>	232
LATUDA TAB 80MG	93	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	158
<i>lax/stl soft tab 8.6-50mg</i>	179	<i>levocarnitine tab 330 mg</i>	158
<i>laxa basic cap 100mg</i>	187	<i>levocetirizine dihydrochloride soln 2.5</i> <i>mg/5ml (0.5 mg/ml)</i>	73
<i>laxacin tab 8.6-50mg</i>	179	<i>levocetirizine dihydrochloride tab 5 mg</i> 73	
<i>laxaclear pow</i>	181	<i>levofloxacin ophth soln 0.5%</i>	233
<i>laxative chw 15mg</i>	184	<i>levofloxacin oral soln 25 mg/ml</i>	161
<i>laxative pls tab 8.6-50mg</i>	179	<i>levofloxacin tab 250 mg</i>	161
<i>laxative tab 25mg</i>	184	<i>levofloxacin tab 500 mg</i>	161
<i>laxative tab 5mg ec</i>	184	<i>levofloxacin tab 750 mg</i>	161
<i>laxative tab max-str</i>	184	<i>levonest tab</i>	121
<i>laxative tab w/senna</i>	184	<i>levonorgestrel & ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i>	121
LEDIP-SOFOSB TAB 90-400MG	106	<i>levonorgestrel & ethinyl estradiol tab 0.1</i> <i>mg-20 mcg</i>	121
<i>leena tab</i>	121	<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.15 mg-30 mcg</i>	121
<i>leflunomide tab 10 mg</i>	12	<i>levonorgestrel tab 1.5 mg</i>	124
<i>leflunomide tab 20 mg</i>	12	<i>levonorg-eth est tab 0.15-0.03mg(84) &</i> <i>eth est tab 0.01mg(7)</i>	121
LENVIMA CAP 10 MG	89	<i>levora-28 tab 0.15/30</i>	121
LENVIMA CAP 14 MG	89	<i>levorphanol tartrate tab 2 mg</i>	22
LENVIMA CAP 20 MG	89	<i>levo-t tab 300 mcg</i>	254
LENVIMA CAP 24 MG	89	<i>levothyroxine sodium tab 100 mcg</i> ...	254
<i>lessina tab</i>	121	<i>levothyroxine sodium tab 112 mcg</i> ...	254
LETAIRIS TAB 10MG.....	116		
LETAIRIS TAB 5MG	116		
<i>letrozole tab 2.5 mg</i>	87		
<i>leucovorin calcium tab 10 mg</i>	91		
<i>leucovorin calcium tab 15 mg</i>	91		
<i>leucovorin calcium tab 25 mg</i>	91		
<i>leucovorin calcium tab 5 mg</i>	91		
LEUKERAN TAB 2MG.....	86		

<i>levothyroxine sodium tab 125 mcg</i>	254	LINZESS CAP 145MCG	164
<i>levothyroxine sodium tab 137 mcg</i>	254	LINZESS CAP 290MCG	164
<i>levothyroxine sodium tab 150 mcg</i>	254	<i>liothyronine sodium tab 25 mcg</i>	255
<i>levothyroxine sodium tab 175 mcg</i>	254	<i>liothyronine sodium tab 5 mcg</i>	255
<i>levothyroxine sodium tab 200 mcg</i>	254	<i>liothyronine sodium tab 50 mcg</i>	255
<i>levothyroxine sodium tab 25 mcg</i>	254	<i>liq ca/vit d cap 600mg</i>	196
<i>levothyroxine sodium tab 300 mcg</i>	254	<i>liquibid tab 400mg</i>	135
<i>levothyroxine sodium tab 50 mcg</i>	254	<i>liquitears sol</i>	230
<i>levothyroxine sodium tab 75 mcg</i>	254	<i>lisinopril & hydrochlorothiazide tab 10-</i>	
<i>levothyroxine sodium tab 88 mcg</i>	254	<i>12.5 mg</i>	83
<i>levoxyl tab 100mcg</i>	254	<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>levoxyl tab 112mcg</i>	255	<i>12.5 mg</i>	83
<i>levoxyl tab 125mcg</i>	255	<i>lisinopril & hydrochlorothiazide tab 20-25</i>	
<i>levoxyl tab 137mcg</i>	255	<i>mg</i>	83
<i>levoxyl tab 150mcg</i>	255	<i>lisinopril tab 10 mg</i>	79
<i>levoxyl tab 175mcg</i>	255	<i>lisinopril tab 2.5 mg</i>	79
<i>levoxyl tab 200mcg</i>	255	<i>lisinopril tab 20 mg</i>	79
<i>levoxyl tab 25mcg</i>	254	<i>lisinopril tab 30 mg</i>	79
<i>levoxyl tab 50mcg</i>	254	<i>lisinopril tab 40 mg</i>	79
<i>levoxyl tab 75mcg</i>	254	<i>lisinopril tab 5 mg</i>	79
<i>levoxyl tab 88mcg</i>	254	<i>lithium carbonate cap 150 mg</i>	93
<i>lice bedding aer</i>	153	<i>lithium carbonate cap 300 mg</i>	93
<i>lice bedding aer 0.5%</i>	153	<i>lithium carbonate cap 600 mg</i>	93
<i>lice killing sha</i>	153	<i>lithium carbonate tab 300 mg</i>	93
<i>lice killing sha 0.33-4%</i>	153	<i>lithium carbonate tab er 300 mg</i>	93
<i>lice soln kit</i>	153	<i>lithium carbonate tab er 450 mg</i>	93
<i>lice soln kit complete</i>	153	LITHIUM SOL 8MEQ/5ML	93
<i>lice treatmt lot 1%</i>	153	<i>little anima chw plus fe</i>	222
<i>lice treatmt sha 0.33-4%</i>	153	<i>little chw animals</i>	225
<i>lice trtmnt liq 1%</i>	153	<i>little noses dro stof nos</i>	227
<i>lice trtmnt liq crm rnse</i>	153	<i>little noses spr 0.65%</i>	227
<i>licide aer 0.5%</i>	153	<i>little remed liq 160/5ml</i>	16
<i>licide comp kit treatmnt</i>	153	<i>little remed sus 20/.03ml</i>	162
<i>licide liq max st</i>	153	LITTLE TUMMY DRO 20/0.3ML	162
<i>licide sha 0.33-4%</i>	153	<i>little tummy sol nausea</i>	63
<i>lidocaine hcl soln 4%</i>	152	LIVALO TAB 1MG	76
<i>lidocaine hcl urethral/mucosal gel 2%</i>	152	LIVALO TAB 2MG	77
<i>lidocaine hcl viscous soln 2%</i>	200	LIVALO TAB 4MG	77
<i>lidocaine patch 5%</i>	152	<i>lomustine cap 10 mg</i>	86
<i>lidocaine-prilocaine cream 2.5-2.5%</i> .	152	<i>lomustine cap 100 mg</i>	86
<i>lidocream cre 4%</i>	152	<i>lomustine cap 40 mg</i>	86
<i>life pack tab mens</i>	207	LONSURF TAB 15-6.14	86
<i>life pack tab womens</i>	208	LONSURF TAB 20-8.19	86
LILETTA IUD 52MG	124	<i>loperamide cap 2mg</i>	61
<i>linezolid for susp 100 mg/5ml</i>	31	<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i>	
<i>linezolid tab 600 mg</i>	31	.....	61

<i>loperamide sus 1mg/7.5</i>	61	<i>lubricnt eye oin fast act</i>	231
<i>loperamide tab 2mg</i>	61	<i>ludent chw 0.25mg f</i>	198
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> (80-20 mg/ml)	104	<i>ludent chw 0.5mg f</i>	198
<i>loradamed tab 10mg</i>	73	<i>ludent chw 1mg f</i>	198
<i>loratadine d tab 5-120mg</i>	130	LUMIGAN SOL 0.01%	235
<i>loratadine syp 5mg/5ml</i>	73	LUMIGAN SOL 0.03%	235
<i>loratadine tab 10 mg</i>	73	LUPR DEP-PED INJ 11.25MG	158
<i>loratadine tab 10mg</i>	73	LUPR DEP-PED INJ 15MG	158
<i>lorata-dine tab d 24hr</i>	130	LUPR DEP-PED INJ 3M 30MG	158
<i>loratadine-d tab 10-240mg</i>	130	LUPR DEP-PED INJ 7.5MG	158
<i>loratadine-d tab 5-120mg</i>	130	LUPRON DEPOT INJ 22.5MG	87
<i>lorazepam conc 2 mg/ml</i>	35	LUPRON DEPOT INJ 3.75MG	87
<i>lorazepam tab 0.5 mg</i>	35	<i>lutra tab</i>	121
<i>lorazepam tab 1 mg</i>	35	LYNPARZA CAP 50MG	89
<i>lorazepam tab 2 mg</i>	35	LYNPARZA TAB 100MG.....	89
<i>loryna tab 3-0.02mg</i>	121	LYNPARZA TAB 150MG.....	89
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-12.5 mg</i>	83	LYRICA CAP 100MG	44
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 100-25 mg</i>	83	LYRICA CAP 150MG	44
<i>losartan potassium & hydrochlorothiazide</i> <i>tab 50-12.5 mg</i>	83	LYRICA CAP 200MG	44
<i>losartan potassium tab 100 mg</i>	80	LYRICA CAP 225MG	44
<i>losartan potassium tab 25 mg</i>	80	LYRICA CAP 25MG	44
<i>losartan potassium tab 50 mg</i>	80	LYRICA CAP 300MG	44
LOTEMAX GEL 0.5%	233	LYRICA CAP 50MG	44
LOTEMAX OIN 0.5%	233	LYRICA CAP 75MG	44
LOTEMAX SUS 0.5%.....	233	<i>lysiplex liq plus</i>	208
<i>lotrimin af aer 2%</i>	142	<i>lysiplex tab plus</i>	208
<i>lotrimin af pow 2%</i>	142	LYSODREN TAB 500MG	87
<i>lovastatin tab 10 mg</i>	77	<i>lyza tab 0.35mg</i>	125
<i>lovastatin tab 20 mg</i>	77	M	
<i>lovastatin tab 40 mg</i>	77	<i>maalox advan sus max st</i>	28
<i>low-ogestrel tab</i>	121	<i>maalox child chw</i>	30
<i>loxapine succinate cap 10 mg</i>	97	<i>maalox max sus cherry</i>	28
<i>loxapine succinate cap 25 mg</i>	97	<i>maalox max sus lemon</i>	28
<i>loxapine succinate cap 5 mg</i>	97	<i>maalox max sus wild bry</i>	28
<i>loxapine succinate cap 50 mg</i>	97	<i>maalox multi sus symp max</i>	28
<i>lubricant dro 0.4-0.3%</i>	231	MABIS COSMO MIS NEBULIZR	190
<i>lubricant dro eye</i>	231	<i>macuvite tab</i>	208
<i>lubricant oin eye</i>	231	<i>macuvite tab eye care</i>	208
<i>lubricating dro 0.5%</i>	231	<i>macuvite tab lutein</i>	208
<i>lubricnt eye dro</i>	231	<i>mag citrate sol cherry</i>	182
<i>lubricnt eye dro 0.4-0.3%</i>	231	<i>mag citrate sol lemon</i>	182
<i>lubricnt eye dro 0.5% op</i>	231	<i>mag-al plus liq</i>	28
		<i>mag-al plus liq xs</i>	28
		<i>magdelay tab 70mg</i>	199
		<i>mag-g tab 500mg</i>	198
		<i>magic bullet sup 10mg</i>	184

<i>magnesium citrate soln</i>	182	<i>meclizine hcl chew tab 25 mg</i>	62
<i>magnesium gluconate tab 27.5 mg</i> (elemental mg).....	199	<i>meclizine hcl tab 12.5 mg</i>	62
<i>magnesium gluconate tab 500 mg (27</i> <i>mg elemental mg)</i>	199	<i>meclizine hcl tab 25 mg</i>	62
<i>magnesium oxide cap 500 mg (elemental</i> <i>mg)</i>	199	<i>meclofenamate sodium cap 100 mg....</i>	10
<i>magnesium oxide tab 250 mg</i>	30	<i>meclofenamate sodium cap 50 mg</i>	10
<i>magnesium oxide tab 250 mg (mg</i> <i>supplement)</i>	199	<i>med-derm hc cre 0.5%</i>	149
<i>magnesium oxide tab 400 mg (240 mg</i> <i>elemental mg)</i>	30	<i>med-derm hc cre 1%</i>	149
<i>magnesium oxide tab 400 mg (241.3 mg</i> <i>elemental mg)</i>	199	<i>medi-bismuth chw 262mg</i>	60
<i>magnesium oxide tab 420 mg</i>	30	<i>medifin 400 tab 400mg</i>	135
<i>magnesium oxide tab 500 mg (mg</i> <i>supplement)</i>	199	<i>medi-laxx cap 8.6-50mg</i>	179
<i>magnesium tab 200 mg</i>	199	<i>medi-mucil cap 0.52gm</i>	178
<i>magnesium tab 250mg</i>	30, 199	<i>medi-natural tab 8.6mg</i>	184
<i>magnesium-ox tab 400mg</i>	199	<i>medi-phedryl cap 25mg</i>	69
<i>magonate tab 500mg</i>	199	<i>mediplex tab plus</i>	208
<i>mag-sr tab 535mg</i>	199	<i>medi-profen cap 200mg</i>	10
<i>malathion lotion 0.5%</i>	153	<i>medi-profen sus 100/5ml</i>	11
<i>mapap apap liq 500/15ml</i>	16	<i>medi-profen tab 200mg</i>	11
<i>mapap cap 500mg</i>	16	<i>mediproxen tab 220mg</i>	11
<i>mapap child chw 80mg</i>	16	<i>medi-tabs tab 500mg</i>	16
<i>mapap childr sus 160/5ml</i>	16	<i>medi-tuss dm liq diabetic</i>	130
<i>mapap chw 80mg</i>	16	<i>medi-tussin syp dm</i>	131
<i>mapap liq 160/5ml</i>	16	<i>medroxyprogesterone acetate im susp</i> <i>150 mg/ml</i>	124
<i>mapap tab 325mg</i>	16	<i>medroxyprogesterone acetate tab 10 mg</i>	240
<i>mapap tab 500mg</i>	16	<i>medroxyprogesterone acetate tab 2.5</i> <i>mg</i>	239
<i>mapap tab 500mg/rr</i>	16	<i>medroxyprogesterone acetate tab 5 mg</i>	240
<i>maprotiline hcl tab 25 mg</i>	47	<i>mefenamic acid cap 250 mg</i>	11
<i>maprotiline hcl tab 50 mg</i>	47	<i>mefloquine hcl tab 250 mg</i>	85
<i>maprotiline hcl tab 75 mg</i>	47	<i>mega multi tab men</i>	208
<i>marlissa tab 0.15/30</i>	121	<i>mega multi tab women</i>	208
<i>MARPLAN TAB 10MG</i>	48	<i>mega vm-80 tab</i>	208
<i>marten-tab tab 50-325mg</i>	13	<i>megestrol acetate susp 40 mg/ml</i>	87
<i>MATULANE CAP 50MG</i>	90	<i>megestrol acetate tab 20 mg</i>	87
<i>MAVYRET TAB 100-40MG</i>	106	<i>megestrol acetate tab 40 mg</i>	87
<i>max daily tab green</i>	208	<i>meijer sus antacid</i>	28
<i>maxapap rs tab 325mg</i>	16	<i>MEKINIST TAB 0.5MG</i>	89
<i>maxapap tab 500mg</i>	16	<i>MEKINIST TAB 2MG</i>	89
<i>maximum tab blue lab</i>	208	<i>melatin tab 3-1mg</i>	6
<i>maximum tab green lb</i>	208	<i>melatonin cap 3 mg</i>	6
<i>maximum tab red labl</i>	208	<i>melatonin cap 5 mg</i>	6
		<i>MELATONIN LIQ 1MG/4ML</i>	6
		<i>melatonin tab 1 mg</i>	6
		<i>melatonin tab 3 mg</i>	6

<i>melatonin tab 300 mcg</i>	6	<i>metaproterenol sulfate syrup 10 mg/5ml</i>	
<i>melatonin tab 5 mg</i>	6	.....	39
<i>melatonin tab 5mg</i>	6	<i>metaproterenol sulfate tab 10 mg</i>	39
<i>melatonin tab er 10 mg</i>	6	<i>metaproterenol sulfate tab 20 mg</i>	39
<i>melatonin tab max st</i>	6	<i>metaxalone tab 800 mg</i>	226
<i>melatonin tab vit b-6</i>	7	<i>metformin hcl tab 1000 mg</i>	54
<i>melatonin tablet disintegrating 5 mg</i>	6	<i>metformin hcl tab 500 mg</i>	54
<i>melatonin tr tab /vit-b6</i>	7	<i>metformin hcl tab 850 mg</i>	54
<i>melatonin-pyridoxine tab 3-2 mg</i>	7	<i>metformin hcl tab er 24hr 500 mg</i>	55
<i>meloxicam tab 15 mg</i>	11	<i>metformin hcl tab er 24hr 750 mg</i>	55
<i>meloxicam tab 7.5 mg</i>	11	<i>methadone hcl soln 10 mg/5ml</i>	22
<i>melphalan tab 2 mg</i>	86	<i>methadone hcl soln 5 mg/5ml</i>	22
<i>memantine hcl cap er 24hr 14 mg</i>	241	<i>methadone hcl tab 10 mg</i>	22
<i>memantine hcl cap er 24hr 21 mg</i>	241	<i>methadone hcl tab 5 mg</i>	22
<i>memantine hcl cap er 24hr 28 mg</i>	241	<i>methamphetamine hcl tab 5 mg</i>	2
<i>memantine hcl cap er 24hr 7 mg</i>	241	<i>methazolamide tab 25 mg</i>	155
<i>memantine hcl oral solution 2 mg/ml</i>	241	<i>methazolamide tab 50 mg</i>	155
<i>memantine hcl tab 10 mg</i>	241	<i>methenamine hippurate tab 1 gm</i>	263
<i>memantine hcl tab 5 mg</i>	241	<i>methergine tab 0.2mg</i>	237
<i>memantine hcl tab 5 mg (28) & 10 mg</i>		<i>methimazole tab 10 mg</i>	253
<i>(21) titration pak</i>	241	<i>methimazole tab 5 mg</i>	253
<i>MENEST TAB 0.3MG</i>	160	<i>METHITEST TAB 10MG</i>	26
<i>MENEST TAB 0.625MG</i>	161	<i>methocarbamol tab 500 mg</i>	226
<i>MENEST TAB 1.25MG</i>	161	<i>methocarbamol tab 750 mg</i>	226
<i>MENEST TAB 2.5MG</i>	161	<i>methotrexate sodium inj 250 mg/10ml</i>	
<i>mens 50+ adv tab one daly</i>	208	<i>(25 mg/ml)</i>	85
<i>mens daily cap lycopene</i>	208	<i>methotrexate sodium inj 50 mg/2ml (25</i>	
<i>MENTAX CRE 1%</i>	142	<i>mg/ml)</i>	85
<i>meperidine hcl oral soln 50 mg/5ml</i>	22	<i>methotrexate sodium inj pf 100 mg/4ml</i>	
<i>meperidine hcl tab 100 mg</i>	22	<i>(25 mg/ml)</i>	85
<i>meperidine hcl tab 50 mg</i>	22	<i>methotrexate sodium inj pf 1000</i>	
<i>MEPHYTON TAB 5MG</i>	266	<i>mg/40ml (25 mg/ml)</i>	85
<i>meprobamate tab 200 mg</i>	34	<i>methotrexate sodium inj pf 200 mg/8ml</i>	
<i>meprobamate tab 400 mg</i>	34	<i>(25 mg/ml)</i>	85
<i>mercaptapurine tab 50 mg</i>	87	<i>methotrexate sodium inj pf 250 mg/10ml</i>	
<i>mesalamine tab delayed release 800 mg</i>		<i>(25 mg/ml)</i>	85
.....	163	<i>methotrexate sodium inj pf 50 mg/2ml</i>	
<i>metadate tab 20mg er</i>	4	<i>(25 mg/ml)</i>	85
<i>METAMUCIL POW 28%ORG</i>	178	<i>methotrexate sodium tab 2.5 mg (base</i>	
<i>metamucil pow 28.3%org</i>	178	<i>equiv)</i>	87
<i>METAMUCIL POW 55.46%</i>	178	<i>methyl dopa tab 250 mg</i>	82
<i>METAMUCIL POW 58.12%</i>	178	<i>methyl dopa tab 500 mg</i>	82
<i>metamucil pow 58.6%</i>	178	<i>methylphenidate hcl cap er 10 mg (cd)</i> .	4
<i>metamucil pow 58.6%org</i>	178	<i>methylphenidate hcl cap er 20 mg (cd)</i> .	4
<i>METAMUCIL POW CLEAR</i>	178	<i>methylphenidate hcl cap er 24hr 10 mg</i>	
<i>METAMUCIL WAF</i>	178	<i>(la)</i>	4

<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	4	<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	110
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	4	<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	110
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	4	<i>metoprolol tartrate tab 100 mg</i>	111
<i>methylphenidate hcl cap er 30 mg (cd)</i>	4	<i>metoprolol tartrate tab 25 mg</i>	111
<i>methylphenidate hcl cap er 40 mg (cd)</i>	5	<i>metoprolol tartrate tab 50 mg</i>	111
<i>methylphenidate hcl cap er 50 mg (cd)</i>	5	<i>metoprolol tartrate tab 75 mg</i>	111
<i>methylphenidate hcl cap er 60 mg (cd)</i>	5	<i>metronidazole cream 0.75%</i>	152
<i>methylphenidate hcl soln 10 mg/5ml</i>	5	<i>metronidazole gel 0.75%</i>	152
<i>methylphenidate hcl soln 5 mg/5ml</i>	5	<i>metronidazole lotion 0.75%</i>	152
<i>methylphenidate hcl tab 10 mg</i>	5	<i>metronidazole tab 250 mg</i>	30
<i>methylphenidate hcl tab 20 mg</i>	5	<i>metronidazole tab 500 mg</i>	30
<i>methylphenidate hcl tab 5 mg</i>	5	<i>metronidazole vaginal gel 0.75%</i>	264
<i>methylphenidate hcl tab er 10 mg</i>	5	<i>mexiletine hcl cap 150 mg</i>	36
<i>methylphenidate hcl tab er 20 mg</i>	5	<i>mexiletine hcl cap 200 mg</i>	36
<i>methylphenidate hcl tab er 24hr 36 mg</i>	5	<i>mexiletine hcl cap 250 mg</i>	36
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	5	<i>mg217 gel 1%</i>	149
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	5	<i>mgo tab 400mg</i>	199
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	5	<i>mi-acid chw</i>	28
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	6	<i>mi-acid gas chw 80mg</i>	162
<i>methylprednisolone tab 16 mg</i>	126	<i>mi-acid sus</i>	29
<i>methylprednisolone tab 32 mg</i>	126	<i>mi-acid sus max st</i>	29
<i>methylprednisolone tab 4 mg</i>	126	<i>micaderm cre 2%</i>	142
<i>methylprednisolone tab 8 mg</i>	126	<i>miconazole 3 cre 4%</i>	264
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	126	<i>miconazole 3 kit 4%</i>	264
<i>metipranolol ophth soln 0.3%</i>	232	<i>miconazole 3 kit combinat</i>	264
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	163	<i>miconazole 3 kit combo pk</i>	264
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	163	<i>miconazole 7 cre</i>	264
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	163	<i>miconazole 7 cre 2%</i>	264
<i>metolazone tab 10 mg</i>	157	<i>miconazole 7 cre tube/kit</i>	264
<i>metolazone tab 2.5 mg</i>	157	<i>miconazole 7 sup 100mg</i>	264
<i>metolazone tab 5 mg</i>	157	<i>miconazole aer 2%</i>	142
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	111	<i>miconazole cre 2%</i>	142
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	111	<i>miconazole nitrate aerosol pow 2% ..</i>	142
		<i>miconazole nitrate vaginal cream 2%</i>	264
		<i>miconazole nitrate vaginal suppos 100 mg</i>	264
		<i>miconazorb pow af 2%</i>	142
		<i>MICRHOGAM PL INJ 50MCG</i>	237
		<i>micro guard pow 2%</i>	142
		<i>microgestin tab 1.5/30</i>	121
		<i>microgestin tab 1/20</i>	121
		<i>microgestin tab fe 1/20</i>	121
		<i>microgestin tab fe1.5/30</i>	121
		<i>midodrine hcl tab 10 mg</i>	265

<i>midodrine hcl tab 2.5 mg</i>	265	<i>mometasone furoate oint 0.1%</i>	149
<i>midodrine hcl tab 5 mg</i>	265	<i>mometasone furoate solution 0.1%</i>	
<i>miglitol tab 100 mg</i>	52	<i>(lotion)</i>	149
<i>miglitol tab 25 mg</i>	52	<i>monistat 7 kit combo pk</i>	264
<i>miglitol tab 50 mg</i>	52	<i>MONOCLATE-P INJ 1000UNIT</i>	168
<i>milantex sus ex st</i>	29	<i>MONOCLATE-P INJ 1500UNIT</i>	168
<i>milantex sus original</i>	29	<i>mono-lynyah tab 0.25-35</i>	121
<i>milk of magn sus</i>	182	<i>mononessa tab</i>	121
<i>milk of magn sus 1200/15</i>	182	<i>montelukast sodium chew tab 4 mg</i>	
<i>MILK OF MAGN SUS 2400MG</i>	182	<i>(base equiv)</i>	37
<i>milk of magn sus 400/5ml</i>	182	<i>montelukast sodium chew tab 5 mg</i>	
<i>milk of magn sus cherry</i>	182	<i>(base equiv)</i>	37
<i>milk of magn sus frsh mnt</i>	182	<i>montelukast sodium tab 10 mg (base</i>	
<i>milk of magn sus mint</i>	182	<i>equiv)</i>	37
<i>milltrium sr tab</i>	208	<i>morphine sulfate oral soln 10 mg/5ml</i> ..	22
<i>milltrium tab advanced</i>	208	<i>morphine sulfate oral soln 100 mg/5ml</i>	
<i>milltrium tab cardio</i>	208	<i>(20 mg/ml)</i>	22
<i>MINERAL OIL</i>	182	<i>morphine sulfate oral soln 20 mg/5ml</i> ..	22
<i>mineral oil enema</i>	182	<i>morphine sulfate tab 15 mg</i>	22
<i>minerin cre</i>	152	<i>morphine sulfate tab 30 mg</i>	22
<i>miniprin low tab 81mg ec</i>	20	<i>morphine sulfate tab er 100 mg</i>	23
<i>minitrans dis 0.2mg/hr</i>	32	<i>morphine sulfate tab er 15 mg</i>	23
<i>minitrans dis 0.4mg/hr</i>	32	<i>morphine sulfate tab er 30 mg</i>	23
<i>minitrans dis 0.6mg/hr</i>	32	<i>morphine sulfate tab er 60 mg</i>	23
<i>minocycline hcl cap 100 mg</i>	253	<i>motion relf tab 25mg</i>	62
<i>minocycline hcl cap 50 mg</i>	253	<i>motion sick chw 25mg</i>	62
<i>minoxidil tab 10 mg</i>	84	<i>motion sick tab 25mg</i>	62
<i>minoxidil tab 2.5 mg</i>	84	<i>motion sick tab 50mg</i>	62
<i>mintox plus chw</i>	29	<i>motrin ib tab 200mg</i>	11
<i>mintox sus</i>	29	<i>MOVIPREP SOL</i>	180
<i>mintox sus max st</i>	29	<i>moxifloxacin hcl ophth soln 0.5% (base</i>	
<i>MIRENA IUD SYSTEM</i>	124	<i>equiv)</i>	233
<i>mirtazapine tab 15 mg</i>	47	<i>mucinex chld liq 100/5ml</i>	135
<i>mirtazapine tab 30 mg</i>	47	<i>mucosa tab 400mg</i>	135
<i>mirtazapine tab 45 mg</i>	47	<i>mucus relf d tab 60-600mg</i>	131
<i>misoprostol tab 100 mcg</i>	263	<i>mucus relief liq 100/5ml</i>	135
<i>misoprostol tab 200 mcg</i>	263	<i>mucus relief liq 400/20ml</i>	135
<i>MISSION PREN TAB /FA</i>	225	<i>mucus relief tab 400mg</i>	135
<i>MISSION PREN TAB HP</i>	225	<i>mucus relief tab 600mg er</i>	135
<i>mm aspirin tab 325mg</i>	20	<i>mucus+chst liq 100/5ml</i>	135
<i>modafinil tab 100 mg</i>	6	<i>mucus-dm tab 30-600mg</i>	131
<i>modafinil tab 200 mg</i>	6	<i>mucus-er tab 600mg</i>	135
<i>moderiba tab 200mg</i>	106	<i>mult vitamin tab daily</i>	217
<i>moexipril hcl tab 15 mg</i>	79	<i>mult vitamin tab essent</i>	217
<i>moexipril hcl tab 7.5 mg</i>	79	<i>mult vitamin tab womens</i>	208
<i>mometasone furoate cream 0.1%</i>	149	<i>mult vit-bet chw fl0.25mg</i>	221

MULTAQ TAB 400MG	36	<i>murine ear sol 6.5% ot</i>	236
<i>multi 50+ cap for her</i>	208	<i>murine tears dro dry eyes</i>	231
<i>multi 50+ tab for her</i>	208	<i>mvc-fluoride chw 0.25mg</i>	221
<i>multi 50+ tab for him</i>	209	<i>mvc-fluoride chw 0.5mg</i>	221
<i>multi cap complete</i>	209	<i>mvc-fluoride chw 1mg</i>	222
<i>multi cap for her</i>	209	<i>mv-one cap</i>	217
<i>multi cap for him</i>	209	<i>mvw complete chw orange</i>	223
<i>multi complt tab /iron</i>	209	<i>my way tab 1.5mg</i>	124
<i>multi tab for her</i>	209	<i>myamulti tab</i>	210
<i>multi tab for him</i>	209	<i>mycocide ns sol 1%</i>	142
<i>multi vit/fl chw 1mg</i>	221	<i>mycophenolate mofetil cap 250 mg ..</i>	108
<i>multi vitamn tab mineral</i>	209	<i>mycophenolate mofetil tab 500 mg...</i>	108
<i>multi-day tab</i>	217	<i>mycophenolate sodium tab dr 180 mg</i>	
<i>multi-day tab /iron</i>	202	<i>(mycophenolic acid equiv)</i>	108
<i>multi-day tab minerals</i>	209	<i>mycophenolate sodium tab dr 360 mg</i>	
<i>multi-day tab wght trm</i>	209	<i>(mycophenolic acid equiv)</i>	109
<i>multi-lean tab</i>	209	<i>myferon 150 cap 150mg</i>	174
<i>multilex tab</i>	209	<i>myferon 150 cap forte</i>	172
<i>multilex-t&m tab</i>	209	<i>MYNATAL CAP</i>	219
<i>multimineral tab plus</i>	209	<i>MYNATAL PLUS TAB</i>	219
<i>multiple vitamin cap</i>	217	<i>MYNATAL TAB</i>	219
<i>multiple vitamin tab</i>	217	<i>MYNATAL TAB ADVANCE</i>	219
<i>multiple vitamins w/ iron tab</i>	202	<i>MYNATAL-Z TAB</i>	219
<i>multiple vitamins w/ minerals tab</i>	209	<i>MYNATE 90 TAB PLUS</i>	219
<i>multi-vit/ tab minerals</i>	209	<i>mynephrocaps cap</i>	202
<i>multi-vit/fe dro /fl 0.25</i>	223	<i>myorisan cap 10mg</i>	138
<i>multi-vit/fe tab</i>	202	<i>myorisan cap 20mg</i>	138
<i>multivit/fl chw 0.25mg</i>	221	<i>myorisan cap 30mg</i>	138
<i>multivit/fl chw 0.5mg</i>	221	<i>myorisan cap 40mg</i>	138
<i>multivit/fl chw 1mg</i>	221	<i>MYRBETRIQ TAB 25MG</i>	263
<i>multi-vit/fl dro /fe 0.25</i>	223	<i>MYRBETRIQ TAB 50MG</i>	263
<i>multi-vit/fl dro 0.25mg</i>	221	<i>mytab gas chw 125mg</i>	162
<i>multi-vit/fl dro 0.5mg/ml</i>	221	<i>mytab gas chw 80mg</i>	162
<i>multi-vitami tab menopaus</i>	209	<i>my-vitalife cap</i>	210
<i>multivitamin cap</i>	217	<i>myzilra tab</i>	122
<i>multivitamin liq</i>	209	N	
<i>multivitamin liq mineral</i>	209	<i>nabumetone tab 500 mg</i>	11
<i>multivitamin tab mineral</i>	209	<i>nabumetone tab 750 mg</i>	11
<i>multivitamin tab womens</i>	210	<i>nadolol tab 20 mg</i>	111
<i>multi-vitamn tab</i>	217	<i>nadolol tab 40 mg</i>	111
<i>multi-vite tab</i>	209	<i>nadolol tab 80 mg</i>	111
<i>multi-vite tab 50&over</i>	209	<i>nafrinse chw 1mg f</i>	198
<i>multi-vite tab plus</i>	209	<i>nafrinse dro 0.125mg</i>	198
<i>mult-vit/fl chw 0.5mg</i>	221	<i>naftifine hcl cream 1%</i>	142
<i>mupirocin oint 2%</i>	140	<i>naftifine hcl cream 2%</i>	142
<i>murine ear dro 6.5% ot</i>	236	<i>NAFTIN GEL 1%</i>	142

NAFTIN-MP CRE 1%	142	NATURE THROI TAB 162.5MG	255
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	61	NATURE-THROI TAB 113.75MG	255
<i>naloxone hcl soln prefilled syringe 2</i>		NATURE-THROI TAB 130MG	255
<i>mg/2ml</i>	61	NATURE-THROI TAB 146.25MG	256
<i>naltrexone hcl tab 50 mg</i>	61	NATURE-THROI TAB 16.25MG.....	255
NAMENDA XR CAP 14MG.....	241	NATURE-THROI TAB 195MG	256
NAMENDA XR CAP 21MG.....	241	NATURE-THROI TAB 260MG	256
NAMENDA XR CAP 28MG.....	241	NATURE-THROI TAB 32.5MG	255
NAMENDA XR CAP 7MG	241	NATURE-THROI TAB 325MG	256
NAMENDA XR CAP TITRATIO	241	NATURE-THROI TAB 48.75MG.....	255
<i>naphazoline hcl ophth soln 0.1%</i>	233	NATURE-THROI TAB 65MG	255
<i>naproxen dr tab 375mg</i>	11	NATURE-THROI TAB 97.5MG	255
<i>naproxen dr tab 500mg</i>	11	<i>naturl fiber pow 28.3%</i>	178
<i>naproxen sod tab 220mg</i>	11	<i>naturl fiber pow 30.9%</i>	178
<i>naproxen sodium tab 275 mg</i>	11	<i>naturl fiber pow 58.6%</i>	178
<i>naproxen sodium tab 550 mg</i>	11	<i>nausea contr sol</i>	63
<i>naproxen susp 125 mg/5ml</i>	11	<i>nausea liq relief</i>	63
<i>naproxen tab 250 mg</i>	11	<i>na-zone spr 0.65%</i>	227
<i>naproxen tab 375 mg</i>	11	NEBULIZERS.....	190, 191
<i>naproxen tab 500 mg</i>	11	<i>nebusal neb 3%</i>	136
<i>naratriptan hcl tab 1 mg (base equiv)</i>	192	<i>necon tab 0.5/35</i>	122
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>		<i>necon tab 1/35</i>	122
.....	192	<i>necon tab 1/50-28</i>	122
NARCAN SPR.....	61	<i>necon tab 7/7/7</i>	122
<i>nasal decon syp 30mg/5ml</i>	228	<i>nefazodone hcl tab 100 mg</i>	48
<i>nasal decong liq 30mg/5ml</i>	228	<i>nefazodone hcl tab 150 mg</i>	48
<i>nasal decong tab 10mg</i>	228	<i>nefazodone hcl tab 200 mg</i>	48
<i>nasal decong tab 120mg er</i>	228	<i>nefazodone hcl tab 250 mg</i>	48
<i>nasal decong tab 30mg</i>	228	<i>nefazodone hcl tab 50 mg</i>	47
<i>nasal moist spr 0.65%</i>	227	<i>neomycin sulfate tab 500 mg</i>	7
<i>nasal saline spr 0.65%</i>	227	<i>neomycin-bacitrac zn-polymyx</i>	
<i>nasal spr 0.05%</i>	228	<i>5(3.5)mg-400unt-10000unt op oin...</i>	233
<i>nat fiber pow 48.57%</i>	178	<i>neomycin-bacitracin-polymyxin oint</i> .	140
NAT FIBER POW 58.6%	178	<i>neomycin-polymy-gramicid op sol 1.75-</i>	
<i>nat fiber pow therapy</i>	178	<i>10000-0.025mg-unt-mg/ml</i>	233
<i>nat psyllium pow fiber</i>	178	<i>neomycin-polymyxin-dexamethasone</i>	
<i>nat veg fibr pow</i>	178	<i>ophth oint 0.1%</i>	234
<i>nat veg lax tab 8.6mg</i>	185	<i>neomycin-polymyxin-dexamethasone</i>	
NATALVIT TAB 75-1MG.....	219	<i>ophth susp 0.1%</i>	234
<i>nateglinide tab 120 mg</i>	58	<i>neomycin-polymyxin-hc otic soln 1%</i>	236
<i>nateglinide tab 60 mg</i>	58	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>natura-lax pow 3350 nf</i>	181	<i>mg/ml-10000 unit/ml-1%</i>	237
<i>naturalyte sol bubblegm</i>	197	<i>neo-polycin oin hc 1%op</i>	233
<i>naturalyte sol fruit</i>	197	<i>neo-polycin oin op</i>	233
<i>naturalyte sol grape</i>	197	NEORAL CAP 100MG.....	109
<i>naturalyte sol unflavor</i>	197	NEORAL CAP 25MG.....	109

NEORAL SOL 100MG/ML	109	<i>nicotine polacrilex gum 2 mg</i>	247
<i>neosporin oin</i>	140	<i>nicotine polacrilex gum 4 mg</i>	247
<i>neosporin+pn oin relf max</i>	140	<i>nicotine polacrilex lozenge 2 mg</i>	247
NEO-SYNALAR CRE	140	<i>nicotine polacrilex lozenge 4 mg</i>	247
NEO-SYNALAR KIT	140	<i>nicotine td patch 24hr 14 mg/24hr ...</i>	247
<i>nephronex tab</i>	202	<i>nicotine td patch 24hr 21 mg/24hr ...</i>	247
NEULASTA INJ 6MG/0.6M	172	<i>nicotine td patch 24hr 7 mg/24hr</i>	247
NEUPOGEN INJ 300/0.5	172	NICOTROL INH	248
NEUPOGEN INJ 300MCG	172	NICOTROL NS SPR 10MG/ML	248
NEUPOGEN INJ 480/0.8	172	<i>nifediac cc tab 30mg er.....</i>	114
NEUPOGEN INJ 480MCG	172	<i>nifedical xl tab 60mg</i>	114
<i>neuro-k-50 tab</i>	267	<i>nifedipine cap 10 mg</i>	114
<i>neutragard gel 1.1%</i>	201	<i>nifedipine cap 20 mg</i>	114
<i>nevirapine susp 50 mg/5ml</i>	104	<i>nifedipine tab er 24hr 60 mg</i>	114
<i>nevirapine tab 200 mg</i>	104	<i>nifedipine tab er 24hr 90 mg</i>	114
<i>nevirapine tab er 24hr 100 mg</i>	104	<i>nifedipine tab er 24hr osmotic release 30</i>	
<i>nevirapine tab er 24hr 400 mg</i>	104	<i>mg</i>	114
NEXAVAR TAB 200MG.....	89	<i>nifedipine tab er 24hr osmotic release 60</i>	
NEXPLANON IMP 68MG.....	124	<i>mg</i>	114
<i>next choice tab 1.5mg</i>	124	<i>nifedipine tab er 24hr osmotic release 90</i>	
<i>niacin cap 500mg</i>	116	<i>mg</i>	114
<i>niacin cap er 250 mg.....</i>	267	<i>night time tab 25mg.....</i>	175
<i>niacin cap er 500 mg.....</i>	267	<i>nighttime tab 25mg.....</i>	175
<i>niacin tab 100 mg.....</i>	267	<i>nimodipine cap 30 mg</i>	115
<i>niacin tab 250 mg.....</i>	267	<i>nisoldipine tab er 24hr 17 mg</i>	115
<i>niacin tab 50 mg.....</i>	267	<i>nisoldipine tab er 24hr 20 mg</i>	115
<i>niacin tab 500 mg.....</i>	267	<i>nisoldipine tab er 24hr 25.5 mg</i>	115
<i>niacin tab er 250 mg</i>	267	<i>nisoldipine tab er 24hr 30 mg</i>	115
<i>niacin tab er 500 mg</i>	267	<i>nisoldipine tab er 24hr 34 mg</i>	115
<i>niacin tab er 500 mg (antihyperlipidemic)</i>		<i>nisoldipine tab er 24hr 40 mg</i>	115
<i>.....</i>	78	<i>nisoldipine tab er 24hr 8.5 mg</i>	115
<i>niacin tab er 750 mg</i>	267	<i>nitrofurantoin macrocrystalline cap 100</i>	
<i>niacin-50 tab.....</i>	267	<i>mg</i>	263
<i>niacinamide tab 500 mg</i>	267	<i>nitrofurantoin macrocrystalline cap 50</i>	
<i>niacor tab 500mg</i>	78	<i>mg</i>	263
<i>nicardipine hcl cap 20 mg</i>	114	<i>nitrofurantoin monohydrate</i>	
<i>nicardipine hcl cap 30 mg</i>	114	<i>macrocrystalline cap 100 mg</i>	263
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	114	<i>nitrofurantoin susp 25 mg/5ml.....</i>	263
<i>nicorelief gum 2mg mint.....</i>	246	<i>nitroglycerin cap er 9 mg</i>	32
<i>nicorelief gum 2mg orig.....</i>	246	<i>nitroglycerin sl tab 0.3 mg.....</i>	32
<i>nicorelief gum 4mg mint.....</i>	247	<i>nitroglycerin sl tab 0.4 mg.....</i>	33
<i>nicorelief gum 4mg orig.....</i>	247	<i>nitroglycerin sl tab 0.6 mg.....</i>	33
<i>nicotine dis step 1.....</i>	247	<i>nitroglycerin td patch 24hr 0.2 mg/hr .</i>	33
<i>nicotine dis step 2.....</i>	247	<i>nitroglycerin td patch 24hr 0.4 mg/hr .</i>	33
<i>nicotine dis step 3.....</i>	247	<i>nitroglycerin td patch 24hr 0.6 mg/hr .</i>	33
<i>nicotine gum 4mg</i>	247	<i>nitro-time cap 9mg cr</i>	32

NIVESTYM INJ 300/0.5	172	NOVOLIN R INJ U-100	58
NIVESTYM INJ 480/0.8	172	NOVOLOG INJ 100/ML	58
<i>nizatidine cap 150 mg</i>	261	NOVOLOG INJ FLEXPEN.....	58
<i>nizatidine oral soln 15 mg/ml</i>	261	NOVOLOG INJ PENFILL	58
<i>noble formul cre hc 1%</i>	149	NOVOLOG MIX INJ 70/30	58
<i>non-asa jr tab 160mg</i>	16	NOVOLOG MIX INJ FLEXPEN	58
<i>non-aspirin chw 160mg jr</i>	16	NOVOSEVEN RT INJ 2MG	169
<i>non-aspirin chw 80mg</i>	16	NOVOSEVEN RT INJ 5MG	169
<i>non-aspirin sus 160/5ml</i>	16	NOVOSEVEN RT INJ 8MG	169
<i>non-aspirin tab 325mg</i>	16	<i>np thyroid tab 120mg</i>	256
<i>non-aspirin tab 500mg/rr</i>	17	<i>np thyroid tab 15mg</i>	256
<i>non-aspirin tab 650mg</i>	17	<i>np thyroid tab 30mg</i>	256
<i>non-pseudo tab 10mg</i>	228	<i>np thyroid tab 60mg</i>	256
<i>nora-be tab 0.35mg</i>	125	<i>np thyroid tab 90mg</i>	256
<i>norethindrone & ethinyl estradiol-fe chew</i>		NUCALA INJ 100MG.....	37
<i>tab 0.4 mg-35 mcg</i>	122	NUCYNTA ER TAB 100MG	23
<i>norethindrone ace & ethinyl estradiol tab</i>		NUCYNTA ER TAB 150MG	23
<i>1 mg-20 mcg</i>	122	NUCYNTA ER TAB 200MG	23
<i>norethindrone acetate tab 5 mg</i>	240	NUCYNTA ER TAB 250MG	23
<i>norethindrone acetate-ethinyl estradiol</i>		NUCYNTA ER TAB 50MG.....	23
<i>tab 0.5 mg-2.5 mcg</i>	159	NUCYNTA TAB 100MG.....	23
<i>norethindrone tab 0.35 mg</i>	125	NUCYNTA TAB 50MG.....	23
<i>norgestimate & ethinyl estradiol tab 0.25</i>		NUCYNTA TAB 75MG.....	23
<i>mg-35 mcg</i>	122	<i>nu-iron 150 cap 150mg</i>	174
<i>norgestimate-eth estrad tab 0.18-</i>		<i>nulev tab 0.125mg</i>	259
<i>25/0.215-25/0.25-25 mg-mcg</i>	122	NUTRICION TAB PORVIDA.....	219
<i>norgestimate-eth estrad tab 0.18-</i>		NUTRIENTS TAB PRENATAL	219
<i>35/0.215-35/0.25-35 mg-mcg</i>	122	<i>nutrifac zx tab</i>	210
NOROXIN TAB 400MG	161	NUVARING MIS	124
<i>nortemp sus 160/5ml</i>	17	NUWIQ INJ 1000UNIT.....	169
<i>nortemp sus infants</i>	17	NUWIQ INJ 2000UNIT.....	169
<i>nortrel tab 0.5/35</i>	122	NUWIQ INJ 2500UNIT.....	169
<i>nortrel tab 1/35</i>	122	NUWIQ INJ 250UNIT.....	169
<i>nortrel tab 7/7/7</i>	122	NUWIQ INJ 3000UNIT.....	169
<i>nortriptyline hcl cap 10 mg</i>	52	NUWIQ INJ 4000UNIT.....	169
<i>nortriptyline hcl cap 25 mg</i>	52	NUWIQ INJ 500UNIT.....	169
<i>nortriptyline hcl cap 50 mg</i>	52	NUWIQ KIT 1000UNIT	169
<i>nortriptyline hcl cap 75 mg</i>	52	NUWIQ KIT 2000UNIT	169
NORVIR CAP 100MG.....	104	NUWIQ KIT 2500UNIT	169
NORVIR SOL 80MG/ML	104	NUWIQ KIT 250UNIT	169
NORVIR TAB 100MG.....	104	NUWIQ KIT 3000UNIT	169
<i>norwich asa tab 325mg</i>	20	NUWIQ KIT 4000UNIT	169
NOVOEIGHT INJ 1500UNIT	169	NUWIQ KIT 500UNIT	169
NOVOLIN INJ 70/30	58	<i>nyamyc pow 100000</i>	142
NOVOLIN N INJ U-100	58	<i>nyata pow 100000</i>	142
NOVOLIN R INJ PENFILL	58	<i>nystatin cream 100000 unit/gm</i>	142

<i>nystatin oint 100000 unit/gm</i>	142
<i>nystatin susp 100000 unit/ml</i>	201
<i>nystatin tab 500000 unit</i>	63
<i>nystatin topical powder 100000 unit/gm</i>	143
<i>nystatin-triamcinolone cream 100000- 0.1 unit/gm-%</i>	143
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	143
<i>nystop pow 100000</i>	143
<i>nytol tab 25mg</i>	175

O

O-CAL TAB PRENATAL	219
<i>ocean kids spr 0.65%</i>	227
<i>ocella tab 3-0.03mg</i>	122
OCTAGAM INJ 5GM	237
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	159
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	159
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	159
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	159
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	159
<i>ocutabs tab</i>	210
<i>ocutabs tab lutein</i>	210
<i>ocuvite eye cap health</i>	210
<i>ocuvite eye tab + multi</i>	210
<i>ocuvite tab lutein</i>	210
<i>ocuvite xtra tab</i>	210
ODEFSEY TAB.....	104
ODOMZO CAP 200MG	87
<i>odor control aer powd 1%</i>	143
<i>odor eaters aer 1%</i>	143
<i>odor eaters pow 1%</i>	143
<i>ofloxacin ophth soln 0.3%</i>	233
<i>ofloxacin otic soln 0.3%</i>	236
<i>ogestrel tab</i>	122
<i>olanzapine tab 10 mg</i>	97
<i>olanzapine tab 15 mg</i>	97
<i>olanzapine tab 2.5 mg</i>	97
<i>olanzapine tab 20 mg</i>	98
<i>olanzapine tab 5 mg</i>	97
<i>olanzapine tab 7.5 mg</i>	97

<i>olmesartan medoxomil tab 20 mg</i>	80
<i>olmesartan medoxomil tab 40 mg</i>	81
<i>olmesartan medoxomil tab 5 mg</i>	80
<i>olopatadine hcl nasal soln 0.6%</i>	227
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	235
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	235
<i>omega 3 500 cap 500mg</i>	230
<i>omega iii cap epa+dha</i>	230
<i>omega-3 cap 1200mg</i>	230
<i>omega-3 fatty acids cap 300 mg</i>	230
<i>omega-3 fish cap 1000mg</i>	230
<i>omega-3 fish cap 1200mg</i>	230
OMEPRAZOLE + SUS SYRSPEND	262
<i>omeprazole cap 20.6mgdr</i>	262
<i>omeprazole cap delayed release 10 mg</i>	262
<i>omeprazole cap delayed release 20 mg</i>	262
<i>omeprazole cap delayed release 40 mg</i>	262
OMNARIS SPR.....	228
OMNIFLEX DPR	189
OMNITROPE INJ PEN 10/1.5ML	158
OMNITROPE INJ PEN 5/1.5ML	158
<i>once daily tab</i>	217
<i>once daily tab iron</i>	202
<i>ondansetron hcl oral soln 4 mg/5ml</i>	62
<i>ondansetron hcl tab 4 mg</i>	62
<i>ondansetron hcl tab 8 mg</i>	62
<i>ondansetron orally disintegrating tab 4 mg</i>	62
<i>ondansetron orally disintegrating tab 8 mg</i>	62
ONE A DAY MIS PRENATAL	219
ONE A DAY PAK PRENATAL	219
<i>one daily tab</i>	217
<i>one daily tab /mineral</i>	210
<i>one daily tab 50 plus</i>	210
<i>one daily tab 50+</i>	210
<i>one daily tab complete</i>	210
<i>one daily tab essentl</i>	217
<i>one daily tab fe/ca</i>	210
<i>one daily tab healthy</i>	210
<i>one daily tab maximum</i>	210

<i>one daily tab men</i>	210	ORTHO FLEX DPR 65MM.....	189
<i>one daily tab men 50+</i>	210	ORTHO FLEX DPR 70MM.....	189
<i>one daily tab mens</i>	210	ORTHO FLEX DPR 75MM.....	189
<i>one daily tab mens 50+</i>	210	ORTHO FLEX DPR 80MM.....	189
<i>one daily tab multivit</i>	210, 217	<i>orthovite tab</i>	211
<i>one daily tab pls iron</i>	202	<i>os calcium tab /vit d</i>	196
<i>one daily tab plus iro</i>	211	<i>os-cal 500 chw</i>	196
<i>one daily tab women</i>	211	<i>oscal 500/ tab 200 d-3</i>	196
<i>one daily tab women 50</i>	211	<i>oscimin sr tab 0.375mg</i>	259
<i>one daily tab womens</i>	211	<i>oscimin sub 0.125mg</i>	259
<i>one daily wm tab pro-actv</i>	211	<i>oscimin tab 0.125mg</i>	259
<i>one daily/ tab minerals</i>	211	<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	107
<i>one dly hlth tab wght adv</i>	211	<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	107
ONE-A-DAY PAK PRENATAL	219	<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	107
<i>one-a-day tab teen/her</i>	211	<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	107
<i>one-daily tab mult vit</i>	217	OSMOPREP TAB 1.5GM	182
ONFI TAB 10MG.....	43	<i>osteoprime tab ultra</i>	211
ONFI TAB 20MG.....	43	OTEZLA TAB 10/20/30	239
ONFI TAB 5MG	43	OTEZLA TAB 30MG	239
ONGLYZA TAB 2.5MG	56	<i>otix sol 6.5% ot</i>	236
ONGLYZA TAB 5MG	56	<i>oxandrolone tab 10 mg</i>	26
OPSUMIT TAB 10MG.....	116	<i>oxandrolone tab 2.5 mg</i>	26
<i>optic-vites tab</i>	211	<i>oxaprozin tab 600 mg</i>	11
<i>optimum pms tab</i>	211	<i>oxazepam cap 10 mg</i>	35
<i>oral electrolyte solution</i>	197	<i>oxazepam cap 15 mg</i>	35
<i>oralone dent pst 0.1%</i>	201	<i>oxazepam cap 30 mg</i>	35
<i>oralyte sol</i>	197	<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	45
<i>oralyte sol freeze</i>	197	<i>oxcarbazepine tab 150 mg</i>	45
<i>orazinc cap 220mg</i>	200	<i>oxcarbazepine tab 300 mg</i>	45
<i>organ-i nr tab 200mg</i>	135	<i>oxcarbazepine tab 600 mg</i>	45
<i>ormir cap 50mg</i>	69	<i>oxiconazole nitrate cream 1%</i>	143
<i>orphenadrine citrate tab er 12hr 100 mg</i>	226	OXISTAT LOT 1%	143
<i>orsythia tab</i>	122	<i>oxybutynin chloride syrup 5 mg/5ml</i> . 165	
ORTHO COIL DPR KIT 100	189	<i>oxybutynin chloride tab 5 mg</i>	165
ORTHO COIL DPR KIT 105	189	<i>oxybutynin chloride tab er 24hr 10 mg</i>	165
ORTHO COIL DPR KIT 50	189	<i>oxybutynin chloride tab er 24hr 15 mg</i>	165
ORTHO FLAT DPR KIT 55	189	<i>oxybutynin chloride tab er 24hr 5 mg</i> 165	
ORTHO FLAT DPR KIT 60	189	<i>oxycodone hcl soln 5 mg/5ml</i>	23
ORTHO FLAT DPR KIT 65	189	<i>oxycodone hcl tab 10 mg</i>	23
ORTHO FLAT DPR KIT 70	189		
ORTHO FLAT DPR KIT 75	189		
ORTHO FLAT DPR KIT 80	189		
ORTHO FLAT DPR KIT 85	189		
ORTHO FLAT DPR KIT 90	189		
ORTHO FLAT DPR KIT 95	189		

<i>oxycodone hcl tab 15 mg</i>	23	<i>oyst cal/d tab 500mg</i>	196
<i>oxycodone hcl tab 20 mg</i>	23	<i>oyst shell/d tab 250mg</i>	196
<i>oxycodone hcl tab 30 mg</i>	23	<i>oyst shell/d tab 500-125</i>	196
<i>oxycodone hcl tab 5 mg</i>	23	<i>oyst shell/d tab 500-200</i>	196
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	23	<i>oyst shell/d tab 500-400</i>	196
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	23	<i>oyst shell/d tab 500mg</i>	196
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	24	<i>oyst-cal d tab 250mg</i>	196
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	24	<i>oyst-cal-d tab 500mg</i>	196
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	24	<i>oyster shell calcium tab 500 mg</i>	196
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	24	<i>oystercal tab 500mg</i>	196
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	24	<i>oyster-cal/d tab 500mg</i>	196
<i>oxycodone w/ acetaminophen tab 10-325</i> <i>mg</i>	26	<i>oystercal-d tab 500mg</i>	197
<i>oxycodone w/ acetaminophen tab 5-325</i> <i>mg</i>	25	P	
<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i>	25	<i>pa calcium tab vit d</i>	197
<i>OXYCONTIN TAB 10MG CR</i>	24	<i>pa melatonin tab 5mg</i>	6
<i>OXYCONTIN TAB 15MG CR</i>	24	<i>pa mucus rel tab 600mg</i>	135
<i>OXYCONTIN TAB 20MG CR</i>	24	<i>pa oyster sh tab 500mg</i>	197
<i>OXYCONTIN TAB 30MG CR</i>	24	<i>pacerone tab 200mg</i>	36
<i>OXYCONTIN TAB 40MG CR</i>	24	<i>pain & fever chw 80mg</i>	17
<i>OXYCONTIN TAB 60MG CR</i>	24	<i>pain & fever sol 160/5ml</i>	17
<i>OXYCONTIN TAB 80MG CR</i>	24	<i>pain & fever sus 160/5ml</i>	17
<i>oxymorphone hcl tab 10 mg</i>	24	<i>pain & fever tab 325mg</i>	17
<i>oxymorphone hcl tab 5 mg</i>	24	<i>pain & fever tab 500mg</i>	17
<i>oxymorphone hcl tab er 12hr 10 mg</i> ...	24	<i>pain relief liq 160/5ml</i>	17
<i>oxymorphone hcl tab er 12hr 15 mg</i> ...	24	<i>pain relief liq 500/15ml</i>	17
<i>oxymorphone hcl tab er 12hr 20 mg</i> ...	24	<i>pain relief tab 325mg</i>	17
<i>oxymorphone hcl tab er 12hr 30 mg</i> ...	24	<i>pain relief tab 500mg</i>	17
<i>oxymorphone hcl tab er 12hr 40 mg</i> ...	24	<i>pain relieve chw 160mg jr</i>	17
<i>oxymorphone hcl tab er 12hr 5 mg</i>	24	<i>pain relieve dro 80/0.8ml</i>	17
<i>oxymorphone hcl tab er 12hr 7.5 mg</i> ..	24	<i>pain relieve sus 160/5ml</i>	17
<i>oys shell+d chw 500-400</i>	196	<i>pain relieve tab 325mg</i>	17
<i>oys shell+d tab 250-125</i>	196	<i>pain relieve tab 500mg</i>	17
<i>oysco 500 tab 500mg</i>	196	<i>pain relieve tab 500mg/rr</i>	17
<i>oysco 500+d chw</i>	196	<i>pain relievr chw 80mg</i>	17
<i>oysco 500+d tab</i>	196	<i>pain relievr tab 160mg</i>	17
<i>oyst cal/d tab 250mg</i>	196	<i>pain relievr tab 325mg</i>	17
		<i>pain relievr tab 500mg</i>	17
		<i>pain/fever sup 120mg</i>	17
		<i>pain/fever sus 160/5ml</i>	17
		<i>paliperidone tab er 24hr 1.5 mg</i>	95
		<i>paliperidone tab er 24hr 3 mg</i>	95
		<i>paliperidone tab er 24hr 6 mg</i>	95
		<i>paliperidone tab er 24hr 9 mg</i>	95
		<i>pamprin tab 220mg</i>	11
		<i>pancrelipase (lip-prot-amyl) dr cap 5000-</i> <i>17000-27000 unit</i>	154

<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	262	<i>permethrin cream 5%</i>	153
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	262	<i>perphenazine tab 16 mg</i>	100
PARAGARD IUD T380A	124	<i>perphenazine tab 2 mg</i>	99
<i>paroex sol 0.12%</i>	201	<i>perphenazine tab 4 mg</i>	99
<i>paromomycin sulfate cap 250 mg</i>	7	<i>perphenazine tab 8 mg</i>	99
<i>paroxetine hcl tab 10 mg</i>	49	PERRY PRENAT CAP	220
<i>paroxetine hcl tab 20 mg</i>	49	<i>pharbechlor tab 4mg</i>	64
<i>paroxetine hcl tab 30 mg</i>	49	<i>pharbedryl cap 25mg</i>	70
<i>paroxetine hcl tab 40 mg</i>	49	<i>pharbedryl cap 50mg</i>	70
PASER GRA 4GM.....	85	<i>pharbetol tab 325mg</i>	18
PEAK AIR FLO MIS ADLT/PED	252	<i>pharbetol tab 500mg</i>	18
<i>ped elctryl sol</i>	197	<i>phazyme chw 125mg</i>	162
<i>ped formula liq 100-10/5</i>	131	<i>phenadoz sup 12.5mg</i>	74
<i>pedia iron dro 15mg/ml</i>	174	<i>phenazo tab 200mg</i>	167
<i>pedia vance sol apple</i>	197	<i>phenazopyridine hcl tab 100 mg</i>	167
<i>pedia vance sol grape</i>	197	<i>phenazopyridine hcl tab 200 mg</i>	167
<i>pediacare al liq 12.5/5ml</i>	70	<i>phenelzine sulfate tab 15 mg</i>	48
<i>pediacare sus 160/5ml</i>	18	<i>phenergan sup 25mg</i>	74
PEDIA-LAX LIQ 50MG	187	<i>phenobarbital elixir 20 mg/5ml</i>	175
<i>pediatric ene enema</i>	182	<i>phenobarbital tab 100 mg</i>	176
<i>pediavit liq</i>	225	<i>phenobarbital tab 15 mg</i>	175
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	180	<i>phenobarbital tab 16.2 mg</i>	175
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	180	<i>phenobarbital tab 30 mg</i>	175
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	180	<i>phenobarbital tab 32.4 mg</i>	175
PEGASYS INJ.....	106	<i>phenobarbital tab 60 mg</i>	176
PEGASYS INJ 180MCG/M	107	<i>phenobarbital tab 64.8 mg</i>	176
PEG-INTRON KIT 150MCG.....	106	<i>phenobarbital tab 97.2 mg</i>	176
<i>pegylax pow</i>	181	<i>phenoxybenzamine hcl cap 10 mg</i>	80
<i>penicillin v potassium for soln 125 mg/5ml</i>	238	<i>phenytoin chw 50mg</i>	46
<i>penicillin v potassium for soln 250 mg/5ml</i>	238	<i>phenytoin sodium extended cap 100 mg</i>	46
<i>penicillin v potassium tab 250 mg</i>	238	<i>phenytoin sodium extended cap 200 mg</i>	46
<i>penicillin v potassium tab 500 mg</i>	238	<i>phenytoin sodium extended cap 300 mg</i>	46
<i>pentoxifylline tab er 400 mg</i>	170	<i>phenytoin susp 125 mg/5ml</i>	46
<i>peptic relf chw 262mg</i>	60	<i>philith tab 0.4-35</i>	122
<i>peptic relf sus 262/15ml</i>	60	<i>phillips cap 100mg</i>	187
<i>perindopril erbumine tab 2 mg</i>	79	PHISOHEX LIQ 3%	102
<i>perindopril erbumine tab 4 mg</i>	79	<i>phospha 250 tab neutral</i>	199
<i>perindopril erbumine tab 8 mg</i>	79	<i>phosphate sol laxative</i>	182
<i>perigard sol 0.12%</i>	201	PHOSPHOLINE SOL 0.125%OP.....	232
		<i>phytonadione tab 5 mg</i>	266
		PICATO GEL 0.015%	144
		PICATO GEL 0.05%	144
		<i>pilocarpine hcl ophth soln 1%</i>	232

<i>pilocarpine hcl ophth soln 2%</i>	232	<i>polyvitamin dro /iron</i>	222
<i>pilocarpine hcl ophth soln 4%</i>	232	<i>poly-vitamin dro /iron</i>	222
<i>pilocarpine hcl tab 5 mg</i>	201	<i>poly-vite dro</i>	225
<i>pilocarpine hcl tab 7.5 mg</i>	201	<i>poly-vite sol /iron</i>	222
<i>pimozide tab 1 mg</i>	242	POMALYST CAP 1MG.....	86
<i>pimozide tab 2 mg</i>	242	POMALYST CAP 2MG.....	86
<i>pimtrea tab</i>	122	POMALYST CAP 3MG.....	86
<i>pindolol tab 10 mg</i>	111	POMALYST CAP 4MG.....	86
<i>pindolol tab 5 mg</i>	111	<i>portia-28 tab</i>	122
<i>pink bismuth chw 262mg</i>	60	<i>potassium bicarbonate effer tab 25 meq</i>	200
<i>pink bismuth sus 262/15ml</i>	60	<i>potassium chloride cap er 10 meq</i>	200
<i>pink bismuth sus max str</i>	60	<i>potassium chloride cap er 8 meq.....</i>	200
<i>pink bismuth tab 262mg</i>	60	<i>potassium chloride microencapsulated</i> <i>crys er tab 10 meq</i>	200
<i>pinworm med sus 144mg/ml</i>	30	<i>potassium chloride microencapsulated</i> <i>crys er tab 20 meq</i>	200
PIN-X CHW 250MG.....	30	<i>potassium chloride oral soln 10% (20</i> <i>meq/15ml)</i>	200
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	58	<i>potassium chloride oral soln 20% (40</i> <i>meq/15ml)</i>	200
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	58	<i>potassium chloride tab er 10 meq</i>	200
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	58	<i>potassium chloride tab er 20 meq (1500</i> <i>mg)</i>	200
<i>pirmella tab 1/35</i>	122	<i>potassium chloride tab er 8 meq (600</i> <i>mg)</i>	200
<i>pirmella tab 7/7/7</i>	122	<i>potassium citrate & citric acid soln 1100-</i> <i>334 mg/5ml</i>	166
<i>piroxicam cap 10 mg</i>	11	<i>potassium citrate tab er 10 meq (1080</i> <i>mg)</i>	166
<i>piroxicam cap 20 mg</i>	12	<i>potassium citrate tab er 5 meq (540 mg)</i>	166
<i>pms support cap complex</i>	211	POTIGA TAB 200MG	45
PNEUMOVAX 23 INJ 25/0.5	264	POTIGA TAB 400MG	45
<i>podactin cre 2%</i>	143	POTIGA TAB 50MG	45
<i>podactin pow 1%</i>	143	PRADAXA CAP 150MG.....	42
<i>podofilox soln 0.5%</i>	152	PRADAXA CAP 75MG.....	42
<i>poly bacitra oin</i>	140	<i>pramipexole dihydrochloride tab 0.125</i> <i>mg</i>	92
<i>poly vitamin chw</i>	225	<i>pramipexole dihydrochloride tab 0.25 mg</i>	92
<i>polycin oin op</i>	233	<i>pramipexole dihydrochloride tab 0.5 mg</i>	92
<i>polyethylene glycol 3350 oral packet</i>	181	<i>pramipexole dihydrochloride tab 0.75 mg</i>	92
<i>polyethylene glycol 3350 oral powder</i>	181	<i>pramipexole dihydrochloride tab 1 mg</i>	92
<i>poly-iron cap 150 fort</i>	172		
<i>poly-iron cap 150mg</i>	174		
<i>polymyxin b sulfate for inj 500000 unit</i>	31		
<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	233		
<i>polysacchari cap iron</i>	173		
<i>polyvinyl alcohol ophth soln 1.4%</i>	231		
<i>poly-vita dro</i>	225		
<i>poly-vita dro /iron</i>	222		
<i>polyvitamin chw /iron</i>	223		
<i>polyvitamin dro</i>	225		

<i>pramipexole dihydrochloride tab 1.5 mg</i>		<i>prenatabs rx tab</i>	220
.....92		PRENATAL 19 CHW 29-1MG.....	220
<i>prasugrel hcl tab 10 mg (base equiv)</i>	170	<i>prenatal 19 chw tab</i>	220
<i>prasugrel hcl tab 5 mg (base equiv)</i>	170	<i>prenatal 19 tab</i>	225
<i>pravastatin sodium tab 10 mg</i>	77	PRENATAL 19 TAB 29-1MG.....	220
<i>pravastatin sodium tab 20 mg</i>	77	PRENATAL CAP FORMULA.....	220
<i>pravastatin sodium tab 40 mg</i>	77	PRENATAL CAP OMEGA-3.....	220
<i>pravastatin sodium tab 80 mg</i>	77	<i>prenatal dha cap 200mg</i>	200
<i>praziquantel tab 600 mg</i>	30	PRENATAL DHA PAK MULTI.....	220
<i>prazosin hcl cap 1 mg</i>	82	PRENATAL FRM TAB A-FREE.....	220
<i>prazosin hcl cap 2 mg</i>	82	PRENATAL MUL CAP +DHA.....	239
<i>prazosin hcl cap 5 mg</i>	82	PRENATAL MV MIS + DHA.....	239
<i>prednicarbate cream 0.1%</i>	149	PRENATAL TAB.....	220, 225
<i>prednicarbate oint 0.1%</i>	149	PRENATAL TAB 27-0.8MG.....	220
<i>prednisolone acetate ophth susp 1%</i>	234	PRENATAL TAB 28-0.8MG.....	220
<i>prednisolone sod phosph oral soln 6.7</i>		PRENATAL TAB COMPLETE.....	226
<i>mg/5ml (5 mg/5ml base)</i>	126	PRENATAL TAB FORMULA.....	220
<i>prednisolone sod phosphate oral soln 15</i>		PRE-NATAL TAB FORMULA.....	225
<i>mg/5ml (base equiv)</i>	126	PRENATAL TAB FORTE.....	226
<i>prednisolone sodium phosphate oral soln</i>		PRENATAL TAB PLUS.....	220
<i>25 mg/5ml (base eq)</i>	126	<i>prenatal/fa tab</i>	220
<i>prednisolone syrup 15 mg/5ml (usp</i>		PRENATAL/FE TAB.....	226
<i>solution equivalent)</i>	126	PRENATAL+DHA MIS.....	220
<i>prednisone oral soln 5 mg/5ml</i>	126	PRENATAL+DHA MIS WOMENS.....	220
<i>prednisone tab 1 mg</i>	126	PRENATAL+FE TAB 29-1MG.....	220
<i>prednisone tab 10 mg</i>	126	PRENATL MULT CAP + DHA.....	220
<i>prednisone tab 2.5 mg</i>	126	PRENTAT MULT CAP PLUS DHA.....	220
<i>prednisone tab 20 mg</i>	126	PRENTIF MIS 25MM.....	189
<i>prednisone tab 5 mg</i>	126	PRENTIF MIS 28MM.....	189
<i>prednisone tab 50 mg</i>	126	PRENTIF MIS 31MM.....	189
<i>prednisone tab therapy pack 10 mg (48)</i>		PRENTIF MIS FITTING.....	189
.....	126	<i>prep h cre 1%</i>	150
<i>prednisone tab therapy pack 5 mg (48)</i>		PREPOPIK PAK.....	180
.....	126	PRETAB TAB 29-1MG.....	220
PREMARIN TAB 0.3MG.....	161	<i>prevalite pow 4gm</i>	75
PREMARIN TAB 0.45MG.....	161	<i>prevent cap</i>	211
PREMARIN TAB 0.625MG.....	161	<i>previfem tab</i>	123
PREMARIN TAB 0.9MG.....	161	PREVNAR 13 INJ.....	264
PREMARIN TAB 1.25MG.....	161	PREZCOBIX TAB 800-150.....	104
PREMARIN VAG CRE 0.625MG.....	265	PREZISTA SUS 100MG/ML.....	104
PREMPHASE TAB.....	159	PREZISTA TAB 150MG.....	104
PREMPRO TAB .625-2.5.....	159	PREZISTA TAB 400MG.....	104
PREMPRO TAB 0.3-1.5.....	159	PREZISTA TAB 600MG.....	104
PREMPRO TAB 0.45-1.5.....	159	PREZISTA TAB 75MG.....	104
PREMPRO TAB 0.625-5.....	159	PREZISTA TAB 800MG.....	104
PRENAT MULTI CAP +DHA.....	220	PRIFTIN TAB 150MG.....	85

PRILOSEC OTC TAB 20MG.....	262	<i>propafenone hcl tab 150 mg</i>	36
PRIMAQUINE TAB 26.3MG.....	85	<i>propafenone hcl tab 225 mg</i>	36
<i>primidone tab 250 mg</i>	45	<i>propafenone hcl tab 300 mg</i>	36
<i>primidone tab 50 mg</i>	45	<i>proparacaine hcl ophth soln 0.5%</i>	233
<i>princess chw gummies.....</i>	223	<i>propranolol hcl cap er 24hr 120 mg ..</i>	111
PRIVIGEN INJ 20GRAMS	237	<i>propranolol hcl cap er 24hr 160 mg ..</i>	111
PROAIR HFA AER	39	<i>propranolol hcl cap er 24hr 60 mg....</i>	111
<i>probenecid tab 500 mg.....</i>	167	<i>propranolol hcl cap er 24hr 80 mg....</i>	111
<i>prochlorperazine maleate tab 10 mg</i> <i>(base equivalent).....</i>	100	<i>propranolol hcl oral soln 20 mg/5ml .</i>	111
<i>prochlorperazine maleate tab 5 mg (base</i> <i>equivalent)</i>	100	<i>propranolol hcl oral soln 40 mg/5ml .</i>	111
<i>prochlorperazine suppos 25 mg</i>	100	<i>propranolol hcl tab 10 mg</i>	111
PRO-CLEAR AC SYP 9-8.33MG	131	<i>propranolol hcl tab 20 mg</i>	111
PROCRIT INJ 10000/ML	172	<i>propranolol hcl tab 40 mg</i>	111
PROCRIT INJ 2000/ML	172	<i>propranolol hcl tab 60 mg</i>	112
PROCRIT INJ 20000/ML	172	<i>propranolol hcl tab 80 mg</i>	112
PROCRIT INJ 4000/ML	172	<i>propylthiouracil tab 50 mg.....</i>	253
PROCRIT INJ 40000/ML	172	<i>prorenal+d cap omega-3.....</i>	211
<i>procto-med cre hc 2.5%</i>	27	<i>prosight cap w/lutein</i>	211
<i>proctosol hc cre 2.5%</i>	27	<i>prosight tab.....</i>	211
<i>proctozone cre -hc 2.5%.....</i>	27	<i>protriptyline hcl tab 10 mg</i>	52
PROFILNINE INJ 1500UNIT	169	<i>protriptyline hcl tab 5 mg</i>	52
<i>progesterone micronized cap 100 mg</i>	240	PROVENTIL AER HFA	39
<i>progesterone micronized cap 200 mg</i>	240	<i>provil tab 200mg.....</i>	12
PROLIA SOL 60MG/ML	157	<i>pseudoephed-bromphen-dm syrup 30-2-</i> <i>10 mg/5ml</i>	131
PROMACTA TAB 50MG	172	<i>pseudoephedr tab 120mg er.....</i>	228
<i>prometh vc sol plain.....</i>	131	<i>pseudoephedr tab 60mg</i>	228
<i>prometh vc/ syp codeine.....</i>	131	<i>pseudoephedrine hcl syrup 30 mg/5ml</i> <i>.....</i>	229
<i>promethazine & phenylephrine syrup</i> <i>6.25-5 mg/5ml</i>	131	<i>pseudoephedrine hcl tab 30 mg</i>	229
<i>promethazine hcl inj 25 mg/ml</i>	74	<i>psyllium powder 100%</i>	178
<i>promethazine hcl suppos 12.5 mg.....</i>	74	<i>psyllium see pow 100%</i>	178
<i>promethazine hcl suppos 25 mg</i>	74	PULMOZYME SOL 1MG/ML.....	252
<i>promethazine hcl syrup 6.25 mg/5ml ..</i>	74	<i>puralube oin</i>	231
<i>promethazine hcl tab 12.5 mg</i>	74	<i>pure & gentl dro 0.3%</i>	231
<i>promethazine hcl tab 25 mg.....</i>	75	<i>px advanced tab multivit.....</i>	211
<i>promethazine hcl tab 50 mg.....</i>	75	<i>px allergy cap 25mg</i>	70
<i>promethazine w/ codeine syrup 6.25-10</i> <i>mg/5ml</i>	131	<i>px allergy tab 25mg</i>	70
<i>promethazine-dm syrup 6.25-15 mg/5ml</i> <i>.....</i>	131	<i>px antacid chw 1000mg</i>	30
<i>promethegan sup 12.5mg</i>	75	<i>px antacid sus max st.....</i>	29
<i>promethegan sup 25mg.....</i>	75	<i>px antacid sus reg st</i>	29
<i>promethegan sup 50mg.....</i>	75	<i>px aspirin chw 81mg</i>	20
<i>promolaxin tab 100mg</i>	187	<i>px aspirin tab 325mg.....</i>	20
		<i>px aspirin tab 325mg ec.....</i>	20
		<i>px aspirin tab 81mg ec</i>	20
		<i>px calcium&d tab 600-400.....</i>	197

<i>px complete tab senior</i>	211	<i>qc natural pow vegetabl</i>	178
<i>px dayhist tab 1.34mg</i>	70	<i>qc senna tab 8.6mg</i>	185
<i>px fiber cap 0.52gm</i>	178	<i>qc suphedrin tab 120mg sr</i>	229
<i>px fiber tab 625mg</i>	178	<i>qc therin-m tab</i>	211
PX GLUCOSE CHW FRUIT	55	<i>q-dryl cap 25mg</i>	70
PX GLUCOSE CHW ORANGE	55	<i>q-dryl liq 12.5/5ml</i>	70
PX GLUCOSE CHW RASPBERRY	55	<i>q-pap child sus 160/5ml</i>	18
PX GLUCOSE CHW SOUR APL	55	<i>q-pap infant dro 80/0.8ml</i>	18
<i>px glycerin sup 2.1gm</i>	181	<i>q-pap liq 160/5ml</i>	18
<i>px ibuprofen tab 200mg</i>	12	<i>q-pap tab 325mg</i>	18
<i>px iron tab 200mg</i>	174	<i>q-pap tab 500mg</i>	18
<i>px laxative tab 8.6mg</i>	185	<i>q-tapp dm elx</i>	131
<i>px mens mult tab vitamins</i>	211	<i>q-tussin dm syp 100-10/5</i>	131
<i>px profen ib dro 50/1.25</i>	12	<i>quasense tab</i>	123
<i>px profen ib sus 100/5ml</i>	12	<i>quenalin syp 12.5/5ml</i>	70
<i>px stomach chw 262mg</i>	60	<i>quetiapine fumarate tab 100 mg</i>	98
<i>px stomach sus 262/15ml</i>	60	<i>quetiapine fumarate tab 200 mg</i>	98
<i>px stomach sus 525/15ml</i>	60	<i>quetiapine fumarate tab 25 mg</i>	98
<i>px triple oin</i>	140	<i>quetiapine fumarate tab 300 mg</i>	98
<i>px tussin dm liq 100-10/5</i>	131	<i>quetiapine fumarate tab 400 mg</i>	98
<i>px tussin sol 100/5ml</i>	135	<i>quetiapine fumarate tab 50 mg</i>	98
<i>pyrazinamide tab 500 mg</i>	85	<i>quetiapine fumarate tab 50 mg</i>	98
<i>pyridostigmine bromide tab 60 mg</i>	85	<i>quetiapine fumarate tab er 24hr 150 mg</i>	98
<i>pyridoxine hcl tab 100 mg</i>	268	<i>quetiapine fumarate tab er 24hr 200 mg</i>	98
<i>pyridoxine hcl tab 25 mg</i>	267	<i>quetiapine fumarate tab er 24hr 300 mg</i>	98
<i>pyridoxine hcl tab 50 mg</i>	267	<i>quetiapine fumarate tab er 24hr 400 mg</i>	98
<i>pyridoxine hcl tab er 200 mg</i>	268	<i>quetiapine fumarate tab er 24hr 50 mg</i>	98
Q		<i>quinapril hcl tab 10 mg</i>	79
<i>qc allergy tab 10mg</i>	73	<i>quinapril hcl tab 20 mg</i>	79
<i>qc antacid sus</i>	29	<i>quinapril hcl tab 40 mg</i>	79
<i>qc antacid sus anti-gas</i>	29	<i>quinapril hcl tab 5 mg</i>	79
<i>qc aspirin tab 325mg</i>	20	<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	83
<i>qc aspirin tab 325mg ec</i>	20	<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	83
<i>qc childrens chw complete</i>	223	<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	83
<i>qc childrens chw extra c</i>	225	<i>quinidine sulfate tab 300 mg</i>	36
<i>qc childrens chw iron</i>	222	<i>quinine sulfate cap 324 mg</i>	85
<i>qc enema ene</i>	182	<i>quintabs-m tab</i>	211
<i>qc essential tab</i>	218	QVAR REDIHA AER 80MCG	38
<i>qc gas relf chw 125mg</i>	162	QVAR REDIHAL AER 40MCG	38
<i>qc gas relf chw 80mg</i>	162		
<i>qc hydrocort cre 1%</i>	150		
<i>qc ibuprofen tab 200mg</i>	12		
<i>qc laxative sup 10mg</i>	185		
<i>qc laxative tab 5mg ec</i>	185		
<i>qc medifin liq mucus rl</i>	135		
QC MINERAL OIL HEAVY	182		

R

<i>ra acetamin tab 325mg</i>	18	RA GLUCOSE CHW ORANGE	56
<i>ra allergy tab 25mg</i>	70	RA GLUCOSE CHW RASPBERRY	56
<i>ra allergy tab sinus</i>	131	RA GLUCOSE CHW TROP FRT	56
<i>ra antacid chw 1000mg</i>	30	<i>ra glycerin sup 80.7%</i>	181
<i>ra antacid sus antigas</i>	29	<i>ra hair/skin tab /nails</i>	212
<i>ra antacid sus anti-gas</i>	29	<i>ra hi cal tab 500-200</i>	197
<i>ra anti-itch cre 1%</i>	150	<i>ra hi-cal tab 500mg</i>	197
<i>ra anti-itch oin 1%</i>	150	<i>ra hi-cal/d tab 500mg</i>	197
<i>ra aspirin chw 81mg</i>	20	<i>ra hydrocort cre 0.5%</i>	150
<i>ra aspirin tab 325mg</i>	20	<i>ra hydrocort cre 1%</i>	150
<i>ra aspirin tab 325mg ec</i>	21	<i>ra hydrocort cre 1%pls 12</i>	150
<i>ra aspirin tab 81mg ec</i>	20	<i>ra ibuprofen cap 200mg</i>	12
<i>ra ca/mg/zn tab</i>	197	<i>ra ibuprofen tab 200mg</i>	12
<i>ra ca/vit d3 chw minerals</i>	197	<i>ra iron tab 325mg</i>	174
<i>ra ca/vit d3 tab 600-400</i>	197	<i>ra iron tab 65mg</i>	174
<i>ra calcium tab vit d</i>	197	<i>ra k-pec sus 262/15ml</i>	60
<i>ra calcium+d tab 600mg</i>	197	<i>ra laxative chw 15mg</i>	185
<i>ra central tab energy</i>	212	<i>ra laxative pow</i>	181
<i>ra central tab -vite</i>	211	<i>ra laxative sup 10mg</i>	185
<i>ra central tab vite sel</i>	212	<i>ra laxative tab 25mg</i>	185
<i>ra central tab vite sen</i>	212	<i>ra laxative tab 5mg ec</i>	185
<i>ra cetiri-d tab 5-120mg</i>	131	<i>ra liquid sus antacid</i>	29
<i>ra cetirizin tab 10mg</i>	73	<i>ra lorata-d tab 24 hour</i>	131
<i>ra child asa chw 81mg</i>	21	<i>ra lubricant dro 0.4-0.3%</i>	231
<i>ra child vit chw /iron</i>	222	<i>ra magnesium cap 500mg</i>	199
<i>ra chlorphen tab 4mg</i>	64	<i>ra mature wm tab diet sup</i>	212
<i>ra clotrimaz cre 3</i>	264	<i>ra melatonin tab 3mg</i>	7
<i>ra col-rite cap 100mg</i>	187	<i>ra melatonin tab 5mg</i>	6
<i>ra col-rite cap 250mg</i>	187	<i>ra milk magn sus 400/5ml</i>	183
<i>ra col-rite cap 50mg</i>	187	RA MINERAL OIL	182
<i>ra dandruff sha 1%</i>	144	<i>ra niacin tab 100mg</i>	268
<i>ra ear dro 6.5% ot</i>	236	<i>ra niacin tab 500mg</i>	268
<i>ra enema ene</i>	183	<i>ra nicotine dis 14mg/24h</i>	248
<i>ra fib lax pow 48.57%</i>	178	<i>ra nicotine dis 21mg/24h</i>	248
<i>ra fiber cap 0.52gm</i>	178	<i>ra nicotine dis 7mg/24hr</i>	248
<i>ra fiber pow 28.3%</i>	178	<i>ra nicotine gum 2mg</i>	248
<i>ra fiber pow 48.57%</i>	178	<i>ra nicotine gum 2mg cinn</i>	248
<i>ra fiber pow 58.6%</i>	178	<i>ra nicotine gum 2mg mint</i>	248
<i>ra fiber tab 500mg</i>	178	<i>ra nicotine gum 2mgfruit</i>	248
<i>ra fiber-cap tab 625mg</i>	178	<i>ra nicotine gum 4mg</i>	248
<i>ra fiber-tab tab 625mg</i>	178	<i>ra nicotine gum 4mg frut</i>	248
<i>ra fish oil cap 1000mg</i>	230	<i>ra nicotine gum 4mg mint</i>	248
<i>ra gas relf chw 125mg</i>	162	<i>ra nicotine loz 2mg mint</i>	248
<i>ra gas relf chw 80mg</i>	162	<i>ra nicotine loz 4mg mint</i>	249
RA GLUCOSE CHW GRAPE	56	<i>ra nightttime tab 25mg</i>	175
		RA ONE DAILY MIS	220

<i>ra one daily pak mens 50+</i>	212	<i>equiv)</i>	93
<i>ra one daily tab +iron</i>	202	<i>rasagiline mesylate tab 1 mg (base</i>	
<i>ra one daily tab energy</i>	212	<i>equiv)</i>	93
<i>ra one daily tab essentia</i>	218	<i>reclipsen tab</i>	123
<i>ra one daily tab maximum</i>	212	RECOMBINATE INJ	169
<i>ra one daily tab mens</i>	212	RECOMBINATE INJ 220-400.....	169
<i>ra one daily tab mens/d3</i>	212	RECOMBINATE INJ 401-800.....	169
<i>ra one daily tab multivit</i>	218	RECOMBINATE INJ 801-1240.....	169
<i>ra one daily tab womens</i>	212	<i>recort plus cre 1%</i>	150
<i>ra oys shl/d tab 500mg</i>	197	<i>rederm lot 1%</i>	150
<i>ra p col-rit tab 8.6-50mg</i>	180	<i>reeses med sus pinworm</i>	30
<i>ra pink bism chw 262mg</i>	60	<i>refenesen tab 200mg</i>	136
<i>ra pink bism tab 262mg</i>	60	<i>refenesen tab 400mg</i>	136
<i>ra senna tab 8.6mg</i>	185	<i>refresh lacr oin op</i>	231
<i>ra sleep aid tab 25mg</i>	175	<i>refresh p.m. oin op</i>	231
<i>ra suphedrin tab 120mg cr</i>	229	<i>regenecare gel ha 2%</i>	152
<i>ra suphedrin tab 30mg</i>	229	<i>reguloid cap 0.52gm</i>	178
<i>ra therapeut tab m/beta</i>	212	<i>reguloid pow 28.3%</i>	179
<i>ra triple oin antibiot</i>	140	<i>reguloid pow 48.57%</i>	179
<i>ra tussin dm liq 100-10/5</i>	132	<i>reguloid pow 58.6%</i>	179
<i>ra tussin liq 100/5ml</i>	135	<i>rehydralyte sol</i>	197
<i>ra tussin liq dm max</i>	132	RELENZA MIS DISKHALE	107
<i>ra tussin syp 100/5ml</i>	135	RELION KETON TES.....	154
<i>ra vision tab vite/zn</i>	212	RELISTOR KIT 12/0.6ML	164
<i>ra vit b-12 tab 1000 tr</i>	171	<i>remedy cre antifung</i>	143
<i>ra vit b-12 tab 100mcg</i>	171	<i>remedy oin af 2%</i>	143
<i>ra vit b-6 tab 100mg</i>	268	<i>remedy pow antifung</i>	143
<i>ra vit b-6 tab 200mg tr</i>	268	REMICADE INJ 100MG	163
<i>ra vit b-6 tab 50mg</i>	268	REMODULIN INJ 1MG/ML	116
<i>rabeprazole sodium ec tab 20 mg</i>	263	REMODULIN INJ 2.5MG/ML.....	116
<i>raloxifene hcl tab 60 mg</i>	158	REMODULIN INJ 5MG/ML	116
<i>ramipril cap 1.25 mg</i>	79	<i>renal cap</i>	202
<i>ramipril cap 10 mg</i>	79	<i>renal tab</i>	212
<i>ramipril cap 2.5 mg</i>	79	<i>renal tab multivit</i>	202
<i>ramipril cap 5 mg</i>	79	<i>renal/zinc tab multivit</i>	218
RANEXA TAB 1000MG.....	32	<i>rena-vite rx tab</i>	202
RANEXA TAB 500MG	32	<i>rena-vite tab</i>	202
<i>ranitidine hcl syrup 15 mg/ml (75</i>		<i>reno cap</i>	202
<i>mg/5ml)</i>	261	<i>repaglinide tab 0.5 mg</i>	58
<i>ranitidine hcl tab 150 mg</i>	261	<i>repaglinide tab 1 mg</i>	58
<i>ranitidine hcl tab 300 mg</i>	261	<i>repaglinide tab 2 mg</i>	58
<i>ranitidine hcl tab 75 mg</i>	261	REPATHA INJ 140MG/ML	240
RAPAFLO CAP 4MG.....	166	REPATHA PUSH INJ 420/3.5	240
RAPAFLO CAP 8MG.....	166	REPATHA SURE INJ 140MG/ML.....	240
RAPAMUNE SOL 1MG/ML.....	109	RESCRIPTOR TAB 100 MG	104
<i>rasagiline mesylate tab 0.5 mg (base</i>		RESCRIPTOR TAB 200MG	104

RESPIRATORY THERAPY SUPPLIES -

MISC.....	191	.....	95
<i>restfully sl tab 25mg</i>	175	<i>risperidone soln 1 mg/ml</i>	95
<i>retaine cmc sol 0.5% op</i>	231	<i>risperidone tab 0.25 mg</i>	95
<i>revital frzr sol pops</i>	197	<i>risperidone tab 0.5 mg</i>	95
<i>revital jell sol cups</i>	197	<i>risperidone tab 1 mg</i>	96
<i>revital lqd sol squeezer</i>	197	<i>risperidone tab 2 mg</i>	96
<i>revive tears dro 0.5% op</i>	231	<i>risperidone tab 3 mg</i>	96
REVLIMID CAP 10MG.....	108	<i>risperidone tab 4 mg</i>	96
REVLIMID CAP 15MG.....	108	RITALIN LA CAP 10MG	6
REVLIMID CAP 2.5MG.....	107	<i>ritonavir tab 100 mg</i>	105
REVLIMID CAP 20MG.....	108	RITUXAN INJ 100MG.....	87
REVLIMID CAP 25MG.....	108	RITUXAN INJ 500MG.....	87
REVLIMID CAP 5MG	108	<i>rivastigmine tartrate cap 1.5 mg (base</i>	
RHOGAM PLUS INJ 300MCG	237	<i>equivalent)</i>	241
RHOPHYLAC INJ 1500/2ML.....	237	<i>rivastigmine tartrate cap 3 mg (base</i>	
<i>ribasphere cap 200mg</i>	107	<i>equivalent)</i>	241
<i>ribasphere tab 200mg</i>	107	<i>rivastigmine tartrate cap 4.5 mg (base</i>	
<i>ribavirin cap 200 mg</i>	107	<i>equivalent)</i>	241
<i>riboflavin tab 100 mg</i>	268	<i>rivastigmine tartrate cap 6 mg (base</i>	
<i>rifabutin cap 150 mg</i>	85	<i>equivalent)</i>	241
<i>rifampin cap 150 mg</i>	85	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	
<i>rifampin cap 300 mg</i>	85	.....	241
<i>riluzole tab 50 mg</i>	229	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	
<i>rimantadine hydrochloride tab 100 mg</i>		.....	241
.....	107	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	
<i>ringworm cre 1%</i>	143	.....	241
<i>risedronate sodium tab 150 mg</i>	158	RIXUBIS INJ 1000UNIT	169
<i>risedronate sodium tab 30 mg</i>	157	RIXUBIS INJ 2000UNIT	169
<i>risedronate sodium tab 35 mg</i>	157	RIXUBIS INJ 250 UNIT.....	169
<i>risedronate sodium tab 5 mg</i>	157	RIXUBIS INJ 3000UNIT	169
RISPERDAL INJ 12.5MG	95	RIXUBIS INJ 500UNIT.....	169
RISPERDAL INJ 25MG.....	95	<i>rizatriptan benzoate tab 10 mg (base</i>	
RISPERDAL INJ 37.5MG	95	<i>equivalent)</i>	192
RISPERDAL INJ 50MG.....	95	<i>rizatriptan benzoate tab 5 mg (base</i>	
<i>risperidone orally disintegrating tab 0.25</i>		<i>equivalent)</i>	192
<i>mg</i>	95	<i>robafen dm syp 100-10/5</i>	132
<i>risperidone orally disintegrating tab 0.5</i>		<i>robafen syp 100/5ml</i>	136
<i>mg</i>	95	<i>robitussin liq cgh/cong</i>	132
<i>risperidone orally disintegrating tab 1 mg</i>		<i>robitussin liq to go dm</i>	132
.....	95	<i>robitussin syp 7.5/5ml</i>	127
<i>risperidone orally disintegrating tab 2 mg</i>		<i>ropinirole hydrochloride tab 0.25 mg</i> ..	92
.....	95	<i>ropinirole hydrochloride tab 0.5 mg</i>	92
<i>risperidone orally disintegrating tab 3 mg</i>		<i>ropinirole hydrochloride tab 1 mg</i>	92
.....	95	<i>ropinirole hydrochloride tab 2 mg</i>	93
<i>risperidone orally disintegrating tab 4 mg</i>		<i>ropinirole hydrochloride tab 3 mg</i>	93
		<i>ropinirole hydrochloride tab 4 mg</i>	93

<i>ropinirole hydrochloride tab 5 mg</i>	93	<i>sb cgh contr syp 100/5ml</i>	136
<i>rosadan cre 0.75%</i>	152	<i>sb docusate tab 8.6-50mg</i>	180
<i>rosadan gel 0.75%</i>	152	<i>sb fib lax pow 33%</i>	179
<i>rosuvastatin calcium tab 10 mg</i>	77	<i>sb fiber lax tab 625mg</i>	179
<i>rosuvastatin calcium tab 20 mg</i>	77	<i>sb gas relf chw 125mg</i>	162
<i>rosuvastatin calcium tab 40 mg</i>	77	<i>sb glycerin sup 1.2gm</i>	181
<i>rosuvastatin calcium tab 5 mg</i>	77	<i>sb glycerin sup 2.1gm</i>	181
ROZEREM TAB 8MG.....	177	<i>sb ibuprofen tab 200mg</i>	12
RUCONEST INJ 2100UNIT	118	<i>sb laxative sup 10mg</i>	185
<i>rulox sus</i>	29	<i>sclerex tab</i>	212
<i>rynex pse liq</i>	132	<i>scopolamine td patch 72hr 1 mg/3days</i>	62
S		<i>scot-tussin liq 12.5/5ml</i>	70
SABRIL TAB 500MG.....	46	<i>scot-tussin liq expct sf</i>	136
<i>safe tussin liq 10-100/5</i>	132	<i>sea buddies chw dly mult</i>	223
<i>saline ene laxative</i>	183	<i>selegiline hcl cap 5 mg</i>	93
<i>saline mist spr 0.65%</i>	227	<i>selegiline hcl tab 5 mg</i>	93
<i>saline nasal spr 0.65%</i>	227	<i>selenium sulfide lotion 2.5%</i>	144
<i>saline nose spr 0.65%</i>	227	SELZENTRY TAB 150MG	105
<i>salsalate tab 500 mg</i>	21	SELZENTRY TAB 25MG.....	105
<i>salsalate tab 750 mg</i>	21	SELZENTRY TAB 300MG	105
SAMSCA TAB 15MG.....	159	SELZENTRY TAB 75MG.....	105
SAMSCA TAB 30MG.....	159	<i>senexon liq 8.8mg/5</i>	185
SANDIMMUNE CAP 100MG	109	<i>senexon tab 8.6mg</i>	185
SANDIMMUNE CAP 25MG	109	<i>senexon-s tab 8.6-50mg</i>	180
SANDOSTATIN KIT LAR 10MG	159	<i>senior tabs tab</i>	212
SANDOSTATIN KIT LAR 20MG	159	<i>senna lax tab 8.6mg</i>	185
SANDOSTATIN KIT LAR 30MG	159	<i>senna laxati tab 8.6mg</i>	185
<i>sani-suppl sup adult</i>	181	<i>senna plus tab 8.6-50mg</i>	180
<i>sani-suppl sup pediatri</i>	181	<i>senna s tab 8.6-50mg</i>	180
SANTYL OIN 250/GM.....	151	<i>senna tab 8.6-50mg</i>	180
SAPHRIS SUB 10MG.....	98	SENNAB TAB 8.6MG	185
SAPHRIS SUB 5MG.....	98	<i>sennacon tab 8.6mg</i>	185
<i>sarnol-hc lot 1%</i>	150	<i>senna-grx syp 8.8mg/5</i>	185
SAVELLA MIS TITR PAK	241	<i>sennalax-s tab 8.6-50mg</i>	180
SAVELLA TAB 100MG	241	<i>senna-s tab 8.6-50mg</i>	180
SAVELLA TAB 12.5MG	241	<i>senna-tabs tab 8.6mg</i>	185
SAVELLA TAB 25MG	241	<i>senna-time s tab 8.6-50mg</i>	180
SAVELLA TAB 50MG	241	<i>senna-time tab 8.6mg</i>	185
<i>savision tab</i>	212	<i>sennazon syp 8.8mg/5</i>	185
<i>sb allergy tab 10mg</i>	73	<i>senno tab 8.6mg</i>	185
<i>sb allergy tab 25mg med</i>	70	<i>sennosides syrup 8.8 mg/5ml</i>	185
<i>sb antacid sus anti-gas</i>	29	<i>sennosides-docusate sodium tab 8.6-50</i> <i>mg</i>	180
<i>sb antacid/ sus antigas</i>	29	SENSIPAR TAB 30MG.....	158
<i>sb aspirin tab 325mg</i>	21	SENSIPAR TAB 60MG.....	158
<i>sb aspirin tab 325mg ec</i>	21		
<i>sb cgh contr liq dm</i>	132		

SENSIPAR TAB 90MG	158	<i>sirolimus tab 2 mg</i>	109
<i>sentry tab</i>	212	<i>skin trtment lot 12%</i>	151
<i>sentry tab senior</i>	212	SKYLA IUD 13.5MG	124
<i>sertraline hcl oral concentrate for</i>		SKYRIZI INJ 150DOSE	137
<i>solution 20 mg/ml.....</i>	49	<i>sleep aid tab 25mg.....</i>	175
<i>sertraline hcl tab 100 mg</i>	49	<i>sleep aid tab 50mg.....</i>	175
<i>sertraline hcl tab 25 mg.....</i>	49	<i>sleep ii tab 25mg</i>	175
<i>sertraline hcl tab 50 mg.....</i>	49	<i>sleep tab 25mg</i>	175
SESAME OIL.....	118	<i>sleep-aid tab 25mg</i>	175
<i>setlakin tab</i>	123	<i>sleep-tabs tab 25mg.....</i>	175
<i>sevelamer carbonate packet 0.8 gm ..</i>	164	<i>slo-niacin tab 250mg cr</i>	268
<i>sevelamer carbonate packet 2.4 gm ..</i>	164	<i>slow iron tab 160mg cr</i>	174
<i>sevelamer carbonate tab 800 mg.....</i>	164	<i>slow iron tab 50mg.....</i>	174
<i>sf 5000 plus cre 1.1%</i>	201	<i>slow release tab 45mg</i>	174
<i>sf gel 1.1%</i>	201	<i>slow release tab 47.5mg</i>	174
SHINGRIX INJ 50MCG	264	<i>slow-release tab fe 45mg</i>	174
<i>sigtab tab</i>	218	<i>sm acid redu tab 200mg</i>	261
<i>silace liq 10mg/ml.....</i>	187	<i>sm all day tab allergy</i>	73
<i>silace syp 60/15ml.....</i>	187	<i>sm allergy tab 25mg.....</i>	71
<i>siladryl alr liq 12.5/5ml.....</i>	70	<i>sm allergy tab 4mg</i>	64
<i>sildenafil citrate tab 20 mg.....</i>	117	<i>sm animal chw shapes.....</i>	225
<i>silodosin cap 4 mg</i>	166	<i>sm animal sh chw complete.....</i>	223
<i>silodosin cap 8 mg</i>	166	<i>sm antacid chw 1000mg</i>	30
<i>silphen coug syp 12.5/5ml</i>	71	<i>sm antacid chw ex-str.....</i>	29
<i>siltuss das liq 100/5ml.....</i>	136	<i>sm antacid sus advanced</i>	29
<i>siltussin dm liq das</i>	132	<i>sm antacid sus max st</i>	29
<i>siltussin sa syp 100/5ml</i>	136	<i>sm anti-diar tab 2mg.....</i>	61
<i>siltussin-dm liq diabetic</i>	132	<i>sm antifunql cre 1%</i>	143
<i>siltussin-dm liq max st</i>	132	<i>sm antifunql cre 2%</i>	143
<i>siltussin-dm syp alc free</i>	132	<i>sm artificia sol tears</i>	231
<i>silver sulfadiazine cream 1%</i>	145	<i>sm aspirin chw 81mg.....</i>	21
<i>simeped dro 40/0.6ml</i>	162	<i>sm aspirin tab 325mg.....</i>	21
<i>simethicone cap 180 mg</i>	162	<i>sm aspirin tab 325mg ec.....</i>	21
<i>simethicone chew tab 125 mg</i>	162	<i>sm aspirin tab 81mg ec.....</i>	21
<i>simethicone chew tab 80 mg</i>	162	<i>sm bedding aer lice</i>	153
<i>simethicone dro 20/0.3ml</i>	162	<i>sm ca/mg/zn tab.....</i>	197
<i>simethicone susp 40 mg/0.6ml</i>	162	<i>sm ca/vit d3 tab 600-400.....</i>	197
SIMILAC PREN PAK EARLY SH.....	220	<i>sm calcium tab /vit d3</i>	197
<i>simply sleep tab 25mg.....</i>	175	<i>sm calcium/d tab 500-200.....</i>	197
<i>simvastatin tab 10 mg.....</i>	77	<i>sm calcium/d tab 600-400.....</i>	197
<i>simvastatin tab 20 mg</i>	77	<i>sm child asa chw 81mg</i>	21
<i>simvastatin tab 40 mg</i>	77	<i>sm clearlax pow</i>	181
<i>simvastatin tab 5 mg.....</i>	77	<i>sm complete tab</i>	212
<i>sinus/conges tab 10mg.....</i>	229	<i>sm complete tab 50+</i>	212
<i>sirolimus tab 0.5 mg</i>	109	<i>sm complete tab 50+ mens.....</i>	213
<i>sirolimus tab 1 mg</i>	109	<i>sm complete tab 50+ wmn.....</i>	213

<i>sm complete tab senior</i>	213	SM ONE DAILY MIS PRENATAL	221
<i>sm dry eye sol relief</i>	231	<i>sm opti-vita tab</i>	213
<i>sm ear dro 6.5% ot</i>	236	<i>sm pain rel cap 500mg</i>	18
<i>sm enema ene</i>	183	<i>sm rpd melt tab 160mg</i>	18
<i>sm fiber lax tab 500mg</i>	179	<i>sm senna lax tab 8.6mg</i>	186
<i>sm fiber pow 28.3%</i>	179	<i>sm senna lax tab max str</i>	186
<i>sm fiber pow 48.57%</i>	179	<i>sm sleep aid tab 25mg</i>	175
<i>sm fiber pow 58.6%</i>	179	<i>sm stomach sus 262/15ml</i>	60
<i>sm folic acd tab 400mcg</i>	171	<i>sm stomach sus 525/30ml</i>	60
<i>sm gas rel chw 125mg</i>	162	<i>sm triple oin antibiot</i>	140
<i>sm gas relie chw 80mg</i>	162	<i>sm tussin dm liq max</i>	132
SM GLUCOSE CHW ORANGE.....	56	<i>sm tussin dm syp 100-10/5</i>	132
SM GLUCOSE CHW RASPBERRY	56	<i>sm tussin syp 100/5ml</i>	136
<i>sm glycerin sup 80.7%</i>	181	<i>sm tussin syp dm</i>	132
<i>sm hair/skin tab /nails</i>	213	<i>sm vit b12 tab 1000mcg</i>	171
<i>sm hydrocort cre 1%</i>	150	<i>sm vit b-12 tab 100mcg</i>	171
<i>sm hydrocort cre 1% plus</i>	150	<i>sm vit b12 tab 500mcg</i>	171
<i>sm hydrocort oin 1%</i>	150	<i>sm vit b-12 tab 500mcg</i>	171
<i>sm ibuprofen cap 200mg</i>	12	<i>sm vit b6 tab 100mg</i>	268
<i>sm ibuprofen tab 100mg jr</i>	12	<i>sm vit b-6 tab 100mg</i>	268
<i>sm ibuprofen tab 200mg</i>	12	<i>smooth lax pow 3350</i>	182
<i>sm iron slow tab 160mg cr</i>	174	<i>smooth lax pow 3350 nf</i>	182
<i>sm iron tab 325mg</i>	174	<i>sochlor sol 5% op</i>	235
<i>sm iron tab 45mg</i>	174	<i>sodium bicarbonate tab 325 mg</i>	29
<i>sm laxative sup 10mg</i>	185	<i>sodium bicarbonate tab 650 mg</i>	29
<i>sm laxative tab 5mg ec</i>	186	<i>sodium chloride hypertonic ophth oint</i> 5%.....	235
<i>sm lice lot treatmnt</i>	153	<i>sodium chloride hypertonic ophth soln</i> 5%.....	235
<i>sm lice soln kit</i>	153	<i>sodium chloride irrigation soln 0.9%</i> .	166
<i>sm magnesium tab 250mg</i>	199	<i>sodium chloride soln nebu 0.9%</i>	136
<i>sm micon 7 sup 100mg</i>	264	<i>sodium chloride soln nebu 3%</i>	136
<i>sm milk magn sus cherry</i>	183	<i>sodium chloride soln nebu 7%</i>	136
<i>sm milk magn sus mint</i>	183	<i>sodium chloride tab 1 gm</i>	200
<i>sm milk magn sus original</i>	183	<i>sodium citrate & citric acid soln 500-334</i> <i>mg/5ml</i>	166
SM MINERAL OIL	182	<i>sodium fluoride chew tab 0.25 mg f</i> <i>(from 0.55 mg naf)</i>	198
<i>sm mucus er tab 600mg</i>	136	<i>sodium fluoride chew tab 0.5 mg f (from</i> <i>1.1 mg naf)</i>	198
<i>sm multiple tab vit/iron</i>	202	<i>sodium fluoride chew tab 1 mg f (from</i> <i>2.2 mg naf)</i>	198
<i>sm multiple tab vitamins</i>	218	<i>sodium fluoride soln 0.5 mg/ml f (from</i> <i>1.1 mg/ml naf)</i>	198
<i>sm nasal dec tab 30mg</i>	229	<i>sodium fluoride tab 0.5 mg f (from 1.1</i> <i>mg naf)</i>	198
<i>sm niacin tab 250mg cr</i>	268		
<i>sm nicotine dis 14mg/24h</i>	249		
<i>sm nicotine dis 21mg/24h</i>	249		
<i>sm nicotine dis 7mg/24hr</i>	249		
<i>sm nicotine gum 2mg</i>	249		
<i>sm nicotine gum 4mg</i>	249		
<i>sm nicotine loz 2mg mint</i>	249		
<i>sm nicotine loz 4mg mint</i>	249		

<i>sodium phosphates - enema</i>	183	<i>ssd cre 1%</i>	145
<i>sof-lax cap 100mg</i>	187	<i>st joseph chw low 81mg</i>	21
<i>SOFOS/VELPAT TAB 400-100</i>	107	<i>stagesic cap 5-500mg</i>	26
<i>solia tab</i>	123	<i>stavudine cap 15 mg</i>	105
<i>soluble fib tab therapy</i>	179	<i>stavudine cap 20 mg</i>	105
<i>sominex tab 25mg</i>	175	<i>stavudine cap 30 mg</i>	105
<i>soothe chw 262mg</i>	60	<i>stavudine cap 40 mg</i>	105
<i>soothe dro hydratio</i>	231	<i>STELARA INJ 45MG/0.5</i>	144
<i>soothe night oin op</i>	231	<i>STELARA INJ 5MG/ML</i>	163
<i>soothe sus 262/15ml</i>	60	<i>STELARA INJ 90MG/ML</i>	144
<i>soothe sus 525/15ml</i>	61	<i>stim laxat tab 5mg ec</i>	186
<i>soothe tab 262mg</i>	61	<i>STIMATE SOL 1.5MG/ML</i>	159
<i>soothe xp dro</i>	231	<i>STIVARGA TAB 40MG</i>	89
<i>soothe&cool cre inzo 2%</i>	143	<i>stomach relf chw 262mg</i>	61
<i>sorbulax pow 100%</i>	179	<i>stomach relf sus 262/15ml</i>	61
<i>sorine tab 120mg</i>	112	<i>stomach relf sus 524/30ml</i>	61
<i>sorine tab 160mg</i>	112	<i>stomach relf sus 525/15ml</i>	61
<i>sorine tab 240mg</i>	112	<i>stomach relf sus 527/30ml</i>	61
<i>sorine tab 80mg</i>	112	<i>stomach relf sus plus</i>	61
<i>sotalol hcl (afib/af) tab 120 mg</i>	112	<i>stomach relf tab 262mg</i>	61
<i>sotalol hcl (afib/af) tab 80 mg</i>	112	<i>stomach rlf chw 400mg</i>	30
<i>sotalol hcl tab 120 mg</i>	112	<i>stomach rlf tab 262mg</i>	61
<i>sotalol hcl tab 160 mg</i>	112	<i>stool softnr cap 100mg</i>	187
<i>sotalol hcl tab 240 mg</i>	112	<i>stool softnr cap 240mg</i>	187
<i>sotalol hcl tab 80 mg</i>	112	<i>stool softnr cap 250mg</i>	187
<i>SOVALDI TAB 400MG</i>	107	<i>stool softnr cap 50mg</i>	187
<i>SPACER/AEROSOL-HOLDING CHAMBERS</i> <i>- DEVICE</i>	191	<i>stool softnr syp 60/15ml</i>	187
<i>spectr women tab hlth sen</i>	213	<i>stool softnr tab 100mg</i>	187
<i>spectra ultr tab hlth men</i>	213	<i>stool softnr tab 8.6-50mg</i>	180
<i>spectravite tab advanced</i>	213	<i>stop lice kit complete</i>	153
<i>spectravite tab senior</i>	213	<i>stop lice liq max st</i>	153
<i>spinosad susp 0.9%</i>	153	<i>stop lice ms sha 0.33-4%</i>	153
<i>spironolactone & hydrochlorothiazide tab</i> <i>25-25 mg</i>	155	<i>stop smoking gum 2mg mint</i>	249
<i>spironolactone tab 100 mg</i>	156	<i>stop smoking gum 2mg orig</i>	249
<i>spironolactone tab 25 mg</i>	156	<i>stop smoking gum 4mg</i>	249
<i>spironolactone tab 50 mg</i>	156	<i>stop smoking loz 2mg mint</i>	249
<i>sprintec 28 tab 28 day</i>	123	<i>stop smoking loz 4mg mint</i>	250
<i>SPRYCEL TAB 100MG</i>	89	<i>stress b com tab w/iron</i>	202
<i>SPRYCEL TAB 140MG</i>	89	<i>stress b-com tab /c/zinc</i>	213
<i>SPRYCEL TAB 20MG</i>	89	<i>stress form tab</i>	202, 218
<i>SPRYCEL TAB 50MG</i>	89	<i>stress form tab /iron</i>	202, 213
<i>SPRYCEL TAB 70MG</i>	89	<i>stress form/ tab zinc</i>	213
<i>SPRYCEL TAB 80MG</i>	89	<i>stress formu tab</i>	218
<i>sronyx tab</i>	123	<i>stress formu tab advanced</i>	213
		<i>stress formu tab energy</i>	213
		<i>stress formu tab w/iron</i>	202

<i>stress tab formula</i>	213	<i>super multip tab</i>	214
<i>stresstabs tab energy</i>	218	<i>super tab nu-thera</i>	214
STRIBILD TAB	105	<i>super thera tab vite m</i>	214
STRIVERDI AER 2.5MCG	39	<i>super vikaps tab</i>	214
<i>stye oin</i>	231	<i>suphedrin tab 120mg er</i>	229
<i>sucalfate tab 1 gm</i>	262	<i>suphedrine tab 10mg</i>	229
<i>sudafed 12hr tab 120mg cr</i>	229	<i>suphedrine tab 30mg</i>	229
SUDAFED PE SOL CHILDREN	229	<i>suphedrine tab pe 10mg</i>	229
<i>sudogest pe tab 10mg</i>	229	<i>supr aytinal tab</i>	214
<i>sudogest tab 120mg er</i>	229	<i>supr aytinal tab 50 plus</i>	214
<i>sudogest tab 30mg</i>	229	<i>supr vitamin tab</i>	214
<i>sudogest tab 60mg</i>	229	SUPRAX CAP 400MG	117
<i>sulfacetamide sodium ophth soln 10%</i>	233	SUPRAX TAB 400MG	118
<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	234	<i>surfak cap 240mg</i>	187
SULFADIAZINE TAB 500MG.....	252	SUSTIVA TAB 600MG.....	105
<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	31	SUTENT CAP 12.5MG	89
<i>sulfamethoxazole-trimethoprim tab 400-</i> <i>80 mg</i>	31	SUTENT CAP 25MG.....	89
<i>sulfamethoxazole-trimethoprim tab 800-</i> <i>160 mg</i>	31	SUTENT CAP 37.5MG	89
SULFAMYLLON CRE 85MG/GM	145	SUTENT CAP 50MG.....	90
<i>sulfasalazine tab 500 mg</i>	163	<i>sw clearlax pow</i>	182
<i>sulfasalazine tab delayed release 500 mg</i>	164	<i>sw nasal dec tab 30mg</i>	229
<i>sulfatrim pd sus 200-40/5</i>	31	<i>sw nicotine gum 2mg mint</i>	250
<i>sulindac tab 150 mg</i>	12	<i>sw nicotine gum 4mg</i>	250
<i>sulindac tab 200 mg</i>	12	<i>sw nicotine loz 2mg mint</i>	250
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	192	<i>sw nicotine loz 4mg mint</i>	250
<i>sumatriptan succinate tab 100 mg</i>	192	<i>syeda tab 3-0.03mg</i>	123
<i>sumatriptan succinate tab 25 mg</i>	192	<i>symax-sl sub 0.125mg</i>	260
<i>sumatriptan succinate tab 50 mg</i>	192	<i>symax-sr tab 0.375mg</i>	260
<i>sunvite actv tab adult</i>	213	SYMBICORT AER 160-4.5	39
<i>sunvite tab advanced</i>	213	SYMBICORT AER 80-4.5	39
<i>super 28 tab formula</i>	213	SYMFI LO TAB.....	105
<i>super antiox cap protect</i>	213	SYMFI TAB	105
<i>super antiox tab a/c/e/se</i>	213	SYMLINPEN 60 INJ 1000MCG.....	52
<i>super b-comp tab /fa/vitc</i>	202	SYMLNPEN 120 INJ 1000MCG	52
<i>super b-comp tab vit c/fa</i>	202	SYNAGIS INJ 100MG/ML	237
<i>super ca 600 tab + d 400</i>	197	SYNAGIS INJ 50MG	237
<i>super ca 600 tab + d3</i>	197	SYNAREL SOL 2MG/ML.....	158
<i>super calciu tab 600mg</i>	197	SYNTHROID TAB 100MCG	256
<i>super liq nu-thera</i>	213	SYNTHROID TAB 112MCG	256
<i>super multip cap</i>	213	SYNTHROID TAB 125MCG	256
		SYNTHROID TAB 137MCG	257
		SYNTHROID TAB 150MCG	257
		SYNTHROID TAB 175MCG	257
		SYNTHROID TAB 200MCG	257
		SYNTHROID TAB 25MCG	256
		SYNTHROID TAB 300MCG	257

SYNTHROID TAB 50MCG	256	TECFIDERA MIS STARTER	242
SYNTHROID TAB 75MCG	256	TECHNIVIE TAB	107
SYNTHROID TAB 88MCG	256	TEGRETOL-XR TAB 100MG	45
<i>systane dro contacts</i>	231	TEKTRNA TAB 150MG	84
<i>systane oin</i>	231	TEKTRNA TAB 300MG	84
T		<i>telmisartan tab 20 mg</i>	81
<i>tab tussin tab 400mg</i>	136	<i>telmisartan tab 40 mg</i>	81
<i>tab-a-vite tab</i>	218	<i>telmisartan tab 80 mg</i>	81
<i>tab-a-vite tab /iron</i>	202	<i>temazepam cap 15 mg</i>	176
<i>tab-a-vite tab beta car</i>	218	<i>temazepam cap 30 mg</i>	176
<i>tab-a-vite tab maximum</i>	214	<i>temozolomide cap 100 mg</i>	86
TACLONEX SUS	150	<i>temozolomide cap 140 mg</i>	86
<i>tacrolimus cap 0.5 mg</i>	109	<i>temozolomide cap 180 mg</i>	86
<i>tacrolimus cap 1 mg</i>	109	<i>temozolomide cap 20 mg</i>	86
<i>tacrolimus cap 5 mg</i>	109	<i>temozolomide cap 250 mg</i>	86
<i>tacrolimus oint 0.03%</i>	151	<i>temozolomide cap 5 mg</i>	86
<i>tacrolimus oint 0.1%</i>	151	<i>tenofovir disoproxil fumarate tab 300 mg</i>	105
<i>tactinal chw children</i>	18	<i>terazosin hcl cap 1 mg (base equivalent)</i>	82
<i>tactinal tab 325mg</i>	18	<i>terazosin hcl cap 10 mg (base</i> <i>equivalent)</i>	82
<i>tactinal tab 500mg</i>	18	<i>terazosin hcl cap 2 mg (base equivalent)</i>	82
TAFINLAR CAP 50MG	90	<i>terazosin hcl cap 5 mg (base equivalent)</i>	82
TAFINLAR CAP 75MG	90	<i>terbinafine cre 1%</i>	143
<i>tamoxifen citrate tab 10 mg (base</i> <i>equivalent)</i>	87	<i>terbinafine hcl tab 250 mg</i>	63
<i>tamoxifen citrate tab 20 mg (base</i> <i>equivalent)</i>	87	<i>terbutaline sulfate tab 2.5 mg</i>	39
<i>tamsulosin hcl cap 0.4 mg</i>	167	<i>terbutaline sulfate tab 5 mg</i>	39
TARCEVA TAB 100MG	90	<i>terconazole vaginal cream 0.4%</i>	265
TARCEVA TAB 150MG	90	<i>terconazole vaginal cream 0.8%</i>	265
TARCEVA TAB 25MG	90	<i>terconazole vaginal suppos 80 mg</i>	265
TASIGNA CAP 150MG	90	<i>testosterone cypionate im inj in oil 100</i> <i>mg/ml</i>	26
TASIGNA CAP 200MG	90	<i>testosterone cypionate im inj in oil 200</i> <i>mg/ml</i>	26
<i>tazarotene cream 0.1%</i>	144	<i>testosterone enanthate im inj in oil 200</i> <i>mg/ml</i>	26
TAZORAC CRE 0.05%	144	<i>tetrabenazine tab 12.5 mg</i>	242
TAZORAC GEL 0.05%	144	<i>tetrabenazine tab 25 mg</i>	242
TAZORAC GEL 0.1%	144	<i>tetracycline hcl cap 250 mg</i>	253
<i>taztia xt cap 120mg/24</i>	115	<i>tetracycline hcl cap 500 mg</i>	253
<i>taztia xt cap 180mg/24</i>	115	<i>tetterine oin 2%</i>	143
<i>taztia xt cap 240mg/24</i>	115	TEVETEN TAB 400MG	81
<i>tbc aer</i>	151	<i>tgt acetamin tab 500mg</i>	18
<i>tears again dro 1.4%</i>	231		
<i>tears again oin op</i>	231		
<i>tears again sol adv eye</i>	231		
<i>tears pure sol</i>	231		
TECFIDERA CAP 120MG	242		
TECFIDERA CAP 240MG	242		

<i>tgt allergy/ tab congest</i>	132	<i>theophylline tab er 12hr 100 mg</i>	39
<i>tgt antacid chw 1000mg</i>	30	<i>theophylline tab er 12hr 200 mg</i>	40
<i>tgt antacid sus anti-gas</i>	29	<i>theophylline tab er 12hr 300 mg</i>	40
<i>tgt antibiot oin</i>	140	<i>theophylline tab er 12hr 450 mg</i>	40
<i>tgt antifung cre 1%</i>	143	<i>theophylline tab er 24hr 400 mg</i>	40
<i>tgt apap dro infants</i>	18	<i>theophylline tab er 24hr 600 mg</i>	40
<i>tgt aspirin chw 81mg</i>	21	<i>thera form/ tab hematin</i>	214
<i>tgt aspirin chw child</i>	21	<i>thera tab</i>	218
<i>tgt aspirin tab 325mg</i>	21	<i>thera vital tab m</i>	214
<i>tgt aspirin tab 81mg ec</i>	21	<i>therabasic-m tab</i>	214
<i>tgt athletes cre foot</i>	143	<i>theradex m tab</i>	214
<i>tgt calcium chw suppleme</i>	197	<i>theradex m/ tab beta car</i>	214
<i>tgt cough liq form dm</i>	132	<i>thera-m tab</i>	214
TGT GLUCOSE CHW GRAPE	56	<i>theramill cap plus</i>	214
TGT GLUCOSE CHW ORANGE	56	<i>thera-mill m tab</i>	214
TGT GLUCOSE CHW RASPBERRY	56	<i>thera-mill tab</i>	218
<i>tgt lice kit complete</i>	153	THERANATAL MIS COMPLETE	221
<i>tgt lubricnt dro eye</i>	231	<i>therapeutic tab</i>	214, 218
<i>tgt lubricnt oin eye nite</i>	231	<i>therapeutic- tab m</i>	214
<i>tgt nasal spr 0.65%</i>	227	<i>therapeutic- tab m/lutein</i>	214
<i>tgt natural tab laxative</i>	186	<i>thera-tabs tab</i>	218
<i>tgt nicotine dis 14mg/24h</i>	250	<i>theratrum co tab 50 plus</i>	214
<i>tgt nicotine dis 21mg/24h</i>	250	<i>theratrum tab complete</i>	214
<i>tgt nicotine dis 7mg/24hr</i>	250	<i>theravim -m tab</i>	215
<i>tgt nicotine gum 2mg mint</i>	250	<i>therems tab</i>	218
<i>tgt nicotine gum 2mg orig</i>	250	<i>thermazene cre 1%</i>	145
<i>tgt nicotine gum 2mgfruit</i>	250	<i>thiamine hcl tab 100 mg</i>	268
<i>tgt nicotine gum 4mg</i>	250	<i>thiamine hcl tab 250 mg</i>	268
<i>tgt nicotine gum 4mg mint</i>	250	<i>thiamine hcl tab 50 mg</i>	268
<i>tgt nicotine gum 4mg orig</i>	251	<i>thioridazine hcl tab 10 mg</i>	100
<i>tgt nicotine loz 2mg chry</i>	251	<i>thioridazine hcl tab 100 mg</i>	100
<i>tgt nicotine loz 2mg mint</i>	251	<i>thioridazine hcl tab 25 mg</i>	100
<i>tgt nicotine loz 4mg chry</i>	251	<i>thioridazine hcl tab 50 mg</i>	100
<i>tgt nicotine loz 4mg mint</i>	251	<i>thiothixene cap 1 mg</i>	101
<i>tgt psyllium cap 0.52gm</i>	179	<i>thiothixene cap 10 mg</i>	102
<i>tgt senna tab 8.6mg</i>	186	<i>thiothixene cap 2 mg</i>	101
<i>th magnesium tab 200mg</i>	199	<i>thiothixene cap 5 mg</i>	101
TH MINERAL OIL	182	<i>thrive for tab women</i>	215
THALOMID CAP 100MG	108	<i>thrive gum 2mg mint</i>	251
THALOMID CAP 150MG	108	THYROGEN INJ 1.1MG	153
THALOMID CAP 200MG	108	<i>tiagabine hcl tab 2 mg</i>	46
THALOMID CAP 50MG	108	<i>tiagabine hcl tab 4 mg</i>	46
<i>theochron tab 100mg cr</i>	39	<i>ticlopidine hcl tab 250 mg</i>	170
<i>theochron tab 200mg cr</i>	39	<i>tilia fe tab</i>	123
<i>theochron tab 300mg cr</i>	39	<i>timolol maleate ophth gel forming soln</i> <i>0.25%</i>	232
<i>theophylline soln 80 mg/15ml</i>	39		

<i>timolol maleate ophth gel forming soln</i>		<i>torsemide tab 5 mg</i>	156
<i>0.5%</i>	232	<i>total allerg liq 12.5/5ml</i>	71
<i>timolol maleate ophth soln 0.25%</i>	232	<i>total allerg tab 25mg</i>	71
<i>timolol maleate ophth soln 0.5%</i>	232	<i>total fiber pow</i>	179
<i>timolol maleate tab 10 mg</i>	112	<i>total formul tab</i>	215
<i>timolol maleate tab 20 mg</i>	112	<i>total formul tab 2</i>	215
<i>timolol maleate tab 5 mg</i>	112	<i>total formul tab 3</i>	215
<i>tinaspore sol 1%</i>	143	TOVIAZ TAB 4MG	165
<i>tioconazole oin 6.5% vag</i>	265	TOVIAZ TAB 8MG	165
TIVICAY TAB 10MG	105	TRACLEER TAB 125MG.....	117
TIVICAY TAB 25MG	105	TRACLEER TAB 32MG.....	116
TIVICAY TAB 50MG	105	TRACLEER TAB 62.5MG.....	116
<i>tizanidine hcl tab 2 mg (base equivalent)</i>		<i>tramadol hcl tab 50 mg</i>	24
.....	226	<i>tramadol hcl tab er 24hr 200 mg</i>	24
<i>tizanidine hcl tab 4 mg (base equivalent)</i>		<i>tramadol hcl tab er 24hr biphasic release</i>	
.....	226	<i>100 mg</i>	24
TL FOLATE TAB.....	221	<i>tramadol hcl tab er 24hr biphasic release</i>	
<i>tl icon cap</i>	173	<i>300 mg</i>	24
<i>tobramycin nebu soln 300 mg/5ml</i>	7	<i>trandolapril tab 1 mg</i>	79
<i>tobramycin ophth soln 0.3%</i>	233	<i>trandolapril tab 2 mg</i>	79
<i>tobramycin-dexamethasone ophth susp</i>		<i>trandolapril tab 4 mg</i>	79
<i>0.3-0.1%</i>	234	<i>tranexamic acid iv soln 1000 mg/10ml</i>	
TODAY SPONGE MIS	189	<i>(100 mg/ml)</i>	175
<i>tolazamide tab 250 mg</i>	60	<i>tranexamic acid tab 650 mg</i>	175
<i>tolazamide tab 500 mg</i>	60	<i>tranylcypromine sulfate tab 10 mg</i>	48
<i>tolbutamide tab 500 mg</i>	60	TRAVATAN Z DRO 0.004%	235
<i>tolcapone tab 100 mg</i>	91	<i>travel sick chw 25mg</i>	62
<i>tolmetin sodium cap 400 mg</i>	12	<i>travel sick tab 50mg</i>	62
<i>tolmetin sodium tab 200 mg</i>	12	<i>travoprost ophth soln 0.004%</i>	235
<i>tolmetin sodium tab 600 mg</i>	12	<i>trav-tabs tab 50mg</i>	62
<i>tolnaftate aerosol pow 1%</i>	143	<i>trazodone hcl tab 100 mg</i>	48
<i>tolnaftate cre 1%</i>	143	<i>trazodone hcl tab 150 mg</i>	48
<i>tolnaftate powder 1%</i>	143	<i>trazodone hcl tab 50 mg</i>	48
<i>tolnaftate soln 1%</i>	143	TRECATOR TAB 250MG	85
<i>tolterodine tartrate tab 1 mg</i>	165	<i>tretinoin cap 10 mg</i>	90
<i>tolterodine tartrate tab 2 mg</i>	165	<i>tretinoin cream 0.025%</i>	139
<i>tolu-sed dm liq 100-10/5</i>	132	<i>tretinoin cream 0.05%</i>	139
<i>topiramate sprinkle cap 15 mg</i>	45	<i>tretinoin cream 0.1%</i>	138
<i>topiramate sprinkle cap 25 mg</i>	45	<i>tretinoin gel 0.01%</i>	139
<i>topiramate tab 100 mg</i>	45	<i>tretinoin gel 0.025%</i>	139
<i>topiramate tab 200 mg</i>	45	<i>trialecting nt liq cold/cgh</i>	132
<i>topiramate tab 25 mg</i>	45	<i>triadvance tab</i>	226
<i>topiramate tab 50 mg</i>	45	<i>triamcinolone acetone cream 0.025%</i>	
<i>torsemide tab 10 mg</i>	156	.....	150
<i>torsemide tab 100 mg</i>	156	<i>triamcinolone acetone cream 0.1%</i>	150
<i>torsemide tab 20 mg</i>	156	<i>triamcinolone acetone cream 0.5%</i>	150

<i>triamcinolone acetonide dental paste</i>		TRINTELLIX TAB 5MG	48
<i>0.1%.....</i>	201	<i>triphrocaps cap</i>	202
<i>triamcinolone acetonide lotion 0.025%</i>		<i>triple antib oin</i>	140
<i>.....</i>	150	<i>triple antib oin max st.....</i>	140
<i>triamcinolone acetonide lotion 0.1%..</i>	150	<i>triple antib oin plus</i>	140
<i>triamcinolone acetonide nasal aerosol</i>		<i>triple antib oin plus max</i>	140
<i>suspension 55 mcg/act.....</i>	228	<i>triple paste oin af 2%</i>	143
<i>triamcinolone acetonide oint 0.025%.</i>	151	<i>tri-previfem tab</i>	123
<i>triamcinolone acetonide oint 0.1%</i>	150	<i>tri-sprintec tab.....</i>	123
<i>triamcinolone acetonide oint 0.5%</i>	150	TRIUMEQ TAB.....	105
<i>triaminic syp cough</i>	127	<i>tri-vit/fe dro /fl 0.25</i>	223
<i>triaminic tab 10mg.....</i>	73	<i>tri-vit/fl dro 0.25mg</i>	222
<i>triamterene & hydrochlorothiazide cap</i>		<i>tri-vit/fl dro 0.5mg</i>	222
<i>37.5-25 mg.....</i>	155	<i>tri-vit/fluo dro 0.25mg</i>	222
<i>triamterene & hydrochlorothiazide tab</i>		<i>tri-vit/fluo dro 0.5mg.....</i>	222
<i>37.5-25 mg.....</i>	155	<i>tri-vita sol</i>	225
<i>triamterene & hydrochlorothiazide tab</i>		<i>tri-vitamin dro</i>	225
<i>75-50 mg</i>	155	<i>trivora-28 tab</i>	123
<i>triazolam tab 0.125 mg</i>	176	<i>tropicamide ophth soln 0.5%</i>	232
<i>triazolam tab 0.25 mg</i>	176	<i>tropicamide ophth soln 1%.....</i>	232
<i>tri-biozene oin</i>	140	<i>trospium chloride cap er 24hr 60 mg</i>	166
<i>tricon cap</i>	173	<i>trospium chloride tab 20 mg.....</i>	166
<i>triderm cre 0.1%</i>	151	TRUE METRIX KIT AIR.....	190
<i>tri-estaryl tab</i>	123	TRUE METRIX KIT METER	190
<i>trifluoperazine hcl tab 1 mg (base</i>		TRUE METRIX TES GLUCOSE	154
<i>equivalent)</i>	100	<i>trueplus tab diabetic.....</i>	215
<i>trifluoperazine hcl tab 10 mg (base</i>		TRUVADA TAB 100-150.....	105
<i>equivalent)</i>	100	TRUVADA TAB 133-200.....	105
<i>trifluoperazine hcl tab 2 mg (base</i>		TRUVADA TAB 167-250.....	105
<i>equivalent)</i>	100	TRUVADA TAB 200-300.....	105
<i>trifluoperazine hcl tab 5 mg (base</i>		TUDORZA PRES AER 400/ACT	37
<i>equivalent)</i>	100	<i>tums fresher chw 500mg.....</i>	30
<i>trifluridine ophth soln 1%</i>	233	<i>tusnel diabt liq 10-100/5.....</i>	132
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	91	<i>tussin adult liq 100/5ml</i>	136
<i>trihexyphenidyl hcl tab 2 mg</i>	91	<i>tussin adult liq cgh/cong</i>	132
<i>trihexyphenidyl hcl tab 5 mg</i>	91	<i>tussin chest syp 100/5ml</i>	136
<i>tri-legest tab fe</i>	123	<i>tussin cough liq 10-100/5.....</i>	133
<i>tri-linyah tab</i>	123	<i>tussin cough syp dm.....</i>	133
<i>trilyte sol</i>	180	<i>tussin dm cg liq 20-400</i>	133
<i>trimethoprim tab 100 mg.....</i>	30	<i>tussin dm liq.....</i>	133
TRINATAL GT TAB.....	221	<i>tussin dm liq 10-100mg</i>	133
TRINATAL RX TAB 1	221	<i>tussin dm liq 10-200.....</i>	133
<i>trinate tab</i>	226	<i>tussin dm liq 10-200/5</i>	133
<i>trinessa tab.....</i>	123	<i>tussin dm liq clear</i>	133
TRINTELLIX TAB 10MG	48	<i>tussin dm mx liq 10-200/5</i>	133
TRINTELLIX TAB 20MG	48	<i>tussin dm syp 100-10/5</i>	133

<i>tussin syp 100/5ml</i>	136
TYBOST TAB 150MG	105
TYKERB TAB 250MG	90
TYMLOS INJ	158
TYZINE PED DRO 0.05%	229
TYZINE SOL 0.1%	229

U

UDENYCA INJ 6MG/.6ML	172
ULORIC TAB 40MG	167
ULORIC TAB 80MG	167
<i>ultra antiox tab formula</i>	215
<i>ultra choice chw kids</i>	223
<i>ultra freedda tab</i>	215
<i>ultra freedda tab /iron</i>	215
<i>ultra fresh dro 0.5% op</i>	231
<i>ultra fresh oin pm</i>	231
<i>ultra sleep tab 25mg</i>	175
<i>ultra vita-t tab</i>	215
<i>ultrachoice tab advanced</i>	215
<i>unifed liq 30mg/5ml</i>	229
UNIFIBER POW	179
<i>unithroid tab 100mcg</i>	257
<i>unithroid tab 112mcg</i>	257
<i>unithroid tab 125mcg</i>	257
<i>unithroid tab 137mcg</i>	257
<i>unithroid tab 150mcg</i>	257
<i>unithroid tab 175mcg</i>	257
<i>unithroid tab 200mcg</i>	257
<i>unithroid tab 25mcg</i>	257
<i>unithroid tab 300mcg</i>	257
<i>unithroid tab 50mcg</i>	257
<i>unithroid tab 75mcg</i>	257
<i>unithroid tab 88mcg</i>	257
UP&UP CHW GRAPE	56
UP&UP CHW ORANGE	56
UP&UP CHW RASPBERRY	56
UPTRAVI TAB 1000MCG	251
UPTRAVI TAB 1200MCG	251
UPTRAVI TAB 1400MCG	251
UPTRAVI TAB 1600MCG	251
UPTRAVI TAB 200/800	251
UPTRAVI TAB 200MCG	251
UPTRAVI TAB 400MCG	251
UPTRAVI TAB 600MCG	251
UPTRAVI TAB 800MCG	251
<i>ursodiol cap 300 mg</i>	163
<i>ursodiol tab 250 mg</i>	163
<i>ursodiol tab 500 mg</i>	163

V

<i>vacuant plus ene 20-283</i>	187
<i>vagistat-3 kit combo pk</i>	265
<i>valacyclovir hcl tab 1 gm</i>	107
<i>valacyclovir hcl tab 500 mg</i>	107
<i>valganciclovir hcl for soln 50 mg/ml</i> (base equiv)	106
<i>valganciclovir hcl tab 450 mg (base</i> equivalent)	106
<i>valproate sodium oral soln 250 mg/5ml</i> (base equiv)	47
<i>valproic acid cap 250 mg</i>	47
<i>valsartan tab 160 mg</i>	81
<i>valsartan tab 320 mg</i>	81
<i>valsartan tab 40 mg</i>	81
<i>valsartan tab 80 mg</i>	81
<i>valsartan-hydrochlorothiazide tab 160-</i> <i>12.5 mg</i>	84
<i>valsartan-hydrochlorothiazide tab 160-25</i> <i>mg</i>	84
<i>valsartan-hydrochlorothiazide tab 320-</i> <i>12.5 mg</i>	84
<i>valsartan-hydrochlorothiazide tab 320-25</i> <i>mg</i>	84
<i>valsartan-hydrochlorothiazide tab 80-</i> <i>12.5 mg</i>	84
<i>vandazole gel 0.75%</i>	265
VASCEPA CAP 1GM	75
<i>v-c forte cap</i>	215
<i>vcf vaginal gel contrace</i>	264
<i>veg fiber pow 63%</i>	179
<i>velivet pak</i>	123
VELTIN GEL	139
<i>venlafaxine hcl cap er 24hr 150 mg</i> (base equivalent)	50
<i>venlafaxine hcl cap er 24hr 37.5 mg</i> (base equivalent)	50
<i>venlafaxine hcl cap er 24hr 75 mg (base</i> equivalent)	50
<i>venlafaxine hcl tab 100 mg (base</i> equivalent)	50
<i>venlafaxine hcl tab 25 mg (base</i> equivalent)	50
<i>venlafaxine hcl tab 37.5 mg (base</i> equivalent)	50

<i>equivalent</i>)	50	VIRT-VITE GT TAB 90-1MG.....	221
<i>venlafaxine hcl tab 50 mg (base</i>		<i>virt-vite tab plus</i>	202
<i>equivalent</i>)	50	<i>vision form/ tab lutein</i>	215
<i>venlafaxine hcl tab 75 mg (base</i>		<i>vision plus cap</i>	215
<i>equivalent</i>)	50	<i>vision tab vitamins</i>	215
VENTAVIS SOL 10MCG/ML	116	<i>visivites tab</i>	215
VENTAVIS SOL 20MCG/ML	116	<i>visivites tab /lutein</i>	215
VENTOLIN HFA AER.....	39	<i>vit a/c/d/fl dro 0.25mg</i>	222
VERACOLATE TAB	186	<i>vita hair tab</i>	215
<i>verapamil hcl cap er 24hr 100 mg</i>	115	<i>vita s forte tab</i>	215
<i>verapamil hcl cap er 24hr 120 mg</i>	115	<i>vitabasic tab complete</i>	215
<i>verapamil hcl cap er 24hr 180 mg</i>	115	<i>vitabasic tab senior</i>	216
<i>verapamil hcl cap er 24hr 240 mg</i>	115	<i>vita-bee/c tab</i>	202
<i>verapamil hcl cap er 24hr 300 mg</i>	115	<i>vitacel tab</i>	216
<i>verapamil hcl cap er 24hr 360 mg</i>	115	VITAFOL-OB TAB 65-1MG.....	221
<i>verapamil hcl tab 120 mg</i>	115	<i>vitalee tab</i>	218
<i>verapamil hcl tab 40 mg</i>	115	<i>vitamax ped dro</i>	224
<i>verapamil hcl tab 80 mg</i>	115	<i>vitamin b12 tab 1000mcg</i>	171
<i>verapamil hcl tab er 120 mg</i>	115	<i>vita-min cap</i>	215
<i>verapamil hcl tab er 180 mg</i>	116	<i>vitamin d cap 1000unit</i>	267
<i>verapamil hcl tab er 240 mg</i>	116	<i>vitamin d tab 2000unit</i>	267
VEREGEN OIN 15%	139	<i>vitamin d tab 5000iu</i>	267
<i>vestura tab 3-0.02mg</i>	123	<i>vitamin d3 cap 10000unt</i>	266
VEXOL SUS 1% OP.....	234	<i>vitamin d3 cap 2000 unt</i>	266
<i>vic-forte cap</i>	215	<i>vitamin d3 cap 2000unit</i>	266
<i>vigabatrin powd pack 500 mg</i>	46	<i>vitamin d3 cap 50000unt</i>	266
VIIBRYD KIT	48	<i>vitamin d3 cap 5000unit</i>	266
VIIBRYD KIT STARTER.....	48	<i>vitamin d3 chw 400unit</i>	266
VIIBRYD TAB 10MG.....	48	<i>vitamin d3 dro 400unit</i>	266
VIIBRYD TAB 20MG.....	48	<i>vitamin d3 tab 1000unit</i>	266
VIIBRYD TAB 40MG.....	48	<i>vitamin d3 tab 400unit</i>	266
VIMPAT SOL 10MG/ML.....	45	<i>vitamin d3 tab 5000unit</i>	266
VIMPAT TAB 100MG	45	<i>vitatrum tab complete</i>	216
VIMPAT TAB 150MG	45	<i>vite/iron chw children</i>	223
VIMPAT TAB 200MG	45	VITEKTA TAB 150MG	106
VIMPAT TAB 50MG	45	<i>viteyes ared cap advanced</i>	216
VINATE II TAB	221	<i>viteyes ared cap formula</i>	216
VINATE M TAB	221	<i>viteyes cap /lutein</i>	216
<i>viorele tab</i>	123	<i>viteyes cap complete</i>	216
VIRACEPT TAB 250MG	106	<i>viteyes smkr cap advanced</i>	216
VIRACEPT TAB 625MG	106	<i>viteyes smkr cap w/lutein</i>	216
VIREAD TAB 150MG	106	<i>viteyes tab lycopene</i>	216
VIREAD TAB 200MG	106	<i>vitrum tab senior</i>	216
VIREAD TAB 250MG	106	<i>vol-care rx tab</i>	202
VIRT-ADVANCE TAB 90-1MG	221	<i>voriconazole tab 200 mg</i>	64
<i>virtussin ac sol 100-10/5</i>	133	<i>voriconazole tab 50 mg</i>	64

VOSEVI TAB	107	<i>wal-tussin liq 10-200/5</i>	133
VOTRIENT TAB 200MG	90	<i>wal-tussin liq dm max</i>	133
VP GLUCOSE CHW FRUIT	56	<i>wal-tussin syp 100/5ml</i>	136
VP GLUCOSE CHW GRAPE	56	<i>wal-tussin syp dm</i>	133
VRAYLAR CAP 1.5MG	94	<i>wal-vert tab 10mg</i>	74
VRAYLAR CAP 3MG	94	<i>wal-zan tab 150mg</i>	261
VRAYLAR CAP 4.5MG	94	<i>wal-zan tab 75mg</i>	261
VRAYLAR CAP 6MG	94	<i>wal-zyr d tab 5-120mg</i>	134
<i>vyfemla tab 0.4-35</i>	123	<i>wal-zyr dro 0.025%op</i>	235
VYVANSE CAP 20MG	2	<i>wal-zyr sol 1mg/ml</i>	74
VYVANSE CAP 30MG	2	<i>wal-zyr sol 5mg/5ml</i>	74
VYVANSE CAP 40MG	2	<i>wal-zyr tab 10mg</i>	74
VYVANSE CAP 50MG	2	<i>warfarin sodium tab 1 mg</i>	41
VYVANSE CAP 60MG	2	<i>warfarin sodium tab 10 mg</i>	41
VYVANSE CAP 70MG	2	<i>warfarin sodium tab 2 mg</i>	41
W		<i>warfarin sodium tab 2.5 mg</i>	41
<i>wal-dram ii tab 25mg</i>	63	<i>warfarin sodium tab 3 mg</i>	41
<i>wal-dram tab 50mg</i>	63	<i>warfarin sodium tab 4 mg</i>	41
<i>wal-dryl alr tab 12.5mg</i>	71	<i>warfarin sodium tab 5 mg</i>	41
<i>wal-dryl cap 25mg</i>	71	<i>warfarin sodium tab 6 mg</i>	41
<i>wal-dryl liq 12.5/5ml</i>	71	<i>warfarin sodium tab 7.5 mg</i>	41
<i>wal-dryl pe tab 25-10mg</i>	133	<i>water for irrigation, sterile irrigation soln</i>	109
<i>wal-dryl tab 25mg</i>	71	<i>wee care sus 15/1.25</i>	174
<i>wal-fex alrg tab 60mg</i>	73	WELCHOL PAK 3.75GM	75
<i>wal-finate tab 4mg</i>	64	WELCHOL TAB 625MG	76
<i>wal-hist tab 1.34mg</i>	71	<i>wera tab 0.5/35</i>	123
<i>wal-itin d tab 10-240mg</i>	133	WESTHROID TAB 130MG	258
<i>wal-itin d tab 24 hour</i>	133	WESTHROID TAB 195MG	258
<i>wal-itin d tab 5-120mg</i>	133	WESTHROID TAB 32.5MG	257
<i>wal-itin syp 5mg/5ml</i>	74	WESTHROID TAB 65MG	257
<i>wal-itin tab 10mg</i>	74	WESTHROID TAB 97.5MG	258
<i>wal-mucil cap 0.52gm</i>	179	<i>whole source tab dietary</i>	216
<i>wal-mucil pow 100%</i>	179	<i>whole source tab for men</i>	216
<i>wal-mucil pow 28.3%</i>	179	<i>whole source tab mature</i>	216
<i>wal-mucil pow 48.57%</i>	179	<i>whole source tab women</i>	216
<i>wal-mucil pow 58.6%</i>	179	WIDE-SEAL DPR KIT 60	189
<i>wal-phed d tab 120mg</i>	229	WIDE-SEAL DPR KIT 65	190
<i>wal-phed pe tab 10mg</i>	229	WIDE-SEAL DPR KIT 70	190
<i>wal-phed tab 30mg</i>	229	WIDE-SEAL DPR KIT 75	190
<i>wal-profen cap 200mg</i>	12	WIDE-SEAL DPR KIT 80	190
<i>wal-profen tab 200mg</i>	12	WIDE-SEAL DPR KIT 85	190
<i>wal-som tab 25mg</i>	175	WIDE-SEAL DPR KIT 90	190
<i>wal-sporin oin</i>	140	WIDE-SEAL DPR KIT 95	190
<i>wal-tap dm elx cold/cgh</i>	133	<i>womans laxat tab 5mg ec</i>	186
<i>wal-tap elx cld/alle</i>	133	<i>womens 50+ cap advanced</i>	216
<i>wal-tussin liq 10-100/5</i>	133		

<i>womens cap multi</i>	216
<i>womens daily tab fa/ca/fe</i>	216
<i>womens daily tab formula</i>	216
<i>womens laxat tab 5mg ec</i>	186
<i>womens mult tab</i>	216
<i>womens one tab daily</i>	216
<i>womns active tab daily</i>	216
WP THYROID TAB 130MG.....	258
WP THYROID TAB 16.25MG.....	258
WP THYROID TAB 32.5MG.....	258
WP THYROID TAB 48.75MG.....	258
WP THYROID TAB 65MG.....	258
WP THYROID TAB 81.25MG.....	258
WP THYROID TAB 97.5MG.....	258
<i>wymzya fe chw 0.4mg-35</i>	124

X

XALKORI CAP 200MG.....	90
XALKORI CAP 250MG.....	90
XARELTO TAB 10MG.....	41
XARELTO TAB 15MG.....	41
XARELTO TAB 20MG.....	41
XELJANZ TAB 5MG.....	102
XELJANZ XR TAB 11MG.....	102
XGEVA INJ.....	158
XIFAXAN TAB 200MG.....	31
XIFAXAN TAB 550MG.....	31
XIGDUO XR TAB 10-1000.....	54
XIGDUO XR TAB 10-500MG.....	54
XIGDUO XR TAB 2.5-1000.....	54
XIGDUO XR TAB 5-1000MG.....	54
XIGDUO XR TAB 5-500MG.....	54
XOLAIR INJ 150MG/ML.....	37
XOLAIR INJ 75/0.5.....	36
XOLAIR SOL 150MG.....	37
<i>xpect tab 400mg</i>	136
<i>xulane dis 150-35</i>	124
XYNTHA INJ 1000UNIT.....	169
XYNTHA INJ 2000UNIT.....	169
XYNTHA INJ 250UNIT.....	169
XYNTHA INJ 500UNIT.....	169
XYNTHA SOLOF INJ 1000UNIT.....	169
XYNTHA SOLOF INJ 2000UNIT.....	169
XYNTHA SOLOF INJ 3000UNIT.....	169
XYNTHA SOLOF INJ 500UNIT.....	169
XYNTHA SOLOF KIT 250UNIT.....	169
XYREM SOL 500MG/ML.....	240

Y

<i>yl folic aci tab 400mcg</i>	171
<i>yl vit b-6 tab 100mg</i>	268
YOUR LIFE CAP PRENATAL.....	221
<i>your life tab mens 50+</i>	216
<i>your life tab wmns 50+</i>	216
<i>yuvaferm tab 10mcg</i>	265

Z

<i>zafirlukast tab 10 mg</i>	37
<i>zafirlukast tab 20 mg</i>	37
<i>zaleplon cap 10 mg</i>	177
<i>zaleplon cap 5 mg</i>	176
<i>zarah tab 3-0.03mg</i>	124
ZARXIO INJ 300/0.5.....	172
ZARXIO INJ 480/0.8.....	172
<i>zeasorb-af pow 2%</i>	144
<i>zebutal cap</i>	14
<i>zenatane cap 10mg</i>	139
<i>zenatane cap 20mg</i>	139
<i>zenatane cap 30mg</i>	139
<i>zenatane cap 40mg</i>	139
<i>zenchent fe chw 0.4mg-35</i>	124
<i>zenchent tab</i>	124
ZENPEP CAP 10000UNT.....	154
ZENPEP CAP 15000UNT.....	154
ZENPEP CAP 20000UNT.....	154
ZENPEP CAP 25000UNT.....	154
ZENPEP CAP 3000UNIT.....	154
ZENPEP CAP 40000UNT.....	154
ZENPEP CAP 5000UNIT.....	154
<i>zenzedi tab 10mg</i>	3
<i>zenzedi tab 5mg</i>	2
ZEPATIER TAB 50-100MG.....	107
<i>zidovudine cap 100 mg</i>	106
<i>zidovudine syrup 10 mg/ml</i>	106
<i>zidovudine tab 300 mg</i>	106
<i>zileuton tab er 12hr 600 mg</i>	37
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	200
<i>zinc-220 cap</i>	200
ZINC-OXYDE OIN 0.44-20%.....	152
ZIOPTAN DRO 0.0015%.....	236
<i>ziprasidone hcl cap 20 mg</i>	94
<i>ziprasidone hcl cap 40 mg</i>	94
<i>ziprasidone hcl cap 60 mg</i>	94
<i>ziprasidone hcl cap 80 mg</i>	94

ZIRGAN GEL 0.15%	233
ZOLADEX IMP 10.8MG	88
ZOLADEX IMP 3.6MG.....	88
ZOLINZA CAP 100MG	90
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	193
<i>zolmitriptan orally disintegrating tab 5 mg</i>	193
<i>zolmitriptan tab 2.5 mg</i>	193
<i>zolmitriptan tab 5 mg</i>	193
<i>zolpidem tartrate tab 10 mg</i>	177
<i>zolpidem tartrate tab 5 mg</i>	177
ZOMIG SPR 5MG.....	193
<i>zonisamide cap 100 mg</i>	45
<i>zonisamide cap 25 mg</i>	45

<i>zonisamide cap 50 mg</i>	45
<i>zoo friends chw</i>	224
<i>zoo friends chw extra c</i>	225
<i>zoo friends chw gummies</i>	225
<i>zoo friends chw pls iron</i>	223
ZOSTAVAX INJ.....	264
<i>zovia 1/35e tab</i>	124
<i>zovia 1/50e tab</i>	124
ZOVIRAX CRE 5%	145
ZYDELIG TAB 150MG.....	90
ZYKADIA CAP 150MG.....	90
ZYPREXA RELP INJ 210MG.....	154
ZYPREXA RELP INJ 300MG.....	154
ZYPREXA RELP INJ 405MG.....	154
ZYTIGA TAB 250MG.....	88



PO Box 3887, Albuquerque, NM 87190

Product offered by Molina Healthcare of
New Mexico, Inc., a wholly owned subsidiary of Molina Healthcare, Inc.

Producto ofrecido por Molina Healthcare of
New Mexico, Inc., una filial de completa propiedad de Molina Healthcare, Inc.