

Essential Plan Preferred Drug List

Molina Healthcare of New York, Inc.

2020



Your Extended Family.



Your Extended Family.

**Non-Discrimination Notification
Molina Healthcare of New York, Inc.**

Molina Healthcare of New York, Inc. (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

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 at 1-800-223-7242 or TTY: 711.

If you think that Molina failed to provide these services or treated you differently 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 to (310) 507-6186.

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, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

**Non-Discrimination Tag Line– Section 1557
Molina Healthcare of New York, Inc.**

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-223-7242 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-223-7242 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-223-7242 (TTY: 711)。
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-223-7242 (телетайп: 711).
French Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-223-7242 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-223-7242 (TTY: 711) 번으로 전화해 주십시오.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-223-7242 (TTY: 711).
Yiddish	אויפגערוקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-223-7242 (TTY: 711).
Bengali	লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-২২৩-৭২৪২ (TTY: 711)।
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-223-7242 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-223-7242 (رقم هاتف الصم والبكم: 711).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-223-7242 (ATS: 711).
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-223-7242 (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-223-7242 (TTY: 711).
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-223-7242 (TTY: 711).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-223-7242 (TTY: 711).
Nepali	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-223-7242 (टिटीवाइ: 711) ।

Introduction

Molina uses a Preferred Drug List (Formulary) which is a list of covered prescription and over-the-counter drugs. It is reviewed and approved by doctors and pharmacists. You must get your prescriptions from a pharmacy that is part of the Molina plan. The formulary includes the following options:

- Formulary Preventive Medications
- Formulary Generic Medications
- Formulary Preferred Brand Name Medications
- Formulary Non-Preferred Brand Name Medications

• Formulary Preventive Drugs

Formulary Preventive drugs are drugs listed in the Molina Healthcare Drug Formulary which are considered to be used for preventive purposes, including all methods of birth control approved by the FDA, or if it is being prescribed primarily (1) to prevent the symptomatic onset of a condition in a person who has developed risk factors for a disease that has not yet become clinically apparent or (2) to prevent recurrence of a disease or condition from which the patient has recovered. A drug is not considered preventive if it is being prescribed to treat an existing, symptomatic illness, injury, or condition. Formulary Preventive drugs are offered at No Charge.

• Formulary Generic Medications

Formulary Generic drugs are those listed in the Molina Healthcare Drug Formulary that have the same ingredients as brand name drugs. To be FDA (government) approved, the generic drug must have the same active ingredient, strength and dosage (formulation) as the brand name drug. If your doctor orders a brand name drug and there is a Formulary Generic drug available, we will cover the generic medication. Formulary Generic drugs have copayment cost sharing to you.

• Formulary Preferred Brand Name Drugs

Formulary Preferred Brand Name drugs are those drugs listed which, due to clinical effectiveness and cost differences, are designated as “Preferred” in the Molina Healthcare Drug Formulary. Formulary Preferred Brand Name drugs are prescription drugs or medicines that have been registered under a brand or trade name by their manufacturer and are advertised and sold under that name, and indicated as a brand in the Medi-Span or similar third party national database used by Molina Healthcare and our pharmacy benefit manager. Formulary Preferred Brand Name drugs have copayment cost sharing to you.

• Formulary Non-Preferred Brand Name Drugs

Formulary Non-Preferred Brand Name drugs are those drugs listed in the Molina Healthcare Drug Formulary which are designated as “Non-Preferred” due to lesser clinical effectiveness and cost differences. Formulary Non-Preferred Brand Name drugs are prescription drugs or medicines that have been registered under a brand or trade name by their manufacturer and are advertised and sold under that name, and indicated as a brand in the Medi-Span or similar third party national database used by Molina Healthcare and our pharmacy benefit manager. Formulary Non-Preferred Brand Name drugs have coinsurance cost sharing to you.

Getting an exception to the formulary

Drugs not listed on the formulary are called non-formulary drugs. For non-formulary drugs, you have the following options:

- You can ask your physician to order a similar drug that is listed in the formulary.
- You can ask your physician to request an exception so your non-formulary drug can be covered by your benefit.
- You can start the request for exception for a non-formulary drug.

If you want to start the exception process, you can call Member Services.

Mail Service Pharmacy

Molina Healthcare wants to offer you a time saving way to get your medicine. You can get a thirty (30) day supply. There are also various maintenance medications for which you can get a 90 day supply. You can also take advantage of your mail service benefit. It is easy.

Subscriber Agreement

It tells you what you need to know about your Molina Healthcare Essential Plan.

How do Members Get Care?

Your doctor will work with Molina Healthcare to decide which drugs are best for you. Call Member Services to:

- Get a copy of the Preferred Drug List
- Get information about prescription drugs.
- Find out if a drug is covered.
- Find out how to appeal a decision.

Molina Healthcare has contracts with certain pharmacies. You must get your drugs at one of these pharmacies. If you need to find a pharmacy that is part of Molina, you may call Member Services. Need to find a pharmacy near you? View the Molina Pharmacy Network.

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

AMPHETAMINES

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1	QL (150 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days); AGE (Min 3 years, Max 18 years)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine **EQ** Dose per day 1

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Tier 1	QL (120 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Tier 1	QL (120 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Tier 1	QL (60 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<i>dextroamphetamine sulfate tab 5 mg</i>	Tier 1	QL (180 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<i>dextroamphetamine sulfate tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); AGE (Min 3 years, Max 18 years)
<i>methamphetamine hcl tab 5 mg</i>	Tier 1	PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 10MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 20MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 30MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 40MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 50MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
VYVANSE CAP 60MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 2

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Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAP 70MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
ANALEPTICS		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	QL (120 mL in lifetime); AGE (Max 1 year)
ANOREXIANTS NON-AMPHETAMINE		
<i>phendimetrazine tartrate tab 35 mg</i>	Tier 1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 3

Tier 1 = Formulary Generics
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PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
STIMULANTS - MISC.		
<i>armodafinil tab 50 mg</i>	Tier 1	PA
<i>armodafinil tab 150 mg</i>	Tier 1	PA
<i>armodafinil tab 200 mg</i>	Tier 1	PA
<i>armodafinil tab 250 mg</i>	Tier 1	PA
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 1	QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	Tier 1	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Tier 1	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Tier 1	QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)

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4

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

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5

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

ALTERNATIVE MEDICINES**ALTERNATIVE MEDICINE - M'S**

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

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6

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Drug Name	Drug Tier	Requirements/Limits
melatonin tab er 10 mg	Tier 1	OTC
melatonin tablet disintegrating 5 mg	Tier 1	OTC
ALTERNATIVE MEDICINE COMBINATIONS		
melatonin-pyridoxine tab 3-1 mg (Melatonin/vitamin B-6 Ext)	Tier 1	OTC
melatonin-pyridoxine tab 3-2 mg (Ra Melatonin)	Tier 1	OTC
melatonin-pyridoxine tab er 3-10 mg (Melatonin Tr/vitamin B-6)	Tier 1	OTC
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin sulfate tab 500 mg	Tier 1	
paromomycin sulfate cap 250 mg	Tier 1	
tobramycin nebu soln 300 mg/5ml	Tier 1	PA
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10/0.1ML (adalimumab)	Tier 3	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA INJ 10MG/0.2 (adalimumab)	Tier 3	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA INJ 20/0.2ML (adalimumab)	Tier 3	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA INJ 40/0.4ML (adalimumab)	Tier 3	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA KIT 20MG/0.4 (adalimumab)	Tier 3	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA KIT 40MG/0.8 (adalimumab)	Tier 3	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA PEDIA INJ CROHNS (adalimumab)	Tier 3	QL (2 ea / year), PA; Preferred Brand
HUMIRA PEDIA INJ CROHNS (adalimumab)	Tier 3	QL (3 ea / year), PA; Preferred Brand
HUMIRA PEN INJ 40/0.4ML (adalimumab)	Tier 3	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA PEN INJ CD/UC/HS (adalimumab)	Tier 3	QL (2 mL / 28 days), PA; Preferred Brand

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EQ Dose per day

7

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT CD/UC/HS (adalimumab)	Tier 3	QL (3 ea / year), PA; Preferred Brand
HUMIRA PEN KIT PS/UV (adalimumab)	Tier 3	QL (3 ea / year), PA; Preferred Brand
SIMPONI INJ 50/0.5ML (golimumab)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SIMPONI INJ 100MG/ML (golimumab)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER (upadacitinib)	Tier 3	PA; Preferred Brand
XELJANZ TAB 5MG (tofacitinib citrate)	Tier 3	PA; Preferred Brand
XELJANZ TAB 10MG (tofacitinib citrate)	Tier 3	PA; Preferred Brand
XELJANZ XR TAB 11MG (tofacitinib citrate)	Tier 3	PA; Preferred Brand
XELJANZ XR TAB 22MG (tofacitinib citrate)	Tier 3	MAIL, PA
GOLD COMPOUNDS		
RIDAURA CAP 3MG (auranofin)	Tier 3	MAIL, PA
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG (riloncept)	Tier 3	PA
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (anakinra)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ 80MG/4ML (tocilizumab)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

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

8

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA INJ 162/0.9 (<i>tocilizumab</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 200/10ML (<i>tocilizumab</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 400/20ML (<i>tocilizumab</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ ACTPEN (<i>tocilizumab</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 150/1.14 (<i>sarilumab</i>)	Tier 3	PA; Preferred Brand
KEVZARA INJ 200/1.14 (<i>sarilumab</i>)	Tier 3	PA; Preferred Brand
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>celecoxib cap 100 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>celecoxib cap 200 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>celecoxib cap 400 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>diclofenac potassium tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 9

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
etodolac tab 400 mg	Tier 1	QL (90 tabs / 30 days), MAIL
etodolac tab 500 mg	Tier 1	QL (90 tabs / 30 days), MAIL
fenoprofen calcium tab 600 mg	Tier 1	QL (120 tabs / 30 days), MAIL
flurbiprofen tab 50 mg	Tier 1	QL (120 tabs / 30 days), MAIL
flurbiprofen tab 100 mg	Tier 1	QL (120 tabs / 30 days), MAIL
ibuprofen cap 200 mg (Medi-profen)	Tier 1	OTC, QL (120 caps / 30 days)
ibuprofen chew tab 100 mg (Sm Ibuprofen Ib)	Tier 1	OTC, QL (180 tabs / 30 days); AGE (Max 12 years)
ibuprofen susp 40 mg/ml (Cvs Ibuprofen Infants)	Tier 1	OTC; AGE (Max 12 years)
ibuprofen susp 100 mg/5ml (Ibuprofen Childrens)	Tier 1	OTC; AGE (Max 12 years)
ibuprofen tab 100 mg (Advil Junior Strength)	Tier 1	OTC, QL (120 tabs / 30 days)
ibuprofen tab 200 mg (Ra Ibuprofen)	Tier 1	OTC, QL (120 tabs / 30 days)
ibuprofen tab 400 mg	Tier 1	QL (120 tabs / 30 days), MAIL
ibuprofen tab 600 mg	Tier 1	QL (120 tabs / 30 days), MAIL
ibuprofen tab 800 mg	Tier 1	QL (120 tabs / 30 days), MAIL
indomethacin cap 25 mg	Tier 1	QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
indomethacin cap 50 mg	Tier 1	QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
ketorolac tromethamine tab 10 mg	Tier 1	AGE (Max 64 years), Max 5 day supply per fill
meclofenamate sodium cap 50 mg	Tier 1	MAIL, PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 10
mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
EQ Dose per day

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
<i>meclofenamate sodium cap 100 mg</i>	Tier 1	MAIL, PA
<i>mefenamic acid cap 250 mg</i>	Tier 1	MAIL, PA
<i>meloxicam tab 7.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>meloxicam tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nabumetone tab 500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>nabumetone tab 750 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>naproxen sodium tab 220 mg</i>	Tier 1	OTC, QL (90 tabs / 30 days), MAIL
<i>naproxen susp 125 mg/5ml</i>	Tier 1	MAIL; AGE (Max 12 years)
<i>naproxen tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 375 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 375 mg</i> (Naproxen Dr)	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 500 mg</i> (Naproxen Dr)	Tier 1	QL (90 tabs / 30 days), MAIL
<i>oxaprozin tab 600 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL, PA
<i>piroxicam cap 10 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL, PA
<i>piroxicam cap 20 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>sulindac tab 150 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>sulindac tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>tolmetin sodium cap 400 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>tolmetin sodium tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 11

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
<i>tolmetin sodium tab 600 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
Otezla Tab 10/20/30 (<i>apremilast</i>)	Tier 3	PA; Preferred Brand
Otezla Tab 30mg (<i>apremilast</i>)	Tier 3	PA; Preferred Brand
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>leflunomide tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
SELECTIVE COSTIMULATION MODULATORS		
Orencia CLCK INJ 125MG/ML (<i>abatacept</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
Orencia INJ 50/0.4 (<i>abatacept</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
Orencia INJ 87.5/0.7 (<i>abatacept</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
Orencia INJ 125MG/ML (<i>abatacept</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
Orencia INJ 250MG (<i>abatacept</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
Enbrel INJ 25/0.5ML (<i>etanercept</i>)	Tier 3	QL (4 mL / 28 days), PA; Preferred Brand
Enbrel INJ 25MG (<i>etanercept</i>)	Tier 3	QL (4 mL / 28 days), PA; Preferred Brand

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 12
 OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
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 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 50MG/ML (<i>etanercept</i>)	Tier 3	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL MINI INJ 50MG/ML (<i>etanercept</i>)	Tier 3	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL SRCLK INJ 50MG/ML (<i>etanercept</i>)	Tier 3	QL (4 mL / 28 days), PA; Preferred Brand

ANALGESICS - NONNARCOTIC**ANALGESIC COMBINATIONS**

<i>butalbital-acetaminophen tab 50-325 mg</i>	Tier 1	QL (300 tabs / 30 days); AGE (Max 64 years)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> (Esgic)	Tier 1	QL (180 caps / 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Tier 1	QL (180 caps / 30 days); AGE (Max 64 years)

ANALGESICS OTHER

<i>acetaminophen cap 500 mg</i> (Sm Pain Reliever Extra St)	Tier 1	OTC
<i>acetaminophen chew tab 80 mg</i> (Childrens Pain Reliever)	Tier 1	OTC
<i>acetaminophen chew tab 160 mg</i> (Non-aspirin Junior Streng)	Tier 1	OTC
<i>acetaminophen disintegrating tab 80 mg</i> (Ra Acetaminophen Rapid Me)	Tier 1	OTC
<i>acetaminophen disintegrating tab 160 mg</i> (Ra Acetaminophen Rapid Me)	Tier 1	OTC
<i>acetaminophen elixir 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen liquid 160 mg/5ml</i> (Mapap)	Tier 1	OTC
<i>acetaminophen liquid 167 mg/5ml</i> (Eq Pain Relief Adult/rapi)	Tier 1	OTC
<i>acetaminophen soln 160 mg/5ml</i> (Pain & Fever Childrens)	Tier 1	OTC

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 13

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
acetaminophen suppos 120 mg	Tier 1	OTC
acetaminophen suppos 325 mg (Acephen)	Tier 1	OTC
acetaminophen suppos 650 mg	Tier 1	OTC
acetaminophen susp 160 mg/5ml (Cvs Pain & Fever Children)	Tier 1	OTC
acetaminophen tab 325 mg (Mapap)	Tier 1	OTC
acetaminophen tab 500 mg	Tier 1	OTC
acetaminophen tab er 650 mg	Tier 1	OTC
FEVERALL INF SUP 80MG (acetaminophen)	Tier 1	OTC
NORTEMP SUS INFANTS (acetaminophen)	Tier 1	OTC

SALICYLATES

aspirin chew tab 81 mg (St Joseph Low Dose Aspiri)	PREV	OTC, MAIL; Prev for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
aspirin tab 325 mg (Sm Aspirin)	Tier 1	OTC, MAIL
aspirin tab delayed release 81 mg (Aspirin Low Dose)	PREV	OTC, MAIL; Prev for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
aspirin tab delayed release 325 mg	Tier 1	OTC, MAIL
diflunisal tab 500 mg	Tier 1	QL (90 tabs / 30 days), MAIL
salsalate tab 500 mg	Tier 1	QL (120 tabs / 30 days), MAIL
salsalate tab 750 mg	Tier 1	QL (120 tabs / 30 days), MAIL

ANALGESICS - OPIOID

OPIOID AGONISTS

codeine sulfate tab 30 mg	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
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PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 14

Tier 1 = Formulary Generics
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 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
codeine sulfate tab 60 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
EMBEDA CAP 20-0.8MG (morphine-naltrexone)	Tier 3	PA; MED
EMBEDA CAP 30-1.2MG (morphine-naltrexone)	Tier 3	PA; MED
EMBEDA CAP 50-2MG (morphine-naltrexone)	Tier 3	PA; MED
EMBEDA CAP 60-2.4MG (morphine-naltrexone)	Tier 3	PA; MED
EMBEDA CAP 80-3.2MG (morphine-naltrexone)	Tier 3	PA; MED
EMBEDA CAP 100-4MG (morphine-naltrexone)	Tier 3	PA; MED
fentanyl td patch 72hr 12 mcg/hr	Tier 1	QL (10 patches / 30 days), PA; MED
fentanyl td patch 72hr 25 mcg/hr	Tier 1	QL (10 patches / 30 days), PA; MED
fentanyl td patch 72hr 50 mcg/hr	Tier 1	QL (10 patches / 30 days), PA; MED
fentanyl td patch 72hr 75 mcg/hr	Tier 1	QL (10 patches / 30 days), PA; MED
fentanyl td patch 72hr 100 mcg/hr	Tier 1	QL (10 patches / 30 days), PA; MED
hydromorphone hcl tab 2 mg	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
hydromorphone hcl tab 4 mg	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
hydromorphone hcl tab 8 mg	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
hydromorphone hcl tab er 24hr deter 8 mg	Tier 1	PA; MED
hydromorphone hcl tab er 24hr deter 12 mg	Tier 1	PA; MED

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 15
 OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
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 PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tab er 24hr deter 16 mg</i>	Tier 1	PA; MED
<i>hydromorphone hcl tab er 24hr deter 32 mg</i>	Tier 1	PA; MED
<i>HYSINGLA ER TAB 20 MG (hydrocodone bitartrate)</i>	Tier 3	PA; MED
<i>HYSINGLA ER TAB 30 MG (hydrocodone bitartrate)</i>	Tier 3	PA; MED
<i>HYSINGLA ER TAB 40 MG (hydrocodone bitartrate)</i>	Tier 3	PA; MED
<i>HYSINGLA ER TAB 60 MG (hydrocodone bitartrate)</i>	Tier 3	PA; MED
<i>HYSINGLA ER TAB 80 MG (hydrocodone bitartrate)</i>	Tier 3	PA; MED
<i>HYSINGLA ER TAB 100 MG (hydrocodone bitartrate)</i>	Tier 3	PA; MED
<i>HYSINGLA ER TAB 120 MG (hydrocodone bitartrate)</i>	Tier 3	PA; MED
<i>meperidine hcl oral soln 50 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED; AGE (Max 64 years)
<i>meperidine hcl tab 50 mg</i>	Tier 1	Max 7 day supply initial fill, MED; AGE (Max 64 years)
<i>meperidine hcl tab 100 mg</i>	Tier 1	Max 7 day supply initial fill, MED; AGE (Max 64 years)
<i>methadone hcl soln 5 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>methadone hcl tab 5 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>methadone hcl tab 10 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 16

Tier 1 = Formulary Generics
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PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate tab 30 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate tab er 15 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 30 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 60 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 100 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 200 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
NUCYNTA ER TAB 50MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA ER TAB 100MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA ER TAB 150MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA ER TAB 200MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA ER TAB 250MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA TAB 50MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA TAB 75MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA TAB 100MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 17

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 18

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN TAB 80MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
<i>oxymorphone hcl tab 5 mg</i>	Tier 1	PA; MED
<i>oxymorphone hcl tab 10 mg</i>	Tier 1	PA; MED
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; MED
<i>tramadol hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>tramadol hcl tab er 24hr 100 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr 200 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr 300 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 19

Tier 1 = Formulary Generics
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PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
acetaminophen w/ codeine tab 300-15 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
acetaminophen w/ codeine tab 300-30 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
acetaminophen w/ codeine tab 300-60 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	Tier 1	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	Tier 1	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Tier 1	Max 7 day supply initial fill, MED
hydrocodone-acetaminophen tab 5-325 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
hydrocodone-acetaminophen tab 7.5-325 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
hydrocodone-acetaminophen tab 10-325 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
hydrocodone-ibuprofen tab 7.5-200 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
hydrocodone-ibuprofen tab 10-200 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone w/ acetaminophen tab 2.5-325 mg	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone w/ acetaminophen tab 5-325 mg	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 20

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone-ibuprofen tab 5-400 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 1	QL (360 tabs / 30 days); MED
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days); MED
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	QL (360 tabs / 30 days); MED
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days); MED
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 1	PA; MED
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 1	PA; MED
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 1	PA; MED
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 1	PA; MED
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 1	PA; MED
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	QL (150 mL / 30 days), PA; MED

ANDROGENS-ANABOLIC**ANABOLIC STEROIDS**

<i>ANADROL-50 TAB 50MG (oxymetholone)</i>	Tier 3	PA
<i>oxandrolone tab 2.5 mg</i>	Tier 1	PA
<i>oxandrolone tab 10 mg</i>	Tier 1	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 21

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
ANDROGENS		
<i>danazol cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>danazol cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>danazol cap 200 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
METHITEST TAB 10MG <i>(methyltestosterone)</i>	Tier 3	PA
<i>methyltestosterone cap 10 mg</i>	Tier 1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 1	QL (1680 mL / 30 days)
RECTAL COMBINATIONS		
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15% (Ra Hemorrhoidal)</i>	Tier 1	OTC
RECTAL LOCAL ANESTHETICS		
<i>dibucaine rectal ointment 1%</i>	Tier 1	OTC
RECTAL STEROIDS		
<i>hydrocortisone rectal cream 2.5%</i>	Tier 1	
VASODILATING AGENTS		
RECTIV OIN 0.4% <i>(nitroglycerin (intra- anal))</i>	Tier 3	
ANTACIDS		
ANTACID COMBINATIONS		
<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg (Mintox Plus)</i>	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Almacone)</i>	Tier 1	OTC

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at
mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine 22
EQ Dose per day

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Almacone Double Strength)	Tier 1	OTC
aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Cvs Heartburn Relief)	Tier 1	OTC
aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml (Acid Gone)	Tier 1	OTC
aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg (Sm Foaming Antacid)	Tier 1	OTC
calcium carbonate-mag hydroxide chew tab 675-135 mg (Tgt Antacid Extra Strengt)	Tier 1	OTC
calcium carbonate-mag hydroxide susp 400-135 mg/5ml (Cvs Antacid Supreme)	Tier 1	OTC
MI-ACID CHW (calcium carbonate-mag hydrox)	Tier 1	OTC
ANTACIDS - BICARBONATE		
sodium bicarbonate tab 325 mg	Tier 1	OTC
sodium bicarbonate tab 650 mg	Tier 1	OTC
ANTACIDS - CALCIUM SALTS		
calcium carbonate (antacid) chew tab 400 mg (Childrens Pepto)	Tier 1	OTC
calcium carbonate (antacid) chew tab 500 mg (Calcium Antacid)	Tier 1	OTC
calcium carbonate (antacid) chew tab 750 mg (Cvs Smooth Antacid Extra)	Tier 1	OTC
calcium carbonate (antacid) chew tab 1000 mg (Gnp Antacid Ultra Strengt)	Tier 1	OTC
calcium carbonate (antacid) susp 1250 mg/5ml	Tier 1	OTC

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 23

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
ANTACIDS - MAGNESIUM SALTS		
magnesium oxide tab 250 mg (Gnp Magnesium)	Tier 1	OTC
magnesium oxide tab 420 mg (Maox)	Tier 1	OTC
ANTHELMINTICS		
ANTHELMINTICS		
BENZNIDAZOLE TAB 12.5MG	Tier 2	
BENZNIDAZOLE TAB 100MG	Tier 2	
ivermectin tab 3 mg	Tier 1	
praziquantel tab 600 mg	Tier 1	PA
pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv) (Cvs Pinworm Treatment)	Tier 1	OTC
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab 250 mg	Tier 1	
metronidazole tab 500 mg	Tier 1	
NEBUPENT INH 300MG (pentamidine isethionate)	Tier 3	
pentamidine isethionate for nebulization soln 300 mg	Tier 3	
trimethoprim tab 100 mg	Tier 1	
XIFAXAN TAB 200MG (rifaximin)	Tier 3	PA
XIFAXAN TAB 550MG (rifaximin)	Tier 3	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 1	AGE (Max 12 years)
sulfamethoxazole-trimethoprim tab 400-80 mg	Tier 1	
sulfamethoxazole-trimethoprim tab 800-160 mg	Tier 1	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML (nitazoxanide)	Tier 3	PA
ALINIA TAB 500MG (nitazoxanide)	Tier 3	PA
atovaquone susp 750 mg/5ml	Tier 1	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 24

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
CARBAPENEMS		
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	Tier 1	
<i>meropenem iv for soln 500 mg</i>	Tier 1	
CYCLIC LIPOPEPTIDES		
<i>daptomycin for iv soln 500 mg</i>	Tier 1	
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML (<i>vancomycin hcl</i>)	Tier 2	
FIRVANQ SOL 50MG/ML (<i>vancomycin hcl</i>)	Tier 2	
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>dapsone tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
LINCOSAMIDES		
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	AGE (Max 12 years)
MONOBACTAMS		
CAYSTON INH 75MG (<i>aztreonam lysine</i>)	Tier 3	PA
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	Tier 1	PA
<i>linezolid tab 600 mg</i>	Tier 1	PA
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 25

Tier 1 = Formulary Generics
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 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 1	MAIL
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 1	MAIL
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 1	MAIL
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 1	QL (30 patches / 30 days), MAIL
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	QL (30 patches / 30 days), MAIL
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	QL (30 patches / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 26

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> (Minitran)	Tier 1	QL (30 patches / 30 days), MAIL

ANTI-ANXIETY AGENTS**ANTI-ANXIETY AGENTS - MISC.**

<i>bupirone hcl tab 5 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 7.5 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 15 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	QL (240 caps / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	QL (240 caps / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>meprobamate tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>meprobamate tab 400 mg</i>	Tier 1	QL (90 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 27

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 28

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

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

ANTIARRHYTHMICS**ANTIARRHYTHMICS TYPE I-A**

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

ANTIARRHYTHMICS TYPE I-B

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

ANTIARRHYTHMICS TYPE I-C

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

ANTIARRHYTHMICS TYPE III

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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 29
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
dofetilide cap 500 mcg (0.5 mg)	Tier 1	MAIL
MULTAQ TAB 400MG (dronedarone hcl)	Tier 3	MAIL, PA

ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS**ANTI-INFLAMMATORY AGENTS**

cromolyn sodium soln nebu 20 mg/2ml	Tier 1	MAIL
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ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES

XOLAIR INJ 75/0.5 (omalizumab)	Tier 3	QL (2.5 mL / 28 days), PA
XOLAIR INJ 150MG/ML (omalizumab)	Tier 3	QL (5 mL / 28 days), PA
XOLAIR SOL 150MG (omalizumab)	Tier 3	QL (5 mL / 28 days), PA

Antiasthmatic - Monoclonal Antibodies

DUPIXENT INJ 200/1.14 (dupilumab)	Tier 3	PA
NUCALA INJ 100MG (mepolizumab)	Tier 3	PA

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA AER 17MCG (ipratropium bromide hfa)	Tier 2	QL (12.9 gm / 30 days), MAIL
INCRUSE ELPT INH 62.5MCG (umeclidinium bromide)	Tier 2	QL (30 blisters / 30 days), MAIL
ipratropium bromide inhal soln 0.02%	Tier 1	QL (120 vials / 30 days), MAIL
TUDORZA PRES AER 400/ACT (aclidinium bromide)	Tier 2	QL (1 ea / 30 days), MAIL

LEUKOTRIENE MODULATORS

montelukast sodium chew tab 4 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL; AGE (Max 9 years)
montelukast sodium chew tab 5 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL; AGE (Max 14 years)
montelukast sodium tab 10 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL
zafirlukast tab 10 mg	Tier 1	QL (60 tabs / 30 days), MAIL
zafirlukast tab 20 mg	Tier 1	QL (60 tabs / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 30

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>zileuton tab er 12hr 600 mg</i>	Tier 1	MAIL, PA
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>DALIRESP TAB 250MCG (roflumilast)</i>	Tier 3	MAIL, PA
<i>DALIRESP TAB 500MCG (roflumilast)</i>	Tier 3	MAIL, PA
STEROID INHALANTS		
<i>ASMANEX 7 AER 110MCG (mometasone furoate (inhalation))</i>	Tier 2	QL (1 inhaler / 30 days), MAIL
<i>ASMANEX 14 AER 220MCG (mometasone furoate (inhalation))</i>	Tier 2	QL (1 inhaler / 30 days), MAIL
<i>ASMANEX 30 AER 110MCG (mometasone furoate (inhalation))</i>	Tier 2	QL (1 inhaler / 30 days), MAIL
<i>ASMANEX 30 AER 220MCG (mometasone furoate (inhalation))</i>	Tier 2	QL (1 inhaler / 30 days), MAIL
<i>ASMANEX 60 AER 220MCG (mometasone furoate (inhalation))</i>	Tier 2	QL (1 inhaler / 30 days), MAIL
<i>ASMANEX 120 AER 220MCG (mometasone furoate (inhalation))</i>	Tier 2	QL (1 inhaler / 30 days), MAIL
<i>ASMANEX HFA AER 50MCG (mometasone furoate (inhalation))</i>	Tier 2	QL (1 inhaler / 30 days), MAIL
<i>ASMANEX HFA AER 100 MCG (mometasone furoate (inhalation))</i>	Tier 2	QL (13 gm / 30 days), MAIL
<i>ASMANEX HFA AER 200 MCG (mometasone furoate (inhalation))</i>	Tier 2	QL (13 gm / 30 days), MAIL
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 1	QL (120 mL / 30 days), MAIL; AGE (Max 9 years)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 1	QL (120 mL / 30 days), MAIL; AGE (Max 9 years)
<i>PULMICORT INH 90MCG (budesonide (inhalation))</i>	Tier 2	QL (1 inhaler / 30 days), MAIL
<i>PULMICORT INH 180MCG (budesonide (inhalation))</i>	Tier 2	QL (1 inhaler / 30 days), MAIL
<i>QVAR REDIHA AER 80MCG (beclomethasone dipropionate hfa)</i>	Tier 2	QL (10.6 gm / 30 days), MAIL
<i>QVAR REDIHAL AER 40MCG (beclomethasone dipropionate hfa)</i>	Tier 2	QL (10.6 gm / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 31

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
SYMPATHOMIMETICS		
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	QL (150 ea / 30 days), MAIL
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL / 30 days), MAIL
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	QL (225 mL / 30 days), MAIL
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (150 mL / 30 days), MAIL
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	MAIL
<i>albuterol sulfate tab 2 mg</i>	Tier 1	MAIL
<i>albuterol sulfate tab 4 mg</i>	Tier 1	MAIL
ANORO ELLIPT AER 62.5-25 <i>(umeclidinium-vilanterol)</i>	Tier 2	QL (60 blisters / 30 days), MAIL
ARCAPTA CAP 75MCG (<i>indacaterol maleate</i>)	Tier 3	QL (30 caps / 30 days), MAIL
BEVESPI AER 9-4.8MCG (<i>glycopyrrolate-formoterol fumarate</i>)	Tier 2	QL (10.7 gm / 30 days), MAIL
BREO ELLIPTA INH 100-25 (<i>fluticasone furoate-vilanterol</i>)	Tier 3	QL (60 blisters / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 32

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INH 200-25 (<i>fluticasone furoate-vilanterol</i>)	Tier 3	QL (60 blisters / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (Airduo AG) or (2) fluticasone/salmeterol diskus (Advair generic) within the past 90 days.
BROVANA NEB 15MCG (<i>arformoterol tartrate</i>)	Tier 3	QL (120 mL / 30 days), MAIL
COMBIVENT AER 20-100 (<i>ipratropium-albuterol</i>)	Tier 2	QL (4 gm / 30 days), MAIL
DULERA AER 100-5MCG (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	Tier 3	QL (13 gm / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (Airduo AG) or (2) fluticasone/salmeterol diskus (Advair generic) within the past 90 days.
DULERA AER 200-5MCG (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	Tier 3	QL (13 gm / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (Airduo AG) or (2) fluticasone/salmeterol diskus (Advair generic) within the past 90 days.
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 inhalations / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days), MAIL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 33

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
fluticasone-salmeterol aer powder ba 232-14 mcg/act	Tier 1	QL (1 inhaler / 30 days), MAIL
fluticasone-salmeterol aer powder ba 250-50 mcg/dose (Wixela Inhub)	Tier 1	QL (60 inhalations / 30 days), MAIL
fluticasone-salmeterol aer powder ba 500-50 mcg/dose (Wixela Inhub)	Tier 1	QL (60 inhalations / 30 days), MAIL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 1	QL (360 mL / 30 days), MAIL
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	Tier 1	QL (144 mL / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	Tier 1	QL (144 mL / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	Tier 1	QL (144 mL / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	Tier 1	QL (144 ea / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
metaproterenol sulfate syrup 10 mg/5ml	Tier 1	MAIL
metaproterenol sulfate tab 10 mg	Tier 1	MAIL
metaproterenol sulfate tab 20 mg	Tier 1	MAIL
PROAIR HFA AER (albuterol sulfate)	Tier 2	QL (8.5 gm / 30 days), MAIL
PROVENTIL AER HFA (albuterol sulfate)	Tier 3	QL (6.7 gm / 30 days), MAIL, ST; Prior use of Proair HFA within the past 90 days.
SEREVENT DIS AER 50MCG (salmeterol xinafoate)	Tier 2	QL (60 inhalations / 30 days), MAIL
STIOLTO AER 2.5-2.5 (tiotropium bromide-olodaterol hcl)	Tier 2	QL (4 gm / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 34
 OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
STRIVERDI AER 2.5MCG (<i>olodaterol hcl</i>)	Tier 2	QL (4 gm / 30 days), MAIL
SYMBICORT AER 80-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)	Tier 2	QL (10.2 gm / 30 days), MAIL
SYMBICORT AER 160-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)	Tier 2	QL (10.2 gm / 30 days), MAIL
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>terbutaline sulfate tab 5 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
VENTOLIN HFA AER (<i>albuterol sulfate</i>)	Tier 3	QL (18 gm / 30 days), MAIL, ST; Prior use of Proair HFA within the past 90 days.

XANTHINES

<i>aminophylline inj 25 mg/ml</i>	Tier 1	
<i>theophylline soln 80 mg/15ml</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 100 mg</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 200 mg</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 300 mg</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 450 mg</i>	Tier 1	MAIL
<i>theophylline tab er 24hr 400 mg</i>	Tier 1	MAIL
<i>theophylline tab er 24hr 600 mg</i>	Tier 1	MAIL

ANTICOAGULANTS**COUMARIN ANTICOAGULANTS**

COUMADIN TAB 1MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 2.5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 2MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 3MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 4MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 6MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 7.5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 10MG (<i>warfarin sodium</i>)	Tier 2	MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 35

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium tab 1 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 2 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 3 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 4 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 5 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 6 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 10 mg</i>	Tier 1	MAIL
<i>DIRECT FACTOR XA INHIBITORS</i>		
ELIQUIS TAB 2.5MG (<i>apixaban</i>)	Tier 3	MAIL, PA
ELIQUIS TAB 5MG (<i>apixaban</i>)	Tier 3	MAIL, PA
XARELTO STAR TAB 15/20MG (<i>rivaroxaban</i>)	Tier 2	QL (51 tabs / year), PA
XARELTO TAB 2.5MG (<i>rivaroxaban</i>)	Tier 2	MAIL, PA
XARELTO TAB 10MG (<i>rivaroxaban</i>)	Tier 2	MAIL, PA
XARELTO TAB 15MG (<i>rivaroxaban</i>)	Tier 2	MAIL, PA
XARELTO TAB 20MG (<i>rivaroxaban</i>)	Tier 2	MAIL, PA
<i>HEPARINS AND HEPARINOID-LIKE AGENTS</i>		
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	Tier 1	QL (18 mL / 30 days), PA; Max 7 day supply then PA
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	Tier 1	QL (24 mL / 30 days), PA; Max 7 day supply then PA
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	Tier 1	QL (36 mL / 30 days), PA; Max 7 day supply then PA
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	Tier 1	QL (48 mL / 30 days), PA; Max 7 day supply then PA
<i>enoxaparin sodium inj 100 mg/ml</i>	Tier 1	QL (60 mL / 30 days), PA; Max 7 day supply then PA

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

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	Tier 1	QL (48 mL / 30 days), PA; Max 7 day supply then PA
<i>enoxaparin sodium inj 150 mg/ml</i>	Tier 1	QL (60 mL / 30 days), PA; Max 7 day supply then PA
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 1	QL (30 vials / 30 days), PA; Max 7 day supply then PA
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 1	PA
FRAGMIN INJ 2500/0.2 (<i>dalteparin sodium</i>)	Tier 3	PA
FRAGMIN INJ 5000/0.2 (<i>dalteparin sodium</i>)	Tier 3	PA
FRAGMIN INJ 7500/0.3 (<i>dalteparin sodium</i>)	Tier 3	PA
FRAGMIN INJ 10000/ML (<i>dalteparin sodium</i>)	Tier 3	PA
FRAGMIN INJ 12500UNT (<i>dalteparin sodium</i>)	Tier 3	PA
FRAGMIN INJ 15000UNT (<i>dalteparin sodium</i>)	Tier 3	PA
FRAGMIN INJ 18000UNT (<i>dalteparin sodium</i>)	Tier 3	PA
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Tier 1	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 37

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
THROMBIN INHIBITORS		
PRADAXA CAP 75MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	MAIL, PA
PRADAXA CAP 110MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	MAIL, PA
PRADAXA CAP 150MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	MAIL, PA
ANTICONSULTANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB 2MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 4MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 6MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 8MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 10MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 12MG (<i>perampanel</i>)	Tier 3	
ANTICONSULTANTS - 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 1	QL (2 ea / 30 days)
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 1	QL (2 ea / 30 days)
<i>diazepam rectal gel delivery system 20 mg</i>	Tier 1	QL (2 ea / 30 days)
ANTICONSULTANTS - MISC.		
APTIOM TAB 200MG (<i>eslicarbazepine acetate</i>)	Tier 3	MAIL
APTIOM TAB 400MG (<i>eslicarbazepine acetate</i>)	Tier 3	MAIL
APTIOM TAB 600MG (<i>eslicarbazepine acetate</i>)	Tier 3	MAIL
APTIOM TAB 800MG (<i>eslicarbazepine acetate</i>)	Tier 3	MAIL
BANZEL SUS 40MG/ML (<i>rufinamide</i>)	Tier 3	MAIL
BANZEL TAB 200MG (<i>rufinamide</i>)	Tier 3	MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 38

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
BANZEL TAB 400MG (<i>rufinamide</i>)	Tier 3	MAIL
<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1	MAIL
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1	MAIL
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1	MAIL
<i>carbamazepine chew tab 100 mg</i>	Tier 1	MAIL
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1	MAIL
<i>carbamazepine tab 200 mg</i> (Epiitol)	Tier 1	MAIL
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1	MAIL
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1	MAIL
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 1	MAIL
DIACOMIT CAP 250MG (<i>stiripentol</i>)	Tier 3	MAIL, PA
DIACOMIT CAP 500MG (<i>stiripentol</i>)	Tier 3	MAIL, PA
DIACOMIT PAK 250MG (<i>stiripentol</i>)	Tier 3	MAIL, PA
DIACOMIT PAK 500MG (<i>stiripentol</i>)	Tier 3	MAIL, PA
<i>gabapentin cap 100 mg</i>	Tier 1	MAIL
<i>gabapentin cap 300 mg</i>	Tier 1	MAIL
<i>gabapentin cap 400 mg</i>	Tier 1	MAIL
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	MAIL
<i>gabapentin tab 600 mg</i>	Tier 1	MAIL
<i>gabapentin tab 800 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 25 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 100 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 150 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 200 mg</i>	Tier 1	MAIL
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	MAIL
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	MAIL
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	MAIL
<i>levetiracetam tab 250 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 500 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 750 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 1000 mg</i>	Tier 1	MAIL
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 1	MAIL
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 1	MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 39

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
LYRICA CAP 25MG (<i>pregabalin</i>)	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 50MG (<i>pregabalin</i>)	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 75MG (<i>pregabalin</i>)	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 100MG (<i>pregabalin</i>)	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 150MG (<i>pregabalin</i>)	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 200MG (<i>pregabalin</i>)	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 225MG (<i>pregabalin</i>)	Tier 3	QL (60 caps / 30 days), PA
LYRICA CAP 300MG (<i>pregabalin</i>)	Tier 3	QL (60 caps / 30 days), PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 1	MAIL
<i>oxcarbazepine tab 150 mg</i>	Tier 1	MAIL
<i>oxcarbazepine tab 300 mg</i>	Tier 1	MAIL
<i>oxcarbazepine tab 600 mg</i>	Tier 1	MAIL
PREGABALIN CAP 25 MG	Tier 1	QL (90 caps / 30 days), PA
PREGABALIN CAP 50 MG	Tier 1	QL (90 caps / 30 days), PA
PREGABALIN CAP 75 MG	Tier 1	QL (90 caps / 30 days), PA
PREGABALIN CAP 100 MG	Tier 1	QL (90 caps / 30 days), PA
PREGABALIN CAP 150 MG	Tier 1	QL (90 caps / 30 days), PA
PREGABALIN CAP 200 MG	Tier 1	QL (90 caps / 30 days), PA
PREGABALIN CAP 225 MG	Tier 1	QL (60 caps / 30 days), PA
PREGABALIN CAP 300 MG	Tier 1	QL (60 caps / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 40

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 41

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 42

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 43

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<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; AGE (Max 12 years)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>fluoxetine hcl cap 40 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	MAIL; AGE (Max 12 years)
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>paroxetine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	QL (300 mL / 30 days), MAIL
<i>sertraline hcl tab 25 mg</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>sertraline hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 44
 OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 250 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
TRINTELLIX TAB 5MG (<i>vortioxetine hbr</i>)	Tier 3	MAIL, PA
TRINTELLIX TAB 10MG (<i>vortioxetine hbr</i>)	Tier 3	MAIL, PA
TRINTELLIX TAB 20MG (<i>vortioxetine hbr</i>)	Tier 3	MAIL, PA
VIIBRYD KIT STARTER (<i>vilazodone hcl</i>)	Tier 3	PA
VIIBRYD TAB 10MG (<i>vilazodone hcl</i>)	Tier 3	MAIL, PA
VIIBRYD TAB 20MG (<i>vilazodone hcl</i>)	Tier 3	MAIL, PA
VIIBRYD TAB 40MG (<i>vilazodone hcl</i>)	Tier 3	MAIL, PA
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 45

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>FETZIMA CAP 20MG (levomilnacipran hcl)</i>	Tier 3	MAIL, PA
<i>FETZIMA CAP 40MG (levomilnacipran hcl)</i>	Tier 3	MAIL, PA
<i>FETZIMA CAP 80MG (levomilnacipran hcl)</i>	Tier 3	MAIL, PA
<i>FETZIMA CAP 120MG (levomilnacipran hcl)</i>	Tier 3	MAIL, PA
<i>FETZIMA CAP TITRATIO (levomilnacipran hcl)</i>	Tier 3	PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL; AGE (Max 64 years)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 46

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 150 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amoxapine tab 25 mg</i>	Tier 1	MAIL
<i>amoxapine tab 50 mg</i>	Tier 1	MAIL
<i>amoxapine tab 100 mg</i>	Tier 1	MAIL
<i>amoxapine tab 150 mg</i>	Tier 1	MAIL
<i>clomipramine hcl cap 25 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>clomipramine hcl cap 50 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>clomipramine hcl cap 75 mg</i>	Tier 1	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), MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 25 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL; AGE (Max 64 years)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 47

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl cap 50 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 75 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 100 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 150 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL; AGE (Max 64 years)
<i>doxepin hcl conc 10 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 years)
<i>imipramine hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>imipramine hcl tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>imipramine hcl tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<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 1	QL (120 tabs / 30 days), MAIL
<i>protriptyline hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>trimipramine maleate cap 25 mg</i>	Tier 1	MAIL
<i>trimipramine maleate cap 50 mg</i>	Tier 1	MAIL
<i>trimipramine maleate cap 100 mg</i>	Tier 1	MAIL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 48

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
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 1	QL (360 tabs / 30 days), MAIL
<i>miglitol tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>miglitol tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG <i>(pramlintide acetate)</i>	Tier 3	MAIL, PA
SYMLINPEN 120 INJ 1000MCG <i>(pramlintide acetate)</i>	Tier 3	MAIL, PA
ANTIDIABETIC COMBINATIONS		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 49

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
JANUMET TAB 50-500MG (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 50

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
JANUMET TAB 50-1000 (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
JANUMET XR TAB 50-500MG (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
JANUMET XR TAB 50-1000 (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
JANUMET XR TAB 100-1000 (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
JENTADUETO TAB 2.5-500 (<i>linagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
JENTADUETO TAB 2.5-850 (<i>linagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
JENTADUETO TAB 2.5-1000 (<i>linagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 51

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB XR (<i>linagliptin-metformin hcl</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
JENTADUETO TAB XR (<i>linagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
SYNJARDY TAB (<i>empagliflozin-metformin hcl</i>)	Tier 2	MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
SYNJARDY TAB 5-500MG (<i>empagliflozin-metformin hcl</i>)	Tier 2	MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
SYNJARDY TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	Tier 2	MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
SYNJARDY TAB 12.5-500 (<i>empagliflozin-metformin hcl</i>)	Tier 2	MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
SYNJARDY XR TAB (<i>empagliflozin-metformin hcl</i>)	Tier 2	MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
SYNJARDY XR TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	Tier 2	MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
SYNJARDY XR TAB 10-1000 (<i>empagliflozin-metformin hcl</i>)	Tier 2	MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.

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

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TAB 25-1000 (empagliflozin-metformin hcl)	Tier 2	MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
XIGDUO XR TAB 2.5-1000 (dapagliflozin-metformin hcl)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
XIGDUO XR TAB 5-500MG (dapagliflozin-metformin hcl)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
XIGDUO XR TAB 5-1000MG (dapagliflozin-metformin hcl)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
XIGDUO XR TAB 10-500MG (dapagliflozin-metformin hcl)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
XIGDUO XR TAB 10-1000 (dapagliflozin-metformin hcl)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonyleurea or (2) TZD within the past 90 days.
BIGUANIDES		
metformin hcl tab 500 mg	Tier 1	QL (150 tabs / 30 days), MAIL
metformin hcl tab 850 mg	Tier 1	QL (90 tabs / 30 days), MAIL
metformin hcl tab 1000 mg	Tier 1	QL (60 tabs / 30 days), MAIL
metformin hcl tab er 24hr 500 mg	Tier 1	QL (120 tabs / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 53
 OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
metformin hcl tab er 24hr 750 mg	Tier 1	QL (120 tabs / 30 days), MAIL
DIABETIC OTHER		
GLUCAGON KIT 1MG (glucagon (rdna))	Tier 2	QL (2 kits / 30 days)
GNP GLUCOSE CHW ORANGE (dextrose (diabetic use))	Tier 1	OTC
PROGLYCEM SUS 50MG/ML (diazoxide)	Tier 3	MAIL
TGT GLUCOSE CHW GRAPE (glucose-vitamin c)	Tier 1	OTC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin benzoate tab 6.25 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
alogliptin benzoate tab 12.5 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
alogliptin benzoate tab 25 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
JANUVIA TAB 25MG (sitagliptin phosphate)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
JANUVIA TAB 50MG (sitagliptin phosphate)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 54

Tier 1 = Formulary Generics
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PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
JANUVIA TAB 100MG (<i>sitagliptin phosphate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
TRADJENTA TAB 5MG (<i>linagliptin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG (<i>bromocriptine mesylate (diabetes)</i>)	Tier 2	QL (180 tabs / 30 days), MAIL
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ 2/1.5ML (<i>semaglutide</i>)	Tier 2	MAIL, PA
TRULICITY INJ 0.75/0.5 (<i>dulaglutide</i>)	Tier 2	MAIL, PA
TRULICITY INJ 1.5/0.5 (<i>dulaglutide</i>)	Tier 2	MAIL, PA
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	Tier 2	MAIL, PA
INSULIN		
ADMELOG INJ 100U/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
ADMELOG SOLO INJ 100U/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
AFREZZA POW 4-8 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 4-8-12 (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 4UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 8 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 12 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 55

Tier 1 = Formulary Generics
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PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
APIDRA INJ SOLOSTAR (<i>insulin glulisine</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
APIDRA INJ U-100 (<i>insulin glulisine</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
BASAGLAR INJ 100UNIT (<i>insulin glargine</i>)	Tier 2	QL (30 mL / 30 days), MAIL
FIASP FLEX INJ TOUCH (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (5 pens per 30 days), MAIL
FIASP INJ 100/ML (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (3 vials per 30 days), MAIL
FIASP PENFIL INJ U-100 (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (5 pens per 30 days), MAIL
HUMALOG INJ 100/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL (10 cartridges) / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
HUMALOG INJ 100/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
HUMALOG JR INJ 100/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
HUMALOG KWIK INJ 100/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
HUMALOG MIX INJ 50/50 (<i>insulin lispro protamine & lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 56

Tier 1 = Formulary Generics
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PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX INJ 50/50KWP (<i>insulin lispro protamine & lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX INJ 75/25KWP (<i>insulin lispro protamine & lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX SUS 75/25 (<i>insulin lispro protamine & lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMULIN INJ 70/30 (<i>insulin nph isophane & reg (human)</i>)	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin 70/30 within the past 90 days.
HUMULIN INJ 70/30KWP (<i>insulin nph isophane & reg (human)</i>)	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin 70/30 within the past 90 days.
HUMULIN N INJ U-100 (<i>insulin nph (human) (isophane)</i>)	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin N within the past 90 days.
HUMULIN N INJ U-100KWP (<i>insulin nph (human) (isophane)</i>)	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin N within the past 90 days.
HUMULIN R INJ U-100 (<i>insulin regular (human)</i>)	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin R within the past 90 days.
HUMULIN R INJ U-500 (<i>insulin regular (human)</i>)	Tier 3	QL (20 mL / 25 days), MAIL, ST; Prior use of Novolin R within the past 90 days.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 57

Tier 1 = Formulary Generics
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PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
INSULIN LISP INJ 100/ML	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
LEVEMIR INJ (<i>insulin detemir</i>)	Tier 2	QL (30 mL / 30 days), MAIL
LEVEMIR INJ FLEXTOUC (<i>insulin detemir</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLIN INJ 70/30 (<i>insulin nph isophane & reg (human)</i>)	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN INJ FLEXPEN (<i>insulin nph isophane & reg (human)</i>)	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN N INJ U-100 (<i>insulin nph (human) (isophane)</i>)	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN R INJ U-100 (<i>insulin regular (human)</i>)	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLOG INJ 100/ML (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ FLEXPEN (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ PENFILL (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ 70/30 (<i>insulin aspart protamine & aspart (human)</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>)	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA FLEX INJ 100UNIT (<i>insulin degludec</i>)	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA FLEX INJ 200UNIT (<i>insulin degludec</i>)	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA INJ 100UNIT (<i>insulin degludec</i>)	Tier 2	QL (30 mL / 30 days), MAIL
INSULIN SENSITIZING AGENTS		
AVANDIA TAB 2MG (<i>rosiglitazone maleate</i>)	Tier 3	MAIL, PA
AVANDIA TAB 4MG (<i>rosiglitazone maleate</i>)	Tier 3	MAIL, PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 58

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>nateglinide tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>repaglinide tab 1 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>repaglinide tab 2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG (<i>dapagliflozin propanediol</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
FARXIGA TAB 10MG (<i>dapagliflozin propanediol</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
JARDIANCE TAB 10MG (<i>empagliflozin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.
JARDIANCE TAB 25MG (<i>empagliflozin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of (1) metformin AND (2) sulfonylurea or (2) TZD within the past 90 days.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at 59
 mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
SULFONYLUREAS		
<i>chlorpropamide tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>chlorpropamide tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>glimepiride tab 1 mg</i>	Tier 1	MAIL
<i>glimepiride tab 2 mg</i>	Tier 1	MAIL
<i>glimepiride tab 4 mg</i>	Tier 1	MAIL
<i>glipizide tab 5 mg</i>	Tier 1	MAIL
<i>glipizide tab 10 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 1.5 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 3 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 6 mg</i>	Tier 1	MAIL
<i>glyburide tab 1.25 mg</i>	Tier 1	MAIL
<i>glyburide tab 2.5 mg</i>	Tier 1	MAIL
<i>glyburide tab 5 mg</i>	Tier 1	MAIL
<i>tolazamide tab 250 mg</i>	Tier 1	MAIL
<i>tolazamide tab 500 mg</i>	Tier 1	MAIL
<i>tolbutamide tab 500 mg</i>	Tier 1	MAIL

ANTIDIARRHEAL/PROBIOTIC AGENTS**ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.**

<i>bismuth subsalicylate chew tab 262 mg</i> (Gnp Pink Bismuth)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Bismatrol)	Tier 1	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i> (Cvs Bismuth Maximum Stren)	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg</i> (Sm Stomach Relief)	Tier 1	OTC

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 60

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine tab 2.5-0.025 mg	Tier 1	
loperamide hcl cap 2 mg (Gnp Anti-diarrheal)	Tier 1	OTC
loperamide hcl liq 1 mg/5ml (0.2 mg/ml) (Anti-diarrheal)	Tier 1	OTC
loperamide hcl liq 1 mg/7.5ml	Tier 1	OTC
loperamide hcl tab 2 mg (Cvs Anti-diarrheal)	Tier 1	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG (succimer)	Tier 3	PA
deferasirox tab for oral susp 125 mg	Tier 1	PA
deferasirox tab for oral susp 250 mg	Tier 1	PA
deferasirox tab for oral susp 500 mg	Tier 1	PA
FERRIPROX TAB 500MG (deferiprone)	Tier 3	PA
OPIOID ANTAGONISTS		
naloxone hcl soln cartridge 0.4 mg/ml	Tier 1	
naloxone hcl soln prefilled syringe 2 mg/2ml	Tier 1	
naltrexone hcl tab 50 mg	Tier 1	QL (60 tabs / 30 days)
NARCAN SPR (naloxone hcl)	Tier 2	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TAB 50MG (dolasetron mesylate)	Tier 3	PA
ANZEMET TAB 100MG (dolasetron mesylate)	Tier 3	PA
granisetron hcl tab 1 mg	Tier 1	QL (60 tabs / 30 days)
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	Tier 1	
ondansetron hcl oral soln 4 mg/5ml	Tier 1	QL (50 mL / 30 days); AGE (Max 12 years)
ondansetron hcl tab 4 mg	Tier 1	QL (90 tabs / 30 days)
ondansetron hcl tab 8 mg	Tier 1	QL (90 tabs / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 61

Tier 1 = Formulary Generics
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PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
ondansetron orally disintegrating tab 4 mg	Tier 1	QL (90 tabs / 30 days)
ondansetron orally disintegrating tab 8 mg	Tier 1	QL (90 tabs / 30 days)
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)	Tier 1	PA
ANTIEMETICS - ANTICHOLINERGIC		
dimenhydrinate tab 50 mg (Cvs Motion Sickness)	Tier 1	OTC
meclizine hcl chew tab 25 mg (Cvs Motion Sickness Relie)	Tier 1	OTC, QL (120 tabs / 30 days)
meclizine hcl tab 12.5 mg	Tier 1	QL (120 tabs / 30 days)
meclizine hcl tab 25 mg	Tier 1	QL (120 tabs / 30 days)
scopolamine td patch 72hr 1 mg/3days	Tier 1	PA
trimethobenzamide hcl cap 300 mg	Tier 1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5 (netupitant-palonosetron)	Tier 3	PA
CESAMET CAP 1MG (nabilone)	Tier 3	PA
dronabinol cap 2.5 mg	Tier 1	PA
dronabinol cap 5 mg	Tier 1	PA
dronabinol cap 10 mg	Tier 1	PA
fructose-dextrose-phosphoric acid oral soln (Cvs Nausea Relief)	Tier 1	OTC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	Tier 1	PA
aprepitant capsule 80 mg	Tier 1	PA
aprepitant capsule 125 mg	Tier 1	PA
aprepitant capsule therapy pack 80 & 125 mg	Tier 1	PA
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine cap 250 mg	Tier 1	PA
flucytosine cap 500 mg	Tier 1	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 62

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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 63

Tier 1 = Formulary Generics
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PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
<i>clemastine fumarate tab 2.68 mg</i>	Tier 1	
<i>diphenhydramine hcl cap 25 mg</i> (Pharbedryl)	Tier 1	OTC
<i>diphenhydramine hcl cap 50 mg</i>	Tier 1	OTC
<i>diphenhydramine hcl chew tab 12.5 mg</i> (Gnp Allergy Relief)	Tier 1	OTC; AGE (Max 12 years)
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>diphenhydramine hcl inj 50 mg/ml</i>	Tier 1	
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> (Cvs Allergy Relief Childr)	Tier 1	OTC; AGE (Max 12 years)
<i>diphenhydramine hcl tab 25 mg</i>	Tier 1	OTC
<i>diphenhydramine hcl tab disint 12.5 mg</i> (Wal-dryl Allergy Relief C)	Tier 1	OTC
ANTI-HISTAMINES - NON-SEDATING		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Tier 1	QL (300 mL / 30 days); AGE (Max 12 years)
<i>cetirizine hcl tab 5 mg</i>	Tier 1	OTC, QL (30 tabs / 30 days)
<i>cetirizine hcl tab 10 mg</i> (Ra Cetirizine)	Tier 1	OTC, QL (30 tabs / 30 days)
<i>desloratadine tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>fexofenadine hcl tab 60 mg</i>	Tier 1	OTC, QL (60 tabs / 30 days)
<i>fexofenadine hcl tab 180 mg</i>	Tier 1	OTC, QL (30 tabs / 30 days)
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Tier 1	QL (300 mL / 30 days); AGE (Max 12 years)
<i>levocetirizine dihydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>loratadine rapidly-disintegrating tab 10 mg</i> (Wal-itin Aller-melts)	Tier 1	OTC, QL (30 tabs / 30 days)
<i>loratadine syrup 5 mg/5ml</i> (Gnp Loratadine)	Tier 1	OTC, QL (300 mL / 30 days); AGE (Max 12 years)
<i>loratadine tab 10 mg</i> (Allergy Relief)	Tier 1	OTC, QL (30 tabs / 30 days)

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

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
ANTI-HISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl inj 25 mg/ml</i>	Tier 1	
<i>promethazine hcl suppos 12.5 mg</i>	Tier 1	AGE (Min 2 years, Max 64 years)
<i>promethazine hcl suppos 25 mg</i>	Tier 1	AGE (Min 2 years, Max 64 years)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Tier 1	AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 25 mg</i>	Tier 1	AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 50 mg</i>	Tier 1	AGE (Min 2 years, Max 64 years)
ANTI-HISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	AGE (Max 64 years)
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	AGE (Max 64 years)
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 1	MAIL, PA
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 1	MAIL, PA
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 1	MAIL, PA
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 1	MAIL, PA
ANTIHYPERLIPIDEMICS - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 1	QL (120 caps / 30 days), MAIL
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	QL (240 gm / 30 days), MAIL
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	QL (378 gm / 30 days), MAIL
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 1	QL (30 packets / 30 days), MAIL
<i>colesevelam hcl tab 625 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 65

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl tab 1 gm</i>	Tier 1	QL (480 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>choline fenofibrate cap dr 135 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	QL (30 tabs / 30 days), 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 (45 tabs / 30 days), MAIL; Prev for ages 40- 75, otherwise Tier 1
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40- 75, otherwise Tier 1
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Tier 1	QL (45 tabs / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 66

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	PREV	QL (30 caps / 30 days), MAIL, ST; Prev for ages 40-75, otherwise Tier 1; Prior use of TWO of the following within the past 90 days: atorvastatin, lovastatin, pravastatin, simvastatin
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	PREV	QL (30 caps / 30 days), MAIL, ST; Prev for ages 40-75, otherwise Tier 1; Prior use of TWO of the following within the past 90 days: atorvastatin, lovastatin, pravastatin, simvastatin
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	PREV	QL (30 tabs / 30 days), MAIL, ST; Prev for ages 40-75, otherwise Tier 1; Prior use of TWO of the following within the past 90 days: atorvastatin, lovastatin, pravastatin, simvastatin
<i>lovastatin tab 10 mg</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40- 75, otherwise Tier 1
<i>lovastatin tab 20 mg</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40- 75, otherwise Tier 1
<i>lovastatin tab 40 mg</i>	PREV	QL (60 tabs / 30 days), MAIL; Prev for ages 40- 75, otherwise Tier 1
<i>pravastatin sodium tab 10 mg</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40- 75, otherwise Tier 1

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine 67
EQ Dose per day

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tab 20 mg</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>pravastatin sodium tab 40 mg</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>pravastatin sodium tab 80 mg</i>	PREV	QL (30 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>rosuvastatin calcium tab 5 mg</i>	PREV	QL (45 tabs / 30 days), MAIL, ST; Prev for ages 40-75, otherwise Tier 1; Prior use of TWO of the following within the past 90 days: atorvastatin, lovastatin, pravastatin, simvastatin
<i>rosuvastatin calcium tab 10 mg</i>	PREV	QL (45 tabs / 30 days), MAIL, ST; Prev for ages 40-75, otherwise Tier 1; Prior use of TWO of the following within the past 90 days: atorvastatin, lovastatin, pravastatin, simvastatin
<i>rosuvastatin calcium tab 20 mg</i>	Tier 1	QL (45 tabs / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: atorvastatin, lovastatin, pravastatin, simvastatin
<i>rosuvastatin calcium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: atorvastatin, lovastatin, pravastatin, simvastatin

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 68

Tier 1 = Formulary Generics
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 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tab 5 mg</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>simvastatin tab 10 mg</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>simvastatin tab 20 mg</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>simvastatin tab 40 mg</i>	PREV	QL (30 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: atorvastatin, lovastatin, pravastatin, simvastatin
NICOTINIC ACID DERIVATIVES		
<i>niacin (antihyperlipidemic) tab 500 mg (Niacor)</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 1	QL (120 tabs / 30 days), MAIL
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML (<i>evolocumab</i>)	Tier 3	PA
REPATHA PUSH INJ 420/3.5 (<i>evolocumab</i>)	Tier 3	PA
REPATHA SURE INJ 140MG/ML (<i>evolocumab</i>)	Tier 3	PA
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>benazepril hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 69

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<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 tabs / 30 days), MAIL
<i>enalapril maleate tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>enalapril maleate tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>enalapril maleate tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fosinopril sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fosinopril sodium tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fosinopril sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at 70
mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine
EQ Dose per day

Tier 1 = Formulary Generics
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PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
<i>moexipril hcl tab 7.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>moexipril hcl tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>perindopril erbumine tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>perindopril erbumine tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>perindopril erbumine tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>quinapril hcl tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril hcl tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril hcl tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril hcl tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>ramipril cap 1.25 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>ramipril cap 2.5 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>ramipril cap 5 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>ramipril cap 10 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>trandolapril tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>trandolapril tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>trandolapril tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 71

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of olmesartan, valsartan, or valsartan/hctz in the past 90 days.
<i>candesartan cilexetil tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of olmesartan, valsartan, or valsartan/hctz in the past 90 days.
<i>candesartan cilexetil tab 16 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of olmesartan, valsartan, or valsartan/hctz in the past 90 days.
<i>candesartan cilexetil tab 32 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of olmesartan, valsartan, or valsartan/hctz in the past 90 days.
EDARBI TAB 40MG (<i>azilsartan medoxomil</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of olmesartan, valsartan, or valsartan/hctz in the past 90 days.
EDARBI TAB 80MG (<i>azilsartan medoxomil</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of olmesartan, valsartan, or valsartan/hctz in the past 90 days.
<i>eprosartan mesylate tab 600 mg</i>	Tier 1	QL (45 tabs / 30 days), MAIL, ST; Prior use of olmesartan, valsartan, or valsartan/hctz in the past 90 days.
<i>irbesartan tab 75 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 72

Tier 1 = Formulary Generics
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PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan tab 150 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>irbesartan tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium tab 25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium tab 50 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium tab 100 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
<i>olmesartan medoxomil tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
<i>olmesartan medoxomil tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
<i>telmisartan tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of olmesartan, valsartan, or valsartan/hctz in the past 90 days.
<i>telmisartan tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of olmesartan, valsartan, or valsartan/hctz in the past 90 days.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 73

Tier 1 = Formulary Generics
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PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan tab 80 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of olmesartan, valsartan, or valsartan/hctz in the past 90 days.
<i>valsartan tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
<i>valsartan tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
<i>valsartan tab 160 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
<i>valsartan tab 320 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 74

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>guanfacine hcl tab 1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>guanfacine hcl tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>methyldopa tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>methyldopa tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>prazosin hcl cap 1 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>prazosin hcl cap 2 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>prazosin hcl cap 5 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days), MAIL
ANTIHYPERTENSIVE COMBINATIONS		
<i>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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 75
mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
EQ Dose per day

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 76

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<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	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 77

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide tab 320-25 mg	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of irbesartan, losartan, irbesartan/hctz, losartan/hctz within the past 90 days.
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG (mecamylamine hcl)	Tier 3	MAIL
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days), MAIL, PA
aliskiren fumarate tab 300 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days), MAIL, PA
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	Tier 1	QL (120 tabs / 30 days), MAIL
eplerenone tab 50 mg	Tier 1	QL (60 tabs / 30 days), MAIL
VASODILATORS		
hydralazine hcl tab 10 mg	Tier 1	MAIL
hydralazine hcl tab 25 mg	Tier 1	MAIL
hydralazine hcl tab 50 mg	Tier 1	MAIL
hydralazine hcl tab 100 mg	Tier 1	MAIL
minoxidil tab 2.5 mg	Tier 1	MAIL
minoxidil tab 10 mg	Tier 1	MAIL
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	Tier 1	QL (30 tabs / 30 days)
atovaquone-proguanil hcl tab 250-100 mg	Tier 1	QL (30 tabs / 30 days)
COARTEM TAB 20-120MG (artemether-lumefantrine)	Tier 3	
ANTIMALARIALS		
chloroquine phosphate tab 250 mg	Tier 1	QL (20 tabs / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 78
 OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	QL (10 tabs / 30 days)
DARAPRIM TAB 25MG (<i>pyrimethamine</i>)	Tier 3	QL (120 tabs / 30 days), PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (6 tabs / 30 days)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	QL (21 tabs / 30 days), PA
<i>quinine sulfate cap 324 mg</i>	Tier 1	QL (30 caps / 30 days)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
GUANIDINE TAB 125MG	Tier 2	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	QL (180 tabs / 30 days)
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFATER TAB (<i>isoniazid-rifampin w/ pyrazinamide</i>)	Tier 3	
ANTIMYCOBACTERIAL AGENTS		
CAPASTAT SUL INJ 1GM (<i>capreomycin sulfate</i>)	Tier 3	
<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	
PASER GRA 4GM (<i>aminosalicylic acid</i>)	Tier 3	
PRIFTIN TAB 150MG (<i>rifapentine</i>)	Tier 2	QL (32 tabs / 30 days)
<i>pyrazinamide tab 500 mg</i>	Tier 1	
<i>rifabutin cap 150 mg</i>	Tier 1	
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	
SIRTURO TAB 100MG (<i>bedaquiline fumarate</i>)	Tier 3	
TRECTOR TAB 250MG (<i>ethionamide</i>)	Tier 3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 79

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>cyclophosphamide cap 25 mg</i>	Tier 1	PA
<i>cyclophosphamide cap 50 mg</i>	Tier 1	PA
GLEOSTINE CAP 10MG (<i>lomustine</i>)	Tier 3	PA
GLEOSTINE CAP 40MG (<i>lomustine</i>)	Tier 3	PA
GLEOSTINE CAP 100MG (<i>lomustine</i>)	Tier 3	PA
LEUKERAN TAB 2MG (<i>chlorambucil</i>)	Tier 3	PA
<i>melphalan hcl for inj 50 mg (base equiv)</i>	Tier 1	PA
<i>melphalan tab 2 mg</i>	Tier 1	PA
<i>temozolomide cap 5 mg</i>	Tier 1	PA
<i>temozolomide cap 20 mg</i>	Tier 1	PA
<i>temozolomide cap 100 mg</i>	Tier 1	PA
<i>temozolomide cap 140 mg</i>	Tier 1	PA
<i>temozolomide cap 180 mg</i>	Tier 1	PA
<i>temozolomide cap 250 mg</i>	Tier 1	PA

ANTIMETABOLITES

<i>capecitabine tab 150 mg</i>	Tier 1	PA
<i>capecitabine tab 500 mg</i>	Tier 1	PA
<i>fludarabine phosphate inj 25 mg/ml</i>	Tier 1	
<i>mercaptopurine tab 50 mg</i>	Tier 1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1	MAIL
TABLOID TAB 40MG (<i>thioguanine</i>)	Tier 3	PA

ANTINEOPLASTIC - ANTIBODIES

RITUXAN INJ 100MG (<i>rituximab</i>)	Tier 3	PA
RITUXAN INJ 500MG (<i>rituximab</i>)	Tier 3	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 80

Tier 1 = Formulary Generics
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 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
TRUXIMA INJ 100/10ML (<i>rituximab-abbs</i>)	Tier 3	MAIL, PA
TRUXIMA INJ 500/50ML (<i>rituximab-abbs</i>)	Tier 3	MAIL, PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	Tier 3	PA
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	Tier 3	PA
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	Tier 1	PA
<i>anastrozole tab 1 mg</i>	Tier 1	MAIL
<i>bicalutamide tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days)
ELIGARD INJ 7.5MG (<i>leuprolide acetate</i>)	Tier 3	PA
ELIGARD INJ 22.5MG (<i>leuprolide acetate (3 month)</i>)	Tier 3	PA
EMCYT CAP 140MG (<i>estramustine phosphate sodium</i>)	Tier 3	PA
<i>exemestane tab 25 mg</i>	Tier 1	MAIL, PA
FIRMAGON INJ 80MG (<i>degarelix acetate</i>)	Tier 3	PA
<i>flutamide cap 125 mg</i>	Tier 1	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	Tier 1	PA
<i>letrozole tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 1	PA
LUPRON DEPOT INJ 3.75MG (<i>leuprolide acetate</i>)	Tier 3	PA
LUPRON DEPOT INJ 7.5MG (<i>leuprolide acetate</i>)	Tier 3	PA
LUPRON DEPOT INJ 11.25MG (<i>leuprolide acetate (3 month)</i>)	Tier 3	PA
LUPRON DEPOT INJ 22.5MG (<i>leuprolide acetate (3 month)</i>)	Tier 3	PA
LYSODREN TAB 500MG (<i>mitotane</i>)	Tier 3	PA
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	
<i>megestrol acetate tab 20 mg</i>	Tier 1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 81

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate tab 40 mg</i>	Tier 1	
<i>nilutamide tab 150 mg</i>	Tier 1	PA
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	PREV	MAIL; Prev for ages 35 and over, otherwise Tier 1
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	PREV	MAIL; Prev for ages 35 and over, otherwise Tier 1
TRELSTAR MIX INJ 3.75MG (<i>triptorelin pamoate</i>)	Tier 3	PA
TRELSTAR MIX INJ 11.25MG (<i>triptorelin pamoate</i>)	Tier 3	PA
ZOLADEX IMP 3.6MG (<i>goserelin acetate</i>)	Tier 3	PA
ZOLADEX IMP 10.8MG (<i>goserelin acetate</i>)	Tier 3	PA
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG (<i>pomalidomide</i>)	Tier 3	PA
POMALYST CAP 2MG (<i>pomalidomide</i>)	Tier 3	PA
POMALYST CAP 3MG (<i>pomalidomide</i>)	Tier 3	PA
POMALYST CAP 4MG (<i>pomalidomide</i>)	Tier 3	PA
ANTINEOPLASTIC ANTIBIOTICS		
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	Tier 1	PA
ANTINEOPLASTIC COMBINATIONS		
LONSURF TAB 15-6.14 (<i>trifluridine-tipiracil</i>)	Tier 3	PA
LONSURF TAB 20-8.19 (<i>trifluridine-tipiracil</i>)	Tier 3	PA
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG (<i>everolimus</i>)	Tier 3	PA
AFINITOR DIS TAB 3MG (<i>everolimus</i>)	Tier 3	PA
AFINITOR DIS TAB 5MG (<i>everolimus</i>)	Tier 3	PA
AFINITOR TAB 2.5MG (<i>everolimus</i>)	Tier 3	PA
AFINITOR TAB 5MG (<i>everolimus</i>)	Tier 3	PA
AFINITOR TAB 7.5MG (<i>everolimus</i>)	Tier 3	PA
AFINITOR TAB 10MG (<i>everolimus</i>)	Tier 3	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 82

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
ALECENSA CAP 150MG (<i>alectinib hcl</i>)	Tier 3	PA
BRUKINSA CAP 80MG (<i>zanubrutinib</i>)	Tier 3	MAIL, PA
CAPRELSA TAB 100MG (<i>vandetanib</i>)	Tier 3	PA
CAPRELSA TAB 300MG (<i>vandetanib</i>)	Tier 3	PA
COMETRIQ KIT 60MG (<i>cabozantinib s-malate</i>)	Tier 3	PA
COMETRIQ KIT 100MG (<i>cabozantinib s-malate</i>)	Tier 3	PA
COMETRIQ KIT 140MG (<i>cabozantinib s-malate</i>)	Tier 3	PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 3	PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 3	PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 3	PA
<i>everolimus tab 2.5 mg</i>	Tier 3	PA
<i>everolimus tab 5 mg</i>	Tier 3	PA
<i>everolimus tab 7.5 mg</i>	Tier 3	PA
FARYDAK CAP 10MG (<i>panobinostat lactate</i>)	Tier 3	PA
FARYDAK CAP 15MG (<i>panobinostat lactate</i>)	Tier 3	PA
FARYDAK CAP 20MG (<i>panobinostat lactate</i>)	Tier 3	PA
GILOTRIF TAB 20MG (<i>afatinib dimaleate</i>)	Tier 3	PA
GILOTRIF TAB 30MG (<i>afatinib dimaleate</i>)	Tier 3	PA
GILOTRIF TAB 40MG (<i>afatinib dimaleate</i>)	Tier 3	PA
IBRANCE CAP 75MG (<i>palbociclib</i>)	Tier 3	PA
IBRANCE CAP 100MG (<i>palbociclib</i>)	Tier 3	PA
IBRANCE CAP 125MG (<i>palbociclib</i>)	Tier 3	PA
ICLUSIG TAB 15MG (<i>ponatinib hcl</i>)	Tier 3	PA
ICLUSIG TAB 45MG (<i>ponatinib hcl</i>)	Tier 3	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 83

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 1	PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 1	PA
IMBRUVICA CAP 140MG (<i>ibrutinib</i>)	Tier 3	PA
JAKAFI TAB 5MG (<i>ruxolitinib phosphate</i>)	Tier 3	PA
JAKAFI TAB 10MG (<i>ruxolitinib phosphate</i>)	Tier 3	PA
JAKAFI TAB 15MG (<i>ruxolitinib phosphate</i>)	Tier 3	PA
JAKAFI TAB 20MG (<i>ruxolitinib phosphate</i>)	Tier 3	PA
JAKAFI TAB 25MG (<i>ruxolitinib phosphate</i>)	Tier 3	PA
LENVIMA CAP 4MG (<i>lenvatinib mesylate</i>)	Tier 3	PA
LENVIMA CAP 8 MG (<i>lenvatinib mesylate</i>)	Tier 3	PA
LENVIMA CAP 10 MG (<i>lenvatinib mesylate</i>)	Tier 3	PA
LENVIMA CAP 12MG (<i>lenvatinib mesylate</i>)	Tier 3	PA
LENVIMA CAP 14 MG (<i>lenvatinib mesylate</i>)	Tier 3	PA
LENVIMA CAP 18 MG (<i>lenvatinib mesylate</i>)	Tier 3	PA
LENVIMA CAP 20 MG (<i>lenvatinib mesylate</i>)	Tier 3	PA
LENVIMA CAP 24 MG (<i>lenvatinib mesylate</i>)	Tier 3	PA
MEKINIST TAB 0.5MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 3	PA
MEKINIST TAB 2MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 3	PA
NEXAVAR TAB 200MG (<i>sorafenib tosylate</i>)	Tier 3	PA
SPRYCEL TAB 20MG (<i>dasatinib</i>)	Tier 3	PA
SPRYCEL TAB 50MG (<i>dasatinib</i>)	Tier 3	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 84

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TAB 70MG (dasatinib)	Tier 3	PA
SPRYCEL TAB 80MG (dasatinib)	Tier 3	PA
SPRYCEL TAB 100MG (dasatinib)	Tier 3	PA
SPRYCEL TAB 140MG (dasatinib)	Tier 3	PA
STIVARGA TAB 40MG (regorafenib)	Tier 3	PA
SUTENT CAP 12.5MG (sunitinib malate)	Tier 3	PA
SUTENT CAP 25MG (sunitinib malate)	Tier 3	PA
SUTENT CAP 37.5MG (sunitinib malate)	Tier 3	PA
SUTENT CAP 50MG (sunitinib malate)	Tier 3	PA
TAFINLAR CAP 50MG (dabrafenib mesylate)	Tier 3	PA
TAFINLAR CAP 75MG (dabrafenib mesylate)	Tier 3	PA
TAGRISSE TAB 40MG (osimertinib mesylate)	Tier 3	PA
TAGRISSE TAB 80MG (osimertinib mesylate)	Tier 3	PA
TARCEVA TAB 25MG (erlotinib hcl)	Tier 3	PA
TARCEVA TAB 100MG (erlotinib hcl)	Tier 3	PA
TARCEVA TAB 150MG (erlotinib hcl)	Tier 3	PA
TASIGNA CAP 50MG (nilotinib hcl)	Tier 3	PA
TASIGNA CAP 150MG (nilotinib hcl)	Tier 3	PA
TASIGNA CAP 200MG (nilotinib hcl)	Tier 3	PA
TYKERB TAB 250MG (lapatinib ditosylate)	Tier 3	PA
VOTRIENT TAB 200MG (pazopanib hcl)	Tier 3	PA
XALKORI CAP 200MG (crizotinib)	Tier 3	PA
XALKORI CAP 250MG (crizotinib)	Tier 3	PA
ZEJULA CAP 100MG (niraparib tosylate)	Tier 3	PA
ZOLINZA CAP 100MG (vorinostat)	Tier 3	PA
ZYDELIG TAB 100MG (idelalisib)	Tier 3	PA
ZYDELIG TAB 150MG (idelalisib)	Tier 3	PA
ZYKADIA CAP 150MG (ceritinib)	Tier 3	PA
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5 (interferon gamma-1b)	Tier 3	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 85

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene cap 75 mg</i>	Tier 1	PA
<i>hydroxyurea cap 500 mg</i>	Tier 1	
INTRON A INJ 10MU (<i>interferon alfa-2b</i>)	Tier 3	PA
INTRON A INJ 18MU (<i>interferon alfa-2b</i>)	Tier 3	PA
INTRON A INJ 25MU (<i>interferon alfa-2b</i>)	Tier 3	PA
INTRON A INJ 50MU (<i>interferon alfa-2b</i>)	Tier 3	PA
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	Tier 3	PA
<i>tretinoin cap 10 mg</i>	Tier 1	PA
CHEMOTHERAPY ADJUNCTS		
KEPIVANCE INJ 6.25MG (<i>palifermin</i>)	Tier 3	PA
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
<i>leucovorin calcium tab 5 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 10 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 15 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 25 mg</i>	Tier 1	MAIL
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	Tier 1	PA
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	Tier 1	PA
TOPOISOMERASE I INHIBITORS		
<i>topotecan hcl for inj 4 mg (base equiv)</i>	Tier 1	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUVANTS		
<i>carbidopa tab 25 mg</i>	Tier 1	MAIL
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 1 mg</i>	Tier 1	MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 2 mg</i>	Tier 1	MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	MAIL; AGE (Max 64 years)

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

86

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 87

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>NEUPRO DIS 1MG/24HR (rotigotine)</i>	Tier 3	MAIL, PA
<i>NEUPRO DIS 2MG/24HR (rotigotine)</i>	Tier 3	MAIL, PA
<i>NEUPRO DIS 3MG/24HR (rotigotine)</i>	Tier 3	MAIL, PA
<i>NEUPRO DIS 4MG/24HR (rotigotine)</i>	Tier 3	MAIL, PA
<i>NEUPRO DIS 6MG/24HR (rotigotine)</i>	Tier 3	MAIL, PA
<i>NEUPRO DIS 8MG/24HR (rotigotine)</i>	Tier 3	MAIL, PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	MAIL
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>selegiline hcl cap 5 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>selegiline hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 88
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate cap 150 mg</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>lithium carbonate cap 300 mg</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>lithium carbonate cap 600 mg</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>lithium carbonate tab 300 mg</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>lithium carbonate tab er 300 mg</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>lithium carbonate tab er 450 mg</i>	Tier 1	MAIL; AGE (Min 6 years)
LITHIUM SOL 8MEQ/5ML	Tier 1	MAIL; AGE (Min 6 years)
ANTIPSYCHOTICS - MISC.		
LATUDA TAB 20MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
LATUDA TAB 40MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
LATUDA TAB 60MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
LATUDA TAB 80MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
LATUDA TAB 120MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
VRAYLAR CAP 1.5MG (<i>cariprazine hcl</i>)	Tier 3	MAIL, PA
VRAYLAR CAP 3MG (<i>cariprazine hcl</i>)	Tier 3	MAIL, PA
VRAYLAR CAP 4.5MG (<i>cariprazine hcl</i>)	Tier 3	MAIL, PA
VRAYLAR CAP 6MG (<i>cariprazine hcl</i>)	Tier 3	MAIL, PA
<i>ziprasidone hcl cap 20 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 40 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 60 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 80 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
BENZISOXAZOLES		
FANAPT PAK (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 1MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 2MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 4MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 6MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 8MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 10MG (<i>iloperidone</i>)	Tier 3	MAIL, PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 89

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
FANAPT TAB 12MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
INVEGA SUST INJ 39/0.25 (<i>paliperidone palmitate</i>)	Tier 3	QL (0.25 mL / 30 days), MAIL; AGE (Min 6 years)
INVEGA SUST INJ 78/0.5ML (<i>paliperidone palmitate</i>)	Tier 3	QL (0.5 mL / 30 days), MAIL; AGE (Min 6 years)
INVEGA SUST INJ 117/0.75 (<i>paliperidone palmitate</i>)	Tier 3	QL (0.75 mL / 30 days), MAIL; AGE (Min 6 years)
INVEGA SUST INJ 156MG/ML (<i>paliperidone palmitate</i>)	Tier 3	QL (1 mL / 30 days), MAIL; AGE (Min 6 years)
INVEGA SUST INJ 234/1.5 (<i>paliperidone palmitate</i>)	Tier 3	QL (1.5 mL / 30 days), MAIL; AGE (Min 6 years)
INVEGA TRINZ INJ 273MG (<i>paliperidone palmitate</i>)	Tier 3	QL (0.875 mL / 90 days), MAIL; AGE (Min 6 years)
INVEGA TRINZ INJ 410MG (<i>paliperidone palmitate</i>)	Tier 3	QL (1.315 mL / 90 days), MAIL; AGE (Min 6 years)
INVEGA TRINZ INJ 546MG (<i>paliperidone palmitate</i>)	Tier 3	QL (1.75 mL / 90 days), MAIL; AGE (Min 6 years)
INVEGA TRINZ INJ 819MG (<i>paliperidone palmitate</i>)	Tier 3	QL (2.65 mL / 90 days), MAIL; AGE (Min 6 years)
<i>paliperidone tab er 24hr 1.5 mg</i>	Tier 1	MAIL, PA
<i>paliperidone tab er 24hr 3 mg</i>	Tier 1	MAIL, PA
<i>paliperidone tab er 24hr 6 mg</i>	Tier 1	MAIL, PA
<i>paliperidone tab er 24hr 9 mg</i>	Tier 1	MAIL, PA
RISPERDAL INJ 12.5MG (<i>risperidone microspheres</i>)	Tier 3	QL (2 mL / 30 days); AGE (Min 6 years)
RISPERDAL INJ 25MG (<i>risperidone microspheres</i>)	Tier 3	QL (2 mL / 30 days); AGE (Min 6 years)
RISPERDAL INJ 37.5MG (<i>risperidone microspheres</i>)	Tier 3	QL (2 mL / 30 days); AGE (Min 6 years)
RISPERDAL INJ 50MG (<i>risperidone microspheres</i>)	Tier 3	QL (2 mL / 30 days); AGE (Min 6 years)
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 1	QL (60 ea / 30 days), MAIL; AGE (Min 5 years)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone soln 1 mg/ml</i>	Tier 1	QL (480 mL / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 0.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 0.25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 3 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 4 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL; AGE (Min 5 years)

BUTYROPHENONES

<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1	AGE (Min 6 years)
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1	AGE (Min 6 years)
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	AGE (Min 6 years)
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>haloperidol tab 0.5 mg</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>haloperidol tab 1 mg</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>haloperidol tab 2 mg</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>haloperidol tab 5 mg</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>haloperidol tab 10 mg</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>haloperidol tab 20 mg</i>	Tier 1	MAIL; AGE (Min 6 years)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 91

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Drug Name	Drug Tier	Requirements/Limits
<i>DIBENZAPINES</i>		
<i>clozapine tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days); AGE (Min 6 years)
<i>loxapine succinate cap 5 mg</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 10 mg</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 25 mg</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 50 mg</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>olanzapine tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>olanzapine tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>olanzapine tab 7.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>olanzapine tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>olanzapine tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>olanzapine tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 400 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 92

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Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate tab er 24hr 50 mg	Tier 1	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
quetiapine fumarate tab er 24hr 150 mg	Tier 1	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
quetiapine fumarate tab er 24hr 200 mg	Tier 1	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
quetiapine fumarate tab er 24hr 300 mg	Tier 1	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
quetiapine fumarate tab er 24hr 400 mg	Tier 1	QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
SAPHRIS SUB 2.5MG (asenapine maleate)	Tier 2	MAIL, PA
SAPHRIS SUB 5MG (asenapine maleate)	Tier 2	MAIL, PA
SAPHRIS SUB 10MG (asenapine maleate)	Tier 2	MAIL, PA
ZYPREXA RELP INJ 210MG (olanzapine pamoate)	Tier 3	QL (2 mL / 30 days); AGE (Min 6 years)
ZYPREXA RELP INJ 300MG (olanzapine pamoate)	Tier 3	QL (2 mL / 30 days); AGE (Min 6 years)
ZYPREXA RELP INJ 405MG (olanzapine pamoate)	Tier 3	QL (1 mL / 30 days); AGE (Min 6 years)

PHENOTHIAZINES

chlorpromazine hcl tab 10 mg	Tier 1	MAIL; AGE (Min 6 years)
chlorpromazine hcl tab 25 mg	Tier 1	MAIL; AGE (Min 6 years)
chlorpromazine hcl tab 50 mg	Tier 1	MAIL; AGE (Min 6 years)
chlorpromazine hcl tab 100 mg	Tier 1	MAIL; AGE (Min 6 years)
chlorpromazine hcl tab 200 mg	Tier 1	MAIL; AGE (Min 6 years)
fluphenazine decanoate inj 25 mg/ml	Tier 1	AGE (Min 6 years)
fluphenazine hcl inj 2.5 mg/ml	Tier 1	
fluphenazine hcl tab 1 mg	Tier 1	MAIL; AGE (Min 6 years)
fluphenazine hcl tab 2.5 mg	Tier 1	MAIL; AGE (Min 6 years)
fluphenazine hcl tab 5 mg	Tier 1	MAIL; AGE (Min 6 years)
fluphenazine hcl tab 10 mg	Tier 1	MAIL; AGE (Min 6 years)
perphenazine tab 2 mg	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
perphenazine tab 4 mg	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine 93
EQ Dose per day

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Tier 3 = Formulary Non-Preferred Brands
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Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine tab 8 mg</i>	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
<i>perphenazine tab 16 mg</i>	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>prochlorperazine suppos 25 mg</i>	Tier 1	AGE (Min 6 years)
<i>thioridazine hcl tab 10 mg</i>	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 25 mg</i>	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 50 mg</i>	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 100 mg</i>	Tier 1	MAIL; AGE (Min 6 years, Max 64 years)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1	MAIL; AGE (Min 6 years)
QUINOLINONE DERIVATIVES		
<i>ABILIFY MAIN INJ 300MG (aripiprazole)</i>	Tier 2	QL (1 ea / 30 days), MAIL; AGE (Min 6 years)
<i>ABILIFY MAIN INJ 400MG (aripiprazole)</i>	Tier 2	QL (1 ea / 30 days), MAIL; AGE (Min 6 years)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	MAIL, PA
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA

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PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA
ARISTADA INJ 441MG/1. (<i>aripiprazole lauroxil</i>)	Tier 2	QL (1.6 mL / 30 days), MAIL; AGE (Min 6 years)
ARISTADA INJ 662MG/2 (<i>aripiprazole lauroxil</i>)	Tier 2	QL (2.4 mL / 30 days), MAIL; AGE (Min 6 years)
ARISTADA INJ 882MG/3 (<i>aripiprazole lauroxil</i>)	Tier 2	QL (3.2 mL / 30 days), MAIL; AGE (Min 6 years)
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>thiothixene cap 2 mg</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>thiothixene cap 5 mg</i>	Tier 1	MAIL; AGE (Min 6 years)
<i>thiothixene cap 10 mg</i>	Tier 1	MAIL; AGE (Min 6 years)
ANTISEPTICS & DISINFECTANTS		
CHLORINE ANTISEPTICS		
<i>chlorhexidine gluconate liquid 4%</i>	Tier 1	OTC
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 1	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	Tier 1	QL (60 tabs / 30 days)
APTIVUS CAP 250MG (<i>tipranavir</i>)	Tier 2	QL (120 caps / 30 days)
APTIVUS SOL (<i>tipranavir</i>)	Tier 2	QL (300 mL / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
atazanavir sulfate cap 150 mg (base equiv)	Tier 1	QL (60 caps / 30 days)
atazanavir sulfate cap 200 mg (base equiv)	Tier 1	QL (60 caps / 30 days)
atazanavir sulfate cap 300 mg (base equiv)	Tier 1	QL (30 caps / 30 days)
ATRIPLA TAB (efavirenz-emtricitabine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
BIKTARVY TAB (bictegravir-emtricitabine-tenofovir alafenamide fumarate)	Tier 2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300 (lamivudine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
COMPLERA TAB (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
CRIXIVAN CAP 200MG (indinavir sulfate)	Tier 2	QL (360 caps / 30 days)
CRIXIVAN CAP 400MG (indinavir sulfate)	Tier 2	QL (180 caps / 30 days)
DELSTRIGO TAB (doravirine-lamivudine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25 (emtricitabine-tenofovir alafenamide fumarate)	Tier 2	QL (30 tabs / 30 days)
didanosine delayed release capsule 200 mg	Tier 1	QL (60 caps / 30 days)
didanosine delayed release capsule 250 mg	Tier 1	QL (30 caps / 30 days)
didanosine delayed release capsule 400 mg	Tier 1	QL (30 caps / 30 days)
DOVATO TAB 50-300MG (dolutegravir sodium-lamivudine)	Tier 2	QL (30 tabs / 30 days)
EDURANT TAB 25MG (rilpivirine hcl)	Tier 2	QL (30 tabs / 30 days)
efavirenz cap 50 mg	Tier 1	QL (360 caps / 30 days)
efavirenz cap 200 mg	Tier 1	QL (90 caps / 30 days)
efavirenz tab 600 mg	Tier 1	QL (30 tabs / 30 days)
EMTRIVA CAP 200MG (emtricitabine)	Tier 2	QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML (emtricitabine)	Tier 2	QL (720 mL / 30 days)

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EQ Dose per day

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Drug Name	Drug Tier	Requirements/Limits
EVOTAZ TAB 300-150 (atazanavir sulfate-cobicistat)	Tier 2	QL (30 tabs / 30 days)
fosamprenavir calcium tab 700 mg (base equiv)	Tier 1	QL (120 tabs / 30 days)
FUZEON INJ 90MG (enfuvirtide)	Tier 3	PA
GENVOYA TAB (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)	Tier 2	QL (30 tabs / 30 days)
INTELENCE TAB 25MG (etravirine)	Tier 2	QL (480 tabs / 30 days)
INTELENCE TAB 100MG (etravirine)	Tier 2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG (etravirine)	Tier 2	QL (60 tabs / 30 days)
INVIRASE TAB 500MG (saquinavir mesylate)	Tier 2	QL (300 tabs / 30 days)
ISENTRESS CHW 25MG (raltegravir potassium)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS CHW 100MG (raltegravir potassium)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS HD TAB 600MG (raltegravir potassium)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG (raltegravir potassium)	Tier 2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG (raltegravir potassium)	Tier 2	QL (60 tabs / 30 days)
JULUCA TAB 50-25MG (dolutegravir sodium-rilpivirine hcl)	Tier 2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG (lopinavir-ritonavir)	Tier 2	QL (360 tabs / 30 days)
KALETRA TAB 200-50MG (lopinavir-ritonavir)	Tier 2	QL (180 tabs / 30 days)
lamivudine oral soln 10 mg/ml	Tier 1	QL (900 mL / 30 days)
lamivudine tab 150 mg	Tier 1	QL (60 tabs / 30 days)
lamivudine tab 300 mg	Tier 1	QL (30 tabs / 30 days)
lamivudine-zidovudine tab 150-300 mg	Tier 1	QL (60 tabs / 30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	Tier 1	QL (30 mL / 30 days)
nevirapine susp 50 mg/5ml	Tier 1	QL (1200 mL / 30 days)
nevirapine tab 200 mg	Tier 1	QL (60 tabs / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine 97
EQ Dose per day

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
nevirapine tab er 24hr 100 mg	Tier 1	QL (120 tabs / 30 days)
nevirapine tab er 24hr 400 mg	Tier 1	QL (30 tabs / 30 days)
NORVIR SOL 80MG/ML (ritonavir)	Tier 2	QL (450 mL / 30 days)
ODEFSEY TAB (emtricitabine-rilpivirine-tenofovir alafenamide fumarate)	Tier 2	QL (30 tabs / 30 days)
PIFELTRO TAB 100MG (doravirine)	Tier 2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150 (darunavir-cobicistat)	Tier 2	QL (30 tabs / 30 days)
PREZISTA SUS 100MG/ML (darunavir ethanolate)	Tier 2	QL (480 mL / 30 days)
PREZISTA TAB 75MG (darunavir ethanolate)	Tier 2	QL (480 tabs / 30 days)
PREZISTA TAB 150MG (darunavir ethanolate)	Tier 2	QL (240 tabs / 30 days)
PREZISTA TAB 600MG (darunavir ethanolate)	Tier 2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG (darunavir ethanolate)	Tier 2	QL (30 tabs / 30 days)
RESCRIPTOR TAB 200MG (delavirdine mesylate)	Tier 2	QL (180 tabs / 30 days)
ritonavir tab 100 mg	Tier 1	QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML (maraviroc)	Tier 2	QL (900 mL / 30 days)
SELZENTRY TAB 25MG (maraviroc)	Tier 2	QL (120 tabs / 30 days)
SELZENTRY TAB 75MG (maraviroc)	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG (maraviroc)	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG (maraviroc)	Tier 2	QL (60 tabs / 30 days)
stavudine cap 15 mg	Tier 1	QL (60 caps / 30 days)
stavudine cap 20 mg	Tier 1	QL (60 caps / 30 days)
stavudine cap 30 mg	Tier 1	QL (60 caps / 30 days)
stavudine cap 40 mg	Tier 1	QL (60 caps / 30 days)
STRIBILD TAB (elvitegravir-cobicistat-emtricitabine-tenofovir df)	Tier 2	QL (30 tabs / 30 days)
SYMFI LO TAB (efavirenz-lamivudine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
SYMFI TAB (efavirenz-lamivudine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 98

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
SYMTUZA TAB (darunavir-cobicistat-emtricitabine-tenofovir alafenamide)	Tier 2	QL (30 tabs / 30 days)
tenofovir disoproxil fumarate tab 300 mg	Tier 1	QL (30 tabs / 30 days)
TIVICAY TAB 10MG (dolutegravir sodium)	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 25MG (dolutegravir sodium)	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 50MG (dolutegravir sodium)	Tier 2	QL (60 tabs / 30 days)
TRIUMEQ TAB (abacavir-dolutegravir-lamivudine)	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 100-150 (emtricitabine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200 (emtricitabine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250 (emtricitabine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300 (emtricitabine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days); \$0 copay for prophylaxis
TYBOST TAB 150MG (cobicistat)	Tier 2	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG (didanosine)	Tier 2	QL (30 caps / 30 days)
VIRACEPT TAB 250MG (nelfinavir mesylate)	Tier 2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG (nelfinavir mesylate)	Tier 2	QL (120 tabs / 30 days)
VIREAD TAB 150MG (tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
VIREAD TAB 200MG (tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
VIREAD TAB 250MG (tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
zidovudine cap 100 mg	Tier 1	QL (180 caps / 30 days)
zidovudine syrup 10 mg/ml	Tier 1	QL (1800 mL / 30 days)
zidovudine tab 300 mg	Tier 1	QL (60 tabs / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 99

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 100 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
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 1	QL (20 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (20 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (20 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	QL (120 mL / year); AGE (Max 12 years)
RELENZA MIS DISKHALE (<i>zanamivir</i>)	Tier 2	QL (2 inhalers / year)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol tab 3.125 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 6.25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>labetalol hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>labetalol hcl tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at 101
 mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl tab 300 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>BETA BLOCKERS CARDIO-SELECTIVE</i>		
<i>acebutolol hcl cap 200 mg</i>	Tier 1	MAIL
<i>acebutolol hcl cap 400 mg</i>	Tier 1	MAIL
<i>atenolol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>betaxolol hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>betaxolol hcl tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
BYSTOLIC TAB 2.5MG (<i>nebivolol hcl</i>)	Tier 3	MAIL, PA
BYSTOLIC TAB 5MG (<i>nebivolol hcl</i>)	Tier 3	MAIL, PA
BYSTOLIC TAB 10MG (<i>nebivolol hcl</i>)	Tier 3	MAIL, PA
BYSTOLIC TAB 20MG (<i>nebivolol hcl</i>)	Tier 3	MAIL, PA
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 102
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol tab 20 mg</i>	Tier 1	MAIL
<i>nadolol tab 40 mg</i>	Tier 1	MAIL
<i>nadolol tab 80 mg</i>	Tier 1	MAIL
<i>pindolol tab 5 mg</i>	Tier 1	MAIL
<i>pindolol tab 10 mg</i>	Tier 1	MAIL
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 1	QL (90 caps / 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	MAIL
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	MAIL
<i>propranolol hcl tab 10 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 20 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 40 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 60 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afl) tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afl) tab 120 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afl) tab 160 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 120 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 160 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 240 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 5 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 10 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 20 mg</i>	Tier 1	MAIL
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 103
mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
EQ Dose per day

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>diltiazem hcl cap er 12hr 120 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl cap er 24hr 120 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>diltiazem hcl tab 60 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diltiazem hcl tab 90 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at 104
 mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl tab 120 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isradipine cap 2.5 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>isradipine cap 5 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>nicardipine hcl cap 20 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>nicardipine hcl cap 30 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>nifedipine cap 10 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>nifedipine cap 20 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nimodipine cap 30 mg</i>	Tier 1	MAIL
<i>nisoldipine tab er 24hr 8.5 mg</i>	Tier 1	MAIL, PA
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 1	MAIL, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at 105
mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine
EQ Dose per day

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

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

CARDIOTONICS**CARDIAC GLYCOSIDES**

<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	MAIL; AGE (Max 12 years)
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	QL (30 tabs / 30 days), MAIL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at 106
mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine
EQ Dose per day

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
LANOXIN TAB 0.25MG (<i>digoxin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
LANOXIN TAB 0.125MG (<i>digoxin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL

CARDIOVASCULAR AGENTS - MISC.**PERIPHERAL VASODILATORS**

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

ORENITRAM TAB 0.25MG (<i>treprostinil diolamine</i>)	Tier 3	QL (90 tabs / 30 days), PA
ORENITRAM TAB 0.125MG (<i>treprostinil diolamine</i>)	Tier 3	QL (90 tabs / 30 days), PA
ORENITRAM TAB 1MG (<i>treprostinil diolamine</i>)	Tier 3	QL (90 tabs / 30 days), PA
ORENITRAM TAB 2.5MG (<i>treprostinil diolamine</i>)	Tier 3	QL (90 tabs / 30 days), PA
ORENITRAM TAB 5MG (<i>treprostinil diolamine</i>)	Tier 3	QL (90 tabs / 30 days), PA
REMODULIN INJ 1MG/ML (<i>treprostinil</i>)	Tier 3	PA
REMODULIN INJ 2.5MG/ML (<i>treprostinil</i>)	Tier 3	PA
REMODULIN INJ 5MG/ML (<i>treprostinil</i>)	Tier 3	PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	Tier 3	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	Tier 3	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	Tier 3	PA
VENTAVIS SOL 10MCG/ML (<i>iloprost</i>)	Tier 3	PA
VENTAVIS SOL 20MCG/ML (<i>iloprost</i>)	Tier 3	PA

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR**ANTAGONISTS**

<i>ambrisentan tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>ambrisentan tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 107
mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
EQ Dose per day

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>bosentan tab 62.5 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>bosentan tab 125 mg</i>	Tier 1	QL (60 tabs / 30 days), PA
LETAIRIS TAB 5MG (<i>ambrisentan</i>)	Tier 3	QL (30 tabs / 30 days), PA
LETAIRIS TAB 10MG (<i>ambrisentan</i>)	Tier 3	QL (30 tabs / 30 days), PA
OPSUMIT TAB 10MG (<i>macitentan</i>)	Tier 3	QL (30 tabs / 30 days), PA
TRACLEER TAB 32MG (<i>bosentan</i>)	Tier 3	QL (60 tabs / 30 days), PA
TRACLEER TAB 62.5MG (<i>bosentan</i>)	Tier 3	QL (60 tabs / 30 days), PA
TRACLEER TAB 125MG (<i>bosentan</i>)	Tier 3	QL (60 tabs / 30 days), PA
<i>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</i>		
<i>sildenafil citrate tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>tadalafil tab 20 mg (pah)</i>	Tier 1	QL (60 tabs / 30 days), PA
<i>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</i>		
UPTRAVI TAB 200/800 (<i>selexipag</i>)	Tier 3	QL (60 tabs / 30 days), PA
UPTRAVI TAB 200MCG (<i>selexipag</i>)	Tier 3	QL (60 tabs / 30 days), PA
UPTRAVI TAB 400MCG (<i>selexipag</i>)	Tier 3	QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG (<i>selexipag</i>)	Tier 3	QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG (<i>selexipag</i>)	Tier 3	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG (<i>selexipag</i>)	Tier 3	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG (<i>selexipag</i>)	Tier 3	QL (60 tabs / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at 108
mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine
EQ Dose per day

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 1400MCG (<i>selexipag</i>)	Tier 3	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG (<i>selexipag</i>)	Tier 3	QL (60 tabs / 30 days), PA

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS TAB 0.5MG (<i>riociguat</i>)	Tier 3	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG (<i>riociguat</i>)	Tier 3	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG (<i>riociguat</i>)	Tier 3	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2.5MG (<i>riociguat</i>)	Tier 3	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2MG (<i>riociguat</i>)	Tier 3	QL (90 tabs / 30 days), PA

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil cap 500 mg</i>	Tier 1	AGE (Max 12 years)
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>cefadroxil tab 1 gm</i>	Tier 1	AGE (Max 12 years)
<i>cefazolin sodium for inj 1 gm</i>	Tier 1	
<i>cefazolin sodium for inj 10 gm</i>	Tier 1	
<i>cefazolin sodium for inj 20 gm</i>	Tier 1	
<i>cefazolin sodium for inj 500 mg</i>	Tier 1	
<i>cephalexin cap 250 mg</i>	Tier 1	
<i>cephalexin cap 500 mg</i>	Tier 1	
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	AGE (Max 12 years)

CEPHALOSPORINS - 2ND GENERATION

<i>cefaclor cap 250 mg</i>	Tier 1	
<i>cefaclor cap 500 mg</i>	Tier 1	
<i>cefaclor for susp 125 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>cefaclor for susp 250 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>cefaclor for susp 375 mg/5ml</i>	Tier 1	AGE (Max 12 years)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 109
mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
EQ Dose per day

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>cefprozil tab 250 mg</i>	Tier 1	AGE (Max 12 years)
<i>cefprozil tab 500 mg</i>	Tier 1	AGE (Max 12 years)
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	QL (20 tabs / 10 days)
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir cap 300 mg</i>	Tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	Tier 1	PA
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	Tier 1	PA
<i>cefixime cap 400 mg</i>	Tier 1	
<i>cefixime for susp 100 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>cefixime for susp 200 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>cefpodoxime proxetil tab 100 mg</i>	Tier 1	
<i>cefpodoxime proxetil tab 200 mg</i>	Tier 1	
<i>ceftriaxone sodium for inj 1 gm</i>	Tier 1	
SUPRAX CAP 400MG (<i>cefixime</i>)	Tier 3	
CEPHALOSPORINS - 4TH GENERATION		
<i>cefepime hcl for inj 2 gm</i>	Tier 1	
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO INJ 400MG (<i>ceftaroline fosamil</i>)	Tier 3	
TEFLARO INJ 600MG (<i>ceftaroline fosamil</i>)	Tier 3	

CONTRACEPTIVES**COMBINATION CONTRACEPTIVES - ORAL**

BALCOLTRA TAB 0.1-20 (<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>)	PREV	QL (28 tablets / 28 days), MAIL
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PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 110

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	PREV	QL (28 tablets / 28 days), MAIL
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)	PREV	QL (28 tablets / 28 days), MAIL
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	PREV	QL (28 tablets / 28 days), MAIL
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	PREV	QL (28 tablets / 28 days), MAIL
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)	PREV	QL (28 tablets / 28 days), MAIL
drospirenone-ethinyl estradiol tab 3-0.02 mg	PREV	QL (28 tablets / 28 days), MAIL
drospirenone-ethinyl estradiol tab 3-0.03 mg	PREV	QL (28 tablets / 28 days), MAIL
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	PREV	QL (28 tablets / 28 days), MAIL
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	PREV	QL (28 tablets / 28 days), MAIL
FALESSA KIT (levonorgestrel-ethinyl estradiol & folic acid)	PREV	QL (56 tablets / 28 days), MAIL
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa)	PREV	QL (28 tablets / 28 days), MAIL
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	PREV	QL (28 tablets / 28 days), MAIL
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	PREV	QL (28 tablets / 28 days), MAIL
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	PREV	QL (28 tablets / 28 days), MAIL
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	PREV	QL (28 tablets / 28 days), MAIL
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	PREV	QL (28 tablets / 28 days), MAIL
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	PREV	QL (28 tablets / 28 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 111
 OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	PREV	QL (28 tablets / 28 days), MAIL
LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))	PREV	QL (28 tablets / 28 days), MAIL
NATAZIA TAB (estradiol valerate-dienogest)	PREV	QL (28 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	PREV	QL (28 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	PREV	QL (28 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35)	PREV	QL (28 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	PREV	QL (28 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	PREV	QL (28 tablets / 28 days), MAIL
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)	PREV	QL (28 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	PREV	QL (28 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)	PREV	QL (28 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	PREV	QL (28 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)	PREV	QL (28 tablets / 28 days), MAIL
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe)	PREV	QL (28 tablets / 28 days), MAIL
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	PREV	QL (28 tablets / 28 days), MAIL
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)	PREV	QL (28 tablets / 28 days), MAIL
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)	PREV	QL (28 tablets / 28 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 112
 OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	PREV	QL (28 tablets / 28 days), MAIL
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	PREV	QL (28 tablets / 28 days), MAIL
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	PREV	QL (28 tablets / 28 days), MAIL
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (Low-ogestrel)	PREV	QL (28 tablets / 28 days), MAIL
<i>norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg</i> (Ogestrel)	PREV	QL (28 tablets / 28 days), MAIL
TAYTULLA CAP 1MG/20MC (<i>norethin acet & estrad-fe</i>)	PREV	QL (28 tablets / 28 days), MAIL
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (Xulane)	PREV	QL (3 patches / 28 days), MAIL
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	PREV	QL (1 ring / 28 days), MAIL
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (Eluryng)	PREV	QL (1 ring / 28 days), MAIL
NUVARING MIS (<i>etonogestrel-ethinyl estradiol</i>)	PREV	QL (1 ring / 28 days), MAIL
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A (<i>copper (iud)</i>)	PREV	QL (1 IUD in lifetime)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG (<i>ulipristal acetate</i>)	PREV	QL (1 tab / 30 days)
<i>levonorgestrel tab 1.5 mg</i> (My Way)	PREV	OTC, QL (1 tab / 30 days)
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG (<i>etonogestrel</i>)	PREV	QL (1 implant in lifetime)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SQ PROV INJ 104 (<i>medroxyprogesterone acetate (contraceptive)</i>)	PREV	QL (1 injection / 90 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 113

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	PREV	QL (1 Injection / 75 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	PREV	QL (1 injection / 90 days)
PROGESTIN CONTRACEPTIVES - IUD		
<i>KYLEENA IUD 19.5MG (levonorgestrel iud)</i>	PREV	QL (1 IUD in lifetime)
<i>LILETTA IUD 52MG (levonorgestrel iud)</i>	PREV	QL (1 IUD in lifetime)
<i>MIRENA IUD SYSTEM (levonorgestrel iud)</i>	PREV	QL (1 IUD in lifetime)
<i>SKYLA IUD 13.5MG (levonorgestrel iud)</i>	PREV	QL (1 IUD in lifetime)
PROGESTIN CONTRACEPTIVES - ORAL		
<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 1	PA
<i>cortisone acetate tab 25 mg</i>	Tier 1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	Tier 1	
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
<i>dexamethasone tab 1 mg</i>	Tier 1	
<i>dexamethasone tab 1.5 mg</i>	Tier 1	
<i>dexamethasone tab 2 mg</i>	Tier 1	
<i>dexamethasone tab 4 mg</i>	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	
<i>hydrocortisone tab 10 mg</i>	Tier 1	
<i>hydrocortisone tab 20 mg</i>	Tier 1	
<i>methylprednisolone tab 4 mg</i>	Tier 1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 114
 OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	
<i>methylprednisolone tab 32 mg</i>	Tier 1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Tier 1	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	
<i>prednisone tab 1 mg</i>	Tier 1	
<i>prednisone tab 2.5 mg</i>	Tier 1	
<i>prednisone tab 5 mg</i>	Tier 1	
<i>prednisone tab 10 mg</i>	Tier 1	
<i>prednisone tab 20 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	MAIL
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate cap 100 mg</i>	Tier 1	
<i>benzonatate cap 200 mg</i>	Tier 1	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	Tier 1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 115

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
ROBITUSSIN SYP 7.5/5ML (dextromethorphan hbr)	Tier 1	OTC
COUGH/COLD/ALLERGY COMBINATIONS		
brompheniramine & pseudoephedrine elixir 1-15 mg/5ml (Wal-tap Cold & Allergy)	Tier 1	OTC
BROTAPP DM LIQ 15-1-5/5 (pseudoephed-bromphen-dm)	Tier 1	OTC, QL (240 mL / 30 days)
cetirizine-pseudoephedrine tab er 12hr 5-120 mg (All Day Allergy D)	Tier 1	OTC, QL (60 ea / 30 days)
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Diabetic Siltussin-dm)	Tier 1	OTC, QL (240 mL / 30 days)
dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Diabetic Tussin Maximum S)	Tier 1	OTC, QL (240 mL / 30 days)
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Siltussin-dm)	Tier 1	OTC, QL (240 mL / 30 days)
dextromethorphan-guaifenesin tab er 12hr 30-600 mg (Mucus-dm)	Tier 1	OTC
diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml (Cvs Cold & Cough Nighttim)	Tier 1	OTC, QL (240 mL / 30 days)
diphenhydramine-phenylephrine tab 25-10 mg (Wal-dryl Pe Allergy/sinu)	Tier 1	OTC
guaifenesin-codeine soln 100-10 mg/5ml (Guaiatussin Ac)	Tier 1	OTC, QL (240 mL / 30 days)
loratadine & pseudoephedrine tab er 12hr 5-120 mg (Loratadine-d 12hr)	Tier 1	OTC, QL (60 ea / 30 days)
loratadine & pseudoephedrine tab er 24hr 10-240 mg (Loratadine-d 24hr)	Tier 1	OTC, QL (30 tabs / 30 days)
promethazine & phenylephrine syrup 6.25-5 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine w/ codeine syrup 6.25-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine-dm syrup 6.25-15 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	Tier 1	QL (240 mL / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 116
 OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 1	QL (240 mL / 30 days)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i> (Ra Mucus Relief D)	Tier 1	OTC
EXPECTORANTS		
<i>guaifenesin liquid 100 mg/5ml</i>	Tier 1	OTC
<i>guaifenesin syrup 100 mg/5ml</i> (Robafen)	Tier 1	OTC
<i>guaifenesin tab 200 mg</i>	Tier 1	OTC
<i>guaifenesin tab 400 mg</i> (Sm Chest Congestion Relie)	Tier 1	OTC
<i>guaifenesin tab er 12hr 600 mg</i> (Gnp Mucus Er)	Tier 1	OTC, QL (60 ea / 30 days)
MISC. RESPIRATORY INHALANTS		
<i>sodium chloride soln nebu 0.9%</i>	Tier 1	
<i>sodium chloride soln nebu 3%</i> (Nebusal)	Tier 1	
<i>sodium chloride soln nebu 7%</i>	Tier 1	
MUCOLYTICS		
<i>acetylcysteine inhal soln 20%</i>	Tier 1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ACNE MEDICAT LOT 5% (<i>benzoyl peroxide</i>)	Tier 1	OTC
ACNE MEDICAT LOT 10% (<i>benzoyl peroxide</i>)	Tier 1	OTC
<i>adapalene lotion 0.1%</i>	Tier 1	QL (59 mL / 30 days), ST; AGE (Min 10 years, Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>benzoyl peroxide gel 5%</i> (Bp Gel)	Tier 1	OTC
<i>benzoyl peroxide gel 10%</i> (Clean & Clear Persa-gel M)	Tier 1	OTC
<i>benzoyl peroxide liq 5%</i> (Bp Wash)	Tier 1	OTC, QL (240 gm / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 117

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 118

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 119
mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
EQ Dose per day

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
ciclopirox olamine susp 0.77% (base equiv)	Tier 1	QL (60 mL / 25 days)
ciclopirox solution 8%	Tier 1	QL (6.6 mL / 25 days)
clotrimazole cream 1%	Tier 1	
clotrimazole soln 1%	Tier 1	
clotrimazole w/ betamethasone cream 1-0.05%	Tier 1	QL (45 gm / 30 days)
clotrimazole w/ betamethasone lotion 1-0.05%	Tier 1	QL (60 mL / 30 days)
econazole nitrate cream 1%	Tier 1	PA
ERTACZO CRE 2% (sertaconazole nitrate)	Tier 3	PA
EXELDERM CRE 1% (sulconazole nitrate)	Tier 3	PA
EXELDERM SOL 1% (sulconazole nitrate)	Tier 3	PA
ketoconazole cream 2%	Tier 1	QL (60 gm / 30 days)
ketoconazole shampoo 2%	Tier 1	QL (120 mL / 30 days)
luliconazole cream 1%	Tier 1	PA
MENTAX CRE 1% (butenafine hcl)	Tier 2	
miconazole nitrate aerosol pow 2% (Lotrimin Af Deodorant Pow)	Tier 1	OTC
miconazole nitrate cream 2%	Tier 1	OTC
miconazole nitrate ointment 2% (Triple Paste Af)	Tier 1	OTC
miconazole nitrate powder 2% (Cvs Anti-fungal Powder)	Tier 1	OTC
naftifine hcl cream 1%	Tier 1	PA
naftifine hcl gel 1%	Tier 3	PA
NAFTIN GEL 1% (naftifine hcl)	Tier 3	PA
NAFTIN GEL 2% (naftifine hcl)	Tier 3	PA
nystatin cream 100000 unit/gm	Tier 1	QL (90 gm / 30 days)
nystatin oint 100000 unit/gm	Tier 1	QL (90 gm / 30 days)
nystatin topical powder 100000 unit/gm (Nystop)	Tier 1	QL (30 gm / 30 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	Tier 1	QL (60 gm / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at 120 mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Tier 1	QL (60 gm / 30 days)
<i>oxiconazole nitrate cream 1%</i>	Tier 1	QL (90 gm / 30 days), PA
OXISTAT LOT 1% (<i>oxiconazole nitrate</i>)	Tier 3	PA
<i>sulconazole nitrate cream 1%</i>	Tier 3	PA
<i>terbinafine hcl cream 1%</i>	Tier 1	OTC, QL (30 gm / 30 days)
<i>tolnaftate aerosol pow 1%</i> (Cvs Af Spray Powder)	Tier 1	OTC
<i>tolnaftate cream 1%</i>	Tier 1	OTC
<i>tolnaftate powder 1%</i> (Anti-fungal Powder)	Tier 1	OTC
<i>tolnaftate soln 1%</i> (Mycocide Clinical Ns Anti)	Tier 1	OTC
ANTI-HISTAMINES-TOPICAL		
<i>diphenhydramine-zinc acetate cream 2-0.1%</i> (Sm Anti-itch Extra Streng)	Tier 1	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>fluorouracil cream 5%</i>	Tier 1	
PANRETIN GEL 0.1% (<i>alitretinoin</i>)	Tier 3	PA
PICATO GEL 0.05% (<i>ingenol mebutate</i>)	Tier 3	PA
PICATO GEL 0.015% (<i>ingenol mebutate</i>)	Tier 3	PA
TARGETIN GEL 1% (<i>bexarotene (topical)</i>)	Tier 3	PA
ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	Tier 1	PA
<i>acitretin cap 17.5 mg</i>	Tier 1	PA
<i>acitretin cap 25 mg</i>	Tier 1	PA
<i>calcipotriene oint 0.005%</i>	Tier 1	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 1	PA
<i>calcitriol oint 3 mcg/gm</i>	Tier 1	QL (100 gm / 30 days)
COSENTYX INJ 150MG/ML (<i>secukinumab</i>)	Tier 3	PA; Preferred Brand
COSENTYX INJ 300DOSE (<i>secukinumab</i>)	Tier 3	PA; Preferred Brand

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 121
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN INJ 150MG/ML (secukinumab)	Tier 3	PA; Preferred Brand
COSENTYX PEN INJ 300DOSE (secukinumab)	Tier 3	PA; Preferred Brand
DRITHO-CREME CRE HP 1% (anthralin)	Tier 2	QL (50 gm / 30 days)
SKYRIZI INJ 150DOSE (risankizumab-rzaa)	Tier 3	PA; Preferred Brand
STELARA INJ 45MG/0.5 (ustekinumab)	Tier 3	PA; Preferred Brand
STELARA INJ 90MG/ML (ustekinumab)	Tier 3	PA; Preferred Brand
tazarotene cream 0.1%	Tier 1	QL (60 gm / 30 days), PA
TAZORAC CRE 0.05% (tazarotene)	Tier 3	QL (60 gm / 30 days), PA
TAZORAC GEL 0.1% (tazarotene)	Tier 3	QL (100 gm / 30 days), PA
TAZORAC GEL 0.05% (tazarotene)	Tier 3	QL (100 gm / 30 days), PA
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 1% (Cvs Anti-dandruff)	Tier 1	OTC
selenium sulfide lotion 2.5%	Tier 1	
ANTIVIRALS - TOPICAL		
ABREVA CRE 10% (docosanol)	Tier 1	OTC, QL (2 gm / 30 days)
acyclovir oint 5%	Tier 1	PA
DENAVIR CRE 1% (penciclovir)	Tier 2	PA
docosanol cream 10%	Tier 1	OTC, QL (2 gm / 30 days)
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	Tier 1	
silver sulfadiazine cream 1%	Tier 1	QL (400 gm / 30 days)
SULFAMYLLON CRE 85MG/GM (mafenide acetate)	Tier 3	QL (454 gm / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 122
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>amcinonide cream 0.1%</i>	Tier 1	QL (60 gm / 30 days)
<i>amcinonide lotion 0.1%</i>	Tier 1	QL (60 mL / 30 days)
AMCINONIDE OIN 0.1%	Tier 3	QL (60 gm / 30 days)
<i>APEXICON E CRE 0.05% (diflorasone diacetate emollient base)</i>	Tier 3	QL (60 gm / 30 days), PA
<i>betamethasone dipropionate augmented cream 0.05%</i>	Tier 1	QL (50 gm / 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1	QL (50 gm / 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	QL (60 mL / 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 1	QL (50 gm / 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	QL (60 mL / 30 days)
<i>betamethasone dipropionate oint 0.05%</i>	Tier 1	QL (45 gm / 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	QL (454 gm / 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	QL (45 gm / 30 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Tier 1	QL (100 gm / 30 days), PA
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	Tier 3	QL (120 gm / 30 days), PA
<i>clobetasol propionate cream 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>clobetasol propionate oint 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>clobetasol propionate soln 0.05%</i>	Tier 1	QL (50 mL / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 123 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
CORDRAN 80X3 TAP 4MCG/CM (flurandrenolide)	Tier 3	PA
desonide cream 0.05%	Tier 1	QL (60 gm / 30 days)
desonide oint 0.05%	Tier 1	QL (60 gm / 30 days)
desoximetasone cream 0.05%	Tier 1	QL (60 gm / 30 days)
desoximetasone cream 0.25%	Tier 1	QL (60 gm / 30 days)
desoximetasone gel 0.05%	Tier 1	QL (60 gm / 30 days)
desoximetasone oint 0.05%	Tier 1	QL (60 gm / 30 days)
desoximetasone oint 0.25%	Tier 1	QL (60 gm / 30 days)
diflorasone diacetate cream 0.05%	Tier 1	QL (60 gm / 30 days)
diflorasone diacetate oint 0.05%	Tier 1	QL (60 gm / 30 days)
fluocinolone acetonide cream 0.025%	Tier 1	QL (60 gm / 30 days)
fluocinolone acetonide oil 0.01% (body oil)	Tier 1	QL (120 mL / 30 days)
fluocinolone acetonide oil 0.01% (scalp oil)	Tier 1	QL (120 mL / 30 days)
fluocinolone acetonide oint 0.025%	Tier 1	QL (60 gm / 30 days)
fluocinonide cream 0.05%	Tier 1	QL (150 gm / 30 days)
fluocinonide emulsified base cream 0.05%	Tier 1	QL (60 gm / 30 days)
fluocinonide gel 0.05%	Tier 1	QL (60 gm / 30 days)
fluocinonide oint 0.05%	Tier 1	QL (60 gm / 30 days)
fluocinonide soln 0.05%	Tier 1	QL (60 mL / 30 days)
flurandrenolide cream 0.05%	Tier 1	QL (30 gm / 30 days)
flurandrenolide lotion 0.05%	Tier 1	QL (120 mL / 30 days)
fluticasone propionate cream 0.05%	Tier 1	QL (60 gm / 30 days)
fluticasone propionate oint 0.005%	Tier 1	QL (60 gm / 30 days)
halcinonide cream 0.1%	Tier 3	QL (60 gm / 30 days), PA
halobetasol propionate cream 0.05%	Tier 1	QL (50 gm / 30 days)
halobetasol propionate oint 0.05%	Tier 1	QL (50 gm / 30 days)
HALOG CRE 0.1% (halcinonide)	Tier 3	QL (60 gm / 30 days), PA
HALOG OIN 0.1% (halcinonide)	Tier 3	QL (60 gm / 30 days), PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 124
mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
EQ Dose per day

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone acetate cream 1% (Lanacort 10)	Tier 1	OTC, QL (60 gm / 30 days)
hydrocortisone cream 0.5%	Tier 1	OTC, QL (60 gm / 30 days)
hydrocortisone cream 1% (Ra Hydrocortisone Plus 12)	Tier 1	OTC, QL (60 gm / 30 days)
hydrocortisone cream 2.5%	Tier 1	QL (60 gm / 30 days)
hydrocortisone gel 1% (Cortizone-10)	Tier 1	OTC, QL (56 gm / 30 days)
hydrocortisone lotion 1% (Cvs Cortisone Maximum Str)	Tier 1	OTC, QL (120 gm / 30 days)
hydrocortisone lotion 2.5%	Tier 1	QL (60 mL / 30 days)
hydrocortisone oint 0.5%	Tier 1	OTC, QL (60 gm / 30 days)
hydrocortisone oint 1% (Hydrocortisone 1% In Abso)	Tier 1	QL (60 gm / 30 days)
hydrocortisone oint 2.5%	Tier 1	QL (60 gm / 30 days)
hydrocortisone valerate cream 0.2%	Tier 1	QL (60 gm / 30 days)
hydrocortisone-aloe vera cream 0.5%	Tier 1	OTC, QL (60 gm / 30 days)
hydrocortisone-aloe vera cream 1% (Cortizone-10 Plus)	Tier 1	OTC
mometasone furoate cream 0.1%	Tier 1	QL (60 gm / 30 days)
mometasone furoate oint 0.1%	Tier 1	QL (60 gm / 30 days)
mometasone furoate solution 0.1% (lotion)	Tier 1	QL (60 mL / 30 days)
prednicarbate cream 0.1%	Tier 1	QL (60 gm / 30 days)
prednicarbate oint 0.1%	Tier 1	QL (60 gm / 30 days)
TACLONEX SUS (calcipotriene-betamethasone dipropionate)	Tier 3	QL (120 gm / 30 days), PA
triamcinolone acetonide cream 0.1%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide cream 0.5%	Tier 1	QL (15 gm / 30 days)
triamcinolone acetonide cream 0.025%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide lotion 0.1%	Tier 1	QL (60 mL / 30 days)
triamcinolone acetonide lotion 0.025%	Tier 1	QL (60 mL / 30 days)
triamcinolone acetonide oint 0.1%	Tier 1	QL (454 gm / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at 125 mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	QL (15 gm / 30 days)
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1	QL (454 gm / 30 days)
ECZEMA AGENTS		
DUPIXENT INJ 300/2ML (<i>dupilumab</i>)	Tier 3	PA
EMOLLIENTS		
<i>emollient - ointment</i> (Hydrophor)	Tier 1	OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	OTC, QL (280 gm / 30 days)
<i>lactic acid (ammonium lactate) lotion 12%</i> (Amlactin)	Tier 1	OTC, QL (225 gm / 30 days)
ENZYMES - TOPICAL		
SANTYL OIN 250/GM (<i>collagenase</i>)	Tier 3	QL (30 gm / 30 days), PA
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 5%</i>	Tier 1	QL (24 ea / 30 days), PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>tacrolimus oint 0.1%</i>	Tier 1	QL (30 gm / 30 days), PA
<i>tacrolimus oint 0.03%</i>	Tier 1	QL (30 gm / 30 days), PA
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox soln 0.5%</i>	Tier 1	QL (7 mL / 180 days)
LOCAL ANESTHETICS - TOPICAL		
<i>capsaicin cream 0.1%</i>	Tier 1	OTC
<i>lidocaine cream 4%</i>	Tier 1	OTC, QL (90 gm / 30 days)
<i>lidocaine hcl gel 2%</i> (Regenecare Ha)	Tier 1	OTC
<i>lidocaine hcl soln 4%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	
<i>lidocaine patch 4%</i> (Gnp Lidocaine Pain Relief)	Tier 1	OTC, QL (90 patches / 30 days)
<i>lidocaine patch 5%</i>	Tier 1	QL (90 ea / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (60 gm / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 126
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
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 PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
SYNERA DIS 70-70MG (<i>lidocaine-tetracaine</i>)	Tier 3	PA
MISC. TOPICAL		
DRYSOL SOL 20% (<i>aluminum chloride</i>)	Tier 1	QL (60 mL / 30 days)
<i>menthol-zinc oxide oint 0.44-20%</i> (Zinc-oxyde Plus)	Tier 1	OTC
<i>skin protectants misc - cream</i> (Dermacerin)	Tier 1	OTC
ROSACEA AGENTS		
<i>metronidazole cream 0.75%</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole gel 0.75%</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75%</i>	Tier 1	QL (59 mL / 30 days)
MIRVASO GEL 0.33% (<i>brimonidine tartrate (topical)</i>)	Tier 3	PA
SCABICIDES & PEDICULICIDES		
EURAX CRE 10% (<i>crotamiton</i>)	Tier 2	QL (60 gm / 30 days), ST; Prior use of permethrin 5% cream within the past 90 days.
<i>lindane shampoo 1%</i>	Tier 1	QL (60 mL / 30 days)
<i>malathion lotion 0.5%</i>	Tier 1	QL (59 mL / 30 days), ST; Prior use of permethrin 1% OR pyrethrins/piperonyl butoxide within the past 90 days.
<i>permethrin aerosol 0.5%</i> (Sm Bedding Lice Treatment)	Tier 1	OTC
<i>permethrin cream 5%</i>	Tier 1	QL (120 gm / 30 days)
<i>permethrin creme rinse 1%</i> (Lice Treatment)	Tier 1	OTC
<i>permethrin lotion 1%</i> (Sm Lice Treatment)	Tier 1	OTC
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (Stop Lice Complete Lice T)	Tier 1	OTC

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 127
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
pyrethrins-piperonyl butoxide liq 0.3-3% (Sb Lice Treatment)	Tier 1	OTC
pyrethrins-piperonyl butoxide liq 0.33-4% (Stop Lice Maximum Strengt)	Tier 1	OTC
pyrethrins-piperonyl butoxide shampoo 0.33-4% (Lice Killing Maximum Stre)	Tier 1	OTC
RA LICE KIT SOLUTION (permethrin & pyrethrins-piperonyl butoxide)	Tier 1	OTC
SKLICE LOT 0.5% (ivermectin (pediculicide))	Tier 3	QL (117 gm / 30 days), PA
spinosad susp 0.9%	Tier 1	ST; Prior use of permethrin 1% OR pyrethrins/piperonyl butoxide within the past 90 days.
WOUND CARE PRODUCTS		
REGANEX GEL 0.01% (becaplermin)	Tier 3	QL (15 gm / 30 days), PA
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN INJ 1.1MG (thyrotropin alfa)	Tier 3	PA
DIAGNOSTIC TESTS		
RELION KETON TES (acetone (urine) test)	Tier 2	OTC
TRUE METRIX TES GLUCOSE (glucose blood)	Tier 2	OTC, QL (200 strips / 30 days), ST; 100/month max quantity for non-insulin users
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT (pancrelipase (lipase-protease-amylase))	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 6000UNIT (pancrelipase (lipase-protease-amylase))	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 12000UNT (pancrelipase (lipase-protease-amylase))	Tier 2	QL (180 caps / 30 days), MAIL
PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day		

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 24000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 36000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 5000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 10000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 15000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 20000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 25000 (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 40000 (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL

DIURETICS**CARBONIC ANHYDRASE INHIBITORS**

<i>acetazolamide cap er 12hr 500 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>acetazolamide tab 125 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>acetazolamide tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>methazolamide tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>methazolamide tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL

DIURETIC COMBINATIONS

ALDACTAZIDE TAB 50/50 (<i>spironolactone & hydrochlorothiazide</i>)	Tier 2	MAIL
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 129
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

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Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	MAIL
LOOP DIURETICS		
<i>bumetanide tab 0.5 mg</i>	Tier 1	MAIL
<i>bumetanide tab 1 mg</i>	Tier 1	MAIL
<i>bumetanide tab 2 mg</i>	Tier 1	MAIL
<i>ethacrynic acid tab 25 mg</i>	Tier 1	MAIL
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	MAIL; AGE (Max 12 years)
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	MAIL; AGE (Max 12 years)
<i>furosemide tab 20 mg</i>	Tier 1	MAIL
<i>furosemide tab 40 mg</i>	Tier 1	MAIL
<i>furosemide tab 80 mg</i>	Tier 1	MAIL
<i>torseamide tab 5 mg</i>	Tier 1	MAIL
<i>torseamide tab 10 mg</i>	Tier 1	MAIL
<i>torseamide tab 20 mg</i>	Tier 1	MAIL
<i>torseamide tab 100 mg</i>	Tier 1	MAIL
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tab 5 mg</i>	Tier 1	MAIL
DYRENIUM CAP 50MG (<i>triamterene</i>)	Tier 3	MAIL
DYRENIUM CAP 100MG (<i>triamterene</i>)	Tier 3	MAIL
<i>spironolactone tab 25 mg</i>	Tier 1	MAIL
<i>spironolactone tab 50 mg</i>	Tier 1	MAIL
<i>spironolactone tab 100 mg</i>	Tier 1	MAIL
<i>triamterene cap 50 mg</i>	Tier 3	MAIL
<i>triamterene cap 100 mg</i>	Tier 3	MAIL
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide tab 250 mg</i>	Tier 1	MAIL
<i>chlorothiazide tab 500 mg</i>	Tier 1	MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 130
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
<i>chlorthalidone tab 25 mg</i>	Tier 1	MAIL
<i>chlorthalidone tab 50 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	MAIL
<i>indapamide tab 1.25 mg</i>	Tier 1	MAIL
<i>indapamide tab 2.5 mg</i>	Tier 1	MAIL
<i>methyclothiazide tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 2.5 mg</i>	Tier 1	MAIL
<i>metolazone tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 10 mg</i>	Tier 1	MAIL

ENDOCRINE AND METABOLIC AGENTS - MISC.**BONE DENSITY REGULATORS**

<i>alendronate sodium tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 35 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>alendronate sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 70 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QL (30 mL / 30 days), MAIL
<i>etidronate disodium tab 200 mg</i>	Tier 1	MAIL
<i>etidronate disodium tab 400 mg</i>	Tier 1	MAIL
FORTEO SOL 600/2.4 (teriparatide (recombinant))	Tier 3	PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QL (1 tablet / 28 days), MAIL
PROLIA SOL 60MG/ML (denosumab)	Tier 3	PA
<i>risedronate sodium tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 131

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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 132
mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
EQ Dose per day

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
LUPR DEP-PED INJ 3M 30MG (leuprolide acetate (cpp) (3 month))	Tier 3	PA
LUPR DEP-PED INJ 7.5MG (leuprolide acetate (cpp))	Tier 3	PA
LUPR DEP-PED INJ 11.25MG (leuprolide acetate (cpp))	Tier 3	PA
LUPR DEP-PED INJ 11.25MG (leuprolide acetate (cpp) (3 month))	Tier 3	PA
LUPR DEP-PED INJ 15MG (leuprolide acetate (cpp))	Tier 3	PA
SYNAREL SOL 2MG/ML (nafarelin acetate)	Tier 3	PA

METABOLIC MODIFIERS

calcitriol cap 0.5 mcg	Tier 1	MAIL
calcitriol cap 0.25 mcg	Tier 1	MAIL
cinacalcet hcl tab 30 mg (base equiv)	Tier 3	PA
cinacalcet hcl tab 60 mg (base equiv)	Tier 3	PA
cinacalcet hcl tab 90 mg (base equiv)	Tier 3	PA
CYSTADANE POW (betaine)	Tier 3	MAIL, PA
doxercalciferol cap 0.5 mcg	Tier 1	MAIL, PA
doxercalciferol cap 1 mcg	Tier 1	MAIL, PA
doxercalciferol cap 2.5 mcg	Tier 1	MAIL, PA
doxercalciferol inj 4 mcg/2ml (2 mcg/ml)	Tier 1	
ELAPRASE INJ 6MG/3ML (idursulfase)	Tier 3	PA
FABRAZYME INJ 5MG (agalsidase beta)	Tier 3	PA
KUVAN TAB 100MG (sapropterin dihydrochloride)	Tier 3	PA
levocarnitine oral soln 1 gm/10ml (10%)	Tier 1	MAIL
levocarnitine tab 330 mg	Tier 1	MAIL
nitisinone cap 2 mg	Tier 3	PA
nitisinone cap 5 mg	Tier 3	PA
nitisinone cap 10 mg	Tier 3	PA
ORFADIN CAP 2MG (nitisinone)	Tier 3	PA
ORFADIN CAP 5MG (nitisinone)	Tier 3	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 133

Tier 1 = Formulary Generics
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PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
ORFADIN CAP 10MG (<i>nitisinone</i>)	Tier 3	PA
ORFADIN CAP 20MG (<i>nitisinone</i>)	Tier 3	PA
<i>paricalcitol cap 1 mcg</i>	Tier 1	MAIL, PA
<i>paricalcitol cap 2 mcg</i>	Tier 1	MAIL, PA
<i>paricalcitol cap 4 mcg</i>	Tier 1	MAIL, PA
<i>paricalcitol iv soln 2 mcg/ml</i>	Tier 1	
<i>paricalcitol iv soln 5 mcg/ml</i>	Tier 1	
SENSIPAR TAB 30MG (<i>cinacalcet hcl</i>)	Tier 3	PA
SENSIPAR TAB 60MG (<i>cinacalcet hcl</i>)	Tier 3	PA
SENSIPAR TAB 90MG (<i>cinacalcet hcl</i>)	Tier 3	PA
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 1	PA
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 1	MAIL, PA
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 1	MAIL, PA
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
STIMATE SOL 1.5MG/ML (<i>desmopressin acetate</i>)	Tier 3	PA
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	Tier 1	MAIL
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 1	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 1	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 1	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 1	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 1	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 134

Tier 1 = Formulary Generics
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PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN KIT LAR 10MG (octreotide acetate)	Tier 3	PA
SANDOSTATIN KIT LAR 20MG (octreotide acetate)	Tier 3	PA
SANDOSTATIN KIT LAR 30MG (octreotide acetate)	Tier 3	PA

VASOPRESSIN RECEPTOR ANTAGONISTS

SAMSCA TAB 15MG (tolvaptan)	Tier 3	PA
SAMSCA TAB 30MG (tolvaptan)	Tier 3	PA

ESTROGENS**ESTROGEN COMBINATIONS**

DUAVEE TAB 0.45-20 (conjugated estrogens-bazedoxifene)	Tier 3	QL (30 tabs / 30 days), MAIL
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 1	QL (30 tabs / 30 days), MAIL
estradiol & norethindrone acetate tab 1-0.5 mg (Lopreeza)	Tier 1	QL (30 tabs / 30 days), MAIL
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 1	QL (30 tabs / 30 days), MAIL
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)	Tier 1	QL (30 tabs / 30 days), MAIL
PREMPHASE TAB (conjugated estrogens-medroxyprogesterone acetate)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB (conjugated estrogens-medroxyprogesterone acetate)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.3-1.5 (conjugated estrogens-medroxyprogesterone acetate)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.45-1.5 (conjugated estrogens-medroxyprogesterone acetate)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.625-5 (conjugated estrogens-medroxyprogesterone acetate)	Tier 2	QL (30 tabs / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 135
 OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
<i>estradiol tab 0.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estradiol tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estradiol tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estropipate tab 0.75 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estropipate tab 1.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estropipate tab 3 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
MENEST TAB 0.3MG (<i>esterified estrogens</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
MENEST TAB 0.625MG (<i>esterified estrogens</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
MENEST TAB 1.25MG (<i>esterified estrogens</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.3MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.9MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.45MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.625MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 1.25MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
FLUOROQUINOLONES		
FLUOROQUINOLONES		
<i>BAXDELA TAB 450MG (delafloxacin meglumine)</i>	Tier 3	PA
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 136
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1	AGE (Max 12 years)
<i>levofloxacin tab 250 mg</i>	Tier 1	
<i>levofloxacin tab 500 mg</i>	Tier 1	
<i>levofloxacin tab 750 mg</i>	Tier 1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 1	
<i>ofloxacin tab 300 mg</i>	Tier 1	
<i>ofloxacin tab 400 mg</i>	Tier 1	
GASTROINTESTINAL AGENTS - MISC.		
ANTIFLATULENTS		
<i>simethicone cap 125 mg</i> (Cvs Gas Relief)	Tier 1	OTC
<i>simethicone cap 180 mg</i>	Tier 1	OTC
<i>simethicone chew tab 80 mg</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg</i> (Cvs Gas Relief Extra Stre)	Tier 1	OTC
<i>simethicone liquid 40 mg/0.6ml</i> (Cvs Gas Relief Drops Extr)	Tier 1	OTC
<i>simethicone susp 40 mg/0.6ml</i> (Gas Relief)	Tier 1	OTC
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol cap 300 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>ursodiol tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ursodiol tab 500 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP 8MCG (<i>lubiprostone</i>)	Tier 3	MAIL, PA
AMITIZA CAP 24MCG (<i>lubiprostone</i>)	Tier 3	MAIL, PA
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 137

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days)
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days)
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM (<i>mesalamine</i>)	Tier 2	QL (120 caps / 30 days), MAIL
<i>balsalazide disodium cap 750 mg</i>	Tier 1	QL (270 caps / 30 days), MAIL
CIMZIA KIT (<i>certolizumab pegol</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA KIT STARTER (<i>certolizumab pegol</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA PREFL KIT 200MG/ML (<i>certolizumab pegol</i>)	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
DIPENTUM CAP 250MG (<i>olsalazine sodium</i>)	Tier 3	MAIL
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>mesalamine enema 4 gm</i>	Tier 1	
<i>mesalamine tab delayed release 800 mg</i>	Tier 1	MAIL
REMICADE INJ 100MG (<i>infliximab</i>)	Tier 3	PA
STELARA INJ 5MG/ML (<i>ustekinumab (iv)</i>)	Tier 3	PA; Preferred Brand
<i>sulfasalazine tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 138

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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 139
 OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate packet 2.4 gm</i>	Tier 1	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate tab 800 mg</i>	Tier 1	MAIL, ST; Prior use of calcium acetate within the past 90 days.
VELPHORO CHW 500MG (<i>sucroferric oxyhydroxide</i>)	Tier 3	MAIL, PA

GENITOURINARY AGENTS - MISCELLANEOUS**ALKALINIZERS**

<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	Tier 1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	Tier 1	

CYSTITIS AGENTS

CYSTAGON CAP 50MG (<i>cysteamine bitartrate</i>)	Tier 3	PA
CYSTAGON CAP 150MG (<i>cysteamine bitartrate</i>)	Tier 3	PA

GENITOURINARY IRRIGANTS

<i>acetic acid irrigation soln 0.25%</i>	Tier 1	
<i>sodium chloride irrigation soln 0.9%</i>	Tier 1	

INTERSTITIAL CYSTITIS AGENTS

ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>)	Tier 3	PA
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PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>dutasteride cap 0.5 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 140
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

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Drug Name	Drug Tier	Requirements/Limits
<i>finasteride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>silodosin cap 4 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL, PA
<i>silodosin cap 8 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL, PA
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
URINARY ANALGESICS		
<i>phenazopyridine hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>phenazopyridine hcl tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days)
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
GOUT AGENTS		
<i>allopurinol tab 100 mg</i>	Tier 1	MAIL
<i>allopurinol tab 300 mg</i>	Tier 1	MAIL
<i>colchicine tab 0.6 mg</i>	Tier 1	QL (30 tabs / 90 days)
FEBUXOSTAT TAB 40 MG	Tier 1	QL (30 tabs / 30 days), MAIL, PA
FEBUXOSTAT TAB 80 MG	Tier 1	QL (30 tabs / 30 days), MAIL, PA
ULORIC TAB 40MG (<i>febuxostat</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
ULORIC TAB 80MG (<i>febuxostat</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
URICOSURICS		
<i>probenecid tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE INJ 250UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 3	PA
ADVATE INJ 500UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 3	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 141
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
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Drug Name	Drug Tier	Requirements/Limits
ADVATE INJ 1000UNIT (antihemophilic factor rahf-pfm)	Tier 3	PA
ADVATE INJ 1500UNIT (antihemophilic factor rahf-pfm)	Tier 3	PA
ADVATE INJ 2000UNIT (antihemophilic factor rahf-pfm)	Tier 3	PA
ADVATE INJ 3000UNIT (antihemophilic factor rahf-pfm)	Tier 3	PA
ADVATE INJ 4000UNIT (antihemophilic factor rahf-pfm)	Tier 3	PA
ALPHANINE SD INJ 500UNIT (coagulation factor ix)	Tier 3	PA
ALPHANINE SD INJ 1500UNIT (coagulation factor ix)	Tier 3	PA
ALPROLIX INJ 250UNIT (coagulation factor ix (recomb) fc fusion protein (rfixfc))	Tier 3	PA
ALPROLIX INJ 500UNIT (coagulation factor ix (recomb) fc fusion protein (rfixfc))	Tier 3	PA
ALPROLIX INJ 1000UNIT (coagulation factor ix (recomb) fc fusion protein (rfixfc))	Tier 3	PA
ALPROLIX INJ 2000UNIT (coagulation factor ix (recomb) fc fusion protein (rfixfc))	Tier 3	PA
ALPROLIX INJ 3000UNIT (coagulation factor ix (recomb) fc fusion protein (rfixfc))	Tier 3	PA
ALPROLIX INJ 4000UNIT (coagulation factor ix (recomb) fc fusion protein (rfixfc))	Tier 3	PA
BENEFIX INJ 250UNIT (coagulation factor ix (recombinant))	Tier 3	PA
BENEFIX INJ 500UNIT (coagulation factor ix (recombinant))	Tier 3	PA
BENEFIX INJ 1000UNIT (coagulation factor ix (recombinant))	Tier 3	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 142

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
BENEFIX INJ 2000UNIT (coagulation factor ix (recombinant))	Tier 3	PA
BENEFIX INJ 3000UNIT (coagulation factor ix (recombinant))	Tier 3	PA
FEIBA INJ (antiinhibitor coagulant complex)	Tier 3	PA
HELIXATE FS INJ 500UNIT (antihemophilic factor (recombinant))	Tier 3	PA
HEMLIBRA INJ 30MG/ML (emicizumab-kxwh)	Tier 3	PA
HEMLIBRA INJ 60/0.4 (emicizumab-kxwh)	Tier 3	PA
HEMLIBRA INJ 105/0.7 (emicizumab-kxwh)	Tier 3	PA
HEMLIBRA INJ 150/ML (emicizumab-kxwh)	Tier 3	PA
HEMOFIL M INJ 1700UNIT (antihemophilic factor (human))	Tier 3	PA
HUMATE-P SOL 500-1200 (antihemophilic factor/von willebrand factor complex (human))	Tier 3	PA
HUMATE-P SOL 2400UNIT (antihemophilic factor/von willebrand factor complex (human))	Tier 3	PA
KOATE-DVI INJ 250UNIT (antihemophilic factor (human))	Tier 3	PA
KOATE-DVI INJ 500UNIT (antihemophilic factor (human))	Tier 3	PA
KOATE-DVI INJ 1000UNIT (antihemophilic factor (human))	Tier 3	PA
KOGENATE FS INJ 250UNIT (antihemophilic factor (recombinant))	Tier 3	PA
KOGENATE FS INJ 1000UNIT (antihemophilic factor (recombinant))	Tier 3	PA
KOVALTRY INJ 250UNIT (antihemophilic factor (recombinant))	Tier 3	PA
KOVALTRY INJ 500UNIT (antihemophilic factor (recombinant))	Tier 3	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 143

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
KOVALTRY INJ 1000UNIT (antihemophilic factor (recombinant))	Tier 3	PA
KOVALTRY INJ 2000UNIT (antihemophilic factor (recombinant))	Tier 3	PA
KOVALTRY INJ 3000UNIT (antihemophilic factor (recombinant))	Tier 3	PA
MONOCLATE-P INJ 1000UNIT (antihemophilic factor (human))	Tier 3	PA
NOVOEIGHT INJ 1500UNIT (antihemophilic factor (recombinant))	Tier 3	PA
NOVOSEVEN RT INJ 1MG (coagulation factor viia (recombinant))	Tier 3	PA
NOVOSEVEN RT INJ 2MG (coagulation factor viia (recombinant))	Tier 3	PA
NOVOSEVEN RT INJ 5MG (coagulation factor viia (recombinant))	Tier 3	PA
NOVOSEVEN RT INJ 8MG (coagulation factor viia (recombinant))	Tier 3	PA
NUWIQ INJ 250UNIT (antihemophilic factor (recomb b-domain deleted) (bdd-rfviii))	Tier 3	PA
NUWIQ INJ 500UNIT (antihemophilic factor (recomb b-domain deleted) (bdd-rfviii))	Tier 3	PA
NUWIQ INJ 1000UNIT (antihemophilic factor (recomb b-domain deleted) (bdd-rfviii))	Tier 3	PA
NUWIQ INJ 2000UNIT (antihemophilic factor (recomb b-domain deleted) (bdd-rfviii))	Tier 3	PA
NUWIQ INJ 2500UNIT (antihemophilic factor (recomb b-domain deleted) (bdd-rfviii))	Tier 3	PA
NUWIQ INJ 3000UNIT (antihemophilic factor (recomb b-domain deleted) (bdd-rfviii))	Tier 3	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 144

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
NUWIQ INJ 4000UNIT (antihemophilic factor (recomb b-domain deleted) (bdd-rfviii))	Tier 3	PA
NUWIQ KIT 250UNIT (antihemophilic factor (recomb b-domain deleted) (bdd-rfviii))	Tier 3	PA
NUWIQ KIT 500UNIT (antihemophilic factor (recomb b-domain deleted) (bdd-rfviii))	Tier 3	PA
NUWIQ KIT 1000UNIT (antihemophilic factor (recomb b-domain deleted) (bdd-rfviii))	Tier 3	PA
NUWIQ KIT 2000UNIT (antihemophilic factor (recomb b-domain deleted) (bdd-rfviii))	Tier 3	PA
NUWIQ KIT 2500UNIT (antihemophilic factor (recomb b-domain deleted) (bdd-rfviii))	Tier 3	PA
NUWIQ KIT 3000UNIT (antihemophilic factor (recomb b-domain deleted) (bdd-rfviii))	Tier 3	PA
NUWIQ KIT 4000UNIT (antihemophilic factor (recomb b-domain deleted) (bdd-rfviii))	Tier 3	PA
PROFILNINE INJ 1500UNIT (factor ix complex)	Tier 3	PA
RECOMBINATE INJ (antihemophilic factor (recombinant))	Tier 3	PA
RECOMBINATE INJ 220-400 (antihemophilic factor (recombinant))	Tier 3	PA
RECOMBINATE INJ 401-800 (antihemophilic factor (recombinant))	Tier 3	PA
RECOMBINATE INJ 801-1240 (antihemophilic factor (recombinant))	Tier 3	PA
RIXUBIS INJ 250 UNIT (coagulation factor ix (recombinant))	Tier 3	PA
RIXUBIS INJ 500UNIT (coagulation factor ix (recombinant))	Tier 3	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 145

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
RIXUBIS INJ 1000UNIT (coagulation factor ix (recombinant))	Tier 3	PA
RIXUBIS INJ 2000UNIT (coagulation factor ix (recombinant))	Tier 3	PA
RIXUBIS INJ 3000UNIT (coagulation factor ix (recombinant))	Tier 3	PA
XYNTHA SOLOF INJ 500UNIT (antihemophilic factor (recombinant) plasma/albumin free)	Tier 3	PA
XYNTHA SOLOF INJ 1000UNIT (antihemophilic factor (recombinant) plasma/albumin free)	Tier 3	PA
XYNTHA SOLOF INJ 2000UNIT (antihemophilic factor (recombinant) plasma/albumin free)	Tier 3	PA
XYNTHA SOLOF INJ 3000UNIT (antihemophilic factor (recombinant) plasma/albumin free)	Tier 3	PA
XYNTHA SOLOF KIT 250UNIT (antihemophilic factor (recombinant) plasma/albumin free)	Tier 3	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML (icatibant acetate)	Tier 3	PA
icatibant acetate inj 30 mg/3ml (base equivalent)	Tier 1	PA
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT (c1 esterase inhibitor (human))	Tier 3	PA
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	Tier 1	QL (120 tabs / 30 days), MAIL
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ 300/2ML (lanadelumab-flyo)	Tier 3	PA
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl cap 0.5 mg	Tier 1	MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 146
 OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
<i>anagrelide hcl cap 1 mg</i>	Tier 1	MAIL
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	MAIL, PA
BRILINTA TAB 60MG (<i>ticagrelor</i>)	Tier 3	QL (60 tabs / 30 days), MAIL, PA
BRILINTA TAB 90MG (<i>ticagrelor</i>)	Tier 3	QL (60 tabs / 30 days), MAIL, PA
<i>cilostazol tab 50 mg</i>	Tier 1	MAIL
<i>cilostazol tab 100 mg</i>	Tier 1	MAIL
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>dipyridamole tab 25 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 50 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 75 mg</i>	Tier 1	MAIL
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA
ZONTIVITY TAB 2.08MG (<i>vorapaxar sulfate</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA

HEMATOPOIETIC AGENTS**AGENTS FOR GAUCHER DISEASE**

CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	Tier 3	PA
<i>miglustat cap 100 mg</i>	Tier 1	PA

COBALAMINS

<i>cyanocobalamin sl tab 500 mcg</i> (Cvs B-12)	Tier 1	OTC
<i>cyanocobalamin sl tab 1000 mcg</i>	Tier 1	OTC
<i>cyanocobalamin sl tab 2500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 100 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 250 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 1000 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg</i> (Cvs Vitamin B-12 Tr)	Tier 1	OTC

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 147

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Drug Name	Drug Tier	Requirements/Limits
FOLIC ACID/FOLATES		
<i>folic acid cap 0.8 mg</i> (Fa-8)	PREV	OTC, QL (30 caps / 30 days), MAIL; Prev for ages 55 and under, otherwise Tier 1
<i>folic acid tab 1 mg</i>	Tier 1	MAIL
<i>folic acid tab 400 mcg</i>	PREV	OTC, QL (30 tabs / 30 days), MAIL; Prev for ages 55 and under, otherwise Tier 1
<i>folic acid tab 800 mcg</i>	PREV	OTC, QL (30 tabs / 30 days), MAIL; Prev for ages 55 and under, otherwise Tier 1

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG (<i>darbepoetin alfa</i>)	Tier 3	PA
ARANESP INJ 25MCG (<i>darbepoetin alfa</i>)	Tier 3	PA
ARANESP INJ 40MCG (<i>darbepoetin alfa</i>)	Tier 3	PA
ARANESP INJ 60MCG (<i>darbepoetin alfa</i>)	Tier 3	PA
ARANESP INJ 100MCG (<i>darbepoetin alfa</i>)	Tier 3	PA
ARANESP INJ 150MCG (<i>darbepoetin alfa</i>)	Tier 3	PA
ARANESP INJ 200MCG (<i>darbepoetin alfa</i>)	Tier 3	PA
ARANESP INJ 300MCG (<i>darbepoetin alfa</i>)	Tier 3	PA
ARANESP INJ 500MCG (<i>darbepoetin alfa</i>)	Tier 3	PA
EPOGEN INJ 3000/ML (<i>epoetin alfa</i>)	Tier 3	PA
EPOGEN INJ 4000/ML (<i>epoetin alfa</i>)	Tier 3	PA
EPOGEN INJ 10000/ML (<i>epoetin alfa</i>)	Tier 3	PA
EPOGEN INJ 20000/ML (<i>epoetin alfa</i>)	Tier 3	PA
LEUKINE INJ 250MCG (<i>sargramostim</i>)	Tier 3	PA
NEULASTA INJ 6MG/0.6M (<i>pegfilgrastim</i>)	Tier 3	PA
NEUPOGEN INJ 300/0.5 (<i>filgrastim</i>)	Tier 3	PA
NEUPOGEN INJ 300MCG (<i>filgrastim</i>)	Tier 3	PA
NEUPOGEN INJ 480/0.8 (<i>filgrastim</i>)	Tier 3	PA
NEUPOGEN INJ 480MCG (<i>filgrastim</i>)	Tier 3	PA
NIVESTYM INJ 300MCG (<i>filgrastim-aafi</i>)	Tier 3	PA
NIVESTYM INJ 480MCG (<i>filgrastim-aafi</i>)	Tier 3	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 148

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJ 2000/ML (epoetin alfa)	Tier 3	PA
PROCRIT INJ 3000/ML (epoetin alfa)	Tier 3	PA
PROCRIT INJ 40000/ML (epoetin alfa)	Tier 3	PA
PROMACTA TAB 12.5MG (eltrombopag olamine)	Tier 3	PA
PROMACTA TAB 25MG (eltrombopag olamine)	Tier 3	PA
PROMACTA TAB 50MG (eltrombopag olamine)	Tier 3	PA
PROMACTA TAB 75MG (eltrombopag olamine)	Tier 3	PA
RETACRIT INJ 2000UNIT (epoetin alfa-epbx)	Tier 3	PA
RETACRIT INJ 3000UNIT (epoetin alfa-epbx)	Tier 3	PA
RETACRIT INJ 4000UNIT (epoetin alfa-epbx)	Tier 3	PA
RETACRIT INJ 10000UNT (epoetin alfa-epbx)	Tier 3	PA
RETACRIT INJ 40000UNT (epoetin alfa-epbx)	Tier 3	PA
ZARXIO INJ 300/0.5 (filgrastim-sndz)	Tier 3	PA
ZARXIO INJ 480/0.8 (filgrastim-sndz)	Tier 3	PA
ZIEXTENZO INJ 6/0.6ML (pegfilgrastim-bmez)	Tier 3	MAIL, PA

HEMATOPOIETIC MIXTURES

fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg (Tricon)	Tier 1	QL (60 caps / 30 days)
FERREX 150 CAP 150MG (polysaccharide iron-folic acid-vit b12) iron combination cap (Chromagen)	Tier 1	OTC
iron polysacch complex-vit b12-fa cap 150-0.025-1 mg (Poly-iron 150 Forte)	Tier 1	QL (60 caps / 30 days)

Hematopoietic Growth Factors

FULPHILA INJ 6/0.6ML (pegfilgrastim-jmdb)	Tier 3	PA
NIVESTYM INJ 300/0.5 (filgrastim-aafi)	Tier 3	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 149

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
NIVESTYM INJ 480/0.8 (filgrastim-aafi)	Tier 3	PA
UDENYCA INJ 6MG/.6ML (pegfilgrastim-cbqv)	Tier 3	PA

IRON

carbonyl iron susp 15 mg/1.25ml (elemental iron) (Wee Care)	Tier 1	OTC
FE GLUCONATE TAB 239MG	Tier 1	OTC, MAIL
FERRETTTS TAB 325MG (ferrous fumarate)	Tier 1	OTC, MAIL
ferrous fumarate tab 324 mg (106 mg elemental fe)	Tier 1	OTC, MAIL
FERROUS GLUC TAB 324MG	Tier 1	OTC, MAIL
ferrous gluconate tab 240 mg (27 mg elemental fe) (Ferate)	Tier 1	OTC, MAIL
ferrous gluconate tab 324 mg (37.5 mg elemental iron)	Tier 1	OTC, MAIL
FERROUS SUL LIQ 220/5ML	Tier 1	OTC, MAIL
FERROUS SULF TAB 324MG EC	Tier 1	OTC, MAIL
ferrous sulfate dried tab 200 mg (65 mg elemental fe) (Px Iron)	Tier 1	OTC, MAIL
ferrous sulfate dried tab er 45 mg (fe equivalent) (Slow-release Iron)	Tier 1	OTC, MAIL
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent) (Slow Iron)	Tier 1	OTC, MAIL
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	Tier 1	OTC, MAIL
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	Tier 1	OTC, MAIL
ferrous sulfate tab 325 mg (65 mg elemental fe)	Tier 1	OTC, MAIL
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	Tier 1	OTC, MAIL
ferrous sulfate tab er 47.5 mg (elemental fe) (Ra Slow Release Iron)	Tier 1	OTC, MAIL
ferrous sulfate tab er 50 mg (elemental fe) (Slow Release Iron)	Tier 1	OTC, MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 150
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

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Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	Tier 1	OTC, MAIL
<i>IRON CHW PEDIATRI (carbonyl iron)</i>	Tier 1	OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i> (Poly-iron 150)	Tier 1	OTC
<i>SLOW FE TAB 45MG (ferrous sulfate)</i>	Tier 1	OTC, MAIL

HEMOSTATICS**HEMOSTATICS - SYSTEMIC**

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

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**ANTI-HISTAMINE HYPNOTICS**

<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Cvs Sleep Aid Nighttime)	Tier 1	OTC, MAIL
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	Tier 1	OTC, MAIL
<i>doxylamine succinate (sleep) tab 25 mg</i> (Sleep Aid)	Tier 1	OTC, MAIL

BARBITURATE HYPNOTICS

<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	QL (1500 mL / 30 days); AGE (Max 12 years)
<i>phenobarbital tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 16.2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 32.4 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 60 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 64.8 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>phenobarbital tab 97.2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)

HYPNOTICS - TRICYCLIC AGENTS

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 3	MAIL, PA
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PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 151

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 3	MAIL, PA
<i>SILENOR TAB 3MG (doxepin hcl (sleep))</i>	Tier 3	MAIL, PA
<i>SILENOR TAB 6MG (doxepin hcl (sleep))</i>	Tier 3	MAIL, PA
<i>NON-BARBITURATE HYPNOTICS</i>		
<i>estazolam tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days); AGE (Min 18 years)
<i>estazolam tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days); AGE (Min 18 years)
<i>eszopiclone tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days); AGE (Min 18 years)
<i>eszopiclone tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days); AGE (Min 18 years)
<i>eszopiclone tab 3 mg</i>	Tier 1	QL (30 tabs / 30 days); AGE (Min 18 years)
<i>flurazepam hcl cap 15 mg</i>	Tier 1	QL (30 caps / 30 days); AGE (Min 15 years, Max 64 years)
<i>flurazepam hcl cap 30 mg</i>	Tier 1	QL (30 caps / 30 days); AGE (Min 15 years, Max 64 years)
<i>temazepam cap 15 mg</i>	Tier 1	QL (30 caps / 30 days); AGE (Min 18 years)
<i>temazepam cap 30 mg</i>	Tier 1	QL (30 caps / 30 days); AGE (Min 18 years)
<i>triazolam tab 0.25 mg</i>	Tier 1	QL (60 tabs / 30 days); AGE (Min 18 years)
<i>triazolam tab 0.125 mg</i>	Tier 1	QL (30 tabs / 30 days); AGE (Min 18 years)
<i>zaleplon cap 5 mg</i>	Tier 1	QL (30 caps / 30 days); AGE (Min 18 years)
<i>zaleplon cap 10 mg</i>	Tier 1	QL (30 caps / 30 days); AGE (Min 18 years)
<i>zolpidem tartrate tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days); AGE (Min 18 years)
<i>zolpidem tartrate tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days); AGE (Min 18 years)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 152

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG (<i>suvorexant</i>)	Tier 3	PA
BELSOMRA TAB 10MG (<i>suvorexant</i>)	Tier 3	PA
BELSOMRA TAB 15MG (<i>suvorexant</i>)	Tier 3	PA
BELSOMRA TAB 20MG (<i>suvorexant</i>)	Tier 3	PA
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG (<i>tasimelteon</i>)	Tier 3	PA
<i>ramelteon tab 8 mg</i>	Tier 1	MAIL, PA
ROZEREM TAB 8MG (<i>ramelteon</i>)	Tier 3	MAIL, PA
LAXATIVES		
BULK LAXATIVES		
<i>calcium polycarbophil tab 625 mg</i>	Tier 1	OTC
<i>corn dextrin oral powder</i> (Cvs Easy Fiber)	Tier 1	OTC
KONSYL DAILY POW 28.3% (<i>psyllium</i>)	Tier 1	OTC, MAIL
KONSYL DAILY POW 100% (<i>psyllium</i>)	Tier 1	OTC, MAIL
KONSYL-D POW 52.3% (<i>psyllium</i>)	Tier 1	OTC, MAIL
METAMUCIL POW 28%ORG (<i>psyllium</i>)	Tier 1	OTC, MAIL
METAMUCIL POW 58.12% (<i>psyllium</i>)	Tier 1	OTC, MAIL
METAMUCIL WAF (<i>psyllium</i>)	Tier 1	OTC, MAIL
<i>methylcellulose tab 500 mg</i> (Gnp Fiber Therapy)	Tier 1	OTC
NAT FIBER POW 58.6% (<i>psyllium</i>)	Tier 1	OTC, MAIL
<i>psyllium cap 0.52 gm</i> (Fiber Laxative)	Tier 1	OTC, MAIL
<i>psyllium cap 400 mg</i> (Reguloid)	Tier 1	OTC, MAIL
<i>psyllium powder 28.3%</i> (Gnp Natural Fiber)	Tier 1	OTC, MAIL
<i>psyllium powder 30.9%</i> (Konsyl)	Tier 1	OTC, MAIL
<i>psyllium powder 33%</i> (Sb Fib Lax Orange)	Tier 1	OTC, MAIL
<i>psyllium powder 48.57%</i> (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
<i>psyllium powder 58.6%</i> (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
<i>psyllium powder 95%</i> (Qc Natural Vegetable)	Tier 1	OTC, MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 153

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Drug Name	Drug Tier	Requirements/Limits
psyllium powder 100%	Tier 1	OTC, MAIL
UNIFIBER POW (<i>cellulose</i>)	Tier 1	OTC
wheat dextrin oral powder (Clear Soluble Fiber)	Tier 1	OTC
LAXATIVE COMBINATIONS		
CLENPIQ SOL (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>)	PREV	Prev for ages 50-74, otherwise Tier 3
GOLYTELY SOL (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	PREV	Prev for ages 50-74, otherwise Tier 3
MEDI-LAXX CAP 8.6-50MG (<i>sennosides-docusate sodium</i>)	Tier 1	OTC, MAIL
MOVIPREP SOL (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	PREV	Prev for ages 50-74, otherwise Tier 3
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	PREV	Prev for ages 50-74, otherwise Tier 1
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	PREV	Prev for ages 50-74, otherwise Tier 1
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	PREV	Prev for ages 50-74, otherwise Tier 1
PLENVU SOL (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	PREV	Prev for ages 50-74, otherwise Tier 3
PREPOPIK PAK (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>)	PREV	Prev for ages 50-74, otherwise Tier 3
sennosides-docusate sodium tab 8.6-50 mg	Tier 1	OTC, MAIL
SUPREP BOWEL SOL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	PREV	Prev for ages 50-74, otherwise Tier 3
LAXATIVES - MISCELLANEOUS		
glycerin suppos 1.2 gm (Gnp Glycerin Child)	Tier 1	OTC
glycerin suppos 2 gm (Cvs Glycerin Adult)	Tier 1	OTC
glycerin suppos 2.1 gm (Gnp Glycerin Adult)	Tier 1	OTC

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Drug Name	Drug Tier	Requirements/Limits
glycerin suppos 80.7% (Ra Glycerin Child)	Tier 1	OTC
lactulose solution 10 gm/15ml	Tier 1	MAIL
polyethylene glycol 3350 oral packet (Ra Laxative)	Tier 1	OTC, QL (60 packets / 30 days)
polyethylene glycol 3350 oral powder (Ra Laxative)	Tier 1	OTC, QL (527 gm / 30 days)
LUBRICANT LAXATIVES		
mineral oil	Tier 1	OTC
mineral oil enema	Tier 1	OTC
SALINE LAXATIVES		
magnesium citrate soln (Gnp Magnesium Citrate)	Tier 1	OTC
magnesium hydroxide susp 400 mg/5ml (Milk Of Magnesia)	Tier 1	OTC
magnesium hydroxide susp concentrate 2400 mg/10ml (Milk Of Magnesia Concentr)	Tier 1	OTC
OSMOPREP TAB 1.5GM (sodium phosphate monobasic-sodium phosphate dibasic)	Tier 3	PA
sodium phosphates - enema	Tier 1	OTC
STIMULANT LAXATIVES		
bisacodyl suppos 10 mg (Cvs Gentle Laxative)	Tier 1	OTC
bisacodyl tab delayed release 5 mg (Stimulant Laxative)	Tier 1	OTC
sennosides chew tab 15 mg (Cvs Chocolate Laxative Pi)	Tier 1	OTC, MAIL
sennosides syrup 8.8 mg/5ml	Tier 1	OTC, MAIL
sennosides tab 8.6 mg (Eq Natural Vegetable Laxa)	Tier 1	OTC, MAIL
sennosides tab 25 mg (Ra Laxative Maximum Stren)	Tier 1	OTC, MAIL
SURFACTANT LAXATIVES		
docusate calcium cap 240 mg (Stool Softener)	Tier 1	OTC

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 155

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Drug Name	Drug Tier	Requirements/Limits
<i>docusate sodium cap 50 mg</i> (Ra Col-rite)	Tier 1	OTC
<i>docusate sodium cap 100 mg</i> (Stool Softener)	Tier 1	OTC
<i>docusate sodium cap 250 mg</i>	Tier 1	OTC
<i>docusate sodium liquid 150 mg/15ml</i> (Silace)	Tier 1	OTC
<i>docusate sodium syrup 60 mg/15ml</i> (Silace)	Tier 1	OTC
<i>docusate sodium tab 100 mg</i> (Dok)	Tier 1	OTC
DOCUSOL PLUS ENE 20-283 (benzocaine-docusate sodium)	Tier 1	OTC
PEDIA-LAX LIQ 50MG (docusate sodium)	Tier 1	OTC

MACROLIDES**AZITHROMYCIN**

<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>azithromycin powd pack for susp 1 gm</i>	Tier 1	QL (2 packets / 30 days)
<i>azithromycin tab 250 mg</i>	Tier 1	QL (12 tabs / 30 days)
<i>azithromycin tab 500 mg</i>	Tier 1	QL (6 tabs / 30 days)
<i>azithromycin tab 600 mg</i>	Tier 1	QL (60 tabs / 30 days)

CLARITHROMYCIN

<i>clarithromycin for susp 125 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>clarithromycin tab 250 mg</i>	Tier 1	
<i>clarithromycin tab 500 mg</i>	Tier 1	

ERYTHROMYCINS

<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 1	
<i>erythromycin stearate tab 250 mg</i> (Erythrocin Stearate)	Tier 1	
<i>erythromycin tab 250 mg</i>	Tier 1	
<i>erythromycin tab 500 mg</i>	Tier 1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 156

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin tab delayed release 250 mg</i> (Ery-tab)	Tier 1	
<i>erythromycin tab delayed release 333 mg</i> (Ery-tab)	Tier 1	
<i>erythromycin tab delayed release 500 mg</i> (Ery-tab)	Tier 1	
FIDAXOMICIN		
DIFICID TAB 200MG (<i>fidaxomicin</i>)	Tier 3	PA
MEDICAL DEVICES		
<i>Parenteral Therapy Supplies</i>		
BD U-500 MIS 31GX6MM (<i>insulin syringe/needle u-500</i>)	DME	QL (150 ea / 30 days)
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR (<i>diaphragm arc-spring</i>)	PREV	
FC2 FEMALE MIS CONDOM (<i>condoms - female</i>)	PREV	OTC
FEMCAP MIS 22MM (<i>cervical caps</i>)	PREV	
FEMCAP MIS 26MM (<i>cervical caps</i>)	PREV	
FEMCAP MIS 30MM (<i>cervical caps</i>)	PREV	
OMNIFLEX DPR (<i>diaphragms</i>)	PREV	
WIDE-SEAL DPR KIT 60 (<i>diaphragm wide seal</i>)	PREV	
WIDE-SEAL DPR KIT 65 (<i>diaphragm wide seal</i>)	PREV	
WIDE-SEAL DPR KIT 70 (<i>diaphragm wide seal</i>)	PREV	
WIDE-SEAL DPR KIT 75 (<i>diaphragm wide seal</i>)	PREV	
WIDE-SEAL DPR KIT 80 (<i>diaphragm wide seal</i>)	PREV	
WIDE-SEAL DPR KIT 85 (<i>diaphragm wide seal</i>)	PREV	
WIDE-SEAL DPR KIT 90 (<i>diaphragm wide seal</i>)	PREV	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 157

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Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DPR KIT 95 (<i>diaphragm wide seal</i>)	PREV	
DIABETIC SUPPLIES		
DEXCOM G5 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	Tier 2	QL (1 each / year), PA
DEXCOM G5 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	Tier 2	QL (1 box / 90 days), PA
DEXCOM G6 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	Tier 2	QL (1 each / year), PA
DEXCOM G6 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	QL (3 boxes / 30 days), PA
DEXCOM G6 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	Tier 2	QL (1 box / 90 days), PA
FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	QL (2 boxes / 30 days), PA
FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	QL (3 boxes / 30 days), PA
FREESTYLE MIS READER (<i>continuous blood glucose system receiver</i>)	Tier 2	QL (1 each / year), PA
G5/G4 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	QL (4 boxes / 30 days), PA
LANCETS MIS 30G	DME	OTC
TRUE METRIX KIT AIR (<i>blood glucose monitoring supplies</i>)	DME	OTC, QL (1 box / year)
MISC. DEVICES		
ALCOHOL PREP PAD MED 70% (<i>alcohol swabs</i>)	Tier 1	OTC, QL (200 ea / 30 days)
PARENTERAL THERAPY SUPPLIES		
INSULIN SYRG MIS 0.3/29G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/29G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.3/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 158
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 0.3/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/28G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/29G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.5/29G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.5/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.5/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/28G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
NEEDLES MIS 18GX1.5" (<i>needle (disp) 18 g</i>)	DME	OTC
PEN NEEDLES MIS 29GX10MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 29GX12.7 (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 159
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES MIS 29GX12MM (insulin pen needle)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 31GX5MM (insulin pen needle)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX5MM (insulin pen needle)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 31GX6MM (insulin pen needle)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX6MM (insulin pen needle)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 31GX8MM (insulin pen needle)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX8MM (insulin pen needle)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX4MM (insulin pen needle)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 32GX4MM (insulin pen needle)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX6MM (insulin pen needle)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX8MM (insulin pen needle)	DME	OTC, QL (150 / 30 days); TECHLITE
3ML SYRINGE MIS REG TIP (syringe (disposable))	DME	
RESPIRATORY THERAPY SUPPLIES		
ADULT MASK MIS LARGE	Tier 2	QL (1 box / year)
EASY NEB MIS (nebulizers)	Tier 2	OTC
INSPIRACHAMB MIS LARGE (spacer/aerosol-holding chambers)	Tier 2	QL (1 each / year)
PEAK AIR FLO MIS ADLT/PED (peak flow meter)	DME	OTC, QL (1 each / year)
PULMONEB LT MIS NEBULIZE (respiratory therapy supplies)	Tier 2	QL (1 each / 30 days)
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
ergotamine w/ caffeine tab 1-100 mg	Tier 1	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 160

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Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 1	PA
<i>ERGOMAR SUB 2MG (ergotamine tartrate)</i>	Tier 3	
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	Tier 1	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>almotriptan malate tab 12.5 mg</i>	Tier 1	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 1	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 1	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Tier 1	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (9 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 161

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at 162
mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine
EQ Dose per day

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
ZOMIG SPR 2.5MG (<i>zolmitriptan</i>)	Tier 3	QL (2 mL / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
ZOMIG SPR 5MG (<i>zolmitriptan</i>)	Tier 3	QL (2 mL / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

MINERALS & ELECTROLYTES**CALCIUM**

<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i> (Ra Calcium 600 Plus Vitam)	Tier 1	OTC
<i>calcium carb-vit d w/ minerals chew tab 600 mg-800 unit</i> (Sm Calcium 600 + D Plus M)	Tier 1	OTC
<i>calcium carbonate tab 600 mg</i> (Calcium 600)	Tier 1	OTC, MAIL
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	Tier 1	OTC, MAIL
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol cap 600 mg-500 unit</i> (Calcium Plus Vitamin D3)	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i>	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i> (Calcium 500/d)	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</i> (Oysco 500+d)	Tier 1	OTC, MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 163
mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
EQ Dose per day

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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 164
 OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 165

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	PREV	QL (30 tabs / 30 days), MAIL; Prev for less than 6 years old, otherwise Tier 1
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	PREV	QL (30 tabs / 30 days), MAIL; Prev for less than 6 years old, otherwise Tier 1
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	PREV	QL (50 mL / 30 days), MAIL; Prev for less than 6 years old, otherwise Tier 1
sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf) (Flura-drops)	PREV	QL (24 mL / 30 days), MAIL; Prev for less than 6 years old, otherwise Tier 1
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab)	PREV	QL (30 mL / 30 days), MAIL; Prev for less than 6 years old, otherwise Tier 1
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	PREV	QL (30 tabs / 30 days), MAIL; Prev for less than 6 years old, otherwise Tier 1

MAGNESIUM

MAG64 TAB 64MG (magnesium chloride)	Tier 1	OTC
MAGDELAY TAB 70MG (magnesium chloride)	Tier 1	OTC
magnesium chloride tab dr 64 mg (elemental mg) (Magdelay)	Tier 1	OTC
magnesium gluconate tab 27.5 mg (elemental mg)	Tier 1	OTC
magnesium gluconate tab 500 mg (27 mg elemental mg) (Mag-g)	Tier 1	OTC
magnesium oxide cap 500 mg (elemental mg)	Tier 1	OTC, MAIL
magnesium oxide tab 250 mg (mg supplement)	Tier 1	OTC, MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 166
 OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	Tier 1	OTC, MAIL
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i> (Magnesium-oxide)	Tier 1	OTC, MAIL
<i>magnesium oxide tab 500 mg (mg supplement)</i>	Tier 1	OTC, MAIL
<i>magnesium sulfate inj 50%</i>	Tier 1	
<i>magnesium tab 250 mg</i>	Tier 1	OTC, MAIL
PHOSPHATE		
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i> (Virt-phos 250 Neutral)	Tier 1	QL (120 tabs / 30 days), MAIL
POTASSIUM		
<i>potassium bicarbonate effer tab 25 meq</i> (Klor-con/ef)	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 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 1	MAIL
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 1	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 tabs / 30 days), MAIL
SODIUM		
<i>sodium chloride tab 1 gm</i>	Tier 1	OTC

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 167

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Drug Name	Drug Tier	Requirements/Limits
ZINC		
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i> (Zinc-220)	Tier 1	OTC, MAIL
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB 125MG (<i>penicillamine</i>)	Tier 2	
DEPEN TITRA TAB 250MG (<i>penicillamine</i>)	Tier 2	
<i>penicillamine tab 250 mg</i>	Tier 1	
IMMUNOMODULATORS		
REVLIMID CAP 2.5MG (<i>lenalidomide</i>)	Tier 3	QL (30 caps / 30 days), PA
REVLIMID CAP 5MG (<i>lenalidomide</i>)	Tier 3	QL (30 caps / 30 days), PA
REVLIMID CAP 10MG (<i>lenalidomide</i>)	Tier 3	QL (30 caps / 30 days), PA
REVLIMID CAP 15MG (<i>lenalidomide</i>)	Tier 3	QL (30 caps / 30 days), PA
REVLIMID CAP 20MG (<i>lenalidomide</i>)	Tier 3	QL (30 caps / 30 days), PA
REVLIMID CAP 25MG (<i>lenalidomide</i>)	Tier 3	QL (30 caps / 30 days), PA
THALOMID CAP 50MG (<i>thalidomide</i>)	Tier 3	PA
THALOMID CAP 100MG (<i>thalidomide</i>)	Tier 3	PA
THALOMID CAP 150MG (<i>thalidomide</i>)	Tier 3	PA
THALOMID CAP 200MG (<i>thalidomide</i>)	Tier 3	PA
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>cyclosporine cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 50 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	MAIL
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 168
 OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	MAIL
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 1	MAIL
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 1	MAIL
NEORAL CAP 25MG (<i>cyclosporine modified (for microemulsion)</i>)	Tier 2	MAIL
NEORAL CAP 100MG (<i>cyclosporine modified (for microemulsion)</i>)	Tier 2	MAIL
NULOJIX INJ 250MG (<i>belatacept</i>)	Tier 3	PA
RAPAMUNE SOL 1MG/ML (<i>sirolimus</i>)	Tier 3	MAIL
SANDIMMUNE CAP 25MG (<i>cyclosporine</i>)	Tier 2	MAIL
SANDIMMUNE CAP 100MG (<i>cyclosporine</i>)	Tier 2	MAIL
<i>sirolimus oral soln 1 mg/ml</i>	Tier 1	MAIL
<i>sirolimus tab 0.5 mg</i>	Tier 1	MAIL
<i>sirolimus tab 1 mg</i>	Tier 1	MAIL
<i>sirolimus tab 2 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 0.5 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 1 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 5 mg</i>	Tier 1	MAIL
ZORTRESS TAB 0.5MG (<i>everolimus (immunosuppressant)</i>)	Tier 3	PA
ZORTRESS TAB 0.25MG (<i>everolimus (immunosuppressant)</i>)	Tier 3	PA
ZORTRESS TAB 0.75MG (<i>everolimus (immunosuppressant)</i>)	Tier 3	PA
ZORTRESS TAB 1MG (<i>everolimus (immunosuppressant)</i>)	Tier 3	PA
IRRIGATION SOLUTIONS		
<i>irrigation solution, physiological (Physiolyte)</i>	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	Tier 1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 169
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Drug Name	Drug Tier	Requirements/Limits
sodium polystyrene sulfonate powder	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl viscous soln 2%	Tier 1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	Tier 1	QL (70 ea / 10 days)
nystatin susp 100000 unit/ml	Tier 1	
ORAVIG TAB 50MG (miconazole (mouth-throat))	Tier 3	PA
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	Tier 1	
DENTAL PRODUCTS		
sodium fluoride cream 1.1% (Sf 5000 Plus)	Tier 1	MAIL
sodium fluoride gel 1.1% (0.5% f) (Sf)	Tier 1	MAIL
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide dental paste 0.1%	Tier 1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	Tier 1	MAIL, PA
pilocarpine hcl tab 5 mg	Tier 1	MAIL
pilocarpine hcl tab 7.5 mg	Tier 1	MAIL
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
b-complex w/ c & folic acid cap 1 mg (Virt-caps)	Tier 1	
b-complex w/ c & folic acid tab (Vita-bee/c)	Tier 1	OTC
b-complex w/ c & folic acid tab 0.8 mg (Rena-vite)	Tier 1	OTC
b-complex w/ c & folic acid tab 5 mg (Folbee Plus)	Tier 1	
MULTIPLE VITAMINS W/ IRON		
multiple vitamins w/ iron tab (Stress Formula W/iron)	Tier 1	OTC

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 170
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
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Drug Name	Drug Tier	Requirements/Limits
MULTIPLE VITAMINS W/ MINERALS		
multiple vitamins w/ minerals cap (V-c Forte)	Tier 1	
multiple vitamins w/ minerals liquid (Multivitamin & Mineral)	Tier 1	OTC
multiple vitamins w/ minerals tab (Ocuville/lutein)	Tier 1	OTC
MULTIVITAMINS		
MULTI VITAMI TAB D-3	Tier 1	OTC
multiple vitamin cap (Mv-one)	Tier 1	OTC
multiple vitamin tab (Daily Vite)	Tier 1	OTC
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml (Multi-vit/iron/fluoride)	Tier 1	QL (50 mL / 30 days)
PED MULTIPLE VITAMINS W/ MINERALS		
pediatric multiple vitamin w/ minerals & c chew tab (Mvw Complete Formulation)	Tier 1	OTC
pediatric multiple vitamin w/ minerals & c chew tab (Polyvitamin/iron)	Tier 1	OTC
pediatric multiple vitamin w/ minerals & c drops 45 mg/ml (Aquadeks)	Tier 1	OTC
PED MV W/ FLUORIDE		
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
pediatric multiple vitamins w/ fluoride chew tab 1 mg (Multivitamin/fluoride)	Tier 1	QL (60 tabs / 30 days)
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 171
 OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
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Drug Name	Drug Tier	Requirements/Limits
pediatric vitamins acid w/ fluoride soln 0.5 mg/ml (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
pediatric vitamins acid w/ fluoride soln 0.25 mg/ml (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
PED MV W/ IRON		
ANIMAL SHAPE CHW IRON (pediatric multiple vitamins w/ iron)	Tier 1	OTC
pediatric multiple vitamins w/ iron chew tab 15 mg (Chewable Vite With Iron/c)	Tier 1	OTC
pediatric multiple vitamins w/ iron drops 10 mg/ml (Bprotected Pedia Poly-vit)	Tier 1	OTC
PEDIATRIC MULTIPLE VITAMINS		
MULT VITAM DRO (pediatric multiple vitamins)	Tier 2	OTC, QL (50 / 30 days)
pediatric multiple vitamin liq (Multi-delyn)	Tier 1	OTC
pediatric multiple vitamin w/ c & fa chew tab (Chewable Vite Childrens)	Tier 1	OTC
pediatric multiple vitamin w/ c soln 35 mg/ml (Bprotected Pedia Poly-vit)	Tier 1	OTC
pediatric multiple vitamin w/ extra c & fa chew tab (Land Before Time Multivit)	Tier 1	OTC
PEDIATRIC VITAMINS		
pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml (Bprotected Pedia Tri-vite)	Tier 1	OTC, QL (50 / 30 days)
TRI-VI-SOL SOL (pediatric vitamins adc)	Tier 2	OTC, QL (50 / 30 days)
PRENATAL VITAMINS		
BE WELL PAK ROUNDED (prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid)	Tier 1	OTC
BRAINSTRONG MIS PRENATAL (prenatal mv & min w/fe carbonyl-fa-dha)	Tier 1	OTC, QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CALNA TAB (<i>prenatal vitamin</i>)	Tier 1	OTC, QL (30 tabs / 30 days)
CENTRUM SPEC PAK PRENATAL (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	OTC, QL (30 tabs / 30 days)
CO-NATAL FA TAB 29-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
CVS PRENATAL CHW GUMMY (<i>prenatal multivitamins & minerals w/ folic acid-fish oil</i>)	Tier 1	OTC, QL (30 tabs / 30 days)
ENFAMIL MIS EXPECTA (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	OTC, QL (60 tabs / 30 days)
EZFE FORTE CAP (<i>prenatal without vit a w/ iron polysaccharide complex-fa</i>)	Tier 1	OTC, QL (30 caps / 30 days)
KPN PRENATAL TAB (<i>prenatal multivit-min w/fe-fa</i>)	Tier 1	OTC, QL (30 tabs / 30 days)
MYNATAL CAP (<i>prenatal multivit-min w/fe-fa</i>)	Tier 1	QL (30 caps / 30 days)
MYNATAL TAB (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
MYNATE 90 TAB PLUS (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
NATALVIT TAB 75-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
NESTABS TAB (<i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
NUTRIENTS TAB PRENATAL (<i>prenatal vitamins w/ ferrous succinate-folic acid</i>)	Tier 1	OTC, QL (30 tabs / 30 days)
O-CAL TAB PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
ONE A DAY MIS PRENATAL (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	OTC, QL (30 caps / 30 days)
PERRY PRENAT CAP (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	OTC, QL (30 caps / 30 days)
PRENAT MULTI CAP +DHA (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	OTC, QL (30 caps / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 173
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
PRENATAL 19 TAB 29-1MG (prenatal vit w/ docusate-fe fumarate-folic acid)	Tier 1	QL (30 tabs / 30 days)
PRENATAL CAP FORMULA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	Tier 1	OTC, QL (30 caps / 30 days)
PRENATAL CAP OMEGA-3 (prenatal vit w/ ferrous fumarate-fa-fish oil)	Tier 1	OTC, QL (30 caps / 30 days)
PRENATAL DHA PAK MULTI (prenatal mv & min w/ methylfolate-choline-fish oil)	Tier 1	OTC
PRENATAL FRM TAB A-FREE (prenatal without a vit w/ fe fumarate-folic acid)	Tier 1	OTC, QL (30 tabs / 30 days)
PRENATAL MUL CAP +DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	Tier 1	OTC, QL (30 caps / 30 days)
PRENATAL TAB (prenatal vit w/ ferrous fumarate-folic acid)	Tier 1	OTC, QL (30 tabs / 30 days)
PRENATAL TAB COMPLETE (prenatal vit w/ ferrous fumarate-folic acid)	Tier 1	OTC, QL (30 tabs / 30 days)
PRENATAL TAB FORMULA (prenatal vit w/ selenium-fe fumarate-folic acid)	Tier 1	OTC, QL (30 tabs / 30 days)
prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg (Prenatal 19)	Tier 1	QL (30 tabs / 30 days)
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg (Inatal Gt)	Tier 1	QL (30 tabs / 30 days)
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg (Prenatal 19)	Tier 1	QL (30 tabs / 30 days)
prenatal vit w/ fe fumarate-fa tab 28-1 mg (Trinate)	Tier 1	QL (30 tabs / 30 days)
prenatal vit w/ iron carbonyl-fa tab 29-1 mg (Prenatabs Rx)	Tier 1	QL (30 tabs / 30 days)
PRENATAL+DHA MIS (prenatal mv & min w/fe fumarate-fa-dha)	Tier 1	OTC, QL (30 tabs / 30 days)
PRENATAL/FE TAB (prenatal multivit-min w/fe-fa)	Tier 1	OTC, QL (30 tabs / 30 days)
RA PRENATAL TAB FORMULA (prenatal vit w/ ferrous fumarate-folic acid)	Tier 1	OTC, QL (30 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine 174
EQ Dose per day

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
SE-NATAL 19 CHW (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
SM ONE DAILY MIS PRENATAL (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	OTC, QL (30 tabs / 30 days)
THERANATAL MIS COMPLETE (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	OTC, QL (30 tabs / 30 days)
TL FOLATE TAB (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
TRINATAL RX TAB 1 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
VINATE II TAB (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
VINATE M TAB (<i>prenatal vit w/ selenium-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
VITAFOL-OB TAB 65-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
VOL-PLUS TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
VOL-TAB RX TAB (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)

MUSCULOSKELETAL THERAPY AGENTS**CENTRAL MUSCLE RELAXANTS**

<i>baclofen tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>baclofen tab 20 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>carisoprodol tab 350 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>chlorzoxazone tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>metaxalone tab 800 mg</i>	Tier 1	PA
<i>methocarbamol tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days); AGE (Max 64 years)
<i>methocarbamol tab 750 mg</i>	Tier 1	QL (300 tabs / 30 days); AGE (Max 64 years)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at 175
 mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine
 EQ Dose per day

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Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	QL (270 tabs / 30 days), MAIL; AGE (Max 64 years)
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	
VISCOSUPPLEMENTS		
<i>EUFLEXXA INJ 10MG/ML (sodium hyaluronate (viscosupplement))</i>	Tier 3	QL (3 syringes / 180 days), PA
<i>VISCO-3 INJ 25/2.5ML (sodium hyaluronate (viscosupplement))</i>	Tier 3	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
<i>saline nasal spray 0.65%</i> (Cvs Saline Nasal Spray)	Tier 1	OTC
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	QL (30 mL / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	Tier 1	OTC, QL (52 mL / 30 days), MAIL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 176

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl nasal soln 0.6%</i>	Tier 1	QL (30.5 gm / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03%</i> (21 mcg/spray)	Tier 1	QL (30 mL / 30 days), MAIL
<i>ipratropium bromide nasal soln 0.06%</i> (42 mcg/spray)	Tier 1	QL (15 mL / 30 days), MAIL
NASAL STEROIDS		
<i>budesonide nasal susp 32 mcg/act</i> (Ra Budesonide Nasal Spray)	Tier 1	OTC, QL (1 bottle / 30 days), MAIL
<i>flunisolide nasal soln 25 mcg/act</i> (0.025%)	Tier 1	QL (25 mL / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<i>fluticasone propionate nasal susp 50</i> mcg/act	Tier 1	QL (16 gm / 30 days), MAIL; AGE (Min 4 years)
OMNARIS SPR (<i>ciclesonide (nasal)</i>)	Tier 3	MAIL, PA
<i>triamcinolone acetone nasal aerosol</i> suspension 55 mcg/act (Goodsense Nasal Allergy S)	Tier 1	OTC, QL (16.9 mL / 30 days), MAIL
SYMPATHOMIMETIC DECONGESTANTS		
NASAL DECON SYP 30MG/5ML (<i>pseudoephedrine hcl</i>)	Tier 1	OTC
NASAL DECONG LIQ 30MG/5ML (<i>pseudoephedrine hcl</i>)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Cvs Nasal Spray)	Tier 1	OTC

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 177
mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
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Drug Name	Drug Tier	Requirements/Limits
<i>phenylephrine hcl tab 10 mg</i> (Cvs Nasal Decongestant Pe)	Tier 1	OTC
<i>pseudoephedrine hcl liq 15 mg/5ml</i> (Childrens Silfedrine)	Tier 1	OTC
<i>pseudoephedrine hcl tab 30 mg</i> (Cvs Nasal Decongestant)	Tier 1	OTC
<i>pseudoephedrine hcl tab 60 mg</i>	Tier 1	OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (12 Hour Decongestant)	Tier 1	OTC
SUDAFED PE SOL CHILDREN (<i>phenylephrine hcl (oral)</i>)	Tier 1	OTC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>riluzole tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, PA
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ 100UNIT (<i>onabotulinumtoxina</i>)	Tier 3	PA
BOTOX INJ 200UNIT (<i>onabotulinumtoxina</i>)	Tier 3	PA
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
<i>docosahexaenoic acid cap 200 mg</i> (Prenatal Dha)	Tier 1	OTC, QL (30 caps / 30 days)
<i>omega-3 fatty acids cap 300 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 500 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap delayed release 1000 mg</i> (Hm Fish Oil)	Tier 1	OTC
<i>omega-3 fatty acids cap delayed release 1200 mg</i> (Cvs Fish Oil)	Tier 1	OTC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
<i>artificial tear ophth ointment</i> (Akwa Tears)	Tier 1	OTC, MAIL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 178

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
artificial tear ophth solution (Sm Artificial Tears)	Tier 1	OTC, MAIL
carboxymethylcellulose sodium (pf) ophth soln 0.5% (Hm Lubricating Plus)	Tier 1	OTC, MAIL
carboxymethylcellulose sodium ophth soln 0.5% (Cvs Lubricant Eye Drops)	Tier 1	OTC, MAIL
dextran 70-hypromellose (pf) ophth soln 0.1-0.3% (Cvs Natural Tears)	Tier 1	OTC, MAIL
dextran 70-hypromellose ophth soln 0.1-0.3% (Artificial Tears)	Tier 1	OTC, MAIL
glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1% (Cvs Dry Eye Relief)	Tier 1	OTC, MAIL
hypromellose ophth soln 0.3% (Pure & Gentle Lubricant)	Tier 1	OTC, MAIL
LACRISERT MIS 5MG OP (artificial tear insert)	Tier 3	MAIL, PA
polyethylene glycol-propylene glycol ophth soln 0.4-0.3% (Lubricant Eye Drops)	Tier 1	OTC, MAIL
polyvinyl alcohol ophth soln 1.4% (Artificial Tears)	Tier 1	OTC, MAIL
polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%) (Gnp Artificial Tears)	Tier 1	OTC, MAIL
propylene glycol-glycerin ophth soln 1-0.3% (Ra Lubricant Eye Drops)	Tier 1	OTC, MAIL
white petrolatum-mineral oil ophth ointment (Genteal Tears Night-time)	Tier 1	OTC, MAIL
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	Tier 1	MAIL
carteolol hcl ophth soln 1%	Tier 1	QL (15 mL / 30 days), MAIL
COMBIGAN SOL 0.2/0.5% (brimonidine tartrate-timolol maleate)	Tier 2	QL (10 mL / 30 days), MAIL
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	Tier 1	QL (10 mL / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 179
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

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Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1	QL (15 mL / 30 days), MAIL
<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 1	QL (5 mL / 30 days), MAIL
<i>timolol maleate ophth gel forming soln 0.25%</i>	Tier 1	QL (5 mL / 30 days), MAIL
<i>timolol maleate ophth soln 0.5%</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>timolol maleate ophth soln 0.25%</i>	Tier 1	QL (10 mL / 30 days), MAIL
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	Tier 2	QL (15 mL / 30 days), MAIL
<i>cyclopentolate hcl ophth soln 1%</i>	Tier 1	QL (15 / 30 days), MAIL
<i>tropicamide ophth soln 0.5%</i>	Tier 1	MAIL
<i>tropicamide ophth soln 1%</i>	Tier 1	MAIL
MIOTICS		
PHOSPHOLINE SOL 0.125%OP <i>(echothiophate iodide)</i>	Tier 2	MAIL
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1	MAIL
<i>pilocarpine hcl ophth soln 2%</i>	Tier 1	MAIL
<i>pilocarpine hcl ophth soln 4%</i>	Tier 1	MAIL
OPHTHALMIC ADRENERGIC AGENTS		
<i>apraclonidine hcl ophth soln 0.5%</i> <i>(base equivalent)</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	QL (15 mL / 30 days), MAIL
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 1	QL (15 mL / 30 days), MAIL
SIMBRINZA SUS 1-0.2% <i>(brinzolamide- brimonidine tartrate)</i>	Tier 3	QL (8 mL / 30 days), MAIL
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1% <i>(azithromycin (ophth))</i>	Tier 3	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 180
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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b ophth oint</i> (Polycin)	Tier 1	
BESIVANCE SUS 0.6% (<i>besifloxacin hcl</i>)	Tier 3	PA
<i>ciprofloxacin hcl ophth soln 0.3%</i> (base equivalent)	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	PA
<i>gentamicin sulfate ophth oint 0.3%</i> (Gentak)	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5%</i> (base equiv)	Tier 1	QL (3 mL / 30 days)
NATACYN SUS 5% OP (<i>natamycin</i>)	Tier 3	PA
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymy-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	Tier 1	QL (10 mL / 30 days)
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	QL (15 mL / 30 days)
<i>tobramycin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>trifluridine ophth soln 1%</i>	Tier 1	QL (7.5 mL / 30 days)
ZIRGAN GEL 0.15% (<i>ganciclovir</i> <i>ophthalmic</i>)	Tier 3	PA
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% (<i>cyclosporine</i> <i>(ophth)</i>)	Tier 3	MAIL, PA
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
OPHTHALMIC STEROIDS		
ALREX SUS 0.2% (<i>loteprednol</i> <i>etabonate</i>)	Tier 3	PA
<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i>	Tier 1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 181
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

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Drug Name	Drug Tier	Requirements/Limits
dexamethasone sodium phosphate ophth soln 0.1%	Tier 1	QL (5 mL / 30 days)
DUREZOL EMU 0.05% (difluprednate)	Tier 3	PA
fluorometholone ophth susp 0.1%	Tier 1	QL (15 mL / 30 days)
LOTEMAX GEL 0.5% (loteprednol etabonate)	Tier 3	PA
LOTEMAX OIN 0.5% (loteprednol etabonate)	Tier 3	PA
LOTEMAX SUS 0.5% (loteprednol etabonate)	Tier 3	PA
loteprednol etabonate ophth susp 0.5%	Tier 1	PA
neomycin-polymyxin-dexamethasone ophth oint 0.1%	Tier 1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	Tier 1	
prednisolone acetate ophth susp 1%	Tier 1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1	
TOBRADEX OIN 0.3-0.1% (tobramycin-dexamethasone)	Tier 2	QL (3.5 gm / 30 days)
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 1	QL (10 mL / 30 days)
OPHTHALMICS - MISC.		
ALOCRI SOL 2% (nedocromil sodium (ophth))	Tier 3	MAIL, PA
ALOMIDE SOL 0.1% OP (lodoxamide tromethamine)	Tier 3	MAIL, PA
azelastine hcl ophth soln 0.05%	Tier 1	QL (6 mL / 30 days), MAIL
AZOPT SUS 1% OP (brinzolamide)	Tier 2	QL (10 mL / 30 days), MAIL
BEPREVE DRO 1.5% (bepotastine besilate)	Tier 3	MAIL, PA
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	Tier 1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 182

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	QL (10 mL / 30 days), MAIL
CYSTARAN SOL 0.44% (<i>cysteamine hcl</i>)	Tier 3	MAIL, PA
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	QL (10 mL / 30 days), MAIL
EMADINE SOL 0.05% OP (<i>emedastine difumarate</i>)	Tier 3	MAIL, PA
<i>epinastine hcl ophth soln 0.05%</i>	Tier 1	QL (5 mL / 30 days), MAIL
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	QL (10 mL / 30 days)
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	QL (10 mL / 30 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Tier 1	OTC, QL (5 mL / 30 days), MAIL
LASTACFT SOL 0.25% (<i>alcaftadine</i>)	Tier 3	MAIL, PA
NEVANAC SUS 0.1% (<i>nepafenac</i>)	Tier 3	PA
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Tier 1	QL (5 mL / 30 days), MAIL, PA
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 1	QL (2.5 mL / 30 days), MAIL, PA
<i>sodium chloride hypertonic ophth oint 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC
<i>sodium chloride hypertonic ophth soln 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	Tier 1	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
<i>latanoprost ophth soln 0.005%</i>	Tier 1	QL (5 mL / 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
LUMIGAN SOL 0.01% (bimatoprost)	Tier 3	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
TRAVATAN Z DRO 0.004% (travoprost)	Tier 2	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	Tier 1	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
ZIOPTAN DRO 0.0015% (tafluprost)	Tier 2	QL (30 ea / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.

OTIC AGENTS**OTIC AGENTS - MISCELLANEOUS**

acetic acid otic soln 2%	Tier 1	
carbamide peroxide 6.5% otic soln (Ear Drops Earwax Removal)	Tier 1	OTC
isopropyl alcohol-glycerin otic liquid 95-5% (Ra Ear Drying Agent)	Tier 1	OTC

OTIC ANTI-INFECTIVES

ciprofloxacin hcl otic soln 0.2% (base equivalent)	Tier 1	QL (14 ea / 30 days)
ofloxacin otic soln 0.3%	Tier 1	QL (5 mL / 30 days)

OTIC COMBINATIONS

CIPRO HC SUS OTIC (ciprofloxacin- hydrocortisone)	Tier 3	PA
CIPRODEX SUS 0.3-0.1% (ciprofloxacin- dexamethasone)	Tier 3	PA
COLY-MYCIN S SUS OTIC (neomycin- colistin-hc-thonzonium)	Tier 3	
neomycin-polymyxin-hc otic soln 1%	Tier 1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Tier 1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 184
mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
EQ Dose per day

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
OTIC STEROIDS		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
OXYTOCICS		
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CARIMUNE NF INJ 12GM (<i>immune globulin (human) iv</i>)	Tier 3	PA
FLEBOGAMMA INJ DIF 5% (<i>immune globulin (human) iv</i>)	Tier 3	PA
GAMASTAN INJ (<i>immune globulin (human) im</i>)	Tier 3	PA
GAMMAGARD INJ 1GM/10ML (<i>immune globulin (human) iv or subcutaneous</i>)	Tier 3	PA
GAMMAGARD SD INJ 10GM HU (<i>immune globulin (human) iv</i>)	Tier 3	PA
HIZENTRA INJ 2GM/10ML (<i>immune globulin (human) subcutaneous</i>)	Tier 3	PA
OCTAGAM INJ 5GM (<i>immune globulin (human) iv</i>)	Tier 3	PA
PRIVIGEN INJ 20GRAMS (<i>immune globulin (human) iv</i>)	Tier 3	PA
RHOGAM PLUS INJ 300MCG (<i>rho d immune globulin (human)</i>)	Tier 2	
MONOCLONAL ANTIBODIES		
SYNAGIS INJ 50MG (<i>palivizumab</i>)	Tier 3	PA
SYNAGIS INJ 100MG/ML (<i>palivizumab</i>)	Tier 3	PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ 2.5-200 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	Tier 3	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 185

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
HYQVIA INJ 5-400 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	Tier 3	PA
HYQVIA INJ 10-800 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	Tier 3	PA
HYQVIA INJ 20-1600 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	Tier 3	PA
HYQVIA INJ 30-2400 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	Tier 3	PA

PENICILLINS**AMINOPENICILLINS**

<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1	AGE (Max 12 years)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1	AGE (Max 12 years)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1	
<i>ampicillin cap 500 mg</i>	Tier 1	

NATURAL PENICILLINS

<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>penicillin v potassium tab 250 mg</i>	Tier 1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 186

Tier 1 = Formulary Generics
Tier 2 = Formulary Preferred Brands
Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
DME = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium tab 500 mg</i>	Tier 1	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Tier 1	AGE (Max 12 years)
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 1	AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	AGE (Max 12 years)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
AUGMENTIN SUS 125/5ML (<i>amoxicillin & pot clavulanate</i>)	Tier 3	AGE (Max 12 years)
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	
<i>nafcillin sodium for iv soln 10 gm</i>	Tier 1	
PROGESTINS		
PROGESTINS		
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	Tier 1	PA
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 187
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
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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

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**AGENTS FOR CHEMICAL DEPENDENCY**

<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 1	MAIL
<i>disulfiram tab 250 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>disulfiram tab 500 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

ANTI-CATAPLECTIC AGENTS

<i>XYREM SOL 500MG/ML (sodium oxybate)</i>	Tier 3	PA
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ANTIDEMENTIA AGENTS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 188
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	MAIL
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 1	MAIL, PA
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 1	MAIL, PA
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 1	MAIL, PA
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 1	MAIL, PA
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	MAIL
<i>memantine hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i>	Tier 1	QL (49 tabs / year)
<i>memantine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 1	MAIL
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 1	MAIL
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 1	MAIL
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 1	MAIL
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 1	MAIL, PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 1	MAIL, PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 1	MAIL, PA
FIBROMYALGIA AGENTS		
<i>SAVELLA MIS TITR PAK (milnacipran hcl)</i>	Tier 3	MAIL, PA
<i>SAVELLA TAB 12.5MG (milnacipran hcl)</i>	Tier 3	MAIL, PA
<i>SAVELLA TAB 25MG (milnacipran hcl)</i>	Tier 3	MAIL, PA
<i>SAVELLA TAB 50MG (milnacipran hcl)</i>	Tier 3	MAIL, PA
<i>SAVELLA TAB 100MG (milnacipran hcl)</i>	Tier 3	MAIL, PA
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine tab 12.5 mg</i>	Tier 1	PA
<i>tetrabenazine tab 25 mg</i>	Tier 1	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 189

Tier 1 = Formulary Generics
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PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB 7MG (<i>teriflunomide</i>)	Tier 3	PA
AUBAGIO TAB 14MG (<i>teriflunomide</i>)	Tier 3	PA
AVONEX KIT 30MCG (<i>interferon beta-1a</i>)	Tier 3	PA
AVONEX PEN KIT 30MCG (<i>interferon beta-1a</i>)	Tier 3	PA
AVONEX PREFL KIT 30MCG (<i>interferon beta-1a</i>)	Tier 3	PA
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 1	PA
EXTAVIA INJ 0.3MG (<i>interferon beta-1b</i>)	Tier 3	PA
GILENYA CAP 0.5MG (<i> fingolimod hcl</i>)	Tier 3	PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> (Glatopa)	Tier 1	PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 1	PA
PLEGRIDY INJ (<i>peginterferon beta-1a</i>)	Tier 3	PA
PLEGRIDY INJ PEN (<i>peginterferon beta-1a</i>)	Tier 3	PA
PLEGRIDY INJ STARTER (<i>peginterferon beta-1a</i>)	Tier 3	PA
PLEGRIDY PEN INJ STARTER (<i>peginterferon beta-1a</i>)	Tier 3	PA
TECFIDERA CAP 120MG (<i>dimethyl fumarate</i>)	Tier 3	PA
TECFIDERA CAP 240MG (<i>dimethyl fumarate</i>)	Tier 3	PA
TECFIDERA MIS STARTER (<i>dimethyl fumarate</i>)	Tier 3	PA
TYSABRI INJ 300/15ML (<i>natalizumab</i>)	Tier 3	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	Tier 1	MAIL, PA
<i>pimozide tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days), MAIL
<i>pimozide tab 2 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 190
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	PREV	QL (60 tabs / 30 days), MAIL
CHANTIX PAK 0.5& 1MG (<i>varenicline tartrate</i>)	PREV	QL (53 tabs / year), MAIL
CHANTIX TAB 0.5MG (<i>varenicline tartrate</i>)	PREV	QL (60 tabs / 30 days), MAIL
CHANTIX TAB 1MG (<i>varenicline tartrate</i>)	PREV	QL (60 tabs / 30 days), MAIL
<i>nicotine polacrilex gum 2 mg</i>	PREV	OTC, QL (240 pieces / 30 days), MAIL
<i>nicotine polacrilex gum 4 mg</i> (Cvs Nicotine Polacrilex)	PREV	OTC, QL (240 pieces / 30 days), MAIL
<i>nicotine polacrilex lozenge 2 mg</i> (Cvs Nicotine Lozenge)	PREV	OTC, QL (240 lozgs / 30 days), MAIL
<i>nicotine polacrilex lozenge 4 mg</i> (Eq Nicotine Polacrilex)	PREV	OTC, QL (240 lozgs / 30 days), MAIL
NICOTINE SYS KIT TRANSDER	PREV	OTC, QL (56 patches / 30 days), MAIL
<i>nicotine td patch 24hr 7 mg/24hr</i> (Nicotine Transdermal Syst)	PREV	OTC, QL (30 patches / 30 days), MAIL
<i>nicotine td patch 24hr 14 mg/24hr</i> (Hm Nicotine Transdermal S)	PREV	OTC, QL (30 patches / 30 days), MAIL
<i>nicotine td patch 24hr 21 mg/24hr</i> (Cvs Nicotine Transdermal)	PREV	OTC, QL (30 patches / 30 days), MAIL
NICOTROL INH (<i>nicotine</i>)	PREV	QL (480 cartridges / 30 days), MAIL
NICOTROL NS SPR 10MG/ML (<i>nicotine</i>)	PREV	QL (40 mL / 30 days), MAIL

RESPIRATORY AGENTS - MISC.**ALPHA-PROTEINASE INHIBITOR (HUMAN)**

GLASSIA INJ (<i>alpha1-proteinase inhibitor (human)</i>)	Tier 3	PA
PROLASTIN-C INJ 1000MG (<i>alpha1-proteinase inhibitor (human)</i>)	Tier 3	PA

CYSTIC FIBROSIS AGENTS

KALYDECO PAK 50MG (<i>ivacaftor</i>)	Tier 3	PA
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PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 191
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
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 PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
KALYDECO PAK 75MG (<i>ivacaftor</i>)	Tier 3	PA
KALYDECO TAB 150MG (<i>ivacaftor</i>)	Tier 3	PA
PULMOZYME SOL 1MG/ML (<i>dornase alfa</i>)	Tier 3	PA
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG (<i>pirfenidone</i>)	Tier 3	PA
ESBRIET TAB 267MG (<i>pirfenidone</i>)	Tier 3	PA
ESBRIET TAB 801MG (<i>pirfenidone</i>)	Tier 3	PA
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB 500MG	Tier 3	
TETRACYCLINES		
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	Tier 1	
<i>demeclocycline hcl tab 300 mg</i>	Tier 1	
<i>doxycycline hyclate cap 50 mg</i>	Tier 1	
<i>doxycycline hyclate cap 100 mg</i>	Tier 1	
<i>doxycycline hyclate tab 20 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	
<i>minocycline hcl cap 50 mg</i>	Tier 1	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>tetracycline hcl cap 250 mg</i>	Tier 1	
<i>tetracycline hcl cap 500 mg</i>	Tier 1	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole tab 5 mg</i>	Tier 1	MAIL
<i>methimazole tab 10 mg</i>	Tier 1	MAIL
<i>propylthiouracil tab 50 mg</i>	Tier 1	MAIL
THYROID HORMONES		
ARMOUR THYRO TAB 15MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 30MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 60MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 90MG (<i>thyroid</i>)	Tier 2	MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 192
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
ARMOUR THYRO TAB 120MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 180MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 240MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 300MG (<i>thyroid</i>)	Tier 2	MAIL
levothyroxine sodium tab 25 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 50 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 75 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 88 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 100 mcg	Tier 1	MAIL
levothyroxine sodium tab 112 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 125 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 137 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 150 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 175 mcg (Levoxyl)	Tier 1	MAIL
levothyroxine sodium tab 200 mcg	Tier 1	MAIL
levothyroxine sodium tab 300 mcg	Tier 1	MAIL
liothyronine sodium iv soln 10 mcg/ml	Tier 1	
liothyronine sodium tab 5 mcg	Tier 1	MAIL
liothyronine sodium tab 25 mcg	Tier 1	MAIL
liothyronine sodium tab 50 mcg	Tier 1	MAIL
NATURE THROI TAB 162.5MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 16.25MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 32.5MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 48.75MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 65MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 97.5MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 113.75MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 130MG (<i>thyroid</i>)	Tier 2	MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 193
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
NATURE-THROI TAB 146.25MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 195MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 260MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 325MG (thyroid)	Tier 2	MAIL
SYNTHROID TAB 25MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 50MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 75MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 88MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 100MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 112MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 125MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 137MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 150MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 175MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 200MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 300MCG (levothyroxine sodium)	Tier 2	MAIL
thyroid tab 15 mg (1/4 grain) (Np Thyroid 15)	Tier 1	MAIL
thyroid tab 30 mg (1/2 grain) (Np Thyroid 30)	Tier 1	MAIL
thyroid tab 60 mg (1 grain) (Np Thyroid 60)	Tier 1	MAIL
thyroid tab 90 mg (1 1/2 grain) (Np Thyroid 90)	Tier 1	MAIL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 194
 OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
thyroid tab 120 mg (2 grain) (Np Thyroid 120)	Tier 1	MAIL
THYROLAR-1 TAB 60MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-1/2 TAB 30MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-1/4 TAB 15MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-2 TAB 120MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-3 TAB 180MG (liotrix (t3-t4))	Tier 2	MAIL
WP THYROID TAB 81.25MG (thyroid)	Tier 2	MAIL

TOXOIDS**TOXOID COMBINATIONS**

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

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**ANTISPASMODICS**

atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)	Tier 1	
atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)	Tier 1	
atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)	Tier 1	
dicyclomine hcl cap 10 mg	Tier 1	AGE (Max 64 years)
dicyclomine hcl oral soln 10 mg/5ml	Tier 1	AGE (Max 64 years)
dicyclomine hcl tab 20 mg	Tier 1	AGE (Max 64 years)
glycopyrrolate tab 1 mg	Tier 1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order 195
 OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

Tier 1 = Formulary Generics
 Tier 2 = Formulary Preferred Brands
 Tier 3 = Formulary Non-Preferred Brands
 PREV = Preventative Drugs
 DME = Coinsurance may apply

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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day 196

Tier 1 = Formulary Generics
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PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR (dexlansoprazole)	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
DEXILANT CAP 60MG DR (dexlansoprazole)	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
esomeprazole magnesium cap delayed release 20 mg (base eq) (Sm Esomeprazole Magnesium)	Tier 1	OTC, QL (60 caps / 30 days), MAIL
FIRST-OMEPRASUS 2MG/ML (omeprazole)	Tier 1	QL (150 mL / 30 days), MAIL; AGE (Max 12 years)
lansoprazole cap delayed release 15 mg	Tier 1	QL (60 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
lansoprazole cap delayed release 30 mg	Tier 1	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
omeprazole cap delayed release 10 mg	Tier 1	QL (60 caps / 30 days), MAIL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at 197
mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine
EQ Dose per day

Tier 1 = Formulary Generics
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Drug Name	Drug Tier	Requirements/Limits
omeprazole cap delayed release 20 mg	Tier 1	QL (60 caps / 30 days), MAIL
omeprazole cap delayed release 40 mg	Tier 1	QL (60 caps / 30 days), MAIL
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv) (Cvs Omeprazole Magnesium)	Tier 1	OTC, QL (60 caps / 30 days)
pantoprazole sodium ec tab 20 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL
pantoprazole sodium ec tab 40 mg (base equiv)	Tier 1	QL (60 tabs / 30 days), MAIL
PRILOSEC OTC TAB 20MG (omeprazole magnesium)	Tier 1	OTC, QL (60 tabs / 30 days)
rabeprazole sodium ec tab 20 mg	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole

ULCER DRUGS - PROSTAGLANDINS

misoprostol tab 100 mcg	Tier 1	QL (120 tabs / 30 days), MAIL
misoprostol tab 200 mcg	Tier 1	QL (120 tabs / 30 days), MAIL

URINARY ANTI-INFECTIVES**URINARY ANTI-INFECTIVES**

methenamine hippurate tab 1 gm	Tier 1	
MONUROL PAK GRANULES (fosfomycin tromethamine)	Tier 3	
nitrofurantoin macrocrystalline cap 50 mg	Tier 1	QL (60 caps / 30 days); AGE (Max 64 years)
nitrofurantoin macrocrystalline cap 100 mg	Tier 1	QL (120 caps / 30 days); AGE (Max 64 years)
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Tier 1	QL (60 caps / 30 days); AGE (Max 64 years)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at 198
mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine
EQ Dose per day

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 1	AGE (Max 12 years)
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS		
(ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of tolterodine AND trospium in the past 90 days.
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use of tolterodine AND trospium in the past 90 days.
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Tier 1	QL (600 mL / 30 days), MAIL
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
SOLIFENACIN SUCCINATE TAB 5 MG	Tier 1	QL (60 tabs / 30 days), MAIL, PA
SOLIFENACIN SUCCINATE TAB 10 MG	Tier 1	QL (30 tabs / 30 days), MAIL, PA
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at 199
 mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine
 EQ Dose per day

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Drug Name	Drug Tier	Requirements/Limits
TOVIAZ TAB 4MG (fesoterodine fumarate)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
TOVIAZ TAB 8MG (fesoterodine fumarate)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
trospium chloride cap er 24hr 60 mg	Tier 1	QL (30 caps / 30 days), MAIL, ST; Prior use of tolterodine AND trospium in the past 90 days.
trospium chloride tab 20 mg	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
VESICARE TAB 5MG (solifenacin succinate)	Tier 3	QL (60 tabs / 30 days), MAIL, PA
VESICARE TAB 10MG (solifenacin succinate)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB 25MG (mirabegron)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
MYRBETRIQ TAB 50MG (mirabegron)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 5 mg	Tier 1	QL (120 tabs / 30 days)
bethanechol chloride tab 10 mg	Tier 1	QL (120 tabs / 30 days)
bethanechol chloride tab 25 mg	Tier 1	QL (120 tabs / 30 days)
bethanechol chloride tab 50 mg	Tier 1	QL (120 tabs / 30 days)
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	Tier 1	QL (120 tabs / 30 days), MAIL
VACCINES		
BACTERIAL VACCINES		
PNEUMOVAX 23 INJ 25/0.5 (pneumococcal vac polyvalent)	PREV	QL (Max 2 injections per lifetime)
PREVNAR 13 INJ (pneumococcal 13-valent conjugate vaccine)	PREV	QL (Max 4 injections per lifetime)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 200 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day

Tier 1 = Formulary Generics
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Tier 3 = Formulary Non-Preferred Brands
PREV = Preventative Drugs
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Drug Name	Drug Tier	Requirements/Limits
VIRAL VACCINES		
AFLURIA QUAD INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	PREV	QL (Max 1 Injection per year)
ENGERIX-B INJ 10/0.5ML (<i>hepatitis b vaccine (recomb)</i>)	PREV	QL (Maximum 3 injections per lifetime)
ENGERIX-B INJ 20MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	PREV	QL (Maximum 3 injections per lifetime)
FLUARIX QUAD INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	PREV	QL (Max 1 Injection per year)
FLUBLOK QUAD INJ 2019-20 (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	PREV	QL (Max 1 Injection per year)
FLUCLVX QUAD INJ 2019-20 (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	PREV	QL (Max 1 Injection per year)
FLULAVAL QUA INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	PREV	QL (Max 1 Injection per year)
FLUMIST QUAD SUS 2019-20 (<i>influenza virus vaccine live quadrivalent</i>)	PREV	QL (Max 1 Injection per year); AGE (Max 49 years)
FLUZONE QUAD INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	PREV	QL (Max 1 Injection per year)
HAVRIX INJ 720UNIT (<i>hepatitis a vaccine</i>)	PREV	QL (Max 2 injections per lifetime)
HAVRIX INJ 1440UNIT (<i>hepatitis a vaccine</i>)	PREV	QL (Max 2 injections per lifetime)
HEPLISAV-B INJ 20/0.5ML (<i>hepatitis b vaccine recombinant adjuvanted</i>)	PREV	QL (Maximum 3 injections per lifetime)
HEPLISAV-B INJ 20MCG (<i>hepatitis b vaccine recombinant adjuvanted</i>)	PREV	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 5MCG/0.5 (<i>hepatitis b vaccine (recomb)</i>)	PREV	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 10MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	PREV	QL (Maximum 3 injections per lifetime)
SHINGRIX INJ 50/0.5ML (<i>zoster vaccine recombinant adjuvanted</i>)	PREV	QL (Max 2 injections per lifetime); AGE (Min 50 years)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 201
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
 EQ Dose per day

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

VAGINAL PRODUCTS**SPERMICIDES**

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

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	QL (40 gm / 30 days)
<i>clotrimazole vaginal cream 1%</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 2%</i> (Gnp Clotrimazole 3)	Tier 1	OTC
GYNAZOLE-1 CRE 2% (<i>butoconazole nitrate (one dose)</i>)	Tier 2	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	QL (70 gm / 30 days)
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i> (Sm Miconazole 3)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2%</i> (Miconazole 7)	Tier 1	OTC

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 202 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day

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Drug Name	Drug Tier	Requirements/Limits
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i> (Qc 3 Day Vaginal Cream)	Tier 1	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i> (Gnp Miconazole 3)	Tier 1	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i> (Miconazole 7)	Tier 1	OTC
MONISTAT 7 KIT COMBO PK (<i>miconazole nitrate vaginal</i>)	Tier 1	OTC
<i>terconazole vaginal cream 0.4%</i>	Tier 1	
<i>terconazole vaginal cream 0.8%</i>	Tier 1	
<i>terconazole vaginal suppos 80 mg</i>	Tier 1	
<i>tioconazole vaginal oint 6.5%</i> (Ra Tioconazole 1)	Tier 1	OTC
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	QL (42.5 gm / 30 days), MAIL
<i>estradiol vaginal tab 10 mcg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
PREMARIN VAG CRE 0.625MG (<i>estrogens, conjugated vaginal</i>)	Tier 2	QL (30 gm / 30 days), MAIL
VAGINAL PROGESTINS		
PROGESTERONE SUP VGS 100 (<i>progesterone (vaginal)</i>)	Tier 3	PA
PROGESTERONE SUP VGS 200 (<i>progesterone (vaginal)</i>)	Tier 3	PA
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPIPEN 2-PAK INJ 0.3MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	QL (2 ea / 30 days)
EPIPEN-JR INJ 0.15MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	QL (2 ea / 30 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
NORTHERA CAP 100MG (<i>droxidopa</i>)	Tier 3	PA
NORTHERA CAP 200MG (<i>droxidopa</i>)	Tier 3	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at 203
mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine
EQ Dose per day

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Drug Name	Drug Tier	Requirements/Limits
NORTHERA CAP 300MG (<i>droxidopa</i>)	Tier 3	PA
VASOPRESSORS		
<i>midodrine hcl tab 2.5 mg</i>	Tier 1	
<i>midodrine hcl tab 5 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	OTC
<i>cholecalciferol cap 25 mcg (1000 unit)</i> (D 1000)	Tier 1	OTC
<i>cholecalciferol cap 50 mcg (2000 unit)</i> (D2000 Ultra Strength)	Tier 1	OTC
<i>cholecalciferol cap 125 mcg (5000 unit)</i> (D 5000)	Tier 1	OTC
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	Tier 1	OTC
<i>cholecalciferol chew tab 10 mcg (400 unit)</i> (Kp Vitamin D)	Tier 1	OTC
<i>cholecalciferol chew tab 25 mcg (1000 unit)</i> (Cvs D3)	Tier 1	OTC
<i>cholecalciferol drops 125 mcg/ml (5000 unit/ml)</i> (D3 Maximum Strength)	Tier 1	OTC
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i> (Aqueous Vitamin D Infants)	Tier 1	OTC
<i>cholecalciferol tab 10 mcg (400 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 125 mcg (5000 unit)</i>	Tier 1	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	
<i>phytonadione tab 5 mg</i>	Tier 1	QL (150 tabs / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at 204
 mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine
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Drug Name	Drug Tier	Requirements/Limits
WATER SOLUBLE VITAMINS		
<i>ascorbic acid tab 500 mg</i> (Hm Vitamin C/rose Hips)	Tier 1	OTC
<i>niacin cap er 250 mg</i>	Tier 1	OTC
<i>niacin cap er 500 mg</i>	Tier 1	OTC
<i>niacin tab 50 mg</i>	Tier 1	OTC
<i>niacin tab 100 mg</i>	Tier 1	OTC
<i>niacin tab 250 mg</i>	Tier 1	OTC
<i>niacin tab 500 mg</i>	Tier 1	OTC
<i>niacin tab er 250 mg</i>	Tier 1	OTC
<i>niacin tab er 500 mg</i>	Tier 1	OTC
<i>niacin tab er 750 mg</i>	Tier 1	OTC
<i>niacinamide tab 500 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 25 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 50 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 100 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab er 200 mg</i>	Tier 1	OTC
<i>riboflavin tab 100 mg</i> (Cvs Vitamin B-2)	Tier 1	OTC
<i>thiamine hcl tab 50 mg</i>	Tier 1	OTC
<i>thiamine hcl tab 100 mg</i>	Tier 1	OTC
<i>thiamine hcl tab 250 mg</i>	Tier 1	OTC

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **MAIL** - Available at mail-order **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose per day 205

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Index

1	
12 Hour Decongestant	
see pseudoephedrine hcl tab er 12hr 120 mg	172
3	
3ML SYRINGE MIS REG TIP	155
A	
abacavir sulfate soln 20 mg/ml (base equiv)	92
abacavir sulfate tab 300 mg (base equiv)	92
abacavir sulfate-lamivudine tab 600-300 mg	92
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	92
abacavir-dolutegravir-lamivudine	
see TRIUMEQ TAB	96
abaloparatide	
see TYMLOS INJ	128
abatacept	
see ORENCIA CLCK INJ 125MG/ML ...	12
see ORENCIA INJ 125MG/ML	12
see ORENCIA INJ 250MG	12
see ORENCIA INJ 50/0.4	12
see ORENCIA INJ 87.5/0.7	12
ABILIFY MAIN INJ 300MG	91
ABILIFY MAIN INJ 400MG	91
abiraterone acetate tab 250 mg	78
ABREVA CRE 10%	118
acamprosate calcium tab delayed release 333 mg	182
acarbose tab 100 mg	47
acarbose tab 25 mg	47
acarbose tab 50 mg	47
acebutolol hcl cap 200 mg	99
acebutolol hcl cap 400 mg	99
Acephen	
see acetaminophen suppos 325 mg	13
acetaminophen	
see FEVERALL INF SUP 80MG	13
see NORTEMP SUS INFANTS	13
acetaminophen cap 500 mg	13
acetaminophen chew tab 160 mg ..	13
acetaminophen chew tab 80 mg	13
acetaminophen disintegrating tab 160 mg	13
acetaminophen disintegrating tab 80 mg	13
acetaminophen elixir 160 mg/5ml	13
acetaminophen liquid 160 mg/5ml	13
acetaminophen liquid 167 mg/5ml	13
acetaminophen soln 160 mg/5ml ..	13
acetaminophen suppos 120 mg	13
acetaminophen suppos 325 mg	13
acetaminophen suppos 650 mg	13
acetaminophen susp 160 mg/5ml .	13
acetaminophen tab 325 mg	13
acetaminophen tab 500 mg	13
acetaminophen tab er 650 mg	13
acetaminophen w/ codeine soln 120-12 mg/5ml	19
acetaminophen w/ codeine tab 300-15 mg	19
acetaminophen w/ codeine tab 300-30 mg	19
acetaminophen w/ codeine tab 300-60 mg	19
acetazolamide cap er 12hr 500 mg	125
acetazolamide tab 125 mg	125
acetazolamide tab 250 mg	125
acetic acid irrigation soln 0.25% .	136
acetic acid otic soln 2%	178
acetone (urine) test	
see RELION KETON TES	124
acetylcysteine inhal soln 20%	114
Acid Gone	
see aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml	22
acitretin cap 10 mg	118
acitretin cap 17.5 mg	118
acitretin cap 25 mg	118
acridinium bromide	
see TUDORZA PRES AER 400/ACT ...	29

ACNE MEDICAT LOT 10%.....	114	see ibuprofen tab 100 mg	10
ACNE MEDICAT LOT 5%	114	afatinib dimaleate	
ACTEMRA INJ 162/0.9	8	see GILOTRIF TAB 20MG	81
ACTEMRA INJ 200/10ML	8	see GILOTRIF TAB 30MG	81
ACTEMRA INJ 400/20ML	8	see GILOTRIF TAB 40MG	81
ACTEMRA INJ 80MG/4ML	8	AFINITOR DIS TAB 2MG.....	80
ACTEMRA INJ ACTPEN	9	AFINITOR DIS TAB 3MG.....	80
ACTIMMUNE INJ 2MU/0.5.....	83	AFINITOR DIS TAB 5MG.....	80
acyclovir cap 200 mg	98	AFINITOR TAB 10MG	80
acyclovir oint 5%	118	AFINITOR TAB 2.5MG	80
acyclovir susp 200 mg/5ml	98	AFINITOR TAB 5MG	80
acyclovir tab 400 mg	98	AFINITOR TAB 7.5MG	80
acyclovir tab 800 mg	98	AFLURIA QUAD INJ 2019-20	194
ADACEL INJ.....	188	AFREZZA POW 12 UNIT.....	54
adalimumab		AFREZZA POW 4-8 UNIT	53
see HUMIRA INJ 10/0.1ML.....	7	AFREZZA POW 4-8-12	54
see HUMIRA INJ 10MG/0.2	7	AFREZZA POW 4UNIT	54
see HUMIRA INJ 20/0.2ML.....	7	AFREZZA POW 8 UNIT	54
see HUMIRA INJ 40/0.4ML.....	7	agalsidase beta	
see HUMIRA KIT 20MG/0.4.....	7	see FABRAZYME INJ 5MG	129
see HUMIRA KIT 40MG/0.8.....	7	Akwa Tears	
see HUMIRA PEDIA INJ CROHNS	7	see artificial tear ophth ointment	
see HUMIRA PEN INJ 40/0.4ML	7	.....	173
see HUMIRA PEN INJ CD/UC/HS.....	7	AKYNZEO CAP 300-0.5	60
see HUMIRA PEN KIT CD/UC/HS	7	albuterol sulfate	
see HUMIRA PEN KIT PS/UV	7	see PROAIR HFA AER	33
adapalene		see PROVENTIL AER HFA.....	33
see DIFFERIN GEL 0.1%	114	see VENTOLIN HFA AER	34
adapalene lotion 0.1%	114	albuterol sulfate soln nebu 0.083%	
adefovir dipivoxil tab 10 mg	97	(2.5 mg/3ml)	31
ADEMPAS TAB 0.5MG	105	albuterol sulfate soln nebu 0.5% (5	
ADEMPAS TAB 1.5MG	106	mg/ml)	31
ADEMPAS TAB 1MG.....	106	albuterol sulfate soln nebu 0.63	
ADEMPAS TAB 2.5MG	106	mg/3ml (base equiv)	31
ADEMPAS TAB 2MG.....	106	albuterol sulfate soln nebu 1.25	
ADMELOG INJ 100U/ML	53	mg/3ml (base equiv)	31
ADMELOG SOLO INJ 100U/ML	53	albuterol sulfate syrup 2 mg/5ml..	31
ADULT MASK MIS LARGE	155	albuterol sulfate tab 2 mg	31
ADVATE INJ 1000UNIT	137	albuterol sulfate tab 4 mg	31
ADVATE INJ 1500UNIT	137	alcaftadine	
ADVATE INJ 2000UNIT	137	see LASTACRAFT SOL 0.25%	177
ADVATE INJ 250UNIT	137	alclometasone dipropionate cream	
ADVATE INJ 3000UNIT	137	0.05%	119
ADVATE INJ 4000UNIT	137	alclometasone dipropionate oint	
ADVATE INJ 500UNIT	137	0.05%	119
Advil Junior Strength		ALCOHOL PREP PAD MED 70%.....	153

alcohol swabs	
see ALCOHOL PREP PAD MED 70% .153	
ALDACTAZIDE TAB 50/50	125
ALECENSA CAP 150MG	80
alectinib hcl	
see ALECENSA CAP 150MG.....	80
alendronate sodium tab 10 mg	127
alendronate sodium tab 35 mg	127
alendronate sodium tab 40 mg	127
alendronate sodium tab 5 mg	127
alendronate sodium tab 70 mg	127
ALER-DRYL TAB 50MG	61
alfuzosin hcl tab er 24hr 10 mg ...	136
ALINIA SUS 100/5ML	24
ALINIA TAB 500MG	24
aliskiren fumarate tab 150 mg (base equivalent)	75
aliskiren fumarate tab 300 mg (base equivalent)	76
alitretinoin	
see PANRETIN GEL 0.1%	117
All Day Allergy D	
see cetirizine-pseudoephedrine tab er 12hr 5-120 mg	112
Allergy Relief	
see loratadine tab 10 mg	62
allopurinol tab 100 mg	136
allopurinol tab 300 mg	136
Almacone	
see alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	22
Almacone Double Strength	
see alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	22
almotriptan malate tab 12.5 mg ...	156
almotriptan malate tab 6.25 mg ...	156
ALOCRI SOL 2%	176
alogliptin benzoate tab 12.5 mg (base equiv)	52
alogliptin benzoate tab 25 mg (base equiv)	52
alogliptin benzoate tab 6.25 mg (base equiv)	52
alogliptin-metformin hcl tab 12.5-1000 mg	48
alogliptin-metformin hcl tab 12.5-500 mg	48
alogliptin-pioglitazone tab 12.5-15 mg	48
alogliptin-pioglitazone tab 12.5-30 mg	48
alogliptin-pioglitazone tab 12.5-45 mg	48
alogliptin-pioglitazone tab 25-15 mg	48
alogliptin-pioglitazone tab 25-30 mg	48
alogliptin-pioglitazone tab 25-45 mg	49
ALOMIDE SOL 0.1% OP.....	176
alose tron hcl tab 0.5 mg (base equiv)	134
alose tron hcl tab 1 mg (base equiv)	134
alpha1-proteinase inhibitor (human)	
see GLASSIA INJ	185
see PROLASTIN-C INJ 1000MG.....	185
ALPHANINE SD INJ 1500UNIT.....	137
ALPHANINE SD INJ 500UNIT.....	137
alprazolam tab 0.25 mg	27
alprazolam tab 0.5 mg	27
alprazolam tab 1 mg	27
alprazolam tab 2 mg	27
ALPROLIX INJ 1000UNIT	137
ALPROLIX INJ 2000UNIT	138
ALPROLIX INJ 250UNIT	137
ALPROLIX INJ 3000UNIT	138
ALPROLIX INJ 4000UNIT	138
ALPROLIX INJ 500UNIT	137
ALREX SUS 0.2%	175
ALTABAX OIN 1%.....	115
alum & mag hydroxide-simethicone chew tab 200-200-25 mg	22
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	22
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	22
aluminum chloride	
see DRY SOL SOL 20%	123
aluminum hydroxide-magnesium	

carbonate chew tab 160-105 mg ...22	amoxapine tab 50 mg 45
aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml ...22	amoxicillin & k clavulanate chew tab 200-28.5 mg 180
aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg .....22	amoxicillin & k clavulanate chew tab 400-57 mg 180
amantadine hcl cap 100 mg .....84	amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 181
amantadine hcl syrup 50 mg/5ml ..84	amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 181
ambrisentan	amoxicillin & k clavulanate for susp 400-57 mg/5ml 181
see LETAIRIS TAB 10MG 105	amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 181
see LETAIRIS TAB 5MG 104	amoxicillin & k clavulanate tab 250-125 mg 181
ambrisentan tab 10 mg 104	amoxicillin & k clavulanate tab 500-125 mg 181
ambrisentan tab 5 mg 104	amoxicillin & k clavulanate tab 875-125 mg 181
amcinonide cream 0.1% 119	amoxicillin & pot clavulanate
amcinonide lotion 0.1% 119	see AUGMENTIN SUS 125/5ML..... 181
AMCINONIDE OIN 0.1% 119	amoxicillin (trihydrate) cap 250 mg
amiloride & hydrochlorothiazide tab 5-50 mg 125	..... 180
amiloride hcl tab 5 mg 126	amoxicillin (trihydrate) cap 500 mg
aminocaproic acid tab 1000 mg ... 146	..... 180
aminocaproic acid tab 500 mg 146	amoxicillin (trihydrate) chew tab 125 mg 180
aminophylline inj 25 mg/ml.....34	amoxicillin (trihydrate) chew tab 250 mg 180
aminosalicylic acid	amoxicillin (trihydrate) for susp 125 mg/5ml 180
see PASER GRA 4GM 77	amoxicillin (trihydrate) for susp 200 mg/5ml 180
amiodarone hcl tab 200 mg .....29	amoxicillin (trihydrate) for susp 250 mg/5ml 180
AMITIZA CAP 24MCG..... 133	amoxicillin (trihydrate) for susp 400 mg/5ml 180
AMITIZA CAP 8MCG 133	amoxicillin (trihydrate) tab 500 mg
amitriptyline hcl tab 10 mg .....45	..... 180
amitriptyline hcl tab 100 mg.....45	amoxicillin (trihydrate) tab 875 mg
amitriptyline hcl tab 150 mg.....45	..... 180
amitriptyline hcl tab 25 mg.....45	amphetamine-dextroamphetamine cap er 24hr 10 mg 1
amitriptyline hcl tab 50 mg.....45	amphetamine-dextroamphetamine cap er 24hr 15 mg 1
amitriptyline hcl tab 75 mg.....45	amphetamine-dextroamphetamine
Amlactin	
see lactic acid (ammonium lactate) lotion 12% 122	
amlodipine besylate tab 10 mg (base equivalent) 101	
amlodipine besylate tab 2.5 mg (base equivalent) 100	
amlodipine besylate tab 5 mg (base equivalent) 100	
Amnesteem	
see isotretinoin cap 20 mg 114	
amoxapine tab 100 mg .....45	
amoxapine tab 150 mg .....45	
amoxapine tab 25 mg .....45	

cap er 24hr 20 mg	1	see MONOCLATE-P INJ 1000UNIT ..	139
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	antihemophilic factor (recomb b-domain deleted) (bdd-rfviii)	
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	see NUWIQ INJ 1000UNIT	140
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	see NUWIQ INJ 2000UNIT	140
amphetamine-dextroamphetamine tab 10 mg	1	see NUWIQ INJ 2500UNIT	140
amphetamine-dextroamphetamine tab 12.5 mg	1	see NUWIQ INJ 250UNIT	139
amphetamine-dextroamphetamine tab 15 mg	1	see NUWIQ INJ 3000UNIT	140
amphetamine-dextroamphetamine tab 20 mg	1	see NUWIQ INJ 4000UNIT	140
amphetamine-dextroamphetamine tab 30 mg	2	see NUWIQ INJ 500UNIT	139
amphetamine-dextroamphetamine tab 5 mg	1	see NUWIQ KIT 1000UNIT	140
amphetamine-dextroamphetamine tab 7.5 mg	1	see NUWIQ KIT 2000UNIT	140
ampicillin cap 500 mg	180	see NUWIQ KIT 250UNIT.....	140
ANADROL-50 TAB 50MG	21	see NUWIQ KIT 3000UNIT	140
anagrelide hcl cap 0.5 mg	142	see NUWIQ KIT 4000UNIT	140
anagrelide hcl cap 1 mg	142	see NUWIQ KIT 500UNIT.....	140
anakinra		antihemophilic factor (recombinant)	
see KINERET INJ.....	8	see HELIXATE FS INJ 500UNIT	138
anastrozole tab 1 mg	78	see KOGENATE FS INJ 1000UNIT...	139
ANIMAL SHAPE CHW IRON.....	166	see KOGENATE FS INJ 250UNIT	139
ANORO ELLIPT AER 62.5-25.....	31	see KOVALTRY INJ 1000UNIT.....	139
Antacid		see KOVALTRY INJ 2000UNIT.....	139
see alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	22	see KOVALTRY INJ 250UNIT	139
anthralin		see KOVALTRY INJ 3000UNIT.....	139
see DRITHO-CREME CRE HP 1%	118	see KOVALTRY INJ 500UNIT	139
Anti-diarrheal		see NOVOEIGHT INJ 1500UNIT	139
see loperamide hcl liq 1 mg/5ml (0.2 mg/ml)	59	see RECOMBINATE INJ.....	140
Anti-fungal Powder		see RECOMBINATE INJ 220-400	141
see tolnaftate powder 1%	117	see RECOMBINATE INJ 401-800	141
antihemophilic factor (human)		see RECOMBINATE INJ 801-1240 ..	141
see HEMOFIL M INJ 1700UNIT	138	antihemophilic factor (recombinant) plasma/albumin free	
see KOATE-DVI INJ 1000UNIT	139	see XYNTHA SOLOF INJ 1000UNIT. 141	
see KOATE-DVI INJ 250UNIT	139	see XYNTHA SOLOF INJ 2000UNIT. 141	
see KOATE-DVI INJ 500UNIT	139	see XYNTHA SOLOF INJ 3000UNIT. 141	
		see XYNTHA SOLOF INJ 500UNIT .. 141	
		see XYNTHA SOLOF KIT 250UNIT .. 141	
		antihemophilic factor rahf-pfm	
		see ADVATE INJ 1000UNIT	137
		see ADVATE INJ 1500UNIT	137
		see ADVATE INJ 2000UNIT	137
		see ADVATE INJ 250UNIT	137
		see ADVATE INJ 3000UNIT	137
		see ADVATE INJ 4000UNIT	137
		see ADVATE INJ 500UNIT	137

antihemophilic factor/von willebrand factor complex (human)	
see HUMATE-P SOL 2400UNIT	138
see HUMATE-P SOL 500-1200.....	138
antiinhibitor coagulant complex	
see FEIBA INJ	138
ANZEMET TAB 100MG	59
ANZEMET TAB 50MG	59
APEXICON E CRE 0.05%	119
APIDRA INJ SOLOSTAR.....	54
APIDRA INJ U-100	54
apixaban	
see ELIQUIS TAB 2.5MG	35
see ELIQUIS TAB 5MG	35
APOKYN INJ 10MG/ML	84
apomorphine hydrochloride	
see APOKYN INJ 10MG/ML.....	84
apraclonidine hcl ophth soln 0.5% (base equivalent)	174
apremilast	
see OTEZLA TAB 10/20/30	11
see OTEZLA TAB 30MG	11
aprepitant capsule 125 mg	60
aprepitant capsule 40 mg	60
aprepitant capsule 80 mg	60
aprepitant capsule therapy pack 80 & 125 mg	60
APRISO CAP 0.375GM	133
APTIOM TAB 200MG	37
APTIOM TAB 400MG	37
APTIOM TAB 600MG	37
APTIOM TAB 800MG	37
APTIVUS CAP 250MG.....	92
APTIVUS SOL	92
Aquadeks	
see pediatric multiple vitamin w/ minerals & c drops 45 mg/ml	165
Aqueous Vitamin D Infants	
see cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)	197
ARANESP INJ 100MCG	143
ARANESP INJ 10MCG.....	143
ARANESP INJ 150MCG	143
ARANESP INJ 200MCG	143
ARANESP INJ 25MCG.....	143
ARANESP INJ 300MCG	143
ARANESP INJ 40MCG	143
ARANESP INJ 500MCG	143
ARANESP INJ 60MCG	143
ARCALYST INJ 220MG.....	8
ARCAPTA CAP 75MCG	31
arformoterol tartrate	
see BROVANA NEB 15MCG.....	32
aripiprazole	
see ABILIFY MAIN INJ 300MG	91
see ABILIFY MAIN INJ 400MG	91
aripiprazole lauroxil	
see ARISTADA INJ 441MG/1.	92
see ARISTADA INJ 662MG/2	92
see ARISTADA INJ 882MG/3	92
aripiprazole oral solution 1 mg/ml	91
aripiprazole orally disintegrating tab 10 mg	91
aripiprazole orally disintegrating tab 15 mg	91
aripiprazole tab 10 mg	92
aripiprazole tab 15 mg	92
aripiprazole tab 2 mg	91
aripiprazole tab 20 mg	92
aripiprazole tab 30 mg	92
aripiprazole tab 5 mg	92
ARISTADA INJ 441MG/1.....	92
ARISTADA INJ 662MG/2.....	92
ARISTADA INJ 882MG/3.....	92
armodafinil tab 150 mg	4
armodafinil tab 200 mg	4
armodafinil tab 250 mg	4
armodafinil tab 50 mg	4
ARMOUR THYRO TAB 120MG	186
ARMOUR THYRO TAB 15MG	186
ARMOUR THYRO TAB 180MG	186
ARMOUR THYRO TAB 240MG	186
ARMOUR THYRO TAB 300MG	186
ARMOUR THYRO TAB 30MG	186
ARMOUR THYRO TAB 60MG	186
ARMOUR THYRO TAB 90MG	186
artemether-lumefantrine	
see COARTEM TAB 20-120MG	76
artificial tear insert	
see LACRISERT MIS 5MG OP.....	173
artificial tear ophth ointment	173
artificial tear ophth solution	173

Artificial Tears

see **dextran 70-hypromellose ophth soln 0.1-0.3%** 173

see **polyvinyl alcohol ophth soln 1.4%** 173

ascorbic acid tab 500 mg 198

asenapine maleate

see SAPHRIS SUB 10MG 90

see SAPHRIS SUB 2.5MG 90

see SAPHRIS SUB 5MG 90

ASMANEX 120 AER 220MCG 30

ASMANEX 14 AER 220MCG 30

ASMANEX 30 AER 110MCG 30

ASMANEX 30 AER 220MCG 30

ASMANEX 60 AER 220MCG 30

ASMANEX 7 AER 110MCG 30

ASMANEX HFA AER 100 MCG 30

ASMANEX HFA AER 200 MCG 30

ASMANEX HFA AER 50MCG 30

aspirin chew tab 81 mg 14

Aspirin Low Dose

see **aspirin tab delayed release 81 mg** 14

aspirin tab 325 mg 14

aspirin tab delayed release 325 mg 14

aspirin tab delayed release 81 mg .14

aspirin-dipyridamole cap er 12hr 25-200 mg 142

atazanavir sulfate cap 150 mg (base equiv) 93

atazanavir sulfate cap 200 mg (base equiv) 93

atazanavir sulfate cap 300 mg (base equiv) 93

atazanavir sulfate-cobicistat

see EVOTAZ TAB 300-150 94

atenolol & chlorthalidone tab 100-25 mg 73

atenolol & chlorthalidone tab 50-25 mg 73

atenolol tab 100 mg 99

atenolol tab 25 mg 99

atenolol tab 50 mg 99

atomoxetine hcl cap 10 mg (base equiv) 3

atomoxetine hcl cap 100 mg (base equiv) 3

atomoxetine hcl cap 18 mg (base equiv) 3

atomoxetine hcl cap 25 mg (base equiv) 3

atomoxetine hcl cap 40 mg (base equiv) 3

atomoxetine hcl cap 60 mg (base equiv) 3

atomoxetine hcl cap 80 mg (base equiv) 3

atorvastatin calcium tab 10 mg (base equivalent) 64

atorvastatin calcium tab 20 mg (base equivalent) 64

atorvastatin calcium tab 40 mg (base equivalent) 64

atorvastatin calcium tab 80 mg (base equivalent) 64

atovaquone susp 750 mg/5ml 24

atovaquone-proguanil hcl tab 250-100 mg 76

atovaquone-proguanil hcl tab 62.5-25 mg 76

ATRIPLA TAB 93

ATROPINE SUL SOL 1% OP 174

atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml) 189

atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml) 189

atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml) 189

ATROVENT HFA AER 17MCG 29

AUBAGIO TAB 14MG 183

AUBAGIO TAB 7MG 183

AUGMENTIN SUS 125/5ML 181

auranofin

see RIDAURA CAP 3MG 8

AVANDIA TAB 2MG 56

AVANDIA TAB 4MG 57

Avita

see **tretinoin gel 0.025%** 115

AVONEX KIT 30MCG 183

AVONEX PEN KIT 30MCG 183

AVONEX PREFL KIT 30MCG 183

AZASITE SOL 1%.....175
azathioprine tab 50 mg163
azelastine hcl nasal spray 0.1% (137 mcg/spray).....171
azelastine hcl ophth soln 0.05% ..176
azilsartan medoxomil
 see EDARBI TAB 40MG70
 see EDARBI TAB 80MG70
azithromycin (ophth)
 see AZASITE SOL 1%175
azithromycin for susp 100 mg/5ml
151
azithromycin for susp 200 mg/5ml
151
azithromycin powd pack for susp 1 gm151
azithromycin tab 250 mg151
azithromycin tab 500 mg151
azithromycin tab 600 mg151
 AZOPT SUS 1% OP176
aztreonam lysine
 see CAYSTON INH 75MG24
B
bacitracin oint 500 unit/gm115
bacitracin ophth oint 500 unit/gm
175
bacitracin zinc oint 500 unit/gm ..115
bacitracin-polymyxin b oint116
bacitracin-polymyxin b ophth oint175
bacitracin-polymyxin-neomycin hc
 see CORTISPORIN OIN 1%.....116
bacitracin-polymyxin-neomycin-hc ophth oint 1%.....176
baclofen tab 10 mg169
baclofen tab 20 mg169
 BALCOLTRA TAB 0.1-20.....107
balsalazide disodium cap 750 mg 133
 BANZEL SUS 40MG/ML37
 BANZEL TAB 200MG37
 BANZEL TAB 400MG37
 BARACLUDE SOL.....97
 BASAGLAR INJ 100UNIT54
 BAXDELA TAB 450MG.....132
b-complex w/ c & folic acid cap 1 mg
165
b-complex w/ c & folic acid tab ...165

b-complex w/ c & folic acid tab 0.8 mg.....165
b-complex w/ c & folic acid tab 5 mg
165
 BD U-500 MIS 31GX6MM152
 BE WELL PAK ROUNDED.....167
becaplermin
 see REGRANEX GEL 0.01%.....124
beclomethasone dipropionate hfa
 see QVAR REDIHA AER 80MCG.....30
 see QVAR REDIHAL AER 40MCG31
bedaquiline fumarate
 see SIRTURO TAB 100MG.....77
belatacept
 see NULOJIX INJ 250MG.....163
 BELSOMRA TAB 10MG.....148
 BELSOMRA TAB 15MG.....148
 BELSOMRA TAB 20MG.....148
 BELSOMRA TAB 5MG148
benazepril & hydrochlorothiazide tab 10-12.5 mg73
benazepril & hydrochlorothiazide tab 20-12.5 mg73
benazepril & hydrochlorothiazide tab 20-25 mg73
benazepril & hydrochlorothiazide tab 5-6.25 mg73
benazepril hcl tab 10 mg67
benazepril hcl tab 20 mg67
benazepril hcl tab 40 mg67
benazepril hcl tab 5 mg67
 BENEFIX INJ 1000UNIT138
 BENEFIX INJ 2000UNIT138
 BENEFIX INJ 250UNIT.....138
 BENEFIX INJ 3000UNIT138
 BENEFIX INJ 500UNIT.....138
 BENZNIDAZOLE TAB 100MG23
 BENZNIDAZOLE TAB 12.5MG23
benzocaine-docusate sodium
 see DOCUSOL PLUS ENE 20-283 ...151
benzonatate cap 100 mg112
benzonatate cap 200 mg112
benzoyl peroxide
 see ACNE MEDICAT LOT 10%114
 see ACNE MEDICAT LOT 5%114
benzoyl peroxide gel 10%.....114

benzoyl peroxide gel 5%	114	see TARGRETIN GEL 1%	118
benzoyl peroxide liq 10%	114	bexarotene cap 75 mg	83
benzoyl peroxide liq 5%	114	bicalutamide tab 50 mg	78
Benzoyl Peroxide Wash		bictegravir-emtricitabine-tenofovir	
see benzoyl peroxide liq 10%	114	alafenamide fumarate	
benzoyl peroxide-erythromycin gel		see BIKTARVY TAB	93
5-3%	114	BIKTARVY TAB	93
benztropine mesylate tab 0.5 mg	84	bimatoprost	
benztropine mesylate tab 1 mg	84	see LUMIGAN SOL 0.01%	177
benztropine mesylate tab 2 mg	84	bimatoprost ophth soln 0.03%	177
bepotastine besilate		bisacodyl suppos 10 mg	150
see BEPREVE DRO 1.5%	176	bisacodyl tab delayed release 5 mg	
BEPREVE DRO 1.5%	176	.....	150
BERINERT INJ 500UNIT	141	Bismatrol	
besifloxacin hcl		see bismuth subsalicylate susp 262	
see BESIVANCE SUS 0.6%	175	mg/15ml	58
BESIVANCE SUS 0.6%	175	bismuth subsalicylate chew tab 262	
betaine		mg	58
see CYSTADANE POW	129	bismuth subsalicylate susp 262	
betamethasone dipropionate		mg/15ml	58
augmented cream 0.05%	119	bismuth subsalicylate susp 525	
betamethasone dipropionate		mg/15ml	58
augmented gel 0.05%	119	bismuth subsalicylate tab 262 mg	59
betamethasone dipropionate		bisoprolol & hydrochlorothiazide tab	
augmented lotion 0.05%	119	10-6.25 mg	73
betamethasone dipropionate		bisoprolol & hydrochlorothiazide tab	
augmented oint 0.05%	119	2.5-6.25 mg	73
betamethasone dipropionate cream		bisoprolol & hydrochlorothiazide tab	
0.05%	119	5-6.25 mg	73
betamethasone dipropionate lotion		bisoprolol fumarate tab 10 mg	99
0.05%	119	bisoprolol fumarate tab 5 mg	99
betamethasone dipropionate oint		blood glucose monitoring supplies	
0.05%	119	see TRUE METRIX KIT AIR	153
betamethasone valerate cream 0.1%		BOOSTRIX INJ	188
(base equivalent)	119	bosentan	
betamethasone valerate oint 0.1%		see TRACLEER TAB 125MG	105
(base equivalent)	119	see TRACLEER TAB 32MG	105
betaxolol hcl ophth soln 0.5%	173	see TRACLEER TAB 62.5MG	105
betaxolol hcl tab 10 mg	99	bosentan tab 125 mg	104
betaxolol hcl tab 20 mg	99	bosentan tab 62.5 mg	104
bethanechol chloride tab 10 mg	193	BOTOX INJ 100UNIT	172
bethanechol chloride tab 25 mg	193	BOTOX INJ 200UNIT	172
bethanechol chloride tab 5 mg	193	Bp Cleansing Wash	
bethanechol chloride tab 50 mg	193	see sulfacetamide sodium-sulfur in	
BEVESPI AER 9-4.8MCG	31	urea emulsion 10-4%	115
bexarotene (topical)		Bp Gel	

see **benzoyl peroxide gel 5%** 114

Bp Wash
 see **benzoyl peroxide liq 5%** 114

Bprotected Pedia Poly-vit
 see **pediatric multiple vitamin w/ c soln 35 mg/ml** 166

see **pediatric multiple vitamins w/ iron drops 10 mg/ml** 166

Bprotected Pedia Tri-vite
 see **pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml** 167

BRAINSTRONG MIS PRENATAL 167

BREO ELLIPTA INH 100-25.....31

BREO ELLIPTA INH 200-25.....32

Briellyn
 see **norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg** 108

BRILINTA TAB 60MG 142

BRILINTA TAB 90MG 142

brimonidine tartrate (topical)
 see MIRVASO GEL 0.33%..... 123

brimonidine tartrate ophth soln 0.15% 174

brimonidine tartrate ophth soln 0.2% 174

brimonidine tartrate-timolol maleate
 see COMBIGAN SOL 0.2/0.5% 174

brinzolamide
 see AZOPT SUS 1% OP 176

brinzolamide-brimonidine tartrate
 see SIMBRINZA SUS 1-0.2% 174

bromfenac sodium ophth soln 0.09% (base equiv) (once-daily) 176

bromocriptine mesylate (diabetes)
 see CYCLOSET TAB 0.8MG 53

bromocriptine mesylate cap 5 mg (base equivalent).....84

bromocriptine mesylate tab 2.5 mg (base equivalent).....84

brompheniramine & pseudoephedrine elixir 1-15 mg/5ml 112

BROTAPP DM LIQ 15-1-5/5 112

BROVANA NEB 15MCG.....32

BRUKINSA CAP 80MG.....80

budesonide (inhalation)

see PULMICORT INH 180MCG 30

see PULMICORT INH 90MCG 30

budesonide delayed release particles cap 3 mg 111

budesonide inhalation susp 0.25 mg/2ml 30

budesonide inhalation susp 0.5 mg/2ml 30

budesonide nasal susp 32 mcg/act 171

budesonide-formoterol fumarate dihydrate
 see SYMBICORT AER 160-4.5..... 34

see SYMBICORT AER 80-4.5 34

bumetanide tab 0.5 mg 126

bumetanide tab 1 mg 126

bumetanide tab 2 mg 126

buprenorphine hcl sl tab 2 mg (base equiv) 20

buprenorphine hcl sl tab 8 mg (base equiv) 20

buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 20

buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 20

buprenorphine td patch weekly 10 mcg/hr 20

buprenorphine td patch weekly 15 mcg/hr 20

buprenorphine td patch weekly 20 mcg/hr 21

buprenorphine td patch weekly 5 mcg/hr 20

buprenorphine td patch weekly 7.5 mcg/hr 20

bupropion hcl (smoking deterrent) tab er 12hr 150 mg 184

bupropion hcl tab 100 mg 41

bupropion hcl tab 75 mg 41

bupropion hcl tab er 12hr 100 mg . 41

bupropion hcl tab er 12hr 150 mg . 41

bupropion hcl tab er 12hr 200 mg . 41

bupropion hcl tab er 24hr 150 mg . 42

bupropion hcl tab er 24hr 300 mg . 42

buspironone hcl tab 10 mg 26

buspironone hcl tab 15 mg 26

buspirone hcl tab 30 mg26
buspirone hcl tab 5 mg26
buspirone hcl tab 7.5 mg26
butalbital-acetaminophen tab 50-325 mg12
butalbital-acetaminophen-caff w/cod cap 50-300-40-30 mg19
butalbital-acetaminophen-caff w/cod cap 50-325-40-30 mg19
butalbital-acetaminophen-caffeine cap 50-300-40 mg12
butalbital-acetaminophen-caffeine cap 50-325-40 mg13
butalbital-acetaminophen-caffeine tab 50-325-40 mg13
butalbital-aspirin-caffeine cap 50-325-40 mg13
butenafine hcl
 see MENTAX CRE 1%.....116
butoconazole nitrate (one dose)
 see GYNAZOLE-1 CRE 2%195
butorphanol tartrate nasal soln 10 mg/ml21
 BYSTOLIC TAB 10MG.....99
 BYSTOLIC TAB 2.5MG.....99
 BYSTOLIC TAB 20MG.....99
 BYSTOLIC TAB 5MG99
 BYVALSON TAB 5-80MG.....74
C
c1 esterase inhibitor (human)
 see BERINERT INJ 500UNIT.....141
cabergoline tab 0.5 mg130
cabozantinib s-malate
 see COMETRIQ KIT 100MG80
 see COMETRIQ KIT 140MG80
 see COMETRIQ KIT 60MG.....80
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) 3
calcipotriene oint 0.005%.....118
calcipotriene soln 0.005% (50 mcg/ml)118
calcipotriene-betamethasone dipropionate
 see TACLONEX SUS.....121
calcipotriene-betamethasone dipropionate oint 0.005-0.064%..119

calcipotriene-betamethasone dipropionate susp 0.005-0.064% 120
calcitonin (salmon) nasal soln 200 unit/act.....127
 Calcitrate
 see **calcium citrate tab 950 mg (200 mg elemental ca)** 159
calcitriol cap 0.25 mcg 129
calcitriol cap 0.5 mcg 129
calcitriol oint 3 mcg/gm..... 118
calcium & phosphorus w/ vitamin d
 see RISACAL-D TAB..... 160
 Calcium 500 + D
 see **calcium carbonate-vitamin d tab 500 mg-125 unit**..... 159
 Calcium 500/d
 see **calcium carbonate-cholecalciferol chew tab 500 mg-400 unit**..... 158
 Calcium 600
 see **calcium carbonate tab 600 mg** 158
 Calcium 600 With Vitamin
 see **calcium carbonate-vitamin d chew tab 600 mg-400 unit** 159
 Calcium 600/vitamin D3
 see **calcium carbonate-cholecalciferol tab 600 mg-800 unit**..... 159
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) 135
 Calcium Antacid
 see **calcium carbonate (antacid) chew tab 500 mg** 23
calcium carbonate (antacid) chew tab 1000 mg 23
calcium carbonate (antacid) chew tab 400 mg 22
calcium carbonate (antacid) chew tab 500 mg 23
calcium carbonate (antacid) chew tab 750 mg 23
calcium carbonate (antacid) susp 1250 mg/5ml 23
calcium carbonate tab 1250 mg (500 mg elemental ca) 158

calcium carbonate tab 1500 mg (600 mg elemental ca) 158
calcium carbonate tab 600 mg 158
calcium carbonate-cholecalciferol
 see CALTRATE 600 CHW 600-800 .. 160
calcium carbonate-cholecalciferol cap 600 mg-500 unit..... 158
calcium carbonate-cholecalciferol chew tab 500 mg-100 unit 158
calcium carbonate-cholecalciferol chew tab 500 mg-400 unit 158
calcium carbonate-cholecalciferol chew tab 500 mg-600 unit 158
calcium carbonate-cholecalciferol tab 250 mg-125 unit 158
calcium carbonate-cholecalciferol tab 500 mg-125 unit 158
calcium carbonate-cholecalciferol tab 500 mg-200 unit 158
calcium carbonate-cholecalciferol tab 500 mg-400 unit 158
calcium carbonate-cholecalciferol tab 500 mg-600 unit 158
calcium carbonate-cholecalciferol tab 600 mg-200 unit 158
calcium carbonate-cholecalciferol tab 600 mg-400 unit 159
calcium carbonate-cholecalciferol tab 600 mg-800 unit 159
calcium carbonate-ergocalciferol
 see RA OYS SHL/D TAB 500MG 160
calcium carbonate-mag hydrox
 see MI-ACID CHW 22
calcium carbonate-mag hydroxide chew tab 675-135 mg 22
calcium carbonate-mag hydroxide susp 400-135 mg/5ml 22
calcium carbonate-vitamin d cap 600 mg-200 unit 159
calcium carbonate-vitamin d chew tab 600 mg-400 unit 159
calcium carbonate-vitamin d tab 250 mg-125 unit 159
calcium carbonate-vitamin d tab 500 mg-125 unit 159
calcium carbonate-vitamin d tab 500

mg-200 unit 159
calcium carbonate-vitamin d tab 500 mg-400 unit 159
calcium carbonate-vitamin d tab 600 mg-125 unit 159
calcium carbonate-vitamin d tab 600 mg-200 unit 159
calcium carbonate-vitamin d tab 600 mg-400 unit 159
calcium carb-vit d w/ minerals chew tab 600 mg-400 unit 158
calcium carb-vit d w/ minerals chew tab 600 mg-800 unit 158
 CALCIUM CITR TAB 200MG..... 159
 Calcium Citrate + D3
 see **calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)** 159
calcium citrate tab 950 mg (200 mg elemental ca) 159
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca) 159
calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca) 159
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca) 159
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) 159
 Calcium Plus Vitamin D3
 see **calcium carbonate-cholecalciferol cap 600 mg-500 unit**..... 158
calcium polycarbophil tab 625 mg 148
 CALCIUM TAB 600MG 159
calcium-magnesium-zinc tab 333-133-5 mg 160
 CALNA TAB..... 167
 CALTRATE 600 CHW 600-800 160
candesartan cilexetil tab 16 mg 70
candesartan cilexetil tab 32 mg 70
candesartan cilexetil tab 4 mg 69
candesartan cilexetil tab 8 mg 69
 CAPASTAT SUL INJ 1GM..... 77
capecitabine tab 150 mg 78
capecitabine tab 500 mg 78
 CAPRELSA TAB 100MG..... 80
 CAPRELSA TAB 300MG..... 80

capreomycin sulfate	
see CAPASTAT SUL INJ 1GM	77
capsaicin cream 0.1%	122
captopril & hydrochlorothiazide tab 25-15 mg	74
captopril & hydrochlorothiazide tab 25-25 mg	74
captopril & hydrochlorothiazide tab 50-15 mg	74
captopril & hydrochlorothiazide tab 50-25 mg	74
captopril tab 100 mg	68
captopril tab 12.5 mg	67
captopril tab 25 mg	67
captopril tab 50 mg	68
carbamazepine cap er 12hr 100 mg	37
carbamazepine cap er 12hr 200 mg	37
carbamazepine cap er 12hr 300 mg	37
carbamazepine chew tab 100 mg	37
carbamazepine susp 100 mg/5ml	37
carbamazepine tab 200 mg	37
carbamazepine tab er 12hr 100 mg	37
carbamazepine tab er 12hr 200 mg	38
carbamazepine tab er 12hr 400 mg	38
carbamide peroxide 6.5% otic soln	178
carbidopa & levodopa orally disintegrating tab 10-100 mg	84
carbidopa & levodopa orally disintegrating tab 25-100 mg	84
carbidopa & levodopa orally disintegrating tab 25-250 mg	84
carbidopa & levodopa tab 10-100 mg	84
carbidopa & levodopa tab 25-100 mg	84
carbidopa & levodopa tab 25-250 mg	84
carbidopa & levodopa tab er 25-100 mg	84
carbidopa & levodopa tab er 50-200 mg	85
carbidopa tab 25 mg	83
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	85
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	85
carbidopa-levodopa-entacapone tabs 25-100-200 mg	85
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	85
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	85
carbidopa-levodopa-entacapone tabs 50-200-200 mg	85
carbinoxamine maleate soln 4 mg/5ml	61
carbinoxamine maleate tab 4 mg ..	61
carbonyl iron	
see IRON CHW PEDIATRI	146
carbonyl iron susp 15 mg/1.25ml (elemental iron)	145
carboxymethylcellulose sodium (pf) ophth soln 0.5%	173
carboxymethylcellulose sodium ophth soln 0.5%	173
CARIMUNE NF INJ 12GM	179
cariprazine hcl	
see VRAYLAR CAP 1.5MG	86
see VRAYLAR CAP 3MG	86
see VRAYLAR CAP 4.5MG	86
see VRAYLAR CAP 6MG	86
carisoprodol tab 350 mg	170
carteolol hcl ophth soln 1%	174
carvedilol tab 12.5 mg	98
carvedilol tab 25 mg	98
carvedilol tab 3.125 mg	98
carvedilol tab 6.25 mg	98
CAYA DPR	152
CAYSTON INH 75MG	24
cefaclor cap 250 mg	106
cefaclor cap 500 mg	106
cefaclor for susp 125 mg/5ml	106
cefaclor for susp 250 mg/5ml	106
cefaclor for susp 375 mg/5ml	106
cefadroxil cap 500 mg	106

cefadroxil for susp 250 mg/5ml ...	106	cephalexin for susp 125 mg/5ml .	106
cefadroxil for susp 500 mg/5ml ...	106	cephalexin for susp 250 mg/5ml .	106
cefadroxil tab 1 gm	106	CERDELGA CAP 84MG.....	142
cefazolin sodium for inj 1 gm	106	ceritinib	
cefazolin sodium for inj 10 gm	106	see ZYKADIA CAP 150MG.....	83
cefazolin sodium for inj 20 gm	106	certolizumab pegol	
cefazolin sodium for inj 500 mg ...	106	see CIMZIA KIT.....	133
cefdinir cap 300 mg	106	see CIMZIA KIT STARTER.....	134
cefdinir for susp 125 mg/5ml	106	see CIMZIA PREFL KIT 200MG/ML .	134
cefdinir for susp 250 mg/5ml	107	cervical caps	
cefditoren pivoxil tab 200 mg (base equivalent)	107	see FEMCAP MIS 22MM.....	152
cefditoren pivoxil tab 400 mg (base equivalent)	107	see FEMCAP MIS 26MM.....	152
cefepime hcl for inj 2 gm	107	see FEMCAP MIS 30MM.....	152
cefixime		CESAMET CAP 1MG.....	60
see SUPRAX CAP 400MG.....	107	cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	62
cefixime cap 400 mg	107	cetirizine hcl tab 10 mg	62
cefixime for susp 100 mg/5ml	107	cetirizine hcl tab 5 mg	62
cefixime for susp 200 mg/5ml	107	cetirizine-pseudoephedrine tab er 12hr 5-120 mg	112
cefpodoxime proxetil for susp 100 mg/5ml	107	cetrorelix acetate	
cefpodoxime proxetil for susp 50 mg/5ml	107	see CETROTIDE KIT 0.25MG.....	128
cefpodoxime proxetil tab 100 mg	107	CETROTIDE KIT 0.25MG.....	128
cefpodoxime proxetil tab 200 mg	107	cevimeline hcl cap 30 mg	164
cefprozil for susp 125 mg/5ml	106	CHANTIX PAK 0.5& 1MG.....	184
cefprozil for susp 250 mg/5ml	106	CHANTIX TAB 0.5MG.....	184
cefprozil tab 250 mg	106	CHANTIX TAB 1MG.....	184
cefprozil tab 500 mg	106	CHEMET CAP 100MG.....	59
ceftaroline fosamil		Chewable Vite Childrens	
see TEFLARO INJ 400MG.....	107	see pediatric multiple vitamin w/ c & fa chew tab	166
see TEFLARO INJ 600MG.....	107	Chewable Vite With Iron/c	
ceftriaxone sodium for inj 1 gm ...	107	see pediatric multiple vitamins w/ iron chew tab 15 mg	166
cefuroxime axetil tab 250 mg	106	Childrens Pain Reliever	
cefuroxime axetil tab 500 mg	106	see acetaminophen chew tab 80 mg	13
celecoxib cap 100 mg	9	Childrens Pepto	
celecoxib cap 200 mg	9	see calcium carbonate (antacid) chew tab 400 mg	22
celecoxib cap 400 mg	9	Childrens Silfedrine	
celecoxib cap 50 mg	9	see pseudoephedrine hcl liq 15 mg/5ml	172
cellulose		chlorambucil	
see UNIFIBER POW.....	149	see LEUKERAN TAB 2MG.....	77
CELONTIN CAP 300MG.....	41	chlordiazepoxide hcl cap 10 mg	27
CENTRUM SPEC PAK PRENATAL.....	167		
cephalexin cap 250 mg	106		
cephalexin cap 500 mg	106		

chlordiazepoxide hcl cap 25 mg	27	cholecalciferol tab 10 mcg (400 unit)	197
chlordiazepoxide hcl cap 5 mg	27	.....	197
chlorhexidine gluconate liquid 4%	92	cholecalciferol tab 125 mcg (5000 unit)	197
chlorhexidine gluconate soln 0.12%	164	cholecalciferol tab 25 mcg (1000 unit)	197
.....	164	cholecalciferol tab 50 mcg (2000 unit)	197
chloroquine phosphate tab 250 mg	76	cholestyramine light powder 4 gm/dose	63
chloroquine phosphate tab 500 mg	76	cholestyramine powder 4 gm/dose	63
chlorothiazide tab 250 mg	126	choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	64
chlorothiazide tab 500 mg	126	choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	63
Chlorphen Sr		CHOR GONADOT INJ 10000UNT	128
see chlorpheniramine maleate tab er 12 mg	61	Chromagen	
chlorpheniramine maleate syrup 2 mg/5ml	61	see iron combination cap	144
chlorpheniramine maleate tab 4 mg	61	ciclesonide (nasal)	
.....	61	see OMNARIS SPR	171
chlorpheniramine maleate tab er 12 mg	61	ciclopirox olamine cream 0.77% (base equiv)	116
chlorpromazine hcl tab 10 mg	90	ciclopirox olamine susp 0.77% (base equiv)	116
chlorpromazine hcl tab 100 mg	90	ciclopirox solution 8%	116
chlorpromazine hcl tab 200 mg	90	cilostazol tab 100 mg	142
chlorpromazine hcl tab 25 mg	90	cilostazol tab 50 mg	142
chlorpromazine hcl tab 50 mg	90	CIMDUO TAB 300-300	93
chlorpropamide tab 100 mg	58	cimetidine tab 200 mg	189
chlorpropamide tab 250 mg	58	cimetidine tab 300 mg	189
chlorthalidone tab 25 mg	126	cimetidine tab 400 mg	189
chlorthalidone tab 50 mg	126	cimetidine tab 800 mg	189
chlorzoxazone tab 500 mg	170	CIMZIA KIT	133
cholecalciferol cap 1.25 mg (50000 unit)	197	CIMZIA KIT STARTER	134
cholecalciferol cap 125 mcg (5000 unit)	197	CIMZIA PREFL KIT 200MG/ML	134
cholecalciferol cap 25 mcg (1000 unit)	197	cinacalcet hcl	
cholecalciferol cap 250 mcg (10000 unit)	197	see SENSIPAR TAB 30MG	129
cholecalciferol cap 50 mcg (2000 unit)	197	see SENSIPAR TAB 60MG	130
cholecalciferol chew tab 10 mcg (400 unit)	197	see SENSIPAR TAB 90MG	130
cholecalciferol chew tab 25 mcg (1000 unit)	197	cinacalcet hcl tab 30 mg (base equiv)	129
cholecalciferol drops 125 mcg/ml (5000 unit/ml)	197	cinacalcet hcl tab 60 mg (base equiv)	129
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)	197	cinacalcet hcl tab 90 mg (base equiv)	129
		CIPRO HC SUS OTIC	178

CIPRODEX SUS 0.3-0.1%	178	clindamycin phosphate vaginal cream 2%	195
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	175	clindamycin phosphate-tretinoin	
ciprofloxacin hcl otic soln 0.2% (base equivalent)	178	see VELTIN GEL	115
ciprofloxacin hcl tab 250 mg (base equiv)	132	clindamycin phosphate-tretinoin gel 1.2-0.025%	114
ciprofloxacin hcl tab 500 mg (base equiv)	132	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% .	114
ciprofloxacin hcl tab 750 mg (base equiv)	132	clobetasol propionate cream 0.05%	120
ciprofloxacin-dexamethasone		clobetasol propionate gel 0.05% .	120
see CIPRODEX SUS 0.3-0.1%.....	178	clobetasol propionate oint 0.05% .	120
ciprofloxacin-hydrocortisone		clobetasol propionate soln 0.05% .	120
see CIPRO HC SUS OTIC	178	clomipramine hcl cap 25 mg	45
citalopram hydrobromide oral soln 10 mg/5ml	42	clomipramine hcl cap 50 mg	45
citalopram hydrobromide tab 10 mg (base equiv)	42	clomipramine hcl cap 75 mg	46
citalopram hydrobromide tab 20 mg (base equiv)	42	clonazepam tab 0.5 mg	37
citalopram hydrobromide tab 40 mg (base equiv)	42	clonazepam tab 1 mg	37
Claravis		clonazepam tab 2 mg	37
see isotretinoin cap 10 mg	114	clonidine hcl tab 0.1 mg	72
clarithromycin for susp 125 mg/5ml	151	clonidine hcl tab 0.2 mg	72
clarithromycin for susp 250 mg/5ml	151	clonidine hcl tab 0.3 mg	72
clarithromycin tab 250 mg	151	clopidogrel bisulfate tab 75 mg (base equiv)	142
clarithromycin tab 500 mg	151	clorazepate dipotassium tab 15 mg	27
Clean & Clear Persa-gel M		clorazepate dipotassium tab 3.75 mg	27
see benzoyl peroxide gel 10% ...	114	clorazepate dipotassium tab 7.5 mg	27
Clear Soluble Fiber		clotrimazole cream 1%	116
see wheat dextrin oral powder ..	149	clotrimazole soln 1%	116
clemastine fumarate tab 1.34 mg (1 mg base equiv)	61	clotrimazole troche 10 mg	164
clemastine fumarate tab 2.68 mg ..	61	clotrimazole vaginal cream 1% ...	195
CLENPIQ SOL	149	clotrimazole vaginal cream 2% ...	195
clindamycin hcl cap 150 mg	24	clotrimazole w/ betamethasone cream 1-0.05%	116
clindamycin hcl cap 300 mg	24	clotrimazole w/ betamethasone lotion 1-0.05%	116
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	24	clozapine tab 100 mg	89
clindamycin phosphate gel 1%	114	clozapine tab 200 mg	89
clindamycin phosphate lotion 1% .	114	clozapine tab 25 mg	89
clindamycin phosphate soln 1% ..	114	clozapine tab 50 mg	89
		coagulation factor ix	
		see ALPHANINE SD INJ 1500UNIT .	137
		see ALPHANINE SD INJ 500UNIT ...	137

coagulation factor ix (recomb) fc fusion protein (rfixfc)

- see ALPROLIX INJ 1000UNIT 137
- see ALPROLIX INJ 2000UNIT 138
- see ALPROLIX INJ 250UNIT 137
- see ALPROLIX INJ 3000UNIT 138
- see ALPROLIX INJ 4000UNIT 138
- see ALPROLIX INJ 500UNIT 137

coagulation factor ix (recombinant)

- see BENEFIX INJ 1000UNIT 138
- see BENEFIX INJ 2000UNIT 138
- see BENEFIX INJ 250UNIT 138
- see BENEFIX INJ 3000UNIT 138
- see BENEFIX INJ 500UNIT 138
- see RIXUBIS INJ 1000UNIT 141
- see RIXUBIS INJ 2000UNIT 141
- see RIXUBIS INJ 250 UNIT 141
- see RIXUBIS INJ 3000UNIT 141
- see RIXUBIS INJ 500UNIT 141

coagulation factor viia (recombinant)

- see NOVOSEVEN RT INJ 1MG 139
- see NOVOSEVEN RT INJ 2MG 139
- see NOVOSEVEN RT INJ 5MG 139
- see NOVOSEVEN RT INJ 8MG 139

COARTEM TAB 20-120MG 76

cobicistat

- see TYBOST TAB 150MG 96

codeine sulfate tab 30 mg 14

codeine sulfate tab 60 mg 14

colchicine tab 0.6 mg 136

colchicine w/ probenecid tab 0.5-500 mg 136

colesevelam hcl packet for susp 3.75 gm 63

colesevelam hcl tab 625 mg 63

colestipol hcl tab 1 gm 63

collagenase

- see SANTYL OIN 250/GM 122

COLY-MYCIN S SUS OTIC 178

COMBIGAN SOL 0.2/0.5% 174

COMBIVENT AER 20-100 32

COMETRIQ KIT 100MG 80

COMETRIQ KIT 140MG 80

COMETRIQ KIT 60MG 80

COMPLERA TAB 93

CO-NATAL FA TAB 29-1MG 167

condoms - female

- see FC2 FEMALE MIS CONDOM 152

conjugated estrogens-bazedoxifene

- see DUAVEE TAB 0.45-20 131

conjugated estrogens-medroxyprogesterone acetate

- see PREMPHASE TAB 131
- see PREMPRO TAB 131
- see PREMPRO TAB 0.3-1.5 131
- see PREMPRO TAB 0.45-1.5 131
- see PREMPRO TAB 0.625-5 131

continuous blood glucose system receiver

- see DEXCOM G5 MIS RECEIVER 152
- see DEXCOM G6 MIS RECEIVER 153
- see FREESTYLE MIS READER 153

continuous blood glucose system sensor

- see DEXCOM G6 MIS SENSOR 153
- see FREESTYLE KIT SENSOR 153
- see G5/G4 MIS SENSOR 153

continuous blood glucose system transmitter

- see DEXCOM G5 MIS TRANSMIT 153
- see DEXCOM G6 MIS TRANSMIT 153

copper (iud)

- see PARAGARD IUD T380A 110

CORDRAN 80X3 TAP 4MCG/CM 120

corn dextrin oral powder 148

cortisone acetate tab 25 mg 111

CORTISPORIN OIN 1% 116

Cortizone-10

- see **hydrocortisone gel 1%** 121

Cortizone-10 Plus

- see **hydrocortisone-aloe vera cream 1%** 121

COSENTYX INJ 150MG/ML 118

COSENTYX INJ 300DOSE 118

COSENTYX PEN INJ 150MG/ML 118

COSENTYX PEN INJ 300DOSE 118

COUMADIN TAB 10MG 34

COUMADIN TAB 1MG 34

COUMADIN TAB 2.5MG 34

COUMADIN TAB 2MG 34

COUMADIN TAB 3MG 34

COUMADIN TAB 4MG.....34
 COUMADIN TAB 5MG.....34
 COUMADIN TAB 6MG.....34
 COUMADIN TAB 7.5MG34
 CREON CAP 12000UNT124
 CREON CAP 24000UNT125
 CREON CAP 3000UNIT124
 CREON CAP 36000UNT125
 CREON CAP 6000UNIT124
 CRESEMBA CAP 186 MG.....61
 CRIXIVAN CAP 200MG93
 CRIXIVAN CAP 400MG93
crizotinib
 see XALKORI CAP 200MG83
 see XALKORI CAP 250MG83
cromolyn sodium nasal aerosol soln
5.2 mg/act (4%)171
cromolyn sodium ophth soln 4% .177
cromolyn sodium soln nebu 20
mg/2ml.....29
crotamiton
 see EURAX CRE 10%123
 Cvs Af Spray Powder
 see **tolnaftate aerosol pow 1%** ..117
 Cvs Allergy Relief Childr
 see **diphenhydramine hcl liquid**
 12.5 mg/5ml62
 Cvs Antacid Supreme
 see **calcium carbonate-mag**
 hydroxide susp 400-135 mg/5ml 22
 Cvs Anti-dandruff
 see **selenium sulfide lotion 1%** ..118
 Cvs Anti-diarrheal
 see **loperamide hcl tab 2 mg**59
 Cvs Anti-fungal Powder
 see **miconazole nitrate powder 2%**
 117
 Cvs B-12
 see **cyanocobalamin sl tab 500 mcg**
 142
 Cvs Bismuth Maximum Stren
 see **bismuth subsalicylate susp 525**
 mg/15ml58
 Cvs Calcium Citrate + D
 see **calcium citrate-vitamin d tab**
 315 mg-250 unit (elemental ca)159

Cvs Chocolate Laxative Pi
 see **sennosides chew tab 15 mg** 150
 Cvs Cold & Cough Nighttim
 see **diphenhydramine-**
 phenylephrine liq 6.25-2.5 mg/5ml
 113
 Cvs Cortisone Maximum Str
 see **hydrocortisone lotion 1%** ... 121
 Cvs D3
 see **cholecalciferol chew tab 25**
 mcg (1000 unit) 197
 Cvs Dry Eye Relief
 see **glycerin-hypromellose-peg 400**
 ophth soln 0.2-0.2-1% 173
 Cvs Easy Fiber
 see **corn dextrin oral powder** 148
 Cvs Fish Oil
 see **omega-3 fatty acids cap**
 delayed release 1200 mg..... 173
 Cvs Gas Relief
 see **simethicone cap 125 mg** 133
 Cvs Gas Relief Drops Extr
 see **simethicone liquid 40**
 mg/0.6ml 133
 Cvs Gas Relief Extra Stre
 see **simethicone chew tab 125 mg**
 133
 Cvs Gentle Laxative
 see **bisacodyl suppos 10 mg**..... 150
 Cvs Glycerin Adult
 see **glycerin suppos 2 gm** 149
 Cvs Heartburn Relief
 see **aluminum hydroxide-**
 magnesium carbonate chew tab
 160-105 mg 22
 Cvs Ibuprofen Infants
 see **ibuprofen susp 40 mg/ml** 10
 Cvs Lubricant Eye Drops
 see **carboxymethylcellulose sodium**
 ophth soln 0.5% 173
 Cvs Melatonin
 see **melatonin cap 5 mg** 6
 Cvs Motion Sickness
 see **dimenhydrinate tab 50 mg**.... 60
 Cvs Motion Sickness Relie
 see **meclizine hcl chew tab 25 mg**60

Cvs Nasal Decongestant see pseudoephedrine hcl tab 30 mg	172	Cvs Smooth Antacid Extra see calcium carbonate (antacid) chew tab 750 mg	23
Cvs Nasal Decongestant Pe see phenylephrine hcl tab 10 mg	172	Cvs Sodium Chloride see sodium chloride hypertonic ophth oint 5%	177
Cvs Nasal Spray see oxymetazoline hcl nasal soln 0.05%	172	see sodium chloride hypertonic ophth soln 5%	177
Cvs Natural Daily Fiber see psyllium powder 48.57%	148	Cvs Triple Antibiotic see neomycin-bacitracin-polymyxin oint	116
see psyllium powder 58.6%	148	Cvs Vitamin B-12 Tr see cyanocobalamin tab er 1000 mcg	143
Cvs Natural Tears see dextran 70-hypromellose (pf) ophth soln 0.1-0.3%	173	Cvs Vitamin B-2 see riboflavin tab 100 mg	198
Cvs Nausea Relief see fructose-dextrose-phosphoric acid oral soln	60	cyanocobalamin sl tab 1000 mcg	142
Cvs Nicotine Lozenge see nicotine polacrilex lozenge 2 mg	185	cyanocobalamin sl tab 2500 mcg	143
Cvs Nicotine Polacrilex see nicotine polacrilex gum 4 mg	184	cyanocobalamin sl tab 500 mcg ..	142
Cvs Nicotine Transdermal see nicotine td patch 24hr 21 mg/24hr	185	cyanocobalamin tab 100 mcg	143
Cvs Omeprazole Magnesium see omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	191	cyanocobalamin tab 1000 mcg	143
Cvs Oyster Shell Calcium see calcium carbonate- cholecalciferol tab 500 mg-125 unit	158	cyanocobalamin tab 250 mcg	143
Cvs Pain & Fever Children see acetaminophen susp 160 mg/5ml	13	cyanocobalamin tab 500 mcg	143
Cvs Pinworm Treatment see pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv) ...	23	cyanocobalamin tab er 1000 mcg	143
CVS PRENATAL CHW GUMMY.....	167	cyclobenzaprine hcl tab 10 mg	170
Cvs Saline Nasal Spray see saline nasal spray 0.65%	170	cyclobenzaprine hcl tab 5 mg	170
Cvs Sleep Aid Nighttime see diphenhydramine hcl (sleep) tab 25 mg	146	cyclopentolate hcl ophth soln 1%	174
		cyclophosphamide cap 25 mg	77
		cyclophosphamide cap 50 mg	77
		cycloserine cap 250 mg	77
		CYCLOSET TAB 0.8MG	53
		cyclosporine see SANDIMMUNE CAP 100MG	163
		see SANDIMMUNE CAP 25MG	163
		cyclosporine (ophth) see RESTASIS EMU 0.05%	175
		cyclosporine cap 100 mg	163
		cyclosporine cap 25 mg	163
		cyclosporine modified (for microemulsion) see NEORAL CAP 100MG	163
		see NEORAL CAP 25MG	163
		cyclosporine modified cap 100 mg	163
		cyclosporine modified cap 25 mg	163
		cyclosporine modified cap 50 mg	163

cyclosporine modified oral soln 100 mg/ml 163

cyproheptadine hcl syrup 2 mg/5ml 63

cyproheptadine hcl tab 4 mg 63

CYSTADANE POW 129

CYSTAGON CAP 150MG 136

CYSTAGON CAP 50MG 136

CYSTARAN SOL 0.44% 177

cysteamine bitartrate
 see CYSTAGON CAP 150MG 136
 see CYSTAGON CAP 50MG 136

cysteamine hcl
 see CYSTARAN SOL 0.44% 177

D

D 1000
 see **cholecalciferol cap 25 mcg (1000 unit)** 197

D 5000
 see **cholecalciferol cap 125 mcg (5000 unit)** 197

D2000 Ultra Strength
 see **cholecalciferol cap 50 mcg (2000 unit)** 197

D3 Maximum Strength
 see **cholecalciferol drops 125 mcg/ml (5000 unit/ml)** 197

dabigatran etexilate mesylate
 see PRADAXA CAP 110MG 36
 see PRADAXA CAP 150MG 36
 see PRADAXA CAP 75MG 36

dabrafenib mesylate
 see TAFINLAR CAP 50MG 82
 see TAFINLAR CAP 75MG 82

daclatasvir dihydrochloride
 see DAKLINZA TAB 30MG 97
 see DAKLINZA TAB 60MG 97

Daily Vite
 see **multiple vitamin tab** 165

DAKLINZA TAB 30MG 97

DAKLINZA TAB 60MG 97

dalfampridine tab er 12hr 10 mg . 183

DALIRESP TAB 250MCG 30

DALIRESP TAB 500MCG 30

dalteparin sodium
 see FRAGMIN INJ 10000/ML 36

see FRAGMIN INJ 12500UNT 36

see FRAGMIN INJ 15000UNT 36

see FRAGMIN INJ 18000UNT 36

see FRAGMIN INJ 2500/0.2 36

see FRAGMIN INJ 5000/0.2 36

see FRAGMIN INJ 7500/0.3 36

danazol cap 100 mg 21

danazol cap 200 mg 21

danazol cap 50 mg 21

dantrolene sodium cap 100 mg ... 170

dantrolene sodium cap 25 mg 170

dantrolene sodium cap 50 mg 170

dapagliflozin propanediol
 see FARXIGA TAB 10MG 57
 see FARXIGA TAB 5MG 57

dapagliflozin-metformin hcl
 see XIGDUO XR TAB 10-1000 52
 see XIGDUO XR TAB 10-500MG 51
 see XIGDUO XR TAB 2.5-1000 51
 see XIGDUO XR TAB 5-1000MG 51
 see XIGDUO XR TAB 5-500MG 51

dapsone tab 100 mg 24

dapsone tab 25 mg 24

daptomycin for iv soln 500 mg 24

DARAPRIM TAB 25MG 76

darbepoetin alfa
 see ARANESP INJ 100MCG 143
 see ARANESP INJ 10MCG 143
 see ARANESP INJ 150MCG 143
 see ARANESP INJ 200MCG 143
 see ARANESP INJ 25MCG 143
 see ARANESP INJ 300MCG 143
 see ARANESP INJ 40MCG 143
 see ARANESP INJ 500MCG 143
 see ARANESP INJ 60MCG 143

darifenacin hydrobromide tab er 24hr 15 mg (base equiv) 192

darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) 192

darunavir ethanolate
 see PREZISTA SUS 100MG/ML 95
 see PREZISTA TAB 150MG 95
 see PREZISTA TAB 600MG 95
 see PREZISTA TAB 75MG 95
 see PREZISTA TAB 800MG 95

darunavir-cobicistat

see PREZCOBIX TAB 800-150	95	see STIMATE SOL 1.5MG/ML.....	130
darunavir-cobicistat-emtricitabine-		desmopressin acetate nasal spray	
tenofovir alafenamide		soln 0.01%	130
see SYMTUZA TAB.....	96	desmopressin acetate nasal spray	
dasatinib		soln 0.01% (refrigerated)	130
see SPRYCEL TAB 100MG	82	desmopressin acetate tab 0.1 mg	130
see SPRYCEL TAB 140MG	82	desmopressin acetate tab 0.2 mg	130
see SPRYCEL TAB 20MG.....	82	desogest-eth estrad & eth estrad tab	
see SPRYCEL TAB 50MG.....	82	0.15-0.02/0.01 mg(21/5)	107
see SPRYCEL TAB 70MG.....	82	desogest-ethin est tab 0.1-	
see SPRYCEL TAB 80MG.....	82	0.025/0.125-0.025/0.15-0.025mg-	
deferasirox tab for oral susp 125 mg		mg	107
.....	59	desogestrel & ethinyl estradiol tab	
deferasirox tab for oral susp 250 mg		0.15 mg-30 mcg	107
.....	59	desonide cream 0.05%	120
deferasirox tab for oral susp 500 mg		desonide oint 0.05%	120
.....	59	desoximetasone cream 0.05%	120
deferiprone		desoximetasone cream 0.25%	120
see FERRIPROX TAB 500MG	59	desoximetasone gel 0.05%	120
degarelix acetate		desoximetasone oint 0.05%	120
see FIRMAGON INJ 80MG.....	79	desoximetasone oint 0.25%	120
delafloxacin meglumine		desvenlafaxine succinate tab er 24hr	
see BAXDELA TAB 450MG	132	100 mg (base equiv)	44
delavirdine mesylate		desvenlafaxine succinate tab er 24hr	
see RESCRIPTOR TAB 200MG	95	50 mg (base equiv)	44
DELSTRIGO TAB	93	dexamethasone elixir 0.5 mg/5ml	
demeclocycline hcl tab 150 mg	185	.....	111
demeclocycline hcl tab 300 mg	186	dexamethasone sodium phosphate	
DENAVIR CRE 1%	119	inj 10 mg/ml	111
denosumab		dexamethasone sodium phosphate	
see PROLIA SOL 60MG/ML.....	127	ophth soln 0.1%	176
see XGEVA INJ.....	128	dexamethasone soln 0.5 mg/5ml	111
DEPEN TITRA TAB 250MG	162	dexamethasone tab 0.5 mg	111
DEPO-SQ PROV INJ 104.....	110	dexamethasone tab 0.75 mg	111
Dermacerin		dexamethasone tab 1 mg	111
see skin protectants misc - cream		dexamethasone tab 1.5 mg	111
.....	123	dexamethasone tab 2 mg	111
DESCOVY TAB 200/25	93	dexamethasone tab 4 mg	111
desipramine hcl tab 10 mg	46	dexamethasone tab 6 mg	111
desipramine hcl tab 100 mg	46	dexchlorpheniramine maleate oral	
desipramine hcl tab 150 mg	46	soln 2 mg/5ml	61
desipramine hcl tab 25 mg	46	DEXCOM G5 MIS RECEIVER.....	152
desipramine hcl tab 50 mg	46	DEXCOM G5 MIS TRANSMIT	153
desipramine hcl tab 75 mg	46	DEXCOM G6 MIS RECEIVER.....	153
desloratadine tab 5 mg	62	DEXCOM G6 MIS SENSOR	153
desmopressin acetate		DEXCOM G6 MIS TRANSMIT	153

DEXILANT CAP 30MG DR 190
 DEXILANT CAP 60MG DR 190
dexlansoprazole
 see DEXILANT CAP 30MG DR 190
 see DEXILANT CAP 60MG DR 190
dexmethylphenidate hcl tab 10 mg . 4
dexmethylphenidate hcl tab 2.5 mg 4
dexmethylphenidate hcl tab 5 mg ... 4
dextran 70-hypromellose (pf) ophth soln 0.1-0.3% 173
dextran 70-hypromellose ophth soln 0.1-0.3% 173
dextroamphetamine sulfate cap er 24hr 10 mg 2
dextroamphetamine sulfate cap er 24hr 15 mg 2
dextroamphetamine sulfate cap er 24hr 5 mg 2
dextroamphetamine sulfate tab 10 mg 2
dextroamphetamine sulfate tab 5 mg 2
dextromethorphan hbr
 see ROBITUSSIN SYP 7.5/5ML 112
dextromethorphan-guaifenesin liquid 10-100 mg/5ml..... 112
dextromethorphan-guaifenesin liquid 10-200 mg/5ml..... 112
dextromethorphan-guaifenesin syrup 10-100 mg/5ml..... 112
dextromethorphan-guaifenesin tab er 12hr 30-600 mg 113
dextrose (diabetic use)
 see GNP GLUCOSE CHW ORANGE.....52
 Diabetic Siltussin-dm
 see **dextromethorphan-guaifenesin liquid 10-100 mg/5ml** 112
 Diabetic Tussin Allergy
 see **chlorpheniramine maleate syrup 2 mg/5ml**61
 Diabetic Tussin Maximum S
 see **dextromethorphan-guaifenesin liquid 10-200 mg/5ml** 112
 DIACOMIT CAP 250MG38
 DIACOMIT CAP 500MG38
 DIACOMIT PAK 250MG38

DIACOMIT PAK 500MG..... 38
diaphragm arc-spring
 see CAYA DPR..... 152
diaphragm wide seal
 see WIDE-SEAL DPR KIT 60 152
 see WIDE-SEAL DPR KIT 65 152
 see WIDE-SEAL DPR KIT 70 152
 see WIDE-SEAL DPR KIT 75 152
 see WIDE-SEAL DPR KIT 80 152
 see WIDE-SEAL DPR KIT 85 152
 see WIDE-SEAL DPR KIT 90 152
 see WIDE-SEAL DPR KIT 95 152
diaphragms
 see OMNIFLEX DPR..... 152
diazepam conc 5 mg/ml 27
 Diazepam Intensol
 see **diazepam conc 5 mg/ml** 27
diazepam oral soln 1 mg/ml..... 27
diazepam rectal gel delivery system 10 mg..... 37
diazepam rectal gel delivery system 2.5 mg..... 37
diazepam rectal gel delivery system 20 mg..... 37
diazepam tab 10 mg 28
diazepam tab 2 mg 27
diazepam tab 5 mg 28
diazoxide
 see PROGLYCEM SUS 50MG/ML..... 52
dibucaine rectal ointment 1% 21
diclofenac potassium tab 50 mg 9
diclofenac sodium gel 1% 115
diclofenac sodium ophth soln 0.1% 177
diclofenac sodium tab delayed release 25 mg 9
diclofenac sodium tab delayed release 50 mg 9
diclofenac sodium tab delayed release 75 mg 9
diclofenac sodium tab er 24hr 100 mg..... 9
dicloxacillin sodium cap 250 mg.. 181
dicloxacillin sodium cap 500 mg.. 181
dicyclomine hcl cap 10 mg 189
dicyclomine hcl oral soln 10 mg/5ml

.....189

dicyclomine hcl tab 20 mg189

didanosine
 see VIDEX EC CAP 125MG96

didanosine delayed release capsule 200 mg93

didanosine delayed release capsule 250 mg93

didanosine delayed release capsule 400 mg93

DIFFERIN GEL 0.1%114

DIFICID TAB 200MG152

diflorasone diacetate cream 0.05%
120

diflorasone diacetate emollient base
 see APEXICON E CRE 0.05%119

diflorasone diacetate oint 0.05%120

diflunisal tab 500 mg14

difluprednate
 see DUREZOL EMU 0.05%176

digoxin
 see LANOXIN TAB 0.125MG103
 see LANOXIN TAB 0.25MG103

digoxin oral soln 0.05 mg/ml103

digoxin tab 125 mcg (0.125 mg) ..103

digoxin tab 250 mcg (0.25 mg)103

dihydroergotamine mesylate inj 1 mg/ml155

DILANTIN CAP 100MG40

DILANTIN CAP 30MG40

diltiazem hcl cap er 12hr 120 mg .101

diltiazem hcl cap er 24hr 120 mg .101

diltiazem hcl cap er 24hr 180 mg .101

diltiazem hcl cap er 24hr 240 mg .101

diltiazem hcl coated beads cap er 24hr 120 mg101

diltiazem hcl coated beads cap er 24hr 180 mg101

diltiazem hcl coated beads cap er 24hr 240 mg101

diltiazem hcl coated beads cap er 24hr 300 mg101

diltiazem hcl extended release beads cap er 24hr 120 mg101

diltiazem hcl extended release beads cap er 24hr 180 mg101

diltiazem hcl extended release beads cap er 24hr 240 mg 101

diltiazem hcl extended release beads cap er 24hr 300 mg 101

diltiazem hcl extended release beads cap er 24hr 360 mg 101

diltiazem hcl extended release beads cap er 24hr 420 mg 101

diltiazem hcl tab 120 mg 101

diltiazem hcl tab 30 mg 101

diltiazem hcl tab 60 mg 101

diltiazem hcl tab 90 mg 101

dimenhydrinate tab 50 mg 60

dimethyl fumarate
 see TECFIDERA CAP 120MG 184
 see TECFIDERA CAP 240MG 184
 see TECFIDERA MIS STARTER 184

DIPENTUM CAP 250MG 134

diphenhydramine hcl
 see ALER-DRYL TAB 50MG 61

diphenhydramine hcl (sleep) tab 25 mg 146

diphenhydramine hcl (sleep) tab 50 mg 146

diphenhydramine hcl cap 25 mg 62

diphenhydramine hcl cap 50 mg 62

diphenhydramine hcl chew tab 12.5 mg 62

diphenhydramine hcl elixir 12.5 mg/5ml 62

diphenhydramine hcl inj 50 mg/ml 62

diphenhydramine hcl liquid 12.5 mg/5ml 62

diphenhydramine hcl tab 25 mg 62

diphenhydramine hcl tab disint 12.5 mg 62

diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml 113

diphenhydramine-phenylephrine tab 25-10 mg 113

diphenhydramine-zinc acetate cream 2-0.1% 117

diphenoxylate w/ atropine tab 2.5-0.025 mg 59

dipyridamole tab 25 mg 142

dipyridamole tab 50 mg 142

dipyridamole tab 75 mg	142	see TIVICAY TAB 10MG	96
disopyramide phosphate cap 100 mg	28	see TIVICAY TAB 25MG	96
disopyramide phosphate cap 150 mg	28	see TIVICAY TAB 50MG	96
disulfiram tab 250 mg	182	dolutegravir sodium-lamivudine see DOVATO TAB 50-300MG.....	93
disulfiram tab 500 mg	182	dolutegravir sodium-rilpivirine hcl see JULUCA TAB 50-25MG	94
divalproex sodium cap delayed release sprinkle 125 mg	41	donepezil hydrochloride orally disintegrating tab 10 mg	182
divalproex sodium tab delayed release 125 mg	41	donepezil hydrochloride orally disintegrating tab 5 mg	182
divalproex sodium tab delayed release 250 mg	41	donepezil hydrochloride tab 10 mg	182
divalproex sodium tab delayed release 500 mg	41	donepezil hydrochloride tab 5 mg 182	
divalproex sodium tab er 24 hr 250 mg	41	doravirine see PIFELTRO TAB 100MG	95
divalproex sodium tab er 24 hr 500 mg	41	doravirine-lamivudine-tenofovir disoproxil fumarate see DELSTRIGO TAB	93
docosahexaenoic acid cap 200 mg	172	dornase alfa see PULMOZYME SOL 1MG/ML.....	185
docosanol see ABREVA CRE 10%	118	dorzolamide hcl ophth soln 2% ...	177
docosanol cream 10%	119	dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	174
docusate calcium cap 240 mg	150	Double Antibiotic see bacitracin-polymyxin b oint	116
docusate sodium see PEDIA-LAX LIQ 50MG.....	151	DOVATO TAB 50-300MG	93
docusate sodium cap 100 mg	151	doxazosin mesylate tab 1 mg	72
docusate sodium cap 250 mg	151	doxazosin mesylate tab 2 mg	72
docusate sodium cap 50 mg	151	doxazosin mesylate tab 4 mg	72
docusate sodium liquid 150 mg/15ml	151	doxazosin mesylate tab 8 mg	72
docusate sodium syrup 60 mg/15ml	151	doxepin hcl (sleep) see SILENOR TAB 3MG.....	147
docusate sodium tab 100 mg	151	see SILENOR TAB 6MG.....	147
DOCUSOL PLUS ENE 20-283	151	doxepin hcl (sleep) tab 3 mg (base equiv)	147
dofetilide cap 125 mcg (0.125 mg) 29		doxepin hcl (sleep) tab 6 mg (base equiv)	147
dofetilide cap 250 mcg (0.25 mg) ..29		doxepin hcl cap 10 mg	46
dofetilide cap 500 mcg (0.5 mg) ....29		doxepin hcl cap 100 mg	46
Dok see docusate sodium tab 100 mg	151	doxepin hcl cap 150 mg	46
dolasetron mesylate see ANZEMET TAB 100MG	59	doxepin hcl cap 25 mg	46
see ANZEMET TAB 50MG.....	59	doxepin hcl cap 50 mg	46
dolutegravir sodium		doxepin hcl cap 75 mg	46
		doxepin hcl conc 10 mg/ml	46
		doxercalciferol cap 0.5 mcg	129

doxercalciferol cap 1 mcg	129	cap 30 mg (base eq)	44
doxercalciferol cap 2.5 mcg	129	duloxetine hcl enteric coated pellets	
doxercalciferol inj 4 mcg/2ml (2 mcg/ml)	129	cap 60 mg (base eq)	44
doxycycline hyclate cap 100 mg ..	186	dupilumab	
doxycycline hyclate cap 50 mg	186	see DUPIXENT INJ 200/1.14	29
doxycycline hyclate tab 20 mg	186	see DUPIXENT INJ 300/2ML	122
doxycycline monohydrate cap 100 mg	186	DUPIXENT INJ 200/1.14	29
doxycycline monohydrate cap 50 mg	186	DUPIXENT INJ 300/2ML	122
doxycycline monohydrate tab 100 mg	186	DUREZOL EMU 0.05%	176
doxylamine succinate (sleep) tab 25 mg	146	dutasteride cap 0.5 mg	136
D-PENAMINE TAB 125MG	162	DYRENIUM CAP 100MG	126
DRITHO-CREME CRE HP 1%	118	DYRENIUM CAP 50MG	126
dronabinol cap 10 mg	60	E	
dronabinol cap 2.5 mg	60	Ear Drops Earwax Removal	
dronabinol cap 5 mg	60	see carbamide peroxide 6.5% otic soln	178
dronedarone hcl		EASY NEB MIS	155
see MULTAQ TAB 400MG	29	echothiophate iodide	
drospirenone-ethinyl estradiol tab 3-0.02 mg	108	see PHOSPHOLINE SOL 0.125%OP	174
drospirenone-ethinyl estradiol tab 3-0.03 mg	108	econazole nitrate cream 1%	116
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	107	EDARBI TAB 40MG	70
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	108	EDARBI TAB 80MG	70
droxidopa		EDURANT TAB 25MG	93
see NORTHERA CAP 100MG	197	efavirenz cap 200 mg	93
see NORTHERA CAP 200MG	197	efavirenz cap 50 mg	93
see NORTHERA CAP 300MG	197	efavirenz tab 600 mg	93
DRYSOL SOL 20%	123	efavirenz-emtricitabine-tenofovir disoproxil fumarate	
DUAVEE TAB 0.45-20	131	see ATRIPLA TAB	93
dulaglutide		efavirenz-lamivudine-tenofovir disoproxil fumarate	
see TRULICITY INJ 0.75/0.5	53	see SYMFI LO TAB	95
see TRULICITY INJ 1.5/0.5	53	see SYMFI TAB	96
DULERA AER 100-5MCG	32	ELAPRASE INJ 6MG/3ML	129
DULERA AER 200-5MCG	32	elbasvir-grazoprevir	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	44	see ZEPATIER TAB 50-100MG	98
duloxetine hcl enteric coated pellets		eletriptan hydrobromide tab 20 mg (base equivalent)	156
		eletriptan hydrobromide tab 40 mg (base equivalent)	156
		ELIGARD INJ 22.5MG	78
		ELIGARD INJ 7.5MG	78
		eliglustat tartrate	
		see CERDELGA CAP 84MG	142
		ELIQUIS TAB 2.5MG	35
		ELIQUIS TAB 5MG	35

ELLA TAB 30MG	110	EMSAM DIS 9MG/24HR	42
ELMIRON CAP 100MG	136	emtricitabine	
eltrombopag olamine		see EMTRIVA CAP 200MG	93
see PROMACTA TAB 12.5MG	144	see EMTRIVA SOL 10MG/ML.....	94
see PROMACTA TAB 25MG.....	144	emtricitabine-rilpivirine-tenofovir	
see PROMACTA TAB 50MG.....	144	alafenamide fumarate	
see PROMACTA TAB 75MG.....	144	see ODEFSEY TAB	95
Eluryng		emtricitabine-rilpivirine-tenofovir	
see etonogestrel-ethinyl estradiol		disoproxil fumarate	
va ring 0.120-0.015 mg/24hr ...	110	see COMPLERA TAB	93
elvitegravir-cobicistat-emtricitabine-		emtricitabine-tenofovir alafenamide	
tenofovir alafenamide		see DESCOVY TAB 200/25	93
see GENVOYA TAB	94	emtricitabine-tenofovir disoproxil	
elvitegravir-cobicistat-emtricitabine-		fumarate	
tenofovir df		see TRUVADA TAB 100-150	96
see STRIBILD TAB.....	95	see TRUVADA TAB 133-200	96
EMADINE SOL 0.05% OP	177	see TRUVADA TAB 167-250	96
EMBEDA CAP 100-4MG	14	see TRUVADA TAB 200-300	96
EMBEDA CAP 20-0.8MG	14	EMTRIVA CAP 200MG.....	93
EMBEDA CAP 30-1.2MG	14	EMTRIVA SOL 10MG/ML.....	94
EMBEDA CAP 50-2MG.....	14	enalapril maleate &	
EMBEDA CAP 60-2.4MG	14	hydrochlorothiazide tab 10-25 mg	74
EMBEDA CAP 80-3.2MG	14	enalapril maleate &	
EMCYT CAP 140MG	78	hydrochlorothiazide tab 5-12.5 mg	74
emedastine difumarate		enalapril maleate tab 10 mg	68
see EMADINE SOL 0.05% OP.....	177	enalapril maleate tab 2.5 mg	68
emicizumab-kxwh		enalapril maleate tab 20 mg	68
see HEMLIBRA INJ 105/0.7	138	enalapril maleate tab 5 mg	68
see HEMLIBRA INJ 150/ML	138	ENBREL INJ 25/0.5ML.....	12
see HEMLIBRA INJ 30MG/ML	138	ENBREL INJ 25MG	12
see HEMLIBRA INJ 60/0.4	138	ENBREL INJ 50MG/ML.....	12
emollient - ointment	122	ENBREL MINI INJ 50MG/ML	12
empagliflozin		ENBREL SRCLK INJ 50MG/ML.....	12
see JARDIANCE TAB 10MG	57	ENCARE SUP 100MG.....	195
see JARDIANCE TAB 25MG	58	ENFAMIL MIS EXPECTA	167
empagliflozin-metformin hcl		enfuvirtide	
see SYNJARDY TAB.....	50	see FUZEON INJ 90MG	94
see SYNJARDY TAB 12.5-500.....	51	ENGERIX-B INJ 10/0.5ML.....	194
see SYNJARDY TAB 5-1000MG	50	ENGERIX-B INJ 20MCG/ML.....	194
see SYNJARDY TAB 5-500MG.....	50	enoxaparin sodium inj 100 mg/ml	35
see SYNJARDY XR TAB.....	51	enoxaparin sodium inj 120 mg/0.8ml	35
see SYNJARDY XR TAB 10-1000	51	.....	35
see SYNJARDY XR TAB 25-1000	51	enoxaparin sodium inj 150 mg/ml	35
see SYNJARDY XR TAB 5-1000MG ...	51	enoxaparin sodium inj 30 mg/0.3ml	35
EMSAM DIS 12MG/24H.....	42	.....	35
EMSAM DIS 6MG/24HR.....	42		

enoxaparin sodium inj 300 mg/3ml	36
enoxaparin sodium inj 40 mg/0.4ml	35
enoxaparin sodium inj 60 mg/0.6ml	35
enoxaparin sodium inj 80 mg/0.8ml	35
entacapone tab 200 mg	84
entecavir	
see BARACLUDGE SOL	97
entecavir tab 0.5 mg	97
entecavir tab 1 mg	97
epinastine hcl ophth soln 0.05%	177
epinephrine (anaphylaxis)	
see EPIPEN 2-PAK INJ 0.3MG	196
see EPIPEN-JR INJ 0.15MG	196
EPIPEN 2-PAK INJ 0.3MG	196
EPIPEN-JR INJ 0.15MG	196
Epitol	
see carbamazepine tab 200 mg	37
EPIVIR HBV SOL 5MG/ML	97
eplerenone tab 25 mg	76
eplerenone tab 50 mg	76
epoetin alfa	
see EPOGEN INJ 10000/ML	143
see EPOGEN INJ 20000/ML	143
see EPOGEN INJ 3000/ML	143
see EPOGEN INJ 4000/ML	143
see PROCREDIT INJ 2000/ML	144
see PROCREDIT INJ 3000/ML	144
see PROCREDIT INJ 40000/ML	144
epoetin alfa-epbx	
see RETACRIT INJ 10000UNT	144
see RETACRIT INJ 2000UNIT	144
see RETACRIT INJ 3000UNIT	144
see RETACRIT INJ 40000UNT	144
see RETACRIT INJ 4000UNIT	144
EPOGEN INJ 10000/ML	143
EPOGEN INJ 20000/ML	143
EPOGEN INJ 3000/ML	143
EPOGEN INJ 4000/ML	143
eprosartan mesylate tab 600 mg	70
Eq Chlortabs	
see chlorpheniramine maleate tab 4 mg	61
Eq Natural Vegetable Laxa	
see sennosides tab 8.6 mg	150
Eq Nicotine Polacrilex	
see nicotine polacrilex lozenge 4 mg	185
Eq Pain Relief Adult/rapi	
see acetaminophen liquid 167 mg/5ml	13
ergocalciferol cap 1.25 mg (50000 unit)	197
ergoloid mesylates tab 1 mg	184
ERGOMAR SUB 2MG	155
ergotamine tartrate	
see ERGOMAR SUB 2MG	155
ergotamine w/ caffeine tab 1-100 mg	155
ERIVEDGE CAP 150MG	78
erlotinib hcl	
see TARCEVA TAB 100MG	82
see TARCEVA TAB 150MG	82
see TARCEVA TAB 25MG	82
erlotinib hcl tab 100 mg (base equivalent)	80
erlotinib hcl tab 150 mg (base equivalent)	80
erlotinib hcl tab 25 mg (base equivalent)	80
ERTACZO CRE 2%	116
Ery-tab	
see erythromycin tab delayed release 250 mg	151
see erythromycin tab delayed release 333 mg	152
see erythromycin tab delayed release 500 mg	152
Erythrocin Stearate	
see erythromycin stearate tab 250 mg	151
erythromycin ethylsuccinate for susp 200 mg/5ml	151
erythromycin ethylsuccinate tab 400 mg	151
erythromycin ophth oint 5 mg/gm	175
erythromycin soln 2%	114
erythromycin stearate tab 250 mg	

..... 151
erythromycin tab 250 mg..... 151
erythromycin tab 500 mg..... 151
erythromycin tab delayed release 250 mg 151
erythromycin tab delayed release 333 mg 152
erythromycin tab delayed release 500 mg 152
 ESBRIET CAP 267MG..... 185
 ESBRIET TAB 267MG..... 185
 ESBRIET TAB 801MG..... 185
escitalopram oxalate soln 5 mg/5ml (base equiv)42
escitalopram oxalate tab 10 mg (base equiv)42
escitalopram oxalate tab 20 mg (base equiv)42
escitalopram oxalate tab 5 mg (base equiv)42
 Esgic
 see **butalbital-acetaminophen-caffeine cap 50-325-40 mg**13
eslicarbazepine acetate
 see APTIOM TAB 200MG37
 see APTIOM TAB 400MG37
 see APTIOM TAB 600MG37
 see APTIOM TAB 800MG37
esomeprazole magnesium cap delayed release 20 mg (base eq) . 190
estazolam tab 1 mg 147
estazolam tab 2 mg 147
esterified estrogens
 see MENEST TAB 0.3MG..... 132
 see MENEST TAB 0.625MG 132
 see MENEST TAB 1.25MG 132
estradiol & norethindrone acetate tab 0.5-0.1 mg 131
estradiol & norethindrone acetate tab 1-0.5 mg 131
estradiol tab 0.5 mg 131
estradiol tab 1 mg 131
estradiol tab 2 mg 131
estradiol vaginal cream 0.1 mg/gm 196
estradiol vaginal tab 10 mcg 196

estradiol valerate-dienogest
 see NATAZIA TAB..... 108
estramustine phosphate sodium
 see EMCYT CAP 140MG 78
estrogens, conjugated
 see PREMARIN TAB 0.3MG 132
 see PREMARIN TAB 0.45MG 132
 see PREMARIN TAB 0.625MG 132
 see PREMARIN TAB 0.9MG 132
 see PREMARIN TAB 1.25MG 132
estrogens, conjugated vaginal
 see PREMARIN VAG CRE 0.625MG . 196
estropipate tab 0.75 mg 131
estropipate tab 1.5 mg 131
estropipate tab 3 mg 132
eszopiclone tab 1 mg 147
eszopiclone tab 2 mg 147
eszopiclone tab 3 mg 147
etanercept
 see ENBREL INJ 25/0.5ML 12
 see ENBREL INJ 25MG..... 12
 see ENBREL INJ 50MG/ML 12
 see ENBREL MINI INJ 50MG/ML..... 12
 see ENBREL SRCLK INJ 50MG/ML 12
ethacrynic acid tab 25 mg 126
ethambutol hcl tab 100 mg 77
ethambutol hcl tab 400 mg 77
ethionamide
 see TRECATOR TAB 250MG..... 77
ethosuximide cap 250 mg 41
ethosuximide soln 250 mg/5ml 41
ethotoin
 see PEGANONE TAB 250MG 40
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg 108
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 108
etidronate disodium tab 200 mg . 127
etidronate disodium tab 400 mg . 127
etodolac tab 400 mg 9
etodolac tab 500 mg 9
etonogestrel
 see NEXPLANON IMP 68MG..... 110
etonogestrel-ethinyl estradiol
 see NUVARING MIS 110
etonogestrel-ethinyl estradiol va

ring 0.120-0.015 mg/24hr 110
etoposide cap 50 mg83
etoposide inj 100 mg/5ml (20 mg/ml)83
etravirine
 see INTELENCE TAB 100MG.....94
 see INTELENCE TAB 200MG.....94
 see INTELENCE TAB 25MG94
 EUFLEXXA INJ 10MG/ML 170
 EURAX CRE 10%.....123
everolimus
 see AFINITOR DIS TAB 2MG80
 see AFINITOR DIS TAB 3MG80
 see AFINITOR DIS TAB 5MG80
 see AFINITOR TAB 10MG80
 see AFINITOR TAB 2.5MG80
 see AFINITOR TAB 5MG80
 see AFINITOR TAB 7.5MG80
everolimus (immunosuppressant)
 see ZORTRESS TAB 0.25MG 164
 see ZORTRESS TAB 0.5MG164
 see ZORTRESS TAB 0.75MG 164
 see ZORTRESS TAB 1MG.....164
everolimus tab 2.5 mg80
everolimus tab 5 mg80
everolimus tab 7.5 mg80
evolocumab
 see REPATHA INJ 140MG/ML67
 see REPATHA PUSH INJ 420/3.567
 see REPATHA SURE INJ 140MG/ML...67
 EVOTAZ TAB 300-150.....94
 EXELDERM CRE 1%.....116
 EXELDERM SOL 1%.....116
exemestane tab 25 mg.....79
 EXTAVIA INJ 0.3MG183
ezetimibe tab 10 mg67
ezetimibe-simvastatin tab 10-10 mg
63
ezetimibe-simvastatin tab 10-20 mg
63
ezetimibe-simvastatin tab 10-40 mg
63
ezetimibe-simvastatin tab 10-80 mg
63
 EZFE FORTE CAP.....167

F
 Fa-8
 see **folic acid cap 0.8 mg** 143
 FABRAZYME INJ 5MG 129
factor ix complex
 see PROFILNINE INJ 1500UNIT 140
 FALESSA KIT 108
famciclovir tab 125 mg..... 98
famciclovir tab 250 mg..... 98
famciclovir tab 500 mg..... 98
famotidine tab 10 mg 190
famotidine tab 20 mg 190
famotidine tab 40 mg 190
 FANAPT PAK 87
 FANAPT TAB 10MG 87
 FANAPT TAB 12MG 87
 FANAPT TAB 1MG 87
 FANAPT TAB 2MG 87
 FANAPT TAB 4MG 87
 FANAPT TAB 6MG 87
 FANAPT TAB 8MG 87
 FARXIGA TAB 10MG 57
 FARXIGA TAB 5MG 57
 FARYDAK CAP 10MG 80
 FARYDAK CAP 15MG 81
 FARYDAK CAP 20MG 81
 FC2 FEMALE MIS CONDOM 152
fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg..... 144
 FE GLUCONATE TAB 239MG..... 145
febuxostat
 see ULORIC TAB 40MG..... 137
 see ULORIC TAB 80MG..... 137
 FEBUXOSTAT TAB 40 MG 136
 FEBUXOSTAT TAB 80 MG 137
 FEIBA INJ..... 138
felbamate susp 600 mg/5ml 40
felbamate tab 400 mg 40
felbamate tab 600 mg 40
felodipine tab er 24hr 10 mg 102
felodipine tab er 24hr 2.5 mg 102
felodipine tab er 24hr 5 mg 102
 FEMCAP MIS 22MM..... 152
 FEMCAP MIS 26MM..... 152
 FEMCAP MIS 30MM..... 152
fenofibrate micronized cap 134 mg64

fenofibrate micronized cap 200 mg	64	mg fe equivalent)	145
fenofibrate micronized cap 43 mg	64	ferrous sulfate tab er 142 mg (45 mg	
fenofibrate micronized cap 67 mg	64	fe equivalent)	146
fenofibrate tab 145 mg	64	ferrous sulfate tab er 47.5 mg	
fenofibrate tab 160 mg	64	(elemental fe)	145
fenofibrate tab 48 mg	64	ferrous sulfate tab er 50 mg	
fenofibrate tab 54 mg	64	(elemental fe)	146
fenofibric acid tab 35 mg	64	fesoterodine fumarate	
fenoprofen calcium tab 600 mg	9	see TOVIAZ TAB 4MG	193
fantanyl td patch 72hr 100 mcg/hr	15	see TOVIAZ TAB 8MG	193
fantanyl td patch 72hr 12 mcg/hr	14	FETZIMA CAP 120MG	44
fantanyl td patch 72hr 25 mcg/hr	15	FETZIMA CAP 20MG	44
fantanyl td patch 72hr 50 mcg/hr	15	FETZIMA CAP 40MG	44
fantanyl td patch 72hr 75 mcg/hr	15	FETZIMA CAP 80MG	44
Ferate		FETZIMA CAP TITRATIO	44
see ferrous gluconate tab 240 mg		FEVERALL INF SUP 80MG	13
(27 mg elemental fe)	145	fexofenadine hcl tab 180 mg	62
FERRETTS TAB 325MG	145	fexofenadine hcl tab 60 mg	62
FERREX 150 CAP 150MG	144	FIASP FLEX INJ TOUCH	54
FERRIPROX TAB 500MG	59	FIASP INJ 100/ML	54
ferrous fumarate		FIASP PENFIL INJ U-100	54
see FERRETTS TAB 325MG	145	Fiber Laxative	
ferrous fumarate tab 324 mg (106		see psyllium cap 0.52 gm	148
mg elemental fe)	145	fidaxomicin	
FERROUS GLUC TAB 324MG	145	see DIFICID TAB 200MG	152
ferrous gluconate tab 240 mg (27		filgrastim	
mg elemental fe)	145	see NEUPOGEN INJ 300/0.5	143
ferrous gluconate tab 324 mg (37.5		see NEUPOGEN INJ 300MCG	144
mg elemental iron)	145	see NEUPOGEN INJ 480/0.8	144
FERROUS SUL LIQ 220/5ML	145	see NEUPOGEN INJ 480MCG	144
FERROUS SULF TAB 324MG EC	145	filgrastim-aafi	
ferrous sulfate		see NIVESTYM INJ 300/0.5	145
see SLOW FE TAB 45MG	146	see NIVESTYM INJ 300MCG	144
ferrous sulfate dried tab 200 mg (65		see NIVESTYM INJ 480/0.8	145
mg elemental fe)	145	see NIVESTYM INJ 480MCG	144
ferrous sulfate dried tab er 160 mg		filgrastim-sndz	
(50 mg fe equivalent)	145	see ZARXIO INJ 300/0.5	144
ferrous sulfate dried tab er 45 mg		see ZARXIO INJ 480/0.8	144
(fe equivalent)	145	finasteride tab 5 mg	136
ferrous sulfate elixir 220 mg/5ml		fingolimod hcl	
(44 mg/5ml elemental fe)	145	see GILENYA CAP 0.5MG	184
ferrous sulfate soln 75 mg/ml (15		FIRAZYR INJ 30MG/3ML	141
mg/ml elemental fe)	145	FIRMAGON INJ 80MG	79
ferrous sulfate tab 325 mg (65 mg		FIRST-OMEPRASUS 2MG/ML	190
elemental fe)	145	FIRVANQ SOL 25MG/ML	24
ferrous sulfate tab ec 325 mg (65		FIRVANQ SOL 50MG/ML	24

flavoxate hcl tab 100 mg 194
 FLEBOGAMMA INJ DIF 5% 179
flecainide acetate tab 100 mg 28
flecainide acetate tab 150 mg 28
flecainide acetate tab 50 mg 28
 FLUARIX QUAD INJ 2019-20..... 194
 FLUBLOK QUAD INJ 2019-20 194
 FLUCLVX QUAD INJ 2019-20 194
fluconazole for susp 10 mg/ml 61
fluconazole for susp 40 mg/ml 61
fluconazole tab 100 mg 61
fluconazole tab 150 mg 61
fluconazole tab 200 mg 61
fluconazole tab 50 mg 61
flucytosine cap 250 mg 60
flucytosine cap 500 mg 60
fludarabine phosphate inj 25 mg/ml
 78
fludrocortisone acetate tab 0.1 mg
 112
 FLULAVAL QUA INJ 2019-20..... 194
 FLUMIST QUAD SUS 2019-20 194
flunisolide nasal soln 25 mcg/act
(0.025%) 171
fluocinolone acetonide (otic) oil
0.01% 178
fluocinolone acetonide cream
0.025% 120
fluocinolone acetonide oil 0.01%
(body oil) 120
fluocinolone acetonide oil 0.01%
(scalp oil) 120
fluocinolone acetonide oint 0.025%
 120
fluocinonide cream 0.05% 120
fluocinonide emulsified base cream
0.05% 120
fluocinonide gel 0.05% 120
fluocinonide oint 0.05% 120
fluocinonide soln 0.05% 120
 FLUORABON DRO 160
 Fluoritab
 see **sodium fluoride soln 0.125**
mg/drop f (0.275 mg/drop naf) 161
fluorometholone ophth susp 0.1%
 176

fluorouracil cream 5% 117
fluoxetine hcl cap 10 mg 42
fluoxetine hcl cap 20 mg 42
fluoxetine hcl cap 40 mg 43
fluoxetine hcl solution 20 mg/5ml 43
fluphenazine decanoate inj 25
mg/ml 90
fluphenazine hcl inj 2.5 mg/ml 90
fluphenazine hcl tab 1 mg 90
fluphenazine hcl tab 10 mg 90
fluphenazine hcl tab 2.5 mg 90
fluphenazine hcl tab 5 mg 90
 Flura-drops
 see **sodium fluoride soln 0.25**
mg/drop f (from 0.55 mg/drop
naf) 160
flurandrenolide
 see CORDRAN 80X3 TAP 4MCG/CM 120
flurandrenolide cream 0.05% 120
flurandrenolide lotion 0.05% 120
flurazepam hcl cap 15 mg 147
flurazepam hcl cap 30 mg 147
flurbiprofen sodium ophth soln
0.03% 177
flurbiprofen tab 100 mg 9
flurbiprofen tab 50 mg 9
flutamide cap 125 mg 79
fluticasone furoate-vilanterol
 see BREO ELLIPTA INH 100-25..... 31
 see BREO ELLIPTA INH 200-25..... 32
fluticasone propionate cream 0.05%
 120
fluticasone propionate nasal susp 50
mcg/act 171
fluticasone propionate oint 0.005%
 120
fluticasone-salmeterol aer powder
ba 100-50 mcg/dose 32
fluticasone-salmeterol aer powder
ba 113-14 mcg/act 32
fluticasone-salmeterol aer powder
ba 232-14 mcg/act 32
fluticasone-salmeterol aer powder
ba 250-50 mcg/dose 33
fluticasone-salmeterol aer powder
ba 500-50 mcg/dose 33

**fluticasone-salmeterol aer powder
ba 55-14 mcg/act**32
**fluvastatin sodium cap 20 mg (base
equivalent)**65
**fluvastatin sodium cap 40 mg (base
equivalent)**65
**fluvastatin sodium tab er 24 hr 80
mg (base equivalent)**.....65
fluvoxamine maleate tab 100 mg...43
fluvoxamine maleate tab 25 mg....43
fluvoxamine maleate tab 50 mg....43
 FLUZONE QUAD INJ 2019-20.....194
 Folbee Plus
 see **b-complex w/ c & folic acid tab
5 mg**.....165
folic acid cap 0.8 mg143
folic acid tab 1 mg143
folic acid tab 400 mcg.....143
folic acid tab 800 mcg.....143
**fondaparinux sodium subcutaneous
inj 10 mg/0.8ml**.....36
**fondaparinux sodium subcutaneous
inj 2.5 mg/0.5ml**.....36
**fondaparinux sodium subcutaneous
inj 5 mg/0.4ml**.....36
**fondaparinux sodium subcutaneous
inj 7.5 mg/0.6ml**.....36
 FORTEO SOL 600/2.4127
**fosamprenavir calcium tab 700 mg
(base equiv)**94
foscarnet sodium
 see FOSCAVIR INJ 24MG/ML.....97
 FOSCAVIR INJ 24MG/ML.....97
fosfomycin tromethamine
 see MONUROL PAK GRANULES.....192
**fosinopril sodium &
hydrochlorothiazide tab 10-12.5 mg**
 74
**fosinopril sodium &
hydrochlorothiazide tab 20-12.5 mg**
 74
fosinopril sodium tab 10 mg68
fosinopril sodium tab 20 mg68
fosinopril sodium tab 40 mg68
 FRAGMIN INJ 10000/ML.....36
 FRAGMIN INJ 12500UNT36

FRAGMIN INJ 15000UNT 36
 FRAGMIN INJ 18000UNT 36
 FRAGMIN INJ 2500/0.2 36
 FRAGMIN INJ 5000/0.2 36
 FRAGMIN INJ 7500/0.3 36
 FREESTYLE KIT SENSOR 153
 FREESTYLE MIS READER 153
**frovatriptan succinate tab 2.5 mg
(base equivalent)** 156
**fructose-dextrose-phosphoric acid
oral soln** 60
 FULPHILA INJ 6/0.6ML 145
furosemide oral soln 10 mg/ml... 126
furosemide oral soln 8 mg/ml.... 126
furosemide tab 20 mg 126
furosemide tab 40 mg 126
furosemide tab 80 mg 126
 FUZEON INJ 90MG 94
 FYCOMPA TAB 10MG..... 37
 FYCOMPA TAB 12MG..... 37
 FYCOMPA TAB 2MG 37
 FYCOMPA TAB 4MG 37
 FYCOMPA TAB 6MG 37
 FYCOMPA TAB 8MG 37
G
 G5/G4 MIS SENSOR 153
gabapentin cap 100 mg 38
gabapentin cap 300 mg 38
gabapentin cap 400 mg 38
gabapentin oral soln 250 mg/5ml . 38
gabapentin tab 600 mg 38
gabapentin tab 800 mg 38
**galantamine hydrobromide cap er
24hr 16 mg** 182
**galantamine hydrobromide cap er
24hr 24 mg** 182
**galantamine hydrobromide cap er
24hr 8 mg** 182
**galantamine hydrobromide tab 12
mg**..... 182
galantamine hydrobromide tab 4 mg
 182
galantamine hydrobromide tab 8 mg
 182
 GAMASTAN INJ 179
 GAMMAGARD INJ 1GM/10ML 179

GAMMAGARD SD INJ 10GM HU 179

ganciclovir ophthalmic
 see ZIRGAN GEL 0.15% 175

ganirelix acetate soln prefilled syringe 250 mcg/0.5ml 128

Gas Relief
 see **simethicone susp 40 mg/0.6ml**
 133

gatifloxacin ophth soln 0.5% 175

gemfibrozil tab 600 mg 64

Gentak
 see **gentamicin sulfate ophth oint 0.3%** 175

gentamicin sulfate cream 0.1% ... 116

gentamicin sulfate oint 0.1% 116

gentamicin sulfate ophth oint 0.3%
 175

gentamicin sulfate ophth soln 0.3%
 175

Gentel Tears Night-time
 see **white petrolatum-mineral oil ophth ointment** 173

GENVOYA TAB 94

GILENYA CAP 0.5MG 184

GILOTRIF TAB 20MG 81

GILOTRIF TAB 30MG 81

GILOTRIF TAB 40MG 81

GLASSIA INJ 185

glatiramer acetate soln prefilled syringe 20 mg/ml 184

glatiramer acetate soln prefilled syringe 40 mg/ml 184

Glatopa
 see **glatiramer acetate soln prefilled syringe 20 mg/ml** 184

GLEOSTINE CAP 100MG 77

GLEOSTINE CAP 10MG 77

GLEOSTINE CAP 40MG 77

glimepiride tab 1 mg 58

glimepiride tab 2 mg 58

glimepiride tab 4 mg 58

glipizide tab 10 mg 58

glipizide tab 5 mg 58

glipizide tab er 24hr 10 mg 58

glipizide tab er 24hr 2.5 mg 58

glipizide tab er 24hr 5 mg 58

glucagon (rdna)
 see GLUCAGON KIT 1MG 52

GLUCAGON KIT 1MG 52

glucose blood
 see TRUE METRIX TES GLUCOSE ... 124

glucose-vitamin c
 see TGT GLUCOSE CHW GRAPE 52

glyburide micronized tab 1.5 mg ... 58

glyburide micronized tab 3 mg 58

glyburide micronized tab 6 mg 58

glyburide tab 1.25 mg 58

glyburide tab 2.5 mg 58

glyburide tab 5 mg 58

glyburide-metformin tab 1.25-250 mg 49

glyburide-metformin tab 2.5-500 mg
 49

glyburide-metformin tab 5-500 mg 49

glycerin suppos 1.2 gm 149

glycerin suppos 2 gm 149

glycerin suppos 2.1 gm 149

glycerin suppos 80.7% 150

glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1% 173

glycopyrrolate tab 1 mg 189

glycopyrrolate tab 2 mg 189

glycopyrrolate-formoterol fumarate
 see BEVESPI AER 9-4.8MCG 31

Gnp Allergy Relief
 see **diphenhydramine hcl chew tab 12.5 mg** 62

Gnp Antacid Ultra Strengt
 see **calcium carbonate (antacid) chew tab 1000 mg** 23

Gnp Anti-diarrheal
 see **loperamide hcl cap 2 mg** 59

Gnp Artificial Tears
 see **polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)**
 173

Gnp Calcium 500 +d3
 see **calcium carbonate-cholecalciferol tab 500 mg-600 unit** 158

Gnp Calcium 500/d
 see **calcium carbonate-vitamin d**

tab 500 mg-200 unit 159

Gnp Clotrimazole 3
 see **clotrimazole vaginal cream 2%**
 195

Gnp Dayhist Allergy
 see **clemastine fumarate tab 1.34 mg (1 mg base equiv)**61

Gnp Fiber Therapy
 see **methylcellulose tab 500 mg** 148

GNP GLUCOSE CHW ORANGE52

Gnp Glycerin Adult
 see **glycerin suppos 2.1 gm** 149

Gnp Glycerin Child
 see **glycerin suppos 1.2 gm** 149

Gnp Lidocaine Pain Relief
 see **lidocaine patch 4%**..... 122

Gnp Loratadine
 see **loratadine syrup 5 mg/5ml**....62

Gnp Magnesium
 see **magnesium oxide tab 250 mg**23

Gnp Magnesium Citrate
 see **magnesium citrate soln** 150

Gnp Miconazole 3
 see **miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit**
 196

Gnp Mucus Er
 see **guaifenesin tab er 12hr 600 mg**
 113

Gnp Natural Fiber
 see **psyllium powder 28.3%** 148

Gnp Pink Bismuth
 see **bismuth subsalicylate chew tab 262 mg**.....58

golimumab
 see SIMPONI INJ 100MG/ML..... 8
 see SIMPONI INJ 50/0.5ML 7

GOLYTELY SOL 149

Goodsense Nasal Allergy S
 see **triamcinolone acetonide nasal aerosol suspension 55 mcg/act** 172

goserelin acetate
 see ZOLADEX IMP 10.8MG79
 see ZOLADEX IMP 3.6MG79

granisetron hcl tab 1 mg59

griseofulvin microsize susp 125

mg/5ml 61

Guaiatussin Ac
 see **guaifenesin-codeine soln 100-10 mg/5ml** 113

guaifenesin liquid 100 mg/5ml ... 113

guaifenesin syrup 100 mg/5ml ... 113

guaifenesin tab 200 mg..... 113

guaifenesin tab 400 mg..... 113

guaifenesin tab er 12hr 600 mg .. 113

guaifenesin-codeine soln 100-10 mg/5ml 113

guanfacine hcl tab 1 mg 72

guanfacine hcl tab 2 mg 72

guanfacine hcl tab er 24hr 1 mg (base equiv) 3

guanfacine hcl tab er 24hr 2 mg (base equiv) 3

guanfacine hcl tab er 24hr 3 mg (base equiv) 3

guanfacine hcl tab er 24hr 4 mg (base equiv) 4

GUANIDINE TAB 125MG 76

GYNAZOLE-1 CRE 2% 195

GYNOL II GEL 3% 195

H

halcinonide
 see HALOG CRE 0.1% 121
 see HALOG OIN 0.1% 121

halcinonide cream 0.1% 120

halobetasol propionate cream 0.05%
 120

halobetasol propionate oint 0.05%
 120

HALOG CRE 0.1%..... 121

HALOG OIN 0.1%..... 121

haloperidol decanoate im soln 100 mg/ml..... 88

haloperidol decanoate im soln 50 mg/ml..... 88

haloperidol lactate inj 5 mg/ml..... 88

haloperidol lactate oral conc 2 mg/ml..... 88

haloperidol tab 0.5 mg 88

haloperidol tab 1 mg 88

haloperidol tab 10 mg 89

haloperidol tab 2 mg 89

haloperidol tab 20 mg89
haloperidol tab 5 mg89
HAVRIX INJ 1440UNIT194
HAVRIX INJ 720UNIT194
HELIXATE FS INJ 500UNIT138
HEMLIBRA INJ 105/0.7138
HEMLIBRA INJ 150/ML138
HEMLIBRA INJ 30MG/ML138
HEMLIBRA INJ 60/0.4138
HEMOPIL M INJ 1700UNIT138
heparin sodium (porcine) inj 1000 unit/ml36
heparin sodium (porcine) inj 10000 unit/ml36
heparin sodium (porcine) pf inj 5000 unit/0.5ml36
hepatitis a (inactivated)-hepatitis b (recombinant) vaccines
see TWINRIX INJ195
hepatitis a vaccine
see HAVRIX INJ 1440UNIT194
see HAVRIX INJ 720UNIT194
see VAQTA INJ 25/0.5ML195
see VAQTA INJ 50UNT/ML195
hepatitis b vaccine (recomb)
see ENGERIX-B INJ 10/0.5ML194
see ENGERIX-B INJ 20MCG/ML194
see RECOMBIVA HB INJ 10MCG/ML 195
see RECOMBIVA HB INJ 5MCG/0.5 .195
hepatitis b vaccine recombinant adjuvanted
see HEPLISAV-B INJ 20/0.5ML194
see HEPLISAV-B INJ 20MCG194
HEPLISAV-B INJ 20/0.5ML194
HEPLISAV-B INJ 20MCG194
HETLIOZ CAP 20MG148
HIZENTRA INJ 2GM/10ML179
Hm Fish Oil
see **omega-3 fatty acids cap delayed release 1000 mg**173
Hm Lubricating Plus
see **carboxymethylcellulose sodium (pf) ophth soln 0.5%**173
Hm Nicotine Transdermal S
see **nicotine td patch 24hr 14 mg/24hr**185

Hm Vitamin C/rose Hips
see **ascorbic acid tab 500 mg** 198
HUMALOG INJ 100/ML 54
HUMALOG JR INJ 100/ML 54
HUMALOG KWIK INJ 100/ML 55
HUMALOG MIX INJ 50/50 55
HUMALOG MIX INJ 50/50KWP 55
HUMALOG MIX INJ 75/25KWP 55
HUMALOG MIX SUS 75/25 55
HUMATE-P SOL 2400UNIT 138
HUMATE-P SOL 500-1200 138
HUMIRA INJ 10/0.1ML 7
HUMIRA INJ 10MG/0.2 7
HUMIRA INJ 20/0.2ML 7
HUMIRA INJ 40/0.4ML 7
HUMIRA KIT 20MG/0.4 7
HUMIRA KIT 40MG/0.8 7
HUMIRA PEDIA INJ CROHNS 7
HUMIRA PEN INJ 40/0.4ML 7
HUMIRA PEN INJ CD/UC/HS 7
HUMIRA PEN KIT CD/UC/HS 7
HUMIRA PEN KIT PS/UV 7
HUMULIN INJ 70/30 55
HUMULIN INJ 70/30KWP 55
HUMULIN N INJ U-100 55
HUMULIN N INJ U-100KWP 55
HUMULIN R INJ U-100 55
HUMULIN R INJ U-500 56
hydralazine hcl tab 10 mg 76
hydralazine hcl tab 100 mg 76
hydralazine hcl tab 25 mg 76
hydralazine hcl tab 50 mg 76
hydrochlorothiazide cap 12.5 mg 126
hydrochlorothiazide tab 12.5 mg 127
hydrochlorothiazide tab 25 mg.... 127
hydrochlorothiazide tab 50 mg.... 127
hydrocodone bitartrate
see HYSINGLA ER TAB 100 MG 15
see HYSINGLA ER TAB 120 MG 15
see HYSINGLA ER TAB 20 MG 15
see HYSINGLA ER TAB 30 MG 15
see HYSINGLA ER TAB 40 MG 15
see HYSINGLA ER TAB 60 MG 15
see HYSINGLA ER TAB 80 MG 15
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml 112

hydrocodone-acetaminophen soln 7.5-325 mg/15ml	19	hydromorphone hcl tab er 24hr deter 32 mg	15
hydrocodone-acetaminophen tab 10-325 mg	19	hydromorphone hcl tab er 24hr deter 8 mg	15
hydrocodone-acetaminophen tab 5-325 mg	19	Hydrophor	
hydrocodone-acetaminophen tab 7.5-325 mg	19	see emollient - ointment	122
hydrocodone-ibuprofen tab 10-200 mg	20	hydroxychloroquine sulfate tab 200 mg	76
hydrocodone-ibuprofen tab 7.5-200 mg	20	hydroxyprogesterone caproate im in oil 1.25 gm/5ml	79
Hydrocortisone 1% In Abso		hydroxyprogesterone caproate im in oil 250 mg/ml	181
see hydrocortisone oint 1%	121	hydroxyurea cap 500 mg	83
hydrocortisone acetate cream 1%	121	hydroxyzine hcl syrup 10 mg/5ml	26
.....	121	hydroxyzine hcl tab 10 mg	26
hydrocortisone cream 0.5%	121	hydroxyzine hcl tab 25 mg	26
hydrocortisone cream 1%	121	hydroxyzine hcl tab 50 mg	26
hydrocortisone cream 2.5%	121	hydroxyzine pamoate cap 100 mg	27
hydrocortisone enema 100 mg/60ml	21	hydroxyzine pamoate cap 25 mg	26
.....	21	hydroxyzine pamoate cap 50 mg	26
hydrocortisone gel 1%	121	hyoscyamine sulfate elixir 0.125 mg/5ml	189
hydrocortisone lotion 1%	121	hyoscyamine sulfate sl tab 0.125 mg	189
hydrocortisone lotion 2.5%	121	.....	189
hydrocortisone oint 0.5%	121	hyoscyamine sulfate soln 0.125 mg/ml	189
hydrocortisone oint 1%	121	hyoscyamine sulfate tab 0.125 mg	189
hydrocortisone oint 2.5%	121	.....	189
hydrocortisone rectal cream 2.5%	21	hyoscyamine sulfate tab disint 0.125 mg	189
hydrocortisone tab 10 mg	111	hyoscyamine sulfate tab er 12hr 0.375 mg	189
hydrocortisone tab 20 mg	111	Hyosyne	
hydrocortisone tab 5 mg	111	see hyoscyamine sulfate elixir 0.125 mg/5ml	189
hydrocortisone valerate cream 0.2%	121	hypromellose ophth soln 0.3%	173
.....	121	HYQVIA INJ 10-800	179
hydrocortisone w/ acetic acid otic soln 1-2%	178	HYQVIA INJ 2.5-200	179
hydrocortisone-aloe vera cream 0.5%	121	HYQVIA INJ 20-1600	180
hydrocortisone-aloe vera cream 1%	121	HYQVIA INJ 30-2400	180
.....	121	HYQVIA INJ 5-400	179
hydromorphone hcl tab 2 mg	15	HYSINGLA ER TAB 100 MG	15
hydromorphone hcl tab 4 mg	15	HYSINGLA ER TAB 120 MG	15
hydromorphone hcl tab 8 mg	15	HYSINGLA ER TAB 20 MG	15
hydromorphone hcl tab er 24hr deter 12 mg	15	HYSINGLA ER TAB 30 MG	15
hydromorphone hcl tab er 24hr deter 16 mg	15	HYSINGLA ER TAB 40 MG	15

HYSINGLA ER TAB 60 MG.....15
 HYSINGLA ER TAB 80 MG.....15

I

ibandronate sodium tab 150 mg (base equivalent).....127
 IBRANCE CAP 100MG81
 IBRANCE CAP 125MG81
 IBRANCE CAP 75MG81

ibrutinib
 see IMBRUVICA CAP 140MG81

ibuprofen cap 200 mg 9
ibuprofen chew tab 100 mg10

Ibuprofen Childrens
 see **ibuprofen susp 100 mg/5ml** ..10

ibuprofen susp 100 mg/5ml10
ibuprofen susp 40 mg/ml10

ibuprofen tab 100 mg10
ibuprofen tab 200 mg10

ibuprofen tab 400 mg10
ibuprofen tab 600 mg10

ibuprofen tab 800 mg10
icatibant acetate

see FIRAZYR INJ 30MG/3ML141
icatibant acetate inj 30 mg/3ml (base equivalent).....141

ICLUSIG TAB 15MG.....81
 ICLUSIG TAB 45MG.....81

idelalisib
 see ZYDELIG TAB 100MG83
 see ZYDELIG TAB 150MG83

idursulfase
 see ELAPRASE INJ 6MG/3ML.....129

iloperidone
 see FANAPT PAK87
 see FANAPT TAB 10MG87
 see FANAPT TAB 12MG87
 see FANAPT TAB 1MG87
 see FANAPT TAB 2MG87
 see FANAPT TAB 4MG87
 see FANAPT TAB 6MG87
 see FANAPT TAB 8MG87

iloprost
 see VENTAVIS SOL 10MCG/ML.....104
 see VENTAVIS SOL 20MCG/ML.....104

imatinib mesylate tab 100 mg (base equivalent)81

imatinib mesylate tab 400 mg (base equivalent)..... 81

IMBRUVICA CAP 140MG 81
imipenem-cilastatin intravenous for soln 500 mg 24

imipramine hcl tab 10 mg..... 46
imipramine hcl tab 25 mg..... 46

imipramine hcl tab 50 mg..... 47
imiquimod cream 5% 122

immune globulin (human) im
 see GAMASTAN INJ..... 179

immune globulin (human) iv
 see CARIMUNE NF INJ 12GM..... 179
 see FLEBOGAMMA INJ DIF 5% 179
 see GAMMAGARD SD INJ 10GM HU 179
 see OCTAGAM INJ 5GM 179
 see PRIVIGEN INJ 20GRAMS..... 179

immune globulin (human) iv or subcutaneous
 see GAMMAGARD INJ 1GM/10ML... 179

immune globulin (human) subcutaneous
 see HIZENTRA INJ 2GM/10ML 179

immune globulin (human)-hyaluronidase (human recombinant)
 see HYQVIA INJ 10-800 179
 see HYQVIA INJ 2.5-200 179
 see HYQVIA INJ 20-1600..... 180
 see HYQVIA INJ 30-2400..... 180
 see HYQVIA INJ 5-400 179

Inatal Gt
 see **prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg** 168

INCRELEX INJ 40MG/4ML 128
 INCRUSE ELPT INH 62.5MCG 29

indacaterol maleate
 see ARCAPTA CAP 75MCG..... 31

indapamide tab 1.25 mg..... 127
indapamide tab 2.5 mg..... 127

indinavir sulfate
 see CRIXIVAN CAP 200MG 93
 see CRIXIVAN CAP 400MG 93

indomethacin cap 25 mg 10
indomethacin cap 50 mg 10

infliximab
 see REMICADE INJ 100MG 134

<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>	
see FLUBLOK QUAD INJ 2019-20 ...	194
<i>influenza virus vaccine live quadrivalent</i>	
see FLUMIST QUAD SUS 2019-20 ..	194
<i>influenza virus vaccine split quadrivalent</i>	
see AFLURIA QUAD INJ 2019-20	194
see FLUARIX QUAD INJ 2019-20	194
see FLULAVAL QUA INJ 2019-20	194
see FLUZONE QUAD INJ 2019-20 ...	194
<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>	
see FLUCLVX QUAD INJ 2019-20....	194
<i>ingenol mebutate</i>	
see PICATO GEL 0.015%.....	117
see PICATO GEL 0.05%	117
<i>inositol niacinate cap 500 mg</i>	104
INSPIRACHAMB MIS LARGE.....	155
<i>insulin aspart</i>	
see NOVOLOG INJ 100/ML.....	56
see NOVOLOG INJ FLEXPEN.....	56
see NOVOLOG INJ PENFILL.....	56
<i>insulin aspart (with niacinamide)</i>	
see FIASP FLEX INJ TOUCH	54
see FIASP INJ 100/ML.....	54
see FIASP PENFIL INJ U-100.....	54
<i>insulin aspart protamine & aspart (human)</i>	
see NOVOLOG MIX INJ 70/30	56
see NOVOLOG MIX INJ FLEXPEN	56
<i>insulin degludec</i>	
see TRESIBA FLEX INJ 100UNIT	56
see TRESIBA FLEX INJ 200UNIT	56
see TRESIBA INJ 100UNIT.....	56
<i>insulin detemir</i>	
see LEVEMIR INJ.....	56
see LEVEMIR INJ FLEXTOUC	56
<i>insulin glargine</i>	
see BASAGLAR INJ 100UNIT	54
<i>insulin glulisine</i>	
see APIDRA INJ SOLOSTAR	54
see APIDRA INJ U-100.....	54
INSULIN LISP INJ 100/ML	56
<i>insulin lispro</i>	
see ADMELOG INJ 100U/ML	53
see ADMELOG SOLO INJ 100U/ML ...	53
see HUMALOG INJ 100/ML.....	54
see HUMALOG JR INJ 100/ML.....	54
see HUMALOG KWIK INJ 100/ML	55
<i>insulin lispro protamine & lispro</i>	
see HUMALOG MIX INJ 50/50.....	55
see HUMALOG MIX INJ 50/50KWP ...	55
see HUMALOG MIX INJ 75/25KWP ...	55
see HUMALOG MIX SUS 75/25	55
<i>insulin nph (human) (isophane)</i>	
see HUMULIN N INJ U-100.....	55
see HUMULIN N INJ U-100KWP	55
see NOVOLIN N INJ U-100.....	56
<i>insulin nph isophane & reg (human)</i>	
see HUMULIN INJ 70/30	55
see HUMULIN INJ 70/30KWP.....	55
see NOVOLIN INJ 70/30	56
see NOVOLIN INJ FLEXPEN	56
<i>insulin pen needle</i>	
see PEN NEEDLES MIS 29GX10MM	154
see PEN NEEDLES MIS 29GX12.7 ..	154
see PEN NEEDLES MIS 29GX12MM	154
see PEN NEEDLES MIS 31GX5MM ..	154
see PEN NEEDLES MIS 31GX6MM .	154, 155
see PEN NEEDLES MIS 31GX8MM ..	155
see PEN NEEDLES MIS 32GX4MM ..	155
see PEN NEEDLES MIS 32GX6MM ..	155
see PEN NEEDLES MIS 32GX8MM ..	155
<i>insulin regular (human)</i>	
see AFREZZA POW 12 UNIT	54
see AFREZZA POW 4-8 UNIT.....	53
see AFREZZA POW 4-8-12	54
see AFREZZA POW 4UNIT.....	54
see AFREZZA POW 8 UNIT.....	54
see HUMULIN R INJ U-100	55
see HUMULIN R INJ U-500	56
see NOVOLIN R INJ U-100	56
INSULIN SYRG MIS 0.3/29G	153
INSULIN SYRG MIS 0.3/30G	153
INSULIN SYRG MIS 0.3/31G	153
INSULIN SYRG MIS 0.5/28G	153
INSULIN SYRG MIS 0.5/29G	153, 154
INSULIN SYRG MIS 0.5/30G	154
INSULIN SYRG MIS 0.5/31G	154

INSULIN SYRG MIS 1ML/28G.....	154	INVEGA TRINZ INJ 546MG.....	87
INSULIN SYRG MIS 1ML/29G.....	154	INVEGA TRINZ INJ 819MG.....	87
INSULIN SYRG MIS 1ML/30G.....	154	INVIRASE TAB 500MG	94
INSULIN SYRG MIS 1ML/31G.....	154	ipratropium bromide hfa	
insulin syringe/needle u-100		see ATROVENT HFA AER 17MCG.....	29
see INSULIN SYRG MIS 0.3/29G	153	ipratropium bromide inhal soln	
see INSULIN SYRG MIS 0.3/30G	153	0.02%	29
see INSULIN SYRG MIS 0.3/31G	153	ipratropium bromide nasal soln	
see INSULIN SYRG MIS 0.5/28G	153	0.03% (21 mcg/spray)	171
see INSULIN SYRG MIS 0.5/29G ...	153,	ipratropium bromide nasal soln	
154		0.06% (42 mcg/spray)	171
see INSULIN SYRG MIS 0.5/30G	154	ipratropium-albuterol	
see INSULIN SYRG MIS 0.5/31G	154	see COMBIVENT AER 20-100	32
see INSULIN SYRG MIS 1ML/28G ...	154	ipratropium-albuterol nebu soln 0.5-	
see INSULIN SYRG MIS 1ML/29G ...	154	2.5(3) mg/3ml	33
see INSULIN SYRG MIS 1ML/30G ...	154	irbesartan tab 150 mg	70
see INSULIN SYRG MIS 1ML/31G ...	154	irbesartan tab 300 mg	70
insulin syringe/needle u-500		irbesartan tab 75 mg	70
see BD U-500 MIS 31GX6MM.....	152	irbesartan-hydrochlorothiazide tab	
INTELENCE TAB 100MG	94	150-12.5 mg	74
INTELENCE TAB 200MG	94	irbesartan-hydrochlorothiazide tab	
INTELENCE TAB 25MG	94	300-12.5 mg	74
interferon alfa-2b		IRON CHW PEDIATRI	146
see INTRON A INJ 10MU	83	iron combination cap	144
see INTRON A INJ 18MU	83	iron polysacch complex-vit b12-fa	
see INTRON A INJ 25MU	83	cap 150-0.025-1 mg	144
see INTRON A INJ 50MU	83	irrigation solution, physiological .	164
interferon beta-1a		isavuconazonium sulfate	
see AVONEX KIT 30MCG	183	see CRESEMBA CAP 186 MG	61
see AVONEX PEN KIT 30MCG.....	183	ISENTRESS CHW 100MG.....	94
see AVONEX PREFL KIT 30MCG.....	183	ISENTRESS CHW 25MG.....	94
interferon beta-1b		ISENTRESS HD TAB 600MG.....	94
see EXTAVIA INJ 0.3MG	183	ISENTRESS POW 100MG	94
interferon gamma-1b		ISENTRESS TAB 400MG	94
see ACTIMMUNE INJ 2MU/0.5	83	isocarboxazid	
INTRON A INJ 10MU.....	83	see MARPLAN TAB 10MG	42
INTRON A INJ 18MU.....	83	isoniazid syrup 50 mg/5ml	77
INTRON A INJ 25MU.....	83	isoniazid tab 100 mg	77
INTRON A INJ 50MU.....	83	isoniazid tab 300 mg	77
INVEGA SUST INJ 117/0.75	87	isoniazid-rifampin w/ pyrazinamide	
INVEGA SUST INJ 156MG/ML	87	see RIFATER TAB.....	77
INVEGA SUST INJ 234/1.5	87	isopropyl alcohol-glycerin otic liquid	
INVEGA SUST INJ 39/0.25	87	95-5%	178
INVEGA SUST INJ 78/0.5ML.....	87	isosorbide dinitrate tab 10 mg	25
INVEGA TRINZ INJ 273MG	87	isosorbide dinitrate tab 20 mg	25
INVEGA TRINZ INJ 410MG	87	isosorbide dinitrate tab 30 mg	25

isosorbide dinitrate tab 5 mg25
isosorbide mononitrate tab 10 mg .25
isosorbide mononitrate tab 20 mg .25
isosorbide mononitrate tab er 24hr 120 mg25
isosorbide mononitrate tab er 24hr 30 mg25
isosorbide mononitrate tab er 24hr 60 mg25
isotretinoin cap 10 mg114
isotretinoin cap 20 mg114
isotretinoin cap 30 mg114
isotretinoin cap 40 mg114
isradipine cap 2.5 mg.....102
isradipine cap 5 mg.....102
itraconazole cap 100 mg61
ivacaftor
 see KALYDECO PAK 50MG185
 see KALYDECO PAK 75MG185
 see KALYDECO TAB 150MG185
ivermectin (pediculicide)
 see SKLICE LOT 0.5%124
ivermectin tab 3 mg23
J
 JAKAFI TAB 10MG81
 JAKAFI TAB 15MG81
 JAKAFI TAB 20MG81
 JAKAFI TAB 25MG81
 JAKAFI TAB 5MG81
 JANUMET TAB 50-100049
 JANUMET TAB 50-500MG49
 JANUMET XR TAB 100-100049
 JANUMET XR TAB 50-100049
 JANUMET XR TAB 50-500MG49
 JANUVIA TAB 100MG53
 JANUVIA TAB 25MG53
 JANUVIA TAB 50MG53
 JARDIANCE TAB 10MG57
 JARDIANCE TAB 25MG58
 JENTADUETO TAB 2.5-100050
 JENTADUETO TAB 2.5-50050
 JENTADUETO TAB 2.5-85050
 JENTADUETO TAB XR50
 Jinteli
 see **norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg**131

JULUCA TAB 50-25MG..... 94
 Junel 1.5/30
 see **norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg** 109
 Junel Fe 1.5/30
 see **norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg** 109
K
 KALETRA TAB 100-25MG..... 94
 KALETRA TAB 200-50MG..... 94
 KALYDECO PAK 50MG 185
 KALYDECO PAK 75MG 185
 KALYDECO TAB 150MG 185
 Kelnor 1/50
 see **ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg** 108
 KEPIVANCE INJ 6.25MG 83
ketoconazole cream 2% 116
ketoconazole shampoo 2% 116
ketoconazole tab 200 mg 61
ketorolac tromethamine ophth soln 0.4% 177
ketorolac tromethamine ophth soln 0.5% 177
ketorolac tromethamine tab 10 mg 10
ketotifen fumarate ophth soln 0.025% (base equiv) 177
 KEVZARA INJ 150/1.14 9
 KEVZARA INJ 200/1.14 9
 KINERET INJ..... 8
 Klor-con/ef
 see **potassium bicarbonate effer tab 25 meq** 161
 KOATE-DVI INJ 1000UNIT 139
 KOATE-DVI INJ 250UNIT 139
 KOATE-DVI INJ 500UNIT 139
 KOGENATE FS INJ 1000UNIT 139
 KOGENATE FS INJ 250UNIT 139
 Konsyl
 see **psyllium powder 30.9%** 148
 KONSYL DAILY POW 100% 148
 KONSYL DAILY POW 28.3% 148
 KONSYL-D POW 52.3% 148
 KOVALTRY INJ 1000UNIT 139
 KOVALTRY INJ 2000UNIT 139
 KOVALTRY INJ 250UNIT 139

KOVALTRY INJ 3000UNIT 139
 KOVALTRY INJ 500UNIT..... 139
 Kp Vitamin D
 see **cholecalciferol chew tab 10 mcg (400 unit)** 197
 KPN PRENATAL TAB..... 167
 KUVAN TAB 100MG 129
 KYLEENA IUD 19.5MG 110

L

labetalol hcl tab 100 mg 98
labetalol hcl tab 200 mg 99
labetalol hcl tab 300 mg 99
lacosamide
 see VIMPAT SOL 10MG/ML 39
 see VIMPAT TAB 100MG..... 40
 see VIMPAT TAB 150MG..... 40
 see VIMPAT TAB 200MG..... 40
 see VIMPAT TAB 50MG 39
 LACRISERT MIS 5MG OP..... 173
lactic acid (ammonium lactate) cream 12% 122
lactic acid (ammonium lactate) lotion 12% 122
lactulose (encephalopathy) solution 10 gm/15ml..... 134
lactulose solution 10 gm/15ml 150
lamivudine (hbv)
 see EPIVIR HBV SOL 5MG/ML 97
lamivudine oral soln 10 mg/ml 94
lamivudine tab 100 mg (hbv)..... 97
lamivudine tab 150 mg 94
lamivudine tab 300 mg 94
lamivudine-tenofovir disoproxil fumarate
 see CIMDUO TAB 300-300..... 93
lamivudine-zidovudine tab 150-300 mg 94
lamotrigine tab 100 mg..... 38
lamotrigine tab 150 mg..... 38
lamotrigine tab 200 mg..... 38
lamotrigine tab 25 mg 38
lamotrigine tab chewable dispersible 25 mg 38
lamotrigine tab chewable dispersible 5 mg 38

 see **hydrocortisone acetate cream 1%** 121
lanadelumab-flyo
 see TAKHZYRO INJ 300/2ML 142
 LANCETS MIS 30G..... 153
 Land Before Time Multivit
 see **pediatric multiple vitamin w/ extra c & fa chew tab** 166
 LANOXIN TAB 0.125MG..... 103
 LANOXIN TAB 0.25MG 103
lansoprazole cap delayed release 15 mg..... 191
lansoprazole cap delayed release 30 mg..... 191
lanthanum carbonate chew tab 1000 mg (elemental) 135
lanthanum carbonate chew tab 500 mg (elemental) 135
lanthanum carbonate chew tab 750 mg (elemental) 135
lapatinib ditosylate
 see TYKERB TAB 250MG..... 83
 Larin 24 Fe
 see **norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)** 109
 LASTACAFT SOL 0.25%..... 177
latanoprost ophth soln 0.005%... 177
 LATUDA TAB 120MG 86
 LATUDA TAB 20MG..... 86
 LATUDA TAB 40MG..... 86
 LATUDA TAB 60MG..... 86
 LATUDA TAB 80MG..... 86
 LEDIP-SOFOSB TAB 90-400MG 97
 Leena
 see **norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg** ... 109
leflunomide tab 10 mg 11
leflunomide tab 20 mg 11
lenalidomide
 see REVLIMID CAP 10MG..... 162
 see REVLIMID CAP 15MG..... 162
 see REVLIMID CAP 2.5MG..... 162
 see REVLIMID CAP 20MG..... 162
 see REVLIMID CAP 25MG..... 163
 see REVLIMID CAP 5MG 162

lenvatinib mesylate

see LENVIMA CAP 10 MG81
 see LENVIMA CAP 12MG81
 see LENVIMA CAP 14 MG81
 see LENVIMA CAP 18 MG82
 see LENVIMA CAP 20 MG82
 see LENVIMA CAP 24 MG82
 see LENVIMA CAP 4MG81
 see LENVIMA CAP 8 MG81

LENVIMA CAP 10 MG81
 LENVIMA CAP 12MG81
 LENVIMA CAP 14 MG81
 LENVIMA CAP 18 MG82
 LENVIMA CAP 20 MG82
 LENVIMA CAP 24 MG82
 LENVIMA CAP 4MG81
 LENVIMA CAP 8 MG81

LETAIRIS TAB 10MG105
 LETAIRIS TAB 5MG104

letrozole tab 2.5 mg79

leucovorin calcium tab 10 mg83

leucovorin calcium tab 15 mg83

leucovorin calcium tab 25 mg83

leucovorin calcium tab 5 mg83

LEUKERAN TAB 2MG77

LEUKINE INJ 250MCG143

leuprolide acetate

see ELIGARD INJ 7.5MG78

see LUPRON DEPOT INJ 3.75MG79

see LUPRON DEPOT INJ 7.5MG79

leuprolide acetate & norethindrone acetate

see LUPANETA KIT 11.25-5128

see LUPANETA KIT 3.75-5128

leuprolide acetate (3 month)

see ELIGARD INJ 22.5MG78

see LUPRON DEPOT INJ 11.25MG79

see LUPRON DEPOT INJ 22.5MG79

leuprolide acetate (cpp)

see LUPR DEP-PED INJ 11.25MG128

see LUPR DEP-PED INJ 15MG129

see LUPR DEP-PED INJ 7.5MG128

leuprolide acetate (cpp) (3 month)

see LUPR DEP-PED INJ 11.25MG129

see LUPR DEP-PED INJ 3M 30MG128

leuprolide acetate inj kit 5 mg/ml .79

levalbuterol hcl soln nebu 0.31

mg/3ml (base equiv) 33

levalbuterol hcl soln nebu 0.63

mg/3ml (base equiv) 33

levalbuterol hcl soln nebu 1.25

mg/3ml (base equiv) 33

levalbuterol hcl soln nebu conc 1.25

mg/0.5ml (base equiv) 33

LEVEMIR INJ 56

LEVEMIR INJ FLEXTOUC 56

levetiracetam oral soln 100 mg/ml 38

levetiracetam tab 1000 mg 38

levetiracetam tab 250 mg 38

levetiracetam tab 500 mg 38

levetiracetam tab 750 mg 38

levetiracetam tab er 24hr 500 mg . 38

levetiracetam tab er 24hr 750 mg . 38

levobunolol hcl ophth soln 0.5% . 174

levocarnitine oral soln 1 gm/10ml

(10%) 129

levocarnitine tab 330 mg 129

levocetirizine dihydrochloride soln

2.5 mg/5ml (0.5 mg/ml) 62

levocetirizine dihydrochloride tab 5

mg 62

levofloxacin ophth soln 0.5% 175

levofloxacin oral soln 25 mg/ml.. 132

levofloxacin tab 250 mg 132

levofloxacin tab 500 mg 132

levofloxacin tab 750 mg 132

levomilnacipran hcl

see FETZIMA CAP 120MG 44

see FETZIMA CAP 20MG 44

see FETZIMA CAP 40MG 44

see FETZIMA CAP 80MG 44

see FETZIMA CAP TITRATIO 44

levonor-eth est tab 0.15-

0.02/0.025/0.03 mg ð est 0.01

mg 108

levonorgestrel & ethinyl estradiol

(91-day) tab 0.15-0.03 mg 108

levonorgestrel & ethinyl estradiol

tab 0.1 mg-20 mcg 108

levonorgestrel & ethinyl estradiol

tab 0.15 mg-30 mcg 108

levonorgestrel (iud)

see KYLEENA IUD 19.5MG 110
 see LILETTA IUD 52MG 110
 see MIRENA IUD SYSTEM 110
 see SKYLA IUD 13.5MG 110
levonorgestrel tab 1.5 mg 110
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg ... 108
levonorgestrel-ethinyl estradiol & folic acid
 see FALESSA KIT 108
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg 108
levonorgestrel-ethinyl estradiol-ferrous bisglycinate
 see BALCOLTRA TAB 0.1-20 107
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 108
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)
 108
levothyroxine sodium
 see SYNTHROID TAB 100MCG 187
 see SYNTHROID TAB 112MCG 187
 see SYNTHROID TAB 125MCG 188
 see SYNTHROID TAB 137MCG 188
 see SYNTHROID TAB 150MCG 188
 see SYNTHROID TAB 175MCG 188
 see SYNTHROID TAB 200MCG 188
 see SYNTHROID TAB 25MCG 187
 see SYNTHROID TAB 300MCG 188
 see SYNTHROID TAB 50MCG 187
 see SYNTHROID TAB 75MCG 187
 see SYNTHROID TAB 88MCG 187
levothyroxine sodium tab 100 mcg
 186
levothyroxine sodium tab 112 mcg
 186
levothyroxine sodium tab 125 mcg
 187
levothyroxine sodium tab 137 mcg
 187
levothyroxine sodium tab 150 mcg
 187
levothyroxine sodium tab 175 mcg
 187
levothyroxine sodium tab 200 mcg

..... 187
levothyroxine sodium tab 25 mcg 186
levothyroxine sodium tab 300 mcg
 187
levothyroxine sodium tab 50 mcg 186
levothyroxine sodium tab 75 mcg 186
levothyroxine sodium tab 88 mcg 186
 Levoxyl
 see **levothyroxine sodium tab 112 mcg** 186
 see **levothyroxine sodium tab 125 mcg** 187
 see **levothyroxine sodium tab 137 mcg** 187
 see **levothyroxine sodium tab 150 mcg** 187
 see **levothyroxine sodium tab 175 mcg** 187
 see **levothyroxine sodium tab 25 mcg** 186
 see **levothyroxine sodium tab 50 mcg** 186
 see **levothyroxine sodium tab 75 mcg** 186
 see **levothyroxine sodium tab 88 mcg** 186
 Lice Killing Maximum Stre
 see **pyrethrins-piperonyl butoxide shampoo 0.33-4%** 124
 Lice Treatment
 see **permethrin creme rinse 1%** 123
lidocaine cream 4% 122
lidocaine hcl gel 2% 122
lidocaine hcl soln 4% 122
lidocaine hcl urethral/mucosal gel 2% 122
lidocaine hcl urethral/mucosal gel prefilled syringe 2% 122
lidocaine hcl viscous soln 2% 164
lidocaine patch 4% 122
lidocaine patch 5% 122
lidocaine-prilocaine cream 2.5-2.5%
 123
lidocaine-tetracaine
 see SYNERA DIS 70-70MG 123
 LILETTA IUD 52MG 110

linaclotide	
see LINZESS CAP 145MCG	134
see LINZESS CAP 290MCG	134
see LINZESS CAP 72MCG	134
linagliptin	
see TRADJENTA TAB 5MG.....	53
linagliptin-metformin hcl	
see JENTADUETO TAB 2.5-1000	50
see JENTADUETO TAB 2.5-500.....	50
see JENTADUETO TAB 2.5-850.....	50
see JENTADUETO TAB XR.....	50
lindane shampoo 1%	123
linezolid for susp 100 mg/5ml	24
linezolid tab 600 mg	24
LINZESS CAP 145MCG	134
LINZESS CAP 290MCG	134
LINZESS CAP 72MCG	134
liothyronine sodium iv soln 10 mcg/ml	187
liothyronine sodium tab 25 mcg ...	187
liothyronine sodium tab 5 mcg	187
liothyronine sodium tab 50 mcg ...	187
liotrix (t3-t4)	
see THYROLAR-1 TAB 60MG	188
see THYROLAR-1/2 TAB 30MG	188
see THYROLAR-1/4 TAB 15MG	188
see THYROLAR-2 TAB 120MG	188
see THYROLAR-3 TAB 180MG	188
Liquid Calcium/vitamin D	
see calcium carbonate-vitamin d cap 600 mg-200 unit	159
liraglutide	
see VICTOZA INJ 18MG/3ML.....	53
lisdexamfetamine dimesylate	
see VYVANSE CAP 10MG	2
see VYVANSE CAP 20MG	2
see VYVANSE CAP 30MG	2
see VYVANSE CAP 40MG	2
see VYVANSE CAP 50MG	2
see VYVANSE CAP 60MG	2
see VYVANSE CAP 70MG	3
lisinopril & hydrochlorothiazide tab 10-12.5 mg	74
lisinopril & hydrochlorothiazide tab 20-12.5 mg	74
lisinopril & hydrochlorothiazide tab 20-25 mg	74
lisinopril tab 10 mg	68
lisinopril tab 2.5 mg	68
lisinopril tab 20 mg	68
lisinopril tab 30 mg	68
lisinopril tab 40 mg	68
lisinopril tab 5 mg	68
lithium carbonate cap 150 mg	86
lithium carbonate cap 300 mg	86
lithium carbonate cap 600 mg	86
lithium carbonate tab 300 mg	86
lithium carbonate tab er 300 mg ...	86
lithium carbonate tab er 450 mg ...	86
LITHIUM SOL 8MEQ/5ML.....	86
LO LOESTRIN TAB 1-10-10.....	108
lodoxamide tromethamine	
see ALOMIDE SOL 0.1% OP	176
lomustine	
see GLEOSTINE CAP 100MG	77
see GLEOSTINE CAP 10MG	77
see GLEOSTINE CAP 40MG	77
LONSURF TAB 15-6.14.....	80
LONSURF TAB 20-8.19.....	80
loperamide hcl cap 2 mg	59
loperamide hcl liq 1 mg/5ml (0.2 mg/ml)	59
loperamide hcl liq 1 mg/7.5ml	59
loperamide hcl tab 2 mg	59
lopinavir-ritonavir	
see KALETRA TAB 100-25MG	94
see KALETRA TAB 200-50MG	94
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	94
Lopreeza	
see estradiol & norethindrone acetate tab 1-0.5 mg	131
loratadine & pseudoephedrine tab er 12hr 5-120 mg	113
loratadine & pseudoephedrine tab er 24hr 10-240 mg	113
loratadine rapidly-disintegrating tab 10 mg	62
loratadine syrup 5 mg/5ml	62
loratadine tab 10 mg	62
Loratadine-d 12hr	
see loratadine & pseudoephedrine	

tab er 12hr 5-120 mg 113

Loratadine-d 24hr
 see **loratadine & pseudoephedrine**
tab er 24hr 10-240 mg 113

lorazepam conc 2 mg/ml 28

lorazepam tab 0.5 mg 28

lorazepam tab 1 mg 28

lorazepam tab 2 mg 28

losartan potassium & hydrochlorothiazide tab 100-12.5 mg 74

losartan potassium & hydrochlorothiazide tab 100-25 mg 74

losartan potassium & hydrochlorothiazide tab 50-12.5 mg 74

losartan potassium tab 100 mg 70

losartan potassium tab 25 mg 70

losartan potassium tab 50 mg 70

LOTEMAX GEL 0.5% 176

LOTEMAX OIN 0.5% 176

LOTEMAX SUS 0.5% 176

loteprednol etabonate
 see ALREX SUS 0.2% 175
 see LOTE MAX GEL 0.5% 176
 see LOTE MAX OIN 0.5% 176
 see LOTE MAX SUS 0.5% 176

loteprednol etabonate ophth susp 0.5% 176

Lotrimin Af Deodorant Pow
 see **miconazole nitrate aerosol pow 2%** 116

lovastatin tab 10 mg 65

lovastatin tab 20 mg 65

lovastatin tab 40 mg 65

Low-ogestrel
 see **norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg** 109

loxapine succinate cap 10 mg 89

loxapine succinate cap 25 mg 89

loxapine succinate cap 5 mg 89

loxapine succinate cap 50 mg 89

lubiprostone
 see AMITIZA CAP 24MCG 133
 see AMITIZA CAP 8MCG 133

Lubricant Eye Drops
 see **polyethylene glycol-propylene glycol ophth soln 0.4-0.3%** 173

luliconazole cream 1% 116

LUMIGAN SOL 0.01% 177

LUPANETA KIT 11.25-5 128

LUPANETA KIT 3.75-5 128

LUPR DEP-PED INJ 11.25MG 128, 129

LUPR DEP-PED INJ 15MG 129

LUPR DEP-PED INJ 3M 30MG 128

LUPR DEP-PED INJ 7.5MG 128

LUPRON DEPOT INJ 11.25MG 79

LUPRON DEPOT INJ 22.5MG 79

LUPRON DEPOT INJ 3.75MG 79

LUPRON DEPOT INJ 7.5MG 79

lurasidone hcl
 see LATUDA TAB 120MG 86
 see LATUDA TAB 20MG 86
 see LATUDA TAB 40MG 86
 see LATUDA TAB 60MG 86
 see LATUDA TAB 80MG 86

LYRICA CAP 100MG 38

LYRICA CAP 150MG 38

LYRICA CAP 200MG 39

LYRICA CAP 225MG 39

LYRICA CAP 25MG 38

LYRICA CAP 300MG 39

LYRICA CAP 50MG 38

LYRICA CAP 75MG 38

LYSODREN TAB 500MG 79

M

macitentan
 see OPSUMIT TAB 10MG 105

mafenide acetate
 see SULFAMYLON CRE 85MG/GM... 119

mafenide acetate packet for topical soln 5% (50 gm) 119

MAG64 TAB 64MG 161

Magdelay
 see **magnesium chloride tab dr 64 mg (elemental mg)** 161

MAGDELAY TAB 70MG 161

Mag-g
 see **magnesium gluconate tab 500 mg (27 mg elemental mg)** 161

magnesium chloride

see **MAG64 TAB 64MG** 161
 see **MAGDELAY TAB 70MG**..... 161
magnesium chloride tab dr 64 mg (elemental mg) 161
magnesium citrate soln..... 150
magnesium gluconate tab 27.5 mg (elemental mg) 161
magnesium gluconate tab 500 mg (27 mg elemental mg) 161
magnesium hydroxide susp 400 mg/5ml..... 150
magnesium hydroxide susp concentrate 2400 mg/10ml 150
magnesium oxide cap 500 mg (elemental mg) 161
magnesium oxide tab 250 mg 23
magnesium oxide tab 250 mg (mg supplement) 161
magnesium oxide tab 400 mg (240 mg elemental mg)..... 161
magnesium oxide tab 400 mg (241.3 mg elemental mg)..... 161
magnesium oxide tab 420 mg 23
magnesium oxide tab 500 mg (mg supplement) 161
magnesium sulfate inj 50% 161
magnesium tab 250 mg 161
 Magnesium-oxide
 see **magnesium oxide tab 400 mg (241.3 mg elemental mg)** 161
malathion lotion 0.5% 123
 Maox
 see **magnesium oxide tab 420 mg** 23
 Mapap
 see **acetaminophen liquid 160 mg/5ml**..... 13
 see **acetaminophen tab 325 mg** ... 13
maprotiline hcl tab 25 mg 42
maprotiline hcl tab 50 mg 42
maprotiline hcl tab 75 mg 42
maraviroc
 see **SELZENTRY SOL 20MG/ML**..... 95
 see **SELZENTRY TAB 150MG** 95
 see **SELZENTRY TAB 25MG** 95
 see **SELZENTRY TAB 300MG** 95
 see **SELZENTRY TAB 75MG** 95

MARPLAN TAB 10MG..... 42
MATULANE CAP 50MG..... 83
mecamylamine hcl
 see **VECAMYL TAB 2.5MG** 75
mecasermin
 see **INCRELEX INJ 40MG/4ML**..... 128
meclizine hcl chew tab 25 mg 60
meclizine hcl tab 12.5 mg..... 60
meclizine hcl tab 25 mg..... 60
meclofenamate sodium cap 100 mg 10
meclofenamate sodium cap 50 mg 10
MEDI-LAXX CAP 8.6-50MG 149
 Medi-profen
 see **ibuprofen cap 200 mg** 9
medroxyprogesterone acetate (contraceptive)
 see **DEPO-SQ PROV INJ 104** 110
medroxyprogesterone acetate im susp 150 mg/ml 110
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml 110
medroxyprogesterone acetate tab 10 mg..... 181
medroxyprogesterone acetate tab 2.5 mg..... 181
medroxyprogesterone acetate tab 5 mg..... 181
mefenamic acid cap 250 mg 10
mefloquine hcl tab 250 mg 76
megestrol acetate susp 40 mg/ml 79
megestrol acetate tab 20 mg..... 79
megestrol acetate tab 40 mg..... 79
MEKINIST TAB 0.5MG 82
MEKINIST TAB 2MG..... 82
melatonin cap 3 mg..... 6
melatonin cap 5 mg 6
MELATONIN LIQ 1MG/4ML..... 6
melatonin tab 1 mg 6
melatonin tab 3 mg 6
melatonin tab 300 mcg 6
melatonin tab 5 mg 6
melatonin tab er 10 mg 6
melatonin tablet disintegrating 5 mg 6
 Melatonin Tr/vitamin B-6

see **melatonin-pyridoxine tab er 3-10 mg**..... 6
 Melatonin/vitamin B-6 Ext
 see **melatonin-pyridoxine tab 3-1 mg**..... 6
melatonin-pyridoxine tab 3-1 mg.... 6
melatonin-pyridoxine tab 3-2 mg.... 6
melatonin-pyridoxine tab er 3-10 mg
 6
 Melodetta 24 Fe
 see **norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)** 109
meloxicam tab 15 mg.....10
meloxicam tab 7.5 mg.....10
melphalan hcl for inj 50 mg (base equiv)77
melphalan tab 2 mg77
memantine hcl cap er 24hr 14 mg 182
memantine hcl cap er 24hr 21 mg 182
memantine hcl cap er 24hr 28 mg 182
memantine hcl cap er 24hr 7 mg .182
memantine hcl oral solution 2 mg/ml
 182
memantine hcl tab 10 mg 183
memantine hcl tab 5 mg 182
memantine hcl tab 5 mg (28) & 10 mg (21) titration pak 183
 MENEST TAB 0.3MG 132
 MENEST TAB 0.625MG..... 132
 MENEST TAB 1.25MG 132
 MENTAX CRE 1% 116
menthol-zinc oxide oint 0.44-20%
 123
meperidine hcl oral soln 50 mg/5ml
16
meperidine hcl tab 100 mg16
meperidine hcl tab 50 mg16
mepolizumab
 see NUCALA INJ 100MG29
meprobamate tab 200 mg27
meprobamate tab 400 mg27
mercaptapurine tab 50 mg.....78
meropenem iv for soln 500 mg24
mesalamine
 see APRISO CAP 0.375GM 133

mesalamine cap er 24hr 0.375 gm
 134
mesalamine enema 4 gm..... 134
mesalamine tab delayed release 800 mg..... 134
 METAMUCIL POW 28%ORG 148
 METAMUCIL POW 58.12% 148
 METAMUCIL WAF..... 148
metaproterenol sulfate syrup 10 mg/5ml 33
metaproterenol sulfate tab 10 mg . 33
metaproterenol sulfate tab 20 mg . 33
metaxalone tab 800 mg..... 170
metformin hcl tab 1000 mg 52
metformin hcl tab 500 mg 52
metformin hcl tab 850 mg 52
metformin hcl tab er 24hr 500 mg 52
metformin hcl tab er 24hr 750 mg 52
methadone hcl soln 10 mg/5ml 16
methadone hcl soln 5 mg/5ml 16
methadone hcl tab 10 mg..... 16
methadone hcl tab 5 mg..... 16
methamphetamine hcl tab 5 mg..... 2
methazolamide tab 25 mg 125
methazolamide tab 50 mg 125
methenamine hippurate tab 1 gm 192
methimazole tab 10 mg..... 186
methimazole tab 5 mg..... 186
 METHITEST TAB 10MG..... 21
methocarbamol tab 500 mg 170
methocarbamol tab 750 mg 170
methotrexate sodium inj 250 mg/10ml (25 mg/ml) 78
methotrexate sodium inj 50 mg/2ml (25 mg/ml) 78
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) 78
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) 78
methotrexate sodium tab 2.5 mg (base equiv) 78
methscopolamine bromide tab 2.5 mg..... 189
methscopolamine bromide tab 5 mg
 189
methsuximide

see CELONTIN CAP 300MG41

methylclothiazide tab 5 mg 127

methylcellulose tab 500 mg 148

methyldopa tab 250 mg73

methyldopa tab 500 mg73

methylergonovine maleate tab 0.2 mg 179

methylnaltrexone bromide
 see RELISTOR INJ 12/0.6ML 134
 see RELISTOR TAB 150MG 135

methylphenidate hcl cap er 10 mg (cd)..... 4

methylphenidate hcl cap er 20 mg (cd)..... 4

methylphenidate hcl cap er 24hr 10 mg (la)..... 4

methylphenidate hcl cap er 24hr 20 mg (la)..... 4

methylphenidate hcl cap er 24hr 30 mg (la)..... 4

methylphenidate hcl cap er 24hr 40 mg (la)..... 4

methylphenidate hcl cap er 30 mg (cd)..... 4

methylphenidate hcl cap er 40 mg (cd)..... 5

methylphenidate hcl cap er 50 mg (cd)..... 5

methylphenidate hcl cap er 60 mg (cd)..... 5

methylphenidate hcl soln 10 mg/5ml 5

methylphenidate hcl soln 5 mg/5ml 5

methylphenidate hcl tab 10 mg..... 5

methylphenidate hcl tab 20 mg..... 5

methylphenidate hcl tab 5 mg..... 5

methylphenidate hcl tab er 10 mg .. 5

methylphenidate hcl tab er 20 mg .. 5

methylphenidate hcl tab er 24hr 18 mg 5

methylphenidate hcl tab er 24hr 27 mg 5

methylphenidate hcl tab er 24hr 36 mg 5

methylphenidate hcl tab er 24hr 54 mg 6

methylphenidate hcl tab er osmotic release (osm) 18 mg 6

methylphenidate hcl tab er osmotic release (osm) 27 mg 6

methylphenidate hcl tab er osmotic release (osm) 36 mg 6

methylphenidate hcl tab er osmotic release (osm) 54 mg 6

methylprednisolone tab 16 mg.... 111

methylprednisolone tab 32 mg.... 111

methylprednisolone tab 4 mg..... 111

methylprednisolone tab 8 mg..... 111

methylprednisolone tab therapy pack 4 mg (21) 111

methyltestosterone
 see METHITEST TAB 10MG 21

methyltestosterone cap 10 mg..... 21

metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) 133

metoclopramide hcl tab 10 mg (base equivalent)..... 133

metoclopramide hcl tab 5 mg (base equivalent)..... 133

metolazone tab 10 mg..... 127

metolazone tab 2.5 mg..... 127

metolazone tab 5 mg..... 127

metoprolol succinate tab er 24hr 100 mg (tartrate equiv) 99

metoprolol succinate tab er 24hr 200 mg (tartrate equiv) 99

metoprolol succinate tab er 24hr 25 mg (tartrate equiv) 99

metoprolol succinate tab er 24hr 50 mg (tartrate equiv) 99

metoprolol tartrate tab 100 mg..... 99

metoprolol tartrate tab 25 mg..... 99

metoprolol tartrate tab 50 mg..... 99

metronidazole cream 0.75% 123

metronidazole gel 0.75% 123

metronidazole lotion 0.75% 123

metronidazole tab 250 mg 23

metronidazole tab 500 mg 23

metronidazole vaginal gel 0.75% 195

mexiletine hcl cap 150 mg 28

mexiletine hcl cap 200 mg 28

mexiletine hcl cap 250 mg 28

MI-ACID CHW.....22
miconazole (mouth-throat)
 see ORAVIG TAB 50MG 164
 Miconazole 7
 see **miconazole nitrate vaginal cream 2%** 196
 see **miconazole nitrate vaginal suppos 100 mg**..... 196
miconazole nitrate aerosol pow 2%
 116
miconazole nitrate cream 2% 116
miconazole nitrate ointment 2%.. 117
miconazole nitrate powder 2% 117
miconazole nitrate vaginal
 see MONISTAT 7 KIT COMBO PK 196
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit 196
miconazole nitrate vaginal cream 2%..... 196
miconazole nitrate vaginal cream 4% (200 mg/5gm) 196
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit 196
miconazole nitrate vaginal suppos 100 mg 196
midodrine hcl tab 10 mg 197
midodrine hcl tab 2.5 mg 197
midodrine hcl tab 5 mg 197
miglitol tab 100 mg..... 47
miglitol tab 25 mg..... 47
miglitol tab 50 mg..... 47
miglustat cap 100 mg 142
 Milk Of Magnesia
 see **magnesium hydroxide susp 400 mg/5ml**..... 150
 Milk Of Magnesia Concentr
 see **magnesium hydroxide susp concentrate 2400 mg/10ml** 150
milnacipran hcl
 see SAVELLA MIS TITR PAK..... 183
 see SAVELLA TAB 100MG 183
 see SAVELLA TAB 12.5MG 183
 see SAVELLA TAB 25MG..... 183
 see SAVELLA TAB 50MG..... 183
mineral oil..... 150
mineral oil enema 150

Minitran
 see **nitroglycerin td patch 24hr 0.6 mg/hr**..... 26
minocycline hcl cap 100 mg 186
minocycline hcl cap 50 mg 186
minoxidil tab 10 mg 76
minoxidil tab 2.5 mg 76
 Mintox Plus
 see **alum & mag hydroxide-simethicone chew tab 200-200-25 mg** 22
mirabegron
 see MYRBETRIQ TAB 25MG 193
 see MYRBETRIQ TAB 50MG 193
 MIRENA IUD SYSTEM..... 110
mirtazapine tab 15 mg 41
mirtazapine tab 30 mg 41
mirtazapine tab 45 mg 41
 MIRVASO GEL 0.33% 123
misoprostol tab 100 mcg..... 191
misoprostol tab 200 mcg..... 192
mitotane
 see LYSODREN TAB 500MG 79
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml) 80
modafinil tab 100 mg 6
modafinil tab 200 mg 6
moexipril hcl tab 15 mg..... 68
moexipril hcl tab 7.5 mg..... 68
mometasone furoate (inhalation)
 see ASMANEX 120 AER 220MCG..... 30
 see ASMANEX 14 AER 220MCG 30
 see ASMANEX 30 AER 110MCG 30
 see ASMANEX 30 AER 220MCG 30
 see ASMANEX 60 AER 220MCG 30
 see ASMANEX 7 AER 110MCG 30
 see ASMANEX HFA AER 100 MCG 30
 see ASMANEX HFA AER 200 MCG 30
 see ASMANEX HFA AER 50MCG 30
mometasone furoate cream 0.1% 121
mometasone furoate oint 0.1%... 121
mometasone furoate solution 0.1% (lotion)..... 121
mometasone furoate-formoterol fumarate dihydrate
 see DULERA AER 100-5MCG 32

see DULERA AER 200-5MCG32

MONISTAT 7 KIT COMBO PK.....196

MONOCLATE-P INJ 1000UNIT139

montelukast sodium chew tab 4 mg (base equiv)29

montelukast sodium chew tab 5 mg (base equiv)29

montelukast sodium tab 10 mg (base equiv)29

MONUROL PAK GRANULES192

morphine sulfate oral soln 10 mg/5ml.....16

morphine sulfate oral soln 100 mg/5ml (20 mg/ml)16

morphine sulfate oral soln 20 mg/5ml.....16

morphine sulfate tab 15 mg16

morphine sulfate tab 30 mg16

morphine sulfate tab er 100 mg17

morphine sulfate tab er 15 mg16

morphine sulfate tab er 200 mg17

morphine sulfate tab er 30 mg16

morphine sulfate tab er 60 mg16

morphine-naltrexone

see EMBEDA CAP 100-4MG.....14

see EMBEDA CAP 20-0.8MG.....14

see EMBEDA CAP 30-1.2MG.....14

see EMBEDA CAP 50-2MG14

see EMBEDA CAP 60-2.4MG.....14

see EMBEDA CAP 80-3.2MG.....14

MOVANTIK TAB 12.5MG.....134

MOVANTIK TAB 25MG134

MOVIPREP SOL149

moxifloxacin hcl ophth soln 0.5% (base equiv)175

moxifloxacin hcl tab 400 mg (base equiv)132

Mucus-dm

see **dextromethorphan-guaifenesin tab er 12hr 30-600 mg**113

MULT VITAM DRO166

MULTAQ TAB 400MG29

MULTI VITAMI TAB D-3.....165

Multi-delyn

see **pediatric multiple vitamin liq**166

multiple vitamin cap..... 165

multiple vitamin tab 165

multiple vitamins w/ iron tab..... 165

multiple vitamins w/ minerals cap 165

multiple vitamins w/ minerals liquid 165

multiple vitamins w/ minerals tab 165

Multi-vit/iron/fluoride

see **pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**..... 165

Multivitamin & Mineral

see **multiple vitamins w/ minerals liquid** 165

Multivitamin With Fluorid

see **pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml**..... 166

see **pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml**..... 166

Multivitamin/fluoride

see **pediatric multiple vitamins w/ fluoride chew tab 0.25 mg** 166

see **pediatric multiple vitamins w/ fluoride chew tab 0.5 mg** 166

see **pediatric multiple vitamins w/ fluoride chew tab 1 mg**..... 166

mupirocin oint 2% 116

Mv-one

see **multiple vitamin cap** 165

Mvw Complete Formulation

see **pediatric multiple vitamin w/ minerals & c chew tab** 165

My Way

see **levonorgestrel tab 1.5 mg**... 110

Mycocide Clinical Ns Anti

see **tolnaftate soln 1%**..... 117

mycophenolate mofetil cap 250 mg 163

mycophenolate mofetil tab 500 mg 163

mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 163

mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 163

MYNATAL CAP 167

MYNATAL TAB.....167
 MYNATE 90 TAB PLUS.....167
 MYRBETRIQ TAB 25MG193
 MYRBETRIQ TAB 50MG193

N

nabilone

see CESAMET CAP 1MG.....60

nabumetone tab 500 mg10

nabumetone tab 750 mg10

nadolol tab 20 mg100

nadolol tab 40 mg100

nadolol tab 80 mg100

nafarelin acetate

see SYNAREL SOL 2MG/ML.....129

naftillin sodium for iv soln 10 gm 181

naftifine hcl

see NAFTIN GEL 1%117

see NAFTIN GEL 2%117

naftifine hcl cream 1%117

naftifine hcl gel 1%117

NAFTIN GEL 1%117

NAFTIN GEL 2%117

naldemedine tosylate

see SYMPROIC TAB 0.2MG135

naloxegol oxalate

see MOVANTIK TAB 12.5MG134

see MOVANTIK TAB 25MG134

naloxone hcl

see NARCAN SPR59

naloxone hcl soln cartridge 0.4

mg/ml59

naloxone hcl soln prefilled syringe 2

mg/2ml.....59

naltrexone hcl tab 50 mg59

Naproxen Dr

see **naproxen tab ec 375 mg**11

see **naproxen tab ec 500 mg**11

naproxen sodium tab 220 mg10

naproxen susp 125 mg/5ml11

naproxen tab 250 mg11

naproxen tab 375 mg11

naproxen tab 500 mg11

naproxen tab ec 375 mg11

naproxen tab ec 500 mg11

naratriptan hcl tab 1 mg (base

equiv)156

naratriptan hcl tab 2.5 mg (base

equiv)156

NARCAN SPR59

NASAL DECON SYP 30MG/5ML172

NASAL DECONG LIQ 30MG/5ML172

NAT FIBER POW 58.6%.....148

NATACYN SUS 5% OP.....175

natalizumab

see TYSABRI INJ 300/15ML184

NATALVIT TAB 75-1MG167

natamycin

see NATACYN SUS 5% OP175

NATAZIA TAB108

nateglinide tab 120 mg57

nateglinide tab 60 mg57

NATURE THROI TAB 162.5MG187

NATURE-THROI TAB 113.75MG187

NATURE-THROI TAB 130MG187

NATURE-THROI TAB 146.25MG187

NATURE-THROI TAB 16.25MG.....187

NATURE-THROI TAB 195MG187

NATURE-THROI TAB 260MG187

NATURE-THROI TAB 32.5MG187

NATURE-THROI TAB 325MG187

NATURE-THROI TAB 48.75MG.....187

NATURE-THROI TAB 65MG187

NATURE-THROI TAB 97.5MG187

nebivolol hcl

see BYSTOLIC TAB 10MG99

see BYSTOLIC TAB 2.5MG99

see BYSTOLIC TAB 20MG99

see BYSTOLIC TAB 5MG99

nebivolol-valsartan

see BYVALSON TAB 5-80MG74

nebulizers

see EASY NEB MIS.....155

NEBUPENT INH 300MG23

Nebusal

see **sodium chloride soln nebu 3%**

.....113

nedocromil sodium (ophth)

see ALOCRI SOL 2%176

needle (disp) 18 g

see NEEDLES MIS 18GX1.5.....154

NEEDLES MIS 18GX1.5154

nefazodone hcl tab 100 mg43

nefazodone hcl tab 150 mg43
nefazodone hcl tab 200 mg43
nefazodone hcl tab 250 mg43
nefazodone hcl tab 50 mg43
nelfinavir mesylate
 see VIRACEPT TAB 250MG96
 see VIRACEPT TAB 625MG96
neomycin sulfate tab 500 mg 7
neomycin-bacitrac zn-polymyx
5(3.5)mg-400unt-10000unt op oin
 175
neomycin-bacitracin-polymyxin oint
 116
neomycin-bacitracin-polymyxin-
pramoxine oint 1% 116
neomycin-colistin-hc-thonzonium
 see COLY-MYCIN S SUS OTIC 178
neomycin-polymy-gramicid op sol
1.75-10000-0.025mg-unt-mg/ml 175
neomycin-polymyxin-
dexamethasone ophth oint 0.1% .176
neomycin-polymyxin-
dexamethasone ophth susp 0.1% 176
neomycin-polymyxin-hc otic soln 1%
 178
neomycin-polymyxin-hc otic susp 3.5
mg/ml-10000 unit/ml-1%..... 178
 NEORAL CAP 100MG.....163
 NEORAL CAP 25MG163
nepafenac
 see NEVANAC SUS 0.1%177
 NESTABS TAB.....167
netupitant-palonosetron
 see AKYNZEO CAP 300-0.5.....60
 NEULASTA INJ 6MG/0.6M143
 NEUPOGEN INJ 300/0.5143
 NEUPOGEN INJ 300MCG144
 NEUPOGEN INJ 480/0.8144
 NEUPOGEN INJ 480MCG144
 NEUPRO DIS 1MG/24HR85
 NEUPRO DIS 2MG/24HR85
 NEUPRO DIS 3MG/24HR85
 NEUPRO DIS 4MG/24HR85
 NEUPRO DIS 6MG/24HR85
 NEUPRO DIS 8MG/24HR85
 NEVANAC SUS 0.1%177

nevirapine susp 50 mg/5ml 94
nevirapine tab 200 mg 94
nevirapine tab er 24hr 100 mg 95
nevirapine tab er 24hr 400 mg 95
 NEXAVAR TAB 200MG 82
 NEXPLANON IMP 68MG 110
niacin (antihyperlipidemic) tab 500
mg..... 67
niacin cap er 250 mg 198
niacin cap er 500 mg 198
 Niacin Flush Free
 see **inositol niacinate cap 500 mg**
 104
niacin tab 100 mg 198
niacin tab 250 mg 198
niacin tab 50 mg 198
niacin tab 500 mg 198
niacin tab er 250 mg 198
niacin tab er 500 mg 198
niacin tab er 500 mg
(antihyperlipidemic) 67
niacin tab er 750 mg 198
niacinamide tab 500 mg 198
 Niacor
 see **niacin (antihyperlipidemic) tab**
500 mg 67
nicardipine hcl cap 20 mg 102
nicardipine hcl cap 30 mg 102
nicotine
 see NICOTROL INH 185
 see NICOTROL NS SPR 10MG/ML... 185
nicotine polacrilex gum 2 mg 184
nicotine polacrilex gum 4 mg 184
nicotine polacrilex lozenge 2 mg . 185
nicotine polacrilex lozenge 4 mg . 185
 NICOTINE SYS KIT TRANSDER..... 185
nicotine td patch 24hr 14 mg/24hr
 185
nicotine td patch 24hr 21 mg/24hr
 185
nicotine td patch 24hr 7 mg/24hr 185
 Nicotine Transdermal Syst
 see **nicotine td patch 24hr 7**
mg/24hr..... 185
 NICOTROL INH 185
 NICOTROL NS SPR 10MG/ML 185

nifedipine cap 10 mg	102	nitroglycerin sl tab 0.3 mg	25
nifedipine cap 20 mg	102	nitroglycerin sl tab 0.4 mg	25
nifedipine tab er 24hr 30 mg	102	nitroglycerin sl tab 0.6 mg	26
nifedipine tab er 24hr 60 mg	102	nitroglycerin td patch 24hr 0.1	
nifedipine tab er 24hr 90 mg	102	mg/hr	26
nifedipine tab er 24hr osmotic		nitroglycerin td patch 24hr 0.2	
release 30 mg	102	mg/hr	26
nifedipine tab er 24hr osmotic		nitroglycerin td patch 24hr 0.4	
release 60 mg	102	mg/hr	26
nifedipine tab er 24hr osmotic		nitroglycerin td patch 24hr 0.6	
release 90 mg	102	mg/hr	26
nilotinib hcl		NIVESTYM INJ 300/0.5	145
see TASIGNA CAP 150MG.....	82	NIVESTYM INJ 300MCG	144
see TASIGNA CAP 200MG.....	82	NIVESTYM INJ 480/0.8	145
see TASIGNA CAP 50MG	82	NIVESTYM INJ 480MCG	144
nilutamide tab 150 mg	79	nizatidine cap 150 mg	190
nimodipine cap 30 mg	102	nizatidine cap 300 mg	190
niraparib tosylate		nizatidine oral soln 15 mg/ml	190
see ZEJULA CAP 100MG	83	Non-aspirin Junior Streng	
nisoldipine tab er 24hr 17 mg	102	see acetaminophen chew tab 160	
nisoldipine tab er 24hr 20 mg	102	mg	13
nisoldipine tab er 24hr 25.5 mg ..	102	nonoxynol-9	
nisoldipine tab er 24hr 30 mg	102	see ENCARE SUP 100MG	195
nisoldipine tab er 24hr 34 mg	102	see GYNOL II GEL 3%.....	195
nisoldipine tab er 24hr 40 mg	103	see SHUR-SEAL GEL 2%.....	195
nisoldipine tab er 24hr 8.5 mg	102	see TODAY SPONGE MIS	195
nitazoxanide		see VCF VAGINAL AER CONTRACP .	195
see ALINIA SUS 100/5ML	24	see VCF VAGINAL MIS CONTRACP .	195
see ALINIA TAB 500MG.....	24	nonoxynol-9 gel 4%	195
nitisinone		norelgestromin-ethinyl estradiol td	
see ORFADIN CAP 10MG	129	ptwk 150-35 mcg/24hr	110
see ORFADIN CAP 20MG	129	norethin acet & estrad-fe	
see ORFADIN CAP 2MG	129	see TAYTULLA CAP 1MG/20MC	110
see ORFADIN CAP 5MG	129	norethindrone & ethinyl estradiol tab	
nitisinone cap 10 mg	129	0.4 mg-35 mcg	108
nitisinone cap 2 mg	129	norethindrone & ethinyl estradiol tab	
nitisinone cap 5 mg	129	0.5 mg-35 mcg	109
nitrofurantoin macrocrystalline cap		norethindrone & ethinyl estradiol tab	
100 mg	192	1 mg-35 mcg	109
nitrofurantoin macrocrystalline cap		norethindrone & ethinyl estradiol-fe	
50 mg	192	chew tab 0.4 mg-35 mcg	109
nitrofurantoin monohydrate		norethindrone & ethinyl estradiol-fe	
macrocrystalline cap 100 mg	192	chew tab 0.8 mg-25 mcg	109
nitrofurantoin susp 25 mg/5ml	192	norethindrone ace & ethinyl	
nitroglycerin (intra-anal)		estradiol tab 1 mg-20 mcg	109
see RECTIV OIN 0.4%	22	norethindrone ace & ethinyl	

estradiol tab 1.5 mg-30 mcg	109	0.5-35/0.75-35/1-35 mg-mcg ..	109
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	109	nortriptyline hcl cap 10 mg	47
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	109	nortriptyline hcl cap 25 mg	47
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	109	nortriptyline hcl cap 50 mg	47
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	109	nortriptyline hcl cap 75 mg	47
norethindrone acetate tab 5 mg ...	181	NORVIR SOL 80MG/ML.....	95
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	131	NOVOEIGHT INJ 1500UNIT.....	139
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	131	NOVOLIN INJ 70/30.....	56
norethindrone acetate-ethinyl estradiol-fe fum (biphasic)		NOVOLIN INJ FLEXPEN.....	56
see LO LOESTRIN TAB 1-10-10.....	108	NOVOLIN N INJ U-100	56
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	109	NOVOLIN R INJ U-100	56
norethindrone tab 0.35 mg	111	NOVOLOG INJ 100/ML	56
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	109	NOVOLOG INJ FLEXPEN.....	56
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	109	NOVOLOG INJ PENFILL	56
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	109	NOVOLOG MIX INJ 70/30	56
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	109	NOVOLOG MIX INJ FLEXPEN	56
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	109	NOVOSEVEN RT INJ 1MG	139
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	109	NOVOSEVEN RT INJ 2MG	139
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg	109	NOVOSEVEN RT INJ 5MG	139
NORTEMP SUS INFANTS	13	NOVOSEVEN RT INJ 8MG	139
NORTHERA CAP 100MG	197	Np Thyroid 120	
NORTHERA CAP 200MG	197	see thyroid tab 120 mg (2 grain)	
NORTHERA CAP 300MG	197	.....	188
Nortrel 0.5/35 (28)		Np Thyroid 15	
see norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	109	see thyroid tab 15 mg (1/4 grain)	
Nortrel 1/35		.....	188
see norethindrone & ethinyl estradiol tab 1 mg-35 mcg	109	Np Thyroid 30	
Nortrel 7/7/7		see thyroid tab 30 mg (1/2 grain)	
see norethindrone-eth estradiol tab		.....	188
		Np Thyroid 60	
		see thyroid tab 60 mg (1 grain)	188
		Np Thyroid 90	
		see thyroid tab 90 mg (1 1/2 grain)	
		.....	188
		NUCALA INJ 100MG.....	29
		NUCYNTA ER TAB 100MG	17
		NUCYNTA ER TAB 150MG	17
		NUCYNTA ER TAB 200MG	17
		NUCYNTA ER TAB 250MG	17
		NUCYNTA ER TAB 50MG.....	17
		NUCYNTA TAB 100MG.....	17
		NUCYNTA TAB 50MG.....	17
		NUCYNTA TAB 75MG.....	17
		NULOJIX INJ 250MG	163
		NUTRIENTS TAB PRENATAL	168
		NUVARING MIS	110

NUWIQ INJ 1000UNIT	140	tab	165
NUWIQ INJ 2000UNIT	140	ODEFSEY TAB	95
NUWIQ INJ 2500UNIT	140	ODOMZO CAP 200MG	78
NUWIQ INJ 250UNIT	139	ofloxacin ophth soln 0.3%	175
NUWIQ INJ 3000UNIT	140	ofloxacin otic soln 0.3%	178
NUWIQ INJ 4000UNIT	140	ofloxacin tab 300 mg	132
NUWIQ INJ 500UNIT	139	ofloxacin tab 400 mg	132
NUWIQ KIT 1000UNIT	140	Ogestrel	
NUWIQ KIT 2000UNIT	140	see norgestrel & ethinyl estradiol	
NUWIQ KIT 2500UNIT	140	tab 0.5 mg-50 mcg	109
NUWIQ KIT 250UNIT	140	olanzapine pamoate	
NUWIQ KIT 3000UNIT	140	see ZYPREXA RELP INJ 210MG	90
NUWIQ KIT 4000UNIT	140	see ZYPREXA RELP INJ 300MG	90
NUWIQ KIT 500UNIT	140	see ZYPREXA RELP INJ 405MG	90
nystatin cream 100000 unit/gm ..	117	olanzapine tab 10 mg	89
nystatin oint 100000 unit/gm	117	olanzapine tab 15 mg	89
nystatin susp 100000 unit/ml	164	olanzapine tab 2.5 mg	89
nystatin tab 500000 unit	61	olanzapine tab 20 mg	89
nystatin topical powder 100000		olanzapine tab 5 mg	89
unit/gm	117	olanzapine tab 7.5 mg	89
nystatin-triamcinolone cream		olmesartan medoxomil tab 20 mg .	71
100000-0.1 unit/gm-%	117	olmesartan medoxomil tab 40 mg .	71
nystatin-triamcinolone oint 100000-		olmesartan medoxomil tab 5 mg ...	71
0.1 unit/gm-%	117	olodaterol hcl	
Nystop		see STRIVERDI AER 2.5MCG	33
see nystatin topical powder 100000		olopatadine hcl nasal soln 0.6% ..	171
unit/gm	117	olopatadine hcl ophth soln 0.1%	
O		(base equivalent)	177
O-CAL TAB PRENATAL	168	olopatadine hcl ophth soln 0.2%	
OCTAGAM INJ 5GM	179	(base equivalent)	177
octreotide acetate		olsalazine sodium	
see SANDOSTATIN KIT LAR 10MG ..	130	see DIPENTUM CAP 250MG	134
see SANDOSTATIN KIT LAR 20MG ..	130	omalizumab	
see SANDOSTATIN KIT LAR 30MG ..	130	see XOLAIR INJ 150MG/ML	29
octreotide acetate inj 100 mcg/ml		see XOLAIR INJ 75/0.5	29
(0.1 mg/ml)	130	see XOLAIR SOL 150MG	29
octreotide acetate inj 1000 mcg/ml		ombitasvir-paritaprevir-ritonavir	
(1 mg/ml)	130	see TECHNIVIE TAB	97
octreotide acetate inj 200 mcg/ml		omega-3 fatty acids cap 1000 mg	172
(0.2 mg/ml)	130	omega-3 fatty acids cap 1200 mg	172
octreotide acetate inj 50 mcg/ml		omega-3 fatty acids cap 300 mg .	172
(0.05 mg/ml)	130	omega-3 fatty acids cap 500 mg .	172
octreotide acetate inj 500 mcg/ml		omega-3 fatty acids cap delayed	
(0.5 mg/ml)	130	release 1000 mg	173
Ocuvite/lutein		omega-3 fatty acids cap delayed	
see multiple vitamins w/ minerals		release 1200 mg	173

omega-3-acid ethyl esters cap 1 gm.....63	ORFADIN CAP 10MG 129
omeprazole	ORFADIN CAP 20MG 129
see FIRST-OMEPRASUS 2MG/ML ... 190	ORFADIN CAP 2MG..... 129
omeprazole cap delayed release 10 mg 191	ORFADIN CAP 5MG..... 129
omeprazole cap delayed release 20 mg 191	orphenadrine citrate tab er 12hr 100 mg 170
omeprazole cap delayed release 40 mg 191	oseltamivir phosphate cap 30 mg (base equiv) 98
omeprazole magnesium	oseltamivir phosphate cap 45 mg (base equiv) 98
see PRILOSEC OTC TAB 20MG 191	oseltamivir phosphate cap 75 mg (base equiv) 98
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv) 191	oseltamivir phosphate for susp 6 mg/ml (base equiv) 98
OMNARIS SPR 171	osimertinib mesylate
OMNIFLEX DPR..... 152	see TAGRISSO TAB 40MG..... 82
OMNITROPE INJ 10/1.5ML 128	see TAGRISSO TAB 80MG..... 82
OMNITROPE INJ 5.8MG..... 128	OSMOPREP TAB 1.5GM 150
OMNITROPE INJ 5/1.5ML 128	OTEZLA TAB 10/20/30 11
onabotulinumtoxinA	OTEZLA TAB 30MG 11
see BOTOX INJ 100UNIT 172	oxandrolone tab 10 mg 21
see BOTOX INJ 200UNIT 172	oxandrolone tab 2.5 mg 21
ondansetron hcl inj 4 mg/2ml (2 mg/ml) 59	oxaprozin tab 600 mg 11
ondansetron hcl oral soln 4 mg/5ml 59	oxazepam cap 10 mg 28
ondansetron hcl tab 4 mg 59	oxazepam cap 15 mg 28
ondansetron hcl tab 8 mg 60	oxazepam cap 30 mg 28
ondansetron orally disintegrating tab 4 mg 60	oxcarbazepine susp 300 mg/5ml (60 mg/ml) 39
ondansetron orally disintegrating tab 8 mg 60	oxcarbazepine tab 150 mg 39
ONE A DAY MIS PRENATAL..... 168	oxcarbazepine tab 300 mg 39
OPSUMIT TAB 10MG..... 105	oxcarbazepine tab 600 mg 39
oral electrolyte solution 160	oxiconazole nitrate
ORAVIG TAB 50MG 164	see OXISTAT LOT 1% 117
ORENCIA CLCK INJ 125MG/ML 12	oxiconazole nitrate cream 1% 117
ORENCIA INJ 125MG/ML..... 12	OXISTAT LOT 1%..... 117
ORENCIA INJ 250MG 12	oxybutynin chloride syrup 5 mg/5ml 192
ORENCIA INJ 50/0.4 12	oxybutynin chloride tab 5 mg 192
ORENCIA INJ 87.5/0.7 12	oxybutynin chloride tab er 24hr 10 mg 192
ORENITRAM TAB 0.125MG 104	oxybutynin chloride tab er 24hr 15 mg 192
ORENITRAM TAB 0.25MG 104	oxybutynin chloride tab er 24hr 5 mg 192
ORENITRAM TAB 1MG 104	oxycodone hcl
ORENITRAM TAB 2.5MG..... 104	see OXYCONTIN TAB 10MG CR..... 18
ORENITRAM TAB 5MG 104	

see OXYCONTIN TAB 15MG CR18
 see OXYCONTIN TAB 20MG CR18
 see OXYCONTIN TAB 30MG CR18
 see OXYCONTIN TAB 40MG CR18
 see OXYCONTIN TAB 60MG CR18
 see OXYCONTIN TAB 80MG CR18
oxycodone hcl soln 5 mg/5ml17
oxycodone hcl tab 10 mg17
oxycodone hcl tab 15 mg17
oxycodone hcl tab 20 mg17
oxycodone hcl tab 30 mg17
oxycodone hcl tab 5 mg17
oxycodone hcl tab er 12hr deter 10 mg17
oxycodone hcl tab er 12hr deter 15 mg17
oxycodone hcl tab er 12hr deter 20 mg17
oxycodone hcl tab er 12hr deter 30 mg17
oxycodone hcl tab er 12hr deter 40 mg17
oxycodone hcl tab er 12hr deter 60 mg17
oxycodone hcl tab er 12hr deter 80 mg18
oxycodone w/ acetaminophen tab 10-325 mg20
oxycodone w/ acetaminophen tab 2.5-325 mg20
oxycodone w/ acetaminophen tab 5-325 mg20
oxycodone w/ acetaminophen tab 7.5-325 mg20
oxycodone-ibuprofen tab 5-400 mg20
 OXYCONTIN TAB 10MG CR.....18
 OXYCONTIN TAB 15MG CR.....18
 OXYCONTIN TAB 20MG CR.....18
 OXYCONTIN TAB 30MG CR.....18
 OXYCONTIN TAB 40MG CR.....18
 OXYCONTIN TAB 60MG CR.....18
 OXYCONTIN TAB 80MG CR.....18
oxymetazoline hcl nasal soln 0.05%172
oxymetholone

see ANADROL-50 TAB 50MG 21
oxymorphone hcl tab 10 mg 18
oxymorphone hcl tab 5 mg 18
oxymorphone hcl tab er 12hr 10 mg 18
oxymorphone hcl tab er 12hr 15 mg 18
oxymorphone hcl tab er 12hr 20 mg 18
oxymorphone hcl tab er 12hr 30 mg 18
oxymorphone hcl tab er 12hr 40 mg 18
oxymorphone hcl tab er 12hr 5 mg 18
oxymorphone hcl tab er 12hr 7.5 mg 18
 Oysco 500+d
 see **calcium carbonate-cholecalciferol chew tab 500 mg-600 unit**..... 158
 Oyster Shell Calcium Plus
 see **calcium carbonate-cholecalciferol tab 500 mg-200 unit**..... 158
oyster shell calcium tab 500 mg.. 160
 Oystercal-d
 see **calcium carbonate-cholecalciferol tab 500 mg-400 unit**..... 158
 OZEMPIC INJ 2/1.5ML..... 53
P
 Pain & Fever Childrens
 see **acetaminophen soln 160 mg/5ml** 13
palbociclib
 see IBRANCE CAP 100MG 81
 see IBRANCE CAP 125MG 81
 see IBRANCE CAP 75MG 81
palifermin
 see KEPIVANCE INJ 6.25MG..... 83
paliperidone palmitate
 see INVEGA SUST INJ 117/0.75 87
 see INVEGA SUST INJ 156MG/ML 87
 see INVEGA SUST INJ 234/1.5 87
 see INVEGA SUST INJ 39/0.25 87
 see INVEGA SUST INJ 78/0.5ML..... 87

see INVEGA TRINZ INJ 273MG.....87
 see INVEGA TRINZ INJ 410MG.....87
 see INVEGA TRINZ INJ 546MG.....87
 see INVEGA TRINZ INJ 819MG.....87
paliperidone tab er 24hr 1.5 mg.....87
paliperidone tab er 24hr 3 mg87
paliperidone tab er 24hr 6 mg87
paliperidone tab er 24hr 9 mg87
palivizumab
 see SYNAGIS INJ 100MG/ML179
 see SYNAGIS INJ 50MG179
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)60
pancrelipase (lipase-protease-amylase)
 see CREON CAP 12000UNT.....124
 see CREON CAP 24000UNT.....125
 see CREON CAP 3000UNIT124
 see CREON CAP 36000UNT.....125
 see CREON CAP 6000UNIT124
 see ZENPEP CAP 10000UNT.....125
 see ZENPEP CAP 15000UNT.....125
 see ZENPEP CAP 20000UNT.....125
 see ZENPEP CAP 25000.....125
 see ZENPEP CAP 3000UNIT125
 see ZENPEP CAP 40000.....125
 see ZENPEP CAP 5000UNIT125
panobinostat lactate
 see FARYDAK CAP 10MG80
 see FARYDAK CAP 15MG81
 see FARYDAK CAP 20MG81
 PANRETIN GEL 0.1%117
pantoprazole sodium ec tab 20 mg (base equiv)191
pantoprazole sodium ec tab 40 mg (base equiv)191
 PARAGARD IUD T380A110
paricalcitol cap 1 mcg129
paricalcitol cap 2 mcg129
paricalcitol cap 4 mcg129
paricalcitol iv soln 2 mcg/ml.....129
paricalcitol iv soln 5 mcg/ml.....129
paromomycin sulfate cap 250 mg ... 7
paroxetine hcl tab 10 mg43
paroxetine hcl tab 20 mg43
paroxetine hcl tab 30 mg43

paroxetine hcl tab 40 mg 43
 PASER GRA 4GM 77
pazopanib hcl
 see VOTRIENT TAB 200MG 83
 PEAK AIR FLO MIS ADLT/PED 155
peak flow meter
 see PEAK AIR FLO MIS ADLT/PED.. 155
 PEDIA-LAX LIQ 50MG 151
pediatric multiple vitamin liq..... 166
pediatric multiple vitamin w/ c & fa chew tab 166
pediatric multiple vitamin w/ c soln 35 mg/ml 166
pediatric multiple vitamin w/ extra c & fa chew tab 166
pediatric multiple vitamin w/ minerals & c chew tab 165
pediatric multiple vitamin w/ minerals & c drops 45 mg/ml..... 165
pediatric multiple vitamins
 see MULT VITAM DRO 166
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml 165
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg..... 166
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg..... 166
pediatric multiple vitamins w/ fluoride chew tab 1 mg 166
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml 166
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml 166
pediatric multiple vitamins w/ iron
 see ANIMAL SHAPE CHW IRON..... 166
pediatric multiple vitamins w/ iron chew tab 15 mg..... 166
pediatric multiple vitamins w/ iron drops 10 mg/ml 166
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml..... 166
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml 166
pediatric vitamins adc
 see TRI-VI-SOL SOL 167
pediatric vitamins adc drops 750

unit-400 unit-35 mg/ml	167
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	149
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	149
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	
see MOVIPREP SOL	149
see PLENVU SOL	149
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	149
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	
see GOLYTELY SOL.....	149
PEGANONE TAB 250MG	40
PEGASYS INJ.....	97
PEGASYS INJ 180MCG/M	97
pegfilgrastim	
see NEULASTA INJ 6MG/0.6M	143
pegfilgrastim-bmez	
see ZIEXTENZO INJ 6/0.6ML	144
pegfilgrastim-cbqv	
see UDENYCA INJ 6MG/.6ML	145
pegfilgrastim-jmdb	
see FULPHILA INJ 6/0.6ML	145
peginterferon alfa-2a	
see PEGASYS INJ	97
see PEGASYS INJ 180MCG/M	97
peginterferon beta-1a	
see PLEGRIDY INJ	184
see PLEGRIDY INJ PEN.....	184
see PLEGRIDY INJ STARTER	184
see PLEGRIDY PEN INJ STARTER....	184
pegvisomant	
see SOMAVERT INJ 10MG.....	128
see SOMAVERT INJ 15MG.....	128
see SOMAVERT INJ 20MG.....	128
PEN NEEDLES MIS 29GX10MM.....	154
PEN NEEDLES MIS 29GX12.7.....	154
PEN NEEDLES MIS 29GX12MM.....	154
PEN NEEDLES MIS 31GX5MM	154
PEN NEEDLES MIS 31GX6MM ...	154, 155
PEN NEEDLES MIS 31GX8MM	155
PEN NEEDLES MIS 32GX4MM	155
PEN NEEDLES MIS 32GX6MM	155
PEN NEEDLES MIS 32GX8MM	155
penciclovir	
see DENAVIR CRE 1%.....	119
penicillamine	
see DEPEN TITRA TAB 250MG	162
see D-PENAMINE TAB 125MG.....	162
penicillamine tab 250 mg	162
penicillin v potassium for soln 125 mg/5ml	180
penicillin v potassium for soln 250 mg/5ml	180
penicillin v potassium tab 250 mg	180
penicillin v potassium tab 500 mg	180
pentamidine isethionate	
see NEBUPENT INH 300MG.....	23
pentamidine isethionate for nebulization soln 300 mg	23
pentosan polysulfate sodium	
see ELMIRON CAP 100MG.....	136
pentoxifylline tab er 400 mg	142
perampanel	
see FYCOMPA TAB 10MG	37
see FYCOMPA TAB 12MG	37
see FYCOMPA TAB 2MG	37
see FYCOMPA TAB 4MG	37
see FYCOMPA TAB 6MG	37
see FYCOMPA TAB 8MG	37
perindopril erbumine tab 2 mg	68
perindopril erbumine tab 4 mg	68
perindopril erbumine tab 8 mg	69
permethrin & pyrethrins-piperonyl butoxide	
see RA LICE KIT SOLUTION	124
permethrin aerosol 0.5%	123
permethrin cream 5%	123
permethrin creme rinse 1%	123
permethrin lotion 1%	123
perphenazine tab 16 mg	91
perphenazine tab 2 mg	90
perphenazine tab 4 mg	91
perphenazine tab 8 mg	91
PERRY PRENAT CAP	168
Pharbedryl	
see diphenhydramine hcl cap 25 mg	62
phenazopyridine hcl tab 100 mg .	136
phenazopyridine hcl tab 200 mg .	136

phendimetrazine tartrate tab 35 mg	3
phenelzine sulfate tab 15 mg	42
phenobarbital elixir 20 mg/5ml	146
phenobarbital tab 100 mg	146
phenobarbital tab 15 mg	146
phenobarbital tab 16.2 mg	146
phenobarbital tab 30 mg	146
phenobarbital tab 32.4 mg	146
phenobarbital tab 60 mg	146
phenobarbital tab 64.8 mg	146
phenobarbital tab 97.2 mg	146
phenoxybenzamine hcl cap 10 mg	.69
phenylephrine hcl (oral)	
see SUDAFED PE SOL CHILDREN	172
phenylephrine hcl tab 10 mg	172
PHENYTEK CAP 200MG	40
PHENYTEK CAP 300MG	40
phenytoin chew tab 50 mg	40
phenytoin sodium extended	
see DILANTIN CAP 100MG	40
see DILANTIN CAP 30MG	40
see PHENYTEK CAP 200MG	40
see PHENYTEK CAP 300MG	40
phenytoin sodium extended cap 100 mg	40
phenytoin sodium extended cap 200 mg	40
phenytoin sodium extended cap 300 mg	40
phenytoin susp 125 mg/5ml	40
PHOSPHOLINE SOL 0.125%OP	174
Physiolyte	
see irrigation solution, physiological	164
phytonadione tab 5 mg	197
PICATO GEL 0.015%	117
PICATO GEL 0.05%	117
PIFELTRO TAB 100MG	95
pilocarpine hcl ophth soln 1%	174
pilocarpine hcl ophth soln 2%	174
pilocarpine hcl ophth soln 4%	174
pilocarpine hcl tab 5 mg	164
pilocarpine hcl tab 7.5 mg	165
pimozide tab 1 mg	184
pimozide tab 2 mg	184
pindolol tab 10 mg	100
pindolol tab 5 mg	100
pioglitazone hcl tab 15 mg (base equiv)	57
pioglitazone hcl tab 30 mg (base equiv)	57
pioglitazone hcl tab 45 mg (base equiv)	57
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	181
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	181
pirfenidone	
see ESBRIET CAP 267MG	185
see ESBRIET TAB 267MG	185
see ESBRIET TAB 801MG	185
piroxicam cap 10 mg	11
piroxicam cap 20 mg	11
PLEGRIDY INJ	184
PLEGRIDY INJ PEN	184
PLEGRIDY INJ STARTER	184
PLEGRIDY PEN INJ STARTER	184
PLENVU SOL	149
pneumococcal 13-valent conjugate vaccine	
see PREVNAR 13 INJ	194
pneumococcal vac polyvalent	
see PNEUMOVAX 23 INJ 25/0.5	194
PNEUMOVAX 23 INJ 25/0.5	194
podofilox soln 0.5%	122
Polycin	
see bacitracin-polymyxin b ophth oint	175
polyethylene glycol 3350 oral packet	150
polyethylene glycol 3350 oral powder	150
polyethylene glycol-propylene glycol ophth soln 0.4-0.3%	173
Poly-iron 150	
see polysaccharide iron complex cap 150 mg (iron equivalent)	146
Poly-iron 150 Forte	
see iron polysacch complex-vit b12-fa cap 150-0.025-1 mg	144
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	175

polysaccharide iron complex cap 150 mg (iron equivalent)	146	potassium citrate tab er 10 meq (1080 mg)	135
polysaccharide iron-folic acid-vit b12		potassium citrate tab er 15 meq (1620 mg)	135
see FERREX 150 CAP 150MG	144	potassium citrate tab er 5 meq (540 mg)	135
polyvinyl alcohol ophth soln 1.4%	173	PRADAXA CAP 110MG	36
polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)	173	PRADAXA CAP 150MG	36
Polyvitamin/iron		PRADAXA CAP 75MG	36
see pediatric multiple vitamin w/ minerals & c chew tab	165	pramipexole dihydrochloride tab 0.125 mg	85
pomalidomide		pramipexole dihydrochloride tab 0.25 mg	85
see POMALYST CAP 1MG	79	pramipexole dihydrochloride tab 0.5 mg	85
see POMALYST CAP 2MG	79	pramipexole dihydrochloride tab 0.75 mg	85
see POMALYST CAP 3MG	79	pramipexole dihydrochloride tab 1 mg	85
see POMALYST CAP 4MG	80	pramipexole dihydrochloride tab 1.5 mg	85
POMALYST CAP 1MG	79	pramlintide acetate	
POMALYST CAP 2MG	79	see SYMLINPEN 60 INJ 1000MCG	47
POMALYST CAP 3MG	79	see SYMLINPEN 120 INJ 1000MCG....	47
POMALYST CAP 4MG	80	pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%	21
ponatinib hcl		prasugrel hcl tab 10 mg (base equiv)	142
see ICLUSIG TAB 15MG	81	.....	142
see ICLUSIG TAB 45MG	81	pravastatin sodium tab 10 mg	65
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	161	pravastatin sodium tab 20 mg	65
potassium bicarbonate effer tab 25 meq	161	pravastatin sodium tab 40 mg	66
potassium chloride cap er 10 meq	162	pravastatin sodium tab 80 mg	66
potassium chloride cap er 8 meq .	161	praziquantel tab 600 mg	23
potassium chloride microencapsulated crys er tab 10 meq	162	prazosin hcl cap 1 mg	73
potassium chloride microencapsulated crys er tab 20 meq	162	prazosin hcl cap 2 mg	73
potassium chloride oral soln 10% (20 meq/15ml)	162	prazosin hcl cap 5 mg	73
potassium chloride oral soln 20% (40 meq/15ml)	162	prednicarbate cream 0.1%	121
potassium chloride tab er 10 meq	162	prednicarbate oint 0.1%	121
potassium chloride tab er 20 meq (1500 mg)	162	prednisolone acetate ophth susp 1%	176
potassium chloride tab er 8 meq (600 mg)	162	.....	176
potassium citrate & citric acid soln 1100-334 mg/5ml	135	prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	111
		prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	111

prednisolone sodium phosphate oral soln 25 mg/5ml (base eq) 111
prednisolone syrup 15 mg/5ml (usp solution equivalent) 111
prednisone oral soln 5 mg/5ml.... 111
prednisone tab 1 mg 111
prednisone tab 10 mg 112
prednisone tab 2.5 mg 112
prednisone tab 20 mg 112
prednisone tab 5 mg 112
prednisone tab 50 mg 112
prednisone tab therapy pack 10 mg (21) 112
prednisone tab therapy pack 10 mg (48) 112
prednisone tab therapy pack 5 mg (21) 112
prednisone tab therapy pack 5 mg (48) 112
pregabalin
 see LYRICA CAP 100MG 38
 see LYRICA CAP 150MG 38
 see LYRICA CAP 200MG 39
 see LYRICA CAP 225MG 39
 see LYRICA CAP 25MG 38
 see LYRICA CAP 300MG 39
 see LYRICA CAP 50MG 38
 see LYRICA CAP 75MG 38
 PREGABALIN CAP 100 MG 39
 PREGABALIN CAP 150 MG 39
 PREGABALIN CAP 200 MG 39
 PREGABALIN CAP 225 MG 39
 PREGABALIN CAP 25 MG 39
 PREGABALIN CAP 300 MG 39
 PREGABALIN CAP 50 MG 39
 PREGABALIN CAP 75 MG 39
 PREMARIN TAB 0.3MG 132
 PREMARIN TAB 0.45MG 132
 PREMARIN TAB 0.625MG 132
 PREMARIN TAB 0.9MG 132
 PREMARIN TAB 1.25MG 132
 PREMARIN VAG CRE 0.625MG 196
 PREMPHASE TAB 131
 PREMPRO TAB 131
 PREMPRO TAB 0.3-1.5 131
 PREMPRO TAB 0.45-1.5 131

PREMPRO TAB 0.625-5 131
 PRENAT MULTI CAP +DHA 168
 Prenatabs Rx
 see **prenatal vit w/ iron carbonyl-fa tab 29-1 mg** 169
 Prenatal 19
 see **prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg** 168
 see **prenatal vit w/ fe fumarate-fa chew tab 29-1 mg** 169
 PRENATAL 19 TAB 29-1MG 168
 PRENATAL CAP FORMULA 168
 PRENATAL CAP OMEGA-3 168
 Prenatal Dha
 see **docosahexaenoic acid cap 200 mg** 172
 PRENATAL DHA PAK MULTI 168
 PRENATAL FRM TAB A-FREE 168
 PRENATAL MUL CAP +DHA 168
prenatal multivitamins & minerals w/ folic acid-fish oil
 see CVS PRENATAL CHW GUMMY .. 167
prenatal multivit-min w/fe-fa
 see KPN PRENATAL TAB 167
 see MYNATAL CAP 167
 see PRENATAL/FE TAB 169
prenatal mv & min w/ methylfolate-choline-fish oil
 see PRENATAL DHA PAK MULTI 168
prenatal mv & min w/fe carbonyl-fa-dha
 see BRAINSTRONG MIS PRENATAL 167
prenatal mv & min w/fe fumarate-fa-dha
 see CENTRUM SPEC PAK PRENATAL 167
 see ENFAMIL MIS EXPECTA 167
 see PRENAT MULTI CAP +DHA 168
 see PRENATAL+DHA MIS 169
 see THERANATAL MIS COMPLETE .. 169
 PRENATAL TAB 168
 PRENATAL TAB COMPLETE 168
 PRENATAL TAB FORMULA 168
prenatal vit w/ docusate-fe fumarate-folic acid
 see MYNATE 90 TAB PLUS 167
 see PRENATAL 19 TAB 29-1MG 168

<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>	see MYNATAL TAB 167
<i>prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg</i>	..... 168
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	..... 168
<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>	see VINATE II TAB 169
<i>prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid</i>	see BE WELL PAK ROUNDED 167
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	..... 169
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	..... 169
<i>prenatal vit w/ ferrous fumarate-fa fish oil</i>	see PRENATAL CAP OMEGA-3 168
<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>	see ONE A DAY MIS PRENATAL 168 see PRENATAL CAP FORMULA 168 see PRENATAL MUL CAP +DHA 168 see SM ONE DAILY MIS PRENATAL . 169
<i>prenatal vit w/ ferrous fumarate-folic acid</i>	see CO-NATAL FA TAB 29-1MG 167 see NATALVIT TAB 75-1MG 167 see O-CAL TAB PRENATAL 168 see PERRY PRENAT CAP 168 see PRENATAL TAB 168 see PRENATAL TAB COMPLETE 168 see RA PRENATAL TAB FORMULA ... 169 see SE-NATAL 19 CHW 169 see TRINATAL RX TAB 1 169 see VITAFOL-OB TAB 65-1MG 169 see VOL-PLUS TAB 169
<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	see TL FOLATE TAB 169
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	..... 169
<i>prenatal vit w/ iron carbonyl-folic acid</i>	see VOL-TAB RX TAB 169
<i>prenatal vit w/ selenium-fe fumarate-folic acid</i>	see PRENATAL TAB FORMULA 168 see VINATE M TAB 169
<i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i>	see NESTABS TAB 167
<i>prenatal vitamin</i>	see CALNA TAB 167
<i>prenatal vitamins w/ ferrous succinate-folic acid</i>	see NUTRIENTS TAB PRENATAL 168
<i>prenatal without a vit w/ fe fumarate-folic acid</i>	see PRENATAL FRM TAB A-FREE 168
<i>prenatal without vit a w/ iron polysaccharide complex-fa</i>	see EZFE FORTE CAP 167
<i>PRENATAL/FE TAB</i>	..... 169
<i>PRENATAL+DHA MIS</i>	..... 169
<i>PREPOPIK PAK</i>	..... 149
<i>PREVNAR 13 INJ</i>	..... 194
<i>PREZCOBIX TAB 800-150</i>	..... 95
<i>PREZISTA SUS 100MG/ML</i>	..... 95
<i>PREZISTA TAB 150MG</i>	..... 95
<i>PREZISTA TAB 600MG</i>	..... 95
<i>PREZISTA TAB 75MG</i>	..... 95
<i>PREZISTA TAB 800MG</i>	..... 95
<i>PRIFTIN TAB 150MG</i>	..... 77
<i>PRIOSEC OTC TAB 20MG</i>	..... 191
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	..... 76
<i>primidone tab 250 mg</i>	..... 39
<i>primidone tab 50 mg</i>	..... 39
<i>PRIVIGEN INJ 20GRAMS</i>	..... 179
<i>PROAIR HFA AER</i>	..... 33
<i>probenecid tab 500 mg</i>	..... 137
<i>procarbazine hcl</i>	see MATULANE CAP 50MG 83
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	..... 91
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	..... 91
<i>prochlorperazine suppos 25 mg</i>	..... 91
<i>PROCRIT INJ 2000/ML</i>	..... 144

PROCRIT INJ 3000/ML	144	.....	100
PROCRIT INJ 40000/ML	144	propranolol hcl oral soln 20 mg/5ml	100
PROFILNINE INJ 1500UNIT	140	.....	100
progesterone (vaginal)		propranolol hcl oral soln 40 mg/5ml	100
see PROGESTERONE SUP VGS 100	196	.....	100
see PROGESTERONE SUP VGS 200	196	propranolol hcl tab 10 mg	100
progesterone micronized cap 100 mg		propranolol hcl tab 20 mg	100
.....	181	propranolol hcl tab 40 mg	100
progesterone micronized cap 200 mg		propranolol hcl tab 60 mg	100
.....	182	propranolol hcl tab 80 mg	100
PROGESTERONE SUP VGS 100	196	propylene glycol-glycerin ophth soln	
PROGESTERONE SUP VGS 200	196	1-0.3%	173
PROGLYCEM SUS 50MG/ML	52	propylthiouracil tab 50 mg	186
PROLASTIN-C INJ 1000MG	185	protriptyline hcl tab 10 mg	47
PROLIA SOL 60MG/ML	127	protriptyline hcl tab 5 mg	47
PROMACTA TAB 12.5MG	144	PROVENTIL AER HFA	33
PROMACTA TAB 25MG	144	pseudoephed-bromphen-dm	
PROMACTA TAB 50MG	144	see BROTAPP DM LIQ 15-1-5/5	112
PROMACTA TAB 75MG	144	pseudoephed-bromphen-dm syrup	
promethazine & phenylephrine syrup		30-2-10 mg/5ml	113
6.25-5 mg/5ml	113	pseudoephedrine hcl	
promethazine hcl inj 25 mg/ml	62	see NASAL DECON SYP 30MG/5ML	172
promethazine hcl suppos 12.5 mg	63	see NASAL DECONG LIQ 30MG/5ML	172
promethazine hcl suppos 25 mg	63	pseudoephedrine hcl liq 15 mg/5ml	172
promethazine hcl syrup 6.25 mg/5ml	63	.....	172
.....	63	pseudoephedrine hcl tab 30 mg	172
promethazine hcl tab 12.5 mg	63	pseudoephedrine hcl tab 60 mg	172
promethazine hcl tab 25 mg	63	pseudoephedrine hcl tab er 12hr 120	
promethazine hcl tab 50 mg	63	mg	172
promethazine w/ codeine syrup		pseudoephedrine-guaifenesin tab er	
6.25-10 mg/5ml	113	12hr 60-600 mg	113
promethazine-dm syrup 6.25-15		psyllium	
mg/5ml	113	see KONSYL DAILY POW 100%	148
promethazine-phenylephrine-		see KONSYL DAILY POW 28.3%	148
codeine syrup 6.25-5-10 mg/5ml	113	see KONSYL-D POW 52.3%	148
propafenone hcl tab 150 mg	28	see METAMUCIL POW 28%ORG	148
propafenone hcl tab 225 mg	28	see METAMUCIL POW 58.12%.....	148
propafenone hcl tab 300 mg	28	see METAMUCIL WAF	148
proparacaine hcl ophth soln 0.5%	175	see NAT FIBER POW 58.6%	148
propranolol hcl cap er 24hr 120 mg		psyllium cap 0.52 gm	148
.....	100	psyllium cap 400 mg	148
propranolol hcl cap er 24hr 160 mg		psyllium powder 100%	149
.....	100	psyllium powder 28.3%	148
propranolol hcl cap er 24hr 60 mg		psyllium powder 30.9%	148
.....	100	psyllium powder 33%	148
propranolol hcl cap er 24hr 80 mg		psyllium powder 48.57%	148

psyllium powder 58.6% 148
psyllium powder 95% 149
PULMICORT INH 180MCG 30
PULMICORT INH 90MCG 30
PULMONEB LT MIS NEBULIZE 155
PULMOZYME SOL 1MG/ML 185
Pure & Gentle Lubricant
 see **hypromellose ophth soln 0.3%**
 173
Px Iron
 see **ferrous sulfate dried tab 200 mg (65 mg elemental fe)** 145
pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv) 23
pyrazinamide tab 500 mg 77
pyreth-piperonyl butox sham-permeth aero-nit remover gel kit 123
pyrethrins-piperonyl butoxide liq 0.3-3% 124
pyrethrins-piperonyl butoxide liq 0.33-4% 124
pyrethrins-piperonyl butoxide shampoo 0.33-4% 124
pyridostigmine bromide tab 60 mg 76
pyridoxine hcl tab 100 mg 198
pyridoxine hcl tab 25 mg 198
pyridoxine hcl tab 50 mg 198
pyridoxine hcl tab er 200 mg 198
pyrimethamine
 see DARAPRIM TAB 25MG 76

Q

Qc 3 Day Vaginal Cream
 see **miconazole nitrate vaginal cream 4% (200 mg/5gm)** 196
Qc Natural Vegetable
 see **psyllium powder 95%** 149
quetiapine fumarate tab 100 mg 89
quetiapine fumarate tab 200 mg 89
quetiapine fumarate tab 25 mg 89
quetiapine fumarate tab 300 mg 89
quetiapine fumarate tab 400 mg 90
quetiapine fumarate tab 50 mg 89
quetiapine fumarate tab er 24hr 150 mg 90
quetiapine fumarate tab er 24hr 200 mg 90

quetiapine fumarate tab er 24hr 300 mg 90
quetiapine fumarate tab er 24hr 400 mg 90
quetiapine fumarate tab er 24hr 50 mg 90
quinapril hcl tab 10 mg 69
quinapril hcl tab 20 mg 69
quinapril hcl tab 40 mg 69
quinapril hcl tab 5 mg 69
quinapril-hydrochlorothiazide tab 10-12.5 mg 74
quinapril-hydrochlorothiazide tab 20-12.5 mg 74
quinapril-hydrochlorothiazide tab 20-25 mg 75
quinidine sulfate tab 200 mg 28
quinidine sulfate tab 300 mg 28
quinine sulfate cap 324 mg 76
QVAR REDIHA AER 80MCG 30
QVAR REDIHAL AER 40MCG 31

R

Ra Acetaminophen Rapid Me
 see **acetaminophen disintegrating tab 160 mg** 13
 see **acetaminophen disintegrating tab 80 mg** 13
Ra Budesonide Nasal Spray
 see **budesonide nasal susp 32 mcg/act.** 171
Ra Calcium 600 Plus Vitam
 see **calcium carb-vit d w/ minerals chew tab 600 mg-400 unit** 158
Ra Cetirizine
 see **cetirizine hcl tab 10 mg** 62
Ra Col-rite
 see **docusate sodium cap 50 mg** 151
Ra Ear Drying Agent
 see **isopropyl alcohol-glycerin otic liquid 95-5%** 178
Ra Glycerin Child
 see **glycerin suppos 80.7%** 150
Ra Hemorrhoidal
 see **pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%** ... 21
Ra Hydrocortisone Plus 12

see **hydrocortisone cream 1%** ... 121

Ra Ibuprofen
see **ibuprofen tab 200 mg** 10

Ra Laxative
see **polyethylene glycol 3350 oral packet** 150
see **polyethylene glycol 3350 oral powder** 150

Ra Laxative Maximum Stren
see **sennosides tab 25 mg** 150

RA LICE KIT SOLUTION 124

Ra Lubricant Eye Drops
see **propylene glycol-glycerin ophth soln 1-0.3%** 173

Ra Melatonin
see **melatonin-pyridoxine tab 3-2 mg** 6

Ra Mucus Relief D
see **pseudoephedrine-guaifenesin tab er 12hr 60-600 mg** 113

RA OYS SHL/D TAB 500MG 160

Ra Oyster Shell Calcium/v
see **calcium carbonate-vitamin d tab 250 mg-125 unit** 159

RA PRENATAL TAB FORMULA 169

Ra Slow Release Iron
see **ferrous sulfate tab er 47.5 mg (elemental fe)** 145

Ra Tioconazole 1
see **tioconazole vaginal oint 6.5%** 196

rabeprazole sodium ec tab 20 mg 191

raloxifene hcl tab 60 mg 128

raltegravir potassium
see ISENTRESS CHW 100MG 94
see ISENTRESS CHW 25MG 94
see ISENTRESS HD TAB 600MG 94
see ISENTRESS POW 100MG 94
see ISENTRESS TAB 400MG 94

ramelteon
see ROZEREM TAB 8MG 148

ramelteon tab 8 mg 148

ramipril cap 1.25 mg 69

ramipril cap 10 mg 69

ramipril cap 2.5 mg 69

ramipril cap 5 mg 69

ranitidine hcl syrup 15 mg/ml (75 mg/5ml) 190

ranitidine hcl tab 150 mg 190

ranitidine hcl tab 300 mg 190

ranitidine hcl tab 75 mg 190

ranolazine tab er 12hr 1000 mg 25

ranolazine tab er 12hr 500 mg 25

RAPAMUNE SOL 1MG/ML 163

rasagiline mesylate tab 0.5 mg (base equiv) 86

rasagiline mesylate tab 1 mg (base equiv) 86

RECOMBIMATE INJ 140

RECOMBIMATE INJ 220-400 141

RECOMBIMATE INJ 401-800 141

RECOMBIMATE INJ 801-1240 141

RECOMBIVA HB INJ 10MCG/ML 195

RECOMBIVA HB INJ 5MCG/0.5 195

RECTIV OIN 0.4% 22

Regenecare Ha
see **lidocaine hcl gel 2%** 122

regorafenib
see STIVARGA TAB 40MG 82

REGANEX GEL 0.01% 124

Reguloid
see **psyllium cap 400 mg** 148

RELENZA MIS DISKHALE 98

RELION KETON TES 124

RELISTOR INJ 12/0.6ML 134

RELISTOR TAB 150MG 135

REMICADE INJ 100MG 134

REMODULIN INJ 1MG/ML 104

REMODULIN INJ 2.5MG/ML 104

REMODULIN INJ 5MG/ML 104

Rena-vite
see **b-complex w/ c & folic acid tab 0.8 mg** 165

repaglinide tab 0.5 mg 57

repaglinide tab 1 mg 57

repaglinide tab 2 mg 57

REPATHA INJ 140MG/ML 67

REPATHA PUSH INJ 420/3.5 67

REPATHA SURE INJ 140MG/ML 67

RESCRIPTOR TAB 200MG 95

respiratory therapy supplies
see PULMONEB LT MIS NEBULIZE.. 155

RESTASIS EMU 0.05%.....	175	RISACAL-D TAB	160
RETACRIT INJ 10000UNT	144	risankizumab-rzaa	
RETACRIT INJ 2000UNIT.....	144	see SKYRIZI INJ 150DOSE.....	118
RETACRIT INJ 3000UNIT.....	144	risedronate sodium tab 150 mg ..	127
RETACRIT INJ 40000UNT	144	risedronate sodium tab 30 mg	127
RETACRIT INJ 4000UNIT.....	144	risedronate sodium tab 35 mg	127
retapamulin		risedronate sodium tab 5 mg	127
see ALTABAX OIN 1%.....	115	RISPERDAL INJ 12.5MG	87
REVLIMID CAP 10MG.....	162	RISPERDAL INJ 25MG	87
REVLIMID CAP 15MG.....	162	RISPERDAL INJ 37.5MG	88
REVLIMID CAP 2.5MG.....	162	RISPERDAL INJ 50MG	88
REVLIMID CAP 20MG.....	162	risperidone microspheres	
REVLIMID CAP 25MG.....	163	see RISPERDAL INJ 12.5MG.....	87
REVLIMID CAP 5MG	162	see RISPERDAL INJ 25MG.....	87
rho d immune globulin (human)		see RISPERDAL INJ 37.5MG.....	88
see RHOGAM PLUS INJ 300MCG.....	179	see RISPERDAL INJ 50MG.....	88
RHOGAM PLUS INJ 300MCG	179	risperidone orally disintegrating tab	
Ribasphere		0.25 mg	88
see ribavirin cap 200 mg	97	risperidone orally disintegrating tab	
ribavirin cap 200 mg	97	0.5 mg	88
ribavirin tab 200 mg	97	risperidone orally disintegrating tab	
riboflavin tab 100 mg	198	1 mg	88
RIDAURA CAP 3MG	8	risperidone orally disintegrating tab	
rifabutin cap 150 mg	77	2 mg	88
rifampin cap 150 mg	77	risperidone orally disintegrating tab	
rifampin cap 300 mg	77	3 mg	88
rifapentine		risperidone orally disintegrating tab	
see PRIFTIN TAB 150MG	77	4 mg	88
RIFATER TAB.....	77	risperidone soln 1 mg/ml	88
rifaximin		risperidone tab 0.25 mg	88
see XIFAXAN TAB 200MG	23	risperidone tab 0.5 mg	88
see XIFAXAN TAB 550MG	23	risperidone tab 1 mg	88
rilonacept		risperidone tab 2 mg	88
see ARCALYST INJ 220MG	8	risperidone tab 3 mg	88
rilpivirine hcl		risperidone tab 4 mg	88
see EDURANT TAB 25MG.....	93	ritonavir	
riluzole tab 50 mg	172	see NORVIR SOL 80MG/ML.....	95
rimantadine hydrochloride tab 100		ritonavir tab 100 mg	95
mg	98	RITUXAN INJ 100MG.....	78
RINVOQ TAB 15MG ER.....	8	RITUXAN INJ 500MG.....	78
riociguat		rituximab	
see ADEMPAS TAB 0.5MG.....	105	see RITUXAN INJ 100MG	78
see ADEMPAS TAB 1.5MG.....	106	see RITUXAN INJ 500MG	78
see ADEMPAS TAB 1MG	106	rituximab-abbs	
see ADEMPAS TAB 2.5MG.....	106	see TRUXIMA INJ 100/10ML.....	78
see ADEMPAS TAB 2MG	106	see TRUXIMA INJ 500/50ML.....	78

rivaroxaban

- see XARELTO STAR TAB 15/20MG35
- see XARELTO TAB 10MG35
- see XARELTO TAB 15MG35
- see XARELTO TAB 2.5MG35
- see XARELTO TAB 20MG35

rivastigmine tartrate cap 1.5 mg (base equivalent).....183

rivastigmine tartrate cap 3 mg (base equivalent)183

rivastigmine tartrate cap 4.5 mg (base equivalent).....183

rivastigmine tartrate cap 6 mg (base equivalent)183

rivastigmine td patch 24hr 13.3 mg/24hr183

rivastigmine td patch 24hr 4.6 mg/24hr183

rivastigmine td patch 24hr 9.5 mg/24hr183

Rivelsa

- see **levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg**.....108

RIXUBIS INJ 1000UNIT.....141

RIXUBIS INJ 2000UNIT.....141

RIXUBIS INJ 250 UNIT141

RIXUBIS INJ 3000UNIT.....141

RIXUBIS INJ 500UNIT141

rizatriptan benzoate tab 10 mg (base equivalent)156

rizatriptan benzoate tab 5 mg (base equivalent)156

Robafen

- see **guaifenesin syrup 100 mg/5ml**113

ROBITUSSIN SYP 7.5/5ML112

roflumilast

- see DALIRESP TAB 250MCG30

- see DALIRESP TAB 500MCG30

ropinirole hydrochloride tab 0.25 mg85

ropinirole hydrochloride tab 0.5 mg85

ropinirole hydrochloride tab 1 mg..85

ropinirole hydrochloride tab 2 mg..85

ropinirole hydrochloride tab 3 mg . 85

ropinirole hydrochloride tab 4 mg . 85

ropinirole hydrochloride tab 5 mg . 85

rosiglitazone maleate

- see AVANDIA TAB 2MG 56

- see AVANDIA TAB 4MG 57

rosuvastatin calcium tab 10 mg 66

rosuvastatin calcium tab 20 mg 66

rosuvastatin calcium tab 40 mg 66

rosuvastatin calcium tab 5 mg 66

rotigotine

- see NEUPRO DIS 1MG/24HR 85

- see NEUPRO DIS 2MG/24HR 85

- see NEUPRO DIS 3MG/24HR 85

- see NEUPRO DIS 4MG/24HR 85

- see NEUPRO DIS 6MG/24HR 85

- see NEUPRO DIS 8MG/24HR 85

ROZEREM TAB 8MG 148

rufinamide

- see BANZEL SUS 40MG/ML 37

- see BANZEL TAB 200MG 37

- see BANZEL TAB 400MG 37

ruxolitinib phosphate

- see JAKAFI TAB 10MG 81

- see JAKAFI TAB 15MG 81

- see JAKAFI TAB 20MG 81

- see JAKAFI TAB 25MG 81

- see JAKAFI TAB 5MG 81

Ryclora

- see **dexchlorpheniramine maleate oral soln 2 mg/5ml** 61

S

saline nasal spray 0.65% 170

salmeterol xinafoate

- see SEREVENT DIS AER 50MCG 33

salsalate tab 500 mg 14

salsalate tab 750 mg 14

SAMSCA TAB 15MG 130

SAMSCA TAB 30MG 130

SANDIMMUNE CAP 100MG 163

SANDIMMUNE CAP 25MG 163

SANDOSTATIN KIT LAR 10MG 130

SANDOSTATIN KIT LAR 20MG 130

SANDOSTATIN KIT LAR 30MG 130

SANTYL OIN 250/GM 122

SAPHRIS SUB 10MG 90

SAPHRIS SUB 2.5MG.....	90	SELZENTRY SOL 20MG/ML	95
SAPHRIS SUB 5MG.....	90	SELZENTRY TAB 150MG	95
sapropterin dihydrochloride		SELZENTRY TAB 25MG.....	95
see KUVAN TAB 100MG.....	129	SELZENTRY TAB 300MG	95
saquinavir mesylate		SELZENTRY TAB 75MG.....	95
see INVIRASE TAB 500MG.....	94	semaglutide	
sargramostim		see OZEMPIC INJ 2/1.5ML	53
see LEUKINE INJ 250MCG	143	SE-NATAL 19 CHW	169
sarilumab		sennosides chew tab 15 mg	150
see KEVZARA INJ 150/1.14	9	sennosides syrup 8.8 mg/5ml	150
see KEVZARA INJ 200/1.14	9	sennosides tab 25 mg	150
SAVELLA MIS TITR PAK	183	sennosides tab 8.6 mg	150
SAVELLA TAB 100MG	183	sennosides-docusate sodium	
SAVELLA TAB 12.5MG	183	see MEDI-LAXX CAP 8.6-50MG.....	149
SAVELLA TAB 25MG	183	sennosides-docusate sodium tab	
SAVELLA TAB 50MG	183	8.6-50 mg	149
Sb Fib Lax Orange		SENSIPAR TAB 30MG.....	129
see psyllium powder 33%	148	SENSIPAR TAB 60MG.....	130
Sb Lice Treatment		SENSIPAR TAB 90MG.....	130
see pyrethrins-piperonyl butoxide		SEREVENT DIS AER 50MCG	33
liq 0.3-3%	124	sertaconazole nitrate	
scopolamine td patch 72hr 1		see ERTACZO CRE 2%	116
mg/3days	60	sertraline hcl oral concentrate for	
secukinumab		solution 20 mg/ml	43
see COSENTYX INJ 150MG/ML	118	sertraline hcl tab 100 mg	43
see COSENTYX INJ 300DOSE.....	118	sertraline hcl tab 25 mg	43
see COSENTYX PEN INJ 150MG/ML.	118	sertraline hcl tab 50 mg	43
see COSENTYX PEN INJ 300DOSE ..	118	sevelamer carbonate packet 0.8 gm	
selegiline		.....	135
see EMSAM DIS 12MG/24H	42	sevelamer carbonate packet 2.4 gm	
see EMSAM DIS 6MG/24HR	42	.....	135
see EMSAM DIS 9MG/24HR	42	sevelamer carbonate tab 800 mg	135
selegiline hcl cap 5 mg	86	Sf	
selegiline hcl tab 5 mg	86	see sodium fluoride gel 1.1%	
selenium sulfide lotion 1%	118	(0.5% f)	164
selenium sulfide lotion 2.5%	118	Sf 5000 Plus	
selexipag		see sodium fluoride cream 1.1%	164
see UPTRAVI TAB 1000MCG	105	SHINGRIX INJ 50/0.5ML	195
see UPTRAVI TAB 1200MCG	105	SHUR-SEAL GEL 2%	195
see UPTRAVI TAB 1400MCG	105	Silace	
see UPTRAVI TAB 1600MCG	105	see docusate sodium liquid 150	
see UPTRAVI TAB 200/800	105	mg/15ml	151
see UPTRAVI TAB 200MCG	105	see docusate sodium syrup 60	
see UPTRAVI TAB 400MCG	105	mg/15ml	151
see UPTRAVI TAB 600MCG	105	sildenafil citrate tab 20 mg	105
see UPTRAVI TAB 800MCG	105	SILENOR TAB 3MG	147

SILENOR TAB 6MG	147	SLOW FE TAB 45MG	146
silodosin cap 4 mg	136	Slow Iron	
silodosin cap 8 mg	136	see ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)	145
Siltussin-dm		Slow Release Iron	
see dextromethorphan-guaifenesin syrup 10-100 mg/5ml	112	see ferrous sulfate tab er 50 mg (elemental fe)	146
silver sulfadiazine cream 1%	119	Slow-release Iron	
SIMBRINZA SUS 1-0.2%.....	174	see ferrous sulfate dried tab er 45 mg (fe equivalent)	145
simethicone cap 125 mg	133	Sm Acid Reducer	
simethicone cap 180 mg	133	see ranitidine hcl tab 75 mg	190
simethicone chew tab 125 mg	133	Sm Anti-itch Extra Streng	
simethicone chew tab 80 mg	133	see diphenhydramine-zinc acetate cream 2-0.1%	117
simethicone liquid 40 mg/0.6ml ..	133	Sm Artificial Tears	
simethicone susp 40 mg/0.6ml	133	see artificial tear ophth solution 173	
SIMPONI INJ 100MG/ML	8	Sm Aspirin	
SIMPONI INJ 50/0.5ML	7	see aspirin tab 325 mg	14
simvastatin tab 10 mg	66	Sm Bedding Lice Treatment	
simvastatin tab 20 mg	67	see permethrin aerosol 0.5%	123
simvastatin tab 40 mg	67	Sm Calcium 600 + D Plus M	
simvastatin tab 5 mg	66	see calcium carb-vit d w/ minerals chew tab 600 mg-800 unit	158
sinecatechins		Sm Chest Congestion Relie	
see VEREGEN OIN 15%	115	see guaifenesin tab 400 mg	113
sirolimus		Sm Esomeprazole Magnesium	
see RAPAMUNE SOL 1MG/ML	163	see esomeprazole magnesium cap delayed release 20 mg (base eq)	190
sirolimus oral soln 1 mg/ml	163	Sm Foaming Antacid	
sirolimus tab 0.5 mg	163	see aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg	22
sirolimus tab 1 mg	163	Sm Ibuprofen Ib	
sirolimus tab 2 mg	163	see ibuprofen chew tab 100 mg ..	10
SIRTURO TAB 100MG	77	Sm Lice Treatment	
sitagliptin phosphate		see permethrin lotion 1%	123
see JANUVIA TAB 100MG	53	Sm Miconazole 3	
see JANUVIA TAB 25MG	53	see miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit ... 196	
see JANUVIA TAB 50MG	53	SM ONE DAILY MIS PRENATAL	169
sitagliptin-metformin hcl		Sm Pain Reliever Extra St	
see JANUMET TAB 50-1000	49	see acetaminophen cap 500 mg ..	13
see JANUMET TAB 50-500MG.....	49	Sm Stomach Relief	
see JANUMET XR TAB 100-1000.....	49	see bismuth subsalicylate tab 262	
see JANUMET XR TAB 50-1000	49		
see JANUMET XR TAB 50-500MG.....	49		
skin protectants misc - cream	123		
SKLICE LOT 0.5%	124		
SKYLA IUD 13.5MG	110		
SKYRIZI INJ 150DOSE.....	118		
Sleep Aid			
see doxylamine succinate (sleep) tab 25 mg	146		

mg	59
sodium bicarbonate tab 325 mg	22
sodium bicarbonate tab 650 mg	22
sodium chloride hypertonic ophth oint 5%	177
sodium chloride hypertonic ophth soln 5%	177
sodium chloride irrigation soln 0.9%	136
sodium chloride soln nebu 0.9% ..	113
sodium chloride soln nebu 3%	113
sodium chloride soln nebu 7%	113
sodium chloride tab 1 gm	162
sodium citrate & citric acid soln 500-334 mg/5ml	135
sodium fluoride see FLUORABON DRO	160
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	160
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	160
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	160
sodium fluoride cream 1.1%	164
sodium fluoride gel 1.1% (0.5% f)	164
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	161
sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)	160
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	160
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	161
sodium hyaluronate (viscosupplement) see EUFLEXXA INJ 10MG/ML.....	170
see VISCO-3 INJ 25/2.5ML.....	170
sodium oxybate see XYREM SOL 500MG/ML.....	182
sodium phenylbutyrate tab 500 mg	130
sodium phosphate monobasic-sodium phosphate dibasic see OSMOPREP TAB 1.5GM	150
sodium phosphates - enema	150
sodium picosulfate-magnesium oxide-anhydrous citric acid see CLENPIQ SOL	149
see PREPOPIK PAK.....	149
sodium polystyrene sulfonate oral susp 15 gm/60ml	164
sodium polystyrene sulfonate powder	164
sodium sulfate-potassium sulfate-magnesium sulfate see SUPREP BOWEL SOL PREP KIT	149
SOFOS/VELPAT TAB 400-100.....	97
sofosbuvir see SOVALDI TAB 400MG	97
sofosbuvir-velpatasvir-voxilaprevir see VOSEVI TAB	98
solifenacin succinate see VESICARE TAB 10MG	193
see VESICARE TAB 5MG	193
SOLIFENACIN SUCCINATE TAB 10 MG	193
SOLIFENACIN SUCCINATE TAB 5 MG	193
somatropin see OMNITROPE INJ 10/1.5ML	128
see OMNITROPE INJ 5.8MG	128
see OMNITROPE INJ 5/1.5ML	128
SOMAVERT INJ 10MG	128
SOMAVERT INJ 15MG	128
SOMAVERT INJ 20MG	128
sonidegib phosphate see ODOMZO CAP 200MG.....	78
sorafenib tosylate see NEXAVAR TAB 200MG	82
sotalol hcl (afib/afl) tab 120 mg .	100
sotalol hcl (afib/afl) tab 160 mg .	100
sotalol hcl (afib/afl) tab 80 mg ...	100
sotalol hcl tab 120 mg	100
sotalol hcl tab 160 mg	100
sotalol hcl tab 240 mg	100
sotalol hcl tab 80 mg	100
SOVALDI TAB 400MG	97
spacer/aerosol-holding chambers see INSPIRACHAMB MIS LARGE	155
spinosad susp 0.9%	124
spironolactone & hydrochlorothiazide	

see ALDACTAZIDE TAB 50/50 125

spironolactone & hydrochlorothiazide tab 25-25 mg 125

spironolactone tab 100 mg 126

spironolactone tab 25 mg 126

spironolactone tab 50 mg 126

SPRYCEL TAB 100MG 82

SPRYCEL TAB 140MG 82

SPRYCEL TAB 20MG 82

SPRYCEL TAB 50MG 82

SPRYCEL TAB 70MG 82

SPRYCEL TAB 80MG 82

St Joseph Low Dose Aspiri
see **aspirin chew tab 81 mg** 14

stavudine cap 15 mg 95

stavudine cap 20 mg 95

stavudine cap 30 mg 95

stavudine cap 40 mg 95

STELARA INJ 45MG/0.5 118

STELARA INJ 5MG/ML 134

STELARA INJ 90MG/ML 118

STIMATE SOL 1.5MG/ML 130

Stimulant Laxative
see **bisacodyl tab delayed release 5 mg** 150

STIOLTO AER 2.5-2.5 33

stiripentol
see DIACOMIT CAP 250MG 38
see DIACOMIT CAP 500MG 38
see DIACOMIT PAK 250MG 38
see DIACOMIT PAK 500MG 38

STIVARGA TAB 40MG 82

Stool Softener
see **docusate calcium cap 240 mg** 150
see **docusate sodium cap 100 mg** 151

Stop Lice Complete Lice T
see **pyreth-piperonyl butox shampermeth aero-nit remover gel kit** 123

Stop Lice Maximum Strengt
see **pyrethrins-piperonyl butoxide liq 0.33-4%** 124

Stress Formula W/iron

see **multiple vitamins w/ iron tab** 165

STRIBILD TAB 95

STRIVERDI AER 2.5MCG 33

succimer
see CHEMET CAP 100MG 59

sucralfate tab 1 gm 190

sucroferric oxyhydroxide
see VELPHORO CHW 500MG 135

SUDAFED PE SOL CHILDREN 172

sulconazole nitrate
see EXELDERM CRE 1% 116
see EXELDERM SOL 1% 116

sulconazole nitrate cream 1% 117

sulfacetamide sodium lotion 10% (acne) 114

sulfacetamide sodium ophth soln 10% 175

sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 176

sulfacetamide sodium-sulfur in urea emulsion 10-4% 115

SULFADIAZINE TAB 500MG 185

sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 23

sulfamethoxazole-trimethoprim tab 400-80 mg 23

sulfamethoxazole-trimethoprim tab 800-160 mg 24

SULFAMYLON CRE 85MG/GM 119

sulfasalazine tab 500 mg 134

sulfasalazine tab delayed release 500 mg 134

sulindac tab 150 mg 11

sulindac tab 200 mg 11

sumatriptan succinate inj 6 mg/0.5ml 156

sumatriptan succinate tab 100 mg 157

sumatriptan succinate tab 25 mg 157

sumatriptan succinate tab 50 mg 157

sunitinib malate
see SUTENT CAP 12.5MG 82
see SUTENT CAP 25MG 82
see SUTENT CAP 37.5MG 82
see SUTENT CAP 50MG 82

SUPRAX CAP 400MG.....107
 SUPREP BOWEL SOL PREP KIT149
 SUTENT CAP 12.5MG.....82
 SUTENT CAP 25MG82
 SUTENT CAP 37.5MG.....82
 SUTENT CAP 50MG82
suvorexant
 see BELSOMRA TAB 10MG.....148
 see BELSOMRA TAB 15MG.....148
 see BELSOMRA TAB 20MG.....148
 see BELSOMRA TAB 5MG148
 SYMBICORT AER 160-4.5.....34
 SYMBICORT AER 80-4.5.....34
 SYMFI LO TAB95
 SYMFI TAB96
 SYMLINPEN 60 INJ 1000MCG47
 SYMLN PEN 120 INJ 1000MCG.....47
 SYMPROIC TAB 0.2MG135
 SYMTUZA TAB96
 SYNAGIS INJ 100MG/ML.....179
 SYNAGIS INJ 50MG.....179
 SYNAREL SOL 2MG/ML129
 SYNERA DIS 70-70MG123
 SYNJARDY TAB50
 SYNJARDY TAB 12.5-50051
 SYNJARDY TAB 5-1000MG50
 SYNJARDY TAB 5-500MG50
 SYNJARDY XR TAB51
 SYNJARDY XR TAB 10-100051
 SYNJARDY XR TAB 25-100051
 SYNJARDY XR TAB 5-1000MG.....51
 SYNTHROID TAB 100MCG187
 SYNTHROID TAB 112MCG187
 SYNTHROID TAB 125MCG188
 SYNTHROID TAB 137MCG188
 SYNTHROID TAB 150MCG188
 SYNTHROID TAB 175MCG188
 SYNTHROID TAB 200MCG188
 SYNTHROID TAB 25MCG.....187
 SYNTHROID TAB 300MCG188
 SYNTHROID TAB 50MCG.....187
 SYNTHROID TAB 75MCG.....187
 SYNTHROID TAB 88MCG.....187
syringe (disposable)
 see 3ML SYRINGE MIS REG TIP.....155

T
 TABLOID TAB 40MG 78
 TACLONEX SUS..... 121
tacrolimus cap 0.5 mg 163
tacrolimus cap 1 mg 163
tacrolimus cap 5 mg 163
tacrolimus oint 0.03%..... 122
tacrolimus oint 0.1%..... 122
tadalafil tab 20 mg (pah) 105
 TAFINLAR CAP 50MG 82
 TAFINLAR CAP 75MG 82
tafluprost
 see ZIOPTAN DRO 0.0015% 178
 TAGRISSO TAB 40MG 82
 TAGRISSO TAB 80MG 82
 TAKHZYRO INJ 300/2ML 142
tamoxifen citrate tab 10 mg (base equivalent)..... 79
tamoxifen citrate tab 20 mg (base equivalent)..... 79
tamsulosin hcl cap 0.4 mg 136
tapentadol hcl
 see NUCYNTA ER TAB 100MG..... 17
 see NUCYNTA ER TAB 150MG..... 17
 see NUCYNTA ER TAB 200MG..... 17
 see NUCYNTA ER TAB 250MG..... 17
 see NUCYNTA ER TAB 50MG 17
 see NUCYNTA TAB 100MG 17
 see NUCYNTA TAB 50MG 17
 see NUCYNTA TAB 75MG 17
 TARCEVA TAB 100MG 82
 TARCEVA TAB 150MG 82
 TARCEVA TAB 25MG 82
 TARGRETIN GEL 1% 118
 TASIGNA CAP 150MG 82
 TASIGNA CAP 200MG 82
 TASIGNA CAP 50MG 82
tasimelteon
 see HETLIOZ CAP 20MG 148
 TAYTULLA CAP 1MG/20MC..... 110
tazarotene
 see TAZORAC CRE 0.05%..... 118
 see TAZORAC GEL 0.05%..... 118
 see TAZORAC GEL 0.1%..... 118
tazarotene cream 0.1% 118
 TAZORAC CRE 0.05% 118

TAZORAC GEL 0.05% 118
 TAZORAC GEL 0.1% 118
 TDVAX INJ 2-2 LF 189
 TECFIDERA CAP 120MG 184
 TECFIDERA CAP 240MG 184
 TECFIDERA MIS STARTER 184
 TECHNIVIE TAB 97
 TEFLARO INJ 400MG 107
 TEFLARO INJ 600MG 107
telmisartan tab 20 mg 71
telmisartan tab 40 mg 71
telmisartan tab 80 mg 71
temazepam cap 15 mg 147
temazepam cap 30 mg 147
temozolomide cap 100 mg 77
temozolomide cap 140 mg 77
temozolomide cap 180 mg 78
temozolomide cap 20 mg 77
temozolomide cap 250 mg 78
temozolomide cap 5 mg 77
 TENIVAC INJ 5-2LF 189
tenofovir disoproxil fumarate
 see VIREAD TAB 150MG 96
 see VIREAD TAB 200MG 96
 see VIREAD TAB 250MG 97
tenofovir disoproxil fumarate tab
300 mg 96
terazosin hcl cap 1 mg (base
equivalent) 73
terazosin hcl cap 10 mg (base
equivalent) 73
terazosin hcl cap 2 mg (base
equivalent) 73
terazosin hcl cap 5 mg (base
equivalent) 73
terbinafine hcl cream 1% 117
terbinafine hcl tab 250 mg 61
terbutaline sulfate tab 2.5 mg 34
terbutaline sulfate tab 5 mg 34
terconazole vaginal cream 0.4% .. 196
terconazole vaginal cream 0.8% .. 196
terconazole vaginal suppos 80 mg
 196
teriflunomide
 see AUBAGIO TAB 14MG 183
 see AUBAGIO TAB 7MG 183

teriparatide (recombinant)
 see FORTEO SOL 600/2.4 127
testosterone cypionate im inj in oil
100 mg/ml 21
testosterone cypionate im inj in oil
200 mg/ml 21
testosterone enanthate im inj in oil
200 mg/ml 21
tetanus toxoid-diphtheria-acellular
pertussis adsorb (tdap)
 see ADACEL INJ 188
 see BOOSTRIX INJ 188
tetanus-diphtheria toxoids (td)
 see TDVAX INJ 2-2 LF 189
 see TENIVAC INJ 5-2LF 189
tetrabenazine tab 12.5 mg 183
tetrabenazine tab 25 mg 183
tetracycline hcl cap 250 mg 186
tetracycline hcl cap 500 mg 186
 Tgt Antacid Extra Strengt
 see **calcium carbonate-mag**
 hydroxide chew tab 675-135 mg 22
 TGT GLUCOSE CHW GRAPE 52
thalidomide
 see THALOMID CAP 100MG 163
 see THALOMID CAP 150MG 163
 see THALOMID CAP 200MG 163
 see THALOMID CAP 50MG 163
 THALOMID CAP 100MG 163
 THALOMID CAP 150MG 163
 THALOMID CAP 200MG 163
 THALOMID CAP 50MG 163
theophylline soln 80 mg/15ml 34
theophylline tab er 12hr 100 mg ... 34
theophylline tab er 12hr 200 mg ... 34
theophylline tab er 12hr 300 mg ... 34
theophylline tab er 12hr 450 mg ... 34
theophylline tab er 24hr 400 mg ... 34
theophylline tab er 24hr 600 mg ... 34
 THERANATAL MIS COMPLETE 169
thiamine hcl tab 100 mg 198
thiamine hcl tab 250 mg 198
thiamine hcl tab 50 mg 198
thioguanine
 see TABLOID TAB 40MG 78
thioridazine hcl tab 10 mg 91

thioridazine hcl tab 100 mg91
thioridazine hcl tab 25 mg91
thioridazine hcl tab 50 mg91
thiothixene cap 1 mg92
thiothixene cap 10 mg92
thiothixene cap 2 mg92
thiothixene cap 5 mg92
 THYROGEN INJ 1.1MG 124
thyroid
 see ARMOUR THYRO TAB 120MG ... 186
 see ARMOUR THYRO TAB 15MG 186
 see ARMOUR THYRO TAB 180MG ... 186
 see ARMOUR THYRO TAB 240MG ... 186
 see ARMOUR THYRO TAB 300MG ... 186
 see ARMOUR THYRO TAB 30MG 186
 see ARMOUR THYRO TAB 60MG 186
 see ARMOUR THYRO TAB 90MG 186
 see NATURE THROI TAB 162.5MG .. 187
 see NATURE-THROI TAB 113.75MG 187
 see NATURE-THROI TAB 130MG..... 187
 see NATURE-THROI TAB 146.25MG 187
 see NATURE-THROI TAB 16.25MG.. 187
 see NATURE-THROI TAB 195MG..... 187
 see NATURE-THROI TAB 260MG..... 187
 see NATURE-THROI TAB 32.5MG.... 187
 see NATURE-THROI TAB 325MG..... 187
 see NATURE-THROI TAB 48.75MG.. 187
 see NATURE-THROI TAB 65MG 187
 see NATURE-THROI TAB 97.5MG.... 187
 see WP THYROID TAB 81.25MG 188
thyroid tab 120 mg (2 grain) 188
thyroid tab 15 mg (1/4 grain) 188
thyroid tab 30 mg (1/2 grain) 188
thyroid tab 60 mg (1 grain) 188
thyroid tab 90 mg (1 1/2 grain) .. 188
 THYROLAR-1 TAB 60MG..... 188
 THYROLAR-1/2 TAB 30MG..... 188
 THYROLAR-1/4 TAB 15MG..... 188
 THYROLAR-2 TAB 120MG 188
 THYROLAR-3 TAB 180MG 188
thyrotropin alfa
 see THYROGEN INJ 1.1MG..... 124
tiagabine hcl tab 12 mg40
tiagabine hcl tab 16 mg40
tiagabine hcl tab 2 mg40
tiagabine hcl tab 4 mg40

ticagrelor
 see BRILINTA TAB 60MG 142
 see BRILINTA TAB 90MG 142
 Tilia Fe
 see **norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg** 109
timolol maleate ophth gel forming soln 0.25%..... 174
timolol maleate ophth gel forming soln 0.5%..... 174
timolol maleate ophth soln 0.25% 174
timolol maleate ophth soln 0.5% 174
timolol maleate tab 10 mg 100
timolol maleate tab 20 mg 100
timolol maleate tab 5 mg 100
tioconazole vaginal oint 6.5% 196
tiotropium bromide-olodaterol hcl
 see STIOLTO AER 2.5-2.5..... 33
tipranavir
 see APTIVUS CAP 250MG 92
 see APTIVUS SOL 92
 TIVICAY TAB 10MG..... 96
 TIVICAY TAB 25MG..... 96
 TIVICAY TAB 50MG..... 96
tizanidine hcl tab 2 mg (base equivalent)..... 170
tizanidine hcl tab 4 mg (base equivalent)..... 170
 TL FOLATE TAB 169
 TOBRADEX OIN 0.3-0.1% 176
tobramycin nebu soln 300 mg/5ml .7
tobramycin ophth soln 0.3% 175
tobramycin-dexamethasone
 see TOBRADEX OIN 0.3-0.1%..... 176
tobramycin-dexamethasone ophth susp 0.3-0.1%..... 176
tocilizumab
 see ACTEMRA INJ 162/0.9 8
 see ACTEMRA INJ 200/10ML 8
 see ACTEMRA INJ 400/20ML 8
 see ACTEMRA INJ 80MG/4ML 8
 see ACTEMRA INJ ACTPEN 9
 TODAY SPONGE MIS..... 195
tofacitinib citrate

see XELJANZ TAB 10MG.....	8	tramadol hcl tab er 24hr biphasic	
see XELJANZ TAB 5MG.....	8	release 300 mg	19
see XELJANZ XR TAB 11MG.....	8	trametinib dimethyl sulfoxide	
see XELJANZ XR TAB 22MG.....	8	see MEKINIST TAB 0.5MG	82
tolazamide tab 250 mg	58	see MEKINIST TAB 2MG	82
tolazamide tab 500 mg	58	trandolapril tab 1 mg	69
tolbutamide tab 500 mg	58	trandolapril tab 2 mg	69
tolcapone tab 100 mg	84	trandolapril tab 4 mg	69
tolmetin sodium cap 400 mg	11	tranexamic acid iv soln 1000	
tolmetin sodium tab 200 mg	11	mg/10ml (100 mg/ml)	146
tolmetin sodium tab 600 mg	11	tranexamic acid tab 650 mg	146
tolnaftate aerosol pow 1%	117	tranylcypromine sulfate tab 10 mg	42
tolnaftate cream 1%	117	TRAVATAN Z DRO 0.004%	178
tolnaftate powder 1%	117	travoprost	
tolnaftate soln 1%	117	see TRAVATAN Z DRO 0.004%.....	178
tolterodine tartrate tab 1 mg	193	travoprost ophth soln 0.004%	
tolterodine tartrate tab 2 mg	193	(benzalkonium free) (bak free) ...	178
tolvaptan		trazodone hcl tab 100 mg	44
see SAMSCA TAB 15MG	130	trazodone hcl tab 150 mg	44
see SAMSCA TAB 30MG	130	trazodone hcl tab 50 mg	43
topiramate sprinkle cap 15 mg	39	TRECTOR TAB 250MG	77
topiramate sprinkle cap 25 mg	39	TRELSTAR MIX INJ 11.25MG.....	79
topiramate tab 100 mg	39	TRELSTAR MIX INJ 3.75MG	79
topiramate tab 200 mg	39	treprostinil	
topiramate tab 25 mg	39	see REMODULIN INJ 1MG/ML	104
topiramate tab 50 mg	39	see REMODULIN INJ 2.5MG/ML	104
topotecan hcl for inj 4 mg (base		see REMODULIN INJ 5MG/ML	104
equiv)	83	treprostinil diolamine	
torseamide tab 10 mg	126	see ORENITRAM TAB 0.125MG.....	104
torseamide tab 100 mg	126	see ORENITRAM TAB 0.25MG.....	104
torseamide tab 20 mg	126	see ORENITRAM TAB 1MG	104
torseamide tab 5 mg	126	see ORENITRAM TAB 2.5MG	104
TOVIAZ TAB 4MG.....	193	see ORENITRAM TAB 5MG	104
TOVIAZ TAB 8MG.....	193	treprostinil inj soln 100 mg/20ml (5	
TRACLEER TAB 125MG	105	mg/ml)	104
TRACLEER TAB 32MG	105	treprostinil inj soln 20 mg/20ml (1	
TRACLEER TAB 62.5MG	105	mg/ml)	104
TRADJENTA TAB 5MG	53	treprostinil inj soln 50 mg/20ml (2.5	
tramadol hcl tab 50 mg	18	mg/ml)	104
tramadol hcl tab er 24hr 100 mg ...	18	TRESIBA FLEX INJ 100UNIT.....	56
tramadol hcl tab er 24hr 200 mg ...	18	TRESIBA FLEX INJ 200UNIT.....	56
tramadol hcl tab er 24hr 300 mg ...	19	TRESIBA INJ 100UNIT	56
tramadol hcl tab er 24hr biphasic		tretinoin cap 10 mg	83
release 100 mg	19	tretinoin cream 0.025%	115
tramadol hcl tab er 24hr biphasic		tretinoin cream 0.05%	115
release 200 mg	19	tretinoin cream 0.1%	115

tretinoin gel 0.01%	115	trifluridine ophth soln 1%	175
tretinoin gel 0.025%	115	trifluridine-tipiracil	
triamcinolone acetonide cream		see LONSURF TAB 15-6.14	80
0.025%	121	see LONSURF TAB 20-8.19	80
triamcinolone acetonide cream 0.1%		trihexyphenidyl hcl elixir 0.4 mg/ml	
.....	121	.....	84
triamcinolone acetonide cream 0.5%		trihexyphenidyl hcl tab 2 mg	84
.....	121	trihexyphenidyl hcl tab 5 mg	84
triamcinolone acetonide dental paste		trimethobenzamide hcl cap 300 mg	
0.1%	164	.....	60
triamcinolone acetonide lotion		trimethoprim tab 100 mg	23
0.025%	122	trimipramine maleate cap 100 mg ..	47
triamcinolone acetonide lotion 0.1%		trimipramine maleate cap 25 mg ...	47
.....	122	trimipramine maleate cap 50 mg ...	47
triamcinolone acetonide nasal		TRINATAL RX TAB 1.....	169
aerosol suspension 55 mcg/act ...	172	Trinate	
triamcinolone acetonide oint 0.025%		see prenatal vit w/ fe fumarate-fa	
.....	122	tab 28-1 mg	169
triamcinolone acetonide oint 0.1%		TRINTELLIX TAB 10MG	44
.....	122	TRINTELLIX TAB 20MG	44
triamcinolone acetonide oint 0.5%		TRINTELLIX TAB 5MG	44
.....	122	Triple Antibiotic Plus	
triamterene		see neomycin-bacitracin-	
see DYRENIUM CAP 100MG	126	polymyxin-pramoxine oint 1% .	116
see DYRENIUM CAP 50MG	126	Triple Paste Af	
triamterene & hydrochlorothiazide		see miconazole nitrate ointment	
cap 37.5-25 mg	126	2%	117
triamterene & hydrochlorothiazide		triptorelin pamoate	
tab 37.5-25 mg	126	see TRELSTAR MIX INJ 11.25MG	79
triamterene & hydrochlorothiazide		see TRELSTAR MIX INJ 3.75MG	79
tab 75-50 mg	126	TRIUMEQ TAB.....	96
triamterene cap 100 mg	126	TRI-VI-SOL SOL.....	167
triamterene cap 50 mg	126	Tri-vitamin/fluoride	
triazolam tab 0.125 mg	147	see pediatric vitamins acid w/	
triazolam tab 0.25 mg	147	fluoride soln 0.25 mg/ml	166
Tricon		see pediatric vitamins acid w/	
see fe fumarate w/ b12-vit c-fa-ifc		fluoride soln 0.5 mg/ml	166
cap 110-0.015-75-0.5-240 mg ..	144	tropicamide ophth soln 0.5%	174
trifluoperazine hcl tab 1 mg (base		tropicamide ophth soln 1%	174
equivalent)	91	trospium chloride cap er 24hr 60 mg	
trifluoperazine hcl tab 10 mg (base		.....	193
equivalent)	91	trospium chloride tab 20 mg	193
trifluoperazine hcl tab 2 mg (base		TRUE METRIX KIT AIR.....	153
equivalent)	91	TRUE METRIX TES GLUCOSE	124
trifluoperazine hcl tab 5 mg (base		TRULICITY INJ 0.75/0.5	53
equivalent)	91	TRULICITY INJ 1.5/0.5.....	53

TRUVADA TAB 100-15096
 TRUVADA TAB 133-20096
 TRUVADA TAB 167-25096
 TRUVADA TAB 200-30096
 TRUXIMA INJ 100/10ML.....78
 TRUXIMA INJ 500/50ML.....78
 TUDORZA PRES AER 400/ACT29
 TWINRIX INJ195
 TYBOST TAB 150MG96
 Tydemy
 see **drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg**
 108
 TYKERB TAB 250MG83
 TYMLOS INJ128
 TYSABRI INJ 300/15ML.....184
U
 UDENYCA INJ 6MG/.6ML145
ulipristal acetate
 see ELLA TAB 30MG110
 ULORIC TAB 40MG137
 ULORIC TAB 80MG137
umeclidinium bromide
 see INCRUSE ELPT INH 62.5MCG29
umeclidinium-vilanterol
 see ANORO ELLIPT AER 62.5-2531
 UNIFIBER POW149
upadacitinib
 see RINVOQ TAB 15MG ER 8
 UPTRAVI TAB 1000MCG105
 UPTRAVI TAB 1200MCG105
 UPTRAVI TAB 1400MCG105
 UPTRAVI TAB 1600MCG105
 UPTRAVI TAB 200/800.....105
 UPTRAVI TAB 200MCG.....105
 UPTRAVI TAB 400MCG105
 UPTRAVI TAB 600MCG105
 UPTRAVI TAB 800MCG105
ursodiol cap 300 mg133
ursodiol tab 250 mg133
ursodiol tab 500 mg133
ustekinumab
 see STELARA INJ 45MG/0.5.....118
 see STELARA INJ 90MG/ML118
ustekinumab (iv)
 see STELARA INJ 5MG/ML134

V
valacyclovir hcl tab 1 gm..... 98
valacyclovir hcl tab 500 mg..... 98
valganciclovir hcl for soln 50 mg/ml (base equiv) 97
valganciclovir hcl tab 450 mg (base equivalent)..... 97
valproate sodium oral soln 250 mg/5ml (base equiv) 41
valproic acid cap 250 mg..... 41
valsartan tab 160 mg 72
valsartan tab 320 mg 72
valsartan tab 40 mg 71
valsartan tab 80 mg 72
valsartan-hydrochlorothiazide tab 160-12.5 mg 75
valsartan-hydrochlorothiazide tab 160-25 mg 75
valsartan-hydrochlorothiazide tab 320-12.5 mg 75
valsartan-hydrochlorothiazide tab 320-25 mg 75
valsartan-hydrochlorothiazide tab 80-12.5 mg 75
vancomycin hcl
 see FIRVANQ SOL 25MG/ML 24
 see FIRVANQ SOL 50MG/ML 24
vandetanib
 see CAPRELSA TAB 100MG 80
 see CAPRELSA TAB 300MG 80
 VAQTA INJ 25/0.5ML 195
 VAQTA INJ 50UNT/ML 195
varenicline tartrate
 see CHANTIX PAK 0.5& 1MG 184
 see CHANTIX TAB 0.5MG..... 184
 see CHANTIX TAB 1MG 184
 V-c Forte
 see **multiple vitamins w/ minerals cap** 165
 VCF VAGINAL AER CONTRACP..... 195
 Vcf Vaginal Contraceptive
 see **nonoxynol-9 gel 4%** 195
 VCF VAGINAL MIS CONTRACP..... 195
 VECAMYL TAB 2.5MG 75
 Velivet
 see **desogest-ethin est tab 0.1-**

**0.025/0.125-0.025/0.15-0.025mg-
mg**.....107

VELPHORO CHW 500MG135

VELTIN GEL.....115

**venlafaxine hcl cap er 24hr 150 mg
(base equivalent)**.....45

**venlafaxine hcl cap er 24hr 37.5 mg
(base equivalent)**.....44

**venlafaxine hcl cap er 24hr 75 mg
(base equivalent)**.....44

**venlafaxine hcl tab 100 mg (base
equivalent)**45

**venlafaxine hcl tab 25 mg (base
equivalent)**45

**venlafaxine hcl tab 37.5 mg (base
equivalent)**45

**venlafaxine hcl tab 50 mg (base
equivalent)**45

**venlafaxine hcl tab 75 mg (base
equivalent)**45

VENTAVIS SOL 10MCG/ML104

VENTAVIS SOL 20MCG/ML104

VENTOLIN HFA AER.....34

verapamil hcl cap er 24hr 100 mg 103

verapamil hcl cap er 24hr 120 mg 103

verapamil hcl cap er 24hr 180 mg 103

verapamil hcl cap er 24hr 240 mg 103

verapamil hcl cap er 24hr 300 mg 103

verapamil hcl cap er 24hr 360 mg 103

verapamil hcl tab 120 mg103

verapamil hcl tab 40 mg103

verapamil hcl tab 80 mg103

verapamil hcl tab er 120 mg103

verapamil hcl tab er 180 mg103

verapamil hcl tab er 240 mg103

VEREGEN OIN 15%115

VESICARE TAB 10MG193

VESICARE TAB 5MG193

VICTOZA INJ 18MG/3ML53

VIDEX EC CAP 125MG96

vigabatrin powd pack 500 mg40

vigabatrin tab 500 mg.....40

Vigadrone
see **vigabatrin powd pack 500 mg**
.....40

VIIBRYD KIT STARTER.....44

VIIBRYD TAB 10MG 44

VIIBRYD TAB 20MG 44

VIIBRYD TAB 40MG 44

vilazodone hcl
see VIIBRYD KIT STARTER 44
see VIIBRYD TAB 10MG..... 44
see VIIBRYD TAB 20MG..... 44
see VIIBRYD TAB 40MG..... 44

VIMPAT SOL 10MG/ML 39

VIMPAT TAB 100MG..... 40

VIMPAT TAB 150MG..... 40

VIMPAT TAB 200MG..... 40

VIMPAT TAB 50MG 39

VINATE II TAB 169

VINATE M TAB 169

VIRACEPT TAB 250MG 96

VIRACEPT TAB 625MG 96

VIREAD TAB 150MG 96

VIREAD TAB 200MG 96

VIREAD TAB 250MG 97

Virt-caps
see **b-complex w/ c & folic acid cap
1 mg** 165

Virt-phos 250 Neutral
see **pot phos monobasic w/sod
phos di & monobas tab 155-852-
130mg** 161

VISCO-3 INJ 25/2.5ML..... 170

vismodegib
see ERIVEDGE CAP 150MG 78

Vita-bee/c
see **b-complex w/ c & folic acid tab**
..... 165

VITAFOL-OB TAB 65-1MG..... 169

VOL-PLUS TAB..... 169

VOL-TAB RX TAB..... 169

vorapaxar sulfate
see ZONTIVITY TAB 2.08MG 142

voriconazole tab 200 mg 61

voriconazole tab 50 mg 61

vorinostat
see ZOLINZA CAP 100MG 83

vortioxetine hbr
see TRINTELLIX TAB 10MG 44
see TRINTELLIX TAB 20MG 44
see TRINTELLIX TAB 5MG 44

VOSEVI TAB98
 VOTRIENT TAB 200MG83
 VRAYLAR CAP 1.5MG86
 VRAYLAR CAP 3MG86
 VRAYLAR CAP 4.5MG86
 VRAYLAR CAP 6MG86
 VYVANSE CAP 10MG 2
 VYVANSE CAP 20MG 2
 VYVANSE CAP 30MG 2
 VYVANSE CAP 40MG 2
 VYVANSE CAP 50MG 2
 VYVANSE CAP 60MG 2
 VYVANSE CAP 70MG 3

W

Wal-dryl Allergy Relief C
 see **diphenhydramine hcl tab disint 12.5 mg**62
 Wal-dryl Pe Allergy/sinu
 see **diphenhydramine-phenylephrine tab 25-10 mg** 113
 Wal-itin Aller-melts
 see **loratadine rapidly-disintegrating tab 10 mg**62
 Wal-tap Cold & Allergy
 see **brompheniramine & pseudoephedrine elixir 1-15 mg/5ml** 112

warfarin sodium

see COUMADIN TAB 10MG34
 see COUMADIN TAB 1MG34
 see COUMADIN TAB 2.5MG34
 see COUMADIN TAB 2MG34
 see COUMADIN TAB 3MG34
 see COUMADIN TAB 4MG34
 see COUMADIN TAB 5MG34
 see COUMADIN TAB 6MG34
 see COUMADIN TAB 7.5MG34
warfarin sodium tab 1 mg34
warfarin sodium tab 10 mg35
warfarin sodium tab 2 mg34
warfarin sodium tab 2.5 mg35
warfarin sodium tab 3 mg35
warfarin sodium tab 4 mg35
warfarin sodium tab 5 mg35
warfarin sodium tab 6 mg35
warfarin sodium tab 7.5 mg35

water for irrigation, sterile irrigation soln 164

Wee Care
 see **carbonyl iron susp 15 mg/1.25ml (elemental iron)**..... 145
wheat dextrin oral powder 149
white petrolatum-mineral oil ophthalm ointment 173
 WIDE-SEAL DPR KIT 60 152
 WIDE-SEAL DPR KIT 65 152
 WIDE-SEAL DPR KIT 70 152
 WIDE-SEAL DPR KIT 75 152
 WIDE-SEAL DPR KIT 80 152
 WIDE-SEAL DPR KIT 85 152
 WIDE-SEAL DPR KIT 90 152
 WIDE-SEAL DPR KIT 95 152

Wixela Inhub

see **fluticasone-salmeterol aer powder ba 100-50 mcg/dose** 32
 see **fluticasone-salmeterol aer powder ba 250-50 mcg/dose** 33
 see **fluticasone-salmeterol aer powder ba 500-50 mcg/dose** 33
 WP THYROID TAB 81.25MG 188

X

XALKORI CAP 200MG 83
 XALKORI CAP 250MG 83
 XARELTO STAR TAB 15/20MG 35
 XARELTO TAB 10MG 35
 XARELTO TAB 15MG 35
 XARELTO TAB 2.5MG 35
 XARELTO TAB 20MG 35
 XELJANZ TAB 10MG 8
 XELJANZ TAB 5MG 8
 XELJANZ XR TAB 11MG 8
 XELJANZ XR TAB 22MG 8
 XGEVA INJ 128
 XIFAXAN TAB 200MG 23
 XIFAXAN TAB 550MG 23
 XIGDUO XR TAB 10-1000 52
 XIGDUO XR TAB 10-500MG 51
 XIGDUO XR TAB 2.5-1000 51
 XIGDUO XR TAB 5-1000MG 51
 XIGDUO XR TAB 5-500MG 51
 XOLAIR INJ 150MG/ML 29
 XOLAIR INJ 75/0.5 29

XOLAIR SOL 150MG	29	ZIOPTAN DRO 0.0015%	178
Xulane		ziprasidone hcl cap 20 mg	86
see norelgestromin-ethinyl		ziprasidone hcl cap 40 mg	86
estradiol td ptwk 150-35 mcg/24hr		ziprasidone hcl cap 60 mg	86
.....	110	ziprasidone hcl cap 80 mg	86
XYNTHA SOLOF INJ 1000UNIT	141	ZIRGAN GEL 0.15%	175
XYNTHA SOLOF INJ 2000UNIT	141	ZOLADEX IMP 10.8MG	79
XYNTHA SOLOF INJ 3000UNIT	141	ZOLADEX IMP 3.6MG	79
XYNTHA SOLOF INJ 500UNIT	141	zoledronic acid iv soln 5 mg/100ml	
XYNTHA SOLOF KIT 250UNIT	141	.....	128
XYREM SOL 500MG/ML	182	ZOLINZA CAP 100MG	83
Z		zolmitriptan	
zafirlukast tab 10 mg	30	see ZOMIG SPR 2.5MG	157
zafirlukast tab 20 mg	30	see ZOMIG SPR 5MG	157
zaleplon cap 10 mg	147	zolmitriptan orally disintegrating tab	
zaleplon cap 5 mg	147	2.5 mg	157
zanamivir		zolmitriptan orally disintegrating tab	
see RELENZA MIS DISKHALE	98	5 mg	157
zanubrutinib		zolmitriptan tab 2.5 mg	157
see BRUKINSA CAP 80MG	80	zolmitriptan tab 5 mg	157
ZARXIO INJ 300/0.5	144	zolpidem tartrate tab 10 mg	148
ZARXIO INJ 480/0.8	144	zolpidem tartrate tab 5 mg	147
ZEJULA CAP 100MG	83	ZOMIG SPR 2.5MG	157
ZENPEP CAP 10000UNT	125	ZOMIG SPR 5MG	157
ZENPEP CAP 15000UNT	125	zonisamide cap 100 mg	40
ZENPEP CAP 20000UNT	125	zonisamide cap 25 mg	40
ZENPEP CAP 25000	125	zonisamide cap 50 mg	40
ZENPEP CAP 3000UNIT	125	ZONTIVITY TAB 2.08MG	142
ZENPEP CAP 40000	125	ZORTRESS TAB 0.25MG	164
ZENPEP CAP 5000UNIT	125	ZORTRESS TAB 0.5MG	164
ZEPATIER TAB 50-100MG	98	ZORTRESS TAB 0.75MG	164
zidovudine cap 100 mg	97	ZORTRESS TAB 1MG	164
zidovudine syrup 10 mg/ml	97	ZOSTAVAX INJ	195
zidovudine tab 300 mg	97	zoster vaccine live	
ZIEXTENZO INJ 6/0.6ML	144	see ZOSTAVAX INJ	195
zileuton tab er 12hr 600 mg	30	zoster vaccine recombinant	
zinc sulfate cap 220 mg (50 mg		adjuvanted	
elemental zn)	162	see SHINGRIX INJ 50/0.5ML	195
Zinc-220		ZYDELIG TAB 100MG	83
see zinc sulfate cap 220 mg (50 mg		ZYDELIG TAB 150MG	83
elemental zn)	162	ZYKADIA CAP 150MG	83
Zinc-oxide Plus		ZYPREXA RELP INJ 210MG	90
see menthol-zinc oxide oint 0.44-		ZYPREXA RELP INJ 300MG	90
20%	123	ZYPREXA RELP INJ 405MG	90



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